

## Diagnosics & Speciality Centre

NAME	: Mr. SASHIKANTA SAHOO	MR NO.	: 21110159
AGE/SEX	: 45 Yrs / Male	VISIT NO.	: 171751
REFERRED BY	:	DATE OF COLLECTION	: 25-03-2023 at 09:11 AM
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 25-03-2023 at 03:45 PM



TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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### HAEMATOLOGY

#### COMPLETE BLOOD COUNT (CBC) WITH ESR

*Automated Cell Counter*

HAEMOGLOBIN	16.5 gm/dL	13 - 18 gm/dL
<i>Colorimetric Method</i>		
HEMATOCRIT (PCV)	48.9 %	40 - 54 %
<i>Calculated</i>		
RED BLOOD CELL (RBC) COUNT	5.6 million/cu.mm	4.5 - 5.9 million/cu.mm
<i>Electrical Impedance</i>		
PLATELET COUNT	2.1 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
<i>Electrical Impedance</i>		
MEAN CELL VOLUME (MCV)	88.4 fl	80 - 100 fl
<i>Calculated</i>		
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.		
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	29.8 pg	26 - 34 pg
<i>Calculated</i>		
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC)	33.6 %	31 - 35 %
<i>Calculated</i>		
TOTAL WBC COUNT (TC)	8650.0 cells/cumm	4000 - 11000 cells/cumm
<i>Electrical Impedance</i>		
NEUTROPHILS	51 %	40 - 75 %
<i>VCS Technology/Microscopic</i>		
LYMPHOCYTES	40 %	25 - 40 %
<i>VCS Technology/Microscopic</i>		
<b>DIFFERENTIAL COUNT</b>		
EOSINOPHILS	02 %	0 - 7 %
<i>VCS Technology/Microscopic</i>		
MONOCYTES	07 %	1 - 8 %
<i>VCS Technology/Microscopic</i>		
BASOPHILS	00 %	
<i>Electrical Impedance</i>		
ESR	06 mm/hr	0 - 15 mm/hr
<i>Westergren Method</i>		
BLOOD GROUP & Rh TYPING	"AB" Positive	
<i>Tube Agglutination (Forward and Reverse)</i>		

*Krishna M. Murthy*

**Dr. KRISHNA MURTHY**  
MD  
BIOCHEMIST




Lab Seal

*A. Vamseedhar*

**Dr. VAMSEEDHAR.A**  
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CONSULTANT PATHOLOGIST

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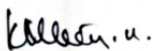
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GLYCATED HAEMOGLOBIN (HbA1C) <i>HPLC</i>	6.4 %	<b>American Diabetic Association (ADA) recommendations:</b>  Non diabetic adults : <5.7 %  At risk (Pre diabetic): 5.7 – 6.4%  Diabetic : >= 6.5%  <b>Therapeutic goal for glycemic control :</b>  Goal for therapy: < 7.0%  Action suggested: > 8.0%	

ESTIMATED AVERAGE GLUCOSE (eAG) 136.98 mg/dL  
*Calculation*

### Comments:

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides a additional criterion for assessing glucose control because glycated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

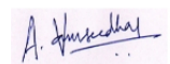
After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.



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### CLINICAL BIOCHEMISTRY

#### LIVER FUNCTION TEST (LFT)

*Spectrometry*

TOTAL BILIRUBIN 0.58 mg/dL 0.2 - 1.2 mg/dL

*Colorimetric Diazo Method*

DIRECT BILIRUBIN 0.22 mg/dL 0 - 0.4 mg/dL

*Colorimetric Diazo Method*

INDIRECT BILIRUBIN 0.36 mg/dl 0.2 - 0.8 mg/dl

*Calculation*

S G O T (AST) 35 U/L up to 35 U/L

*IFCC Without Pyridoxal Phosphates*

S G P T (ALT) 32.2 U/L up to 50 U/L

*IFCC Without Pyridoxal Phosphates*

ALKALINE PHOSPHATASE 60 U/L 36 - 113 U/L

*p-Nitrophenyl Phosphate*

SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) 22.0 U/L 15 - 85 U/L

*GCNA-IFCC*

TOTAL PROTEIN 6.89 g/dl 6.2 - 8 g/dl

*Biuret Colorimetric*

S.ALBUMIN 4.19 g/dl 3.5 - 5.2 g/dl

*Bromocresol Green (BCG)*

S.GLOBULIN 2.7 g/dl 2.5 - 3.8 g/dl

*Calculation*

A/G RATIO 1.6 1 - 1.5

*Calculation*

POST PRANDIAL BLOOD SUGAR 134.0 mg/dl 80 - 150 mg/dl

*Hexokinase*

BLOOD UREA 20.8 mg/dL 15 - 50 mg/dL

*UREASE-GLUTAMATE DEHYDROGENASE (GLDH)*

CREATININE 0.96 mg/dL 0.4 - 1.4 mg/dL

*Jaffe Kinetic*

URIC ACID 7.5 mg/dL 3 - 7.2 mg/dL

*Uricase-Peroxidase*

#### SERUM ELECTROLYTES

SODIUM 141 mmol/L 136 - 145 mmol/L

*Ion Selective Electrode (ISE)*

POTASSIUM 4.38 mmol/L 3.5 - 5.2 mmol/L

*Ion Selective Electrode (ISE)*

CHLORIDE 105 mmol/L 97 - 111 mmol/L

*Ion Selective Electrode (ISE)*

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### LIPID PROFILE TEST

*Spectrometry*

#### TOTAL CHOLESTEROL

*Cholesterol Oxidase-Peroxidase (CHOD-POD)*

169 mg/dL

up to 200 mg/dL

Border Line: 200 – 240 mg/dL

High: > 240 mg/dL

#### TRIGLYCERIDES

*Glycerol Peroxidase-Peroxidase (GPO-POD)*

131.0 mg/dL

up to 150 mg/dL

Desirable: <150 mg/dL

Border Line: 150 – 200 mg/dL

High: >200 – 500 mg/dL

Very High: > 500 mg/dL

#### HDL CHOLESTEROL - DIRECT

*PEG-Cholesterol Esterase*

50.4 mg/dl

40 - 60 mg/dl

>= 60mg/dL - Excellent (protects against heart disease)

40-59 mg/dL - Higher the better

<40 mg/dL - Lower than desired (major risk for heart disease)

#### LDL CHOLESTEROL - DIRECT

*Cholesterol Esterase-Cholesterol Oxidase*

92.4 mg/dL

up to 100 mg/dL

100-129 mg/dL - Near optimal/above optimal

130-159 mg/dL - Borderline High

160-189 mg/dL - High

190->190 mg/dL - Very High

#### VLDL CHOLESTEROL

*Calculation*

26.2 mg/dL

2 - 30 mg/dL

#### TOTAL CHOLESTROL/HDL RATIO

*Calculation*

3.4

up to 3.5

3.5-5.0 - Moderate

>5.0 - High

#### LDL/HDL RATIO

*Calculation*

1.8

up to 2.5

2.5-3.3 - Moderate

>3.3 - High

#### FASTING BLOOD SUGAR

*Hexokinase*

119 mg/dl

70 - 110 mg/dl

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### CLINICAL PATHOLOGY

#### URINE ROUTINE & MICROSCOPIC

*Strips & Microscopy*

#### PHYSICAL EXAMINATION

Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow
Appearance <i>Visual Method</i>	Slightly Turbid	Clear/Transparent
Specific Gravity <i>Strips Method</i>	1.025	1.005-1.035
pH	6.0	4.6-8.5

#### CHEMICAL EXAMINATION (DIPSTICK)

Protein <i>Strips Method</i>	Nil	Nil -Trace
Glucose <i>Strips Method</i>	Nil	Nil
Blood <i>Strips Method</i>	Negative	Negative
Ketone Bodies <i>Strips Method</i>	Absent	Negative
Urobilinogen <i>Strips Method</i>	Normal	Normal
Bile Salt <i>Strips Method</i>	Negative	Negative
Bilirubin <i>Strips Method</i>	Negative	Negative
Bile Pigments	Negative	NIL

#### MICROSCOPY

Pus Cells (WBC) <i>Light Microscopic</i>	5 -6 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	6 - 8 /hpf	0-4/hpf
RBC <i>Light Microscopic</i>	Not Seen /hpf	0-2/hpf
Cast <i>Light Microscopic</i>	NIL	NIL
Crystal <i>Light Microscopic</i>	NIL	Nil

FASTING URINE SUGAR (FUS)	NIL	NIL
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POSTPRANDIAL URINE SUGAR	TRACES	NIL	

Dispatched by: KIRAN

\*\*\*\* End of Report \*\*\*\*

Printed by: Kiran kumar H P on 25-03-2023 at 03:45 PM



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AGE/SEX : 45 Yrs / Male

BILLED TIME : 25-03-2023 at 09:03 AM

REFERRED BY :

BILL NO : 203662

REF CENTER : MEDIWHEEL

DATE OF REPORT : 25-03-2023 at 01:56 PM

### RADIOLOGY

## USG REPORT - ABDOMEN AND PELVIS

### OBSERVATION:

#### LIVER:

Liver is normal in size (14 cm) **and shows moderate to severe diffuse increase in echotexture**. No obvious focal lesion is seen. Intrahepatic biliary radicles not dilated. Hepatic and portal veins are normal. CBD is normal.

#### GALL BLADDER:

Normal in distension. Lumen echo free. Wall thickness is normal.

#### PANCREAS:

Head and body visualized appears normal. No focal lesion is seen. Pancreatic duct not dilated. Tail not visualized.

#### SPLEEN:

Normal in size (10.0 cm) with homogenous echotexture. No focal lesion seen.

#### RIGHT KIDNEY:

Right kidney measures ~ 10.9 x 1.5 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the right kidney appear normal.

Cortico- medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

#### LEFT KIDNEY:

Left kidney measures ~ 10.9 x 1.4 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the left kidney appear normal.

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### **URINARY BLADDER:**

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen. Wall thickness appears normal.

### **PROSTATE:**

Is enlarged in size (Volume - 35 cc) with normal echo pattern. No focal lesion is seen.

No evidence of free fluid in the pelvic or abdominal cavity.

### **IMPRESSION:**

- **Grade II / III fatty changes I liver.**
- **Grade I prostatomegaly.**

*Note: All abnormalities cannot be detected by Ultrasound scan due to technical limitation, obesity and other factors. Scan findings to be correlated with old reports or other investigations.*





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### **URINARY BLADDER:**

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen. Wall thickness appears normal.

### **PROSTATE:**

Is enlarged in size (Volume - 35 cc) with normal echo pattern. No focal lesion is seen.

No evidence of free fluid in the pelvic or abdominal cavity.

### **IMPRESSION:**

- **Grade II / III fatty changes I liver.**
- **Grade I prostatomegaly.**

*Note: All abnormalities cannot be detected by Ultrasound scan due to technical limitation, obesity and other factors. Scan findings to be correlated with old reports or other investigations.*



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### RADIOLOGY

### X-RAY REPORT- CHEST (PA VIEW)

#### OBSERVATIONS:

**Mild haziness noted in medial aspects of left lower lung zones obscuring cardiac border.**

*(Suggested clinical correlation / CT thorax).*

Rest of 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.



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### IMMUNOASSAY

#### THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) <small>CMA</small>	1.057 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) <small>CMA</small>	6.84 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) <small>CMA</small>	2.750 µIU/mL	0.38 - 5.33 µIU/mL 1st Trimester: 0.05 - 3.70 2nd Trimester: 0.31 - 4.35 3rd Trimester: 0.41 - 5.18

#### Note:

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- 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
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

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### PROSTATIC SPECIFIC ANTIGEN (PSA)

*ECLIA*

PROSTATIC SPECIFIC ANTIGEN (PSA)

*CMA*

1.10 ng/mL

Up to 4ng/mL: Normal  
4-10 ng/mL Hypertrophy &  
benign genito urinary  
conditions.  
>10 ng/mL Suspicious of  
malignancy.

PSA is used for monitoring patients with a history of prostate cancer and as an early indicator of recurrence and response to treatment. The test is commonly used for Prostate cancer screening.

Dispatched by: KIRAN

\*\*\*\* End of Report \*\*\*\*

Printed by: Kiran kumar H P on 25-03-2023 at 07:58 PM



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