



भारत सरकार
Government of India



Issue Date: 31/05/2012



राहुल कुमार जोशी
Rahul Kumar Joshi
जन्म तिथि / DOB: 11/04/1992
पुरुष / Male



5095 5255 4964



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मेरा **आधार**, मेरी पहचान



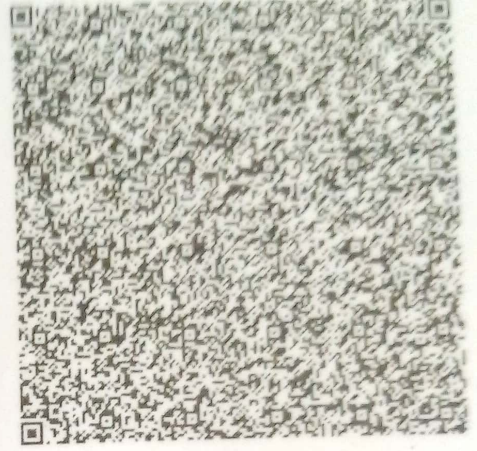


भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता: S/O सुनील कुमार जोशी, वॉर्ड न 05, गणेश चौक,
मंडीदीप, रायसेन, मध्य प्रदेश, 462046



Print Date: 19/01/2022

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Laboratory Report

Patient Name : MR RAHUL KUMAR JOSHI  **CPL24/14165**
Age/Gender : 32 Yrs/Male **Registration Date** : 11/06/2024 11:40 AM
Ref. Dr. : Dr. APOLLO CLINIC **Collection Date** : 11/06/2024 11:41 AM
Center : CMH OPD **Report Date** : 11/06/2024 03:29 PM



HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
BLOOD GROUP AND RH FACTOR			
ABO Type	B		
Rh Factor	POSITIVE(+VE)		

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Serum-Creatinine	1.17	mg/dL	0.4 - 1.50

Method: Enzymatic

Interpretation

The primary use of a creatinine test is to better understand how well the kidneys are working. A measurement of creatinine can be employed for screening, diagnosis, and/or monitoring of kidney problems.

SGPT (ALT)- Serum

20.2 unit/L 5 - 45

Method: IFCC

Clinical Significance

Alanine Aminotransferase (ALT) (REFL) - Alanine Aminotransferase (ALT) measurements are particularly useful in the diagnosis and management of certain liver diseases, e.g., viral hepatitis and cirrhosis. ALT activity in tissue is generally much lower than aspartate aminotransferase (AST) activity and is found in highest concentrations in the liver. Significant elevations of ALT occur only in diseases of the liver. ALT is often measured in conjunction with AST to determine whether the source of the AST is the liver or the heart. ALT is normally not elevated in cases of myocardial infarction, i.e., a normal ALT, in conjunction with an elevated AST, tends to suggest cardiac disease. However, slight elevations of ALT may occur if an infarct destroys a very large volume of heart muscle.



9001:2015



Dr. Sushil Kumar Sharma
M.D (Pathology)
Consultant Pathologist

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Blood Urea 22.5 mg/dl 15 - 50

Interpretation

Urea Nitrogen (BUN) - Urea is the principle waste product of protein catabolism. BUN is most commonly measured in the diagnosis and treatment of certain renal and metabolic diseases. Increased BUN concentration may result from increased production of urea due to

- (1) diet or excessive destruction of cellular proteins as occurs in massive infection and fevers,
- (2) reduced renal perfusion resulting from dehydration or heart failure,
- (3) nearly all types of kidney disease, and
- (4) mechanical obstruction to urine excretion such as is caused by stones, tumors, infection, or stricture. Decreased urea levels are less frequent and occur primarily in advanced liver disease and in overhydration.

Cholesterol-Total 131.0 mg/dl < 200 Desirable
200-240 Borderline High
> 240 High

Interpretation :

NCEP ATP III guidelines: levels in terms of Risk for Coronary Heart Diseases.

Cholesterol:

Desirable : <200

Borderline: 200-239

High : >240

CLINICAL BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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Fasting Blood Sugar	82.0	mg/dl	Normal: 70-110
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Method: GOD-POD

Impaired Fasting Glucose(IFG):

100-125

Diabetes mellitus: ≥ 126

Note:- An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons. The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.



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CPL24/14165



URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
URINE ROUTINE			
General Examination			
Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.025		-1.005-1.030
Chemical Examination			
Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative
Microscopic Examination			
RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	1-2	/hpf	0-5/hpf
Epithelial Cells	2-4	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Bacteria	Not seen		Not seen
Yeast Cells	Not seen		Not seen

Note : 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,



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Test Description	Result	Unit	Biological Reference Ranges
COMPLETE BLOOD COUNT			
Haemoglobin	13.4	gm/dL	12.0 - 16.0
RBC Count	5.49	mil/cu.mm	4.00 - 5.50
Hematocrit HCT	41.9	%	40.0 - 54.0
Mean Corp Volume MCV	76.3	fL	80.0 - 100.0
Mean Corp Hb MCH	24.4	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	32.0	gm/dL	32.0 - 36.0
Platelet Count	2.20	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	5.1	10 ³ /cu.mm	4.0 - 11.0
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	58	%	40 - 70
Lymphocytes	35	%	20 - 40
Monocytes	04	%	02 - 10
Eosinophils	03	%	01 - 06
Basophils	00	%	00 - 01
Absolute Differential Count			
Absolute Neutrophils Count	3.0	thou/mm ³	2.00 - 7.00
Absolute Lymphocyte Count	1.8	thou/mm ³	1.00 - 3.00
Absolute Monocytes Count	0.2	thou/mm ³	0.20 - 1.00
Absolute Eosinophils Count	0.2	thou/mm ³	0.02 - 0.50

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.



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Test Description	Result	Unit	Biological Reference Ranges
ESR - ERYTHROCYTE SEDIMENTATION RATE	07	mm/hr	0 - 09

Method: Wintrob's

INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**** End of the report****

This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.

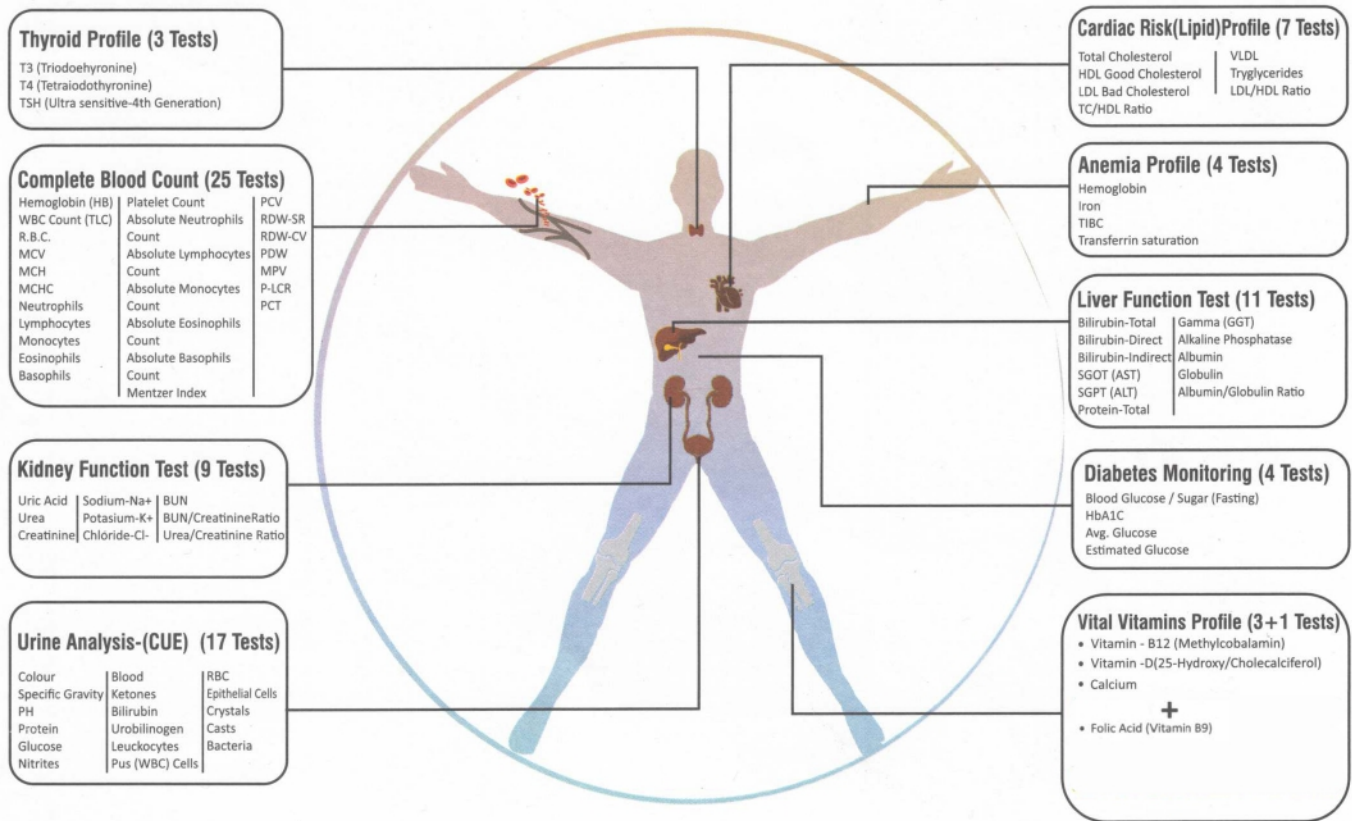


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BODY CARE



CONDITIONS OF REPORTING

- Individual laboratory investigations should not be considered as conclusive and should be used along with other relevant clinical examinations to achieve the final diagnosis. Therefore these reported results are for the information of referring clinician only
- The values of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used. Further all samples collected outside Citi Pathlabs labs / patient centers are required to be prepared, stored, labelled and brought as per the guidelines of Citi Pathlabs. Citi Pathlabs cannot be held liable for incorrect results of any samples which are not as per the guidelines issued
- Electronic images in the report are created by electronic processing . Citi Pathlabs makes no expressed or implied warranties or representations with respect to it and takes no responsibility for the authenticity , quality and size of the image , affected possibly due to a computer virus or other contamination
- Citi Pathlabs confirms that all tests have been carried out with reasonable care, clinical safety & technical integrity
A. However due to certain factors such as reagent inconsistency, machine breakdown etc. beyond its control which could affect the testing , it does not make any representation or give any warranty about the accuracy of the reported results
B. The test results are to be used for help in diagnosing / treating medical diseases & not for forensic applications. Hence these results cannot be used for medico - legal purposes
- Partial representation of report is not allowed.
- All dispute / claims concerning to this report are subject to Bhopal jurisdiction only.

For Any Enquiry

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 Phase-2, G-3 Gulmohar Colony, Bhopal (M.P.)
 citipathlabs@gmailcom
 9454786340, 9407658222

MER- MEDICAL EXAMINATION REPORT

Date of Examination	11-06-2024		
NAME	RAHUL KUMAR JOSHI		
AGE	32	Gender	M
HEIGHT(cm)	160	WEIGHT (kg)	65kg
B.P.	120/80		
ECCG	NORMAL		
X Ray	NORMAL		
Vision Checkup	Color Vision : No Far Vision Ratio : No Near Vision Ratio : No.		
Present Ailments	No. Any present ailments.		
Details of Past ailments (If Any)	No. past ailments.		
Comments / Advice : She /He is Physically Fit	He is physically fit.		

Dr. SBYASACHI GUPTA
 MBBS (Gold Medalist) (MUMBAI)
 Dr. S
 MBBS Reg. No. 11671 (U.K.)
 Reg. No. 11671

Signature with Stamp of Medical Examiner





CITI MULTI SPECIALITY HOSPITAL

MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No.: 0755 - 4250134
Mobile No.: 7771008660, 8319214664, 9303135719



RAHUL JOSHI
32/m

U.G. 024

clo
→
= NO, COMPLAINT
IN R.F.



otc
VA
R.F. = 10/20
L.C. = 10/20

= NO. ANY FRESH COMPLAINT IN
R.F. & L.F.

= NO, WATER-DISCHARGE IN
BOTH-EYE

= DISTANCE VISION & NEAR VISION
CLEAR IN BOTH-EYE

Empanelled with : State Government, M.P. Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat



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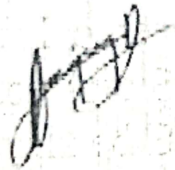
Patient- Name:	MR RAHUL KUMAR JOSHI	Age/Sex:	32Y/M
Referred. By:	INS	Date:	11.06.2024

X-RAY CHEST PA VIEW

- Bilateral Lungs Fields Appear Clear.
- Bilateral Hilar Shadows Appear Clear.
- Bilateral CP Angals Appear Clear.
- Both Domes Of Diaphragm Dppear Normal in Shape And Position.
- Visualized Bony Cage and Soft Tissue Appear Normal.

IMPRESSION

No Significant Abnormality Seen.


Dr. SANJAY..
CONSULTANT RADIOLOGIST
M.B.B.S, D.N.B

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat



PA

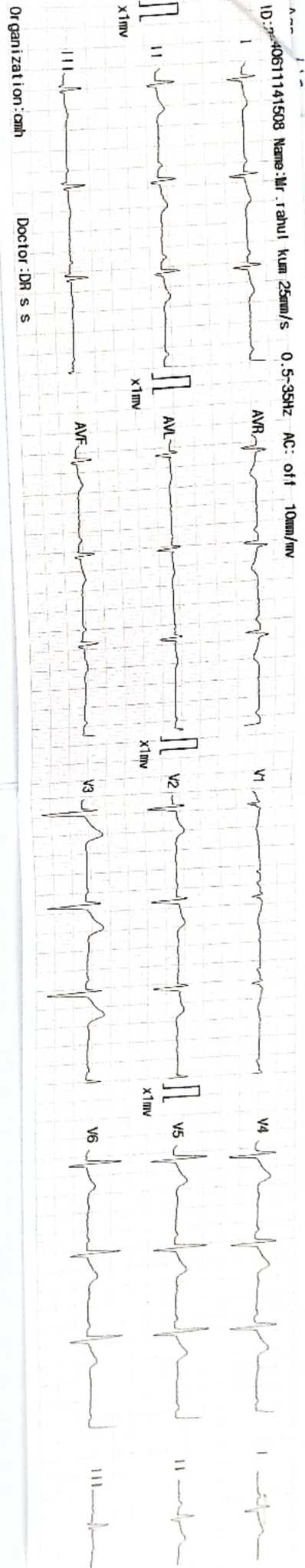
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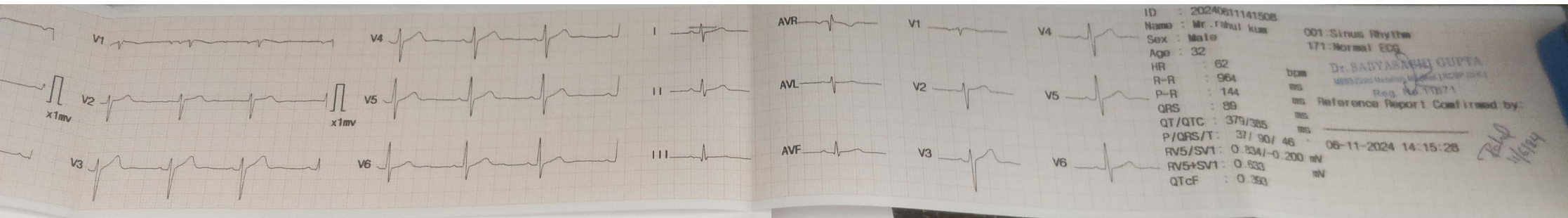
11.06.2024

Name: MR RAHUL KUAMR JOSHI 32Y/M


Sex: M

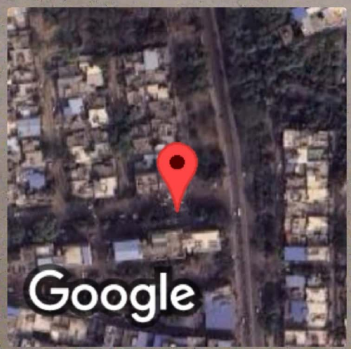








 **GPS Map Camera**



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