

1A102023H001567

SHEET

MRN : 10200000268306
Name : Ms Chandarakala R
Age : Female, 52y 3m
Address : #24, tirupathur, Pudupetta, Vellore, Tamil Nadu, India, 635651
Number : OP-002
Visit Type : OP, New Visit
Number : 9443014951

Date : 11/08/2023 08:30 AM
Department : OBSTETRICS & GYNAECOLOGY
Consultant : Dr. Sapna Raina
Ref. Hospital : -
Ref. Doctor : -
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

SPD 991

Ht (cm) : 151cm
Wt (kg) : 62.81kg
Pulse (bpm) : 60bpm
Temp (*F) :
BMI :
Fall Score :
Pain Score :

COMPLAINTS AND HPI

PHYSICAL EXAMINATION

General : Known/Unknown
Build : Cachectic/ Thin Built/ Average Built/ Obese/ Normal
Family History : Negative/ Unknown
Mental Status : Normal/Any Psychological Problem

OBSTETRIC EXAMINATION

52yr / P2L2 / No Complaints

LABORATORY ASSESSMENT

LMP - 27/7/2023

DIAGNOSTIC INVESTIGATIONS

pmc - 34 days / 30 days / moderate flow
Skull X

TREATMENT SUGGESTED

Pap smear sample taken → P.A. Cervix hypertrophied
WDS
PW: uter @ MSC

PRESCRIPTION

Prescribed By : Navitha N(320679) Generated On : 11/08/2023 07:52 AM

One free consultation with the same doctor within next 6 days

- Rx ① Tab metrogyl 400mg 1-1-1 x 10 days PO
- ② Tab. DORT 5L 100mg 1-0-1 x 14 day PO

REDMI NOTE 5 PRO MI DUAL CAMERA

Patient Name : Ms. Chandrakala R
Age : 52 Years
Referring Doctor : EHC

MRN : 10200000268306
Sex : Female
Date : 11.08.2023

ULTRASOUND OF BOTH BREASTS

FINDINGS:

Comparison with previous study dated on 09.01.2023.

RIGHT:

There are few well-defined anechoic cysts, largest measuring 8.6 x 5 mm at 9 O' clock position (previously measuring 7.0 x 4.0 mm).
Rest of the pre mammary, mammary and retromammary areas demonstrate normal echotexture. The breast parenchyma shows normal fatty deposits.
The areolar region appears unremarkable.
No evidence of lymphadenopathy.


LEFT:

The pre mammary, mammary and retromammary areas demonstrate normal echotexture. The breast parenchyma shows normal fatty deposits.
The areolar region appears unremarkable.
No evidence of lymphadenopathy.
No focal lesions seen.

IMPRESSION

- Right breast simple cyst as described above (BIRADS II). No significant interval change since prior mammography correlation.

Recommended clinical and



Dr. Akshata
Resident

Typed by Sreedevi L



CONSULTATION SUMMARY

Patient MRN : 10200000268306
Patient Name : Ms Chandarakala R
Gender/Age/Dob : Female , 52 Years , 11/05/71
Patient Phone No : 9443014951
Patient Address : #24,tirupathur ,Pudupettai,
Vellore,Tamil Nadu,India,
-635651

Consultation Date : 12/08/2023 12:13 PM
Consultant : Dr. Santosh K M (FAMILY
MEDICINE)
Consultation Type : OP , FOLLOW UP



NOTES

- follow up

CROSS CONSULTATION

- Dr. Akshita Singh, BREAST ONCOLOGY & ONCOPLASTIC SURGERY on 12/08/2023

FOLLOW UP DETAILS

- **Physical Consultation** after **3 Months** with below investigation results
Follow-up Investigation
FASTING LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL) | HBA1C

CONSULTANT DETAILS

Dr. Santosh K M , ASSOCIATE CONSULTANT , FAMILY MEDICINE

Printed By: Dr. Santosh K M | Printed On: 12.08.2023 12:17

REDMI NOTE 5 PRO
MI DUAL CAMERA



Appointment

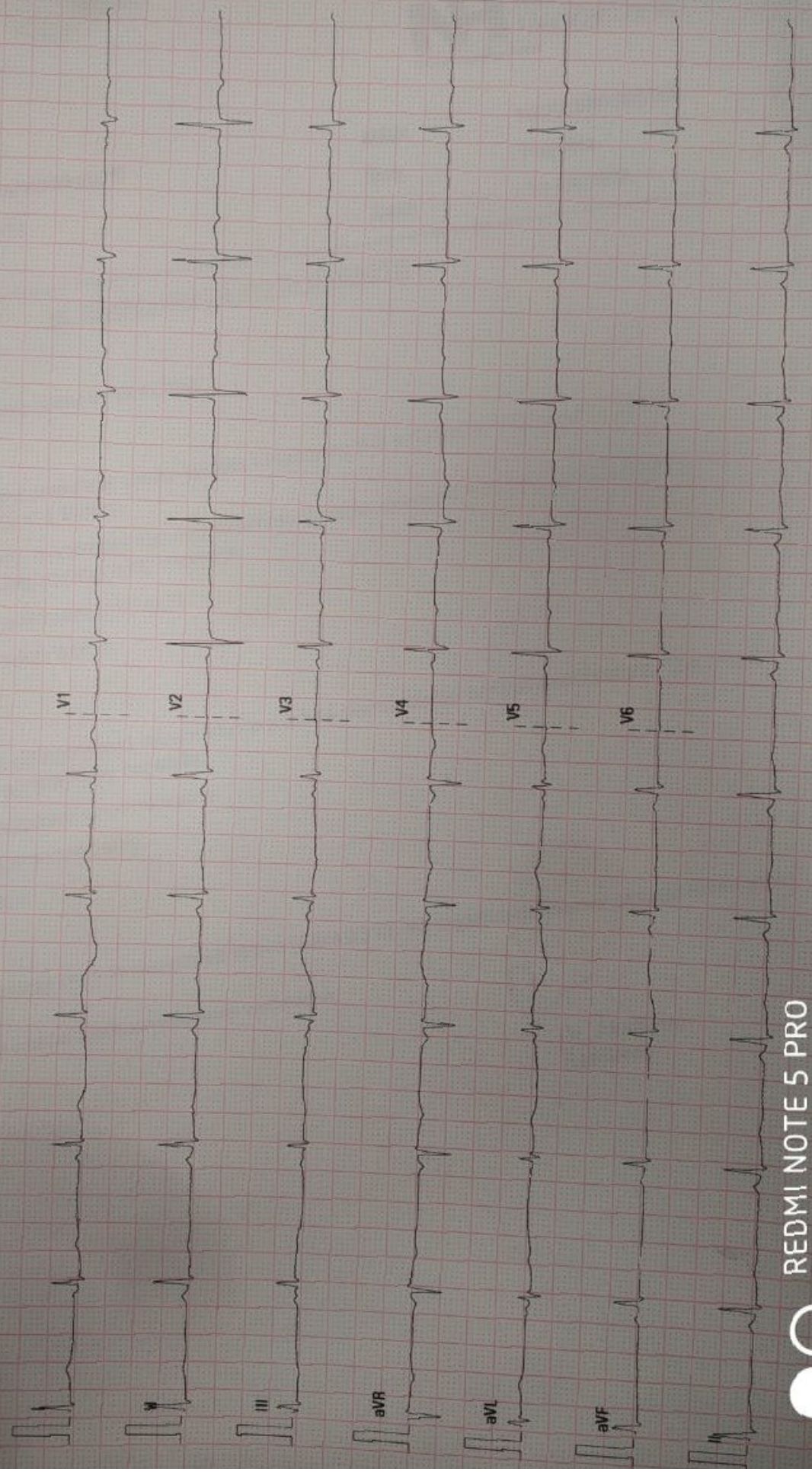
1800-309-0309 (Toll Free)



ID: 1020000268306
Name: R. Chandrakala
Age: 52 Years
Gender: Female

11-08-2023 08:28:28

Vent. Rate 65 bpm
PR Interval 124 ms
QRS Duration 78 ms
QT/QTc Interval 382/391 ms
P/QTc Axis 40/38/1 deg
QTc-Hodges



CERCORICI MADE IN ITALY

REDMI NOTE 5 PRO
MI DUAL CAMERA



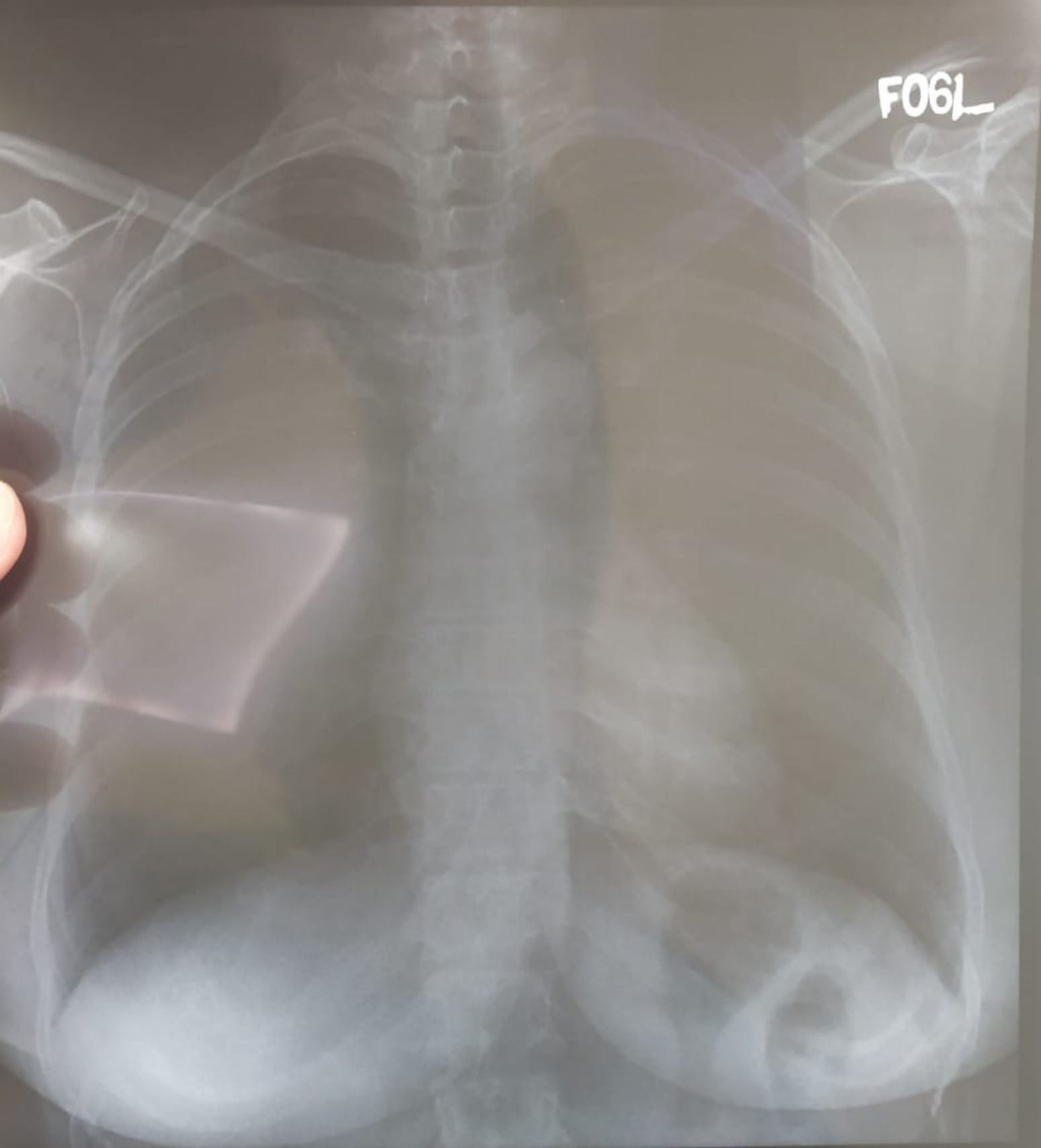
25 mm/s
10 mm/mV
50 Hz
80R 35 Hz

NH NARAYANA CITY

02.05.00.V28.4.1

SN FN 74007567

F06L



REDMI NOTE 5 PRO
MI DUAL CAMERA
MSMC NH HEALTH CITY BANGALORE.
P5-000310 11/08/2023 09:07 AM

Patient Name	: Ms. Chandrakala R	MRN	: 10200000268306
Age	: 52 Years	Sex	: Female
Referring Doctor	: EHC	Date	: 11.08.2023

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions.

Portal vein is normal in course and caliber. Hepatic veins and their confluence draining into the IVC appear normal. **CBD** is obscured.

Gallbladder is partially distended without evidence of calculi or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity.

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum – Obscured by bowel gas.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Uterus is anteverted and normal in size, measuring 8.3 x 5.4 x 4.0 cm. Myometrial and endometrial echoes are normal. **Endometrium** measures 9.8 mm. Endometrial cavity is empty.

Both ovaries are normal in size and echopattern.

Right ovary: measures 2.3 x 1.6 cm. **Left ovary**: measures 3.0 x 2.5 cm and shows a dominant follicle measuring 2.5 x 2.5 cm.

Both adnexa: No mass is seen.

There is no ascites.

IMPRESSION:

- No significant abnormality detected.

Typed by Sreedevi.



**Dr. Akshata
Resident**

ECHO REPORT – HEALTH CHECK

DATE : 11/08/2023
NAME: CHANDRAKALA R

MRN: 10200000268306
AGE/GENDER:52 Y/F

IMPRESSION

- NORMAL CHAMBER DIMENSIONS
- NO RWMA
- MR-MILD
- TR-MILD
- NORMAL PA PRESSURE
- NORMAL RV AND LV FUNCTIONS
- LVEF- 55- 60%

AO: 24	LVID(d): 43	IVS(d): 10	RV: 24
LA: 34	LVID(s): 30	PW(s): 10	TAPSE: 18

FINDINGS

CHAMBERS: NORMAL
RWMA: NO RWMA
VALVES: MR-MILD,TR-MILD
SEPTAE: INTACT
AORTA AND PA: AORTIC ANNULUS : 18 MM, NORMAL
PERICARDIUM: NORMAL
PRESSURES: NORMAL , PASP- 25 MMHG
OTHERS:

DR SATISH C GOVIND
SENIOR CONSULTANT

JAYALAKSHMI S
SONOGRAPHER

NC /ROOM NUMBER - 3

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 52y (11/05/1971)

Collected On : 11/08/2023 08:02 AM Received On : 11/08/2023 08:32 AM Reported On : 11/08/2023 08:55 AM

Barcode : 032308110078 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9443014951

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-

--End of Report--

Dr. Sudarshan Chougule
MBBS, MD, Pathology
Consultant & Head - Hematology & Flow Cytometry

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

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Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 52y (11/05/1971)

Collected On : 11/08/2023 08:02 AM Received On : 11/08/2023 08:32 AM Reported On : 11/08/2023 09:24 AM

Barcode : 032308110078 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9443014951

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY**PHYSICAL EXAMINATION**

Colour	Yellow	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.007	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present

MICROSCOPIC EXAMINATION

Pus Cells	0.2	/hpf	0-5
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Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 52y (11/05/1971)

RBC	0.2	/hpf	0-4
Epithelial Cells	4.1	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	20.5	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

Interpretation Notes

- Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to nearest whole number is suggested.

--End of Report--



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DEPARTMENT OF LABORATORY MEDICINE

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Barcode : 032308110078 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9443014951

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-

--End of Report--

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Final Report

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Barcode : 032308110078 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9443014951

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY**PHYSICAL EXAMINATION**

Colour	Yellow	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.007	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present

MICROSCOPIC EXAMINATION

Pus Cells	0.2	/hpf	0-5
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Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 52y (11/05/1971)

RBC	0.2	/hpf	0-4
Epithelial Cells	4.1	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	20.5	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

Interpretation Notes

- Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to nearest whole number is suggested.

--End of Report--



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MBBS, MD, Pathology
Consultant & Head - Hematology & Flow Cytometry

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 52y (11/05/1971)

Collected On : 11/08/2023 12:01 PM Received On : 11/08/2023 12:31 PM Reported On : 11/08/2023 01:17 PM

Barcode : 012308111502 Specimen : Plasma Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9443014951

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase)	94	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

--End of Report--

Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

Note

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- Results relate to the sample only.
- Kindly correlate clinically.

(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 52y (11/05/1971)

Collected On : 11/08/2023 08:02 AM Received On : 11/08/2023 08:33 AM Reported On : 11/08/2023 09:12 AM

Barcode : 012308110597 Specimen : Plasma Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9443014951

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	102 H	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

--End of Report--

Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

Note

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- Results relate to the sample only.
- Kindly correlate clinically.

(Fasting Blood Sugar (FBS) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 52y (11/05/1971)

Collected On : 11/08/2023 08:02 AM Received On : 11/08/2023 08:24 AM Reported On : 11/08/2023 09:17 AM

Barcode : 1B2308110012 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9443014951

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group (Column Agglutination Technology)	A	-
RH Typing (Column Agglutination Technology)	Positive	-

--End of Report--

Dr. Prathip Kumar B R
MBBS,MD, Immunohaematology & Blood Transfusion
Consultant

Note

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 52y (11/05/1971)

Collected On : 11/08/2023 08:02 AM Received On : 11/08/2023 08:34 AM Reported On : 11/08/2023 10:04 AM

Barcode : 012308110599 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9443014951

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC NGSP Certified)	5.7 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	116.89	-	-

Interpretation:

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

--End of Report-

Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

Note

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- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 52y (11/05/1971)

Collected On : 11/08/2023 08:02 AM Received On : 11/08/2023 08:33 AM Reported On : 11/08/2023 08:56 AM

Barcode : 022308110415 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9443014951

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	11.6 L	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	3.84	million/ μ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	34.3 L	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	89.3	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	30.1	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.6	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	14.0	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	318	$10^3/\mu$ L	150.0-450.0
Mean Platelet Volume (MPV)	6.9 L	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	4.0	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	49.1	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	37.6	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	9.6	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	3.0	%	1.0-6.0

Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 52y (11/05/1971)

Basophils (VCS Technology Plus Microscopy)	0.7	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	1.97 L	$\times 10^3$ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.51	$\times 10^3$ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.39	$\times 10^3$ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.12	$\times 10^3$ cells/ μ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.03	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

Interpretation Notes

- Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .

RBC Indices aid in typing of anemia.

WBC Count: If below reference range, susceptibility to infection.

If above reference range- Infection*

If very high in lakhs-Leukemia

Neutrophils -If above reference range-acute infection, mostly bacterial

Lymphocytes -If above reference range-chronic infection/ viral infection

Monocytes -If above reference range- TB,Typhoid,UTI

Eosinophils -If above reference range -Allergy,cough,Common cold,Asthma & worms

Basophils - If above reference range, Leukemia, allergy

Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies

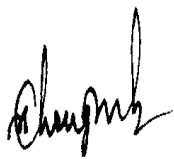
* In bacterial infection with fever total WBC count increases.

Eg Tonsillitis,Sinusitis,Bronchitis,Pneumonia,Appendicitis,UTI -12000-25000 cells/cumm.

In typhoid and viral fever WBC may be normal.

DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.

--End of Report--



Dr. Sudarshan Chougule

MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 52y (11/05/1971)

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DEPARTMENT OF LABORATORY MEDICINE

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Collected On : 11/08/2023 08:02 AM Received On : 11/08/2023 08:34 AM Reported On : 11/08/2023 09:45 AM

Barcode : 022308110414 Specimen : Whole Blood - ESR Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9443014951

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	41 H	mm/1hr	0.0-19.0

Interpretation Notes

- ESR high - Infections, chronic disorders,, plasma cell dyscrasias.
- DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert**

--End of Report-

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 52y (11/05/1971)

Collected On : 11/08/2023 08:02 AM Received On : 11/08/2023 08:34 AM Reported On : 11/08/2023 09:48 AM

Barcode : 012308110598 Specimen : Serum Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9443014951

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.57	mg/dL	0.52-1.04
eGFR (Calculated)	111.4	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	6 L	mg/dL	7.0-17.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	4.2	mg/dL	2.5-6.2
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	214 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	162 H	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	41	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	173.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	132	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	32.4	mg/dL	0.0-40.0

Patient Name : Ms Chandarakala R MRN : 10200000268306 Gender/Age : FEMALE , 52y (11/05/1971)

Cholesterol /HDL Ratio (Calculated)	5.3 H	-	0.0-5.0
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THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.33	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	9.32	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	0.8944	µIU/mL	> 18 Year(s) : 0.4 -4.5 Pregnancy: 1st Trimester: 0.129-3.120 2nd Trimester: 0.274-2.652 3rd Trimester: 0.312-2.947

Interpretation Notes

- TSH levels are subjected to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% , hence time of the day has influence on the measured serum TSH concentrations. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.81	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.00	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Calculated)	0.81	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	6.90	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	3.80	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.11	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.23	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	25	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	15	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	70	U/L	38.0-126.0

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Gamma Glutamyl Transferase (GGT) (Multipoint 14 U/L 12.0-43.0
Rate - L-glutamyl-p-nitroanilide (Szasz Method))

Interpretation Notes

- Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin). Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin. Delta Bilirubin is not expected to be present in healthy adults or neonates.

--End of Report--



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Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
(Lipid Profile, -> Auto Authorized)
(, -> Auto Authorized)
(CR, -> Auto Authorized)
(LFT, -> Auto Authorized)
(Blood Urea Nitrogen (Bun), -> Auto Authorized)
(Uric Acid -> Auto Authorized)

