CORPORATE CARE

ISO 9001:2015 Quality Management System

EQAS
External Quality Assurance Services

O- 5,6,10 Maruti Tower, Shivranjani Cross Road, Satellite, Ahmedabad.
Ph : 079 4800 7051 M. : 98986 76445
E-mail : corporatecare0120@gmail.com

PHYSICIAN CONSULTATION

REF NO. 63754

DATE:- 03-09-2022

NAME:- Pooja. K. Chavan

DOB: 01-06-2001

AGE:- 21 yrs **SEX:-** Female

HEIGHT:- 152 cms

WEIGHT:- 56 kgs

BP READING:- 110/72 mm Hg

PULSE :- 88 /-min

BMI :- 24 kg/m^2

MEDICATION :- NO

DR. N. R. SHAH
G-4383 M.D.

CORPORATE CARE AHMEDABAD

भारत सरकार
Government of India

आधार

पूजा करण चव्हाण
POOJA KARAN CHAVAN
जन्म तिथि/DOB: 01/06/2001
महिला/ FEMALE

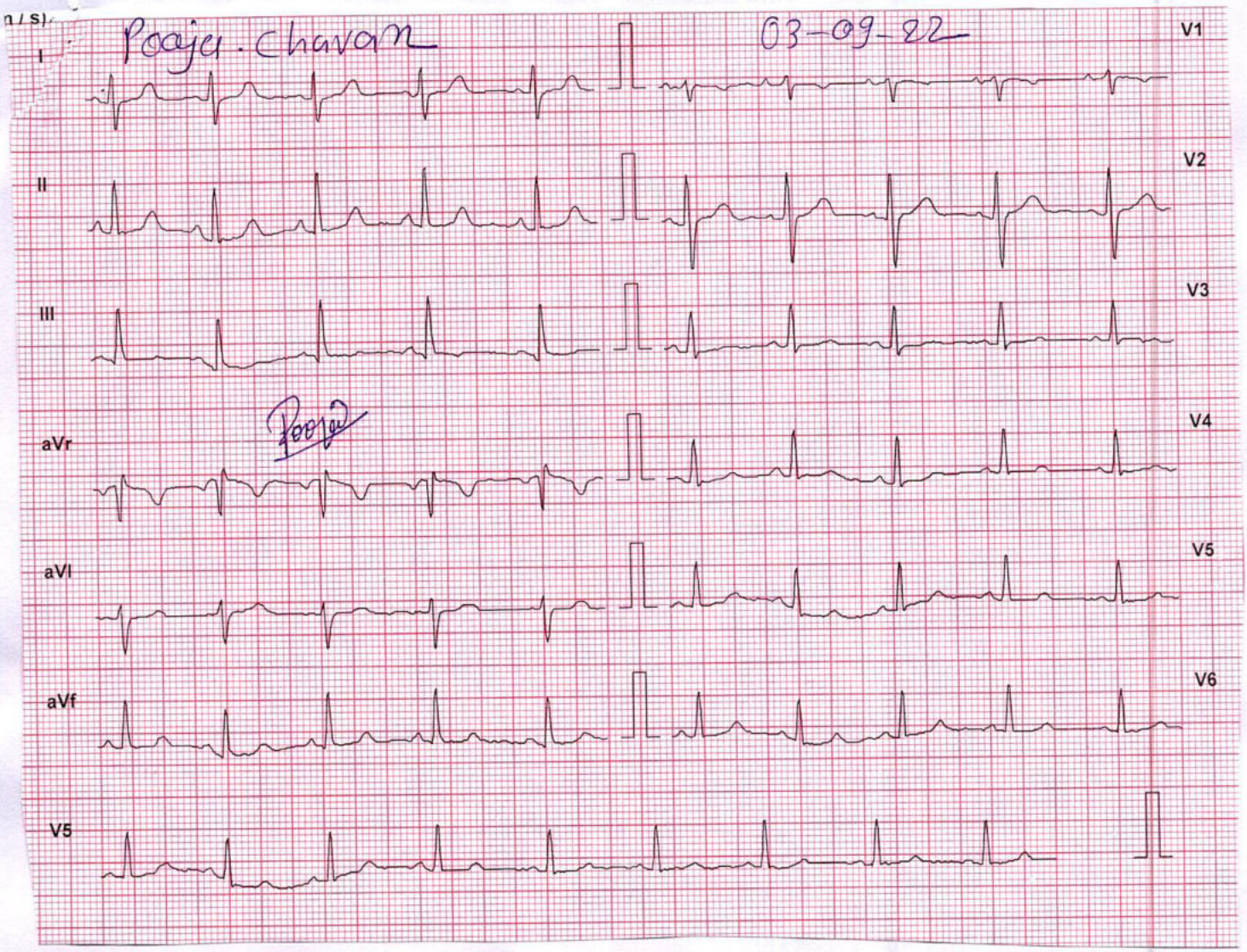
Download Date: 08/03/2021

Issue Date: 08/03/2021

4646 5983 7257

VID : 9193 1639 4212 9819

मेरा आधार, मेरी पहचान



DR. N. R. SHAH
G-4383 M.D.

P-98

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Ph : 079 4800 7051 M. : 98986 76445
E-mail : corporatecare0120@gmail.com

1530

Patient Name : Pooja K Chavan
Sample No.. : 1530
Reffered : Bank Of Baroda

Age/Sex : 21 Years/Female
Registration On:03/09/2022/08:45
Approved On : 03/09/2022 09:57

USG WHOLE ABDOMEN :

Liver is normal in size, shows homogenous parenchymal echoes and normal intrahepatic radicles. No focal lesion seen. Portal vein is normal in calibre and shows normal colour flow.

Gallbladder is physiologically distended. No calculus or wall thickening seen.
CBD appears normal in calibre.

Pancreas is normal in size and echo texture. No diffuse or focal lesion seen.
Spleen is normal in size (8.9 cm) and homogenous in echo texture.

Kidneys are normally placed, normal in size, show normal thickness cortical tissue and normal sinus echoes. Corticomedullary differentiation is well seen. No calculus, hydronephrosis or renal mass seen.
Rt. Kidney is 9.2 x 3.5 cm. Lt. Kidney is 10.0 x 4.4 cm.

Aorta is normal in calibre. No para-aortic or mesenteric lymph nodes seen.

Urinary bladder is adequately distended. No evident calculus, wall thickening or mass seen.

Uterus is normal in size. Myometrial echoes are homogenous. Endometrial thickness is 5 mm. No fibroid or adenomyotic changes are seen.
Ovaries are normal in size and echotexture. No adnexal mass seen.

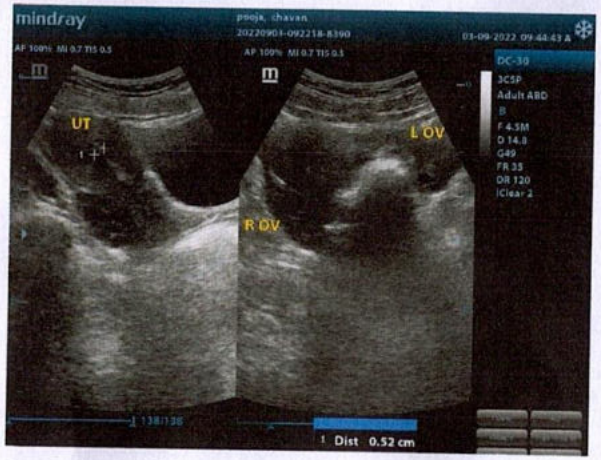
Bowel loops are unremarkable.

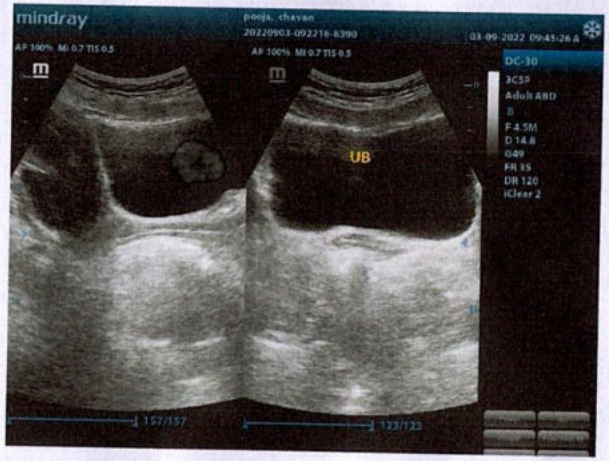
No ascites is seen.

Impression:

No significant abnormality is seen.

Dr BHARAT GANDHI (M.D.)
CONSULTANT RADIOLOGIST


mindray
UT
L OV
R OV
Dist 0.52 cm


mindray
UB


mindray
Aorta


mindray
Pancreas


mindray
Liver


mindray
GB


mindray
RT KID
Dist 9.20 cm
Dist 3.52 cm


mindray
LT KID
Dist 10.02 cm
Dist 4.39 cm


mindray
Spleen
Dist 8.93 cm

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Name:-POOJA K CHAVAN Date:03/09/2022
AGE:-21/F

X-RAY : CHEST PA

Both lung fields appears normal
There is no evidence of pulmonary tuberculosis
No evidence of pleural Effusion on either side.
Heart size appears normal.
Bony thorax and diaphragms appear normal.

DR .VIKRAM SHAH.
M.D

Patient Details

Date: 9/3/2022 **Time:** 10:39:19 AM

Name: POOJA CHAVAN **Age:** 21 y **Sex:** F **Height:** 152 cms **Weight:** 56 Kgs

Clinical History: NONE

Medications: NONE

Test Details

Protocol: Bruce **Pr.MHR:** 199 bpm **THR:** 169 (85 % of Pr.MHR) bpm

Total Exec. Time: 4 m 12 s **Max. HR:** 175 (88% of Pr.MHR) bpm **Max. Mets:** 7.00

Max. BP: 134 / 80 mmHg **Max. BP x HR:** 23450 mmHg/min **Min. BP x HR:** 6192 mmHg/min

End Point Criteria: Target Heart Rate Achieved. Fatigue

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mm/s)
Supine	0 : 18	1.0	0	0	89	110 / 72	-0.42 III	0.42 II
Standing	0 : 12	1.0	0	0	91	110 / 72	-0.42 III	0.42 II
Hyperventilation	0 : 12	1.0	0	0	98	110 / 72	-0.42 III	0.21 I
1	3 : 0	4.6	1.7	10	143	126 / 76	-3.82 V1	-2.34 V1
Peak Ex	1 : 12	7.0	2.5	12	175	134 / 80	-2.97 V1	1.91 II
Recovery(1)	3 : 0	1.0	0	0	86	128 / 78	-1.49 aVr	2.55 V2
Recovery(2)	3 : 0	1.0	0	0	90	128 / 78	-1.49 V6	0.64 V6
Recovery(3)	0 : 30	1.0	0	0	91	116 / 74	-0.42 III	0.21 I

Interpretation

Normal Haemodynamic Response.
Normal Chronotropic Response.
Poor Exercise Tolerance.
Normal HR and BP Response.
No Angina. No Arrhythmias.
No ST-T changes present in exercise & Recovery.
Test Negative For Exercise Inducible Ischemia.

CORPORATE CARE AHMEDABAD

DR. N. R. SHAH
G-4383 M.D.

Ref. Doctor: .....

(Summary Report edited by user)

.....

Test Report

POOJA CHAVAN (21 F)

ID: 4348

Date: 9/3/2022

Exec Time : 0 m 0 s

Stage Time : 0 m 12 s

HR: 89 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 110 / 72

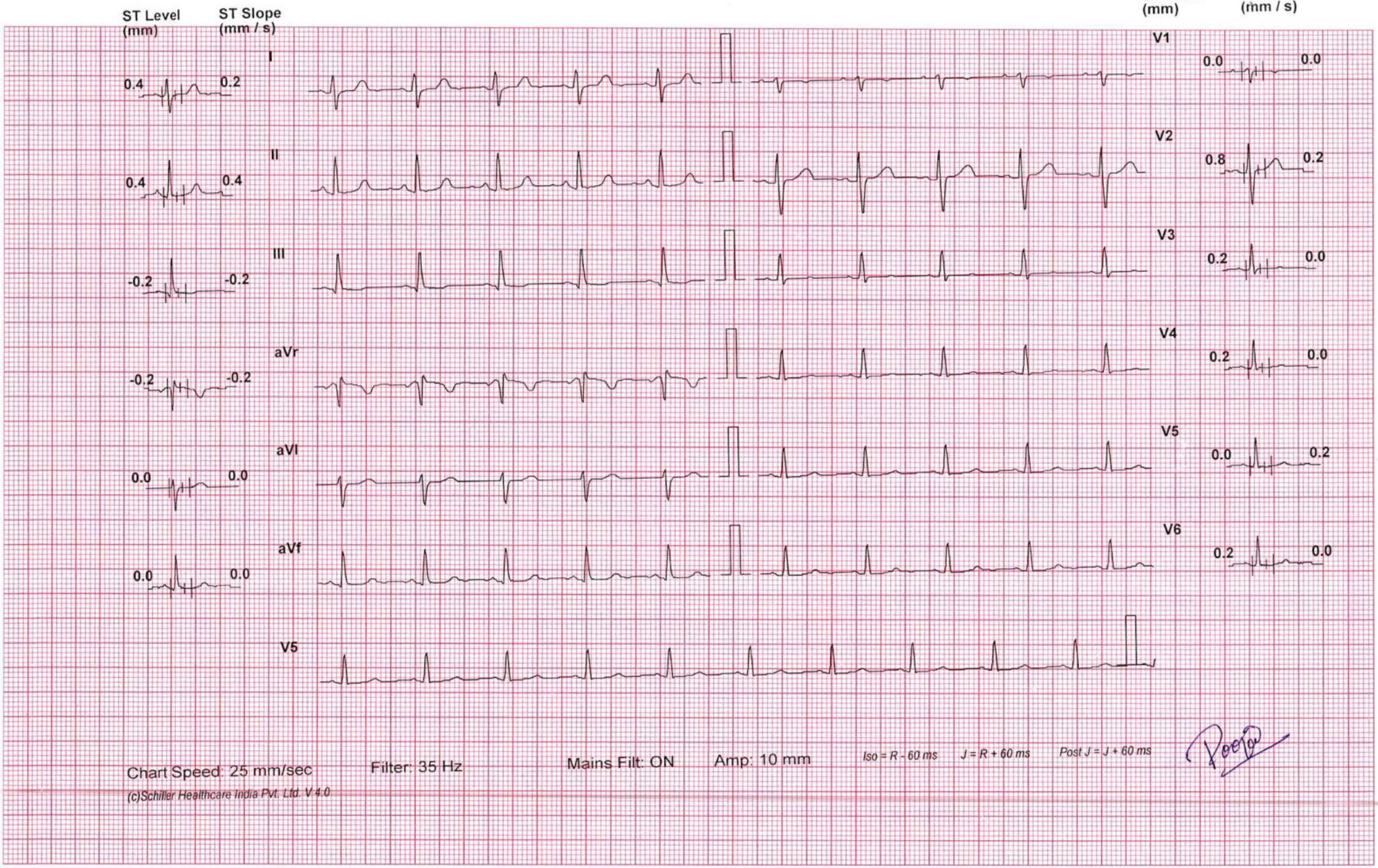

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Test Report

POOJA CHAVAN (21 F) ID: 4348 Date: 9/3/2022 Exec Time : 0 m 0 s Stage Time : 0 m 6 s ***HR: 91 bpm***

Protocol: Bruce Stage: Standing Speed: 0 mph Grade: 0 % (THR: 169 bpm) B.P: 110 / 72

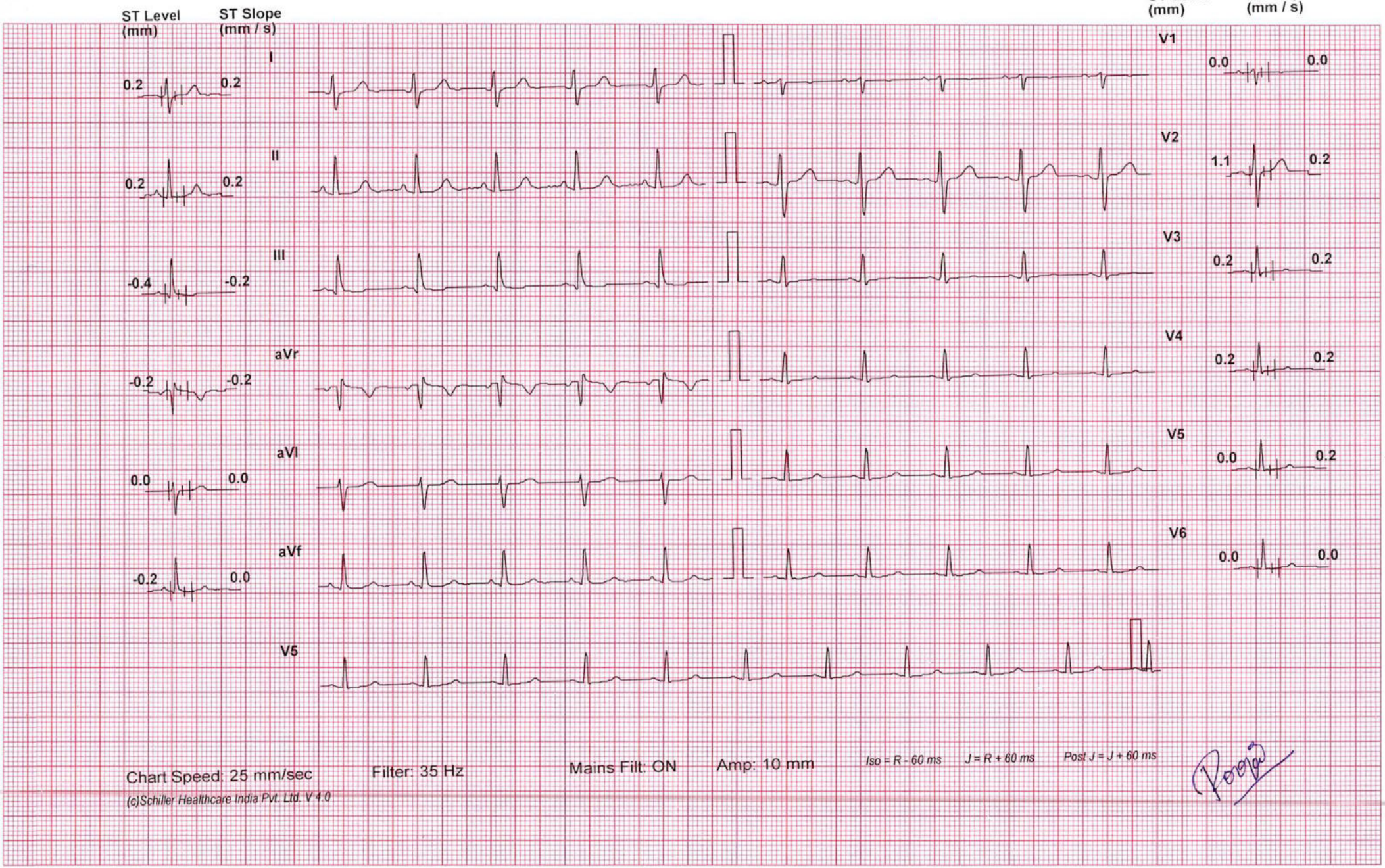

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Pooja

Test Report

POOJA CHAVAN (21 F)

ID: 4348 | Date: 9/3/2022 | Exec Time : 0 m 0 s | Stage Time : 0 m 6 s | ***HR: 98 bpm***

Protocol: Bruce | Stage: Hyperventilation | Speed: 0 mph | Grade: 0 % | (THR: 169 bpm) | B.P: 110 / 72

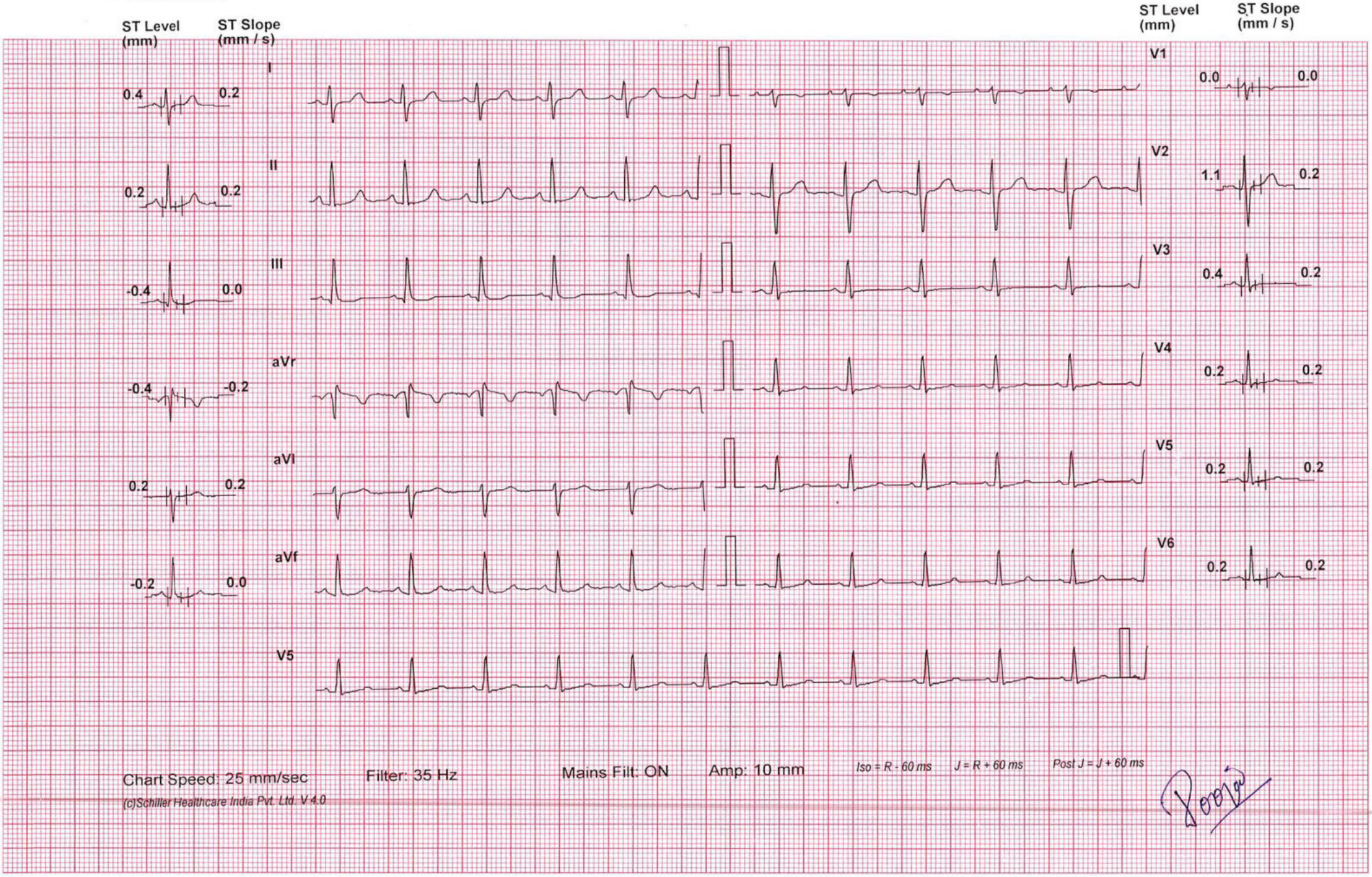

Chart Speed: 25 mm/sec | Filter: 35 Hz | Mains Filt: ON | Amp: 10 mm | *Iso = R - 60 ms* | *J = R + 60 ms* | *Post J = J + 60 ms*

Pooja

Test Report

POOJA CHAVAN (21 F) ID: 4348 Date: 9/3/2022 Exec Time : 2 m 54 s Stage Time : 2 m 54 s ***HR: 143 bpm***

Protocol: Bruce Stage: 1 Speed: 1.7 mph Grade: 10 % (THR: 169 bpm) B.P: 126 / 76

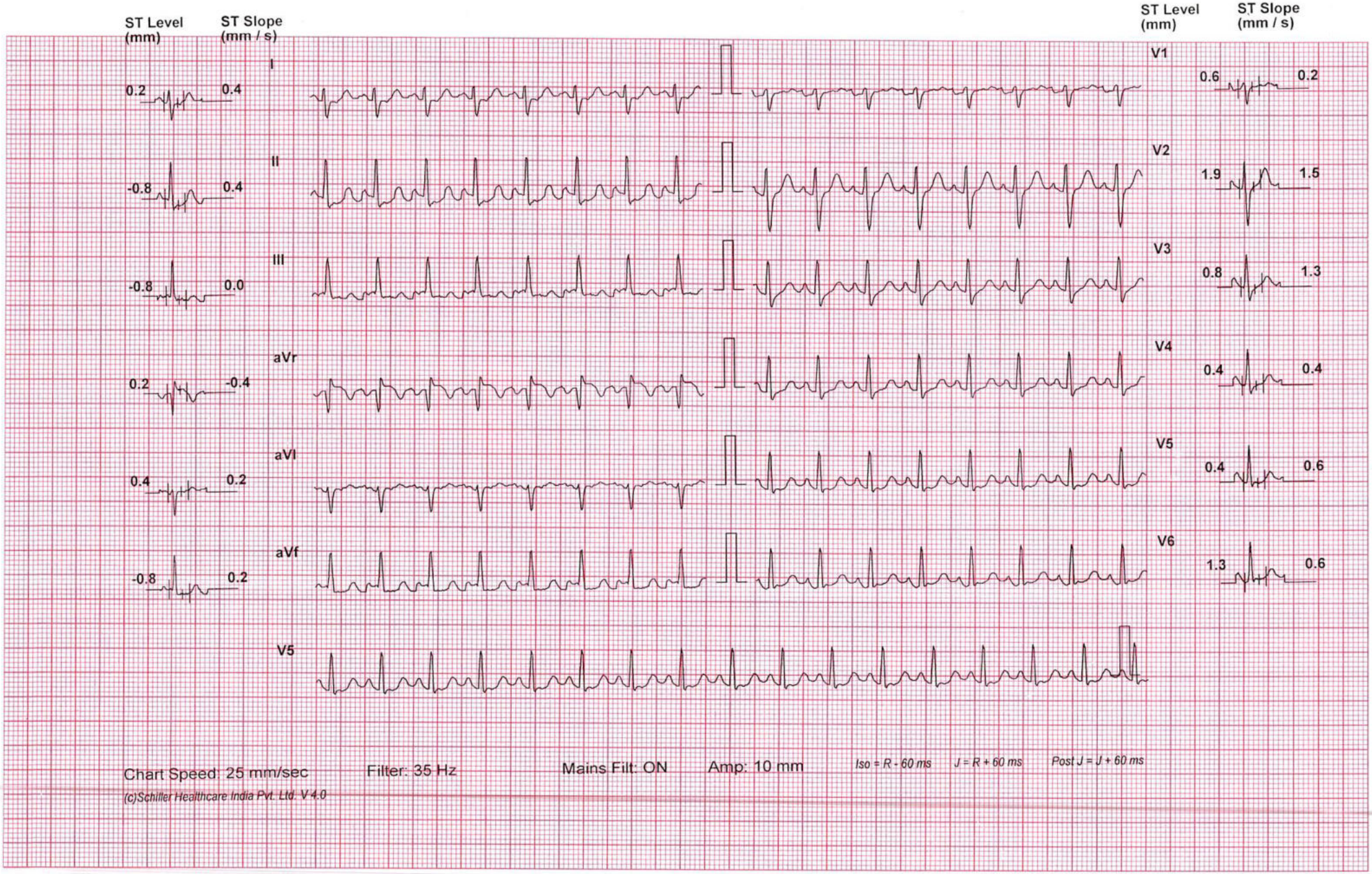

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Test Report

POOJA CHAVAN (21 F) ID: 4348 Date: 9/3/2022 Exec Time : 4 m 6 s Stage Time : 1 m 6 s ***HR: 175 bpm***

Protocol: Bruce Stage: Peak Ex Speed: 2.5 mph Grade: 12 % (THR: 169 bpm) B.P: 134 / 80

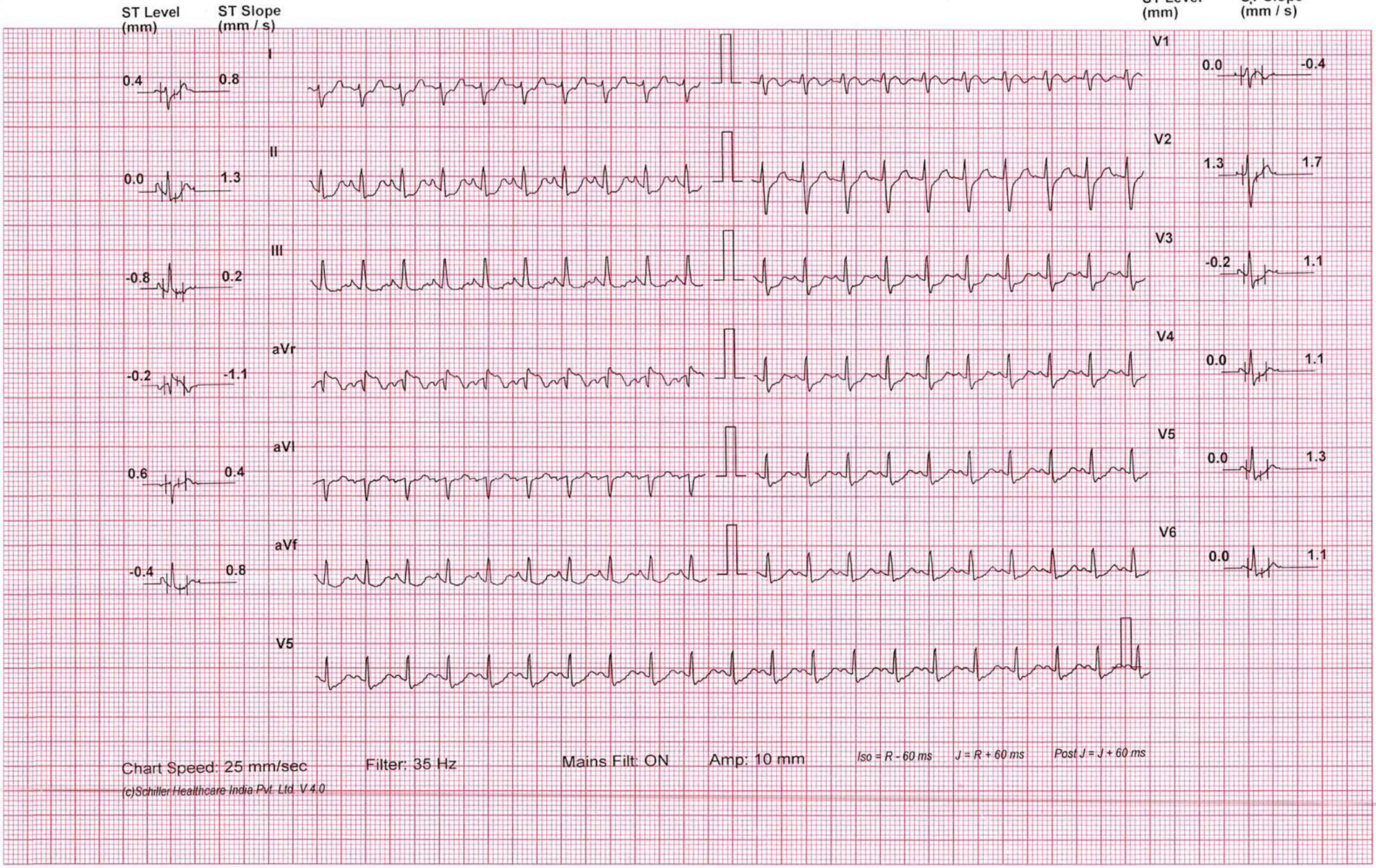

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Test Report

POOJA CHAVAN (21 F) ID: 4348 Date: 9/3/2022 Exec Time : 4 m 12 s Stage Time : 2 m 54 s **HR: 86 bpm**

Protocol: Bruce Stage: Recovery(1) Speed: 0 mph Grade: 0 % (THR: 169 bpm) B.P: 128 / 78

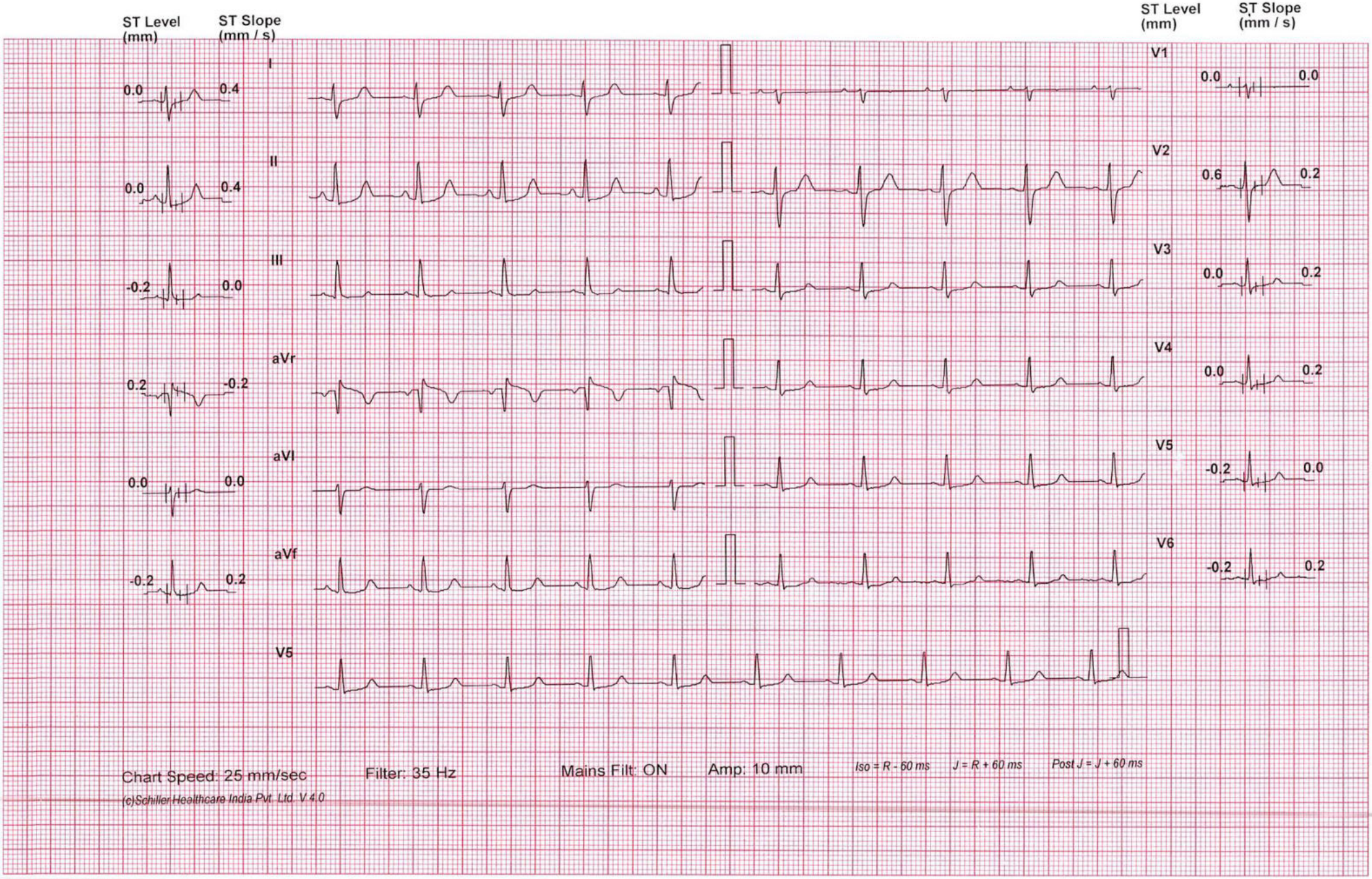

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Test Report

POOJA CHAVAN (21 F)

ID: 4348 Date: 9/3/2022 Exec Time : 4 m 12 s Stage Time : 2 m 54 s ***HR: 90 bpm***

Protocol: Bruce Stage: Recovery(2) Speed: 0 mph Grade: 0 % (THR: 169 bpm) B.P: 128 / 78

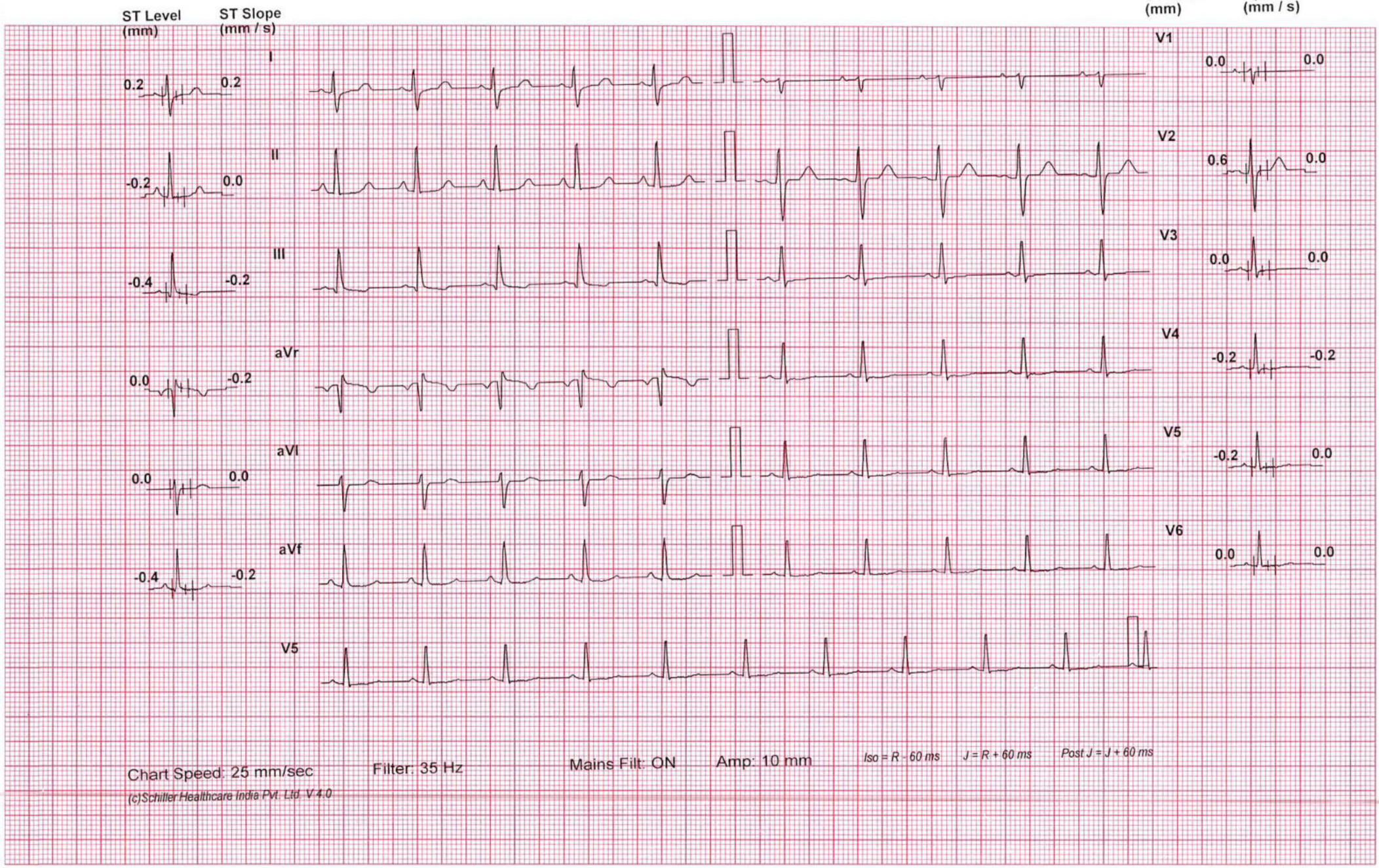

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Test Report

POOJA CHAVAN (21 F) ID: 4348 Date: 9/3/2022 Exec Time : 4 m 12 s Stage Time : 0 m 24 s ***HR: 91 bpm***

Protocol: Bruce Stage: Recovery(3) Speed: 0 mph Grade: 0 % (THR: 169 bpm) B.P: 116 / 74

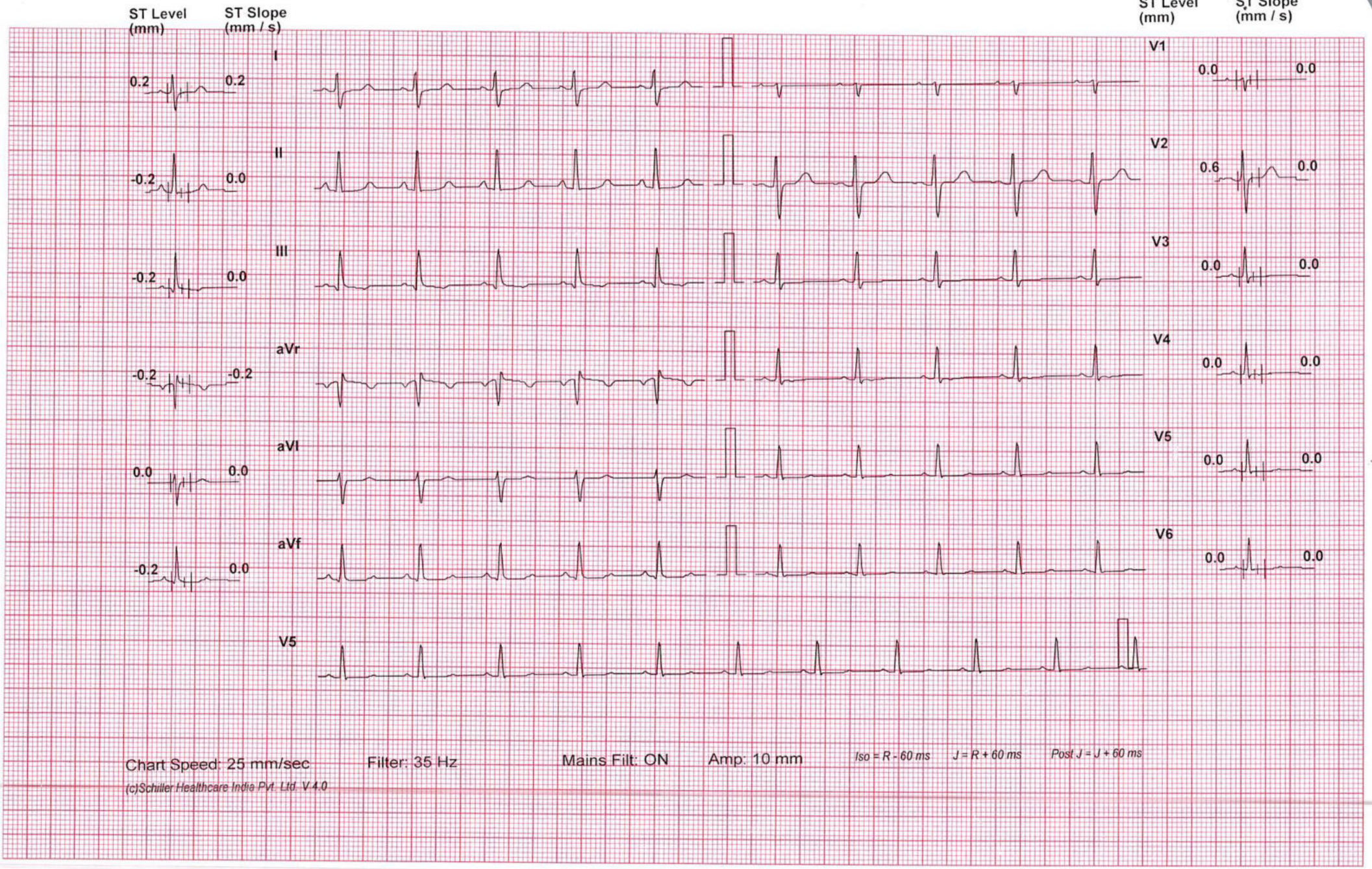

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

भारत सरकार
Government of India

आधार

Download Date: 09/03/2021

पूजा करण चव्हाण
POOJA KARAN CHAVAN
जन्म तिथि/DOB: 01/06/2001
महिला/ FEMALE

Issue Date: 08/03/2021

4646 5983 7257

VID : 9193 1639 4212 9819

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

पता:
द्वारा: करण चव्हाण, 51, सोमनाथपुर, सोमनठपुर, लटुर, महाराष्ट्र - 413517

Address:
C/O: Karan Chavan, 51, Somnathpur, Somnathpur, Latur, Maharashtra - 413517

4646 5983 7257

VID : 9193 1639 4212 9819

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RECEPTION
GPS Map Camera
Ahmedabad, Gujarat, India
1, Surendra Mangaldas Rd, Shivranjani, Bimanagar, Ambawadi, Ahmedabad, Gujarat 380015, India
Lat 23.023953°
Long 72.531277°
03/09/22 08:47 AM GMT +05:30
228
Google

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Eye Test Report

NAME		POOJA K CHAVAN				DATE	03/09/2022
SR.	01	EMP.ID		AGE	21	GENDER	FEMAILE
HISTORY							

VISION	DIST.		NEAR	
	OD	OS	OD	OS
WITHOUT CORRECTION	-	-	-	-
WITH CORRECTION	6/6	6/6	N_6	N_6
COLOR VISION	NORMAL			

R_X DETAILS:

DIST.	SPH	CYL	AXIS
RIGHT	-	-	-
LEFT	-	-	-
COMMENTS			

NEAR ADD : _____-N_6 @ 40CM

Dr. L. A. Shukla M.S. (Opthal)

Dr. L. A. Shukla (M. S. Opthal)

Stamp and Sign

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1530

Patient Name : Pooja K Chavan
Sample No.. : 1530
Reffered : Bank Of Baroda

Age/Sex : 21 Years/Female
Registration On:03/09/2022/08:45
Approved On : 03/09/2022 15:06

Thyroid Functions

Test	Result	Normal Range
T3-Triodothyronine	: **0.96** ng/ml	0.69 - 2.15ng/ml
T4-Thyroxine	: **8.521** mcg/dl	5.2 - 12.7 mcg/dl
TSH Thyroid Stimulating Hormone	: **3.137** microIU/ml	0.3 - 4.5 microIU/ml
Comments	:	

COMMENTS :

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.
Low or undetectable TSH is suggestive of Grave~s disease
TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.
TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 ,FT4 is important.
FreeT3 is first hormone to increase in early Hyperthyroidism.
Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.
During pregnancy clinically T3 T4 can be high and TSH can be slightly low

Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478

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1530

Patient Name : Pooja K Chavan
Sample No.. : 1530
Reffered : Bank Of Baroda

Age/Sex : 21 Years/Female
Registration On:03/09/2022/08:45
Approved On : 03/09/2022 14:48

BLOOD GROUP

Test	Result
BLOOD GROUP	: " B "
RH GROUP	: POSITIVE.

Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478

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1530

Patient Name : Pooja K Chavan
Sample No.. : 1530
Reffered : Bank Of Baroda

Age/Sex : 21 Years/Female
Registration On:03/09/2022/08:45
Approved On : 03/09/2022 13:13

BLOOD SUGAR LEVEL

Specimen : FLOURIDE

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar: (GOD-POD)	**89.1**	**mg/dl**	**70-110**

American Diabetes Association Reference Range :
Normal : < 100 mg/dl
Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl
Diabetes : >= 126 mg/dl

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack,and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism,Pancreatitis A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with:Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

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Patient Name : Pooja K Chavan
Sample No.. : 1530
Reffered : Bank Of Baroda

Age/Sex : 21 Years/Female
Registration On:03/09/2022/08:45
Approved On : 03/09/2022 13:13

Lipid Profile

Specimen :SERUM

Test	Result	Unit	Biological Ref. Interval
S. Cholesterol: (CHOD-POD)	**158.66**	**mg/dl**	**Normal :< 200 Borderline : 200 - 240 High : > 240**
Serum Triglycerides: (GPO-POD)	**52.80**	**mg/dl**	**Normal :Normal < 150 Borderline : 150 - 199 High : > 200**
HDL Cholesterol: (Direct-Cholesterol Esterase HSDA)	***66.10***	**mg/dl**	**40 - 60 mg/dl**
Serum LDL Cholesterol: (Calculated)	**82**	**mg/dl**	**Up to 150**
Serum VLDL Chlesterol: (Calculated)	**10.56**	**mg/dl**	**Up to 35**
LDLC/HDLC Ratio: (Calculated)	**1.24**	**mg/dl**	**Up to 3.4**
Cholesterol/HDLC Ratio: (Calculated)	**2.4**	**mg/dl**	**Up to 5.0**
Total Lipid: (Calculated)	**509.56**	**mg/dl**	**400 - 1000 mg/dl**

Dyslipidemia is a disorder of fat or lipoprotein metabolism in the body and includes lipoprotein overproduction or deficiency. Dyslipidemias means increase in the level of one or more of the following:Total Cholesterol The "bad" cholesterol or low density lipoprotein (LDL) and/or triglyceride concentrations. Dyslipidemia also includes a decrease in the "good" cholesterol or high- density lipoprotein (HDL) concentration in the blood.Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation.Healthians labs report biological reference intervals (normal ranges) in accordance to the recommendations of The National Cholesterol Education Program (NCEP) & Adult Treatment Panel IV (ATP IV) Guidelines providing the most desirable targets of various circulating lipid fractions in the blood. NCEP recommends that all adults above 20 years of age must be screened for abnormal lipid levels.*NCEP recommends the assessment of 3 different samples drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays. Hence a single result of Lipid Profile may not be adequate for clinical decision making. Healthians' counselling team will reach you shortly to explain implications of your report. You may reach out to customer support helpline as well.*NCEP recommends lowering of LDL Cholesterol as the primary therapeutic target with lipid lowering agents, however, if triglycerides remain >200 mg/dL after LDLgoal is reached, set secondary goal for non-HDL cholesterol (total minus HDL) 30 mg/dL higher than LDL goal. *High Triglyceride and low HDL levels are independent risk factors for Coronary Heart disease and requires further clinical consultation. *Healthians lab performs direct LDL measurement which is more appropriate and may vary from other lab reports which provide calculated LDL values.

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1530

Patient Name	: Pooja K Chavan	Age/Sex	: 21 Years/Female
Sample No..	: 1530	Registration On	:03/09/2022/08:45
Reffered	: Bank Of Baroda	Approved On	: 03/09/2022 13:13

Pathologist
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(M.D.Path) G-15478

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1530

Patient Name : Pooja K Chavan
Sample No.. : 1530
Reffered : Bank Of Baroda

Age/Sex : 21 Years/Female
Registration On:03/09/2022/08:45
Approved On : 03/09/2022 13:14

Glycosylated HB - (HBAIC)

Test	Result	Unit	Biological Ref Interval
HBA1C: (Immunoturbidimetric)	4.20	%	Normal : <= 5.6 Prediabetes : 5.7 - 6.4 Diabetes : > = 6.5 DIABETES CONTROL CRITERIA 6 - 7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested
Mean Blood Glucose:	73.84	mg/dl	

Criteria for the diagnosis of diabetes

1. HbA1c >/= 6.5 *
   Or
2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
   Or
3. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
   Or.
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose>/= 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeattesting. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Limitation of HbA1c

1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population. 2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values. 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%) may result in lower HbA1c values than expected.

Pathologist
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1530

Patient Name : Pooja K Chavan
Sample No.. : 1530
Reffered : Bank Of Baroda

Age/Sex : 21 Years/Female
Registration On:03/09/2022/08:45
Approved On : 03/09/2022 13:14

LIVER FUNCTION TESTS

Specimen: SERUM

Test	Result	Unit	Biological Ref Interval
S. Bilirubin (Total): (Photometric DC Diazo)	0.79	mg/dl	up to 1.2
S. Bilirubin (Direct): (Photometric DC Diazo)	0.15	mg/dl	up to 0.2
S. Bilirubin (Indirect): (Calculated)	0.64	mg/dl	up to 1.0
SGPT(ALT) (UV Kinetic)	11.65	U/L	up to 42
SGOT (AST) (UV Kinetic)	31.78	U/L	up to 40
GGT (Optimized kinetic colortest IFCC)	26.90	U/L	09 - 36
Total Proteins: (Biuret)	7.17	g/dl	6.0 - 8.3
Albumin (BCG)	4.56	g/dl	3.5 - 5.2
Globulins: (Calculated)	2.61	g/dl	2.4 - 3.7
AGRATIO: **(Calculated)**	1.747		
S.Alkaline Phosphatase: (Colorimetric Optimized Kinetic IFCC)	68.77	U/L	40 - 129

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis; drug reactions, alcoholic liver disease conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia,transfusion reaction & a common metabolic condition termed Gilbert syndrome.AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis.Ast levels may also increase after a heart attck or strenuous activity. ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyriodism, Leukemia,Lymphoma, paget`s disease, Rickets, Sarcoidosis etc. Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease,

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1530

Patient Name	: Pooja K Chavan	Age/Sex	: 21 Years/Female
Sample No..	: 1530	Registration On	:03/09/2022/08:45
Reffered	: Bank Of Baroda	Approved On	: 03/09/2022 13:14

Pathologist
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RENAL FUNCTION

Test	Result	Unit	Normal Range
Sr. Creatinine:	**0.76**	**mg/dl**	**0.5 - 1.1 mg/dl**
Urea:	**26.91**	**mg/dl**	**10 - 50 mg/dl**
S. Uric Acid:	**4.26**	**mg/dl**	**2.4 - 6.2 mg/dl**
Blood Urea Nitrogen:	**12.57**	**mg/dl**	**08 - 23 mg/dl**
Bun/Creat Ratio:	**16.54**		

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COMPLETE BLOOD COUNT

Sample :EDTA

Test		Result	Unit	Biological Ref. Interval
BLOOD COUNT				
Hemoglobin	colorimetric	12.47	g/dL	12 - 15
R.B.C Count	Electrical impedance	4.46	mill/cmm	3.8 - 4.8
W.B.C Count	Electrical impedance	7.83	10^3/uL	4.0 - 10.0
Platelet Count	Electrical impedance	318.0	10^3/uL	150 - 450
DIFFERENTIAL COUNT				
Polymorphs	Microscopic	*56*	%	60 - 70
Lymphocytes	Microscopic	*41*	%	20 - 40
Eosinophils	Microscopic	01	%	1 - 6
Monocytes	Microscopic	02	%	2 - 10
Basophils	Microscopic	00	%	0 - 2
BLOOD INDISES				
HCT	Rbc Histogram	37.1	%	36 - 46
MCV	Calculated	83.2	fl	80 - 100
MCH	Calculated	28.0	pg	27 - 32
MCHC	Calculated	33.6	g/dl	32 - 36
RDW-CV	Calculated	12.4	%	10 - 16.5

PERIPHERAL SMEAR EXAMINATION

SMEAR RBC Line 1: Normochromic normocytic red cells.

SMEAR Platelets: Adequate

Erythrocyte sedimentation rate				
ESR AT 1 hour	westergren	07	mm/Hour	00 - 20

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URINE EXAMINATION

PHYSICAL :

Colour	-	**Pale Yellow**
Deposits	-	**Absent**
Transparency	-	**Clear**
Reaction	-	**Acidic**
Sp. Gravity	-	**1.002**

CHEMICAL :

Albumin	-	**Absent**
Sugar	-	**Absent**
Bile Salts	-	**Absent**
Bile Pigments	-	**Absent**

MICROSCOPIC: (After centrifugation at 2000 r.p.m. for 5 minutes)

Pus Cells	-	**0 - 1** /h.p.f.
Red Cells	-	**Not seen** /h.p.f.
Epithelial Cells	-	**1 - 2** /h.p.f.
Casts	-	**Not seen**/l.p.f.
Crystals	-	**Not seen**
Amorphous	-	**Not seen**

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R
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DATE:- 03/09/2022