

Name : Mrs. SOWMIYA RANGASAMY

PID No. : MED111716348

Register On : 08/07/2023 8:50 AM

SID No. : 1802323962

Collection On : 08/07/2023 9:35 AM

Age / Sex : 31 Year(s) / Female

Report On : 08/07/2023 6:48 PM

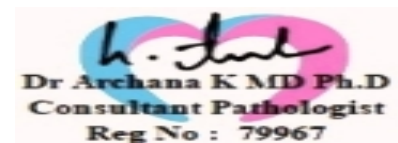
Type : OP

Printed On : 10/07/2023 11:27 AM

Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'A' 'Positive'		
INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion			
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	9.8	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	31.5	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.45	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	70.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	22.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	31.2	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	17.1	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	42.37	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	7740	cells/cu.m m	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	58.3	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	31.6	%	20 - 45



APPROVED BY

The results pertain to sample tested.

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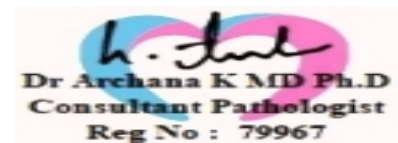
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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	3.3	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.1	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.51	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.45	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.26	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.47	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.05	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	338	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.3	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.31	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	64	mm/hr	< 20



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	7.3		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	87.0	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	93.5	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)	6.0	mg/dL	7.0 - 21
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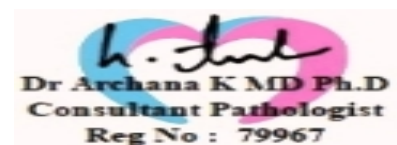
Creatinine (Serum/Modified Jaffe)	0.82	mg/dL	0.6 - 1.1
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INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	4.5	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.51	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.35	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	15.8	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	12.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	17.9	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	66.3	U/L	42 - 98
Total Protein (Serum/Biuret)	7.18	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.49	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.69	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	0.95		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	178.4	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	93.2	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500



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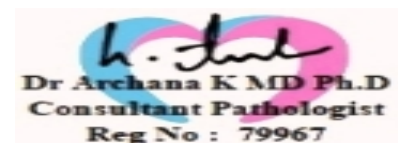
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 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)	38.6	mg/dL	Optimal(Negative Risk Factor): ≥ 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	121.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: ≥ 190
VLDL Cholesterol (Serum/Calculated)	18.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	139.8	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)	2.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	102.54	mg/dL
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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))	0.86	ng/ml	0.7 - 2.04
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INTERPRETATION:

Comment :

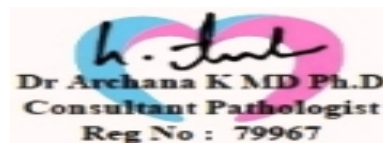
Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	10.17	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.



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.47	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 :

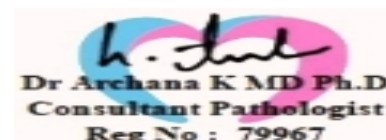
1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

COLOUR (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated δ Flow cytometry)	0 - 1	/hpf	NIL
Epithelial Cells (Urine/Automated δ Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated δ Flow cytometry)	NIL	/HPF	NIL
Casts (Urine/Automated δ Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated δ Flow cytometry)	NIL	/hpf	NIL



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Others
(Urine)

NIL

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

Stool Analysis - ROUTINE

Colour
(Stool)

Brown

Brown

Blood
(Stool)

Absent

Absent

Mucus
(Stool)

Absent

Absent

Reaction
(Stool)

Acidic

Acidic

Consistency
(Stool)

Semi Solid

Semi Solid

Ova
(Stool)

NIL

NIL

Others
(Stool)

NIL

NIL

Cysts
(Stool)

NIL

NIL

Trophozoites
(Stool)

NIL

NIL

RBCs
(Stool)

NIL

/hpf

Nil

Pus Cells
(Stool)

1 - 2

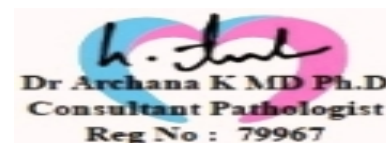
/hpf

NIL

Macrophages
(Stool)

NIL

NIL



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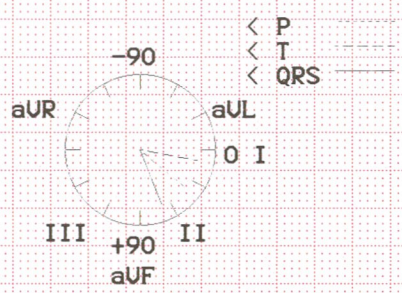
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Epithelial Cells (Stool)	NIL	/hpf	NIL



-- End of Report --

Measurement Results:

QRS : 96 ms
 QT/QTcB : 404 / 480 ms
 PR : 128 ms
 P : 102 ms
 RR/PP : 700 / 705 ms
 P/QRS/T : 40/ 67/ 11 degrees

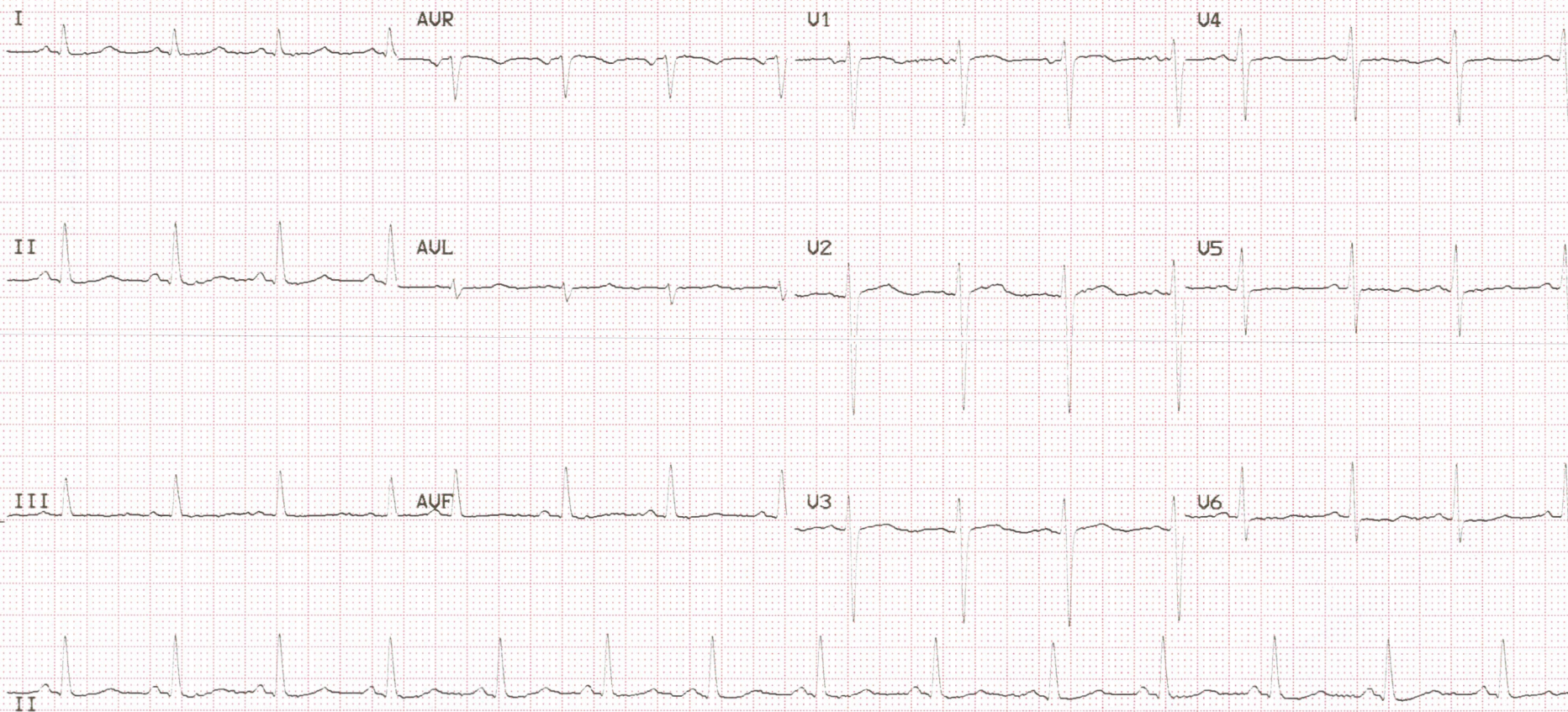


Interpretation:

12SL - Interpretation:
 Normal sinus rhythm
 Nonspecific T wave abnormality
 Prolonged QT
 Abnormal ECG

73-0
 155.5
 30.1

Unconfirmed report.



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Age & Gender	31-Female	Visit Date	10-07-2023 10:26:18
Ref Doctor Name	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN (TAS/TVS)

The liver is normal in size and shows diffuse mild fatty changes. No focal mass seen.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 9.8 x 4.2 cms.

The left kidney measures 10.0 x 4.6 cms.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass

or calculus.

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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Age & Gender	31-Female	Visit Date	10-07-2023 10:26:18
Ref Doctor Name	MediWheel		

The uterus is anteverted, and measures 7.7 x 3.6 cms.

Myometrial echoes are homogeneous.

The endometrial thickness is 7.9 mm.

The right ovary measures 3.2 x 3.1 x 2.0 cms volume :10 cc and has a small cyst of 1.5 cms with thick internal echoes in it. No intra lesion vascularity seen.

The left ovary measures 3.3 x 2.2 x 1.9 cms volume: 7 cc and has two small cysts of 1.2 cms and 0.9 cms with thick internal echoes in it.

Both ovaries are enlarged and show multiple tiny cysts in the periphery.

Minimal free fluid seen in pouch of dough - physiological.

Parametria are free.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

IMPRESSION:

- **Mild fatty liver.**
- **Polycystic ovaries.**
- **Small cysts with thick internal echoes in both ovaries**
-? Hemorrhagic cysts.
-Suggested follow up.

sr

CONSULTANT RADIOLOGIST

DR. S.GNANAM MBBS.,DMRD.,

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Age & Gender	31-31-Female	Visit Date	10-07-2023 10:26:18
Ref Doctor Name	MediWheel		

ECHO CARDIOGRAPHY REPORT

Measurements:-

M Mode:

IVS d	0.8cm	IVS s	1.0cm
LVID d	4.2cm	LVID s	2.6cm
LVPW d	0.9cm	LVPW s	1.4cm
AO	2.5cm	LA	3.5cm

Doppler study:

Location	m/sec	Location	m/sec
MP A vel	0.8	MV E	0.9
PGT	2mmHg	A	0.5
AV vel	1.5	Ratio	1.6
PGT	9mmHg	TV E	0.3
EF	68%	A	0.4
FS	37%	Ratio	0.9

2D:

LA : NORMAL	RA : NORMAL
LV : NORMAL	RV : NORMAL
AV : NORMAL	PV : NORMAL
MV : NORMAL	TV : NORMAL
AO : NORMAL	PA : NORMAL

Observations:

- **Cardiac chambers dimension-normal**

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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.

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11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	SOWMIYA RANGASAMY	ID	MED111716348
Age & Gender	31-31-Female	Visit Date	10-07-2023 10:26:18
Ref Doctor Name	MediWheel		

- **No regional wall motion abnormality**
- **Normal LV systolic and diastolic function**
- **Valves are morphologically and functionally normal**
- **No stenosis / prolapse**
- **Mild AR**
- **Doppler flow pattern normal**
- **No pulmonary hypertension**
- **Normal Pericardium**
- **IAS/ IVS appear Intact**
- **No mass**

CONCLUSIONS:

- ***NORMAL CARDIAC DIMENSIONS.***
- ***NO REGIONAL WALL MOTION ABNORMALITIES.***
- ***GOOD LV SYSTOLIC FUNCTION.***
- ***LVEF 68%***
- ***MILD AR.***



Prof. N. Subramanian MD, DM(CARD) FRCP, FACC

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Name	SOWMIYA RANGASAMY	ID	MED111716348
Age & Gender	31-31-Female	Visit Date	10-07-2023 10:26:18
Ref Doctor Name	MediWheel		

Consultant Cardiologist

**Done By :-Ms. Nivedha .P
Cardiac technologist**

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Name	Mrs. SOWMIYA RANGASAMY	ID	MED111716348
Age & Gender	31Y/F	Visit Date	Jul 8 2023 8:49AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac shadow appear prominent. CTR measures 13.7 : 25.2

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

- please clinically correlate



DR.B.C.SRIDHAR,DMRD,DNB
CONSULTANT RADIOLOGIST