

## DEPARTMENT OF BIOCHEMISTRY

<b>Patient Name</b> : Mr. BORRA ANJANEYULU	<b>Age /Sex</b> : 52 Y(s)/Male
<b>Ref By</b> : Dr. GENERAL PHYSICIAN	<b>UMR No</b> : UMR80182
<b>Bill Date</b> : 29-Nov-22 08:39 am	<b>Bill No</b> : BIL140169
<b>Lab No</b> : BIO/22/11/1538	<b>Result No</b> : RES367245
<b>Samp.Coll</b> : 29-Nov-22 09:02 am	<b>Auth. Tim</b> : 29-Nov-2022 10:50 am
<b>Reported On</b> : 29-Nov-22 10:50 am	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
<b>LIPID PROFILE: SERUM</b>			
Triglycerides :	<b>121</b>	BorderLine : 150 - 199 mg/dl High : 200 - 500 mg/dl Normal : < 150 mg/dl	GPO-Trinder End Point
Total Cholesterol :	166	< 200 mg/dl	CHOD-PAP End Point
HDL Cholesterol :	32	Undesirable : < 40 Optimal : 40 - 59 Desirable : > 60	Enzymatic
VLDL Cholesterol :	24	2 - 30 mg/dl	
LDL Cholesterol :	<b>110</b>	0 - 100 mg/dl	
Cholestrol / HDL Ratio :	<b>5.1</b>	1.0 - 3.5	
<b>Serum Uric Acid</b> :	4.2	3.5 - 7.2 mg/dl	Uricase-Peroxidase
<b>BLOOD SUGAR FASTING AND POST PRANDIAL</b>			
<b>Fasting Blood Sugar</b> :	<b>112</b>	60 - 110 mg/dl	GOD-POD
<b>Blood Sugar Post Prandial</b> :	<b>232</b>	110 - 140 mg/dl	
Serum Creatinine :	0.9	0.4 - 1.4 mg/dl	Jaffe Kinetic
<b>LFT- LIVER FUNCTION TESTS</b>			
Total Bilirubin :	1.0	0.2 - 1.2 mg/dl	Diazo
Direct Bilirubin :	0.3	0.0 - 0.3 mg/dl	Diazo
Indirect Bilirubin :	0.7	0.2 - 0.7 mg/dL	
SGPT :	<b>126</b>	05 - 40 IU/L	IFCC - Kinetic
SGOT :	<b>69</b>	05 - 40 IU/L	IFCC - Kinetic
AST / ALT -Ratio :	0.55		

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Alkaline Phosphatase :	102	70 - 110 U/L	AMP Kinetic
Total Protein :	7.9	6.4 - 8.3 gm/dl	Biuret Method
Serum Albumin :	4.5	3.5 - 5.2 gm/dl	BCG Dye
Serum Globulin :	3.4	2.0 - 3.5 g/dL	
Albumin / Globulin Ratio :	1.32	1.2 - 2.2	
<b>Blood Urea Nitrogen(BUN)</b> :	7	6 - 21 mg/dl	
<b>HbA1c</b> :	5.8	Non Diabetic : 4 - 6 Good Control : 6 - 7 Fair Control : 7 - 8 Poor Control : 8 - 10	Immunoturbidimetry
<b>THYROID PROFILE</b>			
T3-Free (Tri-iodothyronine-Free) :	3.2	2.0 - 4.2 pg/mL	C L I A
T4-Free (Thyroxine - Free) :	16.8	8.9 - 17.2 pg/ml	C L I A
TSH(Thyroid Stimulating Hormone). :	2.1	0.3 - 4.5 µIU/ml	C L I A
<b>PROSTATE SPECIFIC ANTIGEN(PSA)</b> :	1.34	< 4.0 ng/ml	CLIA

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<b>Bill Date</b> : 29-Nov-22 08:39 am	<b>Bill No</b> : BIL140169
<b>Lab No</b> : 140.169	<b>Result No</b> : RES367327
<b>Samp.Coll</b> : 29-Nov-22 09:02 am	<b>Auth. Tim</b> : 29-Nov-2022 12:54 pm
<b>Reported On</b> : 29-Nov-22 12:54 pm	

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Interpretation	:	Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.	
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PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

--- End Of Report ---

PHH8575



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## DEPARTMENT OF HAEMATOLOGY

<b>Patient Name</b> : Mr. BORRA ANJANEYULU	<b>Age /Sex</b> : 52 Y(s)/Male
<b>Ref By</b> : Dr. GENERAL PHYSICIAN	<b>UMR No</b> : UMR80182
<b>Bill Date</b> : 29-Nov-22 08:39 am	<b>Bill No</b> : BIL140169
<b>Lab No</b> : HEM/22/11/1033	<b>Result No</b> : RES367226
<b>Samp.Coll</b> : 29-Nov-22 09:02 am	<b>Auth. Tim</b> : 29-Nov-2022 12:28 pm
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### COMPLETE BLOOD PICTURE

Haemoglobin	: 16.5 gm%	13.0 - 17.0 gm%
RBC Count	: 5.9 Millions/cumm	4.5-6.5 Millions/cumm
PCV	: 47 Vol%	40 - 50 Vol%
Platelet count	: 2.1 Lakhs/Cumm	1.5 - 4.5 Lakhs/Cumm
WBC Count	: 5,800 cells/cumm	4000 - 11000 cells/cumm

### DIFFERENTIAL COUNT

NEUTROPHILS	: 53 %	40-75 %
LYMPHOCYTES	: 31 %	20 - 45 %
EOSINOPHILS	: <b>09 %</b>	2-6 %
MONOCYTES	: 07 %	2-8 %
BASOPHILS	: 00 %	0 - 2 %

### SMEAR EXAMINATION

RBC	: Normocytic / Normochromic
WBC	: Eosinophilia
Platelets	: Adequate

### BLOOD GROUPING & RH TYPING

BLOOD GROUP	: " B "	Agglutination
RH TYPING	: POSITIVE	

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<b>Bill Date</b> : 29-Nov-22 08:39 am	<b>Bill No</b> : BIL140169
<b>Lab No</b> : 140169	<b>Result No</b> : RES367246
<b>Samp.Coll</b> : 29-Nov-22 09:02 am	<b>Auth. Tim</b> : 29-Nov-2022 10:55 am
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**Parameter**

**Result**

**Method**

PHT8119



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## DEPARTMENT OF CLINICAL PATHOLOGY

<b>Patient Name</b> : Mr. BORRA ANJANEYULU	<b>Age /Sex</b> : 52 Y(s)/Male
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<b>Lab No</b> : 140169	<b>Result No</b> : RES367237
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<b>COMPLETE URINE EXAMINATION</b>			
<b><u>PHYSICAL EXAMINATION:</u></b>			
Colour	: Pale Yellow		
Appearance	: Clear		
pH	: <b>5.0</b>	5.5 - 7.0	pH indicator
Specific gravity	: 1.020	1.010 - 1.025	Bromthymol blue indicator
<b><u>CHEMICAL EXAMINATION:</u></b>			
Urine for Sugar	: Nil	0 - 2.8 mmol/L	GOD-POD
Protein	: Nil	0 - 0.15 g/L	protein error of indicator
Blood	: Nil	0 - 10 Cells/ $\mu$ L	
Bilirubin	: Nil	0 - 0 $\mu$ mol/L	Diazonium method
Ketone bodies	: Negative	0 - 0 mmol/L	Nitroprusside reaction
<b><u>MICROSCOPIC EXAMINATION:</u></b>			
Pus Cells	: 0-1	0 - 5 /HPF	
Epithelial Cells	: 0-1	0 - 8 /HPF	
RBC COUNT	: Nil	0 - 2 /HPF	
Casts	: Nil		
Crystals	: Nil		
Others	: Nil		
<b>ESR - ERYTHROCYTE SEDIMENT RATE</b>			
ESR - ERYTHROCYTE SEDIMENTATION RATE	: <b>20</b>	< 15 mm	

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<b>Bill Date</b> : 29-Nov-22 08:39 am	<b>Bill No</b> : BIL140169
<b>Lab No</b> : 140169	<b>Result No</b> : RES367264
<b>Samp.Coll</b> : 29-Nov-22 09:02 am	<b>Auth. Tim</b> : 29-Nov-2022 12:50 pm
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Parameter

Result

Biological Reference  
Interval

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PHT8119  
Verified by



*M. Viswanath*

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