

Patient Name	MR.CHAKKARALAPPA M	Requested By	EHP
MRN	201500000000144	Procedure DateTime	20-04-2023 10:41
Age/Sex	59Y 10M/Male	Hospital	NH-JAYANAGAR

CHEST RADIOGRAPH (PA VIEW)

CLINICAL DETAILS: For executive 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.**

TL
Dr. Tanuj Gupta MBBS, DMRD, DNB
Lead and Senior Consultant Radiologist

* This is a digitally signed valid document. Reported Date/Time: 20-04-2023 10:48

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

E-mail: info.jayanagar@narayanahealth.org, web : www.narayanahealth.org

Narayana Multispeciality Clinic
JAYANAGAR
BANGALORE

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: MR.CHAKKARALAPPA M,
Patient ID: 2015-144
Height: 165 cm
Weight: 74 kg

DOB: 05.06.1963
Age: 59yrs
Gender: Male
Race:

Study Date: 20.04.2023
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: EHP
Attending Physician: DR.PRIYA S
Technician: MS.VISHALAKASHI H R

Medications:
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Medical History:
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Reason for Exercise Test:
Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:22	0.00	0.00	75	160/100	
	STANDING	00:01	0.00	0.00	75	160/100	
	HYPERV.	00:02	0.00	0.00	75	160/100	
EXERCISE	WARM-UP	01:02	1.20	0.00	84	160/100	
	STAGE 1	03:00	1.70	10.00	126	160/100	
	STAGE 2	01:47	2.50	12.00	131		
RECOVERY		05:03	0.00	0.00	84	150/100	

The patient exercised according to the BRUCE for 4:46 min:s, achieving a work level of Max. METS: 6.70. The resting heart rate of 78 bpm rose to a maximal heart rate of 141 bpm. This value represents 87 % of the maximal, age-predicted heart rate. The resting blood pressure of 160/100 mmHg, rose to a maximum blood pressure of 160/100 mmHg. The exercise test was stopped due to Fatigue.

Interpretation

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Conclusions

MODERATE EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
NO ANGINA OR ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES NOTED DURING EXERCISE AND RECOVERY
IMP:STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

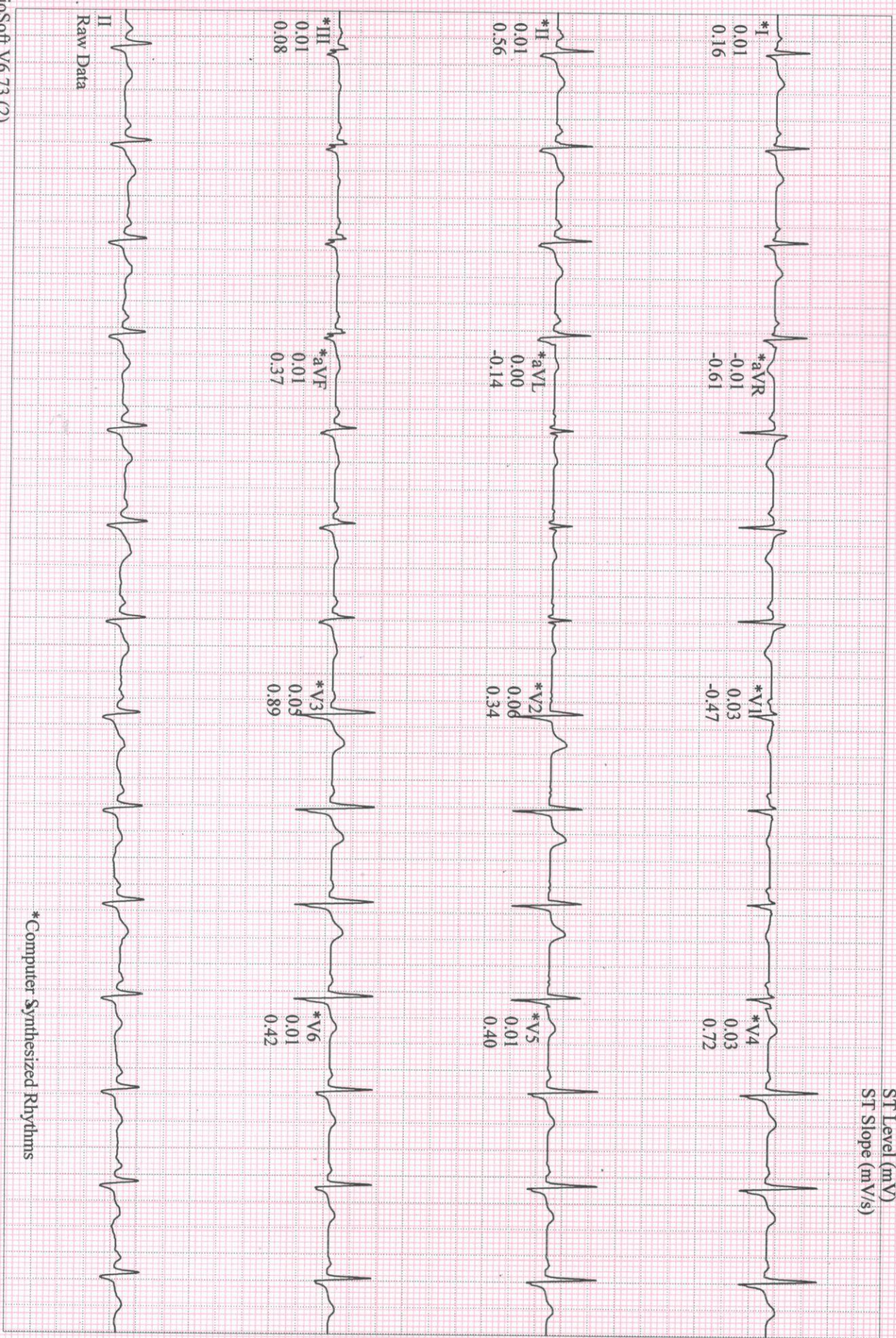
Physician _____ Technician _____

83 bpm
150/100 mmHg

RECOVERY
#1
05:00

BRUCE
0.0 mph
0.0%

Lead
ST Level (mV)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

ADULT TRANS-THORACIC ECHO REPORT

NAME : MR.CHAKKRALAPPA

AGE/SEX : 59YRS/MALE

MRN NO : 20150000000144

DATE : 20.04.2023

FINAL DIAGNOSIS:

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

MEASUREMENTS

AO: 29 MM	LVID (d) : 36 MM	IVS (d) : 10 MM	RA : 33 MM
LA: 34 MM	LVID(s) : 24 MM	PW (d) : 10 MM	RV : 27 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 : NORMAL, AORTIC ANNULUS-20 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

DOPPLER DATA

MITRAL VALVE : E/A – 1.0/0.5M/S,MR-MILD

AORTIC VALVE : PG- 5 MMHG

TRICUSPID VALVE : TR-TRIVIAL , PASP- 24 MMHG

PULMONARY VALVE : PG- 3 MMHG

WALL MOTION ABNORMALITIES: NO RWMA

PERICARDIUM : NORMAL

VEGETATION/THROMBUS : ABSENT

OTHER FINDINGS

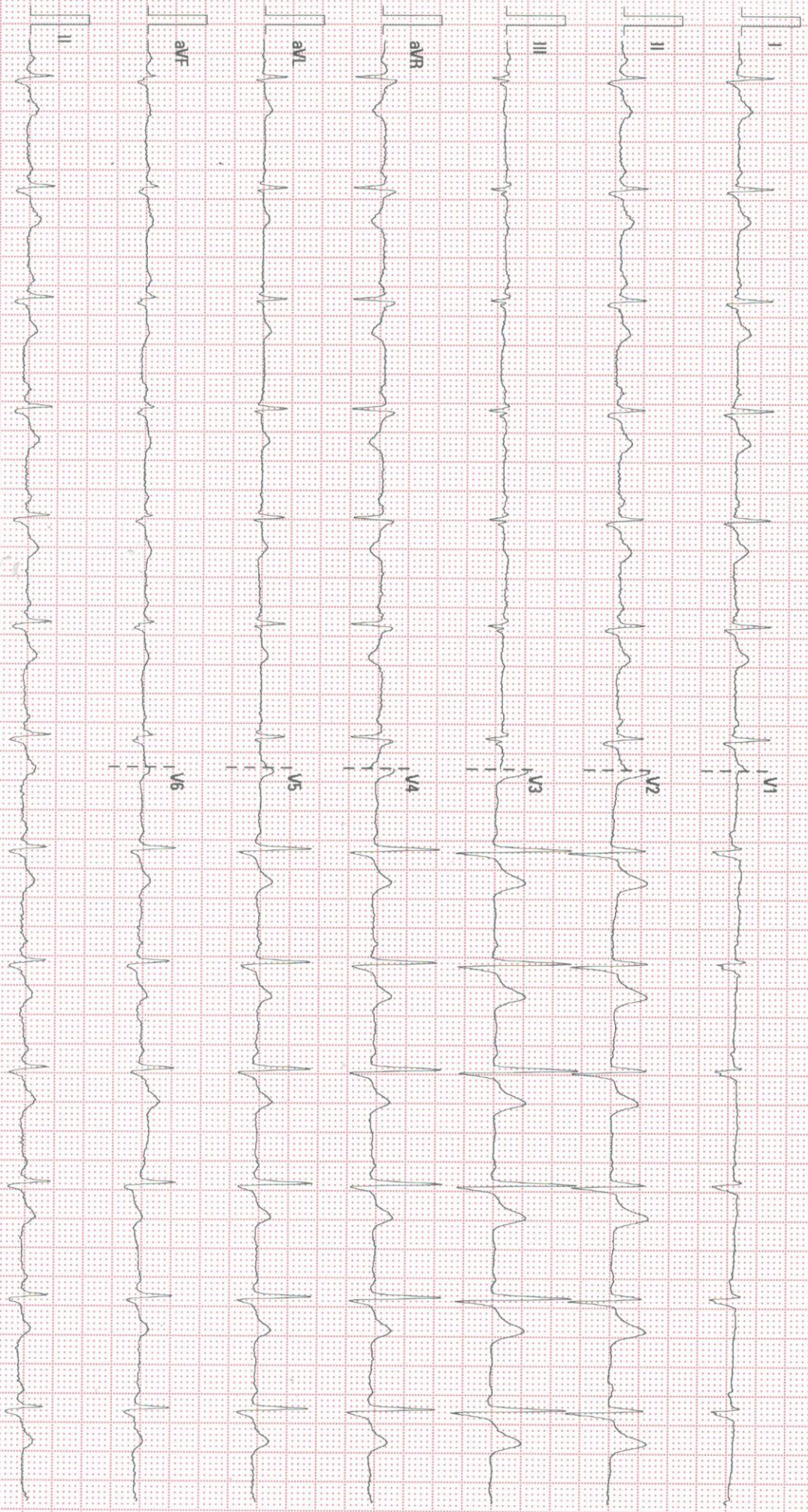
IVC- 14 MM, NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM
SINUS RHYTHM/ HR- 69 BPM


VISHALAKSHI H R
CARDIAC SONOGRAPHER

ID: 2015-0144
Name: MR CHAKKARALAPPA
Age: 59 Years
Gender: Male

20-04-2023 09:08:36 AM

Heart Rate	79 bpm
PR Interval	136 ms
QRS Duration	104 ms
QT/QTc Interval	362/395 ms
P/QRS/T Axes	46/0/25 deg
QTc-Hodges	



25 mm/s 10 mm/mV 50 Hz BDR 35 Hz

NARAYANA HEALTH, JAYANAGAR

02.05.00/V28-4.1

SN:FM-73007176

Patient Name : Mr.Chakkaralappa M

Patient ID : 2015000000144

Age : 59Years

Sex : Male

Referring Doctor : EHP

Date : 20.04.2023

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and shows **diffuse 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 not seen H/o Surgery.

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 10.5cm in length & 1.6cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (measures 9.8cm in length & 1.3cm 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 partially distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Pre Void – 50cc

Post Void – 6cc

Prostate is normal in echopattern and **mildly enlarged** in size, measures 3.5x3.4x3.9cm, Volume - 24cc.

Fluid - There is no ascites or pleural effusion.

IMPRESSION:

- **Grade I fatty Liver.**
- **Grade I Prostatomegaly.**



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.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Chakkralappa M MRN : 2015000000144 Gender/Age : MALE , 59y (05/06/1963)

Collected On : 20/04/2023 08:07 AM Received On : 20/04/2023 01:11 PM Reported On : 20/04/2023 02:23 PM

Barcode : 032304200067 Specimen : Stool Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8095393296

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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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	-	-
Pus Cells	3-4/hpf	/hpf	0-5

Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-	-
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Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD))	Not Present	-	-
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Patient Name : Mr Chakkaralappa M MRN : 2015000000144 Gender/Age : MALE , 59y (05/06/1963)

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	108 H	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)	68 L	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

SERUM CREATININE

Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.85	mg/dL	0.66-1.25
eGFR (Calculated)	92.3	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)	12	mg/dL	9.0-20.0

Serum Uric Acid (Colorimetric - Uricase,Peroxidase)

5.8 mg/dL 3.5-8.5

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

Cholesterol Total (Colorimetric - Cholesterol Oxidase)	170	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	63	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500

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Narayana Institute of Cardiac Sciences

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

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Appointments
1800-309-0309

Emergencies
97384 97384

Patient Name : Mr Chakkaralappa M MRN : 2015000000144 Gender/Age : MALE , 59y (05/06/1963)			
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	29 L	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	141.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	123 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	12.6	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	5.9 H	-	0.0-5.0
Prostate Specific Antigen (PSA) (Enhanced Chemiluminescence)	0.632	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)	1.53	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	8.93	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	4.082 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)

Patient Name : Mr Chakkaralappa M MRN : 2015000000144 Gender/Age : MALE , 59y (05/06/1963)			
Bilirubin Total (Colorimetric -Diazo Method)	0.60	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.10	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Calculated)	0.5	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.20	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.40	gm/dL	3.5-5.0
Serum Globulin (Calculated)	2.8	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.58	-	1.0-2.1
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))	19	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	85	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	16	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.



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry



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

HEMATOLOGY

Patient Name : Mr Chakkaralappa M MRN : 2015000000144 Gender/Age : MALE , 59y (05/06/1963)

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	16.4	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.62 H	million/ μ l	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	48.3	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	86.0	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	29.1	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.9	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.3	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	196	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	6.3	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	54.6	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	32.4	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	9.0	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	3.2	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.8	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.44	$\times 10^3$ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.05	$\times 10^3$ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.57	$\times 10^3$ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.21	$\times 10^3$ cells/ μ l	0.02-0.5

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97384 97384

Patient Name : Mr Chakkaralappa M MRN : 2015000000144 Gender/Age : MALE , 59y (05/06/1963)

Absolute Basophil Count (Calculated) 0.06 - -

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

Interpretation Notes

- 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.

--End of Report--

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
(Post Prandial Blood Sugar (PPBS), -> Auto Authorized)
(Lipid Profile, -> Auto Authorized)
(CR, -> Auto Authorized)
(LFT, -> Auto Authorized)
(Uric Acid, -> Auto Authorized)



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Patient Name : Mr Chakkaralappa M MRN : 2015000000144 Gender/Age : MALE , 59y (05/06/1963)

(Blood Urea Nitrogen (Bun), -> Auto Authorized)

(Prostate Specific Antigen (Psa), -> Auto Authorized)

(Fasting Blood Sugar (FBS) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Chakkralappa M MRN : 2015000000144 Gender/Age : MALE , 59y (05/06/1963)

Collected On : 20/04/2023 08:07 AM Received On : 20/04/2023 01:11 PM Reported On : 20/04/2023 01:45 PM

Barcode : 032304200066 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8095393296

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY

PHYSICAL EXAMINATION

Colour	STRAW	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.022	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	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)	Trace	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present

MICROSCOPIC EXAMINATION

Pus Cells	0.3	/hpf	0-5
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Page 1 of 2

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Patient Name : Mr Chakkaralappa M MRN : 2015000000144 Gender/Age : MALE , 59y (05/06/1963)			
RBC	2.5	/hpf	0-4
Epithelial Cells	0.1	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.04	/hpf	0-1
Bacteria	0.6	/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--

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

Note

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