



PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel :+91 40-2784 5852, 6649 1787

Fax : +91 40 2784 7864 Email parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited
Certificate No.MC-2566

TEST REPORT

Name : **MR.SUBRAHMANYAM INDRAGANTI,** TID/SID : UMR0721153/ 23227023
 : **[180363]** Registered on : 22-Feb-2022 / 09:50 AM
 Age / Gender : 43 Years/ Male Collected on : 22-Feb-2022 / 10:00 AM
 Ref.By : - Reported on : 22-Feb-2022 / 13:44 PM
 Req.No  Reference : Medi Wheel
 BIL1818337

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

| Investigation | Observed Value | Units | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| Colour Method:Photo detectors(instrument) | Yellow | | Light Yellow |
| Appearance Method:Photo diode array sensor | Clear | | Clear |
| Specific gravity Method:Ion concentration/colour indicator | 1.025 | | 1.003-1.030 |
| Reaction and pH Method:Double Indicator | 5.5 | | 5.0-8.0 |
| Protein Method:Protein Error of pH indicators | Negative | | Negative |
| Glucose Method:Double sequential enzymatic/GOD-PAP | Negative | | Negative |
| Urobilinogen Method:Reagent strip/Reflectance photometry | Negative | mg% | 0.2-1.0 mg% |
| Ketones Method:Strip method/Nitroprusside method | Negative | | Negative |
| Blood Method:Peroxidase | Negative | | Negative |
| Bile Salt Method:Hays Method | Negative | | Negative |
| Bile Pigment Method:Fouchets Method | Negative | | Negative |
| Microscopic Examination | | | |
| Pus cells (leukocytes) Method:Microscopy Of Sediment | Occasional | /hpf | 0-5 /hpf |
| RBC (erythrocytes) Method:Microscopy Of Sediment | Nil | /hpf | 0-2 /hpf |
| Epithelial cells Method:Microscopy Of Sediment | Nil | /hpf | 0-8 /hpf |
| Crystals Method:Microscopy Of Sediment | Nil | /lpf | Nil /lpf |

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Complete Urine Examination (CUE), Urine

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|-------------------------------|----------------|-------|-------------------------------|
| Casts | Nil | /lpf | Nil |
| Method:Microscopy Of Sediment | | | /lpf |
| Others | Nil | | Nil |
| Method:Microscopy Of Sediment | | | |

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--- End Of Report ---

Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY

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DEPARTMENT OF HEMATOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

| Parameter | Results |
|----------------------|------------|
| Blood Grouping (ABO) | B |
| Rh Typing (D) | POSITIVE - |
| Method:Agglutination | |

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DEPARTMENT OF HEMATOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

| Investigation | Observed Value | Units | Biological Reference Interval |
|--|----------------|-------------|-------------------------------|
| Hemoglobin., Method:Spectrophotometry | 14.6 | gm/dL | 13.0-17.0 g/dL gm/dL |
| Erythrocyte Count(RBC) Method:Electrical Impedence | 5.6 | mill /cu.mm | 4.5-5.5 mill /cu.mm |
| PCV/HCT., Method:Numeric Integration | 44 | % | 40-50 % |
| MCV., Method:Calculated | 78 | fL | 83-101 fL |
| MCH., Method:Calculated | 25.8 | pg | 27-32 pg |
| MCHC Method:Calculated | 33.1 | g/dL | 31.5-34.5 gm/dL g/dL |
| RDW (CV)., Method:Calculated | 13.8 | % | 11.6-14.0 % |
| Total WBC Count Method:Impedence flowcytometry/Light scattering | 6.3 | cells/cumm | 4-10 cells/cumm |
| Differential Count | | | |
| Neutrophils:., Method:Flowcytometry/Microscopy | 49 | % | 40-80 % |
| Lymphocytes:., Method:Flowcytometry/Microscopy | 42 | % | 20-40 % |
| Monocytes:., Method:Flowcytometry/Microscopy | 6 | % | 2-10 % |
| Eosinophils:., Method:Flowcytometry/Microscopy | 3 | % | 1-6 % |
| Basophils:., Method:Flowcytometry/Microscopy | 0 | % | 0-2 % |
| Absolute Neutrophil Count | 3.09 | cells/cumm | 2.0-7.0 cells/cumm |
| Absolute Lymphocyte Count | 2.65 | cells/cumm | 1.0-3.0 cells/cumm |

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DEPARTMENT OF HEMATOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

| Investigation | Observed Value | Units | Biological Reference Interval |
|-----------------------------|----------------|------------|-------------------------------|
| Absolute Monocyte Count | 0.38 | cells/cumm | 0.20-1.0 cells/cumm |
| Absolute Eosinophil Count | 0.19 | cells/cumm | 0.02-0.5 cells/cumm |
| Absolute Basophil Count | 0 | cells/cumm | 0.02-0.1 cells/cumm |
| Platelet Count | 230 | lakhs/cumm | 150-410 lakhs/cumm |
| Method:Electrical Impedence | | | |

Peripheral Smear

RBC Normocytic and Normochromic
 Method:Microscopy
 WBC Relative Lymphocytosis.No abnormal cells seen.
 Method:Microscopy
 Platelets Discrete and adequate.Normal in morphology
 Method:Microscopy

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DEPARTMENT OF HEMATOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

| Investigation | Observed Value | Units | Biological Reference Intervals |
|-------------------|----------------|---------|--------------------------------|
| ESR 1st Hour | 11 | mm/hour | 0-10 mm/hour |
| Method:Westergren | | | |

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DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

| Investigation | Observed Value | Units | Biological Reference Interval |
|----------------------|----------------|-------|-------------------------------|
| Blood Urea Nitrogen. | 7.9 | mg/dL | 7-23 mg/dL |
| Method:Calculated | | | |

Creatinine, Serum

| Investigation | Observed Value | Units | Biological Reference Interval |
|-------------------------|----------------|-------|-------------------------------|
| Creatinine. | 0.94 | mg/dL | 0.60-1.30 mg/dL |
| Method:Alkaline Picrate | | | |

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Age / Gender : 43 Years / Male Collected on : 22-Feb-2022 / 10:00 AM
Ref.By : - Reported on : 22-Feb-2022 / 16:49 PM
Req.No  Reference : Medi Wheel
BIL1818337

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

| Investigation | Observed Value | Units | Biological Reference Interval |
|-------------------------------------|----------------|-------|--|
| Glucose Fasting Method:GOD - PAP | 90 | mg/dL | Normal: <100 Impaired FG: 100-125 Diabetic : >/=126 mg/dL |

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Divya Panda
Regd. No: 84506
MD Pathology

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Page 8 of 16

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DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

| Investigation | Observed Value | Units | Biological Reference Interval |
|---|----------------|-------|---|
| Glucose Post Prandial Method:GOD - PAP | 104 | mg/dL | Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : >/=200 mg/dL |

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MD Pathology

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 Age / Gender : 43 Years / Male Collected on : 22-Feb-2022 / 10:00 AM
 Ref.By : - Reported on : 22-Feb-2022 / 15:40 PM
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 BIL1818337

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

| Investigation | Observed Value | Units | Biological Reference Interval |
|---|----------------|-------|--|
| Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC) | 5.6 | % | < 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes |
| Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c | 114 | mg/dL | Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL |

Note:Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

INTERPRETATION :

- 1.Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- 2.A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- 3.In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
4. American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
5. Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Lipid Profile, Serum

| Investigation | Observed Value | Units | Biological Reference Interval |
|--|----------------|-------|---|
| Total Cholesterol Method:CHOD-PAP | 180 | mg/dL | Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL |
| HDL Cholesterol Method:Enzymatic Reaction | 47 | mg/dL | <40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease mg/dL |
| LDL Cholesterol Method:Calculated | 112 | mg/dL | < 100 mg/dL |
| VLDL Cholesterol Method:Calculated | 21 | mg/dL | 10-55 mg/dL |
| Triglycerides Method:GPO-POD | 108 | mg/dL | Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL |
| Chol/HDL Ratio Method:Calculated | 3.83 | | Normal : <4 Low risk : 4 - 6 High risk : >6 |
| LDL Cholesterol/HDL Ratio | 2.38 | | |

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DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Liver Function Test (LFT), Serum

| Investigation | Observed Value | Units | Biological Reference Interval |
|--|----------------|-------|-------------------------------|
| Total Bilirubin. Method:Diazo with sulphanilic acid | 0.96 | mg/dL | 0.3-1.2 mg/dL |
| Direct Bilirubin. Method:Diazo with sulphanilic acid | 0.18 | mg/dL | 0.00-0.40 mg/dL |
| Indirect Bilirubin. Method:Calculated | 0.78 | mg/dL | |
| Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P | 14 | U/L | 10-40 U/L |
| Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P | 18 | U/L | 10-40 U/L |
| ALP (Alkaline Phosphatase). Method:AMP-IFCC | 79 | U/L | 30-115 U/L |
| PROTEINS | | | |
| Total Protein. Method:Biuret | 7.32 | g/dL | 6.0-8.0 g/dL |
| Albumin. Method:Bromocresol Green (BCG) | 4.44 | g/dL | 3.5-4.8 g/dL |
| Globulin. Method:Calculated | 2.88 | g/dL | 2.3-3.5 g/dL |
| A/GRatio. Method:Calculated | 1.54 | | 0.8-2.0 |
| Gamma GT. Method:IFCC-Enzymatic | 18 | U/L | 7.0-50.0 U/L |

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DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Prostate Specific Antigen (PSA) Total, Serum

| Investigation | Observed Value | Biological Reference Interval |
|---------------------------------------|----------------|-------------------------------|
| Prostate Specific Antigen (PSA) Total | 0.832 | ng/mL 0-3.9 ng/mL |
| Method:Enhanced chemiluminescence | | |

Interpretation:

- 1.Prostate specific antigen (PSA) is a glycoprotein that is expressed by both normal and neoplastic prostate tissue
- 2.Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory conditions of other adjacent genitourinary tissues. PSA can also be elevated after digital rectal examination,prostatic massage,cystoscopy,needle biopsy etc
- 3.Measurement of serum PSA by itself is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hyperplasia.
4. When employed for the management of prostate cancer patients, serial measurement of PSA is useful in detecting residual tumor and recurrent cancer after radical prostatectomy.
- 5.PSA has been demonstrated to be an accurate marker for monitoring advanced clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy.

* Sample processed at Parkline

--- End Of Report ---

Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY

The Test marked with *are not accredited by NABL.

Lab Timings (Weekdays) : 7.00 am to 8.30 pm
Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings(Weekdays) : 7.30 am to 1.30 pm
& 5.45 pm to 7.45 pm
Sundays & Holidays : 7.30 am to 9.30 am

Free Home Visit for Sample Collection.

Call : 7995421787, 7093445852,8121147282, 9885202212



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Fax : +91 40 2784 7864 Email parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited
Certificate No.MC-2566

TEST REPORT

Name : **MR.SUBRAHMANYAM INDRAGANTI,** TID/SID : UMR0721153/ 23227022
 : [180363] / Male Registered on : 22-Feb-2022 / 09:50 AM
 Age / Gender : 43 Years / Male Collected on : 22-Feb-2022 / 10:00 AM
 Ref.By : - Reported on : 22-Feb-2022 / 13:06 PM
 Req.No  Reference : Medi Wheel
 BIL1818337

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

| Investigation | Observed Value | Units | Biological Reference Interval |
|---|----------------|--------|-------------------------------|
| Triiodothyronine Total (T3) Method:Enhanced chemiluminescence | 1.66 | ng/mL | 0.970-1.69 ng/mL |
| Thyroxine Total (T4). Method:Enhanced chemiluminescence | 10.1 | µg/dL | 5.53-11.0 µg/dL |
| Thyroid Stimulating Hormone (TSH). Method:Enhanced chemiluminescence | 2.60 | µIU/mL | 0.465-4.68 µIU/mL |

Note: Change in method and reference range

NOTE:

TSH - Reference ranges during pregnancy:*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3dr Trimester : 0.30 - 3.00

*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result form TSH secreting pituitary tumors(secondary).

* Sample processed at Parkline

--- End Of Report ---

Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY

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Page 14 of 16

Lab Timings (Weekdays) : 7.00 am to 8.30 pm

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& 5.45 pm to 7.45 pm

Sundays & Holidays : 7.30 am to 9.30 am

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TEST REPORT

Name : **MR.SUBRAHMANYAM INDRAGANTI,** TID/SID : UMR0721153/ 23227022
 : **[180363]** Registered on : 22-Feb-2022 / 09:50 AM
 Age / Gender : 43 Years/ Male Collected on : 22-Feb-2022 / 10:00 AM
 Ref.By : - Reported on : 22-Feb-2022 / 14:12 PM
 Req.No  Reference : Medi Wheel
 BIL1818337

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Uric Acid, Serum

| Investigation | Observed Value | Units | Biological Reference Interval |
|----------------|----------------|-------|-------------------------------|
| Uric Acid. | 5.55 | mg/dL | 2.5-8.0 mg/dL |
| Method:Uricase | | | |

* Sample processed at Parkline

--- End Of Report ---

Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY

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Page 15 of 16

Lab Timings (Weekdays) : 7.00 am to 8.30 pm

Sundays & Holidays :7.00 am to 1.00 pm

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& 5.45 pm to 7.45 pm

Sundays & Holidays

: 7.30 am to 9.30 am

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NABL Accredited
Certificate No.MC-2566

TEST REPORT

Name : **MR.SUBRAHMANYAM INDRAGANTI,** TID/SID : UMR0721153/ 23228380
 : **[180363]** Registered on : 22-Feb-2022 / 09:50 AM
 Age / Gender : 43 Years/ Male Collected on : 22-Feb-2022 / 14:03 PM
 Ref.By : - Reported on : 22-Feb-2022 / 17:04 PM
 Req.No  Reference : Medi Wheel
 BIL1818337

DEPARTMENT OF HEALTH CHECKUP

Glucose Urine Fasting

| | | |
|---|-----|-----|
| Urine Glucose Fasting | Nil | NIL |
| Method:Reagent strip/Reflectance photometry | | |

Glucose Urine Post Prandial

| | | |
|---|-----|-----|
| Urine Glucose Post Prandial | Nil | NIL |
| Method:Reagent strip/Reflectance photometry | | |

* Sample processed at Parkline

--- End Of Report ---

Divya Panda
Regd. No: 84506
MD Pathology

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Lab Timings (Weekdays) : 7.00 am to 8.30 pm
Sundays & Holidays :7.00 am to 1.00 pm

Radiologists Timings(Weekdays) : 7.30 am to 1.30 pm
& 5.45 pm to 7.45 pm
Sundays & Holidays : 7.30 am to 9.30 am