SAI MAHESH
Cardiac & Maternity Care

Dr. Gajjala Mahesh Reddy
MBBS., MD., DNB Cardiology
Kasturba Medical College (MAHE)
Consultant Interventional Cardiologist
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MS OBG, DNB OBG, FMAS, DMAS,
Fellowship in ART (Infertility)
Consultant Obstetrician & Gynecologist
Reg.No. APMC 121630

Patient Name: K.S.R. Venkata Lakshmi Age: 44/F Date: 27/1/24

BP - 130/90 mmHg
Pulse: 110/min
SPO2 - 98%.

Dm (+).

for cardiac evaluation

Hb 13.1
Sc 0.64
LDL - 129
Chol - 193
TG - 215
HbA1c 8.8
-ISH 6.81
ESR 60
FBS - 165.7

DR (-)
Chest pain (-)
Palpitations (-)
PND (-)
Orthopnea (-).
Pedal edema (-)

BP
CVS: S1S2 (+)
RS: BAE (+)

10-3-206M, Ground Floor, Beside Asalatha Hospital, Reddy & Reddy Colony,
Tirupati - 517 501, Cell: 7794990412

Adv

① T. Bisolol 5mg 1-0-0

② T Ivabrad 5mg 1-0-1

③ T Rosulif F 10/145mg 0-0-1

④ T. Glimistar M1,
Zoryl M1, 1-0-1/2

⑤ T Reksium D 40 1-0-0

R/V after 2 weeks (B/F)

Salt restricted diet

30 min brisk walk

Diet modification

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Test Description	Value(s)	Reference Range	Unit(s)
Thyroid Profile			
TRI-IODOTHYRONINE (T3, TOTAL)	1.04	0.58 - 1.62	ng/mL
Method : CLIA			
THYROXINE (T4, TOTAL)	10.77	5.0 - 14.5	ng/mL
Method : CLIA			
THYROID STIMULATING HORMONE (TSH)	**6.81**	0.35 - 5.1	µIU/mL
Method : CLIA			

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism,TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

For pregnant females	**Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)**
First trimester	0.05 - 4.73
Second trimester	0.30 – 4.79
Third trimester	0.50 – 6.02

END OF REPORT

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Test Description	Value(s)	Reference Range	Unit(s)
Erythrocyte Sedimentation Rate (ESR)			
Erythrocyte Sedimentation Rate	**60**	0-20	mm/Ist hr.
Method : Westergrens			

Comments

ESR is non-specific marker of inflammation and is affected by many conditions like anemia, age, obesity, renal failure, plasma viscosity, fibrinogen etc. CRP is more sensitive test of inflammation than ESR.

ESR is a non-specific marker of inflammation and is affected by other factors, the results must be used along with other clinical findings, the individual's health history, and results from other laboratory tests.

- A single elevated ESR, without any symptoms of a specific disease, will usually not give enough information to make a medical decision. Furthermore, a normal result does not rule out inflammation or disease.
- Moderately elevated ESR occurs with inflammation but also with anemia, infection, pregnancy, and with aging.
- A very high ESR usually has an obvious cause, such as a severe infection, marked by an increase in globulins, polymyalgia rheumatica or temporal arteritis. People with multiple myeloma or Waldenstrom's macroglobulinemia typically have very high ESRs even if they don't have inflammation.
- When monitoring a condition over time, rising ESRs may indicate increasing inflammation or a poor response to a therapy; normal or decreasing ESRs may indicate an appropriate response to treatment.

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Test Description	Value(s)	Reference Range	Unit(s)
Blood Glucose Level (Fasting & Post Prandial)			
Glucose Fasting	**165.7**	60 - 110	mg/dl

Interpretation :

Fasting Blood Sugar more than 126 mg/dl on more than one occasion can indicate Diabetes Mellitus.

Glucose PPBS	-	70 - 160	mg/dl

Interpretation :

A postprandial glucose reading of 161-199 mg/dl indicates prediabetes.
A postprandial reading over 200 mg/dl indicates diabetes.

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Test Description	Value(s)	Reference Range	Unit(s)
Blood Grouping ABO & Rh Typing			
Blood Group (ABO typing) Method : Manual-Hemagglutination	"A"		
RhD Factor (Rh Typing) Method : Manual hemagglutination	Positive (+Ve)		

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Test Description	Value(s)	Reference Range	Unit(s)
Fasting Urine Sugar			
.	NIL	-	

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Test Description	Value(s)	Reference Range	Unit(s)
Complete Urine Analysis (CUE)			
Colour	Pale Yellow	Pale Yellow	
Transparency (Appearance)	Clear	Clear	
Chemical Examination (AUTOMATED URINEANALYSER)			
Reaction (pH)	6.0	4.7 - 7.5	
Specific Gravity	1.025	1.010 - 1.030	
Urine Glucose (sugar)	Negative	Negative	
Urine Protein	Negative	Negative	
Urine Bilirubin	Negative	Negative	
Urine Ketones	Negative	Negative	
Urobilinogen	Normal	Normal	
Blood	Negative	Negative	
Nitrite	Negative	Negative	
Leucocyte Esterase	Negative	Negative	
Microscopic Examination Urine			
Pus Cells	**4-5**	0 - 2	/hpf
Epithelial Cells	2-3	0 - 5	/hpf
Red blood Cells	Absent	0 - 2	/hpf
Crystals	Absent	Absent	
Cast	Absent	Absent	
Bacteria	Absent	Absent	

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Test Description	Value(s)	Reference Range	Unit(s)
HbA1c (Glycated Haemoglobin)			
HBA1C, GLYCATED HEMOGLOBIN **WHOLE BLOOD-EDTA** **Method : HPLC**	**8.8**	Non-Diabetic: <=5.90 Pre Diabetic:5.90 -6.40 Diabetic: >=6.50	%
Estimated Average Glucose **WHOLE BLOOD-EDTA** **Method : Calculated**	**205.86**	Good Control : 90 - 120 Fair Control : 121 - 150 Unsatisfactory Control : 151 - 180 Poor Control : > 180	mg/dL

Comments

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring out of before glycemia.The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy

Guidance For Known Diabetic

Good Control	Below 6.5%
Fair Control	6.5% - 7.0%
Unsatisfactory Control	7.0% - 8.0%
Poor Control	> 8.0%

HPLC Graph

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Test Description	Value(s)	Reference Range	Unit(s)
Lipid Profile			
Cholesterol-Total Method : Cholesterol oxidase, esterase, peroxidase	193.0	< 200	mg/dL
Triglycerides Method : Enzymatic, endpoint	**215.2**	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : > 500	mg/dL
Cholesterol-HDL Direct Method : Direct measure-PEG	38.9	Normal: > 40 Major Heart Risk: < 40	mg/dL
LDL Cholesterol Method : Selective detergent method	129.4	Optimal : < 10 Near or above optimal : 100 -129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190	mg/dL
VLDL Cholesterol Method : calculated	**43.04**	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	4.96	3.5 - 5.0	ratio

Note: 8-10 hours fasting sample is required.

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Test Description	Value(s)	Reference Range	Unit(s)
Urea, Serum			
Urea	11.2	10 - 50	mg/dL
Method : Urease /GLDH			

Comments:

• Increased blood urea levels suggest impaired kidney function. This may be due to acute or chronic kidney disease, damage, or failure.

• It may also be due to a condition that results in decreased blood flow to the kidneys, such as congestive heart failure, shock, stress, recent heart attack, or severe burns, to conditions that cause obstruction of urine flow, or to dehydration.

• Blood urea concentrations may be elevated when there is excessive protein breakdown (catabolism), significantly increased protein in the diet, or gastrointestinal bleeding (because of the proteins present in the blood).

• Low BUN levels are not common and are not usually a cause for concern.

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Test Description	Value(s)	Reference Range	Unit(s)
Creatinine, Serum			
Creatinine, Serum Method : Enzymatic	0.64	MALES ; 0.7 - 1.3 FEMALES ; 0.6 - 1.1 NEW BORNS ; 0.3 - 1.0 INFANTS ; 0.2 - 0.4 CHILD ; 0.3 - 0.7	mg/dL

Interpretation :

Creatinine levels that are within the ranges established by the laboratory performing the test suggest that your kidneys are functioning as they should.

Increased creatinine levels in the blood may mean that your kidneys are not working as they should. Some examples of conditions that can increase creatinine levels include:

• Damage to or swelling of blood vessels in the kidneys (glomerulonephritis) caused by, for example, infections and autoimmune diseases.

• Bacterial infection of the kidneys (pyelonephritis)

• Death of cells in the kidneys' small tubes (acute tubular necrosis) caused by, for example, drugs or toxins.

• Conditions that can block the flow of urine in the urinary tract, such as prostate disease or kidney stones.

• Reduced blood flow to the kidney due to shock, dehydration, congestive heart failure, atherosclerosis, or complications of diabetes.

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Test Description	Value(s)	Reference Range	Unit(s)
Uric Acid, Serum			
Uric Acid	4.3	2.6 - 6.0	mg/dL
Method : Uricase, PAP			

Comments:

• Causes of high uric acid in serum:

• Some genetic inborn errors.

• Cancer that has spread from its original location (metastatic), multiple myeloma, leukemias, and cancer chemotherapy.

• Chronic renal disease, acidosis, toxemia of pregnancy, and alcoholism.

• Increased concentrations of uric acid can cause crystals to form in the joints, which can lead to the joint inflammationand pain characteristic of gout. Uric acid can also form crystals or kidney stones that can damage the kidneys.

• Low levels of uric acid in the blood are seen much less commonly than high levels and are seldom considered cause for concern.

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Test Description	Value(s)	Reference Range	Unit(s)
Gamma Glutamyl Transferase (GGT)			
Gamma Glutamyl Transferase (GGT)	16.5	< 32	U/L

Method : G-Glutamyl-Carboxy-Nitoanilide

Comments

GGT is an enzyme present in liver, kidney, and pancreas.It is induced by alcohol intake and is a sensitive indicator of liver disease, particularly alcoholic liver disease.

Clinical utility

Follow-up of alcoholics undergoing treatment since the test is sensitive to modest alcohol Intake -confirmation of hepatic origin of elevated serum alkaline phosphatase.

Increased In

Liver disease: acute viral or toxic hepatitis, chronic or subacute hepatitis, alcoholic hepatitis, cirrhosis, biliary tract obstruction (intrahepatic or extrahepatic), primary or metastatic liver neoplasm, and mononucleosis -Drugs (by enzymeinduction): phenytoin, carbamazepine, barbiturates, alcohol.

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Test Description	Value(s)	Reference Range	Unit(s)
Complete Blood Count (CBP)			
Hemoglobin	13.1	12.0 - 15.0	g/dL
Method : Spectrophotometry			
Erythrocyte Count (RBC) Count	4.7	3.8 - 4.8	mIU/uL
Method : Impedance			
PACKED CELL VOLUME (HEMATOCRIT)	**37.8**	40 - 47	%
Method : Calculated			
Platelet Count	3.37	1.50 - 4.50	lakh/cumm
MCV	**80.3**	83 - 101	fl
MCH	27.9	27 - 32	pg
MCHC	**34.7**	31.5 - 34.5	g/dL
RDW-CV	**15.7**	11.5 - 14.5	%
Total Count and Differential Count			
Total Leucocyte Count (WBC)	9810	4000 - 11000	cells/cumm
Neutrophils	61.1	40 - 75	%
Lymphocytes	29.0	20 - 40	%
Eosinophils	2.6	0 - 6	%
Monocytes	6.3	2 - 10	%
Basophils	1.0	0 - 1	%

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Liver Function Test			
Bilirubin - Total	0.45	0.3 - 1.2	mg/dL
Method : DIAZO			
Bilirubin - Direct	0.17	Adults and Children: < 0.4	mg/dL
Method : DIAZO			
Bilirubin - Indirect	0.28	< 0.8	mg/dL
Method : Calculated			
SGOT	13.3	< 31	U/L
Method : IFCC			
SGPT	16.3	< 34	U/L
Method : IFCC			
Alkaline Phosphatase-ALP	72.0	42 - 98	U/L
Method : AMP			
Total Protein	7.0	6.6 - 8.7	g/dL
Method : Biuret			
Albumin	4.03	3.5- 5.2	g/dL
Method : BCG			
Globulin	2.97	1.8 - 3.6	g/dL
Method : Calculated			
A/G Ratio	1.36	1.2 - 2.2	ratio
Method : Calculated			

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