

NAME : **Mr. CHETAN KUMAR N**  
AGE/SEX : 37 Yrs / Male  
REFERRED BY :  
REF CENTER : MEDIWHEEL

MR/VISIT NO : 23040334 / 172721  
BILLED TIME : 14-04-2023 at 09:14 AM  
BILL NO : 204657  
DATE OF REPORT : 14-04-2023 at 06:08 PM

### RADIOLOGY

### **X-RAY REPORT- CHEST PA VIEW**

#### **OBSERVATIONS:**

The lung fields are clear bilaterally.

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.

#### **IMPRESSION:**

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



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DATE OF REPORT : 14-04-2023 at 06:05 PM

### RADIOLOGY

## USG REPORT - ABDOMEN AND PELVIS

### OBSERVATION:

#### LIVER:

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

#### GALL BLADDER:

Is minimally distended at the time of scan.

#### PANCREAS:

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

#### SPLEEN:

Normal in size with normal homogenous echotexture. No focal lesion seen.

#### RIGHT KIDNEY:

Right kidney measures ~ 11.1 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 ~ 10.3 x 1.3 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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### **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 (Volume – 11.8 cc) with normal echo pattern. No focal lesion is seen.

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


### **IMPRESSION:**

- **Grade I fatty changes in liver.**

*Note: All abnormalities cannot be detected by Ultrasound scan due to technical limitation, obesity and other factors. Scan findings to be correlated with old reports or other investigations.*



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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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### HAEMATOLOGY

#### COMPLETE BLOOD COUNT (CBC) WITH ESR

*Automated Cell Counter*

HAEMOGLOBIN <i>Colorimetric Method</i>	15.7 gm/dL	13 - 18 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	46.1 %	40 - 54 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.37 million/cu.mm	4.5 - 5.9 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	2.32 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	85.9 fl	80 - 100 fl
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.		
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	29.2 pg	26 - 34 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	34.0 %	31 - 35 %
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	7480 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	56 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	39 %	25 - 40 %
<b>DIFFERENTIAL COUNT</b>		
EOSINOPHILS <i>VCS Technology/Microscopic</i>	03 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	02 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	30 mm/hr	0 - 15 mm/hr
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"A" Positive	

*Krishna M.*



*A. Vamseedhar*


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MD  
BIOCHEMIST

Lab Seal

**Dr. VAMSEEDHAR.A**  
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GLYCATED HAEMOGLOBIN (HbA1C)  
*HPLC*

10.4 %

**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%

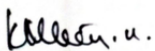
ESTIMATED AVERAGE GLUCOSE (eAG)  
*Calculation*

251.78 mg/dL

### 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.

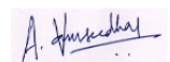
After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.



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### LIPID PROFILE TEST

*Spectrometry*

#### TOTAL CHOLESTEROL

*Cholesterol Oxidase-Peroxidase (CHOD-POD)*

201 mg/dL

up to 200 mg/dL

Border Line: 200 – 240 mg/dL

High: > 240 mg/dL

#### TRIGLYCERIDES

*Glycerol Peroxidase-Peroxidase (GPO-POD)*

216.6 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*

40.7 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*

117.0 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*

43.3 mg/dL

2 - 30 mg/dL

#### TOTAL CHOLESTROL/HDL RATIO

*Calculation*

4.9

up to 3.5

3.5-5.0 - Moderate

>5.0 - High

#### LDL/HDL RATIO

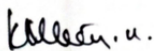
*Calculation*

2.9

up to 2.5

2.5-3.3 - Moderate

>3.3 - High

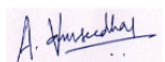


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<b>LIVER FUNCTION TEST (LFT)</b>			
<i>Spectrometry</i>			
TOTAL BILIRUBIN	0.86 mg/dL	0.2 - 1.2 mg/dL	
<i>Colorimetric Diazo Method</i>			
DIRECT BILIRUBIN	0.29 mg/dL	0 - 0.4 mg/dL	
<i>Colorimetric Diazo Method</i>			
INDIRECT BILIRUBIN	0.57 mg/dl	0.2 - 0.8 mg/dl	
<i>Calculation</i>			
S G O T (AST)	36 U/L	up to 35 U/L	
<i>IFCC Without Pyridoxal Phosphates</i>			
S G P T (ALT)	38.2 U/L	up to 50 U/L	
<i>IFCC Without Pyridoxal Phosphates</i>			
ALKALINE PHOSPHATASE	62 U/L	36 - 113 U/L	
<i>p-Nitrophenyl Phosphate</i>			
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT)	51.9 U/L	15 - 85 U/L	
<i>GCNA-IFCC</i>			
TOTAL PROTEIN	6.78 g/dl	6.2 - 8 g/dl	
<i>Biuret Colorimetric</i>			
S.ALBUMIN	4.17 g/dl	3.5 - 5.2 g/dl	
<i>Bromocresol Green (BCG)</i>			
S.GLOBULIN	2.6 g/dl	2.5 - 3.8 g/dl	
<i>Calculation</i>			
A/G RATIO	1.6	1 - 1.5	
<i>Calculation</i>			
FASTING BLOOD SUGAR	193 mg/dl	70 - 110 mg/dl	
<i>Hexokinase</i>			
POST PRANDIAL BLOOD SUGAR	266 mg/dl	80 - 150 mg/dl	
<i>Hexokinase</i>			

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### CLINICAL PATHOLOGY

#### URINE ROUTINE & MICROSCOPIC

*Strips & Microscopy*

#### 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>	1.010	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>	2 - 3 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	1 - 2 /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
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POSTPRANDIAL URINE SUGAR	1.5 %	NIL
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### IMMUNOASSAY

#### THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) <small>CMIA</small>	1.25 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) <small>CMIA</small>	10.46 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) <small>CMIA</small>	3.130 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.

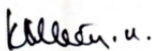
#### Clinical Use:

- 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) <small>CMIA</small>	0.40 ng/mL	Up to 4ng/mL: Normal 4-10 ng/mL Hypertrophy & benign genito urinary conditions. >10 ng/mL Suspicious of malignancy.
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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.

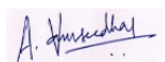


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Dispatched by: KIRAN

\*\*\*\* End of Report \*\*\*\*

Printed by: Kiran kumar H P on 14-04-2023 at 03:14 PM



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*Automated Cell Counter*

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BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	30 mm/hr	0 - 15 mm/hr
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"A" Positive	

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*HPLC*

10.4 %

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Non diabetic adults : <5.7 %

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Diabetic : >= 6.5%

**Therapeutic goal for glycemc control :**

Goal for therapy: < 7.0%

Action suggested: > 8.0%

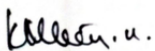
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*Calculation*

251.78 mg/dL

### 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 glycemc 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.

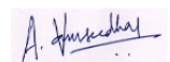
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*Spectrometry*

#### TOTAL CHOLESTEROL

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up to 200 mg/dL

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High: > 240 mg/dL

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#### VLDL CHOLESTEROL

*Calculation*

43.3 mg/dL

2 - 30 mg/dL

#### TOTAL CHOLESTROL/HDL RATIO

*Calculation*

4.9

up to 3.5

3.5-5.0 - Moderate

>5.0 - High

#### LDL/HDL RATIO

*Calculation*

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>3.3 - High

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DIRECT BILIRUBIN	0.29 mg/dL	0 - 0.4 mg/dL	
<i>Colorimetric Diazo Method</i>			
INDIRECT BILIRUBIN	0.57 mg/dl	0.2 - 0.8 mg/dl	
<i>Calculation</i>			
S G O T (AST)	36 U/L	up to 35 U/L	
<i>IFCC Without Pyridoxal Phosphates</i>			
S G P T (ALT)	38.2 U/L	up to 50 U/L	
<i>IFCC Without Pyridoxal Phosphates</i>			
ALKALINE PHOSPHATASE	62 U/L	36 - 113 U/L	
<i>p-Nitrophenyl Phosphate</i>			
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT)	51.9 U/L	15 - 85 U/L	
<i>GCNA-IFCC</i>			
TOTAL PROTEIN	6.78 g/dl	6.2 - 8 g/dl	
<i>Biuret Colorimetric</i>			
S.ALBUMIN	4.17 g/dl	3.5 - 5.2 g/dl	
<i>Bromocresol Green (BCG)</i>			
S.GLOBULIN	2.6 g/dl	2.5 - 3.8 g/dl	
<i>Calculation</i>			
A/G RATIO	1.6	1 - 1.5	
<i>Calculation</i>			
FASTING BLOOD SUGAR	193 mg/dl	70 - 110 mg/dl	
<i>Hexokinase</i>			
POST PRANDIAL BLOOD SUGAR	266 mg/dl	80 - 150 mg/dl	
<i>Hexokinase</i>			

*Krishna M.*




*A. Vamseedhar*

**Dr. KRISHNA MURTHY**  
MD  
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Lab Seal

**Dr. VAMSEEDHAR.A**  
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CONSULTANT PATHOLOGIST

## Diagnosics & Speciality Centre

NAME : <b>Mr. CHETAN KUMAR N</b>	MR NO. : 23040334
AGE/SEX : 37 Yrs / Male	VISIT NO. : 172721
REFERRED BY :	DATE OF COLLECTION : 14-04-2023 at 09:22 AM
	DATE OF REPORT : 14-04-2023 at 03:14 PM
REF CENTER : MEDIWHEEL	

TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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### CLINICAL PATHOLOGY

#### URINE ROUTINE & MICROSCOPIC

*Strips & Microscopy*

#### 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>	1.010	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>	2 - 3 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	1 - 2 /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
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POSTPRANDIAL URINE SUGAR	1.5 %	NIL
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### IMMUNOASSAY

#### THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) <small>CMIA</small>	1.25 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) <small>CMIA</small>	10.46 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) <small>CMIA</small>	3.130 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.

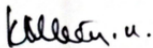
#### Clinical Use:

- 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) <small>CMIA</small>	0.40 ng/mL	Up to 4ng/mL: Normal 4-10 ng/mL Hypertrophy & benign genito urinary conditions. >10 ng/mL Suspicious of malignancy.
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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.

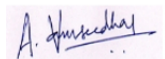


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Dispatched by: KIRAN

\*\*\*\* End of Report \*\*\*\*

Printed by: Kiran kumar H P on 14-04-2023 at 03:14 PM



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