tenet DIAGNOSTICS
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MC-2977

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **MR.CHANDRAMOHAN BONAGIRI**	TID/SID	: UMR1445642/ 27469581
Age / Gender	: 50 Years / Male	Registered on	: 13-Apr-2024 / 08:17 AM
Ref.By	: SELF	Collected on	: 13-Apr-2024 / 08:33 AM
Req.No	: BIL4150821	Reported on	: 13-Apr-2024 / 16:17 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Result	Biological Reference Intervals
Physical Examination		
Colour Method:Physical	Pale yellow	Straw to Yellow
Appearance Method:Physical	Clear	Clear
Chemical Examination		
Reaction and pH Method:Indicator	Acidic (6.0)	4.6-8.0
Specific gravity Method:Refractometry	1.006	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 Referral Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr.K Sucharita
Consultant Pathologist
Reg.No - TSMC/FMR/01493

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Req.No	: BIL4150821	Reported on	: 13-Apr-2024 / 16:50 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	B
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.

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

--- End Of Report ---

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

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Ref.By	: SELF	Collected on	: 13-Apr-2024 / 08:33 AM
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		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Biological Reference Intervals
ESR 1st Hour Method:Westergren/Vesmatic	3	<=10 mm/hour

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Intervals
Hemoglobin Method:Cyanide Free Lyse Hemoglobin	15.9	13.0-17.0 g/dL
PCV/HCT Method:Calculated	47.5	40.0-50.0 vol%
Total RBC Count Method:Electrical Impedance	**5.58**	4.50-5.50 mill /cu.mm
MCV Method:Calculated	85.1	83.0-101.0 fL
MCH Method:Calculated	28.4	27.0-32.0 pg
MCHC Method:Calculated	33.3	31.5-34.5 g/dL
RDW (CV) Method:Calculated	**15.0**	11.6-14.0 %
MPV Method:Calculated	8.0	7.0-10.0 fL
Total WBC Count Method:Electrical Impedance	7280	4000-10000 cells/cumm
Platelet Count Method:Electrical Impedance	3.01	1.50-4.10 lakhs/cumm
Differential count		
Neutrophils Method:Microscopy	59.1	40.0-80.0 %
Lymphocytes Method:Microscopy	27.8	20.0-40.0 %
Eosinophils	2.7	1.0-6.0 %
Monocytes	9.1	2.0-10.0 %
Basophils Method:Microscopy	**1.3**	< 1.0-2.0 %

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TEST REPORT

Absolute Neutrophil Count Method:Calculated	4302	2000-7000 cells/cumm
Absolute Lymphocyte Count (ALC)	2024	1000-3000 cells/cumm
Absolute Eosinophil Count (AEC)	197	20-500 cells/cumm
Absolute Monocyte Count Method:Calculated	662	200-1000 cells/cumm
Absolute Basophil Count Method:Calculated	95	20-100 cells/cumm
Neutrophil - Lymphocyte Ratio(NLR) Method:Calculated	2.13	0.78-3.53
RBC	Normocytic Normochromic	
WBC	Normal in Morphology & Distribution	
Platelets Method:Microscopy	Adequate	

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 Referral Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr.K Sucharita
Consultant Pathologist
Reg.No - TSMC/FMR/01493

Name	: **MR.CHANDRAMOHAN BONAGIRI**	TID/SID	: UMR1445642/ 27469583
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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	**5**	6-20 mg/dL
Urea. Method:Urease/UV	**11.7**	12.8-42.8 mg/dL
Note	Kindly correlate clinically	

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	0.77	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.

Bun/Creatinine Ratio, Serum

Investigation	Observed Value	
BUN/Creatinine Ratio Method:Calculated	**6.0**	10-20
Note	Kindly correlate clinically	

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TEST REPORT

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 Referral Laboratory,
Tenet Diagnostics,Hyderabad

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

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Age / Gender	: 50 Years / Male	Registered on	: 13-Apr-2024 / 08:17 AM
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		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	97	Normal: <100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: >/=126 mg/dL

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

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Tenet Diagnostics,Hyderabad

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Age / Gender	: 50 Years / Male	Registered on	: 13-Apr-2024 / 08:17 AM
Ref.By	: SELF	Collected on	: 13-Apr-2024 / 08:33 AM
Req.No	: BIL4150821	Reported on	: 13-Apr-2024 / 12:38 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography	4.9	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:Calculated	94	mg/dL

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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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Cholesterol Oxidase	145	Desirable: <200 mg/dL Borderline: 200-239 mg/dL High: >/=240 mg/dL
HDL Cholesterol Method:Direct Measurement	59	Low: <40 mg/dL High: >/=60 mg/dL
VLDL Cholesterol Method:Calculated	11.80	6.0-38.0 mg/dL
LDL Cholesterol Method:Calculated	74.2	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	59	Normal:<150 mg/dL Borderline: 150-199 mg/dL High: 200-499 mg/dL Very high: >/=500 mg/dL
Chol/HDL Ratio Method:Calculated	**2.46**	Low Risk: 3.3-4.4 Average Risk: 4.5-7.1 Moderate Risk: 7.2-11.0
LDL Cholesterol/HDL Ratio Method:Calculated	1.26	Desirable: 0.5-3.0 Borderline Risk: 3.0-6.0 High Risk: >6.0

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.

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

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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Biological Reference Interval
Total Bilirubin. Method:Diazo method	0.63	<1.2 mg/dL
Direct Bilirubin. Method:Diazo method	0.24	<0.30 mg/dL
Indirect Bilirubin. Method:Calculated	0.39	<0.9 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method:UV wtihout P5P	33	<45 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:UV wtihout P5P	21	<35 U/L
ALP (Alkaline Phosphatase). Method:PNPP-AMP Buffer	56	40-129 U/L
Gamma GT. Method:Gamma-Glutamyl - 3 - Carbossi - 4 - Nitroanilide (GCNA)	23	10-71 U/L
Total Protein. Method:Biuret	7.1	6.6-8.7 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.4	3.5-5.2 g/dL
Globulin. Method:Calculated	2.7	1.8-3.8 g/dL
A/GRatio. Method:Calculated	1.6	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.

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

--- End Of Report ---

Dr.Abdur Rehman Asif
Consultant Biochemist
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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value	Biological Reference Interval
Prostate Specific Antigen (PSA). Total Method:ECLIA	1.22	<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.

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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	1.01	0.80-2.00 ng/mL
Thyroxine Total (T4) Method:ECLIA	7.2	5.1-14.1 µg/dL
Thyroid Stimulating Hormone (TSH) Method:ECLIA	3.6	0.27-4.20 µIU/mL

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.

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

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Dr.Abdur Rehman Asif
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DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Uricase	5.6	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.

* Sample processed at National Referral Laboratory,
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Dr.Abdur Rehman Asif
Consultant Biochemist
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Name	: Mr . CHANDRAMOHAN BONAGIRI	TID	: UMR1445642
Age/Gender	: 50 Years/Male	Registered On	: 13-Apr-2024 08:17 AM
Ref By	: Self	Reported On	: 13-Apr-2024 10:21 AM
Reg.No	: BIL4150821	Reference	: Arcofemi Health Care Ltd - Medi Whe

DEPARTMENT OF ULTRASOUND
Ultrasound Abdomen Pelvis

LIVER is normal shape, size (14.9 cms) and increased echopattern.
No evidence of focal lesion or 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 (10.4 cms) and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout.
No evidence of hydronephrosis.
Bilateral tiny concretions.
Right kidney measures - 10.5 x 4.6 cms, Left kidney measures - 10.9 x 5.7 cms.

URINARY BLADDER shows normal shape and wall thickness.
It has clear contents. No evidence of diverticula.
Prevoid volume : 434 cc; Postvoid residue : 31 cc.

PROSTATE shows enlarged in size and normal echopattern.
It measures 3.7 x 4.3 x 3.8 cms, Vol - 31 cc.

No evidence of free fluid in the abdomen and pelvis.

IMPRESSION:

*** Grade - I fatty liver.**

*** Grade - I prostatomegaly.**

Suggested clinical correlation and follow up

*** End Of Report ***

Dr Rohit Chauhan
MBBS, MD
Consultant Radiologist

PLEASE SCAN QR CODE

Name	**: Mr . CHANDRAMOHAN BONAGIRI**	TID	: UMR1445642
Age/Gender	: 50 Years/Male	Registered On	: 13-Apr-2024 08:17 AM
Ref By	: Self	Reported On	: 13-Apr-2024 10:21 AM
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Age/Gender	: 50 Years/Male	Registered On	: 13-Apr-2024 08:17 AM
Ref By	: Self	Reported On	: 13-Apr-2024 01:40 PM
Reg.No	: BIL4150821	Reference	: Arcofemi Health Care Ltd - Medi Whe

DEPARTMENT OF X-RAY

X-Ray Chest PA View

Lung fields appear normal.

Cardiac size is within normal limits.

Aorta and pulmonary vasculature is normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

*** Normal study.**

Suggested clinical correlation and follow up.

*** End Of Report ***

Dr Rohit Chauhan
MBBS, MD
Consultant Radiologist