





: Mr. AJAY S R : 23030653 NAME MR NO.

33 Yrs / Male 171745 AGE/SEX VISIT NO. REFERRED BY:

DATE OF COLLECTION : 25-03-2023 at 08:29 AM

DATE OF REPORT : 25-03-2023 at 02:08 PM

SPECIMEN TEST PARAMETER RESULT REFERENCE RANGE

HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC) WITH ESR

Automated Cell Counte

HAEMOGLOBIN 17.9 gm/dL 13 - 18 gm/dL Colorimetric Method

HEMATOCRIT (PCV)

REF CENTER : MEDIWHEEL

51.6 %

40 - 54 %

RED BLOOD CELL (RBC) COUNT Electrical Impedance

5.9 million/cu.mm 4.5 - 5.9 million/cu.mm

PLATELET COUNT

4.3 Lakhs/cumm

1.5 - 4.5 Lakhs/cumm

Electrical Impedance MEAN CELL VOLUME (MCV)

88.1 fl

80 - 100 fl

Note: All normal and abnormal platelet counts are cross checked on peripheral smear.

MEAN CORPUSCULAR HEMOGLOBIN (MCH)

30.5 pg

26 - 34 pg

MEAN CORPUSCULAR HEMOGLOBIN

34.6 %

31 - 35 %

CONCENTRATION (MCHC)

TOTAL WBC COUNT (TC) 10620.0 cells/cumm4000 - 11000 cells/cumm Electrical Impedance

NEUTROPHILS

47 %

40 - 75 %

VCS Technology/Microscopic LYMPHOCYTES

40 %

25 - 40 %

VCS Technology/Microscopic

DIFFERENTIAL COUNT

EOSINOPHILS VCS Technology/Microscopic 06 %

0 - 7 %

MONOCYTES

07 %

VCS Technology/Microscopic

Westergren Method

1 - 8 %

BASOPHILS Electrical Impedance

ESR

00 %

0 - 15 mm/hr

10 mm/hr

BLOOD GROUP & Rh TYPING Tube Agglutination (Forward and Reverse)

"O" Positive

Mllagn. u.



Dr. KRISHNA MURTHY MD

Lab Seal

may vary depending upon age, sex and other characteristics.

Dr. VAMSEEDHAR.A D.C.P. M.D CONSULTANT PATHOLOGIST







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5.4 % **American Diabetic** GLYCATED HAEMOGLOBIN (HbA1C) Association (ADA)

recommendations:

Non diabetic adults: <5.7 %

At risk (Pre diabetic): 5.7 -

6.4%

Diabetic: >/= 6.5%

Therapeutic goal for glycemic control:

Goal for therapy: < 7.0% Action suggested: > 8.0%

ESTIMATED AVERAGE GLUCOSE (eAG) 108.28 mg/dL

Calculation

Comments:

REF CENTER : MEDIWHEEL

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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MD



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CLINICAL BIOCHEMISTRY

LIVER FUNCTION TEST (LFT)

Spect	ron	<i>netr</i> u	′

REFERRED BY:

Spectrometry	` ,		
TOTAL BILIRUBIN Colorimetric Diazo Method		1.32 mg/dL	0.2 - 1.2 mg/dL
DIRECT BILIRUBIN Colorimetric Diazo Method		0.41 mg/dL	0 - 0.4 mg/dL
INDIRECT BILIRUBIN Calculation		0.91 mg/dl	0.2 - 0.8 mg/dl
S G O T (AST) IFCC Without Pyridoxal Phosphates		26 U/L	up to 35 U/L
S G P T (ALT) IFCC Without Pyridoxal Phosphates		25.4 U/L	up to 50 U/L
ALKALINE PHOSPHATA p-Nitrophenyl Phosphate	ASE	80 U/L	36 - 113 U/L
SERUM GAMMA GLUTA GCNA-IFCC	AMYLTRANSFERASE (GG	T)32.6 U/L	15 - 85 U/L
TOTAL PROTEIN Biuret Colorimetric		6.82 g/dl	6.2 - 8 g/dl
S.ALBUMIN Bromocresol Green (BCG)		4.45 g/dl	3.5 - 5.2 g/dl
S.GLOBULIN Calculation		2.4 g/dl	2.5 - 3.8 g/dl
A/G RATIO Calculation		1.9	1 - 1.5
POST PRANDIAL BLOC Hexokinase	DD SUGAR	134.7 mg/dl	80 - 150 mg/dl
BLOOD UREA UREASE-GLUTAMATE DEHYDROO	GENASE (GLDH)	25.4 mg/dL	15 - 50 mg/dL
CREATININE Jaffe Kinetic		0.87 mg/dL	0.4 - 1.4 mg/dL
URIC ACID Uricase-Peroxidase		7.1 mg/dL	3 - 7.2 mg/dL
SERUM ELECTROLY	/TES		
SODIUM Ion Selective Electrode (ISE)		142 mmol/L	136 - 145 mmol/L
POTASSIUM Ion Selective Electrode (ISE)		4.57 mmol/L	3.5 - 5.2 mmol/L
CHLORIDE		105 mmol/L	97 - 111 mmol/L

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BIOCHEMIST

Ion Selective Electrode (ISE)



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(A Unit of Vijayalakshmi Diagnostics Pvt. Ltd.)

Diagnostics & Speciality Centre

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TEST PARAMETER RESULT SPECIMEN REFERENCE RANGE

LIPID PROFILE TEST

REF CENTER : MEDIWHEEL

Spectrometry

TOTAL CHOLESTEROL 211 mg/dL up to 200 mg/dL

Cholesterol Oxidase-Peroxidase (CHOD-POD) Border Line: 200 - 240 mg/dL

High: > 240 mg/dL

TRIGLYCERIDES 161.7 mg/dL up to 150 mg/dL

Glycerol Peroxidase-Peroxidase (GPO-POD) Desirable: <150 mg/dL Border Line: 150 - 200 mg/dL

High: >200 - 500 mg/dL Very High: > 500 mg/dL

HDL CHOLESTEROL - DIRECT 46.7 mg/dl 40 - 60 mg/dl

PEG-Cholesterol Esterase >/= 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 132.0 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 32.3 mg/dL 2 - 30 mg/dL

TOTAL CHOLESTROL/HDL RATIO 4.5 up to 3.5 Calculation

3.5-5.0 - Moderate >5.0 - High

LDL/HDL RATIO 2.8 up to 2.5

Calculation 2.5-3.3 - Moderate

>3.3 - High

FASTING BLOOD SUGAR 103 mg/dl 70 - 110 mg/dl

Hexokinase

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BIOCHEMIST

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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC

MEDIWHEEL

Strps & Microscopy

Strips Method

REFERRED BY:

REF CENTER

PHYSICAL EXAMINATION

Colour Pale Yellow Pale yellow- yellow Visual Method Appearance Slightly Turbid Clear/Transparent 1.005-1.035

Specific Gravity 1.030

6.0 4.6-8.5 pН

CHEMICAL EXAMINATION (DIPSTICK)

Protein Nil Nil -Trace Strips Method

Nil Glucose Nil

Blood Negative Negative Strips Method

Ketone Bodies Absent Negative

Urobilinogen Normal Normal

Strips Method Bile Salt Negative Negative

Strips Method Bilirubin Negative Negative

Strips Method

Bile Pigments Negative NIL

MICROSCOPY

8 - 10 /hpf Pus Cells (WBC) 0-5/hpf Light Microscopic

3 - 4 /hpf **Epithelial Cells** 0-4/hpf Light Microscopio

RBC Not Seen /hpf 0-2/hpf Light Microscopic

Cast NIL NIL Light Microscopic Nil Crystal NIL Light Microscopic

FASTING URINE SUGAR (FUS) NIL NIL

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POSTPRANDIAL URINE SUGAR NIL NIL

IMMUNOASSAY

THYROID PROFILE

REF CENTER : MEDIWHEEL

TOTAL TRIIODOTHYRONINE (T3) 0.93 ng/mL 0.87 - 1.78 ng/mL

TOTAL THYROXINE (T4) 8.31 µg/dL 6.09 - 12.23 µg/dL

THYROID STIMULATING HORMONE (TSH) $5.100 \mu lU/mL$ 0.38 - 5.33 µlU/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)

PROSTATIC SPECIFIC ANTIGEN (PSA)

REF CENTER : MEDIWHEEL

CMIA

0.40 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 02:08 PM



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NAME : **Mr. AJAY S R** MR/VISIT NO : 23030653 / 171745

AGE/SEX : 33 Yrs / Male BILLED TIME : 25-03-2023 at 08:26 AM

REFERRED BY: BILL NO: 203656

REF CENTER : MEDIWHEEL DATE OF REPORT : 25-03-2023 at 11:00 AM

RADIOLOGY

X-RAY REPORT- CHEST (PA VIEW)

FINDINGS:

Prominent hilar and Bronchovascular markings in bilateral lung fields. (Suggested clinical

correlation).

CP angles are clear.

Cardiac diameter is within normal limits.

Trachea is midline.

Dispatched by: Bindu

Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.

**** End of Report ****

Printed by: Bindu on 25-03-2023 at 11:00 AM









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RADIOLOGY

USG REPORT - ABDOMEN AND PELVIS

OBSERVATION:

LIVER:

Liver is normal in size (15.5 cm) and shows moderate 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 (11.3 cm) with homogenous echotexture. No focal lesion seen.

RIGHT KIDNEY:

Right kidney measures $\sim 10.9 \times 1.3$ 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 $\sim 10.8 \times 1.5$ cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

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

Cortico-medullary differentiation is maintained.

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

URINARY BLADDER:

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







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PROSTATE:

Is normal in size (Volume – 17.1 cc) with normal echo pattern. No focal lesion is seen.

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

IMPRESSION:

- · Grade II fatty changes in liver.
- No other significant sonographic abnormality detected.

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.

Dispatched by: Bindu

**** End of Report ****

Printed by: Bindu on 25-03-2023 at 02:57 PM

