



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

TEST REPORT

Name : MR.K.SREENIVAS RAO [176068]

Age / Gender : 47 Years / Male

Ref.By : -

Req.No

BIL1865422

TID/SID : UMR0738129/ 23287766

Registered on : 11-Mar-2022 / 08:01 AM

Collected on : 11-Mar-2022 / 08:06 AM

Reported on : 11-Mar-2022 / 13:30 PM

Reference : Medi Wheel

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour	Yellow		Light Yellow
Method:Photo detectors(instrument)			
Appearance	Clear		Clear
Method:Photo diode array sensor			
Specific gravity	1.020		1.003-1.030
Method:lon concentration/colour indicator			
Reaction and pH	7.0		5.0-8.0
Method:Double Indicator			
Protein	Negative		Negative
Method:Protein Error of pH indicators			
Glucose	Negative		Negative
Method:Double sequential enzymatic/GOD-PAP			
Urobilinogen	Negative	mg%	0.2-1.0
Method:Reagent strip/Reflectance photometry			mg%
Ketones	Negative		Negative
Method:Strip method/Nitroprusside method			
Blood	Negative		Negative
Method:Peroxidase			
Bile Salt	Negative		Negative
Method:Hays Method			
Bile Pigment	Negative		Negative
Method:Fouchets Method			
Microscopic Examination			
Pus cells (leukocytes)	Nil	/hpf	0-5 /hpf
Method:Microscopy Of Sediment			
RBC (erythrocytes)	Nil	/hpf	0-2 /hpf
Method:Microscopy Of Sediment		,, .	/hpf
Epithelial cells	Nil	/hpf	0-8 /hnf
Method:Microscopy Of Sediment			/hpf
Crystals	Nil	/lpf	Nil /lpf
Method:Microscopy Of Sediment			/ipi

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DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Casts	Nil	/lpf	Nil
Method:Microscopy Of Sediment			/lpf
Others	Nil		Nil
Method:Microscopy Of Sediment			

* Sample processed at Parkline

--- End Of Report ---

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Dr Divya Panda Regd. No: 84506 MD Pathology

Sundays & Holidays : 7.30 am to 9.30 am

Call: 7995421787, 7093445852,8121147282, 9885202212

Free Home Visit for Sample Collection.





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. IVIN.N.SKEENIVAS NAO [170008]

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Reported on : 11-Mar-2022 / 12:25 PM

Reference : Medi Wheel

DEPARTMENT OF HEMATOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter Results

Blood Grouping (ABO) A

Rh Typing (D) POSITIVE

Method:Agglutination

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Dr.Jyothi Kiranmai Regd. No: 52272 MD PATHOLOGY

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DEPARTMENT OF HEMATOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin	14.8	gm/dL	13.0-17.0 g/dL gm/dL
Method:Spectrophotometry			
Erythrocyte Count(RBC)	4.9	10^6/μL	4.5-5.5
Method:Electrical Impedence			10^6/μL
PCV/HCT	44	%	40-50 %
Method:Numeric Integration			
MCV	90	fL	83-101 fL
Method:Calculated			
MCH	29.9	pg	27-32 pg
Method:Calculated	00.4	/ 11	04.5.04.5/!!
MCHC	33.4	gm/dL	31.5-34.5 gm/dL
Method:Calculated	14.3	%	11.6-14.0 %
RDW (CV) Method:Calculated	14.3	70	11.6-14.0 %
	5.1	10^3/µL	4-10 10cap;3/µL 10^3/µL
Total WBC Count Method:Impedence flowcytometry/Light scattering	5.1	10 3/μΕ	4-10 10cap,3/με 10 3/με
Differential Count			
Neutrophils	57	%	40-80 %
Method:Flowcytometry/Microscopy			
Lymphocytes	31	%	20-40 %
Method:Flowcytometry/Microscopy			
Monocytes	6	%	2-10 %
Method:Flowcytometry/Microscopy			
Eosinophils	6	%	1-6 %
Method:Flowcytometry/Microscopy			
Basophils	0	%	0-2 %
Method:Flowcytometry/Microscopy			
Absolute Neutrophil Count	2.91	10^3/μL	2.0-7.0 10cap;3/μL 10^3/μL
Absolute Lymphocyte Count	1.58	10^3/µL	1.0-3.0 10^3/µL
Absolute Monocyte Count	0.31	10^3/μL	0.20-1.0 10^3/µL

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Biological Reference Interval

Reference : Medi Wheel

Units

DEPARTMENT OF HEMATOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

Observed Value

in congenier			= 3
Absolute Eosinophil Count	0.31	10^3/μL	0.02-0.5 10^3/µL
Absolute Basophil Count	00	10^3/μL	0.02-0.1 10^3/µL
Platelet Count Method:Electrical Impedence	210	10^3/μL	150-410 10^3/μL
Peripheral Smear			
RBC	Normocytic and		
Method:Microscopy	Normochromic		
WBC	Within normal		
Method:Microscopy	limits.No abnormal cells seen.		
Platelets	Discrete and		
Method:Microscopy	adequate.Normal i morphology	n	

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Dr.Jyothi Kiranmai

Regd. No: 52272 MD PATHOLOGY

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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	08	mm/hour	0-10 mm/hour
Method:Westergren			

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IVIN.N.SKEENIVAS NAO [170008]

BII 1865422

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DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	10.2	mg/dL	7-23 mg/dL
Method:Calculated			

Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	0.91	mg/dL	0.60-1.30 mg/dL
Method:Alkaline Picrate			

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Name : MR.K.SREENIVAS RAO [176068]

Age / Gender : 47 Years / Male

Ref.By : ·

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Collected on : 11-Mar-2022 / 08:06 AM Reported on : 11-Mar-2022 / 13:09 PM

Reference : Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	113	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic: >/=126 mg/dL

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Jyothi Kiranma

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- 47 Voors / Malo

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TID/SID : UMR0738129/ 23287767P

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Reported on : 11-Mar-2022 / 13:09 PM

Reference : Medi Wheel

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	126	mg/dL	Normal: 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic: >/=200

mg/dL

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Name : MR.K.SREENIVAS RAO [176068] TID/SID : UMR0738129/ 23287764

Age / Gender : 47 Years / Male Registered on : 11-Mar-2022 / 08:01 AM

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Reported on : 11-Mar-2022

Reference : Medi Wheel

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)	6.2	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	131	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 calucated 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.
- * Sample processed at Parkline

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DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	209	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	31	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	151	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	27	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	135	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>/=500 mg/dL
Chol/HDL Ratio Method:Calculated	6.74		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	4.87		_

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DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin.	0.81	mg/dL	0.3-1.2 mg/dL
Method:Diazo with sulphanilic acid			
Direct Bilirubin.	0.11	mg/dL	0.00-0.40 mg/dL
Method:Diazo with sulphanilic acid			
Indirect Bilirubin.	0.70	mg/dL	
Method:Calculated			
Alanine Aminotransferase ,(ALT/SGPT)	21	U/L	10-40 U/L
Method:IFCC without P5P			
Aspartate Aminotransferase,(AST/SGOT)	17	U/L	10-40 U/L
Method:IFCC without P5P			
ALP (Alkaline Phosphatase).	63	U/L	30-115 U/L
Method:AMP-IFCC			
PROTEINS			
Total Protein.	6.87	g/dL	6.0-8.0 g/dL
Method:Biuret			
Albumin.	4.28	g/dL	3.5-4.8 g/dL
Method:Bromocresol Green (BCG)			
Globulin.	2.59	g/dL	2.3-3.5 g/dL
Method:Calculated			
A/GRatio.	1.65		0.8-2.0
Method:Calculated			
Gamma GT.	23	U/L	7.0-50.0 U/L
Method:IFCC-Enzymatic			

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Reference : Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value		Biological Reference Interval
Prostate Specific Antigen (PSA) Total	0.411	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.

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Reference : Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval	
Triiodothyronine Total (T3)	1.73	ng/mL	0.970-1.69 ng/mL	
Method:Enhanced chemiluminescence				
Thyroxine Total (T4)	12.7	μg/dL	5.53-11.0 μg/dL	
Method:Enhanced chemiluminescence				
Thyroid Stimulating Hormone (TSH)	3.55	μIU/mL	0.465-4.68 μIU/mL	
Method:Enhanced chemiluminescence				

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 propanolol 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 ---

Dr.Jyothi Kiranmai Regd. No: 52272 MD PATHOLOGY

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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



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

TEST REPORT

Name : MR.K.SREENIVAS RAO [176068]

Age / Gender : 47 Years / Male

Ref.By :

Req.No

BIL1865422

TID/SID : UMR0738129/ 23287765

Registered on: 11-Mar-2022 / 08:01 AM Collected on: 11-Mar-2022 / 08:06 AM

Reported on : 11-Mar-2022 / 12:51 PM

Reference : Medi Wheel

DEPARTMENT OF CLINICAL BIOCHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid.	5.89	mg/dL	2.5-8.0 mg/dL
Method:Uricase			

* Sample processed at Parkline

--- End Of Report ---

Dr.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

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Sundays & Holidays : 7.30 am to 9.30 am





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TEST REPORT

: MR.K.SREENIVAS RAO [176068] Name

Age / Gender

Ref.By

Urine Glucose Fasting

Req.No

: 47 Years / Male

BIL1865422

TID/SID :UMR0738129/ 23288794

Registered on: 11-Mar-2022 / 08:01 AM Collected on : 11-Mar-2022 / 11:35 AM

Reported on : 11-Mar-2022 / 13:41 PM

Reference : Medi Wheel

DEPARTMENT OF HEALTH CHECKUP

Glucose Urine Fasting

Nil

Method:Reagent strip/Reflectance photometry

NIL

Glucose Urine Post Prandial

--- End Of Report ---

Urine Glucose Post Prandial

Method:Reagent strip/Reflectance photometry

* Sample processed at Parkline

Nil

NIL

Dr Divya Panda

Regd. No: 84506 MD Pathology

The Test marked with *are not accredited by NABL

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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 : 7.30 am to 9.30 am

Call: 7995421787, 7093445852,8121147282, 9885202212

Sundays & Holidays