

Name : Ms. Rosana Beegam S  
PID No. : MED112110270  
SID No. : 924006457  
Age / Sex : 46 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 09/03/2024 8:22 AM  
Collection On : 09/03/2024 8:49 AM  
Report On : 09/03/2024 6:59 PM  
Printed On : 15/03/2024 11:29 AM



Investigation Observed Value Unit Biological Reference Interval

## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	10.1	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	31.5	%	37 - 47
RBC Count (EDTA Blood)	4.08	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	77.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	24.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.0	g/dL	32 - 36
RDW-CV (EDTA Blood)	16.8	%	11.5 - 16.0
RDW-SD (EDTA Blood)	45.9	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6800	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	54.0	%	40 - 75
Lymphocytes (EDTA Blood)	38.3	%	20 - 45
Eosinophils (EDTA Blood)	1.3	%	01 - 06



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Monocytes (EDTA Blood)	6.0	%	01 - 10
Basophils (EDTA Blood)	0.4	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.7	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.6	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.1	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.4	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood)	366	10 <sup>3</sup> / µl	150 - 450
MPV (EDTA Blood)	8.0	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	<b>0.294</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	<b>38</b>	mm/hr	< 20



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**BIOCHEMISTRY**

Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	87.31	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126
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**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	85.71	mg/dL	70 - 140
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**INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	11.1	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.78	mg/dL	0.6 - 1.1
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**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	3.83	mg/dL	2.6 - 6.0
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**BIOCHEMISTRY**

**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.18	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.06	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.12	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.62	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	22.41	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.33	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	83.1	U/L	42 - 98
Total Protein (Serum/Biuret)	6.96	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.09	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.87	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.43		1.1 - 2.2



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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	295.19	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	96.59	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.

HDL Cholesterol (Serum/Immunoinhibition)	36.28	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	239.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	19.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	258.9	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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**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)	8.1		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	6.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.2	%	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 102.54 mg/dL  
(Whole Blood)

**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 glyceimic 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.

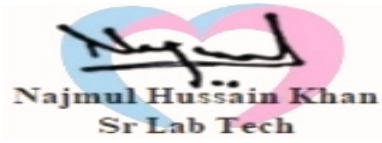


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<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	14.2		6.0 - 22.0



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**IMMUNOASSAY**

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.27	ng/ml	0.7 - 2.04
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**INTERPRETATION:**

**Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/ECLIA)	10.75	µg/dl	4.2 - 12.0
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**INTERPRETATION:**

**Comment :**

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

TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	5.46	µIU/mL	0.35 - 5.50
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**INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

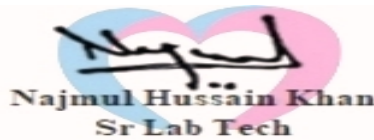
(Indian Thyroid Society Guidelines)

**Comment :**

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



VERIFIED BY



MC-5606



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**CLINICAL PATHOLOGY**

**PHYSICAL EXAMINATION (URINE COMPLETE)**

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

**CHEMICAL EXAMINATION (URINE COMPLETE)**

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.004		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



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Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

**MICROSCOPIC EXAMINATION**  
**(URINE COMPLETE)**

Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/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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## PAP Smear by LBC( Liquid based Cytology )

PAP Smear by LBC( Liquid based Cytology )

Lab No : GC-562 /24

Nature of Specimen: Cervical smear

Specimen type : Liquid based preparation

Specimen adequacy : Satisfactory for evaluation

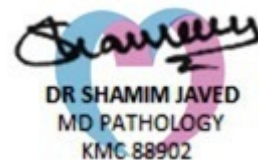
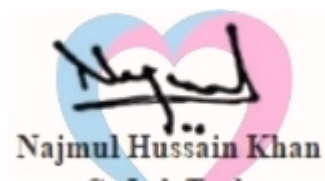
Endocervical / Transformation zone cells

: Present

General categorization : Within normal limits

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

**INTERPRETATION** : Negative for intraepithelial lesion or malignancy.



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## ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and has uniform echopattern.  
No evidence of focal lesion or intrahepatic biliary ductal dilatation.  
Hepatic and portal vein radicals are normal.

**GALL BLADDER** show normal shape and has clear contents.  
Gall bladder 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.

No demonstrable Para -aortic lymphadenopathy.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern.  
Cortico- medullary differentiations are well madeout.  
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.7	1.5
Left Kidney	9.3	1.5

**URINARY BLADDER** show normal shape and wall thickness.  
It has clear contents.

**UTERUS** is anteverted and bulky in size with heterogeneous myometrium and loss of endo-myometrial junction.

Endometrial echo is of normal thickness - 6.4mms.

Uterus measures as follows:

LS: 8.9cms      AP: 4.4cms      TS: 6.0cms.

..2

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:2:

**OVARIES** are normal size, shape and echotexture  
**Left ovary shows a follicular cyst measuring 2.5 x 1.8cms.**

Ovaries measures as follows:

Right ovary: 3.1 x 1.9cms.

Left ovary: 3.2 x 2.3cms.

POD & adnexa are free.

No evidence of ascites.

**Impression:**

***Bulky uterus with heterogeneous myometrium as described - likely adenomyosis.***

***Sugg: Clinical correlation and further evaluation.***

**DR. GEETHA PRIYADARSHINI.T**  
**CONSULTANT RADIOLOGIST**  
*Gp/d*

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**X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.**

**BILATERAL MAMMOGRAPHY**

Breast composition category IV- The breasts are extremely dense, which lowers the sensitivity of mammography

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

**BILATERAL SONOMAMMOGRAPHY**

Prominent fibro-glandular tissue with hyperechoic breast parenchyma is noted in bilateral breasts.

Well defined hypoechoic lesion measuring 5.4 x 4.5mm showing no internal vascularity is noted 11 o'clock position of left breast.

No evidence of ductal dilatation.

Few subcentimetric lymph nodes, largest measuring 13 x 5mm with normal architecture and fatty hilum noted in both axilla.

**Impression:**

- ***Fibroadenosis in bilateral breasts.***
- ***Well defined hypoechoic lesion in left breast as described - BIRADS-2 - likely fibroadenoma.***

**ASSESSMENT: BI-RADS CATEGORY -2**

**BI-RADS CLASSIFICATION**

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**CATEGORY   RESULT**

2                      Benign finding. Routine mammogram in 1 year recommended.

**DR. GEETHA PRIYADARSHINI.T**  
**CONSULTANT RADIOLOGIST**  
*Gp/d*

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Name	Ms. Rosana Beegam S	ID	MED112110270
Age & Gender	46Y/F	Visit Date	Mar 9 2024 8:21AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.


Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

***Impression: No significant abnormality detected.***



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