

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Bhavya K N MRN : 20150000000883 Gender/Age : FEMALE , 27y (04/06/1996)

Collected On : 22/07/2023 09:39 AM Received On : 22/07/2023 11:54 AM Reported On : 22/07/2023 02:47 PM

Barcode : 032307220191 Specimen : Urine Consultant : Dr. Priya S(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9916527404

CLINICAL PATHOLOGY

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

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

NARAYANA HRUDAYALAYA BLOOD CENTRE

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

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

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
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Patient Name : Ms Bhavya K N MRN : 2015000000883 Gender/Age : FEMALE , 27y (04/06/1996)

Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	81	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020
Post Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase)	104	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

HBA1C

HbA1c (HPLC NGSP Certified)	5.0	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	96.8	-	-

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.

SERUM CREATININE

Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.61	mg/dL	0.52-1.04
eGFR (Calculated)	117.7	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)	8	mg/dL	7.0-17.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	4.3	mg/dL	2.5-6.2

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

Cholesterol Total (Colorimetric - Cholesterol Oxidase)	170	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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HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	44	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	126.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	104 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)	3.9	-	0.0-5.0

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.52	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	11.0	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	5.387 H	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.

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.50	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)	0.5	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	8.30 H	gm/dL	6.3-8.2

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Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.70	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.61 H	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.31	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	27	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	19	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	159 H	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	24	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.



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
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	14.0	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.94 H	million/ μ l	3.8-4.8

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PCV (Packed Cell Volume) / Hematocrit (Calculated)	43.1	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	87.4	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	28.4	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.5	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.5	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	360	10 ³ /μL	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	6.0	10 ³ /μL	4.0-10.0

DIFFERENTIAL COUNT (DC)

Neutrophils (VCS Technology Plus Microscopy)	53.5	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	33.9	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	10.8 H	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	1.5	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.3	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.21	x10 ³ cells/μl	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.04	x10 ³ cells/μl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.65	x10 ³ cells/μl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.09	x10 ³ cells/μl	0.02-0.5
Absolute Basophil Count (Calculated)	0.02	-	-

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

Interpretation Notes

Patient Name : Ms Bhavya K N MRN : 2015000000883 Gender/Age : FEMALE , 27y (04/06/1996)

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.



Dr. Sudarshan Chougule

MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	06	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



Dr. Deepak M B

MD, PDF, Hematopathology

Consultant

Patient Name : Ms Bhavya K N MRN : 2015000000883 Gender/Age : FEMALE , 27y (04/06/1996)

CLINICAL PATHOLOGY

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

--End of Report--

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

Note

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



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Barcode : 032307220191 Specimen : Urine Consultant : Dr. Priya S(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9916527404

CLINICAL PATHOLOGY

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

Colour	STRAW	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.011	-	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)	Trace	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present

MICROSCOPIC EXAMINATION

Pus Cells	1.3	/hpf	0-5
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RBC	4.6	/hpf	0-4
Epithelial Cells	2.0	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.02	/hpf	0-1
Bacteria	63.2	/hpf	0-200
Yeast Cells	0.1	/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.

--End of Report--

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

Note

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



Patient Name	K MRS.BHAVYA	Requested By	EHP
MRN	20150000000883	Procedure Date Time	22-07-2023 12:00
Age/Sex	27Y 1M/Female	Hospital	NH-JAYANAGAR

CHEST RADIOGRAPH (PA VIEW)

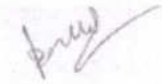
CLINICAL DETAILS: For health checkup.

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. Pallavi CJ, DMRD, DNB
Consultant Radiologist

* This is a digitally signed valid document. Reported Date/Time: 22-07-2023 12:36

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-- End of Report --
Page 1 of 1

ADULT TRANS-THORACIC ECHO REPORT

NAME : MRS.BHAVYA K

AGE/SEX : 27YRS/FEMALE

MRN NO :20150000000883

DATE : 22.07.2023

FINAL DIAGNOSIS:

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

MEASUREMENTS

AO: 26 MM

LVID (d) : 34 MM

IVS (d) : 09MM

RA : 32 MM

LA: 32 MM

LVID(s) : 21 MM

PW (d) : 08 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 -0.9/0.6 M/S, MR-TRIVIAL

AORTIC VALVE : PG- 8 MMHG

TRICUSPID VALVE : TR-TRIVIAL, PASP- 24 MMHG

PULMONARY VALVE : PG- 3 MMHG


WALL MOTION ABNORMALITIES: NO RWMA

PERICARDIUM : NORMAL

VEGETATION/THROMBUS: ABSENT

OTHER FINDINGS

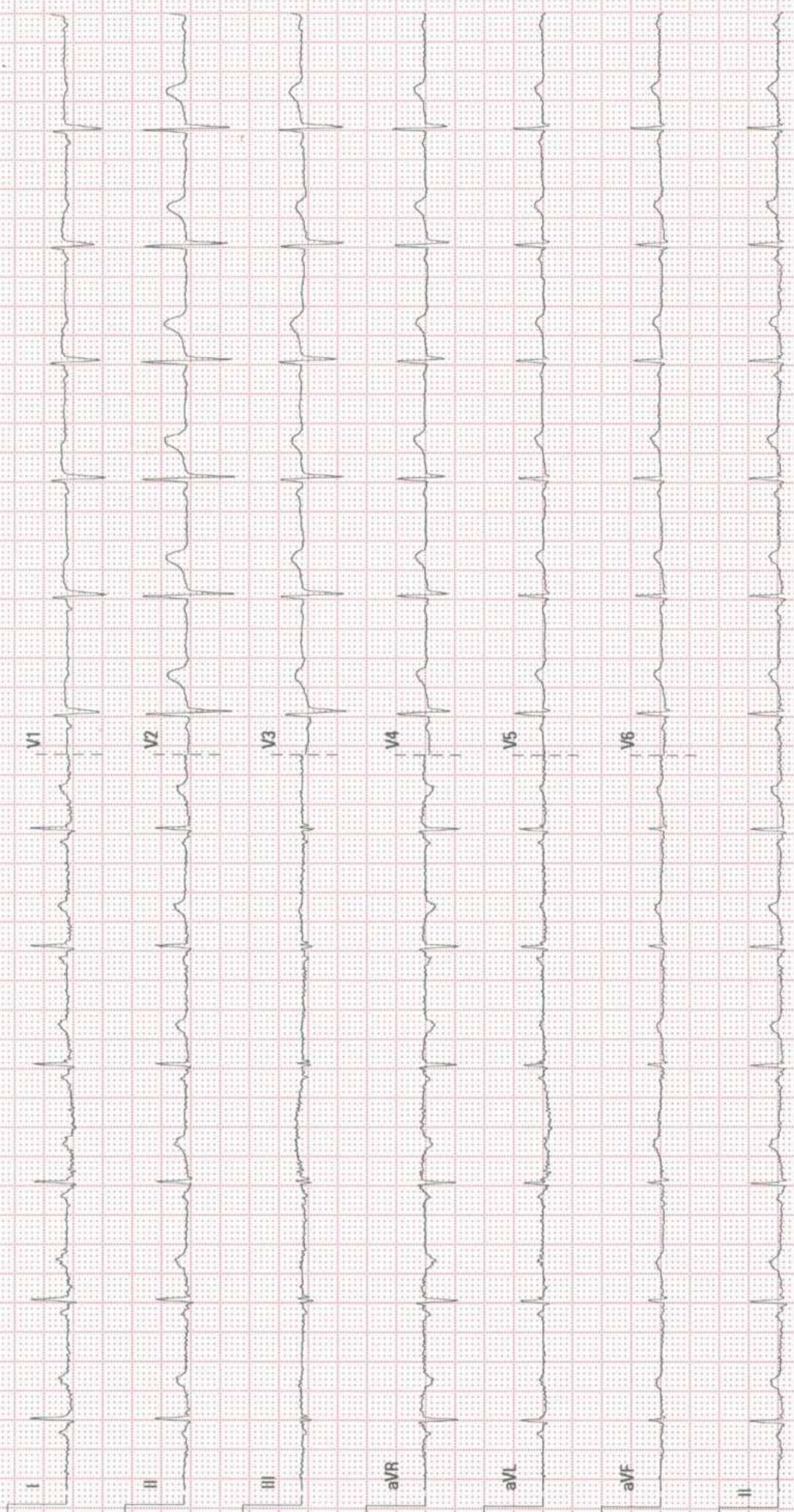
IVC- 14 MM NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM
SINUS RHYTHM/ HR- 66 PM


VISHALAKSHI H R
CARDIAC SONOGRAPHER

22-07-2023 09:17:43 AM

ID: 2015-883
Name: MS BHAVYA K N
Age: 27 Years
Gender: Female

Vent. Rate 75 bpm
PR Interval 102 ms
QRS Duration 72 ms
QT/QTc Interval 378/404 ms
P/QRS/T Axes 7/20/46 deg
QTc:Hodges



Patient Name : Mrs. Bhavya K N

Patient ID : 2015000000883

Age : 27 Years

Sex : Female

Referring Doctor : EHP

Date : 22 .07.2023

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

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

Portal vein is normal in course and caliber. **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 (measures 9.0cm in length & 1.4cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (measures 9.4cm in length & 1.5cm 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 partially distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Uterus is anteverted and normal in size, measures 6.6x2.5x3.5cm. Rest of Myometrial and endometrial echoes are normal. **Endometrium** measures 6.5mm. Endometrial cavity is empty.

Both ovaries are normal in size and echopattern. **Shows multiple small cysts arranged peripherally measuring 5-6mm.**

Right ovary: measures 3.5x1.9x2.0cm, volume- 7.2cc.

Left ovary: measures 3.5x1.9x2.1cm, volume- 7.5cc

Both adnexa: No mass is seen.

There is no ascites or pleural effusion.

IMPRESSION:

- **Bilateral Polycystic Ovaries.**



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.

Patient

ID 2015-883
 Name MRS.BHAVYA K N/27Y
 Birth Date
 Gender Female

Exam

Accession #
 Exam Date 22-07-2023
 Description
 Operator

