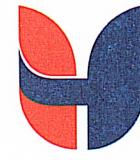




NABH



No.1



**UNITED
HOSPITAL**

Care Par Excellence
Jayanagar, Bangalore

Out Patient Record

Patient Name : Ms.BRAGATHEESWARI A P UHID : UHJA24013001
Age / Sex : 37 Years / Female OP NO/Reg Dt : 09-03-2025 07:47 AM
Spouse / Father Name : G BHARATHIRAJA Department :
Address : RAJARAJESHWARI NAGAR, , Bengaluru Referred By :
Urban, Karnataka, INDIA, Consultant : Dr.Ashmitha Padma MBBS, MD
(GENERAL MEDICINE), PGDCC,FEM
KMC No. : 02M1087

Complaints / Findings / Observations :

HJ-158 con
wt - 73.0 kg
spo₂ - 99 %
PR - 71 bpm
BP - 110/70 mmHg

Investigations:

Treatment / Care of Plan / Provisional Diagnosis :

Follow Up Advice :

Signature of the Doctor



NABH



No.1

DEPARTMENT OF RADIODIAGNOSIS

Name	Bragatheeswari A P	Date	09/03/25
Age	37 years	Hospital ID	UHJA24013001
Sex	Female	Ref.	Health check

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and *shows mildly increased echopattern*. No intra or extra hepatic biliary duct dilatation. No focal lesions. **Portal vein** is normal in size, course and caliber. **CBD** is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas - Visualized part of the pancreatic head and body appears normal in size, contour and echogenicity. Rest of the pancreas is obscured by bowel gas.

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size (10.5 x 4.1 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (10.8 x 5.4 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum- Visualized aorta appeared normal. No obvious enlarged para-aortic nodes.

Urinary Bladder is normal in contour and wall thickness. No evidence of calculi.

Uterus is anteverted and normal in size, measures 7.7 x 5.9 x 3.2 cms. Myometrial echoes are normal. Endometrium measures 9.3 mm.

Right ovary is normal in size and echopattern, measures 5.3 cc.


Left ovary is normal in size and echopattern, measures 7.0 cc.

Both adnexa: Normal. No mass is seen.

There is no ascites or pleural effusion. Appendix could not be localized. No RIF probe tenderness.

IMPRESSION:

- **Mild fatty infiltration of liver (Grade I).**
- **No other definite sonological abnormality detected.**


Dr. Varun
 Consultant Radiologist



NABH



No.1



DEPARTMENT OF RADIODIAGNOSIS

Name	Bragatheeswari A P	Date	09/03/25
Age	37 years	Hospital ID	UHJA24013001
Sex	Female	Ref.	Health check

RADIOGRAPH OF THE CHEST (PA – VIEW)

FINDINGS:

Bilateral lung fields are normal.


Bilateral costo-phrenic angles are normal.

Cardia and mediastinal contours are normal.

The bony thorax is grossly normal.

IMPRESSION:

- No radiographic abnormality.


Dr. Varun
Consultant Radiologist

Name: mrs. bhagatheeswar
 Birth date: / /
 Sex: F /
 Weight: kg
 Height: mmHg

1100 Sinus rhythm
 4068 Nonspecific Twave abnormality [flat T or negative T (II, V6)]
 9130 **borderline ECG **

37 years

Unconfirmed Report
 Reviewed by:

10 mm/mV 25 mm/s Filter: H50 D 35 Hz

10 mm/mV

10 mm/mV

10 mm/mV

10 mm/mV

10 mm/mV

10 mm/mV

10 mm/mV

10 mm/mV

10 mm/mV

10 mm/mV

10 mm/mV

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10 mm/mV

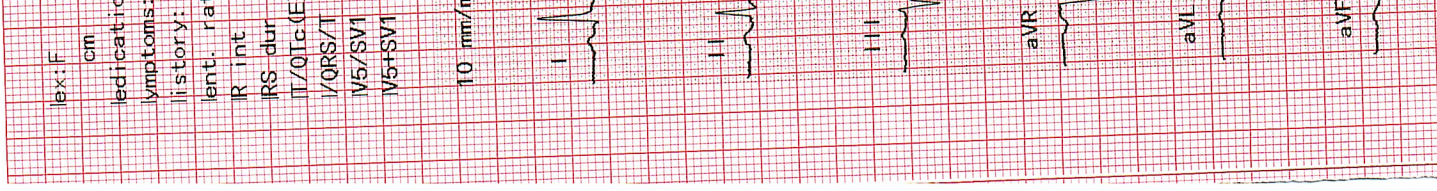
10 mm/mV

10 mm/mV

10 mm/mV

10 mm/mV

10 mm/mV



DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. BRAGATHEESWARIA P	Order No	: 1000120022
UHID	: UHJ A24013001	Registered On	: 09/03/2025 07:47:05 AM
Age/Sex	: 37/Years Female	Collected On	: 09/03/2025 07:52:13 AM
Ward / Bed No	:	Reported On	: 09/03/2025 12:38:51 PM
Reference	: Dr. Ashmitha Padma	Bill No	: OPBJ A240018321
Station	: At Hospital	Mobile No	: 9944803864
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
<u>BIOCHEMISTRY</u>			
FASTING GLUCOSE (Method: Hexokinase)	90	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
GLYCOSYLATED HAEMOGLOBIN (HBA1C)			Sample: Whole blood (EDTA)
HBA1C (Method: HPLC)	5.1	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
Estimated Average Glucose (eAG) (Method: Calculated)	100	mg/dL	
THYROID PROFILE (TOTAL T3, TOTAL T4 & TSH)			Sample: Serum
TOTAL T3 (Method:CLIA)	0.89	ng/mL	0.87-1.78
TOTAL T4 (Method:CLIA)	10.63	ng/dL	5.1-14.1
THYROID STIMULATING HORMONE (TSH) (Method:CLIA: Ultra-sensitive)	4.43	μIU/mL	0.34 - 5.60 μIU/mL (Non Pregnant) 0.3 - 4.5 μIU/mL (I trimester) 0.5 - 5.2 μIU/mL (II & III trimester)
LIPID PROFILE			Sample: Serum
TOTAL CHOLESTEROL (Method:CHOD-POD)	170	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
TRIGLYCERIDES (Method:Enzymatic GPO-POD)	56	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
HDL CHOLESTEROL (Method:ENZYMATIC METHOD)	41.2	mg/dL	< 40 - Low ≥ 60 - High

DEPARTMENT OF LABORATORY MEDICINE

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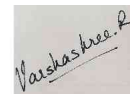
Test Name	Result	Unit	Bio. Ref. Interval
LDL CHOLESTEROL (Method: Calculated)	117.60	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
VLDL CHOLESTEROL (Method: Calculated)	11.20	mg/dL	< 30
TOTAL CHOLESTEROL : HDL RATIO (Method: Calculated)	4.13		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
LDL/HDL CHOLESTEROL RATIO (Method: Calculated)	2.85		< 2.5 Optimal
NON HDL CHOLESTEROL (Method: Calculated)	128.80	mg/dL	< 130
LIVER FUNCTION TEST Sample: Serum			
TOTAL BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.58	mg/dL	0.3-1.2
DIRECT BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.14	mg/dL	0.0-0.2
INDIRECT BILIRUBIN (Method: Calculated)	0.44	mg/dL	0.2-1.0
TOTAL PROTEIN (Method:BIURET)	7.0	g/dL	6.6-8.3
ALBUMIN (Method:BCG)	4.27	g/dL	3.5-5.2
GLOBULIN (Method: Calculated)	2.73	g/dL	2.3-3.5
AG RATIO (Method: Calculated)	1.56		2:1
SERUM SGOT (Method:IFCC without P5P)	22	U/L	< 35
SERUM SGPT (Method:IFCC without P5P)	19	U/L	< 35

DEPARTMENT OF LABORATORY MEDICINE

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Test Name	Result	Unit	Bio. Ref. Interval
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	53	U/L	46-122
GGT (Method:IFCC)	10	U/L	< 38
KIDNEY FUNCTION TEST			
UREA (Method:Urease GLDH - Kinetic)	31.5	mg/dL	17-43
CREATININE (Method:Modified Jaffe, Kinetic)	0.80	mg/dL	0.6-1.1
URIC ACID (Method:Uricase - POD(Enzymatic))	4.0	mg/dL	2.6-6.0
ELECTROLYTES			
SODIUM (Method:ION SELECTIVE ELECTRODE)	138.0	mmol/L	135-145
POTASSIUM (Method:ION SELECTIVE ELECTRODE)	4.67	mmol/L	3.5-5.1
CHLORIDE (Method:ION SELECTIVE ELECTRODE)	107.2	mmol/L	98-107
BLOOD UREA NITROGEN(BUN) (Method:Urease GLDH - Kinetic)	15	mg/dL	7.93-20.07

Sample: Serum



Dr. Varsha Shree R
M.D(Pathology)
CONSULTANT PATHOLOGIST
KMC No : 103567

DEPARTMENT OF LABORATORY MEDICINE

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HAEMATOLOGY
COMPLETE BLOOD COUNT(CBC)

Sample: Whole blood (EDTA)

HAEMOGLOBIN (Method:Photometric Measurement: Oxyhemoglobin method)	12.32	g/dL	12-16
PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT) (Method: Calculated)	38.9	%	37-47
TOTAL WBC COUNT (TLC) (Method:Coulter Principle)	6350	Cells/Cum	4000-11000
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Optical/Impedance)	53.45	%	40-75
LYMPHOCYTES (Method:Optical/Impedance)	36.68	%	20-45
EOSINOPHILS (Method:Optical/Impedance)	3.34	%	0-6
MONOCYTES (Method:Optical/Impedance)	6.17	%	2-10
BASOPHILS (Method:Optical/Impedance)	0.36	%	0-2
RED BLOOD CORPUSCLES(RBC) (Method:Coulter Principle)	4.74	million/cum	4.0-5.2
MCV (Method:Derived from RBC Histogram)	82.0	fL	78-100
MCH (Method: Calculated)	26.0	pg	27-31
MCHC (Method: Calculated)	31.7	g/dL	31-37
RDW - CV (Method: Calculated)	14.9	%	11.5-14.5
PLATELET COUNT (Method:Electrical Impedance)	2.67	Lakhs/Cum	1.5-4.5


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Test Name	Result	Unit	Bio. Ref. Interval
MEAN PLATELET VOLUME(MPV) (Method:Derived from PLT Histogram)	7.32	fl	7-11
PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated)	19.9	fl	9-19
ABSOLUTE NEUTROPHIL COUNT (ANC) (Method: Calculated)	3390	Cells/Cum	1500-7500
ABSOLUTE EOSINOPHIL COUNT (AEC) (Method: Calculated)	210	Cells/Cum	40-440
ABSOLUTE LYMPHOCYTE COUNT (ALC) (Method: Calculated)	2330	Cells/Cum	1000-4000
ABSOLUTE MONOCYTE COUNT (AMC) (Method: Calculated)	390	Cells/Cum	200-1000
ABSOLUTE BASOPHIL COUNT (ABC) (Method: Calculated)	20	Cells/Cum	20-100
ERYTHROCYTE SEDIMENTATION RATE(ESR) (Method:Modified Westergren Method)	20	mm/hour	1-20
BLOOD GROUPING & RH TYPING Sample: Whole blood (EDTA)			
ABO Group (Method:Agglutination Method)	B		
Rh Factor (Method:Agglutination Method)	Positive		

Interpretation Notes

Note: Both forward and reverse grouping performed



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Test Name	Result	Unit	Bio. Ref. Interval
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CLINICAL PATHOLOGY
URINE EXAMINATION, ROUTINE

Sample: Urine

PHYSICAL EXAMINATION

VOLUME	25	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	5.5		5.0-8.0
SPECIFIC GRAVITY	1.025		1.005-1.030

CHEMICAL EXAMINATION

PROTEIN (Method:Protein Error of pH Indicator)	Absent		Absent
GLUCOSE (Method:GOD-POD)	Absent		Absent
KETONE BODIES (Method:Nitroprusside method/ Rothera's test)	Absent		Absent
BILIRUBIN (Method:DIAZO/FOUCHET'S TEST)	Negative		Negative
BILE SALT (Method:Hay's sulfur test)	Absent		Absent
NITRITE (Method:Griess method)	Negative		Negative
UROBILINOGEN (Method:Azo coupling method)	Normal		
LEUKOCYTE ESTERASE (Method:Leukocyte Esterase activity)	Present (++)		Negative
BLOOD (Method:Peroxidase Reaction)	Present (+)		Negative

MICROSCOPIC EXAMINATION

DEPARTMENT OF LABORATORY MEDICINE

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Test Name	Result	Unit	Bio. Ref. Interval
EPITHELIAL CELLS	4-6	/HPF	0-5
PUS CELLS	10-15	/HPF	0-5
RBCs	2-4	/HPF	0-2
CASTS	Nil	/LPF	
CRYSTALS	Nil		
OTHERS	BACTERIA PRESENT		

Verified By
Sridhar Kandukuri

---End of Report---



Dr. Varsha Shree R
M.D(Pathology)
CONSULTANT PATHOLOGIST
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