

Name : Ms. MEGALA L

PID No. : ADY35389

SID No. : 1802341160

Age / Sex : 59 Year(s) / Female

Type : OP

Ref. Dr : MediWheel

Register On : 13/12/2023 7:55 AM

Collection On : 13/12/2023 8:46 AM

Report On : 13/12/2023 2:52 PM

Printed On : 14/12/2023 1:27 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING

'B' 'Positive'

(EDTA Blood/Agglutination)

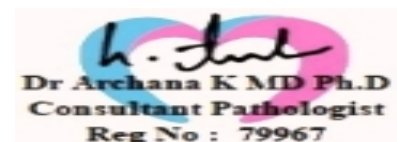
**INTERPRETATION:** Reconfirm the Blood group and Typing before blood transfusion

**Complete Blood Count With - ESR**

Haemoglobin (EDTA Blood/Spectrophotometry)	12.4	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	37.7	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.37	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	86.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	28.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.8	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.9	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	41.98	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	49.2	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	39.9	%	20 - 45



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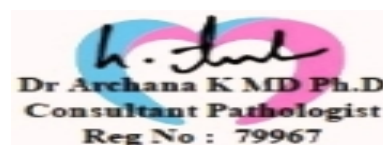
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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.7	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	8.6	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.95	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.39	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.10	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.52	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	314	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	<b>6.6</b>	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	14	mm/hr	< 30



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	7.6		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	92.3	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)	93.5	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)	7.2	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.94	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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

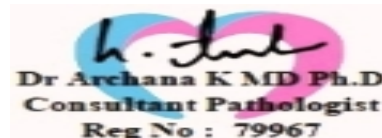
Uric Acid (Serum/Enzymatic)	4.7	mg/dL	2.6 - 6.0
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.41	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3



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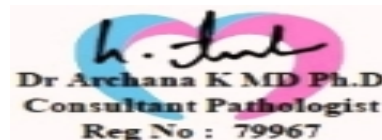


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Bilirubin(Indirect) (Serum/Derived)	0.29	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	22.6	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	14.8	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	14.5	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	71.8	U/L	53 - 141
Total Protein (Serum/Biuret)	6.89	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.93	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.96	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.33		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	<b>258.6</b>	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	<b>175.5</b>	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500



Dr S SIVAKUMAR Ph.D  
Consultant Microbiologist

VERIFIED BY



Dr Archana K MD Ph.D  
Consultant Pathologist  
Reg No : 79967

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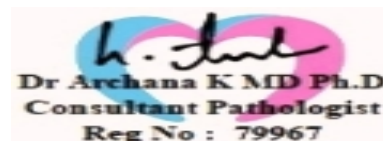
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>INTERPRETATION:</b> The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours 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)	38.4	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	185.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	35.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	220.2	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)	6.7		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	4.6		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)	4.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

#### Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.2	%	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)	131.24	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 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.

#### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.93	ng/ml	0.4 - 1.81
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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))	10.28	µg/dl	4.2 - 12.0
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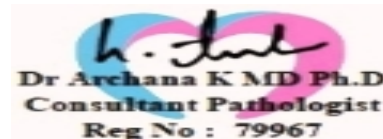
#### **INTERPRETATION:**

##### **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))	1.96	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

**Urine Analysis - Routine**

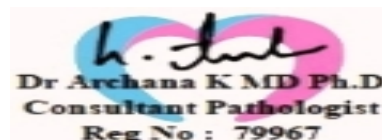
COLOUR (Urine)	Colorless		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Pus Cells (Urine/Automated ~ Flow cytometry )	0 - 1	/hpf	NIL
Epithelial Cells (Urine/Automated ~ Flow cytometry )	0 - 1	/hpf	NIL
RBCs (Urine/Automated ~ Flow cytometry )	NIL	/hpf	NIL
Casts (Urine/Automated ~ Flow cytometry )	NIL	/hpf	NIL
Crystals (Urine/Automated ~ Flow cytometry )	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.



Dr S SIVAKUMAR Ph.D  
Consultant Microbiologist

VERIFIED BY



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Consultant Pathologist  
Reg No : 79967

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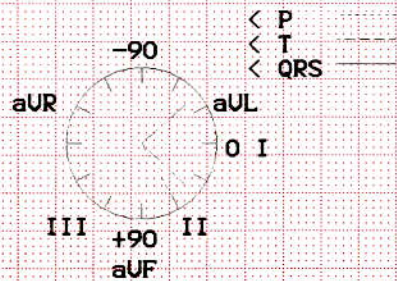


GE MAC1200 ST MRS MEGALA L, 59/F ADY35389, MEDALL, ADYAR

HR 56bpm

Measurement Results:

QRS : 108 ms  
 QT/QTcB : 406 / 391 ms  
 PR : 146 ms  
 P : 100 ms  
 RR/PP : 1062 / 1070 ms  
 P/QRS/T : 60/ -42/ 44 degrees

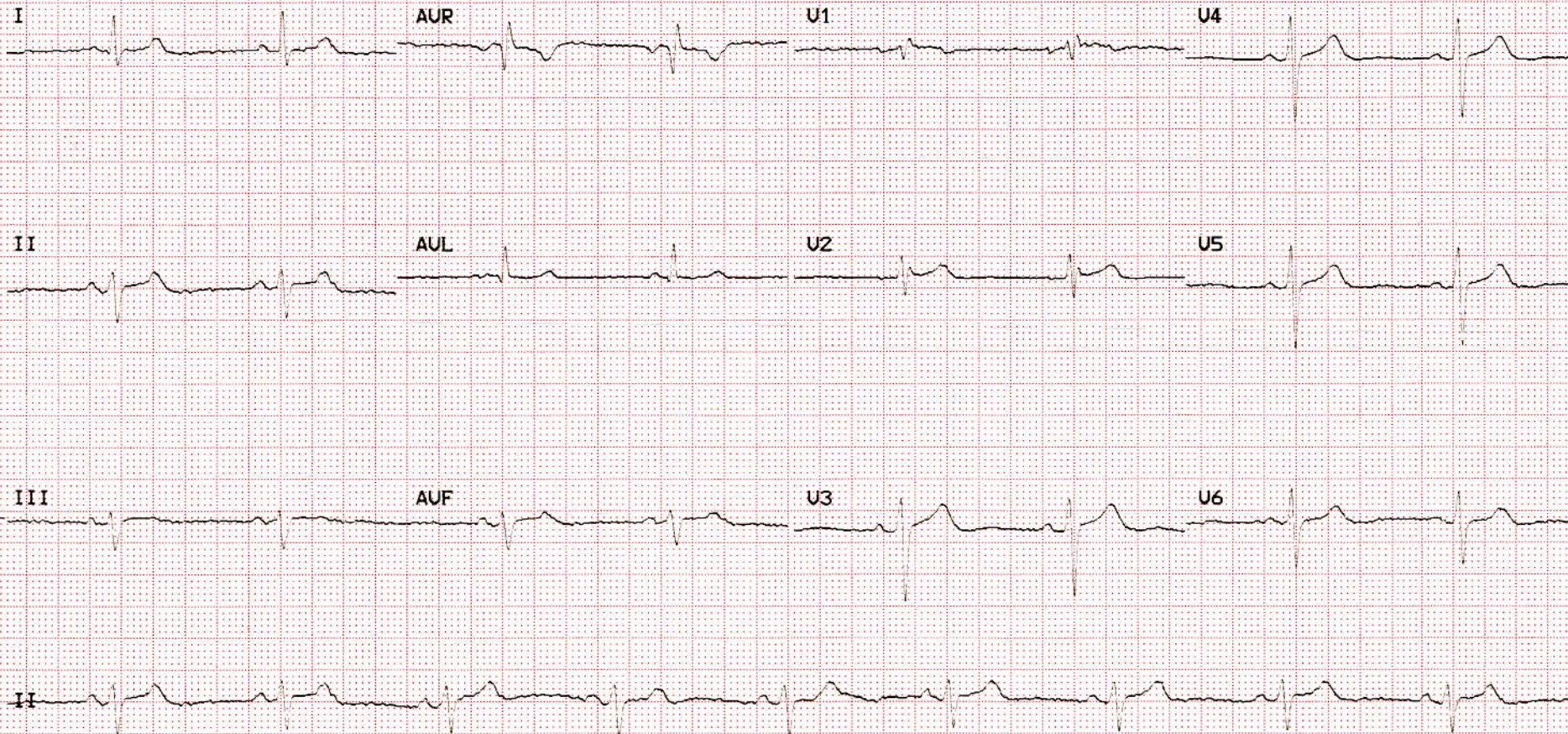


Interpretation:

12SL - Interpretation:  
 Sinus bradycardia  
 Left axis deviation  
 Pulmonary disease pattern  
 Incomplete right bundle branch block  
 Abnormal ECG

63.0  
 151.5  
 27.4

Unconfirmed report.





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Age & Gender	59-Female	Visit Date	13-12-2023 14:52:45
Ref Doctor Name	MediWheel		

## **SONOGRAM REPORT**

### **WHOLE ABDOMEN**

The liver is normal in size and shows uniform echotexture with no focal abnormality.

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 9.0 x 4.1 cms.

The left kidney measures 9.0 x 4.5 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

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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.

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or calculus.

The uterus is anteverted, and measures 4.0 x 2.0 x 3.3 cms.

Myometrial echoes are homogeneous.

The endometrial thickness is 8.2 mm.

Both ovaries are atrophic.

Iliac fossae are normal.

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

**IMPRESSION:**

- **Normal study.**

sr

**DR.AZAKU TAMIL SELVI D.M.R.D,M.D.R.D,**  
CONSULTANT RADIOLOGIST

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## ECHO CARDIOGRAPHY REPORT

### Measurements:-

### M Mode:

<b>IVS d</b>	1.1cm	<b>IVS s</b>	1.3cm
<b>LVID d</b>	3.8cm	<b>LVID s</b>	2.5cm
<b>LVPW d</b>	0.9cm	<b>LVPW s</b>	1.2cm
<b>AO</b>	2.5cm	<b>LA</b>	2.9cm

### Doppler study:

Location	m/sec	Location	m/sec
<b>MP A vel</b>	0.9	<b>MV E</b>	0.5
<b>PGT</b>	3mmHg	<b>A</b>	0.7
<b>AV vel</b>	1.2	<b>Ratio</b>	0.7
<b>PGT</b>	6mmHg	<b>TV E</b>	0.3
<b>EF</b>	64%	<b>A</b>	0.4
<b>FS</b>	34%	<b>Ratio</b>	0.6

### 2D:

<b>LA</b> : NORMAL	<b>RA</b> : NORMAL
<b>LV</b> : MILD LVH	<b>RV</b> : NORMAL
<b>AV</b> : NORMAL	<b>PV</b> : NORMAL
<b>MV</b> : NORMAL	<b>TV</b> : NORMAL
<b>AO</b> : NORMAL	<b>PA</b> : NORMAL

### Observations:

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- **Mild left ventricular hypertrophy**
- **No regional wall motion abnormality**
- **Normal LV systolic function**
- **Grade I LV Diastolic dysfunction**
- **Valves are morphologically and functionally normal**
- **No stenosis / prolapse**
- **Trivial mitral regurgitation**
- **No pulmonary hypertension**
- **Normal Pericardium**
- **IAS/ IVS appear Intact**
- **No mass**

**CONCLUSIONS:**

- ***MILD LVH+.***
- ***NO REGIONAL WALL MOTION ABNORMALITIES.***
- ***GOOD LV SYSTOLIC FUNCTION.***
- ***LVEF 64%***
- ***GRADE I LV DIASTOLIC DYSFUNCTION.***

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Name	MEGALA L	ID	ADY35389
Age & Gender	59-59-Female	Visit Date	13-12-2023 14:52:45
Ref Doctor Name	MediWheel		



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

**Consultant Cardiologist**

**Done by- Ms.Nivedha.P  
Cardiac Technologist**

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### X-RAY MAMMOGRAPHY OF BOTH BREASTS

Soft tissue X-ray mammography of both breasts was performed using the cranio-caudal and medio-lateral oblique views.

*Both breasts show fibroglandular and fatty densities.*

No mass or calcification seen in either breast.

The retro-mammary space is free.

The nipples are normal with no evidence of retraction.

The skin and subcutaneous tissues are normal.

Benign lymph nodes are seen in both axilla.

#### **On USG screening:**

**No significant abnormality.**

#### **IMPRESSION:**

- ✓ **NO MAMMOGRAPHIC EVIDENCE OF ABNORMALITY.**
- BIRADS - I.**

sr

**DR.AZAKU TAMIL SELVI D.M.R.D,M.D.R.D,**  
CONSULTANT RADIOLOGIST

#### **NB: BIRADS Categories.**

I Normal.

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Ref Doctor Name	MediWheel		

- II Benign finding.
- III Probably benign, to be followed up after 6 months.
- IV Indeterminate lesion, biopsy necessary.
- V Highly suggestive of malignancy.

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Name	MS. MEGALA L	ID	ADY35389
Age & Gender	59Y/F	Visit Date	Dec 13 2023 7:55AM
Ref Doctor	MediWheel		

### **X-RAY CHEST (PA VIEW)**

The heart size and configuration are within normal limits. The aortic arch is normal.

The lung fields show normal broncho-vascular markings.

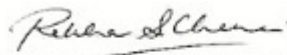
Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

### **IMPRESSION:**

- *No significant abnormality demonstrated.*



**DR.REKHA S.CHERIAN, DMRD.DNB.FRCR.,**  
CONSULTANT RADIOLOGIST

## VISION SCREENING

(Snellen's chart and Ishihara's card method)

Date:13/12/2023

Name:MS.MEGALA L      Age & Sex: 59Y/FEMALE

		Right Eye	Left Eye
DISTANT VISION	Without Glasses	6/36	6/36
	With Glasses	6/12	6/18
NEAR VISION	Without Glasses	N36	N36
	With Glasses	N8	N8
COLOUR VISION		NORMAL	
EXTERNAL EYE EXAMINATION		NORMAL	