


ABI SCANS & LABSTM

Accurate | Available | Affordable

Patient Name : MR. SONAIMUTHU M

Age / Gender : 54 years / Male

Patient ID : 148123

Referral : MediWheel

Scan to Validate


Billing Time : Nov 25, 2023, 09:34 a.m.

Collection Time : Nov 25, 2023, 09:34 a.m.

Reporting Time : Nov 25, 2023, 07:08 p.m.

Sample ID :


000832923P

Test Description	Value(s)	Unit(s)	Reference Range
<u>COMPLETE BLOOD COUNT (CBC)</u>			
Hemoglobin (Hb)	15.7	gm/dL	13.5 - 18.0
Erythrocyte (RBC) Count	5.63	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	48.1	%	42 - 52
Mean Cell Volume (MCV)	85.44	fL	78 - 100
Mean Cell Haemoglobin (MCH)	27.89	pg	27 - 31
Mean Corpuscular Hb Concn. (MCHC)	32.64	g/dL	32 - 36
Red Cell Distribution Width (RDW)	14.0	%	11.5 - 14.0
Total Leucocytes (WBC) Count	8300	cell/cu.mm	4000-10000
Neutrophils	65	%	40 - 80
Lymphocytes	25	%	20 - 40
Monocytes	8	%	2 - 10
Eosinophils	2	%	1 - 6
Basophils	0	%	1-2
Absolute Neutrophil Count	5395	/c.mm	2000 - 7000
Absolute Lymphocyte Count	2075	/c.mm	1000 - 3000
Absolute Monocyte Count	664	/c.mm	200 - 1000
Absolute Eosinophil Count	166	/c.mm	20 - 500
Absolute Basophils Count	0	/c.mm	20 - 100
Platelet Count	451	10 ³ /ul	150 - 450
Mean Platelet Volume (MPV)	9.9	fL	7.2 - 11.7
PCT	0.45	%	0.2 - 0.5
PDW	11.2	%	9.0 - 17.0
ESR	15.0	mm/hr	13.5 - 18.0

 DR.K.MURALEKAARTHIC
 MD(Patho)


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URINE COMPLETE ANALYSIS,
Physical Examination

Quantity	20	ml	-
Colour	Pale Yellow		Pale yellow/Yellow
Appearance	Clear		Clear
Specific Gravity	1.030		1.005-1.025
pH	6.5		5.0 - 8.0
Deposit	Present		Absent

Chemical Examination

Protein	Absent		Absent
Sugar	Absent		Absent
Ketones	Absent		Absent
Bile Salt	Absent		Absent
Bile Pigment	Absent		Absent
Urobilinogen	Normal		Normal

Microscopic Examination (/hpf)

Pus Cell	4-5		Upto 5
Epithelial Cells	2-4		Upto 5
Red Blood Cells	Absent		Absent
Casts	Absent		Absent
Crystals	Absent		Absent
Amorphous Deposit	Absent		Absent
Yeast Cells	Absent		Absent
Bacteria	Present		Absent
Other findings	Not seen		Not seen

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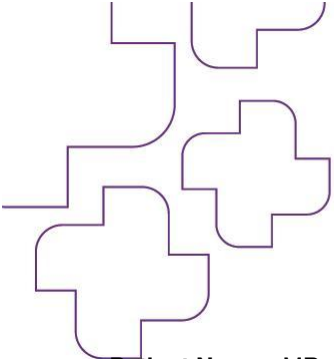
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Test Description	Value(s)	Unit(s)	Reference Range
<u>BLOOD GROUP & RH TYPING</u>			
Blood Group (ABO typing) Method : Manual-Hemagglutination	"B"		
RhD Factor (Rh Typing) Method : Manual hemagglutination	Positive		

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Glycosylated HbA1c

HbA1c (GLYCOSYLATED HEMOGLOBIN)

5.9

%

Method : (HPLC, NGSP certified)

Estimated Average Glucose :

122.63

mg/dL

Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

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Test Description	Value(s)	Unit(s)	Reference Range
<u>THYROID PROFILE TEST - TOTAL</u>			
T3-Total	116.0	ng/dL	60 - 200
T4-Total	11.3	ug/dL	4.52 - 12.8
TSH-Ultrasensitive	1.09	uIU/mL	0.32 - 5.5
Method : CLIA			

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Test Description	Value(s)	Unit(s)	Reference Range
<u>LIPID PROFILE</u>			
Cholesterol-Total Method : Spectrophotometry	189.0	mg/dL	Desirable level < 200 Borderline High 200-239 High >or = 240
Triglycerides Method : Serum, Enzymatic, endpoint	147.0	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
HDL Cholesterol Method : Serum, Direct measure-PEG	47.0	mg/dL	Normal: > 40 Major Risk for Heart: < 40
LDL Cholesterol Method : Enzymatic selective protection	112.60	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
VLDL Cholesterol Method : Serum, Enzymatic	29.40	mg/dL	6 - 38
CHOL/HDL Ratio Method : Serum, Enzymatic	4.02		3.5 - 5.0
LDL/HDL Ratio Method : Serum, Enzymatic	2.40		2.5 - 3.5

Note:

8-10 hours fasting sample is required.


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Test Description	Value(s)	Unit(s)	Reference Range
<u>RENAL PROFILE</u>			
Urea Method : Uricase	23.0	mg/dL	19-42
Blood Urea Nitrogen-BUN Method : Serum, Urease	10.73	mg/dL	9-20
Creatinine Method : Serum, Jaffe	0.98	mg/dL	0.66-1.25
Uric Acid Method : Serum, Uricase	7.7	mg/dL	3.5-8.5

Remark:

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

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Test Description	Value(s)	Unit(s)	Reference Range
<u>LIVER FUNCTION TEST</u>			
Total Protein	7.8	g/dL	6.3-8.2
Method : Serum, Biuret, reagent blank end point			
Albumin	4.3	g/dL	3.5-5.0
Method : Serum, Bromocresol green			
Globulin	3.50	g/dL	1.8 - 3.6
Method : Serum, EIA			
A/G Ratio	1.23		1.2 - 2.2
Method : Serum, EIA			
Bilirubin - Total	0.9	mg/dL	0.3-1.2
Method : Serum, Jendrassik Grof			
Bilirubin - Direct	0.2	mg/dL	< 0.2
Method : Serum, Diazotization			
Bilirubin - Indirect	0.70	mg/dL	0.1 - 1.0
Method : Serum, Calculated			
SGOT	19.0	U/L	17-59
Method : Serum, UV with P5P, IFCC 37 degree			
SGPT	24.0	U/L	21-72
Method : Serum, UV with P5P, IFCC 37 degree			
Alkaline Phosphatase	99.0	U/L	30 - 120
Method : PNPP-AMP Buffer/Kinetic			
GGT-Gamma Glutamyl Transpeptidase	56.0	U/L	< 55
Method : Serum, G-glutamyl-carboxy-nitroanilide			

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PSA-Total (Prostate-specific antigen-Total)
PSA Profile *

PSA (Prostate Specific Antigen)-Total	0.99	ng/mL	0 - 4.0
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Method : Serum, CLIA

Interpretation:

1. Increased levels are noted in Prostate cancer, Benign prostatic hypertrophy, Prostatitis

PSA (Prostate-Specific antigen)-Free *	-	ng/mL	0.0 - 0.5
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Method : Serum, CLIA

Interpretation & Remarks:

- Normal results do not eliminate the possibility of prostate cancer.
- Values obtained with different assay methods or kits may be different and cannot be used interchangeably.
- Tumor markers are not specific for malignancy. Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease
- Specimens drawn from patients undergoing prostate manipulation, especially needle biopsy and transurethral resection, may show erroneously high prostatic-specific antigen (PSA) results. Care should be taken that specimens are drawn before these procedures are performed.
- The percentage of free PSA can be used to estimate how likely it is that a biopsy will show cancer.
- If the percentage of free PSA is higher than 25%, the likelihood of prostate cancer is about 8%.
- If the percentage of free PSA is less than 10%, then the likelihood of prostate cancer rises to 56%.

Free PSA / Total PSA %	-	-
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Method : Serum

Interpretation

- When total prostate-specific antigen (PSA) concentration is <2.0 ng/mL, the probability of prostate cancer in asymptomatic men is low, further testing and free PSA may provide little additional information. When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended.
- The total PSA range of 4.0 to 10.0 ng/mL has been described as a diagnostic "gray zone," in which the free:total PSA ratio helps to determine the relative risk of prostate cancer (see table below). Therefore, some urologists recommend using the free:total ratio

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to help select which men should undergo biopsy. However even a negative result of prostate biopsy does not rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer.

Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

Free:total PSA ratio	50-59 years	60-69 years	> or =70 years
< or =0.10	49.2%	57.5%	64.5%
0.11-0.18	26.9%	33.9%	40.8%
0.19-0.25	18.3%	23.9%	29.7%
>0.25	9.1%	12.2%	15.8%

Cautions

- Normal results do not eliminate the possibility of prostate cancer.
- Values obtained with different assay methods or kits may be different and cannot be used interchangeably
- Tumor markers are not specific for malignancy. Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease.

Interfering factors :

- Prostatic massage
- Proctoscopy
- Prostatic biopsy
- Prostate cancer patients receiving treatment with antiandrogens and luteinizing hormone-releasing factor agonists may exhibit markedly decreased levels of PSA. Also, men treated for benign prostatic hyperplasia with inhibitors of 5-alpha-reductase (finasteride) may demonstrate a significant reduction in PSA levels compared to values before treatment. Care should be taken in interpreting values for these individuals.
- In patients receiving therapy with high biotin doses (ie, >5 mg/day), no sample should be taken until at least 8 hours after the last biotin administration.

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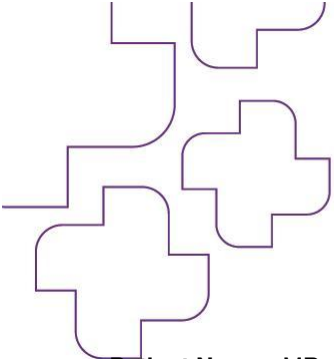
Test Description	Value(s)	Unit(s)	Reference Range
<u>GLUCOSE (F)</u>			
Glucose fasting Method : GOD-POD	113.0	mg/dL	70 - 120

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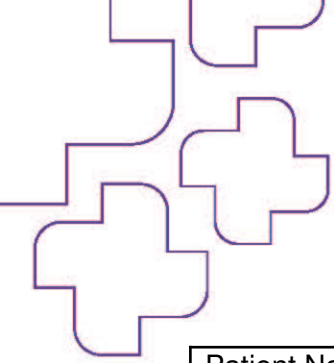
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Test Description	Value(s)	Unit(s)	Reference Range
<u>GLUCOSE (PP)</u>			
Blood Glucose-Post Prandial Method : GOD-POD	127.0	mg/dL	80 - 140

DR.K.MURALEKAARTHIC
MD(Patho)



Patient Name	MR. SONAIMUTHU M	Age	54Yr
Patient ID	148123	Sex	Male
Referral Dr	MEDIWHEEL	Study Date	25 Nov 2023

USG REPORT - ABDOMEN AND PELVIS

LIVER:

Is normal in size ~ 14 cm and shows increased echo texture.

No obvious focal lesion seen. No intra – Hepatic biliary radical dilatation seen.

GALL BLADDER:

Is adequately distended. No calculus or internal echoes are seen. Wall thickness is normal.

PANCREAS:

Appears normal in size and it shows uniform echo texture.

SPLEEN:

Is normal in size ~ 10.4 cm and shows uniform echogenicity.

RIGHT KIDNEY:

Right kidney measures ~ 11.3 x 4.2 cms.

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

Cortico medullary differentiation is within normal. No evidence of pelvicalyceal dilatation.

No calculi seen.

LEFT KIDNEY:

Left kidney measures ~ 10.6 x 4 cms.

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

Cortico medullary differentiation is within normal. No evidence of pelvicalyceal dilatation.

No calculi seen.

URINARY BLADDER:

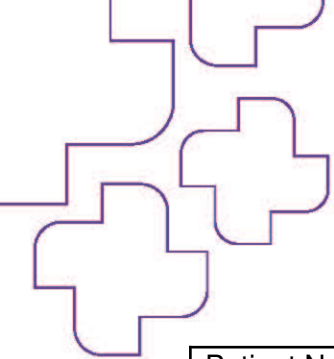
Is normal contour. No intra luminal echoes are seen.

Prevoid volume ~ 120cc.

Postvoid residual urine volume – insignificant.

PROSTATE:

Prostate appears mildly enlarged , Measures ~ 3.2 x 3.7 x 4.1 cms (Vol – 27cc).



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RIGHT ILIAC FOSSA:

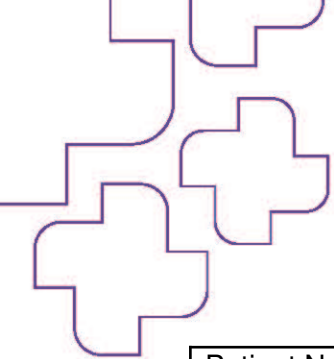
No focal fluid collections seen.

No evidence of hernia seen in anterior abdominal wall.

IMPRESSION:

- Grade II fatty liver.
- Grade I prostatomegaly with insignificant PVR.
- Suggested clinical correlation.

Dr. Abinaya., MD., (RD)
Consultant Radiologist



Patient Name	MR. SONAIMUTHU M	Age	54Yr
Patient ID	158050	Sex	Male
Referral Dr	DR.MEDIWHEEL	Study Date	25 Nov 2023

X-RAY - CHEST PA VIEW

OBSERVATION:

Unfolding of aorta - Age related.
The trachea is central.
The mediastinal and cardiac silhouette are normal.
Cardiothoracic ratio is normal.
Cardiophrenic and costophrenic angles are normal.
Both hila are normal.
Lung zones are clear.
Bones of the thoracic cage are normal.
Soft tissues of the chest wall are normal.

IMPRESSION:

No significant abnormality seen in bilateral lung fields.

Dr. Lokesh Babu., MD., (RD)
Consultant Radiologist