

44 Years

Male

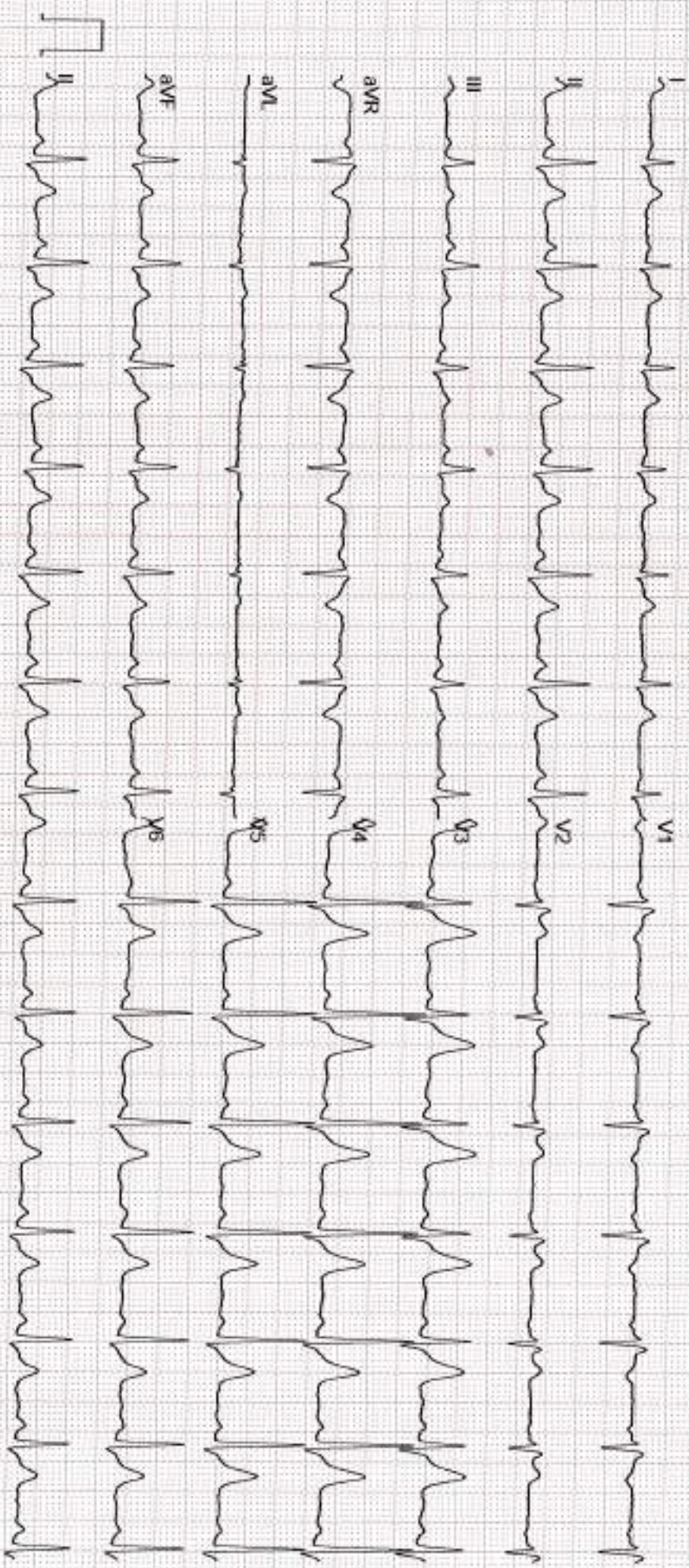
SADASHIVNAGARA
BANGALORE

-1 - mmHg

QRS	78 ms
QT / QTc Baz	334 / 392 ms
PR	132 ms
P	82 ms
RR / PP	718 / 722 ms
P / QRS / T	67 / 65 / 56 degrees

Normal sinus rhythm
Normal ECG

Normal sinus rhythm
h



It's Good to Know

Customer Name	MR. GANGADHARA MURALI MOHAN G	Customer ID	BIL4181242
Age & Gender	44Y / MALE	Visit Date	22.04.2024
Ref Dr.	SELF		

ECHOCARDIOGRAM REPORT

MESUREMENTS

IVS (D):0.8 CM LVID (D): 3.5 CM LVPW(D): 0.8 CM

IVS(S): 1.0CM LVID (S): 2.5 CM LVPW(S): 1.0 CM

A0 CM:2.1 CM LA:2.2 CM RVID (D): 2.4CM

EF: 60%

VALVES:

MITRAL VALVE : NORMAL

AORTIC VALVE : NORMAL

TRICUSPID VALVE : NORMAL

PULMONARY VALVE : NORMAL

CHAMBERS:

LEFT ARTIUM : NORMAL

RIGHT ARTIUM : NORMAL

LEFT VENTRICLE : NORMAL

RIGHT VENTRICLE : NORMAL

SEPTAE:

IVS : INTACT

IAS : INTACT

It's Good to Know

Customer Name	MR. GANGADHARA MURALI MOHAN G	Customer ID	BIL
Age & Gender	44Y / MALE	Visit Date	22.04.2024
Ref Dr.	SELF		

GREAT ARTERIES:

AORTA : NORMAL

PULMONARY ARTERY : NORMAL

DOPPLER STUDY:

MITRAL VALVE : E -0.7/ A -0.5 M/S

AORTIC VALVE : 1.3 M/S

TRICUSPID VALVE : E -0.6/ A - 0.4 M/S

PULMONARY VALVE : 0.6 M/S

WALL MOTION ABNORMALITIES: NO RWMA PRESENT

PERICARDIUM : NORMAL

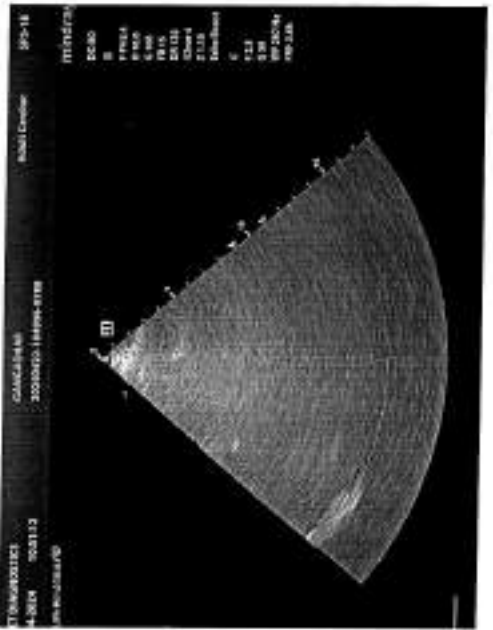
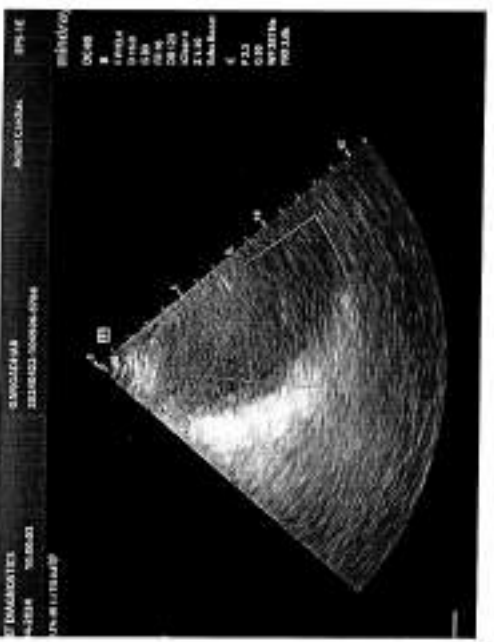
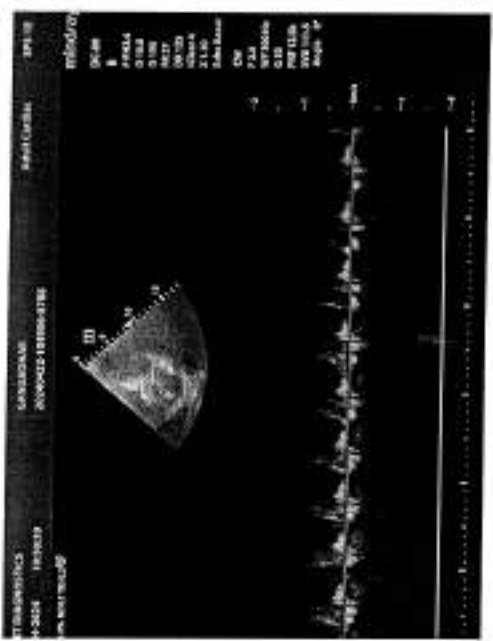
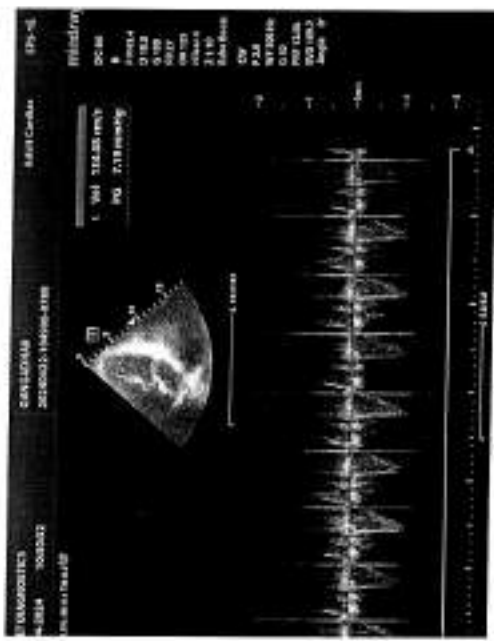
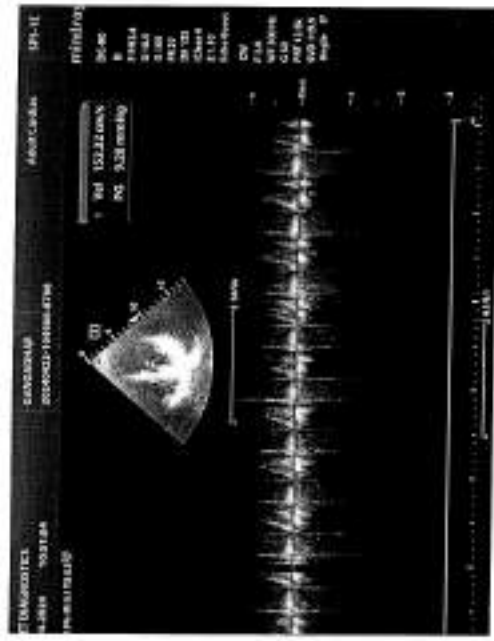
VEGETATION / THROMBUS : NO

FINAL DIAGNOSES:

- NORMAL CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION.
- LVEF-60%.
- NO RWMA PRESENT.
- TRIVIAL MR
- TRIVIAL TR (PASP- 20mmHg)
- NO PE / CLOT / VEGETATION SEEN.

DR. SENDIL G.

CARDIAC CONSULTATION





Name	: MR.GANGADHARA MURALI MOHAN G .	TID/SID	: UMR1473760/ 27510581
Age / Gender	: 44 Years / Male	Registered on	: 22-Apr-2024 / 08:30 AM
Ref.By	: SELF	Collected on	: 22-Apr-2024 / 08:33 AM
Req.No	: BIL4181242	Reported on	: 22-Apr-2024 / 14:29 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Biological Reference Intervals
Physical Examination		
Colour Method:Physical	Yellow	Straw to Yellow
Appearance Method:Physical	Clear	Clear
Chemical Examination		
Reaction and pH Method:pH- Methyl red & Bromothymol blue	7.0	4.6-8.0
Specific gravity Method:Bromothymol Blue	1.015	1.003-1.035
Protein Method:Tetrabromophenol blue	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside	Negative	Negative
Bilirubin Method:Dichloroanilinediazonium	Negative	Negative
Leucocytes Method:3 hydroxy5 phenylpyrrole + diazonium	Negative	Negative
Nitrites Method:Diazonium + 1,2,3,4 tetrahydrobenzo (h) quinolin 3-ol	Negative	Negative
Urobilinogen Method:Dimethyl aminobenzaldehyde	0.2	0.2-1.0 mg/dl
Microscopic Examination		
Pus cells (leukocytes) Method:Microscopy	0-1	2 - 3 /hpf
Epithelial cells Method:Microscopy	0-1	2 - 5 /hpf
RBC (erythrocytes) Method:Microscopy	Absent	Absent
Casts Method:Microscopy	Absent	Occasional hyaline casts may be seen



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Ref.By	: SELF	Collected on	: 22-Apr-2024 / 08:33 AM
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TEST REPORT

Crystals	Absent	Phosphate, oxalate, or urate crystals may be seen
Method:Microscopy		
Others	Nil	Nil
Method:Microscopy		

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 infection 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 Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist





Name : MR.GANGADHARA MURALI MOHAN G . TID/SID : UMR1473760/ 27510582
Age / Gender : 44 Years / Male Registered on : 22-Apr-2024 / 08:30 AM
Ref.By : SELF Collected on : 22-Apr-2024 / 08:33 AM
Req.No : BIL4181242 Reported on : 22-Apr-2024 / 14:00 PM
Reference : Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	B
Rh Typing (D)	POSITIVE

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 expressed 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 Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist





Name	: MR.GANGADHARA MURALI MOHAN G .	TID/SID	: UMR1473760/ 27510582
Age / Gender	: 44 Years / Male	Registered on	: 22-Apr-2024 / 08:30 AM
Ref.By	: SELF	Collected on	: 22-Apr-2024 / 08:33 AM
Req.No	: BIL4181242	Reported on	: 22-Apr-2024 / 12:35 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Biological Reference Intervals
Erythrocyte Sedimentation Rate	02	<=15 mm/hour
Method:Microphotometrical capillary using stopped flow kinetic analysis		

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Hemoglobin	18.1	13.0-18.0 g/dL
Method:Spectrophotometry		
Packed Cell Volume	53.3	40-54 %
Method:Derived from Impedance		
Red Blood Cell Count.	5.19	4.3-6.0 Mill/Cumm
Method:Impedance Variation		
Mean Corpuscular Volume	102.6	78-100 fL
Method:Derived from Impedance		
Mean Corpuscular Hemoglobin	34.9	27-32 pg
Method:Derived from Impedance		
Mean Corpuscular Hemoglobin Concentration	34.0	31.5-36 g/dL
Method:Derived from Impedance		
Red Cell Distribution Width - CV	15.6	11.0-16.0 %
Method:Derived from Impedance		
Red Cell Distribution Width - SD	57.1	39-46 fL
Method:Derived from Impedance		
Total WBC Count.	6280	4000-11000 cells/cumm
Method:Impedance Variation		
Neutrophils	79.3	40-75 %
Method:Impedance Variation,Method_Desc= Flow Cytometry		
Lymphocytes	13.8	20-45 %
Method:Impedance Variation, Flowcytometry		
Eosinophils	0.7	01-06 %
Method:Impedance Variation, Flowcytometry		
Monocytes	5.6	01-10 %
Method:Impedance Variation, Flowcytometry		
Basophils.	0.6	00-02 %
Method:Impedance Variation, Flowcytometry		



Name	: MR.GANGADHARA MURALI MOHAN G .	TID/SID	: UMR1473760/ 27510582
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TEST REPORT

Absolute Neutrophils Count. Method:Calculated	4980	1500-6600 cells/cumm
Absolute Lymphocyte Count Method:Calculated	867	1500-3500 cells/cumm
Absolute Eosinophils count. Method:Calculated	44	40-440 cells/cumm
Absolute Monocytes Count. Method:Calculated	352	<1000 cells/cumm
Absolute Basophils count. Method:Calculated	38	<200 cells/cumm
Platelet Count. Method:Impedance Variation	1.66	1.4-4.4 lakhs/cumm
Mean Platelet Volume. Method:Derived from Impedance	8.8	7.9-13.7 fL
Plateletcrit. Method:Derived from Impedance	0.15	0.18-0.28 %

Note Kindly correlate clinically

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.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist



Name	: MR.GANGADHARA MURALI MOHAN G .	TID/SID	: UMR1473760/ 27510583
Age / Gender	: 44 Years / Male	Registered on	: 22-Apr-2024 / 08:30 AM
Ref.By	: SELF	Collected on	: 22-Apr-2024 / 08:33 AM
Req.No	: BIL4181242	Reported on	: 22-Apr-2024 / 11:38 AM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen.	5	6-20 mg/dL
Method:Kinetic, Urease - GLDH, 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

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine.	0.64	0.7-1.3 mg/dL
Method:Spectrophotometry, Jaffe - IDMS Traceable		

Interpretation:

Creatinine is a nitrogenous waste product produced by muscles from creatine. 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.

Biological reference interval changed; Reference: Tietz Textbook of Clinical Chemistry & Molecular Diagnostics, Fifth Edition.

Bun/Creatinine Ratio, Serum

Investigation	Observed Value
BUN/Creatinine Ratio	7.8
Method:Calculated	

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.



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Age / Gender	: 44 Years / Male	Registered on	: 22-Apr-2024 / 08:30 AM
Ref.By	: SELF	Collected on	:
Req.No	: BIL4181242	Reported on	:
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist





Name : MR.GANGADHARA MURALI MOHAN G . TID/SID : UMR1473760/ 27510584-F
 Age / Gender : 44 Years / Male Registered on : 22-Apr-2024 / 08:30 AM
 Ref.By : SELF Collected on : 22-Apr-2024 / 08:33 AM
 Req.No : BIL4181242 Reported on : 22-Apr-2024 / 11:38 AM
 Reference : Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	106	Normal: 70 -100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: \geq 126 mg/dL

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 Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist





Name	: MR.GANGADHARA MURALI MOHAN G .	TID/SID	: UMR1473760/ 27510584-P
Age / Gender	: 44 Years / Male	Registered on	: 22-Apr-2024 / 08:30 AM
Ref.By	: SELF	Collected on	: 22-Apr-2024 / 11:03 AM
Req.No	: BIL4181242	Reported on	: 22-Apr-2024 / 17:53 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	78	Normal : 90 - 140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: \geq 200 mg/dL

Note The discordant post prandial blood glucose values levels are observed in some of the conditions related to defective absorption, insufficient dietary intake, endocrine disorders, hypoglycemic drug overdose and reactive hypoglycemia etc.

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 Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist





Name : MR.GANGADHARA MURALI MOHAN G . TID/SID : UMR1473760/ 27510582
 Age / Gender : 44 Years / Male Registered on : 22-Apr-2024 / 08:30 AM
 Ref.By : SELF Collected on : 22-Apr-2024 / 08:33 AM
 Req.No : BIL4181242 Reported on : 22-Apr-2024 / 11:38 AM
 Reference : Arcofemi Health Care Ltd -

TEST REPORT

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	5.8	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:High-Performance Liquid Chromatography	120	mg/dL

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 Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist





Name	: MR.GANGADHARA MURALI MOHAN G .	TID/SID	: UMR1473760/ 27510583
Age / Gender	: 44 Years / Male	Registered on	: 22-Apr-2024 / 08:30 AM
Ref.By	: SELF	Collected on	: 22-Apr-2024 / 08:33 AM
Req.No	: BIL4181242	Reported on	: 22-Apr-2024 / 11:38 AM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Spectrophotometry , CHOD - POD	158	Desirable: < 200 mg/dL Borderline: 200-239 mg/dL High: >= 240 mg/dL
HDL Cholesterol Method:Spectrophotometry , Direct Measurement	45	Optimal : >=60 mg/dL Borderline : 40-59 mg/dL High Risk <40 mg/dL
Non HDL Cholesterol Method:Calculated	113	Optimal : <130 mg/dL Above Optimal : 130-159 mg/dL Borderline : 160-189 mg/dL High Risk : 190-219 mg/dL Very high Risk : >=220 mg/dL
LDL Cholesterol Method:Calculated	79.8	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
VLDL Cholesterol Method:Calculated	33.20	<30 mg/dL
Total Cholesterol/HDL Ratio Method:Calculated	3.51	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
LDL/HDL Ratio Method:Calculated	1.77	Optimal : 0.5-3.0 Borderline : 3.1-6.0 High Risk : >6.0
Triglycerides Method:Spectrophotometry, Enzymatic - GPO/POD	166	Normal:<150 mg/dL Borderline: 150-199 mg/dL High: 200-499 mg/dL Very high: >=500 mg/dL

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 Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---



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Name : **MR.GANGADHARA MURALI MOHAN G .** TID/SID : UMR1473760/
Age / Gender : 44 Years / Male Registered on : 22-Apr-2024 / 08:30 AM
Ref.By : SELF Collected on :
Req.No : BIL4181242 Reported on :
Reference : Arcofemi Health Care Ltd -

TEST REPORT

Dr.M.G.Satish
Consultant Pathologist





Name	: MR.GANGADHARA MURALI MOHAN G .	TID/SID	: UMR1473760/ 27510583
Age / Gender	: 44 Years / Male	Registered on	: 22-Apr-2024 / 08:30 AM
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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Biological Reference Interval
Total Bilirubin. Method:Spectrophotometry, Diazo method	0.85	<=1.2 mg/dL
Direct Bilirubin. Method:Spectrophotometry, Diazo method	0.41	<=0.30 mg/dL
Indirect Bilirubin. Method:Calculated	0.44	<=1.0 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method: IFCC without pyridoxal phosphate activation	56	<=41 U/L
Aspartate Aminotransferase,(AST/SGOT) Method: IFCC without pyridoxal phosphate activation	52	<=40 U/L
ALP (Alkaline Phosphatase). Method:Spectrophotometry , IFCC	91	40-129 U/L
Gamma GT. Method:Spectrophotometry , IFCC	120	<60 U/L
Total Protein. Method:Spectrophotometry, Biuret	7.3	6.4-8.3 g/dL
Albumin. Method:Spectrophotometry, Bromcresol Green	4.5	3.5-5.2 g/dL
Globulin. Method:Spectrophotometry, Bromcresol Green	2.8	2.0-3.5 g/dL
A/GRatio. Method:Calculated	1.61	1.1-2.5

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 Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist



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Name : MR.GANGADHARA MURALI MOHAN G . TID/SID : UMR1473760/ 27510583
 Age / Gender : 44 Years / Male Registered on : 22-Apr-2024 / 08:30 AM
 Ref.By : SELF Collected on : 22-Apr-2024 / 08:33 AM
 Req.No : BIL4181242 Reported on : 22-Apr-2024 / 11:10 AM
 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	1.36	0.0-4.0 ng/mL

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 Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist





Name	: MR.GANGADHARA MURALI MOHAN G .	TID/SID	: UMR1473760/ 27510583
Age / Gender	: 44 Years / Male	Registered on	: 22-Apr-2024 / 08:30 AM
Ref.By	: SELF	Collected on	: 22-Apr-2024 / 08:33 AM
Req.No	: BIL4181242	Reported on	: 22-Apr-2024 / 11:10 AM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	0.855	0.80-2.00 ng/mL Note: Biological Reference Ranges are changed due to change in method of testing.
Thyroxine Total (T4) Method:ECLIA	6.62	4.6-12.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:ECLIA	1.12	0.27-4.20 µIU/mL

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 Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist





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Age / Gender	: 44 Years / Male	Registered on	: 22-Apr-2024 / 08:30 AM
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		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Enzymatic	5.7	3.4-7.0 mg/dL

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 Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist





Name : Mr . GANGADHARA MURALI MOHAN G .
Age/Gender : 44 Years/Male
Ref By : Self
Reg.No : BIL4181242

TID : UMR1473760
Registered On : 22-Apr-2024 08:30 AM
Reported On : 22-Apr-2024 10:58 AM
Reference : Arcofemi Health Care Ltd
- Medi Whe

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has mildly increased echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is well distended. No obvious calculus. Wall thickness is normal. CBD is of normal calibre.

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

SPLEEN shows normal shape, size and echopattern.

KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation preserved. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation preserved. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cm)	Parenchymal thickness (cm)
Right Kidney	11.2	1.6
Left Kidney	10.8	1.6

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

PROSTATE shows normal shape, size and echopattern. Volume: 24.7cc.

No evidence of ascites.

IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **No other significant abnormality detected.**

*** End Of Report ***

Dr Sneha T. Prasad
Consultant Radiologist



PLEASE SCAN QR CODE

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X - RAY CHEST PA VIEW

No obvious abnormal lung opacity is noted.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualized bones and soft tissues appear normal.

IMPRESSION:

- **No significant abnormality detected.**

*** End Of Report ***

Dr Ramachandra C R
Consultant Radiologist