



Mr. DEVI LAL NIMJE (58 /M)
UHID : ASHB.0000029183
AHC No : BPLAH9965
Date : 14/09/2024
MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50
MALE

Dear Mr. DEVI LAL NIMJE

Thank you for choosing Apollo ProHealth, India's first personalized, predictive health screening program with health risk assessments curated just for you to guide targeted intervention, continuum of care and a path to wellness. Our holistic care continuum integrates clinical expertise and artificial intelligence to gauge and avert the risk, onset and progression of non-communicable diseases (NCDs).

In this personalized health report, you will find your

- Medical History and Physical examination results
- Investigations Results
- Artificial Intelligence powered risk scores
- Physician's Impressions on your Health
- Path to Wellness: A personalized management protocol, including follow-up assessments
- Vaccination counselling advice

Apollo ProHealth encompasses the following processes:

Personalized Health Risk Assessment (pHRA): Based on your online risk assessment, medical history, physical examination, and psychological evaluation, we recommended a health screening assessment for you, including diagnostic and imaging tests. Based on the results of these assessments, we have advised additional follow-up tests and consultations - details of which we have included in your report. Your physician will explain their relevance, and we strongly suggest you comply with the recommendations.

Health Mentor: We have assigned a dedicated health mentor to proactively work with you towards your health goals and ensure that you regularly adhere to the guidance and recommendations from clinical and nutrition consultants. Your health mentor will call you periodically to track your progress



ProHealth App: You will get access to the Apollo ProHealth App, which will facilitate easy navigation of personal health records, progress towards your health goals, appointment booking, customized tips and guidance for health and lifestyle management, and regularly connecting with your Health Mentor through the in-app chat. Until you return for your 2nd-year assessment, you will receive periodic updates and reminders to motivate you to keep up the momentum regarding health goal milestones.

Follow- Up Consultation:

For any follow-up consultations, you can visit your ProHealth physician in-person at the center or you can book a virtual consultation through <https://www.apollo247.com/specialties> or through the Apollo 247 app on your phone.

Scan the QR code to download the Apollo 247 App



You can also download the Apollo 247 app on
ANDROID IOS

Disclaimer: The services offered in the program may vary as per the respective agreements made in the program or center or agreed mutual consent.



Name : Mr. DEVI LAL NIMJE (58 /M)

Date : 14/09/2024

Address : MIG 07, DUPLEX, SECTOR C, AYODHYA NAGAR, BHOPAL, BHOPAL, MADHYA
PRADESH, INDIA

Examined by : Dr. PROMISE JAIN

UHID : ASHB.0000029183

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Chief Complaints

For corporate health checkup

No specific complaints

Present Known illness

No history of - Diabetes mellitus, Dyslipidemia, Thyroid disorder, Heart disease, Stroke,
Asthma, COPD, Cancer, Impaired Glycemia

Hypertension Since - 1yrs; Medication - regular




Drug Allergy

NO KNOWN ALLERGY

:10/02/2024



Systemic Review

- Cardiovascular system** : Chest pain - no; Breathing difficulty - no
- Respiratory system** : - Nil Significant
- Oral and dental** : - Nil Significant
- Gastrointestinal system** : Appetite - normal; Bowel habits - regular
- Genitourinary system** : Frequency - increased; Dysuria/burning micturition - no; Urgency - no
- Central nervous system** : Dizziness - on and off
- Eyes** : Vision - normal with glasses; Glasses - yes; Glasses for - refractive error, reading
- ENT** : - Nil Significant
- Musculoskeletal system** :
- Spine and joints**
Knee (bilateral) - pain; Neck - pain; Shoulder (bilateral) - pain
- Skin** : - Nil Significant
- Weight** : - stable
- General symptoms** : - Nil Significant
-  **Present medications** : - Tab Mohitel 40 OD



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Past medical history

Past medical history - nil significant
Covid 19 - No



Surgical history

Accidental injury - 2009 Left ankle

Immunization history

- Covid Dose1, Covid Dose2



Personal history

Ethnicity - Indian Asian
Marital status - Married
No. of children - 2
Profession - government employee
Diet - Mixed Diet
Alcohol - does not consume alcohol
Smoking - No
Chews tobacco - No
Physical activity - Mild
- yoga



Family history

Father - has expired
Aged - 70
Cause - cancer
- Throat
Mother - has expired
Aged - 78
- Covid
Brothers - 4
Sisters - 1
Diabetes - brother
Coronary artery disease - none
Cancer - father



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Type - Throat

Physical Examination

General

General appearance - normal
Build - over weight
Height - 164
Weight - 79.2
BMI - 29.45
Pallor - No
Oedema - no
SpO2 - 99

Cardiovascular system

Heart rate (Per minute) - 73
Rhythm - Regular
- B.P. Sitting
Systolic(mm of Hg) - 114
Diastolic(mm of Hg) - 75
Heart sounds - S1S2+

Respiratory system

Breath sounds - Normal vesicular breath sounds

Abdomen

Appearance - Normal
Organomegaly - No
Tenderness - No

Central nervous system

- No neurological deficit

Skin

- No significant finding



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Musculo Skeletal System

- No significant finding

Psychological Assessment

Psychological assessment - Normal

Printed By : KANCHAN PRAJAPATI



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COMPLETE BLOOD COUNT(CBC) WITH ESR

Test Name	Result	Unit	Level	Range
HAEMOGLOBIN	14.3	g/dL	●	13.0-17.0
Packed cell volume (Calculated)	43.1	%	●	38.3-48.6
RBC Count	4.75	Million/ul	●	4.50-5.90
MCV-	90.7	fl	●	80-100
MCH-	30.0	pg	●	27-32
MCHC-	33.1	g/dL	●	32-36
RDW	14.3	%	●	11.8-14.5
TLC COUNT	7.56	10 ⁹ /mm ³	●	4.0-11.0
Neutrophils	64	%	●	40-80
Lymphocytes	24	%	●	20-40
Monocytes	6	%	●	2-10
Eosinophils	6	%	●	1-6
Basophils	0	%	●	0-2
Platelet Count	257.8	10 ⁹ /mm ³	●	150-450
Mean Platelet Volume	7.6	fl	●	6.5-12.0
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	mm/1st hr	●	0-15

URINE ROUTINE (CUE)

Urinalysis, is the physical, chemical and microscopic examination of the urine and is one of the most common methods of medical diagnosis. It is used to detect markers of diabetes, kidney disease, infection etc.

Test Name	Result	Unit	Level	Range
Specific Gravity	1.005		●	1.005 - 1.025
Colour:	Pale-Yellow			
Transparency:	Clear			
pH	Acidic			
Protein :	Nil			
Sugar:	Nil			
Ketone	Nil			
Bilirubin:	Nil			

● Within Normal Range

● Borderline High/Low

● Out of Range



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RBC	Nil			
Pus Cells	8-10	/hpf		0.0 - 5.0/HPF
Epithelial Cells	1-2	/hpf		<20
Yeast Cells	Absent			
Bacteria:	Present			
Casts:	Absent			
Crystals:	Absent			ABSENT

BLOOD GROUPING AND TYPING (ABO and Rh)

Test Name	Result	Unit	Level	Range
ABO Group:	O			
Rh (D) Type:	Positive			

GLUCOSE - SERUM / PLASMA (FASTING)

Test Name	Result	Unit	Level	Range
Glucose - Plasma (Fasting)	96	mg/dL	●	70-100

GLUCOSE - SERUM / PLASMA (POST PRANDIAL)

Test Name	Result	Unit	Level	Range
Glucose - Plasma (Post prandial)	253 *	mg/dL	●	70-140

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

Test Name	Result	Unit	Level	Range
GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD	6.7 *	%	●	4.0-5.6

LIPID PROFILE TEST (PACKAGE)

Test Name	Result	Unit	Level	Range
Total Cholesterol	163	mg/dL	●	Desirable: <200 Borderline High: 200-239 High >240
HDL Cholesterol	32 *	mg/dL	●	>40

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Test Name	Result	Unit	Level	Range
LDL Cholesterol (Direct LDL)	129 *	mg/dL	●	Optimal: <100 Above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very high: >190
Triglycerides - Serum	195 *	mg/dL	●	Normal<150 Borderline high 150-199 High 200-499 Very high: ≥ 500
VLDL CHOLESTEROL - SERUM	39 *		●	15-30
Total Cholesterol / HDL Cholesterol Ratio (Calculated)	5.1 *		●	3.5-5.0

LIVER FUNCTION TEST (PACKAGE)

Test Name	Result	Unit	Level	Range
Protein Total - Serum	7.0	g/dL	●	6.6-8.3
Albumin - Serum	3.8	g/dL	●	3.5-5.2
GLOBULIN	3.2	g/dL	●	2.6-4.6
ALBUMIN AND GLOBULIN RATIO	1.2		●	0.9-2.0
AST (SGOT)	22	U/L	●	< 50
ALT(SGPT) - SERUM	19	U/L	●	<50
BILIRUBIN TOTAL	0.8	mg/dL	●	0.3-1.2
BILIRUBIN CONJUGATED (DIRECT)	0.1	mg/dL	●	<0.2
BILIRUBIN UNCONJUGATED (INDIRECT)	0.7	mg/dL	●	0.1-1.2
Alkaline Phosphatase - Serum	87	U/L	●	30-120
GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM	32	U/L	●	0 - 55

CREATININE - SERUM / PLASMA

Test Name	Result	Unit	Level	Range
CREATININE - SERUM / PLASMA	0.69 *	mg/dL	●	0.72 - 1.18

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URIC ACID - SERUM / PLASMA

Uric acid is a product of the metabolic breakdown of purine. High blood concentrations of uric acid can lead to gout. It is also associated with other medical conditions including diabetes and the formation of kidney stones.

Test Name	Result	Unit	Level	Range
Uric Acid - Serum	6.3	mg/dL	●	3.5-7.2

BUN (BLOOD UREA NITROGEN)

Test Name	Result	Unit	Level	Range
BUN (BLOOD UREA NITROGEN)	13.7	mg/dL		Male: <50yrs 8.87-20.5 mg/dl Male:>50yrs 8.41-25.7 mg/dl

THYROID PACKAGE

Test Name	Result	Unit	Level	Range
TOTAL T3: TRI IODOTHYRONINE - SERUM	1.17	ng/ml	●	0.60-1.81
TOTAL T4: THYROXINE - SERUM	15.66 *	µg/dL	●	5.01 - 12.45
TSH: Thyroid Stimulating Hormone	1.00	µIU/mL	●	0.35-5.50

PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL) - SERUM

PSA is present in small quantities in the serum of men with healthy prostates, but is often elevated in the presence of prostate cancer or some prostate disorders. PSA is not a unique indicator of prostate cancer, it may also detect prostatitis or benign prostatic hyperplasia. Only about 30 percent of patients with high PSA have prostate cancer diagnosed after biopsy. It is recommended in men above 50 years of age.

Test Name	Result	Unit	Level	Range
Prostatic Specific Antigen (PSA Total)	4.9 *	ng/mL	●	< 4

CARDIOLOGY

TMT/2D ECHO

Ultrasound Radiology

ULTRASOUND - WHOLE ABDOMEN

CARDIOLOGY

ECG

X Ray

X-RAY CHEST PA

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Executive Summary



Overweight
Systemic Hypertension

Wellness Prescription

Advice On Diet :-



Low calorie, low sugar, low fat diet
Low salt diet
DIABETIC DIET

Advice On Physical Activity :-



30 minutes brisk walk 5 days a week

Other Lifestyle Changes & Recommendations :-

REGULAR SMBG AND NOTE

Medications

TAB. TAZLIV 20 MG OD 8 AM
CAP. BIO D3 MAX 1 OD
2 MONTHS

Follow-up and Review Plan



Weight reduction
Periodic blood pressure monitoring



Scan the QR code
in AskApollo App
to book your
follow-up
appointments and
investigations

Printed By : Promise Jain

Dr.PROMISE JAIN

AHC Physician / Consultant Internal Medicine

Note :- The Health Check-up examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the Consulting Physician. Additional tests, consultations and follow up may be required in some cases.



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TAB. TAZLIV 20 MG OD 8 AM
CAP. BIO D3 MAX 1 OD
2 MONTHS

Dr.PROMISE JAIN

AHC Physician / Consultant Internal Medicine



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AICVD RISK SCORE REPORT

RISK STATUS

YOUR SCORE

ACCEPTABLE SCORE

Moderate Risk

12

9

Your likelihood of developing cardiovascular disease in the next ten years is 1.3 times higher than the people of your age and gender

The AICVD risk score developed by Apollo Hospitals is a novel artificial intelligence-based risk scoring system that predicts your risk of having Coronary Artery Disease (CAD) related events in the next ten years. This scoring system uses Indian data and has been validated by multiple national and international institutions. This risk score is more than 92% accurate and has been compiled based on your physical parameters, heart health attributes, lifestyle and medical history. **Note:** The risk category is determined through the ratio between guest score and acceptable score at multiple decimal points. The outputs are shown in whole numbers.

Based on your AICVD risk score you are advised the following:

- Follow the guidance and education on **lifestyle and dietary management provided through the ProHealth program. Maintain a healthy BMI (<25). Avoid tobacco in any form and if you are a smoker, stop smoking.**
- Continue with **medications** for high blood pressure, diabetes, or dyslipidemia, if advised by your physician. Maintain HbA1c <7% (<53mmol/mol), blood pressure <140/90mmHg.
- Follow your physician's advice regarding **follow up tests, consults and annual health assessment**
- **It is recommended that you visit your physician every 6 months** if you have:
 - o Uncontrolled high blood pressure, Diabetes, Dyslipidemia, Coronary heart disease

DISCLAIMER

1. This is not a diagnostic tool and it does not guarantee accuracy of the result and cannot be acted upon independently.
2. This risk score and clinical algorithm is a general guideline for physicians. Any additional laboratory investigations, diagnostic imaging, treatment or patient education related to lifestyle management is under the physician's or cardiologist's discretion.
3. To ensure the information in the report is up to date, accurate and correct, doctor shall be consulted for interpretation of the report.
4. Apollo Hospitals and its staff does not offer any assurance on the information made available or be liable for any loss or damage as the said report is based on the AICVD risk score without any intervention from their side.
5. By usage of the AICVD risk score, it is deemed that the beneficiary of this service has agreed to get the same done at his own risk and further agrees with this disclaimer without any limitation or any clauses or sub-clauses.

The Clinical AI Models and APIs used at Apollo Hospitals are certified by ISO 13485 : 2016 vide certificate no. MD 763515



devi lal nimje
29183

14.0. 11:09:26

76 bpm
-- / -- mmHg

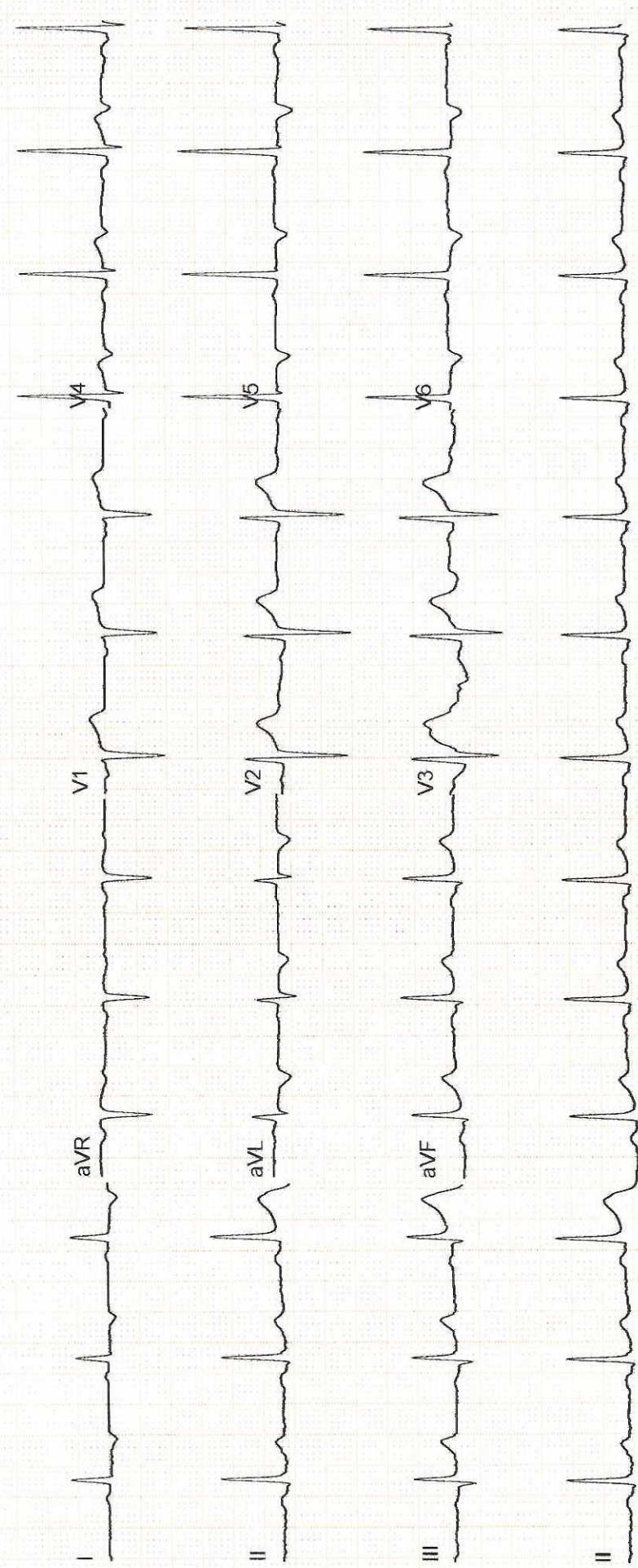
Male

QRS : 76 ms
QT / QTcBaz : 364 / 409 ms
PR : 146 ms
P : 102 ms
RR / PP : 784 / 789 ms
P / QRS / T : 49 / 59 / 108 degrees

Normal sinus rhythm
T wave abnormality, consider lateral ischemia
Abnormal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Location:
Order No. ar:
Indication:
Medication 1:
Medication 2:
Medication 3:



Patient Name:	DEVI LAL NIMJE	Patient ID:	ASHB.0000029183
Age:	58 Years	Sex:	M
Accession Number:	17101.124015376	Modality:	DX
Referring Physician:	Akhil Kumar Tiwari	Study:	CHEST
Study Date:	14-Sep-2024		

X-RAY CHEST (PA VIEW)

Both lung fields are clear. No active pleural or parenchymal lesion is seen.

The hila, mediastinum, bony thoracic cage and the diaphragmatic domes are normal.

The costophrenic and cardiophrenic angles are clear.

The cardiac silhouette is unremarkable.

IMP:- RADIOGRAPHIC IMAGE REVEALS:-

No significant abnormality detected.

Thanks for Ref



DR. HARI SANTOSH
CONSULTANT RADIOLOGIST

Date: 14-Sep-2024 16:32:58



Apollo Sage Hospital

Bhopal

Station

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: NIMJE, DEVILAL

Patient ID: HC-29183

Height: 164 cm

Weight: 79.2 kg

DOB: 12.10.1966

Age: 57 yrs

Gender: Male

Race: Indian

Study Date: 14.09.2024

Test Type: Treadmill Stress Test

Protocol: BRUCE

Referring Physician: --

Attending Physician: Dr. Akhil Kumar Tiwari

Technician: Radha Prajapati

Medications:

--

Medical History:

HTN

Reason for Exercise Test:

Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed [km/h]	Grade [%]	HR [bpm]	BP [mmHg]	Comment
PRETEST	SUPINE	00:17	0.00	0.00	86	120/80	
	STANDING	00:13	0.00	0.00	75	120/80	
	HYPERV.	00:02	0.00	0.00	75	120/80	
	WARM-UP	00:17	1.70	0.00	83	120/80	
EXERCISE	STAGE 1	03:00	2.80	10.00	120	130/80	
	STAGE 2	02:04	4.00	12.00	141	130/80	
RECOVERY		02:14	0.00	0.00	93	120/80	

The patient exercised according to the BRUCE for 5:04 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 77 bpm rose to a maximal heart rate of 142 bpm. This value represents 87 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 130/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: left ventricular hypertrophy.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

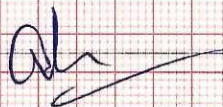
Overall impression: Normal stress test.

Conclusions

-No ST-T Changes Noted During Exercise & Recovery

-Negative Stress Test

Physician



Technician

ULTRA SONOGRAPHY ABDOMEN

NAME	Mr. Devilal Nimje	UHID NUMBER:-	ASHB.0000029183	
REF. BY	AHC	DATE	14.09.2024	AGE/SEX:- 58y/M

Liver:- is borderline enlarged in size (15.2cm) and shows increased parenchymal echotexture with preserved periportal echoes. Portal and hepatic venous system appears normal. Intra and extra hepatic biliary radicals are not dilated.

Gall Bladder:- is shows partial contraction (non-fasting status).

Pancreas is normal in size outline and echopattern.

Spleen is normal in size and echopattern.

Both kidneys are normal in size, shape and echogenicity. Central pelvicalyceal sinus and corticomedullary ratio are normal.

Right kidney measures:- 9.3x4.7cm

Left kidney measures:- 9.9x4.6cm

Urinary bladder is normal in shape and contour. Its wall is normal.

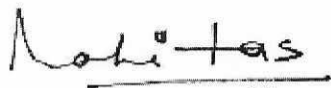
Prostate is enlarged in size and shows heterogeneous parenchymal echotexture. Estimated volume is- 30cc.

No evidence of ascites is seen.

IMPRESSION:- Sonography Study Reveals:-

- **Borderline Hepatomegaly with grade-I fatty liver.**
- **Prostatomegaly (30cc).**

ADV:- Clinical Correlation.



DR. HARI SANTOSH
CONSULTANT RADIOLOGIST



Ir.devi lal nimje
D: 29183

Male

Years

14.0. 11:09:26

05:37

D 763

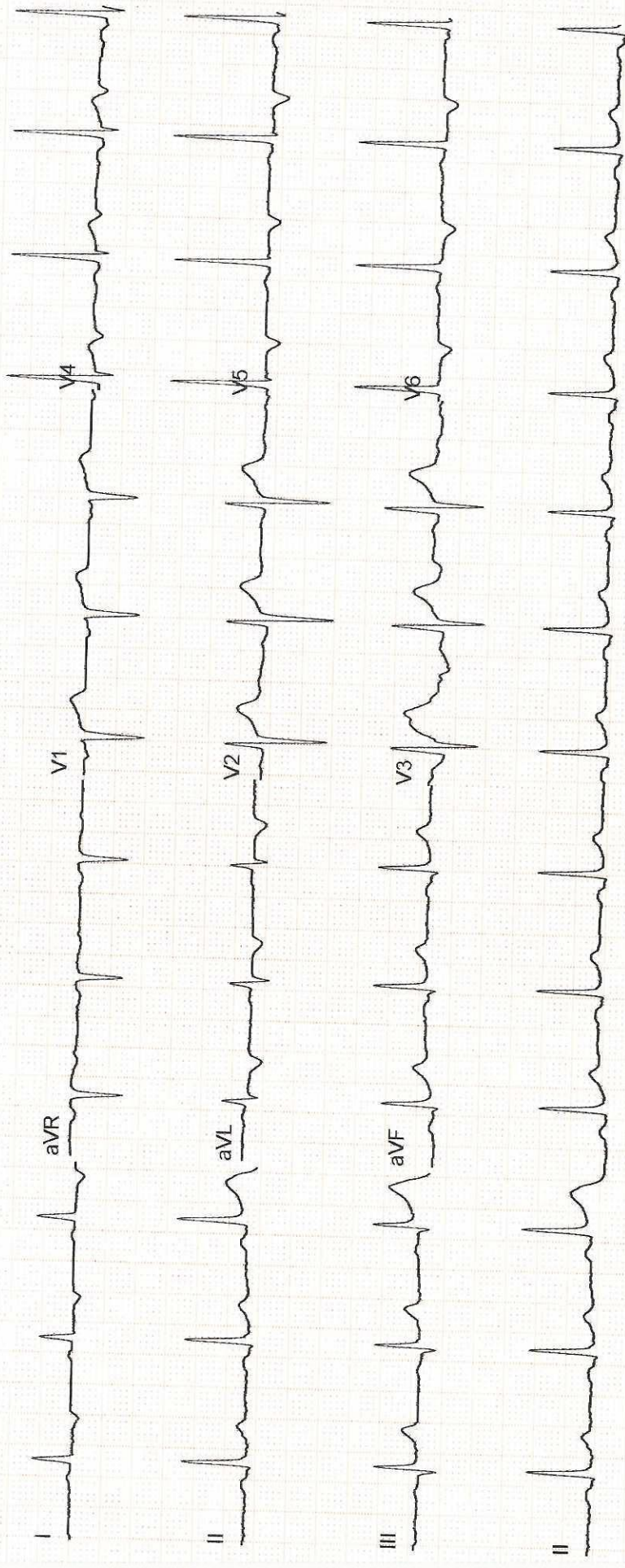
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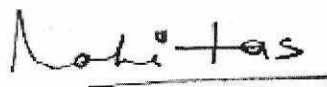
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The costophrenic and cardiophrenic angles are clear.

The cardiac silhouette is unremarkable.

IMP:- RADIOGRAPHIC IMAGE REVEALS:-

No significant abnormality detected.

Thanks for Ref



DR. HARI SANTOSH
CONSULTANT RADIOLOGIST

Date: 14-Sep-2024 16:32:58



Name : **Mr. DEVI LAL NIMJE** Age : **58Yr 0Mth 2Days** Gender : **Male**
 UHID : ASHB.0000029183 /BPLAH9965 **W/BNo/RefNo: AHC**
 SIN \ LRN : 168476 \ 168481 \ 168479 \ 168480 \ 66223
 Specimen : Blood
 Ref Doctor : Dr. Promise Jain



ASHB.0000029183

Collected on : 14-SEP-2024 10:08:11 AM Received on : 14-SEP-2024 10:31:57 AM Reported on : 14-SEP-2024 02:49:13 PM

MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GLUCOSE - SERUM / PLASMA (FASTING)			
GLUCOSE - PLASMA (FASTING)	96	70-100	mg/dL
GLUCOSE - SERUM / PLASMA (POST PRANDIAL)			
GLUCOSE - PLASMA - (POST PRANDIAL)	253 *	70-140	mg/dL
GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD	6.7 *	4.0-5.6	%
CHOLESTEROL - SERUM / PLASMA	163	Desirable: <200 Borderline High: 200-239 High >240	mg/dL
HDL CHOLESTEROL - SERUM / PLASMA	32 *	>40	mg/dL
LDL CHOLESTEROL - SERUM / PLASMA	129 *	Optimal: <100 Above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very high: >190	mg/dL
TRIGLYCERIDES - SERUM / PLASMA	195 *	Normal<150 Borderline high 150-199 High 200-499 Very high: ≥ 500	mg/dL
VLDL CHOLESTEROL - SERUM	39 *	15-30	

Name : **Mr. DEVI LAL NIMJE** Age : **58Yr 0Mth 2Days** Gender : **Male**
 UHID : ASHB.0000029183 / BPLAH9965 W/BNo/RefNo : AHC
 SIN \LRN : 168477 \ 168482 \ 66223
 Specimen : Urine
 Ref Doctor : Dr. Promise Jain



Collected on : 14-SEP-2024 12:11:12 PM Received on : 14-SEP-2024 12:12:07 PM Reported on : 14-SEP-2024 05:07:53 PM

MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
CBC			
HAEMOGLOBIN	14.3	13.0-17.0	g/dL
Packed cell volume (Calculated)	43.1	38.3-48.6	%
RBC COUNT(Impedance)	4.75	4.50-5.90	Million/ul
MCV-	90.7	80-100	fl
MCH-	30.0	27-32	pg
MCHC-	33.1	32-36	g/dL
RDW (Derived from RBC histogram)	14.3	11.8 - 14.5	%
TLC COUNT	7.56	4.0-11.0	10 ³ /mm ³
DIFFERENTIAL COUNT			
Neutrophils	64	40-80	%
Lymphocytes	24	20-40	%
Monocytes	6	2-10	%
Eosinophils	6	1-6	%
Basophils	0	0-2	%
Platelet Count(Impedance)	257.8	150-450	10 ³ /mm ³
Mean Platelet Volume	7.6	6.5-12.0	fl
ERYTHROCYTE SEDIMENTATION RATE (ESR)	13	0-15	mm/1st hr
URINE ROUTINE (CUE)			
MACROSCOPIC EXAMINATION			
Specific Gravity(Automated – Reflectance Spectrometer)	1.005	1.005 - 1.025	
Colour:(Naked Eye Examination)	Pale-Yellow		

Name : **Mr. DEVI LAL NIMJE** Age : **58Yr 0Mth 2Days** Gender : **Male**
 UHID : ASHB.0000029183 / BPLAH9965 W/BNo/RefNo : AHC
 SIN \LRN : 168477 \ 168482 \ 66223
 Specimen : Urine
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Collected on : 14-SEP-2024 12:11:12 PM Received on : 14-SEP-2024 12:12:07 PM Reported on : 14-SEP-2024 05:07:53 PM

Transparency:(Naked Eye Examination)	Clear		
pH(Automated – Reflectance Spectrometer)	Acidic		
Protein :(Automated – Reflectance Spectrometer/Sulpho salicylic acid method)	Nil		
Sugar:(Automated - Reflectance Spectrometer/ Benedict's Test)	Nil		
Ketone(Automated – Reflectance Spectrometer/Rothera's test)	Nil		
Bilirubin: (Automated – Reflectance Spectrometer/Fouchet's method)	Nil		
Cells:			
RBC(Automated - Reflectance spectrometer/Microscopy/Flow cytometric)	Nil		
Pus Cells(Automated – Reflectance spectrometer/Microscopy/Flow cytometric)	8-10	0.0 - 5.0/HPF	/hpf
Epithelial Cells(Microscopic /Flow cytometric)	1-2	<20	/hpf
Yeast Cells	Absent		
Bacteria:	Present		
Casts:(Microscopic /Flow cytometric)	Absent	ABSENT	
Crystals:(Microscopic /Flow cytometric)	Absent		

Name : Mr. DEVI LAL NIMJE Age : 58Yr 0Mth 2Days Gender : Male
UHID : ASHB.0000029183 / BPLAH9965 W/BNo/RefNo : AHC
SIN \LRN : 168477 \ 168482 \ 66223
Specimen : Urine
Ref Doctor : Dr. Promise Jain



Collected on : 14-SEP-2024 12:11:12 PM Received on : 14-SEP-2024 12:12:07 PM Reported on : 14-SEP-2024 05:07:53 PM

Report Status:Final

* END OF REPORT *

CHECKED BY : 154234
727938

First Report Printed On : 16-SEP-2024 11:10:18 AM
Printed On : 19-SEP-2024 09:58:47 AM

A handwritten signature in black ink, appearing to read 'Dr. Shubhra Prasad', written over a light blue rectangular background.

Dr. Shubhra Prasad
Consultant Pathologist

Name : Mr. DEVI LAL NIMJE Age : 58Yr 0Mth 2Days Gender : Male
UHID : ASHB.0000029183 / BPLAH9965 W/BNo/RefNo : AHC
SIN \LRN : 168478 \ 66223
Specimen : Blood
Ref Doctor : Dr. Promise Jain



Collected on : 14-SEP-2024 10:08:11 AM Received on : 14-SEP-2024 10:31:15 AM Reported on : 14-SEP-2024 11:12:44 AM

MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE

<u>TEST NAME</u>	<u>RESULT</u>
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BLOOD GROUPING AND TYPING (ABO and Rh)

ABO Group:	O
Rh (D) Type:	Positive

Report Status:Final

* END OF REPORT *

CHECKED BY : 154232
725449

First Report Printed On : 16-SEP-2024 11:10:36 AM
Printed On : 19-SEP-2024 09:59:09 AM

A handwritten signature in blue ink, appearing to read 'Dr. Samir Singh'.

Dr. Samir Singh
Consultant Blood Bank