

ID : 2406150017

Name : mohit bajpai

Sex : Male

Divisions :

DateTime : 2024-06-15 11:34

Age : 44

BP : / mmHg

Bed No. :

Hospital :

Height : cm

Weight : kg

Hospital No. :

HR : 70 bpm

P Dur/PR int : 98 / 137ms

QRS Dur : 87 ms

QT/QTc int : 390/421 ms

P/ORS/T axis : 65/12/17 °

RV5/SV1 amp : 0.856/0.851mV

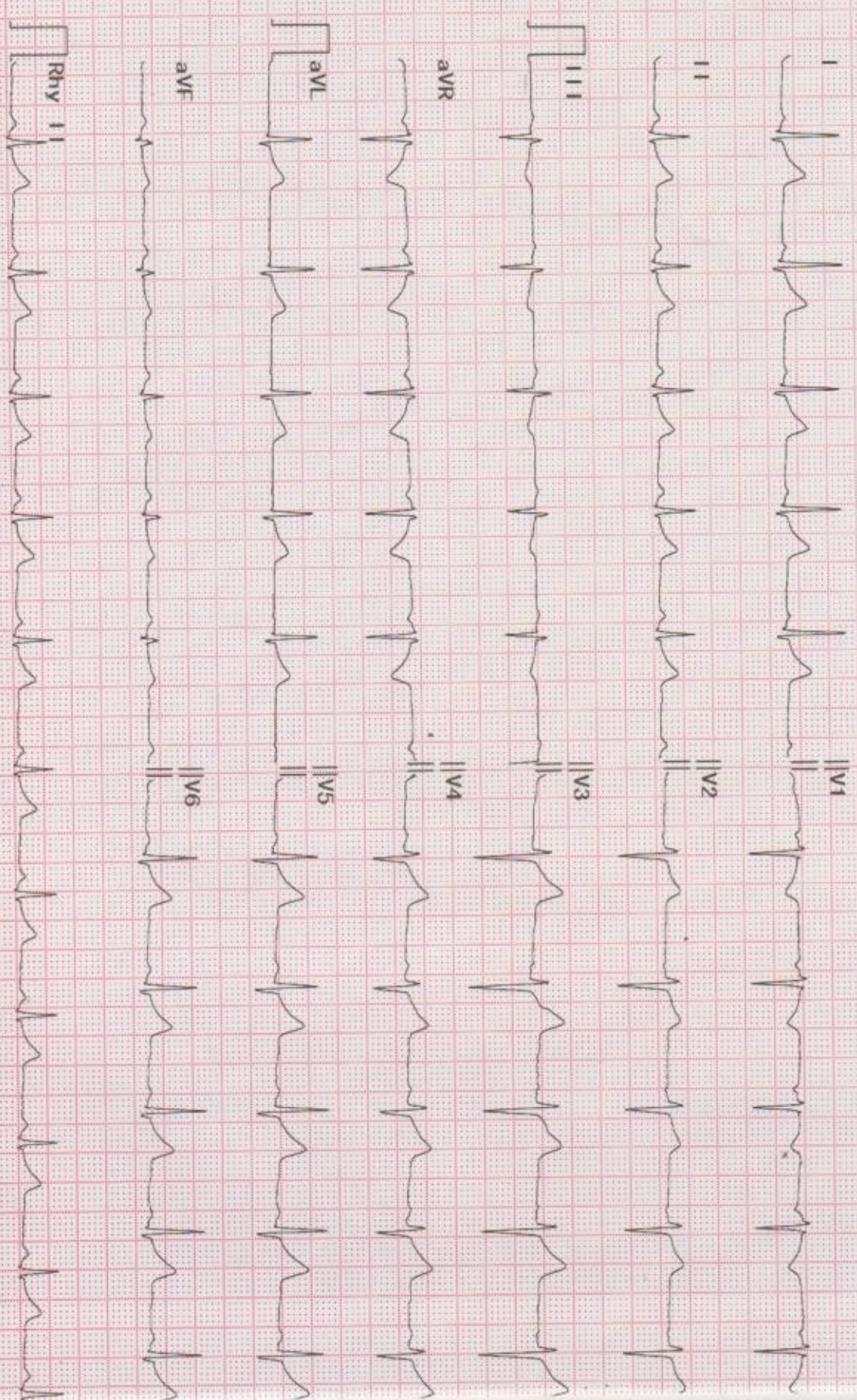
RV5+SV1 amp : 1.707mV

RV6/SV2 amp : 0.972/0.825mV

Minnesota Code : 1-2-6(III)

9-4-2(V4)

Diagnosis Info : 800 Sinus Rhythm



Diagnosis for reference, ask your doctor to confirm
 AUTO PRINT 6X2+1R 70bpm 10 mm/mV 0.50Hz-45Hz AC 50Hz 25 mm/sec Confirmed By:

LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. MOHIT BAJPAI	Age/Sex	: 44 Year(s) / Male
UHID	: SHHM.97245	Order Date	: 15/06/2024 10:55
Episode	: OP	Mobile No	: 9702031980
Ref. Doctor	: self	DOB	: 24/01/1980
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Blood Bank

Test Name	Result
Sample No : O0338299A	Collection Date : 15/06/24 10:56
Ack Date : 15/06/2024 11:36	Report Date : 15/06/24 12:04

BLOOD GROUPING/ CROSS-MATCHING BY SEMI AUTOMATION

BLOOD GROUP (ABO)

' O '

Rh Type

Method - Column Agglutination

POSITIVE

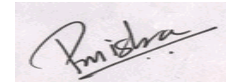
REMARK: THE REPORTED RESULTS PERTAIN TO THE SAMPLE RECEIVED AT THE BLOOD CENTRE.

Interpretation:

Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.
- Determine the blood group of potential blood donors at a collection facility.
- Determine the blood group of potential donors and recipients of organs, tissues, or bone marrow, as part of a workup for a transplant procedure.

End of Report



Dr. Pooja Vinod Mishra
MD Pathology

Jr Consultant Pathologist, MMC Reg No.
2017052191
RegNo: 2017/05/2191



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. MOHIT BAJPAI

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Episode : OP

Ref. Doctor : self

Age/Sex : 44 Year(s) / Male

Order Date : 15/06/2024 10:55

Mobile No : 9702031980

DOB : 24/01/1980

Facility : SEVENHILLS HOSPITAL, MUMBAI

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. MOHIT BAJPAI	Age/Sex : 44 Year(s) / Male
UHID : SHHM.97245	Order Date : 15/06/2024 10:55
Episode : OP	Mobile No : 9702031980
Ref. Doctor : self	DOB : 24/01/1980
	Facility : SEVENHILLS HOSPITAL, MUMBAI

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
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Sample No : O0338299B	Collection Date : 15/06/24 10:56	Ack Date : 15/06/2024 11:12	Report Date : 15/06/24 14:21
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Blood Sugar FBS			
FBS <i>Method - Hexokinase</i>	79.86	mg/dl	70 - 100
GLUCOSE-PLASMA POST PRANDIAL			
Glucose,Post Prandial	94.5	mg/dl	70 - 140

American Diabetes Association Reference Range :

FASTING:-

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

Post-Prandial Blood Glucose:

Non- Diabetic: Up to 140mg/dL

Pre-Diabetic: 140-199 mg/dL

Diabetic :>200 mg/dL

References:

1)Pack Insert of Bio system

2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interpretation :-

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack,and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism,Pancreatitis.

A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be



MC-5288

LABORATORY INVESTIGATION REPORT

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Order Date : 15/06/2024 10:55
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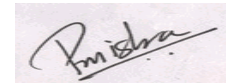
seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

ALT(SGPT) - SERUM			
SGPT (Alanine Transaminase) - SERUM Method - IFCC	16.19	IU/L	0 - 45
References : 1) Pack Insert of Bio system 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018			
Total Bilirubin - SERUM Method - Diazo	0.36	mg/dl	0 - 2
Direct Bilirubin - - SERUM Method - Diazotization	0.25	mg/dl	0 - 0.4
Indirect Bilirubin - Calculated Method - Calculated	0.11	mg/dl	
BUN-SERUM			
BUN - SERUM Method - Urease-GLDH	23.94 ▲ (H)	mg/dl	4 - 18
References: 1) Pack Insert of Bio system 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018			

End of Report



Dr. Ritesh Kharche
MD, PGD-HM
Consultant Pathologist and Director of
Laboratory Services
RegNo: 2006/03/1680



Dr. Pooja Vinod Mishra
MD Pathology
Jr Consultant Pathologist, MMC Reg No.
2017052191
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MC-5288

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. MOHIT BAJPAI

UHID : SHHM.97245

Episode : OP

Ref. Doctor : self

Age/Sex : 44 Year(s) / Male

Order Date : 15/06/2024 10:55

Mobile No : 9702031980

DOB : 24/01/1980

Facility : SEVENHILLS HOSPITAL, MUMBAI



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. MOHIT BAJPAI UHID : SHHM.97245 Episode : OP Ref. Doctor : self	Age/Sex : 44 Year(s) / Male Order Date : 15/06/2024 10:55 Mobile No : 9702031980 DOB : 24/01/1980 Facility : SEVENHILLS HOSPITAL, MUMBAI
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HAEMATOLOGY

Test Name	Result	Unit	Biological Reference Interval
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Sample No : O0338299A	Collection Date : 15/06/24 10:56	Ack Date : 15/06/2024 11:12	Report Date : 15/06/24 12:00
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COMPLETE BLOOD COUNT (CBC) - EDTA WHOLE BLOOD

Test Name	Result	Unit	Biological Reference Interval
Total WBC Count	7.02	$\times 10^3/\mu\text{l}$	4.00 - 10.00
Neutrophils	60.9	%	40.00 - 80.00
Lymphocytes	32.0	%	20.00 - 40.00
Eosinophils	2.8	%	1.00 - 6.00
Monocytes	4.2	%	2.00 - 10.00
Basophils	0.1 ▼ (L)	%	1.00 - 2.00
Absolute Neutrophil Count	4.28	$\times 10^3/\mu\text{l}$	2.00 - 7.00
Absolute Lymphocyte Count	2.25	$\times 10^3/\mu\text{l}$	0.80 - 4.00
Absolute Eosinophil Count	0.19	$\times 10^3/\mu\text{l}$	0.02 - 0.50
Absolute Monocyte Count	0.30	$\times 10^3/\mu\text{l}$	0.12 - 1.20
Absolute Basophil Count	0.00	$\times 10^3/\mu\text{l}$	0.00 - 0.10
RBCs	4.45 ▼ (L)	$\times 10^6/\mu\text{l}$	4.50 - 5.50
Hemoglobin	13.2	gm/dl	13.00 - 17.00
Hematocrit	40.4	%	40.00 - 50.00
MCV	90.6	fl	83.00 - 101.00
MCH	29.5	pg	27.00 - 32.00



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Facility : SEVENHILLS HOSPITAL, MUMBAI

MCHC	32.6	gm/dl	31.50 - 34.50
RED CELL DISTRIBUTION WIDTH-CV (RDW-CV)	12.8	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH-SD (RDW-SD)	43.1	fl	35.00 - 56.00
Platelet	341	x10 ³ /ul	150.00 - 410.00
Mean Platelet Volume (MPV)	8.8	fl	6.78 - 13.46
PLATELET DISTRIBUTION WIDTH (PDW)	15.8	%	9.00 - 17.00
PLATELETCRIT (PCT)	0.301 ▲ (H)	%	0.11 - 0.28

Method:-

HB Colorimetric Method.

RBC/PLT Electrical Impedance Method.

WBC data Flow Cytometry by Laser Method.

MCV, MCH, MCHC, RDW and rest parameters - Calculated.

All Abnormal Haemograms are reviewed confirmed microscopically.

NOTE: Wallach's Interpretation of Diagnostic Tests. 11th Ed, Editors: Rao LV. 2021

NOTE :-

The International Council for Standardization in Haematology (ICSH) recommends reporting of absolute counts of various WBC subsets for clinical decision making. This test has been performed on a fully automated 5 part differential cell counter which counts over 10,000 WBCs to derive differential counts. A complete blood count is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type and the concentrations of Hemoglobin and platelets. The cells that circulate in the bloodstream are generally divided into three types: white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically.

End of Report



Dr. Ritesh Kharche
MD, PGD-HM



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Age/Sex : 44 Year(s) / Male

Order Date : 15/06/2024 10:55

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Facility : SEVENHILLS HOSPITAL, MUMBAI

Consultant Pathologist and Director of
Laboratory Services
RegNo: 2006/03/1680



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Episode	: OP	Mobile No	: 9702031980
Ref. Doctor	: self	DOB	: 24/01/1980
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

HAEMATOLOGY

Test Name	Result	Unit	Biological Reference Interval
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Sample No : 00338299A	Collection Date : 15/06/24 10:56	Ack Date : 15/06/2024 11:12	Report Date : 15/06/24 13:07
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ESR	35 ▲ (H)	mm/hr	0 - 20
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Method: Westergren Method

INTERPRETATION :-

ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. It provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is often used if multiple myeloma is suspected, but when the myeloma is non-secretory or light chain, a normal ESR does not exclude this diagnosis.

An elevated ESR may occur as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ESR values.

The ESR is influenced by age, stage of the menstrual cycle and medications taken (corticosteroids, contraceptive pills). It is especially low (0-1 mm) in polycythaemia, hypofibrinogenaemia and congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells. In cases of performance enhancing drug intake by athletes the ESR values are generally lower than the usual value for the individual and as a result of the increase in haemoglobin (i.e. the effect of secondary polycythaemia).

End of Report



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LABORATORY INVESTIGATION REPORT

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Episode : OP

Ref. Doctor : self

Age/Sex : 44 Year(s) / Male

Order Date : 15/06/2024 10:55

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LABORATORY INVESTIGATION REPORT

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Biochemistry

Test Name	Result	Unit	Biological Reference Interval
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Sample No : O0338299B	Collection Date : 15/06/24 10:56	Ack Date : 15/06/2024 11:12	Report Date : 15/06/24 14:21
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FBS <i>Method - Hexokinase</i>	79.86	mg/dl	70 - 100
GLUCOSE-PLASMA POST PRANDIAL			
Glucose,Post Prandial	94.5	mg/dl	70 - 140

American Diabetes Association Reference Range :

FASTING:-

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

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References:

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Interpretation :-

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis.

A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be



MC-5288

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Order Date : 15/06/2024 10:55
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DOB : 24/01/1980
Facility : SEVENHILLS HOSPITAL, MUMBAI

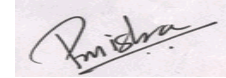
seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

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SGPT (Alanine Transaminase) - SERUM Method - IFCC	16.19	IU/L	0 - 45
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Total Bilirubin - SERUM Method - Diazo	0.36	mg/dl	0 - 2
Direct Bilirubin - - SERUM Method - Diazotization	0.25	mg/dl	0 - 0.4
Indirect Bilirubin - Calculated Method - Calculated	0.11	mg/dl	
BUN-SERUM			
BUN - SERUM Method - Urease-GLDH	23.94 ▲ (H)	mg/dl	4 - 18
References: 1) Pack Insert of Bio system 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018			

End of Report



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LABORATORY INVESTIGATION REPORT

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LABORATORY INVESTIGATION REPORT

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Urinalysis

Test Name	Result	Unit	Biological Reference Interval
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Sample No : 00338299D	Collection Date : 15/06/24 10:56	Ack Date : 15/06/2024 11:13	Report Date : 15/06/24 13:37
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<u>Physical Examination</u>			
QUANTITY	30	ml	
Colour	Pale Yellow		
Appearance	Clear		
DEPOSIT	Absent		Absent
pH	Acidic		
Specific Gravity	1.015		
<u>Chemical Examination</u>			
Protein	Absent		Absent
Glucose	Absent		Absent
ketones	POSITIVE (+)		Absent
Blood	NEGATIVE		Negative
Bilirubin	Negative		
Urobilinogen	normal		Normal
NITRATE	Absent		Absent
LEUKOCYTES	Absent		Absent
<u>Microscopic Examination</u>			

LABORATORY INVESTIGATION REPORT

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Age/Sex : 44 Year(s) / Male

Order Date : 15/06/2024 10:55

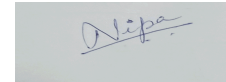
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Pus cells	2-3	/HPF	
Epithelial Cells	3-4	/HPF	
RBC	absent	/HPF	Absent
Cast	absent	/LPF	Absent
Crystal	absent	/HPF	Absent
Amorphous Materials	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

End of Report



Dr.Nipa Dhorda

MD

Pathologist

RegNo: 91821



DIAGNOSTICS REPORT

Patient Name	: Mr. MOHIT BAJPAI	Order Date	: 15/06/2024 10:55
Age/Sex	: 44 Year(s)/Male	Report Date	: 17/06/2024 11:42
UHID	: SHHM.97245		
Ref. Doctor	: self	Facility	: SEVENHILLS HOSPITAL,
Address	: 601, FLAMINGO APARTMENTS, 14TH ROAD, khar west,Mumbai, Maharastra, 400052	Mobile	: 9702031980

X RAY CHEST PA VIEW

Both lungs are clear.

The frontal cardiac dimensions are normal.

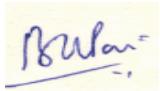
The pleural spaces are clear.

Both hilar shadows are normal in position and density.

No diaphragmatic abnormality is seen.

The soft tissues and bony thorax are normal.

IMPRESSION: No pleuroparenchymal lesion is seen.



Dr. Bhujang Pai
MBBS, MD

Consultant

RegNo: 49380