

Name : Mrs. SUMAN SINGH  
PID No. : MED122341546  
SID No. : 522319688  
Age / Sex : 49 Year(s) / Female  
Ref. Dr : MediWheel  
Source : MediWheel

Register On : 18/12/2023 9:37 AM  
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## REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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### IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' 'Positive'		
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**INTERPRETATION:**Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



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<b><u>HAEMATOLOGY</u></b>			
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (EDTA Blood/Spectrophotometry)	12.1	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	35.7	%	37 - 47
RBC Count (EDTA Blood)	4.24	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	84.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.0	g/dL	32 - 36
RDW-CV	14.2	%	11.5 - 16.0
RDW-SD	41.85	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6000	cells/cu.mm	4000 - 11000



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Neutrophils (Blood)	64.9	%	40 - 75
Lymphocytes (Blood)	25.0	%	20 - 45
Eosinophils (Blood)	4.9	%	01 - 06
Monocytes (Blood)	5.0	%	01 - 10
Basophils (Blood)	0.2	%	00 - 02

**INTERPRETATION:** Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (EDTA Blood)	3.89	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.50	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.29	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.30	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood)	0.01	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood)	173	$10^3 / \mu\text{l}$	150 - 450



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MPV (Blood)	10.9	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	18	mm/hr	< 20



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### BIOCHEMISTRY

Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	87.80	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126
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**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)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	92.88	mg/dL	70 - 140
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**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
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	13.1	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	<b>0.50</b>	mg/dL	0.6 - 1.1
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### Biological Reference Interval

**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/Enzymatic)

5.25

mg/dL

2.6 - 6.0



**Dr. Arjun C.P**  
MBBS, MD Pathology  
Reg No: KMC 89655  
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### BIOCHEMISTRY

#### Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.69	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.20	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.49	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	13.61	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	8.54	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	16.17	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	<b>121.2</b>	U/L	42 - 98
Total Protein (Serum/Biuret)	6.32	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.68	gm/dl	3.5 - 5.2



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Globulin (Serum/Derived)	1.64	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.85		1.1 - 2.2





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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	175.37	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	136.19	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)	38.31	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	109.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190



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VLDL Cholesterol (Serum/Calculated)	27.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	137.1	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)	4.6		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)	3.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

Estimated Average Glucose 96.8 mg/dL  
(Whole Blood)

### **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 glyceimic 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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<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	26.2		6.0 - 22.0



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### IMMUNOASSAY

#### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.23	ng/ml	0.7 - 2.04
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#### **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)	8.96	µg/dl	4.2 - 12.0
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#### **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)	4.17	µIU/mL	0.35 - 5.50
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#### 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  $\mu$ U/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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### CLINICAL PATHOLOGY

#### PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

#### CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.006		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal



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Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

### MICROSCOPIC EXAMINATION (URINE COMPLETE)

Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		



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### Biological Reference Interval

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



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-- End of Report --

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Age & Gender	49Y/FEMALE	Visit Date	18 Dec 2023
Ref Doctor Name	MediWheel		

**X-ray mammogram (mediolateral oblique & craniocaudal views) followed by Sonomammography.**

**BILATERAL MAMMOGRAPHY**

Breast composition Type B (These are scattered areas of fibroglandular density).

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

**BILATERAL SONOMAMMOGRAPHY**

Both the breasts show normal echopattern.

**A dilated duct / cyst is seen at 8 o' clock position in right breast - (Zone - 1c). No internal echoes / solid components.**

No evidence of focal solid / cystic areas in left breast.

No evidence of ductal dilatation in left breast.

Bilateral axillary lymph nodes are seen with preserved fatty hilum.

**IMPRESSION:**

- **Simple cyst / focal ductectasia at 8 o' clock position in right breast.**
- **No other breast lesions.**
- **Bilateral axillary lymph nodes.**

**ASSESSMENT: BI-RADS CATEGORY - 2**

**BI-RADS CLASSIFICATION**

**CATEGORY RESULT**

2                      Benign finding. Routine mammogram in 1 year recommended.

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**DR. HEMANANDINI V.N**  
**CONSULTANT RADIOLOGIST**  
Hn/Sp

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### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and show increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** partially distended and shows a calculus, measuring 24 mm. No evidence abnormal wall thickening or pericholecystic fluid.  
CBD measures 4.8 mm.

**PANCREAS** has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern.

#### **KIDNEYS**

**Right kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

**Left kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.8	1.4
Left Kidney	11.4	1.8

**URINARY BLADDER-** Minimally distended; hence pelvis could not be assessed.

**UTERUS** - Post hysterectomy status.

**OVARIES** are not visualized.

POD & adnexa are free.  
No evidence of ascites.

#### **IMPRESSION:**

- **Cholelithiasis. No IHBRD**
- **Grade I fatty infiltration of liver.**

**DR. HEMANANDINI V.N**  
**CONSULTANT RADIOLOGISTS**

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## 2D ECHOCARDIOGRAPHIC STUDY

### M-mode measurement:

AORTA	:	2.52	cms.
LEFT ATRIUM	:	2.88	cms.
AVS	:	1.47	cms.
<b>LEFT VENTRICLE</b>			
(DIASTOLE)	:	3.91	cms.
(SYSTOLE)	:	2.73	cms.
<b>VENTRICULAR SEPTUM</b>	:		
(DIASTOLE)	:	0.98	cms.
(SYSTOLE)	:	1.18	cms.
<b>POSTERIOR WALL</b>	:		
(DIASTOLE)	:	1.49	cms.
(SYSTOLE)	:	1.13	cms.
EDV	:	66	ml.
ESV	:	27	ml.
FRACTIONAL SHORTENING	:	30	%
EJECTION FRACTION	:	60	%
EPSS	:	***	cms.
RVID	:	1.80	cms.

### DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.8 m/s	A - 0.6 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.4 m/s	A - 0.3 m/s	NO TR.
PULMONARY VALVE:	0.8 m/s		NO PR.

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Age & Gender	49Y/FEMALE	Visit Date	18 Dec 2023
Ref Doctor Name	MediWheel		

### **2D ECHOCARDIOGRAPHY FINDINGS:**

Left Ventricle : Normal size, Normal systolic function.  
: No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral Valve : Normal. No mitral valve prolapsed.

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: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**DR. YASHODA RAVI**  
**CONSULTANT CARDIOLOGIST**

Name	MRS.SUMAN SINGH	ID	MED122341546
Age & Gender	49Y/FEMALE	Visit Date	18 Dec 2023
Ref Doctor Name	MediWheel		



Name	Mrs. SUMAN SINGH	Customer ID	MED122341546
Age & Gender	49Y/F	Visit Date	Dec 18 2023 9:36AM
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.Hemanandini**  
**Consultant Radiologist**

Patient Name	Soman Singh	Date	18/12/2023
Age	49 yrs	Visit Number	522319688
Sex	Female	Corporate	Medi wheel

### GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 160 cm  
 Weight : 76 kgs  
 Pulse : 84 /minute  
 Blood Pressure : 130/70 mm of Hg  
 BMI : 29.6

#### BMI INTERPRETATION

**Underweight = <18.5**  
**Normal weight = 18.5-24.9**  
**Overweight = 25-29.9**

Chest :

Expiration : cms

Inspiration : cms

Abdomen Measurement : cms

Eyes : clinically NAD      Ears : clinically NAD  
 Throat : not infected      Neck nodes : No lymphadenopathy  
 RS: RLL NAD ⊕      CVS: S<sub>1</sub>S<sub>2</sub> ⊕  
 PA : soft, BS ⊕      CNS: conscious & alert

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO

  
 Signature  
 Dr. RITESH RAJ, MBBS  
 General Physician & Diabetologies  
 KMC Reg. No: 85875  
 CHIRAX DIAGNOSTICS



49 Years

Female

QRS : 78 ms  
QT / QTcBaz : 384 / 432 ms  
PR : 124 ms  
P : 66 ms  
RR / PP : 788 / 789 ms  
P / QRS / T : 66 / -21 / 74 degrees

Normal sinus rhythm  
Normal ECG

