

# ADULT TRANS-THORACIC ECHO REPORT

**PATIENT NAME** : Mr Rajeev Ranjan  
**GENDER/AGE** : Male, 32 Years  
**LOCATION** : E-CITY

**PATIENT MRN** : 3005000008106  
**PROCEDURE DATE** : 17/03/2023 12:09 PM  
**REQUESTED BY** : Dr. Santosh K M



**INDICATIONS** : ROUTINE CHECK UP  
**CLINICAL DIAGNOSIS** : NORMAL  
**VITAL PARAMETERS** : HR (BPM) :80, SINUS RHYTHM, BP (MMHG) : -  
WINDOW : OPTIMAL

**IMPRESSION**

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

## FINDINGS

### CHAMBERS

**LEFT ATRIUM** : NORMAL SIZED  
AP DIAMETER(MM): 30

**RIGHT ATRIUM** : NORMAL SIZED  
MINOR AXIS A4CV(MM) : 26

**LEFT VENTRICLE** : NORMAL SIZE AND THICKNESS WITH NORMAL FUNCTION  
LVFP : NORMAL LV FILLING PRESSURE

LVIDD(MM)	: 42	IVSD(MM)	: 10	EDV(ML)	: 78
LVIDS(MM)	: 28	LVPWD(MM)	: 9	ESV(ML)	: 31
E/A RATIO	: 0.9	E/E'(AVERAGE)	:	LVEF(%)	: 60

/0.6

**RIGHT VENTRICLE** : NORMAL SIZE AND THICKNESS WITH NORMAL FUNCTION  
MINOR AXIS A4CV(MM): 24, TAPSE(MM): 21

**LVOT/RVOT** : NORMAL

**RWMA** : NO REGIONAL WALL MOTION ABNORMALITIES

### VALVES

**MITRAL** : NORMAL MOBILITY AND THICKNESS WITH NO CALCIFICATION. SUB VALVAR STRUCTURES ARE NORMAL

**AORTIC** : NORMAL MOBILITY AND THICKNESS WITH NO CALCIFICATION, PG-7MMHG

**TRICUSPID** : NORMAL MOBILITY AND THICKNESS WITH NO CALCIFICATION. SUB VALVAR STRUCTURES ARE NORMAL, TR-TRIVIAL

**PULMONARY** : NORMAL MOBILITY AND THICKNESS WITH NO CALCIFICATION, PG-6MMHG

### SEPTAE

**IAS** : INTACT

IVS : INTACT

**ARTERIES AND VEINS**

AORTA : NORMAL, LEFT AORTIC ARCH  
PA : NORMAL SIZE  
PA PRESSURE: NORMAL, PASP(MMHG): 25

IVC : NORMAL SIZE & COLLAPSIBILITY, >50%  
IVC SIZE(MM): 14

SVC & CS : NORMAL  
PULMONARY VEINS : NORMAL

**PERICARDIUM** : NORMAL PERICARDIAL THICKNESS. NO EFFUSION

**INTRACARDIAC MASS** : NO TUMOUR, THROMBUS OR VEGETATION SEEN

DR. SANTOSH K M  
ASSOCIATE CONSULTANT

AISHWARYA M  
JUNIOR SONOGRAPHER

17/03/2023 12:09 PM

**PREPARED BY** : AISHWARYA M(361423)  
**GENERATED BY** : PRAJWAL KUMAR N B(358021)

**PREPARED ON** : 17/03/2023 12:13 PM  
**GENERATED ON** : 17/03/2023 08:20 PM

## DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Rajeev Ranjan MRN : 3005000008106 Gender/Age : MALE , 32y (12/12/1990)

Collected On : 17/03/2023 09:33 AM Received On : 17/03/2023 11:14 AM Reported On : 17/03/2023 12:29 PM

Barcode : 022303170496 Specimen : Whole Blood - ESR Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9591412818

### HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Westergren Method)	6	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--

*Hema S*

Dr. Hema S  
MD, DNB, Pathology  
Associate Consultant

#### Note

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



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Rajeev Ranjan MRN : 3005000008106 Gender/Age : MALE , 32y (12/12/1990)

Collected On : 17/03/2023 09:33 AM Received On : 17/03/2023 11:14 AM Reported On : 17/03/2023 12:46 PM

Barcode : 012303170884 Specimen : Serum Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9591412818

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.77	mg/dL	0.66-1.25
eGFR (Calculated)	117.1	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)	10	mg/dL	9.0-20.0
<b>Serum Uric Acid</b> (Colorimetric - Uricase,Peroxidase)	5.8	mg/dL	3.5-8.5
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	<b>286 H</b>	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	131	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	46	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	<b>240.0 H</b>	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	<b>201 H</b>	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	26.2	mg/dL	0.0-40.0

Patient Name : Mr Rajeev Ranjan MRN : 30050000008106 Gender/Age : MALE , 32y (12/12/1990)

Cholesterol /HDL Ratio (Calculated)	<b>6.3 H</b>	-	0.0-5.0
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#### LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.50	mg/dL	0.2-1.3
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Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.10	mg/dL	0.0-0.3
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Unconjugated Bilirubin (Indirect) (Calculated)	0.4	mg/dL	0.0-1.1
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Total Protein (Colorimetric - Biuret Method)	7.50	gm/dL	6.3-8.2
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Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.60	gm/dL	3.5-5.0
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Serum Globulin (Calculated)	2.91	gm/dL	2.0-3.5
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Albumin To Globulin (A/G)Ratio (Calculated)	1.59	-	1.0-2.1
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SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	44	U/L	17.0-59.0
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SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	<b>78 H</b>	U/L	<50.0
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Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	80	U/L	38.0-126.0
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Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	22	U/L	15.0-73.0
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#### 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)	1.42	ng/mL	0.97-1.69
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Thyroxine (T4) (Enhanced Chemiluminescence)	9.48	µg/dl	5.53-11.0
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TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence) 1.390  $\mu$ IU/mL 0.4-4.049

--End of Report--

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

Dr. Anushre Prasad  
MBBS,MD, Biochemistry  
Consultant Biochemistry

**Note**

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- Kindly correlate clinically.  
(CR, -> Auto Authorized)  
(, -> Auto Authorized)  
(Uric Acid, -> Auto Authorized)  
(Blood Urea Nitrogen (Bun) -> Auto Authorized)



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Rajeev Ranjan MRN : 3005000008106 Gender/Age : MALE , 32y (12/12/1990)

Collected On : 17/03/2023 09:33 AM Received On : 17/03/2023 11:27 AM Reported On : 17/03/2023 12:12 PM

Barcode : 1B2303170031 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9591412818

**NARAYANA HRUDAYALAYA BLOOD CENTRE**

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

--End of Report--

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

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## DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Rajeev Ranjan MRN : 3005000008106 Gender/Age : MALE , 32y (12/12/1990)

Collected On : 17/03/2023 09:33 AM Received On : 17/03/2023 11:14 AM Reported On : 17/03/2023 11:36 AM

Barcode : 012303170882 Specimen : Plasma Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9591412818

### BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	92	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

--End of Report--

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

Dr. Anushre Prasad  
MBBS,MD, Biochemistry  
Consultant Biochemistry

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





## DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Rajeev Ranjan MRN : 3005000008106 Gender/Age : MALE , 32y (12/12/1990)

Collected On : 17/03/2023 09:35 AM Received On : 17/03/2023 11:25 AM Reported On : 17/03/2023 12:12 PM

Barcode : 032303170151 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9591412818

### CLINICAL PATHOLOGY

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

--End of Report--

*Hema S*

Dr. Hema S  
MD, DNB, Pathology  
Associate Consultant

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**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Rajeev Ranjan MRN : 3005000008106 Gender/Age : MALE , 32y (12/12/1990)

Collected On : 17/03/2023 09:33 AM Received On : 17/03/2023 11:26 AM Reported On : 17/03/2023 12:25 PM

Barcode : 032303170148 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9591412818

**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)	1.022	-	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)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present

**MICROSCOPIC EXAMINATION**

Pus Cells	0.0	/hpf	0-5
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RBC	0.1	/hpf	0-4
Epithelial Cells	0.0	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.02	/hpf	0-1
Bacteria	0.6	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

--End of Report--



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

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## DEPARTMENT OF LABORATORY MEDICINE

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Collected On : 17/03/2023 09:33 AM Received On : 17/03/2023 11:14 AM Reported On : 17/03/2023 11:46 AM

Barcode : 022303170495 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9591412818

## HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	13.5	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	4.92	million/ $\mu$ l	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	41.0	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	83.4	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.4	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.8	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	<b>15.8 H</b>	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	181	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	5.7	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCS Technology Plus Microscopy)	58.1	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	28.7	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	8.6	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	4.1	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.5	%	0.0-2.0

Patient Name : Mr Rajeev Ranjan MRN : 3005000008106 Gender/Age : MALE , 32y (12/12/1990)

Absolute Neutrophil Count (Calculated)	3.32	x10 <sup>3</sup> cells/ $\mu$ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.64	x10 <sup>3</sup> cells/ $\mu$ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.5	x10 <sup>3</sup> cells/ $\mu$ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.24	x10 <sup>3</sup> cells/ $\mu$ 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 : Mr Rajeev Ranjan MRN : 30050000008106 Gender/Age : MALE , 32y (12/12/1990)

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## DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Rajeev Ranjan MRN : 3005000008106 Gender/Age : MALE , 32y (12/12/1990)

Collected On : 17/03/2023 09:33 AM Received On : 17/03/2023 11:14 AM Reported On : 17/03/2023 12:00 PM

Barcode : 012303170883 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9591412818

### BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
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#### HbA1C

HbA1c (HPLC NGSP Certified)	4.8	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
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Estimated Average Glucose (Calculated)	91.06	-	-
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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  
Consultant Biochemistry

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MC-2688



## DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Rajeev Ranjan MRN : 3005000008106 Gender/Age : MALE , 32y (12/12/1990)

Collected On : 17/03/2023 12:38 PM Received On : 17/03/2023 02:52 PM Reported On : 17/03/2023 03:29 PM


Barcode : 032303170284 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9591412818

### CLINICAL PATHOLOGY

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

--End of Report--



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

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