

ADULT TRANS-THORACIC ECHO REPORT

NAME : MR.SREPATI

AGE/SEX : 40YRS/FEMALE

MRN NO :2015000000754

DATE : 08.07.2023

FINAL DIAGNOSIS:

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

MEASUREMENTS

AO: 30 MM

LVID (d) : 44 MM

IVS (d) : 11 MM

RA : 30 MM

LA:36 MM

LVID(s) : 27 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 -1.0/0.7 M/S, MR-MILD

AORTIC VALVE : PG- 5 MMHG

TRICUSPID VALVE : TR-TRIVIAL, P'ASP- 26 MMHG

PULMONARY VALVE : PG- 4 MMHG

WALL MOTION ABNORMALITIES: NO RWMA

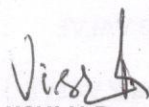
PERICARDIUM : NORMAL

VEGETATION/THROMBUS: ABSENT

OTHER FINDINGS

IVC- 14 MM NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM
SINUS RHYTHM/ HR- 75 BPM

DR.SURESH P V
CONSULTANT CARDIOLOGIST


VISHALAKSHI H R
CARDIAC SONOGRAPHER

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Sreepati Kuriti MRN : 2015000000754 Gender/Age : MALE , 40y (05/07/1983)

Collected On : 08/07/2023 11:07 AM Received On : 08/07/2023 01:12 PM Reported On : 08/07/2023 03:56 PM

Barcode : 032307080253 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8088422818

CLINICAL PATHOLOGY

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

Dr. Shalini K S
DCP, DNB, Pathology
Consultant

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	02	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**

Dr. Shalini K S
DCP, DNB, Pathology
Consultant

Patient Name : Mr Sreepati Kuriti MRN : 2015000000754 Gender/Age : MALE , 40y (05/07/1983)

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	93	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)	87	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

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.

Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	9	mg/dL	9.0-20.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	5.82	mg/dL	3.5-8.5

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.36	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	6.27	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	0.9088	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

Patient Name : Mr Sreepati Kuriti MRN : 2015000000754 Gender/Age : MALE , 40y (05/07/1983)

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.



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



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	14.5	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.20	million/ μ l	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	44.7	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	86.0	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.9	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.4	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.2	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	254	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	5.2	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	57.5	%	40.0-75.0

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Lymphocytes (VCS Technology Plus Microscopy)	26.7	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	8.0	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	7.2 H	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.6	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	2.99	x10 ³ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.39	x10 ³ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.42	x10 ³ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.38	x10 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.**

Patient Name : Mr Sreepati Kuriti MRN : 2015000000754 Gender/Age : MALE , 40y (05/07/1983)

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

NARAYANA HRUDAYALAYA BLOOD CENTRE

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

--End of Report--

B.K.

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.
(Post Prandial Blood Sugar (PPBS), -> Auto Authorized)
(, -> Auto Authorized)
(Uric Acid, -> Auto Authorized)
(Blood Urea Nitrogen (Bun), -> Auto Authorized)
(Fasting Blood Sugar (FBS) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Sreepati Kuriti MRN : 2015000000754 Gender/Age : MALE , 40y (05/07/1983)

Collected On : 08/07/2023 08:52 AM Received On : 08/07/2023 01:12 PM Reported On : 08/07/2023 01:50 PM

Barcode : 032307080121 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8088422818

CLINICAL PATHOLOGY

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

Colour	STRAW	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.018	-	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
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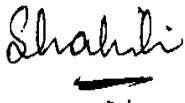
Patient Name : Mr Sreepati Kuriti MRN : 2015000000754 Gender/Age : MALE , 40y (05/07/1983)

RBC	0.1	/hpf	0-4
Epithelial Cells	0.5	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.05	/hpf	0-1
Bacteria	1.2	/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.



Patient Name	MR.SREEPATI KURITI	Requested By	EHP
MRN	20150000000754	Procedure DateTime	08-07-2023 10:13
Age/Sex	40Y/Male	Hospital	NH-JAYANAGAR

CHEST RADIOGRAPH (PA VIEW)

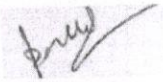
CLINICAL DETAILS: For health checkup.

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. Pallavi CJ , DMRD, DNB
Consultant Radiologist

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

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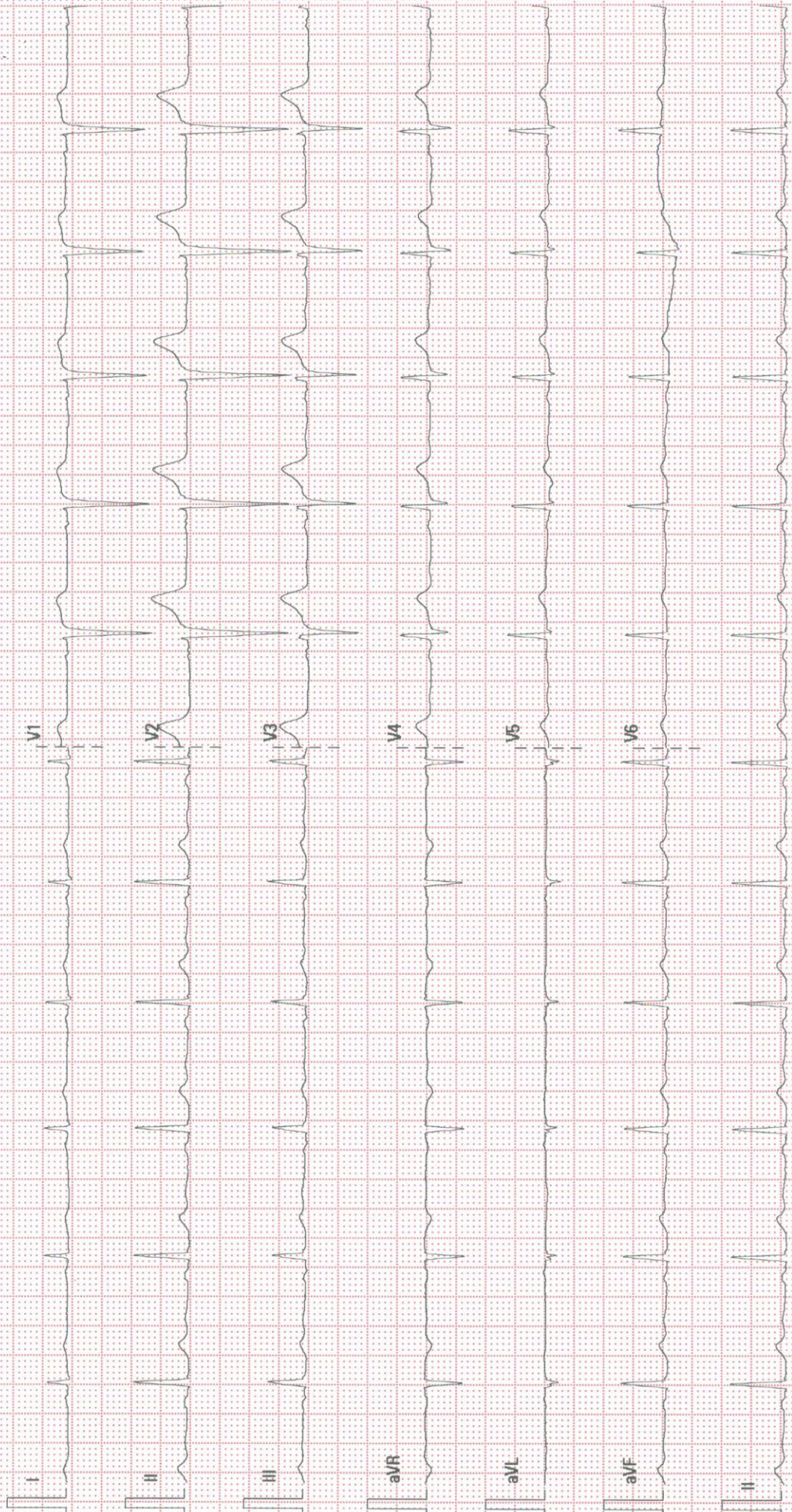
17/1, 30th Cross, 8th 'B' Main Road, 4th Block, Jayanagar, Bangalore - 560 011

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

ID: 2015-0754
Name: MR SREEPATI KURITI
Age: 40 Years
Gender: Male

08-07-2023 10:36:45 AM

Vent. Rate	71 bpm
PR Interval	144 ms
QRS Duration	86 ms
QT/QTc Interval	382/401 ms
P/QRS/T Axes	39/67/63 deg
QTc/Hodges	



Patient Name : Mr. Sreepati Kuriti

Patient ID : 2015000000754

Age : 40Years

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 normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity.

Spleen is normal in size, shape, contour and echogenicity. No evidence of mass or focal lesions.

Right Kidney is normal in size (measures 9.5 cm in length & 1.5 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of hydronephrosis. **Shows a calculus measuring 3.5 mm in the mid pole**

Left Kidney is normal in size (measures 10.5 cm in length & 1.3 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.

Prostate is normal in echopattern and normal in size, measures 2.8x2.6x2.9 cm, Volume -11 cc.

Fluid - There is no ascites or pleural effusion.

IMPRESSION:

- **Grade I Fatty Liver .**
- **Right Renal Calculus**



Dr B S Ramkumar 35772
Consultant Radiologist

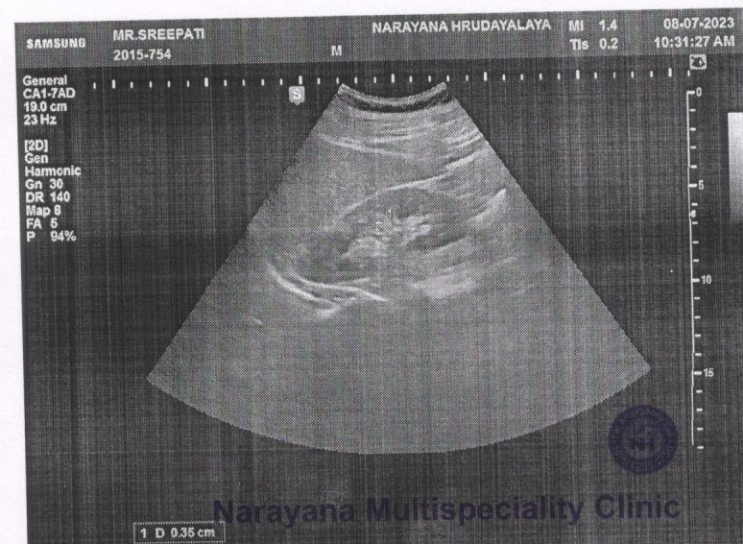
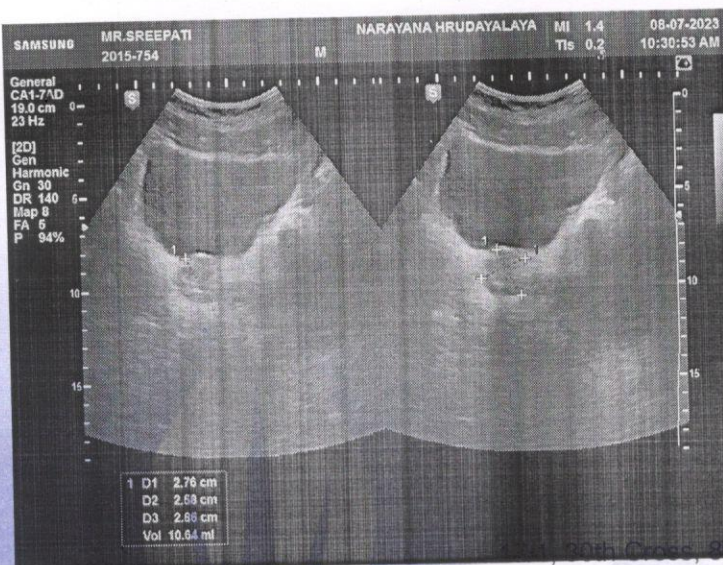
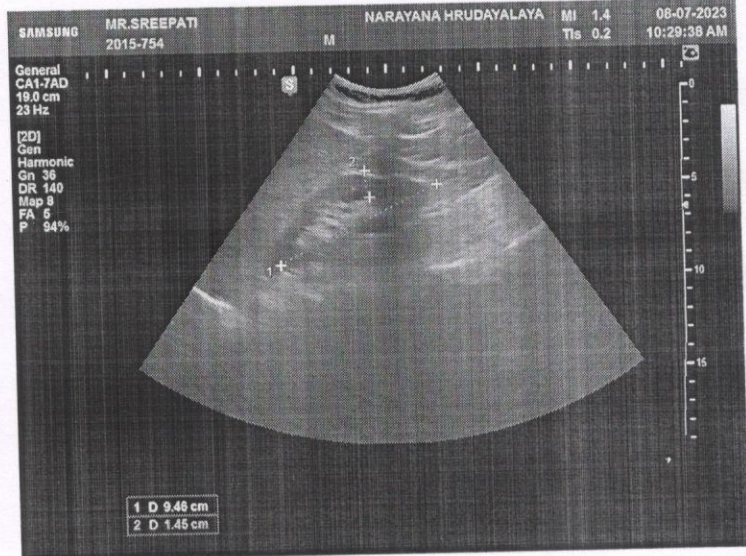
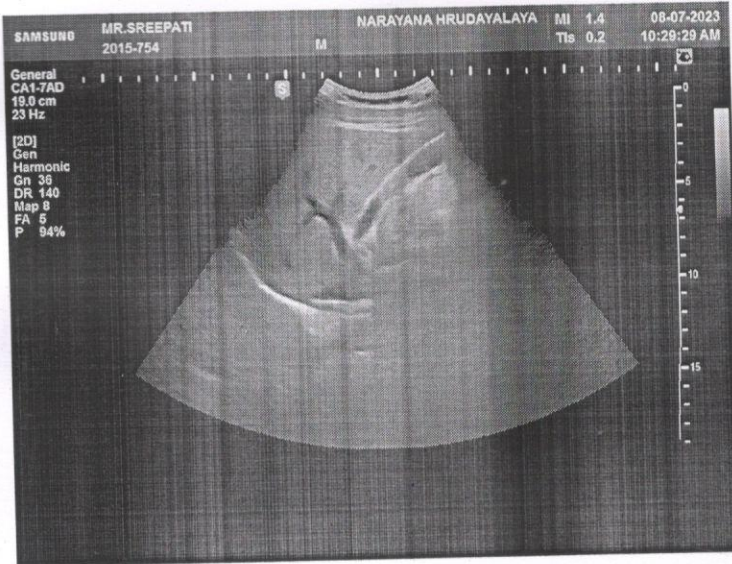
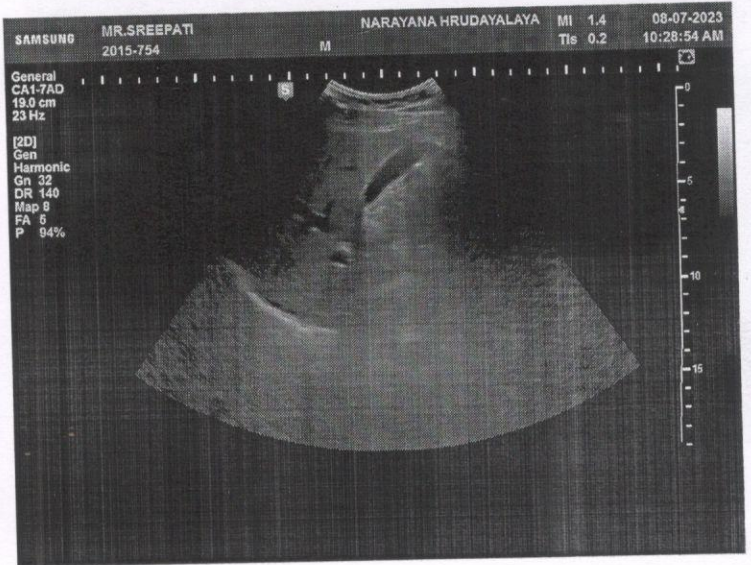
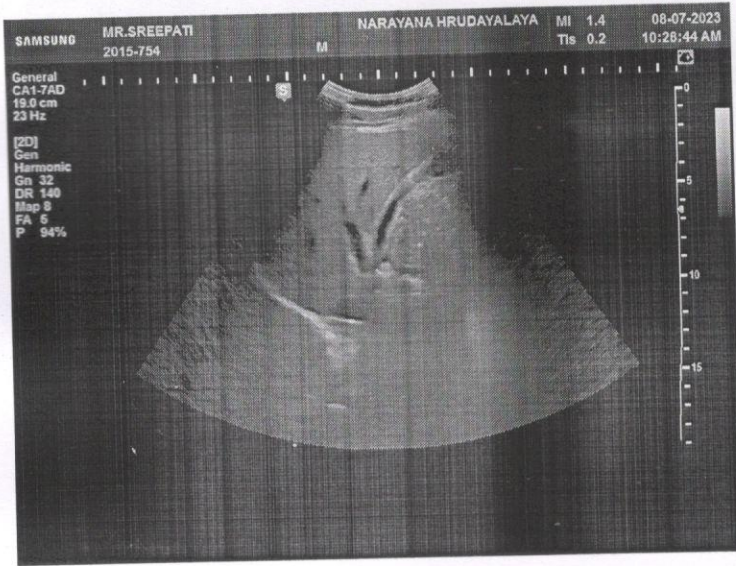
Disclaimer:

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.

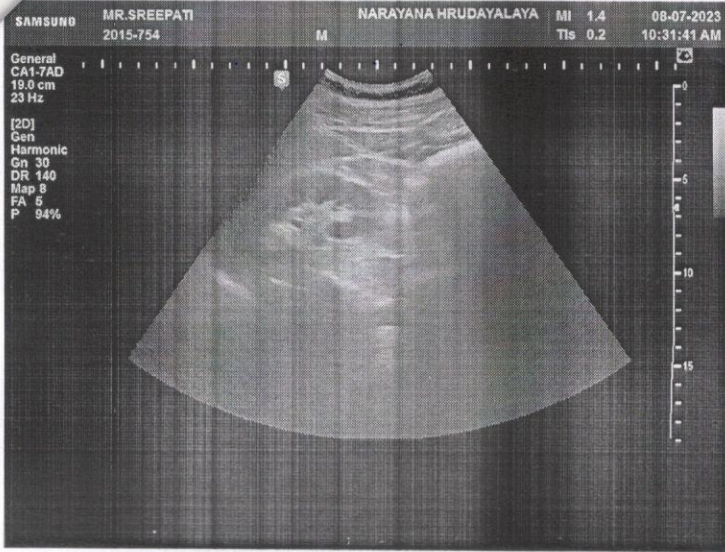
2015-754
 MR.SREEPATI
 Male

08-07-2023

Name
 Birth Date
 Gender



Narayana Multispecialty Clinic



Dr. B. S. Rajagopal MD
Consultant Radiologist



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