

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Sushant Dutta MRN : 2015000001171 Gender/Age : MALE , 37y (24/08/1986)

Collected On : 26/08/2023 10:38 AM Received On : 26/08/2023 12:43 PM Reported On : 26/08/2023 04:19 PM

Barcode : 022308260640 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9007283646

**HEMATOLOGY**

| Test   | Result | Unit   | Biological Reference Interval |
|--|--------|--------|-------------------------------|
| <b>Erythrocyte Sedimentation Rate (ESR)</b><br>(Westergren Method) | 1      | mm/1hr | 0.0-10.0                      |

**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)                       | 16.4          | g/dL             | 13.0-17.0   |
| Red Blood Cell Count (Electrical Impedance)                       | <b>6.32 H</b> | million/ $\mu$ l | 4.5-5.5     |
| PCV (Packed Cell Volume) / Hematocrit<br>(Calculated)             | 49.0          | %                | 40.0-50.0   |
| MCV (Mean Corpuscular Volume) (Derived)                           | <b>77.6 L</b> | fL               | 83.0-101.0  |
| MCH (Mean Corpuscular Haemoglobin)<br>(Calculated)                | <b>26.0 L</b> | pg               | 27.0-32.0   |
| MCHC (Mean Corpuscular Haemoglobin<br>Concentration) (Calculated) | 33.5          | %                | 31.5-34.5   |
| Red Cell Distribution Width (RDW) (Derived)                       | <b>14.2 H</b> | %                | 11.6-14.0   |
| Platelet Count (Electrical Impedance Plus<br>Microscopy)          | 292           | $10^3/\mu$ L     | 150.0-450.0 |
| Mean Platelet Volume (MPV)  | 8.7           | fL               | 7.0-11.7    |
| Total Leucocyte Count(WBC) (Electrical<br>Impedance)              | 6.2           | $10^3/\mu$ L     | 4.0-10.0    |

**DIFFERENTIAL COUNT (DC)**

|  |               |   |           |
|--|---------------|---|-----------|
| Neutrophils (VCS Technology Plus Microscopy) | <b>33.1 L</b> | % | 40.0-75.0 |
|--|---------------|---|-----------|

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**Narayana Institute of Cardiac Sciences**

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**1800-309-0309**

Emergencies  
**97384 97384**

|  |               |                                 |           |
|--|---------------|---------------------------------|-----------|
| Patient Name : Mr Sushant Dutta MRN : 2015000001171 Gender/Age : MALE , 37y (24/08/1986) |               |                                 |           |
| Lymphocytes (VCS Technology Plus Microscopy)   | <b>56.7 H</b> | %                               | 20.0-40.0 |
| Monocytes (VCS Technology Plus Microscopy)   | 6.6           | %                               | 2.0-10.0  |
| Eosinophils (VCS Technology Plus Microscopy)   | 3.2           | %                               | 1.0-6.0   |
| Basophils (VCS Technology Plus Microscopy)   | 0.4           | %                               | 0.0-2.0   |
| Absolute Neutrophil Count (Calculated)   | 2.06          | x10 <sup>3</sup> cells/ $\mu$ l | 2.0-7.0   |
| Absolute Lymphocyte Count (Calculated)   | <b>3.52 H</b> | x10 <sup>3</sup> cells/ $\mu$ l | 1.0-3.0   |
| Absolute Monocyte Count (Calculated)   | 0.41          | x10 <sup>3</sup> cells/ $\mu$ l | 0.2-1.0   |
| Absolute Eosinophil Count (Calculated)   | 0.2           | x10 <sup>3</sup> 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.**

Patient Name : Mr Sushant Dutta MRN : 2015000001171 Gender/Age : MALE , 37y (24/08/1986)



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)        | 85     | mg/dL | 70 to 99 : Normal<br>100 to 125 : Pre-diabetes<br>=>126 : Diabetes<br>ADA standards 2020  |
| <b>Post Prandial Blood Sugar (PPBS)</b> (Colorimetric - Glucose Oxidase Peroxidase) | 113    | mg/dL | 70 to 139 : Normal<br>140 to 199 : Pre-diabetes<br>=>200 : Diabetes<br>ADA standards 2020 |
| <b>HbA1C</b>  |        |       |   |
| HbA1c (HPLC NGSP Certified)   | 5.5    | %     | Normal: 4.0-5.6<br>Prediabetes: 5.7-6.4<br>Diabetes: => 6.5<br>ADA standards 2020         |
| Estimated Average Glucose (Calculated)  | 111.15 | -     | -   |

#### 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.

### SERUM CREATININE

|   |      |                           |  |
|---|------|---------------------------|--|
| Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase) | 0.93 | mg/dL                     | 0.66-1.25  |
| eGFR (Calculated)   | 91.5 | mL/min/1.73m <sup>2</sup> | Indicative of renal impairment < 60<br>Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age. |

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**97384 97384**

|   |                |       |   |
|---|----------------|-------|---|
| Patient Name : Mr Sushant Dutta MRN : 2015000001171 Gender/Age : MALE , 37y (24/08/1986)        |                |       |   |
| <b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric – Urease)                              | <b>8 L</b>     | mg/dL | 9.0-20.0  |
| <b>Serum Uric Acid</b> (Colorimetric - Uricase,Peroxidase)                                      | 7.76           | mg/dL | 3.5-8.5   |
| <b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>   |                |       |   |
| <b>Cholesterol Total</b> (Colorimetric - Cholesterol Oxidase)                                   | <b>239 H</b>   | mg/dL | Desirable: < 200<br>Borderline High: 200-239<br>High: > 240   |
| <b>Triglycerides</b> (Colorimetric - Lip/Glycerol Kinase)                                       | <b>213 H</b>   | mg/dL | Normal: < 150<br>Borderline: 150-199<br>High: 200-499<br>Very High: > 500   |
| <b>HDL Cholesterol (HDLC)</b> (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method) | 42             | mg/dL | 40.0-60.0   |
| <b>Non-HDL Cholesterol</b> (Calculated)   | <b>197.0 H</b> | mg/dL | Desirable: < 130<br>Above Desirable: 130-159<br>Borderline High: 160-189<br>High: 190-219<br>Very High: => 220    |
| <b>LDL Cholesterol</b> (Colorimetric)   | <b>166 H</b>   | mg/dL | Optimal: < 100<br>Near to above optimal: 100-129<br>Borderline High: 130-159<br>High: 160-189<br>Very High: > 190 |
| <b>VLDL Cholesterol</b> (Calculated)  | <b>42.6 H</b>  | mg/dL | 0.0-40.0  |
| <b>Cholesterol /HDL Ratio</b> (Calculated)  | <b>5.7 H</b>   | -     | 0.0-5.0   |
| <b>LIVER FUNCTION TEST(LFT)</b>   |                |       |   |
| <b>Bilirubin Total</b> (Colorimetric -Diazo Method)   | 0.70           | mg/dL | 0.2-1.3   |
| <b>Conjugated Bilirubin (Direct)</b> (Dual Wavelength - Reflectance Spectrophotometry)          | 0.00           | mg/dL | 0.0-0.3   |
| <b>Unconjugated Bilirubin (Indirect)</b> (Calculated)   | 0.7            | mg/dL | 0.0-1.1   |
| <b>Total Protein</b> (Colorimetric - Biuret Method)   | <b>8.70 H</b>  | gm/dL | 6.3-8.2   |
| <b>Serum Albumin</b> (Colorimetric - Bromo-Cresol Green)  | 4.70           | gm/dL | 3.5-5.0   |
| <b>Serum Globulin</b> (Calculated)  | <b>4.0 H</b>   | gm/dL | 2.0-3.5   |
| <b>Albumin To Globulin (A/G)Ratio</b> (Calculated)  | 1.18           | -     | 1.0-2.1   |

|  |       |     |            |
|--|-------|-----|------------|
| Patient Name : Mr Sushant Dutta MRN : 2015000001171 Gender/Age : MALE , 37y (24/08/1986)       |       |     |            |
| SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))                                | 66 H  | U/L | 17.0-59.0  |
| SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))                                | 101 H | U/L | <50.0      |
| Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)            | 96    | U/L | 38.0-126.0 |
| Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method)) | 41    | 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)**

|  |       |        |           |
|--|-------|--------|-----------|
| Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)           | 1.44  | ng/mL  | 0.97-1.69 |
| Thyroxine (T4) (Enhanced Chemiluminescence)                    | 8.92  | µg/dl  | 5.53-11.0 |
| TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence) | 1.222 | 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.



Dr. Anushre Prasad  
MBBS,MD, Biochemistry  
Consultant Biochemistry



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

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**NARAYANA HRUDAYALAYA BLOOD CENTRE**

| Test | Result | Unit |
|------|--------|------|
|------|--------|------|

**BLOOD GROUP & RH TYPING**

|   |          |   |
|---|----------|---|
| Blood Group (Column Agglutination Technology) | B        | - |
| 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)                    | 1.021        | - | 1.002 - 1.030 |
| Protein (Automated Protein Error Or Ph Indicator) | <b>Trace</b> | - | 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   |

Page 6 of 8

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|   |             |   |             |
|---|-------------|---|-------------|
| 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        | 0.4  | /hpf | 0-5   |
| RBC              | 0.3  | /hpf | 0-4   |
| Epithelial Cells | 0.4  | /hpf | 0-6   |
| Crystals         | 0.0  | /hpf | 0-2   |
| Casts            | 0.02 | /hpf | 0-1   |
| Bacteria         | 4.3  | /hpf | 0-200 |
| Yeast Cells      | 0.0  | /hpf | 0-1   |
| Mucus            | 0.02 | -    | -     |

#### Interpretation Notes

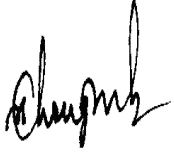
- Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to nearest whole number is suggested.

**Urine For Sugar (Fasting)** (Enzyme Method (GOD Not Present - -  
POD))

**Urine For Sugar (Post Prandial)** (Enzyme Not Present - -  
Method (GOD POD))

--End of Report--

Patient Name : Mr Sushant Dutta MRN : 2015000001171 Gender/Age : MALE , 37y (24/08/1986)



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**Note**

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





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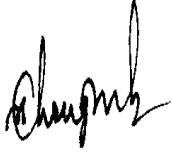
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**1800-309-0309**

Emergencies  
**97384 97384**

|   |                |       |   |
|---|----------------|-------|---|
| Patient Name : Mr Sushant Dutta MRN : 2015000001171 Gender/Age : MALE , 37y (24/08/1986)        |                |       |   |
| <b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric – Urease)                              | <b>8 L</b>     | mg/dL | 9.0-20.0  |
| <b>Serum Uric Acid</b> (Colorimetric - Uricase,Peroxidase)                                      | 7.76           | mg/dL | 3.5-8.5   |
| <b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>   |                |       |   |
| <b>Cholesterol Total</b> (Colorimetric - Cholesterol Oxidase)                                   | <b>239 H</b>   | mg/dL | Desirable: < 200<br>Borderline High: 200-239<br>High: > 240   |
| <b>Triglycerides</b> (Colorimetric - Lip/Glycerol Kinase)                                       | <b>213 H</b>   | mg/dL | Normal: < 150<br>Borderline: 150-199<br>High: 200-499<br>Very High: > 500   |
| <b>HDL Cholesterol (HDLC)</b> (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method) | 42             | mg/dL | 40.0-60.0   |
| <b>Non-HDL Cholesterol</b> (Calculated)   | <b>197.0 H</b> | mg/dL | Desirable: < 130<br>Above Desirable: 130-159<br>Borderline High: 160-189<br>High: 190-219<br>Very High: => 220    |
| <b>LDL Cholesterol</b> (Colorimetric)   | <b>166 H</b>   | mg/dL | Optimal: < 100<br>Near to above optimal: 100-129<br>Borderline High: 130-159<br>High: 160-189<br>Very High: > 190 |
| <b>VLDL Cholesterol</b> (Calculated)  | <b>42.6 H</b>  | mg/dL | 0.0-40.0  |
| <b>Cholesterol /HDL Ratio</b> (Calculated)  | <b>5.7 H</b>   | -     | 0.0-5.0   |
| <b>LIVER FUNCTION TEST(LFT)</b>   |                |       |   |
| <b>Bilirubin Total</b> (Colorimetric -Diazo Method)   | 0.70           | mg/dL | 0.2-1.3   |
| <b>Conjugated Bilirubin (Direct)</b> (Dual Wavelength - Reflectance Spectrophotometry)          | 0.00           | mg/dL | 0.0-0.3   |
| <b>Unconjugated Bilirubin (Indirect)</b> (Calculated)   | 0.7            | mg/dL | 0.0-1.1   |
| <b>Total Protein</b> (Colorimetric - Biuret Method)   | <b>8.70 H</b>  | gm/dL | 6.3-8.2   |
| <b>Serum Albumin</b> (Colorimetric - Bromo-Cresol Green)  | 4.70           | gm/dL | 3.5-5.0   |
| <b>Serum Globulin</b> (Calculated)  | <b>4.0 H</b>   | gm/dL | 2.0-3.5   |
| <b>Albumin To Globulin (A/G)Ratio</b> (Calculated)  | 1.18           | -     | 1.0-2.1   |

|  |       |     |            |
|--|-------|-----|------------|
| Patient Name : Mr Sushant Dutta MRN : 2015000001171 Gender/Age : MALE , 37y (24/08/1986)       |       |     |            |
| SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))                                | 66 H  | U/L | 17.0-59.0  |
| SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))                                | 101 H | U/L | <50.0      |
| Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)            | 96    | U/L | 38.0-126.0 |
| Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method)) | 41    | 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)**

|  |       |        |           |
|--|-------|--------|-----------|
| Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)           | 1.44  | ng/mL  | 0.97-1.69 |
| Thyroxine (T4) (Enhanced Chemiluminescence)                    | 8.92  | µg/dl  | 5.53-11.0 |
| TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence) | 1.222 | 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.



Dr. Anushre Prasad  
MBBS,MD, Biochemistry  
Consultant Biochemistry



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

Patient Name : Mr Sushant Dutta MRN : 2015000001171 Gender/Age : MALE , 37y (24/08/1986)

**NARAYANA HRUDAYALAYA BLOOD CENTRE**

| Test | Result | Unit |
|------|--------|------|
|------|--------|------|

**BLOOD GROUP & RH TYPING**

|   |          |   |
|---|----------|---|
| Blood Group (Column Agglutination Technology) | B        | - |
| 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)                    | 1.021        | - | 1.002 - 1.030 |
| Protein (Automated Protein Error Or Ph Indicator) | <b>Trace</b> | - | 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   |

Page 6 of 8

**Narayana Institute of Cardiac Sciences**

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Hospital Address: NH Health City, 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

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Patient Name : Mr Sushant Dutta MRN : 2015000001171 Gender/Age : MALE , 37y (24/08/1986)

|   |             |   |             |
|---|-------------|---|-------------|
| 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        | 0.4  | /hpf | 0-5   |
| RBC              | 0.3  | /hpf | 0-4   |
| Epithelial Cells | 0.4  | /hpf | 0-6   |
| Crystals         | 0.0  | /hpf | 0-2   |
| Casts            | 0.02 | /hpf | 0-1   |
| Bacteria         | 4.3  | /hpf | 0-200 |
| Yeast Cells      | 0.0  | /hpf | 0-1   |
| Mucus            | 0.02 | -    | -     |

#### Interpretation Notes

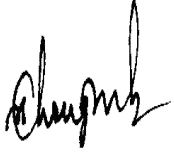
- Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to nearest whole number is suggested.

**Urine For Sugar (Fasting)** (Enzyme Method (GOD Not Present - -  
POD))

**Urine For Sugar (Post Prandial)** (Enzyme Not Present - -  
Method (GOD POD))

--End of Report-

Patient Name : Mr Sushant Dutta MRN : 2015000001171 Gender/Age : MALE , 37y (24/08/1986)



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.  
(Lipid Profile, -> Auto Authorized)  
(CR, -> Auto Authorized)  
(, -> Auto Authorized)  
(Uric Acid, -> Auto Authorized)  
(Blood Urea Nitrogen (Bun), -> Auto Authorized)  
(Fasting Blood Sugar (FBS), -> Auto Authorized)  
(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)





|                     |                  |                            |                  |
|---------------------|------------------|----------------------------|------------------|
| <b>Patient Name</b> | MR.SUSHANT DUTTA | <b>Requested By</b>        | EHP              |
| <b>MRN</b>          | 20150000001171   | <b>Procedure Date Time</b> | 26-08-2023 13:21 |
| <b>Age/Sex</b>      | 37Y/Male         | <b>Hospital</b>            | 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 Girish D,DMRD,DNB  
Associate Consultant

\* This is a digitally signed valid document. Reported Date/Time: 26-08-2023 15:49

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

-- End of Report --  
Page 1 of 1

**ADULT TRANS-THORACIC ECHO REPORT**

**NAME : MR.SUSHANT DUTTA**

**AGE/SEX : 37YRS/MALE**

**MRN NO :2015000001171**

**DATE : 26.08.2023**

**FINAL DIAGNOSIS:**

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

**MEASUREMENTS**

|           |                  |                 |            |
|-----------|------------------|-----------------|------------|
| AO: 25 mm | LVID (d) : 49 mm | IVS (d) : 11 mm | RA : 32 MM |
| LA: 33 mm | LVID(s) : 31 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 – 0.8/0.6M/S, MR-TRIVIAL

AORTIC VALVE : PG- 4 MMHG

TRICUSPID VALVE : TR-TRIVIAL, PASP- 20MMHG

PULMONARY VALVE : PG- 3 MMHG

**WALL MOTION ABNORMALITIES: NO RWMA**

PERICARDIUM : NORMAL

VEGETATION/THROMBUS: ABSENT

**OTHER FINDINGS**

IVC- 15 MM NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM  
SINUS RHYTHM/ HR – 72BPM

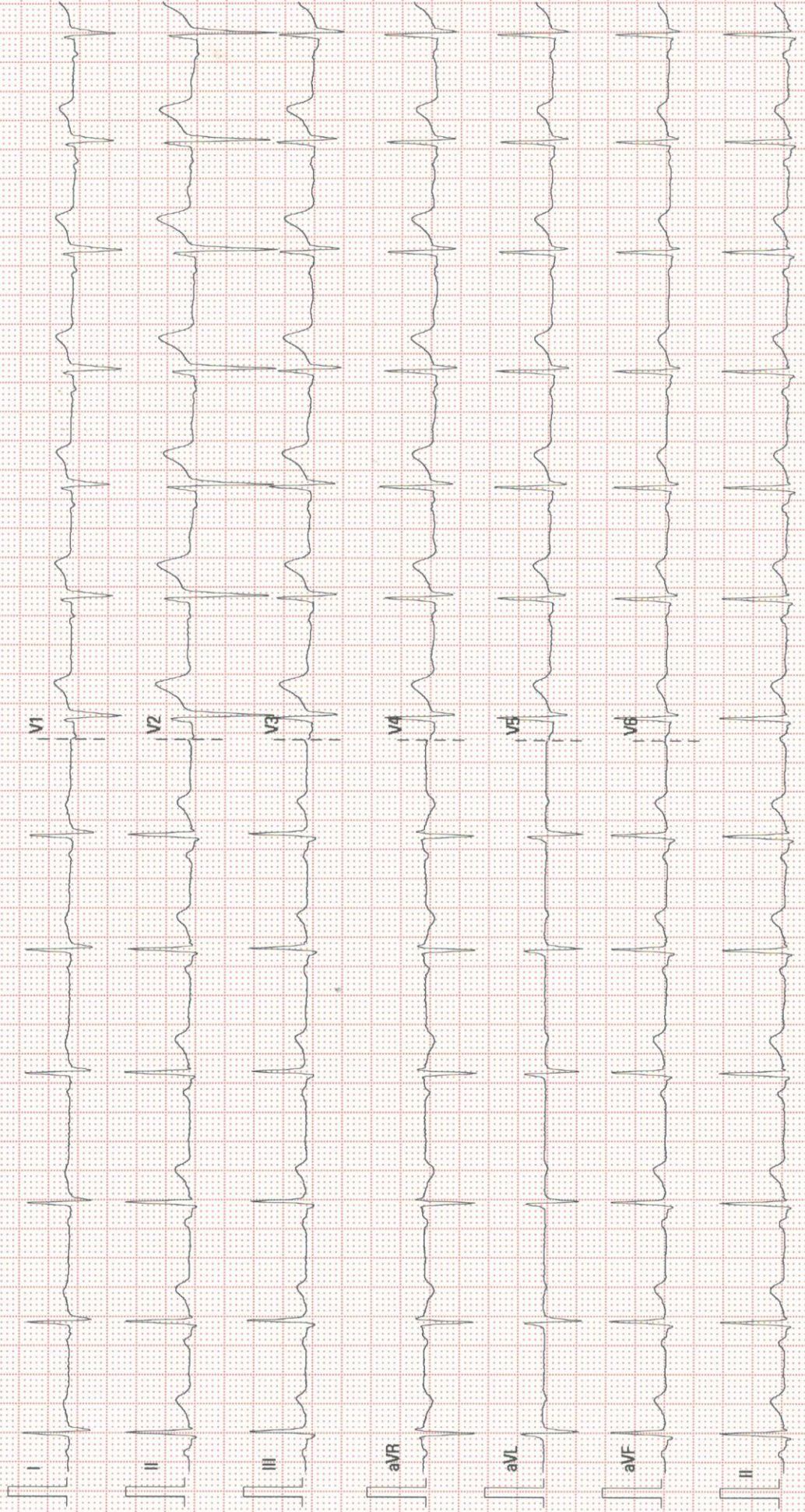
  
**VISHALAKSHITH R**  
**CARDIAC SONOGRAPHER**

ID: 2011-1171  
Name: MR SUSHANT DUTTA  
Age: 37 Years  
Gender: Male

26-08-2023 12:36:48 PM

|                 |              |
|-----------------|--------------|
| Vent. Rate      | 75 bpm       |
| PR Interval     | 152 ms       |
| QRS Duration    | 86 ms        |
| QT/QTc Interval | 356/382 ms   |
| P/QRS/T Axes    | 67/73/70 deg |

QTc-Hodges



**Patient Name** : Mr. Sushant Dutta

**Patient ID** : 20110000001171

**Age** : 37Years

**Sex** : Male

**Referring Doctor** : EHP

**Date** : 26.08.2023

**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 9.8cm in length & 1.7cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Left Kidney** is normal in size (measures 9.9cm in length & 1.8 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 3.5x2.9x3.3 cm, Volume - 18cc.

**Fluid** - There is no ascites or pleural effusion.

**IMPRESSION:**

- **Grade I -II 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.



Name  
Birth Date  
Gender

2015-1171  
MR.SUSHANTH DUTTA/37Y  
Male

Exam

Accession #  
Exam Date  
Description  
Operator

26-08-2023

