Name	: **Mrs. RADHA K**		
PID No.	: MED120114353	**Register On**	: 22/07/2024 8:09 AM
SID No.	: 224010291	**Collection On**	: 22/07/2024 9:20 AM
Age / Sex	: 69 Year(s) / Female	**Report On**	: 22/07/2024 5:58 PM
Type	: OP	**Printed On**	: 23/07/2024 12:46 PM
Ref. Dr	: **MediWheel**		

medall DIAGNOSTICS

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

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (Whole Blood - W/*Spectrophotometry)*	**10.5**	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Whole Blood - W/*Derived from Impedance)*	**32.7**	%	37 - 47
RBC Count (Whole Blood - W/*Impedance Variation)*	4.23	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Whole Blood - W/*Derived from Impedance)*	**77.3**	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Whole Blood - W/*Derived from Impedance)*	**24.9**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Whole Blood - W/*Derived from Impedance)*	32.2	g/dL	32 - 36
RDW-CV (EDTA Blood/*Derived from Impedance)*	**17.9**	%	11.5 - 16.0
RDW-SD (EDTA Blood/*Derived from Impedance)*	**48.43**	fL	39 - 46
Total Leukocyte Count (TC) (Whole Blood - W/*Impedance Variation)*	6700	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	65.0	%	40 - 75
Lymphocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	21.6	%	20 - 45

M. Maria Lawrence Raj
Lab Supervisor

VERIFIED BY

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Investigation	Observed Value	Unit	Biological Reference Interval
Eosinophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	3.1	%	01 - 06
Monocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	9.6	%	01 - 10
Basophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.7	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	4.36	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	1.45	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.21	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.64	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.05	10^3 / µl	< 0.2
Platelet Count (Whole Blood - W/*Impedance Variation)*	342	10^3 / µl	150 - 450
MPV (EDTA Blood/*Derived from Impedance)*	8.5	fL	8.0 - 13.3
PCT (Whole Blood - W/*Automated Blood cell Counter)*	**0.29**	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Whole Blood - W/*Automated - Westergren method)*	22	mm/hr	< 30

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medall DIAGNOSTICS

Investigation	Observed Value	Unit	Biological Reference Interval
BUN / Creatinine Ratio	17.7		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP*)	**147.9**	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/*GOD - POD*)	**Positive(+++)**		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD-PAP*)	**158.40**	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)	**Positive(+++)**		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived*)	11.37	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe*)	0.64	mg/dL	0.6 - 1.2

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*)	3.50	mg/dL	2.6 - 6.0

Liver Function Test

Bilirubin(Total) (Serum/*DCA with ATCS*)	0.39	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid*)	0.09	mg/dL	0.0 - 0.3

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The results pertain to sample tested.

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medall DIAGNOSTICS

Investigation	Observed Value	Unit	Biological Reference Interval
Bilirubin(Indirect) (Serum/*Derived)*	0.30	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	17.00	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	20.7	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	11.70	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	**34.60**	U/L	53 - 141
Total Protein (Serum/*Biuret)*	7.04	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	3.8	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	3.24	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	1.17		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS)*	125.00	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS)*	63.70	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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Investigation	Observed Value	Unit	Biological Reference Interval

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)*	**37.60**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated)*	74.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	12.7	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated)*	87.4	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated)*	3.3		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)*	1.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0

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Investigation	Observed Value	Unit	Biological Reference Interval
LDL/HDL Cholesterol Ratio (Serum/*Calculated)*	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood - W/*HPLC)*	**8.0**	%	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 (Whole Blood*)*	182.9	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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA))*	0.98	ng/ml	0.4 - 1.81

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/*Chemiluminescent Immunometric Assay (CLIA))*	10.87	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.

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Investigation	Observed Value	Unit	Biological Reference Interval
TSH (Thyroid Stimulating Hormone) (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	1.37	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.

Urine Analysis - Routine

COLOUR (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/*Protein error of indicator*)	Negative		Negative
Glucose (Urine/*GOD - POD*)	**Positive(+++)**		Negative
Pus Cells (Urine/*Automated ¯ Flow cytometry)*	**0 - 1**	/hpf	NIL
Epithelial Cells (Urine/*Automated ¯ Flow cytometry)*	**0 - 1**	/hpf	NIL
RBCs (Urine/*Automated ¯ Flow cytometry)*	NIL	/HPF	NIL
Casts (Urine/*Automated ¯ Flow cytometry)*	NIL	/hpf	NIL
Crystals (Urine/*Automated ¯ Flow cytometry)*	NIL	/hpf	NIL

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Investigation	Observed Value	Unit	Biological Reference Interval
Others (Urine)	NIL		

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

Stool Analysis - ROUTINE

Colour (Stool)	Brown		Brown
Blood (Stool)	Absent		Absent
Mucus (Stool)	Absent		Absent
Reaction (Stool)	Acidic		Acidic
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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medall DIAGNOSTICS

-- End of Report --

Name	Mrs.RADHA K	ID	MED120114353
Age & Gender	69/FEMALE	Visit Date	22/07/2024
Ref Doctor Name	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is partially distended.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures ~ 10.2 x 5.2 cm.

The left kidney measures ~ 10.9 x 5.4 cm.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

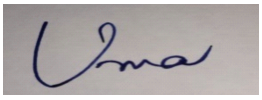
Uterus and both ovaries are atrophic.

Iliac fossae are normal.

IMPRESSION:

Name	Mrs.RADHA K	ID	MED120114353
Age & Gender	69/FEMALE	Visit Date	22/07/2024
Ref Doctor Name	MediWheel		

- **Fatty liver.**
- **Normal study of other organs.**



DR. UMALAKSHMI
SONOLOGIST

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Age & Gender	69/FEMALE	Visit Date	22/07/2024
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ECHOCARDIOGRAPHY

M-MODE MEASUREMENTS:-

VALUES	
AO	2.5 cm
LA	3.0 cm
LVID(D)	4.0 cm
LVID (S)	2.4 cm
IVS (D)	1.2 cm
LVPW (D)	1.2 cm
EF	66 %
FS	36 %
TAPSE	19 mm

DOPPLER AND COLOUR FLOW PARAMETERS :-

Aortic Valve Gradient : V max - 1.34 m/sec
Pulmonary Valve Gradient : V max - 0.77 m/sec
Mitral Valve Gradient : E: 0.58 m/sec A: 0.90 m/sec
Tricuspid Valve Gradient : E: 0.45 m/sec

VALVE MORPHOLOGY :-

Aortic valve - *Normal*
Mitral valve - *AML Prolapse*
Tricuspid valve - *Normal*
Pulmonary valve - *Normal*

Name	Mrs.RADHA K	ID	MED120114353
Age & Gender	69/FEMALE	Visit Date	22/07/2024
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CHAMBERS	
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
RIGHT ATRIUM	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTERVENTRICULAR SEPTUM	INTACT

ECHO FINDINGS:

Mild Left ventricular hypertrophy.
No Regional Wall Motion Abnormality (RWMA)
Normal Left Ventricular systolic function, EF 66%.
Grade I LV Diastolic dysfunction.
Mild Mitral Regurgitation / No Mitral Stenosis
No Aortic Regurgitation /No Aortic Stenosis
Trivial Tricuspid Regurgitation (2.3 m/s).
Normal RV Function .
No Pulmonary Artery Hypertension.
No Pericardial Effusion.

MOHANRAJ
ECHO TECHNOLOGIST

Name	Mrs.RADHA K	ID	MED120114353
Age & Gender	69/FEMALE	Visit Date	22/07/2024
Ref Doctor Name	MediWheel		

MAMMOGRAPHY

REPORT

Cranio-caudal and Medio-lateral oblique views of both breasts were studied.

Both breasts are fatty with minimal fibroglandular densities (ACR Type B parenchyma).

Bilateral vessel wall calcification noted.

Global breast asymmetry noted.

No intramammary ductal dilatation identified.

No obvious spiculation or architectural distortion noted.

There is no evidence of mass lesion or micro-calcification in both breasts.

Both nipples are not retracted.

There is no evidence of focal or diffuse thickening of skin or subcutaneous tissue of both breasts.

The retro-mammary spaces appear normal.

Bilateral axillae are clear.

IMPRESSION:

- **ACR Type B parenchyma.**
- **BIRADS - II.**

▪

Suggested Annual Review Scans- ACR guidelines.

Dr Sharanya.S MD, DNB.,

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Age & Gender	69/FEMALE	Visit Date	22/07/2024
Ref Doctor Name	MediWheel		

Radiologist

Category - (BIRADS classification)

Category 0: Assessment incomplete. Category 1: Negative (normal).

Category 2: Benign. Category 3: Probably benign finding.

Category 4: Suspicious abnormality. Category 4a: Low suspicion 4b - Intermediate suspicion.

Category 4c: Moderate suspicion. Category 5: High suggestive of malignancy.

Category 6: Known biopsy proven malignancy.

NOTE: Please bring your old mammogram film for the next visit.

Name	Mrs. RADHA K	ID	MED120114353
Age & Gender	69Y/F	Visit Date	Jul 22 2024 8:09AM
Ref Doctor	MediWheel		

X-RAY CHEST (PA VIEW)

The cardio thoracic ratio is normal. The heart size and configuration are within normal limits.

The aortic arch is normal.

The lung fields show normal broncho-vascular markings.

Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

IMPRESSION :

- **No significant abnormality detected.**

Dr.Prashant Moorthy MBBS.,MD
Consultant Radiologist