
LABORATORY
ULTRASOUND
GPS Map Camera
Tirupati, Andhra Pradesh, India
JCPC+22G, Reddy & Reddy's Colony, Reddy and Reddy's Colony, Tirupati, Andhra Pradesh 517501, India
Lat 13.635051°
Long 79.420206°
17/02/24 08:51 AM GMT +05:30
Google

SREE SCANS & DIAGNOSTICS
(A Unit of ASR Hospitals (India) Pvt. Ltd.)

D.No. 10-13-560, 4th Cross
Reddy & Reddy Colony
Tirupati-517501

Name:	D.SRINIVAS	**Age:**	43 Yrs	**SEX:**	M
Ref BY:	INSURANCE	**Date:**	17/02/2024		

ULTRASONOGRAPHY OF ABDOMEN

LIVER:	Normal in Size (14.1 Cms) and echotexture. No Focal Lesions Noted. Hepatic Veins are Normal in Caliber. Intra Hepatic Biliary Radicles are normal in Caliber.
PORTAL VEIN:	Normal in Caliber.
GALL BLADDER:	Distended. Wall Thickness is normal. No e/o Calculi / Pericholecystic Fluid Collection.
CBD:	Normal in Caliber.
PANCREAS:	Visualized part of head and body appears normal in Size and echotexture. No e/o Focal Lesions / Ductal Dilations / Calcifications.
SPLEEN:	Normal in Size (7.9 Cms) and echotexture. No e/o focal Lesions.
RIGHT KIDNEY:	Normal in Size (10.0 x 5.1 Cms) and echotexture. Corticomedullary Differentiation Maintained. No e/o Calculi / Hydronephrosis.
LEFT KIDNEY:	Normal in Size (10.3 x 5.6 Cms) and echotexture. Corticomedullary Differentiation Maintained. No e/o Calculi / Hydronephrosis.
URINARY BLADDER:	Partially distended. No e/o Calculi. Wall thickness is normal.
PROSTATE:	Normal in Size (16 cc) and echotexture.
No evidence of free fluid in the Peritoneal Cavity. Visualized Bowel Loops Appears normal in Caliber, Wall thickness and Peristalsis.	
IMPRESSION	**NO OBVIOUS SONOLOGICAL ABNORMALITY DETECTED**

Suggested Correlation with clinical and Lab Findings.

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DR. O.SRIDHAR BABU, M.D.,(R.D.,)

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Patient Name	: **MR. SRINIVAS DASYAM**	Sample ID	: 005504824
Age / Sex	: 43 YEARS / MALE	Collected On	: Feb 17, 2024, 05:14 p.m.
Patient ID	: 8818	Received On	: Feb 17, 2024, 05:25 p.m.
Organization	: INSURANCE	Reported On	: Feb 17, 2024, 07:23 p.m.
Referral	: MEDIWHEEL FULL BODY CHECK	Report Status	: **Final**

Test Description	Value(s)	Reference Range	Unit(s)
Complete Blood Count (CBP)			
Hemoglobin	15.5	13.0 - 17.0	g/dL
Method : Spectrophotometry			
Erythrocyte Count (RBC) Count	**5.52**	3.8 - 4.8	mIU/uL
Method : Impedance			
PACKED CELL VOLUME (HEMATOCRIT)	46.3	40 - 47	%
Method : Calculated			
Platelet Count	3.08	1.50 - 4.50	lakh/cumm
MCV	83.9	83 - 101	fl
MCH	28.1	27 - 32	pg
MCHC	33.5	31.5 - 34.5	g/dL
RDW-CV	**15.0**	11.5 - 14.5	%
Total Count and Differential Count			
Total Leucocyte Count (WBC)	8460	4000 - 11000	cells/cumm
Neutrophils	44.0	40 - 75	%
Lymphocytes	33.3	20 - 40	%
Eosinophils	**15.1**	0 - 6	%
Monocytes	6.9	2 - 10	%
Basophils	0.7	0 - 1	%

END OF REPORT

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Test Description	Value(s)	Reference Range	Unit(s)
Erythrocyte Sedimentation Rate (ESR)			
Erythrocyte Sedimentation Rate	**48**	0-10	mm/lst hr.
Method : Westergrens			

Comments

ESR is non-specific marker of inflammation and is affected by many conditions like anemia, age, obesity, renal failure, plasma viscosity, fibrinogen etc. CRP is more sensitive test of inflammation than ESR.

ESR is a non-specific marker of inflammation and is affected by other factors, the results must be used along with other clinical findings, the individual's health history, and results from other laboratory tests.

- A single elevated ESR, without any symptoms of a specific disease, will usually not give enough information to make a medical decision. Furthermore, a normal result does not rule out inflammation or disease.
- Moderately elevated ESR occurs with inflammation but also with anemia, infection, pregnancy, and with aging.
- A very high ESR usually has an obvious cause, such as a severe infection, marked by an increase in globulins, polymyalgia rheumatica or temporal arteritis. People with multiple myeloma or Waldenstrom's macroglobulinemia typically have very high ESRs even if they don't have inflammation.
- When monitoring a condition over time, rising ESRs may indicate increasing inflammation or a poor response to a therapy; normal or decreasing ESRs may indicate an appropriate response to treatment.

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Complete Urine Analysis (CUE)			
Colour	Pale Yellow	Pale Yellow	
Transparency (Appearance)	Clear	Clear	
Chemical Examination (AUTOMATED URINEANALYSER)			
Reaction (pH)	6.0	4.7 - 7.5	
Specific Gravity	1.025	1.010 - 1.030	
Urine Glucose (sugar)	Negative	Negative	
Urine Protein	Negative	Negative	
Urine Bilirubin	Negative	Negative	
Urine Ketones	Negative	Negative	
Urobilinogen	Normal	Normal	
Blood	Negative	Negative	
Nitrite	Negative	Negative	
Leucocyte Esterase	Negative	Negative	
Microscopic Examination Urine			
Pus Cells	2-4	0 - 2	/hpf
Epithelial Cells	4-5	0 - 5	/hpf
Red blood Cells	Absent	0 - 2	/hpf
Crystals	Absent	Absent	
Cast	Absent	Absent	
Bacteria	Absent	Absent	

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Test Description	Value(s)	Reference Range	Unit(s)
Blood Grouping ABO & Rh Typing			
Blood Group (ABO typing) Method : Manual-Hemagglutination	"B"		
RhD Factor (Rh Typing) Method : Manual hemagglutination	Positive		

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Test Description	Value(s)	Reference Range	Unit(s)
Blood Glucose Level (Fasting & Post Prandial)			
Glucose Fasting	78.6	60 - 110	mg/dl

Interpretation :

Fasting Blood Sugar more than 126 mg/dl on more than one occasion can indicate Diabetes Mellitus.

Glucose PPBS	110.2	70 - 160	mg/dl

Interpretation :

A postprandial glucose reading of 161-199 mg/dl indicates prediabetes.
A postprandial reading over 200 mg/dl indicates diabetes.

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Test Description	Value(s)	Reference Range	Unit(s)
HbA1c (Glycated Haemoglobin)			
HBA1C, GLYCATED HEMOGLOBIN **WHOLE BLOOD-EDTA** **Method : HPLC**	5.9	Non-Diabetic: <=5.90 Pre Diabetic:5.90 -6.40 Diabetic: >=6.50	%
Estimated Average Glucose **WHOLE BLOOD-EDTA** **Method : Calculated**	**122.63**	Good Control : 90 - 120 Fair Control : 121 - 150 Unsatisfactory Control : 151 - 180 Poor Control : > 180	mg/dL

Comments

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring out of before glycemia.The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy

Guidance For Known Diabetic

Good Control	Below 6.5%
Fair Control	6.5% - 7.0%
Unsatisfactory Control	7.0% - 8.0%
Poor Control	> 8.0%

HPLC Graph

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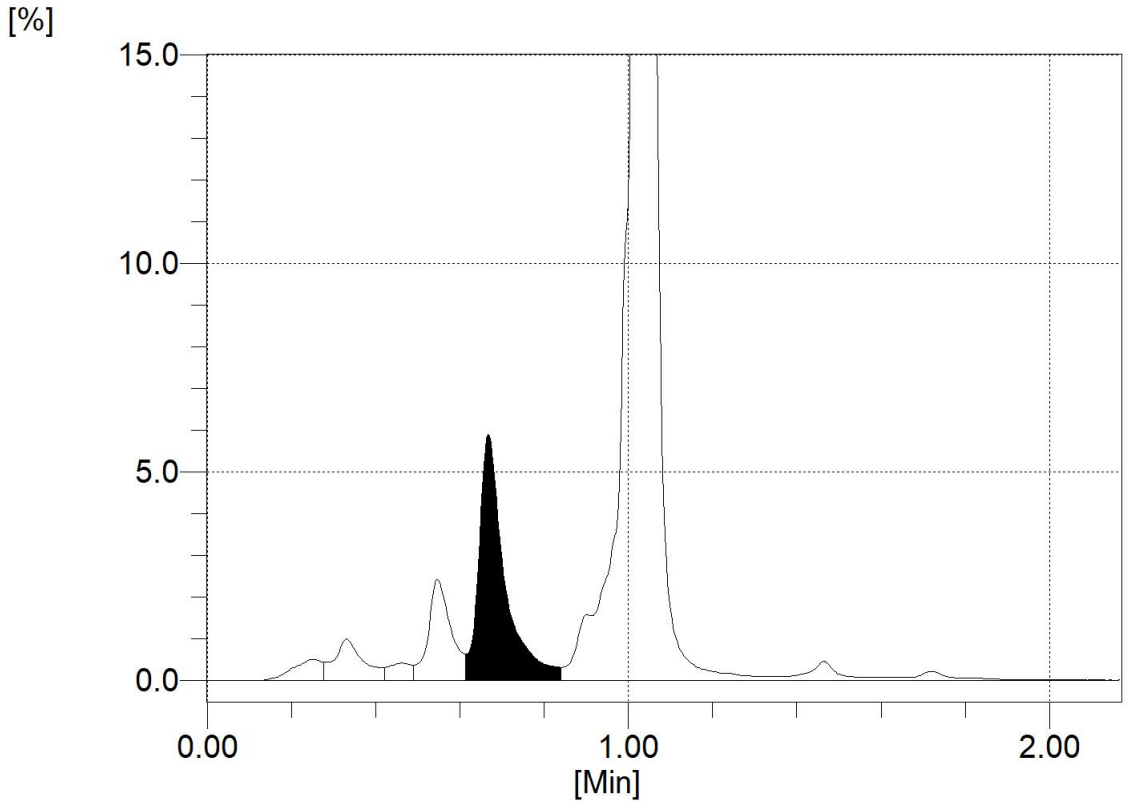

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Test Description	Value(s)	Reference Range	Unit(s)
Thyroid Profile			
TRI-IODOTHYRONINE (T3, TOTAL)	1.33	0.58 - 1.62	ng/mL
Method : CLIA			
THYROXINE (T4, TOTAL)	10.49	5.0 - 14.5	ng/mL
Method : CLIA			
THYROID STIMULATING HORMONE (TSH)	2.42	0.35 - 5.1	µIU/mL
Method : CLIA			

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism,TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

For pregnant females	**Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)**
First trimester	0.05 - 4.73
Second trimester	0.30 – 4.79
Third trimester	0.50 – 6.02

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Test Description	Value(s)	Reference Range	Unit(s)
Lipid Profile			
Cholesterol-Total Method : Cholesterol oxidase, esterase, peroxidase	**216.0**	< 200	mg/dL
Triglycerides Method : Enzymatic, endpoint	147.1	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : > 500	mg/dL
Cholesterol-HDL Direct Method : Direct measure-PEG	51.1	Normal: > 40 Major Heart Risk: < 40	mg/dL
LDL Cholesterol Method : Selective detergent method	145.2	Optimal : < 10 Near or above optimal : 100 -129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190	mg/dL
VLDL Cholesterol Method : calculated	29.42	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	4.23	3.5 - 5.0	ratio

Note: 8-10 hours fasting sample is required.

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Test Description	Value(s)	Reference Range	Unit(s)
Gamma Glutamyl Transferase (GGT)			
Gamma Glutamyl Transferase (GGT)	26.0	< 49	U/L

Method : G-Glutamyl-Carboxy-Nitoanilide

Comments

GGT is an enzyme present in liver, kidney, and pancreas.It is induced by alcohol intake and is a sensitive indicator of liver disease, particularly alcoholic liver disease.

Clinical utility

Follow-up of alcoholics undergoing treatment since the test is sensitive to modest alcohol Intake -confirmation of hepatic origin of elevated serum alkaline phosphatase.

Increased In

Liver disease: acute viral or toxic hepatitis, chronic or subacute hepatitis, alcoholic hepatitis, cirrhosis, biliary tract obstruction (intrahepatic or extrahepatic), primary or metastatic liver neoplasm, and mononucleosis -Drugs (by enzymeinduction): phenytoin, carbamazepine, barbiturates, alcohol.

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Test Description	Value(s)	Reference Range	Unit(s)
Blood Urea Nitrogen (BUN)			
UREA*	21.40	17 - 43	mg/dL
Method : Serum,Urease			
BUN*	10.0	7 - 18.0	mg/dL
Method : Serum,Calculated			

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Test Description	Value(s)	Reference Range	Unit(s)
Creatinine, Serum			
Creatinine, Serum Method : Enzymatic	0.83	MALES ; 0.7 - 1.3 FEMALES ; 0.6 - 1.1 NEW BORNS ; 0.3 - 1.0 INFANTS ; 0.2 - 0.4 CHILD ; 0.3 - 0.7	mg/dL

Interpretation :

Creatinine levels that are within the ranges established by the laboratory performing the test suggest that your kidneys are functioning as they should.

Increased creatinine levels in the blood may mean that your kidneys are not working as they should. Some examples of conditions that can increase creatinine levels include:

• Damage to or swelling of blood vessels in the kidneys (glomerulonephritis) caused by, for example, infections and autoimmune diseases.

• Bacterial infection of the kidneys (pyelonephritis)

• Death of cells in the kidneys' small tubes (acute tubular necrosis) caused by, for example, drugs or toxins.

• Conditions that can block the flow of urine in the urinary tract, such as prostate disease or kidney stones.

• Reduced blood flow to the kidney due to shock, dehydration, congestive heart failure, atherosclerosis, or complications of diabetes.

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Test Description	Value(s)	Reference Range	Unit(s)
Uric Acid, Serum			
Uric Acid	4.6	3.5 - 7.2	mg/dL
Method : Uricase, PAP			

Comments:

• Causes of high uric acid in serum:

• Some genetic inborn errors.

• Cancer that has spread from its original location (metastatic), multiple myeloma, leukemias, and cancer chemotherapy.

• Chronic renal disease, acidosis, toxemia of pregnancy, and alcoholism.

• Increased concentrations of uric acid can cause crystals to form in the joints, which can lead to the joint inflammationand pain characteristic of gout. Uric acid can also form crystals or kidney stones that can damage the kidneys.

• Low levels of uric acid in the blood are seen much less commonly than high levels and are seldom considered cause for concern.

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Liver Function Test			
Bilirubin - Total	0.46	0.3 - 1.2	mg/dL
Method : DIAZO			
Bilirubin - Direct	0.17	Adults and Children: < 0.4	mg/dL
Method : DIAZO			
Bilirubin - Indirect	0.29	< 0.8	mg/dL
Method : Calculated			
SGOT	12.4	< 35	U/L
Method : IFCC			
SGPT	18.8	< 45	U/L
Method : IFCC			
Alkaline Phosphatase-ALP	68.0	53 - 128	U/L
Method : AMP			
Total Protein	6.76	6.6 - 8.7	g/dL
Method : Biuret			
Albumin	3.75	3.5- 5.2	g/dL
Method : BCG			
Globulin	3.01	1.8 - 3.6	g/dL
Method : Calculated			
A/G Ratio	1.25	1.2 - 2.2	ratio
Method : Calculated			

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यदि, आप इसे पायेंगे तो, कृपया इन्हें लौटा दें:

यूनियन बैंक ऑफ इंडिया
क्षेत्रीय कार्यालय : विशाखपट्टणम
2 - तल, मोहन मेंशन, 4-गली
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SREE SCANS & DIAGNOSTICS
(A Unit of ASR Hospitals (India) Pvt. Ltd.)

D.No. 10-13-560, 4th Cross
Reddy & Reddy Colony
Tirupati-517501

Name:	D.SRINIVAS	**Age:**	43 Yrs	**SEX:**	M
Ref BY:	INSURANCE	**Date:**	17/02/2024		

ULTRASONOGRAPHY OF ABDOMEN

LIVER:	Normal in Size (14.1 Cms) and echotexture. No Focal Lesions Noted. Hepatic Veins are Normal in Caliber. Intra Hepatic Biliary Radicles are normal in Caliber.
PORTAL VEIN:	Normal in Caliber.
GALL BLADDER:	Distended. Wall Thickness is normal. No e/o Calculi / Pericholecystic Fluid Collection.
CBD:	Normal in Caliber.
PANCREAS:	Visualized part of head and body appears normal in Size and echotexture. No e/o Focal Lesions / Ductal Dilations / Calcifications.
SPLEEN:	Normal in Size (7.9 Cms) and echotexture. No e/o focal Lesions.
RIGHT KIDNEY:	Normal in Size (10.0 x 5.1 Cms) and echotexture. Corticomedullary Differentiation Maintained. No e/o Calculi / Hydronephrosis.
LEFT KIDNEY:	Normal in Size (10.3 x 5.6 Cms) and echotexture. Corticomedullary Differentiation Maintained. No e/o Calculi / Hydronephrosis.
URINARY BLADDER:	Partially distended. No e/o Calculi. Wall thickness is normal.
PROSTATE:	Normal in Size (16 cc) and echotexture.
No evidence of free fluid in the Peritoneal Cavity. Visualized Bowel Loops Appears normal in Caliber, Wall thickness and Peristalsis.	
IMPRESSION	**NO OBVIOUS SONOLOGICAL ABNORMALITY DETECTED**

Suggested Correlation with clinical and Lab Findings.

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DR. O.SRIDHAR BABU, M.D.,(R.D.,)

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Patient Name	: **MR. SRINIVAS DASYAM**	Sample ID	: 005504824
Age / Sex	: 43 YEARS / MALE	Collected On	: Feb 17, 2024, 05:14 p.m.
Patient ID	: 8818	Received On	: Feb 17, 2024, 05:25 p.m.
Organization	: INSURANCE	Reported On	: Feb 17, 2024, 07:23 p.m.
Referral	: MEDIWHEEL FULL BODY CHECK	Report Status	: **Final**

Test Description	Value(s)	Reference Range	Unit(s)
Complete Blood Count (CBP)			
Hemoglobin	15.5	13.0 - 17.0	g/dL
Method : Spectrophotometry			
Erythrocyte Count (RBC) Count	**5.52**	3.8 - 4.8	mIU/uL
Method : Impedance			
PACKED CELL VOLUME (HEMATOCRIT)	46.3	40 - 47	%
Method : Calculated			
Platelet Count	3.08	1.50 - 4.50	lakh/cumm
MCV	83.9	83 - 101	fl
MCH	28.1	27 - 32	pg
MCHC	33.5	31.5 - 34.5	g/dL
RDW-CV	**15.0**	11.5 - 14.5	%
Total Count and Differential Count			
Total Leucocyte Count (WBC)	8460	4000 - 11000	cells/cumm
Neutrophils	44.0	40 - 75	%
Lymphocytes	33.3	20 - 40	%
Eosinophils	**15.1**	0 - 6	%
Monocytes	6.9	2 - 10	%
Basophils	0.7	0 - 1	%

END OF REPORT

Reported By : M.GANGADHAR (LAB TECHNICIAN)

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APMC/FMR/77347)

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Test Description	Value(s)	Reference Range	Unit(s)
Erythrocyte Sedimentation Rate (ESR)			
Erythrocyte Sedimentation Rate	**48**	0-10	mm/lst hr.
Method : Westergrens			

Comments

ESR is non-specific marker of inflammation and is affected by many conditions like anemia, age, obesity, renal failure, plasma viscosity, fibrinogen etc. CRP is more sensitive test of inflammation than ESR.

ESR is a non-specific marker of inflammation and is affected by other factors, the results must be used along with other clinical findings, the individual's health history, and results from other laboratory tests.

- A single elevated ESR, without any symptoms of a specific disease, will usually not give enough information to make a medical decision. Furthermore, a normal result does not rule out inflammation or disease.
- Moderately elevated ESR occurs with inflammation but also with anemia, infection, pregnancy, and with aging.
- A very high ESR usually has an obvious cause, such as a severe infection, marked by an increase in globulins, polymyalgia rheumatica or temporal arteritis. People with multiple myeloma or Waldenstrom's macroglobulinemia typically have very high ESRs even if they don't have inflammation.
- When monitoring a condition over time, rising ESRs may indicate increasing inflammation or a poor response to a therapy; normal or decreasing ESRs may indicate an appropriate response to treatment.

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Test Description	Value(s)	Reference Range	Unit(s)
Complete Urine Analysis (CUE)			
Colour	Pale Yellow	Pale Yellow	
Transparency (Appearance)	Clear	Clear	
Chemical Examination (AUTOMATED URINEANALYSER)			
Reaction (pH)	6.0	4.7 - 7.5	
Specific Gravity	1.025	1.010 - 1.030	
Urine Glucose (sugar)	Negative	Negative	
Urine Protein	Negative	Negative	
Urine Bilirubin	Negative	Negative	
Urine Ketones	Negative	Negative	
Urobilinogen	Normal	Normal	
Blood	Negative	Negative	
Nitrite	Negative	Negative	
Leucocyte Esterase	Negative	Negative	
Microscopic Examination Urine			
Pus Cells	2-4	0 - 2	/hpf
Epithelial Cells	4-5	0 - 5	/hpf
Red blood Cells	Absent	0 - 2	/hpf
Crystals	Absent	Absent	
Cast	Absent	Absent	
Bacteria	Absent	Absent	

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Test Description	Value(s)	Reference Range	Unit(s)
Blood Grouping ABO & Rh Typing			
Blood Group (ABO typing) Method : Manual-Hemagglutination	"B"		
RhD Factor (Rh Typing) Method : Manual hemagglutination	Positive		

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Test Description	Value(s)	Reference Range	Unit(s)
Blood Glucose Level (Fasting & Post Prandial)			
Glucose Fasting	78.6	60 - 110	mg/dl

Interpretation :

Fasting Blood Sugar more than 126 mg/dl on more than one occasion can indicate Diabetes Mellitus.

Glucose PPBS	110.2	70 - 160	mg/dl

Interpretation :

A postprandial glucose reading of 161-199 mg/dl indicates prediabetes.
A postprandial reading over 200 mg/dl indicates diabetes.

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Test Description	Value(s)	Reference Range	Unit(s)
HbA1c (Glycated Haemoglobin)			
HBA1C, GLYCATED HEMOGLOBIN **WHOLE BLOOD-EDTA** **Method : HPLC**	5.9	Non-Diabetic: <=5.90 Pre Diabetic:5.90 -6.40 Diabetic: >=6.50	%
Estimated Average Glucose **WHOLE BLOOD-EDTA** **Method : Calculated**	**122.63**	Good Control : 90 - 120 Fair Control : 121 - 150 Unsatisfactory Control : 151 - 180 Poor Control : > 180	mg/dL

Comments

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring out of before glycemia.The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy

Guidance For Known Diabetic

Good Control	Below 6.5%
Fair Control	6.5% - 7.0%
Unsatisfactory Control	7.0% - 8.0%
Poor Control	> 8.0%

HPLC Graph

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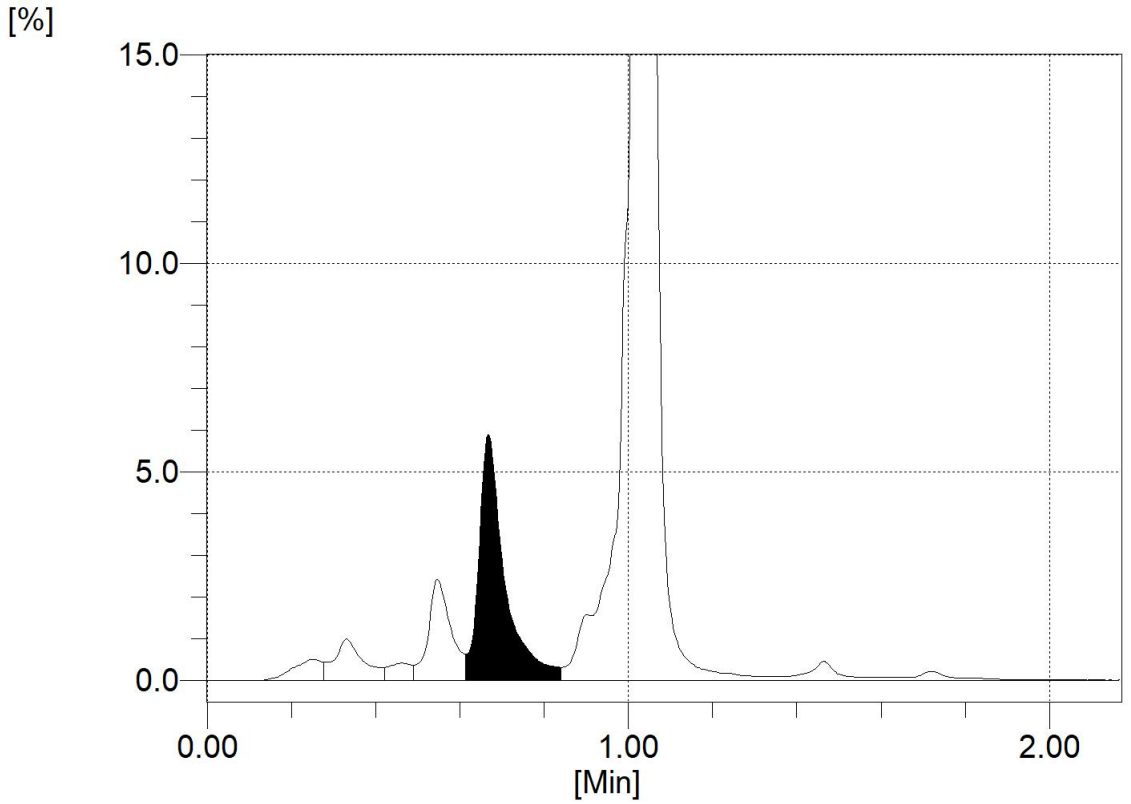
Test Description	Value(s)	Reference Range	Unit(s)



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Test Description	Value(s)	Reference Range	Unit(s)
Thyroid Profile			
TRI-IODOTHYRONINE (T3, TOTAL)	1.33	0.58 - 1.62	ng/mL
Method : CLIA			
THYROXINE (T4, TOTAL)	10.49	5.0 - 14.5	ng/mL
Method : CLIA			
THYROID STIMULATING HORMONE (TSH)	2.42	0.35 - 5.1	µIU/mL
Method : CLIA			

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m.In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism,TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

For pregnant females	**Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)**
First trimester	0.05 - 4.73
Second trimester	0.30 – 4.79
Third trimester	0.50 – 6.02

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Test Description	Value(s)	Reference Range	Unit(s)
Lipid Profile			
Cholesterol-Total Method : Cholesterol oxidase, esterase, peroxidase	**216.0**	< 200	mg/dL
Triglycerides Method : Enzymatic, endpoint	147.1	Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : > 500	mg/dL
Cholesterol-HDL Direct Method : Direct measure-PEG	51.1	Normal: > 40 Major Heart Risk: < 40	mg/dL
LDL Cholesterol Method : Selective detergent method	145.2	Optimal : < 10 Near or above optimal : 100 -129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190	mg/dL
VLDL Cholesterol Method : calculated	29.42	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	4.23	3.5 - 5.0	ratio

Note: 8-10 hours fasting sample is required.

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Test Description	Value(s)	Reference Range	Unit(s)
Gamma Glutamyl Transferase (GGT)			
Gamma Glutamyl Transferase (GGT)	26.0	< 49	U/L

Method : G-Glutamyl-Carboxy-Nitoanilide

Comments

GGT is an enzyme present in liver, kidney, and pancreas.It is induced by alcohol intake and is a sensitive indicator of liver disease, particularly alcoholic liver disease.

Clinical utility

Follow-up of alcoholics undergoing treatment since the test is sensitive to modest alcohol Intake -confirmation of hepatic origin of elevated serum alkaline phosphatase.

Increased In

Liver disease: acute viral or toxic hepatitis, chronic or subacute hepatitis, alcoholic hepatitis, cirrhosis, biliary tract obstruction (intrahepatic or extrahepatic), primary or metastatic liver neoplasm, and mononucleosis -Drugs (by enzymeinduction): phenytoin, carbamazepine, barbiturates, alcohol.

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Test Description	Value(s)	Reference Range	Unit(s)
Blood Urea Nitrogen (BUN)			
UREA*	21.40	17 - 43	mg/dL
Method : Serum,Urease			
BUN*	10.0	7 - 18.0	mg/dL
Method : Serum,Calculated			

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Test Description	Value(s)	Reference Range	Unit(s)
Creatinine, Serum			
Creatinine, Serum Method : Enzymatic	0.83	MALES ; 0.7 - 1.3 FEMALES ; 0.6 - 1.1 NEW BORNS ; 0.3 - 1.0 INFANTS ; 0.2 - 0.4 CHILD ; 0.3 - 0.7	mg/dL

Interpretation :

Creatinine levels that are within the ranges established by the laboratory performing the test suggest that your kidneys are functioning as they should.

Increased creatinine levels in the blood may mean that your kidneys are not working as they should. Some examples of conditions that can increase creatinine levels include:

• Damage to or swelling of blood vessels in the kidneys (glomerulonephritis) caused by, for example, infections and autoimmune diseases.

• Bacterial infection of the kidneys (pyelonephritis)

• Death of cells in the kidneys' small tubes (acute tubular necrosis) caused by, for example, drugs or toxins.

• Conditions that can block the flow of urine in the urinary tract, such as prostate disease or kidney stones.

• Reduced blood flow to the kidney due to shock, dehydration, congestive heart failure, atherosclerosis, or complications of diabetes.

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Test Description	Value(s)	Reference Range	Unit(s)
Uric Acid, Serum			
Uric Acid	4.6	3.5 - 7.2	mg/dL
Method : Uricase, PAP			

Comments:

• Causes of high uric acid in serum:

• Some genetic inborn errors.

• Cancer that has spread from its original location (metastatic), multiple myeloma, leukemias, and cancer chemotherapy.

• Chronic renal disease, acidosis, toxemia of pregnancy, and alcoholism.

• Increased concentrations of uric acid can cause crystals to form in the joints, which can lead to the joint inflammationand pain characteristic of gout. Uric acid can also form crystals or kidney stones that can damage the kidneys.

• Low levels of uric acid in the blood are seen much less commonly than high levels and are seldom considered cause for concern.

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Liver Function Test			
Bilirubin - Total	0.46	0.3 - 1.2	mg/dL
Method : DIAZO			
Bilirubin - Direct	0.17	Adults and Children: < 0.4	mg/dL
Method : DIAZO			
Bilirubin - Indirect	0.29	< 0.8	mg/dL
Method : Calculated			
SGOT	12.4	< 35	U/L
Method : IFCC			
SGPT	18.8	< 45	U/L
Method : IFCC			
Alkaline Phosphatase-ALP	68.0	53 - 128	U/L
Method : AMP			
Total Protein	6.76	6.6 - 8.7	g/dL
Method : Biuret			
Albumin	3.75	3.5- 5.2	g/dL
Method : BCG			
Globulin	3.01	1.8 - 3.6	g/dL
Method : Calculated			
A/G Ratio	1.25	1.2 - 2.2	ratio
Method : Calculated			

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यूनियन बैंक ऑफ इंडिया Union Bank of India

नाम / Name : SRINIVAS DASYAM

कर्मचारी क्र / Employee No. : 532840

Designation : Asst. Manager

जन्म तिथि / Birth Date : 02-08-1980

रक्त ग्रुप / Blood Group : B+ve

हस्ताक्षर / Signature

कार्ड जारी स्थल
Place of Issue : REGIONAL OFFICE
VISAKHAPATNAM

जारी तिथि
Issuing Date : 01-03-2016

जारीकर्ता अधिकारी / Issuing Authority

SAI MAHESH
Cardiac & Maternity Care

Dr. Gajjala Mahesh Reddy
MBBS., MD., DNB Cardiology
Kasturba Medical College (MAHE)
Consultant Interventional Cardiologist
Reg.No. APMC 80533

Dr. D. Krishna Sai Sushma
MS OBG.,DNB OBG.,FMAS.,DMAS.,
Fellowship In ART (Infertility)
Consultant Obstetrician & Gynecologist
Reg.No. APMC 121638

Patient Name: D. Srinivas Age: 43Y/M Date: 17/12/2024

BP :- 111/78 mmHg
Pulse - 75 min
SpO2 :- 95%

Dyslipidemia
DW
WH

DM (-)
HTN (-)
Thy (-)
CAD (-)
CVA (-)
CKD (-)
CLD (-)

DOE (-)
Chest pain (-)
Palp (-)

O/E
CVS - S1 S2 (+)
RS - BAE (+)

Adv

Repeat lipid profile

T Rosuday 20

1 month

T Celebrate maxodo

Diet modification.

Physical 30 mins activity

10-3-206M, Ground Floor, Beside Asalatha Hospital, Reddy & Reddy Colony,
Tirupati - 517 501, Cell: 7794990412

SAI MAHESH
CARDIAC AND MATERNITY CARE
#10-3-206M , BESIDE ASALATHA HOSPITAL,
REDDY & REDDY COLONY
TIRUPATI
PHONE:-7794990412

Patient Data

Last Name	D SRINIVASA
Age	43 y
Exam Date	17/02/2024
Report Date	17/02/2024

Cardiac

M-Mode

Aorta/LA					
Ao Diam	25.6	mm	LA	27.2	mm
LA/Ao	1.06				
Left Ventricle					
IVSd	11.5	mm	LVIDd	36.0	mm
LVPWd	14.5	mm	IVSs	12.6	mm
LVIDs	23.3	mm	LVPWs	12.6	mm
EF	65	%	%LV FS	35	%
LVEDV	54.3	ml	LVESV	18.8	ml
SV	35.5	ml	LV Mass	160	g
Relative Wall Thickness	0.81				
TV					
TAPSE	20.3	mm			

Doppler

Aorta					
AV Vmax	-1.18	m/s	AV max PG	5.6	mmHg
MV E/A					
MV E Vel	0.38	m/s	MV A Vel	0.74	m/s
MV E PG	0.6	mmHg	MV A PG	2.2	mmHg
MV E/A	0.51		MV Dec Time	236	ms
TR					
TR Vmax	-1.82	m/s	TR max PG	13.3	mmHg
RAP	5.0	mmHg	RVSP	18.3	mmHg
Pulmonary A					
PA Vmax	-0.76	m/s	PA max PG	2.3	mmHg
sPAP	18.3	mmHg	Mean Pulmonary Artery Pressure	13.2	mmHg
AVA (VTI)					
AV Vmax	-1.18	m/s			
Pulmonary Capillary Wedge Pressure					
MV E Vel	0.38	m/s			

Observations

Cardiac

LEFT VENTRICLE	CONCENTRIC LVH

ASR HOSPITALS (India) Pvt. Ltd.
D.No. 10-1-565, 4th Cross
Lane Opp. to Veda Seshamma Heart Hospital
Reddy & Reddy Colony, TIRUPATI-517 501.
Ph: 0877-2227774, Cell: 97003 010111

	IVS INTACT
LEFT ATRIUM + IAS	NORMAL
	IAS INTACT
AORTA	NORMAL
MITRAL	TRIVAIL MR
PULMONARY	NORMAL
TRICUSPID	MILD TR

IMPRESSION

NORMAL CHAMBER SIZE AND VALVES
NO RESTING RWMA
CONCENTRIC LVH
GRADE 1 DD
GOOD LV SYSTOLIC FUNCTION (EF - 65 %)
NO RV DYSFUNCTION (TAPSE - 21 MM)
TRIVIAL MR / MILD TR / NO SIGNIFICANT PAH (RVSP - 19 MM HG)
NO CLOT / NO EFFUSION
IVC NON DILATED AND COLLAPSING

Dr. GAJJALA MAHESH RE
MBBS., MD., Gen. Medicine., DNB Cardio.,
APMC - 80533
Interventional Cardiologist
M MAHESH CARDIAC & MATERNITY C
10-3-206M, Ground Floor
Reddy & Reddy Colony
TIRUPATI - 517501. A.P.

ASR HOSPITALS (India) Pvt. Ltd.
D.No. 10-[illegible], 4th Cross
Lane Opp. to Venkateswara Heart Hospital
Reddy & Reddy Colony, TIRUPATI-517 501.
Ph: 0877-2227774, Cell: 97003 010111

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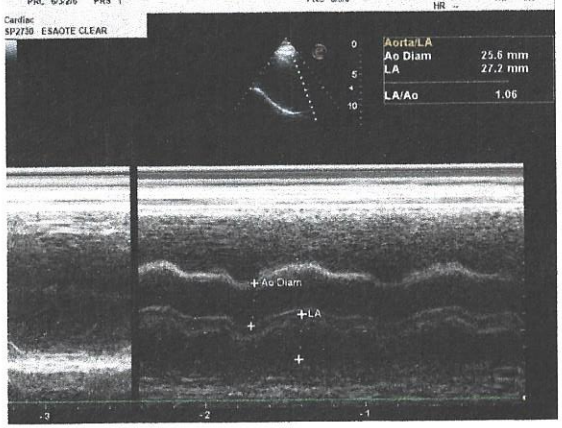
D SRINIVASA



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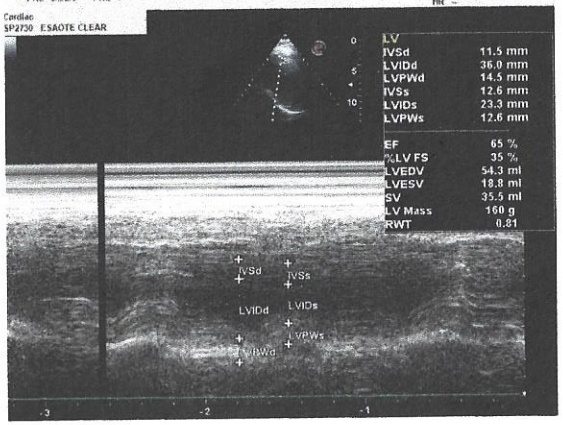

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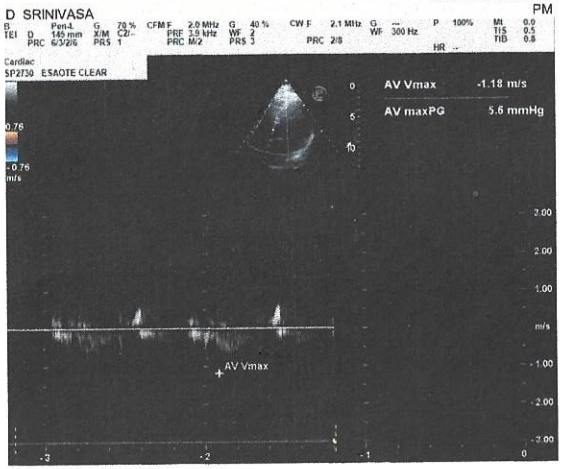

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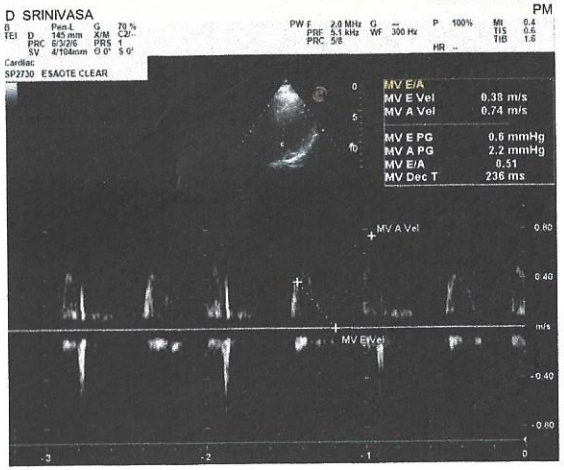

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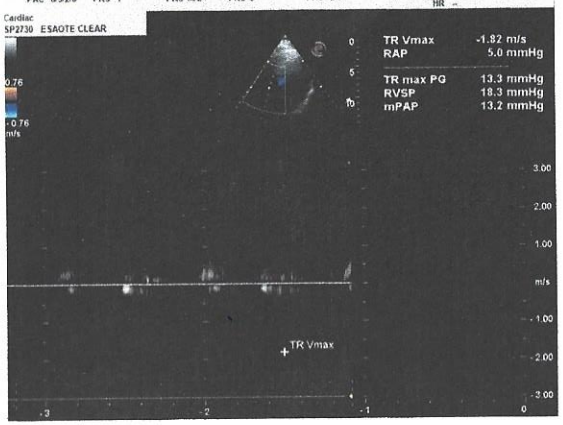

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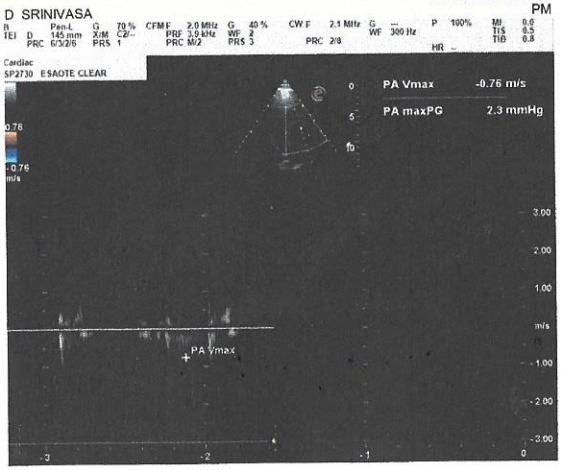
D SRINIVASA



SREE SCANS & DIAGNOSTICS
(A Unit of ASR Hospitals (India) Pvt. Ltd.)

D.No. 10-13-560, 4th Cross
Reddy & Reddy Colony
Tirupati-517501

Name:	D.SRINIVAS	Age:	43 Yrs	SEX:	M
Ref BY:	INSURANCE	Date:	20/01/2024		

CHEST X RAY (PA VIEW)

Findings:

- Trachea is in midline.
- Both the lung fields are clear. No focal lesions.
- The costo-phrenic angles are clear.
- No hilar or mediastinal mass.
- Domes of diaphragm are normal in position and contour.
- The cardiac outlines are normal.
- Visualized bones and soft tissues are normal.

IMPRESSION:

No obvious abnormality noted.

DR. O.SRIDHAR BABU MD,RD.,