

**Results**

Run Date 03/17/2023 03:40:36 PM

Operator technician

Last Name  
First Name SHAIK.ZAHEER  
Gender Male Age 35 Y  
Patient ID 1703014

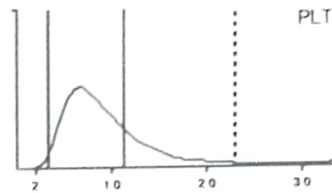
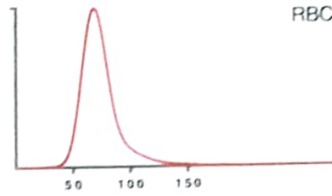
Sample ID AUTO\_SID0014

Rack/Pos  
Department  
Physician SELF  
Type Man

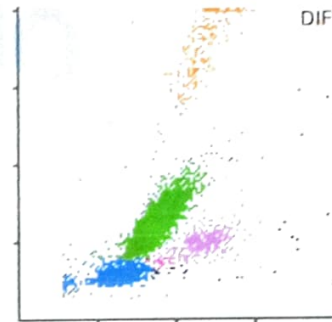
Birth Date

Sample comments

				Range
RBC	5.98	*	10 <sup>6</sup> /μL	4.20 - 6.00
HGB	14.7		g/dL	13.0 - 17.0
HCT	45.1	*	%	39.0 - 52.0
MCV	75.4	I*	μm <sup>3</sup>	76.0 - 100.0
MCH	24.6	L	pg	26.0 - 34.0
MCHC	32.7		g/dL	32.0 - 35.0
PV-CV	12.0		%	11.0 - 16.0
RDW-SD	41.2		μm <sup>3</sup>	37.0 - 49.0
PLT	276		10 <sup>3</sup> /μL	150 - 400
PCT	0.25		%	0.15 - 0.40
MPV	9.0		μm <sup>3</sup>	8.0 - 11.0
PDW	13.2		μm <sup>3</sup>	11.0 - 22.0
P-LCC	59		10 <sup>3</sup> /μL	44 - 140
P-LCR	21.3		%	18.0 - 50.0



			Range		Range
WBC	7.33		10 <sup>3</sup> /μL	3.50 - 10.00	
	#		Range	%	Range
NEU	4.43		1.60 - 7.00	60.4	40.0 - 73.0
LYM	2.18		1.00 - 3.00	29.7	15.0 - 45.0
MON	0.28		0.20 - 0.80	3.8	4.0 - 12.0
EOS	0.36		0.00 - 0.50	5.0	0.5 - 7.0
BAS	0.06		0.00 - 0.15	0.9	0.0 - 2.0
LIC	0.02		0.00 - 0.10	0.2	0.0 - 1.0



**Slide Review**

- |                     |               |                 |
|---------------------|---------------|-----------------|
| Neutrophil          | Myeloblast    | Anisocytosis    |
| Lymphocyte          | Promyelocyte  | Hypochromia     |
| Monocyte            | Myelocyte     | Polychromasia   |
| Eosinophil          | Metamyelocyte | Poikilocytosis  |
| Basophil            | Blast         | Microcytosis    |
| Atypical Lymphocyte | Target Cell   | Macrocytosis    |
| Other               | Sickle Cell   | Platelet Clumps |

Reviewed on \_\_\_\_\_ by \_\_\_\_\_ Signature :

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Email: guntur@apolloclinic.com

TO BOOK AN APPOINTMENT

	<b>0863 222 2933</b>
<b>LAB</b>	<b>888 663 2122</b>

Patient Name	: Mr. SHAIK ZAHEER	Reg .No	: 1000010848
Sex / Age	: Male / 35Years	Client Code	: Apollo Guntur
Ref. Doctor	: Self	Reg. On	: 17-03-2023 03:55:00 PM
Ref. Customer	: APOLLO B1	Sample Received	: 17-03-2023 03:55:00 PM
Test ID	: 11856	Reported On	: 18-03-2023 09:40:00 PM

**DEPARTMENT OF HAEMATOLOGY AND CLINICAL PATHOLOGY**

**TEST NAME**

**Peripheral Smear :**

**RBC:**

Normocytic Normochromic RBC

**WBC :**

Total and differential counts are within normal limits.  
No abnormal cells

Differential Count: - Neutrophils - 61%  
Lymphocytes - 30%  
Monocytes - 04%  
Eosinophils - 05%

**Platelet Count :** Adequate – 2,80,000 /cum. Seen discretely.

**Haemoparasites:** No hemoparasites.

**IMPRESSION :** NORMAL BLOOD PICTURE .

\*\*\*End of the Report\*\*\*



**Dr.G.SUMALATHA**  
CONSULTANT PATHOLOGIST

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<u>TEST NAME</u>	<u>RESULT</u>	<u>UNITS</u>	<u>BIO.REFERENCE INTERVAL</u>
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR):</b>			
Erythrocyte Sedimentation Rate (ESR):	10	mm/ hr	00 - 10



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**DEPARTMENT OF CLINICAL BIOCHEMISTRY**

TEST NAME	RESULTS	UNITS	BIO.REFERENCE INTERVAL
<b>Glycosylated Hemoglobin (HbA1c):</b>			
Glycosylated Hemoglobin (HbA1c):	5.3	%	< 6.0% : Non Diabetic 6.0 - 7.0% : Good Control 7.0 - 8.0% : Average Control 8.0 - 9.0% : Poor Control >9.0% :Very poor control

Mean Blood Glucose **105.4** mg/dL

INTERPRETATION: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Mean Plasma Glucose mg/dl = (HbA1c x 28.7) - 46.7) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control.

As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units..

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIO.REFERENCE INTERVAL</u>
Fasting Blood Sugar (Hexokinase)	86	mg/dl	70 - 110
Urine Sugar	NIL		
Post Prandial Blood Sugar (Hexokinase)	101	mg/dl	80-170
Blood Urea (Enzymatic,Urease-GLDH)	20	mg/dl	15 - 45
Creatinine	1.0	mg/dl	Adults 0.6 -1.5 child(0 - 2yrs) 0.2 - 0.6 (3 -8 yrs) 0.3 - 0.8

**ELECTROLYTES - SERUM**

Sodium - Na+	141	mmol/l	136 - 145
Potassium - K+	3.9	mmol/l	3.5 - 5.1
Chloride - Cl - ISE - Direct	106	mmol/l	98.0 - 107

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIO.REFERENCE INTERVAL</u>
<b><u>LIVER FUNCTION TEST:</u></b>			
Total Bilurubin (Jendrassik & Grof)	<b>0.5</b>	mg/dl	Up to 1.0
Direct Bilurubin (Diazotization)	<b>0.2</b>	mg/dl	0.0 - 0.2
Indirect Bilurubin (Calculated)	<b>0.3</b>	mg/dl	0.2 - 0.8
Alkaline Phosphatase (PNPP,AMP Buffer-IFCC Ref.Proc.,Calibrated)	<b>79</b>	lu/L	Up to 140
AST (SGOT) (UV,Using Pyridoxal Phosphate:IFCC)	<b>28</b>	lu/L	Up to 40
ALT (SGPT) (UV,Using Pyridoxal Phosphate:IFCC)	<b>34</b>	lu/L	Up to 40
PROTEIN- TOTAL (Modified Biuret)	<b>6.9</b>	g/dl	6.0 - 8.0
Albumin (Bromocresol Purple Dye)	<b>4.0</b>	g/dl	3.5 - 5.0
Globulin (Calculated)	<b>2.9</b>	g/dl	2.5 - 5.5
Albumin:Globulin - (Ratio) (Calculated)	<b>1.4</b>		1.0 - 2.0
Gamma Glutamyl Transferase (GGT)	<b>23</b>	u/l	Healthy Men : 15 - 85 Healthy Women : 05 - 55

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIO.REFERENCE INTERVAL</u>
<b>LIPID PROFILE:</b>			
Total Cholesterol (Cholesterol Oxidase / Esterase)	<b>129</b>	mg/dl	Normal : <200 Borderline: 200 – 240 High Risk : >240
Triglycerides (GPO - TOPS)	<b>74</b>	mg/dl	Normal : < 150 Borderline: 150 – 200 High Risk : >200
HDL Cholesterol (Direct Measurement)	<b>25</b>	mg/dl	Low Risk : >60 Normal Risk : 40 – 60 High Risk : < 40
LDL Cholesterol (Calculate Measurement)	<b>89.2</b>	mg/dl	Normal : < 130 Boder Line : 130 - 160 High Risk : > 160
VLDL Cholesterol (Calculated)	<b>14.8</b>	mg/dl	Normal : < 40 High : > 40
Total CHolesterol/HDL Cholesterol Ratio (Calculated)	<b>5.2</b>		Normal : < 3.5

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**DEPARTMENT OF CLINICAL BIOCHEMISTRY**

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIO.REFERENCE INTERVAL</u>
<b>THYROID FUNCTION TEST:</b>			
Total Triiodo Thyronine (T3)	0.90	ng / ml	Healthy adult :0.87-1.78 Pregnant Women 1 Trimester :0.81-1.90 2&3 Trimester :1.00-2.60
Total Thyroxine (T4)	5.5	µg / dl	Healthy adult:4.82-15.65 Pregnant Women 1 Trimester :6.40-15.2 2 Trimester :7.40-15.2 3 Trimester :7.70-13.8
Thyroid Stimulating Hormone(TSH)	2.42	µIU / ml	Healthy adult :0.38-5.33 Pregnant Women 1 Trimester :0.30-4.50 2 Trimester :0.50-4.60 3.Trimester :0.80-5.20

Method : Chemi Luminiscence Immuno Assay (CLIA)

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIO.REFERENCE INTERVAL</u>
Total Prostatic Specific Antigen (PSA)	<b>0.39</b>	ng/mL	0.0 - 4.0

Total Prostatic Specific Antigen (tPSA): PSA is elevated in benign prostatic hyperplasia (BPH). Clinically an elevated PSA value alone is not of diagnostic value as a specific test for cancer and should only be used in conjunction with other clinical manifestations and diagnostic procedures such as prostate biopsy and DRE (Digital Rectal Examination) report. Free PSA determinations may be helpful in regard to the differential diagnosis of BPH and prostate cancer conditions.

Method: Chemi Luminiscence Immuno Assay (CLIA)

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**DEPARTMENT OF CLINICAL BIOCHEMISTRY**

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIO.REFERENCE INTERVAL</u>
25 - Hydroxy Vitamin D	8.98	ng / ml	<b>Healthy Adults:</b> Severe deficiency : < 10.0 Insufficiency : 10.0 - 30.0 Sufficiency : > 30.0 Toxic : > 100.0

Method : Chemi Luminiscence Immuno Assay (CLIA)

The minimal vitamin D3 (25 - OH) level for bone health is between 20 - 30 ng/ml.  
 This total vitamin D assay measures (25 - OH) Vitamin D2 in addition to (25 - OH) vitamin D3.

\* There is no clear consensus yet on the definition of insufficiency versus deficiency. Levels < 20 ng/ml are also considered indicative of deficiency.

*Expertise. Closer to you.*

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**DEPARTMENT OF CLINICAL BIOCHEMISTRY**

TEST NAME	RESULTS	UNITS	BIO.REFERENCE INTERVAL
ACTIVE VITAMIN B12; (HOLOTRANSCOBALAMIN), SERUM	272.9	Pg/ml	180 - 914

Method : Chemiluminescence

**Note:** Presence of heterophilic antibodies in the sample may interfere with assay & produce anomalous results. Patients routinely exposed to animals or to animal serum products can be prone to this interference.

**Comment**

Vitamin B12 (cobalamin) in serum is bound to two proteins: transcobalamin(TC) and haptocorrin (HC). The transcobalamin-vitamin B12 complex is called holotranscobalamin (HoloTC) or Active B12. HoloTC carries only 10-20% of Vitamin B12 whereas 80% of the cobalamin is carried by HC. The fact that only Vitamin B12 that binds to transcobalamin is available for cells has fostered the concept that measurement of holoTC would be more meaningful than measurement of total vitamin B-12 (all of the vitamin B-12 that binds to transcobalamin and haptocorrin). Holo TC is a more sensitive marker of Vitamin B12 deficiency than total Vitamin B12 as its levels decrease before alterations in the other Vitamin B12 status markers

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**TEST NAME**

**RESULT**

**COMPLETE URINE EXAMINATION:**

**Physical Examination :**

Colour	Pale Yellow
Clarity	Clear

**Chemical Examination:**

Specific Gravity	1.020
Protein	Nil
Sugar	Nil
Ketone Bodies	Absent
Bile salts & Bile Pigments	Absent

**Microscopic Examination:**

Pus cells	2 - 3
RBC's	NIL
Epithelial cells	1 - 2
Casts	NIL
Crystals	NIL
Bacteria	NIL
Others	PH.6.0

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APOLLO CLINIC  
17/03/2023 11:36:49 amADM

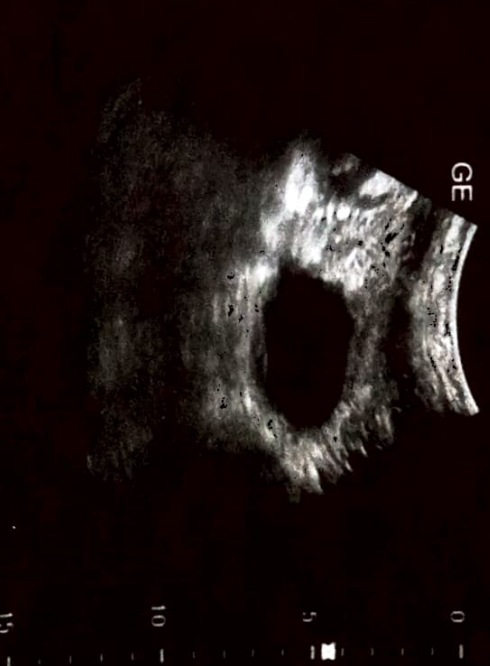
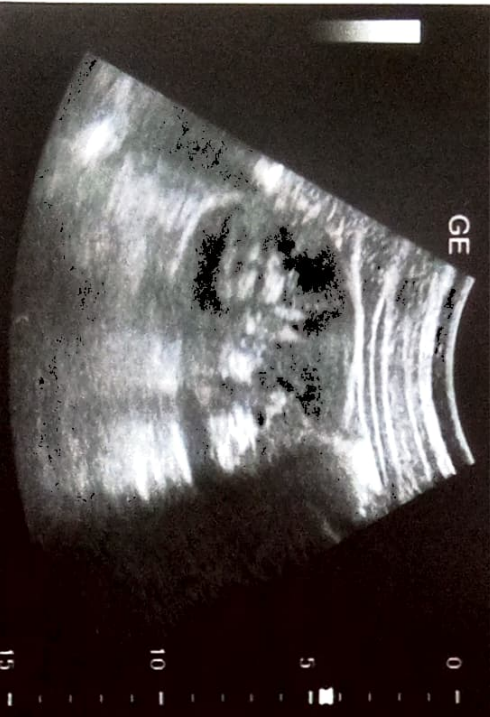
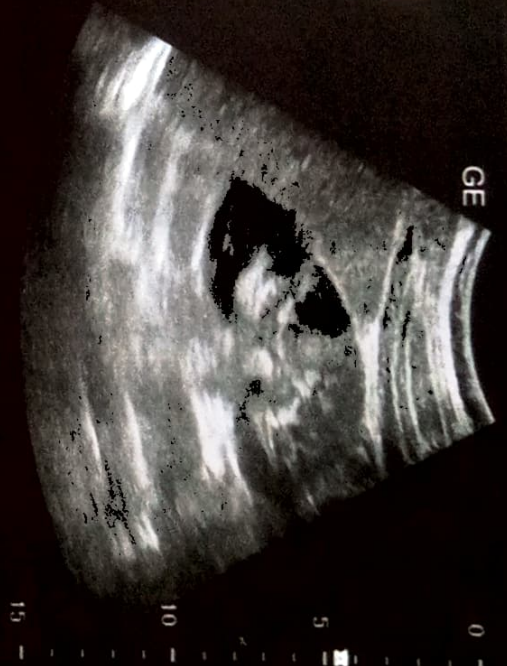
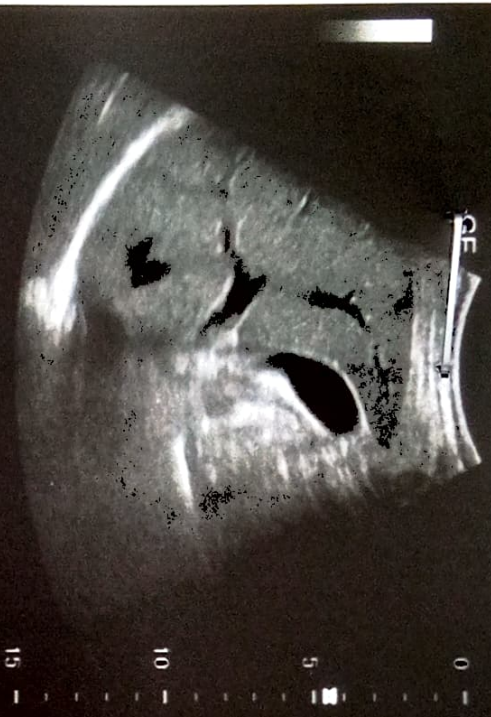
sk zaheer,  
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MI 0.9  
Tis 0.3

4C  
Abdomen



FR	33
AO%	100
CHI	
Frg	4.0
Gn	53
S/A	3/3
Map	F/O
D	15.0
DR	69
Whizz	Off



0.0 (0.1:0.2 s)

NAME	AGE	SEX	DATE
SHAIK ZAHEER	35y	M	18-03-2023

### USG ABDOMEN

Real time grey scale B-Mode transabdominal ultrasonography performed with 3.5 MHz transducer.

- LIVER** : Normal in size and echogenicity. Normal echotexture. No focal lesions. No IHBRD. Portal vein appears normal. CBD within normal limits.
- GALL BLADDER** : Partially distended. No obvious calculi. No wall thickening.
- SPLEEN** : Normal in size and echotexture. No focal lesions.
- PANCREAS** : Visualized portion of head and body appears normal.
- KIDNEYS** : RK: Normal in size and echogenicity. No focal lesions. No calculi. No hydronephrosis. CMD well maintained.  
LK: Normal in size and echogenicity. No focal lesions. No calculi. No hydronephrosis. CMD well maintained.
- URINARY BLADDER** : Partially distended. No obvious wall thickening / focal masses. No calculi.
- PROSTATE** : Normal in size and echotexture.

Paraaortic regions appear normal.

No pleural effusion / No ascites.

#### IMPRESSION:

- **No significant abnormality detected in abdomen.**

Suggested clinical correlation for further evaluation.

NB: This report is only an opinion furnished only on the present black & white shadows (findings), which may be variable in identification, significance with inter & intra observer variations & also depending upon disease dynamics. Hence opinion needs clinical correlation with other investigations, follow up & if necessary second opinion. Hence this opinion cannot be subjected at jurisdiction, in any court or tribunal.

**Dr. CHANDRA SEKHAR KM**  
MBBS., DMRD.  
Reg. No: 68960  
Consultant Radiologist



17.03.2023 10:05:08

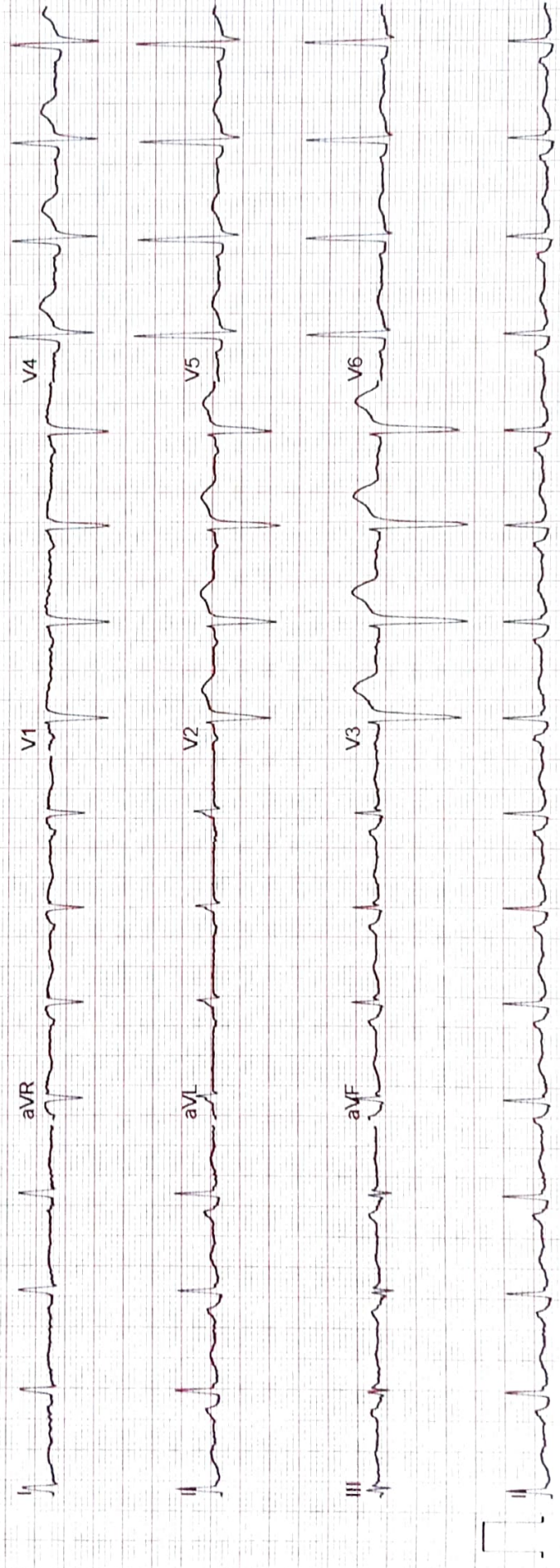
Appolo clinic  
Kundula Road  
Guntur

Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

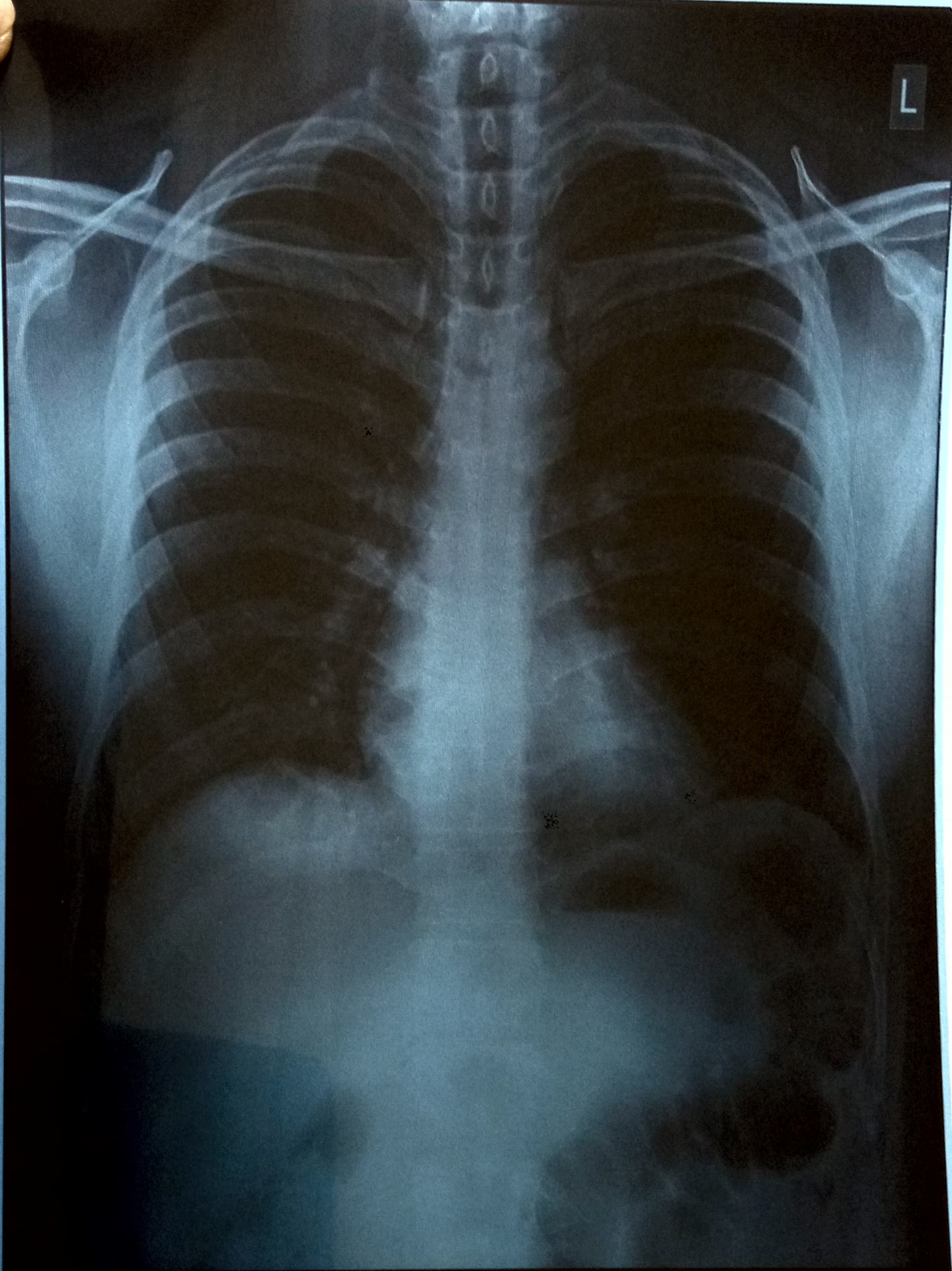
93 bpm  
--- / --- mmHg

Male  
QRS 92 ms  
QT / QTcBaz 368 / 457 ms  
PR 150 ms  
P 94 ms  
RR / PP 646 / 645 ms  
P / QRS / T 76 / 38 / 58 degrees

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:







SK ZAHEER 35Y/M

Chest PA

17-Mar-23 10:45:13 AM

APOLLO CLINIC , KUNDULA ROAD , GUNTUR .

AGFA



Dt: 4-4-23  
Place: Guntur

To  
The Apollo Clinic  
Kundale Road  
Guntur.

Sub: Reports

Dear Sir, I am Patta Munni with EC No 189977  
working in BOB and my husband Zahoor Shaik Gani  
for Annual Health checkup on 17-03-23 along with me  
to your clinic.

He is having some pending checkups like  
(Echocardiography, optical consultation, dental, PFT & ENT consultation) which  
he is unable to go through those checkups right now  
because he went to abroad. So kindly handover his  
reports.

Thanking you,  
Yours faithfully

P. Munni