

**Dr. Yerrabothu Ramesh**

MBBS, MD (General Medicine)  
General physician and Diabetologist  
Registration No. 03143



Manoj. Kumar

Hypothyroid on 62.5 mcg. / H/o inguinal hernia 4 months  
back  
Non DM / Non HTN

TSH - 3.6

USG Abdomen - S/o Grade I fatty liver

Adv

wt. loss

Stop Alcohol / Smoking

TSH after 6 wks

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Patient Name	VEMULA MANOJ 37Y/M	Date of Birth	
Patient ID	OP 29500	Age	
Referral Dr		Sex	Male
Study Date Time	9 Nov 2024 12:08pm	Report Date Time	9 Nov 2024 12:46pm

**PLAIN RADIOGRAPH OF CHEST- PA VIEW**

**FINDINGS:**

**CARDIA** : Cardiac size is normal.

Cardiac silhouette is normal.

Both domes of diaphragm are normal in position.

**LUNGS** : Both lungs appear clear.

Trachea and visualized major bronchi are normal in caliber and orientation.

Both hemi thoraces are of equal and normal volume.

**HILA** : Mediastinal silhouette appears normal.

Bilateral hilar shadows appear normal.

**CP ANGLES** : Bilateral costophrenic and cardiophrenic angles appear clear.

**BONE CAGE** : Visualized bilateral ribs and clavicles are intact.

**IMPRESSION :**

***No abnormal radiographic changes in the chest.***

*Suggested clinical correlation; Kindly discuss if needed.*

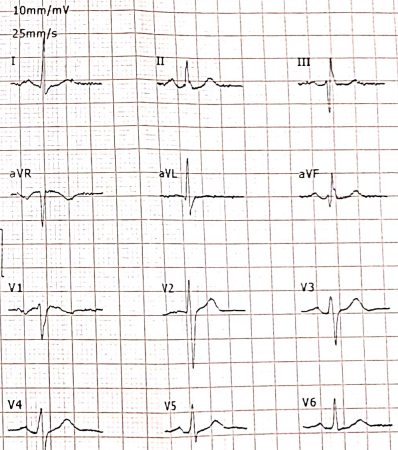
Dr. Meenu Chandran  
Consultant Radiologist





2024-11-9 10:03:23 ID: 0009271  
ID Card: \_\_\_\_\_  
Name: MANOJ KUMAR Gender: Male  
Age: 37 Height(cm): \_\_\_\_\_  
Weight(Kg): \_\_\_\_\_ BP(mmHg): / /  
HR: \_\_\_\_\_ bpm 76  
P-R: \_\_\_\_\_ ms 136  
Q-R-S: \_\_\_\_\_ ms 113  
QT/QTc: \_\_\_\_\_ ms 340/380  
P/QRS/T AXES: \_\_\_\_\_ deg 63/35/63  
RV5/SV1: \_\_\_\_\_ mV 0.65/0.62  
RV5+SV1: \_\_\_\_\_ mV 1.27

<< Conclusion >>  
801 Sinus Rhythm  
\*\* NORMAL ECG \*\*



\*The result must be confirmed by doctor



Mr. VEMULA MANOJ	Collected : 09-11-2024 09:30	Lab ID : 41127501071
DOB :	Received : 09-11-2024 09:54	Sample Quality : 700000000
Age : 37 Years	Reported :	Location : HYDERABAD
Gender : Male	Status : Provisional	Ref By : PRASAD HOSPITAL
CRM : 223002533417		Client : Prasad Hospitals India Private Limited -Pragathi Nagar-8511948



Parameter	Result	Unit	Biological Ref. Interval
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### COMPLETE BLOOD COUNT (CBC), Whole Blood EDTA

#### Erythrocytes

<b>Hemoglobin</b> <i>Colorimetric method</i>	14.8	g/dL	13.0-17.0
<b>Red Blood Cells</b> <i>Electrical Impedance method</i>	5.45	10 <sup>6</sup> Cells/ $\mu$ L	4.5 - 5.5
<b>PCV (Hematocrit)</b> <i>Calculated</i>	45.30	%	40 - 50
<b>MCV(Mean Corpuscular Volume)</b> <i>Calculated</i>	83.0	fL	83 - 101
<b>MCH (Mean Corpuscular Hb)</b> <i>Calculated</i>	27.1	Pg	27 - 32
<b>MCHC (Mean Corpuscular Hb Concentration)</b> <i>Calculated</i>	32.6	g/dL	31.5 - 34.5
<b>Red Cell Distribution Width CV</b> <i>Calculated</i>	13.10	%	11.6 - 14.6
<b>Red Cell Distribution Width SD</b> <i>Calculated</i>	41.60	fL	39 - 46

#### Leucocytes

<b>WBC -Total Leucocytes Count</b> <i>Flowcytometry</i>	5.73	10 <sup>3</sup> Cells/ $\mu$ L	4 - 10
<b><u>Differential leucocyte count</u></b>			
<b>Neutrophils</b> <i>Flowcytometry</i>	60.4	%	40 - 80
<b>Lymphocytes</b> <i>Flowcytometry</i>	29.9	%	20 - 40
<b>Monocytes</b> <i>Flowcytometry</i>	5.30	%	2-10
<b>Eosinophils</b> <i>Flowcytometry</i>	4.4	%	1-6
<b>Basophils</b> <i>Flowcytometry</i>	0.00	%	0-2

#### **Absolute leucocyte count**

<b>Neutrophils (Abs)</b> <i>Flowcytometry;</i>	3.46	10 <sup>3</sup> Cells/ $\mu$ L	1.5 - 8.0
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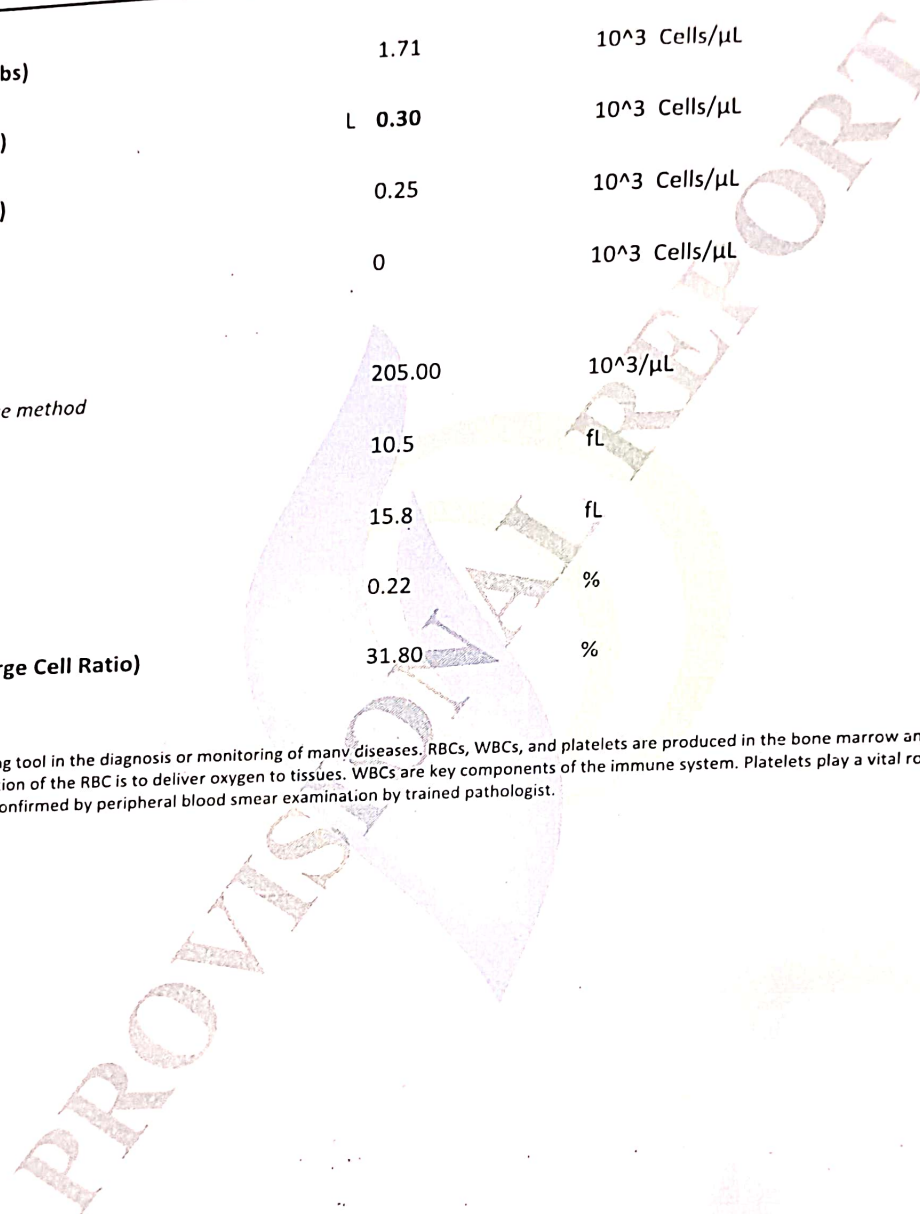
# PRASAD HOSPITALS

NAME : MULA MANOJ	Collected : 09-11-2024 09:30	Lab ID : 41127501671
Age : 37 Years	Received : 09-11-2024 09:54	Sample Quality : <b>Abnormal</b>
Gender : Male	Reported :	Location : HYDERABAD
CRM : 223002533417	Status : Provisional	Ref By : PRASAD HOSPITAL
		Client : Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948



<b>Lymphocytes (Abs)</b> Flowcytometry	1.71	10 <sup>3</sup> Cells/ $\mu$ L	1.0 - 4.8
<b>Monocytes (Abs)</b> Flowcytometry	L 0.30	10 <sup>3</sup> Cells/ $\mu$ L	0.5 - 0.9
<b>Eosinophils (Abs)</b> Flowcytometry	0.25	10 <sup>3</sup> Cells/ $\mu$ L	0.2 - 0.5
<b>Basophils (Abs)</b> Flowcytometry	0	10 <sup>3</sup> Cells/ $\mu$ L	0.0 - 0.3
<b>Platelets</b>			
<b>Platelet Count</b> Electrical Impedance method	205.00	10 <sup>3</sup> / $\mu$ L	150-410
<b>MPV</b> Calculated	10.5	fL	9 - 13
<b>PDW</b> Calculated	15.8	fL	10.0 - 17.9
<b>PlateletCrit</b> Calculated	0.22	%	0.22 - 0.44
<b>PLCR (Platelet-Large Cell Ratio)</b> Calculated	31.80	%	15.0 - 35.0

**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.



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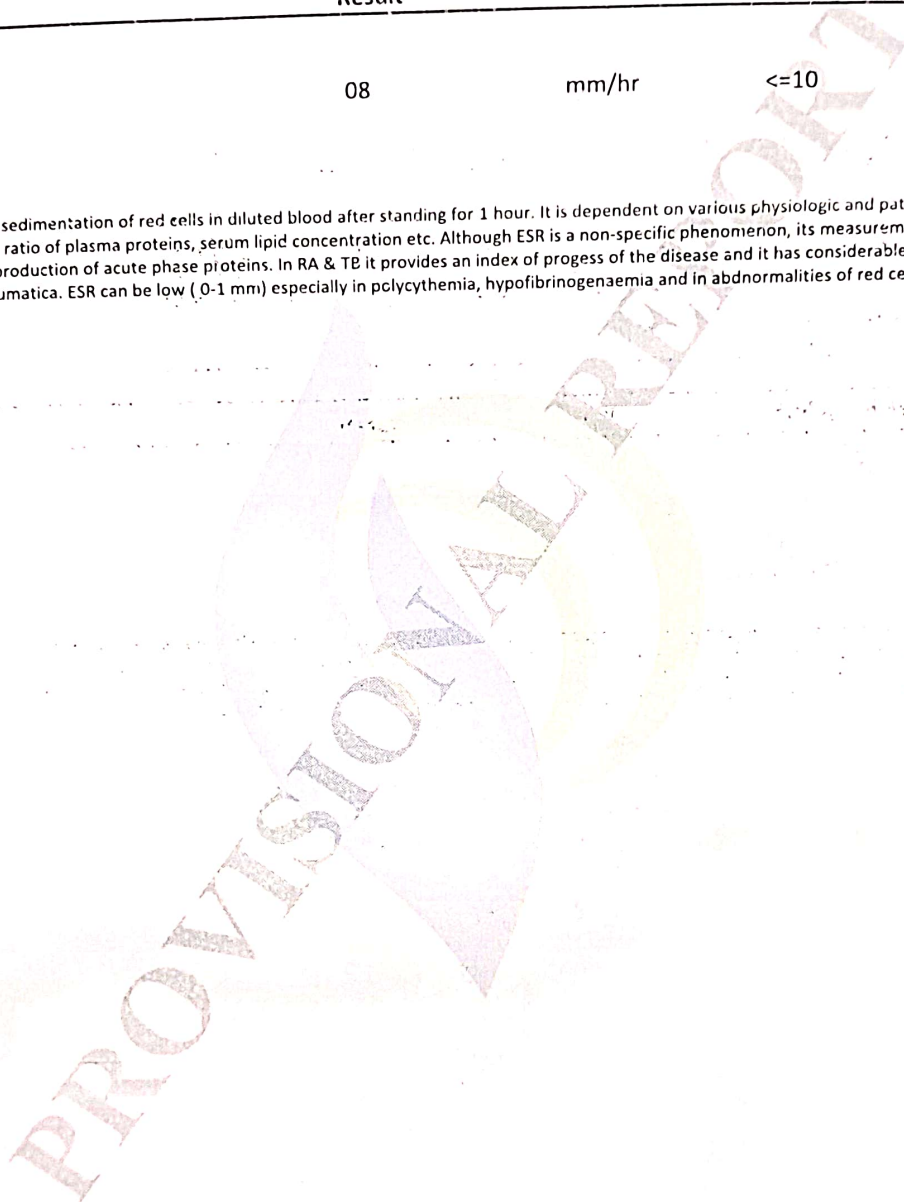
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NAME : MULA MANOJ JOB : Age : 37 Years Gender : Male CRM : 223002533417		Collected : 09-11-2024 09:30 Received : 09-11-2024 09:54 Reported : Status : Provisional	Lab ID : 4112750007 Sample Quality : Adequate Location : HYDERABAD Ref By : PRASAD HOSPITAL Client : Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948
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Parameter	Result	Unit	Biological Ref. Interval
ESR, EDTA Blood Westergren(Manual)	08	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 progress of the disease and it has considerable value in diagnosis of temporal arteritis & polymyalgia rheumatica. ESR can be low (0-1 mm) especially in polycythemia, hypofibrinogenaemia and in abnormalities of red cells like sickle cells or speherocytosis etc.



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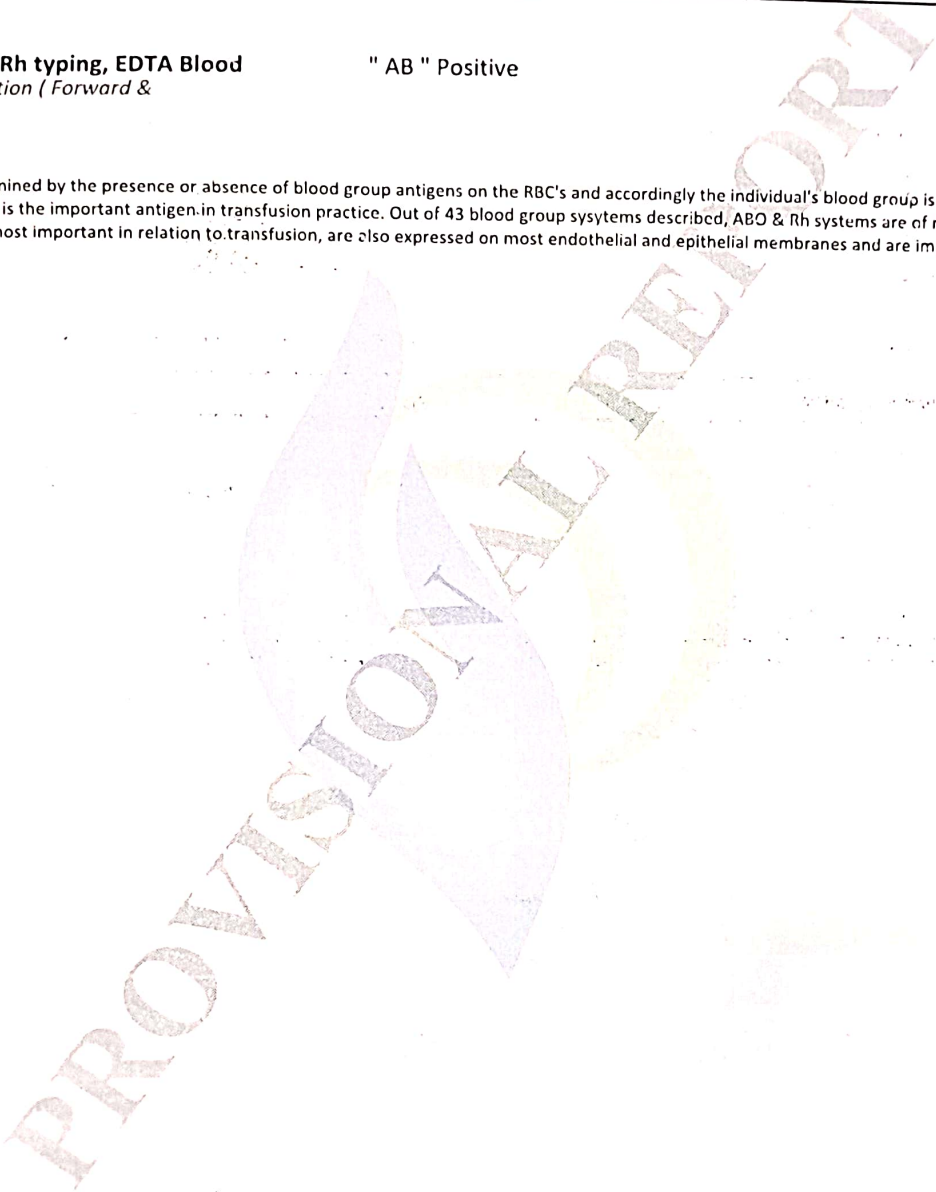
VEMULA MANOJ		Collected : 09-11-2024 09:30	Lab ID : 41127501071
DOB :		Received : 09-11-2024 09:54	Sample Quality : Adequate
Age : 37 Years		Reported :	Location : HYDERABAD
Gender : Male		Status : Provisional	Ref By : PRASAD HOSPITAL
CRM : 223002533417			Client : Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948

Parameter	Result	Unit	Biological Ref. Interval
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**Blood Grouping & Rh typing, EDTA Blood** " AB " Positive  
*Slide/Tube Agglutination ( Forward & Reverse)*

**Clinical Significance:**

The blood group is determined by the presence or absence of blood group antigens on the RBC's and accordingly the individual's blood group is A, B, AB or O. Other than A & B antigens, Rh(D) antigen is the important antigen in transfusion practice. Out of 43 blood group systems described, ABO & Rh systems are of major clinical importance. The ABO antigens, although most important in relation to transfusion, are also expressed on most endothelial and epithelial membranes and are important histocompatibility antigens.



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# PRASAD HOSPITALS

NAME : EMULA MANOJ	Collected : 09-11-2024 09:30	Lab ID : 41127501071
DOB :	Received : 09-11-2024 09:54	Sample Quality : All good
Age : 37 Years	Reported :	Location : HYDERABAD
Gender : Male	Status : Provisional	Ref By : PRASAD HOSPITAL
CRM : 223002533417		Client : Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948



Parameter	Result	Unit	Biological Ref. Interval
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**Total Protein, Serum**  
BIURET

6.45

gm/dL

6.4-8.8

**Clinical Significance:-**

Urinary protein levels may rise in healthy individual after vigorous exercise. In a random urine sample, a protein: creatinine ratio can be used to roughly approximate 24 hours excretion rate. False proteinuria may be due to contamination of urine with semen, menstrual blood etc.

**Glucose (Fasting) Plasma**  
GOD-POD

96.20

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 FBG may 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 arise. 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 diagnosis of diabetes.

**Glucose (Post Prandial), Plasma**  
GOD-POD

100.5

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.

**Creatinine, Serum**  
ENZYMATIC

1.11

mg/dL

0.7 - 1.3

**Clinical significance :-**

An increased level of creatinine may be a sign of poor kidney function. The measure of serum creatinine may also be used to estimate glomerular filtration rate (GFR). The formula for calculating GFR takes into account the serum creatinine count and other factors, such as age and sex. A GFR score below 60 suggests kidney disease. Creatinine clearance is usually determined from a measurement of creatinine in a 24-hour urine sample and from a serum sample taken during the same time period. However, shorter time periods for urine samples may be used. Accurate timing and collection of the urine sample is important.

**Urea, Serum**  
UREASE/GLDH

16.50

mg/dL

15-48

**Clinical Significance:**

Urea is the final breakdown product of the amino acids found in proteins. High urea levels suggest poor kidney function. This may be due to acute or chronic kidney disease. However, there are many things besides kidney disease that can affect urea levels such as decreased blood flow to the kidneys as in congestive heart failure, shock, stress, recent heart attack or severe burns; bleeding from the gastrointestinal tract; conditions that cause obstruction of urine flow; or dehydration

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# PRASAD HOSPITALS

EMULA MANOJ	Collected : 09-11-2024 09:30	Lab ID : 41127501671
DOB :	Received : 09-11-2024 09:54	Sample Quality : <i>Pragathi</i>
Age : 37 Years	Reported :	Location : HYDERABAD
Gender : Male	Status : Provisional	Ref By : PRASAD HOSPITAL
CRM : 223002533417		Client : Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948



**Blood Urea Nitrogen (BUN), Serum** 7.71 mg/dL 6 -20  
*Calculated*

**Clinical significance:**

Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function.

**Uric Acid, Serum** 7.20 mg/dL 4.4-7.6  
*URICASE-POD*

**Clinical significance:-**

Uric acid is the final product of purine metabolism in humans. The major causes of hyperuricemia are increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy, cytotoxic drugs, and decreased excretion due to chronic renal failure or increased renal reabsorption. Hypouricemia may be secondary to severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies (eg, 6-mercaptopurine).

**Triglycerides, Serum** 101.90 mg/dL Normal: <150  
*GPO* High:150-199  
Hypertriglyceridemia: 200-499  
Very high: >499

**Clinical significance:-**

Increased plasma triglyceride levels are indicative of a metabolic abnormality and, along with elevated cholesterol, are considered a risk factor for atherosclerotic disease. Hyperlipidemia may be inherited or be associated with biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure, or metabolic disorders related to endocrinopathies. Increased triglycerides may also be medication-induced (eg, prednisone). Since cholesterol and triglycerides can vary independently, measurement of both is more meaningful than the measurement of cholesterol only.

**Bilirubin - Total, Serum** 1.05 mg/dL 0.1 - 1.3  
*DIAZO*

**Clinical Significance:**

Bilirubin is one of the most commonly used tests to assess liver function. The most commonly occurring form of unconjugated hyperbilirubinemia is that seen when there is excess hemolysis (pre-hepatic jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin when there is blockage of the bile ducts. Both conjugated and unconjugated bilirubins are increased in hepatitis and space-occupying lesions of the liver; and obstructive lesions such as carcinoma of the head of the pancreas, common bile duct, or ampulla of Vater.

**Bilirubin - Direct, Serum** H 0.43 mg/dL <0.3  
*DIAZO*

**Clinical Significance:**

Bilirubin is one of the most commonly used tests to assess liver function. The most commonly occurring form of unconjugated hyperbilirubinemia is that seen when there is excess hemolysis (pre-hepatic jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin when there is blockage of the bile ducts. Both conjugated and unconjugated bilirubins are increased in hepatitis and space-occupying lesions of the liver; and obstructive lesions such as carcinoma of the head of the pancreas, common bile duct, or ampulla of Vater.

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# PRASAD HOSPITALS

NAME : MULA MANOJ	Collected : 09-11-2024 09:30	Lab ID : 41127961077
DOB :	Received : 09-11-2024 09:54	Sample Quality : Good
Age : 37 Years	Reported :	Location : HYDERABAD
Gender : Male	Status : Provisional	Ref By : PRASAD HOSPITAL
CRM : 223002533417		Client : Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948

**Bilirubin - Indirect, Serum**  
*Calculated*

0.62 mg/dL 0.2-1

**Clinical Significance:**

Hemoglobin is released from RBCs and broken down to heme and globin molecules. Heme is then catabolized to form biliverdin, which is transformed into bilirubin. This form of bilirubin is called unconjugated (indirect) bilirubin. The total serum bilirubin level is the sum of the conjugated (direct) and unconjugated (indirect) bilirubin. These are separated out when fractionation or differentiation of the total bilirubin to its direct and indirect parts is requested from the laboratory. Normally the unconjugated bilirubin makes up 70% to 85% of the total bilirubin.

PROVISIONAL REPORT

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<b>VEMULA MANOJ</b> DOB : Age : 37 Years Gender : Male CRM : 223002533417		Collected : 09-11-2024 09:30 Received : 09-11-2024 09:54 Reported : Status : Provisional	Lab ID : 41127501671 Sample Quality : Adequate Location : HYDERABAD Ref By : PRASAD HOSPITAL Client : Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948
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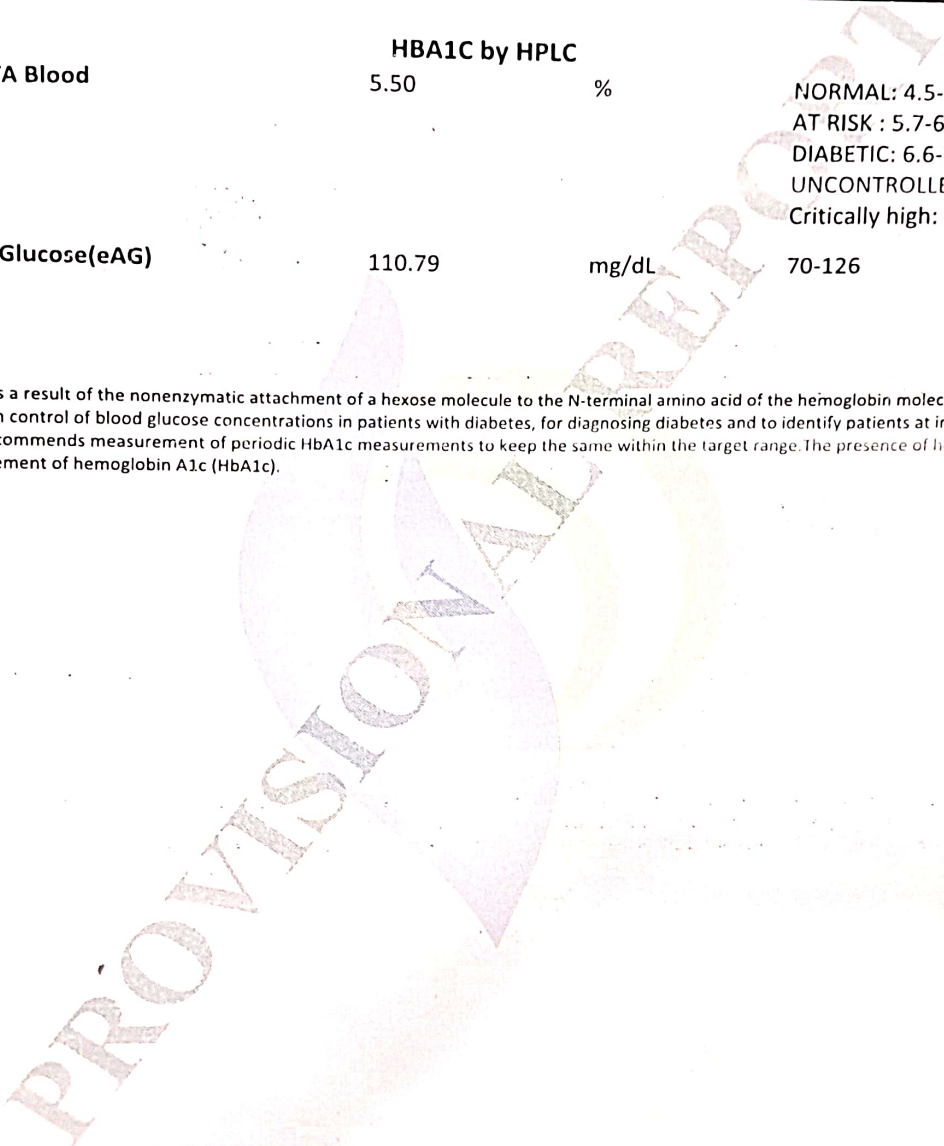
Parameter	Result	Unit	Biological Ref. Interval
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<b>HbA1c By HPLC,EDTA Blood</b> <i>HPLC</i>	<b>HBA1C by HPLC</b>		
	5.50	%	NORMAL: 4.5-5.6 AT RISK : 5.7-6.5 DIABETIC: 6.6-7.0 UNCONTROLLED: 7.1-8.9 Critically high: >= 9.0

<b>Estimated Average Glucose(eAG)</b> <i>Calculated</i>	110.79	mg/dL	70-126
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**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 estimation is useful 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 diabetes (prediabetes). The ADA recommends measurement of periodic HbA1c measurements to keep the same within the target range. The presence of hemoglobin variants can interfere with the measurement of hemoglobin A1c (HbA1c).



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Name : MANIJA MANOJ Age : 37 Years Gender : Male CRM : 223002533417		Collected : 09-11-2024 09:30 Received : 09-11-2024 09:54 Reported : Status : Provisional	Lab ID : 41127501071 Sample Quality : Location : HYDERABAD Ref By : PRASAD HOSPITAL Client : Prasad Hospitals India Private Limited - Pragathi Nagar-8511948
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Parameter	Result	Unit	Biological Ref. Interval
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### THYROID FUNCTION TEST

**Tri Iodo Thyronine (T3 Total), Serum**      0.94      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-binding 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**      12.02      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, myxedema, cretinism, chronic thyroiditis, and occasionally, subacute thyroiditis. Increased total thyroxine (T4) is seen in pregnancy and patients who are on estrogen medication. These 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 steroids or nephrosis (decreased TBG levels).

**Thyroid Stimulating Hormone (TSH), Serum**      3.643      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 useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly 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





Lab ID : 41127501071  
 Sample Quality : Adequate  
 Location : HYDERABAD  
 Ref By : PRASAD HOSPITAL  
 Client : Prasad Hospitals India Private Limited -Pragathi Nagar-BS11948

Collected : 09-11-2024 09:30  
 Received : 09-11-2024 09:54  
 Reported :  
 Status : Provisional



MOHA MANOJ  
 : 37 Years  
 Age : Male  
 Gender : 223002533417  
 CRM

Parameter	Result	Unit	Biological Ref. Interval
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## URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATION

<b>Colour</b> Visual	Pale Yellow		Pale Yellow
<b>Volume</b> Visual	20	ml	
<b>Specific Gravity</b> Dip Stick (Bromthymol blue)	1.025		1.015 - 1.025
<b>Appearance</b> Visual	Clear		Clear
<b>pH</b> Dip Stick (Double Indicators)	6.0		5.0 -8.0

### BIOCHEMICAL EXAMINATION

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

### MICROSCOPIC EXAMINATION

<b>Pus cells</b> Microscopy	2 - 3	/hpf	0-5
<b>Epithelial Cells</b> Microscopy	Occasional	/hpf	0-2

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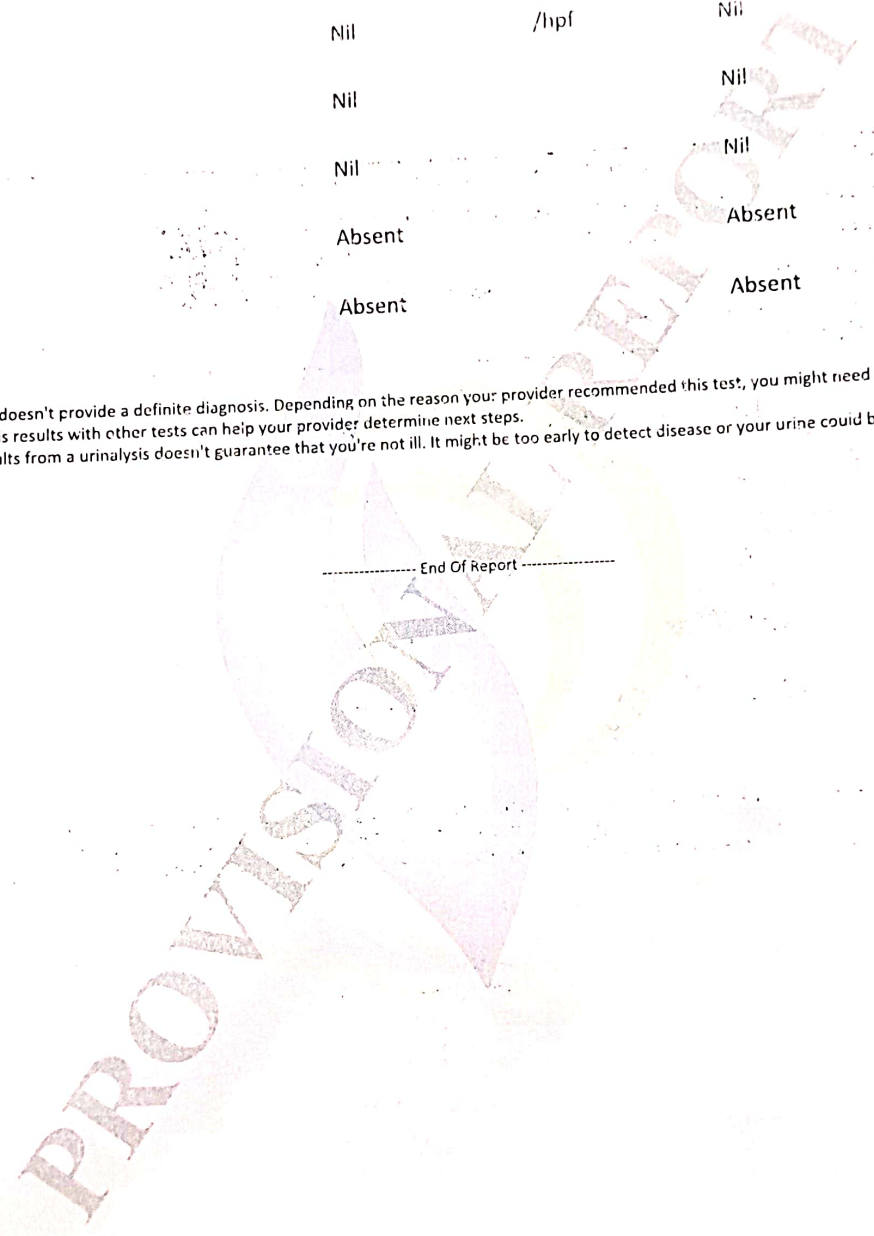
NAME : ANJULA MANOJ	Collected : 09-11-2024 09:30	Lab ID : 4117730407
Age : 37 Years	Received : 09-11-2024 09:54	Sample Quality : Good
Gender : Male	Reported :	Location : HYDERABAD
CRM : 223002533417	Status : Provisional	Ref By : PRASAD HOSPITAL
		Client : Prasad Hospitals India Private Limited -Pragathi Nagar-8511948



RBCs <i>Microscopy</i>	Nil	/hpf	Nil
Casts <i>Microscopy</i>	Nil		Nil
Crystals <i>Microscopy</i>	Nil		Nil
Yeast cells <i>Microscopy</i>	Absent		Absent
Bacteria <i>Microscopy</i>	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 results. 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.

----- End Of Report -----



Processed At: LifeWell Diagnostics Pvt Ltd, Prasad Hospital, Plot no : 15, Aditya Nagar, Pragathi Nagar, Besides Nexa Showroom, Kukatpally, Hyderabad - 500090

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**NACHARAM**  
88012 33333

**PRAGATHINAGAR**  
81212 12707

**MANIKONDA**  
88850 23110

**prasadhospitals.in**  
/ prasadhospital

PATIENT NAME: V. MANOJ KUMAR  
REF BY DR. PRASAD HOSPITALS

37YRS/MALE  
09/11/2024

### ULTRA SOUND SCAN ABDOMEN

**LIVER:** Normal in size, Normal shape & increased echo texture.  
No focal lesion seen.  
No IHBD, Portal vein is normal and CBD normal

**GALL BLADDER:** contracted.

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

**SPLEEN:** Normal in size with normal echo texture.  
No focal lesion seen. Splenic Veins normal.

**RIGHT KIDNEY** Normal in size with normal shape and echogenicity.  
Corticomedullary differentiation is well maintained  
Pelvicalyceal system is normal.  
No focal lesion seen. No e/o renal calculi.

**LEFT KIDNEY:** Normal in size with normal shape and echogenicity.  
Corticomedullary differentiation is well maintained  
Pelvicalyceal system is normal.  
No focal lesion seen. No e/o renal calculi

**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.

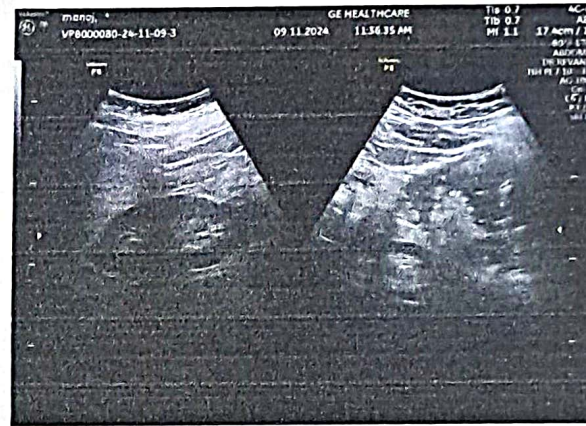
**IMPRESSION:** - Grade I fatty liver.

For clinical correlation

**Dr. Charishma Daruru**  
MBBS. MD (Radiodiagnosis)  
Consultant Radiologist  
Regd No: 91510  
Prasad Hospitals India Pvt. Ltd.

**CONSULTANT RADIOLOGIST.**







PRASAD HOSPITAL PRAGATHI NAGAR OPP NEXA SHOW ROOM  
 KUKUTAPALLY, JNTU

Report



240 / MANOJ KUMAR / 37 Yrs / M / 181 Cms / 100 Kg Date: 09-Nov-2024 Refd By : DR SRVAN KUMAR Examined By: DR SRAVAN KUMAR MD,DM  
 NonCardiacPain Angina /Non-Hypercholestromia/Non-Diabetic/Negative Estrogen/Non-Athlete

Stage	Time	Duration	Speed(mph)	Elevation	MEt's	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:12	0:12	00.0	00.0	01.0	108	59 %	120/80	129	00	
ExStart	00:14	0:02	00.0	00.0	01.0	108	59 %	120/80	129	00	
BRUCE Stage 1	03:14	3:00	01.7	10.0	04.7	130	71 %	120/80	156	00	
BRUCE Stage 2	06:14	3:00	02.5	12.0	07.1	146	80 %	130/80	189	00	
PeakEx	07:03	0:49	03.4	14.0	08.0	155	85 %	130/80	201	00	
Recovery	07:33	0:30	00.0	00.0	04.1	146	80 %	130/80	189	00	
Recovery	08:03	1:00	00.0	00.0	01.1	137	75 %	140/90	191	00	
Recovery	08:59	1:57	00.0	00.0	01.0	127	69 %	140/90	177	00	

**FINDINGS:**

Exercise Time : 06:49  
 Initial HR (ExStrt) : 108 bpm 59% of Target 183  
 Initial BP (ExStrt) : 120/80  
 Max Workload Attained : 8 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : V1 & -0.6 mm in Recovery  
 Duke Treadmill Score : 06.4  
 Test End Reasons : Heart Rate Achieved, Heart Rate Achieved, Target Heart Rate Achieved

**REPORT:**

Doctor: DR SRAVAN KUMAR MD,DM, CARDIOLOGIST

SAD HOSPITAL PRAGATHI NAGAR OPP NEXA SHOW ROOM

SUPINE (00:12)

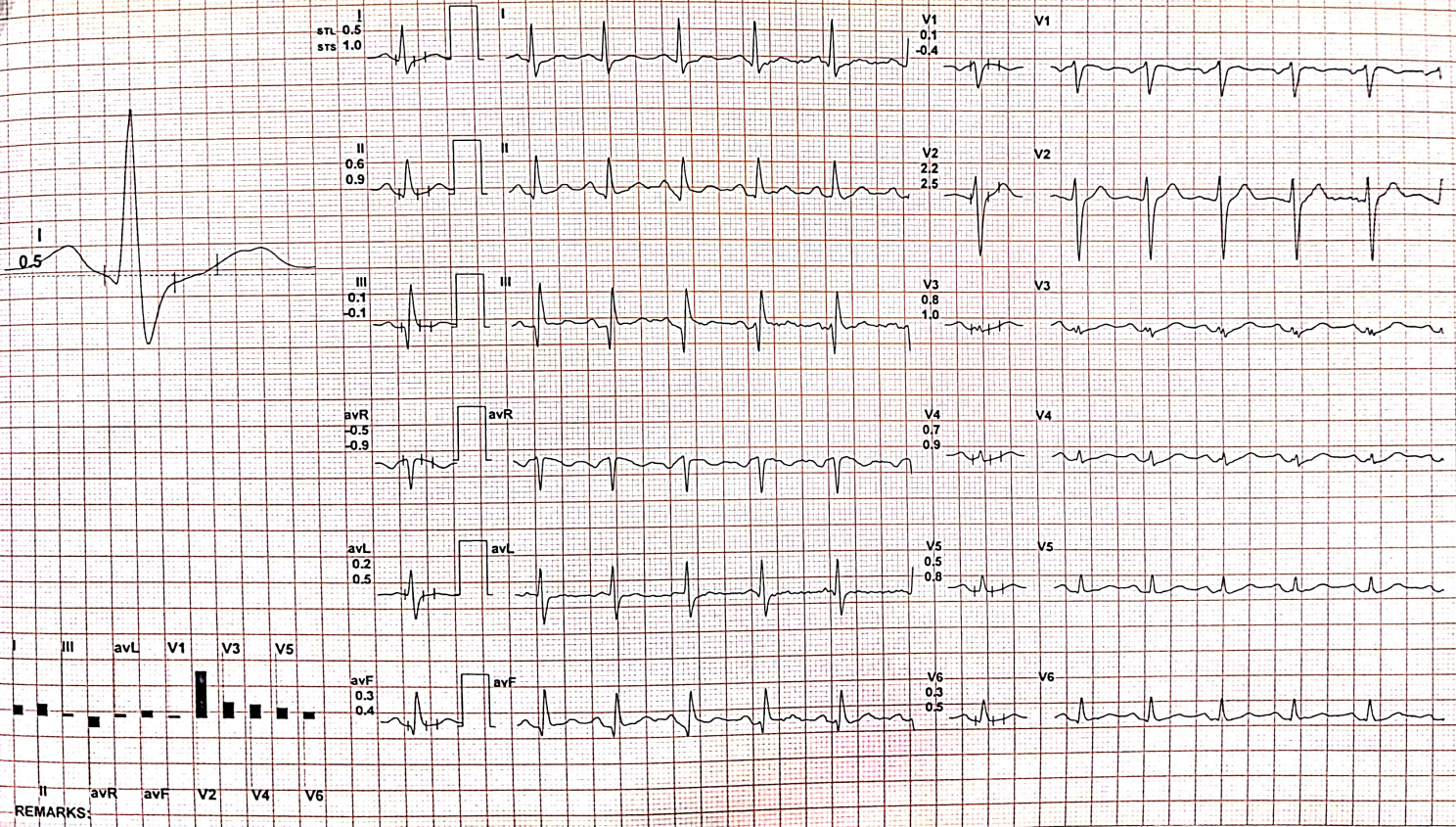


MANOJ KUMAR / 37 Yrs / M / 181 Cms / 100 Kg / HR : 108

Date: 09-Nov-2024 10:55:25 AM METS: 1.0/ 108 bpm 59% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 70 mS Post J



REMARKS:

SAD HOSPITAL PRAGATHI NAGAR OPP NEXA SHOW ROOM

/ MANOJ KUMAR / 37 Yrs / M / 181 Cms / 100 Kg / HR : 108

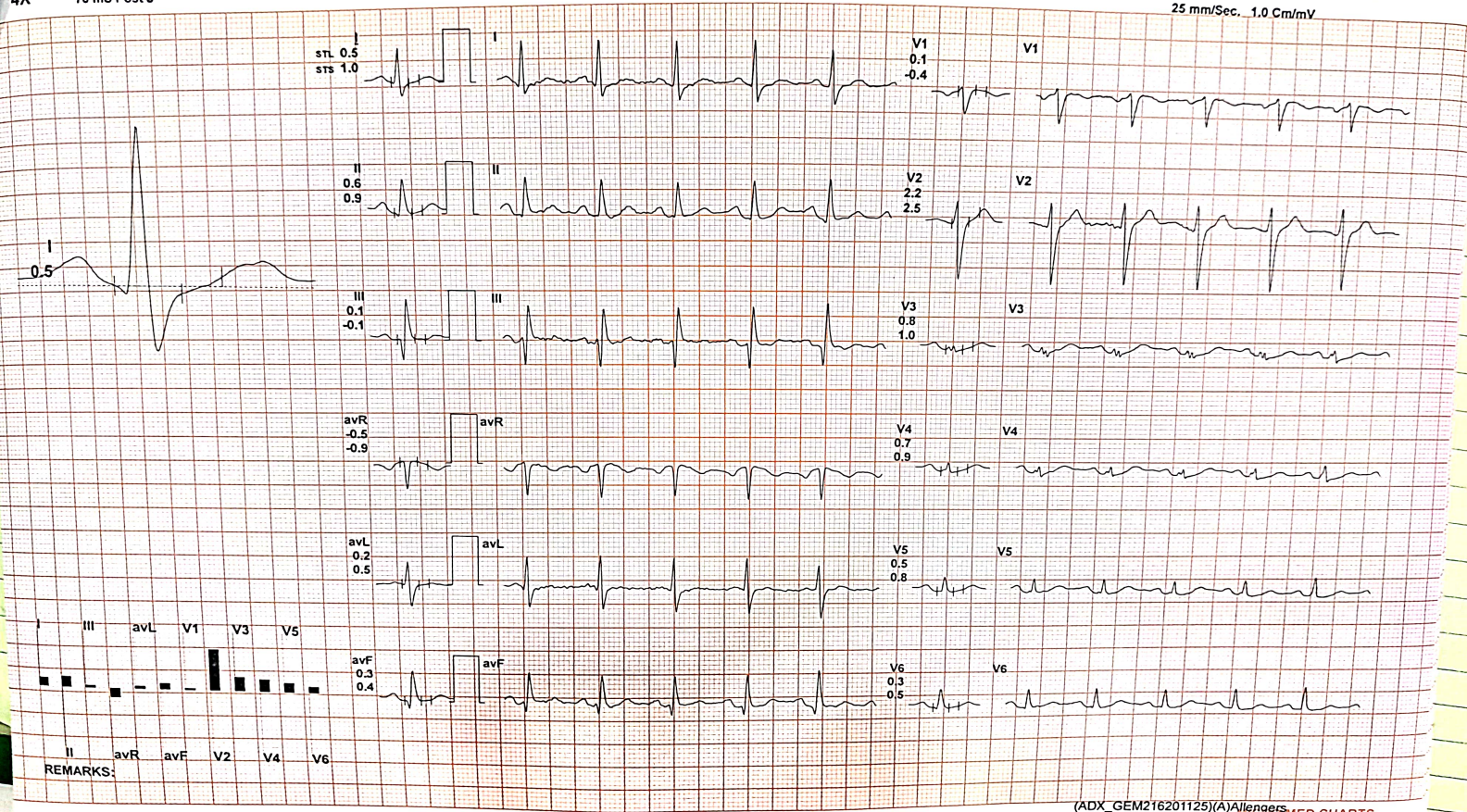
ExStrt



Date: 09-Nov-2024 10:55:25 AM METS: 1.0/ 108 bpm 59% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 70 mS Post J



REMARKS:

**RASAD HOSPITAL PRAGATHI NAGAR OPP NEXA SHOW ROOM**

FAPALLY, JNTU  
240 / MANOJ KUMAR / 37 Yrs / Male / 181 Cm / 100 Kg

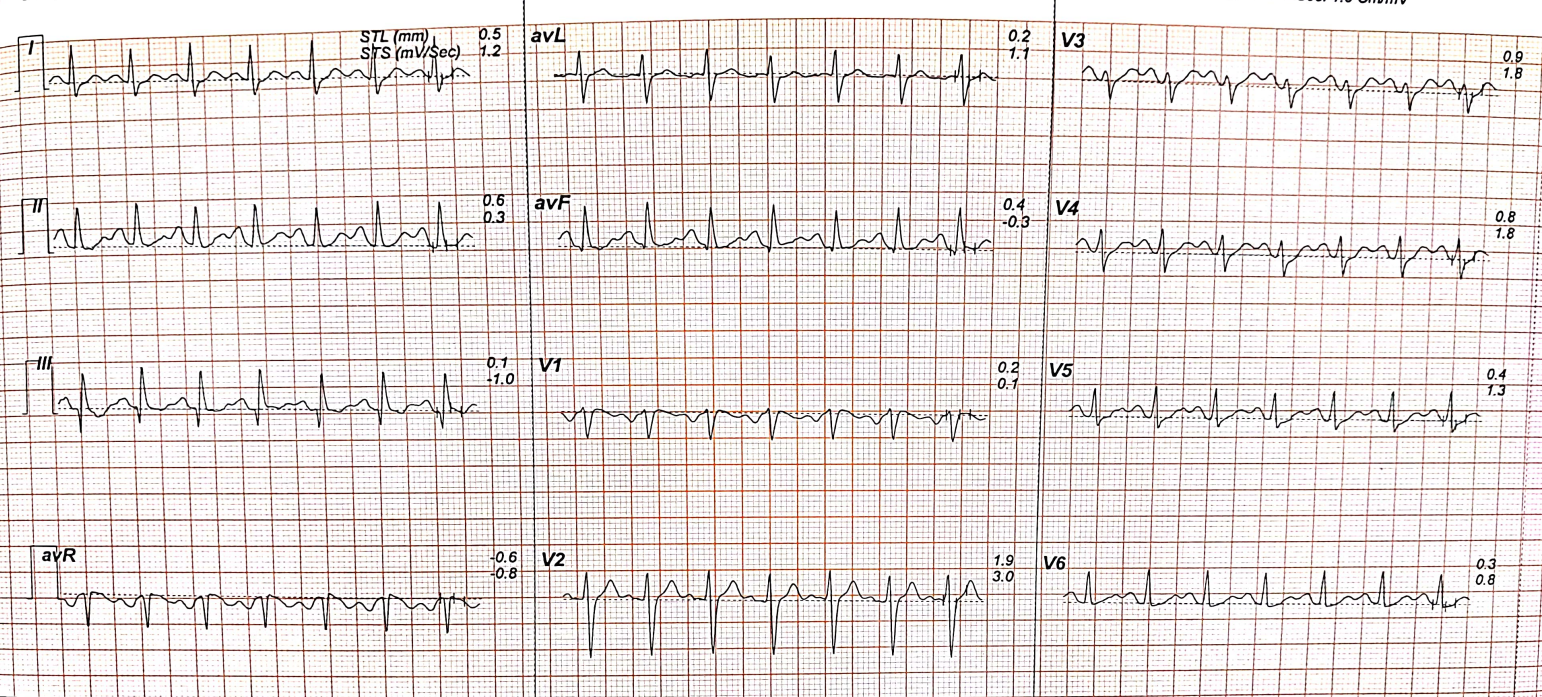
**Linked Medians Report**

BRUCE : Stage 1 ( 03:00 )



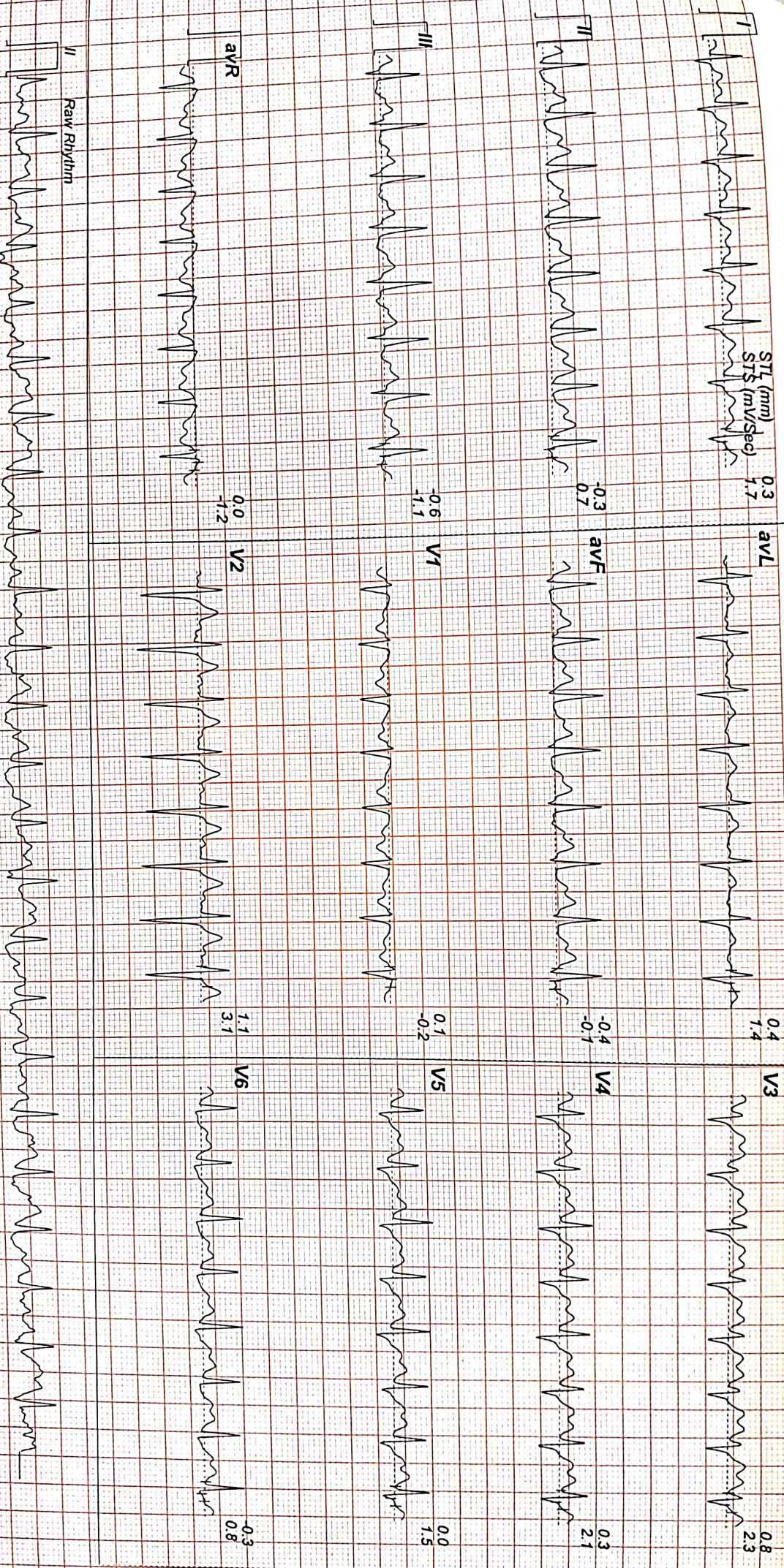
Date: 09 - 11 - 2024 10:55:25 AM METs : 4.7 HR : 130 Target HR : 71% of 183 BP : 120/80 Post J @80mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 09 - 11 - 2024 10:55:25 AM METS : 7.1 HR : 146 Target HR : 80% of 183 BP : 130/80 Post J @60mSec  
 ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV

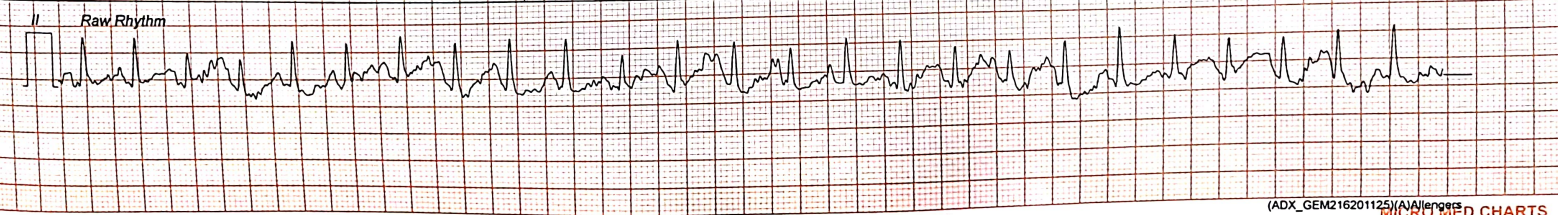
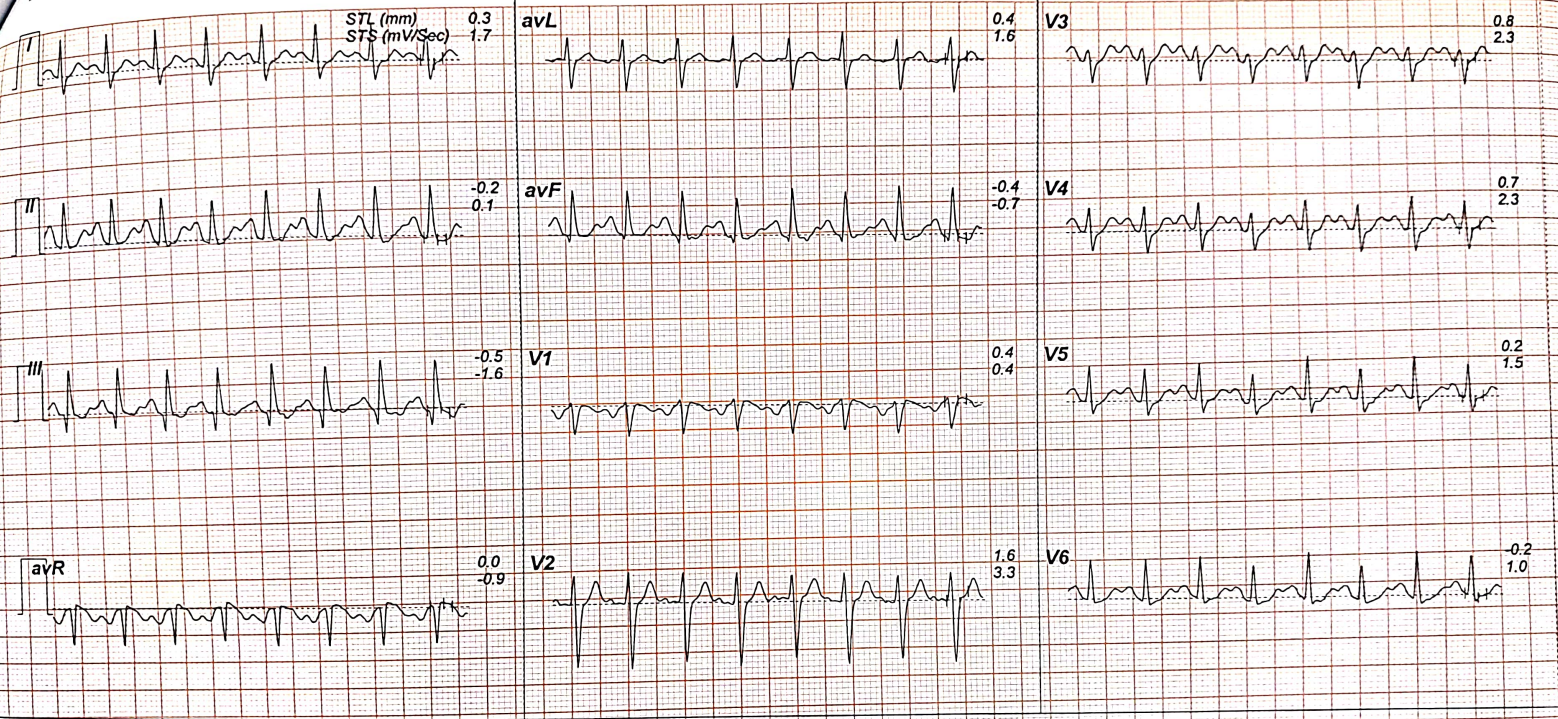




ALLY, JNTU  
MANOJ KUMAR / 37 Yrs / Male / 181 Cm / 100 Kg

Date: 09 - 11 - 2024 10:55:25 AM METs : 8.0 HR : 155 Target HR : 85% of 183 BP : 130/80 Post J @60mSec

ExTime: 06:49 Speed: 3.4 mph Grado : 14.00 % 25 mm/Sec. 1.0 Cm/mV



AGHPL HOSPITAL PRAGATHI NAGAR OPP NEXA SHOW ROOM

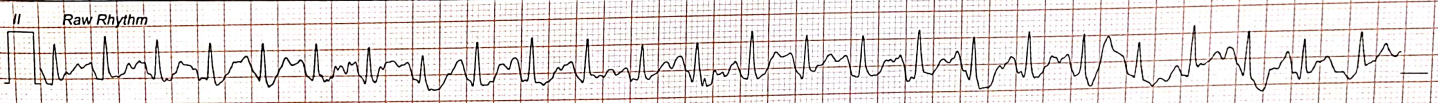
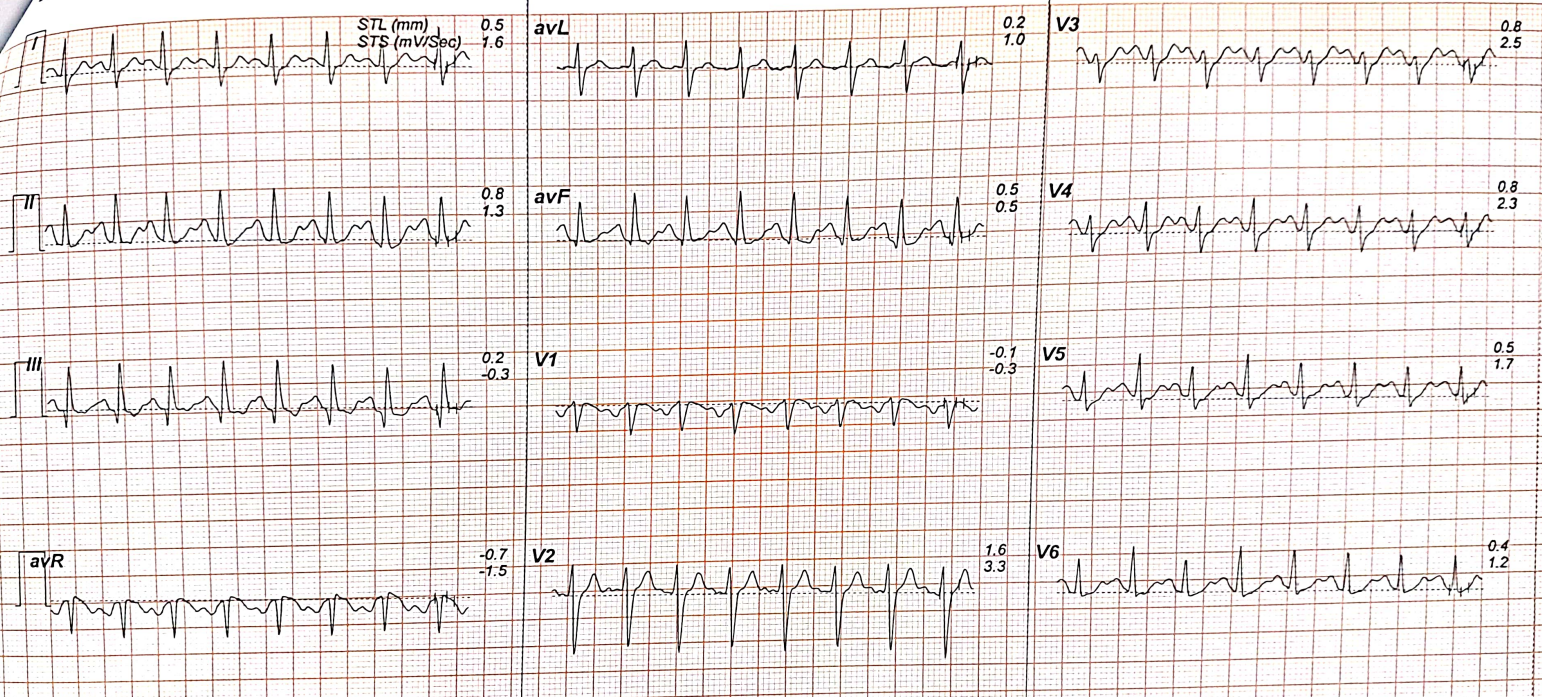
AGHPL  
SURYA JNTU  
SRI MANOJ KUMAR / 37 Yrs / Male / 181 Cm / 100 Kg

Linked Medians Report  
Recovery : ( 00:30 )



Date: 09 - 11 - 2024 10:55:25 AM METs : 4.1 HR : 146 Target HR : 80% of 183 BP : 130/80 Post J @60mSec

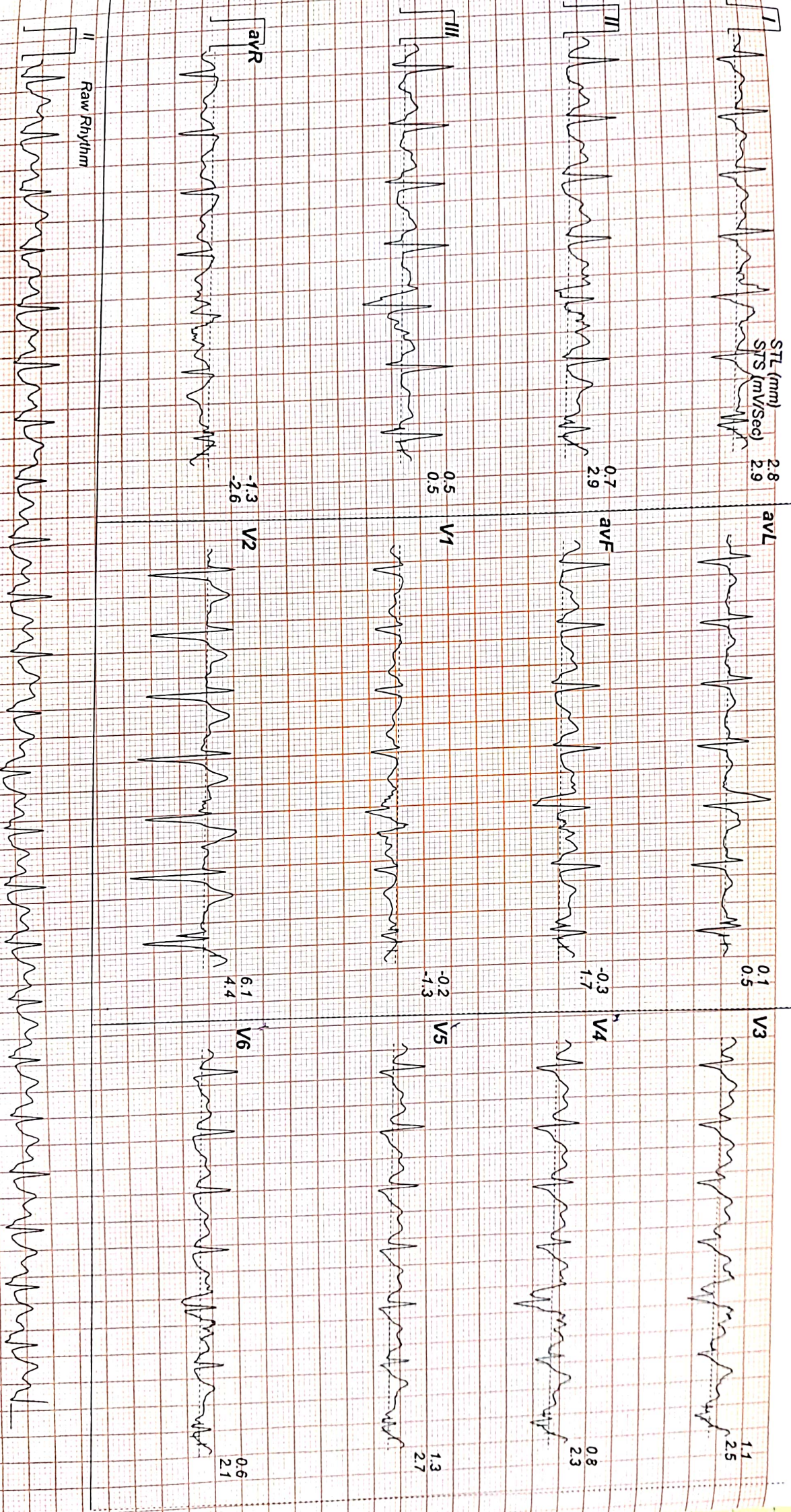
ExTime: 06:49 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 09 - 11 - 2024 10:55:25 AM METS : 1.1 HR : 137 Target HR : 75% of 183 BP : 140/90 Post J @60mSec

Ex Time: 06:49 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV







Date: 09 - 11 - 2024 10:55:25 AM METS : 1.0 HR : 127 Target HR : 69% of 183 BP : 140/90 Post J @60mSec

ExTime: 06:49 Speed: 0.0 mph Grads : 00.00 % 25 mm/Sec. 1.0 Cm/mV

