tenet® DIAGNOSTICS
It's Good to Know

PLEASE SCAN QR CODE

Name	: **Mr . HEMANTH KUMAR EPPILE**	TID	: UMR1489997
Age/Gender	: 29 Years/Male	Registered On	: 27-Apr-2024 11:11 AM
Ref By	: Self	Reported On	: 27-Apr-2024 11:33 AM
Reg.No	: BIL4198621	Reference	: Arcofemi Health Care Ltd - Medi Whe

EYE EXAMINATION

Chief Complaints:
C/O:-BLURRED VN :- DV

Refraction Details						
	UVA	SPHERE	CYL	AXIS	ADD	CVA
Right	6/24	-2.50			N6	6/6
Left	6/24	-2.00			N6	6/6

Colour Blindness:NORMAL

Note :-*Please note that the above details of power refraction is a part of the basic Eye Examination.You are requested to visit any of the speciality Eye hospitals for detailed and final diagnosis.

*** End Of Report ***

Doctor

MR.HEMANTH KUMR
ID: 4198621

27.04.2024 11:36:58

BANJARAHILLS ROAD NO:02
HYDERABAD

Male

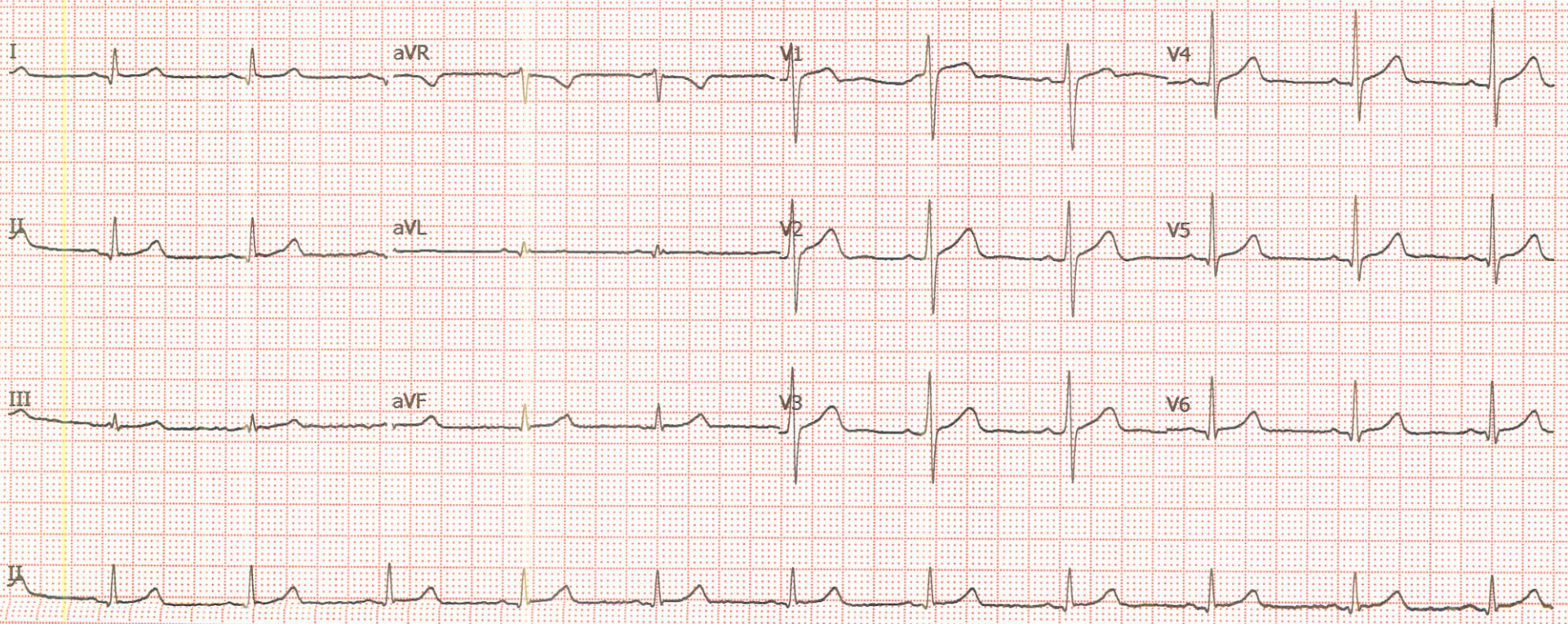
29 Years

67 bpm
--- / -- mmHg

QRS	82 ms	Normal sinus rhythm
QT / QTcBaz	390 / 412 ms	Normal ECG
PR	140 ms	
P	78 ms	
RR / PP	890 / 895 ms	
P / QRS / T	12 / 43 / 50 degrees	

MSR

Dr. SRIKANTH BACCHU
MBBS
GENERAL PHYSICIAN
Regd. No.11983



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

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MC-1001

PLEASE SCAN QR CODE

Name	**: Mr . HEMANTH KUMAR EPPILE**	TID	: UMR1489997
Age/Gender	: 29 Years/Male	Registered On	: 27-Apr-2024 11:11 AM
Ref By	: Self	Reported On	: 27-Apr-2024 01:16 PM
Reg.No	: BIL4198621	Reference	: Arcofemi Health Care Ltd - Medi Whe

DEPARTMENT OF X-RAY

X-Ray Chest PA View

Lung fields appear normal.

Cardiac size is within normal limits.

Aorta and pulmonary vasculature is normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

*** Normal study.**

Suggested clinical correlation and follow up.

*** End Of Report ***

Dr. Apoorva K
Consultant Radiologist

tenet DIAGNOSTICS
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MC-2977

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **MR.HEMANTH KUMAR EPPILE**	TID/SID	: UMR1489997/ 27534601
Age / Gender	: 29 Years / Male	Registered on	: 27-Apr-2024 / 11:11 AM
Ref.By	: SELF	Collected on	: 27-Apr-2024 / 11:15 AM
Req.No	: BIL4198621	Reported on	: 27-Apr-2024 / 15:44 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Result	Biological Reference Intervals
Physical Examination		
Colour Method:Physical	Yellow	Straw to Yellow
Appearance Method:Physical	Clear	Clear
Chemical Examination		
Reaction and pH Method:Indicator	Acidic (5.5)	4.6-8.0
Specific gravity Method:Refractometry	1.017	1.000-1.035
Protein Method:Protein Error of pH indicators	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside	Negative	Negative
Bilirubin Method:Diazonium salt	Negative	Negative
Leucocytes Method:Esterase reaction	Negative	Negative
Nitrites Method:Modified Griess reaction	Negative	Negative
Urobilinogen Method:Diazonium salt	Negative	Up to 1.0 mg/dl (Negative)
Microscopic Examination		
Pus cells (leukocytes) Method:Flow Digital Imaging/Microscopy	1-2	2 - 3 /hpf
Epithelial cells Method:Flow Digital Imaging/Microscopy	1-2	2 - 5 /hpf
RBC (erythrocytes) Method:Flow Digital Imaging/Microscopy	Absent	Absent
Casts Method:Flow Digital Imaging/Microscopy	Absent	Occasional hyaline casts may be seen

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TEST REPORT

Crystals Method:Flow Digital Imaging/Microscopy	Absent	Phosphate, oxalate, or urate crystals may be seen
Others Method:Flow Digital Imaging/Microscopy	Nil	Nil

Method: Semi Quantitative test ,For CUE

Reference: Godkar Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition. Product kit literature.

Interpretation:

The complete urinalysis provides a number of measurements which look for abnormalities in the urine. Abnormal results from this test can be indicative of a number of conditions including kidney disease, urinary tract infecation or elevated levels of substances which the body is trying to remove through the urine . A urinalysis test can help identify potential health problems even when a person is asymptomatic. All the abnormal results are to be correlated clinically.

* Sample processed at National Reference Laboratory, Tenet Diagnostics, Hyderabad

--- End Of Report ---

Dr.K Sucharita
Consultant Pathologist
Reg.No - TSMC/FMR/01493

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It's Good to Know

MC-2977

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Name	: **MR.HEMANTH KUMAR EPPILE**	TID/SID	: UMR1489997/ 27534602
Age / Gender	: 29 Years / Male	Registered on	: 27-Apr-2024 / 11:11 AM
Ref.By	: SELF	Collected on	: 27-Apr-2024 / 11:15 AM
Req.No	: BIL4198621	Reported on	: 27-Apr-2024 / 20:03 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
Rh Typing (D)	Positive
Method:Hemagglutination Tube Method by Forward & Reverse Grouping	

Method: Hemagglutination Tube Method by Forward & Reverse Grouping

Reference: Tulip kit literature

Interpretation: The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. ABO antigens are poorly expresses at birth, increase gradually in strength and become fully expressed around 1 year of age.
In case of Rh(D) - Du(weak positive) or Weak D positive, the individual must be considered as Rh positive as donor and Rh negative as recipient.

Note: Records of previous blood grouping/Rh typing not available. Please verify before transfusion.

* Sample processed at National Reference Laboratory, Tenet Diagnostics, Hyderabad

--- End Of Report ---

Dr Shruti Reddy
Consultant Pathologist
Reg No.TSMC/FMR/22656

Name	: **MR.HEMANTH KUMAR EPPILE**	TID/SID	: UMR1489997/ 27534602
Age / Gender	: 29 Years / Male	Registered on	: 27-Apr-2024 / 11:11 AM
Ref.By	: SELF	Collected on	: 27-Apr-2024 / 11:15 AM
Req.No	: BIL4198621	Reported on	: 27-Apr-2024 / 20:03 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Biological Reference Intervals
ESR 1st Hour Method:Westergren/Vesmatic	**16**	<=10 mm/hour

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Intervals
Hemoglobin Method:Cyanide Free Lyse Hemoglobin	14.9	13.0-17.0 g/dL
PCV/HCT Method:Calculated	46.2	40.0-50.0 vol%
Total RBC Count Method:Electrical Impedance	4.85	4.50-5.50 mill /cu.mm
MCV Method:Calculated	95.2	83.0-101.0 fL
MCH Method:Calculated	30.8	27.0-32.0 pg
MCHC Method:Calculated	32.3	31.5-34.5 g/dL
RDW (CV) Method:Calculated	**16.1**	11.6-14.0 %
MPV Method:Calculated	8.5	7.0-10.0 fL
Total WBC Count Method:Electrical Impedance	6720	4000-10000 cells/cumm
Platelet Count Method:Electrical Impedance	3.41	1.50-4.10 lakhs/cumm
Differential count		
Neutrophils Method:Microscopy	42.4	40.0-80.0 %
Lymphocytes Method:Microscopy	**42.6**	20.0-40.0 %
Eosinophils	4.0	1.0-6.0 %
Monocytes	10.0	2.0-10.0 %
Basophils Method:Microscopy	1.0	< 1.0-2.0 %

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TEST REPORT

Absolute Neutrophil Count Method:Calculated	2849	2000-7000 cells/cumm
Absolute Lymphocyte Count (ALC)	2863	1000-3000 cells/cumm
Absolute Eosinophil Count (AEC)	269	20-500 cells/cumm
Absolute Monocyte Count Method:Calculated	672	200-1000 cells/cumm
Absolute Basophil Count Method:Calculated	67	20-100 cells/cumm
Neutrophil - Lymphocyte Ratio(NLR) Method:Calculated	1	0.78-3.53

Method: Automated Hematology Cell Counter, Microscopy

Reference: Dacie and Lewis Practical Hematology,12th Edition.
Wallach's interpretation of diagnostic tests, Soth Asian Edition.

Interpretation: A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

Note: These results are generated by a fully automated hematology analyzer and the differential count is computed from a total of several thousands of cells. Therefore the differential count appears in decimalised numbers and may not add upto exactly 100. It may fall between 99 and 101.

* Sample processed at National Reference Laboratory, Tenet Diagnostics, Hyderabad

--- End Of Report ---

Dr Shruti Reddy
Consultant Pathologist
Reg No.TSMC/FMR/22656

Name	: **MR.HEMANTH KUMAR EPPILE**	TID/SID	: UMR1489997/ 27534603
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Ref.By	: SELF	Collected on	: 27-Apr-2024 / 11:15 AM
Req.No	: BIL4198621	Reported on	: 27-Apr-2024 / 18:52 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Alanine Aminotransferase (ALT/SGPT), Serum

Investigation	Observed Value	Biological Reference Interval
Alanine Aminotransferase ,(ALT/SGPT) Method:UV wtihout P5P	34	<45 U/L

Interpretation: This test measures levels of Alanine Aminotransferase (ALT) in the blood. ALT is an enzyme found in the cells of the liver. Increased levels of ALT are typically produced when the liver is damaged. ALT testing is often done to monitor treatment for liver disease or when a person is experiencing symptoms of liver disorders.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics.

Bilirubin Total , Serum

Investigation	Observed Value	Biological Reference Interval
Total Bilirubin. Method:Diazo method	1.04	<1.2 mg/dL

Interpretation: This test measures total Bilirubin levels in the blood. Bilirubin is a waste product from the breakdown of old red blood cells which is processed by the liver for removal from the body. Abnormally high bilirubin levels are often indicative of liver disease. High bilirubin levels can be caused by a number of conditions including hepatitis, cirrhosis, alcoholism, cholangitis, infectious mononucleosis, anorexia and anemia. Due to the variety of conditions which can affect bilirubin levels, results often need to be interpreted along with additional tests.

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	9	6-20 mg/dL
Urea. Method:Urease/UV	18.7	12.8-42.8 mg/dL

Interpretation: Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval

Name	: **MR.HEMANTH KUMAR EPPILE**	TID/SID	: UMR1489997/ 27534603
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		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

Creatinine. Method:Alkaline Picrate	1.08	0.70-1.20 mg/dL

Interpretation:

Creatinine is a nitrogenous waste product produced by muscles from creatine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

* Sample processed at National Reference Laboratory, Tenet Diagnostics, Hyderabad

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

Name	: **MR.HEMANTH KUMAR EPPILE**	TID/SID	: UMR1489997/ 27534604-F
Age / Gender	: 29 Years / Male	Registered on	: 27-Apr-2024 / 11:11 AM
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		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	96	Normal: <100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: >/=126 mg/dL

Interpretation: It measures the Glucose levels in the blood with a prior fasting of 9-12 hours. The test helps screen a symptomatic/ asymptomatic person who is at risk for Diabetes. It is also used for regular monitoring of glucose levels in people with Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022

* Sample processed at National Reference Laboratory, Tenet Diagnostics, Hyderabad

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

Name	: **MR.HEMANTH KUMAR EPPILE**	TID/SID	: UMR1489997/ 27534604-P
Age / Gender	: 29 Years / Male	Registered on	: 27-Apr-2024 / 11:11 AM
Ref.By	: SELF	Collected on	: 27-Apr-2024 / 15:21 PM
Req.No	: BIL4198621	Reported on	: 27-Apr-2024 / 18:52 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	129	Normal : <140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: >/=200 mg/dL

Interpretation: This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022

* Sample processed at National Reference Laboratory, Tenet Diagnostics, Hyderabad

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist