




आयकर विभाग
INCOME TAX DEPARTMENT
TRIPATHI SUDHAKAR BHAI
TRIPATHI BHOOL GAYA BHAI
01/07/1978
Permanent Account Number
ARFPB3133R
Tripathi Sudhakar
Bhai
Signature

भारत सरकार
GOVT. OF INDIA



18062014

To be filled by Customer

Name: Mr/Ms/Mrs **TRIPATHI SUDHAKAR BHAI**

Gender: Male Female Age: **44** years DOB: **01/07/1978**

Mobile: **959215809** Pincode: **560047**

Email: **SUDHAKARBHAITRIPATHI@gmail.com**

To be filled by Customer

Medical History

Have you been previously diagnosed with?

Diabetes (Sugar)	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hypertension (BP)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Cardiovascular Disease (Heart)	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Asthma/Allergies (Dust, Pollen, Food, Animals, etc.)	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Neurological Problems (Nerve)	<input type="radio"/> Yes	<input checked="" type="radio"/> No

Are you currently taking medications for?

Diabetes (Sugar)	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hypertension (BP)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Cardiovascular Disease (Heart)	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Liver Disease	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Cancer	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Tuberculosis (TB)	<input type="radio"/> Yes	<input checked="" type="radio"/> No

Family History

Is there a history of below diseases in your family?

Diabetes (Sugar)	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hypertension (BP)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Cardiovascular Disease (Heart)	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Cancer	<input type="radio"/> Yes	<input checked="" type="radio"/> No

Lifestyle

Do you exercise regularly?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Do you consume alcohol more than 2 times a week?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Do you smoke/chew tobacco?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Are you vegetarian?	<input checked="" type="radio"/> Yes	<input type="radio"/> No

General

Do you see a doctor at least once in 6 months?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
Do you undergo a health checkup every year?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
How would you rate your overall Health?	<input type="radio"/> Excellent	<input checked="" type="radio"/> Good	<input type="radio"/> Normal	<input type="radio"/> Poor	<input type="radio"/> Very Poor

Women's Health

Is there a family history of Breast Cancer?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Is there a family history of Endometrial (Uterus) Cancer?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Is there a family history of Ovarian Cancer?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Do you have irregular periods?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have heavy bleeding during periods?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have scanty periods?	<input type="radio"/> Yes	<input type="radio"/> No
Have you attained Menopause?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have children?	<input type="radio"/> Yes	<input type="radio"/> No
Was it a normal delivery?	<input type="radio"/> Yes	<input type="radio"/> No
Did you have diabetes/hypertension during delivery?	<input type="radio"/> Yes	<input type="radio"/> No

Bar code

Vitals

To be filled by Technician

Height: **164** cms

Waist: **36** in.

Hip: **34** in.

Weight: **75.1** kg

Fat: **28.9** %

Visc. Fat: **15.0** %

RM: **1645** cal

BMI: **27.9** kg/m²

Body Age: **54** years

Sys. BP: **143** mmHg

Dia. BP: **81** mmHg

POL-80

Customer Name	MR. Tripathi Sudhakar Bhat	Customer ID	MED11045336
Age & Gender	43 yrs. male	Visit Date	05/04/2022

Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

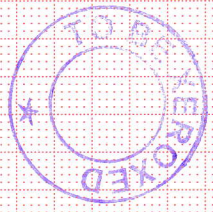
	Right Eye	Left Eye
Near Vision	N6	N6
Distance Vision	6/6	6/6
Colour Vision	Normal	Normal

Observation / Comments: Normal.

CLUMAX DIAGNOSTICS &
RESEARCH CENTRE PVT LTD
66/150/3, "Sri Lakshmi Towers"
9th Main, 3rd Block, Jayanagar
BANGALORE - 560 011

43 Years Male

QRS : 86 ms
QT / QTcBaz : 362 / 398 ms
PR : 134 ms
P : 110 ms
RR / PP : 816 / 821 ms
P / QRS / T : 56 / -8 / 22 degrees



Dr. Sidhar L

WNL

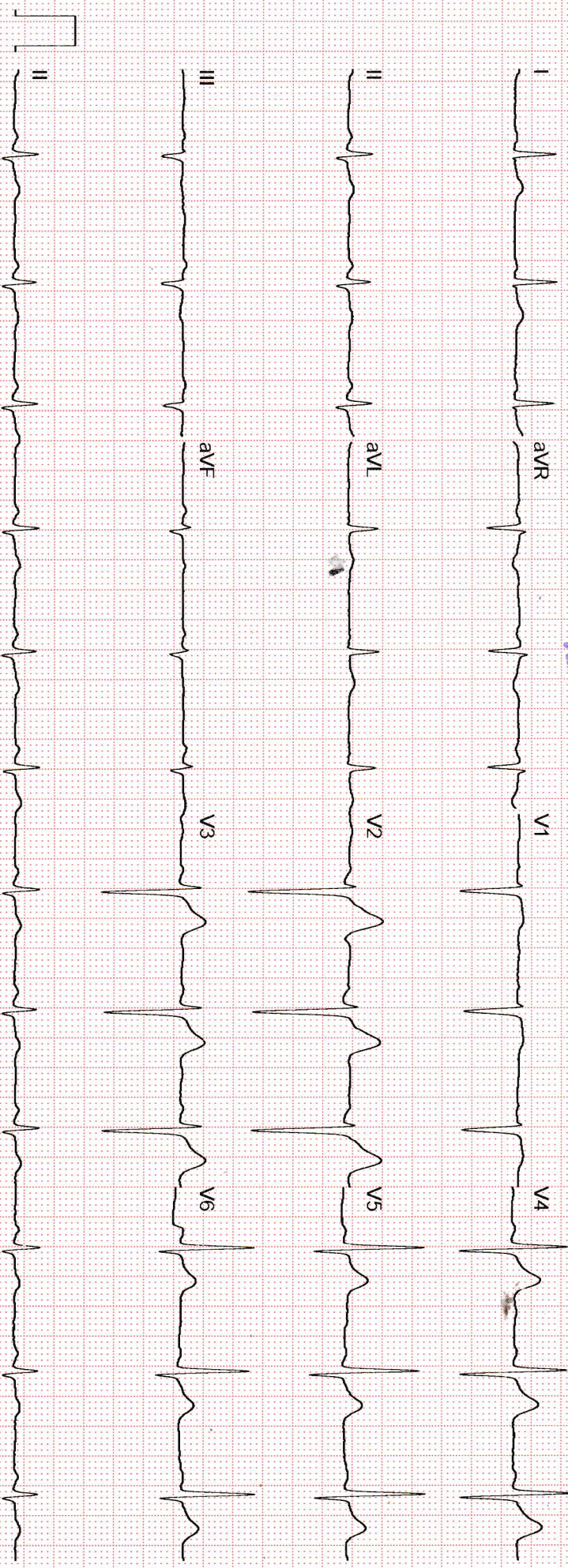
W -20°

Normal ECG

(Needs Clinical Correlation for further management)

DR. SIDHAR L
MD (Med), Interventional Cardiology
K.M.C. No.: 32248

Technician: Manju
Ordering Ph: C/o Medi Wheel
Referring Ph: C/o Medi Wheel
Attending Ph:



GE MAC2000 1 1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3 25 R1 1/1

Unconfirmed

Name	TRIPATHI SUDHAKAR BHAI	Customer ID	MED111045336
Age & Gender	43Y/M	Visit Date	Apr 5 2022 10:04AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

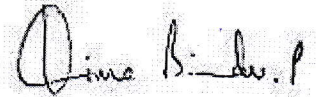
Cardiac size is within upper limit.

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. H.K. ANAND

DR. POOJA BP

DR. SHWETHA S

DR. HIMA BINDU P

CONSULTANT RADIOLOGISTS



Name	MR. TRIPATHI SUDHAKAR BHAI	ID	MED111045336
Age & Gender	43Y/MALE	Visit Date	05/04/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

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

GALL BLADDER show 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 show normal shape, size and echopattern.

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.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.0	1.8
Left Kidney	10.6	1.9

URINARY BLADDER show normal shape and wall thickness.
It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size (wt – 17.7gms) and echopattern.

No evidence of ascites.

Impression: Increased hepatic echopattern suggestive of fatty infiltration.

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Ms/pu



Name	MR. TRIPATHI SUDHAKAR BHAI	ID	MED111045336
Age & Gender	43Y/MALE	Visit Date	05/04/2022
Ref Doctor	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.18	cms
LEFT ATRIUM	:	3.31	cms
AVS	:	1.63	cms
LEFT VENTRICLE (DIASTOLE)	:	4.12	cms
(SYSTOLE)	:	3.02	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.22	cms
(SYSTOLE)	:	1.76	cms
POSTERIOR WALL (DIASTOLE)	:	1.39	cms
(SYSTOLE)	:	2.04	cms
EDV	:	75	ml
ESV	:	35	ml
FRACTIONAL SHORTENING	:	26	%
EJECTION FRACTION	:	60	%
EPSS	:		cms
RVID	:	1.96	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -1.15m/s 'A' -0.83 m/s	TRIVIAL MR
AORTIC VALVE	:1.04 m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84 m/s	NO PR



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:2:

2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle : Concentric Left Ventricular Hypertrophy
 Left Atrium : Normal
 Right Ventricle : Normal
 Right Atrium : Normal.
 Mitral valve : Normal, No mitral valve prolapse.
 Aortic valve : Normal, Trileaflet
 Tricuspid valve : Normal.
 Pulmonary valve : Normal.
 IAS : Intact.
 IVS : Intact.
 Pericardium : No Pericardial effusion.

IMPRESSION :

- CONCENTRIC LEFT VENTRICULAR HYPERTROPHY
- TRIVIAL MITRAL REGURGITATION
- NORMAL LV SYSTOLIC FUNCTION. EF: 60 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

DR. SRIDHAR.L MD, DM, FICC.
CONSULTANT CARDIOLOGIST

Dr. SRIDHAR .L
MD, (Med), DM (Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248



Name : Mr. TRIPATHI SUDHAKAR
BHAI
PID No. : MED111045336
SID No. : 922019846
Age / Sex : 43 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 05/04/2022 10:07 AM
Collection On : 05/04/2022 10:42 AM
Report On : 06/04/2022 10:25 AM
Printed On : 06/04/2022 8:58 PM




<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	14.0	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	41.9	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.97	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	84.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	28.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.3	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	42.04	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	8600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	58.8	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	30.9	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.5	%	01 - 06


DR .VANITHA.R.SWAMY MD
Consultant Pathologist
Reg No : 99049

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

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BHAI

PID No. : MED111045336

SID No. : 922019846

Age / Sex : 43 Year(s) / Male

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.9	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.9	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.06	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.66	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.21	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.59	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.08	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	269	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.2	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	8	mm/hr	< 15


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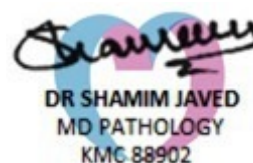
BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.1	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	8.2	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.8	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.4	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.4		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	22	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	26	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	118	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	21	U/L	< 55



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Lipid Profile

Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	200	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	118	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
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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 "usual" circulating level of triglycerides during most part of the day.

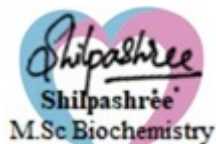
HDL Cholesterol (Serum/Immuno-inhibition)	35	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	141.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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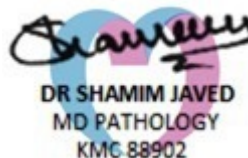
VLDL Cholesterol (Serum/Calculated)	23.6	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	165.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
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INTERPRETATION: 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.



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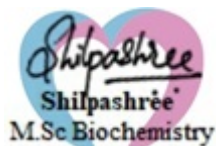
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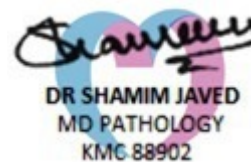
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.7		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	8.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

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

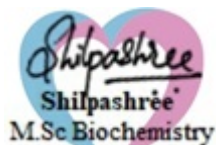
Estimated Average Glucose 191.51 mg/dL
(Whole Blood)

INTERPRETATION: Comments

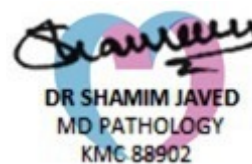
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

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.



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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/CMIA)	1.35	ng/mL	0.7 - 2.04
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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 (Thyroxine) - Total (Serum/CMIA)	8.64	µg/dL	4.2 - 12.0
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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/Chemiluminescent Microparticle Immunoassay(CMIA))	2.34	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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine)	Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	20	mL	

CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative

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

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name : Mr. TRIPATHI SUDHAKAR
BHAI

PID No. : MED111045336

SID No. : 922019846

Age / Sex : 43 Year(s) / Male

Type : OP

Ref. Dr : MediWheel

Register On : 05/04/2022 10:07 AM

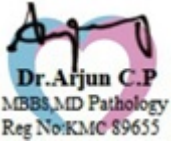
Collection On : 05/04/2022 10:42 AM

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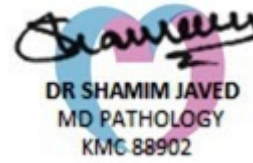
Printed On : 06/04/2022 8:58 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Leukocytes (Urine)	Negative	leuco/uL	Negative
<u>MICROSCOPY(URINE DEPOSITS)</u>			
Pus Cells (Urine/Flow cytometry)	3-4	/hpf	3-5
Epithelial Cells (Urine)	3-4	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BIOCHEMISTRY

BUN / Creatinine Ratio

12

6 - 22

Glucose Fasting (FBS)

122

mg/dL

Normal: < 100
Pre Diabetic: 100 - 125
Diabetic: >= 126

(Plasma - F/GOD - POD)

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

Negative

Negative

(Urine - F)

Glucose Postprandial (PPBS)

226

mg/dL

70 - 140

(Plasma - PP/GOD - POD)

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.

Glucose Postprandial - Urine

Positive(+)

Negative

(Urine - PP)

Blood Urea Nitrogen (BUN)

7

mg/dL

7.0 - 21

(Serum/Urease-GLDH)

Creatinine

0.6

mg/dL

0.9 - 1.3

(Serum/Jaffe Kinetic)

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.

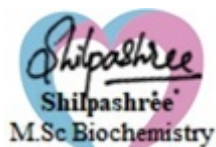
Uric Acid

4.8

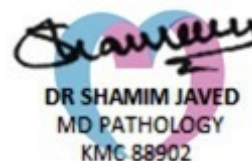
mg/dL

3.5 - 7.2

(Serum/Uricase/Peroxidase)



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IMMUNOASSAY

Prostate specific antigen - Total(PSA)
(Serum/Chemiluminescent Microparticle
Immunoassay(CMIA))

0.462

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.

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MD PATHOLOGY
KMC 88902
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' 'Positive'



DR .VANITHA.R.SWAMY MD
Consultant Pathologist
Reg No : 99049
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KMC 88902
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-- End of Report --