

ID: 304282

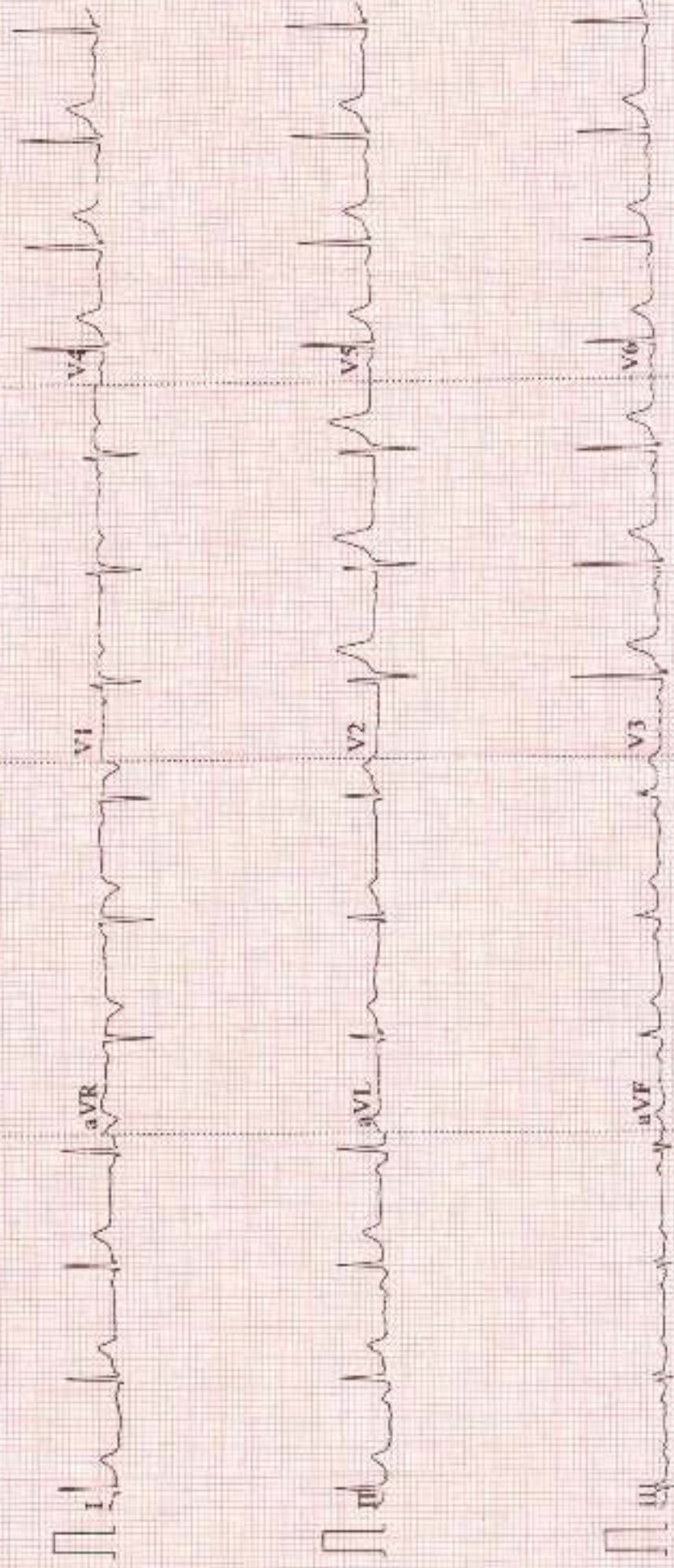
SANJEEV SARSWAL  
Male 38Years

16/11/2024 05:53:13 AM

HR : 80 bpm  
P : 98 ms  
PR : 141 ms  
QRS : 79 ms  
QT/QTc : 325/376 ms  
P/QRS/T : 62/41/34 °  
RV5/SV1 : 1.276/0.677 mV

Diagnosis Information:  
Sinus Arrhythmia

Report Confirmed by:



NAME:	SANJEEV SARSWAL	AGE/SEX:	38.1 YRS /Male
UHID:	304282	DATE	16-Nov-24
REF. BY:	DR.RAKESH MALHOTRA (H)		

**USG WHOLE ABDOMEN**

**Liver** is normal in size, shape and echotexture, measures 12.1 cm. No focal SOL noted. Vascular channels are clear. No evidence of IHBR dilatation.

**Gall Bladder** is well distended and reveals normal walls. No evidence of calculus or mass lesion. CBD & PV are normal.

**Spleen** is normal in size, shape and echotexture, measures 8.8 cm.

**Pancreatic** head appears normal, Rest of the pancreas is obscured by bowel gas shadows.

**Both Kidneys** are normal in size, shape, position & echogenicity. CMD is maintained. No evidence of calculus or hydronephrosis on left side. **A calculus of size 5.8 mm is seen at lower pole of right kidney.**

Right kidney - 8.4 x 3.8 cm

Left kidney - 9.7 x 4.9 cm

**Urinary Bladder** is over distended with normal wall thickness. No calculi / mass lesion noted. No diverticulum noted.

**Prostate** is normal in size, shape and echogenicity. No focal lesion noted.

No free fluid seen in the peritoneal cavity.

**IMPRESSION:**

- Right renal calculus.

Please correlate clinically



DR. VEJAY SINGH BAWAT  
 DMRD, MD RADIODIAGNOSIS  
 CONSULTANT RADIOLOGIST

DR. SAGAR TOMAR  
 MD RADIODIAGNOSIS  
 CONSULTANT RADIOLOGIST

DR. HANSHITA TRIPATHI  
 MD RADIODIAGNOSIS  
 CONSULTANT RADIOLOGIST

DR. SHIVAM KANTOSI  
 MD RADIODIAGNOSIS  
 CONSULTANT RADIOLOGIST

DR. ROHIT KUNDRA  
 MD RADIODIAGNOSIS  
 CONSULTANT RADIOLOGIST

This is a professional opinion based on imaging findings and not the diagnosis. It should be correlated clinically and with other relevant investigations to arrive at a proper conclusion. Not valid for medico-legal purpose.





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Certificate No. H-2018-0508

Barcode No. : M395895		Age / Sex : 38.1 YRS / Male
Patient Name : Mr. SANJEEV SARSWAL		Registration Date : 16-Nov-2024 09:26 AM
IPD No. :		Reporting Date : 19-Nov-2024 04:13 PM
UHD : 304282		Approved Date : 19-Nov-2024 04:13 PM
Referring Doctor : Dr. Rakesh Malhotra (H)		
Passport No. :		

### DEPARTMENT OF RADIOLOGY

#### X- RAY CHEST PA VIEW

Both lung fields are clear.  
Hilar shadows are normal.  
Both costophrenic angles are clear.  
Cardiac silhouette is normal.  
Bony thorax is normal.

**Please correlate clinically**

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

Dr. Vijay Singh Rawat  
DMRD, MD Radiodiagnosis  
Consultant Radiologist

Dr. Sagar Tomar  
MD Radiodiagnosis, Fellow MSc MRI  
(Consultant Radiologist)

Dr. Rohit Kundra  
MD Radiodiagnosis  
(Consultant Radiologist)

*Shivam*  
Dr. Shivam Rastogi  
MD Radiodiagnosis  
(Consultant Radiologist)

Dr. Ireshita Tripathi  
MD Radiodiagnosis  
(Consultant Radiologist)

Prepared By : Mrs. PRATIMA SHARMA

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Printed By : Mrs. PRATIMA SHARMA

Barcode No.	: M395895		Age / Sex	: 38.1 YRS / Male
Patient Name	: Mr. SANJEEV SARSWAL		Registration Date	: 16-Nov-2024 09:26 AM
IPD No.	:		Reporting Date	: 16-Nov-2024 12:35 PM
UHD	: 304282		Approved Date	: 16-Nov-2024 12:38 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

**DEPARTMENT OF CARDIOLOGY**

**ECHOCARDIOGRAPHY REPORT**

**MITRAL VALVE**

Morphology **AML-Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.**  
**PML-Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.**  
 Subvalvular deformity Present/**Absent.** Score: \_\_\_\_\_

Doppler **Normal/Abnormal** E/A=91/59, E>A A>E S>D  
 Mitral Stenosis Present/**Absent** RR Interval \_\_\_\_\_ msec  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg MVA \_\_\_\_\_ cm<sup>2</sup>  
 Mitral Regurgitation **Absent/Trivial/Mild/Moderate/Severe.**

**TRICUSPID VALVE**

Morphology **Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.**

Doppler **Normal/Abnormal** TRICUSPID VALVE=141 cm/s.  
 Tricuspid stenosis Present/**Absent** RR Interval \_\_\_\_\_ msec.  
 EDG \_\_\_\_\_ mmHg MDG \_\_\_\_\_ mmHg  
 Tricuspid regurgitation **Absent/Trivial/Mild/Moderate/Severe** Fragmented Signals  
 Velocity \_\_\_\_\_ msec Pred.RVSP =mmHg

**PULMONARY VALVE**

Morphology **Normal/Atresia/Thickening/Doming/Vegetation**

Doppler **Normal/Abnormal** PULMONARY VALVE= 70cm/s.  
 Pulmonary stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_ mmHg Pulmonary annulus \_\_\_\_\_ mm  
 Pulmonary regurgitation Present/**Absent**  
 Early diastolic gradient \_\_\_\_\_ mmHg End diastolic gradient \_\_\_\_\_ mmHg

**AORTIC VALVE**

Morphology **Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation**  
 No. of cusps 1/2/3/4

Doppler **Normal/Abnormal** AORTIC VALVE=111cm/s.  
 Aortic stenosis Present/**Absent** Level  
 PSG \_\_\_\_\_ mmHg Aortic annulus \_\_\_\_\_ mm  
 Aortic regurgitation **Absent/Trivial/Mild/Moderate/Severe.**



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Certificate No. - 2018-2500 Certificate No. - MC-0201

Barcode No.	: M395895		Age / Sex	: 38.1 YRS / Male
Patient Name	: Mr. SANJEEV SARSWAL		Registration Date	: 16-Nov-2024 09:26 AM
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UHD	: 304282		Approved Date	: 16-Nov-2024 12:38 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

**DEPARTMENT OF CARDIOLOGY**

<u>Measurements</u>		<u>Normal Valves</u>		<u>Measurements</u>		<u>Normal Valves</u>	
Aorta	3.3	(2.0-3.7 cm)		LA es	3.5	(1.9-4.0 cm)	
LV es	2.7	(2.2-4.0 cm)		LV ed	4.6	(3.7-5.6 cm)	
IVSed	1.0/1.5	(0.6-1.1 cm)		PW (LV)	1.0/1.6	(0.6-1.1 cm)	
RVed		(0.7-2.6 cm)		RV Anterior Wall		(upto 5 cm)	
LVVd (ml)				LVVs (ml)			
EF	60%	(54%-76%)		IVS motion		Normal/Flat/Paradoxical	
IVS				Any Other			

**CHAMBERS**

LV	Normal/Enlarged/Clear/Thrombus/Hypertrophy, Contraction
LA	Normal/Reduced/Regional wall motion abnormality: Nil
RA	Normal/Enlarged/Clear/Thrombus
RV	Normal/Enlarged/Clear/Thrombus
PERICARDIUM	Normal/Thickening/Calcification/Effusion

**COMMENTS & SUMMARY**

No RWMA, LVEF-60%  
 Normal cardiac chamber size  
 No MR/TR  
 No AR/AS  
 MIP-Normal  
 Intact IAS/IVS  
 No LA/LV clot  
 No clot, vegetation, pericardial effusion.

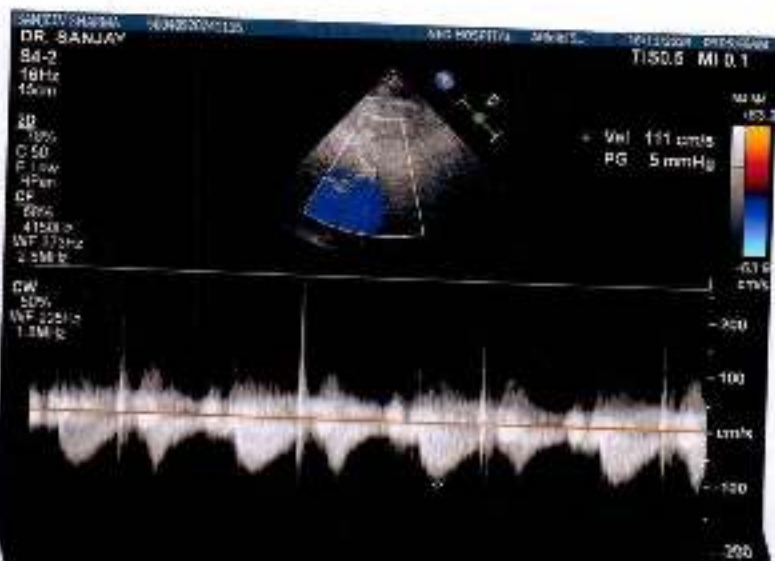
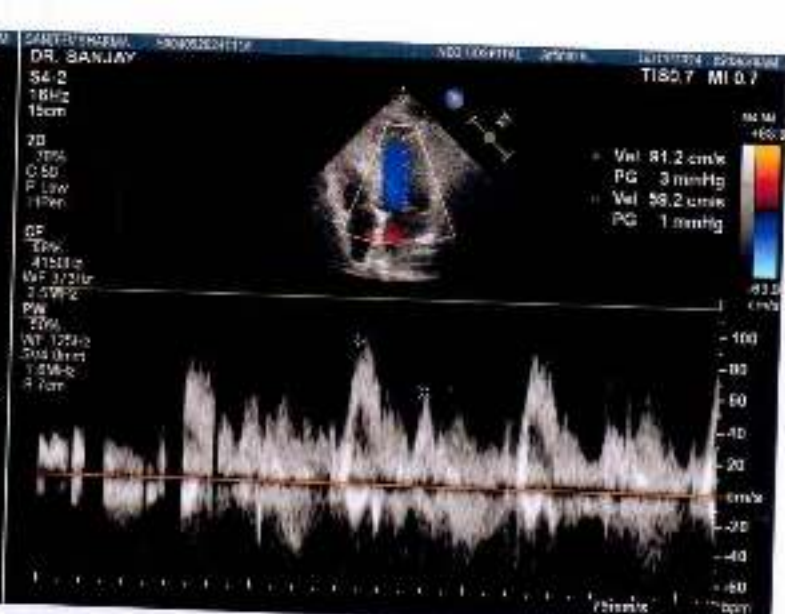
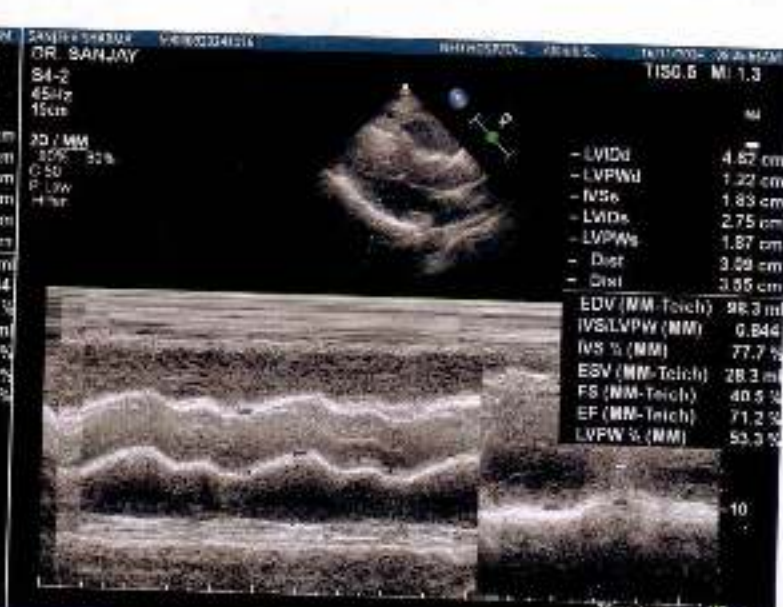
**IMPRESSION**

Normal study.

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



**DR. SANJAY Kr. SHARMA**  
 MD, DM (Cardiology)  
 FIMSA, FESC, FSCAI (USA)





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Certificate No. 11-2010-4548

Certificate No. NC-2010

Mr. Sanjeev Sarsawal

16/11/24

30/M

0/2

→ Cabinet ++

Adv →

Oral photoplexig

Dr. Anshu Singh

BUS MDS  
 Endodontist • Associate Professor  
 Fellow- Pierre Fauchard Academy  
 Member - IAE, IACDE, IES, IDA  
 Ex- Dental Officer Red Cross Hospital  
 Ex- Senior Specialist Clove Dental  
 DENTIST - 140191018104





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Barcode No.	: M395895		Age / Sex	: 38.1 YRS / Male
Patient NAME	: Mr. SANJEEV SARSWAL			
Sample Coll. DATE	: 16-Nov-2024 12:31 PM	Sample Receiving DATE	: 16-Nov-2024 12:45 PM	
UHID	: 304282	Reporting DATE	: 16-Nov-2024 02:54 PM	
IPD No. / Ward	: /	Approved DATE	: 16-Nov-2024 06:28 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

**DEPARTMENT OF BIOCHEMISTRY**

**Blood Sugar Fasting\* (Specimen: FLUORIDE)**

Date	Status	Unit	Bio Ref Interval
16/Nov/24 02:54PM			
Blood Sugar Fasting	97.0	mg/dl	70-100

**Blood Sugar Post Prandial\* (Specimen: FLUORIDE)**

Date	Status	Unit	Bio Ref Interval
16/Nov/24 06:28PM			
Blood Sugar Post Prandial	82.0	mg/dl	70.0-140.0



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Barcode No. : M395895  Age / Sex : 38.1 YRS / Male  
 Patient NAME : Mr. SANJEEV SARSWAL  
 Sample Coll. DATE : 16-Nov-2024 09:57 AM Sample Receiving DATE : 16-Nov-2024 10:31 AM  
 UHID : 304282 Reporting DATE : 16-Nov-2024 11:26 AM  
 IPD No. / Ward : / Approved DATE : 16-Nov-2024 08:11 PM  
 Referring Doctor : Dr. Rakesh Malhotra (H)  
 Passport No. :

**DEPARTMENT OF HAEMATOLOGY**

**Complete Haemogram\* (Specimen - EDTA)**

Date	Status	16/Nov/24 08:11PM	Unit	Bio Ref Interval
Haemoglobin <small>(whole blood/photometric method)</small>	L	12.5	g/dl	13.0-17
Total Leucocyte Count (TLC) <small>(whole blood/impedance method)</small>		5000	cells/c.mm	4000-10000
Neutrophil		60.7	%	45-70
Lymphocyte		31.5	%	20-40
Eosinophils		3.2	%	1.0-5.0
Monocytes		4.5	%	2.0-10.0
Basophils		0.1	%	0.0-1.0
Packed Cell Volume (PCV) <small>(whole blood/calculated)</small>	L	39.1	%	40.0-50.0
Red Blood Cell Count <small>(whole blood/impedance method)</small>	L	4.3	million/c.mm	4.5-5.5
Mean Cell Volume (MCV) <small>(whole blood/calculated)</small>		91.8	fL	83.0-101.0
Mean Cell Haemoglobin (MCH) <small>(whole blood/calculated)</small>		29.3	pg	27.0-32.0
MCHC <small>(whole blood/calculated)</small>		32.0	g/dl	31.0-34.5
RDW - CV		14.0	%	11.0-16.0
Platelet Count <small>(whole blood/impedance method)</small>		2.3	lakh/c.mm	1.5-4.0
MPV (Mean Platelet Volume)		9.6	fL	6.5-12.0
ESR		10	mm/Hr	0-10

**Interpretation :**

Complete Haemogram\* : EDTA Whole Blood-Tests done on Automated Five Part Cell Counter.( Hb is performed by photometric method,WBC,RBC,Platelet Count by impedance method,WBC differential by Flow Cytometry technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.



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 Sample Coll. DATE : 16-Nov-2024 09:57 AM Sample Receiving DATE : 16-Nov-2024 10:31 AM  
 UHID : 304282 Reporting DATE : 16-Nov-2024 11:21 AM  
 IPD No. / Ward : / Approved DATE : 16-Nov-2024 12:11 PM  
 Referring Doctor : Dr. Rakesh Malhotra (H)  
 Passport No. :

DEPARTMENT OF BIOCHEMISTRY

**KFT (Kidney Function Test)\*** / Specimen : SERUM

Date	Status	16/Nov/24 02:54PM	Unit	Bio Ref Interval
Blood Urea <i>(urease with indolator dye)</i>		19.0	mg/dl	19.0-43.0
Serum Creatinine <i>(enzymatic/creatinine aminohydrolyase)</i>		0.7	mg/dl	0.66-1.25
Uric Acid <i>(uricase/beroxbase)</i>		4.3	mg/dl	3.5-8.5
Sodium (Na+) <i>(direct ion selective mode)</i>		142.0	mmol/L	137.0-145.0
Potassium (K+) <i>(direct ion selective mode)</i>	H	5.2	mmol/L	3.5-5.1
Chloride (Cl-) <i>(direct ion selective mode)</i>		107.0	mmol/L	98.0-107.0
Serum Calcium <i>(oxalate dye)</i>		9.3	mg/dl	8.4-10.2
Phosphorus Serum <i>(phosphomolybdate reduction)</i>		3.9	mg/dl	2.5-4.5
Alkaline Phosphatase (ALP) <i>(4-nitrophenyl phosphate/precip/amp)</i>		77.0	U/L	38.0-126.0
Total protein <i>(biuret/alkaline cupric sulphate)</i>		6.9	gm/dl	6.3-8.2
Albumin <i>(bromocresol green dye binding)</i>		4.2	gm/dl	3.5-5.0
Albumin/Globulin Ratio (Calculated) <i>(calculated)</i>	H	1.6		0.8-1.1
eGFR <i>(calculated)</i>		126.1	ml/min	-

**Lipid Profile\*** / Specimen : SERUM

Date	Status	16/Nov/24 02:54PM	Unit	Bio Ref Interval
Total Cholesterol <i>(enzymatic/cholesterol)</i>		142.0	mg/dl	<200
Triglyceride <i>(enzymatic/assay/kinetic/ptd) without correction for free glycerol</i>		66.0	mg/dl	<150.0
HDL Cholesterol <i>(enzymophosphotungstic acid/mg/2-enzymatic)</i>		40.0	mg/dl	>40.0
LDL		98.8	mg/dl	<100



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### DEPARTMENT OF BIOCHEMISTRY

(calculator)  
 VLDL 13.2 mg/dl <30  
 (calculator)  
 LDL/HDL Ratio 2.22 <3.6  
 (calculator)  
 Total Cholesterol : HDL Ratio 3.55 <5.0  
 (calculator)

Interpretation :  
 Lipid Profile\* :

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High		>=500	>=190	>=220

**Note:**

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.

**LFT PANEL (LIVER FUNCTION TEST) (Reference: SERUM)**

Date	Status	16/Nov/24 02:54PM	Unit	Bio Ref Interval
Bilirubin Total		0.7	mg/dl	0.2-1.3
Bilirubin Direct		0.1	mg/dl	0.0-0.3
Bilirubin Indirect		0.6	mg/dl	0.0-1.1



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**DEPARTMENT OF BIOCHEMISTRY**

Aspartate Transaminase (SGOT, AST)	30.0	U/L	17.0-69.0
SGPT, ALT (Alanine Transaminase)	41.0	U/L	<50.0
Alkaline Phosphatase (ALP)	77.0	U/L	38.0-126.0
Total protein	6.9	gm/dl	6.3-8.2
Albumin	4.2	gm/dl	3.5-5.0
Albumin/Globulin Ratio (Calculated)	H 1.6		0.8-1.1
GGT (Gamma Glutamyl Transpeptidase)	20.0	U/L	15.0-73.0

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

*Handwritten Signature*

Dr. Khushboo Sarda  
 M.B.B.S, M.D.  
 (Consultant Microbiology)

Dr. Israr Ahmad  
 M.B.B.S, M.D.  
 (Consultant Pathologist)

Dr. Manju Sharma  
 M.B.B.S, D.N.B.  
 (Consultant Pathologist)

Dr. Ankita Singhal  
 M.B.B.S, M.D.  
 (Consultant Microbiology)

Prepared By : Mrs. Anita

Printed By : Mr. KAMAL VERMA

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Barcode No. :	M395895		Age / Sex :	38.1 YRS / Male	Certificate No. H-2019-0006
Patient NAME :	Mr. SANJEEV SARSWAL				
Sample Coll. DATE :	16-Nov-2024 09:57 AM	Sample Receiving DATE :	16-Nov-2024 10:31 AM		
UHID :	304282	Reporting DATE :	16-Nov-2024 04:17 PM		
IPD No. / Ward :	/	Approved DATE :	16-Nov-2024 04:56 PM		
Referring Doctor :	Dr. Rakesh Malhotra (H)				
Passport No. :					

DEPARTMENT OF HAEMATOLOGY

BLOOD GROUPING (ABO AND RH) (Serum: EDTA)

Date	Status	16/Nov/24 07:04PM	Unit	Bio Ref Interval
Blood Group (agglutination method)		O	-	-
Rh Type (agglutination method)		POSITIVE	-	-



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 IPD No. / Ward : / Approved DATE : 16-Nov-2024 11:47 AM  
 Referring Doctor : Dr. Rakesh Malhotra (H)  
 Passport No. :

DEPARTMENT OF IMMUNOLOGY

Free Thyroid Profile (FT3, FT4, TSH) (Specimen : SERUM)

Date	Status	16/Nov/24 02:54PM	Unit	Bio Ref Interval
FT3		3.80	pg/ml	1.4-5.6
FT4		1.16	ng/dL	0.87-1.71
TSH		2.20	µIU/ml	0.25-5.0

Interpretation :  
 Free Thyroid Profile (FT3, FT4, TSH) :

Interpretation:-

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	. Isolated Low T3 often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	. Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. . Subclinical Autoimmune Hypothyroidism . Intermittent T4 therapy for hypothyroidism . Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	. Chronic Autoimmune Thyroiditis . Post thyroidectomy, Post radioiodine . Hypothyroid phase of transient thyroiditis
Raised or within Range	Raised	Raised or within Range	. Interfering antibodies to thyroid hormones (anti-TPO antibodies) . Intermittent T4 therapy or T4 overdose . Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	. Isolated Low TSH - especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness . Subclinical Hyperthyroidism . Thyroxine ingestion
Decreased	Decreased	Decreased	. Central Hypothyroidism . Non-Thyroidal illness . Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	. Primary Hyperthyroidism (Graves disease), Multinodular goitre, Toxic nodule . Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervains), Gestational thyrotoxicosis with hyperemesis gravidarum



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Barcode No. : M395895  Age / Sex : 38.1 YRS / Male CMRCCA No. 11-2018-0049  
Patient NAME : Mr. SANJEEV SARSWAL  
Sample Coll. DATE : 16-Nov-2024 09:57 AM Sample Receiving DATE : 16-Nov-2024 10:31 AM  
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**DEPARTMENT OF IMMUNOLOGY**

Decreased or within Range	Raised	Within Range	T3 toxicosis Non-Thyroidal illness
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LHID :	304282	Reporting DATE :	16-Nov-2024 12:50 PM	
IPD No. / Ward :	/	Approved DATE :	16-Nov-2024 01:03 PM	
Referring Doctor :	Dr. Rakesh Malhotra (H)			
Passport No. :				

DEPARTMENT OF BIOCHEMISTRY

**HbA1c (Spectro - FOMA)**

Date	Status	Unit	Bio Ref Interval
16/Nov/24 02:54PM			
HbA1c	5.5	%	<5.7
AVERAGE BLOOD SUGAR	111.0	MG/DL	<115

Interpretation :

HbA1c :

Hba1c:

**As per American Diabetes Association (ADA)**

Reference Group	HbA1c in %
Non-diabetic adults	<5.7%
Pre-diabetic	5.7-6.4 %
Diabetic	>or = 6.5%
ADA Target	>7.0
Action suggested	>8.0

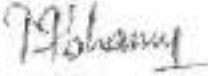
Glycation is nonenzymatic addition of sugar residue to amino groups of proteins. HbA1C is formed by condensation of glucose with n-terminal valine residue of each beta chain of hb a to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of red blood cells(120 days) and the blood glucose concentration. the GHb concentration represents the integrated values for glucose over a period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with the most recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb is been reported in iron deficiency anaemia.

Though HbA1C is a direct measure of long term sugar levels, diabetes is not the only cause of high value. Sleep disorders, gum disease, H.Pylori infection, chronic inflammation, and anemia can also increase HbA1c. Iron deficiency anemia as well asB12 or folate deficiency anemia may cause A1c to be falsely elevated. Several medical and substance have also been reported to falsely elevated A1c including lead poisoning, chronic ingestion of alcohol, salicylates and opioids. Ingestion of vitamin C may increase A1C when measured by electrophoresis.

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

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Barcode No.	: M395895		Age / Sex	: 38.1 YRS / Male
Patient NAME	: Mr. SANJEEV SARSWAL			
Sample Coll. DATE	: 16-Nov-2024 09:57 AM	Sample Receiving DATE	: 16-Nov-2024 10:31 AM	
UHID	: 304282	Reporting DATE	: 16-Nov-2024 12:55 PM	
IPD No. / Ward	: /	Approved DATE	: 16-Nov-2024 01:40 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CLINICAL PATHOLOGY

URINE ROUTINE

SAMPLE: URINE

	OBSERVED VALUE	UNIT	REFERENCE RANGE
<b>PHYSICAL EXAMINATION</b>			
VOLUME(visual observation)	30	ml.	N/A
COLOR(visual observation)	PALE YELLOW		PALE YELLOW
TRANSPARENCY (APPEARANCE)(visual observation)	CLEAR		CLEAR
SPECIFIC GRAVITY(automated multistrips,colour reaction/Plu change)	1.010		1.005 TO 1.030
pH(automated multistrips double indicator method)	6.0		5-7
<b>CHEMICAL EXAMINATION</b>			
PROTEIN (ALBUMIN)(automated multistrips)(protein error of pH),sulphosalicylic acid method.	NIL		NIL
GLUCOSE(automated multistrips,(enzyme reaction) benedict's method)	NIL		NIL
KETONE BODIES(automated multistrips,rother's method)	NEGATIVE		NEGATIVE
BILIRUBIN(automated multistrips,forchet's method)	NEGATIVE		NEGATIVE
UROBILINOGEN(automated multistrips,ehrlich's aldehyde method)	NORMAL		NORMAL (1mg/dL.)
BLOOD(automated multistrips ,benidine method)	ABSENT		ABSENT
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS(light microscopy)	1-2	/hpf	0-5
RED BLOOD CELLS(light microscopy)	0-1	/hpf	0-3
EPITHELIAL CELLS(light microscopy)	1-2	/hpf	0-5
CASTS(light microscopy)	ABSENT		ABSENT



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**DEPARTMENT OF CLINICAL PATHOLOGY**

CRYSTALS(light microscopy)	ABSENT	ABSENT
OTHERS(light microscopy)		

Note: 1. Chemical examination through Dipstick includes test methods as Protein(Protein Error Principle), Glucose (GOD-POD), Ketone(Legris Test), Bilirubin(Azo-Diazo reaction), Urubilinogen (Diazonium ion Reaction). All abnormal results of chemical examination are confirmed by manual methods.

2. Pre-test conditions to be observed while submitting the sample-First void, mid stream urine, collect in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight.

3. During interpretation, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs.

4. All urine samples are checked for adequacy and suitability before examination.

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

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### DEPARTMENT OF CLINICAL PATHOLOGY

#### Urine for Sugar Fasting\* (SUGAR) - URINE

Date	Status	Unit	Bio Ref Interval
16/Nov/24 07:32PM			
Urine for Sugar Fasting	NIL		



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Barcode No.	: M395895		Age / Sex	: 38.1 YRS / Male
Patient NAME	: Mr. SANJEEV SARSWAL			
Sample Coll. DATE	: 16-Nov-2024 12:31 PM	Sample Receiving DATE	: 16-Nov-2024 12:45 PM	
UHID	: 304282	Reporting DATE	: 16-Nov-2024 07:32 PM	
IPD No. / Ward	: /	Approved DATE	: 16-Nov-2024 07:38 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

**DEPARTMENT OF CLINICAL PATHOLOGY**

**Urine for Sugar PP\*** (Random Urine)

Date	Status	Unit	Bio Ref Interval
16-Nov-24 07:58PM			
Urine for Sugar PP	NIL		

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



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