



सत्यमेव जयते
भारत सरकार



आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1104/20156/03060

To,
ममता सेठी
Mamata Sethi
W/O Bijay Kumar Sethi
powai lake 602/4 Mhada BOB Officers quarters rambaug
powai
Powai lit S.O
Mumbai
Maharashtra 400076
9594331127

Ref: 278 / 10E / 503127 / 503187 / P



UE435556174IN



आपला आधार क्रमांक / Your Aadhaar No. :

3321 7953 3313

आधार — सामान्य माणसाचा अधिकार



ममता सेठी
Mamata Sethi
जन्म वर्ष / Year of Birth : 1973
स्त्री / Female

भारत सरकार
GOVERNMENT OF INDIA



3321 7953 3313

आधार — सामान्य माणसाचा अधिकार

PATIENT SUMMARY

Patient : MAMATA SETHI - 48/Years FEMALE
Address :
Phone : +919720351409

OP Number : KA-PEC2022/345011

14/02/2022

OPTOMETRIST FINDINGS (-13:09:00)

UNAIDED VISION DIST 6/6 RE 6/6 LE
UNAIDED VISION NEAR N8 RE N8 LE
COLOR VISION RE Normal LE Normal

Sleeping with Contact Lens NO

OPTICAL PRESCRIPTION DIST RE : +0.00 SPH 6/6 VN
LE : +0.00 SPH 6/6 VN

OPTICAL PRESCRIPTION RE : +1.50 SPH N6 VN
NEAR LE : +1.50 SPH N6 VN

DOCTOR ADVICE (DR.KEERTI MUKESH - 13:18:46)

PRESENTING COMPLAINTS clumax screening
LIDS & ADNEXA RE: NORMAL; LE: NORMAL
PUPIL RE: RRR; LE: RRR
CORNEA RERE: CLEAR; LE: CLEAR
LENS RERE: CLEAR; LE: CLEAR
CONJUNCTIVA RERE: NORMAL; LE: NORMAL
ANTERIOR CHAMBER RE: NORMAL; LE: NORMAL

OTHER RESULTS OTHER FINDINGSRE : Presbyopic glasses prescribed.

Printed On 14/2/22 1:27:09 PM
***** END *****

Thanking you for giving us an opportunity to provide you eye care services.



Sign-up & Health Assessment Form

To be filled by Customer

Name: Mr/Ms/Mrs **N A M A T A S E T H I**

Gender: Male Female Age: **42** years DOB: / /

Mobile: Pincode:

Email:

To be filled by Customer

Medical History

Have you been previously diagnosed with?

- Diabetes (Sugar) Yes No
- Hypertension (BP) Yes No
- Cardiovascular Disease (Heart) Yes No
- Asthma/Allergies (Dust, Pollen, Food, Animals, etc.) Yes No
- Neurological Problems (Nerve) Yes No

Are you currently taking medications for?

- Diabetes (Sugar) Yes No
- Hypertension (BP) Yes No
- Cardiovascular Disease (Heart) Yes No
- Liver Disease Yes No
- Cancer Yes No
- Tuberculosis (TB) Yes No

Family History

Is there a history of below diseases in your family?

- Diabetes (Sugar) Yes No
- Hypertension (BP) Yes No
- Cardiovascular Disease (Heart) Yes No
- Cancer Yes No

Lifestyle

- Do you exercise regularly? Yes No
- Do you consume alcohol more than 2 times a week? Yes No
- Do you smoke/chew tobacco? Yes No
- Are you vegetarian? Yes No

General

- Do you see a doctor at least once in 6 months? Yes No
- Do you undergo a health checkup every year? Yes No
- How would you rate your overall Health? Excellent Good Normal Poor Very Poor

Women's Health

- Is there a family history of Breast Cancer? Yes No
- Is there a family history of Endometrial (Uterus)*Cancer? Yes No
- Is there a family history of Ovarian Cancer? Yes No
- Do you have irregular periods? Yes No
- Do you have heavy bleeding during periods? Yes No
- Do you have scanty periods? Yes No
- Have you attained Menopause? Yes No
- Do you have children? Yes No
- Was it a normal delivery? Yes No
- Did you have diabetes/hypertension during delivery? Yes No

Bar code

Vitals

To be filled by Technician

Height: **158.5** cms

Waist: **35** in.

Hip: **38** in.

Weight: **59.6** kg

Fat: **35.7** %

Visc. Fat: **6.0** %

RM: **1238** cal

BMI: **23.7** kg/m²

Body Age: **54** years

Sys. BP: **124** mmHg

Dia. BP: **79** mmHg

POL-73

Name	MAMATA SETHI	Customer ID	MED110943457
Age & Gender	48Y/F	Visit Date	Feb 14 2022 10:02AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Dextrocardia is seen

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Sugg: Clinical correlation.



DR. H.K. ANAND

DR. SHWETHA S

DR. PRAJNA SHENOY

DR. MAHESH M S

CONSULTANT RADIOLOGISTS



Name	MS.MAMATA SETHI	ID	MED110943457
Age & Gender	48Y/FEMALE	Visit Date	14/02/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is noted in left hypochondrium. It is normal in shape, size and has increased 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 is visualized in right hypochondrium. It shows 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	9.3	1.5
Left Kidney	8.8	1.3

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 shows fundal subserous fibroid measuring 1.8 x 1.5 cms. Endometrial echo is of normal thickness – 8.0mms. Nabothian cysts are noted in the cervix.

Uterus measures as follows:

LS: 8.1cms AP: 3.1cms TS: 5.0cms.

..2



Name	MS.MAMATA SETHI	ID	MED110943457
Age & Gender	48Y/FEMALE	Visit Date	14/02/2022
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:2:

OVARIES are normal size, shape and echotexture

Ovaries measures as follows:

Right ovary: 2.8 x 1.3 cms.

Left ovary: 2.5 x 1.8 cms.

POD & adnexa are free.

No evidence of ascites.

Impression:

- *Situs inversus.*
- *Uterine fibroid.*
- *Increased hepatic echopattern suggestive of fatty infiltration.*

Note: No previous reports available for comparison.

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY


DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Ms/so



Name	MS.MAMATA SETHI	ID	MED110943457
Age & Gender	48Y/FEMALE	Visit Date	14/02/2022
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X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.

BILATERAL MAMMOGRAPHY

Breast composition category II - There are scattered areas of fibroglandular density

Multiple bilateral axillary lymphnodes are seen.

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

BILATERAL SONOMAMMOGRAPHY

Both the breasts show normal echopattern.

No evidence of focal solid / cystic areas.

No evidence of ductal dilatation.

Benign appearing bilateral axillary lymphnodes are seen, largest measuring 6 x 6mm (right) and 8 x 5mm (left).

Impression: Negative Mammogram.

ASSESSMENT: BI-RADS CATEGORY -1

BI-RADS CLASSIFICATION

CATEGORY RESULT

1 Negative. Routine mammogram in 1 year recommended.

CONSULTANT RADIOLOGISTS:

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DR. PRAJNA SHENOY

DR. MAHESH. M. S.

DR. RADHA KRISHNA. A.

Hima Bindu.P

DR. HIMA BINDU.P

Hbp/pu



48 Years
Female

14.02.2022 11:32:48
CLUMAX DIAGNOSTICS
JAYANAGAR
BANGALORE

QRS : 74 ms
QT / QTcBaz : 416 / 436 ms
PR : - ms
P : - ms
RR / PP : 906 / 909 ms
P / QRS / T : - / 153 / 142 degrees



Dr. Selim
write

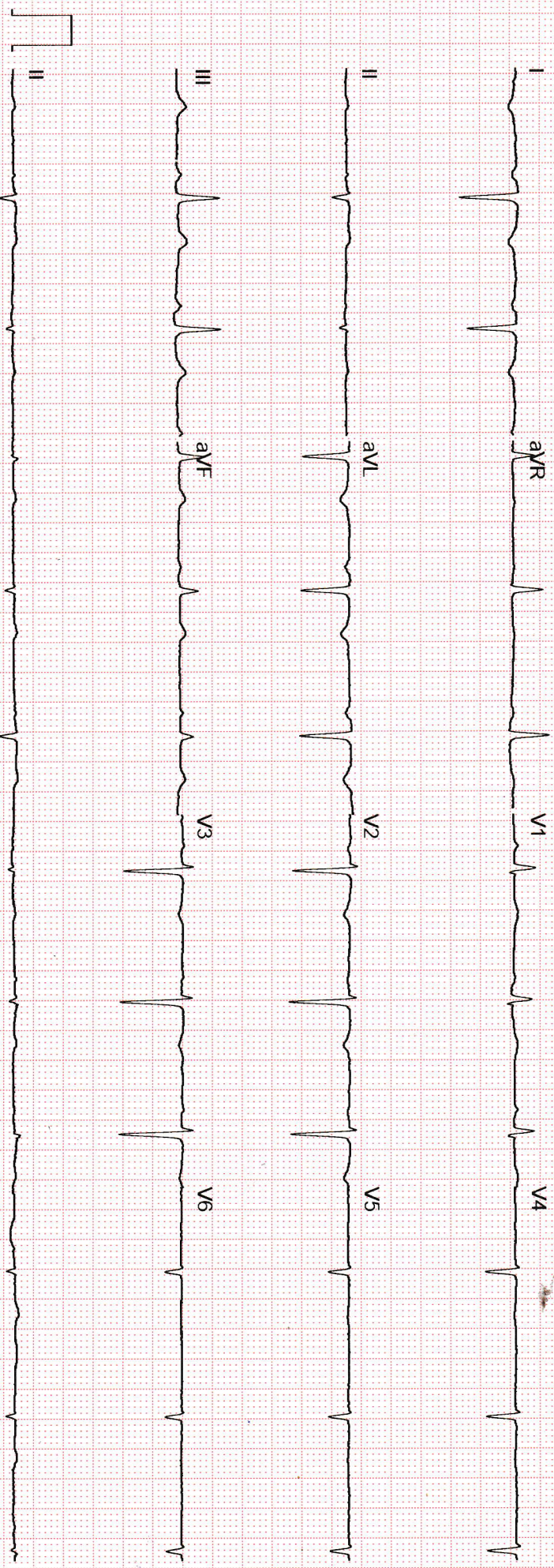
Axis + 100°
Simd inverted
for 1000 seconds

Technician: BHAGYA
Ordering Ph: ...
Referring Ph: C/O MEDI WHEEL
Attending Ph: ...

66 bpm
-- / -- mmHg

**Needs Clinical Correlation
for further Management)**

Dr. SRIDHAR .L
MD (Med), DM (Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248



Unconfirmed

Name	MS.MAMATA SETHI	ID	MED110943457
Age & Gender	48Y/FEMALE	Visit Date	14/02/2022
Ref Doctor	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.94	cms
LEFT ATRIUM	:	3.02	cms
AVS	:	1.63	cms
LEFT VENTRICLE (DIASTOLE)	:	3.76	cms
(SYSTOLE)	:	2.57	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.98	cms
(SYSTOLE)	:	1.39	cms
POSTERIOR WALL (DIASTOLE)	:	0.90	cms
(SYSTOLE)	:	2.12	cms
EDV	:	60	ml
ESV	:	23	ml
FRACTIONAL SHORTENING	:	31	%
EJECTION FRACTION	:	60	%
EPSS	:		cms
RVID	:	1.92	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -1.06m/s 'A' -0.89m/s	TRIVIAL MR
AORTIC VALVE	: 1.40 m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	: 0.84 m/s	NO PR



PATIENT NAME : MS.MAMATHA SETHI

..2..

2D ECHOCARDIOGRAPHY FINDINGS:

Visceral situs : **Inversus.**

Cardiac situs : **Dextrocardia.**

Atrioventricular connection : concordant.

Ventriculo arterial connection : Concordant.

Left ventricle : **Morphological left ventricle gives rise to Aorta**

Left Atrium : Normal.

Right Atrium : Normal.

Right ventricle : **Morphological right ventricle gives rise to pulmonary artery and forms the apex**

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:

- **SITUS INVERSUS**
- **DEXTROCARDIA**
- **TRIVIAL MITRAL REGURGITATION**
- **ADEQUATE LV SYSTOLIC FUNCTION. EF : 60 %**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

Dr. Srividhar L
**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



Name : Ms. MAMATA SETHI
PID No. : MED110943457
SID No. : 922011501
Age / Sex : 48 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 14/02/2022 10:05 AM
Collection On : 14/02/2022 12:54 PM
Report On : 15/02/2022 9:10 AM
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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)	12.0	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	36.7	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.17	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	88.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	28.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.8	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.2	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	43.74	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6340	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	44.64	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	41.25	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	5.09	%	01 - 06


DR MANJUNATHA T.M
Consultant Pathologist
KMC Reg No : 112205

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	8.78	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.23	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.83	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.62	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.32	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.56	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.01	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	182.9	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	10.21	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	20	mm/hr	< 20


DR MANJUNATHA T.M
Consultant Pathologist
KMC Reg No : 112205

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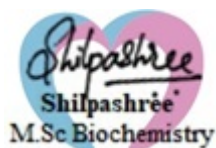


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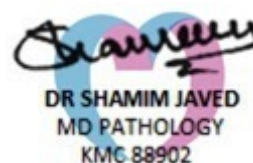
BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.2	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.0	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.3	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.7	g/dL	2.3 - 3.5
A : G Ratio (Serum/Derived)	1.6		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	19	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	13	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	101	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	18	U/L	< 38



VERIFIED BY



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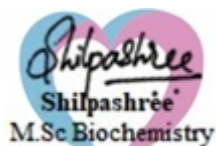


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	210	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	172	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

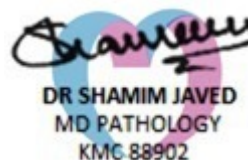
INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence 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/Immuno-inhibition)	40	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	135.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	34.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	170.0	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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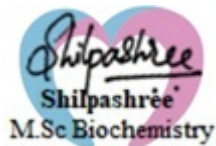
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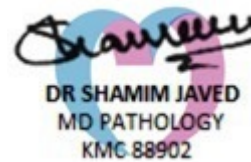
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.3		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	4.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.4		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>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	7.4	%	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 %

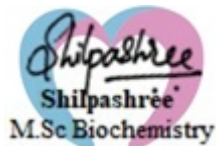
Estimated Average Glucose 165.68 mg/dL
(Whole Blood)

INTERPRETATION: Comments

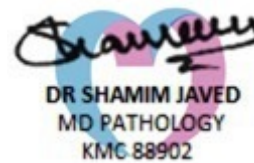
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.

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.



VERIFIED BY



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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/CMIA)	0.951	ng/mL	0.7 - 2.04
-----------------------------------------------	-------	-------	------------

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)	5.94	µg/dL	4.2 - 12.0
----------------------------------------	------	-------	------------

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))	10.15	µIU/mL	0.35 - 5.50
-----------------------------------------------------------------------------------------------	--------------	--------	-------------

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

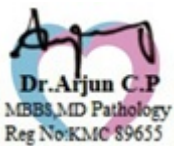
(Indian Thyroid Society Guidelines)

Comment :

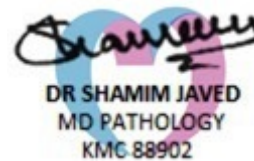
1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

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.



VERIFIED BY



APPROVED BY

Name : Ms. MAMATA SETHI
PID No. : MED110943457
SID No. : 922011501
Age / Sex : 48 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 14/02/2022 10:05 AM
Collection On : 14/02/2022 12:54 PM
Report On : 15/02/2022 9:10 AM
Printed On : 15/02/2022 1:02 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION


Colour (Urine)	Pale Yellow		
Appearance (Urine)	Slightly Hazy		Clear
Volume (Urine)	20	mL	

CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.010		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		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative


DR MANJUNATHA T.M
Consultant Pathologist
KMC Reg No : 112205

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902


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Leukocytes (Urine)	Negative	leuco/uL	Negative
<u>MICROSCOPY(URINE DEPOSITS)</u>			
Pus Cells (Urine/Flow cytometry)	2-4	/hpf	3-5
Epithelial Cells (Urine)	2-3	/hpf	1-2
RBCs (Urine/Flow cytometry)	0-2	/hpf	2-3
Others (Urine)	Nil		Nil



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BIOCHEMISTRY

BUN / Creatinine Ratio	11		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	129	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
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	194	mg/dL	70 - 140

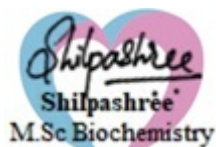
INTERPRETATION:

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.

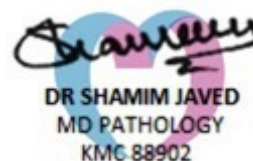
Glucose Postprandial - Urine (Urine - PP)	Trace		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	8	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.7	mg/dL	0.6 - 1.1

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/Uricase/Peroxidase)	4.6	mg/dL	2.6 - 6.0
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' 'Positive'

DR MANJUNATHA T.M
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-- End of Report --