




PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel : 040-42038139, 27845852
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



TEST REPORT

Name : **MR.NRUSIMHADEVARA VENKATA SATYA** TID/SID : UMR1969949/ 28256420
 : **SANDEEP** / Male Registered on : 16-Sep-2024 / 09:00 AM
 Age / Gender : 27 Years / Male Collected on : 16-Sep-2024 / 09:07 AM
 Ref.By : SELF :
 Req.No  Reported on : 16-Sep-2024 / 12:37 PM
 BIL4717590 Reference : Medi Wheel

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Physical Examination	Light Yellow		Light Yellow
Appearance Method:Physical Examination	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.005		1.003-1.030
Reaction and pH Method:Double Indicator	6.5		5.0-8.0
Protein Method:Protein Error of pH indicators	Negative		Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative		Negative
Urobilinogen Method:Ehrlich reaction	Negative		0.2-1.0 mg%
Ketones Method:Sodium Nitroprusside	Negative		Negative
Blood Method:Peroxidase	Negative		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Diazo method	Negative		Negative
Microscopic Examination			
Pus cells (leukocytes) Method:Microscopy Of Sediment	1 - 2	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	Nil	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	1 - 2	/hpf	0-8 /hpf
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf

Lab Timings (Weekdays) : 7.00 am to 8.30 pm
Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 7.30 am to 1.30 pm
& 5.45 pm to 7.45 pm
Sundays & Holidays : 7.30 am to 9.30 am




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DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Casts	Nil	/lpf	Nil
Method:Microscopy Of Sediment			/lpf
Others	Nil		Nil
Method:Microscopy Of Sediment			

* Sample processed at Parkline

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 Age / Gender : 27 Years / Male Collected on : 16-Sep-2024 / 09:07 AM
 Ref.By : SELF Reported on : 16-Sep-2024 / 12:56 PM
 Req.No  Reference : Medi Wheel
 BIL4717590

DEPARTMENT OF HEMATOPATHOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO) Method:Forward and Reverse tube agglutination method	O
Rh Typing (D) Method:Agglutination	POSITIVE -

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DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR), Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour Method:Westergren	10	mm/hour	0-10 mm/hour

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DEPARTMENT OF HEMATOPATHOLOGY

Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin	15.4	g/dL	13.0-17.0 g/dL
Method:Spectrophotometry			
Erythrocyte Count(RBC)	5.0	mill /cu.mm	4.5-5.5 mill /cu.mm
Method:Electrical Impedence			
PCV/HCT	45	%	40-50 %
Method:Numeric Integration			
MCV	91	fL	83-101 fL
Method:Calculated			
MCH	30.6	pg	27-32 pg
Method:Calculated			
MCHC	33.6	gm/dL	31.5-34.5 gm/dL
Method:Calculated			
RDW (CV)	11.8	%	11.6-14.0 %
Method:Calculated			
Total WBC Count	6.4	10 ³ /μL	4-10 10cap;3/μL 10 ³ /μL
Method:Impedence flowcytometry/Light scattering			
Differential Count			
Neutrophils	68	%	40-80 %
Method:Flowcytometry/Microscopy			
Lymphocytes	27	%	20-40 %
Method:Flowcytometry/Microscopy			
Monocytes	4	%	2-10 %
Method:Flowcytometry/Microscopy			
Eosinophils	1	%	1-6 %
Method:Flowcytometry/Microscopy			
Basophils	0	%	0-2 %
Method:Flowcytometry/Microscopy			
Platelet Count	260	10 ³ /μL	150-410 10cap;3/μL 10 ³ /μL
Method:Electrical Impedence			

Peripheral Smear

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DEPARTMENT OF HEMATOPATHOLOGY

Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
RBC Method:Microscopy	Normocytic and Normochromic		
WBC Method:Microscopy	Within normal limits. No abnormal cells seen.		
Platelets Method:Microscopy	Discrete and adequate.Normal in morphology		

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.

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Req.No :  Reported on : 16-Sep-2024 / 14:24 PM
Reference : Medi Wheel

BIL4717590

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	9.1	mg/dL	7-23 mg/dL
Method: Calculated			

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

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Reference : Medi Wheel



BIL4717590

DEPARTMENT OF CLINICAL CHEMISTRY I

Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	1.07	mg/dL	0.60-1.30 mg/dL
Method:Alkaline Picrate			

Interpretation: Creatinine is a nitrogenous waste product produced by muscles from creatinine. 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.

Reference : Wallach's Interpretation of Diagnostics Tests, 9th Edition

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 : **SANDEEP** / Male Registered on : 16-Sep-2024 / 09:00 AM
 Age / Gender : 27 Years / Male Collected on : 16-Sep-2024 / 09:07 AM
 Ref.By : SELF :
 Req.No  Reported on : 16-Sep-2024 / 14:24 PM
 BIL4717590 Reference : Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	99	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >=126 mg/dL

Reference : American Diabetes Association 2023

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TEST REPORT

Name : **MR.NRUSIMHADEVARA VENKATA SATYA** TID/SID : UMR1969949/ 28256424P
Age / Gender : **SANDEEP** / Male Registered on : 16-Sep-2024 / 09:00 AM
Ref.By : SELF Collected on : 16-Sep-2024 / 09:07 AM
Req.No : BIL4717590 Reported on : 16-Sep-2024 / 14:24 PM
Reference : Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Post Prandial Method:GOD - PAP	111	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : \geq 200 mg/dL

Reference : American Diabetes Association 2023

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Ref.By : SELF Collected on : 16-Sep-2024 / 09:07 AM
Req.No :  Reported on : 16-Sep-2024 / 16:28 PM
BIL4717590 Reference : Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	4.7	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	88	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL

Note:Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

INTERPRETATION :

- Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
- American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
- Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	141	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Direct Clearance	48	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease mg/dL
LDL Cholesterol Method:Calculated	78	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	15	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	76	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	2.94		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio Method:Calculated	1.63		Ideal : < 2 Good : 2 – 5 Bad : > 5

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DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	1.62	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.38	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	1.24	mg/dL	0.2-0.8 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	12	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	23	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	46	U/L	30-115 U/L
PROTEINS			
Total Protein. Method:Biuret	7.15	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.60	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	2.55	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.80		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	11	U/L	7.0-50.0 U/L

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DEPARTMENT OF CLINICAL CHEMISTRY I

Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value	Biological Reference Interval
Prostate Specific Antigen (PSA) Total	0.421	0-3.9 ng/mL
Method:Enhanced chemiluminescence		

Interpretation:

- 1.Prostate specific antigen (PSA) is a glycoprotein that is expressed by both normal and neoplastic prostate tissue
- 2.Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory conditions of other adjacent genitourinary tissues. PSA can also be elevated after digital rectal examination,prostatic massage,cystoscopy,needle biopsy etc
- 3.Measurement of serum PSA by itself is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hyperplasia.
4. When employed for the management of prostate cancer patients, serial measurement of PSA is useful in detecting residual tumor and recurrent cancer after radical prostatectomy.
- 5.PSA has been demonstrated to be an accurate marker for monitoring advanced clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy.

Reference : Vitros Kit Inserts

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DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.32	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	7.74	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	1.06	µIU/mL	0.400-4.049 µIU/mL

Note: Change in method and reference range
NOTE:

TSH - Reference ranges during pregnancy:*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3rd Trimester : 0.30 - 3.00

*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors(secondary).

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 Ref.By : SELF :
 Req.No  Reported on : 16-Sep-2024 / 14:24 PM
 BIL4717590 Reference : Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid.	5.29	mg/dL	2.5-8.0 mg/dL
Method:Uricase			

Interpretation: It is the major product of purine catabolism. Hyperuricemia can result due to increased formation or decreased excretion of uric acid which can be due to several causes like metabolic disorders, psoriasis, tissue hypoxia, pre-eclampsia, alcohol, lead poisoning, acute or chronic kidney disease, etc. Hypouricemia may be seen in severe hepato cellular disease and defective renal tubular reabsorption of uric acid.

Reference : Wallach's Interpretation of Diagnostics Tests, 9th Edition

* Sample processed at Parkline

--- End Of Report ---



Dr.Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY



PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel : 040-42038139, 27845852
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com

TEST REPORT

Name : **MR.NRUSIMHADEVARA VENKATA SATYA** TID/SID : UMR1969949/ 28256420F
Age / Gender : **SANDEEP** / Male Registered on : 16-Sep-2024 / 09:00 AM
Ref.By : SELF Collected on : 16-Sep-2024 / 09:07 AM
Req.No :  Reported on : 16-Sep-2024 / 14:24 PM
Reference : Medi Wheel

BIL4717590

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Urine Fasting

Investigation	Observed Value
Urine Glucose Fasting Method:Reagent strip/Reflectance photometry	Nil NIL

* Sample processed at Parkline

--- End Of Report ---




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TEST REPORT

Name : **MR.NRUSIMHADEVARA VENKATA SATYA** TID/SID : UMR1969949/ 28256420
Age / Gender : **SANDEEP** / Male Registered on : 16-Sep-2024 / 09:00 AM
Ref.By : SELF Collected on : 16-Sep-2024 / 09:07 AM
Req.No :  Reported on : 16-Sep-2024 / 14:24 PM
Reference : Medi Wheel

BIL4717590

DEPARTMENT OF HEALTH CHECKUP

Glucose Urine Post Prandial

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Urine Glucose Post Prandial Nil NIL
Method:Reagent strip/Reflectance photometry

* Sample processed at Parkline

--- End Of Report ---



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MD PATHOLOGY

