

Name : Mr. KODAVALI SURESH BABU
PID No. : MED111391573 **Register On** : 24/11/2022 9:07 AM
SID No. : 1802239456 **Collection On** : 24/11/2022 9:31 AM
Age / Sex : 37 Year(s) / Male **Report On** : 24/11/2022 5:28 PM
Type : OP **Printed On** : 05/12/2022 5:34 PM
Ref. Dr : MediWheel



| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|

| | | | |
|--|----------------|--|--|
| BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination) | 'B' 'Positive' | | |
|--|----------------|--|--|

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

| | | | |
|---|-------------|-------------|--------------|
| Haemoglobin (EDTA Blood/Spectrophotometry) | 13.8 | g/dL | 13.5 - 18.0 |
| Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance) | 43.4 | % | 42 - 52 |
| RBC Count (EDTA Blood/Impedance Variation) | 5.51 | mill/cu.mm | 4.7 - 6.0 |
| Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance) | 78.7 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance) | 25.0 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance) | 31.8 | g/dL | 32 - 36 |
| RDW-CV (EDTA Blood/Derived from Impedance) | 13.2 | % | 11.5 - 16.0 |
| RDW-SD (EDTA Blood/Derived from Impedance) | 36.9 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation) | 8180 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 54.3 | % | 40 - 75 |
| Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry) | 36.2 | % | 20 - 45 |
| Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 3.1 | % | 01 - 06 |

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| Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry) | 5.8 | % | 01 - 10 |
| Basophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.6 | % | 00 - 02 |
| INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. | | | |
| Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 4.45 | 10 ³ / µl | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 2.96 | 10 ³ / µl | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.25 | 10 ³ / µl | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.47 | 10 ³ / µl | < 1.0 |
| Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.05 | 10 ³ / µl | < 0.2 |
| Platelet Count (EDTA Blood/Impedance Variation) | 340 | 10 ³ / µl | 150 - 450 |
| MPV (EDTA Blood/Derived from Impedance) | 8.7 | fL | 7.9 - 13.7 |
| PCT (EDTA Blood/Automated Blood cell Counter) | 0.297 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method) | 21 | mm/hr | < 15 |
| BUN / Creatinine Ratio | 17.0 | | 6.0 - 22.0 |
| Glucose Fasting (FBS) (Plasma - F/GOD-PAP) | 132.7 | mg/dL | Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126 |

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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.

| | | | |
|---|-------|--|----------|
| Glucose, Fasting (Urine) (Urine - F/GOD - POD) | Trace | | Negative |
|---|-------|--|----------|

| | | | |
|--|------|-------|----------|
| Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP) | 98.5 | mg/dL | 70 - 140 |
|--|------|-------|----------|

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.

Remark: please correlate clinically,

| | | | |
|---|-------------|--|----------|
| Urine Glucose(PP-2 hours) (Urine - PP) | Positive(+) | | Negative |
|---|-------------|--|----------|

| | | | |
|--|------|-------|----------|
| Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) | 19.3 | mg/dL | 7.0 - 21 |
|--|------|-------|----------|

| | | | |
|--------------------------------------|------|-------|-----------|
| Creatinine (Serum/Modified Jaffe) | 1.13 | mg/dL | 0.9 - 1.3 |
|--------------------------------------|------|-------|-----------|

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/Enzymatic) | 10.0 (Rechecked) | mg/dL | 3.5 - 7.2 |
|--------------------------------|------------------|-------|-----------|

Remark: kindly correlate clinically, suggested repeat testing with a fresh sample, if clinically indicated.

Liver Function Test

| | | | |
|---|------|-------|-----------|
| Bilirubin(Total) (Serum/DCA with ATCS) | 0.53 | mg/dL | 0.1 - 1.2 |
|---|------|-------|-----------|

| | | | |
|---|------|-------|-----------|
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.16 | mg/dL | 0.0 - 0.3 |
|---|------|-------|-----------|

| | | | |
|--|------|-------|-----------|
| Bilirubin(Indirect) (Serum/Derived) | 0.37 | mg/dL | 0.1 - 1.0 |
|--|------|-------|-----------|

| | | | |
|--|------|-----|--------|
| SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) | 22.4 | U/L | 5 - 40 |
|--|------|-----|--------|

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| SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC) | 24.6 | U/L | 5 - 41 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 27.9 | U/L | < 55 |
| Alkaline Phosphatase (SAP) (Serum/Modified IFCC) | 80.3 | U/L | 53 - 128 |
| Total Protein (Serum/Biuret) | 7.79 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 4.63 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 3.16 | gm/dL | 2.3 - 3.6 |
| A : G RATIO (Serum/Derived) | 1.47 | | 1.1 - 2.2 |

Lipid Profile

| | | | |
|---|--------------|-------|---|
| Cholesterol Total (Serum/CHOD-PAP with ATCS) | 241.5 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/GPO-PAP with ATCS) | 151.9 | mg/dL | Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500 |

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/Immunoinhibition) | 41.2 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40 |
|---|-------------|-------|--|


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| LDL Cholesterol (Serum/Calculated) | 169.9 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 30.4 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 200.3 | mg/dL | Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220 |

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.

| | | | |
|---|-----|--|--|
| Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated) | 5.9 | | 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) | 3.7 | | Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0 |
| LDL/HDL Cholesterol Ratio (Serum/Calculated) | 4.1 | | Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0 |

Glycosylated Haemoglobin (HbA1c)

| | | | |
|-----------------------------|-----|---|---|
| HbA1C (Whole Blood/HPLC) | 6.5 | % | 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 %


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| | | | |
|--|--------|-------|--|
| Estimated Average Glucose (Whole Blood) | 139.85 | mg/dL | |
|--|--------|-------|--|

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 glycemic 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.

THYROID PROFILE / TFT

| | | | |
|---|------|-------|------------|
| T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 0.96 | ng/ml | 0.7 - 2.04 |
|---|------|-------|------------|

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 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 7.38 | µg/dl | 4.2 - 12.0 |
|---|------|-------|------------|

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 Immunometric Assay (CLIA)) | 5.35 | µIU/mL | 0.35 - 5.50 |
|---|------|--------|-------------|

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

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| <u>Urine Analysis - Routine</u> | | | |
| COLOUR (Urine) | Pale yellow | | Yellow to Amber |
| APPEARANCE (Urine) | Clear | | Clear |
| Protein (Urine/Protein error of indicator) | Negative | | Negative |
| Glucose (Urine/GOD - POD) | Negative | | Negative |
| Pus Cells (Urine/Automated ~ Flow cytometry) | Occasional | /hpf | NIL |
| Epithelial Cells (Urine/Automated ~ Flow cytometry) | Occasional | /hpf | NIL |
| RBCs (Urine/Automated ~ Flow cytometry) | NIL | /hpf | NIL |
| Casts (Urine/Automated ~ Flow cytometry) | NIL | /hpf | NIL |
| Crystals (Urine/Automated ~ Flow cytometry) | NIL | /hpf | NIL |
| Others (Urine) | NIL | | |

INTERPRETATION:Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.


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-- End of Report --

| | | | |
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| Age & Gender | 37/MALE | Visit Date | 24/11/2022 |
| Ref Doctor Name | MediWheel | | |

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size (14.9 cm) and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized. There is a 4 mm polyp in gall bladder.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal (10.1 cm).

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 10.5 x 4.1 cms.

The left kidney measures 10.0 x 4.8 cms.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

REPORT DISCLAIMER

1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.

2.The results reported here in are subject to interpretation by qualified medical professionals only.

3.Customer identities are accepted provided by the customer or their representative.

4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.

5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.

6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the referring doctor/patient can contact the respective section head of the laboratory.

7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,

8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.

9.Liability is limited to the extend of amount billed.

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The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The prostate measures 2.7 x 3.2 x 2.8 cms and is normal sized with a volume of 13 cc.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

IMPRESSION:

- **Polyp gall bladder.**

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DR. S.RAJAGOPAL MBBS.,
CONSULTANT SONOLOGIST

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