


NAME : Mrs. UMARANJINI JENA	MR NO. : 22031467
AGE/SEX : 32 Yrs / Female	VISIT NO. : 152388
REFERRED BY :	DATE OF COLLECTION : 26-03-2022 at 10:16 AM
	DATE OF REPORT : 26-03-2022 at 01:26 PM
REF CENTER : MEDIWHEEL	

TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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MEDIWHEEL HEALTH CHECKUP FEMALE

COMPLETE BLOOD COUNT (CBC) WITH ESR

HAEMOGLOBIN <i>Colorimetric Method</i>	11.2 gm/dL	12 - 16 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	37.1 %	36 - 47 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.6 million/cu.mm	4 - 5.2 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	1.9 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	66.0 fl	80 - 100 fl
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	19.9 pg	26 - 34 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	30.1 %	31 - 35 %
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	7650 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	53 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	38 %	25 - 40 %
DIFFERENTIAL COUNT		
EOSINOPHILS <i>VCS Technology/Microscopic</i>	04 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	05 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	12 mm/hr	0 - 20 mm/hr

Krishna M. Murthy



Lab Seal



A. Vamseedhar

Dr. KRISHNA MURTHY

MD
BIOCHEMIST

The laboratory values And Normal values need to be interpreted based on patients clinical characteristics. The values in reference range is for an average normal individual which may vary depending upon age, sex and other characteristics.

Dr. VAMSEEDHAR.A

D.C.P, M.D
CONSULTANT PATHOLOGIST


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THYROID PROFILE			
TOTAL TRIIODOTHYRONINE (T3) CMIA	1.14 ng/mL	0.87 - 1.78 ng/mL	
TOTAL THYROXINE (T4) CMIA	12.68 µg/dL	6.09 - 12.23 µg/dL	
THYROID STIMULATING HORMONE (TSH) CMIA	2.034 µIU/mL	0.38 - 5.33 µIU/mL	
		1st Trimester: 0.05 - 3.70	
		2nd Trimester: 0.31 - 4.35	
		3rd Trimester: 0.41 - 5.18	

Note:

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use:

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

POST PRANDIAL BLOOD SUGAR Hexokinase	139.5 mg/dl	80 - 150 mg/dl
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BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	13.0 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	0.74 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	3.4 mg/dL	2.5 - 6 mg/dL	
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	139 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	4.2 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	101 mmol/L	97 - 111 mmol/L	

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LIPID PROFILE TEST

TOTAL CHOLESTEROL <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	116 mg/dL	up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL	
TRIGLYCERIDES <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i>	115.8 mg/dL	up to 150 mg/dL Desirable: <150 mg/dL Border Line: 150 – 200 mg/dL High: >200 – 500 mg/dL Very High: > 500 mg/dL	
HDL CHOLESTEROL - DIRECT <i>PEG-Cholesterol Esterase</i>	36.8 mg/dl	40 - 60 mg/dl >= 60mg/dL - Excellent (protects against heart disease) 40-59 mg/dL - Higher the better <40 mg/dL - Lower than desired (major risk for heart disease)	
LDL CHOLESTEROL - DIRECT <i>Cholesterol Esterase-Cholesterol Oxidase</i>	56.0 mg/dL	up to 100 mg/dL 100-129 mg/dL - Near optimal/above optimal 130-159 mg/dL - Borderline High 160-189 mg/dL - High 190->190 mg/dL - Very High	
VLDL CHOLESTEROL <i>Calculation</i>	23.2 mg/dL	2 - 30 mg/dL	
TOTAL CHOLESTROL/HDL RATIO <i>Calculation</i>	3.2	up to 3 3.0-4.4 - Moderate >4.4 - High	
LDL/HDL RATIO <i>Calculation</i>	1.5	up to 2.5 2.5-3.3 - Moderate >3.3 - High	

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<u>LIVER FUNCTION TEST (LFT)</u>			
TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	0.60 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.26 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	0.34 mg/dl		
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	28.1 U/L	up to 31 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	30.3 U/L	up to 46 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	100 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	25.1 U/L	5 - 55 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	7.20 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	3.70 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	3.5 g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	1.1	1 - 1.5	
FASTING BLOOD SUGAR <i>Hexokinase</i>	98.3 mg/dl	70 - 110 mg/dl	
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"O" Positive		

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GLYCATED HAEMOGLOBIN (HbA1C)
HPLC

4.9 %

American Diabetic Association (ADA) recommendations:

Non diabetic adults : <5.7 %

At risk (Pre diabetic): 5.7 – 6.4%

Diabetic : >= 6.5%

Therapeutic goal for glycemc control :

Goal for therapy: < 7.0%

Action suggested: > 8.0%

ESTIMATED AVERAGE GLUCOSE (eAG) 93.93 mg/dL

Calculation

Comments:

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides a additional criterion for assessing glucose control because glycated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

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URINE ROUTINE & MICROSCOPIC

PHYSICAL EXAMINATION

Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow	
Appearance <i>Visual Method</i>	Clear	Clear/Transparent	
Specific Gravity <i>Strips Method</i>	1.010	1.005-1.035	
pH	6.0	4.6-8.5	

CHEMICAL EXAMINATION (DIPSTICK)

Protein <i>Strips Method</i>	Nil	Nil -Trace	
Glucose <i>Strips Method</i>	Nil	Nil	
Blood <i>Strips Method</i>	Negative	Negative	
Urobilinogen <i>Strips Method</i>	Normal	Normal	
Bile Salt <i>Strips Method</i>	Negative	Negative	
Bilirubin <i>Strips Method</i>	Negative	Negative	
Bile Pigments	Negative	NIL	

MICROSCOPY

Pus Cells (WBC) <i>Light Microscopic</i>	3 - 4 /hpf	0-5/hpf	
Epithelial Cells <i>Light Microscopic</i>	2 - 3 /hpf	0-4/hpf	
RBC <i>Light Microscopic</i>	Not Seen /hpf	0-2/hpf	
Cast <i>Light Microscopic</i>	NIL	NIL	
Crystal <i>Light Microscopic</i>	NIL	Nil	

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TEST PARAMETER

RESULT

REFERENCE RANGE

SPECIMEN

Dispatched by: Sumalatha

**** End of Report ****

Printed by: Prema on 26-03-2022 at 05:03 PM



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GENDER:	FEMALE	REFERRED BY:	MEDIWHEEL

USG REPORT - ABDOMEN AND PELVIS

OBSERVATION:

LIVER:

Liver is normal in size (14.7 cm) and shows mild diffuse increase in echotexture. No focal lesion seen. Intrahepatic biliary radicles not dilated. Hepatic & portal veins are normal. CBD is normal.

GALL BLADDER:

Normal in distension. Lumen echo free. Wall thickness is normal.

PANCREAS:

Body and head appears normal. No focal lesion seen. Pancreatic duct not dilated. Tail not visualized.

SPLEEN:

Normal in size (10.1 cm) with normal homogenous echotexture. No focal lesion seen.

RIGHT KIDNEY:

Right kidney measures 11.5 x 4.1 cm with normal echo pattern and cortical thickness.

The shape, size and contour of the right kidney appear normal.

Cortical medullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No sonologically detectable calculi seen.

LEFT KIDNEY:

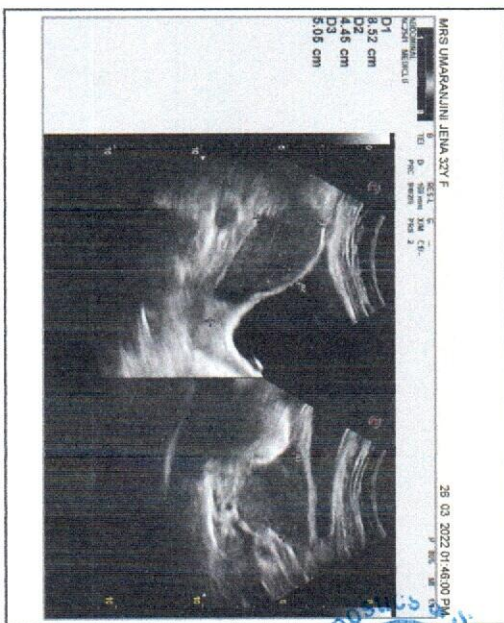
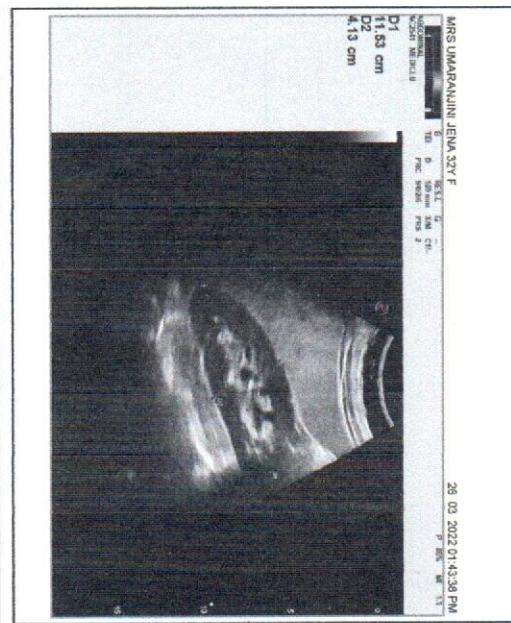
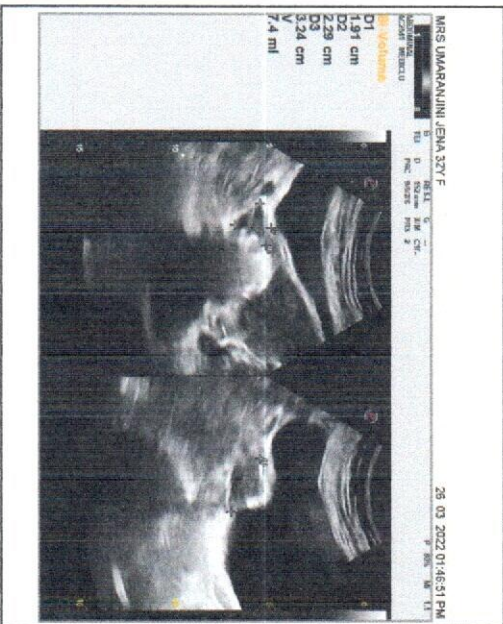
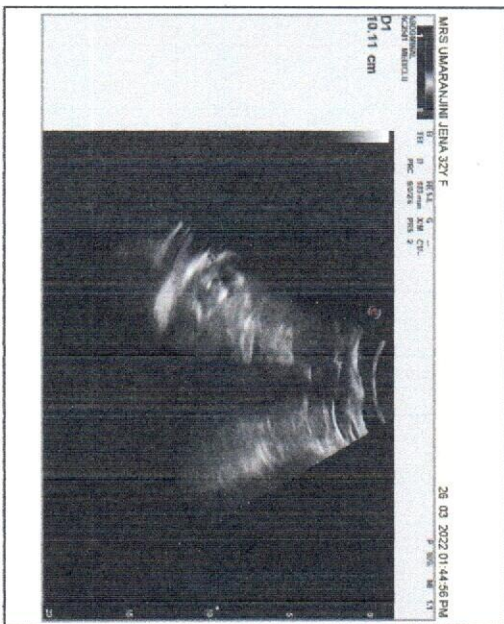
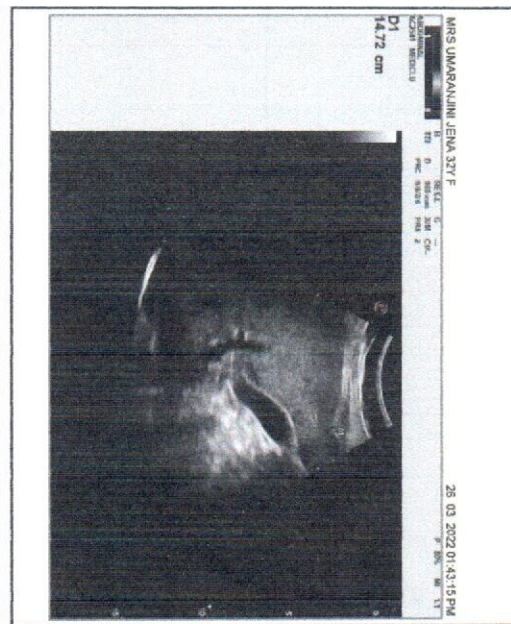
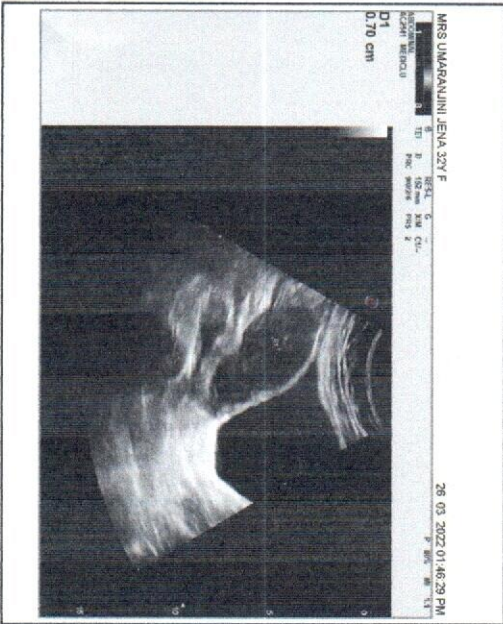
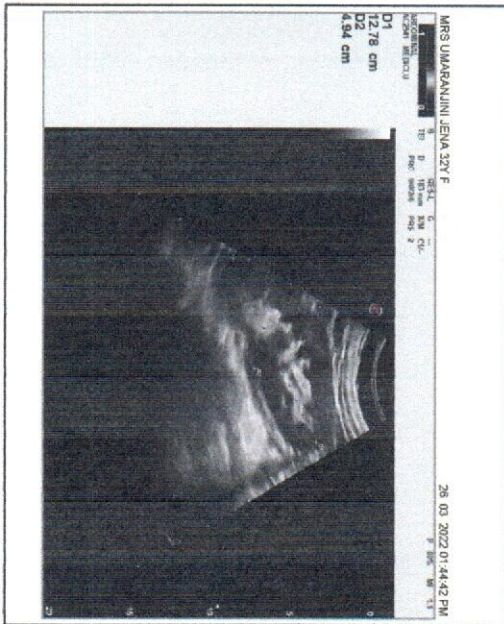
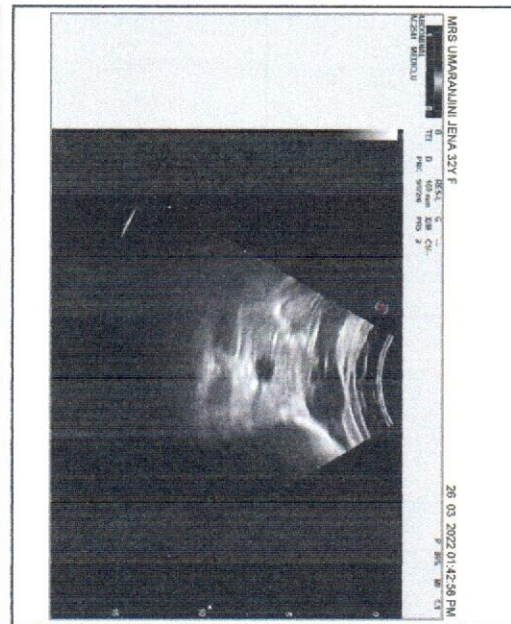
Left kidney measures 12.7 x 4.9 cm with normal echo pattern and cortical thickness.

The shape, size and contour of the left kidney appear normal.

Cortical medullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No sonologically detectable calculi seen.





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SONO MAMMOGRAPHY OF BILATERAL BREASTS

RIGHT BREAST:

Breast shows normal fibro glandular pattern.
Adjacent skin & retro mammary areas are normal.
No focal lesion seen.
Nipple is normal.
Subareolaer region is normal.
Retro mammary space and subcutaneous planes are normal.
Right axilla appears normal, no e/o lymphadenopathy.

LEFT BREAST:

Breast shows normal fibro glandular pattern.
Adjacent skin & retro mammary areas are normal.
No focal lesion seen.
Nipple is normal.
Subareolaer region is normal.
Retro mammary space and subcutaneous planes are normal.
Left axilla appears normal, no e/o lymphadenopathy.

IMPRESSION:

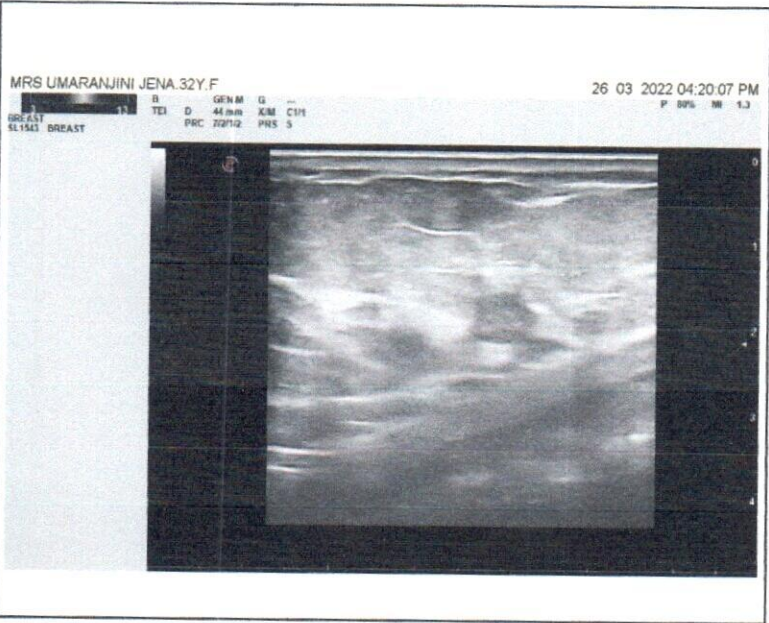
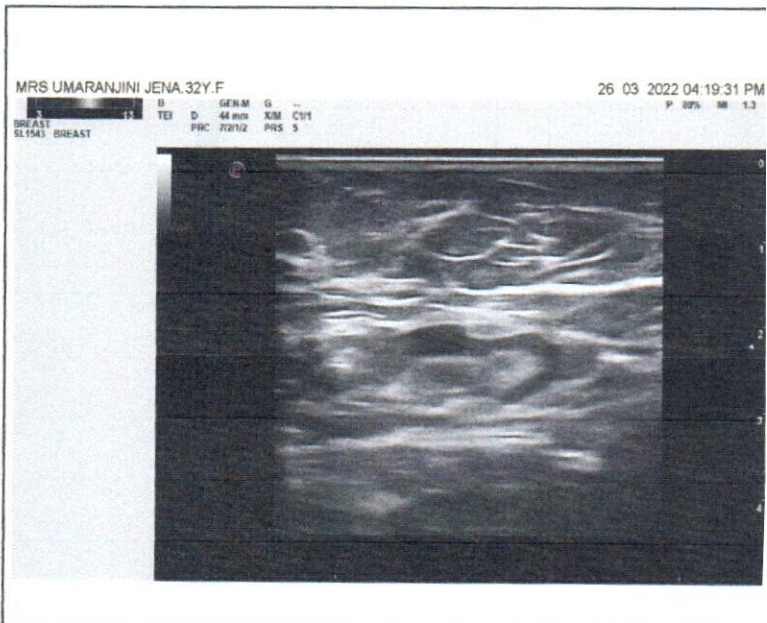
- No abnormality in bilateral sonomammography -BIRADS I.
- No significant bilateral axillary lymph nodes.

NOTE: BI - RADS SCORING KEY

0 - Needs additional evaluation; I - Negative II - Benign findings; III - Probably benign
IV - Suspicious abnormality - Biopsy to be considered V - Highly suggestive of malignancy,
VI - Known biopsy proven malignancy




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TRANS THORACIC 2D ECHO - DOPPLER STUDY

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M-Mode		
AORTA	28	mm
LEFT ARTIUM	32	mm
RIGHT VENTRICLE(Diastole)	15	mm
LVID (Diastole)	41	mm
LVID (Systole)	32	mm
INTERVENTRICULAR SEPTUM (Diastole)	10	mm
L V POSTERIOR WALL (Diastole)	09	mm
L V MASS	135	grms
FRACTIONAL SHORTENING	30	%
EJECTION FRACTION	65	%

DOPPLER / COLOR FLOW				
MITRAL VALVE	E- 0.8	A - 0.6	m/sec	NO MR
AORTIC VALVE	1.3	-	m/sec	NO AR
TRICUSPID VALVE	E- 0.4	A - 0.2	m/sec	NO TR
PULMONARY VALVE	0.8	-	m/sec	NO PR



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X-RAY CHEST PA VIEW

OBSERVATIONS:

The lung fields are clear bilaterally.

CP angles are clear.

Both the hila appear normal.

Cardiac diameter is within normal limits.

Tracheal appears in mid line.

Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.

IMPRESSION:

- No significant abnormality in the visualized lung fields.

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