olympus DIAGNOSTICS

Name	:	**Mr. E THIMMAPPA M**	REG/LAB NO.	:	23020092 / 1253
AGE/SEX	:	55 Yrs / Male	DATE OF COLLECTION	:	11-02-2023 at 09:04 AM
REFERRED BY	:		DATE OF REPORT	:	13-02-2023 at 06:04 PM
REF CENTER	:	MEDIWHEEL			

TEST PARAMETER	RESULT	REFERENCE RANGE
COMPLETE BLOOD COUNT(CBC)		
HAEMOGLOBIN	15.6 gm/dl	14 - 18 gm/dl
TOTAL COUNT	6200 cells/cumm	4000 - 11000 cells/cumm
DIFFERENTIAL COUNT		
NEUTROPHILS	50 %	40 - 70 %
LYMPHOCYTES	38 %	20 - 45 %
EOSINOPHILS	04 %	2 - 8 %
MONOCYTES	08 %	1 - 6 %
BASOPHILS	00 %	0 - 1 %
PLATELET COUNT	1.6 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
R.B.C COUNT	5.0 mill/cumm	4.5 - 6.2 mill/cumm
PACKED CELL VOLUME (PCV)	47 %	37 - 47 %
M.C.V	93 fl	80 - 98 fl
M.C.H	30 pg	26 - 34 pg
M.C.H.C	33 %	31 - 38 %
ESR	20 mm/hr	0 - 20 mm/hr

Interpretation:
ESR is non specific marker of inflammatory process. Its main clinical utility is in monitoring the course or response to traetment of various acute and chronic disorders like hematologic diseases, malignancy, collagen vascular disorders and renal diseases.

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TEST PARAMETER	RESULT	REFERENCE RANGE
COMPLETE URINE ANALYSIS		
PHYSICAL CHARACTERS		
COLOUR	PALE YELLOW	PALE YELLOW
APPEARANCE	CLEAR	CLEAR
SPECIFIC GRAVITY	1.015	1.005-1.030
pH	6.0	4.5-7.0
CHEMICAL CONSTITUENTS		
ALBUMIN	PRESENT (+)	ABSENT
SUGAR	GREEN(+)	ABSENT
BILE SALTS	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT
KETONE BODIES	ABSENT	ABSENT
MICROSCOPY		
PUS CELLS	3 - 4 /hpf	4-6
R.B.C	NIL	0-4
EPITHELIAL CELLS	0 - 1 /hpf	0-2
CASTS	ABSENT	ABSENT
CRYSTALS	ABSENT	ABSENT
STOOL ANALYSIS		
PHYSICAL EXAMINATION		
CONSISTANCY	SEMI SOLID	
COLOUR	BROWNISH	
MUCUS	ABSENT	
REDUCING SUGAR	ABSENT	
MICROSCOPIC EXAMINATION		
OVA	NIL	
CYST	NIL	
PUS CELLS	1-2 /hpf	
RBC	NIL	
MISCELLANEOUS	ABSENT	
BLOOD GROUP	"B"	
RH TYPE	POSITIVE	

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TEST PARAMETER	RESULT	REFERENCE RANGE
FASTING BLOOD SUGAR	**130** mg/dl	60 - 110 mg/dl

COMMENTS :

80 - 99 mg/dL : Normal, 100 - 125 mg/dL : Impaired Fasting Glucose (Pre-Diabetes), >126 mg/ dL : Diabetes.
reference intervals for FBS from ADA RECOMMENDATION 2015.
A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes.
Impaired fasting glucose (IFG) : Fasting glucose repeatedly is at upper limit, family history or abnormal lipid profile.
Advised : HbA1c and clinical correlation.

NOTE :

In absence of pregnancy, IGT and IFG are risk factors for future DM and cardiovascular disease ; they are not clinical entities.
A person's blood glucose levels normally move up and down depending on meals , Exercise, sickness, and stress.

POST PRANDIAL BLOOD SUGAR	**203** mg/dl	70 - 140 mg/dl
HbA1c (GLYCOSYLATED Hb) *HPLC*	5.9 %	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5
MEAN BLOOD GLUCOSE *Calculated*	120.9	

Degree of Control	HbA1c	MBG
Normal	< 6.0 %	61-124 mg/dl
Good Control	6.0-7.0 %	124-156 mg/dl
Fair Control	7.0-8.0 %	158-188 mg/dl
Poor Control	> 8.0 %	>188 mg/dl

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c.
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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. ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

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TEST PARAMETER	RESULT	REFERENCE RANGE
THYROID PROFILE (T3, T4, TSH)		
TOTAL TRIIODOTHYRONINE (T3) *CLIA*	0.96 ng/mL	0.60-1.81 1st Trimester :0.71 - 1.75 2nd Trimester :0.91 - 1.95 3rd Trimester :1.04 - 1.82
TOTAL THYROXINE (T4) *CLIA*	5.82 µg/dL	4.5-10.9 1st Trimester :6.5 - 10.1 2nd Trimester :7.5 - 10.03 3rd Trimester :6.3 - 9.7
THYROID STIMULATING HORMONE (TSH) *CLIA*	2.441 µIU/ml	0.35-5.5 1st Trimester :0.1 - 2.5 2nd Trimester :0.2 - 3.0 3rd Trimester :0.3 - 3.0

Note:

1.TSH levels are subject to circadian variation, reaching peak levels between 2 – 4 a.m. and at a minimum between 6-10 p.m. The variation is of the order of 50% hence time of the day has influence on the measured serum TSH concentrations.

2.Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3.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, Non thyroidal illness, Autoimmune thyroid disease, Pregnancy ,associated thyroid disorders, Thyroid dysfunction in infancy and early childhood

LIPID PROFILE TEST (LPT)		
TOTAL CHOLESTEROL	152 mg/dl	up to 200 mg/dl
TRIGLYCERIDES	**214** mg/dl	up to 200 mg/dl **Special condition:** Borderline high risk : 200 - 400 mg/dL Elevated : > 400 mg/dL
HDL CHOLESTEROL - DIRECT	**34** mg/dl	35 - 55 mg/dl
LDL CHOLESTEROL - DIRECT	75.2 mg/dl	up to 150 mg/dl
VLDL CHOLESTEROL	42.8 mg/dl	0 - 60 mg/dl
TC/HDL	4.5	
LDL/HDL	2.2	

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TEST PARAMETER	RESULT	REFERENCE RANGE
RENAL FUNCTION TEST (RFT)		
BLOOD UREA	23 mg/dL	11 - 45 mg/dL
SERUM URIC ACID	5.7 mg/dL	4.5 - 8.1 mg/dL
SERUM CREATININE	1.0 mg/dL	0.6 - 1.4 mg/dL
LIVER FUNCTION TEST (LFT)		
TOTAL BILIRUBIN	**1.7** mg/dl	0 - 1 mg/dl
DIRECT BILIRUBIN	**0.6** mg/dl	0 - 0.25 mg/dl
INDIRECT BILIRUBIN	**1.1** mg/dl	0 - 0.75 mg/dl
TOTAL PROTEIN	8.0 g/dl	6 - 8.5 g/dl
SERUM ALBUMIN	4.8 g/dl	3.5 - 5.2 g/dl
SERUM GLOBULIN	3.2 g/dL	2.3 - 3.5 g/dL
A/G RATIO	1.5	1 - 1.5
ASPARATE AMINOTRANSFERASE (SGOT/AST)	25 U/L	up to 40 U/L
ALANINE AMINOTRANSFERASE (SGPT/ALT)	28 U/L	up to 40 U/L
ALKALINE PHOSPHATASE	86 IU/L	25 - 147 IU/L

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TEST PARAMETER	RESULT	REFERENCE RANGE
P.S.A	2.80 ng/ml	0 - 4.0

Interpretation

Prostate specific antigen (PSA) is prostate tissue specific, expressed by both normal and neoplastic prostate tissue. PSA total is the collective measurement of its three forms in serum, two forms are complexed to protease inhibitors- alpha 2 macroglobulin and alpha 2 anti-chymotrypsin and third form is not complexed to a protease inhibitor, hence termed free PSA. TPSA =Complex PSA+FPSA.

Use:

Monitoring patients with history of Prostate cancer as an early indicator of recurrence and response to treatment. Prostate cancer screening: Patients with PSA levels >10 ng/mL have >50% probability of prostate cancer.

Increased in:

Prostate diseases: Cancer, Prostatitis, benign prostatic hyperplasia, prostate ischemia, acute urinary retention. Manipulations such as Prostatic massage, cystoscopy, needle biopsy, Transurethral resection, digital rectal examination, indwelling catheter, vigorous bicycle exercise. Physiological fluctuations

Decreased in:

Castration, Antiandrogen drugs, Radiation therapy, Prostatectomy Limitation: It is recommended to use same assay method for long term monitoring. Care should be taken in interpreting results from patients taking drugs such as Buserelin, Finasteride and Flutamide which are known to decrease PSA levels

Dispatched by: Somashekhara h c

**** End of Report ****

Printed by: Somashekhara h c on 13-02-2023 at 06:04 PM

Lab Technician

Dr. Sowmya T.M
DNB ,PDF
Consultant Pathologist

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NAME:	Mr. M E THIMMAPPA	DATE:	11-02-2023
AGE:	55 YEARS	ID. NO:	201613
GENDER:	MALE	REFERRED BY:	OLYMPUS DIAGNOSTICS

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.**

Dr. SAHANA C MDRD, DNB
Consultant Radiologist

2023-2-11 9:53:06 ID:00000096

ID Card:

Name:MR E THIMMAPPA Gender:Male

Age:56 Height(cm):

Weight(Kg):76 BP(mmHg):165/97

HR	bpm	76
P-R	ms	136
Q-R-S	ms	70
QT/QTc	ms	420/470
P/QRS/T AXES	deg	54/-8/54
RV5/SV1	mV	1.16/1.00
RV5+SV1	mV	2.16

*The result must be confirmed by doctor!

<< Conclusion >>

801 Sinus Rhythm

202 Mild Left Axis Deviation

** SUSPECTED ABNORMAL ECG **

Report Confirmed by: