

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Ms Mousumi Musib MRN : 2015000001170 Gender/Age : FEMALE , 32y (07/07/1991)

Collected On : 26/08/2023 10:46 AM Received On : 26/08/2023 12:43 PM Reported On : 26/08/2023 04:20 PM

Barcode : 022308260653 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8095630287

**HEMATOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Westergren Method)	<b>24 H</b>	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**

**COMPLETE BLOOD COUNT (CBC)**

Haemoglobin (Hb%) (Photometric Measurement)	<b>11.5 L</b>	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.45	million/ $\mu$ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	36.3	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	<b>81.7 L</b>	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	<b>25.9 L</b>	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.6	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	<b>14.5 H</b>	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	292	$10^3/\mu$ L	150.0-450.0
Mean Platelet Volume (MPV)	9.5	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	6.7	$10^3/\mu$ L	4.0-10.0

**DIFFERENTIAL COUNT (DC)**

Neutrophils (VCS Technology Plus Microscopy)	49.4	%	40.0-75.0
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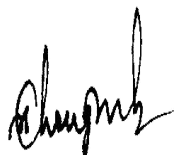
Patient Name : Ms Mousumi Musib MRN : 20150000001170 Gender/Age : FEMALE , 32y (07/07/1991)			
Lymphocytes (VCS Technology Plus Microscopy)	42.5 H	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	6.0	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	1.7	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.4	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.31	$\times 10^3$ cells/ $\mu$ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.85	$\times 10^3$ cells/ $\mu$ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.41	$\times 10^3$ cells/ $\mu$ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.12	$\times 10^3$ 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.**

Patient Name : Ms Mousumi Musib MRN : 20150000001170 Gender/Age : FEMALE , 32y (07/07/1991)



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

#### BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	<b>100 H</b>	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020
<b>Post Prandial Blood Sugar (PPBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	<b>118</b>	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020
<b>HBA1C</b>			
HbA1c (HPLC NGSP Certified)	5.6	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	114.02	-	-

#### 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)	0.60	mg/dL	0.52-1.04
eGFR (Calculated)	115.9	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.

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**Blood Urea Nitrogen (BUN)** (Endpoint) 8 mg/dL 7.0-17.0  
/Colorimetric – Urease)

**Serum Uric Acid** (Colorimetric - Uricase,Peroxidase) 5.2 mg/dL 2.5-6.2

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

**Cholesterol Total** (Colorimetric - Cholesterol Oxidase) **218 H** mg/dL Desirable: < 200  
Borderline High: 200-239  
High: > 240

**Triglycerides** (Colorimetric - Lip/Glycerol Kinase) **173 H** mg/dL Normal: < 150  
Borderline: 150-199  
High: 200-499  
Very High: > 500

**HDL Cholesterol (HDLC)** (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method) 41 mg/dL 40.0-60.0

**Non-HDL Cholesterol** (Calculated) **177.0 H** mg/dL Desirable: < 130  
Above Desirable: 130-159  
Borderline High: 160-189  
High: 190-219  
Very High: => 220

**LDL Cholesterol** (Colorimetric) 142 mg/dL Optimal: < 100  
Near to above optimal: 100-129  
Borderline High: 130-159  
High: 160-189  
Very High: > 190

**VLDL Cholesterol** (Calculated) 34.6 mg/dL 0.0-40.0

**Cholesterol /HDL Ratio** (Calculated) **5.4 H** - 0.0-5.0

**THYROID PROFILE (T3, T4, TSH)**

**Tri Iodo Thyronine (T3)** (Enhanced Chemiluminescence) 1.51 ng/mL 0.97-1.69

**Thyroxine (T4)** (Enhanced Chemiluminescence) **11.6 H** µg/dl 5.53-11.0

**TSH (Thyroid Stimulating Hormone)** (Enhanced Chemiluminescence) 0.9089 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

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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)	1.00	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)	1.0	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	<b>8.90 H</b>	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.80	gm/dL	3.5-5.0
Serum Globulin (Calculated)	<b>4.11 H</b>	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.17	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	30	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	29	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	103	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	32	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.

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Dr. Anushre Prasad  
MBBS,MD, Biochemistry  
Consultant Biochemistry



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

### NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
<b>BLOOD GROUP &amp; RH TYPING</b>		
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
<b>Urine For Sugar (Post Prandial)</b> (Enzyme Method (GOD POD))	Not Present	-	-

### URINE ROUTINE & MICROSCOPY

#### PHYSICAL EXAMINATION

Colour	STRAW	-	-
Appearance	Clear	-	-

#### CHEMICAL EXAMINATION

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pH(Reaction) (pH Indicator Method)	5.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.024	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	<b>Present +</b>	-	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	6.0	/hpf	0-5
RBC	12.9	/hpf	0-4
Epithelial Cells	7.2	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.07	/hpf	0-1
Bacteria	704.9	/hpf	0-200
Yeast Cells	12.1	/hpf	0-1
Mucus	0.02	-	-

#### Interpretation Notes




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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.

**Urine For Sugar (Fasting)** (Enzyme Method (GOD Not Present - -  
POD))

--End of Report--



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

**Note**

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





<b>Patient Name</b>	MS.MOUSUMI MUSIB	<b>Requested By</b>	EHP
<b>MRN</b>	20150000001170	<b>Procedure Date Time</b>	26-08-2023 13:28
<b>Age/Sex</b>	32Y 1M/Female	<b>Hospital</b>	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 Girish D,DMRD,DNB  
Associate Consultant

\* This is a digitally signed valid document. Reported Date/Time: 26-08-2023 15:48

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

-- End of Report --

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**Narayana Multispeciality Clinic**

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

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

E-mail: info.jayanagar@narayanahealth.org web : www.narayanahealth.org

**ADULT TRANS-THORACIC ECHO REPORT**

**NAME : MRS.MOUSUMI MUSIB**

**AGE/SEX : 32YRS/FEMALE**

**MRN NO :2015000001170**

**DATE : 26.08.2023**

**FINAL DIAGNOSIS:**

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

**MEASUREMENTS**

AO: 24 mm                      LVID (d) : 40 mm                      IVS (d) : 10 mm                      RA : 32 MM  
LA: 32 mm                      LVID(s) : 32 mm                      PW (d) : 10 mm                      RV : 27 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 : NORMAL, AORTIC ANNULUS-20 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

**DOPPLER DATA**

MITRAL VALVE : E/A – 0.7/0.5M/S, MR-MILD

AORTIC VALVE : PG- 9 MMHG

TRICUSPID VALVE : TR-TRIVIAL, PASP- 19MMHG

PULMONARY VALVE : PG- 5 MMHG

**WALL MOTION ABNORMALITIES: NO RWMA**

PERICARDIUM : NORMAL

VEGETATION/THROMBUS: ABSENT

**OTHER FINDINGS**

IVC- 17 MM NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM  
SINUS RHYTHM/ HR – 75BPM

  
**VISHALAKSHI H R**  
**CARDIAC SONOGRAPHER**

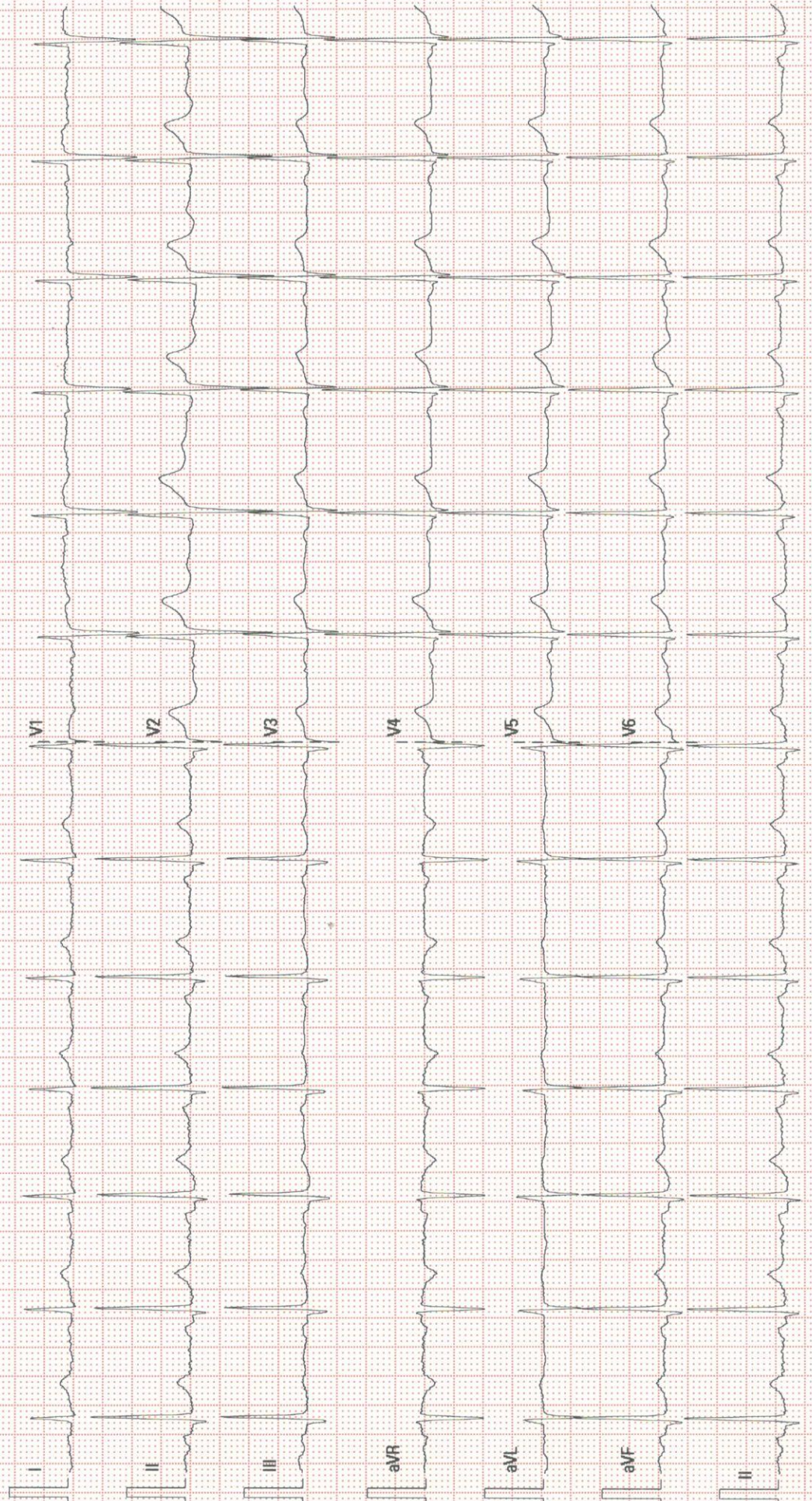




26-08-2023 12:43:58 PM

ID: 2015-1170  
Name: MRS. MIOUSUMI MUSIB  
Age: 32 Years  
Gender: Female

Vent. Rate	77 bpm
PR Interval	160 ms
QRS Duration	84 ms
QT/QTc Interval	368/398 ms
P/QRS/T Axes	64/67/49 deg
QTc/Hodges	





**Patient Name** : Mrs.Mousumi Musib **Patient ID** : 2015000001170  
**Age** : 32Years **Sex** : Female  
**Referring Doctor** : EHP **Date** : 26.08.2023

**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 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 **enlarged in size 12.2cm**, shape, contour and echopattern. No evidence of mass or focal lesions.

**Right Kidney** is normal in size (measures 10.1 cm in length & 1.4 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 12.8cm 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 **Partially** distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

**Uterus** is anteverted and normal in size, measures 7.7x2.5x4.2cm. Myometrial and endometrial echoes are normal. **Endometrium** measures 8.2 mm. Endometrial cavity is empty.

**Both ovaries** are normal in size and echopattern.

**Right ovary:** measures 3.9x2.0 cm. **Left ovary:** measures 3.8x1.8cm

**Both adnexa:** No mass is seen.

There is no ascites or pleural effusion.

**IMPRESSION:**

- **Grade I Fatty Liver.**
- **Mild Splenomegaly**



**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.

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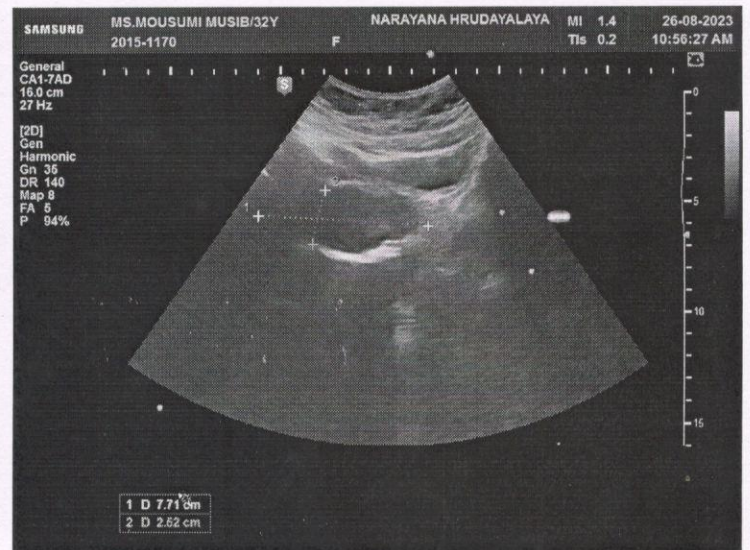
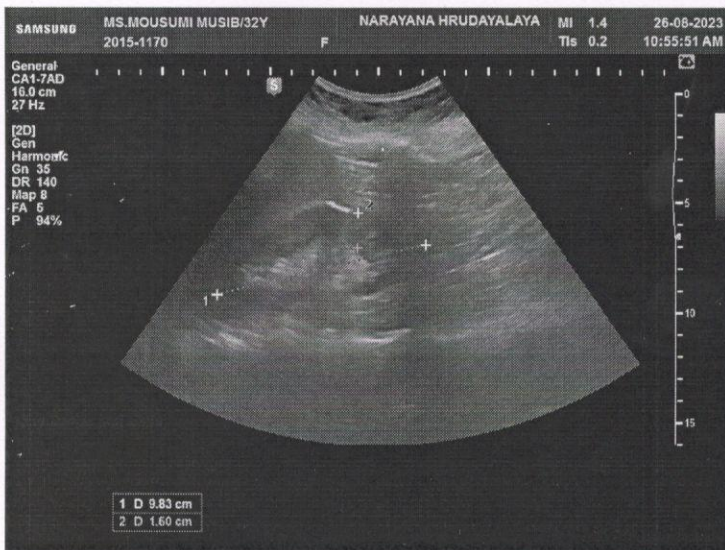
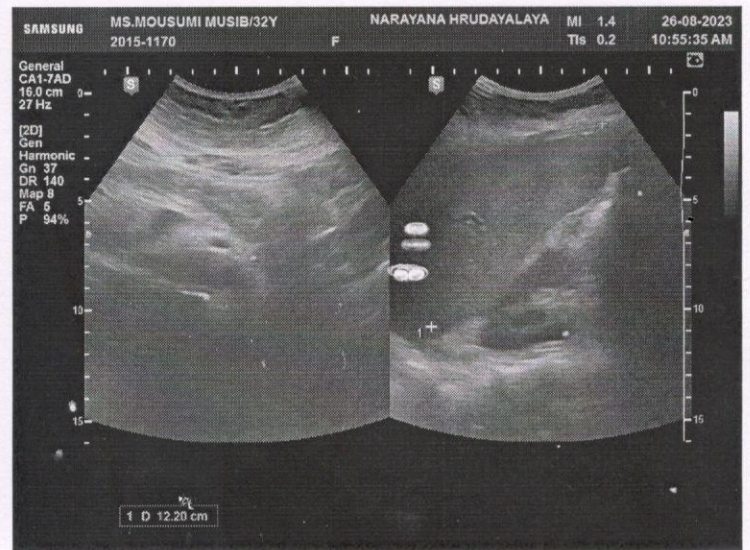
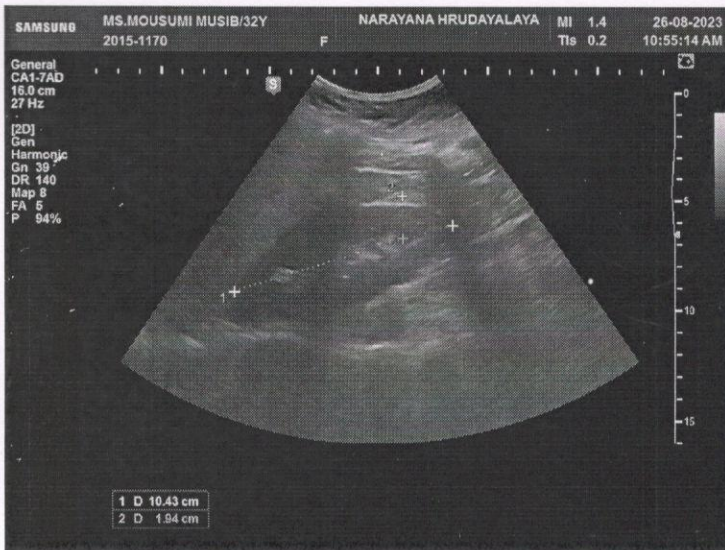
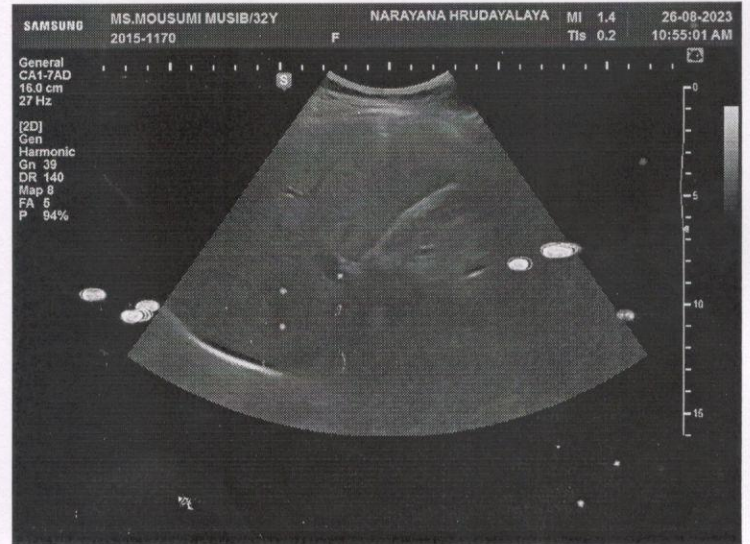
Clinic No. : 8884000991, 9513919615, Pharmacy No. : 9513919615



Name MS.MOUSUMI MUSIB/32Y  
 Birth Date 2015-1170  
 Gender Female

Exam

Accession # 2015-1170  
 Exam Date 26-08-2023  
 Description  
 Operator





**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

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Collected On : 26/08/2023 10:46 AM Received On : 26/08/2023 12:43 PM Reported On : 26/08/2023 04:20 PM

Barcode : 022308260653 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8095630287

**HEMATOLOGY**

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**Interpretation Notes**

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**DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert****COMPLETE BLOOD COUNT (CBC)**

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PCV (Packed Cell Volume) / Hematocrit (Calculated)	36.3	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	<b>81.7 L</b>	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	<b>25.9 L</b>	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.6	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	<b>14.5 H</b>	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	292	$10^3$ / $\mu$ L	150.0-450.0
Mean Platelet Volume (MPV)	9.5	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	6.7	$10^3$ / $\mu$ L	4.0-10.0

**DIFFERENTIAL COUNT (DC)**

Neutrophils (VCS Technology Plus Microscopy)	49.4	%	40.0-75.0
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Lymphocytes (VCS Technology Plus Microscopy)	42.5 H	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	6.0	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	1.7	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.4	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.31	x10 <sup>3</sup> cells/ $\mu$ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.85	x10 <sup>3</sup> cells/ $\mu$ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.41	x10 <sup>3</sup> cells/ $\mu$ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.12	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.

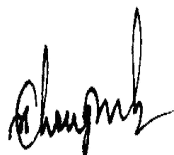
#### Interpretation Notes

- 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.**



Patient Name : Ms Mousumi Musib MRN : 20150000001170 Gender/Age : FEMALE , 32y (07/07/1991)



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#### BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	<b>100 H</b>	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020
<b>Post Prandial Blood Sugar (PPBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	<b>118</b>	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020
<b>HBA1C</b>			
HbA1c (HPLC NGSP Certified)	5.6	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	114.02	-	-

#### 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)	0.60	mg/dL	0.52-1.04
eGFR (Calculated)	115.9	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.

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**Blood Urea Nitrogen (BUN)** (Endpoint) 8 mg/dL 7.0-17.0  
/Colorimetric – Urease)

**Serum Uric Acid** (Colorimetric - Uricase,Peroxidase) 5.2 mg/dL 2.5-6.2

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

**Cholesterol Total** (Colorimetric - Cholesterol Oxidase) **218 H** mg/dL Desirable: < 200  
Borderline High: 200-239  
High: > 240

**Triglycerides** (Colorimetric - Lip/Glycerol Kinase) **173 H** mg/dL Normal: < 150  
Borderline: 150-199  
High: 200-499  
Very High: > 500

**HDL Cholesterol (HDLC)** (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method) 41 mg/dL 40.0-60.0

**Non-HDL Cholesterol** (Calculated) **177.0 H** mg/dL Desirable: < 130  
Above Desirable: 130-159  
Borderline High: 160-189  
High: 190-219  
Very High: => 220

**LDL Cholesterol** (Colorimetric) 142 mg/dL Optimal: < 100  
Near to above optimal: 100-129  
Borderline High: 130-159  
High: 160-189  
Very High: > 190

**VLDL Cholesterol** (Calculated) 34.6 mg/dL 0.0-40.0

**Cholesterol /HDL Ratio** (Calculated) **5.4 H** - 0.0-5.0

**THYROID PROFILE (T3, T4, TSH)**

**Tri Iodo Thyronine (T3)** (Enhanced Chemiluminescence) 1.51 ng/mL 0.97-1.69

**Thyroxine (T4)** (Enhanced Chemiluminescence) **11.6 H** µg/dl 5.53-11.0

**TSH (Thyroid Stimulating Hormone)** (Enhanced Chemiluminescence) 0.9089 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

Patient Name : Ms Mousumi Musib MRN : 20150000001170 Gender/Age : FEMALE , 32y (07/07/1991)

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)	1.00	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)	1.0	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	<b>8.90 H</b>	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.80	gm/dL	3.5-5.0
Serum Globulin (Calculated)	<b>4.11 H</b>	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.17	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	30	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	29	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	103	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	32	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.

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### NARAYANA HRUDAYALAYA BLOOD CENTRE

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



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Consultant

### CLINICAL PATHOLOGY

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

### URINE ROUTINE & MICROSCOPY

#### PHYSICAL EXAMINATION

Colour	STRAW	-	-
Appearance	Clear	-	-

#### CHEMICAL EXAMINATION

Patient Name : Ms Mousumi Musib MRN : 20150000001170 Gender/Age : FEMALE , 32y (07/07/1991)			
pH(Reaction) (pH Indicator Method)	5.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.024	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	<b>Present +</b>	-	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	6.0	/hpf	0-5
RBC	12.9	/hpf	0-4
Epithelial Cells	7.2	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.07	/hpf	0-1
Bacteria	704.9	/hpf	0-200
Yeast Cells	12.1	/hpf	0-1
Mucus	0.02	-	-

#### Interpretation Notes



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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.

**Urine For Sugar (Fasting)** (Enzyme Method (GOD Not Present - -  
POD))

--End of Report--



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**Note**

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

