

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Ramya A MRN : 10200000270851 Gender/Age : FEMALE , 20y (16/05/2002)

Collected On : 04/03/2023 10:50 AM Received On : 04/03/2023 11:19 AM Reported On : 04/03/2023 12:03 PM

Barcode : 012303041179 Specimen : Plasma Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8778996820

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	87	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

--End of Report--



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry



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

Note

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

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



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Patient Name : Ms Ramya A MRN : 10200000270851 Gender/Age : FEMALE , 20y (16/05/2002)

Collected On : 04/03/2023 10:50 AM Received On : 04/03/2023 11:18 AM Reported On : 04/03/2023 01:42 PM

Barcode : 012303041180 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8778996820

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC NGSP Certified)	5.1	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	99.67	-	-

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.

--End of Report--

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MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

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Patient Name : Ms Ramya A MRN : 10200000270851 Gender/Age : FEMALE , 20y (16/05/2002)

Collected On : 04/03/2023 10:50 AM Received On : 04/03/2023 11:34 AM Reported On : 04/03/2023 11:57 AM

Barcode : 032303040212 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8778996820

CLINICAL PATHOLOGY

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

--End of Report--



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

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Collected On : 04/03/2023 10:50 AM Received On : 04/03/2023 11:34 AM Reported On : 04/03/2023 12:26 PM

Barcode : 032303040212 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8778996820

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY**PHYSICAL EXAMINATION**

Colour	STRAW	-	-
Appearance	Not Present	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	5.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.015	-	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)	Trace	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present

MICROSCOPIC EXAMINATION

Pus Cells	1.2	/hpf	0-5
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RBC	1.2	/hpf	0-4
Epithelial Cells	8.4	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.02	/hpf	0-1
Bacteria	739.9	/hpf	0-200
Yeast Cells	0.2	/hpf	0-1
Mucus	0.00	-	-

--End of Report--



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Consultant & Head - Hematology & Flow Cytometry

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Collected On : 04/03/2023 10:50 AM Received On : 04/03/2023 11:18 AM Reported On : 04/03/2023 11:57 AM

Barcode : 022303040606 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8778996820

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	11.0 L	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.42	million/ μ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	35.0 L	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	79.2 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	24.9 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.4 L	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	14.6 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	219	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	6.2	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	54.0	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	36.1	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	8.6	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	0.9 L	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.4	%	0.0-2.0

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Absolute Neutrophil Count (Calculated)	3.35	x10 ³ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.24	x10 ³ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.54	x10 ³ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.06	x10 ³ cells/ μ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.03	-	-

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

Patient Name : Ms Ramya A MRN : 10200000270851 Gender/Age : FEMALE , 20y (16/05/2002)

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Collected On : 04/03/2023 10:50 AM Received On : 04/03/2023 11:18 AM Reported On : 04/03/2023 01:25 PM

Barcode : 022303040605 Specimen : Whole Blood - ESR Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8778996820

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	8	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

--End of Report--

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

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Collected On : 04/03/2023 10:50 AM Received On : 04/03/2023 11:20 AM Reported On : 04/03/2023 12:07 PM

Barcode : 1B2303040027 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8778996820

NARAYANA HRUDAYALAYA BLOOD CENTRE

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

--End of Report-

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

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Collected On : 04/03/2023 10:50 AM Received On : 04/03/2023 11:18 AM Reported On : 04/03/2023 02:50 PM

Barcode : 012303041181 Specimen : Serum Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8778996820

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.53 L	mg/dL	0.6-1.0
eGFR (Calculated)	147.1	mL/min/1.73m ²	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)	12	mg/dL	7.0-17.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	2.85	mg/dL	2.49-6.29
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	145	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	70	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)	96.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	78 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	14.0	mg/dL	0.0-40.0

Patient Name : Ms Ramya A MRN : 10200000270851 Gender/Age : FEMALE , 20y (16/05/2002)

Cholesterol /HDL Ratio (Calculated)	3.0	-	0.0-5.0
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THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.56	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	9.62	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	2.250	µIU/mL	0.455-4.16

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.30	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.10	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Calculated)	0.2	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.60	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.40	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.2	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.38	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	30	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	16	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	77	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.

--End of Report--



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MBBS,MD, Biochemistry
Consultant Biochemistry



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Incharge, Consultant Biochemistry

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(Lipid Profile, -> Auto Authorized)
(, -> Auto Authorized)
(CR, -> Auto Authorized)
(LFT, -> Auto Authorized)
(Uric Acid, -> Auto Authorized)
(Blood Urea Nitrogen (Bun) -> Auto Authorized)



1020-2303000662



OP CASESHEET

Patient MRN : 10200000270851
 Patient Name : Ms Ramya A
 Sex/Age : Female , 20y 9m
 Address : 1/10, nariyampatti , Dharmapuri,
 Tamil Nadu, India, 636902
 Visit Number : OP-001
 Consultation Type : OP, New Visit
 Mobile Number : 8778996820

Date : 04/03/2023 05:15 PM
 Department : FAMILY MEDICINE
 Consultant : Dr. Santosh K M
 Ref. Hospital : -
 Ref. Doctor : -
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

VITALS

BP (mmHg) : 111/85 mmHg Heart Rate(bpm) : 83 bpm Temp (*F) :
 Height (cm) : 156 cm Weight (kg) : 53 kg BMI :
 Respiratory Rate(brpm) : Fall Score : Pain Score :

SpO₂ :- 98 %

CHIEF COMPLAINTS AND HPI

Anaemia & Crystals

GENERAL EXAMINATION

Allergies : Known/Unknown
 Body Habitus : Cachectic/ Thin Built/ Average Built/ Obese/ Normal
 Pertinent Family History : Negative/ Unknown
 Psychological Assessment : Normal/Any Psychological Problem

SYSTEMIC EXAMINATION

non specific

NUTRITIONAL ASSESSMENT

INVESTIGATIONS

TREATMENT SUGGESTED

REVIEW ON

Generated By : Preethi Patil G(359764)

Generated On : 04/03/2023 10:27 AM

One free consultation with the same doctor within next 6 days



E-mail : info@hrudayalaya.com

PLEASE DO NOT FOLD

Patient MRN : 10200000270851
 Patient Name : Ms Ramya A
 Sex/Age : Female , 20y 9m
 Address : 1/10, nariyampatti , Dharmapuri,
 Tamil Nadu, India, 636902
 Visit Number : OP-001
 Consultation Type : OP, New Visit
 Mobile Number : 8778996820

Date : 04/03/2023 10:48 AM
 Department : OBSTETRICS & GYNAECOLOGY
 Consultant : Dr. Sapna Raina
 Ref. Hospital : -
 Ref. Doctor : -
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

VITALS
 BP (mmHg) :
 Heart Rate (bpm) :
 Temp (*F) :
 Weight (cm) :
 Weight (kg) :
 BMI :
 Respiratory Rate (brpm) :
 Fall Score :
 Pain Score :

BRIEF COMPLAINTS AND HPI

20yr old Nulligravida for gernal check up.
 No clo lower abdominal pain, ADRV, itching
 No Urinary complaints.

GENERAL EXAMINATION

Alertness : Known/Unknown
 Body Habitus : Cachectic/ Thin Built/ Average Built/ Obese/ Normal
 Pertinent Family History : Negative/ Unknown
 Psychological Assessment : Normal/Any Psychological Problem

SYSTEMIC EXAMINATION

Menstrual history : LMP: 8/02/2023
 3-4days / 30days / moderate flow.

NUTRITIONAL ASSESSMENT

Obstetric history : Nulligravida
 ML- 1yr.
 Consanguineous marriage

INVESTIGATIONS

Past History : - low BP sometimes
 - No H/O DM/ HTN/ asthma/ Tb/ Thyroid
 - No no any surgical intervention

TREATMENT SUGGESTED

Pap smear sample taken : PLS: Cervix healthy
 W/Oent
 P/V : uterus @ size
 : 04/03/2023 10:27 AM

REVIEW ON

Generated By : Preethi Patil G(359764)

Generated On : 04/03/2023 10:27 AM

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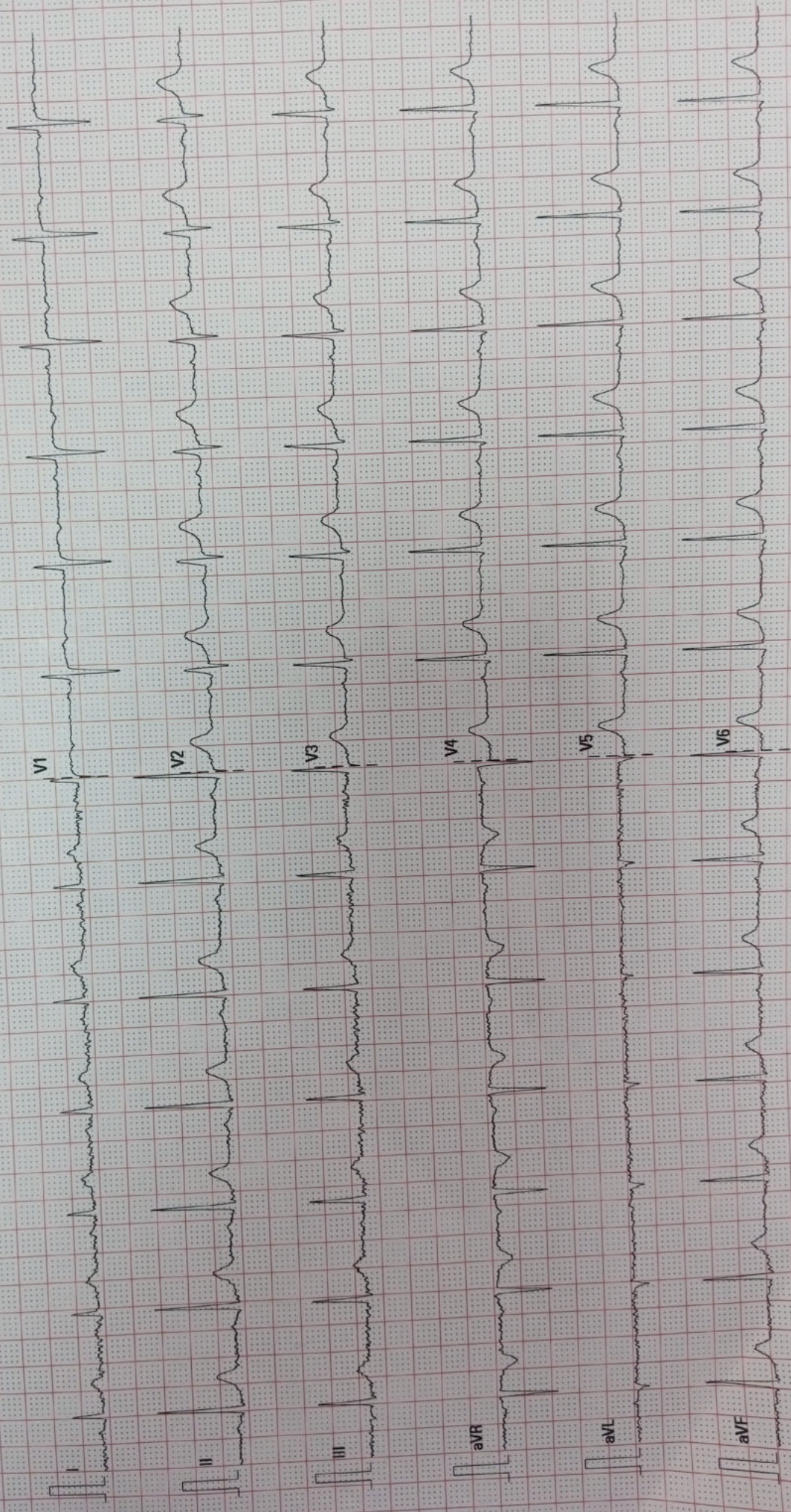


04-03-2023 11:32:00

ID: 10200000270851
Name: A. Ramya
Age: 20 Years
Gender: Female

80 bpm
180 ms
80 ms
374/409 ms
33/70/60 deg

Vent. Rate
PR Interval
QRS Duration
QT/QTc Interval
P/QRS/T Axes
QTc-Hodges



25 mm/s

10 mm/mV

50 Hz

BBR 35 Hz

02.10.00/V28.4.1

SN.FN-22032906

Patient Name : Ms. Ramya A
Age : 20 Years
Referring Doctor : EHC

MRN : 10200000270851
Sex : Female
Date : 04.03.2023

ULTRASOUND ABDOMEN AND PELVIS

CLINICAL DETAILS: Health check-up.

FINDINGS:

Liver is normal in size and echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions.

Portal vein is normal in course and caliber. Hepatic veins and their confluence draining into the IVC appear normal. **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, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size, 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 normal in size, measures 6.7 x 3.6 x 4.7 cm. Myometrial and endometrial echoes are normal. **Endometrium** measures 7.9 mm. Endometrial cavity is empty.

Both ovaries are normal in size and echopattern.


Right ovary: measures 3.6 x 2.1 cm. **Left ovary:** measures 3.4 x 1.7 cm.

Both adnexa: No mass is seen.

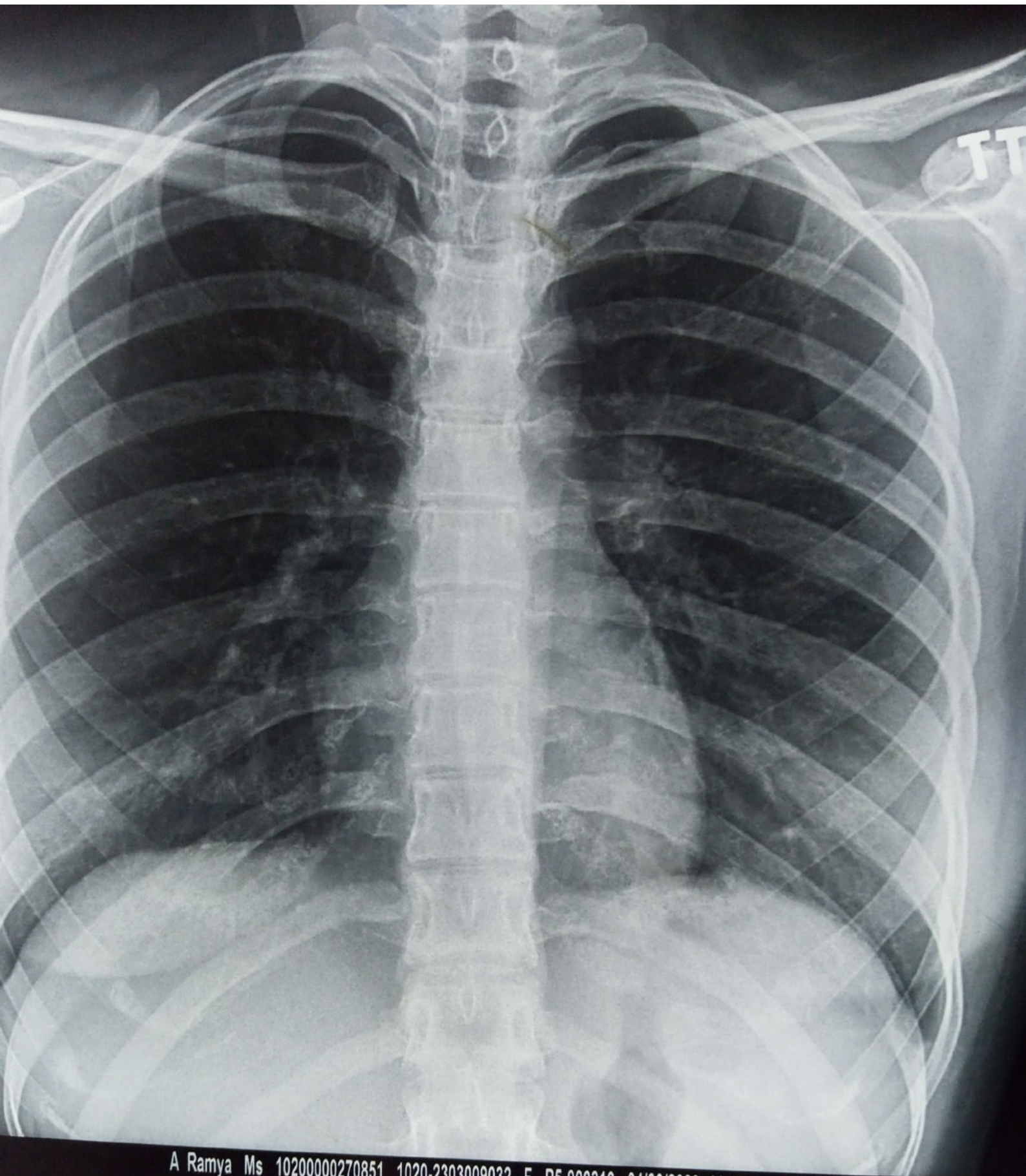
There is no ascites.

IMPRESSION:

- No significant abnormality detected.


Dr. Banuprasad S.P
Sr. Registrar

Typed by vishwanath



A Ramya Ms 10200000270851 1020-2303009032 F P5-000310 04/03/2023 11:49 AM

NH MSMC NH HEALTH CITY BANGALORE.