Name	MRS.HEMALATHA R	ID	MED112125091
Age & Gender	39Y/FEMALE	Visit Date	22/03/2024
Ref Doctor Name	MediWheel		

MEDALL

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER ***is normal in size and shows slightly increased echotexture.***
No evidence of focal lesion or intrahepatic biliary ductal dilatation.

Hepatic and portal vein radicals are normal.
GALL BLADDER is partially distended.

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	9.3	1.7
Left Kidney	9.5	1.7

URINARY BLADDER show normal shape and wall thickness.

It has clear contents.
UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern.
Endometrial echo is of normal thickness 4.8 mms.

Uterus measures as follows: LS: 7.6cms AP: 4.4cms TS: 4.6cms.
OVARIES are normal size, shape and echotexture.
Right ovary measures: 2.9 x 2.3cms Left ovary measures: 2.2 x 1.9cms

POD & adnexa are free.
No evidence of ascites.

IMPRESSION:

- **GRADE I FATTY CHANGES IN LIVER.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/MS

DR. MOHAN B

Name	MRS.HEMALATHA R	ID	MED112125091
Age & Gender	39Y/FEMALE	Visit Date	22/03/2024
Ref Doctor Name	MediWheel		

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Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOHAEMATOLOGY			
BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination)*	'O' 'Positive'		

Remark: Test to be confirmed by gel method

Mr.S.Mohan Kumar
Sr.LabTechnician

VERIFIED BY

DR KIRAN H S MD
Consultant Pathologist
KMC No: 86542

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Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/*Spectrophotometry)*	13.8	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)*	41.1	%	37 - 47
RBC Count (EDTA Blood/*Automated Blood cell Counter)*	**5.96**	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/*Derived from Impedance)*	**69.0**	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/*Derived)*	**23.2**	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/*Derived)*	33.7	g/dL	32 - 36
RDW-CV (*Derived)*	14.1	%	11.5 - 16.0
RDW-SD (*Derived)*	34.05	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/*Derived from Impedance)*	8980	cells/cu.mm	4000 - 11000
Neutrophils (Blood/*Impedance Variation & Flow Cytometry)*	58	%	40 - 75
Lymphocytes (Blood/*Impedance Variation & Flow Cytometry)*	36	%	20 - 45

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Investigation	Observed Value	Unit	Biological Reference Interval
Eosinophils (Blood/*Impedance Variation & Flow Cytometry)*	02	%	01 - 06
Monocytes (Blood/*Impedance Variation & Flow Cytometry)*	04	%	01 - 10
Basophils (Blood/*Impedance Variation & Flow Cytometry)*	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	5.21	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	3.23	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.18	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.36	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)*	338	10^3 / µl	150 - 450
MPV (Blood/*Derived)*	10.4	fL	8.0 - 13.3
PCT	**0.35**	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/*Automated ESR analyser)*	06	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)*	7.3	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	4.6	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	2.70	gm/dL	2.3 - 3.6
A : G Ratio (Serum/*Derived)*	1.70		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the preferred method			
SGOT/AST (Aspartate Aminotransferase) (Serum/*IFCC / Kinetic)*	31	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*IFCC / Kinetic)*	34	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/*PNPP / Kinetic)*	84	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	31	U/L	< 38

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medall DIAGNOSTICS

Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/*Oxidase / Peroxidase method)*	**240**	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*Glycerol phosphate oxidase / peroxidase)*	**154**	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 ñusualò circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/*Immunoinhibition)*	**31**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated)*	178.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	**30.8**	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated)*	209.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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Investigation	Observed Value	Unit	Biological Reference Interval

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)*	7.7		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)*	5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated)*	5.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*HPLC)*	**6.9**	%	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 %

Remark: Kindly correlate clinically.

Estimated Average Glucose (Whole Blood*)*	151.33	mg/dl

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 glycemic 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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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	12.9		
Glucose Fasting (FBS) (Plasma - F/*GOD- POD)*	90	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.

Urine sugar, Fasting (Urine - F*)*	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/*GOD - POD)*	115	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 Sugar (PP-2 hours) (Urine - PP*)*	**Nil**		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived)*	15.5	mg/dL	7.0 - 21
Creatinine (Serum/*Jaffe Kinetic)*	**1.2**	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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Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOASSAY			
THYROID PROFILE / TFT			
T3 (Triiodothyronine) - Total (Serum/*ECLIA)*	1.12	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 (Tyroxine) - Total (Serum/*ECLIA)*	**4.08**	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/*ECLIA)*	3.03	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Mr.S.Mohan Kumar
Sr.LabTechnician
VERIFIED BY

MC-5606

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Consultant Pathologist
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Investigation	Observed Value	Unit	Biological Reference Interval
CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION			
Colour (Urine/*Physical examination*)	Pale Yellow		Yellow to Amber
Volume (Urine/*Physical examination*)	25		ml
Appearance (Urine)	Clear		
CHEMICAL EXAMINATION			
pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/*Dip Stick ï Reagent strip method*)	1.025		1.002 - 1.035
Protein (Urine/*Dip Stick ï Reagent strip method*)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/*Dip Stick ï Reagent strip method*)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/*Dip Stick ï Reagent strip method*)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil

Mr.S.Mohan Kumar
Sr.LabTechnician
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Investigation	Observed Value	Unit	Biological Reference Interval
Urobilinogen (Urine/*Dip Stick ï Reagent strip method)*	Normal		Within normal limits
Urine Microscopy Pictures			
RBCs (Urine/*Microscopy)*	Nil	/hpf	NIL
Pus Cells (Urine/*Microscopy)*	2-3	/hpf	< 5
Epithelial Cells (Urine/*Microscopy)*	1-2	/hpf	No ranges
Others (Urine*)*	Nil		Nil

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Investigation	Observed Value	Unit	Biological Reference Interval
Stool Analysis - ROUTINE			
Colour (Stool)	Brown		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	Semi solid		Semi solid
Ova (Stool)	Nil		Nil
Others (Stool)	Nil		Nil
Cysts (Stool)	Nil		Nil
Trophozoites (Stool)	Nil		Nil
RBCs (Stool)	Nil	/hpf	Nil
Pus Cells (Stool)	1-2	/hpf	Nil
Macrophages (Stool)	Nil		Nil
Epithelial Cells (Stool)	Nil	/hpf	Nil

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APPROVED BY

-- End of Report --

Name	MRS.HEMALATHA R	ID	MED112125091
Age & Gender	39Y/FEMALE	Visit Date	22/03/2024
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA		:	2.9cms
LEFT ATRIUM		:	2.9cms
LEFT VENTRICLE	(DIASTOLE)	:	4.5cms
	(SYSTOLE)	:	2.6cms
VENTRICULAR SEPTUM	(DIASTOLE)	:	0.8cms
	(SYSTOLE)	:	1.0cms
POSTERIOR WALL	(DIASTOLE)	:	0.8cms
	(SYSTOLE)	:	1.0cms
EDV		:	61ml
ESV		:	24ml
FRACTIONAL SHORTENING		:	33%
EJECTION FRACTION		:	61%
RVID		:	1.0cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	: E' -	0.77m/s	A' - 0.27 m/s	NO MR
AORTIC VALVE	:	0.98 m/s		NO AR
TRICUSPID VALVE	: E' -	0.67m/s	A' - 0.30 m/s	NO TR
PULMONARY VALVE	:	0.73m/s		NO PR

2D ECHOCARDIOGRAPHY FINDINGS:

Left ventricle : Normal size, Normal systolic function.

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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: 61 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.**

DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/mm

Name	Mrs. HEMALATHA R	ID	MED112125091
Age & Gender	39Y/F	Visit Date	Mar 22 2024 7:37AM
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. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC MRI)
CONSULTANT RADIOLOGIST