

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Veerendra Kumar S C MRN : 2015000000793 Gender/Age : MALE , 47y (25/05/1976)

Collected On : 13/07/2023 10:56 AM Received On : 13/07/2023 01:46 PM Reported On : 13/07/2023 03:15 PM

Barcode : 032307130195 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9945881976

CLINICAL PATHOLOGY

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



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

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	116 H	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)	93	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020
HBA1C			
HbA1c (HPLC NGSP Certified)	5.9 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	122.64	-	-

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)	0.74	mg/dL	0.66-1.25
eGFR (Calculated)	113.4	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)	6 L	mg/dL	9.0-20.0
Serum Uric Acid (Colorimetric - Uricase, Peroxidase)	6.6	mg/dL	3.5-8.5

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

Cholesterol Total (Colorimetric - Cholesterol Oxidase)	166	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	124	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	34 L	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	132.0 H	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)	24.8	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	4.9	-	0.0-5.0

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Prostate Specific Antigen (PSA) (Enhanced Chemiluminescence)	0.351	ng/mL	0.0-2.5
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Interpretation Notes

- PSA is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age.
PSA levels are increased in Prostate cancer, Benign Prostatic Hyperplasia, Prostatitis, Genitourinary infections.
False negative/positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
All values should be correlated with clinical findings and results of other investigations.
Note: Patient results determined by assay using different manufacturers or methods may not be comparable.

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.17	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	6.73	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	1.443	µIU/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.

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	2.10 H	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)	2.1 H	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	8.70 H	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	5.30 H	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.4	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.56	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-	30	U/L	17.0-59.0

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5-phosphate))

SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	24	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	54	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	22	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.



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry



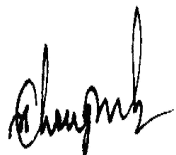
Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	5	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



Dr. Sudarshan Chougule

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MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	14.7	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.01	million/ μ l	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	43.0	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	85.8	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	29.4	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	34.3	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.7	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	212	10^3 / μ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	5.7	10^3 / μ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	52.5	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	40.9 H	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	4.6	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	1.6	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.4	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.0	$\times 10^3$ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)		$\times 10^3$ cells/ μ l	1.0-3.0

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Narayana Institute of Cardiac Sciences

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

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 : Mr Veerendra Kumar S C MRN : 2015000000793 Gender/Age : MALE , 47y (25/05/1976)

	2.34		
Absolute Monocyte Count (Calculated)	0.27	x10 ³ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.1	x10 ³ cells/ μ 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.



Dr. Deepak M B
MD, PDF, Hematopathology
Consultant

NARAYANA HRUDAYALAYA BLOOD CENTRE

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

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Patient Name : Mr Veerendra Kumar S C MRN : 2015000000793 Gender/Age : MALE , 47y (25/05/1976)

--End of Report--



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

Note

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

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

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

(Lipid Profile, -> Auto Authorized)

(, -> Auto Authorized)

(CR, -> Auto Authorized)

(Uric Acid, -> Auto Authorized)

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

(Prostate Specific Antigen (Psa) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Veerendra Kumar S C MRN : 2015000000793 Gender/Age : MALE , 47y (25/05/1976)

Collected On : 13/07/2023 08:41 AM Received On : 13/07/2023 01:46 PM Reported On : 13/07/2023 02:26 PM

Barcode : 032307130101 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9945881976

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY

PHYSICAL EXAMINATION

Colour	Yellow	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	6.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.007	-	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	0.4	/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	0.00	/hpf	0-1
Bacteria	0.8	/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.

--End of Report--



Dr. Deepak M B
MD, PDF, Hematopathology
Consultant

Note

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



ID: 2015-793

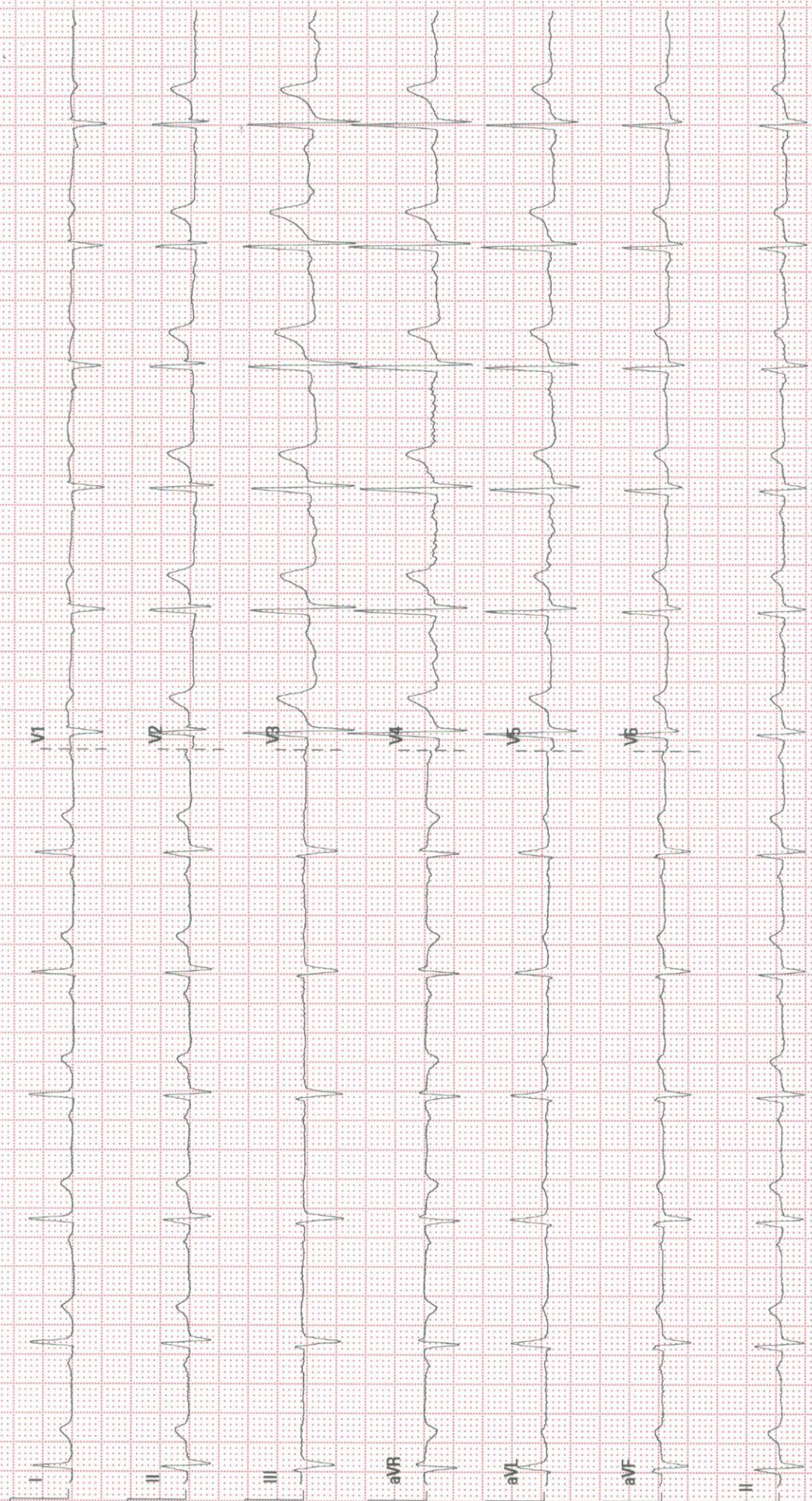
Name: VEERENDRA KUMAR S C

Age: 47 Years

Gender: Male

13-07-2023 09:39:27 AM

Vent. Rate	72 bpm
PR Interval	166 ms
QRS Duration	88 ms
QT/QTc Interval	368/389 ms
P/QRS/T Axes	45/-17/36 deg
QTc:Hodges	



ADULT TRANS-THORACIC ECHO REPORT

NAME : MR.VEERENDRA KUMAR

AGE/SEX : 47YRS/MALE

MRN NO : 2015000000793

DATE : 13.07.2023

FINAL DIAGNOSIS:

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

MEASUREMENTS

AO: 29 MM LVID (d) : 47 MM IVS (d) : 10 MM RA : 32 MM
LA: 36 MM LVID(s) : 29 MM PW (d) : 10 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-21 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

DOPPLER DATA

MITRAL VALVE : E/A -1.9/0.9 M/S, MR-MILD

AORTIC VALVE : PG- 5 MMHG

TRICUSPID VALVE : TR-TRIVIAL, PASP- 25 MMHG

PULMONARY VALVE : PG- 3 MMHG

WALL MOTION ABNORMALITIES: NO RWMA

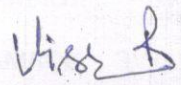
PERICARDIUM : NORMAL

VEGETATION/THROMBUS: ABSENT

OTHER FINDINGS

IVC- 14 MM NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM
SINUS RHYTHM/ HR- 80 BPM

DR.SURESH P V
CONSULTANT CARDIOLOGIST


VISHALAKSHI H R
CARDIAC SONOGRAPHER

Patient Name : Mr.Veerendra Kumar S C

Patient ID : 2015000000793

Age : 47Years

Sex : Male

Referring Doctor : EHP

Date : 13.07.2023

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and shows **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 10.5 cm in length & 1.5 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 11.0 cm in length & 1.8 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.

Prostate is normal in echopattern and normal in size, measures 3.0X2.9X3.3 cm, Volume -16 cc.

Fluid - 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.

Birth Date
Gender

2015-793
VEERENDRA KUMAR/47YRS
Male

