

| | | | |
|-----------------|-----------------|------------|--------------|
| Name | MRS.APOORVA H R | ID | MED112126388 |
| Age & Gender | 27Y/FEMALE | Visit Date | 23/03/2024 |
| Ref Doctor Name | MediWheel | | |



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.

KIDNEYS move well with respiration and have normal shape, size and echopattern.

Cortico- medullary differentiations are well madeout.

No evidence of calculus or hydronephrosis.

| | Bipolar length (cms) | Parenchymal thickness (cms) |
|--------------|----------------------|-----------------------------|
| Right Kidney | 8.7 | 1.5 |
| Left Kidney | 8.9 | 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 7.4 mms.

Uterus measures as follows: LS: 6.9cms AP: 4.4cms TS: 5.5cms.

OVARIES are normal size, shape and echotexture.

Right ovary measures: 3.1x2.4cms Left ovary measures: 3.0x2.6cms

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH

MB/mm

DR. MOHAN B

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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'

Remark: Test to be confirmed by gel method



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HAEMATOLOGY

Complete Blood Count With - ESR

| | | | |
|---|------|------|-------------|
| Haemoglobin (EDTA Blood/Spectrophotometry) | 12.6 | g/dL | 12.5 - 16.0 |
|---|------|------|-------------|

INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

| | | | |
|--|------|---|---------|
| PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived) | 37.3 | % | 37 - 47 |
|--|------|---|---------|

| | | | |
|--|------|------------|-----------|
| RBC Count (EDTA Blood/Automated Blood cell Counter) | 4.47 | mill/cu.mm | 4.2 - 5.4 |
|--|------|------------|-----------|

| | | | |
|--|------|----|----------|
| MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance) | 84.0 | fL | 78 - 100 |
|--|------|----|----------|

| | | | |
|--|------|----|---------|
| MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived) | 28.3 | pg | 27 - 32 |
|--|------|----|---------|

| | | | |
|---|------|------|---------|
| MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived) | 33.9 | g/dL | 32 - 36 |
|---|------|------|---------|

| | | | |
|---------------------|------|---|-------------|
| RDW-CV (Derived) | 15.4 | % | 11.5 - 16.0 |
|---------------------|------|---|-------------|

| | | | |
|---------------------|-------|----|---------|
| RDW-SD (Derived) | 45.28 | fL | 39 - 46 |
|---------------------|-------|----|---------|

| | | | |
|---|------|-------------|--------------|
| Total WBC Count (TC) (EDTA Blood/Derived from Impedance) | 7600 | cells/cu.mm | 4000 - 11000 |
|---|------|-------------|--------------|

| | | | |
|---|----|---|---------|
| Neutrophils (Blood/Impedance Variation & Flow Cytometry) | 48 | % | 40 - 75 |
|---|----|---|---------|

| | | | |
|---|----|---|---------|
| Lymphocytes (Blood/Impedance Variation & Flow Cytometry) | 43 | % | 20 - 45 |
|---|----|---|---------|



VERIFIED BY


DR KIRAN H S MD
Consultant Pathologist
KMC No: 86542

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| Eosinophils (Blood/Impedance Variation & Flow Cytometry) | 04 | % | 01 - 06 |
| Monocytes (Blood/Impedance Variation & Flow Cytometry) | 05 | % | 01 - 10 |
| Basophils (Blood/Impedance Variation & Flow Cytometry) | 00 | % | 00 - 02 |
| Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 3.65 | 10 ³ / µl | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 3.27 | 10 ³ / µl | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.30 | 10 ³ / µl | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.38 | 10 ³ / µl | < 1.0 |
| Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.00 | 10 ³ / µl | < 0.2 |
| Platelet Count (EDTA Blood/Derived from Impedance) | 242 | 10 ³ / µl | 150 - 450 |
| MPV (Blood/Derived) | 12.7 | fL | 8.0 - 13.3 |
| PCT | 0.31 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser) | 12 | mm/hr | < 20 |



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Investigation Observed Value Unit Biological Reference Interval

BIOCHEMISTRY

Liver Function Test

| | | | |
|---|------|-------|-----------|
| Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid) | 0.4 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.1 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/Derived) | 0.30 | mg/dL | 0.1 - 1.0 |
| Total Protein (Serum/Biuret) | 7.5 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 4.5 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 3.00 | gm/dL | 2.3 - 3.6 |
| A : G Ratio (Serum/Derived) | 1.50 | | 1.1 - 2.2 |

INTERPRETATION: Remark : Electrophoresis is the preferred method

| | | | |
|---|----|-----|---------|
| SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic) | 20 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic) | 22 | U/L | 5 - 41 |
| Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic) | 61 | U/L | 42 - 98 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 15 | U/L | < 38 |



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| <u>Lipid Profile</u> | | | |
| Cholesterol Total (Serum/Oxidase / Peroxidase method) | 193 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase) | 61 | 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) | 57 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50 |
| LDL Cholesterol (Serum/Calculated) | 123.8 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 12.2 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 136.0 | 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) | 3.4 | | 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) | 1.1 | | Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0 |
|--|-----|--|--|

| | | | |
|---|-----|--|---|
| LDL/HDL Cholesterol Ratio (Serum/Calculated) | 2.2 | | Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0 |
|---|-----|--|---|



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| <u><i>Glycosylated Haemoglobin (HbA1c)</i></u> | | | |
| HbA1C (Whole Blood/HPLC) | 5.0 | % | 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 96.8 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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IMMUNOASSAY

THYROID PROFILE / TFT

| | | | |
|-------------------------------|------|-------|------------|
| T3 (Triiodothyronine) - Total | 1.23 | ng/ml | 0.7 - 2.04 |
|-------------------------------|------|-------|------------|

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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 | 11.06 | Microg/dl | 4.2 - 12.0 |
|------------------------|-------|-----------|------------|

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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) | 2.343 | μIU/mL | 0.35 - 5.50 |
|-----------------------------------|-------|--------|-------------|

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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/Physical examination) | Pale Yellow | | Yellow to Amber |
| Volume (Urine/Physical examination) | 25 | | ml |
| Appearance (Urine) | Slightly Turbid | | |

CHEMICAL EXAMINATION

| | | | |
|--|----------|----------|---------------|
| pH (Urine) | 6.5 | | 4.5 - 8.0 |
| Specific Gravity (Urine/Dip Stick ó Reagent strip method) | 1.015 | | 1.002 - 1.035 |
| Protein (Urine/Dip Stick ó Reagent strip method) | Negative | | Negative |
| Glucose (Urine) | Nil | | Nil |
| Ketone (Urine/Dip Stick ó Reagent strip method) | Nil | | Nil |
| Leukocytes (Urine) | Negative | leuco/uL | Negative |
| Nitrite (Urine/Dip Stick ó Reagent strip method) | Nil | | Nil |
| Bilirubin (Urine) | Negative | mg/dL | Negative |
| Blood (Urine) | Nil | | Nil |



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| Urobilinogen (Urine/Dip Stick ó'Reagent strip method) | Normal | | Within normal limits |
| <u>Urine Microscopy Pictures</u> | | | |
| RBCs (Urine/Microscopy) | Nil | /hpf | NIL |
| Pus Cells (Urine/Microscopy) | 2-3 | /hpf | < 5 |
| Epithelial Cells (Urine/Microscopy) | 3-4 | /hpf | No ranges |
| Others (Urine) | Nil | | Nil |



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-- End of Report --

| | | | |
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| Ref Doctor Name | MediWheel | | |



2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

| | | |
|-------------------------------|---|--------|
| AORTA | : | 2.6cms |
| LEFT ATRIUM | : | 2.6cms |
| LEFT VENTRICLE (DIASTOLE) | : | 4.0cms |
| (SYSTOLE) | : | 2.0cms |
| VENTRICULAR SEPTUM (DIASTOLE) | : | 0.7cms |
| (SYSTOLE) | : | 1.0cms |
| POSTERIOR WALL (DIASTOLE) | : | 0.7cms |
| (SYSTOLE) | : | 1.1cms |
| EDV | : | 63ml |
| ESV | : | 25ml |
| FRACTIONAL SHORTENING | : | 33% |
| EJECTION FRACTION | : | 62% |
| RVID | : | 1.0cms |

DOPPLER MEASUREMENTS:

| | | | | |
|-----------------|---|--------------|--------------|-------|
| MITRAL VALVE | : | E' - 0.81m/s | A' - 0.35m/s | NO MR |
| AORTIC VALVE | : | 0.80m/s | | NO AR |
| TRICUSPID VALVE | : | E' - 0.63m/s | A' - 0.20m/s | NO TR |
| PULMONARY VALVE | : | 0.70m/s | | NO PR |

2D ECHOCARDIOGRAPHY FINDINGS:

| | | | |
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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:

- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 62%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.**

DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/SV

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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: No significant abnormality detected.



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST

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- **NORMAL LV SYSTOLIC FUNCTION. EF: 62%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.**

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INTERVENTIONAL CARDIOLOGIST
NB/SV