

Name : **Ms. SUKANYA B** Register On : 09/12/2023 3:20 PM
PID No. : MED111990121 Collection On : 09/12/2023 3:53 PM
SID No. : 423074627 Report On : 11/12/2023 3:21 PM
Age / Sex : 31 Year(s) / Female Printed On : 19/12/2023 7:27 PM
Ref. Dr : MediWheel OP / IP : OP

***PAP Smear by LBC(Liquid based Cytology)**

PAP Smear by LBC(Liquid based Cytology)

Lab No : GC-2463 /23

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.

Reactive cellular changes associated with Inflammation.



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

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Age / Sex : 31 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 09/12/2023 8:28 AM
Collection On : 09/12/2023 9:34 AM
Report On : 09/12/2023 7:37 PM
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' Positive'		
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	12.7	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	39.3	%	37 - 47
RBC Count (EDTA Blood)	4.63	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	84.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	27.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.3	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.0	%	11.5 - 16.0
RDW-SD (EDTA Blood)	38.58	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	4800	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	48.6	%	40 - 75
Lymphocytes (EDTA Blood)	37.2	%	20 - 45
Eosinophils (EDTA Blood)	6.1	%	01 - 06



The results pertain to sample tested.

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Lab Address: BANGALORE REFERENCE LABORATORY-CLUMAX DIAGNOSTIC AND RESEARCH CENTRE PVT LTD. (A UNIT OF MEDALL HEALTHCARE PVT. LTD.), Old No66 & New No 1, 2nd Main Road, Bashyam Circle, Sankey Cross Road Malleswaram, Gayathri Devi Park Extension, Kodandarampura, Sadashiva Nagar, Bengaluru, Karnataka-560003,.

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Monocytes (EDTA Blood)	6.9	%	01 - 10
Basophils (Blood)	1.2	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	2.33	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.79	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.29	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.33	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.06	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood)	290	10 ³ / µl	150 - 450
MPV (EDTA Blood)	9.0	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	10	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	85.79	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) Negative Negative
(Urine - F/GOD - POD)



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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	61.16	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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	5.6	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.46	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)	3.51	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.24	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.21	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.03	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	15.83	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	9.92	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	11.78	U/L	< 38
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	64.1	U/L	42 - 98
Total Protein (Serum/Biuret)	6.91	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.28	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.63	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.63		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	150.30	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	46.41	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/Immuno-inhibition)	48.64	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	92.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	9.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	101.7	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)	3.1		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		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
HbA1C (Whole Blood/HPLC)	5.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	108.28	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/ECLIA)	1.48	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)	10.61	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)	3.47	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.

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	25	

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5	4.5 - 8.0
Specific Gravity (Urine)	1.010	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal
Blood (Urine)	Negative	Negative



The results pertain to sample tested.

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Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL
Others (Urine)	NIL		

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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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	12.2		6.0 - 22.0



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>URINE ROUTINE</u>			



APPROVED BY

-- End of Report --

Name	MS.SUKANYA B	ID	MED111990121
Age & Gender	31Y/FEMALE	Visit Date	09 Dec 2023
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.7cms
LEFT ATRIUM	:	2.4cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.1cms
(SYSTOLE)	:	2.7cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.3cms
EDV	:	74ml
ESV	:	27ml
FRACTIONAL SHORTENING	:	34%
EJECTION FRACTION	:	63%
EPSS	:	---
RVID	:	1.9cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 1.05 m/s	A' 0.54 m/s	NO MR
AORTIC VALVE	:	0.88 m/s		NO AR
TRICUSPID VALVE	:	E' - m/s	A' - m/s	NO TR
PULMONARY VALVE	:	1.06 m/s		NO PR

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Age & Gender	31Y/FEMALE	Visit Date	09 Dec 2023
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHY FINDINGS:

Left ventricle : Normal size, Normal systolic function.
No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapsed.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 63%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC
SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
SRI JAYADEVA INSTITUTE OF CARDIOLOGY, BANGALORE
Kss/vp

Note:

- * **Report to be interpreted by qualified medical professional.**
- * **To be correlated with other clinical findings.**
- * **Parameters may be subjected to inter and intra observer variations.**
- * **Any discrepancy in reports due to typing errors should be corrected as soon as possible.**

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Age & Gender	31Y/FEMALE	Visit Date	09 Dec 2023
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. 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.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.3	1.5
Left Kidney	12.2	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 6.8mm

Uterus measures as follows: LS: 7.2cms AP: 3.8cms TS: 5.0cms.

OVARIES are normal in size, shape and echotexture. No focal lesion seen.

Ovaries measure as follows: **Right ovary:** 3.7 x 1.9cms **Left ovary:** 3.3 x 1.9cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

DR. APARNA
CONSULTANT RADIOLOGIST
A/vp

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Age & Gender	31Y/F	Visit Date	Dec 9 2023 8:28AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

FINDINGS:

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

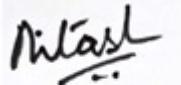
Bilateral hilar regions appear normal.

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