> : MED410025375 Register On : 18/05/2024 9:16 AM

> > **Printed On**

: 712415146 Collection On : 18/05/2024 9:37 AM

Age / Sex : 41 Year(s) / Male Report On : 20/05/2024 2:20 PM Type

: OP

PID No.

SID No.

Ref. Dr : MediWheel



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

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING

 $({\rm EDTA~Blood} Agglutination)$

Remark: Test to be confirmed by gel method

'O' 'Positive'





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Age / Sex : 41 Year(s) / Male

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-	<u>Value</u>		Reference Interval

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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin	15.3	g/dL	13.5 - 18.0

(EDTA Blood/Spectrophotometry)

INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

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PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	43.7	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	5.20	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	84.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	29.4	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	34.9	g/dL	32 - 36
RDW-CV (Derived)	13.3	%	11.5 - 16.0
RDW-SD (Derived)	39.10	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	6000	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	51	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	35	%	20 - 45







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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	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.10	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.36	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.48	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10^3 / μl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	285	10^3 / μl	150 - 450
MPV (Blood/Derived)	10.0	fL	7.9 - 13.7
PCT	0.28	%	0.18 - 0.28

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.8	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.60	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	8.0	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	5.2	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.80	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.86		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the	preferred method		
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	48	U/L	5 - 40
Remark: Kindly correlate clinically.			
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	66	U/L	5 - 41
Remark: Kindly correlate clinically.			
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	66	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	149	U/L	< 55
Remark: Kindly correlate clinically.			







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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	309	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Remark: Kindly correlate clinically.			
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	178	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual_circulating level of triglycerides during most part of the day.

Remark: Kindly correlate clinically.

HDL Cholesterol (Serum/Immunoinhibition)	43	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	230.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	35.6	mg/dL	< 30







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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
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.

co-primary target for endesteror 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
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
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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Investigation Glycosylated Haemoglobin (HbA1c)	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</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 glycemic 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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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
BUN / Creatinine Ratio	0.12		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	85	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS)	128	mg/dL	70 - 140
(Plasma - PP/GOD - POD)			

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Sugar (PP-2 hours) (Urine - PP)	Nil		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.3	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	1.2	mg/dL	0.9 - 1.3

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid 7.1 mg/dL 3.5 - 7.2

(Serum/Uricase/Peroxidase)







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

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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.06 ng/ml 0.7 - 2.04

(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

 $(Serum/Chemiluminescent\ Immunometric\ Assay$

(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

(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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<u>Investigation</u>	<u>Observed</u>	<u>Unit</u>	<u>Biological</u>
-	<u>Value</u>		Reference Interval
IMMUNOASSAY			

Total PSA 0.85 ng/mL

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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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Investigation CLINICAL PATHOLOGY	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
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	Negative	mg/dL	Negative

Nil



(Urine) Blood

(Urine)





Nil

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Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
Urine Microscopy Pictures			
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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APPROVED BY

-- End of Report --



Name	Mr.PREMKUMAR V P	ID	MED410025375
Age & Gender	41/MALE	Visit Date	18/05/2024
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 radiologincal imperssion. Like other investigations, radiological investication also have limitation. Therefore radiologincal 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 refrering 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.



Name	Mr.PREMKUMAR V P	ID	MED410025375
Age & Gender	41/MALE	Visit Date	18/05/2024
Ref Doctor Name	MediWheel		

DR. ANITHA ADARSH

DR. MOHAN B

MB/MS

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Age & Gender	41Y/M	Visit Date	May 18 2024 9:16AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral	lung	fields	appear	normal	١.
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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.

<u>Impression:</u> No significant abnormality detected.

DR. MOHAN. B

(DMRD, DNB, EDIR, FELLOW IN CARDIAC

MRI)

CONSULTANT RADIOLOGIST