NH Narayana™ Multispeciality Clinic | Jayanagar

Unit of Narayana Health

Patient Name	MR.KRUPAKAR M N	Requested By	EHP
MRN	20110000005043	Procedure Date Time	13-05-2023 11:21
Age/Sex	55Y 10M/Male	Hospital	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. Banu Prasad .S P
Senior Registrar

**** This is a digitally signed valid document.*** Reported Date/Time: 13-05-2023 13:10

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

-- End of Report --

Narayana Multispeciality Clinic

17/1, 30th Cross, 8th 'B' Main Road, 4th Block, Jayanagar, Bangalore - 560 011

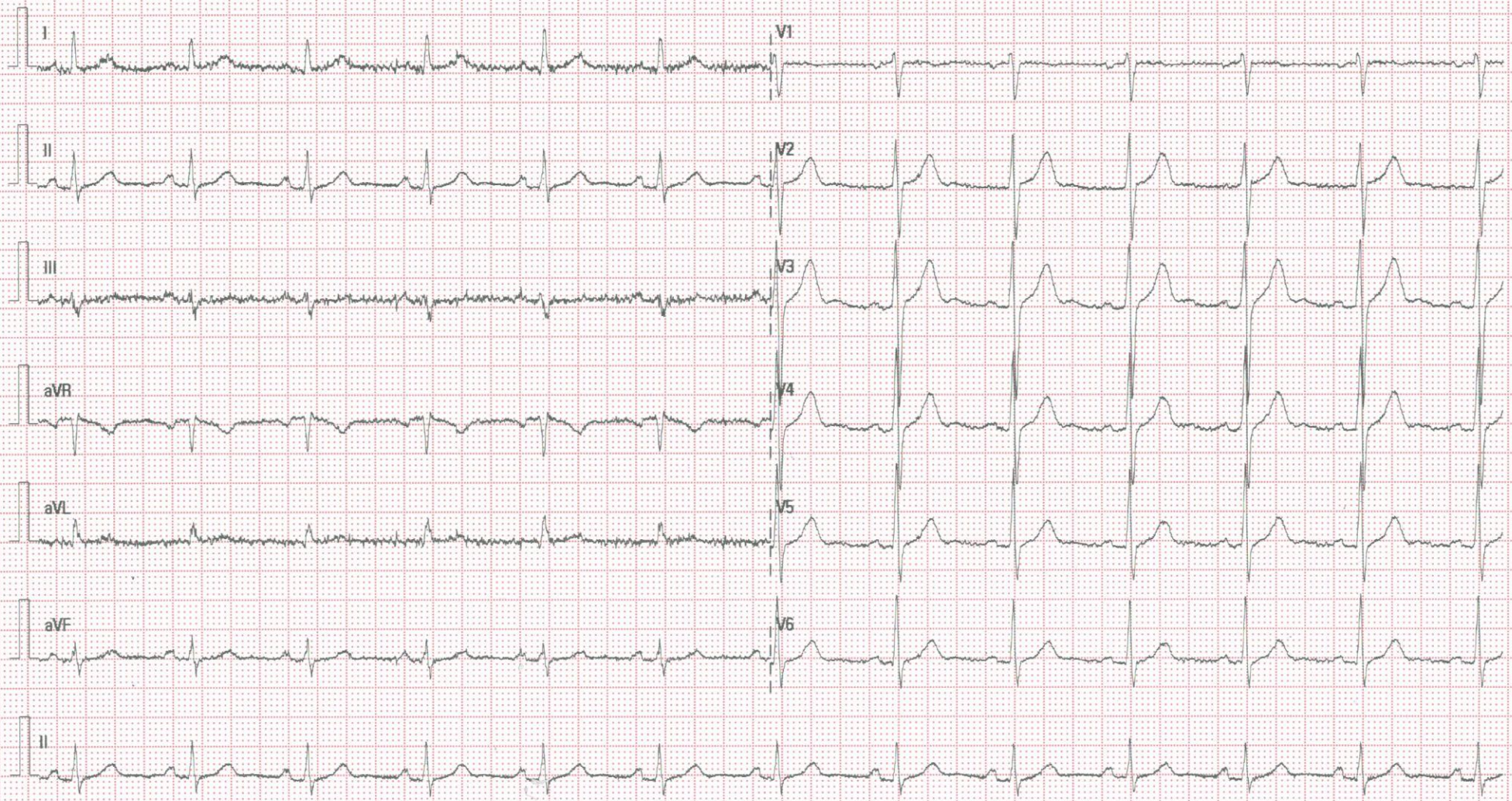
Clinic No. : 8884000991, 9513919615, Pharmacy No. : 9513919615

ID: 201100000005043
Name: mr krupakar
Age: 56 Years
Gender: Male

13-05-2023 10:32:09 AM

Vent. Rate	75 bpm
PR Interval	158 ms
QRS Duration	106 ms
QT/QTc Interval	368/394 ms
P/QRS/T Axes	67/13/45 deg

QTc:Hodges



25 mm/s 10 mm/mV 50 Hz~ BDR 150 Hz NARAYANA HEALTH,JAYANAGAR 02.06.00/V28.4.1 SN:FN-73007176

Narayana Multispeciality Clinic | Jayanagar
Unit of Narayana Health

Patient Name	**: Mr.Krupakar M N**	**Patient ID**	**:20110000005043**
Age	**: 56Years**	**Sex**	**: Male**
Referring Doctor	**: EHP**	**Date**	**:13.05.2023**

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and 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 &1.4 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (measures 10.6cm in length & 1.5cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi.

Prostate is normal in echopattern and normal in size. Volume-18cc

IMPRESSION:

- **Normal study.**

Dr Naveed
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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Clinic No. : 8884000991, 9513919615, Pharmacy No. : 9513919615
E-mail: info.jayanagar@narayanahealth.org

MILESTONES
VISUAL DEVELOPMENT CENTER
105, 7th main , Jayanagar 4th block, Near Maiyas Restaurant, Bengaluru- 560 011.
WWW.MILESTONESINSTITUTIONS.ORG | Ph: 080 2664 4448

Evaluation

13/5/23

Name : Mr. Koupakar M.N
Age : 56
Gender : Male
MRD No : 2011-5043
Chief Complaint : Regular - check up

Ocular History

H/o using glasses.

General History

HTN x 10-12 yrs.

		OD	OS
VISION	Distance:	6/60 p#1	6/12
	Pinhole:	No Improvement	
	Near:		

Objective Refraction:

EYE	Sph	Cyl	Axis
OD	No Glow		
OS	+1.25		

Subjective Refraction:

EYE	Sph	Cyl	Axis
OD	NAG. NIP	———	6/60
OS	+1.00		6/6

Slit lamp Examination :

OU – Nuclear sclerosis OD - G II-III

OS : PSC ——— OS - G II.

Diagnosis and Advise : OU - Nuclear sclerosis R>L

ADV : Ophthal consult

Milestones
Visual Development Center
No. 105, 7th Main,
Near Maiyas Restaurant, 4th Block
Jayanagar, Bangalore-560 011

Narayana Multispeciality Clinic | Jayanagar
Unit of Narayana Health

ADULT TRANS-THORACIC ECHO REPORT

NAME : MR.KRUPAKARAN M N

AGE/SEX : 56YRS/MALE

MRN NO : 20110000005043

DATE : 13.05.2023

FINAL DIAGNOSIS:

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

MEASUREMENTS

AO: 26 MM	LVID (d) : 42 MM	IVS (d) : 13 MM	RA : 30 MM
LA: 34 MM	LVID(s) : 26 MM	PW (d) : 11 MM	RV : 25 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, MILD CONCENTRIC LVH,NORMAL LV FUNCTION

RIGHT VENTRICLE : NORMAL, TAPSE-20 MM, NORMAL RV FUNCTION

RVOT/LVOT : NORMAL

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

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. 9/0.7 M/S, MR-MILD

AORTIC VALVE : PG- 7 MMHG

TRICUSPID VALVE : TR- TRIVIAL, PASP- 23 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 – 85 BPM

GULSUM JAMEEL FATHIMA M
CARDIAC SONOGRAPHER

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr KRUPAKAR M N MRN : 20110000005043 Gender/Age : MALE , 56y (30/11/1966)

Collected On : 13/05/2023 10:43 AM Received On : 13/05/2023 12:19 PM Reported On : 13/05/2023 04:42 PM

Barcode : 032305130212 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845213008

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-	-
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	-	-
Trophozoite	Not Seen	-	-
Pus Cells	3-4/hpf	/hpf	0-5
Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD))	Present +++	-	-

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

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	15.7	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.32	million/µl	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	45.7	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	85.8	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	29.4	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	34.3	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.9	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	329	10^3/µL	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	9.0	10^3/µL	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	63.8	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	27.9	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	5.8	%	2.0-10.0

Eosinophils (VCS Technology Plus Microscopy)	2.1	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.4	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	5.75	$x10^3$cells/µl	2.0-7.0
Absolute Lympocyte Count (Calculated)	2.52	$x10^3$cells/µl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.53	$x10^3$cells/µl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.19	$x10^3$cells/µl	0.02-0.5
Absolute Basophil Count (Calculated)	0.04	-	-

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.**

Dr. Deepak M B
MD, PDF, Hematopathology
Consultant

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval

Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	**20 H**	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. Hema S
MD, DNB, Pathology
Associate Consultant

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	**105 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)	138	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

HBA1C

HbA1c (HPLC NGSP Certified)	**6.7 H**	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	145.59	-	-

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)	0.66	mg/dL	0.66-1.25
eGFR (Calculated)	124.9	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)	10	mg/dL	9.0-20.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	4.6	mg/dL	3.5-8.5
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	**251 H**	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	**203 H**	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	55	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	**196.0 H**	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	155	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	**40.6 H**	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	4.6	-	0.0-5.0
Prostate Specific Antigen (PSA) (Enhanced Chemiluminesence)	2.25	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, Prostitits, 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 Chemiluminesence)	1.27	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminesence)	7.97	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminesence)	1.676	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)

Bilirubin Total (Colorimetric -Diazo Method)	0.90	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)	0.8	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	**8.40 H**	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	**5.20 H**	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.2	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.63	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	32	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	31	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	97	U/L	38.0-126.0

Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	37	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.

--End of Report-

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

Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

Note

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

(Lipid Profile, -> Auto Authorized)

(, -> Auto Authorized)

(CR, -> Auto Authorized)

(LFT, -> Auto Authorized)

(Uric Acid, -> Auto Authorized)

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

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

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

(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)

MC-2688

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr KRUPAKAR M N MRN : 20110000005043 Gender/Age : MALE , 56y (30/11/1966)

Collected On : 13/05/2023 10:43 AM Received On : 13/05/2023 12:19 PM Reported On : 13/05/2023 01:21 PM

Barcode : 032305130212 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9845213008

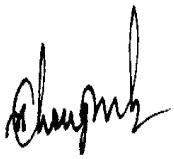
CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	AMBER	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (pH Indicator Method)	5.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.027	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	**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	9.0	/hpf	0-5

RBC	1.0	/hpf	0-4
Epithelial Cells	2.5	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.40	/hpf	0-1
Bacteria	4.1	/hpf	0-200
Yeast Cells	0.1	/hpf	0-1
Mucus	0.31	-	-

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.**



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

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
BLOOD GROUP & RH TYPING		
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

Note

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