

# **ECHO REPORT – HEALTH CHECK**

DATE: 20/09/2023 MRN:10200000281176
NAME: SUBRAMANYAM R AGE/GENDER:38Y/M

# **IMPRESSION**

NORMAL CHAMBER DIMENSIONS

NO RWMA

• TR-MILD

NORMAL PA PRESSURE

NORMAL RV AND LV FUNCTIONS

• LVEF- 60%

AO: 31	LVID(d):46	IVS(d): 10	RV: 26
LA: 33	LVID(s): 27	PW(s): 09	TAPSE: 18

# **FINDINGS**

CHAMBERS: NORMAL RWMA: NO RWMA VALVES:TR-MILD SEPTAE: INTACT

AORTA AND PA: AORTIC ANNULUS -20 MM, NORMAL

PERICARDIUM: NORMAL

PRESSURES: NORMAL, PASP- 20 MMHG

OTHERS:

DR SATISH C GOVIND ATUL MADHU K P SENIOR CONSULTANT SONOGRAPHER

BK/ROOM NUMBER - 2

Patient Name: Mr Subramanyam R MRN: 10200000281176 Gender/Age: MALE, 38y (02/06/1985)

Collected On: 20/09/2023 10:27 AM Received On: 20/09/2023 10:46 AM Reported On: 20/09/2023 12:11 PM

Barcode: 012309201139 Specimen: Serum Consultant: Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8660331756

# **BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.89	mg/dL	0.66-1.25
eGFR (Calculated)	95.7	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)	5 L	mg/dL	9.0-20.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	4.8	mg/dL	3.5-8.5
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	152	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	116	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	36 L	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	116.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	101 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	23.2	mg/dL	0.0-40.0

Patient Name: Mr Subramanyam R MRN: 1020000	<b>0281176</b> Ger	nder/Age : <b>MALE , 38y (02/0</b>	6/1985)
Cholesterol /HDL Ratio (Calculated)	4.3	-	0.0-5.0
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Colorimetric - Diazo Method)	0.74	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)	0.74	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.00	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.00	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.0	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.34	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	28	U/L	17.0-59.0
<b>SGPT (ALT)</b> (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	23	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	93	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	18	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.

# **THYROID PROFILE (T3, T4, TSH)**

Tri lodo Thyronine (T3) (Enhanced Chemiluminesence)	1.44	ng/mL	0.97-1.69	
Thyroxine (T4) (Enhanced Chemiluminesence)	9.35	μg/dl	5.53-11.0	

TSH (Thyroid Stimulating Hormone) (Enhanced 11.29 H µIU/mL 0.4-4.049

Chemiluminesence)

### **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-

W

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

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

# 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)





Final Report

### **DEPARTMENT OF LABORATORY MEDICINE**

Patient Name: Mr Subramanyam R MRN: 10200000281176 Gender/Age: MALE, 38y (02/06/1985)

Collected On: 20/09/2023 01:02 PM Received On: 20/09/2023 01:34 PM Reported On: 20/09/2023 01:49 PM

Barcode: 032309200322 Specimen: Urine Consultant: Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8660331756

# **CLINICAL PATHOLOGY**

Test Result Unit

Urine For Sugar (Post Prandial) (Enzyme Not Present

Method (GOD POD))

-- End of Report-

Shahili

Dr. Shalini K S DCP, DNB, Pathology Consultant

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- Kindly correlate clinically.





Patient Name: Mr Subramanyam R MRN: 10200000281176 Gender/Age: MALE, 38y (02/06/1985)

Collected On: 20/09/2023 10:27 AM Received On: 20/09/2023 10:46 AM Reported On: 20/09/2023 11:47 AM

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8660331756

#### **BIOCHEMISTRY**

TestResultUnitBiological Reference IntervalFasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)86mg/dL70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

-- End of Report-

Mrs. Latha B S

MSc, Mphil, Biochemistry

Incharge, Consultant Biochemistry

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

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





Final Report

### **DEPARTMENT OF LABORATORY MEDICINE**

Patient Name: Mr Subramanyam R MRN: 10200000281176 Gender/Age: MALE, 38y (02/06/1985)

Collected On: 20/09/2023 10:27 AM Received On: 20/09/2023 10:46 AM Reported On: 20/09/2023 11:40 AM

Barcode: 1B2309200032 Specimen: Whole Blood Consultant: Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8660331756

# NARAYANA HRUDAYALAYA BLOOD CENTRE

Test Result Unit

#### **BLOOD GROUP & RH TYPING**

Blood Group (Column Agglutination Technology)

RH Typing (Column Agglutination Technology) Positive

-- End of Report-

Dr. Prathip Kumar B R
MBBS,MD, Immunohaematology & Blood Transfusion
Consultant

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- Kindly correlate clinically.





Patient Name: Mr Subramanyam R MRN: 10200000281176 Gender/Age: MALE, 38y (02/06/1985)

Collected On: 20/09/2023 10:27 AM Received On: 20/09/2023 10:46 AM Reported On: 20/09/2023 11:07 AM

Barcode: 022309200589 Specimen: Whole Blood Consultant: Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8660331756

# **HEMATOLOGY**

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	13.3	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	4.90	million/μl	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	42.1	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	85.9	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.2	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.7	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	14.8 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	300	10 <sup>3</sup> /μL	150.0-450.0
Mean Platelet Volume (MPV)	8.1	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	4.3	10 <sup>3</sup> /μL	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	56.8	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	28.0	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	8.4	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	4.9	%	1.0-6.0

Patient Name: Mr Subramanyam R MRN: 102000	000281176	Gender/Age : MALE , 38y (02/0	n6/1985)
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Basophils (VCS Technology Plus Microscopy)	1.9	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	2.45	x10 <sup>3</sup> cells/μl	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.21	x10 <sup>3</sup> cells/μl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.37	x10 <sup>3</sup> cells/μl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.22	x10 <sup>3</sup> cells/μl	0.02-0.5
Absolute Basophil Count (Calculated)	0.09	-	-

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 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

 $\ensuremath{^{*}}$  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-

Dr. Sudarshan Chougule MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

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- Results relate to the sample only.
- Kindly correlate clinically.





Patient Name: Mr Subramanyam R MRN: 10200000281176 Gender/Age: MALE, 38y (02/06/1985)

Collected On: 20/09/2023 01:02 PM Received On: 20/09/2023 01:23 PM Reported On: 20/09/2023 03:11 PM

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8660331756

#### **BIOCHEMISTRY**

Test Result Unit **Biological Reference Interval** 70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes mg/dL Post Prandial Blood Sugar (PPBS) (Colorimetric -Glucose Oxidase Peroxidase)

-- End of Report-

Mrs. Latha B S MSc, Mphil, Biochemistry

Incharge, Consultant Biochemistry

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)





ADA standards 2020

Patient Name: Mr Subramanyam R MRN: 10200000281176 Gender/Age: MALE, 38y (02/06/1985)

Collected On: 20/09/2023 10:27 AM Received On: 20/09/2023 10:46 AM Reported On: 20/09/2023 11:03 AM

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8660331756

#### **BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC NGSP Certified)	5.9 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	122.64	-	-

#### Interpretation:

- 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

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

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





Patient Name: Mr Subramanyam R MRN: 10200000281176 Gender/Age: MALE, 38y (02/06/1985)

Collected On: 20/09/2023 10:27 AM Received On: 20/09/2023 10:59 AM Reported On: 20/09/2023 11:43 AM

Barcode: 032309200219 Specimen: Urine Consultant: Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8660331756

# **CLINICAL PATHOLOGY**

	CENTICALITATI	1101001	
Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	Yellow	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.006	-	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	1.1	/hpf	0-5

Patient Name : Mr Subramanyam R	MRN: 10200000281176	Gender/Age : MALE , 3	38y (02/06/1985)	
RBC	0.1	/hpf	0-4	
Epithelial Cells	0.1	/hpf	0-6	
Crystals	0.0	/hpf	0-2	
Casts	0.02	/hpf	0-1	
Bacteria	0.8	/hpf	0-200	
Yeast Cells	0.0	/hpf	0-1	
Mucus	0.00	-	-	

# **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.

Jena S

Dr. Hema S MD, DNB, Pathology Associate Consultant

# **CLINICAL PATHOLOGY**

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

--End of Report-

Shahili

Dr. Shalini K S DCP, DNB, Pathology Consultant

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Patient Name: Mr Subramanyam R MRN: 10200000281176 Gender/Age: MALE, 38y (02/06/1985)

Collected On: 20/09/2023 10:27 AM Received On: 20/09/2023 10:59 AM Reported On: 20/09/2023 11:43 AM

Barcode: 032309200219 Specimen: Urine Consultant: Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8660331756

# **CLINICAL PATHOLOGY**

	CENTICALITATI	1101001	
Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	Yellow	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.006	-	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	1.1	/hpf	0-5

Patient Name : Mr Subramanyam R	MRN: 10200000281176	Gender/Age : MALE , 3	38y (02/06/1985)	
RBC	0.1	/hpf	0-4	
Epithelial Cells	0.1	/hpf	0-6	
Crystals	0.0	/hpf	0-2	
Casts	0.02	/hpf	0-1	
Bacteria	0.8	/hpf	0-200	
Yeast Cells	0.0	/hpf	0-1	
Mucus	0.00	-	-	

# **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
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Jena S

Dr. Hema S MD, DNB, Pathology Associate Consultant

# **CLINICAL PATHOLOGY**

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

--End of Report-

Shahili

Dr. Shalini K S DCP, DNB, Pathology Consultant

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





Patient Name: Mr Subramanyam R MRN: 10200000281176 Gender/Age: MALE, 38y (02/06/1985)

Collected On: 20/09/2023 10:27 AM Received On: 20/09/2023 10:46 AM Reported On: 20/09/2023 11:37 AM

Barcode: 022309200590 Specimen: Whole Blood - ESR Consultant: Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8660331756

### **HEMATOLOGY**

Test	Result	Unit	<b>Biological Reference Interval</b>
Erythrocyte Sedimentation Rate (ESR)	7	mm/1hr	0.0-10.0

(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-



Dr. Hema S MD, DNB, Pathology Associate Consultant

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Patient Name	Mr Subramanyam R	Requested By	Dr. Ashutosh Vashistha
MRN	10200000281176	Procedure DateTime	20-09-2023 15:06
Age/Sex	38Y 3M/Male	Hospital	NH-Health City

# **CHEST RADIOGRAPH (PA VIEW)**

**CLINICAL DETAILS:** For executive health checkup.

# **FINDINGS:**

- The lung fields and bronchovascular markings appear normal.
- The cardiac size is within normal limits.
- Mediastinum and great vessels are within normal limits.
- Trachea is normal and is central. The hilar shadows are unremarkable.
- The costo-phrenic angles are clear. No evidence of pleural effusion or pneumothorax.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

# **IMPRESSION:**

• No significant abnormality detected.

Dr. Sri Ranjini, DMRD, DNB Consultant Radiologist

<sup>\*</sup> This is a digitally signed valid document. Reported Date/Time: 20-09-2023 17:34