

ADULT TRANS-THORACIC ECHO REPORT

NAME : MR.VENKATESH

AGE/SEX : 68YRS/MALE

MRN NO : 20150000001388

DATE : 23.09.2023

FINAL DIAGNOSIS:

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

MEASUREMENTS

AO: 26 MM	LVID (d) : 47 MM	IVS (d) : 10 MM	RA : 30 MM
LA: 30 MM	LVID(s) : 28MM	PW (d) : 10 MM	RV : 27MM
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-18 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

DOPPLER DATA

MITRAL VALVE : E/A - 0.7/0.8 M/S, MILD LVDD, MR - MILD

AORTIC VALVE : PG- 5 MMHG, AR-MILD

TRICUSPID VALVE : TR -MILD, PASP- 33 MMHG

PULMONARY VALVE : PG- 3 MMHG

WALL MOTION ABNORMALITIES: NO RWMA

PERICARDIUM : NORMAL

VEGETATION/THROMBUS : ABSENT

OTHER FINDINGS

IVC- 13 MM, NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM
SINUS RHYTHM / HR- 67 BPM


VISHALAKSHI H R
CARDIAC SONOGRAPHER



Narayana™

Multispeciality Clinic

Patient ID : 20150000001388

Unit of Narayana Health

Jayanagar

Patient Name : Mr.Venkatesh

Age : 68 Years

Referring Doctor : EHP

Sex : Male

Date : 23.09.2023

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and 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 9.7cm 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 9.2cm in length & 1.3 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis. cyst measuring 0.6x0.5cm

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi.

Pre Void-60cc

Post Void-5cc

Prostate is normal in echopattern and mildly Enlarged in size measuring 3.8x3.7x3.6cm. volume-27cc

IMPRESSION:

- Grade I Fatty Liver.
- Left Renal Simple Cyst
- Grade I Prostatomegaly

Dr.B S Ramkumar
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.



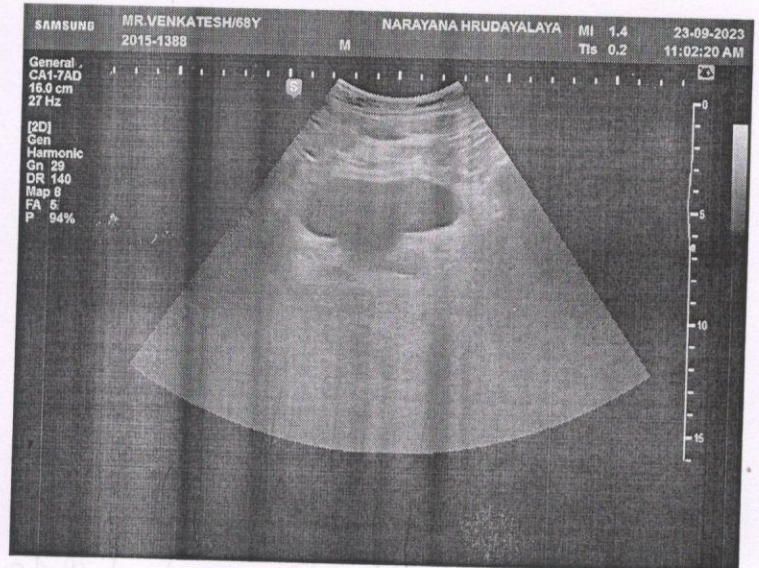
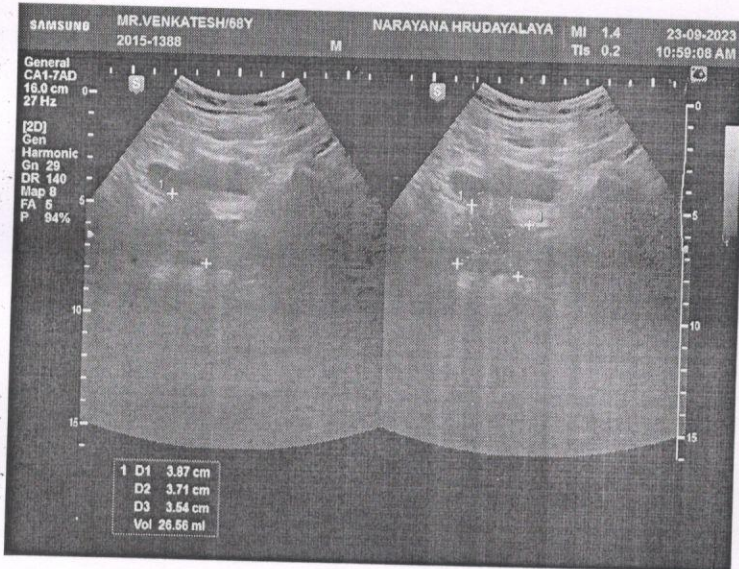
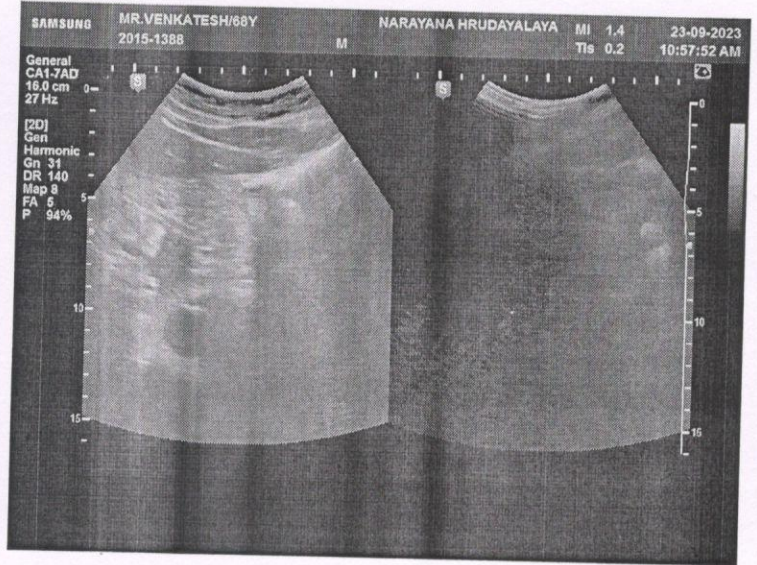
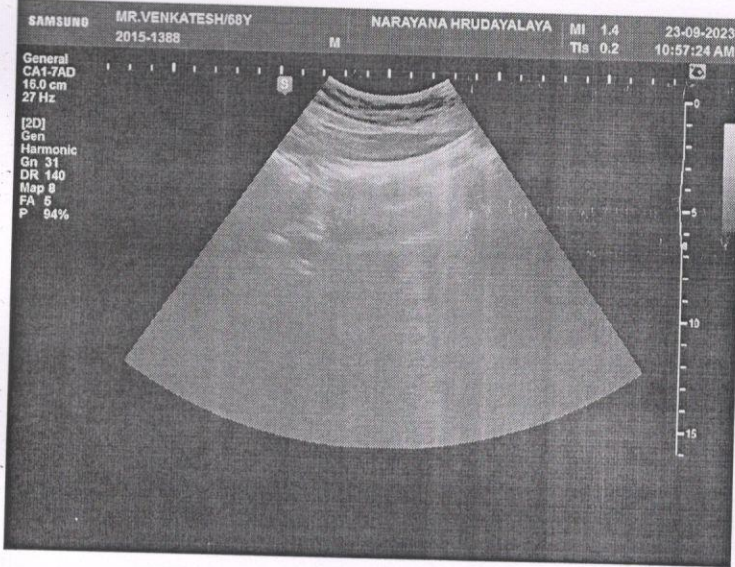
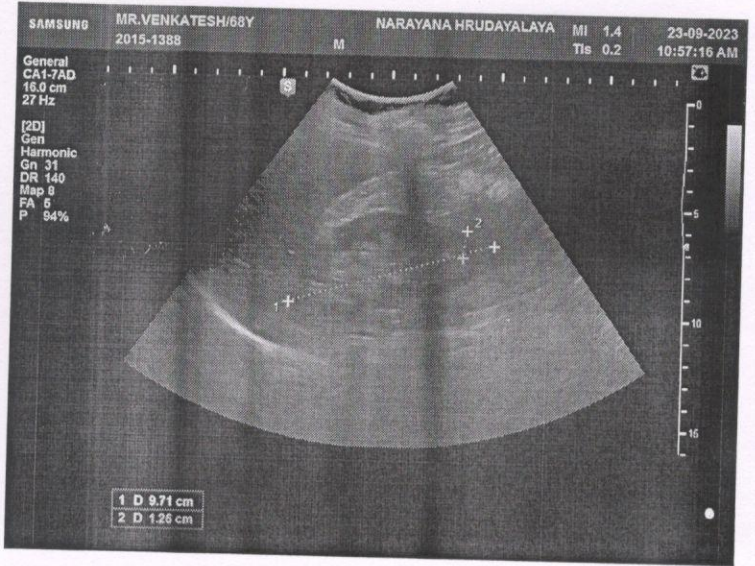
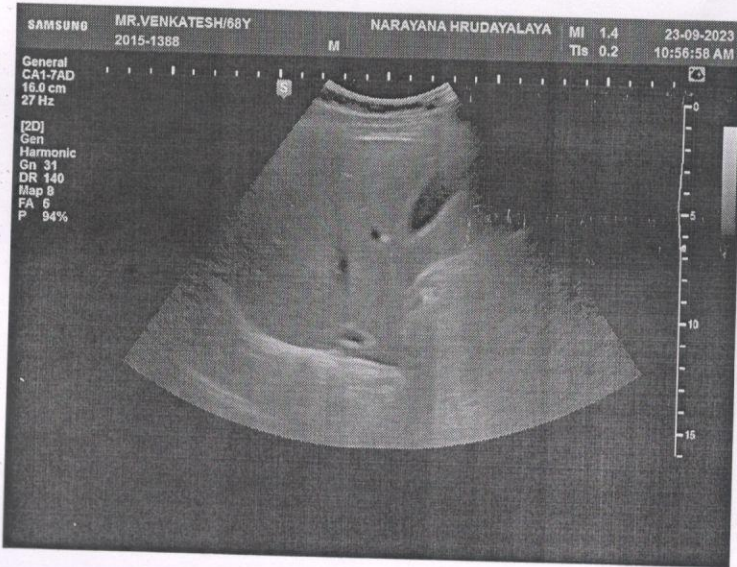
Name
Birth Date
Gender

2015-1388
MR.VENKATESH/68Y
Male

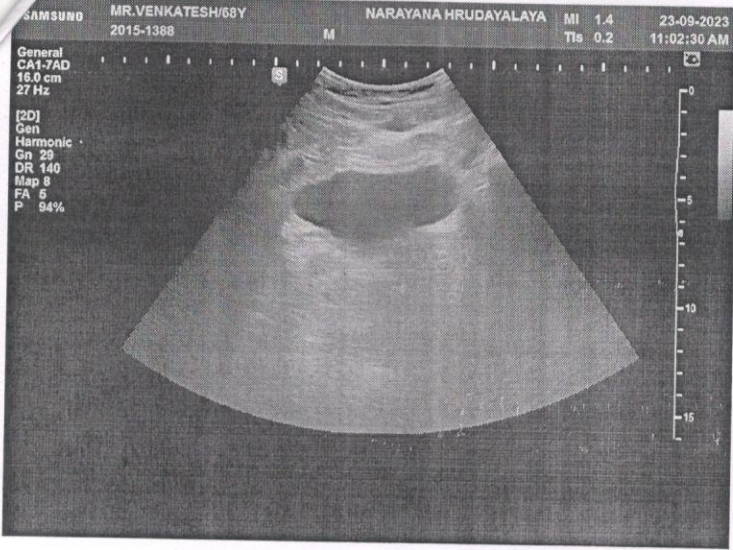
Exam

Accession #
Exam Date
Description
Operator

23-09-2023



D1=3.97cm
D2=3.71cm
D3=3.54cm
Vol=26.56ml



Dr. P. S. Venkatesh
 Consultant
 Radiologist

Narayana Multispecialty Clinic

Patient Name	MR.VENKATESH	Requested By	EHP
MRN	20150000001388	Procedure DateTime	23-09-2023 10:21
Age/Sex	68Y 7M/Male	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.
- Unfolding of arch of aorta is noted. Aortic arch calcification is seen.
- Trachea is normal and is central. The hilar shadows are unremarkable.
- The costo-phrenic angles are clear. No evidence of pleural effusion or pneumothorax.
- Mild degenerative changes are noted in the spine. Mild diffuse osteopenia is noted.
- Both the diaphragmatic domes appear normal.

IMPRESSION:

- No significant abnormality detected.

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Dr. Tanuj Gupta MBBS, DMRD, DNB
Lead and Senior Consultant Radiologist

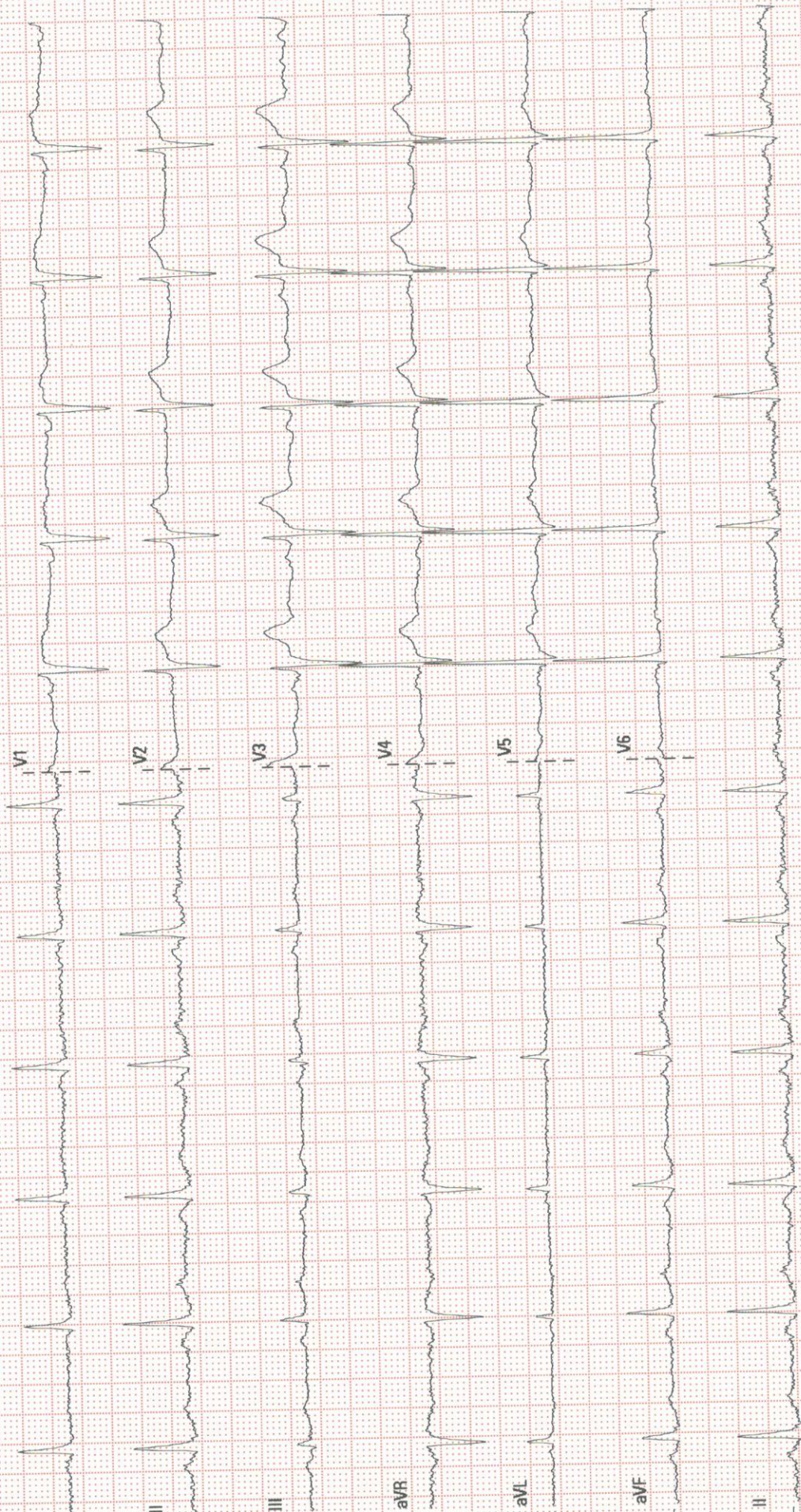
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23-09-2023 10:18:52 AM

2015-1388
MR VENKATESH
68 Years
Male

Vent. Rate	69 bpm
PR Interval	140 ms
QRS Duration	98 ms
QT/QTc Interval	386/402 ms
P/QRS/T Axes	70/44/81 deg
QTc Hodges	





MILESTONES

VISUAL DEVELOPMENT CENTER

105, 7th main, Jayanagar 4th block, Near Maiyas Restaurant, Bengaluru- 560 011.

WWW.MILESTONESINSTITUTIONS.ORG | Ph: 080 2664 4448

Evaluation

23/9/23

Name : Venkatesh.

Age : 68

Gender : Male.

MRD No : 2015-1388

Chief Complaint :
Cb BE Blurred vision

Ocular History

H/o BE Cataract surgery 8-9 years ago

General History

H/o HTN : 1 year under medication (medication is not regular)

VISION

Distance:

OD
6/9

OS
CF/CF

Pinhole:

Near:

Objective Refraction:

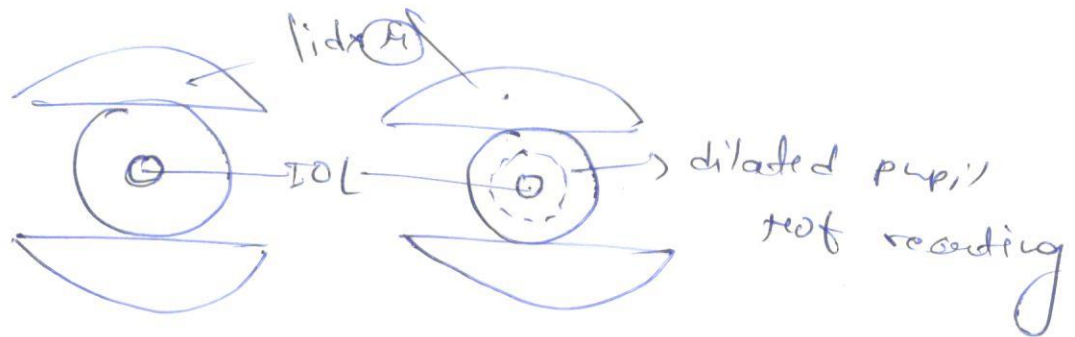
EYE	Sph	Cyl	Axis
OD			
OS			

Subjective Refraction:

EYE	Sph	Cyl	Axis
OD			NIG
OS			

Add! +2.75 (OU)

Slit lamp Examination :



Diagnosis and Advise :

Regular eye check-up.
 up given.


 Milestones
 Visual Development Center
 No. 105, 7th Main,
 Near Maiyas Restaurant, 4th Block
 Javanagar, Bangalore-560 011

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Venkatesh MRN : 2015000001388 Gender/Age : MALE , 68y (19/02/1955)
 Collected On : 23/09/2023 09:24 AM Received On : 23/09/2023 11:46 AM Reported On : 23/09/2023 03:05 PM
 Barcode : 032309230175 Specimen : Urine Consultant : Dr. Priya S(FAMILY MEDICINE)
 Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9513291797

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	Yellow	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (pH Indicator Method)	8.5 H	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.008	-	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	-	-
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present
MICROSCOPIC EXAMINATION			
Pus Cells	0.0	/hpf	0-5



Patient Name : Mr Venkatesh MRN : 2015000001388 Gender/Age : MALE , 68y (19/02/1955)			
RBC	1.6	/hpf	0-4
Epithelial Cells	0.7	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	1.5	/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.

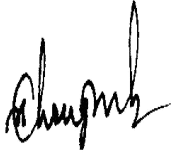
Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

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	-

Patient Name : Mr Venkatesh MRN : 2015000001388 Gender/Age : MALE , 68y (19/02/1955)



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

NARAYANA HRUDAYALAYA BLOOD CENTRE

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



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

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	91	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)	96	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

Patient Name : Mr Venkatesh MRN : 2015000001388 Gender/Age : MALE , 68y (19/02/1955)

Estimated Average Glucose (Calculated) 122.64 - -

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)	0.85	mg/dL	0.66-1.25
eGFR (Calculated)	89.7	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodyamically unstable patients eGFR is not applicable for less than 18 years of age.
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	8 L	mg/dL	9.0-20.0
Serum Uric Acid (Colorimetric - Uricase, Peroxidase)	4.87	mg/dL	3.5-8.5

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

Cholesterol Total (Colorimetric - Cholesterol Oxidase)	250 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	141	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	65 H	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	185.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	150	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190



Patient Name : Mr Venkatesh MRN : 2015000001388 Gender/Age : MALE , 68y (19/02/1955)			
VLDL Cholesterol (Calculated)	28.2	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	3.9	-	0.0-5.0
Prostate Specific Antigen (PSA) (Enhanced Chemiluminescence)	0.604	ng/mL	0.0-4.5

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)	1.29	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	9.39	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	1.621	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)	0.50	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)	0.5	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	8.60 H	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.90	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.7 H	gm/dL	2.0-3.5

Patient Name : Mr Venkatesh MRN : 2015000001388 Gender/Age : MALE , 68y (19/02/1955)			
Albumin To Globulin (A/G)Ratio (Calculated)	1.33	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	37	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	27	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	49	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	17	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.



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



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

HEMATOLOGY

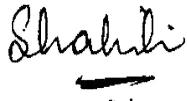
Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	3	mm/1hr	0.0-14.0

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

Patient Name : Mr Venkatesh MRN : 2015000001388 Gender/Age : MALE , 68y (19/02/1955)



Dr. Shalini K S
DCP, DNB, Pathology
Consultant

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	12.2 L	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	4.46 L	million/ μ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	38.3 L	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	85.9	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.4	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.0	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	14.7 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	379	$10^3/\mu$ L	150.0-450.0
Mean Platelet Volume (MPV)	7.7	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	8.4	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	43.7	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	41.7 H	%	20.0-40.0

Page 7 of 9

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 Venkatesh MRN : 2015000001388 Gender/Age : MALE , 68y (19/02/1955)			
Monocytes (VCS Technology Plus Microscopy)	8.3	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	5.6	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.7	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.68	x10 ³ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	3.51 H	x10 ³ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.7	x10 ³ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.48	x10 ³ cells/ μ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.06	-	-

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-

Patient Name : Mr Venkatesh MRN : 2015000001388 Gender/Age : MALE , 68y (19/02/1955)

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

Note

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

