

Mr. Muthya Lakshmi Ganesh
59y/M.

Came for regular Health check-up.

4% Itching over feet. only 4%.

abdomen discomfort only 0%

M.

- T. Pan - 40 .x 2 days.

itching T. Dazit. 5mg .x (80h.)

- Ziy. Melthy hoboli 1M x
(B12) only we
for 4 w.

D.S.



Mr. MUTYA LAKSHMI GANESH	Collected : 08-03-2025 09:55	Lab ID : 50308700297
DOB :	Received : 08-03-2025 09:55	Sample Quality : Adequate
Age : 59 Years	Reported : 08-03-2025 16:44	Location : HYDERABAD
Gender : Male	Status : Interim	Ref By : S.RAGHAVENDER
CRM : 223003771790		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 1.36 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 12.88 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 3.628 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

Pending Services
Routine Examination, Stool

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



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DOB :	Received : 08-03-2025 09:55	Sample Quality : Adequate
Age : 59 Years	Reported : 08-03-2025 14:59	Location : HYDERABAD
Gender : Male	Status : Interim	Ref By : S.RAGHAVENDER
CRM : 223003771790		Client : Prasad Hospitals India Private Limited BS9545

Parameter	Result	Unit	Biological Ref. Interval
HbA1c by HPLC			
HbA1c By HPLC, EDTA Blood <i>HPLC</i>	5.40	%	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) <i>Calculated</i>	107.93	mg/dL	70-126

Clinical significance :

Hemoglobin A1c (HbA1c) is a result of the nonenzymatic attachment of a glucose 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 or 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).



**PRASAD
HOSPITALS**

Mr. MUTHYA LAKSHMI GANESH	Collected : 08-03-2025 09:55	Lab ID : 50308/00297
DOB : [QR Code]	Received : 08-03-2025 09:55	Sample Quality : Adequate
Age : 59 Years	Reported : 08-03-2025 11:52	Location : HYDRABAD
Gender : Male	Status : Interim	Ref By : S RAGHAVENDER
CRM : 223003771790		Client : Prasad Hospitals India (Private) Limited - BS95

Parameter	Result	Unit	Biological Ref. Interval
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LIVER FUNCTION TEST

Bilirubin - Total, Serum <i>Modified TAB Method</i>	1.26	mg/dL	0.1 - 1.3
Bilirubin - Direct, Serum <i>DIAZO</i>	0.27	mg/dL	<0.3
Bilirubin - Indirect, Serum <i>Calculated</i>	0.99	mg/dL	0.2-1
SGOT, Serum <i>IFCC without PLP</i>	16.70	U/L	<35
SGPT, Serum <i>IFCC without PLP</i>	14.50	U/L	<45
Alkaline Phosphatase, Serum <i>AMP</i>	54.0	U/L	53 - 128
GGT (Gamma Glutamyl Transferase), Serum <i>G-gutamyl-p-nitroanilide</i>	20.90	U/L	<55
Total Protein, Serum <i>BIURET</i>	7.58	gm/dL	6.4-8.8
Albumin, Serum <i>BGG</i>	4.54	gm/dL	3.5 - 5.2
Globulin, Serum <i>Calculated</i>	3.04	gm/dL	1.9-3.9
A:G ratio <i>Calculated</i>	1.49		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 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 and to evaluate the effectiveness of any treatments. Abnormal tests.



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DOB :	Received : 08-03-2025 09:55	Sample Quality : Adequate
Age : 59 Years	Reported : 08-03-2025 12:35	Location : HYDERABAD
Gender : Male	Status : Interim	Ref By : S.RAGHAVENDER
CRM : 223003771790		Client : Prasad Hospitals India Private Limited -BS9545

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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CRM : 223003771790		Client : Prasad Hospitals India Private Limited - BS

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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Colour <i>Visual</i>	Pale Yellow		Pale Yellow
Volume <i>Visual</i>	20	ml	
Specific Gravity <i>Dip Stick (Bromthymol blue)</i>	1.020		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>	Negative		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>	3 - 4	/hpf	0-5
Epithelial Cells <i>Microscopy</i>	2 - 3	/hpf	0-2



Mr. MUTYA LAKSHMI GANESH	Collected : 08-03-2025 12:30	Lab ID : 50308700297
DOB :	Received : 08-03-2025 12:37	Sample Quality : Adequate
Age : 59 Years	Reported : 08-03-2025 13:33	Location : HYDERABAD
Gender : Male	Status : Interim	Ref By : S.RAGHAVENDER
CRM : 223003771790		Client : Prasad Hospitals India Private Limited B59549

Parameter	Result	Unit	Biological Ref. Interval
Glucose (Post Prandial), Plasma GOD-POD	H 141.12	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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Gender : Male	Status : Interim	Ref By : S.RAGHAVENDER
CRM : 223003771790		Client : Prasad Hospitals India Private Limited -B59549



Parameter	Result	Unit	Biological Ref. Interval
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ESR, EDTA Blood
Westergren(Manual)

12

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 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 spherocytosis etc.



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Age : 59 Years	Reported : 08-03-2025 11:51	Location : HYDERABAD
Gender : Male	Status : Interim	Ref By : S.RAGHAVENDER
CRM : 223003771790		Client : Prasad Hospitals India Private Limited -BS9

MPV <i>Calculated</i>	9.4	fL	9 - 13
PDW <i>Calculated</i>	14.5	fL	10.0 - 17.9
PlateletCrit <i>Calculated</i>	L 0.18	%	0.22 - 0.44
PLCR (Platelet-Large Cell Ratio) <i>Calculated</i>	32.10	%	15.0 - 35.0

Method: By using Laser Flow Cytometry Technology,WBC measurement principle,Electrical Impedance, RBC/PLT measurement principle - Colorimetric Method for RBC 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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COMPLETE BLOOD COUNT (CBC), Whole Blood EDTA

Erythrocytes

Hemoglobin (HB), EDTA Blood <i>Colorimetric method</i>	16.2	g/dL	13.0-17.0
Red Blood Cells <i>Electrical Impedance method</i>	4.89	10 ⁶ Cells/ μ L	4.5 - 5.5
PCV (Hematocrit) <i>Electrical Impedance method</i>	43.60	%	40-50
MCV(Mean Corpuscular Volume) <i>Electrical impedance method</i>	89.3	fL	83 - 101
MCH (Mean Corpuscular Hb) <i>Calculated</i>	H 33.1	Pg	27 - 32
MCHC (Mean Corpuscular Hb Concentration) <i>Calculated</i>	H 37.1	g/dL	31.5 - 34.5
Red Cell Distribution Width CV <i>Calculated</i>	12.60	%	11.6 - 14.6
Red Cell Distribution Width SD <i>Calculated</i>	L 35.20	fL	39 -46

Leucocytes

WBC -Total Leucocytes Count <i>Flowcytometry</i>	5.00	10 ³ Cells/ μ L	4- 10
<u>Differential leucocyte count</u>			
Neutrophils <i>Flowcytometry</i>	71.6	%	40 - 80
Lymphocytes <i>Flowcytometry</i>	23.4	%	20 - 40
Monocytes <i>Flowcytometry</i>	3.6	%	2-10
Eosinophils <i>Flowcytometry</i>	1.2	%	1-6
Basophils <i>Flowcytometry</i>	0.2	%	0-2

Platelets

Platelet Count, EDTA Blood <i>Electrical Impedance method</i>	188.00	10 ³ / μ L	150-410
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Processed At: Prasad Hospitals India Private Limited, 44-717/12, IDA Nacharam, Behind Telephone exchange, Secunderabad - 500 076

NACHARAM 88012 32377
PRAGATHINAGAR 81212 12707
MANIKONDA 88850 23110

prasad hospitals , nacharam ECG report

Confirm and sign:

HR : 68 bpm
PR : 154 ms
QRS : 86 ms
QT/QTc : 374/388 ms
P/QRS/T : 51/-28/43 °
RV5/SV1 : 1.637/0.205 mv
RV5+SV1 : 1.842 mv

ID : 20250308082925
Name : MR MUTYA LAKSHMI GANESH
Gender: M
Age : 59 Years
Dept : emergency department
Bed No: 3

<<In erpretations >>

Sinus rhythm

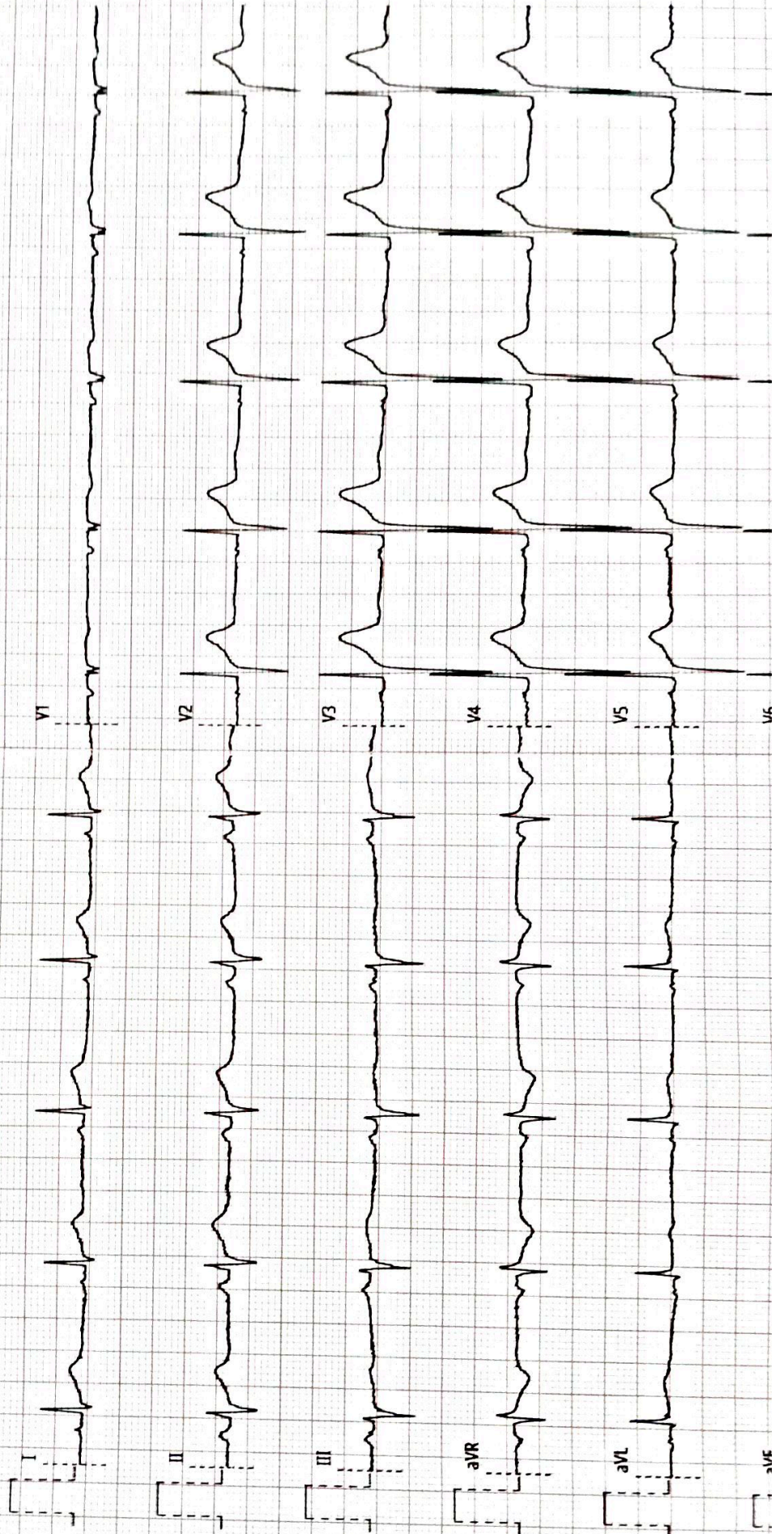
-- Interpretation made without knowing patient's gender/age --

Leftward axis

Inferior ST elevation

-- Possible early repolarization

Borderline ECG





2D ECHOCARDIOGRAM

Patient Name : MR.M.LAKSHMI GANESH IP/OP NO: 31829
Date of Billing : 08-03-2025 Age / SEX : 59 MALE

Mitral Valve : Normal
Tricuspid Valve : Normal
Aortic Valve : Sclerotic
Polmonary Valve : Normal
Aorta : 3.0 cm
Left Atrium : 3.2 cm
Left Ventricle :
IVSD : 1.0 cms IVPWD : 0.9 cms
EDD : 4.6 cms EF : 63% FSV :
ESD : 2.9 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 : 0.8 A: 0.5 m/sec TR JV: 1.8m/sec
AV : AJV : 1.3 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: 63%)
Trivial TR/No PAH
No PE/Clots

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

PATIENT NAME : MR. MUTYA LAKSHMI GANESH

41 YRS/MALE

REF BY DR. S RAGHAVENDER

08-03-2025

ULTRA SOUND SCAN ABDOMEN

LIVER : **125mm** 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 : **100 mm** 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: 90 x 49 mm **LEFT KIDNEY** measures : 92 x 44 mm

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

PROSTATE : **Enlarged (33cc) in size** with normal echo texture. No focal lesion

PVR VOLUME: 11 cc Significant

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

IMPRESSION :

**GRADE II PROSTATOMEGALY WITH NIL SIGNIFICANT
For clinical correlation**



DR.K. SUPRABATHAM
RADIOLOGIST

PATIENT NAME : MR. LAKSHMI GANESH

59 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

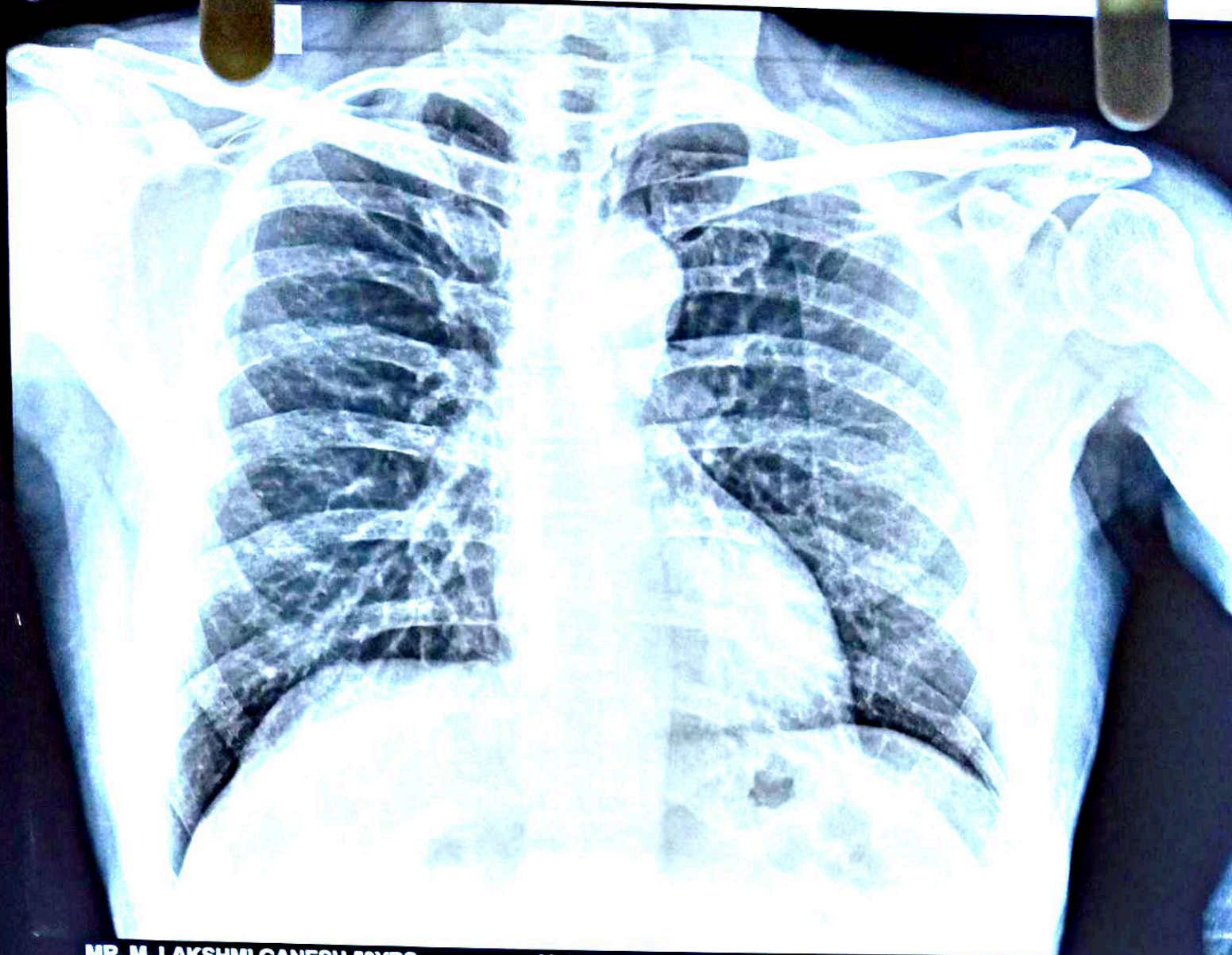
CARDIAC SIZE APPEARS NORMAL

IMPRESSION : NORMAL CHEST X R AY

For clinical correlation



**DR.K.SUPRABATHAM
RADIOLOGIST**



MR. M. LAKSHMI GANESH 59YRS

Male

08-03-2025 9:15:52 AM

Chest PA

Patient ID: 2425-37906

DR. RAGHAVENDER

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