LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. WALA BHANJI	**Age/Sex**	: 55 Year(s) / Male
UHID	: SHHM.73790	**Order Date**	: 09/09/2023 09:22
Episode	: OP		
Ref. Doctor	: Self	**Mobile No**	: 8104374797
	:	**DOB**	: 13/06/1968
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Blood Bank

Test Name	Result

Sample No : O0287851A Collection Date : 09/09/23 10:05 Ack Date : 09/09/2023 12:54 Report Date : 09/09/23 13:26

BLOOD GROUPING/ CROSS-MATCHING BY SEMI AUTOMATION

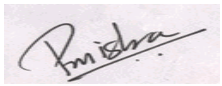
Sample- *Blood*

BLOOD GROUP (ABO)	' B '		
Rh Type *Method - Column Agglutination*	POSITIVE		

REMARK: THE REPORTED RESULTS PERTAIN TO THE SAMPLE RECEIVED AT THE BLOOD CENTRE.

Interpretation:
Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,
• Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
• Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.
• Determine the blood group of potential blood donors at a collection facility.
• Determine the blood group of potential donors and recipients of organs, tissues, or bone marrow, as part of a workup for a transplant procedure.

End of Report



Dr.Pooja Vinod Mishra
MD Pathology
Jr Consultant Pathologist, MMC Reg No. 2017052191

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LABORATORY INVESTIGATION REPORT

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HAEMATOLOGY

Sample No : O0287851A Collection Date : 09/09/23 10:05 Ack Date : 09/09/2023 10:39 Report Date : 09/09/23 11:05

COMPLETE BLOOD COUNT (CBC) - EDTA WHOLE BLOOD

Sample- *Blood*

Test Name	Result	Unit	Ref. Range
Total WBC Count	**3.94 ▼ (L)**	x10^3/ul	4.00 - 10.00
Neutrophils	64.3	%	40.00 - 80.00
Lymphocytes	24.2	%	20.00 - 40.00
Eosinophils	3.3	%	1.00 - 6.00
Monocytes	8.0	%	2.00 - 10.00
Basophils	**0.2 ▼ (L)**	%	1.00 - 2.00
Absolute Neutrophils Count	2.54	x10^3/ul	2.00 - 7.00
Absolute Lymphocytes Count	0.96	x10^3/ul	0.80 - 4.00
Absolute Eosinophils Count	0.13	x10^3/ul	0.02 - 0.50
Absolute Monocytes Count	0.31	x10^3/ul	0.12 - 1.20
Absolute Basophils Count	0.00	x10^3/ul	0.00 - 0.10
RBCs	4.93	x10^6/ul	4.50 - 5.50
Hemoglobin	13.5	gm/dl	13.00 - 17.00

NABL
Certificate : MC-5288

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Hematocrit	41.0	%	40.00 - 50.00
MCV	83.1	fl	83.00 - 101.00
MCH	27.4	pg	27.00 - 32.00
MCHC	32.9	gm/dl	31.50 - 34.50
RED CELL DISTRIBUTION WIDTH-CV (RDW-CV)	13.2	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH-SD (RDW-SD)	41.4	fl	35.00 - 56.00
Platelet	247	x10^3/ul	150.00 - 410.00
MPV	9.2	fl	6.78 - 13.46
PLATELET DISTRIBUTION WIDTH (PDW)	15.8	%	9.00 - 17.00
PLATELETCRIT (PCT)	0.227	%	0.11 - 0.28

Method:-
HB Colorimetric Method.
RBC/PLT Electrical Impedance Method.
WBC data Flow Cytometry by Laser Method.
MCV,MCH,MCHC,RDW and rest parameters - Calculated.
All Abnormal Haemograms are reviewed confirmed microscopically.

NOTE: Wallach's Interpretation of Diagnostic Tests. 11th Ed, Editors: Rao LV. 2021

NOTE :-
The International Council for Standardization in Haematology (ICSH) recommends reporting of absolute counts of various WBC subsets for clinical decision making.This test has been performed on a fully automated 5 part differential cell counter which counts over 10,000 WBCs to derive differential counts. A complete blood count is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type and the concentrations of Hemoglobin and platelets. The cells that circulate in the bloodstream are generally divided into three types: white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically.

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End of Report

Dr.Ritesh Kharche
MD, PGD
Consultant Pathologist and Director of Laboratory Services
RegNo: 2006/03/1680

NABL
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LABORATORY INVESTIGATION REPORT

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HAEMATOLOGY

Test Name	Result	Unit	Ref. Range

Sample No : O0287851A Collection Date : 09/09/23 10:05 Ack Date : 09/09/2023 10:39 Report Date : 09/09/23 12:53

Sample- *Blood*

ERYTHROCYTE SEDIMENTATION RATE (ESR)

ESR	15	mm/hr	0 - 20

Method: Westergren Method

INTERPRETATION :-
ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. It provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is often used if multiple myeloma is suspected, but when the myeloma is non-secretory or light chain, a normal ESR does not exclude this diagnosis.

An elevated ESR may occur as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ESR values.

The ESR is influenced by age, stage of the menstrual cycle and medications taken (corticosteroids, contraceptive pills). It is especially low (0–1 mm) in polycythaemia, hypofibrinogenaemia and congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells. In cases of performance enhancing drug intake by athletes the ESR values are generally lower than the usual value for the individual and as a result of the increase in haemoglobin (i.e. the effect of secondary polycythaemia).

End of Report

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IMMUNOLOGY

Test Name	Result	Unit	Ref. Range

Sample No : O0287851C Collection Date : 09/09/23 10:05 Ack Date : 09/09/2023 10:39 Report Date : 09/09/23 11:42

Sample- *Serum*

PSA -TOTAL-SERUM			
PSA- Prostate Specific Antigen - SERUM	0.31	ng/ml	0.00 - 4.00

Biological Reference Interval :-
Conventional for all ages: <=4
60 - 69 yrs: 0 - 4.5
Note : Change in method and Reference range

INTERPRETATION :
Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

NOTE:
Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.
Ref: Arch Pathol Lab Med—Vol 141, November 2017

End of Report

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LABORATORY INVESTIGATION REPORT

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Stool Examination

Sample No : O0287851D Collection Date : 09/09/23 10:05 Ack Date : 09/09/2023 10:26 Report Date : 09/09/23 14:04

Sample- *Stool*

Test Name	Result
Gross and Chemical Examination	
Consistency	Semi-Solid
COLOUR STOOL	Brown
Visible Blood	Absent
Mucus	Absent
Occult Blood	NEGATIVE
Microscopic Examination	
Pus cells	1-2
Epithelial Cells	ABSENT
RBC	ABSENT
Parasites	Not Seen

End of Report

NABL
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Dr.Nipa Dhorda
MD
Pathologist

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IMMUNOLOGY

Sample No : O0287851C Collection Date : 09/09/23 10:05 Ack Date : 09/09/2023 10:39 Report Date : 09/09/23 11:42

Test Name	Result	Unit	Ref. Range
Sample- *Serum*			
T3 - SERUM *Method - CLIA*	122.7	ng/dl	47.00 - 200.00
TFT- Thyroid Function Tests			
T4 - SERUM *Method - CLIA*	8	ug/dL	4.60 - 10.50
TSH - SERUM *Method - CLIA*	2.68	uIU/ml	0.40 - 5.50

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LABORATORY INVESTIGATION REPORT

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Reference Ranges (T3) Pregnancy:
First Trimester 81 - 190
Second Trimester & Third Trimester 100 - 260

Reference Ranges (TSH) Pregnancy:
1st Trimester : 0.1 – 2.5
2nd Trimester : 0.2 – 3.0
3rd Trimester : 0.3 – 3.0

Reference:
1.Clinical Chemistry and Molecular Diagnostics, Tietz Fundamentals, 7th Edition & Endocronology Guideliens

Interpretation :-
It is recommended that the following potential sources of variation should be considered while interpreting thyroid hormone results:
1. Thyroid hormones undergo rhythmic variation within the body this is called circadian variation in TSH secretion: Peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
2. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding PreAlbumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
3. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment.
4. T4 may be normal the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenytoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.
8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
9. Various drugs can lead to interference in test results.
10. It is recommended that evaluation of unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.

End of Report

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LABORATORY INVESTIGATION REPORT

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Urinalysis

Sample No : O0287851E Collection Date : 09/09/23 10:05 Ack Date : 09/09/2023 10:26 Report Date : 09/09/23 12:36

Test Name	Result	Unit	Ref. Range
Sample- *Urine*			
Physical Examination			
QUANTITY	30	ml	
Colour	Pale Yellow		
Appearance	Clear		
DEPOSIT	Absent		Absent
pH	Acidic		
Specific Gravity	1.010		
Chemical Examination			
Protein	Absent		Absent
Sugar	Absent		Absent
ketones	Absent		Absent
Occult Blood	NEGATIVE		Negative
Bile Salt	Absent		Absent

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Bile Pigments	Absent		Absent
Urobilinogen	NORMAL		Normal
NITRATE	Absent		Absent
LEUKOCYTES	Absent		Absent
Microscopic Examination			
Pus cells	1-2	/HPF	
Epithelial Cells	1-2	/HPF	
RBC	ABSENT	/HPF	Absent
Cast	ABSENT	/LPF	Absent
Crystal	ABSENT	/HPF	Absent
Amorphous Materials	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent
Sample- *Urine*			
URINE SUGAR AND KETONE (FASTING)			
Sugar	Absent		
ketones	Absent		
Sample- *Urine*			

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URINE SUGAR AND KETONE (PP)			
Sugar	Absent		
ketones	Absent		

End of Report

Dr.Ritesh Kharche
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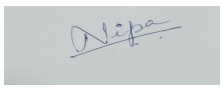

Dr.Nipa Dhorda
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DIAGNOSTICS REPORT

Patient Name	: Mr. WALA BHANJI	Order Date	: 09/09/2023 09:22
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UHID	: SHHM.73790	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI
		Mobile	: 8104374797
Address	: SAAT RASTA, mahalaxmi,Mumbai, Maharastra, 400011		

USG ABDOMEN

Liver is normal in size (13.3 cm) and shows bright echotexture. No focal liver parenchymal lesion is seen.
Intrahepatic portal and biliary radicles are normal.

Gall-bladder is minimally distended. No evidence of intraluminal calculus is seen. Wall thickness appears normal. No evidence of peri-cholecystic fluid is seen.

Portal vein and CBD are normal in course and calibre.

Visualised part of pancreas appears normal in size and echotexture. No evidence of duct dilatation or parenchymal calcification seen.

Spleen is normal in size (9.7 cm) and echotexture. No focal lesion is seen in the spleen.

Right kidney measures 9.3 x 3.9 cm.
Left kidney measures 10.0 x 4.3 cm.

Both the kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. No evidence of calculus or hydronephrosis on either side.

There is no free fluid in abdomen and pelvis.

IMPRESSION

- **Grade I fatty liver.**

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