

Name : Ms. Latha S
PID No. : MED410192298
SID No. : 924033524
Age / Sex : 50 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 26/10/2024 8:55 AM
Collection On : 26/10/2024 9:54 AM
Report On : 26/10/2024 3:31 PM
Printed On : 27/10/2024 12:14 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/SLS Hemoglobin method)	13.4	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/RBC pulse height detection method)	38.1	%	37 - 47
RBC Count (EDTA Blood/Impedance/Coulter Principle)	4.43	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Calculated)	85.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Calculated)	30.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Calculated)	35.2	g/dL	32 - 36
RDW-CV (EDTA Blood/Calculated)	13.2	%	11.5 - 16.0
RDW-SD (EDTA Blood/Calculated)	39.69	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance/Coulter Principle)	7800	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Flow cytometry)	63.3	%	40 - 75
Lymphocytes (EDTA Blood/Flow cytometry)	25.4	%	20 - 45
Eosinophils (EDTA Blood/Flow cytometry)	4.5	%	01 - 06
Monocytes (EDTA Blood/Flow cytometry)	6.3	%	01 - 10
Basophils (EDTA Blood/Flow cytometry)	0.5	%	00 - 02

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




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Senior Consultant Pathologist
KMC Reg. No.: 111248
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Absolute Neutrophil count (EDTA Blood/Calculated)	4.94	10 ³ / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Calculated)	1.98	10 ³ / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Calculated)	0.35	10 ³ / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Calculated)	0.49	10 ³ / μl	< 1.0
Absolute Basophil count (EDTA Blood/Calculated)	0.04	10 ³ / μl	< 0.2
Platelet Count (EDTA Blood/Impedance/Coulter Principle)	186	10 ³ / μl	150 - 450
MPV (EDTA Blood/Calculated)	9.2	fL	8.0 - 13.3
PCT (EDTA Blood/Calculated)	0.17	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Capillary Photometry Technology)	5	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/Hexokinase)	228.10	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/Hexokinase)	Negative	Negative
Glucose Postprandial (PPBS) (Plasma - PP/Hexokinase)	227.72	70 - 140

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/Hexokinase)	+	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.6	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.55	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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	4.50	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	1.08	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.41	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.67	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	33.51	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	51.58	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	57.78	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	88.1	U/L	42 - 98
Total Protein (Serum/Biuret)	7.29	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.92	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.37	gm/dL	2.3 - 3.6



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A : G RATIO (Serum/Derived)	2.08		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	201.43	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	281.72	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)	37.16	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	108	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	56.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	164.3	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)	5.4		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)	7.6		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)	2.9		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)	8.7	%	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)	202.99	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)	0.880	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)	9.16	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)	1.45	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)

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
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Specific Gravity (Urine)	1.015		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)

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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BUN / Creatinine Ratio	17.45		6.0 - 22.0



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Investigation

Observed
Value

Unit

Biological
Reference Interval

URINE ROUTINE




Dr. Noopur Srivastava
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-- End of Report --

Name	Latha S	ID	MED410192298
Age & Gender	50-Female	Visit Date	10/26/2024 4:50:55 PM
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

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

GALL BLADDER : Post cholecystectomy status.

PANCREAS visualized portion of head appears normal. Rest 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 madeout.
 No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.9	2.0
Left Kidney	11.2	1.6

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

UTERUS L Post hysterectomy status.

OVARIES are normal size, shape and echotexture
 Ovaries measures as follows:
 Right ovary: 2.0 x 1.5cm
 Left ovary: 2.1 x 2.1cm

POD & adnexa are free. No evidence of ascites.

Impression:

- **Grade II fatty liver.**

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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.
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DR. K. CHAKRADHAR
CONSULTANT RADIOLOGIST
Kc/Sk

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Age & Gender	50-50-Female	Visit Date	10/26/2024 4:50:55 PM
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X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.

BILATERAL MAMMOGRAPHY

Type II breasts - scattered areas of fibroglandular density.

Asymmetry noted in upper outer quadrant of right breast.

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

Bilateral lymph nodes.

BILATERAL SONOMAMMOGRAPHY

Both the breasts show normal echopattern.

Oval wider than taller hypoechoic mass measuring 1.3 x 0.3cm and 6 x 2mm at 4O clock position of left breast - likely fibroadenoma.

No evidence of ductal dilatation.

Bilateral axillary benign appearing lymph nodes with cortical thickness measuring 1.3mm of right side and 2.0mm on left side.

Impression:

- ***Oval wider than taller hypoechoic mass in left breast - likely fibroadenoma. BIRADS II***

ASSESSMENT: BI-RADS CATEGORY -II

BI-RADS CLASSIFICATION

CATEGORY RESULT

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2 Benign finding. Routine mammogram in 1 year recommended.

DR. SUMIYA NOOR UL AIEN
CONSULTANT RADIOLOGIST

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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. APARNA

CONSULTANT RADIOLOGIST

MEDALL CLUMAX DIAGNOSTICS

Customer Name	MS. LATHA. S.	Customer ID	MED41019 2298
Age & Gender	50 Y/F	Visit Date	26/10/24

Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	NS	NS
Distance Vision	6/6	6/6
Colour Vision	(2)	(2)

Observation / Comments:

Normal



50 Years Female


QRS : 82 ms
QT / QTcBaz : 378 / 430 ms
PR : 138 ms
P : 106 ms
RR / PP : 770 / 769 ms
P / QRS / T : 29 / 5 / 26 degrees

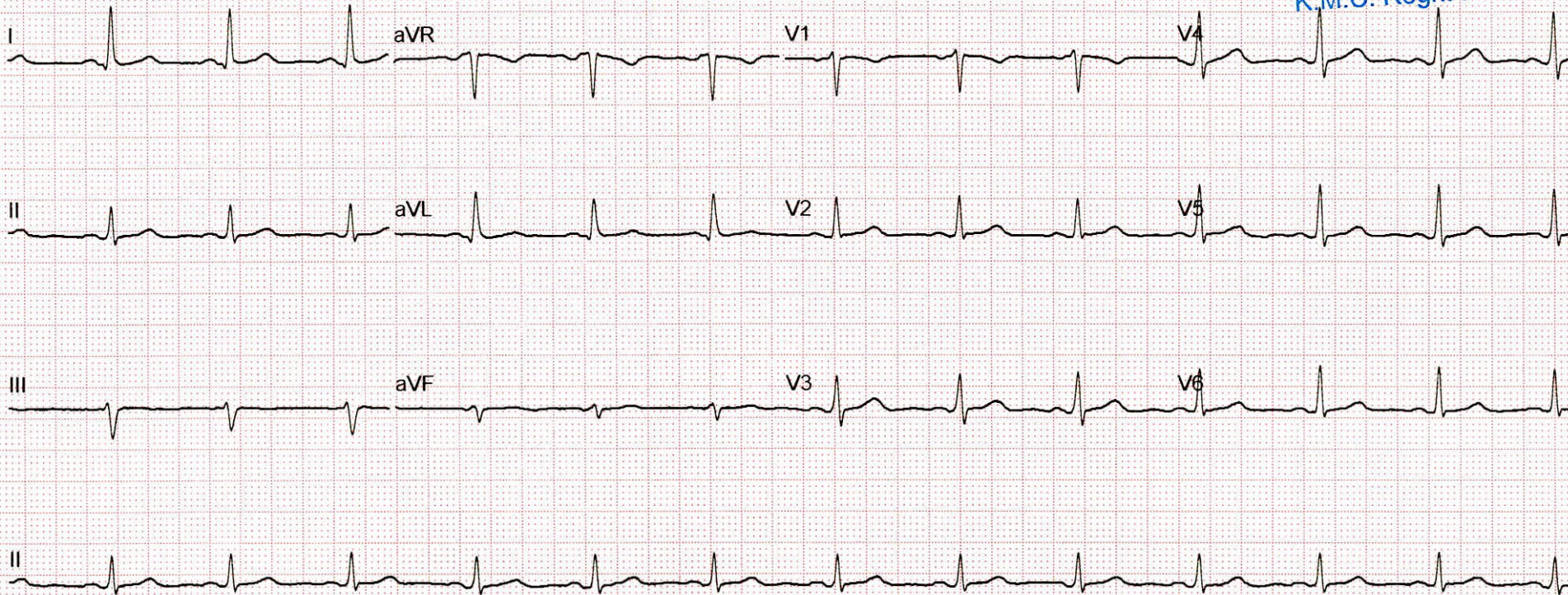


Sinus Rhythm.
Normal Study.

Technician: MEGHA
Ordering Ph:
Referring Ph: MEDIWHEEL
Attending Ph:

(Needs Clinical Correlation
for further Management)


Dr. Sathwik Raj V A, MD, DM
Asst. Prof. of Cardiology
K.M.C. Regn. No. 96177



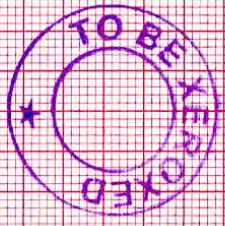
ID: 410192298

50years

Female

26-Oct-2024
12:54:26

Referred by: MEDIMHRELL
Test ind: IHD SCREENING



BRUCH Total Exercise time: 7:47
 Max HR: 166bpm 97% of max predicted 170bpm
 Max BP: 150/90 Maximum workload: 9.7METS
 Reason for Termination:
 Comments: GOOD EFFORT TOLERANCE NORMAL HR AND BP RESPONSE
 NO ANGINA/ARRHYTHMIA
 NO SIGNIFICANT ST-T CHANGES NOTED DURING EXERCISE
 IMP STRESS TEST IS NEGATIVE FOR INDUCIBLE ISHEMIA
 *** NEEDS CLINICAL CORRELATION AND FURTHER MANAGEMENT***
 *** DR SATHWIK RAJ MD DM CARDIOLOGIST***

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST EXERCISE	SUPINE	4:41	***	***	1.0	81	130/70	105
	STAGE 1	3:00	1.7	10.0	4.6	117	130/70	152
	STAGE 2	3:00	2.5	12.0	7.0	143	150/90	215
RECOVERY	STAGE 3	1:47	3.4	14.0	9.7	166	150/90	249
	Post	4:15	***	***	1.0	93	130/70	121

Technician: SONU

CLUMAX DIAGNOSTICS

Unconfirmed

MAC55 010Bsp1

(Signature)
 Dr. Sathwik Raj V. A. MD, DM
 Asst. Prof. of Cardiology
 K.M.C. Regn. No. 96177

ID: 410192298

26-Oct-2024
12:54:26

50years

Female

BRUGER

Total Exercise time: 7:47

25.0 mm/s

Max HR: 166bpm 97% of max predicted 170bpm

10.0 mm/mV

Max BP: 150/90

Maximum workload: 9.7MEETS

100hz

Reason for Termination:

Comments: GOOD EFFORT TOLERANCE NORMAL HR AND BP RESPONSE

NO ANGINA/ARRHYTHMIA

NO SIGNIFICANT ST-T CHANGES NOTED DURING EXERCISE

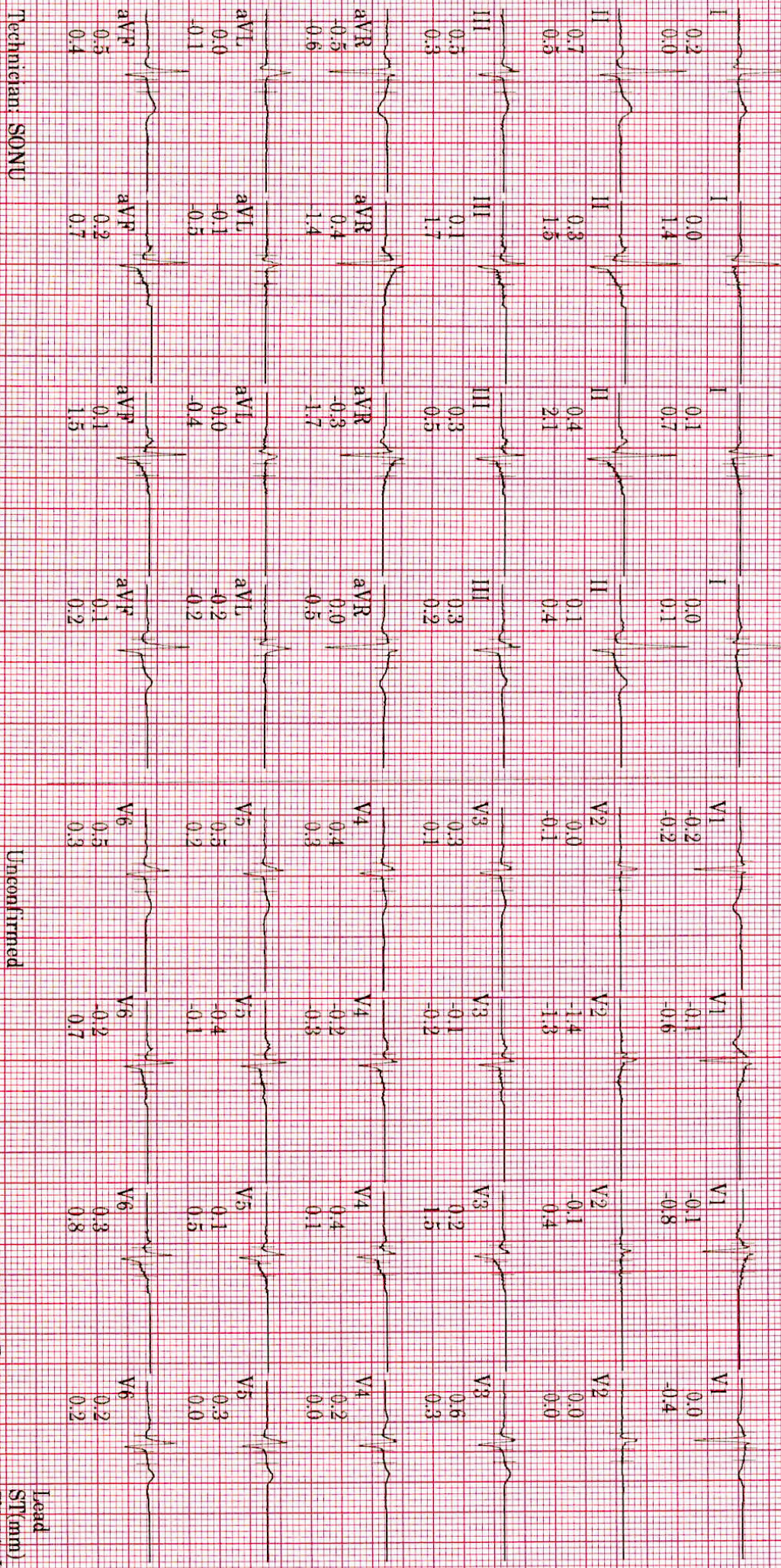
IMP-STRESS TEST IS NEGATIVE FOR INDUCIBLE ISHEMIA

*** NEEDS CLINICAL CORRELATION AND FURTHER MANAGEMENT***

*** DR SATHWIK RAJ MD,DM CARDIOLOGIST***

Referred by: MEDIWHEEL
Test ind: IHD SCREENING

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
0:00 81bpm BP: 130/70	6:33 155bpm BP: 150/90	7:47 166bpm BP: 150/90	4:15 93bpm BP: 130/70	0:00 81bpm BP: 130/70	6:33 155bpm BP: 150/90	7:47 166bpm BP: 150/90	4:15 93bpm BP: 130/70



Technician: SONU
GLUMAX DIAGNOSTICS
Unconfirmed
MAC55 010Bsp1
Lead ST(mm) Slope(mV/s)

ID: 410192298

26-Oct-2024
12:58:53

79bpm

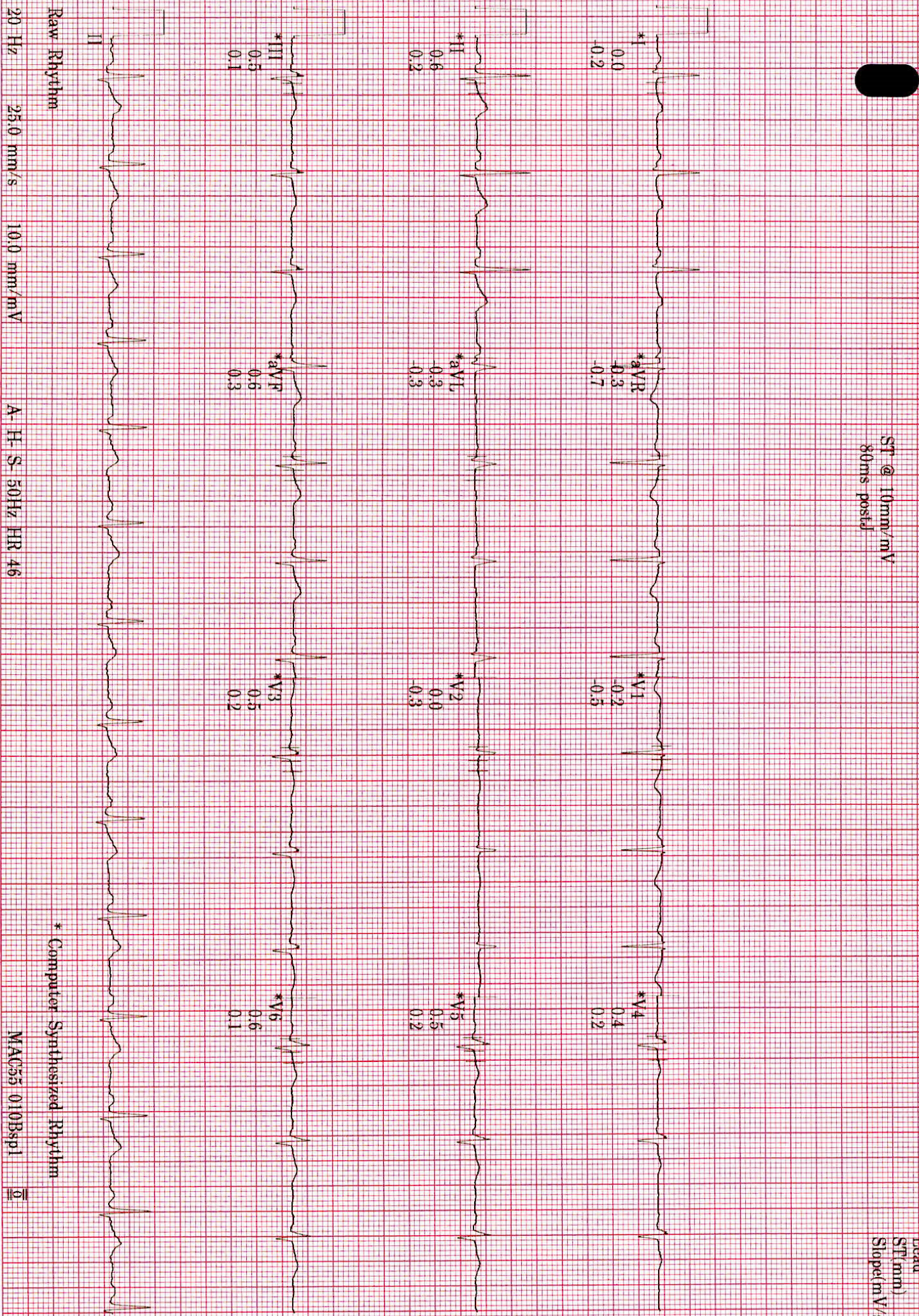
BP: 130/70

PRETEST
SUPINE
4:27

BRUCE
**mph
**%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



ID: 410192298

26-Oct-2024
13:01:57

116bpm

BP: 130/70

EXERCISE
STAGE 1

2:50

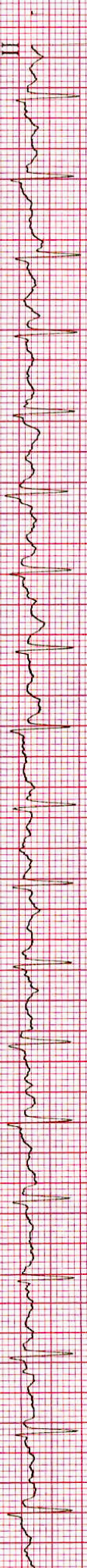
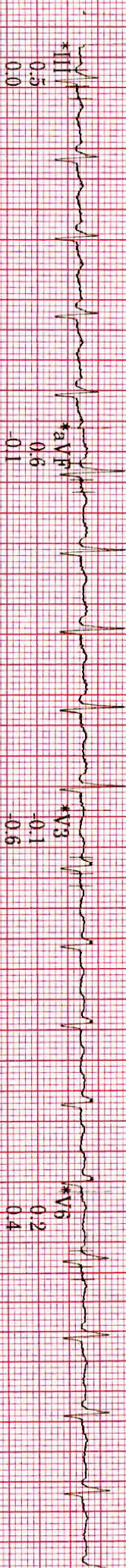
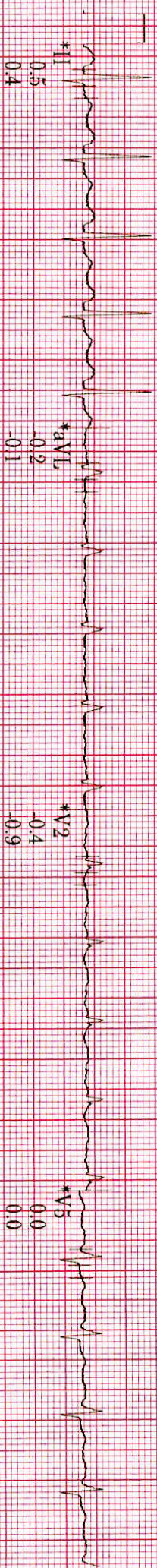
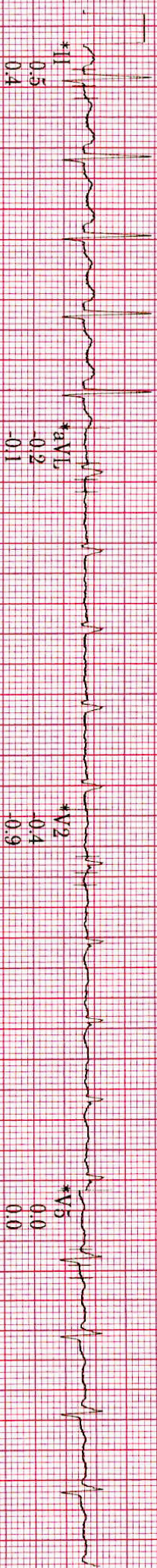
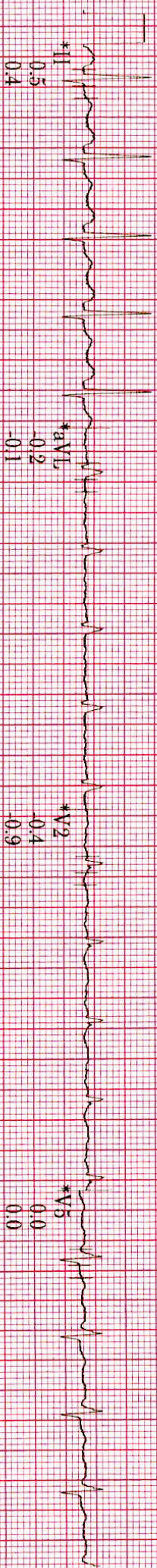
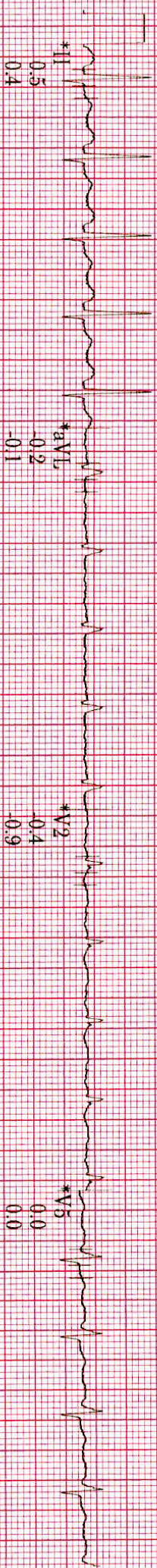
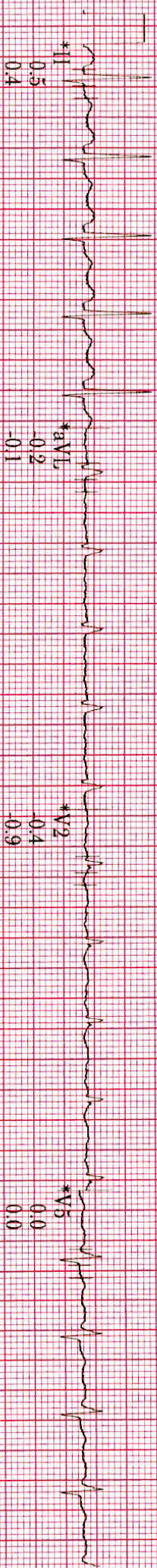
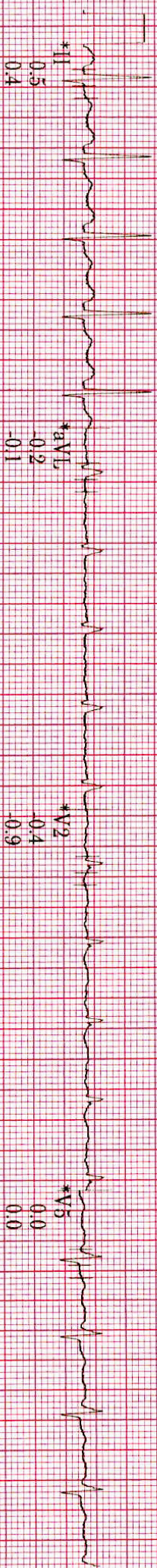
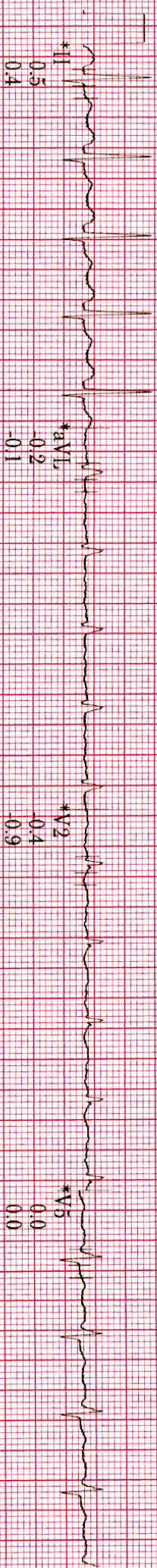
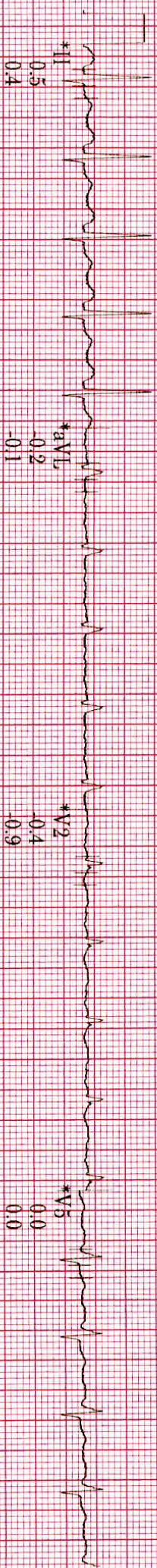
BRUCE

1.7mph

10.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

20 Hz 25.0 mm/s

10.0 mm/mV

A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010Bsp1

3

ID: 410192298

26-Oct-2024
13:04:57

138bpm

EXERCISE
STAGE 2

5:50

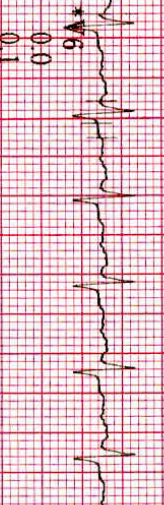
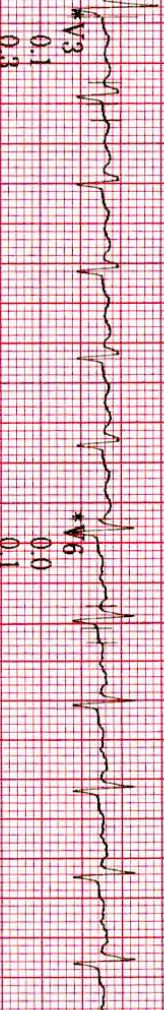
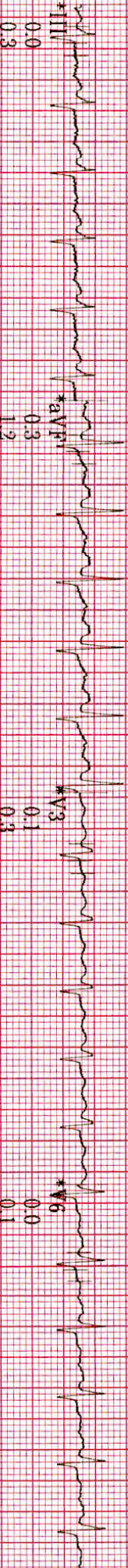
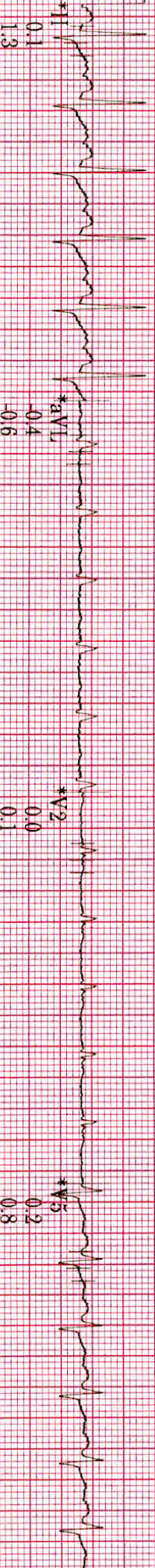
BRUCE

2.5mph

12.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

20 Hz

25.0 mm/s

10.0 mm/mV

A-H-S-50Hz HR 46

* Computer Synthesized Rhythm

MAC35 010Bsp1

0



ST @ 10mm/mV
80ms postJ

165bpm

BP: 150/90

EXERCISE
STAGE 3

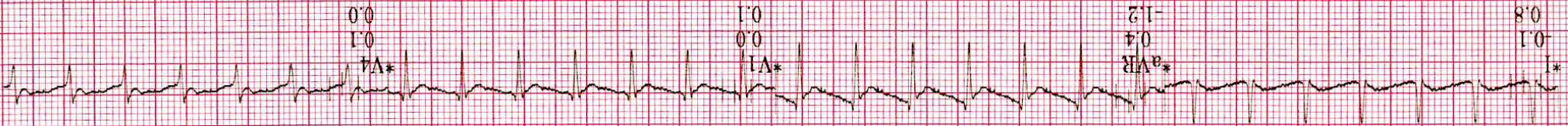
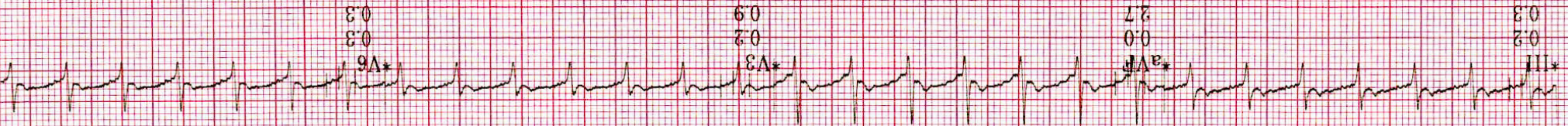
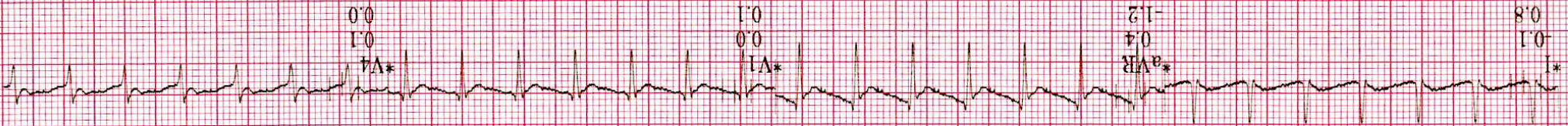
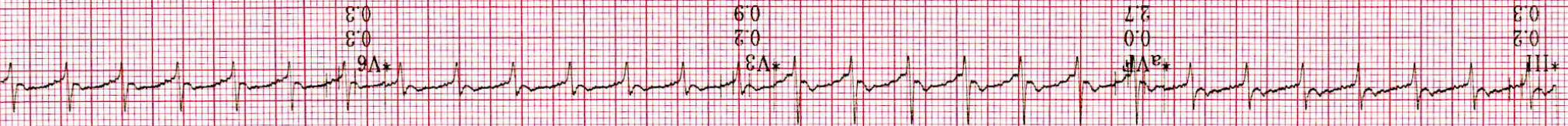
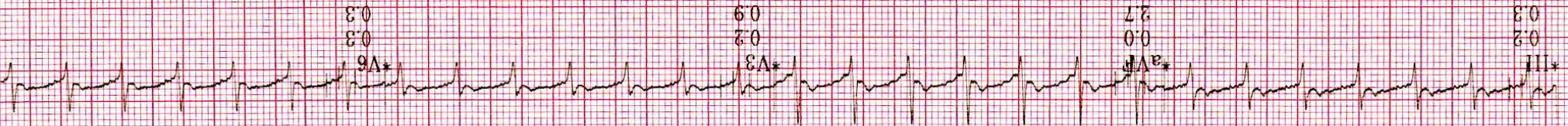
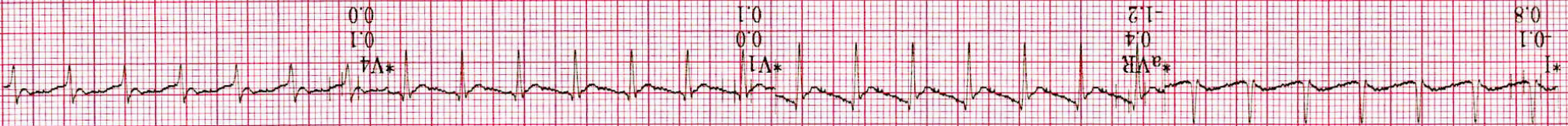
7:36

BRUCE

3.4mph

14.0%

Lead
ST(mm)
Slope(mV/s)



Raw Rhythm

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

MAC55 010Bsp1

ID: 410192298

26-Oct-2024
13:07:54

110bpm

RECOVERY
Post

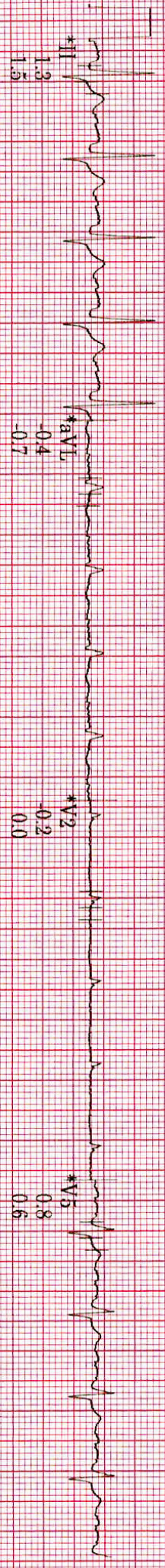
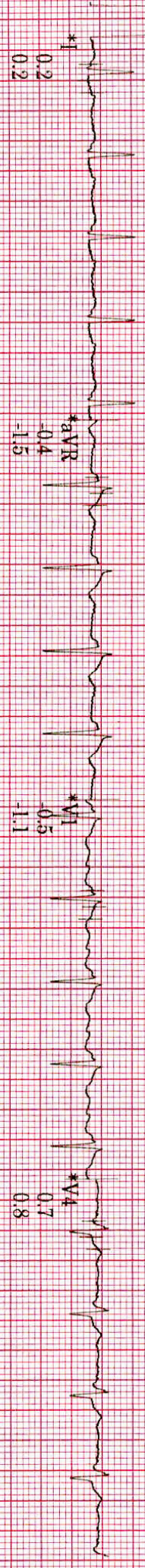
1:00

BRUCE

***mph
***/%

ST @ 10mm/mV
80ms postJ

Lead
ST(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR: 46

P/N 2009828-020

Vital Signs™

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MAC55 010Bsp1

II

ID: 410192298

98bpm

26-Oct-2024*
13:09:54

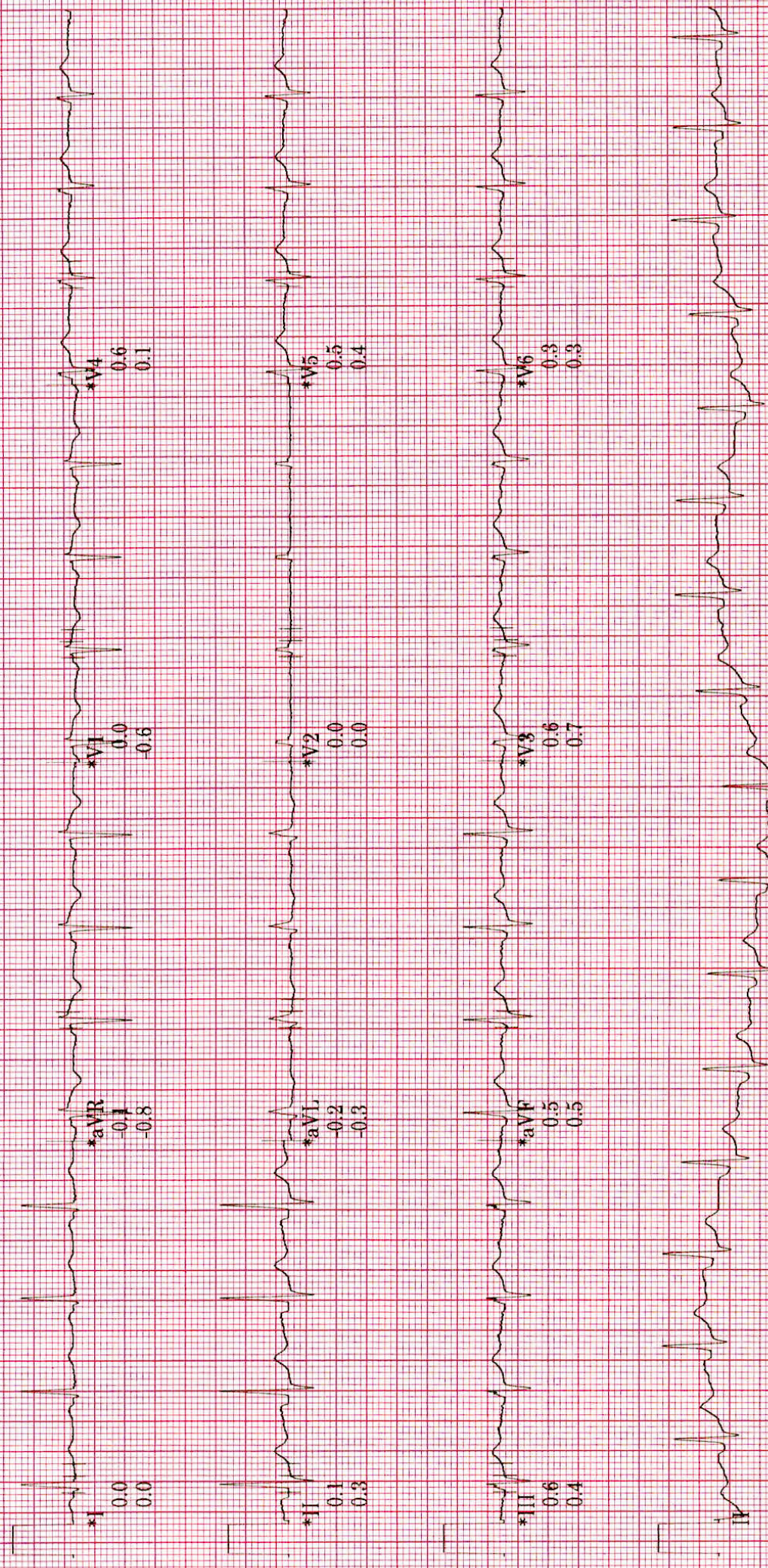


ST @ 10mm/mV
80ms postd

RECOVERY
Post
3:00

BRUCE
** *mph
** *%

Lead
ST (mm)
Slope (mV/s)



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A H S 50Hz HR 46

* Computer Synthesized Rhythm

MAC55 010Bsp1

ID: 410192298

26-Oct-2024
13:10:55

94bpm

BP: 130/70

RECOVERY

Post

4:00

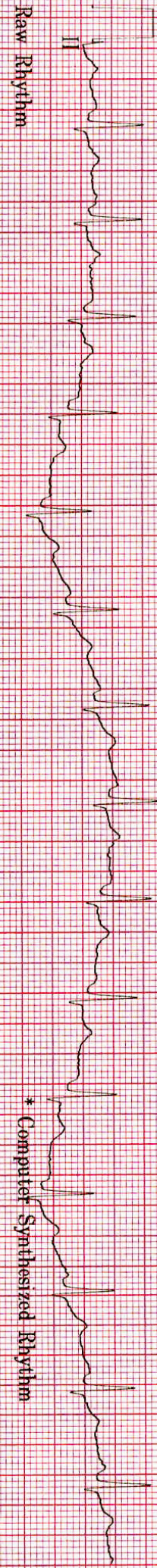
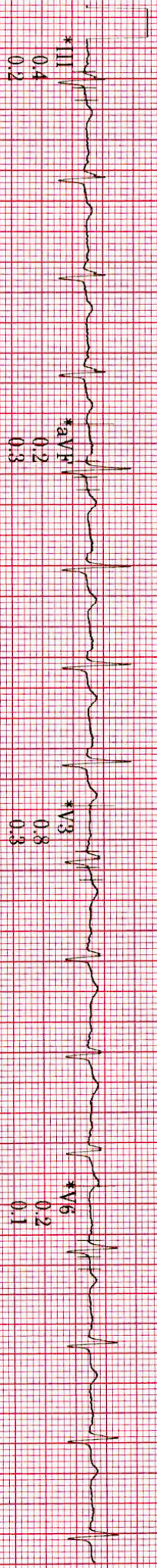
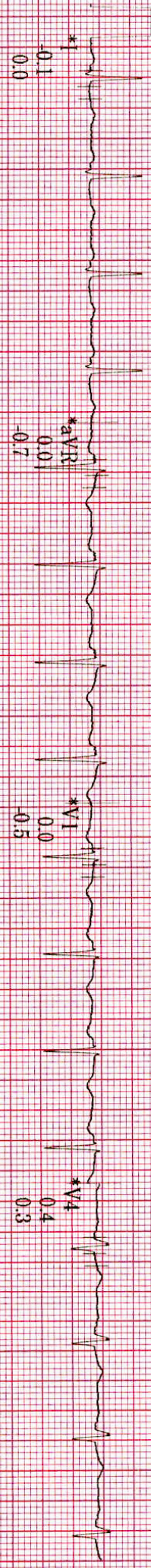
BRUCE

***mph

**kg

ST @ 10mm/mV
80ms post/d

Lead
ST(mm)
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

MAC35 010Bsp1