

Name : Mrs. VUTUKURU SEENAMMA  
PID No. : MED110834697  
SID No. : 221033011  
Age / Sex : 54 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 30/12/2021 10:34 AM  
Collection On : 30/12/2021 1:01 PM  
Report On : 31/12/2021 12:35 PM  
Printed On : 31/12/2021 4:32 PM



| <u>Investigation</u>                                    | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|---|-----------------------|-------------|--------------------------------------|
| <b><u>Urine Analysis - Routine</u></b>                  |                       |             |                                      |
| COLOUR<br>(Urine)                                       | Pale yellow           |             | Yellow to Amber                      |
| APPEARANCE<br>(Urine)                                   | Clear                 |             | Clear                                |
| Protein<br>(Urine/Protein error of indicator)           | Negative              |             | Negative                             |
| Glucose<br>(Urine/GOD - POD)                            | Trace                 |             | Negative                             |
| Pus Cells<br>(Urine/Automated - Flow cytometry )        | 1 - 2                 | /hpf        | NIL                                  |
| Epithelial Cells<br>(Urine/Automated - Flow cytometry ) | 2 - 4                 | /hpf        | NIL                                  |
| RBCs<br>(Urine/Automated - Flow cytometry )             | NIL                   | /hpf        | NIL                                  |
| Casts<br>(Urine/Automated - Flow cytometry )            | NIL                   | /hpf        | NIL                                  |
| Crystals<br>(Urine/Automated - Flow cytometry )         | NIL                   | /hpf        | NIL                                  |
| Others<br>(Urine)                                       | NIL                   |             |                                      |

**INTERPRETATION:** Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Dr. M B Sri Hansini MD (Path)  
Consultant Pathologist  
Reg No.: 115266

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-- End of Report --

The results pertain to sample tested.

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|----------------------|-----------------------|-------------|--------------------------------------|

|  |                |  |  |
|--|----------------|--|--|
| BLOOD GROUPING AND Rh TYPING<br>(EDTA Blood/Agglutination) | 'O' 'Positive' |  |  |
|--|----------------|--|--|

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

**Complete Blood Count With - ESR**

|   |      |             |              |
|---|------|-------------|--------------|
| Haemoglobin<br>(EDTA Blood/Spectrophotometry)   | 13.0 | g/dL        | 12.5 - 16.0  |
| Packed Cell Volume(PCV)/Haematocrit<br>(EDTA Blood/Derived from Impedance)              | 39.3 | %           | 37 - 47      |
| RBC Count<br>(EDTA Blood/Impedance Variation)   | 4.67 | mill/cu.mm  | 4.2 - 5.4    |
| Mean Corpuscular Volume(MCV)<br>(EDTA Blood/Derived from Impedance)                     | 84.2 | fL          | 78 - 100     |
| Mean Corpuscular Haemoglobin(MCH)<br>(EDTA Blood/Derived from Impedance)                | 27.9 | pg          | 27 - 32      |
| Mean Corpuscular Haemoglobin concentration(MCHC)<br>(EDTA Blood/Derived from Impedance) | 33.1 | g/dL        | 32 - 36      |
| RDW-CV<br>(EDTA Blood/Derived from Impedance)   | 14.5 | %           | 11.5 - 16.0  |
| RDW-SD<br>(EDTA Blood/Derived from Impedance)   | 42.9 | fL          | 39 - 46      |
| Total Leukocyte Count (TC)<br>(EDTA Blood/Impedance Variation)                          | 8300 | cells/cu.mm | 4000 - 11000 |
| Neutrophils<br>(EDTA Blood/Impedance Variation & Flow Cytometry)                        | 61.5 | %           | 40 - 75      |
| Lymphocytes<br>(EDTA Blood/Impedance Variation & Flow Cytometry)                        | 26.4 | %           | 20 - 45      |
| Eosinophils<br>(EDTA Blood/Impedance Variation & Flow Cytometry)                        | 4.8  | %           | 01 - 06      |

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|---|-----------------------|---------------------------|--|
| Monocytes<br>(EDTA Blood/Impedance Variation & Flow Cytometry)  | 6.8                   | %                         | 01 - 10  |
| Basophils<br>(EDTA Blood/Impedance Variation & Flow Cytometry)  | 0.5                   | %                         | 00 - 02  |
| <b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. |                       |                           |  |
| Absolute Neutrophil count<br>(EDTA Blood/Impedance Variation & Flow Cytometry)  | 5.1                   | 10 <sup>3</sup> / $\mu$ l | 1.5 - 6.6  |
| Absolute Lymphocyte Count<br>(EDTA Blood/Impedance Variation & Flow Cytometry)  | 2.2                   | 10 <sup>3</sup> / $\mu$ l | 1.5 - 3.5  |
| Absolute Eosinophil Count (AEC)<br>(EDTA Blood/Impedance Variation & Flow Cytometry)  | 0.4                   | 10 <sup>3</sup> / $\mu$ l | 0.04 - 0.44  |
| Absolute Monocyte Count<br>(EDTA Blood/Impedance Variation & Flow Cytometry)  | 0.6                   | 10 <sup>3</sup> / $\mu$ l | < 1.0  |
| Absolute Basophil count<br>(EDTA Blood/Impedance Variation & Flow Cytometry)  | 0.0                   | 10 <sup>3</sup> / $\mu$ l | < 0.2  |
| Platelet Count<br>(EDTA Blood/Impedance Variation)  | 371                   | 10 <sup>3</sup> / $\mu$ l | 150 - 450  |
| MPV<br>(EDTA Blood/Derived from Impedance)  | 8.1                   | fL                        | 8.0 - 13.3   |
| PCT<br>(EDTA Blood/Automated Blood cell Counter)  | <b>0.300</b>          | %                         | 0.18 - 0.28  |
| ESR (Erythrocyte Sedimentation Rate)<br>(Blood/Automated - Westergren method)   | 25                    | mm/hr                     | < 30   |
| BUN / Creatinine Ratio  | 8.4                   |                           | 6.0 - 22.0   |
| Glucose Fasting (FBS)<br>(Plasma - F/GOD-PAP)   | <b>143.5</b>          | mg/dL                     | Normal: < 100<br>Pre Diabetic: 100 - 125<br>Diabetic: $\geq$ 126 |

  
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|----------------------|-----------------------|-------------|--------------------------------------|

**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)<br>(Urine - F/GOD - POD) | Trace |  | Negative |
|---|-------|--|----------|

|  |       |       |          |
|--|-------|-------|----------|
| Glucose Postprandial (PPBS)<br>(Plasma - PP/GOD-PAP) | 228.7 | 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)<br>(Urine - PP) | Positive(+) |  | Negative |
|---|-------------|--|----------|

|  |     |       |          |
|--|-----|-------|----------|
| Blood Urea Nitrogen (BUN)<br>(Serum/Urease UV / derived) | 5.5 | mg/dL | 7.0 - 21 |
|--|-----|-------|----------|

|                                      |      |       |           |
|--------------------------------------|------|-------|-----------|
| Creatinine<br>(Serum/Modified Jaffe) | 0.65 | 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<br>(Serum/Enzymatic) | 4.0 | mg/dL | 2.6 - 6.0 |
|--------------------------------|-----|-------|-----------|

**Liver Function Test**

|   |      |       |           |
|---|------|-------|-----------|
| Bilirubin(Total)<br>(Serum/DCA with ATCS) | 0.48 | mg/dL | 0.1 - 1.2 |
|---|------|-------|-----------|

|   |      |       |           |
|---|------|-------|-----------|
| Bilirubin(Direct)<br>(Serum/Diazotized Sulfanilic Acid) | 0.18 | mg/dL | 0.0 - 0.3 |
|---|------|-------|-----------|

|  |      |       |           |
|--|------|-------|-----------|
| Bilirubin(Indirect)<br>(Serum/Derived) | 0.30 | mg/dL | 0.1 - 1.0 |
|--|------|-------|-----------|

|  |      |     |        |
|--|------|-----|--------|
| SGOT/AST (Aspartate Aminotransferase)<br>(Serum/Modified IFCC) | 37.0 | U/L | 5 - 40 |
|--|------|-----|--------|

|  |      |     |        |
|--|------|-----|--------|
| SGPT/ALT (Alanine Aminotransferase)<br>(Serum/Modified IFCC) | 45.6 | U/L | 5 - 41 |
|--|------|-----|--------|

  
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| GGT(Gamma Glutamyl Transpeptidase)<br>(Serum/IFCC / Kinetic) | 30.0                  | U/L         | < 38                                 |
| Alkaline Phosphatase (SAP)<br>(Serum/Modified IFCC)          | 101.7                 | U/L         | 53 - 141                             |
| Total Protein<br>(Serum/Biuret)                              | 7.37                  | gm/dl       | 6.0 - 8.0                            |
| Albumin<br>(Serum/Bromocresol green)                         | 4.10                  | gm/dl       | 3.5 - 5.2                            |
| Globulin<br>(Serum/Derived)                                  | 3.27                  | gm/dL       | 2.3 - 3.6                            |
| A : G RATIO<br>(Serum/Derived)                               | 1.25                  |             | 1.1 - 2.2                            |

**Lipid Profile**

|   |       |       |   |
|---|-------|-------|---|
| Cholesterol Total<br>(Serum/CHOD-PAP with ATCS) | 199.4 | mg/dL | Optimal: < 200<br>Borderline: 200 - 239<br>High Risk: >= 240                    |
| Triglycerides<br>(Serum/GPO-PAP with ATCS)      | 215.6 | mg/dL | Optimal: < 150<br>Borderline: 150 - 199<br>High: 200 - 499<br>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<br>(Serum/Immuno-inhibition) | 46.4 | mg/dL | Optimal(Negative Risk Factor): >= 60<br>Borderline: 50 - 59<br>High Risk: < 50 |
|--|------|-------|--|

  
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|---|-----------------------|-------------|--|
| LDL Cholesterol<br>(Serum/Calculated)     | 109.9                 | mg/dL       | Optimal: < 100<br>Above Optimal: 100 - 129<br>Borderline: 130 - 159<br>High: 160 - 189<br>Very High: $\geq$ 190      |
| VLDL Cholesterol<br>(Serum/Calculated)    | 43.1                  | mg/dL       | < 30   |
| Non HDL Cholesterol<br>(Serum/Calculated) | 153.0                 | mg/dL       | Optimal: < 130<br>Above Optimal: 130 - 159<br>Borderline High: 160 - 189<br>High: 190 - 219<br>Very High: $\geq$ 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<br>(Serum/Calculated)     | 4.3 |  | Optimal: < 3.3<br>Low Risk: 3.4 - 4.4<br>Average Risk: 4.5 - 7.1<br>Moderate Risk: 7.2 - 11.0<br>High Risk: > 11.0 |
| Triglyceride/HDL Cholesterol Ratio (TG/HDL)<br>(Serum/Calculated) | 4.6 |  | Optimal: < 2.5<br>Mild to moderate risk: 2.5 - 5.0<br>High Risk: > 5.0   |
| LDL/HDL Cholesterol Ratio<br>(Serum/Calculated)                   | 2.4 |  | Optimal: 0.5 - 3.0<br>Borderline: 3.1 - 6.0<br>High Risk: > 6.0  |

**Glycosylated Haemoglobin (HbA1c)**

|                             |     |   |   |
|-----------------------------|-----|---|---|
| HbA1C<br>(Whole Blood/HPLC) | 8.4 | % | Normal: 4.5 - 5.6<br>Prediabetes: 5.7 - 6.4<br>Diabetic: $\geq$ 6.5 |
|-----------------------------|-----|---|---|

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

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|  |        |       |  |
|--|--------|-------|--|
| Estimated Average Glucose<br>(Whole Blood) | 194.38 | 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 glyceemic 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<br>(Serum/Chemiluminescent Immunometric Assay<br>(CLIA)) | 0.98 | ng/ml | 0.4 - 1.81 |
|--|------|-------|------------|

**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<br>(Serum/Chemiluminescent Immunometric Assay<br>(CLIA)) | 6.53 | 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)<br>(Serum/Chemiluminescent Immunometric Assay<br>(CLIA)) | 1.63 | 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            | VUTUKURU SEENAMMA | ID         | MED110834697              |
| Age & Gender    | 54Year(s)/FEMALE  | Visit Date | 12/30/2021<br>12:00:00 AM |
| Ref Doctor Name | MediWheel         |            |                           |



**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.*

*V. S. Kanakrishnan*

**Dr. Rama Krishnan. MD, DNB.,  
Consultant Radiologist.  
Medall Healthcare Pvt Ltd.**





|               |                       |             |              |
|---------------|-----------------------|-------------|--------------|
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| Age & Gender  | 54Y/FEMALE            | Visit Date  | 30/12/2021   |
| Ref Doctor    | MediWheel             |             |              |

## MAMMOGRAPHY

### REPORT

Cranio-caudal and Medio-lateral oblique views of both breasts were studied.

Both breasts are scattered areas of fibroglandular density. (ACR Type "B" parenchyma).

There is no evidence of mass lesion or micro calcification in both breasts.

Both nipples are not retracted.

There is no evidence of focal or diffuse thickening or skin or subcutaneous tissue of both breasts.

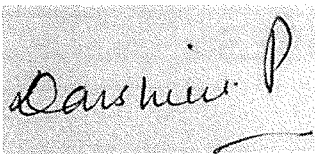
The retro-mammary spaces appear normal.

Bilateral axilla are clear.

On correlated ultrasound screening, no solid / cystic lesion is noted in both breasts.

### IMPRESSION :

- ACR Type 'B' parenchyma.
- No evidence of malignancy.
- BIRADS - I



**DR.DARSHINI PASUPULETI M.D.,  
RADIOLOGIST**



|                         |                              |                    |                     |
|-------------------------|------------------------------|--------------------|---------------------|
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| <b>Age &amp; Gender</b> | <b>54Y/FEMALE</b>            | <b>Visit Date</b>  | <b>30/12/2021</b>   |
| <b>Ref Doctor</b>       | <b>MediWheel</b>             |                    |                     |

Category – (BIRADS classification)

Category 0: Assessment incomplete. Category 1: Negative (normal).

Category 2: Benign. Category 3: Probably benign finding.

Category 4: Suspicious abnormality. Category 4a: Low suspicion 4b – Intermediate suspicion.

Category 4c: Moderate suspicion. Category 5: High suggestive of malignancy.

Category 6: Known biopsy proven malignancy.

NOTE: Please bring your old mammogram film for the next visit.



|               |                       |             |              |
|---------------|-----------------------|-------------|--------------|
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| Ref Doctor    | MediWheel             |             |              |

## SONOGRAM REPORT

### WHOLE ABDOMEN

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

The gall bladder is contracted.

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 9.4 x 4.6 cm.

The left kidney measures 10.2 x 5.9 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.

**Few internal echoes within urinary bladder.**

There is no intravesical mass or calculus.

Uterus and both ovaries are not visualized, history of surgery.

Parametria are free.



|               |                       |             |              |
|---------------|-----------------------|-------------|--------------|
| Customer Name | MRS.VUTUKURU SEENAMMA | Customer ID | MED110834697 |
| Age & Gender  | 54Y/FEMALE            | Visit Date  | 30/12/2021   |
| Ref Doctor    | MediWheel             |             |              |

Iliac fossae are normal.

**IMPRESSION:**

- Fatty liver.
- Post hysterectomy status.
- Cystitis.

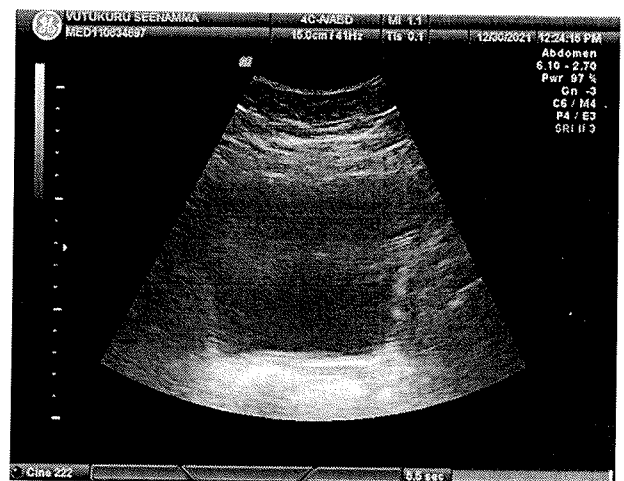
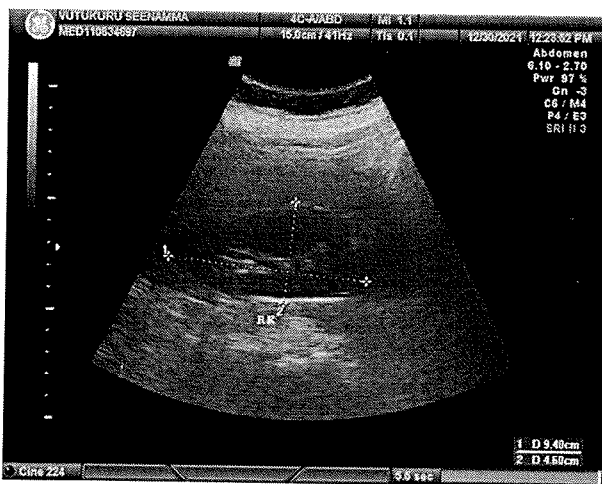
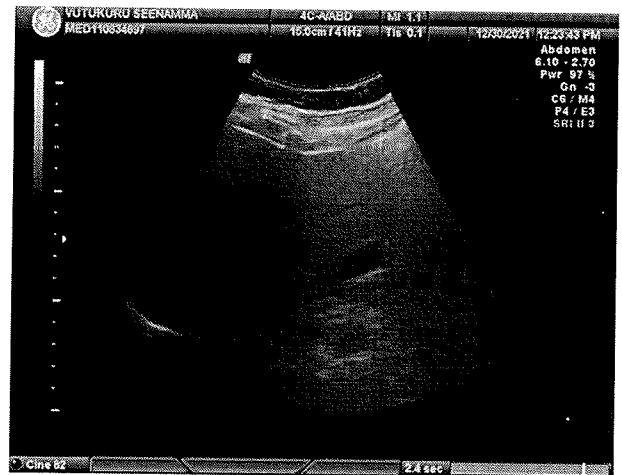
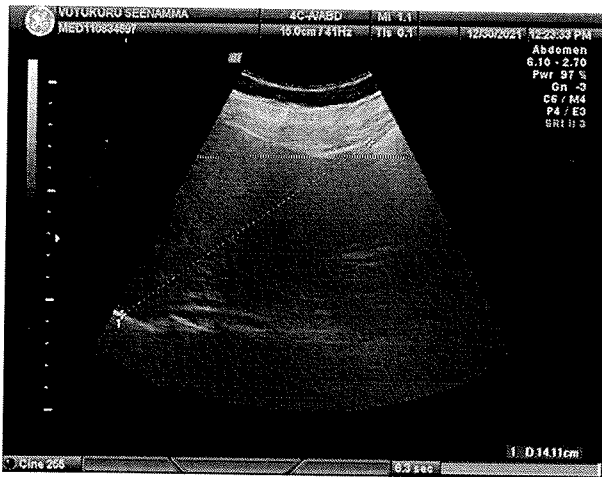
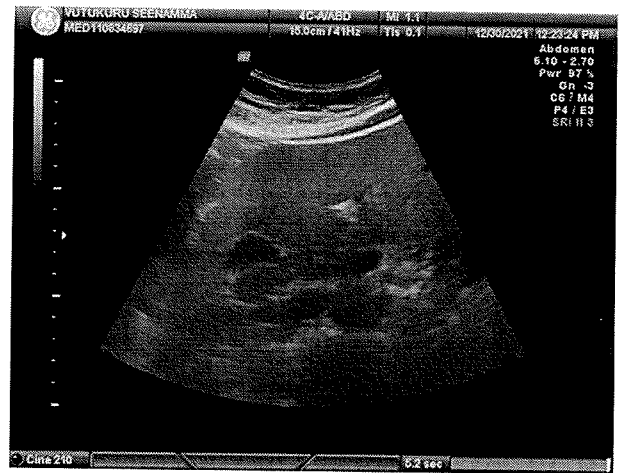
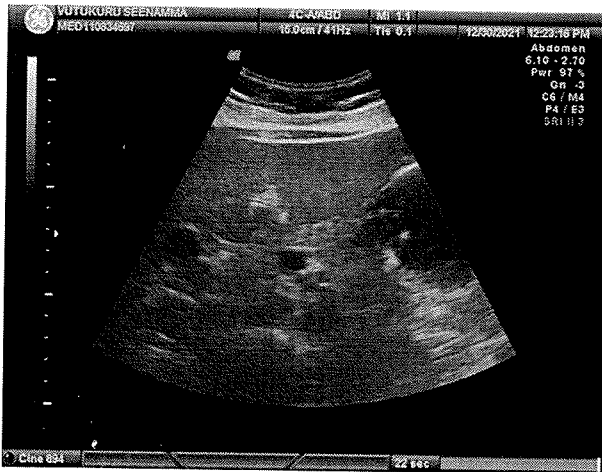


**DR. UMALAKSHMI  
SONOLOGIST**



Precision Diagnostics-vadapalani  
 58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

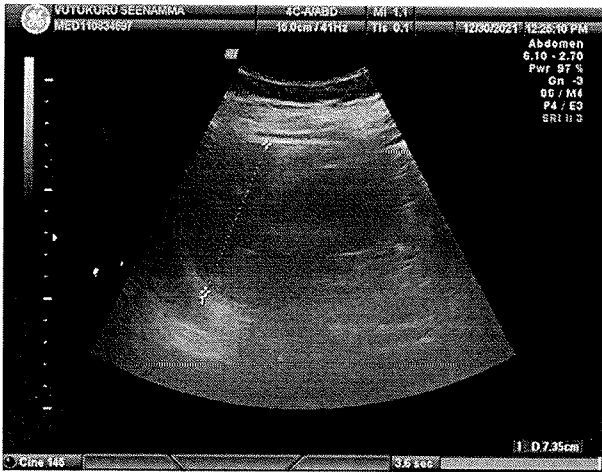
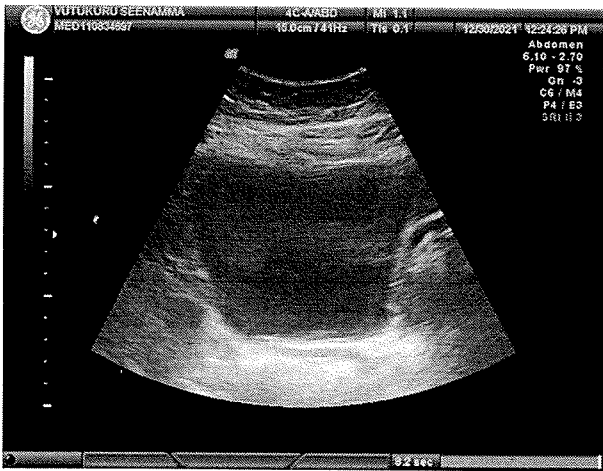
|               |                       |             |              |
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| Ref Doctor    | MediWheel             |             |              |



Precision Diagnostics-vadapalani

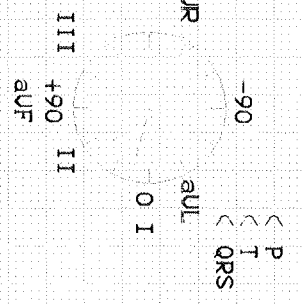
58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

|               |                       |             |              |
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| Customer Name | MRS.VUTUKURU SEENAMMA | Customer ID | MED110834697 |
| Age & Gender  | 54Y/FEMALE            | Visit Date  | 30/12/2021   |
| Ref Doctor    | MediWheel             |             |              |



AWW (C

AGE:        
 Measurement Results:        
 QRS :      80 ms        
 QT/QTcB :      364 / 427 ms        
 PR :      136 ms        
 P :      94 ms        
 RR/PP :      716 / 720 ms        
 P/QRS/T :      47/ 47/ 16 degrees



Interpretation:        
 12SL - Interpretation:        
 Normal sinus rhythm        
 Normal ECG

Unconfirmed report.

