

"Tulsi Dass Kalra Marg", Kirti Nagar, New Delhi-110015 Tel: 91+11-4500 5600, 4500 5700 (60 Lines)



www.kalrahospital.net CIN: U85100DL2011PTC216737

Dept. Ref. No.

1442730

UHID

157257

Name

: Mr. PRASHANT AGGARWAL

Patient Type

Age / Sex

: 29 Y/ 3 M/ 23 D/M

Referred by

: Dr. R.N. KALRA

Bill No .

Date

3924 : 13/08/2022

2D Echo with Colour Doppler M-MODE STUDY

Left Ventricle:

ESD: 2.3

cm

(3.5 - 4.4 cm)

Aortic Valve Root Left Atrium

:2.7cm

(2.0-3.5 cm)

EDD: 3.3

cm

(3.5 - 5.7 cm)

Aortic valve opening

:2.9cm : cm

(1.9-4.0 cm)(2.0-3.7 cm)

Right ventricle:

(0.9-1.1 cm)

Wall Thickness:

Septum: 0.9 cm

(0.6-1.1 cm)

Pericardial effusion: Nil

Posterior wall:1.2 cm (0.6-1.1 cm)

LV WALL MOTION

| Apical | Ant. N | Inferior N | Posterior - | Ant. Septal | Septal N | Lat. N |
|--------|-----------|---------------|----------------|-------------|-------------|-----------|
| Mid | N | N | N | N | N | N |
| Basal | N | | N | N | N | N |
| Apex | Norma | I. No LV clo | t | | | • |

LV FUNCTION INDICES

EF: 60%(By volume method)

TWO DIMENSIONAL STUDY COLOR DOPPLER/DOPPLER STUDIES Valves Mitral Normal Normal/(E)-0.80m/sec, A-0.64m/sec (DT=msec) **Aortic** Normal Normal/1.4 m/sec Tricuspid Normal Normal **Pulmonic** Normal Normal/m/sec

INTERPRETATION & CONCLUSION:

LA/AO is ratio is normal.

No thrombus /vegetation

LV is of normal size with normal systolic function (EF= 60%) Normal LV diastolic function.

LV shows no regional wall motion abnormality 25/08/2022 04:59PM

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: 13/08/2022

2D Echo with Colour Doppler

LV shows no regional wall motion abnormality

RV is of normal size and has normal function

Pericardium is normal. There is no pericardial effusion.

No SAM/MVP

IAS and IVS are intact

Doppler flow velocities are normal across mitral, aortic, pulmonary and tricuspid valves.

Color Doppler flow study shows normal pattern across valves and chambers. No regurgitation.

FINAL IMPRESSION: Normal LV systolic function Normal LV diastolic function. No RWMA. LVEF- 60%

End Of Report

Dr. VIKAS THAKRAN. MBBS,MD,DM INTERVENTIONAL CARDIOLOGIST

Dr.ANKIT KALRA. MBBS,MD(MED),DNB(CARDIO INTERVENTIONAL CARDIOLOGIST

Dr.RAMESH RAIKAR MBBS,MD,DNB (CARDIOLOGY) INTERVENTIONAL CARDIOLOGIST



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www.kalrahospital.net CIN: U85100DL2011PTC216737

| Patient Name | PRASHANT AGGARWAL 29Y M | 30DL2011PTC216737 | |
|--------------|-------------------------|------------------------|--------------------------|
| Ref.Doctor | 2 STRWAL 29Y M | Patient Id | 13/8/22/ |
| | | Reported Date and Time | Aug 13, 2022 01:49 pm |

X-RAY Radiograph Chest

View: PA VIEWS

Observations

Visualized lung fields Appear normal. Both hila are normal.

Cardiophrenic and costophrenic angles are normal.

The trachea is central.

The mediastinal and cardiac silhoutte are normal.

Cardiothoracic ratio is normal.

Bones of the thoracic cage are normal.

Soft tissues of the chest wall are normal.

Impression

No significant abnormality seen.

Advice

Please correlate clinically.

Dr. Sandhiya R MBBS, MD

Consultant Radiologist

TNMC - 117762



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UHID 157257 Name

Mr. PRASHANT AGGARWAL Age/Sex 29 Y/ 3 M/ 23 D/M

Referred By Dr. R.N. KALRA

Patient Type

Bill No.

3924

Dept. Ref. No. Sample Collection

1442730

Date/Time Result Date/Time

13/08/2022 11:56AM

Bed No.

13/08/2022 03:01PM

| Investigation Name | Type of Sampl | | | |
|---|---------------------------------------|----------------------|---------|-------------------------------|
| HB, TLC, DLC, ESR | · · · · · · · · · · · · · · · · · · · | e Result | Units | Biological Reference Interval |
| Haemoglobin (HB) (Colorimetric) | EDTA | 14.0 | gm/dL | |
| Total Leucocytic Count (TLC) (Laser Based Flow Cytometry) | EDTA | 6020 | /µL | 13 - 17 |
| Differential Leucocyte Count(DL | C | | | 4000 - 10000 |
| Neutrophils (Laser Based Flow Cytometry) | EDTA | 63 | % | 40 - 80 |
| Lymphocytes 157257 | EDTA | | | 40 - 80 |
| (Laser Based Flow Cytometry) | AGGARWAL | -29 Bill No. | % | 3924 |
| Eosinophils 29 Y/ 3 M/ 23 E | | Dept. Ref. No. | | 20 - 40 |
| (Laser Based Flow Cytometry) | EDTA | 04 Sample Collection | % | 1.77 Lower Co. Land |
| Monocytes | | Result Date/Time | | 13/08/2022 1 - 6.6AM |
| (Laser Based Flow Cytometry) | EDTA | 04 Bed No. 4 | % | 13/06/2322 03:01/M |
| ESR | | 100 | 70 | 2 - 10 |
| (Westergrens Method) | EDTA | 10 | mm/ 1st | hr 0 - 15 |
| HB, TLC, DLC, ESR | | | Units B | Kingha Rejensor seed at |
| Haemoglobin (H8) (Colormetric) | EDTA | 14.0 | gmydl. | |
| otal Leucocytic Count (TLC) | CDTA | | | |
| (Laser Based Flaw Cytometry) | EDTA | End of the report | /µL | 4000 - 10000 |
| * If test recults | | Di- Li | | - 5000 |

Disclaimer

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Based Flow Cytometry)

as Based Flow Cytometry)

Laser Based Flow Cytometry)

· Westergrens Method) **Dr.ASHOK MALHOTRA** MD (Biochemistry) **Consultant Biochemist**

Dr.MONIKA KOHLI MBBS, D.C.P. (Pathology) **Consultant Pathologist**

Dr.K.D.GANDHI MD (MICROBIOLOGIST) **Consultant Microbiologist**

25/08/2022

05:14PM

CHedked By :

EDTA

Disclaime



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| UHID | |
|---------|--|
| Name | |
| Age/Sex | |

157257

Mr. PRASHANT AGGARWAL

29 Y/ 3 M/ 23 D/M Dr. R.N. KALRA

Referred By Patient Type 0 Bill No.

Dept. Ref. No.

Sample Collection Date/Time

Result Date/Time

1442730

3924

:

13/08/2022 11:56AM 13/08/2022 03:01PM

Bed No.

| Investigation Name | | Type of Sample | Result | 18(32) | |
|--|---|----------------------------------|--|----------------|---------------------------------------|
| Lipid Profile(-To Serum Cholesterol (Cholesterol | | DI,LDL,HDL,Triglyceride Serum | s) 123.1 | Units mg/dL | Biological Reference Interval |
| Serum Triglyceride (Enyzmatic) | | Serum | 107.7 | mg/dL | |
| Serum HDL Cholest (Direct Cholest | | Serum | 34.8 | mg/dL | |
| LDL (Enyzmatic) | 157257 | Serum | 79.8 | mg/dL | |
| Name AGe/Sex Rivie red Bv Patient Type | Mr. PRASEAT 29 Y/-3 M/ 2 Dr. R.N. KALI O | | Bill No. Dept Ref. No Sample Collect Date/Time Result Date/F | Lion | 3924 1492730 43/08/2022 1215846 |

| investigation Name | Type of Sa | Inpie |
|-------------------------------|-------------------------------------|--------------------|
| Livid Profile Total cholester | ol.LDL HDL Te | in home at a large |
| | or of many sources a starting to 2. | mixcendes) |

Result

Bed No. -

(Cholesterol Oxidase) Serum Triglyceride

(Enyzmatic)

Serum

25/08/2022

05:15PM



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CIN: U85100DL2011PTC216737

UHID 157257 Bill No. Name Mr. PRASHANT AGGARWAL 3924 Dept. Ref. No. Age/Sex 29 Y/ 3 M/ 23 D/M 1442730 Sample Collection Referred By Dr. R.N. KALRA 13/08/2022 11:56AM Date/Time Patient Type Result Date/Time 13/08/2022 03:01PM Bed No.

| Investigation Name * VLDL (Calculated) | Type of Sample Serum | Result 21.5 | Units mg/dl | Biological Reference Interval |
|---|-------------------------|----------------|-----------------------|-------------------------------|
| * LDL/HDL | Serum | 2.3:1 | Ratio | |
| * T.Chol / HDL | Serum | 3.6:1 | Ratio | |

| Very High >=240 200-499 160-189 160-189 190-219 >=500 >=190 | As per National Lipic Recommendations (N Optimal Above Optimal Borderline High High Very High | LA - 2014) in mg/dL Mr. PRASHAN <200 29 Y/ 3 M/ 23 00-239 Dr. R.N. KALRA | in mg/dL <150 - 150-199 200-499 | in mg/dL <100 100-129 130-159 160-189 | in mg/dL 1. No 0 - 40 Collection | in mg/dL <130 130-159 |
|---|---|--|---|---|--|-----------------------------|
|---|---|--|---|---|--|-----------------------------|

End of the report

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As per National Lipid Association Total Cholesterol

Recommendations (NLA - 2014) in mg/dL

irimg/dL

CDL Chalesterol HDL Chalesterol Non HDL Chales

Dr.ASHOK MALHOTRA MD (Biochemistry) **Consultant Biochemist**

LDLYHDL

Dr.MONIKA KOHLI MBBS, D.C.P. (Pathology) **Consultant Pathologist**

Disclaime

Dr.K.D.GANDHI MD (MICROBIOLOGIST) **Consultant Microbiologist**

25/08/2022 05:15PM Whodeled By



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Referred By Patient Type

Dr. R.N. KALRA

Bill No.

Dept. Ref. No. Sample Collection

Date/Time

Result Date/Time Bed No.

13/08/2022 02:39PM

13/08/2022 05:27PM

1442730

3924

Investigation Name

Type of Sample

Result

Units

Biological Reference Interval

Blood Sugar PP (Hexokinase)

Plasma

105.0

mg/dL

80 - 140

End of the report

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Dr. R.N. KALRA

Investigation Name

Type of Sample

Result

Biological Reference

If lest results are unexpected, Please contact the Laaboratory investigations are only a tool to facilitate st results are not valid for medico legal purpose

Dr.MONÍKA KOHLI MBBS, D.C.P. (Pathology) **Consultant Pathologist**

Dr.K.D.GANDHI MD (MICROBIOLOGIST) **Consultant Microbiologist**

Dr.ASHOK MALHOTRA MD (Biochemistry) **Consultant Biochemist**

25/08/2022 05:15PM



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CIN: U85100DL2011PTC216737



UHID 157257 Name

Mr. PRASHANT AGGARWAL Age/Sex 29 Y/ 3 M/ 23 D/M Referred By

Dr. R.N. KALRA Patient Type 0

Bill No. 3924 Dept. Ref. No. 1442730

Sample Collection

Date/Time Result Date/Time 13/08/2022 11:56AM 13/08/2022 03:01PM Bed No.

| Investigation Name | Type of Sample | Result | | |
|---|--------------------|---|----------------|--|
| Liver Function Test(LFT) Serum Bilirubin Total (Diazo Method) | Serum | 0.9 | Units mg/dL | Biological Reference Interval |
| Serum Bilirubin Direct SGOT (UV Without P5P) | Serum Serum | 0.4 19.5 | mg/dL U/L | 0 - 2 0 - 0.5 0 - 35 |
| SGPT (UV Without P5P) | Serum | 25.7 | U/L | -3. |
| (PNPP AMP Buffer) PRASHANT Protein 29 Y/3 M/23 | Serum AGGARWAL | 74.3 ^{Sill No} | U/L | 0 - 45 3924 40 - 129 |
| (Biuret End Point) R.N. KALRA | | 7.4 Sample Collecti Date/Fime Result Date/Tim | g/dL | 13/08/2022 6.4 - 8.3 1 13/08/2022 03/01/bit 1 144 |
| (Bromocresol Green) GGTP | Serum | 5.0 Bed No. | g/dL | 3.5 - 5.2 |
| (Gamma Glutamyl-Carboxy-Nitr | Serum oanilide) | 12.0 Result | U/L Units B | 0 - 55 jological Raference Interval |

Serum (Bramocresot-Green)

Serum

Serum

25/08/2022

05:15PM

(UV Without PSP)

(Bluret End Point)

Alkaline Phosphatase



KALRA HOSPITAL SRCNC PVT. LTD. SATYENDER:S

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Patient Type

Bill No.

3924

Dept. Ref. No.

1442730

Units Biological Reference Trices

Sample Collection Date/Time Result Date/Time

13/08/2022 11:56AM

Bed No.

13/08/2022 03:01PM

| Investigation Name | Type of Sample | | | |
|----------------------------|----------------|--------|-------|-------------------------------|
| * Serum Bilirubin Indirect | | Result | Units | Biological Reference Interval |
| * Globulin | Serum | 0.5 | | See Reference Interval |
| * A:G Ratio | Serum | 2.4 | | - 19 9 |
| A. G Ratio | Serum | 2.0:1 | gm/dL | 2 - 3.3 |
| | | | Ratio | 0.9 - 2 |

End of the report

Disclaimer

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Investigation Name

Type of Sample

Checked By

Result

Serum

Serum

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Dr.ASHOK MALHOTRA MD (Biochemistry) Consultant Biochemist

Dr.MONIKA KOHLI MBBS, D.C.P. (Pathology) **Consultant Pathologist**

Dr.K.D.GANDHI MD (MICROBIOLOGIST) **Consultant Microbiologist**

25/08/2022

05:15PM



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UHID 157257 Name

Mr. PRASHANT AGGARWAL Age/Sex

29 Y/ 3 M/ 23 D/M Referred By Patient Type

Dr. R.N. KALRA

Bill No.

Dept. Ref. No.

Sample Collection

Date/Time Result Date/Time Bed No.

Sample Collection

Date/+ime

3924 1442730

13/08/2022 1

13/08/2022 11:56AM 13/08/2022 03:01PM

| Investigation Name Blood Sugar Fasting (Hexokinase) | Type of Sample Plasma | Result 97.3 | Units | Biological Reference Interval |
|---|---------------------------------|----------------|--------------|-------------------------------|
| Blood Urea (Urease GLDH) | Serum | 34.5 | * | 74 - 100 |
| Serum Creatinine | Serum ic I DMS Standardized) | 0.7 | mg/dL | 15 - 50 |
| Serum Uric Acid (Uricase) | Serum | 5.6 | mg/dL | 0.9 - 1,3 |
| Vame 157.25 Vame Mr. PR | ASHANT AGGARWAL | BIII NO. | mg/dL | 4.4 - 7,6 |

Result Date End of the report

Disclaimer

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29 Y/ 3 M/ 23 D/M

Dr. R.N. KALRA

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Serum

(Alkaline Picrate Kinetic I DMS Standardized)

Dr.ASHOK MALHOTRA MD (Biochemistry) **Consultant Biochemist**

25/08/2022

(Urease GLDH)

Serum Greatinine

um Uric Acid

Dr.MONIKA KOHLI MBBS, D.C.P. (Pathology) Consultant Pathologist

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Sample Collection

1442730

Date/Time

13/08/2022 11:56AM

Result Date/Time

: 13/08/2022 03:01PM

Glycosylated Haemoglobin (HbA1C)

Type of Sample: EDTA

ype of Sample: EDTA

Investigation Name

Type of Sample Result Units

Biological Reference Interval

Glycosylated Haemoglobin (HbA1C)

EDTA

5.50

4.8 - 5.7

(Gen-3)

Interpretation:-

According to the recommendations of the American Diabetes Association,

PRASHANT AGG Values within 5.7 - 6.4% - may be at risk of developing diabetes. HbA1C (DCCT/NGSP) R. N. KALRA

Values above 6.5% - are suitable for the diagnosis of diabetes mellitus. HbA1C (DCCT/NGSP)

Diabetic patients with HbA1C levels below 7% (DCCT/NGSP) meet the LibA1C) goal of the American Diabetes Association.

Therapeutic action is suggested at levels above 8% HbA1C (DCCT/NGSP).

HbA1C levels may reach 20% (DCCT/NGSP) or more in poorly controlled diabetes.

HbA1C levels below the established reference range may indicate recent episodes of hypoglycaemia, the presence of Hb variants, or shortened lifetime of erythrocytes.

End Of Report

Disclaimer

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Values above 6.5% - are suitable for the diagnosis of diabetes mellitus.

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Dr.ASHOK MALHOTRA MD (Biochemistry) Consultant Biochemist

HDA1C (DCCT/NGSP)

Dr.MONIKA KOHLI MBBS, D.C.P. (Pathology) Consultant Pathologist

Dr.K.D.GANDHI MD (MICROBIOLOGIST) **Consultant Microbiologist**

25/08/2022 05:15PM establiched By



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1442730

13/08/2022 11:56AM

Result Date/Time

: 13/08/2022 03:01PM

T3, T4, TSH

Type of Sample: Serum

| Investigation Name T3 T4 TSH | Result 1.33 7.85 3.29 | Unit ng/mL μg/dL μIU/mL | Reference Interval 0.55 - 1.95 4.66 - 9.33 |
|---------------------------------------|--------------------------------|---|--|
| CLASSIFICATION Cord Blood | TSH 1.0 20.0 | | |

Cord Blood 1.0 - 39.01 - 4 weeks 1.7 - 9.11-12 months 0.8 - 8.21-20 years 0.7 - 5.721 - 80 years 0.25 - 5.50.25 - 5.5 T AGGARWA

T3 -Triiodothyronine (T3) is a hormone produced by thyroidal secretion (20%) and from the peripheral deiodination mechanism which converts T4 to T3 (80%). As T3 is physiologically much more active than T4, it plays an important part in maintaining euthyroidism. T3 circulates as a free hormone (0.3%) or bound to carrier

The free form is the physiologically active fraction which appears to have the most effect on metabolism control. T3 determination must be associated with other tests such as TSH and T4 assay, as well as with the clinical examination of the patient.

T4 - Thyroxine (T4) is a hormone secreted by the thyroid gland. It is predominantly bound to carrier proteins (99.9%), principally TBG (thyroxine binding globulin).

The VIDAS T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism. Since the T4 test depends on the concentration in carrier proteins, it is necessary to check the binding capacity of the thyroid hormones. This titer must also be associated with the other titers of the thyroid assessment, such as TSH and T3, as well as with the clinical examination of the

TSH - TSH is produced by thyrotropic cells in the anterior pituitary gland. It is secreted into the bloodstream according to a circadian rhythm, peaking at between 1 and 2 a.m. TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In return, these thyroid hormones exert a negative-feedback effect on the pituitary gland, reducing TSH secretion. TSH secretion is also influenced by the central nervous system, via a hypothalamic neuropeptide, TRH, and

In cases of hyperthyroidism (Basedow's disease, thyroid adenoma, and inflammatory thyroiditis), TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of clear-cut primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low. In partial or mild hypothyroidism, a

moderate increase in the TSH level enables normal thyroid production to be maintained for many years without any apparent clinical symptoms

End Of Report

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Dr.ASHOK MALHOTRA MD (Biochemistry) **Consultant Biochemist**

Dr.MONIKA KOHLI MBBS, D.C.P. (Pathology) **Consultant Pathologist**

Dr.K.D.GANDHI MD (MICROBIOLOGIST) Consultant Microbiologist



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Bill No.

Dept. Ref. No.

3924 : 1442730

Sample Collection: 13/08/22 11:56AM

Date/Time

Dept. Res. No.

Result Date/Time : 13/08/22 03:01PM

MediWheel Full Body Health Checkup Male Below 40 Yrs (2D echo)

Investigation Name

Result

Stool Routine Examination

Macroscopic Examination:

Colour Consistency

Blood

Mucus

Reaction

Brownish Semi Solid

Nil

Nil

Alkaline

Mr. PRASHANT AGGARWAL Microscopic Examination: M/ 11 D/M

Pus - Cells

Red Blood Cells

Ova Cyst

Others

2-3

Nil

Nil

Nil

leckup Male Below 40 Yrs (20 echo Bacteria

End of the Report

Disclaimer

: Dr. R.N. KALRA

MediWheel Full Body H

Microscopic Examination:

onsistency

Dr. ASHOK MALHOTRA

MD (Biochemistry)

Consultant Biochemist

Dr. MONIKA KOHLI MBBS, D.C.P. (Pathology) **Consultant Pathologist**

Disciaimer

Dr. K.D.GANDHI MD (MICROBIOLOGIST) **Consultant Microbiologist**

25/08/2022

05:15:34PM

Printed By :

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Dept. Ref. No.

Sample Collection: 13/08/22 11:56AM

Referred by

: Dr. R.N. KALRA

Date/Time

Patient type

:0

Result Date/Time : 13/08/22 03:01PM

MediWheel Full Body Health Checkup Male Below 40 Yrs (2D echo)

Urine Routine Examination

| Investigation Name | Result | Unit Biolo | ogical Reference Interval |
|---|--|---|---|
| Physical Examination: | | | |
| Colour Transparency Specific Gravity | Pale Yellow Clear 1.015 | | 1.005 - 1.030 |
| Chemical Examination: | The state of the s | | plote a serie barren plote en personal en |
| PH :157257 | _{RAVA} 7.5 | oul No, t | 5.0 - 8.5 |
| Ac Protein : 29 Y/ 3 M/ 1+ D/M | Nil | Sample Collection (13 Negative) 1 5 min | |
| Glucose DE R.N. KALRA | Nil | Date/Time | Negative |
| Microscopic Examination: | | Result Date/Time 1 | 13/06/27 03 01 34 |
| Pus-Cells | 1-2 | /HPF | 2 3 |
| Red Blood Cells Full Body F Epithelial Cells | Hea Nil Checkup 1 1-2 | Male Bal/HPF40 Yes | 2 - 3 (M) |
| Uri Castoutine Examination | Nil | | 2 - 5 (F) Nil |
| Crystalson Name | Nilsult | Unit Bielo | gical Nilference Interval |

Remarks: Microscopic examination of urine is performed on centrifuged urinary sediment.

Disclaimer

* If test results are unexpected, Please contact the Laboratory immediately.

Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician

-----End of the report ---

Test results are not valid for medico legal purposes.

Red Blood Cells

Dr. ASHOK MALHOTRA wine is performed on centrifuged MD (Biochemistry) **Consultant Biochemist**

Dr. MONIKA KOHLI MBBS, D.C.P. (Pathology) **Consultant Pathologist**

Dr. K.D.GANDHI MD (MICROBIOLOGIST) **Consultant Microbiologist**

25/08/2022

05:15:36PM

are unexpected, Please contact the Laboratory immediately ions are only a tool to facilitate in arriving

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