

NAME	: Mr. KRISHNAMURTHY D	MR/VISIT NO	: 23090686 / 180566
AGE/SEX	: 44 Yrs / Male	BILLED TIME	: 23-09-2023 at 07:56 AM
REFERRED BY	:	BILL NO	: 212552
REF CENTER	: MEDIWHEEL	DATE OF REPORT	: 23-09-2023 at 09:34 AM

### RADIOLOGY

### **X-RAY REPORT- CHEST PA VIEW**

#### **OBSERVATIONS:**

Trachea is in midline.

Mediastinum and cardiac silhouette appears normal.

Bilateral lung fields appear normal.

Bilateral costo-phrenic and cardio-phrenic angles are clear.

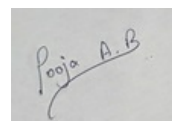
Both the hila appear normal.

Visualized bones appear normal.

Visualized soft tissue shadow appears normal.

#### **IMPRESSION:**

- **No significant abnormality detected.**



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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
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### HAEMATOLOGY

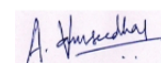
#### COMPLETE BLOOD COUNT (CBC) WITH ESR

*Automated Cell Counter*

HAEMOGLOBIN <i>Colorimetric Method</i>	15.1 gm/dL	13 - 18 gm/dL
HEMATOCRIT (PCV) <i>Calculated</i>	46.3 %	40 - 54 %
RED BLOOD CELL (RBC) COUNT <i>Electrical Impedance</i>	5.62 million/cu.mm	4.5 - 5.9 million/cu.mm
PLATELET COUNT <i>Electrical Impedance</i>	3.10 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
MEAN CELL VOLUME (MCV) <i>Calculated</i>	82.3 fl	80 - 100 fl
Note : All normal and abnormal platelet counts are cross checked on peripheral smear.		
MEAN CORPUSCULAR HEMOGLOBIN (MCH) <i>Calculated</i>	26.8 pg	26 - 34 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION (MCHC) <i>Calculated</i>	32.6 %	31 - 35 %
TOTAL WBC COUNT (TC) <i>Electrical Impedance</i>	10940 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS <i>VCS Technology/Microscopic</i>	68.0 %	40 - 75 %
LYMPHOCYTES <i>VCS Technology/Microscopic</i>	26.1 %	25 - 40 %
<b>DIFFERENTIAL COUNT</b>		
EOSINOPHILS <i>VCS Technology/Microscopic</i>	2.0 %	0 - 7 %
MONOCYTES <i>VCS Technology/Microscopic</i>	3.9 %	1 - 8 %
BASOPHILS <i>Electrical Impedance</i>	00 %	
ESR <i>Westergren Method</i>	35 mm/hr	0 - 15 mm/hr
RED CELL DISTRIBUTION WIDTH (RDW) <i>Automated Cell Counter, Derived From Rbc Histogram</i>	12.8 %	12.23 - 15.36 %
BLOOD GROUP & Rh TYPING <i>Tube Agglutination (Forward and Reverse)</i>	"O" Positive	



Lab Seal



Dr. VAMSEEDHAR.A

D.C.P, M.D  
CONSULTANT PATHOLOGIST, KMC No : 50937

## Diagnosics & Speciality Centre

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GLYCATED HAEMOGLOBIN (HbA1C) <i>HPLC</i>	7.6 %	<b>American Diabetic Association (ADA) recommendations:</b>  Non diabetic adults : <5.7 %  At risk (Pre diabetic): 5.7 – 6.4%  Diabetic : >= 6.5%  <b>Therapeutic goal for glycemc control :</b>  Goal for therapy: < 7.0%  Action suggested: > 8.0%	

ESTIMATED AVERAGE GLUCOSE (eAG) 171.42 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 glycemc control as compared with blood and urine glucose measurements. This provides a 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.

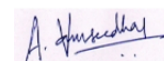
After a sudden alteration in blood glucose concentration, the rate of change of HbA1c is rapid during initial 2 months, followed by more gradual change approaching steady state 3 months later.

### CLINICAL BIOCHEMISTRY

POST PRANDIAL BLOOD SUGAR <i>Hexokinase</i>	241 mg/dl	80 - 150 mg/dl
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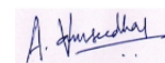
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BLOOD UREA <i>UREASE-GLUTAMATE DEHYDROGENASE (GLDH)</i>	19.8 mg/dL	15 - 50 mg/dL	
CREATININE <i>Jaffe Kinetic</i>	0.78 mg/dL	0.4 - 1.4 mg/dL	
URIC ACID <i>Uricase-Peroxidase</i>	6.4 mg/dL	3 - 7.2 mg/dL	
<b>SERUM ELECTROLYTES</b>			
SODIUM <i>Ion Selective Electrode (ISE)</i>	136 mmol/L	136 - 145 mmol/L	
POTASSIUM <i>Ion Selective Electrode (ISE)</i>	4.23 mmol/L	3.5 - 5.2 mmol/L	
CHLORIDE <i>Ion Selective Electrode (ISE)</i>	99 mmol/L	97 - 111 mmol/L	
<b>LIVER FUNCTION TEST (LFT)</b>			
<i>Spectrometry</i>			
TOTAL BILIRUBIN <i>Colorimetric Diazo Method</i>	0.39 mg/dL	0.2 - 1.2 mg/dL	
DIRECT BILIRUBIN <i>Colorimetric Diazo Method</i>	0.17 mg/dL	0 - 0.4 mg/dL	
INDIRECT BILIRUBIN <i>Calculation</i>	0.22 mg/dl	0.2 - 0.8 mg/dl	
S G O T (AST) <i>IFCC Without Pyridoxal Phosphates</i>	15 U/L	up to 35 U/L	
S G P T (ALT) <i>IFCC Without Pyridoxal Phosphates</i>	21.6 U/L	up to 50 U/L	
ALKALINE PHOSPHATASE <i>p-Nitrophenyl Phosphate</i>	72 U/L	36 - 113 U/L	
SERUM GAMMA GLUTAMYLTRANSFERASE (GGT) <i>GCNA-IFCC</i>	44.0 U/L	15 - 85 U/L	
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.69 g/dl	6.2 - 8 g/dl	
S.ALBUMIN <i>Bromocresol Green (BCG)</i>	4.12 g/dl	3.5 - 5.2 g/dl	
S.GLOBULIN <i>Calculation</i>	2.6 g/dl	2.5 - 3.8 g/dl	
A/G RATIO <i>Calculation</i>	1.6	1 - 1.5	
FASTING BLOOD SUGAR <i>Hexokinase</i>	201.8 mg/dl	70 - 110 mg/dl	



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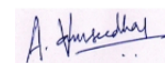
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<b><u>LIPID PROFILE TEST</u></b>			
<i>Spectrometry</i>			
<b>TOTAL CHOLESTEROL</b> <i>Cholesterol Oxidase-Peroxidase (CHOD-POD)</i>	<b>223 mg/dL</b>	up to 200 mg/dL Border Line: 200 – 240 mg/dL High: > 240 mg/dL	
<b>TRIGLYCERIDES</b> <i>Glycerol Peroxidase-Peroxidase (GPO-POD)</i>	<b>311.2 mg/dL</b>	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	
<b>HDL CHOLESTEROL - DIRECT</b> <i>PEG-Cholesterol Esterase</i>	<b>55.6 mg/dl</b>	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)	
<b>LDL CHOLESTEROL - DIRECT</b> <i>Cholesterol Esterase-Cholesterol Oxidase</i>	<b>105.2 mg/dL</b>	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	
<b>VLDL CHOLESTEROL</b> <i>Calculation</i>	<b>62.2 mg/dL</b>	2 - 30 mg/dL	
<b>TOTAL CHOLESTROL/HDL RATIO</b> <i>Calculation</i>	<b>4.0</b>	up to 3.5 3.5-5.0 - Moderate >5.0 - High	
<b>LDL/HDL RATIO</b> <i>Calculation</i>	<b>1.9</b>	up to 2.5 2.5-3.3 - Moderate >3.3 - High	



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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>	0.5 %	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

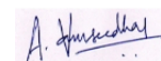
#### MICROSCOPY

Pus Cells (WBC) <i>Light Microscopic</i>	3 - 4 /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)	0.5 %	NIL
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POSTPRANDIAL URINE SUGAR	1 %	NIL	

### IMMUNOASSAY

#### THYROID PROFILE

TOTAL TRIIODOTHYRONINE (T3) <small>CMA</small>	1.46 ng/mL	0.87 - 1.78 ng/mL
TOTAL THYROXINE (T4) <small>CMA</small>	9.16 µg/dL	6.09 - 12.23 µg/dL
THYROID STIMULATING HORMONE (TSH) <small>CMA</small>	1.75 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

Dispatched by: KIRAN

\*\*\*\* End of Report \*\*\*\*

Printed by: Kiran kumar H P on 23-09-2023 at 02:12 PM



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### RADIOLOGY

### USG REPORT - ABDOMEN AND PELVIS

#### **OBSERVATION:**

#### **LIVER:**

Liver is normal in size (15.8 cm) and **shows mild diffuse increase in echotexture. Area of focal fatty sparing is seen in segment IVb of liver.** No other obvious focal lesion is seen. Intrahepatic biliary radicles are not dilated. Hepatic & portal veins are normal.

#### **GALL BLADDER:**

Is partially distended at the time of scan. Lumen is echo free. Wall thickness is normal. No pericholecystic lucency seen.

CBD is normal.

#### **PANCREAS:**

Head is visualized and appears normal. No obvious focal lesion is seen. Pancreatic duct is not dilated. Body and tail are obscured by bowel gas shadow.

#### **SPLEEN:**

Normal in size (10.8 cm) with normal echotexture. No focal lesion is seen.

#### **RIGHT KIDNEY:**

Right kidney measures ~ 10.3 x 4.9 cm (CC x AP) 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 sonologically detectable calculi seen.

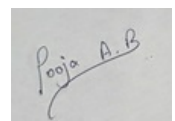
#### **LEFT KIDNEY:**

Left kidney measures ~ 10.7 x 5.4 cm (CC x AP) 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 sonologically detectable calculi seen.



**Dr. POOJA .A.B.**

MBBS, MD, Radio diagnosis  
Consultant Radiologist



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### **URINARY BLADDER:**

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

### **PROSTATE:**

Is normal in size (Vol - 12.8 cc) with normal echo pattern.

Visualized small bowel loops are normal in caliber and peristalsis.

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

### **IMPRESSION:**

- **Grade I fatty changes in liver with focal fatty sparing in segment IVb of liver as described.**
- **No other significant sonographic abnormality detected.**

