



LABORATORY REPORT



Name : Mrs. MALA S	Sex/Age : Female / 51 Years	Case ID : 40634603488
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type :	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 12:16	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time :	Acc. Remarks :	Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
CBC			
Haemoglobin	11.4	g/dL	11.5 - 16.5
Mean Corpuscular Hemoglobin	25.9	pg	27 - 32
Red Cell Distribution Width (RDW)	17.9	%	11.5 - 14
Electrolytes			
Sodium	135.0	mmol/L	136 - 145
Kidney Function Test			
Urea	19.26	mg/dL	20.97 - 43.01
Creatinine	0.67	mg/dL	0.7 - 1.2
Lipid Profile			
LDL Cholesterol	128.4	mg/dL	0.00 - 100.00
Chol/HDL	4.35		0 - 4.1
25 OH Cholecalciferol (D2+D3)	27	ng/mL	Below 20 ng/ml : Deficient 20-30 ng/ml : Insufficient 30 - 100 ng/ml : Sufficient
Plasma Glucose - F	100.00	mg/dL	Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired Fasting : Diabetic : =>126.

Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Neuberg
DIAGNOSTICS
 Pre-Existing Medical Conditions
 Patient ID: 3488
 Name: Mala S
 India • UAE • South Africa • USA
 Age: 51
 Gender: Female
 Mobile: 7299108645

Symptoms

Vitals

Measurements

Interpretation

TEST REPORT

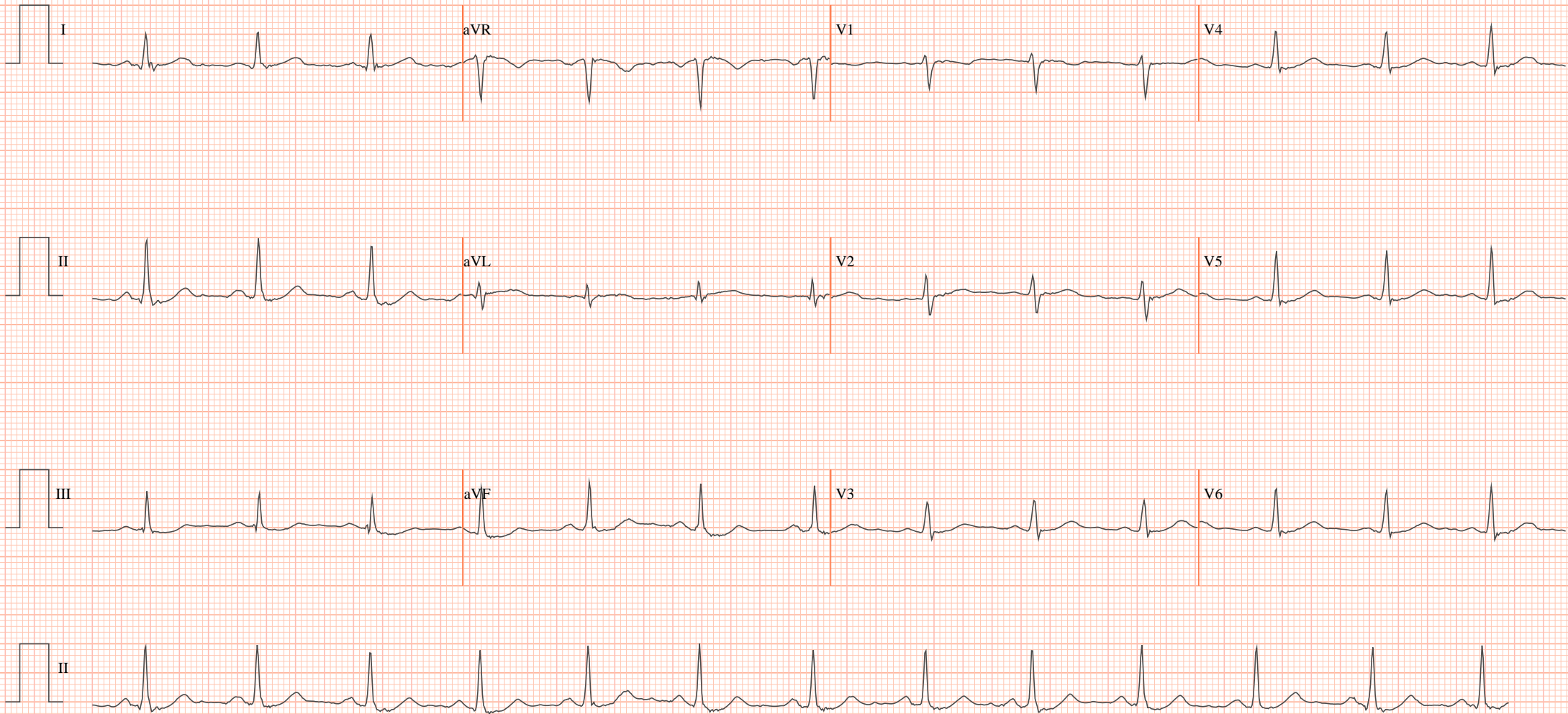
HR: 76 BPM
 PR: 169 ms
 PD: 129 ms
 QRSD: 95 ms
 QRS Axis: 51 deg
 QT/QTc: 394/394 ms

Normal sinus rhythm
 Normal axis

Authorized by

Dr. Yogesh Kothari
 MD, DNB, FESC, FEP
 Reg No- KMC 44065

This trace is generated by **KardioScreen**; Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from **IMEDRIX**



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV



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Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Serum	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:04	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 12:23	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
25 OH Cholecalciferol (D2+D3) <i>CMA</i>	L 27	ng/mL	Below 20 ng/ml : Deficient 20-30 ng/ml : Insufficient 30 - 100 ng/ml : Sufficient	

25-OH-VitD plays a primary role in the maintenance of calcium homeostasis. It promotes intestinal calcium absorption and, in concert with PTH, skeletal calcium deposition, or less commonly, calcium mobilization. Modest 25-OH-VitD deficiency is common; in institutionalised elderly, its prevalence may be >50%. Although much less common, severe deficiency is not rare either. Reasons for suboptimal 25-OH-VitD levels include lack of sunshine exposure, a particular problem in Northern latitudes during winter; inadequate intake; malabsorption (e.g. due to Celiac disease); depressed hepatic vitamin D 25-hydroxylase activity, secondary to advanced liver disease; and enzyme-inducing drugs, in particular many antiepileptic drugs, including phenytoin, phenobarbital, and carbamazepine, that increase 25-OH-VitD metabolism. Hypervitaminosis D is rare, and is only seen after prolonged exposure to extremely high doses of vitamin D. When it occurs, it can result in severe hypercalcemia and hyperphosphatemia.

INTERPRETATION

- Levels <10 ng/mL may be associated with more severe abnormalities and can lead to inadequate mineralization of newly formed osteoid, resulting in rickets in children and osteomalacia in adults. In these individuals, serum calcium levels may be marginally low, and parathyroid hormone (PTH) and serum alkaline phosphatase are usually elevated. Definitive diagnosis rests on the typical radiographic findings or bone biopsy/histomorphometry.
- Patients who present with hypercalcemia, hyperphosphatemia, and low PTH may suffer either from ectopic, unregulated conversion of 25-OH-VitD to 1,25 (OH)₂-VitD, as can occur in granulomatous diseases, particularly sarcoidosis, or from nutritionally-induced hypervitaminosis D. Serum 1,25 (OH)₂-VitD levels will be high in both groups, but only patients with hypervitaminosis D will have serum 25-OH-VitD concentrations of >80 ng/mL, typically >150 ng/mL.
- Patients with CKD have an exceptionally high rate of severe vitamin D deficiency that is further exacerbated by the reduced ability to convert 25-OH-VitD into the active form, 1,25 (OH)₂-VitD. Emerging evidence also suggests that the progression of CKD & many of the cardiovascular complications may be linked to hypovitaminosis D.
- Approximately half of Stage 2 and 3 CKD patients are nutritional vitamin D deficient (25-OH-VitD, less than 30 ng/mL), and this deficiency is more common among stage 4 CKD patients. Additionally, calcitriol (1,25 (OH)₂-VitD) levels are also overtly low (less than 22 pg/mL) in CKD patients. Similarly, vast majority of dialysis patients are found to be deficient in nutritional vitamin D and have low calcitriol levels. Recent data suggest an elevated PTH is a poor indicator of deficiencies of nutritional vitamin D and calcitriol in CKD patients. CAUTIONS Long term use of anticonvulsant medications may result in vitamin D deficiency that could lead to bone disease; the anticonvulsants most implicated are phenytoin, phenobarbital, carbamazepine, and valproic acid.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)


Dr. Selvi R

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Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Health Check	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:02	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 12:41	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Audiometry	Report Attached			

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



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Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Whole Blood EDTA	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:04	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 13:08	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Blood Group & Rh Type <i>Manual Method (Forward & Reverse Typing)</i>	O Positive
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This is a screening method. Advise higher method for confirmation.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



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Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Other	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:02	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 12:41	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Physical Examination

Height	155	
Blood Pressure	140/99	mmHg
Body Weight	99	
Body Mass Index	41.2	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



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Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Serum	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:04	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 12:03	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Calcium <i>Arsenazo III</i>	9.00	mg/dL	8.4 - 10.2	

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Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Whole Blood EDTA	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:04	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 11:41	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Complete Blood Counts				
RBC Count <i>Electrical Impedance</i>	4.41	millions/cmm	3.8 - 5.8	
Haemoglobin <i>SLS</i>	L 11.4	g/dL	11.5 - 16.5	
PCV	37.0	%	37 - 47	
Mean Corpuscular Volume <i>Calculated</i>	83.9	fL	76 - 96	
Mean Corpuscular Hemoglobin <i>Calculated</i>	L 25.9	pg	27 - 32	
Mean Corpuscular Hb Concentration <i>Calculated</i>	30.8	g/dL	30 - 35	
Red Cell Distribution Width (RDW) <i>Calculated</i>	H 17.9	%	11.5 - 14	
Total Leucocyte Count(TLC) <i>Fluorescent Flowcytometry</i>	6360	Cells/cmm	4000 - 11000	
Differential Counts				
Neutrophils <i>Fluorescent Flowcytometry</i>	56.2	%	40 - 75	
Lymphocytes <i>Fluorescent Flowcytometry</i>	35.4	%	20 - 45	
Monocytes <i>Fluorescent Flowcytometry</i>	4.7	%	2 - 10	
Eosinophils	3.1	%	1 - 6	
Basophils <i>Fluorescent Flowcytometry</i>	0.6	%	0 - 1	
Absolute Counts				
Absolute Neutrophil Count <i>Calculated</i>	3570	Cells/cmm	2000-7000	
Absolute Lymphocyte Count <i>Calculated</i>	2250	Cells/cmm	1000-5000	
Absolute Monocyte Count <i>Calculated</i>	300	Cells/cmm	200-1000	
Absolute Eosinophil Count <i>Calculated</i>	200	Cells/cmm	20-500	
Absolute Basophil Count <i>Calculated</i>	40	Cell/cmm	20-100	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



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Sample Date and Time : 22-Jun-2024 09:04	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 11:41	Acc. Remarks : -	Ref Id2 :

Platelet Count <i>Electrical Impedance</i>	217000	Cells/cmm	150000 - 400000
Mean Platelet Volume (MPV)	9.9	fL	7.2 - 11.7

According to ICSH guideline (international Council for Standardisation in Hematology), the differential counts should be reported in absolute numbers.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Health Check	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:02	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 12:40	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
DENTAL EXAMINATION	.			

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



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Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Serum	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:04	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 14:43	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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Electrolytes

Sodium <i>ISE</i>	L 135.0	mmol/L	136 - 145	
Potassium <i>ISE</i>	4.7	mmol/L	3.5 - 5.1	
Chloride <i>ISE</i>	100.0	mmol/L	98 - 107	
Bi Carbonate <i>Enzymatic</i>	24.00	mEq/L	21 - 32	

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Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Whole Blood EDTA	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:04	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 12:09	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Photometrical capillary stopped flow kinetic analysis</i>	17	mm/hour	0 - 20	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Health Check	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:02	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 12:39	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
EYE Test (Near,Far and Color)	Report Attached			

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



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Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Plasma Fluoride F	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:04	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 11:47	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F HEXOKINASE/G-6-PDH	H 100.00	mg/dL	Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired Fasting : Diabetic : =>126.	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)


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Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Plasma Fluoride PP	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 12:30	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 15:14	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - PP HEXOKINASE/G-6-PDH	117.00	mg/dL	Normal : 70-140 mg/dL Impaired Tolerance : 141 - 199 Diabetic : => 200	

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Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Whole Blood EDTA	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:04	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 13:25	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C High Performance Liquid Chromatography (HPLC)	6.20	%	Non Diabetic : Less than 5.7 % Pre Diabetic : 5.7 - 6.4 Diabetic : => 6.5 %
Estimated Avg Glucose (3 Mths) Calculated	131.24	mg/dL	Not available

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Serum	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:04	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 14:43	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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Kidney Function Test

Urea <i>Calculated</i>	L 19.26	mg/dL	20.97 - 43.01	
Creatinine <i>Kinetic Alkaline Picrate</i>	L 0.67	mg/dL	0.7 - 1.2	
Uric Acid <i>Uricase</i>	5.40	mg/dL	2.6 - 6.0	

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Sample Date and Time : 22-Jun-2024 09:04	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 14:43	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Cholesterol <i>Enzymatic</i>	196.00	mg/dL	<200 - Desirable 200 - 239 - Borderline High > 240 - High "NCEP Guidelines ATP III".	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	113.00	mg/dL	< 150 - Normal 150 - 199 - Borderline 200 - 499 - High > 500 - Very High "NCEP Guidelines ATP III".	
HDL Cholesterol <i>Accelerator Selective Detergent</i>	45.0	mg/dL	< 40 - Low Level 40 - 60 - Average Level > 60 - High Level NCEP Guidelines ATP III.	
LDL Cholesterol <i>Calculated</i>	H 128.4	mg/dL	0.00 - 100.00	
VLDL <i>Calculated</i>	22.6	mg/dL	10 - 40	
Non-HDL Cholesterol	151	mg/dL	0-130	
LDL/HDL Ratio	2.85			
Chol/HDL <i>Calculated</i>	H 4.35		0 - 4.1	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)


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ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க





LABORATORY REPORT



Name : Mrs. MALA S	Sex/Age : Female / 51 Years	Case ID : 40634603488
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : PAP Smear	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 11:49	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 24-Jun-2024 16:27	Acc. Remarks : -	Ref Id2 :

Ref.No:

NEC-24-5721

Specimen

Conventional pap smear

Specimen Adequacy:

Satisfactory for evaluation without endocervical cells.

Impression

Negative for intraepithelial lesion or malignancy.

Comment

* No Candida/ Trichomonasvaginalis / Bacterial vaginosis/ Herpes simplex/ Cytomegalo virus seen. * Reported as per the 2014 Bethesda system guidelines.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



Dr.Nivethiasree

MD(Path),PDCC(Oncopath)

Consultant Pathologist

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Neuberg Ehrlich Laboratory Private Limited,

No 7, Rajiv Gandhi Salai, Industrial Estate, Perungudi, Chennai - 600096.

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www.neubergdiagnostics.com



LABORATORY REPORT



Name : Mrs. MALA S	Sex/Age : Female / 51 Years	Case ID : 40634603488
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Serum	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:04	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 12:03	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Phosphorus Inorganic <i>Phosphomolybdate</i>	3.60	mg/dL	New born - 4.2 to 9.0 Up to 1 Year - 3.8 to 6.2 2 - 5 Years - 3.5 to 6.8 Adult - 2.3 - 4.7	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)


Dr.Selvi R

Consultant Biochemist

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Sample Date and Time : 22-Jun-2024 09:04	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 12:23	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroxine (T4) CMA	5.80	µg/dL	4.87 - 11.72	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)


Dr.Selvi R

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Sample Date and Time : 22-Jun-2024 09:04	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 12:23	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Triiodothyronine (T3) C/M/A	87.67	ng/dL	58 - 159	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)


Dr.Selvi R

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Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Serum	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:04	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 12:23	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
TSH CMIA	1.21	μIU/mL	0.35 - 4.94	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 μIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 μIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)


Dr.Selvi R

Consultant Biochemist

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LABORATORY REPORT



Name : Mrs. MALA S	Sex/Age : Female / 51 Years	Case ID : 40634603488
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Urine	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:05	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 15:40	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
<u>Urine Routine Examination</u>				
Appearance <i>Manual</i>	Clear		Clear	
Colour	Pale yellow		Straw to Yellow	
Reaction (pH) <i>Ion concentration</i>	6.0		4.6 - 8	
Specific gravity <i>pKa change</i>	1.005		1.003 - 1.035	
<u>Chemical Examination</u>				
Protein <i>Tetrabromophenol blue</i>	Negative		Negative	
Glucose <i>GOD-POD</i>	Negative		Negative	
Bile Pigments <i>Biochemical</i>	Negative		Negative	
Urobilinogen <i>Diazotization reaction</i>	Not Increased		Negative	
Ketones <i>Nitroprusside</i>	Negative		Negative	
Nitrites <i>N-(1-naphthyl)-ethylenediamine</i>	Negative		Negative	
Blood <i>Peroxidase</i>	Negative		Negative	
Leucocyte <i>Microscopy</i>	Negative	/HPF	0 - 5 cells/hpf	
<u>Microscopic Examination</u>				
Red Blood Cells	Nil	/HPF	Nil	
Pus Cells <i>Microscopy</i>	3-4	/HPF	0-5 cells/hpf	
Epithelial Cells <i>Microscopy</i>	3-5	/HPF	Negative	
Hyaline Casts <i>Microscopy</i>	Nil	/HPF	Nil	
Pathological Casts <i>Reflectance Photometry</i>	Nil	/HPF	NIL	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

DR.MONICA KUMBHAT M

MBBS,MD (Pathology) FGIL

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LABORATORY REPORT



Name : Mrs. MALA S	Sex/Age : Female / 51 Years	Case ID : 40634603488
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Urine	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:05	Sample Coll. By : non	Ref Id1 : 35D7134
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Crystals

Calcium oxalate Monohydrate	Nil	/HPF	Nil
Calcium oxalate Dihydrate	Nil	/HPF	Nil
Triple phosphate	Nil	/HPF	Nil
Uric Acid	Nil	/HPF	Nil
Bacteria	Nil	/μL	Nil
Yeast	Nil	/μL	Nil
Amorphous Deposits <i>Phase Contrast Microscopy</i>	0.0	/HPF	0-29.5 p/hpf

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

DR.MONICA KUMBHAT M

MBBS,MD (Pathology) FGIL

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**LABORATORY REPORT**

Name : Mrs. MALA S	Sex/Age : Female / 51 Years	Case ID : 40634603488
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Urine F	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:05	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 15:40	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Urine Glucose (Fasting)	Not Present		Absent	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

**DR.MONICA KUMBHAT M**

MBBS,MD (Pathology) FGIL

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ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க



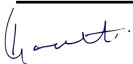
**LABORATORY REPORT**

Name : Mrs. MALA S	Sex/Age : Female / 51 Years	Case ID : 40634603488
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Urine PP	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 12:30	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 18:04	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Urine Glucose (Post Prandial)	Not Present		Absent	

----- End Of Report -----

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

**Dr. P. Mahendranath**

MD Pathologist

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TEST REPORT**LABORATORY REPORT**

Name : Mrs. MALA S	Sex/Age : Female/ 51 Years	Case ID : 40634603488
Ref By :	Dis.Loc. :	Pt ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Registration Date & Time : 22-Jun-2024 08:53	Sample Type : Ultrasound	Ph # : 7299108645
Sample Date & Time : 22-Jun-2024 09:03	Sample Coll. By :	Ref Id : 35D7134
Report Date & Time : 22-Jun-2024 13:47	Acc. Remarks :	Ref Id 2 :

WholeAbdomen :**ULTRASOUND WHOLE ABDOMEN**

The liver is normal in size and shows **diffuse fatty changes** with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

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: 9.9 x 5.3 cms.

The left kidney measures: 10.3 x 4.5 cms.

Printed On : 29-Jun-2024 11:52**DR. RAMYA**

SOP/003/34

ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க



TEST REPORT**LABORATORY REPORT**

Name : Mrs. MALA S	Sex/Age : Female/ 51 Years	Case ID : 40634603488
Ref By :	Dis. Loc. :	Pt ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Registration Date & Time : 22-Jun-2024 08:53	Sample Type : Ultrasound	Ph # : 7299108645
Sample Date & Time : 22-Jun-2024 09:03	Sample Coll. By :	Ref Id : 35D7134
Report Date & Time : 22-Jun-2024 13:47	Acc. Remarks :	Ref Id 2 :

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

The uterus is anteverted, and measures: 11.1 x 4.1 cms. **The anterior wall of uterus is pulled to anterior abdominal wall.**

Myometrial echoes are homogeneous. The endometrium is normal and measures 4.4 mm.

Both ovaries are atretic.

Parametria are free.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa.

The appendix is not visualized.

IMPRESSION :

- **GRADE II FATTY LIVER**
- **PELVIC ADHESIONS**

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DR. RAMYA

SOPR 34

ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க



TEST REPORT**LABORATORY REPORT**

Name : Mrs. MALA S	Sex/Age : Female/ 51 Years	Case ID : 40634603488
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Sample Date & Time : 22-Jun-2024 09:03	Sample Coll. By :	Ref Id : 35D7134
Report Date & Time : 22-Jun-2024 13:47	Acc. Remarks :	Ref Id 2 :

• OTHER ORGANS ARE NORMAL

----- End Of Report -----

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DR. RAMYA

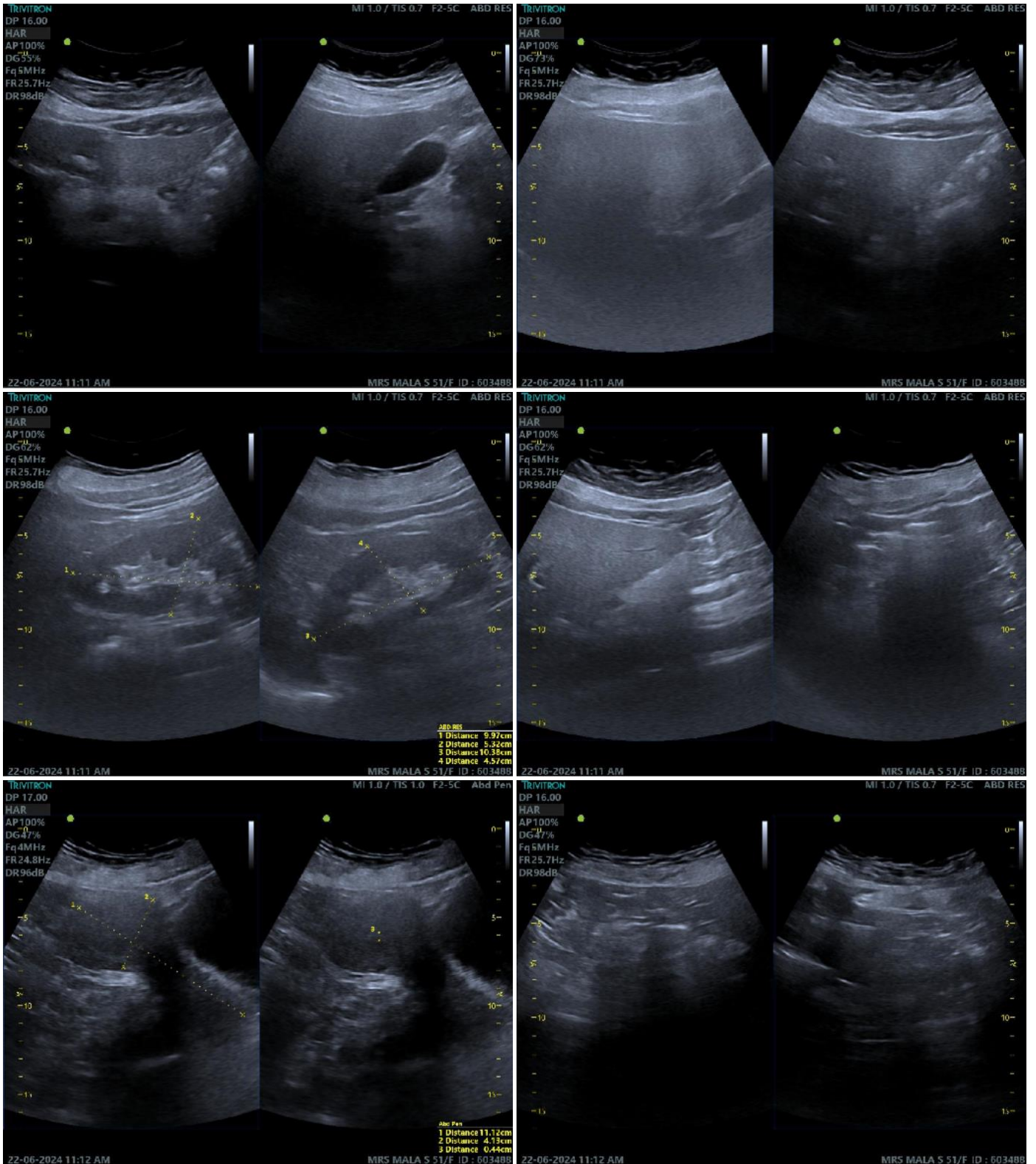
SOP 34

ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க



Patient name	AG MRS MALA S	Age/Sex	
Patient ID	AE • So 603488 • USA	Visit No	1
Referred by		Visit Date	22/06/2024

TEST REPORT





LABORATORY REPORT



Name : Mrs. MALA S	Sex/Age : Female / 51 Years	Case ID : 40634603488
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : NDPL - Mediwheel		Pt. Loc. :
Reg Date and Time : 22-Jun-2024 08:53	Sample Type : Serum	Mobile No. : 7299108645
Sample Date and Time : 22-Jun-2024 09:04	Sample Coll. By : non	Ref Id1 : 35D7134
Report Date and Time : 22-Jun-2024 12:23	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
VITAMIN B - 12				
Vitamin B - 12 Level CMIA	415.0	pg/mL	187 - 883	

Introduction :

Vitamin B12, a member of the corrin family, is a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with B12 deficiency induced hematological or neurological disease.

Clinical Significance :

Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, malabsorption syndromes and gastrointestinal causes. B12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating.

The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA.

Decreased in:

Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

Increased in:

Renal failure, liver disease and myeloproliferative diseases.

Variations due to age Increases: with age.

Temporarily Increased after Drug.

Falsely high in Deteriorated sample.

----- End Of Report -----

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)


Dr.Selvi R

Consultant Biochemist

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<i>Patient Name</i>	Mrs MALA S	<i>Patient ID</i>	603488
<i>Age/D.O.B</i>	51Y	<i>Gender</i>	F
<i>Referring Doctor</i>	NA	<i>Date</i>	22 Jun 24

XRAY RADIOGRAPH CHEST - PA

History

.

Observations

Diaphragmatic hump seen on the left side.
The cardiac silhouette is normal.
Both hila are normal.
No focal lung lesion is seen.
Soft tissues of the chest wall are normal.
No mediastinal abnormality is visible.
Cardiothoracic ratio is normal.

Impression

Diaphragmatic hump seen on the left side.

Reported By,



Dr. Nikunj Patel

MBBS, MD
Consultant Radiologist
GMC-48048

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