

NAME	: Mrs. B SUDHA	MR/VISIT NO	: 22100766 / 164385
AGE/SEX	: 49 Yrs / Female	BILLED TIME	: 22-10-2022 at 09:03 AM
REFERRED BY	:	BILL NO	: 196013
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 22-10-2022 at 01:55 PM

MEDIWHEEL HEALTH CHECKUP FEMALE**RADIOLOGY****USG REPORT - ABDOMEN AND PELVIS****OBSERVATION:****LIVER:**

Liver is normal in size (14.5 cm) and normal homogenous echotexture. No obvious focal lesion is seen. Intrahepatic biliary radicles not dilated. Hepatic & portal veins are normal. CBD is normal.

GALL BLADDER:

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

PANCREAS:

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

SPLEEN:

Normal in size (11.2 cm) with normal echotexture. No focal lesion is seen.

RIGHT KIDNEY:

Right kidney measures 11 x 3.9 cm 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 11.2 x 4.2 cm with normal echo pattern and cortical thickness.

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

Cortical medullary differentiation is maintained.

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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 7.5 x 2.3 x 4.0 cm with normal echotexture.

No focal lesion seen within the myometrium.

Endometrial thickness measures 4 mm.

OVARIES:

Both ovaries are atrophic.

No adnexal mass lesion seen.

No evidence of free fluid in the abdomen or pelvis.

IMPRESSION:

- **No significant sonographic abnormality detected.**



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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 B parenchyma – Scattered fibro glandular opacities.

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.

No abnormal macrocalcification / microcalcification seen.

No significant bilateral axillary lymph nodes.

USG SCREENING:

No significant bilateral axillary lymph nodes.

RIGHT BREAST:

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No evidence of mass lesion noted.

LEFT BREAST:

No evidence of mass lesion noted.

IMPRESSION:

- **No significant abnormality in bilateral mammograms.**
- **No evidence of any focal lesion on USG correlation.**
- **No significant bilateral axillary lymph nodes.**

RIGHT BREAST: BI-RADS I

LEFT BREAST: BI-RADS I

NOTE: BI – RADS SCORING KEY

O – Needs additional evaluation;
I – Negative
II – Benign findings;
III – Probably benign
IV – Suspicious abnormality – Biopsy to be considered
V – Highly suggestive of malignancy;
VI – Known biopsy proven malignancy



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MEDIWHEEL HEALTH CHECKUP FEMALE

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RIGHT BREAST:

Dr. SAHANA C
MDRD, DNB
CONSULTANT RADIOLOGIST

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AGE/SEX : 49 Yrs / Female	VISIT NO. : 164385
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	DATE OF REPORT : 22-10-2022 at 03:08 PM
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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>	13.0 gm/dL	12 - 16 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	41 %	36 - 47 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	6.2 million/cu.mm	4 - 5.2 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	1.80 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	66 fl	80 - 100 fl
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.		
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	20 pg	26 - 34 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	31 %	31 - 35 %
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	3300 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	68 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	24 %	25 - 40 %
DIFFERENTIAL COUNT		
EOSINOPHILS <i>VCS Technology/Microscopic</i>	02 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	06 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	10 mm/hr	0 - 20 mm/hr
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"B" Positive	

Krishna M. Murthy



A. Vamseedhar

Dr. KRISHNA MURTHY

MD
BIOCHEMIST

Lab Seal

Dr. VAMSEEDHAR.A

D.C.P, M.D
CONSULTANT PATHOLOGIST

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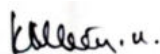
TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
GLYCATED HAEMOGLOBIN (HbA1C) <i>HPLC</i>	4.4 %	American Diabetic Association (ADA) recommendations: Non diabetic adults : <5.7 % At risk (Pre diabetic): 5.7 – 6.4% Diabetic : >= 6.5% Therapeutic goal for glycemic control : Goal for therapy: < 7.0% Action suggested: > 8.0%	

ESTIMATED AVERAGE GLUCOSE (eAG) 79.58 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.



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CLINICAL BIOCHEMISTRY

LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	0.87 mg/dL	0.2 - 1.2 mg/dL
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.40 mg/dL	0 - 0.4 mg/dL
INDIRECT BILIRUBIN <i>Calculation</i>	0.47 mg/dl	0.2 - 0.8 mg/dl
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	23 U/L	up to 31 U/L
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	21.3 U/L	up to 46 U/L
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	93 U/L	36 - 113 U/L
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	12.3 U/L	5 - 55 U/L
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.28 g/dl	6.2 - 8 g/dl
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	3.91 g/dl	3.5 - 5.2 g/dl
S.GLOBULIN <i>Calculation</i>	2.4 g/dl	2.5 - 3.8 g/dl
A/G RATIO <i>Calculation</i>	1.6	1 - 1.5

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LIPID PROFILE TEST

TOTAL CHOLESTEROL <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	206 mg/dL	up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL	
TRIGLYCERIDES <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i>	119.0 mg/dL	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	
HDL CHOLESTEROL - DIRECT <i>PEG-Cholesterol Esterase</i>	56.3 mg/dl	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)	
LDL CHOLESTEROL - DIRECT <i>Cholesterol Esterase-Cholesterol Oxidase</i>	125.9 mg/dL	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	
VLDL CHOLESTEROL <i>Calculation</i>	23.8 mg/dL	2 - 30 mg/dL	
TOTAL CHOLESTROL/HDL RATIO <i>Calculation</i>	3.7	up to 3 3.0-4.4 - Moderate >4.4 - High	
LDL/HDL RATIO <i>Calculation</i>	2.2	up to 2.5 2.5-3.3 - Moderate >3.3 - High	

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BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	19.1 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	0.85 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	6.0 mg/dL	2.5 - 6 mg/dL	
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	138 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	3.86 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	98 mmol/L	97 - 111 mmol/L	
FASTING BLOOD SUGAR <i>Hexokinase</i>	91 mg/dl	70 - 110 mg/dl	
POST PRANDIAL BLOOD SUGAR <i>Hexokinase</i>	81.6 mg/dl	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>	1.005	1.005-1.035
pH	6.0	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>	2 - 3 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	1 - 2 /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	1.16 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) CMIA	10.42 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) CMIA	3.077 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: KIRAN

**** End of Report ****

Printed by: Kiran kumar H P on 22-10-2022 at 03:08

PM



Krishna M. Murthy



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Liver is normal in size (14.5 cm) and normal homogenous echotexture. No obvious focal lesion is seen. Intrahepatic biliary radicles not dilated. Hepatic & portal veins are normal. CBD is normal.

GALL BLADDER:

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

PANCREAS:

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

SPLEEN:

Normal in size (11.2 cm) with normal echotexture. No focal lesion is seen.

RIGHT KIDNEY:

Right kidney measures 11 x 3.9 cm 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 11.2 x 4.2 cm with normal echo pattern and cortical thickness.

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

Cortical medullary differentiation is maintained.

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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 7.5 x 2.3 x 4.0 cm with normal echotexture.

No focal lesion seen within the myometrium.

Endometrial thickness measures 4 mm.

OVARIES:

Both ovaries are atrophic.

No adnexal mass lesion seen.

No evidence of free fluid in the abdomen or pelvis.

IMPRESSION:

- **No significant sonographic abnormality detected.**



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MEDIWHEEL HEALTH CHECKUP FEMALE

RADIOLOGY

X-RAY REPORT- CHEST (PA VIEW)

OBSERVATIONS:

The lung fields are clear bilaterally.

CP angles are clear.

Both the hila appear normal.

Cardiac diameter is within normal limits.

Trachea is midline.


Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.

IMPRESSION:

- **No significant abnormality in the visualized lung fields.**



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MONOCYTES <i>VCS Technology/Microscopic</i>	06 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	10 mm/hr	0 - 20 mm/hr
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"B" Positive	

Krishna M.



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D.C.P, M.D
CONSULTANT PATHOLOGIST

NAME : **Mrs. B SUDHA**

AGE/SEX : 49 Yrs / Female

REFERRED BY :

REF CENTER : MEDIWHEEL

MR NO. : 22100766

VISIT NO. : 164385

DATE OF COLLECTION : 22-10-2022 at 09:12 AM

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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GLYCATED HAEMOGLOBIN (HbA1C)
HPLC

4.4 %

American Diabetic Association (ADA) recommendations:

Non diabetic adults : <5.7 %

At risk (Pre diabetic): 5.7 – 6.4%

Diabetic : >= 6.5%

Therapeutic goal for glycemic control :

Goal for therapy: < 7.0%

Action suggested: > 8.0%

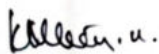
ESTIMATED AVERAGE GLUCOSE (eAG) 79.58 mg/dL

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.



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CLINICAL BIOCHEMISTRY

LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	0.87 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.40 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	0.47 mg/dl	0.2 - 0.8 mg/dl	
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	23 U/L	up to 31 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	21.3 U/L	up to 46 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	93 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	12.3 U/L	5 - 55 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.28 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	3.91 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	2.4 g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	1.6	1 - 1.5	

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LIPID PROFILE TEST

TOTAL CHOLESTEROL <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	206 mg/dL	up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL	
TRIGLYCERIDES <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i>	119.0 mg/dL	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	
HDL CHOLESTEROL - DIRECT <i>PEG-Cholesterol Esterase</i>	56.3 mg/dl	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)	
LDL CHOLESTEROL - DIRECT <i>Cholesterol Esterase-Cholesterol Oxidase</i>	125.9 mg/dL	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	
VLDL CHOLESTEROL <i>Calculation</i>	23.8 mg/dL	2 - 30 mg/dL	
TOTAL CHOLESTROL/HDL RATIO <i>Calculation</i>	3.7	up to 3 3.0-4.4 - Moderate >4.4 - High	
LDL/HDL RATIO <i>Calculation</i>	2.2	up to 2.5 2.5-3.3 - Moderate >3.3 - High	

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BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	19.1 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	0.85 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	6.0 mg/dL	2.5 - 6 mg/dL	
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	138 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	3.86 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	98 mmol/L	97 - 111 mmol/L	
FASTING BLOOD SUGAR <i>Hexokinase</i>	91 mg/dl	70 - 110 mg/dl	
POST PRANDIAL BLOOD SUGAR <i>Hexokinase</i>	81.6 mg/dl	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>	1.005	1.005-1.035
pH	6.0	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>	2 - 3 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	1 - 2 /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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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
POSTPRANDIAL URINE SUGAR	NIL	NIL	

IMMUNOASSAY

THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) CMIA	1.16 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) CMIA	10.42 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) CMIA	3.077 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: KIRAN

**** End of Report ****

Printed by: Kiran kumar H P on 22-10-2022 at 03:08

PM



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