

NAME	: Mr. L KRISHNA MURTHY S	MR/VISIT NO	: 23060205 / 175143
AGE/SEX	: 57 Yrs / Male	BILLED TIME	: 10-06-2023 at 08:18 AM
REFERRED BY	:	BILL NO	: 207118
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 10-06-2023 at 10:07 AM

RADIOLOGY

X-RAY REPORT - CHEST (PA VIEW)

FINDINGS:

Patient is rotated to left.

LUNGS: Normal.

TRACHEA: Normal.

CARINA: Normal.

RIGHT AND LEFT MAIN BRONCHI: Normal.

PLEURA: Normal.

HEART: Normal.

PULMONARY HILA: Normal.

AORTA: Normal.

THORACIC SPINE: Normal.

OTHER VISUALIZED BONES: Normal.

VISUALIZED SOFT TISSUES: Normal.

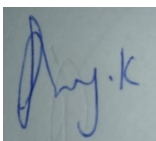
DIAPHRAGM: Normal.

VISUALIZED ABDOMEN: Normal.

VISUALIZED NECK: Normal.

IMPRESSION:

. No abnormality in lungs.



Dr. Akshay K, MBBS DNB.

Consultant Radiologist, Reg No: 125387

Diagnostics & Speciality Centre

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Dispatched by: Soundarya

**** End of Report ****

Printed on 10-06-2023 at 10:08 AM



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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC) WITH ESR

Automated Cell Counter

HAEMOGLOBIN <i>Colorimetric Method</i>	15.9 gm/dL	13 - 18 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	47.5 %	40 - 54 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.29 million/cu.mm	4.5 - 5.9 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	2.89 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	89.7 fl	80 - 100 fl
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.		
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	30.0 pg	26 - 34 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	33.4 %	31 - 35 %
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	8830 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	78 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	19 %	25 - 40 %
DIFFERENTIAL COUNT		
EOSINOPHILS <i>VCS Technology/Microscopic</i>	02 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	01 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	10 mm/hr	0 - 15 mm/hr
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"O" Positive	

Krishna M.



A. Vamseedhar

Dr. KRISHNA MURTHY
MD
BIOCHEMIST

Lab Seal

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
GLYCATED HAEMOGLOBIN (HbA1C) <i>HPLC</i>	8.0 %	American Diabetic Association (ADA) recommendations: Non diabetic adults : <5.7 % At risk (Pre diabetic): 5.7 – 6.4% Diabetic : >= 6.5% Therapeutic goal for glycemic control : Goal for therapy: < 7.0% Action suggested: > 8.0%	

ESTIMATED AVERAGE GLUCOSE (eAG) 182.90 mg/dL
Calculation

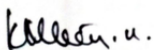
Comments:

This assay is useful for diagnosing Diabetes and evaluating long term control of blood glucose concentrations in diabetic patients. It reflects the mean glucose concentration over the previous period of 8 to 12 weeks and is a better indicator of long term glycemic control as compared with blood and urine glucose measurements. This provides an additional criterion for assessing glucose control because glycated hemoglobin values are free of day-to-day glucose fluctuation and are unaffected by exercise or food ingestion.

After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

CLINICAL BIOCHEMISTRY

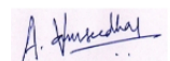
POST PRANDIAL BLOOD SUGAR 307.6 mg/dl 80 - 150 mg/dl
Hexokinase



Dr. KRISHNA MURTHY
MD
BIOCHEMIST



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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
LIVER FUNCTION TEST (LFT)			
<i>Spectrometry</i>			
TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	0.71 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.25 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	0.46 mg/dl	0.2 - 0.8 mg/dl	
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	25.5 U/L	up to 35 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	17.9 U/L	up to 50 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	84 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	22.0 U/L	15 - 85 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.32 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	3.98 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	2.3 g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	1.7	1 - 1.5	
CREATININE <i>Jaffe Method</i>	0.90 mg/dL	0.8 - 1.4 mg/dL	
BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	21.5 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	0.90 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	7.4 mg/dL	3 - 7.2 mg/dL	
SERUM ELECTROLYTES			
SODIUM <i>Ion Selective Electrode (ISE)</i>	140 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	3.96 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	101 mmol/L	97 - 111 mmol/L	

Krishna M.



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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
LIPID PROFILE TEST <i>Spectrometry</i>			
TOTAL CHOLESTEROL <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	188 mg/dL	up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL	
TRIGLYCERIDES <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i>	163.5 mg/dL	up to 150 mg/dL Desirable: <150 mg/dL Border Line: 150 – 200 mg/dL High: >200 – 500 mg/dL Very High: > 500 mg/dL	
HDL CHOLESTEROL - DIRECT <i>PEG-Cholesterol Esterase</i>	37.4 mg/dl	40 - 60 mg/dl >= 60mg/dL - Excellent (protects against heart disease) 40-59 mg/dL - Higher the better <40 mg/dL - Lower than desired (major risk for heart disease)	
LDL CHOLESTEROL - DIRECT <i>Cholesterol Esterase-Cholesterol Oxidase</i>	117.9 mg/dL	up to 100 mg/dL 100-129 mg/dL- Near optimal/above optimal 130-159 mg/dL- Borderline High 160-189 mg/dL- High 190->190 mg/dL - Very High	
VLDL CHOLESTEROL <i>Calculation</i>	32.7 mg/dL	2 - 30 mg/dL	
TOTAL CHOLESTROL/HDL RATIO <i>Calculation</i>	5.0	up to 3.5 3.5-5.0 - Moderate >5.0 - High	
LDL/HDL RATIO <i>Calculation</i>	3.2	up to 2.5 2.5-3.3 - Moderate >3.3 - High	
FASTING BLOOD SUGAR <i>Hexokinase</i>	204 mg/dl	70 - 110 mg/dl	

Krishna M.




A. Vamseedhar

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CLINICAL PATHOLOGY

URINE ROUTINE & MICROSCOPIC

Strips & Microscopy

PHYSICAL EXAMINATION

Colour <i>Visual Method</i>	Pale Yellow	Pale yellow- yellow
Appearance <i>Visual Method</i>	Clear	Clear/Transparent
Specific Gravity <i>Strips Method</i>	1.020	1.005-1.035
pH	6.0	4.6-8.5

CHEMICAL EXAMINATION (DIPSTICK)

Protein <i>Strips Method</i>	Nil	Nil -Trace
Glucose <i>Strips Method</i>	1 %	Nil
Blood <i>Strips Method</i>	Negative	Negative
Ketone Bodies <i>Strips Method</i>	Absent	Negative
Urobilinogen <i>Strips Method</i>	Normal	Normal
Bile Salt <i>Strips Method</i>	Negative	Negative
Bilirubin <i>Strips Method</i>	Negative	Negative
Bile Pigments	Negative	NIL

MICROSCOPY

Pus Cells (WBC) <i>Light Microscopic</i>	2 - 3 /hpf	0-5/hpf
Epithelial Cells <i>Light Microscopic</i>	1 - 2 /hpf	0-4/hpf
RBC <i>Light Microscopic</i>	Not Seen /hpf	0-2/hpf
Cast <i>Light Microscopic</i>	NIL	NIL
Crystal <i>Light Microscopic</i>	NIL	Nil
FASTING URINE SUGAR (FUS)	1 %	NIL

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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
POSTPRANDIAL URINE SUGAR	1.5 %	NIL	

IMMUNOASSAY

THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) <small>CMIA</small>	1.01 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) <small>CMIA</small>	9.11 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) <small>CMIA</small>	4.78 µIU/mL	0.38 - 5.33 µIU/mL 1st Trimester: 0.05 - 3.70 2nd Trimester: 0.31 - 4.35 3rd Trimester: 0.41 - 5.18

Note:

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use:

- Primary Hypothyroidism
- Hyperthyroidism
- Hypothalamic - Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

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PROSTATIC SPECIFIC ANTIGEN (PSA) <i>ECLIA</i>			
PROSTATIC SPECIFIC ANTIGEN (PSA) <i>CMIA</i>	0.93 ng/mL	Up to 4ng/mL: Normal 4-10 ng/mL Hypertrophy & benign genito urinary conditions. >10 ng/mL Suspicious of malignancy.	

PSA is used for monitoring patients with a history of prostate cancer and as an early indicator of recurrence and response to treatment. The test is commonly used for Prostate cancer screening.

Dispatched by: KIRAN

**** End of Report ****

Printed by: Kiran kumar H P on 10-06-2023 at 02:29 PM



Krishna M.



A. Vamseedhar

Dr. KRISHNA MURTHY
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RADIOLOGY

USG REPORT - ABDOMEN AND PELVIS

OBSERVATION:

LIVER:

Liver is normal in size **and shows mild diffuse increase in echotexture**. No focal lesion seen. Intrahepatic biliary radicles not dilated. Hepatic & portal veins are normal. CBD is normal.

GALL BLADDER:

Normal in distension. Lumen echo free. Wall thickness is normal.

PANCREAS:

Body and head appears normal. No focal lesion seen. Pancreatic duct not dilated. **Tail is obscured.**

SPLEEN:

Normal in size (10.2 cm) with normal homogenous echotexture. No focal lesion seen.

RIGHT KIDNEY:

Right kidney measures ~ 10.6 x 1.6 cm (Length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the right kidney appear normal.

Cortical medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonological detectable calculi seen.

LEFT KIDNEY:

Left kidney measures ~ 10.5 x 1.5 cm (Length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the left kidney appear normal.

Cortical medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonological detectable calculi seen.

URINARY BLADDER:



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Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen. Wall thickness appears normal.

Pre-void:250 cc Post-void:5 cc (significant)

PROSTATE:

Is mildly enlarged in size (Vol-34 cc) with normal echo pattern. No focal lesion seen.

No evidence of free fluid in the pelvic or abdominal cavity.

Divarication of recti noted in the epigastric and supraumbilical regions with interrecti distance of 4.4 cm.

IMPRESSION:

- **Grade I prostatomegaly.**
- **Grade I fatty infiltration.**
- **Divarication of recti as described.**

