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: 712343117 SID No. Collection On : 23/12/2023 8:46 AM

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Investigation <u>Observed</u> <u>Unit</u> **Biological** Reference Interval <u>Value</u>

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING

'B' 'Positive'

 $({\rm EDTA~Blood} Agglutination)$

Remark: Test to be confirmed by gel method.

Sr.LabTechnician

VERIFIED BY



: 28/02/2024 3:36 PM



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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin	16.1	g/dL	13.5 - 18.0

(EDTA Blood/Spectrophotometry)

INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	46.1	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	5.48	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	84.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	29.4	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	34.9	g/dL	32 - 36
RDW-CV (Derived)	13.8	%	11.5 - 16.0
RDW-SD (Derived)	40.57	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	7530	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	61	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	29	%	20 - 45







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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	03	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	07	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.59	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.18	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.23	10^3 / μ1	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.53	10^3 / μ1	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10^3 / μl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	230	10^3 / μl	150 - 450
MPV (Blood/Derived)	10.9	fL	7.9 - 13.7
PCT	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Automated ESR analyser)	10	mm/hr	< 20







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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.6	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.40	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.4	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.3	gm/dl	3.5 - 5.2
Globulin (Serum/ <i>Derived</i>)	3.10	gm/dL	2.3 - 3.6
A: G Ratio (Serum/Derived)	1.39		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the	preferred method		
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	20	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	12	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	60	U/L	56 - 119
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	33	U/L	< 55







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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	211	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	97	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.

Part of any.			
HDL Cholesterol (Serum/Immunoinhibition)	41	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	150.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	19.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	170.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220







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<u>Investigation</u>	<u>Observed</u> <u>Unit</u>	<u>Biological</u>
	<u>Value</u>	Reference Interval

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.

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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.1	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)	2.4	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.7	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0







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<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/ <i>HPLC</i>)	6.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

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INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose 151.33 mg/dl

(Whole Blood)

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 HbAlc.







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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	7.2		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	135	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125

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

Glucose Postprandial (PPBS) 209 mg/dL 70 - 140

(Plasma - PP/GOD - POD)

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.

Blood Urea Nitrogen (BUN)	7.2	mg/dL	7.0 - 21
(Serum/Urease UV / derived)			
Creatinine	1.0	mg/dL	0.9 - 1.3
(Serum/Jaffe Kinetic)			

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc

Uric Acid 4.7 mg/dL 3.5 - 7.2

(Serum/Uricase/Peroxidase)







Diabetic: >= 126

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IMMUNOASSAY

THYROID PROFILE / TFT

1.19 0.4 - 1.81T3 (Triiodothyronine) - Total ng/ml

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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 (Thyroxine) - Total 9.15 Microg/dl 4.2 - 12.0

(Serum/Chemiluminescent Immunometric Assay

(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.

0.35 - 5.50 TSH (Thyroid Stimulating Hormone) 6.47 uIU/mL

(Serum/Chemiluminescent Immunometric Assay (CLIA))

INTERPRETATION:

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 Iodine 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 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Remark: Kindly correlate clinically







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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>IMMUNOASSAY</u>			
Total PSA (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.6	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

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INTERPRETATION: REMARK: PSA alone should not be used as an absolute indicator of malignancy.







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-	<u>Value</u>		Reference Interval

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour	Pale Yellow	Yellow to Amber
(II. /DI : 1 :)		

(Urine/Physical examination)

Volume 15 ml

(Urine/Physical examination)

Appearance Clear

(Urine)

CHEMICAL EXAMINATION

pH	7.0	4.5 - 8.0
----	-----	-----------

(Urine)

Specific Gravity 1.010 1.002 - 1.035

(Urine/Dip Stick - Reagent strip method)

Protein Negative Negative

(Urine/Dip Stick - Reagent strip method)

Glucose Trace Nil

(Urine)

Ketone Nil Nil

(Urine/Dip Stick - Reagent strip method)

Leukocytes Negative leuco/uL Negative

(Urine)

Nitrite Nil Nil

(Urine/Dip Stick - Reagent strip method)

Bilirubin Negative mg/dL Negative

(Urine)

Blood Nil Nil

(Urine)





APPROVED BY

Sr.LabTechnician

Johan Kumar

VERIFIED BY

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Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil





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APPROVED BY

-- End of Report --



Name	Mr.PRASANNA KUMAR	ID	MED112006081
Age & Gender	57/MALE	Visit Date	23/12/2023
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows slightly increased echotexture.

No evidence of focal lesion or intrahepatic biliary ductal dilatation.

Hepatic and portal vein radicals are normal.

GALL BLADDER show 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 show normal shape, size 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.

	Bipolar length (cms)	Parenchymal thickness	
		(cms)	
Right Kidney	9.7	2.1	
Left Kidney	10.5	2.1	

URINARY BLADDER show normal shape and wall thickness.

It has clear contents.

PROSTATE shows normal shape, size and echopattern.

No evidence of ascites.

IMPRESSION:

> GRADE I FATTY CHANGES IN LIVER.

CONSULTANT RADIOLOGISTS

REPORT DISCLAIMER

- 1.This is only a radiological imperssion.Like other investigations, radiological investication also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.
- 2. The results reported here in are subject to interpretation by qualified medical professionals only.
- 3. 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 consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
- 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.
- 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.
- 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.



Name	Mr.PRASANNA KUMAR	ID	MED112006081
Age & Gender	57/MALE	Visit Date	23/12/2023
Ref Doctor Name	MediWheel		

DR. ANITHA ADARSH

DR. MOHAN B

MB/MS

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Name	Mr. PRASANNA KUMAR	ID	MED112006081
Age & Gender	57Y/M	Visit Date	Dec 23 2023 8:13AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: No significant abnormality detected.

DR. MOHAN. B

(DMRD, DNB, EDIR, FELLOW IN CARDIAC

MRI)

CONSULTANT RADIOLOGIST