

## DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Rahul Saha MRN : 10200000271516 Gender/Age : MALE , 36y (21/05/1986)

Collected On : 16/03/2023 11:05 AM Received On : 16/03/2023 11:37 AM Reported On : 16/03/2023 12:12 PM

Barcode : 012303161194 Specimen : Plasma Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9862054156

### BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	<b>106 H</b>	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

#### Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.  
(Fasting Blood Sugar (FBS) -> Auto Authorized)



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

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Collected On : 16/03/2023 11:05 AM Received On : 16/03/2023 11:37 AM Reported On : 16/03/2023 01:01 PM

Barcode : 012303161196 Specimen : Serum Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9862054156

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.78	mg/dL	0.66-1.25
eGFR (Calculated)	112.7	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.
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric – Urease)	<b>8 L</b>	mg/dL	9.0-20.0
<b>Serum Uric Acid</b> (Colorimetric - Uricase,Peroxidase)	7.0	mg/dL	3.5-8.5
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	156	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	111	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)	115.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	<b>98 L</b>	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	22.2	mg/dL	0.0-40.0

Patient Name : Mr Rahul Saha MRN : 10200000271516 Gender/Age : MALE , 36y (21/05/1986)

Cholesterol /HDL Ratio (Calculated)	3.9	-	0.0-5.0
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#### LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	1.08	mg/dL	0.2-1.3
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Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.10	mg/dL	0.0-0.3
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Unconjugated Bilirubin (Indirect) (Calculated)	0.99	mg/dL	0.0-1.1
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Total Protein (Colorimetric - Biuret Method)	7.90	gm/dL	6.3-8.2
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Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.60	gm/dL	3.5-5.0
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Serum Globulin (Calculated)	3.31	gm/dL	2.0-3.5
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Albumin To Globulin (A/G)Ratio (Calculated)	1.39	-	1.0-2.1
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SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	37	U/L	17.0-59.0
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SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	48	U/L	<50.0
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Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	85	U/L	38.0-126.0
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Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	26	U/L	15.0-73.0
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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.

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

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.33	ng/mL	0.97-1.69
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Thyroxine (T4) (Enhanced Chemiluminescence)	8.75	µg/dl	5.53-11.0
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Patient Name : Mr Rahul Saha MRN : 10200000271516 Gender/Age : MALE , 36y (21/05/1986)

TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence) **4.565 H**  $\mu\text{IU/mL}$  0.4-4.049

--End of Report--



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MSc, Mphil, Biochemistry  
Incharge, Consultant Biochemistry



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MBBS,MD, Biochemistry  
Consultant Biochemistry

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- Kindly correlate clinically.  
(Lipid Profile, -> Auto Authorized)  
(CR, -> Auto Authorized)  
(LFT, -> Auto Authorized)  
(Uric Acid, -> Auto Authorized)  
(Blood Urea Nitrogen (Bun) -> Auto Authorized)



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Collected On : 16/03/2023 11:05 AM Received On : 16/03/2023 11:37 AM Reported On : 16/03/2023 12:27 PM

Barcode : 012303161195 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9862054156

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC NGSP Certified)	<b>6.2 H</b>	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	131.24	-	-

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-

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MSc, Mphil, Biochemistry  
Incharge, Consultant Biochemistry

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MBBS,MD, Biochemistry  
Consultant Biochemistry

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MC-2688



## DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Rahul Saha MRN : 10200000271516 Gender/Age : MALE , 36y (21/05/1986)

Collected On : 16/03/2023 11:05 AM Received On : 16/03/2023 11:38 AM Reported On : 16/03/2023 11:54 AM

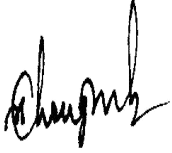
Barcode : 032303160217 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9862054156

### CLINICAL PATHOLOGY

Test	Result	Unit
<b>Urine For Sugar (Fasting)</b> (Enzyme Method (GOD POD))	Not Present	-

--End of Report--



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

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**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

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Collected On : 16/03/2023 11:05 AM Received On : 16/03/2023 11:38 AM Reported On : 16/03/2023 12:55 PM

Barcode : 032303160217 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9862054156

**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)	7.5	-	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	0.1	/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	2.7	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

--End of Report--



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

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

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Collected On : 16/03/2023 11:05 AM Received On : 16/03/2023 11:37 AM Reported On : 16/03/2023 11:59 AM

Barcode : 022303160616 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9862054156

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	13.6	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.47	million/ $\mu$ l	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	42.9	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	<b>78.4 L</b>	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	<b>24.8 L</b>	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.7	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	<b>14.7 H</b>	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	184	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	8.7	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCS Technology Plus Microscopy)	57.6	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	31.1	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	6.6	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	3.9	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.8	%	0.0-2.0

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Absolute Neutrophil Count (Calculated)	5.02	x10 <sup>3</sup> cells/ $\mu$ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.71	x10 <sup>3</sup> cells/ $\mu$ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.58	x10 <sup>3</sup> cells/ $\mu$ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.34	x10 <sup>3</sup> cells/ $\mu$ 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. Deepak M B  
MD, PDF, Hematopathology  
Consultant

Patient Name : Mr Rahul Saha MRN : 10200000271516 Gender/Age : MALE , 36y (21/05/1986)

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Collected On : 16/03/2023 11:05 AM Received On : 16/03/2023 11:37 AM Reported On : 16/03/2023 01:35 PM

Barcode : 022303160617 Specimen : Whole Blood - ESR Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9862054156

### HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Westergren Method)	1	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

--End of Report--

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

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Rahul Saha MRN : 10200000271516 Gender/Age : MALE , 36y (21/05/1986)

Collected On : 16/03/2023 01:58 PM Received On : 16/03/2023 02:33 PM Reported On : 16/03/2023 03:05 PM

Barcode : 012303161644 Specimen : Plasma Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9862054156

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Post Prandial Blood Sugar (PPBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	<b>164 H</b>	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

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



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Collected On : 16/03/2023 11:05 AM Received On : 16/03/2023 11:37 AM Reported On : 16/03/2023 12:24 PM

Barcode : 1B2303160043 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9862054156

**NARAYANA HRUDAYALAYA BLOOD CENTRE**

Test	Result	Unit
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**BLOOD GROUP & RH TYPING**

Blood Group (Column Agglutination Technology)	A	-
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RH Typing (Column Agglutination Technology)	Positive	-
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--End of Report--

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

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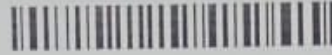


# CONSULTATION SUMMARY

Patient MRN : 10200000271516  
Patient Name : Mr Rahul Saha  
Gender/Age/Dob : Male , 36 Years , 21/05/86  
Patient Phone No : 9862054156  
Patient Address : H No- 87, By Lane -8, RR colony , Rynjah ,Shillong,East Khasi Hills,Meghalaya,India, -793006

Consultation Date: 17/03/2023 12:17 PM  
Consultant : Dr. Santosh K M (FAMILY MEDICINE)

Consultation Type : OP , FOLLOW UP



## VITALS

Blood Pressure: 182/110 mmHg  
SPO2 : 98 % , Room air

Height: 173 cm

Weight: 85 kg

BMI: 28.40 kg/m<sup>2</sup>

BSA: 2.02 m<sup>2</sup>

## CLINICAL IMPRESSION

- NAFLD
- Systemic HTN
- Prediabetes
- Subclinical Hypothyroid

## INVESTIGATION ORDER

LAB : HBSAG (HEPATITS B SURFACE ANTIGEN) - CHEMILUMINESCENCE I HCV (ANTI HCV ANTIBODY) - CHEMILUMINESCENCE

## MEDICATION ORDER

### DRUG NAME

- 1) OMEGA 3+VIT E-CAPSULE--  
WELLNESS OMEGA
- 2) URSODEOXYCHOLIC ACID(SR)-  
TABLET-450MG-URSOCOL SR
- 3) PERINDOPRIL+AMLODIPINE-TABLET-  
8MG+10MG-COVERSYL AM

### PATIENT INSTRUCTION

Patient Instruction: Once Daily ( 0 - 1 - 0 - 0 ) Capsule Orally After Food For 3 Months , Qty: 90 , Start Date: Mar 17, 2023 , End Date: Jun 16, 2023

Patient Instruction: Once Daily ( 1 - 0 - 0 - 0 ) Tablet For 1 Month , Qty: 30 , Start Date: Mar 17, 2023 , End Date: Apr 16, 2023

Patient Instruction: ( 1 - 0 - 0 - 0 ) Tablet , Qty: 1 , Start Date: Mar 17, 2023

## ADVICE

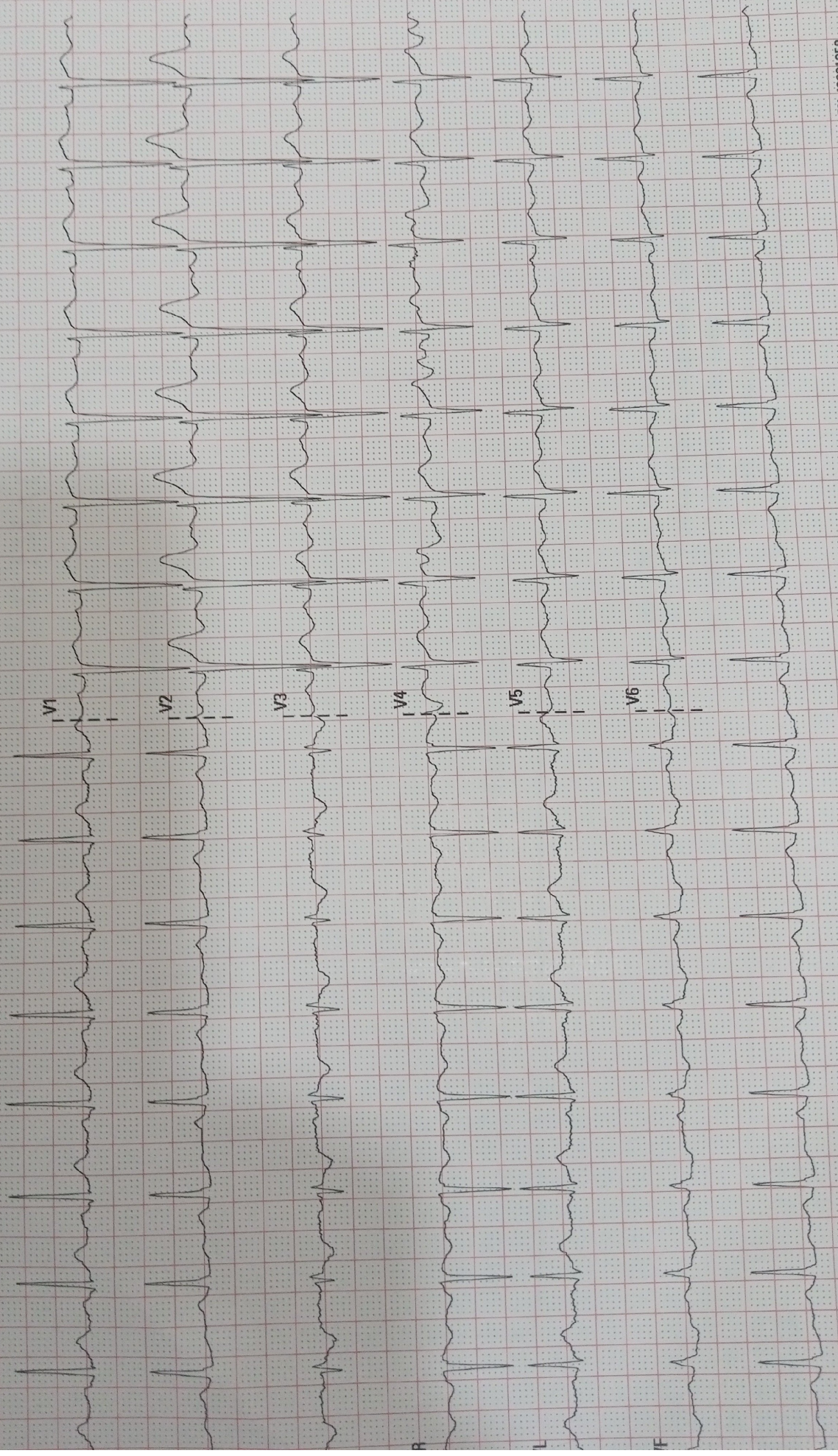
- Hydration atleast 4 litres per day
- Food in time .
- Food Quality (as discussed in outpatient department)



10200000271516  
Saha, Rahul  
36 Years  
Male

16-03-2023 11:52:08

Vent. Rate 102 bpm  
PR Interval 156 ms  
QRS Duration 86 ms  
QT/QTc Interval 324/398 ms  
P/QRS/T Axes 39/23/-15 deg  
QTc: Hodges





Patient Name : Mr. Rahul Saha  
Age : 36 Years  
Referring Doctor : EHC

MRN : 1020000271516  
Sex : Male  
Date : 16.03.2023

**ULTRASOUND ABDOMEN AND PELVIS**

**CLINICAL DETAILS:** Health check-up.

**FINDINGS:**

**Liver** is enlarged in size (16.6 cm) and shows diffuse increase in parenchymal echogenicity, suggestive of severe fatty infiltration. No intra or extra hepatic biliary duct dilatation.

**Portal vein** is normal in course and caliber. 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 (head and part of body), 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.

**Prostate** is normal in size, (volume – 16 cc).

There is no ascites.

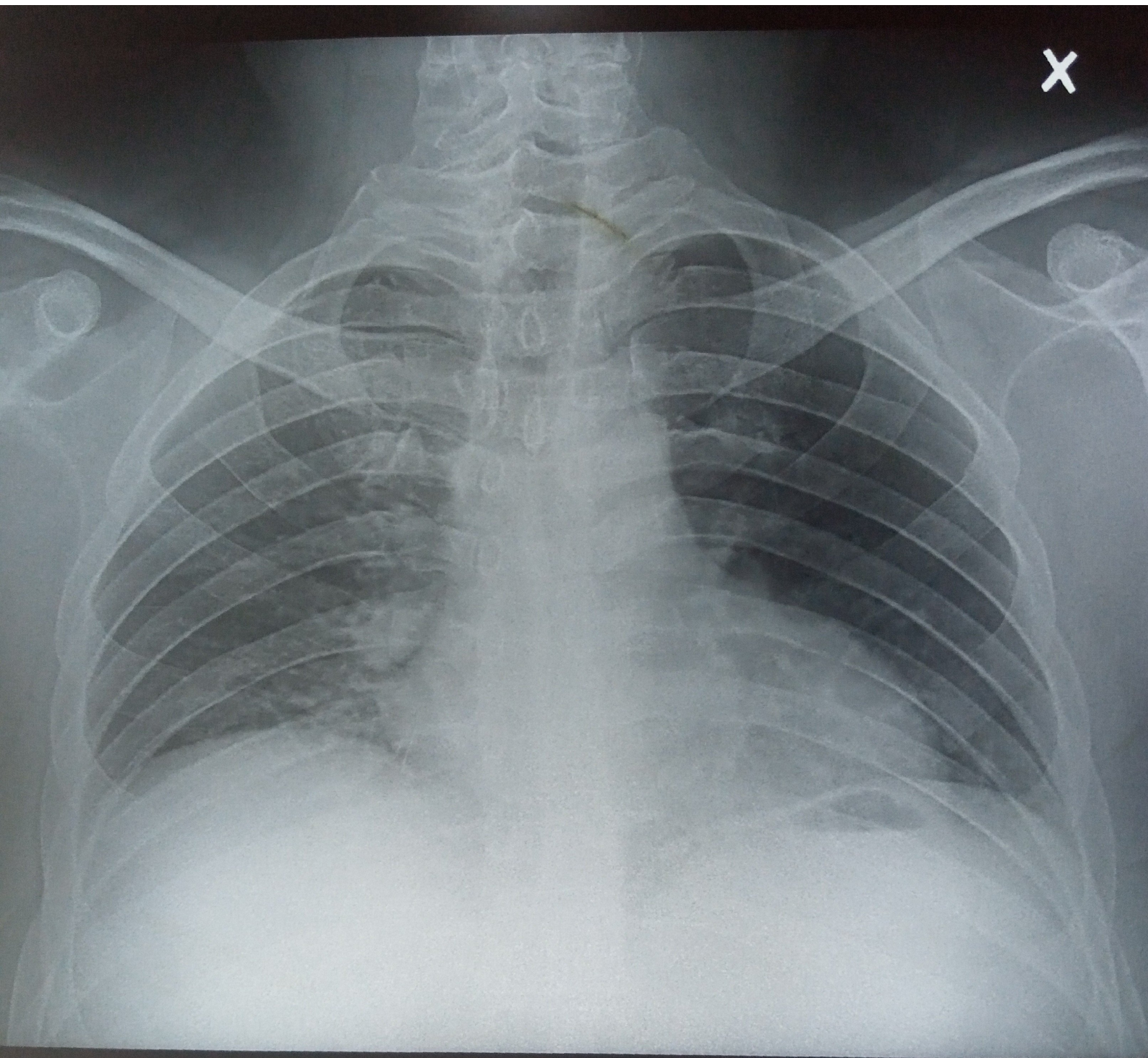
**IMPRESSION:**

- **Hepatomegaly with severe fatty infiltration.**



Dr. Shivaprakash Teli  
Resident

*Typed by Kalyani*



Saha Rahul Mr 10200000271516 1020-2303038183 M P5-000310 16/03/2023 12:08 PM

NH MSMC NH HEALTH CITY BANGALORE.