

Name	Ms.PARBATHY	ID	IND149724
Age & Gender	38/FEMALE	Visit Date	25/06/2022
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER shows normal in shape, size and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows normal shape and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

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

SPLEEN shows normal shape, size and echopattern. No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well made out. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	8.7	1.4
Left Kidney	10.5	1.4

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

UTERUS is anteverted and normal in size. It has uniform myometrial echopattern.

Endometrial thickness measures 9mm

Uterus measures as follows: LS: 8.9cms AP: 4.2cms TS: 5.5cms.

OVARIES are normal in size, shape and echotexture. No focal lesion seen.

Ovaries measure as follows: **Right ovary:** 3.5 x 1.4cms **Left ovary:** 3.0 x 1.4cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

REPORT DISCLAIMER

1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.
2.The results reported here in are subject to interpretation by qualified medical professionals only.
3.Customer identities are accepted provided by the customer or their representative.
4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.
6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the referring doctor/patient can contact the respective section head of the laboratory.

7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
9.Liability is limited to the extend of amount billed.
10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

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➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

**DR. APARNA
CONSULTANT RADIOLOGISTS:**

A/da

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Type : OP
Ref. Dr : MediWheel

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Collection On : 25/06/2022 9:54 AM
Report On : 25/06/2022 4:03 PM
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Monocytes (EDTA Blood)	8.1	%	01 - 10
Basophils (Blood)	0.6	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.37	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.48	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.27	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.54	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.04	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	306	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	10.2	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.31	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	9	mm/hr	< 20

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

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DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

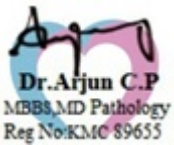
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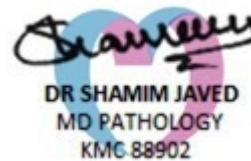
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<u>BIOCHEMISTRY</u>			
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.28	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.11	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.17	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	21.96	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	18.44	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.27	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	98.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.41	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.35	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.06	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.42		1.1 - 2.2



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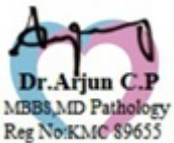
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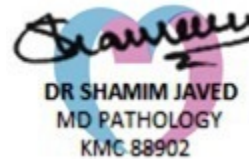
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	155.74	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	165.82	mg/dL	Optimal: < 150 Borderline: 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)	33.11	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	89.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	33.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	122.6	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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Observed Value

Unit

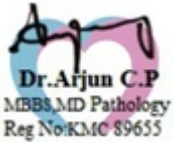
Biological Reference Interval

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.

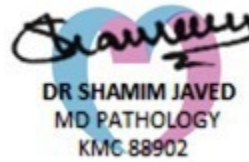
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.7	Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	5	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.7	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.7	%	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 %

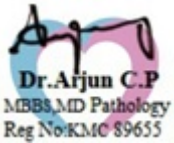
Estimated Average Glucose 116.89 mg/dL
(Whole Blood)

INTERPRETATION: Comments

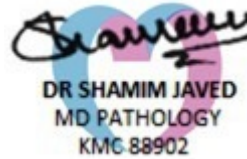
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

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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Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	3-4	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL
Others (Urine)	NIL		

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

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL


DR .VANITHA.R.SWAMY MD
Consultant Pathologist
Reg No : 99049
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MD PATHOLOGY
KMC 88902
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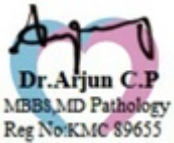
Unit

Biological
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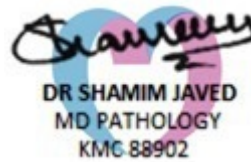
IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'AB' 'Positive'



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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	11.54		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	86.55	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)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	78.33	mg/dL	70 - 140

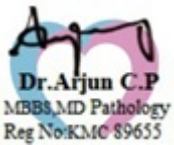
INTERPRETATION:

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.

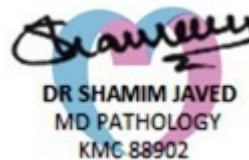
Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.2	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.71	mg/dL	0.6 - 1.1

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)	5.50	mg/dL	2.6 - 6.0
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-- End of Report --