

Name : Ms. Vini M Latha  
PID No. : MED112126122  
SID No. : 924007720  
Age / Sex : 40 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 23/03/2024 7:50 AM  
Collection On : 23/03/2024 8:20 AM  
Report On : 23/03/2024 5:16 PM  
Printed On : 09/04/2024 5:09 PM



Investigation Observed Value Unit Biological Reference Interval

## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	8.6	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	28.3	%	37 - 47
RBC Count (EDTA Blood)	4.68	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	60.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	18.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	30.5	g/dL	32 - 36
RDW-CV (EDTA Blood)	18.7	%	11.5 - 16.0
RDW-SD (EDTA Blood)	40.7	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	8300	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	52.9	%	40 - 75
Lymphocytes (EDTA Blood)	35.3	%	20 - 45
Eosinophils (EDTA Blood)	2.2	%	01 - 06
Monocytes (EDTA Blood)	9.2	%	01 - 10



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Basophils (EDTA Blood)	0.4	%	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)	4.4	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.9	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.2	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.8	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood)	407	10 <sup>3</sup> / µl	150 - 450
MPV (EDTA Blood)	9.4	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	<b>0.382</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	6	mm/hr	< 20



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**BIOCHEMISTRY**

Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	90.38	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126
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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.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	49.86	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)	6.5	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.67	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)	2.49	mg/dL	2.6 - 6.0
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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	180.98	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	41.49	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>69.97</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	102.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	8.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	111.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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**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)	2.6		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)	0.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

Estimated Average Glucose 105.41 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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<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	9.7		6.0 - 22.0







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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

### CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5		4.5 - 8.0
Specific Gravity (Urine)	1.016		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



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Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Positive(+)		
<b><u>MICROSCOPIC EXAMINATION</u></b> <b><u>(URINE COMPLETE)</u></b>			
Pus Cells (Urine)	2-5	/hpf	NIL
Epithelial Cells (Urine)	2-5	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL
Others (Urine)	Bacteria Present		

**INTERPRETATION:** 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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Investigation

Observed Value

Unit

Biological Reference Interval

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'O' 'Positive'



APPROVED BY

-- End of Report --

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## PAP Smear by LBC( Liquid based Cytology )

PAP Smear by LBC( Liquid based Cytology )

Lab No : GC-713 /24

Nature of Specimen: Cervical smear

Specimen type : Liquid based preparation

Specimen adequacy : Satisfactory for evaluation

Endocervical / Transformation zone cells


: Absent

General categorization : Within normal limits

**DESCRIPTION** : Smear studied shows superficial squamous cells, intermediate cells and occasional parabasal cells in the background of sheets of neutrophils and lymphocytes.

**INTERPRETATION** : Negative for intraepithelial lesion or malignancy.



  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

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## 2D ECHOCARDIOGRAPHY

### Chambers

- normal in size, No RWMA at Rest. Left ventricle :
- 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

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<b>Mitral valve</b>	E	0.75	m/sec	A	0.58	m/sec	E/a:1.29
<b>Aortic Valve</b>	V max	1.2	m/sec	PG	5.9	mm	
Diastolic Dysfunction				<b>NONE</b>			

:2:

### M - Mode Measurement

Parameter	Observed Valve	Normal Range	
Aorta	26	26-36	Mm
Left Atrium	26	27-38	Mm
IVS	10	09-11	Mm
Left Ventricle - Diastole	44	42-59	Mm
Posterior wall - Diastole	10	09-11	Mm
IVS - Systole	14	13 - 15	Mm
Left Ventricle -Systole	26	21-40	Mm
Posterior Wall - Systole	14	13-15	Mm
Ejection Fraction	60	- >50	%

### IMPRESSION:

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- **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/ m**

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## ABDOMINO-PELVIC ULTRASONOGRAPHY

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

**GALL BLADDER** is minimally distended.

**PANCREAS** visualized portion of head and body appear normal.  
Tail is obscured by bowel gas.

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

**KIDNEYS** move well with respiration and have normal shape, size and echopattern.  
Cortico- medullary differentiations are well made out.  
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.4	1.0
Left Kidney	10.4	1.2

**URINARY BLADDER** show normal shape and wall thickness.  
It has clear contents.

**UTERUS** is retroflexed and mildly bulky in size with heterogeneous myometrium.  
Few intramural fibroids are noted, largest measuring 14 x 12mm in posterior wall.  
Anterior wall subserosal fibroid measuring 3.0 x 2.5cms is noted.  
Endometrium is thickened and measures 14.1mms.

Uterus measures as follows:

LS: 7.8cms      AP: 5.0cms      TS: 5.4cms.

..2

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**:2:**

## OVARIES

A cyst measuring 3.1 x 2.0cms is noted in right ovary. No internal septations / calcification / mural nodule. No significant vascularity on color Doppler

Ovaries measures as follows:

Right ovary: 3.2 x 1.7cms.

Left ovary is partially obscured to the extent visualized measures 2.3 x 1.8cms.

POD is free.

No evidence of ascites.

## Impression:

- ***Altered hepatic echopattern.  
Sugg: LFT correlation.***
- ***Mildly bulky uterus with heterogeneous myometrium - likely adenomyosis.***
- ***Uterine fibroids.***
- ***Thickened endometrium.***
- ***Cyst in right ovary as described - likely simple cyst.***

***Sugg: Clinical correlation and further evaluation.***

**DR. HITHISHINI H**  
**CONSULTANT RADIOLOGIST**  
*Hh/d*

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Name	Ms.Vini M Latha	ID	MED112126122
Age & Gender	40/FEMALE	Visit Date	23/03/2024
Ref Doctor Name	MediWheel		

**X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.**

**BILATERAL MAMMOGRAPHY**

Breast composition category IV- The breasts are extremely dense, which lowers the sensitivity of mammography

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

**BILATERAL SONOMAMMOGRAPHY**

Bilateral breasts show increased fibrostromal echotexture suggestive of fibroadenosis.

No evidence of focal solid / cystic areas.

No evidence of ductal dilatation.

Benign appearing bilateral axillary lymphnodes are seen, largest measuring 10 x 5mm (right) and 12 x 7mm (left).

***Impression: Fibroadenosis in bilateral breasts.***

**ASSESSMENT: BI-RADS CATEGORY -2**

**BI-RADS CLASSIFICATION**

**CATEGORY    RESULT**

2                      Benign finding. Routine mammogram in 1 year recommended.

**DR. HITHISHINI H**  
**CONSULTANT RADIOLOGIST**  
*Hh/d*

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Age & Gender	40/FEMALE	Visit Date	23/03/2024
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Name	Ms. Vini M Latha	ID	MED112126122
Age & Gender	40Y/F	Visit Date	Mar 23 2024 7:49AM
Ref Doctor	MediWheel		

**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: Essentially normal study.**



Dr. Geetha Priyadarshini  
Consultant Radiologist  
MBBS., MD(RD)., DNB