

Name : Ms. MOKA VARSHA
PID No. : MED111033178
SID No. : 922018110
Age / Sex : 30 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 25/03/2022 8:40 AM
Collection On : 25/03/2022 9:25 AM
Report On : 26/03/2022 10:49 AM
Printed On : 26/03/2022 7:05 PM



<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/Derived from Impedance)	42.0	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	5.23	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	80.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	26.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.5	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	15.0	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	42.4	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	7100	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	61.0	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	28.7	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	3.4	%	01 - 06


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Consultant Pathologist
Reg No : 99049

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MD PATHOLOGY
KMC 88902

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	5.9	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.0	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.3	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.0	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.20	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.1	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	251	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	7.7	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.192	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	24	mm/hr	< 20


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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	159	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	64	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)	48	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	98.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	12.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	111.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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.


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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.3		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)	1.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0


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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.7	%	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 116.89 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/CMIA)	1.19	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 (Thyroxine) - Total (Serum/CMIA)	7.68	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/Chemiluminescent Microparticle Immunoassay(CMIA))	1.82	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&lt;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


Colour (Urine)	Pale yellow		
Appearance (Urine)	Slightly Hazy		Clear
Volume (Urine)	10	mL	

CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	+		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative


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Reg No : 80423

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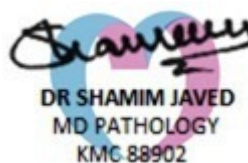
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Leukocytes (Urine)	Trace	leuco/uL	Negative
<u>MICROSCOPY(URINE DEPOSITS)</u>			
Pus Cells (Urine/Flow cytometry)	8-10	/hpf	3-5
Epithelial Cells (Urine)	4-5	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	NIL
Others (Urine)	Bacteria Present		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL



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BIOCHEMISTRY

BUN / Creatinine Ratio	13.8		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	77	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)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	81	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.

Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	11	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe Kinetic)	0.8	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-acetylcyteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	5.2	mg/dL	2.6 - 6.0
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'

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

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KMC 88902

APPROVED BY

-- End of Report --



बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम
Name

मोका वर्षा
Moka Varsha

E.C. No.

176330



Varsha. M


जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder

Customer Name	MS. Moka Varsha	Customer ID	MED 111033178
Age & Gender	30yrs Female	Visit Date	25/03/2022

Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	N6	N6
Distance Vision	6/6	6/6
Colour Vision	Normal	Normal

Observation / Comments: Normal

CLUMAX DIAGNOSTICS &
RESEARCH CENTRE PVT.LTD
68/150/3, "Sri Laxshmi Towers"
9th Main, 3rd Block, Jayanagar
BANGALORE - 560 011

Name	MS.MOKA VARSHA	ID	MED111033178
Age & Gender	30Y/FEMALE	Visit Date	25/03/2022
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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	9.8	1.8
Left Kidney	9.2	1.5

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 – 8.0mms.
Uterus measures as follows:
LS: 7.2cms AP: 2.6cms TS: 3.7cms.



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:2:

OVARIES are normal size, shape and echotexture

Ovaries measures as follows:

Right ovary: 3.0 x 1.6cms.

Left ovary: 3.0 x 1.8cms.

Minimal fluid is seen in POD

Adnexa are free.

Impression: *No sonological abnormality detected.*

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Ms/pu



Name	MOKA VARSHA	Customer ID	MED111033178
Age & Gender	30Y/F	Visit Date	Mar 25 2022 8:38AM
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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: Essentially normal study.



DR. H.K. ANAND

DR. SHWETHA S

DR. PRAJNA SHENOY

DR. MAHESH M S

CONSULTANT RADIOLOGISTS



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2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.27	cms
LEFT ATRIUM	:	2.78	cms
AVS	:	1.35	cms
LEFT VENTRICLE (DIASTOLE)	:	3.92	cms
(SYSTOLE)	:	2.73	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.10	cms
(SYSTOLE)	:	1.80	cms
POSTERIOR WALL (DIASTOLE)	:	1.10	cms
(SYSTOLE)	:	2.08	cms
EDV	:	66	ml
ESV	:	27	ml
FRACTIONAL SHORTENING	:	30	%
EJECTION FRACTION	:	60	%
EPSS	:		cms
RVID	:	1.88	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -1.21m/s 'A' -0.75m/s	TRIVIAL MR
AORTIC VALVE	:1.41 m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84 m/s	NO PR



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:2:

2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle : Normal size, Normal systolic function.
No regional wall motion abnormalities

Left Atrium : Normal

Right Ventricle : Normal

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

Aortic valve : Normal, Trileaflet

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.


IVS : Intact.

Pericardium : No Pericardial effusion.

IMPRESSION :

- TRIVIAL MITRAL REGURGITATION
- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 60 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)



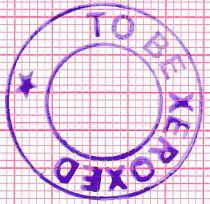
DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST
Ls/ml **Dr. SRIDHAR.L**
MD,(Med), DM(Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248



30years
Female

Vent. rate	74 bpm
PR interval	142 ms
QRS duration	86 ms
QT/QTc	376/417 ms
P-R-T axes	65 55 35

Technician: MANJU
Test ind:



Referred by: C/O MEDH WHEEL

Reviewed by:

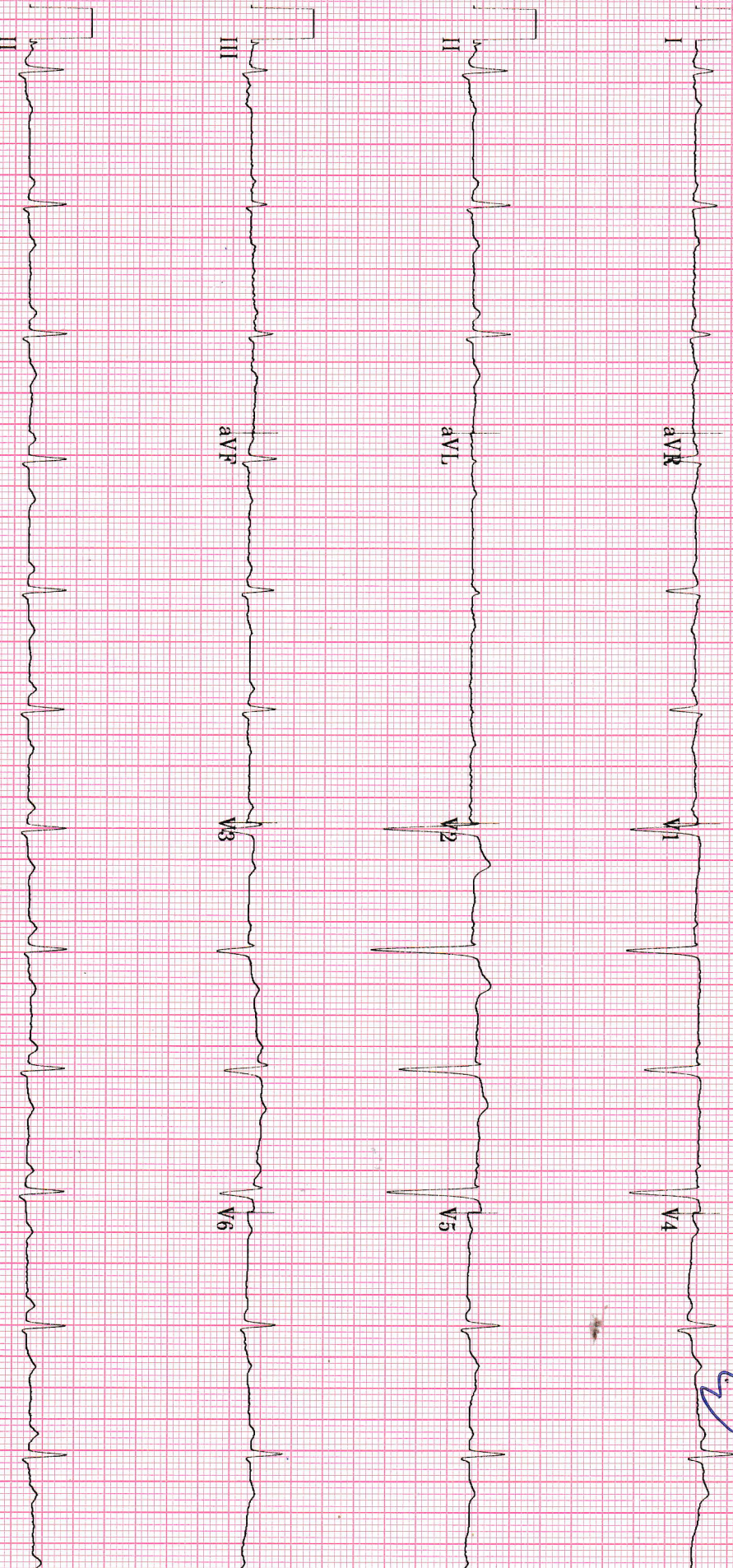
Dr. SUDHAN L
MD (Med. Electrophysiology) FICG
Interventional Cardiologist
K.M.C. No.: 32248

Needs for further Consultation
for further Management

Handwritten: 70°
V6

Handwritten: Normal ECG

Handwritten: S



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm 1d

MAC55 010Bsp1 12SL™ V241 HD

