

NAME	: Mrs. VEENA H C	MR/VISIT NO	: 22120724 / 167564
AGE/SEX	: 44 Yrs / Female	BILLED TIME	: 26-12-2022 at 08:13 AM
REFERRED BY	:	BILL NO	: 199319
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 26-12-2022 at 01:45 PM

MEDIWHEEL HEALTH CHECKUP FEMALE

RADIOLOGY

USG REPORT - ABDOMEN AND PELVIS

OBSERVATION:

LIVER:

Liver is enlarged in size (17.4 cm) and shows 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 (9.4 cm) with normal echotexture. No focal lesion is seen.

RIGHT KIDNEY:

Right kidney measures 9.9 x 1.3 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 mildly bulky in size measures 12.5 x 1.2 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

Indentation of renal sinus noted mid pole- ? Hypertrophied column of bertin

Dr. MOHAN S
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:

Is not visualized- Post hysterectomy status.

OVARIES:

Evidence of well-defined thick walled cystic lesion measuring 5.7 x 4.9 x 5.7 cm (volume- 85 cc) with internal septation seen in pelvis predominantly involving the left side. The lesion shows minimal peripheral vascularity on doppler and minimal fluid seen around the lesion.

Both ovaries are not visualized.

No evidence of free fluid in the abdomen or pelvis.

IMPRESSION:

- **Complex cyst in pelvis with minimal free fluid around the lesion as described.**

Suggested MRI pelvis for further evaluation.

- **Hepatomegaly.**

Note: All abnormalities cannot be detected by Ultrasound scan due to technical limitation, obesity and other factors. Scan findings to be correlated with old reports or other investigations.

Diagnostics & Speciality Centre

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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.

Bilateral dense breast shadow noted.

IMPRESSION:

. No significant abnormality in the visualized lung fields.



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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	13.0 gm/dL	12 - 16 gm/dL
<i>Colorimetric Method</i>		
HEMATOCRIT (PCV)	37.1 %	36 - 47 %
<i>Calculated</i>		
RED BLOOD CELL (RBC) COUNT	4.4 million/cu.mm	4 - 5.2 million/cu.mm
<i>Electrical Impedance</i>		
PLATELET COUNT	3.3 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
<i>Electrical Impedance</i>		
MEAN CELL VOLUME (MCV)	85.4 fl	80 - 100 fl
<i>Calculated</i>		
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.		
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	29.9 pg	26 - 34 pg
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<i>VCS Technology/Microscopic</i>		
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DIFFERENTIAL COUNT		
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BASOPHILS	00 %	
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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.



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BIOCHEMIST

Lab Seal

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GLYCATED HAEMOGLOBIN (HbA1C) <i>HPLC</i>	6.5 %	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) 139.85 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

POST PRANDIAL BLOOD SUGAR 241.4 mg/dl 80 - 150 mg/dl
Hexokinase

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LIVER FUNCTION TEST (LFT)

Spectrometry

TOTAL BILIRUBIN	0.63 mg/dL	0.2 - 1.2 mg/dL	
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Colorimetric Diazo Method

DIRECT BILIRUBIN	0.29 mg/dL	0 - 0.4 mg/dL	
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Colorimetric Diazo Method

INDIRECT BILIRUBIN	0.34 mg/dl	0.2 - 0.8 mg/dl	
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Calculation

S G O T (AST)	42 U/L	up to 31 U/L	
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IFCC Without Pyridoxal Phosphates

S G P T (ALT)	28.8 U/L	up to 46 U/L	
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IFCC Without Pyridoxal Phosphates

ALKALINE PHOSPHATASE	85 U/L	36 - 113 U/L	
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p-Nitrophenyl Phosphate

SERUM GAMMA GLUTAMYLTRANSFERASE	20.5 U/L	5 - 55 U/L	
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(GGT)

GCNA-IFCC

TOTAL PROTEIN	6.12 g/dl	6.2 - 8 g/dl	
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Biuret Colorimetric

S.ALBUMIN	3.86 g/dl	3.5 - 5.2 g/dl	
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Bromocresol Green (BCG)

S.GLOBULIN	2.3 g/dl	2.5 - 3.8 g/dl	
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Calculation

A/G RATIO	1.7	1 - 1.5	
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Calculation

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LIPID PROFILE TEST

Spectrometry

TOTAL CHOLESTEROL

Cholesterol Oxidase-Peroxidase (CHOD-POD)

133 mg/dL

up to 200 mg/dL

Border Line: 200 – 240 mg/dL

High: > 240 mg/dL

TRIGLYCERIDES

Glycerol Peroxidase-Peroxidase (GPO-POD)

97.8 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

43.2 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

70.2 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

19.6 mg/dL

2 - 30 mg/dL

TOTAL CHOLESTROL/HDL RATIO

Calculation

3.1

up to 3

3.0-4.4 - Moderate

>4.4 - High

LDL/HDL RATIO

Calculation

1.6

up to 2.5

2.5-3.3 - Moderate

>3.3 - High

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BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	26.6 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	0.77 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	2.8 mg/dL	2.5 - 6 mg/dL	
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	134 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	4.15 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	99 mmol/L	97 - 111 mmol/L	
FASTING BLOOD SUGAR <i>Hexokinase</i>	117.3 mg/dl	70 - 110 mg/dl	

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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC

Strips & 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>	1.010	1.005-1.035
pH	7.0	4.6-8.5

CHEMICAL EXAMINATION (DIPSTICK)

Protein <i>Strips Method</i>	Nil	Nil -Trace
Glucose <i>Strips Method</i>	2 %	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>	6 - 8 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	8 - 10 /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)	2 %	NIL
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POSTPRANDIAL URINE SUGAR	2 %	NIL	

IMMUNOASSAY

THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) CMIA	1.11 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) CMIA	9.47 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) CMIA	0.81 µU/mL	0.38 - 5.33 µU/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 26-12-2022 at 01:50

PM



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MR NO. : 22120724

VISIT NO. : 167564

DATE OF COLLECTION : 26-12-2022 at 08:34 AM

DATE OF REPORT : 26-12-2022 at 01:48 PM



TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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LIVER FUNCTION TEST (LFT)

Spectrometry

TOTAL BILIRUBIN

Colorimetric Diazo Method

0.63 mg/dL

0.2 - 1.2 mg/dL

DIRECT BILIRUBIN

Colorimetric Diazo Method

0.29 mg/dL

0 - 0.4 mg/dL

INDIRECT BILIRUBIN

Calculation

0.34 mg/dl

0.2 - 0.8 mg/dl

S G O T (AST)

IFCC Without Pyridoxal Phosphates

42 U/L

up to 31 U/L

S G P T (ALT)

IFCC Without Pyridoxal Phosphates

28.8 U/L

up to 46 U/L

ALKALINE PHOSPHATASE

p-Nitrophenyl Phosphate

85 U/L

36 - 113 U/L

SERUM GAMMA GLUTAMYLTRANSFERASE

20.5 U/L

5 - 55 U/L

(GGT)

GCNA-IFCC

TOTAL PROTEIN

Biuret Colorimetric

6.12 g/dl

6.2 - 8 g/dl

S.ALBUMIN

Bromocresol Green (BCG)

3.86 g/dl

3.5 - 5.2 g/dl

S.GLOBULIN

Calculation

2.3 g/dl

2.5 - 3.8 g/dl

A/G RATIO

Calculation

1.7

1 - 1.5

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BIOCHEMIST

Lab Seal

Dr. VAMSEEDHAR.A

D.C.P, M.D
CONSULTANT PATHOLOGIST

Diagnosics & Speciality Centre

NAME	: Mrs. VEENA H C	MR NO.	: 22120724
AGE/SEX	: 44 Yrs / Female	VISIT NO.	: 167564
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LIPID PROFILE TEST

Spectrometry

TOTAL CHOLESTEROL

Cholesterol Oxidase-Peroxidase (CHOD-POD)

133 mg/dL

up to 200 mg/dL

Border Line: 200 – 240 mg/dL

High: > 240 mg/dL

TRIGLYCERIDES

Glycerol Peroxidase-Peroxidase (GPO-POD)

97.8 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

43.2 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

70.2 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

19.6 mg/dL

2 - 30 mg/dL

TOTAL CHOLESTROL/HDL RATIO

Calculation

3.1

up to 3

3.0-4.4 - Moderate

>4.4 - High

LDL/HDL RATIO

Calculation

1.6

up to 2.5

2.5-3.3 - Moderate

>3.3 - High

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BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	26.6 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	0.77 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	2.8 mg/dL	2.5 - 6 mg/dL	
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	134 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	4.15 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	99 mmol/L	97 - 111 mmol/L	
FASTING BLOOD SUGAR <i>Hexokinase</i>	117.3 mg/dl	70 - 110 mg/dl	

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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC

Strips & 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>	1.010	1.005-1.035
pH	7.0	4.6-8.5

CHEMICAL EXAMINATION (DIPSTICK)

Protein <i>Strips Method</i>	Nil	Nil -Trace
Glucose <i>Strips Method</i>	2 %	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>	6 - 8 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	8 - 10 /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)	2 %	NIL
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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
POSTPRANDIAL URINE SUGAR	2 %	NIL	

IMMUNOASSAY

THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) CMIA	1.11 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) CMIA	9.47 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) CMIA	0.81 µU/mL	0.38 - 5.33 µU/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 26-12-2022 at 01:50

PM



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