tenet DIAGNOSTICS
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MC-5592

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Name	: **MR.NAGAKIRAN D**	TID/SID	: UMR2599344/ 29168504
Age / Gender	: 34 Years / Male	Registered on	: 08-Mar-2025 / 08:36 AM
Ref.By	: C/O ARCOFEMI HEALTH CARE LTD - MEDI WHEELS	Collected on	: 08-Mar-2025 / 08:41 AM
Req.No	: BIL5396906	Reported on	: 08-Mar-2025 / 15:48 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE)

Investigation	Observed Value	Biological Reference Intervals
Physical Examination		
Colour Method:Physical	Straw	Straw to Yellow
Appearance Method:Physical	Clear	Clear
Chemical Examination		
Reaction and pH Method:pH- Methyl red & Bromothymol blue	6.0	4.6-8.0
Specific gravity Method:Bromothymol Blue	1.005	1.003-1.035
Protein Method:Tetrabromophenol blue	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside Method	Negative	Negative
Bilirubin Method:Dichloroanilinediazonium	Negative	Negative
Leucocytes Method:3 hydroxy5 phenylpyrrole + diazonium	Negative	Negative
Nitrites Method:Diazonium + 1,2,3,4 tetrahydrobenzo (h) quinolin 3-ol	Negative	Negative
Urobilinogen Method:Dimethyl aminobenzaldehyde	0.2	0.2-1.0 mg/dl
Microscopic Examination		
Pus cells (leukocytes) Method:Microscopy	0-1	2 - 3 /hpf
Epithelial cells Method:Microscopy	0-1	2 - 5 /hpf
RBC (erythrocytes) Method:Microscopy	Absent	Absent
Casts Method:Microscopy	Absent	Occasional hyaline casts may be seen

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Crystals Method:Microscopy	Absent	Phosphate, oxalate, or urate crystals may be seen
Others Method:Microscopy	Nil	Nil

Method: Semi Quantitative test ,For CUE

Reference: Godkar Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition. Product kit literature.

Interpretation:

The complete urinalysis provides a number of measurements which look for abnormalities in the urine. Abnormal results from this test can be indicative of a number of conditions including kidney disease, urinary tract infecation or elevated levels of substances which the body is trying to remove through the urine . A urinalysis test can help identify potential health problems even when a person is asymptomatic. All the abnormal results are to be correlated clinically.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist
KMC NO : 84851

Name	: **MR.NAGAKIRAN D**	TID/SID	: UMR2599344/ 29168505
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	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF HEMATOPATHOLOGY

Blood Grouping ABO And Rh Typing

Parameter	Results
Blood Grouping (ABO)	B
Rh Typing (D)	POSITIVE

Method: Hemagglutination Tube Method by Forward & Reverse Grouping

Reference: Kit literature

Interpretation: The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. A,B,H antigens are not fully developed at birth, increase gradually in strength and become fully expressed around 1 year of age. It is mandatory to repeat blood grouping at/after one year of age for new born babies &/or done on cord blood

Note: All individuals carry other blood group system antigens in addition to ABO and Rh. Antibody screening is recommended to all individuals before blood transfusion to detect any unexpected antibodies.

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--- End Of Report ---

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Dr.Kavya S N
Consultant Pathologist
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DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR)

Investigation	Observed Value	Biological Reference Intervals
ESR 1st Hour Method:Modified Westergren	12	<=15 mm/hour

Complete Blood Count (CBC)

Investigation	Observed Value	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	14.2	13.0-18.0 g/dL
Packed Cell Volume Method:Derived from Impedance	42.8	40-54 %
Red Blood Cell Count. Method:Impedance Variation	5.07	4.3-6.0 Mill/Cumm
Mean Corpuscular Volume Method:Derived from Impedance	84.4	78-100 fL
Mean Corpuscular Hemoglobin Method:Derived from Impedance	28.1	27-32 pg
Mean Corpuscular Hemoglobin Concentration Method:Derived from Impedance	33.2	31.5-36 g/dL
Red Cell Distribution Width - CV Method:Derived from Impedance	14.3	11.5-16.0 %
Red Cell Distribution Width - SD Method:Derived from Impedance	44.8	39-46 fL
Total WBC Count. Method:Impedance Variation	5120	4000-11000 cells/cumm
Neutrophils Method:Impedance Variation, Flowcytometry	44.9	40-75 %
Lymphocytes Method:Microscopy	37.0	20-45 %
Eosinophils Method:Impedance Variation,Method_Desc= Flow Cytometry	**7.4**	01-06 %
Monocytes Method:Impedance Variation, Flowcytometry	9.3	01-10 %
Basophils. Method:Impedance Variation,Method_Desc= Flow Cytometry	1.4	00-02 %

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Absolute Neutrophils Count. Method:Calculated	2299	1500-6600 cells/cumm
Absolute Lymphocyte Count Method:Calculated	1894	1500-3500 cells/cumm
Absolute Eosinophils count. Method:Calculated	379	40-440 cells/cumm
Absolute Monocytes Count. Method:Calculated	476	<1000 cells/cumm
Absolute Basophils count. Method:Calculated	72	<200 cells/cumm
Platelet Count. Method:Impedance Variation	2.80	1.4-4.4 lakhs/cumm
Mean Platelet Volume. Method:Derived from Impedance	8.4	7.9-13.7 fL
Plateletcrit. Method:Derived from Impedance	0.24	0.18-0.28 %

Method: Automated Hematology Analyzer, Microscopy

Reference: Dacie and Lewis Practical Hematology,12th Edition

Interpretation: A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist
KMC NO : 84851

Name	: **MR.NAGAKIRAN D**	TID/SID	: UMR2599344/ 29168507F
Age / Gender	: 34 Years / Male	Registered on	: 08-Mar-2025 / 08:36 AM
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	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN)

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen. Method:Kinetic, Urease - GLDH, Calculated	6.1	6-20 mg/dL

Interpretation: Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine. Method:Spectrophotometry, Jaffe - IDMS Traceable	**0.57**	0.7-1.3 mg/dL

Interpretation:

Creatinine is a nitrogenous waste product produced by muscles from creatine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

Biological reference interval changed; Reference: Tietz Textbook of Clinical Chemistry & Molecular Diagnostics, Fifth Edition.

Glucose Fasting (FBS)

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	92	Normal: <100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: >/=126 mg/dL

Interpretation: It measures the Glucose levels in the blood with a prior fasting of 9-12 hours. The test helps screen a symptomatic/ asymptomatic person who is at risk for Diabetes. It is also used for regular monitoring of glucose levels in people with Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022

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Glucose Post Prandial (PPBS)

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	**74**	Normal : <140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: >/=200 mg/dL
Note	The discordant post prandial blood glucose values levels are observed in some of the conditions related to defective absorption, insufficient dietary intake, endocrine disorders, hypoglycemic drug overdose and reactive hypoglycemia etc.	

Interpretation: This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2020.

Glycosylated Hemoglobin (HbA1C)

Investigation	Observed Value	Biological Reference Interval
Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography	4.9	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:Calculated	94	mg/dL %

Interpretation: It is an index of long-term blood glucose concentrations and a measure of the risk for developing microvascular complications in patients with diabetes. Absolute risks of retinopathy and nephropathy are directly proportional to the mean HbA1c concentration. In persons without diabetes, HbA1c is directly related to risk of cardiovascular disease.

In known diabetic patients, HbA1c can be considered as a tool for monitoring the glycemic control.
Excellent Control - 6 to 7 %,
Fair to Good Control - 7 to 8 %,
Unsatisfactory Control - 8 to 10 %
and Poor Control - More than 10 %.
Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2018.

Bun/Creatinine Ratio

Investigation	Observed Value	
BUN/Creatinine Ratio Method:Calculated	10.7	12-16
Blood Urea Nitrogen. Method:Kinetic, Urease - GLDH, Calculated	6.1	6-20 mg/dL
Urea. Method:Kinetic UV	13	12.8-42.8 mg/dL
Creatinine. Method:Spectrophotometry, Jaffe - IDMS Traceable	**0.57**	0.7-1.3 mg/dL

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Reference:

A Manual of Laboratory Diagnostic Tests. Edition 7, Lippincott Williams and Wilkins, By Frances Talaska Fischbach, RN, BSN, MSN, and Marshall Barnett Dunning 111, BS, MS, Ph.D.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.Kavya S N
Consultant Pathologist
KMC NO : 84851

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DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Spectrophotometry , CHOD - POD	156	Desirable: < 200 mg/dL Borderline: 200-239 mg/dL High: >/= 240 mg/dL
HDL Cholesterol Method:Spectrophotometry , Direct Measurement	30	Optimal : >=60 mg/dL Borderline : 40-59 mg/dL High Risk <40 mg/dL
Non HDL Cholesterol Method:Calculated	126	Optimal : <130 mg/dL Above Optimal : 130-159 mg/dL Borderline : 160-189 mg/dL High Risk : 190-219 mg/dL Very high Risk : >=220 mg/dL
LDL Cholesterol Method:Calculated	102.2	Optimum: <100 mg/dL Near/above optimum: 100-129 mg/dL Borderline: 130-159 mg/dL High: 160-189 mg/dL Very high: >/=190 mg/dL
VLDL Cholesterol Method:Calculated	23.80	<30 mg/dL
Total Cholesterol/HDL Ratio Method:Calculated	5.20	Optimal : <3.3 Low Risk : 3.4-4.4 Average Rsik : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0
LDL/HDL Ratio Method:Calculated	3.41	Optimal : 0.5-3.0 Borderline : 3.1-6.0 High Risk : >6.0
Triglycerides Method:Spectrophotometry, Enzymatic - GPO/POD	119	Normal:<150 mg/dL Borderline: 150-199 mg/dL High: 200-499 mg/dL Very high: >/=500 mg/dL mg/dl #

Interpretation: Lipids are fats and fat-like substances which are important constituents of cells and are rich sources of energy. A lipid profile typically includes total cholesterol, high density lipoproteins (HDL), low density lipoprotein (LDL), chylomicrons, triglycerides, very low density lipoproteins (VLDL), Cholesterol/HDL ratio .The lipid profile is used to assess the risk of developing a heart disease and to monitor its treatment. The results of the lipid profile are evaluated along with other known risk factors associated with heart disease to plan and monitor treatment. Treatment options require clinical correlation.**Reference:** Third Report of the National Cholesterol Education program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), JAMA 2001.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

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TEST REPORT

Dr.Kavya S N
Consultant Pathologist
KMC NO : 84851

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DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT)

Investigation	Result	Biological Reference Interval
Total Bilirubin. Method:Spectrophotometry, Diazo method	0.62	Neonates: <=15.0 mg/dL Adults: <=1.2 mg/dL
Direct Bilirubin. Method:Spectrophotometry, Diazo method	0.29	<=0.30 mg/dL
Indirect Bilirubin. Method:Calculated	0.33	Neonates: <= 14.7 mg/dL Adults: <= 1.0 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method: IFCC without pyridoxal phosphate activation	14	<=41 U/L
Aspartate Aminotransferase,(AST/SGOT) Method: IFCC without pyridoxal phosphate activation	18	<=40 U/L
ALP (Alkaline Phosphatase). Method:Spectrophotometry , IFCC	89	40-129 U/L
Gamma GT. Method:Spectrophotometry , IFCC	18	<60 U/L
Total Protein. Method:Spectrophotometry, Biuret	7.6	6.4-8.3 g/dL
Albumin. Method:Spectrophotometry, Bromcresol Green	4.6	3.5-5.2 g/dL
Globulin. Method:Spectrophotometry, Bromcresol Green	3	2.0-3.5 g/dL
A/GRatio. Method:Calculated	1.53	1.1-2.5

Interpretation: Liver functions tests help to identify liver disease, its severity, and its type. Generally these tests are performed in combination, are abnormal in liver disease, and the pattern of abnormality is indicative of the nature of liver disease. An isolated abnormality of a single liver function test usually means a non-hepatic cause. If several liver function tests are simultaneously abnormal, then hepatic etiology is likely.

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--- End Of Report ---

Kavya SN

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Consultant Pathologist
KMC NO : 84851

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DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH)

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	1.15	0.80-2.00 ng/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.
Thyroxine Total (T4) Method:ECLIA	7.97	4.6-12.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:ECLIA	2.69	0.27-4.20 µIU/mL

Interpretation: A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics, Carl A. Burtis, David E. Bruns.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist
KMC NO : 49885

Name	: **MR.NAGAKIRAN D**	TID/SID	: UMR2599344/ 29168506
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DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Enzymatic	6.1	3.4-7.0 mg/dL

Interpretation: It is the major product of purine catabolism. Hyperuricemia can result due to increased formation or decreased excretion of uric acid which can be due to several causes like metabolic disorders, psoriasis, tissue hypoxia, pre-eclampsia, alcohol, lead poisoning, acute or chronic kidney disease, etc. Hypouricemia may be seen in severe hepato cellular disease and defective renal tubular reabsorption of uric acid.

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Kavya SN

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KMC NO : 84851

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Reg.No	: BIL5396906	Reference	: Arcofemi Health Care Ltd - Medi Whe

DEPARTMENT OF X-RAY

X-Ray Chest PA View

Lung fields appear normal.

Cardiac size is within normal limits.

Aorta and pulmonary vasculature is normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

*** Normal study.**

Suggested clinical correlation and follow up.

*** End Of Report ***

Dr Kavitha B
Consultant Radiologist