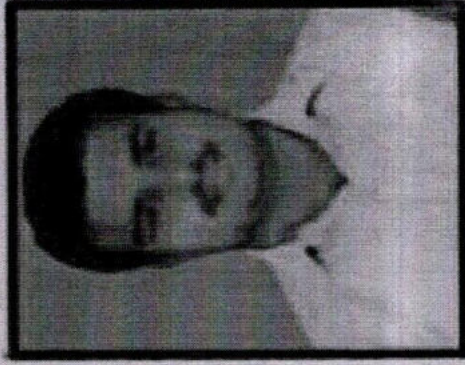




बैंक ऑफ़ बड़ोदा
Bank of Baroda



नाम

Name

Ravi Kumar N

E.C. No.

114989

Kumar

जारीकर्ता प्राधिकारी


Issuing Authority

Perif...

Ravi Kumar N

धारक के हस्ताक्षर

Signature of Holder

NAME : Mr. RAVI KUMAR N	MR NO. : 20083214
AGE/SEX : 31 Yrs / Male	VISIT NO. : 163598
REFERRED BY :	DATE OF COLLECTION : 08-10-2022 at 09:54 AM
	DATE OF REPORT : 08-10-2022 at 04:35 PM
REF CENTER : MEDIWHEEL	

TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
THYROID PROFILE			
TOTAL TRIIODOTHYRONINE (T3) CMIA	1.25 ng/mL	0.87 - 1.78 ng/mL	
TOTAL THYROXINE (T4) CMIA	9.42 µg/dL	6.09 - 12.23 µg/dL	
THYROID STIMULATING HORMONE (TSH) CMIA	1.51 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
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

PROSTATIC SPECIFIC ANTIGEN (PSA)

PROSTATIC SPECIFIC ANTIGEN (PSA) 0.38 ng/mL
CMIA

Up to 4ng/mL: Normal
4-10 ng/mL Hypertrophy & benign genito urinary conditions.
>10 ng/mL Suspicious of malignancy.



PSA is used for monitoring patients with a history of prostate cancer and as an early indicator of recurrence and response to treatment. The test is commonly used for Prostate cancer screening.

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(A Unit of Vijayalakshmi Diagnostics Pvt. Ltd.)

Diagnostics & Speciality Centre

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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Dispatched by: KIRAN

**** End of Report ****

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COMPLETE BLOOD COUNT (CBC) WITH ESR

HAEMOGLOBIN <i>Colorimetric Method</i>	16.1 gm/dL	13 - 18 gm/dL	
HEMATOCRIT (PCV) <i>Calculated</i>	48.2 %	40 - 54 %	
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.7 million/cu.mm	4.5 - 5.9 million/cu.mm	
PLATELET COUNT <i>Electrical Impedance</i>	4.3 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm	
MEAN CELL VOLUME (MCV) <i>Calculated</i>	84.8 fl	80 - 100 fl	
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.			
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	28.3 pg	26 - 34 pg	
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	33.4 %	31 - 35 %	
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	7640 cells/cumm	4000 - 11000 cells/cumm	
NEUTROPHILS <i>VCS Technology/Microscopic</i>	63 %	40 - 75 %	
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	27 %	25 - 40 %	
DIFFERENTIAL COUNT			
EOSINOPHILS <i>VCS Technology/Microscopic</i>	04 %	0 - 7 %	
MONOCYTES <i>VCS Technology/Microscopic</i>	06 %	1 - 8 %	
BASOPHILS <i>Electrical Impedance</i>	00 %		
ESR <i>Westergren Method</i>	18 mm/hr	0 - 15 mm/hr	
CREATININE <i>Jaffe Method</i>	0.82 mg/dL	0.8 - 1.4 mg/dL	



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LIPID PROFILE TEST

TOTAL CHOLESTEROL
Cholesterol Oxidase-Peroxidase (CHOD-POD)

192 mg/dL

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

TRIGLYCERIDES
Glycerol Peroxidase-Peroxidase (GPO-POD)

206.1 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

41.1 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

109.7 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

41.2 mg/dL

2 - 30 mg/dL

TOTAL CHOLESTROL/HDL RATIO
Calculation

4.7

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

LDL/HDL RATIO
Calculation

2.7

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

K. K. Murthy



A. Vamseedhara

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LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	3.53 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.12 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	3.41 mg/dl	0.2 - 0.8 mg/dl	
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	20 U/L	up to 35 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	41.1 U/L	up to 50 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	94 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	43 U/L	15 - 85 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.79 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	3.96 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	2.8 g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	1.4	1 - 1.5	
BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	30.1 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	0.82 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>	132 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	4.16 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	102.1 mmol/L	97 - 111 mmol/L	
POST PRANDIAL BLOOD SUGAR <i>Hexokinase</i>	129.0 mg/dl	80 - 150 mg/dl	
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"B" Positive		



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D.C.P. MD
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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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GLYCATED HAEMOGLOBIN (HbA1C)
HPLC

5.6 %

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)

114.02 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 an additional criterion for assessing glucose control because glycosylated 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

111 mg/dl

70 - 110 mg/dl

Hexokinase

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
URINE ROUTINE & MICROSCOPIC			
PHYSICAL EXAMINATION			
Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow	
Appearance <i>Visual Method</i>	Clear	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>	4 - 5 /hpf	0-5/hpf	
Epithelial Cells <i>Light Microscopic</i>	6 - 8 /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



Krishna Murthy



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Dr. VAMSEEDHARA
D.C.P.M.D.
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Diagnostics & Speciality Centre

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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Dispatched by: KIRAN

**** End of Report ****

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K. Krishna Murthy



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NAME:	Mr. RAVI KUMAR N	DATE:	08-10-2022
AGE:	31 YEARS	ID. NO:	195182
GENDER:	MALE	REFERRED BY:	MEDIWHEEL

X-RAY CHEST PA VIEW

OBSERVATIONS:

Rotation to left.

The lung fields are clear bilaterally.

CP angles are clear.

Both the hila appear normal.

Cardiac diameter is within normal limits.

Tracheal is normal in caliber.

Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.

IMPRESSION:

- **No significant abnormality in the visualized lung fields.**



S. Mohan
Dr. MOHAN S. MDRD
Consultant Radiologist

NAME:	Mr. RAVI KUMAR N	DATE:	08-10-2022
AGE:	31 YEARS	ID. NO:	195182
GENDER:	MALE	REFERRED BY:	MEDIWHEEL

USG REPORT - ABDOMEN AND PELVIS

OBSERVATION:

LIVER:

Liver is normal in size (15.6 cm) and shows moderate diffuse increase in echotexture. No focal lesion is seen. Intrahepatic biliary radicles not dilated. Hepatic & portal veins are normal. CBD is normal.

GALL BLADDER:

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

PANCREAS:

Body and head appears normal. No focal lesion seen. Pancreatic duct not dilated. Tail not visualized.

SPLEEN:

Normal in size (11.6 cm) with normal homogenous echotexture. No focal lesion is seen.

RIGHT KIDNEY:

Right kidney measures 9.8 x 1.3 cm (Length x parenchymal thickness) with normal echo pattern and cortical thickness.

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

Cortical medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonological detectable calculi seen.

LEFT KIDNEY:

Left kidney measures 10.8 x 1.1 cm (Length x parenchymal thickness) with normal echo pattern and cortical thickness.

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

Cortical medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonological detectable calculi seen.



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USG REPORT - ABDOMEN AND PELVIS

URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen. Wall thickness appears normal.

PROSTATE:

Is normal in size and measures 3.0 x 3.0 x 2.6 cm (12.6 cc) with normal echo pattern. No focal lesion seen.

No evidence of free fluid in the abdomen or pelvis.

IMPRESSION:

- Grade II fatty liver.
- No other significant sonographic abnormality detected.



Dr. MOHAN S. MDRD
Consultant Radiologist



