

Patient Name : Mrs.CHANIYA DEVI	Collected : 26/Jul/2023 10:08AM
Age/Gender : 58 Y 8 M 25 D/F	Received : 26/Jul/2023 10:50AM
UHID/MR No : SCHI.0000014285	Reported : 26/Jul/2023 01:16PM
Visit ID : SCHIOPV19563	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : zfsqxdfgh	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA



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Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	9.6	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	29.60	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	3.47	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	85.3	fL	83-101	Calculated
MCH	27.6	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	15.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,670	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	65.8	%	40-80	Electrical Impedance
LYMPHOCYTES	25.2	%	20-40	Electrical Impedance
EOSINOPHILS	3.7	%	1-6	Electrical Impedance
MONOCYTES	4.7	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	6362.86	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2436.84	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	357.79	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	454.49	Cells/cu.mm	200-1000	Electrical Impedance
BASOPHILS	58.02	Cells/cu.mm	0-100	Electrical Impedance

PLATELET COUNT

PLATELET COUNT	193000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ERYTHROCYTE SEDIMENTATION RATE (ESR)	38	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

RBCs ARE NORMOCYTIC NORMOCHROMIC WITH FEW MICROCYTIC HYPOCHROMIC CELLS.

TLC , DLC WITHIN NORMAL LIMIT. NO IMMATURE CELLS ARE SEEN.

PLATELETS ARE ADEQUATE.

NO HEMOPARASITES SEEN



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Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



Patient Name : Mrs.CHANIYA DEVI	Collected : 26/Jul/2023 12:38PM
Age/Gender : 58 Y 8 M 25 D/F	Received : 26/Jul/2023 01:28PM
UHID/MR No : SCHI.0000014285	Reported : 26/Jul/2023 05:42PM
Visit ID : SCHIOPV19563	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , SODIUM FLUORIDE PLASMA	144	mg/dL	70-100	GOD - POD

Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	268	mg/dL	70-140	GOD - POD
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach



Patient Name : Mrs.CHANIYA DEVI	Collected : 26/Jul/2023 10:08AM
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , <i>WHOLE BLOOD EDTA</i>	6.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , <i>WHOLE BLOOD EDTA</i>	146	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	119	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	136	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	52	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	67	mg/dL	<130	Calculated
LDL CHOLESTEROL	39.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	27.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.29		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	1.10	mg/dL	0.20-1.20	DIAZO METHOD
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	1.00	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	23	U/L	<35	Visible with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	31.0	U/L	14-36	UV with P-5-P
ALKALINE PHOSPHATASE	120.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.70	g/dL	6.3-8.2	Biuret
ALBUMIN	4.10	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	3.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.14		0.9-2.0	Calculated



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	0.90	mg/dL	0.5-1.04	Creatinine amidohydrolase
UREA	20.50	mg/dL	15-36	Urease
BLOOD UREA NITROGEN	9.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.70	mg/dL	2.5-6.2	Uricase
CALCIUM	9.60	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.70	mg/dL	2.5-4.5	PMA Phenol
SODIUM	145	mmol/L	135-145	Direct ISE
POTASSIUM	4.7	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	111	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.00	U/L	12-43	Glycylglycine Nitoranalide



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.06	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	8.23	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	3.530	µIU/mL	0.25-5.0	ELFA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (+++)		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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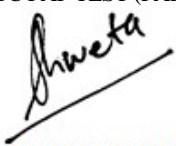
DEPARTMENT OF CLINICAL PATHOLOGY

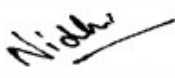
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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL) , URINE	POSITIVE (++)		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING) , URINE	NEGATIVE		NEGATIVE	Dipstick

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

Result/s to Follow:
LBC PAP TEST (PAPSURE)


Dr. SHWETA GUPTA
MBBS,MD (Pathology)
Consultant Pathology


Dr Nidhi Sachdev
M.B.B.S,MD(Pathology)
Consultant Pathologist



Patient Name : Mrs. Chaniya Devi Age : 58 Y/F
 UHID : SCHI.0000014285 OP Visit No : SCHIOPV19563
 Conducted By: : Dr. MUKESH K GUPTA Conducted Date : 26-07-2023 16:09
 Referred By : SELF

MITRAL VALVE

Morphology AML-Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
 PML-Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
 Subvalvular deformity Present/Absent. Score : _____
 Doppler Normal/Abnormal E>A E<A
 Mitral Stenosis Present/Absent RR Interval _____ msec
 EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
 Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
 Doppler Normal/Abnormal
 Tricuspid stenosis Present/Absent RR interval _____ msec.
 EDG _____ mmHg MDG _____ mmHg
 Tricuspid regurgitation : Absent/Trivial/Mild/Moderate/Severe Fragmented signals
 Velocity _____ msec. Pred. RVSP=RAP+ _____ mmHg

PULMONARY VALVE

Morphology Normal/Atresia/Thickening/Doming/Vegetation.
 Doppler Normal/Abnormal.
 Pulmonary stenosis Present/Absent Level
 PSG _____ mmHg Pulmonary annulus _____ mm
 Pulmonary regurgitation Absent/Trivial/Mild/Moderate/Severe
 Early diastolic gradient _____ mmHg. End diastolic gradient _____ mmHg

AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation
 No. of cusps 1/2/3/4
 Doppler Normal/Abnormal
 Aortic stenosis Present/Absent Level
 PSG _____ mmHg Aortic annulus _____ mm
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal values</u>
Aorta 2.8	(2.0 – 3.7cm)	LA es 3.4	(1.9 – 4.0cm)

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LV es	2.8	(2.2 – 4.0cm)	LV ed	4.4	(3.7 – 5.6cm)
IVS ed	0.8	(0.6 – 1.1cm)	PW (LV)	0.8	(0.6 – 1.1cm)
RV ed		(0.7 – 2.6cm)	RV Anterior wall		(upto 5 mm)
LVVd (ml)			LVVs (ml)		
EF	62%	(54%-76%)	IVS motion		<u>Normal</u> /Flat/Paradoxical

CHAMBERS :

LV **Normal**/Enlarged/**Clear**/Thrombus/Hypertrophy
 Contraction **Normal**/Reduced

Regional wall motion abnormality **Absent**

LA **Normal**/Enlarged/**Clear**/Thrombus

RA **Normal**/Enlarged/**Clear**/Thrombus

RV **Normal**/Enlarged/**Clear**/Thrombus

PERICARDIUM

COMMENTS & SUMMARY

- v Normal LV systolic function
- v No RWMA, LVEF=62%
- v Grade I LVDD
- v No AR,PR,MR & TR
- v No I/C clot or mass
- v Good RV function
- v Normal pericardium
- v No pericardial effusion

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Dr. M K Gupta
M.B.B.S, MD,FIACM
Senior Consultant Cardiologist

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