

Name : Mrs. LALITHA BAI  
PID No. : MED410010037  
SID No. : 224006649  
Age / Sex : 58 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 11/05/2024 8:50 AM  
Collection On : 11/05/2024 10:04 AM  
Report On : 13/05/2024 8:12 PM  
Printed On : 18/05/2024 12:49 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING

'O' 'Positive'

(EDTA Blood/Agglutination)

**INTERPRETATION:** Reconfirm the Blood group and Typing before blood transfusion

**Complete Blood Count With - ESR**

Haemoglobin (Whole Blood - W/Spectrophotometry)	12.4	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Whole Blood - W/Derived from Impedance)	36.0	%	37 - 47
RBC Count (Whole Blood - W/Impedance Variation)	4.22	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Whole Blood - W/Derived from Impedance)	85.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Whole Blood - W/Derived from Impedance)	29.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Whole Blood - W/Derived from Impedance)	34.5	g/dL	32 - 36
RDW-CV (Whole Blood - W/Derived from Impedance)	13.8	%	11.5 - 16.0
RDW-SD (Whole Blood - W/Derived from Impedance)	41.15	fL	39 - 46
Total Leukocyte Count (TC) (Whole Blood - W/Impedance Variation)	7600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	38.9	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	52.8	%	20 - 45

S. Laxmana Pandi  
LAXMANA PANDI S  
Sr Lab Tech

VERIFIED BY



DR SURYA LAKSHMI  
Consultant Pathologist  
KMC NO: 112817

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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	3.7	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	3.8	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.8	%	00 - 02

**INTERPRETATION:** Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (Whole Blood - W/Impedance Variation & Flow Cytometry)	2.96	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry)	<b>4.01</b>	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.28	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.29	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.06	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (Whole Blood - W/Impedance Variation)	332	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Whole Blood - W/Derived from Impedance)	8.0	fL	8.0 - 13.3
PCT (Whole Blood - W/Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Whole Blood - W/Automated - Westergren method)	25	mm/hr	< 30

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The results pertain to sample tested.

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Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #17, RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD. GUINDY. CHENNAI. TAMIL NADU. INDIA..

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BUN / Creatinine Ratio	11.2		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	319.3	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**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) **Positive(+++)** Negative

Glucose Postprandial (PPBS)  
(Plasma - PP/GOD-PAP) **414.0** 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) **Positive(++++)** Negative

Blood Urea Nitrogen (BUN)  
(Serum/Urease UV / derived) 10.48 mg/dL 7.0 - 21

Creatinine  
(Serum/Modified Jaffe) 0.93 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) 5.80 mg/dL 2.6 - 6.0

**Liver Function Test**

Bilirubin(Total)  
(Serum/DCA with ATCS) 0.41 mg/dL 0.1 - 1.2

Bilirubin(Direct)  
(Serum/Diazotized Sulfanilic Acid) 0.07 mg/dL 0.0 - 0.3

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Bilirubin(Indirect) (Serum/Derived)	0.34	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	37.00	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	<b>43.5</b>	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	<b>57.40</b>	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	62.50	U/L	53 - 141
Total Protein (Serum/Biuret)	7.65	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.2	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.45	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.22		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	197.50	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	<b>241.20</b>	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >=500

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<b>INTERPRETATION:</b> 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)	41.40	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	107.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	48.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	156.1	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)	4.8		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)	5.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0

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LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	12.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

**Remark:** Please correlate clinically.

Estimated Average Glucose (Whole Blood)	312.05	mg/dL	
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**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 glyemic 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))	0.87	ng/ml	0.4 - 1.81
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**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))	10.23	µg/dl	4.2 - 12.0
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**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))	<b>15.20</b>	µIU/mL	0.35 - 5.50
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**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.

**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)	<b>Positive(+++)</b>	Negative
Pus Cells (Urine/Automated ~ Flow cytometry )	<b>0 - 1</b> /hpf	NIL
Epithelial Cells (Urine/Automated ~ Flow cytometry )	<b>0 - 1</b> /hpf	NIL
RBCs (Urine/Automated ~ Flow cytometry )	NIL /hpf	NIL

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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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**PAP Smear by LBC( Liquid based Cytology )**

PAP Smear by LBC( Liquid based Cytology )  
SPECIMEN NO : Cy 1542/2024

**MICROSCOPIC FINDINGS:**

**ADEQUACY:** Satisfactory.

**PREDOMINANT CELLS:** Parabasal and intermediate cells.

**BACKGROUND:** Neutrophils.

**ORGANISMS:** No specific organisms.

**IMPRESSION:**

**inflammatory smear.**

**Negative for intraepithelial lesion / malignancy.**



**DR S SARANYAA**  
Consultant Pathologist  
Reg.No.93548

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## SONOGRAM REPORT

### WHOLE ABDOMEN

**The liver is enlarged in size (17.2 cm) 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 ~ 11.5 x 5.4 cm.

The left kidney measures ~ 11.5 x 6.6 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 ~ 6.5 x 3.7 x 3.1 cm.

Myometrial echoes are homogeneous. The endometrial thickness is ~ 4.3 mm.

The right ovary measures ~ 2.6 x 1.5 cm.

The left ovary obscured by bowel gas.

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7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,

8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.

9.Liability is limited to the extend of amount billed.

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11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

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No significant mass or cyst is seen in right ovary.

Parametria are free.

Iliac fossae are normal.

**IMPRESSION:**

- **Hepatomegaly with fatty liver.**
- **Normal study of other organs.**

**DR. UMALAKSHMI**  
**SONOLOGIST**

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## ECHOCARDIOGRAPHY

### M-MODE MEASUREMENTS:-

<u>VALUES</u>	
<b>AO</b>	<b>3.2 cm</b>
<b>LA</b>	<b>3.3 cm</b>
<b>LVID(D)</b>	<b>4.7 cm</b>
<b>LVID (S)</b>	<b>2.9 cm</b>
<b>IVS (D)</b>	<b>1.1 cm</b>
<b>LVPW (D)</b>	<b>1.1 cm</b>
<b>EF</b>	<b>66 %</b>
<b>FS</b>	<b>36 %</b>
<b>TAPSE</b>	<b>18 mm</b>

### DOPPLER AND COLOUR FLOW PARAMETERS :-

**Aortic Valve Gradient** : **V max - 1.25 m/sec**  
**Pulmonary Valve Gradient** : **V max - 0.95 m/sec**  
**Mitral Valve Gradient** : **E: 0.50 m/sec**      **A: 0.77 m/sec**  
**Tricuspid Valve Gradient** : **E: 0.43 m/sec**

### VALVE MORPHOLOGY :-

**Aortic valve** - **Normal**  
**Mitral valve** - **Normal**  
**Tricuspid valve** - **Normal**  
**Pulmonary valve** - **Normal**

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<b>CHAMBERS</b>	
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
RIGHT ATRIUM	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTERVENTRICULAR SEPTUM	INTACT

### **ECHO FINDINGS:**

*No Regional Wall Motion Abnormality (RWMA)  
 Normal Left Ventricular systolic function, EF 66%.  
 Grade I LV Diastolic dysfunction.  
 Trivial Mitral Regurgitation / No Mitral Stenosis  
 No Aortic Regurgitation /No Aortic Stenosis  
 Trivial Tricuspid Regurgitation (2.2 m/s).  
 Normal RV Function .  
 No Pulmonary Artery Hypertension.  
 No Pericardial Effusion.*

### **IMPRESSION:**

- \* **STRUCTURALLY NORMAL HEART.**
- \* **NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION, EF 66%**

*M. Varshini*

**MS. VARSHINLM-ECHO TECHNOLOGIST**

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- 6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the referring doctor/patient can contact the respective section head of the laboratory.
- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
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Name	Mrs.LALITHA BAI	ID	MED410010037
Age & Gender	58/FEMALE	Visit Date	11/05/2024
Ref Doctor Name	MediWheel		

### MAMMOGRAPHY

#### REPORT

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

Both breasts are fatty (ACR Type A parenchyma).

**Few focal asymmetries, measuring 6.3 x 5.5 mm is noted in the lower inner quadrant of the left breast. Similar focal asymmetries, measuring 7.1 x 6.7 mm and 6.5 x 5.9 mm is noted in the posterior portion of the lower inner quadrants of the right breast.**

No intramammary ductal dilatation identified.

No obvious spiculation or architectural distortion noted.

There is no evidence of microcalcification in both breasts.

Both nipples are not retracted.

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

The retro-mammary spaces appear normal.

Bilateral axillae are clear.

#### IMPRESSION:

- **ACR Type A parenchyma.**

- 



#### **Bilateral Focal Asymmetries as described above- BIRADS - II.**

- Suggested Annual Review Scans- ACR guidelines.

Dr Sharanya.S MD, DNB.,

Radiologist

Category - (BIRADS classification)

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Name	Mrs.LALITHA BAI	ID	MED410010037
Age & Gender	58/FEMALE	Visit Date	11/05/2024
Ref Doctor Name	MediWheel		

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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Name	Mrs. LALITHA BAI	ID	MED410010037
Age & Gender	58Y/F	Visit Date	May 11 2024 8:50AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

**Impression: Essentially normal study.**



**DR. TRISHUL SHETTY  
CONSULTANT RADIOLOGIST**