

Name : Mr. KANNAN K
PID No. : IRA133042
SID No. : 224010290
Age / Sex : 75 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 22/07/2024 8:07 AM
Collection On : 22/07/2024 9:19 AM
Report On : 22/07/2024 5:57 PM
Printed On : 23/07/2024 12:31 PM



Investigation **Observed Value** **Unit** **Biological Reference Interval**

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (Whole Blood - W/Spectrophotometry)	11.6	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Whole Blood - W/Derived from Impedance)	37.9	%	42 - 52
RBC Count (Whole Blood - W/Impedance Variation)	5.05	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Whole Blood - W/Derived from Impedance)	75.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Whole Blood - W/Derived from Impedance)	23.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Whole Blood - W/Derived from Impedance)	30.6	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	19.7	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	51.85	fL	39 - 46
Total Leukocyte Count (TC) (Whole Blood - W/Impedance Variation)	6600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	52.7	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	34.0	%	20 - 45


M. Maria Lawrence Raj
Lab Supervisor

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Dr Samudrala Bharathi
MD Pathology
Lab Director
TMC. No.: 72802

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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.3	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	10.0	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.0	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.48	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.24	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.15	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.66	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.07	10 ³ / µl	< 0.2
Platelet Count (Whole Blood - W/Impedance Variation)	219	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.9	fL	7.9 - 13.7
PCT (Whole Blood - W/Automated Blood cell Counter)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Whole Blood - W/Automated - Westergren method)	26	mm/hr	< 20


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The results pertain to sample tested.

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BUN / Creatinine Ratio	14.0		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	128.3	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/GOD - POD)	Positive(+++)	Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	107.80	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)	Positive(+++)	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	14.03	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	1.00	mg/dL	0.8 - 1.3
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INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	3.30	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.51	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
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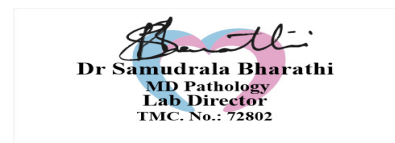
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Bilirubin(Indirect) (Serum/Derived)	0.39	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	24.50	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	12.2	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	15.50	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	77.90	U/L	56 - 119
Total Protein (Serum/Biuret)	6.88	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.7	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.18	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.16		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	132.40	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	80.30	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >=500



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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)	40.70	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	75.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	16.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	91.7	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)	3.3		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		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0



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LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood - W/HPLC)	7.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	168.55	mg/dL
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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.

Prostate specific antigen - Total (PSA) (Serum/Manometric method)	1.10	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: REMARK : PSA alone should not be used as an absolute indicator of malignancy.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.82	ng/ml	0.4 - 1.81
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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 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	8.57	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/Chemiluminescent Immunometric Assay (CLIA))	2.58	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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


Urine Analysis - Routine

COLOUR (Urine)	Pale yellow	Yellow to Amber
APPEARANCE (Urine)	Clear	Clear
Protein (Urine/Protein error of indicator)	Negative	Negative
Glucose (Urine/GOD - POD)	Positive(+++)	Negative


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Pus Cells (Urine/Automated - Flow cytometry)	0 - 1	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated - Flow cytometry)	NIL	/HPF	NIL
Casts (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Others (Urine)	NIL		

INTERPRETATION:Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Stool Analysis - ROUTINE

Colour (Stool)	Brown	Brown
Blood (Stool)	Absent	Absent
Mucus (Stool)	Absent	Absent
Reaction (Stool)	Acidic	Acidic
Consistency (Stool)	Semi Solid	Semi Solid
Ova (Stool)	NIL	NIL
Others (Stool)	NIL	NIL
Cysts (Stool)	NIL	NIL


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Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL



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-- End of Report --

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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is partially distended.

There is no intra or extra hepatic biliary ductal dilatation.

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

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures ~ 10.2 x 3.4 cm.

The left kidney measures ~ 10.6 x 5.4 cm.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

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

The prostate measures ~ 3.4 x 3.4 x 3.2 cm (Vol~20.2 ml) and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

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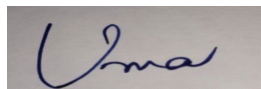
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IMPRESSION:

- **No significant abnormality.**



**DR. UMALAKSHMI
SONOLOGIST**

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ECHOCARDIOGRAPHY

M-MODE MEASUREMENTS:-

<u>VALUES</u>	
AO	3.3 cm
LA	3.4 cm
LVID(D)	4.8 cm
LVID (S)	2.9 cm
IVS (D)	1.1 cm
LVPW (D)	1.1 cm
EF	65 %
FS	35 %
TAPSE	19 mm

DOPPLER AND COLOUR FLOW PARAMETERS :-

Aortic Valve Gradient : **V max - 0.80 m/sec**
Pulmonary Valve Gradient : **V max - 0.75 m/sec**
Mitral Valve Gradient : **E: 0.62 m/sec** **A: 0.78 m/sec**
Tricuspid Valve Gradient : **E: 0.45 m/sec**

VALVE MORPHOLOGY :-

Aortic valve - **Sclerosis**
Mitral valve - **Normal**
Tricuspid valve - **Normal**
Pulmonary valve - **Normal**

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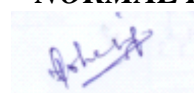
CHAMBERS	
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
RIGHT ATRIUM	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTERVENTRICULAR SEPTUM	INTACT

ECHO FINDINGS:

No Regional Wall Motion Abnormality (RWMA)
Normal Left Ventricular systolic function, EF 65%.
Grade I LV Diastolic dysfunction.
Trivial Mitral Regurgitation / No Mitral Stenosis
Aortic valve sclerosis / No Aortic Regurgitation /No Aortic Stenosis
Trivial Tricuspid Regurgitation (2.2 m/s).
Normal RV Function .
No Pulmonary Artery Hypertension.
No Pericardial Effusion.

IMPRESSION:

- * **STRUCTURALLY NORMAL HEART.**
- * **NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION, EF 65%**



MOHANRAJ
ECHO TECHNOLOGIST

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Name	Mr. KANNAN K	ID	IRA133042
Age & Gender	75Y/M	Visit Date	Jul 22 2024 8:06AM
Ref Doctor	MediWheel		

X-RAY CHEST (PA VIEW)

The cardio thoracic ratio is normal. The heart size and configuration are within normal limits.

The aortic arch is normal.

Fibrotic changes in bilateral lower lobes.

Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.



Dr. Prashant Moorthy MBBS., MD
Consultant Radiologist