Health Check up Booking Request(bobE22389),Package Code(PKG10000249),Beneficiary Code(69674)

Mediwheel <customercare@policywheel.com>

Tue 12/6/2022 3:26 AM

To: Info Sarjapur <info.sarjapur@narayanahealth.org>

Cc: Mediwheel CC <customercare@mediwheel.in>;Mediwheel CC <mediwheelwellness@gmail.com>

Mediwheel
...Your wellness partner

011-41195959
Email:wellness@mediwheel.in

Dear Narayana Hrudayalaya,
City : Bangalore . Location : .Sarjapur,Main Road , Near Wipro Gate,

We have received the following request for Health Check up from

Name	: MS. JADHAV SHILPA
Age	: 33
Gender	: Female
Member Relations	: Employee
Package Name	: Mediwheel Metro Full Body Health Checkup Female Below 40
Package Code	: PKG10000249
User Location	: Karnataka,BENGALURU,560066
Contact Details	: 9449193585
Booking Date	: 06-12-2022
Appointment Date	: 10-12-2022

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
MS. JADHAV SHILPA	33	Female	Cashless
Total amount to be paid		**Cashless**	

Please login to your account to confirm the same. Also you mail us for confirmation

Package Name	: Mediwheel Metro Full Body Health Checkup Female Below 40 - Includes (39)Tests
Tests included in this Package	: Ecg, Blood Group & Rh Factor, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, Skin/ENT consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

Employee Name	Ms. Shilpa Jadav
Employee ID	BOBE22389
Age	33 yrs
Gender	female
Date	10/12/2022
Name of center	NH SARJAPur
City	Bangalore

BASIC PARAMTERS:

Height (in mts)	158 cm
Weight (in Kgs)	63.
BMI	25.2

Waist circumference (in cms)	86 cm
Hip circumference (in cms)	102 cm
Waist-to-hip ratio	

Systolic BP	110
Diastolic BP	70

NARAYANA MULTISPECIALITY CLINIC Doddakannelli

B.K

Package Details

Patient Name : Ms Shilpa Jadhav, 20100000023028, female, 35y 4m
Package Name : EHP Mediwheel Full Body Health checkup Below 40 Female
Start Date : 10/12/2022 08:55 **End Date :** 11/12/2022 08:55
Generated By: Hemanth Kumar
Generated On : 10-12-2022 08:55

Service Name	Ordered Date	Service Center	Consultant	Qty	Explicit
PAP SMEAR	10/12/2022 08:55 AM	CYTOLOGY	Dr. Sharma Vasant Kumar	1	No
CONSULTATION - FIRST VISIT	10/12/2022 08:55 AM	OPD-2F	Dr. Sharma Vasant Kumar	1	No
CONSULTATION - FIRST VISIT	10/12/2022 08:55 AM	OPD-2F	Dr. Dhivya Chandrasekar	1	No
USG ABDOMEN	10/12/2022 08:55 AM	ULTRA SOUND-2F	Dr. Sharma Vasant Kumar	1	No
ECHO COLOR DOPPLER	10/12/2022 08:55 AM	OPD-2F	Dr. Sharma Vasant Kumar	1	No
XRAY CHEST PA	10/12/2022 08:55 AM	X-RAY	Dr. Sharma Vasant Kumar	1	No
~~TREADMILL TEST~~	10/12/2022 08:55 AM	OPD-2F	Dr. Sharma Vasant Kumar	1	No
ECG	10/12/2022 08:55 AM	OPD-2F	Dr. Sharma Vasant Kumar	1	No
BLOOD UREA NITROGEN (BUN)	10/12/2022 08:55 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
URIC ACID	10/12/2022 08:55 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
LIVER FUNCTION TEST (LFT)	10/12/2022 08:55 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
SERUM CREATININE	10/12/2022 08:55 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
THYROID PROFILE (T3, T4, TSH)	10/12/2022 08:55 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
LIPID PROFILE (CHOL, TRIG,HDL,LDL,VLDL)	10/12/2022 08:55 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
HBA1C	10/12/2022 08:55 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
URINE FOR SUGAR (FASTING)	10/12/2022 08:55 AM	CLINICAL PATHOLOGY	Dr. Sharma Vasant Kumar	1	No
URINE FOR SUGAR (POST PRANDIAL)	10/12/2022 08:55 AM	CLINICAL PATHOLOGY	Dr. Sharma Vasant Kumar	1	No
FASTING BLOOD SUGAR (FBS)	10/12/2022 08:55 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
POST PRANDIAL BLOOD SUGAR (PPBS)	10/12/2022 08:55 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
BLOOD GROUP & RH TYPING	10/12/2022 08:55 AM	NARAYANA HRUDAYALAYA BLOOD CENTRE	Dr. Sharma Vasant Kumar	1	No
STOOL ROUTINE EXAMINATION	10/12/2022 08:55 AM	CLINICAL PATHOLOGY	Dr. Sharma Vasant Kumar	1	No
URINE ROUTINE & MICROSCOPY	10/12/2022 08:55 AM	CLINICAL PATHOLOGY	Dr. Sharma Vasant Kumar	1	No

110/70 mm of Hg. Ht : 158 cm
Wt : 63.5 kg.
100 bpm
98%

NARAYANA MULTISPECIALITY CLINIC Doddakannelli

BK

Service Name	Ordered Date	Service Center	Consultant	Qty	Explicit
COMPLETE BLOOD COUNT (CBC)	10/12/2022 08:55 AM	HEMATOLOGY	Dr. Sharma Vasant Kumar	1	No
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10/12/2022 08:55 AM	HEMATOLOGY	Dr. Sharma Vasant Kumar	1	No

B.K

NARAYANA MULTISPECIALITY CLINIC

10-12-2022 08:55

NH Narayana™
Multispeciality Clinic
Unit of Narayana Health

TRANS-THORACIC ECHO REPORT

Patient MRN : 20100000023028
Patient Name : Ms.SHILPA JADHAV
Date : 10.11.2022
Age/Gender : 35 yrs/Female

M-MODE / 2D MEASUREMENTS

LVEF (>55)%	: 60%	LVID(d) (40-56)mm	: 41mm	LVID (s) mm	: 32mm
TAPSE (>16) mm	: 20mm	IVS (d) (6-10)mm	: 10mm	LV-EDV ml	: --
LA (<39) mm	: 28mm	PWD (d) (6-10)mm	: 9mm	LV-ESV ml	:--
RA (<44)mm	: 30mm	RV (<35) mm	: 28mm	BSA m^2	:-

DOPPLER MEASUREMENTS

MITRAL VALVE : E/A - 0.7/0.5 M/S, NORMAL LV DIASTOLIC FUNCTION, MR-TRIVIAL

AORTIC VALVE : PG -5 MMHG/AR-TRIVIAL

TRICUSPID VALVE : TR –TRIVIAL

PULMONARY VALVE : PG -2 MMHG

PA PRESSURE : PASP-22 MMHG/ NORMAL PA PRESSURE.

FINDINGS

SITUS SOLITUS, LEVOCARDIA, AV AND VA CONCORDANT, NORMAL GREAT ARTERY RELATIONSHIP

VALVES

MITRAL : NORMAL

AORTIC : NORMAL

TRICUSPID : NORMAL

PULMONARY : NORMAL

CHAMBERS

LV : NORMAL SIZED, NORMAL LV SYSTOLIC FUNCTION.

RV : NORMAL SIZED, NORMAL RV FUNCTION.

RWMA : NO RWMA

LVOT : NORMAL

LEFT ATRIUM : NORMAL SIZED

RIGHT ATRIUM : NORMAL SIZED

NH Narayana™
Multispeciality Clinic
Unit of Narayana Health

SEPTAE

IVS : INTACT

IAS : INTACT

ARTERIES & VEINS

AORTA : AORTIC ANNULUS- 20 MM, ASCENDING AORTA- 26 MM, NORMAL ARCH NORMAL SIZED.

PULMONARY ARTERY : NORMAL

IVC, SVC &CS : IVC – 12 MM, NORMAL SIZED, COLLAPSING, NORMAL RA PRESSURE.

PULMONARY VEINS : NORMAL

PERICARDIUM : NORMAL

VEGETATION / THROMBUS / TUMOR: NIL

OTHER FINDINGS:
SINUS RHYTHM-85 BPM
NO PREVIOUS ECHO REPORT

CONCLUSION
NORMAL CHAMBER DIMENSIONS
NORMAL PA PRESSURE
NO RWMA
NORMAL LV SYSTOLIC FUNCTION
LVEF:- 60%

CHANDANA V
CARDIAC SONOGRAPHER

Narayana Hrudayalaya Limited
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,
Varthur Hobli, Bangalore - 560035 Tel: +91 80 2574 0061, + 91 88844 31319, Email : info.sarjapur@nhhospitals.org
Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

ID: 201-23028
Name: MS.SHILPA JADHAV
Age: 35 Years
Gender: Female

10-12-2022 09:48:19

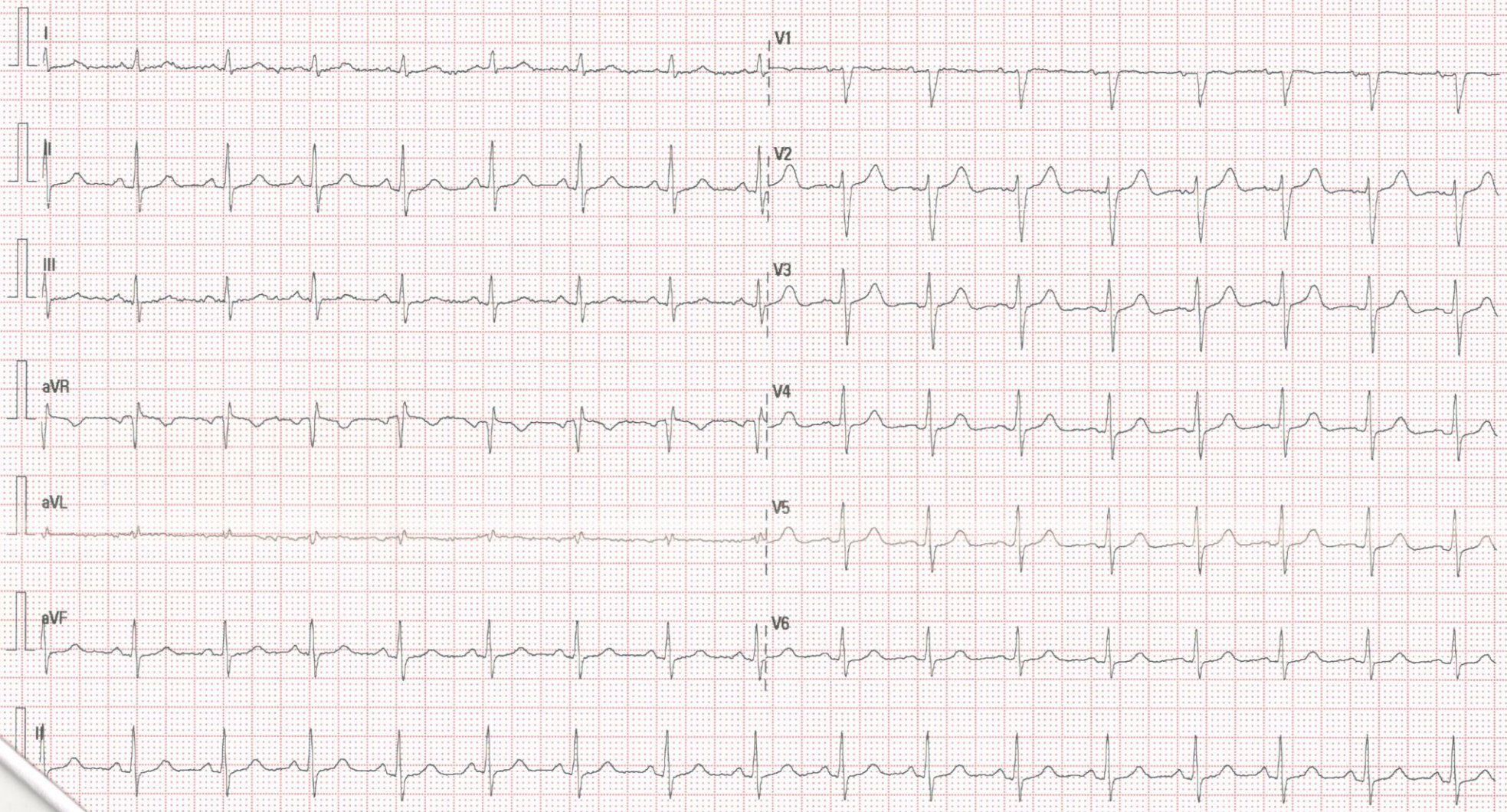
Vent. Rate	99	bpm
PR Interval	130	ms
QRS Duration	88	ms
QT/QTc Interval	338/406	ms
P/QRS/T Axes	71/50/61	deg
RV5/SV1	0.725/0.675	mV
RV5+SV1	1.400	mV

QTc:Hodges

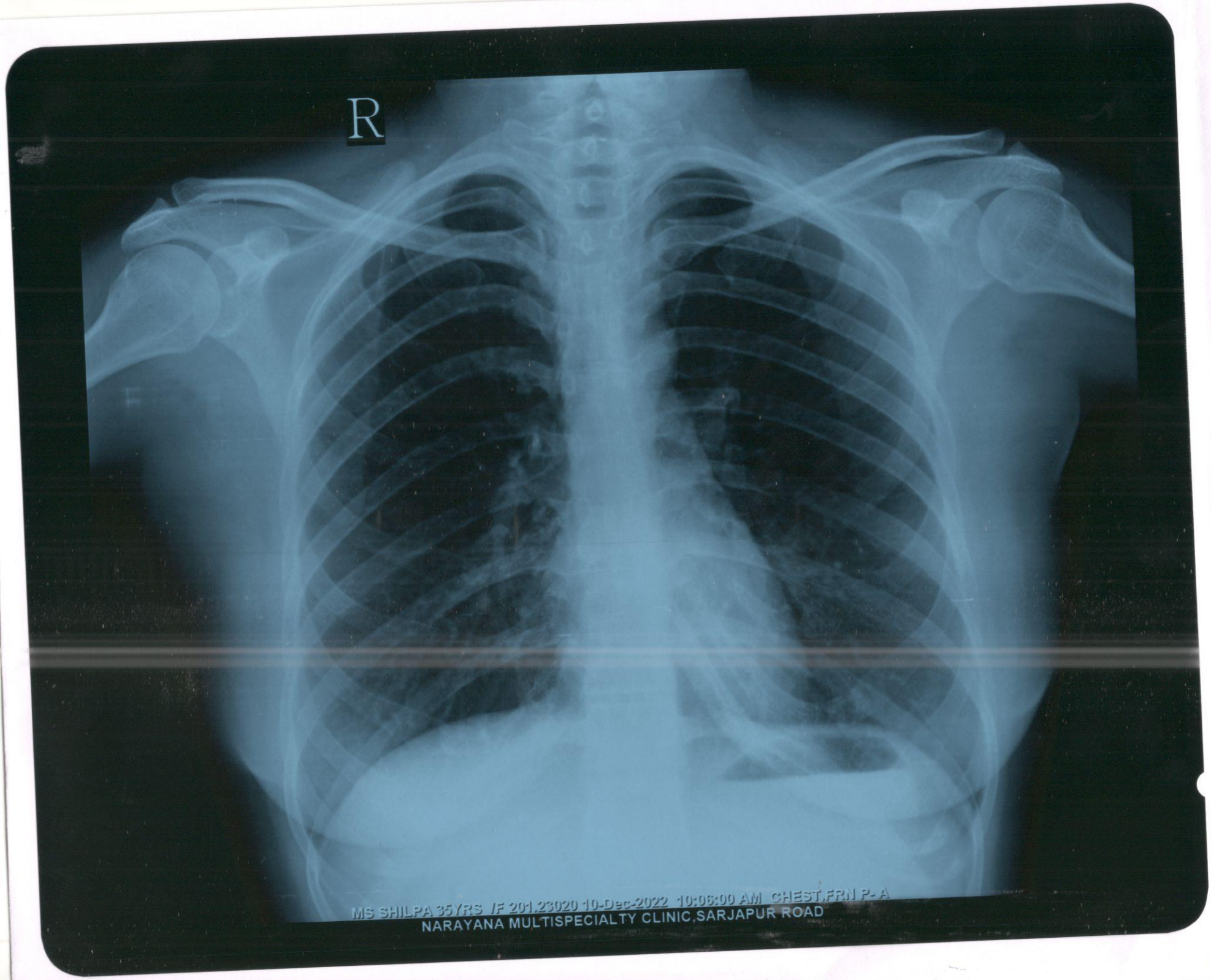
Sinus rhythm

Normal ECG

Unconfirmed Diagnosis



10 mm/mV 50 Hz~ BDR 35 Hz NARAYANA MSC- SARJAPUR 02.04.00/V28.4.1 SN:FN-5B003398


R
MS SHILPA 35YRS /F 201.23020 10-Dec-2022 10:06:00 AM CHEST,FRN P- A
NARAYANA MULTISPECIALTY CLINIC,SARJAPUR ROAD

NH Narayana™
Multispeciality Clinic
Unit of Narayana Health

Patient Name	:Mrs.SHILPA JADHAV	Patient ID	:201-23028
Age	: 35Years	Sex	: Female
Referring Doctor	:PKG	Date	:10 .12.2022

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size (13 cm) and 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 (8.9cm), shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size (measures 9.3 cm in length & 1 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 10.2 cm in length & 1.2 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 moderately distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Uterus is **reteroverted and reteroflexed normal** in size, measures 7 x 4.6 x 6.3 cm. Myometrial and endometrial echoes are normal. **Endometrium** measures –7 mm.**IUCD in situ.**
Both ovaries are normal in size and echopattern.
Right ovary: measures 2.5 x 2.1 cm. **Left ovary:** measures 2 X 1.7 cm.
Both adnexa: Normal. No mass is seen.

There is no ascites or pleural effusion.

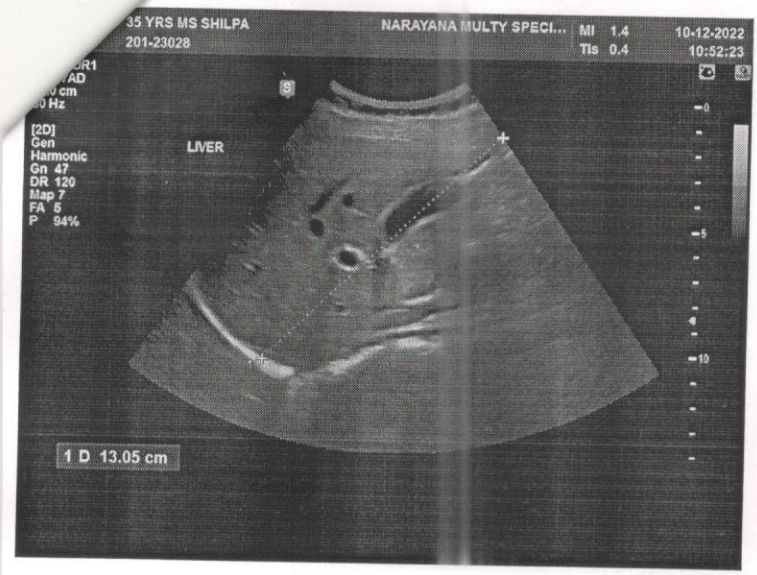
IMPRESSION:

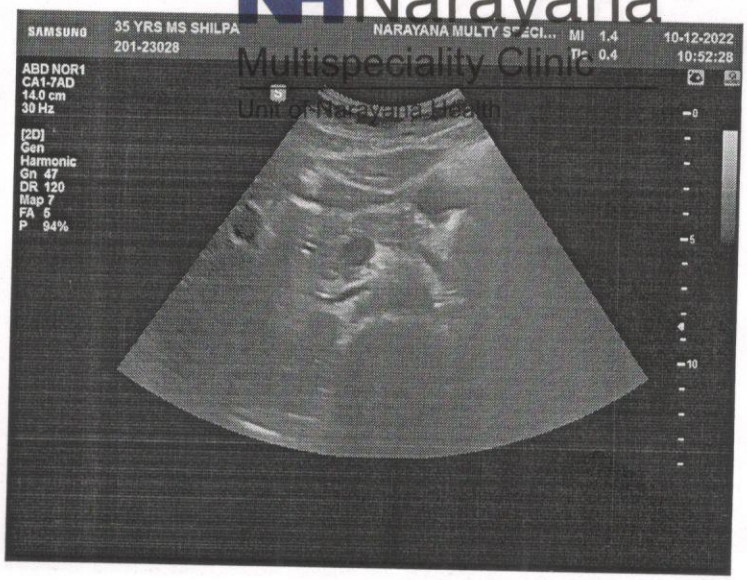
- UNREMARKABLE STUDY OF ABDOMEN AND PELVIS

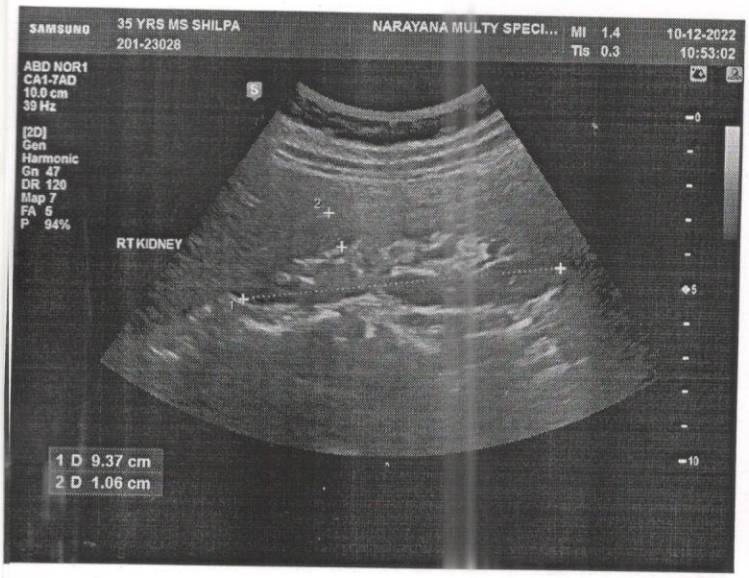
Dr. Ananthalakshmi.S
Sonologist

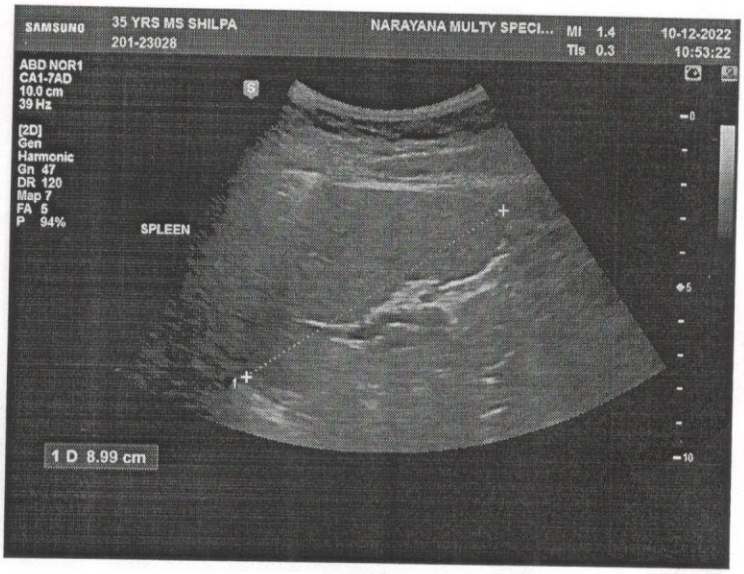
NH Helpline 186 0208 0208
Narayana Hrudayalaya Limited
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,

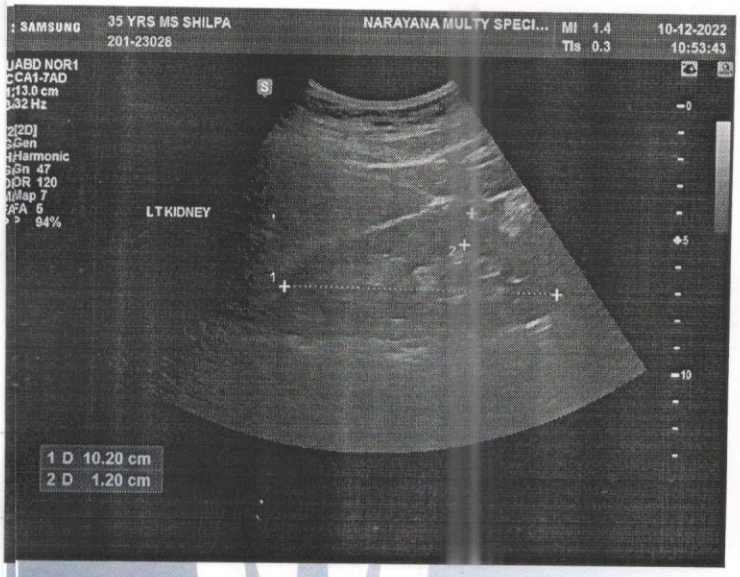
Image Report

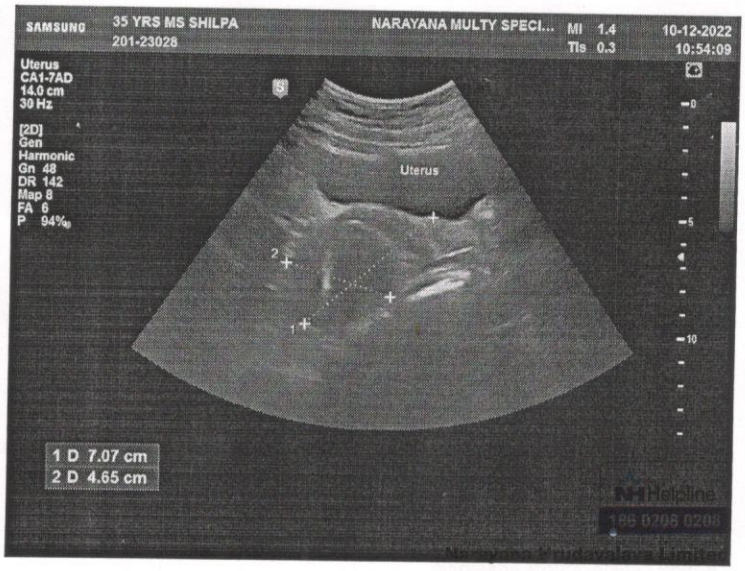












PPBS.

NH Narayana™
Multispeciality Clinic
Unit of Narayana Health

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Shilpa Jadhav MRN : 20100000023028 Gender/Age : FEMALE , 35y (31/07/1987)
Collected On : 10/12/2022 09:02 AM Received On : 10/12/2022 11:11 AM Reported On : 10/12/2022 11:32 AM
Barcode : 022212100441 Specimen : Whole Blood Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)
Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9449193585

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	14.3	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	**4.96 H**	million/µl	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	44.0	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	88.7	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	28.8	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.5	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.9	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	390	10^3/µL	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	6.4	10^3/µL	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	51.3	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	37.8	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	6.2	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	4.0	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.7	%	0.0-2.0

Patient Name : Ms Shilpa Jadhav MRN : 20100000023028 Gender/Age : FEMALE , 35y (31/07/1987)

Absolute Neutrophil Count (Calculated)	3.3	$x10^3$cells/µl	2.0-7.0
Absolute Lympocyte Count (Calculated)	2.5	$x10^3$cells/µl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.4	$x10^3$cells/µl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.3	$x10^3$cells/µl	0.02-0.5
Absolute Basophil Count (Calculated)	0.1	-	-

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

NH Helpline 186 0208 0208
Narayana Hrudayalaya Limited
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,
Varthur Hobli, Bangalore - 560035 Tel: +91 80 2574 0061, + 91 88844 31319, Email : info.sarjapur@nhhospitals.org
Industrial Area, Anekal Taluk, Bangalore 560099

NH Narayana™
Multispeciality Clinic
Unit of Narayana Health

Final Report

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Ms Shilpa Jadhav MRN : 20100000023028 Gender/Age : FEMALE , 35y (31/07/1987)

Collected On : 10/12/2022 09:02 AM Received On : 10/12/2022 11:11 AM Reported On : 10/12/2022 12:01 PM

Barcode : 022212100440 Specimen : Whole Blood - ESR Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9449193585

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	1	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-

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

MC-2688

Note

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

NH Helpline 186 0208 0208

Narayana Hrudayalaya Limited
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,
Varthur Hobli, Bangalore - 560035 Tel: +91 80 2574 0061, + 91 88844 31319, Email : info.sarjapur@nhhospitals.org
Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099
Corporate Office: 261/A, 2nd Floor, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

NH Narayana™
Multispeciality Clinic
Unit of Narayana Health

Final Report

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Ms Shilpa Jadhav MRN : 20100000023028 Gender/Age : FEMALE , 35y (31/07/1987)

Collected On : 10/12/2022 09:02 AM Received On : 10/12/2022 11:15 AM Reported On : 10/12/2022 11:38 AM

Barcode : 1B2212100013 Specimen : Whole Blood Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9449193585

NARAYANA HRUDAYALAYA BLOOD CENTRE

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

--End of Report-

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.

NH Helpline 186 0208 0208

Narayana Hrudayalaya Limited
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,
Varthur Hobli, Bangalore - 560035 Tel: +91 80 2574 0061, + 91 88844 31319, Email : info.sarjapur@nhhospitals.org
Industrial Area, Anekal Taluk, Bangalore 560099

NH Narayana™
Multispeciality Clinic
Unit of Narayana Health

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Shilpa Jadhav MRN : 20100000023028 Gender/Age : FEMALE , 35y (31/07/1987)

Collected On : 10/12/2022 09:02 AM Received On : 10/12/2022 11:11 AM Reported On : 10/12/2022 11:28 AM

Barcode : 012212100745 Specimen : Plasma Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9449193585

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	90	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

MC-2688

Note

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

(Fasting Blood Sugar (FBS) -> autoAuthorised)

NH Helpline 186 0208 0208

Narayana Hrudayalaya Limited
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,
Varthur Hobli, Bangalore - 560035 Tel: +91 80 2574 0061, + 91 88844 31319, Email : info.sarjapur@nhhospitals.org

NH Narayana™
Multispeciality Clinic
Unit of Narayana Health

Final Report

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Ms Shilpa Jadhav MRN : 20100000023028 Gender/Age : FEMALE , 35y (31/07/1987)

Collected On : 10/12/2022 09:02 AM Received On : 10/12/2022 11:11 AM Reported On : 10/12/2022 11:54 AM

Barcode : 012212100746 Specimen : Whole Blood Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9449193585

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC NGSP Certified)	5.4	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	108.29	-	-

Interpretation:

1. 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.

2. 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.

3. Any sample with >15% should be suspected of having a haemoglobin variant.

Interpretation Notes

CLINICAL INFORMATION AND CLINICAL INTERPRETATION:
Diabetes mellitus is a chronic disorder associated with disturbances in carbohydrate, fat, and protein metabolism characterized by hyperglycemia. HbA1c level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks, depending on the individual) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations.

Diagnosing diabetes: American Diabetes Association (ADA)

-Hemoglobin A1c (HbA1c): > or =6.5%

Therapeutic goals for glycemic control (ADA)

-Adults:
- Goal of therapy: < 7.0% HbA1c
- Action suggested: > 8.0% HbA1c

-Pediatric patients:
- Toddlers and preschoolers: < 8.5% (but >7.5%)
- School age (6-12 years): < 8%
- Adolescents and young adults (13-19 years): < 7.5%

The ADA recommendations for clinical practice suggest maintaining a HbA1c value closer to normal yields improved microvascular outcomes for diabetics. Target goals of less than 7% may be beneficial in patients such as those with short duration of diabetes, long life expectancy, and no significant cardiovascular disease.

POTENTIAL SOURCE OF VARIATION:
The presence of hemoglobin variants can interfere with the measurement of hemoglobin A1c (HbA1c). The advantage of using ion exchange chromatography methods is most variants that would affect HbA1c results can be detected from analysis of the chromatogram so inaccurate results are less likely to be reported.

NH Helpline 186 0208 0208

Narayana Hrudayalaya Limited
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,
+91 80 2574 0061, + 91 88844 31319, Email : info.sarjapur@nhhospitals.org

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Shilpa Jadhav MRN : 20100000023028 Gender/Age : FEMALE , 35y (31/07/1987)

Collected On : 10/12/2022 09:02 AM Received On : 10/12/2022 11:11 AM Reported On : 10/12/2022 12:01 PM

Barcode : 012212100747 Specimen : Serum Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9449193585

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.73	mg/dL	0.6-1.0
eGFR (Calculated)	90.8	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.

Interpretation Notes

- **CLINICAL INFORMATION AND CLINICAL INTERPRETATION:**
  Diagnosing and monitoring treatment of acute and chronic kidney diseases
  Adjusting dosage of renally excreted medications
  Monitoring kidney transplant recipients
  Estimating glomerular filtration rate for people with chronic kidney disease (CKD) and those with risk factors for CKD (diabetes, hypertension, cardiovascular disease, and family history of kidney disease). Several factors may influence serum creatinine independent of changes in GFR. For instance, creatinine generation is dependent upon muscle mass. Thus, young, muscular male patients may have significantly higher serum creatinine levels than older adult female patients, despite having similar GFRs. Also, because some renal clearance of creatinine is due to tubular secretion, drugs that inhibit this secretory component (eg, cimetidine and trimethoprim) may cause small increases in serum creatinine without an actual decrease in GFR.
  POTENTIAL SOURCE OF VARIATION:
  Hemolyzed specimens from patients with hemoglobin F values of 600 mg/dL and higher interfere with the test.
  2-Phenyl-1,3-indandion (phenindione) at therapeutic concentrations interferes with the assay. In patients receiving catecholamines (dopamine, dobutamine, epinephrine, and norepinephrine) falsely low results might be observed.

Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	10	mg/dL	7.0-17.0

Interpretation Notes

- **CLINICAL INFORMATION AND INTERPRETATION:**
  For evaluation if Renal function tests. Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and post renal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors).
  Serum / plasma concentration is increased in:

Narayana Hrudayalaya Limited
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,

Patient Name : Ms Shilpa Jadhav MRN : 20100000023028 Gender/Age : FEMALE , 35y (31/07/1987)

Glomerulonephritis, Shock, Urinary tract obstruction, Pyelonephritis, Acute and chronic renal failure, severe congestive heart failure, Hyperalimentation, Diabetic ketoacidosis, Dehydration

Serum / plasma concentration is decreased in:

Pregnancy, decreased protein intake, acute liver, intravenous fluid administration.

POTENTIAL SOURCE OF VARIATION:

Ammonium ions may cause an increase in measured BUN/UREA value equivalent to the specimen's nitrogen content.

Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	5.11	mg/dL	2.5-6.2
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	194	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	79	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	52	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	**142.0 H**	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	**110 L**	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	15.8	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	3.8	-	0.0-5.0

Interpretation Notes

- **Clinical Information and Interpretation:**
  Diagnosing dyslipoproteinemia, Quantitation of cholesterol and triglycerides in very-low-density lipoprotein, low-density lipoprotein (LDL), high-density lipoproteins (HDL), and chylomicrons, Identification of LpX, classifying hyperlipoproteinemias (lipoprotein phenotyping), Evaluating patients with abnormal lipid values (cholesterol, triglyceride, HDL, LDL) for specific phenotypes, Quantifying lipoprotein a cholesterol.
  These elevations can be indicative of a genetic deficiency in lipid metabolism or transport, nephrotic syndrome, endocrine dysfunction, or even cholestasis.Proper characterization of a patient's dyslipidemic phenotype aids clinical decisions and guides appropriate therapy.
  Total Cholesterol in serum is increased in:
  Obesity, Smoking, Alcohol, Diet high cholesterol and fats, Renal failure, Hypothyroidism
  Total Cholesterol in serum is decreased in:
  Malnutrition, Liver disease, Myeloproliferative disease

NH Helpline 186 0208 0208
Narayana Hrudayalaya Limited
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,
Varthur Hobli, Bangalore - 560035 Tel: +91 80 2574 0061, + 91 88844 31319, Email : info.sarjapur@nhhospitals.org
Industrial Area, Anekal Taluk, Bangalore 560099

Cholesterol measurements are used to evaluate the risk of developing coronary artery occlusion, atherosclerosis, myocardial infarction, and cerebrovascular disease. Coronary atherosclerosis correlates with a high cholesterol level.

1. Triglycerides concentration are increased in
2. Hyperlipoproteinemia, Von Gierke disease, Diabetes, Hypothyroidism, Liver disease, alcoholism
3. Triglycerides concentration are Decreased in

Abetalipoproteinemia, Malnutrition, Hyperparathyroidism, Hyperthyroidism, Malabsorption.

dHDL concentration are increased in

Hyperalphalipoproteinemia ,Regular physical activity or exercise ,Weight loss ,Chronic liver disease

dHDL concentration are Decreased in

Uncontrolled diabetes , Hepatocellular disease ,Chronic renal failure, nephrosis, uremia
Cholestasis ,Abetalipoproteinemia.

Chol/HDL ratio is helpful in for predicting the risk of heart disease. According to the American Heart Association (AHA), the ratio should be aimed to be kept below 5 for men and below 4.4 for women, with the ideal cholesterol ratio being 3.5.

Low Density Lipoprotein (LDL) cholesterol is used to evaluate the risk of developing coronary heart disease (CHD). The risk of CHD increases with higher LDL cholesterol concentrations. Lowering the LDL cholesterol level in the blood is a primary target of various cholesterol-lowering therapeutic agents.

dLDL concentration are increased in

Familial hypercholesterolemia, Nephrotic syndrome, Hepatic disease, Hepatic obstruction chronic renal failure, Hyperlipidemia type II and III, Diabetes mellitus

dLDL concentration are Decreased in

Abetalipoproteinemia, Hyperthyroidism, Tangier disease, Hypolipoproteinemia
Chronic anemia.

POTENTIAL SOURCE OF VARIATION:

Cholesterol results can be falsely decreased in patients with elevated levels of N-acetyl-p-benzoquinone imine (NAPQI), a metabolite of acetaminophen, N-acetylcysteine (NAC), and metamizole. Potassium Oxalate/Sodium Fluoride can decrease cholesterol results an average of 12%.

Small amounts of free glycerol may be found in blood samples from healthy individuals due to natural lipolysis. The concentration of free glycerol may be increased by stress, disease states or administration of intravenous infusates. Free glycerol or other polyols may cause a positive interference.

Certain drugs and clinical conditions are known to alter HDL cholesterol concentration in vivo.

LDL Cholesterol values may be high because of a diet high in saturated fats, pregnancy or use of steroids

LDL Cholesterol may be decreased because of acute stress, recent illness, and estrogen supplements

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminesence)	1.29	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminesence)	10.8	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminesence)	3.053	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

- **CLINICAL INFORMATION AND INTERPRETATION:**

NH Helpline 186 0208 0208
Narayana Hrudayalaya Limited
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,
Varthur Hobli, Bangalore - 560035 Tel: +91 80 2574 0061, + 91 88844 31319, Email : info.sarjapur@nhhospitals.org

TSH is measured quantitatively to aid in the differential diagnosis of Thyroid disease.
TSH concentration is increased in: Primary Hypothyroidism, Hashimoto Thyroiditis, Iodide deficiency goiter, Myxedema
TSH concentration is decreased in
Toxic multinodular goitre, Thyroid Adenoma, Thyroiditis, Secondary pituitary or hypothalamic hypothyroidism
TSH measurement help in differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.
POTENTIAL SOURCES OF VARIATION:
Certain drugs and clinical conditions are known to alter TSH concentrations *in vivo*.
TSH levels are subject 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 50%, hence time of the day has influence on the measured serum TSH concentrations.
Transient increase in TSH levels or abnormal TSH levels can be seen in various non-thyroidal diseases. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential diagnosis.
The possibility of interference of human heterophile antibodies in the patient specimen may interfere with the measurement of TSH, that interfere with immunoassays. This may falsely elevate or falsely decrease the results.
Interference due to extremely high titers of antibodies to analyte-specific antibodies, streptavidin, or ruthenium can occur.
Pregnancy also affects TSH levels. They are often a little low during the first three months. But sometimes, thyroid disease develops during pregnancy.
TT3
CLINICAL INFORMATION AND INTERPRETATION:
A fall in T3 concentrations of up to 50% is known to occur in a variety of clinical situations, including acute and chronic disease.
In hyperthyroidism, both T4 and T3 levels are usually elevated, but in a small subset of hyperthyroid patients, only T3 is elevated (T3 toxicosis).
In hypothyroidism T4 and T3 levels are decreased. T3 levels are frequently low in sick or hospitalized euthyroid patients.
Increased levels: Pregnancy, Grave's disease, T3 thyrotoxicosis, TSH dependent hyperthyroidism, Increased TBG
Decreased levels: Non thyroidal illness, hypothyroidism, Nutritional deficiency, systemic illness, Decreased TBG
Abnormal levels (high or low) of thyroid hormone-binding proteins (primarily albumin and thyroid-binding globulin) may cause abnormal T3 concentrations in euthyroid patients.
POTENTIAL SOURCES OF VARIATION:
Therapy with amiodarone can lead to depressed T3 values.
Phenytoin, phenylbutazone, and salicylates cause release of T3 from the binding proteins, thus leading to a reduction in the total T3 hormone level at normal free T3 levels.
Autoantibodies to thyroid hormones can interfere with the assay.
Binding protein anomalies may cause values that deviate from the expected results. Pathological concentrations of binding proteins can lead to results outside the reference range, although the patient may be in a euthyroid state. Free T3 or free T4 testing is indicated in these cases
Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedures, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.
T3 has a 15-fold higher affinity for thyroid receptor compared to T4.
TT4
CLINICAL INFORMATION AND INTERPRETATION:
TT4 concentration is increased in:
Hyperthyroidism, Pregnancy, Euthyroid sick syndrome, Increase in Thyroxine-binding globulin (TBG), Familial dysalbuminemic hyperthyroxinemia, much higher in first 2 months of life than in normal adults
TT4 concentration is decreased in
Hypothyroidism, Hypoproteinemia, Euthyroid sick syndrome, Decrease in TBG
POTENTIAL SOURCES OF VARIATION:

Narayana Hrudayalaya Limited
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,

Patient Name : Ms Shilpa Jadhav MRN : 20100000023028 Gender/Age : FEMALE , 35y (31/07/1987)

In pregnancy, incomplete release of thyroxine (T4) from its binding proteins might result in falsely low total T4 levels. Therefore, total T4 should not be used as the only marker for thyroid function evaluation.
Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.
Autoantibodies to thyroid hormones can interfere with testing.
In rare cases, interference due to extremely high titers of antibodies to analyte-specific antibodies, ruthenium or streptavidin can occur.
* For 12 hours before specimen collection for any thyroid function test, the patient should not take multivitamins or dietary supplements containing biotin (vitamin B7), which is commonly found in hair, skin, and nail supplements and multivitamins.

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.80	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.10	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Calculated)	0.71	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	8.10	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.60	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.5	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.32	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	23	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	12	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	66	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	15	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.

CLINICAL INFORMATION AND CLINICAL INTERPRETATION:
Initial screening for hepatobiliary inflammation. Panel includes albumin; ALP; AST; ALT; bilirubin, direct; protein, total; and bilirubin, total. The hepatic function panel may be used to help diagnose liver disease if a person has signs and symptoms that indicate possible

NH Helpline 186 0208 0208
Narayana Hrudayalaya Limited
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,
Varthur Hobli, Bangalore - 560035 Tel: +91 80 2574 0061, + 91 88844 31319, Email : info.sarjapur@nhhospitals.org

liver dysfunction. Indications for liver function testing include investigating and monitoring patients with suspected liver disease, at risk patient groups, or monitoring malignancy; and before initiating and monitoring hepatotoxic medications
Hepatic function panel results are not diagnostic of a specific condition. Results of liver panels are usually evaluated together. Several sets of results from tests performed over a few days or weeks are often assessed together to determine if a pattern is present.

POTENTIAL SOURCE OF VARIATION:

Pyridoxal phosphate is a cofactor in the reaction and must be present for optimal enzyme activity.
In Vitro exposure to light may alter bilirubin chemical and spectral properties because of the formation of photobilirubin.
Bc results flagged with a Potential Interferent (PI) code should be repeated with the VITROSTBIL slide, which is not sensitive to the same spectral Interferents.
Bu result flagged with a Potential Interferent (PI) code should be diluted with a normal patient sample or VITROS7% BSA and return on the BuBc Slide.
Certain drugs and Clinical conditions are known to alter Bu and Bc concentration in vivo.
Falsely elevated proteins (pseudohyperproteinemia) can be caused by hemoconcentration due to dehydration or sample desiccation.
Upright posture for several hours after rising increases Total Protein and several other analytes.
An average positive bias of 6% with an individual sample bias up to 10% may be observed with heparin plasma results compared to serum results.
CMPF (3-carboxy-4-methyl-5-propyl-2-furanpropanoic acid) present in sera of patients with renal failure has been reported to give falsely low albumin values.
Certain drugs and clinical conditions are known to alter alkaline phosphatase activity.
ALKP day-to-day variation is 5 -10 %. Recent food ingestion can increase as much as 30 U/L.
ALKP is 25% higher with increased body mass index, 10% higher with smoking, and 20% lower with the use of oral contraceptives.
GGT in Certain drugs and clinical conditions are known to alter gamma glutamyltransferase activity *in vivo.*
GGT shows 25 -50 % activity increase with higher body mass index.
GGT Values are 25% lower during early pregnancy.

--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.

(Lipid Profile, -> autoAuthorised)
(, -> autoAuthorised)
(CR, -> autoAuthorised)
(LFT, -> autoAuthorised)

MC-2688

Narayana Hrudayalaya Limited
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,

NH Narayana Multispeciality Clinic
Unit of Narayana Health

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Ms Shilpa Jadhav MRN : 20100000023028 Gender/Age : FEMALE , 35y (31/07/1987)

Collected On : 10/12/2022 09:02 AM Received On : 10/12/2022 11:06 AM Reported On : 10/12/2022 11:30 AM

Barcode : 032212100109 Specimen : Urine Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9449193585

CLINICAL PATHOLOGY

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

--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.

MC-2688

Varthur Hobli, Bangalore - 560035 Tel: +91 80 2574 0061, + 91 88844 31319. Email : info
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road
Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore - 560099
Corporate Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore - 560099
Narayana Hrudayalaya Limited
NH Helpline 186 0208 0208

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Shilpa Jadhav MRN : 20100000023028 Gender/Age : FEMALE , 35y (31/07/1987)

Collected On : 10/12/2022 09:02 AM Received On : 10/12/2022 11:06 AM Reported On : 10/12/2022 11:50 AM

Barcode : 032212100109 Specimen : Urine Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9449193585

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)	1.006	-	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	0.5	/hpf	0-5

NH Helpline 186 0208 0208
Narayana Hrudayalaya Limited
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,

Patient Name : Ms Shilpa Jadhav MRN : 20100000023028 Gender/Age : FEMALE , 35y (31/07/1987)

RBC	2.7	/hpf	0-4
Epithelial Cells	3.0	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	75.7	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	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.

NH Helpline 186 0208 0208

Narayana Hrudayalaya Limited
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,
Varthur Hobli, Bangalore - 560035 Tel: +91 80 2574 0061, + 91 88844 31319, Email : info.sarjapur@nhhospitals.org
Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

NH Narayana™
Multispeciality Clinic
Unit of Narayana Health

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Shilpa Jadhav MRN : 20100000023028 Gender/Age : FEMALE , 35y (31/07/1987)

Collected On : 10/12/2022 11:11 AM Received On : 10/12/2022 02:10 PM Reported On : 10/12/2022 02:55 PM

Barcode : 012212101164 Specimen : Plasma Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9449193585

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase)	88	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

MC-2688

Note

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

(Post Prandial Blood Sugar (PPBS) -> autoAuthorised)

NH Helpline
186 0208 0208
Narayana Hrudayalaya Limited
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,

NH Narayana™
Multispeciality Clinic
Unit of Narayana Health

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Shilpa Jadhav MRN : 20100000023028 Gender/Age : FEMALE , 35y (31/07/1987)
Collected On : 10/12/2022 11:11 AM Received On : 10/12/2022 02:21 PM Reported On : 10/12/2022 03:04 PM
Barcode : 032212100185 Specimen : Urine Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)
Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9449193585

CLINICAL PATHOLOGY

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

--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.

MC-2688

NH Helpline 186 0208 0208
Narayana Hrudayalaya Limited
Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,
Varthur Hobli, Bangalore - 560035 Tel: +91 80 2574 0061, + 91 88844 31319, Email : info.sarjapur@nhhospitals.org
Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099
Corporate Office: 261/A, 2nd Floor, Bommasandra Industrial Area,

TO WHOMSOVER IT MAY CONCERN

I hereby give a consent 201-270228 (Patient Name) Mrs. Shilpa Jadhav (MRN No)that I have not taken service Eye-checkup, papsmear (ECG/ECHO/Doppler/TMT/X-Ray/Investigation/Consultation against Package/Health Checkup) Mediwheel pkg (Package Name/HC Name) against Invoice number 2010-2212000514 dated 10/12/22

Patient Sign

Dept Sign

B.K

Unit Head Sign/Seal

9449193585

Mobile Number

352996.

EC Number

316370

EC Number