

Name : Mrs. GEETHA G
PID No. : MED121694000 Register On : 25/02/2023 9:38 AM
SID No. : 522302924 Collection On : 25/02/2023 11:31 AM
Age / Sex : 51 Year(s) / Female Report On : 25/02/2023 4:14 PM
Type : OP Printed On : 27/02/2023 7:17 AM
Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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HAEMATOLOGY

Complete Blood Count With - ESR

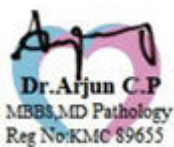
Haemoglobin (EDTA Blood/Spectrophotometry)	12.4	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	37.0	%	37 - 47
RBC Count (EDTA Blood)	3.93	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	94.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	31.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.5	g/dL	32 - 36
RDW-CV	13.0	%	11.5 - 16.0
RDW-SD	42.86	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5700	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	55.5	%	40 - 75
Lymphocytes (Blood)	34.3	%	20 - 45
Eosinophils (Blood)	2.9	%	01 - 06
Monocytes (Blood)	6.4	%	01 - 10



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Basophils (Blood)	0.9	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.16	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.96	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.17	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.36	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.05	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood)	271	10 ³ / µl	150 - 450
MPV (Blood)	7.2	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	11	mm/hr	< 30



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<u>BIOCHEMISTRY</u>			
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.31	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.11	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.20	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.86	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	5.85	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	33.49	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	44.4	U/L	53 - 141
Total Protein (Serum/Biuret)	7.16	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	5.16	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.00	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.58		1.1 - 2.2


DR SHAMIM JAVED
 MD PATHOLOGY
 KMC 88902
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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	137.30	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	148.59	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)	38.17	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	69.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	29.7	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	99.1	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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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)	3.6		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)	3.9		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)	1.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.7	%	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 116.89 mg/dL
(Whole Blood)

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 glyceimic 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.


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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.36	ng/ml	0.4 - 1.81
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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)	7.47	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)	4.51	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

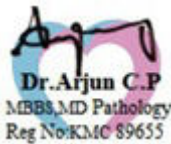
(Indian Thyroid Society Guidelines)

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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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	35	

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.0	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
Nitrite (Urine)	Negative	Negative
Bilirubin (Urine)	Negative	Negative
Protein (Urine)	Negative	Negative


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Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		Negative
<u>MICROSCOPIC EXAMINATION</u> <u>(URINE COMPLETE)</u>			
Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	1-3	/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.


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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING 'B' 'Positive'
(EDTA Blood/Agglutination)

INTERPRETATION:Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



Dr. Arjun C.P
MBBS, MD Pathology
Reg No:KMC 89655

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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	6.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	94.71	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) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	95.30	mg/dL	70 - 140

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)	4.2	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.66	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	4.18	mg/dL	2.6 - 6.0
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DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
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-- End of Report --

Patient Name	Geetha G	Date	25/2/23
Age	51 Y	Visit Number	522302924
Sex	Female	Corporate	medimwheel

GENERAL PHYSICAL EXAMINATION

Identification Mark : mole over chin.

Height : 148 cms

Weight : 68.6 kgs

Pulse : 85/minute

Blood Pressure : 119/70 mm of Hg

BMI : 31.3

BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest :

Expiration : 94 cms

Inspiration : 97 cms

Abdomen Measurement : 96 cms

Eyes : normal.

Ears : normal

Throat : normal

Neck nodes : normal

RS : N/A/S

CVS : S, S, S, T

PA : N/A/D

CNS : N/A/D

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / ~~NO~~

I. R. S. Shankar,
Signature

Dr. SHANKAR K.R.S.
BSc. MBBS.,
120

Ms geetha g
ID: med121694000

25.02.2023 13:54:32
CLUMAX DIAGNOSTICS
VYALKAVAI
BANGALORE

72 bpm
- / - mmHg

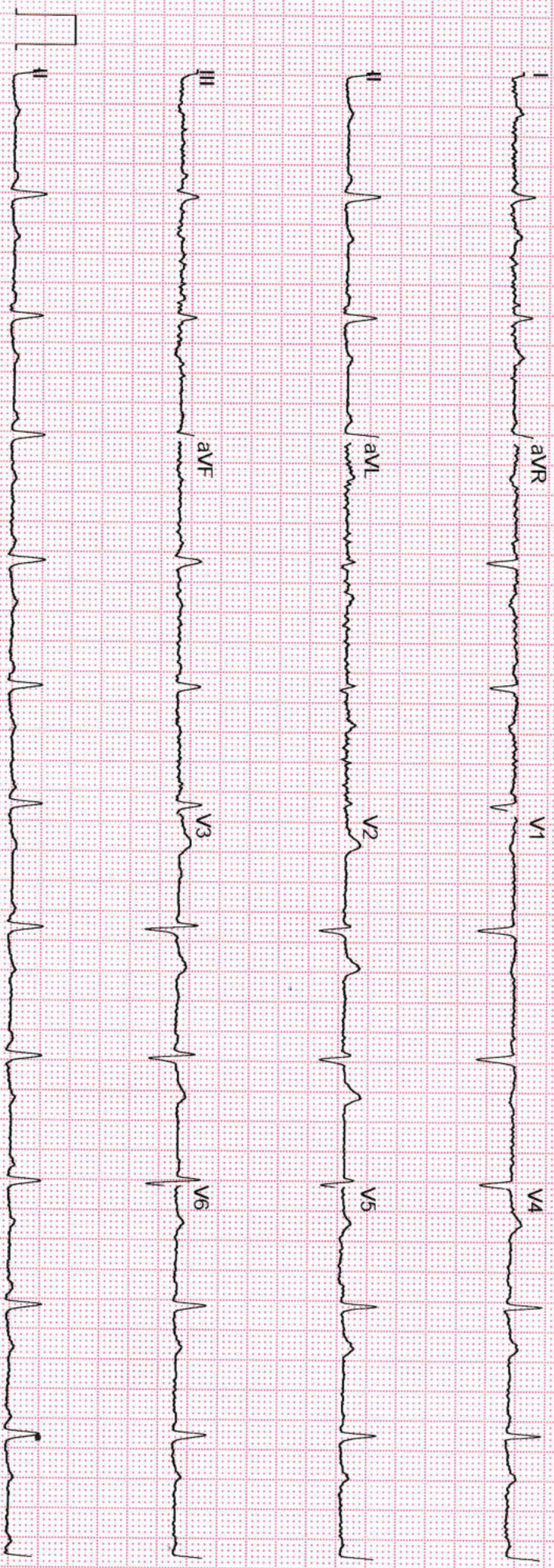
51 Years

Female

QRS 70 ms
QT / QTcBaz 382 / 418 ms
PR 120 ms
P 86 ms
RR / PP 832 / 833 ms
P / QRS / T 57 / 55 / 47 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



GE MAC2000 1 1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2 5x3_25_R1

Unconfirmed

1/1

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Age & Gender	51Y/FEMALE	Visit Date	25 Feb 2023
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BILATERAL SONOMAMMOGRAPHY

Both the breasts show normal echopattern.

No evidence of focal solid / cystic areas.

No evidence of ductal dilatation.

Bilateral axillary lymphnodes are noted with preserved fatty hilum.

IMPRESSION:

- **No breast lesions.**
- **Bilateral benign axillary lymphnodes.**

DR. HEMANANDINI V.N
CONSULTANT RADIOLOGIST
Hn/Lr

Name	MRS.GEETHA G	ID	MED121694000
Age & Gender	51Y/FEMALE	Visit Date	25 Feb 2023
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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (11.4cms) and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended.
CBD is of normal calibre.

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

SPLEEN show normal shape, size and echopattern.

BOTH KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.2	1.4
Left Kidney	10.0	1.7

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

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern. Endometrial echo is of normal thickness - 6.9mm.
Uterus measures LS: 5.8cms AP: 4.7cms TS: 5.1cms.

OVARIES are normal in size, shape and echotexture
Right ovary measures 2.8 x 2.3cms, show dominant follicle.
Left ovary measures 2.3 x 2.1cms.

POD & adnexa are free.
No evidence of ascites.

IMPRESSION:

- **No significant abnormality detected.**

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DR. HEMANANDINI V.N
CONSULTANT RADIOLOGIST
Hn/Lr

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2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	cms.
LEFT ATRIUM	:	cms.
AVS	:	cms.
LEFT VENTRICLE		
(DIASTOLE)	:	cms.
(SYSTOLE)	:	cms.
VENTRICULAR SEPTUM		
(DIASTOLE)	:	cms.
(SYSTOLE)	:	cms.
POSTERIOR WALL		
(DIASTOLE)	:	cms.
(SYSTOLE)	:	cms.
EDV	:	ml.
ESV	:	ml.
FRACTIONAL SHORTENING	:	%
EJECTION FRACTION	:	%
EPSS	:	cms.
RVID	:	cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE:	E -	m/s	A -	m/s	TRIVIAL MR.
AORTIC VALVE:		m/s			NO AR.
TRICUSPID VALVE:	E -	m/s	A -	m/s	TRIVIAL TR.PASP-15mmHg
PULMONARY VALVE:		m/s			NO PR.

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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: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. YASHODA RAVI

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Age & Gender	51Y/FEMALE	Visit Date	25 Feb 2023
Ref Doctor Name	MediWheel		

CONSULTANT CARDIOLOGIST