

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Nageswari MRN : 20150000000452 Gender/Age : FEMALE , 59y (25/04/1964)

Collected On : 01/06/2023 08:31 AM Received On : 01/06/2023 01:28 PM Reported On : 01/06/2023 03:36 PM

Barcode : 032306010088 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9008970869

CLINICAL PATHOLOGY

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

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	92	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)	86	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020
HBA1C			
HbA1c (HPLC NGSP Certified)	6.0 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	125.5	-	-

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

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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)	0.54	mg/dL	0.52-1.04
eGFR (Calculated)	115.6	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)	10	mg/dL	7.0-17.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	4.7	mg/dL	2.5-6.2

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

Cholesterol Total (Colorimetric - Cholesterol Oxidase)	205 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	113	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	50	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	155.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	126 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	22.6	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	4.1	-	0.0-5.0



Patient Name : Ms Nageswari MRN : 2015000000452 Gender/Age : FEMALE , 59y (25/04/1964)

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.39	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	9.57	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	0.9880	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.

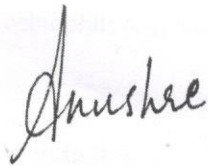
LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.27	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)	0.27	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.10	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.10	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.0	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.37	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	32	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	18	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	101	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	31	U/L	12.0-43.0

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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.



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)	12.9	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.48	million/ μ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	39.6	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	88.4	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	28.7	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.5	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.0	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	248	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	7.4	$10^3/\mu$ L	4.0-10.0

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DIFFERENTIAL COUNT (DC)

Neutrophils (VCS Technology Plus Microscopy)	47.8	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	41.5 H	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	5.2	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	4.9	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.6	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.54	$\times 10^3$ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	3.08 H	$\times 10^3$ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.39	$\times 10^3$ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.37	$\times 10^3$ 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.

Erythrocyte Sedimentation Rate (ESR) **26 H** mm/1hr 0.0-19.0
(Westergren Method)

Interpretation Notes



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• 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.
(Post Prandial Blood Sugar (PPBS), -> Auto Authorized)
(Fasting Blood Sugar (FBS), -> Auto Authorized)
(Lipid Profile, -> Auto Authorized)
(, -> Auto Authorized)
(CR, -> Auto Authorized)
(LFT, -> Auto Authorized)
(Blood Urea Nitrogen (Bun), -> Auto Authorized)
(Uric Acid -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

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Collected On : 01/06/2023 08:31 AM Received On : 01/06/2023 01:27 PM Reported On : 01/06/2023 03:04 PM

Barcode : 1B2306010013 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9008970869

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

CLINICAL PATHOLOGY

Test

Result Unit

Biological Reference Interval

URINE ROUTINE & MICROSCOPY

PHYSICAL EXAMINATION

Colour

Yellow

-

-

Appearance

Clear

-

-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)

5.5

-

4.5-7.5

Sp. Gravity (Refractive Index)

1.004

-

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



Patient Name : Ms Nageswari MRN : 20150000000452 Gender/Age : FEMALE , 59y (25/04/1964)

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	0.5	/hpf	0-5
RBC	1.8	/hpf	0-4
Epithelial Cells	4.0	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	16.4	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	0.00	-	-

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--

ADULT TRANS-THORACIC ECHO REPORT

NAME : MRS.NAGESWARI

AGE/SEX : 59YRS/FEMALE

MRN NO : 2015000000452

DATE : 01.06.2023

FINAL DIAGNOSIS:

- NORMAL CHAMBER DIMENSION
- NO RWMA
- MILD-MR
- AR-TRIVIAL/SCLEROTIC AV
- NORMAL PA PRESSURE
- NORMAL RV FUNCTION
- NORMAL LV FUNCTION
- LVEF- 60%

MEASUREMENTS

AO: 27 MM

LVID (d) : 44 MM

IVS (d) : 11 MM

RA : 33 MM

LA: 34 MM

LVID(s) : 27 MM

PW (d) : 11 MM

RV : 27 MM

EF: 60 %

VALVES

MITRAL VALVE : NORMAL

AORTIC VALVE : SCLEROTIC WITH NORMAL LEAFLET MOBILITY

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-22 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

DOPPLER DATA

MITRAL VALVE : E/A - 0.7/1.0M/S, MILD LVDD, MR-MILD

AORTIC VALVE : PG- 8 MMHG, AR-TRIVIAL

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- 14 MM, NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM
SINUS RHYTHM/ HR- 76 BPM

DR.SURESH P V
CONSULTANT CARDIOLOGIST


VISHALAKSHI H R
CARDIAC SONOGRAPHER

Patient Name	MRS.NAGESWARI	Requested By	EHP
MRN	20150000000452	Procedure DateTime	01-06-2023 10:05
Age/Sex	59Y 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. Tanuj Gupta MBBS, DMRD, DNB
Lead and Senior Consultant Radiologist

* This is a digitally signed valid document. Reported Date/Time: 01-06-2023 11:00

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

-- End of Report --

Page 1 of 1

Narayana Multispeciality Clinic

17/1, 30th Cross, 8th 'B' Main Road, 4th Block, Jayanagar, Bangalore - 560 011

Clinic No. : 8884000991, 9513919615, Pharmacy No. : 9513919615



ID: 2015-452

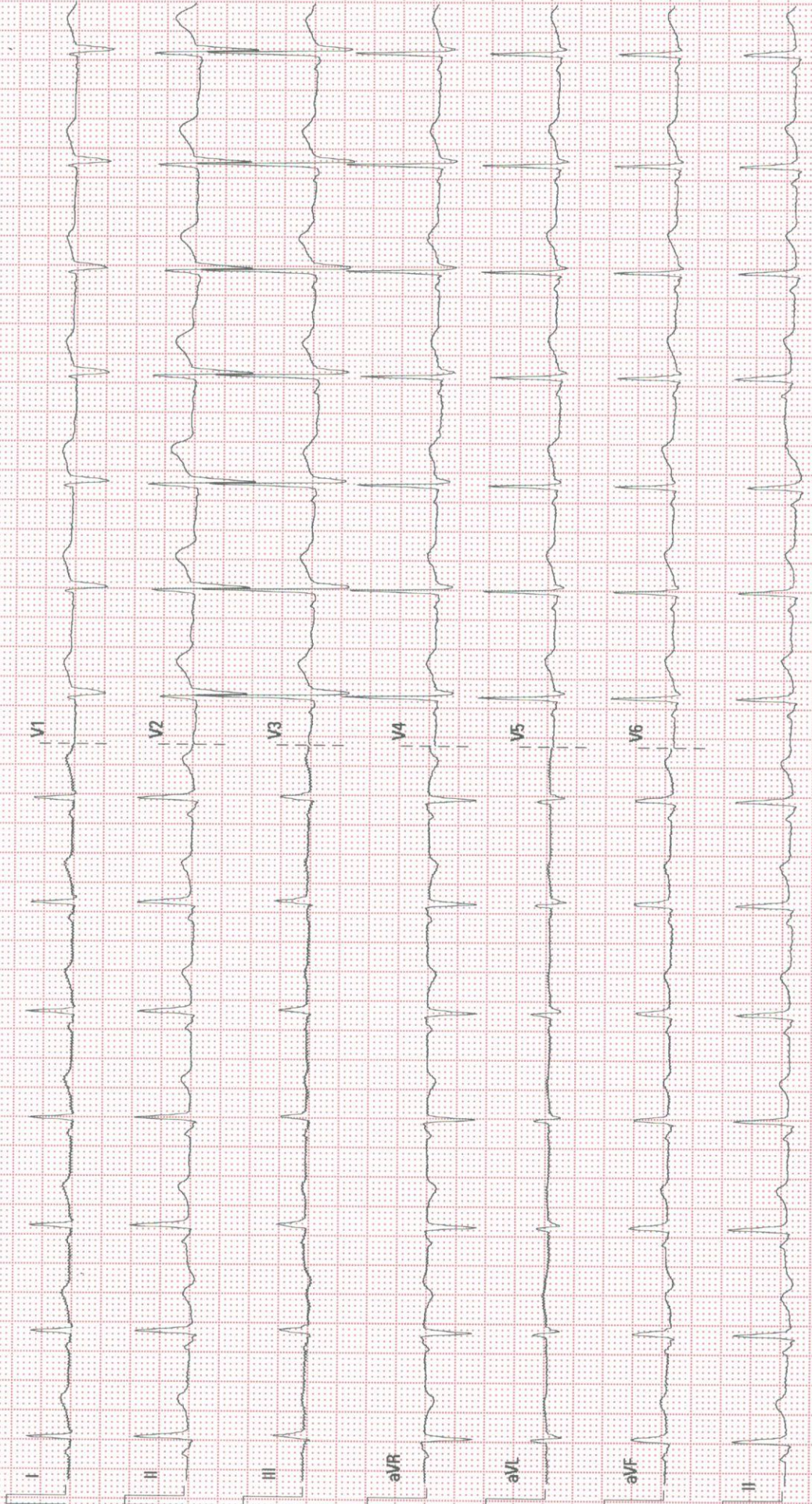
Name: MS. NAGESWARI

Age: 59 Years

Gender: Female

01-06-2023 09:25:08 AM

Vent. Rate	83 bpm
PR Interval	104 ms
QRS Duration	84 ms
QT/QTc Interval	378/418 ms
P/QRS/T Axes	58/54/48 deg
QTc:Hodges	



25 mm/s

10 mm/mV

50 Hz

BDR 35-Hz

MAHATAMA HEAL TH. JAYANAGAR

02_06_00V28.4.1

SNJFN-73007176

Patient Name : Mrs. Nageswari

Age : 59 Years

Referring Doctor : EHP

Unit of Narayana Health

Patient ID : 2015000000452

Sex : Female

Date : 01.06.2023

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and shows **diffuse increase** 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 9.0 cm in length & 1.3 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (measures 11.1 cm in length & 1.6 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 postmenopausal in size, Myometrial and endometrial echoes are normal. **Endometrium** measures 4.7 mm. Endometrial cavity is empty.

Both ovaries not seen atropic

Both adnexa: No mass is seen.

There is no ascites or pleural effusion.

IMPRESSION:

- **Grade I Fatty Liver.**

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.

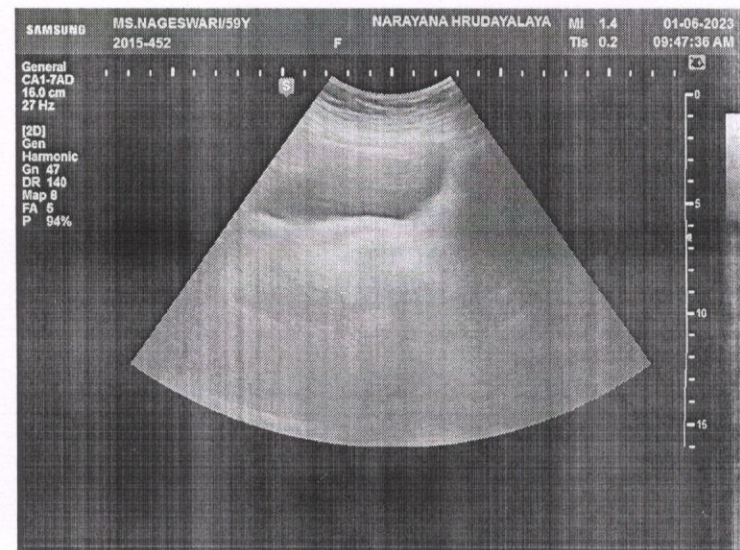
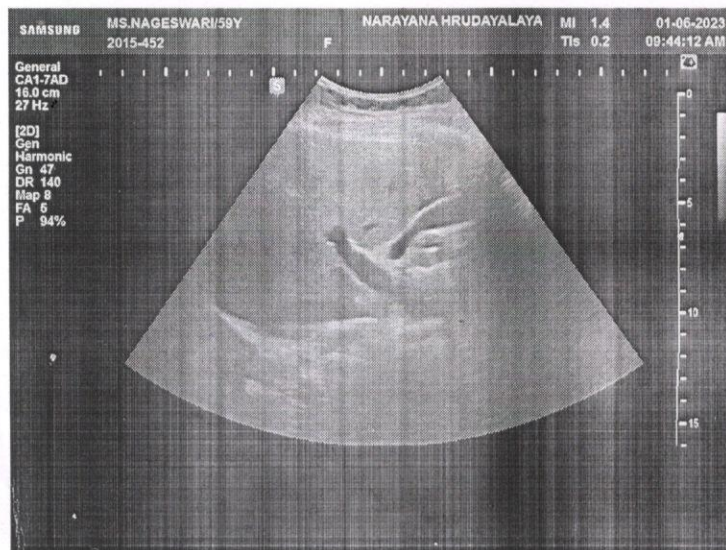
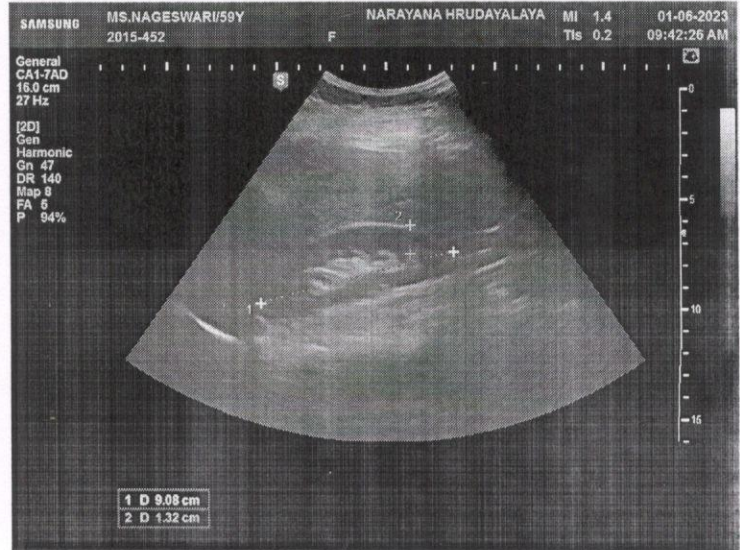
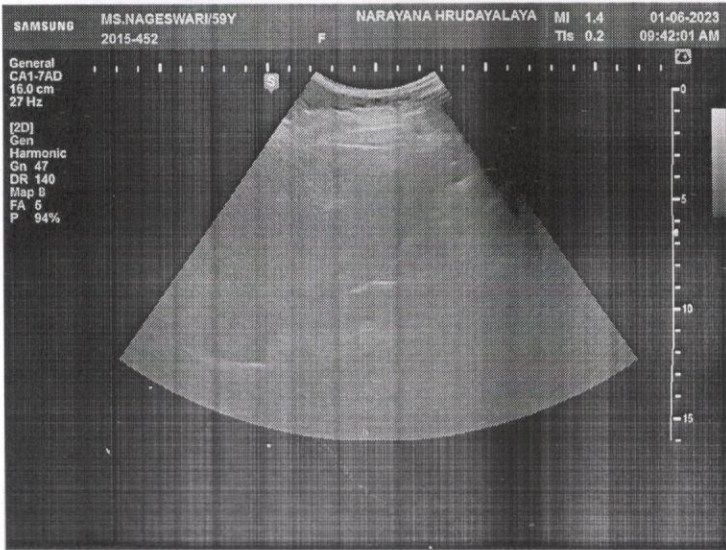
Name
Birth Date
Gender

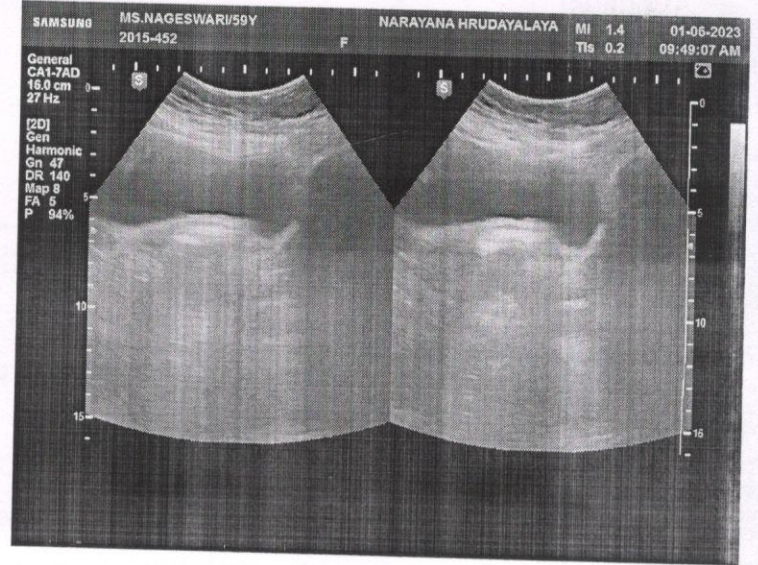
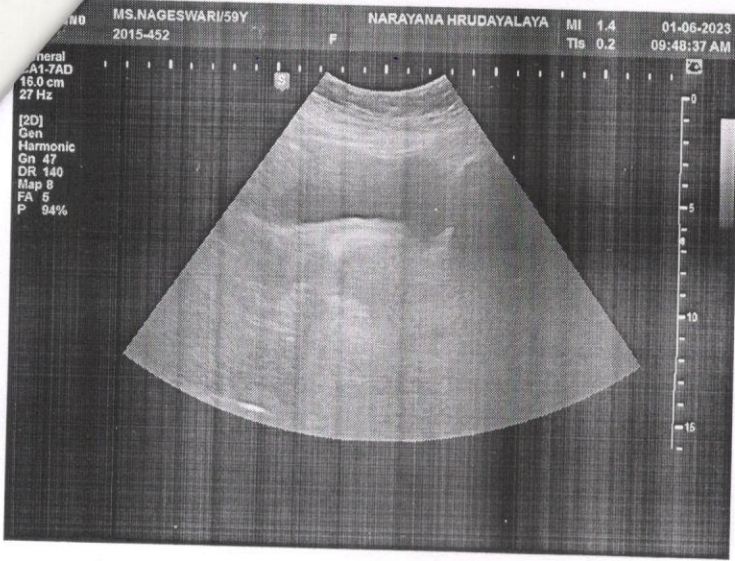
2015-452
MS.NAGESWARI/59Y
Female

Exam

Accession #
Exam Date
Description
Operator

01-06-2023





DEPARTMENT OF LABORATORY MEDICINE

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Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9008970869

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

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
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HBA1C

HbA1c (HPLC NGSP Certified)	6.0 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
------------------------------------	--------------	---	---

Estimated Average Glucose (Calculated)	125.5	-	-
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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

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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)	0.54	mg/dL	0.52-1.04
eGFR (Calculated)	115.6	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)	10	mg/dL	7.0-17.0
Serum Uric Acid (Colorimetric - Uricase, Peroxidase)	4.7	mg/dL	2.5-6.2

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

Cholesterol Total (Colorimetric - Cholesterol Oxidase)	205 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	113	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	50	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	155.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	126 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	22.6	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	4.1	-	0.0-5.0

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THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.39	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	9.57	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	0.9880	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)	0.27	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)	0.27	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.10	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.10	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.0	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.37	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	32	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	18	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	101	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	31	U/L	12.0-43.0

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Narayana Institute of Cardiac Sciences

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

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Hospital Address: NH Health City, 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Email: info.nics@narayanahealth.org | www.narayanahealth.org



Appointments
1800-309-0309

Emergencies
97384 97384

Patient Name : Ms Nageswari MRN : 2015000000452 Gender/Age : FEMALE , 59y (25/04/1964)

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)	12.9	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.48	million/ μ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	39.6	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	88.4	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	28.7	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.5	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.0	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	248	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	7.4	$10^3/\mu$ L	4.0-10.0

Patient Name : Ms Nageswari MRN : 2015000000452 Gender/Age : FEMALE , 59y (25/04/1964)

DIFFERENTIAL COUNT (DC)

Neutrophils (VCS Technology Plus Microscopy)	47.8	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	41.5 H	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	5.2	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	4.9	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.6	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.54	x10 ³ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	3.08 H	x10 ³ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.39	x10 ³ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.37	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.

Erythrocyte Sedimentation Rate (ESR)	26 H	mm/1hr	0.0-19.0
(Westergren Method)			

Interpretation Notes

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Patient Name : Ms Nageswari MRN : 2015000000452 Gender/Age : FEMALE , 59y (25/04/1964)

- 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.
(Post Prandial Blood Sugar (PPBS), -> Auto Authorized)
(Fasting Blood Sugar (FBS), -> Auto Authorized)
(Lipid Profile, -> Auto Authorized)
(, -> Auto Authorized)
(CR, -> Auto Authorized)
(LFT, -> Auto Authorized)
(Blood Urea Nitrogen (Bun), -> Auto Authorized)
(Uric Acid -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Nageswari MRN : 20150000000452 Gender/Age : FEMALE , 59y (25/04/1964)

Collected On : 01/06/2023 08:31 AM Received On : 01/06/2023 01:27 PM Reported On : 01/06/2023 03:04 PM

Barcode : 1B2306010013 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9008970869

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

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	Yellow	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.004	-	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

Patient Name : Ms Nageswari MRN : 20150000000452 Gender/Age : FEMALE , 59y (25/04/1964)			
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	0.5	/hpf	0-5
RBC	1.8	/hpf	0-4
Epithelial Cells	4.0	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	16.4	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	0.00	-	-

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--

Patient Name : Ms Nageswari MRN : 20150000000452 Gender/Age : FEMALE , 59y (25/04/1964)

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

Note

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

