

# Medical Summary

Name: *Ms. Reena*  
 Ref Doctor:

Date of Birth: *4/4/1979* Customer ID:  
 Sex: *Female* Date: *13/4/24*

Present Complaints: *- NIL -*

Past Illness: *- NIL -*

Major medical illness: *- NIL -*  
 Surgery:

Accident: *- NIL -*  
 Others:

**Personal history:**

Smoking: *- NIL -*  
 Tobacco: *- NIL -*  
 Alcohol: *- NIL -*  
 Menstrual history: *menopausal*  
 Obstetric history: *##*

Diet: *mixed diet*  
 Exercise:  
 Personality:  
 Marital status: *married*  
 Children: *- NIL -*

**Family history:**

Tuberculosis: *- NIL -*  
 Diabetes: *father*  
 Asthma:  
 Drug history: *- NIL -* Allergy: *- NIL -*

Hypertension:  
 Heart Disease: *- NIL -*  
 Others:  
 Present Medications:

**General Examination:**

Height:  
 Conjunctiva: *(M)* Weight:  
 Oedema: *not present* Lymphnodes: *not palpable* BP:  
 Tongue: *(M)* Nails: *(M)* Eyes:  
 Throat: *(M)* Others: *(M)* Genitals: *not done*  
 Skin: *intact* Dental: *(M)*

**Eye Screening:**

Vision	R/E	L/E
Distant Vision	<i>6/6</i>	<i>6/6</i>
Near Vision	<i>(M)</i>	<i>(M)</i>
Colour Vision	<i>(M)</i>	<i>(M)</i>

*g with spec.*



**Systemic Examination:**

Cardiovascular system: *S1S2 heard.*  
Peripheral Pulsations: *felt*  
Heart:  
Respiratory system: *NOBS (7)*

**Gastrointestinal Systems:**

Higher Function: *WNL*  
Cranial Nerves: *WNL*  
Motor System: *WNL*

Sensory System: *WNL*  
Superficial Reflexes: *+*  
Deep Reflexes: *+*

**Impression:**

*⇒ prediabetic ⇒ HbA1c → 6.9%  
⇒ mammography → Left breast Fibroadenoma - BI-RADS III*

**Diet:** *→ low sugar / cholesterol / fat diet*


**Medication:**

**Advice & Follow up:**

*if any swelling / pain in the Breast to refer  
a General Surgeon for further evaluation.*

**MEDALL DIAGNOSTICS**  
# 191, Poonamallee High Road,  
Kilpauk, Chennai - 600 010.  
Cell : 91500 42323

DR. HARINARAYAN  
Consultant General Physician



152472





(Medall Healthcare Pvt Ltd)  
**SELF REFERRAL FORM**

MED21000163 5113-04-2409:54 91



124006486  
MS REENA V 45/Y

**Customer Information**

I, give consent to Medall Healthcare Pvt Ltd to perform the My-Health Package investigation requested by me. I declare that **my age is 18 years or above 18 years** and I don't have any metal implants inside my body and don't have a pacemaker or stents. I am also aware that the blood tests are done in non-fasting (Random) Sample

Name: Mr/Ms/Mrs V . R E E N A

Company Name \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth : \_\_\_\_\_ or Age: 45 Gender:  Male  Female

Contact Number : 9940483947 Pin Code \_\_\_\_\_

Email ID : \_\_\_\_\_

**Vitals Observations (to be filled by Medall team)**

Place of service :  In store  Camp – (mention Location) \_\_\_\_\_

Height 150 Cms \_\_\_\_\_ feet \_\_\_\_\_ Inches

Waist 43 Inches \_\_\_\_\_

Hip 46 Inches \_\_\_\_\_

Weight 87.6 Kgs \_\_\_\_\_

Fat 43.6 % \_\_\_\_\_

Visceral Fat 25.5 % \_\_\_\_\_

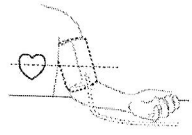
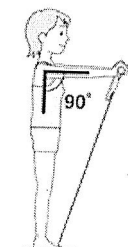
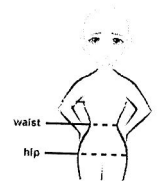
RM 1610 Cal \_\_\_\_\_

BMI 38.9 \_\_\_\_\_

Body Age 70 Yrs \_\_\_\_\_

Systolic BP 115 mm/Hg \_\_\_\_\_

Diastolic BP 75 mm/Hg \_\_\_\_\_



**Clinical History / Medicines Taken**

	Use Tobacco Products	Drink Alcohol
Never	<input type="checkbox"/>	<input type="checkbox"/>
Some days	<input type="checkbox"/>	<input type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>

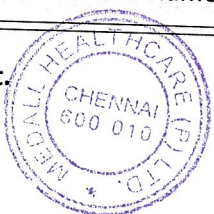
Check in the appropriate box

2nd - 112/73  
3rd - 104/64  
Inspiration : 43 cm Expiration: 41 cm SP O2 : 98 Pulse : 67

(Always Ensure that the customer is relaxed and in sitting position while doing BP check)

Date 13/3/24 Medall Employee Name & centre Name: C. Remap

I have verified and agree with all the data in this sheet.  
Fill all the information without fail



Customer Signature  
V. Reena

Name	MS.REENA V	ID	MED210001633
Age & Gender	45Y/FEMALE	Visit Date	13/04/2024
Ref Doctor	MediWheel		

## ULTRA SOUND SCAN

### WHOLE ABDOMEN

**Liver is enlarged in size (16.2 cm) and shows homogenously increased parenchymal echoes with no focal abnormality.**

There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

**Gall bladder** is normal sized and smooth walled. No evidence of calculi. Wall thickness is normal.

**Pancreas** shows a normal configuration and echotexture. Pancreatic duct is normal.

**Spleen** is normal in size and echotexture.

**Bilateral kidneys** are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

**Right kidney** measures 10.2 x 4.8 cm.

**Left kidney** measures 9.7 x 5.6 cm.

Ureters are not dilated.

**Urinary bladder** is smooth walled and uniformly transonic. No intravesical mass or calculus.

**Uterus** is anteverted, and measures 6.7 x 5.3 x 4.1 cm, shows normal myometrial echoes. Endometrial thickness is 7.8 mm.

Bilateral ovaries are normal in size.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.



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**IMPRESSION:**

➤ **Hepatomegaly with fatty changes.**

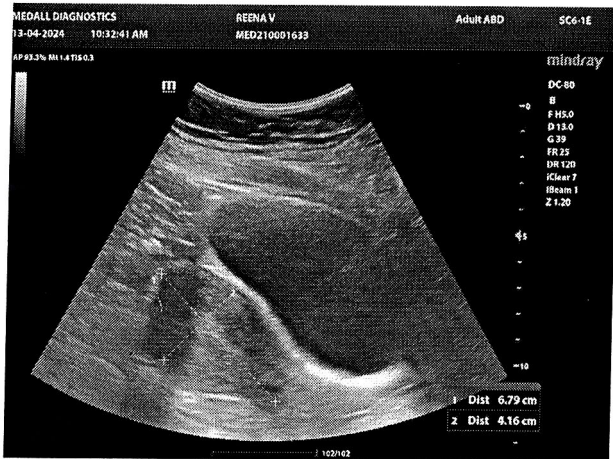
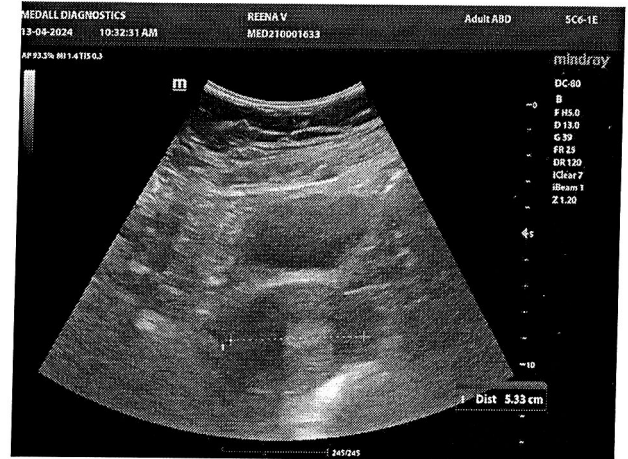
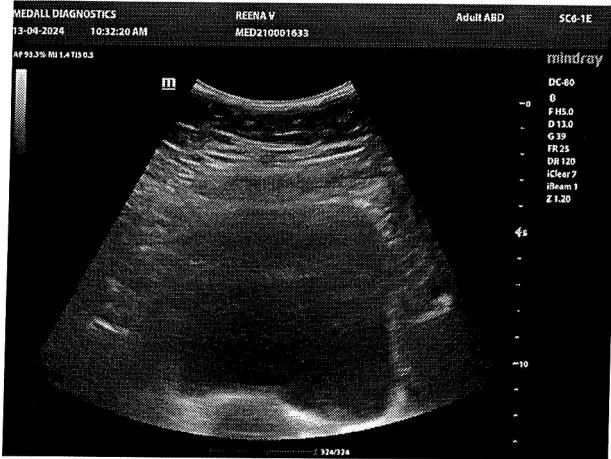
**Dr.PRASHANT MOORTHY, MBBS., MD.,**  
**Consultant Radiologist**



**Dr. M. JAYAPRABA.**  
**Consultant Sonologist**



<b>Name</b>	<b>MS.REENA V</b>	<b>ID</b>	<b>MED210001633</b>
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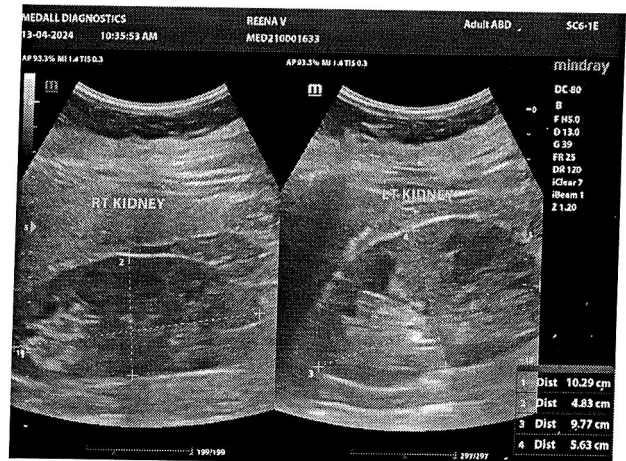


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**ECHO CARDIOGRAM REPORT**

**2D ECHO STUDY:**

- Normal LV / RV size and systolic function (EF: 65%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

**FINAL IMPRESSION:**

- NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF: 65%)
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL VALVES FOR AGE.
- GRADE I LV DIASTOLIC DYSFUNCTION PRESENT.
- NORMAL COLOUR FLOW STUDIES.

**LEFT VENTRICULAR MEASUREMENT:**

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO (ed)- 2.8cm(1.5cm/3.5cm)		IVS (ed) - 1.1cm	(0.6cm/1.2cm)
LA (ed)- 3.4cm(1.5cm/3.5cm)		LVPW(ed) - 1.2 cm	(0.6cm/1.1cm)
RVID(ed)- 1.0 cm(0.9cm/2.8cm)		EF 65 %	(62 %-85 %)
LVID (ed)- 4.7cm(2.6cm/5.5cm)		FS 34 %	
LVID (es)- 2.8cm			





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**MORPHOLOGICAL DATA:**

Mitral valve

Anterior mitral leaflet (AML)	: Normal
Posterior mitral leaflet (PML)	: Normal
Aortic Valve	: Normal
Tricuspid Valve	: Normal
Pulmonary Valve	: Normal
Interatrial Septum	: Intact
Interventricular Septum	: Intact
Right Ventricle	: Normal
Right Atrium	: Normal
Pulmonary Artery	: Normal
Left Ventricle	: Normal
Left Atrium	: Normal

**PERICARDIUM:**

- Normal.

**DOPPLER STUDY:**

Continuous Wave Doppler & Colour Flow Study:

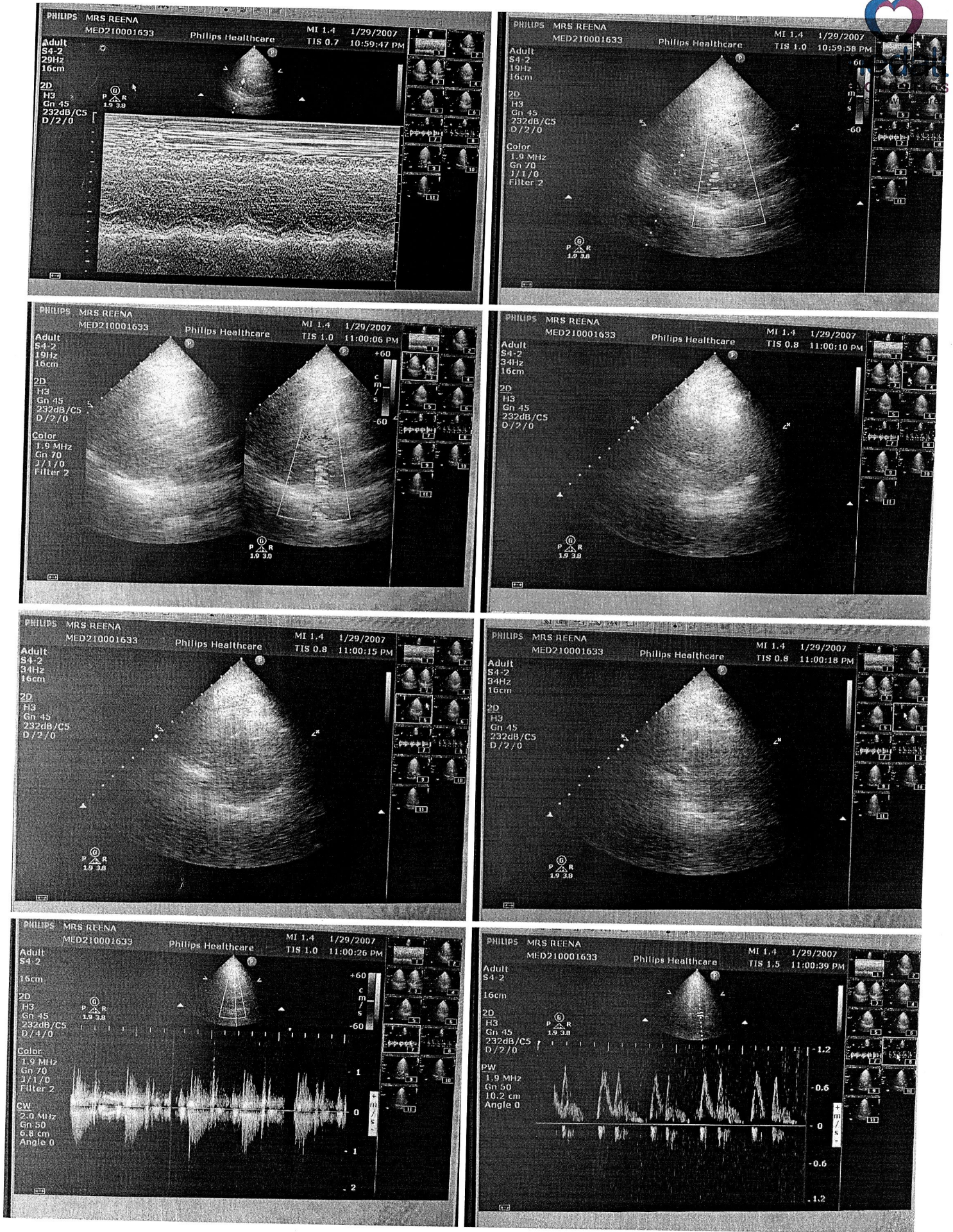
- *Grade I LV diastolic dysfunction present.*

DONE BY:VIJAYALAKSHMI.P



**DR.RADHA PRIYA.Y**  
Consultant Cardiologist





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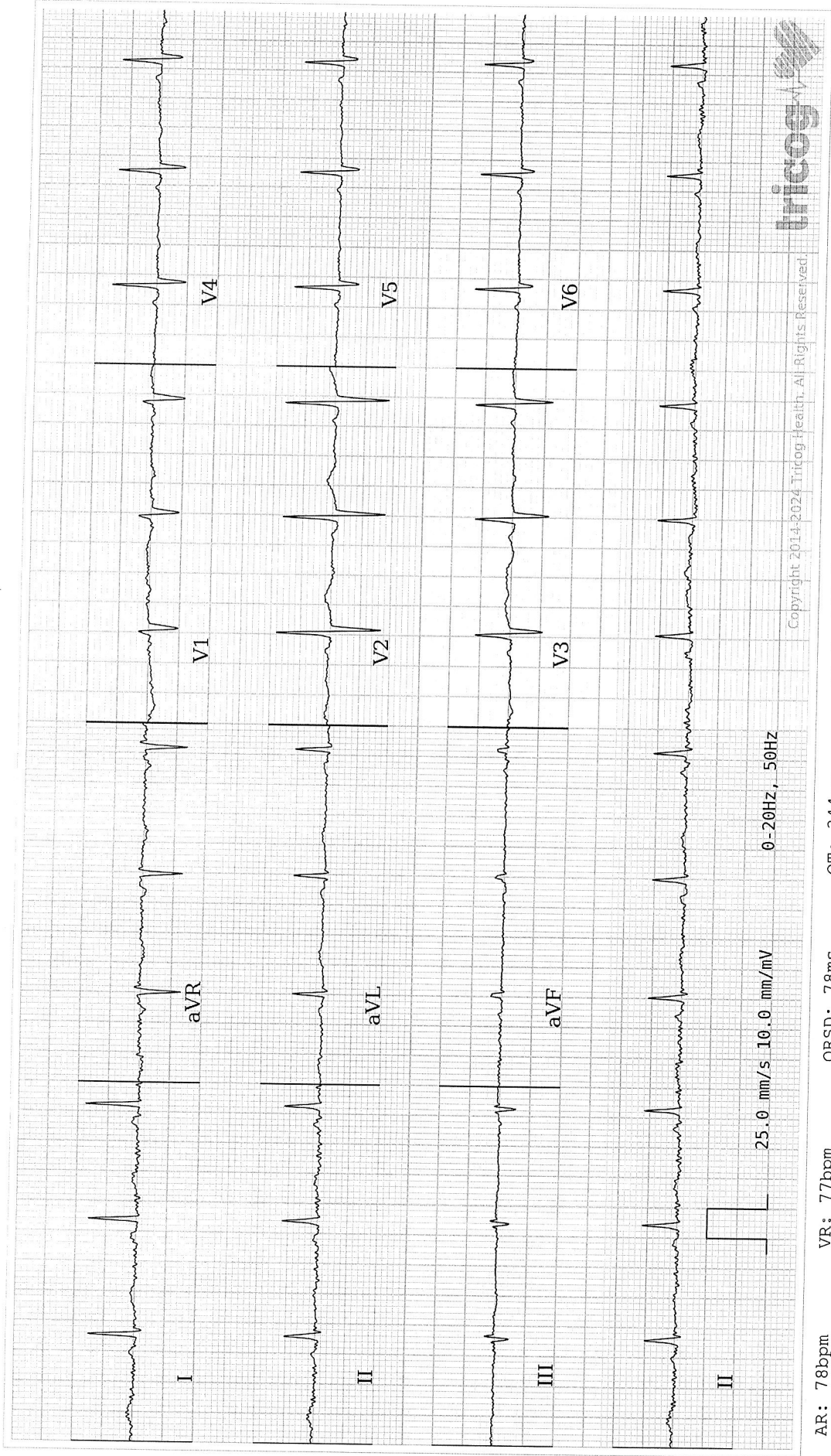
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MEDALL DIAGNOSTIC CENTER KILPAUK

Age / Gender: 45/Female  
Patient ID: med210001633  
Patient Name: Mrs Reena v

Date and Time: 13th Apr 24 11:00 AM



AR: 78bpm    VR: 77bpm    QRS: 78ms    QT: 344ms    QTcB: 389.7ms    PRI: 132ms    P-R-T: 26° 25° 6°

Sinus Rhythm, Non-specific ST/T Wave Changes. Please correlate clinically.

REPORTED BY



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.

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Age & Gender	45Y/FEMALE	Visit Date	13/04/2024
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### X-RAY MAMMOGRAPHY OF BOTH BREASTS

Soft tissue X-ray mammography of both breasts was performed using the Cranio-caudal and Medio-lateral oblique views.

**Bilateral heterogenous diffuse fibro fatty prominence.**

No mass or calcification is seen in either breast.

The retro-mammary space is free.

The nipples are normal with no evidence of retraction.

The skin and subcutaneous tissues are normal.

**Correlated ultrasound screening of both breasts:-**

**6.7 x 4.8 mm of size well defined oval shaped hypoechoic lesion is noted in left breast at 5 to 6 O' clock position.**

#### **IMPRESSION :**

- **Left breast Fibroadenoma - BIRADS - III.**

**Dr.PRASHANT MOORTHY, MBBS., MD.,**  
Consultant Radiologist

  
**Dr. M. JAYAPRABA.**  
Consultant Sonologist



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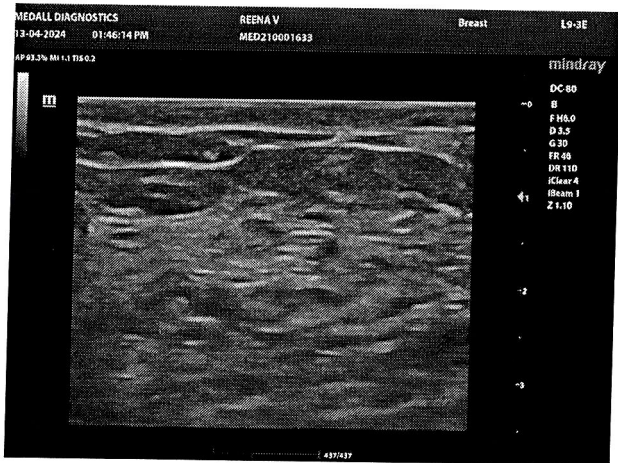
<b>BIRADS Category</b>		<b>Likely hood of cancer</b>
<b>0</b>	<b>Need additional imaging or prior examinations</b>	<b>N/A</b>
<b>1</b>	<b>Negative</b>	<b>0%</b>
<b>2</b>	<b>Benign</b>	<b>0%</b>
<b>3</b>	<b>Probably benign</b>	<b>&gt;0% - 2 %</b>
<b>4</b>	<b>Suspicious</b>	<b>4a Low suspicion for malignancy (&gt;2% to 10%)</b>  <b>4b Moderate suspicion for malignancy (&gt;10% to 50%)</b>  <b>4c High suspicion for malignancy (&gt;50% to 95%)</b>
<b>5</b>	<b>Highly suggestive of malignancy</b>	<b>95%</b>
<b>6</b>	<b>Known biopsy proven</b>	<b>N/A</b>

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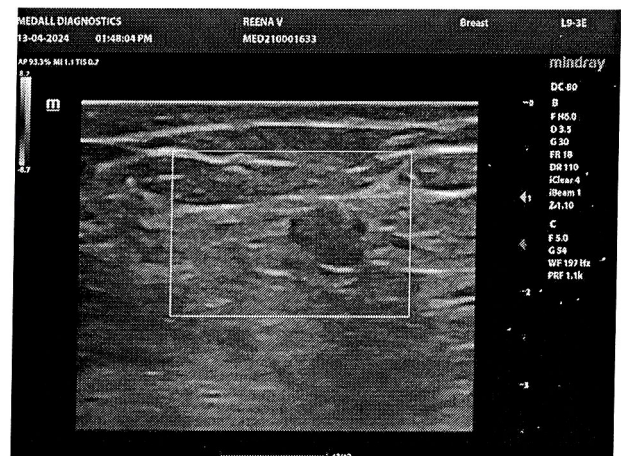
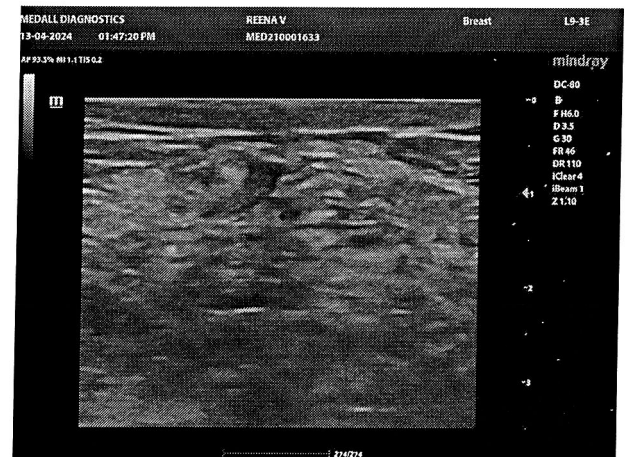
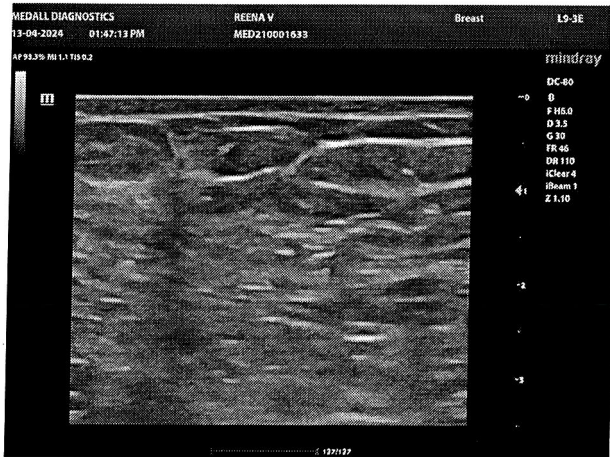


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Name	Ms. REENA V	Customer ID	MED210001633
Age & Gender	45Y/F	Visit Date	Apr 13 2024 9:09AM
Ref Doctor	MediWheel		

### X-RAY CHEST (PA VIEW)

The cardio thoracic ratio is normal. The heart size and configuration are within normal limits.

The aortic arch is normal.

The lung fields show normal broncho-vascular markings.


Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

### IMPRESSION :

- **No significant abnormality detected.**



Dr. Prashant Moorthy MBBS, MD  
Consultant Radiologist





Name : MS. KEENA V  
 PID No. : MED210001633  
 SID No. : 124006486  
 Age / Sex : 45 Year(s) / Female  
 Type : OP  
 Ref. Dr : MediWheel

Register On : 13/04/2024 9:10 AM  
 Collection On : 13/04/2024 10:22 AM  
 Report On : 13/04/2024 4:51 PM  
 Printed On : 13/04/2024 7:23 PM



Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' 'Positive'		
<b>INTERPRETATION:</b> Reconfirm the Blood group and Typing before blood transfusion			
<b><u>Complete Blood Count With - ESR</u></b>			

Haemoglobin (Whole Blood - W/Spectrophotometry)	12.1	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Whole Blood - W/Derived from Impedance)	37.2	%	37 - 47
RBC Count (Whole Blood - W/Impedance Variation)	4.06	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Whole Blood - W/Derived from Impedance)	91.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Whole Blood - W/Derived from Impedance)	29.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Whole Blood - W/Derived from Impedance)	32.4	g/dL	32 - 36
RDW-CV (Whole Blood - W/Derived from Impedance)	13.0	%	11.5 - 16.0
RDW-SD (Whole Blood - W/Derived from Impedance)	41.68	fL	39 - 46
Total Leukocyte Count (TC) (Whole Blood - W/Impedance Variation)	9800	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	53.7	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	28.3	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	13.0	%	01 - 06



*Dr. Archana K*  
**Dr ARCHANA. K MD Ph.D**  
 Lab Director  
 TNMC NO: 79967  
 APPROVED BY

The results pertain to sample tested.

Page 1 of 8

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	4.6	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	%	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)	5.26	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry)	2.77	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Whole Blood - W/Impedance Variation & Flow Cytometry)	1.27	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.45	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.04	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (Whole Blood - W/Impedance Variation)	285	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Whole Blood - W/Derived from Impedance)	8.0	fL	8.0 - 13.3
PCT (Whole Blood - W/Automated Blood cell Counter)	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Whole Blood - W/Automated - Westergren method)	25	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	118.2	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126



*Dr. Archana K. MD Ph.D*  
**Dr ARCHANA. K MD Ph.D**  
 Lab Director  
 TNMC NO: 79967  
**APPROVED BY**

The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval
---------------	----------------	------	-------------------------------

**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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	160.6	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)	Trace		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.3	mg/dL	7.0 - 21
--	------	-------	----------

Creatinine (Serum/Modified Jaffe)	0.65	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)	3.3	mg/dL	2.6 - 6.0
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.51	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.20	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.31	mg/dL	0.1 - 1.0
--	------	-------	-----------

SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	18.6	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	34.3	U/L	5 - 41
--	------	-----	--------



*Dr. Archana K. MD Ph.D*  
 Dr ARCHANA. K MD Ph.D  
 Lab Director  
 TNMC NO: 79967  
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The results pertain to sample tested.

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Name : MS. REENA V  
PID No. : MED210001633  
SID No. : 124006486  
Age / Sex : 45 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 13/04/2024 9:10 AM  
Collection On : 13/04/2024 10:22 AM  
Report On : 13/04/2024 4:51 PM  
Printed On : 13/04/2024 7:23 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	30.4	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	133.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.26	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.08	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.18	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.28		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	187.4	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	121.0	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)	24.3	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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Investigation	Observed Value	Unit	Biological Reference Interval
LDL Cholesterol (Serum/Calculated)	138.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	24.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	163.1	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)	7.7		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)	5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	5.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	6.9	%	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 %



*Dr. Archana K. M.D.*  
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Estimated Average Glucose (Whole Blood)	151.33	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 glycemc 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))	1.14	ng/ml	0.7 - 2.04
--	------	-------	------------

**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))	10.94	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))	5.640	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 &lt; 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	15.8		6.0 - 22.0

Stool Analysis - ROUTINE

Colour (Stool)	Brown	Brown
Blood (Stool)	Absent	Absent
Mucus (Stool)	Absent	Absent

Urine Analysis - Routine

COLOUR (Urine)	Pale 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 - Flow cytometry)	0 - 1 /hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	0 - 1 /hpf	NIL
RBCs (Urine/Automated - Flow cytometry)	NIL /hpf	NIL
Casts (Urine/Automated - Flow cytometry)	NIL /hpf	NIL
Crystals (Urine/Automated - Flow cytometry)	NIL /hpf	NIL
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.

Reaction (Stool)	Acidic		Acidic
Consistency (Stool)	Semi Solid		Semi Solid
Ova (Stool)	NIL		NIL
Others (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL



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