

CARE & CURE

MULTISPECIALITY HOSPITAL

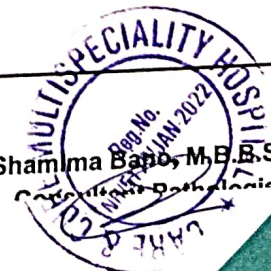
COMMITMENT OF CARE

Patient Name : MRS. SHARMILA VASWANI
 Registration No. : CCMH-H-001747
 Lab No : 1
 Age & Sex : 56 Years / Female
 Referring Doctor :
 Report Status : Final
 Registration Date/Time : 01/02/2023 10:32AM
 Accession Date/Time : 01/02/2023 11:12AM
 Report Date/Time : 01/02/2023 02:06PM
 Print Date/Time : 01/02/2023 2:07 pm

TEST(S)	RESULT(S)	UNITS	BIOLOGICAL REFERENCE RANGE
BLOOD GROUP & RH FACTOR			
SAMPLE TYPE : EDTA WB METHOD : Slide and Tube m			
Blood Group	: B +ve		
Rh Factor	: Positive		
COMPLETE BLOOD COUNT (CBC)			
SAMPLE TYPE : WHOLE BLOOD EDTA METHOD : 5 part fully aut			
Haemoglobin	: 11.2	g/dl	11.5-16.0
R.B.C. Count	: 4.11	mill./cmm.	3.80-5.80
Packed Cell Volume (PCV)	: 37.4	%	40.0-54.0
Neutrophils	: 70	/cumm	40-70
Lymphocytes	: 23	%	20-45
Monocytes	: 04	%	02-08
Eosinophils	: 03	%	01-05
Basophils	: 00	%	00-01
Total WBC Count	: 6000	/cumm	4000-10500
MCV	: 91.1	FL	82.0-97.0
MCH	: 27.2	Pg	27.0-32.0
MCHC	: 29.9	%	32.0-36.0
Promyelocyte	: .	%	
RDW-CV	: 12.7	%	11.5-14.5
RDW-SD	: 57.0	FL	37.0-54.0
Platelet count	: 2.40	Lacs/cumm	1.50-4.50
MPV	: 8.3	FL	7.4-10.4
PDW	: 14.9	%	10.0-17.0
PCT	: 0.19	%	0.10-0.28
P-LCR	: 30.0	%	13.0-43.0
ESR	: 15		

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

Dr. Shamima Bano, M.B.B.S., DCP
 Consultant Pathologist



Plot No. 5/6, Infront of V-Mart, Near Hanuman Mandir,
 Karond Chouraha, New Jail Road, Bhopal, 462038 (M.P.)

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CARE & CURE MULTISPECIALITY HOSPITAL

COMMITMENT OF CARE

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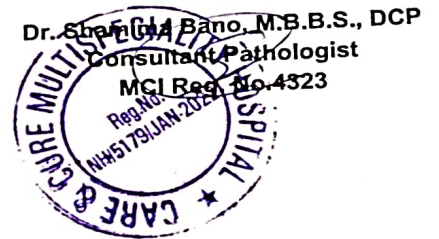
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 Print Date/Time : 01/02/2023 2:08 pm

TEST(S)	RESULT(S)	UNITS	BIOLOGICAL REFERENCE RANGE
RBS	: 75.2		
UREA SAMPLE TYPE: SERUM METHOD: GLDH ENZYMATIC U	: 17.5	mg/dL	15-40
CREATININE SAMPLE TYPE: SERUM METHOD: Jaffe's Method 2	: 0.67	mg/dL	0.51-0.90
URIC ACID SAMPLE TYPE: SERUM METHOD: Urncase POD End	: 5.11	mg/dL	2.4-5.7

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



Technician





CARE & CURE MULTISPECIALITY HOSPITAL

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TEST(S)	RESULT(S)	UNITS	BIOLOGICAL REFERENCE RANGE
LFT SAMPLE TYPE: SERUM METHOD:			
Bilirubin- Total	: 0.95	mg/dL	0.2-1.2
Bilirubin- Direct	: 0.24	mg/dL	0.1-0.4
Bilirubin- Indirect	: 0.71	mg/dl	0.2-0.8
SGOT	: 45.0	U/L	05-37
SGPT	: 21.0	U/L	05-36
Alkaline Phosphatase	: 190.7	U/L	00-645
Total Protein	: 6.29	gm/dl	6.5-8.5
Albumin	: 4.42	gm/dl	3.5-5.5
Globulin	: 1.87	gm/dl	2.3-3.5
A/G Ratio	: 2.36		1.0-2.2
LIPID PROFILE SAMPLE TYPE: SERUM METHOD:			
S.Cholesterol	: 157.0	mg/dL	No risk < 200 mg/dl Moderate risk 200 - 239 mg/dl High risk >240 mg/dl Upto 150
S.Triglycerides	: 123.8	mg/dl	Major risk < 40 mg/dl Negative risk > 60 mg/dl
HDL Cholesterol	: 42.9	mg/dl	Optimum < 100 mg/dl Near/above optimum 100 - 129 mg/dl Boderline high 130 - 159 mg/dl High 160 - 189 mg/dl Very high > 190 mg/dl
LDL Cholesterol	: 89.3	mg/dl	Upto 30
VLDL Cholesterol	: 24.7	mg/dl	4.4-11
S.Cholesterol/HDL Ratio	: 3.65		

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



Technician

Dr. Sharmila Bano, M.B.B.S., DC
Consultant Pathologist
MCI Reg. No. 423
NH/5179/JAN2022

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 Referring Doctor :
 Report Status : Final

TEST(S)	RESULT(S)	UNITS
URINE R/M		
SAMPLE TYPE : URINE		
METHOD : Multistix		
Quantity	: 40 ML	
Colour	: Pale Yellow	
Appearance	: Clear	
Specific gravity	: 1.010	
Deposit	: Absent	
Reaction (PH)	: 6.0	
Albumin	: Absent	
Sugar	: Absent	
Ketone Bodies	: Absent	
Bile Salts	: Absent	
Bile Pigments	: Absent	
Urobilinogen	: Absent	
PUS Cells	: 2 - 6	/HPF
RBC	: Absent	/HPF
Casts	: Absent	
Crystals	: Absent	
Epithelial Cells	: 2 - 4	/HPF
Bacteria	: Absent	

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



Technician





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 Referring Doctor : -
 Report Status : Final

STOOL EXAMINATION

SAMPLE TYPE : STOOL
 METHOD :

Colour : BrownYellowish
 Occult Blood : Absent
 Macrophages : Yellow Semi Solid
 Pus Cells : 3 - 8
 Form and Consistency : Semisolid
 Mucus : Absent
 Blood : Absent
 Reaction : Alkaline
 Ova : Not Detected
 Protozoa : Not Detected
 Amoebae : Not Detected
 Flagellae : Not Detected
 Yeast : Not Detected
 Epithelium : Not Detected
 Fat : Absent
 Bacteria : Not Detected
 Mucus Fiber : Present
 Vegetable Fiber : Not Detected
 Mucus.

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



Technician



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 **GPS Map Camera**

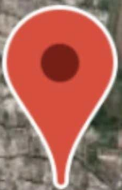
Bhopal, Madhya Pradesh, India

care & cure multispeciality hospital, near Hanuman
Mandir, Karond chouraha Bhopal, Madhya Pradesh
462038, India

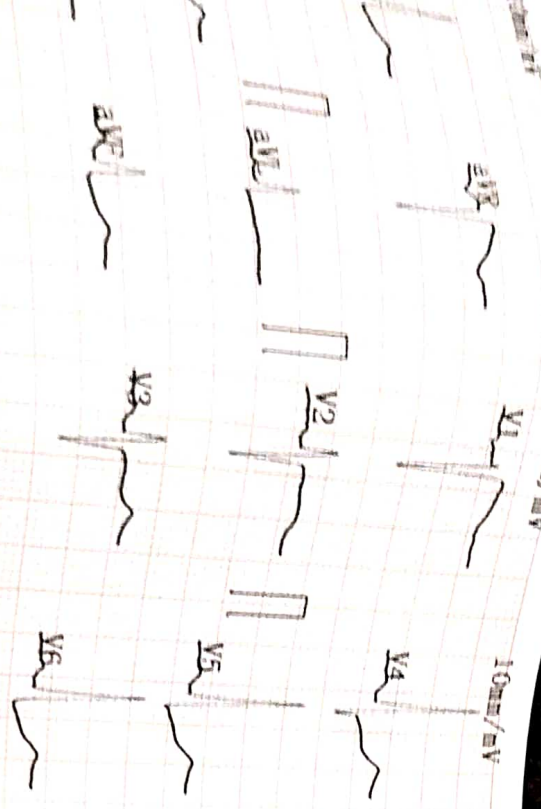
Lat 23.303351°

Long 77.402835°

01/02/23 10:16 AM GMT +05:30



Google



10mm/mV
2023-02-01 10:53

ID : _____
 Name : _____
 Sex : _____
 Height : _____ cm
 SYS : _____ mmHg
 DIA : _____ mmHg
 Age : _____
 Weight : _____ kg
 HR : 79 bpm
 PR Interval : 172 ms
 P Duration : 116 ms
 QRS Duration : 71 ms
 T Duration : 50 ms
 QT/QTc : 171/196 ms
 P/QRS/T Axis : 60.2/38.6/-150.5 deg
 R (V5) / S (V1) : 1.53/1.24 mV
 R (V5) + S (V1) : 2.77 mV

<< Conclusions >>
 Normal Sinus Rhythm.
 Cardiac electric axis normal.
 ST depression, opical myocardial ischemia.
 ST depression, possible anterolateral Myocardial ischemia.
 I II III aVL aVF V4 V5 V6 Abnormal T wave.

MRS Sharmida Vasudhan
 1/2/23 10:50AM

Physician

PHYSICIAN



CARE & CURE

MULTISPECIALITY HOSPITAL

COMMITMENT OF CARE

Patient Name : MRS. SHARMILA VASWANI
Registration No. : CCMH-H-001747
Lab No : 3
Age & Sex : 56 Years / Female
Referring Doctor :
Report Status : Final

Registration Date/Time : 01/02/2023 11:29AM
Accession Date/Time : 01/02/2023 11:36AM
Report Date/Time : 01/02/2023 04:32PM
Print Date/Time : 01/02/2023 4:32 pm

TEST(S)	RESULT(S)	UNITS	BIOLOGICAL REFERENCE RANGE
GGT SAMPLE TYPE : SERUM METHOD : IFCC Kinetic Met	Result : 11.0	U/L	3-42
BUN SAMPLE TYPE : SERUM METHOD :	Result : 8.15	MG/DL	6-21
HbA1C SAMPLE TYPE : WHOLE BLOOD EDTA M METHOD : immunoturbidimet	Glycosylated Haemoglobin % (Hb A1c) : 6.01	%	4.8-5.9
	Mean Plasma Glucose (MPG) : 125.7		

NOTES: 1. The HbA1c test shows your average blood sugar for last 3 months.

2. The HbA1c test does not replace your day-to-day monitoring of blood glucose.

Use this test result along with your daily test results to measure your overall, diabetes control.

How does HbA1c works?

The HbA1c test measures the amount of sugar that attaches to protein in your red blood cells.

RBCs live for about 3 months, so this test shows your average blood sugar levels during that time.

Greter the level of sugar & longer it is high, the more sugar that will attach to RBCs.

Why is this test so important?

Research studies demonstrated that the closer to normal your HbA1c level was, the less likely your risk of developing the long-term complications of diabetes. Such problems include eye disease, nerve damage, heart and blood vessel disease and kidney problems.

Who should have the HbA1c test done?

Everyone with diabetes can benefit from taking this test. Knowing your HbA1c level helps you and your doctor decide if you need to change your diabetes management plan.

How often should you have a HbA1c test?

You should have this test done when you are first diagnosed with diabetes.

Then at least twice a year if your treatment goals are being met & blood glucose control is stable.

More frequent HbA1c testing (4 times / year) is recommended if your therapy has been recently changed or if you are not



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

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 MCI Reg. No.4323

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MRS SHARMILA VASWANI 56 YRS.. 575 CHEST PA 01-Feb-23
CARE & CURE MULTISPECIALITY HOSPITAL, KAROND, BHOPAL