

ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME : Ms Lakshmi Prabha M
GENDER/AGE : Female, 31 Years
LOCATION : E-CITY, BANGALORE

PATIENT MRN : 3005000006428
PROCEDURE DATE : 11/02/2023 10:24 AM
REQUESTED BY : Dr. Janani Saravanan



INDICATIONS : ROUTINE CHECK UP
CLINICAL DIAGNOSIS : CARDIAC EVL
VITAL PARAMETERS : HR (BPM) :90, SINUS RHYTHM, BP (MMHG) : -
WINDOW : OPTIMAL

IMPRESSION

- NORMAL CHAMBER DIMENSION
- INTACT SEPTAC
- MR-TRIVIAL
- TR-MILD
- NORMAL PA PRESSURE
- NO RWMA
- NORMAL LV SYSTOLIC FUNCTION
- LVEF-60%

FINDINGS

CHAMBERS

LEFT ATRIUM : NORMAL SIZED
AP DIAMETER(MM): 35

RIGHT ATRIUM : NORMAL SIZED
MINOR AXIS A4CV(MM) : 27

LEFT VENTRICLE : NORMAL SIZE AND THICKNESS WITH NORMAL FUNCTION

LVIDD(MM)	: 45	IVSD(MM)	: 12	EDV(ML)	: 75
LVIDS(MM)	: 29	LVPWD(MM)	: 11	ESV(ML)	: 29
E/A RATIO	: 0.7 / 0.4	E/E'(AVERAGE)	:	LVEF(%)	: 60

RIGHT VENTRICLE : NORMAL SIZE AND THICKNESS WITH NORMAL FUNCTION
MINOR AXIS A4CV(MM): 28, TAPSE(MM): 20

LVOT/RVOT : NORMAL

RWMA : NO REGIONAL WALL MOTION ABNORMALITIES

VALVES

MITRAL : NORMAL MOBILITY AND THICKNESS WITH NO CALCIFICATION. SUB VALVAR STRUCTURES ARE NORMAL, MR-TRIVIAL

AORTIC : NORMAL MOBILITY AND THICKNESS WITH NO CALCIFICATION, PEAK GT 10MMHG

TRICUSPID : NORMAL MOBILITY AND THICKNESS WITH NO CALCIFICATION. SUB VALVAR STRUCTURES ARE NORMAL, TR-MILD

PULMONARY : NORMAL MOBILITY AND THICKNESS WITH NO CALCIFICATION, PEAK GT 5MMHG

SEPTAE

IAS : INTACT
IVS : INTACT

ARTERIES AND VEINS

AORTA : NORMAL, LEFT AORTIC ARCH
PA : NORMAL SIZE
PA PRESSURE: NORMAL, PASP(MMHG): 22
IVC : NORMAL SIZE & COLLAPSIBILITY, >50%
IVC SIZE(MM): 14
SVC & CS : NORMAL
PULMONARY VEINS : NORMAL

PERICARDIUM : NORMAL PERICARDIAL THICKNESS. NO EFFUSION

INTRACARDIAC MASS : NO TUMOUR, THROMBUS OR VEGETATION SEEN



DR. JANANI SARAVANAN
CONSULTANT

ARUL CHELVI S
CARDIAC SONOGRAPHER

11/02/2023 10:24 AM

PREPARED BY : ARUL CHELVI S(359888)
GENERATED BY : PRAJWAL KUMAR N B(358021)

PREPARED ON : 11/02/2023 10:26 AM
GENERATED ON : 11/02/2023 08:29 PM

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Lakshmi Prabha M MRN : 3005000006428 Gender/Age : FEMALE , 31y (29/01/1992)

Collected On : 11/02/2023 10:02 AM Received On : 11/02/2023 12:02 PM Reported On : 11/02/2023 12:49 PM

Barcode : 012302111006 Specimen : Serum Consultant : Dr. Janani Saravanan(OBSTETRICS & GYNAECOLOGY)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9074019861

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.66	mg/dL	0.6-1.0
eGFR (Calculated)	104.5	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	6 L	mg/dL	7.0-17.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	3.65	mg/dL	2.5-6.2
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	217 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	119	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	42	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	175.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	137	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	23.8	mg/dL	0.0-40.0

Patient Name : Ms Lakshmiprabha M MRN : 3005000006428 Gender/Age : FEMALE , 31y (29/01/1992)

Cholesterol /HDL Ratio (Calculated)	5.2 H	-	0.0-5.0
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THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.18	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	7.76	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	1.606	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

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.70	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)	0.6	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.70	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.50	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.2	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.41	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	18	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)	59	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	18	U/L	12.0-43.0

Interpretation Notes

-

Patient Name : Ms Lakshmiprabha M MRN : 3005000006428 Gender/Age : FEMALE , 31y (29/01/1992)

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

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



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Lakshmi Prabha M MRN : 3005000006428 Gender/Age : FEMALE , 31y (29/01/1992)

Collected On : 11/02/2023 10:02 AM Received On : 11/02/2023 12:03 PM Reported On : 11/02/2023 12:26 PM

Barcode : 022302110572 Specimen : Whole Blood Consultant : Dr. Janani Saravanan(OBSTETRICS & GYNAECOLOGY)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9074019861

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	10.7 L	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.28	million/ μ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	34.0 L	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	79.5 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	24.9 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.4 L	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	14.5 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	450	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	5.5	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	51.5	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	36.6	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	6.2	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	5.0	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.7	%	0.0-2.0

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Absolute Neutrophil Count (Calculated)	2.84	$\times 10^3$ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.02	$\times 10^3$ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.35	$\times 10^3$ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.28	$\times 10^3$ cells/ μ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.04	-	-

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--

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

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DEPARTMENT OF LABORATORY MEDICINE

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Collected On : 11/02/2023 10:02 AM Received On : 11/02/2023 12:03 PM Reported On : 11/02/2023 12:17 PM

Barcode : 012302111004 Specimen : Plasma Consultant : Dr. Janani Saravanan(OBSTETRICS & GYNAECOLOGY)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9074019861

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	83	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

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(Fasting Blood Sugar (FBS) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Lakshmi Prabha M MRN : 3005000006428 Gender/Age : FEMALE , 31y (29/01/1992)

Collected On : 11/02/2023 10:16 AM Received On : 11/02/2023 12:01 PM Reported On : 11/02/2023 12:18 PM

Barcode : 032302110180 Specimen : Urine Consultant : Dr. Janani Saravanan(OBSTETRICS & GYNAECOLOGY)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9074019861

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

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DEPARTMENT OF LABORATORY MEDICINE

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Patient Name : Ms Lakshmi Prabha M MRN : 3005000006428 Gender/Age : FEMALE , 31y (29/01/1992)

Collected On : 11/02/2023 10:02 AM Received On : 11/02/2023 12:02 PM Reported On : 11/02/2023 01:05 PM

Barcode : 022302110571 Specimen : Whole Blood - ESR Consultant : Dr. Janani Saravanan(OBSTETRICS & GYNAECOLOGY)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9074019861

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	13 H	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

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Lakshmi Prabha M MRN : 3005000006428 Gender/Age : FEMALE , 31y (29/01/1992)

Collected On : 11/02/2023 10:16 AM Received On : 11/02/2023 12:04 PM Reported On : 11/02/2023 12:32 PM

Barcode : 012302111087 Specimen : Plasma Consultant : Dr. Janani Saravanan(OBSTETRICS & GYNAECOLOGY)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9074019861

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase)	77	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 : 11/02/2023 10:02 AM Received On : 11/02/2023 12:02 PM Reported On : 11/02/2023 12:32 PM

Barcode : 032302110171 Specimen : Urine Consultant : Dr. Janani Saravanan(OBSTETRICS & GYNAECOLOGY)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9074019861

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

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Lakshmi Prabha M MRN : 3005000006428 Gender/Age : FEMALE , 31y (29/01/1992)

Collected On : 11/02/2023 10:02 AM Received On : 11/02/2023 12:02 PM Reported On : 11/02/2023 12:59 PM

Barcode : 032302110171 Specimen : Urine Consultant : Dr. Janani Saravanan(OBSTETRICS & GYNAECOLOGY)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9074019861

CLINICAL PATHOLOGY

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

Colour	Yellow	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.007	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Present +	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present

MICROSCOPIC EXAMINATION

Pus Cells	0.6	/hpf	0-5
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Patient Name : Ms Lakshmirabha M MRN : 3005000006428 Gender/Age : FEMALE , 31y (29/01/1992)

RBC	2.1	/hpf	0-4
Epithelial Cells	2.8	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	31.4	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	0.00	-	-

--End of Report--



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

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DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Lakshmi Prabha M MRN : 3005000006428 Gender/Age : FEMALE , 31y (29/01/1992)

Collected On : 11/02/2023 10:02 AM Received On : 11/02/2023 12:18 PM Reported On : 11/02/2023 12:37 PM

Barcode : 1B2302110032 Specimen : Whole Blood Consultant : Dr. Janani Saravanan(OBSTETRICS & GYNAECOLOGY)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9074019861

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

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DEPARTMENT OF LABORATORY MEDICINE

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Collected On : 11/02/2023 10:02 AM Received On : 11/02/2023 12:03 PM Reported On : 11/02/2023 12:49 PM

Barcode : 012302111005 Specimen : Whole Blood Consultant : Dr. Janani Saravanan(OBSTETRICS & GYNAECOLOGY)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9074019861

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HbA1C			
HbA1c (HPLC NGSP Certified)	5.2	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	102.54	-	-

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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- Kindly correlate clinically.



MC-2688



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Lakshmi Prabha M MRN : 3005000006428 Gender/Age : FEMALE , 31y (29/01/1992)

Collected On : 11/02/2023 10:02 AM Received On : 11/02/2023 12:02 PM Reported On : 11/02/2023 12:32 PM

Barcode : 032302110171 Specimen : Urine Consultant : Dr. Janani Saravanan(OBSTETRICS & GYNAECOLOGY)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9074019861

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

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Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9074019861

CLINICAL PATHOLOGY

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

Colour	Yellow	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.007	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Present +	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present

MICROSCOPIC EXAMINATION

Pus Cells	0.6	/hpf	0-5
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RBC	2.1	/hpf	0-4
Epithelial Cells	2.8	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	31.4	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	0.00	-	-

--End of Report--



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

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Patient Name	LAKSHMIPRABHA M	Requested By	OPD
MRN	3005000006428	Procedure DateTime	11-02-2023 09:21
Age/Sex	31Y/Female	Hospital	NH-ECITY PIH

CHEST RADIOGRAPH (PA VIEW)

CLINICAL DETAILS: For executive 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. Tanuj Gupta MBBS, DMRD, DNB
Lead and Senior Consultant Radiologist

* *This is a digitally signed valid document.* Reported Date/Time: 11-02-2023 10:08

