

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Ms Nagarathnamma MRN : 2015000001385 Gender/Age : FEMALE , 53y (06/07/1970)  
 Collected On : 23/09/2023 08:47 AM Received On : 23/09/2023 11:46 AM Reported On : 23/09/2023 03:20 PM  
 Barcode : 032309230127 Specimen : Urine Consultant : Dr. Priya S(FAMILY MEDICINE)  
 Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9743693934

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>URINE ROUTINE &amp; MICROSCOPY</b>			
<b>PHYSICAL EXAMINATION</b>			
Colour	Yellow	-	-
Appearance	Clear	-	-
<b>CHEMICAL EXAMINATION</b>			
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
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
<b>MICROSCOPIC EXAMINATION</b>			
Pus Cells	0.1	/hpf	0-5




Patient Name : Ms Nagarathamma MRN : 2015000001385 Gender/Age : FEMALE , 53y (06/07/1970)			
RBC	0.0	/hpf	0-4
Epithelial Cells	0.1	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	2.1	/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.

<b>Urine For Sugar (Post Prandial)</b> (Enzyme Method (GOD POD))	Not Present	-	-
<b>Urine For Sugar (Fasting)</b> (Enzyme Method (GOD POD))	Not Present	-	-



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

**NARAYANA HRUDAYALAYA BLOOD CENTRE**

Test	Result	Unit
<b>BLOOD GROUP &amp; RH TYPING</b>		
Blood Group (Column Agglutination Technology)	AB	-

Patient Name : Ms Nagarathamma MRN : 2015000001385 Gender/Age : FEMALE , 53y (06/07/1970)

RH Typing (Column Agglutination Technology) Positive -



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

### HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	<b>10.6 L</b>	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	<b>5.07 H</b>	million/ $\mu$ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	<b>35.0 L</b>	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	<b>69.1 L</b>	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	<b>21.0 L</b>	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	<b>30.3 L</b>	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	<b>18.8 H</b>	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	406	$10^3/\mu$ L	150.0-450.0
Mean Platelet Volume (MPV)	8.7	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	8.2	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCS Technology Plus Microscopy)	41.4	%	40.0-75.0

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Lymphocytes (VCS Technology Plus Microscopy)	34.2	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	5.6	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	<b>18.2 H</b>	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.6	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.4	x10 <sup>3</sup> cells/ $\mu$ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.81	x10 <sup>3</sup> cells/ $\mu$ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.46	x10 <sup>3</sup> cells/ $\mu$ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	<b>1.5 H</b>	x10 <sup>3</sup> cells/ $\mu$ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.05	-	-

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

### HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Westergren Method)	8	mm/1hr	0.0-19.0

#### 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. Shalini K S  
DCP, DNB, Pathology  
Consultant

### BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Post Prandial Blood Sugar (PPBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	100	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

#### HBA1C

HbA1c (HPLC NGSP Certified)	<b>5.9 H</b>	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	122.64	-	-

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**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.

**SERUM CREATININE**

Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.75	mg/dL	0.52-1.04
eGFR (Calculated)	80.9	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)	11	mg/dL	7.0-17.0
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<b>Serum Uric Acid</b> (Colorimetric - Uricase,Peroxidase)	3.3	mg/dL	2.5-6.2
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**LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)**

Cholesterol Total (Colorimetric - Cholesterol Oxidase)	<b>214 H</b>	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	147	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	58	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	<b>156.0 H</b>	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	<b>111 L</b>	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	29.4	mg/dL	0.0-40.0



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Cholesterol /HDL Ratio (Calculated)	3.7	-	0.0-5.0
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**LIVER FUNCTION TEST(LFT)**

Bilirubin Total (Colorimetric -Diazo Method)	0.37	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)	0.37	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	<b>8.30 H</b>	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.30	gm/dL	3.5-5.0
Serum Globulin (Calculated)	<b>4.01 H</b>	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.08	-	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))	26	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	100	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	41	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



Dr. Anushre Prasad



Patient Name : Ms Nagarathamma MRN : 2015000001385 Gender/Age : FEMALE , 53y (06/07/1970)  
 MSc, Mphil, Biochemistry MBBS,MD, Biochemistry  
 Incharge, Consultant Biochemistry Consultant Biochemistry

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.57	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	<b>12.2 H</b>	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	<b>5.340 H</b>	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.

--End of Report--



Dr. Anushre Prasad  
 MBBS,MD, Biochemistry  
 Consultant Biochemistry

**Note**

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





Patient Name : Ms Nagarathnamma MRN : 2015000001385 Gender/Age : FEMALE , 53y (06/07/1970)

(LFT, -> Auto Authorized)

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

(Uric Acid, -> Auto Authorized)

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



<b>Patient Name</b>	MS.NAGARATHNAMMA	<b>Requested By</b>	EHP
<b>MRN</b>	20150000001385	<b>Procedure DateTime</b>	23-09-2023 11:31
<b>Age/Sex</b>	53Y 2M/Female	<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 Girish D, DMRD, DNB  
Associate Consultant

\* This is a digitally signed valid document. Reported Date/Time: 23-09-2023 12:14

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

-- End of Report --

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**Narayana Multispeciality Clinic**

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## ADULT TRANS-THORACIC ECHO REPORT

**NAME : MRS.NAGARATHNAMMA**

**AGE/SEX : 53YRS/FEMALE**

**MRN NO : 2015000001385**

**DATE : 23.09.2023**

### FINAL DIAGNOSIS:

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

### MEASUREMENTS

AO: 26 MM      LVID (d) : 35 MM      IVS (d) : 09 MM      RA : 30MM  
LA: 30 MM      LVID(s) : 26 MM      PW (d) : 09MM      RV : 27 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 : NORMAL, AORTIC ANNULUS-18 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

**DOPPLER DATA**

MITRAL VALVE : E/A - 0.7/0.5 M/S, MR - MILD

AORTIC VALVE : PG- 6 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**

IVC- 12 MM, NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM  
SINUS RHYTHM / HR- 69 BPM

  
**VISHALAKSHI H R**  
**CARDIAC SONOGRAPHER**



**Patient Name** : Mrs.Nagarathnamma  
**Age** : 53Years  
**Referring Doctor** : EHP

**Patient ID** :2015-1385  
**Sex** : Female  
**Date** :23.09.2023

**ULTRASOUND ABDOMEN AND PELVIS**

**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 9.0 cm in length & 1.1cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Left Kidney** is normal in size (measures 9.2 cm in length & 1.4 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 7.0x4.0x1.8cm. rest of Myometrial and endometrial echoes are normal. **Endometrium** measures 4.2mm. Endometrial cavity is empty. anterior wall Fibroids, largest measures 2.0x1.3cm

**Both Ovaries** are not seen -Atropic

**Both adnexa** :No mass is seen

There is no ascites or pleural effusion

**IMPRESSION:**

**Grade I Fatty Liver**

**Bulky Uterus with uterine Fibroids**



**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.





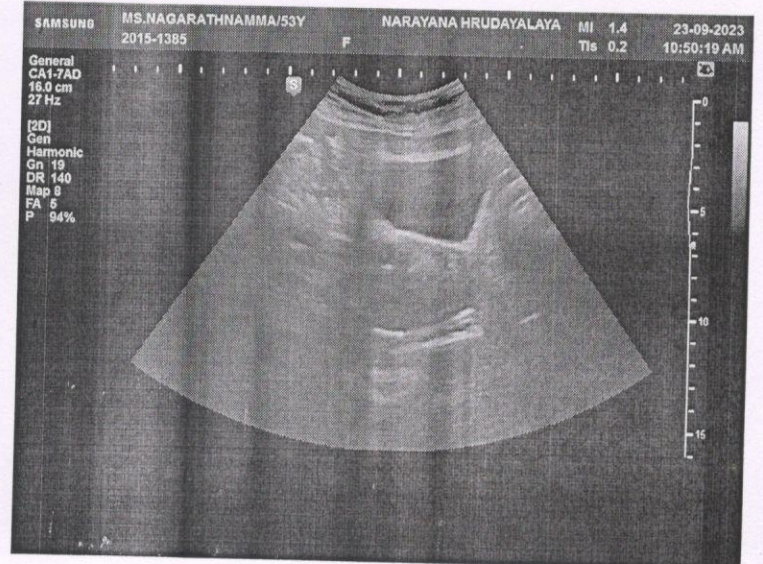
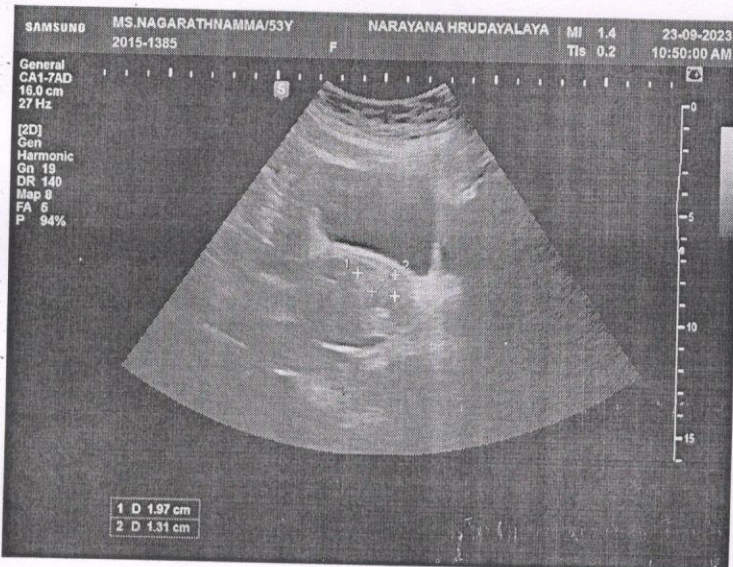
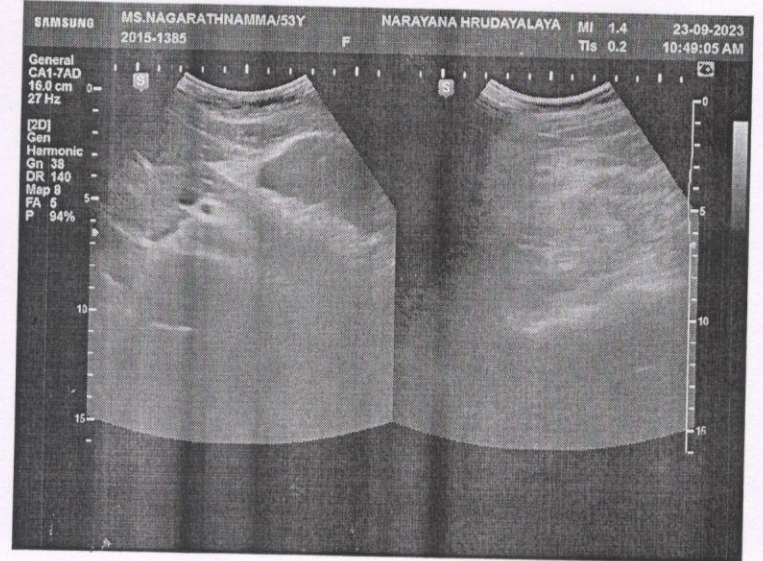
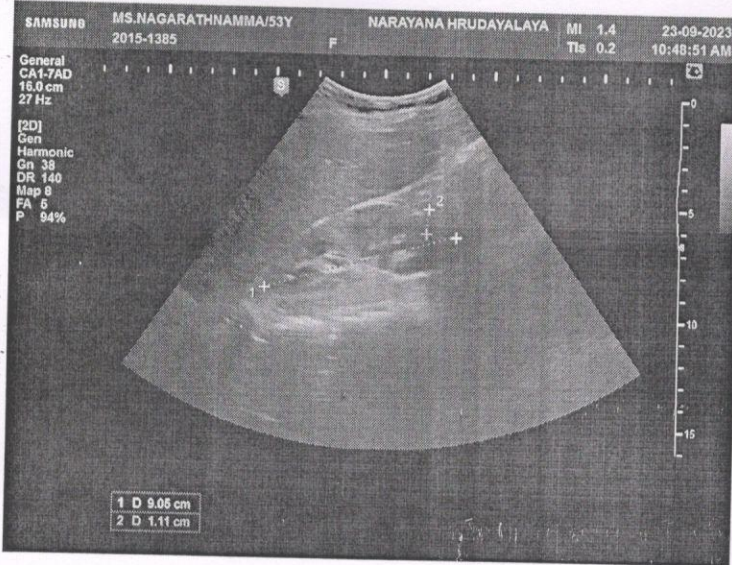
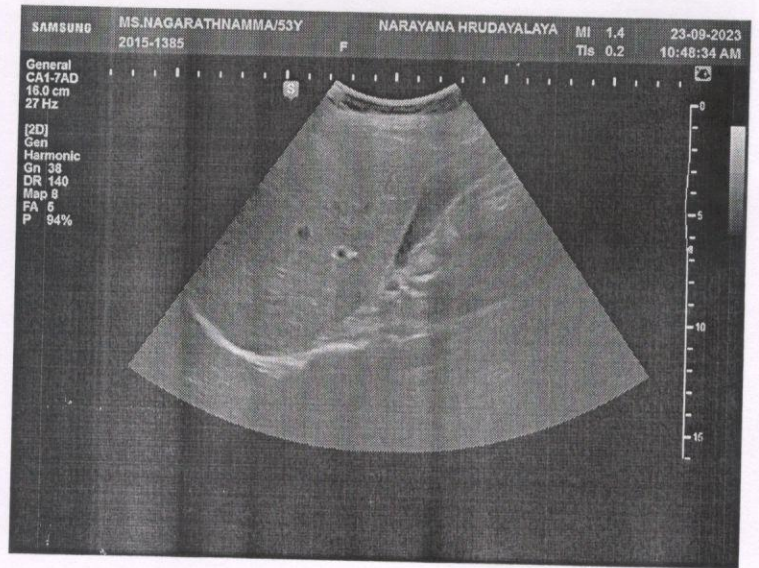
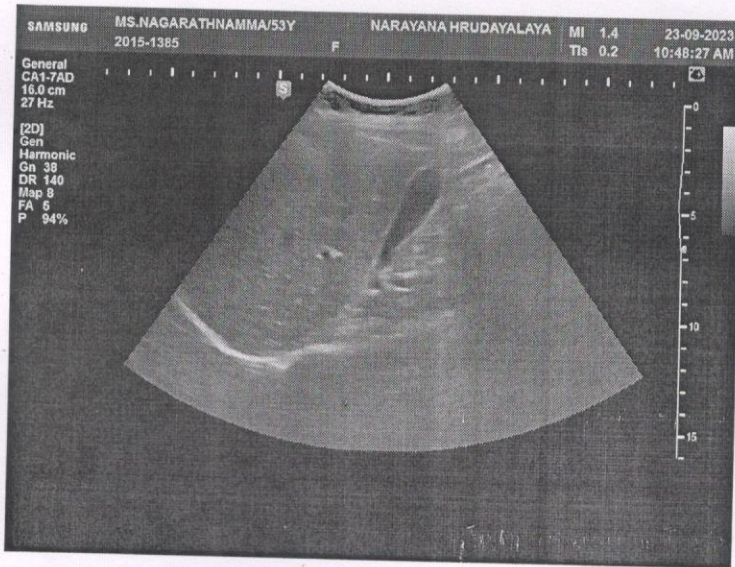
Exam

Accession #  
Exam Date  
Description  
Operator

23-09-2023

Name  
Birth Date  
Gender

2015-1385  
MS.NAGARATHNAMMA/53Y  
Female





ID: 2015-1385  
Name: MRS NAGARATHNAMMA  
Age: 53 Years  
Gender: Female

23-09-2023 09:06:46 AM

Vent. Rate 67 bpm  
PR Interval 138 ms  
QRS Duration 80 ms  
QT/QTc Interval 410/422 ms  
P/QRS/T Axes 68/60/39 deg

QTc: Hodges

