

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Manjunath S MRN : 20110000013548 Gender/Age : MALE , 37y (31/07/1985)

Collected On : 29/07/2023 09:22 AM Received On : 29/07/2023 12:11 PM Reported On : 29/07/2023 03:36 PM

Barcode : 032307290161 Specimen : Stool Consultant : Dr. Priya S(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7411521511

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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STOOL ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Colour	Brownish	-	-
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	-	-
Pus Cells	2-4	/hpf	0-5

Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-	-
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Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD))	Trace	-	-
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Hema S

Dr. Hema S  
MD, DNB, Pathology  
Associate Consultant

#### BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	<b>119 H</b>	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)	<b>173 H</b>	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

#### SERUM CREATININE

<b>Serum Creatinine</b> (Two Point Rate - Creatinine Aminohydrolase)	0.78	mg/dL	0.66-1.25
eGFR (Calculated)	112.0	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	9.0-20.0

**Serum Uric Acid** (Colorimetric - Uricase,Peroxidase) 7.6 mg/dL 3.5-8.5

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

<b>Cholesterol Total</b> (Colorimetric - Cholesterol Oxidase)	<b>201 H</b>	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
<b>Triglycerides</b> (Colorimetric - Lip/Glycerol Kinase)	<b>155 H</b>	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500

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HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	<b>32 L</b>	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	<b>169.0 H</b>	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	137	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	31.0	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	<b>6.3 H</b>	-	0.0-5.0
<b>Prostate Specific Antigen (PSA)</b> (Enhanced Chemiluminescence)	0.436	ng/mL	0.0-2.5

#### 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, Prostatitis, 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.

#### LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	<b>2.10 H</b>	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)	<b>2.1 H</b>	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.80	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.80	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.0	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.6	-	1.0-2.1

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SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate)) **105 H** U/L 17.0-59.0

SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate)) **259 H** U/L <50.0

Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer) 69 U/L 38.0-126.0

Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method)) **147 H** 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.



Dr. Anushre Prasad  
MBBS,MD, Biochemistry  
Consultant Biochemistry



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

#### HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	15.0	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.12	million/ $\mu$ l	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	43.7	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	85.2	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	29.3	pg	27.0-32.0

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MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	34.3	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	12.5	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	214	$10^3/\mu\text{L}$	150.0-450.0
Mean Platelet Volume (MPV)	8.7	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	7.7	$10^3/\mu\text{L}$	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCS Technology Plus Microscopy)	51.6	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	38.1	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	7.2	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	2.3	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.8	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.98	$\times 10^3 \text{ cells}/\mu\text{l}$	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.94	$\times 10^3 \text{ cells}/\mu\text{l}$	1.0-3.0
Absolute Monocyte Count (Calculated)	0.56	$\times 10^3 \text{ cells}/\mu\text{l}$	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.18	$\times 10^3 \text{ cells}/\mu\text{l}$	0.02-0.5
Absolute Basophil Count (Calculated)	0.07	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

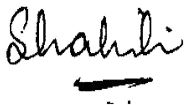
#### Interpretation Notes

- 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

Patient Name : Mr Manjunath S MRN : 20110000013548 Gender/Age : MALE , 37y (31/07/1985)

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. Shalini K S  
DCP, DNB, Pathology  
Consultant

#### HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Westergren Method)	<b>19 H</b>	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**

**--End of Report--**



Dr. Deepak M B  
MD, PDF, Hematopathology  
Consultant

Patient Name : Mr Manjunath S MRN : 20110000013548 Gender/Age : MALE , 37y (31/07/1985)

**Note**

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



Patient Name : Mr Manjunath S MRN : 20110000013548 Gender/Age : MALE , 37y (31/07/1985)

Collected On : 29/07/2023 09:22 AM Received On : 29/07/2023 12:18 PM Reported On : 29/07/2023 01:14 PM

Barcode : 052307290057 Specimen : Serum Consultant : Dr. Priya S(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 7411521511

SEROLOGY

Test	Result	Unit	Biological Reference Interval
<b>SYPHILIS TREPONEMAL ANTIBODIES (IG M &amp; IG G) (REVERSE ALGORITHM)</b>			
Syphilis Treponemal Antibodies (Ig M & Ig G) (Reverse Algorithm) (Enhanced Chemiluminescence Immunoassay (CLIA))	0.01	-	<0.80 - Negative- Indicates no active or previous infection with Treponema pallidum 0.80-1.20 - Positive-Unable to determine if Treponema pallidum infection has occurred. The sample should retest > 1.20 - Reactive- Indicate active or previous infection with Treponema pallidum

Interpretation Notes

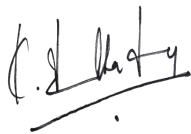
- SYPHILIS TREPONEMAL ANTIBODIES (IG M & IG G) (REVERSE ALGORITHM)**

<0.80 - Negative- Indicates no active or previous infection with Treponema pallidum 0.80-1.20 - Positive-Unable to determine if Treponema pallidum infection has occurred. The sample should retest > 1.20 - Reactive-Indicate active or previous infection with Treponema pallidum

Serological tests for Treponema pallidum may aid in the early diagnosis of syphilis. Specific IgM is detectable towards the end of the second week of infection and IgG after about four weeks. By the time symptoms develop most patients have detectable anti-treponemal antibodies.

Reverse algorithm followed Syphilis treponemal antibodies (IG M & IG G) reactive RPR tested if reactive reported, if RPR not reactive TPHA tested if reactive reported a non reactive sample for TPHA is retested after 2 weeks.

--End of Report--



Dr. Mallika Reddy K  
 MD, Microbiology  
 Consultant



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**Note**

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



<b>Patient Name</b>	MR.MANJUNATH S	<b>Requested By</b>	EHP
<b>MRN</b>	20110000013548	<b>Procedure Date Time</b>	29-07-2023 11:15
<b>Age/Sex</b>	37Y 9M/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. Rahul G Ambi  
Senior Registrar

\* This is a digitally signed valid document. Reported Date/Time: 29-07-2023 12:44

This report has been generated from **NH Teleradiology 24/7**, a service of Narayana Health  
-- End of Report --  
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**ADULT TRANS-THORACIC ECHO REPORT**

**NAME : MR.MANJUNATH S**

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

**MRN NO : 20110000013548**

**DATE : 29.07.2023**

**FINAL DIAGNOSIS:**

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

**MEASUREMENTS**

AO: 29 MM	LVID (d) : 44 MM	IVS (d) : 10 MM	RA : 32 MM
LA: 36 MM	LVID(s) : 29 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



**SEPTAE**

IVS : INTACT

IAS : INTACT

**GREAT ARTERIES**

AORTA : AORTIC ANNULUS-24 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

**DOPPLER DATA**

MITRAL VALVE : E/A -0.6/0.7 M/S, MILD LVDD, MR-MILD

AORTIC VALVE : PG- 9 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- 14 MM NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM  
SINUS RHYTHM/ HR- 83 BPM

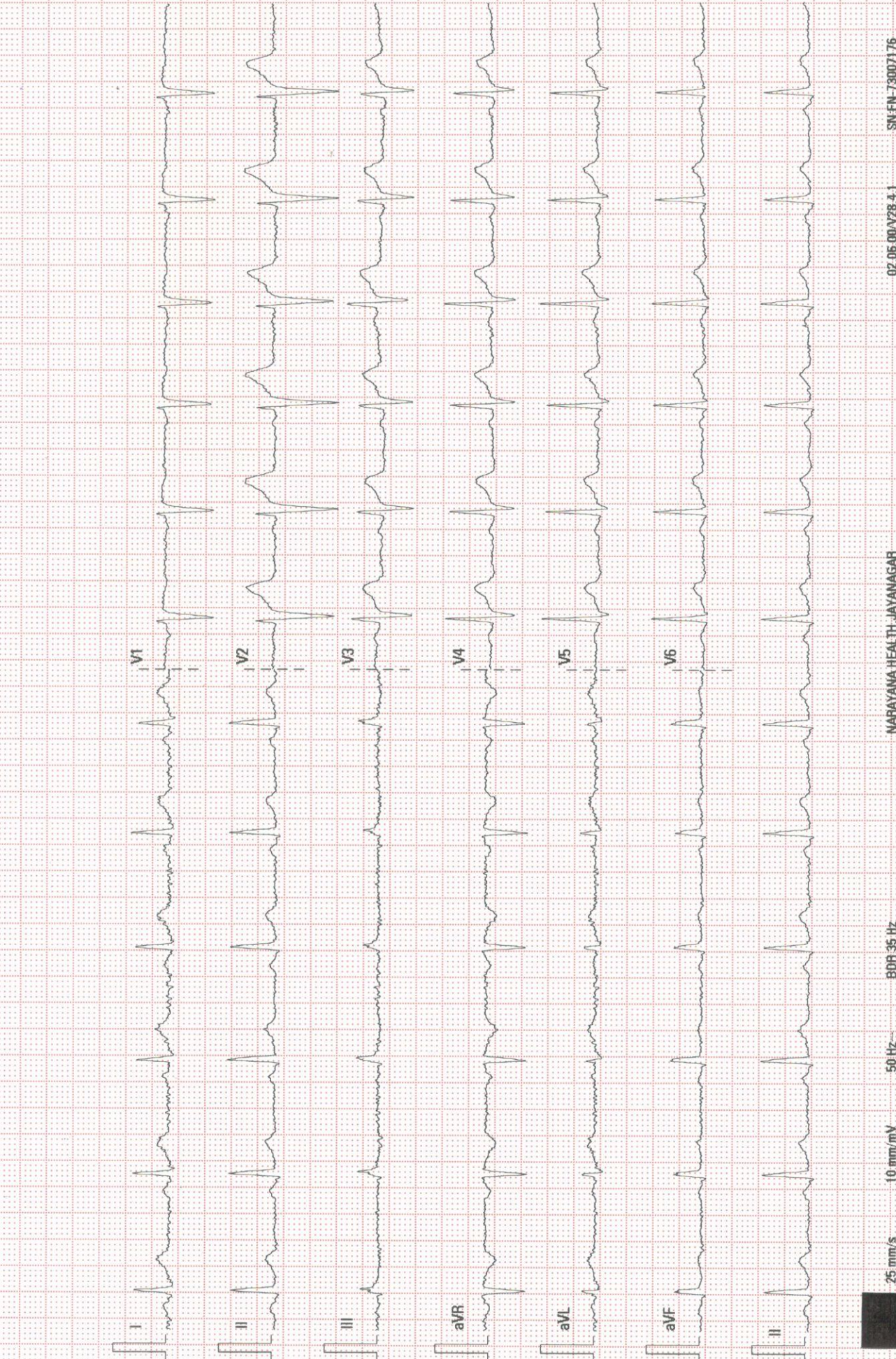


VISHALAKSHI H R  
CARDIAC SONOGRAPHER



ID: 2011-13548  
Name: MR MANJUNATH S  
Age: 37 Years  
Gender: Male

29-07-2023 12:16:31 PM  
Vent. Rate: 73 bpm  
PR Interval: 150 ms  
QRS Duration: 98 ms  
QT/QTc Interval: 372/395 ms  
P/QRS/T Axes: 13/46/14 deg  
QTc:Hodges





Patient Name : Mr.Manjunath S  
Age : 37Years  
Referring Doctor : EHP

Patient ID : 20110000013548  
Sex : Male  
Date : 29.07.2023

**ULTRASOUND ABDOMEN AND PELVIS**

**FINDINGS:**

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

**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 10.3 cm in length & 1.4 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of hydronephrosis. **Calculus measuring 4.2mm in the mid pole**

**Left Kidney** is normal in size (measures 10.7 cm in length & 1.7 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of hydronephrosis. **Calculus measuring 4mm in the lower pole**

**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 3.0x3.0x3.5 cm Volume - 16cc.

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

**IMPRESSION:**

- **Grade I Fatty Liver.**
- **Bilateral Renal Calculus**

**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.



Exam

2011-13548  
MR MANJUNATH S/37YRS  
Male

Accession #  
Exam Date  
Description  
Operator

29-07-2023

