

Name : Mrs. PRIYANKA R  
PID No. : MED111465649  
SID No. : 522402665  
Age / Sex : 35 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 17/02/2024 8:52 AM  
Collection On : 17/02/2024 10:42 AM  
Report On : 17/02/2024 5:41 PM  
Printed On : 19/02/2024 10:48 AM

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (EDTA Blood/Spectrophotometry)	11.5	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	35.9	%	37 - 47
RBC Count (EDTA Blood)	5.76	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	62.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	19.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.0	g/dL	32 - 36
RDW-CV	15.5	%	11.5 - 16.0
RDW-SD	33.80	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6300	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	47.4	%	40 - 75
Lymphocytes (Blood)	40.6	%	20 - 45
Eosinophils (Blood)	4.5	%	01 - 06
Monocytes (Blood)	6.3	%	01 - 10
Basophils (Blood)	1.2	%	00 - 02

**INTERPRETATION:** Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.



MC-5606



  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC-88902

APPROVED BY

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Absolute Neutrophil count (EDTA Blood)	2.99	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.56	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.28	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.40	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.08	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	317	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood)	<b>7.6</b>	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	<b>65</b>	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	<b>101.61</b>	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: $\geq$ 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)	<b>143.32</b>	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
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.2	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-acetylcysteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	5.44	mg/dL	2.6 - 6.0
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.33	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.13	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.20	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	<b>41.24</b>	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	<b>70.17</b>	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	<b>38.63</b>	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	87.7	U/L	42 - 98
Total Protein (Serum/Biuret)	7.20	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.88	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.32	gm/dL	2.3 - 3.6



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
A : G RATIO (Serum/Derived)	2.10		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	190.68	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	<b>216.71</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/Immuno-inhibition)	<b>28.24</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	119.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	43.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	162.4	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)	6.8		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	7.7		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)	4.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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**Glycosylated Haemoglobin (HbA1c)**

HbA1c (Whole Blood/HPLC)	6.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	136.98	mg/dL	
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**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.

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.28	ng/ml	0.7 - 2.04
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 MD PATHOLOGY  
 KMC-88902

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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)	7.98	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)	2.95	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.

**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	4.5 - 8.0
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*Shamim Javed*  
**DR SHAMIM JAVED**  
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Specific Gravity (Urine)	1.011		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
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

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

Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	2-5	/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
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Crystals (Urine)	NIL	/hpf	NIL



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	14.6		6.0 - 22.0



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Investigation

Observed  
Value

Unit

Biological  
Reference Interval

URINE ROUTINE



APPROVED BY

-- End of Report --

Name	MRS.PRIYANKA R	ID	MED111465649
Age & Gender	35Y/FEMALE	Visit Date	17 Feb 2024
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is mildly enlarged in size and shows increased echogenicity has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** is partially distended. CBD is not dilated.

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

**SPLEEN** show normal shape, size and echopattern.

#### **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	9.9	1.4
Left Kidney	11.1	1.2

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

**UTERUS** is retroverted and shows suspicious arcuate morphology. It has uniform myometrial echopattern. Endometrial echo is of normal thickness - 11.0 mm.

Uterus measures LS: 5.4 cms      AP: 5.1 cms      TS: 5.2 cms.

**OVARIES** are normal in size, shape and echotexture

Right ovary measures 2.6 x 1.7 cm      Left ovary measures 2.5 x 1.6 cm

POD & adnexa are free.

No evidence of ascites.

#### **IMPRESSION:**

- **Mild hepatomegaly with grade I to II fatty infiltration.**
- **No other significant abnormality detected.**

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

Name	MRS.PRIYANKA R	ID	MED111465649
Age & Gender	35Y/FEMALE	Visit Date	17 Feb 2024
Ref Doctor Name	MediWheel		

## 2D ECHOCARDIOGRAPHIC STUDY

### M-mode measurement:

AORTA	:	2.30	cms.
LEFT ATRIUM	:	2.61	cms.
AVS	:	1.47	cms.
<b>LEFT VENTRICLE</b>			
(DIASTOLE)	:	4.10	cms.
(SYSTOLE)	:	2.31	cms.
<b>VENTRICULAR SEPTUM</b>	:		
(DIASTOLE)	:	0.80	cms.
(SYSTOLE)	:	1.25	cms.
<b>POSTERIOR WALL</b>	:		
(DIASTOLE)	:	0.85	cms.
(SYSTOLE)	:	1.08	cms.
EDV	:	74	ml.
ESV	:	34	ml.
FRACTIONAL SHORTENING	:	38	%
EJECTION FRACTION	:	60	%
EPSS	:	---	cms.
RVID	:	1.80	cms.

### DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.8 m/s	A - 0.6 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.4 m/s	A - 0.3 m/s	NO TR.
PULMONARY VALVE:	0.8 m/s		NO PR.

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## **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 prolapsed.

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: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**DR. YASHODA RAVI**  
**CONSULTANT CARDIOLOGIST**

Name	MRS. PRIYANKA R	Customer ID	MED111465649
Age & Gender	35Y/F	Visit Date	Feb 17 2024 8:51AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Patient rotation is noted.

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.Hemanandini  
Consultant Radiologist**

Patient Name	Priyanka	Date	17/12/2024
Age	35 yrs	Visit Number	522402665
Sex	Female	Corporate	Mediwheel

### GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 134 cm cms  
 Weight : 60 kg kgs  
 Pulse : 76 /minute /minute  
 Blood Pressure : 120/70 mm of Hg mm of Hg  
 BMI : 19.8

BMI INTERPRETATION

**Underweight = <18.5**  
**Normal weight = 18.5-24.9**  
**Overweight = 25-29.9**

Chest :

Expiration : 90 cm cms

Inspiration : 94 cm cms

Abdomen Measurement : 89 cm cms

Eyes : Clinically normal

Ears : Clinically normal

Throat : Not Inspected

Neck nodes : No lymphadenopathy noted

RS: B/L normal

CVS: S1, S2 normal

PA: Soft normal

CNS: Conscious oriented

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO

Dr. RITESH V. MFBS  
 General Physician  
 KIRIT  
 CLINICAL  
 MEDICAL  
 DIAGNOSTICS

Signature  
 17/12/2024





Priyanka  
ID 111465649

Vital Signs™ 226 166 05

17.02.2024 9:56:54  
CLUMAX DIAGNOSTICS  
VYALIKAVAI  
BANGALORE

54 bpm  
--/-- mmHg

Female

35 Years

QRS : 84 ms  
QT / QTcBaz : 432 / 409 ms  
PR : 142 ms  
P : 94 ms  
RR / PP : 1102 / 1111 ms  
P / QRS / T : 58 / 50 / 67 degrees

Sinus bradycardia  
Nonspecific T wave abnormality  
Abnormal ECG

*ST @ am M*

