

## Diagnostics & Speciality Centre

NAME	: Mr. NITHISH NAGESH	MR NO.	: 23030656
AGE/SEX	: 47 Yrs / Male	VISIT NO.	: 171754
REFERRED BY	:	DATE OF COLLECTION	: 25-03-2023 at 09:19 AM
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 25-03-2023 at 03:38 PM



TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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### HAEMATOLOGY

#### COMPLETE BLOOD COUNT (CBC) WITH ESR

*Automated Cell Counter*

HAEMOGLOBIN <i>Colorimetric Method</i>	15.2 gm/dL	13 - 18 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	44.6 %	40 - 54 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.3 million/cu.mm	4.5 - 5.9 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	3.5 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	84.2 fl	80 - 100 fl
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.		
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	28.7 pg	26 - 34 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	34.1 %	31 - 35 %
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	8020.0 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	50 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	42 %	25 - 40 %
<b>DIFFERENTIAL COUNT</b>		
EOSINOPHILS <i>VCS Technology/Microscopic</i>	02 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	06 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	10 mm/hr	0 - 15 mm/hr
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"O" Positive	

*Krishna M.*



*A. Vamseedhar*

**Dr. KRISHNA MURTHY**

MD  
BIOCHEMIST

**Lab Seal**

**Dr. VAMSEEDHAR.A**

D.C.P, M.D  
CONSULTANT PATHOLOGIST

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GLYCATED HAEMOGLOBIN (HbA1C)  
*HPLC*

5.3 %

**American Diabetic Association (ADA) recommendations:**

Non diabetic adults : <5.7 %

At risk (Pre diabetic): 5.7 – 6.4%

Diabetic : >= 6.5%

**Therapeutic goal for glycemic control :**

Goal for therapy: < 7.0%

Action suggested: > 8.0%

ESTIMATED AVERAGE GLUCOSE (eAG)

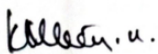
105.41 mg/dL

*Calculation*

**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 glycemic 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.

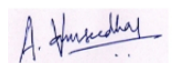


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### CLINICAL BIOCHEMISTRY

#### LIPID PROFILE TEST

*Spectrometry*

**TOTAL CHOLESTEROL**  
*Cholesterol Oxidase-Peroxidase (CHOD-POD)*

171 mg/dL

up to 200 mg/dL  
Border Line: 200 – 240 mg/dL  
High: > 240 mg/dL

**TRIGLYCERIDES**  
*Glycerol Peroxidase-Peroxidase (GPO-POD)*

104.6 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**  
*PEG-Cholesterol Esterase*

48.5 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**  
*Cholesterol Esterase-Cholesterol Oxidase*

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**  
*Calculation*

20.9 mg/dL

2 - 30 mg/dL

**TOTAL CHOLESTROL/HDL RATIO**  
*Calculation*

3.5

up to 3.5  
3.5-5.0 - Moderate  
>5.0 - High

**LDL/HDL RATIO**  
*Calculation*

2.1

up to 2.5  
2.5-3.3 - Moderate  
>3.3 - High

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### LIVER FUNCTION TEST (LFT)

*Spectrometry*

TOTAL BILIRUBIN 1.01 mg/dL 0.2 - 1.2 mg/dL

*Colorimetric Diazo Method*

DIRECT BILIRUBIN 0.34 mg/dL 0 - 0.4 mg/dL

*Colorimetric Diazo Method*

INDIRECT BILIRUBIN 0.67 mg/dl 0.2 - 0.8 mg/dl

*Calculation*

S G O T (AST) 25 U/L up to 35 U/L

*IFCC Without Pyridoxal Phosphates*

S G P T (ALT) 25.4 U/L up to 50 U/L

*IFCC Without Pyridoxal Phosphates*

ALKALINE PHOSPHATASE 120 U/L 36 - 113 U/L

*p-Nitrophenyl Phosphate*

SERUM GAMMA GLUTAMYLTRANSFERASE 48.2 U/L 15 - 85 U/L

(GGT)

*GCNA-IFCC*

TOTAL PROTEIN 6.59 g/dl 6.2 - 8 g/dl

*Biuret Colorimetric*

S.ALBUMIN 3.80 g/dl 3.5 - 5.2 g/dl

*Bromocresol Green (BCG)*

S.GLOBULIN 2.8 g/dl 2.5 - 3.8 g/dl

*Calculation*

A/G RATIO 1.4 1 - 1.5

*Calculation*

CREATININE 0.85 mg/dL 0.8 - 1.4 mg/dL

*Jaffe Method*

POST PRANDIAL BLOOD SUGAR 147.9 mg/dl 80 - 150 mg/dl

*Hexokinase*

BLOOD UREA 16 mg/dL 15 - 50 mg/dL

*UREASE-GLUTAMATE DEHYDROGENASE (GLDH)*

CREATININE 0.74 mg/dL 0.4 - 1.4 mg/dL

*Jaffe Kinetic*

URIC ACID 8.4 mg/dL 3 - 7.2 mg/dL

*Uricase-Peroxidase*

### SERUM ELECTROLYTES

SODIUM 145 mmol/L 136 - 145 mmol/L

*Ion Selective Electrode (ISE)*

POTASSIUM 4.06 mmol/L 3.5 - 5.2 mmol/L

*Ion Selective Electrode (ISE)*

CHLORIDE 105 mmol/L 97 - 111 mmol/L

*Ion Selective Electrode (ISE)*

FASTING BLOOD SUGAR 111 mg/dl 70 - 110 mg/dl

*Hexokinase*

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**CLINICAL PATHOLOGY**

**URINE ROUTINE & MICROSCOPIC**

*Strips & Microscopy*

**PHYSICAL EXAMINATION**

Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow
Appearance <i>Visual Method</i>	Clear	Clear/Transparent
Specific Gravity <i>Strips Method</i>	1.025	1.005-1.035
pH	6.0	4.6-8.5

**CHEMICAL EXAMINATION (DIPSTICK)**

Protein <i>Strips Method</i>	NIL	Nil -Trace
Glucose <i>Strips Method</i>	Nil	Nil
Blood <i>Strips Method</i>	Negative	Negative
Ketone Bodies <i>Strips Method</i>	Absent	Negative
Urobilinogen <i>Strips Method</i>	Normal	Normal
Bile Salt <i>Strips Method</i>	Negative	Negative
Bilirubin <i>Strips Method</i>	Negative	Negative
Bile Pigments	Negative	NIL

**MICROSCOPY**

Pus Cells (WBC) <i>Light Microscopic</i>	5 - 6 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	3 - 4 /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
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Dispatched by: KIRAN

\*\*\*\* End of Report \*\*\*\*

Printed by: Kiran kumar H P on 25-03-2023 at 03:38 PM



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Action suggested: > 8.0%

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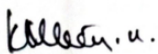
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*Calculation*

**Comments:**

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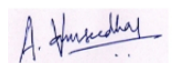


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40 - 60 mg/dl  
>= 60mg/dL - Excellent (protects against heart disease)  
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100-129 mg/dL- Near optimal/above optimal  
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160-189 mg/dL- High  
190->190 mg/dL - Very High

**VLDL CHOLESTEROL**  
*Calculation*

20.9 mg/dL

2 - 30 mg/dL

**TOTAL CHOLESTROL/HDL RATIO**  
*Calculation*

3.5

up to 3.5  
3.5-5.0 - Moderate  
>5.0 - High

**LDL/HDL RATIO**  
*Calculation*

2.1

up to 2.5  
2.5-3.3 - Moderate  
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*Calculation*

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*Calculation*

CREATININE 0.85 mg/dL 0.8 - 1.4 mg/dL

*Jaffe Method*

POST PRANDIAL BLOOD SUGAR 147.9 mg/dl 80 - 150 mg/dl

*Hexokinase*

BLOOD UREA 16 mg/dL 15 - 50 mg/dL

*UREASE-GLUTAMATE DEHYDROGENASE (GLDH)*

CREATININE 0.74 mg/dL 0.4 - 1.4 mg/dL

*Jaffe Kinetic*

URIC ACID 8.4 mg/dL 3 - 7.2 mg/dL

*Uricase-Peroxidase*

### SERUM ELECTROLYTES

SODIUM 145 mmol/L 136 - 145 mmol/L

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*Ion Selective Electrode (ISE)*

CHLORIDE 105 mmol/L 97 - 111 mmol/L

*Ion Selective Electrode (ISE)*

FASTING BLOOD SUGAR 111 mg/dl 70 - 110 mg/dl

*Hexokinase*

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**URINE ROUTINE & MICROSCOPIC**

*Strips & Microscopy*

**PHYSICAL EXAMINATION**

Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow
Appearance <i>Visual Method</i>	Clear	Clear/Transparent
Specific Gravity <i>Strips Method</i>	1.025	1.005-1.035
pH	6.0	4.6-8.5

**CHEMICAL EXAMINATION (DIPSTICK)**

Protein <i>Strips Method</i>	NIL	Nil -Trace
Glucose <i>Strips Method</i>	Nil	Nil
Blood <i>Strips Method</i>	Negative	Negative
Ketone Bodies <i>Strips Method</i>	Absent	Negative
Urobilinogen <i>Strips Method</i>	Normal	Normal
Bile Salt <i>Strips Method</i>	Negative	Negative
Bilirubin <i>Strips Method</i>	Negative	Negative
Bile Pigments	Negative	NIL

**MICROSCOPY**

Pus Cells (WBC) <i>Light Microscopic</i>	5 - 6 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	3 - 4 /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
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MR/VISIT NO : 23030656 / 171754

AGE/SEX : 47 Yrs / Male

BILLED TIME : 25-03-2023 at 09:11 AM

REFERRED BY :

BILL NO : 203665

REF CENTER : MEDIWHEEL

DATE OF REPORT : 25-03-2023 at 03:05 PM

### RADIOLOGY

## USG REPORT - ABDOMEN AND PELVIS

### OBSERVATION:

#### LIVER:

**Liver is mildly enlarged in size (16.8 cm) and shows moderate diffuse increase in echotexture.** No obvious focal lesion is seen. Intrahepatic biliary radicles not dilated. Hepatic and portal veins are normal. CBD is normal.

#### GALL BLADDER:

Normal in distension. Lumen echo free. Wall thickness is normal.

#### PANCREAS:

Head and body visualized appears normal. No focal lesion is seen. Pancreatic duct not dilated. Tail not visualized.

#### SPLEEN:

Normal in size (11.2 cm) with homogenous echotexture. No focal lesion seen.

#### RIGHT KIDNEY:

Right kidney measures ~ 12.4 x 1.8 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

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

Cortico- medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

#### LEFT KIDNEY:

Left kidney measures ~ 12.1 x 1.5 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

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

NAME	: Mr. NITHISH NAGESH	MR/VISIT NO	: 23030656 / 171754
AGE/SEX	: 47 Yrs / Male	BILLED TIME	: 25-03-2023 at 09:11 AM
REFERRED BY	:	BILL NO	: 203665
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 25-03-2023 at 03:05 PM

Cortico-medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

### **URINARY BLADDER:**

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen. Wall thickness appears normal.

### **PROSTATE:**

**Is mildly enlarged in size (Volume -28 cc)** with normal echo pattern. No focal lesion is seen.

**Prostatic cyst measuring ~ 1.5 x 1.4 cm noted in mid line.**

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

### **IMPRESSION:**

- **Mild hepatomegaly with grade II fatty changes.**
- **Grade I prostatomegaly.**

*Note: All abnormalities cannot be detected by Ultrasound scan due to technical limitation, obesity and other factors. Scan findings to be correlated with old reports or other investigations.*





NAME : **Mr. NITHISH NAGESH**  
AGE/SEX : 47 Yrs / Male  
REFERRED BY :  
REF CENTER : MEDIWHEEL

MR/VISIT NO : 23030656 / 171754  
BILLED TIME : 25-03-2023 at 09:11 AM  
BILL NO : 203665  
DATE OF REPORT : 25-03-2023 at 11:58 AM

### RADIOLOGY

### **X-RAY REPORT- CHEST (PA VIEW)**

#### **OBSERVATIONS:**

**The lung fields are clear bilaterally.**

**CP angles are clear.**

**Both the hila appear normal.**

**Cardiac diameter is within normal limits.**

**Trachea is midline.**

**Visible bony thoracic cage is normal.**

**Adjacent soft tissues appear normal.**


#### **IMPRESSION:**

**• No significant abnormality in the visualized lung fields.**



## Diagnosics & Speciality Centre

NAME	: Mr. NITHISH NAGESH	MR NO.	: 23030656
AGE/SEX	: 47 Yrs / Male	VISIT NO.	: 171754
REFERRED BY	:	DATE OF COLLECTION	: 25-03-2023 at 09:19 AM
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 25-03-2023 at 07:54 PM



TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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### IMMUNOASSAY

#### THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) <small>CMIA</small>	1.031 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) <small>CMIA</small>	8.45 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) <small>CMIA</small>	2.610 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

*Krishna M.*


Dr. KRISHNA MURTHY

MD  
BIOCHEMIST



Lab Seal

## Diagnosics & Speciality Centre

NAME : **Mr. NITHISH NAGESH** MR NO. : 23030656  
AGE/SEX : 47 Yrs / Male VISIT NO. : 171754  
REFERRED BY : DATE OF COLLECTION : 25-03-2023 at 09:19 AM  
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**TEST PARAMETER RESULT REFERENCE RANGE SPECIMEN**

**PROSTATIC SPECIFIC ANTIGEN (PSA)**

*ECLIA*

PROSTATIC SPECIFIC ANTIGEN (PSA)

*CMIA*

0.70 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.

Dispatched by: KIRAN

\*\*\*\* End of Report \*\*\*\*

Printed by: Kiran kumar H P on 25-03-2023 at 07:54 PM



*Krishna M.*

**Dr. KRISHNA MURTHY**

MD  
BIOCHEMIST



**Lab Seal**