

Name : Ms. PREMA
PID No. : IND310465
SID No. : 424014988
Age / Sex : 46 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 08/03/2024 7:16 AM
Collection On : 08/03/2024 8:09 AM
Report On : 09/03/2024 11:47 AM
Printed On : 06/05/2024 1:50 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'A' 'Positive'		
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	11.7	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	34.6	%	37 - 47
RBC Count (EDTA Blood)	3.88	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	89.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	30.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.7	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.0	%	11.5 - 16.0
RDW-SD (EDTA Blood)	41.1	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	50.1	%	40 - 75
Lymphocytes (EDTA Blood)	40.2	%	20 - 45
Eosinophils (EDTA Blood)	1.7	%	01 - 06
Monocytes (EDTA Blood)	7.5	%	01 - 10



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Basophils (Blood)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	2.5	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.0	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.1	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.4	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood)	348	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood)	8.3	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.288	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	28	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	105.22	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: \geq 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)	80.97	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
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	11.4	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.62	mg/dL	0.6 - 1.1
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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)	3.65	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.30	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.16	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	10.38	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	10.27	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	21.24	U/L	< 38
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	53.9	U/L	42 - 98
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Total Protein (Serum/Biuret)	6.53	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.93	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.60	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.51		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	184.33	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	67.75	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.

HDL Cholesterol (Serum/Immunoinhibition)	38.05	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	132.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	13.6	mg/dL	< 30



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Non HDL Cholesterol (Serum/Calculated)	146.3	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)	4.8		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)	1.8		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)	3.5		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)	5.2	%	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 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/ECLIA)	1.27	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/ECLIA)	8.48	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/ECLIA)	1.25	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 < 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

PHYSICAL EXAMINATION (URINE COMPLETE)



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Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		
<u>CHEMICAL EXAMINATION (URINE COMPLETE)</u>			
pH (Urine)	5		4.5 - 8.0
Specific Gravity (Urine)	1.023		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Positive(+)		

MICROSCOPIC EXAMINATION (URINE COMPLETE)



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Pus Cells (Urine)	2-5	/hpf	NIL
Epithelial Cells (Urine)	1-3	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	Bacteria Present		

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

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL



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BUN / Creatinine Ratio	18.5		6.0 - 22.0



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Investigation

Observed
Value

Unit

Biological
Reference Interval

URINE ROUTINE



APPROVED BY

-- End of Report --

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PAP Smear by LBC(Liquid based Cytology)

PAP Smear by LBC(Liquid based Cytology)

Lab No : GC-546 /24

Nature of Specimen: Cervical smear

Specimen type : Liquid based preparation

Specimen adequacy : Satisfactory for evaluation

Endocervical / Transformation zone cells

: Present

General categorization : Within normal limits

DESCRIPTION : Smear studied shows superficial squamous cells, intermediate cells and parabasal cells in the background of sheets of neutrophils and few lymphocytes.

INTERPRETATION : Negative for intraepithelial lesion or malignancy.



Anusha
Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

APPROVED BY

Name	Ms.PREMA	ID	IND310465
Age & Gender	46/FEMALE	Visit Date	08/03/2024
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER shows normal in shape, size and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows normal shape and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern. Spleen measures 8.4cms in long axis. No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis. **A simple cortical cyst measuring about 1.9 x 1.9cms in size is noted in the upper pole of the left kidney.**

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	8.6	1.3
Left Kidney	9.8	1.4

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

UTERUS is anteverted and normal in size. It has uniform myometrial echopattern.

Endometrial thickness measures 4.9mm. Mirena noted in situ.

Uterus measures as follows: LS: 6.9cms AP: 3.7cms TS: 4.6cms.

OVARIES are normal in size, shape and echotexture. **Left ovary shows a simple unilocular anechoic cystic lesion measuring about 2.7 x 2.1cms. No mural nodule or internal septations**

Ovaries measure as follows: **Right ovary: 2.5 x 1.8cms Left ovary: 2.9 x 2.4cms**

POD & adnexae are free.

No evidence of ascites/pleural effusion.

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IMPRESSION:

- **LEFT RENAL SIMPLE CORTICAL CYST - BOSNIAK TYPE I.**
- **LEFT OVARIAN SIMPLE CYST.**

DR. NITASH PRAKASH
CONSULTANT RADIOLOGIST
 NP/vp

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X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.

MAMMOGRAPHY OF BOTH BREASTS

Both breasts show scattered fibro glandular echopattern. (ACR- Class II)

No evidence of focal soft tissue lesion / asymmetric density / architectural distortion.

No evidence of cluster micro calcification.

Subcutaneous fat deposition is within normal limits.

SONOMAMMOGRAPHY OF BOTH BREASTS

Both breasts show normal fibro fatty echopattern.

No evidence of focal solid / cystic areas in either breast.

No evidence of ductal dilatation.

Few lymphnodes with maintained fatty hilum are noted in both axillae.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY.**

ASSESSMENT: BI-RADS CATEGORY -1

DR. NITASH PRAKASH
CONSULTANT RADIOLOGIST
NP/vp

BI-RADS CLASSIFICATION

<u>CATEGORY</u>	<u>RESULT</u>
0	Assessment incomplete. Need additional imaging evaluation

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- 1 **Negative. Routine mammogram in 1 year recommended.**
- 2 Benign finding. Routine mammogram in 1 year recommended.
- 3 Probably benign finding. Short interval follow-up suggested.
- 4 Suspicious. Biopsy should be considered.
- 5 Highly suggestive of malignancy. Appropriate action should be taken.

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X - RAY CHEST PA VIEW

FINDINGS:

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

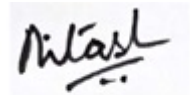
Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

No significant abnormality detected.



Dr.Nitash Prakash MBBS.,MD
Consultant Radiologist