



Name : Ms. J BHARATHI  
 PID No. : MED122452807  
 SID No. : 522402268  
 Age / Sex : 28 Year(s) / Female  
 Type : OP  
 Ref. Dr : MediWheel

Register On : 10/02/2024 9:47 AM  
 Collection On : 10/02/2024 12:19 PM  
 Report On : 10/02/2024 6:54 PM  
 Printed On : 12/02/2024 9:47 AM

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Basophils (Blood)	1.3	%	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)	5.69	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.57	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.37	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.45	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.12	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	360	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood)	8.1	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	<b>0.29</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	10	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	94.00	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)	<b>65.65</b>	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)	5.2	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.60	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	5.03	mg/dL	2.6 - 6.0
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.72	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.32	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.40	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	8.12	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	6.20	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	17.06	U/L	< 38
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	83.6	U/L	42 - 98
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Total Protein (Serum/Biuret)	7.10	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.25	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.85	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.49		1.1 - 2.2

**Lipid Profile**

Cholesterol Total (Serum/CHOD-PAP with ATCS)	112.61	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	58.93	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)	48.69	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	52.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	11.8	mg/dL	< 30



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	63.9	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	2.3		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.2		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)	1.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	5.7	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	116.89	mg/dL	
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**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 glycemc 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.

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.04	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)	6.44	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)	<b>8.64</b>	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.

**PHYSICAL EXAMINATION (URINE COMPLETE)**



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	25		
<b><u>CHEMICAL EXAMINATION (URINE COMPLETE)</u></b>			
pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.011		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
Leukocytes(CP) (Urine)	Negative		

**MICROSCOPIC EXAMINATION (URINE COMPLETE)**



MC-5606



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Pus Cells (Urine)	0-1	/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
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Crystals (Urine)	NIL	/hpf	NIL
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	5.2		6.0 - 22.0



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Investigation

Observed  
Value

Unit

Biological  
Reference Interval

URINE ROUTINE



APPROVED BY

-- End of Report --

Name	MS.J BHARATHI	ID	MED122452807
Age & Gender	28Y/FEMALE	Visit Date	10 Feb 2024
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size (13.2 cm) and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** - Partially distended.  
CBD is not dilated.

**PANCREAS** has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern.

#### **BOTH KIDNEYS**

**Right kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

**Left kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.3	1.4
Left Kidney	12.3	1.8

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

**UTERUS** is anteverted and has normal shape and size. It has uniform myometrial echopattern. Endometrial echo is of normal thickness - 5.6 mm.

Uterus measures LS: 4.9 cms      AP: 4.7 cms      TS: 3.0 cms.

**OVARIES** are normal in size, shape and echotexture

Right ovary measures 2.4 x 1.5 cm      Left ovary measures 2.5 x 2.1 cm.

POD & adnexa are free.

No evidence of ascites.

#### IMPRESSION:

- **No significant abnormality detected in the Abdomen & Pelvis.**

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**DR. HEMANANDINI V.N**  
**CONSULTANT RADIOLOGISTS**  
Hn/Sp

Name	MS.J BHARATHI	ID	MED122452807
Age & Gender	28Y/FEMALE	Visit Date	10 Feb 2024
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## 2D ECHOCARDIOGRAPHIC STUDY

### M-mode measurement:

AORTA	:	2.11	cms.
LEFT ATRIUM	:	2.62	cms.
AVS	:	1.47	cms.
<b>LEFT VENTRICLE</b>			
(DIASTOLE)	:	4.22	cms.
(SYSTOLE)	:	2.52	cms.
<b>VENTRICULAR SEPTUM</b>	:		
(DIASTOLE)	:	0.98	cms.
(SYSTOLE)	:	1.29	cms.
<b>POSTERIOR WALL</b>	:		
(DIASTOLE)	:	1.08	cms.
(SYSTOLE)	:	1.29	cms.
EDV	:	79	ml.
ESV	:	22	ml.
FRACTIONAL SHORTENING	:	40	%
EJECTION FRACTION	:	60	%
EPSS	:	----	cms.
RVID	:	1.80	cms.

### DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.8 m/s	A - 0.6 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.4 m/s	A - 0.3 m/s	NO TR.
PULMONARY VALVE:	0.8 m/s		NO PR.

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## **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 prolapsed.

Aortic Valve : Normal. Trileaflet.

Tricuspid Valve : Normal.

Pulmonary Valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

## **IMPRESSION:**

- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**DR. YASHODA RAVI**  
**CONSULTANT CARDIOLOGIST**

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**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:**

***No significant abnormality detected.***



**Dr.Hemanandini  
Consultant Radiologist**



Patient Name	Bharathi J	Date	10/2/2024
Age	28 yrs	Visit Number	522402269
Sex	Female	Corporate	Mediawheel

### GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 160 cm cms

Weight : 79 kgs

Pulse : 84 /minute

Blood Pressure : 120/70 mm of Hg

BMI : 28

#### BMI INTERPRETATION

**Underweight = <18.5**

**Normal weight = 18.5-24.9**

**Overweight = 25-29.9**

Chest :

Expiration : cms

Inspiration : cms

Abdomen Measurement : cms

Eyes : } NAD Ears : NAD

Throat : } Neck nodes : Not palpable

RS : Bil NRI ⊕ CVS : S1S2 ⊕

PA : Soft, B1 ⊕ CNS : common faint

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO

Dr. RITESH RAJ, MBBS  
General Physician & Diabetologies  
KMC Reg. No: 85875  
CCUMAX DIAGNOSTICS

Signature



28 Years

Female

QRS : 80 ms  
QT / QTcBaz : 338 / 397 ms  
PR : 164 ms  
P : 96 ms  
RR / PP : 722 / 722 ms  
P / QRS / T : 62 / 21 / 38 degrees

Normal sinus rhythm  
Normal ECG

