Name	**: Mr . B HARSHAVARDHAN**	
Age/Gender	: 38 Years/Male	
Ref By	:	
Reg.No	: BIL4102723	

TID	: UMR1410939
Registered On	: 30-Mar-2024 08:21 AM
Reported On	: 30-Mar-2024 04:38 PM
Reference	: Arcofemi Health Care Ltd - Medi Whe

DEPARTMENT OF CARDIOLOGY
2D Echo/Doppler Study

MITRAL VALVE   :   Normal.

AORTIC VALVE   :   Normal.

TRICUSPID VALVE   :   Normal.

PULMONARY VALVE   :   Normal.

RIGHT ATRIUM   :   Normal.

RIGHT VENTRICLE   :   Normal.

LEFT ATRIUM   :   3.7 cms.

LEFT VENTRICLE   : EDD : 5.5 cm   IVS (d) : 0.8 cm   LVEF : 76 %
                                    ESD : 3.0 cm   PW (d) : 0.9 cm   FS : 35 %
                                    NO LV RWMA

IAS   :   Intact.

IVS   :   Intact.

AORTA   :   2.4 cms.

PULMONARY ARTERY   :   Normal

PERICARDIUM   :   Normal.

IVC / SVC / CS   :   Normal.

PULMONARY VEINS   :   Normal.

INTRA - CARDIAC MASSES   :   No.

Name	: **Mr . B HARSHAVARDHAN**		TID	: UMR1410939
Age/Gender	: 38 Years/Male		Registered On	: 30-Mar-2024 08:21 AM
Ref By	:		Reported On	: 30-Mar-2024 04:38 PM
Reg.No	: BIL4102723		Reference	: Arcofemi Health Care Ltd - Medi Whe

DOPPLER STUDY

MITRAL FLOW   :   E: 0.8 m/s   A: 0.5 m/s

AORTIC FLOW   :   1.5 m/s

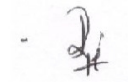PULMONARY FLOW   : 0.8 m/s

COLOUR FLOW MAPPING

MR   :   NIL
AR   :   NIL
TR   :   TRIVIAL
PR   :   NIL

IMPRESSION:

* NORMAL SIZED CARDIAC CHAMBERS

* NO LV RWMA

* GOOD LV SYSTOLIC FUNCTION

* NO MR / NO AR

* TRIVIAL TR / NO PAH

* NO LV CLOT / NO PE / NO VEGETATION

- To correlate clinically

*** End Of Report ***

RAJESH KANCHRLA
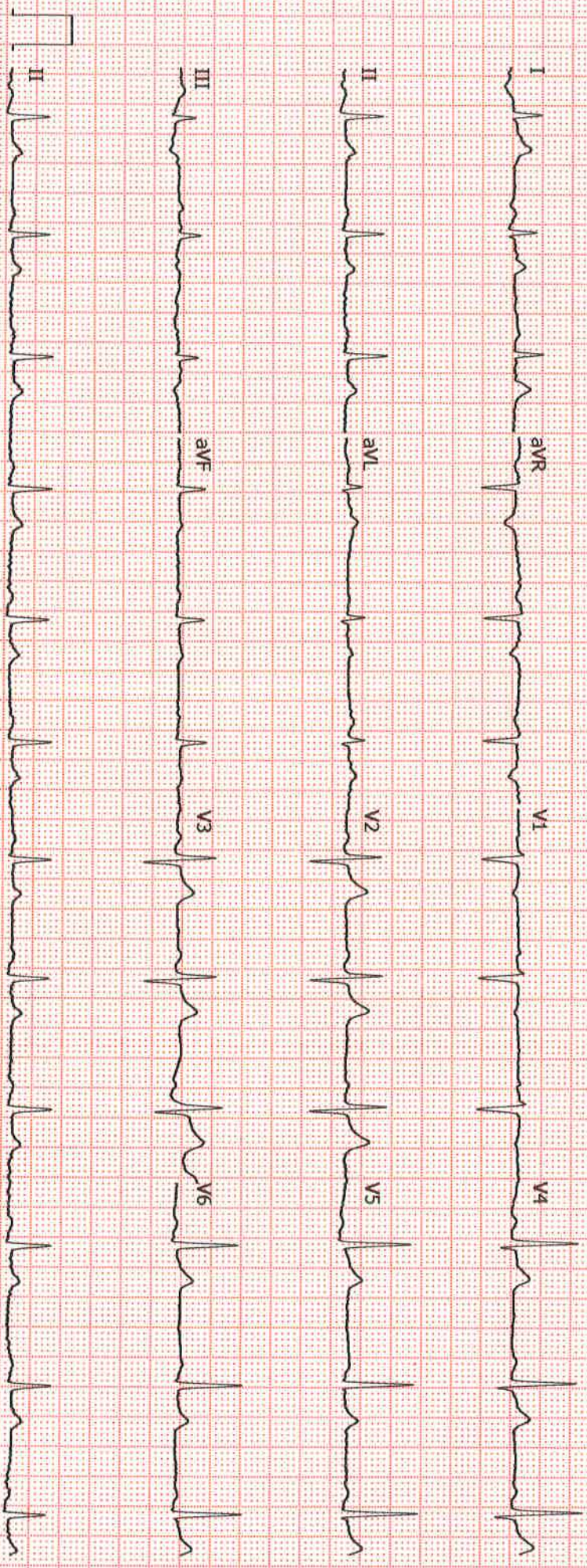Reg.No - 526091
Associate Cardiologist

, B HARSHAVARDHAN
ID: 4102723

38 Years   Male.

30.03.2024   8:50:52
TENET DIAGNOSTICS HUB
1-60/8/6/SM/GF/UNIT 3, SHOP2,3
GACHIBWLI, SERILINGAMPALLY, HY

QRS :	78 ms
QT / QTcBaz :	356 / 384 ms
PR :	150 ms
P :	92 ms
RR / PP :	854 / 857 ms
P / QRS / T :	40 / 49 / 18 degrees

Normal sinus rhythm

Normal ECG

Technician: ks
Ordering Ph:
Referring Ph:
Attending Ph:

I   aVR   V1

II   aVL   V2

III   aVF   V3

                        V4

                        V5

                        V6

II

Dr. Rajesh Kancharla
M.B.B.S., PG DIP CARD (London)
Associate Cardiologist

70 bpm
--- / --- mmHg

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

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Result	Biological Reference Intervals
Physical Examination		
Colour Method:Photo detectors(instrument)	Yellow	Straw to Yellow
Appearance Method:Photo diode array sensor	Clear	Clear
Chemical Examination		
Reaction and pH Method:Indicator	Acidic (5.0)	4.6-8.0
Specific gravity Method:Refractometry	1.021	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

Name	**: MR.B HARSHAVARDHAN**	TID/SID : UMR1410939/ 27406661
Age / Gender	: 38 Years / Male	Registered on : 30-Mar-2024 / 08:21 AM
Ref.By	: -	Collected on : 30-Mar-2024 / 08:28 AM
Req.No	: BIL4102723	Reported on : 30-Mar-2024 / 13:02 PM
	TEST REPORT	Reference : Arcofemi Health Care Ltd -

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 Referral Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

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

Name	: **MR.B HARSHAVARDHAN**	TID/SID	: UMR1410939/ 27406659
Age / Gender	: 38 Years / Male	Registered on	: 30-Mar-2024 / 08:21 AM
Ref.By	: -	Collected on	: 30-Mar-2024 / 08:28 AM
Req.No	: BIL4102723	Reported on	: 30-Mar-2024 / 15:34 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF HEMATOPATHOLOGY

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.

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

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

--- End Of Report ---

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

Name	**: MR.B HARSHAVARDHAN**	TID/SID	: UMR1410939/ 27406659
Age / Gender	: 38 Years / Male	Registered on	: 30-Mar-2024 / 08:21 AM
Ref.By	: -	Collected on	: 30-Mar-2024 / 08:28 AM
Req.No	: BIL4102723	Reported on	: 30-Mar-2024 / 15:34 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Biological Reference Intervals
ESR 1st Hour Method:Westergren/Vesmatic	11	<=10 mm/hour

Method: Westergren/Vesmatic 20

Reference: Dacie and Lewis Practical Hematology, 12th Edition, User Manual of Vesmatic 20/20 Plus New and Henry's Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition

Interpretation: Erythrocyte sedimentation rate (ESR) is a useful but nonspecific markerof underlying inflammation.

ESR is elevated in: Rheumatoid arthritis, chronic infection, collagen disease, polyclonal hyperglobulinemia and hyperfibrinogenemia, Temporal arteritis, septic arthritis, pelvic inflammatory disease, and appendicitis, Osteomyelitis, Neoplastic disease (Myeloma, Macroglobulinemia, Prostate cancer, Hodgkin's disease,Renal cell carcinoma), Stroke, coronary artery disease, Pregnancy (increase at the 10th to the 12th week, and returns to normal about 1 month postpartum)

ESR is decreased in: Polycythemia, hyperviscosity, sickle cell anemia, leukemia, low plasma protein (liver, kidney disease) and congestive heart failure.

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Intervals
Hemoglobin Method:Spectrophotometry	14.9	13.0-17.0 g/dL
PCV/HCT Method:Calculated	42.8	40.0-50.0 vol%
Total RBC Count Method:Electrical Impedance	5.15	4.50-5.50 mill /cu.mm
MCV Method:Calculated	83.1	83.0-101.0 fL
MCH Method:Calculated	29.0	27.0-32.0 pg
MCHC Method:Calculated	**34.9**	31.5-34.5 g/dL
RDW (CV) Method:Calculated	13.0	11.6-14.0 %
MPV Method:Calculated	8.6	7.0-10.0 fL
Total WBC Count Method:Electrical Impedance	7630	4000-10000 cells/cumm

Name	: **MR.B HARSHAVARDHAN**	TID/SID	: UMR1410939/ 27406659
Age / Gender	: 38 Years / Male	Registered on	: 30-Mar-2024 / 08:21 AM
Ref.By	: -	Collected on	: 30-Mar-2024 / 08:28 AM
Req.No	: BIL4102723	Reported on	: 30-Mar-2024 / 15:34 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

Platelet Count	2.85	1.50-4.10 lakhs/cumm	
Method:Electrical Impedance			
Differential count			
Neutrophils	54.1	40.0-80.0 %	
Method:Microscopy			
Lymphocytes	37.7	20.0-40.0 %	
Method:Microscopy			
Eosinophils	1.4	1.0-6.0 %	
Monocytes	6.7	2.0-10.0 %	
Basophils	**0.1**	< 1.0-2.0 %	
Method:Flowcytometry/Microscopy			
Absolute Neutrophil Count	4127.83	2000-7000 cells/cumm	
Method:Calculated			
Absolute Lymphocyte Count (ALC)	2876.51	1000-3000 cells/cumm	
Absolute Eosinophil Count (AEC)	106.82	20-500 cells/cumm	
Absolute Monocyte Count	511.21	200-1000 cells/cumm	
Method:Calculated			
Absolute Basophil Count	**7.63**	20-100 cells/cumm	
Method:Calculated			
Neutrophil - Lymphocyte Ratio(NLR)	1.44	0.78-3.53	
Method:Calculated			
RBC	Normocytic Normochromic		
WBC	Normal in Morphology & Distribution		
Platelets	Adequate		
Method:Microscopy			

Method: Automated Hematology Analyzer, Microscopy

Reference: Dacie and Lewis Practical Hematology,12th 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 Referral Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Name	: **MR.B HARSHAVARDHAN**		TID/SID	: UMR1410939/
Age / Gender	: 38 Years / Male		Registered on	: 30-Mar-2024 / 08:21 AM
Ref.By	: -		Collected on	:
Req.No	: BIL4102723		Reported on	:
		TEST REPORT	Reference	: Arcofemi Health Care Ltd -

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

Name	: **MR.B HARSHAVARDHAN**	TID/SID	: UMR1410939/ 27406660
Age / Gender	: 38 Years / Male	Registered on	: 30-Mar-2024 / 08:21 AM
Ref.By	: -	Collected on	: 30-Mar-2024 / 08:28 AM
Req.No	: BIL4102723	Reported on	: 30-Mar-2024 / 19:07 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	9.91	6-20 mg/dL
Urea. Method:Urease/UV	21.2	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
Creatinine. Method:Alkaline Picrate	1.06	0.70-1.20 mg/dL

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.

Bun/Creatinine Ratio, Serum

Investigation	Observed Value	
BUN/Creatinine Ratio Method:Calculated	**9.35**	10-20
Note	Kindly correlate clinically	

Reference:

A Manual of Laboratory Diagnostic Tests. Edition 7, Lippincott Williams and Wilkins, By Frances Talaska Fischbach, RN, BSN, MSN, and Marshall Barnett Dunning 111, BS, MS, Ph.D.

Name	: **MR.B HARSHAVARDHAN**		TID/SID	: UMR1410939/
Age / Gender	: 38 Years / Male		Registered on	: 30-Mar-2024 / 08:21 AM
Ref.By	: -		Collected on	:
Req.No	: BIL4102723		Reported on	:
		TEST REPORT	Reference	: Arcofemi Health Care Ltd -

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

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

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DIAGNOSTICS
It's Good to Know

MC-2977

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	**: MR.B HARSHAVARDHAN**		TID/SID	: UMR1410939/ 27406662F
Age / Gender	: 38 Years / Male		Registered on	: 30-Mar-2024 / 08:21 AM
Ref.By	: -		Collected on	: 30-Mar-2024 / 08:28 AM
Req.No	: BIL4102723		Reported on	: 30-Mar-2024 / 14:03 PM
		TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	**135**	Normal: <100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: >/=126 mg/dL
Note		Kindly correlate clinically

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-2020.

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

--- End Of Report ---

Dr.Abdur Rehman Asif
Consultant Biochemist
Reg.No - APMC/FMR/78102

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DIAGNOSTICS
It's Good to Know

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PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **MR.B HARSHAVARDHAN**	TID/SID	: UMR1410939/ 27406662P
Age / Gender	: 38 Years / Male	Registered on	: 30-Mar-2024 / 08:21 AM
Ref.By	: -	Collected on	: 30-Mar-2024 / 10:32 AM
Req.No	: BIL4102723	Reported on	: 30-Mar-2024 / 14:03 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	**212**	Normal : <140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: >/=200 mg/dL
Note		Kindly correlate clinically

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-2020.

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

--- End Of Report ---

Dr.Abdur Rehman Asif
Consultant Biochemist
Reg.No - APMC/FMR/78102

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DIAGNOSTICS
It's Good to Know

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PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	**: MR.B HARSHAVARDHAN**	TID/SID	: UMR1410939/ 27406659
Age / Gender	: 38 Years / Male	Registered on	: 30-Mar-2024 / 08:21 AM
Ref.By	: -	Collected on	: 30-Mar-2024 / 08:28 AM
Req.No	: BIL4102723	Reported on	: 30-Mar-2024 / 14:03 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography	**7.1**	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:Calculated	**157**	mg/dL
Note		Kindly correlate clinically

Interpretation: It is an index of long-term blood glucose concentrations and a measure of the risk for developing microvascular complications in patients with diabetes. Absolute risks of retinopathy and nephropathy are directly proportional to the mean HbA1c concentration. In persons without diabetes, HbA1c is directly related to risk of cardiovascular disease.

In known diabetic patients, HbA1c can be considered as a tool for monitoring the glycemic control.
Excellent Control - 6 to 7 %,
Fair to Good Control - 7 to 8 %,
Unsatisfactory Control - 8 to 10 %
and Poor Control - More than 10 %.
Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2018.

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

--- End Of Report ---

Dr.Abdur Rehman Asif
Consultant Biochemist
Reg.No - APMC/FMR/78102

Name	**: MR.B HARSHAVARDHAN**	TID/SID	: UMR1410939/ 27406660
Age / Gender	: 38 Years / Male	Registered on	: 30-Mar-2024 / 08:21 AM
Ref.By	: -	Collected on	: 30-Mar-2024 / 08:28 AM
Req.No	: BIL4102723	Reported on	: 30-Mar-2024 / 19:07 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Cholesterol Oxidase	142	Desirable: <200 mg/dL Borderline: 200-239 mg/dL High: >/=240 mg/dL
HDL Cholesterol Method:Direct Measurement	**35**	Low: <40 mg/dL High: >/=60 mg/dL
VLDL Cholesterol Method:Calculated	31.8	6.0-38.0 mg/dL
LDL Cholesterol Method:Calculated	75.2	Optimum: <100 mg/dL Near/above optimum: 100-129 mg/dL Borderline: 130-159 mg/dL High: 160-189 mg/dL Very high: >/=190 mg/dL
Triglycerides Method:Enzymatic end point	159	Normal:<150 mg/dL Borderline: 150-199 mg/dL High: 200-499 mg/dL Very high: >/=500 mg/dL
Chol/HDL Ratio Method:Calculated	4.06	Low Risk: 3.3-4.4 Average Risk: 4.5-7.1 Moderate Risk: 7.2-11.0
LDL Cholesterol/HDL Ratio Method:Calculated	2.15	Desirable: 0.5-3.0 Borderline Risk: 3.0-6.0 High Risk: >6.0

Interpretation: Lipids are fats and fat-like substances which are important constituents of cells and are rich sources of energy. A lipid profile typically includes total cholesterol, high density lipoproteins (HDL), low density lipoprotein (LDL), chylomicrons, triglycerides, very low density lipoproteins (VLDL), Cholesterol/HDL ratio .The lipid profile is used to assess the risk of developing a heart disease and to monitor its treatment. The results of the lipid profile are evaluated along with other known risk factors associated with heart disease to plan and monitor treatment. Treatment options require clinical correlation.**Reference:** Third Report of the National Cholesterol Education program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), JAMA 2001.

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

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

Name	: **MR.B HARSHAVARDHAN**	TID/SID	: UMR1410939/ 27406660
Age / Gender	: 38 Years / Male	Registered on	: 30-Mar-2024 / 08:21 AM
Ref.By	: -	Collected on	: 30-Mar-2024 / 08:28 AM
Req.No	: BIL4102723	Reported on	: 30-Mar-2024 / 19:07 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Biological Reference Interval
Total Bilirubin. Method:Diazo method	0.63	<1.2 mg/dL
Direct Bilirubin. Method:Diazo method	0.29	<0.30 mg/dL
Indirect Bilirubin. Method:Calculated	0.34	<0.9 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method: IFCC without pyridoxal phosphate activation	20	<45 U/L
Aspartate Aminotransferase,(AST/SGOT) Method: IFCC without pyridoxal phosphate activation	14	<35 U/L
ALP (Alkaline Phosphatase). Method:PNPP-AMP Buffer	73	40-129 U/L
Gamma GT. Method:Gamma-Glutamyl - 3 - Carbossi - 4 - Nitroanilide (GCNA)	47	10-71 U/L
Total Protein. Method:Biuret	7.3	6.6-8.7 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.7	3.5-5.2 g/dL
Globulin. Method:Calculated	2.60	1.8-3.8 g/dL
A/GRatio. Method:Calculated	1.81	0.8-2.0

Interpretation: Liver functions tests help to identify liver disease, its severity, and its type. Generally these tests are performed in combination, are abnormal in liver disease, and the pattern of abnormality is indicative of the nature of liver disease. An isolated abnormality of a single liver function test usually means a non-hepatic cause. If several liver function tests are simultaneously abnormal, then hepatic etiology is likely.

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

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

MC-2977

Name	**: MR.B HARSHAVARDHAN**
Age / Gender	: 38 Years / Male
Ref.By	: -
Req.No	: BIL4102723

TID/SID	: UMR1410939/ 27406660
Registered on	: 30-Mar-2024 / 08:21 AM
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Reported on	: 30-Mar-2024 / 19:07 PM
Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value	Biological Reference Interval
Prostate Specific Antigen (PSA). Total Method:ECLIA	0.526	<4.4 ng/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.

Interpretation: PSA is a protein produced by cells in the prostate and is used to screen men for prostate cancer. PSA levels are elevated in Prostate cancer, and other conditions such as benign prostatic hyperplasia (BPH) and inflammation of the prostate. An elevated PSA may be followed by a biopsy and other tests like urinalysis and ultrasound to rule out urinary tract infections and for an accurate diagnosis. PSA levels are vital to determine the effectiveness of treatment and to detect recurrence in diagnosed cases of prostate cancer.

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

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

Name	: **MR.B HARSHAVARDHAN**	TID/SID	: UMR1410939/ 27406660
Age / Gender	: 38 Years / Male	Registered on	: 30-Mar-2024 / 08:21 AM
Ref.By	: -	Collected on	: 30-Mar-2024 / 08:28 AM
Req.No	: BIL4102723	Reported on	: 30-Mar-2024 / 19:07 PM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	1.31	0.80-2.00 ng/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.
Thyroxine Total (T4) Method:ECLIA	7.7	5.1-14.1 µg/dL **Note:** Biological Reference Ranges are changed due to change in method of testing.
Thyroid Stimulating Hormone (TSH) Method:ECLIA	2.4	0.27-4.20 µIU/mL **Note:** Biological Reference Ranges are changed due to revision of reference source.

Interpretation: A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.
Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics, Carl A. Burtis, David E. Bruns.

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

--- End Of Report ---

Dr Afreen Anwar
Consultant Biochemist

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Uricase	**8.5**	3.4-7.0 mg/dL
Note	Kindly correlate clinically	

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.

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

--- End Of Report ---
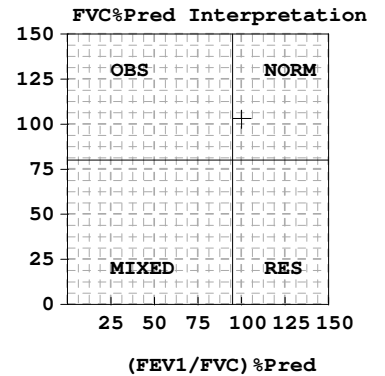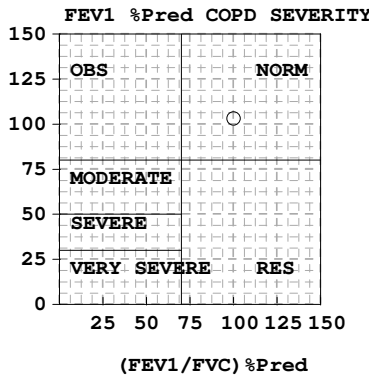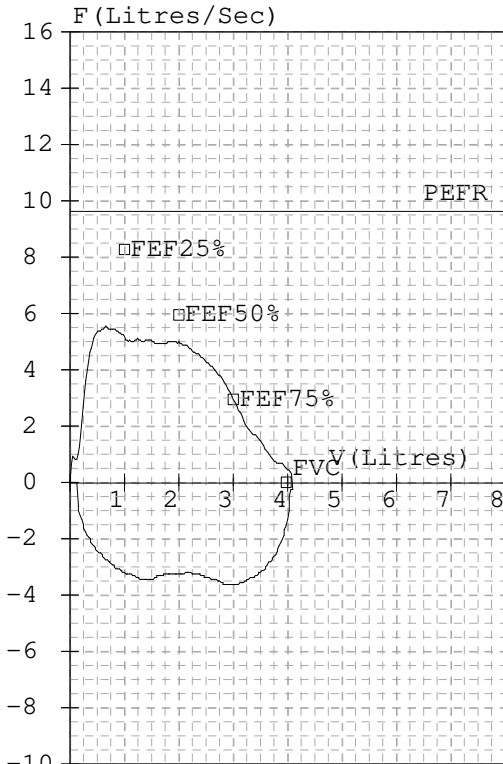
Dr Afreen Anwar
Consultant Biochemist

TENET MEDCORP PVT LTD

GROUND FLOOR,Q-MART BUILDING,SRESHTA MARVEL,GACHIBOWLI,HYD

Patient: B HARSHAVARDHAN	**Age** : 38 Yrs	**Gender** : Male
Refd.By:	**Height** : 180 Cms	**Smoker** : No
Pred.Eqns: RECORDERS	**Weight** : 92 Kgs	**Eth. Corr:** 100
Date : 30-Mar-2024 10:15 AM	**ID** : 4102723	**Temp** :

F(Litres/Sec)

PEFR
FEF25%
FEF50%
FEF75%
FVC V(Litres)

FEV1 %Pred COPD SEVERITY

OBS   NORM
MODERATE
SEVERE
VERY SEVERE   RES
(FEV1/FVC)%Pred

FVC%Pred Interpretation

OBS   NORM
MIXED   RES
(FEV1/FVC)%Pred

V(Litres)

PRE
POST
FVC
FEV3   FEV6
FEV1

T(Seconds)

FVC Results

Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	03.98	04.09	103	-----	---	---
FEV1	(L)	03.27	03.37	103	-----	---	---
FEV1/FVC	(%)	82.16	82.40	100	-----	---	---
FEF25-75	(L/s)	04.22	04.35	103	-----	---	---
PEFR	(L/s)	09.63	05.51	057	-----	---	---
FIVC	(L)	-----	03.95	---	-----	---	---
FEV.5	(L)	-----	01.57	---	-----	---	---
FEV3	(L)	03.86	04.09	106	-----	---	---
PIFR	(L/s)	-----	03.62	---	-----	---	---
FEF75-85	(L/s)	-----	01.87	---	-----	---	---
FEF.2-1.2	(L/s)	07.54	04.62	061	-----	---	---
FEF 25%	(L/s)	08.27	05.04	061	-----	---	---
FEF 50%	(L/s)	05.94	04.88	082	-----	---	---
FEF 75%	(L/s)	02.94	02.71	092	-----	---	---
FEV.5/FVC	(%)	-----	38.39	---	-----	---	---
FEV3/FVC	(%)	96.98	100.00	103	-----	---	---
FET	(Sec)	-----	01.97	---	-----	---	---
ExplTime	(Sec)	-----	00.06	---	-----	---	---
Lung Age	(Yrs)	038	037	097	-----	---	---
FEV6	(L)	03.98	-----	---	-----	---	---
FIF25%	(L/s)	-----	03.44	---	-----	---	---
FIF50%	(L/s)	-----	03.21	---	-----	---	---
FIF75%	(L/s)	-----	03.37	---	-----	---	---

PFT Test COPD Severity

Test within normal limits
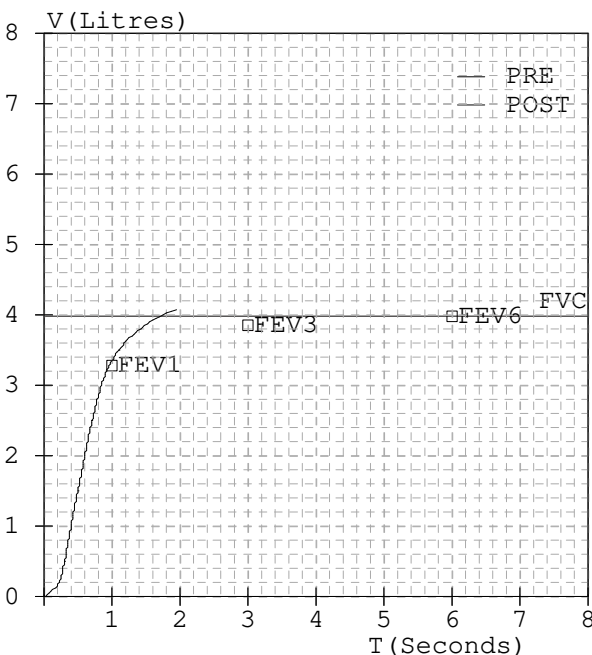
Pre Medication Report Indicates
Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80

Name	: **Mr . B HARSHAVARDHAN**		TID	: UMR1410939
Age/Gender	: 38 Years/Male		Registered On	: 30-Mar-2024 08:21 AM
Ref By	:		Reported On	: 30-Mar-2024 02:03 PM
Reg.No	: BIL4102723		Reference	: Arcofemi Health Care Ltd - Medi Whe

DEPARTMENT OF ULTRASOUND
Ultrasound Whole Abdomen

CLINICAL DETAILS : Health checkup.

LIVER : Mildly enlarged in size (16.0 cms) with increased echopattern.
No evidence of focal lesion. No intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER shows normal shape and has clear contents.
Gall bladder wall is of normal thickness.
CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.
No evidence of ductal dilatation or calcification.

SPLEEN : Borderline enlarged in size (12.5 cms) and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico-medullary differentiations are well madeout.
No evidence of calculus or hydronephrosis.
Right kidney measures : 11.6 x 4.5 cms, Left kidney measures : 11.0 x 6.0 cms.

URINARY BLADDER shows normal shape and wall thickness.
It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern.
It measures : 3.1 x 3.2 x 3.2 cms, Vol : 17 cc.

No evidence of free fluid in the abdomen and pelvis.

Name	: **Mr . B HARSHAVARDHAN**	TID	: UMR1410939
Age/Gender	: 38 Years/Male	Registered On	: 30-Mar-2024 08:21 AM
Ref By	:	Reported On	: 30-Mar-2024 02:03 PM
Reg.No	: BIL4102723	Reference	: Arcofemi Health Care Ltd - Medi Whe

IMPRESSION:

* MILD HEPATOMEGALY WITH GRADE I FATTY LIVER.

* BORDERLINE SPLENOMEGALY.

- Suggested clinical correlation and follow up.

*** End Of Report ***

Dr.Sahithi Puttagunta
Consultant Radiologist
Fellowship in MSK Imaging

Name	**: Mr . B HARSHAVARDHAN**	TID	: UMR1410939
Age/Gender	: 38 Years/Male	Registered On	: 30-Mar-2024 08:21 AM
Ref By	:	Reported On	: 30-Mar-2024 12:35 PM
Reg.No	: BIL4102723	Reference	: Arcofemi Health Care Ltd - Medi Whe

DEPARTMENT OF X-RAY
X-Ray Chest PA View

Clinical History: Health check up

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.

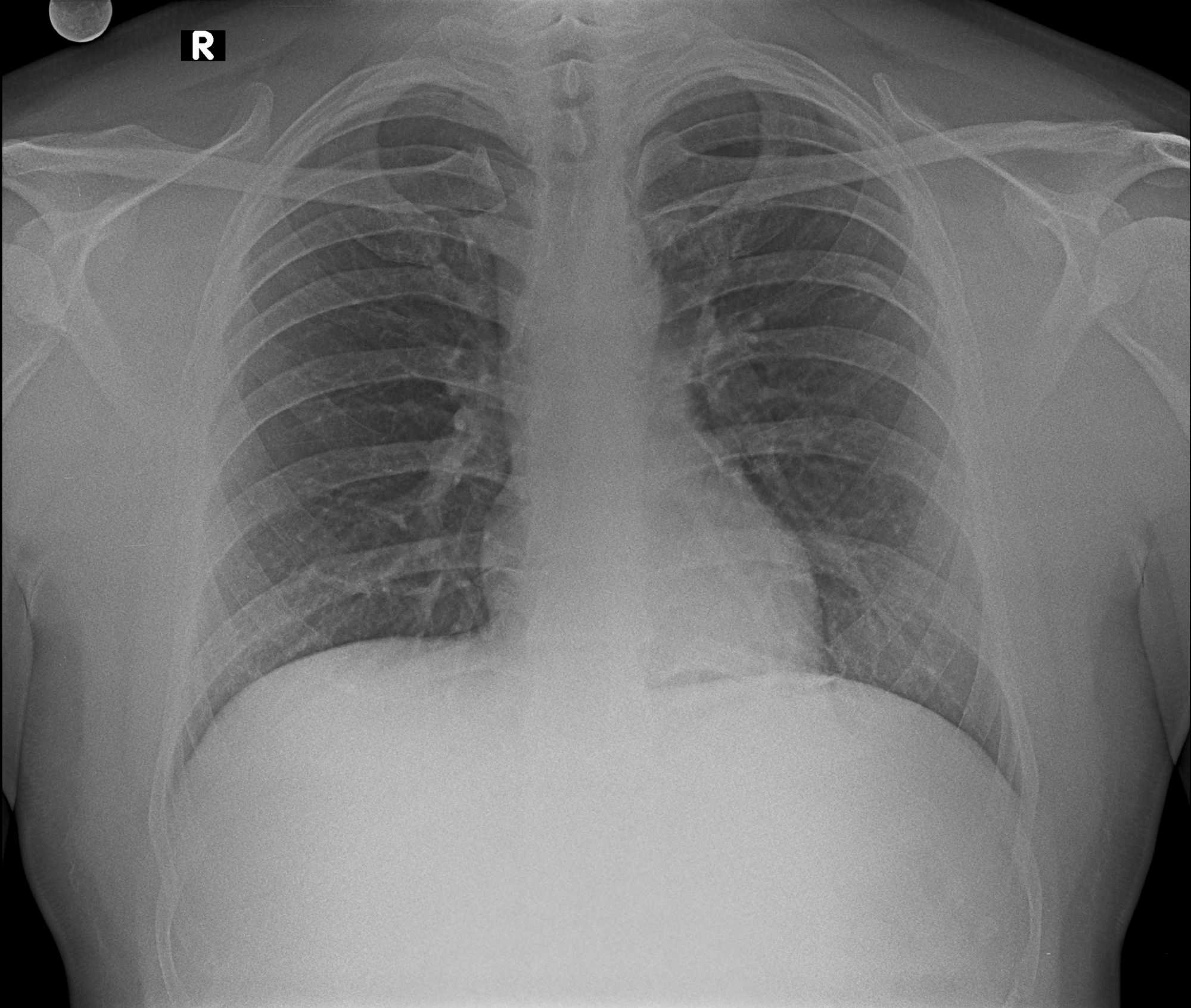Suggested clinical correlation and follow up.

*** End Of Report ***

Dr.Sahithi Puttagunta
Consultant Radiologist
Fellowship in MSK Imaging

R

B HARSHAVARDHAN   BIL4102723   19604463   CHEST PA   3/30/2024
TENET DIAGNOSTICS GACHIBOWLI HYD