

Name : Mr. SENTHIL KUMAR P
 PID No. : MED122474551
 SID No. : 624005065
 Age / Sex : 43 Year(s) / Male
 Ref. Dr : MediWheel

Register On : 24/02/2024 10:34 AM
 Collection On : 24/02/2024 11:05 AM
 Report On : 25/02/2024 12:06 PM
 Printed On : 28/02/2024 3:04 PM
 Type : OP



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.03	10 ³ / μl	< 0.2
Platelet Count (Blood/Impedance Variation)	328	10 ³ / μl	150 - 450
MPV (Blood/Derived from Impedance)	6.7	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	26	mm/hr	< 15

BIOCHEMISTRY

BUN / Creatinine Ratio	14.5		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	87.3	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)	Negative	Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	99.8	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)	13.0	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.90	mg/dL	0.9 - 1.3
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Uric Acid (Serum/Enzymatic)	5.0	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum)	0.70	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.24	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.46	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	18.5	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum)	20.8	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	25.4	U/L	< 55
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	63.5	U/L	53 - 128
Total Protein (Serum/Biuret)	7.25	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.30	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.95	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.46		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	170.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	92.4	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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.

HDL Cholesterol (Serum/Immunoinhibition)	40.6	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	111.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	18.5	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	129.9	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.



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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.2		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)	2.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/Ion exchange HPLC by D10)	5.5	%	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 (Whole Blood) 111.15 mg/dL

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.

IMMUNOASSAY

Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.40	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
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INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

• In the early detection of Prostate cancer.

• As an aid in discriminating between Prostate cancer and Benign Prostatic disease.

• To detect cancer recurrence or disease progression.



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RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --



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Thanks for your reference

SONOGRAM REPORT

WHOLE ABDOMEN

Liver: The liver is normal in size and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary ductal dilatation.

Gallbladder The gall bladder is partially distended with no demonstrable calculus wall thickness appears normal.(post prandial status)

Pancreas The pancreas shows a normal configuration and echotexture.
The pancreatic duct is normal.

Spleen The spleen is normal.

Kidneys The right kidney measures 9.6 x 3.6 cm. Normal architecture.
The collecting system is not dilated.
The left kidney measures 9.8 x 4.7 cm. Normal architecture.
The collecting system is not dilated.

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

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.

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Prostate The prostate measures 3.3 x 3.0 x 2.7 cm and is normal sized.
 Corresponds to a weight of about 14.36 gms.
 The echotexture is homogeneous.
 The seminal vesicles are normal.

RIF Iliac fossae are normal.
 No mass or fluid collection is seen in the right iliac fossa.
 The appendix is not visualized.
 There is no free or loculated peritoneal fluid.
 No para aortic lymphadenopathy is seen.

IMPRESSION

➤ No significant abnormality.

**DR.T.ANNIE STALIN MBBS.,F.USG.,
 SONOLOGIST.**

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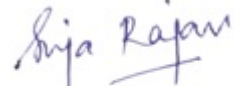
Thanks for your reference

DIGITAL X- RAY CHEST PA VIEW

Trachea appears normal.
Cardiothoracic ratio is within normal limits.
Costo and cardiophrenic angles appear normal.
Bilateral lung fields appear normal.
Visualised bony structures appear normal.
Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

- i. NOSIGNIFICANTBNORMALITDEMONSTRATED.



Dr.A.Suja Rajan DMRD., DNB.,
Consultant Radiologist