



8/3/25

Mr. J. Murali Krishna Prasad.
59y/M.

Came for Regular health check up.

WBC - 2.6
PLC - 108
FBS - 125
PLBS - 210
HbA1c - 6.20
CGE - 6.6x10⁶ Trpk.

USG - Mild splenomegaly.
- Non strangulated umbilical
Hernia. (0.8cm)


Adv
Diabetic diet.

Repeat Lipid prof.,
HbA1c }
PLBS } June
FBS } 2025.

Adv
Gen Surgery
opinion.

D.I.B.



Mr. JAMPANI MURALI KRISHNA PRASAD	Collected : 08-03-2025 12:23	Lab ID : 50308700311
DOB : 	Received : 08-03-2025 13:41	Sample Quality : Adequate
Age : 59 Years	Reported : 08-03-2025 15:02	Location : HYDERABAD
Gender : Male	Status : Final	Ref By : S RAGHAVENDER
CRM : 223003771750		Client : Prasad Hospitals India Private Limited -B595

Parameter	Result	Unit	Biological Ref. Interval
Creatinine, Serum ENZYMATIC	0.78	mg/dL	0.7 - 1.3
Urea, Serum UREASE-GLDH	L 12.80	mg/dL	15-48
Blood Urea Nitrogen (BUN), Serum Calculated	L 5.98	mg/dL	6 -20

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



Mr. JAMPANI MURALI KRISHNA PRASAD	Collected : 08-03-2025 12:23	Lab ID : 50308700312
DOB :	Received : 08-03-2025 13:42	Sample Quality : Adequate
Age : 59 Years	Reported : 08-03-2025 15:01	Location : HYDERABAD
Gender : Male	Status : Final	Ref By : S RAGHAVENDER
CRM : 223003771754		Client : Prasad Hospitals India Private Limited -B59549

Parameter	Result	Unit	Biological Ref. Interval
Uric Acid, Serum <i>URICASE-POD</i>	6.0	mg/dL	4.4-7.6

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).

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



Mr. JAMPANI MURALI KRISHNA PRASAD	Collected : 08-03-2025 09:58	Lab ID : 50308700298
DOB :	Received : 08-03-2025 09:58	Sample Quality : Adequate
Age : 59 Years	Reported : 08-03-2025 16:37	Location : HYDERABAD
Gender : Male	Status : Interim	Ref By : S.RAGHAVENDER
CRM : 223003771789		Client : Prasad Hospitals India Private Limited - B59549

Parameter	Result	Unit	Biological Ref. Interval
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Prostate Specific Antigen, Total, Serum CLIA	0.390	ng/mL	<=3.5
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Clinical significance:-

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha-2-macroglobulin (not detected by immunoassays). Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer.

Pending Services
Routine Examination, Stool

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



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Gender : Male	Status : Interim	Ref By : S.RAGHAVENDER
CRM : 223003771789		Client : Prasad Hospitals India Private Limited BS9549

Parameter	Result	Unit	Biological Ref. Interval
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THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum 1.19 ng/mL 0.4 - 1.81
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 10.74 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 4.564 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 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




Mr. JAMPANI MURALI KRISHNA PRASAD	Collected : 08-03-2025 09:58	Lab ID : 50308700298
DOB :	Received : 08-03-2025 09:58	Sample Quality : Adequate
Age : 59 Years	Reported : 08-03-2025 14:59	Location : HYDERABAD
Gender : Male	Status : Interim	Ref By : S.RAGHAVENDER
CRM : 223003771789		Client : Prasad Hospitals India Private Limited B5954

Parameter	Result	Unit	Biological Ref. Interval
HbA1c By HPLC, EDTA Blood HPLC	6.20	%	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 130.82	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 estimation is 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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Gender : Male	Status : Interim	Ref By : S.RAGHAVENDER
CRM : 223003771789		Client : Prasad Hospitals India Private Limited 859549

Parameter	Result	Unit	Biological Ref. Interval
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Blood Grouping & Rh typing, EDTA Blood " O " 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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Gender : Male	Status : Interim	Ref By : S.RAGHAVENDER
CRM : 223003771789		Client : Prasad Hospitals India Private Limited -BS95

Parameter	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST			
Bilirubin - Total, Serum <i>Modified TAB Method</i>	1.04	mg/dL	0.1 - 1.3
Bilirubin - Direct, Serum <i>DIAZO</i>	0.16	mg/dL	<0.3
Bilirubin - Indirect, Serum <i>Calculated</i>	0.88	mg/dL	0.2-1
SGOT, Serum <i>IFCC without PLP</i>	H 53.20	U/L	<35
SGPT, Serum <i>IFCC without PLP</i>	14.80	U/L	<45
Alkaline Phosphatase, Serum <i>AMP</i>	77.0	U/L	53 - 128
GGT (Gamma Glutamyl Transferase), Serum <i>G-glutamyl-p-nitroanilide</i>	44.70	U/L	<55
Total Protein, Serum <i>BIURET</i>	7.19	gm/dL	6.4-8.8
Albumin, Serum <i>BCG</i>	3.89	gm/dL	3.5 - 5.2
Globulin, Serum <i>Calculated</i>	3.30	gm/dL	1.9-3.9
A:G ratio <i>Calculated</i>	1.18		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 function tests 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 signs or 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 of the liver and to evaluate the effectiveness of any treatments. Abnormal tests.



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Gender : Male	Status : Interim	Ref By : S.RAGHAVENDER
CRM : 223003771789		Client : Prasad Hospitals India Private Limited B59549

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.



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Gender : Male	Status : Interim	Ref By : S.RAGHAVENDER
CRM : 223003771789		Client : Prasad Hospitals India Private Limited - 85954

Parameter	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

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

BIOCHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

Pus cells <i>Microscopy</i>	2 - 3	/hpf	0-5
Epithelial Cells <i>Microscopy</i>	1 - 2	/hpf	0-2



Mr. JAMPANI MURALI KRISHNA PRASAD	Collected : 08-03-2025 09:58	Lab ID : 50308/00298
DOB :	Received : 08-03-2025 09:58	Sample Quality : Adequate
Age : 59 Years	Reported : 08-03-2025 11:52	Location : HYDERABAD
Gender : Male	Status : Interim	Ref By : S.RAGHAVENDER
CRM : 223003771789		Client : Prasad Hospitals India Private Limited. 8595

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Total Cholesterol, Serum <i>CHOD-PAP</i>	161.00	mg/dL	Desirable: <200 Borderline: 200 - 239 High: >=240
Triglycerides, Serum <i>GPO</i>	74.70	mg/dL	Normal: <150 High: 150-199 Hypertriglyceridemia: 200-499 Very high: >499
HDL Cholesterol, Serum <i>Precipitation Method with PVS and PEGME</i>	39.50	mg/dL	Low : < 40 High : > 60
Low Density Lipoprotein-Cholesterol (LDL) <i>SELECTIVE SOLUBILISATION</i>	106.56	mg/dL	Optimal: <100 Near Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: >189
VLDL <i>Calculated</i>	14.94	mg/dL	6-40
Total Cholesterol/HDL Ratio <i>Calculated</i>	H 4.08		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High: >5
LDL / HDL Ratio <i>Calculated</i>	H 2.70	%	Optimal: <2.5 Near optimal: 2.5 - 3.5 High: >3.5
Non HDL Cholesterol, Serum <i>Calculated</i>	121.50	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 cholesterol 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.




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Age : 59 Years	Reported : 08-03-2025 13:34	Location : HYDERABAD
Gender : Male	Status : Interim	Ref By : S RAGHAVENDER
CRM : 223003771789		Client : Prasad Hospitals India Private Limited B595

Parameter	Result	Unit	Biological Ref. Interval
Glucose (Post Prandial), Plasma <i>GOD-POD</i>	H 210.1	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 intervention and predict risk for comorbidities, such as cardiovascular or eye and kidney disease.




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Age : 59 Years	Reported : 08-03-2025 11:52	Location : HYDERABAD
Gender : Male	Status : Interim	Ref By : S.RAGHAVENDER
CRM : 223003771789		Client : Prasad Hospitals India Private Limited -B59549

Parameter	Result	Unit	Biological Ref. Interval
Glucose (Fasting) Plasma <i>GOD-POD</i>	H 125.2	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.




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Gender : Male	Status : Interim	Ref By : S.RAGHAVENDER
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Parameter	Result	Unit	Biological Ref. Interval
ESR, EDTA Blood <i>Westergren(Manual)</i>	11	mm/hr	<=12

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 like hemoglobin concentration, ratio of plasma proteins, serum lipid concentration etc. Although ESR is a non-specific phenomenon, its measurement is useful in conditions 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 diagnosing arthritis & polymyalgia rheumatica. ESR can be low (< 1 mm) especially in polycythemia, hypofibrinogenemia and in abnormalities of red cells like sickle cell disease, spherocytosis etc.



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MPV <i>Calculated</i>	9.7	fL	9 - 13
PDW <i>Automated calculated</i>	14.5	%	
PlateletCrit <i>Automated calculated</i>	0.10	%	
PLCR (Platelet-Large Cell Ratio) <i>Calculated</i>	34.1	%	15.0 - 35.0

Remarks: Kindly correlate clinically

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.



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

Erythrocytes

Hemoglobin (HB), EDTA Blood <i>Colorimetric method</i>	13.7	g/dL	13.0-17.0
Red Blood Cells <i>Electrical Impedance method</i>	L 3.86	10 ⁶ Cells/ μ L	4.5 - 5.5
PCV (Hematocrit) <i>Electrical Impedance method</i>	L 36.7	%	40-50
MCV(Mean Corpuscular Volume) <i>Electrical Impedance method</i>	95.2	fL	83 - 101
MCH (Mean Corpuscular Hb) <i>Calculated</i>	H 35.4	Pg	27 - 32
MCHC (Mean Corpuscular Hb Concentration) <i>Calculated</i>	H 37.3	g/dL	31.5 - 34.5
Red Cell Distribution Width CV <i>Calculated</i>	12.2	%	11.6 - 14.6
Red Cell Distribution Width SD <i>Calculated</i>	L 37.6	fL	39 -46

Leucocytes

WBC -Total Leucocytes Count <i>Flowcytometry</i>	L 2.60	10 ³ Cells/ μ L	4- 10
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Differential leucocyte count

Neutrophils <i>Flowcytometry</i>	63.4	%	40 - 80
Lymphocytes <i>Flowcytometry</i>	29.2	%	20 - 40
Monocytes <i>Flowcytometry</i>	5.6	%	2-10
Eosinophils <i>Flowcytometry</i>	1.7	%	1-6
Basophils <i>Flowcytometry</i>	0.1	%	0-2

Platelets

Platelet Count, EDTA Blood <i>Electrical Impedance method</i>	L 108.00	10 ³ / μ L	150-410
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Prasad Hospitals India Private Limited, 44-717/12, IDA Nacharam, Behind Telephone exchange, Secunderabad -500 076

NACHARAM 88012 35333
PRAGATHINAGAR 81212 12707
MANIKONDA 88850 23110

prasad nospitals, tiaridram ECG report

ID : 20250308083255

Name : MR JAMPANI MURALI KRISHNA PRASAD

Gender : M

Age : 59 Years

Dept : emergency department

Bed No : 2

HR : 61 bpm

PR : 142 ms

QRS : 86 ms

QT/QTc : 410/412 ms

P/QRS/T : 60/22/12 °

RV5/SV1 : 0.928/0.819 mv

RV5+SV1 : 1.747 mv

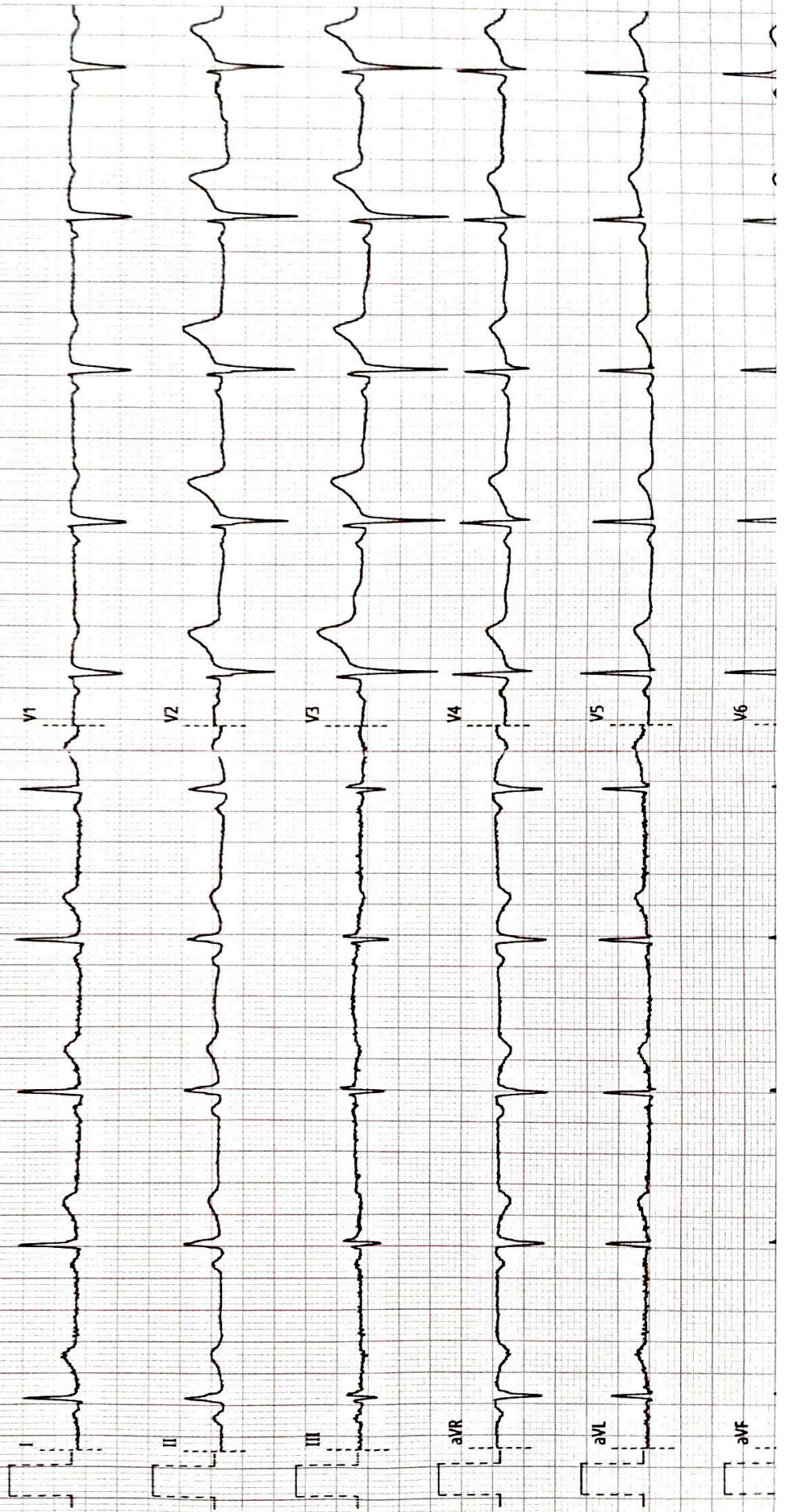
Confirm and sign:

<<Interpretations >>

Sinus arrhythmia

— Interpretation made without knowing patient's gender/age —

Normal ECG





2D ECHOCARDIOGRAM

Patient Name : MR.MURALI KRISHNA PRASAD J **IP/OP NO:** 31830
Date of Billing : 08-03-2025 **Age / SEX :** 59 MALE


Mitral Valve : Normal
Tricuspid Valve : Normal
Aortic Valve : Sclerotic
Polmonary Valve : Normal
Aorta : 2.7 cm
Left Atrium : 2.9 cm
Left Ventricle : **IVSD** : 1.0 cms **IVPWD** : 0.9 cms
EDD : 4.0 cms **EF** : 64% **FSV** :
ESD : 2.6 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** **TR JV:** 1.8m/sec
AV : AJV : 1.2 m/sec **RVSP:** 16mmHg
PV: PJV: 0.8 m/sec

Colour Flow Imaging : TR+

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


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

PATIENT NAME : MR. J MURALI KRISHNA PRASAD

59 YRS/MALE

REF BY DR. S RAGHAVENDER

08-03-2025

ULTRA SOUND SCAN ABDOMEN

LIVER : **149mm** 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 / pericholecystic fluid collection.

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

SPLEEN : **141mm increased 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: 105 x 48 mm **LEFT KIDNEY** measures : 104x 51 mm

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

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

E/o anterior abdominal wall defect of size 0.8 cm noted at umbilical region
With herniation of omental fat noted through defect on cough impulse

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

IMPRESSION : MILD SPLENOMEGALY
NON STRANGULATED UMBILICAL HERNIA

For clinical correlation



DR.K. SUPRABATHAM
RADIOLOGIST

PATIENT NAME : MR. T MURALI KRISHNA PRASAD

59 YRS/MALE

REF BY DR. S RAGHAVENDER

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

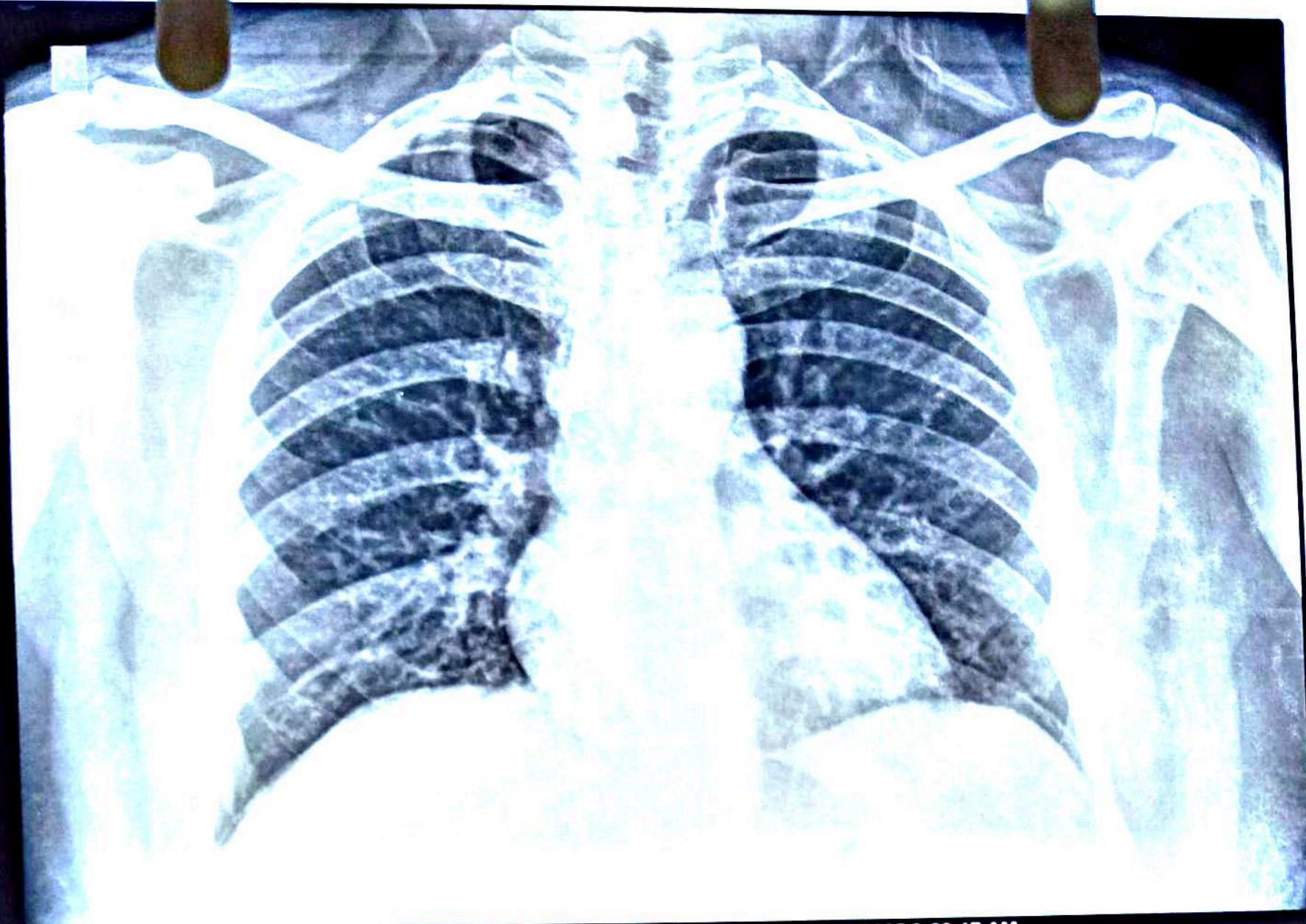
CARDIAC SIZE APPEARS NORMAL

IMPRESSION : NORMAL CHEST X RAY

For clinical correlation



**DR. K. SUPRABATHAM
RADIOLOGIST**



MR. J. MURALI KRISHNA PRASAD 69YRS Male

08-03-2025 9:23:17 AM

Chest PA

Patient ID: 2425-37909

DR. RAGHAVENDER

PRASAD HOSPITALS, NACHARAM, HYDERABAD, PH:040-69992555