


Name : Ms. USHA
PID No. : MED111268677
SID No. : 922046188
Age / Sex : 33 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 27/08/2022 8:43 AM
Collection On : 27/08/2022 9:14 AM
Report On : 27/08/2022 9:45 PM
Printed On : 28/08/2022 3:16 PM


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	7.9	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	28.3	%	37 - 47
RBC Count (EDTA Blood)	4.72	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	59.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	16.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	27.9	g/dL	32 - 36
RDW-CV (EDTA Blood)	20.1	%	11.5 - 16.0
RDW-SD (EDTA Blood)	42.14	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	50.6	%	40 - 75
Lymphocytes (EDTA Blood)	33.7	%	20 - 45
Eosinophils (EDTA Blood)	5.1	%	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)	9.1	%	01 - 10
Basophils (EDTA Blood)	1.5	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.74	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.49	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.38	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.67	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.11	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	480	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	6.9	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.33	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	25	mm/hr	< 20


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<u>BIOCHEMISTRY</u>			
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.40	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.26	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.24	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	15.45	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	15.16	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	93.1	U/L	42 - 98
Total Protein (Serum/Biuret)	8.50	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.48	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	4.02	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.11		1.1 - 2.2


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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	121.94	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	73.46	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)	35.15	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	72.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	14.7	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	86.8	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)	3.5		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)	2.1		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)	5.9	%	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.


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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.41	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)	7.26	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)	1.67	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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Investigation

Observed
Value

Unit

Biological
Reference Interval


CLINICAL PATHOLOGY

**PHYSICAL EXAMINATION (URINE
COMPLETE)**


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

**CHEMICAL EXAMINATION (URINE
COMPLETE)**

pH (Urine)	5	4.5 - 8.0
Specific Gravity (Urine)	1.012	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)	Negative		

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	0-2	/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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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	16.14		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	91.78	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)	97.38	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)	9.2	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.57	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.

Uric Acid (Serum/Enzymatic)	4.26	mg/dL	2.6 - 6.0
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' Positive'		
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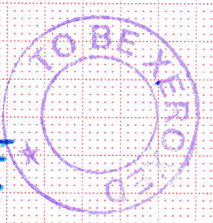
APPROVED BY

-- End of Report --

33 Years

Female

27.08.2022 11:23:05
CLUMAX DIAGNOSTICS
JAYANAGAR
BANGALORE



QRS : 72 ms
QT / QTcBaz : 386 / 445 ms
PR : 142 ms
P : 90 ms
RR / PP : 746 / 750 ms
P / QRS / T : 73 / 60 / 37 degrees

(Needs Clinical Correlation
for further management)

Dr. SPINWAR L
MD/MBBS (General Medicine), FCC
Interventional Cardiology, FCC
K.M.C. No.: 32248

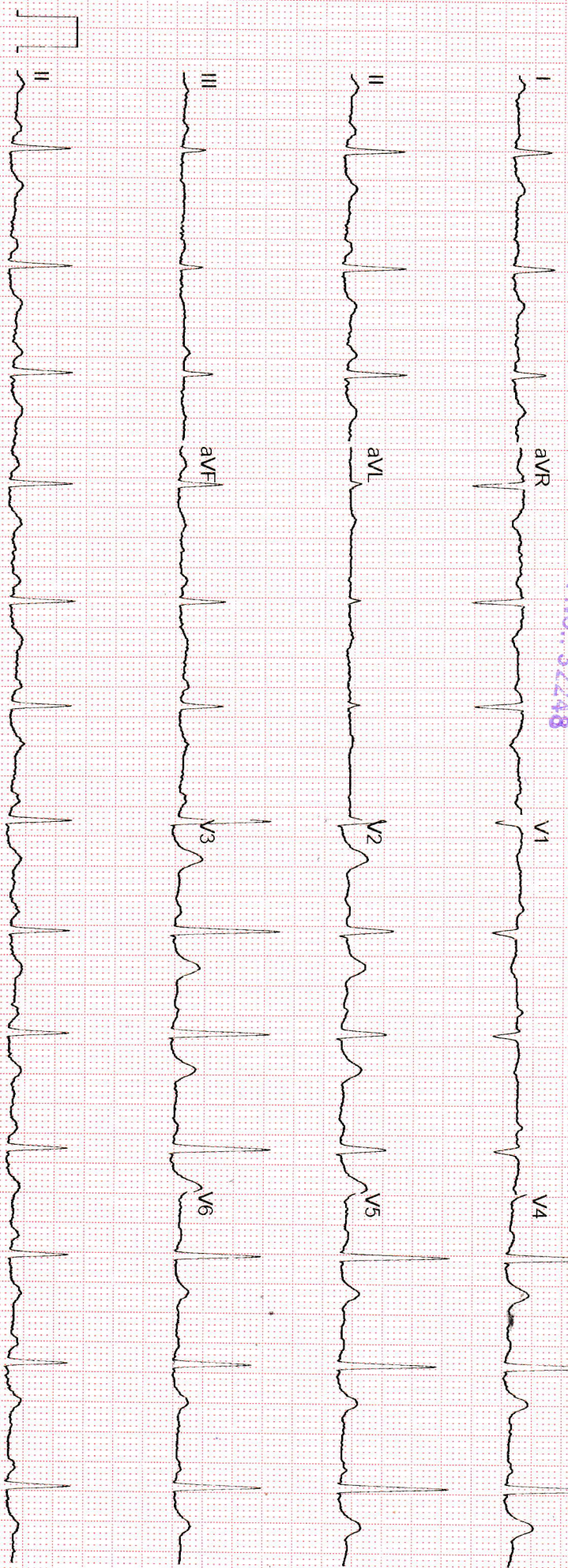
HR 80 in
WELL

WELL
WELL + 70°

Normal ECG

Technician: BHAVYA
Ordering Ph: MEDIWHEEL
Referring Ph: MEDIWHEEL
Attending Ph:

80 bpm
mmHg



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2 5x3_25_R1 1/1

Unconfirmed

Name	MS.USHA	ID	MED111268677
Age & Gender	33Y/FEMALE	Visit Date	27/08/2022
Ref Doctor	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.43	cms
LEFT ATRIUM	:	2.49	cms
AVS	:	1.35	cms
LEFT VENTRICLE (DIASTOLE)	:	4.41	cms
(SYSTOLE)	:	3.02	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.98	cms
(SYSTOLE)	:	1.55	cms
POSTERIOR WALL (DIASTOLE)	:	1.31	cms
(SYSTOLE)	:	2.78	cms
EDV	:	88	ml
ESV	:	35	ml
FRACTIONAL SHORTENING	:	31	%
EJECTION FRACTION	:	60	%
EPSS	:		cms
RVID	:	1.88	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -1.17m/s 'A' -0.74m/s	TRIVIAL MR
AORTIC VALVE	:1.21 m/s	NO AR
TRICUSPID VALVE	: PASP : 22 mmHg	TRIVIAL 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 :

- TRIVIAL MITRAL REGURGITATION
- TRIVIAL TRICUSPID REGURGITATION. PASP 22 mmHg
- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 60 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- 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), (Interventional), FICC
Interventional Cardiologist
K.M.C. No.: 32248



MEDALL CLUMAX DIAGNOSTICS

Customer Name	MS. Usha	Customer ID	MED 111268677
Age & Gender	33 yrs / female	Visit Date	27/08/2022

Eye Screening

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

	Right Eye	Left Eye
Near Vision	26	26
Distance Vision	6/6	6/6
Colour Vision	Normal	Normal

Observation / Comments: Normal

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

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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 made out.
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.6	1.3
Left Kidney	9.7	1.5

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

UTERUS is anteverted and bulky in size.
It has uniform myometrial echopattern.
Endometrial echo is of normal thickness – 8.5mms.

Uterus measures as follows:

LS: 10.1cms AP: 4.3cms TS: 6.5cms.

..2



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:2:

OVARIES are normal size, shape and echotexture

Ovaries measures as follows:

Right ovary: 3.4 x 1.6cms.

Left ovary: 2.0 x 1.5cms.

POD & adnexa are free.

No evidence of ascites.

Impression: Bulky uterus.

CONSULTANT RADIOLOGISTS:

DR. MAHESH. M. S
Hbp/d



DR. HIMA BINDU.P



Name	USHA	Customer ID	MED111268677
Age & Gender	33Y/F	Visit Date	Aug 27 2022 8:42AM
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

