

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Nagesh Rao MRN : 1020000267644 Gender/Age : MALE , 42y (04/06/1980)

Collected On : 24/12/2022 08:54 AM Received On : 24/12/2022 09:13 AM Reported On : 24/12/2022 11:32 AM

Barcode : 012212240669 Specimen : Serum Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9980302375

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.92	mg/dL	0.66-1.25
eGFR (Calculated)	90.3	mL/min/1.73m <sup>2</sup>	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric – Urease)	10	mg/dL	9.0-20.0
<b>Serum Uric Acid</b> (Colorimetric - Uricase,Peroxidase)	6.0	mg/dL	3.5-8.5
Test	Result	Unit	Biological Reference Interval
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	154	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	106	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	<b>39 L</b>	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	115.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	<b>95 L</b>	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190

Patient Name : Mr Nagesh Rao MRN : 10200000267644 Gender/Age : MALE , 42y (04/06/1980)

Test	Result	Unit	Biological Reference Interval
VLDL Cholesterol (Calculated)	21.2	mg/dL	0.0-40.0

Cholesterol /HDL Ratio (Calculated)	4.0	-	0.0-5.0
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<b>Prostate Specific Antigen (PSA)</b> (Enhanced Chemiluminescence)	0.282	ng/mL	0.0-2.5
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Test	Result	Unit	Biological Reference Interval
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#### LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.70	mg/dL	0.2-1.3
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Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.10	mg/dL	0.0-0.4
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Unconjugated Bilirubin (Indirect) (Calculated)	0.6	mg/dL	0.0-1.1
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Total Protein (Colorimetric - Biuret Method)	7.70	gm/dL	6.3-8.2
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Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.40	gm/dL	3.5-5.0
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Serum Globulin (Calculated)	3.3	gm/dL	2.0-3.5
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Albumin To Globulin (A/G)Ratio (Calculated)	1.34	-	1.0-2.1
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SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	35	U/L	17.0-59.0
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SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	40	U/L	<50.0
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Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	67	U/L	38.0-126.0
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Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method))	21	U/L	15.0-73.0
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#### 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.

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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
<b>THYROID PROFILE (T3, T4, TSH)</b>			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.30	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	7.38	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	<b>6.744 H</b>	µIU/mL	0.4-4.049

--End of Report--



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MSc, Mphil, Biochemistry  
Incharge, Consultant Biochemistry

Patient Name : Mr Nagesh Rao MRN : 10200000267644 Gender/Age : MALE , 42y (04/06/1980)

**Note**

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.  
(Lipid Profile, -> autoAuthorised)  
(CR, -> autoAuthorised)  
(LFT, -> autoAuthorised)  
(Uric Acid, -> autoAuthorised)  
(Blood Urea Nitrogen (Bun), -> autoAuthorised)  
(Prostate Specific Antigen (Psa) -> autoAuthorised)



DEPARTMENT OF LABORATORY MEDICINE

Final Report

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Collected On : 24/12/2022 08:54 AM Received On : 24/12/2022 09:12 AM Reported On : 24/12/2022 10:25 AM

Barcode : 012212240670 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9980302375

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>HBA1C</b>			
HbA1c (HPLC NGSP Certified)	5.2	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	102.54	-	-

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.

--End of Report--

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## DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Nagesh Rao MRN : 10200000267644 Gender/Age : MALE , 42y (04/06/1980)

Collected On : 24/12/2022 08:54 AM Received On : 24/12/2022 09:12 AM Reported On : 24/12/2022 12:02 PM

Barcode : 012212240668 Specimen : Plasma Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9980302375

### BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	86	mg/dL	70 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

#### Note

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



## DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Nagesh Rao MRN : 10200000267644 Gender/Age : MALE , 42y (04/06/1980)

Collected On : 24/12/2022 08:54 AM Received On : 24/12/2022 09:13 AM Reported On : 24/12/2022 09:25 AM

Barcode : 022212240393 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9980302375

## HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	15.3	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.07	million/ $\mu$ l	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	46.0	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	90.8	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	30.2	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.2	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	<b>14.5 H</b>	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	276	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	5.0	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCS Technology Plus Microscopy)	58.1	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	34.4	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	5.8	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	1.0	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.7	%	0.0-2.0

Patient Name : Mr Nagesh Rao MRN : 10200000267644 Gender/Age : MALE , 42y (04/06/1980)

Test	Result	Unit	Biological Reference Interval
Absolute Neutrophil Count (Calculated)	3.0	$\times 10^3$ cells/ $\mu$ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.8	$\times 10^3$ cells/ $\mu$ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.3	$\times 10^3$ cells/ $\mu$ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.1	$\times 10^3$ cells/ $\mu$ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.1	-	-

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. Deepak M B  
MD, PDF, Hematopathology  
Consultant



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Collected On : 24/12/2022 08:54 AM Received On : 24/12/2022 09:13 AM Reported On : 24/12/2022 10:02 AM

Barcode : 032212240090 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9980302375

**CLINICAL PATHOLOGY**

Test	Result	Unit
<b>Urine For Sugar (Post Prandial)</b> (Enzyme Method (GOD POD))	Not Present	-



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

**CLINICAL PATHOLOGY**

Test	Result	Unit
<b>Urine For Sugar (Fasting)</b> (Enzyme Method (GOD POD))	Negative	-

--End of Report--



Dr. Hema S  
MD, DNB, Pathology  
Associate Consultant

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Collected On : 24/12/2022 08:54 AM Received On : 24/12/2022 09:13 AM Reported On : 24/12/2022 10:31 AM

Barcode : 032212240090 Specimen : Urine Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9980302375

**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)	1.012	-	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
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	0.3	/hpf	0-5
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Test	Result	Unit	Biological Reference Interval
RBC	0.3	/hpf	0-4
Epithelial Cells	0.1	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	1.6	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

--End of Report--



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

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## DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Nagesh Rao MRN : 10200000267644 Gender/Age : MALE , 42y (04/06/1980)

Collected On : 24/12/2022 11:36 AM Received On : 24/12/2022 12:12 PM Reported On : 24/12/2022 12:55 PM

Barcode : 012212241170 Specimen : Plasma Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9980302375

### BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>Post Prandial Blood Sugar (PPBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	77	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

--End of Report--

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(Post Prandial Blood Sugar (PPBS) -> autoAuthorised)



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Barcode : 012212240669 Specimen : Serum Consultant : Dr. Santosh K M(FAMILY MEDICINE)

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**BIOCHEMISTRY**

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<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.92	mg/dL	0.66-1.25
eGFR (Calculated)	90.3	mL/min/1.73m <sup>2</sup>	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric – Urease)	10	mg/dL	9.0-20.0
<b>Serum Uric Acid</b> (Colorimetric - Uricase,Peroxidase)	6.0	mg/dL	3.5-8.5
Test	Result	Unit	Biological Reference Interval
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	154	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	106	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
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Non-HDL Cholesterol (Calculated)	115.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	<b>95 L</b>	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190

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Test	Result	Unit	Biological Reference Interval
VLDL Cholesterol (Calculated)	21.2	mg/dL	0.0-40.0

Cholesterol /HDL Ratio (Calculated)	4.0	-	0.0-5.0
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<b>Prostate Specific Antigen (PSA)</b> (Enhanced Chemiluminescence)	0.282	ng/mL	0.0-2.5
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Test	Result	Unit	Biological Reference Interval
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### LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.70	mg/dL	0.2-1.3
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Serum Globulin (Calculated)	3.3	gm/dL	2.0-3.5
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### Interpretation Notes

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Incharge, Consultant Biochemistry



Dr. Anushre Prasad  
MBBS,MD, Biochemistry  
Consultant Biochemistry

#### BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
<b>THYROID PROFILE (T3, T4, TSH)</b>			
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Thyroxine (T4) (Enhanced Chemiluminescence)	7.38	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	<b>6.744 H</b>	µIU/mL	0.4-4.049

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Incharge, Consultant Biochemistry

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(CR, -> autoAuthorised)  
(LFT, -> autoAuthorised)  
(Uric Acid, -> autoAuthorised)  
(Blood Urea Nitrogen (Bun), -> autoAuthorised)  
(Prostate Specific Antigen (Psa) -> autoAuthorised)



## DEPARTMENT OF LABORATORY MEDICINE

Final Report

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Collected On : 24/12/2022 08:54 AM Received On : 24/12/2022 09:12 AM Reported On : 24/12/2022 10:06 AM

Barcode : 022212240392 Specimen : Whole Blood - ESR Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9980302375

### HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Westergren Method)	02	mm/1hr	0.0-10.0

#### 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

--End of Report--

Dr. Sudarshan Chougule

MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

#### Note

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MC-2688



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Nagesh Rao MRN : 10200000267644 Gender/Age : MALE , 42y (04/06/1980)

Collected On : 24/12/2022 08:54 AM Received On : 24/12/2022 09:14 AM Reported On : 24/12/2022 10:04 AM

Barcode : 1B2212240004 Specimen : Whole Blood Consultant : Dr. Santosh K M(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9980302375

**NARAYANA HRUDAYALAYA BLOOD CENTRE**

Test	Result	Unit
<b>BLOOD GROUP &amp; RH TYPING</b>		
Blood Group (Column Agglutination Technology)	A	-
RH Typing (Column Agglutination Technology)	Positive	-

--End of Report-

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

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# CONSULTATION SUMMARY

Patient MRN : 10200000267644  
Patient Name : Mr Nagesh Rao  
Gender/Age/Dob : Male , 42 Years , 04/06/80  
Patient Phone No : 9980302375  
Patient Address : #1230, attibele, Anekal,  
Ramanagara, Karnataka, India,  
-562107

Consultation Date: 24/12/2022 02:05 PM  
Consultant : Dr. Santosh K M (FAMILY  
MEDICINE)  
Consultation Type : OP , NEW VISIT



## VITALS

Blood Pressure: 140/80 mmHg      Heart Rate: 65 /bpm  
SPO2 : 98 % , Room air  
Height: 166 cm      Weight: 65 kg      BMI: 23.59 kg/m2  
BSA: 1.73 m2

## CLINICAL IMPRESSION

- Subclinical Hypothyroid

## ADVICE

- Hydration atleast 4 litres per day  
Food in time .  
Food Quality (as discussed in outpatient department)  
Exercise- atleast 30 min brisk walk daily  
Sleep Hygiene

## FOLLOW UP DETAILS

- Physical Consultation after **3 Months** with below investigation results  
Follow-up Investigation  
THYROID PROFILE (T3, T4, TSH)

## CONSULTANT DETAILS

Dr. Santosh K M , ASSOCIATE CONSULTANT , FAMILY MEDICINE

One free consultation with the same doctor within next 6 days.

Printed By: Dr. Santosh K M | Printed On: 24.12.2022 14:07



Patient Name : Mr. Nagesh Rao MRN : 10200000267644  
Age : 42 Years Sex : Male  
Referring Doctor : EHC Date : 24.12.2022

**ULTRASOUND ABDOMEN AND PELVIS**

**CLINICAL DETAILS:** Health check-up.

**FINDINGS:**

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

**Portal vein** is normal in course, caliber and shows hepatopetal flow. Hepatic veins and their confluence draining into the IVC appear normal. **CBD** is not dilated.

**Gallbladder** is normal without evidence of calculi, wall thickening or pericholecystic fluid.

**Pancreas** is obscured by bowel gas.

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

**Right Kidney** is normal in size, position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Left Kidney** is normal in size, 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 thickening is normal. No evidence of calculi, mass or mural lesion.


**Prostate** is normal in size.

**Fluid** - There is no ascites.

Umbilical region shows an abdominal wall defect, measuring 1.0 cm with omentum as its content. Cough impulse is present.

**IMPRESSION:**

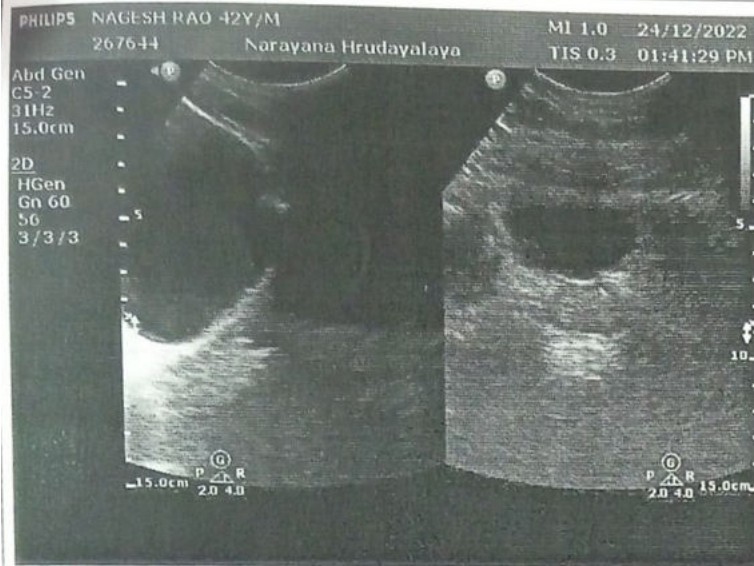
- Umbilical hernia.

  
Dr. Shivaprakash Teli  
Resident

Typed by: Mr. Krishnamoorthy

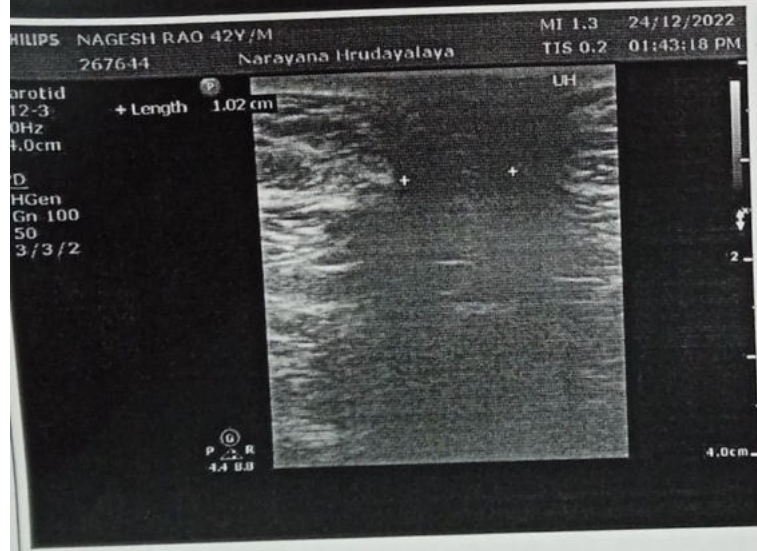


Patient name	NAGESH RAO 42Y/M	Age/Sex	
Patient ID	267644	Visit No	1
Referred by		Visit Date	24/12/2022

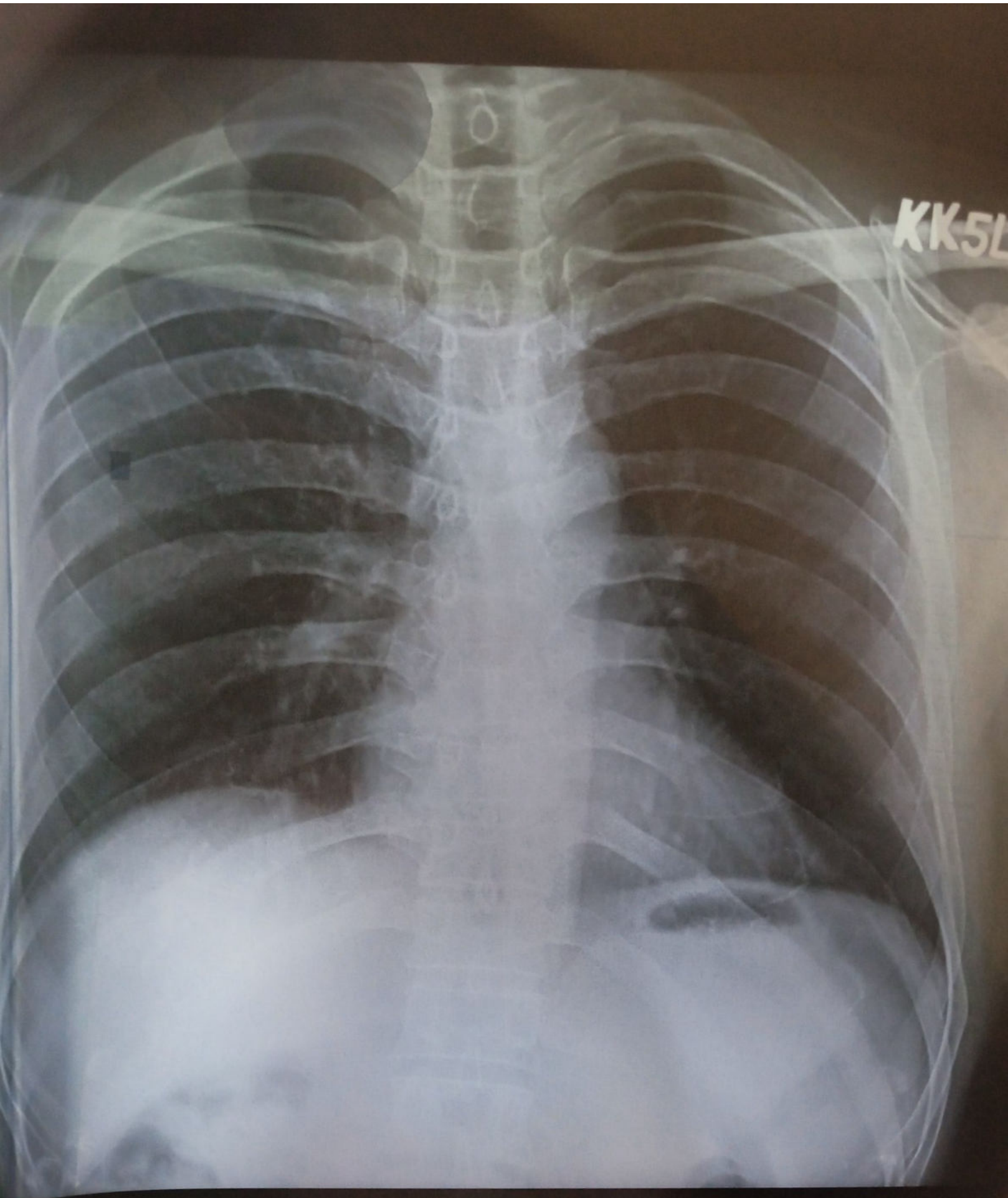




Name	NAGESH RAO 42Y/M	Age/Sex	
ID	267644	Visit No	1
Recorded by		Visit Date	24/12/2022







KK5L

Rao Naqesh Mr 10200000267644 1020-2212044954 M Table 12/24/2022 10:19 AM  
NH HEALTHCITY BANGALORE



ID: 10200000267644  
Name: NAGESH RAO  
Age: 42 Years  
Gender: Male

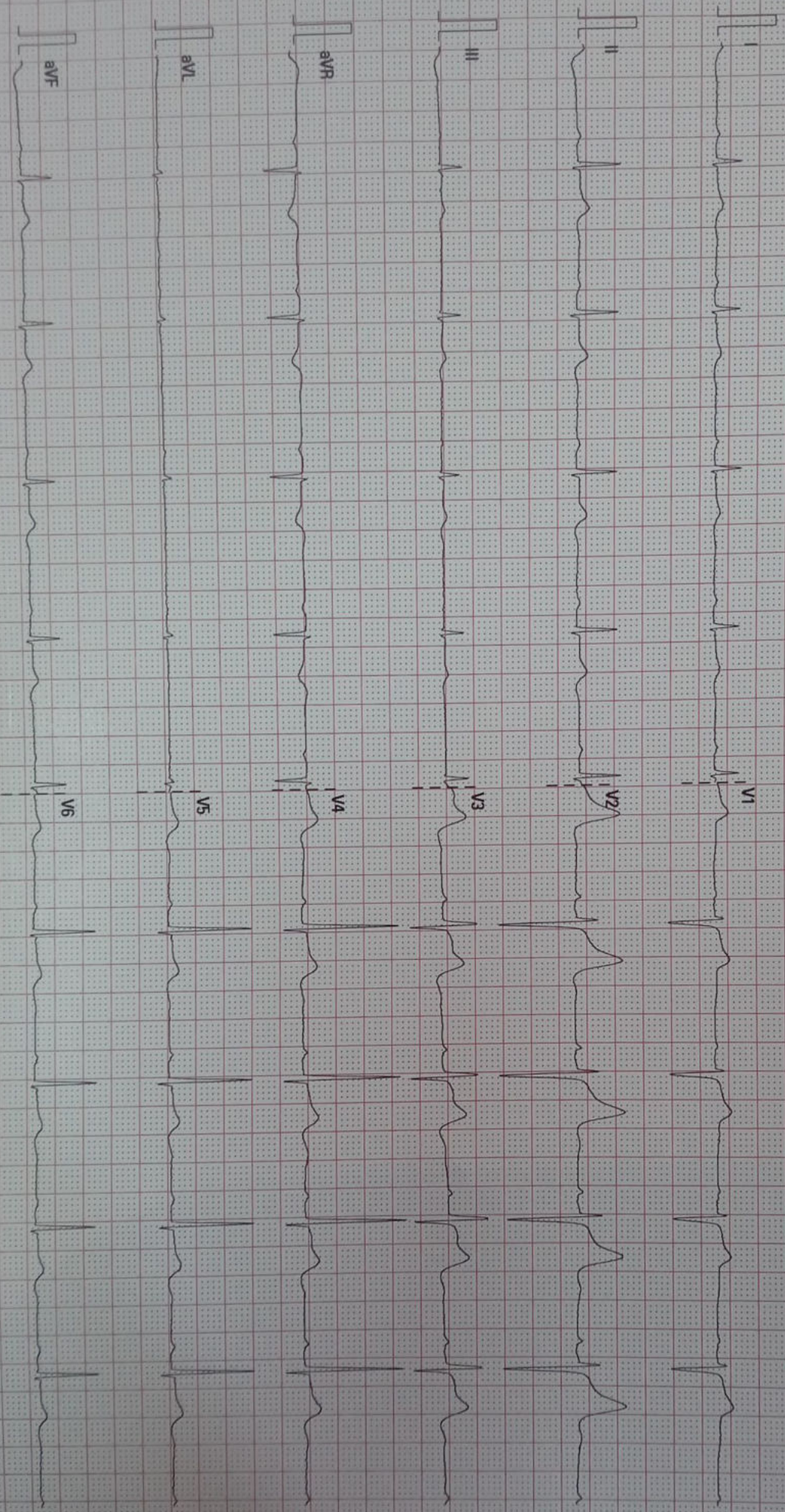
24-12-2022 09:54:05

Vert. Rate  
PR Interval  
QRS Duration  
QT/QTc Interval  
P/QRS/T Axes  
QTc/Hodges

58 bpm  
188 ms  
76 ms  
424/421 ms  
30/58/57 deg

Sinus rhythm  
Normal ECG

Unconfirmed Diagnosis



25 mm/s  
10 mm/mV  
50 Hz  
BDH 35 Hz

02.10.00.V28.4.1

SN.FN.22032906