

DATE- 10/1/2024

NAME - CHAYAN MANDAL

PHONE - 9711434573

AGE/GENDER - 39 / M

ADDRESS - C-332, Sec 43, Gurgaon

EMAIL - Nitkayanna.471@gmail.com

CORPORATE NAME -

1. Past medical history & medications:- Covid 19

2. Any existing disease:- NA

3. Current medications :- NA

4. VITALS - (To be filled by medical personnel)

- BLOOD PRESSURE - 140/80 mmHg
- PULSE RATE - 76 bpm
- TEMPERATURE - 97.8°F
- SPO2 - 96%
- BLOOD SUGAR (RANDOM) - .....
- HEIGHT - 174 cm
- WEIGHT - 92.9 kg
- BMI - 30.7 (obese).

vision - RE - 6/6

LE - 6/4<sub>2</sub>

Colour vision - (N)

9A-11A, Ground Floor, Vipul Trade Centre,  
Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

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Not Valid For Medico Legal Cases

TO BOOK AN APPOINTMENT



5. FINDINGS: -

LAB INVESTIGATION: -

Slight high ESR value  
Borderline high SALT & SGOT value  
Slight high Uric Acid value. 10.6  
Other blood & Urine Reports WNR.

CARDIOLOGY INVESTIGATIONS: - 2D Echo  
Grade I LVDD, PAPA 30.  
ECG - Normal.

RADIOLOGY INVESTIGATIONS: - USG - Grade I fatty liver  
CXR - Normal.

6. DOCTOR REMARKS: - weight loss, dietary &  
life style modification.  
- Raised uric Acid.





Name: Mr. Chayan Mandal  
Patient ID: 3d9e60b2-e51b-4593-a47c-28202bfe2198

11-02-2024 11:47:16  
Standard 12-Lead

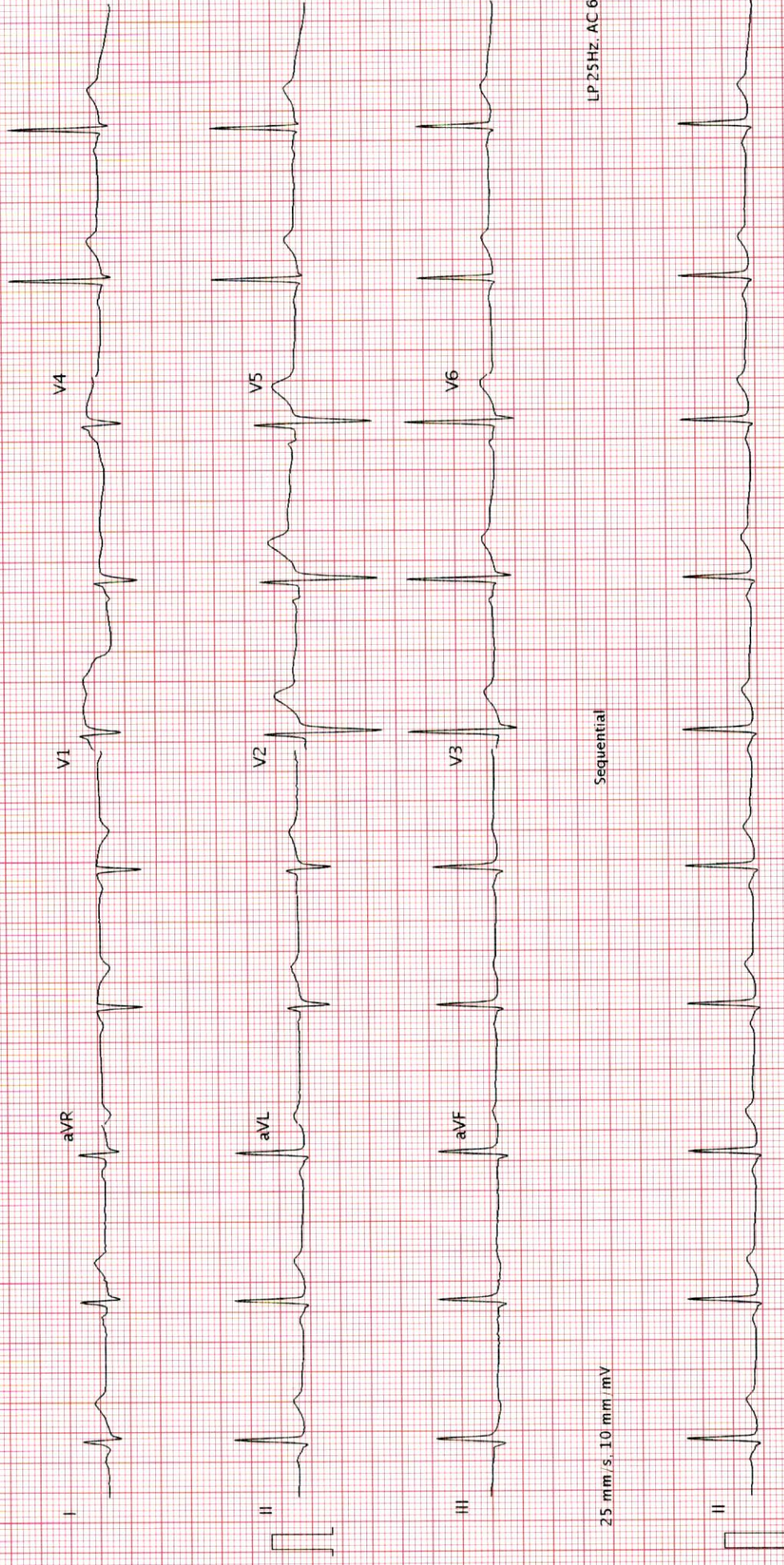
Date of birth: 27.04.1984  
Gender: Male  
Height: [blank]  
Weight: [blank]  
Ethnicity: Undefined  
Pacemaker: Unknown

HR: 61 bpm  
RR: [blank]  
P axis: 43°  
QRS axis: 74°  
T axis: 10°

Sinus rhythm  
Normal electrical axis  
Normal ECG  
Unconfirmed report

Indication:  
Remark:

Normal



25 mm/s, 10 mm/mV

AT-102 G2 1.2.0 (1080-009830)

Printed on 11.02.2024 11:47:29

LP 25Hz, AC 60Hz

Page 1 of 1

Part No. 2.157048M

0.8D

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## ECHOCARDIOGRAPHY REPORT

Patient's Name	MR. CHAYAN MANDAL	Date	11-02-2024
Referred by	HEALTH CHECK UP	Age & Sex	39 Yrs/M

### MITRAL VALVE

Morphology **AML - Normal** / Thickening/Calcification/ Flutter/ Vegetation/ Prolapse/ SAM/ Doming  
**PML - Normal** / Thickening/ Calcification/ Mild Prolapse/ Paradoxical motion/ fixed.  
 Sub valvular deformity Present/ **Absent** Score: .....

Doppler **Normal**/Abnormal **E>A** **A>E**  
 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 Stenosis Present/ **Absent** RR interval.....  
 EDG.....mmHg MDG.....mmHg  
 Tricuspid Regurgitation: **Absent**/ Trivial/ **Mild**/ Moderate/ Severe Fragmented signals  
 Velocity.....m/sec

### PULMONARY VALVE

Morphology **Normal**/ Atresia/ Thickening/ Doming/ Vegetation  
 Doppler **Normal**/ Abnormal  
 Pulmonary Stenosis Present/**Absent** Level Valvular and Sub valvular  
 PV Max = **1.08** m/sec PSG.....mmHg Pulmonary annulus.....mm  
 Pulmonary Regurgitation Present/ **Absent**  
 Early diastolic gradient.....mmHg. End Diastolic Gradient.....mmHg

### AORTIC VALVE

Morphology **Normal**/ Thickening/ Tip Calcification/ Restricted Opening/ Flutter vegetation  
 No. of cusps 1/2/**3**/4

Doppler **Normal**/ Abnormal  
 Aortic Stenosis. Present/**Absent**  
 AV Max = **1.70** m/sec Aortic Annulus.....mm  
 Aortic Regurgitation **Absent**/ Trivial/ Mild/Moderate/ Severe

<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal Values</u>
Aorta- 2.8	(2.0-3.7 cm)	LAes- 3.4	(1.9-4.0 cm)
LVes- 2.4	(2.2-4.0 cm)	LVED- 4.2	(3.7-5.6 cm)
IVSed-1.0	(0.6-1.1 cm)	PW (LV)-0.9	(0.6-1.1 cm)
RV ed	(0.7-2.6 cm)	RV anterior wall	(up to 5 mm)
LVVd (ml)		LVVs (ml)	
EF 55 %	(54%-76%)	IVS motion	<u>Normal</u> / Flat/ Paradoxical

CHAMBERS:

LV	<u>Normal</u> / Enlarged/ Clear/ Thrombus/Hypertrophy Contraction <u>Normal</u> / Reduced
LA	<u>Normal</u> / Enlarged/ <u>Clear</u> / Thrombus
RA	<u>Normal</u> / <u>Enlarged</u> / <u>Clear</u> / Thrombus
RV	<u>Normal</u> / <u>Enlarged</u> / <u>Clear</u> / Thrombus
Pericardium	<u>Normal</u> / Thickening/ Calcification/ Effusion

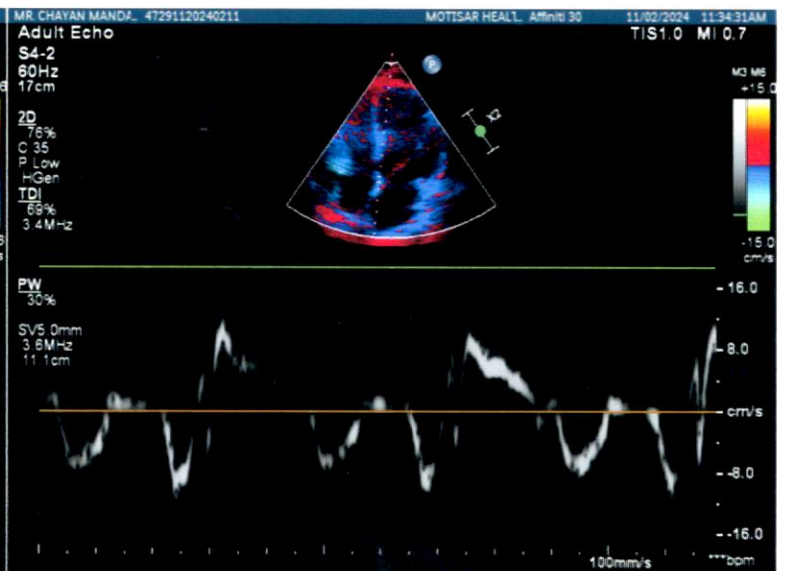
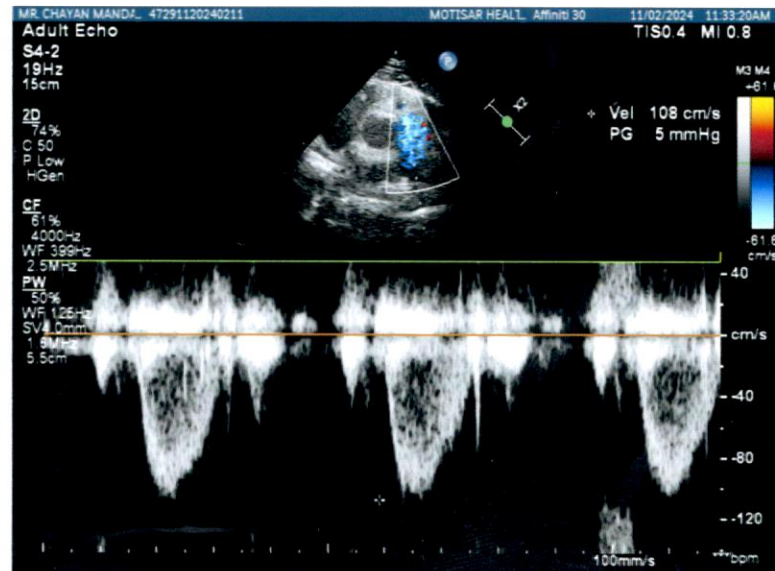
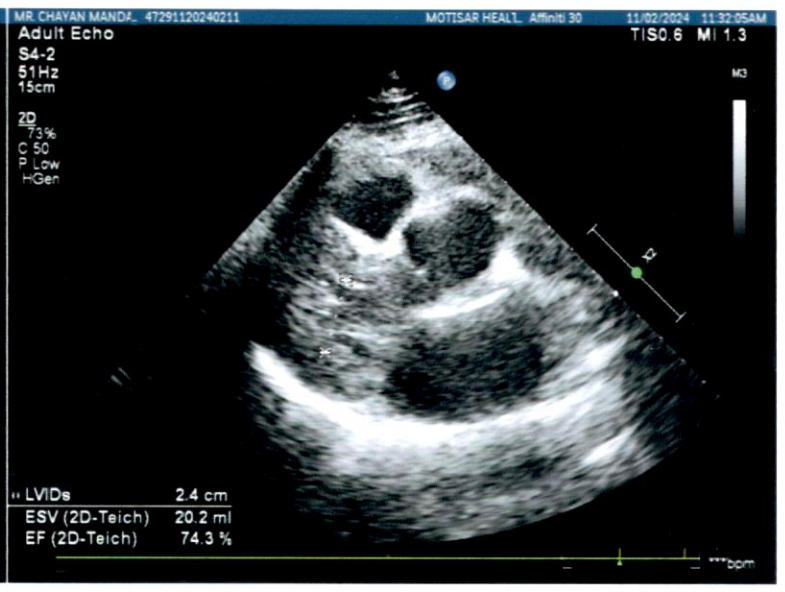
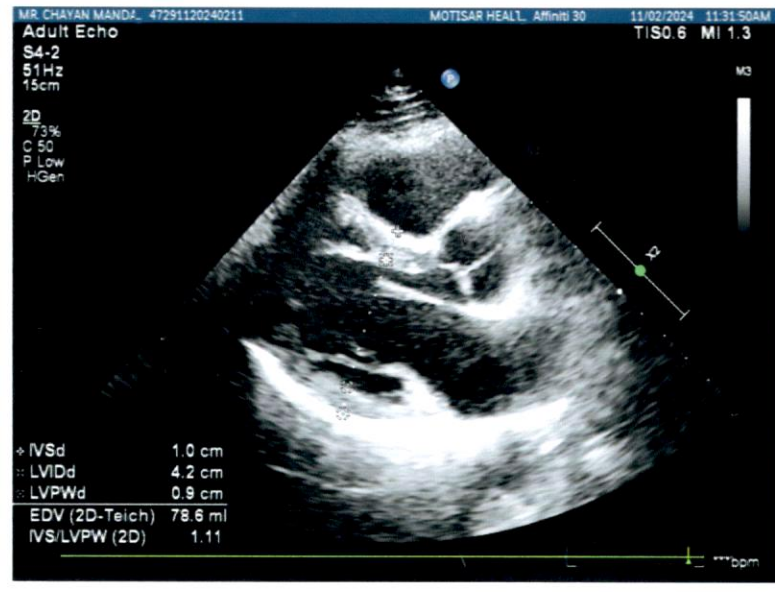
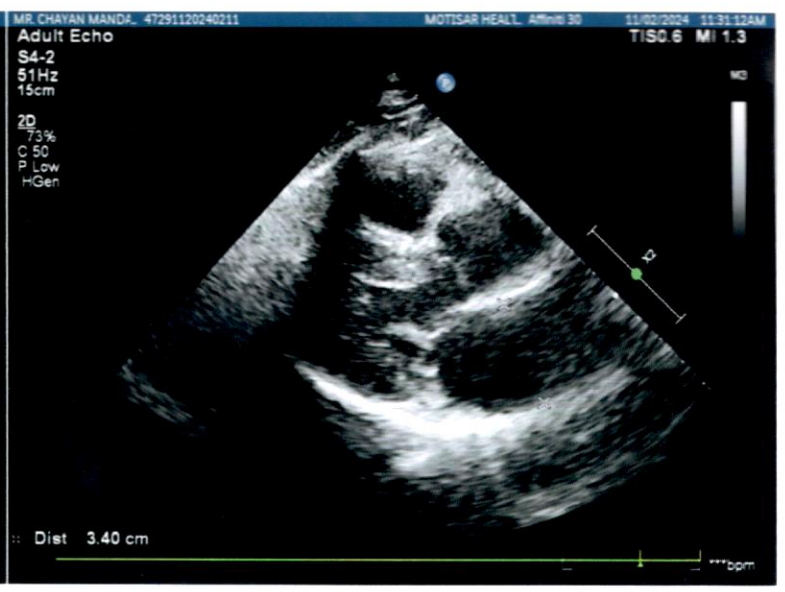
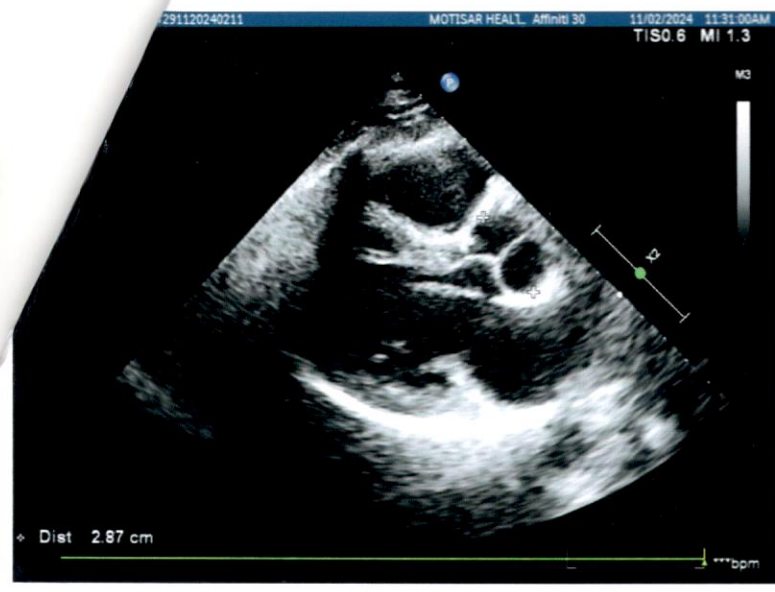
COMMENTS AND SUMMARY

- NO LV RWMA, LVEF ~ 55%
- NORMAL CARDIAC CHAMBERS DIMENSIONS
- GRADE I DIASTOLIC DYSFUNCTION
- MILD MR
- MILD TR (RVSP ~ 30 mmHg)
- NO AS/NO AR
- IVC NORMAL WITH NORMAL RESPIRATORY VARIATION
- NO IC CLOT/VEG/PE

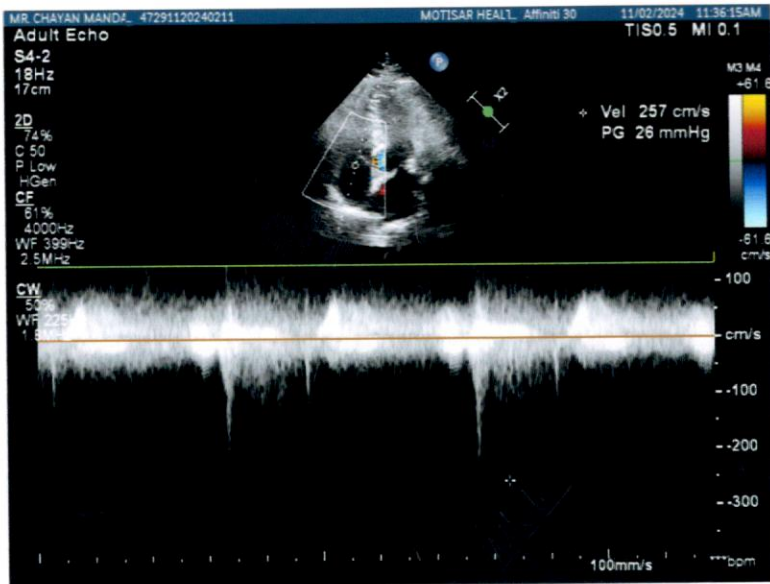
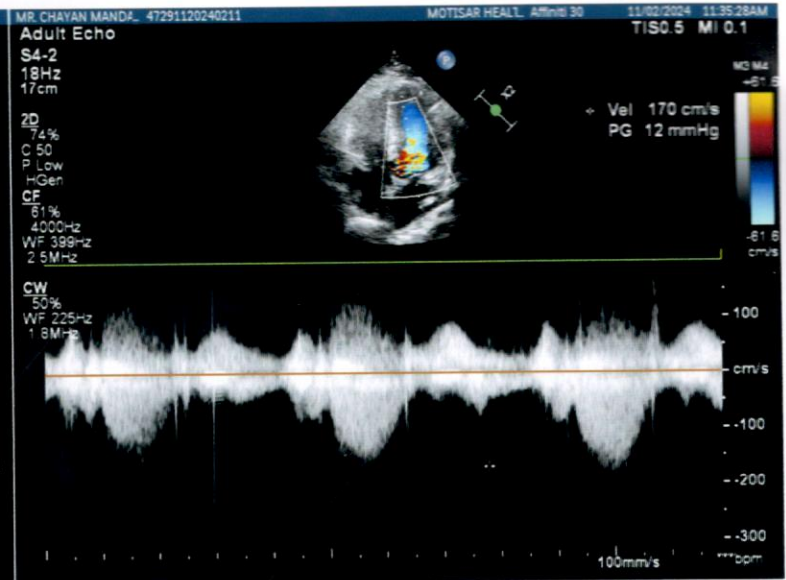
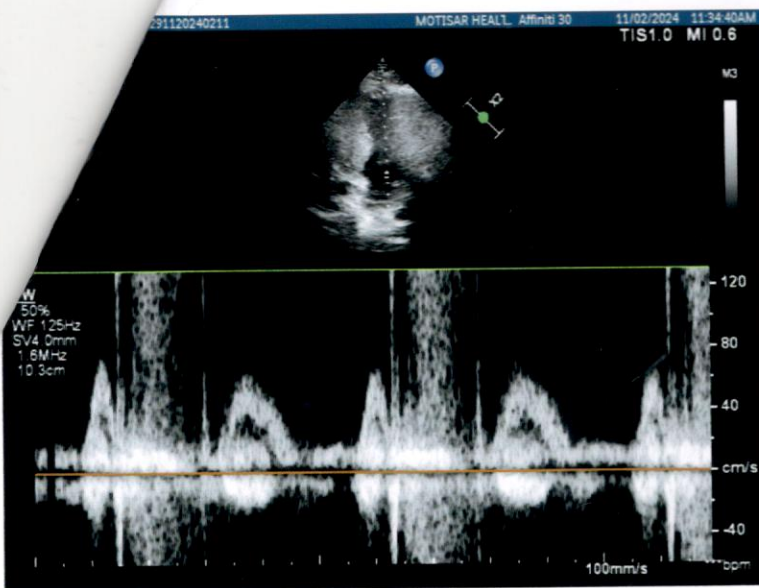
Kindly correlate clinically



DR. NITESH MISHRA  
MBBS, MD







Patient's Name:-	MR. CHAYAN MANDAL	Date :-	10/02/2024
Referred By :-	HEALTH CHECKUP	Age/Sex :-	39Y/M

### Radiograph of Chest (PA View)

Visualized lung fields are clear  
Both hila appear normal  
Both CP Angle are clear.  
Domes are normally placed.  
Cardiac shadow appears normal.  
Trachea and mediastinum are normal.  
Thoracic bony cage is normal.  
Please correlate clinically




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Dr Arushi Gupta  
MBBS, DNB (Radio - Diagnosis)  
Radiologist



## MEDICAL CERTIFICATE OF FITNESS

I have examined shri/kumari/smt. Chayan Mandal.  
aged 39 Years, and certify that, he/she is not suffering from  
any infirmity, mental or physical, likely to interfere with the  
efficiency of his/her work and found him/her possessing good health.  
This certificate is being given to him/her for the purpose of

  
Signature/ Stamp of Medical officer

Date: 10/2/24  
Place: Gurgaon.

Patient's name:- MR CHAYAN MANDAL  
Referred by:- HEALTH CHECK UP

10.02.2024  
Age/Sex:-39YRS/M

### ULTRASOUND WHOLE ABDOMEN

CLINICAL PROFILE – HEALTH CHECKUP

The movements of both the domes of diaphragm are normal.

*The liver is normal in size, outline show increase in parenchymal echotexture. No focal lesion is seen. The portal vein is normal in calibre and course.*

The gall bladder shows normal contents. The intra hepatic biliary radicals and CBD are normal.

The pancreas and spleen are normal.

Both kidneys pare normal in size, outline and parenchymal echopattern. No calculus, hydronephrosis or any other abnormality is seen on either side.

No free fluid is seen in the peritoneal cavity.

No lymph node enlargement is seen in the para-aortic region.

The urinary bladder is normal in outline.

The prostate is not enlarged.

The seminal vesicles are symmetrical.

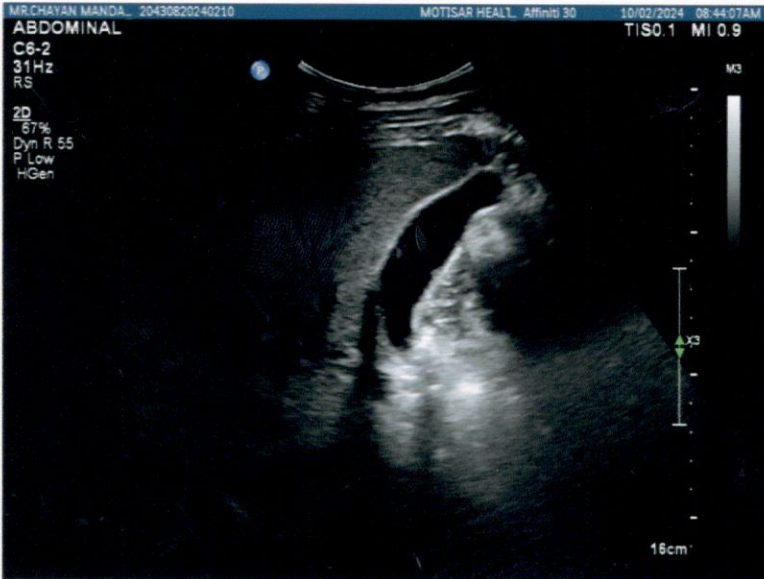
#### **IMPRESSION:**

GRADE I FATTY INFILTRATION OF LIVER..  
CLINICAL CORRELATION IN NECESSARY.

DR. RAJNISH JUNEJA

MBBS, DNB RADIODIAGNOSIS





**DR. BINDU BISHT**  
B.D.S, MIDA, MISDT  
(General Dentist)



NAME:- Chayan Mandal AGE/SEX: 39 / M DATE: 10 Feb 24

C/c Through health checkup

O/e Calculus ++  
Stains +++

Ad. Chronic generalised gingivitis,  
chronic localised periodontitis

Advice - scaling & polishing

TO BOOK AN APPOINTMENT





<b>Patient Name</b> : Mr. CHAYAN MANDAL	Barcode NO	: 10061248
Age/Gender : 39 Y O M O D /M	Registration Date	: 10/Feb/2024 03:24PM
<b>LabNo</b> : ITS2621	Sample Collected Date	: 10/Feb/2024 03:24PM
Ref Doctor : Dr.CORPORATE HEALTH CHECKUP	Report Generated Date	: 10/Feb/2024 05:28PM

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE BLOOD COUNT</b>				
<b>Sample Type : WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN (HB)	13.4	gm/dl	12.00-16.00	spectrophotometer
RBC COUNT (RED BLOOD CELL COUNT)	5.1	million/cmm	4.50 - 5.50	Electrical impedance
PCV/HAEMATOCRIT	<b>39.7</b>	%	40-50	Electronic Pulse & calculation
MCV	<b>78.4</b>	fL	81 - 101	Calculated
MCH	<b>26.5</b>	pg	27-32	Calculated
MCHC	33.8	g/dl	31.5 - 34.5	Calculated
RDW-CV	13.0	%	11.5-14.5	Calculated
RDW-SD	41.8	fL	39-46	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,280	cell/cmm	4000 - 10000	Electrical impedance
PLATELET COUNT	1.5	lac/mm <sup>3</sup>	1.50 - 4.50	Optical Flowcytometry
MPV	11.6	fL	8.60-15.50	Calculated
PCT	0.2	%	0.15-0.62	Calculated
PDW-CV	17.80	%	10.0 - 17.9	Calculated
PDW-SD	<b>22</b>	fL	9.0 - 17.0	Calculated
<b>DLC (by Flow cytometry/Microscopy)</b>				
NEUTROPHIL	57	%	40 - 80	Electrical impedance
LYMPHOCYTE	33	%	20 - 40	Electrical impedance
MONOCYTE	07	%	2 - 10	Electrical impedance
EOSINOPHIL	03	%	01 - 06	Electrical impedance
BASOPHIL	00	%	00 - 02	Electrical impedance
ABSOLUTE NEUTROPHIL COUNT	3.0	x10 <sup>3</sup> Cells/uL	1.5-7.8	Electrical impedance
ABSOLUTE LYMPHOCYTE COUNT	<b>1.7</b>	x10 <sup>3</sup> Cells/uL	2.0-3.9	Electrical impedance
ABSOLUTE MONOCYTE COUNT	0.4	x10 <sup>3</sup> Cells/uL	0.2-0.95	Electrical impedance
ABSOLUTE EOSINOPHIL COUNT	<b>0.1</b>	x10 <sup>3</sup> Cells/uL	0.2-0.5	Electrical impedance
ABSOLUTE BASOPHIL COUNT	<b>0</b>	x10 <sup>3</sup> Cells/uL	0.02-0.2	Electrical impedance



*Prasad*

Dr Sarita Prasad  
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Sr. Consultant (HMC.9669)

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TO BOOK AN APPOINTMENT



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Ref Doctor : Dr.CORPORATE HEALTH CHECKUP	Report Generated Date	: 10/Feb/2024 05:27PM

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**ERYTHROCYTE SEDIMENTATION RATE**
**Sample Type : WHOLE BLOOD EDTA**

ERYTHROCYTE SEDIMENTATION RATE	<b>28</b>	mm/1st hr	1-12	Westergren
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**COMMENTS:** ESR is an acute phase reactant that indicates the presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders, and renal diseases. Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency). Falsely decreased levels may indicate Sick cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.




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<b>LabNo</b> : ITS2621	<b>Sample Collected Date</b> : 10/Feb/2024 03:24PM
<b>Ref Doctor</b> : Dr.CORPORATE HEALTH CHECKUP	<b>Report Generated Date</b> : 10/Feb/2024 08:04PM

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**BLOOD GROUP ABO & RH**

**Sample Type : WHOLE BLOOD EDTA**

ABO	A			Gel Columns agglutination
Rh Typing	Positive			Gel agglutination

**COMMENTS:**

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

**Disclaimer:** There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.




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<b>LabNo</b> : ITS2621	<b>Sample Collected Date</b> : 10/Feb/2024 03:24PM
<b>Ref Doctor</b> : Dr.CORPORATE HEALTH CHECKUP	<b>Report Generated Date</b> : 10/Feb/2024 07:49PM

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**HBA1C**

**Sample Type : WHOLE BLOOD EDTA**

HBA1c	5.1	%	Normal Glucose tolerance (non-diabetic): <5.6%-Pre-diabetic: 5.7-6.4%-Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	99.67	mg/dl		

**INCREASED IN**

1. Chronic renal failure with or without hemodialysis.
2. Iron deficiency anemia. Increased serum triglycerides.
3. Alcohol.
4. Salicylate treatment.

**DECREASED IN**

1. Shortened RBC life span (hemolytic anemia, blood loss), Pregnancy.
2. Ingestion of large amounts (>1g/day) of vitamin C or E.
3. Hemoglobinopathies (e.g.: spherocytes) produce variable increase or decrease.
4. Results of %HbA1c are not reliable in patients with chronic blood loss and consequent variable erythrocyte life span.




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<b>LabNo</b> : ITS2621	Sample Collected Date	: 10/Feb/2024 03:24PM
Ref Doctor : Dr.CORPORATE HEALTH CHECKUP	Report Generated Date	: 11/Feb/2024 10:54AM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST</b>				
<b>Sample Type : SERUM</b>				
TOTAL BILIRUBIN	1.17	mg/dl	0.1-1.2	Diazotized, Sulfanilic
CONJUGATED ( D. Bilirubin)	0.28	mg/dl	0.00-0.30	Jendrassik & Groff
UNCONJUGATED ( I.D. Bilirubin)	0.89	mg/dl	0.1-1.0	Calculated
S.G.P.T	<b>56</b>	U/L	10.0-35.0	Enzymatic,IFFC
SGOT	<b>53</b>	U/L	8.0-35.0	Enzymatic,IFFC
GGT	42	U/L	8.0-55.0	Colorimetric Method
ALKALINE PHOSPHATASE	67	U/l	30-120	P-Nitrophenyl phosphate
TOTAL PROTEINS	6.8	gm/dl	6.40-8.30	Biuret
ALBUMIN	4.4	gm/dl	3.5-5.0	BCG
GLOBULIN	2.4	gm/dl	2.0-4.1	Calculated
A/G RATIO	1.83		1.0-2.0	Calculated



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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE</b>				
<b>Sample Type : SERUM</b>				
TOTAL CHOLESTEROL	197.2	mg/dl	<200~Borderline: 200 – 239~High : >=240	Cholesterol oxidase/peroxidase
TRIGLYCERIDES	56.7	mg/dl	<150~BorderLine : 150-199~High : 200-499~Very High : >=500	Glycerol phosphate oxidase/peroxidase
H D L CHOLESTEROL	41.8	mg/dl	Normal: > 40~Major Heart Risk : < 40	Phosphotungstate/Mg-Cholesterol oxidase/ peroxidase
L D L CHOLESTEROL	<b>144.06</b>	mg/dl	70-106~Above Optimal : 100-129~Borderline High : 130-159~High : 160-189~Very High : >=190	Calculated
NON HDL CHOLESTEROL	<b>155.4</b>	mg/dl	Desirable: <130~BorderLine : 150-199~High : 200-499~Very High : >=500	Calculated
VLDL	<b>11.34</b>	mg/dl	15-30	Calculated
T. CHOLESTEROL/ HDL RATIO	4.72			Calculated
LDL / HDL RATIO	3.45			Calculated



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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>PLASMA GLUCOSE - FASTING</b>				
<b>Sample Type : FLOURIDE PLASMA</b>				
Plasma Glucose Fasting	98.55	mg/dl	70 - 100	Glucose Oxidase/Peroxidase

<b>PLASMA GLUCOSE - PP</b>				
<b>Sample Type : FLOURIDE PLASMA (PP)</b>				
Plasma Glucose PP	87.61	mg/dl	80-140	Glucose Oxidase/Peroxidase

**INTERPRETATION:**

**Increased In**

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

**Decreased In**

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders



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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>KIDNEY FUNCTION TEST</b>				
<b>Sample Type : SERUM</b>				
SERUM UREA	27.2	mg/dL	15-39	Urease GLDH
Blood Urea Nitrogen (BUN)	12.71	mg/dl	5-25	
SERUM URIC ACID	<b>10.6</b>	mg/dl	3.5-7.20	URICASE
SERUM CREATININE	1.22	mg/dl	0.60-1.30	Jafees
Estimated Glomerular Filtration Rate (eGFR)	52.15	mL/min/1.73m <sup>2</sup>	REFER INTERPRETAION	
SERUM TOTAL CALCIUM	10.2	mg/dl	8.3-10.3	Arsenazo III
SERUM SODIUM	136.5	mmol/L	136.0-149.0	ISE
SERUM POTASSIUM	4.62	mmol/L	3.5-5.0	ISE
SERUM CHLORIDE	106.2	mmol/L	98.0-109.0	ISE



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TO BOOK AN APPOINTMENT





<b>Patient Name</b> : Mr. CHAYAN MANDAL	<b>Barcode NO</b> : 10061248
<b>Age/Gender</b> : 39 Y O M O D /M	<b>Registration Date</b> : 10/Feb/2024 03:24PM
<b>LabNo</b> : ITS2621	<b>Sample Collected Date</b> : 10/Feb/2024 03:24PM
<b>Ref Doctor</b> : Dr.CORPORATE HEALTH CHECKUP	<b>Report Generated Date</b> : 10/Feb/2024 07:09PM

**DEPARTMENT OF HORMONE ASSAYS**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE (T3,T4,TSH)</b>				
<b>Sample Type : SERUM</b>				
T3	0.98	ng/ml	0.61-1.81	ELISA
T4	7.65	ug/dl	4.80-11.60	ELISA
TSH	1.180	uIU/mL	0.40-4.20	ELISA

**INTERPRETATION:**

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, mainutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

**9. REFERENCE RANGE :**


PREGNANCY	TSH in uIU/mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

Age	TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs.	0.70 - 6.40
>55 Yrs.	0.50 - 8.90

(References range recommended by the American Thyroid Association)

**Comments:**

- During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

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Ref Doctor : Dr.CORPORATE HEALTH CHECKUP	Report Generated Date	: 10/Feb/2024 07:24PM

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**URINE ROUTINE EXAMINATION**

Sample Type : URINE

**Complete Urine Analysis (CUE)**

COLOUR	STRAW		PALE YELLOW	VISUAL
TRANSPARENCY	CLEAR		Clear	VISUAL
Reaction (pH)	6.50		5 - 7.5	Bromothymol Blue
SPECIFIC GRAVITY	1.005		1.002 - 1.030	Dipstick

**Chemical Examination (Automated Dipstick Method) Urine**

Urine Glucose (sugar)*	Negative		NEGATIVE	GOD-POD
Urine Protein	Negative		NEGATIVE	PROTEIN ERROR OF INDICATOR
Urine Ketones	Negative		NEGATIVE	NITROPRUSSIDE
Blood*	Negative		NEGATIVE	Dipstick
Leukocyte esterase*	Negative		Negative	PYRROLE HYDROLYSIS
Nitrite*	Negative		NEGATIVE	Dipstick
Urobilinogen*	NORMAL		Normal	EHRlich

**Microscopic Examination Urine**

PUS CELLS	3-4	/hpf	0 - 5	Microscopy
Epithelial Cells*	0-1		<10	Microscopy
Red blood Cells*	NIL	/hpf	0 - 2	Microscopy
Cast*	NIL		Absent	Microscopy
Crystals*	NIL		Absent	Microscopy




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Ref Doctor : Dr.CORPORATE HEALTH CHECKUP	Report Generated Date	: 10/Feb/2024 07:24PM

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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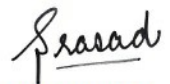
**URINE FOR SUGAR - FASTING**

Sample Type : Urine

Result	Nil		Nil	Benedicts test
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**INTERPRETATION:**

When the glucose level in blood exceeds the renal thresholds of glucose (160-180mg/dl) glucose starts to appear in urine. Glucose in urine gets excreted in diabetes mellitus. Elevated level of glucose in urine may also be a result of renal glucosuria. Other causes of glucose in urine are hyperthyroidism, high sugar diet, liver cirrhosis.

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<b>Age/Gender</b> : 39 Y O M O D /M	<b>Registration Date</b> : 10/Feb/2024 03:24PM
<b>LabNo</b> : ITS2621	<b>Sample Collected Date</b> : 10/Feb/2024 03:24PM
<b>Ref Doctor</b> : Dr.CORPORATE HEALTH CHECKUP	<b>Report Generated Date</b> : 10/Feb/2024 07:35PM

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**URINE FOR SUGAR - POST PRANDIAL**

**Sample Type : URINE**

Result	Nil		Nil	Benedicts test
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\*\*\* End Of Report \*\*\*



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