

## Diagnostics & Speciality Centre

NAME	: Mrs. KULKARNI SHIVANGI	MR/VISIT NO	: 22080297 / 159968
AGE/SEX	: 52 Yrs / Female	BILLED TIME	: 08-08-2022 at 08:51 AM
REFERRED BY	:	BILL NO	: 191260
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 08-08-2022 at 04:57 PM

### MEDIWHEEL HEALTH CHECKUP FEMALE

### RADIOLOGY

### X - RAY - MAMMOGRAM BOTH SIDES

#### TECHNIQUE:

Full field digital mammography of both breasts was performed in cranio-caudal and medio-lateral oblique views

#### OBSERVATION:

Type C breast parenchyma (Heterogeneously dense parenchyma which may obscure small masses).

The fibroglandular density is normal for age in both breasts.

Nipple and subareolar tissue are normal.

No retraction or skin thickening is seen.

Subcutaneous tissue and cooper's ligaments are normal.

No evidence of any distortion of the tissues seen.

The pectoralis and retro mammary space appears normal.

No abnormal macrocalcification / microcalcification seen.

Axillary tail is normal.

No evidence of bilateral axillary lymph nodes.

#### USG SCREENING

**Dr. Shruthi P**  
DMRD,FFM,DNB  
Consultant Radiologist

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No evidence of bilateral axillary lymph nodes.

### **RIGHT BREAST:**

Evidence of a small well-defined solid "wider than tall" small hypoechoic lesion measuring 5.5 x 3.5 mm noted in the periareolar region around 4 o'clock position.

### **LEFT BREAST:**

No evidence of mass lesion noted.

### **IMPRESSION:**

- **Type C breast parenchyma (Heterogeneously dense parenchyma which may obscure small masses).**
- **Small benign lesion in the right breast on USG correlation- Likely small fibroadenoma.**
- **No abnormality in bilateral mammograms.**
- **No evidence of any focal lesion in left breast on USG correlation.**
- **No evidence of bilateral axillary lymph nodes.**

**RIGHT BREAST: BI-RADS II**  
**RADS I**

**LEFT BREAST: BI-**

#### **NOTE: BI – RADS SCORING KEY**

O – Needs additional evaluation;  
I – Negative  
II – Benign findings;  
III – Probably benign  
IV – Suspicious abnormality – Biopsy to be considered

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V – Highly suggestive of malignancy;  
VI – Known biopsy proven malignancy

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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### MEDIWHEEL HEALTH CHECKUP FEMALE

#### HAEMATOLOGY

#### COMPLETE BLOOD COUNT (CBC) WITH ESR

HAEMOGLOBIN <i>Colorimetric Method</i>	13.7 gm/dL	12 - 16 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	40.4 %	36 - 47 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	4.5 million/cu.mm	4 - 5.2 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	3.2 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	90.1 fl	80 - 100 fl
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	30.6 pg	26 - 34 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	34.0 %	31 - 35 %
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	5900 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	68 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	<b>24 %</b>	25 - 40 %
<b>DIFFERENTIAL COUNT</b>		
EOSINOPHILS <i>VCS Technology/Microscopic</i>	03 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	05 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	06 mm/hr	0 - 20 mm/hr
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"A" Positive	

*Krishna M.*



*A. Vamseedhar*

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GLYCATED HAEMOGLOBIN (HbA1C) <i>HPLC</i>	5.2 %	<b>American Diabetic Association (ADA) recommendations:</b>  Non diabetic adults : <5.7 %  At risk (Pre diabetic): 5.7 – 6.4%  Diabetic : >= 6.5%  <b>Therapeutic goal for glycemic control :</b>  Goal for therapy: < 7.0%  Action suggested: > 8.0%	

ESTIMATED AVERAGE GLUCOSE (eAG) 102.54 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 a 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.

**CLINICAL BIOCHEMISTRY**

BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	17.9 mg/dL	15 - 50 mg/dL
CREATININE <i>Jaffe Kinetic</i>	0.67 mg/dL	0.4 - 1.4 mg/dL
URIC ACID <i>Uricase-Peroxidase</i>	4.8 mg/dL	2.5 - 6 mg/dL
<b>SERUM ELECTROLYTES</b>		
SODIUM <i>Ion Selective Electrode (ISE)</i>	139 mmol/L	136 - 145 mmol/L
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	3.7 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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**TEST PARAMETER RESULT REFERENCE RANGE SPECIMEN**

### LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	0.83 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.34 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	<b>0.49</b> mg/dl	0.2 - 0.8 mg/dl	
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	15.2 U/L	up to 31 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	13.8 U/L	up to 46 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	68 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	6.3 U/L	5 - 55 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.44 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	4.24 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	<b>2.2</b> g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	<b>1.9</b>	1 - 1.5	

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### LIPID PROFILE TEST

<b>TOTAL CHOLESTEROL</b> <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	<b>213 mg/dL</b>	up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL	
<b>TRIGLYCERIDES</b> <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i>	<b>97.6 mg/dL</b>	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	
<b>HDL CHOLESTEROL - DIRECT</b> <i>PEG-Cholesterol Esterase</i>	<b>69.2 mg/dl</b>	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)	
<b>LDL CHOLESTEROL - DIRECT</b> <i>Cholesterol Esterase-Cholesterol Oxidase</i>	<b>124.3 mg/dL</b>	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	
<b>VLDL CHOLESTEROL</b> <i>Calculation</i>	<b>19.5 mg/dL</b>	2 - 30 mg/dL	
<b>TOTAL CHOLESTROL/HDL RATIO</b> <i>Calculation</i>	<b>3.1</b>	up to 3 3.0-4.4 - Moderate >4.4 - High	
<b>LDL/HDL RATIO</b> <i>Calculation</i>	<b>1.8</b>	up to 2.5 2.5-3.3 - Moderate >3.3 - High	
<b>FASTING BLOOD SUGAR</b> <i>Hexokinase</i>	<b>94.0 mg/dl</b>	70 - 110 mg/dl	
<b>POST PRANDIAL BLOOD SUGAR</b> <i>Hexokinase</i>	<b>116.3 mg/dl</b>	80 - 150 mg/dl	

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### CLINICAL PATHOLOGY

#### 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	7.0	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

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

### IMMUNOASSAY

#### THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) CMIA	1.21 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) CMIA	7.96 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) CMIA	3.525 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

Dispatched by: Sumalatha

\*\*\*\* End of Report \*\*\*\*

Printed by: Sumalatha on 08-08-2022 at 02:38 PM



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### RADIOLOGY

### USG REPORT - ABDOMEN AND PELVIS

#### OBSERVATION:

#### LIVER:

Liver is normal in size (12.2 cm) and normal homogenous echotexture. Intrahepatic biliary radicles not dilated. Hepatic & portal veins are normal. CBD is normal. **Evidence of well defined cystic lesion with internal septations measuring 2.1 x 1.2 cm noted in the segment Iva of liver showing peripheral vascularity.**

#### GALL BLADDER:

Normal in distension. Lumen echo free. Wall thickness is normal.

#### PANCREAS:

Head and body visualized and appear normal. No obvious focal lesion is seen. Pancreatic duct not dilated. Tail not visualized.

#### SPLEEN:

Normal in size (7.8 cm) with normal echotexture. No focal lesion is seen.

#### RIGHT KIDNEY:

Right kidney measures 9.8 x 1.0 cm (Length x parenchymal thickness) 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 8.1 x 1.0 cm (Length x parenchymal thickness) with normal

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echo pattern and cortical thickness.

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

Cortical medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

### **URINARY BLADDER:**

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

### **UTERUS:**

Anteverted, normal in size measures 7.3 x 2.6 x 4.1 cm with normal echotexture.

No focal lesion seen within the myometrium.

Endometrial thickness measures 4 mm.

### **OVARIES:**

Both ovaries are normal in size with normal echo pattern.

Right ovary measures 1.8 x 1.0 cm.

Left ovary measures 2.0 x 1.5 cm.

No adnexal mass lesion seen.

No evidence of free fluid in the abdomen or pelvis.

### **IMPRESSION:**

- **Complex hepatic cyst as described.**
- ***Suggested CECT abdomen for further evaluation.***

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### MEDIWHEEL HEALTH CHECKUP FEMALE

#### RADIOLOGY

#### X-RAY CHEST PA VIEW

#### FINDINGS:

**Patchy consolidatory opacity noted in the right mid lung zone.**

**Radiodense opacity noted in the left upper lung zone- ? pleural plaque.**

**Few tiny nodular opacities noted in right apical region.**

Rest of the lung fields are clear bilaterally.

CP angles are clear.

Both the hila appear normal.

Cardiac diameter is within normal limits.

Tracheal is normal in caliber.

Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.

#### IMPRESSION:

- **Patchy consolidatory opacity noted in the right mid lung zone.**
- **Few tiny nodular opacities noted in right apical region.**
- **Radiodense opacity noted in the left upper lung zone- ? Pleural plaque.**

*Suggested CT Thorax if clinically indicated*

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