





<b>Name</b> : Mr. Kumaresan K <b>Age/Gender</b> : 34 Y 10 M 26 D / Male <b>Consultant</b> : DR. Gopalaswamy G <b>Lab No</b> : 200054773 <b>Sample Requested At</b> : 25/02/2023 08:19:17 <b>Sample Collected At</b> : 25/02/2023 08:31:28 <b>Sample Received At</b> : 25/02/2023 09:34:09 <b>Reported At</b> : 25/02/2023 13:38:29 <b>Authorized At</b> : 25/02/2023 13:43:15	<b>UHID</b> : 910059369  <b>Encounter No</b> : OP912302254039 
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## HEMATOLOGY

Parameter	Result	Units	Biological Reference Range	Methodology
<b>Blood Group &amp; Rh</b>	A Positive			
<b>Complete Blood Count (CBC)</b>				
Haemoglobin	15.1	g%	13 - 17	COLORIMETRY
Haematocrit (PCV)	45.9	%	40 - 50	COLORIMETRY
Total WBC Count	5400	cells/cum m	4000 - 10000	FLOWCYTOMETRY
Platelet Count	204	thous/cum m	150 - 410	IMPEDANCE METHOD
ESR	13	mm/hr	0 - 15	Photometrical capillary
Total RBC Count	5.32	mill/cumm	4.5 - 5.5	IMPEDANCE METHOD
MCV	86.2	fl	83 - 101	Calculated Parameter
MCH	28.4	pg	27 - 32	Calculated Parameter
MCHC	32.9	%	31.5 - 34.5	Calculated Parameter
<b>Differential Count</b>				
Polymorphs	50	%	40 - 80	FLOWCYTOMETRY
Lymphocytes	40	%	20 - 40	FLOWCYTOMETRY
Eosinophils	02	%	1-6	FLOWCYTOMETRY
Monocytes	08	%	2 - 10	FLOWCYTOMETRY
Basophils	00	%	0 - 2	FLOWCYTOMETRY



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## HEMATOLOGY

Parameter	Result	Units	Biological Reference Range	Methodology
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\*\*\* End Of Report \*\*\*



Seen By Doctor

Authorized By

Verified By  
**ANITHA S**

**DR DINESHI S**  
Clinical Pathologist



<b>Name</b> : Mr. Kumaresan K <b>Age/Gender</b> : 34 Y 10 M 26 D / Male <b>Consultant</b> : DR. Gopaldaswamy G <b>Lab No</b> : 100070803 <b>Sample Requested At</b> : 25/02/2023 08:19:17 <b>Sample Collected At</b> : 25/02/2023 10:46:35 <b>Sample Received At</b> : 25/02/2023 12:04:31 <b>Reported At</b> : 25/02/2023 18:31:47 <b>Authorized At</b> : 25/02/2023 18:32:03	<b>UHID</b> : 910059369  <b>Encounter No</b> : OP912302254039 
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## BIOCHEMISTRY

Parameter	Result	Units	Biological Reference Range	Methodology
<b>Plasma Glucose (F)</b>	92	mg/dl	74 - 109	UV/Hexokinase
<b>Plasma Glucose (2 Hrs. PP)</b>	106	mg/dl	<140	UV/Hexokinase
<b>Creatinine(serum)</b>	1.1	mg/dl	0.7 - 1.2	Kinetic/Alkaline Picric acid
<b>Uric Acid(serum)</b>	5.4	mg/dl	3.4 - 7.0	Enzymatic Colorometric / Uricase
<b>Lipid Profile</b>				
Total Cholestrol	224	mg/dl	Desirable level : < 200 Borderline high : 200 - 239 High : > 240	Enzymatic Colorometric assay/CHOD-POD
Triglycerides	245	mgs/dl	< 150	Enzymatic Colorometric assay(GPO)
HDL Cholesterol (Direct)	40	mg/dl	35 - 55	Homogeneous enzymatic colometric assay
LDL (Direct)	155	mg/dl	Adult levels Optimal: < 100 Above optimal :100 - 129 Borderline high : 130 - 159 High:160 - 189 Very high :>=190	Homogeneous enzymatic colometric assay
VLDL	29	mgs/dl	< 35	
Total HDL Ratio	5.6		3.5 - 5.5	CALCULATED
<b>Liver Function Tests ( LFT )</b>				
Bilirubin Total	1.0	mg/dl	Newborns : 24hours : >= 8.0 48 hours : < 13.0	Colorimetric assay /Diazo

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**Name** : Mr. Kumaresan K  
**Age/Gender** : 34 Y 10 M 26 D / Male  
**Consultant** : DR. Gopaldaswamy G  
**Lab No** : 100070803  
**Sample Requested At** : 25/02/2023 08:19:17  
**Sample Collected At** : 25/02/2023 10:46:35  
**Sample Received At** : 25/02/2023 12:04:31  
**Reported At** : 25/02/2023 18:31:47  
**Authorized At** : 25/02/2023 18:32:03

**UHID** : 910059369





**Encounter No** : OP912302254039



## BIOCHEMISTRY

Parameter	Result	Units	Biological Reference Range	Methodology
Bilirubin Direct	0.3	mg/dl	84 hours : < 17.0 Children age >=1 month : upto1.0 Adults :upto1.2 0.0 - 0.3	Colorimetric assay /Diazo
Bilirubin Indirect	0.7			CALCULATED
SGOT (AST)	32	IU/L	0.0 - 0.7 upto 40	UV without P5P
SGPT (ALT)	40	IU/L	upto 40	UV/IFCC
GGTP	59	U/L	upto 40	Enzymatic
Alkaline Phosphatase(serum)	73	U/L	40 - 129	Colorimetric assay/IFCC
Total Proteins(serum)	7.8	g/dl	6.6 - 8.7	Colorimetric assay
Albumin(serum)	4.9	g/dl	3.5 - 5.2	Colorimetric assay/BCG
Globulin(serum)	2.9		2.8 - 5.3	CALCULATED
A/G Ratio	1.7		1 - 2	
<b>BUN(Blood Urea Nitrogen)</b>				
Blood Urea	18	mg/dl	17 - 49	Kinetic/Urease
BUN(Blood Urea Nitrogen)	08	mg/dl	8 - 23	
<b>HbA1c</b>	5.3	%	Non Diabetic : <6.0 Good Control : 6.0 - 7.0 Fair Control : 7.0 - 8.0 Poor Control : >8.0	



<b>Name</b> : Mr. Kumaresan K <b>Age/Gender</b> : 34 Y 10 M 26 D / Male <b>Consultant</b> : DR. Gopaldaswamy G <b>Lab No</b> : 100070803 <b>Sample Requested At</b> : 25/02/2023 08:19:17 <b>Sample Collected At</b> : 25/02/2023 10:46:35 <b>Sample Received At</b> : 25/02/2023 12:04:31 <b>Reported At</b> : 25/02/2023 18:31:47 <b>Authorized At</b> : 25/02/2023 18:32:03	<b>UHID</b> : 910059369  <b>Encounter No</b> : OP912302254039 
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## BIOCHEMISTRY

Parameter	Result	Units	Biological Reference Range	Methodology
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\*\*\* End Of Report \*\*\*

Verified By  
**NAZEEMA.S**

Seen By Doctor

Authorized By  
**DR BALAKRISHNAN R MD**  
Consultant biochemistry



<b>Name</b> : Mr. Kumaresan K <b>Age/Gender</b> : 34 Y 10 M 26 D / Male <b>Consultant</b> : DR. Gopaldaswamy G <b>Lab No</b> : 7000034160 <b>Sample Requested At</b> : 25/02/2023 08:19:17 <b>Sample Collected At</b> : 25/02/2023 08:31:28 <b>Sample Received At</b> : 25/02/2023 09:34:09 <b>Reported At</b> : 25/02/2023 12:52:39 <b>Authorized At</b> : 25/02/2023 12:55:31	<b>UHID</b> : 910059369  <b>Encounter No</b> : OP912302254039 
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### IMMUNOLOGY

Parameter	Results	Units	Biological Reference Range	Methodology
FreeT3	3.28	pg/ml	1.8 - 4.2	ECLIA Method
FreeT4	1.28	ng/dl	0.8 - 2.2	ECLIA Method
TSH	2.22	uIU/ml	0.4 - 7.0	ECLIA Method



\*\*\* End Of Report \*\*\*

Verified By  
P.SUGANYA

Seen By Doctor

Dr B SHANTHI.MD  
BIOCHEMISTRY CONSULTANT





<b>Name</b> : Mr. Kumaresan K <b>Age/Gender</b> : 34 Y 10 M 26 D / Male <b>Consultant</b> : DR. Gopaldaswamy G <b>Lab No</b> : 300020494 <b>Sample Requested At</b> : 25/02/2023 08:19:17 <b>Sample Collected At</b> : 25/02/2023 10:46:35 <b>Sample Received At</b> : 25/02/2023 12:04:31 <b>Reported At</b> : 25/02/2023 13:42:21 <b>Authorized At</b> : 25/02/2023 13:44:35	<b>UHID</b> : 910059369  <b>Encounter No</b> : OP912302254039 
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### CLINICAL PATHOLOGY

Parameter	Result	Units	Biological Reference Range	Methodology
<b>Urine Glucose (F)</b>	Nil			
<b>Urine Glucose (PP)</b>	Nil			
<b>Urine Routine</b>				
colour	pale yellow			
pH	6.0			
Sp.Gravity	1.015			
Protein	Nil			
Glucose	Nil			
Leucocytes	Nil			
Nitrite	Nil			
Blood	Nil			
Ketone	Absent			
Bilirubin	Nil			
Urobilinogen	Normal			
Pus Cells	1 - 2 /hpf			
Epithelial cells	0 - 1 /hpf			
RBCs	Nil			
Casts	Nil			
Crystals	Nil			



<b>Name</b> : Mr. Kumaresan K <b>Age/Gender</b> : 34 Y 10 M 26 D / Male <b>Consultant</b> : DR. Gopalaswamy G <b>Lab No</b> : 300020494 <b>Sample Requested At</b> : 25/02/2023 08:19:17 <b>Sample Collected At</b> : 25/02/2023 10:46:35 <b>Sample Received At</b> : 25/02/2023 12:04:31 <b>Reported At</b> : 25/02/2023 13:42:21 <b>Authorized At</b> : 25/02/2023 13:44:35	<b>UHID</b> : 910059369  <b>Encounter No</b> : OP912302254039 
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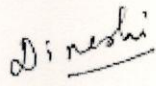
### CLINICAL PATHOLOGY

Parameter	Result	Units	Biological Reference Range	Methodology
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\*\*\* End Of Report \*\*\*

Seen By Doctor

Verified By  
**NITHYA GANESAN**

  
Authorized By  
**DR DINESHI S**  
Clinical Pathologist



Mr. K. Kuma  
ID: 910059369

34 Years

Male

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 92 ms  
QT / QTcBaz : 386 / 448 ms  
PR : 140 ms  
P : 98 ms  
RR / pp : 736 / 740 ms  
P / QRS / T : 46 / 35 / 21 degrees

Normal sinus rhythm  
Normal ECG

*SR*  
*Don*  
*v*

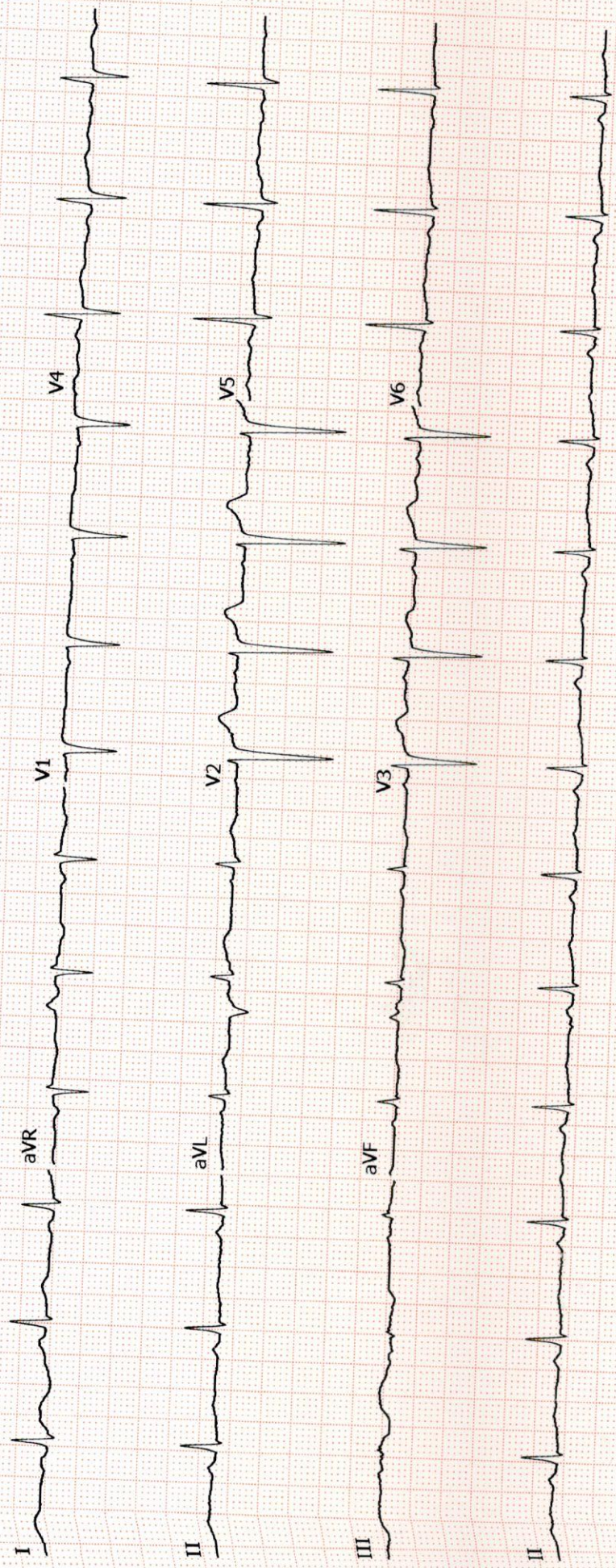
25.02.2023 9:22:22  
PRASANTH SUPERSPECIALITY  
VELACHERY  
CHENNAI

Location:  
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

81 bpm  
--- / --- mmHg

CE 0637 LOT D 736





# PRASHANTH HOSPITALS

Patient Name	Mr. Kumaresan K	Age / Sex	34 Y/ M
Patient ID	910059369	Visit No.	1
Ref. By	Dr.Gopaldaswamy.G	Visit Date	25.02.2023

## USG Complete Abdomen

Real time B-mode Ultrasonography of Abdomen done

### UPPER ABDOMEN:

**Liver** is normal in size (12.8 cm) and shows uniform echo texture. No abscess or mass lesion in the liver. Intrahepatic biliary radicals not dilated. Portal and Hepatic veins appear normal.

**Gall bladder:** Fundus, body and neck imaged. Walls and lumen appeared normal. No calculi seen. Common duct appeared normal. No calculi seen.

**Pancreas:** Head, body and tail appeared normal. Duct is not dilated.

**Spleen** appeared normal in size (9.8 cm) and shows homogenous echoes.

### KUB

RT. Kidney measures 10.9 x 4.5 cm. Cortex appears normal

Cortico medullary differentiation is maintained.

Pelvicalyceal system is not dilated. No calculus is seen. Right ureter is not dilated.

LT. Kidney measures 10.5 x 5.0 cm. Cortex appears normal

Cortico medullary differentiation is maintained.

Pelvicalyceal system is not dilated. No calculus is seen. Left ureter is not dilated.

Bladder is normal in contour. No intra luminal echoes are seen.

No calculus or diverticulum is seen.

Prostate: Appears normal in size 2.3 x 3.7 x 2.4 cm Vol = 10.5 gms and shows homogenous echogenicity. No intravesical extension.

Retroperitoneum: Aorta and IVC appears normal. No obvious para aortic lymphadenopathy.

No free fluid in peritoneal cavity.

### Impression:

- No significant abnormality detected in the visualized organs.

Dr. Kathiresan  
Consultant Sonologist

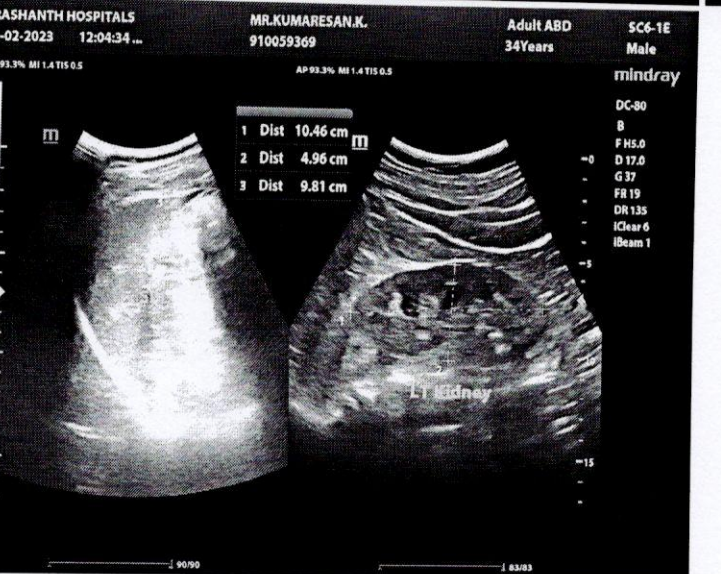
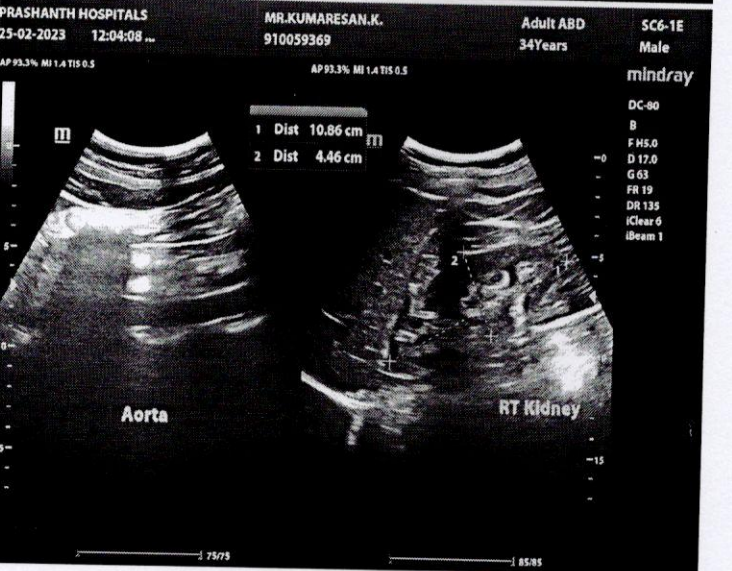
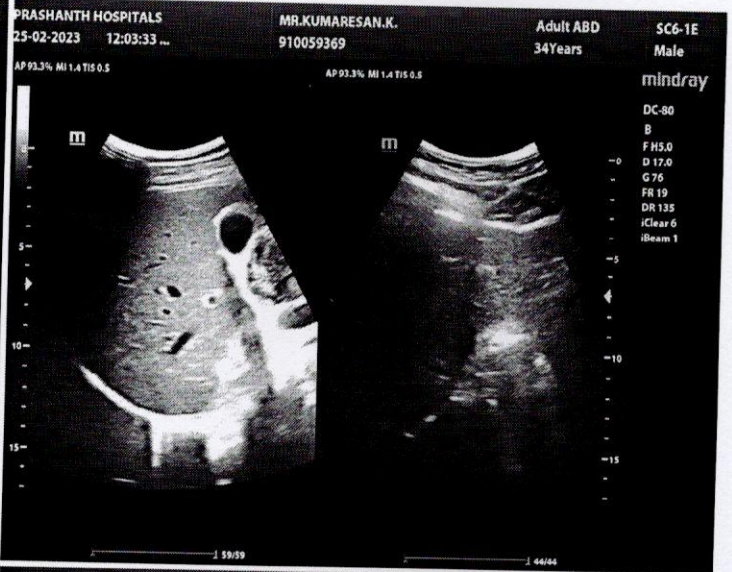
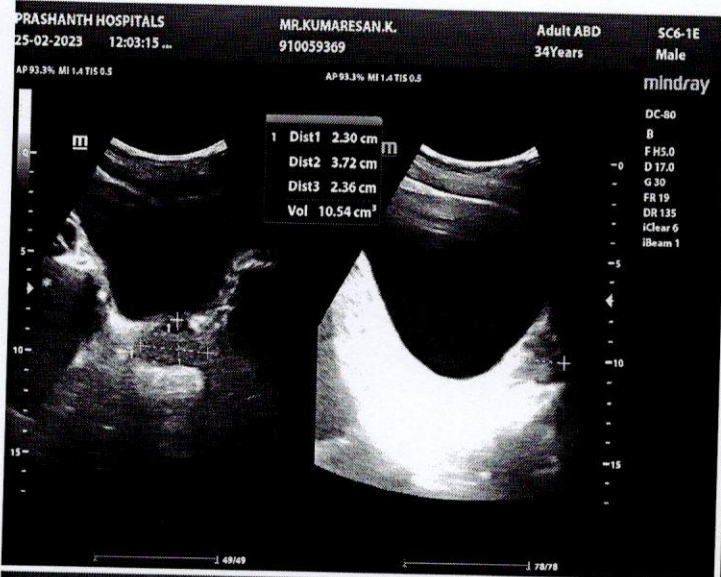
**Note:** This investigation has its own limitation. Hence sonographic findings should be correlated with clinical features and with further investigations. Not for medico legal purpose.

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Patient name	Mr. KUMARESAN.K.	Age/Sex	34 Years / Male
Patient ID	910059369	Visit No	1
Referred by	Dr. Gopaldaswamy. G	Visit Date	25/02/2023





Name	KUMARESAN K 34YRS/MALE	UHID	910059369
Study Date & Time	25-Feb-2023 09:40:02	Report Date & Time	25-Feb-2023 14:18:17
Ref dr.	DR. G . GOPALASWAMY		

## CHEST X-RAY

Trachea and both main bronchi are normal

Cardiac silhouette and cardiothoracic ratio are normal

Bilateral lung fields are clear. No focal lesion seen.

The cardiophrenic and costophrenic angles are free.

Both hemi diaphragms appear normal.

Bony thorax appears normal.

### IMPRESSION:

No significant abnormality detected.

Dr. NARMADHA, DMRD  
CONSULTANT RADIOLOGIST  
TNMC:REG NO:93293



## EYE CHECK-UP REPORT

NAME : Mrs. Kumaresan. K

DATE : 25/02/23

AGE / SEX : 34 / M

UHD NUM : 910059369

Chief complaints : Regular eye check up

Past history : —

Systemic Diseases : H/O: Sinusitis sx done @ 2018

### DISTANCE VISION :

WITH OUT GLASS : 6/6, N6      6/6, N6

WITH GLASS : —      —

COLOR VISION :  NORMAL /  ABNORMAL

### GLASS PRESCRIPTION :

EYE	SPH	CYL	AXIS	V/A	SPH	CYL	AXIS	V/A
DISTANCE	± Plano	—	—	6/6	± Plano	—	—	6/6
ADD	—	—	—	N6	—	—	—	N6

ANTERIOR SEGMENT :

CORNEA & LENS : BE WNL

REMARK : CONTINUE WITH SAME GLASSE

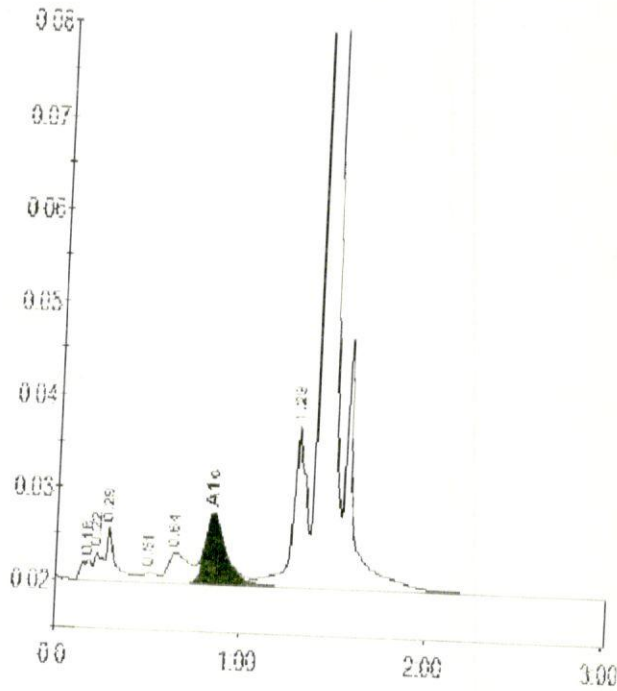
ROUTINE CHECK UP AFTER 6/12 MONTH ✓

FUNDUSCOPY ONCE A YEAR

OPTOMETRIST

# Patient report

Bio-Rad DATE: 02/25/2023  
 D-10 TIME: 12:31 PM  
 S/N: #DJ911420430 Software version: 4.30-2  
 Sample ID: 1000708029  
 Injection date: 02/25/2023 12:31 PM  
 Injection #: 26 Method: HbA1c  
 Rack #: --- Rack position: 5



Peak table - ID: 1000708029

Peak	R.time	Height	Area	Area %
Unknown	0.18	2118	8182	0.5
A1a	0.22	3100	8542	0.5
A1b	0.29	5758	19986	1.2
F	0.51	1069	5080	0.3
L A1c/CHb-1	0.64	3264	25244	1.6
A1c	0.85	7476	58987	5.3
P3	1.29	17766	85992	5.4
A0	1.41	555886	1388898	86.8

Total Area: 1600910

Concentration: %