

NAME:	Mrs. PULIBANDLA KALPANA	DATE:	11-02-2023
AGE:	23 YEARS	ID. NO:	201615
GENDER:	FEMALE	REFERRED BY:	OLYMPUS DIAGNOSTICS

USG REPORT - ABDOMEN AND PELVIS

OBSERVATION:

LIVER:

Liver is normal in size (13.3 cm) and shows homogenous echotexture. No obvious focal lesion is seen. Intrahepatic biliary radicles not dilated. Hepatic & portal veins are normal. CBD is normal.

GALL BLADDER:

Is minimally distended at the time of scan (*Suggested review scan in fasting status*).

PANCREAS:

Head and body visualized and appears normal. No obvious focal lesion is seen. Pancreatic duct not dilated. Tail not visualized.

SPLEEN:

Normal in size with normal echotexture. No focal lesion is seen.

RIGHT KIDNEY:

Right kidney measures 9.5 x 1.2 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the right kidney appear normal.

Cortico-medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

LEFT KIDNEY:

Left kidney measures 9.9 x 1.0 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the left kidney appear normal.

Cortico-medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

NAME:	Mrs. PULIBANDLA KALPANA	DATE:	11-02-2023
AGE:	23 YEARS	ID. NO:	201615
GENDER:	FEMALE	REFERRED BY:	OLYMPUS DIAGNOSTICS

USG REPORT - ABDOMEN AND PELVIS

URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

UTERUS:

Anteverted, normal in size measures 6.8 x 3.2 x 4.3 cm with normal echotexture.

No focal lesion seen within the myometrium.

Endometrial thickness measures 8.7 mm.

OVARIES:

Both ovaries are normal in size with normal echo pattern.

Right ovary measures 2.9 x 1.6 cm.

Left ovary measures 2.7 x 1.6 cm.

No adnexal mass lesion seen.

No evidence of free fluid in the abdomen or pelvis.

IMPRESSION:

- No significant sonographic abnormality detected.


Dr. SAHANA C MDRD, DNB
Consultant Radiologist



(A Unit of Vijayalakshmi Diagnostics Pvt. Ltd.)

Diagnosics & Speciality Centre

TRANS THORACIC 2D ECHO - DOPPLER STUDY

NAME:	Mrs. PULIBANDLA KALPANA	DATE:	11-02-2023
AGE:	23 YEARS	ID. NO:	201615
GENDER:	FEMALE	REFERRED BY:	OLYMPUS DIAGNOSTICS

M-Mode

AORTA	25	mm
LEFT ARTIUM	30	mm
RIGHT VENTRICLE(Diastole)	18	mm
LVID (Diastole)	32	mm
LVID (Systole)	20	mm
INTERVENTRICULAR SEPTUM (Diastole)	9	mm
L V POSTERIOR WALL (Diastole)	8	mm
L V MASS	130	grms
FRACTIONAL SHORTENING	30	%
EJECTION FRACTION	60	%

DOPPLER / COLOR FLOW

MITRAL VALVE	E- 0.8	A - 0.6	m/sec	NO MR
AORTIC VALVE	1.0	-	m/sec	NO AR
TRICUSPID VALVE	E- 0.4	A - 0.2	m/sec	NO TR
PULMONARY VALVE	0.8	-	m/sec	NO PR

No. 79, Kendra Upadyayara Sangha Layout, Nagarbhavi Circle, Nagarbhavi, Bengaluru - 560 072

Enquiry: +91 99867 33 333, Appointments : +91 98863 55 135, Reports: +91 74063 11 116

For Home Sample Collections Contact: +91 99867 333 33

Email: info@mediclu.com

Website: www.mediclu.com

NAME:	Mrs. PULIBANDLA KALPANA	DATE:	11-02-2023
AGE:	23 YEARS	ID. NO:	201615
GENDER:	FEMALE	REFERRED BY:	OLYMPUS DIAGNOSTICS

X-RAY REPORT- CHEST (PA VIEW)

OBSERVATIONS:

The lung fields are clear bilaterally.

CP angles are clear.

Both the hila appear normal.

Cardiac diameter is within normal limits.

Trachea is midline.

Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.

IMPRESSION:

- **No significant abnormality in the visualized lung fields.**



Dr. MOHAN S. MDRD
Consultant radiologist

ID Card: Name: MAHADEVI

Age: 41

Weight(Kg): 72

Gender: Female

Height(cm):

Bp(mmHg): 127/87

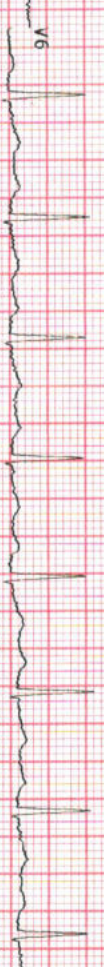
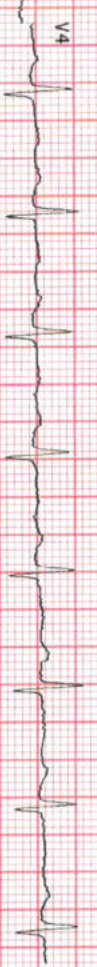
P/QRS/T AXES: deg 61/13/61

RV5/SV1: mV 0.95/0.72

RV5+SV1: mV 1.67

*This result must be confirmed by doctor!

Report Confirmed by:



25mm/s

10mm/mV

AUTO

AC:ON 0.05-35Hz

10mm/mV

Name	: Mrs. PULIBANDLA KALPANA	REG/LAB NO.	: 23020089 / 1250
AGE/SEX	: 23 Yrs / Female	DATE OF COLLECTION	: 11-02-2023 at 08:58 AM
REFERRED BY	:	DATE OF REPORT	: 14-02-2023 at 09:16 AM
REF CENTER	: MEDIWHEEL		

TEST PARAMETER	RESULT	REFERENCE RANGE
BLOOD GROUP	"O"	
RH TYPE	NEGATIVE	
COMPLETE BLOOD COUNT(CBC)		
HAEMOGLOBIN	13.2 gm/dl	12 - 16 gm/dl
TOTAL COUNT	6100 cells/cumm	4000 - 11000 cells/cumm
DIFFERENTIAL COUNT		
NEUTROPHILS	59 %	40 - 70 %
LYMPHOCYTES	31 %	20 - 45 %
EOSINOPHILS	04 %	2 - 8 %
MONOCYTES	06 %	1 - 6 %
BASOPHILS	00 %	0 - 1 %
PLATELET COUNT	1.8 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
R.B.C COUNT	4.7 mill/cumm	4 - 5.5 mill/cumm
PACKED CELL VOLUME (PCV)	40 %	37 - 47 %
M.C.V	86 fl	80 - 98 fl
M.C.H	26 pg	26 - 34 pg
M.C.H.C	32 %	31 - 38 %
ESR	19 mm/hr	0 - 20 mm/hr

Interpretation:

ESR is non specific marker of inflammatory process. Its main clinical utility is in monitoring the course or response to treatment of various acute and chronic disorders like hematologic diseases, malignancy, collagen vascular disorders and renal diseases.

FASTING BLOOD SUGAR	81 mg/dl	60 - 110 mg/dl
----------------------------	----------	----------------

COMMENTS :

80 - 99 mg/dL : Normal, 100 - 125 mg/dL : Impaired Fasting Glucose (Pre-Diabetes), >126 mg/ dL : Diabetes.

reference intervals for FBS from ADA RECOMMENDATION 2015.

A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes.

Impaired fasting glucose (IFG) : Fasting glucose repeatedly is at upper limit, family history or abnormal lipid profile.

Advised : HbA1c and clinical correlation.

NOTE :

In absence of pregnancy, IGT and IFG are risk factors for future DM and cardiovascular disease ; they are not clinical entities.

A person's blood glucose levels normally move up and down depending on meals , Exercise, sickness, and stress.



Name	: Mrs. PULIBANDLA KALPANA	REG/LAB NO.	: 23020089 / 1250
AGE/SEX	: 23 Yrs / Female	DATE OF COLLECTION	: 11-02-2023 at 08:58 AM
REFERRED BY	:	DATE OF REPORT	: 14-02-2023 at 09:16 AM
REF CENTER	: MEDIWHEEL		

TEST PARAMETER	RESULT	REFERENCE RANGE
HbA1c (GLYCOSYLATED Hb) <small>HPLC</small>	4.7 %	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5

MEAN BLOOD GLUCOSE Calculated 82.9

Degree of Control	HbA1c	MBG
Normal	< 6.0 %	61-124 mg/dl
Good Control	6.0-7.0 %	124-156 mg/dl
Fair Control	7.0-8.0 %	158-188 mg/dl
Poor Control	> 8.0 %	>188 mg/dl

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c.
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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 glycemic control as compared to blood and urinary glucose determinations. ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

POST PRANDIAL BLOOD SUGAR	109 mg/dl	70 - 140 mg/dl
---------------------------	-----------	----------------



Name	: Mrs. PULIBANDLA KALPANA	REG/LAB NO.	: 23020089 / 1250
AGE/SEX	: 23 Yrs / Female	DATE OF COLLECTION	: 11-02-2023 at 08:58 AM
REFERRED BY	:	DATE OF REPORT	: 14-02-2023 at 09:16 AM
REF CENTER	: MEDIWHEEL		

TEST PARAMETER	RESULT	REFERENCE RANGE
COMPLETE URINE ANALYSIS		
PHYSICAL CHARACTERS		
COLOUR	PALE YELLOW	PALE YELLOW
APPEARANCE	CLEAR	CLEAR
SPECIFIC GRAVITY	1.020	1.005-1.030
pH	6.5	4.5-7.0
CHEMICAL CONSTITUENTS		
ALBUMIN	PRESENT (+)	ABSENT
SUGAR	NIL	ABSENT
BILE SALTS	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT
KETONE BODIES	ABSENT	ABSENT
MICROSCOPY		
PUS CELLS	3 - 4 /hpf	4-6
R.B.C	NIL	0-4
EPITHELIAL CELLS	0 - 1 /hpf	0-2
CASTS	ABSENT	ABSENT
CRYSTALS	ABSENT	ABSENT
FASTING URINE SUGAR	NIL	NIL
POST PRANDIAL URINE SUGAR (PPUS)	NIL	NIL
LIPID PROFILE TEST (LPT)		
TOTAL CHOLESTEROL	126 mg/dl	up to 200 mg/dl
TRIGLYCERIDES	60 mg/dl	up to 200 mg/dl Special condition: Borderline high risk : 200 - 400 mg/dL Elevated : > 400 mg/dL
HDL CHOLESTEROL - DIRECT	39 mg/dl	35 - 55 mg/dl
LDL CHOLESTEROL - DIRECT	75.0 mg/dl	up to 150 mg/dl
VLDL CHOLESTEROL	12.0 mg/dl	0 - 60 mg/dl
TC/HDL	3.2	
LDL/HDL	1.9	



Name	: Mrs. PULIBANDLA KALPANA	REG/LAB NO.	: 23020089 / 1250
AGE/SEX	: 23 Yrs / Female	DATE OF COLLECTION	: 11-02-2023 at 08:58 AM
REFERRED BY	:	DATE OF REPORT	: 14-02-2023 at 09:16 AM
REF CENTER	: MEDIWHEEL		

TEST PARAMETER	RESULT	REFERENCE RANGE
LIVER FUNCTION TEST (LFT)		
TOTAL BILIRUBIN	0.4 mg/dl	0 - 1 mg/dl
DIRECT BILIRUBIN	0.1 mg/dl	0 - 0.25 mg/dl
INDIRECT BILIRUBIN	0.3 mg/dl	0 - 0.75 mg/dl
TOTAL PROTEIN	8.0 g/dl	6 - 8.5 g/dl
SERUM ALBUMIN	4.5 g/dl	3.5 - 5.2 g/dl
SERUM GLOBULIN	3.5 g/dL	2.3 - 3.5 g/dL
A/G RATIO	1.3	1 - 1.5
ASPARATE AMINOTRANSFERASE (SGOT/AST)	25 U/L	up to 40 U/L
ALANINE AMINOTRANSFERASE (SGPT/ALT)	37 U/L	up to 40 U/L
ALKALINE PHOSPHATASE	144 IU/L	25 - 147 IU/L
RENAL FUNCTION TEST (RFT)		
BLOOD UREA	19 mg/dL	11 - 45 mg/dL
SERUM URIC ACID	4.5 mg/dL	3.2 - 6.4 mg/dL
SERUM CREATININE	0.6 mg/dL	0.6 - 1.4 mg/dL



Name	: Mrs. PULIBANDLA KALPANA	REG/LAB NO.	: 23020089 / 1250
AGE/SEX	: 23 Yrs / Female	DATE OF COLLECTION	: 11-02-2023 at 08:58 AM
REFERRED BY	:	DATE OF REPORT	: 14-02-2023 at 09:16 AM
REF CENTER	: MEDIWHEEL		

TEST PARAMETER	RESULT	REFERENCE RANGE
THYROID PROFILE (T3, T4, TSH)		
TOTAL TRIIODOTHYRONINE (T3) <small>CLIA</small>	1.36 ng/mL	0.60-1.81 1st Trimester :0.71 - 1.75 2nd Trimester :0.91 - 1.95 3rd Trimester :1.04 - 1.82
TOTAL THYROXINE (T4) <small>CLIA</small>	8.72 µg/dL	4.5-10.9 1st Trimester :6.5 - 10.1 2nd Trimester :7.5 - 10.03 3rd Trimester :6.3 - 9.7
THYROID STIMULATING HORMONE (TSH) <small>CLIA</small>	4.590 µIU/ml	0.35-5.5 1st Trimester :0.1 - 2.5 2nd Trimester :0.2 - 3.0 3rd Trimester :0.3 - 3.0

Note:

- 1.TSH levels are subject to circadian variation, reaching peak levels between 2 – 4 a.m. and at a minimum between 6-10 p.m. The variation is of the order of 50% hence time of the day has influence on the measured serum TSH concentrations.
- 2.Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- 3.Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use:


Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Non thyroidal illness, Autoimmune thyroid disease, Pregnancy ,associated thyroid disorders, Thyroid dysfunction in infancy and early childhood

Dispatched by: Somashekara h c

**** End of Report ****

Printed by: Somashekara h c on 14-02-2023 at 09:16 AM

Lab Technician



Dr. Sowmya T.M
DNB ,PDF
Consultant Pathologist

