

Name : Mr. bv srinivas
PID No. : MED111304654
SID No. : 422068127
Age / Sex : 49 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 20/09/2022 8:12 AM
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Report On : 20/09/2022 6:35 PM
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	14.7	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	44.4	%	42 - 52
RBC Count (EDTA Blood)	5.46	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	81.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	26.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.1	g/dL	32 - 36
RDW-CV (EDTA Blood)	14.3	%	11.5 - 16.0
RDW-SD (EDTA Blood)	40.69	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	61.8	%	40 - 75
Lymphocytes (EDTA Blood)	26.3	%	20 - 45
Eosinophils (EDTA Blood)	3.1	%	01 - 06


Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

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KMC 88902

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Monocytes (EDTA Blood)	7.9	%	01 - 10
Basophils (Blood)	0.9	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	4.33	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.84	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.22	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.55	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood)	0.06	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood)	292	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood)	7.5	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	26	mm/hr	< 15


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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.52	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.34	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.18	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.11	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	14.87	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	25.64	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	88.2	U/L	53 - 128
Total Protein (Serum/Biuret)	7.46	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.35	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.11	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.40		1.1 - 2.2


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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	179.52	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	349.90	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.

HDL Cholesterol (Serum/Immunoinhibition)	29.39	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	80.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	70	mg/dL	< 30


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Non HDL Cholesterol (Serum/Calculated)	150.1	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)	6.1		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	11.9		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)	2.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	9.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose 223.08 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 glycaemic 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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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.19	ng/ml	0.7 - 2.04
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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/ECLIA)	11.33	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/ECLIA)	0.638	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.



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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)


Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5		4.5 - 8.0
Specific Gravity (Urine)	1.008		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative


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Glucose (Urine/GOD - POD)	Trace		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION
(URINE COMPLETE)


Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	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.

Casts (Urine)	Nil	/hpf	NIL
Crystals (Urine)	Nil	/hpf	NIL


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IMMUNOHAEMATOLOGY
BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'



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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	13.23		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	178.26	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)	Trace		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	259.06	mg/dL	70 - 140

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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.0	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.68	mg/dL	0.9 - 1.3

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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	5.83	mg/dL	3.5 - 7.2
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<u>IMMUNOASSAY</u>			
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.992	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

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.


PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

- In the early detection of Prostate cancer.
- As an aid in discriminating between Prostate cancer and Benign Prostatic disease.
- To detect cancer recurrence or disease progression.


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-- End of Report --

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Age & Gender	49Y/M	Visit Date	Sep 20 2022 8:10AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.



DR. APARNA

CONSULTANT RADIOLOGIST

CustomerName	MR.BV SRINIVAS	CustomerID	MED111304654
Age & Gender	49Y/MALE	Visit Date	20/09/2022
Ref Doctor	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.4cms
LEFT ATRIUM	:	3.1cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.8cms
(SYSTOLE)	:	3.3cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.0cms
(SYSTOLE)	:	1.5cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.5cms
EDV	:	107ml
ESV	:	43ml
FRACTIONAL SHORTENING	:	31%
EJECTION FRACTION	:	60%
EPSS	:	---
RVID	:	1.6cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.86 m/s	A' 1.08 m/s	TRIVIAL MR
AORTIC VALVE	:	1.09 m/s		NO AR
TRICUSPID VALVE	:	E' 2.00 m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.87 m/s		NO PR

2D ECHOCARDIOGRAPHY FINDINGS:

CustomerName	MR.BV SRINIVAS	CustomerID	MED111304654
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Left ventricle : Normal size, Normal systolic function.
No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapsed.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- **TRIVIAL MITRAL REGURGITATION.**
- **LV DIASTOLIC DYSFUNCTION**
- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF:60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC
SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
Kss/da

Note:

- * **Report to be interpreted by qualified medical professional.**
- * **To be correlated with other clinical findings.**
- * **Parameters may be subjected to inter and intra observer variations.**

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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows diffuse fatty changes. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows normal shape and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern. Spleen measures 11.1cms in long axis and 3.9cms in short axis.

No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.8	1.3
Left Kidney	11.7	1.2

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

Prevoid: 400cc

Postvoid: Nil significant.

PROSTATE is mildly enlarged in size. It measures 4.1 x 3.6 x 3.5cms (Vol: 27cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

- **MILD PROSTATOMEGALY.**
- **FATTY LIVER.**

DR. MEERA S
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 MS/an

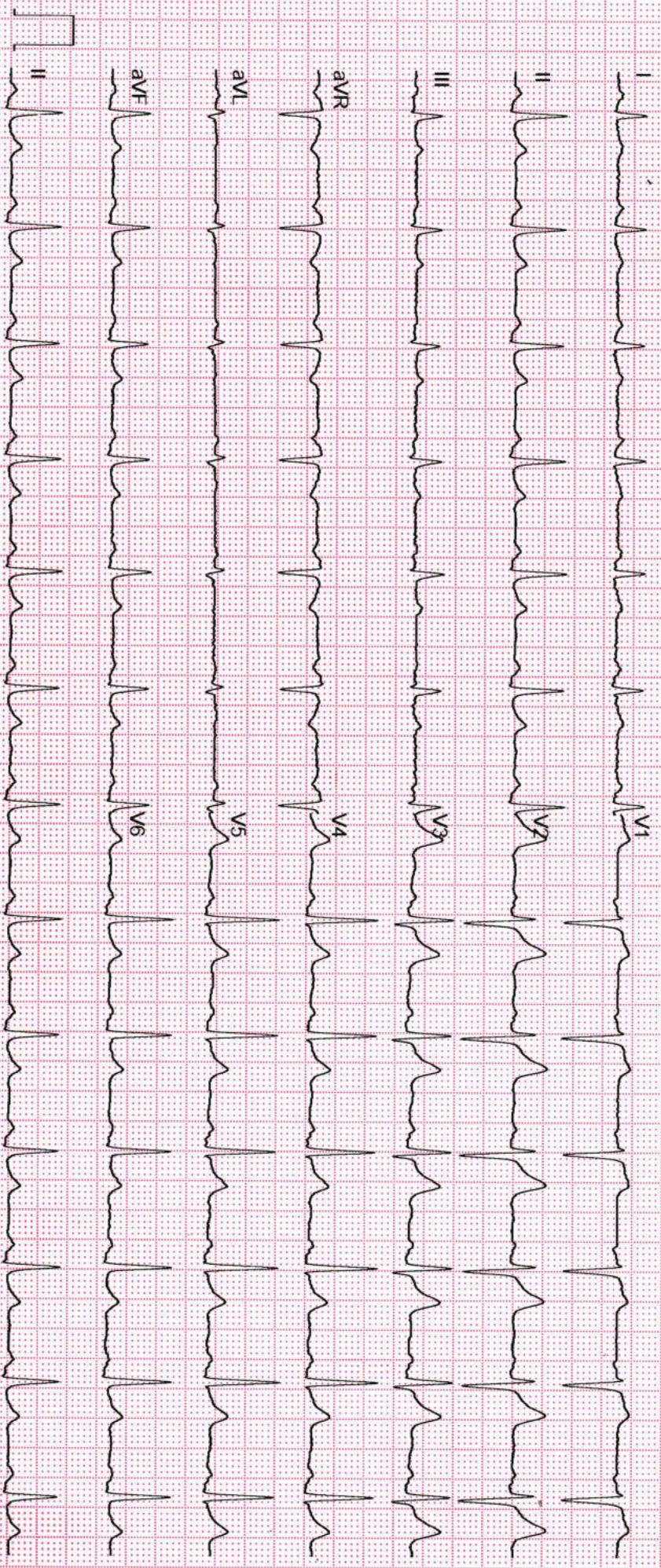
Male

49 Years

20.09.2022 11:49:58
CLUMAX DIAGNOSTICS
THIPPASANDRA
BANGALORE

77 bpm
-- / -- mmHg

QRS: 84 ms
QT / QTcBaz: 358 / 405 ms
PR: 162 ms
P: 110 ms
RR / PP: 774 / 779 ms
P / QRS / T: 39 / 59 / 55 degrees



GE MAC2000

1 1

12SL™ V241

25 mm/s

10 mm/mV

ADS

0.56-20 Hz

50 Hz

2x5x6_25_R1

Unconfirmed

1/1