



VIJAYA DIAGNOSTIC CENTRE®

H No. 2-137/10, Plot No.42, NH65, Opposite R.S. Brothers, Gangaram, Chanda Nagar, Hyderabad - 500050, Telangana

TEST REPORT

Name : **Mr. VIJAY KUMAR GUNTIREDDY** Registered on : 03-Apr-2024 08:33
Age/Gender : **41 Years / Male** BirthDate : 09-Dec-1982 Collected on : 03-Apr-2024 08:42
Registration ID : **240840005878** Released on : 03-Apr-2024 13:49
Ref. By : Self Printed on : 03-Apr-2024 14:36
Sample Type : Serum Regn Centre : **Nallagandla - 84**

THYROID PROFILE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
T3 Total <i>Method: Chemiluminiscence Immunoassay</i>	: 1.04	ng/mL	0.60 - 1.81
T4 Total <i>Method: Chemiluminiscence Immunoassay</i>	: 8.30	µg/dL	3.2 - 12.6
TSH - Ultrasensitive <i>Method: Chemiluminiscence Immunoassay</i>	: 1.215	µIU/mL	0.55 - 4.78

Interpretation / Comments :

- Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet and drug therapy.
- The levels of T3 helps in the diagnosis of T3 thyrotoxicosis and monitoring the course of hyperthyroidism. T3 is not recommended for diagnosis of hypothyroidism as decreased values have minimal clinical significance.
- Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 are seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum thyroxine binding globulin.
- Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in thyroxine binding globulin.
- TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimoto's thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium and iodine induced or deficiency goiter.
- Decreased levels of TSH may be seen in graves disease, toxic multinodular goitre, thyroiditis, excessive treatment with thyroid hormone replacement and central hypothyroidism.



K.S. Lakshmi

DR. K SIVA LAKSHMI
MD PATHOLOGY
Registration No: 73778



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Ground Floor, Beside Pranaam Wellness Center, Nallagandla, Serilingampally, Hyderabad, Telangana 500019

TEST REPORT

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Age/Gender : **41 Years/Male**
Registration ID : **240840005878**
Ref. By : **Self**

Registered on : **03-Apr-2024 08:33**
Released on : **03-Apr-2024 10:00**
Printed on : **03-Apr-2024 14:36**
Regn Centre : **Nallagandla - 84**

DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES ULTRASOUND OF ABDOMEN & PELVIS

- History** : Check up
- Liver** : Normal in size (13 cm) and shows increased echotexture. No focal or diffuse pathology seen. There is no evidence of obvious intra or extrahepatic biliary dilatation. CBD and portal vein appear normal.
- Gall Bladder** : **two hyperechoic foci measuring 6.1mm,4.2mm with posterior acoustic shadowing noted.**
- Pancreas** : Normal in size, shape and echopattern. No calcifications, duct dilatation seen.
- Spleen** : Normal in size (8.0 cm), shape and echopattern
- Kidneys** : Right kidney 8.0 x 6.0 cm Left kidney :8.5 x 4.9 cm
Both kidneys are normal in size, shape and echo pattern.
Corticomedullary differentiation can be appreciated.
The collecting system appears normal.
- Urinary Bladder** : Well distended. No wall thickening seen. No obvious intraluminal lesion seen.
- Prostate** : Normal in size, shape and echotexture. (Volume: 10 cc)
- Other Findings** : No ascites.
- Impression** :
- **GRADE I FATTY LIVER.**
 - **CHOLELITHIASIS.**
 - **FOR CLINICAL CORRELATION.**



DR. CHADA BHAVANA REDDY
Consultant Radiologist
Reg No: TSMC/FMR/05750

* Suggested Clinical Correlation, If Necessary Kindly Discuss with signatory



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UREA

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Urea	: 17	mg/dL	17 - 43

Method: Urease/GLDH

Interpretation / Comments :

- In conjunction with serum creatinine, urea level aids in differential diagnosis of pre-renal, renal and post-renal hyperuremia.



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COMPLETE BLOOD PICTURE (CBP)

<u>TEST NAME</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Haemoglobin <i>Method: Photometric Measurement</i>	: 14.4	gm/dL	13.0 - 17.0
Total RBC Count <i>Method: Coulter Principle</i>	: 4.8	Cells/cumm	4.5 - 5.5
Packed Cell Volume / Hematocrit <i>Method: Calculated</i>	: 42.0	%	40.0 - 50.0
MCV <i>Method: Derived From RBC Histogram</i>	: 87.4	fL	83.0 - 101.0
MCH <i>Method: Calculated</i>	: 29.9	pg	27.0 - 32.0
MCHC <i>Method: Calculated</i>	: 34.2	gm/dL	31.5 - 34.5
RDW <i>Method: Derived From RBC Histogram</i>	: 14.7	%	11.6 - 14.0
Total Leucocytes (WBC) Count <i>Method: Coulter Principle</i>	: 7300	Cells/cumm	4000 - 10000
<u>Differential count</u>			
Neutrophils <i>Method: VCS 360 Technology and Microscopy</i>	: 63	%	40 - 80
Lymphocytes <i>Method: VCS 360 Technology and Microscopy</i>	: 27	%	20 - 40
Eosinophils <i>Method: VCS 360 Technology and Microscopy</i>	: 1	%	1 - 6
Monocytes <i>Method: VCS 360 Technology and Microscopy</i>	: 9	%	2 - 10
Basophils <i>Method: VCS 360 Technology and Microscopy</i>	: 0	%	0-2
<u>Absolute Leucocyte Count</u>			
Absolute Neutrophil Count <i>Method: Calculated</i>	: 4599	Cells/cumm	2000 - 7000
Absolute Lymphocyte Count <i>Method: Calculated</i>	: 1971	Cells/cumm	1000 - 3000
Absolute Eosinophil Count <i>Method: Calculated</i>	: 73	Cells/cumm	20 - 500
Absolute Monocyte Count <i>Method: Calculated</i>	: 657	Cells/cumm	200 - 1000

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COMPLETE BLOOD PICTURE (CBP)

<u>TEST NAME</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Platelet Count <i>Method: Coulter Principle and Microscopy</i>	: 326000	Cells/cumm	150000 - 410000
Peripheral Smear RBC <i>Method: Microscopy of Leishman stained smear</i>	: Normocytic Normochromic		
WBC <i>Method: Microscopy of Leishman stained smear</i>	: Normal in morphology, maturity and distribution		
Platelets <i>Method: Microscopy of Leishman stained smear</i>	: Adequate		



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Sample Type : Urine Regn Centre : **Nallagandla - 84**

CUE (COMPLETE URINE EXAMINATION)

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Physical Examination			
Colour <i>Method: Physical Examination</i>	: Pale Yellow		Pale Yellow
Appearance	: Clear		Clear
Specific Gravity <i>Method: Ion Exchange</i>	: 1.020		1.003 - 1.030
Chemical Examination			
Reaction/pH <i>Method: Dip Stick, Double indicator</i>	: 6.0		4.6 - 8
Protein <i>Method: Dip Stick, Protein error of indicators</i>	: Nil		Nil-Trace
Glucose <i>Method: GOD-POD</i>	: Nil		Nil
Urobilinogen <i>Method: Dip Stick, Modified Ehrlich reaction</i>	: Normal		NA
Bilirubin <i>Method: Diazonium</i>	: Negative		Negative
Ketones <i>Method: Dip Stick, Nitrite reaction</i>	: Negative		Negative
Nitrites <i>Method: Diazonium</i>	: Negative		Negative
Microscopic Examination			
Pus Cells	: 1-2	cells / HPF	0 - 5
RBC	: Nil	cells / HPF	0 - 2
Epithelial Cells	: 1-2	cells / HPF	0 - 5
Casts	: Nil		Nil
Crystals	: Nil		Nil
Method	: Reagent Strip Method, Microscopy		



DR. D VAISHNAVI
MD PATHOLOGY

Registration No: APMC/FMR/78761

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Sample Type : Fluoride Plasma Regn Centre : **Nallagandla - 84**

FASTING PLASMA GLUCOSE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Fasting Plasma Glucose <i>Method: Hexokinase</i>	: 70	mg/dL	Normal : 70 - 100 Impaired Fasting Glucose : 101 - 125 Diabetes : ≥ 126

Interpretation / Comments :

- ADA guidelines (2023) are adopted for the evaluation of diabetic status.



Dr. D Sneha

DR. D SNEHA
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Registration No: TSMC/FMR/26666



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VITAMIN - B12

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Vitamin - B12	: 111	pg/mL	Deficient : <211 Normal : 211 - 911

Method: Chemiluminiscence Immunoassay

Interpretation / Comments :

- Vitamin B12 is essential in DNA synthesis, haematopoiesis and CNS integrity.
- Serum levels of B12 are used to investigate cases of macrocytic anaemia, megaloblastic anaemia, diagnosis of CNS disorders, evaluation of alcoholism and malabsorption syndromes.



Vijay Kumar

DR. G VIJAY KUMAR
MD BIOCHEMISTRY
Registration No: TSMC/FMR/08182



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LIVER FUNCTION TEST (LFT-A)

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Total Bilirubin <i>Method: Dichlorophenyl Diazonium Tetrafluoroborate</i>	: 0.8	mg/dL	0.3 - 1.2
Direct Bilirubin <i>Method: Dichlorophenyl Diazonium Tetrafluoroborate</i>	: 0.2	mg/dL	< 0.2
Indirect Bilirubin <i>Method: Calculation</i>	: 0.6	mg/dL	<1.0
SGPT/ALT <i>Method: IFCC without P-5-P</i>	: 13	U/L	0 - 50
SGOT/AST <i>Method: IFCC without P-5-P</i>	: 15	U/L	0 - 50
Alkaline Phosphatase <i>Method: Kinetic PNPP-AMP</i>	: 86	U/L	43 - 115
Total Protein <i>Method: Biuret</i>	: 7.2	gm/dL	6.6 - 8.3
Albumin <i>Method: Bromocresol Green (BCG)</i>	: 4.1	gm/dL	3.5 - 5.2
Globulin <i>Method: Calculation</i>	: 3.1	gm/dL	1.8 - 3.6
Protein A/G Ratio <i>Method: Calculation</i>	: 1.3		0.8 - 2.0
Gamma Glutamyl Transferase <i>Method: UV Kinetic</i>	: 14	U/L	0 - 55

Interpretation / Comments :

- Liver function test aids in the diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemias, viral and alcoholic hepatitis and cholestasis of obstructive causes.
- The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage.
- LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.



MC-5678

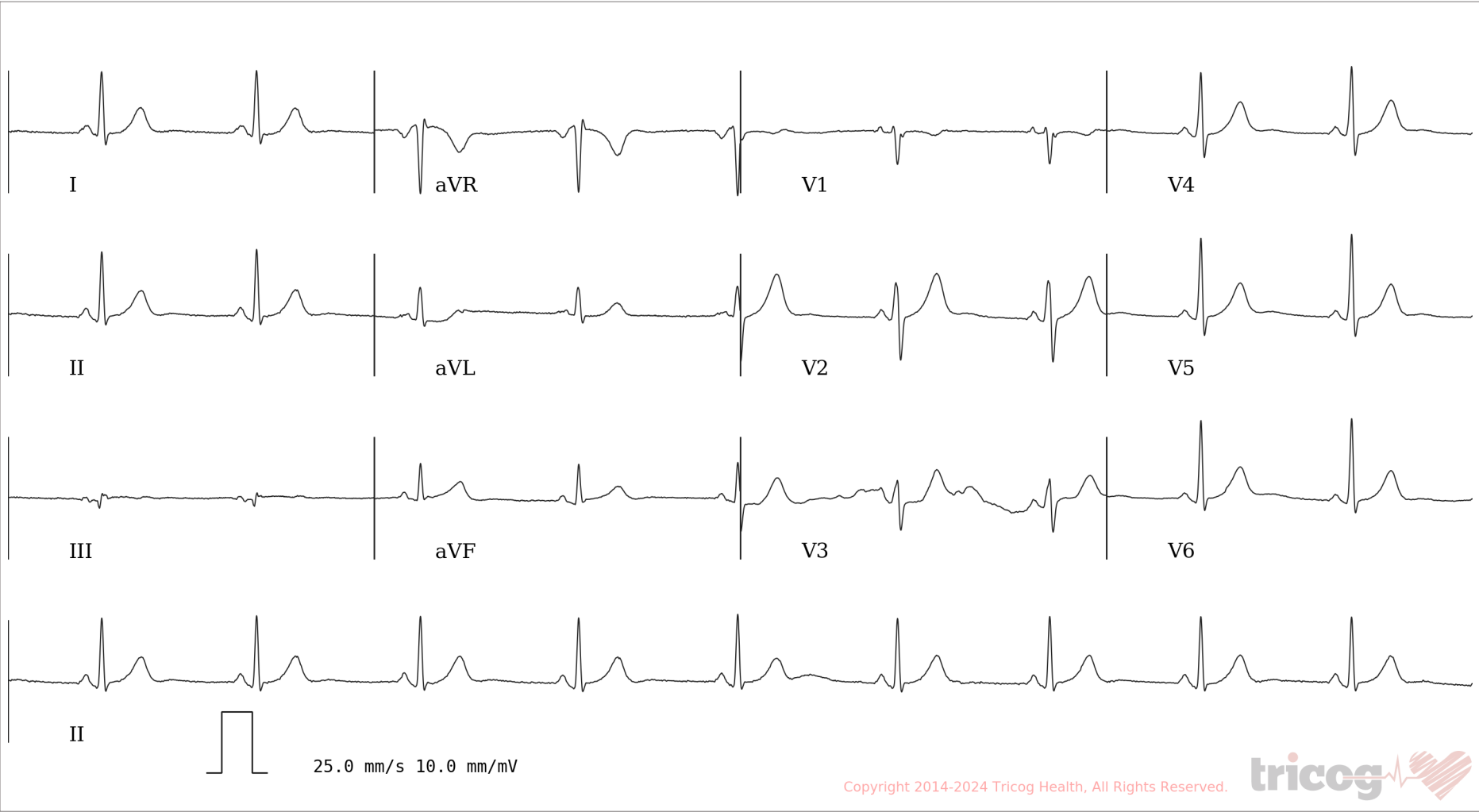
DR. M D V RAMNATH
MD PATHOLOGY

Registration No: 56915

VIJAYA DIAGNOSTIC CENTER, Nallagandla

Age / Gender: 41/Male
Patient ID: 240840005878
Patient Name: Mr. VIJAY KUMAR GUNTIREDDY

Date and Time: 3rd Apr 24 9:21 AM



AR: NA VR: 59bpm QRSD: 92ms QT: 402ms QTcB: 399ms PRI: 110ms P-R-T: 37° 31° 36°

ECG Within Normal Limits: Sinus bradycardia. Please correlate clinically.

REPORTED BY

Shabarath S

Dr. Shabarath S
MD. DNB (Cardiology)

Reg. No: 05208

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



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CALCIUM

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Calcium	: 9.1	mg/dL	8.8 - 10.6

Method: Arsenazo III

Interpretation / Comments :

- Useful in diagnosis and prognosis of a wide range of disorders including disorders of proteins and Vitamin D, diseases of bone, kidney, parathyroid gland and GI tract.



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CREATININE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Creatinine	: 0.9	mg/dL	0.7 - 1.2

Method: Jaffe Kinetic IDMS traceable

Interpretation / Comments :

- Useful in the diagnosis of renal insufficiency and is more specific and sensitive indicator of renal disease than BUN.
- Use of simultaneous BUN and creatinine levels provide more information in the diagnosis of renal insufficiency.



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ERYTHROCYTE SEDIMENTATION RATE (ESR)

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
ESR	: 9	mm/hour	0 - 15

Method: Quantitative Capillary Photometry

Interpretation / Comments :

- ESR is a nonspecific parameter, clinically useful in disorders associated with an increased production of acute phase proteins.
- Elevated in acute and chronic infections and malignancies.
- Extremely high ESR values are seen in Multiple myeloma, Leukemias, Lymphomas, breast and lung carcinomas, Rheumatoid arthritis, Systemic Lupus Erythematosus and Pulmonary infarction.
- ESR is elevated in normal pregnancy



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GLYCATED HAEMOGLOBIN (HbA1C)

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycated Haemoglobin	: 5.2	%	Non Diabetic : < 5.6 Pre - Diabetic Range : 5.7 - 6.4 Diabetic Range : >= 6.5

Method: High performance liquid chromatography

Interpretation / Comments:

- Glycated hemoglobin is proportional to mean plasma glucose level during previous 6-12 weeks.
- Values may not be comparable with different methodologies and even different laboratories using same methodology.
- Perform A1c at least twice annually in diabetes patients to ascertain meeting of goals.
- Perform A1c test quarterly in diabetes patients whose therapy has changed and who are not meeting goals.
- Recommended goal of A1c is < 7%.
- ADA guidelines 2023.
- Presence of abnormal Hb may affect HbA1C result.



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GLYCATED HAEMOGLOBIN (HbA1C)

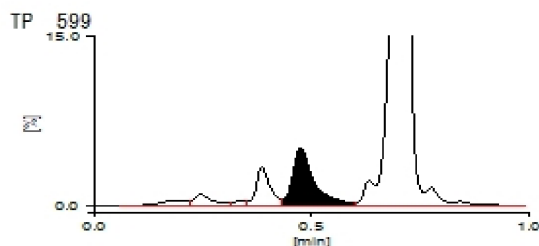
HLA 723-G11 V03.09 1 2024-04-03 13:13:11
ID 3240840005878
Sample No. 2024040313110166 SL 0010 - 02
Patient ID
Name
Comment

CALIB (N)			
Y = 1.1701X + 0.5942			
Name	%	Time	Area
FP			
A1A	0.5	0.18	6.04
A1B	0.7	0.24	9.34
F	0.2	0.34	2.50
LA1C+	1.7	0.39	22.16
SA1C	5.2	0.48	51.74
A0	93.2	0.70	1229.57
H-VAR			

Total Area 1321.34

HbA1c 5.2 %

HbF 0.2 %



03-04-2024 13:13:11 VDC

1 / 1

VIJAYA DIAGNOSTIC CENTER
MADHINAGUDA

Dr. D Sneha

DR. D SNEHA

MD PATHOLOGY

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Sample Type : Serum Regn Centre : **Nallagandla - 84**

LIPID PROFILE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Serum Status	: Clear		
Triglycerides	: 99	mg/dL	Desirable level : < 150 Borderline : 150 - 199 High : 200 - 499 Very High : > / = 500
<i>Method: Glycerol Phosphate Oxidase (GPO), Peroxidase (POD)</i>			
Total Cholesterol	: 188	mg/dL	Desirable : < 200 Borderline high : 200 - 239 High : > / = 240
<i>Method: Cholesterol Oxidase Peroxidase (CHOD-POD)</i>			
LDL Cholesterol	: 124	mg/dL	Optimal : < 100 Near optimal : 100 - 129 Borderline high : 130 - 159 High : 160 - 189 Very high : > 190
<i>Method: Calculated</i>			
HDL Cholesterol	: 44	mg/dL	Desirable level : > 60 Optimal : 40 - 59 Undesirable : < 40
<i>Method: Enzymatic Immunoinhibition</i>			
VLDL Cholesterol	: 20	mg/dL	< 30
<i>Method: Calculation</i>			
Total Cholesterol / HDL Cholesterol Ratio	: 4.3		Low risk : 3.3 - 4.4 Average risk : 4.5 - 7.1 Moderate risk : 7.2 - 11.0
<i>Method: Calculation</i>			
LDL Cholesterol / HDL Cholesterol Ratio	: 2.8		Desirable level : 0.5 - 3.0 Borderline risk : 3.0 - 6.0 High risk : > 6.0
<i>Method: Calculation</i>			

Interpretation / Comments :

- Lipid profile is a panel of blood tests that serves as an initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases.



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Sample Type : Serum Regn Centre : **Nallagandla - 84**

URIC ACID

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Uric Acid	: 6.0	mg/dL	3.5 - 7.2

Method: Uricase-Peroxidase

Interpretation / Comments :

- Useful for monitoring therapeutic management of gout and chemotherapeutic treatment of neoplasms.



DR. M D V RAMNATH
MD PATHOLOGY
Registration No: 56915

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



VIJAYA DIAGNOSTIC CENTRE®

H No. 2-137/10, Plot No.42, NH65, Opposite R.S. Brothers, Gangaram, Chanda Nagar, Hyderabad - 500050, Telangana

TEST REPORT

Name : **Mr. VIJAY KUMAR GUNTIREDDY** Registered on : 03-Apr-2024 08:33
Age/Gender : **41 Years / Male** BirthDate : 09-Dec-1982 Collected on : 03-Apr-2024 08:42
Registration ID : **240840005878** Released on : 03-Apr-2024 13:51
Ref. By : Self Printed on : 03-Apr-2024 14:36
Sample Type : Serum Regn Centre : **Nallagandla - 84**

VITAMIN D - Total

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Vitamin D-Total	14.92	ng/mL	Deficiency : < 20 Insufficiency : 20-30 Sufficiency : 30-100 Toxicity : >100

Method: Chemiluminescence Immuno Assay (CLIA)

Interpretation / Comments :

- Vitamin D is a steroid hormone involved in the intestinal absorption of calcium and regulation of calcium homeostasis.
- Vitamin D deficiency can result from inadequate exposure to sunlight, inadequate dietary intake, decreased absorption, abnormal metabolism or Vitamin D resistance.
- 25-OH Vitamin D levels reflect the storage level in the body and correlate with the clinical symptoms of Vitamin D deficiency.

The assay of Vitamin D (Total and Fractions D2 + D3) on LCMS/MS is available at Vijaya Diagnostic Centre, Himayatnagar, Hyderabad.



Vijay Kumar

DR. G VIJAY KUMAR
MD BIOCHEMISTRY
Registration No: TSMC/FMR/08182

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