Patient Name : **Mr. Vikram Bollabathini** | **Reg.Date / Time** : 10/12/2022 / 10:40:27
Age / Gender : 36 Y / Male | **Report Date / Time** : 10/12/2022 / 18:46:35
Referred By : Dr. Ashwini Bansode | **MR No.** : **0247682**
SID No. : **03011354**

Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
HAEMATOLOGY				
COMPLETE BLOOD COUNT WITH PLATELETS				
EDTA WHOLE BLOOD				
	HAEMOGLOBIN, RED CELL COUNT & INDICES			
	HAEMOGLOBIN (Spectrophotometry)	16.2	gm%	13-17
	PCV (Electrical Impedance)	48.1	%	40 - 50
	MCV (Calculated)	100.3	fL	83-101
	MCH (Calculated)	**33.8**	pg	27.0 - 32.0
	MCHC (Calculated)	33.7	g/dl	31.5-34.5
	RDW-CV (Calculated)	**18**	%	11.6-14.0
	RDW-SD (Calculated)	**55**	fL	36 - 46
	TOTAL RBC COUNT (Electrical Impedance)	4.79	Million/cmm	4.5-5.5
	TOTAL WBC COUNT (Electrical Impedance)	6820	/cumm	4000-10000
	DIFFERENTIAL WBC COUNT			
	NEUTROPHILS (Flow cell)	50.6	%	40-80
	LYMPHOCYTES (Flow cell)	38.9	%	20-40
	EOSINOPHILS (Flow cell)	1.3	%	1-6
	MONOCYTES (Flow cell)	9.2	%	2-10
	BASOPHILS (Flow cell)	**0.0**	%	1-2
	ABSOLUTE WBC COUNT			
	ABSOLUTE NEUTROPHIL COUNT (Calculated)	3430	/cumm	2000-7000
	ABSOLUTE LYMPHOCYTE COUNT (Calculated)	2640	/cumm	1000-3000

Contd ...

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
HAEMATOLOGY				
	ABSOLUTE WBC COUNT			
	ABSOLUTE EOSINOPHIL COUNT (Calculated)	**90**	/cumm	200-500
	ABSOLUTE MONOCYTE COUNT (Calculated)	620	/cumm	200-1000
	ABSOLUTE BASOPHIL COUNT (Calculated)	0	/cumm	0-220
	PLATELET COUNT (Electrical Impedance)	282000	/cumm	150000-410000
	MPV (Calculated)	7.5	fL	6.78-13.46
	PDW (Calculated)	11.5	%	11-18
	PCT (Calculated)	0.211	%	0.15-0.50
	PERIPHERAL BLOOD SMEAR			
	COMMENTS (Microscopic)	Normocytic Normochromic RBCs		

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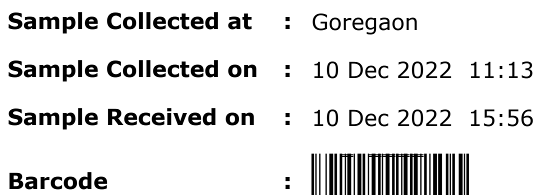

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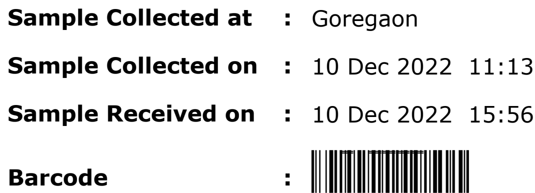
Specimen	Test Name / Method	Result	Units	Biological Reference Interval
HAEMATOLOGY				
EDTA Blood	**ABO BLOOD GROUP***			
	BLOOD GROUP (Erythrocyte-Magnetized Technology)	O		
	Rh TYPE (Erythrocyte-Magnetized Technology)	POSITIVE		



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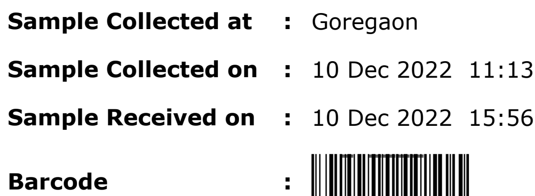
Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
BLOOD GLUCOSE (F) + URINE SUGAR				
FLOURIDE PLASMA				
	BLOOD GLUCOSE FASTING (Hexokinase)	94	mg/dl	70 - 110

Notes : An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.
References:
http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf, Understanding Diabetes.

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
	URINE GLUCOSE FASTING (Urodip)	ABSENT		



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Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
BLOOD GLUCOSE (PP) + URINE SUGAR				
FLOURIDE PLASMA				
	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	96	mg/dl	70 - 140
	URINE GLUCOSE POST PRANDIAL (Urodip)	ABSENT		

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
COMPREHENSIVE LIVER PROFILE				
SERUM				
	BILIRUBIN TOTAL (Diazotization)	0.55	mg/dl	0.2 - 1.3
	BILIRUBIN DIRECT (Diazotization)	0.25	mg/dl	0.1-0.4
	BILIRUBIN INDIRECT (Calculation)	0.30	mg/dl	0.2 - 0.7
	ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	19	U/L	<40
	ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	25	U/L	<41
	ALKALINE PHOSPHATASE (Colorimetric IFCC)	114	U/L	40-129
	GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	18	U/L	<70
	TOTAL PROTEIN (Colorimetric)	7.50	gm/dl	6.6-8.7
	ALBUMIN (Bromocresol Green)	4.70	gm/dl	3.5 - 5.2
	GLOBULIN (Calculation)	2.80	gm/dl	2.0-3.5
	A/G RATIO (Calculation)	1.7		1-2

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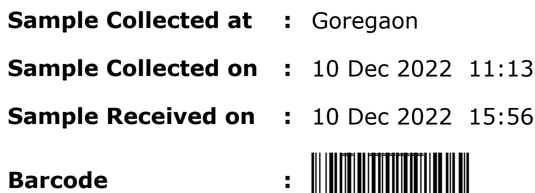

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Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
COMPREHENSIVE RENAL PROFILE				
SERUM				
	CREATININE (Jaffe Method)	0.9	mg/dl	0.6 - 1.3
	BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	7.6	mg/dl	6 - 20
	BUN/CREATININE RATIO (Calculation)	**8.4**		10 - 20
	URIC ACID (Uricase Enzyme)	5.9	mg/dl	3.7 - 7.7
	CALCIUM (Bapta Method)	9.7	mg/dl	8.6-10
	PHOSPHORUS (Phosphomolybdate)	3.1	mg/dl	2.5-4.5

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FAMILY HEALTH EXPERTS
Department of Pathology
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Certificate No. : MC-3200

MEDICAL REPORT
Lab Address:
Udyog Bhavan, Unit No. 15, Ground Floor,
Wadala (Dadar), Mumbai - 400031.
86528 86529

Patient Name	: **Mr. Vikram Bollabathini**	**Reg.Date / Time**	:	10/12/2022 / 10:40:27
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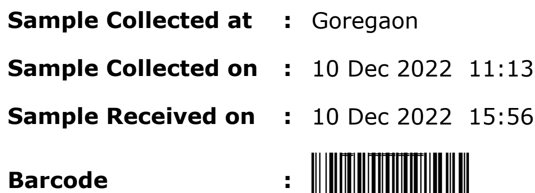
Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
LIPID PROFILE				
SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	155	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239

Notes : Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.
Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.
Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	**160**	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	46	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	77	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	32	mg/dl	15-40
SERUM	CHOL / HDL RATIO	3.4		3-5
SERUM	LDL /HDL RATIO (Calculation)	2.0		0 - 3.5



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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
EDTA WHOLE BLOOD	**GLYCOSYLATED HAEMOGLOBIN (HbA1C)**			
	HbA1C (High Performance Liquid Chromatography)	5.1	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
	ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	100	mg/dl	

Notes : HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations.
HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required.
HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, https://www.who.int/diabetes/publications/report-hba1c_2011.pdf) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria.
References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

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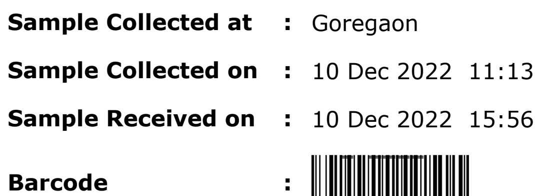

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Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
EDTA WHOLE BLOOD	ESR(ERYTHROCYTE SEDIMENTATION RATE) (Photometric Capillary)	11	mm / 1 hr	0-15

Notes : The given result is measured at the end of first hour.

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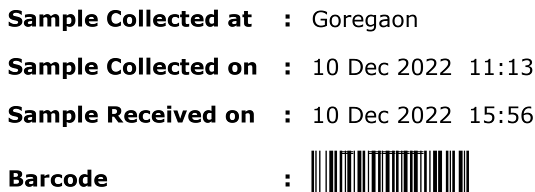

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MEDICAL REPORT

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
IMMUNOLOGY				
THYROID PROFILE - TOTAL				
SERUM				
	TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.78	ng/ml	0.7-2.04
	TOTAL THYROXINE (T4) (ECLIA)	**11.25**	ug/dl	4.6 - 10.5
	THYROID STIMULATING HORMONE (TSH) (ECLIA)	1.590	uIU/ml	0.27 - 4.20

Contd ...

Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval

IMMUNOLOGY

Notes : TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level.The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)
-Low TSH, Low FT4 - Central hypothyroidism.
-Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
-Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter,Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
-Normal TSH,Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism,Medications.
-Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbumineic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
-High TSH, Low FT4- Primary hypothyroidism.
-High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
-High TSH, High FT4- TSH mediated hyperthyroidism

Note:
1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:
1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

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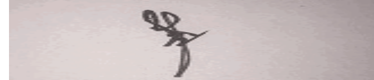

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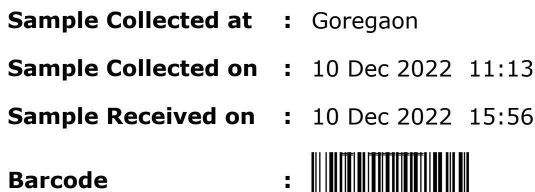
IMMUNOLOGY				
SERUM	TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) (ECLIA)	0.545	ng/ml	0 - 4

Notes : This assay, a quantitative in vitro diagnostic test for total (free + complexed) prostate specific antigen (tPSA) in human serum and plasma, is indicated for the measurement of total PSA in conjunction with digital rectal examination (DRE) as an aid in the detection of prostate cancer in men aged 50 years or older.(1)
Prostate biopsy is required for diagnosis of prostate cancer. The test is further indicated for serial measurement of tPSA to aid in the management of cancer patients.
For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings. (1)
Note: Benign conditions such as BPH, acute prostatitis, and infarction can also be correlated with elevated serum PSA levels. (2)

References:
1. Pim-eservices.roche.com. (2018). Roche Diagnostics Customer Self-Service Technical Documentation Portal.

2. Expertconsult.inkling.com. (2018). Expert Consult.



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Specimen	Test Name / Method	Result	Units	Biological Reference Interval
CLINICAL PATHOLOGY				
Urine	**URINE ANALYSIS**			
	PHYSICAL EXAMINATION			
	VOLUME (Volumetric)	30		
	COLOR (Visual Examination)	PALE YELLOW		
	APPEARANCE (Visual Examination)	CLEAR		
	CHEMICAL EXAMINATION			
	SP.GRAVITY (Indicator System)	1.015		1.005 - 1.030
	REACTION(pH) (Double indicator)	ACIDIC		
	PROTEIN (Protein-error-of-Indicators)	ABSENT		
	GLUCOSE (GOD-POD)	ABSENT		Absent
	KETONES (Legal's Test)	ABSENT		Absent
	OCCULT BLOOD (Peroxidase activity)	ABSENT		Absent
	BILIRUBIN (Fouchets Test)	ABSENT		Absent
	UROBILINOGEN (Ehrlich Reaction)	NORMAL		
	NITRITE (Griess Test)	ABSENT		
	MICROSCOPIC EXAMINATION			
	ERYTHROCYTES (Microscopy)	ABSENT	/hpf	0-2
	PUS CELLS (Microscopy)	2-3	/hpf	0-5
	EPITHELIAL CELLS (Microscopy)	1-2	/hpf	0-5
	CASTS (Microscopy)	ABSENT		
	CRYSTALS (Microscopy)	ABSENT		
	ANY OTHER FINDINGS	NIL		

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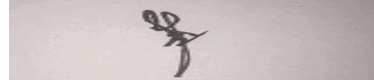
Sample Received on : 10 Dec 2022 15:56
Barcode :



Dr.Rahul Jain
MD,PATHOLOGY
Consultant Pathologist

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PATIENT'S NAME- Vikram Bollabathini DATE - 10/12/22

AGE/SEX - DOCTOR'S NAME - Dr Ashwini Bansode

VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT		6/6		6/6
NEAR		N6		N6
COLOUR		normal		normal

VITALS

Pulse - 72/min	B.P- 140/90	SpO2- 98%
Height- 167 cm	Weight - 82.9 kg	BMI- 29.7
Waist - 99 cm	Hip - 105 cm	Waist/Hip Ratio- 0.9
Chest -	Inspiration-	Expiration-

CENTRE NAME - HEALTHSPRING GOREGAON

SIGN & STAMP- Dr Ashwini Bansode

(Family Physician - Goregaon centre)

NAME : VIKRAM BOLLABATHINI	Age 36/ YRS
Gender : MALE	Date : 10/12/2022

X– RAY CHEST PA VIEW

Lung fields show normal translucency.

Bronchovascular markings appear normal.

Pleural cavities are clear.

Heart,arota and mediastinum are normal.

Hilar shadows show normal pulmonary vasculatures.

No evidence of any hilar lymphadenopathy

Both cardiophrenic and costophrenic angles are clear.

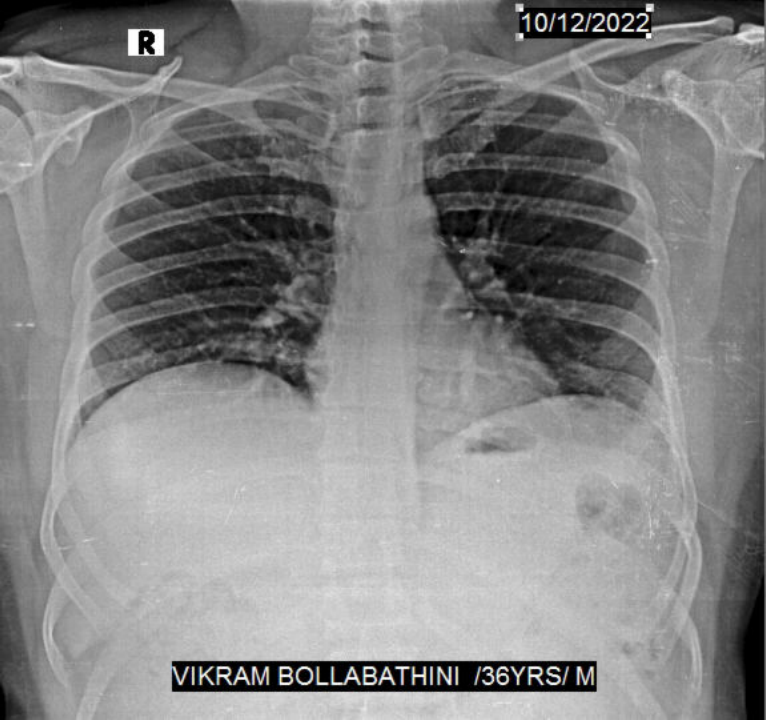
Both domes of diaphragm are normal.

Bone cage and soft tissue shadows are normal.

IMPRESSION:NO SIGNIFICANT ABNORMALITY SEEN .

DR.NEIL C FERNANDES
D.N.B., D.M.R.D.,D.M.R.E.,M.B.
Consultant Radiologist And Sonologist..
Online reporting done hence no signature

HEALTHSPRING
COMMUNITY MEDICAL CENTRES


R
10/12/2022
VIKRAM BOLLABATHINI /36YRS/ M

MUSKAN MEDICAL CENTER

We care for your Smile

NAME	: MR. VIKRAM B	DATE	: 10/12/2022
REF BY	: HEALTHSPRING		

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER :
It shows mild generalized increased in echogenicity suggestive of fatty change. No evidence of any solid or cystic intra-hepatic lesion is noted. The portal and hepatic veins appear normal. No evidence of any dilated intra or extra hepatic biliary radicals noted.

GALL BLADDER :
The gall bladder is seen as a well distended, pear shaped bag with uniformly thin and regular walls, without gall stones or mass lesion.

COMMON BILE DUCT :
The common bile duct is normal in caliber. No evidence of calculus is noted in common bile duct.

PANCREAS :
The pancreas is normal in size, shape, contours and echotexture. No evidence of solid or cystic mass lesion is noted.

KIDNEYS :
The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal.
Right kidney measures 10.9 x 4.7 cm. Left kidney measures 10.5 x 4.9 cm.
No evidence of renal mass, hydronephrosis or renal calculus noted.

SPLEEN:
The spleen is normal in size and shape. Its echotexture is homogeneous.
No evidence of focal lesion is noted. It measures 10.4 cm.

RETROPERITONEUM :
There is no evidence of enlarged coeliac, mesenteric, portal pre or para-aortic lymphnodes. The great vessels namely aorta and IVC and its visualized branches are normal.

ASCITES :
There is no free fluid seen in abdomen and pelvis.

RIGHT ILIAC FOSSA AND BOWELS:
The right iliac fossa is unremarkable. The visualized small and large bowels appear normal.

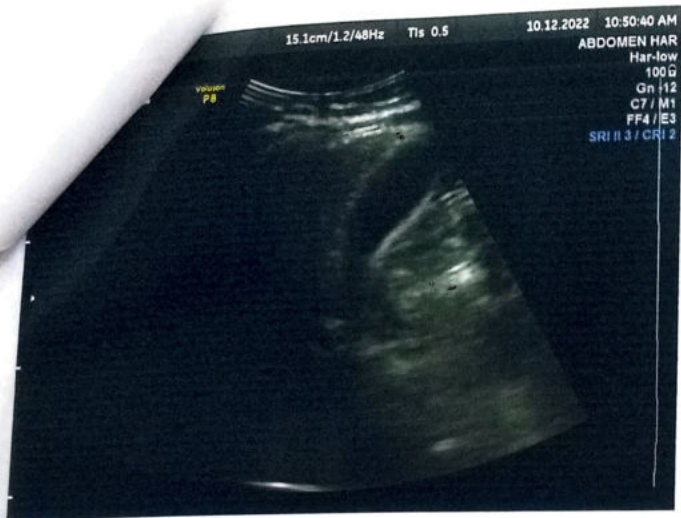
URINARY BLADDER:
The urinary bladder is well distended.It shows thin walls and sharp mucosa. No evidence of calculus is noted.
No mass or diverticulum is seen.

PLEURAL SPACE:
No effusion.

PROSTATE :
Prostate corresponding to 22 gms .

IMPRESSION: **Mild fatty liver.**
Normal spleen size.
Normal GB and Kidneys with no evidence of stone.
No ascites or adenopathy seen.

DR. DHANANJAY RASTOGI
{CONSULTING RADIOLOGIST}
(MBBS , DMRD. DNB)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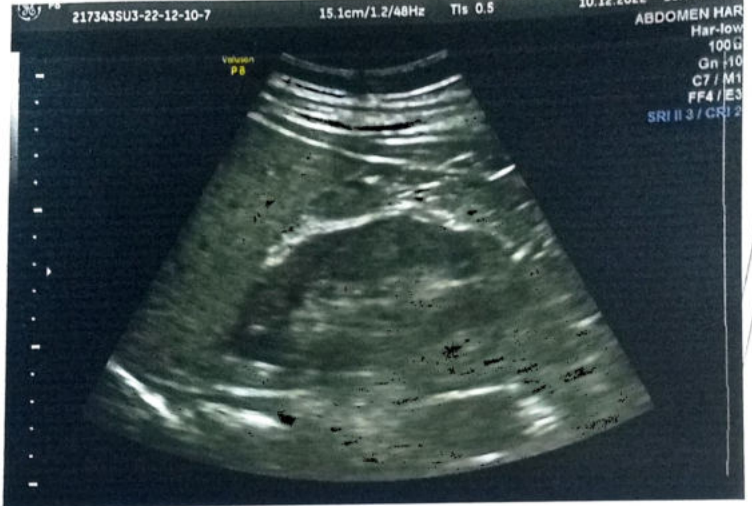
Har-low
100
Gn -12
C7 / M1
FF4 / E3
SRI II 3 / CRI 2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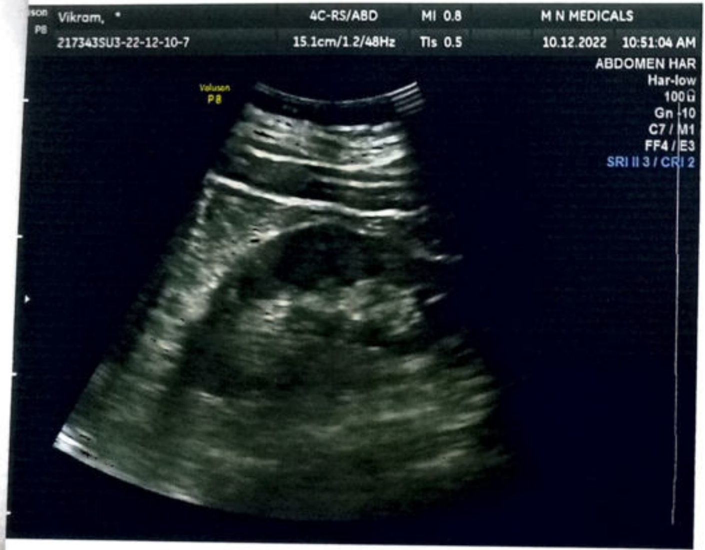
Har-low
100
Gn -10
C7 / M1
FF4 / E3
SRI II 3 / CRI 2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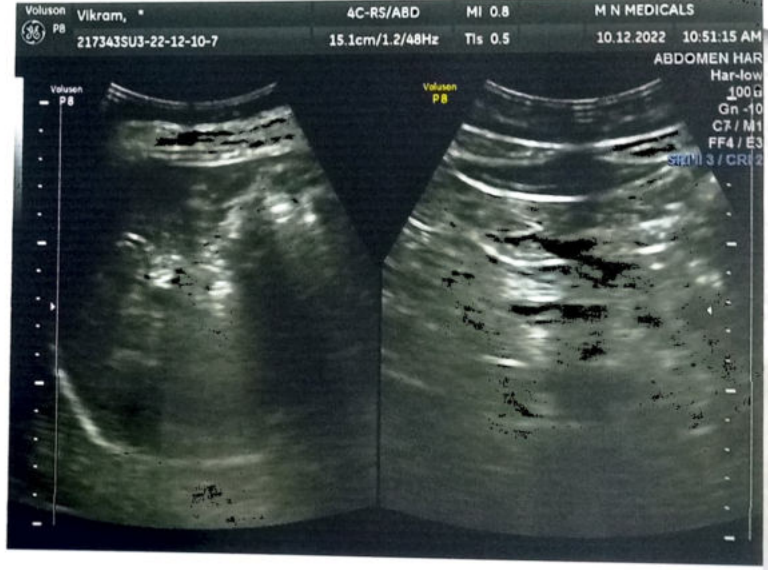
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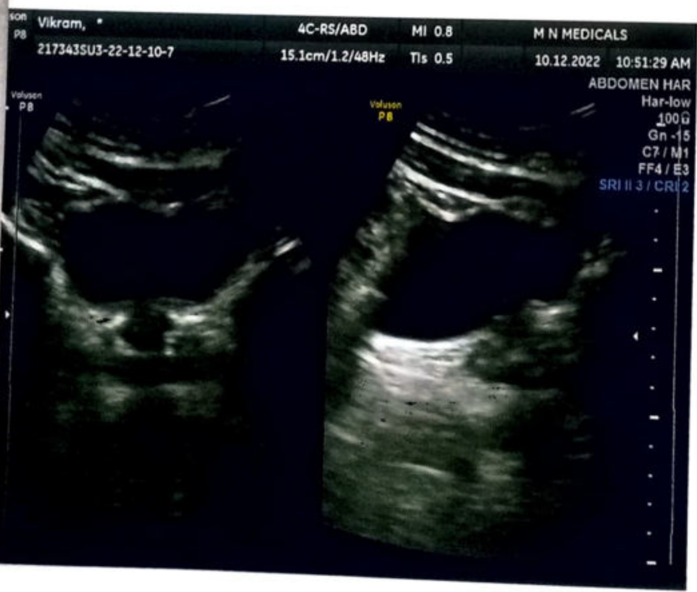
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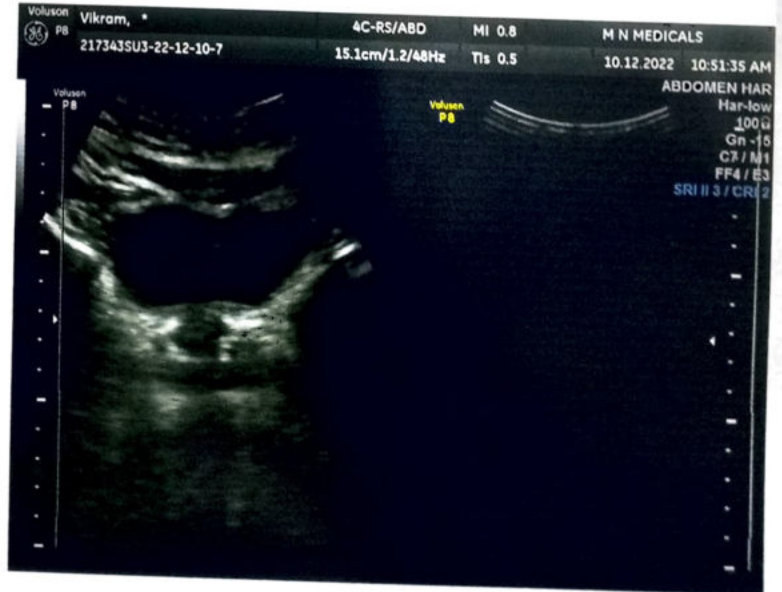
Voluson
Vikram, *
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ABDOMEN HAR
Har-low
100
Gn -15
C7 / M1
FF4 / E3
SRI II 3 / CRI 2

భారత ప్రభుత్వం
GOVERNMENT OF INDIA

బొల్లబాతిని విక్రమ్
Bollabathini Vikram

పుట్టిన సంవత్సరం/Year of Birth : 1986

పురుషుడు / Male

4112 8387 9437

ఆధార్ - సామాన్యుని హక్కు

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ఆధార్

చిరునామా: S/O వెంకటస్వామి, 8-4-294, గణేష్ నగర్, కరీంనగర్, కరీంనగర్, ఆంధ్ర ప్రదేశ్, 505001

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Vikram