

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. MOHAMMED HABBEBULLAH SHAIK	Age/Sex : 36 Year(s)/Male
UHID : KHKK.270634	Order Date : 18/05/2023 08:40
Episode : OP	
Ref. Doctor : SELF	Mobile No : 7623886322
	DOB : 01/01/1987
Address : HYDERABAD , ,Hyderabad,Telangana ,0	Facility : Kamineni Health Services Private Limited

Biochemistry

Test	Result	Unit	Reference Range
Sample No : 08H0005527D	Collection Date : 18/05/23 08:44	Ack Date : 18/05/2023 09:14	Report Date : 18/05/23 12:17

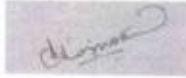
Creatinine

Sample- Serum

Creatinine 1.1 mg/dl 0.6-1.5
Modified Jaffe's Method

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End of Report



Dr.Asha Jyothi tejavath

MD Pathologist

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Biochemistry

Test	Result	Unit	Reference Range
Sample No : 08H0005527C	Collection Date : 18/05/23 08:44	Ack Date : 18/05/2023 09:14	Report Date : 18/05/23 12:17

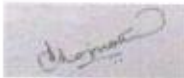
Glucose -Fasting + Post Prandial

Sample-	Plasma	Result	Unit	Reference Range
Glucose - Fasting		116	mg/dl	Normal - less than 100 mg/dL Impaired Glucose Tolerance 101 to 125mg/dL (Advised OGTT for further Confirmation) Diabetes Melitus 126 mg/dL
<i>GOD-POD</i> Glucose - Post Prandial		118	mg/dl	Normal-less than 140mg/dL Impaired Glucose&It;br>Tolerance 141 to 199 mg/dL&It;br>(Advised OGTT for further Confirmation)?br>Diabetes Melitus >200 mg/dl

GOD-POD

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Biochemistry

Test	Result	Unit	Reference Range
Sample No : 08H0005527B	Collection Date : 18/05/23 08:44	Ack Date : 18/05/2023 09:14	Report Date : 18/05/23 14:16

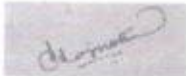
HbA1c - Glycosylated Hemoglobin

Sample- EDTA WB

HbA1c - Glycosylated Hemoglobin	5.2	%	Non Diabetic-Less than 6.5 % Diabetic Good control-Less than 7.5 % Fair control-Less than 8.0% Poor control-Greater than 8.0%
Estimated Average Glucose	103	mg/dl	

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Liver Function Test (LFT)

Sample- Serum

Total Bilirubin	0.7	mg/dl	Adults: Up to 1.2 Premature: <24 Hours :<6.0 <48 hours :<12.0 3- 5 Days :<15.0 7 Days :<15.0 Full Term <24 Hours :<6.0 <48 Hours :<10.0 7 Days :<10.0
<i>Modified Jendrassik & Grof's Method</i>			
Direct Bilirubin (Conjugated)	0.2	mg/dl	0 - 0.2
<i>Modified Jendrassik & Grof's Method</i>			
Indirect Bilirubin (Unconjugated)	0.5	mg/dl	0 - 1.2
<i>Calculated</i>			
Aspartate Transaminase AST (SGOT)	11	IU/L	5 - 40
<i>MOD. IFCC-UV-KINETIC</i>			
ALT - Alanine Transaminase (ALT / SGPT)	21	IU/L	5 - 40
<i>MOD. IFCC-UV-KINETIC</i>			
Alkaline Phosphatase (ALP)	100	IU/L	<15 Years:<644 15-17 Years:<484 Adults:<54-369
<i>PNPP-DEA METHOD</i>			
Total Protein	6.9	g/dl	6.4 - 8.3
<i>Biuret</i>			
Albumin	3.8	g/dl	3.4 - 4.8
<i>BCG</i>			
Globulin	3.1	g/dl	2.5 - 3.5
<i>Calculated</i>			
A:G Ratio	1.2	-	1.2 - 1.5
<i>Calculated</i>			

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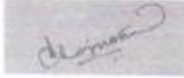
Total Protein

Sample- Serum

Total Protein 6.9 g/dl 6.4 - 8.3
Biuret

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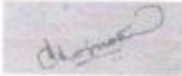
Blood Urea Nitrogen (BUN)

Sample- Serum

Urea Nitrogen (BUN) 9.9 mg/dl 4.2 - 20

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Uric Acid

Sample-

Serum

Uric Acid

5.0

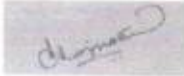
mg/dl

3.4-7.0

Uricase POD

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Biochemistry

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Lipid Profile

Sample- Serum

Cholesterol	186	mg/dl	60 - 200
CHOD-POD			
HDL Cholesterol	40	mg/dl	40 - 60
Direct Enzymatic			
LDL Cholesterol	101 ▲	mg/dl	20 - 100
Calculation			
VLDL Cholesterol	44 ▲	mg/dl	5 - 30
Calculation			
Triglycerides	224 ▲	mg/dl	60 - 150
GPO POD method with ESPAS			
Chol/HDL Ratio	4.7	-	
Calculated			

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Hematology

Test	Result	Unit	Reference Range
Sample No : 08H0005527A	Collection Date : 18/05/23 08:44	Ack Date : 18/05/2023 09:14	Report Date : 18/05/23 11:21

Blood Grouping and Rh Typing

Sample- EDTA

Blood Grouping ' A '
Rh Typing POSITIVE

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End of Report



Dr.Asha Jyothi tejavath
MD Pathologist

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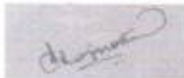
Thyroid Function Test (TFT)

Sample-	Serum		
Total T3 - Tri Iodothyronine CLIA	1.41	ng/ml	0.87 - 1.78
Total T4 - Total Thyroxine CLIA	12.65	µg/dL	6.09-12.23 Ug/dl
TSH - Thyroid Stimulating Hormone	1.86	µIU/mL	Adults-0.34 - 5.60 mIU/mL New born (0- 3days)-0.30 - 3.18 mIU/mL childern (4-30 days)-0.432 - 16.10 mIU/mL Childern (7-11 Years)-0.66 - 4.14 mIU/mL Adolescents (12 - 19 Years)-0.53 - 3.59 mIU/mL

CLIA

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Hematology

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CBP (Complete Blood Picture)

Sample- EDTA

Hemoglobin	14.9	gm/dL	14.0-18.0
<i>Colorimetric</i>			
Packed Cell Volume (PCV)	43.5	Vol%	37 - 54
<i>Electrical Impedence</i>			
RBC Count	5.49	Million/cu mm	3.5 - 5.5
<i>Electrical Impedence</i>			
RDW	12.1	%	12-17
<i>Calculation</i>			
WBC Count	7240	cells/cum m	4000 - 11000
<i>Electrical Impedence</i>			
Neutrophils	56.8	%	40-80
Lymphocytes	35.8	%	20-40
Monocytes	3.7	%	2-10
Eosinophils	3.4	%	1-6
Basophils	00	%	0-2
Platelet Count	300000	$\times 10^3$ /cu mm	150000 - 450000

RBC MORPHOLOGY

Normocytic Normchromic

WBC MORPHOLOGY

Within Normal Limits

PLATELETS MORPHOLOGY

Adequate

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Hematology

Test	Result	Unit	Reference Range
Sample No : 06H0005527A	Collection Date : 18/05/23 08:44	Ack Date : 18/05/2023 09:14	Report Date : 18/05/23 11:21

Erythrocyte Sedimentation Rate (ESR)

Sample- sodium citrated

Erythrocyte Sedimentation Rate (ESR)


15 ▲

mm/hr

0-10

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End of Report



Dr.Asha Jyothi tejavath

MD Pathologist

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Clinical Pathology

Test	Result	Unit	Reference Range
Sample No : 08H0005527E	Collection Date : 18/05/23 08:44	Ack Date : 18/05/2023 09:14	Report Date : 18/05/23 11:08

Complete Urine Examination (CUE)

Sample- Urine

Physical Examination

Colour	Pale Yellow		
Visual			
Appearance	Clear		
Visual			
Specific Gravity	1.025	-	1.001-1.035
pH	5.0		

Reagent Strip

Chemical Examination

Protein	Nil		
Urine Sugar	Nil		Nil
Urine For Ketones	Trace		
Bilirubin	Negative	mg/dl	0.1-1.0
Modified Jendrassik & Graf's Method			
Urobilinogen	0.2	mg/dl	0.2 - 1
Leucocytes	Negative		0-5
Nitrite	Negative		
Bile Salts	Absent		
Bile Pigments	Negative		
Blood	Negative		

Microscopic Examination

Pus Cells	1-2	/HPF	0-5
Light Microscopy			
RBC	Nil	/HPF	
Epithelial Cells	2-3	/HPF	0-5
Casts	Nil/HPF		
Crystal	Nil/HPF		
Comment	Nil		

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End of Report

Dr.SUKESH KUMAR B.Y
MD

DIAGNOSTICS REPORT

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ECHO CARDIOGRAPHY (2D ECHO)

MITRAL VALVE	NORMAL
AORTIC VALVE	NORMAL
TRICUSPID VALVE	NORMAL
PULMONARY VALVE	NORMAL
LEFT ATRIUM	3.3CMS
LEFT VENTRICLE	EDD: 4.2CMS, ESD:3.2CMS, EF:75%, PW:1.1CMS
RIGHT ATRIUM	NORMAL
RIGHT VENTRICLE	NORMAL
IVS	1.1CMS,INTACT
IAS	INTACT
AORTA	2.9CMS
PULMONARY ARTERY	NORMAL
PERICARDIUM	NO EFFUSION
DOPPLER/COLOR STUDY	NO MR. NO AR. NO TR,Jet vel: m/sec PPG: mmHG, Est RVSP: mmHG MVF: E:1.1m/sec, A: 0.7m/sec ABF:1.4m/sec, PBF: 0.9m/sec
OTHER FINDINGS	-
CONCLUSION	NORMAL SIZED CARDIAC CHAMBERS NO LV RWMA GOOD LV SYSTOLIC FUNCTION GRADE I DIASTOLIC DYSFUNCTION NO MR/TR/AR NO PERICARDIAL EFFUSION/CLOT

To correlate with clinical picture and other relevant investigations

- END OF THE REPORT

Dr.Naveen Kumar Cheruku

Dr.Ashwin Tumkur

Dr.Mirza Mohammed Baig

Cardiologist

Cardiologist

Cardiologist

DIAGNOSTICS REPORT

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Ultrasound Abdomen With Pelvis

FINDINGS:

LIVER is normal in size (14.1cm) and echotexture. No focal parenchymal lesion noted. Intrahepaticbiliary tree and venous radicles are normal. The portal vein and CBD appear normal in course and calibre.

GALL BLADDER is normal in size with a normal wall thickness and there are no calculi noted within.

PANCREAS is normal in size and echotexture. No evidence of focal lesion or calcification or duct dilatation seen.

SPLEEN is normal in size (11 cm)and echotexture.

Both kidneys are normal in size, position and echogenecity. Cortical thickness and corticomedullary differentiation are normal.No hydronephrosis or calculi noted.

Right kidney measures 11.0x 5.0cms, Left kidney measures 10.2x4.5cms.

URINARY BLADDER is normal in contour, capacity and wall thickness. No vesical calculi noted.

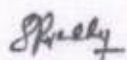
PROSTATE measures 28cc. It is enlarged in size and homogenous in echotexture.

There is no evidence of obvious retroperitoneal adenopathy / ascites.

IMPRESSION

* Grade-I prostatomegaly.

- Correlate clinically.



Dr.Ranga Reddy Singireddy , MD

Chief Consultant Radiologist

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X Ray Chest PA View

FINDINGS:

- * Soft tissues / bony cage are normal.
- * Heart size / shape are normal.
- * Aorta and pulmonary vascularity are normal.
- * Lung parenchyma and C P angles are clear.
- * Tracheal / mediastinum regions are within normal limits.
- * Bilateral Hilae / diaphragmatic contours are within normal limits.

IMPRESSION:

- * No radiographic abnormality
- Correlate clinically.



Dr.Safiya Saba ,