Name	PAMU PADMAJA	ID	MED111518073
Age & Gender	45Y/F	Visit Date	Feb 25 2023 9:02AM
Ref Doctor	MediWheel		

MAMMOGRAPHY

Both breasts are heterogeneously dense (*Breast composition type C)* with moderate sensitivity.

No e/o micro / macro calcification in both breasts.

Skin and subcutaneous planes are normal.

Axillary tail and retromammary regions appear normal.

No obvious e/o Axillary lymphadenopathy.

IMPRESSION :

- **Essentially normal study.**

BIRADS CATEGORY – 1 (NEGATIVE)

- For clinical correlation.

BIRADS –I	Negative	Routine screening recommended
BIRADS –II	Benign finding	Routine screening recommended
BIRADS –III	Probably benign, probability of malignancy < 2%	Short term interval follow up x 6 months recommended to assess stability
BIRADS –IV	Suspicious abnormality, probability of malignancy 3 -94% A. Low suspicious for malignancy B. Intermediate probability for malignancy C. Moderate concern for malignancy	Recommended biopsy.
BIRADS –V	Highly suggestive of malignancy > = 95%	Recommended biopsy intervention required

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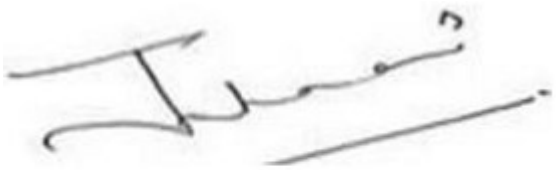
BIRADS –VI	Proven malignancy	Intervention required



Dr.Jahnavi Barla ,MD (RD)

Consultant Radiologist

Name	: **Mrs. PAMU PADMAJA**		
PID No.	: MED111518073	**Register On**	: 25/02/2023 9:02 AM
SID No.	: 80024626	**Collection On**	: 25/02/2023 9:50 AM
Age / Sex	: 45 Year(s) / Female	**Report On**	: 25/02/2023 6:35 PM
Type	: OP	**Printed On**	: 01/03/2023 1:31 PM
Ref. Dr	: **MediWheel**		

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Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (Blood/*Agglutination*)	'B' 'Positive'		
Complete Blood Count With - ESR			
Haemoglobin (Blood/*Spectrophotometry*)	13.7	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/*Numeric Integration of MCV*)	41.0	%	37 - 47
RBC Count (Blood/*Electrical Impedance*)	4.97	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/*Calculated*)	82.4	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/*Calculated*)	27.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/*Calculated*)	33.5	g/dL	32 - 36
RDW-CV (*Calculated*)	15.3	%	11.5 - 16.0
RDW-SD (*Calculated*)	44.13	fL	39 - 46
Total Leukocyte Count (TC) (Blood/*Electrical Impedance*)	9770	cells/cu.mm	4000 - 11000
Neutrophils (Blood/*Impedance and absorbance*)	64.87	%	40 - 75
Lymphocytes (Blood/*Impedance and absorbance*)	25.59	%	20 - 45
Eosinophils (Blood/*Impedance and absorbance*)	**0.72**	%	01 - 06
Monocytes (Blood/*Impedance and absorbance*)	8.38	%	01 - 10

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Lab Manager

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Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (Blood/*Impedance and absorbance)*	0.45	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (Blood/*Impedance and absorbance)*	**6.34**	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/*Impedance)*	2.50	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/*Impedance)*	0.07	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/*Impedance)*	0.82	10^3 / µl	< 1.0
Absolute Basophil count (Blood/*Impedance)*	0.04	10^3 / µl	< 0.2
Platelet Count (Blood/*Impedance)*	1.45	lakh/cu.mm	1.4 - 4.5
INTERPRETATION: Platelet count less than 1.5 lakhs will be confirmed microscopically.			
MPV (Blood/*Derived from Impedance)*	9.65	fL	8.0 - 13.3
PCT (*Calculated)*	0.14	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated ESR analyser)*	**48**	mm/hr	< 20
BUN / Creatinine Ratio	7.7		
Glucose Fasting (FBS) (Plasma - F/*Glucose oxidase/Peroxidase)*	97	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*)*	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD - POD)*	**178**	mg/dL	70 - 140

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Investigation	Observed Value	Unit	Biological Reference Interval
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/*Calculated*)	7.0	mg/dL	7.0 - 21
Creatinine (Serum/*Jaffe ¯Alkaline Picrate*)	1	mg/dL	0.6 - 1.1
Uric Acid (Serum/*Uricase/Peroxidase*)	3.6	mg/dL	2.6 - 6.0
Liver Function Test			
Bilirubin(Total) (Serum/*Diazotized Sulphanilic acid*)	0.5	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulphanilic acid*)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Calculated*)	0.40	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*IFCC without P-5-P*)	21	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*IFCC without P-5-P*)	**45**	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/*IFCC AMP Buffer*)	**119**	U/L	42 - 98
Total Protein (Serum/*Biuret*)	7.5	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green*)	4.1	gm/dl	3.5 - 5.2
Globulin (Serum/*Calculated*)	3.40	gm/dL	2.3 - 6.0

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Investigation	Observed Value	Unit	Biological Reference Interval
A : G RATIO (Serum/*Calculated)*	1.21		1.1 - 2.2
INTERPRETATION: Enclosure : Graph			
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	**40**	U/L	< 38
Lipid Profile			
Cholesterol Total (Serum/*Cholesterol oxidase/Peroxidase)*	187	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*Glycerol-phosphate oxidase/Peroxidase)*	126	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)*	**52**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated)*	109.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	25.2	mg/dL	< 30

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Investigation	Observed Value	Unit	Biological Reference Interval
Non HDL Cholesterol (Serum/*Calculated*)	135.0	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*)	3.6		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*)	2.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	2.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/*HPLC-Ion exchange*)	**7.8**	%	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 %

Mean Blood Glucose (Whole Blood)	177.16	mg/dl

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Investigation	Observed Value	Unit	Biological Reference Interval

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))*	1.03	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 (Thyroxine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA))*	11.63	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/*Chemiluminescence)*	2.98	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

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

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

Physical Examination(Urine Routine)

Colour (Urine/*Physical examination)*	PALE YELLOW		Yellow to Amber
Appearance (Urine/*Physical examination)*	Clear		Clear

Chemical Examination(Urine Routine)

Protein (Urine/*Dipstick-Error of indicator/ Sulphosalicylic acid method)*	**Positive(+)**		Negative
Glucose (Urine/*Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict š semi quantitative method.)*	Negative		Negative

Microscopic Examination(Urine Routine)

Pus Cells (Urine/*Microscopy exam of urine sediment)*	5-6	/hpf	0 - 5
Epithelial Cells (Urine/*Microscopy exam of urine sediment)*	**4-5**	/hpf	0 - 5
RBCs (Urine/*Microscopy exam of urine sediment)*	NIL	/hpf	0 - 5

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