

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Shilja K MRN : 2015000001169 Gender/Age : FEMALE , 43y (20/04/1980)

Collected On : 26/08/2023 10:40 AM Received On : 26/08/2023 12:43 PM Reported On : 26/08/2023 04:07 PM

Barcode : 022308260644 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9986031334

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	8	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

COMPLETE BLOOD COUNT (CBC)

Haemoglobin (Hb%) (Photometric Measurement)	10.8 L	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	5.09 H	million/ μ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	34.2 L	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	67.2 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	21.2 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.6	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	17.9 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	428	$10^3/\mu$ L	150.0-450.0
Mean Platelet Volume (MPV)	7.4	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	7.6	$10^3/\mu$ L	4.0-10.0

DIFFERENTIAL COUNT (DC)

Neutrophils (VCS Technology Plus Microscopy)	56.6	%	40.0-75.0
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Narayana Institute of Cardiac Sciences

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

Registered Office: 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

Hospital Address: NH Health City, 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099

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1800-309-0309

Emergencies
97384 97384


Patient Name : Ms Shilja K MRN : 2015000001169 Gender/Age : FEMALE , 43y (20/04/1980)			
Lymphocytes (VCS Technology Plus Microscopy)	27.6	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	7.0	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	7.9 H	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.9	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	4.31	x10 ³ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.1	x10 ³ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.54	x10 ³ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.61 H	x10 ³ cells/ μ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.07	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

Interpretation Notes

- Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .
RBC Indices aid in typing of anemia.
WBC Count: If below reference range, susceptibility to infection.
If above reference range- Infection*
If very high in lakhs-Leukemia
Neutrophils -If above reference range-acute infection, mostly bacterial
Lymphocytes -If above reference range-chronic infection/ viral infection
Monocytes -If above reference range- TB,Typhoid,UTI
Eosinophils -If above reference range -Allergy,cough,Common cold,Asthma & worms
Basophils - If above reference range, Leukemia, allergy
Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies
* In bacterial infection with fever total WBC count increases.
Eg Tonsillitis,Sinusitis,Bronchitis,Pneumonia,Appendicitis,UTI -12000-25000 cells/cumm.
In typhoid and viral fever WBC may be normal.
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Dr. Sudarshan Chougule
MBBS, MD, Pathology
Consultant & Head - Hematology & Flow Cytometry

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	101 H	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020
Post Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase)	104	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020
HBA1C			
HbA1c (HPLC NGSP Certified)	5.9 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	122.64	-	-

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)	0.70	mg/dL	0.52-1.04
eGFR (Calculated)	91.4	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.

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Patient Name : Ms Shilja K MRN : 2015000001169 Gender/Age : FEMALE , 43y (20/04/1980)			
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	7	mg/dL	7.0-17.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	5.5	mg/dL	2.5-6.2
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	189	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	524 H	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	23 L	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	166.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	70 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
Cholesterol /HDL Ratio (Calculated)	8.3 H	-	0.0-5.0
Vitamin B-12 (Enhanced Chemiluminescence)	246	pg/mL	239.0-931.0
Vitamin D 25 Hydroxy (Vitamin D Total) (Enhanced Chemiluminescence)	<8.00 L	ng/mL	Deficiency: < 20 Insufficiency: 20-30 Sufficiency: 30-100 Toxicity: > 100
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.28	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	10.3	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	1.710	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

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- 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)	0.40	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)	0.4	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.50	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.30	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.2	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.35	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	29	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	27	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	69	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	24	U/L	12.0-43.0

Interpretation Notes

- Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin). Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin. Delta Bilirubin is not expected to be present in healthy adults or neonates.

Patient Name : Ms Shilja K MRN : 2015000001169 Gender/Age : FEMALE , 43y (20/04/1980)



Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY

PHYSICAL EXAMINATION

Colour	STRAW	-	-
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Appearance	Clear	-	-
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CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
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Sp. Gravity (Refractive Index)	1.018	-	1.002 - 1.030
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Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
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Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
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Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
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Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
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Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
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Urobilinogen (Azo Coupling Method)	Normal	-	Normal
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Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
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Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
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Patient Name : Ms Shilja K MRN : 2015000001169 Gender/Age : FEMALE , 43y (20/04/1980)			
Nitrite (Gries Method)	Not Present	-	Not Present

MICROSCOPIC EXAMINATION

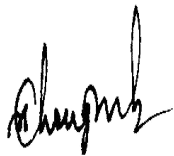
Pus Cells	1.9	/hpf	0-5
RBC	2.2	/hpf	0-4
Epithelial Cells	6.1	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.02	/hpf	0-1
Bacteria	44.0	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	0.12	-	-

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.

Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-	-
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Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD))	Not Present	-	-
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Dr. Sudarshan Chougule
MBBS, MD, Pathology
Consultant & Head - Hematology & Flow Cytometry

NARAYANA HRUDAYALAYA BLOOD CENTRE



Patient Name : Ms Shilja K MRN : 2015000001169 Gender/Age : FEMALE , 43y (20/04/1980)

Test	Result	Unit
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BLOOD GROUP & RH TYPING

Blood Group (Column Agglutination Technology)	O	-
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.
(Fasting Blood Sugar (FBS), -> Auto Authorized)
(, -> Auto Authorized)
(CR, -> Auto Authorized)
(LFT, -> Auto Authorized)
(Blood Urea Nitrogen (Bun), -> Auto Authorized)
(Uric Acid, -> Auto Authorized)
(Vitamin B-12, -> Auto Authorized)
(Vitamin D 25 Hydroxy (Vitamin D Total), -> Auto Authorized)
(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)



Patient Name	MS.SHILJA.K	Requested By	EHP
MRN	201500000001169	Procedure Date Time	26-08-2023 13:11
Age/Sex	43Y 4M/Female	Hospital	NH-JAYANAGAR

CHEST RADIOGRAPH (PA VIEW)

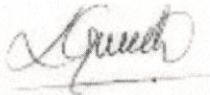
CLINICAL DETAILS: For health checkup.

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 Girish D,DMRD,DNB
Associate Consultant

* This is a digitally signed valid document. Reported Date/Time: 26-08-2023 15:47

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

-- End of Report --

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ADULT TRANS-THORACIC ECHO REPORT

NAME : MRS.SHILIJA K

AGE/SEX : 43YRS/FEMALE

MRN NO :20150000001169

DATE : 26.08.2023

FINAL DIAGNOSIS:

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

MEASUREMENTS

AO: 24 mm

LVID (d) : 40 mm

IVS (d) : 10 mm

RA : 32 MM

LA: 32 mm

LVID(s) : 28 mm

PW (d) : 10 mm

RV : 27 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 : THIN AND REDUNDANT

GREAT ARTERIES

AORTA : NORMAL, AORTIC ANNULUS-20 MM, LEFT ARCH
PULMONARY ARTERY : NORMAL

DOPPLER DATA

MITRAL VALVE : E/A – 0.9/0.6M/S, MR-MILD
AORTIC VALVE : PG- 6 MMHG
TRICUSPID VALVE : TR-TRIVIAL, PASP- 23MMHG
PULMONARY VALVE : PG- 5 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 – 85BPM

VISHALAKSHI H R
CARDIAC SONOGRAPHER



Patient Name : Mrs. Shilja K

Patient ID : 2015000001169

Age : 43 Years

Sex : Female

Referring Doctor : EHP

Date : 26.08.2023

ULTRASOUND OF BOTH BREASTS

FINDINGS:

Breast parenchyma appears normal bilaterally.

No focal lesions in both breasts.

No evidence of intramammary lymph nodes.

Nipple and retroareolar regions appears normal.

Mild ductectasia measuring 2.3mm on the right side near the right nipple

No ductectasia on the left side

No axillary node on both sides.

IMPRESSION

- **Mild ductectasia on the right side near the right nipple. otherwise no other abnormalty seen**

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.

Exam

Name
Birth Date
Gender

2015-1169
MS SHILJA 43Y/F

Accession #
Exam Date
Description
Operator

26-08-2023

