Tenet Diagnostic
Saidashtivnagar
431893 / MS KAVITHA D
51 Yrs / Female
0 kg / 0 Cm
Date: 31-May-2024 09:23:44 AM

3x4+1 Rhythm Lead

HR: 91 bpm	MPHR:-45% of 200	Raw ECG
METS: 1.0	Speed: 0.0 mph	Ex Time 00:00
BP: --- / ---	Grade: 0.0%	(0.05-100)Hz

Stage Report Time: 31-May-2024 09:24:04 AM

Resting ECG
10.0 mm/mV
25 mm/Sec.

BLC :On
Notch :On

Leads: I, aVL, V3, V4, II, aVF, V5, III, V1, V6, aVR, V2

II (rhythm lead)

Name	: **Ms . KAVITHA D**	TID	: UMR1596946
Age/Gender	: 51 Years/Female	Registered On	: 31-May-2024 08:21 AM
Ref By	: MEDI WHEEL	Reported On	: 31-May-2024 11:17 AM
Reg.No	: BIL4313853	Reference	: Arcofemi Health Care Ltd - Medi Whe

ECHOCARDIOGRAM REPORT

MESUREMENTS

IVS (D):0.8 CM   **LVID (D):3.0 CM**   **LVPW (D): 0.8CM**

IVS(S): 1.0CM   **LVID (S): 2.0CM**   **LVPW(S): 1.0CM**

AO:3.1 CM   **LA: 2.1CM**   **RVID (D):2.4 CM**

EF: 60%

VALVES:

MITRAL VALVE	:	NORMAL
AORTIC VALVE	:	NORMAL
TRICUSPID VALVE	:	NORMAL
PULMONARY VALVE	:	NORMAL

CHAMBERS:

LEFT ARTIUM	:	NORMAL
RIGHT ARTIUM	:	NORMAL
LEFT VENTRICLE	:	NORMAL
RIGHT VENTRICLE	:	NORMAL

SEPTAE:

IVS	:	INTACT
IAS	:	INTACT

GREAT ARTERIES:

AORTA	:	NORMAL
PULMONARY ARTERY	:	NORMAL

Name	: **Ms . KAVITHA D**	TID	: UMR1596946
Age/Gender	: 51 Years/Female	Registered On	: 31-May-2024 08:21 AM
Ref By	: MEDI WHEEL	Reported On	: 31-May-2024 11:17 AM
Reg.No	: BIL4313853	Reference	: Arcofemi Health Care Ltd - Medi Whe

DOPPLER STUDY:

MITRAL VALVE : E –0.5/ A –0.8M/S

AORTIC VALVE : 1.6M/S

TRICUSPID VALVE : E –0.4 / A –0.6 M/S

PULMONARY VALVE : 0.9 M/S

WALL MOTION ABNORMALITIES: NO RWMA PRESENT

PERICARDIUM : NORMAL

VEGETATION / THROMBUS : NO

FINAL DIAGNOSIS:

- **NORMAL CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION.**
- **LVEF-60%.**
- **NO RWMA PRESENT.**
- **GRADE I LVDD**
- **TRIVIAL MR**
- **TRIVIAL TR (PASP-22mmHg)**
- **NO PE / CLOT / VEGETATION SEEN.**

*** End Of Report ***

Dr.Sendil G
Consultant Cardiologist

Name	: **MS.KAVITHA D**
Age / Gender	: 51 Years / Female
Ref.By	: MEDI WHEEL
Req.No	: BIL4313853

TID/SID	: UMR1596946/ 27688902
Registered on	: 31-May-2024 / 08:21 AM
Collected on	: 31-May-2024 / 08:26 AM
Reported on	: 31-May-2024 / 17:08 PM
Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Biological Reference Intervals
Physical Examination		
Colour	Pale Yellow	Straw to Yellow
Method:Physical		
Appearance	Clear	Clear
Method:Physical		
Chemical Examination		
Reaction and pH	5.0	4.6-8.0
Method:pH- Methyl red & Bromothymol blue		
Specific gravity	1.020	1.003-1.035
Method:Bromothymol Blue		
Protein	Negative	Negative
Method:Tetrabromophenol blue		
Glucose	Negative	Negative
Method:Glucose oxidase/Peroxidase		
Blood	Negative	Negative
Method:Peroxidase		
Ketones	Negative	Negative
Method:Sodium Nitroprusside		
Bilirubin	Negative	Negative
Method:Dichloroanilinediazonium		
Leucocytes	Negative	Negative
Method:3 hydroxy5 phenylpyrrole + diazonium		
Nitrites	Negative	Negative
Method:Diazonium + 1,2,3,4 tetrahydrobenzo (h) quinolin 3-ol		
Urobilinogen	0.2	0.2-1.0 mg/dl
Method:Dimethyl aminobenzaldehyde		
Microscopic Examination		
Pus cells (leukocytes)	2-3	2 - 3 /hpf
Method:Microscopy		
Epithelial cells	4-5	2 - 5 /hpf
Method:Microscopy		
RBC (erythrocytes)	Absent	Absent
Method:Microscopy		
Casts	Absent	Occasional hyaline casts may be seen
Method:Microscopy		

Name	: **MS.KAVITHA D**
Age / Gender	: 51 Years / Female
Ref.By	: MEDI WHEEL
Req.No	: BIL4313853

TEST REPORT

TID/SID	: UMR1596946/ 27688902
Registered on	: 31-May-2024 / 08:21 AM
Collected on	: 31-May-2024 / 08:26 AM
Reported on	: 31-May-2024 / 17:08 PM
Reference	: Arcofemi Health Care Ltd -

Crystals Method:Microscopy	Calcium phosphate	Phosphate, oxalate, or urate crystals may be seen
Others Method:Microscopy	Nil	Nil

Method: Semi Quantitative test ,For CUE

Reference: Godkar Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition. Product kit literature.

Interpretation:

The complete urinalysis provides a number of measurements which look for abnormalities in the urine. Abnormal results from this test can be indicative of a number of conditions including kidney disease, urinary tract infecation or elevated levels of substances which the body is trying to remove through the urine . A urinalysis test can help identify potential health problems even when a person is asymptomatic. All the abnormal results are to be correlated clinically.

 * Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist

Name	: **MS.KAVITHA D**
Age / Gender	: 51 Years / Female
Ref.By	: MEDI WHEEL
Req.No	: BIL4313853

TID/SID	: UMR1596946/ 27690602
Registered on	: 31-May-2024 / 08:21 AM
Collected on	: 31-May-2024 / 12:05 PM
Reported on	: 31-May-2024 / 17:50 PM
Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CYTOPATHOLOGY

Pap Smear, Conventional

Specimen Type	Conventional smear (Pap smear)
Specimen Adequacy	Satisfactory for evaluation.
Microscopic Observations:	Smears studied show intermediate squamous epithelial cells, superficial squamous epithelial cells, parabasal cells and squamous metaplastic cells on a background of neutrophils and lactobacilli.
Non-neoplastic findings	Reactive cellular changes associated with inflammation.
Epithelial cell Abnormalities	Negative for dysplasia/intraepithelial lesion.
Interpretation	Negative for intraepithelial lesion or malignancy. Inflammatory smear.
Note	Kindly correlate clinically

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.Kavya S N
Consultant Pathologist

Name	: **MS.KAVITHA D**	TID/SID	: UMR1596946/ 27688903
Age / Gender	: 51 Years / Female	Registered on	: 31-May-2024 / 08:21 AM
Ref.By	: MEDI WHEEL	Collected on	: 31-May-2024 / 08:26 AM
Req.No	: BIL4313853	Reported on	: 31-May-2024 / 17:33 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF HEMATOPATHOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	A
Rh Typing (D)	POSITIVE

Method: Hemagglutination Tube Method by Forward & Reverse Grouping

Reference: Tulip kit literature

Interpretation: The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. ABO antigens are poorly expresses at birth, increase gradually in strength and become fully expressed around 1 year of age.

Note: Records of previous blood grouping/Rh typing not available. Please verify before transfusion.

 * Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist

Name	: **MS.KAVITHA D**	TID/SID	: UMR1596946/ 27688903
Age / Gender	: 51 Years / Female	Registered on	: 31-May-2024 / 08:21 AM
Ref.By	: MEDI WHEEL	Collected on	: 31-May-2024 / 08:26 AM
Req.No	: BIL4313853	Reported on	: 31-May-2024 / 12:16 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Biological Reference Intervals
Erythrocyte Sedimentation Rate Method:Microphotometrical capillary using stopped flow kinetic analysis	**41**	<=30 mm/hour

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	12.5	11.5-16.0 g/dL
Packed Cell Volume Method:Derived from Impedance	37.4	34-48 %
Red Blood Cell Count. Method:Impedance Variation	4.69	4.2-5.4 Mill/Cumm
Mean Corpuscular Volume Method:Derived from Impedance	79.7	78-100 fL
Mean Corpuscular Hemoglobin Method:Derived from Impedance	**26.7**	27-32 pg
Mean Corpuscular Hemoglobin Concentration Method:Derived from Impedance	33.5	31.5-36 g/dL
Red Cell Distribution Width - CV Method:Derived from Impedance	12.2	11.5-16.0 %
Red Cell Distribution Width - SD Method:Derived from Impedance	**37.8**	39-46 fL
Total WBC Count. Method:Impedance Variation	7600	4000-11000 cells/cumm
Neutrophils Method:Impedance Variation, Flowcytometry	54.5	40-75 %
Lymphocytes Method:Microscopy	34.6	20-45 %
Eosinophils Method:Impedance Variation,Method_Desc= Flow Cytometry	4.5	01-06 %
Monocytes Method:Impedance Variation, Flowcytometry	5.5	01-10 %

Name	: **MS.KAVITHA D**	TID/SID	: UMR1596946/ 27688903
Age / Gender	: 51 Years / Female	Registered on	: 31-May-2024 / 08:21 AM
Ref.By	: MEDI WHEEL	Collected on	: 31-May-2024 / 08:26 AM
Req.No	: BIL4313853	Reported on	: 31-May-2024 / 12:16 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

Basophils.	0.9	00-02 %
Method:Impedance Variation,Method_Desc= Flow Cytometry		
Absolute Neutrophils Count.	4142	1500-6600 cells/cumm
Method:Calculated		
Absolute Lymphocyte Count	2630	1500-3500 cells/cumm
Method:Calculated		
Absolute Eosinophils count.	342	40-440 cells/cumm
Method:Calculated		
Absolute Monocytes Count.	418	<1000 cells/cumm
Method:Calculated		
Absolute Basophils count.	68	<200 cells/cumm
Method:Calculated		
Platelet Count.	4.26	1.4-4.4 lakhs/cumm
Method:Impedance Variation		
Mean Platelet Volume.	8.3	8.0-13.3 fL
Method:Derived from Impedance		
Plateletcrit.	**0.35**	0.18-0.28 %
Method:Derived from Impedance		

Method: Automated Hematology Analyzer, Microscopy

Reference: Dacie and Lewis Practical Hematology,12th Edition

Interpretation: A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

 * Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.Kavya S N
Consultant Pathologist

Name	: **MS.KAVITHA D**	TID/SID	: UMR1596946/ 27688904
Age / Gender	: 51 Years / Female	Registered on	: 31-May-2024 / 08:21 AM
Ref.By	: MEDI WHEEL	Collected on	: 31-May-2024 / 08:26 AM
Req.No	: BIL4313853	Reported on	: 31-May-2024 / 12:15 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

25 - Hydroxy Vitamin D, Serum

Investigation	Observed Value	Biological Reference Interval
25 Hydroxy Vitamin D Method:ECLIA	**15.7**	Deficiency: < 20 ng/mL Insufficiency: 20 - 30 ng/mL Sufficiency: 30 - 100 ng/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.

Interpretation: This test is used to measure the level of Vitamin D in the blood. Vitamin D is necessary for the proper growth and health of teeth and bones. It also helps in the healthy development of the immune system as well as various tissues throughout the body. Vitamin D typically comes from 2 sources. D3 (cholecalciferol) is produced by the body when the skin is exposed to sunlight. D2 (ergocalciferol) is found in certain foods as well as vitamins and supplements. This test provides a combined measurement for D2 and D3.Symptoms of vitamin D deficiency can include tiredness, weakness, aches and pains and frequent infections. Vitamin D levels measurement diagnoses its deficiency as well as its toxicity.

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen. Method:Kinetic, Urease - GLDH, Calculated	11	6-20 mg/dL

Interpretation: Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine. Method:Spectrophotometry, Jaffe - IDMS Traceable	0.59	0.5-1.1 mg/dL

Name	: **MS.KAVITHA D**	TID/SID	: UMR1596946/ 27688904
Age / Gender	: 51 Years / Female	Registered on	: 31-May-2024 / 08:21 AM
Ref.By	: MEDI WHEEL	Collected on	: 31-May-2024 / 08:26 AM
Req.No	: BIL4313853	Reported on	: 31-May-2024 / 12:16 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

Interpretation:

Creatinine is a nitrogenous waste product produced by muscles from creatine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

Biological reference interval changed; Reference: Tietz Textbook of Clinical Chemistry & Molecular Diagnostics, Fifth Edition.

Bun/Creatinine Ratio, Serum

Investigation	Observed Value
BUN/Creatinine Ratio	19
Method:Calculated	

Reference:

A Manual of Laboratory Diagnostic Tests. Edition 7, Lippincott Williams and Wilkins, By Frances Talaska Fischbach, RN, BSN, MSN, and Marshall Barnett Dunning 111, BS, MS, Ph.D.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.Kavya S N
Consultant Pathologist

Name	: **MS.KAVITHA D**		TID/SID	: UMR1596946/ 27688905-F
Age / Gender	: 51 Years / Female		Registered on	: 31-May-2024 / 08:21 AM
Ref.By	: MEDI WHEEL		Collected on	: 31-May-2024 / 08:26 AM
Req.No	: BIL4313853		Reported on	: 31-May-2024 / 11:45 AM
		TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	90	Normal: 70 -100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: >/=126 mg/dL

Interpretation: It measures the Glucose levels in the blood with a prior fasting of 9-12 hours. The test helps screen a symptomatic/ asymptomatic person who is at risk for Diabetes. It is also used for regular monitoring of glucose levels in people with Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2020.

 * Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist

Name	: **MS.KAVITHA D**		TID/SID	: UMR1596946/ 27688905-P
Age / Gender	: 51 Years / Female		Registered on	: 31-May-2024 / 08:21 AM
Ref.By	: MEDI WHEEL		Collected on	: 31-May-2024 / 10:40 AM
Req.No	: BIL4313853		Reported on	: 31-May-2024 / 13:16 PM
		TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	132	Normal : 90 - 140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: >/=200 mg/dL

Interpretation: This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2020.

 * Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.Kavya S N
Consultant Pathologist

Name	: **MS.KAVITHA D**	TID/SID	: UMR1596946/ 27688903
Age / Gender	: 51 Years / Female	Registered on	: 31-May-2024 / 08:21 AM
Ref.By	: MEDI WHEEL	Collected on	: 31-May-2024 / 08:26 AM
Req.No	: BIL4313853	Reported on	: 31-May-2024 / 13:16 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography	**5.9**	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:High-Performance Liquid Chromatography	123	mg/dL

Interpretation: It is an index of long-term blood glucose concentrations and a measure of the risk for developing microvascular complications in patients with diabetes. Absolute risks of retinopathy and nephropathy are directly proportional to the mean HbA1c concentration. In persons without diabetes, HbA1c is directly related to risk of cardiovascular disease.

In known diabetic patients, HbA1c can be considered as a tool for monitoring the glycemic control.
Excellent Control - 6 to 7 %,
Fair to Good Control - 7 to 8 %,
Unsatisfactory Control - 8 to 10 %
and Poor Control - More than 10 %.
Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2018.

 * Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.Kavya S N
Consultant Pathologist

Name	**: MS.KAVITHA D**	TID/SID	: UMR1596946/ 27688904
Age / Gender	: 51 Years / Female	Registered on	: 31-May-2024 / 08:21 AM
Ref.By	: MEDI WHEEL	Collected on	: 31-May-2024 / 08:26 AM
Req.No	: BIL4313853	Reported on	: 31-May-2024 / 12:16 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Spectrophotometry , CHOD - POD	183	Desirable: < 200 mg/dL Borderline: 200-239 mg/dL High: >/= 240 mg/dL
HDL Cholesterol Method:Spectrophotometry , Direct Measurement	49	Optimal : >=60 mg/dL Borderline : 40-59 mg/dL High Risk <40 mg/dL
Non HDL Cholesterol Method:Calculated	134	Optimal : <130 mg/dL Above Optimal : 130-159 mg/dL Borderline : 160-189 mg/dL High Risk : 190-219 mg/dL Very high Risk : >=220 mg/dL
LDL Cholesterol Method:Calculated	118.0	Optimum: <100 mg/dL Near/above optimum: 100-129 mg/dL Borderline: 130-159 mg/dL High: 160-189 mg/dL Very high: >/=190 mg/dL
VLDL Cholesterol Method:Calculated	16.00	<30 mg/dL
Total Cholesterol/HDL Ratio Method:Calculated	3.73	Optimal : <3.3 Low Risk : 3.4-4.4 Average Rsik : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0
LDL/HDL Ratio Method:Calculated	2.41	Optimal : 0.5-3.0 Borderline : 3.1-6.0 High Risk : >6.0
Triglycerides Method:Spectrophotometry, Enzymatic - GPO/POD	80	Normal:<150 mg/dL Borderline: 150-199 mg/dL High: 200-499 mg/dL Very high: >/=500 mg/dL mg/dl #

Interpretation: Lipids are fats and fat-like substances which are important constituents of cells and are rich sources of energy. A lipid profile typically includes total cholesterol, high density lipoproteins (HDL), low density lipoprotein (LDL), chylomicrons, triglycerides, very low density lipoproteins (VLDL), Cholesterol/HDL ratio .The lipid profile is used to assess the risk of developing a heart disease and to monitor its treatment. The results of the lipid profile are evaluated along with other known risk factors associated with heart disease to plan and monitor treatment. Treatment options require clinical correlation.**Reference:** Third Report of the National Cholesterol Education program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), JAMA 2001.

 * Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Name	: **MS.KAVITHA D**		TID/SID	: UMR1596946/
Age / Gender	: 51 Years / Female		Registered on	: 31-May-2024 / 08:21 AM
Ref.By	: MEDI WHEEL		Collected on	:
Req.No	: BIL4313853		Reported on	:
		TEST REPORT	Reference	: Arcofemi Health Care Ltd -

Dr.Kavya S N
Consultant Pathologist

Name	**: MS.KAVITHA D**
Age / Gender	: 51 Years / Female
Ref.By	: MEDI WHEEL
Req.No	: BIL4313853

TID/SID	: UMR1596946/ 27688904
Registered on	: 31-May-2024 / 08:21 AM
Collected on	: 31-May-2024 / 08:26 AM
Reported on	: 31-May-2024 / 12:16 PM
Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Biological Reference Interval
Total Bilirubin. Method:Spectrophotometry, Diazo method	0.36	<=1.2 mg/dL
Direct Bilirubin. Method:Spectrophotometry, Diazo method	0.22	<=0.30 mg/dL
Indirect Bilirubin. Method:Calculated	0.14	<=1.0 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method: IFCC without pyridoxal phosphate activation	19	<=33 U/L
Aspartate Aminotransferase,(AST/SGOT) Method: IFCC without pyridoxal phosphate activation	16	<=32 U/L
ALP (Alkaline Phosphatase). Method:Spectrophotometry , IFCC	69	35-104 U/L
Gamma GT. Method:Spectrophotometry , IFCC	23	<40 U/L
Total Protein. Method:Spectrophotometry, Biuret	7.6	6.4-8.3 g/dL
Albumin. Method:Spectrophotometry, Bromcresol Green	4.1	3.5-5.2 g/dL
Globulin. Method:Spectrophotometry, Bromcresol Green	3.5	2.0-3.5 g/dL
A/GRatio. Method:Calculated	1.17	1.1-2.5

Interpretation: Liver functions tests help to identify liver disease, its severity, and its type. Generally these tests are performed in combination, are abnormal in liver disease, and the pattern of abnormality is indicative of the nature of liver disease. An isolated abnormality of a single liver function test usually means a non-hepatic cause. If several liver function tests are simultaneously abnormal, then hepatic etiology is likely.

 * Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist

MC-5592

Name	: **MS.KAVITHA D**		TID/SID	: UMR1596946/ 27688904
Age / Gender	: 51 Years / Female		Registered on	: 31-May-2024 / 08:21 AM
Ref.By	: MEDI WHEEL		Collected on	: 31-May-2024 / 08:26 AM
Req.No	: BIL4313853		Reported on	: 31-May-2024 / 12:15 PM
		TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	1.28	0.80-2.00 ng/mL Pregnancy: 1st Trimester: 0.9 -2.5 ng/mL 2nd Trimester: 1.00 - 2.4 ng/mL 3rd Trimester 0.9-2.4 ng/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.
Thyroxine Total (T4) Method:ECLIA	10.4	4.6-12.0 µg/dL Pregnancy: 1st Trimester: 4.4 - 11.5 µg/dL 2nd Trimester: 4.9 - 12.2 µg/dL 3rd Trimester: 5.1 - 13.2µg/dL **Note:** Biological Reference Ranges are changed due to change in method of testing.
Thyroid Stimulating Hormone (TSH) Method:ECLIA	1.50	0.27-4.20 µIU/mL Pregnancy: 1st Trimester: 0.1 - 3.0 µIU/mL 2nd Trimester: 0.4 - 3.3 µIU/mL 3rd Trimester: 0.4 - 3.8 µIU/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.

Interpretation: A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.
Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics, Carl A. Burtis, David E. Bruns.

 * Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist

Name	: **MS.KAVITHA D**	TID/SID	: UMR1596946/ 27688904
Age / Gender	: 51 Years / Female	Registered on	: 31-May-2024 / 08:21 AM
Ref.By	: MEDI WHEEL	Collected on	: 31-May-2024 / 08:26 AM
Req.No	: BIL4313853	Reported on	: 31-May-2024 / 12:16 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Enzymatic	**6.3**	2.4-5.7 mg/dL

Interpretation: It is the major product of purine catabolism. Hyperuricemia can result due to increased formation or decreased excretion of uric acid which can be due to several causes like metabolic disorders, psoriasis, tissue hypoxia, pre-eclampsia, alcohol, lead poisoning, acute or chronic kidney disease, etc. Hypouricemia may be seen in severe hepato cellular disease and defective renal tubular reabsorption of uric acid.

 * Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.Kavya S N
Consultant Pathologist

tenet
DIAGNOSTICS
It's Good to Know

MC-5592

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **MS.KAVITHA D**		TID/SID	: UMR1596946/ 27688904
Age / Gender	: 51 Years / Female		Registered on	: 31-May-2024 / 08:21 AM
Ref.By	: MEDI WHEEL		Collected on	: 31-May-2024 / 08:26 AM
Req.No	: BIL4313853		Reported on	: 31-May-2024 / 12:15 PM
		TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Vitamin B12 (Cyanocobalamin), Serum

Investigation	Observed Value	Biological Reference Interval
Vitamin B12 (Cyanocobalamin) ,Serum Method:ECLIA	336	197-771 pg/mL

Interpretation: This test measures the level of Vitamin B12 in the blood. B12 is an essential vitamin which is necessary for the formation of healthy red blood cells and proper nerve function. B12 is not produced by the body and must be taken in through a person's diet. A deficiency in B12 can cause a condition known as Macrocytic Anemia in which red blood cells are larger than normal. Common causes for Vitamin B12 deficiency are malnutrition, liver disease, alcoholism and malabsorption disorders such as Celiac Disease, Cystic Fibrosis and Inflammatory Bowel Disease. A Vitamin B12 test is done when a person is experiencing common symptoms of deficiency such as diarrhea, dizziness, fatigue, pale skin, loss of appetite, rapid heartbeat, shortness of breath, tingling or numbness in the extremities and a sore mouth or tongue.

 * Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore
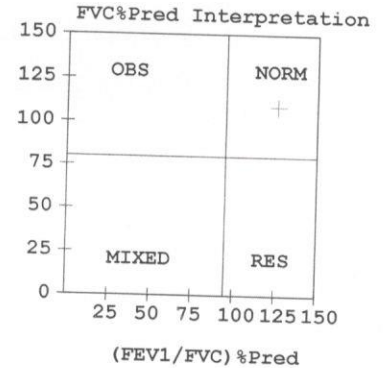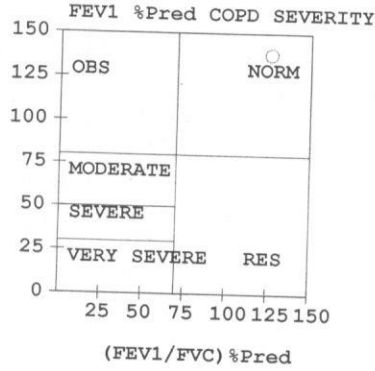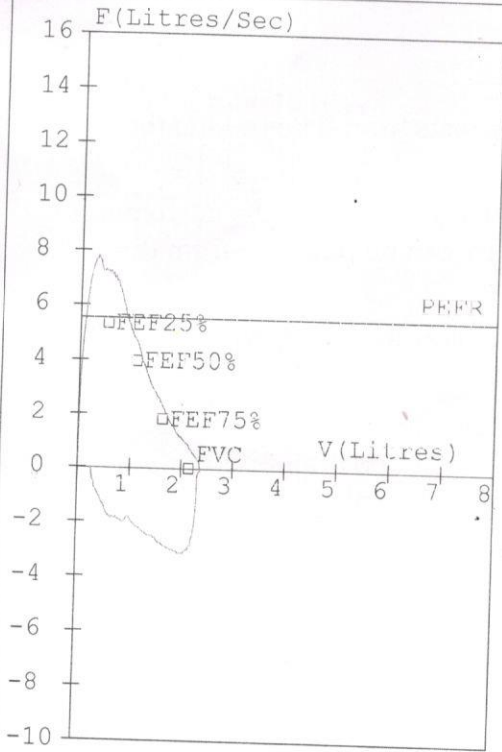
--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist

RECORDERS & MEDICARE SYSTEMS

40/43, 8th Main Road 5th Cross Rd, Raj Mahal Vilas Extension, Sadashiva Nagar

Patient: MS KAVITHA D	Age : 51 Yrs	Gender : Female	
Refd.By:	Height : 154 Cms	Smoker : No	RMS
Pred.Eqns: RECORDERS	Weight : 63 Kgs	Eth. Corr: 100	
Date : 31-May-2024 09:33 AM	ID : BIL4313853	Temp :	

FVC Results

Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	02.16	02.36	109	-----	---	
FEV1	(L)	01.66	02.29	138	-----	---	
FEV1/FVC	(%)	76.85	97.03	126	-----	---	
FEF25-75	(L/s)	02.12	03.62	171	-----	---	
PEFR	(L/s)	05.54	07.71	139	-----	---	
FIVC	(L)	-----	02.11	---	-----	---	
FEV.5	(L)	-----	01.91	---	-----	---	
FEV3	(L)	02.10	02.36	112	-----	---	
PIFR	(L/s)	-----	03.10	---	-----	---	
FEF75-85	(L/s)	-----	01.36	---	-----	---	
FEF.2-1.2	(L/s)	04.04	06.02	149	-----	---	
FEF 25%	(L/s)	05.34	07.04	132	-----	---	
FEF 50%	(L/s)	03.98	04.19	105	-----	---	
FEF 75%	(L/s)	01.82	01.70	093	-----	---	
FEV.5/FVC	(%)	-----	80.93	---	-----	---	
FEV3/FVC	(%)	97.22	100.00	103	-----	---	
FET	(Sec)	-----	01.27	---	-----	---	
ExplTime	(Sec)	-----	00.04	---	-----	---	
Lung Age	(Yrs)	051	032	063	-----	---	
FEV6	(L)	02.16	-----	---	-----	---	
FIF25%	(L/s)	-----	03.04	---	-----	---	
FIF50%	(L/s)	-----	02.63	---	-----	---	
FIF75%	(L/s)	-----	01.89	---	-----	---	

Pre Test COPD Severity
Test within normal limits
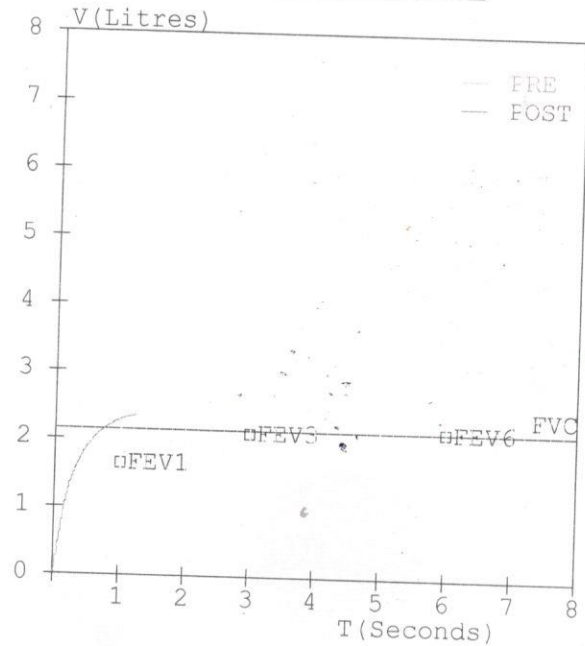
Pre Medication Report Indicates
Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80

Patient: MS KAVITHA D
Refd.By:
Pred.Eqns: RECORDERS
Date : 31-May-2024 09:33 AM

Age : 51 Yrs
Height : 154 Cms
Weight : 63 Kgs
ID : BIL4313853

Gender : Female
Smoker : No
Eth. Corr: 100
Temp :

RMS

Volume (Litres) vs Time (Seconds) — PRE, POST, SVC Test
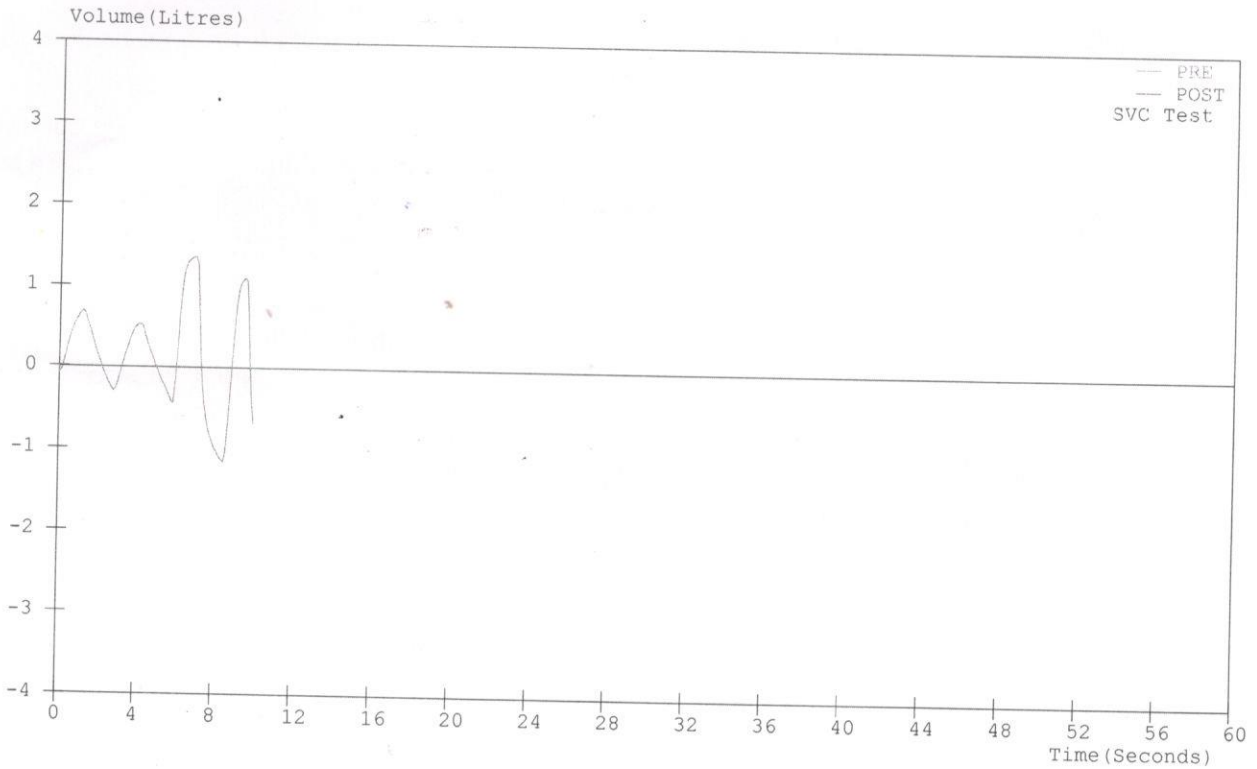
SVC Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
SVC (L)	00.90	02.50	278	-----	---	---
ERV (L)	01.06	00.72	068	-----	---	---
IRV (L)	-----	00.82	---	-----	---	---
VE (L/min)	-----	18.77	---	-----	---	---
Rf (1/min)	-----	19.35	---	-----	---	---
Ti (sec)	-----	01.30	---	-----	---	---
Te (sec)	-----	01.80	---	-----	---	---
VT (L)	-----	00.97	---	-----	---	---
VT/Ti	-----	00.75	---	-----	---	---
Ti/Ttot	-----	00.42	---	-----	---	---
IC (L)	-----	01.79	---	-----	---	---

The contents of this report require clinical co-relation before any clinical action.

http://www.rmsindia.com © RMS Spirometer(Helios_v3.2.49)

Name	**: Ms . KAVITHA D**		TID	: UMR1596946
Age/Gender	: 51 Years/Female		Registered On	: 31-May-2024 08:21 AM
Ref By	: MEDI WHEEL		Reported On	: 31-May-2024 11:33 AM
Reg.No	: BIL4313853		Reference	: Arcofemi Health Care Ltd - Medi Whe

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (12.6 cms) and shows diffuse increased echotexture. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is well distended. No obvious calculus. Wall thickness is normal.
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 (8.3 cms) and echopattern.

KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation preserved. No evidence of calculus or hydronephrosis.
Simple cortical cyst measruing about 1.2 x 1.0 cms is noted in the mid pole region.

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

The kidney measures as follows:

	Bipolar length (cm)	Width (cm)	Parenchymal thickness (cm)
Right Kidney	9.7	4.2	1.6
Left Kidney	9.8	5.3	1.6

URINARY BLADDER is partially distended. Normal shape and wall thickness. It has clear contents.

UTERUS – Post menopausal status. Few myometrial calcifications noted.
Endometrial echo is of normal thickness – 4 mm.

OVARIES are not visualized – probably atrophic.

No adnexal mass.

Name	**: Ms . KAVITHA D**	TID	: UMR1596946
Age/Gender	: 51 Years/Female	Registered On	: 31-May-2024 08:21 AM
Ref By	: MEDI WHEEL	Reported On	: 31-May-2024 11:33 AM
Reg.No	: BIL4313853	Reference	: Arcofemi Health Care Ltd - Medi Whe

No evidence of ascites.

IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **No other significant abnormality detected.**

*** End Of Report ***

Dr Naveen Subbaiah
Consultant Radiologist

Name	**: Ms . KAVITHA D**	TID	: UMR1596946
Age/Gender	: 51 Years/Female	Registered On	: 31-May-2024 08:21 AM
Ref By	: MEDI WHEEL	Reported On	: 31-May-2024 01:20 PM
Reg.No	: BIL4313853	Reference	: Arcofemi Health Care Ltd - Medi Whe

X - RAY CHEST PA VIEW

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.**

*** End Of Report ***

Dr Ramachandra C R
Consultant Radiologist

Name	**: MS.KAVITHA D**	TID/SID	: UMR1596946/ 27690602
Age / Gender	: 51 Years / Female	Registered on	: 31-May-2024 / 08:21 AM
Ref.By	: MEDI WHEEL	Collected on	: 31-May-2024 / 12:05 PM
Req.No	: BIL4313853	Reported on	: 31-May-2024 / 18:19 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CYTOPATHOLOGY

Pap Smear, Conventional

Specimen Type	Conventional smear (Pap smear)
Specimen Adequacy	Satisfactory for evaluation.
Microscopic Observations:	Smears studied show intermediate squamous epithelial cells, superficial squamous epithelial cells, parabasal cells, endocervical cells and squamous metaplastic cells on a background of neutrophils and lactobacilli.
Non-neoplastic findings	Reactive cellular changes associated with inflammation.
Epithelial cell Abnormalities	Negative for dysplasia/intraepithelial lesion.
Interpretation	Negative for intraepithelial lesion or malignancy. Inflammatory smear.
Note	Kindly correlate clinically

 * Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.Kavya S N
Consultant Pathologist