

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr L A Rajya Vardhan MRN : 1020000274303 Gender/Age : MALE , 50y (05/05/1973)

Collected On : 12/05/2023 09:27 AM Received On : 12/05/2023 09:47 AM Reported On : 12/05/2023 11:03 AM

Barcode : 012305120768 Specimen : Serum Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9502450932

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.59 L	mg/dL	0.66-1.25
eGFR (Calculated)	145.5	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)	11	mg/dL	9.0-20.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	6.1	mg/dL	3.5-8.5
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	167	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	274 H	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	28 L	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	139.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	86 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	54.8 H	mg/dL	0.0-40.0

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Cholesterol /HDL Ratio (Calculated)	6.0 H	-	0.0-5.0
Prostate Specific Antigen (PSA) (Enhanced Chemiluminescence)	0.778	ng/mL	0.0-3.5

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)	1.32	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	7.60	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	2.123	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)	0.74	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.10	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Calculated)	0.64	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)	3.90	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.2	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.22	-	1.0-2.1

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SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	41	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	45	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	95	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	32	U/L	15.0-73.0

Interpretation Notes

- Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin). Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin. Delta Bilirubin is not expected to be present in healthy adults or neonates.

--End of Report--



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry



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

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
(Lipid Profile, -> Auto Authorized)
(, -> Auto Authorized)
(LFT, -> Auto Authorized)
(Uric Acid, -> Auto Authorized)
(Blood Urea Nitrogen (Bun), -> Auto Authorized)
(Prostate Specific Antigen (Psa) -> Auto Authorized)



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Collected On : 12/05/2023 09:27 AM Received On : 12/05/2023 09:47 AM Reported On : 12/05/2023 11:04 AM

Barcode : 012305120769 Specimen : Whole Blood Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9502450932

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC NGSP Certified)	8.5 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	197.25	-	-

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

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Patient Name : Mr L A Rajya Vardhan MRN : 10200000274303 Gender/Age : MALE , 50y (05/05/1973)

Collected On : 12/05/2023 09:27 AM Received On : 12/05/2023 09:47 AM Reported On : 12/05/2023 10:31 AM

Barcode : 012305120767 Specimen : Plasma Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9502450932

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	188 H	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

--End of Report--



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry



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

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



DEPARTMENT OF LABORATORY MEDICINE

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Collected On : 12/05/2023 09:27 AM Received On : 12/05/2023 09:47 AM Reported On : 12/05/2023 10:59 AM

Barcode : 022305120449 Specimen : Whole Blood - ESR Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9502450932

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	16 H	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

--End of Report--

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

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Collected On : 12/05/2023 09:27 AM Received On : 12/05/2023 09:47 AM Reported On : 12/05/2023 10:04 AM

Barcode : 022305120450 Specimen : Whole Blood Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9502450932

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	14.4	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	4.87	million/ μ l	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	40.4	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	83.0	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	29.5	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	35.6 H	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.1	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	223	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	7.7	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	53.3	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	28.6	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	10.7 H	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	6.6 H	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.8	%	0.0-2.0

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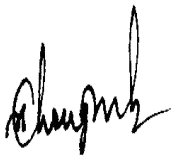
Absolute Neutrophil Count (Calculated)	4.11	x10 ³ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.21	x10 ³ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.83	x10 ³ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.51 H	x10 ³ cells/ μ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.07	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

Interpretation Notes

- Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .
RBC Indices aid in typing of anemia.
WBC Count: If below reference range, susceptibility to infection.
If above reference range- Infection*
If very high in lakhs-Leukemia
Neutrophils -If above reference range-acute infection, mostly bacterial
Lymphocytes -If above reference range-chronic infection/ viral infection
Monocytes -If above reference range- TB,Typhoid,UTI
Eosinophils -If above reference range -Allergy,cough,Common cold,Asthma & worms
Basophils - If above reference range, Leukemia, allergy
Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies
* In bacterial infection with fever total WBC count increases.
Eg Tonsillitis,Sinusitis,Bronchitis,Pneumonia,Appendicitis,UTI -12000-25000 cells/cumm.
In typhoid and viral fever WBC may be normal.
DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.

--End of Report--



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

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Patient Name : Mr L A Rajya Vardhan MRN : 10200000274303 Gender/Age : MALE , 50y (05/05/1973)

Collected On : 12/05/2023 09:27 AM Received On : 12/05/2023 09:56 AM Reported On : 12/05/2023 10:24 AM

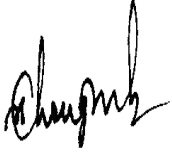
Barcode : 032305120121 Specimen : Urine Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9502450932

CLINICAL PATHOLOGY

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

--End of Report--



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

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Patient Name : Mr L A Rajya Vardhan MRN : 1020000274303 Gender/Age : MALE , 50y (05/05/1973)

Collected On : 12/05/2023 09:27 AM Received On : 12/05/2023 09:56 AM Reported On : 12/05/2023 11:10 AM

Barcode : 032305120121 Specimen : Urine Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9502450932

CLINICAL PATHOLOGY

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

Colour	STRAW	-	-
Appearance	Not Present	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	6.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.019	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	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	0.6	/hpf	0-5
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Patient Name : Mr L A Rajya Vardhan MRN : 10200000274303 Gender/Age : MALE , 50y (05/05/1973)

RBC	0.3	/hpf	0-4
Epithelial Cells	0.3	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.04	/hpf	0-1
Bacteria	0.6	/hpf	0-200
Yeast Cells	0.1	/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. Sudarshan Chougule
MBBS, MD, Pathology
Consultant & Head - Hematology & Flow Cytometry

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Patient Name : Mr L A Rajya Vardhan MRN : 1020000274303 Gender/Age : MALE , 50y (05/05/1973)

Collected On : 12/05/2023 12:26 PM Received On : 12/05/2023 01:10 PM Reported On : 12/05/2023 01:46 PM

Barcode : 012305121322 Specimen : Plasma Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9502450932

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase)	207 H	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

--End of Report--

Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

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

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



DEPARTMENT OF LABORATORY MEDICINE

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Patient Name : Mr L A Rajya Vardhan MRN : 10200000274303 Gender/Age : MALE , 50y (05/05/1973)

Collected On : 12/05/2023 09:27 AM Received On : 12/05/2023 09:55 AM Reported On : 12/05/2023 11:06 AM

Barcode : 1B2305120015 Specimen : Whole Blood Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9502450932

NARAYANA HRUDAYALAYA BLOOD CENTRE

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

--End of Report--

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

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CONSULTATION SUMMARY

Patient MRN : 10200000274303
Patient Name : Mr L A Rajya Vardhan
Gender/Age/Dob : Male , 50 Years , 05/05/73
Patient Phone No : 9502450932
Patient Address : Flat ni- 409, A Block Profound
Symphony apts ,Jigani,
Bangalore Urban,Karnataka,
India,-560105

Consultation Date : 12/05/2023 02:57 PM
Consultant : Dr. Ashutosh Vashistha
(CARDIOLOGY - ADULT)
Consultation Type : OP , NEW VISIT



CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

- Chest Pain :
- Hypertension : TELMIKIND 20
- Diabetes :
- C/O CHEST PAIN :

INVESTIGATION ORDER

RAD : CT ANGIOGRAPHY CORONARY 256 SLICE

MEDICATION ORDER

DRUG NAME	PATIENT INSTRUCTION
1) TAB CILNITAB NB 10.5 (Nebivolol (5mg) + Cilnidipine (10mg))	Patient Instruction: Twice Daily (1- 0 - 1 - 0) Before Food Till Review , Qty: 1 , Start Date: May 12, 2023

VITALS

Blood Pressure: 175/103 mmHg Heart Rate: 84 bpm

CROSS CONSULTATION

- Dr. Shivaprasad K S, ENDOCRINOLOGY & DIABETOLOGY on 12/05/2023
- Dr. Saurabh Bhargava, UROLOGY on 12/05/2023

CONSULTANT DETAILS

Dr. Ashutosh Vashistha , CONSULTANT , CARDIOLOGY - ADULT
KMC - 106538

One free consultation with the same doctor within next 6 days.

Printed By: Dr. Ashutosh Vashistha | Printed On: 12.05.2023 15:05



Patient MRN : 10200000274303
 Patient Name : Mr L A Rajya Vardhan
 Sex/Age : Male, 50y
 Address : Flat ni- 409, A Block Profound
 Sympheny apts, Jigani, Bangalore
 Urban, Karnataka, India, 560105
 Visit Number : OP-001
 Consultation Type : OP, New Visit
 Mobile Number : 9502450932
 Date : 12/05/2023 11:30 AM
 Department : CARDIOLOGY - ADULT
 Consultant : Dr. Ashutosh Vashistha
 Ref. Hospital : -
 Ref. Doctor : -
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

SPO₂ - 96%

BP (mmHg) : 175/103
 Height (cm) : 173
 Respiratory Rate (brpm) :
 Heart Rate (bpm) : 84 bpm
 Weight (kg) : 96 kg
 Fall Score :
 Temp (*F) :
 BMI :
 Pain Score :

REF COMPLAINTS AND HPI

GENERAL EXAMINATION

Alertness : Known/Unknown
 Body Habitus : Cachectic/ Thin Built/ Average Built/ Obese/ Normal
 Significant Family History : Negative/ Unknown
 Psychological Assessment : Normal/Any Psychological Problem

MI
 DM
 Echo
 % chest pain
 XRay
 ECG
 FRS 188
 HRAI = 8.5
 TG 274

SYSTEMIC EXAMINATION

Adv CT CAG than review

NUTRITIONAL ASSESSMENT

TESTS

① Tab Cilnitas NB RD
 10.5
 2/ASPP-207

TREATMENT SUGGESTED

Reg ① Endocrine Consult
 ② Urology Consult

Generated By : Navitha N(320679)

Generated On : 12/05/2023 09:01 AM

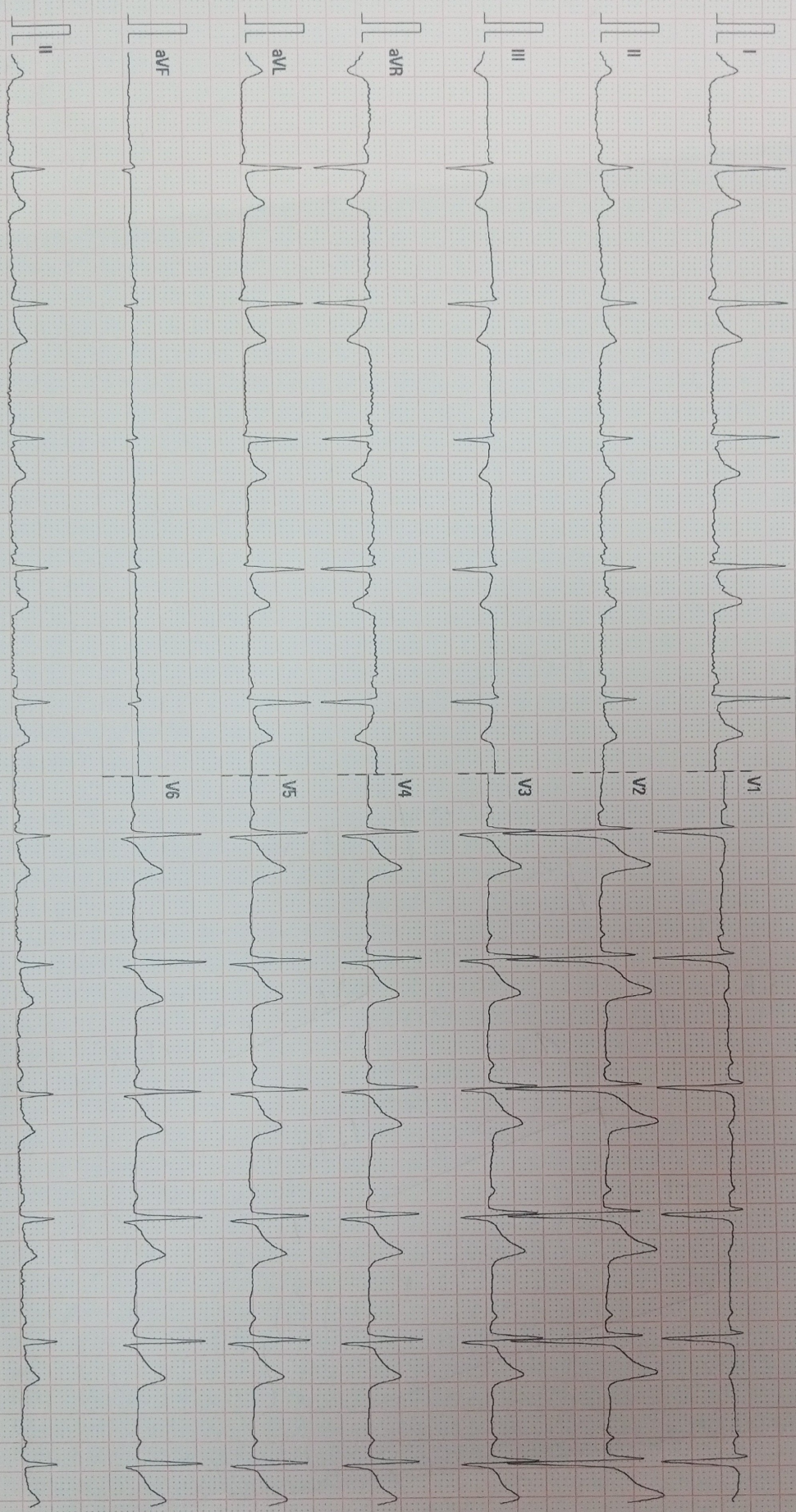
Cne free consultation with the same doctor within next 6 days



ID: 10200000274303
Name: RAJYA VARDHAN, L
Age: 50 Years
Gender: Male

12-05-2023 09:54:56

Vent. Rate 67 bpm
PR Interval 152 ms
QRS Duration 100 ms
QT/QTc Interval 382/394 ms
P/QRS/T Axes 14/-3/2 deg
DTC:Hodges



25 mm/s

10 mm/mV

50 Hz

BDR 20 Hz

NH Narayana Health city

02.10.00/V28.4.1

SNE-N-49001 058

CROCCORTO MADE IN ITALY

S 4

Patient Name : Mr. L A Rajya Vardhan MRN : 10200000274303
Age : 50 Years Sex : Male
Referring Doctor : EHC Date : 12.05.2023

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

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

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

Gallbladder is 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, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum – Obscured by bowel gas.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

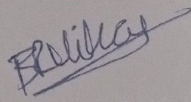
Pre-void = 346 ml. **Post-void study** shows 56 ml of residual urine.

Prostate is enlarged in size (Volume = 41 cc).

Fluid - There is no ascites.

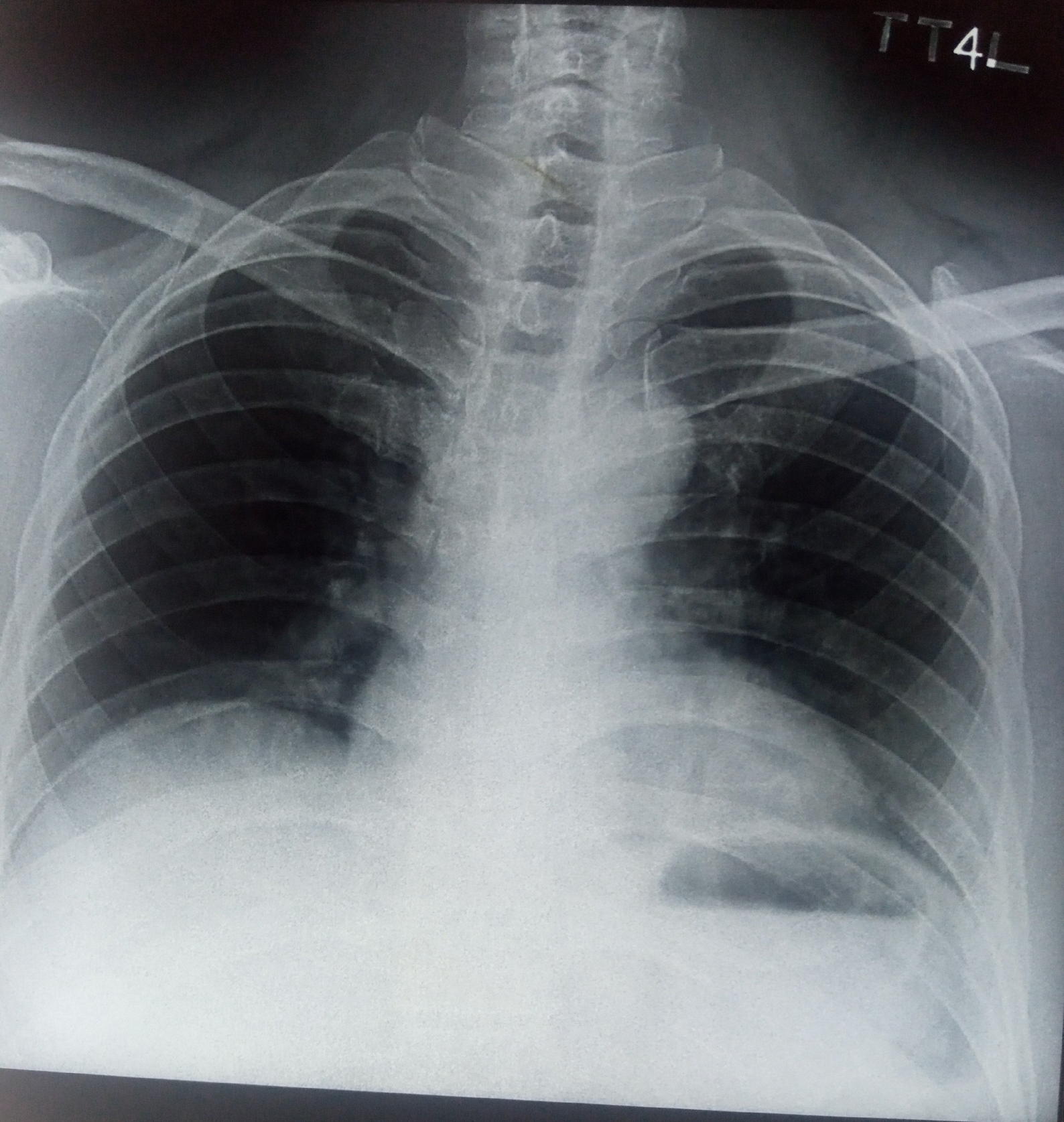
IMPRESSION:

- Mild fatty infiltration of liver.
- Prostatomegaly (volume – 41 cc) with post void residual urine of 56 ml.


Dr. Vikas B.R
Resident

Typed by vishwanath

TT4L



L A Rajya Vardhan Mr 10200000274303 1020-2305022446 M P5-000310 12/05/2023 11:23 AM
NH MSMC NH HEALTH CITY BANGALORE.