



Name : Ms. ASMITA MORE

Lab ID. : 213096

Age/Sex : 24Years / Female

Ref By : JINKUSHAL CARDIAC CARE & SUPER SPECIALITY HOS

Consulting Dr. : DR. MAYUR JAIN

Collected On : 8/11/2024 3:10 pm

Received On : 8/11/2024 3:20 pm

Reported On : 8/11/2024 9:02 pm

Report Status : FINAL

COMPLETE BLOOD COUNT

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	11.9	gm/dl	12.0 - 15.0
HEMATOCRIT (PCV)	35.7	%	36 - 46
RBC COUNT	4.10	x10 ⁶ /uL	4.5 - 5.5
MCV	87	fl	80 - 96
MCH	29.0	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	13.0	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	6770	/cumm	4000 - 11000
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS	60	%	40 - 80
LYMPHOCYTES	26	%	20 - 40
EOSINOPHILS	05	%	0 - 6
MONOCYTES	09	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	195000	/cumm	150 to 410
MPV	12.4	fl	6.5 - 11.5
PDW	16.4	%	9.0 - 17.0
PCT	0.240	%	0.200 - 0.500
RBC MORPHOLOGY	Normocytic Normochromic		
WBC MORPHOLOGY	Normal		
PLATELETS ON SMEAR	Adequate		

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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HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD GROUP			
SPECIMEN	WHOLE BLOOD EDTA & SERUM		
* ABO GROUP	'AB'		
RH FACTOR	POSITIVE		
Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)			
Result relates to sample tested, Kindly correlate with clinical findings.			
----- END OF REPORT -----			

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*** BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>CREATININE, SERUM</u>			
* SERUM CREATININE	0.62	mg/dL	0.6 - 1.1
METHOD	Enzymatic Colourimetric 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.

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HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
ESR			
ESR	30	mm/1hr.	0 - 20

METHOD - WESTERGREN

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

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

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>BILIRUBIN (TOTAL,DIRECT,INDIRECT)</u>			
TOTAL BILLIRUBIN	0.62	mg/dL	0.1 - 1.2
BILLIRUBIN (DIRECT)	0.35	mg/dL	0.0 - 0.4
BILLIRUBIN (INDIRECT)	0.27	mg/dL	
Method(Diazo)			

BLOOD GLUCOSE FASTING & PP

BLOOD GLUCOSE FASTING	85.2	mg/dL	70 - 110
BLOOD GLUCOSE PP	80.2	mg/dL	70 - 140

Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).

1. Fasting is required (Except for water) for 8-10 hours before collection for fasting specimen. Last 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.

SGPT (ALT) 15.0 IU/L 0 - 40

UV Kinetic Without PLP (P-L-P)

BLOOD UREA NITROGEN, SERUM

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
* BLOOD UREA NITROGEN	11.21	mg/dL	7 - 18

Result relates to sample tested, Kindly correlate with clinical findings.
----- END OF REPORT -----

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Consultant Histocytopathologist
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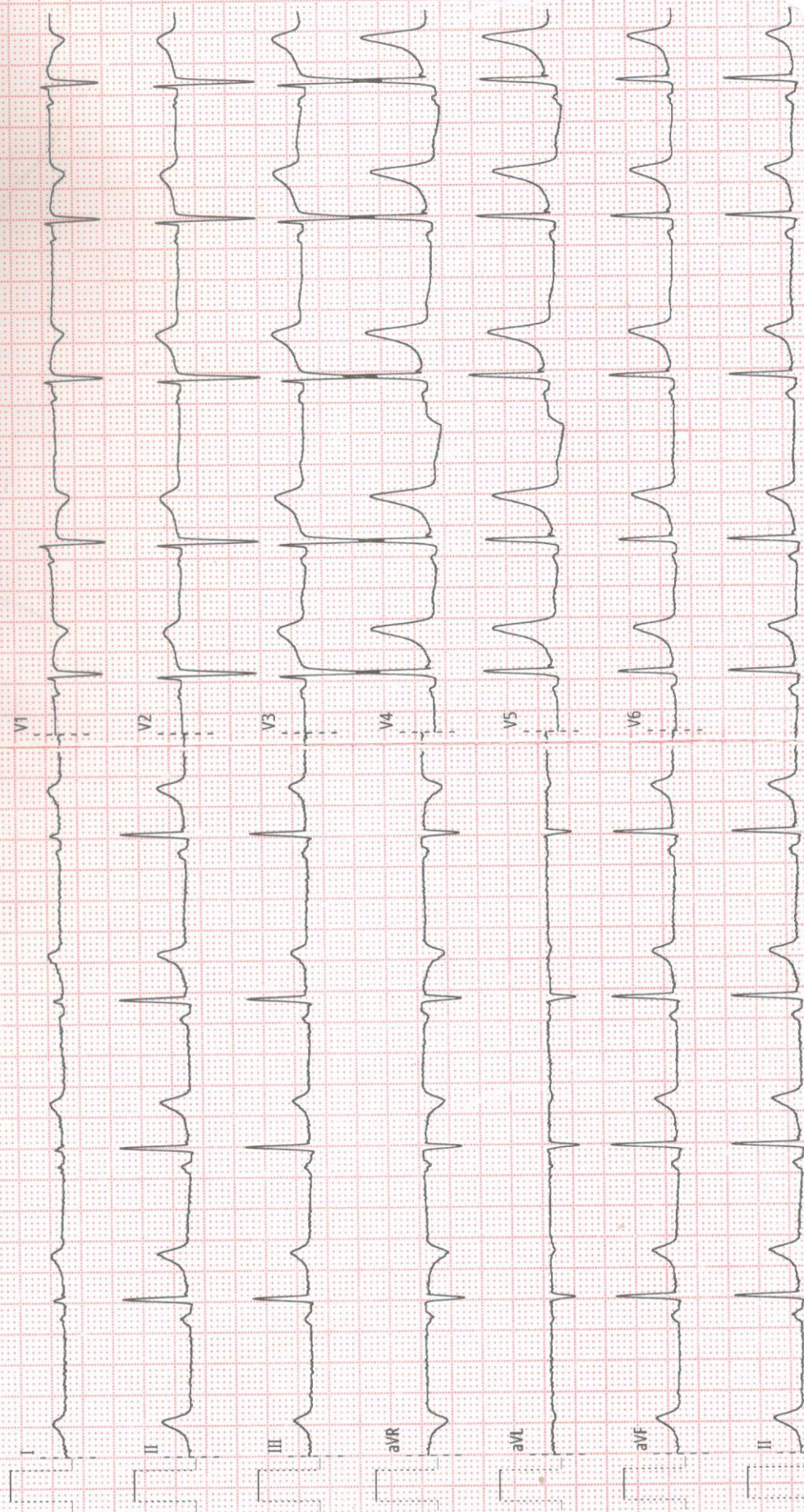
ID : 20241108102517
Name : MORE, ASMITA
Gender : F
Age : 24 Years
Dept : OPD
Bed No. : 1

HR : 61 bpm
PR : 132 ms
QRS : 88 ms
QT/QTc : 422/424 ms
P/QRS/T : 68/82/66°
RV5/SV1 : 1.215/0.766 mv
RV5+SV1 : 1.981 mv

<< Interpretations >
Sinus arrhythmia
Normal ECG

Confirm and sign:

sinus Arrhythmia



MEDICAL EXAMINATION REPORT

Name Mr./Mrs./ Miss	Asmita Manohar Nace		
Sex	Male/ Female <u>Female</u>		
Age (yrs.)	24	UHID :	
Date	8/11/2024	8/11/2024	Bill No. :
Marital Status	Married/ No. of Children / Unmarried/ Widow :		
Present Complaints	NO any new c/o.		
Past Medical : History Surgical :	NO any.		
Personal History	Diet : Veg <input type="checkbox"/> / Mixed <input checked="" type="checkbox"/> Addiction : Smoking <input type="checkbox"/> / Tobacco Chewing <input type="checkbox"/> / Alcohol <input type="checkbox"/> / 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 NO. Any Other		
History of Medication	For HT / DM / IHD / Hypothyroidism Any Other NO any medications		
On Examination (O/E)	G. E. : fair. R. S. : clear C. V. S. : S, L, P C. N. S. : conscious & oriented P/A : HT Any Other Positive Findings :		

Height	154 cm	cms	Weight	45.8	Kgs
BMI	19.97				
Pulse (per min.)	86	/min	Blood Pressure (mm of Hg)	110	70 mm of Hg
Gynaecology					
Examined by	Dr.				
Complaint & Duration					
Other symptoms (Mict, bowels etc)					
Menstrual History	Menarche 15 y v · Cycle 28 days · Loss 5 days Pain Abd pain. I.M.B. _____ P.C.B. _____ L.M.P. 12/10/22 Vaginal Discharge _____ Cx. Smear _____ Contraception _____				
Obstetric History	No. (un married)				
Examination :					
	Breast				
	Abdomen				
	P.S.				
	P.V.				
Gynaecology Impression & Recommendation					
Recommendation	Blood reports awaited.				
Physician Impression	Generally she is fit & she can resume her normal duties.				
Examined by :	- Overweight = To Reduce Weight - Underweight = To Increase Weight				

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 : MISS. ASMITA MORE	AGE / SEX 24 YRS / F
REF BY DR: JINKUSHAL HOSPITAL	DATE : 08/11/2024

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

Dr. Patil

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.

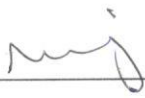
CERTIFICATE OF MEDICAL FITNESS

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

Mr./Ms./Mrs. Miss Asmita More on (DD / MM / YYYY).

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

Fitness Status	Mark (✓) Below, where applicable
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restriction/recommendations Though following restriction have been revealed, in my opinion, these are not impediments to the prospective job 1. 2. 3. <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____ days is recommended.</p>	<p>She is Fit to Return her Normal Duty.</p>
<ul style="list-style-type: none"> • Currently Unfit Review after _____ days is recommended. 	
<ul style="list-style-type: none"> • Unfit 	


 Signature **DR. MAYUR JAIN**
DM CARDIOLOGY
2007/04/0818
 Dr. Mayur Jain
 Medical Officer
Jinkushal Cardiac Care and Super specialty Hospital
 Second floor, Rosa Vista, Opp. Suraj Water Park,
 Kavesar, Ghodbunder Road, Thane(W) – 400607.

This certificate is not meant for medico-legal purposes.