Hosp. Reg. No.: TMC - Zone C - 386

# INDUSTRIAL HEALTH SERVICES

Mr. Konshndeumae Naik

57yrs) Male

08/03/2029

H+-173 cm Cut-83 159 BMI-27,71501M2 (everageght) No fresh complaints.

KILLO- HTN :: 2 yrs.

Prostatomegaly ": 3 months.

Haemorsholds

PIH - Renal calculi operated

(DNA)

FIH- Mother- healthy.

BP\_ 140|90 mmHs P- 76|min SPO2-9871.

Pt is fit and can resume his normal duties

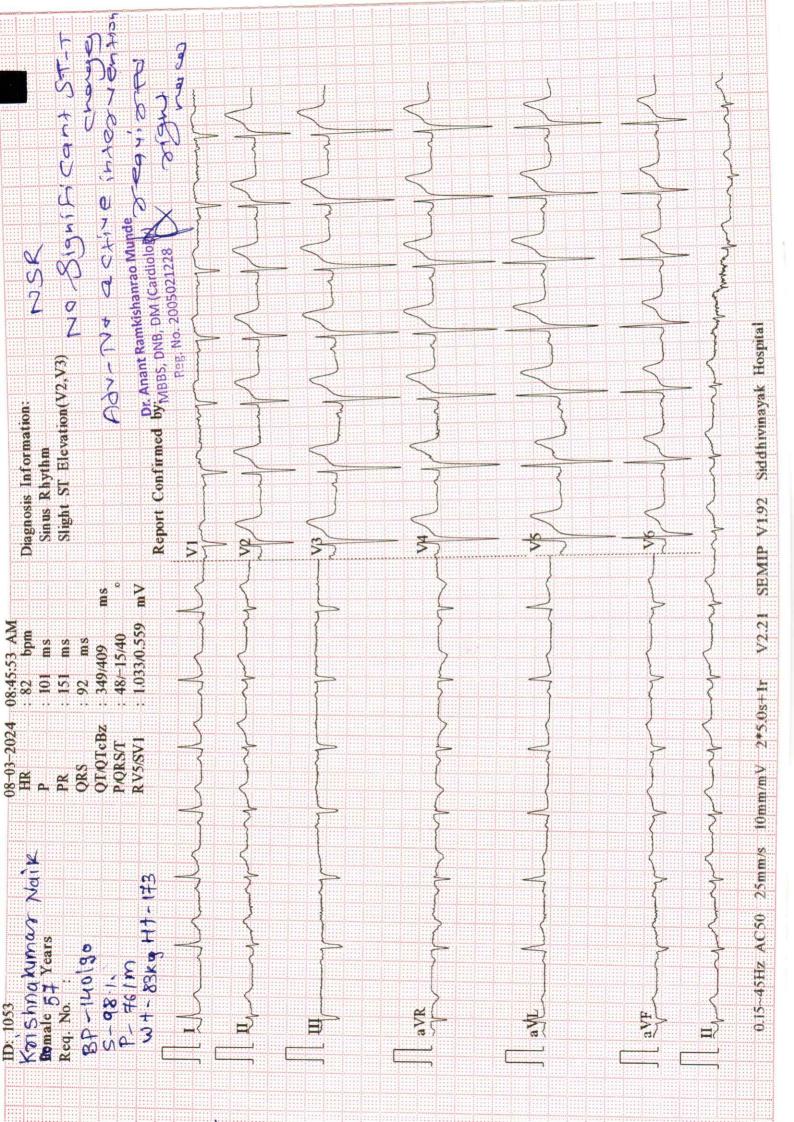
consult ceith physician for bled changes
Fasting Buggs increased
Lew T3. T4



S-1, Vedant Complex, Vartak Nagar, Thane (W) 400 606

E: ohs.svh@gmail.com W: www.siddhivinayakhospitals.org T.: 022 - 2588 3531 M.: 9769545533

ISO SPITE







**Imaging Department** Sonography | Colour Doppler | 3D / 4D USG

Name - Mr. KRISHNA KUMAR NAIK	Age - 57 Y/M
Ref by Dr Siddhivinayak Hospital	Date - 08 /03/2024

### X- Ray chest (PA VIEW)

No obvious active parenchymal lesion seen in both lungs.

Cardiac and aortic shadows appear normal

No evidence of pleural of effusion is seen.

Both domes of diaphragm appear normal.

No obvious bony lesion is seen.

#### IMPRESSION:

No significant abnormality seen.

Adv.: Clinical and lab correlation.

DR. AMOL BENDRE

MBBS; DMRE CONSULTANT RADIOLOGIST

 $Note: The\ above\ report\ represents\ interpretation\ of\ various\ radiographic\ /\ sonographic\ shadows,\ and\ hence\ has\ its$ own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT

represent the sole diagnosis.









Imaging Department
Sonography | Colour Doppler | 3D / 4D USG

Name - Mr. Krishnakumar	Age - 57 Y/M	
Ref by Dr Siddhivinayak Hospital	Date - 08/03/2024	

#### **USG ABDOMEN & PELVIS**

#### FINDINGS: -

The liver dimension is enlarged in size (16.1 cm) . It appears normal in morphology with raised echogenicity. No evidence of intrahepatic ductal dilatation.

The GB-gallbladder is minimally distended.

The CBD- common bile duct is normal. The portal vein is normal.

The pancreas appears normal in morphology.

The **spleen** is normal in size (9.6 cm) and morphology.

Both kidneys demonstrate normal morphology.

Both kidneys show normal cortical echogenicity.

The right kidney measures 10.3 x 4.3 cm

The left kidney measures 11.5 x 4.8 cm

Urinary bladder: -normally distended. Wall thickness - normal.

Prostate is enlarged in size 59.6 gms with median lobe the indenting he bladder base.

No free fluid is seen.

#### IMPRESSION:-

- Hepatomegaly with fatty liver (Grade I).
- · Prostatomegaly.

DR. AMOL BENDRE MBBS; DMRE CONSULTANT RADIOLOGIST









Imaging Department
Sonography | Colour Doppler | 3D / 4D USG

### **ECHOCARDIOGRAM**

NAME	MR. KRISHNAKUMAR NAIK
AGE/SEX	57 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	08/03/2024

### 2D/M-MODE ECHOCARDIOGRAPHY

VALVES:	CHAMBERS:
MITRAL VALVE:	LEFT ATRIUM: Normal
AML: Normal	<ul> <li>Left atrial appendage: Normal</li> </ul>
<ul><li>PML: Normal</li><li>Sub-valvular deformity: Absent</li></ul>	LEFT VENTRICLE: Mild concentric LV hypertrophy  • RWMA: No
AORTIC VALVE: Normal	Contraction: Normal
No. of cusps: 3  PLIMONARY VALVE: Normal	RIGHT ATRIUM: Normal
PULMONARY VALVE, Normal	RIGHT VENTRICLE: Normal
TRICUSPID VALVE: Normal	RWMA: No     Contraction: Normal
GREAT VESSELS:	SEPTAE:
AORTA: Normal	IAS: Intact
<ul> <li>PULMONARY ARTERY: Normal</li> </ul>	IVS: Intact
CORONARIES: Proximal coronaries normal	VENACAVAE:  • SVC: Normal
CORONARY SINUS: Normal	<ul> <li>IVC: Normal and collapsing &gt;20% with respiration</li> </ul>
PULMONARY VEINS: Normal	PERICARDIUM: Normal

#### MEASUREMENTS:

AORT	A	LEFT VENTR	ICLE STUDY	RIGHT VENTR	ICLE STUDY
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	21 mm	Left atrium	35 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	44.3 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	27.0 mm	RVEF	0/0
Ascending aorta	mm	IVSd	12.8 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	10.9 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	69 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	14 mm





# COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MR. KRISHNAKUMAR NAIK
AGE/SEX	57 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	08/03/2024

	MITRAL	TRICUSPID	AORTIC	PULMONARY
	MITKAL		1.59	1.15
FLOW VELOCITY (m/s)				
PPG (mmHg)				
MPG (mmHg)				
VALVE AREA (cm²)				
DVI (ms)				
PR END DIASTOLIC VELOCITY (m/s)				
ACCELERATION/				
DECELERATION TIME (ms)				
PHT (ms)				
VENA CONTRACTA (mm)				
REGURGITATION		TRJV = m/s		
		PASP= mmHg		
E/A	E <a< td=""><td></td><td></td><td></td></a<>			
E/E'				

## FINAL IMPRESSION: MILD HYPERTENSIVE HEART DISEASE

- No RWMA
- Normal LV systolic function (LVEF 69 %)
- Mild concentric LV hypertrophy
- · Good RV systolic function
- Normal diastolic function
- · All cardiac valves are normal
- All cardiac chambers are normal
- IAS/IVS intact
- No pericardial effusion/ clot/vegetations

ADVICE: Control HTN

ECHOCARDIOGRAPHER:

Dr. ANANT MUNDE

DNB, DM (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

Dr. Anant Ramkishanrao Munde MBBS, DNB, DM (Cardiology) Reg. No. 2005021228



Ref By



: SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

: Mr. KRISHNAKUMAR NAIK (A) Name

**Collected On** : 8/3/2024 8:20 am

Lab ID. : 186065

. 8/3/2024 8:30 am Received On

Reported On : 8/3/2024 6:28 pm

Age/Sex : 57 Years / Male

**Report Status** : FINAL

#### \*LIPID PROFILE

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE,ESTERASE,PEROXIDA SE)	207.0	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)	35.6	mg/dL	Major risk factor for heart :<30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	139.4	mg/dL	Desirable level: <161 mg/dl. High:>= 161 - 199 mg/dl. Borderline High:200 - 499 mg/dl. Very high:>499mg/dl.
VLDL CHOLESTEROL (CALCULATED VALUE)	28	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	144	mg/dL	Optimal: <100 mg/dl.  Near Optimal: 100 - 129 mg/dl.  Borderline High: 130 - 159 mg/dl.  High: 160 - 189mg/dl.  Very high: >= 190 mg/dl.
LDL CHOL/HDL RATIO (CALCULATED VALUE)	4.04		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	5.81		<5.0

Above reference ranges are as per ADULT TREATMENT PANEL III recommendation by NCEP (May

Result relates to sample tested, Kindly correlate with clinical findings.

**Checked By** pooja jadhav

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist** 

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Ref By

: SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

/ Male

**Report Status** 

: FINAL

#### **COMPLETE BLOOD COUNT**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	14.7	gm/dl	13 - 18
HEMATOCRIT (PCV)	44.1	%	42 - 52
RBC COUNT	5.00	x10^6/uL	4.70 - 6.50
MCV	88	fl	80 - 96
MCH	29.4	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	13.2	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	8290	/cumm	4000 - 11000
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS	62	%	40 - 80
LYMPHOCYTES	29	%	20 - 40
EOSINOPHILS	02	%	0 - 6
MONOCYTES	07	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	324000	/ cumm	150000 - 450000
MPV	8.8	fl	6.5 - 11.5
PDW	15.8	%	9.0 - 17.0
PCT	0.290	%	0.200 - 0.500
RBC MORPHOLOGY	Normocytic Normo	chromic	
WBC MORPHOLOGY	Normal		
PLATELETS ON SMEAR	Adequate		
Mothod : EDTA Whole Blood Tests of	tone on Automated Civi	Dart Call Countar DBC	and Diatolat count by

Method: EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method). Rest are calculated parameters.

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

**Checked By** pooja jadhav

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**Report Status** : FINAL Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

#### **URINE ROUTINE EXAMINATION**

**TEST NAME** UNIT REFERENCE RANGE **RESULTS** 

**URINE ROUTINE EXAMINATION PHYSICAL EXAMINATION** 

**VOLUME** 

**COLOUR** Pale Yellow Pale Yellow

**APPEARANCE** Slightly hazy Clear

20ml

**CHEMICAL EXAMINATION** 

**REACTION** Acidic Acidic

(methyl red and Bromothymol blue indicator)

1.005 - 1.022 SP. GRAVITY 1.015

(Bromothymol blue indicator)

**PROTEIN** Absent Absent

(Protein error of PH indicator)

**BLOOD** Absent Absent

(Peroxidase Method)

**SUGAR** Absent Absent

(GOD/POD)

**KETONES** Absent Absent

(Acetoacetic acid)

**BILE SALT & PIGMENT** Absent Absent

(Diazonium Salt)

**UROBILINOGEN** Normal Normal

(Red azodye)

**LEUKOCYTES** Absent Absent

(pyrrole amino acid ester diazonium salt)

Negative

(Diazonium compound With tetrahydrobenzo quinolin 3-phenol)

**MICROSCOPIC EXAMINATION** 

**RED BLOOD CELLS** Absent / HPF Absent **PUS CELLS** 2-3 / HPF 0 - 5 **EPITHELIAL** 1-2 / HPF 0 - 5

**CASTS** Absent

**Checked By** 

SHAISTA Q

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist** 

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Ref By



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/ Male

**Report Status** : FINAL

#### **URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
CRYSTALS	Calcium oxalate(Few)		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		
REMARK	Result relates to sample tested. Kindly correlate with clinical findings.		relate with clinical findings.
Docult relates to complete to the Mindly complete with plinical findings			

Result relates to sample tested, Kindly correlate with clinical findings.

**Checked By** SHAISTA Q

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**Report Status** : FINAL Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

#### **IMMUNO ASSAY**

	TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
TFT (THYROID FUNCTION TEST )					
	SPECIMEN	Serum			
	Т3	80.09	ng/dl	84.63 - 201.8	
	T4	5.09	μg/dl	5.13 - 14.06	
	TSH	1.97	μIU/ml	0.270 - 4.20	
	DONE ON FULLY AUTOMATED ANALYSE	R COBAS e411.			
	INTERPRETATION	T3 (Triiodo Thyronine)	T4 (T	hyroxine)	

AGE	RANGE	AGE	RANGES
1-30 days	100-740	1-14 Days	11.8-22.6
1-11 months	105-245	1-2 weeks	9.9-16.6
1-5 years	105-269	1-4 months	7.2-14.4
6-10 years	94-241	4-12months	7.8-16.5
11-15 years	82-213	1-5 years	7.3-15.0
15-20 years	80-210	5-10 years	6.4-13.3
		11-15 years	5.6-11.7

#### TSH(Thyroid stimulating hormone)

AGE	RANGES
0-14 Days	1.0-39
2 weeks -5 mo	nths 1.7-9.1
6 months-20 y	ears 0.7-6.4
Pregnancy	
1st Trimester	0.1-2.5
2nd Trimester	0.20-3.0
3rd Trimester	0.30-3.0

#### INTERPRETATION:

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

**Checked By** SHAISTA Q

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**Report Status** : FINAL : SIDDHIVINAYAK HOSPITAL CGHS /ESIS / Ref By

Result relates to sample tested, Kindly correlate with clinical findings.

**Checked By** SHAISTA Q



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**Report Status** : FINAL

**HAEMATOLOGY** 

UNIT REFERENCE RANGE TEST NAME **RESULTS** 

**BLOOD GROUP** 

Ref By

**SPECIMEN** WHOLE BLOOD EDTA & SERUM

\* ABO GROUP 'B'

RH FACTOR **POSITIVE** 

Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

**Checked By** SHAISTA Q

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Ref By



: Mr. KRISHNAKUMAR NAIK (A) Name

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: SIDDHIVINAYAK HOSPITAL CGHS /ESIS /



# \*RENAL FUNCTION TEST

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD UREA	21.4	mg/dL	18 - 55
(Urease UV GLDH Kinetic)			
BLOOD UREA NITROGEN	10.00	mg/dL	5 - 20
(Calculated)			
S. CREATININE	0.81	mg/dL	0.6 - 1.4
(Enzymatic)			
S. URIC ACID	7.10	mg/dL	3.5 - 7.2
(Uricase)			
S. SODIUM	138.2	mEq/L	137 - 145
(ISE Direct Method)			
S. POTASSIUM	4.00	mEq/L	3.5 - 5.1
(ISE Direct Method)			
S. CHLORIDE	100.0	mEq/L	98 - 110
(ISE Direct Method)			0.5
S. PHOSPHORUS	3.30	mg/dL	2.5 - 4.5
(Ammonium Molybdate)	0.20	7.11	0.5 40.2
S. CALCIUM	9.20	mg/dL	8.6 - 10.2
(Arsenazo III) PROTEIN	6.84	~ / dl	6.4 - 8.3
	0.04	g/dl	0.4 - 6.3
(Biuret) S. ALBUMIN	3.88	g/dl	3.2 - 4.6
(BGC)	5.00	g/ui	3.2 - 4.0
S.GLOBULIN	2.96	g/dl	1.9 - 3.5
(Calculated)	2.50	9/ 01	1.5 5.5
A/G RATIO	1.31		0 - 2
calculated			5 -
NOTE	BIOCHEMISTRY TEST DO	NE ON FULLY AUT	OMATED ( EM 200)
-		5 5 <u></u>	- ( /

ANALYZER.

Result relates to sample tested, Kindly correlate with clinical findings.

**Checked By** SHAISTA Q

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist** 

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Name : Mr. KRISHNAKUMAR NAIK (A) **Collected On** : 8/3/2024 8:20 am

Lab ID. <sup>:</sup> 186065

Ref By

**PLATELET** 

. 8/3/2024 8:30 am Received On

Age/Sex : 57 Years Reported On : 8/3/2024 6:28 pm

/ Male : SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

**Report Status** : FINAL

### **Peripheral smear examination**

**TEST NAME RESULTS** 

SPECIMEN RECEIVED Whole Blood EDTA

**RBC** Normocytic Normochromic

**WBC** Total leucocyte count is normal on smear.

> Neutrophils:63 % Lymphocytes:28 % Monocytes:07 % Eosinophils:02 % Basophils:00 % Adequate on smear.

**HEMOPARASITE** No parasite seen. Result relates to sample tested, Kindly correlate with clinical findings.

**Checked By** pooja jadhav

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist** 

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Name : Mr. KRISHNAKUMAR NAIK (A) **Collected On** 

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/ Male

Reported On : 8/3/2024 6:28 pm

Ref By

: SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

**Report Status** : FINAL

#### **LIVER FUNCTION TEST**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
TOTAL BILLIRUBIN	0.31	mg/dL	0.1 - 1.2	
(Method-Diazo)				
DIRECT BILLIRUBIN	0.15	mg/dL	0.0 - 0.4	
(Method-Diazo)				
INDIRECT BILLIRUBIN	0.16	mg/dL	0 - 0.8	
Calculated				
SGOT(AST)	24.7	U/L	0 - 37	
(UV without PSP)				
SGPT(ALT)	30.7	U/L	UP to 40	
UV Kinetic Without PLP (P-L-P)				
ALKALINE PHOSPHATASE	102.0	U/L	53 - 128	
(Method-ALP-AMP)				
S. PROTIEN	6.84	g/dl	6.4 - 8.3	
(Method-Biuret)				
S. ALBUMIN	3.88	g/dl	3.5 - 5.2	
(Method-BCG)				
S. GLOBULIN	2.96	g/dl	1.90 - 3.50	
Calculated				
A/G RATIO	1.31		0 - 2	
Calculated				

Result relates to sample tested, Kindly correlate with clinical findings.

**Checked By** pooja\_jadhav

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist** 

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: SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

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НΔ	EM	ΔΤ	OI	O	GY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>ESR</u>			
ESR	10	mm/1hr.	0 - 20

METHOD - WESTERGREN

Ref By

Result relates to sample tested, Kindly correlate with clinical findings.

**Checked By** SHAISTA Q

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist** 

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**Report Status** : FINAL Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

### **BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
GAMMA GT	28.1	U/L	13 - 109
<b>BLOOD GLUCOSE FASTING &amp; PP</b>			
BLOOD GLUCOSE FASTING	114.1	mg/dL	70 - 110
BLOOD GLUCOSE PP	122.3	mg/dL	70 - 140

Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).

- 1. Fasting is required (Except for water ) for 8-10 hours before collection for fasting speciman. Last dinner should consist of bland diet.
- 2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn

#### INTERPRETATION

- Normal glucose tolerance : 70-110 mg/dl

- Impaired Fasting glucose (IFG): 110-125 mg/dl

- Diabetes mellitus : >=126 mg/dl

#### POSTPRANDIAL/POST GLUCOSE (75 grams)

- Normal glucose tolerance: 70-139 mg/dl - Impaired glucose tolerance: 140-199 mg/dl

- Diabetes mellitus : >=200 mg/dl

#### CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS

- Fasting plasma glucose >=126 mg/dl
- Classical symptoms +Random plasma glucose >=200 mg/dl
- Plasma glucose >=200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin > 6.5%

#### **GLYCOCELATED HEMOGLOBIN (HBA1C)**

HBA1C (GLYCOSALATED HAEMOGLOBIN)	6.3	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G. )	134.1	mg/dL	NON - DIABETIC : <=5.6 PRE - DIABETIC : 5.7 - 6.4 DIABETIC : >6.5
METHOD	Particle Enhanced Immun	oturbidimetry	

**Checked By** 

SHAISTA Q

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<sup>\*\*\*</sup>Any positive criteria should be tested on subsequent day with same or other criteria.



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Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS / **Report Status** : FINAL

#### **BIOCHEMISTRY**

UNIT REFERENCE RANGE TEST NAME **RESULTS** 

HbA1c: Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes. Average Blood Glucose (A.B.G) is calculated value from HbA1c: Glycosylated hemoglobin concentration in whole Blood. It indicates average blood sugar level over past three months.

Result relates to sample tested, Kindly correlate with clinical findings.

**Checked By** SHAISTA Q

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist** 

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**Collected On** Name : Mr. KRISHNAKUMAR NAIK (A)

: 8/3/2024 8:20 am

**Report Status** 

Lab ID. : 186065

. 8/3/2024 8:30 am Received On

Age/Sex : 57 Years / Male Reported On : 8/3/2024 6:28 pm

: FINAL

Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

#### **REPORT ON IMMUNOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
PSA (PROSTATE SPECIFIC	2.370	ng/ml	0 - 4	
ANTIGEN)(TOTAL)				

#### **INTERPRETATION:**

(CLIA)

Increased levels are noted in prostate cancer, benign prostatic hypertrophy, prostatitis

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

**Checked By** SHAISTA Q

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