



ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ವಿಕಲಚೇತನರ ಹಾಗೂ ಹಿರಿಯ ನಾಗರಿಕರ ಸಬಲೀಕರಣ ಇಲಾಖೆ ಬೆಂಗಳೂರು(ನ)ಜಿಲ್ಲೆ  
Department of the Empowerment of Differently Abled & Senior Citizens, Bengaluru(U)Dist.

ಹಿರಿಯ ನಾಗರಿಕರ ಗುರುತಿನ ಚೀಟಿ IDENTITY CARD

SENIOR CITIZEN B.U.R./N.M.T/Y/ 2458



ಹೆಸರು : ಕೆ.ಎನ್. ಪೆಮ್ಮಾರೆಡ್ಡಿ  
Name : K.N. Pemmareddy  
ವಿಳಾಸ : ಸಂ.19, ನಾಗನಾಥಪುರ, ಬೆಂಗಳೂರು ಪಬ್ಲಿಕ್ ಸ್ಕೂಲ್  
ಪರಪ್ಪನ ಅಗ್ರಹಾರ, ಬೆಂಗಳೂರು -560100  
Address : #19, Naganathapura, Bangalore Public  
School, Parappana Agrahara, Bengaluru-100

ಜನ್ಮ ದಿನಾಂಕ: 06/03/1953  
Date of Birth :  
ರಕ್ತದ ಗುಂಪು: B+ve  
Blood Group:  
ದೂರವಾಣಿ: 8694986876  
Phone: 8694986876

Authorized Signatory

District Disabled Welfare Officer, Bengaluru urban District Bengaluru.

**PATIENT SUMMARY**

**Patient : PEMMA REDDY - 69/Years MALE**

**OP Number : KA-PEC2022/346630**

**Address : CLUMAX**

**Phone : +918694986876**

**14/03/2022**

**OPTOMETRIST FINDINGS ( -13:45:22 )**

UNAIDED VISION DIST      6/9P RE 6/6P LE  
UNAIDED VISION NEAR      N8 RE N8 LE  
COLOR VISION              RE Normal LE Normal

Sleeping with Contact Lens      NO

**DOCTOR ADVICE (DR.RAKSHA V - 13:47:03)**

PRESENTING COMPLAINTS      clumax, h/o dm, htn since 20 years  
LIDS & ADNEXA              RE: N; LE: N  
PUPIL                      RE: RRR; LE: RRR  
CORNEA                      RERE: CLEAR; LE: CLEAR  
LENS                        RERE: SMC; LE: SMC  
CONJUNCTIVA              RERE: N; LE: N  
IRIS                         RERE: N; LE: N  
ANTERIOR CHAMBER        RE:QUIET; LE: QUIET

Printed On 14/03/2022 13:48:46

\*\*\*\*\* END \*\*\*\*\*

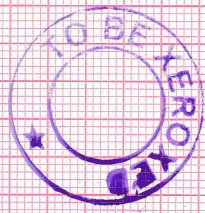
Thanking you for giving us an opportunity to provide you eye care services.



69 years  
Male

Vent. rate 82 bpm  
PR interval 158 ms  
QRS duration 82 ms  
QT/QTc 368/429 ms  
P-R-T axes 32 -2 -5

Technician:  
Test ind:



Referred by: C/O MEDIWHEEL

Reviewed by:

*Mr. Reddy*

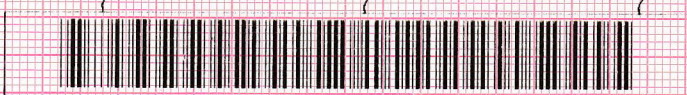
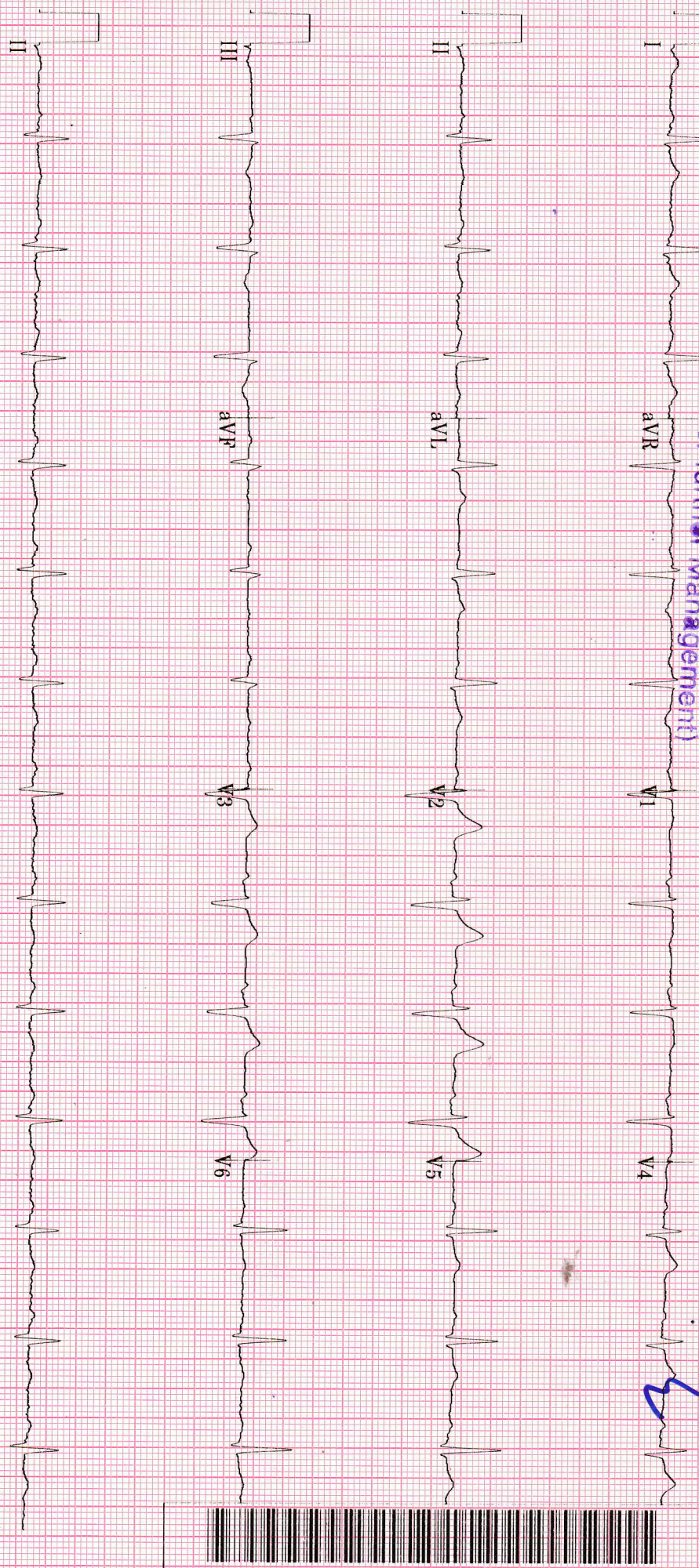
*MM - 20°*

*Normal ECG*  
*Impairing ECG*

*D. Dr. Srinivas Reddy*  
*M.D. (P) Internal Medicine*  
*Internal Cardiology*  
*K.M.C. No.: 32248*

*(Needs Clinical Correlation for further Management)*

*Dr. Srinivas Reddy*



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm lead

MAC35 010Bsp1 12SL™ V241 HD



Name	MR.PEMMA REDDY	ID	MED111019436
Age & Gender	69Y/MALE	Visit Date	14/03/2022
Ref Doctor	MediWheel		

## 2D ECHOCARDIOGRAPHIC STUDY

### M mode measurement:

AORTA	:	2.82	cms
LEFT ATRIUM	:	4.08	cms
AVS	:	1.47	cms
LEFT VENTRICLE (DIASTOLE)	:	4.61	cms
(SYSTOLE)	:	3.39	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.39	cms
(SYSTOLE)	:	1.63	cms
POSTERIOR WALL (DIASTOLE)	:	1.43	cms
(SYSTOLE)	:	2.33	cms
EDV	:	97	ml
ESV	:	47	ml
FRACTIONAL SHORTENING	:	26	%
EJECTION FRACTION	:	51	%
EPSS	:		cms
RVID	:	1.96	cms

### DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -0.71m/s 'A' -1.00m/s	<b>TRIVIAL MR</b>
	<b>E/A REVERSED</b>	
AORTIC VALVE	:1.35 m/s	NO AR
TRICUSPID VALVE	: <b>PASP : 22 mmHg</b>	<b>TRIVIAL TR</b>
PULMONARY VALVE	:0.84 m/s	NO PR



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:2:

**2D ECHOCARDIOGRAPHY FINDINGS:**

Left Ventricle	:	<b>Concentric Left Ventricular Hypertrophy</b>
Left Atrium	:	<b>Dilated</b>
Right Ventricle	:	Normal
Right Atrium	:	Normal.
Mitral valve	:	Normal, No mitral valve prolapse.
Aortic valve	:	Normal, Trileaflet
Tricuspid valve	:	Normal.
Pulmonary valve	:	Normal.
IAS	:	Intact.
IVS	:	Intact.
Pericardium	:	No Pericardial effusion.

**IMPRESSION :**

- CONCENTRIC LEFT VENTRICULAR HYPERTROPHY
- TRIVIAL MITRAL REGURGITATION
- TRIVIAL TRICUSPID REGURGITATION. PASP 22 mmHg
- LV DIASTOLIC DYSFUNCTION
- ADEQUATE LV SYSTOLIC FUNCTION. EF: 51 %
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

DR.SRIDHAR.L MD,DM,FICC.  
CONSULTANT CARDIOLOGIST

Ls/ml **Dr. SRIDHAR .L**  
MD,(Med), DM(Cardio) FICC



Name	MR.PEMMA REDDY	ID	MED111019436
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### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and has increased echopattern.  
No evidence of focal lesion or intrahepatic biliary ductal dilatation.  
Hepatic and portal vein radicals are normal.

**GALL BLADDER** show normal shape and has clear contents.  
Gall bladder wall is of normal thickness.  
CBD is of normal calibre.

**PANCREAS** has normal shape, size and uniform echopattern.  
No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern.

No demonstrable Para -aortic lymphadenopathy.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern.  
Cortico- medullary differentiations are well madeout.  
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.8	1.7
Left Kidney	9.1	1.8

**URINARY BLADDER** show normal shape and wall thickness.  
It has clear contents. No evidence of diverticula.  
Prevoid: 170ml. Postvoid: 20ml.

**PROSTATE** is enlarged in size and measures 3.8 x 3.7 x 3.8 cms, wt-29gms.

No evidence of ascites.





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Age & Gender	69Y/MALE	Visit Date	14/03/2022
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**Impression:**

- *Prostatomegaly.*
- *Increased hepatic echopattern suggestive of fatty infiltration*

**CONSULTANT RADIOLOGISTS:**

DR. H. K. ANAND

DR. PRAJNA SHENOY

  
DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Ms/so



Name	PEMMA REDDY	Customer ID	MED111019436
Age & Gender	69Y/M	Visit Date	Mar 14 2022 9:18AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

**Impression: Essentially normal study.**

DR. H.K. ANAND

DR. SHWETHA S

DR. PRAJNA SHENOY

DR. MAHESH M S

CONSULTANT RADIOLOGISTS





Name : Mr. PEMMA REDDY  
PID No. : MED111019436  
SID No. : 922016198  
Age / Sex : 69 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

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**Investigation** **Observed Value** **Unit** **Biological Reference Interval**


## **HAEMATOLOGY**

### **Complete Blood Count With - ESR**

Haemoglobin (EDTA Blood/Spectrophotometry)	15.0	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	48.3	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	<b>6.03</b>	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	80.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	<b>24.9</b>	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	<b>31.0</b>	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	<b>17.0</b>	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	<b>48.1</b>	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	<b>13300</b>	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>78.4</b>	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>12.7</b>	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>0.9</b>	%	01 - 06

  
DR MANJUNATHA T.M  
Consultant Pathologist  
KMC Reg No : 112205

VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.1	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.9	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>10.4</b>	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.7	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.10	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.9	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.1	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	322	10 <sup>3</sup> / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.4	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.271	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	<b>39</b>	mm/hr	< 20

  
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## BIOCHEMISTRY

### Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	1.1	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.9	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.4	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.8	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.6	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.1		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	10	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	12	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	95	U/L	56 - 119
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	10	U/L	< 55

  
DR .VANITHA.R.SWAMY MD  
Consultant Pathologist  
Reg No : 99049  
VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902  
APPROVED BY

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PID No. : MED111019436

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Lipid Profile

Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	109	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	88	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
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**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immuno-inhibition)	32	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	59.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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VLDL Cholesterol (Serum/Calculated)	17.6	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	77.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
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**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

  
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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.4		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

  
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<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	6.8	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %


Estimated Average Glucose 148.46 mg/dL  
(Whole Blood)

**INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

  
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## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/CMIA)	1.08	ng/mL	0.4 - 1.81
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#### **INTERPRETATION:**

##### **Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/CMIA)	9.50	µg/dL	4.2 - 12.0
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#### **INTERPRETATION:**

##### **Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	1.38	µIU/mL	0.35 - 5.50
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#### **INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

##### **Comment :**

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION

Colour (Urine)	Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	15	mL	

### CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	6.5		4.5 - 8.0
Specific Gravity (Urine)	1.010		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine)	+		Negative

Dr.ROHINI KUMAR Ph.D,  
Consultant Microbiologist

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Leukocytes (Urine)	Negative	leuco/uL	Negative
<b><u>MICROSCOPY(URINE DEPOSITS)</u></b>			
Pus Cells (Urine/Flow cytometry)	1-2	/hpf	3-5
Epithelial Cells (Urine)	1-2	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL



Dr.ROHINI KUMAR Ph.D,  
Consultant Microbiologist

VERIFIED BY



DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

Name : Mr. PEMMA REDDY  
PID No. : MED111019436  
SID No. : 922016198  
Age / Sex : 69 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 14/03/2022 9:23 AM  
Collection On : 14/03/2022 9:44 AM  
Report On : 15/03/2022 2:04 PM  
Printed On : 16/03/2022 8:16 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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## BIOCHEMISTRY

BUN / Creatinine Ratio	11		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	<b>102</b>	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose Fasting - Urine (Urine - F)	+		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	104	mg/dL	70 - 140
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### **INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.


Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	11	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe Kinetic)	1.0	mg/dL	0.8 - 1.3
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**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	4.7	mg/dL	3.5 - 7.2
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DR .VANITHA.R.SWAMY MD  
Consultant Pathologist  
Reg.No : 99049  
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<b><u>IMMUNOASSAY</u></b>			
Prostate specific antigen - Total(PSA) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	0.874	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

**INTERPRETATION:** Analytical sensitivity: 0.008 - 100 ng/mL  
PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).  
Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.  
PSA levels tend to increase in all men as they age.  
Clinical Utility of PSA:  
•In the early detection of Prostate cancer.  
•As an aid in discriminating between Prostate cancer and Benign Prostatic disease.  
•To detect cancer recurrence or disease progression.

  
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Investigation

Observed  
Value

Unit

Biological  
Reference Interval

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'B' 'Negative'

DR MANJUNATHA T.M  
Consultant Pathologist  
KMC Reg No : 112205

VERIFIED BY

DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

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-- End of Report --