

Name : Ms. ESTHER ROCHE  
PID No. : MED112131270  
SID No. : 224004492  
Age / Sex : 37 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 28/03/2024 9:25 AM  
Collection On : 28/03/2024 1:49 PM  
Report On : 28/03/2024 6:24 PM  
Printed On : 14/05/2024 5:49 PM



**Investigation**                      **Observed Value**                      **Unit**                      **Biological Reference Interval**

BLOOD GROUPING AND Rh TYPING

'B' 'Positive'

(EDTA Blood/Agglutination)

**INTERPRETATION:** Reconfirm the Blood group and Typing before blood transfusion

**Complete Blood Count With - ESR**

Haemoglobin (Whole Blood - W/Spectrophotometry)	12.2	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Whole Blood - W/Derived from Impedance)	37.3	%	37 - 47
RBC Count (Whole Blood - W/Impedance Variation)	4.55	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Whole Blood - W/Derived from Impedance)	81.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Whole Blood - W/Derived from Impedance)	26.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Whole Blood - W/Derived from Impedance)	32.9	g/dL	32 - 36
RDW-CV (Whole Blood - W/Derived from Impedance)	13.9	%	11.5 - 16.0
RDW-SD (Whole Blood - W/Derived from Impedance)	39.80	fL	39 - 46
Total Leukocyte Count (TC) (Whole Blood - W/Impedance Variation)	5600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	47.7	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	41.3	%	20 - 45



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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.6	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	8.9	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (Whole Blood - W/Impedance Variation & Flow Cytometry)	2.67	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry)	2.31	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.09	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.50	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.03	10 <sup>3</sup> / µl	< 0.2
Platelet Count (Whole Blood - W/Impedance Variation)	301	10 <sup>3</sup> / µl	150 - 450
MPV (Whole Blood - W/Derived from Impedance)	7.2	fL	8.0 - 13.3
PCT (Whole Blood - W/Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Whole Blood - W/Automated - Westergren method)	19	mm/hr	< 20



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Consultant Pathologist  
KMC NO: 112817

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The results pertain to sample tested.

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Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #17, RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD. GUINDY. CHENNAI. TAMIL NADU. INDIA..

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BUN / Creatinine Ratio	16.5		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	82.8	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 Postprandial (PPBS) (Plasma - PP/GOD-PAP)	89.7	mg/dL	70 - 140
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**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)	8.1	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	<b>0.49</b>	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)	5.20	mg/dL	2.6 - 6.0
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	1.07	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.21	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.86	mg/dL	0.1 - 1.0

  
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	28.60	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	33.4	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	<b>64.20</b>	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	74.10	U/L	42 - 98
Total Protein (Serum/Biuret)	7.10	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.1	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.00	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.37		1.1 - 2.2

**Lipid Profile**

Cholesterol Total (Serum/CHOD-PAP with ATCS)	172.00	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	64.70	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**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.



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HDL Cholesterol (Serum/Immunoinhibition)	59.90	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	99.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	12.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	112.1	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >=220

**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)	2.9		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

  
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**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	5.5	%	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)	111.15	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 glycaemic 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))	1.01	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))	9.95	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.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.870	µIU/mL	0.35 - 5.50
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**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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
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-- End of Report --

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## SONOGRAM REPORT

### WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is contracted.

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 ~ 11.1 x 5.1 cm.

The left kidney measures ~ 11.9 x 6.3 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.

Post LSCS.

The uterus is anteverted, and measures ~ 13.0 x 5.5 x 4.0 cm.

Myometrial echoes are homogeneous. The endometrial thickness is ~ 7.8 mm.

The right ovary measures ~ 3.2 x 1.8 cm.

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The left ovary measures ~ 2.9 x 1.6 cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

**IMPRESSION:**

- **No significant abnormality.**

**DR. UMALAKSHMI  
SONOLOGIST**

-

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## ECHOCARDIOGRAPHY

### M-MODE MEASUREMENTS:-

<u>VALUES</u>	
<b>AO</b>	<b>2.8 cm</b>
<b>LA</b>	<b>3.1 cm</b>
<b>LVID(D)</b>	<b>4.1 cm</b>
<b>LVID (S)</b>	<b>2.6 cm</b>
<b>IVS (D)</b>	<b>1.6 cm</b>
<b>LVPW (D)</b>	<b>1.0 cm</b>
<b>EF</b>	<b>65 %</b>
<b>FS</b>	<b>35 %</b>
<b>TAPSE</b>	<b>19 mm</b>

### DOPPLER AND COLOUR FLOW PARAMETERS :-

**Aortic Valve Gradient** : **V max - 1.37 m/sec**  
**Pulmonary Valve Gradient** : **V max - 1.09 m/sec**  
**Mitral Valve Gradient** : **E: 0.92 m/sec**      **A: 0.73 m/sec**  
**Tricuspid Valve Gradient** : **E: 0.40 m/sec**

### VALVE MORPHOLOGY :-

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

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<b>CHAMBERS</b>	
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%.*  
*Mild Mitral Regurgitation / No Mitral Stenosis*  
*No Aortic Regurgitation /No Aortic Stenosis*  
*Trivial Tricuspid Regurgitation (2.3 m/s).*  
*Normal RV Function .*  
*No Pulmonary Artery Hypertension.*  
*No Pericardial Effusion.*

**IMPRESSION:**

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



**MOHANRAJ**  
**ECHO TECHNOLOGIST**

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**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

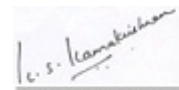
Cardiac size is within normal limits.

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.**



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Medall Healthcare Pvt Ltd.**