

Name	Mr.BALAJI P	ID	MED122452913
Age & Gender	30/MALE	Visit Date	10/02/2024
Ref Doctor Name	MediWheel		

Thanks for your reference

SONOGRAM REPORT

WHOLE ABDOMEN

Liver: The liver is normal in size and shows uniform echotexture with no

focal abnormality. There is no intra or extra hepatic biliary ductal

dilatation.

- Gallbladder The gall bladder is partially distended with no demonstrable calculus. Wall thickness appears normal.
- Pancreas The pancreas obscured by bowel gas.
- Spleen The spleen is normal.
- Kidneys The right kidney measures 9.7 x 4.2 cm. Normal architecture.

The collecting system is not dilated. The left kidney measures 10.2 x 5.1 cm. Normal architecture.

The collecting system is not dilated.

Urinary

bladder. The urinary bladder is smooth walled and uniformly transonic.

There is no intravesical mass or calculus.

Prostate The prostate measures 4.0 x 3.3 x 2.9 cm and is normal sized. Corresponds to a weight of about 20.72 gms.

REPORT DISCLAIMER

7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,8.If the test results are found not to be correlating clinically can contact the lab in charge for

clarification or retesting where practicable within 24 hours from the time of issue of results. 9.Liability is limited to the extend of amount billed.

^{1.} This is only a radiologincal imperssion. Like other investigations, radiological investication also have limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and pathological findings.

The results reported here in are subject to interpretation by qualified medical professionals only.
 Customer identities are accepted provided by the customer or their representative.

^{4.}information about the customer's condition at the time of sample collection such as fasting, food

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^{5.}If any specimen/sample is received from any others laboratory/hospital, its is presumed that the sample belongs to the patient identified or named.

^{6.}Test results should be interpreted in context of clinical and other findings if any. In case of any clarification /doubt , the refrering doctor/patient can contact the respective section head of the laboratory.

^{10.}Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.

^{11.}Disputes, if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.



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The echotexture is homogeneous. The seminal vesicles are normal.

RIF. Iliac fossae are normal. No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized. There is no free or loculated peritoneal fluid. No para aortic lymphadenopathy is seen.

IMPRESSION

No significant abnormality.

DR.T.ANNIE STALIN MBBS.,F.USG., SONOLOGIST.

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SID No.	: 624003657	Report On	:	11/02/2024 2:41 PM
Age / Sex	: 30 Year(s) / Male	Printed On	:	27/02/2024 5:04 PM
Ref. Dr	: MediWheel	Туре	:	OP



Investigation	Observed Value	Unit	Biological Reference Interval
	Observed value	<u>om</u>	
IMMUNOHAEMATOLOGY			
BLOOD GROUPING AND Rh TYPING (Blood /Agglutination)	'A' 'Positive'		
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	16.00	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	51.6	%	42 - 52
RBC Count (Blood/Impedance Variation)	5.45	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	95.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	29.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	34.5	g/dL	32 - 36
RDW-CV(Derived from Impedance)	12.9	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	42.89	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	10400	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	57.90	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	31.40	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	03.20	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	07.10	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00.40	%	00 - 02
INTERPRETATION: Tests done on Automated microscopically.	Five Part cell counter. A	II abnormal resu	Its are reviewed and confirmed
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	6.02	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	3.27	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.33	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (Blood/	0.74	10^3 / µl	< 1.0

Impedance Variation & Flow Cytometry)







The results pertain to sample tested.

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Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.04	10^3 / μl	< 0.2
Platelet Count (Blood/Impedance Variation)	203	10^3 / μl	150 - 450
MPV (Blood/Derived from Impedance)	7.4	fL	7.9 - 13.7
PCT(Automated Blood cell Counter)	0.15	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	13	mm/hr	< 15
BIOCHEMISTRY			
BUN / Creatinine Ratio	11.1		
Glucose Fasting (FBS) (Plasma - F/GOD- PAP)	96.7	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/ GOD-PAP)	116.8	mg/dL	70 - 140

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.9	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.98	mg/dL	0.9 - 1.3
Uric Acid (Serum/Enzymatic)	6.4	mg/dL	3.5 - 7.2
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/HPLC)	4.8	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control :	6.1 - 7.0 %	, Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %
Estimated Average Glucose (Whole Blood)	91.06	mg/dL



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Ref. Dr	: MediWheel	Туре	:	OP	DIAGNOSTICS

Investigation Observed Value Unit Biological Reference Interval INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies,

Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

Liver Function Test

Bilirubin(Total) (Serum)	1.30 (Rechecked)	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.40 (Rechecked)	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.90	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	22.9	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	23.5	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.6	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	73.4	U/L	53 - 128
Total Protein (Serum/Biuret)	6.80	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.60	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.20	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.13		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	149.0	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	87.5	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

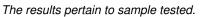
INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual_circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition) 43.4

mg/dL

Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40

DR SURVA LAKSHMI Consultant Pathologist KMC NO: 112817







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Investigation LDL Cholesterol (Serum/Calculated)	Observed Value 88.1	<u>Unit</u> mg/dL	Biological Reference Interval Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17.5	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	105.6	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.4		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
IMMUNOASSAY			
THYROID PROFILE / TFT			
T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.74	ng/ml	0.7 - 2.04
INTERPRETATION:			
Comment : Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.			
T4 (Tyroxine) - Total (Serum/	11.40	µg/dl	4.2 - 12.0

 T4 (Tyroxine) - Total (Serum/
 11.40
 μg/dl
 4.2 - 12.0

 Chemiluminescent Immunometric Assay (CLIA))
 (CLIA)
 (CLIA)
 (CLIA)

INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.



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Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	2.04	µIU/mL	0.35 - 5.50

Reference range for cord blood - upto 20 1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester : 0.3-3.0 (Indian Thyroid Society Guidelines) **Comment :**

1.TSH reference range during pregnancy depends on lodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

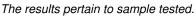
2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations. 3.Values&lt;0.03 μ IU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

CLINICAL PATHOLOGY

Urine Analysis - Routine			
Colour (Urine)	Pale Yellow	Yellow to Amber	
Appearance (Urine)	Clear		Clear
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	2-3	/hpf	NIL
Epithelial Cells (Urine)	1-2	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

-- End of Report --









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