



## DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : C K Rajasekaran MRN : 30050000006781 Gender/Age : MALE , 64y (15/05/1958)

Collected On : 18/02/2023 08:50 AM Received On : 18/02/2023 11:50 AM Reported On : 18/02/2023 12:14 PM

Barcode : 032302180096 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

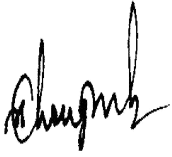
Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845235798

### CLINICAL PATHOLOGY

Test	Result	Unit
<b>Urine For Sugar (Fasting)</b> (Enzyme Method (GOD POD))	Present +++++	-

Note : Kindly correlate clinically.

--End of Report--



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

#### Note

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



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Collected On : 18/02/2023 08:50 AM Received On : 18/02/2023 11:50 AM Reported On : 18/02/2023 12:30 PM

Barcode : 032302180096 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845235798

**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)	5.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.031	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	<b>Present ++++</b>	-	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	5.3	/hpf	0-5
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Patient Name : C K Rajasekaran MRN : 3005000006781 Gender/Age : MALE , 64y (15/05/1958)

RBC	0.3	/hpf	0-4
Epithelial Cells	4.9	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.04	/hpf	0-1
Bacteria	34.8	/hpf	0-200
Yeast Cells	0.2	/hpf	0-1
Mucus	Not Present	-	Not Present

--End of Report--



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Collected On : 18/02/2023 08:50 AM Received On : 18/02/2023 11:50 AM Reported On : 18/02/2023 01:21 PM

Barcode : 012302180692 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845235798

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	<b>0.63 L</b>	mg/dL	0.66-1.25
eGFR (Calculated)	128.3	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)	12	mg/dL	9.0-20.0
<b>Serum Uric Acid</b> (Colorimetric - Uricase,Peroxidase)	3.7	mg/dL	3.5-8.5
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	<b>211 H</b>	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	<b>374 H</b>	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	<b>37 L</b>	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	<b>174.0 H</b>	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	<b>95 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)	<b>74.8 H</b>	mg/dL	0.0-40.0

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**Cholesterol /HDL Ratio (Calculated)** **5.8 H** - 0.0-5.0

**Prostate Specific Antigen (PSA)** (Enhanced Chemiluminescence) 1.29 ng/mL 0.0-4.5

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

**Tri Iodo Thyronine (T3)** (Enhanced Chemiluminescence) 1.17 ng/mL 0.97-1.69

**Thyroxine (T4)** (Enhanced Chemiluminescence) 6.67 µg/dl 5.53-11.0

**TSH (Thyroid Stimulating Hormone)** (Enhanced Chemiluminescence) 2.513 µIU/mL 0.4-4.049

#### LIVER FUNCTION TEST(LFT)

**Bilirubin Total** (Colorimetric -Diazo Method) 0.76 mg/dL 0.2-1.3

**Conjugated Bilirubin (Direct)** (Dual Wavelength - Reflectance Spectrophotometry) 0.10 mg/dL 0.0-0.4

**Unconjugated Bilirubin (Indirect)** (Calculated) 0.66 mg/dL 0.0-1.1

**Total Protein** (Colorimetric - Biuret Method) 7.10 gm/dL 6.3-8.2

**Serum Albumin** (Colorimetric - Bromo-Cresol Green) 4.50 gm/dL 3.5-5.0

**Serum Globulin** (Calculated) 2.6 gm/dL 2.0-3.5

**Albumin To Globulin (A/G)Ratio** (Calculated) 1.74 - 1.0-2.1

**SGOT (AST)** (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate)) 25 U/L 17.0-59.0

**SGPT (ALT)** (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate)) 26 U/L <50.0

**Alkaline Phosphatase (ALP)** (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer) 76 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

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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

**Note**

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



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Collected On : 18/02/2023 11:21 AM Received On : 18/02/2023 12:58 PM Reported On : 18/02/2023 01:46 PM

Barcode : 012302181253 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845235798

### BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Post Prandial Blood Sugar (PPBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	<b>366 H</b>	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

--End of Report--

Mrs. Latha B S  
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Collected On : 18/02/2023 08:50 AM Received On : 18/02/2023 11:50 AM Reported On : 18/02/2023 12:36 PM

Barcode : 012302180691 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845235798

### BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	<b>271 H</b>	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

--End of Report--

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Collected On : 18/02/2023 08:50 AM Received On : 18/02/2023 11:50 AM Reported On : 18/02/2023 01:58 PM

Barcode : 012302180693 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845235798

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC NGSP Certified)	<b>11.7 H</b>	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	289.09	-	-

**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 infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

--End of Report--

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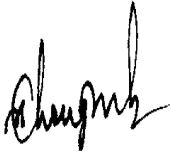
Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845235798

### CLINICAL PATHOLOGY

Test	Result	Unit
<b>Urine For Sugar (Fasting)</b> (Enzyme Method (GOD POD))	Present ++++	-

Note : Kindly correlate clinically.

--End of Report--



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**CLINICAL PATHOLOGY**

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**URINE ROUTINE & MICROSCOPY****PHYSICAL EXAMINATION**

Colour	STRAW	-	-
Appearance	Clear	-	-

**CHEMICAL EXAMINATION**

pH(Reaction) (pH Indicator Method)	5.0	-	4.5-7.5
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Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	<b>Present +++++</b>	-	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	5.3	/hpf	0-5
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Patient Name : C K Rajasekaran MRN : 30050000006781 Gender/Age : MALE , 64y (15/05/1958)

RBC	0.3	/hpf	0-4
Epithelial Cells	4.9	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.04	/hpf	0-1
Bacteria	34.8	/hpf	0-200
Yeast Cells	0.2	/hpf	0-1
Mucus	Not Present	-	Not Present

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MBBS, MD, Pathology  
Consultant & Head - Hematology & Flow Cytometry

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## DEPARTMENT OF LABORATORY MEDICINE

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Collected On : 18/02/2023 11:21 AM Received On : 18/02/2023 12:58 PM Reported On : 18/02/2023 01:23 PM

Barcode : 032302180218 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845235798

### CLINICAL PATHOLOGY

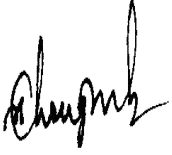
#### Test

**Urine For Sugar (Post Prandial)** (Enzyme  
Method (GOD POD))

#### Result Unit

Present +++++ -

--End of Report--



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MBBS, MD, Pathology  
Consultant & Head - Hematology & Flow Cytometry

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Collected On : 18/02/2023 08:50 AM Received On : 18/02/2023 11:50 AM Reported On : 18/02/2023 12:19 PM

Barcode : 022302180390 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845235798

**HEMATOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	14.6	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.05	million/ $\mu$ l	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	44.0	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	87.0	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	28.9	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.2	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.1	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	181	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	5.3	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCS Technology Plus Microscopy)	59.6	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	28.0	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	9.7	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	2.2	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.5	%	0.0-2.0

Patient Name : C K Rajasekaran MRN : 3005000006781 Gender/Age : MALE , 64y (15/05/1958)

Absolute Neutrophil Count (Calculated)	3.16	$\times 10^3$ cells/ $\mu$ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.49	$\times 10^3$ cells/ $\mu$ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.52	$\times 10^3$ cells/ $\mu$ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.12	$\times 10^3$ cells/ $\mu$ l	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

- 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



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Collected On : 18/02/2023 08:50 AM Received On : 18/02/2023 11:50 AM Reported On : 18/02/2023 02:00 PM

Barcode : 022302180389 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845235798

### HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Westergren Method)	05	mm/1hr	0.0-14.0

#### 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

--End of Report--

*Hema S*

Dr. Hema S  
MD, DNB, Pathology  
Associate Consultant

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Collected On : 18/02/2023 08:50 AM Received On : 18/02/2023 11:57 AM Reported On : 18/02/2023 01:09 PM

Barcode : 1B2302180012 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845235798

**NARAYANA HRUDAYALAYA BLOOD CENTRE**

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

--End of Report--

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

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<b>Patient Name</b>	CK RAJASEKARAN	<b>Requested By</b>	EHC OPD
<b>MRN</b>	30050000006781	<b>Procedure DateTime</b>	18-02-2023 11:39
<b>Age/Sex</b>	64Y/Male	<b>Hospital</b>	NH-ECITY PIH

### **CHEST RADIOGRAPH (PA VIEW)**

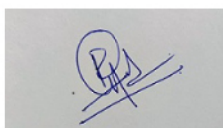
**CLINICAL DETAILS:** For executive health checkup.

#### **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.**



Dr. Rahul G Ambi  
Senior Registrar

\* **This is a digitally signed valid document.** Reported Date/Time: 18-02-2023 13:03

