

ID: 2015-699
Name: MRS PRIYANKA KUMARI
Age: 33 Years
Gender: Female

30-06-2023 11:00:08 AM

Heart Rate	78 bpm
PR Interval	152 ms
QRS Duration	74 ms
QT/QTc Interval	348/380 ms
P/QRS/T Axes	60/57/18 deg

DT: Hodges



25 mm/s 10 mm/mV 50 Hz BDR 35 Hz

NARAYANA HEALTH JAYANAGAR

02.06.00V28.4.1

SN:FM-73007176

Patient Name : Mrs.Priyanka Kumari

Patient ID : 201500000699

Age : 33Years

Sex : Female

Referring Doctor : EHP

Date : 30.06.2023

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 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 10.5 cm in length & 1.6 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 9.7 cm in length & 1.5 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.

Uterus is anteverted and **Bulky** in size, measures 8.8X4.5X5.5 cm. Myometrial and endometrial echoes are normal. **Endometrium** measures 10 mm. Endometrial cavity is empty.

Both ovaries are normal in size and echopattern.

Right ovary: measures 3.9x3.5 cm. **Simple cyst measuring 3.0x2.5cm**

Left ovary: measures 3.3x2.5cm


Both adnexa: No mass is seen.

There is no ascites or pleural effusion.

LIF Shows Probe Tenderness. No Mass/collection

IMPRESSION:

- **Grade I Fatty Liver.**
- **Bulky Uterus.**
- **Right Ovarian Simple Cyst.**


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 **Narayana Multispeciality Clinic**

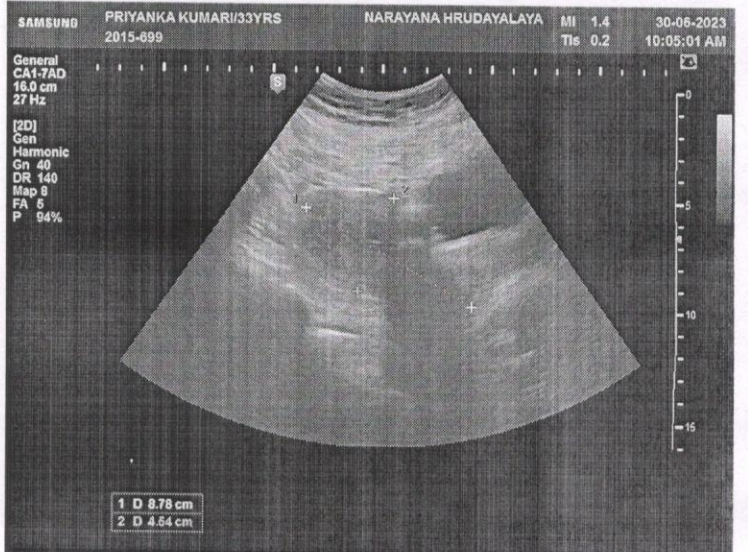
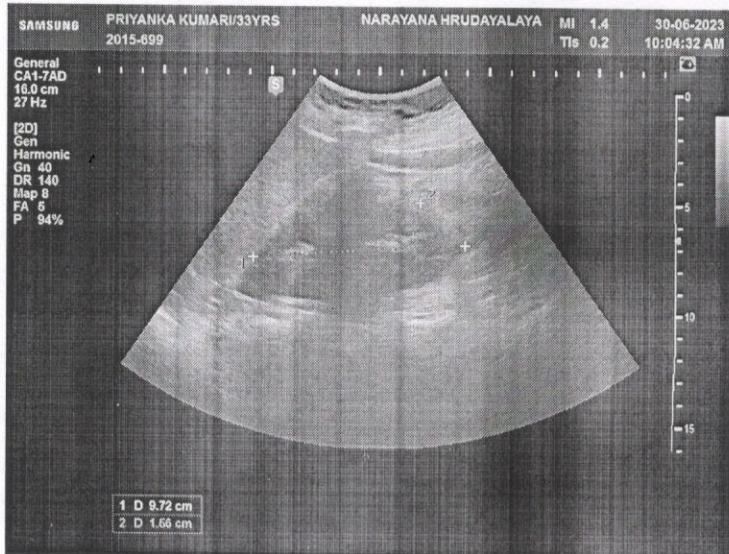
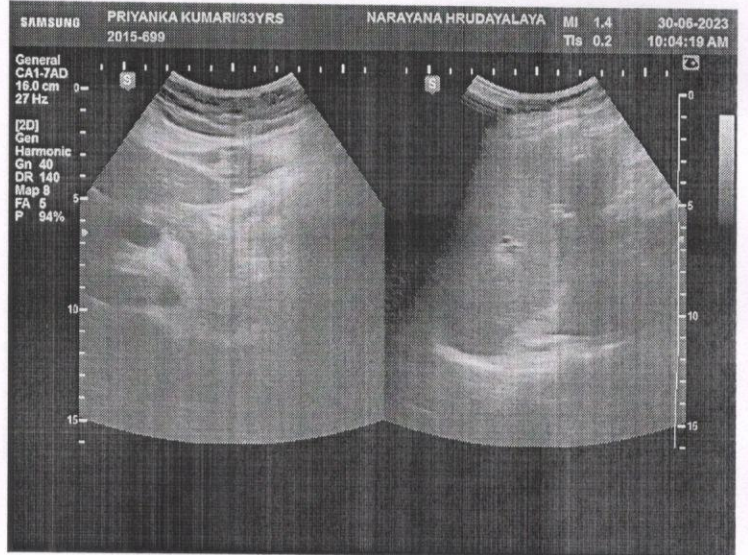
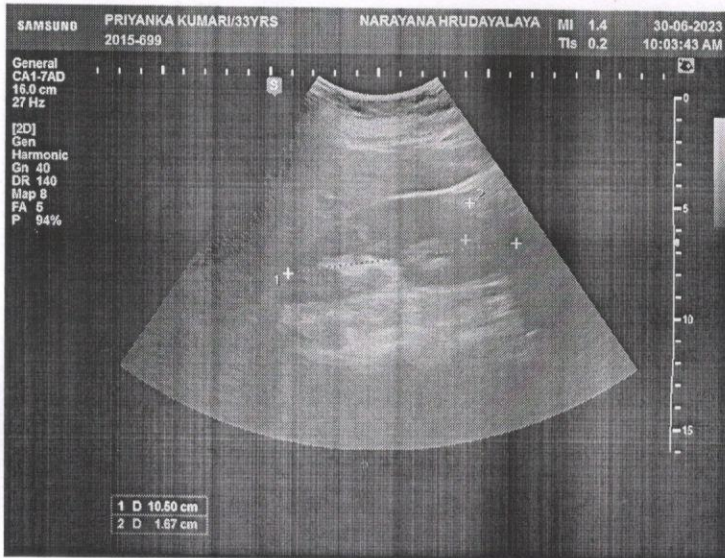
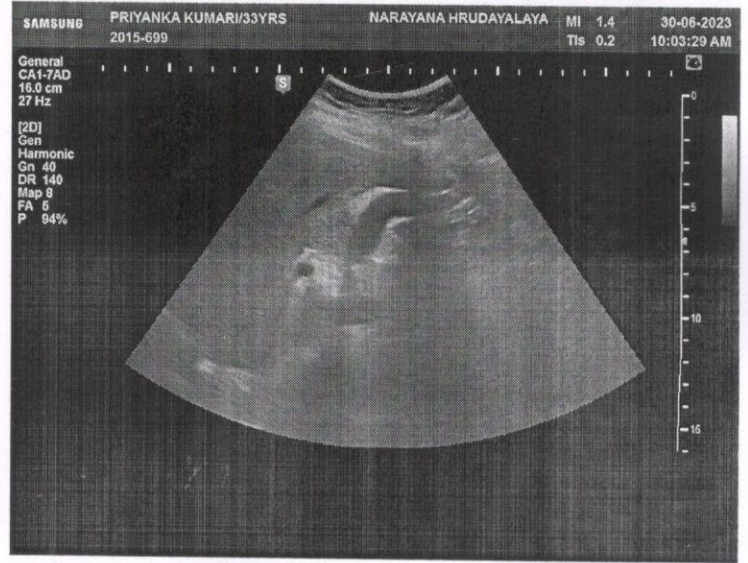
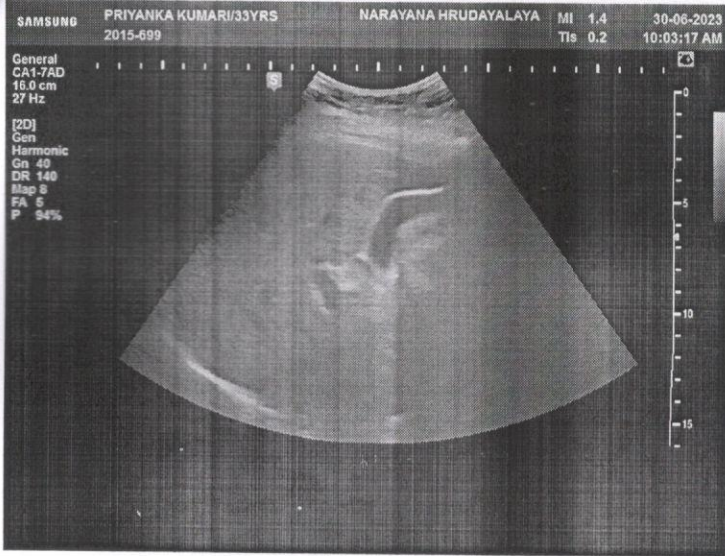
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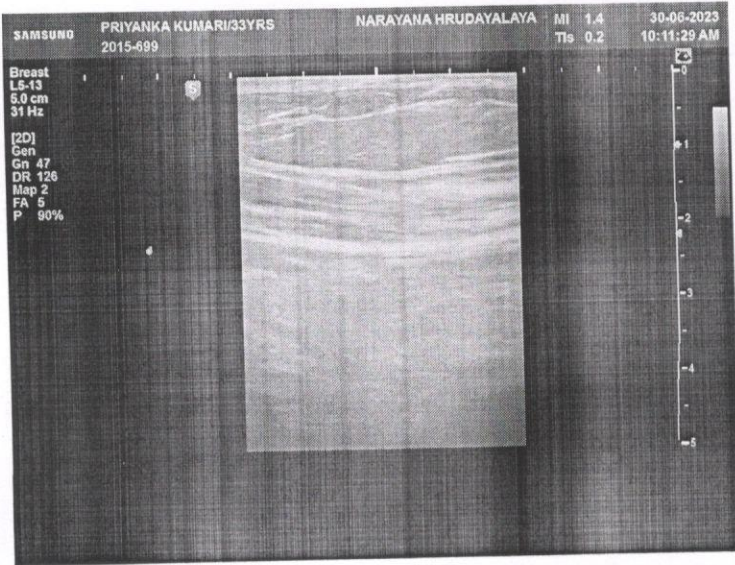
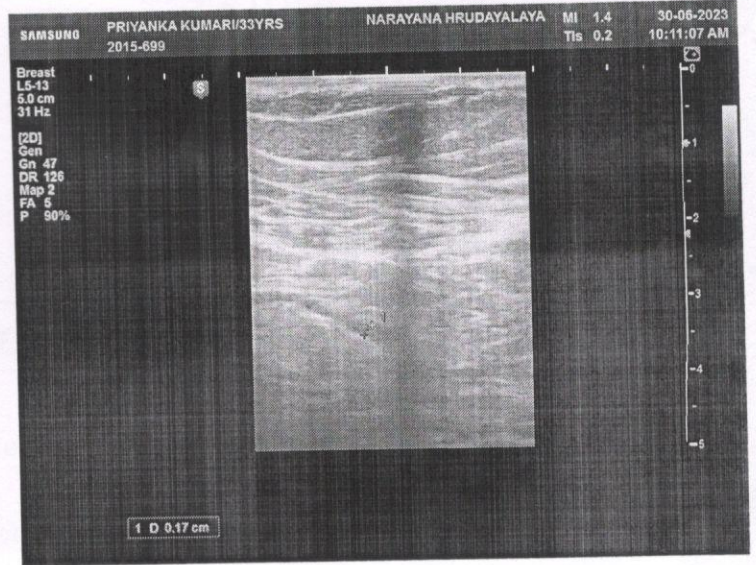
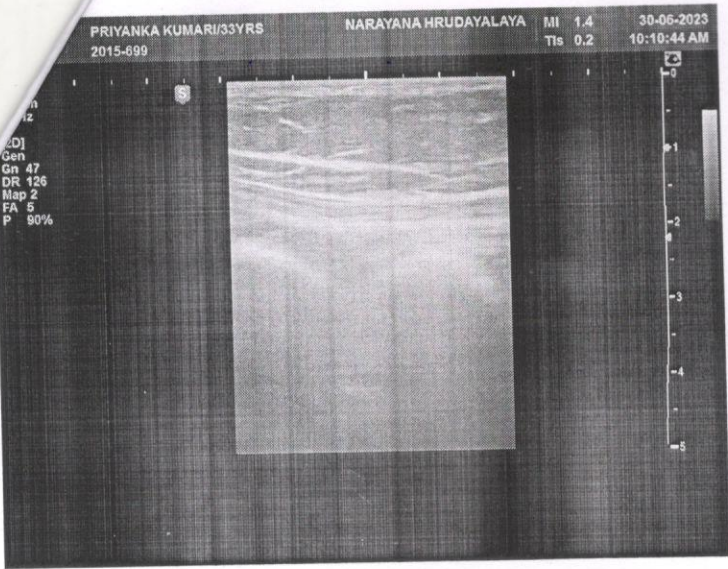
2015-699
PRIYANKA KUMARI/33YRS

Accession #
Exam Date
Description
Operator

30-06-2023

Date
Order





ADULT TRANS-THORACIC ECHO REPORT

NAME : MS.PRIYANKA KUMARI

AGE/SEX : 33YRS/FEMALE

MRN NO :2015000000699

DATE : 29.06.2023

FINAL DIAGNOSIS:

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

MEASUREMENTS

AO: 26 MM

LVID (d) : 40 MM

IVS (d) : 10 MM

RA : 32 MM

LA:33 MM

LVID(s) : 26 MM

PW (d) : 10 MM

RV : 28 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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SEPTAE

IVS : INTACT

IAS : INTACT

GREAT ARTERIES

AORTA : NORMAL, AORTIC ANNULUS-21 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

DOPPLER DATA

MITRAL VALVE : E/A -0.9/0.4 M/S, MR-MILD

AORTIC VALVE : PG- 6 MMHG

TRICUSPID VALVE : TR- TRIVIAL, PASP- 26 MMHG

PULMONARY VALVE : PG- 3 MMHG

WALL MOTION ABNORMALITIES: NO RWMA

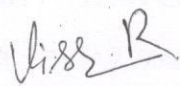
PERICARDIUM : NORMAL

VEGETATION/THROMBUS: ABSENT

OTHER FINDINGS

IVC- 13 MM NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM
SINUS RHYTHM / HR- 70 BPM

DR.SURESH P V
CONSULTANT CARDIOLOGIST


VISHALAKSHI H R
CARDIAC SONOGRAPHER

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Priyanka Kumari MRN : 2015000000699 Gender/Age : FEMALE , 33y (20/02/1990)

Collected On : 29/06/2023 09:55 AM Received On : 29/06/2023 01:51 PM Reported On : 29/06/2023 06:41 PM

Barcode : 032306290166 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7897366366

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-



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

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	40 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. Deepak M B
MD, PDF, Hematopathology
Consultant

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
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Page 1 of 7

Narayana Institute of Cardiac Sciences

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

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

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Appointments
1800-309-0309

Emergencies
97384 97384

Patient Name : Ms Priyanka Kumari MRN : 2015000000699 Gender/Age : FEMALE , 33y (20/02/1990)

Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase) 93 mg/dL
70 to 99 : Normal
100 to 125 : Pre-diabetes
=>126 : Diabetes
ADA standards 2020

SERUM CREATININE

Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase) 0.63 mg/dL 0.52-1.04

eGFR (Calculated) 108.9 mL/min/1.73m²
Indicative of renal impairment < 60
Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.

Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease) 6 L mg/dL 7.0-17.0

Serum Uric Acid (Colorimetric - Uricase,Peroxidase) 4.4 mg/dL 2.5-6.2

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

Cholesterol Total (Colorimetric - Cholesterol Oxidase) 154 mg/dL
Desirable: < 200
Borderline High: 200-239
High: > 240

Triglycerides (Colorimetric - Lip/Glycerol Kinase) 129 mg/dL
Normal: < 150
Borderline: 150-199
High: 200-499
Very High: > 500

HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method) 49 mg/dL 40.0-60.0

Non-HDL Cholesterol (Calculated) 105.0 mg/dL
Desirable: < 130
Above Desirable: 130-159
Borderline High: 160-189
High: 190-219
Very High: => 220

LDL Cholesterol (Colorimetric) 80 L mg/dL
Optimal: < 100
Near to above optimal: 100-129
Borderline High: 130-159
High: 160-189
Very High: > 190

VLDL Cholesterol (Calculated) 25.8 mg/dL 0.0-40.0

Cholesterol /HDL Ratio (Calculated) 3.2 - 0.0-5.0

LIVER FUNCTION TEST(LFT)



Patient Name : Ms Priyanka Kumari MRN : 2015000000699 Gender/Age : FEMALE , 33y (20/02/1990)			
Bilirubin Total (Colorimetric -Diazo Method)	0.45	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)	0.45	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.30	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.50	gm/dL	3.5-5.0
Serum Globulin (Calculated)	2.8	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.61	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	29	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	22	U/L	<35.0
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))	12	U/L	12.0-43.0

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.



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



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

BIOCHEMISTRY

Patient Name : Ms Priyanka Kumari MRN : 2015000000699 Gender/Age : FEMALE , 33y (20/02/1990)

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC NGSP Certified)	5.0	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	96.8	-	-

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.

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.35	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	9.14	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	6.817 H	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.



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

Patient Name : Ms Priyanka Kumari MRN : 2015000000699 Gender/Age : FEMALE , 33y (20/02/1990)

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	9.5 L	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	3.77 L	million/ μ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	30.8 L	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	81.6 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	25.3 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.0 L	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	16.1 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	150	$10^3/\mu$ L	150.0-450.0
Note: Platelet count verified manually.			
Total Leucocyte Count(WBC) (Electrical Impedance)	4.3	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	61.5	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	32.6	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	4.0	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	1.5	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.4	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	2.64	$\times 10^3$ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.4	$\times 10^3$ cells/ μ l	1.0-3.0

Patient Name : Ms Priyanka Kumari MRN : 20150000000699 Gender/Age : FEMALE , 33y (20/02/1990)			
Absolute Monocyte Count (Calculated)	0.17 L	x10 ³ cells/μl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.06	x10 ³ cells/μl	0.02-0.5
Absolute Basophil Count (Calculated)	0.02	-	-

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

Note

- Abnormal results are highlighted.
 - Results relate to the sample only.
 - Kindly correlate clinically.
- (Fasting Blood Sugar (FBS), -> Auto Authorized)
(Lipid Profile, -> Auto Authorized)

Patient Name : Ms Priyanka Kumari MRN : 2015000000699 Gender/Age : FEMALE , 33y (20/02/1990)

(CR, -> Auto Authorized)

(LFT, -> Auto Authorized)

(Uric Acid, -> Auto Authorized)

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



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Priyanka Kumari MRN : 2015000000699 Gender/Age : FEMALE , 33y (20/02/1990)

Collected On : 29/06/2023 09:55 AM Received On : 29/06/2023 01:51 PM Reported On : 29/06/2023 03:02 PM

Barcode : 1B2306290020 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7897366366

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
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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
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URINE ROUTINE & MICROSCOPY

PHYSICAL EXAMINATION

Colour	Yellow	-	-
Appearance	Not Present	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	5.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.005	-	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

Page 1 of 3

Narayana Institute of Cardiac Sciences

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

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Appointments
1800-309-0309

Emergencies
97384 97384

Patient Name : Ms Priyanka Kumari MRN : 2015000000699 Gender/Age : FEMALE , 33y (20/02/1990)			
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	0.3	/hpf	0-5
RBC	1.6	/hpf	0-4
Epithelial Cells	2.2	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.02	/hpf	0-1
Bacteria	34.0	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	0.00	-	-

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--



Patient Name : Ms Priyanka Kumari MRN : 2015000000699 Gender/Age : FEMALE , 33y (20/02/1990)

Shalini

Dr. Shalini K S
DCP, DNB, Pathology
Consultant

Note

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- Results relate to the sample only.
- Kindly correlate clinically.

