



भारत सरकार

GOVERNMENT OF INDIA



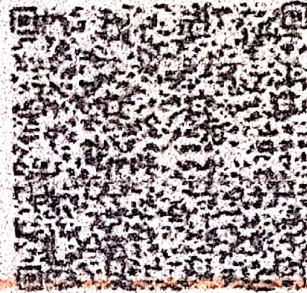
मकिनेंनी श्रीनिवासन

Makineni Sreenivasan

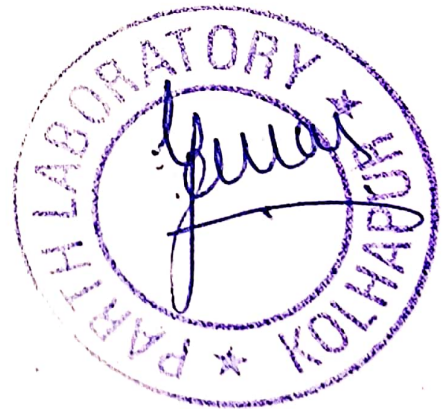
जन्म तारीख/ DOB: 15/05/1988

पुरुष / MALE

2768 0112 2858



-सामान्य भाषासनों अधिकार





3 - Shop No. 7, "Diwan Towers" Mangalwar Peth, Near Mirajkar Tikti, Opp. Nutan Marathi High School, Kolhapur. Mob. 9158529408, 9422047480, 9921285167

NAME : MR. MAKINENI SREENIVASAN

DATE : 09/11/2024 PT.NO. : 202 09112

REF BY : Dr. MEDIWHEEL LIFE INS

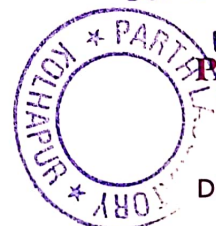
AGE : 36. Yrs. SEX : M

HAEMOGRAM WITH INDICES

Test	Result	Units	Normal Range	Histogram
Haemoglobin	- 16.6	g/dl	14-18	<p>RBC</p>
RBC Count	- 5.53	millions / cu-mm	4.5 - 6.5	
PCV	- 51.5	%	40 - 54	
MCV	- 93.1	fL	80 - 96	
MCH	- 30	Pg	27 - 33	
MCHC	- 32.2	gm/dl	33 - 36	
RDW CV	- 12.1	%	11.0 - 14.5	
WBC Count	- 5300	/cumm	4000 - 11000	<p>WBC</p>
Neutrophils	- 55	%	40 - 75	
Lymphocytes	- 40	%	20 - 40	
Eosinophils	- 03	%	1 - 6	
Monocytes	- 02	%	2-10	
Basophils	- 00	%	0 - 1	
Platelet Count	- 184000	/ul	150000 - 450000	<p>PLT</p>
MPV	- 9.3	fL	7.4 - 10.4	
PDW	- 10.9	%	8-12	
P-LCR	- 19.0	%	15-35	
E.S.R. (By Wintrobe Method)	- 08	mm at 1hr	0-10	
RBC Morphology	-	Normochromic, Normocytic.		
WBC Morphology	-	Within Normal Limits		
Platelets	-	Adequate		
* Blood group	-	'A' Rh Positive		

Dr. Vandana G. Powar
M.B.B.S., D.C.P.
Reg. No. 68137
PATHOLOGIST

DR. VANDANA POWAR
M.B.B.S., D.C.P.



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PT.NAME : MR. MAKINENI SREENIVASAN
REF. BY : DR. MEDIWHEEL LIFE INS

DATE : 09/11/2024
AGE : 36 Yrs. SEX : M
PT.NO. : 202 091124

BIOCHEMISTRY TEST REPORT

			<u>Normal Range</u>
Fasting Plasma Glucose	: 74.3	mg/dl	60-110 mg/dl
2 Hrs. Plasma Glucose	: 98.0	mg/dl	90-140 mg/dl
S. Creatinine	: 0.95	mg/dl	0.7 - 1.4 mg/dl
Blood Urea	: 18.4	mg/dl	12-42 mg/dl
Blood Urea Nitrogen	: 8.6	mg/dl	5 - 21 mg/dl
S. Uric acid	: 4.0	mg/dl	3.5 -7.2 mg/dl
CHOLESTEROL	: 172.8	mg/dl	0-250 mg/dl
HDL Cholesterol	: 36.5	mg/dl	30 - 70 mg/dl
S. Triglycerides	: 146.9	mg/dl	0- 190 mg/dl
LDL Cholesterol	: 106.9	mg/dl	60 - 150 mg/dl
TC/HDLC Ratio	: 4.7		0 - 5
LDLC/HDLC Ratio	: 2.9		2.5 - 3.5

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REF. BY : DR. MEDIWHEEL LIFE INS

DATE : 09/11/2024
AGE : 36 Yrs. SEX : M
PT.NO. : 202 091124

			<u>Normal Range</u>
S. Bilirubin (Total)	: 0.52	mg/dl	0 - 1.0 mg/dl
S. Bilirubin (Direct)	: 0.14	mg/dl	0 - 0.25 mg/dl
S. Bilirubin (Indirect)	: 0.38	mg/dl	0 - 0.75 mg/dl
S.G.O.T	: 14.2	IU/L	5-40 IU/L
S.G.P.T	: 27.5	IU/L	5-40 IU/L
S. Alkaline Phosphatase	: 121.5	IU/L	26-147 IU/L
Total Proteins	: 8.1	g/dl	6.6 - 8.3 g/dl
S. Albumin	: 3.96	g/dl	3.5 - 5.0 g/dl
S. Globulin	: 4.1	g/dl	1.5 - 3 g/dl
A/G Ratio	: 1.0 : 1		0.90 - 2.00

REPORT ON % GLYCOHAEMOGLOBIN OF BLOOD

% Glycohaemoglobin of blood : 4.7 %
Estimated mean blood glucose : 88.5 mg/dl

(Reference For Guideline)

- < 6.0 - Normal
- 6.0 - 7.0 % - Good Control
- 7.0 - 8.0 % - Fair Control
- 8.0-10.0% - Unsatisfactory control
- >10.0% - Poor control

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AGE : 36 Yrs. SEX : M
PT.NO. : 202 091124

EXAMINATION OF URINE

Normal Range

PHYSICAL EXAMINATION

Quantity	: 05 ml	
Colour	: Pale Yellow	
Appearance	: Clear	
Deposit	: Absent	
Reaction (pH)	: Acidic	
Specific Gravity	: 1.024	1.003 - 1.035

CHEMICAL EXAMINATION

Proteins	: Absent	
Glucose	: Absent	
Ketone Bodies	: --	
Bile Salts	: Absent	Absent
Bile Pigments	: Absent	Absent
Urobilinogen	: --	
Occult Blood	: Absent	

MICROSCOPIC EXAMINATION

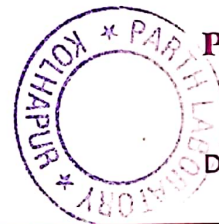
Epithelial Cells	: 1 - 2 /hpf
Pus Cells	: 2 - 3 /hpf
Red Blood Cells	: Absent /hpf
Casts	: Absent
Crystals	: Absent
Amorphous Deposits	: Absent

OTHER FINDINGS

Yeast Cells	: Absent
Trichomonas vaginalis	: Absent
Bacteria	: Absent
Mucus Threads	: Absent
Spermatozoa	: Absent

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PATIENT NAME :- MAKINENI SREENIVASAN

AGE - 36 /SEX-MALE

REFERANCE : MEDIWHEEL LIFE INS.

DATE - 09/11/2024

BIOCHEMISTRY

NORMAL VALUE

SRUM VLDL - 29.5mmol/L

10-50 mmol / L

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PATIENT NAME :- MAKINENI SREENIVASAN

AGE - 36 /SEX-MALE

REFERANCE : MEDIWHEEL LIFE INS.

DATE - 09/11/2024

BIOCHEMISTRY

NORMAL VALUE

S. GAMMA G.T - 26.4mmol/L

10-50 mmol / L

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09/11/2024

THE ECG OF THE CLINT - MAKINENI SREENIVASAN
IS WITHIN NORMAL LIMIT

NO ABNORMAL FINDINGS ARE DETECTED

Dr. Vandana G. Powar
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Reg. No. 68137



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[Signature]
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Name MANKINENI SREENIVASAN

Gender | Age 36/M

Date & Time 09/11/2024 ; 11:15

Heart Rate 68 bpm

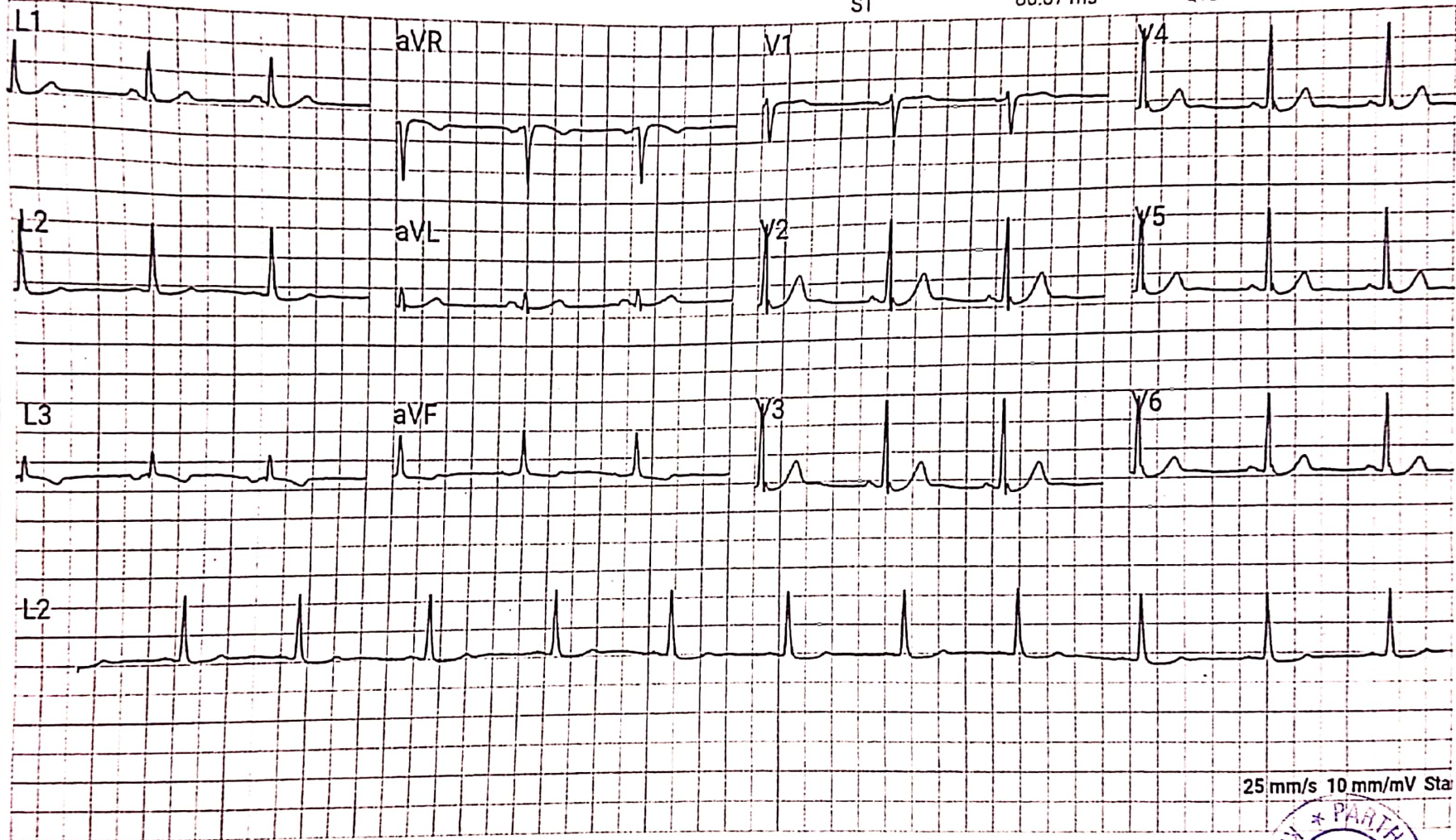
QT 360.29 ms

QRS 151.71 ms

PR 142.0 ms

ST 80.67 ms

QTc 376.29 ms



25 mm/s 10 mm/mV Sta

Comments: NORMAL

Reported By:



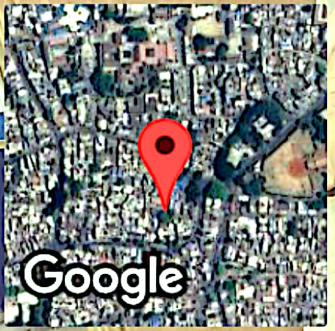
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 GPS Map Camera

Kolhapur, Maharashtra, India
1095/1b/1, Mangalwar Peth, C Ward, Kolhapur, Maharashtra
416012, India
Lat 16.692777° Long 74.224259°
09/11/24 09:29 AM GMT +05:30



Patient Name : MR. SREENIVASAN MAKINENI Date : 09 Nov 2024
Referred By : Dr. VANDANA POWAR Age : 35 YEARS Sex : M

Clinically –FOR HEALTH CHECK UP.

Abdomen Sonography

LIVER : is normal in size, shape, position and shows normal echogenicity. The contours are smooth. The parenchyma shows homogeneous echotexture. The intra – hepatic portal and venous system appears normal. The portal vein is normal and show hepatopetal flow. The intra-hepatic biliary radicals are not dilated. There is no focal mass lesion.

GALL BLADDER: is physiologically contracted-post meal, normal in size and echotexture. There is no evidence of echoreflexive calculus in gall bladder. There is no abnormal biliary tree dilation noted. The portal vein & C.B.D appear normal. Wall thickness is normal. No e/o cholecystitis/calculus seen. PV measures -11 mm, CBD measures – 3 mm.

PANCREAS: is normal size, position & echotexture. The contours are smooth. There is no focal mass lesion seen. No pancreatitis or calcification.

SPLEEN: is normal in size, shape and echopattern. The contours are smooth. The splenic vein and portal vein are normal in calibre.

KIDNEYS: Both the kidneys are normal in size, shape and position and contours. There is no echoreflexive obstructing calculus seen on left side no hydronephrosis. Both visualized ureters appear to be normal. Parenchymal/cortical thickness is normal. Cortico -medullary differentiation is well maintained. Overlying bowel gases does not show further course of ureter.

Right kidney measures 94 x 41 mm, **Left kidney** measures 108 x 41mm.

Right kidney shows few (4-5 in number) small calculi, largest measuring 5 mm in upper pole.

Urinary bladder is physiologically distended, appears normal. No intraluminal abnormality.

PROSTATE: is normal size and uniform echotexture, measures 24 x 36 x 37 mm (Weight-17 gms)

Aorta and IVC are normal. No e/o free fluid in peritoneal cavity. No ascites. No significant lymphadenopathy. **Bowel loops appear normal in size with good peristalsis.**

Appendix is not appreciated in today's study. Terminal ileum is well seen.

No probe tenderness in right iliac fossa or anywhere in abdomen.

IMPRESSION : < SMALL RIGHT RENAL CALCULI.

ADVICE - Clinical correlation and follow up if clinically needed.
THANKS FOR REFERRAL. FEEDBACK IS WELCOME



DR. NEHA S. GHORPADE

MBBS DMRE Reg. No. 79916

Consulting Radiologist

डॉ. नेहा घोरपडे

एम. बी. बी. एस., डी.एम.आर.ई (रेडीओलॉजिस्ट)

रजि.नं.79916

परत येताना सर्व जुने रिपोर्ट्स, सोनोग्राफी रिपोर्ट्स अथवा एक्स-रे असल्यास बरोबर घेऊन येणे.

194
17

MAKINENI SS, SREENIVASAN
20241109-124608-9E94

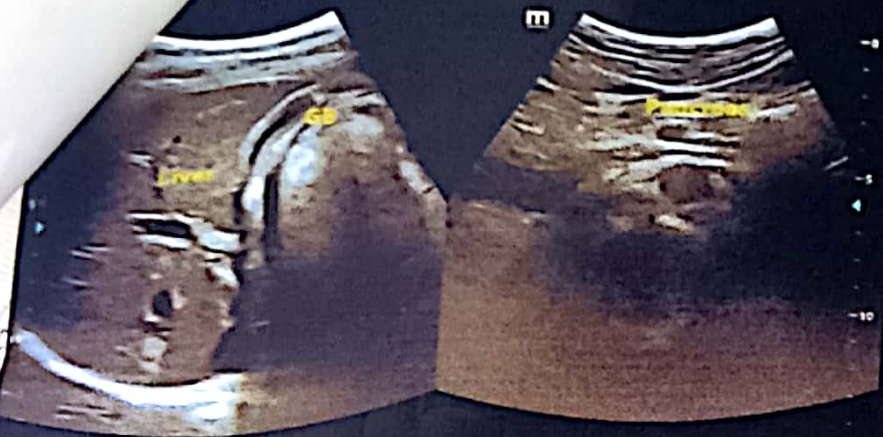
Adult ABD

SC6-1E

AP 96.6% MI 1.4 TIS 0.4

mindray

DC-80
B
F 5.0
D 14.0
G 45
PR 23
DR 115
iClear 6
iBeam 1



L 340/240

L 260/262

ASMITA DIAGNOSTIC CENTRE
09-11-2024 12:49:13 PM

MAKINENI SS, SREENIVASAN
20241109-124608-9E94

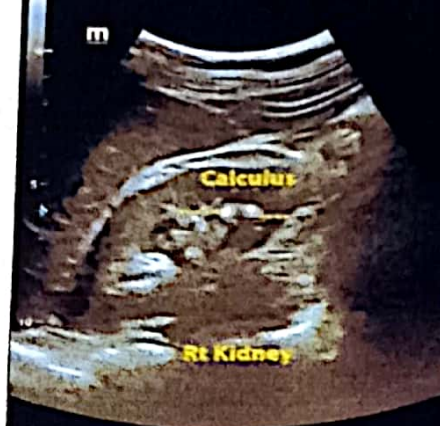
Adult ABD

SC6-1E

AP 96.6% MI 1.4 TIS 0.4

mindray

DC-80
B
F 5.0
D 14.0
G 41
PR 23
DR 115
iClear 6
iBeam 1



L 167/160

L 202/204

ASMITA DIAGNOSTIC CENTRE
09-11-2024 12:50:06 PM

MAKINENI SS, SREENIVASAN
20241109-124608-9E94

Adult ABD

SC6-1E

AP 96.6% MI 1.4 TIS 0.4

mindray

DC-80
B
F 5.0
D 14.0
G 41
PR 11
DR 115
iClear 6
C
F 2.5
G 30
WF 69 Hz
PRF 1.4k



L 1420

L 37

ASMITA DIAGNOSTIC CENTRE
09-11-2024 12:51:13 PM

MAKINENI SS, SREENIVASAN
20241109-124608-9E94

Adult ABD

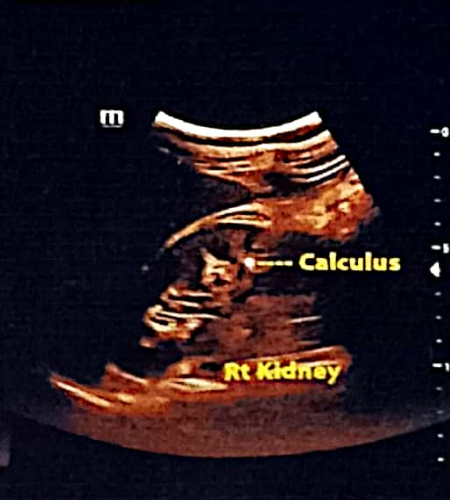
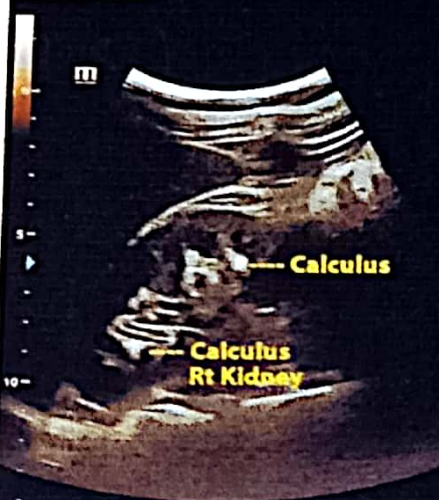
SC6-1E

AP 96.6% MI 1.4 TIS 0.4

AP 96.6% MI 1.4 TIS 0.4

mindray

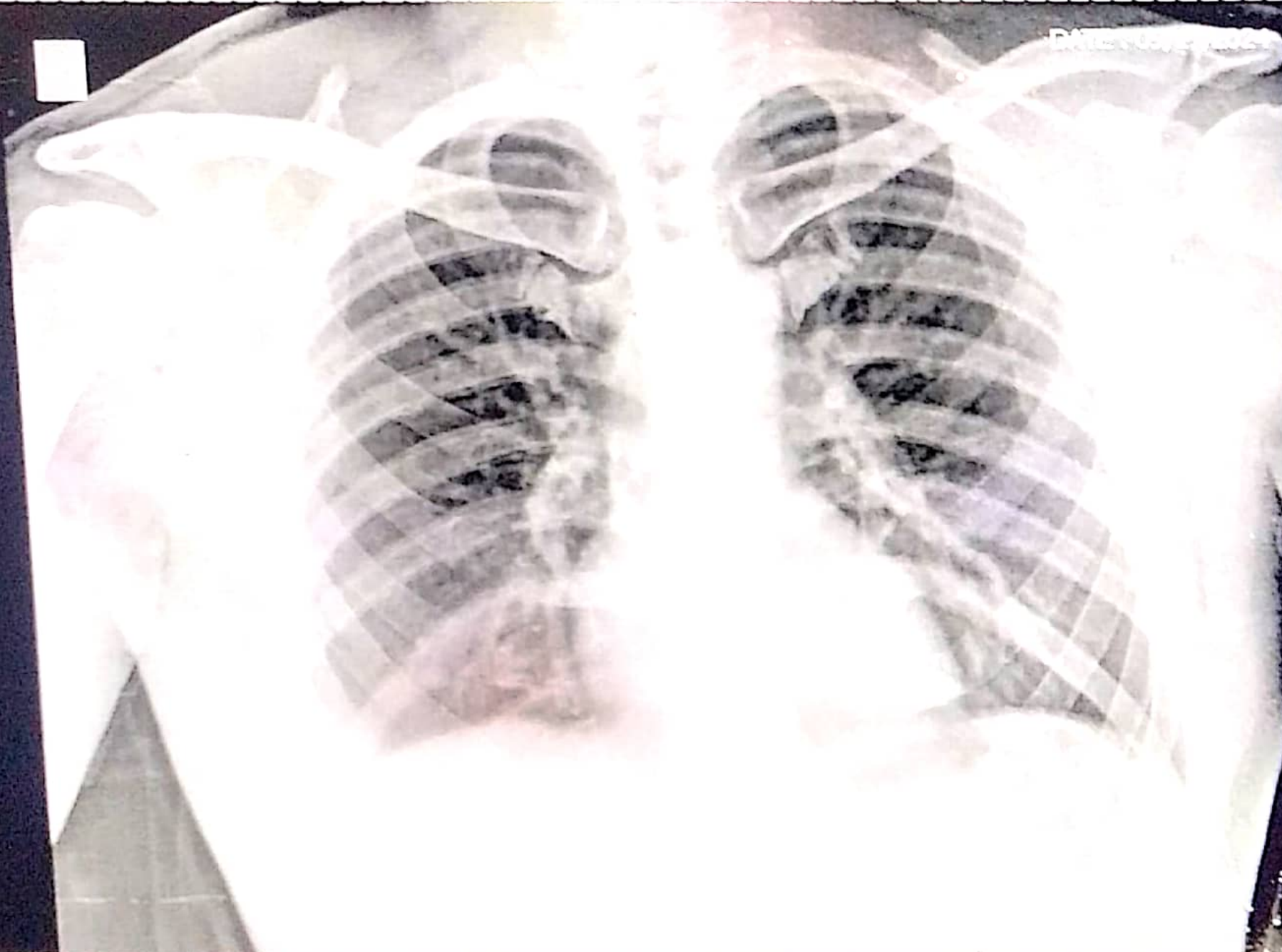
DC-80
B
F 5.0
D 14.0
G 46
PR 23
DR 115
iClear 6
iBeam 1
Z 0.80



L 155/155

L 52/54

Date: 04/11/2024



Name: MR MAKINENI SREENIVASAN

Age/Sex: 36 / Male

Ref. Dr. PARTH LAB

Chest PA

SWARA DIGITAL X-RAY RAJARAMPURI 12TH LANE KOLHAPUR





SWARA DIGITAL

X- RAY

All Types Of Digital, Portable X-rays And Procedural X-rays

PATEINT NAME :	MR MAKINENI SREENIVASAN	AGE/SEX :	36/FEMALE
REF BY :	PARTH LAB	DATE :	09/11/2024

CHEST X-RAY PA

Both lungs fields are normal

Both costophrenic angles appear normal

The tracheal lucency is centrally placed


The mediastinal & diaphragmatic outlines appear normal.

The heart shadow is normal

IMPRESSION : **NORMAL CHEST X-RAY**

ADV: Clinical correlated

DR NEHA GHORPADE
MBBS,DMRE
Consultant Radiologist


DR SAKSHAM GUPTA
MBBS,MD Radio diagnosis FMF UK
Consultant Radiologist

Mob. 9890185675

Address : Bramhanand, Near Tawanappa Patne High School, Rajarampuri 10 Galli, Kolhapur.





Corporate Office : HY PATHO LAB **CB 252, GROUND & FIRST FLOOR NARAINA, NEW DELHI 110028**
7718962488 info@hyatholab.in www.hyatholab.in Toll Free No. : 18001030287

REPORT

PT Name : MAKINENI SREENIVASAN
Ref By : DR. VANDANA POWAR
Reg No : HL5901250321 / MH145
Barcode : PT206615
INV : PSA- Total (Prostrate Specific Antigen Total)

Age : 36 Year | Sex : Male
Registered on : 09-11-2024 03:12 PM
Received on : 10-11-2024 08:45 AM
Reported on : 10-11-2024 09:37 AM

SAMPLE COLLECTED AT :



SAMPLE : Serum

PSA- TOTAL (PROSTRATE SPECIFIC ANTIGEN TOTAL)

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
PROSTATE SPECIFIC ANTIGEN (PSA) Method: CLIA	0.58	ng/ml	0 - 4.0

Interpretation

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

Note:

Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

Please correlate with clinical conditions.

~~End of report~~

Pallavi.

Dr. PALLAVI SAXENA (MD PATH)
Consultant Pathologist





Corporate Office : HY PATHO LAB

CB 252, GROUND & FIRST FLOOR NARAINA, NEW DELHI 110028

7718962488

info@hyatholab.in

www.hyatholab.in

Toll Free No. : 18001030287

REPORT

PT Name : MAKINENI SREENIVASAN

Ref By : DR. VANDANA POWAR

Reg No : HL5901250321 / MH145

Barcode : PT206615

INV : THYROID PROFILE -3 (T3 T4 TSH)

Age : 36 Year | Sex : Male

Registered on : 09-11-2024 03:12 PM

Received on : 10-11-2024 08:45 AM

Reported on : 10-11-2024 09:40 AM

SAMPLE COLLECTED AT :



SAMPLE : Serum

THYROID PROFILE -3 (T3 T4 TSH)

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3) Method: CLIA	1.37	ng/mL	0.60 - 1.81
TOTAL THYROXINE (T4) Method: CLIA	8.33	µg/dl	4.5 - 10.9
THYROID STIMULATING HORMONE (TSH) Method: CLIA	3.06	mIU/ml	0.35 - 5.50

Reference Range

Thyroid hormone status during pregnancy:

Pregnancy	T3	T4	TSH
1st Trimester	0.70-1.80	6-16.5	0.37 - 3.6
2nd & 3rd Trimester	0.80-2.00	6-18.5	0.38 - 4.04

Reference ranges by Age

0-5 days: 0.7-15.2

6 days-2 months: 0.7-11.0

3-11 months: 0.7-8.4

1-5 years: 0.7-6.0

6-10 years: 0.6-4.8

Interpretation

1. Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
2. Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
3. Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
4. Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
5. Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
6. In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
7. There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
8. Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Please correlate with clinical conditions

~~End of report~~

Pallavi.

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