

Name : Mr. PREMKUMAR V P  
PID No. : MED410025375  
SID No. : 712415146  
Age / Sex : 41 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 18/05/2024 9:16 AM  
Collection On : 18/05/2024 9:37 AM  
Report On : 20/05/2024 2:20 PM  
Printed On : 28/05/2024 6:40 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'O' 'Positive'

**Remark:** Test to be confirmed by gel method



Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY



DR KIRAN H'S MD  
Consultant Pathologist  
KMC No: 86542

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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	06	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	08	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.06	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.10	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.36	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.48	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	285	10 <sup>3</sup> / µl	150 - 450
MPV (Blood/Derived)	10.0	fL	7.9 - 13.7
PCT	<b>0.28</b>	%	0.18 - 0.28

  
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Non HDL Cholesterol (Serum/Calculated)	266.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >=220

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	7.2		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	4.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	5.4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose 125.5 mg/dl  
(Whole Blood)

**INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glyemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

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## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total	1.06	ng/ml	0.7 - 2.04
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(Serum/Chemiluminescent Immunometric Assay (CLIA))

#### **INTERPRETATION:**

##### **Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total	8.42	Microg/dl	4.2 - 12.0
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(Serum/Chemiluminescent Immunometric Assay (CLIA))

#### **INTERPRETATION:**

##### **Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone)	0.484	μIU/mL	0.35 - 5.50
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(Serum/Chemiluminescent Immunometric Assay (CLIA))

#### **INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

##### **Comment :**

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&amplt;0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
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<b><u>IMMUNOASSAY</u></b>			
Total PSA (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.85	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

**INTERPRETATION:REMARK** : PSA alone should not be used as an absolute indicator of malignancy.

  
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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Volume (Urine/Physical examination)	30		ml
Appearance (Urine)	Clear		

### CHEMICAL EXAMINATION

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.015		1.002 - 1.035
Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil

  
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Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<b><u>Urine Microscopy Pictures</u></b>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	1-2	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	2-3	/hpf	No ranges
Others (Urine)	Nil		Nil

  
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-- End of Report --

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Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and has uniform echopattern.  
No evidence of focal lesion or intrahepatic biliary ductal dilatation.  
Hepatic and portal vein radicals are normal.

**GALL BLADDER** show 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** show normal shape, size and echopattern.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern.  
Cortico- medullary differentiations are well madeout.

***Left moderate hydronephrosis is noted.***

***Non-obstructing calculus is noted in left kidney measuring 11.7mm.***

2-3 small simple cortical cysts are noted in left kidney.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.7	1.9
Left Kidney	10.0	2.0

**URINARY BLADDER** show normal shape and wall thickness.  
It has clear contents.

**PROSTATE** shows normal shape, size and echopattern.  
No evidence of ascites.

#### **Impression:**

- ***Left Moderate Hydronephrosis - ? Likely Due To Pelviureteric Junction Obstruction.***
- ***Non-Obstructing Left Renal Calculus.***

#### **CONSULTANT RADIOLOGISTS**

##### REPORT DISCLAIMER

1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.  
2.The results reported here in are subject to interpretation by qualified medical professionals only.  
3.Customer identities are accepted provided by the customer or their representative.  
4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.  
5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.  
6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the referring doctor/patient can contact the respective section head of the laboratory.

7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,  
8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.  
9.Liability is limited to the extend of amount billed.  
10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.  
11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

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**DR. ANITHA ADARSH**

MB/MS

**DR. MOHAN B**

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**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

***Impression: No significant abnormality detected.***



**DR. MOHAN. B**  
**(DMRD, DNB, EDIR, FELLOW IN CARDIAC**  
**MRI)**  
**CONSULTANT RADIOLOGIST**