



Patient Name : **MRS. S RAZIYA** Sample ID : 003413224
Age / Sex : 43 YEARS / FEMALE Collected On : May 11, 2024, 12:43 p.m.
Patient ID : 13151 Received On : May 11, 2024, 12:43 p.m.
Organization : INSURANCE Reported On : May 11, 2024, 03:24 p.m.
Referral : MEDIWHEEL FULL BODY CHECK Report Status : **Final**

Test Description	Value(s)	Reference Range	Unit(s)
Glucose-Fasting (FBS)			
Glucose fasting	82.9	70 - 110	mg/dL
Method : GOD-POD			

****END OF REPORT****

Reported By : G.S.NEERAJA (LAB TECHNICIAN)



Consultant Pathologist

DR PRAVEEN C.S.
(MBBS, MD pathology.
APMC/FMR/77347)



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Test Description	Value(s)	Reference Range	Unit(s)
<u>Complete Blood Count (CBP)</u>			
Hemoglobin	12.4	12.0 - 15.0	g/dL
Method : Spectrophotometry			
Erythrocyte Count (RBC) Count	4.7	3.8 - 4.8	mIU/uL
Method : Impedance			
PACKED CELL VOLUME (HEMATOCRIT)	35.2	40 - 47	%
Method : Calculated			
Platelet Count	2.73	1.50 - 4.50	lakh/cumm
MCV	74.9	83 - 101	fl
MCH	26.3	27 - 32	pg
MCHC	35.1	31.5 - 34.5	g/dL
RDW-CV	15.7	11.5 - 14.5	%
<u>Total Count and Differential Count</u>			
Total Leucocyte Count (WBC)	7340	4000 - 11000	cells/cumm
Neutrophils	52.7	40 - 75	%
Lymphocytes	38.4	20 - 40	%
Eosinophils	2.6	0 - 6	%
Monocytes	5.5	2 - 10	%
Basophils	0.8	0 - 1	%

END OF REPORT

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P. Praveen C.S.

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Erythrocyte Sedimentation Rate (ESR)

Erythrocyte Sedimentation Rate	25	0-20	mm/1st hr.
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Method : Westergrens

Comments

ESR is non-specific marker of inflammation and is affected by many conditions like anemia, age, obesity, renal failure, plasma viscosity, fibrinogen etc. CRP is more sensitive test of inflammation than ESR.

ESR is a non-specific marker of inflammation and is affected by other factors, the results must be used along with other clinical findings, the individual's health history, and results from other laboratory tests.

- A single elevated ESR, without any symptoms of a specific disease, will usually not give enough information to make a medical decision. Furthermore, a normal result does not rule out inflammation or disease.
- Moderately elevated ESR occurs with inflammation but also with anemia, infection, pregnancy, and with aging.
- A very high ESR usually has an obvious cause, such as a severe infection, marked by an increase in globulins, polymyalgia rheumatica or temporal arteritis. People with multiple myeloma or Waldenstrom's macroglobulinemia typically have very high ESRs even if they don't have inflammation.
- When monitoring a condition over time, rising ESRs may indicate increasing inflammation or a poor response to a therapy; normal or decreasing ESRs may indicate an appropriate response to treatment.

****END OF REPORT****

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Test Description	Value(s)	Reference Range	Unit(s)
HbA1c (Glycated Haemoglobin)			
HBA1C, GLYCATED HEMOGLOBIN WHOLE BLOOD-EDTA	6.7	Non-Diabetic: <=5.90 Pre Diabetic:5.90 -6.40 Diabetic: >=6.50	%
Method : HPLC			
Estimated Average Glucose WHOLE BLOOD-EDTA	145.59	Good Control : 90 - 120 Fair Control : 121 - 150 Unsatisfactory Control : 151 - 180 Poor Control : > 180	mg/dL
Method : Calculated			

Comments

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring out of before glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy

Guidance For Known Diabetic

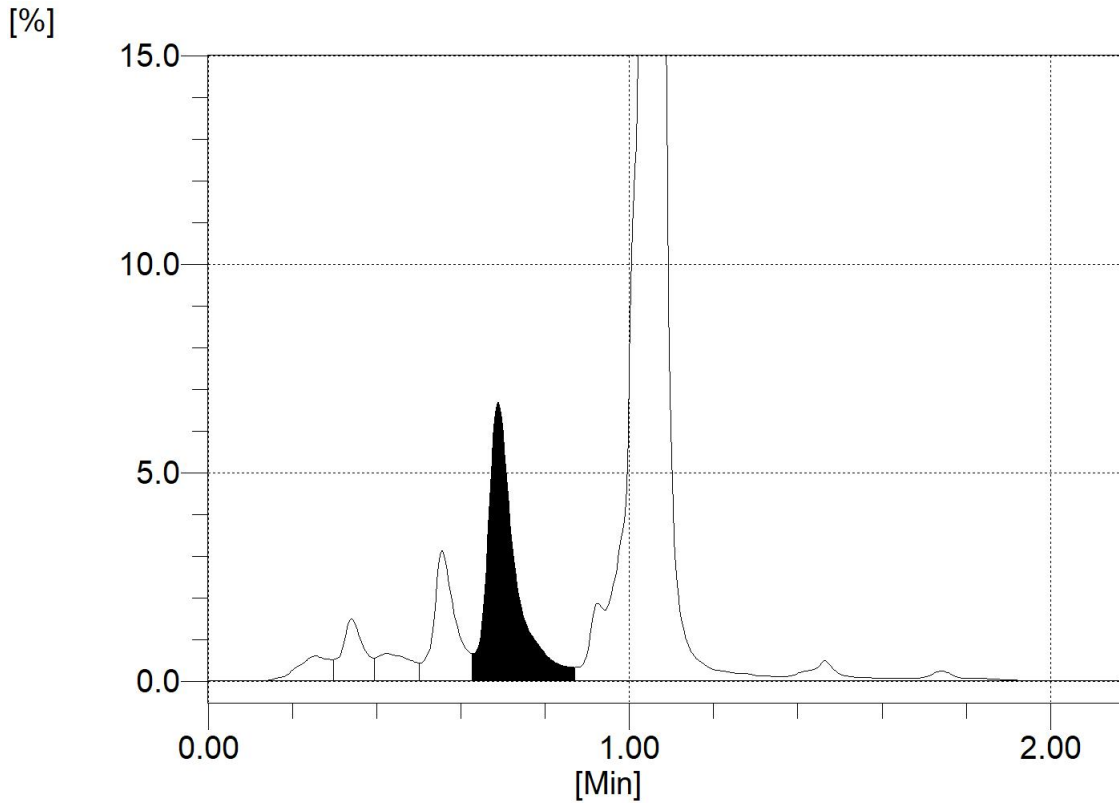
Good Control	Below 6.5%
Fair Control	6.5% - 7.0%
Unsatisfactory Control	7.0% - 8.0%
Poor Control	> 8.0%

HPLC Graph



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Uric Acid, Serum

Uric Acid	2.6	2.6 - 6.0	mg/dL
Method : Uricase, PAP			

Comments:

- Causes of high uric acid in serum:
- Some genetic inborn errors.
- Cancer that has spread from its original location (metastatic), multiple myeloma, leukemias, and cancer chemotherapy.
- Chronic renal disease, acidosis, toxemia of pregnancy, and alcoholism.
- Increased concentrations of uric acid can cause crystals to form in the joints, which can lead to the joint inflammation and pain characteristic of gout. Uric acid can also form crystals or kidney stones that can damage the kidneys.
- Low levels of uric acid in the blood are seen much less commonly than high levels and are seldom considered cause for concern.

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Creatinine, Serum

Creatinine, Serum	0.70	MALES ; 0.7 - 1.3	mg/dL
Method : Enzymatic		FEMALES ; 0.6 - 1.1	
		NEW BORNs ; 0.3 - 1.0	
		INFANTS ; 0.2 - 0.4	
		CHILD ; 0.3 - 0.7	

Interpretation :

Creatinine levels that are within the ranges established by the laboratory performing the test suggest that your kidneys are functioning as they should.

Increased creatinine levels in the blood may mean that your kidneys are not working as they should. Some examples of conditions that can increase creatinine levels include:

- Damage to or swelling of blood vessels in the kidneys (glomerulonephritis) caused by, for example, infections and autoimmune diseases.
- Bacterial infection of the kidneys (pyelonephritis)
- Death of cells in the kidneys' small tubes (acute tubular necrosis) caused by, for example, drugs or toxins.
- Conditions that can block the flow of urine in the urinary tract, such as prostate disease or kidney stones.
- Reduced blood flow to the kidney due to shock, dehydration, congestive heart failure, atherosclerosis, or complications of diabetes.

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Test Description	Value(s)	Reference Range	Unit(s)
Lipid Profile			
Cholesterol-Total Method : Cholesterol oxidase, esterase, peroxidase	179.0	< 200	mg/dL
Triglycerides Method : Enzymatic, endpoint	197.3	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : > 500	mg/dL
Cholesterol-HDL Direct Method : Direct measure-PEG	39.7	Normal: > 40 Major Heart Risk: < 40	mg/dL
LDL Cholesterol Method : Selective detergent method	98.3	Optimal : < 10 Near or above optimal : 100 -129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190	mg/dL
VLDL Cholesterol Method : calculated	39.46	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	4.51	3.5 - 5.0	ratio

Note: 8-10 hours fasting sample is required.

****END OF REPORT****

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Gamma Glutamyl Transferase (GGT)

Gamma Glutamyl Transferase (GGT)	25.9	< 32	U/L
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Method : G-Glutamyl-Carboxy-Nitroanilide

Comments

GGT is an enzyme present in liver, kidney, and pancreas. It is induced by alcohol intake and is a sensitive indicator of liver disease, particularly alcoholic liver disease.

Clinical utility

Follow-up of alcoholics undergoing treatment since the test is sensitive to modest alcohol intake -confirmation of hepatic origin of elevated serum alkaline phosphatase.

Increased In

Liver disease: acute viral or toxic hepatitis, chronic or subacute hepatitis, alcoholic hepatitis, cirrhosis, biliary tract obstruction (intrahepatic or extrahepatic), primary or metastatic liver neoplasm, and mononucleosis -Drugs (by enzymeinduction): phenytoin, carbamazepine, barbiturates, alcohol.

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Complete Urine Analysis (CUE)

Colour	Pale Yellow	Pale Yellow
Transparency (Appearance)	Clear	Clear

Chemical Examination (AUTOMATED URINEANALYSER)

Reaction (pH)	6.0	4.7 - 7.5
Specific Gravity	1.030	1.010 - 1.030
Urine Glucose (sugar)	Negative	Negative
Urine Protein	Negative	Negative
Urine Bilirubin	Negative	Negative
Urine Ketones	Negative	Negative
Urobilinogen	Normal	Normal
Blood	Negative	Negative
Nitrite	Negative	Negative
Leucocyte Esterase	Negative	Negative

Microscopic Examination Urine

Pus Cells	1-2	0 - 2	/hpf
Epithelial Cells	3-4	0 - 5	/hpf
Red blood Cells	Absent	0 - 2	/hpf
Crystals	Absent	Absent	
Cast	Absent	Absent	
Bacteria	Absent	Absent	
OTHERS	-	-	

****END OF REPORT****

Reported By : G.S.NEERAJA (LAB TECHNICIAN)



Consultant Pathologist

D.S. Praveen

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Thyroid Profile

TRI-IODOTHYRONINE (T3, TOTAL)	0.99	0.58 - 1.62	ng/mL
Method : CLIA			
THYROXINE (T4, TOTAL)	7.70	5.0 - 14.5	ng/mL
Method : CLIA			
THYROID STIMULATING HORMONE (TSH)	2.00	0.35 - 5.1	mIU/mL
Method : CLIA			

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.05 - 4.73
Second trimester	0.30 - 4.79
Third trimester	0.50 - 6.02

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Blood Grouping ABO & Rh Typing

Blood Group (ABO typing)	"A"
Method : Manual-Hemagglutination	
RhD Factor (Rh Typing)	Positive (+Ve)
Method : Manual hemagglutination	

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Glucose-Postprandial(PPBS)			
Blood Glucose-Postprandial Method : GOD-POD	135.2	70 - 160	mg/dL

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Test Description	Value(s)	Reference Range	Unit(s)
<u>Liver Function Test</u>			
Bilirubin - Total Method : DIAZO	0.49	0.3 - 1.2	mg/dL
Bilirubin - Direct Method : DIAZO	0.24	Adults and Children: < 0.4	mg/dL
Bilirubin - Indirect Method : Calculated	0.25	< 0.8	mg/dL
SGOT Method : IFCC	13.3	< 31	U/L
SGPT Method : IFCC	11.2	< 34	U/L
Alkaline Phosphatase-ALP Method : AMP	89.0	42 - 98	U/L
Total Protein Method : Biuret	6.99	6.6 - 8.7	g/dL
Albumin Method : BCG	3.82	3.5- 5.2	g/dL
Globulin Method : Calculated	2.77	1.8 - 3.6	g/dL
A/G Ratio Method : Calculated	1.38	1.2 - 2.2	ratio

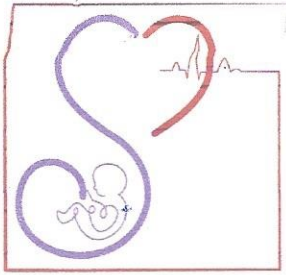
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SAI MAHESH
CARDIAC AND MATERNITY CARE
 #10-3-206M , BESIDE ASALATHA HOSPITAL,
 REDDY & REDDY COLONY
 TIRUPATI
 PHONE:-7794990412

Patient Data

Last Name S RAZIYA
Age 42 y
Exam Date 11/05/2024
Report Date 11/05/2024

**Cardiac
M-Mode**

Aorta/LA					
Ao Diam	28.7	mm	LA	29.5	mm
LA/Ao	1.03				
Left Ventricle					
IVSd	10.3	mm	LVIDd	39.0	mm
LVPWd	10.3	mm	IVSs	12.2	mm
LVIDs	24.9	mm	LVPWs	13.0	mm
EF	67	%	%LV FS	36	%
LVEDV	66.0	ml	LVESV	22.0	ml
SV	44.0	ml	LV Mass	128	g
Relative Wall Thickness	0.53				

Doppler

Aorta					
AV Vmax	-1.42	m/s	AV max PG	8.0	mmHg
MV E/A					
MV E Vel	0.51	m/s	MV A Vel	0.76	m/s
MV E PG	1.1	mmHg	MV A PG	2.3	mmHg
MV E/A	0.68		MV Dec Time	200	ms
TR					
TR Vmax	-2.26	m/s	TR max PG	20.5	mmHg
RAP	5.0	mmHg	RVSP	25.5	mmHg
Pulmonary A					
PA Vmax	-0.39	m/s	PA max PG	0.6	mmHg
sPAP	25.5	mmHg	Mean Pulmonary Artery Pressure	17.5	mmHg
AVA (VTI)					
AV Vmax	-1.42	m/s			
Pulmonary Capillary Wedge Pressure					
MV E Vel	0.51	m/s			

Observations

Cardiac

LEFT VENTRICLE CONCENTRIC LVH
 IVS INTACT
LEFT ATRIUM + IAS NORMAL
 IAS INTACT

AORTA
MITRAL
PULMONARY
TRICUSPID

NORMAL
TRIVAIL MR
NORMAL
MILD TR

IMPRESSION

NORMAL CHAMBER SIZE AND VALVES
NO RESTING RWMA
CONCENTRIC LVH
GRADE 1 DD
GOOD LV SYSTOLIC FUNCTION (EF - 67 %)
NO RV DYSFUNCTION (TAPSE - 23 MM)
TRIVIAL MR / MILD TR / NO SIGNIFICANT PAH (RVSP - 26 MM HG)
NO CLOT / NO EFFUSION
IVC NON DILATED AND COLLAPSING

Dr. GAJJULA MAHESH REDDY
MBBS., MD., D.N.B. (Cardiology)
Interventional Cardiologist
SAI MAHESH CARDIO & OBSTETRIC CARE
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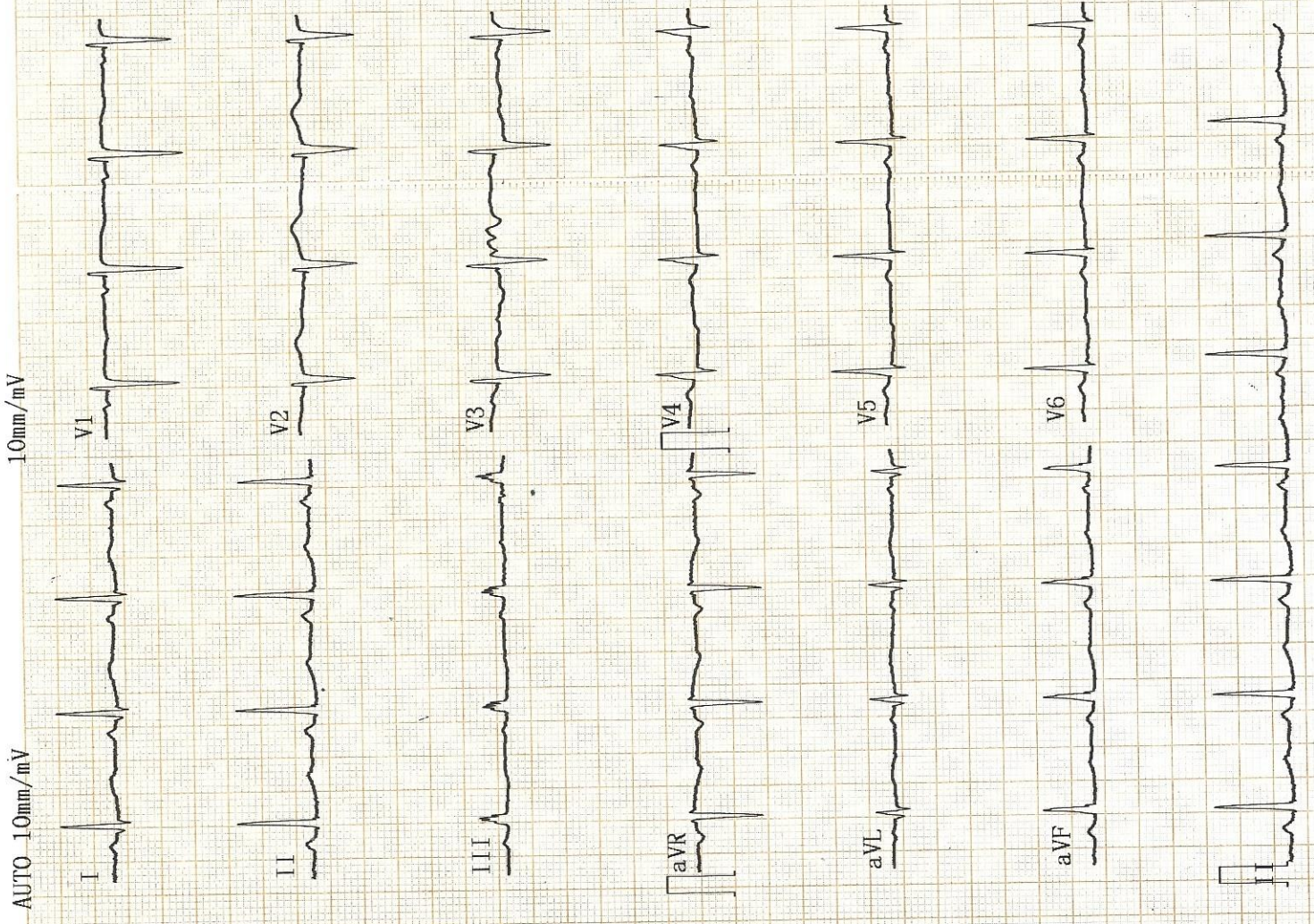
ASR HOSPITALS (India) Pvt. Ltd.
D.No. 10-2-22774, 4th Cross
Inne Opp. to Venkateswara Heart Hospital
Reddy & Reddy Colony, TIRUPATI-517 501
Ph. 0877-2227774, Cell: 97093 010111

BP: 100/80 mmHg
Pulse: 97 mint

ASR HOSPITALS (INDIA) PVT LTD

2024-05-11 11:15
 Name: RAZIYA
 Sex: Female Age: 42 yr
 Section: 123
 RoomID:
 BedID:
 ID:
 Operator: PADMA
 Custom1:
 Custom2:
 Custom3:

Data for reference only:
 HR : 88
 PR Interval : 125
 P Duration : 93
 QRS Duration : 78
 T Duration : 204
 QT/QTc : 393/475
 P/QRS/T Axis deg : 46.3/59.5/6.3
 R(V5)/S(V1) mV : 0.78/1.08
 R(V5)+S(V1) mV : 1.87



10mm/mV 25mm/s

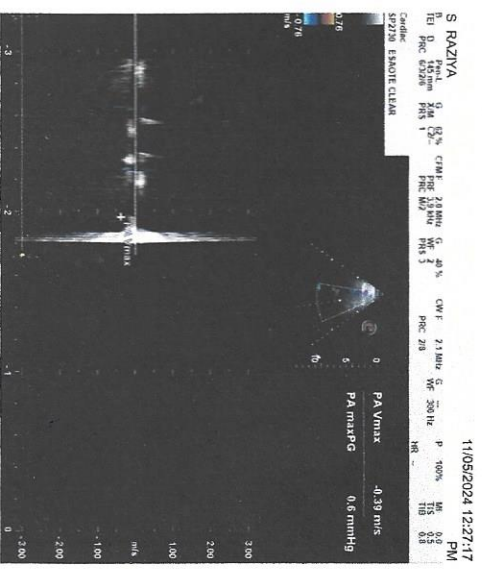
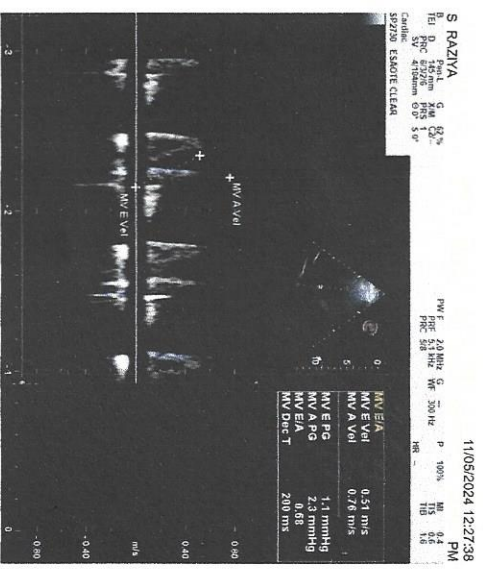
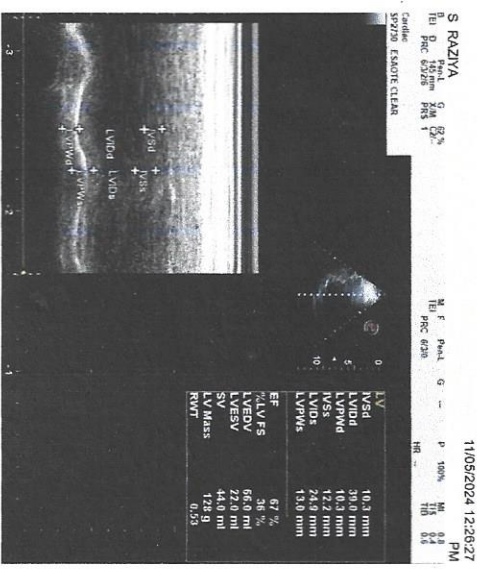
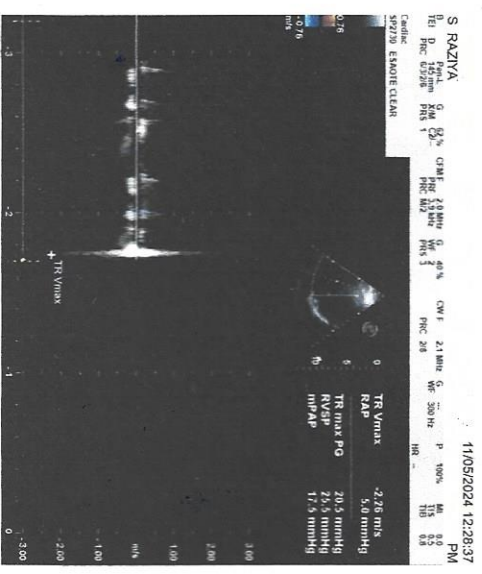
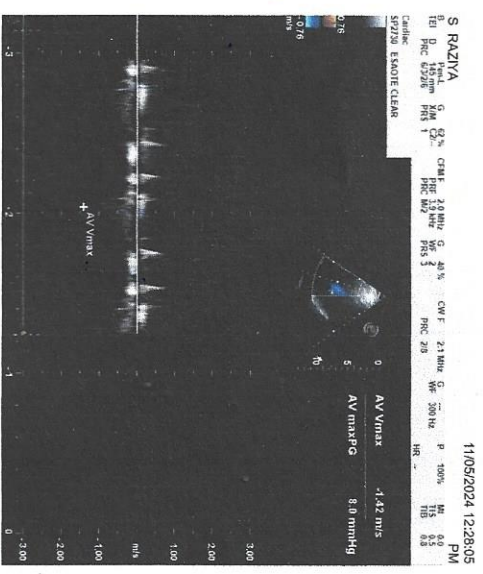
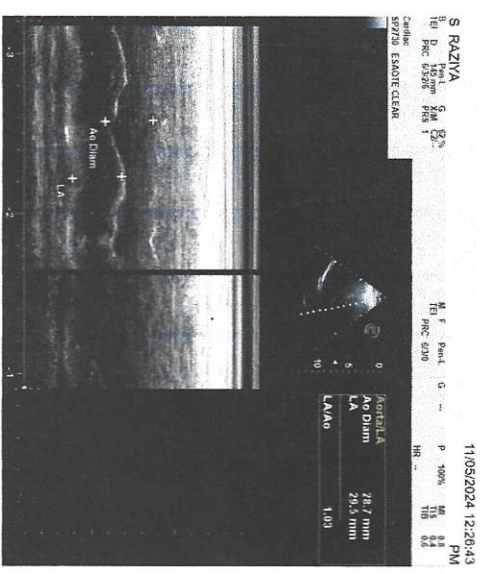
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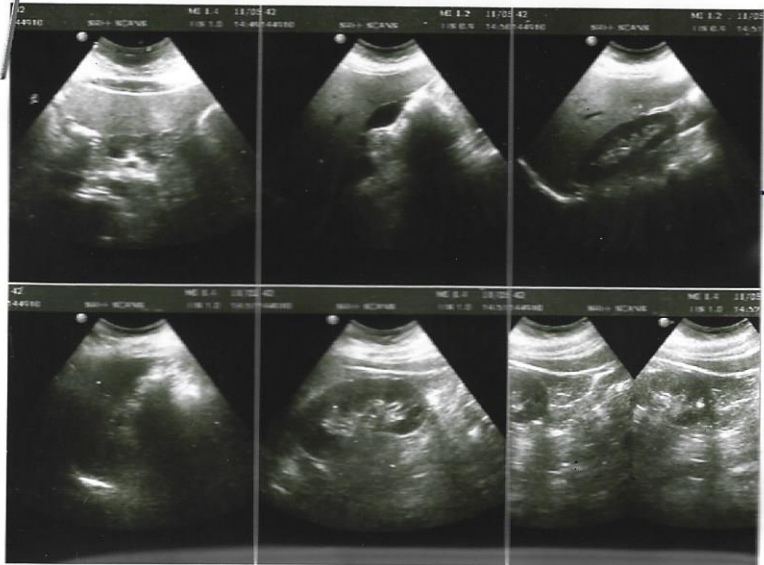
Normal Sinus Rhythm;
 Cardiac electric axis normal;
 I II III aVL aVF V4 V5 V6 Abnormal T wave;

Report need physician confirm

DR. A. SATHISH KUMAR
 MD DNB
 APMC 47731
 ASR HOSPITALS (INDIA) PVT LTD
 D.No:10-13-560, 4th Cross,
 Reddy & Reddy Colony, TIRUPATI-517 561

Physician:







Name:	S.RAZIYA	Age:	42 Yrs	SEX:	F
Ref BY:	INSURANCE	Date:	11/05/2024		

ULTRASONOGRAPHY OF ABDOMEN

LIVER:	Enlarged in Size (19.0 Cms) and shows fatty changes. No Focal Lesions noted. Hepatic Veins are Normal in Caliber. Intra Hepatic Biliary Radicles are normal in Caliber.
PORTAL VEIN:	Normal in Caliber.
GALL BLADDER:	Distended. Wall Thickness is normal. No e/o Calculi / Pericholecystic Fluid Collection.
CBD:	Normal in Caliber.
PANCREAS:	Normal in Size and echotexture. No e/o Focal Lesions / Ductal Dilations / Calcifications.
SPLEEN:	Normal in Size (10.7 Cms) and echotexture. No e/o focal Lesions.
RIGHT KIDNEY:	Normal in Size (11.2 x 3.6 Cms) and echotexture. Corticomedullary Differentiation Maintained. No e/o Calculi / Hydronephrosis.
LEFT KIDNEY:	Normal in Size (10.9 x 4.7 Cms) and echotexture. Corticomedullary Differentiation Maintained. Tiny cyst with wall calcification seen in lower pole (about 9 mm). No e/o Calculi / Hydronephrosis.
URINARY BLADDER:	Minimally distended.
UTERUS(TAS)	Not assessed.
OVARIES(TAS)	Not assessed.
No evidence of free fluid in the Peritoneal Cavity. Visualized Bowel Loops Appears normal in Caliber, Wall thickness and Peristalsis.	
IMPRESSION	Hepatomegaly with Grade I fatty change.

Suggested Correlation with clinical and Lab Findings.

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CVS
DR.C.VISWA CHAITANYA, M.D.,(R.D.,)



PATIENT NAME: S RAZIYA

AGE: 42/YRS FEMALE

DATE: 11-05-2024

X-RAY CHEST (PA VIEW)

FINDINGS:

- Both lung fields are clear
- Both C.P Angles are free
- Pulmonary vascular appear normal
- Both hila are normal
- Cardiac size is normal and so mediastinum widening
- Bony thoracic cage is normal
- Bony domes of diaphragm are normal

IMPRESSION:

Normal study case.

Needs clinical correlation.

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