



		<b>Interim Laboratory Report</b>		PID :
Name :	<b>Mr. VICTOR VINOTH .P</b>	Sex/Age :	<b>Male / 40 Years</b>	Lab ID : <b>40734600020</b>
Ref. By :	SELF	SRF ID :		Ref. ID :
Corporate :	NDPL - Mediwheel	UHID :		
Col Dt. Time :	01-Jul-2024 11:00	Recv Dt. Time :	01-Jul-2024 11:00	Sample Type :
Reg Dt. Time :	01-Jul-2024 14:58	Report Released @ :		Report Printed : 04-Jul-2024 13:15

**Abnormal Result(s) Summary**

Test Name	Result Value	Unit	Reference Range
<b>CBC</b>			
RBC Count	<b>4.3</b>	millions/cu mm	4.50 - 5.50
<b>Glyco Hemoglobin (HbA1c)</b>			
HbA1C	<b>11.90</b>	%	Normal : 4 - 6 % Good control : 6 - 7 % Fair Control : 7 - 8 % Poor Control : > 8.
<b>Urine Examination</b>			
Glucose	<b>Present (++)</b>		Negative
Plasma Glucose - F	<b>237</b>	mg/dL	Normal: 70 – 100; Impaired Fasting Glucose (IFG): 100-125; Diabetes mellitus: => 126
Plasma Glucose - PP	<b>348</b>	mg/dL	Normal: 70-140; Impaired Tolerance: 140-199; Diabetes mellitus: => 200
ESR	<b>16</b>		0-15

**Abnormal Result(s) Summary End**



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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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**Complete Blood Counts**

<b>RBC Count</b>	<b>L 4.3</b>	millions/cumm	4.50 - 5.50	
<b>Haemoglobin</b> <i>SLS</i>	<b>15.3</b>	G%	14.0-18.0	
<b>PCV</b>	<b>40.1</b>	%	40 - 54	
<b>Mean Corpuscular Volume</b>	<b>92.6</b>	fL	83.00 - 101.00	
<b>Mean Corpuscular Hemoglobin</b>	<b>29.6</b>	pg	27.00 - 32.00	
<b>Mean Corpuscular Hb Concentration</b>	<b>31.9</b>	gm/dL	31.50 - 34.50	
<b>Red Cell Distribution Width (RDW)</b>	<b>12.2</b>	%	11.00 - 16.00	
<b>Total Leucocyte Count(TLC)</b> <i>Fluorescent Flowcytometry</i>	<b>7660</b>	Cells/cmm	4500-11500	
<u>Differential Counts</u>				
<b>Neutrophils</b> <i>Fluorescent Flowcytometry</i>	<b>65</b>	%	50-70	
<b>Lymphocytes</b> <i>Fluorescent Flowcytometry</i>	<b>30</b>	%	18-42	
<b>Monocytes</b> <i>Fluorescent Flowcytometry</i>	<b>04</b>	%	2-11	
<b>Eosinophils</b> <i>Fluorescent Flowcytometry</i>	<b>01</b>	%	1-3	
<u>Absolute Counts</u>				
<b>Absolute Neutrophil Count</b> <i>Calculated</i>	<b>5510</b>	/µL	2000.00 - 7000.00	
<b>Absolute Lymphocyte Count</b> <i>Calculated</i>	<b>2850</b>	/µL	1000.00 - 3000.00	
<b>Absolute Monocyte Count</b> <i>Calculated</i>	<b>550</b>	/µL	200.00 - 1000.00	
<b>Absolute Eosinophil Count</b> <i>Calculated</i>	<b>90</b>	/µL	20.00 - 500.00	
<b>Platelet Count</b> <i>Electrical Impedance</i>	<b>322000</b>	Cells/cmm	150000-450000	
<b>Mean Platelet Volume (MPV)</b>	<b>10.5</b>	fL	6.5 - 12	

According to ICSH guideline (international Council for Standardisation in Hematology), the differential counts should be reported in absolute numbers.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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**Mohanapriya.S**

Verified by

*DR.S.P.ARIVARASAN*

**DR.S.P.ARIVARASAN,MD.,  
(PATH).,**

தெற்குத் தனியா எடுக்காதீங்க டெஸ்ட் தனியா எடுங்க



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 F,Plasma Fluoride  
 PP.Serum.Urine

**BIOCHEMICAL INVESTIGATIONS**

**Plasma Glucose - F** H 237 mg/dL Normal: 70 – 100;  
*HEXOKINASE/G-6-PDH* Impaired Fasting Glucose (IFG): 100-125;  
 Diabetes mellitus: => 126

**Plasma Glucose - PP** H 348 mg/dL Normal: 70-140;  
*HEXOKINASE/G-6-PDH* Impaired Tolerance: 140-199;  
 Diabetes mellitus: => 200

**S.G.P.T.** 12.00 U/L 0 - 45  
*IFCCwithP5P(Kinetic)*

**BUN (Blood Urea Nitrogen)** 12.0 mg/dL 9-20  
*Calculated*

**Urea** 25.68 mg/dL 12.8-42.8  
*Urease*

**Creatinine** 1.06 mg/dL 0.72-1.25  
*Kinetic Alkaline Picrate*

**Glycated Haemoglobin Estimation**

**HbA1C** H 11.90 % Normal : 4 - 6 %  
*HPLC* Good control : 6 - 7 %  
 Fair Control : 7 - 8 %  
 Poor Control : > 8.

**Estimated Avg Glucose (3 Mths)** 294.83 mg/dL Not available  
*Calculated*

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.  
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.  
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.  
 Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.  
 In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.  
 The A1c target should be individualized based on numerous factors, such as age, life expectancy,comorbid conditions, duration of diabetes,  
 risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

HB A1C %	MEAN BLOOD GLUCOSE	DEGREE OF CONTROL
4 - 6	61 - 124 mg/dl	NORMAL
6 - 7	124 - 156 mg/dl	GOOD CONTROL
7 - 8	156 - 188 mg/dl	FAIR CONTROL
MORE THAN 8	MORE THAN 188 mg/dl	POOR CONTROL

**Bilirubin,Serum**

**Bilirubin Total** **0.90** mg/dL 0.2-1.2  
*Diazonium Salt*

**Clinical Pathology**

Urine Routine Examination

**Appearance** **Slightly Turbid** Clear  
**Colour** **Straw Yellow** Straw to Yellow  
**Reaction (pH)** **6.0** 4.6 - 8  
*Ion concentration*  
**Specific gravity** **1.020** 1.003 - 1.035  
*pKa change*

Chemical Examination

**Protein** **Absent** Negative  
*Tetrabromophenol blue*  
**Glucose** **Present (++)** Negative  
*GOD-POD*  
**Bile Pigments** **Negative** Negative  
*Biochemical*  
**Urobilinogen** **Normal** Negative  
*Diazotization reaction*

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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**Clinical Pathology**

**Ketones** **Negative** **Negative**  
*Nitroprusside*  
**Nitrites** **Negative** **Negative**  
*N-(1-naphthyl)-ethylenediamine*  
**Blood** **Negative** **Negative**  
*Peroxidase*

Microscopic Examination

**Red Blood Cells** **Nil** /HPF **Nil**  
**Pus Cells** **1-3** /HPF **0-2.7 cells/hpf**  
**Epithelial Cells** **1-3** /HPF **Present(+)**  
**Bacteria** **Nil** /µL **Nil**  
**Yeast** **Nil** /µL **Nil**  
**Amorphous Deposits** **Nil** /HPF **0-29.5 p/hpf**  
*Phase Contrast Microscopy*

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Col Dt. Time :	01-Jul-2024 11:00	Recv Dt. Time :	01-Jul-2024 11:00	Sample Type : Whole Blood EDTA
Reg Dt. Time :	01-Jul-2024 14:58	Report Released @ :	01-Jul-2024 17:39	Report Printed : 04-Jul-2024 13:15

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>ESR</b>	H <b>16</b>		0-15	

**Pending Services**  
ECG  
Body Mass Index  
EYE Test (Near,Far and Color)  
Physician Examination  
TMT OR ECHO  
X-Ray Chest PA View

----- End Of Report -----

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

*Mohanapriya.S*

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Verified by

**DR.S.P.ARIVARASAN,MD.,  
(PATH).,**

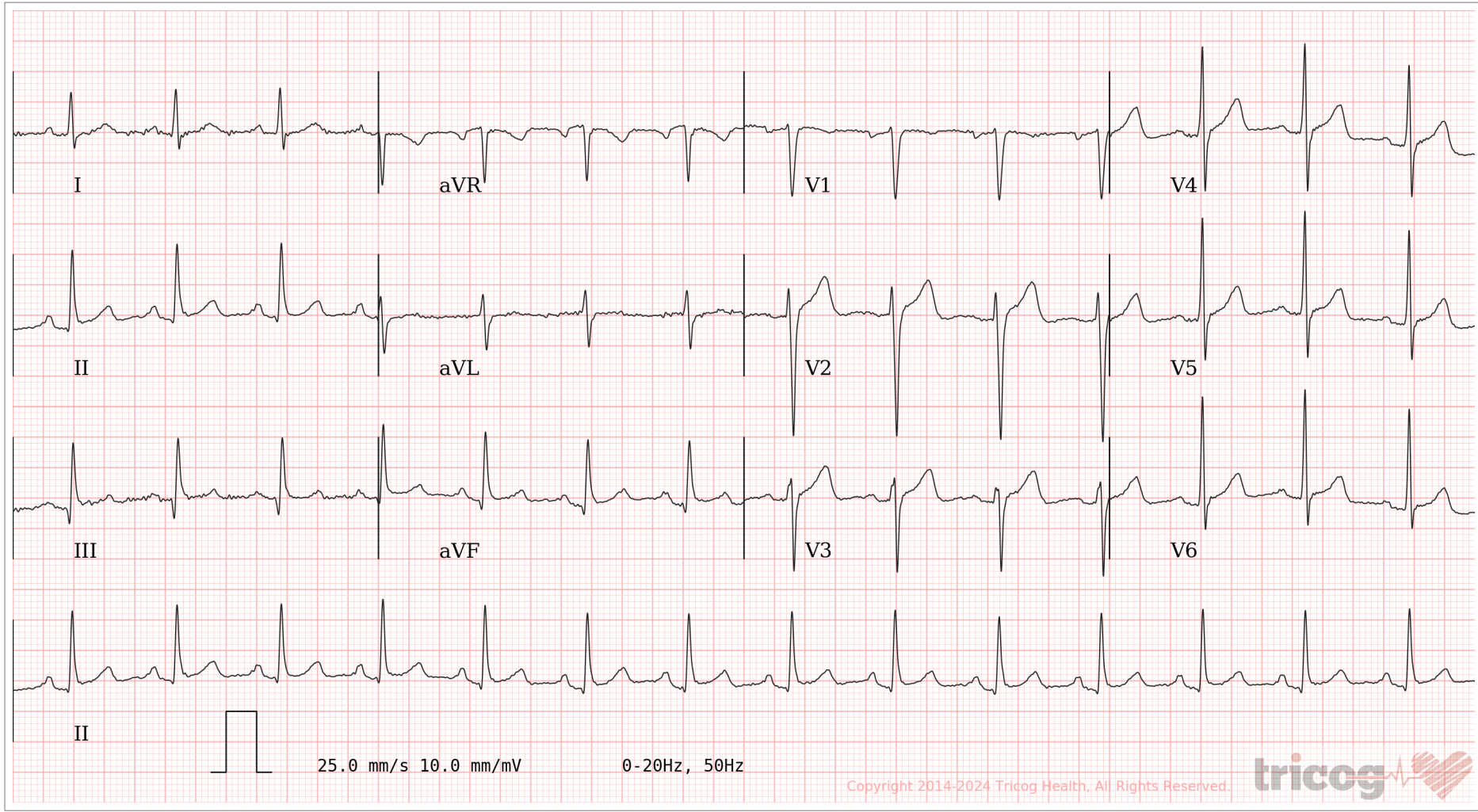
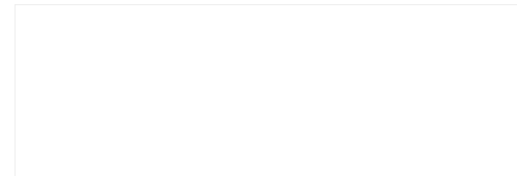
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NEUBERG BOSE LABORATORIES (PVT) LTD



Age / Gender: 40/Male  
Patient ID: VICTORVINOOTH

Date and Time: 1st Jul 24 12:37 PM



AR: 89bpm    VR: 89bpm    QRSD: 90ms    QT: 348ms    QTcB: 423ms    PRI: 172ms    P-R-T: 61° 69° 54°

Sinus Rhythm, Borderline Left Ventricular Hypertrophy suspected. Please correlate clinically.

REPORTED BY  
*P. Sudha Parimala*  
ASSURED  
DIAGNOSIS  
Dr. Sudha Parimala

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.



<i>Patient Name</i>	<b>MR.P.VICTOR VINOTH 40M</b>	<i>Patient ID</i>	<b>0252</b>
<i>Age/D.O.B</i>	<b>40 Y</b>	<i>Gender</i>	<b>*</b>
<i>Referring Doctor</i>	<b>SELF</b>	<i>Date</i>	<b>1 Jul 24</b>

## **XRAY RADIOGRAPH CHEST - PA**

### **History**

---

HEALTH CHECKUP

### **Observations**

---

Prominent bronchovascular markings are noted in bilateral lung fields.  
Right horizontal fissural thickening noted.  
The cardiac silhouette is normal.  
No focal lung lesion is seen.  
Soft tissues of the chest wall are normal.  
No mediastinal abnormality is visible.  
Cardiothoracic ratio is normal.  
Both costophrenic angles appear normal.

### **Impression**

---

Prominent bronchovascular markings are noted in bilateral lung fields.  
Right horizontal fissural thickening noted.

Reported By,



**Dr. Farid Khan**

MBBS, MD  
Consultant Radiologist  
MPMC - 23324

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Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

## MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr. Victor Vinoth** aged, **40yr**. Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, colour blindness, and any chronic or contagious diseases.

Place: **Madurai**

Date: 01/07/2024

*Dr. Nitesh Kumar*  
*M. JABBA*  
BCMR 47093  
Name & Signature of

Medical officer