MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

**Patient Name :** MR. BHUTANI PERM PRAKASH
**Age / Gender :** 72 years / Male
**MR No. / IPD No. :** /
**Patient Type / Bed No. :** I /
**Referred By :** ARCOFEMI HEALTH CARE PVT.LIMITED ( MEDIWHEEL )

**Registration Time :** Oct 26, 2024, 10:23 a.m.
**Receiving Time :** Oct 26, 2024, 10:23 a.m.
**Reporting Time :** Oct 26, 2024, 12:57 p.m.
241026076
**Panel :** Dr Arcofemi Health Care PVT.limited ( MediWheel )
**Client Code :** ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

## HAEMATOLOGY

### Complete Haemogram - Hb RBC count and indices, TLC, DLC, PLATELET, ESR.

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| Hemoglobin (Hb)<br>Method : Whole Blood, SLS-haemoglobin | **12.3** | g/dL | 13.0 - 17.0 |
| Erythrocyte (RBC) Count<br>Method : Whole Blood, DC detection | **3.67** | x 10^6/uL | 4.5 - 5.5 |
| HCT<br>Method : Whole Blood, RBC pulse height detection | **38.2** | % | 42 - 52 |
| Mean Cell Volume (MCV)<br>Method : Whole Blood, Electrical Impedence | **104.1** | fL | 78 - 100 |
| Mean Cell Haemoglobin (MCH)<br>Method : Whole Blood, Calculated | **33.5** | pg | 27 - 31 |
| Mean Corpuscular Hb Concn. (MCHC)<br>Method : Whole Blood, Calculated | 32.2 | g/dL | 32.0 - 35.0 |
| Red Cell Distribution Width (RDW) CV<br>Method : Whole Blood, Calculated | 12.2 | % | 11.5 - 14.0 |
| Total Leucocytes (WBC) Count<br>Method : Whole Blood, Flow cytometry | 4.4 | x 10^3 /uL | 4-10 |
| **DLC (Differential Leucocytes Count)** | | | |
| Neutrophils<br>Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy | 60.3 | % | 40 - 80 |
| Lymphocytes<br>Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy | 29.5 | % | 20 - 40 |
| Monocytes<br>Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy | 6.8 | % | 2 - 10 |
| Eosinophils<br>Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy | 2.5 | % | 1 - 6 |
| Basophils<br>Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy | 0.9 | % | 0 - 2 |
| Absolute Neutrophil Count<br>Method : Whole Blood, Calculated | 2.65 | x 10^3/uL | 2.0 - 7.0 |
| Absolute Lymphocyte Count<br>Method : Whole Blood, Calculated | 1.30 | x 10^3/uL | 1 - 3 |

MALVIN DIAGNOSTICS
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| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| Absolute Monocyte Count<br>Method : Whole Blood, Calculated | 0.30 | x 10^3u/L | 0.2-1.0 |
| Absolute Eosinophil Count<br>Method : Whole Blood, Calculated | 0.11 | x 10^3/uL | 0.02 - 0.5 |
| Absolute Basophils Count<br>Method : Whole Blood, Calculated | 0.04 | x 10^3/uL | 0.02 - 0.1 |
| Platelet Count<br>Method : Whole Blood, DC Detection | **102** | x 10^3/uL | 150 - 450 |
| ESR - Erythrocyte Sedimentation Rate<br>Method : Whole blood , Modified Westergren Method | **45** | 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.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

**Patient Name :** MR. BHUTANI PERM PRAKASH

**Age / Gender :** 72 years / Male

**MR No. / IPD No. :** /

**Patient Type / Bed No. :** I /

**Referred By :** ARCOFEMI HEALTH CARE PVT.LIMITED ( MEDIWHEEL )

**Registration Time :** Oct 26, 2024, 10:23 a.m.

**Receiving Time :** Oct 26, 2024, 10:23 a.m.

**Reporting Time :** Oct 26, 2024, 03:24 p.m.

241026076

**Panel :** Dr Arcofemi Health Care PVT.limited ( MediWheel )

**Client Code :** ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

| 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.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
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MALVIN DIAGNOSTICS
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**Age / Gender :** 72 years / Male
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| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

## IMMUNOLOGY

### T3, T4, TSH ( Thyroid Profile Total),Serum

| | | | |
|---|---|---|---|
| **(Triiodothyronine) T3-Total** | 1.4 | ng/mL | 0.80 - 2.00 |
| **Method : ECLIA** | | | |
| **(Thyroxine) T4-Total** | 8.57 | ug/dL | 5.10 - 14.10 |
| **Method : ECLIA** | | | |
| **TSH-Ultrasensitive** | 1.8 | 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**

MALVIN DIAGNOSTICS
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| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

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

## HAEMATOLOGY

### Blood Group (ABO)

| | | | |
|---|---|---|---|
| Blood Group | "O" | | |
| Method : Forward and Reverse by Slide method | | | |
| 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.Arti Tripathi
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MALVIN DIAGNOSTICS
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MC-5569

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## BIOCHEMISTRY

### LFT (Liver Function Test,Serum)

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **Total Protein** | 7.6 | g/dL | 6.4-8.3 |
| **Method : Biuret Method** | | | |
| **Albumin** | 4.4 | g/dL | 3.5 - 5.2 |
| **Method : Bromocresol Green** | | | |
| **Globulin** | 3.20 | g/dL | 1.8 - 3.6 |
| **Method : Calculated** | | | |
| **A/G Ratio** | 1.38 | ratio | 1.2 - 2.2 |
| **Method : Calculated** | | | |
| **SGOT** | 22 | U/L | 0 to 40 |
| **Method : IFCC without Pyridoxal Phosphate** | | | |
| **SGPT** | 17 | U/L | 0 to 41 |
| **Method : IFCC without Pyridoxal Phosphate** | | | |
| **Alkaline Phosphatase-ALP** | 81 | U/L | 40-129 |
| **Method : PNP AMP Kinetic** | | | |
| **GGT-Gamma Glutamyl Transferase** | 13 | U/L | 0 to 60 |
| **Method : IFCC** | | | |
| **Bilirubin Total** | **2.30** | mg/dL | 0.0-1.20 |
| **Method : Colorimetric Diazo Method** | | | |
| **Bilirubin - Direct** | **0.50** | mg/dL | Adults and Children: < 0.30 |
| **Method : Colorimetric Diazo Method** | | | |
| **Bilirubin - Indirect** | **1.80** | 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.

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

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| **MR No.** / **IPD No. :** / | **Reporting Time :** Oct 26, 2024, 12:14 p.m. |
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| | **Client Code :** ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL) |

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

**END OF REPORT**

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

MALVIN DIAGNOSTICS
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MC-5569

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## BIOCHEMISTRY

### Lipid Profile,Serum

| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **Cholesterol-Total**<br>**Method : Enzymatic Colorimetric,CHOD-POD** | **217** | mg/dL | Desirable: <= 200<br>Borderline High: 201-239<br>High: > 239<br>Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report. |
| **Triglycerides**<br>**Method : Enzymatic Colorimetric ,GOD-POD** | 84 | mg/dL | Normal: < 150<br>Borderline High: 150-199<br>High: 200-499<br>Very High: >= 500 |
| **Cholesterol-HDL Direct**<br>**Method : CHOD-POD (Homogenous Enzymatic)** | **57** | mg/dL | No Risk - >55 mg/dL<br>Moderate risk - 35-55 mg/dL<br>High risk - < 35 mg/dL |
| **LDL Cholesterol**<br>**Method : Calculated** | **143.20** | mg/dL | Optimal: < 100<br>Near optimal/above optimal: 100-129<br>Borderline high: 130-159<br>High: 160-189<br>Very High: >= 190 |
| **Non - HDL Cholesterol, Serum**<br>**Method : Calculated** | 160 | mg/dL | Desirable: < 130 mg/dL<br>Borderline High: 130-159mg/dL<br>High: 160-189 mg/dL<br>Very High: > or = 190 mg/dL |
| **VLDL Cholesterol**<br>**Method : Serum, Calculated** | 16.80 | mg/dL | 0 - 30 |
| **CHOL/HDL RATIO**<br>**Method : Calculated** | 3.81 | Ratio | 3.5 - 5.0 |
| **LDL/HDL RATIO**<br>**Method : Calculated** | 2.51 | Ratio | Desirable / low risk - 0.5 -3.0<br>Low/ Moderate risk - 3.0- 6.0<br>Elevated / High risk - > 6.0 |
| **HDL/LDL RATIO**<br>**Method : Calculated** | **0.40** | Ratio | Desirable / low risk - 0.5 -3.0<br>Low/ Moderate risk - 3.0- 6.0<br>Elevated / High risk - > 6.0 |

**Note:** 10-12 hours fasting sample is required.

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

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| **Age** / **Gender :** 72 years / Male | **Receiving Time :** Oct 26, 2024, 10:24 a.m. |
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| | **Client Code :** ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL) |

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

**END OF REPORT**

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

MC-5569

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|---|---|
| **Patient Name :** MR. BHUTANI PERM PRAKASH | **Registration Time :** Oct 26, 2024, 10:23 a.m. |
| **Age** / **Gender :** 72 years / Male | **Receiving Time :** Oct 26, 2024, 10:24 a.m. |
| **MR No.** / **IPD No. :** / | **Reporting Time :** Oct 26, 2024, 12:14 p.m. |
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| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **BIOCHEMISTRY** | | | |
| **KFT (Renal Function Test,Serum)** | | | |
| **Urea** | 22.6 | mg/dL | 16.6-48.5 |
| **Method : kinetic (urease-GLDH)** | | | |
| **BUN** | 10.56 | mg/dL | 8-23 |
| **Method : Calculated** | | | |
| **Creatinine** | 0.80 | mg/dL | 0.70-1.30 |
| **Method : Kinetic Colorimetric (Jaffe Method)** | | | |
| **Uric Acid** | 3.8 | mg/dL | 3.4-7.0 |
| **Method : Enzymatic Colorimetric: Uricase-POD** | | | |

**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.Arti Tripathi
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MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

| | |
|---|---|
| **Patient Name :** MR. BHUTANI PERM PRAKASH | **Registration Time :** Oct 26, 2024, 10:23 a.m. |
| **Age / Gender :** 72 years / Male | **Receiving Time :** Oct 26, 2024, 10:23 a.m. |
| **MR No. / IPD No. :** / | **Reporting Time :** Oct 26, 2024, 12:14 p.m. |
| **Patient Type / Bed No. :** I / | 241026076F |
| **Referred By :** ARCOFEMI HEALTH CARE PVT.LIMITED ( MEDIWHEEL ) | **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**<br>**Method : Plasma,Enzymatic Hexokinase** | 94 | mg/dL | Normal: 72-106<br>Impaired Tolerance: 100-125<br>Diabetes mellitus: >= 126<br>(on more than one occassion)<br>(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.Arti Tripathi
MD Pathology
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MALVIN DIAGNOSTICS
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MC-5569

| | |
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| **Patient Name :** MR. BHUTANI PERM PRAKASH | **Registration Time :** Oct 26, 2024, 10:23 a.m. |
| **Age** / **Gender :** 72 years / Male | **Receiving Time :** Oct 26, 2024, 02:10 p.m. |
| **MR No.** / **IPD No. :** / | **Reporting Time :** Oct 26, 2024, 03:02 p.m. |
| **Patient Type** / **Bed No. :** I / | 241026076P |
| **Referred By :** ARCOFEMI HEALTH CARE PVT.LIMITED ( MEDIWHEEL ) | **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** | 123 | 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.Arti Tripathi
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Chief Consultant, Pathology
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|---|---|
| **Patient Name :** MR. BHUTANI PERM PRAKASH | **Registration Time :** Oct 26, 2024, 10:23 a.m. |
| **Age / Gender :** 72 years / Male | **Receiving Time :** Oct 26, 2024, 10:24 a.m. |
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| Test Description | Value(s) | Unit(s) | Reference Range |
|---|---|---|---|
| **IMMUNOLOGY** | | | |
| **PSA Total (Prostate Specific Antigen),Serum** | | | |
| **Prostate-specific antigen (Total)** | 0.887 | 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**

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

**Patient Name :** MR. BHUTANI PERM PRAKASH
**Age / Gender :** 72 years / Male
**MR No. / IPD No. :** /
**Patient Type / Bed No. :** I /
**Referred By :** ARCOFEMI HEALTH CARE PVT.LIMITED ( MEDIWHEEL )

**Registration Time :** Oct 26, 2024, 10:23 a.m.
**Receiving Time :** Oct 26, 2024, 10:25 a.m.
**Reporting Time :** Oct 26, 2024, 12:57 p.m.
241026076
**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<br>Method : Visual Observation | 20 | | mL |
| Colour<br>Method : Visual Observation | Pale Yellow | | Pale Yellow |
| Transparency (Appearance)<br>Method : Visual Observation | **Hazy** | | Clear |
| Deposit<br>Method : Visual Observation | Absent | | Absent |
| Reaction (pH)<br>Method : Double Indicator method | 6.0 | | 4.5 - 8.0 |
| Specific Gravity<br>Method : Ionic Concentration | 1.015 | | 1.010 - 1.030 |
| **Chemical Examination (Dipstick Method) Urine** | | | |
| Urine Protein<br>Method : Protein Ionisation/ Manual | Absent | | Absent |
| Urine Glucose (sugar)<br>Method : Oxidase Reaction/ Manual | Absent | | Absent |
| Blood (Urine)<br>Method : Peroxidase Reaction | Absent | | Absent |
| **Microscopic Examination Urine** | | | |
| Pus Cells (WBCs)<br>Method : Microscopy | **10 - 12** | /hpf | 0 - 5 |
| Epithelial Cells<br>Method : Microscopy | 10 - 12 | /hpf | 0 - 4 |
| Red blood Cells<br>Method : Microscopy | **Occasional** | /hpf | Absent |
| Crystals<br>Method : Microscopy | Absent | | Absent |
| Cast<br>Method : Microscopy | **Granular cast**<br>**Present** | | Absent |
| Yeast Cells<br>Method : Microscopy | Absent | | Absent |
| Amorphous Material<br>Method : Microscopy | Absent | | Absent |

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

| | |
|---|---|
| **Patient Name :** MR. BHUTANI PERM PRAKASH | **Registration Time :** Oct 26, 2024, 10:23 a.m. |
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| **Referred By :** ARCOFEMI HEALTH CARE PVT.LIMITED ( MEDIWHEEL ) | **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:-

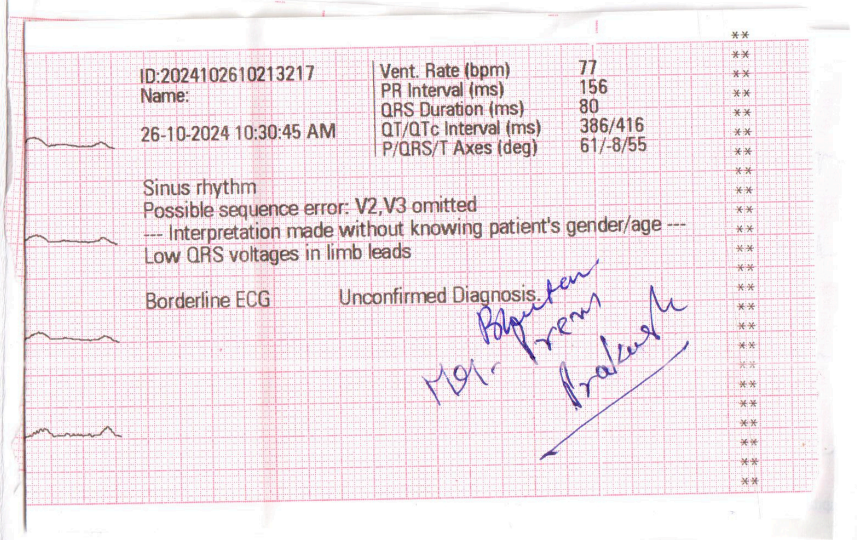
| | |
|---|---|
| Epithelial cells | Urolithiasis bladder carcinoma or hydronephrosis ,ureteric stents or bladdercatheters for prolonged periods of time. |
| Granular casts | Low intratubular pH,high urine osmolality and sodium concentration, interaction with Bence-Jones protein |
| Hyaline casts | Physical 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.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

| | |
|---|---|
| Atrial Rate | ST Segment |
| Ventricular Rate | T. Wave |
| Rhythm | |
| Axis | -Others |
| P. Wave | |
| P.R. Interval | |
| QRS Duration | |
| Q.T. Duration | |
| Q.T. Interval | Signature |
| Conclusion | Doctor I/C |

WNL



# JEEWAN MALA HOSPITAL

*Tradition of Trust & Care Since 1920*

Mark of Excellence

Name Mr Bhutani Ram Prakash Age 72y Sex M

Ref by ..... Date 26/10/24

M.R. No. ..... H/O Drug Allergy - Yes / No .....

## *Deptt. of Medicine*


**Dr. Vineet Sabharwal**
M.B.B.S., M.D. (MED)
Senior Physician
DMC No.: 3860

**Dr. Rakesh Sharma**
M.B.B.S., M.D. (MED)
Senior Consultant Physician
DMC No.: 5671

**Dr. Vishal Garg**
M.B.B.S., MD (Internal Medicine)
Senior Consultant Physician
Post Graduate in Diabetes (Boston, USA)
Thyroid Specialist (ATS, USA)
DMC No.: 50003

**Dr. Pankaj Kumar**
M.B.B.S. (Hons.) DTCD
Consultant Physician,
Pulmonologist & Intensivist
DMC No.: 18751

**Dr. Glossy Sabharwal**
MBBS, MD Radio-Diagnosis
Clinical and Interventional Radiologist
Maternal-Fetal Medicine Specialist
Fetal Medicine Foundation Certified (UK)
Fellow - Breast Interventional Imaging (Paris)
Ex - Jt. Secretary IRIA (Delhi)
Harvard University Certified
Yale School of Medicine Certified
Certified Reproductive Health Specialis
Distinction Holder MD Radiology
ECFMG Certified (USA)
Young Investigator Scholar (AOCR - Japan)
**Member**
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IRIA (India)
SFM (UK)
IFUMB (India)
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Website: www.drglossy.in
Mob.: 9811020477, DMC No. 58599

**Dr. Laxmi Kant Tomar**
MBBS, MD (Medicine)
DM (Neurology)
DMC NO- DMC/R/5022

**Dr. Jatin Anand**
M.D. (Psychiatry)
DMC No.: 61376

**Dr. Mudit Gupta**
MBBS
DNB (General Medicine)
DM (Nephrology)
DMC No.: 34678

**Dr. Avinash Bansal**
MBBS, MD (Medicine)
DM ( Cardiology) SGPIMS
DMC- 33007

**Dr. Sandeep Bhagat**
MBBS
MD (General Medicine)
DNB (Gastro)
DMC No.: 16977

**Dr. Sandeep Garg**
MBBS
MD (Pulmonary Medicine)
DMC No.: 52901

**Dr. Nikhil Sharma**
MBBS, DDV
Consultant Dermatology & Cosmetology
DMC No.: 27578


BP ⇒ 120/80
SpO2 ⇒ 95%
PR ⇒ 80/m
Temp ⇒ 96.1F
W ⇒ 63.3kg

According to preliminary investigation, patient is vitally stable.

Adv

- T. Supracal once alternate day
- Review in Urology in c/o grade I prostatomegaly.
- Balanced healthy diet
- 1 exercise.
- Soha eye drops 1 drop BD

DR. SYED NAZMUS SAQUIB
CASUALTY MEDICAL OFFICER
DMC - DMC/R/27484
JEEWAN MALA HOSPITAL
NEW DELHI - 110005

Treatment Adv for.....days - Next Followup Visit on.....

# JEEWAN MALA HOSPITAL

*Tradition of Trust & Care Since 1920*

Mark of Excellence

Name PREM PRAKASH BHUTANI Age 77Yrs Sex M

Deptt. Ref by Date 26/X/24

M.R. No. H/O Drug Allergy-Y/N

## *Deptt. of General & Laparoscopic Surgery*


**Dr. Vinay Sabharwal**
M.B.B.S., M.S., FICA
**Hon. Surgeon to Fmr. President of India**
**Sir Ganga Ram Hospital**
**Sr. Member :** Assciaciation of Surgeons of India
Indian Association of Gastro. Endo Surgeons
Indian Hernia Society
Association of Min. Access Surgeons of India
E-mail: drvinay@jmh.in
Website: www.drvinay@sabharwal.com
DMC No. 4687

**Dr. Malvika Sabharwal**
MBBS, DGO, F.I.C.O.G., Dipl. Endo. Surgery (USA)
**Awarded Padmashri by the President of India**
**Chief Dept. of Gynae, Laparoscopic, Endoscopy Surgery**
**President, Delhi Gynae Endoscopy Society (2018)**
**Founder Chairperson:** Indian Ass. of Gynae. Endoscopists
International Society of Gynae. Laparoscopists
American Association Gynae. Laparoscopy
Federation of obst. & Gynae. Societies of India
International College of Obst. & Gynae
E-mail: drmalvika@jmh.in
Website: drmalvika@sabharwal.com
DMC No. 4686


For routine EHT Examination

DG NBT Eye EHT

Dpt:- Normal EHT Examination

26/X/24

## *Deptt. of E.N.T.*


**Dr. R.K. Trivedi**
M.B.B.S., D.L.O., M.S. (E.N.T.)
Senior Consultant
D.M.C. No.: 12647

**Dr. Rajeev Nangia**
M.B.B.S., M.S. (E.N.T.)
Senior Endoscopic Surgeon
DMC No. 4681


## *Deptt. of Ophthalmology*


**Dr. Ashwani Seth**
M.B.B.S., M.S.
Senior Consultant Eye Surgeon
D.M.C. No.: 13702

**Dr. S.C. Pahwa**
M.B.B.S., M.S. (Ophth)
Eye Surgeon
D.M.C. No.: 8424


## *Deptt. of Dentistry*


**Dr. Varun Aggarwal**
B.D.S., M.D.S., CAIC, M.I.D.A.
Consultant Implantologist
& Unit Head

**Dr. Neha Gupta**
B.D.S., PGCHM, F.I.C.D., M.I.D.A.
Senior Consultant
Deptt. of Dentistry


Treatment Adv for.....days Next followup Visit on.....

# JEEWAN MALA HOSPITAL

*Tradition of Trust & Care Since 1920*

Mark of Excellence

Name MR. Prem Prakash Bhutani Age 72y Sex. M

Deptt. Ref by Date 26/10/24

M.R. No. H/O Drug Allergy-Y/N

## Deptt. of General & Laparoscopic Surgery

**Dr. Vinay Sabharwal**
M.B.B.S., M.S., FICA
**Hon. Surgeon to Fmr. President of India**
**Sir Ganga Ram Hospital**
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Indian Association of Gastro. Endo Surgeons
Indian Hernia Society
Association of Min. Access Surgeons of India
E-mail: drvinay@jmh.in
Website: www.drvinay@sabharwal.com
DMC No. 4687

**Dr. Malvika Sabharwal**
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## Deptt. of Dentistry

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Consultant Implantologist
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**Dr. Neha Gupta**
B.D.S., PGCHM, F.I.C.D., M.I.D.A.
Senior Consultant
Deptt. of Dentistry

VA < 6/24 6/24
Naked Eye
2 glasses < 6/6 6/6
Near < N6 N6
Colour vision on Ishihara Chart
Fundus B/L - WNL
Ant. Segment WNL

Rt +1.75 DSM
Lt +1.75 DSM
+0.50 Dcyl 180°
Add +2.50 DMs B/L
& Bifocal.

- Solia Eye drops
1 One drop twice a day

Treatment Adv for.....days Next followup Visit on 26/10/24

Dr. S.C. PAHWA
M.B.B.S. M.S. (Ophth)
EYE SURGEON
Reg. No. 8424 (D.M.C.)

LVEF =59% (60 – + 6.2%)

**Mitral Valve–Normal**

- Trace MR

**Aortic Valve–Normal**

- No AR

Print Date : 04/11/2024

JEEWAN MALA HOSPITAL

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# *Echocardiography Report*

**Name:** Mr. Bhutani Prem Prakash
**Age/Sex:** 72yrs/M
**Date** 04.11.2024
**Receipt No:** 121483
**View ---fair**

**Summary of 2D echo-**

- No chamber enlargement.
- Mild concentric LVH
- No RWMA
- LVEF- 59%.
- Grade I diastolic dysfunction.
- Good RV function.
- Trace MR.
- Trace TR
- No thrombus detected.
- No pericardial effusion seen
- IVC shows normal inspiratory collapse.

**Observations**

**Dimensions**

LVID d = 37 (35-55mm)
LV IVS= 12 (6-11mm)
Pwd = 11 (6-11mm)
Ao = 29 (20-37mm)
LA = 37 (21-37mm)