Name	: **Ms. VAISHNAVI DEVI K G**		
PID No.	: MED111034502	**Register On**	: 26/03/2022 9:10 AM
SID No.	: 222006104	**Collection On**	: 26/03/2022 1:29 PM
Age / Sex	: 35 Year(s) / Female	**Report On**	: 26/03/2022 7:34 PM
Type	: OP	**Printed On**	: 28/03/2022 12:47 PM
Ref. Dr	: **MediWheel---- CORPORATE**		

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination)*	'O' 'Positive'		

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/*Spectrophotometry)*	**11.8**	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/*Derived from Impedance)*	**34.0**	%	37 - 47
RBC Count (EDTA Blood/*Impedance Variation)*	**3.40**	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/*Derived from Impedance)*	**100.1**	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/*Derived from Impedance)*	**34.6**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/*Derived from Impedance)*	34.6	g/dL	32 - 36
RDW-CV (EDTA Blood/*Derived from Impedance)*	15.4	%	11.5 - 16.0
RDW-SD (EDTA Blood/*Derived from Impedance)*	**53.95**	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/*Impedance Variation)*	9100	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	72.8	%	40 - 75
Lymphocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	21.5	%	20 - 45
Eosinophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	2.3	%	01 - 06

DR GURUPRIYA J
PATHOLOGIST
Reg No : 13-48036

VERIFIED BY

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Consultant Pathologist
Reg No : 73347

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Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	2.7	%	01 - 10
Basophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.7	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	6.62	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	1.96	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.21	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.25	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.06	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/*Impedance Variation)*	359	10^3 / µl	150 - 450
MPV (EDTA Blood/*Derived from Impedance)*	8.0	fL	8.0 - 13.3
PCT (EDTA Blood/*Automated Blood cell Counter)*	**0.29**	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated - Westergren method)*	9	mm/hr	< 20
BUN / Creatinine Ratio	8.5		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	89.0	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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Investigation	Observed Value	Unit	Biological Reference Interval

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)*	95.5	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)*	**5.1**	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	0.60	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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/*Enzymatic)*	4.8	mg/dL	2.6 - 6.0

Liver Function Test

Bilirubin(Total) (Serum/*DCA with ATCS)*	1.11	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.22	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.89	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	19.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	11.7	U/L	5 - 41

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Investigation	Observed Value	Unit	Biological Reference Interval
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	16.5	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	86.4	U/L	42 - 98
Total Protein (Serum/*Biuret)*	6.30	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	3.89	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	2.41	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	1.61		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS)*	151.7	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS)*	95.6	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)*	**45.6**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50

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Investigation	Observed Value	Unit	Biological Reference Interval
LDL Cholesterol (Serum/*Calculated*)	87	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated*)	19.1	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated*)	106.1	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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*)	3.3		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/*Calculated*)	2.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/*HPLC*)	5.1	%	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 %

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Investigation	Observed Value	Unit	Biological Reference Interval
Estimated Average Glucose (Whole Blood)	99.67	mg/dL	

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 glycemic 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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	1.18	ng/ml	0.7 - 2.04

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/*Chemiluminescent Immunometric Assay (CLIA)*)	8.38	µg/dl	4.2 - 12.0

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/*Chemiluminescent Immunometric Assay (CLIA)*)	3.73	µIU/mL	0.35 - 5.50

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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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Name	:	**Ms. VAISHNAVI DEVI K G**			
PID No.	:	MED111034502	**Register On**	:	26/03/2022 9:10 AM
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Type	:	OP	**Printed On**	:	28/03/2022 12:47 PM
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Investigation	Observed Value	Unit	Biological Reference Interval
Urine Analysis - Routine			
COLOUR (Urine)	pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/*Protein error of indicator*)	Negative		Negative
Glucose (Urine/*GOD - POD*)	Negative		Negative
Pus Cells (Urine/*Automated – Flow cytometry*)	**1 - 2**	/hpf	NIL
Epithelial Cells (Urine/*Automated – Flow cytometry*)	**1 - 2**	/hpf	NIL
RBCs (Urine/*Automated – Flow cytometry*)	NIL	/hpf	NIL
Casts (Urine/*Automated – Flow cytometry*)	NIL	/hpf	NIL
Crystals (Urine/*Automated – Flow cytometry*)	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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-- End of Report --

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Name	VAISHNAVI DEVI K G	ID	MED111034502
Age & Gender	35/FeMale	Visit Date	26-03-2022 00:00:00
Ref Doctor Name	MediWheel----CORPORATE		

MEDALL

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is partially distended.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 8.9 x 3.8 cm.

The left kidney measures 10.1 x 5.1 cm.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The uterus is anteverted, and measures 7.6 x 4.2 cm.

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Myometrial echoes are homogeneous. The endometrial thickness is 10.5 mm.

The right ovary measures 3.0 x 2.2 cm.

The left ovary measures 2.8 x 2.0 cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

IMPRESSION:

- Grade - I Fatty liver.

DR. UMALAKSHMI
SONOLOGIST

Name	VAISHNAVI DEVI K G	ID	MED111034502
Age & Gender	35/FeMale	Visit Date	26-03-2022 00:00:00
Ref Doctor Name	MediWheel----CORPORATE		

MEDALL

DEPARTMENT OF CARDIOLOGY

TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT

ECHO INDICATION: Assessment

ACOUSTIC WINDOW : GOOD

M MODE & 2-D PARAMETERS:

LV STUDY

IVS(d) cm	0.5
IVS(s) cm	1.1
LPW(d) cm	0.5
LPW(s) cm	1.1
LVID(d) cm	5.2
LVID(s) cm	3.5
EDV ml	141
ESV ml	42
SV ml	99
EF %	69
FS %	32

Parameters	Patient Value
LA cm	3.1
AO cm	2.2

DOPPLER PARAMETERS

Valves	Velocity max(m/sec mm/Hg)
AV	0.6/2 m/s
PV	0.8/3 m/s
MV (E)	0.5 m/s
(A)	0.7 m/s
TV (E)	1.0/4 m/s

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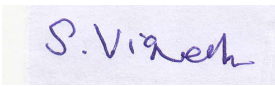
FINDINGS:

- No regional wall motion abnormality.
- Normal left ventricle systolic function. (EF: 69 %).
- Grade - I LV diastolic dysfunction.
- Normal chambers dimension.
- Normal valves.
- Normal pericardium/Intact septae.
- No clot/aneurysm.

IMPRESSION:

NO REGIONAL WALL MOTION ABNORMALITY.
NORMAL LEFT VENTRICLE SYSTOLIC FUNCTION.



S. VIGNESH M.Sc.
ECHO TECHNICIAN

Name	VAISHNAVI DEVI K G	ID	MED111034502
Age & Gender	35/FeMale	Visit Date	26-03-2022 00:00:00
Ref Doctor Name	MediWheel----CORPORATE		

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Personal Health Report

General Examination:

Height : 165 cms
Weight : 74.7 kg
BMI : 27.4 kg/m^2

BP: 120/100 mmhg
Pulse: 90/ min, regular

Systemic Examination:

CVS: S1 S2 heard;
RS : NVBS +.
Abd : Soft.
CNS : NAD

Blood report:

Haemoglobin- 11.8 g/dl - low.

All other blood parameters are well within normal limits. (Report enclosed).

Urine analysis - Within normal limits.

X-Ray Chest - Normal study.

ECG - Normal ECG.

USG whole abdomen - Grade I fatty liver.

ECHO - No regional wall motion abnormality; Normal LV systolic function.

Eye Test - Normal study.

Vision	Right eye	Left eye
Distant Vision	6/6	6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal

Impression & Advice:

Name	VAISHNAVI DEVI K G	ID	MED111034502
Age & Gender	35/FeMale	Visit Date	26-03-2022 00:00:00
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Haemoglobin- 11.8 g/dl - low. Advised to have iron rich diet and iron supplement prescribed by the physician.

USG whole abdomen - Grade I fatty liver. To take low fat diet, and high fiber diets.
Regular brisk walking for 45 minutes daily, 5 days a week is essential.

All other health parameters are well within normal limits.

DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM
MHC Physician Consultant

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X- RAY CHEST PA VIEW

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

- ***Chest x-ray shows no significant abnormality.***