

## DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Balu S MRN : 20150000000757 Gender/Age : MALE , 46y (16/02/1977)

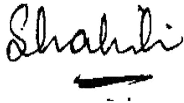
Collected On : 08/07/2023 09:38 AM Received On : 08/07/2023 01:11 PM Reported On : 08/07/2023 05:44 PM

Barcode : 032307080176 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8884469005

### CLINICAL PATHOLOGY

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



Dr. Shalini K S  
DCP, DNB, Pathology  
Consultant

### NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
<b>BLOOD GROUP &amp; RH TYPING</b>		
Blood Group (Column Agglutination Technology)	B	-
RH Typing (Column Agglutination Technology)	Positive	-



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

### BIOCHEMISTRY

Patient Name : Mr Balu S MRN : 2015000000757 Gender/Age : MALE , 46y (16/02/1977)

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	<b>145 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>220 H</b>	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

### HBA1C

HbA1c (HPLC NGSP Certified)	<b>8.2 H</b>	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	188.64	-	-

#### 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)	0.69	mg/dL	0.66-1.25
eGFR (Calculated)	123.5	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)	5.82	mg/dL	3.5-8.5

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

Cholesterol Total (Colorimetric - Cholesterol Oxidase)	164	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	90	mg/dL	Normal: < 150 Borderline: 150-199

Patient Name : Mr Balu S MRN : 2015000000757 Gender/Age : MALE , 46y (16/02/1977)

			High: 200-499 Verv High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	<b>31 L</b>	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	<b>133.0 H</b>	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	<b>122 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)	18.0	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	<b>5.3 H</b>	-	0.0-5.0
<b>Prostate Specific Antigen (PSA)</b> (Enhanced Chemiluminescence)	0.330	ng/mL	0.0-2.5

#### 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)	1.21	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	<b>12.9 H</b>	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	2.294	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.

Patient Name : Mr Balu S MRN : 2015000000757 Gender/Age : MALE , 46y (16/02/1977)

### LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.60	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)	0.6	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.80	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.60	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.2	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.44	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	32	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	40	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	84	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	43	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

Patient Name : Mr Balu S MRN : 2015000000757 Gender/Age : MALE , 46y (16/02/1977)

### HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Westergren Method)	<b>13 H</b>	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**

### COMPLETE BLOOD COUNT (CBC)

Haemoglobin (Hb%) (Photometric Measurement)	14.3	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.05	million/ $\mu$ l	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	42.2	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	83.6	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	28.4	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	34.0	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	14.0	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	300	$10^3$ / $\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	10.0	$10^3$ / $\mu$ L	4.0-10.0

### DIFFERENTIAL COUNT (DC)

Neutrophils (VCS Technology Plus Microscopy)	<b>75.7 H</b>	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	<b>17.2 L</b>	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	4.8	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	2.0	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)		%	0.0-2.0

Patient Name : Mr Balu S MRN : 2015000000757 Gender/Age : MALE , 46y (16/02/1977)

0.3

Absolute Neutrophil Count (Calculated)	<b>7.57 H</b>	x10 <sup>3</sup> cells/ $\mu$ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.72	x10 <sup>3</sup> cells/ $\mu$ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.48	x10 <sup>3</sup> cells/ $\mu$ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.2	x10 <sup>3</sup> cells/ $\mu$ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.03	-	-

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

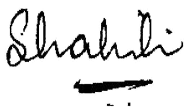
\* In bacterial infection with fever total WBC count increases.

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. Shalini K S  
DCP, DNB, Pathology  
Consultant

#### Note

Patient Name : Mr Balu S MRN : 2015000000757 Gender/Age : MALE , 46y (16/02/1977)

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

(Lipid Profile, -> 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)



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Balu S MRN : 20150000000757 Gender/Age : MALE , 46y (16/02/1977)

Collected On : 08/07/2023 09:38 AM Received On : 08/07/2023 01:11 PM Reported On : 08/07/2023 01:46 PM

Barcode : 032307080176 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8884469005

**CLINICAL PATHOLOGY**

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

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

Colour	STRAW	-	-
Appearance	Clear	-	-

**CHEMICAL EXAMINATION**

pH(Reaction) (pH Indicator Method)	5.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.011	-	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	0.2	/hpf	0-5
-----------	-----	------	-----



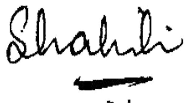
Patient Name : Mr Balu S MRN : 2015000000757 Gender/Age : MALE , 46y (16/02/1977)

RBC	0.4	/hpf	0-4
Epithelial Cells	1.1	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	0.4	/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.

--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.



**ADULT TRANS-THORACIC ECHO REPORT**

**NAME : MR.BALU S**

**AGE/SEX : 46YRS/MALE**

**MRN NO :2015000000757**

**DATE : 08.07.2023**

**FINAL DIAGNOSIS:**

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

**MEASUREMENTS**

AO: 30 MM

LVID (d) : 46 MM

IVS (d) : 12 MM

RA : 32 MM

LA:34 MM

LVID(s) : 26 MM

PW (d) : 10 MM

RV : 28 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-19 MM, NORMAL RV FUNCTION

RVOT/LVOT : NORMAL



**SEPTAE**

IVS : INTACT

IAS : INTACT

**GREAT ARTERIES**

AORTA : AORTIC ANNULUS-21 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

**DOPPLER DATA**

MITRAL VALVE : E/A -0.7/0.6 M/S, MR-MILD

AORTIC VALVE : PG- 6 MMHG

TRICUSPID VALVE : TR-MILD, PASP- 28 MMHG

PULMONARY VALVE : PG- 3 MMHG

**WALL MOTION ABNORMALITIES: NO RWMA**

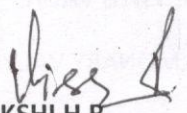
PERICARDIUM : NORMAL

VEGETATION/THROMBUS: ABSENT

**OTHER FINDINGS**

IVC- 13 MM NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM  
SINUS RHYTHM/ HR- 94 BPM

DR.SURESH P V  
CONSULTANT CARDIOLOGIST

  
VISHALAKSHI H R  
CARDIAC SONOGRAPHER

<b>Patient Name</b>	MR.BALU S	<b>Requested By</b>	EHP
<b>MRN</b>	20150000000757	<b>Procedure DateTime</b>	08-07-2023 10:42
<b>Age/Sex</b>	46Y 4M/Male	<b>Hospital</b>	NH-JAYANAGAR

**CHEST RADIOGRAPH (PA VIEW)**

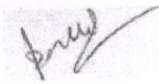
**CLINICAL DETAILS:** For health checkup.

**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. Pallavi CJ , DMRD, DNB  
Consultant Radiologist

\* This is a digitally signed valid document. Reported Date/Time: 08-07-2023 13:34

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

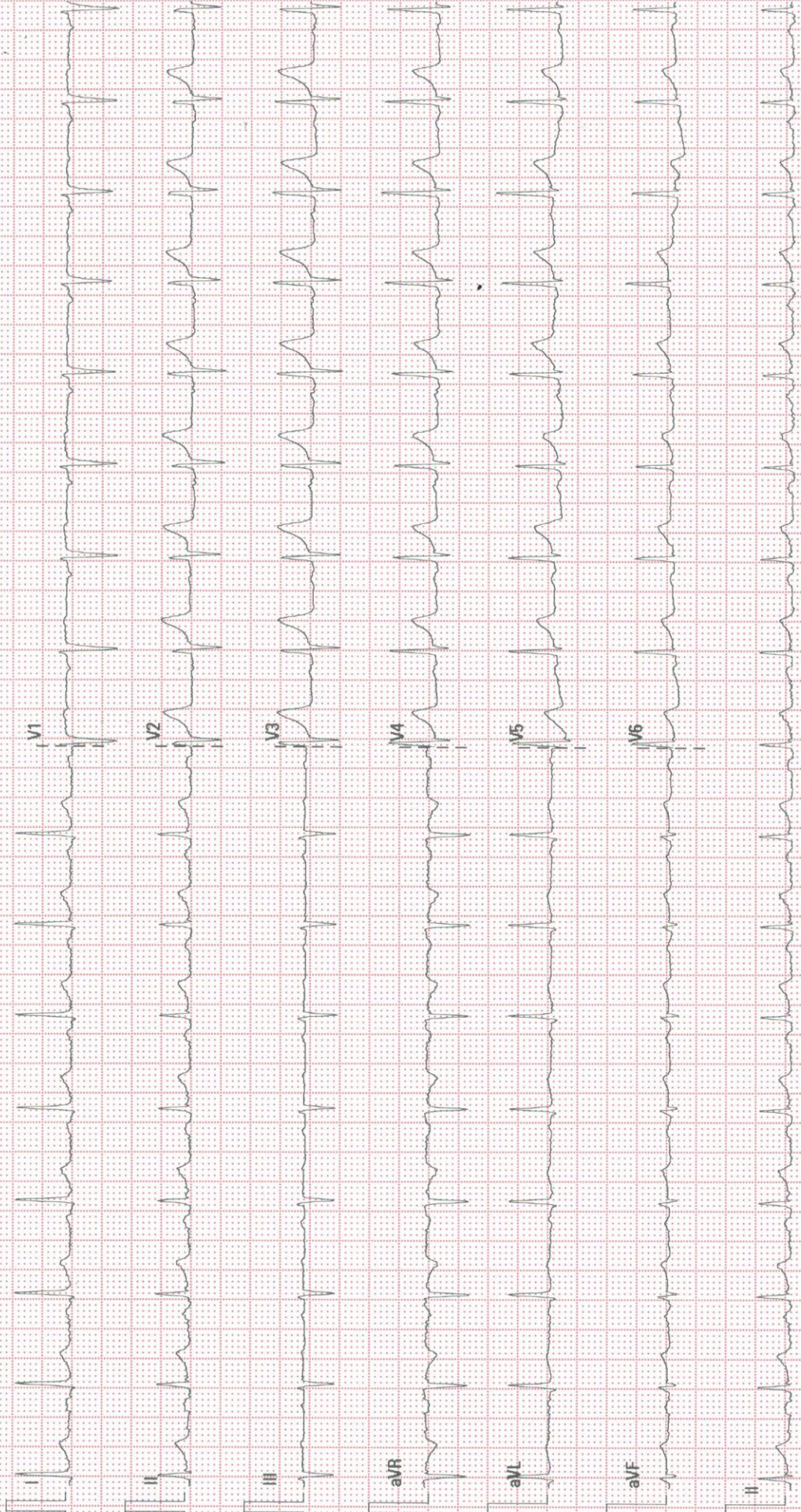
Clinic No. : 8884000991, 9513919615, Pharmacy No. : 9513919615



ID: 2015-0757  
Name: MR BALU S  
Age: 46 Years  
Gender: Male

08-07-2023 11:42:33 AM

Vent. Rate	97 bpm
PR Interval	148 ms
QRS Duration	78 ms
QT/QTc Interval	314/379 ms
P/ORS/T Axes	56/7/41 deg
QTc-Hodges	





Patient Name : Mr. Balu S Patient ID : 2015000000757  
Age : 46Years Sex : Male  
Referring Doctor : EHP Date : 08.07.2022

**ULTRASOUND ABDOMEN AND PELVIS**

**FINDINGS:**

**Liver** is normal in size, and shows **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 without evidence wall thickening or pericholecystic fluid. **shows a calculus measuring 6mm.**

**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 9.7 cm in length & 1.5 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 10.6 cm in length & 1.6 cm 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.

**Pre Void-221cc**

**Post Void-6cc**

**Prostate** is normal in echopattern and **mildly enlarged** in size, measures 3.5x2.9x4.0 cm, Volume - 22cc.

**Fluid** - There is no ascites or pleural effusion.

**IMPRESSION:**

- **Grade I-II Fatty Liver.**
- **Cholelithiasis**
- **Grade I Prostatomegaly**



**Dr B S Ramkumar 35772**  
**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

2015-757  
MR.BALU S/46Y

Male

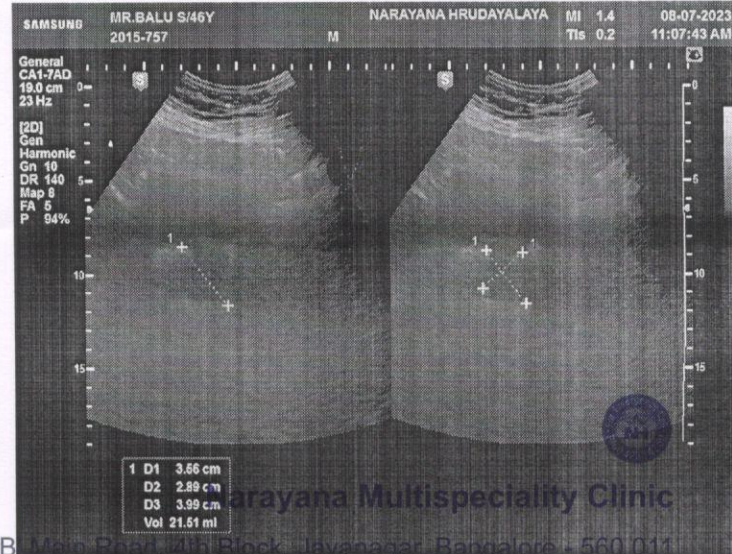
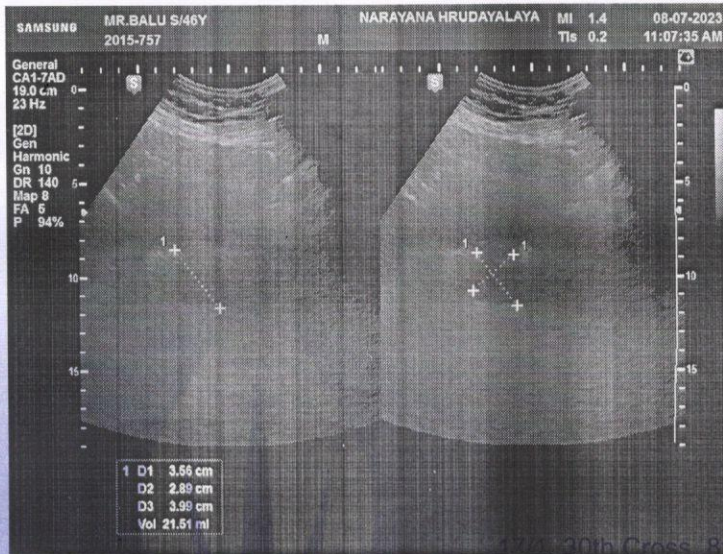
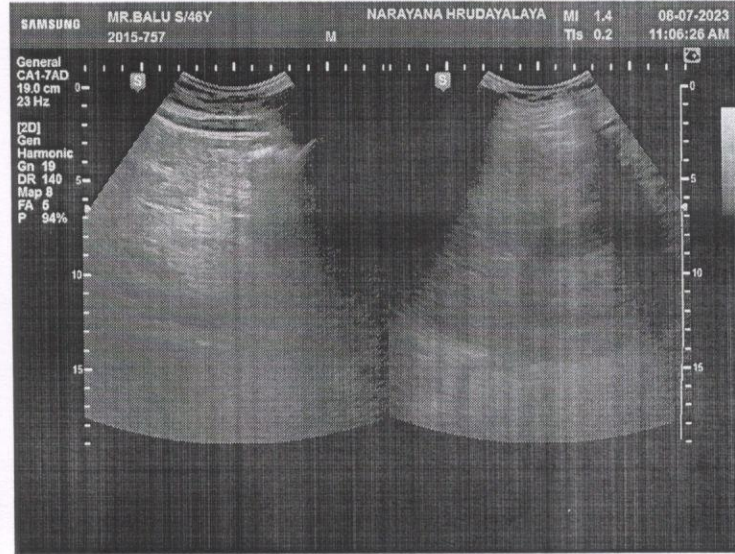
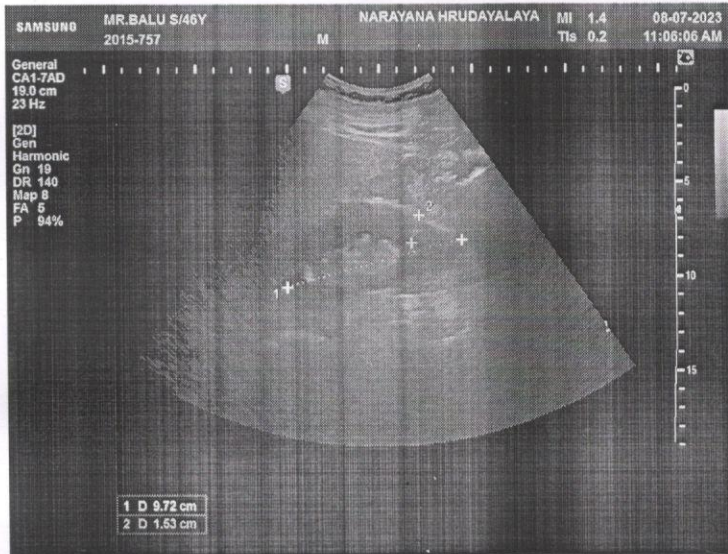
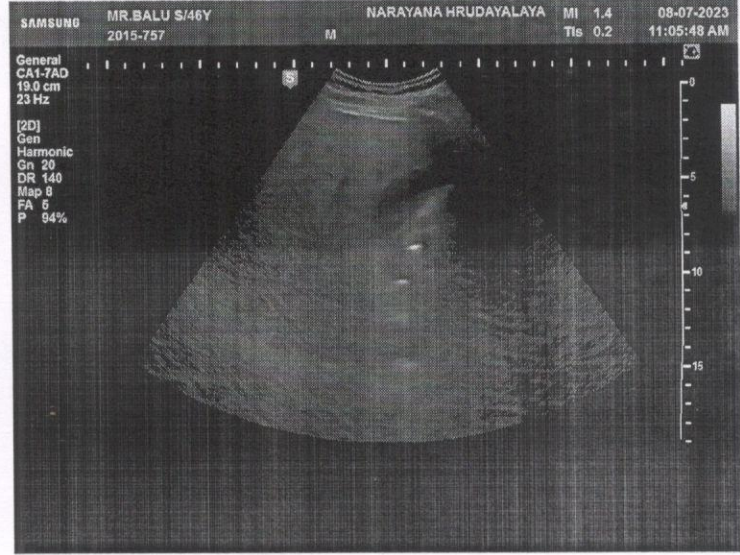
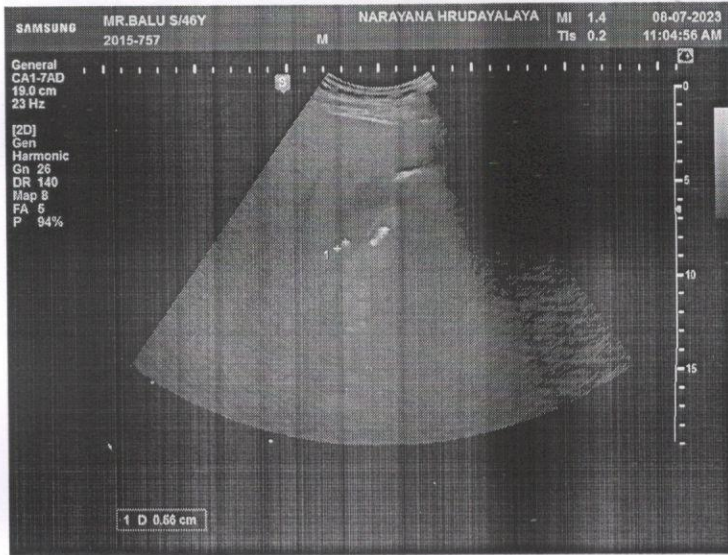
Exam

**NH Narayana**  
Multispeciality Clinic

Accession #  
Exam Date  
Description  
Operator

Jayanagar 08-07-2023

Unit of Narayana Health



Narayana Multispeciality Clinic

100th Cross, 8th 'B' Main Road, 4th Block, Jayanagar, Bangalore - 560 014

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



