Final Laboratory Report

Name	: **Mr. RAVIKUMAR V**	Sex/Age : **Male / 48 Years**	Lab ID : **40409100235**
Ref. By	:	SRF ID :	Ref. ID :
Corporate	: NDPL - Mediwheel		UHID :
			PID :

Col Dt. Time : 02-Apr-2024 09:32	Recv Dt. Time : 02-Apr-2024 09:32	Sample Type :
Reg Dt. Time : 02-Apr-2024 09:32	Report Released @ :	Report Printed : 24-May-2024 15:27

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
CBC			
Haemoglobin	**13.1**	g/dL	13.5 - 18
Red Cell Distribution Width (RDW)	**15.0**	%	11.5 - 14
Glyco Hemoglobin (HbA1c)			
HbA1C	**7.60**	%	Non Diabetic : Less than 5.7 % Pre Diabetic : 5.7 - 6.4 Diabetic : => 6.5 %
Estimated Avg Glucose (3 Mths)	**171.42**	mg/dL	70 - 126 Diabetic : > 154
Kidney Function Test			
Urea	**11.80**	mg/dL	12.84 - 42.8 *Please note change in Reference range.
Lipid Profile			
Cholesterol	**201**	mg/dL	<200 - Desirable 200 - 239 - Borderline High > 240 - High "NCEP Guidelines ATP III".
Triglyceride	**172**	mg/dL	< 150 - Normal 150 - 199 - Borderline 200 - 499 - High > 500 - Very High "NCEP Guidelines ATP III".
HDL Cholesterol	**30**	mg/dL	< 40 - Low Level 40 - 60 - Average Level > 60 - High Level NCEP Guidelines ATP III.
LDL Cholesterol	**136.60**	mg/dL	0.00 - 100.00
VLDL	**34.40**	mg/dL	<30
Non-HDL Cholesterol	**171**		< 130 Optimal 130-159 Near Optimal 160-189 Borderline high 190-219-High >or = 220- Very high

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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No 7, Rajiv Gandhi Salai, Industrial Estate, Perungudi, Chennai - 600096.

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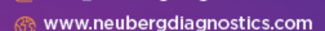
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Reg Dt. Time	: 02-Apr-2024 09:32	Report Released @	:	Report Printed	: 24-May-2024 15:27

Test	Result	Unit	Reference
Chol/HDL	**6.70**		< 3.5 – Low risk 3.5 – 5.0 - Normal risk > 5.0 - High risk
25 OH Cholecalciferol (D2+D3)	**6.2**	ng/mL	Below 20 ng/ml : Deficient 20-30 ng/ml : Insufficient 30 - 100 ng/ml : Sufficient
Vitamin B - 12 Level	**156.0**	pg/mL	187 - 883
Plasma Glucose - PP	**270.00**	mg/dL	Normal : 70-140 mg/dL Impaired Tolerance : 141 - 199 Diabetic : => 200
Plasma Glucose - F	**124**	mg/dL	Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired Fasting : Diabetic : =>126.

Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Corporate	: NDPL - Mediwheel			UHID	:
Col Dt. Time	: 02-Apr-2024 09:32	Recv Dt. Time	: 02-Apr-2024 09:32	Sample Type	: Serum
Reg Dt. Time	: 02-Apr-2024 09:32	Report Released @	: 02-Apr-2024 16:46	Report Printed	: 24-May-2024 15:27

PID :

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Phosphorus Inorganic *Phosphomolybdate*		**3.50**	mg/dL	2.3 - 4.7	
25 OH Cholecalciferol (D2+D3) *CMIA*	L	**6.2**	ng/mL	Below 20 ng/ml : Deficient 20-30 ng/ml : Insufficient 30 - 100 ng/ml : Sufficient	

25-OH-VitD plays a primary role in the maintenance of calcium homeostasis. It promotes intestinal calcium absorption and, in concert with PTH, skeletal calcium deposition, or less commonly, calcium mobilization. Modest 25-OH-VitD deficiency is common; in institutionalised elderly, its prevalence may be >50%. Although much less common, severe deficiency is not rare either. Reasons for suboptimal 25-OH-VitD levels include lack of sunshine exposure, a particular problem in Northern latitudes during winter; inadequate intake; malabsorption (e.g, due to Celiac disease); depressed hepatic vitamin D 25-hydroxylase activity, secondary to advanced liver disease; and enzyme-inducing drugs, in particular many antiepileptic drugs, including phenytoin, phenobarbital, and carbamazepine, that increase 25-OH-VitD metabolism. Hypervitaminosis D is rare, and is only seen after prolonged exposure to extremely high doses of vitamin D. When it occurs, it can result in severe hypercalcemia and hyperphosphatemia.

INTERPRETATION

- Levels <10 ng/mL may be associated with more severe abnormalities and can lead to inadequate mineralization of newly formed osteoid, resulting in rickets in children and osteomalacia in adults. In these individuals, serum calcium levels may be marginally low, and parathyroid hormone (PTH) and serum alkaline phosphatase are usually elevated. Definitive diagnosis rests on the typical radiographic findings or bone biopsy/histomorphometry.
- Patients who present with hypercalcemia, hyperphosphatemia, and low PTH may suffer either from ectopic, unregulated conversion of 25-OH-VitD to 1,25 (OH)2-VitD, as can occur in granulomatous diseases, particularly sarcoidosis, or from nutritionally-induced hypervitaminosis D. Serum 1,25 (OH)2-VitD levels will be high in both groups, but only patients with hypervitaminosis D will have serum 25-OH-VitD concentrations of >80 ng/mL, typically >150 ng/mL.
- Patients with CKD have an exceptionally high rate of severe vitamin D deficiency that is further exacerbated by the reduced ability to convert 25-OH- VitD into the active form, 1,25 (OH)2-VitD. Emerging evidence also suggests that the progression of CKD & many of the cardiovascular complications may be linked to hypovitaminosis D.
- Approximately half of Stage 2 and 3 CKD patients are nutritional vitamin D deficient (25-OH-VitD, less than 30 ng/mL), and this deficiency is more common among stage 4 CKD patients. Additionally, calcitriol (1,25 (OH)2-VitD) levels are also overtly low (less than 22 pg/mL) in CKD patients. Similarly, vast majority of dialysis patients are found to be deficient in nutritional vitamin D and have low calcitriol levels. Recent data suggest an elevated PTH is a poor indicator of deficiencies of nutritional vitamin D and calcitriol in CKD patients.CAUTIONS Long term use of anticonvulsant medications may result in vitamin D deficiency that could lead to bone disease; the anticonvulsants most implicated are phenytoin, phenobarbital, carbamazepine, and valproic acid.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

C.M.Iyappan

Verified by

Dr.Selvi R
Consultant Biochemist

MC-5972

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Reg Dt. Time : 02-Apr-2024 09:32	Report Released @ : 02-Apr-2024 16:46	Report Printed : 24-May-2024 15:27	

VITAMIN B - 12

Vitamin B - 12 Level *CMIA*	L	**156.0**	pg/mL	187 - 883

Introduction :

Vitamin B12, a member of the corrin family, s a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with B12 deficiency induced hematological or neurological disease.

Clinical Significance :

Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, malabsorption syndromes and gastrointestinal causes. B12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating.
The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA.

Decreased in:

Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

Increased in:

Renal failure, liver disease and myeloproliferative diseases.
Variations due to age Increases: with age.
Temporarily Increased after Drug.
Falsely high in Deteriorated sample.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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PID	:		

Col Dt. Time : 02-Apr-2024 09:32	Recv Dt. Time : 02-Apr-2024 09:32	Sample Type : Whole Blood EDTA,Plasma Fluoride PP,Urine PP	
Reg Dt. Time : 02-Apr-2024 09:32	Report Released @ : 02-Apr-2024 16:10	Report Printed : 24-May-2024 15:07	

Complete Blood Counts

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
RBC Count *Electrical Impedance*		**4.78**	millions/cmm	4.5 - 6.5	
Haemoglobin *SLS*	L	**13.1**	g/dL	13.5 - 18	
PCV		**41.9**	%	40 - 54	
Mean Corpuscular Volume *Calculated*		**87.7**	fL	76 - 96	
Mean Corpuscular Hemoglobin *Calculated*		**27.4**	pg	27 - 32	
Mean Corpuscular Hb Concentration *Calculated*		**31.3**	g/dL	30 - 35	
Red Cell Distribution Width (RDW) *Calculated*	H	**15.0**	%	11.5 - 14	
Total Leucocyte Count(TLC) *Fluorescent Flowcytometry*		**9800**	Cells/cmm	4000 - 11000	
<u>Differential Counts</u>					
Neutrophil *Fluorescent Flowcytometry*		**59.8**	%	40 - 75	
Lymphocyte *Fluorescent Flowcytometry*		**32.3**	%	20 - 45	
Monocytes *Fluorescent Flowcytometry*		**3.7**	%	2 - 10	
Eosinophil		**3.9**	%	1 - 6	
Basophil *Fluorescent Flowcytometry*		**0.3**	%	0 - 1	
<u>Absolute Counts</u>					
Absolute Neutrophil Count *Calculated*		**5860**	Cells/cmm	2000-7000	
Absolute Lymphocyte Count *Calculated*		**3170**	Cells/cmm	1000-5000	
Absolute Monocyte Count *Calculated*		**360**	Cells/cmm	200-1000	
Absolute Eosinophil Count *Calculated*		**380**	Cells/cmm	20-500	
Absolute Basophil Count *Calculated*		**30**	Cell/cmm	20-100	
Platelet Count *Electrical Impedance*		**307000**	Cells/cmm	150000 - 400000	
Mean Platelet Volume (MPV)		**10.5**	fL	7.2 - 11.7	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Divya.NHT

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DR.MONICA KUMBHAT M
MBBS,MD (Pathology) FGIL

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According to ICSH guideline (international Council for Standardisation in Hematology), the differential counts should be reported in absolute numbers.

BIOCHEMICAL INVESTIGATIONS

Test	Flag	Result	Unit	Reference Range
Plasma Glucose - PP *HEXOKINASE/G-6-PDH*	H	**270.00**	mg/dL	Normal : 70-140 mg/dL Impaired Tolerance : 141 - 199 Diabetic : => 200

Clinical Pathology

Test	Flag	Result	Unit	Reference Range
Urine Glucose (Post Prandial)		**Present (++)**		Absent

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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TEST REPORT

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TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR *Photometrical capillary stopped flow kinetic analysis*		**15**	mm/hour	0 - 15	
Blood Group & Rh Type *Microwell haemagglutination, Automated*		**O Positive**			

BIOCHEMICAL INVESTIGATIONS

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F *HEXOKINASE/G-6-PDH*	H	**124**	mg/dL	Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired Fasting : Diabetic : =>126.	

Glycated Haemoglobin Estimation

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HbA1C *HPLC*	H	**7.60**	%	Non Diabetic : Less than 5.7 % Pre Diabetic : 5.7 - 6.4 Diabetic : => 6.5 %	
Estimated Avg Glucose (3 Mths) *Calculated*	H	**171.42**	mg/dL	70 - 126 Diabetic : > 154	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.

In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy,comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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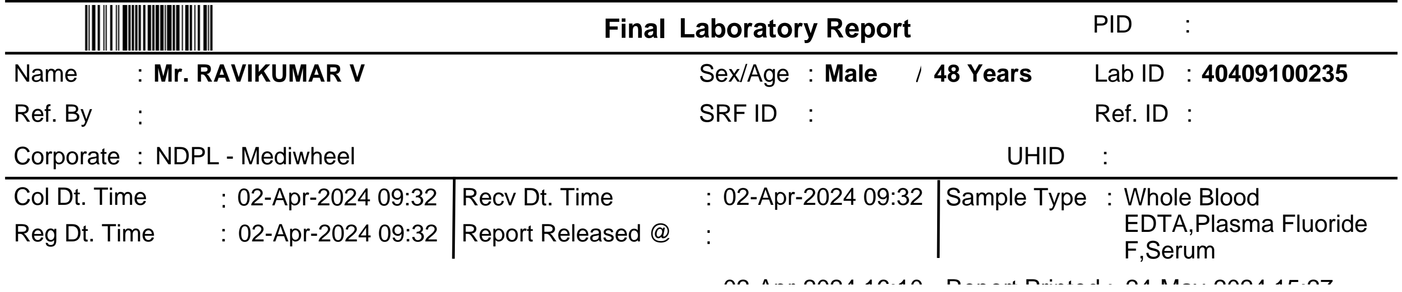

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BIOCHEMICAL INVESTIGATIONS

Prostate Specific Antigen (PSA)

Prostate Specific Antigen *CMIA*	**0.480**	ng/mL	0.0 - 4.0

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

*% of population

Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Probability of cancer			
Free PSA/total PSA ratio	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

Thyroid Function Test

Triiodothyronine (T3) *CMIA*	**112.87**	ng/dL	35 - 193 * Note : Please note change in reference range
Thyroxine (T4) *CMIA*	**9.91**	µg/dL	4.87 - 11.72

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BIOCHEMICAL INVESTIGATIONS

Thyroid Function Test

TSH *CMIA*	**1.5800**	μIU/mL	0.35 - 4.94 μIU/mL

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 μIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 μIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a supressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone.
Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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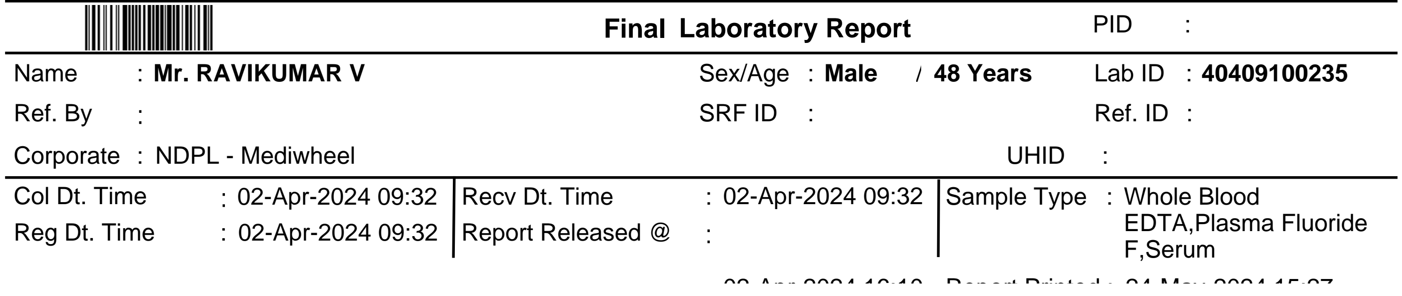

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BIOCHEMICAL INVESTIGATIONS

Interpretation Note:

Ultra sensitive-thyroid–stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone.Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormons vary according trimesper in pregnancy.

TSH ref range in Pregnacy	Reference range (microIU/ml)
First triemester	0.24 - 2.00
Second triemester	0.43-2.2
Third triemester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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TEST REPORT

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Reg Dt. Time	: 02-Apr-2024 09:32	Report Released @	: 02-Apr-2024 18:03	Report Printed	: 24-May-2024 15:27

Lipid Profile

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Cholesterol *Enzymatic*	**H 201**	mg/dL	<200 - Desirable 200 - 239 - Borderline High > 240 - High "NCEP Guidelines ATP III".	
Triglyceride *Glycerol Phosphate Oxidase*	**H 172**	mg/dL	< 150 - Normal 150 - 199 - Borderline 200 - 499 - High > 500 - Very High "NCEP Guidelines ATP III".	
HDL Cholesterol *Accelerator Selective Detergent*	**L 30**	mg/dL	< 40 - Low Level 40 - 60 - Average Level > 60 - High Level NCEP Guidelines ATP III.	
LDL Cholesterol *Calculated*	**H 136.60**	mg/dL	0.00 - 100.00	
VLDL *Calculated*	**H 34.40**	mg/dL	<30	
Non-HDL Cholesterol	**H 171**		< 130 Optimal 130-159 Near Optimal 160-189 Borderline high 190-219-High >or = 220- Very high	
LDL/HDL Ratio	**4.55**			
Chol/HDL *Calculated*	**H 6.70**		< 3.5 – Low risk 3.5 – 5.0 - Normal risk > 5.0 - High risk	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

C.M.Iyappan

Verified by

Dr. P. Mahendranath
MD Pathologist

MC-5972

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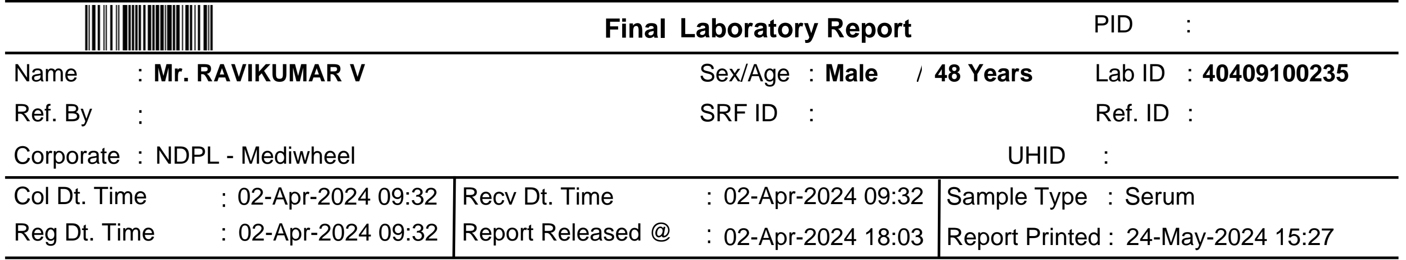

Final Laboratory Report			PID :
Name : **Mr. RAVIKUMAR V**		Sex/Age : **Male / 48 Years**	Lab ID : **40409100235**
Ref. By :		SRF ID :	Ref. ID :
Corporate : NDPL - Mediwheel			UHID :
Col Dt. Time : 02-Apr-2024 09:32	Recv Dt. Time : 02-Apr-2024 09:32		Sample Type : Serum
Reg Dt. Time : 02-Apr-2024 09:32	Report Released @ : 02-Apr-2024 18:03		Report Printed : 24-May-2024 15:27

Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Extreme Risk group - A.) CAD with > 1 feature of high risk group. B.) CAD with > 1 feature of very high risk group or recurrent ACS (within 1 year) despite LDL-C </ = 50 mg/dl or polyvascular disease.
Very High Risk group - 1.) Established ASCVD 2.) Diabetes with 2 major risk factors or evidence of end organ damage 3.) Familial Homozygous Hypercholesterolemia.
High Risk - 1.) Three major ASCVD risk factors 2.) Diabetes with 1 major risk factor or no evidence of end organ damage 3.) CKD stage 3B or 4.) LDL > 190 mg /dl 5.) Extreme of a single risk factor 6.) Coronary Artery Calcium -CAC >300AU. 7.) Lipoprotein a >/= 50 mg /dl 8.) Non stenotic carotid plaque.
Moderate Risk - 2 major ASCVD risk factors
Low Risk - 0-1 major ASCVD risk factors

Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors
1.) Age >/= 45 years in males and >/= 55 years in females
2.) Family history of premature ASCVD
3.) Current Cigarette smoking or tobacco use
4.) High blood pressure.
5.) Low HDL

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL(mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (optional goal </=30)	<80(optional goal </=60)	>/=50	>/=80
Extreme Risk Group Category B	</= 30	</=60	>30	>60
Very High Risk	<50	<80	>/=50	>/=80
High Risk	<70	<100	>/=70	>/=100
Moderate Risk	<100	<130	>/=100	>/=130
Low Risk	<100	<130	>/=130	>/=160

❖ After an adequate non-pharmacological intervention for at least 3 months.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

C.M.Iyappan

C.M.Iyappan

Verified by

Dr. P. Mahendranath
MD Pathologist

MC-5972

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Col Dt. Time	: 02-Apr-2024 09:32	Recv Dt. Time	: 02-Apr-2024 09:32	Sample Type	: Serum
Reg Dt. Time	: 02-Apr-2024 09:32	Report Released @	: 02-Apr-2024 16:03	Report Printed	: 24-May-2024 15:27

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Kidney Function Test				
Urea *Uricase*	L **11.80**	mg/dL	12.84 - 42.8 *Please note change in Reference range.	
Creatinine *Enzymatic*	**0.66**	mg/dL	0.5 - 1.4	
Uric Acid *Uricase*	**5.50**	mg/dL	3.5 - 7.2	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

C.M.Iyappan.

C.M.Iyappan

Verified by

Dr.Selvi R
Consultant Biochemist

MC-5972

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Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel		UHID :	
Col Dt. Time : 02-Apr-2024 09:32	Recv Dt. Time : 02-Apr-2024 09:32	Sample Type : Serum	
Reg Dt. Time : 02-Apr-2024 09:32	Report Released @ : 02-Apr-2024 18:04	Report Printed : 24-May-2024 15:27	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
LIVER FUNCTION TEST				
Bilirubin Total *Diazonium Salt*	**0.50**	mg/dL	0.2 - 1.2 mg/dL	
Bilirubin Direct *DIAZO REACTION*	**0.20**	mg/dL	0 - 0.5 mg/dL	
Bilirubin Indirect	**0.30**	mg/dL	0.1 - 1	
S.G.P.T. *NADH (Without P-5-P)*	**32.00**	U/L	0 - 55	
S.G.O.T. *NADH (Without P-5-P)*	**25.00**	U/L	5 - 34	
Alkaline Phosphatase *Para-Nitrophenyl Phosphate*	**79.00**	U/L	40-150	
Gamma Glutamyl Transferase *L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate*	**31.00**	U/L	12 - 64	
Proteins (Total) *Biuret*	**7.10**	gm/dL	6.4 - 8.3	
Albumin *Bromo Cresol Green*	**4.50**	g/dL	3.5-5.2	
Globulin	**2.60**	g/dL	2.0 - 3.5	
A/G Ratio *Calculated*	**1.7**		1.0 - 2.0	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

C.M.Iyappan

Verified by

Dr. P. Mahendranath
MD Pathologist

MC-5972

Neuberg DIAGNOSTICS
● India ● UAE ● South Africa ● USA

TEST REPORT

Final Laboratory Report

PID :

Name	: **Mr. RAVIKUMAR V**	Sex/Age	: **Male / 48 Years**	Lab ID	: **40409100235**
Ref. By	:	SRF ID	:	Ref. ID	:
Corporate	: NDPL - Mediwheel			UHID	:

Col Dt. Time	: 02-Apr-2024 09:33	Recv Dt. Time	: 02-Apr-2024 09:33	Sample Type	: Urine
Reg Dt. Time	: 02-Apr-2024 09:32	Report Released @	: 02-Apr-2024 15:37	Report Printed	: 24-May-2024 15:27

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Urine Routine Examination				
Appearance *Manual*	**Clear**		Clear	
Colour	**Pale yellow**			
pH *Ion concentration*	**6.0**		4.6 - 8	
Sp.Gravity *pKa change*	**1.005**		1.003 - 1.035	
Chemical Examination				
Protein *Tetrabromophenol blue*	**Negative**		Negative	
Glucose *GOD-POD*	**Negative**		Negative	
Bile pigment *Biochemical*	**Negative**		Negative	
Urobilinogen *Diazotization reaction*	**Negative**		Negative	
Ketones *Sodium Nitroprusside Reaction*	**Negative**	mg/dL	Negative	
Nitrite *N-(1-naphthyl)-ethylenediamine*	**Negative**		Negative	
Microscopic Examination				
Red Blood Cell	**Nil**	/HPF	Nil	
Pus Cells *Microscopy*	**2-4**	/HPF	0-5 cells/hpf	
Epithelial Cell *Microscopy*	**2-3**	/HPF	Negative	
Cast *Microscopy*	**Nil**	/HPF	Nil	
Pathological Cast *Reflectance Photometry*	**Nil**	/HPF	NIL	
Crystals				
Calcium oxalate Monohydrate	**Nil**	/HPF	Nil	
Calcium oxalate Dihydrate	**Nil**	/HPF	Nil	
Triple phosphate	**Nil**	/HPF	Nil	
Uric Acid *Phase Contrast Microscopy*	**Nil**	/HPF	Nil	
Bacteria	**Nil**	/µL	Nil	
Yeast	**Nil**	/µL	Nil	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Divya.NHT

Verified by

DR.MONICA KUMBHAT M
MBBS,MD (Pathology) FGIL

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Final Laboratory Report PID :

Name	: **Mr. RAVIKUMAR V**	Sex/Age	: **Male / 48 Years**	Lab ID	: **40409100235**
Ref. By	:	SRF ID	:	Ref. ID	:
Corporate	: NDPL - Mediwheel			UHID	:

Col Dt. Time	: 02-Apr-2024 09:33	Recv Dt. Time	: 02-Apr-2024 09:33	Sample Type	: Urine
Reg Dt. Time	: 02-Apr-2024 09:32	Report Released @	: 02-Apr-2024 15:37	Report Printed	: 24-May-2024 15:27

Amorphous Deposits *Phase Contrast Microscopy*	**0.0**	/HPF	0-29.5 p/hpf

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Divya.NHT

Verified by

DR.MONICA KUMBHAT M
MBBS,MD (Pathology) FGIL

Final Laboratory Report

Name	: **Mr. RAVIKUMAR V**	Sex/Age	: **Male / 48 Years**	Lab ID	: **40409100235**
Ref. By	:	SRF ID	:	Ref. ID	:
Corporate	: NDPL - Mediwheel			UHID	:
PID	:				

Col Dt. Time	: 02-Apr-2024 09:32	Recv Dt. Time	: 02-Apr-2024 09:32	Sample Type	: Other,Health Check,
Reg Dt. Time	: 02-Apr-2024 09:32	Report Released @	: 02-Apr-2024 13:37	Report Printed	: 24-May-2024 15:27

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
	Physical Examination			
Height	**179**			
Blood Pressure	**150/80**	mmHg		
Body Weight	**111**			
Body Mass Index	**34.6**			
EYE Test (Near,Far and Color)	**Report Attached**			
DENTAL EXAMINATION	**.**			

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Kalaiselvi

Verified by

Monica. M

Dr.Monica.M

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Date: IST: 2024-04-02 10:42:33

Report ID: NELR_01VLL2K26U30TPZ_V6U30TQV

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TEST REPORT

Personal Details
UHID: 01VLL2K26U30TPZ
PatientID: 0235
Name: Ravikumar V
Age: 48
Gender: Male
Mobile: 9967624272

Pre-Existing Medical-Conditions

Symptoms

Vitals

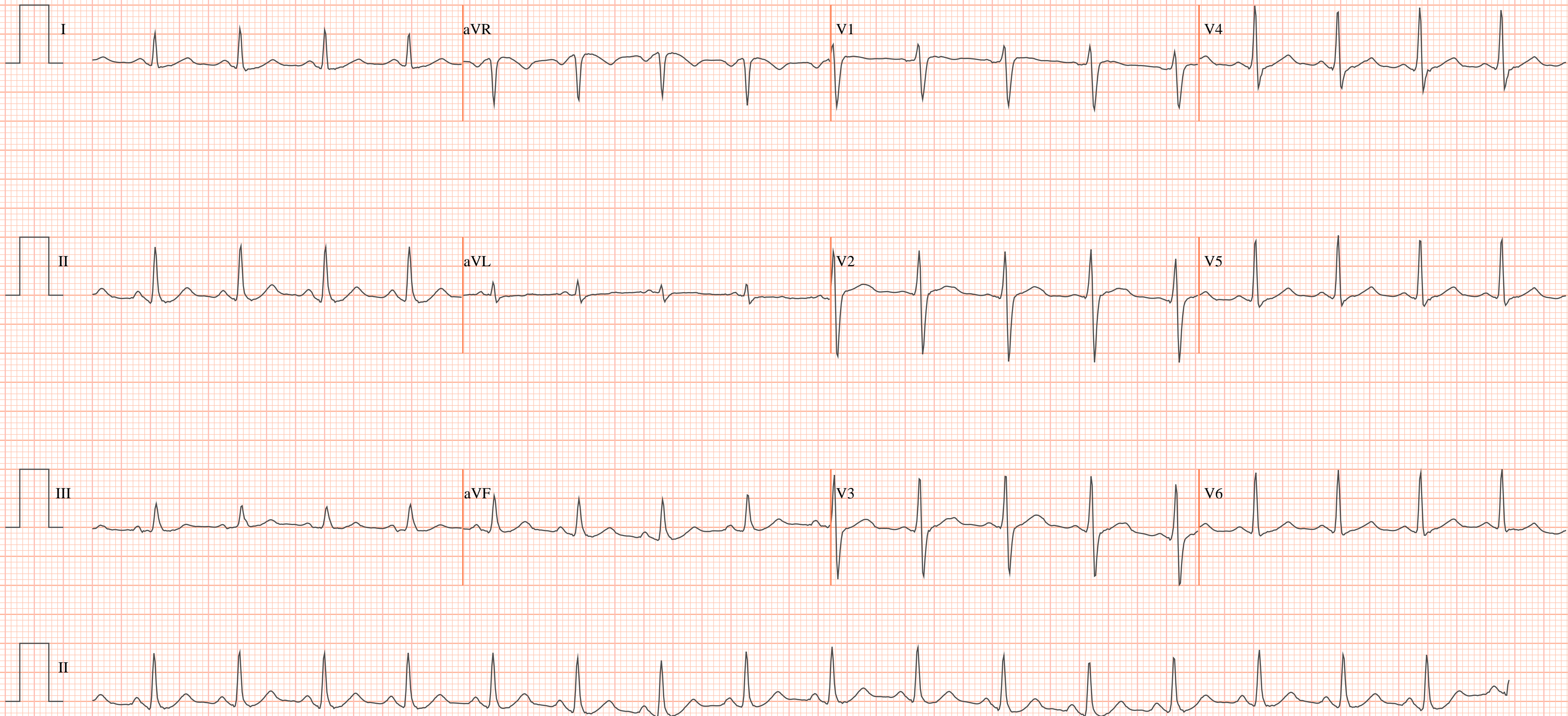
Measurements
HR: 100 BPM
PR: 132 ms
PD: 107 ms
QRSD: 99 ms
QRS Axis: 47 deg
QT/QTc: 340/340 ms

Interpretation

Normal sinus rhythm
Normal axis

Authorized by

Dr.Yogesh Kothari
MD,DNB,FESC,FEP
Reg No- KMC 44065



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: 1. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician.
2. Normal ECG does not rule out heart disease Abnormal ECG does not always mean severe heart disease Comments & report is based on available data, clinical correlation is important

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Patient Name	**Mr RAVIKUMAR V**	Patient ID	**100235**
Age/D.O.B	**48Y**	Gender	**M**
Referring Doctor	**NA**	Date	**2 Apr 24**

Report Title

XRAY RADIOGRAPH CHEST - PA

History

.

Observations

Cardiothoracic ratio is normal.

Sternum appears normal.

Both lung fields are clear.

Soft tissues of the chest wall are normal.

Visualized thoracic vertebral is normal.

Both costophrenic angles appear normal.

Impression

The study is within normal limits.

Reported By,

Dr. Farid Khan

MBBS, MD
Consultant Radiologist
MPMC - 23324

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LABORATORY REPORT				PID	:
Name	: Mr. RAVIKUMAR V	Sex/Age :	**Male/48 Years**	Lab ID	: 40409100235
Ref. By	:			Ref. ID	:
Corporate	: **NDPL - Mediwheel**			UID	:

Reg Dt. Time	: 02-Apr-2024 09:32	Report Released @	: 02-Apr-2024 13:23	Sample Type	: SCAN
Sample Dt. Time	: 02-Apr-2024 09:32	Report Printed @	: 24-May-2024 15:27		

ULTRASOUND WHOLE ABDOMEN

The liver is normal in size and shows **diffuse fatty changes** with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

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: 12.5 x 5.7 cms.

The left kidney measures: 11.7 x 5.9 cms.

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

Ranjani S
Verified By

DR. RAMYA
Sonologist

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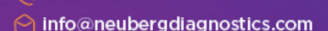
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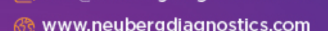
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	LABORATORY REPORT		PID	:
Name : **Mr. RAVIKUMAR V**	Sex/Age : **Male/48 Years**		Lab ID	: 40409100235
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Corporate : **NDPL - Mediwheel**			UID	:

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Sample Dt. Time	: 02-Apr-2024 09:32	Report Printed @	: 24-May-2024 15:27		

The prostate measures: 3.1 x 4.1 x 3.2 cms, volume: 21.9 cc and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

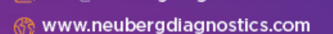
IMPRESSION :

- ***GRADE II FATTY LIVER***
- ***OTHER ORGANS ARE NORMAL***

------------------ End Of Report ------------------

Ranjani S
Verified By

DR. RAMYA
Sonologist



Patient name	MR RAVIKUMAR V	Age/Sex	
Patient ID	100235	Visit No	
Referred by		Visit Date	02/04/2024

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Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel		UHID :	
Col Dt. Time : 02-Apr-2024 09:32	Recv Dt. Time : 02-Apr-2024 09:32	Sample Type : Health Check	
Reg Dt. Time : 02-Apr-2024 09:32	Report Released @ : 02-Apr-2024 14:34	Report Printed : 24-May-2024 15:27	

Test	Result
ECHOCARDIOGRAM REPORT	
AO (ed)	3.0 cm
LA (es)	3.3 cm
LVID (ed)	4.2 cm
LVID (es)	2.7 cm
IVS (ed/es)	1.2/1.7 cm
LVPW(ed/es)	1.2/1.5 cm
FS	35%
EF	64%
AML	Intrinsically normal
PML	Intrinsically normal
AV	Intrinsically normal
TV	Intrinsically normal
PV	Intrinsically normal
RV	Intrinsically normal
RA	Intrinsically normal
IVS	Intact
IAS	Intact
AO	Intrinsically normal
PA	Intrinsically normal
LA	Intrinsically normal
LEFT VERTICLE	No regional wall motion abnormality LV normal in size Normal LV function Mild left ventricular hypertrophy
PERICARDIUM	No Evidence of pericardial effusion
Pulmonic velocity	1.3 m/s
Aortic velocity	1.4 m/s

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

FASEEHA ANJUM

Verified by

Dr. Malathi Jawahar
(Consultant Cardiologist)

Final Laboratory Report

Name	: **Mr. RAVIKUMAR V**	Sex/Age	: **Male / 48 Years**	Lab ID	: **40409100235**
Ref. By	:	SRF ID	:	Ref. ID	:
Corporate	: NDPL - Mediwheel			UHID	:
PID	:				

Col Dt. Time	: 02-Apr-2024 09:32	Recv Dt. Time	: 02-Apr-2024 09:32	Sample Type	: Health Check
Reg Dt. Time	: 02-Apr-2024 09:32	Report Released @	: 02-Apr-2024 14:34	Report Printed	: 24-May-2024 15:27

Mitral velocity (E/A)	0.8/0.6 m/s Tricuspid velocity- 1.8 m/s, PG- 18 mmHg
Impression:	TACHYCARDIA NOTED DURING THE STUDY (HR:102 bpm) NO REGIONAL WALL MOTION ABNORMALITY LV NORMAL IN SIZE NORMAL LV FUNCTION MILD LEFT VENTRICULAR HYPERTROPHY TRIVIAL MR / TRIVIAL TR / NO PAH NO PE / CLOT RA, RV NORMAL IN SIZE NORMAL RV FUNCTION EF – 64 %

For test performed on specimens received or collected from non-NDPL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NDPL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

------------------ End Of Report ------------------

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

FASEEHA ANJUM

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Dr. Malathi Jawahar
(Consultant Cardiologist)