


Diagnostics & Speciality Centre

NAME : Mr. M S SAMPATH KUMAR	MR NO. : 22100768
AGE/SEX : 64 Yrs / Male	VISIT NO. : 164387
REFERRED BY :	DATE OF COLLECTION : 22-10-2022 at 09:28 AM
	DATE OF REPORT : 22-10-2022 at 03:34 PM
REF CENTER : MEDIWHEEL	

TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
CREATININE <i>Jaffe Method</i>	1.2 mg/dL	0.8 - 1.4 mg/dL	

Krishna Murthy



A. Vamseedhar

No. 52, KRISHNA MURTHY Jayara Sangha Layout, Nagab Seavi Circle, Nagarbhavi, Bengaluru 560072

Enquiry: MD +91 99867 33 333; Appointments: +91 98863 55 135; Reports: +91 74063 11 016
BIOCHEMIST CONSULTANT PATHOLOGIST

The laboratory values And Normal values need to be interpreted based on patient's clinical characteristics. The values in reference range is for an average normal individual which may vary depending upon age, sex and other characteristics.


Email: info@mediclu.com

Website: www.mediclu.com



(A Unit of Vijayalakshmi Diagnostics Pvt. Ltd.)

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LIPID PROFILE TEST

TOTAL CHOLESTEROL
Cholesterol Oxidase-Peroxidase (CHOD-POD)

111 mg/dL

up to 200 mg/dL
Border Line: 200 – 240 mg/dL
High: > 240 mg/dL

TRIGLYCERIDES
Glycerol Peroxidase-Peroxidase (GPO-POD)

102.2 mg/dL

up to 150 mg/dL
Desirable: <150 mg/dL
Border Line: 150 – 200 mg/dL
High: >200 – 500 mg/dL
Very High: > 500 mg/dL

HDL CHOLESTEROL - DIRECT
PEG-Cholesterol Esterase

40.2 mg/dl

40 - 60 mg/dl
>= 60mg/dL - Excellent (protects against heart disease)
40-59 mg/dL - Higher the better
<40 mg/dL - Lower than desired (major risk for heart disease)

LDL CHOLESTEROL - DIRECT
Cholesterol Esterase-Cholesterol Oxidase

50.4 mg/dL

up to 100 mg/dL
100-129 mg/dL - Near optimal/above optimal
130-159 mg/dL - Borderline High
160-189 mg/dL - High
190->190 mg/dL - Very High

VLDL CHOLESTEROL
Calculation

20.4 mg/dL

2 - 30 mg/dL

TOTAL CHOLESTROL/HDL RATIO
Calculation

2.8

up to 3.5
3.5-5.0 - Moderate
>5.0 - High

LDL/HDL RATIO
Calculation

1.3

up to 2.5
2.5-3.3 - Moderate
>3.3 - High

Krishna. u.



A. Vamseedhar

No. 22 KRISHNA MURTHY, Jayara Sangha Layout, Nagab Seavi Circle, Nagarbhavi, Bengaluru - 560072, DR. VAMSEEDHAR A

Enquiry: MD, +91 99867 33 333, Appointments : +91 98863 55 135, Reports: +91 74063 22 22, D.C.P, M.D., BIOCHEMIST CONSULTANT PATHOLOGIST

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<u>LIVER FUNCTION TEST (LFT)</u>			
TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	0.71 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.44 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	0.27 mg/dl	0.2 - 0.8 mg/dl	
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	27 U/L	up to 38 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	16.4 U/L	up to 50 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	85 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	13.6 U/L	15 - 85 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.4 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	3.85 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	2.6 g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	1.5	1 - 1.5	
BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	17.6 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	1.20 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	4.4 mg/dL	3 - 7.2 mg/dL	
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	137 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	4.03 mmol/L	3.5 - 5.0 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	98 mmol/L	97 - 110 mmol/L	

Collection.



A. Vamseedhar

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COMPLETE BLOOD COUNT (CBC) WITH ESR

HAEMOGLOBIN <i>Colorimetric Method</i>	15.8 gm/dL	13 - 18 gm/dL	
HEMATOCRIT (PCV) <i>Calculated</i>	48 %	40 - 54 %	
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	4.8 million/cu.mm	4.5 - 5.9 million/cu.mm	
PLATELET COUNT <i>Electrical Impedance</i>	2.40 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm	
MEAN CELL VOLUME (MCV) <i>Calculated</i>	90 fl	80 - 100 fl	
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.			
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	29 pg	26 - 34 pg	
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	32 %	31 - 35 %	
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	9500 cells/cumm	4000 - 11000 cells/cumm	
NEUTROPHILS <i>VCS Technology/Microscopic</i>	73 %	40 - 75 %	
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	19 %	25 - 40 %	
DIFFERENTIAL COUNT			
EOSINOPHILS <i>VCS Technology/Microscopic</i>	03 %	0 - 7 %	
MONOCYTES <i>VCS Technology/Microscopic</i>	05 %	1 - 8 %	
BASOPHILS <i>Electrical Impedance</i>	00 %		
ESR <i>Westergren Method</i>	10 mm/hr	0 - 15 mm/hr	
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"O" Positive		

Chheda. u.



A. Hussain

No. 99, Krishna Murthy Jayara Sangha Layout, Nagarbhavi Circle, Nagarbhavi, Bengaluru - 560072

Enquiry: MD. KRISHNA MURTHY, MD. VAMSEEDHAR A
BIOCHEMIST D.C.P. M.D. CONSULTANT PATHOLOGIST

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
GLYCATED HAEMOGLOBIN (HbA1C) <i>HPLC</i>	4.0 %	American Diabetic Association (ADA) recommendations: Non diabetic adults : <5.7 % At risk (Pre diabetic): 5.7 – 6.4% Diabetic : >= 6.5% Therapeutic goal for glycemic control : Goal for therapy: < 7.0% Action suggested: > 8.0%	

ESTIMATED AVERAGE GLUCOSE (eAG) 68.10 mg/dL

Calculation

Comments:

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides a additional criterion for assessing glucose control because glycated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

FASTING BLOOD SUGAR 79 mg/dl 70 - 110 mg/dl

Hexokinase

POST PRANDIAL BLOOD SUGAR 90 mg/dl 80 - 150 mg/dl

Hexokinase

K. Srinivasulu



A. Vamseedhara



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URINE ROUTINE & MICROSCOPIC

PHYSICAL EXAMINATION

Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow	
Appearance <i>Visual Method</i>	Slightly Turbid	Clear/Transparent	
Specific Gravity <i>Strips Method</i>	1.015	1.005-1.035	
pH	6.0	4.6-8.5	

CHEMICAL EXAMINATION (DIPSTICK)

Protein <i>Strips Method</i>	Nil	Nil -Trace	
Glucose <i>Strips Method</i>	Nil	Nil	
Blood <i>Strips Method</i>	Negative	Negative	
Ketone Bodies <i>Strips Method</i>	Absent	Negative	
Urobilinogen <i>Strips Method</i>	Normal	Normal	
Bile Salt <i>Strips Method</i>	Negative	Negative	
Bilirubin <i>Strips Method</i>	Negative	Negative	
Bile Pigments	Negative	NIL	

MICROSCOPY

Pus Cells (WBC) <i>Light Microscopic</i>	15 - 20 /hpf	0-5/hpf	
Epithelial Cells <i>Light Microscopic</i>	2 - 3 /hpf	0-4/hpf	
RBC <i>Light Microscopic</i>	Not Seen /hpf	0-2/hpf	
Cast <i>Light Microscopic</i>	NIL	NIL	
Crystal <i>Light Microscopic</i>	NIL	Nil	

FASTING URINE SUGAR (FUS)	NIL	NIL	FASTING URINE
POSTPRANDIAL URINE SUGAR	NIL	NIL	URINE

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No. 79, K. HNA MURTHY, Kar Seal, Bengaluru 560071, Dr. YAMSEEDHARA

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THYROID PROFILE			
TOTAL TRIIODOTHYRONINE (T3) <small>CMA</small>	1.21 ng/mL	0.87 - 1.78 ng/mL	
TOTAL THYROXINE (T4) <small>CMA</small>	7.50 µg/dL	6.09 - 12.23 µg/dL	
THYROID STIMULATING HORMONE (TSH) <small>CMA</small>	1.098 µIU/mL	0.38 - 5.33 µIU/mL	
		1st Trimester: 0.05 - 3.70	
		2nd Trimester: 0.31 - 4.35	
		3rd Trimester: 0.41 - 5.18	

- Note:**
- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
 - Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
 - Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use:

- Primary Hypothyroidism
- Hypothyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Non-thyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

Dispatched by: KIRAN

**** End of Report ****

Printed by: Prema on 22-10-2022 at 04:39 PM



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No. 99, KSHNA-MURTHY, Jayara Sangha Layout, Nagarbhavi Circle, Nagarbhavi, Bengaluru-560072, Karnataka, India. Dr. VAMSEEDHARA

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TRANS THORACIC 2D ECHO - DOPPLER STUDY

NAME:	MR. M S SAMPATH KUMAR	DATE:	22-10-2022
AGE:	64 YEARS	ID. NO:	196015
GENDER:	MALE	REFERRED BY:	MEDIWHEEL

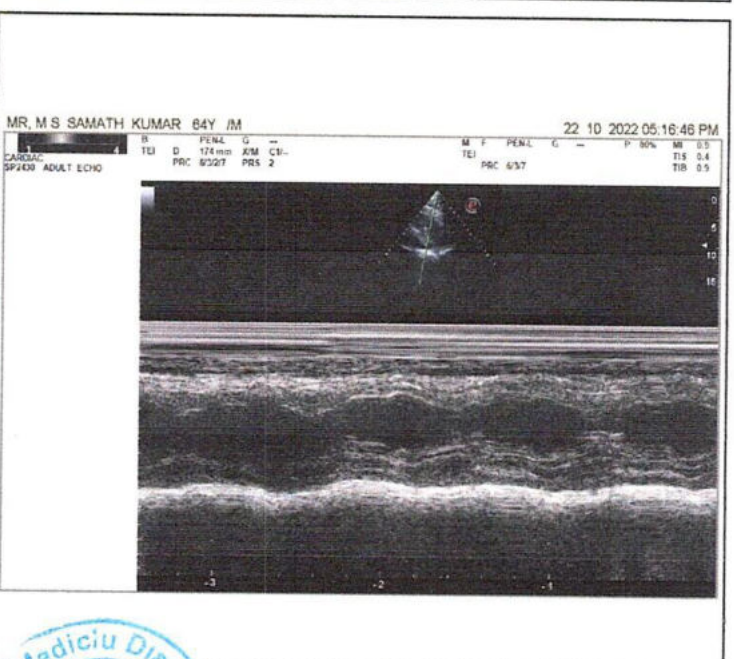
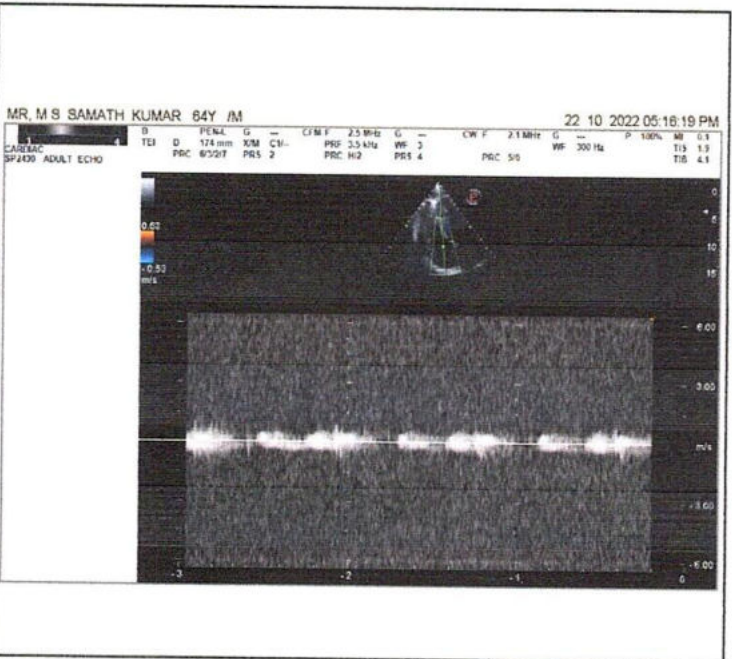
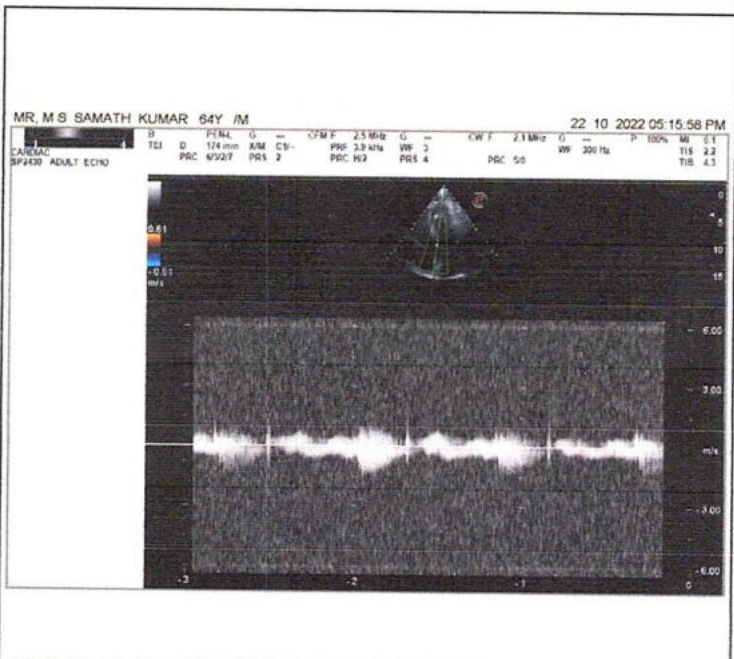
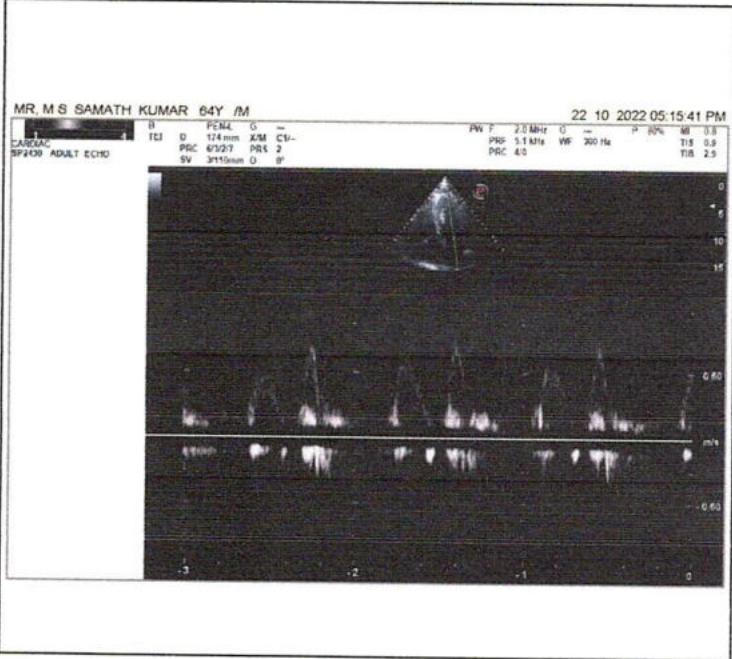
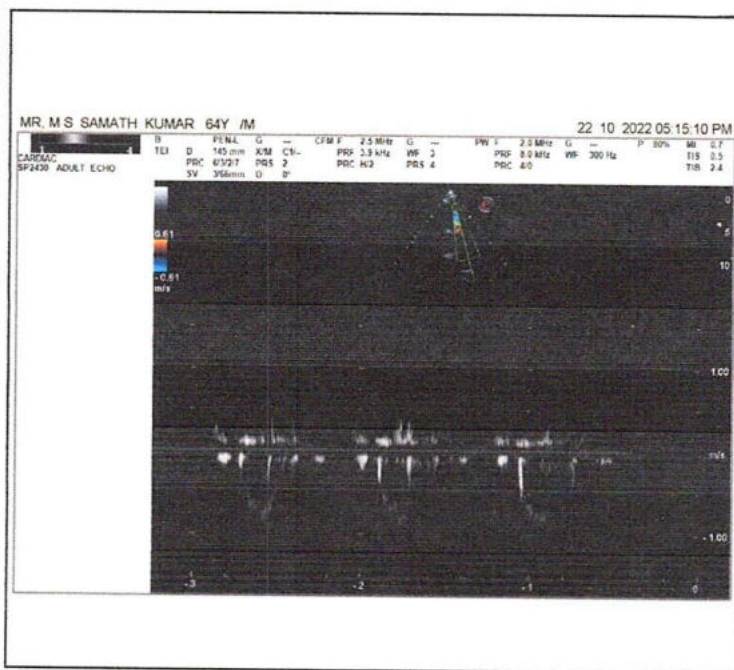
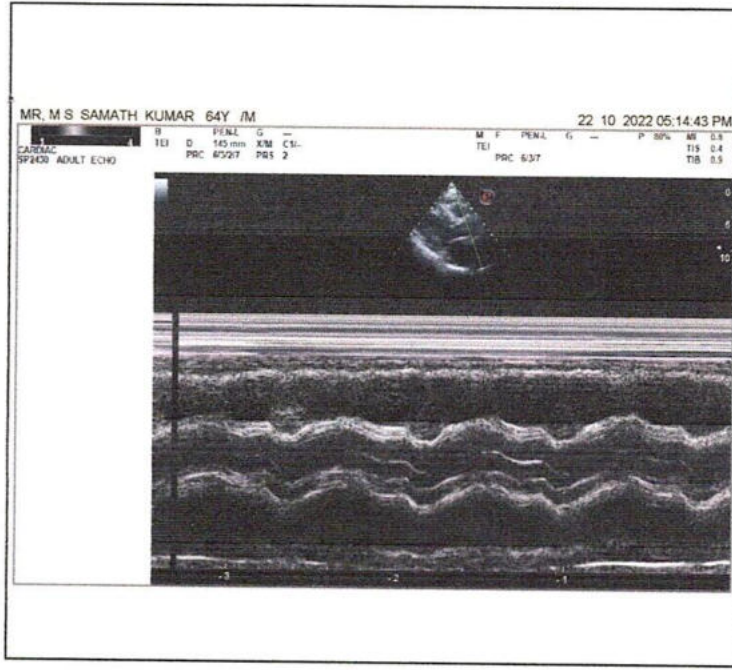
M-Mode

AORTA	26	mm
LEFT ARTIUM	32	mm
RIGHT VENTRICLE(Diastole)	18	mm
LVID (Diastole)	40	mm
LVID (Systole)	22	mm
INTERVENTRICULAR SEPTUM (Diastole)	12	mm
L V POSTERIOR WALL (Diastole)	11	mm
L V MASS	130	grms
FRACTIONAL SHORTENING	30	%
EJECTION FRACTION	60	%

DOPPLER / COLOR FLOW

MITRAL VALVE	E- 0.8	A - 0.6	m/sec	NO MR
AORTIC VALVE	1.0	-	m/sec	NO AR
TRICUSPID VALVE	E- 0.4	A - 0.2	m/sec	NO TR
PULMONARY VALVE	0.8	-	m/sec	NO PR





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GENDER:	MALE	REFERRED BY:	MEDIWHEEL

X-RAY REPORT- CHEST (PA VIEW)

OBSERVATIONS:

Increased bronchovascular markings in bilateral lung fields.

CP angles are clear.

Both the hila appear normal.

Cardiac diameter is within normal limits.

Trachea is midline.

Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.

Dr. Shruthi. P. DMRD, FFM, DNB
Consultant Radiologist



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USG REPORT - ABDOMEN AND PELVIS

OBSERVATION:

LIVER:

Liver is normal in size (14.1 cm) and normal homogenous echotexture. No focal lesion is seen. Intrahepatic biliary radicles not dilated. Hepatic and portal veins are normal. CBD is normal.

GALL BLADDER:

Normal in distension. Lumen echo free. Wall thickness is normal.

PANCREAS:

Head and body visualized appears normal. No focal lesion is seen. Pancreatic duct not dilated. Tail not visualized.

SPLEEN:

Normal in size (9.3 cm) with homogenous echotexture. No focal lesion seen.

RIGHT KIDNEY:

Right kidney measures 11.4 x 4.8 cm with normal echo pattern and cortical thickness.

There is a non-obstructive calculus measuring ~4.3 mm in the lower pole.

The shape, size and contour of the right kidney appear normal.

Cortical medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation.

LEFT KIDNEY:

Left kidney measures 11.6 x 5.9 cm with normal echo pattern and cortical thickness.

There is a simple cortical cyst measuring 2.1 x 1.5 cm in the interpolar regions.

Exophytic cortical cyst noted in the lower pole measuring 8 mm.

Mild pelvicalyceal dilatation seen- Likely post op intervention.

The size and contour of the left kidney appear normal. Cortical medullary differentiation is maintained. No sonologically detectable calculi seen.



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USG REPORT - ABDOMEN AND PELVIS

URINARY BLADDER:

Is normal in contour. Intraluminal echoes seen with mild thickened urinary bladder wall measuring 3.6 mm.

Pre-void:416 cc

Post-void:100 cc (Significant)

PROSTATE:

Is enlarged in size and measures 3.1 x 4.0 x 3.8 cm (Volume -25.6 cc) with normal echo pattern. No focal lesion is seen.

No evidence of free fluid in the pelvic or abdominal cavity.

IMPRESSION:

- **Right renal small non obstructive calculus.**
- **Left renal simple cysts.**
- **Grade I prostatomegaly with significant post void residue.**
- **Mild cystitis. Suggested urine routine / culture correlation**



Dr. Shruthi. P. DMRD, FFM, DNB
Consultant Radiologist

MR M S SAMPATH KUMAR, 64Y.M 22 10 2022 11:33:33 AM

RES:4 G:--
TEI D 152 mm X/M CV:--
PRC 9/92/6 PRS 2



MR M S SAMPATH KUMAR, 64Y.M 22 10 2022 11:34:21 AM

RES:4 G:--
TEI D 152 mm X/M CV:--
PRC 9/92/6 PRS 2



MR M S SAMPATH KUMAR, 64Y.M 22 10 2022 11:36:17 AM

RES:4 G:--
TEI D 152 mm X/M CV:--
PRC 9/92/6 PRS 2



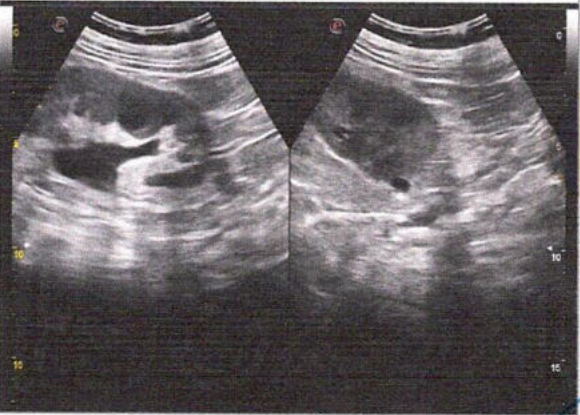
MR M S SAMPATH KUMAR, 64Y.M 22 10 2022 11:37:20 AM

RES:4 G:--
TEI D 152 mm X/M CV:--
PRC 9/92/6 PRS 2



MR M S SAMPATH KUMAR, 64Y.M 22 10 2022 11:38:04 AM

RES:4 G:--
TEI D 152 mm X/M CV:--
PRC 9/92/6 PRS 2



MR M S SAMPATH KUMAR, 64Y.M 22 10 2022 11:38:19 AM

RES:4 G:--
TEI D 152 mm X/M CV:--
PRC 9/92/6 PRS 2



Mediclu Diagnostics & Speciality Centre
8/11/2022

MR M S SAMPATH KUMAR..64Y M
 22 10 2022 11:41:00 AM
 P 80% MI 1.0

ABDOMINAL
 ACZ341 MEDICLU

RES.L G
 TEI D 138mm XM C1-
 PRC 9026 PRS 2

Bl-Volume

D1 3.17 cm
 D2 4.01 cm
 D4 3.84 cm
 V 25.6 ml



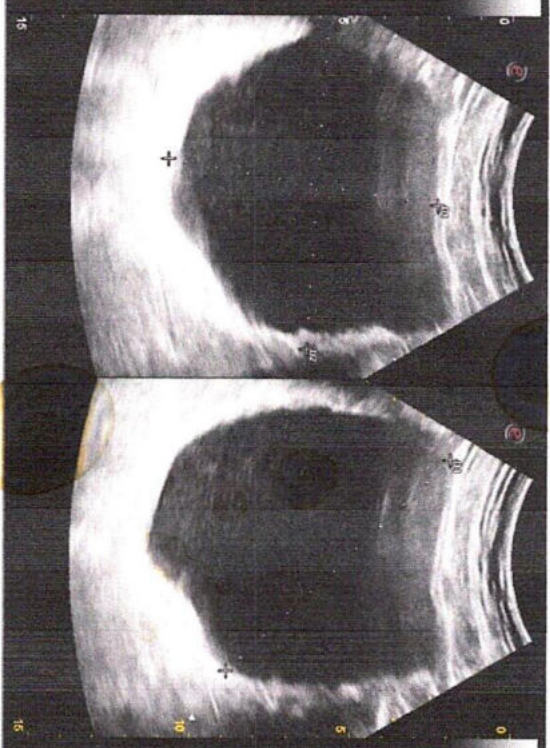
MR M S SAMPATH KUMAR..64Y M
 22 10 2022 11:41:22 AM
 P 80% MI 1.0

ABDOMINAL
 ACZ341 MEDICLU

RES.L G
 TEI D 138mm XM C1-
 PRC 9026 PRS 2

Bl-Volume

D1 8.51 cm
 D2 9.70 cm
 D4 9.63 cm
 V 416.1 ml



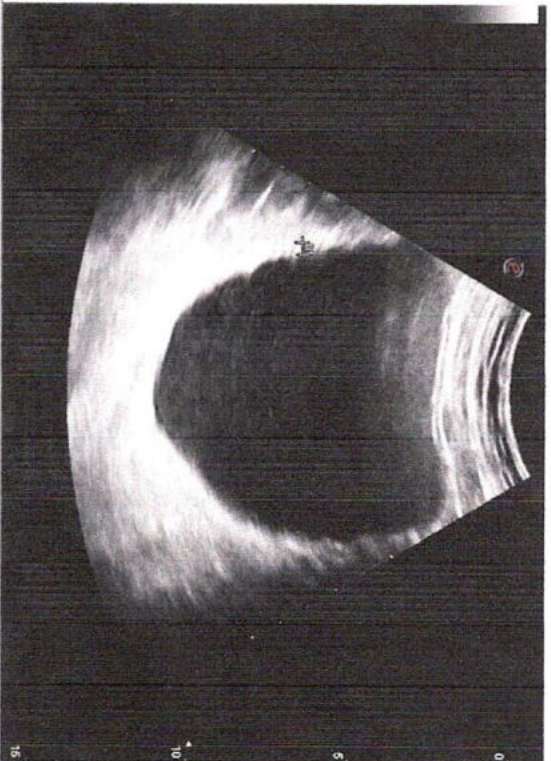
MR M S SAMPATH KUMAR..64Y M
 22 10 2022 11:41:36 AM
 P 80% MI 1.0

ABDOMINAL
 ACZ341 MEDICLU

RES.L G
 TEI D 138mm XM C1-
 PRC 9026 PRS 2

Bl-Volume

D1 0.36 cm



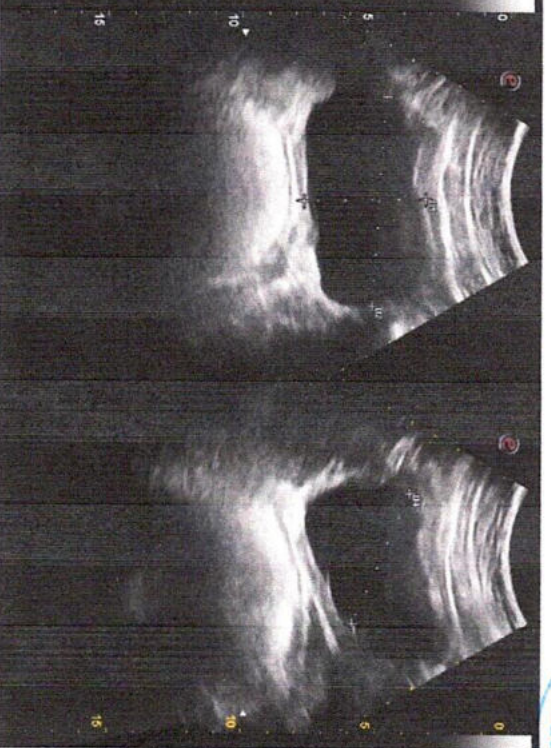
MR M S SAMPATH KUMAR..64Y M
 22 10 2022 11:51:18 AM
 P 80% MI 1.3

ABDOMINAL
 ACZ341 MEDICLU

RES.L G
 TEI D 131mm XM C1-
 PRC 9026 PRS 2

Bl-Volume

D1 4.52 cm
 D2 7.87 cm
 D4 5.36 cm
 V 100.0 ml



Speciality Centre *
 Mediclu Diagnostics
 Bangalore