

**Name** : Mr. NISHEETH KUMAR  
**PID No.** : MED110654853 **Register On** : 30/10/2021 9:28 AM  
**SID No.** : 2322116414 **Collection On** : 30/10/2021 11:52 AM  
**Age / Sex** : 35 Year(s) / Male **Report On** : 30/10/2021 5:46 PM  
**Type** : OP **Printed On** : 31/10/2021 3:07 PM  
**Ref. Dr** : MediWheel


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<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/Electrical Impedance)	16.2	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	49.7	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.72	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	87.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	28.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.6	g/dL	32 - 36
RDW-CV (Derived from Impedance)	13.0	%	11.5 - 16.0
RDW-SD (Derived from Impedance)	39.59	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	5320	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	40.28	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	<b>47.63</b>	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	2.45	%	01 - 06


  
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 (Pathology)  
 Consultant Pathologist  
 APMC 55848

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Monocytes (Blood/Impedance Variation & Flow Cytometry)	9.32	%	02 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.33	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.14	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.53	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.13	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.50	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.02	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	180.4	10 <sup>3</sup> / µl	150 - 450
MPV (Blood/Derived from Impedance)	10.46	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Manual Westergren Method)	4	mm/hr	0 - 15

  
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## **BIOCHEMISTRY**

### **Liver Function Test**

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.20	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.0	g/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.8	g/dL	3.5 - 5.0
Globulin (Serum/Derived)	2.20	g/dL	2.3 - 3.5
A : G Ratio (Serum/Derived)	2.18		1.1 - 2.4
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC without P5P)	40	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC without P5P)	<b>47</b>	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	71	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/Modified IFCC)	18	U/L	< 55

  
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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	171	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	67	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 usual circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	43	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	114.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	13.4	mg/dL	< 30

  
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Non HDL Cholesterol (Serum/Calculated)	128.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

**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)	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)	1.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.7		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>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.1	%	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 99.67 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**

Total T3 (Triiodothyronine) (Serum/CMIA)	1.25	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.

Total T4 (Thyroxine) (Serum/CMIA)	6.58	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/CMIA)	2.49	µIU/mL	0.35 - 5.50
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**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.



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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION

Colour (Urine)	Pale Yellow		
Volume (Urine)	30	mL	
Appearance (Urine)	Clear		Clear

### CHEMICAL EXAMINATION

pH (Urine)	6.5		4.6 - 8.0
Specific Gravity (Urine)	1.010		1.003 - 1.030
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Ketones (Urine)	Negative		Negative
Leukocytes (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Blood (Urine)	Negative		Negative



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Urobilinogen (Urine)	0.1	mg/dL	0.1 - 1.0
<b><u>Urine Microscopy Pictures</u></b>			
Pus Cells (Urine)	2-3	/hpf	0 - 2
Epithelial Cells (Urine)	1-2	/hpf	0 - 2
RBCs (Urine)	Nil	/hpf	0 - 1
Others (Urine)	Nil		Nil


  
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<b><u>PHYSICAL EXAMINATION</u></b>			
Colour (Stool)	Brown		
Consistency (Stool)	Semisolid		Semi solid to solid
Mucus (Stool)	Absent		Absent
Blood (Stool)	Absent		Absent
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (Stool)	Alkaline		Alkaline
Reducing Substances (Stool)	Negative		Negative
<b><u>MICROSCOPIC EXAMINATION(STOOL COMPLETE)</u></b>			
Ova (Stool)	Not Found		Not Found
Cysts (Stool)	Not Found		Not Found
Trophozoites (Stool)	Not Found		Not found
Pus Cells (Stool)	3-4	/hpf	Nil
RBCs (Stool)	Nil	/hpf	Nil

  
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Others (Stool)	Bacteria present		Nil



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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'A' 'Negative'

Remark: 'Du' Negative

  
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<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	10		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	80	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.


Urine Glucose - Fasting (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	98	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 (Postprandial) (Urine - PP/GOD - POD)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	17	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.3	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/Uricase/Peroxidase)	4.1	mg/dL	3.5 - 7.2
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-- End of Report --

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Age & Gender	35Y/MALE	Visit Date	30 Oct 2021
Ref Doctor Name	MediWheel		

**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.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout.

**Bilateral lower pole region shows few (2 each in both kidneys) clustered 2-3 mm calculi. No evidence of hydronephrosis.**

**The kidney measures as follows:**

	<b>Bipolar length (cms)</b>	<b>Parenchymal thickness (cms)</b>
<b>Right Kidney</b>	<b>9.7</b>	<b>1.1</b>
<b>Left Kidney</b>	<b>9.3</b>	<b>1.5</b>

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

**PROSTATE** shows normal shape, size and echopattern (Vol - 15.2 cc).

No evidence of ascites / pleural effusion.

Visualized bowel loops appear normal.

**IMPRESSION:**

➤ **non-obstructive renal calculi. No evidence of hydronephrosis.**

**Bilateral**



**CONSULTANT RADIOLOGISTS:**

**DR.H.K.ANAND**

**DR.L.MADAN MOHAN BABU**

**Dr. DILIP**

Dp/pr

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## 2 D ECHOCARDIOGRAPHIC STUDY

### M mode measurement:

AORTA	:	2.6cms
LEFT ATRIUM	:	2.9cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.6cms
(SYSTOLE)	:	3.0cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.2cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.4cms
EDV	:	95ml
ESV	:	36ml
FRACTIONAL SHORTENING	:	33%
EJECTION FRACTION	:	62%
EPSS	:	---
RVID	:	1.9cms

### DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.99 m/s	A' 0.78 m/s	NO MR
AORTIC VALVE	:	1.09 m/s		NO AR
TRICUSPID VALVE	:	E' 1.85 m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.77 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:**

- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 62%.**
- **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*

## **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	35Y/M	Visit Date	Oct 30 2021 12:00AM
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.***

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