

#### **DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name: Mr Munegowda N MRN: 20150000001384 Gender/Age: MALE, 54y (04/08/1969)

Collected On: 23/09/2023 08:29 AM Received On: 23/09/2023 11:47 AM Reported On: 23/09/2023 02:03 PM

Barcode: 032309230106 Specimen: Urine Consultant: Dr. Priya S(FAMILY MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 9743693934

#### **CLINICAL PATHOLOGY**

	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)	1.017	-	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	-	-
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	1.5	/hpf	0-5

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Hospital Address: NH Health City, 258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore 560099
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Appointments
1800-309-0309

Emergencies
97384 97384



Patient Name: Mr Munegowda N	MRN: 20150000001384	Gender/Age: MALE, 54	y (04/08/1969)	
RBC	0.0	/hpf	0-4	
Epithelial Cells	0.2	/hpf	0-6	
Crystals	0.0	/hpf	0-2	
Casts	0.00	/hpf	0-1	
Bacteria	1.9	/hpf	0-200	
Yeast Cells	0.0	/hpf	0-1	
Mucus	Not Pr	esent -	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.



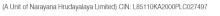
Dr. Hema S MD, DNB, Pathology Associate Consultant

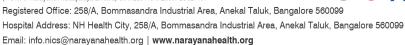
#### **CLINICAL PATHOLOGY**

		.0100.
Test	Result	Unit
Urine For Sugar (Post Prandial) (Enzyme	Not Present	-
Method (GOD POD))		
Urine For Sugar (Fasting) (Enzyme Method (GOD	Not Present	-
POD))		

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**Appointments** 







Dr. Sudarshan Chougule MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

#### NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group (Column Agglutination Technology)	0	-
RH Typing (Column Agglutination Technology)	Positive	-

Dr. Prathip Kumar B R

MBBS,MD, Immunohaematology & Blood Transfusion

Consultant

#### **BIOCHEMISTRY**

Test	Result	Unit	<b>Biological Reference Interval</b>
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)  HBA1C	95	mg/dL	70 to 99: Normal 100 to 125: Pre-diabetes =>126: Diabetes ADA standards 2020
TIDATO			
HbA1c (HPLC NGSP Certified)	6.0 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	125.5	-	-

#### Interpretation:

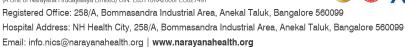
1. HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with

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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.

#### SERUM CREATININE

Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.93	mg/dL	0.66-1.25
eGFR (Calculated)	84.7	mL/min/1.73m <sup>2</sup>	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodyamically unstable patients eGFR is not applicable for less than 18 years of age.
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	14	mg/dL	9.0-20.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	5.2	mg/dL	3.5-8.5
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	218 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	107	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	45	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	173.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	154	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	21.4	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	4.9	-	0.0-5.0

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Narayana Institute of Cardiac Sciences

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Prostate Specific Antigen (PSA) (Enhanced 1.39 ng/mL 0.0 - 3.5

Chemiluminesence)

#### **Interpretation Notes**

PSA is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of

PSA levels are increased in Prostate cancer, Benign Prostatic Hyperplasia, Prostitits, Genitourinary infections.

False negative/positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.

All values should be correlated with clinical findings and results of other investigations.

Note: Patient results determined by assay using different manufacturers or methods may not be comparable.

#### LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric - Diazo Method)	0.71	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)	0.71	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	8.20	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.80	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.4	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.42	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	35	U/L	17.0-59.0
<b>SGPT (ALT)</b> (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	43	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	72	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	46	U/L	15.0-73.0

#### **Interpretation Notes**

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

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Narayana Institute of Cardiac Sciences





W

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

Shushee

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

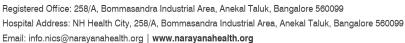
#### **HEMATOLOGY**

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	16.8	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	6.34 H	million/μl	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	51.8 H	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	81.7 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	26.5 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.4	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	14.4 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	341	10 <sup>3</sup> /μL	150.0-450.0
Mean Platelet Volume (MPV)	8.0	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	9.8	10 <sup>3</sup> /μL	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	57.9	%	40.0-75.0

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Patient Name: Mr Munegowda N MRN: 20150000	0001384 Gender,	/Age : MALE , 54y (04/08	/1969)
Lymphocytes (VCS Technology Plus Microscopy)	32.5	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	7.1	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	1.9	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.6	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	5.68	x10 <sup>3</sup> cells/μl	2.0-7.0
Absolute Lymphocyte Count (Calculated)	3.19 H	x10 <sup>3</sup> cells/μl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.7	x10 <sup>3</sup> cells/μl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.19	x10 <sup>3</sup> cells/μl	0.02-0.5
Absolute Basophil Count (Calculated)	0.06	-	-

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.

Dr. Deepak M B

MD, PDF, Hematopathology

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Consultant

#### **HEMATOLOGY**

Test Result Unit Biological Reference Interval Erythrocyte Sedimentation Rate (ESR) 1 mm/1hr 0.0-12.0

(Westergren Method)

#### **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-

Shahili

Dr. Shalini K S DCP, DNB, Pathology Consultant

#### Note

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

(Lipid Profile, -> Auto Authorized)

(CR, -> Auto Authorized)

(LFT, -> Auto Authorized)

(Uric Acid, -> Auto Authorized)

(Blood Urea Nitrogen (Bun), -> Auto Authorized)

(Prostate Specific Antigen (Psa), -> Auto Authorized)

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





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# ADULT TRANS-THORACIC ECHO REPORT



NAME: MR.MUNEGOWDA N

AGE/SEX: 54YRS/MALE

DATE : 23.09.2023 MRN NO: 20150000001384

### **FINAL DIAGNOSIS:**

NORMAL CHAMBER DIMENSIONS

**NO RWMA** 

**NORMAL VALVES** 

MR-MILD

**NORMAL PA PRESSURE** 

NORMAL RV FUNCTION

NORMAL LV FUNCTION

LVEF- 60%

**MEASUREMENTS** 

AO: 26 MM

LVID (d): 38 MM IVS (d): 09 MM

**RA:30 MM** 

LA: 30 MM

LVID(s): 25 MM

PW (d): 09 MM

**RV:27MM** 

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

1

RVOT/LVOT

: NORMAL



RVOT/LVOT

: NORMAL



**SEPTAE** 

**IVS** 

: INTACT

IAS

: INTACT

**GREAT ARTERIES** 

**AORTA** 

: NORMAL, AORTIC ANNULUS-18 MM, LEFT ARCH

**PULMONARY ARTERY** 

: NORMAL

DOPPLER DATA

MITRAL VALVE

: E/A - 1.0/0.8 M/S,MR - MILD

**AORTIC VALVE** 

: PG-4 MMHG

TRICUSPID VALVE

: TR -TRIVIAL, PASP- 23 MMHG

**PULMONARY VALVE** 

: PG- 3 MMHG

**WALL MOTION ABNORMALITIES:** NO RWMA

PERICARDIUM

: NORMAL

**VEGETATION/THROMBUS: ABSENT** 

**OTHER FINDINGS** 

IVC- 13 MM, NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM

SINUS RHYTHM / HR- 76 BPM

VISHALAKSHI CARDIAC SONOGRAPHER





**Patient Name** 

: Mr. Munegowda

Age

Referring Doctor: EHP

: 54 Years

Sex Date

: 23.09.2023

: Male

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and increased echopatren 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 & 1.4 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 8.5 cm in length &1.7 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Urinary Bladder is partially distended. Wall thickness is normal. No evidence of calculi. Post Void-14cc Pre Void-150cc Prostate is normal in echopattern and mildly enlarged 4 in size.measuring 3.9x3.9x4.2cm volume-34cc

### IMPRESSION:

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

Dr. B S Ramkumar 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.



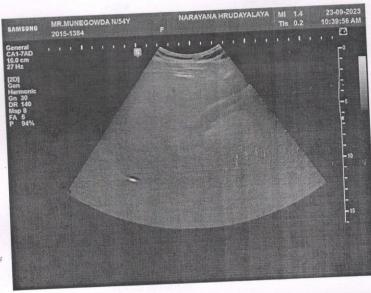
atient

ID Name Birth Date Gender 2015-1384 MR.MUNEGOWDA N/54Y

Female

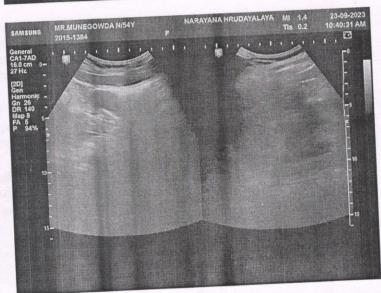
Exam

Accession # Exam Date Description Operator 23-09-2023

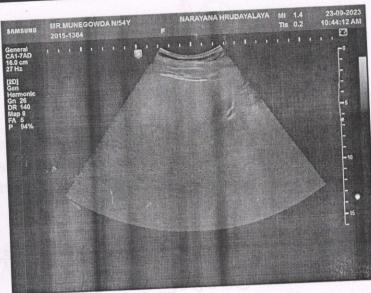














Patient Name	MR.MUNEGOWDA.N	Requested By	FUD
MRN	20150000001384	Procedure DateTime	EHP
Age/Sex	54Y 1M/Male		23-09-2023 11:24
	Impridie	Hospital	NH-JAYANAGAR

# 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.

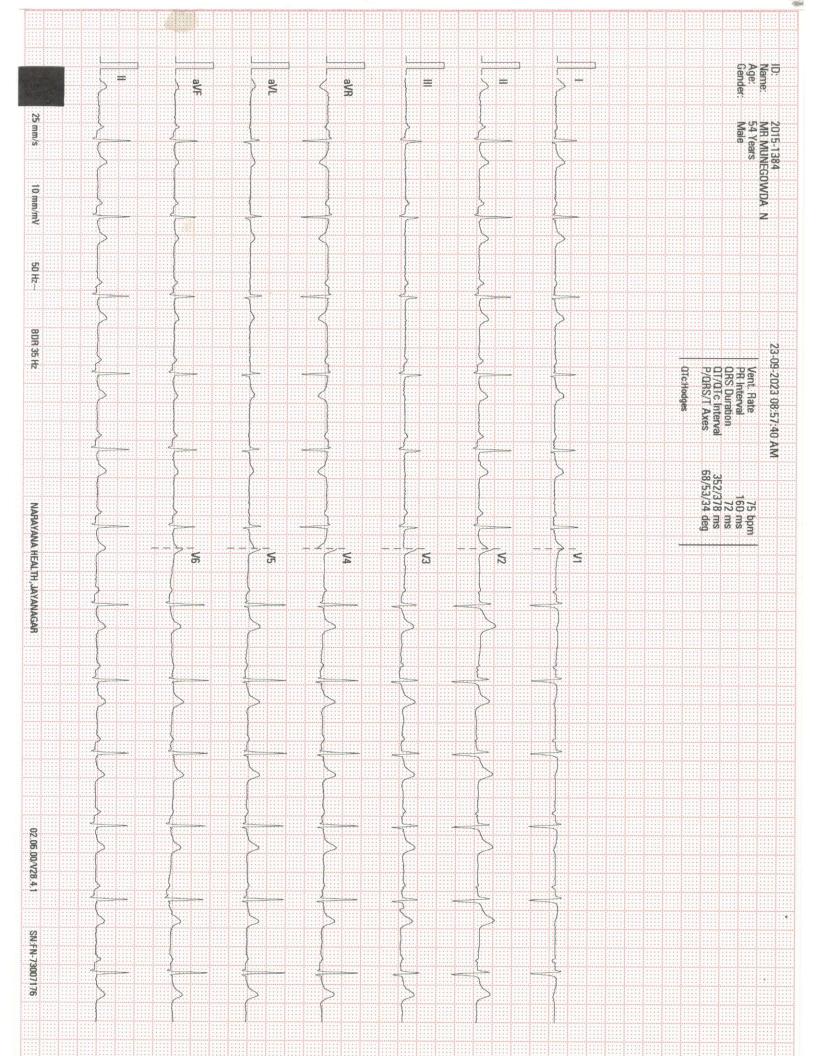
## IMPRESSION:

No significant abnormality detected.

Dr Girish D,DMRD,DNB Associate Consultant

\* This is a digitally signed valid document. Reported Date/Time: 23-09-2023 12:12







# 105, 7th main, Jayanagar 4th block, Near Maiyas Restaurant, Bengaluru- 560 011. WWW.MILESTONESINSTITUTIONS.ORG | Ph: 080 2664 4448

# Evaluation

N	0	m	0
IN	a	111	C

: Mr. N. Munegowda.

Age

: 54 55.

Gender

: male

MRD No

: 2015-1385

Chief Complaint :

No Ma Speciales

Ocular History

General History

not a KICLO HTN DM l'Asthana

VISION

Distance:

OD

OS

Pinhole:

Near:

6/6

Objective Refraction:			Axis
EYE	Sph	Cyl	7 VAIC
OD	+6.00		
OS	t0.00		

# Subjective Refraction:

Subjective Refraction			Axis	
EYE	Sph	Cyl	AXIS	6/6
OD		Plan		6/6
OS		plano		
	1100000			

Add +2.50 BEN6

Slit lamp Examination:

OU WNL

Diagnosis and Advise:

use bouscribed glasses.

Milestones Visual Development Center No. 105, 7th Main. tear Maiyas Restaurant, 4th Block