tenet DIAGNOSTICS
It's Good to Know

MC-2977

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **MR.ABBHIZIT RAMARAO GT**	TID/SID	: UMR2118329/ 28476540
Age / Gender	: 22 Years / Male	Registered on	: 28-Oct-2024 / 08:45 AM
Ref.By	: SELF	Collected on	: 28-Oct-2024 / 08:51 AM
Req.No	: BIL4878953	Reported on	: 28-Oct-2024 / 13:34 PM
		Reference	: My Health Meter

TEST REPORT

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE)

Investigation	Result	Biological Reference Intervals
Physical Examination		
Colour Method:Physical	Yellow	Straw to Yellow
Appearance Method:Physical	Clear	Clear
Chemical Examination		
Reaction and pH Method:Indicator	Acidic (5.5)	4.6-8.0
Specific gravity Method:Refractometry	1.020	1.000-1.035
Protein Method:Protein Error of pH indicators	**Positive(++)**	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside Method	Negative	Negative
Bilirubin Method:Diazonium salt	Negative	Negative
Leucocytes Method:Esterase reaction	Negative	Negative
Nitrites Method:Modified Griess reaction	Negative	Negative
Urobilinogen Method:Diazonium salt	Negative	Up to 1.0 mg/dl (Negative)
Microscopic Examination		
Pus cells (leukocytes) Method:Flow Digital Imaging/Microscopy	2-3	2 - 3 /hpf
Epithelial cells Method:Flow Digital Imaging/Microscopy	2-3	2 - 5 /hpf
RBC (erythrocytes) Method:Flow Digital Imaging/Microscopy	Absent	Absent
Casts Method:Flow Digital Imaging/Microscopy	Absent	Occasional hyaline casts may be seen

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Crystals Method:Flow Digital Imaging/Microscopy	Absent	Phosphate, oxalate, or urate crystals may be seen
Others Method:Flow Digital Imaging/Microscopy	Nil	Nil
Note	Kindly correlate clinically	

Method: Semi Quantitative test ,For CUE

Reference: Godkar Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition. Product kit literature.

Interpretation:

The complete urinalysis provides a number of measurements which look for abnormalities in the urine. Abnormal results from this test can be indicative of a number of conditions including kidney disease, urinary tract infecation or elevated levels of substances which the body is trying to remove through the urine . A urinalysis test can help identify potential health problems even when a person is asymptomatic. All the abnormal results are to be correlated clinically.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Shruti Reddy
Consultant Pathologist
Reg No.TSMC/FMR/22656

Name	: **MR.ABBHIZIT RAMARAO GT**	TID/SID	: UMR2118329/ 28476541
Age / Gender	: 22 Years / Male	Registered on	: 28-Oct-2024 / 08:45 AM
Ref.By	: SELF	Collected on	: 28-Oct-2024 / 08:51 AM
Req.No	: BIL4878953	Reported on	: 28-Oct-2024 / 11:40 AM
	TEST REPORT	Reference	: My Health Meter

DEPARTMENT OF HEMATOPATHOLOGY

Complete Blood Picture (CBP)

Investigation	Observed Value	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	**17.3**	13.0-17.0 g/dL
PCV/HCT Method:Calculated	**51.2**	40.0-50.0 vol%
Total RBC Count Method:Electrical Impedance	**5.81**	4.50-5.50 mill /cu.mm
MCV Method:Calculated	88.1	83.0-101.0 fL
MCH Method:Calculated	29.8	27.0-32.0 pg
MCHC Method:Calculated	33.8	31.5-34.5 g/dL
RDW (CV) Method:Calculated	13.6	11.6-14.0 %
MPV Method:Calculated	7.6	7.0-10.0 fL
Total WBC Count Method:Electrical Impedance	5060	4000-10000 cells/cumm
Platelet Count Method:Electrical Impedance	2.55	1.50-4.10 lakhs/cumm
Differential Count		
Neutrophils	51.4	40.0-80.0 %
Lymphocytes	31.1	20.0-40.0 %
Eosinophils	**8.4**	1.0-6.0 %
Monocytes	8.4	2.0-10.0 %
Basophils Method:Flow Cytometer - Microscopy	0.7	0.0-2.0 %
Absolute Neutrophil Count	2601	2000-7000 cells/cumm
Absolute Lymphocyte Count	1574	1000-3000 cells/cumm
Absolute Eosinophil Count	425	20-500 cells/cumm
Absolute Monocyte Count	425	200-1000 cells/cumm
Absolute Basophil Count Method:Calculated	35	20-100 cells/cumm

Name	: **MR.ABBHIZIT RAMARAO GT**	TID/SID	: UMR2118329/ 28476541
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TEST REPORT

Neutrophil - Lymphocyte Ratio(NLR) Method:Calculated	1.65	0.78-3.53

Peripheral Blood Smear Examination

RBC	**Normocytic normochromic with mild erythrocytosis**
WBC	Normal in Morphology & Distribution
Platelets Method:Microscopy	Adequate
Note	Kindly correlate clinically

Method: Automated Hematology Analyzer, Microscopy

Reference: Dacie and Lewis Practical Hematology,12th Edition

Interpretation: A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

Note: These results are generated by a fully automated hematology analyzer and the differential count is computed from a total of several thousands of cells. Therefore the differential count appears in decimalised numbers and may not add upto exactly 100. It may fall between 99 and 101.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Reenaz Shaik
Consultant Pathologist

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Name	: **MR.ABBHIZIT RAMARAO GT**	TID/SID	: UMR2118329/ 28476541
Age / Gender	: 22 Years / Male	Registered on	: 28-Oct-2024 / 08:45 AM
Ref.By	: SELF	Collected on	: 28-Oct-2024 / 08:51 AM
Req.No	: BIL4878953	Reported on	: 28-Oct-2024 / 11:50 AM
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TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR)

Investigation	Observed Value	Biological Reference Intervals
ESR 1st Hour Method:Westergren/Vesmatic	2	<=10 mm/hour

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Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr Reenaz Shaik
Consultant Pathologist

Name	: **MR.ABBHIZIT RAMARAO GT**	TID/SID	: UMR2118329/ 28476542
Age / Gender	: 22 Years / Male	Registered on	: 28-Oct-2024 / 08:45 AM
Ref.By	: SELF	Collected on	: 28-Oct-2024 / 08:51 AM
Req.No	: BIL4878953	Reported on	: 28-Oct-2024 / 11:17 AM
	TEST REPORT	Reference	: My Health Meter

DEPARTMENT OF CLINICAL CHEMISTRY I

25-Hydroxy Vitamin D

Investigation	Observed Value	Biological Reference Interval
25 Hydroxy Vitamin D Method:ECLIA	**20.9**	Deficiency: < 20 ng/mL Insufficiency: 20 - 30 ng/mL Sufficiency: 30 - 100 ng/mL Toxicity: >100 ng/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.

Interpretation:
1.Vitamin D is a family of compounds that is essential for the proper growth and formation of teeth and bones. This test measures the level of vitamin D in the blood.
2.Two forms of vitamin D can be measured in the blood, 25-hydroxyvitamin D and 1,25-dihydroxyvitamin D. The 25-hydroxyvitamin D is the major form found in the blood and is the relatively inactive precursor to the active hormone, 1,25-dihydroxyvitamin D. Because of its long half-life and higher concentration, 25-hydroxyvitamin D is commonly measured to assess and monitor vitamin D status in individuals.
3. The main role of vitamin D is to help regulate blood levels of calcium, phosphorus, and (to a lesser extent) magnesium.
4 Vitamin D is vital for the growth and health of bone; without it, bones will be soft, malformed, and unable to repair themselves normally, resulting in diseases called rickets in children and osteomalacia in adults.
5. Vitamin D has also been shown to influence the growth and differentiation of many other tissues and to help regulate the immune system. These other functions have implicated vitamin D in other disorders, such as autoimmunity and cancer.

Blood Urea Nitrogen (BUN)

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	9	6-20 mg/dL
Urea. Method:Urease	19.6	12.8-42.8 mg/dL

Interpretation: Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

Calcium, Serum

Investigation	Observed Value	Biological Reference Interval
Calcium Method:BAPTA	9.8	8.6-10.0 mg/dL

Name	: **MR.ABBHIZIT RAMARAO GT**	TID/SID	: UMR2118329/ 28476543P
Age / Gender	: 22 Years / Male	Registered on	: 28-Oct-2024 / 08:45 AM
Ref.By	: SELF	Collected on	: 28-Oct-2024 / 10:58 AM
Req.No	: BIL4878953	Reported on	: 28-Oct-2024 / 15:19 PM
	TEST REPORT	Reference	: My Health Meter

Interpretation: Calcium is essential for bones, heart, nerves, kidneys, and teeth. Serum calcium levels are vital to detect hypocalcemia, hypercalcemia and associated disorders. Parathormone (PTH) and vitamin D are responsible for maintaining calcium concentrations in the blood within a narrow range of values. Serum calcium levels are diagnostic in cases of Kidney stones, Bone diseases and Neurologic disorders.

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine. Method:Alkaline Picrate	1.08	0.70-1.20 mg/dL

Interpretation:

Creatinine is a nitrogenous waste product produced by muscles from creatine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

Glucose Fasting (FBS)

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	93	Normal: <100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: >/=126 mg/dL

Interpretation: It measures the Glucose levels in the blood with a prior fasting of 9-12 hours. The test helps screen a symptomatic/ asymptomatic person who is at risk for Diabetes. It is also used for regular monitoring of glucose levels in people with Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022

Glucose Post Prandial (PPBS)

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	103	Normal : <140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: >/=200 mg/dL

Interpretation: This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022

Vitamin B12 (Cyanocobalamin)

Investigation	Observed Value	Biological Reference Interval

Name	: **MR.ABBHIZIT RAMARAO GT**	TID/SID	: UMR2118329/ 28476542
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Ref.By	: SELF	Collected on	: 28-Oct-2024 / 08:51 AM
Req.No	: BIL4878953	Reported on	: 28-Oct-2024 / 11:41 AM
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TEST REPORT

Vitamin B12 (Cyanocobalamin) ,Serum Method:ECLIA	364	197-771 pg/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.

Interpretation:
1.Vitamin B12 is essential in DNA synthesis,haematopoiesis and CNS integrity.
2.Measurement of vitamin B12 is intended to identify and monitor vitamin B12 deficiency. This can arise from the following; (1) defect in the secretion of Intrinsic Factor, resulting in inadequate absorption from food (pernicious anemia); (2) gastrectomy and malabsorption due to surgical resection; and (3) a variety of bacterial or inflammatory diseases affecting the small intestine.(4) Decreased dietary intake.
3.Reduced concentrations of vitamin B12 may indicate the presence of vitamin dependent anemia.
4.Elevated concentrations of vitamin B12 have been associated with pregnancy, the use of oral contraceptives and multivitamins and in myeloproliferative diseases, such as chronic granulocytic leukemia and myelomonocytic leukemia. An elevated concentration of vitamin B12 is not known to cause clinical problems.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr.Abdur Rehman Asif
Consultant Biochemist
Reg.No - APMC/FMR/78102

Name	: **MR.ABBHIZIT RAMARAO GT**	TID/SID	: UMR2118329/ 28476542
Age / Gender	: 22 Years / Male	Registered on	: 28-Oct-2024 / 08:45 AM
Ref.By	: SELF	Collected on	: 28-Oct-2024 / 08:51 AM
Req.No	: BIL4878953	Reported on	: 28-Oct-2024 / 11:17 AM
	TEST REPORT	Reference	: My Health Meter

DEPARTMENT OF CLINICAL CHEMISTRY I

Electrolytes, Serum

Investigation	Observed Value	Biological Reference Interval
Sodium Method:ISE Indirect	138	136-145 mmol/L
Potassium Method:ISE Indirect	4.2	3.5-5.1 mmol/L
Chloride Method:ISE Indirect	101	98-107 mmol/L

Interpretation: Electrolyte profile is the determination of body fluid concentrations of the four major electrolytes (sodium, potassium, chloride and bicarbonate). Serum electrolytes have a role in water homeostasis, acid –base balance, muscle function, etc. Abnormal electrolyte concentrations may be the cause or consequence of several medical disorders and require clinical correlation.

Disclaimer:
Test results released pertain to the specimen submitted. All test result are dependent on the quality of the sample received by the laboratory. Test result may show interlaboratory variations.Laboratory investigation are only a tool to faciliate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

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Req.No	: BIL4878953	Reported on	: 28-Oct-2024 / 10:41 AM
	TEST REPORT	Reference	: My Health Meter

DEPARTMENT OF CLINICAL CHEMISTRY I

Glycosylated Hemoglobin (HbA1C)

Investigation	Observed Value	Biological Reference Interval
Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography	5.1	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:Calculated	100	mg/dL

Interpretation:

It is an index of long-term blood glucose concentrations and a measure of the risk for developing microvascular complications in patients with diabetes. Absolute risks of retinopathy and nephropathy are directly proportional to the mean HbA1c concentration. In persons without diabetes, HbA1c is directly related to risk of cardiovascular disease.

1) Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.

2) Interference of Hemoglobinopathies in HbA1c estimatiion:
A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
C. Heterozygous state detected (D10 is corrected for HbS and HbC trait).
3) In known diabetic patients, HbA1c can be considered as a tool for monitoring the glycemic control.
Excellent Control - 6 to 7 %,
Fair to Good Control - 7 to 8 %,
Unsatisfactory Control - 8 to 10 %
and Poor Control - More than 10 %.
Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr.Abdur Rehman Asif
Consultant Biochemist
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Name	: **MR.ABBHIZIT RAMARAO GT**	TID/SID	: UMR2118329/ 28476542
Age / Gender	: 22 Years / Male	Registered on	: 28-Oct-2024 / 08:45 AM
Ref.By	: SELF	Collected on	: 28-Oct-2024 / 08:51 AM
Req.No	: BIL4878953	Reported on	: 28-Oct-2024 / 11:17 AM
	TEST REPORT	Reference	: My Health Meter

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Cholesterol Oxidase	163	Desirable: <200 mg/dL Borderline: 200-239 mg/dL High: >/=240 mg/dL
HDL Cholesterol Method:Direct Measurement	50	Low: <40 mg/dL High: >/=60 mg/dL
VLDL Cholesterol Method:Calculated	15.20	6.0-38.0 mg/dL
LDL Cholesterol Method:Calculated	97.8	Optimum: <100 mg/dL Near/above optimum: 100-129 mg/dL Borderline: 130-159 mg/dL High: 160-189 mg/dL Very high: >/=190 mg/dL
Triglycerides Method:Glycerol LPL/GK	76	Normal:<150 mg/dL Borderline: 150-199 mg/dL High: 200-499 mg/dL Very high: >/=500 mg/dL
Chol/HDL Ratio Method:Calculated	**3.26**	Low Risk: 3.3-4.4 Average Risk: 4.5-7.1 Moderate Risk: 7.2-11.0
LDL Cholesterol/HDL Ratio Method:Calculated	1.96	Desirable: 0.5-3.0 Borderline Risk: 3.0-6.0 High Risk: >6.0

Interpretation: Lipids are fats and fat-like substances which are important constituents of cells and are rich sources of energy. A lipid profile typically includes total cholesterol, high density lipoproteins (HDL), low density lipoprotein (LDL), chylomicrons, triglycerides, very low density lipoproteins (VLDL), Cholesterol/HDL ratio .The lipid profile is used to assess the risk of developing a heart disease and to monitor its treatment. The results of the lipid profile are evaluated along with other known risk factors associated with heart disease to plan and monitor treatment. Treatment options require clinical correlation.

Reference: Third Report of the National Cholesterol Education program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), JAMA 2001.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

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Dr.Abdur Rehman Asif
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Age / Gender	: 22 Years / Male	Registered on	: 28-Oct-2024 / 08:45 AM
Ref.By	: SELF	Collected on	: 28-Oct-2024 / 08:51 AM
Req.No	: BIL4878953	Reported on	: 28-Oct-2024 / 11:17 AM
	TEST REPORT	Reference	: My Health Meter

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT)

Investigation	Observed Value	Biological Reference Interval
Total Bilirubin. Method:Diazo Method	0.64	<1.2 mg/dL
Direct Bilirubin. Method:Diazo Method	**0.36**	<0.30 mg/dL
Indirect Bilirubin. Method:Calculated	0.28	<0.9 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method:UV wtihout P5P	18	<45 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:UV wtihout P5P	**40**	<35 U/L
ALP (Alkaline Phosphatase). Method:PNPP-AMP Buffer	80	40-129 U/L
Gamma GT. Method:GCNA	**6**	10-71 U/L
Total Protein. Method:Biuret & Bromocresol Green (BCG)	7.1	6.6-8.7 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.7	3.5-5.2 g/dL
Globulin. Method:Calculated	2.40	1.8-3.8 g/dL
A/GRatio. Method:Calculated	1.96	0.8-2.0

Note — Kindly correlate clinically

Interpretation: Liver functions tests help to identify liver disease, its severity, and its type. Generally these tests are performed in combination, are abnormal in liver disease, and the pattern of abnormality is indicative of the nature of liver disease. An isolated abnormality of a single liver function test usually means a non-hepatic cause. If several liver function tests are simultaneously abnormal, then hepatic etiology is likely.

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Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr.Abdur Rehman Asif
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DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH)

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	1.18	0.80-2.00 ng/mL
Thyroxine Total (T4) Method:ECLIA	7.3	5.1-14.1 µg/dL
Thyroid Stimulating Hormone (TSH) Method:ECLIA	1.75	0.27-4.20 µIU/mL

Interpretation:

A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.
Reference: Tietz textbook of Clinial Chemistry and Molecular Diagnostics, Nader Rifia, Andrea Ritas Horvath, Carl T. Wittwer.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

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Dr.Abdur Rehman Asif
Consultant Biochemist
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PLEASE SCAN QR CODE

Name	: **Mr . ABBHIZIT RAMARAO GT**	TID	: UMR2118329
Age/Gender	: 22 Years/Male	Registered On	: 28-Oct-2024 08:45 AM
Ref By	: Self	Reported On	: 28-Oct-2024 12:00 PM
Reg.No	: BIL4878953	Reference	: My Health Meter

DEPARTMENT OF ULTRASOUND

Ultrasound Abdomen Pelvis

LIVER is normal shape, size (12.8 cms) and has uniform echopattern.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER : Partially distended. No evident calculi.
CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.
No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size (10.6 cms) and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout.
No evidence of calculus or hydronephrosis.
Right kidney measures: 11.3 x 4.1 cms, Left kidney measures: 10.7 x 5.2 cms.

URINARY BLADDER shows normal shape and wall thickness.
It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern.
It measures cms, Vol : 14 cc.

No evidence of free fluid in the abdomen and pelvis.

IMPRESSION:

*** NORMAL STUDY.**

Suggested clinical correlation and follow up

*** End Of Report ***

Dr. Apoorva K
Consultant Radiologist

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EYE EXAMINATION FORM

Name of the Employee: Abhijit · Ramarao

Age: 22

Gender: Male — Female

Mobile Number: 9848458885

Date: 28/10/24

Employee ID: BU 4878953

Referred by: My Health.

Chief Complaints:

r/o general eye check up

Refraction Details

	UVA	SPHERE	CYL	AXIS	ADD	CVA
Right	6/60	-10.00	—	—	—	6/6
Left	6/60	-10.00	—	—	—	6/6

Colour Blindness: Normal

MANKIDI SAI PRIYA
OPTOMETRIST
Regd. No: 22XXFCC12837/TSPMB

Signature of the Optometrist.

*Please note that the above details of power refraction is a part of the Basic Eye Examination. You are requested to visit any of the Speciality Eye hospital for detailed and final diagnosis.

, ABBHIZIT RAMARAO
ID: 4878953

Male

22 Years

28.10.2024 10:43:24
TENET DIAGNOSTICS HUB
1-60/8/6/SM/GF/UNIT 3, SHOP2,3
GACHIBWLI, SERILINGAMPALLY, HY

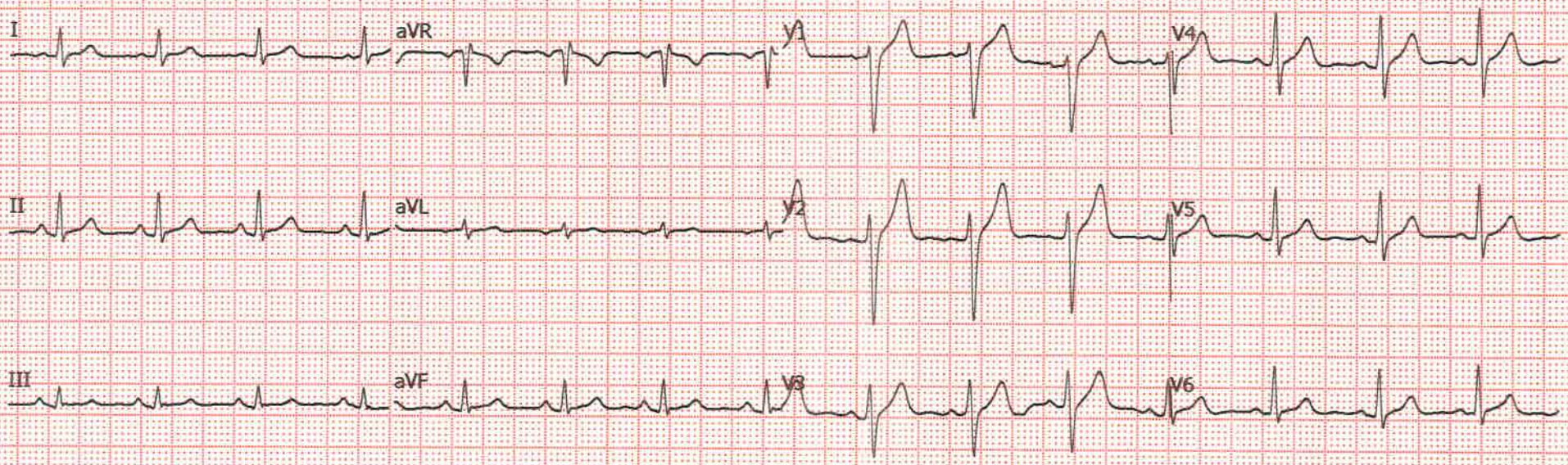
92 bpm
-- / -- mmHg

QRS :	84 ms
QT / QTcBaz :	318 / 393 ms
PR :	134 ms
P :	92 ms
RR / PP :	654 / 652 ms
P / QRS / T :	76 / 61 / 60 degrees

Normal sinus rhythm
Normal ECG

Technician: js
Ordering Ph:
Referring Ph:
Attending Ph:

Dr. YELAGAPURI ROHIT RAO
MBBS,
GENERAL PHYSICIAN
Reg. No. TSMC 18859



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1

Unconfirmed

1/1

PLEASE SCAN QR CODE

Name	: **Mr . ABBHIZIT RAMARAO GT**	TID	: UMR2118329
Age/Gender	: 22 Years/Male	Registered On	: 28-Oct-2024 08:45 AM
Ref By	: Self	Reported On	: 28-Oct-2024 04:24 PM
Reg.No	: BIL4878953	Reference	: My Health Meter

DEPARTMENT OF X-RAY

X-Ray Chest PA View

Clinical History : Health check up

Lung fields appear normal.

Cardiac size is within normal limits.

Aorta and pulmonary vasculature is normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

*** Normal study.**

Suggested clinical correlation and follow up.

*** End Of Report ***

Dr. Apoorva K
Consultant Radiologist

tenet DIAGNOSTICS
It's Good to Know

MC-2977

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **MR.ABBHIZIT RAMARAO GT**	TID/SID	: UMR2118329/ 28476542
Age / Gender	: 22 Years / Male	Registered on	: 28-Oct-2024 / 08:45 AM
Ref.By	: SELF	Collected on	: 28-Oct-2024 / 08:51 AM
Req.No	: BIL4878953	Reported on	: 28-Oct-2024 / 11:41 AM
		Reference	: My Health Meter

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Uricase	4.5	3.4-7.0 mg/dL

Interpretation

It is the major product of purine catabolism. Hyperuricemia can result due to increased formation or decreased excretion of uric acid which can be due to several causes like metabolic disorders, psoriasis, tissue hypoxia, pre-eclampsia, alcohol, lead poisoning, acute or chronic kidney disease, etc. Hypouricemia may be seen in severe hepato cellular disease and defective renal tubular reabsorption of uric acid.

* Sample processed at National Reference Laboratory,
Tenet Diagnostics,Hyderabad

--- End Of Report ---

Dr.Abdur Rehman Asif
Consultant Biochemist
Reg.No - APMC/FMR/78102