

ST Segment

T. Wave

-Others

Atrial Rate

Ventricular Rate

Rhythm

Axis

P. Wave

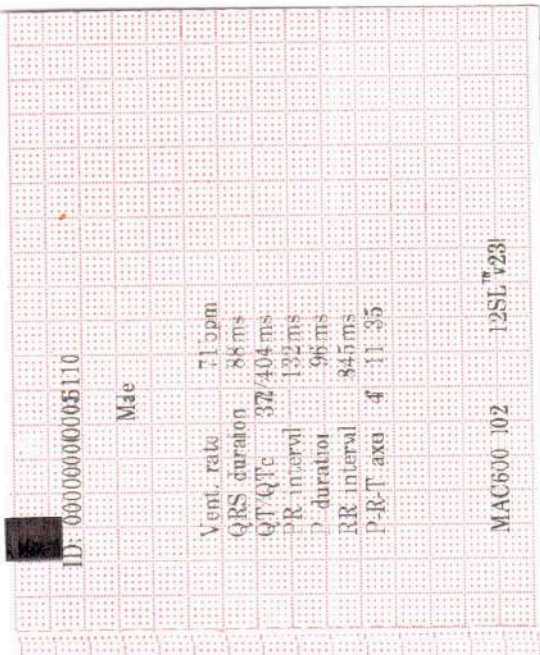
P.R. Interval

QRS Duration

Q.T. Duration

Q.T. Interval

Conclusion



WML
[Handwritten signature]

Signature

Doctor I/C

[Faint handwritten notes and scribbles on the right side of the page]



Name MR. Rajendra Kumar Age 50y Sex M
 Deptt. _____ Ref by _____ Date 12/10/24
 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 +0.25
 Sir Ganga Ram Hospital
 Sr. Member : Association of Surgeons of India
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 Indian Hernia Society
 Association of Min. Access Surgeons of India
 E-mail: drvinay@jmh.in +1.25-190°
 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
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 International College of Obst. & Gynae
 E-mail: drmalvika@jmh.in
 Website: drmalvika@sabharwal.com
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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

Handwritten notes:
 Vnc 6/6P
 6/9P
 Near vision - NB
 Ant. Segment - N/A
 Colour vision - Normal as Ishihara chart.
 Eco - Teas Eydrofu
 & Caudex tuisade

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

Adv. To visit on 15/10/24 11:00 AM

Treatment Adv for _____ days Next followup Visit on _____

RT +0.50 Decy 165°

KT +0.75 Decy 15°

Add +2.00 DSM

⊗ Bifocent.


15/10/24

Adv L10 - OCT..

Zurück in Pin-hole 6/12





Name Mr. Rajender Kumar Age 50 Sex M
Dept. Dental Ref by _____ Date 15/10/24
M.R. No. _____ H/O Drug Allergy-Y/N. _____

Deptt. of General & Laparoscopic Surgery

Dr. Vinay Sabharwal

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Association of Min. Access Surgeons of India
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Website: www.drvinay@sabharwal.com
DMC No. 4687

Q.E.T. Central abrasion Ant $\frac{54}{4}$
 $\frac{54}{4}$

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E-mail: drmalvika@jmh.in
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DMC No. 4686

YEARS

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

OF PATIENT CARE

Dr. Rajeev Nangia

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

TRADITION OF TRUST & CARE SINCE 1920

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
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Deptt. of Dentistry

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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 _____



Name MR Rajinder Kumar Age 50y Sex M
 Deptt..... Ref by..... Date 15/10/24
 M.R. No. H/O Drug Allergy-Y/N.....

Deptt. of General & Laparoscopic Surgery

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 Senior Consultant
 Deptt. of Dentistry

RT + 0.50 Dcel 165°
 L + 0.75 Day 15°
 Add +2.00 DM
 & Bifocal

 15/10/24

Adm 110 OCT.

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

Patient Name : MR. RAJENDER KUMAR

Age / Gender : 50 years / Male

MR No. / IPD No. : MED-1210202402 /

Patient Type / Bed No. : I /

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

Registration Time : Oct 12, 2024, 10:57 a.m.

Receiving Time : Oct 12, 2024, 01:17 p.m.

Reporting Time : Oct 12, 2024, 03:57 p.m.


241012067

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) Method : Whole Blood, SLS-haemoglobin	15.1	g/dL	13.0 - 17.0
Erythrocyte (RBC) Count Method : Whole Blood, DC detection	4.66	x 10 ⁶ /uL	4.5 - 5.5
HCT Method : Whole Blood, RBC pulse height detection	44.8	%	42 - 52
Mean Cell Volume (MCV) Method : Whole Blood, Electrical Impedence	96.1	fL	78 - 100
Mean Cell Haemoglobin (MCH) Method : Whole Blood, Calculated	32.4	pg	27 - 31
Mean Corpuscular Hb Concn. (MCHC) Method : Whole Blood, Calculated	33.7	g/dL	32.0 - 35.0
Red Cell Distribution Width (RDW) CV Method : Whole Blood, Calculated	13.5	%	11.5 - 14.0
Total Leucocytes (WBC) Count Method : Whole Blood, Flow cytometry	4.1	x 10 ³ /uL	4 - 10
DLC (Differential Leucocytes Count)			
Neutrophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	46.9	%	40 - 80
Lymphocytes Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	39.6	%	20 - 40
Monocytes Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	7.6	%	2 - 10
Eosinophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	4.7	%	1 - 6
Basophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	1.2	%	0 - 2
Absolute Neutrophil Count Method : Whole Blood, Calculated	1.92	x 10 ³ /uL	2.0 - 7.0
Absolute Lymphocyte Count Method : Whole Blood, Calculated	1.62	x 10 ³ /uL	1 - 3
Absolute Monocyte Count Method : Whole Blood, Calculated	0.31	x 10 ³ u/L	0.2-1.0
Absolute Eosinophil Count Method : Whole Blood, Calculated	0.19	x 10 ³ /uL	0.02 - 0.5

Patient Name : MR. RAJENDER KUMAR

Age / Gender : 50 years / Male

MR No. / IPD No. : MED-1210202402 /

Patient Type / Bed No. : I /

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

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241012067

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

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


Test Description	Value(s)	Unit(s)	Reference Range
Absolute Basophils Count Method : Whole Blood, Calculated	0.05	x 10 ³ /uL	0.02 - 0.1
Platelet Count Method : Whole Blood, DC Detection	142	x 10 ³ /uL	150 - 450
ESR - Erythrocyte Sedimentation Rate Method : Whole blood , Modified Westergren Method	13	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.Artri Tripathi
 MD Pathology
 Chief Consultant, Pathology
 DMC No: 43012

Patient Name : MR. RAJENDER KUMAR Age / Gender : 50 years / Male MR No. / IPD No. : MED-1210202402 / Patient Type / Bed No. : I / Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)		Registration Time : Oct 12, 2024, 10:57 a.m. Receiving Time : Oct 12, 2024, 04:10 p.m. Reporting Time : Oct 12, 2024, 04:22 p.m.  241012067 Panel : Dr Arcofemi Health Care PVT.limited (MediWheel) Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)
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Test Description	Value(s)	Unit(s)	Reference Range
<u>CLINICAL PATHOLOGY</u>			
<u>Urine Glucose (Fasting & PP)</u>			
Glucose Fasting (Urine) Method : Oxidase Reaction/ Manual	Negative		Negative
Glucose Post Prandial (Urine) Method : Oxidase Reaction/ Manual	Negative		Negative

END OF REPORT



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

Patient Name : MR. RAJENDER KUMAR Age / Gender : 50 years / Male MR No. / IPD No. : MED-1210202402 / Patient Type / Bed No. : / / Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)	Registration Time : Oct 12, 2024, 10:57 a.m. Receiving Time : Oct 12, 2024, 01:17 p.m. Reporting Time : Oct 12, 2024, 02:42 p.m.  241012067 Panel : Dr Arcofemi Health Care PVT.limited (MediWheel) Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)
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Test Description	Value(s)	Unit(s)	Reference Range
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IMMUNOLOGY

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

(Triiodothyronine) T3-Total <small>Method : ECLIA</small>	1.62	ng/mL	0.80 - 2.00
(Thyroxine) T4-Total <small>Method : ECLIA</small>	9.31	ug/dL	5.10 - 14.10
TSH-Ultrasensitive <small>Method : ECLIA</small>	2.73	uIU/mL	0.27-4.20

Interpretation

The Biological reference interval provided is for Adults.
 For age specific reference interval, please refer to the table given below.

TSH	T3/T4	T4/T4	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)			
Children	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	0.51	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. RAJENDER KUMAR

Age / Gender : 50 years / Male

MR No. / IPD No. : MED-1210202402 /

Patient Type / Bed No. : / /

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



Registration Time : Oct 12, 2024, 10:57 a.m.

Receiving Time : Oct 12, 2024, 01:17 p.m.

Reporting Time : Oct 12, 2024, 02:42 p.m.



241012067

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

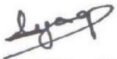
Client Code : ACROFEMI HEALTH CARE PVT.
LTD. (MEDIWHEEL)

Test Description

Value(s)

Unit(s)

Reference Range



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

Patient Name : MR. RAJENDER KUMAR Age / Gender : 50 years / Male MR No. / IPD No. : MED-1210202402 / Patient Type / Bed No. : / Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)		Registration Time : Oct 12, 2024, 10:57 a.m. Receiving Time : Oct 12, 2024, 01:17 p.m. Reporting Time : Oct 12, 2024, 02:42 p.m.  241012067 Panel : Dr Arcofemi Health Care PVT.limited (MediWheel) Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)
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Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATATOLOGY

Blood Group (ABO)

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

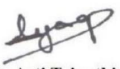
Methodology

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 indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).

END OF REPORT


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

Patient Name : MR. RAJENDER KUMAR

Age / Gender : 50 years / Male

MR No. / IPD No. : MED-1210202402 /

Patient Type / Bed No. : I /

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

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

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY
BIOCHEMISTRY
LFT (Liver Function Test,Serum)

Total Protein Method : Biuret Method	7.7	g/dL	6.4-8.3
Albumin Method : Bromocresol Green	4.6	g/dL	3.5 - 5.2
Globulin Method : Calculated	3.10	g/dL	1.8 - 3.6
A/G Ratio Method : Calculated	1.48	ratio	1.2 - 2.2
SGOT Method : IFCC without Pyridoxal Phosphate	115	U/L	0 to 40
SGPT Method : IFCC without Pyridoxal Phosphate	159	U/L	0 to 41
Alkaline Phosphatase-ALP Method : PNP AMP Kinetic	93	U/L	40-129
GGT-Gamma Glutamyl Transferase Method : IFCC	96	U/L	0 to 60
Bilirubin Total Method : Colorimetric Diazo Method	1.10	mg/dL	0.0-1.20
Bilirubin - Direct Method : Colorimetric Diazo Method	0.50	mg/dL	Adults and Children: < 0.30
Bilirubin - Indirect Method : Calculated	0.60	mg/dL	0.1 - 1.0

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.

Patient Name : MR. RAJENDER KUMAR Age / Gender : 50 years / Male MR No. / IPD No. : MED-1210202402 / Patient Type / Bed No. : / / Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)		Registration Time : Oct 12, 2024, 10:57 a.m. Receiving Time : Oct 12, 2024, 01:17 p.m. Reporting Time : Oct 12, 2024, 02:42 p.m.  241012067 Panel : Dr Arcofemi Health Care PVT.limited (MediWheel) Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)
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Test Description	Value(s)	Unit(s)	Reference Range
END OF REPORT			



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

Patient Name : MR. RAJENDER KUMAR

Age / Gender : 50 years / Male

MR No. / IPD No. : MED-1210202402 /

Patient Type / Bed No. : I /

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



Registration Time : Oct 12, 2024, 10:57 a.m.

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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			
Lipid Profile,Serum			
Cholesterol-Total Method : Enzymatic Colorimetric,CHOD-POD	167	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	109	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
Cholesterol-HDL Direct Method : CHOD-POD (Homogenous Enzymatic)	39	mg/dL	No Risk - >55 mg/dL Moderate risk - 35-55 mg/dL High risk - < 35 mg/dL
LDL Cholesterol Method : Calculated	106.20	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	128	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	21.80	mg/dL	0 - 30
CHOL/HDL RATIO Method : Calculated	4.28	Ratio	3.5 - 5.0
LDL/HDL RATIO Method : Calculated	2.72	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	0.37	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.

Patient Name : MR. RAJENDER KUMAR Age / Gender : 50 years / Male MR No. / IPD No. : MED-1210202402 / Patient Type / Bed No. : / / Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)		Registration Time : Oct 12, 2024, 10:57 a.m. Receiving Time : Oct 12, 2024, 01:17 p.m. Reporting Time : Oct 12, 2024, 02:42 p.m.  241012067 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. Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

Patient Name : MR. RAJENDER KUMAR

Age / Gender : 50 years / Male

MR No. / IPD No. : MED-1210202402 /

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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
BIOCHEMISTRY			
KFT (Renal Function Test,Serum)			
Urea Method : kinetic (urease-GLDH)	20.3	mg/dL	16.6-48.5
BUN Method : Calculated	9.49	mg/dL	6-20
Creatinine Method : Kinetic Colorimetric (Jaffe Method)	0.70	mg/dL	0.70-1.30
Uric Acid Method : Enzymatic Colorimetric: Uricase-POD	5.5	mg/dL	3.4-7.0
Sodium Method : ISE Direct	139	mmol/L	136 - 145
Potassium Method : ISE Direct	4.4	mmol/L	3.5 - 5.1
Chloride Method : ISE Direct	105	mmol/L	98 - 107
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, Arthritis, 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.Artri Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

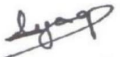
Patient Name : MR. RAJENDER KUMAR Age / Gender : 50 years / Male MR No. / IPD No. : MED-1210202402 / Patient Type / Bed No. : / / Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)		Registration Time : Oct 12, 2024, 10:57 a.m. Receiving Time : Oct 12, 2024, 01:16 p.m. Reporting Time : Oct 12, 2024, 02:44 p.m.  241012067F Panel : Dr Arcofemi Health Care PVT.limited (MediWheel) Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)
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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY 1			
BIOCHEMISTRY			
Glucose (Fasting)			
Glucose Fasting	110	mg/dL	Normal: 72-106
Method : Plasma,Enzymatic Hexokinase			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.Artri Tripathi
 MD Pathology
 Chief Consultant, Pathology
 DMC No: 43012

Patient Name : MR. RAJENDER KUMAR Age / Gender : 50 years / Male MR No. / IPD No. : MED-1210202402 / Patient Type / Bed No. : / / Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)		Registration Time : Oct 12, 2024, 10:57 a.m. Receiving Time : Oct 12, 2024, 03:21 p.m. Reporting Time : Oct 12, 2024, 04:22 p.m.  241012067P Panel : Dr Arcofemi Health Care PVT.limited (MediWheel) Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)
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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY 1
BIOCHEMISTRY

Glucose (PP)

Blood Glucose-Post Prandial	104	mg/dL	70 - 140
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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. RAJENDER KUMAR

Age / Gender : 50 years / Male

MR No. / IPD No. : MED-1210202402 /

Patient Type / Bed No. : I /

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



Registration Time : Oct 12, 2024, 10:57 a.m.

Receiving Time : Oct 12, 2024, 01:17 p.m.

Reporting Time : Oct 12, 2024, 02:55 p.m.



241012067

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

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

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

PSA Total (Prostate Specific Antigen),Serum

Prostate-specific antigen (Total)	0.76	ng/mL	0.0-2.0
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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/transurethral resection.

****END OF REPORT****



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

Patient Name : MR. RAJENDER KUMAR Age / Gender : 50 years / Male MR No. / IPD No. : MED-1210202402 / Patient Type / Bed No. : / / Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)		Registration Time : Oct 12, 2024, 10:57 a.m. Receiving Time : Oct 12, 2024, 01:17 p.m. Reporting Time : Oct 12, 2024, 02:42 p.m.  241012067 Panel : Dr Arcofemi Health Care PVT.limited (MediWheel) Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)
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Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY

Urine (RE/ME)

Physical Examination :

Volume	-		mL
Method : Visual Observation			
Colour	Pale Yellow		Pale Yellow
Method : Visual Observation			
Transparency (Appearance)	Clear		Clear
Method : Visual Observation			
Deposit	Absent		Absent
Method : Visual Observation			
Reaction (pH)	6.0		4.5 - 8.0
Method : Double Indicator method			
Specific Gravity	1.015		1.010 - 1.030
Method : Ionic Concentration			

Chemical Examination (Dipstick Method) Urine

Urine Protein	Absent		Absent
Method : Protein Ionisation/ Manual			
Urine Glucose (sugar)	Absent		Absent
Method : Oxidase Reaction/ Manual			
Blood (Urine)	Absent		Absent
Method : Peroxidase Reaction			

Microscopic Examination Urine

Pus Cells (WBCs)	4 - 6	/hpf	0 - 5
Method : Microscopy			
Epithelial Cells	1 - 2	/hpf	0 - 4
Method : Microscopy			
Red blood Cells	Absent	/hpf	Absent
Method : Microscopy			
Crystals	Absent		Absent
Method : Microscopy			
Cast	Absent		Absent
Method : Microscopy			
Yeast Cells	Absent		Absent
Method : Microscopy			
Amorphous Material	Absent		Absent
Method : Microscopy			
Bacteria	Absent		Absent
Method : Microscopy			
Others	Absent		

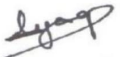
Patient Name : MR. RAJENDER KUMAR Age / Gender : 50 years / Male MR No. / IPD No. : MED-1210202402 / Patient Type / Bed No. : / / Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)		Registration Time : Oct 12, 2024, 10:57 a.m. Receiving Time : Oct 12, 2024, 01:17 p.m. Reporting Time : Oct 12, 2024, 02:42 p.m.  241012067 Panel : Dr Arcofemi Health Care PVT.limited (MediWheel) Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)
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Test Description	Value(s)	Unit(s)	Reference Range
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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 vasodilator 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.Artri Tripathi
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