MR NARALA NARESH
ID: 4816272

Male

42 Years

11.10.2024 9:29:15
TENET DIAGNOSTICS
VIKRAMPURI HUB
HYDERABAD

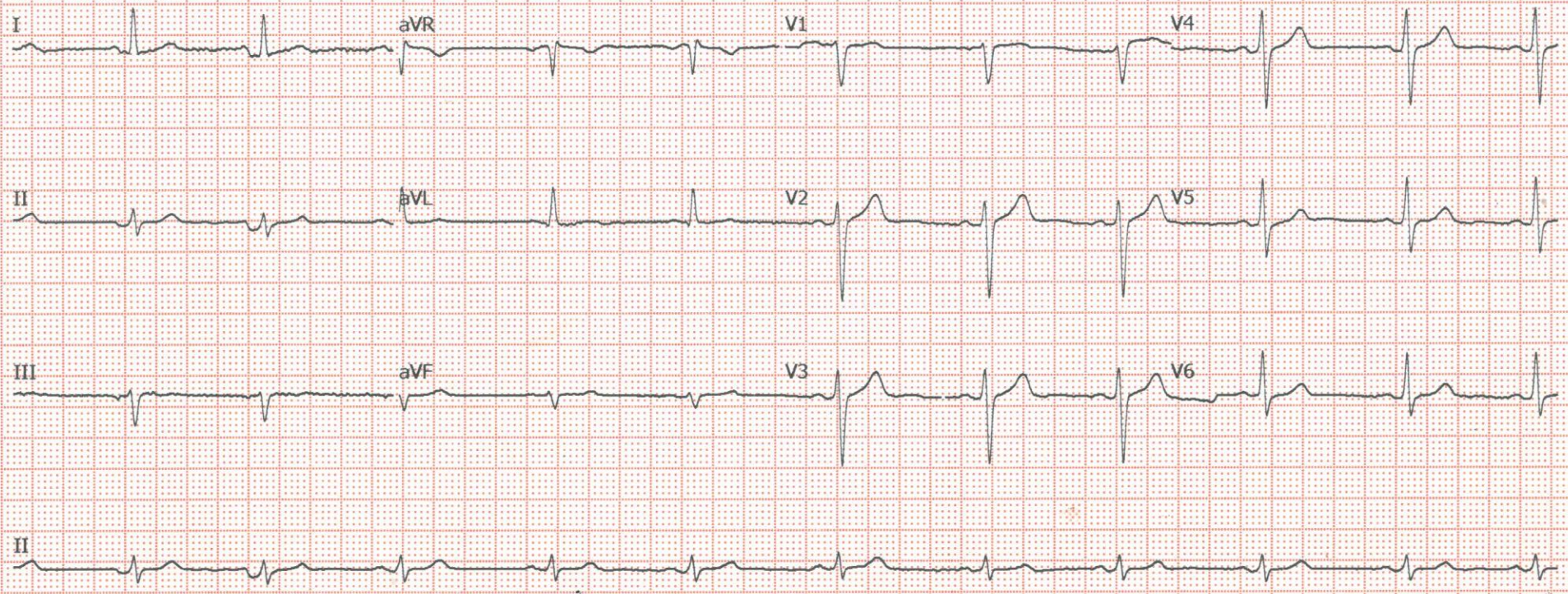
66 bpm
-- / -- mmHg

QRS :	90 ms
QT / QTcBaz :	374 / 392 ms
PR :	134 ms
P :	90 ms
RR / PP :	908 / 909 ms
P / QRS / T :	12 / -10 / 37 degrees

Normal sinus rhythm
Normal ECG

Within Normal Limits

Dr.RAVI SRINIVAS
MD.,DM.,
Consultant Cardiology
Regd.No:10808



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

tenet DIAGNOSTICS
It's Good to Know

MC-2977

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **MR.NARALA NARESH CHENDRA .**	TID/SID	: UMR2060609/ 28393497
Age / Gender	: 42 Years / Male	Registered on	: 11-Oct-2024 / 08:54 AM
Ref.By	: SELF	Collected on	: 11-Oct-2024 / 10:05 AM
Req.No	: BIL4816272	Reported on	: 11-Oct-2024 / 15:30 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE)

Investigation	Result	Biological Reference Intervals
Physical Examination		
Colour Method:Physical	Yellow	Straw to Yellow
Appearance Method:Physical	Clear	Clear
Chemical Examination		
Reaction and pH Method:Indicator	Acidic (5.0)	4.6-8.0
Specific gravity Method:Refractometry	1.024	1.000-1.035
Protein Method:Protein Error of pH indicators	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside	Negative	Negative
Bilirubin Method:Diazonium salt	Negative	Negative
Leucocytes Method:Esterase reaction	Negative	Negative
Nitrites Method:Modified Griess reaction	Negative	Negative
Urobilinogen Method:Diazonium salt	Negative	Up to 1.0 mg/dl (Negative)
Microscopic Examination		
Pus cells (leukocytes) Method:Flow Digital Imaging/Microscopy	1-2	2 - 3 /hpf
Epithelial cells Method:Flow Digital Imaging/Microscopy	1-2	2 - 5 /hpf
RBC (erythrocytes) Method:Flow Digital Imaging/Microscopy	Absent	Absent
Casts Method:Flow Digital Imaging/Microscopy	Absent	Occasional hyaline casts may be seen

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TEST REPORT

Crystals Method:Flow Digital Imaging/Microscopy	Absent	Phosphate, oxalate, or urate crystals may be seen
Others Method:Flow Digital Imaging/Microscopy	Nil	Nil

Method: Semi Quantitative test ,For CUE

Reference: Godkar Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition. Product kit literature.

Interpretation:

The complete urinalysis provides a number of measurements which look for abnormalities in the urine. Abnormal results from this test can be indicative of a number of conditions including kidney disease, urinary tract infecation or elevated levels of substances which the body is trying to remove through the urine . A urinalysis test can help identify potential health problems even when a person is asymptomatic. All the abnormal results are to be correlated clinically.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Shruti Reddy
Consultant Pathologist
Reg No.TSMC/FMR/22656

Name	: **MR.NARALA NARESH CHENDRA .**	TID/SID	: UMR2060609/ 28392984
Age / Gender	: 42 Years / Male	Registered on	: 11-Oct-2024 / 08:54 AM
Ref.By	: SELF	Collected on	: 11-Oct-2024 / 08:58 AM
Req.No	: BIL4816272	Reported on	: 11-Oct-2024 / 13:38 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF HEMATOPATHOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
Rh Typing (D)	Positive
Method:Hemagglutination Tube Method by Forward & Reverse Grouping	

Method: Hemagglutination Tube Method by Forward & Reverse Grouping

Reference: Tulip kit literature

Interpretation: The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. ABO antigens are poorly expresses at birth, increase gradually in strength and become fully expressed around 1 year of age.
In case of Rh(D) - Du(weak positive) or Weak D positive, the individual must be considered as Rh positive as donor and Rh negative as recipient.

Note: Records of previous blood grouping/Rh typing not available. Please verify before transfusion.

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		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR), Whole Blood

Investigation	Observed Value	Biological Reference Intervals
ESR 1st Hour Method:Westergren/Vesmatic	**18**	<=10 mm/hour

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Intervals
Hemoglobin Method:Cyanide Free Lyse Hemoglobin	15.3	13.0-17.0 g/dL
PCV/HCT Method:Calculated	44.3	40.0-50.0 vol%
Total RBC Count Method:Electrical Impedance	5.03	4.50-5.50 mill /cu.mm
MCV Method:Calculated	88.1	83.0-101.0 fL
MCH Method:Calculated	30.4	27.0-32.0 pg
MCHC Method:Calculated	34.5	31.5-34.5 g/dL
RDW (CV) Method:Calculated	**14.1**	11.6-14.0 %
MPV Method:Calculated	8.0	7.0-10.0 fL
Total WBC Count Method:Electrical Impedance	7220	4000-10000 cells/cumm
Platelet Count Method:Electrical Impedance	2.53	1.50-4.10 lakhs/cumm
Differential count		
Neutrophils Method:Microscopy	56.5	40.0-80.0 %
Lymphocytes Method:Microscopy	35.0	20.0-40.0 %
Eosinophils	2.2	1.0-6.0 %
Monocytes	5.9	2.0-10.0 %
Basophils Method:Microscopy	**0.4**	< 1.0-2.0 %

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TEST REPORT

Absolute Neutrophil Count Method:Calculated	4079	2000-7000 cells/cumm
Absolute Lymphocyte Count (ALC)	2527	1000-3000 cells/cumm
Absolute Eosinophil Count (AEC)	159	20-500 cells/cumm
Absolute Monocyte Count Method:Calculated	426	200-1000 cells/cumm
Absolute Basophil Count Method:Calculated	29	20-100 cells/cumm
Neutrophil - Lymphocyte Ratio(NLR) Method:Calculated	1.61	0.78-3.53

Method: Automated Hematology Cell Counter, Microscopy

Reference: Dacie and Lewis Practical Hematology,12th Edition.
Wallach's interpretation of diagnostic tests, Soth Asian Edition.

Interpretation: A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

Note: These results are generated by a fully automated hematology analyzer and the differential count is computed from a total of several thousands of cells. Therefore the differential count appears in decimalised numbers and may not add upto exactly 100. It may fall between 99 and 101.

* Sample processed at National Reference Laboratory,
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--- End Of Report ---

Dr Shruti Reddy
Consultant Pathologist
Reg No.TSMC/FMR/22656

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Age / Gender	: 42 Years / Male	Registered on	: 11-Oct-2024 / 08:54 AM
Ref.By	: SELF	Collected on	: 11-Oct-2024 / 08:58 AM
Req.No	: BIL4816272	Reported on	: 11-Oct-2024 / 12:59 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	12	6-20 mg/dL
Urea. Method:Urease/UV	24.9	12.8-42.8 mg/dL

Interpretation: Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine. Method:Alkaline Picrate	0.80	0.70-1.20 mg/dL

Interpretation:

Creatinine is a nitrogenous waste product produced by muscles from creatine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	**116**	Normal: <100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: >/=126 mg/dL
Note	Kindly correlate clinically	

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Ref.By	: SELF	Collected on	: 11-Oct-2024 / 09:01 AM
Req.No	: BIL4816272	Reported on	: 11-Oct-2024 / 13:33 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

Interpretation: It measures the Glucose levels in the blood with a prior fasting of 9-12 hours. The test helps screen a symptomatic/ asymptomatic person who is at risk for Diabetes. It is also used for regular monitoring of glucose levels in people with Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	**175**	Normal : <140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: >/=200 mg/dL
Note	Kindly correlate clinically	

Interpretation: This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography	**8.9**	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:Calculated	**209**	mg/dL
Note	Kindly correlate clinically	

Interpretation:

It is an index of long-term blood glucose concentrations and a measure of the risk for developing microvascular complications in patients with diabetes. Absolute risks of retinopathy and nephropathy are directly proportional to the mean HbA1c concentration. In persons without diabetes, HbA1c is directly related to risk of cardiovascular disease.

1) Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.

2) Interference of Hemoglobinopathies in HbA1c estimatiion:
A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
C. Heterozygous state detected (D10 is corrected for HbS and HbC trait).
3) In known diabetic patients, HbA1c can be considered as a tool for monitoring the glycemic control.
Excellent Control - 6 to 7 %,
Fair to Good Control - 7 to 8 %,
Unsatisfactory Control - 8 to 10 %
and Poor Control - More than 10 %.
Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022.

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Bun/Creatinine Ratio, Serum

Investigation	Observed Value	
BUN/Creatinine Ratio Method:Calculated	14	10-20

Interpretation:
The BUN/Creatinine ratio blood test is used to diagnose acute or chronic renal disease. BUN (blood urea nitrogen) and creatinine are both filtered in the kidneys and excreted in urine. The two together are used to measure overall kidney function

1. Increased ratio (>20) with normal creatinine occurs in the following conditions:
a) Increased BUN (prerenal azotemia), heart failure, salt depletion, dehydration
b) Catabolic states with tissue breakdown
c) GI hemorrhage
d) Impaired renal function plus excess protein intake, production, or tissue breakdown
2. Increased ratio (>20) with elevated creatinine occurs in the following conditions:
a) Obstruction of urinary tract
b) Prerenal azotemia with renal disease

3. Decreased ratio (<10) with decreased BUN occurs in the following conditions:
a) Acute tubular necrosis
b) Decreased urea synthesis as in severe liver disease or starvation
c) Repeated dialysis
d) SIADH
e) Pregnancy

4. Decreased ratio (<10) with increased creatinine occurs in the following conditions:
a) Phenacemide therapy (accelerates conversion of creatine to creatinine)
b) Rhabdomyolysis (releases muscle creatinine)
c) Muscular patients who develop renal failure

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr.Abdur Rehman Asif
Consultant Biochemist
Reg.No - APMC/FMR/78102

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Ref.By	: SELF	Collected on	: 11-Oct-2024 / 08:58 AM
Req.No	: BIL4816272	Reported on	: 11-Oct-2024 / 13:33 PM
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DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Cholesterol Oxidase	202	Desirable: <200 mg/dL Borderline: 200-239 mg/dL High: >/=240 mg/dL
HDL Cholesterol Method:Direct Measurement	**37**	Low: <40 mg/dL High: >/=60 mg/dL
VLDL Cholesterol Method:Calculated	**41**	6.0-38.0 mg/dL
LDL Cholesterol Method:Calculated	124	Optimum: <100 mg/dL Near/above optimum: 100-129 mg/dL Borderline: 130-159 mg/dL High: 160-189 mg/dL Very high: >/=190 mg/dL
Triglycerides Method:Glycerol LPL/GK	**205**	Normal:<150 mg/dL Borderline: 150-199 mg/dL High: 200-499 mg/dL Very high: >/=500 mg/dL
Chol/HDL Ratio Method:Calculated	**5.46**	Low Risk: 3.3-4.4 Average Risk: 4.5-7.1 Moderate Risk: 7.2-11.0
LDL Cholesterol/HDL Ratio Method:Calculated	**3.35**	Desirable: 0.5-3.0 Borderline Risk: 3.0-6.0 High Risk: >6.0
Note	Kindly correlate clinically	

Interpretation: Lipids are fats and fat-like substances which are important constituents of cells and are rich sources of energy. A lipid profile typically includes total cholesterol, high density lipoproteins (HDL), low density lipoprotein (LDL), chylomicrons, triglycerides, very low density lipoproteins (VLDL), Cholesterol/HDL ratio .The lipid profile is used to assess the risk of developing a heart disease and to monitor its treatment. The results of the lipid profile are evaluated along with other known risk factors associated with heart disease to plan and monitor treatment. Treatment options require clinical correlation.

Reference: Third Report of the National Cholesterol Education program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), JAMA 2001.

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DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Biological Reference Interval
Total Bilirubin. Method:Diazo method	0.94	<1.2 mg/dL
Direct Bilirubin. Method:Diazo method	0.24	<0.30 mg/dL
Indirect Bilirubin. Method:Calculated	0.70	<0.9 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method:UV wtihout P5P	34	<45 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:UV wtihout P5P	28	<35 U/L
ALP (Alkaline Phosphatase). Method:PNPP-AMP Buffer	105	40-129 U/L
Gamma GT. Method:Gamma-Glutamyl - 3 - Carbossi - 4 - Nitroanilide (GCNA)	43	10-71 U/L
Total Protein. Method:Biuret	7.5	6.6-8.7 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.5	3.5-5.2 g/dL
Globulin. Method:Calculated	3	1.8-3.8 g/dL
A/GRatio. Method:Calculated	1.50	0.8-2.0

Interpretation: Liver functions tests help to identify liver disease, its severity, and its type. Generally these tests are performed in combination, are abnormal in liver disease, and the pattern of abnormality is indicative of the nature of liver disease. An isolated abnormality of a single liver function test usually means a non-hepatic cause. If several liver function tests are simultaneously abnormal, then hepatic etiology is likely.

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--- End Of Report ---

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DEPARTMENT OF CLINICAL CHEMISTRY I

Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value	Biological Reference Interval
Prostate Specific Antigen (PSA). Total Method:ECLIA	0.344	<4.4 ng/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.

Interpretation: PSA is a protein produced by cells in the prostate and is used to screen men for prostate cancer. PSA levels are elevated in Prostate cancer, and other conditions such as benign prostatic hyperplasia (BPH) and inflammation of the prostate. An elevated PSA may be followed by a biopsy and other tests like urinalysis and ultrasound to rule out urinary tract infections and for an accurate diagnosis. PSA levels are vital to determine the effectiveness of treatment and to detect recurrence in diagnosed cases of prostate cancer.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

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DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	0.97	0.80-2.00 ng/mL
Thyroxine Total (T4) Method:ECLIA	7.4	5.1-14.1 µg/dL
Thyroid Stimulating Hormone (TSH) Method:ECLIA	**4.75**	0.27-4.20 µIU/mL

Note — Kindly correlate clinically

Interpretation:

A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.

Reference: Tietz textbook of Clinial Chemistry and Molecular Diagnostics, Nader Rifia, Andrea Ritas Horvath, Carl T. Wittwer.

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Tenet Diagnostics,Hyderabad

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DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Uricase	5.7	3.4-7.0 mg/dL

Interpretation

It is the major product of purine catabolism. Hyperuricemia can result due to increased formation or decreased excretion of uric acid which can be due to several causes like metabolic disorders, psoriasis, tissue hypoxia, pre-eclampsia, alcohol, lead poisoning, acute or chronic kidney disease, etc. Hypouricemia may be seen in severe hepato cellular disease and defective renal tubular reabsorption of uric acid.

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--- End Of Report ---

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tenet DIAGNOSTICS
It's Good to Know

PLEASE SCAN QR CODE

Name	: **Mr . NARALA NARESH CHENDRA .**	TID	: UMR2060609
Age/Gender	: 42 Years/Male	Registered On	: 11-Oct-2024 08:54 AM
Ref By	: Self	Reported On	: 11-Oct-2024 12:15 PM
Reg.No	: BIL4816272	Reference	: Arcofemi Health Care Ltd - Medi Whe

Ultrasound Whole Abdomen

LIVER is normal shape, size (14.1 cms) and increased echopattern with areas of sparing near gall bladder. No intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER shows normal shape and has clear contents.
Gall bladder wall is of normal thickness.
CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.
No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico-medullary differentiations are well madeout.
No evidence of calculus or hydronephrosis.
Right kidney measures 10.4 x 4.3 cms, Left kidney measures 11.4 x 5.8 cms.

URINARY BLADDER Minimally distended.

PROSTATE shows normal shape, size and echopattern.

No evidence of free fluid in the abdomen

IMPRESSION:

*** Grade I Fatty Liver with areas of sparing near gall bladder.**

Suggested clinical correlation and follow up

*** End Of Report ***

Dr.Abid yazden
Consultant Radiologist

PLEASE SCAN QR CODE

Name	**: Mr . NARALA NARESH CHENDRA .**	TID	: UMR2060609
Age/Gender	: 42 Years/Male	Registered On	: 11-Oct-2024 08:54 AM
Ref By	: Self	Reported On	: 11-Oct-2024 01:02 PM
Reg.No	: BIL4816272	Reference	: Arcofemi Health Care Ltd - Medi Whe

DEPARTMENT OF X-RAY

X-Ray Chest PA View

Cardiomegaly.

Suspicious haziness noted in left lower lung zone.

Rest of the lung fields appear normal.

Aorta and pulmonary vasculature is normal.

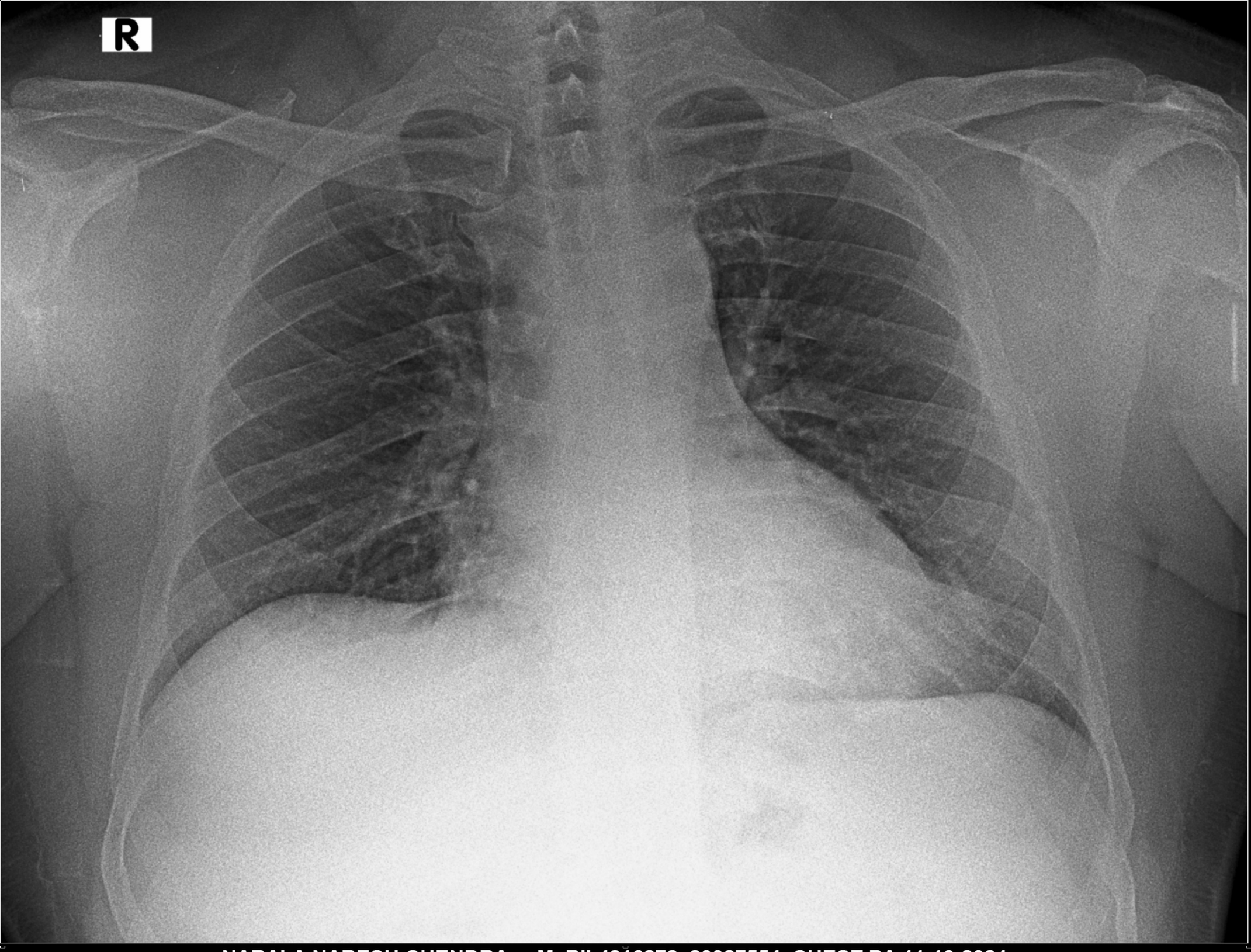
Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Suggested clinical correlation and follow up.

*** End Of Report ***

Dr Revanth
MD DNB



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