

Name : Mrs. SUMANGALA GULI  
PID No. : MED121636611 Register On : 28/01/2023 10:46 AM  
SID No. : 522301428 Collection On : 28/01/2023 11:30 AM  
Age / Sex : 36 Year(s) / Female Report On : 28/01/2023 6:56 PM  
Type : OP Printed On : 30/01/2023 7:45 AM  
Ref. Dr : MediWheel

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**HAEMATOLOGY**

**Complete Blood Count With - ESR**

Haemoglobin (EDTA Blood/Spectrophotometry)	13.6	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	38.8	%	37 - 47
RBC Count (EDTA Blood)	<b>4.05</b>	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	95.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	<b>33.5</b>	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	35.0	g/dL	32 - 36
RDW-CV	14.1	%	11.5 - 16.0
RDW-SD	<b>48.1</b>	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	9300	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	59.2	%	40 - 75
Lymphocytes (Blood)	32.4	%	20 - 45
Eosinophils (Blood)	3.2	%	01 - 06
Monocytes (Blood)	4.8	%	01 - 10

  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674  
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Basophils (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)	5.5	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	3.0	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.3	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.4	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	299	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood)	7.3	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.217	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	19	mm/hr	< 20


  
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<b><u>BIOCHEMISTRY</u></b>			
<b><u>Liver Function Test</u></b>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.85	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.24	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.61	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	13.58	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	15.72	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	25.26	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	75.0	U/L	42 - 98
Total Protein (Serum/Biuret)	7.64	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.57	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.07	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.49		1.1 - 2.2

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

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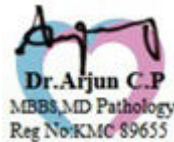
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	183.19	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	<b>326.04</b>	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)	<b>31.63</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	86.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	65.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	151.6	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220




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<b>INTERPRETATION:</b> 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)	5.8		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	10.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	4.7	%	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 %

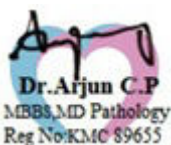
Estimated Average Glucose 88.19 mg/dL  
(Whole Blood)

**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 glycaemic 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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## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.03	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)	7.23	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)	9.53	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.

  
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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	15		

### CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.007		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		
<b><u>MICROSCOPIC EXAMINATION</u></b> <b><u>(URINE COMPLETE)</u></b>			
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.

  
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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING 'B' 'Positive'  
(EDTA Blood/Agglutination)

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



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<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	11.57		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	92.47	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	116.77	mg/dL	70 - 140

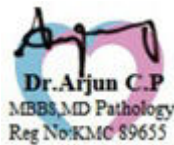
**INTERPRETATION:**

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

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.1	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.70	mg/dL	0.6 - 1.1

**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	6.01	mg/dL	2.6 - 6.0
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APPROVED BY

-- End of Report --

MRS. sumangala  
ID: MED121636611

36 Years  
Female

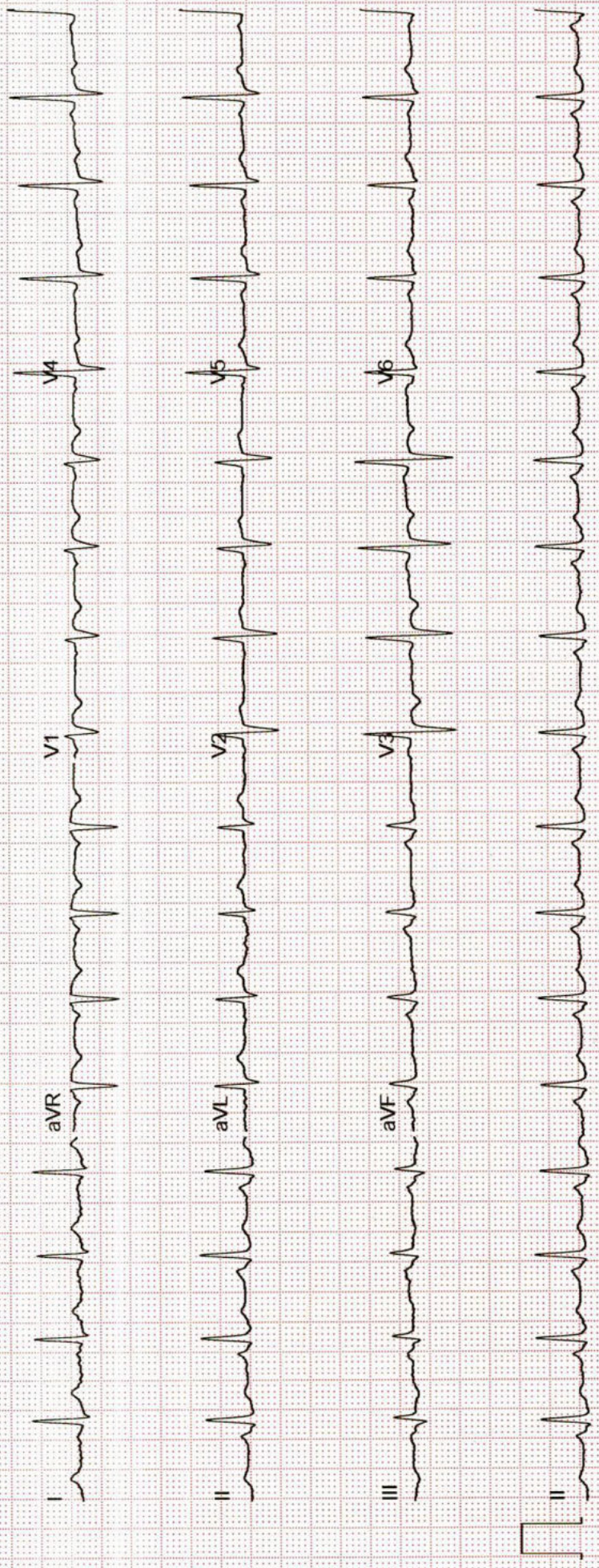
28 01 2023 12:31:53  
CLUMAX DIAGNOSTICS  
VYALIKAVAI  
BANGALORE

Sinus tachycardia  
Otherwise normal ECG

QRS : 90 ms  
QT / QTcBaz : 316 / 409 ms  
PR : 124 ms  
P : 98 ms  
RR / PP : 590 / 594 ms  
P / QRS / T : 70 / 37 / 16 degrees

101 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:  
*Dr. Srinivas*



Name	MRS.SUMANGALA GULI	ID	MED121636611
Age & Gender	36Y/FEMALE	Visit Date	28 Jan 2023
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER is mildly enlarged in size (17cms) and shows diffuse increased echogenicity.** No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

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

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

**SPLEEN** show normal shape, size and echopattern. No demonstrable Para-aortic lymphadenopathy.

#### **BOTH KIDNEYS**

**Right kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

**Left kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.4	1.3
Left Kidney	11.4	1.6

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

**UTERUS** is anteverted and has normal shape and size. It has uniform myometrial echopattern. Endometrial echo is of normal thickness - 7mm.

Uterus measures LS: 5.8cms      AP: 2.7cms      TS: 4.5cms.

**BOTH OVARIES** show multiple tiny peripherally arranged follicles with central echogenic stroma.

Right ovary measures 3.3 x 2.8 x 1.5cms (Vol-7cc)    Left ovary measures 4.3 x 2.5 x 1.7cms (Vol- 9cc)

POD & adnexa are free.

No evidence of ascites.

#### **IMPRESSION:**

- **Hepatomegaly with grade I fatty infiltration.**
- **Morphological appearance of polycystic ovaries.**

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*\*Suggested correlation with hormonal assay.*

**DR. HEMANANDINI V.N**  
**CONSULTANT RADIOLOGIST**  
**Hn/an**

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## ECHO CARDIOGRAPHIC STUDY

<b>M-Mode</b>				
AORTA		30		mm
LEFT ARTIUM		36		mm
RIGHT VENTRICLE		22		mm
LEFT VENTRICLE (Diastole)		49		mm
LEFT VENTRICLE (Systole)		28		mm
VENTRICULAR SEPTUM (Diastole)		08		mm
POSTERIOR WALL (Diastole)		07		mm
END DIASTOLIC VOLUME		115		ml
END SYSTOLIC VOLUME		30		ml
STROKE VOLUME		85		ml
FRACTIONAL SHORTENING		43		%
EJECTION FRACTION		74		%
<b>DOPPLER / COLOUR FLOW</b>				
MITRAL VALVE	E- 0.8	A -0.6	m/se c	NO MR
AORTIC VALVE	1.0	-	m/se c	NO AR
TRICUSPID VALVE	-	-	m/se c	NO TR
PULMONARY VALVE	0.8	-	m/se c	NO PR

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### FINDINGS

LEFT VENTRICLE	SIZE	NORMAL
	THICKNESS	NORMAL
LV FUNCTION	REGIONAL WALL MOTION ABNORMALITY	ABSENT
LEFT ATRIUM	NORMAL	
RIGHT VENTRICLE	NORMAL	
RIGHT ATRIUM	NORMAL	
MITRAL VALVE	NORMAL	
AORTIC VALVE	NORMAL	
PULMONARY VALVE	NORMAL	
TRICUSPID VALVE	NORMAL	
INTER ATRIAL SEPTUM	INTACT	
INTER VENTRICULAR SEPTUM	INTACT	
PERICARDIUM	NORMAL, NO EFFUSION	
GREAT VESSELS	AORTA - NORMAL PULMONARY ARTERY - NORMAL	

### **CONCLUSION:**

- **NORMAL CHAMBER DIMENSIONS.**
- **NORMAL VALVES**
- **NO REGIONAL WALL MOTION ABNORMALITIES**
- **NORMAL LV SYSTOLIC FUNCTION.LVEF- 74 %**
- **NO CLOTS / VEGETATION / PE.**

**DR NAGESH M B**  
**CONSULTANT**  
**CARDIOLOGIST**

(PLEASE CORRELATE WITH ECG & CLINICAL FINDINGS)



# OPTICAL STORE

Unique Collection

Ph: 9611444957

Vyalikaval Main road No. 12 Lakshmi Nilaya, Ground Floor,  
2nd Main Road, Vyalikaval, Bengaluru Karnataka - 560003

Name Sumangala Gudi  
Age 36/F

Ph No 8105909679

## CHIEF COMPLAINTS

RE / LE / BE

DOV / Blurring / Eyeache / Burning  
Itching / Pricking / Redness

## Visual Activity

	RE	LE
Distance/ Near	<u>6/9</u>	<u>6/9</u>
With PH		
With Glasses/Cl		

Color Vision: BE = Normal

	RE				LE			
	SPH	CYL	AXIS	VN	SPH	CYL	AXIS	VN
Distance	<u>0.50</u>	<u>0.75</u>	<u>90</u>	<u>6/6</u>	<u>0.50</u>	<u>-</u>		<u>6/6</u>
Near								

Advise: Constant Use / Near use / Distance Only

Ravikumar H  
Mr Ravikumar H  
(Consultant Optometrist)  
28/10/23

Name	SUMANGALA GULI	Customer ID	MED121636611
Age & Gender	36Y/F	Visit Date	Jan 28 2023 10:45AM
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.*



**DR. HEMANANDHINI**  
**CONSULTANT RADIOLOGIST**