

Patient Name	MR.NAGARAJ.K.G	Requested By	EHP
MRN	20150000001165	Procedure DateTime	26-08-2023 11:36
Age/Sex	40Y 1M/Male	Hospital	NH-JAYANAGAR

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 Sunil Kumar K, MD
Fellowship in abdominal and MSK Radiology
Consultant in Body imaging

* This is a digitally signed valid document. Reported Date/Time: 26-08-2023 14:02

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-- End of Report --
Page 1 of 1

Patient Name : Mr. Nagaraj

Patient ID : 2015000001165

Age : 40Years

Sex : Male

Referring Doctor : EHP

Date : 26.08.2023

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 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 9.0 cm in length & 1.8 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 9.2 cm in length & 1.6 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 Partially distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Prostate is normal in echopattern and normal in size, measures 3.0x3.9x3.1 cm, Volume - 19cc.

Fluid - There is no ascites or pleural effusion.

IMPRESSION:

- **Grade I Fatty Liver.**


Dr B S Ramkumar 35772
Consultant Radiologist

Disclaimer:

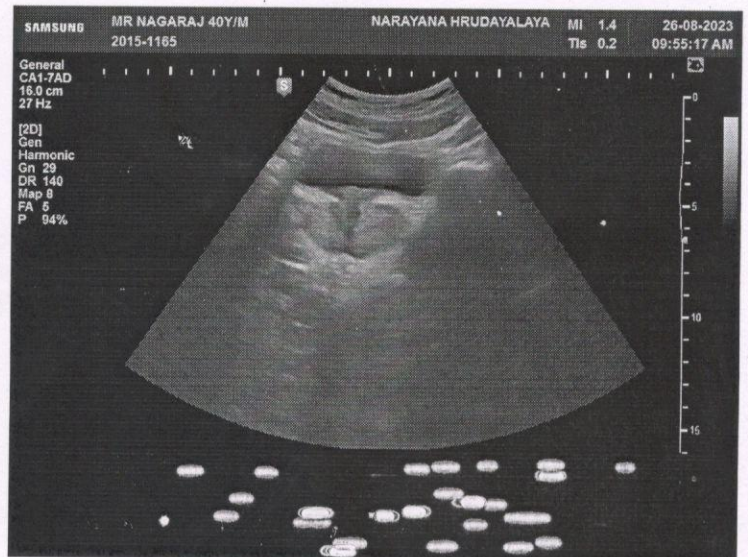
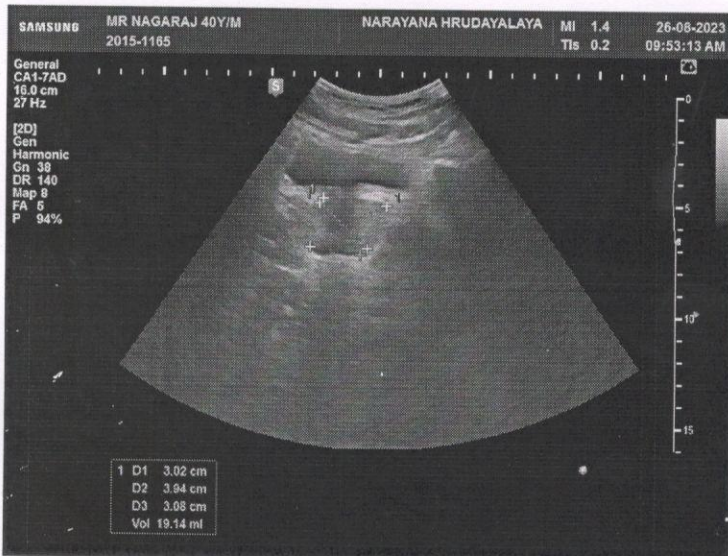
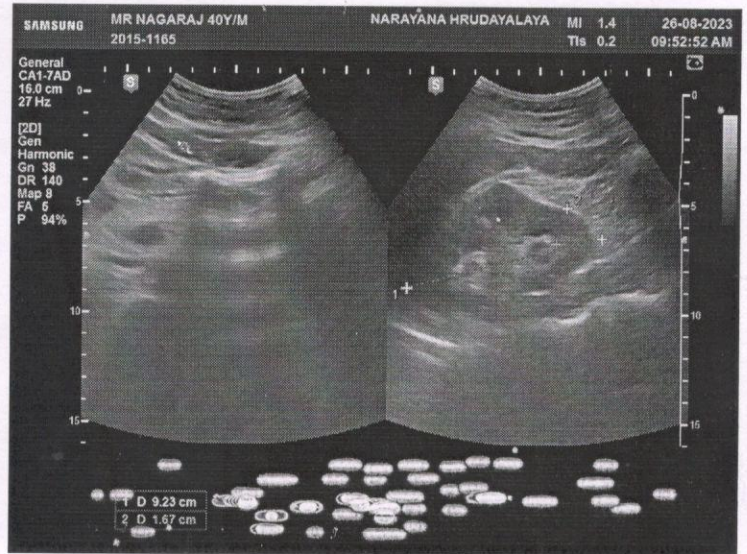
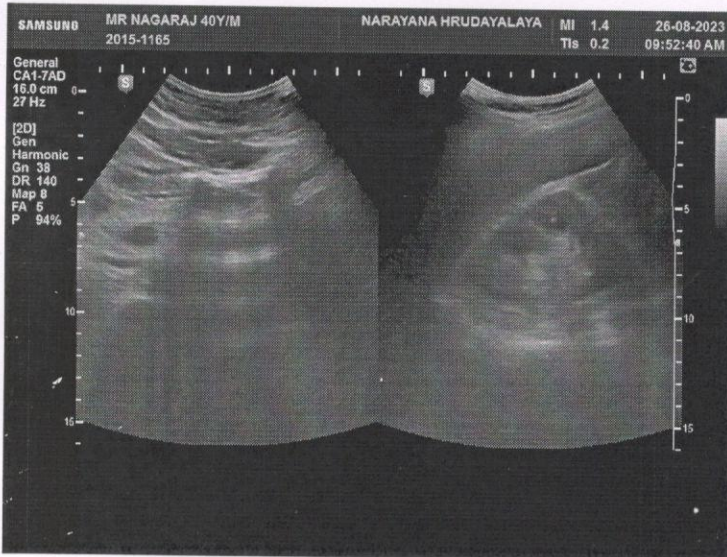
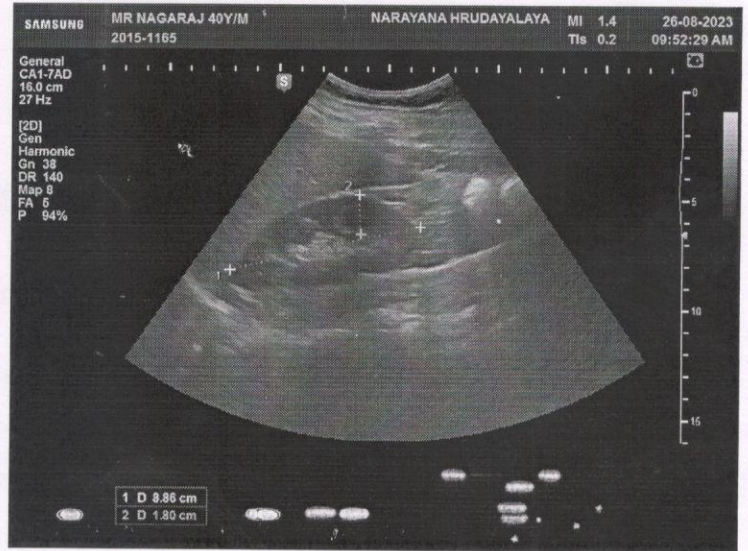
Note: Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly. This Report is not for Medico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

Patient

ID 2015-1165
Name MR NAGARAJ 40Y/M
Birth Date
Gender

Exam

Accession #
Exam Date 26-08-2023
Description
Operator



Narayana Multispeciality Clinic
JAYANAGAR
BANGALORE

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: MR.NAGARAJ,
Patient ID: 2015-7165
Height: 168 cm
Weight: 69 kg

DOB: 15.07.1983
Age: 40yrs
Gender: Male
Race:

Study Date: 26.08.2023
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: EHP
Attending Physician: DR.PRIYA S
Technician: MS.GULSUM JAMEEL FATHIMA

Medications:
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Medical History:
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Reason for Exercise Test:
Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	01:12	1.20	0.00	85	120/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	118	126/80	
	STAGE 2	03:00	2.50	12.00	133	134/80	
	STAGE 3	00:38	3.40	14.00	146		
	STAGE 4	00:16	4.20	16.00	151	140/80	
	STAGE 5	00:23	4.20	15.50	164		
MANUAL RECOVERY		05:01	0.00	0.00	89	110/70	

The patient exercised according to the BRUCE for 7:16 min:s, achieving a work level of Max. METS: 9.30. The resting heart rate of 69 bpm rose to a maximal heart rate of 164 bpm. This value represents 91 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

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Conclusions

GOOD EFFORT TOLERANCE
NORMAL HR AND BP RESPONSE
NO ANGINA OR ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES NOTED DURING EXERCISE AND RECOVERY
IMP:STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

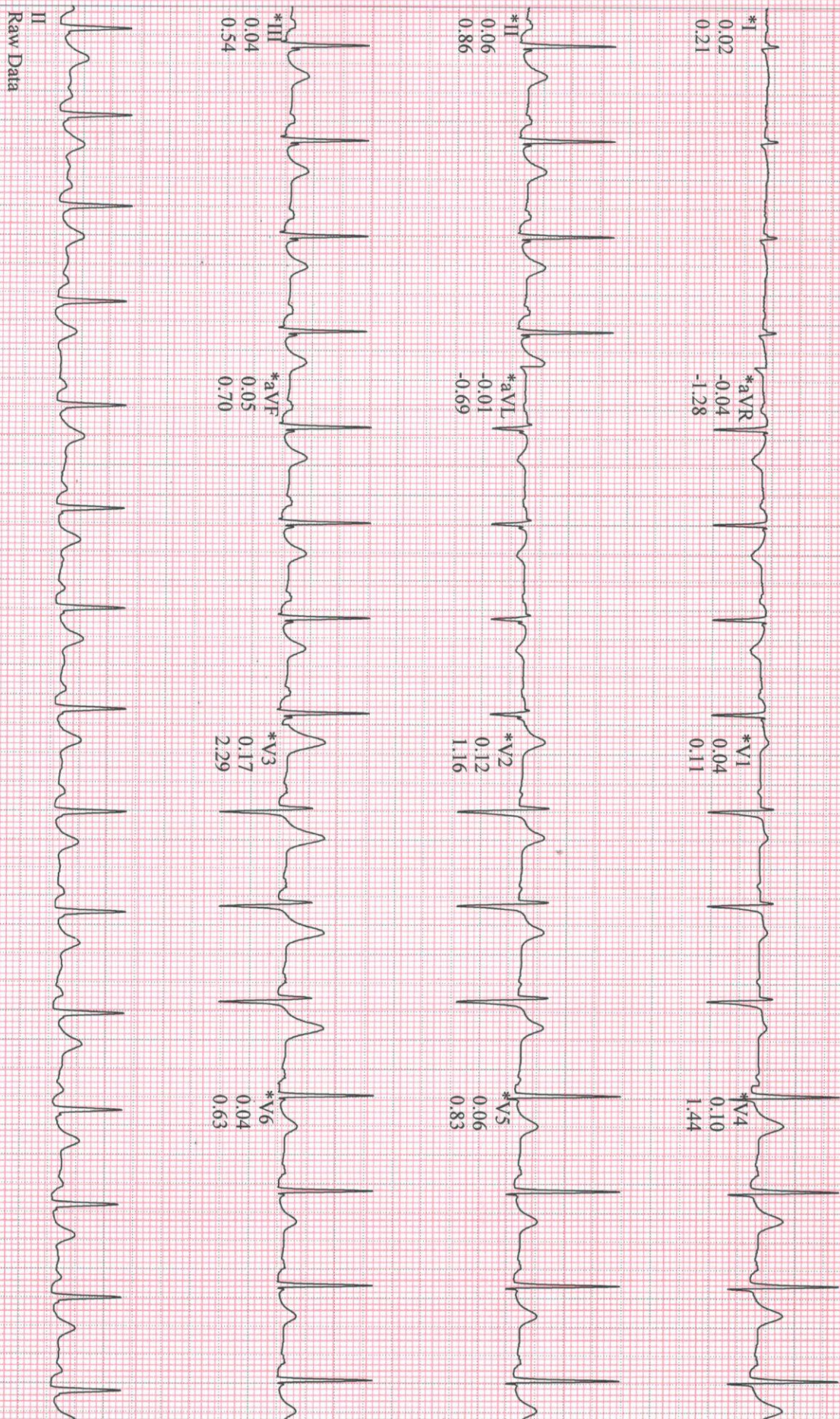
Physician _____ Technician _____

90 bpm
110/70 mmHg

RECOVERY
#1
05:00

BRUCE
0.0 mph
0.0%

Lead
ST Level (mV)
ST Slope (mV/s)



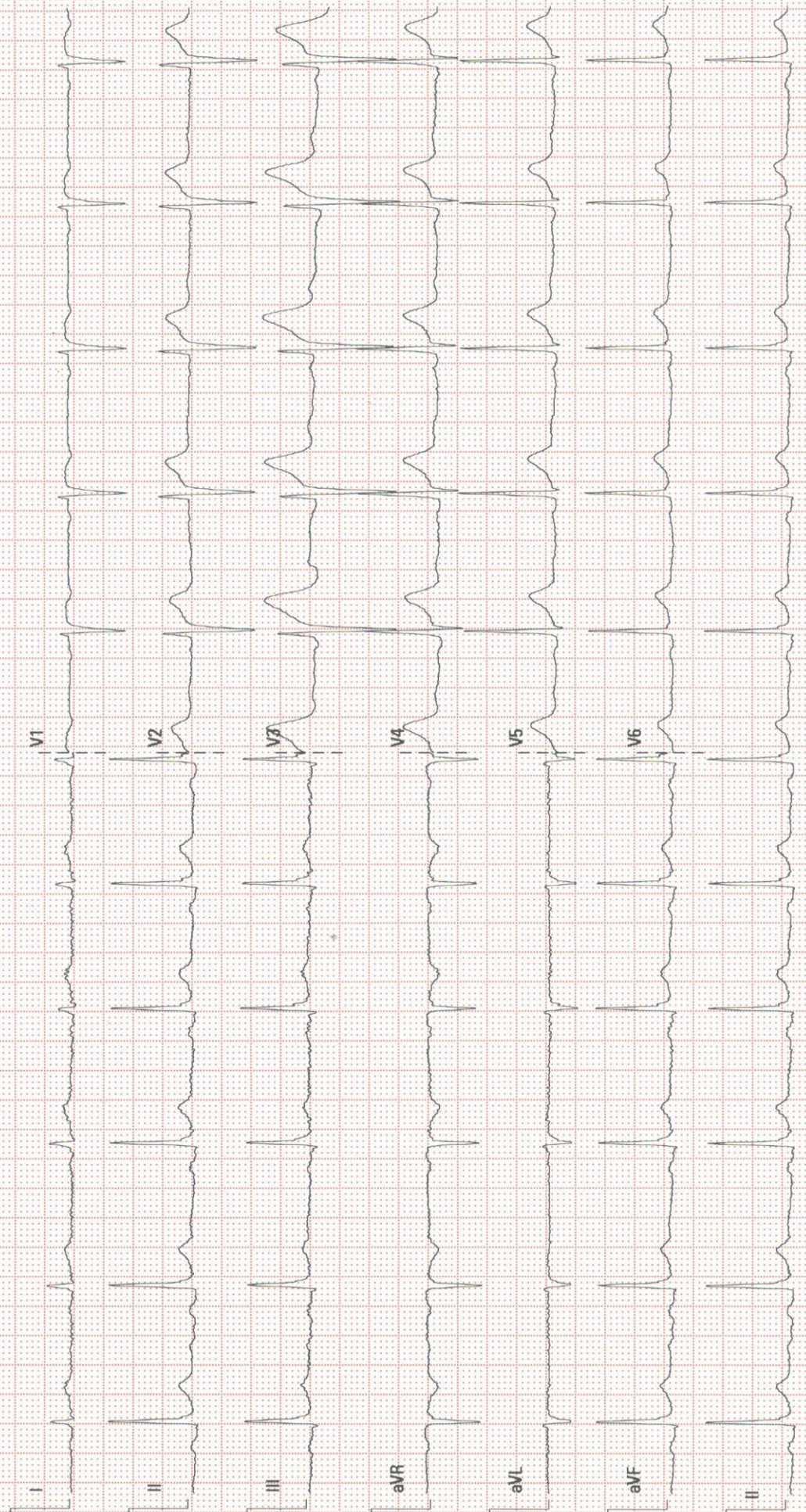
Raw Data

*Computer Synthesized Rhythms

26-08-2023 11:02:16 AM

ID: 2015-1165
Name: MR NAGARAJ K G
Age: 40 Years
Gender: Male

Vent. Rate: 65 bpm
PR Interval: 170 ms
QRS Duration: 96 ms
QT/QTc Interval: 378/387 ms
P/QRS/T Axes: 66/76/61 deg
QTc: Hodges



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Nagaraj Kg MRN : 2015000001165 Gender/Age : MALE , 40y (15/07/1983)

Collected On : 26/08/2023 09:50 AM Received On : 26/08/2023 12:07 PM Reported On : 26/08/2023 04:11 PM

Barcode : 032308260172 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9844491547

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)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.018	-	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	0.1	/hpf	0-5
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Patient Name : Nagaraj Kg MRN : 2015000001165 Gender/Age : MALE , 40y (15/07/1983)			
RBC	0.1	/hpf	0-4
Epithelial Cells	0.2	/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.

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



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

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	14.3	g/dL	13.0-17.0

Patient Name : Nagaraj Kg MRN : 2015000001165 Gender/Age : MALE , 40y (15/07/1983)			
Red Blood Cell Count (Electrical Impedance)	5.10	million/ μ l	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	42.1	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	82.6 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	28.0	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.9	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	14.1 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	357	$10^3/\mu$ L	150.0-450.0
Mean Platelet Volume (MPV)	7.7	fL	7.0-11.7
Total Leucocyte Count(WBC) (Electrical Impedance)	7.1	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	51.7	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	38.6	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	7.9	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	1.4	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.4	%	0.0-2.0
Absolute Neutrophil Count (Calculated)	3.68	$\times 10^3$ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	2.75	$\times 10^3$ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.57	$\times 10^3$ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.1	$\times 10^3$ cells/ μ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.03	-	-

Patient Name : Nagaraj Kg MRN : 2015000001165 Gender/Age : MALE , 40y (15/07/1983)

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.

Erythrocyte Sedimentation Rate (ESR)	30 H	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



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

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	96	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)	93	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

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Patient Name : Nagaraj Kg MRN : 2015000001165 Gender/Age : MALE , 40y (15/07/1983)

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:

- 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)	0.88	mg/dL	0.66-1.25
eGFR (Calculated)	96.0	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)	9	mg/dL	9.0-20.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	5.6	mg/dL	3.5-8.5

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

Cholesterol Total (Colorimetric - Cholesterol Oxidase)	174	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	140	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	24 L	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	150.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159

Patient Name : Nagaraj Kg MRN : 2015000001165 Gender/Age : MALE , 40y (15/07/1983)

			Borderline High: 160-189 High: 190-219 Verv High: => 220
LDL Cholesterol (Colorimetric)	123 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	28.0	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	7.3 H	-	0.0-5.0

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.46	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)	0.46	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)	4.40	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.3	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.34	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	25	U/L	17.0-59.0
SGPT (ALT) (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)	109	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	21	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.

Patient Name : Nagaraj Kg MRN : 2015000001165 Gender/Age : MALE , 40y (15/07/1983)

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.07	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	5.55	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	1.858	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.



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry



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

NARAYANA HRUDAYALAYA BLOOD CENTRE

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

--End of Report--



Patient Name : Nagaraj Kg MRN : 2015000001165 Gender/Age : MALE , 40y (15/07/1983)

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.
(Fasting Blood Sugar (FBS), -> Auto Authorized)
(CR, -> Auto Authorized)
(LFT, -> Auto Authorized)
(Uric Acid, -> Auto Authorized)
(Blood Urea Nitrogen (Bun), -> Auto Authorized)
(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)

