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Name	: Mr. ADNAN KHAN	Collected On	: 9/11/2024 11:07 am
Lab ID.	<sup>:</sup> 213186	<b>Received On</b>	: 9/11/2024 11:17 am
Age/Sex	: 22Years / Male	Reported On	: 9/11/2024 9:42 pm
Ref By	: JINKUSHAL CARDIAC CARE & SUPER SPECIALITY HOS	Report Status	: FINAL

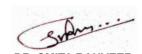
COMPLETE BLOOD COUNT				
TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
HEMOGLOBIN	15.5	gm/dl	13 - 18	
HEMATOCRIT (PCV)	46.5	%	42 - 52	
RBC COUNT	5.42	x10^6/uL	4.70 - 6.50	
MCV	86	fl	80 - 96	
МСН	28.6	pg	27 - 33	
МСНС	33	g/dl	33 - 36	
RDW-CV	12.9	%	11.5 - 14.5	
TOTAL LEUCOCYTE COUNT	4220	/cumm	4000 - 11000	
DIFFERENTIAL COUNT				
NEUTROPHILS	49	%	40 - 80	
LYMPHOCYTES	41	%	20 - 40	
EOSINOPHILS	03	%	0 - 6	
MONOCYTES	07	%	2 - 10	
BASOPHILS	00	%	0 - 1	
PLATELET COUNT	239000	/ cumm	150 to 410	
MPV	12.1	fl	6.5 - 11.5	
PDW	16.3	%	9.0 - 17.0	
РСТ	0.290	%	0.200 - 0.500	
RBC MORPHOLOGY	Normocytic Norm	ochromic		
WBC MORPHOLOGY	Normal			
PLATELETS ON SMEAR	Adequate			
WBC MORPHOLOGY	Normal			

Method : EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method).Rest are calculated parameters.

Result relates to sample tested, Kindly correlate with clinical findings.

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

Checked By SHAISTA Q



DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) Consultant Histocytopathologist Regd.No.: 3401/09/2007

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			* 2 1 5 1 8 6 *
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HAEMATOLOGY			
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD GROUP			
SPECIMEN	WHOLE BLOOD EI	OTA & SERUM	
* ABO GROUP	'O'		
RH FACTOR	NEGATIVE		
Method: Slide Agglutinatio	n and Tube Method (Forward gro	uping & Reverse gro	uping)
Result relates to sam	ple tested, Kindly correlate with o	clinical findings.	
	END	OF REPORT	

Checked By SHAISTA Q

Supramin

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* BIOCHEMISTRY				
TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
CREATININE, SERUM				
* SERUM CREATININE	0.77	mg/dL	0.7 - 1.3	
METHOD	Enzymatic Colouri	metric Method		

Creatinine is critically important in assessing renal function. In blood, it is a marker of glomerular filtration rate. As the kidneys become impaired for any reason, the creatinine level in the blood will rise due to poor clearance of creatinine by the kidneys. Abnormally high levels of creatinine thus warn of possible malfunction or failure of the kidneys.

Result relates to sample tested, Kindly correlate with clinical findings.

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

Checked By Rajashri\_Dumbre

Summi

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HAEMATOLOGY				
TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
<u>ESR</u>				
ESR	37	mm/1hr.	0 - 20	

METHOD - WESTERGREN

Result relates to sample tested, Kindly correlate with clinical findings.

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

Checked By SHAISTA Q

Summi

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BIOCHEMISTRY				
TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
BILIRUBIN (TOTAL, DIRECT, IN	DIRECT)			
TOTAL BILLIRUBIN	1.32	mg/dL	0.1 - 1.2	
BILLIRUBIN (DIRECT)	0.62	mg/dL	0.0 - 0.4	
BILLIRUBIN (INDIRECT)	0.70	mg/dL	0.0 - 1.1	
Method(Diazo)				
BLOOD GLUCOSE FASTING & P	<u>P</u>			
BLOOD GLUCOSE FASTING	81.6	mg/dL	70 - 110	
BLOOD GLUCOSE PP	99.5	mg/dL	70 - 140	
Method (GOD-POD). DONE ON FL	JLLY AUTOMATED ANALYS	ER (EM200).		
1. Fasting is required (Except for	water ) for 8-10 hours be	fore collection for fas	ting speciman. Last	

1. Fasting is required (Except for water ) for 8-10 hours before collection for fasting specim dinner should consist of bland diet.

2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn

#### INTERPRETATION

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : >=126 mg/dl

## POSTPRANDIAL/POST GLUCOSE (75 grams)

- Normal glucose tolerance : 70-139 mg/dl
- Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : >=200 mg/dl

#### CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS

- Fasting plasma glucose >=126 mg/dl
- Classical symptoms +Random plasma glucose >=200 mg/dl
- Plasma glucose >=200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin > 6.5%

\*\*\*Any positive criteria should be tested on subsequent day with same or other criteria.

13.0

SGPT (ALT)

UV Kinetic Without PLP (P-L-P)

**BLOOD UREA NITROGEN, SERUM** 

Checked By SHAISTA Q Sumi

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IU/L

0 - 40





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BIOCHEMISTRY				
TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
* BLOOD UREA NITROGEN	13.41	mg/dL	7 - 18	
Result relates to sample teste	d, Kindly correlate with	clinical findings.		

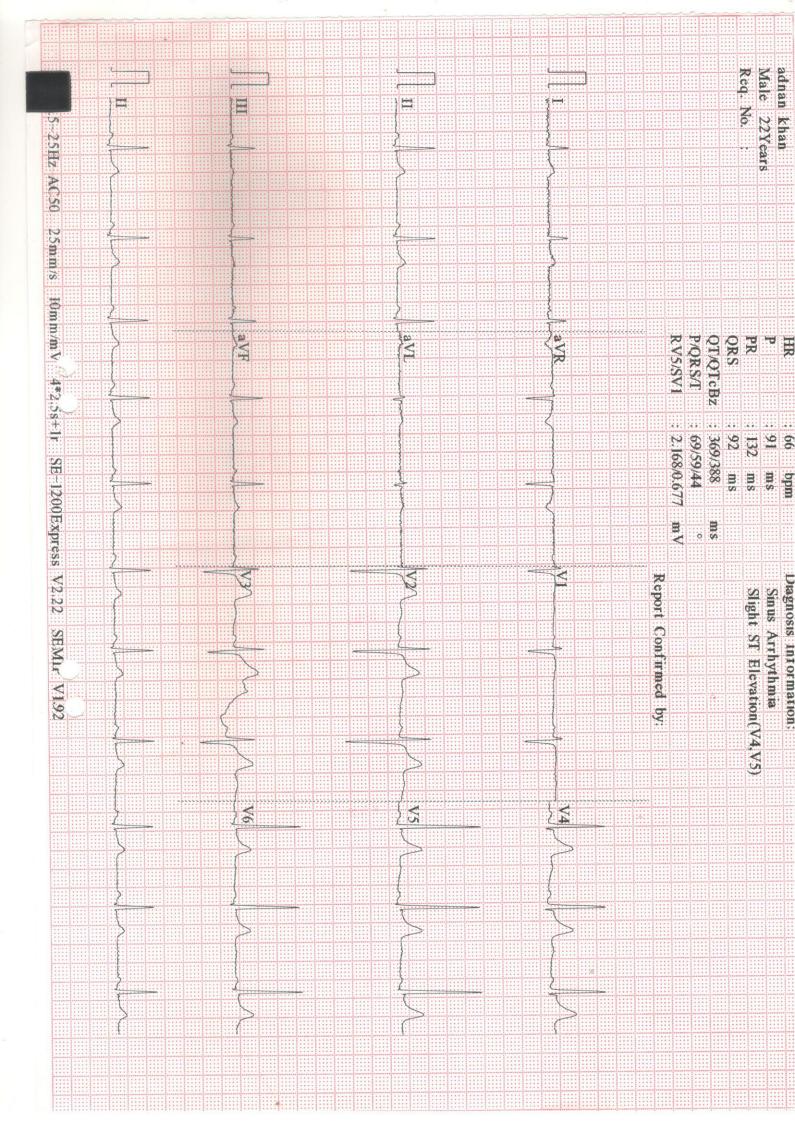
----- END OF REPORT ------

Checked By SHAISTA Q

Sydam ....

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) Consultant Histocytopathologist Regd.No.: 3401/09/2007

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## CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of,

Mr./Ms./Mrs	mr. Adnan	than.	
1111./1413./141.0.			

\_\_\_\_\_ on ( <u>DD</u> / <u>MM</u> / <u>YYYY</u> ) .

After reviewing the medical history and upon clinical examination, it has been found that he/she is:

) He its
) He its
( fit re
the is fit to Revum work

Signature

DR. MAYUR JAIN DM CARDIOLOGY 2007/04/0818

Mayor Dr.

Medical Officer ) Jinkushal Cardiac Care and Super specialty Hospital Second floor, Rosa Vista, Opp. Suraj Water Park, Kavesar, Ghodbunder Road, Thane(W) – 400607.

Jain

This certificate is not meant for medico-legal purposes.

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+91 9222888070, 9082386200

www.jinkushalcardiaccare.com

info@jinkushalcardiaccare.com jinkushalcardiaccare@gmail.com Jinkushal Cardiac Care and Super Speciality Hospital, 2nd Floor, Rosa Vista, Opp. Suraj Water Park, Kavesar, Ghodbunder Road, Thane (W). Maharashtra.

022 - 40615511 / 22

# **SEFRA DIGITAL X-RAY**

JINKUSHAL HOSPITAL, Rosa Vista, Opp. Suraj Water Park, Waghbill, G.B. Road, Thane (W) Mob.: 7678031047 / 9833520607 | Time : 9 am. to 9 pm. | SUNDAY ON CALL)

## PORTABLE X-RAY AVAILABLE

## PATIENT NAME : MR. ADNAN KHAN

AGE / SEX 22 YRS / M

**REF BY DR: JINKUSHAL HOSPITAL** 

DATE: 09/11/2024

# X-ray Chest PA

Bilateral lung fields appear clear. No obvious pleural/parenchymal lesion noted.

Bilateral hila are normal.

Both costo-phrenic and cardio-phrenic angles appear clear.

Cardiac silhouette is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage & soft tissues appear normal.

## Impression: No significant abnormality detected.

Suggest Clinical correlation and further evaluation.

Thanks for referral

Platy

## Dr. Devendra Patil MD Radiology

Disclaimer: report is done by teleradiology after the images acquired by PACS (picture archiving and communication system) and this report is not meant for medicolegal purpose 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. Patient's identification in online reporting is not established, so in no way patient identification is possible for medico-legal cases.

MEDICAL EXAMINATION REPORT				
Name Mr./Mrs./ Miss	Mr. Adnan Khan			
Sex M	Male/Femate Male			
Age (yrs.) 22	UHID :			
Date 09/11/24.	/ / 20	Bill No. :		
Marital Status	Married/ No. of Children / Unmarried/ Widow :			
Present Complaints	No Any complaints.			
Past Medical : History Surgical :	No Any Part History of Surgical.			
Personal History	Diet : Veg   / Mixed   : Addiction : Smoking   / Tobacco Chewing   / Alcohol   / Any Other			
Family History Father = Mother = Siblings =	HT / DM / IHD / Stroke / Any Other Mother = HT / DM / IHD / Stroke / Any Other Siblings = HT / DM / IHD / Stroke / Any Other			
History of Allergies	Drug Allergy Any Other			
History of Medication	For HT / DM / IHD / Hypothyroidism Any Other No Hisbory of any Medicahon			
On Examination (O/E)	G.E.: NA'D. R.S.: AEBE (lear C.V.S.: SIS2 @ C.N.S.: Conscious of omented P/A: Soft/NT. Any Other Positive Findings:			

Height 154 cms	Weight 49 Kgs		
BMI			
Pulse (per min.) 77/Min	Blood Pressure (mm of Hg) 110/10 mm of Hg		
	Gynaecology		
Examined by	Dr.		
Complaint & Duration			
Other symptoms (Mict, bowels etc)			
Menstrual History	Menarche     Cycle     Loss       Pain     I.M.B.     P.C.B.		
	L.M.P Vaginal Discharge Cx. Smear Contraception		
Obstetric History			
Examination :			
Breast			
Abdomen			
P.S.			
P.V.			
Gynaecology Impression & Recommendation			
Recommendation			
Physician Impression	Wait For Reports. Sympotomatically of Citrically Stable. No complaints.		
Examined by :	<ul> <li>Overweight = To Reduce Weight</li> <li>Underweight = To Increase Weight</li> </ul>		

No. 16 Parwati