

Name : Ms. SUPRAJA K
PID No. : VPI175212
SID No. : 223018929
Age / Sex : 32 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 25/11/2023 8:38 AM
Collection On : 25/11/2023 8:54 AM
Report On : 25/11/2023 2:40 PM
Printed On : 05/12/2023 11:14 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING

'O' 'Negative'

(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin

12.7

g/dL

12.5 - 16.0

(EDTA Blood/Spectrophotometry)

Packed Cell Volume(PCV)/Haematocrit

38.8

%

37 - 47

(EDTA Blood/Derived from Impedance)

RBC Count

4.31

mill/cu.mm

4.2 - 5.4

(EDTA Blood/Impedance Variation)

Mean Corpuscular Volume(MCV)

90.0

fL

78 - 100

(EDTA Blood/Derived from Impedance)

Mean Corpuscular Haemoglobin(MCH)

29.5

pg

27 - 32

(EDTA Blood/Derived from Impedance)

Mean Corpuscular Haemoglobin concentration(MCHC)

32.8

g/dL

32 - 36

(EDTA Blood/Derived from Impedance)

RDW-CV

12.6

%

11.5 - 16.0

(EDTA Blood/Derived from Impedance)

RDW-SD

39.69

fL

39 - 46

(EDTA Blood/Derived from Impedance)

Total Leukocyte Count (TC)

6200

cells/cu.m
m

4000 - 11000

(EDTA Blood/Impedance Variation)

Neutrophils

62.9

%

40 - 75

(EDTA Blood/Impedance Variation & Flow Cytometry)

Lymphocytes


30.0

%

20 - 45

(EDTA Blood/Impedance Variation & Flow Cytometry)




Dr Archana K MD Ph.D
Consultant Pathologist
Reg No : 79967

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The results pertain to sample tested.

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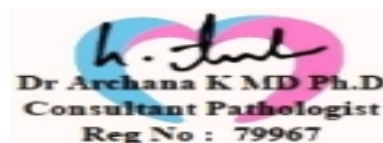
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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	5.9	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.90	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.86	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.37	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	304	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.8	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	5	mm/hr	< 20



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	17.3		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	82.2	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	85.6	mg/dL	70 - 140

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

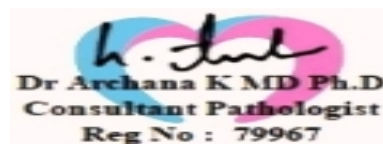
Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.5	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.49	mg/dL	0.6 - 1.1

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	3.5	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.67	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.52	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	22.5	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	17.5	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	11.3	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	112.6	U/L	42 - 98
Total Protein (Serum/Biuret)	7.22	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.01	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.21	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.25		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	210.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	94.9	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500




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Consultant Pathologist
Reg No : 79967

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INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the usual circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	49.1	mg/dL	Optimal(Negative Risk Factor): ≥ 60 Borderline: 50 - 59 High Risk: < 50
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LDL Cholesterol (Serum/Calculated)	142.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: ≥ 190
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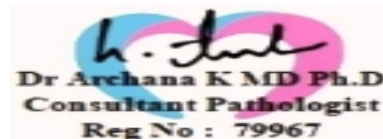
VLDL Cholesterol (Serum/Calculated)	19	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	161.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: ≥ 220
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INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.3		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	102.54	mg/dL
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INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.92	ng/ml	0.7 - 2.04
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INTERPRETATION:

Comment :

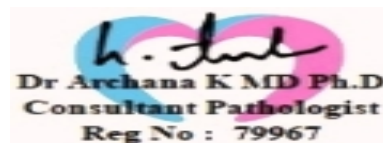
Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	6.28	µg/dl	4.2 - 12.0
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INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.



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TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	2.85	μIU/mL	0.35 - 5.50

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.


2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

COLOUR (Urine)	Yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated δ°Flow cytometry)	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated δ°Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated δ°Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated δ°Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated δ°Flow cytometry)	NIL	/hpf	NIL




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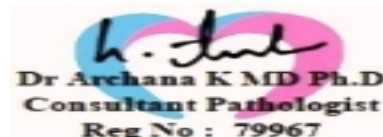
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Others (Urine)	NIL		
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INTERPRETATION:Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.



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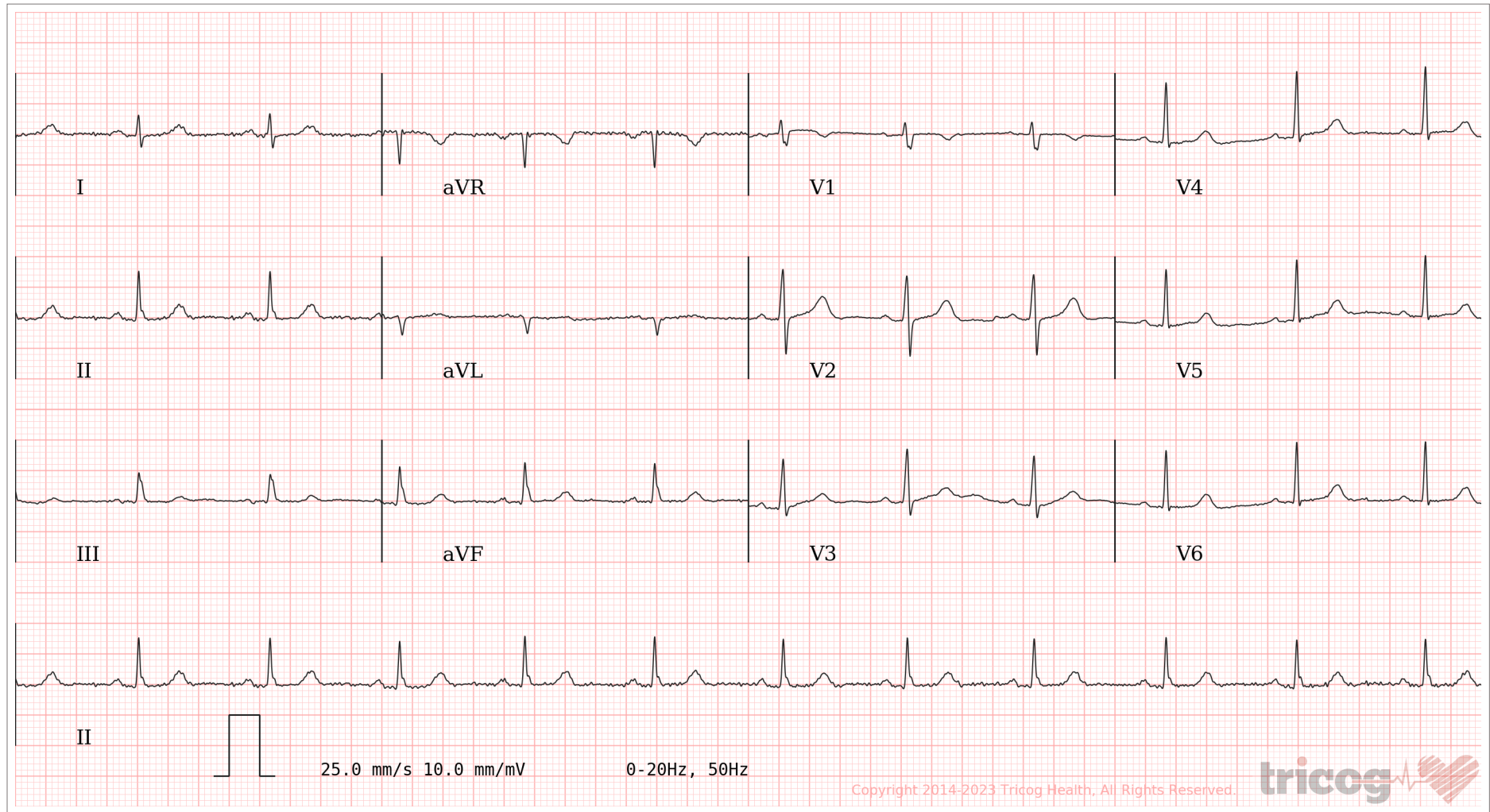
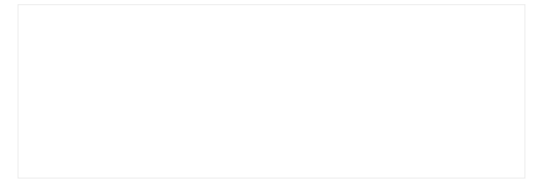
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Medall Diagnostic Vadapalani



Age / Gender: 32/Female
Patient ID: vpi175212
Patient Name: Mrs supraja k

Date and Time: 25th Nov 23 10:29 AM

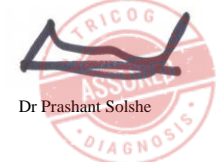


AR: 71bpm VR: 71bpm QRSD: 78ms QT: 372ms QTcB: 404.67ms PRI: 150ms P-R-T: 45° 76° 43°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

REPORTED BY



Dr Prashant Solshe

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Age & Gender	32-Female	Visit Date	11/26/2023 11:30:32 AM
Ref Doctor Name	MediWheel		



SONOGRAM REPORT

WHOLE ABDOMEN

The liver is enlarged in size (~16.7 cm) and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is partially distended.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures ~ 12.0 x 5.0 cm.

The left kidney measures ~ 11.8 x 6.5 cm.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The uterus is anteverted, and measures ~ 6.8 x 4.4 x 4.2 cm.

Myometrial echoes are homogeneous. The endometrial thickness is ~ 5.6 mm.

The right ovary measures ~ 3.5 x 1.6 cm.

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The left ovary measures ~ 3.1 x 2.1 cm.

Polycystic appearing of both ovaries.

Parametria are free.

Iliac fossae are normal.

IMPRESSION:

- Hepatomegaly with fatty liver.
- Polycystic appearing of both ovaries - Suggested clinical and hormonal correlation.

DR. UMALAKSHMI
SONOLOGIST

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ECHOCARDIOGRAPHY

M-MODE MEASUREMENTS:-

<u>VALUES</u>	
AO	2.5 cm
LA	2.8 cm
LVID(D)	4.4 cm
LVID (S)	2.8 cm
IVS (D)	1.0 cm
IVS (S)	1.0 cm
LVPW (D)	1.0 cm
LVPW (S)	1.0 cm
EF	65 %
FS	35 %
TAPSE	19 mm

DOPLER AND COLOUR FLOW PARAMETERS :-

Aortic Valve Gradient : **V max - 1.42 m/sec**
Pulmonary Valve Gradient : **V max - 0.96 m/sec**
Mitral Valve Gradient : **E: 0.85 m/sec** **A: 0.53 m/sec**
Tricuspid Valve Gradient : **V max: 0.39 m/sec**

VALVE MORPHOLOGY :-

Aortic valve - **Normal**
Mitral valve - **Normal**
Tricuspid valve - **Normal**
Pulmonary valve - **Normal**

CHAMBERS

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LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
RIGHT ATRIUM	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTERVENTRICULAR SEPTUM	INTACT

ECHO FINDINGS:

No Regional Wall Motion Abnormality (RWMA)
Normal Left Ventricular systolic function, EF 65 %.
No Mitral Stenosis / Trivial Mitral Regurgitation.
No Aortic Stenosis / Aortic Regurgitation.
Normal RV Function / Trivial Tricuspid Regurgitation (2.1 m/s).
No Pulmonary Artery Hypertension.
No LA/LV Clot.
No Vegetation / Pericardial Effusion.
No ASD/VSD/ PDA/ CoA.

IMPRESSION:

- * **STRUCTURALLY NORMAL HEART.**
- * **NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION, EF 65 %**

MOHANRAJ
ECHO TECHNOLOGIST

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- 6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the referring doctor/patient can contact the respective section head of the laboratory.
- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
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Name	Ms. SUPRAJA K	ID	VPI175212
Age & Gender	32Y/F	Visit Date	Nov 25 2023 8:37AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.



DR. SOMU K

CONSULTANT RADIOLOGISTS

Name	SUPRAJA K	ID	VPI175212
Age & Gender	32-32-32-Female	Visit Date	11/26/2023 11:30:32 AM
Ref Doctor Name	MediWheel		



Personal Health Report

General Examination:

Height : 154.5 cms
Weight : 66.6 kg
BMI : 27.5 kg/m²

BP: 120/80 mmhg
Pulse: 66/ min, regular

Systemic Examination:

CVS: S1 S2 heard;
RS : NVBS +.
Abd : Soft.
CNS : NAD

Blood report:

Liver function test - Alkaline phosphatase (SAP) -112.6 U/L Slightly elevated.

Total cholesterol -210.5 mg/dl - Elevated.

All other blood parameters are well within normal limits. (Report enclosed).

Urine analysis - Within normal limits.

X-Ray Chest - Normal study.

ECG - Normal ECG.

Echo - Normal.

USG whole abdomen - Hepatomegaly with fatty liver, Bilateral PCOD.

Eye Test - Distant vision defect.

Vision	Right eye	Left eye
Distant Vision	6/12	6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal

Impression & Advice:

Liver function test - Alkaline phosphatase (SAP) -112.6 U/L Slightly elevated - To consult a

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Name	SUPRAJA K	ID	VPI175212
Age & Gender	32-32-32-Female	Visit Date	11/26/2023 11:30:32 AM
Ref Doctor Name	MediWheel		



gastroenterologist for further evaluation.

Total cholesterol -210.5 mg/dl - Elevated. To be brought down to the desirable level of 200mg/dl by having low cholesterol, high fiber diet recommended by the dietician.

USG whole abdomen - Hepatomegaly with fatty liver, Bilateral PCOD - To consult gynocologist and to take low fat diet, and high fiber diets. Regular brisk walking for 45 minutes daily, 5 days a week is essential.

Eye Test - Distant vision defect. To consult an ophthalmologist for further evaluation and management.

All other health parameters are well within normal limits.

DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM
MHC Physician Consultant

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