

Patient Name : Mr CHANDRASEKHAR KONDUBHOTLA	Bill Date : Mar 10, 2023, 09:02 AM
DOB/Age/Gender : 60 Y/Male	Sample Collected : Mar 10, 2023, 07:00 AM
Patient ID / UHID : 3490147/RCL2808173	Sample Received : Mar 10, 2023, 04:12 PM
Referred By : Dr.	Report Date : Mar 10, 2023, 07:04 PM
Sample Type : Whole blood EDTA	Barcode No : HT189428
Client : Medpiper - PPMC PUNE	Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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## HEMATOLOGY REPORT

MPAGI\_PP\_002

### Complete Blood Count (CBC)

#### RBC PARAMETERS

Hemoglobin	15.8	g/dL	13.0 - 17.0
Method : colorimetric			
RBC Count	4.9	10 <sup>6</sup> /μl	4.5 - 5.5
Method : Electrical impedance			
PCV	47.4	%	40 - 50
Method : Calculated			
MCV	97.1	fL	83 - 101
Method : Calculated			
MCH	32.3	pg	27 - 32
Method : Calculated			
MCHC	33.3	g/dL	31.5 - 34.5
Method : Calculated			
RDW (CV)	13.2	%	11.6 - 14.0
Method : Calculated			
RDW-SD	52.1	fL	35.1 - 43.9
Method : Calculated			

#### WBC PARAMETERS

TLC	6	10 <sup>3</sup> /μl	4 - 10
Method : Electrical impedance and microscopy			

#### DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	58	%	40-80
Lymphocytes	30	%	20-40
Monocytes	6	%	2-10
Eosinophils	6	%	1-6
Basophils	0	%	<2

#### Absolute leukocyte counts

Method : Calculated

Neutrophils*	3.48	10 <sup>3</sup> /μl	2 - 7
Lymphocytes*	1.8	10 <sup>3</sup> /μl	1 - 3
Monocytes*	0.36	10 <sup>3</sup> /μl	0.2 - 1.0
Eosinophils*	0.36	10 <sup>3</sup> /μl	0.02 - 0.5
Basophils*	0	10 <sup>3</sup> /μl	0.02 - 0.5

#### PLATELET PARAMETERS

Platelet Count	270	10 <sup>3</sup> /μl	150 - 410
Method : Electrical impedance and microscopy			
Mean Platelet Volume (MPV)	8.9	fL	9.3 - 12.1



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Test Description	Value(s)	Unit(s)	Reference Range
Method : Calculated			
PCT	0.2	%	0.17 - 0.32
Method : Calculated			
PDW	13.2	fL	8.3 - 25.0
Method : Calculated			
P-LCR	22.9	%	18 - 50
Method : Calculated			
P-LCC	62	%	44 - 140
Method : Calculated			
Mentzer Index	19.82	%	
Method : Calculated			
R.B.C. MORPHOLOGY	RBCs ARE MAINLY	-	-
Method : Microscopy	NORMOCYTIC		
	NORMOCHROMIC. NO		
	NUCLEATED RBCS		
	SEEN.		
W.B.C. MORPHOLOGY	WBCs ARE NORMAL IN	-	-
Method : Microscopy	NUMBER AND		
	DISTRIBUTION. NO		
	TOXIC GRANULES/		
	IMMATURE CELLS		
	SEEN.		
PLATELET MORPHOLOGY	PLATELETS ARE	-	-
Method : Microscopy	ADEQUATE IN NUMBER		
	ON SMEAR		

### Interpretation:

CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.




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Referred By : Dr. Report Date : Mar 10, 2023, 07:31 PM  
Sample Type : Whole blood EDTA Barcode No : HT189428  
Client : Medpiper - PPMC PUNE Report Status : Final Report

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## HEMATOLOGY REPORT

MPAGI\_PP\_002

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate 6 mm/hr 0 - 12  
Method : MODIFIED WESTERGREN

**Interpretation:**

Indicates presence and intensity of an inflammatory process; never diagnostic of a specific disease. ESR is increased in chronic inflammatory diseases, especially collagen and vascular diseases. Decreased ESR is seen in congestive heart failure, cachexia and after high dose of adrenal steroids.

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Referred By : Dr.  
Sample Type : Whole blood EDTA  
Client : Medpiper - PPMC PUNE

Bill Date : Mar 10, 2023, 09:02 AM  
Sample Collected : Mar 10, 2023, 07:00 AM  
Sample Received : Mar 10, 2023, 04:12 PM  
Report Date : Mar 10, 2023, 07:52 PM  
Barcode No : HT189428  
Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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## HEMATOLOGY REPORT

MPAGI\_PP\_002

HbA1C

GLYCOSYLATED HEMOGLOBIN (HbA1c) Method : HPLC	5.8	%	< 5.7
ESTIMATED AVERAGE GLUCOSE	120		

## Interpretation:

Interpretation For HbA1c% As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Age < 19 years Goal of therapy: <7.5

## Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled. 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

## 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 ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)	HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126	12	298
8	183	14	355
10	240	16	413

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Patient ID / UHID	: 3490147/RCL2808173	Sample Received	: Mar 10, 2023, 04:12 PM
Referred By	: Dr.	Report Date	: Mar 10, 2023, 07:01 PM
Sample Type	: FLUORIDE F	Barcode No	: BH482516
Client	: Medpiper - PPMC PUNE	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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## BIOCHEMISTRY REPORT

MPAGI\_PP\_002

### Glucose Fasting (BSF)

GLUCOSE FASTING	104	mg/dL	70 - 100
Method : Hexokinase			



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Referred By : Dr. Report Date : Mar 10, 2023, 07:05 PM  
Sample Type : Serum Barcode No : BH482515  
Client : Medpiper - PPMC PUNE Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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## BIOCHEMISTRY REPORT

## MPAGI\_PP\_002

Blood Urea Nitrogen (Bun)

BLOOD UREA Method : Urease	24	mg/dL	18 - 55
BUN Method : Urease	11.21	mg/dL	8.4 - 25.7

## BIOCHEMISTRY REPORT

## MPAGI\_PP\_002

Creatinine

CREATININE Method : Photometric	1.03	mg/dL	0.72 - 1.25
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**Interpretation:**

Creatinine estimation is done to assess kidney function. It is not dependent on dietary factors. Normal values are obtained in kidney diseases, except in advanced renal failure and therefore its estimation is more valuable if coupled with clearance.

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Sample Type : Serum  
Client : Medpiper - PPMC PUNE

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## BIOCHEMISTRY REPORT

## MPAGI\_PP\_002

## Liver Function Test (LFT)

BILIRUBIN TOTAL Method : Photometric	0.3	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT Method : Diazo Reaction	0.1	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT Method : Calculation (T Bil - D Bil)	0.2	mg/dL	0.1 - 1.0
SGOT/AST Method : IFCC without P5P	13	U/L	5 - 34
SGPT/ALT Method : IFCC without P5P	29	U/L	0 to 55
SGOT/SGPT Ratio	0.45	-	-
ALKALINE PHOSPHATASE Method : IFCC	104	U/L	40 - 150
TOTAL PROTEIN Method : Biuret	7.7	g/dL	6.4 - 8.3
ALBUMIN Method : BCG	4.5	gm/dL	3.8 - 5.0
GLOBULIN Method : Calculation (T.P - Albumin)	3.2	g/dL	2.3 - 3.5
ALBUMIN : GLOBULIN RATIO Method : Calculation (Albumin/Globulin)	1.41	-	1.0 - 2.1
GAMMA GLUTAMYL TRANSFERASE (GGT) Method : Photometric	18	U/L	12 - 64

## Interpretation:

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests. Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST), SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-glutamyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may indicate: 1.bleeding 2.liver disorder 3.malnutrition 4.agammaglobulinemia High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins Low albumin levels may be caused by: 1.A poor diet (malnutrition). 2.Kidney disease. 3.Liver disease. High albumin levels may be caused by: Severe dehydration.

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Sample Type	: Serum	Barcode No	: BH482515
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## BIOCHEMISTRY REPORT

MPAGI\_PP\_002

### Cholesterol, Serum

TOTAL CHOLESTEROL	172	mg/dL	Desirable : <200
Method : Enzymatic - Cholesterol Oxidase			Borderline : 200-239
			High : >240

#### Interpretation:

Increasing concentrations of Total cholesterol and LDL cholesterol are both correlated with increasing risk of cardiovascular disease. The levels are used to monitor response to cholesterol lowering therapy.

## BIOCHEMISTRY REPORT

MPAGI\_PP\_002

### Triglycerides

TRIGLYCERIDES	194	mg/dL	Normal : <150
Method : Colorimetric - Lip/Glycerol Kinase			Borderline : 150-199
			High : 200-499
			Very high : >500

#### Interpretation:

Triglyceride levels are increased in primary hyperlipidemia, pancreatitis, acute illnesses. Decreased triglyceride levels are seen in malnutrition, dietary change, recent weight loss, vigorous exercise.



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Sample Type	: Serum	Barcode No	: BH482515
Client	: Medpiper - PPMC PUNE	Report Status	: Final Report

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## BIOCHEMISTRY REPORT

MPAGI\_PP\_002

### C-Reactive Protein (CRP), Quantitative

CRP (Quantitative)	< 10.0	mg/L	<10
Method : Immunoturbidimetry			

#### Interpretation:

The level of CRP in the blood is normally low.

#### Increased CRP level:

1. A high or increasing amount of CRP in the blood suggests the presence of inflammation but will not identify its location or the cause.
  2. Suspected bacterial infection—a high CRP level can provide indication that patient has an infection.
  3. Chronic inflammatory disease—high levels of CRP suggest a flare-up if you have a chronic inflammatory disease or that treatment has not been effective.
- If the CRP level is initially elevated and drops, it means that the inflammation or infection is subsiding and/or responding to treatment.



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## BIOCHEMISTRY REPORT

MPAGI\_PP\_002

### LDL Cholesterol Direct

LDL CHOLESTEROL DIRECT  
Method : Direct

121

mg/dL

Optimal <100  
Near optimal/above optimal  
100-129 Borderline high  
130-159  
High 160-189  
Very high >190

## BIOCHEMISTRY REPORT

MPAGI\_PP\_002

### HDL Cholesterol Direct

HDL CHOLESTEROL  
Method : Accelerator Selective Detergent

32

mg/dL

>40



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Patient ID / UHID	: 3490147/RCL2808173	Sample Received	: Mar 10, 2023, 04:12 PM
Referred By	: Dr.	Report Date	: Mar 10, 2023, 06:26 PM
Sample Type	: Spot Urine	Barcode No	: CI006842
Client	: Medpiper - PPMC PUNE	Report Status	: Final Report

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## CLINICAL PATHOLOGY REPORT

MPAGI\_PP\_002

### Urine Routine and Microscopic Examination

#### PHYSICAL EXAMINATION

Volume	20	ml	
Colour	Pale yellow		Pale yellow
Transparency	Clear		Clear
Deposit	Absent		Absent

#### CHEMICAL EXAMINATION

Reaction (pH)	6		4.5 - 8.0
Method : Double Indicator			
Specific Gravity	1.020		1.010 - 1.030
Method : Ion Exchange			
Urine Glucose (sugar)	Negative		Negative
Method : Oxidase / Peroxidase			
Urine Protein (Albumin)	Negative		Negative
Method : Acid / Base Colour Exchange			
Urine Ketones (Acetone)	Negative		Negative
Method : Legal's Test			
Blood	Negative		Negative
Method : Peroxidase Hemoglobin			
Leucocyte esterase	Negative	-	Negative
Method : Enzymatic Reaction			
Bilirubin Urine	Negative		Negative
Method : Coupling Reaction			
Nitrite	Negative	-	Negative
Method : Griess Test			
Urobilinogen	Normal	-	Normal
Method : Ehrlich's Test			

#### MICROSCOPIC EXAMINATION

Pus Cells (WBCs)	1-2	/hpf	0 - 5
Epithelial Cells	1-2	/hpf	0 - 4
Red blood Cells	Absent	/hpf	Absent
Crystals	Absent	-	Absent
Cast	Absent	-	Absent
Yeast Cells	Absent	-	Absent
Amorphous deposits	Absent	-	Absent
Bacteria	Absent	-	Absent
Protozoa	Absent		Absent



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# CONDITIONS OF REPORTING

1. It is Presumed that specimen belongs to patient named or identified, such verification being carried out at the point of generation of said specimen

2. A test might not be performed due to following reason:

- Specimen Quantity not sufficient (Inadequate collection/spillage during transit)
- Specimen Quality not acceptable (Hemolysis/clotted/lipemic.)
- Incorrect sample type
- Test cancelled either on request of patient or doctor

In any of the above case a fresh specimen will be required for testing and reporting

3. The results of the tests may vary from lab to lab ; time to time for the same patient

4. The reported results are dependent on individual assay methods, equipment, method sensitivity, specificity and quality of the specimen received

5. Partial representation of report is not allowed

6. The reported tests are for the notification of the referring doctor, only to assist him/her in the diagnosis and management of the patient

7. If Sample collection date is not stated on test requisition form, the current date will be printed by default as the date of collection.

8. Report with status "Preliminary" means one or more test are yet to be reported

9. This report is not valid for Medico Legal Purpose

10. Applicable Jurisdiction will be of "Delhi" for any dispute/claim concerning the test(s) & results of the test (s)

### Personal Information

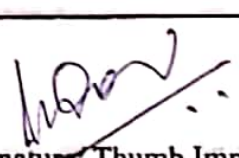
Full Name of the Applicant:	CHANDRASEKHAR KONDUBATHA
Application No.	
Telephone/Mobile no.	9890670136
Gender:	MALE
Date of Birth:	13-02-1963
Height (cm):	172 cm
Weight (kg):	65.6 kg
Blood Pressure Reading in mm Hg ( Systolic / Diastolic)	142/95, 143/91, 146/93
Qualification:	GRADUATION
Occupation:	RETIRED

### Medical History

Sr No.	Question	Yes/No	If Yes Please Provide Details
1	Are you currently in Good Health?	YES	
2	Do you have any health complaints, either present or past?	NO	
3	Are you currently under treatment or have you been taking any medicines / pills / drugs etc.?	NO	
4	Have you undergone any investigations like blood test / urine test / X ray / ECG OR any special test like CTMT / MRI scans etc.?	NO	
5	Have you ever been hospitalized or remained absent from work for any illness, sickness, disease, injury, accident or disorder for more than 7 days?	NO	
6	Has there been any weight loss or weight gain of 10 Kg or more in past 6 months?	NO	
7	Have you ever in the past or are currently consuming any of the following - Cigarette / Beedi / Pan /Gutkha	NO	
8	Have you ever in the past or are currently consuming any of the following - Alcohol?	YES	2-3 times in a year stopped since corona pandemic
9	Have either of your natural parents or any siblings or spouse suffered from or are	NO	



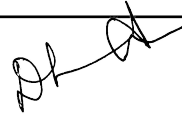
	suffering from any medical condition like Cancer, Heart related Problems, Diabetes, Blood Pressure, Hepatitis, HIV /AIDS etc.?	NO	
10	Have you ever had any complaints of chest pain, fainting, palpitation, breathlessness. Was it diagnosed to relate with any heart disease or heart attack?	NO	
11	Have you ever suffered from any heart disease or disorder, heart valve problem, raised blood pressure or cholesterol problems ?	NO	
12	Have you ever suffered from asthma, bronchitis, tuberculosis (TB) or coughing with blood or any other lung infection or any problem leading to breathing difficulties ?	NO	
13	Have you ever had any disease or disorder of the digestive system including infections of the stomach, stomach ulcer, gall stones, Jaundice, Hepatitis or any other digestive problem ?	NO	
14	Have you ever suffered from any illness because of stress, depression, anxiety or neurological symptoms like fits, blackouts, convulsions, epilepsy ?	NO	
15	Do you have any history of any problems related to kidney, ureter, bladder, prostate or reproductive organs or have had blood, protein or sugar in the urine ?	NO	
16	Do you have any problems affecting your vision, hearing or any other eye, ear, nose or throat problems ?	YES	I wear Spectacles
17	Have you ever had any problem with your joints or muscle, Including pain, weakness, swelling or stiffness or any physical disability ?	NO	
18	Have you ever suffered from Diabetes or blood sugar problem ?	NO	
19	Have you ever suffered from Thyroid problem ?	NO	
20	Have you ever had or been told to have or been treated for any cancer, tumour, cyst, or growth of any kind ?	NO	
21	Have you ever had blood disorder or received any blood transfusion ?	NO	
22	Have you ever been tested for HIV / VDRL or any other sexually transmitted disease ? If yes, please give full details regarding the result	NO	
23	Have you ever had suffered from any cerebro- vascular disease like stroke and transient ischaemic attack (TIA), or any	NO	

	diseases of the nervous system like Parkinsons and Multiple Sclerosis or musculo -skeletal disorder such as paralysis / paraplegia etc ?	NO	
24	Has any proposal for insurance on your life ever been declined, postponed, withdrawn or accepted at an increased premium, special terms or with reduced cover ?	NO	
25	Are you married ?	YES	ARUNA.K - WIFE
26	Do you have any children ?	YES	SASIBABU.K - SON
27	Are you currently pregnant ?	NO	
28	Do you have any history of miscarriage or abortion ?	NO	
29	Have you ever visited a medical practitioner for any problems of breast / uterus / cervix etc. If yes, please give details of the same	NO	
30	Have you undergone any of these tests like mammogram, ultrasound, pap smear etc.? If yes, please give full details regarding the result and the reason for the same	NO	
31	Is there anything else you would like to share with us with respect to your health or habits?	NO	
32	Dr Final Remark if any		
 Signature/ Thumb Impression of Examinee  Date: 10-03-2023  Place: PUNE		Signature of Medical Examiner DR. TARUN JHAMB MBBS MD RED. NO.- HN4383	



# ECG Interpretation & sign

Patient Name:	Chandrasekhar Kondubhotla
ECG Remarks:	to correlate with history and to get opinion

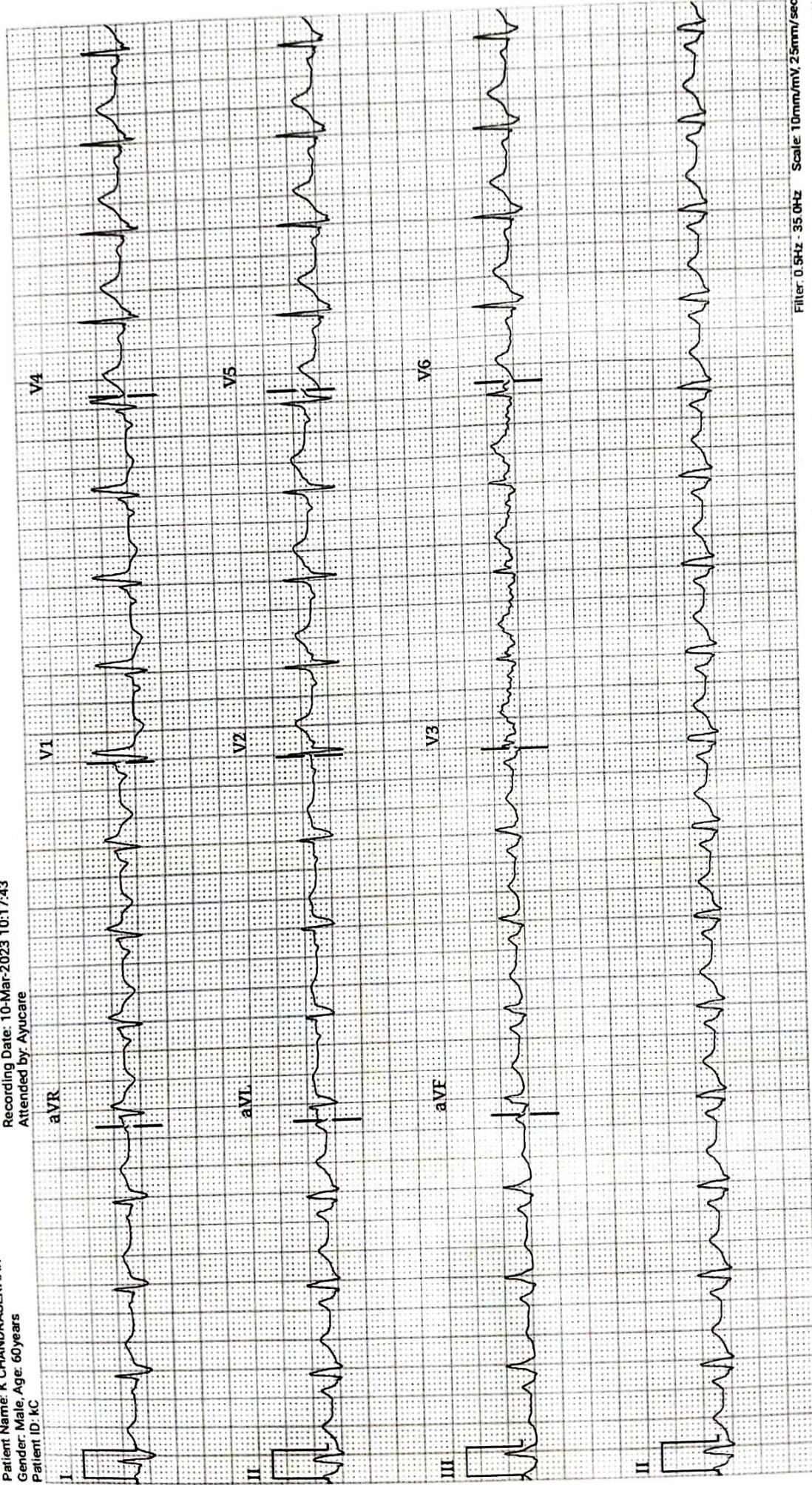


**Dr. DHARINI.R.V, MBBS.,**  
**REG. No: 127655**



Patient Name: K CHANDRASEKHAR  
Gender: Male, Age: 60 years  
Patient ID: KC

Recording Date: 10-Mar-2023 10:17:43  
Attended by: Ayucare



Filter 0.5Hz - 35 Hz Scale 10mm/mV 2.5mm/sec

*Dr. Vinod Midha*

**Dr. VINOD MIDHA**  
MBBS, AFH, FCCP, DM, DHM  
PGDC-Rheumatology, Diabetes & Paediatrics  
MMC Reg. No. 2012/01/0066

**SIGNATURE**

Product by Kallows Engineering India



<b>Patient name</b>	Mr. CHANDRASHEKHAR K	<b>Age/Sex</b>	60 Years / Male
<b>Patient ID</b>	C3869	<b>Visit no</b>	1
<b>Referred by</b>	Dr. HEALTHLEADGER	<b>Visit date</b>	10/03/2023

### Abdomen and KUB Scan Report

Real time B-mode Ultrasonography of Abdomen and KUB done

#### Abdomen

Liver measures 13.5 cm, appears normal in size, shape and echotexture. Simple cyst of size 1.8 x 1.1 cm noted in left lobe of liver.

Gall Bladder not imaged

Commonduct appeared normal. No calculi seen in the commonduct.

Pancreas appeared normal

Spleen appeared normal

#### KUB

Right kidney measured 9.5 X 4.0 cms.

Right kidney appears normal in size, shape and echotexture. No evidence of hydronephrosis or hydroureter noted. Cortico-medullary differentiation is well maintained.

Left kidney measured 10.7 X 4.8 cms.

Left kidney appears normal in size, shape and echotexture. No evidence of hydronephrosis or hydroureter noted. Cortico-medullary differentiation is well maintained.

Bladder appeared normal

Prostate appeared normal. No intra vesical enlargement of prostate gland seen.

#### Impression

Normal appearing Liver, Common Duct, Pancreas, Spleen, Both Kidneys, Bladder, Prostate

#### Simple liver cyst.

Suggested clinical corelation.

**Dr. MRIDUL AYUSH**  
AYUCARE DIAGNOSTIC CENTRE  
MBBS, MD RADIOLOGY  
Reg. No.: 2012/03/0631  
DR. MRIDUL AYUSH  
MD RADIOLOGY

Patient name	Mr. CHANDRASHEKHAR K	Age/Sex	60 Years / Male
Patient ID	C3869	Visit no	1
Referred by	Dr. HEALTHLEADGER	Visit date	10/03/2023

