

# <u>ECHO REPORT – HEALTH CHECK</u>

DATE : 21/07/2023 NAME: AMUDHA MRN: 10200000277828 AGE/GENDER:42Y/F

## IMPRESSIONS

- NORMAL CHAMBER DIMENSIONS
- NO RWMA
- TR-MILD
- NORMAL PA PRESSURE
- NORMAL RV AND LV FUNCTIONS
- LVEF- 55-60%

AO: 19	LVID(d): 44	IVS(d): 08	RV: 26
LA: 33	LVID(s): 33	PW(s): 08	TAPSE: 24

## FINDINGS

CHAMBERS: NORMAL RWMA: NO RWMA VALVES: MR-TRIVIAL , TR-MILD SEPTAE: INTACT AORTA AND PA: AORTIC ANNULUS-19 MM, NORMAL PERICARDIUM: NORMAL PRESSURES: NORMAL , PASP- 29MMHG OTHERS:-

DR SATISH C GOVIND SENIOR CONSULTANT MARY ANJALI KURIAKOSE SONOGRAPHER

AN/ROOM NUMBER- 3

 Patient Name : Ms Amudha MRN : 10200000277828 Gender/Age : FEMALE , 42y (08/06/1981)

 Collected On : 21/07/2023 09:37 AM Received On : 21/07/2023 09:55 AM Reported On : 21/07/2023 11:28 AM

 Barcode : 012307210867 Specimen : Serum Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8870991155

BIOCHEMISTRY					
Test	Result	Unit	<b>Biological Reference Interval</b>		
SERUM CREATININE					
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.71	mg/dL	0.52-1.04		
eGFR (Calculated)	90.3	mL/min/1.73m <sup>2</sup>	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodyamically unstable patients eGFR is not applicable for less than 18 years of age.		
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric – Urease)	7	mg/dL	7.0-17.0		
Serum Uric Acid (Colorimetric - Uricase, Peroxidase)	4.19	mg/dL	2.5-6.2		
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)					
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	139	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240		
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	50	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500		
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	44	mg/dL	40.0-60.0		
Non-HDL Cholesterol (Calculated)	95.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220		
LDL Cholesterol (Colorimetric)	86 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190		
VLDL Cholesterol (Calculated)	10.0	mg/dL	0.0-40.0		

Final Report

Patient Name : Ms Amudha MRN : 1020000027782	8 Gender/Age :	FEMALE , 42y (08/06/198	31)
Cholesterol /HDL Ratio (Calculated)	3.2	-	0.0-5.0
THYROID PROFILE (T3, T4, TSH)			
Tri lodo Thyronine (T3) (Enhanced Chemiluminesence)	1.28	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminesence)	12.2 H	μg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminesence)	0.8088	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

• 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)	0.40	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)	0.4	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.70	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.40	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.3	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.34	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal- 5-phosphate))	24	U/L	14.0-36.0
<b>SGPT (ALT)</b> (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	14	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	68	U/L	38.0-126.0

Patient Name : Ms Amudha	MRN : 10200000277828	Gender	/Age : FEMALE , 42y (0	8/06/1981)	
Gamma Glutamyl Transfer	ase (GGT) (Multipoint	<10 L	U/L	12.0-43.0	
Rate - L-glutamyl-p-nitroanilide	e ( Szasz Method))				

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

#### Note

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

--End of Report-

Anushre

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry





Patient Name : Ms Amudha MRN : 10200000277828 Gender/Age : FEMALE , 42y (08/06/1981)

Collected On: 21/07/2023 09:37 AM Received On: 21/07/2023 09:58 AM Reported On: 21/07/2023 10:18 AM

Barcode : 032307210150 Specimen : Urine Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8870991155

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

Urine For Sugar (Fasting) (Enzyme Method (GOD No POD))

--End of Report-

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

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Patient Name : Ms Amudha MRN : 10200000277828 Gender/Age : FEMALE , 42y (08/06/1981) Collected On: 21/07/2023 09:37 AM Received On: 21/07/2023 09:58 AM Reported On: 21/07/2023 11:28 AM Barcode : 032307210150 Specimen : Urine Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8870991155

	CLINICAL PATHOLOGY			
Test	Result	Unit	Biological Reference Interval	
URINE ROUTINE & MICROSCOPY				
PHYSICAL EXAMINATION				
Colour	Yellow	-	-	
Appearance	Clear	-	-	
CHEMICAL EXAMINATION				
pH(Reaction) (pH Indicator Method)	7.0	-	4.5-7.5	
Sp. Gravity (Refractive Index)	1.003	-	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	-	-	
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	1.6	/hpf	0-5	

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Patient Name : Ms Amudha MRN : 102000002778	28 Gender/Age :	FEMALE , 42y (08/06/198	31)
RBC	3.7	/hpf	0-4
Epithelial Cells	2.3	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	52.7	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

• 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-

A

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

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Patient Name : Ms AmudhaMRN : 10200000277828Gender/Age : FEMALE , 42y (08/06/1981)Collected On : 21/07/2023 09:37 AMReceived On : 21/07/2023 09:57 AMReported On : 21/07/2023 10:42 AMBarcode : 1B2307210013Specimen : Whole BloodConsultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8870991155

#### NARAYANA HRUDAYALAYA BLOOD CENTRE

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

--End of Report-

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

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Patient Name : Ms Amudha MRN : 10200000277828 Gender/Age : FEMALE , 42y (08/06/1981)

Collected On: 21/07/2023 12:59 PM Received On: 21/07/2023 01:14 PM Reported On: 21/07/2023 01:47 PM

Barcode : 012307211544 Specimen : Plasma Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8870991155

BIOCHEMISTRY			
Test	Result	Unit	<b>Biological Reference Interval</b>
Post Prandial Blood Sugar (PPBS) (Colorimetric -	91	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes
Glucose Oxidase Peroxidase)			=>200 : Diabetes

--End of Report-

Anushre

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

## Note

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

W

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





ADA standards 2020

Patient Name : Ms Amudha MRN : 10200000277828 Gender/Age : FEMALE , 42y (08/06/1981)

Collected On: 21/07/2023 09:37 AM Received On: 21/07/2023 09:55 AM Reported On: 21/07/2023 10:36 AM

Barcode : 012307210866 Specimen : Plasma Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8870991155

BIOCHEMISTRY				
Test	Result	Unit	<b>Biological Reference Interval</b>	
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	89	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020	

--End of Report-

Anushre

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

## Note

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

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





Patient Name : Ms Amudha MRN : 10200000277828 Gender/Age : FEMALE , 42y (08/06/1981)

Collected On: 21/07/2023 12:59 PM Received On: 21/07/2023 01:17 PM Reported On: 21/07/2023 01:50 PM

Barcode : 032307210251 Specimen : Urine Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8870991155

## CLINICAL PATHOLOGY Result Unit

Not Present

Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD))

--End of Report-

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

## Note

Test

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Collected On: 21/07/2023 09:37 AM Received On: 21/07/2023 09:58 AM Reported On: 21/07/2023 10:18 AM

Barcode : 032307210150 Specimen : Urine Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8870991155

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

Urine For Sugar (Fasting) (Enzyme Method (GOD N POD))

--End of Report-

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

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Patient Name : Ms Amudha MRN : 10200000277828 Gender/Age : FEMALE , 42y (08/06/1981) Collected On: 21/07/2023 09:37 AM Received On: 21/07/2023 09:58 AM Reported On: 21/07/2023 11:28 AM Barcode : 032307210150 Specimen : Urine Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8870991155

	CLINICAL PAT		
Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	Yellow	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (pH Indicator Method)	7.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.003	-	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	-	-
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	1.6	/hpf	0-5

Page 1 of 2

Patient Name : Ms Amudha MRN : 1020000027782	28 Gender/Age :	FEMALE , 42y (08/06/198	31)
RBC	3.7	/hpf	0-4
Epithelial Cells	2.3	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	52.7	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

• 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-

A

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

## Note

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



Patient Name : Ms Amudha MRN : 10200000277828 Gender/Age : FEMALE , 42y (08/06/1981)

Collected On : 21/07/2023 09:37 AM Received On : 21/07/2023 09:55 AM Reported On : 21/07/2023 11:53 AM

Barcode : 012307210868 Specimen : Whole Blood Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8870991155

BIOCHEMISTRY			
Test	Result	Unit	<b>Biological Reference Interval</b>
HBA1C			
HbA1c (HPLC NGSP Certified)	5.5	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	111.15	-	-

#### 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.

## --End of Report-

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

#### Note

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- Kindly correlate clinically.

Anushre

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry





**Final Report** 

Patient Name : Ms AmudhaMRN : 10200000277828Gender/Age : FEMALE , 42y (08/06/1981)Collected On : 21/07/2023 09:37 AMReceived On : 21/07/2023 09:55 AMReported On : 21/07/2023 10:55 AMBarcode : 022307210508Specimen : Whole Blood - ESRConsultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8870991155

HEMATOLOGY			
Test	Result	Unit	<b>Biological Reference Interval</b>
Erythrocyte Sedimentation Rate (ESR)	15 H	mm/1hr	0.0-12.0

(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

--End of Report-

Degene Wit

Dr. Deepak M B MD, PDF, Hematopathology Consultant

Note

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





Final Report

Patient Name : Ms AmudhaMRN : 10200000277828Gender/Age : FEMALE , 42y (08/06/1981)Collected On : 21/07/2023 09:37 AMReceived On : 21/07/2023 09:55 AMReported On : 21/07/2023 10:12 AMBarcode : 022307210509Specimen : Whole BloodConsultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8870991155

HEMATOLOGY			
Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	11.3 L	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.59	million/µl	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	35.1 L	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	76.4 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	24.7 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.3	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	15.7 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	260	10 <sup>3</sup> /µL	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	6.7	10 <sup>3</sup> /µL	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	57.8	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	31.4	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	5.7	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	4.2	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.9	%	0.0-2.0

Final Report

Patient Name : Ms Amudha MRN : 10200000277828 Gender/Age : FEMALE , 42y (08/06/1981)			
Absolute Neutrophil Count (Calculated)	3.88	x10 <sup>3</sup> cells/µl	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.11	x10 <sup>3</sup> cells/µl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.39	x10 <sup>3</sup> cells/µl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.29	x10 <sup>3</sup> cells/µl	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
  - 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-

Shahli

Dr. Shalini K S DCP, DNB, Pathology Consultant

Patient Name : Ms Amudha MRN : 10200000277828 Gender/Age : FEMALE , 42y (08/06/1981)

#### Note

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





Patient Name	Ms Amudha	Requested By	Dr. Ashutosh Vashistha
MRN	10200000277828	Procedure DateTime	21-07-2023 11:27
Age/Sex	42Y 1M / Female	Hospital	NH-Health City

## **CHEST RADIOGRAPH (PA VIEW)**

**<u>CLINICAL DETAILS</u>**: For executive 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. Karthik.G.A, MDRD** Senior Consultant Radiologist Lead in body imaging