



ADULT TRANS-THORACIC ECHO REPORT

NAME : MR.SIVAKUMAR P

MRN NO : 2015000000084

FINAL DIAGNOSIS:

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

MEASUREMENTS

AO: 29 MM	LVID (d) : 46 MM	IVS (d) : 11 MM	RA : 32 MM
LA: 35 MM	LVID(s) : 28 MM	PW (d) : 11 MM	RV : 26 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

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Narayana Multispeciality Clinic

17/1, 30th Cross, 8th 'B' Main Road, 4th Block, Jayanagar, Bangalore - 560 011 Clinic No. : 8884000991, 9513919615, Pharmacy No. : 9513919615

AGE/SEX : 34YRS/MALE

DATE : 14.04.2023

SEPTAE

IVS	: INTACT
IAS	 : INTACT

GREAT ARTERIES

AORTA

: NORMAL, AORTIC ANNULUS-20 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

DOPPLER DATA

MITRAL VALVE : E/A – 0.8/0.7M/S, MR-TRIVIAL

AORTIC VALVE : PG- 5 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- 94 BPM

GULSUM JAMEEL FATHIMA M CARDIAC SONOGRAPHER



Unit of Narayana Health

Referring Doctor	: EHP	Date	: 14.04.2023
Age	: 34Years	1	: 14.04.2023
Patient Name	. Mill Office Plant	Sex	: Male
Patient Name	: Mr. Siva Kumar P	Patient ID	: 2015000000084

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and shows diffuse increase 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 10.3cm in length & 1.5cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (measures 10.3cm in length & 1.4cm 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 3.3x3.1x3.0cm, Volume - 17cc.

Fluid - There is no ascites or pleural effusion.

IMPRESSION:

Grade | 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.



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Unit of Narayana Health

DEPARTMENT OF LABORATORY MEDICINE

Final Report

 Patient Name : Mr Sivakumar P
 MRN : 2015000000084
 Gender/Age : MALE , 34y (03/07/1988)

 Collected On : 14/04/2023 08:42 AM
 Received On : 14/04/2023 12:36 PM
 Reported On : 14/04/2023 02:12 PM

 Barcode : 032304140102
 Specimen : Urine
 Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8019882703

	CLINICAL PAT	HOLOGY
Test	Result	Unit
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-
Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD))	Not Present	-
1		

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

HEMATOLOGY				
Test	Result	Unit	Biological Reference Interval	
Erythrocyte Sedimentation Rate (ESR)	10	mm/1hr	0.0-10.0	

(Westergren Method)

Schugnt

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

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

Narayana Institute of Cardiac Sciences

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Patient Name : Mr Sivakumar P MRN : 2015000000084 Gender/Age : MALE , 34y (03/07/1988)

HEMATOLOGY				
Test	Result	Unit	Biological Reference Interval	
COMPLETE BLOOD COUNT (CBC)				
Haemoglobin (Hb%) (Photometric Measurement)	16.2	g/dL	13.0-17.0	
Red Blood Cell Count (Electrical Impedance)	5.18	million/µl	4.5-5.5	
PCV (Packed Cell Volume) / Hematocrit (Calculated)	48.5	%	40.0-50.0	
MCV (Mean Corpuscular Volume) (Derived)	93.7	fL	83.0-101.0	
MCH (Mean Corpuscular Haemoglobin) (Calculated)	31.3	pg	27.0-32.0	
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.4	%	31.5-34.5	
Red Cell Distribution Width (RDW) (Derived)	15.5 H	%	11.6-14.0	
Platelet Count (Electrical Impedance Plus Microscopy)	301	10 ³ /µL	150.0-450.0	
Total Leucocyte Count(WBC) (Electrical Impedance)	9.3	10 ³ /µL	4.0-10.0	
DIFFERENTIAL COUNT (DC)				
Neutrophils (VCS Technology Plus Microscopy)	57.2	%	40.0-75.0	
Lymphocytes (VCS Technology Plus Microscopy)	28.6	%	20.0-40.0	
Monocytes (VCS Technology Plus Microscopy)	7.3	%	2.0-10.0	
Eosinophils (VCS Technology Plus Microscopy)	6.0	%	1.0-6.0	
Basophils (VCS Technology Plus Microscopy)	0.9	%	0.0-2.0	
Absolute Neutrophil Count (Calculated)	5.32	x10 ³ cells/µl	2.0-7.0	
Absolute Lympocyte Count (Calculated)	2.66	x10 ³ cells/µl	1.0-3.0	
Absolute Monocyte Count (Calculated)	0.68	x10 ³ cells/µl	0.2-1.0	

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Patient Name : Mr Sivakumar P MRN : 2015000000084 Gender/Age : MALE , 34y (03/07/1988)						
Absolute Eosinophil Count (Calculated)	0.56 H	x10 ³ cells/µl	0.02-0.5			
Absolute Basophil Count (Calculated)	0.09	-	-			

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.

Dupun UNC

Dr. Deepak M B MD, PDF, Hematopathology Consultant

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	79	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)	92	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

HBA1C

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Patient Name : Mr Sivakumar P	MRN : 2015000000084	Gender/Age : MALE	, 34y (03/07/1988)	
HbA1c (HPLC NGSP Certified)	5.3	%	Diabetes:	tes: 5.7-6.4
Estimated Average Glucose (C	alculated) 105	.41 -	-	

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 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)	0.83	mg/dL	0.66-1.25
eGFR (Calculated)	106.1	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodyamically 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)	7.9	mg/dL	3.5-8.5
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	144	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	102	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	44	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	100.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219

Borderline High: 160-18 High: 190-219 Very High: => 220

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Patient Name : Mr Sivakumar P MRN : 2015000000	0084 Gender/Ag	e : MALE , 34y (03/07/19	88)
LDL Cholesterol (Colorimetric)	87 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	20.4	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	3.3	-	0.0-5.0
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Colorimetric -Diazo Method)	0.61	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)	0.51	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.60	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.80	gm/dL	3.5-5.0
Serum Globulin (Calculated)	2.8	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.72	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal- 5-phosphate))	33	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	35	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	74	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	21	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.

THYROID PROFILE (T3, T4, TSH)

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Patient Name : Mr Sivakumar P MRN : 2015000000	0084 Gender/A	ge : MALE , 34y (03/07/1	988)
Tri lodo Thyronine (T3) (Enhanced Chemiluminesence)	1.26	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminesence)	9.02	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminesence)	4.201 H	µIU/mL	0.4-4.049

--End of Report-

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

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)



MBBS,MD, Biochemistry Consultant Biochemistry





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Final Report

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Collected On: 14/04/2023 08:42 AM Received On: 14/04/2023 12:34 PM Reported On: 14/04/2023 01:35 PM

Barcode : 1B2304140013 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8019882703

NARAYANA HRUDAYALAYA BLOOD CENTRE

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

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

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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)	1.016	-	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

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Patient Name : Mr Sivakumar P MRN : 2015000000084 Gender/Age : MALE , 34y (03/07/1988)						
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	0.0	/hpf	0-5			
RBC	0.0	/hpf	0-4			
Epithelial Cells	0.1	/hpf	0-6			
Crystals	0.0	/hpf	0-2			
Casts	0.00	/hpf	0-1			
Bacteria	5.0	/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-

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

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