

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mrs Dishaa Bajaj MRN : 1008000005905 Gender/Age : FEMALE , 35y (26/02/1988)

Collected On : 18/08/2023 11:32 AM Received On : 18/08/2023 01:33 PM Reported On : 18/08/2023 03:03 PM

Barcode : 032308180274 Specimen : Urine Consultant : Dr. Priya S(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900094931

**CLINICAL PATHOLOGY**

Test	Result	Unit
<b>Urine For Sugar (Post Prandial)</b> (Enzyme Method (GOD POD))	Not Present	-



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

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	84	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020
<b>Post Prandial Blood Sugar (PPBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	77	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020
<b>HbA1C</b>			
HbA1c (HPLC NGSP Certified)	4.9	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	93.93	-	-

**Interpretation:**

- 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.
- 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

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**Narayana Institute of Cardiac Sciences**

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

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**1800-309-0309**

Emergencies  
**97384 97384**

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*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)	0.59	mg/dL	0.52-1.04
eGFR (Calculated)	116.0	mL/min/1.73m <sup>2</sup>	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric – Urease)	9	mg/dL	7.0-17.0
<b>Serum Uric Acid</b> (Colorimetric - Uricase,Peroxidase)	3.89	mg/dL	2.5-6.2

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

Cholesterol Total (Colorimetric - Cholesterol Oxidase)	166	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	62	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	<b>74 H</b>	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	92.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	<b>85 L</b>	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	12.4	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	2.3	-	0.0-5.0

### THYROID PROFILE (T3, T4, TSH)

Patient Name : Mrs Dishaa Bajaj MRN : 10080000005905 Gender/Age : FEMALE , 35y (26/02/1988)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.06	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	6.04	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	3.628	µIU/mL	> 18 Year(s) : 0.4 -4.5 Pregnancy: 1st Trimester: 0.129-3.120 2nd Trimester: 0.274-2.652 3rd Trimester: 0.312-2.947

#### 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)	0.50	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)	0.5	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
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	24	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	16	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	68	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	16	U/L	12.0-43.0

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#### 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.



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



Dr. Anushre Prasad  
MBBS,MD, Biochemistry  
Consultant Biochemistry

#### HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	13.0	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.27	million/ $\mu$ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	39.1	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	91.6	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	30.4	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.2	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	<b>14.2 H</b>	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	279	$10^3/\mu$ L	150.0-450.0
Mean Platelet Volume (MPV)	8.8	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical		$10^3/\mu$ L	4.0-10.0

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Impedance) 4.8

#### DIFFERENTIAL COUNT (DC)

Neutrophils (VCS Technology Plus Microscopy)	51.8	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	34.3	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	8.2	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	3.8	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	1.9	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	2.49	x10 <sup>3</sup> cells/ $\mu$ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.65	x10 <sup>3</sup> cells/ $\mu$ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.4	x10 <sup>3</sup> cells/ $\mu$ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.19	x10 <sup>3</sup> cells/ $\mu$ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.1	-	-

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.**



Patient Name : Mrs Dishaa Bajaj MRN : 10080000005905 Gender/Age : FEMALE , 35y (26/02/1988)



Dr. Deepak M B  
MD, PDF, Hematopathology  
Consultant

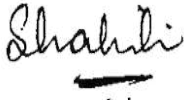
#### HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Westergren Method)	6	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**



Dr. Shalini K S  
DCP, DNB, Pathology  
Consultant

#### NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
<b>BLOOD GROUP &amp; RH TYPING</b>		
Blood Group (Column Agglutination Technology)	O	-
RH Typing (Column Agglutination Technology)	Positive	-

--End of Report--



Patient Name : Mrs Dishaa Bajaj MRN : 1008000005905 Gender/Age : FEMALE , 35y (26/02/1988)



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

**Note**

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





**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mrs Dishaa Bajaj MRN : 1008000005905 Gender/Age : FEMALE , 35y (26/02/1988)

Collected On : 18/08/2023 09:43 AM Received On : 18/08/2023 02:01 PM Reported On : 18/08/2023 02:27 PM

Barcode : 032308180197 Specimen : Urine Consultant : Dr. Priya S(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9900094931

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
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**URINE ROUTINE & MICROSCOPY**

**PHYSICAL EXAMINATION**

Colour	Yellow	-	-
Appearance	Clear	-	-

**CHEMICAL EXAMINATION**

pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.006	-	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)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present

**MICROSCOPIC EXAMINATION**

Pus Cells	0.0	/hpf	0-5
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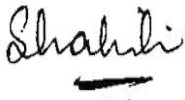


Patient Name : Mrs Dishaa Bajaj MRN : 10080000005905 Gender/Age : FEMALE , 35y (26/02/1988)			
RBC	0.3	/hpf	0-4
Epithelial Cells	0.2	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	21.4	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

**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.



**ADULT TRANS-THORACIC ECHO REPORT**

**NAME : MRS.DISHAA BAJAJ**

**AGE/SEX : 35YRS/FEMALE**

**MRN NO :10080000005905**

**DATE : 18.08.2023**

**FINAL DIAGNOSIS:**

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

**MEASUREMENTS**

AO: 29 mm	LVID (d) : 38 mm	IVS (d) : 09 mm	RA : 32 MM
LA: 32 mm	LVID(s) : 27 mm	PW (d) : 09 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 - 0.9/0.5M/S, MR-MILD

AORTIC VALVE : PG- 5 MMHG

TRICUSPID VALVE : TR- TRIVIAL, PASP- 27 MMHG

PULMONARY VALVE : PG- 3 MMHG

**WALL MOTION ABNORMALITIES: NO RWMA**

PERICARDIUM : NORMAL

VEGETATION/THROMBUS: ABSENT

**OTHER FINDINGS**

IVC- 13 MM NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM  
SINUS RHYTHM/ HR - 71 BPM

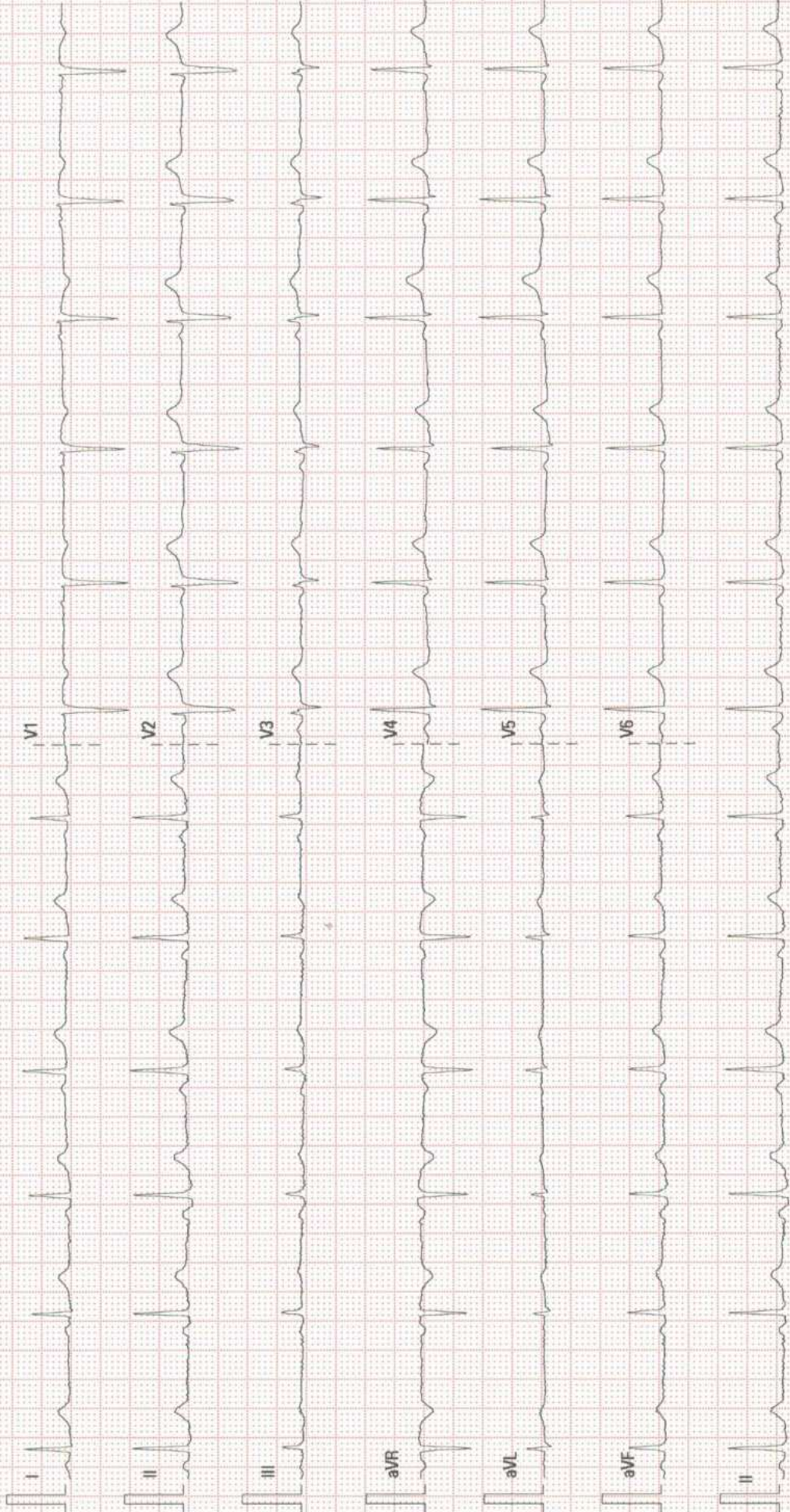
**GULSUM JAMEEL FATHIMA  
CARDIAC SONOGRAPHER**



ID: 1008-5905  
Name: MRS DISHAA BAJAJ  
Age: 35 Years  
Gender: Female

18-08-2023 10:48:23 AM

Vent. Rate 71 bpm  
PR Interval 138 ms  
QRS Duration 78 ms  
QT/QTc Interval 382/401 ms  
P/QRS/T Axes 60/48/49 deg  
QTc:Hodges





Patient Name : Mrs.Dishaa Bajaj

Patient ID : 1008000005905

Age : 35Years

Sex : Female

Referring Doctor : EHP

Date : 18 .08.2023

**ULTRASOUND ABDOMEN AND PELVIS**

**FINDINGS:**

**Liver** is normal in size and shows normal echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions.

**Portal vein** is normal in course and caliber. **CBD** is not dilated.

**Gallbladder** 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 echopattern. No evidence of mass or focal lesions.

**Right Kidney** is normal in size (measures 9.0cm in length & 1.4cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Left Kidney** is normal in size (measures 9.0cm in length & 1.2cm 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.

**Uterus** is anteverted and **mildly bulky** in size, measures 8.1x3.2x5.5cm. Myometrial and endometrial echoes are normal. **Endometrium** measures 6mm. Endometrial cavity is empty.

**Both ovaries** are normal in size and echopattern.

**Right ovary:** measures 2.6x1.3cm. **Left ovary:** measures 2.7x1.5cm

**Both adnexa:** No mass is seen.

There is no ascites or pleural effusion.

**IMPRESSION:**

- **Mild Bulky Uterus.**



**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.



1008-5905  
MS DISHAA BAJAJ 35Y/F

Exam

Accession #  
Exam Date  
Description  
Operator

18-08-2023

