Patient Name : Mr Baljith Singh GuliaMRN : 10110000181274Gender/Age : MALE , 56y (15/07/1967)Collected On : 15/09/2023 07:59 AMReceived On : 15/09/2023 12:48 PMReported On : 15/09/2023 01:57 PMBarcode : 012309150553Specimen : SerumConsultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9880110186

	BIOCHEMI		
Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
<b>Serum Creatinine</b> (Two Point Rate - Creatinine Aminohydrolase)	0.92	mg/dL	0.66-1.25
eGFR (Calculated)	85.2	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	10	mg/dL	9.0-20.0
/Colorimetric – Urease)			
Serum Uric Acid (Colorimetric - Uricase, Peroxidase)	5.91	mg/dL	3.5-8.5
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	224 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	99	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	62 H	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	162.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	124 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	19.8	mg/dL	0.0-40.0

Page 1 of 4

Patient Name: Mr Baljith Singh Gulia MRN	: 10110000181274	Gender/Age : MALE	, 56y (15/07/1967)
Cholesterol /HDL Ratio (Calculated)	3.7	-	0.0-5.0
Prostate Specific Antigen (PSA) (Enhanced	d 0.786	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 age.

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)	0.50	mg/dL	0.2-1.3
<b>Conjugated Bilirubin (Direct)</b> (Dual Wavelength - Reflectance Spectrophotometry)	0.00	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Calculated)	0.5	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.20	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.30	gm/dL	3.5-5.0
Serum Globulin (Calculated)	2.91	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.48	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal- 5-phosphate))	35	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	30	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	62	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	16	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.

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

Anushre

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

#### **BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminesence)	1.06	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminesence)	5.23 L	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminesence)	6.108 H	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 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.

--End of Report-

Anushre

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

Patient Name : Mr Baljith Singh Gulia MRN : 10110000181274 Gender/Age : MALE , 56y (15/07/1967)

#### 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)





Page 4 of 4

Patient Name : Mr Baljith Singh GuliaMRN : 10110000181274Gender/Age : MALE , 56y (15/07/1967)Collected On : 15/09/2023 07:59 AMReceived On : 15/09/2023 12:48 PMReported On : 15/09/2023 01:57 PMBarcode : 012309150553Specimen : SerumConsultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9880110186

	BIOCHEMI		
Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
<b>Serum Creatinine</b> (Two Point Rate - Creatinine Aminohydrolase)	0.92	mg/dL	0.66-1.25
eGFR (Calculated)	85.2	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	10	mg/dL	9.0-20.0
/Colorimetric – Urease)			
Serum Uric Acid (Colorimetric - Uricase, Peroxidase)	5.91	mg/dL	3.5-8.5
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	224 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	99	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	62 H	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	162.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	124 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	19.8	mg/dL	0.0-40.0

Page 1 of 4

Patient Name: Mr Baljith Singh Gulia MRN	: 10110000181274	Gender/Age : MALE	, 56y (15/07/1967)
Cholesterol /HDL Ratio (Calculated)	3.7	-	0.0-5.0
Prostate Specific Antigen (PSA) (Enhanced	d 0.786	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 age.

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.

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#### LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.50	mg/dL	0.2-1.3
<b>Conjugated Bilirubin (Direct)</b> (Dual Wavelength - Reflectance Spectrophotometry)	0.00	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Calculated)	0.5	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.20	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.30	gm/dL	3.5-5.0
Serum Globulin (Calculated)	2.91	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.48	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal- 5-phosphate))	35	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	30	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	62	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	16	U/L	15.0-73.0

#### **Interpretation Notes**

Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin).
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 Delta Bilirubin is not expected to be present in healthy adults or neonates.

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

Anushre

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

#### **BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminesence)	1.06	ng/mL	0.97-1.69
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TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminesence)	6.108 H	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 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.

--End of Report-

Anushre

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

Patient Name : Mr Baljith Singh Gulia MRN : 10110000181274 Gender/Age : MALE , 56y (15/07/1967)

#### 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)





Page 4 of 4

Patient Name : Ms Kavita DeviMRN : 2014000002186Gender/Age : FEMALE , 48y (25/03/1975)Collected On : 15/09/2023 08:03 AMReceived On : 15/09/2023 12:46 PMReported On : 15/09/2023 01:13 PMBarcode : 032309150061Specimen : UrineConsultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9945444297

	CLINICAL PATI		
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)	1.008	-	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
<b>Urine Leucocyte Esterase</b> (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	1.1	/hpf	0-5

Patient Name : Ms Kavita Devi MRN : 2014000000	2186 Gender/Ag	e : FEMALE , 48y (25/03/	1975)
RBC	0.3	/hpf	0-4
Epithelial Cells	3.9	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.02	/hpf	0-1
Bacteria	22.9	/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.

# Urine For Sugar (Fasting) (Enzyme Method (GOD Not Present

POD))

--End of Report-

Hena S

Dr. Hema S MD, DNB, Pathology Associate Consultant

#### Note

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





Page 2 of 2

Patient Name : Ms Kavita Devi MRN : 20140000002186 Gender/Age : FEMALE , 48y (25/03/1975)

Collected On: 15/09/2023 08:03 AM Received On: 15/09/2023 12:45 PM Reported On: 15/09/2023 01:17 PM

Barcode : 012309150567 Specimen : Plasma Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9945444297

BIOCHEMISTRY			
Test	Result	Unit	<b>Biological Reference Interval</b>
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	100 H	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

--End of Report-

Anushre

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

#### Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
   (Fasting Blood Sugar (FBS) -> Auto Authorized)

m

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





Patient Name : Ms Kavita Devi MRN : 20140000002186 Gender/Age : FEMALE , 48y (25/03/1975)

Collected On: 15/09/2023 11:17 AM Received On: 15/09/2023 12:47 PM Reported On: 15/09/2023 01:22 PM

Barcode : 012309151242 Specimen : Plasma Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9945444297

	BIOCHE	MISTRY	
Test	Result	Unit	<b>Biological Reference Interval</b>
<b>Post Prandial Blood Sugar (PPBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	114	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

--End of Report-

Anushre

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

#### Note

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

Kindly correlate clinically.

(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)

m

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





Patient Name : Ms Kavita DeviMRN : 2014000002186Gender/Age : FEMALE , 48y (25/03/1975)Collected On : 15/09/2023 06:32 PMReceived On : 15/09/2023 07:31 PMReported On : 16/09/2023 04:01 PMBarcode : 072309150041Specimen : SmearConsultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9945444297

#### **CYTOLOGY**

#### **PAP SMEAR**

P-7087/2023 LAB No. MATERIAL RECEIVED Received LBC vial. LMP-03.09.2023 **CLINICAL DETAILS SPECIMEN TYPE** LBC smear. Satisfactory for evaluation with endocervical canal cells / SMEAR ADEQUACY Transformation zone component. **GENERAL CATEGORIZATION** CERVICAL CYTOLOGY PAP SMEAR REPORT (The 2014 Bethesda system) No epithelial cell abnormality seen. Few neutrophils noted. No evidence of fungal organisms, trichomonas vaginalis, bacterial vaginosis. Negative for intraepithelial lesion or malignancy. Interpretation / Result : **IMPRESSION** - Smear is negative for intraepithelial lesion or malignancy. Note : The pap test is only a screening test for cervical cancer with REMARKS inherent false negative results.

--End of Report-

Page 1 of 2

Patient Name : Ms Kavita Devi MRN : 20140000002186 Gender/Age : FEMALE , 48y (25/03/1975)

Khush 600 S

Dr. Sahetia Khushboo Mukesh MD, DNB, Pathology Junior Consultant Histopathology

### Note

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



Patient Name : Ms Kavita DeviMRN : 20140000002186Gender/Age : FEMALE , 48y (25/03/1975)Collected On : 15/09/2023 08:03 AMReceived On : 15/09/2023 12:45 PMReported On : 15/09/2023 01:49 PMBarcode : 012309150568Specimen : SerumConsultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9945444297

BIOCHEMISTRY				
Test	Result	Unit	<b>Biological Reference Interval</b>	
SERUM CREATININE				
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.56	mg/dL	0.52-1.04	
eGFR (Calculated)	115.6	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.	
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric – Urease)	11	mg/dL	7.0-17.0	
Serum Uric Acid (Colorimetric - Uricase, Peroxidase)	5.2	mg/dL	2.5-6.2	
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)				
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	197	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240	
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	114	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500	
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	49	mg/dL	40.0-60.0	
Non-HDL Cholesterol (Calculated)	148.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220	
LDL Cholesterol (Colorimetric)	118 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190	
VLDL Cholesterol (Calculated)	22.8	mg/dL	0.0-40.0	

Page 1 of 3

Patient Name : Ms Kavita Devi MRN : 2014000002	2186 Gender/Age	e : FEMALE , 48y (25/03/2	1975)
Cholesterol /HDL Ratio (Calculated)	4.1	-	0.0-5.0
THYROID PROFILE (T3, T4, TSH)			
Tri lodo Thyronine (T3) (Enhanced Chemiluminesence)	1.28	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminesence)	8.79	μg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminesence)	1.722	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**

• 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)	0.60	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)	0.6	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.80	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.30	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.5	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.23	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal- 5-phosphate))	31	U/L	14.0-36.0
<b>SGPT (ALT)</b> (Multipoint-Rate With P-5-P (pyridoxal-5- phosphate))	33	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	74	U/L	38.0-126.0

Patient Name : Ms Kavita Devi M	RN: 2014000000218	6 Gender/Age	: FEMALE , 48y (25/03/19	975)
Gamma Glutamyl Transferase (	GGT) (Multipoint 1	1 L	U/L	12.0-43.0
Rate - L-glutamyl-p-nitroanilide ( Sza	sz Method))			

#### **Interpretation Notes**

Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin).
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Mrs. Latha B S MSc, Mphil, Biochemistry Incharge, Consultant Biochemistry

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   (Lipid Profile, -> Auto Authorized)
   (, -> Auto Authorized)
   (CR, -> Auto Authorized)
   (LFT, -> Auto Authorized)
   (Blood Urea Nitrogen (Bun), -> Auto Authorized)
   (Uric Acid -> Auto Authorized)

--End of Report-

Anushre

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry





Patient Name : Ms Kavita DeviMRN : 20140000002186Gender/Age : FEMALE , 48y (25/03/1975)Collected On : 15/09/2023 08:03 AMReceived On : 15/09/2023 12:45 PMReported On : 15/09/2023 01:49 PMBarcode : 012309150568Specimen : SerumConsultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9945444297

BIOCHEMISTRY				
Test	Result	Unit	<b>Biological Reference Interval</b>	
SERUM CREATININE				
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.56	mg/dL	0.52-1.04	
eGFR (Calculated)	115.6	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.	
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric – Urease)	11	mg/dL	7.0-17.0	
Serum Uric Acid (Colorimetric - Uricase, Peroxidase)	5.2	mg/dL	2.5-6.2	
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)				
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	197	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240	
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Non-HDL Cholesterol (Calculated)	148.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220	
LDL Cholesterol (Colorimetric)	118 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190	
VLDL Cholesterol (Calculated)	22.8	mg/dL	0.0-40.0	

Page 1 of 3

Patient Name : Ms Kavita Devi MRN : 2014000002	2186 Gender/Age	e : FEMALE , 48y (25/03/2	1975)
Cholesterol /HDL Ratio (Calculated)	4.1	-	0.0-5.0
THYROID PROFILE (T3, T4, TSH)			
Tri lodo Thyronine (T3) (Enhanced Chemiluminesence)	1.28	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminesence)	8.79	μg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminesence)	1.722	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**

• 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)	0.60	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)	0.6	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.80	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.30	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.5	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.23	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal- 5-phosphate))	31	U/L	14.0-36.0
<b>SGPT (ALT)</b> (Multipoint-Rate With P-5-P (pyridoxal-5- phosphate))	33	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	74	U/L	38.0-126.0

Patient Name : Ms Kavita Devi M	RN: 2014000000218	6 Gender/Age	: FEMALE , 48y (25/03/19	975)
Gamma Glutamyl Transferase (	GGT) (Multipoint 1	1 L	U/L	12.0-43.0
Rate - L-glutamyl-p-nitroanilide ( Sza	sz Method))			

#### **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.



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

--End of Report-

Anushre

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry





Patient Name : Ms Kavita DeviMRN : 2014000002186Gender/Age : FEMALE , 48y (25/03/1975)Collected On : 15/09/2023 08:03 AMReceived On : 15/09/2023 12:45 PMReported On : 15/09/2023 01:50 PMBarcode : 022309150347Specimen : Whole Blood - ESRConsultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9945444297

HEMATOLOGY				
Test	Result	Unit	<b>Biological Reference Interval</b>	
Erythrocyte Sedimentation Rate (ESR)	9	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-

Henra S

Dr. Hema S MD, DNB, Pathology Associate Consultant

Note

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





**Final Report** 

Patient Name : Ms Kavita Devi MRN : 20140000002186 Gender/Age : FEMALE , 48y (25/03/1975)

Collected On : 15/09/2023 08:03 AM Received On : 15/09/2023 12:46 PM Reported On : 15/09/2023 03:27 PM

Barcode : 012309150569 Specimen : Whole Blood Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9945444297

BIOCHEMISTRY				
Test	Result	Unit	<b>Biological Reference Interval</b>	
HBA1C				
HbA1c (HPLC NGSP Certified)	5.8 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020	
Estimated Average Glucose (Calculated)	119.76	-	-	

#### 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.

### --End of Report-

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

#### Note

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

Anushre

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry





Page 1 of 1

Patient Name : Ms Kavita DeviMRN : 2014000002186Gender/Age : FEMALE , 48y (25/03/1975)Collected On : 15/09/2023 08:03 AMReceived On : 15/09/2023 12:45 PMReported On : 15/09/2023 01:04 PMBarcode : 182309150004Specimen : Whole BloodConsultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9945444297

#### NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group (Column Agglutination Technology)	А	-
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.





Patient Name : Ms Kavita DeviMRN : 20140000002186Gender/Age : FEMALE , 48y (25/03/1975)Collected On : 15/09/2023 08:03 AMReceived On : 15/09/2023 12:45 PMReported On : 15/09/2023 12:59 PMBarcode : 022309150348Specimen : Whole BloodConsultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9945444297

HEMATOLOGY					
Test	Result	Unit	<b>Biological Reference Interval</b>		
COMPLETE BLOOD COUNT (CBC)					
Haemoglobin (Hb%) (Photometric Measurement)	13.2	g/dL	12.0-15.0		
Red Blood Cell Count (Electrical Impedance)	4.49	million/µl	3.8-4.8		
PCV (Packed Cell Volume) / Hematocrit (Calculated)	41.1	%	36.0-46.0		
MCV (Mean Corpuscular Volume) (Derived)	91.6	fL	83.0-101.0		
MCH (Mean Corpuscular Haemoglobin) (Calculated)	29.4	pg	27.0-32.0		
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.1	%	31.5-34.5		
Red Cell Distribution Width (RDW) (Derived)	13.3	%	11.6-14.0		
Platelet Count (Electrical Impedance Plus Microscopy)	175	10 <sup>3</sup> /µL	150.0-450.0		
Mean Platelet Volume (MPV)	12.1 H	fL	7.0-11.7		
Total Leucocyte Count(WBC) (Electrical Impedance)	5.8	10 <sup>3</sup> /µL	4.0-10.0		
DIFFERENTIAL COUNT (DC)					
Neutrophils (VCS Technology Plus Microscopy)	42.1	%	40.0-75.0		
Lymphocytes (VCS Technology Plus Microscopy)	44.2 H	%	20.0-40.0		
Monocytes (VCS Technology Plus Microscopy)	9.5	%	2.0-10.0		
Eosinophils (VCS Technology Plus Microscopy)	3.0	%	1.0-6.0		

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Final Report

Page 1 of 3

Patient Name : Ms Kavita Devi MRN : 2014000000	2186 Gender/Ag	e : FEMALE , 48y (25/03/	1975)
Basophils (VCS Technology Plus Microscopy)	1.2	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	2.45	x10 <sup>3</sup> cells/µl	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.57	x10 <sup>3</sup> cells/µl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.56	x10 <sup>3</sup> cells/µl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.18	x10 <sup>3</sup> cells/µl	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.

DISCLAIMER: All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.

--End of Report-

Decound

Dr. Deepak M B MD, PDF, Hematopathology Consultant Patient Name : Ms Kavita Devi MRN : 20140000002186 Gender/Age : FEMALE , 48y (25/03/1975)

#### Note

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







TO,

# ArcoFemi Healthcare Ltd.

Mediwheel Health checkup F-701, Lado sarai New Delhi-11030

Dear Sir/Madam,

We are enclosing here with our credit bill.

SL. N O	NAME OF THE PATIENT	INVOICE NO	MRN NO	BILL DATE	APMNT ID/EMPLO YEE ID	PACAKGE NAME	Spons or Amou nt
1	Mr Baljith Singh Gulia	IA201423100 1068	101100001812 74	15/09/2023	APMNT ID-BOBE4613 8 EMP ID-167632	EHP Mediwheel Full Body Health checkup Above 40 Male	3300
	Ms Kavita Devi	IA201423I00 1069	201400000021 86	15/09/2023	APMNT ID-BOBS4613 9.EMP ID-167632	EHP Mediwheel Full Body Health checkup Above 40 Female	3400
						otal	670

Amount in Words: Rupees Six thousand seven hundred only/-

## Thanking You

Narayana Multi Speciality Clinic Doddakannahalli Sarjapur Road Bangalore 8884431319





#### Narayana Hrudayalaya Limited

Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road, Varthur Hobli, Bangalore - 560035



## INVOICE / BIL Winit of Narayana Health

Inv Date :21-09-2023

#### INVO-No:IA201423I001068,1069

# ArcoFemi Healthcare Ltd.

Mediwheel Health checkup F-701, Lado sarai New Delhi-11030

То :

SL NO	Particulars	Qty	Rate	Sponser An	nount
01	Towards service rendered on 15-09-2023	2 A			
		5 T 8			
	Package Name:				
	EHP Mediwheel full body health checkup Above 40 male pkg	1	3300	3300	
÷	EHP Mediwheel full body health checkup Above 40 female pkg	1	3400	3400	
		241			
	Encl: Billwise details				
		*		Rs.6700	. 0
	Other Charges			00	0
	Total Amount	N	NH Integrated Care	<b>Rs.6700</b>	0



Bank details for remittance



None - Cil I I		manippeorancy c
Name of the bank	AXIS BANK	Unit of Narayana Health
Branch Name	BOMMASANDRA BRANCH, BANGALORE	
Beneficiary Name	NH INTEGRATED CARE PVT LTD	
Account No.	923020007358360	
Account Type	Current Account	-
IFSC Code	UTIB0004238	
PAN NO	AAICN6968M	

Narayana Clinic Narayana Clinic A Unit of NH Integrated Care Put Ltd) (A Unit of NH Integrated Sara Bangalore 560035 Above HOFC Bank, 833, Doddakameli Above HOFC Bank, 833, Doddakameli Sarjapura Mn Rd, Vantuur Hobil, Bangalore 560035 Sarjapura Mn Rd, Vantuur Hobil, Bangalore 560035



Narayana Hrudayalaya Limited Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road, Varthur Hobli, Bangalore - 560035

Patient Name : Mr Baljith Singh GuliaMRN : 10110000181274Gender/Age : MALE , 56y (15/07/1967)Collected On : 15/09/2023 07:59 AMReceived On : 15/09/2023 12:48 PMReported On : 15/09/2023 01:57 PMBarcode : 012309150553Specimen : SerumConsultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9880110186

	BIOCHEMISTRY								
Test	Result	Unit	Biological Reference Interval						
SERUM CREATININE									
<b>Serum Creatinine</b> (Two Point Rate - Creatinine Aminohydrolase)	0.92	mg/dL	0.66-1.25						
eGFR (Calculated)	85.2	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	10	mg/dL	9.0-20.0						
/Colorimetric – Urease)									
Serum Uric Acid (Colorimetric - Uricase, Peroxidase)	5.91	mg/dL	3.5-8.5						
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)									
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	224 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240						
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	99	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500						
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	62 H	mg/dL	40.0-60.0						
Non-HDL Cholesterol (Calculated)	162.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220						
LDL Cholesterol (Colorimetric)	124 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190						
VLDL Cholesterol (Calculated)	19.8	mg/dL	0.0-40.0						

Page 1 of 4

Patient Name: Mr Baljith Singh Gulia MRN: 10	0110000181274	Gender/Age : MALE	, 56y (15/07/1967)
Cholesterol /HDL Ratio (Calculated)	3.7	-	0.0-5.0
Prostate Specific Antigen (PSA) (Enhanced	0.786	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 age.

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)	0.50	mg/dL	0.2-1.3
<b>Conjugated Bilirubin (Direct)</b> (Dual Wavelength - Reflectance Spectrophotometry)	0.00	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Calculated)	0.5	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.20	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.30	gm/dL	3.5-5.0
Serum Globulin (Calculated)	2.91	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.48	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal- 5-phosphate))	35	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	30	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	62	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	16	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.

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

Anushre

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

#### **BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminesence)	1.06	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminesence)	5.23 L	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminesence)	6.108 H	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 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.

--End of Report-

Anushre

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

Patient Name : Mr Baljith Singh Gulia MRN : 10110000181274 Gender/Age : MALE , 56y (15/07/1967)

#### 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)





Page 4 of 4

## Health Check up Booking Request(bobE46138), Beneficiary Code-71297

#### Mediwheel <wellness@mediwheel.in>

Tue 9/12/2023 1:24 AM

To:Info Sarjapur <info.sarjapur@narayanahealth.org> Cc:customercare@mediwheel.in <customercare@mediwheel.in>

Attention: This email originated outside of Narayana Health domain. Links and attachments cannot be verified as authentic. Do not share personal/organisational data including passwords or act based on the content of the email, unless you have verified the authenticity of the sender and email address thoroughly.

### 011-41195959 Email:wellness@mediwheel.in

Dear Narayana Multispeciality Clinic,

**Tests included in** 

this Package

City : Bangalore . Address : 83/3 Doddakanneli, Sarjapur, Main Road , Near Wipro Gate-560035,

We have received the confirmation for the following booking .

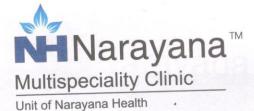
Name	1	MR. GULIA BALJIT SINGH
Age	* *	53
Gender	:	Male
Package Name	:	Mediwheel Metro Full Body Health Checkup Male Above 40
User Location	:	MG Road, BENGALURU, Karnataka, 560001
Contact Details	:	9880110186
Booking Date	:	12-09-2023
Appointment Date	:	15-09-2023

	Member Infor	mation		riyeli constanti dan
Booked Member Name	Age	Gender	Cost(In INR)	
MR. GULIA BALJIT SINGH	53	Male	Cashless	*****
Total an	nount to be paid	Cashless		

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name : Mediwheel Mètro Full Body Health Checkup Male Above 40 -Includes (41)Tests

> Ecg, Eye Check Up, 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, PSA-Men, 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



Patient Name	:Mr.BALJITH SINGH GULIA	Patient ID	:1011-181274
Age	: 56Years	Sex	: male
-	: PKG	Date	: 15.09.2023

## ULTRASOUND ABDOMEN AND PELVIS

#### FINDINGS:

Liver is normal in size , 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 normally distended and shows a calculus measuring 13.7 mm without evidence of 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 echopattern. No evidence of mass or focal lesions.

**Right Kidney** is normal in size (measures 9.1 cm in length & 1.2cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Left Kidney** is normal in size (measures 9.2 cm in length & 1.2cm 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.pre void – 240cc , post void – 13 cc.

Prostate is enlarged in size with median lobe hypertrophy, measures  $4.4 \times 3.1 \times 3.3 \text{ cm}$  (Volume =24cc).

Fluid - There is no ascites or pleural effusion.

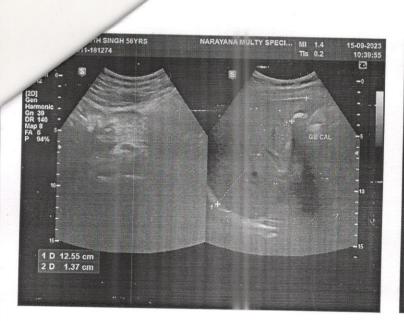
**IMPRESSION:** 

- Cholelithiasis without cholecystitis.
- Grade I prostatomegaly. insignificant post void residue.

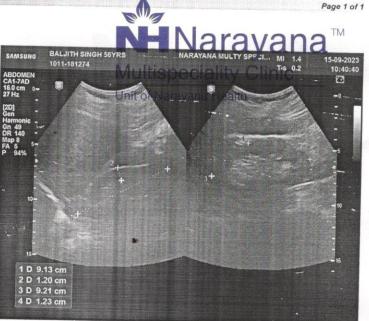
#### Dr B M Seshadri MDRD Consultant Radiologist Helpline 186 0208 0208

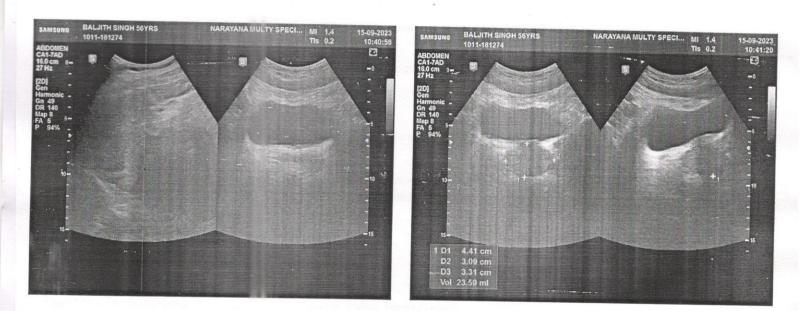
Narayana Hrudayalaya Limited

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



Report

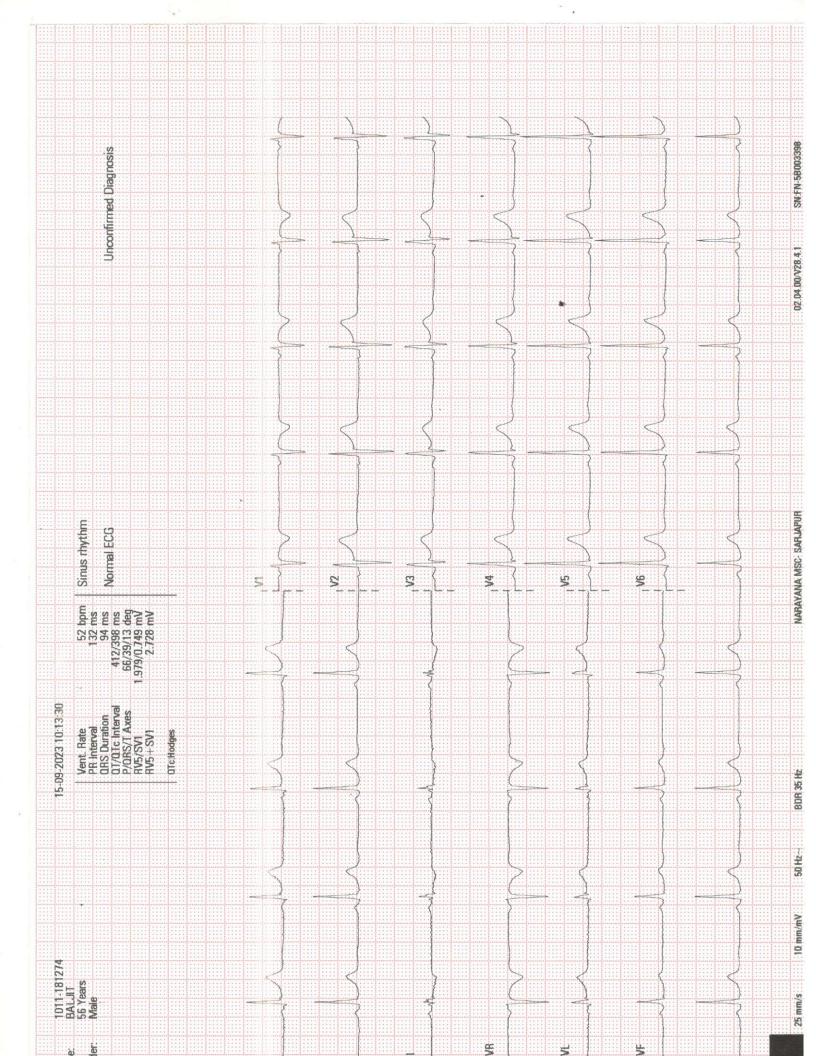


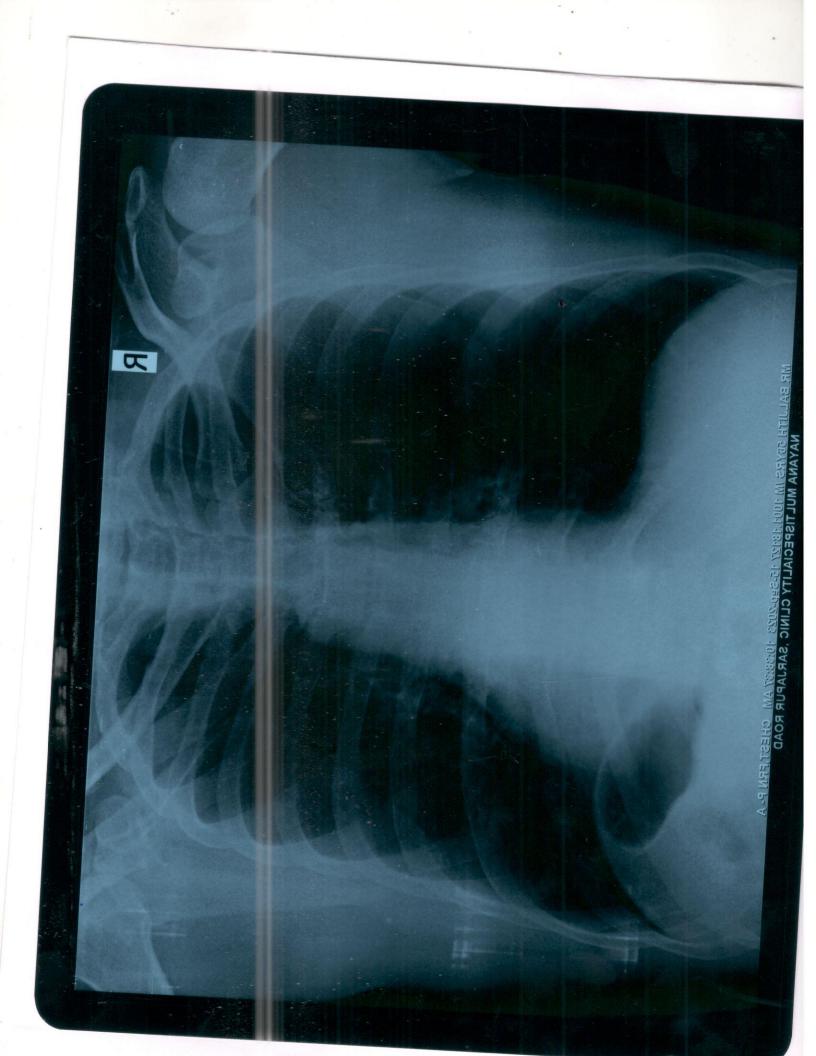




Narayana Hrudayalaya Limited

Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road, Varthur Hobli, Bangalore - 560035





#### NARAYANA MULTY SPECIAL TY CLINIC SARJAPUR ROAD BANGALORE

Station Telephone:

**Referring Physician: EHC** 

Attending Physician: EHC

Technician: CHANDANA V

30

# EXERCISE STRESS TEST REPORT

DOB: 15.07.1967 Age: 56yrs

Gender: Male

Race: Indian

Patient Name: MR BALIJITH SINGH GULIA, Patient ID: 1011-181274 Height: 159 cm Weight: 64 kg

Study Date: 15.09.2023 Test Type: Treadmill Stress Test Protocol: BRUCE

Medications:

Medical History: NIL

Reason for Exercise Test: Screening for CAD

**Exercise Test Summary** 

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	01:23	0.00	0.00	71	130/80	
EXERCISE	STAGE 1	03:00	2.70	10.00	100	140/80	
	STAGE 2	03:00	4.00	12.00	123	150/80	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	STAGE 3	02:43			139	150/80	
RECOVERY		05:08	0.00	0.00	75	130/80	

The patient exercised according to the BRUCE for 8:42 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 61 bpm rose to a maximal heart rate of 141 bpm. This value represents 85 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Fatigue.

## Interpretation

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

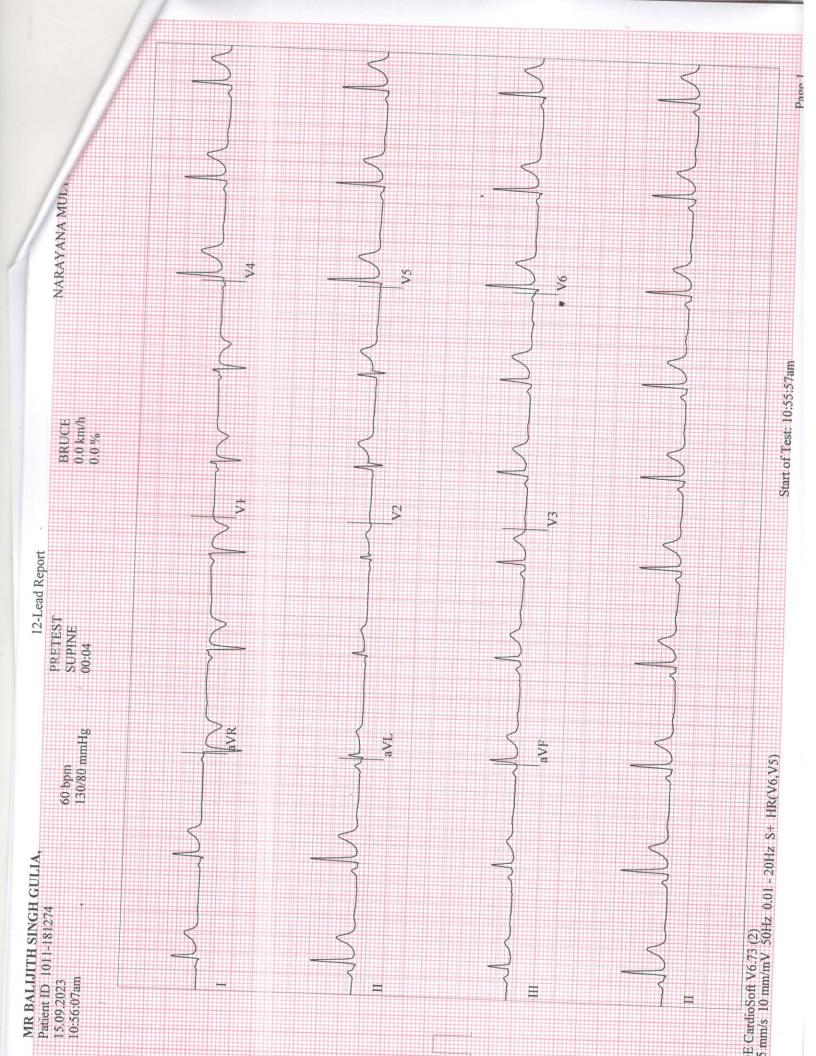
· Conclusions

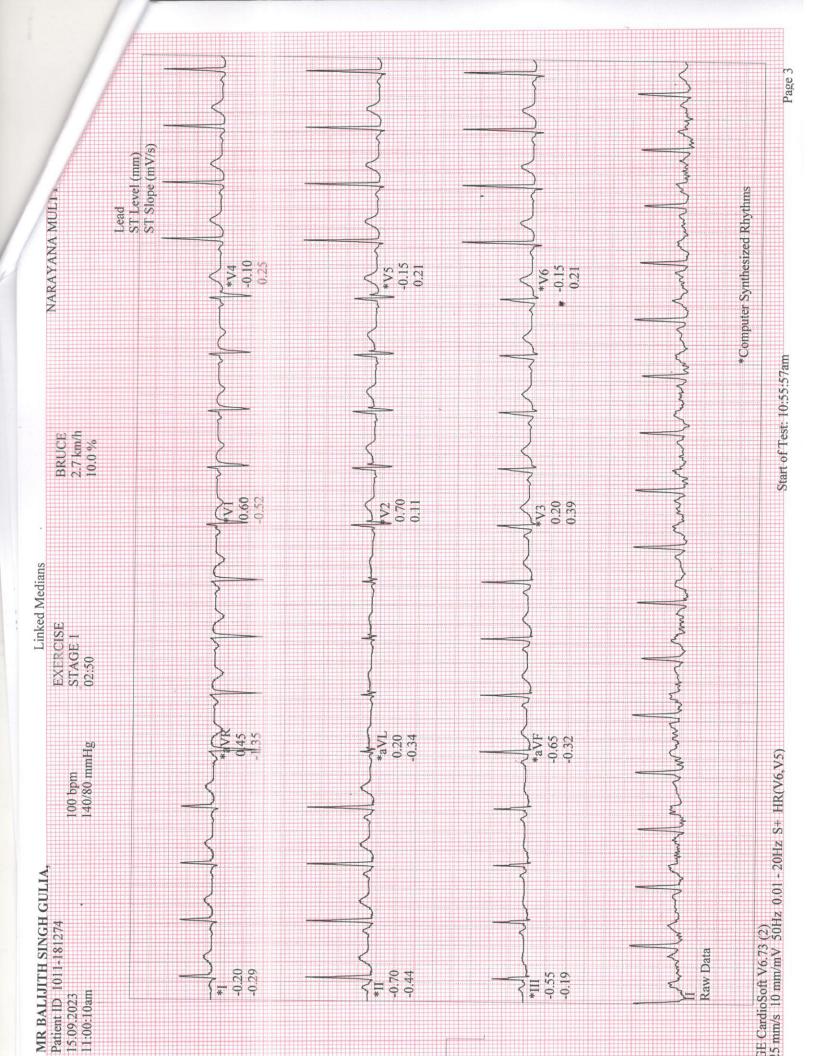
GOOD EFFORT TOLERANCE NO SIGNIFICANT ST CHANGES NOTED STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

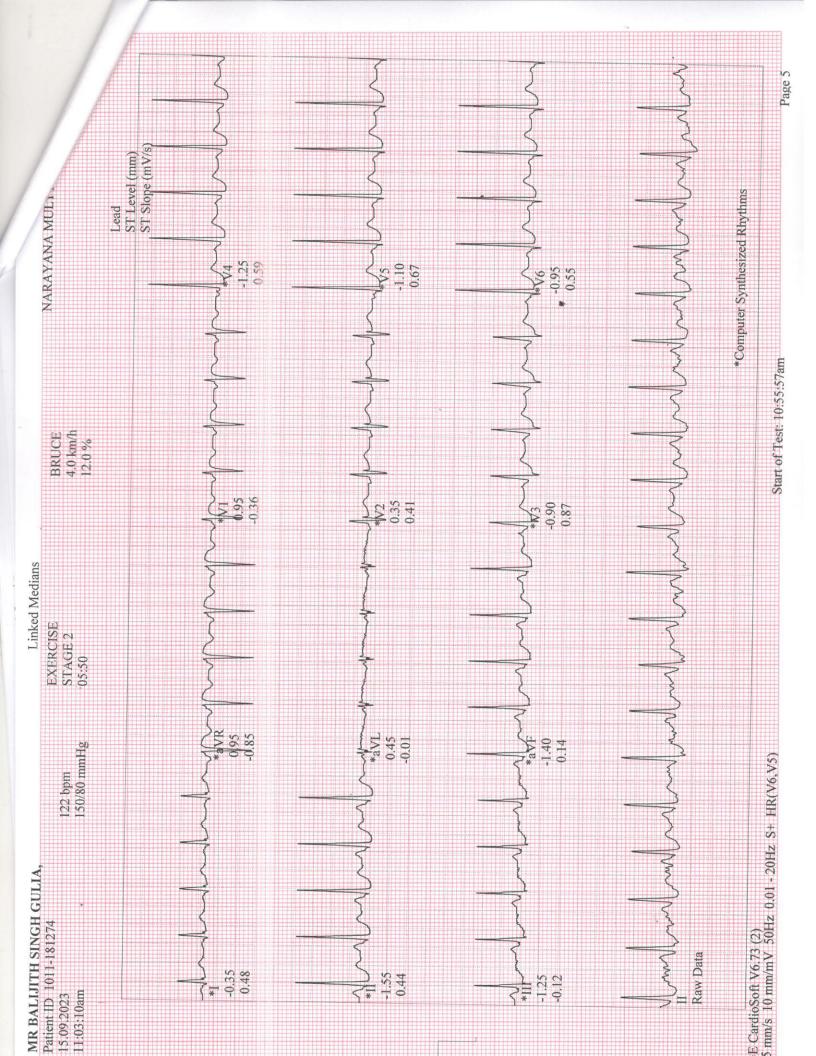
Physician

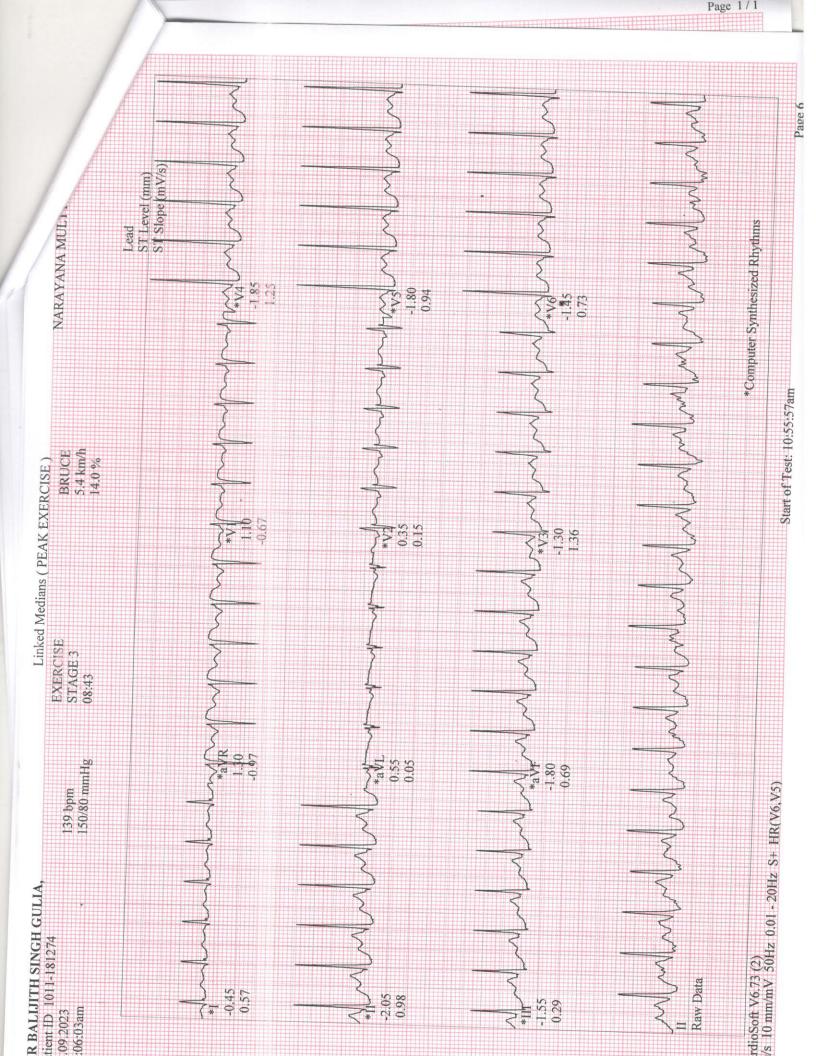
Technician

Cherel









Employee Name	Mr. Dalget	Sing y gulla	
Employee ID	167632		
Age	56		
Gender	Male		
Gender	Max		
Date	15-9-23	]	
Name of center	hilt Santapuna	1	
Name of center	MARSINJAR		
City	Dengalora	]	

## **BASIC PARAMTERS:**

Height (in mts)	159 cm
Weight (in Kgs)	70.69
BMI	0 0

Waist circumference (in cms)	82
Hip circumference (in cms)	. FF
Waist-to-hip ratio	

Systolic BP	130/
Diastolic BP	180

# **Package Details**

Patient Name : Mr Baljith Singh Gulia, 10110000181274, male, 56y 2m

Package Name : EHP Mediwheel Full Body Health checkup Above 40 Male

Start Date : 15/09/2023 07:49 End Date : 16/09/2023 07:49

Generated By: Hemanth Kumar

Generated On: 15-09-2023 07:50

Service Name	Ordered Date	Service Center	Consultant	Qty	Explicit
PROSTATE SPECIFIC ANTIGEN (PSA)	15/09/2023 07:49 AM	DIOCUENISTRY	Dr. Sharma Vasant Kumar	1	No
CONSULTATION - FIRST	15/09/2023 07:49 AM	OPD-2F	Dr. Sharma Vasant Kumar	1	No
USG ABDOMEN	15/09/2023 07:49 AM	LITRA SOLIND-2F	Dr. Sharma Vasant Kumar 🔹	1	No
ECHO COLOR DOPPLER	15/09/2023 07:49 AM	ECHO-2F	Dr. Sharma Vasant Kumar	1	No
XRAY CHEST PA	15/09/2023 07:49 AM	X-RAY	Dr. Sharma Vasant Kumar	1	No
TREADMILL TEST	15/09/2023 07:49 AM	OPD-2F	Dr. Sharma Vasant Kumar	1	No
ECG	15/09/2023 07:49 AM	OPD-2F	Dr. Sharma Vasant Kumar	1	No
BLOOD UREA NITROGEN (BUN)	15/09/2023 07:49 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
URIC ACID	15/09/2023 07:49 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
LIVER FUNCTION TEST (LFT)	15/09/2023 07:49 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
SERUM CREATININE	15/09/2023 07:49 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
THYROID PROFILE (T3, T4, TSH)	15/09/2023 07:49 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
НВА1С	15/09/2023 07:49 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
URINE FOR SUGAR (FASTING)	15/09/2023 07:49 AM	CLINICAL PATHOLOGY	Dr. Sharma Vasant Kumar	1	No
LIPID PROFILE (CHOL, TRIG,HDL,LDL,VLDL)	15/09/2023 07:49 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
URINE FOR SUGAR (POST PRANDIAL)	15/09/2023 07:49 AM	CLINICAL PATHOLOGY	Dr. Sharma Vasant Kumar	1	No
FASTING BLOOD	15/09/2023 07:49 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
POST PRANDIAL BLOOD SUGAR (PPBS)	15/09/2023 07:49 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
BLOOD GROUP & RH TYPING	15/09/2023 07:49 AM	NARAYANA HRUDAYALAYA BLOOD CENTRE	Ör. Sharma Vasant Kumar	1	No
STOOL ROUTINE EXAMINATION	15/09/2023 07:49 AM	CLINICAL PATHOLOGY	Dr. Sharma Vasant Kumar	1	No
URINE ROUTINE & MICROSCOPY	15/09/2023 07:49 AM	CLINICAL PATHOLOGY	Dr. Sharma Vasant Kumar	1	No
COMPLETE BLOOD COUNT (CBC)	15/09/2023 07:49 AM	HEMATOLOGY	Dr. Sharma Vasant Kumar	1	No

Page 1 of 2

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To,

The Coordinator, Mediwheel (Arcofemi Healthcare Limited) Helpline number: 011- 41195959

Dear Sir / Madam,

### Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	OF HEALTH CHECK UP BENEFICIARY
NAME	KAVITA DEVI
DATE OF BIRTH	08-03-1975
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	15-09-2023
BOOKING REFERENCE NO.	23S167632100069132S
	SPOUSE DETAILS
EMPLOYEE NAME	MR. GULIA BALJIT SINGH
EMPLOYEE EC NO.	167632
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	BENGALURU, RO BENGALURU SOUTH
EMPLOYEE BIRTHDATE	15-07-1967

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **12-09-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

# Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



Employee Name	Mrs	Kavilla Dei	1	 
Employee ID	1676	32		
Age	48			
	*	Same and s		
Gender	female			
Date	15-9-	253		
Name of center	NH Sauf	apure		
				*
City	2 engalo	in		
	0			

### **BASIC PARAMTERS:**

Height (in mts)	109 Cm
Weight (in Kgs)	68.81001
BMI	J

Waist circumference (in cms)	90 Cm
Hip circumference (in cms)	gip an
Waist-to-hip ratio	• (

Systolic BP	120 mm129
Diastolic BP	So Curety

# **Package Details**

Patient Name : Ms Kavita Devi, 20140000002186, female, 48y 5m

Package Name : EHP Mediwheel Full Body Health checkup Above 40 Female

Start Date : 15/09/2023 07:58 End Date : 16/09/2023 07:58

Generated By: Hemanth Kumar

Generated On: 15-09-2023 07:58

Service Name	Ordered Date	Service Center	Consultant	Qty	Explicit
USG BREAST BOTH	15/09/2023 07:58 AM	ULTRA SOUND-2F	Dr. Sharma Vasant Kumar	1	No
PAP SMEAR	15/09/2023 07:58 AM	CYTOLOGY	Dr. Sharma Vasant Kumar	1	No
CONSULTATION - FIRST VISIT	15/09/2023 07:58 AM	OPD-2F	Dr. Sharma Vasant Kumar	1	No
CONSULTATION - FIRST	15/09/2023 07:58 AM	OPD-2F	Dr. Jyoti Rajesh	1	No
XRAY CHEST PA	15/09/2023 07:58 AM	X-RAY	Dr. Sharma Vasant Kumar	1	No
ECHO COLOR DOPPLER	15/09/2023 07:58 AM	ECHO-2F	Dr. Sharma Vasant Kumar	1	No
USG ABDOMEN	15/09/2023 07:58 AM	ULTRA SOUND-2F	Dr. Sharma Vasant Kumar	1	No
TREADMILL TEST	15/09/2023 07:58 AM	OPD-2F	Dr. Sharma Vasant Kumar	1	No
URIC ACID	15/09/2023 07:58 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
BLOOD UREA NITROGEN (BUN)	15/09/2023 07:58 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
LIVER FUNCTION TEST (LFT)	15/09/2023 07:58 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
ECG	15/09/2023 07:58 AM	OPD-2F	Dr. Sharma Vasant Kumar	1	No
SERUM CREATININE	15/09/2023 07:58 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
THYROID PROFILE (T3, T4, TSH)	15/09/2023 07:58 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
URINE FOR SUGAR (FASTING)	15/09/2023 07:58 AM	CLINICAL PATHOLOGY	Dr. Sharma Vasant Kumar	1	No
HBA1C	15/09/2023 07:58 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
LIPID PROFILE (CHOL, TRIG,HDL,LDL,VLDL)	15/09/2023 07:58 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
URINE FOR SUGAR (POST PRANDIAL)	15/09/2023 07:58 AM	CLINICAL PATHOLOGY	Dr. Sharma Vasant Kumar	1	No
FASTING BLOOD SUGAR (FBS)	15/09/2023 07:58 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
POST PRANDIAL	15/09/2023 07:58 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
BLOOD GROUP & RH TYPING	15/09/2023 07:58 AM	NARAYANA HRUDAYALAYA BLOOD CENTRE	Dr. Sharma Vasant Kumar	1	No
STOOL ROUTINE EXAMINATION	15/09/2023 07:58 AM	CLINICAL PATHOLOGY	Dr. Sharma Vasant Kumar	1	No

Page 1 of 2

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Service Name	Ordered Date	Service Center	Consultant	Qty	Explicit
URINE ROUTINE & MICROSCOPY	15/09/2023 07:58 AM	CLINICAL PATHOLOGY	Dr. Sharma Vasant Kumar	1	No
COMPLETE BLOOD COUNT (CBC)	15/09/2023 07:58 AM	HEMATOLOGY	Dr. Sharma Vasant Kumar	1	No
ERYTHROCYTE SEDIMENTATION RATE (ESR)	15/09/2023 07:58 AM	HEMATOLOGY	Dr. Sharma Vasant Kumar	1	No

15-09-2023 07:58

Page 2 of 2



# TRANS-THORACIC ECHO REPORT

Patient MRN : 2014-2186

Date: 15.09.2023

Patient Name : Ms.KAVITA DEVI

Age/Gender : 48 yrs/Female

#### M-MODE / 2D MEASUREMENTS

LVEF (>55)%	: 60%	LVID(d) (40-56)mm	:44mm	LVID (s) mm : 30mm
TAPSE (>16) m	<b>m</b> :20mm	IVS (d) (6-10)mm	: 10mm	LV-EDV ml :
LA (<39) mm	: 27mm	PWD (d) (6-10)mm	:9mm	LV-ESV ml :
<b>RA</b> (<44)mm	: 31mm	<b>RV</b> (<35) mm	: 27mm	BSA m <sup>2</sup> :-

#### DOPPLER MEASUREMENTS

MITRAL VALVE : E/A -1.0/0.8 M/S, NORMAL LV DIASTOLIC FUNCTION, MR-MILD

AORTIC VALVE : PG -5 MMHG/AR-TRIVIAL

TRICUSPID VALVE : TR -TRIVIAL

PULMONARY VALVE : PG -2 MMHG

PA PRESSURE : PASP-18 MMHG/ NORMAL PA PRESSURE.

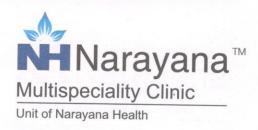
#### FINDINGS

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
and the second se	



Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road,



#### SEPTAE

AORTA

IVS : INTACT

IAS : INTACT

#### **ARTERIES & VEINS**

: AORTIC ANNULUS- 17 MM, ASCENDING AORTA- 27 MM, NORMAL ARCH NORMAL SIZED.

PULMONARY ARTERY : NORMAL

IVC, SVC &CS : IVC - 13 MM, NORMAL SIZED, COLLAPSING, NORMAL RA PRESSURE.

PULMONARY VEINS : NORMAL

PERICARDIUM : NORMAL

VEGETATION / THROMBUS / TUMOR: NIL

OTHER FINDINGS: SINUS RHYTHM-75 BPM NO PREVIOUS ECHO REPORT

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

CHANDANA V CARDIAC SONOGRAPHER



Narayana Hrudayalaya Limited



2014-2186 MS KAVITA	2186 WITA	15-09-2023 10:07-43				
der. Female		Vent, Rate PR Interval ORS Duration 01/01C Interval P/0RS/T Axes RV5/SV1 RV5 + SV1 RV5 + SV1	75 bpm 162 ms 82 ms 408/434 ms 46/40/51 deg 0/33//0:185 mV 0.922 mV	Sinus rhythm rSr(V1) - probable normal variant Antenor T wave abnormality is nonspecific Borderline ECG	Line and the second sec	
Ş						
E C						
						•
Ę						
25 mm/s	10 min/mV 56 Hz	BDB 35 Hz	NARAYAW	NARAYAWA MISC: SARUAPUR 02.0	02.04.00/V28.4.1 SN.F/V-580003398	

	NH Narayana <sup>™</sup> Multispeciality Clinic				
:Mrs.KAVITA DEVI	Unit of Narayana Health Patient ID : 2014-2186				
:48 Years	- Sex : Female				
: PKG	Date :15.09.2023				

# BILATERAL SONOMAMMOGRAM

## FINDINGS:

## **RIGHT BREAST**

Patient Name

**Referring Doctor** 

Age

Pre mammary, mammary and retromammary areas demonstrate normal echotexture.

The areolar region appears unremarkable.

Right axillary tails and axillae appear normal.

Right nipple appear unremarkable.

No evidence of lymphadenopathy.

No other focal lesions seen.

# LEFT BREAST

Pre mammary, mammary and retromammary areas demonstrate normal echotexture.

The areolar region appears unremarkable.

Left nipple appear unremarkable.

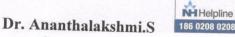
Left axillary tails and axillae appear normal.

No evidence of lymphadenopathy.

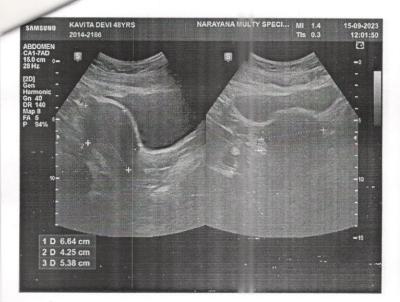
No other focal lesions seen.

## IMPRESSION

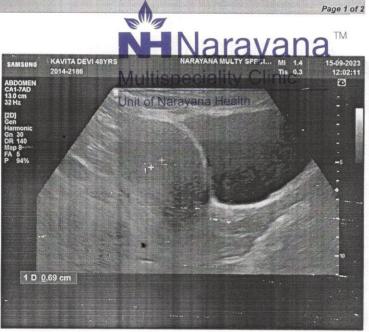
No significant abnormality in breast parenchyma. (BIRADS I)

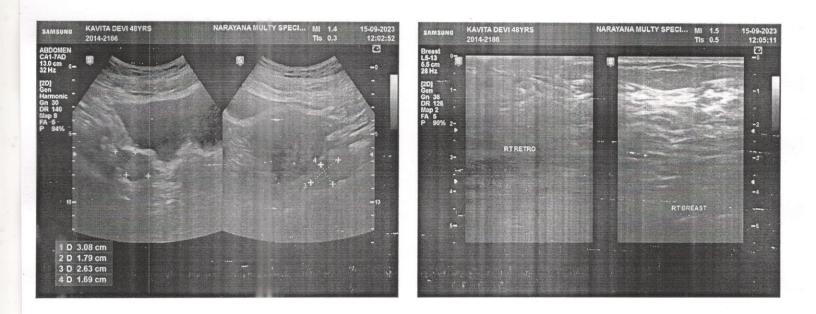


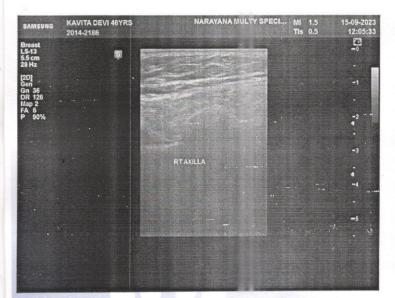
Sonologi Strayana Hrudayalaya Limited Above HDFC Bank, 83/3, Doddakanneli, Sarjapura Main Road, Varthur Hobli, Bangalore - 560035 Tel: +91 80 2574 0061 + 01 90944 21240 5

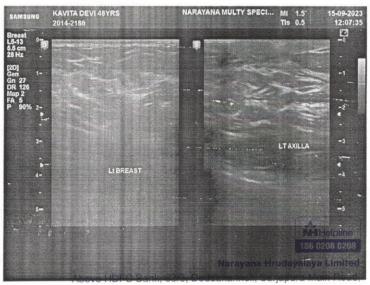


Je Report









Varthur Hobli, Bangalore - 560035

		NH Na	arayana™
			ality Clinic
Patient Name	:Mrs.KAVITA DEVI	Unit of Narayana Health Patient ID : 2014-2186	
Age	:48 Years	Sex	: Female
Referring Doctor	: PKG	Date	:15.09.2023
		 Date	

## ULTRASOUND ABDOMEN AND PELVIS

#### FINDINGS:

Liver is normal in size 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 Normally Distended And shows multiple tiny calculi impacted in the wall of gall bladder giving WES complex. No evidence Of 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 echopattern. No evidence of mass or focal lesions.

**Right Kidney** is normal in size (measures 9.3cm in length & 1.3cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (measures 9.5 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.

Uterus is anteverted and normal in size, measures 6.6 X 4.2 X 5.3 cm. Myometrial and endometrial echoes are normal. Endometrium measures –6.9 mm. Endometrial cavity is empty. Both ovaries are normal in size and echopattern. Right ovary: measures 3.1 X 1.8 cm. Left ovary: measures 2.6 X 1.7 cm. Both adnexa: Normal. No mass is seen.

There is no ascites or pleural effusion.

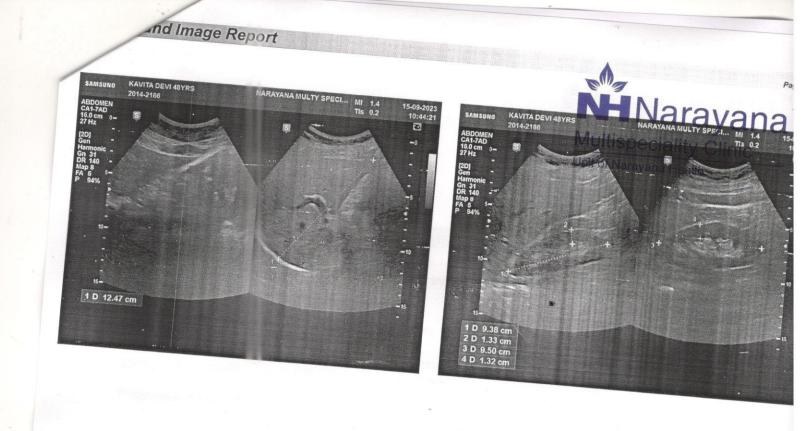
#### **IMPRESSION:**

Cholelithiasis without cholecystitis with WES complex (wall echogenic shadowing complex)

Dr B M Seshadri MDRD Consultant Radiologist



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





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

Tel: + 91 99944 944

Varthur Hobli Bangalan