



Final Laboratory Report		PID :
Name : Mr ANAND J	Sex/Age : Male / 36 Years	Lab ID : 40509104270
Ref. By :	SRF ID :	Ref. ID :
Corporate : NDPL - Mediwheel		UHID :
Col Dt. Time : 25-May-2024 08:01	Recv Dt. Time : 25-May-2024 08:01	Sample Type :
Reg Dt. Time : 25-May-2024 08:00	Report Released @ :	Report Printed : 28-May-2024 16:19

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
CBC			
Eosinophil	0.7	%	1 - 6
Kidney Function Test			
Uric Acid	7.50	mg/dL	3.5 - 7.2
Lipid Profile			
Triglyceride	168.00	mg/dL	< 150 - Normal 150 - 199 - Borderline 200 - 499 - High > 500 - Very High "NCEP Guidelines ATP III".
HDL Cholesterol	28.0	mg/dL	< 40 - Low Level 40 - 60 - Average Level > 60 - High Level NCEP Guidelines ATP III.
LDL Cholesterol	106.40	ng/dL	< 100 - Optimal 100 - 129 - Near Optimal 130 - 159 - Borderline High 160 - 189 - High > 190 - Very High
Chol/HDL	6.00		0 - 4.1
Liver Function Test			
A/G Ratio	1.81		0.9 - 1.6

Abnormal Result(s) Summary End





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Corporate : NDPL - Mediwheel	UHID :		
Col Dt. Time : 25-May-2024 08:01	Recv Dt. Time : 25-May-2024 08:01	Sample Type : Whole Blood EDTA	
Reg Dt. Time : 25-May-2024 08:00	Report Released @ : 25-May-2024 10:42	Report Printed : 28-May-2024 16:19	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Complete Blood Counts				
RBC Count <i>Electrical Impedance</i>	4.61	millions/cm m	4.5 - 6.5	
Haemoglobin <i>SLS</i>	14.7	g/dL	13.5 - 18	
PCV	42.5	%	40 - 54	
Mean Corpuscular Volume <i>Calculated</i>	92.2	fL	76 - 96	
Mean Corpuscular Hemoglobin <i>Calculated</i>	31.9	pg	27 - 32	
Mean Corpuscular Hb Concentration <i>Calculated</i>	34.6	g/dL	30 - 35	
Red Cell Distribution Width (RDW) <i>Calculated</i>	12.4	%	11.5 - 14	
Total Leucocyte Count(TLC) <i>Fluorescent Flowcytometry</i>	6860	Cells/cmm	4000 - 11000	
<u>Differential Counts</u>				
Neutrophil <i>Fluorescent Flowcytometry</i>	65.2	%	40 - 75	
Lymphocyte <i>Fluorescent Flowcytometry</i>	28.3	%	20 - 45	
Monocytes <i>Fluorescent Flowcytometry</i>	5.4	%	2 - 10	
Eosinophil	L 0.7	%	1 - 6	
Basophil <i>Fluorescent Flowcytometry</i>	0.4	%	0 - 1	
<u>Absolute Counts</u>				
Absolute Neutrophil Count <i>Calculated</i>	4470	Cells/cmm	2000-7000	
Absolute Lymphocyte Count <i>Calculated</i>	1940	Cells/cmm	1000-5000	
Absolute Monocyte Count <i>Calculated</i>	370	Cells/cmm	200-1000	
Absolute Eosinophil Count <i>Calculated</i>	50	Cells/cmm	20-500	
Absolute Basophil Count <i>Calculated</i>	30	Cell/cmm	20-100	
Platelet Count <i>Electrical Impedance</i>	202000	Cells/cmm	150000 - 400000	
Mean Platelet Volume (MPV)	10.4	fL	7.2 - 11.7	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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According to ICSH guideline (international Council for Standardisation in Hematology), the differential counts should be reported in absolute numbers.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Corporate	: NDPL - Mediwheel	UHID	:		
Col Dt. Time	: 25-May-2024 08:01	Recv Dt. Time	: 25-May-2024 08:01	Sample Type	: Whole Blood EDTA
Reg Dt. Time	: 25-May-2024 08:00	Report Released @	: 25-May-2024 11:07	Report Printed	: 28-May-2024 16:19

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Photometrical capillary stopped flow kinetic analysis</i>	3	mm/hour	0 - 15	

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Corporate	: NDPL - Mediwheel	UHID	:		
Col Dt. Time	: 25-May-2024 08:01	Recv Dt. Time	: 25-May-2024 08:01	Sample Type	: Whole Blood EDTA
Reg Dt. Time	: 25-May-2024 08:00	Report Released @	: 25-May-2024 17:05	Report Printed	: 28-May-2024 16:19

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Blood Group & Rh Type <i>Column agglutination</i>	A Negative			confirmed with Du method.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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**Final Laboratory Report**

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Name : **Mr ANAND J**Sex/Age : **Male / 36 Years**Lab ID : **40509104270**

Ref. By :

SRF ID :

Ref. ID :

Corporate : NDPL - Mediwheel

UHID :

Col Dt. Time : 25-May-2024 08:01

Recv Dt. Time : 25-May-2024 08:01

Sample Type : Plasma Fluoride

Reg Dt. Time : 25-May-2024 08:00

Report Released @ :

25-May-2024 11:54

F,Plasma Fluoride PP

Report Printed : 28-May-2024 16:19

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F HEXOKINASE/G-6-PDH	84.00	mg/dL	Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired Fasting : Diabetic : =>126.	
Plasma Glucose - PP HEXOKINASE/G-6-PDH	85.00	mg/dL	Normal : 70-140 mg/dL Impaired Tolerance : 141 - 199 Diabetic : => 200	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Corporate : NDPL - Mediwheel		UHID :	
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Reg Dt. Time : 25-May-2024 08:00	Report Released @ : 25-May-2024 13:53	Report Printed : 28-May-2024 16:19	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C High Performance Liquid Chromatography (HPLC)	4.20	%	Non Diabetic : Less than 5.7 % Pre Diabetic : 5.7 - 6.4 Diabetic : => 6.5 %	
Estimated Avg Glucose (3 Mths) Calculated	73.84	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemc control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemc control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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P. Anitha

Anitha Ceciliya P

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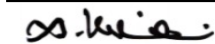


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Col Dt. Time : 25-May-2024 08:01	Recv Dt. Time : 25-May-2024 08:01	Sample Type : Serum	
Reg Dt. Time : 25-May-2024 08:00	Report Released @ : 25-May-2024 11:54	Report Printed : 28-May-2024 16:19	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Lipid Profile				
Cholesterol <i>Enzymatic</i>	168.00	mg/dL	<200 - Desirable 200 - 239 - Borderline High > 240 - High "NCEP Guidelines ATP III".	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	H 168.00	mg/dL	< 150 - Normal 150 - 199 - Borderline 200 - 499 - High > 500 - Very High "NCEP Guidelines ATP III".	
HDL Cholesterol <i>Accelerator Selective Detergent</i>	L 28.0	mg/dL	< 40 - Low Level 40 - 60 - Average Level > 60 - High Level NCEP Guidelines ATP III.	
LDL Cholesterol <i>Calculated</i>	H 106.40	ng/dL	< 100 - Optimal 100 - 129 - Near Optimal 130 - 159 - Borderline High 160 - 189 - High > 190 - Very High	
VLDL <i>Calculated</i>	33.60	mg/dL	10 - 40	
Non-HDL Cholesterol <i>Calculated</i>	140	mg/dL	< 130 Optimal 130-159 Near Optimal 160-189 Borderline high 190-219-High >or = 220- Very high	
LDL/HDL Ratio	3.80			
Chol/HDL <i>Calculated</i>	H 6.00		0 - 4.1	

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Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Extreme Risk group - A.) CAD with > 1 feature of high risk group. B.) CAD with > 1 feature of very high risk group or recurrent ACS (within 1 year) despite LDL-C </= 50 mg/dl or polyvascular disease.

Very High Risk group - 1.) Established ASCVD 2.) Diabetes with 2 major risk factors or evidence of end organ damage 3.) Familial Homozygous Hypercholesterolemia.

High Risk - 1.) Three major ASCVD risk factors 2.) Diabetes with 1 major risk factor or no evidence of end organ damage 3.) CKD stage 3B or 4.) LDL > 190 mg /dl 5.) Extreme of a single risk factor 6.) Coronary Artery Calcium -CAC >300AU.

7.) Lipoprotein a >= 50 mg /dl 8.) Non stenotic carotid plaque.

Moderate Risk - 2 major ASCVD risk factors

Low Risk - 0-1 major ASCVD risk factors

Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors

- 1.) Age >= 45 years in males and >= 55 years in females
- 2.) Family history of premature ASCVD
- 3.) Current Cigarette smoking or tobacco use
- 4.) High blood pressure.
- 5.) Low HDL

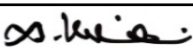
Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL(mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (optional goal </=30)	<80(optional goal </=60)	>/=50	>/=80
Extreme Risk Group Category B	</= 30	</=60	>30	>60
Very High Risk	<50	<80	>/=50	>/=80
High Risk	<70	<100	>/=70	>/=100
Moderate Risk	<100	<130	>/=100	>/=130
Low Risk	<100	<130	>/=130	>/=160

❖ After an adequate non-pharmacological intervention for at least 3 months.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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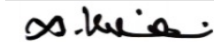


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Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel	UHID :		
Col Dt. Time : 25-May-2024 08:01	Recv Dt. Time : 25-May-2024 08:01	Sample Type : Serum	
Reg Dt. Time : 25-May-2024 08:00	Report Released @ : 25-May-2024 11:54	Report Printed : 28-May-2024 16:19	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
LIVER FUNCTION TEST				
Bilirubin Total <i>Diazonium Salt</i>	1.00	mg/dL	0.2 - 1.2	
Bilirubin Direct <i>DIAZO REACTION</i>	0.30	mg/dL	0 - 0.5	
Bilirubin Indirect <i>Calculated</i>	0.70	mg/dL	0.1 - 1	
S.G.P.T. <i>NADH (Without P-5-P)</i>	12.00	U/L	0 - 55	
S.G.O.T. <i>NADH (Without P-5-P)</i>	16.00	U/L	5 - 34	
Alkaline Phosphatase <i>Para-Nitrophenyl Phosphate</i>	73.00	U/L	40-150	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	16.00	U/L	12 -64	
Proteins (Total) <i>Biuret</i>	7.60	gm/dL	6.4 - 8.3	
Albumin <i>Bromo Cresol Green</i>	4.90	g/dL	3.5-5.2	
Globulin <i>Calculated</i>	2.70		2.6 - 3.7	
A/G Ratio <i>Calculated</i>	H 1.81		0.9 - 1.6	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Col Dt. Time : 25-May-2024 08:01	Recv Dt. Time : 25-May-2024 08:01	Sample Type : Serum	
Reg Dt. Time : 25-May-2024 08:00	Report Released @ : 25-May-2024 11:14	Report Printed : 28-May-2024 16:19	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) <i>CMA</i>	110.55	ng/dL	58 - 159	
Thyroxine (T4) <i>CMA</i>	5.94	µg/dL	4.87 - 11.72	
TSH <i>CMA</i>	3.45	µIU/mL	0.35 - 4.94	

INTERPRETATIONS

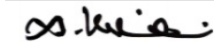
- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PPTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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Reg Dt. Time : 25-May-2024 08:00	Report Released @ : 25-May-2024 11:14	Report Printed : 28-May-2024 16:19		

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

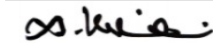
Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)



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Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel	UHID :		
Col Dt. Time : 25-May-2024 08:02	Recv Dt. Time : 25-May-2024 08:02	Sample Type : Urine	
Reg Dt. Time : 25-May-2024 08:00	Report Released @ : 25-May-2024 11:14	Report Printed : 28-May-2024 16:19	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
<u>Urine Routine Examination</u>				
Appearance <i>Manual</i>	Clear		Clear	
Colour	Pale yellow			
pH <i>Ion concentration</i>	6.0		4.6 - 8	
Sp.Gravity <i>pKa change</i>	1.005		1.003 - 1.035	
<u>Chemical Examination</u>				
Protein <i>Tetrabromophenol blue</i>	Negative		Negative	
Glucose <i>GOD-POD</i>	Negative		Negative	
Bile pigment <i>Biochemical</i>	Negative		Negative	
Urobilinogen <i>Diazotization reaction</i>	Not Increased		Negative	
Ketones <i>Sodium Nitroprusside Reaction</i>	Negative	mg/dL	Negative	
Nitrite <i>N-(1-naphthyl)-ethylenediamine</i>	Negative		Negative	
<u>Microscopic Examination</u>				
Red Blood Cell	Nil	/HPF	Nil	
Pus Cells <i>Microscopy</i>	3-4	/HPF	0-5 cells/hpf	
Epithelial Cell <i>Microscopy</i>	2-3	/HPF	Negative	
Cast <i>Microscopy</i>	Nil	/HPF	Nil	
Pathological Cast <i>Reflectance Photometry</i>	Nil	/HPF	NIL	
<u>Crystals</u>				
Calcium oxalate Monohydrate	Nil	/HPF	Nil	
Calcium oxalate Dihydrate	Nil	/HPF	Nil	
Triple phosphate	Nil	/HPF	Nil	
Uric Acid <i>Phase Contrast Microscopy</i>	Nil	/HPF	Nil	
Bacteria	Nil	/μL	Nil	
Yeast	Nil	/μL	Nil	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)



Divya.NHT

Verified by



DR.MONICA KUMBHAT M
MBBS,MD (Pathology) FGIL

வெறல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க



Final Laboratory Report		PID :
Name : Mr ANAND J	Sex/Age : Male / 36 Years	Lab ID : 40509104270
Ref. By :	SRF ID :	Ref. ID :
Corporate : NDPL - Mediwheel	UHID :	
Col Dt. Time : 25-May-2024 08:02	Recv Dt. Time : 25-May-2024 08:02	Sample Type : Urine
Reg Dt. Time : 25-May-2024 08:00	Report Released @ : 25-May-2024 11:14	Report Printed : 28-May-2024 16:19

Amorphous Deposits
*Phase Contrast Microscopy***0.0**

/HPF

0-29.5 p/hpf

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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**Divya.NHT**

Verified by

**DR.MONICA KUMBHAT M**
MBBS,MD (Pathology) FGIL

ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க





Final Laboratory Report				PID	:
Name	: Mr ANAND J	Sex/Age	: Male / 36 Years	Lab ID	: 40509104270
Ref. By	:	SRF ID	:	Ref. ID	:
Corporate	: NDPL - Mediwheel	UHID	:		
Col Dt. Time	: 25-May-2024 08:01	Recv Dt. Time	: 25-May-2024 08:01	Sample Type	: XRAY,Health Check
Reg Dt. Time	: 25-May-2024 08:00	Report Released @	: 26-May-2024 19:45	Report Printed	: 28-May-2024 16:19

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
EYE Test (Near,Far and Color)	REPORT ATTACHED			

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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CHRISTINA KAYALVIZHI

Verified by


Dr.Monica.M

ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க



<i>Patient Name</i>	Mr ANAND J	<i>Patient ID</i>	104270
<i>Age/D.O.B</i>	36Y	<i>Gender</i>	M
<i>Referring Doctor</i>	NA	<i>Date</i>	25 May 24

XRAY RADIOGRAPH CHEST - PA

History

.

Observations

Cardiothoracic ratio is normal.
Both costophrenic angles appear normal.
Soft tissues of the chest wall are normal.
Both lung fields are clear.
Sternum appears normal.
Visualized thoracic vertebral is normal.

Impression

The study is within normal limits.

Reported By,



Dr. Farid Khan
Page 16 of 20
MBBS, MD
Consultant Radiologist
MPMC - 23324

Disclaimer

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Final Laboratory Report			PID :
Name : Mr ANAND J	Sex/Age : Male / 36 Years	Lab ID : 40509104270	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel		UHID :	
Col Dt. Time : 25-May-2024 08:01	Recv Dt. Time : 25-May-2024 08:01	Sample Type : Other	
Reg Dt. Time : 25-May-2024 08:00	Report Released @ : 27-May-2024 14:36	Report Printed : 28-May-2024 16:19	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Physical Examination

Height	179			
Blood Pressure	130/80	mmHg		
Body Weight	71			
Body Mass Index	22.2			

----- End Of Report -----

For test performed on specimens received or collected from non-NDPL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NDPL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Kalaiselvi

Verified by

Monica.M
Dr.Monica.M

ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க





Final Laboratory Report		PID :
Name : Mr ANAND J	Sex/Age : Male / 36 Years	Lab ID : 40509104270
Ref. By :	SRF ID :	Ref. ID :
Corporate : NDPL - Mediwheel	UHID :	
Col Dt. Time : 25-May-2024 08:01	Recv Dt. Time : 25-May-2024 08:01	Sample Type : Serum
Reg Dt. Time : 25-May-2024 08:00	Report Released @ : 25-May-2024 11:54	Report Printed : 28-May-2024 16:19

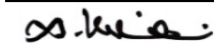
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Kidney Function Test				
Urea <i>Calculated</i>	21.40	mg/dL	19.04 - 44.08	
Creatinine <i>Kinetic Alkaline Picrate</i>	0.73	mg/dL	0.5 - 1.4	
Uric Acid <i>Uricase</i>	H 7.50	mg/dL	3.5 - 7.2	

----- End Of Report -----

For test performed on specimens received or collected from non-NDPL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NDPL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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KALAIVANI

Verified by

Dr.Selvi R
Consultant Biochemist

ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க



Personal Details
 UHID: 01VLL2K26VK0PP7
 Patient ID: 4270
 Name: Anand J
 Age: 36
 Gender: Male
 Mobile: 7010833906

Pre-Existing Medical Conditions

Symptoms

Vitals

Measurements

Interpretation

TEST REPORT

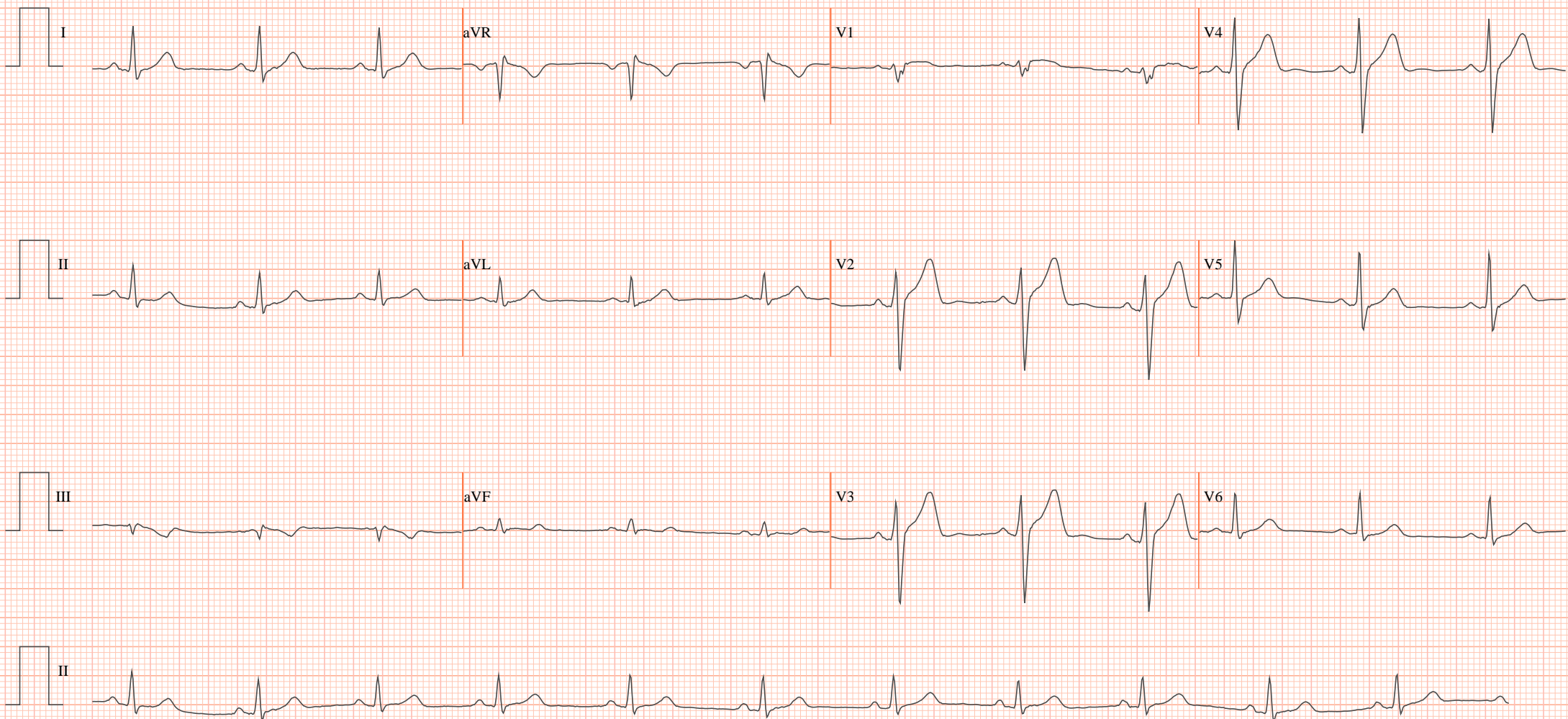
HR: 67 BPM
 PR: 157 ms
 PD: 116 ms
 QRSD: 102 ms
 QRS Axis: 14 deg
 QT/QTc: 358/358 ms

Normal sinus rhythm
 Normal axis
 ST elevation in anterolateral leads
 To rule out ACS

Authorized by

Dr. Yogesh Kothari
 MD, DNB, FESC, FEP
 Reg No- KMC 44065

This trace is generated by **KardioScreen**; Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from **IMEDRIX**



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV