




# PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel :+91 40-2784 5852, 6649 1787  
Fax : +91 40 2784 7864 Email parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited  
Certificate No.MC-2566

## TEST REPORT

Name	: MR.A SRINIVASA RAO [154834]	TID/SID	: UMR0752876/ 23341115
Age / Gender	: 57 Years / Male	Registered on	: 26-Mar-2022 / 07:31 AM
Ref.By	: -	Collected on	: 26-Mar-2022 / 07:44 AM
Req.No	:  BIL1907141	Reported on	: 26-Mar-2022 / 13:33 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Photo detectors(instrument)	Yellow		Light Yellow
Appearance Method:Photo diode array sensor	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.020		1.003-1.030
Reaction and pH Method:Double Indicator	6.0		5.0-8.0
Protein Method:Protein Error of pH indicators	Negative		Negative
Glucose Method:Double sequential enzymatic/GOD-PAP	Negative		Negative
Urobilinogen Method:Reagent strip/Reflectance photometry	Negative		0.2-1.0 mg%
Ketones Method:Strip method/Nitroprusside method	Negative		Negative
Blood Method:Peroxidase	Negative		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Fouchets Method	Negative		Negative
<b>Microscopic Examination</b>			
Pus cells (leukocytes) Method:Microscopy Of Sediment	1 - 2	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	Nil	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	Nil	/hpf	0-8 /hpf
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf

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### DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Casts Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf
Others Method:Microscopy Of Sediment	Nil		Nil

\* Sample processed at Parkline

--- End Of Report ---

**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY

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### DEPARTMENT OF HEMATOLOGY

#### Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
Rh Typing (D)	POSITIVE -
Method:Agglutination	

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### DEPARTMENT OF HEMATOLOGY

#### Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	15.3	g/dL	13.0-17.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	5.5	10 <sup>6</sup> /μL	4.5-5.5 10 <sup>6</sup> /μL
PCV/HCT Method:Numeric Integration	45	%	40-50 %
MCV Method:Calculated	83	fL	83-101 fL
MCH Method:Calculated	27.7	pg	27-32 pg
MCHC Method:Calculated	33.4	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	14.2	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	7.2	10 <sup>3</sup> /μL	4-10 10 <sup>3</sup> /μL
<b>Differential Count</b>			
Neutrophils Method:Flowcytometry/Microscopy	64	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	25	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	7	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	4	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Absolute Neutrophil Count	4.61	10 <sup>3</sup> /μL	2.0-7.0 10 <sup>3</sup> /μL
Absolute Lymphocyte Count	1.8	10 <sup>3</sup> /μL	1.0-3.0 10 <sup>3</sup> /μL
Absolute Monocyte Count	0.5	10 <sup>3</sup> /μL	0.20-1.0 10 <sup>3</sup> /μL

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### DEPARTMENT OF HEMATOLOGY

#### Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Absolute Eosinophil Count	0.29	10 <sup>3</sup> /μL	0.02-0.5 10 <sup>3</sup> /μL
Absolute Basophil Count	<b>0</b>	10 <sup>3</sup> /μL	0.02-0.1 10 <sup>3</sup> /μL
Platelet Count	270	10 <sup>3</sup> /μL	150-410 10 <sup>3</sup> /μL
Method:Electrical Impedence			

#### Peripheral Smear

RBC Normocytic and Normochromic  
Method:Microscopy

WBC Within normal limits.No abnormal cells seen.  
Method:Microscopy

Platelets Discrete and adequate.Normal in morphology  
Method:Microscopy

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### DEPARTMENT OF HEMATOLOGY

#### Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	15	mm/hour	0-10 mm/hour
Method:Westergren			

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### DEPARTMENT OF CLINICAL BIOCHEMISTRY I

#### Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	9.9	mg/dL	7-23 mg/dL
Method:Calculated			

#### Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	1.16	mg/dL	0.60-1.30 mg/dL
Method:Alkaline Picrate			

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Req.No	:  BIL1907141	Reported on	: 26-Mar-2022 / 14:39 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL BIOCHEMISTRY I

### Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	<b>102</b>	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >/=126 mg/dL

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BIL1907141 Reference : Medi Wheel

### DEPARTMENT OF CLINICAL BIOCHEMISTRY I

#### Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Post Prandial Method:GOD - PAP	113	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : $\geq$ 200 mg/dL

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### DEPARTMENT OF CLINICAL BIOCHEMISTRY I

### Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	<b>5.9</b>	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	122	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL

**Note:**Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

#### INTERPRETATION :

- 1.Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- 2.A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- 3.In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
4. American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
5. Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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#### Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	<b>260</b>	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	35	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease mg/dL
LDL Cholesterol Method:Calculated	168	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	<b>57</b>	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	<b>288</b>	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	7.43		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	4.80		

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### DEPARTMENT OF CLINICAL BIOCHEMISTRY I

### Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	0.72	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.18	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.54	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	22	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	20	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	71	U/L	30-115 U/L
<b>PROTEINS</b>			
Total Protein. Method:Biuret	7.32	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.16	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	3.16	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.32		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	<b>83</b>	U/L	7.0-50.0 U/L

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### DEPARTMENT OF CLINICAL BIOCHEMISTRY I

### Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value	Biological Reference Interval
Prostate Specific Antigen (PSA) Total	0.995 ng/mL	0-3.9 ng/mL
Method:Enhanced chemiluminescence		

#### Interpretation:

- 1.Prostate specific antigen (PSA) is a glycoprotein that is expressed by both normal and neoplastic prostate tissue
- 2.Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory conditions of other adjacent genitourinary tissues. PSA can also be elevated after digital rectal examination,prostatic massage,cystoscopy,needle biopsy etc
- 3.Measurement of serum PSA by itself is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hyperplasia.
4. When employed for the management of prostate cancer patients, serial measurement of PSA is useful in detecting residual tumor and recurrent cancer after radical prostatectomy.
- 5.PSA has been demonstrated to be an accurate marker for monitoring advanced clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy.

\* Sample processed at Parkline

--- End Of Report ---

**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY

The Test marked with \*are not accredited by NABL.

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**Lab Timings (Weekdays)** : 7.00 am to 8.30 pm  
**Sundays & Holidays** :7.00 am to 1.00 pm

**Radiologists Timings(Weekdays)** : 7.30 am to 1.30 pm  
& 5.45 pm to 7.45 pm  
**Sundays & Holidays** : 7.30 am to 9.30 am

Free Home Visit for Sample Collection.

Call : 7995421787, 7093445852,8121147282, 9885202212



# PARKLINE DIAGNOSTICS PVT. LTD.


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Fax : +91 40 2784 7864 Email parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited  
Certificate No.MC-2566

## TEST REPORT

Name : **MR.A SRINIVASA RAO [154834]** TID/SID : UMR0752876/ 23341114  
Age / Gender : 57 Years / Male Registered on : 26-Mar-2022 / 07:31 AM  
Ref.By : - Collected on : 26-Mar-2022 / 07:44 AM  
Req.No  Reported on : 26-Mar-2022 / 13:09 PM  
Reference : Medi Wheel  
BIL1907141

### DEPARTMENT OF CLINICAL BIOCHEMISTRY I

#### Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.28	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	9.59	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	1.69	µIU/mL	0.465-4.68 µIU/mL

Note: Change in method and reference range  
NOTE:

TSH - Reference ranges during pregnancy:\*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3rd Trimester : 0.30 - 3.00

\*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors(secondary).

\* Sample processed at Parkline

--- End Of Report ---

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## TEST REPORT

Name : **MR.A SRINIVASA RAO [154834]** TID/SID : UMR0752876/ 23341114  
Age / Gender : 57 Years / Male Registered on : 26-Mar-2022 / 07:31 AM  
Ref.By : - Collected on : 26-Mar-2022 / 07:44 AM  
Req.No  Reported on : 26-Mar-2022 / 12:27 PM  
Reference : Medi Wheel  
BIL1907141

### DEPARTMENT OF CLINICAL BIOCHEMISTRY I

#### Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid. Method:Uricase	7.93	mg/dL	2.5-8.0 mg/dL

\* Sample processed at Parkline

--- End Of Report ---

**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY

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NABL Accredited  
Certificate No.MC-2566

## TEST REPORT

Name : **MR.A SRINIVASA RAO [154834]** TID/SID : UMR0752876/ 23342792  
Age / Gender : 57 Years / Male Registered on : 26-Mar-2022 / 07:31 AM  
Ref.By : - Collected on : 26-Mar-2022 / 12:08 PM  
Req.No  Reported on : 26-Mar-2022 / 14:51 PM  
Reference : Medi Wheel  
BIL1907141

### DEPARTMENT OF HEALTH CHECKUP

#### Glucose Urine Fasting

Urine Glucose Fasting Nil NIL  
Method:Reagent strip/Reflectance photometry

#### Glucose Urine Post Prandial

Urine Glucose Post Prandial Nil NIL  
Method:Reagent strip/Reflectance photometry

\* Sample processed at Parkline

--- End Of Report ---

**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY

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