

Diagnosics & Speciality Centre

NAME	: Mr. GADDE SUNDEEP	MR / VISIT NO	: 21070656 / 136917
AGE/SEX	: 33 Yrs / Male	BILLED TIME	: 136917
REFERRED BY	:	BILL NO.	: 152876
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 14-07-2021 at 05:57 PM

ULTRASOUND WHOLE ABDOMEN AND PELVIS

LIVER: Liver is normal in size (13.3 cm) and normal homogenous echotexture. No focal lesion seen. Intrahepatic biliary radicles not dilated. Hepatic veins are normal. CBD & Portal vein normal.

GALL BLADDER: Contracted.

SPLEEN: Normal in size with normal homogenous echotexture. No focal lesion seen. Splenic vein is normal in caliber.

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

RIGHT KIDNEY: Normal in size measuring 10.3 x 4.6 cm with normal echo pattern. Pelvi-calyceal system is not dilated. Parenchymal thickness measuring 1.4 cm. Corticomedullary differentiation is well maintained. No calculus seen. Cortical thickness is normal.

LEFT KIDNEY: Normal in size measuring 9.8 x 5.4 cm with normal echo pattern. Pelvi-calyceal system is not dilated. Parenchymal thickness measuring 1.6 cm. Corticomedullary differentiation is well maintained. No calculus seen. Cortical thickness is normal.

URETERS: Both ureters are not dilated.

ILIAC FOSSA: Shows no evidence of any fluid/ mass lesion. Appendix not visualized.

URINARY BLADDER: Normal in distension with normal wall thickness. Lumen echo free.

PROSTATE: Normal in size (volume 20 cc) with normal echopattern. No focal lesion seen.

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

IMPRESSION:

- **NO SONOLOGICAL ABNORMALITY DETECTED.**


Dr. NAVEEN J
MDRD
CONSULTANT RADIOLOGIST

Diagnostics & Speciality Centre

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AGE:	33 YEARS	ID. NO:	152876
GENDER:	MALE	REFERRED BY:	MEDIWHEEL

X-RAY CHEST PA VIEW

- The lung fields are clear bilaterally.
- CP angles are clear.
- Both the hila appear normal.
- Cardiac diameter is within normal limits.
- Trachea appears in mid line.
- Visible bony thoracic cage is normal.
- Adjacent soft tissues appears normal.

IMPRESSION:

- **NORMAL STUDY.**



Dr. ARJUN. MD, DNB
CONSULTANT RADIOLOGIST

Diagnosics & Speciality Centre

TRANS THORACIC 2D ECHO - DOPPLER STUDY

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M-Mode				
AORTA		25		mm
LEFT ARTIUM		30		mm
RIGHT VENTRICLE(Diastole)		20		mm
LVID (Diastole)		36		mm
LVID (Systole)		23		mm
INTERVENTRICULAR SEPTUM (Diastole)		08		mm
L V POSTERIOR WALL (Diastole)		08		mm
L V MASS		164		grms
FRACTIONAL SHORTENING		35		%
EJECTION FRACTION		65		%
DOPPLER / COLOR FLOW				
MITRAL VALVE	E- 0.8	A - 0.6	m/sec	NO MR
AORTIC VALVE	1.0	-	m/sec	NO AR
TRICUSPID VALVE	E- 0.4	A - 0.2	m/sec	NO TR
PULMONARY VALVE	0.8	-	m/sec	NO PR

FINDINGS

LEFT VENTRICLE	SIZE	NORMAL
	THICKNESS	NORMAL
LV FUNCTION	REGIONAL WALL MOTION ABNORMALITY	NORMAL
LEFT ATRIUM	NORMAL	
RIGHT VENTRICLE	NORMAL	
RIGHT ATRIUM	NORMAL	
MITRAL VALVE	NORMAL	
AORTIC VALVE	NORMAL	
PULMONARY VALVE	NORMAL	
TRICUSPID VALVE	NORMAL	
INTER ATRIAL SEPTUM	INTACT	
INTER VENTRICULAR SEPTUM	INTACT	
PERICARDIUM	NORMAL, NO EFFUSION	
GREAT VESSELS	AORTA - NORMAL PULMONARY ARTERY - NORMAL	
OTHERS		

CONCLUSION:

- NORMAL VALVES & CHAMBER DIMENSIONS.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL LV SYSTOLIC FUNCTION, EF-65%.
- NO CLOTS / VEGETATION / PE.


Dr. LOKESH K.M
CONSULTANT CARDIOLOGIST

MEDICIN DIAGNOSTICS
NAGRAVAI CIRJIE

PATIENT INFORMATION :-

ID :- 152876

NAME :- MR GAJDE SUNDEEP

AGE :- 33 GENDER :- M SMOKER :- Y

HEIGHT :- cms WEIGHT :- KG

DOCTOR :-

Ref :-

TIME/DATE :- 09:38:05 10/07/21

ECG SETTINGS :-

PRINTING MODE :- AUTO 3*1

GAIN :- 10 mm/mV

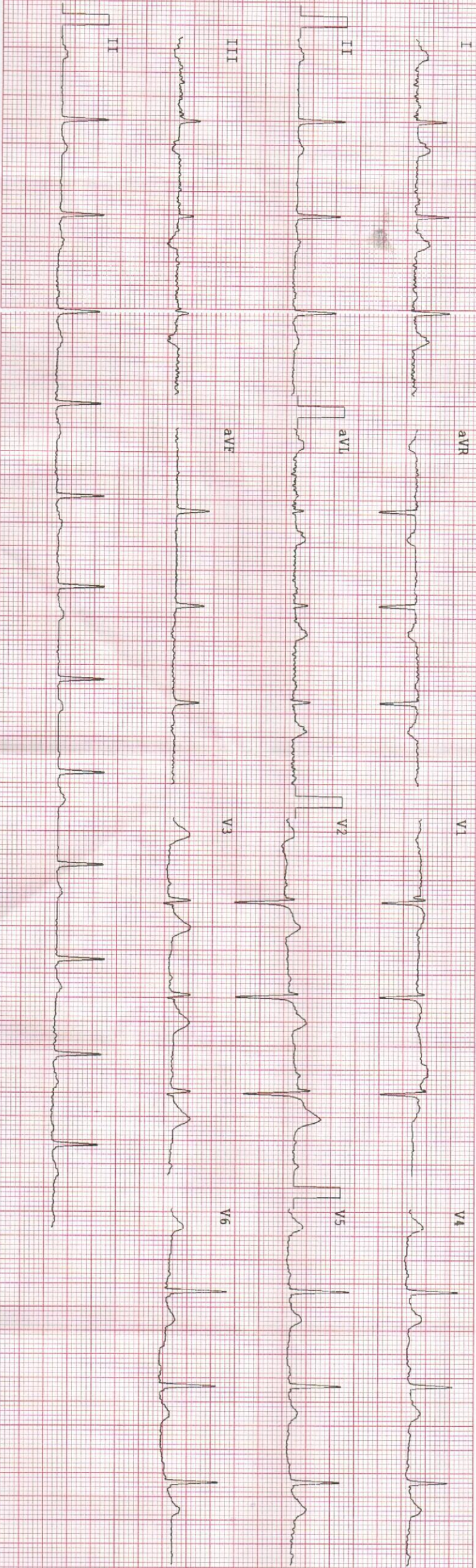
SPEED :- 25mm/Sec

FILTER :- 0.5 - 35Hz

NOTCH :- ON

RYTHM LEAD :- II

ALLENGERS PISCES-A-1031 Ver.1.6W



OBSERVATIONS :-

HR :- 77 bpm

P-R :- 178 ms

P-R :- 179 ms

QRS :- 112 ms

QT/QTc :- 456/428 ms

AXIS :- 00°

R AXIS :- 30°

T AXIS :- 00°

INDICATIONS :-

IR NORMAL

NORMAL SINUS RHYTHM

NORMAL ELECTRIC HEART AXIS

REMARKS :-

CORRELATE CLINICALLY

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DATE OF REPORT : 14-07-2021 at 01:15 PM



TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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POST PRANDIAL BLOOD SUGAR
Hexokinase

139.5 mg/dl

80 - 150 mg/dl

URINE ROUTINE & MICROSCOPIC

PHYSICAL EXAMINATION

Colour
Visual Method

Pale Yellow

Pale yellow- yellow

Appearance
Visual Method

Clear

Clear/Transparent

Specific Gravity
Strips Method

1.025

1.005-1.035

pH

6.0

4.6-8.5

CHEMICAL EXAMINATION (DIPSTICK)

Protein
Strips Method

Nil

Nil -Trace

Glucose
Strips Method

Nil

Nil

Blood
Strips Method

Negative

Negative

Ketone Bodies
Strips Method

Absent

Negative

Urobilinogen
Strips Method

Normal

Normal

Bile Salt
Strips Method

Negative

Negative

Bilirubin
Strips Method

Negative

Negative

Bile Pigments

Negative

NIL

MICROSCOPY

Pus Cells (WBC)
Light Microscopic

3 - 4 /hpf

0-5/hpf

Krishna. u.



Lab Seal

A. Vamseedhar

Dr. KRISHNA MURTHY

MD
BIOCHEMIST

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Dr. VAMSEEDHAR.A

D.C.P, M.D
CONSULTANT PATHOLOGIST

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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	FASTING URINE

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
STOOL ROUTINE EXAMINATION			
MACROSCOPIC EXAMINATION			
COLOUR <i>Manual</i>	Brownish	Light to Dark brown	STOOL
CONSISTENCY <i>Manual</i>	Semi Solid	Well formed-semi solid	STOOL
MUCUS <i>Manual</i>	Absent	Absent	STOOL
BLOOD <i>Manual</i>	Absent	Absent	STOOL
CHEMICAL EXAMINATION			
PUS CELLS <i>Light Microscopy</i>	2 - 3	Absent	STOOL
EPITHELIAL CELLS <i>Light Microscopy</i>	1-2	Few	STOOL
BACTERIA <i>Light Microscopy</i>	Present (+)		STOOL
MICROSCOPIC EXAMINATION			
CYST <i>Light Microscopy</i>	Not Seen	Absent	STOOL
OVA <i>Light Microscopy</i>	Not Seen	Absent	STOOL

Dispatched by: Sumalatha

**** End of Report ****

Printed by: Priyanka R on 14-07-2021 at 04:28 PM



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COMPLETE BLOOD COUNT (CBC) WITH ESR

HAEMOGLOBIN <i>Colorimetric Method</i>	16.4 gm/dL	13 - 18 gm/dL	
HEMATOCRIT (PCV) <i>Calculated</i>	47.8 %	40 - 54 %	
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.8 million/cu.mm	4.5 - 5.9 million/cu.mm	
PLATELET COUNT <i>Electrical Impedance</i>	3.0 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm	
MEAN CELL VOLUME (MCV) <i>Calculated</i>	82.2 fl	80 - 100 fl	
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	28.2 pg	26 - 34 pg	
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	34.3 %	31 - 35 %	
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	7200 cells/cumm	4000 - 11000 cells/cumm	
DIFFERENTIAL COUNT			
NEUTROPHILS <i>VCS Technology/Microscopic</i>	56 %	40 - 75 %	
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	34 %	25 - 40 %	
EOSINOPHILS <i>VCS Technology/Microscopic</i>	03 %	0 - 7 %	
MONOCYTES <i>VCS Technology/Microscopic</i>	07 %	1 - 8 %	
BASOPHILS <i>Electrical Impedance</i>	00 %		
ESR <i>Westergren Method</i>	15 mm/hr	0 - 15 mm/hr	

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PROSTATIC SPECIFIC ANTIGEN (PSA)

PROSTATIC SPECIFIC ANTIGEN (PSA)
CMIA

0.12 ng/mL

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

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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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
THYROID PROFILE			
TOTAL TRIIODOTHYRONINE (T3) <small>CMIA</small>	0.89 ng/mL	0.87 - 1.78 ng/mL	
TOTAL THYROXINE (T4) <small>CMIA</small>	10.85 µg/dL	6.09 - 12.23 µg/dL	
THYROID STIMULATING HORMONE (TSH) <small>CMIA</small>	2.333 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

CREATININE <small>Jaffe Method</small>	0.81 mg/dL	0.8 - 1.4 mg/dL
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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	19.8 mg/dL	15 - 50 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	6.1 mg/dL	3 - 7.2 mg/dL	
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	137 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	4.6 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	101 mmol/L	97 - 111 mmol/L	

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
LIPID PROFILE TEST			
TOTAL CHOLESTEROL <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	167 mg/dL	up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL	
TRIGLYCERIDES <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i>	96.4 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 <i>PEG-Cholesterol Esterase</i>	46.1 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 <i>Cholesterol Esterase-Cholesterol Oxidase</i>	101.6 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 <i>Calculation</i>	19.3 mg/dL	2 - 30 mg/dL	

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
TOTAL CHOLESTROL/HDL RATIO <i>Calculation</i>	3.6	up to 3.5 3.5-5.0 - Moderate >5.0 - High	
LDL/HDL RATIO <i>Calculation</i>	2.2	up to 2.5 2.5-3.3 - Moderate >3.3 - High	

LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	1.26 mg/dL	0.2 - 1.2 mg/dL
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.41 mg/dL	0 - 0.4 mg/dL
INDIRECT BILIRUBIN <i>Calculation</i>	0.85 mg/dl	
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	23.6 U/L	up to 35 U/L
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	34.1 U/L	up to 50 U/L
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	83 U/L	36 - 113 U/L
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	71.7 U/L	15 - 85 U/L
TOTAL PROTEIN <i>Biuret Colorimetric</i>	8.18 g/dl	6.2 - 8 g/dl
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	4.31 g/dl	3.5 - 5.2 g/dl
S.GLOBULIN <i>Calculation</i>	3.9 g/dl	2.5 - 3.8 g/dl
A/G RATIO <i>Calculation</i>	1.1	1 - 1.5

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FASTING BLOOD SUGAR
Hexokinase

101.0 mg/dl

70 - 110 mg/dl

BLOOD GROUP & Rh TYPING
Tube Agglutination (Forward and Reverse)

"O" Positive

GLYCATED HAEMOGLOBIN (HbA1C)
HPLC

6.3 %

American Diabetic Association (ADA) recommendations:

Non diabetic adults : <5.7 %

At risk (Pre diabetic): 5.7 – 6.4%

Diabetic : >= 6.5%

Therapeutic goal for glycemc control :

Goal for therapy: < 7.0%

Action suggested: > 8.0%

ESTIMATED AVERAGE GLUCOSE (eAG)
Calculation

134.11 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.

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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Dispatched by: Sumalatha

**** End of Report ****

Printed by: Priyanka R on 14-07-2021 at 04:26 PM



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