

Name	R.SARALA	ID	MED120883353
Age & Gender	55Year(s)/FEMALE	Visit Date	3/12/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

EYE SCREENING

	Right Eye	Left Eye
DISTANT VISION	6/6	6/6
NEAR VISION	N8	N8
COLOUR VISION	Normal	Normal

IMPRESSION :

- ❖ **Normal Study with specs.**

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USG ABDOMEN / PELVIS

REPORT :-

LIVER:

The liver is normal in size 14.3cm, shape and has smooth margins and **shows diffuse fatty changes.**
 Portal and hepatic veins are normal.
 No evidence of any focal lesion seen.
 Intrahepatic biliary radicles are not dilated.

GALL BLADDER:

The gall bladder is **contracted.**

COMMON BILE DUCT:

The CBD is normal in caliber. No evidence of calculus is seen.

SPLEEN:

The spleen is normal in size (8.3cm) and shows homogenous echotexture.
 No evidence of focal lesion is noted.

PANCREAS:

The pancreas is normal in size, shape and shows normal echotexture.
 No evidence of solid or cystic mass lesion is noted.

KIDNEYS:

Both kidneys are normal in size, shape and position and normal parenchymal echotexture and normal central echocomplex.
 Right kidney measures 8.7 x 5.0 cm
 Left kidney measures 9.3 x 5.0 cm
 No calculus or hydronephrosis

ASCITES:

There is no ascites seen.

URINARY BLADDER:

The urinary bladder is well distended and shows normal outline.

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The thickness of the wall of Urinary bladder is essentially normal.
No evidence of calculus is seen.
No evidence of any space occupying lesion or diverticulum is noted.

SONOGRAPHY OF PELVIS

Uterus and ovaries are atrophic (postmenopausal status)

BOTH ILIAC FOSSA : Appears normal. No mass / collection.

IMPRESSION :

➤ GRADE I FATTY LIVER

DR. P.T. PRABAKARAN, M.B.B.S.,M.D.R.D.,

CONSULTANT RADIOLOGIST

Name	R.SARALA	Customer ID	MED120883353
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X - RAY CHEST PA VIEW

Prominence of bilateral perihilar bronchovascular markings is noted.

Rest of the lung fields appear normal.

Cardiac size is within normal limits.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Sugg: Clinical correlation.

DR. H.K. ANAND

DR. POOJA B.P

DR. SHWETHA S


DR. PRAJNA SHENOY

CONSULTANT RADIOLOGISTS

Name : Mrs. R.SARALA
PID No. : MED120883353
SID No. : 132204497
Age / Sex : 55 Year(s) / Female
Ref. Dr : MediWheel

Register On : 12/03/2022 11:57 AM
Collection On : 12/03/2022 12:28 PM
Report On : 13/03/2022 12:49 PM
Printed On : 15/03/2022 12:58 PM
Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	95.0	U/L	53 - 141
Total Protein (Serum/Phosphomolybdate/UV)	6.8	gm/dL	6.0 - 8.0
Albumin (Serum/Jaffe Kinetic / derived)	4.3	gm/dL	3.5 - 5.2
Globulin (Serum/RIA)	2.50	gm/dL	2.3 - 3.6
A : G RATIO (Serum/RIA)	1.72		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	245	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	77	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)	45.8	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	183.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	199.2	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.


DR.FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO:116685


Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.3		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)	1.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	7.2 (Rechecked)	%	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 %

Remark: Please correlate clinically, Repeat test with fresh sample if necessary.

Estimated Average Glucose (Whole Blood) 159.94 mg/dL

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.

HAEMATOLOGY

Complete Blood Count With - ESR

Absolute Eosinophil Count (AEC) (Blood/Automated Blood cell Counter)	0.66	10 ³ / µl	0.04 - 0.44
Absolute Lymphocyte Count (Blood/Automated Blood cell Counter)	2.88	10 ³ / µl	1.5 - 3.5
PCT (Blood)	0.26	%	0.18 - 0.28
MPV (Blood/Automated Blood cell Counter)	8.4	fL	8.0 - 13.3
Absolute Basophil count (Blood/Automated Blood cell Counter)	0.02	10 ³ / µl	< 0.2
Absolute Monocyte Count (Blood/Automated Blood cell Counter)	0.71	10 ³ / µl	< 1.0
Absolute Neutrophil count (Blood/Automated Blood cell Counter)	7.15	10 ³ / µl	1.5 - 6.6
RDW-CV (Blood)	13.6	%	11.5 - 16.0


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
RDW-SD (Blood)	52.7	fL	39 - 46
Haemoglobin (Blood/Automated Blood cell Counter)	12.0	g/dL	12.5 - 16.0
PCV (Packed Cell Volume) / Haematocrit (Blood/Automated Blood cell Counter)	36.5	%	37 - 47
RBC Count (Blood/Automated Blood cell Counter)	3.7	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (Blood/Automated Blood cell Counter)	97.5	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (Blood/Automated Blood cell Counter)	32.2	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (Blood/Automated Blood cell Counter)	33.1	g/dL	32 - 36
Platelet Count (Blood/Automated Blood cell Counter)	306	10 ³ / µl	150 - 450
Total WBC Count (TC) (Blood/Automated Blood cell Counter)	11400	cells/cu.mm	4000 - 11000

Differential Leucocyte Count

Neutrophils (Blood)	62.6	%	40 - 75
Lymphocytes (Blood)	25.4	%	20 - 45
Eosinophils (Blood)	5.7	%	01 - 06
Monocytes (Blood)	6.2	%	01 - 10
Basophils (Blood)	0.1	%	00 - 02

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

ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	10	mm/hr	< 30
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Immunology

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	0.67	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/ Chemiluminescent Immunometric Assay (CLIA))	6.18	µg/dl	4.2 - 12.0
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Casts (Urine)	Nil	/hpf	NIL
Urine Crystals (Stool)	Nil	/hpf	NIL
Others (Urine)	Nil		

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

-- End of Report --


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