

Name : Mrs. K LAKSHMI
PID No. : MED111304657
SID No. : 422068128
Age / Sex : 49 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 20/09/2022 8:12 AM
Collection On : 20/09/2022 9:37 AM
Report On : 20/09/2022 6:35 PM
Printed On : 22/09/2022 7:39 PM


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	11.7	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	37.1	%	37 - 47
RBC Count (EDTA Blood)	4.56	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	81.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	25.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	31.5	g/dL	32 - 36
RDW-CV (EDTA Blood)	15.8	%	11.5 - 16.0
RDW-SD (EDTA Blood)	44.96	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7500	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	61.6	%	40 - 75
Lymphocytes (EDTA Blood)	30.4	%	20 - 45
Eosinophils (EDTA Blood)	1.2	%	01 - 06


Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

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MD PATHOLOGY
KMC 88902

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Monocytes (EDTA Blood)	6.6	%	01 - 10
Basophils (Blood)	0.2	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	4.62	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.28	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.09	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.49	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood)	0.01	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood)	295	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood)	8.9	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	35	mm/hr	< 20


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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.41	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.25	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.16	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	16.33	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	6.29	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	16.28	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	58.8	U/L	42 - 98
Total Protein (Serum/Biuret)	7.14	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.18	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.96	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.41		1.1 - 2.2


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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	169.93	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	88.27	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)	38.09	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	114.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17.7	mg/dL	< 30


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Non HDL Cholesterol (Serum/Calculated)	131.8	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)	4.5		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)	2.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0


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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose 131.24 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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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.18	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/ECLIA)	7.02	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.

TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	2.33	µIU/mL	0.35 - 5.50
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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.


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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	25		


CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	6		4.5 - 8.0
Specific Gravity (Urine)	1.004		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative



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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)	0-2	/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


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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'A' Positive'		
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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	8.2		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	95.86	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)	100.31	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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	6.0	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.73	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)	4.39	mg/dL	2.6 - 6.0
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-- End of Report --

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Age & Gender	49Y/FEMALE	Visit Date	20/09/2022
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2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.5cms
LEFT ATRIUM	:	2.9cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.0cms
(SYSTOLE)	:	2.7cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.2cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
EDV	:	71ml
ESV	:	28ml
FRACTIONAL SHORTENING	:	32%
EJECTION FRACTION	:	61%
EPSS	:	---
RVID	:	1.7cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.56 m/s	A' 0.70 m/s	NO MR
AORTIC VALVE	:	0.97 m/s		NO AR
TRICUSPID VALVE	:	E' 2.00 m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.69 m/s		NO PR

2D ECHOCARDIOGRAPHY FINDINGS:

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Left ventricle : Normal size, Normal systolic function.
No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapsed.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- **LV DIASTOLIC DYSFUNCTION**
- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF:61 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC
SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
Kss/da

Note:

- * **Report to be interpreted by qualified medical professional.**
- * **To be correlated with other clinical findings.**
- * **Parameters may be subjected to inter and intra observer variations.**

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Age & Gender	49Y/FEMALE	Visit Date	20/09/2022
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X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.

MAMMOGRAPHY OF BOTH BREASTS

Both breasts show symmetrical dense fibro glandular fatty tissue.

No evidence of focal soft tissue lesion in the left breast.

Benign calcification is noted in the outer central quadrant of the left breast.

A well-defined soft tissue lesion is noted in the lower inner quadrant of the right breast.

Another well-defined soft tissue lesion is noted in the upper inner quadrant of the left breast.

No evidence of cluster micro calcification.

Subcutaneous fat deposition is within normal limits.

Left axillary lymph nodes noted.

SONOMAMMOGRAPHY OF BOTH BREASTS

Both breasts show diffuse fibrocystic changes.

Few cysts are noted in the right breast, largest in the lower inner quadrant measuring about

2.3 x 1.2cms and two small (3mm) cysts in the 11-12 O' clock position (periareolar).

Few cysts are noted in the left breast, largest in the 10-11 O' clock position (periareolar to retroareolar) measuring about 1.4 x 1.2cms, two small (3-5mm) cysts in the 10-11 O' clock position (periareolar) and two small (5-6mm) cysts in the 8-9 O' clock position (periareolar).

No evidence of focal solid areas in either breast.

Few lymphnodes with maintained fatty hilum are noted in both axillae.

IMPRESSION:

- **BILATERAL FIBROCYSTIC CHANGES WITH SCATTERED CYSTS IN BOTH THE BREASTS AS DESCRIBED, LARGEST IN THE LOWER INNER QUADRANT OF THE RIGHT BREAST AND UPPER INNER QUADRANT OF THE LEFT BREAST.**

ASSESSMENT: BI-RADS CATEGORY -2

**DR. MEERA S
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MS/an

BI-RADS CLASSIFICATION

<u>CATEGORY</u>	<u>RESULT</u>
0	Assessment incomplete. Need additional imaging evaluation
1	Negative. Routine mammogram in 1 year recommended.
2	Benign finding. Routine mammogram in 1 year recommended.
3	Probably benign finding. Short interval follow-up suggested.
4	Suspicious. Biopsy should be considered.
5	Highly suggestive of malignancy. Appropriate action should be taken.



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X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.



DR. APARNA

CONSULTANT RADIOLOGIST

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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. Spleen measures 9.9cms in long axis and 3.5cms in short axis.

No demonstrable Para -aortic lymphadenopathy.

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

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.8	1.2
Left Kidney	10.8	1.1

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 7mm

Uterus measures as follows: LS: 8.2cms AP: 3.3cms TS: 4.1cms.

A nabothian cyst measuring about 19 x 19mm is noted in the anterior lip of the cervix.

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

Ovaries measure as follows: **Right ovary:** 3.1 x 1.4cms **Left ovary:** 2.7 x 1.5cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY.**

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QRS : 70 ms
QT / QTcBaz : 412 / 431 ms
PR : 138 ms
P : 102 ms
RR / PP : 910 / 909 ms
P / QRS / T : 71 / 58 / 42 degrees

