

Name : Ms. SHAMPA GOSWAMI

PID No. : MED111981807

Register On : 30/11/2023 8:42 AM

SID No. : 923041112

Collection On : 30/11/2023 9:13 AM

Age / Sex : 51 Year(s) / Female

Report On : 30/11/2023 6:09 PM

Type : OP

Printed On : 01/12/2023 12:22 PM

Ref. Dr : MediWheel

<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)	12.4	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	38.1	%	37 - 47
RBC Count (EDTA Blood)	4.71	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	80.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	26.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.6	g/dL	32 - 36
RDW-CV (EDTA Blood)	15.0	%	11.5 - 16.0
RDW-SD (EDTA Blood)	42.47	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	48.5	%	40 - 75
Lymphocytes (EDTA Blood)	42.7	%	20 - 45
Eosinophils (EDTA Blood)	3.5	%	01 - 06
Monocytes (EDTA Blood)	4.8	%	01 - 10



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

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Basophils (EDTA Blood)	0.5	%	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)	3.40	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.99	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.24	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.34	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.04	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood)	327	10 <sup>3</sup> / µl	150 - 450
MPV (EDTA Blood)	<b>6.9</b>	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	<b>41</b>	mm/hr	< 30



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## BIOCHEMISTRY

### Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.31	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.16	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	16.62	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	17.24	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	35.82	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	111.5	U/L	53 - 141
Total Protein (Serum/Biuret)	6.43	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.32	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	<b>2.11</b>	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.05		1.1 - 2.2



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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)	<b>220.10</b>	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	<b>415.85</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>34.64</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	102.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	83.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	185.5	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.



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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	6.4		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)	12		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



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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)	5.8	%	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 119.76 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 glyemic 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)	1.44	ng/ml	0.4 - 1.81
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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)	9.48	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)	9.79	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)	Pale yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	20	

**CHEMICAL EXAMINATION (URINE  
COMPLETE)**

pH (Urine)	5.5	4.5 - 8.0
Specific Gravity (Urine)	1.005	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
Glucose (Urine/GOD - POD)	Negative	Negative



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Leukocytes(CP) (Urine)	Negative		
<b><u>MICROSCOPIC EXAMINATION</u></b> <b><u>(URINE COMPLETE)</u></b>			
Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		
<b>INTERPRETATION:</b> 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>PHYSICAL EXAMINATION(STOOL COMPLETE)</u></b>			
Mucus (Stool)	Absent		Absent
Consistency (Stool)	<b>Semi Solid</b>		Semi Solid to Solid
Colour (Stool)	<b>Yellow</b>		Brown
Blood (Stool)	Absent		Absent
<b><u>MICROSCOPIC EXAMINATION(STOOL COMPLETE)</u></b>			
Ova (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	<b>0-1</b>	/hpf	NIL
Others (Stool)	NIL		
<b><u>CHEMICAL EXAMINATION(STOOL ROUTINE)</u></b>			
Reaction (Stool)	Alkaline		Alkaline
Reducing Substances (Stool/Benedict's)	Negative		Negative



  
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### BIOCHEMISTRY

BUN / Creatinine Ratio	16.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	94.86	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	110.86	mg/dL	70 - 140
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**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
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	12.6	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.77	mg/dL	0.6 - 1.1
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**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)	6.63	mg/dL	2.6 - 6.0
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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'A' 'Positive'



APPROVED BY

-- End of Report --

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Age & Gender	51Y/F	Visit Date	Nov 30 2023 8:42AM
Ref Doctor	MediWheel		

### X - RAY CHEST PA VIEW

Patient rotation is noted.

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:

- *No significant abnormality detected.*



**Dr. Hemanandini**  
Consultant Radiologist





## MEDALL CLUMAX DIAGNOSTICS

Customer Name	Mde. Shampqa Gecelani	Customer ID	MED 111981807
Age & Gender	51 yrs / Female	Visit Date	30.11.2023

### Eye Screening

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

	Right Eye	Left Eye
Near Vision	N18	N18
Distance Vision	6/6	6/6
Colour Vision	(N)	(N)

Observation / Comments:

clear using progressive spectacles last eye.  
Normal vision  
No comments





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Age & Gender	51Y/FEMALE	Visit Date	30/11/2023
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## 2D ECHOCARDIOGRAPHY

### Chambers

- Left ventricle : normal in size, No RWMA at Rest.
- Left Atrium : Normal
- Right Ventricle : Normal
- Right Atrium : Normal

### Septa

- IVS : Intact
- IAS : Intact

### Valves

- Mitral Valve : Normal.
- Tricuspid Valve : Normal, trace TR, No PAH
- Aortic valve : Tricuspid, Normal Mobility
- Pulmonary Valve : Normal

### Great Vessels

- Aorta : Normal
- Pulmonary Artery : Normal

**Pericardium : Normal**

### Doppler Echocardiography

Mitral valve	E	0.86	m/sec	A	0.69	m/sec	E/a: 1.25
Aortic Valve	V max	1.48	m/sec	PG	8.9	mm	
Diastolic Dysfunction				NONE			





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:2:

**M – Mode Measurement**

Parameter	Observed Valve	Normal Range	
Aorta	26	26-36	Mm
Left Atrium	27	27-38	Mm
IVS	11	09-11	Mm
Left Ventricle - Diastole	45	42-59	Mm
Posterior wall - Diastole	11	09-11	Mm
IVS - Systole	15	13 - 15	Mm
Left Ventricle - Systole	27	21-40	Mm
Posterior Wall - Systole	15	13-15	Mm
Ejection Fraction	60	- >50	%

**IMPRESSION:**

- NORMAL SIZED CARDIAC VALVES AND CHAMBERS
- NO RWMA'S AT REST
- NORMAL LV & RV SYSTOLIC FUNCTION LVEF – 60%
- NORMAL DIASTOLIC FUNCTION
- NO PERICARDIAL EFFUSION / VEGETATION / CLOT.

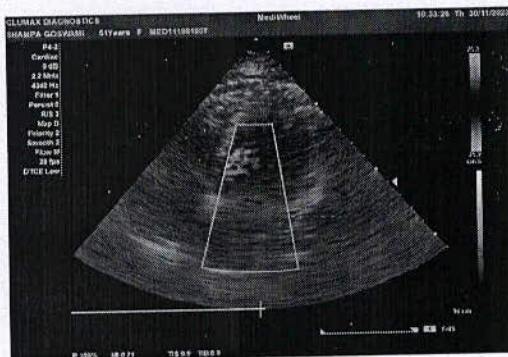
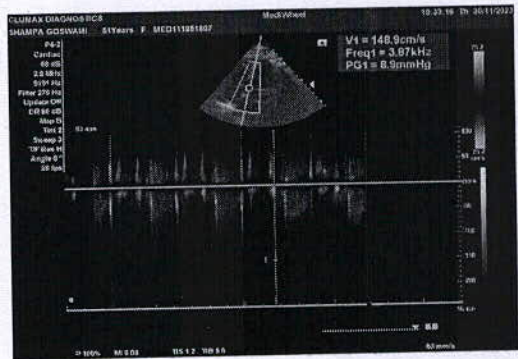
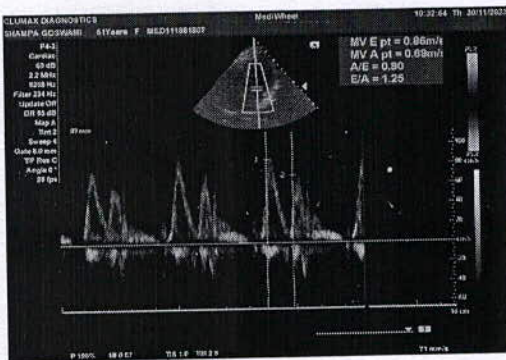
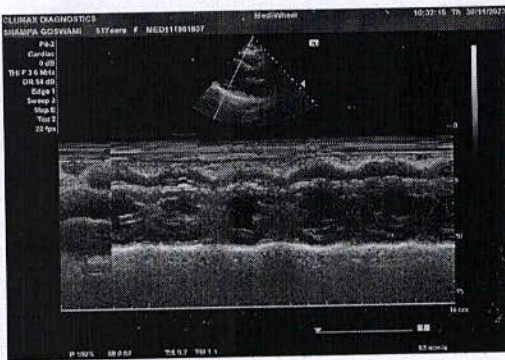
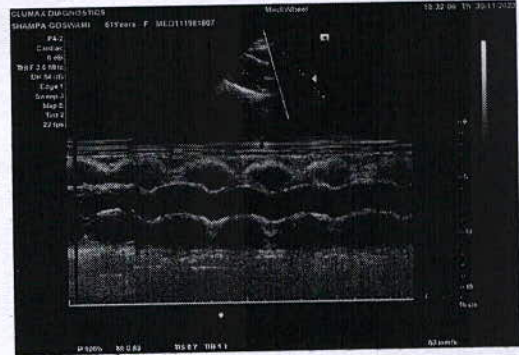


**DR RAMNARESH SOUDRI**  
**MD DM (CARDIOLOGY) FSCAI**  
**INTERVENTIONAL CARDIOLOGIST**  
Rs/ s





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Age & Gender	51Y/FEMALE	Visit Date	30/11/2023
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51 Years Female

QRS : 76 ms  
QT / QTcBaz : 404 / 454 ms  
PR : 150 ms  
P : 96 ms  
RR / PP : 788 / 789 ms  
P / QRS / T : 63 / 36 / 41 degrees



Technician: MEGHA  
Ordering Ph:  
Referring Ph: MEDIWHEEL  
Attending Ph:

(Needs Clinical Correlation  
for further Management)

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*Handwritten signature*

**Dr. Ramnaresh Soudri**  
MD, DM (Cardiology) FSCAI  
Interventional Cardiologist  
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