

Unit of Narayana Health

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Sunil N MRN : 20150000001063 Gender/Age : MALE , 31y (21/06/1992)

Collected On: 12/08/2023 08:50 AM Received On: 12/08/2023 11:38 AM Reported On: 12/08/2023 03:17 PM

Barcode : 1B2308120012 Specimen : Whole Blood Consultant : Dr. Priya S(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9553188550

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
BLOOD GROUP & RH TYPING		
Blood Group (Column Agglutination Technology)	0	-
RH Typing (Column Agglutination Technology)	Positive	-

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

CLINICAL PATHOLOGY

Unit

Result

Urine For Sugar (Fasting) (Enzyme Method (GOD POD))

Not Present -

Thugh

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

Test

BIOCHEMISTRY

Result

Biological Reference Interval

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



Unit

0

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Test



Unit of Narayana Health

Patient Name : Mr Sunil N MRN : 2015000001063	Gender/Age : M	ALE , 31y (21/06/1992)	
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	100 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)	90	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020
HBA1C			
HbA1c (HPLC NGSP Certified)	5.5	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	111.15	-	-

Interpretation:

CEDURA CDEATINUNE

1. HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.

2. HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.

3. Any sample with >15% should be suspected of having a haemoglobin variant.

SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.98	mg/dL	0.66-1.25
eGFR (Calculated)	89.3	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodyamically unstable patients eGFR is not applicable for less than 18 years of age.
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	12	mg/dL	9.0-20.0
Serum Uric Acid (Colorimetric - Uricase, Peroxidase)	7.20	mg/dL	3.5-8.5
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	166	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	136	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500

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Patient Name : Mr Sunil N MRN : 20150000001063 Gender/Age : MALE , 31y (21/06/1992) mg/dL 40.0-60.0 HDL Cholesterol (HDLC) (Colorimetric: Non HDL 39 L Precipitation Phosphotungstic Acid Method) mg/dL Desirable: < 130 Non-HDL Cholesterol (Calculated) 127.0 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220 Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 mg/dL LDL Cholesterol (Colorimetric) 117 L High: 160-189 Very High: > 190 mg/dL 0.0-40.0 VLDL Cholesterol (Calculated) 27.2 0.0-5.0 Cholesterol /HDL Ratio (Calculated) 4.3 LIVER FUNCTION TEST(LFT) mg/dL 0.2-1.3 Bilirubin Total (Colorimetric -Diazo Method) 0.90 mg/dL 0.0-0.3 Conjugated Bilirubin (Direct) (Dual Wavelength -0.00 Reflectance Spectrophotometry) 0.0-1.1 Unconjugated Bilirubin (Indirect) (Calculated) mg/dL 0.9 gm/dL 6.3-8.2 Total Protein (Colorimetric - Biuret Method) 7.40 Serum Albumin (Colorimetric - Bromo-Cresol Green) 4.60 gm/dL 3.5-5.0 gm/dL 2.0-3.5 Serum Globulin (Calculated) 2.81 Albumin To Globulin (A/G)Ratio (Calculated) 1.0-2.1 1.64 U/L 17.0-59.0 SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-34 5-phosphate)) U/L <50.0 SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5- 29 phosphate)) U/L Alkaline Phosphatase (ALP) (Multipoint-Rate - P-38.0-126.0 67 nitro Phenyl Phosphate, AMP Buffer) U/L 15.0-73.0 Gamma Glutamyl Transferase (GGT) (Multipoint 30 Rate - L-glutamyl-p-nitroanilide (Szasz Method))

Interpretation Notes

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Patient Name : Mr Sunil N MRN : 20150000001063 Gender/Age : MALE , 31y (21/06/1992)

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

THYROID PROFILE (T3, T4, TSH)

Tri lodo Thyronine (T3) (Enhanced Chemiluminesence)	1.44	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminesence)	9.54	μg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminesence)	1.407	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.

Anushre

Dr. Anushre Prasad MBBS, MD, Biochemistry **Consultant Biochemistry**



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

HEMATOLOGY

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Test	Result	Unit	Biological Reference Interval		
COMPLETE BLOOD COUNT (CBC)					
Haemoglobin (Hb%) (Photometric Measurement)	15.6	g/dL	13.0-17.0		
Red Blood Cell Count (Electrical Impedance)	5.12	million/µl	4.5-5.5		
PCV (Packed Cell Volume) / Hematocrit (Calculated)	45.0	%	40.0-50.0		
MCV (Mean Corpuscular Volume) (Derived)		fL	83.0-101.0		
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Narayana Institute of Cardiac Sciences (A Unit of Narayana Hrudayalaya Limited) CIN: L85110KA2000PLC027497		0 🛞 🙊	Appointments 1800-309-0309		

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Patient Name : Mr Sunil N MRN : 2015000001063	Gender/Age : MALE , 31y (21/06/1992)				
	88.0				
MCH (Mean Corpuscular Haemoglobin) (Calculated)	30.6	pg	27.0-32.0		
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	34.7 H	%	31.5-34.5		
Red Cell Distribution Width (RDW) (Derived)	13.6	%	11.6-14.0		
Platelet Count (Electrical Impedance Plus Microscopy)	263	$10^3/\mu L$	150.0-450.0		
Mean Platelet Volume (MPV)	8.8	fL	7.0-11.7		
Total Leucocyte Count(WBC) (Electrical Impedance)	8.0	10 ³ /µL	4.0-10.0		
DIFFERENTIAL COUNT (DC)					
Neutrophils (VCS Technology Plus Microscopy)	58.7	%	40.0-75.0		
Lymphocytes (VCS Technology Plus Microscopy)	27.1	%	20.0-40.0		
Monocytes (VCS Technology Plus Microscopy)	9.7	%	2.0-10.0		
Eosinophils (VCS Technology Plus Microscopy)	3.4	%	1.0-6.0		
Basophils (VCS Technology Plus Microscopy)	1.1	%	0.0-2.0		
Absolute Neutrophil Count (Calculated)	4.7	x10 ³ cells/µl	2.0-7.0		
Absolute Lymphocyte Count (Calculated)	2.17	x10 ³ cells/µl	1.0-3.0		
Absolute Monocyte Count (Calculated)	0.78	x10 ³ cells/µl	0.2-1.0		
Absolute Eosinophil Count (Calculated)	0.28	x10 ³ cells/µl	0.02-0.5		
Absolute Basophil Count (Calculated)	0.09	-	-		

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

Interpretation Notes

• Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .

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Patient Name : Mr Sunil N MRN : 20150000001063 Gender/Age : MALE , 31y (21/06/1992)

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.

Dupun MA

Dr. Deepak M B MD, PDF, Hematopathology Consultant

HEMATOLOGY					
Test	Result	Unit	Biological Reference Interval		
Erythrocyte Sedimentation Rate (ESR)	10	mm/1hr	0.0-10.0		
()A/actorecon D.Acthered)					

(Westergren Method)

Interpretation Notes

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

--End of Report-

Hena S

Dr. Hema S MD, DNB, Pathology Associate Consultant

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Patient Name : Mr Sunil N MRN : 20150000001063 Gender/Age : MALE , 31y (21/06/1992)

Note

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





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Unit of Narayana Health

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Sunil N MRN : 20150000001063 Gender/Age : MALE , 31y (21/06/1992)
Collected On: 12/08/2023 08:50 AM Received On: 12/08/2023 11:41 AM Reported On: 12/08/2023 12:10 PM
Barcode: 032308120134 Specimen: Urine Consultant: Dr. Priya S(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9553188550

	CLINICAL PAT		
	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY PHYSICAL EXAMINATION			
Colour	STRAW	-	
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.023	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	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	0.3	/hpf	0-5
RBC	0.1	/hpf	0-4

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Patient Name : Mr Sunil N	MRN : 2015000001063	Gender/Age : M	IALE , 31y (21/06/1992)	
Epithelial Cells		0.3	/hpf	0-6
Crystals		0.0	/hpf	0-2
Casts		0.00	/hpf	0-1
Bacteria		1.8	/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.

--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.



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NAME : MR.SUNIL N	AGE/SE	EX : 31YRS/MALE
MRN NO : 20110000013033	DATE	: 12.08.2023
FINAL DIAGNOSIS:		
NORMAL CHAMBER DIMENSION		

- NO RWMA
- NORMAL VALVES
- NORMAL PA PRESSURE
- NORMAL RV /LV FUNCTION
- LVEF-60 %

MEASUREMENTS

AO: 29 MM	LVID (d) : 44 MM	IVS (d) : 10 MM	RA : 32 MM
LAI 32 MM	LVID(s) : 26 MM	PW (d): 10 MM	RV : 28 MM

EF-60 %

VALVES

- MITRAL VALVE : NORMAL
- AORTIC VALVE : NORMAL
- TRICUSPID VALVE : NORMAL

PULMONARY VALVE : NORMAL

CHAMBERS

- LEFT ATRIUM : NORMAL
- PIGHT ATRIUM : NORMAL
- LEFT VENTRICLE : NORMAL, NORMAL LV FUNCTION
- RIGHT VENTRICLE : NORMAL, TAPSE-18 MM, NORMAL RV FUNCTION
- PVOT/LVOT : NORMAL

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Narayana Multispeciality Clinic

17/1, 30th Cross, 8th 'B' Main Road, 4th Block, Jayanagar, Bangalore - 560 011 Clinic No. : 8884000991, 9513919615, Pharmacy No. : 9513919615 E-mail: info.jayanagar@narayanahealth.org, web : www.narayanahealth.org

SEPTAE

IVS	: INTACT

IAS : INTACT

GREAT ARTERIES

AORTA : AORTIC ANNULUS-24 MM, LEFT ARCH

PULMONARY ARTERY : NORMAL

DOPPLER DATA

- MITRAL VALVE : E/A –1.0/0.6 M/S, MR-TRIVIAL
- AORTIC VALVE : PG- 4 MMHG
- TRICUSPID VALVE : TR-MILD, PASP- 27 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-73 BPM

VISHALAKSHI H R CARDIAC SONOGRAPHER



MR SUNIL N	Requested By	EHP
20150000001063	Procedure Date Time	12-08-2023 11:13
31Y 1M/Male	Hospital	NH-JAYANAGAR
	20150000001063	2015000001063 Procedure Date Time

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.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

IMPRESSION:

No significant abnormality detected.

all

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 12:08-2023 13 46

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NH Integrated Care Private Limited CIN U85190KA2023PTC170155 Appointments 1800-309-0309 (Toll Free)



105. A main , Jayanagar 4th block, Near Maiyas Restaurant, Bengaluru- 560 011. WWW.MILESTONESINSTITUTIONS.ORG | Ph: 080 2664 4448

Evaluation

12 08 2023

Name

Mr. Sunil N

Age

Gender

MRD No

: 20150000001063

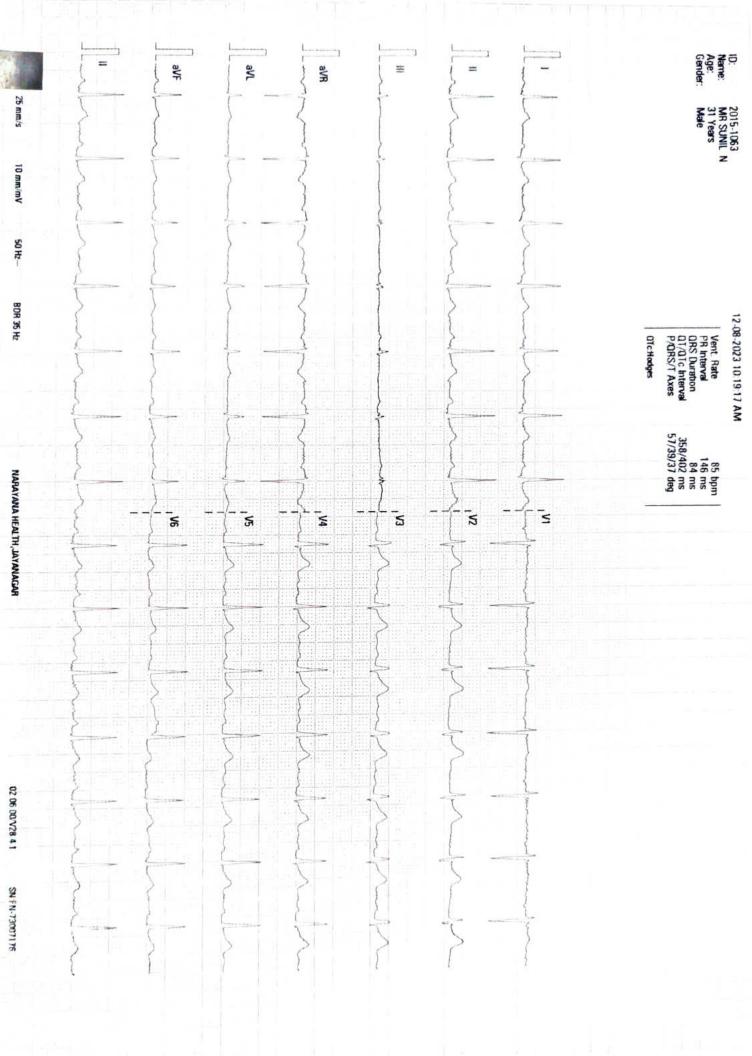
Chief Complaint :

Ocular History Regular Chek-up.

30m

General History

OD VISION Distance: 616 Pinhole: (A) Near: Php { R? -3.505/-0500(x10). 2: -3.25/-0.3000 x10





Patient Name	: Mr.Sunil N	Patient ID	: 2015000001063
Age	: 31Years	Sex	: Male
Referring Doctor	: EHP	Date	:12.08.2023

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 Partially distended 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 9.9 cm in length &1.3 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 2.8x2.9x3.0 cm, Volume -14 cc.

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.



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sound Image Report

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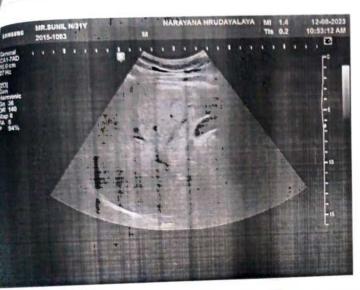
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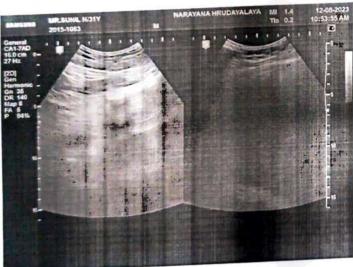
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In Date

2015-1063 MR.SUNIL N/31Y

Male



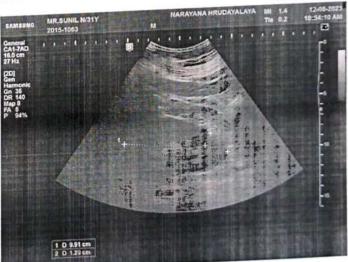




Exam

Accession # Exam Date Description Operator







12-08-2023