Patient Id	:	D - 28202
Patient Name	:	Mr. P SRINIVASA RAO
Age	:	54 years
Gender	:	Male
Ref. By	:	SELF
Bill No.	:	28779
Registration Date and Time	:	Apr 23, 2024, 08:16 a.m.
Collection Date and Time	:	Apr 23, 2024, 08:16 a.m.
Report Date and Time	:	Apr 23, 2024, 12:04 p.m.

000511424

APPLE DIAGNOSTICS CENTRE

Ultrasound ABDOMEN

Findings:

Liver : Normal in size, shape and increased echotexture. No evidence of any focal solid or cystic lesions. No evidence of any intrahepatic biliary dilatation.

Gall Bladder is partially distended. Wall thickness is normal. No evidence of any peri-gall bladder collections. No evidence of calculi or sludge. CBD and PV are normal.
Pancreas: Visualised part of head and body appears normal
Spleen : Normal in size, shape and echotexture. No evidence of focal lesion or calcification.

Right kidney : Normal in size. Cortical echotexture is normal and corticomedullary differentiation is normal. No evidence of any pelvicalyceal dilatation. No calculi seen. **Small simple renal cortical cyst noted in mid pole.**

Left kidney : Normal in size. Cortical echotexture is normal and corticomedullary differentiation is normal. No evidence of any pelvicalyceal dilatation. **3 mm calculus noted in lower pole.**

Urinary bladder is well distended. No calculi seen.
Prostate is normal in size. Measures 19cc in volume. No evidence of focal lesions.
0.9cm anterior abdominal wall defect noted in umbilical region with herniation of bowel loops.
No evidence of any free fluid in peritoneal cavity and pelvis.

Impression:

- **Grade I fatty changes in liver.**
- **Left renal calculus.**
- **0.9cm anterior abdominal wall defect noted in umbilical region with herniation of bowel loops - S/o Umbilical hernia.**

Needs clinical correlation.

----End of The Report----

Dr.USHA KUMARI.T
MBBS,DMRD
Consultant Radiologist
Regd No 55502

Near Rama's Day and Night Medical Complex, Opp. Forest Offi
Srikakulam, Andhra Pradesh - 532 001.
Ph : 08942-221899, Emergency : 9511132223
Email : applehrd@yahoo.com

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APPLE DIAGNOSTICS CENTRE

0005114424

Test Description	Value(s)	Unit(s)	Reference Range
Complete Blood Count- (CBC)			
Haemoglobin	11.8	gm/dl	14 - 18
Total WBC Count	9,700	/cmm	4000 - 11000
DIFFERENTIAL COUNT			
Neutrophil	63.4	%	40.0 - 75.0
Lymphocytes	24.1	%	20.0 - 50.0
Eosinophil	4.1	%	0.4 - 8.0
Monocytes	7.4	%	3.0 - 10.0
Basophils	1.0	%	0.0 - 1.0
RBC Indices			
Haematocrit (HCT)	33.0	%	35.0 - 50.0
RBC Count	4.60	mil./cmm	4.30 - 5.80
MCV	71.6	fL	82.0 - 100.0
MCH	25.6	pg	27.0 - 34.0
MCHC	35.7	gm/dl	31.6 - 35.4
RDW-CV	13.2	%	11.0 - 16.0
RDW-SD	38.7	fL	35.0 - 56.0
Platelet Indices			
Platelet Count	3,68,000	/cmm.	150000 - 450000
MPV	7.6	fL	6.5 - 12.0
PDW-CV	14.7	fL	10.0 - 17.9
PCT	0.279	%	0.108 - 0.282

Peripheral Blood Smear

Done on Mindray BC- 20S Automated hematology analyser

HAEMATOLOGY

ESR

ESR (Erythrocyte Sedimentation Rate) (Whole Blood)	40	mm/hr	< 15

Interpretation:

High ESR is not diagnostics of any disease but just indicative of some inflammatory process. ESR is to be used to monitor outcome of therapy. Microcytic anemia can increase ESR. High ESR can also be seen in apparently healthy adults.

FBS (Fasting Blood Sugar)

Near Rama's Day and Night Medical Complex, Opp. Forest Office,
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APPLE DIAGNOSTICS CENTRE

000511424

Test Description	Value(s)	Unit(s)	Reference Range
CHOL/HDL Ratio	3.99		Desirable/Low Risk : 3.3 - 4.4 Borderline/Middle Risk : 4.5 - 7.1 Elevated/High Risk : 7.2 - 11.0
Cholesterol LDL/HDL Ratio	2.18		Desirable/Low Risk : 0.5 - 3.0 Borderline/Middle Risk : 3.1 - 6.0 Elevated/High Risk : >6.1

Interpretation

1. Measurements in the same patient can show physiological& analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.
2. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status.Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
3. NCEP identifies elevated Triglycerides as an independent risk factor for Coronary Heart Disease (CHD).
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. ATP III guidelines uses LDL Cholesterol as the primary target for cholesterol lowering therapy.

Note that major risk factors can modify LDL goals.

LIVER FUNCTION TEST - LFT

Bilirubin Total	1.1	mg/dL	0.2 - 1.2
Bilirubin Direct	0.2	mg/dL	0.0 - 0.3
Bilirubin Indirect	**0.90**	mg/dL	0.2 - 0.8
SGOT (AST)	13.96	U/L	0 - 45
SGPT (ALT)	22.69	U/L	16 - 63
Alkaline Phosphatase	**118.62**	U/L	46 - 116
Protein Total	7.80	g/dL	6.0 - 8.3
Albumin	3.96	g/dL	3.2 - 5.0
Globulin	**3.84**	g/dL	2.5 - 3.3
A/G Ratio	1.03		1.0 - 2.1

THYROID FUNCTION TEST (TFT)

TOTAL TRIIODOTHYRONINE (T3)	96.05	ng/dl	60 - 200
Method : PMP - CLIA			
TOTAL THYROXINE (T4)	11.43	µg/dL	4.5 - 12
Method : PMP - CLIA			
THYROID STIMULATING HORMONE (TSH)	2.63	µIU/mL	0.3 - 5.5

Reference range for < 18 years

TEST	1 - 3 D	4 - 30 D	31 - 60 D	61 D - 12 M	1 - 5 Y	6 - 10 Y	11 - 14 Y	15 - 18 Y
TSH	0.1-9.2	0.2-8.5	0.2-7.8	0.30-5.9	0.4-4.8	0.5-4.7	0.5-4.6	0.6-4.5
T3	41.7-272.1	48.2-272.1	54.7-272.1	76.8-272.1	89.2-246.7	87.2-218.1	86.6-199.8	85.3-188.8

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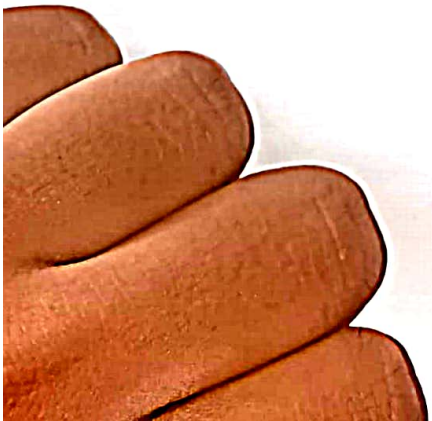
APPLE DIAGNOSTIC CENTRE

000511424

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

----End of The Report----



Near Rama's Day and Night Medical Complex, Opp. Fo
Srikakulam, Andhra Pradesh - 532 001.
Ph : 08942-221899, Emergency : 9511132223
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APPLE DIAGNOSTICS CENTRE

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

Please correlate with clinical conditions.

Limitations:

- The evaluation of macrocytic anemia requires measurement of both vitamin B12 and Folate levels: ideally they should be measured simultaneously.
- Specimen collection soon after blood transfusion can falsely increase Vit B12 levels.
- Patient taking Vit B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of Vit B12. The most sensitive test at the cellular level is the assay for MMA.
- If Clinical symptoms suggest deficiency, measurement of MMA and Homocysteine should be considered, even if serum B12 concentrations are normal.

CUE :

	Physical Examination	
Leucocyte	Negative	-
Colour	Pale Yellow	
Appearance	Clear	Clear
Specific Gravity	1.015	1.005-1.025
pH	6.0	5.0 - 8.0
Blood	Negative	AbsentPositive/Negative
	Chemical Examination	
Protein	Trace	NiL
Sugar	2+	NiL
Ketones	Negative	Absent
Bile Salt	Negative	Absent
Bile Pigment	Negative	Absent
Urobilinogen	Normal	Normal
	Microscopic Examination (/hpf)	
Pus Cell	5-6	Upto 5
Epithelial Cells	3-4	Upto 5
Red Blood Cells	Nil	Absent
Casts	Nil	Absent
Crystals	Nil	Absent
Amorphous Deposit	Nil	Absent
Yeast Cells	Nil	Absent
Bacteria	-	Absent

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APPLE DIAGNOSTICS CENTRE

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Test Description	Value(s)	Unit(s)	Reference Range				
T4	4.9-15.8	5-15.3	5.2-14.8	5.7-13.3	5.7-11.7	5.4-10.7	5.2-10	5.1-9.6

Method : PMP - CLIA

Interpretation

Assay results should be interpreted in context to the clinical condition and associated results of other investigations.

Previous treatment with corticosteroid therapy may result in lower TSH levels while Thyroid hormone levels are normal.

Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test.

Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disposal of Thyroid hormone are altered throughout the stages of pregnancy. Hyperthyroidism (overactive thyroid) : Hyperthyroidism (overactive Thyroid) occurs when your thyroid gland produces too much of the hormone Thyroxine. Hyperthyroidism can accelerate your body's metabolism, causing unintentional weight loss and a rapid or irregular heartbeat. Hypothyroidism (underactive thyroid) : Hypothyroidism (underactive thyroid) is a condition in which your Thyroid gland doesn't produce enough of certain crucial hormones. Hypothyroidism may not cause noticeable symptoms in the early stages. Over time, untreated Hypothyroidism can cause a number of health problems, such as obesity, joint pain, infertility and heart disease

Comments : IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

Please correlate with clinical conditions.

Vitamin D

Vitamin D (Method/Sample : Chemiluminiscence Serum)	15.76	ng/ml	Deficiency <20 ng/ml Insufficiency 20–30 ng/mL Sufficiency >30 ng/ml

Remark :

Vitamin D is essential for the formation and maintenance of strong, healthy bones.

Interpretation:

Vitamin D deficiency can result from inadequate exposure to the sun, inadequate alimentary intake, decreased absorption, abnormal metabolism, or vitamin D resistance. Recently, many chronic diseases such as cancer, high blood pressure, osteoporosis, and several autoimmune diseases have been linked to vitamin D deficiency. Vitamin D toxicity is known but very rare.

Vitamine B12

VITAMIN B-12 **(Method/Sample : Method :- Fully Automated Bidirectionally Interfaced ChemiLuminescent Immuno Assay/Serum)**	**156.58**	pg/mL	180-916

Clinical significance :

- Vitamin B 12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination and affective behavioral changes.
- Many patients have the neurologic defects without macrocytic anemia. Serum methylmalonic acid (MMA) and homocysteine levels are also elevated in Vit B 12 deficiency states.
- Vitamin B12 or cyanocobalamin, is a complex corrinoid compound found exclusively from animal dietary sources, such as meat, eggs and milk.
- It is critical in normal DNA synthesis, which in turn affects erythrocyte maturation and in the formation of myelin sheath. Vitamin-B12 is used to find out neurological abnormalities and impaired DNA synthesis associated with macrocytic anemias.
- For diagnostic purpose, results should always be assessed in conjunction with the patients medical history, clinical examination and other findings.

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000511424

APPLE DIAGNOSTICS CENTRE

2D ECHO

MITRAL VALVE	: Normal		
AORTIC VALVE	: Normal		
PULMONARY VALVE	: Normal		
TICUSPID VALVE	: Normal		
LEFT ATRIUM	: 3.4cm.		
LEFT VENTRICLE	: EDD : 4.4 cms ESD : 2.7 cms	EF : 66%	IVS(D) : 1.1 cm PW(D) : 1.1 cm
RIGHT ATRIUM	: Normal		
RIGHT VENTRICLE	: Normal		
AORTA	: 2.8cm		
PULMONARY ARTERY	: Normal		
IAS	: Intact		
IVS	: Intact		
SVC/IVC	: Normal		
PERICARDIUM	: Normal		
DOPPLER STUDY	: PJV : 0.90 m/sec MVF : E > A		AJV : 1.40 m/sec RVSP : 35 mm/Hg

CONCLUSION : Mild concentric LVH.
No RWMA.
Normal LV systolic function.
No PE/ Clot/ Veg.

----End of The Report----

Dr.B.Annaji Rao
MD.DNB(Cardiology)
Reg No: 47761

Near Rama's Day and Night Medical Complex, Opp. Forest Office,
Srikakulam, Andhra Pradesh - 532 001.
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APPLE DIAGNOSTICS CENTRE

000511424

Test Description	Value(s)	Unit(s)	Reference Range
	138		70 - 110

Post Prandial Blood Sugar (PPBS)

	184		80 - 160

CLINICAL BIOCHEMISTRY

Serum Creatinine

Creatinine Serum	0.9	mg/dl	0.5 - 1.4

Method

Jaffe Kinetic

Interpreatation

Creatinine is the catabolic product of Creatinine Phosphate which is used by the skeletal muscle.

The daily production depends on muscular mass and it is excreted out of the body entirely by the Kidneys.

Elevated levels are found in renal dysfunction, reduced renal blood flow (shock, dehydration, congestive Heart failure), Diabetes, Acromegaly.

Decreased levels are found in Muscular Dystrophy.

Blood Urea

Result	24.72	mg/dl	12.6 - 45 mg/dl

Method

Urease (Colour/UV)

Interpreatation:

Urea is the end product of the Protein metabolism. It is systhesised in Liver from the Ammonia produced by the catabolism of amino acids.

It is transported by the Blood to the Kidneys from where it is excreted.

Increased levels are found in renal diseases, urinary obstructions, shock, congestive Heart failure and burns.

Decreased levels are found in Liver failure and pregnancy.

Uric Acid

Uric Acid	5.46	mg/dl	3.6 - 7.2

Method

Uricasa/Peroxidasa

Interpretation

Uric acid is the end product of purine metabolism. Uric acid is excreted to a large degree by the Kidneys and to a smaller degree in the intestinal tract by microbial degradation. Increased levels are found in Gout, Arthiritis, impaired renal functions and starvation. Decreased levels are found in Wilson's Disease, Fanconis Syndrome and Yellow Atrophy of the Liver.

HbA1c

HbA1c	**9.19**	%	Below 6.0% - Normal Value 6.0% - 7.0% - Good Control 7.0% - 8.0% - Fair Control 8.0% - 10% - Unsatisfactory Control Above 10% - Poor Control

Technology :

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APPLE DIAGNOSTICS CENTRE

00051144

Test Description	Value(s)	Unit(s)	Reference Range
H.P.L.C **Method :** Fully Automated H.P.L.C. using Biorad Variant II Turbo			
AVERAGE BLOOD GLUCOSE (ABG)	217.05	mg/dl	90 - 120 mg/dl : Excellent Control 121 - 150 mg/dl : Good Control 151 - 180 mg/dl : Average Control 181 - 210 mg/dl : Action Suggested > 211 mg/dl : Panic Value (Note: Average Blood Glucose value is calculated from HBA1c value and it indicates Average Blood Sugar level over past three months.)
Technology CALCULATED **Method :** Derived from HBA1c values			
Please correlate with clinical conditions.			
Lipid Profile			
Total Cholesterol	195.17	mg/dl	Desirable : < 200 Borderline High : 201 - 240 High : > 240
Triglycerides	198.46	mg/dl	Normal : < 150 Borderline High : 151 - 199 High : ? 200
HDL Cholesterol	48.92	mg/dl	< 35 Low ? 60 High
Non HDL Cholesterol	146.25	mg/dl	Desirable : < 130 Boderline high : 130 - 159 High : ? 160
LDL Cholesterol	106.56	mg/dl	Optimal : <100 Near / Above Optimal : 101 - 129 Borderline High : 130 - 159 High : ? 160
VLDL Cholesterol	39.69	mg/dl	Below 30

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