

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Ms. Sapna Kumari MRN : 10020001320364 Gender/Age : FEMALE , 34y (15/02/1989)

Collected On : 08/07/2023 09:33 AM Received On : 08/07/2023 09:54 AM Reported On : 08/07/2023 10:14 AM

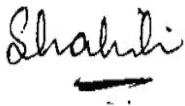
Barcode : 032307080171 Specimen : Urine Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8050051915

**CLINICAL PATHOLOGY**

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

--End of Report--



Dr. Shalini K S  
DCP, DNB, Pathology  
Consultant

**Note**

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

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Collected On : 08/07/2023 09:33 AM Received On : 08/07/2023 09:54 AM Reported On : 08/07/2023 10:35 AM

Barcode : 032307080171 Specimen : Urine Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8050051915

**CLINICAL PATHOLOGY**

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

Colour	STRAW	-	-
Appearance	Clear	-	-

**CHEMICAL EXAMINATION**

pH(Reaction) (pH Indicator Method)	6.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.016	-	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	2.4	/hpf	0-5
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Patient Name : Ms. Sapna Kumari MRN : 10020001320364 Gender/Age : FEMALE , 34y (15/02/1989)

RBC	2.4	/hpf	0-4
Epithelial Cells	11.6	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	231.5	/hpf	0-200
Yeast Cells	0.2	/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. Deepak M B  
MD, PDF, Hematopathology  
Consultant

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Patient Name : Ms. Sapna Kumari MRN : 10020001320364 Gender/Age : FEMALE , 34y (15/02/1989)

Collected On : 08/07/2023 09:33 AM Received On : 08/07/2023 10:13 AM Reported On : 08/07/2023 11:11 AM

Barcode : 1B2307080016 Specimen : Whole Blood Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8050051915

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
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BLOOD GROUP & RH TYPING

Blood Group (Column Agglutination Technology)	O	-
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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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Patient Name : Ms. Sapna Kumari MRN : 10020001320364 Gender/Age : FEMALE , 34y (15/02/1989)

Collected On : 08/07/2023 09:33 AM Received On : 08/07/2023 09:52 AM Reported On : 08/07/2023 11:24 AM

Barcode : 022307080545 Specimen : Whole Blood - ESR Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8050051915

### HEMATOLOGY


Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Westergren Method)	7	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--



Dr. Shalini K S  
DCP, DNB, Pathology  
Consultant

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Patient Name : Ms. Sapna Kumari MRN : 10020001320364 Gender/Age : FEMALE , 34y (15/02/1989)

Collected On : 08/07/2023 12:05 PM Received On : 08/07/2023 12:34 PM Reported On : 11/07/2023 03:58 PM

Barcode : 072307080006 Specimen : Smear Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8050051915

**CYTOLOGY**

**PAP SMEAR**

<b>LAB No.</b>	P-5116/23
<b>MATERIAL RECEIVED</b>	Received one liquid based cytology vial.
<b>CLINICAL DETAILS</b>	Routine check up LMP : 20/06/23
<b>SPECIMEN TYPE</b>	One liquid based cytology smear made.
<b>SMEAR ADEQUACY</b>	Satisfactory for evaluation with presence of endocervical cell component (single cluster) .
<b>GENERAL CATEGORIZATION</b>	CERVICAL CYTOLOGY EXAMINATION - PAP SMEAR REPORT 2014 BETHESDA SYSTEM No epithelial cell abnormality seen No evidence of candidiasis or Trichomonas vaginalis or bacterial vaginalis seen
<b>IMPRESSION</b>	Negative for intraepithelial lesion/malignancy.
<b>REMARKS</b>	Note: The pap smear is only a screening test for cervical cancer with inherent false negative results.

--End of Report--



Dr. Nisheena R  
DCP,DNB, Pathology  
Consultant

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Collected On : 08/07/2023 09:33 AM Received On : 08/07/2023 09:52 AM Reported On : 08/07/2023 10:01 AM

Barcode : 022307080546 Specimen : Whole Blood Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8050051915

**HEMATOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	13.3	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	<b>4.91 H</b>	million/ $\mu$ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	42.0	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	85.6	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.2	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)	160	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	7.0	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCS Technology Plus Microscopy)	65.3	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	24.9	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	7.1	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	2.5	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.2	%	0.0-2.0



Patient Name : Ms. Sapna Kumari MRN : 10020001320364 Gender/Age : FEMALE , 34y (15/02/1989)

Absolute Neutrophil Count (Calculated)	4.57	$\times 10^3$ cells/ $\mu$ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.74	$\times 10^3$ cells/ $\mu$ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.5	$\times 10^3$ cells/ $\mu$ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.18	$\times 10^3$ cells/ $\mu$ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.01	-	-

*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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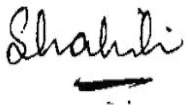
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Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8050051915

**CLINICAL PATHOLOGY**

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--End of Report--



Dr. Shalini K S  
DCP, DNB, Pathology  
Consultant

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--End of Report--



Dr. Deepak M B  
MD, PDF, Hematopathology  
Consultant

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Collected On : 08/07/2023 09:33 AM Received On : 08/07/2023 09:52 AM Reported On : 08/07/2023 11:09 AM

Barcode : 012307080955 Specimen : Whole Blood Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8050051915

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC NGSP Certified)	5.1	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	99.67	-	-

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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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms. Sapna Kumari MRN : 10020001320364 Gender/Age : FEMALE , 34y (15/02/1989)

Collected On : 08/07/2023 01:16 PM Received On : 08/07/2023 01:35 PM Reported On : 08/07/2023 02:15 PM

Barcode : 012307081758 Specimen : Plasma Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8050051915

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Post Prandial Blood Sugar (PPBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	104	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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Collected On : 08/07/2023 09:33 AM Received On : 08/07/2023 09:52 AM Reported On : 08/07/2023 11:24 AM

Barcode : 012307080956 Specimen : Serum Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8050051915

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.74	mg/dL	0.52-1.04
eGFR (Calculated)	89.9	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.
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric – Urease)	12	mg/dL	7.0-17.0
<b>Serum Uric Acid</b> (Colorimetric - Uricase,Peroxidase)	3.78	mg/dL	2.5-6.2
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	146	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	<b>160 H</b>	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	40	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	106.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	<b>92 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)	32.0	mg/dL	0.0-40.0



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Cholesterol /HDL Ratio (Calculated)	3.7	-	0.0-5.0
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**THYROID PROFILE (T3, T4, TSH)**

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.31	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	8.57	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	2.454	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 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)	<b>1.70 H</b>	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)	<b>1.7 H</b>	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	<b>8.30 H</b>	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.60	gm/dL	3.5-5.0
Serum Globulin (Calculated)	<b>3.71 H</b>	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.24	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	<b>39 H</b>	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	<b>43 H</b>	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	76	U/L	38.0-126.0

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Gamma Glutamyl Transferase (GGT) (Multipoint 16 U/L 12.0-43.0  
Rate - L-glutamyl-p-nitroanilide ( Szasz Method))

#### 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

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



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Barcode : 012307080954 Specimen : Plasma Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8050051915

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	80	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

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MSc, Mphil, Biochemistry  
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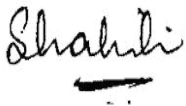
Barcode : 032307080306 Specimen : Urine Consultant : Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8050051915

**CLINICAL PATHOLOGY**

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

--End of Report--



Dr. Shalini K S  
DCP, DNB, Pathology  
Consultant

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- Results relate to the sample only.
- Kindly correlate clinically.



# **ECHO REPORT – HEALTH CHECK**

DATE : 08/07/2023  
NAME: SAPNA KUMARI

MRN: 10020001320364  
AGE/GENDER:34Y/F

## **IMPRESSION**

- NORMAL CHAMBER DIMENSIONS
- NO RWMA
- NORMAL VALVES
- NORMAL PA PRESSURE
- NORMAL RV AND LV FUNCTIONS
- LVEF-55-60%

AO:16	LVID(d):37	IVS(d):09	RV:23
LA:30	LVID(s):20	PW(s):09	TAPSE:20

## **FINDINGS**

CHAMBERS: NORMAL  
RWMA: NO RWMA  
VALVES:MR-TRIVIAL, TR- TRIVIAL  
SEPTAE: INTACT  
AORTA AND PA: AORTIC ANNULUS -16MM, NORMAL  
PERICARDIUM: NORMAL  
PRESSURES: NORMAL, PASP - 24MMHG  
OTHERS:

DR SATISH C GOVIND  
SENIOR CONSULTANT

SREENIDHI JEYAVEL  
SONOGRAPHER

AN/ROOM NUMBER - 3

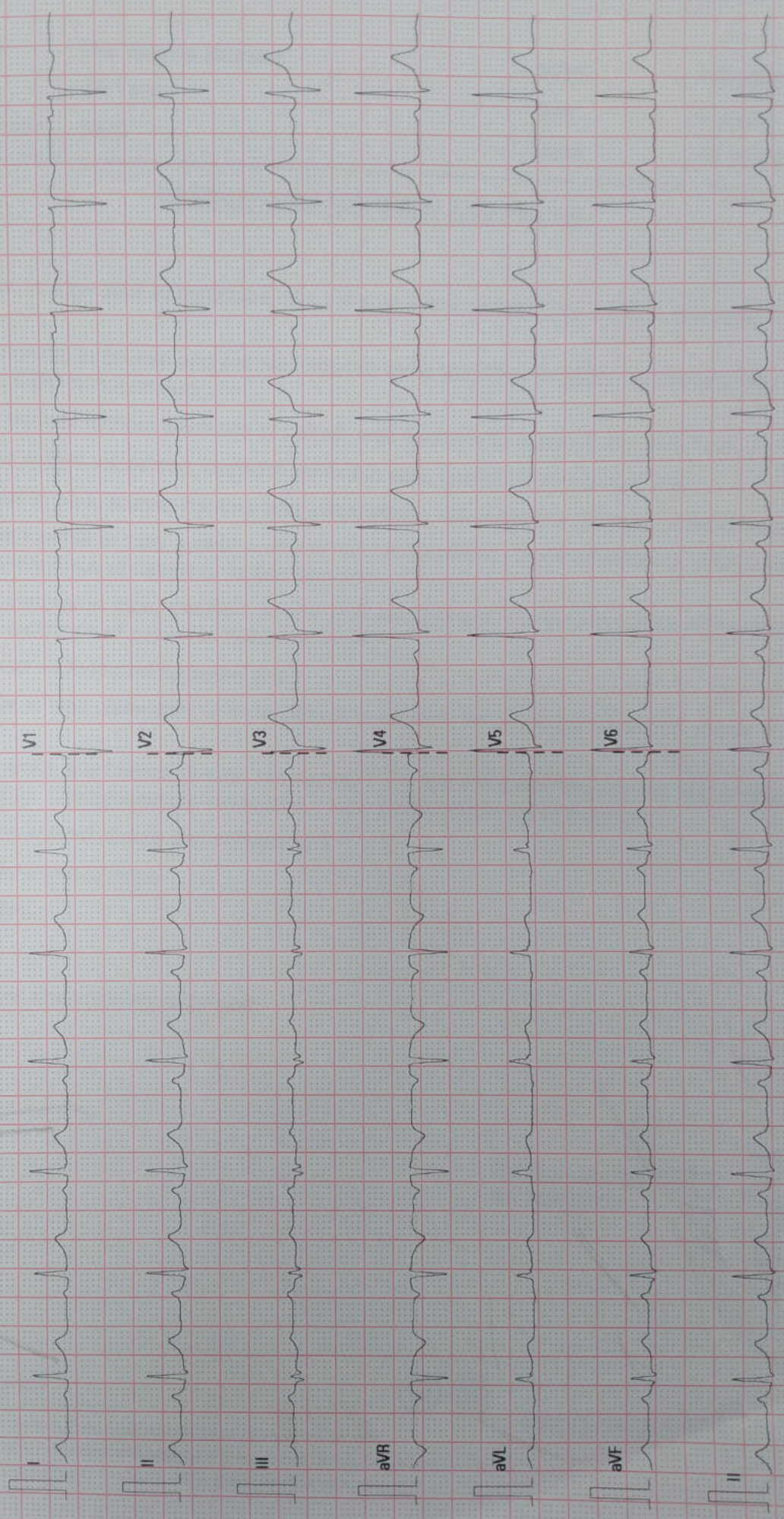




08-07-2023 09:12:19

ID: 10020001320364  
Name: Sagna Kumari  
Age: 34 Years  
Gender: Female

Vent. Rate	82 bpm
PR Interval	132 ms
QRS Duration	86 ms
QT/QTc Interval	362/401 ms
P/QRS/T Axes	66/21/47 deg
QTcHodges	





Patient Name : Ms. Sapna Kumari MRN : 10020001320364  
Age : 34 Years Sex : Female  
Referring Doctor : EHC Date : 08.07.2023

**ULTRASOUND ABDOMEN AND PELVIS**

**FINDINGS:**

**Liver** is normal in size and echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions.

**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, 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.

**Uterus** is anteverted and normal in size, measuring 7.7 x 3.6 x 4.6 cm. Myometrial and endometrial echoes are normal. **Endometrium** measures 7 mm. Endometrial cavity is empty.

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


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

There is no ascites.

**IMPRESSION:**

- **No significant abnormality detected.**

*Typed by vishwanath*

  
Dr. Banuprasad SP  
Sr. Registrar





Sapna Kumari MS 10020001320364 1020-2307017978 F P5-000310 08/07/2023 11:03 AM

NH MSMC NH HEALTH CITY BANGALORE.