



DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. PARIMI V S K SRINIVAS	Age /Sex : 52 Y(s)/Male
Ref By : Dr.GENERAL PHYSICIAN	UMR No : UMR63035
Bill Date : 23-Oct-21 08:41 am	Bill No : BIL106264
Lab No : 1198	Result No : RES273875
Samp.Coll : 23-Oct-21 08:56 am	Auth. Tim : 23-Oct-2021 10:50 am
Reported On : 23-Oct-21 10:50 am	

ESR - ERYTHROCYTE SEDIMENT RATE

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>
ESR - ERYTHROCYTE SEDIMENTATION RATE	: *24 mm	< 15 mm

--- End Of Report ---

PHT8119

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Niharika

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DEPARTMENT OF CLINICAL PATHOLOGY

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Ref By : Dr.GENERAL PHYSICIAN	UMR No : UMR63035
Bill Date : 23-Oct-21 08:41 am	Bill No : BIL106264
Lab No : 1198	Result No : RES273870
Samp.Coll : 23-Oct-21 08:56 am	Auth. Tim : 23-Oct-2021 10:39 am
Reported On : 23-Oct-21 10:39 am	

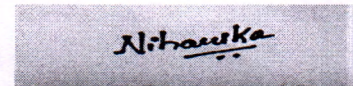
COMPLETE URINE EXAMINATION

Parameter	Result	Biological Reference Interval	Method
PHYSICAL EXAMINATION:			
Colour	: Pale Yellow		
Appearance	: Clear		
pH	: 5.5	5.5 - 7.0	pH indicator
Specific gravity	: 1.015	1.010 - 1.025	Bromthymol blue indicator
CHEMICAL EXAMINATION:			
Urine for Sugar	: Nil mmol/L	0 - 2.8 mmol/L	GOD-POD
Protein	: Nil q/L	0 - 0.15 g/L	protein error of indicator
Blood	: Nil Cells/ μ L -	0 - 10 Cells/ μ L	
Bilirubin	: Nil μ mol/L	0 - 0 μ mol/L	Diazonium method
Ketone bodies	: Negative mmol/L	0 - 0 mmol/L	Nitroprusside reaction
MICROSCOPIC EXAMINATION:			
Pus Cells	: * 1-2 /HPF	0 - 5 /HPF	
Epithelial Cells	: * 1-2 /HPF	0 - 8 /HPF	
RBC COUNT	: Nil /HPF	0 - 2 /HPF	
Casts	: Nil		
Crystals	: Nil		
Others	: Nil		

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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. PARIMI V S K SRINIVAS	Age /Sex : 52 Y(s)/Male
Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR63035
Bill Date : 23-Oct-21 08:41 am	Bill No : BIL106264
Lab No : BIO/21/10/882	Result No : RES273854
Samp.Coll : 23-Oct-21 08:56 am	Auth. Tim : 23-Oct-2021 10:40 am
Reported On : 23-Oct-21 10:40 am	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
Serum Creatinine	: 0.7	0.4 - 1.4 mg/dl	Jaffe Kinetic
Serum Uric Acid	: 6.4	3.5 - 7.2 mg/dl	Uricase-Peroxidase
HbA1c	: 5.8	Non Diabetic : 4 - 6 Good Control : 6 - 7 Fair Control : 7 - 8 Poor Control : 8 - 10	Immunoturbidimetry

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Ref By : Dr.GENERAL PHYSICIAN	UMR No : UMR63035
Bill Date : 23-Oct-21 08:41 am	Bill No : BIL106264
Lab No : 106264	Result No : RES273883
Samp.Coll : 23-Oct-21 11:06 am	Auth. Tim : 23-Oct-2021 12:27 pm
Reported On : 23-Oct-21 12:27 pm	

LIPID PROFILE: SERUM

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
Triglycerides :	178 mg/dl	BorderLine : 150 - 199 mg/dl High : 200 - 500 mg/dl Normal : < 150 mg/dl	GPO-Trinder End Point
Total Cholesterol :	* 205 mg/dl	< 200 mg/dl	CHOD-PAP End Point
HDL Cholesterol :	39	Undesirable : < 40 Optimal : 40 - 59 Desirable : > 60	Enzymatic
VLDL Cholesterol :	* 35	2 - 30 mg/dl	
LDL Cholesterol :	* 130	0 - 100 mg/dl	
Cholesterol / HDL Ratio :	* 5.2	1.0 - 3.5	Calculated

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Bill Date : 23-Oct-21 08:41 am	Bill No : BIL106264
Lab No : BIO/21/10/882	Result No : RES273878
Samp.Coll : 23-Oct-21 08:56 am	Auth. Tim : 23-Oct-2021 12:27 pm
Reported On : 23-Oct-21 12:27 pm	

THYROID PROFILE

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
T3-Free (Tri-iodothyronine-Free) :	3.17 pg/mL	2.0 - 4.2 pg/mL	CLIA
T4-Free (Thyroxine - Free) :	12.49 pg/ml	8.9 - 17.2 pg/ml	CLIA
TSH(Thyroid Stimulating Hormone). :	* 5.14 μ IU/ml	0.3 - 4.5 μ IU/ml	CLIA

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Bill Date : 23-Oct-21 08:41 am	Bill No : BIL106264
Lab No : BIO/21/10/882	Result No : RES273854
Samp.Coll : 23-Oct-21 08:56 am	Auth. Tim : 23-Oct-2021 10:40 am
Reported On : 23-Oct-21 10:40 am	

LFT- LIVER FUNCTION TESTS

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
Total Bilirubin :	0.7 mg/dl	0.2 - 1.2 mg/dl	Diazo
Direct Bilirubin :	0.1 mg/dl	0.0 - 0.3 mg/dl	Diazo
Indirect Bilirubin :	0.6 mg/dL	0.2 - 0.7 mg/dL	
SGPT :	27 IU/L	05 - 40 IU/L	IFCC - Kinetic
SGOT :	17 IU/L	05 - 40 IU/L	IFCC - Kinetic
AST / ALT -Ratio :	0.63		
Alkaline Phosphatase :	108 U/L	70 - 110 U/L	DGKC
Total Protein :	7.4 gm/dl	6.4 - 8.3 gm/dl	Biuret Method
Serum Albumin :	3.9 gm/dl	3.5 - 5.2 gm/dl	BCG Dye
Serum Globulin :	3.5 g/dL	2.0 - 3.5 g/dL	
Albumin / Globulin Ratio :	* 1.11	1.2 - 2.2	

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Bill Date : 23-Oct-21 08:41 am	Bill No : BIL106264
Lab No : HEM/21/10/659	Result No : RES273847
Samp.Coll : 23-Oct-21 08:56 am	Auth. Tim : 23-Oct-2021 10:50 am
Reported On : 23-Oct-21 10:50 am	

COMPLETE BLOOD PICTURE

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>
Haemoglobin	: 14.7 gm% -	13.0 - 15.0 gm%
RBC Count	: 4.8 Millions/cumm	4.5-6.5 Millions/cumm
PCV	: 42 Vol%	40 - 50 Vol%
Platelet count	: 2.2 Lakhs/Cumm	1.5 - 4.5 Lakhs/Cumm
WBC Count	: 7,300 cells/cumm	4000 - 11000 cells/cumm

DIFFERENTIAL COUNT

NEUTROPHILS	: 61 %	40-75 %
LYMPHOCYTES	: 33 %	20 - 45 %
EOSINOPHILS	: *01 %	2-6 %
MONOCYTES	: 05 %	2-8 %
BASOPHILS	: 00 %	0 - 2 %

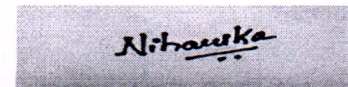
SMEAR EXAMINATION

RBC	: Normocytic / Normochromic
WBC	: Within Normal Limits
Platelets	: Adequate

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BLOOD GROUPING & RH TYPING

<u>Parameter</u>	<u>Result</u>	<u>Method</u>
BLOOD GROUP :	" A "	Agglutination
RH TYPING :	POSITIVE	

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Nithaerka

DGY

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Reported On : 23-Oct-21 12:40 pm	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
BLOOD SUGAR FASTING AND POST PRANDIAL			
Fasting Blood Sugar :	97	60 - 110 mg/dl	GOD-POD
Blood Sugar Post Prandial :	117	110 - 140 mg/dl	
Blood Urea Nitrogen(BUN) :	10.4	6 - 21 mg/dl	

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Bill Date : 23-Oct-21 08:41 am	Bill No : BIL106264
Lab No : 106264	Result No : RES273887
Samp.Coll : 23-Oct-21 08:56 am	Auth. Tim : 23-Oct-2021 12:27 pm
Reported On : 23-Oct-21 12:27 pm	

Parameter

Result

Biological Reference Interval **Method**

PROSTATE SPECIFIC ANTIGEN(PSA)

:

1.91 ng/ml

0.27 - 3.42 ng/ml

ELFA

Interpretation

:

Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.

PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

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