Medical Examination Report

NAME :	SONAM JAISWAL	**DATE :**	30/03/2024
AGE :	37	**CORPORATE/TPA:**	Mediwheel
GENDER :	Female	**Booking ID/ center:**	Shivajinagar

Vitals

Height (cm)	Weight (kg)	Blood Pressure	Pulse	BMI- kg/m2 Underweight=< 18.5 Normal Weight = 18.5 – 24.9 Overweight = 25- 29.9 Obesity =BMI od 30 or Greater
162	64	110/70	80	24.4

Eye Check-up

Far Vision		Near Vision		Colour Vision
Right	Left	Right	Left	
6/6	6/6	N-6	N-6	Normal

Dental Check – up: Done

Doctor Remark: _____

_____

_____

SONAM JAISWAL
KASHI KUNJ CLINIC AND DIAGNOSTIC << Conclusions >>
Name: SONAM JAISWAL
Sex: F Age: 35
Normal Sinus Rhythm
Cardiac electric axis normal.
Report need physician confirm
Physician

Patient Name : MRS. SONAM JAISWAL	**Age / Gender** : 35 Years / Female
Referral Doctor: MADYOSIS	**Collection Date** : 30/03/2024 09:10 AM
Pt.Type / ID : Direct/ 1459	**Reporting Date** : 02/04/2024 01:34 PM

COMPLETE BLOOD COUNT

Test Description	Value(s)	Unit	Reference Range
Hemoglobin Photometric	13.1	gms/dl	11 - 15
Total Leucocyte Count (WBC) Electrical impedence	6.3	x 10^3/L	4.0 - 11.0
Total Erythrocyte Count (RBC) Electrical impedence	5.42	x 10^6/L	3.5 - 5.5
Platelet count Electrical impedence	440	x 10^3/L	150 - 450
MPV	8.9	fL	6.5 - 12
PCT Electrical Impedence	0.31	%	0.10 - 0.50
PDW	14.5	%	9 - 17
RBC Indices			
HCT (P.C.V.)	43.4	%	35 - 48
MCV	**80.07**	fL	82 - 95
MCH	**24.17**	pg	25 - 33
MCHC	**30.18**	gm/dl	33 - 37
RDW-CV	13.9	%	11 - 14
RDW-SD	46.9	fL	40 - 55
Differential W.B.C. Count			
Neutrophil	59	%	40 - 70
Lymphocytes	31.9	%	20 - 40
Eosinophil	3.9	%	1 - 6
Monocytes	5.1	%	2 - 8
Basophils	0.1	%	0 - 1
Absolute Count			
Absolute Neutrophil Count	3.72	x10^3/L	1.5 - 8.0
Absolute Lymphocyte Count	**2.01**	x 10^3/L	-
Absolute Eosinophil Count	**0.25**	x 10^3/L	-
Absolute Monocyte Count	**0.32**	x 10^3/L	-
Absolute Basophil Count	**0.01**	x 10^3/L	-
	Peripheral Smear Findings		
Abnormalities of Erythrocytes	Normocytic Normochromic		
Abnormalities of Leucocytes	Within Normal Limits		
Platelets on smear	Adequate on smear		

Test performed on fully automated 5 part differential cell counter.

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COMPLETE BLOOD COUNT

Test Description	Value(s)	Unit	Reference Range

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ESR (ERYTHROCYTE SEDIMENTATION RATE)

Test Description	Value(s)	Unit	Reference Range
Erythrocyte Sedimentation Rate	14.9	mm/hr	30 or less
Wintrobe method			

Interpretation: It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

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URINE ROUTINE

Test Description	Value(s)	Unit	Reference Range
	Physical Examination		
Quantity	**10.3**	ml	-
Colour	Pale Yellow		Pale yellow/Yellow
Appearance	Clear		Clear
Specific Gravity	1.010		1.005-1.030
pH	Acidic		Acidic
Deposit	Absent		Absent
	Chemical Examination		
Protein	Absent		Absent
Sugar	Absent		Absent
Ketones	Absent		Absent
Bile Salt	Absent		Absent
Bile Pigment	Absent		Absent
Urobilinogen	Normal		Normal
	Microscopic Examination (/hpf)		
Pus Cell	Absent		Upto 5
Epithelial Cells	1-2		Upto 5
Red Blood Cells	Absent		Absent
Casts	Absent		Absent
Crystals	Absent		Absent
Bacteria	Absent		Absent

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BLOOD GROUP

Test Description	Value(s)	Unit	Reference Range
Sample Type : WHOLE BLOOD EDTA			
Blood Group :	A Rh Positive		

METHOD : Monoclonal blood grouping (Agglutination test) by slide method

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BLOOD GLUCOSE LEVEL (FASTING)

Test Description	Value(s)	Unit	Reference Range
Glucose Fasting	84.2	mg/dl	70 - 110

Interpretation : Fasting Blood Sugar more than 126 mg/dl on more than one occasion can indicate Diabetes Mellitus.

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BLOOD GLUCOSE LEVEL - PP (POST PRANDIAL)

Test Description	Value(s)	Unit	Reference Range
BSL POST PRANDIAL SUGAR	112.1	mg/dl	90 - 150

Interpretation : A postprandial glucose reading of 141-199 mg/dl indicates prediabetes.A postprandial reading over 200 mg/dl indicates diabetes.

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GLYCOSYLATED HAEMOGLOBIN (GHB / HBA1c)

Test Description	Value(s)	Unit	Reference Range
HbA1c H.P.L.C	6.9	%	Below 6.0% - Normal Value 6.0% - 7.0% - Good Control 7.0% - 8.0% - Fair Control 8.0% - 10% - Unsatisfactory Control Above 10% - Poor Control
Mean Blood Glucose (Estimated average glucose)	117	mg/dl	

Interpretation:

Test Description:

Glucose combines with Hb continuously and nearly irreversibly during the life span of RBC (120 days). Therefore, glycosylated Hb (GHb) wil be proportional to mean plasma glucose level during previous 6- 12 weeks.
Normal range (ADA 2010 recommendations):
1. Less than 5.7%
.2 5.7-6.4% increased risk for diabetes
.3 Greater than 6.4% diabetic range
TheformularecommendedotcalculateAeGsiAeGm(g/dL)=287. xhemoglobinA1c-467.
Test Interpretation:
HBA1C test should be performed at least two times a year ni patients who are meeting treatment goals (and who have stable glycemic control). A1C test should be performed quarterly ni patients whose therapy haschanged or who are not meeting glycemic goals. Lowering A1C ot below or around %7 has been shown ot reduce microvascular and neuropathic complications of type 1and type diabetes

HBA1C increased in:

Chronic renal failure with or without hemodialysis.
Iron deficiency anemia.
Splenectomy.
Increased serum triglycerides.
Alcohol ingestion.
Lead and opiate toxicity.
Salicylate treatment.

HBA1C decreased in:

Shortened RBC life span (e.g., hemolytic anemias, blood loss)
Folowing transfusions
Pregnancy
Ingestion of large amounts (Greater than 1g/day) of vitamin Cor vitamin E
Hemoglobinopathies (e.g., spherocytes), which produce variable increase or decrease depending on asay method.

Reflex Test: CBC, C-peptide, Insulin Fasting, GGT, Lipid Profile, Urinary microalbumin.

References: Wallach's Interpretation of Diagnostic Tests TENTH EDITION

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THYROID FUNCTION TEST (TFT)

Test Description	Value(s)	Unit	Reference Range
T3 (Triiodothyronine) CMIA	99.82	ng/ml	-
T4 (Thyroxine) CMIA	11.88	µg/ml	-
TSH -Thyroid Stimulating Hormone CMIA	3.833	µIU/mL	-

Pregnancy & Cord Blood

TSH (Thyroid Stimulating Hormone)	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

Interpretation

Thyroid gland is a butterfly-
shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should. Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine
(T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism. Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism. TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4. The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

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LIPID PROFILE

Test Description	Value(s)	Unit	Reference Range
Total Cholesterol	135	mg/dl	Low < 125 Desirable : < 200 Borderline High : 201 - 240 High : > 240
Triglycerides	125	mg/dl	Low < 25 Normal : < 150 Borderline High : 151 - 199 High : 200
HDL Cholesterol	42.3	mg/dl	< 35 Low 80 High
Non HDL Cholesterol	**92.70**	mg/dl	Desirable : < 130 Boderline high : 130 - 159 High : 160
LDL Cholesterol	**67.70**	mg/dl	Low < 85 Optimal : <100 Near / Above Optimal : 101 - 129 Borderline High : 130 - 159 High : 160
VLDL Cholesterol	25.00	mg/dl	Below 40
TOTAL CHOL/HDL Ratio	3.19	-	Desirable/Low Risk : 3.3 - 4.4 Borderline/Middle Risk : 4.5 - 7.1 Elevated/High Risk : 7.2 - 11.0
LDL/HDL Ratio	1.60	-	Desirable/Low Risk : 0.5 - 3.0 Borderline/Middle Risk : 3.1 - 6.0 Elevated/High Risk : >6.1
Appearance of Serum	Clear		

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URIC ACID

Test Description	Value(s)	Unit	Reference Range
Uric Acid	3.4	mg/dl	2.6 - 6.0

Interpretation :

Test Description:

•Uric acid is metabolite of purines, nucleic acids and nucleoproteins.
•Consequently,abnormal levels may be indicative of a disorder in the metabolism of these substances.

Test Interpretation:

•Hyperuricemia may be observedni renal dysfunction, gout, leukemia, polycythemia, atherosclerosis, diabetes, hypothyroidism, orni some genetic diseases.
• Decreased levels are present ni patients with Wilson's disease.
Test Limitation:
• Ascorbate, bilirubin, glucose, hemoglobin, intralipid are potentially interfering endogenous substances.
• For diagnostic purpose, the test finding should always be assessed ni conjunction with the patient's medical history, clinical examinations and other
findings.

Reflex Test:

•Creatinine

References: Alinity ci (Kit Insert).

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BLOOD UREA NITROGEN

Test Description	Value(s)	Unit	Reference Range
Blood Urea Serum,Urease	15.2	mg/dl	17 - 45
BUN* Serum,Calculated	11.2	mg/dL	7 - 18.0

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CREATININE

Test Description	Value(s)	Unit	Reference Range
CREATININE (Serum, jaffe's method)	0.8	mg/dl	0.6 - 1.2

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LIVER FUNCTION TEST (LFT)

Test Description	Value(s)	Unit	Reference Range
Bilirubin Total	0.9	mg/dL	0.2 - 1.2
Bilirubin Direct	0.2	mg/dL	0.0 - 0.3
Bilirubin Indirect	0.70	mg/dL	0.2 - 0.9
SGOT (AST)	32.3	U/L	0 - 45
SGPT (ALT)	28.3	U/L	0 - 45
GAMMA GLUTAMYL TRANSFERASE (G.G.T.)	36.3	-	0 - 38
Alkaline Phosphatase	123.3	U/L	80 - 360
Protein Total	4.5	g/dL	6.0 - 8.3
Albumin	3.4	g/dL	3.2 - 5.0
Globulin	**1.10**	g/dL	2.5 - 3.3
A/G Ratio	**3.09**	-	1.0 - 2.1

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X - RAY OF CHEST PA VIEW

X-RAY CHEST PA VIEW

TECHNIQUE :- 1 view obtained.

FINDINGS :-

The lung on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

The domes of the diaphragms are normal in position,and show smooth outline.

IMPRESSION :- No significant abnormality detected

ADVICE :- Clinical correlation and follow uP.

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Dr. PRATIBHA GAWANDE
CONSULTANT RADIOLOGIST

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PAP SMEAR REPORT (PAP) (PLAIN)

CYTOLOGY

CYTOLOGY NO	C- 548/26.
CLINICAL HISTORY	35 Yrs Female.
NUMBER OF SMEARS EXAMINED	One.
SPECIMEN ADEQUACY	Satisfactory for evaluation. Mainly Superficial, intermediate cells seen.
EPITHELIAL CELL ABNORMALITY	Not Seen.
ENDOCERVICAL CELLS	Not Seen.
ORGANISMS	Not Seen.
OTHER NON NEOPLASTIC FINDINGS	Polymorphs-Few.
IMPRESSION	Negative for intraepithelial lesion/malignancy.

END OF REPORT

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Ref Doctor :	Madyosis	**Date:**	30-3-2024

USG ABDOMEN AND PELVIS

Liver is **normal in size** and shows **normal** echogenicity. No evidence of focal lesion. No IHBR dilatation. Portal vein and common bile duct appear normal in course and caliber.

Gall bladder well distended and shows normal wall thickness. No pericholecystic collection is seen. CBD is normal.

Pancreas Visualized regions appear normal in size and echotexture. No focal lesion seen.
Spleen It is normal in size and shows normal echotexture. No focal lesion seen.

Right kidney appears normal in size, shape and echotexture. Corticomedullary differentiation is maintained. No hydronephrosis / hydroureter is noted.

Left kidney appears normal in size, shape and echotexture. Corticomedullary differentiation is maintained. No hydronephrosis / hydroureter is noted.

Urinary bladder Is well distended and shows normal wall thickness. **No focal lesion is seen.**

Uterus appears normal in size. Endometrial complex appears normal.
Both ovaries are normal in size and echotexture.
Bowel loops appear normal and show normal peristalsis.

No evidence of abdominal lymphadenopathy/free fluid in abdomen and pelvis.

IMPRESSION: USG abdomen and pelvis study does not reveal significant abnormality.

Dr.Pratibha Gawande
Consultant Radiologist

(**Note**: Above us report is subject to findings evident at the time of scan & associated bowel gases.This modality has its own limitations & should be considered as a professional opinion . clinical correlation is advised to arrive at a diagnosis. This report cannot be used for medico- legal purpose.)

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