

855519  
Born: 13-Mar-70 44 Years

FREDRICK ANTONY  
Male

174 cm 129 kg BP:140/90 LCHC CISCO- INTL SOS, BANGALORE

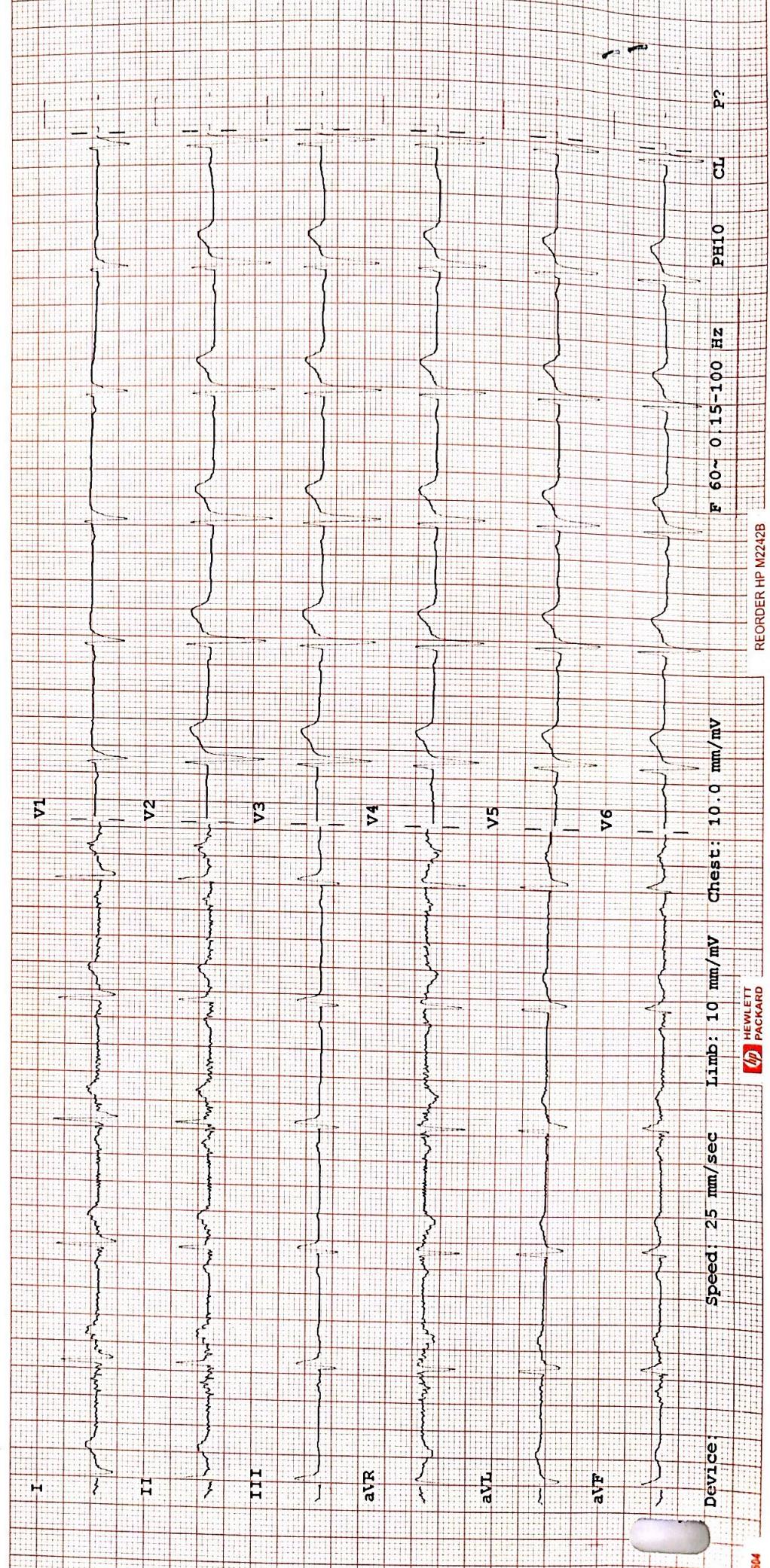
20-Jan-15 10:38:19 AM

Rate 68  
RR: 882  
PR: 157  
QRS: 107  
QT: 374  
QTcB: 398  
QTcF: 390  
---AXIS---  
P 51  
QRS 62  
T 38

12 Lead; Standard Placement

Operator: SARAN

WNL



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Registration Id : 1652960012  
 Patient Name : Mr. Fredrick Antony 855519  
 Referred By : CISCO

Registration Date/Time : 21/01/2015 / 08:36AM  
 Collection Date / Time : 21/01/2015 / 08:41 AM  
 Reporting Date / Time : 21/01/2015 / 01:26PM  
 Age / Sex : 44 Years / Male

Investigation	Observed Value			Reference Range
	Low	Normal	High	
<b>Sample Type: SERUM</b>				
Blood Sugar Fasting (Method : Hexokinase/G-6-PDH)			*125	70 - 110 mg/dl
Blood Sugar (PP) (Method : Hexokinase/G-6-PDH)			*149	70 - 140 mg/dl
GGTP (Method : L-Gamma-glutamyl-3-carboxy-4-nitranilide as substrate with glycyl/glycine)		31.0		11 - 50 U/L
Bilirubin (Total) (Method : Diazo with Sulphanilic Acid in presence of DMSO)		0.61		0.0 - 1.2 mg/dl
Bilirubin (Direct) (Method : Diazo Reaction)		0.26		0.0 - 0.30 mg/dl
Bilirubin (Indirect)		0.35		0.0 - 1.0 mg/dl
SGOT/AST (Method : NADH (without P-5-P))		19.2		8 - 33 U/L
SGPT/ALT (Method : NADH (without P-5-P))		30.8		4 - 36 U/L
Alkaline Phosphatase (Method : Enzymatic p-NPP)		114.0		20 - 130 U/L
Total Proteins (Method : Biuret)		7.1		6.3 - 8.4 gm/dl
<b>*Rechecked</b>				
JISHA G Verified By	Page 1 of 4			 <b>Dr. Sangeeta Sharma</b> M.D. Pathologist

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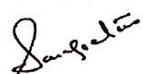
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Collection Date / Time : 21/01/2015 / 08:41 AM  
Reporting Date / Time : 21/01/2015 / 12:04PM  
Age / Sex : 44 Years / Male

Investigation	Observed Value			Reference Range
		Low	Normal	
Albumin (Method : Bromocresol Green)			4.2	3.8 - 5.0 gm/dl
Globulin			2.90	2.3 - 3.5 gm/dl
A/G Ratio			1.45	1.10 - 2.20
Creatinine (Method : Alkaline Picrate (Kinetic Jaffe-s Reaction))			1.06	0.50 - 1.50 mg/dl
Blood Urea (Method : Urease, Kinetic)			21.0	19.0 - 44.0 mg/dl
Blood Urea Nitrogen			9.8	8 - 23 mg/dl
Uric Acid (Method : Enzyme Uricase)			6.70	3.4 - 7.0 mg/dl
Sodium (Method : Ion Selective Electrode diluted(Indirect))			137.00	136.0 - 145.0 mEq/L
Potassium (Method : Ion Selective Electrode diluted(Indirect))			4.40	3.5 - 5.0 mEq/L
Chlorides (Method : Ion Selective Electrode diluted(Indirect))			104.00	98 - 108 mEq/L

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Registration Date/Time : 21/01/2015 / 08:36AM  
Collection Date / Time : 21/01/2015 / 08:41 AM  
Reporting Date / Time : 21/01/2015 / 12:59PM  
Age /Sex : 44 Years /Male

Investigation	Observed Value			Reference Range
	Low	Normal	High	
<b>Sample Type: SERUM</b>				
<b>LIPID PROFILE</b>				
S. Triglycerides (Method : Glycerol Phosphate Oxidase)		144.0	*214.0 ↑	Upto 150 mg/dl
Total Cholesterol (Method : Enzymatic)	*34.0 ↓			0 - 200 mg/dl
HDL Cholesterol (Good) (Method : Accelerator Selective Detergent)				40 - 60 mg/dl
LDL Cholesterol (Bad) (Method : Liquid Selective Detergent)			*145.75 ↑	Upto 100 mg/dl
VLDL Cholesterol		28.8		7 - 35 mg/dl
LDL/HDL Ratio			*4.29	2.5 - 3.5
TC/HDL Ratio			*6.29	3.0 - 5.0

\*Rechecked

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Age / Sex : 44 Years / Male

Investigation	Observed Value		Reference Range	
<p>For Lipids, Reference Range is as per NCEP Guidelines</p> <p><b>TOTAL CHOLESTEROL:</b></p> <p>Desirable : &lt; 200 Borderline High : 200 - 239 High : &gt;= 240</p> <p><b>TRIGLYCERIDES :</b></p> <p>Normal : &lt;150 Borderline High: 150 - 199 High : 200 - 499 Very High : &gt;= 500</p> <p><b>LDL-CHOLESTEROL :</b></p> <p>Optimal : &lt; 100 Near/Above Optimal:100-129 Borderline High : 130 - 159 High : 160 - 189 Very High : &gt;=190</p> <p><b>HDL-CHOLESTEROL :</b></p> <p>Low : &lt; 40 High : &gt;= 60</p>	Low	Normal	High	

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Age / Sex : 44 Years / Male

### Thyroid Function Test

Sample Type: SERUM

TEST	OBSERVED VALUE	UNITS	Reference Range
Total T3 (Tri-iodothyronine) Method : CMIA	: 92.1	ng/dl	58 - 159
Total T4 (Thyroxine) Method : CMIA	: 4.98	ug/dl	4.87 - 11.72
Ultrasensitive TSH,Serum Method : CMIA	: 1.90	uIU/ml	Euthyroid : 0.5 to 5.0

- ...  
- In cases of primary hypothyroidism, T3 and T4 levels are low and TSH is significantly elevated. In the case of pituitary dysfunction, either due to intrinsic hypothalamic or pituitary disease i.e central hypothyroidism, normal or marginally elevated basal TSH levels are often seen despite significant reduction in T4 and T3 levels.  
- Primary hyperthyroidism (eg: Grave's disease, nodular goiter) is associated with high levels of thyroid hormones and depressed or undetectable levels of TSH.

\*\* END OF REPORT \*\*

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Age /Sex : 44 Years / Male

### Hepatitis B Surface Antigen

Sample Type: SERUM

#### TEST

Quantitative detection of Hepatitis B: Non Reactive(0.04)  
Surface Antigen [HbsAg] from the  
patients serum.

#### OBSERVED VALUE

\*\* END OF REPORT \*\*

#### Reference Range

Non-Reactive:- < 0.05 IU/ml  
Reactive :- > 0.05 IU/ml

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Patient Name : Mr. Fredrick Antony 855519		Collection Date / Time : 21/01/2015 / 08:37AM		
Referred By : CISCO		Reporting Date / Time : 21/01/2015 / 12:05PM		
		Age / Sex : 44 Years / Male		

### COMPLETE BLOOD COUNT

Sample Type: EDTA Whole Blood

TEST	OBSERVED VALUE	UNITS	Reference Range
Leucocytes Count	8100	/c.mm	4000 - 10000
Method : Flowcytometry using a Semi-Conductor Laser			
Erythrocytes	5.60	mill/c.mm	4.4 - 5.6
Method : Hydro Dynamic Focusing			
Haemoglobin	15.4	gm %	13.0 - 17.0
Method : Colorimetric Technique			
Packed Cell Volume	45.7	%	40.0 - 50.0
MCV	82.0	fL	82 - 101
MCH	27.5	Pg	27 - 32
MCHC	33.7	g/dL	31.5 - 35.5
RDW	13.5	%	11.6 - 14.0
Platelet Count	296	10 ^ 3/c.mm	150 - 400
Method : Hydro Dynamic Focusing			
MPV	8.2	fL	9.0 - 13.0
Neutrophils	58.0	%	40 - 80
Lymphocytes	35.0	%	20 - 40
Monocytes	5.0	%	02 - 10
Eosinophils	1.0	%	01 - 06
Basophils	1.0	%	00 - 01

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Collection Date / Time : 21/01/2015 / 08:37AM  
Reporting Date / Time : 21/01/2015 / 12:34PM  
Age / Sex : 44 Years / Male

### Erythrocyte Sedimentation Rate (ESR)

Sample Type: EDTA Whole Blood

<u>TEST</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>Reference Range</u>
<u>ERYTHROCYTE SEDIMENTATION RATE</u>			
ESR	: 10	mm / 1hr.	0 - 10

Method : Westergren

Done on Fully Automated Vesmatic 80 ESR Analyzer (Diesse)

- ...  
- Although the ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins.  
- In rheumatoid arthritis or tuberculosis, it provides an index of progress of the disease, and it is of value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is also useful as a screening test in the routine examination of patients.  
- The ESR is higher in women than in men, and correlates with sex differences in fibrinogen levels.  
- The ESR is influenced by age, stage of the menstrual cycle and drugs (eg:corticosteroids, contraceptive pills, etc), it is especially low (0-1 mm) in polycythaemia, hypofibrinogenaemia and in congestive cardiac failure, and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Collection Date / Time : 21/01/2015 / 08:37AM

Reporting Date / Time : 21/01/2015 / 12:48PM

Age / Sex : 44 Years / Male

### Urine Routine

Sample Type: Urine

#### Reference Range

#### PHYSICAL EXAMINATION

Quantity	:	40 ml	---
Colour	:	PALE YELLOW	---
Appearance	:	CLEAR	---
Deposit	:	ABSENT	---
pH	:	5.0	4.6 - 8.0
Specific Gravity	:	1.010	1.003 - 1.035

#### CHEMICAL EXAMINATION

Albumin	:	NEGATIVE	NEGATIVE
Sugar	:	NEGATIVE	NEGATIVE
Ketone Bodies	:	NEGATIVE	NEGATIVE
Nitrite	:	NEGATIVE	NEGATIVE
Blood	:	NEGATIVE	NEGATIVE
Bile Pigments	:	NEGATIVE	NEGATIVE
Bile Salts	:	NEGATIVE	NEGATIVE
Urobilinogen	:	NORMAL	NORMAL

#### MICROSCOPIC EXAMINATION

Epithelial Cells	:	1-2/hpf	---
Pus Cells	:	2-4/hpf	0 - 5 cells/hpf
Red Blood Cells	:	Absent	0 - 2 cells/hpf
Casts	:	NEGATIVE	
Crystals	:	NEGATIVE	
Amorphous Materials	:	NEGATIVE	
Bacteria	:	NEGATIVE	
Yeast Cells	:	NEGATIVE	
Mucus	:	Negative	

\*\* END OF REPORT \*\*

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Age / Sex : 44 Years / Male

### Stool Routine

Sample Type: Stool

#### PHYSICAL EXAMINATION

Colour : Brown  
Consistency : Semi Solid  
Reaction : Alkaline  
Blood : NEGATIVE  
Mucus : Absent  
Parasites : Absent

#### CHEMICAL EXAMINATION

Occult Blood : Absent  
Reducing Substances : Absent

#### MICROSCOPIC EXAMINATION

Red Blood Cells : Absent  
Epithelial Cells : Absent  
Pus Cells : 1-2/hpf  
Fungal Organisms : Absent  
Vegetable Fibres : Absent  
Muscle Fibres : Absent  
Fat Globules : Absent  
Starch Granules : Absent

#### PROTOZOA

Vegetative forms : Absent  
Cystic forms : Absent

#### HELMINTHS

Larvae : Absent  
Ova : Absent

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## 2D-ECHO / COLOUR DOPPLER

REF. NO.	: 1652960012	DATE	: 21/01/2015
NAME	: MR..FREDRICK ANTONY 855519	AGE	: 44 Years
REF.DOCTOR	: CISCO	SEX	: M

1. Normal chamber dimensions.
2. Normal LV systolic function with LVEF = 63 %.
3. No regional wall motion abnormality.
4. Normal Diastolic function.
5. No PAH.
6. No clot / vegetation / pericardial effusion.

Done By  
Dr. Shwetha Nagesh  
Consultant Cardiologist

Head Office:

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Collection Date / Time : 21/01/2015 / 12:00AM  
Reporting Date / Time :  
Age / Sex : 44 Years / Male

**REAL TIME ULTRASONOGRAPHY OF THE ABDOMEN & PELVIS WAS  
PERFORMED**

**LIVER:** Normal in size, shape and outline. Parenchymal echogenicity is increased. No focal cystic or solid lesion. No intrahepatic biliary dilatation. Portal vein is normal. Porta hepatis is normal. Hepatic veins are normal. Intrahepatic portion of IVC is normal.

**GALL BLADDER:** Wall thickness normal. Luminal echoes are normal. No calculi.

**C.B.D:** Not dilated.

**PANCREAS:** Normal size and parenchymal texture.

**SPLEEN:** Normal size and texture. Measures 11.7 cm.

**AORTA:** Normal.

**KIDNEYS:** Normal in size, shape and outline. Parenchymal texture normal. Corticomedullary differentiation is well made out and is normal. Sinus echoes are normal. Right kidney measures 12.3 cm with a parenchymal thickness of 1.6 cms. Left kidney measures 10.9 cm with a parenchymal thickness of 1.4 cms.

**URINARY BLADDER:** Wall thickness normal. Luminal echoes normal. No calculi.

**PROSTATE:** Prostate measures 3.2 x 3.2 x 3.7 cms corresponding to 20 gms.

No evidence of free fluid in peritoneal cavity.

Evaluation suboptimal due to body habitus.

**IMPRESSION :** - GRADE II FATTY LIVER.  
- REST OF THE ABDOMINOPELVIC SCAN IS UNREMARKABLE.

*P.U.*

Dr.Usha Prathipati.,M.D  
Radiologist

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