

NAME	: Mr. GOWDA KAVERI	MR/VISIT NO	: 22120725 / 167565
AGE/SEX	: 59 Yrs / Male	BILLED TIME	: 26-12-2022 at 08:11 AM
REFERRED BY	:	BILL NO	: 199320
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 26-12-2022 at 09:46 AM

RADIOLOGY

X-RAY REPORT- CHEST (PA VIEW)

OBSERVATIONS:

Mild rotation to left side.

Straightening of left heart border noted (suggested CT Thorax / 2D Echo if clinically indicated).

Increased haziness noted in left lung zones-? Secondary to rotation .

Right side lung fields are clear.

CP angles are clear.

Both the hila appear normal.

Trachea is normal in caliber.

Bridging osteophytes noted.

Adjacent soft tissues appear normal.



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RADIOLOGY

USG REPORT - ABDOMEN AND PELVIS

OBSERVATION:

LIVER:

Liver is normal in size (13.5 cm) and shows homogenous 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 (8.5 cm) with homogenous echotexture. No focal lesion seen.

RIGHT KIDNEY:

Right kidney measures 11 x 1.2 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

Moderate hydronephrosis and proximal hydroureter. Distal ureter could not be assessed due to obscured bowel gas shadow.

The shape, size and contour of the right kidney appear normal. Cortical medullary differentiation is maintained. No sonologically detectable renal calculi seen.

LEFT KIDNEY:

Left kidney measures 11.5 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. Cortical medullary differentiation is maintained. No evidence of pelvicalyceal dilatation. No

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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.

Pre-void: 217 cc **Post-void: 30 cc**

PROSTATE:

Is enlarged in size measures 3.1 x 4.0 x 4.2 cm (Volume-27.8 cc) with normal echo pattern. No focal lesion is seen.

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

IMPRESSION:

- **Moderate right hydronephrosis and proximal hydroureter-? Secondary distal obstruction (Suggested CT KUB for further evaluation).**
- **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.



Diagnosics & Speciality Centre

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC) WITH ESR

Automated Cell Counter

HAEMOGLOBIN <i>Colorimetric Method</i>	17.8 gm/dL	13 - 18 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	51.8 %	40 - 54 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.8 million/cu.mm	4.5 - 5.9 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	3.9 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	89.8 fl	80 - 100 fl
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.		
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	30.9 pg	26 - 34 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	34.4 %	31 - 35 %
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	13630 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	66 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	23 %	25 - 40 %
DIFFERENTIAL COUNT		
EOSINOPHILS <i>VCS Technology/Microscopic</i>	04 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	07 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	05 mm/hr	0 - 15 mm/hr
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"O" Positive	

Krishna M.



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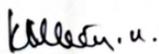
TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
GLYCATED HAEMOGLOBIN (HbA1C) <i>HPLC</i>	5.6 %	American Diabetic Association (ADA) recommendations: Non diabetic adults : <5.7 % At risk (Pre diabetic): 5.7 – 6.4% Diabetic : >= 6.5% Therapeutic goal for glycemic control : Goal for therapy: < 7.0% Action suggested: > 8.0%	

ESTIMATED AVERAGE GLUCOSE (eAG) 114.02 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 glycosylated 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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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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CLINICAL BIOCHEMISTRY

LIVER FUNCTION TEST (LFT)

Spectrometry

TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	1.24 mg/dL	0.2 - 1.2 mg/dL
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DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.45 mg/dL	0 - 0.4 mg/dL
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INDIRECT BILIRUBIN <i>Calculation</i>	0.79 mg/dl	0.2 - 0.8 mg/dl
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S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	32 U/L	up to 35 U/L
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S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	27.1 U/L	up to 50 U/L
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ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	80 U/L	36 - 113 U/L
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SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	18.3 U/L	15 - 85 U/L
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TOTAL PROTEIN <i>Biuret Colorimetric</i>	7.10 g/dl	6.2 - 8 g/dl
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S.ALBUMIN <i>Bromocresol Green (BCG)</i>	3.83 g/dl	3.5 - 5.2 g/dl
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S.GLOBULIN <i>Calculation</i>	3.3 g/dl	2.5 - 3.8 g/dl
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A/G RATIO <i>Calculation</i>	1.2	1 - 1.5
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CREATININE <i>Jaffe Method</i>	0.97 mg/dL	0.8 - 1.4 mg/dL
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BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	20.1 mg/dL	15 - 50 mg/dL
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CREATININE <i>Jaffe Kinetic</i>	0.97 mg/dL	0.4 - 1.4 mg/dL
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URIC ACID <i>Uricase-Peroxidase</i>	6.9 mg/dL	3 - 7.2 mg/dL
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SERUM ELECTROLYTES

SODIUM <i>Ion Selective Electrode (ISE)</i>	135 mmol/L	136 - 145 mmol/L
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POTASSIUM <i>Ion Selective Electrode (ISE)</i>	4.60 mmol/L	3.5 - 5.2 mmol/L
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CHLORIDE <i>Ion Selective Electrode (ISE)</i>	101 mmol/L	97 - 111 mmol/L
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LIPID PROFILE TEST

Spectrometry

TOTAL CHOLESTEROL

Cholesterol Oxidase-Peroxidase (CHOD-POD)

164 mg/dL

up to 200 mg/dL

Border Line: 200 – 240 mg/dL

High: > 240 mg/dL

TRIGLYCERIDES

Glycerol Peroxidase-Peroxidase (GPO-POD)

142.7 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

36.5 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

99.0 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

Calculation

28.5 mg/dL

2 - 30 mg/dL

TOTAL CHOLESTROL/HDL RATIO

Calculation

4.5

up to 3.5

3.5-5.0 - Moderate

>5.0 - High

LDL/HDL RATIO

Calculation

2.7

up to 2.5

2.5-3.3 - Moderate

>3.3 - High

POST PRANDIAL BLOOD SUGAR

Hexokinase

201.6 mg/dl

80 - 150 mg/dl

FASTING BLOOD SUGAR

Hexokinase

86 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>	Clear	Clear/Transparent
Specific Gravity <i>Strips Method</i>	1.005	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>	2 %	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>	3 - 4 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	2 - 3 /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)	2 %	NIL
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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
POSTPRANDIAL URINE SUGAR	2 %	NIL	

IMMUNOASSAY

THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) <small>CMIA</small>	1.16 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) <small>CMIA</small>	9.34 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) <small>CMIA</small>	1.00 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)

CMIA

0.62 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 26-12-2022 at 02:21

PM



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Automated Cell Counter

HAEMOGLOBIN <i>Colorimetric Method</i>	17.8 gm/dL	13 - 18 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	51.8 %	40 - 54 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.8 million/cu.mm	4.5 - 5.9 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	3.9 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	89.8 fl	80 - 100 fl
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.		
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	30.9 pg	26 - 34 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	34.4 %	31 - 35 %
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	13630 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	66 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	23 %	25 - 40 %
DIFFERENTIAL COUNT		
EOSINOPHILS <i>VCS Technology/Microscopic</i>	04 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	07 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	05 mm/hr	0 - 15 mm/hr
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"O" Positive	

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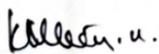
TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
GLYCATED HAEMOGLOBIN (HbA1C) <i>HPLC</i>	5.6 %	American Diabetic Association (ADA) recommendations: Non diabetic adults : <5.7 % At risk (Pre diabetic): 5.7 – 6.4% Diabetic : >= 6.5% Therapeutic goal for glycemic control : Goal for therapy: < 7.0% Action suggested: > 8.0%	

ESTIMATED AVERAGE GLUCOSE (eAG) 114.02 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 glycosylated 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 <i>Colorimetric Diazo Method</i>	1.24 mg/dL	0.2 - 1.2 mg/dL
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DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.45 mg/dL	0 - 0.4 mg/dL
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INDIRECT BILIRUBIN <i>Calculation</i>	0.79 mg/dl	0.2 - 0.8 mg/dl
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S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	32 U/L	up to 35 U/L
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S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	27.1 U/L	up to 50 U/L
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ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	80 U/L	36 - 113 U/L
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SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	18.3 U/L	15 - 85 U/L
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TOTAL PROTEIN <i>Biuret Colorimetric</i>	7.10 g/dl	6.2 - 8 g/dl
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S.ALBUMIN <i>Bromocresol Green (BCG)</i>	3.83 g/dl	3.5 - 5.2 g/dl
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S.GLOBULIN <i>Calculation</i>	3.3 g/dl	2.5 - 3.8 g/dl
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A/G RATIO <i>Calculation</i>	1.2	1 - 1.5
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CREATININE <i>Jaffe Method</i>	0.97 mg/dL	0.8 - 1.4 mg/dL
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BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	20.1 mg/dL	15 - 50 mg/dL
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CREATININE <i>Jaffe Kinetic</i>	0.97 mg/dL	0.4 - 1.4 mg/dL
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URIC ACID <i>Uricase-Peroxidase</i>	6.9 mg/dL	3 - 7.2 mg/dL
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SERUM ELECTROLYTES

SODIUM <i>Ion Selective Electrode (ISE)</i>	135 mmol/L	136 - 145 mmol/L
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POTASSIUM <i>Ion Selective Electrode (ISE)</i>	4.60 mmol/L	3.5 - 5.2 mmol/L
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CHLORIDE <i>Ion Selective Electrode (ISE)</i>	101 mmol/L	97 - 111 mmol/L
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D.C.P, M.D
CONSULTANT PATHOLOGIST

Diagnosics & Speciality Centre

NAME	: Mr. GOWDA KAVERI	MR NO.	: 22120725
AGE/SEX	: 59 Yrs / Male	VISIT NO.	: 167565
REFERRED BY :		DATE OF COLLECTION	: 26-12-2022 at 08:38 AM
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 26-12-2022 at 02:21 PM



TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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LIPID PROFILE TEST

Spectrometry

TOTAL CHOLESTEROL

Cholesterol Oxidase-Peroxidase (CHOD-POD)

164 mg/dL

up to 200 mg/dL

Border Line: 200 – 240 mg/dL

High: > 240 mg/dL

TRIGLYCERIDES

Glycerol Peroxidase-Peroxidase (GPO-POD)

142.7 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

36.5 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

99.0 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

Calculation

28.5 mg/dL

2 - 30 mg/dL

TOTAL CHOLESTROL/HDL RATIO

Calculation

4.5

up to 3.5

3.5-5.0 - Moderate

>5.0 - High

LDL/HDL RATIO

Calculation

2.7

up to 2.5

2.5-3.3 - Moderate

>3.3 - High

POST PRANDIAL BLOOD SUGAR

Hexokinase

201.6 mg/dl

80 - 150 mg/dl

FASTING BLOOD SUGAR

Hexokinase

86 mg/dl

70 - 110 mg/dl

Krishna. u.



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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>	Clear	Clear/Transparent
Specific Gravity <i>Strips Method</i>	1.005	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>	2 %	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>	3 - 4 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	2 - 3 /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)	2 %	NIL
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POSTPRANDIAL URINE SUGAR	2 %	NIL	

IMMUNOASSAY

THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) <small>CMIA</small>	1.16 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) <small>CMIA</small>	9.34 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) <small>CMIA</small>	1.00 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)

CMIA

0.62 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 26-12-2022 at 02:21

PM



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