

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. PABBINEEDI VENKATARAMAN	Age /Sex : 44 Y(s)/Male
Ref By : Dr.GENERAL PHYSICIAN	UMR No : UMR84917
Bill Date : 23-Mar-23 08:39 am	Bill No : BIL148357
Lab No : BIO/23/3/1242	Result No : RES396202
Samp.Coll : 23-Mar-23 09:24 am	Auth. Tim : 23-Mar-2023 1:07 pm
Reported On : 23-Mar-23 01:07 pm	

BLOOD SUGAR FASTING AND POST PRANDIAL

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
Fasting Blood Sugar :	91 mg/dl	60 - 110 mg/dl	GOD-POD
Blood Sugar Post Prandial :	135 mg/dl	110 - 140 mg/dl	

--- End Of Report ---

PHH8588

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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. PABBINEEDI VENKATARAMAN	Age /Sex : 44 Y(s)/Male
Ref By : Dr.GENERAL PHYSICIAN	UMR No : UMR84917
Bill Date : 23-Mar-23 08:39 am	Bill No : BIL148357
Lab No : HEM/23/3/848	Result No : RES396176
Samp.Coll : 23-Mar-23 09:24 am	Auth. Tim : 23-Mar-2023 10:53 am
Reported On : 23-Mar-23 10:53 am	

COMPLETE BLOOD PICTURE

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>
Haemoglobin	: 14.2 gm%	13.0 - 17.0 gm% 11.0 - 13.0 gm%
RBC Count	: 5.1 Millions/cumm	4.5-6.5 Millions/cumm
PCV	: 41 Vol%	40 - 50 Vol% 38 - 45 Vol%
Platelet count	: 4.2 Lakhs/Cumm	1.5 - 4.5 Lakhs/Cumm
WBC Count	: 5,900 cells/cumm	4000 - 11000 cells/cumm

DIFFERENTIAL COUNT

NEUTROPHILS	: 63 %	40-75 %
LYMPHOCYTES	: 28 %	20 - 45 %
EOSINOPHILS	: 02 %	2-6 %
MONOCYTES	: 07 %	2-8 %
BASOPHILS	: 00 %	0 - 2 %

SMEAR EXAMINATION

RBC	: Normocytic / Normochromic
WBC	: With In Normal Limits
Platelets	: Adequate

--- End Of Report ---

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Ref By : Dr.GENERAL PHYSICIAN	UMR No : UMR84917
Bill Date : 23-Mar-23 08:39 am	Bill No : BIL148357
Lab No : 148357	Result No : RES396237
Samp.Coll : 23-Mar-23 09:24 am	Auth. Tim : 23-Mar-2023 12:23 pm
Reported On : 23-Mar-23 12:23 pm	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
PROSTATE SPECIFIC ANTIGEN(PSA)	: 0.90 ng/ml	< 4.0 ng/ml	CLIA

Interpretation :

Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.

PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

--- End Of Report ---

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DEPARTMENT OF CARDIOLOGY

Patient Name : Mr. PABBINEEDI VENKATARAMAN	Age /Sex : 44 Y(s)/Male
Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR84917
Bill Date : 23-Mar-23 08:39 am	Bill No : BIL148357
Lab No : 0	Result No : RES396218
Samp.Coll : 23-Mar-23 08:39 am	Auth. Tim :
Reported On : 23-Mar-23 11:21 am	

2D ECHO / TMT

MITRAL VALVE	:	Normal
TRICUSPID VALVE	:	Normal
AORTIC VALVE	:	Normal
PULMONARY VALVE	:	Normal
RIGHT ATRIUM	:	Normal
RIGHT VENTRICLE	:	Normal
LEFT ATRIUM	:	2.9cms
LEFT VENTRICLE	:	EDD:39mm IVS: 10/9mm FS: 34% ESD: 26mm LVPW: 9/8mm
LVEF	:	62%
IAS	:	Intact
IVS	:	Intact
AORTA	:	2.5cms Left aortic arch, No COA

DEPARTMENT OF CARDIOLOGY

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IVC	:	Normal
PULMOANRY VEINS	:	Normal
PERICARDIUM	:	No effusion
INTRACARDIAC MASSES	:	Nil
PJV	:	0.7m/sec
AJV	:	1.5m/sec
MVF-E	:	0.8m/sec
MVF-A	:	0.4m/sec
NO MR, NO AR, NO TR	:	TRIVIAL MR / TR , NO PAH
IMPRESSION	:	NORMAL SIZE CARDIAC CHAMEBERS NO RWMA GOOD LV / RV FUNCTION TRIVIAL MR /TR , NO PAH NO CLOT / PE / VEGETATION

**Dr. RAGHURAM CHIKKALA, MD GENERAL
MEDICINE,DM CARDIOLOGY
CONSULTANT CARDIOLOGIST**

DEPARTMENT OF HAEMATOLOGY

Patient Name	: Mr. PABBINEEDI VENKATARAMAN	Age /Sex	: 44 Y(s)/Male
Ref By	: Dr. GENERAL PHYSICIAN	UMR No	: UMR84917
Bill Date	: 23-Mar-23 08:39 am	Bill No	: BIL148357
Lab No	: 148357	Result No	: RES396259
Samp.Coll	: 23-Mar-23 09:24 am	Auth. Tim	: 23-Mar-2023 12:48 pm
Reported On	: 23-Mar-23 12:48 pm		

BLOOD GROUPING & RH TYPING

<u>Parameter</u>		<u>Result</u>	<u>Method</u>
BLOOD GROUP	:	" A "	Agglutination
RH TYPING	:	POSITIVE	

--- End Of Report ---

PHH8575
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Dr. Y N:

Nihauka

OGY

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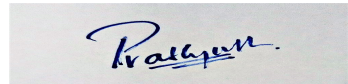
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Lab No : BIO/23/3/1242	Result No : RES396202
Samp.Coll : 23-Mar-23 09:24 am	Auth. Tim : 23-Mar-2023 11:01 am
Reported On : 23-Mar-23 11:01 am	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>
Blood Urea Nitrogen(BUN) :	6 mg/dl	6 - 21 mg/dl GLDH - Urease

--- End Of Report ---

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DEPARTMENT OF CLINICAL PATHOLOGY

Patient Name : Mr. PABBINEEDI VENKATARAMAN	Age /Sex : 44 Y(s)/Male
Ref By : Dr.GENERAL PHYSICIAN	UMR No : UMR84917
Bill Date : 23-Mar-23 08:39 am	Bill No : BIL148357
Lab No : 148357	Result No : RES396186
Samp.Coll : 23-Mar-23 09:24 am	Auth. Tim : 23-Mar-2023 10:17 am
Reported On : 23-Mar-23 10:17 am	

COMPLETE URINE EXAMINATION

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
PHYSICAL EXAMINATION:			
Colour	: Pale Yellow		
Appearance	: Clear		
pH	: 5.5	5.5 - 7.0	pH indicator
Specific gravity	: 1.025	1.010 - 1.025	Bromthymol blue indicator
CHEMICAL EXAMINATION:			
Urine for Sugar	: Nil mmol/L	0 - 2.8 mmol/L	GOD-POD
Protein	: Nil g/L	0 - 0.15 g/L	protein error of indicator
Blood	: Nil Cells/ μ L	0 - 10 Cells/ μ L	
Bilirubin	: Nil μ mol/L	0 - 0 μ mol/L	Diazonium method
Ketone bodies	: Negative mmol/L	0 - 0 mmol/L	Nitroprusside reaction
MICROSCOPIC EXAMINATION:			
Pus Cells	: 0-2 /HPF	0 - 5 /HPF	
Epithelial Cells	: 0-2 /HPF	0 - 8 /HPF	
RBC COUNT	: Nil /HPF	0 - 2 /HPF	
Casts	: Nil		
Crystals	: Nil		
Others	: Nil		

--- End Of Report ---

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Bill Date : 23-Mar-23 08:39 am	Bill No : BIL148357
Lab No : 148357	Result No : RES396200
Samp.Coll : 23-Mar-23 09:24 am	Auth. Tim : 23-Mar-2023 10:54 am
Reported On : 23-Mar-23 10:54 am	

ESR - ERYTHROCYTE SEDIMENT RATE

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>
ESR - ERYTHROCYTE SEDIMENTATION RATE	: *15 mm	< 15 mm

--- End Of Report ---

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Bill Date : 23-Mar-23 08:39 am	Bill No : BIL148357
Lab No : 148357	Result No : RES396192
Samp.Coll : 23-Mar-23 09:24 am	Auth. Tim : 23-Mar-2023 11:01 am
Reported On : 23-Mar-23 11:01 am	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
HbA1c	: 5.6	Non Diabetic : 4 - 6 Good Control : 6 - 7 Fair Control : 7 - 8 Poor Control : 8 - 10	Immunturbidimetry

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Reported On : 23-Mar-23 11:01 am	

LFT- LIVER FUNCTION TESTS

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
Total Bilirubin :	0.4 mg/dl	0.2 - 1.2 mg/dl	Diazo
Direct Bilirubin :	0.2 mg/dl	0.0 - 0.3 mg/dl	Diazo
Indirect Bilirubin :	0.2 mg/dL	0.2 - 0.7 mg/dL	
SGPT :	21 IU/L	05 - 40 IU/L	IFCC - Kinetic
SGOT :	15 IU/L	05 - 40 IU/L	IFCC - Kinetic
AST / ALT -Ratio :	0.71		
Alkaline Phosphatase :	86 U/L	70 - 110 U/L	AMP Kinetic
Total Protein :	7.3 gm/dl	6.4 - 8.3 gm/dl	Biuret Method
Serum Albumin :	4.5 gm/dl	3.5 - 5.2 gm/dl	BCG Dye
Serum Globulin :	2.8 g/dL	2.0 - 3.5 g/dL	
Albumin / Globulin Ratio :	1.61	1.2 - 2.2	

--- End Of Report ---

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LIPID PROFILE: SERUM

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Method Interval</u>
Triglycerides :	* 120 mg/dl	BorderLine : 150 - 199 mg/dl GPO-Trinder End Point High : 200 - 500 mg/dl Normal : < 150 mg/dl
Total Cholesterol :	167 mg/dl	< 200 mg/dl CHOD-PAP End Point
HDL Cholesterol :	* 31	Undesirable : < 40 Optimal : 40 - 59 Desirable : > 60
VLDL Cholesterol :	24 mg/dl	2 - 30 mg/dl
LDL Cholesterol :	* 112 mg/dl	0 - 100 mg/dl
Cholestrol / HDL Ratio :	* 5.39	1.0 - 3.5
Note :		

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<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
Serum Creatinine	: 0.9 mg/dl	0.4 - 1.4 mg/dl	Jaffe Kinetic

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<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
Serum Uric Acid	: 5.2 mg/dl	3.5 - 7.2 mg/dl 2.6 - 6.0 mg/dl	Uricase-Peroxidase

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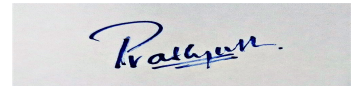
THYROID PROFILE

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
T3-Free (Tri-iodothyronine-Free) :	2.67 pg/mL	2.0 - 4.2 pg/mL	C L I A
T4-Free (Thyroxine - Free) :	12.20 pg/ml	8.9 - 17.2 pg/ml	C L I A
TSH(Thyroid Stimulating Hormone). :	* 5.6 μ IU/ml	0.3 - 4.5 μ IU/ml	C L I A

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DEPARTMENT OF RADIOLOGY

Patient Name :Mr. PABBINEEDI VENKATARAMAN	Age / Gender : 44 Y(s) / Male
Requested Date :23-Mar-2023 8:39 AM	UMR No : UMR84917
Reported Date :23-Mar-2023 10:58 AM	Result/ Bill No : RES396207 / BIL148357
Referred By :Walk-In	Lab No : 0
Advised By :Dr.GENERAL PHYSICIAN	

US ABDOMEN AND PELVIS

FINDINGS

LIVER: 12.1cms, normal in size and shows grade II increased echogenicity. No focal lesions noted. No intra hepatic biliary dilatation. CBD and Portal vein appear normal in course and calibre.

GALL BLADDER: Distended. No evidence of sludge / calculus. No evidence of wall thickening / pericholecystic collection.

PANCREAS: Visualized extent normal in size and echotexture. Pancreatic duct appears normal. No peri pancreatic collection.

SPLEEN: Normal in size and echotexture.

BOTH KIDNEYS: Both kidneys are normal in size and echotexture. CMD is maintained. No evidence of calculi. Pelvicalyceal system appears normal on both sides.

Aorta and IVC: are normal.No evidence of para-aortic or paracaval lymphadenopathy.

URINARY BLADDER: Well distended. Wall thickness is normal.

PROSTATE: Normal in size and echotexture. Volume= 17cc.

No evidence of ascites.

IMPRESSION

* Grade II fatty liver

Suggested clinical correlation.

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Reported Date	:23-Mar-2023 06:20 PM	Result/ Bill No	: RES396395 / BIL148357
Referred By	:Walk-In	Lab No	: 0
Advised By	:Dr.GENERAL PHYSICIAN		

X-RAY CHEST PA VIEW

FINDINGS

- Few tiny nodular opacities noted in the right hemothorax - Advise HRCT chest for further evaluation

Heart size is normal.

Both hila normal.

Both CP angles free.

Soft tissue and bony cage normal.

Suggested clinical correlation.

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