



Name : MS.L ANITHA KUMARI .
Age / Gender : 55 Years / Female
Ref.By : SELF
Req.No : BIL4292185

TID/SID : UMR1576689/ 27660483
Registered on : 25-May-2024 / 08:54 AM
Collected on : 25-May-2024 / 08:57 AM
Reported on : 25-May-2024 / 13:23 PM
Reference : Arcofemi Health Care Ltd -

TEST REPORT

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	Clear	Clear
Chemical Examination		
Reaction and pH Method:pH- Methyl red & Bromothymol blue	5.5	4.6-8.0
Specific gravity Method:Bromothymol Blue	1.015	1.003-1.035
Protein Method:Tetrabromophenol blue	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Positive (++)	Negative
Ketones Method:Sodium Nitroprusside	Negative	Negative
Bilirubin Method:Dichloroanilinediazonium	Negative	Negative
Leucocytes Method:3 hydroxy5 phenylpyrrole + diazonium	Positive (++)	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	25-30	2 - 3 /hpf
Epithelial cells Method:Microscopy	3-4	2 - 5 /hpf
RBC (erythrocytes) Method:Microscopy	15-20	Absent
Casts Method:Microscopy	Absent	Occasional hyaline casts may be seen



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Crystals	Absent	Phosphate, oxalate, or urate crystals may be seen
Method:Microscopy		
Others	Nil	Nil
Method:Microscopy		
Note	Kindly correlate clinically	

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 infection 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 ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist





Name	: MS.L ANITHA KUMARI .	TID/SID	: UMR1576689/ 27662601
Age / Gender	: 55 Years / Female	Registered on	: 25-May-2024 / 08:54 AM
Ref.By	: SELF	Collected on	: 25-May-2024 / 12:32 PM
Req.No	: BIL4292185	Reported on	: 25-May-2024 / 20:21 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CYTOPATHOLOGY

Pap Smear, Conventional

Specimen Type	Conventional smear (Pap smear)
Specimen Adequacy	Satisfactory for evaluation
Microscopic Observations:	Smears studied show good number of intermediate squamous cells, few superficial squamous cells and occasional squamous metaplastic cells. Background shows neutrophils and thin mucoid debris.
Interpretation	Negative for intraepithelial lesion or malignancy.

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--- End Of Report ---

Dr Manjunatha H.K
Consultant Pathologist





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Ref.By : SELF Collected on : 25-May-2024 / 08:57 AM
Req.No : BIL4292185 Reported on : 25-May-2024 / 16:15 PM
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TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	B
Rh Typing (D)	POSITIVE

Method: Hemagglutination Tube Method by Forward & Reverse Grouping

Reference: Tulip kit literature

Interpretation: The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. ABO antigens are poorly expressed at birth, increase gradually in strength and become fully expressed around 1 year of age.

Note: Records of previous blood grouping/Rh typing not available. Please verify before transfusion.

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

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist





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Req.No	: BIL4292185	Reported on	: 25-May-2024 / 13:37 PM
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TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Biological Reference Intervals
Erythrocyte Sedimentation Rate	07	<=30 mm/hour
Method:Microphotometrical capillary using stopped flow kinetic analysis		

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Hemoglobin	12.8	11.5-16.0 g/dL
Method:Spectrophotometry		
Packed Cell Volume	37.9	34-48 %
Method:Derived from Impedance		
Red Blood Cell Count.	4.40	4.2-5.4 Mill/Cumm
Method:Impedance Variation		
Mean Corpuscular Volume	86.3	78-100 fL
Method:Derived from Impedance		
Mean Corpuscular Hemoglobin	29.2	27-32 pg
Method:Derived from Impedance		
Mean Corpuscular Hemoglobin Concentration	33.9	31.5-36 g/dL
Method:Derived from Impedance		
Red Cell Distribution Width - CV	12.4	11.5-16.0 %
Method:Derived from Impedance		
Red Cell Distribution Width - SD	41.2	39-46 fL
Method:Derived from Impedance		
Total WBC Count.	6690	4000-11000 cells/cumm
Method:Impedance Variation		
Neutrophils	59.3	40-75 %
Method:Impedance Variation, Flowcytometry		
Lymphocytes	33.0	20-45 %
Method:Microscopy		
Eosinophils	3.4	01-06 %
Method:Impedance Variation,Method_Desc= Flow Cytometry		
Monocytes	3.1	01-10 %
Method:Impedance Variation, Flowcytometry		



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Basophils.	1.2	00-02 %
Method:Impedance Variation,Method_Desc= Flow Cytometry		
Absolute Neutrophils Count.	3967	1500-6600 cells/cumm
Method:Calculated		
Absolute Lymphocyte Count	2208	1500-3500 cells/cumm
Method:Calculated		
Absolute Eosinophils count.	227	40-440 cells/cumm
Method:Calculated		
Absolute Monocytes Count.	207	<1000 cells/cumm
Method:Calculated		
Absolute Basophils count.	80	<200 cells/cumm
Method:Calculated		
Platelet Count.	2.5	1.4-4.4 lakhs/cumm
Method:Impedance Variation		
Mean Platelet Volume.	9.4	8.0-13.3 fL
Method:Derived from Impedance		
Plateletcrit.	0.23	0.18-0.28 %
Method:Derived from Impedance		

Method: Automated Hematology Analyzer, Microscopy

Reference: Dacie and Lewis Practical Hematology, 12th 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 ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist



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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen.	7	6-20 mg/dL
Method:Kinetic, Urease - GLDH, Calculated		

Interpretation: Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine.	0.42	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.

Bun/Creatinine Ratio, Serum

Investigation	Observed Value
BUN/Creatinine Ratio	17
Method:Calculated	

Reference:

A Manual of Laboratory Diagnostic Tests. Edition 7, Lippincott Williams and Wilkins, By Frances Talaska Fischbach, RN, BSN, MSN, and Marshall Barnett Dunning 111, BS, MS, Ph.D.



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--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist





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Req.No	: BIL4292185	Reported on	: 25-May-2024 / 12:55 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	118	Normal: 70 -100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: \geq 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 ---

Dr.M.G.Satish
Consultant Pathologist





Name	: MS.L ANITHA KUMARI .	TID/SID	: UMR1576689/ 27660486-P
Age / Gender	: 55 Years / Female	Registered on	: 25-May-2024 / 08:54 AM
Ref.By	: SELF	Collected on	: 25-May-2024 / 12:47 PM
Req.No	: BIL4292185	Reported on	: 25-May-2024 / 15:35 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	93	Normal : 90 - 140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: >=200 mg/dL

Note The discordant post prandial blood glucose values levels are observed in some of the conditions related to defective absorption, insufficient dietary intake, endocrine disorders, hypoglycemic drug overdose and reactive hypoglycemia etc.

Interpretation: This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2020.

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

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist





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Ref.By	: SELF	Collected on	: 25-May-2024 / 08:57 AM
Req.No	: BIL4292185	Reported on	: 25-May-2024 / 14:50 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

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	6.5	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:High-Performance Liquid Chromatography	140	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.M.G.Satish
Consultant Pathologist





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		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Spectrophotometry , CHOD - POD	149	Desirable: < 200 mg/dL Borderline: 200-239 mg/dL High: >= 240 mg/dL
HDL Cholesterol Method:Spectrophotometry , Direct Measurement	42	Optimal : >=60 mg/dL Borderline : 40-59 mg/dL High Risk <40 mg/dL
Non HDL Cholesterol Method:Calculated	107	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	96	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	11	<30 mg/dL
Total Cholesterol/HDL Ratio Method:Calculated	3.55	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
LDL/HDL Ratio Method:Calculated	2.29	Optimal : 0.5-3.0 Borderline : 3.1-6.0 High Risk : >6.0
Triglycerides Method:Spectrophotometry, Enzymatic - GPO/POD	55	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 ---



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Kavya SN

Dr.Kavya S N
Consultant Pathologist





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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Biological Reference Interval
Total Bilirubin. Method:Spectrophotometry, Diazo method	0.34	<=1.2 mg/dL
Direct Bilirubin. Method:Spectrophotometry, Diazo method	0.22	<=0.30 mg/dL
Indirect Bilirubin. Method:Calculated	0.12	<=1.0 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method: IFCC without pyridoxal phosphate activation	18	<=33 U/L
Aspartate Aminotransferase,(AST/SGOT) Method: IFCC without pyridoxal phosphate activation	15	<=32 U/L
ALP (Alkaline Phosphatase). Method:Spectrophotometry , IFCC	146	35-104 U/L
Gamma GT. Method:Spectrophotometry , IFCC	34	<40 U/L
Total Protein. Method:Spectrophotometry, Biuret	6.4	6.4-8.3 g/dL
Albumin. Method:Spectrophotometry, Bromcresol Green	4	3.5-5.2 g/dL
Globulin. Method:Spectrophotometry, Bromcresol Green	2.4	2.0-3.5 g/dL
A/GRatio. Method:Calculated	1.67	1.1-2.5

Interpretation: Liver functions tests help to identify liver disease, its severity, and its type. Generally these tests are performed in combination, are abnormal in liver disease, and the pattern of abnormality is indicative of the nature of liver disease. An isolated abnormality of a single liver function test usually means a non-hepatic cause. If several liver function tests are simultaneously abnormal, then hepatic etiology is likely.

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

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist



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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	1.14	0.80-2.00 ng/mL Pregnancy: 1st Trimester: 0.9 -2.5 ng/mL 2nd Trimester: 1.00 - 2.4 ng/mL 3rd Trimester 0.9-2.4 ng/mL Note: Biological Reference Ranges are changed due to change in method of testing.
Thyroxine Total (T4) Method:ECLIA	8.94	4.6-12.0 µg/dL Pregnancy: 1st Trimester: 4.4 - 11.5 µg/dL 2nd Trimester: 4.9 - 12.2 µg/dL 3rd Trimester: 5.1 - 13.2µg/dL Note: Biological Reference Ranges are changed due to change in method of testing.
Thyroid Stimulating Hormone (TSH) Method:ECLIA	2.12	0.27-4.20 µIU/mL Pregnancy: 1st Trimester: 0.1 - 3.0 µIU/mL 2nd Trimester: 0.4 - 3.3 µIU/mL 3rd Trimester: 0.4 - 3.8 µIU/mL Note: Biological Reference Ranges are changed due to change in method of testing.

Interpretation: A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics, Carl A. Burtis, David E. Bruns.

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

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist



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DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Enzymatic	5.1	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.

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--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist





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Age/Gender	: 55 Years/Female	Registered On	: 25-May-2024 08:54 AM
Ref By	: Self	Reported On	: 25-May-2024 01:58 PM
Reg.No	: BIL4292185	Reference	: Arcofemi Health Care Ltd - Medi Whe

X-ray mammogram (mediolateral oblique & craniocaudal views) followed by Sonomammography.

BILATERAL MAMMOGRAPHY

Breast composition Type B (These are scattered areas of fibroglandular density).

No focal soft tissue lesion. No cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

Bilateral axillary lymph nodes are seen.

BILATERAL SONOMAMMOGRAPHY

Oval shaped fat echogenicity lesion, measuring about 7 x 5 mm at 3 o'clock position in right breast – representing lipoma.

Both the breasts otherwise show normal echopattern. No other focal solid / cystic areas.

No ductal dilatation.

Bilateral benign axillary lymph nodes are seen with preserved fatty hilum, largest measuring about 1.2 x 0.7 cms on right side and 1.9 x 0.6 cms on left side.

IMPRESSION:

- **Small lipoma in right breast.**

ASSESSMENT: BI-RADS CATEGORY – 2

BI-RADS CLASSIFICATION

CATEGORY

RESULT

2 **Benign finding. Routine mammogram in 1 year recommended.**

*** End Of Report ***

Dr Ananya K
Consultant Radiologist



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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER measures 15.3 cms (borderline) and has mildly increased echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is well distended. No obvious calculus. Wall thickness is normal. 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: is enlarged in size. Cortico-medullary differentiation preserved. No thinning of cortex. There is a calculus measuring about 17 mm at pelvi-ureteric junction causing upstream moderate hydronephrosis.

Left kidney: is enlarged in size. Cortico-medullary differentiation preserved. No thinning of cortex. A calculus measuring about 13mm is seen in the renal pelvis causing moderate hydronephrosis. Few calculi are seen in the mid and lower calyces, largest measuring about 7 mm.

The kidney measures as follows:

	Bipolar length (cm)	Parenchymal thickness (cm)
Right Kidney	12.4	1.5
Left Kidney	12.4	1.6

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

UTERUS – is bulky in size with a large rounded heterogeneous lesion measuring about 9 x 9.7 cms, likely uterine fibroid. Endometrium is not separately seen.

No evidence of ascites.



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Name	: Ms . L ANITHA KUMARI .	TID	: UMR1576689
Age/Gender	: 55 Years/Female	Registered On	: 25-May-2024 08:54 AM
Ref By	: Self	Reported On	: 25-May-2024 12:45 PM
Reg.No	: BIL4292185	Reference	: Arcofemi Health Care Ltd - Medi Whe

Umbilical hernia is noted with a defect of about 3.0 cms containing omental fat and occasional bowel loops as its contents. No strangulation.

Multiple anterior abdominal wall lipomas are noted, largest measuring about 3.1 x 1.2 cms in the left hypochondriac region.

IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **Large right pelvi-ureteric junction calculus causing moderate hydronephrosis.**
- **Left renal pelvis calculus causing moderate hydronephrosis.**
- **Left renal calyceal calculi.**
- **Bulky uterus with large heterogeneous lesion – likely representing uterine fibroid.**
- **Umbilical hernia.**
- **Multiple anterior abdominal wall lipomas.**

Suggested CT Abdomen and pelvis for further evaluation.

*** End Of Report ***

Dr Ananya K
Consultant Radiologist



PLEASE SCAN QR CODE

Name : Ms . L ANITHA KUMARI .
Age/Gender : 55 Years/Female
Ref By : Self
Reg.No : BIL4292185

TID : UMR1576689
Registered On : 25-May-2024 08:54 AM
Reported On : 25-May-2024 12:58 PM
Reference : Arcofemi Health Care Ltd
- Medi Whe

X-RAY CHEST PA VIEW

Patient rotation is noted.

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:

- **No significant abnormality detected.**

*** End Of Report ***

Dr Lohith H P
Consultant Radiologist

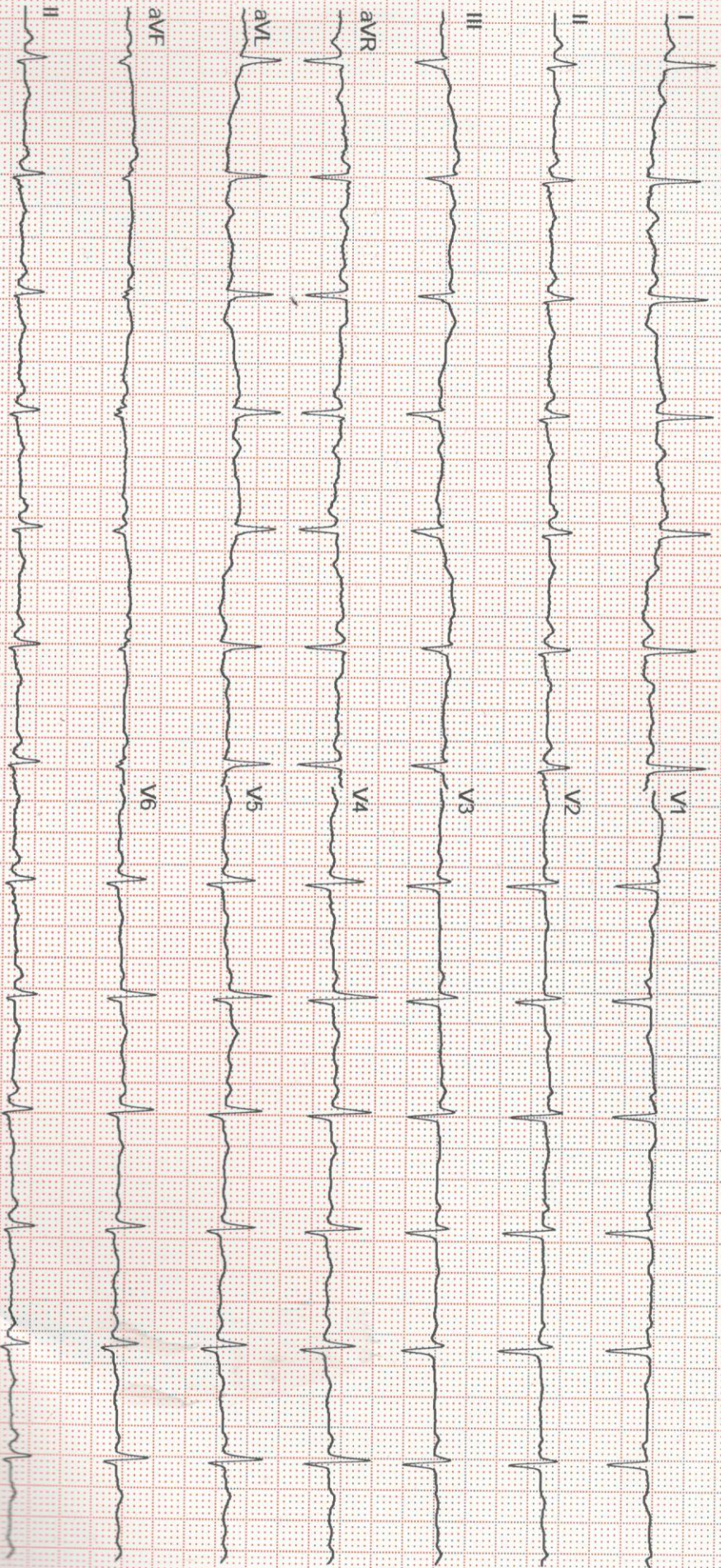
Female

SADASHIVNAGARA
BANGALORE

QRS 84 ms
QT / QTcBaz 370 / 426 ms
PR 146 ms
P 112 ms
RR / PP 750 / 750 ms
P / QRS / T 45 / -5 / 80 degrees

Normal sinus rhythm
Nonspecific ST and T wave abnormality
Abnormal ECG

*Normal Sinus Rhythm
Nonspecific ST and T wave
Abnormal ECG*



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz

2x5x6 25 R1

Unconfirmed



PLEASE SCAN QR CODE

Name : Ms . L ANITHA KUMARI .
Age/Gender : 55 Years/Female
Ref By : Self
Reg.No : BIL4292185

TID : UMR1576689
Registered On : 25-May-2024 08:54 AM
Reported On : 25-May-2024 11:30 AM
Reference : Arcofemi Health Care Ltd
- Medi Whe

ECHOCARDIOGRAM REPORT

MESUREMENTS

IVS(D): 1.1CM LVID (D): 3.8CM LVPW (D):1.1 CM
IVS(S):1.3 CM LVID (S): 2.8CM LVPW(S): 1.3CM
AO:3.1 CM LA: 3.2CM RVID (D): 2.4CM
EF: 60%

VALVES:

MITRAL VALVE : NORMAL
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL

CHAMBERS:

LEFT ARTIUM : NORMAL
RIGHT ARTIUM : NORMAL
LEFT VENTRICLE : Mild concentric LVH
RIGHT VENTRICLE : NORMAL

SEPTAE:

IVS : INTACT
IAS : INTACT

GREAT ARTERIES:

AORTA : NORMAL
PULMONARY ARTERY : NORMAL



PLEASE SCAN QR CODE

Name : Ms . L ANITHA KUMARI .
Age/Gender : 55 Years/Female
Ref By : Self
Reg.No : BIL4292185

TID : UMR1576689
Registered On : 25-May-2024 08:54 AM
Reported On : 25-May-2024 11:30 AM
Reference : Arcofemi Health Care Ltd
- Medi Whe

DOPPLER STUDY:

MITRAL VALVE : E -0.5/ A -0.7M/S
AORTIC VALVE : 1.2M/S
TRICUSPID VALVE : E -0.4/ A - 0.6M/S
PULMONARY VALVE : 0.8M/S

WALL MOTION ABNORMALITIES: NO RWMA PRESENT

PERICARDIUM : NORMAL
VEGETATION / THROMBUS : NO

FINAL DIAGNOSIS:

- MILD CONCENTRIC LVH.
- NORMAL LV SYSTOLIC FUNCTION.
- LVEF-60%.
- NO RWMA PRESENT.
- GRADE I LVDD
- TRIVIAL MR
- TRIVIAL TR (PASP-20 mmHg)
- NO PE / CLOT / VEGETATION SEEN.

*** End Of Report ***

Dr.Sendil G
Consultant Cardiologist

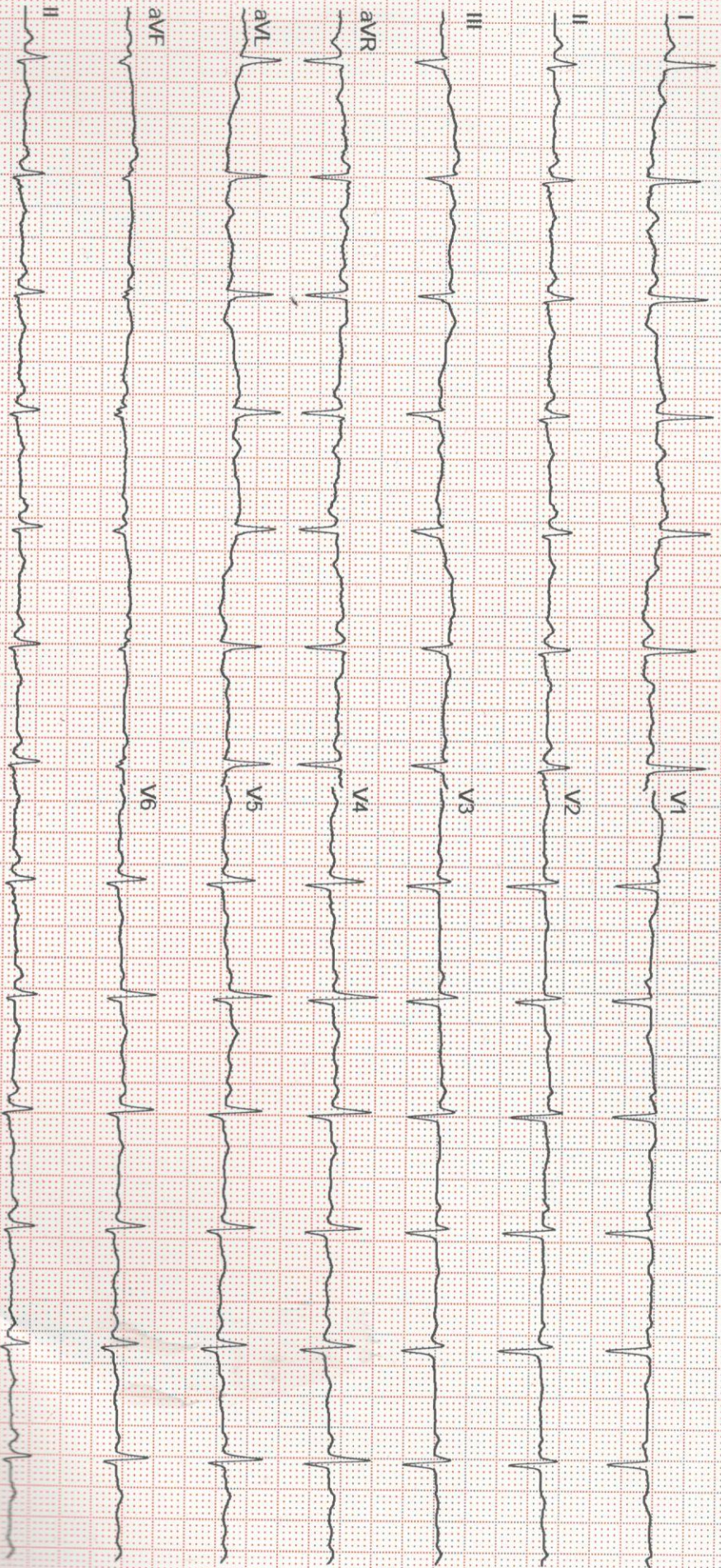
Female

SADASHIVNAGARA
BANGALORE

QRS 84 ms
QT / QTcBaz 370 / 426 ms
PR 146 ms
P 112 ms
RR / PP 750 / 750 ms
P / QRS / T 45 / -5 / 80 degrees

Normal sinus rhythm
Nonspecific ST and T wave abnormality
Abnormal ECG

*Normal Sinus Rhythm
Nonspecific ST and T wave
Abnormal ECG*



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz

Unconfirmed
2x5x6 25 R1



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ECHOCARDIOGRAM REPORT

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IVS(S):1.3 CM LVID (S): 2.8CM LVPW(S): 1.3CM
AO:3.1 CM LA: 3.2CM RVID (D): 2.4CM
EF: 60%

VALVES:

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AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL

CHAMBERS:

LEFT ARTIUM : NORMAL
RIGHT ARTIUM : NORMAL
LEFT VENTRICLE : Mild concentric LVH
RIGHT VENTRICLE : NORMAL

SEPTAE:

IVS : INTACT
IAS : INTACT

GREAT ARTERIES:

AORTA : NORMAL
PULMONARY ARTERY : NORMAL



PLEASE SCAN QR CODE

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TID : UMR1576689
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Reference : Arcofemi Health Care Ltd
- Medi Whe

DOPPLER STUDY:

MITRAL VALVE : E -0.5/ A -0.7M/S
AORTIC VALVE : 1.2M/S
TRICUSPID VALVE : E -0.4/ A - 0.6M/S
PULMONARY VALVE : 0.8M/S

WALL MOTION ABNORMALITIES: NO RWMA PRESENT

PERICARDIUM : NORMAL
VEGETATION / THROMBUS : NO

FINAL DIAGNOSIS:

- MILD CONCENTRIC LVH.
- NORMAL LV SYSTOLIC FUNCTION.
- LVEF-60%.
- NO RWMA PRESENT.
- GRADE I LVDD
- TRIVIAL MR
- TRIVIAL TR (PASP-20 mmHg)
- NO PE / CLOT / VEGETATION SEEN.

*** End Of Report ***

Dr.Sendil G
Consultant Cardiologist



Name : MS.L ANITHA KUMARI .
Age / Gender : 55 Years / Female
Ref.By : SELF
Req.No : BIL4292185

TID/SID : UMR1576689/ 27660483
Registered on : 25-May-2024 / 08:54 AM
Collected on : 25-May-2024 / 08:57 AM
Reported on : 25-May-2024 / 13:23 PM
Reference : Arcofemi Health Care Ltd -

TEST REPORT

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	Clear	Clear
Chemical Examination		
Reaction and pH Method:pH- Methyl red & Bromothymol blue	5.5	4.6-8.0
Specific gravity Method:Bromothymol Blue	1.015	1.003-1.035
Protein Method:Tetrabromophenol blue	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Positive (++)	Negative
Ketones Method:Sodium Nitroprusside	Negative	Negative
Bilirubin Method:Dichloroanilinediazonium	Negative	Negative
Leucocytes Method:3 hydroxy5 phenylpyrrole + diazonium	Positive (++)	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	25-30	2 - 3 /hpf
Epithelial cells Method:Microscopy	3-4	2 - 5 /hpf
RBC (erythrocytes) Method:Microscopy	15-20	Absent
Casts Method:Microscopy	Absent	Occasional hyaline casts may be seen



Name : **MS.L ANITHA KUMARI .**
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TEST REPORT

Crystals	Absent	Phosphate, oxalate, or urate crystals may be seen
Method:Microscopy		
Others	Nil	Nil
Method:Microscopy		
Note	Kindly correlate clinically	

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 infection 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 ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist





Name	: MS.L ANITHA KUMARI .	TID/SID	: UMR1576689/ 27662601
Age / Gender	: 55 Years / Female	Registered on	: 25-May-2024 / 08:54 AM
Ref.By	: SELF	Collected on	: 25-May-2024 / 12:32 PM
Req.No	: BIL4292185	Reported on	: 25-May-2024 / 20:21 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CYTOPATHOLOGY

Pap Smear, Conventional

Specimen Type	Conventional smear (Pap smear)
Specimen Adequacy	Satisfactory for evaluation
Microscopic Observations:	Smears studied show good number of intermediate squamous cells, few superficial squamous cells and occasional squamous metaplastic cells. Background shows neutrophils and thin mucoid debris.
Interpretation	Negative for intraepithelial lesion or malignancy.

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

--- End Of Report ---

Dr Manjunatha H.K
Consultant Pathologist





Name : MS.L ANITHA KUMARI . TID/SID : UMR1576689/ 27660484
Age / Gender : 55 Years / Female Registered on : 25-May-2024 / 08:54 AM
Ref.By : SELF Collected on : 25-May-2024 / 08:57 AM
Req.No : BIL4292185 Reported on : 25-May-2024 / 16:15 PM
Reference : Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	B
Rh Typing (D)	POSITIVE

Method: Hemagglutination Tube Method by Forward & Reverse Grouping

Reference: Tulip kit literature

Interpretation: The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. ABO antigens are poorly expressed at birth, increase gradually in strength and become fully expressed around 1 year of age.

Note: Records of previous blood grouping/Rh typing not available. Please verify before transfusion.

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

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist





Name	: MS.L ANITHA KUMARI .	TID/SID	: UMR1576689/ 27660484
Age / Gender	: 55 Years / Female	Registered on	: 25-May-2024 / 08:54 AM
Ref.By	: SELF	Collected on	: 25-May-2024 / 08:57 AM
Req.No	: BIL4292185	Reported on	: 25-May-2024 / 13:37 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Biological Reference Intervals
Erythrocyte Sedimentation Rate	07	<=30 mm/hour
Method:Microphotometrical capillary using stopped flow kinetic analysis		

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Hemoglobin	12.8	11.5-16.0 g/dL
Method:Spectrophotometry		
Packed Cell Volume	37.9	34-48 %
Method:Derived from Impedance		
Red Blood Cell Count.	4.40	4.2-5.4 Mill/Cumm
Method:Impedance Variation		
Mean Corpuscular Volume	86.3	78-100 fL
Method:Derived from Impedance		
Mean Corpuscular Hemoglobin	29.2	27-32 pg
Method:Derived from Impedance		
Mean Corpuscular Hemoglobin Concentration	33.9	31.5-36 g/dL
Method:Derived from Impedance		
Red Cell Distribution Width - CV	12.4	11.5-16.0 %
Method:Derived from Impedance		
Red Cell Distribution Width - SD	41.2	39-46 fL
Method:Derived from Impedance		
Total WBC Count.	6690	4000-11000 cells/cumm
Method:Impedance Variation		
Neutrophils	59.3	40-75 %
Method:Impedance Variation, Flowcytometry		
Lymphocytes	33.0	20-45 %
Method:Microscopy		
Eosinophils	3.4	01-06 %
Method:Impedance Variation,Method_Desc= Flow Cytometry		
Monocytes	3.1	01-10 %
Method:Impedance Variation, Flowcytometry		



Name	: MS.L ANITHA KUMARI .	TID/SID	: UMR1576689/ 27660484
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		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

Basophils. Method:Impedance Variation,Method_Desc= Flow Cytometry	1.2	00-02 %
Absolute Neutrophils Count. Method:Calculated	3967	1500-6600 cells/cumm
Absolute Lymphocyte Count Method:Calculated	2208	1500-3500 cells/cumm
Absolute Eosinophils count. Method:Calculated	227	40-440 cells/cumm
Absolute Monocytes Count. Method:Calculated	207	<1000 cells/cumm
Absolute Basophils count. Method:Calculated	80	<200 cells/cumm
Platelet Count. Method:Impedance Variation	2.5	1.4-4.4 lakhs/cumm
Mean Platelet Volume. Method:Derived from Impedance	9.4	8.0-13.3 fL
Plateletcrit. Method:Derived from Impedance	0.23	0.18-0.28 %

Method: Automated Hematology Analyzer, Microscopy

Reference: Dacie and Lewis Practical Hematology, 12th 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 ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist



Name	: MS.L ANITHA KUMARI .	TID/SID	: UMR1576689/ 27660485
Age / Gender	: 55 Years / Female	Registered on	: 25-May-2024 / 08:54 AM
Ref.By	: SELF	Collected on	: 25-May-2024 / 08:57 AM
Req.No	: BIL4292185	Reported on	: 25-May-2024 / 13:48 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen.	7	6-20 mg/dL
Method:Kinetic, Urease - GLDH, Calculated		

Interpretation: Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine.	0.42	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.

Bun/Creatinine Ratio, Serum

Investigation	Observed Value
BUN/Creatinine Ratio	17
Method:Calculated	

Reference:

A Manual of Laboratory Diagnostic Tests. Edition 7, Lippincott Williams and Wilkins, By Frances Talaska Fischbach, RN, BSN, MSN, and Marshall Barnett Dunning 111, BS, MS, Ph.D.



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Req.No	: BIL4292185	Reported on	:
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

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

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist





Name	: MS.L ANITHA KUMARI .	TID/SID	: UMR1576689/ 27660486-F
Age / Gender	: 55 Years / Female	Registered on	: 25-May-2024 / 08:54 AM
Ref.By	: SELF	Collected on	: 25-May-2024 / 08:57 AM
Req.No	: BIL4292185	Reported on	: 25-May-2024 / 12:55 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	118	Normal: 70 -100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: \geq 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 ---

Dr.M.G.Satish
Consultant Pathologist





Name : **MS.L ANITHA KUMARI .** TID/SID : UMR1576689/ 27660486-P
Age / Gender : 55 Years / Female Registered on : 25-May-2024 / 08:54 AM
Ref.By : SELF Collected on : 25-May-2024 / 12:47 PM
Req.No : BIL4292185 Reported on : 25-May-2024 / 15:35 PM
Reference : Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	93	Normal : 90 - 140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: \geq 200 mg/dL

Note The discordant post prandial blood glucose values levels are observed in some of the conditions related to defective absorption, insufficient dietary intake, endocrine disorders, hypoglycemic drug overdose and reactive hypoglycemia etc.

Interpretation: This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2020.

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

--- End Of Report ---



Dr.M.G.Satish
Consultant Pathologist





Name	: MS.L ANITHA KUMARI .	TID/SID	: UMR1576689/ 27660484
Age / Gender	: 55 Years / Female	Registered on	: 25-May-2024 / 08:54 AM
Ref.By	: SELF	Collected on	: 25-May-2024 / 08:57 AM
Req.No	: BIL4292185	Reported on	: 25-May-2024 / 14:50 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

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	6.5	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:High-Performance Liquid Chromatography	140	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.M.G.Satish
Consultant Pathologist





Name	: MS.L ANITHA KUMARI .	TID/SID	: UMR1576689/ 27660485
Age / Gender	: 55 Years / Female	Registered on	: 25-May-2024 / 08:54 AM
Ref.By	: SELF	Collected on	: 25-May-2024 / 08:57 AM
Req.No	: BIL4292185	Reported on	: 25-May-2024 / 13:48 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Spectrophotometry , CHOD - POD	149	Desirable: < 200 mg/dL Borderline: 200-239 mg/dL High: >= 240 mg/dL
HDL Cholesterol Method:Spectrophotometry , Direct Measurement	42	Optimal : >=60 mg/dL Borderline : 40-59 mg/dL High Risk <40 mg/dL
Non HDL Cholesterol Method:Calculated	107	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	96	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	11	<30 mg/dL
Total Cholesterol/HDL Ratio Method:Calculated	3.55	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
LDL/HDL Ratio Method:Calculated	2.29	Optimal : 0.5-3.0 Borderline : 3.1-6.0 High Risk : >6.0
Triglycerides Method:Spectrophotometry, Enzymatic - GPO/POD	55	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 ---



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Name : **MS.L ANITHA KUMARI .**
Age / Gender : 55 Years / Female
Ref.By : SELF
Req.No : BIL4292185

TID/SID : UMR1576689/
Registered on : 25-May-2024 / 08:54 AM
Collected on :
Reported on :
Reference : Arcofemi Health Care Ltd -

TEST REPORT

Kavya SN

Dr.Kavya S N
Consultant Pathologist





Name	: MS.L ANITHA KUMARI .	TID/SID	: UMR1576689/ 27660485
Age / Gender	: 55 Years / Female	Registered on	: 25-May-2024 / 08:54 AM
Ref.By	: SELF	Collected on	: 25-May-2024 / 08:57 AM
Req.No	: BIL4292185	Reported on	: 25-May-2024 / 16:21 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Biological Reference Interval
Total Bilirubin. Method:Spectrophotometry, Diazo method	0.34	<=1.2 mg/dL
Direct Bilirubin. Method:Spectrophotometry, Diazo method	0.22	<=0.30 mg/dL
Indirect Bilirubin. Method:Calculated	0.12	<=1.0 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method: IFCC without pyridoxal phosphate activation	18	<=33 U/L
Aspartate Aminotransferase,(AST/SGOT) Method: IFCC without pyridoxal phosphate activation	15	<=32 U/L
ALP (Alkaline Phosphatase). Method:Spectrophotometry , IFCC	146	35-104 U/L
Gamma GT. Method:Spectrophotometry , IFCC	34	<40 U/L
Total Protein. Method:Spectrophotometry, Biuret	6.4	6.4-8.3 g/dL
Albumin. Method:Spectrophotometry, Bromcresol Green	4	3.5-5.2 g/dL
Globulin. Method:Spectrophotometry, Bromcresol Green	2.4	2.0-3.5 g/dL
A/GRatio. Method:Calculated	1.67	1.1-2.5

Interpretation: Liver functions tests help to identify liver disease, its severity, and its type. Generally these tests are performed in combination, are abnormal in liver disease, and the pattern of abnormality is indicative of the nature of liver disease. An isolated abnormality of a single liver function test usually means a non-hepatic cause. If several liver function tests are simultaneously abnormal, then hepatic etiology is likely.

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

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist



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Req.No	: BIL4292185	Reported on	: 25-May-2024 / 13:48 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	1.14	0.80-2.00 ng/mL Pregnancy: 1st Trimester: 0.9 -2.5 ng/mL 2nd Trimester: 1.00 - 2.4 ng/mL 3rd Trimester 0.9-2.4 ng/mL Note: Biological Reference Ranges are changed due to change in method of testing.
Thyroxine Total (T4) Method:ECLIA	8.94	4.6-12.0 µg/dL Pregnancy: 1st Trimester: 4.4 - 11.5 µg/dL 2nd Trimester: 4.9 - 12.2 µg/dL 3rd Trimester: 5.1 - 13.2µg/dL Note: Biological Reference Ranges are changed due to change in method of testing.
Thyroid Stimulating Hormone (TSH) Method:ECLIA	2.12	0.27-4.20 µIU/mL Pregnancy: 1st Trimester: 0.1 - 3.0 µIU/mL 2nd Trimester: 0.4 - 3.3 µIU/mL 3rd Trimester: 0.4 - 3.8 µIU/mL Note: Biological Reference Ranges are changed due to change in method of testing.

Interpretation: A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics, Carl A. Burtis, David E. Bruns.

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

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist



PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE



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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Enzymatic	5.1	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 ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist





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Age/Gender	: 55 Years/Female	Registered On	: 25-May-2024 08:54 AM
Ref By	: Self	Reported On	: 25-May-2024 01:58 PM
Reg.No	: BIL4292185	Reference	: Arcofemi Health Care Ltd - Medi Whe

X-ray mammogram (mediolateral oblique & craniocaudal views) followed by Sonomammography.

BILATERAL MAMMOGRAPHY

Breast composition Type B (These are scattered areas of fibroglandular density).

No focal soft tissue lesion. No cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

Bilateral axillary lymph nodes are seen.

BILATERAL SONOMAMMOGRAPHY

Oval shaped fat echogenicity lesion, measuring about 7 x 5 mm at 3 o'clock position in right breast – representing lipoma.

Both the breasts otherwise show normal echopattern. No other focal solid / cystic areas.

No ductal dilatation.

Bilateral benign axillary lymph nodes are seen with preserved fatty hilum, largest measuring about 1.2 x 0.7 cms on right side and 1.9 x 0.6 cms on left side.

IMPRESSION:

- **Small lipoma in right breast.**

ASSESSMENT: BI-RADS CATEGORY – 2

BI-RADS CLASSIFICATION

<u>CATEGORY</u>	<u>RESULT</u>
2	Benign finding. Routine mammogram in 1 year recommended.

*** End Of Report ***

Dr Ananya K
Consultant Radiologist



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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER measures 15.3 cms (borderline) and has mildly increased echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is well distended. No obvious calculus. Wall thickness is normal. 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: is enlarged in size. Cortico-medullary differentiation preserved. No thinning of cortex. There is a calculus measuring about 17 mm at pelvi-ureteric junction causing upstream moderate hydronephrosis.

Left kidney: is enlarged in size. Cortico-medullary differentiation preserved. No thinning of cortex. A calculus measuring about 13mm is seen in the renal pelvis causing moderate hydronephrosis. Few calculi are seen in the mid and lower calyces, largest measuring about 7 mm.

The kidney measures as follows:

	Bipolar length (cm)	Parenchymal thickness (cm)
Right Kidney	12.4	1.5
Left Kidney	12.4	1.6

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

UTERUS – is bulky in size with a large rounded heterogeneous lesion measuring about 9 x 9.7 cms, likely uterine fibroid. Endometrium is not separately seen.

No evidence of ascites.



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Umbilical hernia is noted with a defect of about 3.0 cms containing omental fat and occasional bowel loops as its contents. No strangulation.

Multiple anterior abdominal wall lipomas are noted, largest measuring about 3.1 x 1.2 cms in the left hypochondriac region.

IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **Large right pelvi-ureteric junction calculus causing moderate hydronephrosis.**
- **Left renal pelvis calculus causing moderate hydronephrosis.**
- **Left renal calyceal calculi.**
- **Bulky uterus with large heterogeneous lesion – likely representing uterine fibroid.**
- **Umbilical hernia.**
- **Multiple anterior abdominal wall lipomas.**

Suggested CT Abdomen and pelvis for further evaluation.

*** End Of Report ***

Dr Ananya K
Consultant Radiologist



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X-RAY CHEST PA VIEW

Patient rotation is noted.

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:

- **No significant abnormality detected.**

*** End Of Report ***

Dr Lohith H P
Consultant Radiologist