

Name : Ms. ANUSHA  
PID No. : MED111237572  
SID No. : 922043381  
Age / Sex : 29 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 09/08/2022 8:26 AM  
Collection On : 09/08/2022 8:27 AM  
Report On : 09/08/2022 6:15 PM  
Printed On : 09/08/2022 7:58 PM


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<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)	12.58	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	38.3	%	37 - 47
RBC Count (EDTA Blood)	4.36	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	87.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.8	g/dL	32 - 36
RDW-CV (EDTA Blood)	12.8	%	11.5 - 16.0
RDW-SD (EDTA Blood)	<b>39.38</b>	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	9480	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	47.63	%	40 - 75
Lymphocytes (EDTA Blood)	44.21	%	20 - 45
Eosinophils (EDTA Blood)	1.30	%	01 - 06

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

VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

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Monocytes (EDTA Blood)	6.65	%	01 - 10
Basophils (EDTA Blood)	0.21	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	4.52	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	<b>4.19</b>	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.12	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.63	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.02	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	306.5	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood)	8.51	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	<b>28</b>	mm/hr	< 20

  
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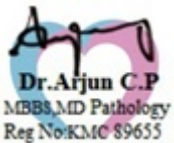
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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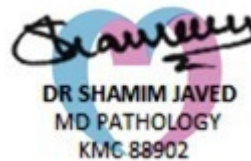
**BIOCHEMISTRY**

**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.27	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.15	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.57	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	23.12	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	<b>53.12</b>	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	<b>140.9</b>	U/L	42 - 98
Total Protein (Serum/Biuret)	7.50	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.51	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.99	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.51		1.1 - 2.2



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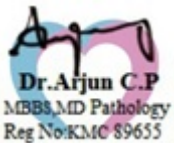
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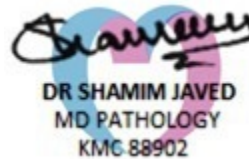
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	178.74	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	<b>199.51</b>	mg/dL	Optimal: < 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)	<b>41.14</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	97.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	39.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	137.6	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)	4.8		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)	2.4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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 Reg No/KMC 89655

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.90	%	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 122.63 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.

**Remark:** Outsourced report.



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**IMMUNOASSAY**

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.35	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)	8.44	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)	<b>13.19</b>	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

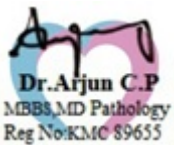
(Indian Thyroid Society Guidelines)

**Comment :**

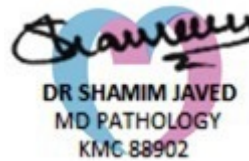
1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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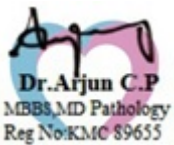
**CLINICAL PATHOLOGY**

**PHYSICAL EXAMINATION (URINE COMPLETE)**

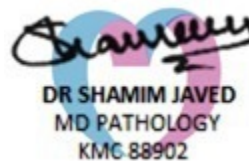
Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	15		

**CHEMICAL EXAMINATION (URINE COMPLETE)**

pH (Urine)	7.0		4.5 - 8.0
Specific Gravity (Urine)	1.025		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)	+		

**MICROSCOPIC EXAMINATION**  
**(URINE COMPLETE)**

Pus Cells (Urine)	3-4	/hpf	NIL
Epithelial Cells (Urine)	0-1	/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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<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	9.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	89.41	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.

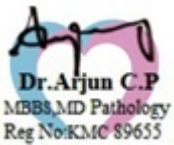
Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	117.53	mg/dL	70 - 140

**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.

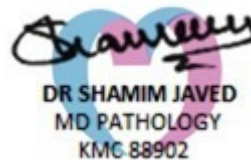
Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	6.9	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.73	mg/dL	0.6 - 1.1

**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)	5.16	mg/dL	2.6 - 6.0
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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' 'Positive'		
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-- End of Report --

29 Years  
Female

09.08.2022 8:43:48  
CLUMAX DIAGNOSTICS  
JAYANAGAR  
BANGALORE



QRS : 76 ms  
QT / QTcBaz : 360 / 447 ms  
PR : 112 ms  
P : 82 ms  
RR / PP : 642 / 645 ms  
P / QRS / T : 35 / 60 / -45 degrees

**(Needs Clinical Correlation  
for further Management)**

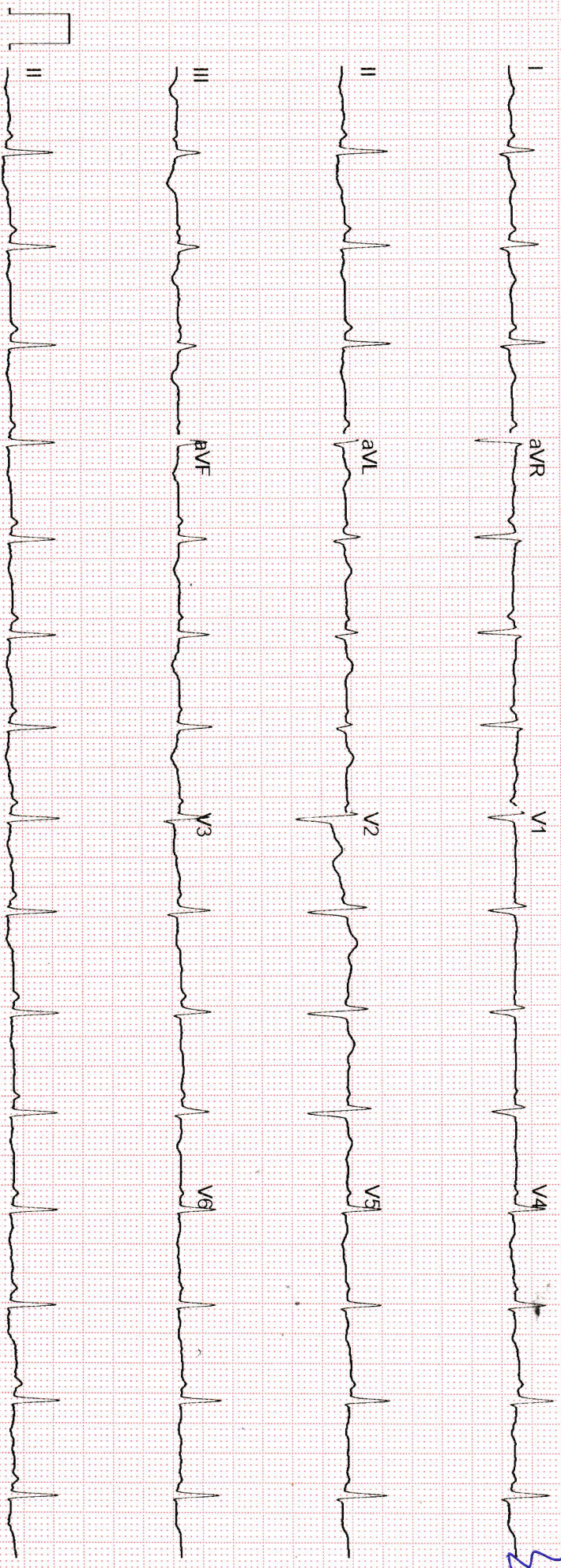
**Dr. SRIDHAR .L**  
MD.(Med), DM(Cardio), FICC  
Interventional Cardiologist  
K.M.C. No.: 32248

*Non-specific ST changes*

*RM - 140*

*Dr. Srinivas*  
*SRM Nurse & Dipan*

Technician: BHAGYA  
Ordering Ph: C/O MEDIWHEEL  
Referring Ph: C/O MEDIWHEEL  
Attending Ph:



Unconfirmed

Name	MS.ANUSHA	ID	MED111237572
Age & Gender	29Y/FEMALE	Visit Date	09/08/2022
Ref Doctor	MediWheel		

### 2D ECHOCARDIOGRAPHIC STUDY

#### M mode measurement:

AORTA	:	2.86	cms
LEFT ATRIUM	:	3.22	cms
AVS	:	1.22	cms
LEFT VENTRICLE (DIASTOLE)	:	3.96	cms
(SYSTOLE)	:	2.85	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.10	cms
(SYSTOLE)	:	1.47	cms
POSTERIOR WALL (DIASTOLE)	:	1.02	cms
(SYSTOLE)	:	2.04	cms
EDV	:	68	ml
ESV	:	25	ml
FRACTIONAL SHORTENING	:	33	%
EJECTION FRACTION	:	62	%
EPSS	:		cms
RVID	:	1.76	cms

#### DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' - 1.06m/s 'A' -0.60m/s	NO MR
AORTIC VALVE	:1.36 m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84 m/s	NO PR



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:2:

**2D ECHOCARDIOGRAPHY FINDINGS:**

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 prolapse.

Aortic valve : Normal, Trileaflet

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No Pericardial effusion.

**IMPRESSION :**

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 62 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

**DR.SRIDHAR.L MD,DM,FICC.**  
CONSULTANT CARDIOLOGIST  
Ls/ml

**Dr. SRIDHAR .L**  
MD,(Med), DM(Cardio), FICC  
Interventional Cardiologist  
K.M.C. No.: 32248



## MEDALL CLUMAX DIAGNOSTICS

Customer Name	MS. Anusha.	Customer ID	MED111237572
Age & Gender	29 yrs / Female.	Visit Date	09/08/2022

### Eye Screening

With spectacles /  without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	12/6	12/6
Distance Vision	6/6	6/6
Colour Vision	<del>Normal</del>	<del>Normal</del>

Observation / Comments:

Normal.

CLUMAX DIAGNOSTICS &  
RESEARCH CENTRE PVT.LTD  
# 68/150/3, "Sri Lakshmi Towers"  
9th Main, 3rd Block, Jayanagar  
BANGALORE - 560 011



भारत सरकार  
भारत सरकार



आधार

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India  
Government of India

నమోదు సంఖ్య / Enrollment No. : 1358/30009/05475

16/03/2013

To  
Chintalacheruvu Anusha  
చింతలచెరువు అనుష  
D/O: Ramireddy  
6-41  
Main Road  
Near Ramalayama  
Jangalapalli  
Sankurathripadu  
Sankurathripadu, Guntur  
Andhra Pradesh - 522549



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మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

**9615 9469 5804**

**ఆధార్ - సామాన్యని హక్కు**



భారత ప్రభుత్వం

Government of India

చింతలచెరువు అనుష  
Chintalacheruvu Anusha



పుట్టిన సంవత్సరం / Year of Birth: 1992  
స్త్రీ / Female

**9615 9469 5804**



**ఆధార్ - సామాన్యని హక్కు**



Name	MS.ANUSHA	ID	MED111237572
Age & Gender	29Y/FEMALE	Visit Date	09/08/2022
Ref Doctor	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is 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** show 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** show normal shape, size and echopattern.

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	9.9	1.6
Left Kidney	9.5	1.9

**URINARY BLADDER** show normal shape and wall thickness.  
It has clear contents. No evidence of diverticula.

**UTERUS** is anteverted and has normal shape and size.  
It has uniform myometrial echopattern.  
Endometrial echo is of normal thickness – 10.0mms.  
Uterus measures as follows:  
LS: 7.7cms      AP: 2.7cms      TS: 3.9cms.

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:2:

**OVARIES** are normal in size and show polycystic morphology

Ovaries measures as follows:

Right ovary: 3.3 x 2.0 x 2.5cms, vol-9.1cc

Left ovary: 3.1 x 1.9 x 2.9cms, vol-8.9cc

POD & adnexa are free.

No evidence of ascites.

A hernia with a defect of 1.5 cms noted in umbilical region with omentum as its contents.

**Impression:**

- *Bilateral polycystic ovaries*
- *Umbilical hernia with omentum as its contents..*

**CONSULTANT RADIOLOGISTS:**

  
**DR. MAHESH. M. S**  
Ms/pu

**DR. HIMA BINDU.P**



Name	ANUSHA	Customer ID	MED111237572
Age & Gender	29Y/F	Visit Date	Aug 9 2022 8:19AM
Ref Doctor	MediWheel		

**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. MAHESH M S  
CONSULTANT RADIOLOGIST

