

LABORATORY INVESTIGATION REPORT



Name	: MR. SURESH KUMAR S	Patient No	: TH2526/002155
Age / Sex	: 38 years / Male	Bill No	: ADM2526/002145
Sample collection time	: 06-12-2025 06:07 AM	Reported Time	: 06-12-2025 07:40 AM
Referred by	: Mr. SELF		

Investigation Name	Methodology	Values	Units	Ref Range
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HAEMATOLOGY

CBC-COMPLETE BLOOD COUNT

HEMOGLOBIN (HB)	COLORIMETRY	13.8	Gms%	13.0-22.0
TOTAL COUNT (TC)	Laser scatter	5020	cells/cumm	4000-11000

DIFFERENTIAL COUNT

NEUTROPHILS	Laser scatter	58.6	%	35-70
LYMPHOCYTES	Laser scatter	30.2	%	20-45
EOSINOPHILS	Laser scatter	6.5	%	1-6
MONOCYTES	Laser scatter	4.6	%	0-7
BASOPHILS	Laser scatter	0.1	%	0-1
PLATELET COUNT	Sheath impedance	1.30	lakhs/cumm	1.5-4.5

VALUES CORRELATED ON SMEAR

RBC COUNT	Sheath impedance	4.83	mill/cu.mm	4.5-6.5
PACKED CELL VOLUME(PCV)	Laser scatter	41.8	vol%	40.0-50.0
MEAN CORPUSCULAR VOLUME	Calculated	86.5	fL	78-98
MEAN CORPUSCULAR HAEMOGLOBIN	Calculated	28.6	pg	27.0 - 34.0
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	calculated	33.0	%	33.4-35.5

Note : Results pertained to sample tested.

-----End Of Report-----

Processed By

Mr. VIGNESH

Verified By Senior Lab Technician


DR. P. SUMAN,
MBBS, MD (PATHOLOGY)
SR CONSULTANT PATHOLOGIST
(KMC-41951)

NAME: Mr. Suresh Kumar S	UHID: 2155	AGE/SEX: 38 Y/ M
REF: Dr. Veeresh Godi	IP No: 2145	DATE: 06.12.2025

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Normal in size (13.5 cm) and shows normal echopattern. No intrahepatic biliary dilatation. Hepatic and portal vein radicals appear normal. No focal lesions.

GALLBLADDER: Distended. No evidence of calculus or sludge. Gallbladder wall is of normal thickness. No evidence of pericholecystic fluid. CBD is not dilated.

PANCREAS: Head and proximal body show no obvious abnormality. No evidence of duct dilatation or calcifications. No peripancreatic fluid.

SPLEEN: Normal in size (11.9 cm) and shows uniform echopattern. No obvious focal lesions.

KIDNEYS: Both kidneys are normal in size, shape and echopattern. Corticomedullary differentiation is preserved.

Right kidney: 11.1 x 5.2 cm. No calculus or hydronephrosis.

Left kidney: 12.0 x 6.1 cm. No calculus or hydronephrosis. **A cyst noted in the upper pole measuring 1.9 x 1.8 cm**

URINARY BLADDER: Distended. Wall thickness is within normal limits. No internal echoes or calculus.

PROSTATE: Normal in size & echopattern, measures 4.1 x 2.9 x 3.6 cm (volume 20.8 cc). No focal lesion.

Visualized bowel loops show no abnormality. No significant lymphadenopathy. No ascites.

IMPRESSION:

- Left renal simple cortical cyst.
- No other significant abnormality detected.



Dr. K.S.ESWAR, MBBS, MD

KMC No. 116351

Consultant Radiologist

If there is any discrepancy in radiological and clinical findings or any typing mistake kindly discuss to rectify, thank you.



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LABORATORY INVESTIGATION REPORT



Name	: MR. SURESH KUMAR S	Patient No	: TH2526/002155
Age / Sex	: 38 years / Male	Bill No	: ADM2526/002145
Sample collection time	: 06-12-2025 07:31 PM	Reported Time	: 06-12-2025 09:01 PM
Referred by	: Mr. SELF		

Investigation Name	Methodology	Values	Units	Ref Range
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HAEMATOLOGY

PROTHROMBIN TIME(INR)

TEST	13.0	SEC	12 - 16 Seconds
CONTROL	12.5		
INR	1.0	SEC	Oral Anticoagulant : 1 .0 – 1 .5 Therapeutic Range : 2 . 0 - 3 . 5

Note : Results pertained to sample tested.

-----End Of Report-----

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Mr. VINAY KUMAR

Verified By Senior Lab Technician

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SR CONSULTANT PATHOLOGIST
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LABORATORY INVESTIGATION REPORT



Name	: MR. SURESH KUMAR S	Patient No	: TH2526/002155
Age / Sex	: 38 years / Male	Bill No	: ADM2526/002145
Sample collection time	: 07-12-2025 05:46 AM	Reported Time	: 07-12-2025 07:08 AM
Referred by	: Mr. SELF		

Investigation Name	Methodology	Values	Units	Ref Range
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BIOCHEMISTRY

FASTING LIPID PROFILE

TOTAL CHOLESTEROL	CHOD - POD	188.66	mg/dl	< 200
TRIGLYCERIDES	GPO - POD	48.01	mg/dl	< 200
HDL CHOLESTROL	DIRECT METHOD	69.78	mg/dl	40 - 70
LDL CHOLESTEROL	CALCULATED	109.28	mg/dl	< 110
VLDL CHOL	CALCULATED	9.60	mg/dl	10 - 40
TC/HDL Ratio	CALCULATED	2.70		< 5.0

Note : food rich in sugar, carbohydrates and fat, alcohol, obesity, poorly controlled diabetes, hypothyroidism, renal disease, inherited lipid disorders, drugs such as beta blockers, birth control pills, diuretics, steroids and tamoxifen can lead to elevated levels of triglycerides. kindly correlate the report with the clinical findings. discrepancy if observed, repeat testing after overnight fasting for 10 hours after being on a normal diet for three days

Note : Results pertained to sample tested.

-----End Of Report-----

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(KMC-41951)



ROOTS DIAGNOSTICS

TRANSFORMING HEALTHCARE



Patient ID	: 061225131	Registration Time	: 06-Dec-2025 09:12 PM
Patient Name	: Mr. Suresh Kumar	Collection Time	: 06-Dec-2025 09:12 PM
Age	: 38 Yrs	Report Print Time	: 06-Dec-2025 09:32 PM
Ref. By Doctor	:	Mobile No.	:
Client Name	: TRUST IN HOSPITAL	Sample No	



BIOCHEMISTRY

Test Name	Result	Unit	Bio.Ref.Range
BL. Ammonia ENZYMATIC	49.5	umol/L	16-60
Method	ENZYMATIC		

Interpretation :

The ammonia test is primarily used to help investigate the cause of changes in behavior and consciousness. An ammonia level may also be ordered to help detect and evaluate the severity of a urea cycle defect. A significantly increased concentration of ammonia in the blood indicates that the body is not effectively metabolizing and eliminating ammonia but do not indicate the cause. In infants, an extremely high level is associated with an inherited urea cycle enzyme deficiency or defect but may also be seen with hemolytic disease of the newborn. A decreased level of ammonia may be seen with some types of hypertension, such as essential (high blood pressure of unknown cause) and malignant (very high blood pressure that occurs suddenly and quickly).

----- END OF REPORT -----

Scan to Validate



Dr Syeda Sara Farheen
Consultant Pathologist

Page 1 of 1

Lab Technologist

15189:2022

Head Office: First floor, 4BC-413 East of NGEF, Kasthuri Nagar, Vijinapura, Benagaluru-560016
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Patient ID : 2155

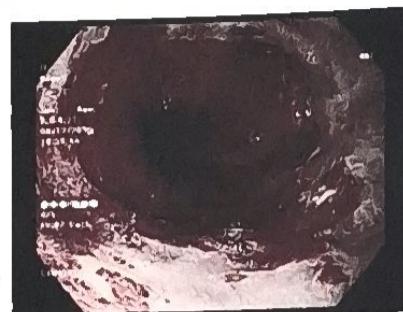
Visit Date : 12/8/2025

Patient Name : MR.SURESH KUMAR

Referred by : DR.VEEREEESH

Age/Gender : 38Yrs, Male

Consulted by : DR.PRUTHVI PRABHUEV, MD, DM

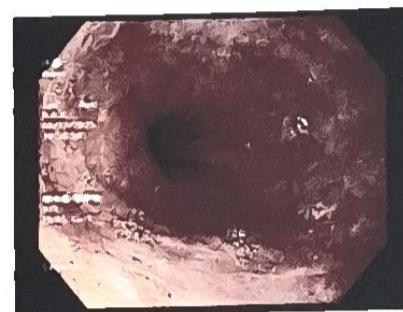
UPPER GI ENDOSCOPY + NBI Report

Indication : C/o Pain abdomen , Reflux

Premedication : Lignocaine jelly & spray

Esophagus : Mucosal breaks of > 5mm noted continuous between top of 2 mucosal folds.

GE Junction : 40CMS. Hiatus hernia noted



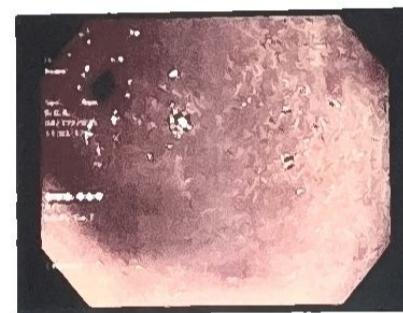
Stomach :

Fundus : Normal

Body : Normal

Antrum : Multiple ulcers seen of largest size 6mm.On NBI, normal surface pattern & vascularity seen.

Pylorus : Normal



Duodenum :

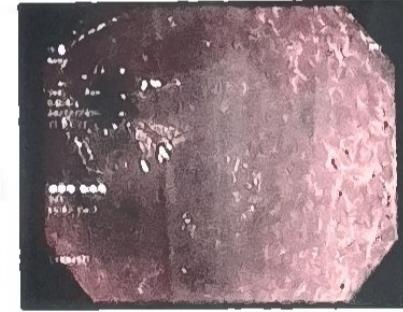
D1 : Multiple erosions seen

D2 : Normal

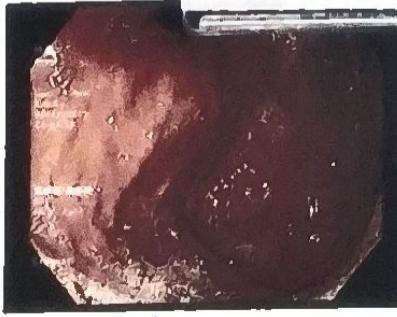
Biopsy : Done from Antral ulcer margins

RUT : Done

Impression : LA Grade - C Esophagitis ; Hiatus hernia (Hill's grade II) ; Antral Ulcers, Duodenal Erosions



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KOLKATA, INDIA



DR.PRUTHVI PRABHUEV, MD, DM (MEDICAL GASTROENTEROLOGY)

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LABORATORY INVESTIGATION REPORT



Name	: MR. SURESH KUMAR S	Patient No	: TH2526/002155
Age / Sex	: 38 years / Male	Bill No	: ADM2526/002145
Sample collection time	: 08-12-2025 02:31 PM	Reported Time	: 08-12-2025 04:03 PM
Referred by	: Mr. SELF		

Investigation Name	Methodology	Values	Units	Ref Range
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BIOCHEMISTRY

LIVER FUNCTION TEST(LFT)

TOTAL BILIRUBIN	DSA METHOD	1.04	mg/dl	0.1 - 1.4
DIRECT BILIRUBIN	DSA METHOD	0.44	mg/dl	< 0.3
INDIRECT BILIRUBIN	CALCULATED	0.59	mg/dl	0.2 - 0.8
ASPARTATE AMINOTRANSFERASE (AST/ SGOT)	IFCC METHOD	168.7	U/L	0- 35
ALANINE AMINO TRANSFERASE(SGPT)	IFCC METHOD	300.46	U/L	0-45
ALKALINE PHOSPHATASE	IFCC METHOD	85.04	U/l	30 - 120
SERUM ALBUMIN	BCG METHOD	3.91	gm/dl	3.5 - 5.3
SERUM PROTEIN TOTAL	BIURET	5.99	g/dl	6-8
SERUM GLOBULIN	CALCULATED	2.08	gm/dl	2.5-3.5
A/G RATIO	CALCULATED	1.87	g/dl	1.1-2.2
GAMMA G.T	SZASZ METHOD	90.82	U/L	11 - 61

Note : Results pertained to sample tested.

-----End Of Report-----

Processed By

Mr. SARAFDEEN AK .

Verified By Senior Lab Technician

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(KMC-41951)