

Name : Ms. Vindhya A V
 PID No. : MED112144684
 SID No. : 924009329
 Age / Sex : 43 Year(s) / Female
 Type : OP
 Ref. Dr : MediWheel

Register On : 11/04/2024 8:36 AM
 Collection On : 11/04/2024 9:06 AM
 Report On : 11/04/2024 5:10 PM
 Printed On : 01/05/2024 4:25 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.0	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	37.1	%	37 - 47
RBC Count (EDTA Blood)	4.47	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	83.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.9	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.1	%	11.5 - 16.0
RDW-SD (EDTA Blood)	38.06	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	59.1	%	40 - 75
Lymphocytes (EDTA Blood)	28.8	%	20 - 45
Eosinophils (EDTA Blood)	5.6	%	01 - 06

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Monocytes (EDTA Blood)	5.6	%	01 - 10
Basophils (EDTA Blood)	0.9	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	2.96	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.44	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.28	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.28	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.04	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	293	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	7.5	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	5	mm/hr	< 20

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BIOCHEMISTRY

Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	90.82	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)	90.65	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)	9.0	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.80	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)	3.85	mg/dL	2.6 - 6.0
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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.73	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.27	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.46	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	16.97	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	23.09	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	11.20	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	52.3	U/L	42 - 98
Total Protein (Serum/Biuret)	7.11	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.31	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.80	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.54		1.1 - 2.2

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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	167.72	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	99.81	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)	57.02	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	90.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	20	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	110.7	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)	2.9		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)	1.8		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)	1.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	4.7	%	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 88.19 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 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.

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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	11.2		6.0 - 22.0

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Investigation Observed Value Unit Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 0.976 ng/ml 0.7 - 2.04
(Serum/ECLIA)

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 6.23 µg/dl 4.2 - 12.0
(Serum/ECLIA)

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) 2.21 µIU/mL 0.35 - 5.50
(Serum/ECLIA)

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.

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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)	6		4.5 - 8.0
Specific Gravity (Urine)	1.020		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)	Negative		

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	0-2	/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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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' 'Positive'

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PAP Smear by LBC(Liquid based Cytology)

PAP Smear by LBC(Liquid based Cytology)

Lab No : GC-880 /24

Nature of Specimen: Cervical smear

Specimen type : Liquid based preparation

Specimen adequacy : Satisfactory for evaluation

Endocervical / Transformation zone cells

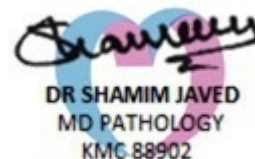
:Absent

General categorization : Within normal limits

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

INTERPRETATION : Negative for intraepithelial lesion or malignancy.

Reactive cellular changes associated with Inflammation.



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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 :
TRIVIAL MITRAL REGURGITATION
- 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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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.,

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Mitral valve	E	0.89	m/sec	A	0.66	m/sec	E/a:1.35
Aortic Valve	V max	1.4	m/sec	PG	7.8	mm	
Diastolic Dysfunction				NONE			

:2:

M - Mode Measurement

Parameter	Observed Valve	Normal Range	
Aorta	24	26-36	Mm
Left Atrium	25	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	%

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- **TRIVIAL MITRAL REGURGITATION**
- **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 increased 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	8.8	1.1
Left Kidney	8.5	1.3

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

UTERUS is anteverted and has normal shape and size.
It has uniform myometrial echopattern.
Endometrial echo is of normal thickness - 8.9mms.

Uterus measures as follows:

LS: 7.4cms AP: 3.3cms TS: 3.4cms.

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Name	Ms.Vindhya A V	ID	MED112144684
Age & Gender	43/FEMALE	Visit Date	11/04/2024
Ref Doctor Name	MediWheel		

:2:

OVARIES are normal size, shape and echotexture

Ovaries measures as follows:

Right ovary: 2.3 x 1.7cms.

Left ovary: 2.4 x 1.6cms.

POD & adnexa are free.

No evidence of ascites.

Impression: Grade I fatty change in the liver.

Sugg: Clinical correlation.

DR. HITHISHINI H
CONSULTANT RADIOLOGIST
Hh/d

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

BILATERAL MAMMOGRAPHY

Breast composition category III -The breasts are heterogeneously dense fibroglandular tissue, which may obscure small masses

No evidence of focal soft tissue lesion.

Pleomorphic calcifications are seen in central quadrant of right breast.

Subcutaneous fat deposition is within normal limits.

BILATERAL SONOMAMMOGRAPHY

Bilateral breasts show increased fibrostromal echotexture suggestive of fibroadenosis.

Fairly well-defined lobulated heterogeneously hypoechoic lesion measuring 13 x 12 x 10mm is noted at 12 o' clock position of right breast with multiple calcific foci. This lesion is seen 5mm below the skin surface. Mild internal vascularity is noted on colour Doppler imaging.

No evidence of ductal dilatation.

Benign appearing bilateral axillary lymphnodes are seen, largest measuring 8 x 7mm (right) and 9 x 8mm (left).

Impression:

- ***Fibroadenosis in bilateral breasts.***
- ***Fairly well-defined lobulated heterogeneously hypoechoic lesion with multiple calcific foci in right breast as described - suspicious for malignancy.***
Sugg: Clinical / HPE correlation.

ASSESSMENT: BI-RADS CATEGORY -4

BI-RADS CLASSIFICATION

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CATEGORY RESULT

4 Suspicious. Biopsy should be considered.

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Hh/mp

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Name	Ms. Vindhya A V	ID	MED112144684
Age & Gender	43Y/F	Visit Date	Apr 11 2024 8:36AM
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.



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