

Name : Ms. DIVYASHREE K
PID No. : MED112006027
SID No. : 80556486
Age / Sex : 33 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 23/12/2023 7:34 AM
Collection On : 23/12/2023 7:48 AM
Report On : 23/12/2023 6:16 PM
Printed On : 05/01/2024 5:43 PM

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.61	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	42.1	%	37 - 47
RBC Count (EDTA Blood)	4.75	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	88.7	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.3	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.7	%	11.5 - 16.0
RDW-SD (EDTA Blood)	42.53	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	10300	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	66.74	%	40 - 75
Lymphocytes (EDTA Blood)	24.65	%	20 - 45
Eosinophils (EDTA Blood)	3.04	%	01 - 06



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Monocytes (EDTA Blood)	5.07	%	01 - 10
Basophils (EDTA Blood)	0.50	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	6.87	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.54	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.31	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.52	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood)	0.05	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood)	360.1	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood)	7.95	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.29	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	24	mm/hr	< 20



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BIOCHEMISTRY

Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	93.30	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126
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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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	165.47	mg/dL	70 - 140
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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)	Trace		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	5.9	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.60	mg/dL	0.6 - 1.1
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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)	4.64	mg/dL	2.6 - 6.0
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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.62	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.25	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.37	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	25.40	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	30.19	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	42.81	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	55.6	U/L	42 - 98
Total Protein (Serum/Biuret)	6.79	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.18	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.61	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.60		1.1 - 2.2



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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	116.29	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	58.78	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)	27.34	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	77.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	11.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	89.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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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)	4.3		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.7	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

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

Estimated Average Glucose 116.89 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 glyceemic 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.



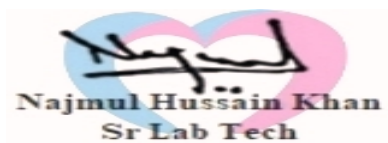
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BIOCHEMISTRY

BUN / Creatinine Ratio	9.8		6.0 - 22.0
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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.29	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)	8.50	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)	0.797	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

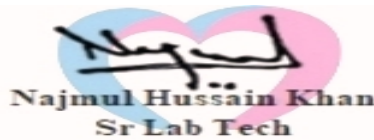
(Indian Thyroid Society Guidelines)

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)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	30		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.015		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Trace		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)	Positive(+)		
<u>MICROSCOPIC EXAMINATION</u> <u>(URINE COMPLETE)</u>			

Pus Cells (Urine)	2-5	/hpf	NIL
Epithelial Cells (Urine)	0-2	/hpf	NIL
RBCs (Urine)	1-3	/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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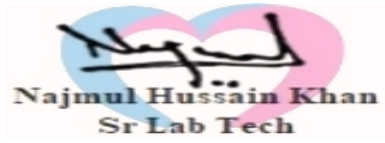
Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'



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MC-5606



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-- End of Report --

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Age & Gender	33Y/FEMALE	Visit Date	23 Dec 2023
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2D ECHOCARDIOGRAPHY

Chambers

- Left
ventricle : normal in size, No RWMA at Rest.
- Left
Atrium : Normal
- Right
Ventricle : Normal
- Right
Atrium : Normal

Septa

- IVS : Intact
- IAS : Intact

Valves

- Mitral
Valve : Normal.
- Tricuspid
Valve : Normal, trace TR, No PAH
- Aortic
valve : Tricuspid, Normal Mobility
- Pulmonary
Valve : Normal

Great Vessels

- Aorta :
Normal
- Pulmonary
Artery : Normal

Pericardium : Normal

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Doppler Echocardiography

Mitral valve	E	0.87	m/sec	A	0.74	m/sec	E/a: 1.18
Aortic Valve	V max	1.7	m/sec	PG	11.5	mm	
Diastolic Dysfunction				NONE			

:2:

M - Mode Measurement

Parameter	Observed Valve	Normal Range	
Aorta	23	26-36	Mm
Left Atrium	24	27-38	Mm
IVS	11	09-11	Mm
Left Ventricle - Diastole	44	42-59	Mm
Posterior wall - Diastole	11	09-11	Mm
IVS - Systole	15	13 - 15	Mm
Left Ventricle -Systole	26	21-40	Mm
Posterior Wall - Systole	15	13-15	Mm
Ejection Fraction	60	- >50	%

IMPRESSION:*POOR ECHO WINDOW ******

- **NORMAL SIZED CARDIAC VALVES AND CHAMBERS**
- **NO RWMA'S AT REST**
- **NORMAL LV & RV SYSTOLIC FUNCTION LVEF - 60%**

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- **NORMAL DIASTOLIC FUNCTION**
- **NO PERICARDIAL EFFUSION / VEGETATION / CLOT**

(TACHYCARDIA OBSERVED DURING THE STUDY)

**DR RAMNARESH SOUDRI
MD DM (CARDIOLOGY) FSCAI
INTERVENTIONAL CARDIOLOGIST
Rs/ m**

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ABDOMINO-PELVIC ULTRASONOGRAPHY
(Study is suboptimal due to excessive bowel gas)

LIVER is normal in shape, size and has increased echopattern.
Two small well-defined heterogeneously hypoechoic lesions is noted measuring 12 x 9mm in left lobe of liver and 13 x 10mm in segment VI. No significant vascularity on colour Doppler.
No evidence of intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER is minimally distended.

PANCREAS visualized portion of body appear normal.
Head and tail are obscured by bowel gas.

SPLEEN show normal shape, size and echopattern.

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	10.4	1.0
Left Kidney	10.7	1.1

URINARY BLADDER show normal shape and wall thickness.
It has clear contents.

UTERUS is anteverted and bulky in size.
Small anterior wall seedling fibroid measuring 8 x 7mm
Endometrium is thickened and measures 13.7mms.

Uterus measures as follows:

LS: 8.2cms AP: 3.9cms TS: 5.8cms.

..2

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:2:

OVARIES are bulky in size and show central echogenic stroma with multiple tiny peripherally arranged follicles suggestive of polycystic morphology.

Ovaries measures as follows:

Right ovary: 3.9 x 2.6 x 2.2cms, vol - 12.8cc.

Left ovary: 3.5 x 2.6 x 2.8cms, vol - 14.0cc.

POD & adnexa are free.

No evidence of ascites.

Impression:

- ***Grade II fatty change in the liver.***
- ***Two small well-defined heterogeneously hypoechoic lesions in left lobe and segment VI of liver as described.***

Sugg: Triple phase CECT abdomen and pelvis for characterization of lesion.

- ***Bulky uterus with seedling fibroid.***
- ***Thickened endometrium.***
- ***Bilateral polycystic ovarian morphology.***

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Sugg: Clinical correlation with hormonal assay.

Note: No previous reports available for comparison.

DR. HITHISHINI H
CONSULTANT RADIOLOGIST
Hh/d

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X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

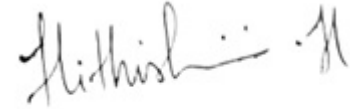
Cardiac size is within normal limits.

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.H.Hithishini MBBS.,MD.,DNB
Consultant Radiologist**