


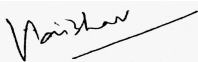
 Juran Chapra, Main Road  
(Near Apex Hospital), Muzaffarpur  
 9334191831, 8936818153  
 Sunrisepathology2018@gmail.com

<b>PATIENT ID</b>	PTR-006250	<b>COLLECTED ON</b>	14-10-2023
<b>PATIENT NAME</b>	Mrs. SUSHILA DEVI	<b>RECEIVED ON</b>	14-10-2023/
<b>AGE / SEX</b>	54 Year-Female	<b>REPORTING ON</b>	25-10-2023/12:15PM
<b>MOBILE NO.</b>		<b>BARCODE</b>	231014005
<b>SPECIMEN</b>			
<b>REF. BY</b>			
<b>REF. DOCTOR</b>	DR.SELF	[COMPLETE BLOOD COUNT]	

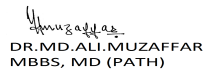
TEST NAME	VALUE	UNITS	NORMAL RANGE
HEMOGLOBIN	9.0	g/dL	12.0-16.0
PCV	25.6	%	35.00 - 55.00
RED BLOOD CELLS	3.23	10 <sup>12</sup> /L	4.0-5.5
MCV (METHOD : Electrical Impedance)	79.26	fL	76.0-96.0
MCH (METHOD : CALCULATED)	27.86	pq	27.0-32.0
MCHC (METHOD : CALCULATED)	35.16	gm%	32.0-36.0
RED CELL DISTRIBUTION WIDTH	13.4	%	11.5-15.0
TOTAL LEUCOCYTES COUNT	7.7	X 10 <sup>3</sup> / uL	4-10.5
<b>DIFF. LYMPHO COUNT</b>		%	
NEUTROPHILLS.	65	%	40-75
LYMPHOCYTES.	30	%	20-40
MONOCYTES.	2	%	2-10
EOSNPHILLS.	3	%	1-6
BASOPHILLS.	0	%	0.00 - 2.00
<b>ABSOLUTE COUNT</b>			
NEUTROPHILS – ABSOLUTE COUNT	5.01	X 10 <sup>3</sup> / uL	2.00 - 7.00
LYMPHOCYTES – ABSOLUTE COUNT	2.31	X 10 <sup>3</sup> / uL	1.00 - 3.00
MONOCYTES – ABSOLUTE COUNT	0.15	X 10 <sup>3</sup> / uL	0.20 - 1.00
EOSINOPHILS – ABSOLUTE COUNT	0.23	X 10 <sup>3</sup> / uL	0.00 - 0.50
BASOPHILS – ABSOLUTE COUNT	0.00	X 10 <sup>3</sup> / uL	0.00 - 0.10
PLATELATE COUNT	162	X 10 <sup>3</sup> / uL	150-450

If platelet count does not correlate clinically, it should be repeated with fresh sample, Platelet result is very sensitive to collection method, if blood does not flow freely out of vein due to any reason, it may give false result.

**\*PLEASE CORRELATE WITH CLINICAL CONDITIONS.**






**DR. V. TIWARI (MBBS, MD), LAB  
HEAD**




**DR. M.D. ALI MUZAFFAR  
MBBS, MD (PATH)  
CONSULTANT PATHOLOGIST.**

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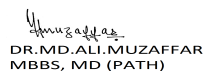
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<b>SPECIMEN</b>			
<b>REF. BY</b>			
<b>REF DOCTOR</b>	DR. SELF	[EXAMINATION OF URINE ROUTINE]	

TEST NAME	VALUE	UNITS	NORMAL RANGE
<b>PHYSICAL .</b>			
QUANTITY	25	ml	
COLOUR.	Pale yellow		
APPEARANCE	Clear		CLEAR
SEDIMENT	Nil		ABSENT
SPECIFIC GRAVITY	1.020		1.01 - 1.030
<b>CHEMICAL.</b>			
REACTION PH	5.5		4.50 - 8.00
PROTEIN .	NOT DETECTED		NOT DETECTED
GLUCOSE	NOT DETECTED		NOT DETECTED
BLOOD	NOT DETECTED		NOT DETECTED
KETONE	NOT DETECTED		NOT DETECTED
NITRITE	NOT DETECTED		NOT DETECTED
BILIRUBIN	NOT DETECTED		NOT DETECTED
UROBILINOGEN	NOT DETECTED		NOT DETECTED
<b>MICROSCOPY .</b>			
PUS CELLS	2-4	/hpf	0-4/HPF
R.B.C.	0-1	/hpf	
<b>EPITHELIAL CELLS</b>	5-7	/hpf	0-3/HPF
<b>CAST</b>	NOT DETECTED		NOT DETECTED
<b>CREASTAL</b>	NOT DETECTED		NOT DETECTED
<b>BACTERIA</b>	DETECTED A FEW		NOT DETECTED
<b>OTHERS</b>	-		NOT DETECTED

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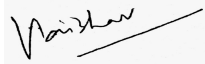
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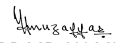
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<b>SPECIMEN</b>				
<b>REF. BY</b>				
<b>REFERRING DOCTOR</b>	DR.SELF	<b>VALUE</b>	<b>UNITS</b>	<b>NORMAL RANGE</b>

BLOOD GROUP			
BLOOD GROUP		"A"	
RH TITRATION		Positive	






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<b>REPORTING DOCTOR</b>	DR.SELF	<b>VALUE</b>	<b>UNITS</b> <b>NORMAL RANGE</b>



REPORTING DOCTOR	DR.SELF	VALUE	UNITS	NORMAL RANGE
STOOL EXAMINATION ROUTINE				
COLOUR		Brownish		
Form and Consistency		Semi Solid		Semi Solid
mucus		Absent		ABSENT
VISIBLE BLOOD		Absent		ABSENT
REACTION		Alkaline		ALKALINE
PUS CELLS		0-1	/hpf	0-5
RBC		NOT DETECTED	/hpf	NOT DETECTED
CYSTS		NOT SEEN		NOT SEEN
Occult Blood		-		NOT SEEN
OTHER OBSERVATIONS		-		NOT SEEN
OVA		NOT SEEN		NOT SEEN
REDUCING SUGAR		NOT DETECTED		NOT DETECTED
UNDIGESTED FOOD PARTICLES		Absent		




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<b>SPECIMEN</b>				
<b>REF. BY</b>				
<b>TESTER/DOCTOR</b>	DR.SELF	<b>VALUE</b>	<b>UNITS</b>	<b>NORMAL RANGE</b>
ERYTHROCYTE SEDIMENTATION RATE		11	mm / hr	0 - 20

**COMMENTS :-**

An ESR does not specifically diagnose any diseases, but it can provide information about whether or not there is inflammation in your body.

If your results are not in the normal range, it doesn't necessarily mean you have a medical condition that requires treatment. A moderate ESR may indicate pregnancy, menstruation, or anemia, rather than an inflammatory disease. Certain medicines and supplements can also affect your results. These include birth control, contraceptives, aspirin, cortisone, and vitamin A. Be sure to tell your health care provider about any drugs or supplements you are taking.

(METHOD : DONE BY AUTOMETED ESR ANYLAZER )




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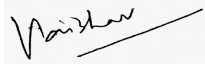


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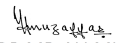
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<b>REF. BY</b>				
<b>REPORTING DOCTOR</b>	DR.SELF	<b>VALUE</b>	<b>UNITS</b>	<b>NORMAL RANGE</b>

BLOOD GLUCOSE (R)	78	mg/dL	65-145
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(METHOD : PHOTOMETRY )






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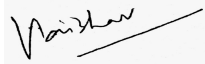
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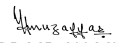


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<b>REF. BY</b>				
<b>REFERRING DOCTOR</b>	DR.SELF	<b>VALUE</b>	<b>UNITS</b>	<b>NORMAL RANGE</b>
SGPT		25	U/l	0 - 45






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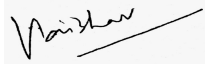
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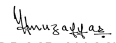


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<b>REFERRING DOCTOR</b>	DR.SELF	<b>VALUE</b>	<b>UNITS</b>	<b>NORMAL RANGE</b>
BLOOD UREA		40	mg/dl	10.00 - 45.00



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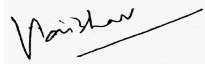


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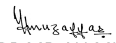
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<b>REPORTING DOCTOR</b>	DR.SELF	<b>VALUE</b>	<b>UNITS</b>	<b>NORMAL RANGE</b>

SERUM CREATININE	1.20	mg/dl	0.50-1.40
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(METHOD : PHOTOMETRY )






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HEAD**




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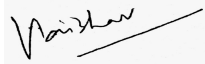
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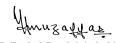
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<b>REPORTING DOCTOR</b>	DR.SELF	<b>VALUE</b>	<b>UNITS</b> <b>NORMAL RANGE</b>
TOTAL CHOLESTEROL		134	mg/dl    50 - 200

\*PLEASE CORRELATE WITH CLINICAL CONDITIONS.  
 (METHOD : PHOTOMETRY )



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SUNRISE PATHOLOGY ECG report

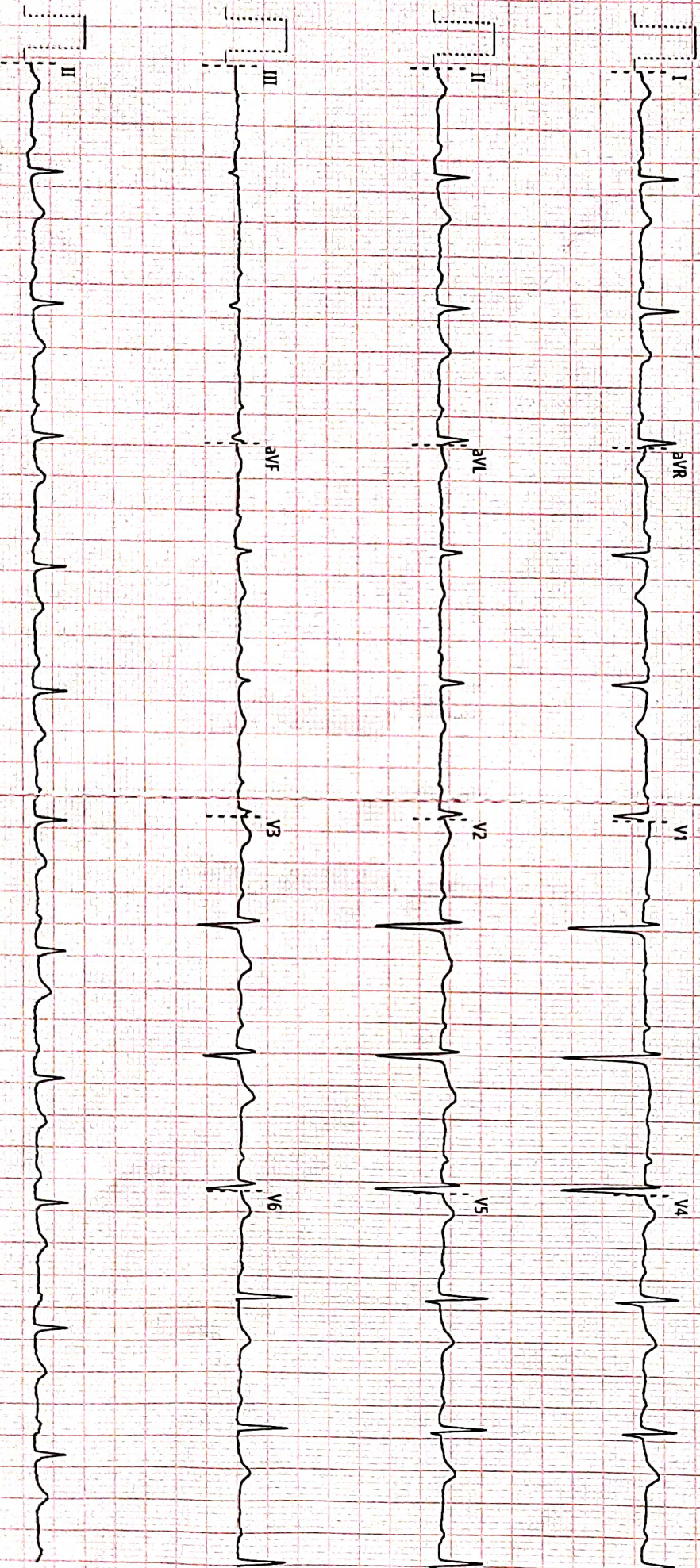
Confirm and sign:

<<Interpretations >>

Sinus rhythm

Normal ECG

ID : 20231014155602 HR : 75 bpm  
Name : SUSHILA DEVI PR : 184 ms  
Gender : F QRS : 82 ms  
Age : 54 Years Q1/QTc : 400/426 ms  
Dept : P/QRS/T : 57/18/33 °  
Bed No : RV5/SV1 : 0.721/1.249 mV  
RV5+SV1 : 1.970 mV



0.3Hz - 35Hz - AC50Hz 25mm/s 10mm/mV ECG 12S 1.025 Simultaneous

Examination time: 2023-10-14 16:00:51





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sunrisepathology2018@gmail.com  
Reg. No.: 700 / ISO 9001:2015

### MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that Mr./Ms\*. SUSHILA DEVI son/daughter of  
Shri \_\_\_\_\_ of aged 54 years. Based on the examination, I certify  
that he/she is in good mental and physical health and is free from any physical  
defects such a deafness, colour blindness, and any chronic or contagious diseases.

Signature of the Candidate: \_\_\_\_\_ .

Place:

Date:

**Dr. MD. Ali Muzffar**  
M.D. Path.  
Reg. No. -34765  
Dr. MD. Ali Muzffar

MD.Path.  
Name & Signature of the Medical Officer

