

Name : Mrs. SUHASINI T S
PID No. : MED111981764
SID No. : 712340562
Age / Sex : 33 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 30/11/2023 8:15 AM
Collection On : 30/11/2023 9:24 AM
Report On : 01/12/2023 8:09 AM
Printed On : 12/02/2024 4:50 PM



Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'A' 'Positive'

Remark: Test to be confirmed by gel method.



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|--------------------------------------------------------------------------------------|-----------------------|----------------------|--------------------------------------|
| Eosinophils (Blood/Impedance Variation & Flow Cytometry) | 1 | % | 01 - 06 |
| Monocytes (Blood/Impedance Variation & Flow Cytometry) | 5 | % | 01 - 10 |
| Basophils (Blood/Impedance Variation & Flow Cytometry) | 0 | % | 00 - 02 |
| Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 4.70 | 10 ³ / µl | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 2.92 | 10 ³ / µl | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.08 | 10 ³ / µl | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.41 | 10 ³ / µl | < 1.0 |
| Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.00 | 10 ³ / µl | < 0.2 |
| Platelet Count (EDTA Blood/Derived from Impedance) | 278 | 10 ³ / µl | 150 - 450 |
| MPV (Blood/Derived) | 11.4 | fL | 8.0 - 13.3 |
| PCT | 0.32 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser) | 15 | mm/hr | < 20 |

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|------------------------------------------------------------------|-----------------------|-------------|---------------------------------------------------------------------------------|
| <u>Lipid Profile</u> | | | |
| Cholesterol Total (Serum/Oxidase / Peroxidase method) | 236 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase) | 170 | 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) | 35 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50 |
| LDL Cholesterol (Serum/Calculated) | 167 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 34 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 201.0 | 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) | 6.7 | | 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) | 4.9 | | Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0 |
|----------------------------------------------------------------------|-----|--|------------------------------------------------------------------------|

| | | | |
|-------------------------------------------------|-----|--|-----------------------------------------------------------------|
| LDL/HDL Cholesterol Ratio (Serum/Calculated) | 4.8 | | 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) | 5.9 | % | 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 122.63 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 glyceemic 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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BIOCHEMISTRY

| | | | |
|------------------------------------------------|------|-------|--------------------------------------------------------------|
| BUN / Creatinine Ratio | 13.2 | | |
| Glucose Fasting (FBS) (Plasma - F/GOD- POD) | 82 | 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.

| | | | |
|--------------------------------------------------------|-----|-------|----------|
| Urine sugar, Fasting (Urine - F) | Nil | | Nil |
| Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD) | 96 | mg/dL | 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 Sugar (PP-2 hours) (Urine - PP) | Negative | | Negative |
| Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) | 7.9 | mg/dL | 7.0 - 21 |
| Creatinine (Serum/Jaffe Kinetic) | 0.6 | 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/Uricase/Peroxidase) | 3.9 | mg/dL | 2.6 - 6.0 |
|-----------------------------------------|-----|-------|-----------|

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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.33 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 7.88 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) 6.48 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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MC-5606



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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

| | | | |
|----------------------------------------|-------------|--|-----------------|
| Colour (Urine/Physical examination) | PALE YELLOW | | Yellow to Amber |
| Volume (Urine/Physical examination) | 30 | | ml |
| Appearance (Urine) | CLEAR | | |

CHEMICAL EXAMINATION

| | | | |
|--------------------------------------------------------------|----------|----------|---------------|
| pH (Urine) | 7.0 | | 4.5 - 8.0 |
| Specific Gravity (Urine/Dip Stick ó Reagent strip method) | 1.020 | | 1.002 - 1.035 |
| Protein (Urine/Dip Stick ó Reagent strip method) | Negative | | Negative |
| Glucose (Urine) | Nil | | Nil |
| Ketone (Urine/Dip Stick ó Reagent strip method) | Nil | | Nil |
| Leukocytes (Urine) | Negative | leuco/uL | Negative |
| Nitrite (Urine/Dip Stick ó Reagent strip method) | Nil | | Nil |
| Bilirubin (Urine) | Negative | mg/dL | Negative |
| Blood (Urine) | Nil | | Nil |



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| Urobilinogen (Urine/Dip Stick ó"Reagent strip method) | NORMAL | | Within normal limits |
| <u>Urine Microscopy Pictures</u> | | | |
| RBCs (Urine/Microscopy) | NIL | /hpf | NIL |
| Pus Cells (Urine/Microscopy) | 3-4 | /hpf | < 5 |
| Epithelial Cells (Urine/Microscopy) | 3-4 | /hpf | No ranges |
| Others (Urine) | NIL | | Nil |

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-- End of Report --

| | | | |
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| Name | SUHASINI T S | ID | MED111981764 |
| Age & Gender | 33-Female | Visit Date | 12/1/2023 8:09:28 AM |
| 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 show normal shape and has clear contents.

Gall bladder 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.

KIDNEYS move well with respiration and have normal shape, size and echopattern.

Cortico- medullary differentiations are well madeout.

No evidence of calculus or hydronephrosis.

| | Bipolar length (cms) | Parenchymal thickness (cms) |
|--------------|----------------------|-----------------------------|
| Right Kidney | 9.7 | 1.7 |
| Left Kidney | 9.6 | 1.7 |

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 8.5 mms.

Uterus measures as follows: LS: 6.4cms AP: 3.4cms TS: 4.8cms.

OVARIES are enlarged in size and show multiple small follicles measuring less than 10mm predominantly in the periphery.

Right ovary measures: 3.5 x 2.4 x 2.9cms, volume 12.9cc

Left ovary measures: 3.4 x 2.0 x 3.5cms, volume 13.1cc

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

➤ **BILATERAL POLYCYSTIC OVARIES.**

REPORT DISCLAIMER

1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological 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 referring 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.,

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

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CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/MS

DR. MOHAN B

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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. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST