



# SRI RAMACHANDRA LABORATORY SERVICES SRI RAMACHANDRA HOSPITAL

## INVESTIGATION REPORT



### Patient Name & Address

**MR.RAMESH BABU P**

NO 27/16, BARATHY COLONY ANNEX,  
ALWARTHIRUNAGAR,

Ph No:

### Referring Doctor

Dr.JAYANTHI V DR MBBS , MD , DM ,

### Department

HEPATOLOGY

Patient Id : **0021615031** Age : 56 Y Sex : M D.O.B : 13-06-1966 Req No : 014254340  
Collected : 02-07-2022 10:20:46 Received : 02-07-2022 10:53:07 Reported : 02-07-2022 13:36:00

Test Name (Sample type/Methodology)	Result	Biological Reference Interval	Units
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### BIO-CHEMISTRY

L.F.T.

S.G.O.T

163

<50

IU/L

Serum UV without P5P

S.G.P.T

81

< 50

IU/L

Serum UV without P5P

ALK.PHOSPHATASE

144

32-120

IU/L

Serum PNPP- AMP buffer

TOTAL PROTEIN

6.1

6.6-8.3

g/dl

Serum Biuret

ALBUMIN

3.0

3.5-5.2

g/dL

Serum Bromocresol Green

GLOBULIN

3.0

2.0-3.5

g/dL

Serum Calculated

A : G RATIO

1.00

1.1 - 2.0

Serum Calculated

TOTAL BILIRUBIN

2.53

0.3 - 1.2

mg/dL

Serum DPD

DIRECT BILIRUBIN

0.80

<0.2

mg/dL

Serum DPD

INDIRECT BILIRUBIN

1.73

0-1 day : 1.2 - 8.5

mg/dL

CALCULATED PARAMETER

1-2 days : 3.2 - 11.3

3-5 days : 1.3 - 11.8

Adult : 0.1 - 1.0

**\*\* End Of Report \*\***

*Uma sekar*

Dr.Uma sekar M.D,DCP

*K Sowmya K DR*

SOWMYA K DR  
PROFESSOR

Director-Central Laboratory Services

Page 1 of 1

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Patient Name:	RAMESH BABU S	Study Date Time:	30-Jun-2022
Age/ Sex:	56 Years / M	Study:	CECT ABDOMEN / GB-OP
Patient ID:	0021615031	Accession Number:	
Referring Physician:	DR JAYANTHI	E-Sign Date:	30-Jun-2022 13:01:51

**CT- WHOLE ABDOMEN (PLAIN AND CONTRAST)**

**CLINICAL HISTORY:** CLD, hypoalbuminemia secondary to CLD; Anti HBS reactive

**TECHNIQUE:** Helical CT study of the abdomen done before and after administration of IV contrast

**FINDINGS:**

**LIVER:**

Liver appears shrunken in size (~ 8.0 cm) with fissural widening and mildly nodular surface. No focal parenchymal lesion detected. No evidence of intra or extra hepatic biliary radicle dilatation. The portal vein appears mildly dilated measuring ~ 16.0 mm. The hepatic veins appear normal. No significant enlarged lymph nodes are noted in porta hepatis.

**GALL BLADDER:**

Gall bladder distended. No obvious evidence of radiodense calculus. Wall thickness appears normal. No pericholecystic fluid collection / inflammation.

**PANCREAS:**

Pancreas appears normal in size and morphology. No significant ductal dilatation / calcification seen. Peripancreatic fat planes appear preserved.

**SPLEEN:**

Moderate splenomegaly (~15x8 cm) with no focal parenchymal lesions identified.

**BOTH KIDNEYS:**

Normal in size, site, shape and axis. No focal parenchymal lesions noted. No calculi. Pelvicalyceal system and ureter not dilated.

Adrenal glands appear normal bilaterally with no definite mass lesions identified.

**GIT:**

Stomach is distended normally. No focal or diffuse wall thickening.

No significant small and large bowel wall thickening / dilatation seen. The ileo colic junction is normal.

**PERITONEUM AND RETROPERITONEUM:**

The omentum appears normal with no abnormal soft tissue nodules or thickening.

Mesenteric fat appears normal. No significant mesenteric lymph node enlargement.

Abdominal aorta, IVC, and the superior mesenteric vessels appear normal.

No paraaortic lymph node enlargement. No ascites / pleural effusion noted.



# SRI RAMACHANDRA HOSPITAL

Porur, Chennai - 600 116.  
Ph. : 24768027, 31 - 33  
Fax : 091-44-24765995

Patient Name:	RAMESH BABU S	Study Date Time:	30-Jun-2022
Age/ Sex:	56 Years / M	Study:	CECT ABDOMEN / GB-OP
Patient ID:	0021615031	Accession Number:	
Referring Physician:	DR JAYANTHI	E-Sign Date:	30-Jun-2022 13:01:51

## **PELVIS:**

### **URINARY BLADDER:**

Urinary bladder is partially distended and appears grossly normal.

### **PROSTATE:**

Prostate is normal in size and shape. No focal parenchymal lesions.

*Degenerative changes with few end plate osteophytes are seen on dorsolumbar spine.*

No ascites / pleural effusion.

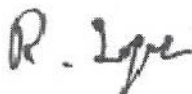
**A 17x15 mm sized ? chronic injection abscess seen in the right gluteal superficial fat plane.**

## **IMPRESSION:**

- Chronic liver parenchymal disease.
- No focal parenchymal lesions detected in liver.
- Moderate splenomegaly
- Mildly dilated portal vein.

Side Verification : Done

This report is electronically generated and Signed by the Doctor.

  
Dr.R.LOGESH.MBBS;MD(RD)  
Reg No-80204





**SRI RAMACHANDRA LABORATORY SERVICES**  
**SRI RAMACHANDRA HOSPITAL**  
**INVESTIGATION REPORT**



**Patient Name & Address**

**MR.RAMESH BABU P**

NO 27/16, BARATHY COLONY ANNEX,  
ALWARTHIRUNAGAR,

Ph No:

**Referring Doctor**

Dr.JAYANTHI V DR MBBS , MD , DM ,

**Department**

HEPATOLOGY

**Patient Id : 0021615031**

**Age : 56 Y**

**Sex : M**

**D.O.B : 13/06/1966**

**Req No : 014203902**

**Collected : 24/06/2022 08:20:00**

**Received : 24/06/2022 09:09:26**

**Reported : 24/06/2022 10:49AM**

**Test Name (Sample type/Methodology)**

**Result**

**Biological**

**Reference Interval**

**Units**

**BIO-CHEMISTRY**

**ALPHA FETO PROTEIN**

Serum ECLIA

**7.160**

<7.0

ng/mL

**Note :** Presence of certain auto-antibodies and analyte specific antibodies may interfere with the assay performance.  
High levels of biotin and certain drugs may also interfere with the assay  
The results should always be correlated with patients history, clinical condition, drug therapy and other findings

**LIPID PROFILE**

**CHOLESTEROL**

Serum Cholesterol Oxidase

**120**

Desirable : < 200

mg/dl

Borderline High: 200-239

High : >240

**TRIGLYCERIDE**

Serum GPO-PAP

**81**

Desirable : < 150

mg/dL

Borderline : 150 - 199

High : 200 - 499

Very High : > 500

**HDL CHOLESTEROL**

Serum Direct, Immunoinhibition

**28**

40 - 60

mg/dl

**L.D.L**

Serum Direct Measure

**81**

Optimal : < 100 Near

mg/dL

Optimal : 100-129

Borderline High : 130-159

High : >160

**CHOLESTEROL / HDL RATIO**

Serum Calculated

**4.2**

**\*\* End Of Report \*\***

*Uma sekar*

Dr.Uma sekar M.D,DCP

Director-Central Laboratory Services

*Leena Chand*

LEENA CHAND DR

ASSISTANT PROFESSOR



# SRI RAMACHANDRA LABORATORY SERVICES SRI RAMACHANDRA HOSPITAL

## INVESTIGATION REPORT

**Patient Name & Address****MR.RAMESH BABU P**NO 27/16, BARATHY COLONY ANNEX,  
ALWARTHIRUNAGAR,**Empld :****Ward:****Bed:****Referring Doctor**

Dr.JAYANTHI V DR

**Department**

HEPATOLOGY

Patient Id : 0021615031 Age : 56 Y Gender : M DOB : 13/06/1966 LabNo : ReqNo : 014168651  
Collected : Received : 18/06/2022 09:59:48 Reported : 21/06/2022 01:23:00

**Microbiology Result****Test Name : AB TO HBEAG****Method :** Chemiluminescent microparticle immunoassay (CMIA)**Sample type:** SERUM**Report :**

<u>Result ( S/CO )</u>	<u>Interpretation</u>	<u>Interpretative criteria ( S/CO )</u>
1.61	Non Reactive	Reactive : $\leq 1.0$ Non-reactive : $> 1.0$

**Remarks :**

- Anti-HBe assay is a chemiluminescent particle immunoassay for the qualitative detection of antibody to Hepatitis B e - antigen in serum. It is an aid in the diagnosis and monitoring of hepatitis B viral infection. It is detectable in the early phase of infection after the appearance of HBs Ag. The titre rises rapidly during the period of viral replication in acute infection.
- Seroconversion from HBe Ag to Anti-HBe is usually indicative of resolution of infection and a reduced level of infectivity
- A subset of chronic Hepatitis B patient may be positive for Anti-HBe .
- Samples with S/CO values of  $> 3.0$  may be reactive for HBe Ag and should be tested for HBe Ag.
- If results are inconsistent with the clinical evidence additional testing is suggested to confirm result.
- Results should always be used in conjunction with patient history and other hepatitis markers

**\*\* End Of Report\*\***

Dr.Uma Sekar MD,DCP  
Director-Central Laboratory Services

1/1

Dr.Prema Malini MD  
ASSOCIATE PROFESSOR

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**SRI RAMACHANDRA LABORATORY SERVICES**  
**SRI RAMACHANDRA HOSPITAL**



**INVESTIGATION REPORT**

**Patient Name & Address**

**MR.RAMESH BABU P**

NO 27/16, BARATHY COLONY ANNEX,  
ALWARTHIRUNAGAR,

**EmpId :**

**Ward:**

**Bed:**

**Referring Doctor**

Dr.JAYANTHI V DR

**Department**

HEPATOLOGY

Patient Id : 0021615031 Age : 56 Y Gender : M DOB : 13/06/1966 LabNo : ReqNo : 014168651  
Collected : Received : 18/06/2022 09:59:48 Reported : 21/06/2022 01:23:00

**Microbiology Result**

**Test Name : HBeAg**

**Method : Chemiluminescent microparticle immunoassay (CMIA)**

**Sample type: SERUM**

**Report :**

<u>Result ( S/CO )</u>	<u>Interpretation</u>	<u>Interpretative criteria ( S/CO )</u>
0.51	Non Reactive	Reactive : $\geq 1.0$ Non reactive : $< 1.0$

**Remarks :**

- HBeAg determinations can be used to monitor the progress of Hepatitis B viral infection. It is first detectable in the early phase of infection after the appearance of HBsAg
- The titre of antigen rises rapidly during the period of viral replication in acute infection
- HBeAg may persist with HBsAg in chronic hepatitis B infection. However, a subset of patients may have no detectable HBeAg in serum but still are positive for antibody to HBeAg
- All reactive specimens have been retested in duplicate to confirm the reactivity
- The results should be used in conjunction with patient history and other hepatitis markers
- Immune complex formation can lead to lower HBeAg titres. If results are inconsistent with clinical evidence additional testing is suggested to confirm the result.

**\*\* End Of Report\*\***

*Uma Sekar*

**Dr.Uma Sekar MD,DCP**  
**Director-Central Laboratory Services**

1/1

*P. Prema*

**Dr.Prema Malini MD**  
**ASSOCIATE PROFESSOR**

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**SRI RAMACHANDRA LABORATORY SERVICES**  
**SRI RAMACHANDRA HOSPITAL**

**INVESTIGATION REPORT**



**HISTOPATHOLOGY**

**Patient Name & Address**

**MR.RAMESH BABU P**

NO 27/16, BARATHY COLONY ANNEX,  
ALWARTHIRUNAGAR,

**Referred to**

HISTOPATHOLOGIST

**Department**

HISTOPATHOLOGY

**PatientID : 0021615031 Age : 56 Y**

**Sex : M**

**DOB : 13/06/1966**

**Result No: 0000136609**

**Acc.No : SS-1817/2022**

**Collected:**

**Received : 15/06/2022 16:12:22**

**Resulted : 17/06/2022 14:12:53**

**Final Impression**

- A) Features suggestive of duodenitis and Brunner gland hyperplasia  
B) H.pylori associated chronic active gastritis.

**Clinical Diagnosis :**

?H.pylori gastritis

**Specimen Site :**

A. D1 B. Antral ulcer

**Gross :**

A.Received 2 grey white soft tissue fragments altogether aggregating to 0.2cc  
All embedded A1

B.Received multiple grey white soft tissue fragments altogether aggregating to 1cc  
All embedded B1

Grossed by Dr Archana

**Microscopy :**

A)a. Sections from D1 show loss of duodenal mucosa and dense lymphoid aggregates. Marked Brunner gland hyperplasia noted.

B) a. Chronic gastritis with moderate activity and lymphoid aggregates

b. H. pylori organisms seen (2+)

c. No evidence of intestinal metaplasia /dysplasia/ malignancy

**Reporting Pathologist :**

Dr. G. Barathi / Dr. P.S.Muthu

**\*\* End Of Report \*\***

*Uma Sekar*

Dr.Uma Sekar MD,DCP

Director-Central Laboratory Services

*Muthu Subramanian P S DR*

MUTHU SUBRAMANIAN P S DR

SENIOR RESIDENT



SRI RAMACHANDRA LABORATORY SERVICES  
SRI RAMACHANDRA HOSPITAL  
INVESTIGATION REPORT



Patient Name & Address

MR.RAMESH BABU P

NO 27/16, BARATHY COLONY ANNEX,  
ALWARTHIRUNAGAR,

Ph No:

Referring Doctor

Dr.JAYANTHI V DR MBBS , MD , DM ,

Department

HEPATOLOGY

Patient Id : 0021615031

Age : 56 Y

Sex : M

D.O.B : 13/06/1966

Req No : 014157950

Collected :

Received : 16/06/2022 12:23:38

Reported : 16/06/2022 13:34:00

Test Name (Sample type/Methodology)

Result

Biological  
Reference Interval

Units

BIO-CHEMISTRY

AMMONIA

81.6

16-53

μmol/L

Blood Enzymatic

**\*\* End Of Report \*\***

Dr Uma sekar M.D,DCP

Director-Central Laboratory Services

LEENA CHAND DR

ASSISTANT PROFESSOR

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SRI RAMACHANDRA HOSPITAL  
INVESTIGATION REPORT



Patient Name & Address

MR.RAMESH BABU P

NO 27/16, BARATHY COLONY ANNEX,  
ALWARTHIRUNAGAR,

Ph No:

Referring Doctor

Dr.JAYANTHI V DR MBBS , MD , DM ,

Department

HEPATOLOGY

Patient Id : 0021615031

Age : 56 Y

Sex : M

D.O.B : 13/06/1966

Req No : 014157950

Collected :

Received : 16/06/2022 12:41:31

Reported : 16/06/2022 14:58:05

Test Name (Sample type/Methodology)

Result

Biological  
Reference Interval

Units

**BIO-CHEMISTRY**

THYROID FUNCTION TEST-1 (FT3,FT4,TSH3)

-

**Note :** Presence of certain auto-antibodies and analyte specific antibodies may interfere with the assay performance.  
High levels of biotin and certain drugs may also interfere with the assay

The results should always be correlated with patients history, clinical condition, drug therapy and other findings

FT3

Serum ECLIA

3.24

2.0-4.4

pg/mL

FT4

Serum ECLIA

1.14

0.93 - 1.7

ng/dl

TSH3

Serum ECLIA

3.230

0.270 - 4.200

μIU/mL

**\*\* End Of Report \*\***

Dr.Uma sekar M.D,DCP

Director-Central Laboratory Services

SOWMYA K DR  
PROFESSOR

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NO 27/16, BARATHY COLONY ANNEX,  
ALWARTHIRUNAGAR,

Referring Doctor

Dr.JAYANTHI V DR MBBS , MD , DM ,

Department

HEPATOLOGY

Ph No:

Patient Id : 0021615031

Age : 56 Y

Sex : M

D.O.B : 13/06/1966

Req No : 014157950

Collected : 16/06/2022 12:10:00

Received : 16/06/2022 12:44:08

Reported : 16/06/2022 05:57PM

Test Name (Sample type/Methodology)

Result

Biological

Reference Interval

Units

**BIO-CHEMISTRY**

GLYCATED Hb (HbA1c)

IDIA HPLC

Whole

Blood

Estimated Average Glucose(EAG)

Whole Calculated

Blood

5.1

Normal < 5.7

%

Prediabetes 5.7 to 6.4

Diabetes > 6.5

100

68-126

mg/dL

**\*\* End Of Report \*\***

Dr.Uma sekar M.D,DCP  
Director-Central Laboratory Services

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SOWMYA K DR  
PROFESSOR

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**INVESTIGATION REPORT**



Patient Name & Address

**RAMESH BABU P**

27/16, BARATHY COLONY ANNEX,  
WARTHIRUNAGAR,

EmpId :

Referring Doctor

Dr.JAYANTHI V DR

Department

HEPATOLOGY

Patient Id : 0021615031 Age : 56 Y Gender : M DOB : 13/06/1966 LabNo : ReqNo : 014157950  
Collected : 16/06/2022 12:10:00 Received : 16/06/2022 12:44:08 Reported : 16/06/2022 17:40:00

Description (Sample type/Methodology)	Result	Normal Value	Unit
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**Microbiology Result**

CV Ab

CMIA	Nonreactive
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This is a screening test only done by Chemiluminescent Micro particle Immuno Assay (CMIA) which is a highly sensitive assay. Rare false positive results can occur. All "REACTIVE" results have to be confirmed with clinical history, biochemical parameter and Molecular assay like PCR

**ANTI HBS TITRE**

Chemiluminescent microparticle immunoassay (CMIA)	27.03	>10 Protective <10 Non-Protective	mIU/mL
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**ANTI HBCAG (TOTAL)**

Chemiluminescent microparticle immunoassay (CMIA)	5.79	<1.0 NON REACTIVE >1.0 REACTIVE	S/CO
---	------	---------------------------------	------

Remarks :

**\*\* End Of Report\*\***

*Uma Sekar*

Uma Sekar MD,DCP

Senior Central Laboratory Services

*Dr. Senita Samuel*

Dr.Senita Samuel

ASSOCIATE PROFESSOR

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**SRI RAMACHANDRA LABORATORY SERVICES**  
**SRI RAMACHANDRA HOSPITAL**  
**INVESTIGATION REPORT**



Patient Name & Address

**HERAMESH BABU P**

**27/16, BARATHY COLONY ANNEX,  
WARTHIRUNAGAR,**

EmpId :

Ward:

Bed:

Referring Doctor

**Dr.JAYANTHI V DR**

Department

**HEPATOLOGY**

Patient Id : **0021615031** Age : **56 Y** Gender : **M** DOB : **13/06/1966** LabNo : ReqNo : **014157950**  
Collected : **16/06/2022 12:10:00** Received : **16/06/2022 12:44:08** Reported : **16/06/2022 17:40:00**

**Microbiology Result**

Test Name : **ANTI HBS TITRE**

Method : **Chemiluminescent microparticle immunoassay (CMIA)**

Sample type: **SERUM**

Report :

<u>Result ( mIU/mL )</u>	<u>Interpretation</u>	<u>Interpretative criteria ( mIU/mL )</u>
<b>27.03</b>	<b>Reactive</b>	<b>Non reactive : &lt; 10 Reactive : ≥ 10</b>

Remarks :

- AntiHBs is a chemiluminescent microparticle immunoassay for the quantitative detection of antibody to Hepatitis B surface antigen in human serum. It is used to demonstrate the effectiveness of Hepatitis B virus vaccine or recovery phase of Hepatitis b virus infection
- Detection of anti-HBs in an asymptomatic individual may indicate previous exposure to Hepatitis B virus
- For diagnostic purposes, results should be used in conjunction with patient history and the presence of other hepatitis markers.
- If results are inconsistent with the clinical evidence additional testing is suggested to confirm result.
- Specimens from heparinised patients may give erroneous results

**\*\* End Of Report\*\***

*Uma Sekar*

**Uma Sekar MD,DCP**  
**Director-Central Laboratory Services**

1/1

*Dr.Senita Samuel*

**Dr.Senita Samuel**  
**ASSOCIATE PROFESSOR**

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INVESTIGATION REPORT



Patient Name & Address

RAMESH BABU P

27/16, BARATHY COLONY ANNEX,  
WARTHIRUNAGAR,

EmpId :

Ward:

Bed:

Referring Doctor

Dr.JAYANTHI V DR

Department

HEPATOLOGY

LabNo : ReqNo : 014157950  
Received : 16/06/2022 12:44:08  
Reported : 16/06/2022 17:40:00

Microbiology Result

Test Name : AB TO HBCAG (TOTAL)

Method : Chemiluminescent microparticle immunoassay (CMIA)

Sample type: Serum

Report :

Result ( S/CO )	Interpretation	Interpretative criteria ( S/CO )
5.79	Reactive	Reactive : $\geq 1.00$ Non reactive : $< 1.00$

Remarks :

- AntiHBc is a chemiluminescent microparticle immunoassay for the qualitative detection of antibody to Hepatitis B core antigen in human serum. It is intended to be used to aid in the diagnosis of hepatitis B virus infection and as a screening test to prevent transmission of Hepatitis C virus
- The presence of anti HBc does not differentiate between acute or chronic hepatitis B infection
- Results should be used in conjunction with patient history and the presence of other hepatitis markers.
- If results are inconsistent with the clinical evidence additional testing is suggested to confirm result.
- Heterophilic antibodies in the serum may cause interference in immunoassays

\*\* End Of Report\*\*

Uma Sekar

Uma Sekar MD,DCP  
Director-Central Laboratory Services

Dr.Senita Samuel

Dr.Senita Samuel  
ASSOCIATE PROFESSOR

1/1

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Patient Name & Address

MR. RAMESH BABU P

NO 27/16, BARATHY COLONY ANNEX,  
WARTHIRUNAGAR,

EmpId :

Referring Doctor

Dr. EMMANUEL BHASKAR M

Department

GENERAL MEDICINE

Patient Id : 0021615031 Age : 56 Y Gender : M DOB : 13/06/1966 LabNo : ReqNo : 014147534  
Collected : 15/06/2022 07:50:49 Received : 15/06/2022 08:13:48 Reported : 15/06/2022 11:28:00

Test Description (Sample type/Methodology)	Result	Normal Value	Unit
--	--------	--------------	------

Microbiology Result

H1sAg

CMIA Non Reactive

This is a screening test only done by Chemiluminescent Micro particle Immuno Assay (CMIA) which is a highly sensitive assay. Rare false positive results can occur. All "REACTIVE" results have to be confirmed with clinical history, biochemical parameter and Molecular assay like PCR

Remarks :

\*\* End Of Report\*\*

Uma Sekar

Uma Sekar MD, DCP

Director - Central Laboratory Services

P. Prema Malini

Dr. Prema Malini MD

ASSOCIATE PROFESSOR

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SRI RAMACHANDRA LABORATORY SERVICES  
SRI RAMACHANDRA HOSPITAL  
INVESTIGATION REPORT



Patient Name & Address

MR. RAMESH BABU P  
NO 27/16, BARATHY COLONY ANNEX,  
ALWARTHIRUNAGAR,

Referring Doctor:

Dr. EMMANUEL BHASKAR M MBBS, MD,

Department

GENERAL MEDICINE

Ph No:

Patient Id : 0021615031

Age : 56 Y

Sex : M

D.O.B : 13/06/1966

Req No : 014147534

Collected : 15/06/2022 07:50:49

Received : 15/06/2022 08:13:48

Reported : 15/06/2022 10:37AM

Test Name (Sample type/Methodology)	Result	Biological Reference Interval	Units
<b>BIO-CHEMISTRY</b>			
<b>VITAMIN B12</b> Serum ECLIA	323.10	Normal range : 197-771, Indeterminate: 150-196, Deficient : < 150	pg/mL
<b>Note :</b> Presence of certain auto-antibodies and analyte specific antibodies may interfere with the assay performance. High levels of biotin and certain drugs may also interfere with the assay The results should always be correlated with patients history, clinical condition, drug therapy and other findings			
<b>L.D.H</b> Serum II CC-Lactate to Pyruvate	380	208 - 378	U/L
<b>LIPID PROFILE</b>			
<b>CHOLESTEROL</b> Serum Cholesterol Oxidase	125	Desirable : < 200 Borderline High: 200-239 High : > 240	mg/dl
<b>TRIGLYCERIDE</b> Serum GPO-PAP	78	Desirable : < 150 Borderline : 150 - 199 High : 200 - 499 Very High : > 500	mg/dL
<b>HDL CHOLESTEROL</b> Serum Direct, Immuno-inhibition	31	40 - 60	mg/dL
<b>L.D.L</b> Serum Direct Measure	85	Optimal : < 100 Near Optimal : 100-129 Borderline High : 130-159 High : > 160	mg/dL
<b>CHOLESTEROL / HDL RATIO</b> Serum Calculated	4.1		

\*\* End Of Report \*\*

Uma sekar

Dr. Uma sekar M.D.DCP  
Director-Central Laboratory Services

K. Sowmya

SOWMYA K DR  
PROFESSOR

Page 1 of 1

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**SRI RAMACHANDRA LABORATORY SERVICES**  
**SRI RAMACHANDRA HOSPITAL**



**INVESTIGATION REPORT**

Patient Name & Address

MR.RAMESH BABU P

NO 27/16, BARATHY COLONY ANNEX,  
ALWARTHIRUNAGAR,

Referring Doctor

Dr.EMMANUEL BHASKAR M MBBS,MD ,

Department

GENERAL MEDICINE

Patient Id : 0021615031

Age : 56 Y

Sex : M

D.O.B : 13/06/1966

Req No : 014147534

Collected : 15/06/2022 07:50:49

Received : 15/06/2022 08:13:48

Reported : 15/06/2022 09:45AM

Test Name (Sample type/Methodology)

Result

Biological

Reference Interval

Units

**CLINICAL PATHOLOGY & HAEMATOLOGY**

PTT (PARTIAL THROMBOPLASTIN TIME)

Citrated Automated optical  
Plasma/

CONTROL

28.3

22.9-28.0

seconds

25.4

PROTHROMBIN TIME (P.T)

Citrated Automated optical  
Plasma/

CONTROL (MNPT)

13.8

11.0-13.4

seconds

12.2

I.N.R

Plasma/ Calculated

Remarks

1.14

On anticoagulation  
2 - 4

**\*\* End Of Report \*\***

*Uma sekar*

Dr.Uma sekar M.D,DCP

Director-Central Laboratory Services

*Dr.D.Febe Renjitha Suman M.D*

Dr.D.Febe Renjitha Suman M.D  
PROFESSOR

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Referring Doctor

Dr. EMMANUEL BHASKAR M MBBS, MD,

Department

GENERAL MEDICINE

Patient Id : 0021615031

Age : 56 Y

Sex : M

D.O.B : 13/06/1966

Req No : 014147534

Collected : 15/06/2022 07:50:49

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Reported : 15/06/2022 11:53AM

Test Name (Sample type/Methodology)

Result

Biological

Reference Interval

Units

**CLINICAL PATHOLOGY & HAEMATOLOGY**

**PERIPHERAL SMEAR EXAMINATION**

BLOOD

RBC: Normocytic normochromic RBCs.

WBC: Leucopenia.

PLATELET: Adequate with giant platelets.

HEMOPARASITES: Absent.

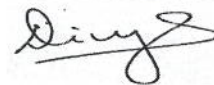
IMPRESSION: Leucopenia.

**\*\* End Of Report \*\***



Dr. Uma Sekar M.D, DCP

Director-Central Laboratory Services



DIVYA M DR

SENIOR RESIDENT

Page 1 of 1

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# SRI RAMACHANDRA LABORATORY SERVICES

## SRI RAMACHANDRA HOSPITAL



Patient Name & Address

MR.RAMESH BABU S

NO 27/16, BARATHY COLONY ANNEX,  
ALWARTHIRUNAGAR,

### INVESTIGATION REPORT

Referring Doctor

Dr.RAJKUMAR M (G.MED) MBBS,MD ,

Department

GENERAL MEDICINE

Patient Id : 0021615031

Age : 56 Y

Sex : M

D.O.B : 13/06/1966

Req No : 014139468

Collected : 13/06/2022 16:03:00

Received : 13/06/2022 16:04:32

Reported : 13/06/2022 05:34PM

Test Name (Sample type/Methodology)

Result

Biological

Reference Interval

Units

### CLINICAL PATHOLOGY & HAEMATOLOGY

CBC (HB,TC,DC,PCV,RBC,PLT,MCV,MCH,MCHC)

EDTA Blood

HAEMOGLOBIN

Blood SLS photometric

TC

Fluorescence Flowcytometry

DC

Fluorescence Flowcytometry

POLY

IG (Promyelo,myelo,metamyelo)

LYMPH

EOS

MONO

BASO

RBC COUNT

Electrical Impedence

PLATELET COUNT

Electrical impedance

PCV

Measured

MCV

Calculated

MCH

Calculated

MCHC

Calculated

ROUTINE URINE ANALYSIS

COLOUR(URINE)

Urine Automated - Photometry

GLUCOSE (URINE)

PROTEIN (URINE)

SEDIMENT (URINE)

Automated - Microscopy

Straw Yellow/Clear

NEGATIVE

NEGATIVE

<30 mg/dl

NEGATIVE

NEGATIVE

<10 mg/dl

Dr.Uma sekar M.D,DCP

Director-Central Laboratory Services

Dr.D.Febe Renjitha Suman M.D

PROFESSOR

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**SRI RAMACHANDRA HOSPITAL**



**INVESTIGATION REPORT**

Patient Name & Address

**MR.RAMESH BABU S**

NO 27/16, BARATHY COLONY ANNEX,  
ALWARTHIRUNAGAR,

Referring Doctor

Dr.RAJKUMAR M (G.MED) MBBS,MD ,

Department

GENERAL MEDICINE

Patient Id : 0021615031

Age : 56 Y

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Reported : 13/06/2022 05:34PM

Test Name (Sample type/Methodology)

Result

Biological

Reference Interval

Units

**CLINICAL PATHOLOGY & HAEMATOLOGY**

**PUS CELLS**

Urine

RBC

4-6

< 5 Cells

/ HPF

**EPITHELIAL CELLS**

Urine

CASTS

NIL

0

cells/c.mm

3-5

0 - 4 Cells

/ HPF

NIL

NIL

/ HPF

**CRYSTALS**

NIL

NIL

/ HPF

**OTHERS (URINE)**

-

-

Remarks

**\*\* End Of Report \*\***

*Uma sekar*

Dr.Uma sekar M.D,DCP

Director-Central Laboratory Services

*Dr.D.Febe Renjitha Suman M.D*

Dr.D.Febe Renjitha Suman M.D

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**SRI RAMACHANDRA LABORATORY SERVICES**  
**SRI RAMACHANDRA HOSPITAL**  
**INVESTIGATION REPORT**



**Patient Name & Address**

**MR. RAMESH BABU S**  
 NO 27/16, BARATHY COLONY ANNEX,  
 ALWARTHIRUNAGAR,

**Referring Doctor**

Dr. RAJKUMAR M (G.MED) MBBS, MD,

**Department**

GENERAL MEDICINE

Ph No:

Patient Id : 0021615031

Age : 56 Y

Sex : M

D.O.B : 13/06/1966

Req No : 014139468

Collected : 13/06/2022 16:03:00

Received : 13/06/2022 16:04:32

Reported : 13/06/2022 05:31PM

**Test Name (Sample type/Methodology)**

**Result**

**Biological**

**Reference Interval**

**Units**

**BIO-CHEMISTRY**

**PLASMA GLUCOSE (R)**

Plasma Hexokinase

107

80-140

mg/dL

**RENAL PROFILE (BUN, CREATININE, ELECTROLYTES)**

**BUN**

Serum Urease - UV

7

7.9 - 20.1

mg/dL

**CREATININE**

Serum Jaffes, Kinetic

0.9

0.8 - 1.3

mg/dL

**SODIUM**

Serum ISE Indirect

140

136-146

mmol/L

**POTASSIUM**

Serum ISE - Indirect

3.4

3.5-5.1

mmol/L

**CHLORIDE**

Serum ISE - Indirect

112

101-109

mmol/L

**BICARBONATE**

Serum Enzymatic

22

21 - 31

mmol/L

**L.F.T.**

**S.G.O.T**

Serum UV without P5P

189

<50

IU/L

**S.G.P.T**

Serum UV without P5P

87

< 50

IU/L

**ALK. PHOSPHATASE**

Serum PNPP- AMP buffer

138

32-120

IU/L

**TOTAL PROTEIN**

Serum Biuret

6.0

6.6-8.3

g/dl

**ALBUMIN**

Serum Bromocresol Green

3.0

3.5-5.2

g/dL

**GLOBULIN**

Serum Calculated

3.0

2.0-3.5

g/dL

**A : G RATIO**

Serum Calculated

1.00

1.1 - 2.0

**TOTAL BILIRUBIN**

Serum DPD

2.40

0.3 - 1.2

mg/dL

**DIRECT BILIRUBIN**

Serum DPD

0.83

<0.2

mg/dL

**INDIRECT BILIRUBIN**

CALCULATED PARAMETER

1.57

0-1 day : 1.2 - 8.5

1-2 days : 3.2 - 11.3

3-5 days : 1.3 - 11.8

Adult : 0.1 - 1.0

mg/dL

Dr. Uma sekar M.D, DCP

Director-Central Laboratory Services

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SOWMYA K DR  
 PROFESSOR

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SRI RAMACHANDRA LABORATORY SERVICES  
SRI RAMACHANDRA HOSPITAL  
INVESTIGATION REPORT



Patient Name & Address

MR. RAMESH BABU S

NO 27/16, BARATHY COLONY ANNEX,  
ALWARTHIRUNAGAR,

Referring Doctor

Dr. RAJKUMAR M (G.MED) MBBS, MD,

Department

GENERAL MEDICINE

Ph No:

Patient Id : 0021615031

Age : 56 Y

Sex : M

D.O.B : 13/06/1966

Req No : 014139468

Collected : 13/06/2022 16:03:00

Received : 13/06/2022 16:04:32

Reported : 13/06/2022 05:31PM

Test Name (Sample type/Methodology)

Result

Biological

Reference Interval

Units

BIO-CHEMISTRY

**\*\* End Of Report \*\***

*Uma sekar*

Dr. Uma sekar M.D, DCP

Director-Central Laboratory Services

*K. Sowmya K*

SOWMYA K DR  
PROFESSOR

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SRI RAMACHANDRA LABORATORY SERVICES  
SRI RAMACHANDRA HOSPITAL  
INVESTIGATION REPORT



Patient Name & Address

MR.RAMESH BABU S

NO 27/16, BARATHY COLONY ANNEX,  
ALWARTHIRUNAGAR,

Ph No:

Referring Doctor

Dr.RAJKUMAR M (G.MED) MBBS,MD ,

Department

GENERAL MEDICINE

Patient Id : 0021615031

Age : 56 Y

Sex : M

D.O.B : 13/06/1966

Req No : 014139468

Collected :

Received : 13/06/2022 16:07:04

Reported : 13/06/2022 05:16PM

Test Name (Sample type/Methodology)

Result

Biological

Reference Interval

Units

**BIO-CHEMISTRY**

PROT/CREAT RATIO (URINE)

Urine Calculated

0.10

< 0.2

mg/mg

PROTEIN (SPOT URINE)

Urine Pyragllo Red

17.1

< 150

Creatinine

CREATININE (SPOT URINE)

Urine Jaffes, Kinetic

297

40- 300

mg/dL

**\*\* End Of Report \*\***

Dr.Uma sekar M.D,DCP

Director-Central Laboratory Services

SOWMYA K DR  
PROFESSOR

Page 1 of 1

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SRI RAMACHANDRA  
UNIVERSITY

**DEPARTMENT OF MEDICAL GASTROENTEROLOGY**

**SRI RAMACHANDRA HOSPITAL**

**PORUR, CHENNAI-600116**

**UPPER GASTROINTESTINAL ENDOSCOPY REPORT**

NAME - M. RANESH BABU  
AGE/SEX - 56Y/M  
HOSPITAL NO: 2161503  
DONE BY: Dr. VIDHA / Dr. SHANMUGANATHAN  
INDICATION - Voiceal screening  
INSTRUMENT-GIF 150L  
WARD - OP  
UNIT  
REFERRING DOCTOR -  
DATE - 15/6/22  
TIME - 11 am

**FINDINGS:**

ESOPHAGUS -

GE JUNCTION: Z LINE AT 38 CMS; DIAPHRAGMATIC PINCH AT 39 CMS.

**STOMACH:**

FUNDUS -

BODY -

ANTRUM -

PYLORUS -

**DUODENUM:**

1<sup>st</sup> PART:

2<sup>nd</sup> PART:

**IMPRESSION:**

**RECOMMENDATIONS:**

GRADE 'A' ESOPHAGITIS  
SEVERE PORTAL HYPERTENSIVE GASTROPATHY  
ANTRAL ULCERS -  
DUODENITIS  
BIOPSIES TAKEN

SIGNATURE





# SRI RAMACHANDRA HOSPITAL

Porur, Chennai - 600 116.  
Ph. : 24768027, 31 - 33  
Fax : 091-44-24765995

Patient Name:	RAMESH BABU S	Study Date Time:	14-Jun-2022
Age/ Sex:	56 Years / M	Study:	whole abdomenWITH PELVIS/OP
Patient ID:	0021615031	Accession Number:	061408481948084
Referring Physician:	RAMAKRISHNAN S R	E-Sign Date:	14-Jun-2022 12:33:02

## ULTRASOUND ABDOMEN

**TECHNIQUE:** Real time B-mode ultrasound was performed using curvilinear transducer.

### **FINDINGS:**

**LIVER** shows mild volume loss (11.0 cm) with coarse echotexture, altered lobar ratio and mild diffuse surface nodularity surface. The intrahepatic biliary radicles and the common bile duct appear normal. The portal vein and hepatic veins are normal.

**GALL BLADDER** is well distended and normal in contour. The wall thickness is normal. No calculi.

**PANCREAS** - The head and body of the pancreas are normal in size and echotexture. The tail of the pancreas is obscured due to bowel gas shadows.

**SPLEEN** is enlarged in size (13.5 cm) with normal echotexture. The splenic vein is normal.

**RIGHT KIDNEY** measures 9.8 x 4.2 cm.

**LEFT KIDNEY** measures 10.5 x 5.2 cm.

Both kidneys are normal in size. Cortical echoes are normal. Cortico medullary differentiation is present. Pelvicalyceal system is not dilated. No calculi.

**URINARY BLADDER** is well distended, normal in contour with a smooth internal surface. The wall thickness is normal.

**PROSTATE** volume is 15 cc. It is normal in size and echogenicity. There is no free fluid in the peritoneal cavity.

### **IMPRESSION:**

- Coarse echotexture of liver with altered lobar ratio and mild diffuse surface nodularity -chronic liver parenchymal disease. Suggested LFT.
- Splenomegaly.

Side Verification : Done

  
**DR.G.KIRAN.M.B.B.S.DNB**  
REG NO - 103188

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