

Name : Mr. RAMASWAMY RAJAN  
PID No. : MED111598315  
SID No. : 1802413772  
Age / Sex : 36 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 03/05/2024 10:09 AM  
Collection On : 03/05/2024 10:33 AM  
Report On : 04/05/2024 6:44 AM  
Printed On : 04/05/2024 5:45 PM

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING

'B' 'Positive'

(EDTA Blood/Agglutination)

**INTERPRETATION:** Reconfirm the Blood group and Typing before blood transfusion

**Complete Blood Count With - ESR**

Haemoglobin (Whole Blood - W/Spectrophotometry)	13.2	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Whole Blood - W/Derived from Impedance)	41.8	%	42 - 52
RBC Count (Whole Blood - W/Impedance Variation)	5.67	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Whole Blood - W/Derived from Impedance)	73.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Whole Blood - W/Derived from Impedance)	23.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Whole Blood - W/Derived from Impedance)	31.7	g/dL	32 - 36
RDW-CV (Whole Blood - W/Derived from Impedance)	14.6	%	11.5 - 16.0
RDW-SD (Whole Blood - W/Derived from Impedance)	37.71	fL	39 - 46
Total Leukocyte Count (TC) (Whole Blood - W/Impedance Variation)	9700	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	48.2	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	37.1	%	20 - 45

  
M. Maria Lawrence Raj  
Lab Supervisor

VERIFIED BY



  
DR SURYA LAKSHMI  
Consultant Pathologist  
KMC NO: 112817

APPROVED BY

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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	3.7	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	10.0	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.0	%	00 - 02

**INTERPRETATION:** Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (Whole Blood - W/Impedance Variation & Flow Cytometry)	4.68	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry)	<b>3.60</b>	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.36	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry)	<b>0.97</b>	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.10	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (Whole Blood - W/Impedance Variation)	239	$10^3 / \mu\text{l}$	150 - 450
MPV (Whole Blood - W/Derived from Impedance)	8.8	fL	7.9 - 13.7
PCT (Whole Blood - W/Automated Blood cell Counter)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Whole Blood - W/Automated - Westergren method)	11	mm/hr	< 15

  
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The results pertain to sample tested.

Page 2 of 8

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED,#17,RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD. GUINDY. CHENNAI. TAMIL NADU. INDIA..

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	9.61		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	98.0	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.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative	Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	122.80	mg/dL	70 - 140
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**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 Glucose(PP-2 hours) (Urine - PP)	Negative	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.48	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	1.04	mg/dL	0.9 - 1.3
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**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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	7.5	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.68	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.26	mg/dL	0.0 - 0.3
---------------------------------------------------------	------	-------	-----------



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Bilirubin(Indirect) (Serum/Derived)	0.42	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	21.9	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	32.5	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	27.1	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	64.8	U/L	53 - 128
Total Protein (Serum/Biuret)	6.75	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.04	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.71	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.49		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	161.3	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	87.3	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

  
M. Maria Lawrence Raj  
Lab Supervisor

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Consultant Pathologist  
KMC NO: 112817

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<b>INTERPRETATION:</b> 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.			
HDL Cholesterol (Serum/Immunoinhibition)	36.8	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	107	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17.5	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	124.5	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)	4.4		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)	2.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	<b>6.5</b>	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	139.85	mg/dL
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**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.

**THYROID PROFILE / TFT**

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

**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 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	11.04	µg/dl	4.2 - 12.0
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**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.

  
**M. Maria Lawrence Raj**  
 Lab Supervisor

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**DR SURYA LAKSHMI**  
 Consultant Pathologist  
 KMC NO: 112817

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	3.240	µIU/mL	0.35 - 5.50

**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.

**Urine Analysis - Routine**

COLOUR (Urine)	Pale Yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated δFlow cytometry )	0 - 1	/hpf	NIL
Epithelial Cells (Urine/Automated δFlow cytometry )	0 - 1	/hpf	NIL
RBCs (Urine/Automated δFlow cytometry )	NIL	/HPF	NIL
Casts (Urine/Automated δFlow cytometry )	NIL	/hpf	NIL
Crystals (Urine/Automated δFlow cytometry )	NIL	/hpf	NIL

  
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Others (Urine)	NIL		

**INTERPRETATION:**Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

  
M. Maria Lawrence Raj  
Lab Supervisor

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DR SURYA LAKSHMI  
Consultant Pathologist  
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-- End of Report --



Measurement Results

QRS	132 ms	-90
QT/QTcB	440 / 428 ms	
PR	168 ms	aUR
P	122 ms	
PR/PP	1008 / 1050 ms	
P/QRS/T	22 / 51 / 22 degrees	

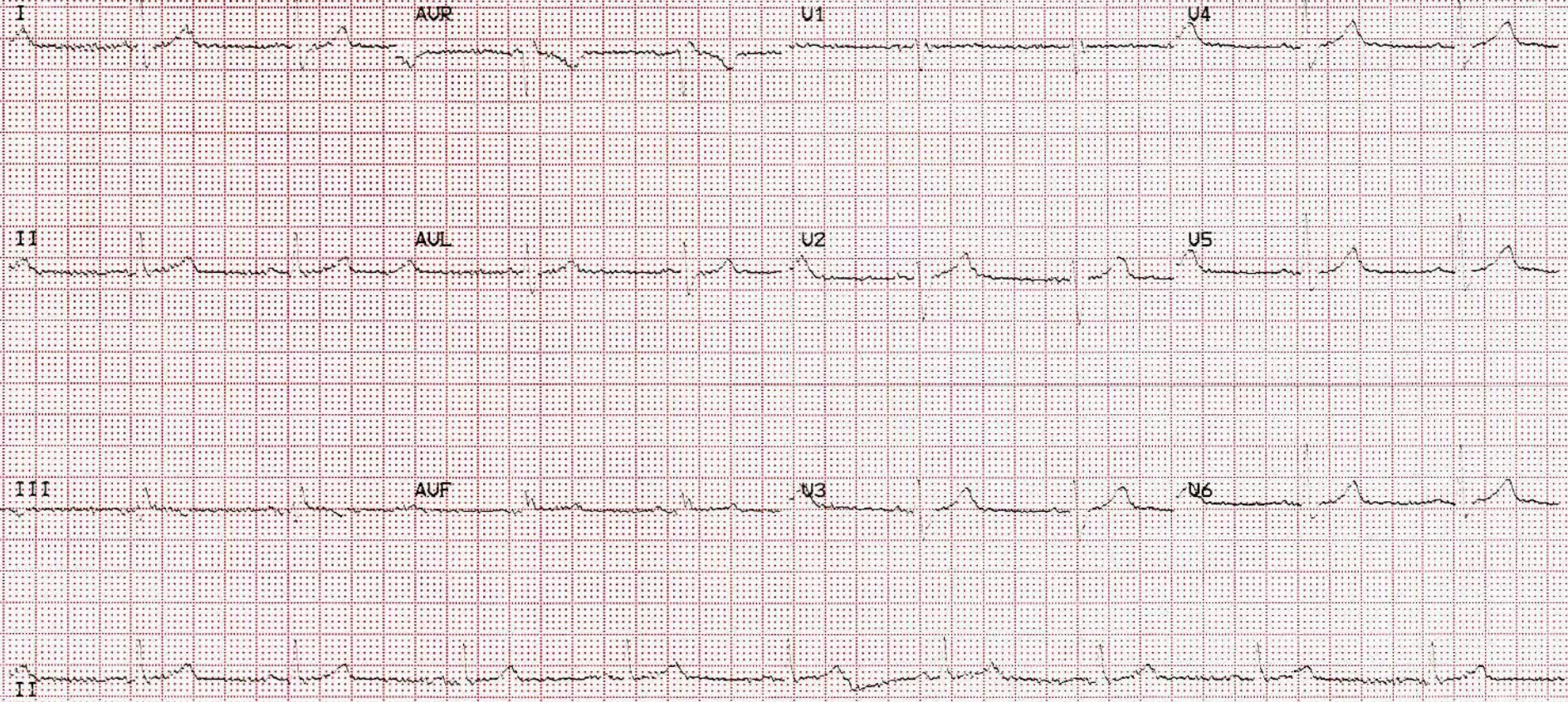
< P  
< T  
< QRS  
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0 I

Interpretation:  
12SL - Interpretation:  
Sinus bradycardia  
Nonspecific intraventricular block  
Abnormal ECG

143.5  
175.0  
46.8

III +90 II  
aVF

Unconfirmed report





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## SONOGRAM REPORT

### WHOLE ABDOMEN

**The enlarged is enlarged in size and shows diffuse fatty changes. No focal mass seen.**

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 12.4 x 4.8 cms.

The left kidney measures 11.5 x 4.8 cms.

Both kidneys are normal in size, shape and position.

Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

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The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The prostate measures 2.6 x 3.6 x 3.5 cms and is normal sized with a volume of 18.5 cc.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

**IMPRESSION:**

- **Enlarged fatty liver.**
- **Other organs are normal.**

**(Note: Study limited due to poor penetration of sound waves)**

am

CONSULTANT RADIOLOGIST

**DR. S.GNANAM MBBS.,DMRD.,**

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## ECHO CARDIOGRAPHY REPORT

### Measurements:-

#### M Mode:

<b>IVS d</b>	1.0cm	<b>IVS s</b>	1.4cm
<b>LVID d</b>	5.2cm	<b>LVID s</b>	3.3cm
<b>LVPW d</b>	1.2cm	<b>LVPW s</b>	1.3cm
<b>AO</b>	2.5cm	<b>LA</b>	3.3cm

### Doppler study:

<u>Location</u>	<u>m/sec</u>	<u>Location</u>	<u>m/sec</u>
<b>MP A vel</b>	0.8	<b>MV E</b>	0.8
<b>PGT</b>	2mmHg	<b>A</b>	0.5
<b>AV vel</b>	0.8	<b>Ratio</b>	1.4
<b>PGT</b>	3mmHg	<b>TV E</b>	-
<b>EF</b>	65%	<b>A</b>	-
<b>FS</b>	36%	<b>Ratio</b>	-

### 2D:

<b>LA</b> : NORMAL	<b>RA</b> : NORMAL
<b>LV</b> : NORMAL	<b>RV</b> : NORMAL
<b>AV</b> : NORMAL	<b>PV</b> : NORMAL
<b>MV</b> : NORMAL	<b>TV</b> : NORMAL
<b>AO</b> : NORMAL	<b>PA</b> : NORMAL

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**Observations:**

- **Suboptimal echo window**
- **Cardiac chambers dimension-normal**
- **No regional wall motion abnormality**
- **Normal LV systolic and diastolic function**
- **Valves are morphologically and functionally normal**
- **No stenosis / prolapse / regurgitation**
- **Doppler flow pattern normal**
- **No pulmonary hypertension**
- **Normal Pericardium**
- **IAS/ IVS appear Intact**
- **No mass**

**CONCLUSIONS:**

- ***NORMAL CARDIAC DIMENSIONS.***
- ***NO REGIONAL WALL MOTION ABNORMALITIES.***
- ***GOOD LV SYSTOLIC FUNCTION.***
- ***LVEF 65%***
- ***NORMAL STUDY.***

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**Prof. N. Subramanian MD, DM(CARD) FRCP, FACC**

**Consultant Cardiologist**

**Done by- Ms.Nivedha.P  
Cardiac Technologist**

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**X - RAY CHEST PA VIEW**

**FINDINGS:**

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. Nitash Prakash MBBS., MD  
Consultant Radiologist