



Final Laboratory Report			PID :
Name : Mr. GAJENDIRAN S	Sex/Age : Male / 47 Years	Lab ID : 40409101811	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel	UHID :		
Col Dt. Time : 11-Apr-2024 09:35	Recv Dt. Time : 11-Apr-2024 09:35	Sample Type :	
Reg Dt. Time : 11-Apr-2024 09:18	Report Released @ :	Report Printed : 24-May-2024 15:29	

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
CBCESR			
RBC Count	4.43	millions/cm ³	4.5 - 6.5
Mean Corpuscular Volume	96.2	fL	76 - 96
Mean Corpuscular Hemoglobin	34.8	pg	27 - 32
Mean Corpuscular Hb Concentration	36.2	g/dL	30 - 35
Eosinophil	16.1	%	1 - 6
Absolute Eosinophil Count	1170	Cells/cmm	20-500
Lipid Profile			
HDL Cholesterol	39.0	mg/dL	< 40 - Low Level 40 - 60 - Average Level > 60 - High Level NCEP Guidelines ATP III.
Chol/HDL	4.26		0 - 4.1
Liver Function Test			
Bilirubin Total	1.40	mg/dL	0.2 - 1.2
Urine Examination			
Glucose	Present (+)		Negative
Plasma Glucose - F	124.00	mg/dL	Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired Fasting : Diabetic : =>126.
Plasma Glucose - PP	153.00	mg/dL	Normal : 70-140 mg/dL Impaired Tolerance : 141 - 199 Diabetic : => 200

Abnormal Result(s) Summary End





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Reg Dt. Time : 11-Apr-2024 09:18	Report Released @ : 11-Apr-2024 11:53	Report Printed : 24-May-2024 15:29	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
RBC Count <i>Electrical Impedance</i>	L 4.43	millions/cm m	4.5 - 6.5	
Haemoglobin <i>SLS</i>	15.4	g/dL	13.5 - 18	
PCV	42.6	%	40 - 54	
Mean Corpuscular Volume <i>Calculated</i>	H 96.2	fL	76 - 96	
Mean Corpuscular Hemoglobin <i>Calculated</i>	H 34.8	pg	27 - 32	
Mean Corpuscular Hb Concentration <i>Calculated</i>	H 36.2	g/dL	30 - 35	
Red Cell Distribution Width (RDW) <i>Calculated</i>	11.7	%	11.5 - 14	
Total Leucocyte Count(TLC) <i>Fluorescent Flowcytometry</i>	7250	Cells/cmm	4000 - 11000	
<u>Differential Counts</u>				
Neutrophil <i>Fluorescent Flowcytometry</i>	55.5	%	40 - 75	
Lymphocyte <i>Fluorescent Flowcytometry</i>	24.0	%	20 - 45	
Monocytes <i>Fluorescent Flowcytometry</i>	3.4	%	2 - 10	
Eosinophil	H 16.1	%	1 - 6	
Basophil <i>Fluorescent Flowcytometry</i>	1.0	%	0 - 1	
<u>Absolute Counts</u>				
Absolute Neutrophil Count <i>Calculated</i>	4020	Cells/cmm	2000-7000	
Absolute Lymphocyte Count <i>Calculated</i>	1740	Cells/cmm	1000-5000	
Absolute Monocyte Count <i>Calculated</i>	250	Cells/cmm	200-1000	
Absolute Eosinophil Count <i>Calculated</i>	H 1170	Cells/cmm	20-500	
Absolute Basophil Count <i>Calculated</i>	70	Cell/cmm	20-100	
Platelet Count <i>Electrical Impedance</i>	212000	Cells/cmm	150000 - 400000	
Mean Platelet Volume (MPV)	9.5	fL	7.2 - 11.7	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)



Divya.NHT

Verified by



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ESR

Photometrical capillary stopped flow kinetic analysis

2

mm/hour

0 - 15

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Reg Dt. Time : 11-Apr-2024 09:18	Report Released @ : 11-Apr-2024 14:03	Report Printed : 24-May-2024 15:29	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Blood Group & Rh Type <i>Microwell haemagglutination, Automated</i>	B Positive			

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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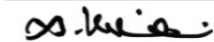


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Col Dt. Time : 11-Apr-2024 09:35	Recv Dt. Time : 11-Apr-2024 09:35	Sample Type : Plasma Fluoride
Reg Dt. Time : 11-Apr-2024 09:18	Report Released @ : 11-Apr-2024 15:44	F,Plasma Fluoride PP
		Report Printed : 24-May-2024 15:29

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>HEXOKINASE/G-6-PDH</i>	H 124.00	mg/dL	Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired Fasting : Diabetic : =>126.	
Plasma Glucose - PP <i>HEXOKINASE/G-6-PDH</i>	H 153.00	mg/dL	Normal : 70-140 mg/dL Impaired Tolerance : 141 - 199 Diabetic : => 200	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C <i>High Performance Liquid Chromatography (HPLC)</i>	6.30	%	Non Diabetic : Less than 5.7 % Pre Diabetic : 5.7 - 6.4 Diabetic : => 6.5 %	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	134.11	mg/dL	Not available	

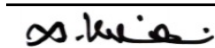
Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemc control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemc control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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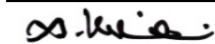


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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Lipid Profile				
Cholesterol <i>Enzymatic</i>	166.00	mg/dL	<200 - Desirable 200 - 239 - Borderline High > 240 - High "NCEP Guidelines ATP III".	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	145.00	mg/dL	< 150 - Normal 150 - 199 - Borderline 200 - 499 - High > 500 - Very High "NCEP Guidelines ATP III".	
HDL Cholesterol <i>Accelerator Selective Detergent</i>	L 39.0	mg/dL	< 40 - Low Level 40 - 60 - Average Level > 60 - High Level NCEP Guidelines ATP III.	
LDL Cholesterol <i>Calculated</i>	98.00	ng/dL	< 100 - Optimal 100 - 129 - Near Optimal 130 - 159 - Borderline High 160 - 189 - High > 190 - Very High	
VLDL <i>Calculated</i>	29.00	mg/dL	10 - 40	
Non-HDL Cholesterol <i>Calculated</i>	127	mg/dL	< 130 Optimal 130-159 Near Optimal 160-189 Borderline high 190-219-High >or = 220- Very high	
LDL/HDL Ratio	2.51			
Chol/HDL <i>Calculated</i>	H 4.26		0 - 4.1	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Extreme Risk group - A.) CAD with > 1 feature of high risk group. B.) CAD with > 1 feature of very high risk group or recurrent ACS (within 1 year) despite LDL-C </= 50 mg/dl or polyvascular disease.

Very High Risk group - 1.) Established ASCVD 2.) Diabetes with 2 major risk factors or evidence of end organ damage 3.) Familial Homozygous Hypercholesterolemia.

High Risk - 1.) Three major ASCVD risk factors 2.) Diabetes with 1 major risk factor or no evidence of end organ damage 3.) CKD stage 3B or 4.) LDL > 190 mg /dl 5.) Extreme of a single risk factor 6.) Coronary Artery Calcium -CAC >300AU.

7.) Lipoprotein a >= 50 mg /dl 8.) Non stenotic carotid plaque.

Moderate Risk - 2 major ASCVD risk factors

Low Risk - 0-1 major ASCVD risk factors

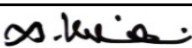
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors

- 1.) Age >= 45 years in males and >= 55 years in females
- 2.) Family history of premature ASCVD
- 3.) Current Cigarette smoking or tobacco use
- 4.) High blood pressure.
- 5.) Low HDL

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL(mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (optional goal </=30)	<80(optional goal </=60)	>/=50	>/=80
Extreme Risk Group Category B	</= 30	</=60	>30	>60
Very High Risk	<50	<80	>/=50	>/=80
High Risk	<70	<100	>/=70	>/=100
Moderate Risk	<100	<130	>/=100	>/=130
Low Risk	<100	<130	>/=130	>/=160

❖ After an adequate non-pharmacological intervention for at least 3 months.



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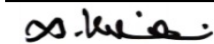


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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
LIVER FUNCTION TEST				
Bilirubin Total <i>Diazonium Salt</i>	H 1.40	mg/dL	0.2 - 1.2	
Bilirubin Direct <i>DIAZO REACTION</i>	0.40	mg/dL	0 - 0.5	
Bilirubin Indirect <i>Calculated</i>	1.00	mg/dL	0.1 - 1	
S.G.P.T. <i>NADH (Without P-5-P)</i>	30.00	U/L	0 - 55	
S.G.O.T. <i>NADH (Without P-5-P)</i>	28.00	U/L	5 - 34	
Alkaline Phosphatase <i>Para-Nitrophenyl Phosphate</i>	57.00	U/L	40-150	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	39.00	U/L	12 -64	
Proteins (Total) <i>Biuret</i>	7.10	gm/dL	6.4 - 8.3	
Albumin <i>Bromo Cresol Green</i>	4.30	g/dL	3.5-5.2	
Globulin <i>Calculated</i>	2.80		2.6 - 3.7	
A/G Ratio <i>Calculated</i>	1.5		0.9 - 1.6	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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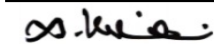


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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
KIDNEY PANEL (Renal Profile)				
Urea <i>Calculated</i>	29.96	mg/dL	19.04 - 44.08	
Creatinine <i>Kinetic Alkaline Picrate</i>	1.20	mg/dL	0.5 - 1.4	
Uric Acid <i>Uricase</i>	5.70	mg/dL	3.5 - 7.2	
Sodium <i>ISE, Indirect</i>	136	mmol/L	136 - 145	
Potassium <i>ISE, Indirect</i>	4.4	mmol/L	3.5 - 5.1	
Chloride <i>ISE, Indirect</i>	101	mmol/L	98 - 107	
Bi Carbonate <i>Enzymatic</i>	24.00	mEq/L	21 - 32	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) <i>CMIA</i>	100.40	ng/dL	58 - 159	
Thyroxine (T4) <i>CMIA</i>	5.57	µg/dL	4.87 - 11.72	
TSH <i>CMIA</i>	2.20	µIU/mL	0.35 - 4.94	

INTERPRETATIONS

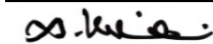
- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PPTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

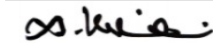
Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Prostate Specific Antigen (PSA)

Prostate Specific Antigen **0.469** ng/mL 0.0 - 4.0
CMIA

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

*% of population

Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)


KOMATHI

Verified by


Dr.Selvi R
 Consultant Biochemist



ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க

MC-5972



Final Laboratory Report			PID :
Name : Mr. GAJENDIRAN S	Sex/Age : Male / 47 Years	Lab ID : 40409101811	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel	UHID :		
Col Dt. Time : 11-Apr-2024 09:35	Recv Dt. Time : 11-Apr-2024 09:35	Sample Type : Urine	
Reg Dt. Time : 11-Apr-2024 09:18	Report Released @ : 11-Apr-2024 17:52	Report Printed : 24-May-2024 15:29	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
<u>Urine Routine Examination</u>				
Appearance <i>Manual</i>	Clear		Clear	
Colour	Pale yellow			
pH <i>Ion concentration</i>	6.0		4.6 - 8	
Sp.Gravity <i>pKa change</i>	1.010		1.003 - 1.035	
<u>Chemical Examination</u>				
Protein <i>Tetrabromophenol blue</i>	Negative		Negative	
Glucose <i>GOD-POD</i>	Present (+)		Negative	
Bile pigment <i>Biochemical</i>	Negative		Negative	
Urobilinogen <i>Diazotization reaction</i>	Not Increased		Negative	
Ketones <i>Sodium Nitroprusside Reaction</i>	Negative	mg/dL	Negative	
Nitrite <i>N-(1-naphthyl)-ethylenediamine</i>	Negative		Negative	
<u>Microscopic Examination</u>				
Red Blood Cell	Nil	/HPF	Nil	
Pus Cells <i>Microscopy</i>	3-5	/HPF	0-5 cells/hpf	
Epithelial Cell <i>Microscopy</i>	2-4	/HPF	Negative	
Cast <i>Microscopy</i>	Nil	/HPF	Nil	
Pathological Cast <i>Reflectance Photometry</i>	Nil	/HPF	NIL	
<u>Crystals</u>				
Calcium oxalate Monohydrate	Nil	/HPF	Nil	
Calcium oxalate Dihydrate	Nil	/HPF	Nil	
Triple phosphate	Nil	/HPF	Nil	
Uric Acid <i>Phase Contrast Microscopy</i>	Nil	/HPF	Nil	
Bacteria	Nil	/μL	Nil	
Yeast	Nil	/μL	Nil	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

a. Thiva

Thivya G

Verified by

[Signature]

DR.MONICA KUMBHAT M
MBBS,MD (Pathology) FGIL

ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க





Final Laboratory Report			PID :
Name : Mr. GAJENDIRAN S	Sex/Age : Male / 47 Years	Lab ID : 40409101811	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel	UHID :		
Col Dt. Time : 11-Apr-2024 09:35	Recv Dt. Time : 11-Apr-2024 09:35	Sample Type : Urine	
Reg Dt. Time : 11-Apr-2024 09:18	Report Released @ : 11-Apr-2024 17:52	Report Printed : 24-May-2024 15:29	

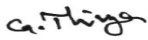
Amorphous Deposits
*Phase Contrast Microscopy***0.0**

/HPF

0-29.5 p/hpf

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Page 15 of 23

**Thivya G**

Verified by

**DR.MONICA KUMBHAT M**
MBBS,MD (Pathology) FGIL

ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க





Final Laboratory Report			PID :
Name : Mr. GAJENDIRAN S	Sex/Age : Male / 47 Years	Lab ID : 40409101811	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel	UHID :		
Col Dt. Time : 11-Apr-2024 11:28	Recv Dt. Time : 11-Apr-2024 11:28	Sample Type : Urine PP	
Reg Dt. Time : 11-Apr-2024 09:18	Report Released @ : 11-Apr-2024 17:52	Report Printed : 24-May-2024 15:29	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Urine Glucose (Post Prandial)	Present (+)		Absent	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Page 16 of 23

a. Thiva

Thivya G

Verified by

DR. Monica Kumbhat M

DR. MONICA KUMBHAT M
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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
TMT	TMT Negative for Inducible Ischaemia			

----- End Of Report -----

Final Laboratory Report PID :
Name : **Mr. GAJENDIRAN S** Sex/Age : **Male / 47 Years** Lab ID : **40409101811**
Ref. By : SRF ID : Ref. ID :
Corporate : NDPL - Mediwheel UHID :
Col Dt. Time : 11-Apr-2024 09:35 Recv Dt. Time : 11-Apr-2024 09:35 Sample Type : XRAY,SCAN,Health Check
Reg Dt. Time : 11-Apr-2024 09:18 Report Released @ : 12-Apr-2024 06:25 Report Printed : 24-May-2024 15:29

For test performed on specimens received or collected from non-NDPL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NDPL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

CHRISTINA KAYALVIZHI


Dr.Monica.M

Verified by

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LABORATORY REPORT		PID	:
Name	: Mr. GAJENDIRAN S	Sex/Age	: Male/47 Years
Ref. By	:	Lab ID	: 40409101811
Corporate	: NDPL - Mediwheel	Ref. ID	:
Reg Dt. Time	: 11-Apr-2024 09:18	UID	:
Sample Dt. Time	: 11-Apr-2024 09:35	Report Released @	: 12-Apr-2024 06:25
		Report Printed @	: 24-May-2024 15:29
		Sample Type	: XRAY,SCAN,Health Check

ULTRASOUND WHOLE ABDOMEN

The liver is normal in size and shows **diffuse fatty changes** with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures: 10.1 x 4.6 cms.

The left kidney measures: 10.9 x 4.5 cms.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

The ureters are not dilated.

The urinary bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.


Monica M


CHRISTINA KAYALVIZHI


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Dr.Monica.M

Verified By

 **Neuberg Ehrlich Laboratory Private Limited,**
No 46 & 48, Masilamani Rd, Balaji Nagar, Royapettah, Chennai -600014

 044-4141 2222

 info@neubergdiagnostics.com

 www.neubergdiagnostics.com

TEST REPORT

LABORATORY REPORT		PID	:
Name	: Mr. GAJENDIRAN S	Sex/Age	: Male/47 Years
Ref. By	:	Lab ID	: 40409101811
Corporate	: NDPL - Mediwheel	Ref. ID	:
Reg Dt. Time	: 11-Apr-2024 09:18	UID	:
Sample Dt. Time	: 11-Apr-2024 09:35	Report Released @	: 12-Apr-2024 06:25
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		Sample Type	: XRAY,SCAN,Health Check

The prostate measures: 3.1 x 3.5 x 3.1 cms, volume: 18.3 cc and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

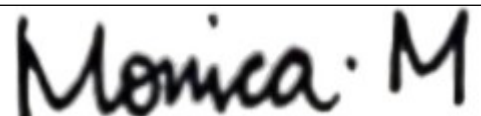
Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

IMPRESSION :

- **GRADE I FATTY LIVER**
- **OTHER ORGANS ARE NORMAL**

----- End Of Report -----



CHRISTINA KAYALVIZHI


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Dr.Monica.M

Verified By

 Neuberg Ehrlich Laboratory Private Limited,
No 46 & 48, Masilamani Rd, Balaji Nagar, Royapettah, Chennai -600014

 044-4141 2222

 info@neubergdiagnostics.com

 www.neubergdiagnostics.com

<i>Patient Name</i>	Mr GAJENDIRAN S	<i>Patient ID</i>	101811 NDPL
<i>Age/D.O.B</i>	47Y	<i>Gender</i>	M
<i>Referring Doctor</i>	NA	<i>Date</i>	11 Apr 24

Report Title

XRAY RADIOGRAPH CHEST - PA

History

.

Observations

Cardiothoracic ratio is normal.
 Both lung fields are clear.
 Visualized thoracic vertebral is normal.
 Sternum appears normal.
 Soft tissues of the chest wall are normal.
 Both costophrenic angles appear normal.

Impression

The study is within normal limits.

Reported By,



Dr. Nikunj Patel

MBBS, MD
Consultant Radiologist
GMC-48048

Disclaimer

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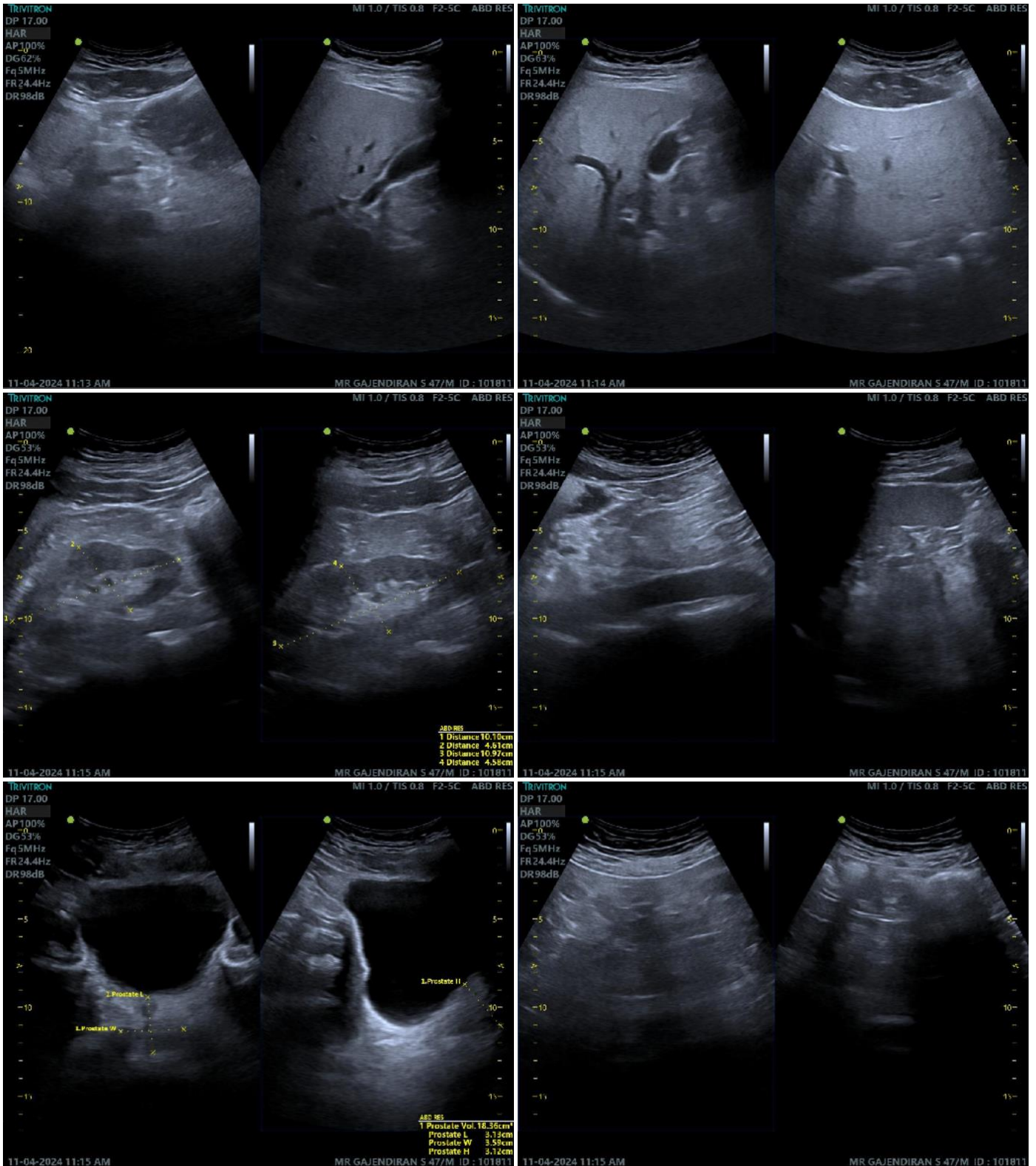
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Patient name	MR. GAJENDIRAN S	Age/Sex	
Patient ID	101811	Visit No	1
Referred by		Visit Date	11/04/2024

TEST REPORT



Neuberg Pre-Existing Medical-
 UHID: 01VLL2K26UC0RL4 Conditions
 Patient ID: 18111
 Name: Gajendran S
 • India • UAE • South Africa • USA
 Age: 47
 Gender: Male
 Mobile: 0987456321

Symptoms

Vitals

Measurements

Interpretation

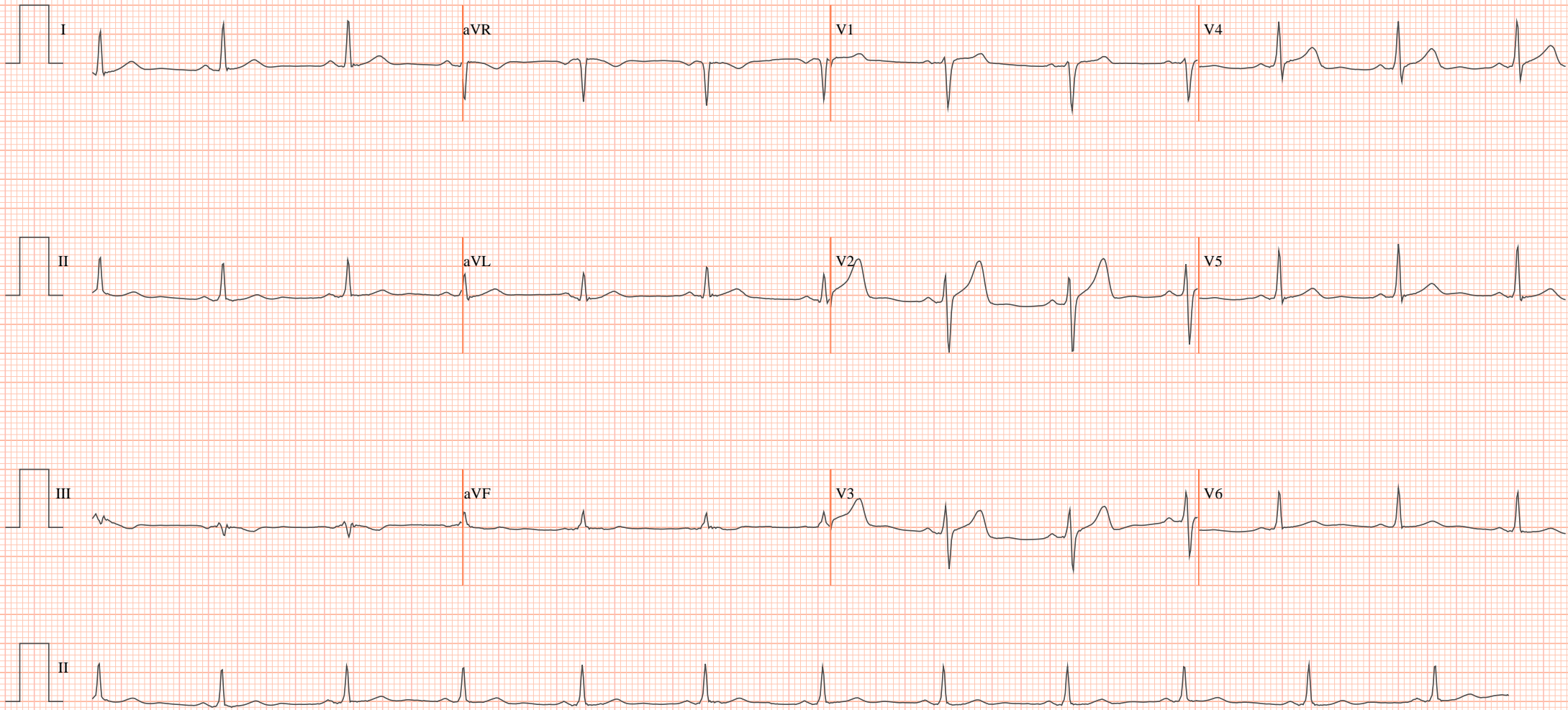
TEST REPORT

HR: 70 BPM
 PR: 145 ms
 PD: 113 ms
 QRSD: 84 ms
 QRS Axis: 19 deg
 QT/QTc: 353/353 ms

Normal sinus rhythm
 Normal axis

Authorized by

Dr. Yogesh Kothari
 MD, DNB, FESC, FEP
 Reg No- KMC 44065



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV