

NAME	: Mrs. D ARUNA DEVI	MR/VISIT NO	: 22110780 / 166083
AGE/SEX	: 54 Yrs / Female	BILLED TIME	: 26-11-2022 at 07:33 AM
REFERRED BY	:	BILL NO	: 197781
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 26-11-2022 at 05:08 PM

MEDIWHEEL HEALTH CHECKUP FEMALE

RADIOLOGY

SONO MAMMOGRAPHY OF BILATERAL BREASTS

RIGHT BREAST:

Breast shows normal fibro glandular pattern.
Adjacent skin & retro mammary areas are normal.
Subareolaer region is normal.
Nipple is normal.
Retro mammary space and subcutaneous planes are normal.
Right axilla appears normal, no e/o lymphadenopathy.

LEFT BREAST:

Breast shows normal fibro glandular pattern.
Adjacent skin & retro mammary areas are normal.
Subareolaer region is normal.
Nipple is normal.
Retro mammary space and subcutaneous planes are normal.
Left axilla appears normal, no e/o lymphadenopathy.

IMPRESSION:

- **No abnormality in bilateral sonomammography.**
- **Bilateral breast - BIRADS I.**

NOTE: BI – RADS SCORING KEY

O – Needs additional evaluation; I – Negative II – Benign findings; III – Probably benign

Dr. SAHANA C
MDRD, DNB
CONSULTANT RADIOLOGIST

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IV – Suspicious abnormality – Biopsy to be considered V – Highly suggestive of malignancy,
VI – Known biopsy proven malignancy

Dispatched by: Bindu

**** End of Report ****

Printed by: Bindu on 26-11-2022 at 05:09 PM



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MEDIWHEEL HEALTH CHECKUP FEMALE

RADIOLOGY

X-RAY REPORT- CHEST (PA VIEW)

OBSERVATIONS:

The lung fields are clear bilaterally.

CP angles are clear.

Both the hila appear normal.

Cardiac diameter is within normal limits.

Trachea is midline.

Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.

IMPRESSION:

- **No significant abnormality in the visualized lung fields.**



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MEDIWHEEL HEALTH CHECKUP FEMALE

RADIOLOGY

USG REPORT - ABDOMEN AND PELVIS

OBSERVATION:

LIVER:

Liver is mildly enlarged in size (16.6 cm) and normal homogenous echotexture. No obvious focal lesion is seen. Intrahepatic biliary radicles not dilated. Hepatic & portal veins are normal. CBD is normal.

GALL BLADDER:

Normal in distension. Lumen echo free. Wall thickness is normal.

PANCREAS:

Head and body visualized and appears normal. No obvious focal lesion is seen. Pancreatic duct not dilated. Tail not visualized.

SPLEEN:

Normal in size (11.7 cm) with normal echotexture. No focal lesion is seen.

RIGHT KIDNEY:

Right kidney measures 9.3 x 1.1 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the right kidney appear normal.

Cortical medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

LEFT KIDNEY:

Left kidney measures 10.4 x 1.0 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the left kidney appear normal.

Cortical medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

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MDRD
CONSULTANT RADIOLOGIST

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URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

UTERUS:

Anteverted, normal in size measures 6.5 x 3.0 x 3.9 cm with normal echotexture.

No focal lesion seen within the myometrium.

Endometrial thickness measures 5.2 mm.

OVARIES:

Both ovaries are normal in size with normal echo pattern.

Right ovary measures 1.8 x 1.1 cm.

Left ovary measures 1.9 x 1.0 cm.

No adnexal mass lesion seen.


No evidence of free fluid in the abdomen or pelvis.

IMPRESSION:

- **Mild hepatomegaly.**
- **No other significant sonographic abnormality detected.**



Diagnosics & Speciality Centre

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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MEDIWHEEL HEALTH CHECKUP FEMALE

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC) WITH ESR

Automated Cell Counter

HAEMOGLOBIN	13.9 gm/dL	12 - 16 gm/dL
<i>Colorimetric Method</i>		
HEMATOCRIT (PCV)	40.8 %	36 - 47 %
<i>Calculated</i>		
RED BLOOD CELL (RBC) COUNT	4.55	4 - 5.2 million/cu.mm
<i>Electrical Impedance</i>		million/cu.mm
PLATELET COUNT	2.41 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
<i>Electrical Impedance</i>		
MEAN CELL VOLUME (MCV)	89.7 fl	80 - 100 fl
<i>Calculated</i>		
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.		
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	30.6 pg	26 - 34 pg
<i>Calculated</i>		
MEAN CORPUSCULAR HEMOGLOBIN	34.1 %	31 - 35 %
CONCENTRATION (MCHC)		
<i>Calculated</i>		
TOTAL WBC COUNT (TC)	7520 cells/cumm	4000 - 11000 cells/cumm
<i>Electrical Impedance</i>		
NEUTROPHILS	68 %	40 - 75 %
<i>VCS Technology/Microscopic</i>		
LYMPHOCYTES	25 %	25 - 40 %
<i>VCS Technology/Microscopic</i>		
DIFFERENTIAL COUNT		
EOSINOPHILS	04 %	0 - 7 %
<i>VCS Technology/Microscopic</i>		
MONOCYTES	03 %	1 - 8 %
<i>VCS Technology/Microscopic</i>		
BASOPHILS	00 %	
<i>Electrical Impedance</i>		
ESR	10 mm/hr	0 - 20 mm/hr
<i>Westergren Method</i>		
BLOOD GROUP & Rh TYPING	"B" Positive	
<i>Tube Agglutination (Forward and Reverse)</i>		

Krishna M. Murthy



A. Vamseedhar

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BIOCHEMIST

Lab Seal

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GLYCATED HAEMOGLOBIN (HbA1C)
HPLC

5.1 %

American Diabetic Association (ADA) recommendations:

Non diabetic adults : <5.7 %

At risk (Pre diabetic): 5.7 – 6.4%

Diabetic : >= 6.5%

Therapeutic goal for glycemic control :

Goal for therapy: < 7.0%

Action suggested: > 8.0%

ESTIMATED AVERAGE GLUCOSE (eAG) 99.67 mg/dL

Calculation

Comments:

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides a additional criterion for assessing glucose control because glycosylated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

CLINICAL BIOCHEMISTRY

BLOOD UREA 25.4 mg/dL 15 - 50 mg/dL
UREASE-GLUTAMATE DEHYDROGENASE (GLDH)

CREATININE 0.56 mg/dL 0.4 - 1.4 mg/dL
Jaffe Kinetic

URIC ACID 5.3 mg/dL 2.5 - 6 mg/dL
Uricase-Peroxidase

SERUM ELECTROLYTES

SODIUM 135.5 mmol/L 136 - 145 mmol/L
Ion Selective Electrode (ISE)

POTASSIUM 4.05 mmol/L 3.5 - 5.2 mmol/L
Ion Selective Electrode (ISE)

CHLORIDE 99 mmol/L 97 - 111 mmol/L
Ion Selective Electrode (ISE)

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<u>LIVER FUNCTION TEST (LFT)</u>			
<i>Spectrometry</i>			
TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	1.27 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.48 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	0.79 mg/dl	0.2 - 0.8 mg/dl	
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	19 U/L	up to 31 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	13.9 U/L	up to 46 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	109 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	15.5 U/L	5 - 55 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.07 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	3.87 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	2.2 g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	1.8	1 - 1.5	
POST PRANDIAL BLOOD SUGAR <i>Hexokinase</i>	101.2 mg/dl	80 - 150 mg/dl	

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LIPID PROFILE TEST

Spectrometry

TOTAL CHOLESTEROL

Cholesterol Oxidase-Peroxidase (CHOD-POD)

174 mg/dL

up to 200 mg/dL

Border Line: 200 – 240 mg/dL

High: > 240 mg/dL

TRIGLYCERIDES

Glycerol Peroxidase-Peroxidase (GPO-POD)

94.0 mg/dL

up to 150 mg/dL

Desirable: <150 mg/dL

Border Line: 150 – 200 mg/dL

High: >200 – 500 mg/dL

Very High: > 500 mg/dL

HDL CHOLESTEROL - DIRECT

PEG-Cholesterol Esterase

43.9 mg/dl

40 - 60 mg/dl

>= 60mg/dL - Excellent (protects against heart disease)

40-59 mg/dL - Higher the better

<40 mg/dL - Lower than desired

(major risk for heart disease)

LDL CHOLESTEROL - DIRECT

Cholesterol Esterase-Cholesterol Oxidase

111.3 mg/dL

up to 100 mg/dL

100-129 mg/dL- Near optimal/above optimal

130-159 mg/dL- Borderline High

160-189 mg/dL- High

190->190 mg/dL - Very High

VLDL CHOLESTEROL

Calculation

18.8 mg/dL

2 - 30 mg/dL

TOTAL CHOLESTROL/HDL RATIO

Calculation

4.0

up to 3

3.0-4.4 - Moderate

>4.4 - High

LDL/HDL RATIO

Calculation

2.5

up to 2.5

2.5-3.3 - Moderate

>3.3 - High

FASTING BLOOD SUGAR

Hexokinase

93 mg/dl

70 - 110 mg/dl

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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC

Strps & Microscopy

PHYSICAL EXAMINATION

Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow
Appearance <i>Visual Method</i>	Clear	Clear/Transparent
Specific Gravity <i>Strips Method</i>	1.015	1.005-1.035
pH	6.0	4.6-8.5

CHEMICAL EXAMINATION (DIPSTICK)

Protein <i>Strips Method</i>	Nil	Nil -Trace
Glucose <i>Strips Method</i>	Nil	Nil
Blood <i>Strips Method</i>	Negative	Negative
Ketone Bodies <i>Strips Method</i>	Absent	Negative
Urobilinogen <i>Strips Method</i>	Normal	Normal
Bile Salt <i>Strips Method</i>	Negative	Negative
Bilirubin <i>Strips Method</i>	Negative	Negative
Bile Pigments	Negative	NIL

MICROSCOPY

Pus Cells (WBC) <i>Light Microscopic</i>	3 - 4 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	2 - 3 /hpf	0-4/hpf
RBC <i>Light Microscopic</i>	Not Seen /hpf	0-2/hpf
Cast <i>Light Microscopic</i>	NIL	NIL
Crystal <i>Light Microscopic</i>	NIL	Nil

FASTING URINE SUGAR (FUS)	NIL	NIL
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POSTPRANDIAL URINE SUGAR	NIL	NIL	

IMMUNOASSAY

THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) <small>CMIA</small>	1.17 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) <small>CMIA</small>	8.51 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) <small>CMIA</small>	2.19 µIU/mL	0.38 - 5.33 µIU/mL 1st Trimester: 0.05 - 3.70 2nd Trimester: 0.31 - 4.35 3rd Trimester: 0.41 - 5.18

Note:

- TSH levels are subject 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.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use:

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

Dispatched by: KIRAN

**** End of Report ****

Printed by: Kiran kumar H P on 26-11-2022 at 01:38

PM



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