

Name : Mr. VAHINIPATI  
SATYANARAYANA

PID No. : MED111034531

Register On : 26/03/2022 9:53 AM

SID No. : 79150817

Collection On : 26/03/2022 10:26 AM

Age / Sex : 37 Year(s) / Male

Report On : 27/03/2022 4:39 PM

Type : OP

Printed On : 28/03/2022 11:18 AM

Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (Blood/Agglutination)	'O' 'Positive'		
BUN / Creatinine Ratio	10.3		
Glucose Fasting (FBS) (Plasma - F/Glucose oxidase/Peroxidase)	93	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 - POD)	137	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/Calculated)	9.3	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe $\delta$ Alkaline Picrate)	0.9	mg/dL	0.9 - 1.3
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Uric Acid (Serum/Uricase/Peroxidase)	6.1	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/Diazotized Sulphanilic acid)	0.7	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulphanilic acid )	0.3	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Calculated)	0.40	mg/dL	0.1 - 1.0
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Dr. Lakhinani Shalini MD  
Consultant-Pathologist  
APMC FMR - 83818

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SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC without P-5-P)	13	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC without P-5-P)	19	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC AMP Buffer)	91	U/L	53 - 128
Total Protein (Serum/Biuret)	7.6	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	5.3	gm/dl	3.5 - 5.2
Globulin (Serum/Calculated)	2.30	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Calculated)	2.30		1.1 - 2.2

**INTERPRETATION:**Enclosure : Graph

GGT(Gamma Glutamyl Transpeptidase)  
(Serum/IFCC / Kinetic)

19

U/L

< 55

**Lipid Profile**

Cholesterol Total  
(Serum/Cholesterol oxidase/Peroxidase)

219

mg/dL

Optimal: < 200  
Borderline: 200 - 239  
High Risk: >= 240

Triglycerides  
(Serum/Glycerol-phosphate oxidase/Peroxidase)

126

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.

  
Dr. L. Shalini  
Dr. Lakhineni Shalini MD  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
HDL Cholesterol (Serum/Immunoinhibition)	45	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	148.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	25.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	174.0	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)	4.9		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)	2.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

### THYROID PROFILE / TFT

  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.545	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 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	8.515	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.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescence)	1.456	µIU/mL	0.35 - 5.50
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**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**

Others Nil  
(Urine/Microscopy)

**INTERPRETATION:**Note: Done with Automated Urine Analyser & microscopy

**Physical Examination(Urine Routine)**

Colour (Urine/Physical examination)	pale yellow	Yellow to Amber
Appearance (Urine/Physical examination)	Clear	Clear

  
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**Chemical Examination(Urine Routine)**

Protein (Urine/Dipstick-Error of indicator/ Sulphosalicylic acid method )	Negative		Negative
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Glucose (Urine/Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict's semi quantitative method.)	Negative		Negative
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**Microscopic Examination(Urine Routine)**

Pus Cells (Urine/Microscopy exam of urine sediment)	2-4	/hpf	0 - 5
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Epithelial Cells (Urine/Microscopy exam of urine sediment)	0-1	/hpf	NIL
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RBCs (Urine/Microscopy exam of urine sediment)	Nil	/hpf	0 - 5
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<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (Blood/Spectrophotometry)	14.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	46.7	%	42 - 52
RBC Count (Blood/Impedance Variation)	5.08	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/Derived from Impedance)	91.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	28.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	<b>31.0</b>	g/dL	32 - 36
RDW-CV (Derived from Impedance)	15.2	%	11.5 - 16.0
RDW-SD (Derived from Impedance)	<b>50.8</b>	fL	39 - 46
Total Leukocyte Count (TC) (Blood/Impedance Variation)	4500	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	<b>84.8</b>	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	<b>8.0</b>	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	<b>6.5</b>	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	<b>0.5</b>	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.2	%	00 - 02

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

  
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REG NO:116685

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Consultant Pathologist  
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Absolute Neutrophil count (Blood/Impedance Variation & Flow Cytometry)	3.8	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance Variation & Flow Cytometry)	<b>0.4</b>	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance Variation & Flow Cytometry)	0.3	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance Variation & Flow Cytometry)	0.0	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.0	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (Blood/Impedance Variation)	242	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood/Derived from Impedance)	<b>7.8</b>	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.188	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	2	mm/hr	< 15

**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	5.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

Estimated Average Glucose 111.15 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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Consultant Pathologist  
Reg No : 73347

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-- End of Report --

Name	VAHINIPATI SATYANARAYANA	ID	MED111034531
Age & Gender	37Y/M	Visit Date	Mar 26 2022 9:18AM
Ref Doctor	MediWheel		

**ULTRASOUND WHOLE ABDOMEN**

- Liver** : Normal in size (14.0 cm) shows diffuse increase in echotexture.  
There is no evidence of IHBR / EHBR dilatation seen.  
No focal space occupying lesions seen.  
CBD is normal. PV normal.
- Gall Bladder** : Normal in volume and wall thickness.  
No e/o intraluminal calculi seen.
- Pancreas** : Head, body and tail are identified with normal echopattern and smooth outlines.
- Spleen** : Measured 10.8 cm, in size with normal echotexture.
- Right kidney** : Measured 10.3 x 4.4 cm in size.
- Left kidney** : Measured 11.3 x 5.3 cm in size.  
Both kidneys are normal in size, position, with well preserved cortico medullary differentiation and normal pelvicalyceal anatomy.  
No e/o calculi / space occupying lesion seen.  
No e/o suprarenal / retroperitoneal masses noted.
- Urinary bladder** : Normal in volume and wall thickness.  
No e/o intraluminal calculi / masses seen.
- Prostate** : Measured 3.4 x 3.2 x 3.5 cm (Vol-20.6 cc) normal in size with normal echotexture.  
No e/o ascites / pleural effusion seen.  
No e/o detectable bowel pathology seen.

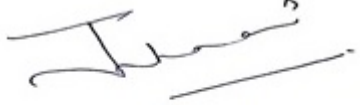
**IMPRESSION :**

- **Grade – I hepatosteatorsis – To correlate with LFT.**



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- *For clinical correlation.*



**Dr. Jahnavi Barla MD (RD), DGO.**  
Consultant Radiologist

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### RADIOGRAPH CHEST P.A. VIEW

The Cardiac size and configuration are normal.

The Aorta and Pulmonary Vasculature are normal.

Both the lungs are clear.

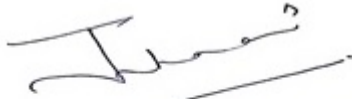
Both Costophrenic angles are normal.

The soft tissues and bones of thorax are normal.

#### IMPRESSION :

- **Essentially normal study.**

- *For clinical correlation.*



Dr. Jahnavi Barla MD (RD), DGO.  
Consultant Radiologist