Name	: **Mrs. REKHAVATHI H**		
PID No.	: MED122507700	**Register On**	: 11/03/2024 9:41 AM
SID No.	: 522404108	**Collection On**	: 11/03/2024 1:55 PM
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MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'A' 'Positive'		

INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (EDTA Blood/Spectrophotometry)	**10.9**	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	**32.7**	%	37 - 47
RBC Count (EDTA Blood)	**3.92**	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	83.4	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	27.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.3	g/dL	32 - 36
RDW-CV	**16.4**	%	11.5 - 16.0
RDW-SD	**48.6**	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6900	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	70.9	%	40 - 75
Lymphocytes (Blood)	**17.5**	%	20 - 45
Eosinophils (Blood)	5.0	%	01 - 06
Monocytes (Blood)	6.5	%	01 - 10

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MBBS MD Pathology
Reg No:KMC 89655

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Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (Blood)	0.1	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Neutrophil count (EDTA Blood)	4.9	$10^3 / \mu l$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	**1.2**	$10^3 / \mu l$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.3	$10^3 / \mu l$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.4	$10^3 / \mu l$	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	$10^3 / \mu l$	< 0.2
Platelet Count (EDTA Blood)	159	$10^3 / \mu l$	150 - 450
MPV (Blood)	8.8	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	**0.139**	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	13	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	79.88	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.

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	95.19	mg/dL	70 - 140

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Investigation	Observed Value	Unit	Biological Reference Interval

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.

Investigation	Observed Value	Unit	Biological Reference Interval
Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.9	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	**0.36**	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Investigation	Observed Value	Unit	Biological Reference Interval
Uric Acid (Serum/Enzymatic)	3.03	mg/dL	2.6 - 6.0

Liver Function Test

Investigation	Observed Value	Unit	Biological Reference Interval
Bilirubin(Total) (Serum/DCA with ATCS)	0.15	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.06	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	**0.09**	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	12.83	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	10.93	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.14	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	67.1	U/L	42 - 98

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Investigation	Observed Value	Unit	Biological Reference Interval
Total Protein (Serum/*Biuret*)	6.05	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green*)	**3.45**	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived*)	2.60	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived*)	1.33		1.1 - 2.2

Lipid Profile

Investigation	Observed Value	Unit	Biological Reference Interval
Cholesterol Total (Serum/*CHOD-PAP with ATCS*)	182.81	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS*)	**199.54**	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.

Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/*Immunoinhibition*)	**36.13**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated*)	106.8	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

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Investigation	Observed Value	Unit	Biological Reference Interval
Non HDL Cholesterol (Serum/*Calculated*)	146.7	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.

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	5.1		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*)	5.5		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

Glycosylated Haemoglobin (HbA1c)

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1C (Whole Blood/*HPLC*)	4.6	%	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 %

Investigation	Observed Value	Unit	
Estimated Average Glucose (Whole Blood)	85.32	mg/dL	

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Investigation	Observed Value	Unit	Biological Reference Interval

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 glycemic 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.

THYROID PROFILE / TFT

Investigation	Observed Value	Unit	Biological Reference Interval
T3 (Triiodothyronine) - Total (Serum/*ECLIA*)	1.72	ng/ml	0.7 - 2.04

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.

Investigation	Observed Value	Unit	Biological Reference Interval
T4 (Tyroxine) - Total (Serum/*ECLIA*)	9.05	µg/dl	4.2 - 12.0

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.

Investigation	Observed Value	Unit	Biological Reference Interval
TSH (Thyroid Stimulating Hormone) (Serum/*ECLIA*)	2.22	µIU/mL	0.35 - 5.50

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.

PHYSICAL EXAMINATION (URINE COMPLETE)

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The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval
Colour (Urine)	Amber		Yellow to Amber
Appearance (Urine)	**Light turbid**		Clear
Volume(CLU) (Urine)	25		

CHEMICAL EXAMINATION (URINE COMPLETE)

Investigation	Observed Value	Unit	Biological Reference Interval
pH (Urine)	6.5		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	+		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Positive(++)		

MICROSCOPIC EXAMINATION (URINE COMPLETE)

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The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval
Pus Cells (Urine)	**5-10**	/hpf	NIL
Epithelial Cells (Urine)	**2-5**	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL
Others (Urine)	Bacteria Present		

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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Investigation	Observed Value	Unit	Biological Reference Interval
BUN / Creatinine Ratio	**27.5**		6.0 - 22.0

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Investigation	Observed Value	Unit	Biological Reference Interval

URINE ROUTINE

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-- End of Report --

Name	Mrs.REKHAVATHI H	ID	MED122507700
Age & Gender	32/FEMALE	Visit Date	11/03/2024
Ref Doctor Name	MediWheel		

BILATERAL SONOMAMMOGRAPHY

Both the breasts show normal echopattern.

No evidence of focal solid/cystic areas.

No evidence of ductal dilatation.

Bilateral benign axillary lymph nodes are seen with preserved fatty hilum.

IMPRESSION:

- **No breast lesions.**
- **Bilateral benign axillary lymph nodes.**

ASSESSMENT: BI-RADS CATEGORY - 2

BI-RADS CLASSIFICATION

CATEGORY RESULT

2   **Benign finding. Routine mammogram in 1 year recommended.**

**DR. HEMANANDINI V.N
CONSULTANT RADIOLOGIST**
Hn/Mi

Name	Mrs.REKHAVATHI H	ID	MED122507700
Age & Gender	32/FEMALE	Visit Date	11/03/2024
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is mildly enlarged in size (15.8 cm) and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended. CBD is not dilated.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN is mildly enlarged in size (14.5 cm) with normal echopattern.

KIDNEYS
Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.
Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.7	1.2
Left Kidney	12.6	1.2

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

UTERUS is gravid.

No evidence of ascites.

IMPRESSION:

- **Mild hepatosplenomegaly.**
- **Gravid uterus.**

- *Suggested clinical correlation*

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