

Name : Mrs. INDRAMMA H S
PID No. : MED121154918
SID No. : 522404002
Age / Sex : 50 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 09/03/2024 9:06 AM
Collection On : 09/03/2024 10:26 AM
Report On : 09/03/2024 5:27 PM
Printed On : 11/03/2024 1:08 PM

Investigation **Observed Value** **Unit** **Biological Reference Interval**

BLOOD GROUPING AND Rh TYPING

'O' 'Positive'

(EDTA Blood/Agglutination)

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

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	11.5	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	35.5	%	37 - 47
RBC Count (EDTA Blood)	4.57	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	77.7	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	25.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.5	g/dL	32 - 36
RDW-CV	15.9	%	11.5 - 16.0
RDW-SD	43.24	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	9500	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	64.0	%	40 - 75
Lymphocytes (Blood)	24.1	%	20 - 45
Eosinophils (Blood)	5.7	%	01 - 06
Monocytes (Blood)	5.2	%	01 - 10



MC-5606



Anusha
Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

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Basophils (Blood)	1.0	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	6.08	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)	0.54	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.49	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.10	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood)	454	10 ³ / µl	150 - 450
MPV (Blood)	7.6	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.35	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	41	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	103.91	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)	142.79	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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	6.8	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.79	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)	5.25	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.45	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.21	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.24	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.33	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	7.33	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.79	U/L	< 38
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	103.2	U/L	42 - 98
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Total Protein (Serum/Biuret)	7.41	gm/dl	6.0 - 8.0
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Albumin (Serum/Bromocresol green)	4.33	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.08	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.41		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	180.40	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	103.96	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)	43.25	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	116.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	20.8	mg/dL	< 30



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Non HDL Cholesterol (Serum/Calculated)	137.2	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)	4.2		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)	2.4		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)	2.7		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)	6.2	%	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)	131.24	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)	0.943	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)	7.58	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)	1.25	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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Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		
<u>CHEMICAL EXAMINATION (URINE COMPLETE)</u>			
pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.004		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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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
Crystals (Urine)	NIL	/hpf	NIL



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BUN / Creatinine Ratio	8.6		6.0 - 22.0



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Investigation

Observed
Value

Unit

Biological
Reference Interval

URINE ROUTINE



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-- End of Report --

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PAP Smear by LBC(Liquid based Cytology)

PAP Smear by LBC(Liquid based Cytology)

Lab No : GC-555 /24

Nature of Specimen: Cervical smear

Specimen type : Liquid based preparation

Specimen adequacy : Satisfactory for evaluation

Endocervical / Transformation zone cells

: Present

General categorization : Within normal limits

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

INTERPRETATION : Negative for intraepithelial lesion or malignancy.

Reactive cellular changes associated with Inflammation.




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Age & Gender	50Y/FEMALE	Visit Date	09 Mar 2024
Ref Doctor Name	MediWheel		

X-ray mammogram (mediolateral oblique & craniocaudal views) followed by Sonomammography.

BILATERAL MAMMOGRAPHY

Breast composition Type C (The breasts are heterogeneously dense, which may obscure small masses).

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

BILATERAL SONOMAMMOGRAPHY

Both the breasts show normal echopattern.

No evidence of focal solid / cystic areas.

No evidence of ductal dilatation.

Bilateral benign axillary lymph nodes are seen with preserved fatty hilum.

IMPRESSION:

- **No breast lesion.**
- **Bilateral benign axillary lymph nodes.**

ASSESSMENT: BI-RADS CATEGORY -2

BI-RADS CLASSIFICATION

CATEGORY RESULT

.

2 Benign finding. Routine mammogram in 1 year recommended.

DR. HEMANANDINI V.N

Name	MRS.INDRAMMA H S	ID	MED121154918
Age & Gender	50Y/FEMALE	Visit Date	09 Mar 2024
Ref Doctor Name	MediWheel		

CONSULTANT RADIOLOGIST

Hn/Mi

Name	MRS.INDRAMMA H S	ID	MED121154918
Age & Gender	50Y/FEMALE	Visit Date	09 Mar 2024
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (15.0 cm) and shows increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended and shows an echogenic focus measuring 4.4 mm adherent to the wall - ? Adherent calculus/polyp. 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.

KIDNEYS

Right kidney: Malrotated. 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	9.5	1.3
Left Kidney	10.7	1.4

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. An anterior wall measuring 14 x 9 mm is seen in the uterocervical junction. Few seedling fibroids are noted. Posterior wall of the myometrium is mildly heterogeneous predominantly hyperechoic - ? Focal adenomyoma. Endometrial echo is of normal thickness - mm.

Uterus measures LS: 8.9 cms AP: 4.9 cms TS: 7.9 cms.

OVARIES are normal in size, shape and echotexture

Right ovary measures 3.2 x 2.1 cm Left ovary measures 3.5 x 2.9 cm

A cystic lesion measuring 5.2 x 5.3 x 3.6 cm, Vol - 53 cc is seen in the left adnexa arising from ovary

POD & right adnexa is free.

No evidence of ascites.

IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **Echogenic focus adherent to the gall bladder wall - ? Adherent calculus/polyp.**
- **Posterior wall of the myometrium is mildly heterogeneous predominantly hyperechoic - ? Focal adenomyoma.**
- **Simple left adnexal cystic lesion.**

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- *Suggested clinical correction*

DR. HEMANANDINI V.N
CONSULTANT RADIOLOGIST
Hn/Mi

Name	MRS.INDRAMMA H S	ID	MED121154918
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2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA : 2.06 cms.
 LEFT ATRIUM : 2.07 cms.
 AVS : 1.47 cms.
LEFT VENTRICLE
 (DIASTOLE) : 4.01 cms.
 (SYSTOLE) : 2.37 cms.
VENTRICULAR SEPTUM
 (DIASTOLE) : 1.39 cms.
 (SYSTOLE) : 1.54 cms.
POSTERIOR WALL
 (DIASTOLE) : 1.18 cms.
 (SYSTOLE) : 1.49 cms.
 EDV : 70 ml.
 ESV : 19 ml.
 FRACTIONAL SHORTENING : 38 %
 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 : Concentric LVH, 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:

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

DR. YASHODA RAVI
CONSULTANT CARDIOLOGIST

Name	MRS.INDRAMMA H S	ID	MED121154918
Age & Gender	50Y/FEMALE	Visit Date	09 Mar 2024
Ref Doctor Name	MediWheel		

Regn. No. 4364A

Mob : 98454 91190

98450 06782

MARUTHI DENTAL CARE

144, 11th Cross, Malleshwaram, Bengaluru - 560 003

Dr. B. INDUMATHI MARUTHI

Timings : 11 a.m. to 1.30 p.m.

Dental Surgeon

5 p.m. to 8.30 p.m.

Patient Name..... *Indumathi* Age:

Date : *9/3/24*

Rx

D.C $\frac{6/6}{7}$

Impact 1

Patient Name	Indranma-H-S	Date	9/3/2024
Age	50yrs	Visit Number	500 522 uouu002
Sex	Female	Corporate	Mediwheel

GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 148 cms

Weight : 66.6 kgs

Pulse : 78 /minute

Blood Pressure : 100/80 mm of Hg

BMI : 30.8

BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest : Normal

Expiration : cms

Inspiration : cms

Abdomen Measurement : cms

Eyes : Refractive Error Ears : NAD

Throat : NAD Neck nodes : Not palpable

RS : Bil. subP CVS : S1S2 @

PA : soft, BilP CNS : cognition of alert

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
CI UMAX DIAGNOSTICS

Signature



50 Years

Female

QRS : 82 ms
QT / QTcBaz : 348 / 406 ms
PR : 156 ms
P : 80 ms
RR / PP : 732 / 731 ms
P / QRS / T : 67 / 43 / 23 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

