

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mrs R.Usha MRN : 20020000007993 Gender/Age : FEMALE , 39y (08/09/1984)
Collected On : 14/10/2023 08:10 AM Received On : 14/10/2023 11:44 AM Reported On : 14/10/2023 07:25 PM
Barcode : 1B2310140012 Specimen : Whole Blood Consultant : Dr. Priya S(FAMILY MEDICINE)
Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8754900485

NARAYANA HRUDAYALAYA BLOOD CENTRE

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



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

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	Yellow	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (pH Indicator Method)	6.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.004	-	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



Patient Name : Mrs R.Usha MRN : 20020000007993 Gender/Age : FEMALE , 39y (08/09/1984)

Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present

MICROSCOPIC EXAMINATION

Pus Cells	0.1	/hpf	0-5
RBC	0.0	/hpf	0-4
Epithelial Cells	2.1	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.04	/hpf	0-1
Bacteria	3.9	/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 POD))	Not Present	-	-
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Patient Name : Mrs R.Usha MRN : 20020000007993 Gender/Age : FEMALE , 39y (08/09/1984)



Dr. Deepak M B
MD, PDF, Hematopathology
Consultant

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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STOOL ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Colour	Yellow	-	-
Consistency	Semi Solid	-	-
Mucus	Absent	-	-
Blood	Absent	-	-

CHEMICAL EXAMINATION


Stool For Occult Blood (Standard Guaiac Method)	Negative	-	-
Reaction	Alkaline	-	-

MICROSCOPE EXAMINATION

Ova	Not Seen	-	-
Cyst Of Protozoa	Not Seen	-	-
Pus Cells	3-4	/hpf	0-5

Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD))	Not Present	-	-
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Patient Name : Mrs R.Usha MRN : 20020000007993 Gender/Age : FEMALE , 39y (08/09/1984)



Dr. Sudarshan Chougule
MBBS, MD, Pathology
Consultant & Head - Hematology & Flow Cytometry

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
FASTING BLOOD GLUCOSE (FBG) (Colorimetric - Glucose Oxidase Peroxidase)	88	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020
POST PRANDIAL BLOOD GLUCOSE (PPBG) (Colorimetric - Glucose Oxidase Peroxidase)	99	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

SERUM CREATININE

Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.56	mg/dL	0.52-1.04
eGFR (Calculated)	120.6	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	6 L	mg/dL	7.0-17.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	3.97	mg/dL	2.5-6.2

LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)

Cholesterol Total (Colorimetric - Cholesterol Oxidase)	147	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	164 H	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500

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Narayana Institute of Cardiac Sciences

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

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

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

Email: info.nics@narayanahealth.org | www.narayanahealth.org



Appointments
1800-309-0309

Emergencies
97384 97384

Patient Name : Mrs R.Usha MRN : 20020000007993 Gender/Age : FEMALE , 39y (08/09/1984)			
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	40	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	107.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	86 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	32.8	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	3.7	-	0.0-5.0

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.40	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.00	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Calculated)	0.4	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.70	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.20	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.5	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.2	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	26	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	18	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	69	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	19	U/L	12.0-43.0

Interpretation Notes

Patient Name : Mrs R.Usha MRN : 20020000007993 Gender/Age : FEMALE , 39y (08/09/1984)

- 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



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC NGSP Certified)	5.6	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	114.02	-	-

Interpretation:

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.64	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	11.6 H	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	1.222	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

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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.



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	35 H	mm/1hr	0.0-12.0

Interpretation Notes

- ESR high - Infections, chronic disorders,, plasma cell dyscrasias.
DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert



Dr. Hema S
MD, DNB, Pathology
Associate Consultant

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	10.1 L	g/dL	12.0-15.0
		million/ul	3.8-4.8

Patient Name : Mrs R.Usha MRN : 20020000007993 Gender/Age : FEMALE , 39y (08/09/1984)

Red Blood Cell Count (Electrical Impedance)	4.76		
PCV (Packed Cell Volume) / Hematocrit (Calculated)	32.8 L	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	68.8 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	21.2 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	30.8 L	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	17.6 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	334	10 ³ /μL	150.0-450.0
Mean Platelet Volume (MPV)	8.0	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	6.2	10 ³ /μL	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	52.2	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	41.1 H	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	5.0	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	1.4	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.3	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.24	x10 ³ cells/μl	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.55	x10 ³ cells/μl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.31	x10 ³ cells/μl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.09	x10 ³ cells/μl	0.02-0.5
Absolute Basophil Count (Calculated)	0.02	-	-


Patient Name : Mrs R.Usha MRN : 20020000007993 Gender/Age : FEMALE , 39y (08/09/1984)

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--



Dr. Sudarshan Chougule
MBBS, MD, Pathology
Consultant & Head - Hematology & Flow Cytometry

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)
(FASTING BLOOD GLUCOSE (FBG), -> Auto Authorized)



Patient Name : Mrs R.Usha MRN : 20020000007993 Gender/Age : FEMALE , 39y (08/09/1984)

(POST PRANDIAL BLOOD GLUCOSE (PPBG) -> Auto Authorized)



Patient Name	MS.S.N.UMA	Requested By	EHP
MRN	20150000001568	Procedure Date Time	14-10-2023 11:22
Age/Sex	59Y 3M/Female	Hospital	NH-JAYANAGAR

CHEST RADIOGRAPH (PA VIEW)

CLINICAL DETAILS: For health checkup.

FINDINGS:

- The lung fields and bronchovascular markings appear normal.
- The cardiac size is within normal limits.
- Mediastinum and great vessels are within normal limits.
- Trachea is normal and is central. The hilar shadows are unremarkable.
- The costo-phrenic angles are clear. No evidence of pleural effusion or pneumothorax.
- Mild degenerative changes are noted in the spine.
- Both the diaphragmatic domes appear normal.

IMPRESSION:

- **No significant abnormality detected.**


Dr. Pallavi CJ, DMRD, DNB
Consultant Radiologist

* This is a digitally signed valid document. Reported Date/Time: 14-10-2023 12:36

This report has been generated from **NH Teleradiology 24/7**, a service of Narayana Health
-- End of Report --
Page 1 of 1



ADULT TRANS-THORACIC ECHO REPORT

NAME : MRS.UMA S N

AGE/SEX : 59YRS/FEMALE

MRN NO : 20150000001568

DATE : 14.10.2023

FINAL DIAGNOSIS:

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

MEASUREMENTS

AO: 26 MM

LVID (d) : 40 MM

IVS (d) : 10 MM

RA : 36 MM

LA: 33 MM

LVID(s) : 28 MM

PW (d) : 10 MM

RV : 27 MM

EF: 60 %

VALVES

MITRAL VALVE : NORMAL

AORTIC VALVE : NORMAL

TRICUSPID VALVE : NORMAL

PULMONARY VALVE : NORMAL

CHAMBERS

LEFT ATRIUM : NORMAL

RIGHT ATRIUM : NORMAL

LEFT VENTRICLE : NORMAL, NORMAL LV FUNCTION

RIGHT VENTRICLE : NORMAL, TAPSE-19 MM, NORMAL RV FUNCTION

RVOT/LVOT : NORMAL

SEPTAE

IVS : INTACT

IAS : INTACT

GREAT ARTERIES

AORTA : NORMAL, AORTIC ANNULUS-18 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

DOPPLER DATA

MITRAL VALVE : E/A – 0.8/0.7 M/S, MR – MILD

AORTIC VALVE : PG- 7 MMHG

TRICUSPID VALVE : TR – MILD, PASP- 25 MMHG

PULMONARY VALVE : PG- 3 MMHG

WALL MOTION ABNORMALITIES: NO RWMA

PERICARDIUM : NORMAL

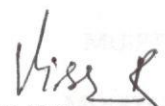
VEGETATION/THROMBUS : ABSENT

OTHER FINDINGS

POOR ECHO WINDOW

IVC- 10 MM, NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM

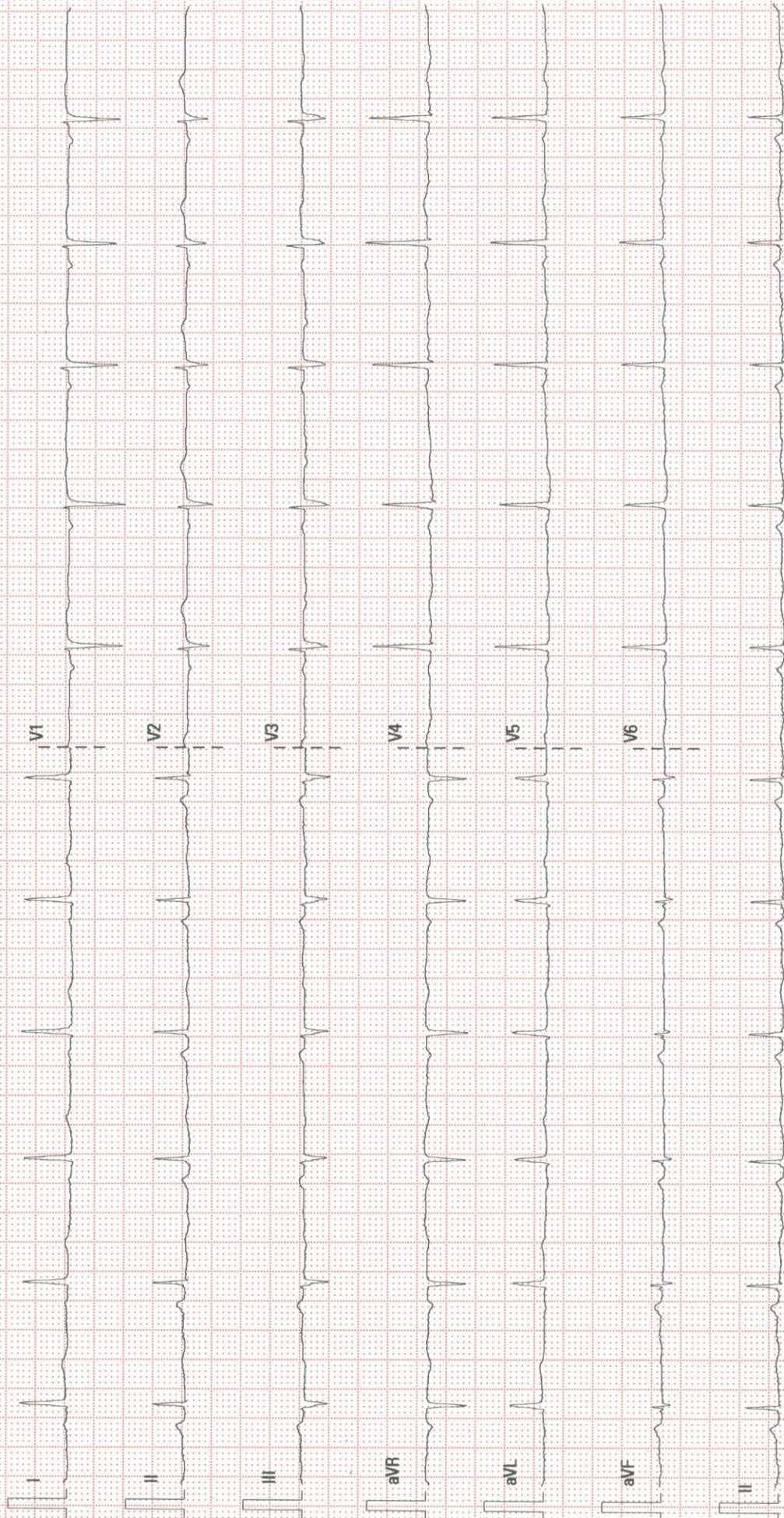
SINUS RHYTHM / HR- 76 BPM


VISHALAKSHI H R
CARDIAC SONOGRAPHER

ID: 2015-1568
Name: MS S UMMA
Age: 59 Years
Gender: Female

14-10-2023 09:52:22 AM

Vent. Rate 69 bpm
PR Interval 166 ms
QRS Duration 76 ms
QT/QTc Interval 400/416 ms
P/QRS/T Axes 74/12/15 deg
QTc/Hodges



Patient Name : Mrs.S N Uma

Patient ID : 2015-1568

Age : 59Years

Sex : Female

Referring Doctor : EHP

Date : 14.10.2023

ULTRASOUND OF BOTH BREASTS

FINDINGS:

Breast parenchyma appears normal bilaterally.
No focal lesions in both breasts.
No evidence of intramammary lymph nodes.
Nipple and retroareolar regions appears normal.
No evidence of ductectasia.
No axillary node on Right side.
Left Axillary node measuring 1.0x0.5cm

IMPRESSION

- **No significant abnormality noted .**



Dr. BS Ramkumar 35772
Consultant Radiologist

Disclaimer:

Note: Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly. This Report is not for Medico - Legal Purposes.

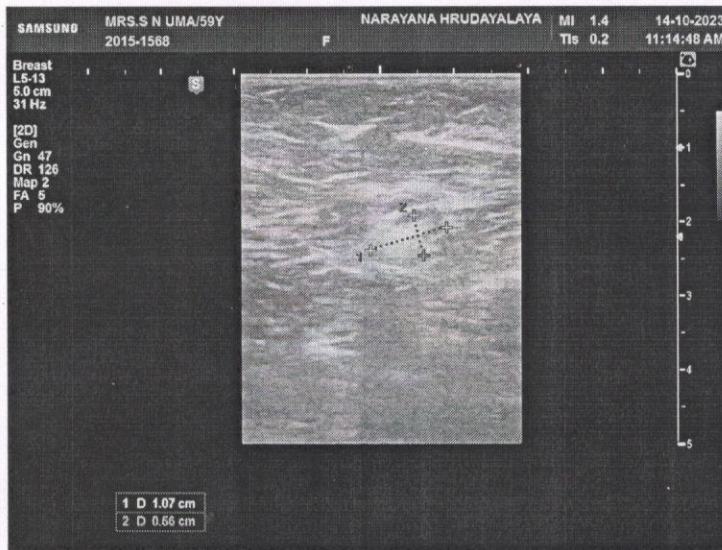
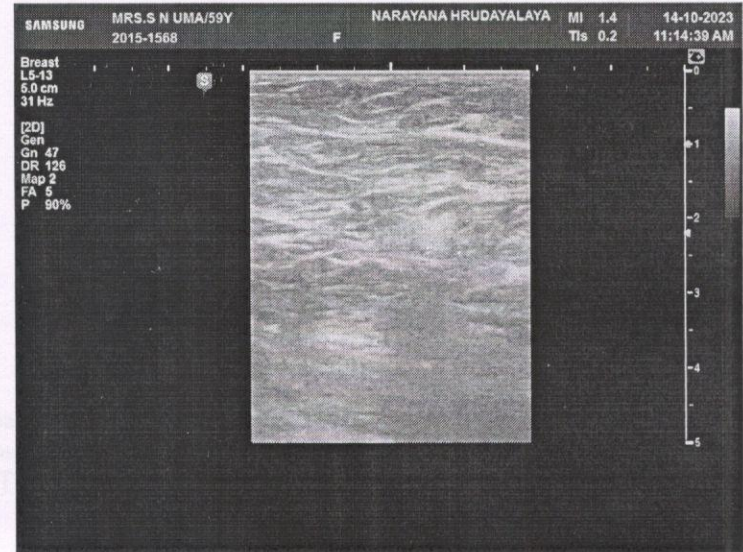
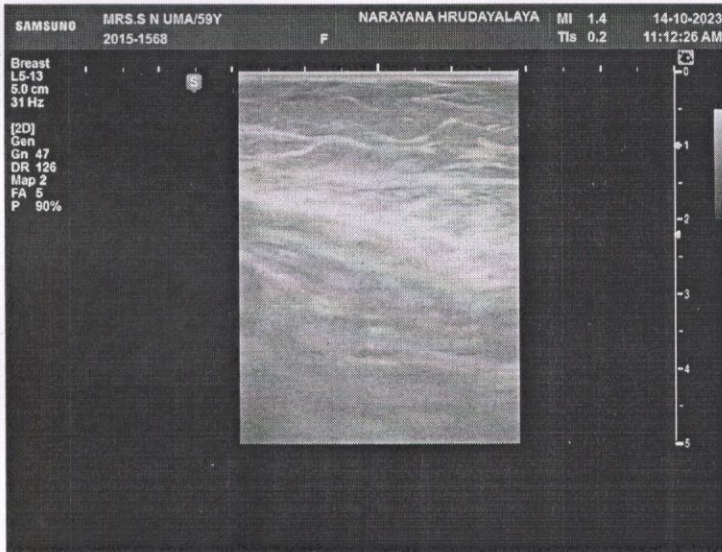
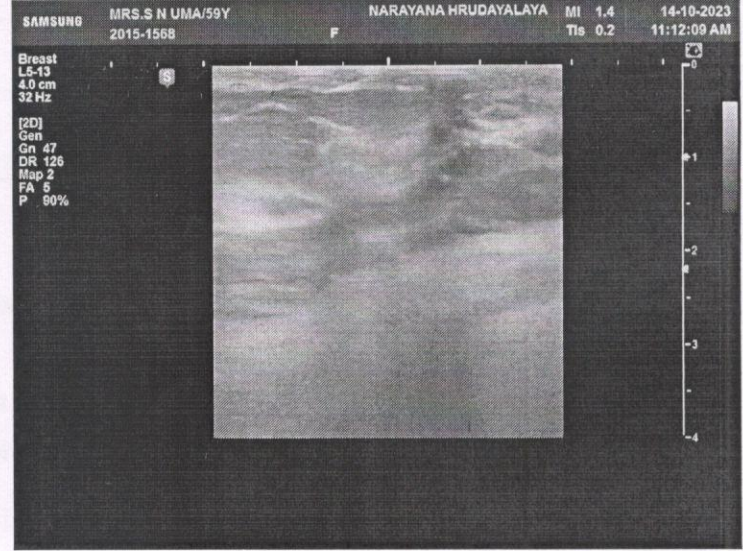
Exam

2015-1568
MRS.S N UMA/59Y
Female

Accession #
Exam Date
Description
Operator

14-10-2023

Date
Gender



Patient Name : Mrs.S N Uma

Age : 59Years

Referring Doctor : EHP

Patient ID : 2015-1568

Sex : Female

Date : 14.10.2023

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and **Increased** echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions.

Portal vein is normal in size, course and caliber. CBD is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid. **And Grossly distended**

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 10.0 cm in length & 1.9 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 9.7 cm in length & 1.7 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 post menopausal. Myometrial and endometrial echoes are normal. **Endometrium** measures 3 mm. Endometrial cavity is empty.

Both Ovaries are not seen atropic

Both adnexa : No mass is seen

There is no ascites or pleural effusion

umbilical Hernia with a defect measuring 1.7cm with herniation of omentum

IMPRESSION:

- **Grade I Fatty Liver**
- **Umbilical Hernia**



Dr B S Ramkumar 35772
Consultant Radiologist

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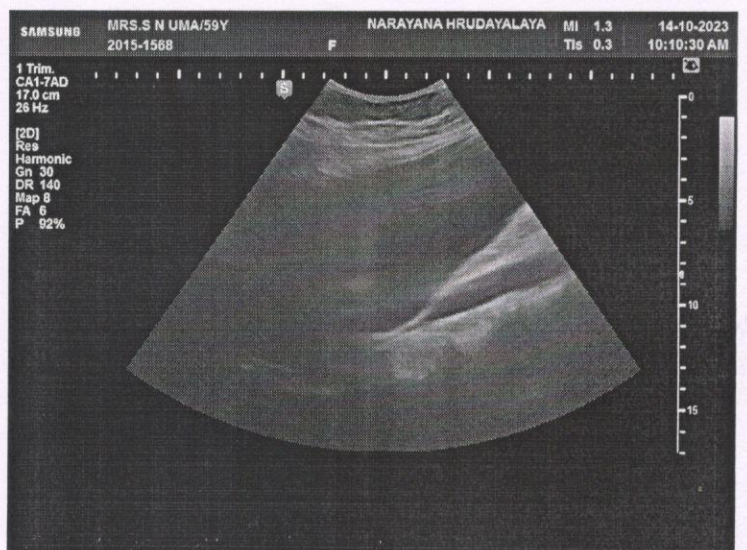
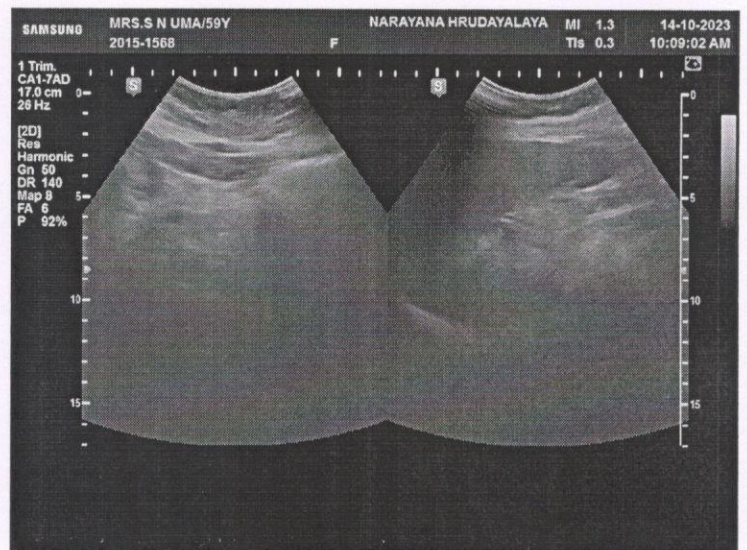
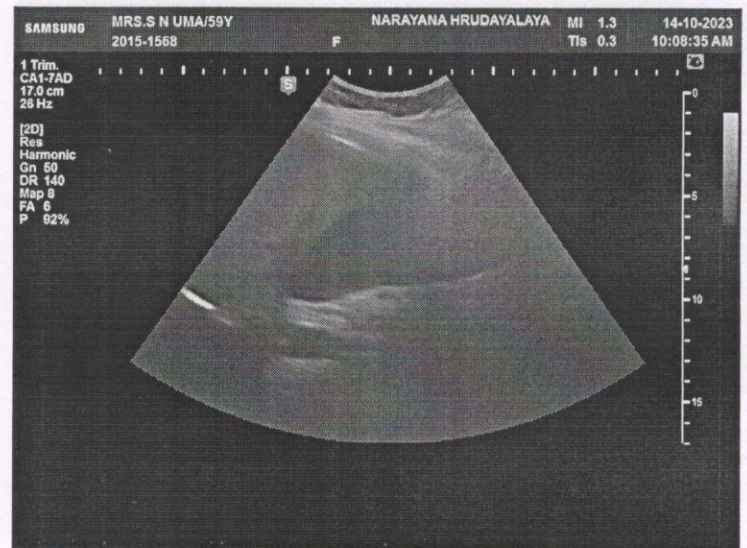
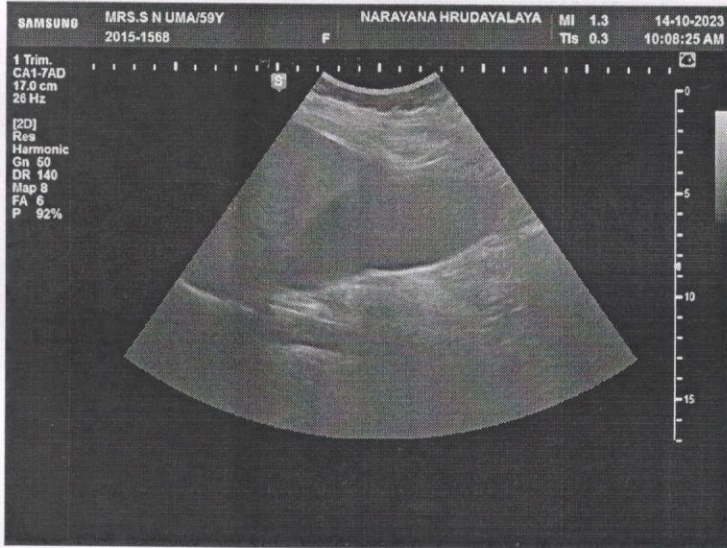
Exam

2015-1568
MRS.S N UMA/59Y
Female

Accession #
Exam Date
Description
Operator

14-10-2023

Date
Gender



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms S N Uma MRN : 2015000001568 Gender/Age : FEMALE , 59y (03/07/1964)
 Collected On : 14/10/2023 09:21 AM Received On : 14/10/2023 11:44 AM Reported On : 14/10/2023 04:28 PM
 Barcode : 1B2310140019 Specimen : Whole Blood Consultant : Dr. Priya S(FAMILY MEDICINE)
 Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9449851745

NARAYANA HRUDAYALAYA BLOOD CENTRE

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



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

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
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SERUM CREATININE

Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.97	mg/dL	0.52-1.04
eGFR (Calculated)	58.8	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.



Patient Name : Ms S N Uma MRN : 20150000001568 Gender/Age : FEMALE , 59y (03/07/1964)			
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	12	mg/dL	7.0-17.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	5.7	mg/dL	2.5-6.2
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	155	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	81	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	38 L	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	117.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	102 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	16.2	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	4.1	-	0.0-5.0
LIVER FUNCTION TEST(LFT)			
Bilirubin Total (Colorimetric -Diazo Method)	0.70	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)	0.7	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.50	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	3.90	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.6 H	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.09	-	1.0-2.1

Patient Name : Ms S N Uma MRN : 2015000001568 Gender/Age : FEMALE , 59y (03/07/1964)

SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	25	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	18	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	79	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	15	U/L	12.0-43.0

Interpretation Notes

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



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



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	39 H	mm/1hr	0.0-19.0

Interpretation Notes

- ESR high - Infections, chronic disorders,, plasma cell dyscrasias.

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

Patient Name : Ms S N Uma MRN : 2015000001568 Gender/Age : FEMALE , 59y (03/07/1964)



Dr. Deepak M B
MD, PDF, Hematopathology
Consultant

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC NGSP Certified)	5.6	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	114.02	-	-

Interpretation:

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.18	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	14.2 H	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	1.864	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

Patient Name : Ms S N Uma MRN : 2015000001568 Gender/Age : FEMALE , 59y (03/07/1964)

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.



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	10.4 L	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.01	million/ μ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	32.3 L	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	80.4 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	25.9 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.2	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	16.9 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	168	$10^3/\mu$ L	150.0-450.0
Mean Platelet Volume (MPV)	8.8	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	5.2	$10^3/\mu$ L	4.0-10.0

DIFFERENTIAL COUNT (DC)

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Narayana Institute of Cardiac Sciences

(A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497

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

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

Email: info.nics@narayanahealth.org | www.narayanahealth.org



Appointments
1800-309-0309

Emergencies
97384 97384

Patient Name : Ms S N Uma MRN : 20150000001568 Gender/Age : FEMALE , 59y (03/07/1964)			
Neutrophils (VCS Technology Plus Microscopy)	59.3	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	30.9	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	6.6	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	2.7	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.5	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.09	x10 ³ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.61	x10 ³ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.35	x10 ³ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.15	x10 ³ cells/ μ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.03	-	-

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

Interpretation Notes

- Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .
RBC Indices aid in typing of anemia.
WBC Count: If below reference range, susceptibility to infection.
If above reference range- Infection*
If very high in lakhs-Leukemia
Neutrophils -If above reference range-acute infection, mostly bacterial
Lymphocytes -If above reference range-chronic infection/ viral infection
Monocytes -If above reference range- TB,Typhoid,UTI
Eosinophils -If above reference range -Allergy,cough,Common cold,Asthma & worms
Basophils - If above reference range, Leukemia, allergy
Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies
* In bacterial infection with fever total WBC count increases.
Eg Tonsillitis,Sinusitis,Bronchitis,Pneumonia,Appendicitis,UTI -12000-25000 cells/cumm.
In typhoid and viral fever WBC may be normal.
DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.

Patient Name : Ms S N Uma MRN : 2015000001568 Gender/Age : FEMALE , 59y (03/07/1964)

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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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)	1.005	-	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

Patient Name : Ms S N Uma MRN : 2015000001568 Gender/Age : FEMALE , 59y (03/07/1964)

Nitrite (Gries Method) Not Present - Not Present

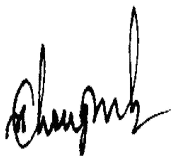
MICROSCOPIC EXAMINATION

Pus Cells	0.6	/hpf	0-5
RBC	0.2	/hpf	0-4
Epithelial Cells	0.3	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	0.6	/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 (Post Prandial) (Enzyme Method (GOD POD)) Not Present - -



Dr. Sudarshan Chougule
MBBS, MD, Pathology
Consultant & Head - Hematology & Flow Cytometry

CLINICAL PATHOLOGY

Test	Result	Unit
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Patient Name : Ms S N Uma MRN : 2015000001568 Gender/Age : FEMALE , 59y (03/07/1964)

Urine For Sugar (Fasting) (Enzyme Method (GOD Not Present -
POD))

--End of Report--



Dr. Deepak M B
MD, PDF, Hematopathology
Consultant

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
(FASTING BLOOD GLUCOSE (FBG), -> Auto Authorized)
(Lipid Profile, -> Auto Authorized)
(CR, -> Auto Authorized)
(LFT, -> Auto Authorized)
(Blood Urea Nitrogen (Bun), -> Auto Authorized)
(Uric Acid, -> Auto Authorized)
(POST PRANDIAL BLOOD GLUCOSE (PPBG) -> Auto Authorized)



ADULT TRANS-THORACIC ECHO REPORT

NAME : MS.USHA R

AGE/SEX : 39YRS/FEMALE

MRN NO : 20020000007993

DATE : 14.10.2023

FINAL DIAGNOSIS:

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

MEASUREMENTS

AO: 26 MM	LVID (d) : 36 MM	IVS (d) : 10 MM	RA : 36 MM
LA: 30 MM	LVID(s) : 23 MM	PW (d) : 10 MM	RV : 27 MM
EF: 60 %			

VALVES

MITRAL VALVE : NORMAL
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL

CHAMBERS

LEFT ATRIUM : NORMAL
RIGHT ATRIUM : NORMAL
LEFT VENTRICLE : NORMAL, NORMAL LV FUNCTION
RIGHT VENTRICLE : NORMAL, TAPSE-19 MM, NORMAL RV FUNCTION

RVOT/LVOT : NORMAL

SEPTAE

IVS : INTACT

IAS : INTACT

GREAT ARTERIES

AORTA : NORMAL, AORTIC ANNULUS-18 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

DOPPLER DATA

MITRAL VALVE : E/A – 0.9/0.5 M/S, MR – MILD

AORTIC VALVE : PG- 2 MMHG

TRICUSPID VALVE : TR – TRIVIAL,PASP- 25 MMHG

PULMONARY VALVE : PG- 5 MMHG

WALL MOTION ABNORMALITIES: NO RWMA

PERICARDIUM : NORMAL

VEGETATION/THROMBUS : ABSENT

OTHER FINDINGS

IVC- 12 MM, NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM

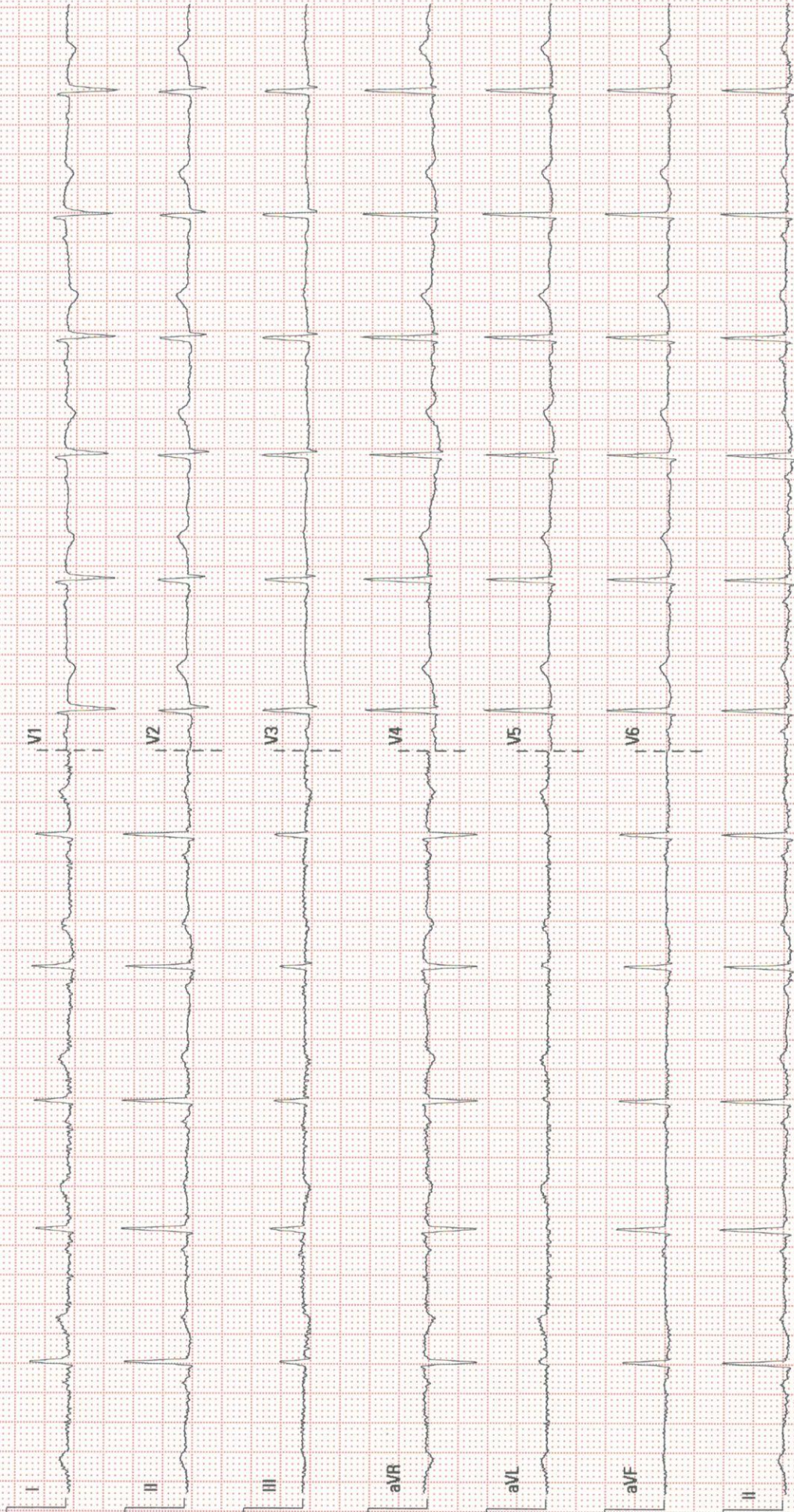
SINUS RHYTHM / HR- 80 BPM


VISHALAKSHI H R
CARDIAC SONOGRAPHER

ID: 2002-7993
Name: MRS USHA
Age: 39 Years
Gender: Female

14-10-2023 11:10:12 AM

Vent. Rate	70 bpm
PR Interval	152 ms
QRS Duration	90 ms
QT/QTc Interval	422/440 ms
P/QRS/T Axes	59/59/18 deg
QTc: Hodges	



Patient Name : Mrs.Usha R
Age : 39Years
Referring Doctor : EHP

Patient ID : 2002-7993
Sex : Female
Date : 14.10.2023

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver is normal in size and **increased** echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions.

Portal vein is normal in size, course and caliber. CBD is not dilated.

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

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

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

Right Kidney is normal in size (measures 9.9 cm in length & 1.3 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 10.1 cm in length & 1.9 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 **bulky** in size, measures 9.5x3.8x4.8 cm. Myometrial and endometrial echoes are normal. **Endometrium** measures 9.5 mm. Endometrial cavity is empty.

Both Ovaries are normal in size and echopattern

Right ovary : measures 3.4x1.8 cm. **Left ovary** : measures 3.9x1.2 cm


Both adnexa : No mass is seen

There is no ascites or pleural effusion

umbilical Hernia with a defect measuring 1.6cm with herniation of omentum

IMPRESSION:

- **Grade I Fatty Liver.**
- **Bulky Uterus**
- **Umbilical Hernia**


Dr B S Ramkumar 35772
Consultant Radiologist

Disclaimer:

Note: Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly. This Report is not for Medico - Legal Purposes.

Name MRS.R USHA/39Y 2002-7993 Accession # Exam Date 14-10-2023
 Birth Date MRS.R USHA/39Y Description Operator
 Gender Female

