yanka Kumari
2283

Female

25.05.2024 10:54:41
tenet
INdiranagar
Bangalore

69 bpm
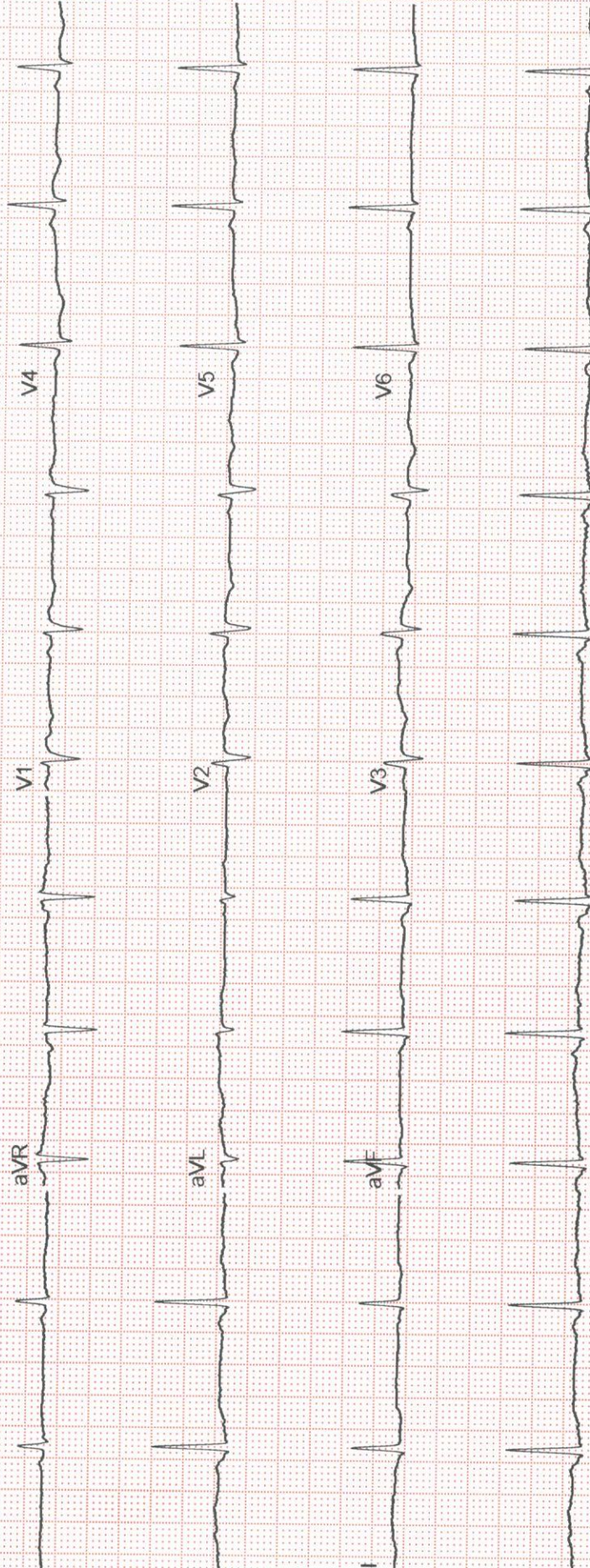-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS: 82 ms
QT / QTcBaz: 396 / 424 ms
PR: 130 ms
P: 102 ms
RR / PP: 872 / 869 ms
P / QRS / T: 44 / 68 / 55 degrees

T wave Inversion in
V1-V4
(NONSPECIFIC)

V1   V4

V2   V5

V3   V6

aVR

aVL

aVF

GE MAC2000   1.1   12SL™ v241   25 mm/s   10 mm/mV   ADS   0.56-20 Hz   50 Hz   4x2.5x3_25_R1

Unconfirmed

1/1

tenet® DIAGNOSTICS

TENET DIAGNOSTIC CENTRE
INDIRANAGAR

Patient's : MRS PRIYANKA KUMARI	Age : 39 Yrs	Gender : Female		
Refd.By:	Height : 152 Cms	Smoker : No		
Pred.Eqns: RECORDERS	Weight : 59 Kgs	Eth. Corr: 115		
Date : 25-May-2024 10:51 AM	ID : 4292283	Temp : 98°C		

F(Litres/Sec) chart — PEFR, FEF25%, FEF50%, FEF75%, FVC, V(Litres)

FEV1 %Pred COPD SEVERITY: OBS, NORM, MODERATE, SEVERE, VERY SEVERE, RES — (FEV1/FVC)%Pred

FVC%Pred Interpretation: OBS, NORM, MIXED, RES — (FEV1/FVC)%Pred

V(Litres) chart — PRE, POST, FEV3, FEV6, FVC, FEV1, T(Seconds)
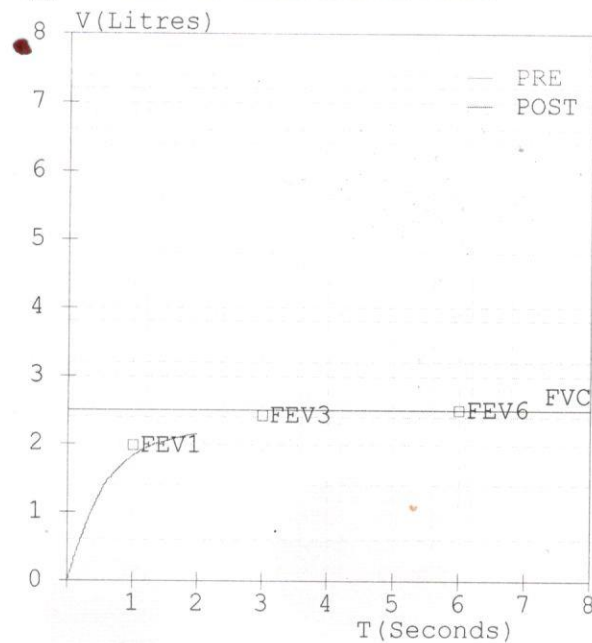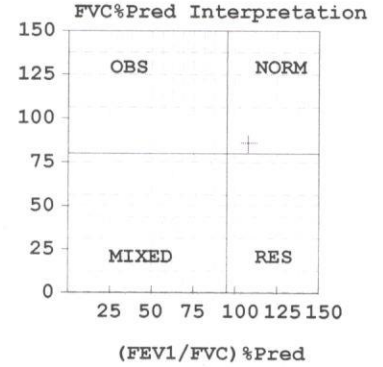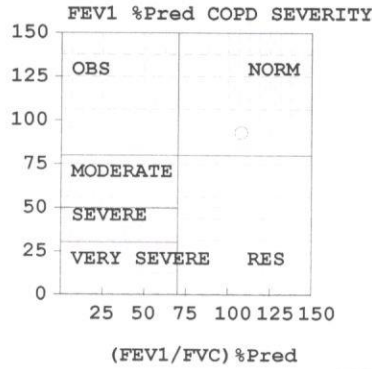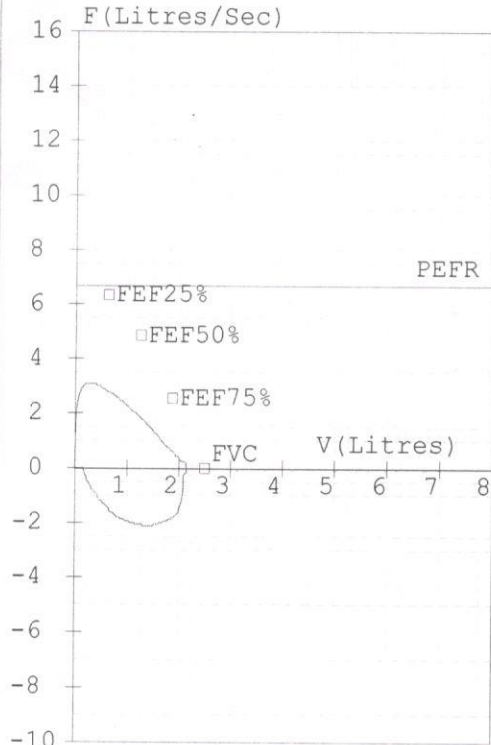
FVC Results

Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	02.50	02.15	086	-----	---	---
FEV1	(L)	01.98	01.84	093	-----	---	---
FEV1/FVC	(%)	79.20	85.58	108	-----	---	---
FEF25-75	(L/s)	02.82	01.93	068	-----	---	---
PEFR	(L/s)	06.67	03.05	046	-----	---	---
FIVC	(L)	-----	01.98	---	-----	---	---
FEV.5	(L)	-----	01.28	---	-----	---	---
FEV3	(L)	02.42	02.15	089	-----	---	---
PIFR	(L/s)	-----	02.11	---	-----	---	---
FEF75-85	(L/s)	-----	00.83	---	-----	---	---
FEF.2-1.2	(L/s)	05.27	02.54	048	-----	---	---
FEF 25%	(L/s)	06.34	02.88	045	-----	---	---
FEF 50%	(L/s)	04.84	02.11	044	-----	---	---
FEF 75%	(L/s)	02.56	01.08	042	-----	---	---
FEV.5/FVC	(%)	-----	59.53	---	-----	---	---
FEV3/FVC	(%)	96.80	100.00	103	-----	---	---
FET	(Sec)	-----	02.00	---	-----	---	---
ExplTime	(Sec)	-----	00.10	---	-----	---	---
Lung Age	(Yrs)	039	042	108	-----	---	---
FEV6	(L)	02.50	-----	---	-----	---	---
FIF25%	(L/s)	-----	01.87	---	-----	---	---
FIF50%	(L/s)	-----	02.08	---	-----	---	---
FIF75%	(L/s)	-----	01.80	---	-----	---	---

Pre Test COPD Severity
Test within normal limits

Pre Medication Report Indicates
Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80

Name	**: Ms . PRIYANKA KUMARI**	TID	: UMR1576778
Age/Gender	: 39 Years/Female	Registered On	: 25-May-2024 09:06 AM
Ref By	: MEDI ASSIST	Reported On	: 25-May-2024 09:57 AM
Reg.No	: BIL4292283	Reference	: Medi Assist

X-Ray Chest PA View

Lung fields appear normal.

Cardiac size is within normal limits.

Aorta and pulmonary vasculature is normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

Normal study.

*** End Of Report ***

Dr Niharika Gupta
Consultant Radiologist

Name	: **MS.PRIYANKA KUMARI**		TID/SID	: UMR1576778/ 27660872
Age / Gender	: 39 Years / Female		Registered on	: 25-May-2024 / 09:06 AM
Ref.By	: MEDI ASSIST		Collected on	: 25-May-2024 / 09:22 AM
Req.No	: BIL4292283		Reported on	: 25-May-2024 / 17:28 PM
		TEST REPORT	Reference	: Medi Assist

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Biological Reference Intervals
Physical Examination		
Colour Method:Physical	Pale Yellow	Straw to Yellow
Appearance Method:Physical	Cloudy	Clear
Chemical Examination		
Reaction and pH Method:pH- Methyl red & Bromothymol blue	5.5	4.6-8.0
Specific gravity Method:Bromothymol Blue	1.020	1.003-1.035
Protein Method:Tetrabromophenol blue	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside	Negative	Negative
Bilirubin Method:Dichloroanilinediazonium	Negative	Negative
Leucocytes Method:3 hydroxy5 phenylpyrrole + diazonium	Negative	Negative
Nitrites Method:Diazonium + 1,2,3,4 tetrahydrobenzo (h) quinolin 3-ol	Negative	Negative
Urobilinogen Method:Dimethyl aminobenzaldehyde	0.2	0.2-1.0 mg/dl
Microscopic Examination		
Pus cells (leukocytes) Method:Microscopy	0-1	2 - 3 /hpf
Epithelial cells Method:Microscopy	8-10	2 - 5 /hpf
RBC (erythrocytes) Method:Microscopy	Absent	Absent
Casts Method:Microscopy	Absent	Occasional hyaline casts may be seen

Name	: **MS.PRIYANKA KUMARI**	TID/SID	: UMR1576778/ 27660872
Age / Gender	: 39 Years / Female	Registered on	: 25-May-2024 / 09:06 AM
Ref.By	: MEDI ASSIST	Collected on	: 25-May-2024 / 09:22 AM
Req.No	: BIL4292283	Reported on	: 25-May-2024 / 17:28 PM
	TEST REPORT	Reference	: Medi Assist

Crystals
Method:Microscopy	Absent	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 ---

Dableena Thakur

Dr Debleena Thakur
Consultant Pathologist

Name	**: MS.PRIYANKA KUMARI**	TID/SID	: UMR1576778/ 27660873
Age / Gender	: 39 Years / Female	Registered on	: 25-May-2024 / 09:06 AM
Ref.By	: MEDI ASSIST	Collected on	: 25-May-2024 / 09:22 AM
Req.No	: BIL4292283	Reported on	: 25-May-2024 / 20:17 PM
	TEST REPORT	Reference	: Medi Assist

DEPARTMENT OF CYTOPATHOLOGY

Pap Smear, Conventional

Specimen Type	Conventional smear (Pap smear)
Specimen Adequacy	Satisfactory for evaluation
Microscopic Observations:	Smears studied show intermediate squamous cells and superficial squamous cells. Background shows coccobacilli, lactobacilli and neutrophils.
Interpretation	Negative for intraepithelial lesion or malignancy.

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

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist

Name	: **MS.PRIYANKA KUMARI**	TID/SID	: UMR1576778/ 27660874
Age / Gender	: 39 Years / Female	Registered on	: 25-May-2024 / 09:06 AM
Ref.By	: MEDI ASSIST	Collected on	: 25-May-2024 / 09:22 AM
Req.No	: BIL4292283	Reported on	: 25-May-2024 / 14:12 PM
	TEST REPORT	Reference	: Medi Assist

DEPARTMENT OF HEMATOPATHOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	**11.0**	11.5-16.0 g/dL
Packed Cell Volume Method:Derived from Impedance	34.1	34-48 %
Red Blood Cell Count. Method:Impedance Variation	**3.94**	4.2-5.4 Mill/Cumm
Mean Corpuscular Volume Method:Derived from Impedance	86.7	78-100 fL
Mean Corpuscular Hemoglobin Method:Derived from Impedance	27.9	27-32 pg
Mean Corpuscular Hemoglobin Concentration Method:Derived from Impedance	32.1	31.5-36 g/dL
Red Cell Distribution Width - CV Method:Derived from Impedance	14.8	11.5-16.0 %
Red Cell Distribution Width - SD Method:Derived from Impedance	**47.0**	39-46 fL
Total WBC Count. Method:Impedance Variation	5070	4000-11000 cells/cumm
Neutrophils Method:Impedance Variation, Flowcytometry	61.2	40-75 %
Lymphocytes Method:Microscopy	27.9	20-45 %
Eosinophils Method:Impedance Variation,Method_Desc= Flow Cytometry	5.4	01-06 %
Monocytes Method:Impedance Variation, Flowcytometry	4.4	01-10 %
Basophils. Method:Impedance Variation,Method_Desc= Flow Cytometry	1.1	00-02 %
Absolute Neutrophils Count. Method:Calculated	3103	1500-6600 cells/cumm
Absolute Lymphocyte Count Method:Calculated	**1415**	1500-3500 cells/cumm
Absolute Eosinophils count. Method:Calculated	274	40-440 cells/cumm

Name	: **MS.PRIYANKA KUMARI**	TID/SID	: UMR1576778/ 27660874
Age / Gender	: 39 Years / Female	Registered on	: 25-May-2024 / 09:06 AM
Ref.By	: MEDI ASSIST	Collected on	: 25-May-2024 / 09:22 AM
Req.No	: BIL4292283	Reported on	: 25-May-2024 / 14:12 PM
	TEST REPORT	Reference	: Medi Assist

Absolute Monocytes Count. Method:Calculated	223	<1000 cells/cumm
Absolute Basophils count. Method:Calculated	56	<200 cells/cumm
Platelet Count. Method:Impedance Variation	**1.28**	1.4-4.4 lakhs/cumm
Mean Platelet Volume. Method:Derived from Impedance	13.3	8.0-13.3 fL
Plateletcrit. Method:Derived from Impedance	**0.17**	0.18-0.28 %
RBC	Normocytic normochromic	
WBC	Within normal limits.No abnormal cells seen.	
Platelets	Decreased in number, macroplatelets noted.	
Hemoparasites	Not found	
Impression	Normocytic normochromic blood picture with thrombocytopenia.	
Note	Kindly correlate clinically	

Method: Automated Hematology Cell Counter, Microscopy

Reference: Dacie and Lewis Practical Hematology,12th Edition.
Wallach's interpretation of diagnostic tests, Soth Asian 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 Debleena Thakur
Dr Debleena Thakur
Consultant Pathologist

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	02	<=20 mm/hour

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

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist

Name	: **MS.PRIYANKA KUMARI**	TID/SID	: UMR1576778/ 27660875
Age / Gender	: 39 Years / Female	Registered on	: 25-May-2024 / 09:06 AM
Ref.By	: MEDI ASSIST	Collected on	: 25-May-2024 / 09:22 AM
Req.No	: BIL4292283	Reported on	: 25-May-2024 / 12:05 PM
	TEST REPORT	Reference	: Medi Assist

DEPARTMENT OF CLINICAL CHEMISTRY I

Alanine Aminotransferase (ALT/SGPT), Serum

Investigation	Observed Value	Biological Reference Interval
Alanine Aminotransferase ,(ALT/SGPT)	10	<=33 U/L

Method: IFCC without pyridoxal phosphate activation

Interpretation: This test measures levels of Alanine Aminotransferase (ALT) in the blood. ALT is an enzyme found in the cells of the liver. Increased levels of ALT are typically produced when the liver is damaged. ALT testing is often done to monitor treatment for liver disease or when a person is experiencing symptoms of liver disorders.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics.

Aspartate Aminotransferase (AST/SGOT), Serum

Investigation	Observed Value	Biological Reference Interval
Aspartate Aminotransferase,(AST/SGOT)	20	<=32 U/L

Method: IFCC without pyridoxal phosphate activation

Interpretation: This test measures levels of Aspartate Aminotransferase (AST) in the blood. AST is an enzyme primarily found in the cells of the liver. Increased levels of AST are typically produced when the liver is damaged. While elevated AST levels are often indicative of liver damage, they may also be caused by conditions affecting other parts of the body as well. AST testing can be done to monitor treatment for liver disease or when a person is experiencing symptoms of a liver disorder.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics.

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine.	0.57	0.5-1.1 mg/dL

Method:Spectrophotometry, Jaffe - IDMS Traceable

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.

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

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist

Name	: **MS.PRIYANKA KUMARI**	TID/SID	: UMR1576778/ 27660876-F
Age / Gender	: 39 Years / Female	Registered on	: 25-May-2024 / 09:06 AM
Ref.By	: MEDI ASSIST	Collected on	: 25-May-2024 / 09:22 AM
Req.No	: BIL4292283	Reported on	: 25-May-2024 / 12:00 PM
	TEST REPORT	Reference	: Medi Assist

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	91	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 ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist

Name	: **MS.PRIYANKA KUMARI**	TID/SID	: UMR1576778/ 27660874
Age / Gender	: 39 Years / Female	Registered on	: 25-May-2024 / 09:06 AM
Ref.By	: MEDI ASSIST	Collected on	: 25-May-2024 / 09:22 AM
Req.No	: BIL4292283	Reported on	: 25-May-2024 / 13:21 PM
	TEST REPORT	Reference	: Medi Assist

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	5.0	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:High-Performance Liquid Chromatography	97	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.PRIYANKA KUMARI**	TID/SID	: UMR1576778/ 27660875
Age / Gender	: 39 Years / Female	Registered on	: 25-May-2024 / 09:06 AM
Ref.By	: MEDI ASSIST	Collected on	: 25-May-2024 / 09:22 AM
Req.No	: BIL4292283	Reported on	: 25-May-2024 / 12:17 PM
	TEST REPORT	Reference	: Medi Assist

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Spectrophotometry , CHOD - POD	138	Desirable: < 200 mg/dL Borderline: 200-239 mg/dL High: >/= 240 mg/dL
HDL Cholesterol Method:Spectrophotometry , Direct Measurement	53	Optimal : >=60 mg/dL Borderline : 40-59 mg/dL High Risk <40 mg/dL
Non HDL Cholesterol Method:Calculated	85	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	69.4	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	15.60	<30 mg/dL
Total Cholesterol/HDL Ratio Method:Calculated	2.6	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	1.31	Optimal : 0.5-3.0 Borderline : 3.1-6.0 High Risk : >6.0
Triglycerides Method:Spectrophotometry, Enzymatic - GPO/POD	78	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.PRIYANKA KUMARI**	TID/SID	: UMR1576778/
Age / Gender	: 39 Years / Female	Registered on	: 25-May-2024 / 09:06 AM
Ref.By	: MEDI ASSIST	Collected on	:
Req.No	: BIL4292283	Reported on	:
	TEST REPORT	Reference	: Medi Assist

Dr.M.G.Satish
Consultant Pathologist

Name	: **MS.PRIYANKA KUMARI**
Age / Gender	: 39 Years / Female
Ref.By	: MEDI ASSIST
Req.No	: BIL4292283

TID/SID	: UMR1576778/ 27660875
Registered on	: 25-May-2024 / 09:06 AM
Collected on	: 25-May-2024 / 09:22 AM
Reported on	: 25-May-2024 / 12:05 PM
Reference	: Medi Assist

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Enzymatic	4.0	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.M.G.Satish
Consultant Pathologist