

Unit of Narayana Health

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Mohan B N MRN : 20110000012739 Gender/Age : MALE , 65y (01/07/1958)

Collected On: 14/10/2023 09:23 AM Received On: 14/10/2023 11:44 AM Reported On: 14/10/2023 04:28 PM

Barcode : 1B2310140020 Specimen : Whole Blood Consultant : Dr. Priya S(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9448090885

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group (Column Agglutination Technology)	В	-
RH Typing (Column Agglutination Technology)	Positive	-

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

BIOCHEMISTRY					
Test	Result	Unit	Biological Reference Interval		
HBA1C					
HbA1c (HPLC NGSP Certified)	6.5 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020		
Estimated Average Glucose (Calculated)	139.85	-	-		

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.

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Patient Name : Mr Mohan B N MRN : 20110000012739 Gender/Age : MALE , 65y (01/07/1958)

Anushre

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

HEMATOLOGY				
Test	Result	Unit	Biological Reference Interval	
Erythrocyte Sedimentation Rate (ESR)	5	mm/1hr	0.0-14.0	
(Mostorgrop Mothod)				

(Westergren Method)

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)	14.9	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.34	million/µl	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	45.5	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	85.2	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.8	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.6	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	14.0	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	182	10 ³ /µL	150.0-450.0
Mean Platelet Volume (MPV)	7.5	fL	7.0-11.7

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Patient Name : Mr Mohan B N MRN : 20110000012	2739 Gender/Age	e : MALE , 65y (01/07/19	58)
Total Leucocyte Count(WBC) (Electrical Impedance)	6.2	10 ³ /μL	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	56.1	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	31.7	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	8.6	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	3.1	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.5	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.48	x10 ³ cells/µl	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.97	x10 ³ cells/µl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.54	x10 ³ cells/µl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.2	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.

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Patient Name : Mr Mohan B N MRN : 20110000012739 Gender/Age : MALE , 65y (01/07/1958)

Hena S

Dr. Hema S MD, DNB, Pathology Associate Consultant

BIOCHEMISTRY			
Test	Result	Unit	Biological Reference Interval
FASTING BLOOD GLUCOSE (FBG) (Colorimetric - Glucose Oxidase Peroxidase)	114 H	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020
POST PRANDIAL BLOOD GLUCOSE (PPBG) (Colorimetric - Glucose Oxidase Peroxidase)	129	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.75	mg/dL	0.66-1.25
eGFR (Calculated)	104.6	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)	9	mg/dL	9.0-20.0
Serum Uric Acid (Colorimetric - Uricase, Peroxidase) LIPID PROFILE (CHOL, TRIG, HDL, LDL, VLDL)	5.06	mg/dL	3.5-8.5
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	154	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	65	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500



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Patient Name: Mr Mohan B N MRN: 2011000001	2739 Gender/Ag	e : MALE , 65y (01/07/19	58)
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	44	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	110.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	103 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	13.0	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	3.5	-	0.0-5.0
Prostate Specific Antigen (PSA) (Enhanced	0.332	ng/mL	0.0-4.5

Chemiluminesence)

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 lodo Thyronine (T3) (Enhanced Chemiluminesence)	1.32	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminesence)	9.45	μg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminesence)	1.962	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)

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Patient Name : Mr Mohan B N MRN : 20110000012	739 Gender/Age	e : MALE , 65y (01/07/195	58)
Bilirubin Total (Colorimetric -Diazo Method)	1.30	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)	1.3 H	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)	4.40	gm/dL	3.5-5.0
Serum Globulin (Calculated)	2.9	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.52	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal- 5-phosphate))	41	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	56 H	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	80	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	27	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.

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

Anushre

Dr. Anushre Prasad MBBS, MD, Biochemistry **Consultant Biochemistry**

CLINICAL PATHOLOGY

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Patient Name : Mr Mohan B N MRN : 2011000001	2739 Gender/Age	e : MALE , 65y (01/07/19	
Test	Result	Unit	Biological Reference Interval
Colour	Yellow	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.008	-	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
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	0.1	/hpf	0-5
RBC	0.1	/hpf	0-4
Epithelial Cells	0.1	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts		/hpf	0-1
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Patient Name : Mr Mohan B N MRN : 20110000012739 Gender/Age : MALE , 65y (01/07/1958)

	0.00		
Bacteria	0.8	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

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))

Deeper UNC

Dr. Deepak M B MD, PDF, Hematopathology Consultant

Urine For Sugar (Post Prandial) (Enzyme

Test

CLINICAL PATHOLOGY

Unit

Not Present

Result

--End of Report-

Method (GOD POD))

Dr. Sudarshan Chougule MBBS, MD, Pathology

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Patient Name : Mr Mohan B N MRN : 20110000012739 Gender/Age : MALE , 65y (01/07/1958) Consultant & Head - Hematology & Flow Cytometry

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
 (FASTING BLOOD GLUCOSE (FBG), -> Auto Authorized)
 (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)
 (POST PRANDIAL BLOOD GLUCOSE (PPBG) -> Auto Authorized)





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ADULT TRANS-THORACIC ECHO REPORT

NH Narayana™ Multispeciality Clinic

Jayanagar

Unit of Narayana Health

AGE/SEX : 65YRS/MALE

DATE : 14.10.2023

NAME : MR.MOHAN B N

MRN NO : 20110000012739

FINAL DIAGNOSIS:

- NORMAL CHAMBER DIMENSIONS
- NO RWMA
- TRIVIAL AR/SCLEROTIC AV
- MR-MILD
- TR-MILD
- NORMAL PA PRESSURE
- NORMAL RV FUNCTION
- BORDERLINE LV FUNCTION
- LVEF- 55%

MEASUREMENTS

AO: 26 MM	LVID (d) : 45 MM	IVS (d) : 11 MM	RA: 36 MIM
LA: 33 MM	LVID(s) : 33 MM	PW (d) : 10 MM	RV : 27 MM

EF: 55 %

VALVES

MITRAL VALVE : NORMAL

AORTIC VALVE : SCLEROTIC WITH NORMAL LEAFLET MOBILITY

TRICUSPID VALVE : NORMAL

PULMONARY VALVE : NORMAL

CHAMBERS

LEFT ATRIUM : NORMAL

RIGHT ATRIUM : NORMAL

LEFT VENTRICLE : NORMAL, BORDERLINE LV FUNCTION

RIGHT VENTRICLE : NORMAL, TAPSE-19 MM, NORMAL RV FUNCTION

1



Narayana Multispeciality Clinic

17/1, 30th Cross, 8th 'B' Main Road, 4th Block, Jayanagar, Bangalore - 560 011 Clinic No. : 8884000991, 9513919615, Pharmacy No. : 9513919615 SEPTAE IVS : INTACT

: NORMAL

IAS : INTACT

GREAT ARTERIES

RVOT/LVOT

AORTA : NORMAL, AORTIC ANNULUS-18 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

DOPPLER DATA

MITRAL VALVE	: E/A – 0.4/0.7 M/S,MILD LVDD, MR – MILD
AORTIC VALVE	: PG- 3 MMHG
TRICUSPID VALVE	: TR – MILD,PASP- 25 MMHG
PULMONARY VALVE	: PG- 3 MMHG

WALL MOTION ABNORMALITIES: NO RWMA

PERICARDIUM : NORMAL

VEGETATION/THROMBUS : ABSENT

OTHER FINDINGS

Narayana Multigozatoli (

IVC- 12 MM, NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM SINUS RHYTHM / HR- 88 BPM

2

VISHALAKSHI H R



Pati	Manspeciality Clinic Jayanagar
Patient Name MR.MOHAN B N P	Unit of Narayana Health
Ade/Sau 20110000012720 Requ	uested By
64Y 4M/Male Proc	edure Date Time
Hosp	Dital 14-10-2023 11:40

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. ۰
- Trachea is normal and is central. The hilar shadows are unremarkable. .
- The costo-phrenic angles are clear. No evidence of pleural effusion or pneumothorax. Mild diffuse osteopenia is noted. .
- Both the diaphragmatic domes appear normal.
- IMPRESSION:

No significant abnormality detected.

nerge

Dr. Pallavi CJ , DMRD, DNB Consultant Radiologist

* This is a digitally signed valid document.Reported Date/Time: 14-10-2023 12:36

This report has been generated from NH Teleradiology 24/7, a service of Narayana Health Page 1 of 1



Narayana Multispeciality Clinic

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



Jayanagar

ULTRASOUND ABDOMEN AND PELVIS

Patient Name	: Mr.Mohan B	Patient ID	:2011-12739
Age	: 65Years	Sex	: Male
Referring Doctor	: EHP	Date	: 14 .10.2023

FINDINGS:

Liver is normal in size and 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 1.8 cm in length & 1.6 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of hydronephrosis. **Calculus in the upper pole measuring 3.3mm. simple cyst in the lower pole measuring 0.7x0.7cm**

Left Kidney is normal in size (measures 9.4 cm in length & 1.8 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of hydronephrosis. Calculus in the mid pole measuring 2mm

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

Pre Void-140cc Post Void-15cc

Prostate is normal in echopattern and **mildly enlarged** in size measuring 3.5x3.3x3.8cm.volume-24cc

IMPRESSION:

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

Dr B S RAMKUMAR35772 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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.n Date

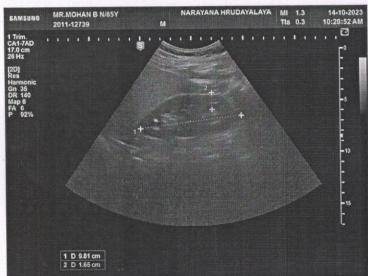
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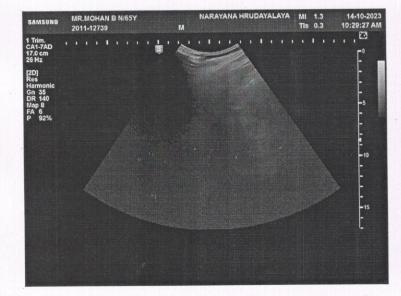
Exam

2011-12739 MR.MOHAN B N/65Y

Male

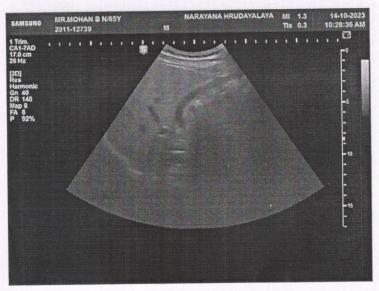


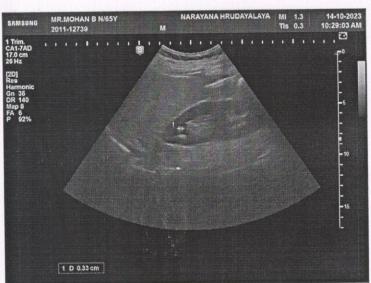




Accession # Exam Date Description

Operator



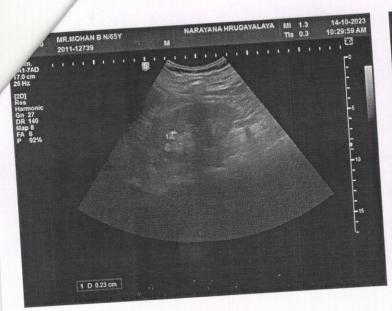




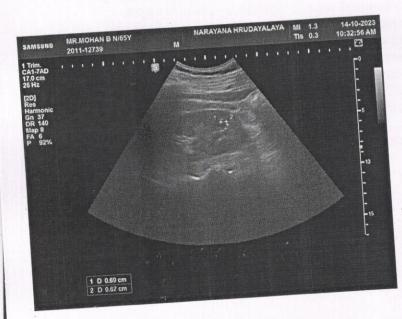
14-10-2023



Image Report







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