



CARE & CURE MULTISPECIALITY HOSPITAL

COMMITMENT OF CARE

Patient Name : MR. KAILASH VASWANI
Registration No. : CCMH-H-001748
Lab No : 2
Age & Sex : 56 Years / Male
Referring Doctor :
Report Status : Final

Registration Date/Time : 01/02/2023 10:36AM
Accession Date/Time : 01/02/2023 11:12AM
Report Date/Time : 01/02/2023 02:00PM
Print Date/Time : 01/02/2023 2:01 pm

| TEST(S) | RESULT(S) | UNITS | BIOLOGICAL REFERENCE RANGE |
|-----------------------------------------------------------|----------------|------------|----------------------------|
| BLOOD GROUP & RH FACTOR | | | |
| SAMPLE TYPE: EDTA WB METHOD: Slide and Tube m | | | |
| Blood Group | : B +ve | | |
| Rh Factor | : Positive | | |
| COMPLETE BLOOD COUNT (CBC) | | | |
| SAMPLE TYPE: WHOLE BLOOD EDTA METHOD: 5 part fully aut | | | |
| Haemoglobin | : 14.0 | g/dl | 13.5-18.0 |
| R.B.C. Count | : 5.01 | mill./cmm. | 4.50-6.50 |
| Packed Cell Volume (PCV) | : 45.3 | % | 40.0-54.0 |
| Neutrophils | : 76 | % | 40-70 |
| Lymphocytes | : 18 | % | 20-45 |
| Monocytes | : 04 | % | 02-08 |
| Eosinophils | : 02 | % | 01-05 |
| Basophils | : 00 | % | 00-01 |
| Total WBC Count | : 10800 | /cumm | 4000-10500 |
| MCV | : 90.6 | FL | 82.0-97.0 |
| MCH | : 27.9 | Pg | 27.0-32.0 |
| MCHC | : 30.9 | % | 32.0-36.0 |
| RDW-CV | : 13.2 | % | 11.5-14.5 |
| RDW-SD | : 59.7 | FL | 37.0-54.0 |
| Platelet count | : 2.89 | Lacs/cumm | 1.50-4.50 |
| MPV | : 7.9 | FL | 7.4-10.4 |
| PDW | : 15.0 | % | 10.0-17.0 |
| PCT | : 0.22 | % | 0.10-0.28 |
| P-LCR | : 19.6 | % | 13.0-43.0 |
| ESR | : 18 | | |

***** End Of Report *****



📍 Plot No. 5/6, Infront of V-Mart, Near Hanuman Mandir,
Karond Chouraha, New Jail Road, Bhopal, 462038 (M.P.)

☎ 0755 6644900, 98266 60884, 83192 27194

✉ admin@ccmhbbhopal.com



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|---------------------------------------------------------------------|-----------|-------|----------------------------|
| RBS | : 111.6 | | |
| UREA SAMPLE TYPE: SERUM METHOD: GLDH ENZYMATIC U | : 23.4 | mg/dL | 20-45 |
| CREATININE SAMPLE TYPE: SERUM METHOD: Jaffe's Method 2 | : 1.12 | mg/dL | 0.67-1.20 |
| URIC ACID SAMPLE TYPE: SERUM METHOD: Urinase POD End | : 3.89 | mg/dL | 3.4-7.0 |

***** End Of Report *****



Technician

Dr. Shamima Bang, M.B.B.S., DCP
 Consultant Pathologist
 MCI Reg. No. 4323



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TEST(S)

LFT
 SAMPLE TYPE: SERUM
 METHOD:

Bilirubin- Total
 Bilirubin- Direct
 Bilirubin- Indirect
 SGOT
 SGPT
 Alkaline Phosphatase
 Total Protein
 Albumin
 Globulin
 A/G Ratio

| TEST(S) | RESULT(S) | UNITS | BIOLOGICAL REFERENCE RANGE |
|----------------------|-----------|-------|----------------------------|
| Bilirubin- Total | : 0.89 | mg/dL | 0.2-1.2 |
| Bilirubin- Direct | : 0.17 | mg/dL | 0.1-0.4 |
| Bilirubin- Indirect | : 0.72 | mg/dl | 0.2-0.8 |
| SGOT | : 27.0 | U/L | 05-45 |
| SGPT | : 26.0 | U/L | 05-45 |
| Alkaline Phosphatase | : 197.03 | U/L | 00-310 |
| Total Protein | : 7.01 | gm/dl | 6.5-8.5 |
| Albumin | : 4.16 | gm/dl | 3.5-5.5 |
| Globulin | : 2.85 | gm/dl | 2.3-3.5 |
| A/G Ratio | : 1.45 | | 1.0-2.2 |

LIPID PROFILE
 SAMPLE TYPE: SERUM
 METHOD:

S.Cholesterol
 S.Triglycerides
 HDL Cholesterol
 LDL Cholesterol
 VLDL Cholesterol
 S.Cholesterol/HDL Ratio

| | | | |
|-------------------------|----------|-------|--------------------------------------------------------------------------------------------------------------|
| S.Cholesterol | : 201.8 | mg/dL | No risk < 200 mg/dl Moderate risk 200 - 239 mg/dl High risk >240 mg/dl Upto 150 |
| S.Triglycerides | : 297.2 | mg/dl | Major risk < 40 mg/dl Negative risk > 60 mg/dl |
| HDL Cholesterol | : 41.9 | mg/dl | Optimum < 100 mg/dl |
| LDL Cholesterol | : 100.46 | mg/dl | Near/above optimum 100 - 129 mg/dl Boderline high 130 - 159 mg/dl High 160 - 189 mg/dl Very high > 190 mg/dl |
| VLDL Cholesterol | : 59.44 | mg/dl | Upto 30 |
| S.Cholesterol/HDL Ratio | : 4.8162 | | 4.4-11 |

***** End Of Report *****



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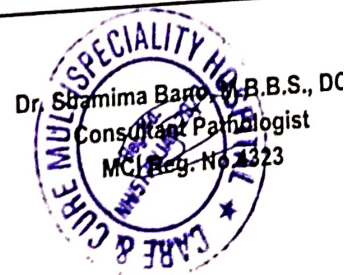
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 Accession Date/Time : 01/02/2023 11:12AM
 Report Date/Time : 01/02/2023 02:00PM
 Print Date/Time : 01/02/2023 2:04 pm

| TEST(S) | RESULT(S) | UNITS |
|--------------------|-----------------|-------|
| URINE R/M | | |
| SAMPLE TYPE: URINE | | |
| METHOD: Multistix | | |
| Quantity | : 40 ML | |
| Colour | : Pale Yellow | |
| Appearance | : Clear | |
| Specific gravity | : 1.020 | |
| Deposit | : Absent | |
| Reaction (PH) | : 6.0 | |
| Albumin | : Trace present | |
| Sugar | : Absent | |
| Ketone Bodies | : Absent | |
| Bile Salts | : Absent | |
| Bile Pigments | : Absent | |
| Urobilinogen | : Absent | |
| PUS Cells | : 2 - 5 | /HPF |
| RBC | : Absent | /HPF |
| Casts | : Absent | |
| Crystals | : Absent | |
| Epithelial Cells | : 0 - 1 | /HPF |
| Bacteria | : Absent | |

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Technician



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CARE & CURE MULTISPECIALITY HOSPITAL

COMMITMENT OF CARE

Reg. No: NH/5179/JAN2022

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Registration No. : CCMH-H-001748
Lab No : 2
Age & Sex : 56 Years / Male
Referring Doctor :
Report Status : Final

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Accession Date/Time : 01/02/2023 11:12AM
Report Date/Time : 01/02/2023 02:00PM
Print Date/Time : 01/02/2023 2:04 pm

STOOL EXAMINATION

SAMPLE TYPE: STOOL
METHOD:

Colour : BrownYellowish
Occult Blood : Absent
Macrophages : Yellow Semi Solid
Pus Cells : 3 - 8
Form and Consistency : Semisolid
Mucus : Absent
Blood : Absent
Reaction : Alkaline
Ova : Not Detected
Protozoa : Not Detected
Amoebae : Not Detected
Flagellaes : Not Detected
Yeast : Not Detected
Epithelium : Not Detected
Fat : Not Detected
Mucus Fiber : Not Detected
Vegetable Fiber : Present
Mucus. : Not Detected


***** End Of Report *****



Technician

Dr. Sharmila Bano, M.B.B.S., I
Consultant Pathologist
MCL Reg. No. 4323



 **GPS Map Camera**

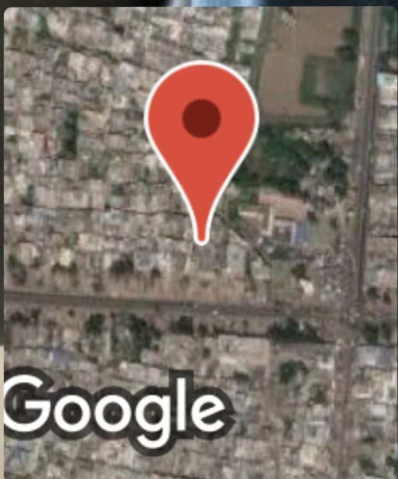
Bhopal, Madhya Pradesh, India

care & cure multispeciality hospital, near Hanuman
Mandir, Karond chouraha Bhopal, Madhya Pradesh
462038, India

Lat 23.303351°

Long 77.402835°

01/02/23 10:16 AM GMT +05:30





ARROW CE

2023-02-01 11:03

ID : P/2/23
 Name : MR Keshav
 Sex : M
 Height : 117 cm
 SYS : mmHg
 DIA : mmHg
 Age : 56 y
 Weight : kg

HR : 78 bpm
 PR Interval : 153 ms
 P Duration : 117 ms
 QRS Duration : 77 ms
 T Duration : 204 ms
 QT/QTc : 331/376 ms
 P/QRS/T Axis : 23.5/-7.1/37.0 deg
 R (V5)/S (V1) : 0.93/0.70 mV
 R (V5) + S (V1) : 1.63 mV

<< Conclusions >>

Normal Sinus Rhythm.
 Left axis deviation.
 possible old inferior MI.

Physician



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| | | | |
|------------------|-----------------------|------------------------|----------------------|
| Patient Name | : MR. KAILASH VASWANI | Registration Date/Time | : 01/02/2023 11:30AM |
| Registration No. | : CCMH-H-001748 | Accession Date/Time | : 01/02/2023 11:36AM |
| Lab No | : 4 | Report Date/Time | : 01/02/2023 04:34PM |
| Age & Sex | : 56 Years / Male | Print Date/Time | : 01/02/2023 4:34 pm |
| Referring Doctor | : | | |
| Report Status | : Final | | |

| TEST(S) | RESULT(S) | UNITS | BIOLOGICAL REFERENCE RANGE |
|-----------------------------------------------------------------------------|-----------|-------|----------------------------|
| GGT SAMPLE TYPE: SERUM METHOD: IFCC Kinetic Met | | | |
| Result | : 15.4 | U/L | 3-71 |
| BUN SAMPLE TYPE: SERUM METHOD: | | | |
| Result | : 10.9 | MG/DL | 6-21 |
| HbA1C SAMPLE TYPE: WHOLE BLOOD EDTA M METHOD: immunoturbidimet | | | |
| Glycosylated Haemoglobin % (Hb A1c) | : 7.43 | % | 4.8-5.9 |
| Mean Plasma Glucose (MPG) | : 166.5 | | |

NOTES: 1. The HbA1c test shows your average blood sugar for last 3 months.

2. The HbA1c test does not replace your day-to-day monitoring of blood glucose.

Use this test result along with your daily test results to measure your overall, diabetes control.

How does HbA1c works?

The HbA1c test measures the amount of sugar that attaches to protein in your red blood cells.

RBCs live for about 3 months, so this test shows your average blood sugar levels during that time.

Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.

Why is this test so important?

Research studies demonstrated that the closer to normal your HbA1c level was, the less likely your risk of developing the long-term complications of diabetes. Such problems include eye disease, nerve damage, heart and blood vessel disease and kidney problems.

Who should have the HbA1c test done?

Everyone with diabetes can benefit from taking this test. Knowing your HbA1c level helps you and your doctor decide if you need to change your diabetes management plan.

How often should you have a HbA1c test?

You should have this test done when you are first diagnosed with diabetes.

Then at least twice a year if your treatment goals are being met & blood glucose control is stable.

More frequent HbA1c testing (4 times / year) is recommended if your therapy has been recently changed or if you are not

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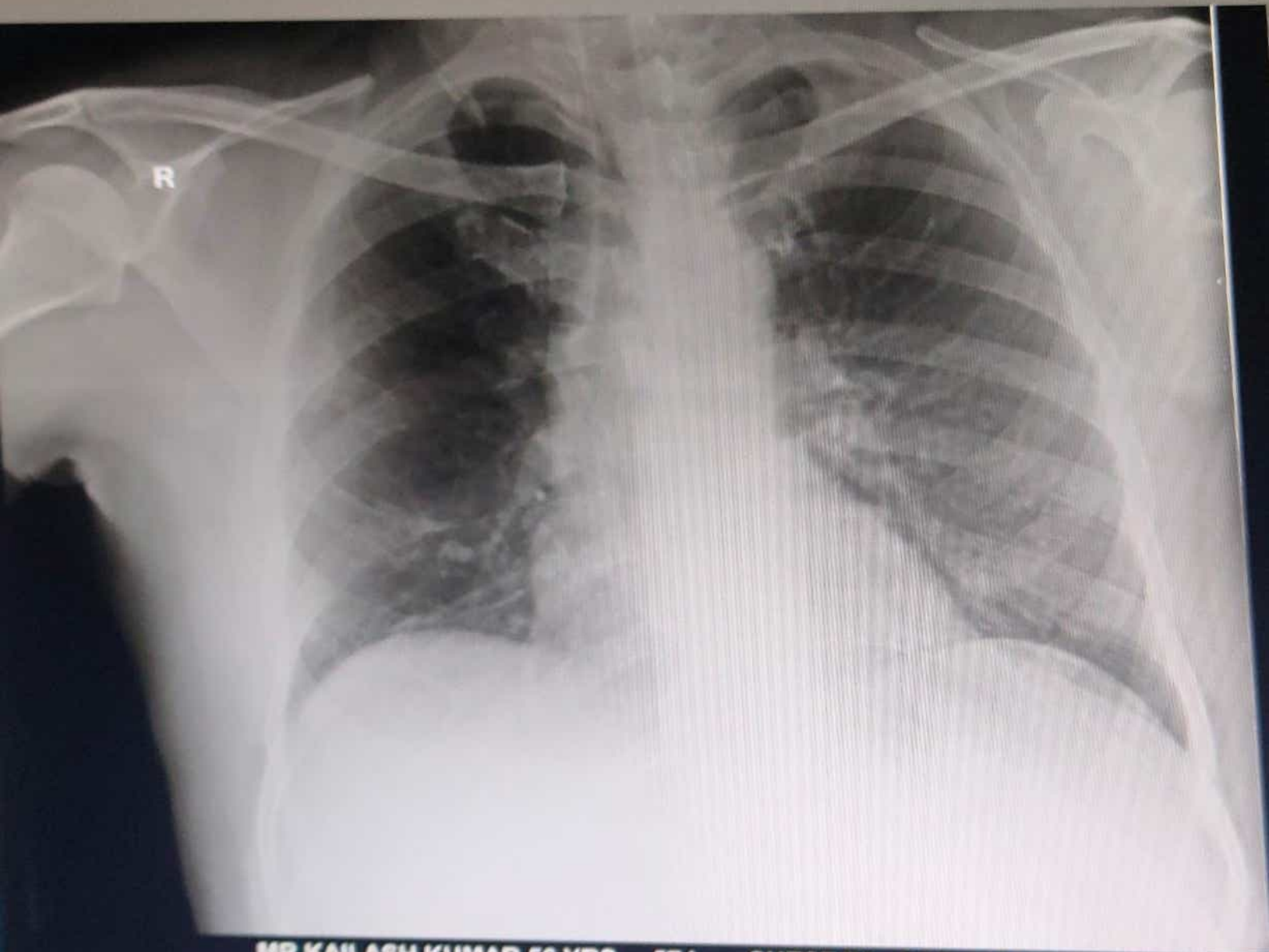
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**MR KAILASH KUMAR 56 YRS.. 574 CHEST PA 01-Feb-23
CARE & CURE MULTISPECIALITY HOSPITAL, KAROND, BHOPAL**