Name	: **Mrs. GUNDAM SUSMITHA**		
PID No.	: MED122430806	**Register On**	: 27/01/2024 9:54 AM
SID No.	: 522401442	**Collection On**	: 27/01/2024 12:28 PM
Age / Sex	: 24 Year(s) / Female	**Report On**	: 27/01/2024 7:53 PM
Type	: OP	**Printed On**	: 23/03/2024 2:49 PM
Ref. Dr	: **MediWheel**		

medall DIAGNOSTICS

Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination)*	'O' 'Positive'		

INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/*Spectrophotometry)*	**12.0**	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	**36.9**	%	37 - 47
RBC Count (EDTA Blood)	4.27	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	86.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.5	g/dL	32 - 36
RDW-CV	13.8	%	11.5 - 16.0
RDW-SD	41.78	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7400	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	60.8	%	40 - 75
Lymphocytes (Blood)	30.9	%	20 - 45
Eosinophils (Blood)	**0.5**	%	01 - 06
Monocytes (Blood)	7.1	%	01 - 10

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The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (Blood)	0.7	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	4.50	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.29	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	**0.04**	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.53	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.05	10^3 / µl	< 0.2
Platelet Count (EDTA Blood)	304	10^3 / µl	150 - 450
MPV (Blood)	8.1	fL	8.0 - 13.3
PCT (*Automated Blood cell Counter*)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	7	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP*)	91.36	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*)	72.37	mg/dL	70 - 140

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Investigation	Observed Value	Unit	Biological Reference Interval
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.			
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived)*	7.5	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	0.64	mg/dL	0.6 - 1.1
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)*	3.54	mg/dL	2.6 - 6.0
Liver Function Test			
Bilirubin(Total) (Serum/*DCA with ATCS)*	1.20	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	**0.42**	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.78	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	16.70	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	13.01	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	12.54	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	50.2	U/L	42 - 98
Total Protein (Serum/*Biuret)*	6.96	gm/dl	6.0 - 8.0

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Investigation	Observed Value	Unit	Biological Reference Interval
Albumin (Serum/*Bromocresol green)*	4.46	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	2.50	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	1.78		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS)*	121.17	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS)*	80.87	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)*	**40.64**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated)*	64.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	16.2	mg/dL	< 30

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Investigation	Observed Value	Unit	Biological Reference Interval
Non HDL Cholesterol (Serum/*Calculated*)	80.5	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	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*)	2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	1.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/*HPLC*)	4.9	%	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 (Whole Blood)	93.93	mg/dL

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Investigation	Observed Value	Unit	Biological Reference Interval

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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*ECLIA*)	1.36	ng/ml	0.7 - 2.04

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*)	9.30	µg/dl	4.2 - 12.0

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*)	2.97	µIU/mL	0.35 - 5.50

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.

PHYSICAL EXAMINATION (URINE COMPLETE)

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Investigation	Observed Value	Unit	Biological Reference Interval
Colour (Urine)	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)	1.014		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)			

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Investigation	Observed Value	Unit	Biological Reference Interval
Pus Cells (Urine)	**0-1**	/hpf	NIL
Epithelial Cells (Urine)	**2-5**	/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
Crystals (Urine)	NIL	/hpf	NIL

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Investigation	Observed Value	Unit	Biological Reference Interval
BUN / Creatinine Ratio	11.7		6.0 - 22.0

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Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE			

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Name	Mrs.GUNDAM SUSMITHA	ID	MED122430806
Age & Gender	24/FEMALE	Visit Date	27/01/2024
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

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

GALL BLADDER shows normal shape and has clear contents. Wall is of normal thickness. CBD is of normal calibre.

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	10.1	1.4
Left Kidney	9.9	1.6

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

No evidence of ascites.

IMPRESSION:

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

DR. SHWETHA S

Name	Mrs.GUNDAM SUSMITHA	ID	MED122430806
Age & Gender	24/FEMALE	Visit Date	27/01/2024
Ref Doctor Name	MediWheel		

CONSULTANT RADIOLOGIST

Sw/Mi

REPORT DISCLAIMER

1.This is only a radiologincal imperssion.Like other investigations, radiological investication also have limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and pathological findings.

2.The results reported here in are subject to interpretation by qualified medical professionals only.

3.Customer identities are accepted provided by the customer or their representative.

4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.

5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.

6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the refrering doctor/patient can contact the respective section head of the laboratory.

7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,

8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.

9.Liability is limited to the extend of amount billed.

10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.

11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

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Age & Gender	24Y/F	Visit Date	Jan 27 2024 9:53AM
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*: *No significant abnormality detected.

DR.S.SHWETHA.,MDRD,
CONSULTANT RADIOLOGIST

Name	Mrs.GUNDAM SUSMITHA	ID	MED122430806
Age & Gender	24/FEMALE	Visit Date	27/01/2024
Ref Doctor Name	DR. SHWETHA S,~RADIOLOGIST		

PELVIC SCAN

Uterus is normal in size with normal shape and outline.

Endometrium is mildly thickened, measures 14.4 mm

An oval anechoic focus measuring 5.0 mm is seen within the thickened endometrium. It is surrounded by thin echogenic rim - suspicious of gestational sac.

No yolk sac or embryonic pole is seen at the time of scan.

Internal Os is closed.

Ovaries are normal.

No free fluid in the pouch of Douglas.

IMPRESSION:

- **Thickened endometrium with an oval anechoic focus suspicious of gestational sac - suggested Beta HCG and clinical correlation for the possibility of early intrauterine pregnancy / Retained products of conception.**

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