



Bangalore Diagnostics & Multi-Speciality Centre

Quality Assurance : EQAP from AIIMS & CMC- Vellore

Quality. Trust. Since 1982.

198, 12th Main, 3rd Block, (Above Namma MTR, Next to SBI), Rajajinagar, Bangalore- 560 010.
Ph. : 080-23505407, 9448079978 e-mail : bangalore.d.s@gmail.com

Name : MRS. RANGAMMA.V
Age/Sex: 56 Year(s) / Female
Ref. by : DR. BANK OF BARODA

Reg. No : C6888
Date : 01/04/2022
Corporate: NON CORPORATE

Test Name Result Reference Range Page 1 of 4

HAEMATOLOGY REPORT

COMPLETE BLOOD COUNT

Haemoglobin	12.6 gms %	Male : 13.0 - 18.0 gms % Female: 11.0 - 15.0 gms %
Red Blood Cell Count	4.39 million/cumm	Male : 4.5-6.5 millions/cumm Female : 3.7-5.5 million/cumr

Packed Cell Volume	38.8 %	Females: 32 - 45 % Males: 39 - 54%
Total Count	11,400 cells /cumm	4000-11000 cells /cumm

Differential Count

Neutrophils	58.5 %	40 - 75%
Lymphocytes	33.8 %	20 - 45%
Monocytes	4.7 %	01 - 10%
Eosinophils	2.0 %	01 - 06 %
Basophils	1.0 %	00 to 01 %

COMPLETE BLOOD COUNT

Platelet count	2,95,000 cells/cumm	150000-400000 cells/cumm
Mean Corpuscular Volume	88 fL	78 - 98 fL
Mean Corpuscular Heamoglobin	28.8 pg	27 - 32 pg
Mean Corpuscular Haemoglobin Concentration	32.6 g/dl	31 - 36 g/dl
ESR	07 mm/hour	Male: 0 - 10 mm/ hour Female: 0 - 20 mm/hour

ABSOLUTE EOSINOPHIL COUNT	231 cells/cumm	40 - 440 cells/cumm
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BLOOD GROUP(ABO)	"O"
Rh Type (D)	POSITIVE

BIOCHEMISTRY REPORT

FASTING BLOOD SUGAR	145 mg/dl	70 to 100 mg/dl
FASTING URINE SUGAR	NIL	NIL



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BIOCHEMISTRY REPORT

POST PRANDIAL BLOOD SUGAR 296 mg/dl 80 to 140 mg/dl

POST PRANDIAL URINE SUGAR 2.0% NIL

Glycosylated Haemoglobin (HbA1c)

Glycosylated Haemoglobin (HbA1c) 7.6 %

Normal <6.0 %
Good control 6.0-7.0 %
Fair control 7.0-8.0 %
Unsatisfactory 8.0-10.0 %
Poor control >10 %

LIPID PROFILE

TOTAL CHOLESTEROL 198.2 mg/dl up to 200 mg/dl

TRIGLYCERIDES 181.8 mg/dl <150 : Normal

HDL Cholesterol 43.0 mg/dl Male: >40 mg/dl
Female: > 50 mg/dl

LDL Cholesterol 118.9 mg/dl <100 mg/dl

VLDL Cholesterol 36.3 mg/dl <40 mg/dl

CHOLESTEROL/HDL RATIO 4.6:1.0 up to 6.0 %

LIVER FUNCTION TESTS

Total Bilirubin 0.80 mg/dl up to 1.2 mg/dl

Direct Bilirubin 0.11 mg/dl 0 to 0.3 mg/dl

Indirect Bilirubin 0.69 mg/dl up to 1.5 mg/dl

S.G.O.T. (AST) 23.0 U/L 0 - 46 U/L

S.G.P.T. (ALT) 32.3 U/L 0 - 49 U/L

ALKALINE PHOSPHATASE 143.9 U/L
Men : 80-306
Women : 64-306
Children upto 15 Yrs : upto 644
Children upto 17 yrs : upto 483

Gamma Glutamyl Transpeptidase (GGT) 44.9 IU/L 0 - 55 IU/L

Total Protein 6.9 gms/dl 6.6 - 8.3 gms/dl

Albumin 3.5 gms/dl 3.4 - 5.0 gms/dl

Globulin 3.4 gms/dl 2.3 - 3.5 gms/dl

A/G Ratio 1.0:1.0 1.2 : 1.0



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BIOCHEMISTRY REPORT

SERUM CREATININE	0.81 mg/dl	Females 0.6 – 1.2 mg/dl Males 0.7 – 1.4 mg/dl
BLOOD UREA NITROGEN (BUN)	10.4 mg/dl	7-18 mg/dl
URIC ACID	5.35 mg/dl	M: 3.5 -7.2 mg/dl F: 2.6 - 6.0 mg/dl
UREA	22.3 mg/dl	10 to 45 mg/dl

URINE EXAMINATION REPORT

PHYSICAL EXAMINATION

COLOUR	LIGHT YELLOW
APPEARANCE	CLEAR
REACTION	ACIDIC

BIOCHEMICAL EXAMINATION

PROTEIN	TRACE	
GLUCOSE	NIL	
BILE SALT	NIL	
BILE PIGMENT	NIL	
SPECIFIC GRAVITY	1.022	1.003 – 1.035

MICROSCOPIC EXAMINATION

PUS CELLS	180-200/HPF
EP CELLS	3-3/HPF
MACROPHAGES	NIL
R.B.C.s	1-2/HPF
CASTS	NIL


Dr. MAHADEVA. K.C.
M.D., (Path)
KMC No: 17647



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URINE EXAMINATION REPORT

MICROSCOPIC EXAMINATION

CRYSTALS

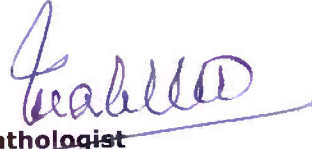
NIL

----- End of Report -----

Biochemist

Microbiologist

Pathologist


Dr. MAHADEVA. K.G.
M.D., (Path)
KMC. No.: 17647



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Name : Mrs. RANGAMMAV 888
Visit No. : V101434668
Age/Gender : 56 Y/Female
Referred by : BANGALORE DIAGNOSTICS & MULTI SPECIALITY CENTER

Patient No. : P101314005
Registered On : 01/04/2022 14:30
Collected On : 01/04/2022 15:31
Reported On : 01/04/2022 16:59

Final Report

Test Name / Method	Results	Units	Reference Range	Sample Type
CLINICAL BIOCHEMISTRY				
THYROID PROFILE				
TRI-IODO THYRONINE-T3 TOTAL <i>Method : ECLIA</i>	1.68	ng/ml	0.80 - 2.0	SERUM
THYROXINE -T4 TOTAL <i>Method : ECLIA</i>	11.55	ug/dl	5.1 - 14.1	
THYROID STIMULATING HORMONE - TSH (Ultra Sensitive) <i>Method : ECLIA</i>	2.44	mIU/ml	0.50 - 8.90 (Ref. Tietz Clinical chemistry & Molecular Diagnostics, 5th edition)	

*** End Of Report ***

Outside sample to be correlated with other clinical finding.

PROCESSED BY : SHWETHA

RESULT VERIFIED BY : BHARATH KUMAR C, Lab Incharge

Prof. KSHAMA HIREMATH

M.Sc, Med. Biochemistry, CFN, DNHE

Chief Biochemist



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ELECTROCARDIOGRAM

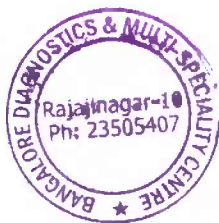
NAME/AGE : Dr. Ranganna

Lab No.: Bank of Baroda DATE: 01/04/20

ECG FINDINGS

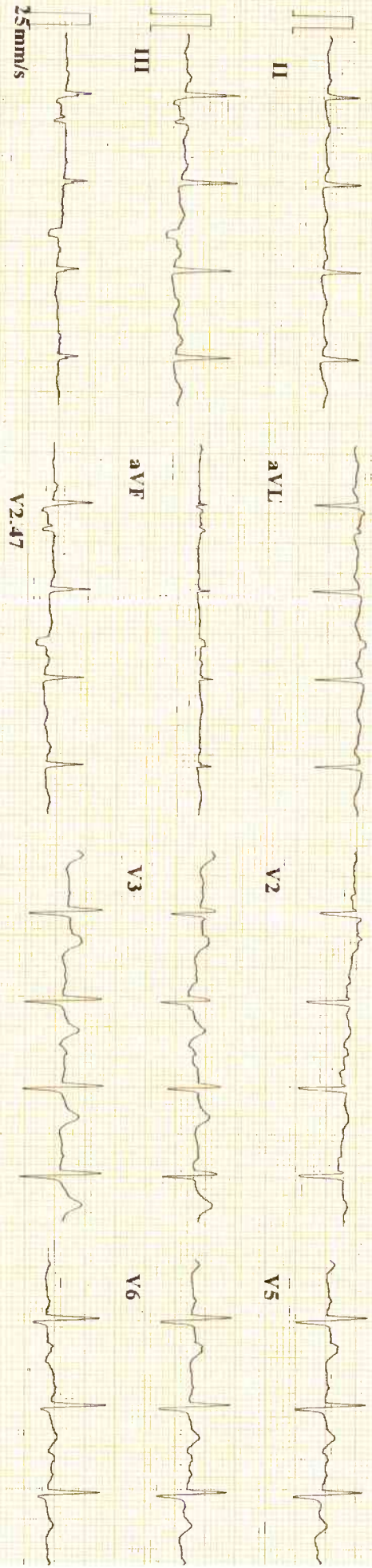
Standardization	len	Rate	68b
Rhythm	sin	Axis	a
P Wave	✓	PR Interval	175ms
Q Wave	0.2m	QRS Voltage	80/10/10/6
QRS Duration	0.09m	ST Segment	↑ 1.5/1.5/1.5
QT interval			
U Wave		T Wave	a
Recommendations	Normal Sinus rhythm		

Dr. [Signature]
Dr. ASHOK
MD (Internal Medicine)
Reg No.: 13444



10mm/mV 0.15-35Hz ACS50

2022-04-01 14:53:15
aVR



888 : 220401-1453

ID : 888
 Name : V. Ranganatha
 Age : 56 yr
 Sex : Female
 BP :
 Height : cm
 Weight : kg
 HR : 103 bpm
 P Dur : 90 ms
 PR int : 127 ms
 QRS Dur : 92 ms
 QT/QTc int : 323/423 ms
 P/QRS/T axis : 48/54/-24 °
 RV5/SV1 amp : 0.667/0.625 mV
 RV6/SV2 amp : 1.292 mV
 RV6/SV2 amp : 0.840/0.482 mV

Minnesota Code:
 8-7-3
 4-5-0(II)
 9-4-1(V3)

Diagnosis Information:
 812: Sinus Tachycardia
 Normal ECG

Report Confirmed by:



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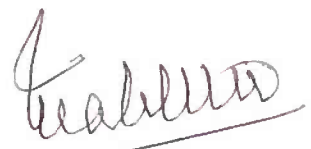
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REG.NO :: C-6888	DATE :: 05/04/2022
NAME :: Mrs.RANGAMMA.V.	AGE & SEX :: 56 YRS;FEMALE
REF.BY :: BANK OF BARODA	

CYTOLOGY REPORT

NATURE OF SPECIMEN :: Cervico-vaginal smear.	
SPECIMEN ADEQUACY :: Satisfactory for evaluation	
GENERAL CATEGORISATION :: With in normal limits	
MICROSCOPY	<p>:: Smears show high cellular yield of epithelial cells. The background is haemorrhagic with sparse neutrophilic inflammatory cell infiltration. The epithelial cells are intermediate and superficial cells with predominance of the former and are exhibiting isodiametric nucleus. Endocervical cells identified.</p> <p>There is no evidence of metaplastic/dysplastic cells/ Candidiasis/Trichomoniasis/cellular changes suggesting viral infection.</p>
EPITHELIAL CELL ABNORMALITIES :: None evident.	
HORMONAL EVALUATION :: Maturation Index :: 00/70/30	
IMPRESSION	:: NEGATIVE FOR INTRAEPITHELIAL LESION.


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