

<b>Patient Name</b>	MRS.SREEVALLI S J	<b>Requested By</b>	EHP
<b>MRN</b>	2011-5044	<b>Procedure Date Time</b>	13-05-2023 11:17
<b>Age/Sex</b>	50Y 8M/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. Banu Prasad .S P  
Senior Registrar

\* This is a digitally signed valid document. Reported Date/Time: 13-05-2023 13:06

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

-- End of Report --

Page 1 of 1



**Narayana Multispeciality Clinic**

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

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

**ADULT TRANS-THORACIC ECHO REPORT**

**NAME : MRS.SREEVALI S J**

**AGE/SEX : 50YRS/FEMALE**

**MRN NO : 2011000005044**

**DATE : 13.05.2023**

**FINAL DIAGNOSIS:**

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

**MEASUREMENTS**

AO: 26 MM

LVID (d) : 44 MM

IVS (d) : 11 MM.

RA : 36 MM

LA: 34 MM

LVID(s) : 25 MM

PW (d) : 10 MM

RV : 25 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-20 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 - 0.7/1.0 M/S, MILD LVDD, MR-MILD

AORTIC VALVE : PG- 5 MMHG

TRICUSPID VALVE : TR- TRIVIAL, PASP- 24 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 - 78 BPM



**GULSUM JAMEEL FATHIMA M**  
**CARDIAC SONOGRAPHER**





# MILESTONES

VISUAL DEVELOPMENT CENTER

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

WWW.MILESTONESINSTITUTIONS.ORG | Ph: 080 2664 4448

Name: Mrs. Sreevalli Age: 50/F Date: 13/5/23

	SPHERICAL	CYLINDRICAL	AXIS	V <sub>A</sub>
Distance				
RE	+0.75	—	—	6/6
LE	+1.00	—	—	6/6
Near Add +2.00				
RE	+2.75	—	—	6/6
LE	+3.00	—	—	6/6

Remarks:

PAL'S

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



# MILESTONES

VISUAL DEVELOPMENT CENTER

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

WWW.MILESTONESINSTITUTIONS.ORG | Ph: 080 2664 4448

## Evaluation

13/5/23

Name : Mrs. Sreevall. SJ  
Age : 50  
Gender : Female  
MRD No : 2011 - 5044  
Chief Complaint : Regular check-up

### Ocular History

—

### General History

Dm x 3yrs

### VISION

Distance:

Pinhole:

Near:

OD  
6/12

no

OS  
6/12

no

Objective Refraction:

EYE	Sph	Cyl	Axis
OD	+1.00		
OS	+1.00		

Subjective Refraction:

EYE	Sph	Cyl	Axis
OD	+0.75	—————	66
OS	+1.00	—————	66

Slit lamp Examination :

NU < 1/6  
+2.00

OU - WNL

Diagnosis and Advise : Refractive Error

advise: GP Given.  
Retine examination

Milestones  
Visual Development Centre  
No. 105, 7th Main  
Near Mayas Restaurant  
Javanahalli, Bangalore

Patient Name : Mrs.Sreevalli S J

Patient ID : 2011000005044

Age : 50Years

Sex : Female

Referring Doctor : EHP

Date : 13.05.2023

**ULTRASOUND ABDOMEN AND PELVIS**

**FINDINGS:**

**Liver is enlarged in size and measures 16.9cm** and shows increase 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, No 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 (measures 9.2cm in length & 1.3cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Left Kidney** is normal in size (measures 9.3cm in length & 1.4cm 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.

Uterus not visualised clearly = ? Atrophic.

Both ovaries are not visualized – atropic .

**IMPRESSION:**

- **MILD HEPATOMEGALY WITH FATTY LIVER .**



**Dr Naveed**  
**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.



Patient Name : Mrs.Sreevalli S J

Age : 50Years

Referring Doctor : EHP

Patient ID : 20110000005044

Sex : Female

Date : 13.05.2023

**ULTRASOUND OF BOTH BREASTS**

**FINDINGS:**

Breast parenchyma appears normal bilaterally.

No focal lesions in both breasts.

No evidence of intramammary lymph nodes.

Nipple and retroareolar regions appear normal.

No evidence of ductectasia.

**Right axillary lymph nodes measures 0.8x0.5cm in the right axilla .**

**Left axillary lymph nodes measures 0.9x0.3cm in the left axilla.**

**IMPRESSION**

- **Bilateral axillary lymph nodes – non specific.**



**Dr Naveed**  
**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.



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mrs SREEVALLI S J MRN : 20110000005044 Gender/Age : FEMALE , 50y (27/08/1972)

Collected On : 13/05/2023 10:20 AM Received On : 13/05/2023 12:18 PM Reported On : 13/05/2023 04:42 PM

Barcode : 032305130192 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9342659650

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>Urine For Sugar (Post Prandial)</b> (Enzyme Method (GOD POD))	Present ++++	-	-
<b>Urine For Sugar (Fasting)</b> (Enzyme Method (GOD POD))	Present ++++	-	-

**STOOL ROUTINE EXAMINATION****PHYSICAL EXAMINATION**

Colour	Yellowish	-	-
Consistency	Semi Solid	-	-
Mucus	Absent	-	-

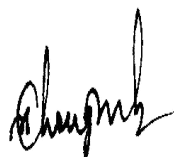
**CHEMICAL EXAMINATION**

Stool For Occult Blood (Standard Guaiac Method)	Negative	-	-
Reaction	Alkaline	-	-

**MICROSCOPE EXAMINATION**

Ova	Not Seen	-	-
Cyst Of Protozoa	Not Seen	-	-
Trophozoite	Not Seen	-	-
Pus Cells	2-3/hpf	/hpf	0-5

Patient Name : Mrs SREEVALLI S J MRN : 2011000005044 Gender/Age : FEMALE , 50y (27/08/1972)



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>289 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>423 H</b>	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

#### HBA1C

HbA1c (HPLC NGSP Certified)	<b>10.9 H</b>	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	266.13	-	-

#### 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)	0.57	mg/dL	0.52-1.04
eGFR (Calculated)	112.3	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.

Patient Name : Mrs SREEVALLI S J MRN : 20110000005044 Gender/Age : FEMALE , 50y (27/08/1972)

**Blood Urea Nitrogen (BUN)** (Endpoint 9 mg/dL 7.0-17.0  
/Colorimetric – Urease)

**Serum Uric Acid** (Colorimetric - Uricase,Peroxidase) 3.4 mg/dL 2.5-6.2

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

**Cholesterol Total** (Colorimetric - Cholesterol Oxidase) **365 H** mg/dL Desirable: < 200  
Borderline High: 200-239  
High: > 240

**Triglycerides** (Colorimetric - Lip/Glycerol Kinase) **304 H** mg/dL Normal: < 150  
Borderline: 150-199  
High: 200-499  
Very High: > 500

**HDL Cholesterol (HDLC)** (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method) 48 mg/dL 40.0-60.0

**Non-HDL Cholesterol** (Calculated) **317.0 H** mg/dL Desirable: < 130  
Above Desirable: 130-159  
Borderline High: 160-189  
High: 190-219  
Very High: => 220

**LDL Cholesterol** (Colorimetric) **252 H** mg/dL Optimal: < 100  
Near to above optimal: 100-129  
Borderline High: 130-159  
High: 160-189  
Very High: > 190

**VLDL Cholesterol** (Calculated) **60.8 H** mg/dL 0.0-40.0

**Cholesterol /HDL Ratio** (Calculated) **7.7 H** - 0.0-5.0

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

**Tri Iodo Thyronine (T3)** (Enhanced Chemiluminescence) 1.25 ng/mL 0.97-1.69

**Thyroxine (T4)** (Enhanced Chemiluminescence) 10.3 µg/dl 5.53-11.0

**TSH (Thyroid Stimulating Hormone)** (Enhanced Chemiluminescence) 1.018 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 : Mrs SREEVALLI S J MRN : 20110000005044 Gender/Age : FEMALE , 50y (27/08/1972)

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)	0.10	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Calculated)	0.4	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.30	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.30	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.0	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.44	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	28	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	28	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	<b>146 H</b>	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	<b>73 H</b>	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.

Patient Name : Mrs SREEVALLI S J MRN : 2011000005044 Gender/Age : FEMALE , 50y (27/08/1972)



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
------	--------	------	-------------------------------

#### COMPLETE BLOOD COUNT (CBC)

Haemoglobin (Hb%) (Photometric Measurement)	14.5	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	<b>5.06 H</b>	million/ $\mu$ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	41.6	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	<b>82.3 L</b>	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	28.6	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	<b>34.7 H</b>	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	14.0	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	311	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	5.8	$10^3/\mu$ L	4.0-10.0

#### DIFFERENTIAL COUNT (DC)

Neutrophils (VCS Technology Plus Microscopy)	54.9	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	34.5	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	6.7	%	2.0-10.0

Patient Name : Mrs SREEVALLI S J MRN : 2011000005044 Gender/Age : FEMALE , 50y (27/08/1972)

Eosinophils (VCS Technology Plus Microscopy)	2.7	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	1.2	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.19	$\times 10^3$ cells/ $\mu$ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.01	$\times 10^3$ cells/ $\mu$ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.39	$\times 10^3$ cells/ $\mu$ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.16	$\times 10^3$ 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.**



Dr. Sudarshan Chougule

MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

#### HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
------	--------	------	-------------------------------

Patient Name : Mrs SREEVALLI S J MRN : 2011000005044 Gender/Age : FEMALE , 50y (27/08/1972)

**Erythrocyte Sedimentation Rate (ESR)**                      **23 H**                      mm/1hr                      0.0-19.0  
(Westergren Method)

**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

**Note**

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.  
(, -> Auto Authorized)  
(CR, -> Auto Authorized)  
(Blood Urea Nitrogen (Bun), -> Auto Authorized)  
(Uric Acid -> Auto Authorized)



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mrs SREEVALLI S J MRN : 20110000005044 Gender/Age : FEMALE , 50y (27/08/1972)

Collected On : 13/05/2023 10:20 AM Received On : 13/05/2023 12:18 PM Reported On : 13/05/2023 01:10 PM

Barcode : 032305130192 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9342659650

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
------	--------	------	-------------------------------

**URINE ROUTINE & MICROSCOPY****PHYSICAL EXAMINATION**

Colour	Yellow	-	-
Appearance	Clear	-	-

**CHEMICAL EXAMINATION**

pH(Reaction) (pH Indicator Method)	5.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.029	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	<b>Present ++++</b>	-	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	1.4	/hpf	0-5
-----------	-----	------	-----



Patient Name : Mrs SREEVALLI S J MRN : 2011000005044 Gender/Age : FEMALE , 50y (27/08/1972)

RBC	0.3	/hpf	0-4
Epithelial Cells	0.6	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.02	/hpf	0-1
Bacteria	10.0	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	0.00	-	-

#### 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.



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)	B	-
RH Typing (Column Agglutination Technology)	Positive	-

--End of Report--

Patient Name : Mrs SREEVALLI S J MRN : 20110000005044 Gender/Age : FEMALE , 50y (27/08/1972)



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.

