

Name	MRS.SISIRA. P.M	Req No. 4168060
Age & Gender	33Y/FEMALE	Registered on:27.04.2024
Ref Doctor	Credit Clients	Reported on:27.04.2024

## 2D ECHOCARDIOGRAPHY & COLOUR DOPPLER REPORT

### M-mode:

	Value	Normal range
LA dimension	3.3	(1.9 – 4.0 cm)
Aorta	2.7	(2.5 – 3.7 cm)
IVS (d)	1.0	(0.6 – 1.1 cm)
LV PW (d)	0.9	(0.6- 1.1 cm)
LVID (d)	3.8	(3.5 – 5.5 cm)
LVID (s)	2.5	(2.4 – 4.2 cm)
EDV	63	ml
ESV	21	ml
LV EF	60	50 – 70 %

### CHAMBERS:

LEFT ATRIUM: Normal

RIGHT ATRIUM: Normal

LEFT VENTRICLE: Normal

RIGHT VENTRICLE: Normal

### VALVES:

MITRAL VALVE: Normal

AORTIC VALVE: Normal

TRICUSPID VALVE: Normal

PULMONARY VALVE: Normal

### GREAT ARTERIES:

AORTA: Normal

PULMONARY ARTERY: Normal

SEPTAE:

IAS/IVS: Intact

WALL MOTION ABNORMALITIES:

REGIONAL : No RWMA AT REST

GLOBAL: Normal

COLOUR DOPPLER:

MITRAL VALVE: Normal , E/A- 0.95/0.61 M/S, NORMAL LV DF

AORTIC VALVE: Normal

TRICUSPID VALVE: Trivial , PASP-23 mmHg

PULMONARY VALVE: Normal

CLOT/ VEGETATION: Nil

PERICARDIUM: No effusion

IVC : NORMAL & COLLAPSING

CONCLUSION:

- NORMAL CHAMBER AND VALVES
- NO REGIONAL WALL MOTION ABNORMALITIES
- NORMAL LV DIASTOLIC FUNCTION
- NORMAL LV SYSTOLIC FUNCTION (EF:60%)
- TRIVIAL TR / NORMAL PA PRESSURE
- NO CLOT/ VEG / PERICARDIAL EFFUSION

Dr. MAHADEV SWAMY B  
MBBS, MD, DM Cardiology, FSCAI, FICC  
Consultant Interventional Cardiologist

Ms. Sisira.P.M  
ID: 4198060

33 Years

Female

27.04.2024 12:07:03  
tenet  
Indiranagar  
Bangalore

79 bpm  
--/-- mmHg

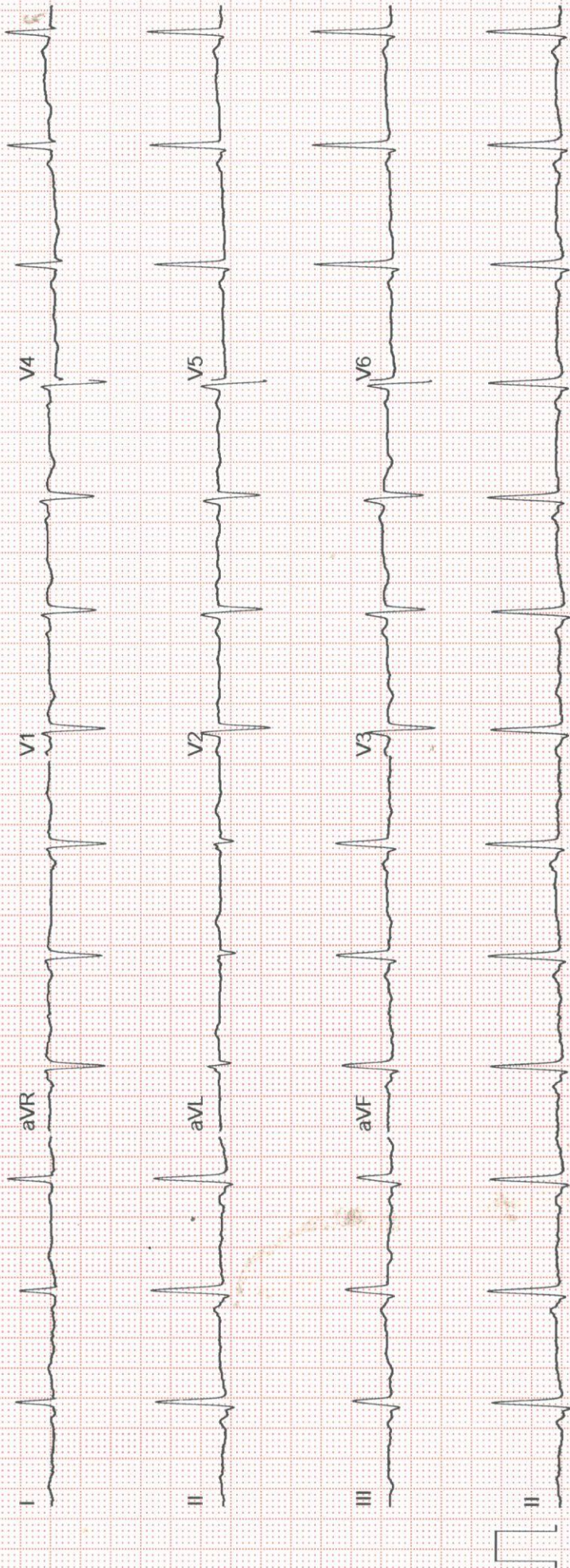
QRS: 82 ms  
QT/QTcBaz: 360/412 ms  
PR: 134 ms  
P: 100 ms  
RR/PP: 760/759 ms  
P/ORS/T: 51/55/15 degrees

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

T WAVE INVERSION IN  
V1 - V4

Coronary  
Cisapride

*[Signature]*





Name	: MS.SISIRA P M	TID/SID	: UMR1489475/ 27533629
Age / Gender	: 33 Years / Female	Registered on	: 27-Apr-2024 / 09:23 AM
Ref.By	: CO MEDI WHEELS	Collected on	: 27-Apr-2024 / 09:26 AM
Req.No	: BIL4198060	Reported on	: 27-Apr-2024 / 14:45 PM
		Reference	: Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF CLINICAL PATHOLOGY**

**Complete Urine Examination (CUE), Urine**

Investigation	Observed Value	Biological Reference Intervals
<b>Physical Examination</b>		
Colour Method:Physical	Pale Yellow	Straw to Yellow
Appearance Method:Physical	Turbid	Clear
<b>Chemical Examination</b>		
Reaction and pH Method:pH- Methyl red & Bromothymol blue	6.0	4.6-8.0
Specific gravity Method:Bromothymol Blue	1.025	1.003-1.035
Protein Method:Tetrabromophenol blue	Positive (+)	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside	Negative	Negative
Bilirubin Method:Dichloroanilinediazonium	Negative	Negative
Leucocytes Method:3 hydroxy5 phenylpyrrole + diazonium	Negative	Negative
Nitrites Method:Diazonium + 1,2,3,4 tetrahydrobenzo (h) quinolin 3-ol	Negative	Negative
Urobilinogen Method:Dimethyl aminobenzaldehyde	0.2	0.2-1.0 mg/dl
<b>Microscopic Examination</b>		
Pus cells (leukocytes) Method:Microscopy	0-1	2 - 3 /hpf
Epithelial cells Method:Microscopy	3-4	2 - 5 /hpf
RBC (erythrocytes) Method:Microscopy	Absent	Absent
Casts Method:Microscopy	Absent	Occasional hyaline casts may be seen



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**TEST REPORT**

Crystals Method:Microscopy	Amorphous urates	Phosphate, oxalate, or urate crystals may be seen
Others Method:Microscopy	Nil	Nil
Note	Kindly correlate clinically	

**Method: Semi Quantitative test ,For CUE**

**Reference:** Godkar Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition. Product kit literature.

**Interpretation:**

The complete urinalysis provides a number of measurements which look for abnormalities in the urine. Abnormal results from this test can be indicative of a number of conditions including kidney disease, urinary tract infection or elevated levels of substances which the body is trying to remove through the urine . A urinalysis test can help identify potential health problems even when a person is asymptomatic. All the abnormal results are to be correlated clinically.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

*Debleena Thakur*

**Dr Debleena Thakur  
Consultant Pathologist**





Name	: MS.SISIRA P M	TID/SID	: UMR1489475/ 27534778
Age / Gender	: 33 Years / Female	Registered on	: 27-Apr-2024 / 09:23 AM
Ref.By	: CO MEDI WHEELS	Collected on	: 27-Apr-2024 / 11:36 AM
Req.No	: BIL4198060	Reported on	: 27-Apr-2024 / 19:37 PM
		Reference	: Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF CYTOPATHOLOGY**

**Pap Smear, Conventional**

Specimen Type	Conventional smear (Pap smear)
Specimen Adequacy	Satisfactory for evaluation with evidence of endocervical/transformation zone component
General Categorization	Negative for intraepithelial lesion or malignancy
Microscopic Observations:	Smears studied shows intermediate and superficial cells on a background of neutrophils and lactobacilli with reactive cellular changes associated with inflammation and granular mucoid debris.
Interpretation	Negative for intraepithelial lesion/ malignancy, mild inflammatory cervical smear.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

**Dr Manjunatha H.K**  
Consultant Pathologist





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Ref.By : CO MEDI WHEELS Collected on : 27-Apr-2024 / 09:26 AM  
Req.No : BIL4198060 Reported on : 27-Apr-2024 / 13:47 PM  
Reference : Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF HEMATOLOGY**

**Blood Grouping ABO And Rh Typing, EDTA Whole Blood**

Parameter	Results
Blood Grouping (ABO)	A
Rh Typing (D)	POSITIVE

**Method:** Hemagglutination Tube Method by Forward & Reverse Grouping

**Reference:** Tulip kit literature

**Interpretation:** The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O ) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. ABO antigens are poorly expressed at birth, increase gradually in strength and become fully expressed around 1 year of age.

**Note:** Records of previous blood grouping/Rh typing not available. Please verify before transfusion.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

*Kavya SN*

**Dr.Kavya S N**  
Consultant Pathologist





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Age / Gender	: 33 Years / Female	Registered on	: 27-Apr-2024 / 09:23 AM
Ref.By	: CO MEDI WHEELS	Collected on	: 27-Apr-2024 / 09:26 AM
Req.No	: BIL4198060	Reported on	: 27-Apr-2024 / 13:30 PM
		Reference	: Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF HEMATOLOGY**

**Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood**

Investigation	Observed Value	Biological Reference Intervals
Erythrocyte Sedimentation Rate	02	<=20 mm/hour
Method:Microphotometrical capillary using stopped flow kinetic analysis		

**Complete Blood Count (CBC), EDTA Whole Blood**

Investigation	Observed Value	Biological Reference Interval
Hemoglobin	13.5	11.5-16.0 g/dL
Method:Spectrophotometry		
Packed Cell Volume	40.6	34-48 %
Method:Derived from Impedance		
Red Blood Cell Count.	4.80	3.8-5.4 Mill/Cumm
Method:Impedance Variation		
Mean Corpuscular Volume	84.7	78-100 fL
Method:Derived from Impedance		
Mean Corpuscular Hemoglobin	28.2	27-32 pg
Method:Derived from Impedance		
Mean Corpuscular Hemoglobin Concentration	33.3	31.5-36 g/dL
Method:Derived from Impedance		
Red Cell Distribution Width - CV	<b>10.7</b>	11.0-16.0 %
Method:Derived from Impedance		
Red Cell Distribution Width - SD	<b>37.0</b>	39-46 fL
Method:Derived from Impedance		
Total WBC Count.	5370	4000-11000 cells/cumm
Method:Impedance Variation		
Neutrophils	61.8	40-75 %
Method:Impedance Variation,Method_Desc= Flow Cytometry		
Lymphocytes	29.9	20-45 %
Method:Impedance Variation, Flowcytometry		
Eosinophils	2.6	01-06 %
Method:Impedance Variation, Flowcytometry		
Monocytes	4.7	01-10 %
Method:Impedance Variation, Flowcytometry		
Basophils.	1.0	00-02 %
Method:Impedance Variation, Flowcytometry		





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**TEST REPORT**

Absolute Neutrophils Count. Method:Calculated	3319	1500-6600 cells/cumm
Absolute Lymphocyte Count Method:Calculated	1606	1500-3500 cells/cumm
Absolute Eosinophils count. Method:Calculated	140	40-440 cells/cumm
Absolute Monocytes Count. Method:Calculated	252	<1000 cells/cumm
Absolute Basophils count. Method:Calculated	54	<200 cells/cumm
Platelet Count. Method:Impedance Variation	2.58	1.4-4.4 lakhs/cumm
Mean Platelet Volume. Method:Derived from Impedance	10.3	8.0-13.3 fL
Plateletcrit. Method:Derived from Impedance	0.27	0.18-0.28 %

**Method:** Automated Hematology Analyzer, Microscopy

**Reference:** Dacie and Lewis Practical Hematology, 12th Edition

**Interpretation:** A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

*Debleena Thakur*

**Dr Debleena Thakur**  
Consultant Pathologist





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Ref.By	: CO MEDI WHEELS	Collected on	: 27-Apr-2024 / 09:26 AM
Req.No	: BIL4198060	Reported on	: 27-Apr-2024 / 17:08 PM
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**TEST REPORT**

**DEPARTMENT OF CLINICAL CHEMISTRY I**

**Blood Urea Nitrogen (BUN), Serum**

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen.	7	6-20 mg/dL
Method:Kinetic, Urease - GLDH, Calculated		

**Interpretation:** Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

**Reference:** Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

**Creatinine, Serum**

Investigation	Observed Value	Biological Reference Interval
Creatinine.	0.65	0.5-1.1 mg/dL
Method:Spectrophotometry, Jaffe - IDMS Traceable		

**Interpretation:**

Creatinine is a nitrogenous waste product produced by muscles from creatine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

Biological reference interval changed; Reference: Tietz Textbook of Clinical Chemistry & Molecular Diagnostics, Fifth Edition.

**Bun/Creatinine Ratio, Serum**

Investigation	Observed Value
BUN/Creatinine Ratio	11
Method:Calculated	

**Reference:**

A Manual of Laboratory Diagnostic Tests. Edition 7, Lippincott Williams and Wilkins, By Frances Talaska Fischbach, RN, BSN, MSN, and Marshall Barnett Dunning 111, BS, MS, Ph.D.



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Req.No	: BIL4198060	Reported on	:
		Reference	: Arcofemi Health Care Ltd -

**TEST REPORT**

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

**Dr.M.G.Satish**  
Consultant Pathologist





Name	: MS.SISIRA P M	TID/SID	: UMR1489475/ 27533632-F
Age / Gender	: 33 Years / Female	Registered on	: 27-Apr-2024 / 09:23 AM
Ref.By	: CO MEDI WHEELS	Collected on	: 27-Apr-2024 / 09:26 AM
Req.No	: BIL4198060	Reported on	: 27-Apr-2024 / 14:18 PM
		Reference	: Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF CLINICAL CHEMISTRY I**

**Glucose Fasting (FBS), Sodium Fluoride Plasma**

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	89	Normal: 70 -100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: $\geq$ 126 mg/dL

**Interpretation:** It measures the Glucose levels in the blood with a prior fasting of 9-12 hours. The test helps screen a symptomatic/ asymptomatic person who is at risk for Diabetes. It is also used for regular monitoring of glucose levels in people with Diabetes.

**Reference:** American Diabetes Association. Standards of Medical Care in Diabetes-2020.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

**Dr.M.G.Satish**  
Consultant Pathologist





Name : **MS.SISIRA P M** TID/SID : UMR1489475/ 27533632-P  
Age / Gender : 33 Years / Female Registered on : 27-Apr-2024 / 09:23 AM  
Ref.By : CO MEDI WHEELS Collected on : 27-Apr-2024 / 12:28 PM  
Req.No : BIL4198060 Reported on : 27-Apr-2024 / 16:37 PM  
Reference : Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF CLINICAL CHEMISTRY I**

**Glucose Post Prandial (PPBS), Sodium Fluoride Plasma**

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	90	Normal : 90 - 140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: $\geq$ 200 mg/dL

**Interpretation:** This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

**Reference:** American Diabetes Association. Standards of Medical Care in Diabetes-2020.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

*Kavya SN*

**Dr.Kavya S N**  
Consultant Pathologist





Name	: MS.SISIRA P M	TID/SID	: UMR1489475/ 27533630
Age / Gender	: 33 Years / Female	Registered on	: 27-Apr-2024 / 09:23 AM
Ref.By	: CO MEDI WHEELS	Collected on	: 27-Apr-2024 / 09:26 AM
Req.No	: BIL4198060	Reported on	: 27-Apr-2024 / 14:46 PM
		Reference	: Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF CLINICAL CHEMISTRY I**

**Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood**

Investigation	Observed Value	Biological Reference Interval
Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography	5.2	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:High-Performance Liquid Chromatography	103	mg/dL

**Interpretation:** It is an index of long-term blood glucose concentrations and a measure of the risk for developing microvascular complications in patients with diabetes. Absolute risks of retinopathy and nephropathy are directly proportional to the mean HbA1c concentration. In persons without diabetes, HbA1c is directly related to risk of cardiovascular disease.

In known diabetic patients, HbA1c can be considered as a tool for monitoring the glycemic control.  
Excellent Control - 6 to 7 %,  
Fair to Good Control - 7 to 8 %,  
Unsatisfactory Control - 8 to 10 %  
and Poor Control - More than 10 %.

**Reference:** American Diabetes Association. Standards of Medical Care in Diabetes-2018.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

**Dr.M.G.Satish**  
Consultant Pathologist





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Age / Gender	: 33 Years / Female	Registered on	: 27-Apr-2024 / 09:23 AM
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**TEST REPORT**

**DEPARTMENT OF CLINICAL CHEMISTRY I**

**Lipid Profile, Serum**

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Spectrophotometry , CHOD - POD	199	Desirable: < 200 mg/dL Borderline: 200-239 mg/dL High: >= 240 mg/dL
HDL Cholesterol Method:Spectrophotometry , Direct Measurement	41	Optimal : >=60 mg/dL Borderline : 40-59 mg/dL High Risk <40 mg/dL
Non HDL Cholesterol Method:Calculated	158	Optimal : <130 mg/dL Above Optimal : 130-159 mg/dL Borderline : 160-189 mg/dL High Risk : 190-219 mg/dL Very high Risk : >=220 mg/dL
LDL Cholesterol Method:Calculated	127.0	Optimum: <100 mg/dL Near/above optimum: 100-129 mg/dL Borderline: 130-159 mg/dL High: 160-189 mg/dL Very high: >=190 mg/dL
VLDL Cholesterol Method:Calculated	<b>31.00</b>	<30 mg/dL
Total Cholesterol/HDL Ratio Method:Calculated	4.85	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
LDL/HDL Ratio Method:Calculated	3.1	Optimal : 0.5-3.0 Borderline : 3.1-6.0 High Risk : >6.0
Triglycerides Method:Spectrophotometry, Enzymatic - GPO/POD	155	Normal:<150 mg/dL Borderline: 150-199 mg/dL High: 200-499 mg/dL Very high: >=500 mg/dL

**Interpretation:** Lipids are fats and fat-like substances which are important constituents of cells and are rich sources of energy. A lipid profile typically includes total cholesterol, high density lipoproteins (HDL), low density lipoprotein (LDL), chylomicrons, triglycerides, very low density lipoproteins (VLDL), Cholesterol/HDL ratio .The lipid profile is used to assess the risk of developing a heart disease and to monitor its treatment. The results of the lipid profile are evaluated along with other known risk factors associated with heart disease to plan and monitor treatment. Treatment options require clinical correlation.**Reference:** Third Report of the National Cholesterol Education program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), JAMA 2001.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---



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Age / Gender : 33 Years / Female  
Ref.By : CO MEDI WHEELS  
Req.No : BIL4198060

TID/SID : UMR1489475/  
Registered on : 27-Apr-2024 / 09:23 AM  
Collected on :  
Reported on :  
Reference : Arcofemi Health Care Ltd -

**TEST REPORT**

**Dr Manjunatha H.K**  
Consultant Pathologist







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**TEST REPORT**

**DEPARTMENT OF CLINICAL CHEMISTRY I**

**Liver Function Test (LFT), Serum**

Investigation	Observed Value	Biological Reference Interval
Total Bilirubin. Method:Spectrophotometry, Diazo method	0.67	<=1.2 mg/dL
Direct Bilirubin. Method:Spectrophotometry, Diazo method	0.20	<=0.30 mg/dL
Indirect Bilirubin. Method:Calculated	0.47	<=1.0 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method: IFCC without pyridoxal phosphate activation	16	<=33 U/L
Aspartate Aminotransferase,(AST/SGOT) Method: IFCC without pyridoxal phosphate activation	12	<=32 U/L
ALP (Alkaline Phosphatase). Method:Spectrophotometry , IFCC	43	35-104 U/L
Gamma GT. Method:Spectrophotometry , IFCC	18	<40 U/L
Total Protein. Method:Spectrophotometry, Biuret	7.4	6.4-8.3 g/dL
Albumin. Method:Spectrophotometry, Bromcresol Green	4.8	3.5-5.2 g/dL
Globulin. Method:Spectrophotometry, Bromcresol Green	2.6	2.0-3.5 g/dL
A/GRatio. Method:Calculated	1.85	1.1-2.5

**Interpretation:** Liver functions tests help to identify liver disease, its severity, and its type. Generally these tests are performed in combination, are abnormal in liver disease, and the pattern of abnormality is indicative of the nature of liver disease. An isolated abnormality of a single liver function test usually means a non-hepatic cause. If several liver function tests are simultaneously abnormal, then hepatic etiology is likely.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

**Dr.M.G.Satish**  
Consultant Pathologist



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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	1.39	0.80-2.00 ng/mL Pregnancy: 1st Trimester: 0.9 -2.5 ng/mL 2nd Trimester: 1.00 - 2.4 ng/mL 3rd Trimester 0.9-2.4 ng/mL <b>Note:</b> Biological Reference Ranges are changed due to change in method of testing.
Thyroxine Total (T4) Method:ECLIA	8.24	4.6-12.0 µg/dL Pregnancy: 1st Trimester: 4.4 - 11.5 µg/dL 2nd Trimester: 4.9 - 12.2 µg/dL 3rd Trimester: 5.1 - 13.2µg/dL <b>Note:</b> Biological Reference Ranges are changed due to change in method of testing.
Thyroid Stimulating Hormone (TSH) Method:ECLIA	2.26	0.27-4.20 µIU/mL Pregnancy: 1st Trimester: 0.1 - 3.0 µIU/mL 2nd Trimester: 0.4 - 3.3 µIU/mL 3rd Trimester: 0.4 - 3.8 µIU/mL <b>Note:</b> Biological Reference Ranges are changed due to change in method of testing.

**Interpretation:** A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.

**Reference:** Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics, Carl A. Burtis, David E. Bruns.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---



**Dr.M.G.Satish**  
Consultant Pathologist



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**TEST REPORT**

**DEPARTMENT OF CLINICAL CHEMISTRY I**

**Uric Acid, Serum**

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Enzymatic	4.8	2.4-5.7 mg/dL

**Interpretation:** It is the major product of purine catabolism. Hyperuricemia can result due to increased formation or decreased excretion of uric acid which can be due to several causes like metabolic disorders, psoriasis, tissue hypoxia, pre-eclampsia, alcohol, lead poisoning, acute or chronic kidney disease, etc. Hypouricemia may be seen in severe hepato cellular disease and defective renal tubular reabsorption of uric acid.

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

**Dr.M.G.Satish**  
Consultant Pathologist





Name	: MS.SISIRA P M	TID/SID	: UMR1489475/ 27533629
Age / Gender	: 33 Years / Female	Registered on	: 27-Apr-2024 / 09:23 AM
Ref.By	: CO MEDI WHEELS	Collected on	: 27-Apr-2024 / 09:26 AM
Req.No	: BIL4198060	Reported on	: 27-Apr-2024 / 19:08 PM
		Reference	: Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF CLINICAL CHEMISTRY I**

**Glucose Fasting With Urine Glucose**

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting (FBS) Method:Hexokinase	89	Normal : 70 - 100 mg/dL Impaired FG: 101 - 126 mg/dL Diabetes Mellitus : > = 126 mg/dL
Urine Glucose Method:GOD/POD	Negative	

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

**Dr Manjunatha H.K**  
Consultant Pathologist





Name : **MS.SISIRA P M** TID/SID : UMR1489475/ 27533629  
Age / Gender : 33 Years / Female Registered on : 27-Apr-2024 / 09:23 AM  
Ref.By : CO MEDI WHEELS Collected on : 27-Apr-2024 / 12:28 PM  
Req.No : BIL4198060 Reported on : 27-Apr-2024 / 19:08 PM  
Reference : Arcofemi Health Care Ltd -

**TEST REPORT**

**DEPARTMENT OF CLINICAL CHEMISTRY I**

**Glucose Post Prandial (PPBS) With Urine Glucose**

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	90	Normal : 90 - 140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: $\geq$ 200 mg/dL
Urine Glucose Method:GOD/POD	Negative	

\* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---



**Dr Manjunatha H.K**  
Consultant Pathologist





PLEASE SCAN QR CODE

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Name	: Ms . SISIRA P M	TID	: UMR1489475
Age/Gender	: 33 Years/Female	Registered On	: 27-Apr-2024 09:23 AM
Ref By	: CO Medi Wheels	Reported On	: 28-Apr-2024 09:20 AM
Reg.No	: BIL4198060	Reference	: Arcofemi Health Care Ltd - Medi Whe

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**ABDOMINO-PELVIC ULTRASONOGRAPHY**

**LIVER is normal in size and shows diffuse mild fatty changes.** No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** is moderately distended and has clear contents. Gall bladder wall is of normal thickness. **CBD** is of normal calibre.

**PANCREAS** is normal in size and echopattern. No evidence of ductal dilatation or calcification.

**SPLEEN** is normal in size and echopattern. It measures 10.6cms in long axis and 4.2cms in short axis.

**KIDNEYS** move well with respiration and are normal in size and echopattern. Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.

**A simple cortical cyst measuring 1.8 x 1.7cms is noted at the junction of the upper and mid poles of the left kidney.**

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.1	1.4
Left Kidney	11.3	1.4

**URINARY BLADDER** is moderately distended with normal wall thickness. It has clear contents. No evidence of diverticula.

**UTERUS is anteverted and slightly bulky.** It has uniform myometrial echopattern.  
**Few small (4-8mm) seedling fibroids are noted in the fundus and body anteriorly.**  
**Endometrial thickness measures 11mm and is triple line.**  
**Uterus measures as follows: LS: 9.3cms AP: 4.7cms TS: 5.2cms.**

**OVARIES are polycystic.** No focal lesion seen.  
**Right ovary is mildly enlarged in size and shows a large follicle measuring 17 x 17mm.**  
**Right ovary measures 4.6 x 2.0 x 2.4 cms (Vol: 11cc)**  
**Left ovary measures 4.1 x 1.8 x 2.0 cms (Vol: 8cc)**

POD & adnexae are free.

No evidence of ascites / pleural effusion / para -aortic lymphadenopathy.

**IMPRESSION:**

- **GRADE I FATTY LIVER.**
- **BILATERAL POLYCYSTIC OVARIES**

\*\*\* End Of Report \*\*\*

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PLEASE SCAN QR CODE

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Name : Ms . SISIRA P M  
Age/Gender : 33 Years/Female  
Ref By : CO Medi Wheels  
Reg.No : BIL4198060

TID : UMR1489475  
Registered On : 27-Apr-2024 09:23 AM  
Reported On : 28-Apr-2024 09:20 AM  
Reference : Arcofemi Health Care Ltd  
- Medi Whe

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**Dr Meera Krishnan**  
Consultant Radiologist



PLEASE SCAN QR CODE

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Name	: Ms . SISIRA P M	TID	: UMR1489475
Age/Gender	: 33 Years/Female	Registered On	: 27-Apr-2024 09:23 AM
Ref By	: CO Medi Wheels	Reported On	: 28-Apr-2024 11:38 AM
Reg.No	: BIL4198060	Reference	: Arcofemi Health Care Ltd - Medi Whe

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### X-Ray Chest PA View

Lung fields appear normal.

Cardiac size is within normal limits.

Aorta and pulmonary vasculature is normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

#### IMPRESSION:

**\* Normal study.**

\*\*\* End Of Report \*\*\*

**Dr Michael Chirayath**  
Consultant Radiologist