

Patient Name	MRS.ANITHA.S	Requested By	EHP
MRN	20150000000885	Procedure Date Time	22-07-2023 11:33
Age/Sex	53Y 3M/Female	Hospital	NH-JAYANAGAR

CHEST RADIOGRAPH (PA VIEW)

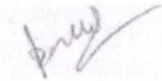
CLINICAL DETAILS: For health checkup.

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: 22-07-2023 12:31

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-- End of Report --

Page 1 of 1

ADULT TRANS-THORACIC ECHO REPORT

NAME : MRS.ANITHA S

AGE/SEX : 53YRS/FEMALE

MRN NO :20150000000885

DATE : 22.07.2023

FINAL DIAGNOSIS:

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

MEASUREMENTS

AO: 26 MM

LVID (d) : 40 MM

IVS (d) : 09MM

RA : 32 MM

LA: 34 MM

LVID(s) : 26 MM

PW (d) : 09 MM

RV : 28 MM

EF: 60 %

VALVES

MITRAL VALVE : NORMAL

AORTIC VALVE : NORMAL

TRICUSPID VALVE : NORMAL

PULMONARY VALVE : NORMAL

CHAMBERS

LEFT ATRIUM : NORMAL

RIGHT ATRIUM : NORMAL

LEFT VENTRICLE : NORMAL, NORMAL LV FUNCTION

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

RVOT/LVOT : NORMAL



SEPTAE

IVS : INTACT

IAS : INTACT

GREAT ARTERIES

AORTA : AORTIC ANNULUS-24 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

DOPPLER DATA

MITRAL VALVE : E/A -0.6/0.8 M/S, MILD LVDD, MR-MILD

AORTIC VALVE : PG- 6 MMHG

TRICUSPID VALVE : TR-TRIVIAL, PASP- 22 MMHG

PULMONARY VALVE : PG- 3 MMHG

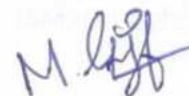
WALL MOTION ABNORMALITIES: NO RWMA

PERICARDIUM : NORMAL

VEGETATION/THROMBUS: ABSENT

OTHER FINDINGS

IVC- 14 MM NORMAL SIZED, COLLAPSIBILITY >50%, RAP -3 MM
SINUS RHYTHM/ HR- 86 PM

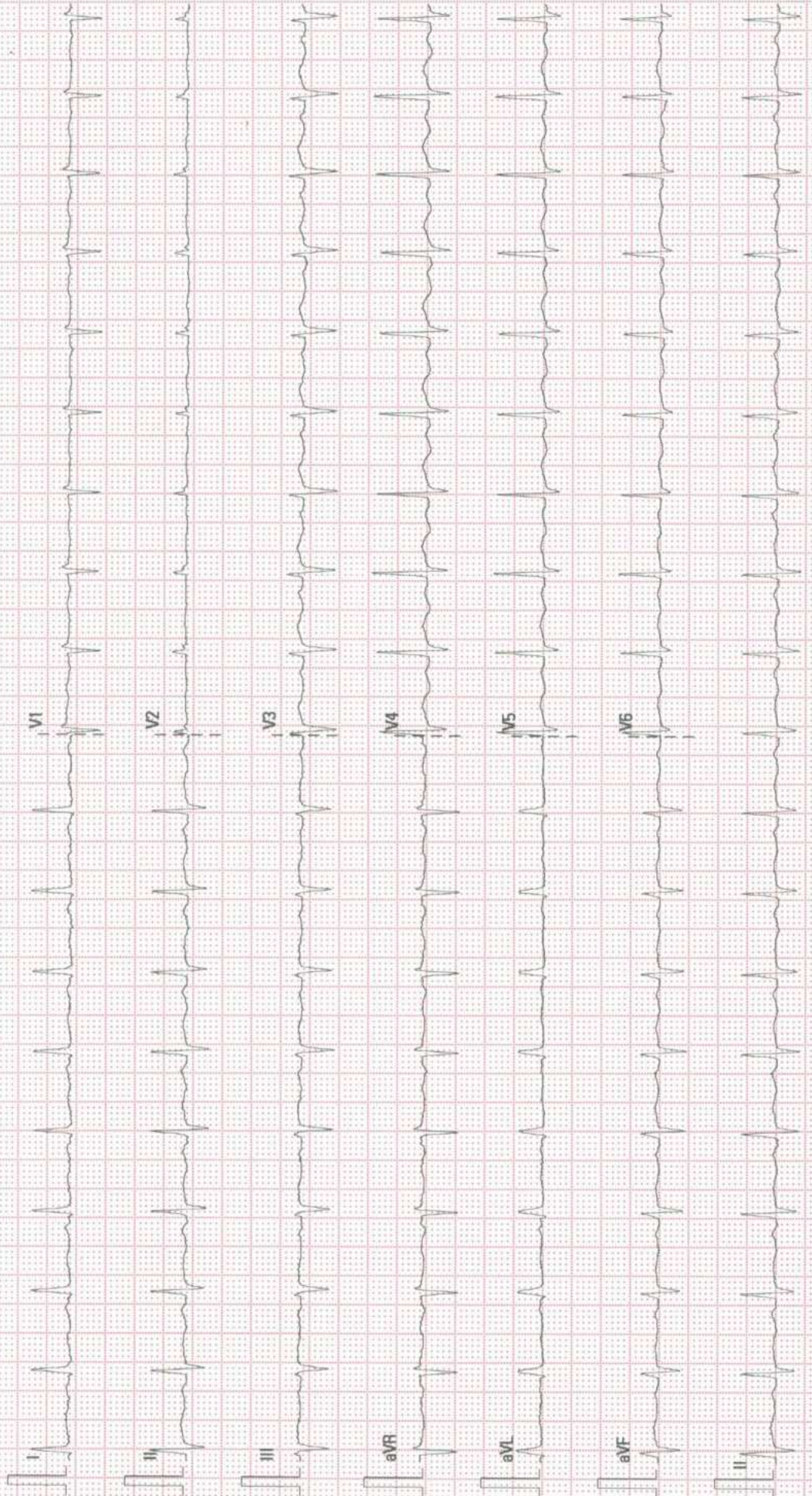


VISHALAKSHI H R
CARDIAC SONOGRAPHER

22-07-2023 09:54:29 AM

ID: 2015-885
Name: MS ANITHA S
Age: 53 Years
Gender: Female

Vent. Rate	110 bpm
PR Interval	146 ms
QRS Duration	84 ms
QT/QTc Interval	332/420 ms
P/QRS/T Axes	55/-5/74 deg
QTc: Hodges	



Patient Name : Mrs.Anitha S

Patient ID : 2015000000885

Age : 53Years

Sex : Female

Referring Doctor : EHP

Date : 22.07.2023

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

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

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

Gallbladder is without evidence of wall thickening or pericholecystic fluid. **Shows few calculi measuring 3-5mm,**

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 9.9 cm in length & 1.4cm 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 & 1.3cm 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 7.0x2.2x8.5cm. Myometrial and endometrial echoes are normal. **Endometrium** measures 5.4mm. Endometrial cavity is empty.

Both ovaries are normal in size and echopattern.

Right ovary: measures 2.4x1.1cm. **Left ovary:** measures 2.5x1.5cm

Both adnexa: No mass is seen.

There is no ascites or pleural effusion.

IMPRESSION:

- **Grade I Fatty Liver.**
- **Cholelithiasis.**



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.

Narayana Multispeciality Clinic

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2015-885
MRS.ANITHA S/53Y

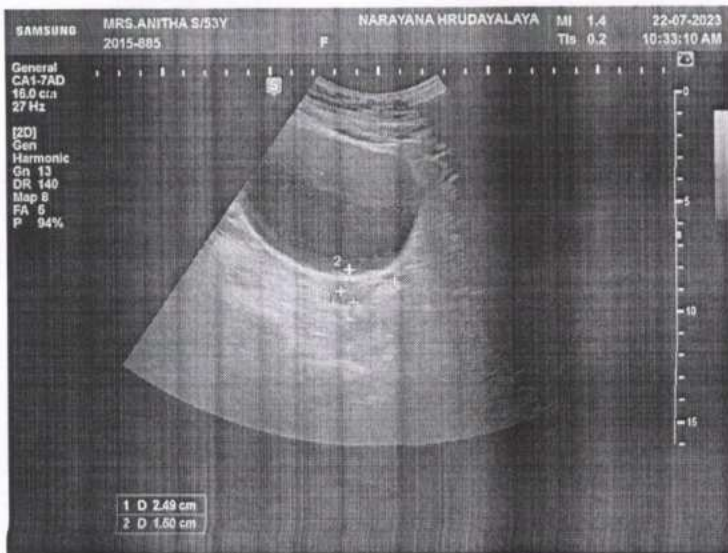
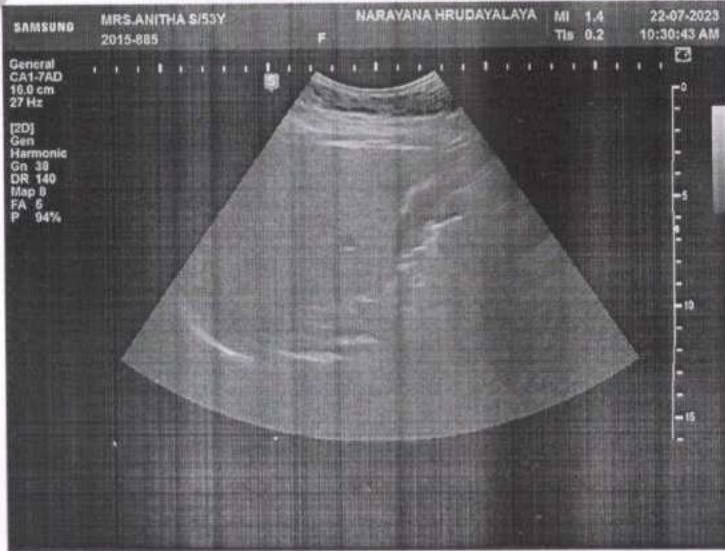
Exam

Accession #
Exam Date
Description
Operator

22-07-2023

Date
Order

Female



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Anitha S MRN : 2015000000885 Gender/Age : FEMALE , 53y (07/04/1970)

Collected On : 22/07/2023 09:27 AM Received On : 22/07/2023 11:56 AM Reported On : 22/07/2023 03:07 PM

Barcode : 032307220172 Specimen : Urine Consultant : Dr. Priya S(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9945816088

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Present ++++	-	-

STOOL ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Colour	Yellowish	-	-
Consistency	Semi Solid	-	-
Mucus	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	/hpf	0-5



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

Patient Name : Ms Anitha S MRN : 2015000000885 Gender/Age : FEMALE , 53y (07/04/1970)

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
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BLOOD GROUP & RH TYPING

Blood Group (Column Agglutination Technology)	O	-
RH Typing (Column Agglutination Technology)	Positive	-



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

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Haemoglobin (Hb%) (Photometric Measurement)	12.1	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.14	million/ μ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	37.8	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	91.1	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	29.2	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.1	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	14.3 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	352	10^3 / μ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	7.9	10^3 / μ L	4.0-10.0

Patient Name : Ms Anitha S MRN : 2015000000885 Gender/Age : FEMALE , 53y (07/04/1970)

DIFFERENTIAL COUNT (DC)

Neutrophils (VCS Technology Plus Microscopy)	69.1	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	18.9 L	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	9.2	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	2.8	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.0	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	5.46	x10 ³ cells/μl	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.5	x10 ³ cells/μl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.73	x10 ³ cells/μl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.23	x10 ³ cells/μl	0.02-0.5

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.**

Erythrocyte Sedimentation Rate (ESR)	30 H	mm/1hr	0.0-19.0
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(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**



Dr. Deepak M B
MD, PDF, Hematopathology
Consultant

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	202 H	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020
Post Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase)	272 H	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

HBA1C

HbA1c (HPLC NGSP Certified)	9.3 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	220.22	-	-

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.

SERUM CREATININE

Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.59	mg/dL	0.52-1.04
eGFR (Calculated)	106.7	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 Anitha S MRN : 20150000000885 Gender/Age : FEMALE , 53y (07/04/1970)

Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease) **11** mg/dL 7.0-17.0

Serum Uric Acid (Colorimetric - Uricase,Peroxidase) **4.5** mg/dL 2.5-6.2

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

Cholesterol Total (Colorimetric - Cholesterol Oxidase) **248 H** mg/dL Desirable: < 200
Borderline High: 200-239
High: > 240

Triglycerides (Colorimetric - Lip/Glycerol Kinase) **447 H** 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) **210.0 H** mg/dL Desirable: < 130
Above Desirable: 130-159
Borderline High: 160-189
High: 190-219
Very High: => 220

LDL Cholesterol (Colorimetric) **119 L** mg/dL Optimal: < 100
Near to above optimal: 100-129
Borderline High: 130-159
High: 160-189
Very High: > 190

Cholesterol /HDL Ratio (Calculated) **6.6 H** - 0.0-5.0

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence) **1.17** ng/mL 0.97-1.69

Thyroxine (T4) (Enhanced Chemiluminescence) **8.01** µg/dl 5.53-11.0

TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence) **5.608 H** 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.

Patient Name : Ms Anitha S MRN : 2015000000885 Gender/Age : FEMALE , 53y (07/04/1970)

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.50	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)	0.5	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	8.00	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.70	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.3	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.43	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	23	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	20	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	125	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	26	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

Patient Name : Ms Anitha S MRN : 2015000000885 Gender/Age : FEMALE , 53y (07/04/1970)

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD))	Present ++++	-

--End of Report--

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
(CR, -> Auto Authorized)
(LFT, -> Auto Authorized)
(Blood Urea Nitrogen (Bun), -> Auto Authorized)
(Uric Acid, -> Auto Authorized)
(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Anitha S MRN : 20150000000885 Gender/Age : FEMALE , 53y (07/04/1970)

Collected On : 22/07/2023 09:27 AM Received On : 22/07/2023 11:56 AM Reported On : 22/07/2023 12:59 PM

Barcode : 032307220172 Specimen : Urine Consultant : Dr. Priya S(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9945816088

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)	1.038	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Present +++++	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	-
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present

MICROSCOPIC EXAMINATION

Pus Cells	1.2	/hpf	0-5
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Patient Name : Ms Anitha S MRN : 2015000000885 Gender/Age : FEMALE , 53y (07/04/1970)

RBC	0.5	/hpf	0-4
Epithelial Cells	2.7	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.05	/hpf	0-1
Bacteria	131.3	/hpf	0-200
Yeast Cells	0.1	/hpf	0-1
Mucus	Not Present	-	Not Present

Interpretation Notes

- Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to nearest whole number is suggested.

--End of Report--



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

Note

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

