



**LABORATORY REPORT : BIOCHEMISTRY**

<b>Name</b>	: Mr. ANDELA NAVANEETH REDDY	<b>Age /Sex</b>	: 34Y Y(s)/MALE
<b>Bill Date</b>	: 16-Sep-2024 02:32 PM	<b>UMR No.</b>	: 682409000592
<b>Rec. Dt</b>	: 16-Sep-2024 02:41 PM	<b>Bill No.</b>	: MCB68240901692
<b>Rept. Dt</b>	: 16-Sep-2024 02:47 PM	<b>Result No</b>	: RAR240910328
<b>Ref By</b>	: Dr. RAVIKANTI NAGARAJU	<b>Sample ID</b>	: MCKKR9023662
<b>Sample Type</b>	: SERUM		

**BUN / CREATININE RATIO**

<b><u>Parameters</u></b>	<b><u>Result</u></b>	<b><u>Reference Range</u></b>	<b><u>Units</u></b>
<b>BUN / CREATININE RATIO</b> CALCULATED	15	10-20 mg/dL	mg/dL

Suggested Clinical Correlation \* If neccessary, Please discuss

\*\*\* End Of Report \*\*\*

  
**SUHELA RACHAKONDA**  
CONSULTANT



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<b>Rept. Dt</b>	: 16-Sep-2024 02:47 PM	<b>Result No</b>	: RAR240910329
<b>Ref By</b>	: Dr. RAVIKANTI NAGARAJU	<b>Sample ID</b>	: MCKKR9023662
<b>Sample Type</b>	: SERUM		

**T3,T4 AND TSH**

<b><u>Parameters</u></b>	<b><u>Result</u></b>	<b><u>Reference Range</u></b>	<b><u>Units</u></b>
<b>T3</b> ECLIA	0.92	0.8 - 2.0	ng/mL
<b>T4</b> ECLIA	6.12	5.1 - 14.1	ug/dL
<b>TSH(THYROID STIMULATING HORMONE)</b> ECLIA	0.73	0.270 - 4.20	uIU/mL

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<b>Rept. Dt</b>	: 16-Sep-2024 02:47 PM	<b>Result No</b>	: RAR240910330
<b>Ref By</b>	: Dr. RAVIKANTI NAGARAJU	<b>Sample ID</b>	: MCKKR9023662
<b>Sample Type</b>	: SERUM		

**LFT(LIVER FUNCTION TEST)**

<b>Parameters</b>	<b>Result</b>	<b>Reference Range</b>	<b>Units</b>
<b>TOTAL BILIRUBIN</b> <i>DIAZO</i>	0.5	<1.2	mg/dL
<b>DIRECT BILIRUBIN</b> <i>DIAZO</i>	0.2	<=0.20	mg/dL
<b>INDIRECT BILIRUBIN</b> <i>Calculated</i>	0.3	<=1.0	mg/dL
<b>ALKALINE PHOSPHATASE (ALP)</b> <i>PNPP, AMP Buffer - IFCC Ref.</i>	67	40-129 U/L	U/L
<b>SGPT (ALT)</b> <i>UV without P5P</i>	15	<=41	U/L
<b>SGOT (AST)</b> <i>UV without P5P</i>	20	<=40	U/L
<b>TOTAL PROTEINS</b> <i>Biuret method</i>	<b>8.3 *</b>	6.0 - 8.0 g/dL	g/dL
<b>SERUM ALBUMIN</b> <i>Bromcresol Green (BCG)</i>	4.1	3.5 - 5.2 g/dL	g/dL
<b>GLOBULINS</b> <i>Calculated</i>	<b>4.2 *</b>	2.5 - 3.5 g/dL	g/dL

Suggested Clinical Correlation \* If neccessary, Please discuss

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<b>Rec. Dt</b>	: 16-Sep-2024 02:41 PM	<b>Bill No.</b>	: MCB68240901692
<b>Rept. Dt</b>	: 16-Sep-2024 02:47 PM	<b>Result No</b>	: RAR240910331
<b>Ref By</b>	: Dr. RAVIKANTI NAGARAJU	<b>Sample ID</b>	: MCKKR9023662
<b>Sample Type</b>	: SERUM		

**SERUM URIC ACID**

<b><u>Parameters</u></b>	<b><u>Result</u></b>	<b><u>Reference Range</u></b>	<b><u>Units</u></b>
<b>SERUM URIC ACID</b> <i>uricase</i>	5.5	3.4-7.0	mg/dL

Suggested Clinical Correlation \* If neccessary, Please discuss

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<b>Rec. Dt</b>	: 16-Sep-2024 02:41 PM	<b>Bill No.</b>	: MCB68240901692
<b>Rept. Dt</b>	: 16-Sep-2024 02:47 PM	<b>Result No</b>	: RAR240910336
<b>Ref By</b>	: Dr. RAVIKANTI NAGARAJU	<b>Sample ID</b>	: MCKKR9023662
<b>Sample Type</b>	: PLASMA		

**PLBS (POST LUNCH BLOOD SUGAR WITH URINE SUGAR)**

<u>Parameters</u>	<u>Result</u>	<u>Reference Range</u>	<u>Units</u>
URINE SUGAR	Nil		
PLBS (POST LUNCH BLOOD SUGAR WITH URINE SUGAR) <i>Hexokinase</i>	118.3	110-180 mg/dL	mg/dL

Suggested Clinical Correlation \* If necessary, Please discuss

\*\*\* End Of Report \*\*\*

  
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<b>Rec. Dt</b>	: 16-Sep-2024 02:41 PM	<b>Bill No.</b>	: MCB68240901692
<b>Rept. Dt</b>	: 16-Sep-2024 02:47 PM	<b>Result No</b>	: RAR240910337
<b>Ref By</b>	: Dr. RAVIKANTI NAGARAJU	<b>Sample ID</b>	: MCKKR9023662
<b>Sample Type</b>	: SERUM		

**SERUM CREATININE**

<b><u>Parameters</u></b>	<b><u>Result</u></b>	<b><u>Reference Range</u></b>	<b><u>Units</u></b>
<b>SERUM CREATININE</b> <i>jaffe</i>	0.8	0.7-1.4	mg/dl

Suggested Clinical Correlation \* If neccessary, Please discuss

\*\*\* End Of Report \*\*\*

  
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<b>Rec. Dt</b>	: 16-Sep-2024 02:41 PM	<b>Bill No.</b>	: MCB68240901692
<b>Rept. Dt</b>	: 16-Sep-2024 02:47 PM	<b>Result No</b>	: RAR240910338
<b>Ref By</b>	: Dr. RAVIKANTI NAGARAJU	<b>Sample ID</b>	: MCKKR9023667
<b>Sample Type</b>	: PLASMA		

**FBS (FASTING BLOOD GLUCOSE WITH URINE GLUCOSE)**

<u>Parameters</u>	<u>Result</u>	<u>Reference Range</u>	<u>Units</u>
<b>FASTING BLOOD GLUCOSE</b> <i>Hexokinase</i>	87	Normal Range : 70 - 99 Impaired Glucose tolerance : 100 -125 Diabetes Mellitus : >=126	mg/dL
<b>FASTING URINE SUGAR</b> <i>Hexokinase</i>	Nil *	Normal Range : 77 - 99 (3.9 to 5.5 mmol/L)	mg/dL

Suggested Clinical Correlation \* If necessary, Please discuss

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<b>Rec. Dt</b>	: 16-Sep-2024 02:41 PM	<b>Bill No.</b>	: MCB68240901692
<b>Rept. Dt</b>	: 16-Sep-2024 02:47 PM	<b>Result No</b>	: RAR240910339
<b>Ref By</b>	: Dr. RAVIKANTI NAGARAJU	<b>Sample ID</b>	: MCKKR9023662
<b>Sample Type</b>	: SERUM		

**LIPID PROFILE**

<b>Parameters</b>	<b>Result</b>	<b>Reference Range</b>	<b>Units</b>
<b>TOTAL CHOLESTEROL</b> <i>Enzymatic colorimetric</i>	195	Desirable : : < 200 mg/dL Borderline High : : 200 - 239 mg/dL High risk : > 240 mg/dL	mg/dL
<b>HDL CHOLESTEROL</b> <i>Homogeneous enzymatic colorimetric</i>	39	Low : : < 40 mg/dL High : : > 60 mg/dL	mg/dL
<b>LDL CHOLESTEROL</b> <i>Direct-Enzymatic colorimetric</i>	131 *	Very High : - > 190 mg/dL Optimal : - < 100 mg/dL Near Optimal : 100 - 129 mg/dL High : 160 - 189 mg/dL Borderline High:130-159 mg/dl	mg/dL
<b>VLDL</b> <i>Calculation</i>	25	2 - 30 mg/dL	mg/dL
<b>SERUM TRYGLYCERIDES</b> <i>Enzymatic colorimetric</i>	125	< 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL	mg/dL

Suggested Clinical Correlation \* If neccessary, Please discuss

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<b>Rept. Dt</b>	: 16-Sep-2024 02:47 PM	<b>Result No</b>	: RAR240910340
<b>Ref By</b>	: Dr. RAVIKANTI NAGARAJU	<b>Sample ID</b>	: MCKKR9023668
<b>Sample Type</b>	: SERUM		

**HBA1C (GLYCOSYLATED HAEMOGLOBIN)**

<b><u>Parameters</u></b>	<b><u>Result</u></b>	<b><u>Reference Range</u></b>	<b><u>Units</u></b>
<b>HBA1C</b> HPLC	<b>5.8 % *</b>	" Normal : < 5.7% Pre diabetic : 5.7 % - 6.5 % Diabetic : > 6.5 %	

Suggested Clinical Correlation \* If neccessary, Please discuss

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<b>Rec. Dt</b>	: 16-Sep-2024 02:41 PM	<b>Bill No.</b>	: MCB68240901692
<b>Rept. Dt</b>	: 16-Sep-2024 02:47 PM	<b>Result No</b>	: RAR240910341
<b>Ref By</b>	: Dr. RAVIKANTI NAGARAJU	<b>Sample ID</b>	: MCKKR9023662
<b>Sample Type</b>	: SERUM		

**BUN(BLOOD UREA NITROGEN)**

<b><u>Parameters</u></b>	<b><u>Result</u></b>	<b><u>Reference Range</u></b>	<b><u>Units</u></b>
<b>BLOOD UREA</b> <i>Urease kinetic</i>	21	16.6 - 48.5	mg/dL

Suggested Clinical Correlation \* If neccessary, Please discuss

\*\*\* End Of Report \*\*\*

  
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**LABORATORY REPORT : BLOOD BANK**

<b>Name</b>	: Mr. ANDELA NAVANEETH REDDY	<b>Age /Sex</b>	: 34Y Y(s)/MALE
<b>Bill Date</b>	: 16-Sep-2024 02:32 PM	<b>UMR No.</b>	: 682409000592
<b>Rec. Dt</b>	: 16-Sep-2024 02:41 PM	<b>Bill No.</b>	: MCB68240901692
<b>Rept. Dt</b>	: 16-Sep-2024 02:47 PM	<b>Result No</b>	: RAR240910333
<b>Ref By</b>	: Dr. RAVIKANTI NAGARAJU	<b>Sample ID</b>	: MCKKR9023664
<b>Sample Type</b>	: WHOLE BLOOD		

**BLOOD GROUPING AND RH**

<u>Parameters</u>	<u>Result</u>	<u>Reference Range</u>	<u>Units</u>
<b>BLOOD GROUP</b> <i>Automated microcolumn gel method</i>	"O"		
<b>RH TYPE</b>	POSITIVE		

**INTERPRETATION**

1. If Rh is Du positive it is best considered as Rh negative as recipient and Rh positive as donor. Proper Cross matching is recommended before transfusion.
2. In case of forward and reverse grouping discrepancy, clinical correlation and repeat sample analysis is recommended.
3. For Infants below 6 months only forward grouping is performed.
4. A sub-grouping is recommended after the age of 6 months.

Suggested Clinical Correlation \* If necessary, Please discuss

\*\*\* End Of Report \*\*\*

  
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**LABORATORY REPORT : CLINICAL PATHOLOGY**

<b>Name</b>	: Mr. ANDELA NAVANEETH REDDY	<b>Age /Sex</b>	: 34Y Y(s)/MALE
<b>Bill Date</b>	: 16-Sep-2024 02:32 PM	<b>UMR No.</b>	: 682409000592
<b>Rec. Dt</b>	: 16-Sep-2024 02:41 PM	<b>Bill No.</b>	: MCB68240901692
<b>Rept. Dt</b>	: 16-Sep-2024 02:47 PM	<b>Result No</b>	: RAR240910332
<b>Ref By</b>	: Dr. RAVIKANTI NAGARAJU	<b>Sample ID</b>	: MCKKR9023663
<b>Sample Type</b>	: URINE		

**CUE(COMPLETE URINE EXAMINATION)**

<b><u>Parameters</u></b>	<b><u>Result</u></b>	<b><u>Reference Range</u></b>	<b><u>Units</u></b>
<b>COLOUR</b>	Pale Yellow	PALE YELLOW	
<b>APPEARANCE</b>	Clear	CLEAR TURBID SLIGHTLY TURBID	
<b>SPECIFIC GRAVITY</b> <i>Bromthymol blue</i>	1.020	1.000 - 1.030	
<b>PH</b> <i>Bromthymol blue</i>	6.0	5.0 - 8.0	
<b>PROTEIN</b> <i>Tetra-bromophenol blue/Heat coagulation test</i>	Nil	NIL (<15 mg/dL)	
<b>GLUCOSE</b> <i>Glucose oxidase Peroxidase/Benedict?s test</i>	Nil	NIL (<25 mg/dL)	

**MICROSCOPIC EXAMINATION**

<b>PUS CELLS</b>	1-3	0 - 5 /hpf	
<b>RBC</b>	Nil	0 - 5 /hpf	
<b>EPITHELIAL CELLS</b>	2-4	0 - 5	hpf

**INTERPRETATION**

The colour fields of chemicals correspond to the following values:

1. Proteins: neg (negative), 30-99 (+), 100-499 (++) , >500 (+++) mg/dl
2. Ketones: neg. (negative), 5 (Trace), 15-49 (+), 50-149 (++) , >150 (+++) mg/dl
3. Glucose: norm. (normal), 50-149 (+), 150-499 (++) , 500-999 (+++) , >1000 (++++) mg/dl
4. Bilirubin: neg (negative), 1 (+), 3 (++) , 6 (+++) mg/ dl
5. Urobilinogen: norm. (normal), 2 (+), 4 (++) , 8 (+++) , 12 (++++) mg/dl.

*Suhela*  
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<b>Ref By</b>	: Dr. RAVIKANTI NAGARAJU	<b>Sample ID</b>	: MCKKR9023663
<b>Sample Type</b>	: URINE		

Suggested Clinical Correlation \* If necessary, Please discuss

\*\*\* End Of Report \*\*\*

  
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**LABORATORY REPORT : HAEMATOLOGY**

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<b>Rept. Dt</b>	: 16-Sep-2024 02:47 PM	<b>Result No</b>	: RAR240910334
<b>Ref By</b>	: Dr. RAVIKANTI NAGARAJU	<b>Sample ID</b>	: MCKKR9023665
<b>Sample Type</b>	: WHOLE BLOOD		

<u>Parameters</u>	<u>Result</u>	<u>ESR</u> <u>Reference Range</u>	<u>Units</u>
<b>ESR</b> MODIFIED WESTERGREN'S METHOD	<b>38mm/hr *</b>	0 - 10	mm/1st hour

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<b>Rept. Dt</b>	: 16-Sep-2024 02:47 PM	<b>Result No</b>	: RAR240910335
<b>Ref By</b>	: Dr. RAVIKANTI NAGARAJU	<b>Sample ID</b>	: MCKKR9023666
<b>Sample Type</b>	: WHOLE BLOOD		

**CBP(COMPLETE BLOOD PICTURE)**

<b>Parameters</b>	<b>Result</b>	<b>Reference Range</b>	<b>Units</b>
<b>HEMOGLOBIN</b> <i>Photometric</i>	15.5	13.0 - 17.0	gms/dL
<b>R B C COUNT</b> <i>Electrical Impedance</i>	5.08	4.5 - 5.5 10 <sup>12</sup> /L	10 <sup>12</sup> /L
<b>TLC (TOTAL LEUCOCYTE COUNT)</b> <i>Impedance</i>	<b>8,700 *</b>	4.0 - 10.0	10 <sup>3</sup> /μl
<b>NEUTROPHILS</b> <i>DHSS/Microscopy</i>	48	40 - 80 %	%
<b>LYMPHOCYTES</b> <i>DHSS/Microscopy</i>	40	20 - 40 %	
<b>MONOCYTES</b> <i>DHSS/Microscopy</i>	08	02 - 10 %	
<b>EOSINOPHILS</b> <i>DHSS/Microscopy</i>	04	00 - 06 %	
<b>BASOPHILS</b> <i>DHSS/Microscopy</i>	00	00 - 01 %	
<b>PLATELET COUNT</b> <i>Electrical Impedance</i>	2,97,000	150 - 400 10 <sup>3</sup> /μL	10 <sup>3</sup> /μL
<b>PCV/HCT</b> <i>Calculated</i>	45	40 - 50	%
<b>MCV</b> <i>Calculated</i>	89	83 - 101	fl

  
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<b>Rept. Dt</b>	: 16-Sep-2024 02:47 PM	<b>Result No</b>	: RAR240910335
<b>Ref By</b>	: Dr. RAVIKANTI NAGARAJU	<b>Sample ID</b>	: MCKKR9023666
<b>Sample Type</b>	: WHOLE BLOOD		

<b>MCH</b> <i>Calculated</i>	30	27 - 32	pg
<b>MCHC</b> <i>Calculated</i>	34	31 - 37	g/dL

Suggested Clinical Correlation \* If necessary, Please discuss

\*\*\* End Of Report \*\*\*

  
**SUHELA RACHAKONDA**  
CONSULTANT





OUT PATIENT DEPARTMENT

<b>Patient Name</b> : Mr. ANDELA NAVANEETH REDDY	<b>UMR No</b> : 682409000592
<b>Age/Gender</b> : 34Years, 0Months/MALE	<b>Bill No</b> : HC682409000411_15 <b>Bill Dt</b> : 16-Sep-2024
<b>Mobile</b> : 8825491192	<b>Visit Dt.</b> : 16-Sep-2024 <b>Visit Type</b> :
<b>Organisation</b> : ARCOFEMI HEALTHCARE PVT. LTD (MEDIWHEEL).	

Consultant :

<b>BPI</b> :	130/90	mmHg
<b>BPI</b> :	130/90	mmHg
<b>Weight</b> :		kg
<b>Height</b> :		cms
<b>HR</b> :		/min
<b>TEMP</b> :		F
<b>BMI</b> :	--	kg/mm

34 yr. male  
no h/o DM / HbA1c / Thyroid dis-

SpO<sub>2</sub> : 98%

Rx :

f. Lipid check

ket. med.

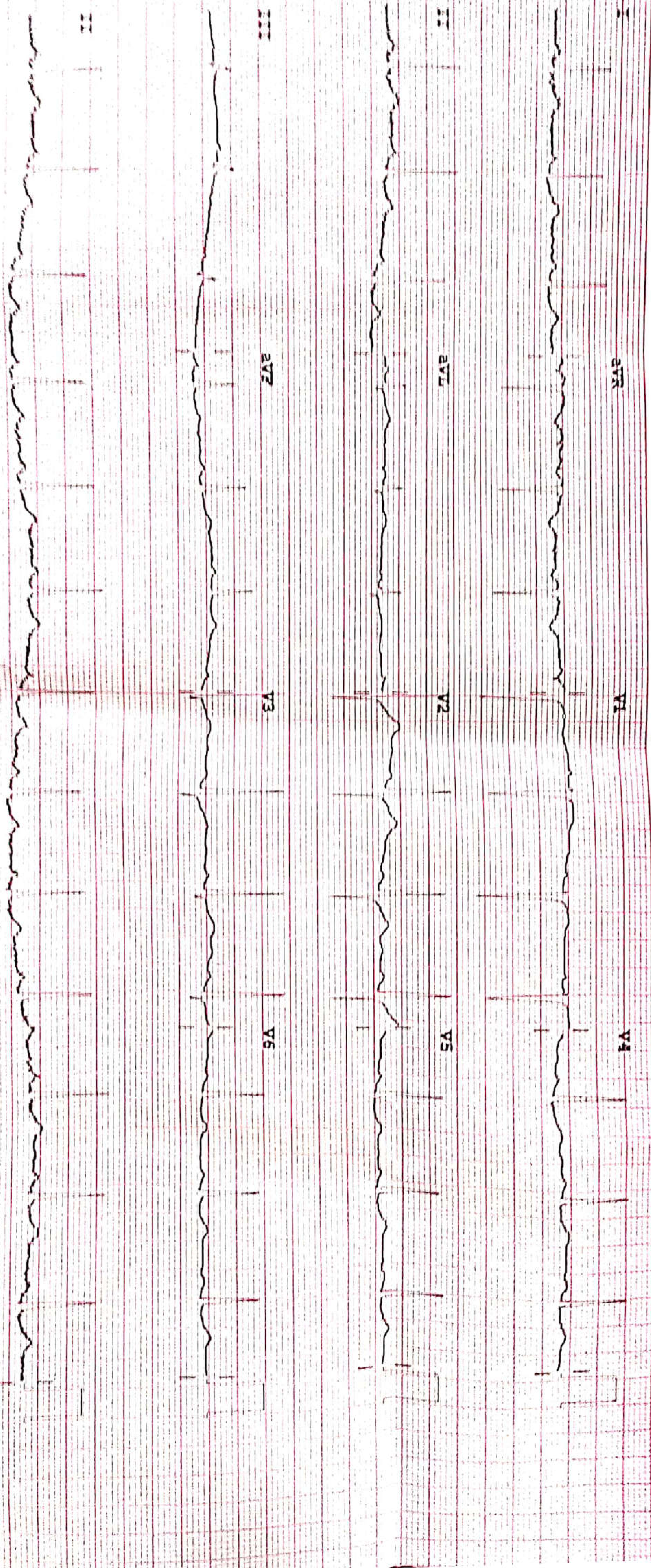
Plan:  
→ Dietary, lifestyle modification.  
→ Recheck lipid profile at 1 month.

Davut Besh Reddy 54110

- ABNORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Series:

Speed: 25 mm/sec

Limbs: 10 mm/mV

Chest: 10.0 mm/mV

F 60-0.15-100 Hz

100B CL

P2



PATIENT NAME:NAVANEETH REDDY.A  
Bill.NO :PACKAGE

AGE:34/M  
Date : 16-09-2024

**X – RAY CHEST PA VIEW**

**Findings :**

- ❖ Both lungs are clear.
- ❖ Both hila are normal in size and position.
- ❖ Costophrenic and cardio phrenic angles are normal.
- ❖ The rib cage is grossly normal.
- ❖ Soft tissues are normal.

**IMPRESSION :**

ESSENTIALLY NORMAL STUDY.

- For clinical correlation.

Dr. Chandiri Anvesh Reddy,  
MD RADIO-DIAGNOSIS

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**DEPARTMENT OF CARDIOLOGY**  
**2D ECHO WITH COLOUR DOPPLER REPORT**

PATIENT NAME : MR NAVANEETH REDDY

AGE/SEX: 34years/male

REF BY : DR. RAVIKANTI NAGARAJU

DATE : 16/09/2024

MITRAL VALVE :NORMAL

TRICUSPID VALVE :NORMAL

AORTIC VALVE : NORMAL

PULOMONARY VALVE : NORMAL

RIGHT VENTRICULAR : NORMAL

RIGHT ATRIUM : NORMAL

LEFT ATRIUM : 2.9 cm

LEFT VENTRICULAR :NO RWMA

LEDD = 4.2cm X LVESD =2.8cm ; EF =62%  
IVSD = 0.8cm LVPWD = 0.9cm

IAS : INTACT

IVS : INTACT

AORTA : 2.8 cm

PULMONARY ARTERY :NORMAL

PERICARDIUM : NORMAL

INTRACARDIAC MASS : NIL

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**DOPPLER STUDY:**

MITRAL INFLOW : E>A  
AORTIC FLOW VELOCITY : 1.2m/sec  
PULMONARY FLOW VELOCITY : 1.2m/sec

**COLOUR DOPPLER :**

MITRAL REGURGITATION :1+MR  
MITRAL STENOSIS : NO  
AORTIC REGURGITATION : NO  
AORTIC STENOSIS : NO  
TRICUSPID REGURGITATION : 1+ TR (RVSP:25mmHg)  
TRICUSPID STENOSIS : NO  
PULMONARY REGURGITATION : NO PR

**IMPRESSION :**

NORMAL SIZED CARDIAC CHAMBERS  
NO RWMA  
NORMAL LV / RV SYSTOLIC FUNCTION(EF:62%)  
NORMAL LV FILLING PATTERN  
TRIVIAL MR / TR WITH NO PAH  
IVC- NORMAL COLLAPSING-WELL  
NO PE / CLOTS / VEG



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