

## DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mr. SIGARAM RAMANADH	Order No	: 1000082566
UHID	: UHJ A24000422	Registered On	: 13/04/2024 08:43:21 AM
Age/Sex	: 57/Years Male	Collected On	: 13/04/2024 08:57:49 AM
Ward / Bed No	:	Reported On	: 13/04/2024 08:56:37 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJ A240000557
Station	: At Hospital	Mobile No	: 9901092648
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
<b><u>BIOCHEMISTRY</u></b>			
<b>FASTING GLUCOSE</b> (Method: Hexokinase)	129	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
<b>POST PRANDIAL GLUCOSE</b> (Method: Hexokinase)	162	mg/dL	70-140
<b>GLYCOSYLATED HAEMOGLOBIN (HBA1C)</b>			Sample: Whole blood (EDTA)
<b>HBA1C</b> (Method: HPLC)	7.5	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
<b>Estimated Average Glucose (eAG)</b> (Method: Calculated)	168.55	mg/dL	
<b>THYROID PROFILE (TOTAL T3, TOTAL T4 &amp; TSH)</b>			Sample: Serum
<b>TOTAL T3</b> (Method: CLIA)	0.85	ng/mL	0.87-1.78
<b>TOTAL T4</b> (Method: CLIA)	9.87	ng/dL	5.1-14.1
<b>THYROID STIMULATING HORMONE (TSH)</b> (Method: CLIA: Ultra-sensitive)	1.64	μIU/mL	0.38-5.33
<b>LIPID PROFILE</b>			Sample: Serum
<b>TOTAL CHOLESTEROL</b> (Method: CHOD-POD)	129	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
<b>TRIGLYCERIDES</b> (Method: Enzymatic GPO-POD)	101	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
<b>HDL CHOLESTEROL</b> (Method: ENZYMATIC METHOD)	41.5	mg/dL	< 40 - Low ≥ 60 - High

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<b>LDL CHOLESTEROL</b> (Method: ENZYMATIC METHOD)	67.3	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
<b>VLDL CHOLESTEROL</b> (Method: Calculated)	20.19	mg/dL	< 30
<b>TOTAL CHOLESTEROL : HDL RATIO</b> (Method: Calculated)	3.1		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
<b>LDL/HDL CHOLESTEROL RATIO</b> (Method: Calculated)	1.6		< 2.5 Optimal
<b>NON HDL CHOLESTEROL</b> (Method: Calculated)	87.5	mg/dL	< 130
<b>URIC ACID</b> (Method: Uricase - POD(Enzymatic))	6.3	mg/dL	3.5-7.2
<b>BUN/CREATININE RATIO</b>			Sample: Serum
<b>BLOOD UREA NITROGEN(BUN)</b> (Method: Urease GLDH - Kinetic)	9	mg/dL	7.93-20.07
<b>CREATININE</b> (Method: Modified Jaffe, Kinetic)	0.77	mg/dL	0.9-1.3
<b>BUN/CRE-RATIO</b> (Method: Calculated)	11.6		12~20 : 1
<b>LIVER FUNCTION TEST</b>			Sample: Serum
<b>TOTAL BILIRUBIN</b> (Method: Dichlorophenyl Diazotization)	1.17	mg/dL	0.3-1.2
<b>DIRECT BILIRUBIN</b> (Method: Dichlorophenyl Diazotization)	0.2	mg/dL	0.0-0.2
<b>INDIRECT BILIRUBIN</b> (Method: Calculated)	0.95	mg/dL	0.2-1.0
<b>TOTAL PROTEIN</b> (Method: BIURET)	7.4	g/dL	6.6-8.3

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ALBUMIN (Method:BCG)	4.49	g/dL	3.5-5.2
GLOBULIN (Method: Calculated)	2.91	g/dL	2.3-3.5
AG RATIO (Method: Calculated)	1.54		2:1
SERUM SGOT (Method:IFCC without P5P)	19	U/L	< 50
SERUM SGPT (Method:IFCC without P5P)	19	U/L	< 50
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	82	U/L	50-116
GGT (Method:IFCC)	25	U/L	< 55
<b>PROSTATE SPECIFIC ANTIGEN (PSA)</b> (Method:CLIA)	0.87	ng/mL	< 4.0

Interpretation Notes

Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of malignant disease nor should serum PSA be used alone as a screening test for malignant disease. For diagnostic purposes, the results obtained by immunometric assay should always be used in combination with the clinical examinations, patient medical history and other findings. The concentration of PSA in a given specimen, determined with assays from different manufacturers, may not be comparable due to differences in assay methods, calibration, and reagent specificity.

<b>UREA</b> (Method:Urease GLDH - Kinetic)	19.2	mg/dL	17-43
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**Dr. Shobha Emmanuel**  
 MBBS, M.D(Pathology)  
 CONSULTANT PATHOLOGIST  
 KMC:66136

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HAEMATOLOGY

## COMPLETE BLOOD COUNT(CBC)

Sample: Whole blood (EDTA)

<b>HAEMOGLOBIN</b> (Method:Photometric Measurement: Oxyhemoglobin method)	13.89	g/dL	13.5-17.5
<b>PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT)</b> (Method: Calculated)	41.1	%	42-52
<b>TOTAL WBC COUNT (TLC)</b> (Method:Coulter Principle)	5370	Cells/Cum	4000-11000
<b>DIFFERENTIAL COUNT</b>			
<b>NEUTROPHILS</b> (Method:Optical/Impedance)	48.61	%	40-75
<b>LYMPHOCYTES</b> (Method:Optical/Impedance)	43.03	%	20-45
<b>EOSINOPHILS</b> (Method:Optical/Impedance)	1.67	%	0-6
<b>MONOCYTES</b> (Method:Optical/Impedance)	6.39	%	2-10
<b>BASOPHILS</b> (Method:Optical/Impedance)	0.30	%	0-2
<b>RED BLOOD CORPUSCLES(RBC)</b> (Method:Coulter Principle)	4.76	million/cum	4.5-5.9
<b>MCV</b> (Method:Derived from RBC Histogram)	86.3	fL	78-100
<b>MCH</b> (Method: Calculated)	29.2	pg	27-31
<b>MCHC</b> (Method: Calculated)	33.8	g/dL	31-37
<b>RDW - CV</b> (Method: Calculated)	13.2	%	11.5-14.5
<b>PLATELET COUNT</b> (Method:Electrical Impedance)	2.09	Lakhs/Cum	1.5-4.5

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MEAN PLATELET VOLUME(MPV) (Method:Derived from PLT Histogram)	7.70	fl	9-13
PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated)	17.5	fl	9-19
<b>ERYTHROCYTE SEDIMENTATION RATE(ESR)</b> (Method:Modified Westergren Method)	10	mm/hour	1-20
<b>BLOOD GROUPING &amp; RH TYPING</b>			Sample: Whole blood (EDTA)
ABO Group (Method:Agglutination Method)	A		
Rh Factor (Method:Agglutination Method)	Positive		

Interpretation Notes

Note: Both forward and reverse grouping performed



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CLINICAL PATHOLOGY

## URINE EXAMINATION, ROUTINE

Sample: Urine

## PHYSICAL EXAMINATION

VOLUME	30	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	5.0		5.0-8.0
SPECIFIC GRAVITY	1.025		1.005-1.030

## CHEMICAL EXAMINATION

PROTEIN (Method:Protein Error of pH Indicator)	Absent		Absent
GLUCOSE (Method:GOD-POD)	Absent		Absent
KETONE BODIES (Method:Nitroprusside method/ Rothera's test)	Absent		Absent
BILIRUBIN (Method:DIAZO/FOUCHET'S TEST)	Negative		Negative
BILE SALT (Method:Hay's sulfur test)	Absent		Absent
NITRITE (Method:Griess method)	Negative		Negative
UROBILINOGEN (Method:Azo coupling method)	Normal		
LEUKOCYTE ESTERASE (Method:Leukocyte Esterase activity)	Negative		Negative
BLOOD (Method:Peroxidase Reaction)	Negative		Negative

## MICROSCOPIC EXAMINATION


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EPITHELIAL CELLS	2-4	/HPF	0-5
PUS CELLS	0-2	/HPF	0-5
RBCs	Nil	/HPF	0-2
CASTS	Nil	/LPF	
CRYSTALS	Nil		
OTHERS	Nil		
<b>URINE SUGAR, FASTING</b> (Method:GOD-POD)	Absent		
<b>URINE SUGAR (POST PRANDIAL)</b>	Absent		

Verified By  
Parameshwar B

---End of Report---



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\*NABL renewal under process.





NABH



NABL



No.1



UNITED HOSPITAL

Care Par Excellence  
Jayanagar, Bangalore

Patient name :	Mr. SIGARAM RAMANADH	Date :	13/04/24
Age :	57 years GENDER: MALE	Patient ID :	24000422
Ref by :	DR.CMO	OP/IP :	HEALTH CHECK

**2D- ECHOCARDIOGRAPHY**

**M - MODE AND DOPPLER MEASUREMENTS**

(c.m)	(c.m)	(cm/sec)		
AO : 2.6 (2.5-3.7)	LVIDD : 4.7 (3.5-5.5)	MV EV : 87.3	AV : 62.1	MR : NORMAL
LA : 3.0 (1.9-4.0)	LVIDS : 2.8 (2.4-4.2)	AV : 95.0		AR : NORMAL
RA : 2.3 (<4.4)	IVSD : 0.9 (0.6-1.1)	PV : 85.9		PR : NORMAL
RV : 2.2 (<3.5)	IVSS : 1.1 (0.9-1.2)	TV EV : -----	AV : -----	TR : NORMAL
TAPSE: 1.7 (>1.6)	LVPWD : 1.1 (0.6-1.1)	Diastolic Function : NO LVDD		
	LVPWS : 1.1 (0.9-1.2)			
	EF : 60%			

**DESCRIPTIVE FINDINGS**

Left Ventricle	: NORMAL
Right Ventricle	: NORMAL
Left Atrium	: NORMAL
Right Atrium	: NORMAL
Wall motion analysis:	NO RWMA
Mitral Valve	: NORMAL
Aortic Valve	: NORMAL
Tricuspid Valve	: NORMAL
Pulmonary Valve	: NORMAL
IAS	: INTACT
IVS	: INTACT
Pericardium	: NORMAL
Other Findings	: IVC NORMAL

**IMPRESSION :**

NORMAL CHAMBER DIMENSIONS  
 NORMAL LV SYSTOLIC FUNCTION EF : 60%  
 NORMAL LV DIASTOLIC FUNCTION  
 NO PULMONARY HYPERTENSION  
 NO REGIONAL WALL MOTION ABNORMALITIES  
 NO CLOTS/ PERICARDIAL EFFUSION /VEGETATION

**DR. RAHUL PATIL**  
 CONSULTANT CARDIOLOGIST



**DEPARTMENT OF RADIODIAGNOSIS**

<b>Name</b>	Sigaram Ramanadh	<b>Date</b>	13/04/24
<b>Age</b>	57 years	<b>Hospital ID</b>	UHJA24000422
<b>Sex</b>	Male	<b>Ref.</b>	Health check

**RADIOGRAPH OF THE CHEST (PA – VIEW)**

**FINDINGS:**

Bilateral lung fields are normal.

Bilateral costo-phrenic angles are normal.

Cardia and mediastinal contours are normal.

The bony thorax is grossly normal.

**IMPRESSION:**

- **No radiographic abnormality.**

**Dr. Elluru Santosh Kumar**  
**Consultant Radiologist**

**Disclaimer for Radiology Scans and Procedures :**

- 1) Radiology results should be correlated and interpreted by qualified medical professionals only. In case of any clarification, the referring doctors or patients can contact the reception/respective department/doctor.
- 2) Radiology results are affected by patient body habitus, food consumption, bowel contents, hydration status, foreign bodies and artifacts.
- 3) Small renal/ureteric stones, some of the pathologies of bowel, peritoneum and retroperitoneum may not be detected on ultrasound study.
- 4) Antenatal ultrasound: Maternal body variables, gestational age, fetal position at the time of the scan affects the scanning. Patient should come for review scan if and when recommended. Chromosomal anomalies cannot be diagnosed on ultrasound only. If ultrasound markers indicate high risk for chromosomal anomalies, further evaluation including karyotyping may be needed.
- 5) Duplicate reports can be provided only upto 30 days from the date of scan/procedure.
- 6) X-ray is a screening modality and not a diagnostic test. It should be correlated clinically and complemented by other requisite imaging modalities and lab tests. X-ray cannot detect soft tissue injuries (like tendon/ ligament injuries) and small renal/ ureteric stones.
- 7) All disputes relating to the reports are subject to jurisdiction of courts at Bengaluru city only.