



		Final I	Laboratory Report		PID :
Name : Mrs	8. PUSHPA MURALI		Sex/Age : Female /	60 Years	Lab ID : 40509104257
Ref. By :			SRF ID :		Ref. ID :
Corporate : ND	PL - Connect and Heal			UHID	:
Col Dt. Time	: 25-May-2024 08:54	Recv Dt. Time	: 25-May-2024 08:54	Sample Type	e :
Reg Dt. Time	: 25-May-2024 07:34	Report Released @	:	Report Printe	ed:27-May-2024 16:39

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
CBC			
PCV	36.1	%	37 - 47
Platelet Count	419000	Cells/cmm	150000 - 400000
Kidney Function Test			
Urea	19.26	mg/dL	20.97 - 43.01
Creatinine	0.57	mg/dL	0.7 - 1.2
Plasma Glucose - F	106.00	mg/dL	Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired Fasting : Diabetic : =>126.

Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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		Final	Laboratory Report		PID :
Name : M	rs. PUSHPA MURALI		Sex/Age : Female /	60 Years	Lab ID : 40509104257
Ref. By :			SRF ID :		Ref. ID :
Corporate : N	DPL - Connect and Heal			UHID	:
Col Dt. Time	: 25-May-2024 08:35	Recv Dt. Time	: 25-May-2024 08:35	Sample Type	e: Other,Health Check
Reg Dt. Time	: 25-May-2024 07:34	Report Released @	:26-May-2024 19:46	Report Printe	ed : 27-May-2024 16:39
TEST	F	RESULTS	UNIT BIOLOGI	CAL REF RAM	NGE REMARKS

EYE Test (Near,Far and Color)

REPORT ATTACHED

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Monica M

Dr.Monica.M

CHRISTINA KAYALVIZHI

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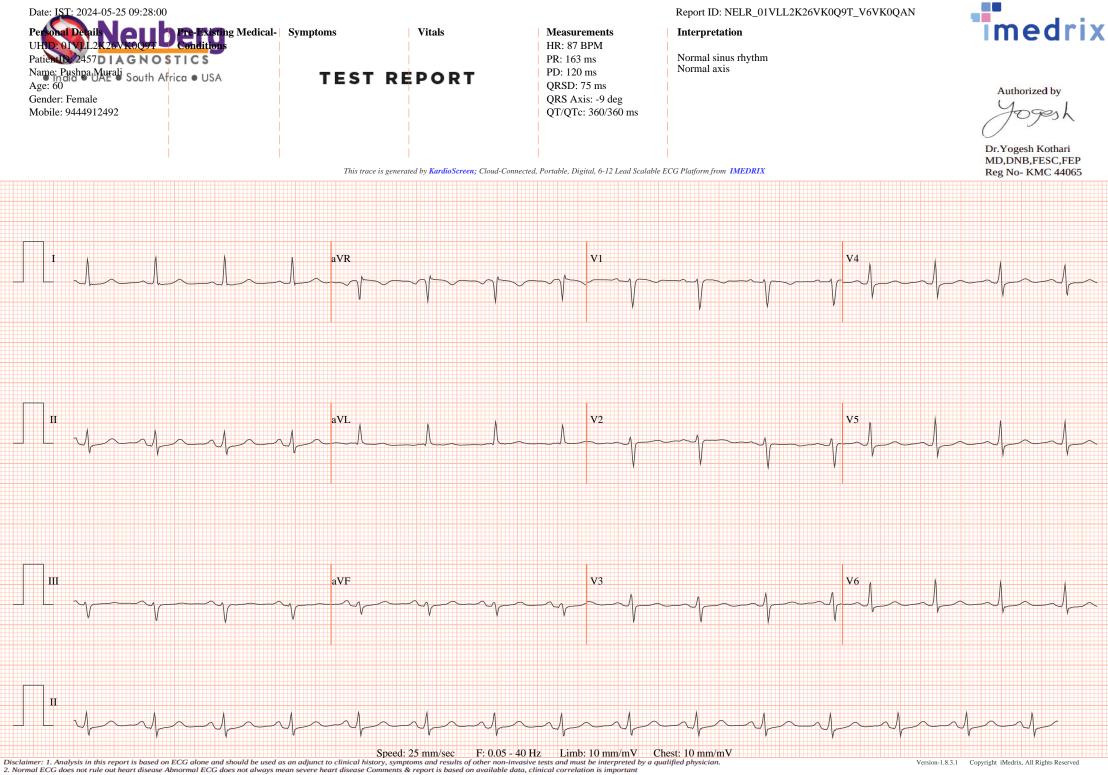
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		Final	Laborato	ry Report		PID	:
Name : Mrs	S. PUSHPA MURALI		Sex/Age	: Female /	60 Years	Lab I	D : 40509104257
Ref. By :			SRF ID	:		Ref. I	D :
Corporate : ND	PL - Connect and Heal				UHID	:	
Col Dt. Time	: 25-May-2024 08:35	Recv Dt. Time	: 25-May	/-2024 08:35	Sample Typ	be : WI	nole Blood EDTA
Reg Dt. Time	: 25-May-2024 07:34	Report Released @	: 25-May	/-2024 13:48	Report Prin	ted: 27	-May-2024 16:39
TEST		RESULTS	UNIT	BIOLOGI	CAL REF RA	ANGE	REMARKS
Blood Group &	Rh Type	O Positive					

Blood Group & Rh Type Manual Method (Forward & Reverse Typing)

This is a screening method. Advise higher method for confirmation.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

a. Things

Thivya G

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DR.MONICA KUMBHAT M MBBS,MD (Pathology) FGIL

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		Final	Laboratory Report		PID :
Name : Mr	s. PUSHPA MURALI		Sex/Age : Female / 6	60 Years	Lab ID : 40509104257
Ref. By :			SRF ID :		Ref. ID :
Corporate : NE	OPL - Connect and Heal			UHID	:
Col Dt. Time	: 25-May-2024 08:35	Recv Dt. Time	: 25-May-2024 08:35	Sample Type	: Other
Reg Dt. Time	: 25-May-2024 07:34	Report Released @	:27-May-2024 12:57	Report Printe	d : 27-May-2024 16:39
TEST		RESULTS L	JNIT BIOLOGICAL REF	RANGE	REMARKS

Physical Examination

Height	146	
Blood Pressure	120/80	mmHg
Body Weight	62	
Body Mass Index	29.1	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Kalaiselvi

Dr.Dinesh

P.S

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		Final I	_aboratory Report		PID	:
Name : Mrs	. PUSHPA MURALI		Sex/Age : Female /	60 Years	Lab ID	: 40509104257
Ref. By :			SRF ID :		Ref. ID	:
Corporate : NDF	PL - Connect and Heal			UHID	:	
Col Dt. Time	: 25-May-2024 08:35	Recv Dt. Time	: 25-May-2024 08:35	Sample Type	e : Who	le Blood EDTA
Reg Dt. Time	: 25-May-2024 07:34	Report Released @	: 25-May-2024 10:42	Report Printe	ed: 27-N	/lay-2024 16:39

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
	Comple	ete Blood Counts	6	
RBC Count Electrical Impedance	3.92	millions/cm m	3.8 - 5.8	
Haemoglobin _{SLS}	12.2	g/dL	11.5 - 16.5	
PCV	L 36.1	%	37 - 47	
Mean Corpuscular Volume Calculated	92.1	fL	76 - 96	
Mean Corpuscular Hemoglobin Calculated	31.1	pg	27 - 32	
Mean Corpuscular Hb Concentration	33.8	g/dL	30 - 35	
Red Cell Distribution Width (RDW) Calculated	12.7	%	11.5 - 14	
Total Leucocyte Count(TLC) Fluorescent Flowcytometry	7870	Cells/cmm	4000 - 11000	
Differential Counts				
Neutrophil Fluorescent Flowcytometry	70.3	%	40 - 75	
Lymphocyte Fluorescent Flowcytometry	21.3	%	20 - 45	
Monocytes Fluorescent Flowcytometry	4.7	%	2 - 10	
Eosinophil	2.9	%	1 - 6	
Basophil Fluorescent Flowcytometry	0.8	%	0 - 1	
Absolute Counts				
Absolute Neutrophil Count Calculated	5530	Cells/cmm	2000-7000	
Absolute Lymphocyte Count Calculated	1680	Cells/cmm	1000-5000	
Absolute Monocyte Count Calculated	370	Cells/cmm	200-1000	
Absolute Eosinophil Count Calculated	230	Cells/cmm	20-500	
Absolute Basophil Count Calculated	60	Cell/cmm	20-100	
Platelet Count Electrical Impedance	H 419000	Cells/cmm	150000 - 400000	
Mean Platelet Volume (MPV)	8.8	fL	7.2 - 11.7	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Noris.

Divya.NHT

Verified by

Spring

DR.MONICA KUMBHAT M MBBS,MD (Pathology) FGIL

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		Final	Laboratory Report		PID :
Name : Mrs	s. PUSHPA MURALI		Sex/Age : Female / 6	60 Years	Lab ID : 40509104257
Ref. By :			SRF ID :		Ref. ID :
Corporate : ND	PL - Connect and Heal			UHID	:
Col Dt. Time	: 25-May-2024 08:35	Recv Dt. Time	: 25-May-2024 08:35	Sample Type	e : Whole Blood EDTA
Reg Dt. Time	: 25-May-2024 07:34	Report Released @	:25-May-2024 10:42	Report Printe	ed:27-May-2024 16:39

According to ICSH guideline (international Council for Standardisation in Hematology), the differential counts should be reported in absolute numbers.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

No.

Divya.NHT

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Final Labo	oratory R	Report	PID
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Name : Mr	s. PUSHPA MURALI		Sex/Age	: Female /	60 Years	Lab ID : 40509104257
Ref. By :			SRF ID	:		Ref. ID :
Corporate : NE	OPL - Connect and Heal				UHID	:
Col Dt. Time	: 25-May-2024 08:35	Recv Dt. Time	: 25-May	/-2024 08:35	Sample Type	: Health Check
Reg Dt. Time	: 25-May-2024 07:34	Report Released @	: 26-May	/-2024 19:45	Report Printe	d:27-May-2024 16:39
тгот	ſ					
TEST	F	RESULTS	UNIT	BIOLOGI	CAL REF RAN	IGE REMARKS

.

DENTAL EXAMINATION

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Monica M

Dr.Monica.M

CHRISTINA KAYALVIZHI

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		Final	Laboratory	/ Report		PID :	
Name : Mrs.	PUSHPA MURALI		Sex/Age	Female / G	60 Years	Lab ID : 40509104	257
Ref. By :			SRF ID	:		Ref. ID :	
Corporate : NDF	PL - Connect and Hea	al			UHID	:	
Col Dt. Time	: 25-May-2024 08:	35 Recv Dt. Time	: 25-May-	2024 08:35	Sample Type	e : Whole Blood ED	TA
Reg Dt. Time	: 25-May-2024 07:	34 Report Released @	: 25-May-	2024 11:07	Report Printe	ed:27-May-2024 16	:39
TEST		RESULTS	UNIT	BIOLOGI	CAL REF RAI	NGE REMARKS	
ESR Photometrical capillary	stopped flow kinetic	19	mm/hour	0 - 20			

analysis

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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TEST REPORT

		Final	Laborator	y Report		PID	:
Name : Mrs	. PUSHPA MURALI		Sex/Age	: Female / (60 Years	Lab ID) : 40509104257
Ref. By :			SRF ID	:		Ref. II	D :
Corporate : NDI	PL - Connect and Heal				UHID	:	
Col Dt. Time	:	Recv Dt. Time	:		Sample Type) :	
Reg Dt. Time	: 25-May-2024 07:34	Report Released @	: 26-May	-2024 19:46	Report Printe	ed: 27-	May-2024 16:39
TEST	F	RESULTS	UNIT	BIOLOGI	CAL REF RAM	NGE	REMARKS

Free Diet consultation

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Monica M

Dr.Monica.M

CHRISTINA KAYALVIZHI

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TEST REPORT

	Final	Laboratory	Report		PID :
Name : Mrs. PUSHPA MURALI		Sex/Age :	Female / (60 Years	Lab ID : 40509104257
Ref. By :		SRF ID :			Ref. ID :
Corporate : NDPL - Connect and Heal				UHID	:
Col Dt. Time : 25-May-2024 08:35	Recv Dt. Time	: 25-May-2	2024 08:35	Sample Type	: Plasma Fluoride F
Reg Dt. Time : 25-May-2024 07:34	Report Released @	: 25-May-2	2024 10:41	Report Printe	d:27-May-2024 16:39
TEST	RESULTS	UNIT	BIOLOGI	CAL REF RAN	IGE REMARKS
Plasma Glucose - F H HEXOKINASE/G-6-PDH	106.00	mg/dL	- 99 mg/d 125 mg/d	lood glucose : ll - Normal 100 l - Impaired Diabetic : =>1) -

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

s. his.

KALAIVANI

Verified by

ررح Dr.Selvi R

Dr.Selvi R Consultant Biochemist

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		Final	Laboratory	Report		PID	:
Name : Mrs	. PUSHPA MURALI		Sex/Age :	Female /	60 Years	Lab ID	: 40509104257
Ref. By :			SRF ID :			Ref. ID	
Corporate : ND	PL - Connect and Heal				UHID	:	
Col Dt. Time	: 25-May-2024 10:58	Recv Dt. Time	: 25-May-	2024 10:58	Sample Typ	e : Plas	ma Fluoride PP
Reg Dt. Time	: 25-May-2024 07:34	Report Released @	: 25-May-	2024 17:24	Report Print	ed: 27-N	May-2024 16:39
TEST		RESULTS	UNIT	BIOLOGI	CAL REF RA	NGE	REMARKS
Plasma Glucose HEXOKINASE/G-6-P		95.00	mg/dL	Impaired	70-140 mg/c Tolerance : * etic : => 200	141 -	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

P. Antuienjo

Anitha Ceciliya P

Verified by

ررحر Dr.Selvi R

Consultant Biochemist

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	Final	Laborato	ry Report		PID :
Name : Mrs. PUSHPA MURA	LI	Sex/Age	: Female / 6	0 Years	Lab ID : 40509104257
Ref. By :		SRF ID	:		Ref. ID :
Corporate : NDPL - Connect and H	leal			UHID	:
Col Dt. Time : 25-May-2024 (8:35 Recv Dt. Time	: 25-May	/-2024 08:35	Sample Typ	be : Whole Blood EDTA
Reg Dt. Time : 25-May-2024 (07:34 Report Released @	: 25-May	/-2024 17:24	Report Prin	ted:27-May-2024 16:39
TEST	RESULTS	UNIT	BIOLOGIC	AL REF RA	ANGE REMARKS
	Glycated Haem	oglobin E	<u>Estimation</u>		
HbA1C High Performance Liquid Chromatography (HPLC)	5.80	%	5.7 % Pre Diabe	etic:Less t tic: 5.7 ~ => 6.5 %	
Estimated Avg Glucose (3 Mths)	119.76	mg/dL	Not availa	ble	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.

In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes,

risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Page 13 of 31

a. Things

Thivya G

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Dr.Selvi R

Consultant Biochemist

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Final			Laboratory Report	PID :			
Name : M	rs. PUSHPA MURALI		Sex/Age : Female /	60 Years	Lab ID : 40509104257		
Ref. By :			SRF ID :		Ref. ID :		
Corporate : N	DPL - Connect and Heal		UHID :				
Col Dt. Time	: 25-May-2024 08:35	Recv Dt. Time	: 25-May-2024 08:35	Sample Type	e : Serum		
Reg Dt. Time	: 25-May-2024 07:34	Report Released @	: 25-May-2024 13:23	Report Printe	ed:27-May-2024 16:39		

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
	Kidne	y Function Te	st	
Urea Calculated	L 19.26	mg/dL	20.97 - 43.01	
Creatinine Kinetic Alkaline Picrate	L 0.57	mg/dL	0.7 - 1.2	
Uric Acid Uricase	6.00	mg/dL	2.6 - 6.0	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

a. Things

Thivya G

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ررحر Dr.Selvi R

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TEST REPORT

			LABORATORY RE	PORT		
Name	:Mrs. PUSHPA N	MURALI	Sex/Age : Fema	ale/ 60 Years	Case ID	: 40509104257
Ref By	:		Dis.Loc. :		Pt ID	:
Bill. Loc.	:NDPL - Connec	t and Heal			Pt. Loc.	:
Registratio	n Date & Time	: 25-May-2024	Sample Type	: SCAN	Ph #	: 9444912492
		07:34				
Sample Da	te & Time	: 25-May-2024	Sample Coll. By	:	Ref Id	:
		08:35				
Report Dat	e & Time	: 25-May-2024	Acc. Remarks	:	Ref Id 2	:
		12:43				

ULTRASOUND BOTH BREASTS

Clusters of cysts measuring 3-4 mm are seen at 12 o' clock position of right breast.

A tiny cyst of 4.3 mm is seen at 11 o' clock position of right breast.

Few dilated ducts of 2.7 mm are seen in sub areolar region. No intra ductal contents / calcifictaions are seen.

Three tiny cysts of 3.3 mm , 3.0 mm and 3.9 mm are seen at 10 o ' clock position of left breast.

All other four quadrants regions of both the breasts show normal echotexture.

No mass is seen on either side.

The axillary tails of Spence are normal bilaterally.

The retromammary tissues are normal.

IMPRESSION :

- TINY SIMPLE CYSTS IN BOTH BREASTS
- DUCTAL ECTASIA IN RIGHT BREAST
- NO OTHER FOCAL ABNORMALITY IN BOTH BREASTS

DR. RAMYA Sonologist Printed On : 27-May-2024 16:39 Page 15 of 31

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TEST REPORT

			LABORATORY RE	PORT		
Name	:Mrs. PUSHPA N	MURALI	Sex/Age : Fema	ale/ 60 Years	Case ID	: 40509104257
Ref By	:		Dis.Loc. :		Pt ID	:
Bill. Loc.	:NDPL - Connec	t and Heal			Pt. Loc.	:
Registratio	n Date & Time	: 25-May-2024	Sample Type	: SCAN	Ph #	: 9444912492
		07:34				
Sample Da	te & Time	: 25-May-2024	Sample Coll. By	:	Ref Id	:
		08:35				
Report Dat	te & Time	: 25-May-2024	Acc. Remarks	:	Ref Id 2	:
		12:43				

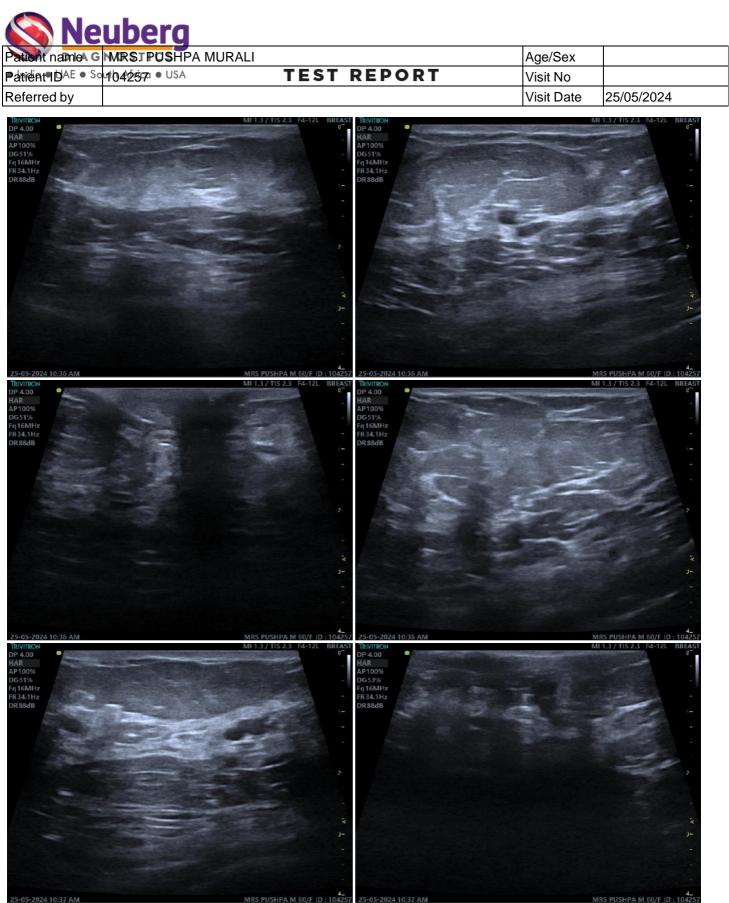


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Page #1 - 25/05/24 11:33 AM

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Patient name	GIMESTPUSHPA MUR	ALI	Age/Sex	
Patient¶DAE •	Sout b4⁄⊉5 72 ● USA	TEST REPORT	Visit No	
Referred by			Visit Date	25/05/2024
PP 4.00 HAR DF 100% DC 53% G 16MHz R 84.1Hz DR 88dB		DP 4.00 HAR AP100% DG 33% Fq 16MHz FR 34.1Hz DR88dB		
25-05-2024 10:38 AM TRIVITISON DP 4:00 HAR AP 100% DS 33% F 15MHz F1 34.1Hz DR 88dB		MRS PUSHPA M 60/F ID: 104257 25-05-2024 10:38 AM MI 1.3 / TIS 2.3 F4-12L BREAST I - I		4 MRS PUSHPA M 60/F ID : 1042

DIST

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Page #2 - 25/05/24 11:33 AM

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		Final I	Laboratory Report		PID :
Name :	Mrs. PUSHPA MURALI		Sex/Age : Female /	60 Years	Lab ID : 40509104257
Ref. By :			SRF ID :		Ref. ID :
Corporate :	NDPL - Connect and Heal			UHID	:
Col Dt. Time	: 25-May-2024 11:03	Recv Dt. Time	: 25-May-2024 11:03	Sample Type	: PAP Smear
Reg Dt. Time	e : 25-May-2024 07:34	Report Released @	:27-May-2024 16:15	Report Printe	ed : 27-May-2024 16:39

Ref.No:

NEC-24-5133

Specimen

Conventional pap smear

Specimen Adequacy:

Satisfactory for evaluation without endocervical cells.

Impression

Negative for intraepithelial lesion or malignancy, cellular changes associated with Atrophy and inflammation. **Comment**

* No Candida/ Trichomonasvaginalis / Bacterial vaginosis/ Herpes simplex/ Cytomegalo virus seen. * Reported as per the 2014 Bethesda system guidelines.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Dr.Nivethiyasree MD(Path),PDCC(Oncopath) Consultant Pathologist

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		Final	Laborator	y Report		PID	:
Name : Mrs	PUSHPA MURALI		Sex/Age	: Female / 6	60 Years	Lab ID	: 40509104257
Ref. By :			SRF ID	:		Ref. ID	:
Corporate : NDF	PL - Connect and Heal				UHID	:	
Col Dt. Time	: 25-May-2024 08:35	Recv Dt. Time	: 25-May	-2024 08:35	Sample Type	e : Seru	ım
Reg Dt. Time	: 25-May-2024 07:34	Report Released @	: 25-May	-2024 11:14	Report Printe	ed: 27-N	lay-2024 16:39
TEST		RESULTS	UNIT	BIOLOGI	CAL REF RAM	NGE I	REMARKS
Thyroxine (T4)		6.43	µg/dL	4.87 - 11.	72		

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)

s. his.

KALAIVANI

Verified by

ررحر Dr.Selvi R

Consultant Biochemist

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		Final	Laboratory	Report		PID :
Name : Mrs	. PUSHPA MURALI		Sex/Age :	Female / 6	60 Years	Lab ID : 40509104257
Ref. By :			SRF ID :			Ref. ID :
Corporate : NDF			UHID	:		
Col Dt. Time	: 25-May-2024 08:35	Recv Dt. Time	: 25-May-2	2024 08:35	Sample Type	e : Serum
Reg Dt. Time	: 25-May-2024 07:34	Report Released @	: 25-May-2	2024 11:14	Report Printe	ed:27-May-2024 16:39
TEST		RESULTS	UNIT	BIOLOGI	CAL REF RAM	NGE REMARKS
Triiodothyronine	e (T3)	81.26	ng/dL	58 - 159		

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)

s. his.

KALAIVANI

Verified by

ررحر Dr.Selvi R

Dr.Selvi R Consultant Biochemist

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		Final	Laboratory	/ Report		PID	:
Name : Mrs	S. PUSHPA MURALI		Sex/Age	: Female / 6	60 Years	Lab ID	: 40509104257
Ref. By :			SRF ID	:		Ref. ID) :
Corporate : ND	PL - Connect and Heal				UHID	:	
Col Dt. Time	: 25-May-2024 08:35	Recv Dt. Time	: 25-May-	2024 08:35	Sample Type	: Ser	um
Reg Dt. Time	: 25-May-2024 07:34	Report Released @	: 25-May-	2024 11:14	Report Printe	ed: 27-	May-2024 16:39
TEST	I	RESULTS	UNIT	BIOLOGI	CAL REF RAM	NGE	REMARKS
TSH CMIA		1.87	µIU/mL	0.35 - 4.9	94		

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipent hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a supressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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KALAIVANI

Verified by

Dr.Selvi R

Dr.Selvi R Consultant Biochemist

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	Final	Laboratory	Report PIC	D :
Name : Mrs. PUSHPA MURALI	l	Sex/Age :	Female / 60 Years La	b ID : 40509104257
Ref. By :		SRF ID :	Re	f.ID:
Corporate : NDPL - Connect and He	eal		UHID :	
Col Dt. Time : 25-May-2024 08	3:35 Recv Dt. Time	: 25-May-2	2024 08:35 Sample Type :	Urine
Reg Dt. Time : 25-May-2024 07	7:34 Report Released @	: 25-May-2	2024 15:06 Report Printed :	27-May-2024 16:39
TEST	RESULTS	UNIT	BIOLOGICAL REF RANG	GE TEST REMAR
Urine Routine Examination				
Appearance Manual	Clear		Clear	
Colour	Pale yellow			
pH lon concentration	6.0		4.6 - 8	
Sp.Gravity pKa change	1.005		1.003 - 1.035	
Chemical Examination				
Protein Tetrabromophenol blue	Negative		Negative	
Glucose GOD-POD	Negative		Negative	
Bile pigment Biochemical	Negative		Negative	
Urobilinogen Diazotization reaction	Not Increased		Negative	
Ketones Sodium Nitroprusside Reaction	Negative	mg/dL	Negative	
Nitrite N-(1-naphthyl)-ethylenediamine	Negative		Negative	
Microscopic Examination				
Red Blood Cell	Nil	/HPF	Nil	
Pus Cells Microscopy	2-3	/HPF	0-5 cells/hpf	
Epithelial Cell Microscopy	3-4	/HPF	Negative	
Cast <i>Microscopy</i>	Nil	/HPF	Nil	
Pathological Cast Reflectance Photometry	Nil	/HPF	NIL	
Crystals				
Calcium oxalate Monohydrate	Nil	/HPF	Nil	
Calcium oxalate Dihydrate	Nil	/HPF	Nil	
Triple phosphate	Nil	/HPF	Nil	
Uric Acid Phase Contrast Microscopy	Nil	/HPF	Nil	
Bacteria	Nil	/µL	Nil	
Yeast	Nil	/µL	Nil	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

No.

Divya.NHT

Verified by

DR.MONICA KUMBHAT M MBBS,MD (Pathology) FGIL

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Final L			Laboratory Report	PID :	
Name : Mrs	s. PUSHPA MURALI		Sex/Age : Female /	60 Years	Lab ID : 40509104257
Ref. By :			SRF ID :		Ref. ID :
Corporate : ND	PL - Connect and Heal			UHID	:
Col Dt. Time	: 25-May-2024 08:35	Recv Dt. Time	: 25-May-2024 08:35	Sample Type	e : Urine
Reg Dt. Time	: 25-May-2024 07:34	Report Released @	: 25-May-2024 15:06	Report Printe	ed : 27-May-2024 16:39

Amorphous Deposits Phase Contrast Microscopy

0.0

/HPF

0-29.5 p/hpf

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

No.

Divya.NHT

Verified by



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		Final	Laborato	y Report		PID	:
Name : Mrs	. PUSHPA MURALI		Sex/Age	: Female / 6	60 Years	Lab I	C : 40509104257
Ref. By :			SRF ID	:		Ref. I	D :
Corporate : NDPL - Connect and Heal					UHID	:	
Col Dt. Time	: 25-May-2024 08:35	Recv Dt. Time	: 25-May	/-2024 08:35	Sample Type	e : Uri	ne F
Reg Dt. Time	: 25-May-2024 07:34	Report Released @	: 25-May	/-2024 15:06	Report Printe	ed: 27	-May-2024 16:39
TEST		RESULTS	UNIT	BIOLOGI	CAL REF RAM	NGE	REMARKS
Urine Glucose (I	Fasting)	Not Present		Absent			

----- End Of Report -----

For test performed on specimens received or collected from non-NDPL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NDPL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

a.Things

Thivya G

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		Final	Laborato	ry Report		PID	:
Name : Mrs	. PUSHPA MURALI		Sex/Age	: Female / 6	60 Years	Lab II	C : 40509104257
Ref. By :			SRF ID	:		Ref. I	D :
Corporate : NDF	PL - Connect and Heal				UHID	:	
Col Dt. Time	: 25-May-2024 10:58	Recv Dt. Time	: 25-May	/-2024 10:58	Sample Type	e : Uri	ne PP
Reg Dt. Time	: 25-May-2024 07:34	Report Released @	: 25-May	/-2024 15:06	Report Printe	ed: 27	-May-2024 16:39
TEST		RESULTS	UNIT	BIOLOGI	CAL REF RAM	NGE	REMARKS
Urine Glucose (I	Post Prandial)	Not Present		Absent			

----- End Of Report -----

For test performed on specimens received or collected from non-NDPL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NDPL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

a.Things

Thivya G

Verified by



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TEST REPORT

			LABORATORY REPORT	PID	:	
Name	:	Mrs. PUSHPA MURALI	Sex/Age : Female/60 Years	Lab ID	:	40509104257
Ref. By	:			Ref. ID	:	
Corporate	:	NDPL - Connect and Heal		UID	:	
Reg Dt. Time		: 25-May-2024 07:34	Report Released @ : 25-May-2024 12:44	Sample Type	:	SCAN
Sample Dt. T	im	e : 25-May-2024 08:35	Report Printed @ : 27-May-2024 16:39			

ULTRASOUND WHOLE ABDOMEN

The liver is normal in size and shows diffuse fatty changes 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 the 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: 8.9 x 3.7 cms.

The left kidney measures: 8.9 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.

Ranjani S

/erified B

The urinary bladder is smooth walled and uniformly transonic. There is no intravesigation or calculus.

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Sonologist

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TEST REPORT

LABORATORY REPORT	PID	:	
Sex/Age : Female/60 Years	Lab ID	:	40509104257
	Ref. ID	:	
	UID	:	
Report Released @ : 25-May-2024 12:44	Sample Type	:	SCAN
Report Printed @ : 27-May-2024 16:39			
	Sex/Age : Female/60 Years Report Released @ : 25-May-2024 12:44	Sex/Age : Female/60 Years Lab ID Ref. ID UID Report Released @ : 25-May-2024 12:44 Sample Type	Sex/Age : Female/60 Years Lab ID : Ref. ID : UID : Report Released @ : 25-May-2024 12:44 Sample Type :

Uterus & ovaries are atretic.

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 :

Ranjani S Verified By

- GRADE I FATTY LIVER
- OTHER ORGANS ARE NORMAL

----- End Of Report ------

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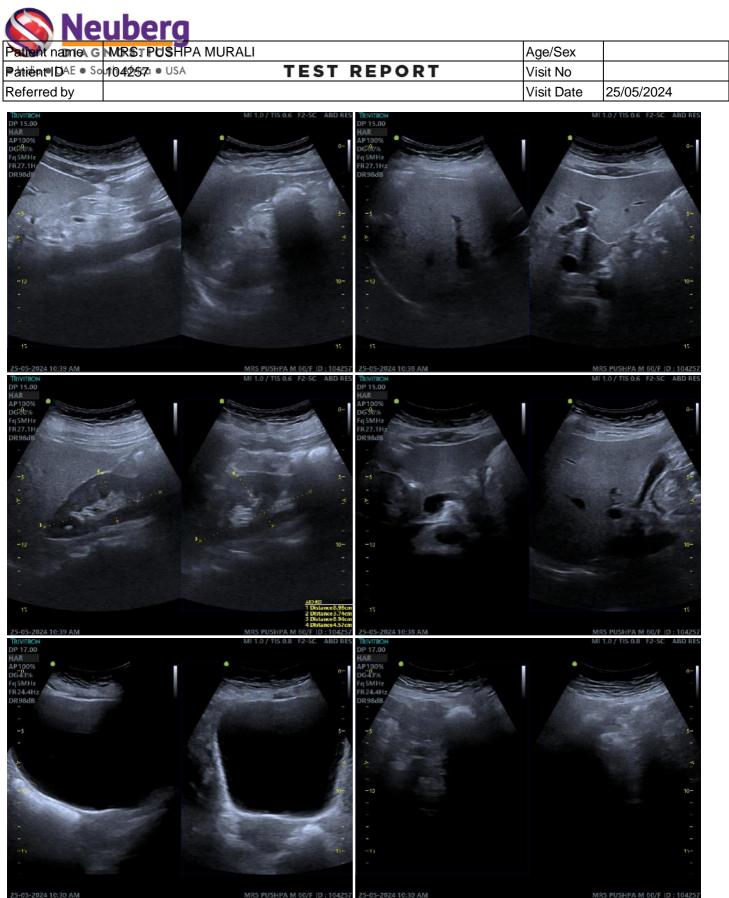
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Sonologist

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Patient Name	Mrs PUSHPA MURALI	Patient ID	104257
Age/D.O.B	60Y	Gender	F
Referring Doctor	NA	Date	25 May 24

XRAY RADIOGRAPH CHEST - PA

History

Observations

Soft tissues of the chest wall are normal. Cardiothoracic ratio is normal. Both costophrenic angles appear normal. Visualized thoracic vertebral is normal. Sternum appears normal. Both lung fields are clear.

Impression

The study is within normal limits.

Reported By,

Dr. Aditi Agarwal MBBS, MD Consultant Radiologist TSMC - TSMC/FMR/30641

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