

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. A ACHARYA SRINIVASU	Age /Sex : 43 Y(s)/Male
Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR68626
Bill Date : 26-Mar-22 10:28 am	Bill No : BIL120382
Lab No : BIO/22/3/1195	Result No : RES305213
Samp.Coll : 26-Mar-22 10:42 am	Auth. Tim : 26-Mar-2022 1:17 pm
Reported On : 26-Mar-22 01:17 pm	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
LIPID PROFILE: SERUM			
Triglycerides :	117	BorderLine : 150 - 199 mg/dl High : 200 - 500 mg/dl Normal : < 150 mg/dl	GPO-Trinder End Point
Total Cholesterol :	180	< 200 mg/dl	CHOD-PAP End Point
HDL Cholesterol :	37	Undesirable : < 40 Optimal : 40 - 59 Desirable : > 60	Enzymatic
VLDL Cholesterol :	23	2 - 30 mg/dl	
LDL Cholesterol :	120	0 - 100 mg/dl	
Cholestrol / HDL Ratio :	4.86	1.0 - 3.5	
BLOOD SUGAR FASTING AND POST PRANDIAL			
Fasting Blood Sugar :	75	60 - 110 mg/dl	GOD-POD
Blood Sugar Post Prandial :	91	110 - 140 mg/dl	
Serum Creatinine :	0.7	0.4 - 1.4 mg/dl	Jaffe Kinetic
LFT- LIVER FUNCTION TESTS			
Total Bilirubin :	0.2	0.2 - 1.2 mg/dl	Diazo
Direct Bilirubin :	0.3	0.0 - 0.3 mg/dl	
Indirect Bilirubin :	0.1	0.2 - 0.7 mg/dL	
SGPT :	28	05 - 40 IU/L	IFCC - Kinetic
SGOT :	26	05 - 40 IU/L	IFCC - Kinetic
AST / ALT -Ratio :	0.93		
Alkaline Phosphatase :	132	70 - 110 U/L	DGKC

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Total Protein :	7.1	6.4 - 8.3 gm/dl	Biuret Method
Serum Albumin :	5.1	3.5 - 5.2 gm/dl	BCG Dye
Serum Globulin :	2	2.0 - 3.5 g/dL	
Albumin / Globulin Ratio :	2.55	1.2 - 2.2	
HbA1c :	5.2	Non Diabetic : 4 - 6 Good Control : 6 - 7 Fair Control : 7 - 8 Poor Control : 8 - 10	Immunoturbidimetry
Serum Uric Acid :	5.1	3.5 - 7.2 mg/dl	Uricase-Peroxidase
Blood Urea Nitrogen(BUN) :	6.0	6 - 21 mg/dl	
PROSTATE SPECIFIC ANTIGEN(PSA) :	0.74	0.27 - 2.19 ng/ml	ELFA
Interpretation :	<p>Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.</p> <p>PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.</p>		

THYROID PROFILE

T3-Free (Tri-iodothyronine-Free) :	3.44	2.0 - 4.2 pg/mL	C L I A
T4-Free (Thyroxine - Free) :	14.31	8.9 - 17.2 pg/ml	C L I A

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Bill Date : 26-Mar-22 10:28 am	Bill No : BIL120382
Lab No : 120382	Result No : RES305340
Samp.Coll : 26-Mar-22 10:42 am	Auth. Tim : 26-Mar-2022 2:24 pm
Reported On : 26-Mar-22 02:24 pm	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
TSH(Thyroid Stimulating Hormone).	1.65	0.3 - 4.5 μ IU/ml	C L I A

--- End Of Report ---

PHH516

Dr.M. VISWANATH
MD(PATHOLOGIST)
CONSULTANT PATHOLOGIST

Dr.B PRATHYUSHA
MD BIOCHEMIST
CONSULTANT BIOCHEMIST

Dr.SAMATHA
MD Microbiology
CONSULTANT MICROBIOLOGIST

DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. A ACHARYA SRINIVASU	Age /Sex : 43 Y(s)/Male
Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR68626
Bill Date : 26-Mar-22 10:28 am	Bill No : BIL120382
Lab No : HEM/22/3/802	Result No : RES305182
Samp.Coll : 26-Mar-22 10:42 am	Auth. Tim : 26-Mar-2022 12:20 pm
Reported On : 26-Mar-22 12:20 pm	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>
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COMPLETE BLOOD PICTURE

Haemoglobin	: 15.2 gm%	13.0 - 17.0 gm%
RBC Count	: 5.3 Millions/cumm	4.5-6.5 Millions/cumm
PCV	: 44 Vol%	40 - 50 Vol%
Platelet count	: 2.6 Lakhs/Cumm	1.5 - 4.5 Lakhs/Cumm
WBC Count	: 9,500 cells/cumm	4000 - 11000 cells/cumm

DIFFERENTIAL COUNT

NEUTROPHILS	: 83 %	40-75 %
LYMPHOCYTES	: 10 %	20 - 45 %
EOSINOPHILS	: 02 %	2-6 %
MONOCYTES	: 05 %	2-8 %
BASOPHILS	: 00 %	0 - 2 %

SMEAR EXAMINATION

RBC	: Normocytic Normochromic
WBC	: Relative Neutrophilia
Platelets	: Adequate

BLOOD GROUPING & RH TYPING

BLOOD GROUP	: " A "	Agglutination
RH TYPING	: POSITIVE	

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Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR68626
Bill Date : 26-Mar-22 10:28 am	Bill No : BIL120382
Lab No : 120382	Result No : RES305284
Samp.Coll : 26-Mar-22 10:42 am	Auth. Tim : 26-Mar-2022 1:35 pm
Reported On : 26-Mar-22 01:35 pm	

Parameter

Result

Method

PHT8119

Dr.M. VISWANATH
MD(PATHOLOGIST)
CONSULTANT PATHOLOGIST

Dr.B PRATHYUSHA
MD BIOCHEMIST
CONSULTANT BIOCHEMIST

Dr.SAMATHA
MD Microbiology
CONSULTANT MICROBIOLOGIST

DEPARTMENT OF CLINICAL PATHOLOGY

Patient Name : Mr. A ACHARYA SRINIVASU	Age /Sex : 43 Y(s)/Male
Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR68626
Bill Date : 26-Mar-22 10:28 am	Bill No : BIL120382
Lab No : 120382	Result No : RES305166
Samp.Coll : 26-Mar-22 10:42 am	Auth. Tim : 26-Mar-2022 12:15 pm
Reported On : 26-Mar-22 12:15 pm	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
COMPLETE URINE EXAMINATION			
<u>PHYSICAL EXAMINATION:</u>			
Colour	: Pale yellow		
Appearance	: Clear		
pH	: 5.5	5.5 - 7.0	pH indicator
Specific gravity	: 1.015	1.010 - 1.025	Bromthymol blue indicator
<u>CHEMICAL EXAMINATION:</u>			
Urine for Sugar	: Nil	0 - 2.8 mmol/L	GOD-POD
Protein	: Nil	0 - 0.15 g/L	protein error of indicator
Blood	: Nil	0 - 10 Cells/ μ L	
Bilirubin	: Nil	0 - 0 μ mol/L	Diazonium method
Ketone bodies	: Negative	0 - 0 mmol/L	Nitroprusside reaction
<u>MICROSCOPIC EXAMINATION:</u>			
Pus Cells	: 0-1	0 - 5 /HPF	
Epithelial Cells	: 0-1	0 - 8 /HPF	
RBC COUNT	: Nil	0 - 2 /HPF	
Casts	: Nil		
Crystals	: Nil		
Others	: Nil		
ESR - ERYTHROCYTE SEDIMENT RATE			
ESR - ERYTHROCYTE SEDIMENTATION RATE	: 23	< 15 mm	

DEPARTMENT OF CLINICAL PATHOLOGY

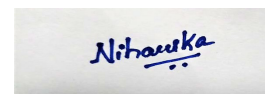
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Bill Date : 26-Mar-22 10:28 am	Bill No : BIL120382
Lab No : 120382	Result No : RES305196
Samp.Coll : 26-Mar-22 10:42 am	Auth. Tim : 26-Mar-2022 12:15 pm
Reported On : 26-Mar-22 12:15 pm	

Parameter

Result

Biological Reference
Interval

--- End Of Report ---



PHT8119
Verified by

Dr. Y NIHARIKA REDDY, M.D PATHOLOGY
CONSULTANT PATHOLOGIST

Dr.M. VISWANATH
MD(PATHOLOGIST)
CONSULTANT PATHOLOGIST

Dr.B PRATHYUSHA
MD BIOCHEMIST
CONSULTANT BIOCHEMIST

Dr.SAMATHA
MD Microbiology
CONSULTANT MICROBIOLOGIST