

Name	Ms.CHAITHRA S N	ID	MED112109278
Age & Gender	36/FEMALE	Visit Date	08/03/2024
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHY

Chambers

•	Left ventricle :
normal in size, No RWMA at Rest.	
• Left Atrium : Normal	
• Right Ventricle : Normal	
•	Right Atrium :
Normal	
Septa	
•	IVS : Intact
	IAS : Intact
·	IAS . Intact
Valves	
•	Mitral Valve :
Normal.	
• Tricuspid Valve : Normal, trace TR, No PAH	
• Aortic valve : Tricuspid, Normal Mobility	
•	Pulmonary
Valve : Normal	
Great Vessels	
•	Aorta : Normal
•	Pulmonary
Artery : Normal	i unitonui j

Pericardium : Normal

Doppler Echocardiography

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Mitral valve	E	0.93	m/sec	А	0.82	m/sec	E/a:1.13
Aortic Valve	V max	1.37	m/sec	PG	7.5	mm	
Diastolic Dysfunction			NONE				

Parameter	Observed Valve	Normal Range	
Aorta	26	26-36	Mm
Left Atrium	27	27-38	Mm
IVS	11	09-11	Mm
Left Ventricle - Diastole	46	42-59	Mm
Posterior wall - Diastole	11	09-11	Mm
IVS - Systole	15	13 - 15	Mm
Left Ventricle -Systole	28	21-40	Mm
Posterior Wall - Systole	15	13-15	Mm
Ejection Fraction	60	- >50	%

IMPRESSION:

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:2:



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- NORMAL SIZED CARDIAC VALVES AND CHAMBERS
- NO RWMA'S AT REST
- NORMAL LV & RV SYSTOLIC FUNCTION LVEF 60%
- NORMAL DIASTOLIC FUNCTION
- NO PERICARDIAL EFFUSION / VEGETATION / CLOT.

DR RAMNARESH SOUDRI MD DM (CARDIOLOGY) FSCAI INTERVENTIONAL CARDIOLOGIST Rs/ m

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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER 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 visualized portion of head and body appear normal. Tail is obscured by bowel gas.

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	9.1	1.2
Left Kidney	11.0	1.6

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 - 6.2mms.

Uterus measures as follows:

AP: 3.8cms TS: 4.8cms. LS: 7.7cms

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OVARIES are normal size, shape and echotexture Ovaries measures as follows: Right ovary: 2.9 x 1.8cms. Left ovary: 3.1 x 2.2cms.

POD & adnexa are free.

No evidence of ascites.

Impression: Grade I fatty change in the liver.

Sugg: Clinical correlation.

DR. VINAY.V.R CONSULTANT RADIOLOGIST Vr/d

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Name	Ms. CHAITHRA S N	ID	MED112109278
Age & Gender	36Y/F	Visit Date	Mar 8 2024 8:10AM
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: Essentially normal study.

1. Guth

Dr.Geetha Priyadarshini Consultant Radiologist MBBS., MD(RD)., DNB



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PID No.	: MED112109278	Register On : 08/03/2024 8:10 AM	\sim
SID No.	: 924006348	Collection On : 08/03/2024 8:17 AM	
Age / Sex	: 36 Year(s) / Female	Report On : 08/03/2024 5:17 PM	medall
Туре	: OP	Printed On : 15/03/2024 11:07 AM	DIAGNOSTICS
Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>		
HAEMATOLOGY					
Complete Blood Count With - ESR					
Haemoglobin (EDTA Blood/Spectrophotometry)	9.6	g/dL	12.5 - 16.0		
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	30.4	%	37 - 47		
RBC Count (EDTA Blood)	4.77	mill/cu.mm	4.2 - 5.4		
Mean Corpuscular Volume(MCV) (EDTA Blood)	63.7	fL	78 - 100		
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	20.2	pg	27 - 32		
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	31.7	g/dL	32 - 36		
RDW-CV (EDTA Blood)	17.2	%	11.5 - 16.0		
RDW-SD (EDTA Blood)	39.4	fL	39 - 46		
Total Leukocyte Count (TC) (EDTA Blood)	7600	cells/cu.mm	4000 - 11000		
Neutrophils (EDTA Blood)	54.6	%	40 - 75		
Lymphocytes (EDTA Blood)	35.9	%	20 - 45		
Eosinophils (EDTA Blood)	1.7	%	01 - 06		
Monocytes (EDTA Blood)	7.0	%	01 - 10		







The results pertain to sample tested.

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Basophils (EDTA Blood)	0.8	%	00 - 02
INTERPRETATION: Tests done on Automated Five	Part cell counter. All	abnormal results are r	eviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	4.2	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.7	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.1	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.5	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.1	10^3 / µl	< 0.2
Platelet Count (EDTA Blood)	352	10^3 / µl	150 - 450
MPV (EDTA Blood)	8.2	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.290	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	24	mm/hr	< 20







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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
BIOCHEMISTRY			
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	94.87	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)	Negative		Negative
(Urine - F/GOD - POD)			
Glucose Postprandial (PPBS)	111.55	mg/dL	70 - 140
(Plasma - PP/GOD-PAP)			

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
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.0	mg/dL	7.0 - 21
Creatinine (Serum/ <i>Modified Jaffe</i>)	0.65	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	4.00	mg/dL	2.6 - 6.0
(Serum/Enzymatic)			







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Ref. Dr	: MediWheel	



Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.40	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.25	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/ <i>Modified IFCC</i>)	15.20	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i>)	10.04	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	13.48	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	75.5	U/L	42 - 98
Total Protein (Serum/Biuret)	6.36	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.81	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.55	gm/dL	2.3 - 3.6
A : G RATIO	1.49		1.1 - 2.2

(Serum/Derived)







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Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	175.80	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/ <i>GPO-PAP with ATCS</i>)	50.70	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)	60.85	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	104.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	10.1	mg/dL	< 30
Non HDL Cholesterol (Serum/ <i>Calculated</i>)	115.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220







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Туре	: OP	Printed On	: 15	5/03/202	4 11:07 AM	DIAGNOSTICS	
Ref. Dr	: MediWheel						
Investiga	ation	Obs	erved	<u>1</u>	<u>Unit</u>	Biological	-

<u>investigation</u>	Value	Reference Interval
INTERPRETATION: 1.Non-HDL Cholesterol is no 2.It is the sum of all potentially atherogenic proteins co-primary target for cholesterol lowering therapy.		scular risk marker than LDL Cholesterol. chylomicrons and it is the "new bad cholesterol" and is a
Total Cholesterol/HDL Cholesterol Ratio (Serum/ <i>Calculated</i>)	2.9	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/ <i>Calculated</i>)	0.8	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0

1.7

Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0







The results pertain to sample tested.

LDL/HDL Cholesterol Ratio

(Serum/Calculated)

<u>Investiga</u> Glycosyl	ation ated Haemoglobin (HbA1c)		<u>erved</u> <u>Unit</u> alue	<u>Biological</u> <u>Reference Interval</u>
Ref. Dr	: MediWheel			
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5.1

%

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 99.67 mg/dL

(Whole Blood)

(Whole Blood/HPLC)

HbA1C

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

BIOCHEMISTRY

BUN / Creatinine Ratio

13.8

<u>Observed</u> <u>Value</u>



<u>Unit</u>



6.0 - 22.0

Biological Reference Interval

MD Patho N. O'FRIDER Reg No KMC \$9655 APPROVED BY

Age / Sex	: 924006348 : 36 Year(s) / Female : OP : MediWheel		/2024 8:10 AM 3/2024 8:17 AM 3/2024 5:17 PM 3/2024 11:07 AM	DIAGNOSTICS
Investigat	tion NOASSAY	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
	D PROFILE / TFT_ lothyronine) - Total	1.15	ng/ml	0.7 - 2.04

INTERPRETATION:

Comment :
Total T2 variation can be see

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	10.46	μg/dl	4.2 - 12.0
(Serum/ECLIA)			

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)	1.69	µIU/mL	0.35 - 5.50
(Serum/ECLIA)			

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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	CAL PATHOLOGY	<u>Observed</u> <u>Unit</u> <u>Value</u>	<u>Biological</u> <u>Reference Interval</u>
Colour (Urine)		Pale yellow	Yellow to Amber
Appearan (Urine)	nce	Clear	Clear
Volume((Urine)	CLU)	20	
	CAL EXAMINATION (URIN) ETE)	<u>E</u>	
pH (Urine)		7	4.5 - 8.0
Specific ((Urine)	Gravity	1.004	1.002 - 1.035
Ketone (Urine)		Negative	Negative
Urobilinc (Urine)	ogen	Normal	Normal
Blood (Urine)		Negative	Negative
Nitrite		Negative	Negative

Negative

Negative







Negative

Negative

The results pertain to sample tested.

(Urine) Bilirubin

(Urine)

Protein (Urine)

Name	: Ms. CHAITHRA S N			
PID No.	: MED112109278	Register On :	08/03/2024 8:10 AM	\sim
SID No.	: 924006348	Collection On :	08/03/2024 8:17 AM	
Age / Sex	: 36 Year(s) / Female	Report On :	08/03/2024 5:17 PM	medall
Туре	: OP	Printed On :	15/03/2024 11:07 AM	DIAGNOSTICS
Ref. Dr	: MediWheel			

<u>Unit</u> Investigation Observed **Biological** Reference Interval Value Negative Negative Glucose (Urine/GOD - POD) Leukocytes(CP) Negative (Urine) MICROSCOPIC EXAMINATION (URINE COMPLETE) Pus Cells 0-1 /hpf NIL (Urine) **Epithelial Cells** 2-5 /hpf NIL (Urine) NIL /HPF **RBCs** NIL (Urine) Others NIL (Urine)

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts	NIL	/hpf	NIL
(Urine)			
Crystals	NIL	/hpf	NIL
(Urine)			







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Investigation

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)

'AB' 'Positive'

<u>Observed</u> <u>Value</u>





<u>Unit</u>



Biological Reference Interval

-- End of Report --