Name	PANNEER SELVAM A	ID	MED111242428
Age & Gender	55Year(s)/MALE	Visit Date	8/13/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA		: 3.6cms
LEFT ATRIUM		: 3.7cms
AVS		: ----
LEFT VENTRICLE	(DIASTOLE)	: 4.5cms
	(SYSTOLE)	: 3.0cms
VENTRICULAR SEPTUM	(DIASTOLE)	: 0.9cms
	(SYSTOLE)	: 1.3cms
POSTERIOR WALL	(DIASTOLE)	: 0.7cms
	(SYSTOLE)	: 1.7cms
EDV		: 92ml
ESV		: 34ml
FRACTIONAL SHORTENING		: 34%
EJECTION FRACTION		: 63%
EPSS		: ---
RVID		: 1.8cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	: E' 0.57 m/s	A' 0.92 m/s	NO MR
AORTIC VALVE	: 1.28 m/s		NO AR
TRICUSPID VALVE	: E' - m/s	A' - m/s	NO TR
PULMONARY VALVE	: 1.02 m/s		NO PR

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2D ECHOCARDIOGRAPHY FINDINGS:

Left ventricle : Normal size, Normal systolic function.
No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapsed.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- **LV DIASTOLIC DYSFUNCTION.**
- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF:63 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC
SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
Kss/da

Name	PANNEER SELVAM A	ID	MED111242428
Age & Gender	55Year(s)/MALE	Visit Date	8/13/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

Note:

*** Report to be interpreted by qualified medical professional.**

*** To be correlated with other clinical findings.**

*** Parameters may be subjected to inter and intra observer variations.**

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Age & Gender	55Year(s)/MALE	Visit Date	8/13/2022 12:00:00 AM
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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows normal shape and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern. Spleen measures 8.8cms in long axis and 3.6cms in short axis.
No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.
A simple cortical cyst measuring about 3.8 x 3.5cms is noted in the mid pole of the right kidney.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	**10.4**	**1.4**
Left Kidney	**11.2**	**1.2**

URINARY BLADDER shows mildly (5-6mm) thickened walls. It has clear contents. No evidence of diverticula**.**
Prevoid: 380cc **Postvoid: 20cc**

PROSTATE shows normal shape, size and echopattern. It measures 3.2 x 3.2 x 3.3cms (Vol:18cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

- **CHANGES OF MILD CYSTITIS.**

DR. MEERA S
CONSULTANT RADIOLOGIST
MS/vp

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Age & Gender	55Year(s)/MALE	Visit Date	8/13/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

Name	PANNEER SELVAM A	Customer ID	MED111242428
Age & Gender	55Y/M	Visit Date	Aug 13 2022 9:41AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression*: *Essentially normal study.

DR. APARNA

CONSULTANT RADIOLOGIST

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SID No.	: 422060523	**Collection On**	: 13/08/2022 10:55 AM
Age / Sex	: 55 Year(s) / Male	**Report On**	: 14/08/2022 4:58 PM
Type	: OP	**Printed On**	: 22/08/2022 1:03 PM
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/*Spectrophotometry*)	14.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	42.5	%	42 - 52
RBC Count (EDTA Blood)	5.11	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	83.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.1	g/dL	32 - 36
RDW-CV (EDTA Blood)	12.6	%	11.5 - 16.0
RDW-SD (EDTA Blood)	**36.69**	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	10400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	59.9	%	40 - 75
Lymphocytes (EDTA Blood)	29.3	%	20 - 45
Eosinophils (EDTA Blood)	2.9	%	01 - 06

Dr.Arjun C.P
MBBS,MD Pathology
Reg No:KMC 89655

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

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Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (EDTA Blood)	7.5	%	01 - 10
Basophils (Blood)	0.4	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	6.23	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	3.05	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.30	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.78	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.04	10^3 / µl	< 0.2
Platelet Count (EDTA Blood)	353	10^3 / µl	150 - 450
MPV (EDTA Blood)	**7.2**	fL	7.9 - 13.7
PCT (EDTA Blood/*Automated Blood cell Counter*)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	7	mm/hr	< 20

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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/*DCA with ATCS)*	0.37	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.18	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.19	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	13.39	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	19.87	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	20.75	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	**121.6**	U/L	56 - 119
Total Protein (Serum/*Biuret)*	6.79	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	4.28	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	2.51	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	1.71		1.1 - 2.2

Shilpashree
M.Sc Biochemistry

VERIFIED BY

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MD PATHOLOGY
KMC 88902

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Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS)*	**219.10**	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS)*	**191.15**	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the ñusualò circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/*Immunoinhibition)*	**40.49**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/*Calculated)*	140.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	38.2	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated)*	178.6	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

Shilpashree
M.Sc Biochemistry

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Investigation	Observed Value	Unit	Biological Reference Interval
INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.			
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated)*	5.4		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/*Calculated)*	4.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated)*	3.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Shilpashree
M.Sc Biochemistry

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KMC 88902

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Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*HPLC)*	**13.3**	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood*)*	335.01	mg/dL

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia,hyperbilirubinemia,Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly,Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

Shilpashree
M.Sc Biochemistry

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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*ECLIA)*	1.44	ng/ml	0.4 - 1.81

INTERPRETATION:
Comment :
Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/*ECLIA)*	8.79	µg/dl	4.2 - 12.0

INTERPRETATION:
Comment :
Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/*ECLIA)*	3.00	µIU/mL	0.35 - 5.50

INTERPRETATION:
Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
(Indian Thyroid Society Guidelines)
Comment :
1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.
3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

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Investigation	Observed Value	Unit	Biological Reference Interval
CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION (URINE COMPLETE)			
Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	15		
CHEMICAL EXAMINATION (URINE COMPLETE)			
pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.028		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative

Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose (Urine/*GOD - POD)*	**Positive(++)**		Negative
Leukocytes(CP) (Urine*)*	Negative		
MICROSCOPIC EXAMINATION (URINE COMPLETE)			
Pus Cells (Urine*)*	**0-1**	/hpf	NIL
Epithelial Cells (Urine*)*	**0-1**	/hpf	NIL
RBCs (Urine*)*	NIL	/HPF	NIL
Others (Urine*)*	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine*)*	NIL	/hpf	NIL

Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

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MD PATHOLOGY
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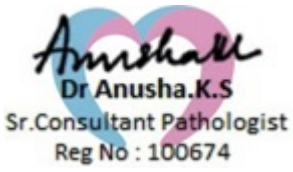
Investigation	Observed Value	Unit	Biological Reference Interval
PHYSICAL EXAMINATION(STOOL COMPLETE)			
Mucus (Stool)	Absent		Absent
Consistency (Stool)	**Semi Solid**		Semi Solid to Solid
Colour (Stool)	Brown		Brown
Blood (Stool)	Absent		Absent
MICROSCOPIC EXAMINATION(STOOL COMPLETE)			
Ova (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	**0-1**	/hpf	NIL
Others (Stool)	NIL		
CHEMICAL EXAMINATION(STOOL ROUTINE)			



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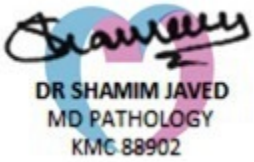

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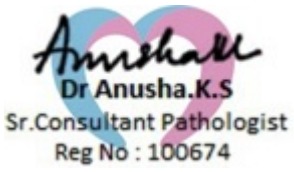
Investigation	Observed Value	Unit	Biological Reference Interval
Reaction (Stool)	**Acidic**		Alkaline
Reducing Substances (Stool/*Benedict's*)	Negative		Negative



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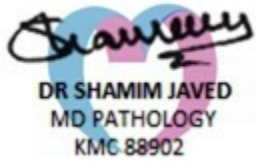

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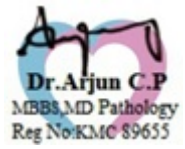
Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOHAEMATOLOGY			
BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination)*	'O' 'Positive'		



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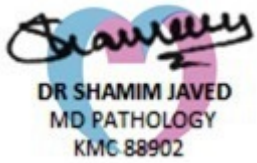

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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	13.2		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	**237.92**	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/*GOD - POD)*	++		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD-PAP)*	**572.81**	mg/dL	70 - 140

INTERPRETATION:
Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP*)*	++		Negative

Remark: Rechecked

Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived)*	7.0	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	**0.53**	mg/dL	0.9 - 1.3

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/*Enzymatic)*	**2.75**	mg/dL	3.5 - 7.2

Shilpashree
M.Sc Biochemistry

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	: **Mr. PANNEER SELVAM A**		
PID No.	: MED111242428	**Register On**	: 13/08/2022 9:41 AM
SID No.	: 422060523	**Collection On**	: 13/08/2022 10:55 AM
Age / Sex	: 55 Year(s) / Male	**Report On**	: 14/08/2022 4:58 PM
Type	: OP	**Printed On**	: 22/08/2022 1:03 PM
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOASSAY			
Prostate specific antigen - Total(PSA) (Serum/*Manometric method)*	0.145	ng/ml	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL
PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).
Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.
PSA levels tend to increase in all men as they age.
Clinical Utility of PSA:
- In the early detection of Prostate cancer.
- As an aid in discriminating between Prostate cancer and Benign Prostatic disease.
- To detect cancer recurrence or disease progression.

Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

VERIFIED BY

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MD PATHOLOGY
KMC 88902

APPROVED BY

-- End of Report --