MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

Patient Name : MR. NEERAJ SWAMY	**Registration Time :** Nov 09, 2024, 09:12 a.m.
Age / Gender : 51 years / Male	**Receiving Time :** Nov 09, 2024, 10:40 a.m.
MR No. / IPD No. : /	**Reporting Time :** Nov 09, 2024, 04:59 p.m.
Patient Type / Bed No. : I /	241109036
Referred By : .	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Complete Haemogram - Hb RBC count and indices, TLC, DLC, PLATELET, ESR.			
Hemoglobin (Hb)	13.8	g/dL	13.0 - 17.0
Method : Whole Blood, SLS-haemoglobin			
Erythrocyte (RBC) Count	5.14	x 10^6/uL	4.5 - 5.5
Method : Whole Blood, DC detection			
HCT	43.0	%	42 - 52
Method : Whole Blood, RBC pulse height detection			
Mean Cell Volume (MCV)	83.7	fL	78 - 100
Method : Whole Blood, Electrical Impedence			
Mean Cell Haemoglobin (MCH)	**26.8**	pg	27 - 31
Method : Whole Blood, Calculated			
Mean Corpuscular Hb Concn. (MCHC)	32.1	g/dL	32.0 - 35.0
Method : Whole Blood, Calculated			
Red Cell Distribution Width (RDW) CV	**14.9**	%	11.5 - 14.0
Method : Whole Blood, Calculated			
Total Leucocytes (WBC) Count	6.1	x 10^3 /uL	4-10
Method : Whole Blood, Flow cytometry			
DLC (Differential Leucocytes Count)			
Neutrophils	72.6	%	40 - 80
Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy			
Lymphocytes	**18.6**	%	20 - 40
Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy			
Monocytes	5.7	%	2 - 10
Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy			
Eosinophils	2.6	%	1 - 6
Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy			
Basophils	0.5	%	0 - 2
Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy			
Absolute Neutrophil Count	4.43	x 10^3/uL	2.0 - 7.0
Method : Whole Blood, Calculated			
Absolute Lymphocyte Count	1.13	x 10^3/uL	1 - 3
Method : Whole Blood, Calculated			

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MC-5569

Patient Name : MR. NEERAJ SWAMY
Age / Gender : 51 years / Male
MR No. / IPD No. : /
Patient Type / Bed No. : I /
Referred By : .

Registration Time : Nov 09, 2024, 09:12 a.m.
Receiving Time : Nov 09, 2024, 10:40 a.m.
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241109036
Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)
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Test Description	Value(s)	Unit(s)	Reference Range
Absolute Monocyte Count Method : Whole Blood, Calculated	0.35	x 10^3u/L	0.2-1.0
Absolute Eosinophil Count Method : Whole Blood, Calculated	0.16	x 10^3/uL	0.02 - 0.5
Absolute Basophils Count Method : Whole Blood, Calculated	0.03	x 10^3/uL	0.02 - 0.1
Platelet Count Method : Whole Blood, DC Detection	152	x 10^3/uL	150 - 450
ESR - Erythrocyte Sedimentation Rate Method : Whole blood , Modified Westergren Method	18	mm/hr	<10

Interpretation:

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

Tests done on Automated Six Part Cell Counter.

END OF REPORT

Dr.Ravi Gaur
MD Pathology
Senior Consultant Pathology
DMC No: 4910

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Test Description	Value(s)	Unit(s)	Reference Range
CLINICAL PATHOLOGY			
Urine Glucose (Fasting & PP)			
Glucose Fasting (Urine)	Negative		Negative
Method : Oxidase Reaction/ Manual			
Glucose Post Prandial (Urine)	Negative		Negative
Method : Oxidase Reaction/ Manual			

END OF REPORT

Dr.Ravi Gaur
MD Pathology
Senior Consultant Pathology
DMC No: 4910

Patient Name : MR. NEERAJ SWAMY	**Registration Time :** Nov 09, 2024, 09:12 a.m.
Age / Gender : 51 years / Male	**Receiving Time :** Nov 09, 2024, 10:40 a.m.
MR No. / IPD No. : /	**Reporting Time :** Nov 09, 2024, 02:57 p.m.
Patient Type / Bed No. : I /	241109036
Referred By : .	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3, T4, TSH (Thyroid Profile Total),Serum			
(Triiodothyronine) T3-Total	1.27	ng/mL	0.80 - 2.00
Method : ECLIA			
(Thyroxine) T4-Total	8.37	ug/dL	5.10 - 14.10
Method : ECLIA			
TSH-Ultrasensitive	**5.15**	uIU/mL	0.27-4.20
Method : ECLIA			

Interpretation

The Biological reference interval provided is for Adults.

For age specific reference interval, please refer to the table given below.

TSH	T3/FT3	T4/FT4	Interpretation
High	Normal	Normal	Subclinical Hypothyroidism
Low	Normal	Normal	Subclinical Hyperthyroidism
High	High	High	Secondary Hypothyroidism
Low	High/Normal	High/Normal	Hyperthyroidism
Low	Low	Low	Non Thyroidal illness/Secondary Hyperthyroidism

TSH (mU/mL)			
Childern	New Born	0.7	15.2
	6 days - 3 Months	0.72	11
	4 -12 Months	0.73	8.35
	1-6 Years	0.7	5.97
	7-11 Years	0.6	4.84
	12-20 years	051	4.3
Adults		0.27	4.20

TSH levels are subjected to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm and 6 am. Nadir concentration are observed during the afternoon. diurnal variation in TSH levels is approx 50%+/-, hence time of the day can influence the measured serum concentration.

END OF REPORT

Patient Name : MR. NEERAJ SWAMY	**Registration Time :** Nov 09, 2024, 09:12 a.m.
Age / **Gender :** 51 years / Male	**Receiving Time :** Nov 09, 2024, 10:40 a.m.
MR No. / **IPD No. :** /	**Reporting Time :** Nov 09, 2024, 02:57 p.m.
Patient Type / **Bed No. :** I /	241109036
Referred By : .	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range

Dr.Ravi Gaur
MD Pathology
Senior Consultant Pathology
DMC No: 4910

Patient Name : MR. NEERAJ SWAMY	**Registration Time :** Nov 09, 2024, 09:12 a.m.
Age / **Gender :** 51 years / Male	**Receiving Time :** Nov 09, 2024, 10:40 a.m.
MR No. / **IPD No. :** /	**Reporting Time :** Nov 09, 2024, 07:51 p.m.
Patient Type / **Bed No. :** I /	241109036
Referred By : .	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range

HAEMATOLOGY

Blood Group (ABO)

Blood Group Method : Forward and Reverse by Slide method	**"B"**		
RH Factor	**Positive**		

Methodology

This is done by forward and reverse grouping by slide agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required.Confirmation of the New-born's blood group is indicatedwhen the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

END OF REPORT

Dr.Ravi Gaur
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MALVIN DIAGNOSTICS
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MC-5569

Patient Name : MR. NEERAJ SWAMY	**Registration Time :** Nov 09, 2024, 09:12 a.m.
Age / Gender : 51 years / Male	**Receiving Time :** Nov 09, 2024, 10:40 a.m.
MR No. / IPD No. : /	**Reporting Time :** Nov 09, 2024, 02:57 p.m.
Patient Type / Bed No. : I /	241109036
Referred By : .	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LFT (Liver Function Test,Serum)			
Total Protein	6.4	g/dL	6.4-8.3
Method : Biuret Method			
Albumin	4.2	g/dL	3.5 - 5.2
Method : Bromocresol Green			
Globulin	2.20	g/dL	1.8 - 3.6
Method : Calculated			
A/G Ratio	1.91	ratio	1.2 - 2.2
Method : Calculated			
SGOT	22	U/L	0 to 40
Method : IFCC without Pyridoxal Phosphate			
SGPT	20	U/L	0 to 41
Method : IFCC without Pyridoxal Phosphate			
Alkaline Phosphatase-ALP	87	U/L	40-129
Method : PNP AMP Kinetic			
GGT-Gamma Glutamyl Transferase	13	U/L	0 to 60
Method : IFCC			
Bilirubin Total	0.30	mg/dL	0.0-1.20
Method : Colorimetric Diazo Method			
Bilirubin - Direct	0.10	mg/dL	Adults and Children: < 0.30
Method : Colorimetric Diazo Method			
Bilirubin - Indirect	0.20	mg/dL	0.1 - 1.0
Method : Calculated			

Interpretation :

SGOT/ SGPT: Increased in Acute viral hepatitis, Biliary tract obstruction (cholangitis, choledocholithiasis), Alcoholic hepatitis and Cirrhosis, liver abscess, metastatic or primary liver cancer; non-alcoholic steatohepatitis; right heart failure. Decreased in Pyridoxine (vit B6) deficiency.

Alkaline Phosphatase: Increased in Obstructive hepatobiliary disease, Bone disease (physiologic bone growth, Paget disease, Osteomalacia, Osteogenic sarcoma, Bone metastases), Hyperparathyroidism, Rickets, Pregnancy (third trimester). Decreased in Hypophosphatasia.

GGT: Increased in Liver disease Acute viral or toxic hepatitis, Chronic or subacute hepatitis, Alcoholic hepatitis, Cirrhosis, Biliary tract obstruction.

Protein: Moderate-to-marked hyperproteinemia maybe due to multiple myeloma and other malignant paraproteinemias, Hypoproteinemia may be due to decreased production or increased protein loss.

Albumin: Increased in Dehydration, Shock, Hemoconcentration. Decreased in hepatic synthesis(Chronic liver disease, malnutrition, malabsorption, malignancy), Increased losses (Nephrotic syndrome, Burns, Trauma, Hemorrhage with fluid replacement, acute or chronic glomerulonephritis), Hemodilution (pregnancy, CHF) and Drugs (estrogens).

Bilirubin: A substance produced during the normal breakdown of red blood cells.Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

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MC-5569

Patient Name : MR. NEERAJ SWAMY		**Registration Time :** Nov 09, 2024, 09:12 a.m.
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MR No. / **IPD No. :** /		**Reporting Time :** Nov 09, 2024, 02:57 p.m.
Patient Type / **Bed No. :** I /		241109036
Referred By : .		**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
		Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range

END OF REPORT

Dr.Ravi Gaur
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DMC No: 4910

MALVIN DIAGNOSTICS
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MC-5569

Patient Name : MR. NEERAJ SWAMY	**Registration Time :** Nov 09, 2024, 09:12 a.m.
Age / Gender : 51 years / Male	**Receiving Time :** Nov 09, 2024, 10:40 a.m.
MR No. / IPD No. : /	**Reporting Time :** Nov 09, 2024, 02:57 p.m.
Patient Type / Bed No. : I /	241109036
Referred By : .	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

BIOCHEMISTRY

Lipid Profile,Serum

Test Description	Value(s)	Unit(s)	Reference Range
Cholesterol-Total **Method : Enzymatic Colorimetric,CHOD-POD**	166	mg/dL	Desirable: <= 200 Borderline High: 201-239 High: > 239 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.
Triglycerides **Method : Enzymatic Colorimetric ,GOD-POD**	73	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
Cholesterol-HDL Direct **Method : CHOD-POD (Homogenous Enzymatic)**	**52**	mg/dL	No Risk - >55 mg/dL Moderate risk - 35-55 mg/dL High risk - < 35 mg/dL
LDL Cholesterol **Method : Calculated**	99.40	mg/dL	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
Non - HDL Cholesterol, Serum **Method : Calculated**	114	mg/dL	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL
VLDL Cholesterol **Method : Serum, Calculated**	14.60	mg/dL	0 - 30
CHOL/HDL RATIO **Method : Calculated**	**3.19**	Ratio	3.5 - 5.0
LDL/HDL RATIO **Method : Calculated**	1.91	Ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0
HDL/LDL RATIO **Method : Calculated**	0.52	Ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0

Note: 10-12 hours fasting sample is required.

MALVIN DIAGNOSTICS
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MC-5569

Patient Name : MR. NEERAJ SWAMY	**Registration Time :** Nov 09, 2024, 09:12 a.m.
Age / **Gender :** 51 years / Male	**Receiving Time :** Nov 09, 2024, 10:40 a.m.
MR No. / **IPD No. :** /	**Reporting Time :** Nov 09, 2024, 02:57 p.m.
Patient Type / **Bed No. :** I /	241109036
Referred By : .	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range

END OF REPORT

Dr.Ravi Gaur
MD Pathology
Senior Consultant Pathology
DMC No: 4910

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

Patient Name : MR. NEERAJ SWAMY
Age / Gender : 51 years / Male
MR No. / IPD No. : /
Patient Type / Bed No. : I /
Referred By : .

Registration Time : Nov 09, 2024, 09:12 a.m.
Receiving Time : Nov 09, 2024, 10:40 a.m.
Reporting Time : Nov 09, 2024, 04:59 p.m.
241109036
Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)
Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
KFT (Renal Function Test,Serum)			
Urea	18.5	mg/dL	16.6-48.5
Method : kinetic (urease-GLDH)			
BUN	8.64	mg/dL	6-20
Method : Calculated			
Creatinine	0.90	mg/dL	0.70-1.30
Method : Kinetic Colorimetric (Jaffe Method)			
Uric Acid	6.0	mg/dL	3.4-7.0
Method : Enzymatic Colorimetric: Uricase-POD			
Sodium	136	mmol/L	136 - 145
Method : ISE Direct			
Potassium	4.1	mmol/L	3.5 - 5.1
Method : ISE Direct			
Chloride	101	mmol/L	98 - 107
Method : ISE Direct			

Interpretation :

Urea:- Increased in renal diseases,urinary obstructions, shock, congestive heart failure .Decreased in liver failure and pregnancy.

Creatinine :- Elevated in renal dysfunction, reduced renal blood flow shock, dehydration, Congestive heart failure, Diabetes Acromegaly. Decreased levels are found in Muscular Dystrophy.

Uric acid:- Increased in Gout, Arthiritis, impaired renal functions and starvation.Decreased in Wilson's disease, Fanconis Syndrome and Yellow Atrophy of Liver.

Sodium:-Increased in Excessive dietary salt ,Diuretic therapy,Adrenal insufficiency,Salt-wasting nephropathy and Vomiting.Decreased levels are seen in Hyperaldsteronism ,Hyponatremia,Prerenal Azotemia,Renal Failure and Glomerulonephritis.

Potassium:- Low levels is common in vomiting, diarrhea, alcoholism, and folic acid deficiency. Increase level are seen in end-stage renal failure, hemolysis, trauma, Addison's disease, metabolic acidosis, acute starvation, dehydration, and with rapid potassium infusion.

Chloride:- Increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis, diabetes insipidus, adrenocortical hyperfuction. Decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis.

END OF REPORT

Dr.Ravi Gaur
MD Pathology
Senior Consultant Pathology
DMC No: 4910

MC-5569

Patient Name : MR. NEERAJ SWAMY	**Registration Time :** Nov 09, 2024, 09:12 a.m.
Age / Gender : 51 years / Male	**Receiving Time :** Nov 09, 2024, 10:40 a.m.
MR No. / IPD No. : /	**Reporting Time :** Nov 09, 2024, 02:57 p.m.
Patient Type / Bed No. : I /	241109036F
Referred By : .	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range

BIOCHEMISTRY

Glucose (Fasting)

Glucose Fasting **Method : Plasma,Enzymatic Hexokinase**	96	mg/dL	Normal: 72-106 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126 (on more than one occassion) (American diabetes association guidelines 2018)

Interpretation

Glucose is the major carbohydrate present in the peripheral blood. Oxidation of glucose is the major source of cellular energy in the body. The concentration of glucose in blood is controlled within the narrow limits by many hormones, the most important of which are produced by the pancreas. The most frequent cause of hyperglycaemia is diabetes mellitus resulting from deficiency in insulin secretion or action. These include pancreatitis, thyroid dysfunction, renal failure, and liver disease. Hypoglycaemia is less frequently observed. A variety of conditions may cause low blood glucose levels such as insulinoma, hypopituitarism, or insulin induced hypoglycaemia.

END OF REPORT

Dr.Ravi Gaur
MD Pathology
Senior Consultant Pathology
DMC No: 4910

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

Patient Name : MR. NEERAJ SWAMY	**Registration Time :** Nov 09, 2024, 09:12 a.m.
Age / Gender : 51 years / Male	**Receiving Time :** Nov 09, 2024, 12:51 p.m.
MR No. / IPD No. : /	**Reporting Time :** Nov 09, 2024, 04:59 p.m.
Patient Type / Bed No. : I /	241109036P
Referred By : .	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range

BIOCHEMISTRY

Glucose (PP)

Blood Glucose-Post Prandial	82	mg/dL	70 - 140

Method : Plasma, Enzymatic Hexokinase

Interpretation

Glucose is the major carbohydrate present in the peripheral blood. Oxidation of glucose is the major source of cellular energy in the body. The concentration of glucose in blood is controlled within the narrow limits by many hormones, the most important of which are produced by the pancreas. The most frequent cause of hyperglycaemia is diabetes mellitus resulting from deficiency in insulin secretion or action. These include pancreatitis, thyroid dysfunction, renal failure, and liver disease. Hypoglycaemia is less frequently observed. A variety of conditions may cause low blood glucose levels such as insulinoma, hypopituitarism, or insulin induced hypoglycaemia.

END OF REPORT

Dr.Ravi Gaur
MD Pathology
Senior Consultant Pathology
DMC No: 4910

Patient Name : MR. NEERAJ SWAMY
Age / Gender : 51 years / Male
MR No. / IPD No. : /
Patient Type / Bed No. : I /
Referred By : .

Registration Time : Nov 09, 2024, 09:12 a.m.
Receiving Time : Nov 09, 2024, 10:40 a.m.
Reporting Time : Nov 09, 2024, 02:57 p.m.
241109036
Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)
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Test Description	Value(s)	Unit(s)	Reference Range

IMMUNOLOGY

PSA Total (Prostate Specific Antigen),Serum

Prostate-specific antigen (Total)	0.566	ng/mL	0.0-4.40

Method : ECLIA

INTERPRETAION

- Prostate-specific antigen (PSA) is a glycoprotein produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.
- If total prostate-specific antigen (PSA) concentration is < 2.0 ng/mL, the probability of prostate cancer in asymptomatic men is low. When total PSA concentration is > 10.0 ng/mL, the probability of cancer is high and further testing is recommended.

Note :-

- Normal results do not eliminate the possibility of prostate cancer.
- The test specimens should be obtained before the patients undergoing prostate manipulation procedures like biopsy/transuretheral resection.

END OF REPORT

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Age / Gender : 51 years / Male	**Receiving Time :** Nov 09, 2024, 10:40 a.m.
MR No. / IPD No. : /	**Reporting Time :** Nov 09, 2024, 07:51 p.m.
Patient Type / Bed No. : I /	241109036
Referred By : .	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

CLINICAL PATHOLOGY

Urine (RE/ME)

Test Description	Value(s)	Unit(s)	Reference Range
Physical Examination :			
Volume Method : Visual Observation	40		mL
Colour Method : Visual Observation	Pale Yellow		Pale Yellow
Transparency (Appearance) Method : Visual Observation	Clear		Clear
Deposit Method : Visual Observation	Absent		Absent
Reaction (pH) Method : Double Indicator method	6.0		4.5 - 8.0
Specific Gravity Method : Ionic Concentration	1.015		1.010 - 1.030
Chemical Examination (Dipstick Method) Urine			
Urine Protein Method : Protein Ionisation/ Manual	Absent		Absent
Urine Glucose (sugar) Method : Oxidase Reaction/ Manual	Absent		Absent
Blood (Urine) Method : Peroxidase Reaction	Absent		Absent
Microscopic Examination Urine			
Pus Cells (WBCs) Method : Microscopy	2 - 3	/hpf	0 - 5
Epithelial Cells Method : Microscopy	2 - 3	/hpf	0 - 4
Red blood Cells Method : Microscopy	Absent	/hpf	Absent
Crystals Method : Microscopy	Absent		Absent
Cast Method : Microscopy	Absent		Absent
Yeast Cells Method : Microscopy	Absent		Absent
Amorphous Material Method : Microscopy	Absent		Absent

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Age / Gender : 51 years / Male	**Receiving Time :** Nov 09, 2024, 10:40 a.m.
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Patient Type / Bed No. : I /	241109036
Referred By : .	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range
Bacteria	Absent		Absent
Method : Microscopy			
Others	Absent		

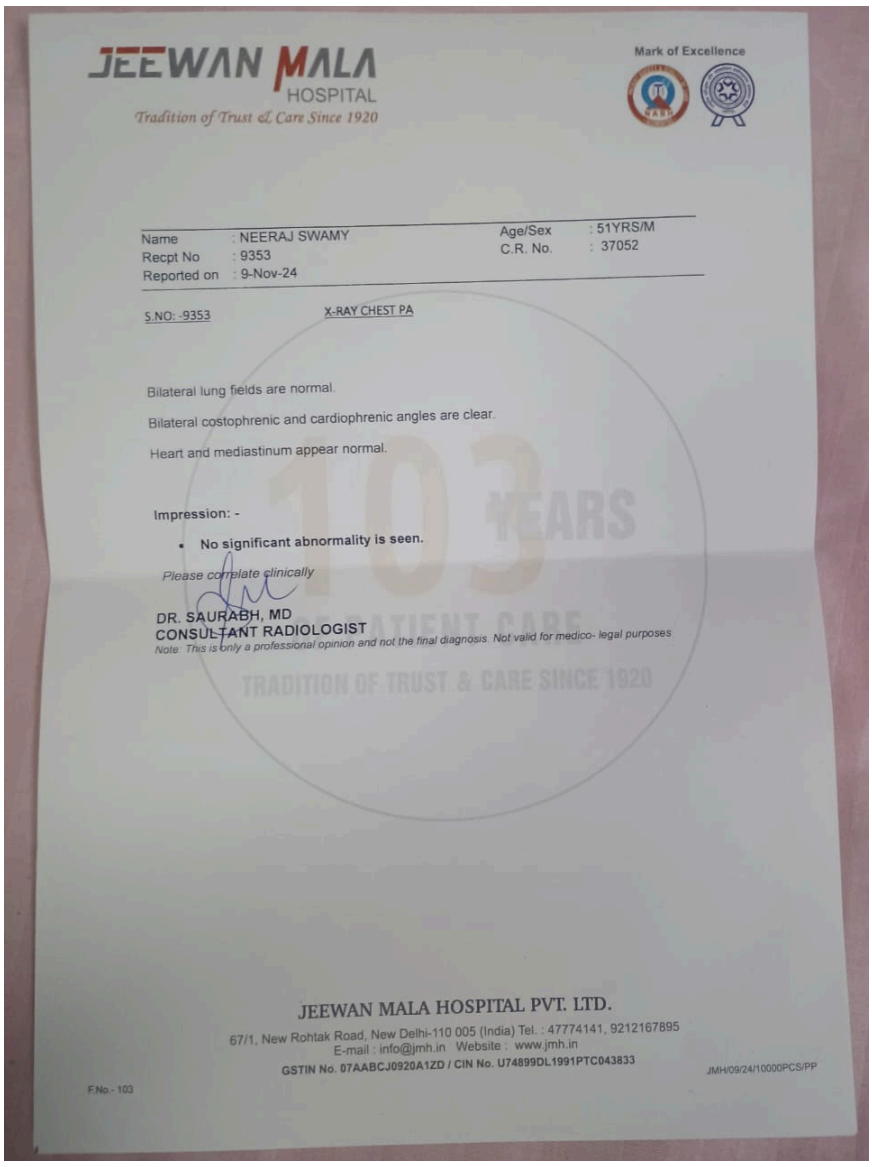
Remarks:-

Epithelial cells	Urolithiasis bladder carcinoma or hydronephrosis ,ureteric stents or bladdercatheters for prolonged periods of time.
Granular casts	Low intratubular pH,high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration,acute congestive heart failure, renal diseases.
Calcium Oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of VitaminC, the use of vascodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit(A verrhoa carambola)or its juice
Uric acid	Artharitis
Bacteria	Urinary infection when present in significant numbers and with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

END OF REPORT

Dr.Ravi Gaur
MD Pathology
Senior Consultant Pathology
DMC No: 4910

Ashutosh
Today at 2:52 pm



JEEWAN MALA HOSPITAL
Tradition of Trust & Care Since 1920

Mark of Excellence

Name	: NEERAJ SWAMY	Age/Sex	: 51YRS/M
Recpt No	: 9353	C.R. No.	: 37052
Reported on	: 9-Nov-24		

S.NO: -9353

X-RAY CHEST PA

Bilateral lung fields are normal.

Bilateral costophrenic and cardiophrenic angles are clear.

Heart and mediastinum appear normal.

Impression: -

- **No significant abnormality is seen.**

Please correlate clinically

DR. SAURABH, MD
CONSULTANT RADIOLOGIST
Note: This is only a professional opinion and not the final diagnosis. Not valid for medico- legal purposes

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Neeraj swamy
X-Ray report