8/3/25

To
the prasad Hospital,
secunderabad,
500026.

Sub:- not Attending of consultation.

I B.Rama krishna, dependent for Anupama, M. ~~[illegible]~~ for consultation, I am not able to come because kids management in home,

After two days will collect documents & Attend consultation.

Thanks & Regards
B. Ramakrishna
7989708929

PRASAD HOSPITALS

Mr. RAMAKRISHNA BHASKARUNI		Collected	08-03-2025 10:06	Lab ID	50308700301
DOB :		Received	08-03-2025 10:06	Sample Quality	Adequate
Age :	34 Years 11 Months	Reported	08-03-2025 16:45	Location	HYDERABAD
Gender :	Male	Status	Interim	Ref By	S.RAGHAVENDER
CRM :	223003771786			Client	Prasad Hospitals India Private Limited -BS9

Parameter	Result	Unit	Biological Ref. Interval

THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum 1.37 ng/mL 0.7 - 2.04
CLIA

Clinical significance:-
Triiodothyronine (T3) values above 3.07 ng/ml in adults or over age related cutoffs in children are consistent with hyperthyroidism or increased thyroid hormone-bindin proteins. Abnormal levels (high or low) of thyroid hormone-binding proteins (primarily albumin and thyroid-binding globulin) may cause abnormal T3 concentrations in euthyroid patients. Please note that Triiodothyronine (T3) is not a reliable marker for hypothyroidism. Therapy with amiodarone can lead to depressed T3 values.

Thyroxine (T4), Serum 9.77 µg/dL 5.5 -15.5
CLIA

Clinical significance:-

Thyroxine (T4) is synthesized in the thyroid gland. High T4 are seen in hyperthyroidism and in patients with acute thyroiditis. Low T4 are seen in hypothyroidism, myxede cretinism, chronic thyroiditis, and occasionally, subacute thyroiditis. Increased total thyroxine (T4) is seen in pregnancy and patients who are on estrogen medication. Th patients have increased total T4 levels due to increased thyroxine-binding globulin (TBG) levels. Decreased total T4 is seen in patients on treatment with anabolic steroid nephrosis (decreased TBG levels).

Thyroid Stimulating Hormone (TSH), Serum H 11.384 µIU/mL 0.4 - 5.5
CLIA

Clinical significance:
In primary hypothyroidism, TSH (thyroid-stimulating hormone) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. TSH estimation is especially usef the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significan elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.

Pregnancy	American Thyroid Association	American European Endocrine	Thyroid society Association
1st trimester	< 2.5	< 2.5	< 2.5
2nd trimester	< 3.0	< 3.0	< 3.0
3rd trimester	< 3.5	< 3.0	< 3.0

Pending Services
Routine Examination, Stool

End Of Report

PRASAD HOSPITAL

Mr. RAMAKRISHNA BHASKARUNI		Collected : 08-03-2025 10:06		Lab ID : 50308700301	
DOB :		Received : 08-03-2025 10:06		Sample Quality : Adequate	
Age : 34 Years 11 Months		Reported : 08-03-2025 15:00		Location : HYDERABAD	
Gender : Male		Status : Interim		Ref By : S.RAGHAVENDER	
CRM : 223003771786				Client : Prasad Hospitals India Private Limited -I	

Parameter	Result	Unit	Biological Ref. Interval
	HBA1C by HPLC		
HbA1c By HPLC,EDTA Blood *HPLC*	6.10	%	NORMAL: 4.5-5.6 AT RISK : 5.7-6.5 DIABETIC: 6.6-7.0 UNCONTROLLED: 7.1-8.9 Critically high: >= 9.0
Estimated Average Glucose(eAG) *Calculated*	H **127.96**	mg/dL	70-126

Clinical significance :

Hemoglobin A1c (HbA1c) is a result of the nonenzymatic attachment of a hexose molecule to the N-terminal amino acid of the hemoglobin molecule. HbA1c estimati in evaluating the long-term control of blood glucose concentrations in patients with diabetes, for diagnosing diabetes and to identify patients at increased risk for dia (prediabetes). The ADA recommends measurement of periodic HbA1c measurements to keep the same within the target range.The presence of hemoglobin variants interfere with the measurement of hemoglobin A1c (HbA1c).

CERTIFIED

PRASA
HOSPITAL

Mr. RAMAKRISHNA BHASKARUNI		Collected : 08-03-2025 10:06		Lab ID : 50308700301	
DOB :		Received : 08-03-2025 10:06		Sample Quality : Adequate	
Age : 34 Years 11 Months		Reported : 08-03-2025 11:52		Location : HYDERABAD	
Gender : Male		Status : Interim		Ref By : S.RAGHAVENDER	
CRM : 223003771786				Client : Prasad Hospitals India Private Limited	

Parameter		Result	Unit	Biological Ref. Interval
		LIVER FUNCTION TEST		
Bilirubin - Total, Serum *Modified TAB Method*		0.31	mg/dL	0.1 - 1.3
Bilirubin - Direct, Serum *DIAZO*		0.13	mg/dL	<0.3
Bilirubin - Indirect, Serum *Calculated*	L	**0.18**	mg/dL	0.2-1
SGOT, Serum *IFCC without PLP*		13.70	U/L	<35
SGPT,Serum *IFCC without PLP*		14.80	U/L	<45
Alkaline Phosphatase, Serum *AMP*		81.0	U/L	53 - 128
GGT (Gamma Glutamyl Transferase), Serum *G-glutamyl-p-nitroanilide*		27.20	U/L	<55
Total Protein, Serum *BIURET*		6.75	gm/dL	6.4-8.8
Albumin, Serum *BCG*		4.26	gm/dL	3.5 - 5.2
Globulin, Serum *Calculated*		2.49	gm/dL	1.9-3.9
A:G ratio *Calculated*		1.71		1.1 - 2.5

Clinical significance:
Liver function tests measure how well the liver is performing its normal functions of producing protein and clearing bilirubin, a blood waste product. Other liver fu measure enzymes that liver cells release in response to damage or disease. The hepatic function panel may be used to help diagnose liver disease if a person has si symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor the health and to evaluate the effectiveness of any treatments. Abnormal tests.

PRASAD HOSPITALS

Mr. RAMAKRISHNA BHASKARUNI		Collected	: 08-03-2025 10:06	Lab ID	: 50308700301
DOB	:	Received	: 08-03-2025 10:06	Sample Quality	: Adequate
Age	: 34 Years 11 Months	Reported	: 08-03-2025 12:35	Location	: HYDERABAD
Gender	: Male	Status	: Interim	Ref By	: S.RAGHAVENDER
CRM	: 223003771786			Client	: Prasad Hospitals India Private Limited -BS9

RBCs *Microscopy*	Nil	/hpf	Nil
Casts *Microscopy*	Nil		Nil
Crystals *Microscopy*	Nil		Nil
Yeast cells *Microscopy*	Absent		Absent
Bacteria *Microscopy*	Absent		Absent

Clinical Significance:
A urinalysis alone usually doesn't provide a definite diagnosis. Depending on the reason your provider recommended this test, you might need follow-up for unusual res
Evaluation of the urinalysis results with other tests can help your provider determine next steps.
Getting standard test results from a urinalysis doesn't guarantee that you're not ill. It might be too early to detect disease or your urine could be too diluted.

Mr. RAMAKRISHNA BHASKARUNI		Collected : 08-03-2025 10:06		Lab ID : 50308700301	
DOB :		Received : 08-03-2025 10:06		Sample Quality : Adequate	
Age : 34 Years 11 Months		Reported : 08-03-2025 12:35		Location : HYDERABAD	
Gender : Male		Status : Interim		Ref By : S.RAGHAVENDER	
CRM : 223003771786				Client : Prasad Hospitals India Private Lin	

Parameter	Result	Unit	Biological Ref. Interval

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Colour *Visual*	Pale Yellow		Pale Yellow
Volume *Visual*	15	ml	
Specific Gravity *Dip Stick (Bromthymol blue)*	1.025		1.015 - 1.025
Appearance *Visual*	Clear		Clear
pH *Dip Stick (Double Indicators)*	6.5		5.0 -8.0

BIOCHEMICAL EXAMINATION

Protein, Urine *Dip Stick (Protein Error of Indicators)*	Absent		Negative
Glucose *Dip Stick (GOP-POD)*	Negative		Negative
Ketones *Dip Stick (Sodium nitroprusside)*	Negative		Negative
Urobilinogen *Dip Stick (Ehrlich)*	Normal		Normal
Bilirubin *Dip Stick (Azo-coupling reaction)*	Negative		Negative
Nitrite *Dip Stick (Diazotization)*	Negative		Negative
Blood *Dip Stick (Peroxidase)*	Negative		Negative
Leukocyte Esterase *Strip Based*	Absent		Negative

MICROSCOPIC EXAMINATION

Pus cells *Microscopy*	3 - 4	/hpf	0-5
Epithelial Cells *Microscopy*	2 - 3	/hpf	0-2

PRASAD HOSPITALS

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DOB :		Received : 08-03-2025 10:06		Sample Quality : Adequate	
Age : 34 Years 11 Months		Reported : 08-03-2025 11:52		Location : HYDERABAD	
Gender : Male		Status : Interim		Ref By : S.RAGHAVENDER	
CRM : 223003771786				Client : Prasad Hospitals India Private Limited -BS	

Parameter	Result	Unit	Biological Ref. Interval
	Lipid Profile		
Total Cholesterol, Serum *CHOD-PAP*	198.00	mg/dL	Desirable: <200 Borderline: 200 - 239 High: >=240
Triglycerides, Serum *GPO*	H **162.20**	mg/dL	Normal: <150 High:150-199 Hypertriglyceridemia: 200-499 Very high: >499
HDL Cholesterol, Serum *Precipitation Method with PVS and PEGME*	34.80	mg/dL	Low : < 40 High : > 60
Low Density Lipoprotein-Cholesterol (LDL) *SELECTIVE SOLUBILISATION*	H **130.76**	mg/dL	Optimal: <100 Near Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: >189
VLDL *Calculated*	32.44	mg/dL	6-40
Total Cholesterol/HDL Ratio *Calculated*	H **5.69**		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High: >5
LDL / HDL Ratio *Calculated*	H **3.76**	%	Optimal: <2.5 Near optimal: 2.5 - 3.5 High: >3.5
Non HDL Cholesterol, Serum *Calculated*	H **163.20**	mg/dL	Desirable < 130 Borderline High 130-159 High 160-189 Very High: >=190

Clinical significance:
A complete cholesterol test — also called a lipid panel or lipid profile — is a blood test that can measure the amount of cholesterol and triglycerides in your blood.A test can help determine your risk of the buildup of fatty deposits (plaques) in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis).A cholesterol test is an important tool. High levels of lipids (fats) in the blood, including cholesterol and triglycerides, is also called "hyperlipidemia." Hyperlipidemia can significantly increase a person's risk of heart attacks, strokes, and other serious problems due to vessel wall narrowing or obstruction.

PRASAD HOSPITALS

Mr. RAMAKRISHNA BHASKARUNI		Collected	: 08-03-2025 17:18	Lab ID	: 50308700301
DOB	:	Received	: 08-03-2025 17:39	Sample Quality	: Adequate
Age	: 34 Years 11 Months	Reported	: 08-03-2025 18:34	Location	: HYDERABAD
Gender	: Male	Status	: Interim	Ref By	: S RAGHAVENDER
CRM	: 223003771786			Client	: Prasad Hospitals India Private Limited -859549

Parameter	Result	Unit	Biological Ref. Interval
Glucose (Post Prandial), Plasma *GOD-POD*	117.7	mg/dL	Normal: =<140 Pre-Diabetic: 140-199 Diabetic=>200

Clinical significance:-

A Postprandial Plasma Glucose Test is a blood test that measures blood glucose levels following a meal containing a set amount of carbohydrate. Postprandial Plasma Glucose Tests show how tolerant the body is to glucose. Measurements of plasma glucose levels are important for the screening of metabolic dysregulation, pre-diabetes, and diabetes. Additionally, plasma glucose PP levels can be used as a tool to monitor diabetes, screen for hypoglycemic episodes, guide treatment or lifestyle interventions and predict risk for comorbidities, such as cardiovascular or eye and kidney disease.

PRASAD HOSPITAL

Mr. RAMAKRISHNA BHASKARUNI		Collected	08 03 2025 10:06	Lab ID	503087000301
DOB :		Received	08 03 2025 10:06	Sample Quality	Adequate
Age : 34 Years 11 Months		Reported	08 03 2025 11:52	Location	HYDERABAD
Gender : Male		Status	Interim	Ref By	S RAGHAVENDER
CRM : 223003771786				Client	Prasad Hospitals India Private Limited -BS

Parameter	Result	Unit	Biological Ref. Interval
Glucose (Fasting) Plasma *GOD-POD*	H **107.5**	mg/dL	Normal: <100 Pre-Diabetic: 100-124 Diabetic =>125

Clinical significance:-

Fasting blood glucose may be used to screen for and diagnose prediabetes and diabetes. In some cases, there may be no early signs or symptoms of diabetes, so an FB be used to screen people at risk of diabetes. Screening can be useful in helping to identify it and allowing for treatment before the condition worsens or complications If the initial screening result is abnormal, the test should be repeated. Repeat testing or certain other tests (e.g., hemoglobin A1c) can also be used to confirm diagnosi diabetes.

PRASAD HOSPITALS

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DOB	:	Received	08-03-2025 10:06	Sample Quality	Adequate
Age	: 34 Years 11 Months	Reported	08-03-2025 12:35	Location	HYDERABAD
Gender	: Male	Status	Interim	Ref By	S.RAGHAVENDER
CRM	: 223003771786			Client	Prasad Hospitals India Private Limited -BS95

Parameter	Result	Unit	Biological Ref. Interval
ESR, EDTA Blood *Westergren(Manual)*	H 13	mm/hr	<=10

Clinical significance :-

ESR is the measurement of sedimentation of red cells in diluted blood after standing for 1 hour. It is dependent on various physiologic and pathologic factors including hemoglobin concentration, ratio of plasma proteins, serum lipid concentration etc. Although ESR is a non specific phenomenon, its measurement is useful in disorders associated with increased production of acute phase proteins. In RA & TB it provides an index of progess of the disease and it has considerable value in diagnosis of tempo arteritis & polymyalgia rheumatica. ESR can be low (0-1 mm) especially in polycythemia, hypofibrinogenaemia and in abdnormalities of red cells like sickle cells or speherocytosis etc.

PRASAD HOSPITALS

Mr. RAMAKRISHNA BHASKARUNI	Collected : 08-03-2025 10:06	Lab ID : 50308700301
DOB :	Received : 08-03-2025 10:06	Sample Quality : Adequate
Age : 34 Years 11 Months	Reported : 08-03-2025 11:52	Location : HYDERABAD
Gender : Male	Status : Interim	Ref By : S.RAGHAVENDER
CRM : 223003771786		Client : Prasad Hospitals India Private Limited -BS9549

MPV *Calculated*	L **8.1**	fL	9 - 13
PDW *Calculated*	10.6	fL	10.0 - 17.9
PlateletCrit *Calculated*	L **0.16**	%	0.22 - 0.44
PLCR (Platelet-Large Cell Ratio) *Calculated*	21.50	%	15.0 - 35.0

Method: By using Laser Flow Cytometry Technology,WBC measurement principle,Electrical Impedance, RBC/PLT measurement principle - Colorimetric Method for HGB-measurement principle.

Clinical significance:

CBC is used as a screening tool in the diagnosis or monitoring of many diseases. RBCs, WBCs, and platelets are produced in the bone marrow and released into the peripheral blood. The primary function of the RBC is to deliver oxygen to tissues. WBCs are key components of the immune system. Platelets play a vital role in blood clotting.Abnormal cell counter results are confirmed by peripheral blood smear examination by trained pathologist

PRASAD HOSPITAL

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Age : 34 Years 11 Months		Reported : 08-03-2025 11:52		Location : HYDERABAD	
Gender : Male		Status : Interim		Ref By : S.RAGHAVENDER	
CRM : 223003771786				Client : Prasad Hospitals India Private Limited -I	

Parameter		Result	Unit	Biological Ref. Interv
COMPLETE BLOOD COUNT (CBC), Whole Blood EDTA				
Erythrocytes				
Hemoglobin (HB), EDTA Blood *Colorimetric method*		13.2	g/dL	13.0-17.0
Red Blood Cells *Electrical Impedance method*		5.25	10^6 Cells/µL	4.5 - 5.5
PCV (Hematocrit) *Electrical Impedance method*	L	37.80	%	40-50
MCV(Mean Corpuscular Volume) *Electrical Impedance method*	L	**72.0**	fL	83 - 101
MCH (Mean Corpuscular Hb) *Calculated*	L	**25.1**	Pg	27 - 32
MCHC (Mean Corpuscular Hb Concentration) *Calculated*	H	**34.9**	g/dL	31.5 - 34.5
Red Cell Distribution Width CV *Calculated*		13.40	%	11.6 - 14.6
Red Cell Distribution Width SD *Calculated*	L	**30.80**	fL	39 -46
Leucocytes				
WBC -Total Leucocytes Count *Flowcytometry*		8.10	10^3 Cells/µL	4- 10
Differential leucocyte count				
Neutrophils *Flowcytometry*		70.0	%	40 - 80
Lymphocytes *Flowcytometry*		21.9	%	20 - 40
Monocytes *Flowcytometry*		6.1	%	2-10
Eosinophils *Flowcytometry*		1.8	%	1-6
Basophils *Flowcytometry*		0.2	%	0-2
Platelets				
Platelet Count, EDTA Blood *Electrical Impedance method*		194.00	10^3/µL	150-410

PRASAD HOSPITALS

PATIENT NAME : MR. RAMAKRISHNA B 34 YRS/MALE

REF BY DR. S RAGHAVENDER DT :08-03-2025

ULTRA SOUND SCAN ABDOMEN

LIVER *: **139 mm** Normal in size, normal shape & echo texture. No focal lesion seen. No IHBRD Portal vein Hepatic veins and CBD normal*

GALL BLADDER: *Well Distended, no evidence of calculus / pericholicystic fluid collection.*

PANCREAS *: Normal in size, shape and echo pattern. Main pancreatic duct normal.*

SPLEEN *: **87mm** Normal in size, normal shape and echo texture. No focal lesion seen. Splenic vein is normal.*

BOTH KIDNEYS *: Both kidneys are normal in size, shape and echo texture. Corticomedullary Differentiation is well maintained. Pelvicalyceal systems normal in both kidneys No focal lesion seen. No e/o renal calculi*

RIGHT KIDNEY *measures: 87 x 45mm* ***LEFT KIDNEY*** *measures : 96x 52 mm*

BLADDER *: Well distended with normal wall thickness. No evidence of calculi.*

PROSTATE *: Normal in size with normal echo texture. No focal lesion*

No free fluid in Abdomen. No e/o adenopathy. Aorta and IVC are normal.

IMPRESSION : NO SONOGRAPHIC ABNORMALITY DETECTED

For clinical correlation

DR.K.SUPRABATHAM
RADIOLOGIST

2D ECHOCARDIOGRAM

Patient Name	: MR.RAMAKRISHNA B	**IP/OP NO:**	31883
Date of Billing	: 08-03-2025	**Age / SEX :**	34 MALE

Mitral Valve : Normal

Tricuspid Valve : Normal

Aortic Valve : Normal

Polmonary Valve : Normal

Aorta : 3.3 cm

Left Atrium : 3.4 cm

Left Ventricle :

IVSD	:	1.0	cms	**IVPWD**	:	0.9	**cms**
EDD	:	4.8	cms	**EF**	:	64%	**FSV :**
ESD	:	3.1	cms	**FS**	:	32%	

RWMA : NIL

Right Attium : Normal

Right Ventricle : Normal

I A S : Intact

I V S : Intact

Pulmonary Veins : Normal

Intra Cardiac Masses :

Doppler :

MV: E : 0.7 A: 0.5 m/sec
AV : AJV : 1.1 m/sec
PV: PJV: 0.7 m/sec

Colour Flow Imaging : No MR/AR/TR

Conclusion :
Normal sized cardiac chambers
No RWMA
Normal LV / RV function(EF: 64%)
No MR/AR/TR/No PAH
No PE/Clots

Cardiologist
DR.SAMPATH KUMAR MD.,DM
Consultant Interventional Cardiologist & Electrophysiologist

PRASAD HOSPITAL

PATIENT NAME : MR. RAMAKRISHNA B

34 YRS/MALE

REF BY DR. S RAGHAVENDER

DT :08-03-2025

CHEST X- RAY PA VIEW

BOTH LUNGS ON EITHER SIDE APPEARS NORMAL

BOTH CP ANGLES APPEARS NORMAL

BONY CAGE AND SOFT TISSUE APPEARS NORMAL

CARDIAC SIZE APPEARS NORMAL

IMPRESSION : NORMAL CHEST X R AY

For clinical correlation

DR.K.SUPRABATHAM
RADIOLOGIST