



Collected On : 4/4/2024 10:36 am Name : Mr. MANI MASILAMANI (A)

. 4/4/2024 10:46 am Lab ID. Received On : 188716

Reported On : 4/4/2024 5:18 pm Age/Sex : 31 Years / Male

Report Status : FINAL Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

TEST NAME UNIT REFERENCE RANGE **RESULTS HEMOGLOBIN** 14.2 gm/dl 13 - 18 HEMATOCRIT (PCV) 42 - 52 42.6 % **RBC COUNT** 4.55 x10^6/uL 4.70 - 6.50MCV 94 80 - 96 MCH 31.2 27 - 33pg **MCHC** 33 g/dl 33 - 36 RDW-CV 13.2 % 11.5 - 14.5 7210 **TOTAL LEUCOCYTE COUNT** 4000 - 11000 /cumm **DIFFERENTIAL COUNT NEUTROPHILS** 58 % 40 - 80 LYMPHOCYTES 20 - 40 32 % **EOSINOPHILS** 03 % 0 - 6 **MONOCYTES** 07 % 2 - 10 **BASOPHILS** 00 0 - 1 % **PLATELET COUNT** 150000 - 450000 233000 / cumm MPV 10.2 6.5 - 11.5fl

COMPLETE BLOOD COUNT

Method: EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method). Rest are calculated parameters.

Normocytic Normochromic

Result relates to sample tested, Kindly correlate with clinical findings.

16.5

0 240

Normal

Adequate

%

%

Checked By SHAISTA Q

PDW

PCT

RBC MORPHOLOGY

WBC MORPHOLOGY

PLATELETS ON SMEAR

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist**

9.0 - 17.0

0.200 - 0.500

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URINE ROUTINE EXAMINATION

UNIT REFERENCE RANGE **TEST NAME RESULTS**

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

VOLUME 20ml

COLOUR Pale Yellow Pale Yellow

APPEARANCE Clear Clear

CHEMICAL EXAMINATION

REACTION Acidic Acidic

(methyl red and Bromothymol blue indicator)

1.005 - 1.022 SP. GRAVITY 1.010

(Bromothymol blue indicator)

PROTEIN Absent Absent

(Protein error of PH indicator)

BLOOD Absent Absent

(Peroxidase Method)

SUGAR Absent Absent

(GOD/POD)

KETONES Absent Absent

(Acetoacetic acid)

BILE SALT & PIGMENT Absent Absent

(Diazonium Salt)

UROBILINOGEN Normal Normal

(Red azodye)

LEUKOCYTES Absent Absent

(pyrrole amino acid ester diazonium salt)

Negative

(Diazonium compound With tetrahydrobenzo quinolin 3-phenol)

MICROSCOPIC EXAMINATION

RED BLOOD CELLS Absent Absent / HPF **PUS CELLS** 1-3 / HPF 0 - 5 **EPITHELIAL** 1-2 / HPF 0 - 5

CASTS Absent

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URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		
REMARK	Result relates	to sample tested. Kindly cor	relate with clinical findings.
Popult rolator to cample tected	Kindly correlate wi	ith alinical findings	

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----- END OF REPORT --

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HAEMATOLOGY

UNIT REFERENCE RANGE TEST NAME **RESULTS**

BLOOD GROUP

SPECIMEN WHOLE BLOOD EDTA & SERUM

* ABO GROUP 'B'

RH FACTOR **POSITIVE**

Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

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Report Status : FINAL

BIOCHEMISTRY REPOR	łΤ
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TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BUN	8.4	mg/dL	6 - 20
METHOD	Urease GLDH Kinetic		
S. CREATININE	0.71	mg/dL	0.5 - 1.5
METHOD	Jaffe - Kinetic		
RATIO	11.8	ng/ml	
		ng/ml	

Result relates to sample tested, Kindly correlate with clinical findings.

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* BIOCHEMISTRY

TEST NAME RESULTS UNIT REFERENCE RANGE	CREATININE, SERUM				
		RESULTS	UNIT	REFERENCE RANGE	

* SERUM CREATININE 0.71 mg/dL 0.7 - 1.3

METHOD Enzymatic Colourimetric Method

Creatinine is critically important in assessing renal function. In blood, it is a marker of glomerular filtration rate. As the kidneys become impaired for any reason, the creatinine level in the blood will rise due to poor clearance of creatinine by the kidneys. Abnormally high levels of creatinine thus warn of possible malfunction or failure of the kidneys.

Result relates to sample tested, Kindly correlate with clinical findings.

--- END OF REPORT --

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ΕM		

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>ESR</u>			
ESR	05	mm/1hr.	0 - 20

METHOD - WESTERGREN

Result relates to sample tested, Kindly correlate with clinical findings.

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
BLOOD GLUCOSE FASTING & PI	<u>P</u>			
BLOOD GLUCOSE FASTING	76.7	mg/dL	70 - 110	
BLOOD GLUCOSE PP	111.9	mg/dL	70 - 140	

Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).

- 1. Fasting is required (Except for water) for 8-10 hours before collection for fasting speciman. Last dinner should consist of bland diet.
- 2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn

INTERPRETATION

- Normal glucose tolerance: 70-110 mg/dl

- Impaired Fasting glucose (IFG): 110-125 mg/dl

- Diabetes mellitus : >=126 mg/dl

POSTPRANDIAL/POST GLUCOSE (75 grams)

- Normal glucose tolerance: 70-139 mg/dl - Impaired glucose tolerance: 140-199 mg/dl

- Diabetes mellitus : >=200 mg/dl

CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS

- Fasting plasma glucose >=126 mg/dl
- Classical symptoms +Random plasma glucose >=200 mg/dl
- Plasma glucose >=200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin > 6.5%

***Any positive criteria should be tested on subsequent day with same or other criteria.

SGPT (ALT) 16.1 IU/L 0 - 40

UV Kinetic Without PLP (P-L-P)

BILIRUBIN (TOTAL, DIRECT, INDIRECT)

TOTAL BILLIRUBIN	0.87	mg/dL	0.1 - 1.2
BILLIRUBIN (DIRECT)	0.33	mg/dL	0.0 - 0.4
BILLIRUBIN (INDIRECT)	0.54	mg/dL	0.0 - 1.1

Method(Diazo)

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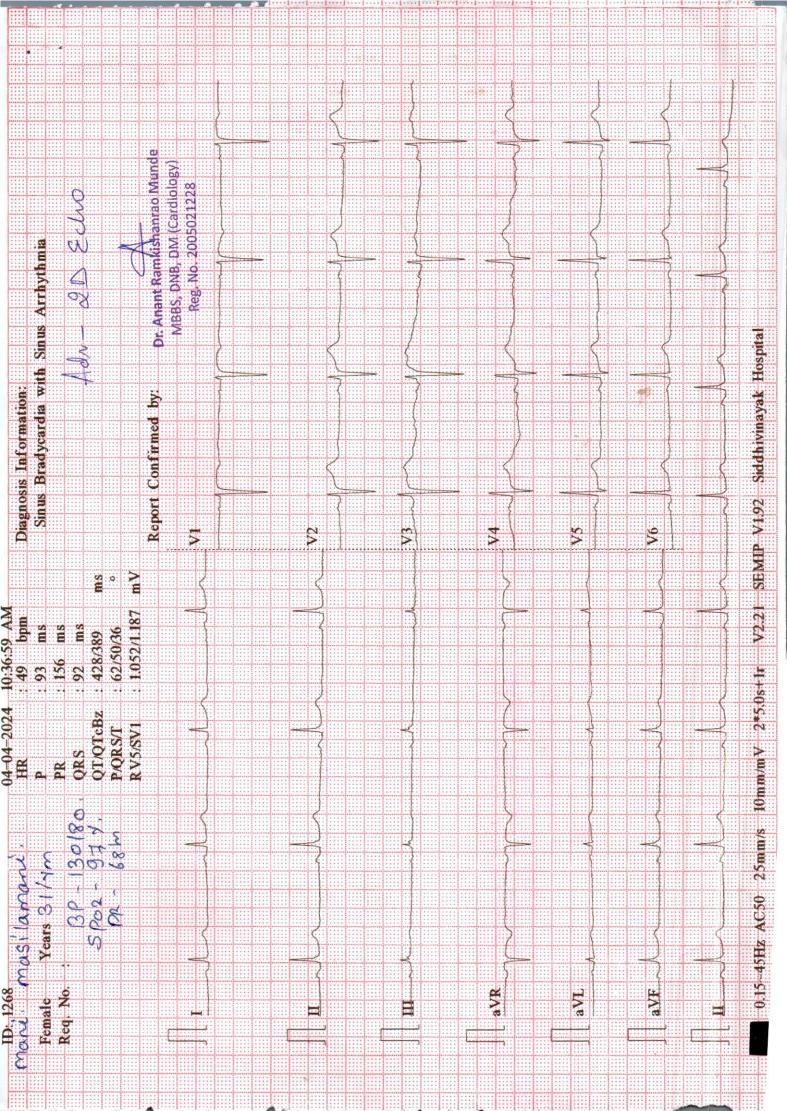
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Siddhivinayak HOSPITAL
S-1, Vedant Complex, Vartak Nagar, Thane (W)-400606, Tel.: 2588 3531/7151

Reg. No. Af
Date: 04/04/24

Corporate Health Centre

A CONTRACTOR OF THE PARTY OF TH	
	TMT X-Ray PFT Audio USG OPT D
Blood Urine Stool Vaccine ECG 2D Echo	
Employee's Name : Mani Masilamani	With Glass / Without Glasses
R L	Rt. Lt.
Blood Group : B+	NEAR NIG NIG
Age/Sex :31	DISTANT 6 16 61-6
Contact No. : 7021860261	COLOUR VISION Normal.
PHYSIOLOGIC PARAMETERS :	GENERAL EXAMINATION 130/90mm
Ht. (Cms.) Wt. (Kgs.) BMI	Pulse (Min): 65 (win BP (mm Hg): 65 (win R.R. (Min): 20 cpm) Temp. : Afebrila
COMPLAINTS : (Specify if any)	Pallor : NAD lcterus : NAD
no fresh complaints.	Clubbing : NAD
PAST HISTORY: NAO	ENT EXAMINATION (Specify if Abnormal Nose Tongue Teeth Tonsils Gums
	SYSTEMIC EXAMINATION
FAMILY HISTORY: MOTEUR - DM	LOCOMOTOR SYSTEM NATO
Father - 14D	RESPIRATORY SYSTEM ACBE CLESS
	CARDIOVASCULAR SYSTEM SIS 2
SURGICAL HISTORY: Par appendisectomy 5-6	CENTRAL NERVOUS SYSTEM CONS, Oxiente ABDOMEN SOFT
PERSONAL HISTORY (Addication if any) Chronic / Frequent / Occasional : No.	MUSCULOSKELETAL SYSTEM NAD
PFT MEANS	PRED % PRED
SVC FVC FEV1 / FVC Remark	
Audiometry 500 1000 2000	Frequency in Hz 4000 6000 E0
Right Ear Left Ear Remark DR. VISHAL DALA MBBS, MD (Medicin Consultant Physician Reg. No. 2011/09/312	6)





Siddhivinayak Hospital



Imaging Department
Sonography | Colour Doppler | 3D / 4D USG

Name - Mr. MANI MASILAMANI	Age - 31 Y/M
Ref by Dr Siddhivinayak Hospital	Date - 04 /04/2024

X- Ray chest (PA VIEW)

No obvious active parenchymal lesion seen in both lungs.

Cardiac and aortic shadows appear normal

No evidence of pleural of effusion is seen.

Both domes of diaphragm appear normal.

No obvious bony lesion is seen.

IMPRESSION:

· No significant abnormality seen.

Adv.: Clinical and lab correlation.

DR. AMOL BENDRE

MBBS; DMRE

CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis.

Dr. AMOL BENDRE MBBS DMRE Reg. No. 2015/08/4412



