

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr J Raghavendar MRN : 1020000273271 Gender/Age : MALE , 36y (21/05/1986)

Collected On : 21/04/2023 08:53 AM Received On : 21/04/2023 09:29 AM Reported On : 21/04/2023 09:54 AM

Barcode : 022304210443 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9949995422

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	16.5	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.52 H	million/ μ l	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	48.4	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	87.7	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	29.9	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	34.1	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.8	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	195	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	4.7	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	51.0	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	38.0	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	7.9	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	2.2	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.9	%	0.0-2.0

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Absolute Neutrophil Count (Calculated)	2.4	x10 ³ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.79	x10 ³ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.38	x10 ³ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.11	x10 ³ cells/ μ 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.

--End of Report-



Dr. Deepak M B
MD, PDF, Hematopathology
Consultant

Patient Name : Mr J Raghavendar MRN : 10200000273271 Gender/Age : MALE , 36y (21/05/1986)

Note

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



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Collected On : 21/04/2023 08:53 AM Received On : 21/04/2023 09:15 AM Reported On : 21/04/2023 09:41 AM

Barcode : 032304210096 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9949995422

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Trace	-

--End of Report--

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

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Collected On : 21/04/2023 08:53 AM Received On : 21/04/2023 09:15 AM Reported On : 21/04/2023 10:30 AM

Barcode : 032304210096 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9949995422

CLINICAL PATHOLOGY

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

Colour	AMBER	-	-
Appearance	Slightly Turbid	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.025	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Trace	-	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

Patient Name : Mr J Raghavendar MRN : 10200000273271 Gender/Age : MALE , 36y (21/05/1986)			
Pus Cells	0.8	/hpf	0-5
RBC	1.0	/hpf	0-4
Epithelial Cells	1.3	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.07	/hpf	0-1
Bacteria	8.1	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	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--



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 Consultant & Head - Hematology & Flow Cytometry

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Collected On : 21/04/2023 08:53 AM Received On : 21/04/2023 09:29 AM Reported On : 21/04/2023 10:46 AM

Barcode : 012304210699 Specimen : Serum Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9949995422

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	1.04	mg/dL	0.66-1.25
eGFR (Calculated)	80.9	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	9.0-20.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	7.8	mg/dL	3.5-8.5
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	212 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	176 H	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)	168.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	128 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	35.2	mg/dL	0.0-40.0

Patient Name : Mr J Raghavendar MRN : 10200000273271 Gender/Age : MALE , 36y (21/05/1986)

Cholesterol /HDL Ratio (Calculated)	4.9	-	0.0-5.0
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LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	1.02	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.10	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Calculated)	0.92	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)	4.70	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.0	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.57	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	31	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	37	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	50	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	32	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.

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.29	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	10.0	µg/dl	5.53-11.0

Patient Name : Mr J Raghavendar MRN : 10200000273271 Gender/Age : MALE , 36y (21/05/1986)

TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence) 1.649 μ IU/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.

--End of Report--



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry



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

Note

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



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Patient Name : Mr J Raghavendar MRN : 1020000273271 Gender/Age : MALE , 36y (21/05/1986)

Collected On : 21/04/2023 01:31 PM Received On : 21/04/2023 01:56 PM Reported On : 21/04/2023 02:40 PM

Barcode : 032304210244 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9949995422

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD))	Trace	-

--End of Report--

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

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Patient Name : Mr J Raghavendar MRN : 1020000273271 Gender/Age : MALE , 36y (21/05/1986)

Collected On : 21/04/2023 08:53 AM Received On : 21/04/2023 09:17 AM Reported On : 21/04/2023 10:28 AM

Barcode : 1B2304210025 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9949995422

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
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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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Patient Name : Mr J Raghavendar MRN : 1020000273271 Gender/Age : MALE , 36y (21/05/1986)

Collected On : 21/04/2023 08:53 AM Received On : 21/04/2023 09:29 AM Reported On : 21/04/2023 10:37 AM

Barcode : 022304210444 Specimen : Whole Blood - ESR Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9949995422

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	1	mm/1hr	0.0-10.0

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--

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MBBS, MD, Pathology
Consultant & Head - Hematology & Flow Cytometry

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Patient Name : Mr J Raghavendar MRN : 1020000273271 Gender/Age : MALE , 36y (21/05/1986)

Collected On : 21/04/2023 08:53 AM Received On : 21/04/2023 09:29 AM Reported On : 21/04/2023 01:39 PM

Barcode : 012304210698 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9949995422

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
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HbA1C

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

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

Dr. Anushre Prasad
MBBS,MD, Biochemistry
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CONSULTATION SUMMARY

Patient MRN : 10200000273271
Patient Name : Mr J Raghavendar
Gender/Age/Dob : Male , 36 Years , 21/05/86
Patient Phone No : 9949995422
Patient Address : Falt no A267,F Block, GM
Infinite, Phase - I, Electronic
city, Phase I,Bommasandra,
Bangalore Urban,Karnataka,
India,-560099

Consultation Date: 21/04/2023 02:35 PM
Consultant : Dr. Santosh K M (FAMILY
MEDICINE)
Consultation Type : OP , NEW VISIT



VITALS

Blood Pressure: 116/85 mmHg Heart Rate: 73 bpm Respiratory Rate: 19 /min
SPO2 : 97 % , Room air
Height: 163 cm Weight: 65 kg
BMI: 24.46 kg/m2 BSA: 1.72 m2 Fall Score: Low
Pain Score: 0

CLINICAL IMPRESSION

- Grade 1 fatty liver
hyperlipidemia

MEDICATION ORDER

DRUG NAME

1) VITAMINE E+L CARNITINE-TABLET-
400IU+150MG-TOCOWEL

PATIENT INSTRUCTION

Patient Instruction: Once Daily (1 - 0 - 0 - 0) Tablet For 3
Months , **Qty:** 90 , **Start Date:** Apr 21, 2023 , **End Date:** Jul
20, 2023

ADVICE

- Hydration atleast 4 litres per day
Food in time .
Food Quality (as discussed in outpatient department)
Exercise- atleast 30 min brisk walk daily
Sleep Hygiene

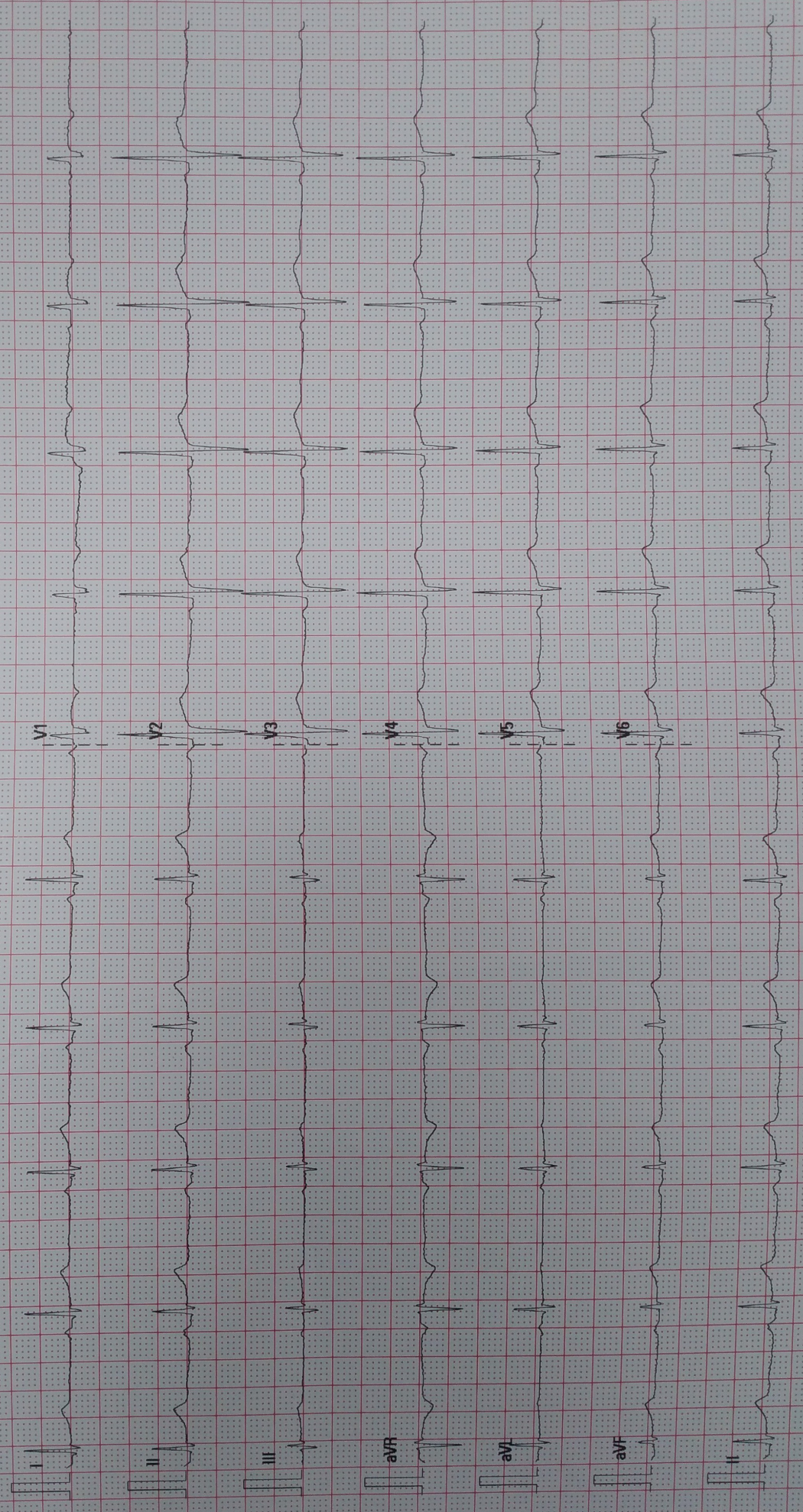
FOLLOW UP DETAILS

- Physical Consultation** after **3 Months** with below investigation results
Follow-up Investigation
FASTING LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)

ID: 10200000213271
Name: Raghavendar, J
Age: 36 Years
Gender: Male

21-04-2023 09:29:27

Vent. Rate: 60 bpm
PR Interval: 156 ms
QRS Duration: 80 ms
QT/QTc Interval: 406/406 ms
P/QRS/T Axes: 34/37/48 deg
QTc: Hodges



Patient Name : Mr. J Raghavendar
Age : 36 Years
Referring Doctor : EHC

MRN : 10200000273271
Sex : Male
Date : 21.04.2023

ULTRASOUND ABDOMEN AND PELVIS

CLINICAL DETAILS: Health check-up.

FINDINGS:

Liver is normal in size (12.3 cm) and shows diffuse increase in parenchymal echogenicity, suggestive of mild fatty infiltration. No intra or extra hepatic biliary duct dilatation. No focal lesions.

Portal vein is normal in course, caliber and shows hepatopetal flow. Hepatic veins and their confluence draining into the IVC appear normal. **CBD** is not dilated.

Gallbladder is partially distended without evidence of calculi or pericholecystic fluid.

Pancreas to the extent visualized (head only), appears normal in size, contour and echogenicity.

Spleen is normal in size (8.2 cm), 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.

Prostate is normal in size (Volume = 16 cc).

Fluid - There is no ascites.

IMPRESSION:

- Mild fatty infiltration of liver.

se

Dr. Sahana
Resident

Typed by: Sangeetha



Raghavendar J Mr 10200000273271 1020-2304039833 M P5-000310 21/04/2023 09:40 AM
NH MSMC NH HEALTH CITY BANGALORE.