

NAME:	Mrs. NANDINI M N	DATE:	29-03-2022
AGE:	37 YEARS	ID. NO:	182661
GENDER:	FEMALE	REFERRED BY:	MEDIWHEEL

USG REPORT - ABDOMEN AND PELVIS

OBSERVATION:

LIVER:

Liver is normal in size (11.2 cm) and normal homogenous echotexture. No focal lesion seen. Intrahepatic biliary radicles not dilated. Hepatic & portal veins are normal. CBD is normal.

GALL BLADDER:

Is moderately distended. Multiple (~15 to 20 in no) small hyperechoic foci with posterior acoustic shadowing noted in the body and neck measuring between 4 to 5 mm. No evidence of pericholecystic free fluid /wall thickening.

PANCREAS:

Body and head appears normal. No focal lesion seen. Pancreatic duct not dilated. Tail not visualized.

SPLEEN:

Normal in size (9.3 cm) with normal homogenous echotexture. No focal lesion seen.

RIGHT KIDNEY:

Right kidney measures 9.4 x 3.7 cm 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:

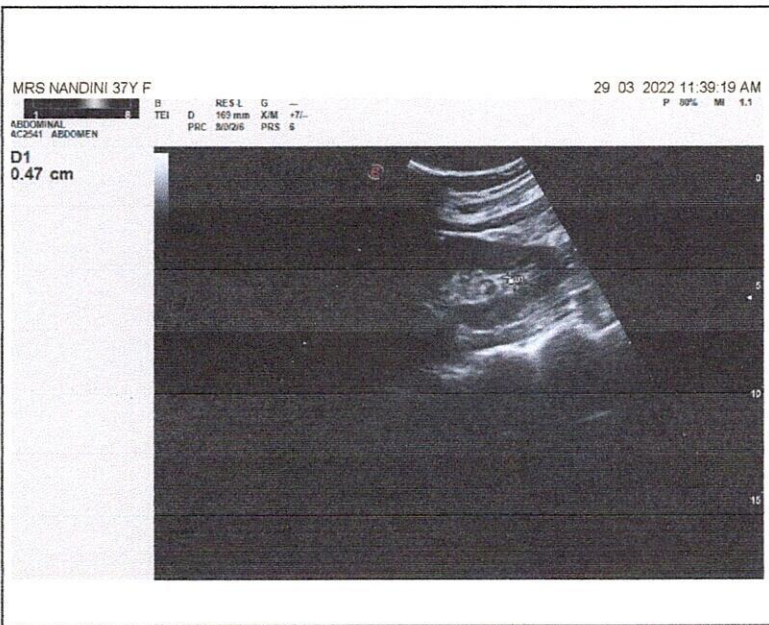
Left kidney measures 10.3 x 4.7 cm with normal echo pattern and cortical thickness.

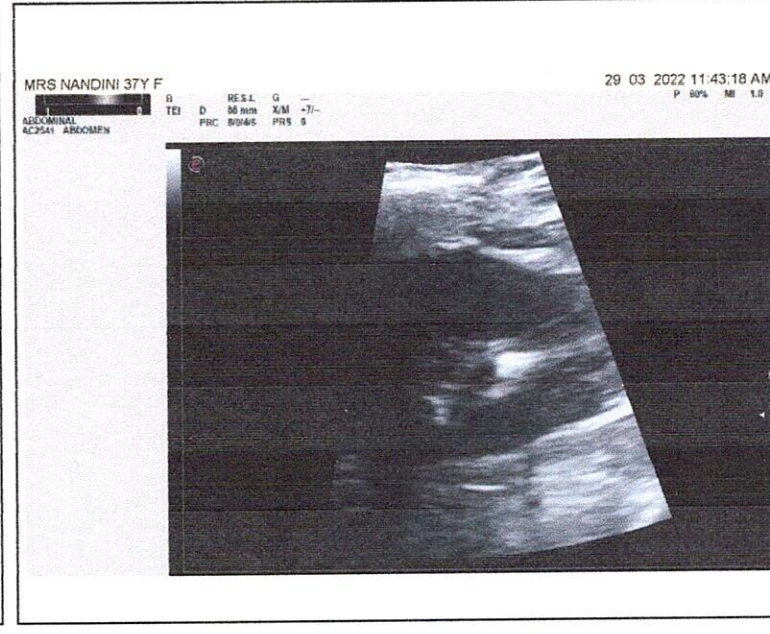
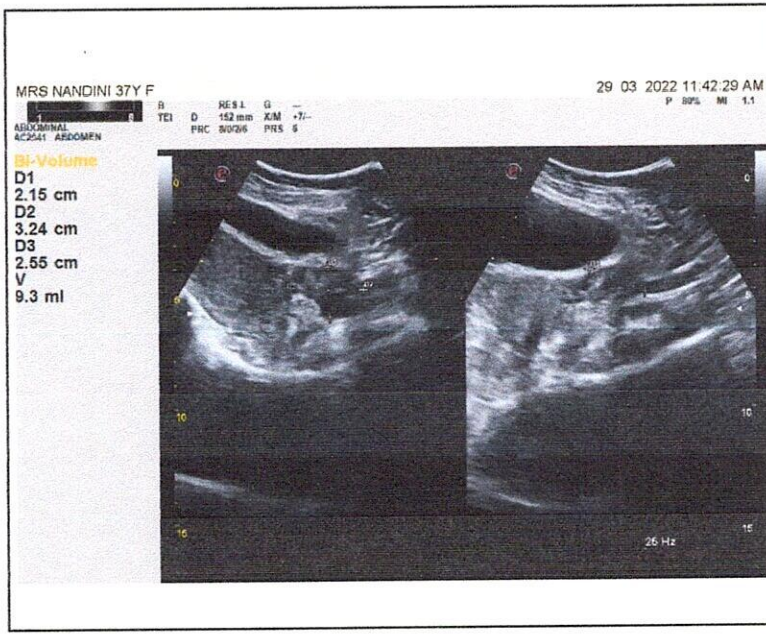
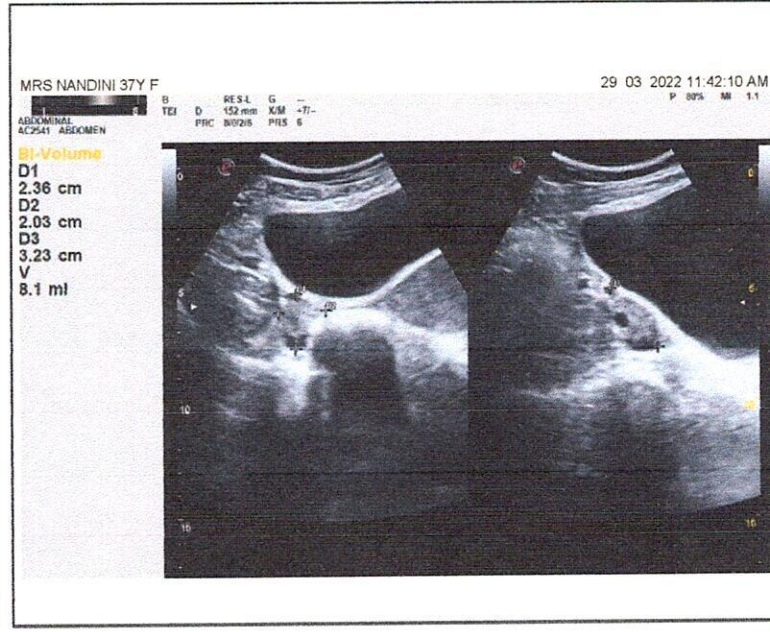
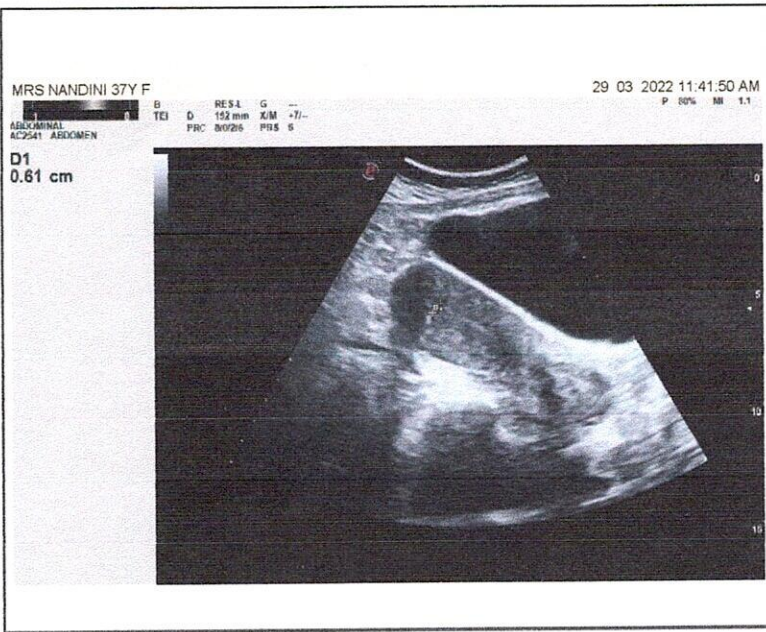
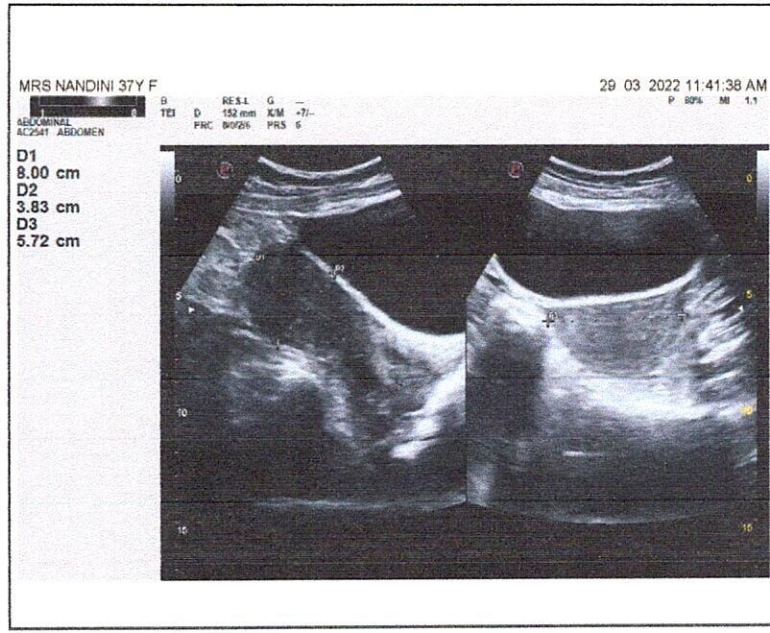
There is a small non obstructive calculus measuring~ 4.5 mm in the lower pole.

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

Cortical medullary differentiation is maintained. No evidence of pelvicalyceal dilatation.







TRANS THORACIC 2D ECHO - DOPPLER STUDY


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M-Mode		
AORTA	23	mm
LEFT ARTIUM	28	mm
RIGHT VENTRICLE(Diastole)	18	mm
LVID (Diastole)	34	mm
LVID (Systole)	23	mm
INTERVENTRICULAR SEPTUM (Diastole)	10	mm
L V POSTERIOR WALL (Diastole)	09	mm
L V MASS	134	grms
FRACTIONAL SHORTENING	30	%
EJECTION FRACTION	60	%

DOPPLER / COLOR FLOW				
MITRAL VALVE	E- 0.8	A - 0.6	m/sec	NO MR
AORTIC VALVE	1.0	-	m/sec	NO AR
TRICUSPID VALVE	E- 0.4	A - 0.2	m/sec	TRIVIAL TR/MILD PAH, PASP=35mm of HG
PULMONARY VALVE	0.8	-	m/sec	NO PR



Diagnostics & Speciality Centre

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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MEDIWHEEL HEALTH CHECKUP FEMALE

COMPLETE BLOOD COUNT (CBC) WITH ESR

HAEMOGLOBIN <i>Colorimetric Method</i>	13.6 gm/dL	12 - 16 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	40.5 %	36 - 47 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	4.8 million/cu.mm	4 - 5.2 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	2.3 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	85.4 fl	80 - 100 fl
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	28.6 pg	26 - 34 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	33.5 %	31 - 35 %
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	7610 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	71 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	23 %	25 - 40 %
DIFFERENTIAL COUNT		
EOSINOPHILS <i>VCS Technology/Microscopic</i>	02 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	04 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	08 mm/hr	0 - 20 mm/hr
FASTING BLOOD SUGAR <i>Hexokinase</i>	96.3 mg/dl	70 - 110 mg/dl

Krishna M.



Lab Seal



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Dr. KRISHNA MURTHY
MD
BIOCHEMIST

Dr. VAMSEEDHAR.A

D.C.P, M.D
CONSULTANT PATHOLOGIST

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LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	0.52 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.19 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	0.33 mg/dl		
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	14.0 U/L	up to 31 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	12.5 U/L	up to 46 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	54 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	11.1 U/L	5 - 55 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	7.19 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	3.92 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	3.3 g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	1.2	1 - 1.5	

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LIPID PROFILE TEST			
TOTAL CHOLESTEROL <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	150 mg/dL	up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL	
TRIGLYCERIDES <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i>	79.9 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 <i>PEG-Cholesterol Esterase</i>	40.5 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 <i>Cholesterol Esterase-Cholesterol Oxidase</i>	93.5 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 <i>Calculation</i>	16.0 mg/dL	2 - 30 mg/dL	
TOTAL CHOLESTROL/HDL RATIO <i>Calculation</i>	3.7	up to 3 3.0-4.4 - Moderate >4.4 - High	
LDL/HDL RATIO <i>Calculation</i>	2.3	up to 2.5 2.5-3.3 - Moderate >3.3 - High	

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BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	18.8 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	0.63 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	3.5 mg/dL	2.5 - 6 mg/dL	
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	137 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	3.6 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	102 mmol/L	97 - 111 mmol/L	

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THYROID PROFILE			
TOTAL TRIIODOTHYRONINE (T3) <small>CMA</small>	0.80 ng/mL	0.87 - 1.78 ng/mL	
TOTAL THYROXINE (T4) <small>CMA</small>	7.17 µg/dL	6.09 - 12.23 µg/dL	
THYROID STIMULATING HORMONE (TSH) <small>CMA</small>	6.236 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

POST PRANDIAL BLOOD SUGAR <small>Hexokinase</small>	112.2 mg/dl	80 - 150 mg/dl
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BLOOD GROUP & Rh TYPING <small>Tube Agglutination (Forward and Reverse)</small>	"A" Positive
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GLYCATED HAEMOGLOBIN (HbA1C) HPLC	5.4 %	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) 108.28 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 an additional criterion for assessing glucose control because glycated 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.

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URINE ROUTINE & MICROSCOPIC

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	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

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

Dispatched by: Sumalatha

**** End of Report ****

Printed by: Soundarya on 29-03-2022 at 05:17 PM



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SONO MAMMOGRAPHY OF BILATERAL BREASTS

OBSERVATION:

RIGHT BREAST:

Small well defined anechoic simple cyst measuring ~ 4.5 x 3.5 mm noted in periareolar region at 12' o clock position.

Breast shows normal fibro glandular pattern.

Adjacent skin & retro mammary areas are normal.

No focal solid lesion seen.

Nipple is normal.

Subareolaer region is normal.

Retro mammary space and subcutaneous planes are normal.

Right axilla appears normal, no e/o lymphadenopathy.

LEFT BREAST:

Two small well defined anechoic simple cysts measuring ~ 7 x 3 mm and 3 x 2.5 mm noted in periareolar region at 1' o clock position.

Breast shows normal fibro glandular pattern.

Adjacent skin & retro mammary areas are normal.

No focal solid lesion seen.

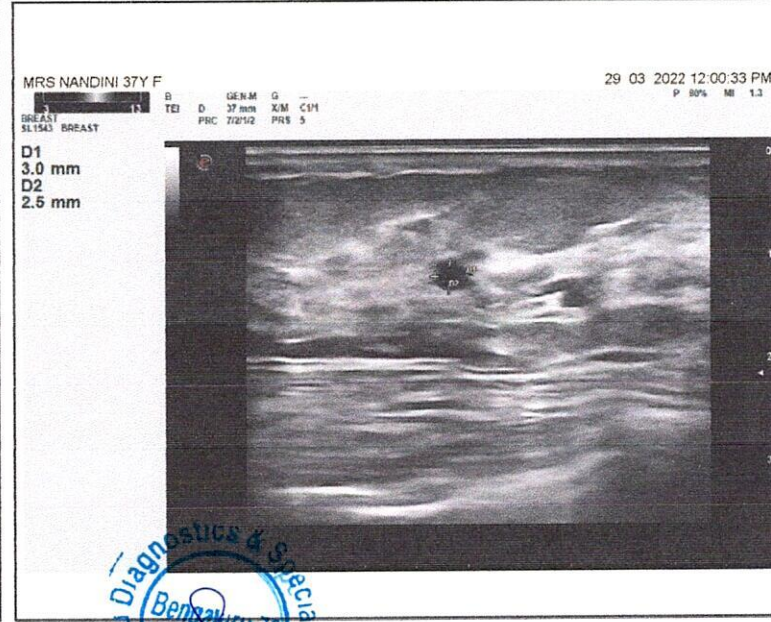
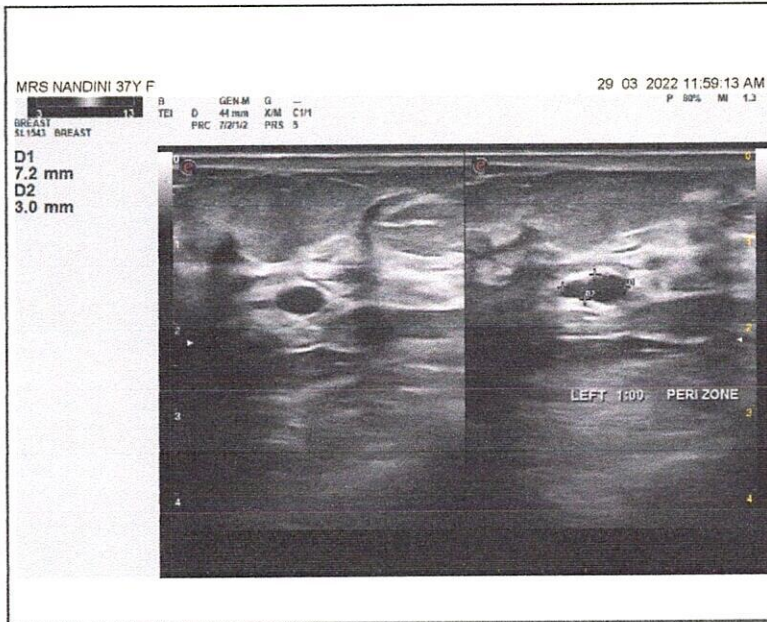
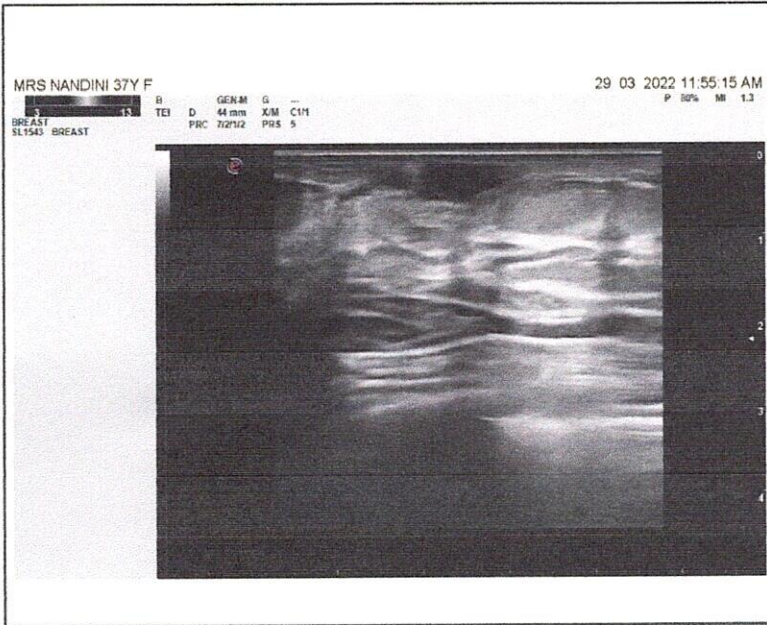
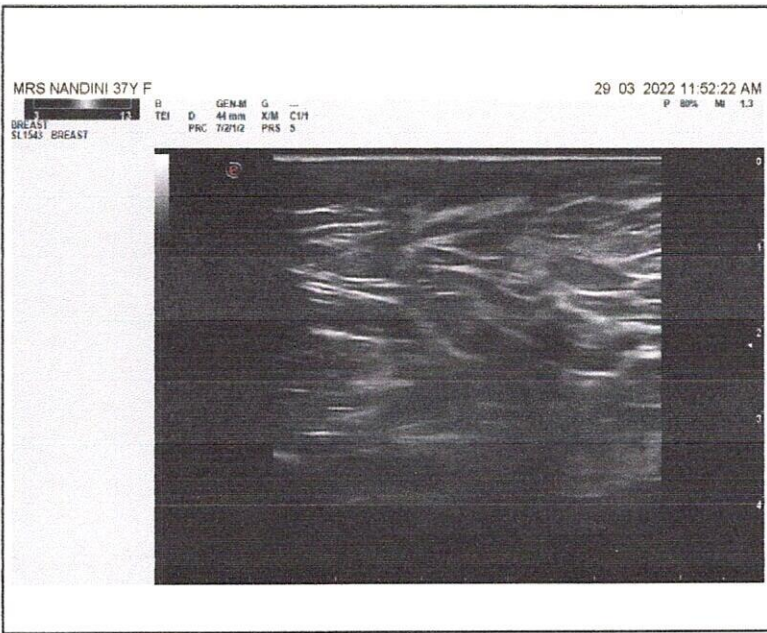
Nipple is normal.

Subareolaer region is normal.

Retro mammary space and subcutaneous planes are normal.

Left axilla appears normal, no e/o lymphadenopathy.





Mediclu Diagnostics & Speciality Centre
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भारत सरकार
Government of India



Issue Date: 09/03/2012



नंदिनी एम एन

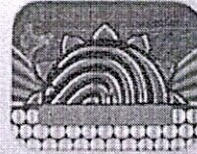
Nandini M N

जन्म दिनांक / DOB: 01/05/1985

स्त्री / FEMALE



4146 5137 3886



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मेरा आधार, मेरी पहचान

Nandini.MN

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X-RAY 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.

Tracheal appears in mid line.

Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.

IMPRESSION:

- No significant abnormality in the visualized lung fields.



Dr. Shruthi. P. DMRD, FFM, DNB
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