

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Guruprasad H MRN : 2015000000809 Gender/Age : MALE , 52y (21/04/1971)

Collected On : 15/07/2023 08:33 AM Received On : 15/07/2023 01:18 PM Reported On : 15/07/2023 03:44 PM

Barcode : 032307150101 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9482507524

CLINICAL PATHOLOGY

| Test | Result | Unit | Biological Reference Interval |
|--|-------------|------|-------------------------------|
| Urine For Sugar (Fasting) (Enzyme Method (GOD POD)) | Not Present | - | - |
| Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD)) | Not Present | - | - |

STOOL ROUTINE EXAMINATION**PHYSICAL EXAMINATION**

| | | | |
|-------------|------------|---|---|
| Colour | Yellowish | - | - |
| Consistency | Semi Solid | - | - |
| Mucus | Absent | - | - |

CHEMICAL EXAMINATION

| | | | |
|---|----------|---|---|
| Stool For Occult Blood (Standard Guaiac Method) | Negative | - | - |
| Reaction | Alkaline | - | - |

MICROSCOPE EXAMINATION

| | | | |
|------------------|----------|------|-----|
| Ova | Not Seen | - | - |
| Cyst Of Protozoa | Not Seen | - | - |
| Trophozoite | Not Seen | - | - |
| Pus Cells | 4-6hpf | /hpf | 0-5 |

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Dr. Sudarshan Chougule
MBBS, MD, Pathology
Consultant & Head - Hematology & Flow Cytometry

NARAYANA HRUDAYALAYA BLOOD CENTRE

| Test | Result | Unit |
|---|----------|------|
| BLOOD GROUP & RH TYPING | | |
| Blood Group (Column Agglutination Technology) | O | - |
| RH Typing (Column Agglutination Technology) | Positive | - |



Dr. Prathip Kumar B R
MBBS,MD, Immunohaematology & Blood Transfusion
Consultant

HEMATOLOGY

| Test | Result | Unit | Biological Reference Interval |
|--|--------|--------|-------------------------------|
| Erythrocyte Sedimentation Rate (ESR) (Westergren Method) | 06 | mm/1hr | 0.0-12.0 |

Interpretation Notes

- ESR high - Infections, chronic disorders,, plasma cell dyscrasias.

DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert

COMPLETE BLOOD COUNT (CBC)

| | | | |
|---|---------------|------------------|-----------|
| Haemoglobin (Hb%) (Photometric Measurement) | 14.6 | g/dL | 13.0-17.0 |
| Red Blood Cell Count (Electrical Impedance) | 5.89 H | million/ μ l | 4.5-5.5 |

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| | | | |
|---|---------------|---------------------|-------------|
| PCV (Packed Cell Volume) / Hematocrit (Calculated) | 45.7 | % | 40.0-50.0 |
| MCV (Mean Corpuscular Volume) (Derived) | 77.6 L | fL | 83.0-101.0 |
| MCH (Mean Corpuscular Haemoglobin) (Calculated) | 24.8 L | pg | 27.0-32.0 |
| MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated) | 32.0 | % | 31.5-34.5 |
| Red Cell Distribution Width (RDW) (Derived) | 14.4 H | % | 11.6-14.0 |
| Platelet Count (Electrical Impedance Plus Microscopy) | 309 | 10 ³ /μL | 150.0-450.0 |
| Total Leucocyte Count(WBC) (Electrical Impedance) | 5.8 | 10 ³ /μL | 4.0-10.0 |

DIFFERENTIAL COUNT (DC)

| | | | |
|--|------|---------------------------|-----------|
| Neutrophils (VCS Technology Plus Microscopy) | 66.6 | % | 40.0-75.0 |
| Lymphocytes (VCS Technology Plus Microscopy) | 22.0 | % | 20.0-40.0 |
| Monocytes (VCS Technology Plus Microscopy) | 7.9 | % | 2.0-10.0 |
| Eosinophils (VCS Technology Plus Microscopy) | 3.0 | % | 1.0-6.0 |
| Basophils (VCS Technology Plus Microscopy) | 0.5 | % | 0.0-2.0 |
| Absolute Neutrophil Count (Calculated) | 3.87 | x10 ³ cells/μl | 2.0-7.0 |
| Absolute Lymphocyte Count (Calculated) | 1.28 | x10 ³ cells/μl | 1.0-3.0 |
| Absolute Monocyte Count (Calculated) | 0.46 | x10 ³ cells/μl | 0.2-1.0 |
| Absolute Eosinophil Count (Calculated) | 0.18 | x10 ³ cells/μl | 0.02-0.5 |
| Absolute Basophil Count (Calculated) | 0.03 | - | - |

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

Interpretation Notes

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Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .

RBC Indices aid in typing of anemia.

WBC Count: If below reference range, susceptibility to infection.

If above reference range- Infection*

If very high in lakhs-Leukemia

Neutrophils -If above reference range-acute infection, mostly bacterial

Lymphocytes -If above reference range-chronic infection/ viral infection

Monocytes -If above reference range- TB,Typhoid,UTI

Eosinophils -If above reference range -Allergy,cough,Common cold,Asthma & worms

Basophils - If above reference range, Leukemia, allergy

Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies

* In bacterial infection with fever total WBC count increases.

Eg Tonsillitis,Sinusitis,Bronchitis,Pneumonia,Appendicitis,UTI -12000-25000 cells/cumm.

In typhoid and viral fever WBC may be normal.

DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.



Dr. Sudarshan Chougule

MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

BIOCHEMISTRY

| Test | Result | Unit | Biological Reference Interval |
|---|--------|-------|---|
| Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase) | 93 | mg/dL | 70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020 |
| Post Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase) | 94 | mg/dL | 70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020 |

HBA1C

| | | | |
|--|--------------|---|---|
| HbA1c (HPLC NGSP Certified) | 5.7 H | % | Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020 |
| Estimated Average Glucose (Calculated) | 116.89 | - | - |

Interpretation:

1. HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat

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measurement after 6 months.

2. HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.

3. Any sample with >15% should be suspected of having a haemoglobin variant.

SERUM CREATININE

| | | | |
|--|------------|---------------------------|--|
| Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase) | 0.71 | mg/dL | 0.66-1.25 |
| eGFR (Calculated) | 116.6 | mL/min/1.73m ² | Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age. |
| Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease) | 8 L | mg/dL | 9.0-20.0 |
| Serum Uric Acid (Colorimetric - Uricase,Peroxidase) | 4.3 | mg/dL | 3.5-8.5 |

LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)

| | | | |
|--|----------------|-------|---|
| Cholesterol Total (Colorimetric - Cholesterol Oxidase) | 192 | mg/dL | Desirable: < 200 Borderline High: 200-239 High: > 240 |
| Triglycerides (Colorimetric - Lip/Glycerol Kinase) | 170 H | mg/dL | Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500 |
| HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method) | 26 L | mg/dL | 40.0-60.0 |
| Non-HDL Cholesterol (Calculated) | 166.0 H | mg/dL | Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220 |
| LDL Cholesterol (Colorimetric) | 130 | mg/dL | Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190 |
| VLDL Cholesterol (Calculated) | 34.0 | mg/dL | 0.0-40.0 |
| Cholesterol /HDL Ratio (Calculated) | 7.4 H | - | 0.0-5.0 |

Patient Name : Mr Guruprasad H MRN : 2015000000809 Gender/Age : MALE , 52y (21/04/1971)

| | | | |
|---|-------|-------|---------|
| Prostate Specific Antigen (PSA) (Enhanced Chemiluminescence) | 0.253 | ng/mL | 0.0-3.5 |
|---|-------|-------|---------|

Interpretation Notes

- PSA is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age.
PSA levels are increased in Prostate cancer, Benign Prostatic Hyperplasia, Prostatitis, Genitourinary infections.
False negative/positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
All values should be correlated with clinical findings and results of other investigations.
Note: Patient results determined by assay using different manufacturers or methods may not be comparable.

THYROID PROFILE (T3, T4, TSH)

| | | | |
|--|----------------|--------|-----------|
| Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence) | 1.26 | ng/mL | 0.97-1.69 |
| Thyroxine (T4) (Enhanced Chemiluminescence) | 7.02 | µg/dl | 5.53-11.0 |
| TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence) | 4.211 H | µIU/mL | 0.4-4.049 |

Interpretation Notes

- TSH levels are subjected to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% , hence time of the day has influence on the measured serum TSH concentrations. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.

LIVER FUNCTION TEST(LFT)

| | | | |
|---|------|-------|---------|
| Bilirubin Total (Colorimetric -Diazo Method) | 0.48 | mg/dL | 0.2-1.3 |
| Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry) | 0.00 | mg/dL | 0.0-0.3 |
| Unconjugated Bilirubin (Indirect) (Calculated) | 0.48 | mg/dL | 0.0-1.1 |
| Total Protein (Colorimetric - Biuret Method) | 6.90 | gm/dL | 6.3-8.2 |
| Serum Albumin (Colorimetric - Bromo-Cresol Green) | 4.10 | gm/dL | 3.5-5.0 |
| Serum Globulin (Calculated) | 2.81 | gm/dL | 2.0-3.5 |
| Albumin To Globulin (A/G)Ratio (Calculated) | 1.46 | - | 1.0-2.1 |

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| | | | |
|--|----|-----|------------|
| SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate)) | 27 | U/L | 17.0-59.0 |
| SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate)) | 18 | U/L | <50.0 |
| Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer) | 69 | U/L | 38.0-126.0 |
| Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method)) | 27 | U/L | 15.0-73.0 |

Interpretation Notes

- Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin). Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin. Delta Bilirubin is not expected to be present in healthy adults or neonates.

--End of Report--



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry



Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

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Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
(Post Prandial Blood Sugar (PPBS), -> Auto Authorized)
(Fasting Blood Sugar (FBS), -> Auto Authorized)
(Lipid Profile, -> Auto Authorized)
(CR, -> Auto Authorized)
(LFT, -> Auto Authorized)
(Uric Acid, -> Auto Authorized)
(Blood Urea Nitrogen (Bun), -> Auto Authorized)
(Prostate Specific Antigen (Psa) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Guruprasad H MRN : 2015000000809 Gender/Age : MALE , 52y (21/04/1971)

Collected On : 15/07/2023 08:33 AM Received On : 15/07/2023 01:18 PM Reported On : 15/07/2023 01:54 PM

Barcode : 032307150101 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9482507524

CLINICAL PATHOLOGY

| Test | Result | Unit | Biological Reference Interval |
|------|--------|------|-------------------------------|
|------|--------|------|-------------------------------|

URINE ROUTINE & MICROSCOPY**PHYSICAL EXAMINATION**

| | | | |
|------------|-------|---|---|
| Colour | STRAW | - | - |
| Appearance | Clear | - | - |

CHEMICAL EXAMINATION

| | | | |
|---|-------------|---|---------------|
| pH(Reaction) (pH Indicator Method) | 7.0 | - | 4.5-7.5 |
| Sp. Gravity (Refractive Index) | 1.012 | - | 1.002 - 1.030 |
| Protein (Automated Protein Error Or Ph Indicator) | Not Present | - | Not Present |
| Ketone Bodies (Nitroprusside Method) | Not Present | - | Not Present |
| Bile Salts (Azo Coupling Method) | Not Present | - | Not Present |
| Bile Pigment (Bilirubin) (Azo Coupling Method) | Not Present | - | Not Present |
| Urobilinogen (Azo Coupling Method) | Normal | - | Normal |
| Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity) | Not Present | - | Not Present |
| Blood Urine (Peroxidase Reaction) | Not Present | - | Not Present |
| Nitrite (Gries Method) | Not Present | - | Not Present |

MICROSCOPIC EXAMINATION

| | | | |
|-----------|-----|------|-----|
| Pus Cells | 0.1 | /hpf | 0-5 |
| RBC | 0.8 | /hpf | 0-4 |

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| | | | |
|------------------|-------------|------|-------------|
| Epithelial Cells | 0.2 | /hpf | 0-6 |
| Crystals | 0.0 | /hpf | 0-2 |
| Casts | 0.02 | /hpf | 0-1 |
| Bacteria | 17.2 | /hpf | 0-200 |
| Yeast Cells | 0.0 | /hpf | 0-1 |
| Mucus | Not Present | - | Not Present |

Interpretation Notes

- Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to nearest whole number is suggested.

--End of Report--



Dr. Shalini K S
DCP, DNB, Pathology
Consultant

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



| | | | |
|---------------------|-----------------|---------------------------|------------------|
| Patient Name | MR.GURUPRASAD H | Requested By | EHP |
| MRN | 20150000000809 | Procedure DateTime | 15-07-2023 10:15 |
| Age/Sex | 52Y 2M/Male | Hospital | NH-JAYANAGAR |

CHEST RADIOGRAPH (PA VIEW)

CLINICAL DETAILS: For health checkup.

FINDINGS:

- The lung fields and bronchovascular markings appear normal.
- The cardiac size is within normal limits.
- Mediastinum and great vessels are within normal limits.
- Trachea is normal and is central. The hilar shadows are unremarkable.
- The costo-phrenic angles are clear. No evidence of pleural effusion or pneumothorax.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

IMPRESSION:

- **No significant abnormality detected.**



Dr. Rahul G Ambi
Senior Registrar

* This is a digitally signed valid document. Reported Date/Time: 15-07-2023 15:06

This report has been generated from **NH Teleradiology 24/7**, a service of Narayana Health

-- End of Report --

Page 1 of 1



Narayana Multispeciality Clinic

17/1, 30th Cross, 8th 'B' Main Road, 4th Block, Jayanagar, Bangalore - 560 011

Clinic No. : 8884000991, 9513919615, Pharmacy No. : 9513919615

ADULT TRANS-THORACIC ECHO REPORT

NAME : MR.GURUPRASAD

AGE/SEX : 52YRS/MALE

MRN NO : 20150000000 809

DATE : 15.07.2023

FINAL DIAGNOSIS:

- NORMAL CHAMBER DIMENSION
- NO RWMA
- NORMAL VALVES
- MILD-MR
- NORMAL PA PRESSURE
- NORMAL RV/LV FUNCTION
- LVEF-60%

MEASUREMENTS

AO: 29 MM

LVID (d) : 45 MM

IVS (d) : 11 MM

RA : 32 MM

LA: 37 MM

LVID(s) : 28 MM

PW (d) : 11 MM

RV : 28 MM

EF: 60 %

VALVES

MITRAL VALVE : NORMAL

AORTIC VALVE : NORMAL

TRICUSPID VALVE : NORMAL

PULMONARY VALVE : NORMAL

CHAMBERS

LEFT ATRIUM : NORMAL

RIGHT ATRIUM : NORMAL

LEFT VENTRICLE : NORMAL, NORMAL LV FUNCTION

RIGHT VENTRICLE : NORMAL, TAPSE-19 MM, NORMAL RV FUNCTION

RVOT/LVOT : NORMAL

SEPTAE

IVS : INTACT

IAS : INTACT

GREAT ARTERIES

AORTA : AORTIC ANNULUS-21 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

DOPPLER DATA

MITRAL VALVE : E/A -0.6/0.8 M/S, MILD LVDD, MR-MILD

AORTIC VALVE : PG- 6 MMHG,

TRICUSPID VALVE : TR-TRIVIAL, PASP- 25 MMHG

PULMONARY VALVE : PG- 3 MMHG

WALL MOTION ABNORMALITIES: NO RWMA

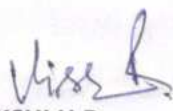
PERICARDIUM : NORMAL

VEGETATION/THROMBUS: ABSENT

OTHER FINDINGS

IVC- 14 MM NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM
SINUS RHYTHM/ HR, 75 PM

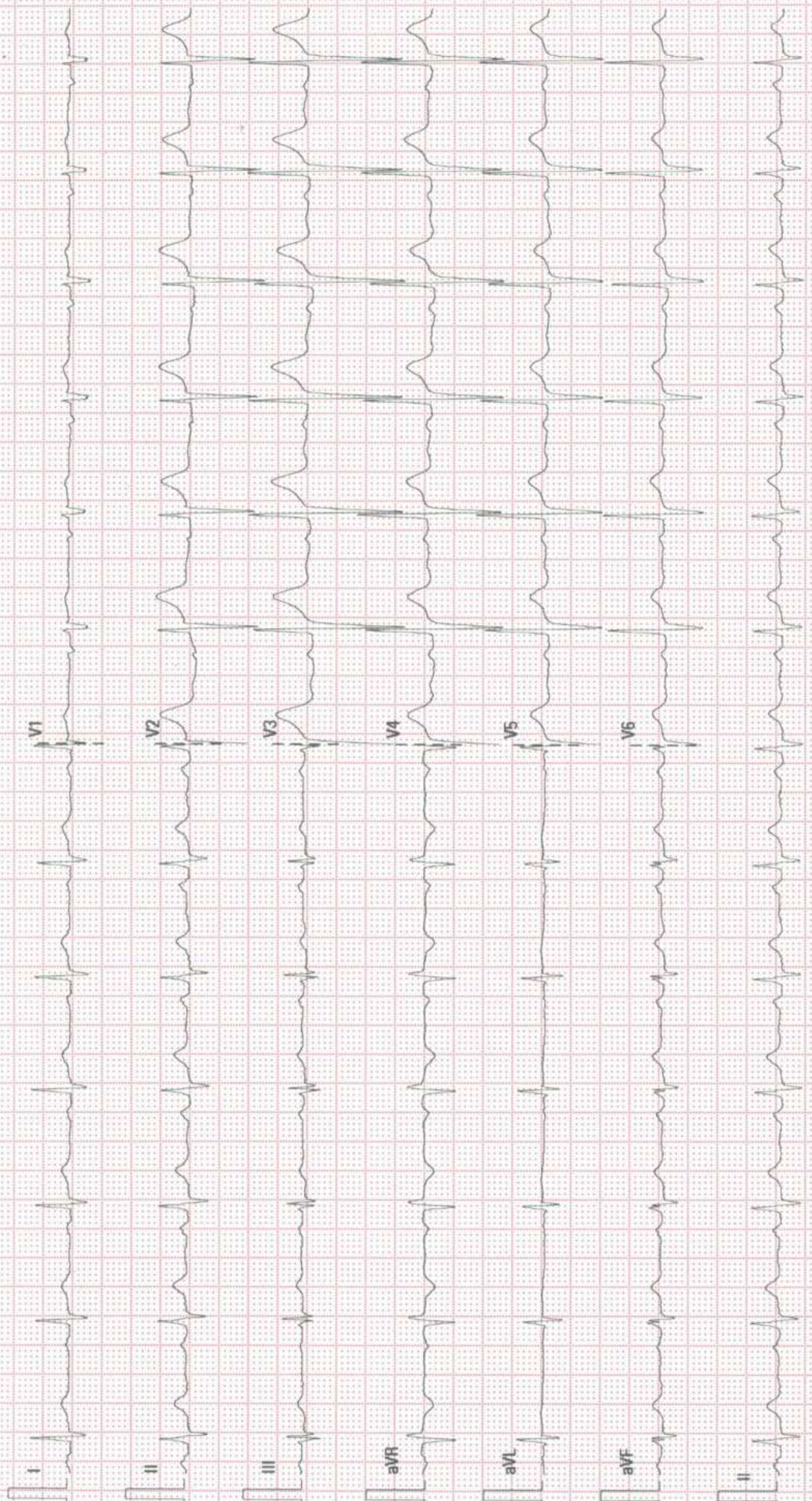
DR.SURESH P V
CONSULTANT CARDIOLOGIST


VISHALAKSHI H R
CARDIAC SONOGRAPHER

ID: 2015-809
Name: MR. GURUPRASAD H
Age: 52 Years
Gender: Male

15-07-2023 08:42:20 AM

76 bpm
172 ms
94 ms
366/394 ms
66/16/54 deg
QTc/Hodges



Patient Name : Mr.Guruprasad H

Patient ID :2015000000809

Age : 52Years

Sex : Male

Referring Doctor : EHP

Date :15.07.2023

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and shows **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 to the extent visualized, appears normal in size, contour and echogenicity.

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

Right Kidney is normal in size (measures 10.3 cm in length & 1.3 cm in parenchymal thickness) position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (measures 10.9 cm in length & 1.2 cm in parenchymal thickness) position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum – Obscured by bowel gas.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Prostate is normal in echopattern and normal in size, measures 3.2x3.1x3.7 cm, Volume - 19cc.

Fluid - There is no ascites or pleural effusion.

IMPRESSION:

- **Grade I Fatty Liver.**



Dr B S Ramkumar 35772
Consultant Radiologist

Disclaimer:

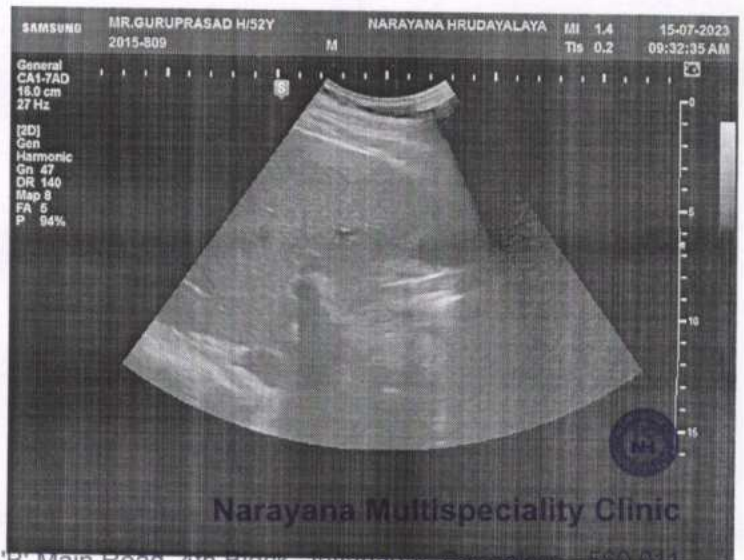
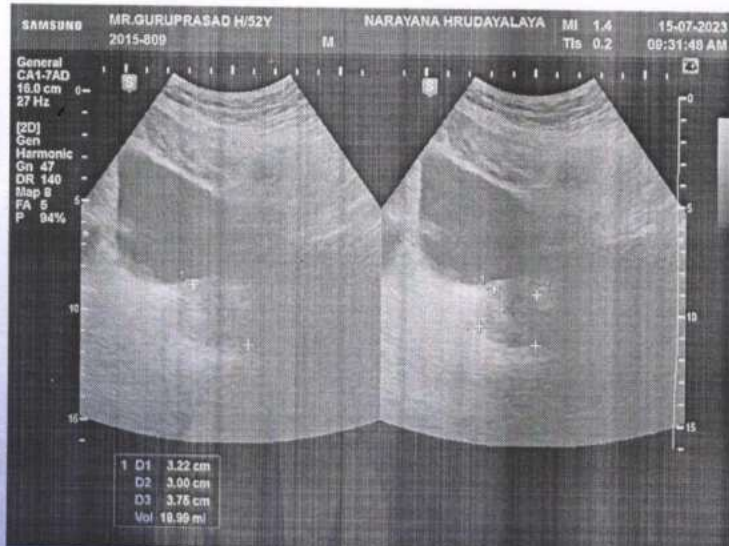
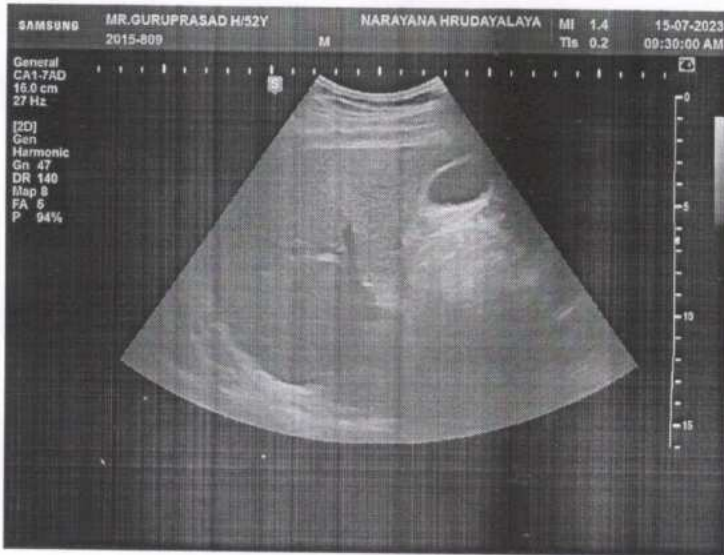
Note: Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly. This Report is not for Medico - Legal Purposes.

2015-809
 MR.GURUPRASAD H/52Y

15-07-2023

Birth Date
 Gender

Male



Narayana Multispeciality Clinic