Name	**: Ms. K S SARADA BAI**	
PID No.	: MED210032959	**Register On** : 25/05/2024 10:16 AM
SID No.	: 522407966	**Collection On** : 25/05/2024 11:34 AM
Age / Sex	: 52 Year(s) / Female	**Report On** : 25/05/2024 6:32 PM
Type	: OP	**Printed On** : 28/05/2024 6:49 PM
Ref. Dr	: MediWheel	

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

INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (EDTA Blood/*SLS Hemoglobin method*)	**12.1**	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/*RBC pulse height detection method*)	37.2	%	37 - 47
RBC Count (EDTA Blood/*Impedance/Coulter Principle*)	4.72	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/*Calculated*)	78.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/*Calculated*)	**25.6**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/*Calculated*)	32.5	g/dL	32 - 36
RDW-CV (*Calculated*)	14.6	%	11.5 - 16.0
RDW-SD (*Calculated*)	40.27	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/*Impedance/Coulter Principle*)	7100	cells/cu.mm	4000 - 11000
Neutrophils (Blood/*Flow cytometry*)	53.4	%	40 - 75
Lymphocytes (Blood/*Flow cytometry*)	38.2	%	20 - 45
Eosinophils (Blood/*Flow cytometry*)	2.2	%	01 - 06

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MC-2271

Dr.Arjun C.P
MBBS,MD Pathology
Reg No:KMC 89655

APPROVED BY

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PID No. : MED210032959

SID No. : 522407966

Age / Sex : 52 Year(s) / Female

Type : OP

Ref. Dr : **MediWheel**

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Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (Blood/*Flow cytometry*)	5.7	%	01 - 10
Basophils (Blood/*Flow cytometry*)	0.5	%	00 - 02

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

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Neutrophil count (EDTA Blood/*Calculated*)	3.79	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Calculated*)	2.71	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Calculated*)	0.16	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Calculated*)	0.40	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/*Calculated*)	0.04	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/*Impedance/Coulter Principle*)	254	10^3 / µl	150 - 450
MPV (Blood/*Calculated*)	8.1	fL	8.0 - 13.3
PCT (*Calculated*)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/*Capillary Photometry Technology*)	18	mm/hr	< 30
Glucose Fasting (FBS) (Plasma - F/*Hexokinase*)	83.67	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.

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose, Fasting (Urine) (Urine - F/*Hexokinase*)	Negative		Negative

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Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Postprandial (PPBS) (Plasma - PP/*Hexokinase*)	126.30	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.

Investigation	Observed Value	Unit	Biological Reference Interval
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived*)	8.2	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe*)	0.66	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Investigation	Observed Value	Unit	Biological Reference Interval
Uric Acid (Serum/*Enzymatic*)	**6.09**	mg/dL	2.6 - 6.0

Liver Function Test

Investigation	Observed Value	Unit	Biological Reference Interval
Bilirubin(Total) (Serum/*DCA with ATCS*)	0.46	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid*)	0.18	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived*)	0.28	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC*)	17.38	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC*)	14.43	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic*)	12.94	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC*)	103.5	U/L	53 - 141

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Investigation	Observed Value	Unit	Biological Reference Interval
Total Protein (Serum/*Biuret*)	6.91	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green*)	4.10	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived*)	2.81	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived*)	1.46		1.1 - 2.2

Lipid Profile

Investigation	Observed Value	Unit	Biological Reference Interval
Cholesterol Total (Serum/*CHOD-PAP with ATCS*)	**214.93**	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS*)	140.61	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >=500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual` circulating level of triglycerides during most part of the day.

Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/*Immunoinhibition*)	**35.41**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated*)	151.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190

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Investigation	Observed Value	Unit	Biological Reference Interval
VLDL Cholesterol (Serum/*Calculated*)	28.1	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated*)	179.5	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*)	6.1		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*)	4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	4.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/*HPLC*)	**5.8**	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	119.76	mg/dL

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Investigation	Observed Value	Unit	Biological Reference Interval

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia,hyperbilirubinemia,Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly,Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

THYROID PROFILE / TFT

Investigation	Observed Value	Unit	Biological Reference Interval
T3 (Triiodothyronine) - Total (Serum/*ECLIA*)	1.35	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 (Serum/*ECLIA*)	7.80	µg/dl	4.2 - 12.0

INTERPRETATION:
Comment :
Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/*ECLIA*)	3.96	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.

PHYSICAL EXAMINATION (URINE COMPLETE)

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MBBS MD Pathology
Reg No:KMC 89655

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Lab Address: BANGALORE REFERENCE LABORATORY-CLUMAX DIAGNOSTIC AND RESEARCH CENTRE PVT LTD. (A UNIT OF MEDALL HEALTHCARE PVT. LTD.),Old No 66 & New No 1, 2nd Main Road, Bashyam Circle, Sankey Cross Road Malleswaram, Gayathri Devi Park Extension, Kodandarampura, Sadashiva Nagar, Bengaluru, Karnataka-560003,.

Investigation	Observed Value	Unit	Biological Reference Interval
Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	25		

CHEMICAL EXAMINATION (URINE COMPLETE)

Investigation	Observed Value	Unit	Biological Reference Interval
pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.018		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Positive(+)		

MICROSCOPIC EXAMINATION (URINE COMPLETE)

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Investigation	Observed Value	Unit	Biological Reference Interval
Pus Cells (Urine)	**2-5**	/hpf	NIL
Epithelial Cells (Urine)	**0-2**	/hpf	NIL
RBCs (Urine)	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.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL

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Investigation	Observed Value	Unit	Biological Reference Interval
BUN / Creatinine Ratio	12.4		6.0 - 22.0

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Investigation	Observed Value	Unit	Biological Reference Interval

URINE ROUTINE

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-- End of Report --

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medall
DIAGNOSTICS

PAP Smear by LBC(Liquid based Cytology)

PAP Smear by LBC(Liquid based Cytology)

Lab No : GC-1208 /24

Nature of Specimen: Cervical smear

Specimen type : Liquid based preparation

Specimen adequacy : Satisfactory for evaluation

Endocervical / Transformation zone cells
:Absent

General categorization : Within normal limits

DESCRIPTION : Smear studied shows superficial squamous cells, intermediate cells and parabasal cells in the background of sheets dense of neutrophils and few lymphocytes.

INTERPRETATION : Negative for intraepithelial lesion or malignancy.

Advise - **Follow up smears.**
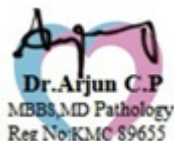
Dr.Arjun C.P
MBBS,MD Pathology
Reg No:KMC 89655

APPROVED BY

Name	Ms.K S SARADA BAI	ID	MED210032959
Age & Gender	52/FEMALE	Visit Date	25/05/2024
Ref Doctor Name	MediWheel		

BILATERAL SONOMAMMOGRAPHY

Both the breasts show normal echopattern.

No evidence of focal solid/cystic areas.

No evidence of ductal dilatation.

Subcentimeter sized right axillary lymphnodes with preserved fatty hilum.

IMPRESSION:

- **No significant abnormality detected.**

ASSESSMENT: BI-RADS CATEGORY - 1

BI-RADS CLASSIFICATION

CATEGORY RESULT

1   **Negative. Routine mammogram in 1 year recommended.**

DR. SHWETHA S
CONSULTANT RADIOLOGIST
Sw/Mi

Name	Ms.K S SARADA BAI	ID	MED210032959
Age & Gender	52/FEMALE	Visit Date	25/05/2024
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is mildly enlarged in size (15.1 cms) and shows increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows normal shape and has clear contents. Wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

KIDNEYS
Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.
Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.
The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.9	1.3
Left Kidney	11.4	1.5

URINARY BLADDER show normal shape and wall thickness. It has clear contents.   No evidence of diverticula.

UTERUS is normal for the age echopattern.
Endometrial echo measures 4.4 mm.

OVARIES are atrophic.

No adnexal lesion.

No evidence of ascites.

Divarication of recti is noted. Omentum is seen herniating into the divarication interval.

IMPRESSION:

- **Mild hepatomegaly with grade I fatty infiltration.**
- **No other significant abnormality detected.**

DR. SHWETHA S
CONSULTANT RADIOLOGIST
Sw/Mi