

ID : 2203120000

Name :

Sex :

Divisions :

Date Time : 2022-03-12 11:18

Age :

BP :

Bed No. :

Hospital :

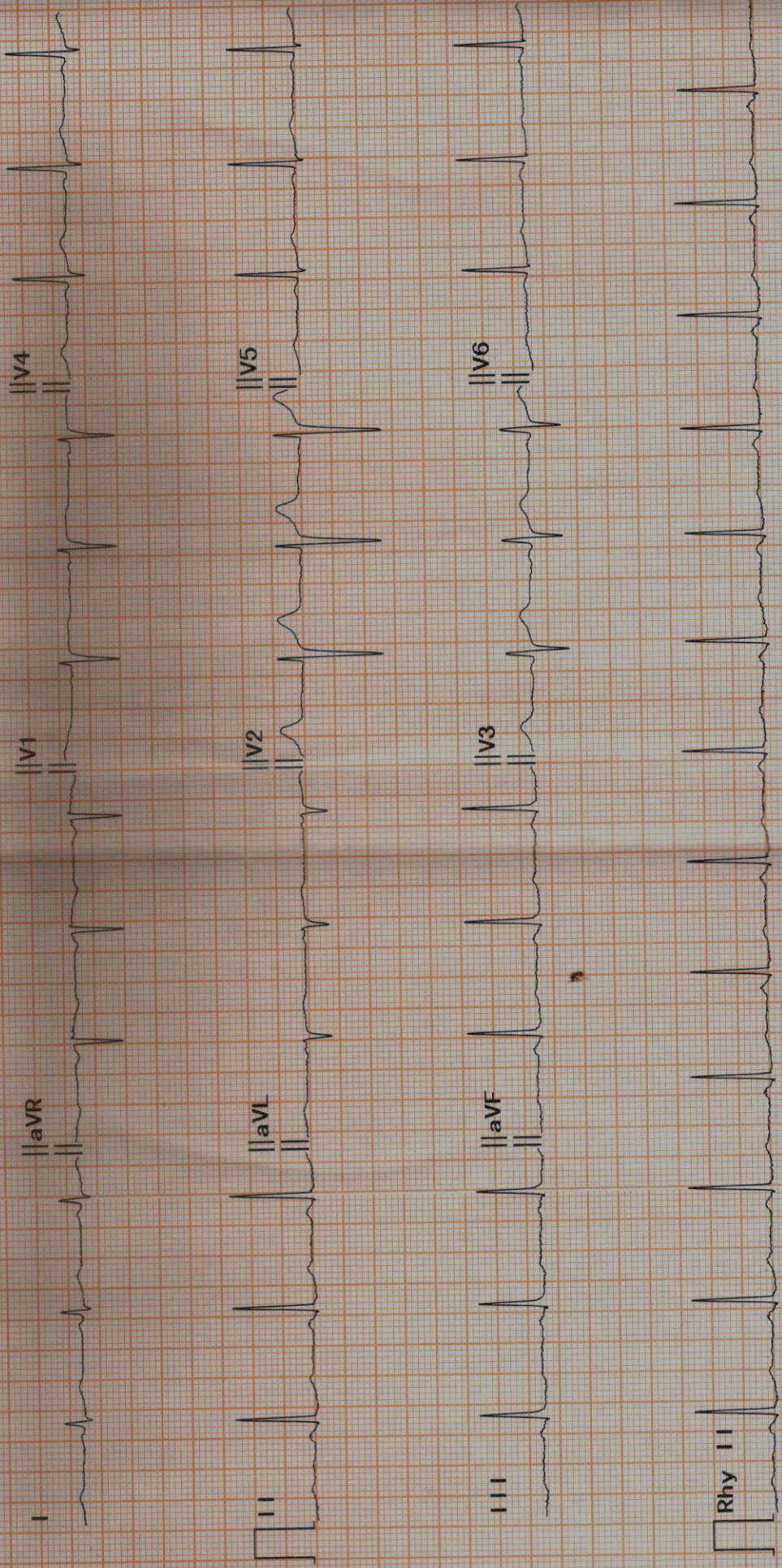
Height :

Weight :

Hospital No. :

cm

kg



**DIXIT, CHINTAMANI**

Patient ID 59101

12.03.2022 Male

2:42:46pm 38yrs Indian

Meds:

**Tabular Summary**

AIMS Hospital & Research Centre

BRUCE: Total Exercise Time 06:50

Max HR: 160 bpm 87% of max predicted 182 bpm HR at rest: 101

Max BP: 160/95 mmHg BP at rest: 125/82 Max RPP: 23680 mmHg\*bpm

Maximum Workload: 9.50 METS

Max. ST: -0.90 mm, 0.00 mV/s in III; EXERCISE STAGE 3 06:51

ST/HR index: 1.22  $\mu$ V/bpm

**Reasons for Termination:** Fatigue

**Summary:** Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

**Conclusion:** GOOD EFFORT TOLERANCE

MAX HR ACHIEVED

NORMAL BP RESPONSE

NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. RAJDUPTA DEORE

MD, DM-CARDIOLOGIST

MMC 2005/03/1520

Test Reason: Screening for CAD

Medical History: NO HISTORY

Ref. MD: Ordering MD:

Technician: RUPALI Test Type: Treadmill Stress Test

Comment:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (III mm)	Comment
PRETEST	SUPINE	00:16	0.00	0.00	1.0	96	125/82	12000	0	-0.35	
	STANDING	00:18	0.00	0.00	1.0	91			0	-0.25	
	HYPERV.	00:40	0.00	0.00	1.0	102			0	-0.30	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	130	125/82	16250	0	-0.60	
	STAGE 2	03:00	2.50	12.00	7.0	148	130/85	19240	0	-0.80	
	STAGE 3	00:51	3.40	14.00	9.5	160	150/95	24000	0	-0.90	
RECOVERY		02:17	0.00	0.00	1.0	115	160/95	18400	0	-0.65	

Dr. Rajdutt Ashok Deore  
MD (Medicine), DM (Cardiology)  
Reg. No. MMC 2005/03/1520

Linked Medians

BRUCE  
0.0 mph  
0.0 %

RECOVERY  
#1  
02:07

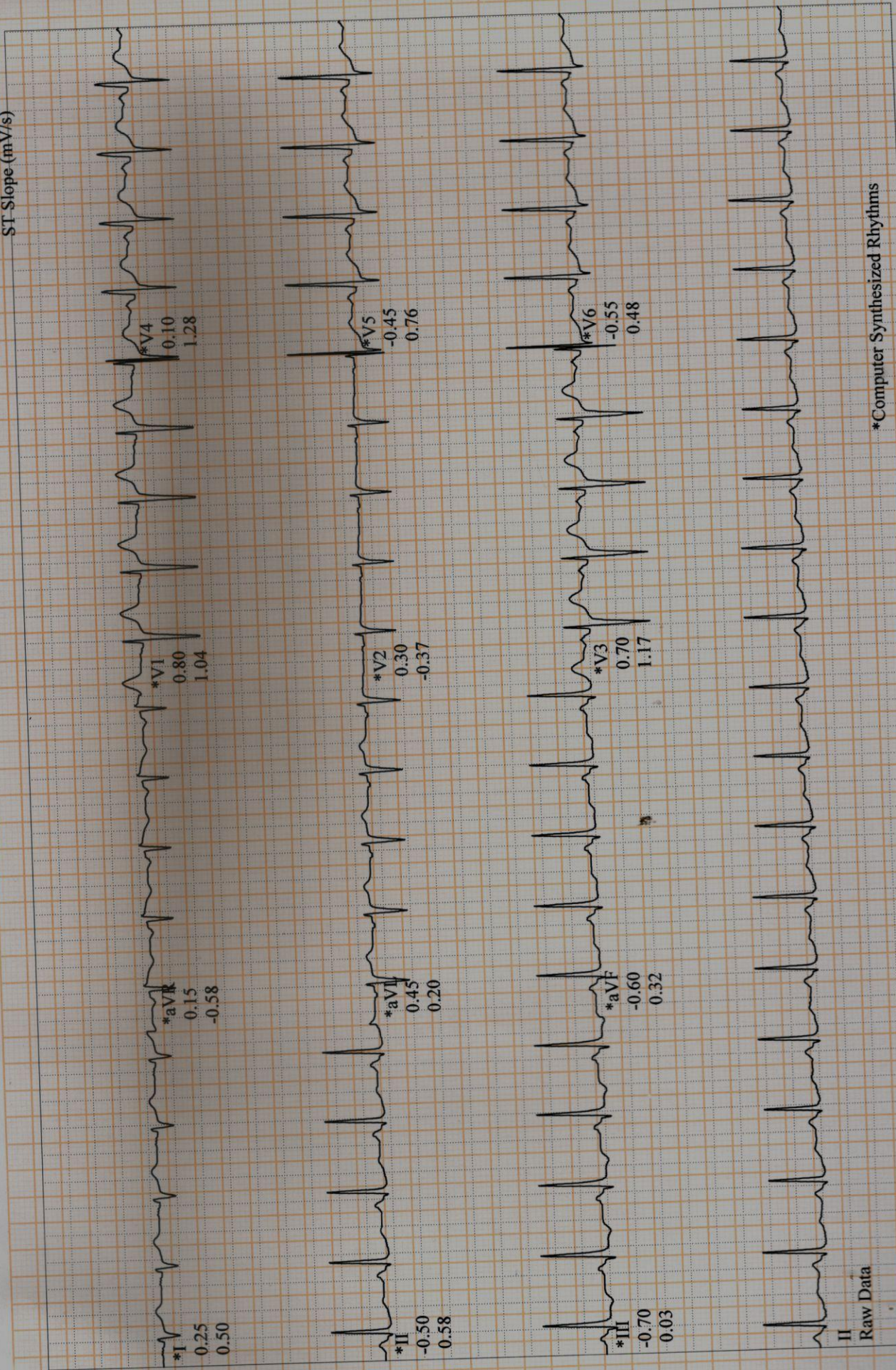
115 bpm  
160/95 mmHg

ANTAMANI  
59101

2  
opm

Lead

ST Level (mm)  
ST Slope (mV/s)



II  
Raw Data

\*Computer Synthesized Rhythms



**2D ECHO / COLOUR DOPPLER**

**NAME : MR. CHINTAMANI DIXIT**  
**REF BY : DR. HOSPITAL PATIENT**

**38yrs/M**

**OPD**  
**12-Mar-22**

**M - Mode values**

**Doppler Values**

AORTIC ROOT (mm)	22	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	30	PG (mmHg)	
RV (mm)		AORTIC VEL (m/sec)	1.1
LVID - D (mm)	42	PG (mmHg)	5
LVID - S (mm)	23	MITRAL E VEL (m/sec)	0.8
IVS - D (mm)	10	A VEL (m/sec)	0.7
LVPW -D (mm)	9	TRICUSPID VEL. (m/sec)	
EJECTION FRACTION (%)	60%	PG (mmHg)	

**REPORT**

Normal LV size & wall thickness.  
No regional wall motion abnormality  
Normal LV systolic function, LVEF 60%  
Normal sized cardiac chambers.

Pliable mitral valve., no Mitral regurgitation.  
Normal mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve  
Trivial tricuspid regurgitation,  
PA pressure = 20 mmHg - normal

Intact IAS & IVS  
No PDA, coarctation of aorta.  
No clots, vegetations, pericardial effusion noted.

**IMPRESSION :**

**Normal echo study.**  
**No regional wall motion abnormality.**  
**Normal LV systolic & diastolic function, LVEF 60%**  
**Normal PA pressure.**

**DR. RAJDATTA DEORE**  
**MD,DM-CARDIOLOGIST**  
MMC 2005/03/1520



## Dept. of Radiology

(For Report Purpose Only)



REQ. DATE : 12-MAR-2022      REP. DATE : 12-MAR-2022  
NAME : MR. DIXIT CHINTAMANI ASHOK  
PATIENT CODE : 106389      AGE/SEX : 38 YR(S) / MALE  
REFERRAL BY : Dr. HOSPITAL PATIENT

### USG ABDOMEN AND PELVIS

#### OBSERVATION :

**Liver** : Is normal in size (16.3 cms), normal in shape & bright in echotexture. No focal lesion / IHBR dilatation.

**CBD & PV** : Normal in caliber.

**G.B.** : Moderately distended, Normal.

**Spleen** : Is normal in size , shape & echotexture. No focal lesion.

**Pancreas** : Normal in size, shape & echotexture.

**Both kidneys** are normal in size, shape & echotexture, CMD maintained. No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 10 x 4 cm.

Left kidney measures : 11 x 4.6 cm.

**Urinary bladder** : Minimally distended, normal.

**Prostate** : is normal in size, shape and echotexture. No focal lesion seen.

No demonstrable small bowel / RIF pathology.

No ascites / lymphadenopathy.

#### IMPRESSION :

**Mild hepatomegaly with grade I fatty liver.**

- Kindly correlate clinically.

DR. SAURABH PATIL  
(MBBS, MD RADIOLOGY)  
CONSULTANT RADIOLOGIST



**Dept. of Radiology**  
(For Report Purpose Only)



REQ. DATE : 12-MAR-2022                      REP. DATE : 12-MAR-2022  
NAME : MR. DIXIT CHINTAMANI ASHOK  
PATIENT CODE : 106389                      AGE/SEX : 38 YR(S) / MALE  
REFERRAL BY : HOSPITAL PATIENT

**CHEST X-RAY PA VIEW**

**OBSERVATION :**

**Mildly prominent bronchovascular markings are noted in both lung fields.**

Heart and mediastinum are normal.

Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

**IMPRESSION :**

**Mildly prominent bronchovascular markings in both lung fields ?  
bronchitis.**

**-Kindly correlate clinically.**

A handwritten signature in blue ink, appearing to read 'P. Yeole'.

**Dr. PIYUSH YEOLE  
(MBBS, DMRE)  
CONSULTANT RADIOLOGIST**



# Dept. of Pathology

(For Report Purpose Only)



PRN : 106389  
Patient Name : Mr. DIXIT CHINTAMANI ASHOK  
Age/Sex : 38Yr(s)/Male

Lab No : 9490  
Req.No : 9490

Company Name : BANK OF BARODA  
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 12/03/2022 10:22 AM  
Reporting Date & Time : 12/03/2022 10:35 AM  
Print Date & Time : 12/03/2022 02:28 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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## HAEMATOLOGY

### HAEMOGRAM

HAEMOGLOBIN (Hb)	: 15.1	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 43.5	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.54	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 95.8	cu micron	76 - 96
M.C.H.	: 33.3	pg	27 - 32
M.C.H.C	: 34.7	picograms	32 - 36
RDW-CV	: 12.2	%	11 - 16
WBC TOTAL COUNT	: 8000	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 307000	cumm	150000 - 450000
<b>WBC DIFFERENTIAL COUNT</b>			
NEUTROPHILS	: 55	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 4400	$\mu$ L	2000 - 7000
LYMPHOCYTES	: 26	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2080	$\mu$ L	1000 - 3000
EOSINOPHILS	: 12	%	01 - 04
ABSOLUTE EOSINOPHILS	: 960	$\mu$ L	20 - 500
MONOCYTES	: 07	%	02 - 08
ABSOLUTE MONOCYTES	: 560	$\mu$ L	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	$\mu$ L	0 - 100

Technician

Report Type By :- MONIKA MANE

Dr. POONAM KADAM  
MD (Microbiology), Dip.Pathology &  
Bacteriology (MMC-2012/03/0668)  
Pathologist



# Dept. of Pathology

(For Report Purpose Only)



PRN : 106389  
Patient Name : Mr. DIXIT CHINTAMANI ASHOK  
Age/Sex : 38Yr(s)/Male  
Company Name : BANK OF BARODA  
Referred By : Dr.HOSPITAL PATIENT

Lab No : 9490  
Req.No : 9490

Collection Date & Time : 12/03/2022 10:22 AM  
Reporting Date & Time : 12/03/2022 10:35 AM  
Print Date & Time : 12/03/2022 02:28 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC Morphology	: Normocytic Normochromic		
WBC Abnormality	: Eosinophilia		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

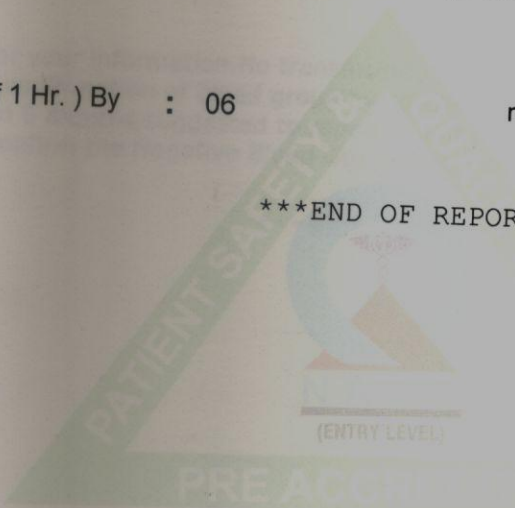
Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

### ESR

ESR MM(At The End Of 1 Hr. ) By Wintrob's Method : 06 mm/hr

Male : 0 - 9  
Female : 0 - 20

\*\*\*END OF REPORT\*\*\*



Technician  
Report Type By :- MONIKA MANE

Dr. POONAM KADAM  
MD (Microbiology), Dip.Pathology &  
Bacteriology (MMC-2012/03/0668)  
Pathologist





# Dept. of Pathology

(For Report Purpose Only)



PRN : 106389  
Patient Name : Mr. DIXIT CHINTAMANI ASHOK  
Age/Sex : 38Yr(s)/Male

Lab No : 9490  
Req.No : 9490

Company Name : BANK OF BARODA  
Referred By : Dr.HOSPITAL PATIENT

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Reporting Date & Time : 12/03/2022 02:23 PM  
Print Date & Time : 12/03/2022 02:28 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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## HAEMATOLOGY

### BLOOD GROUP

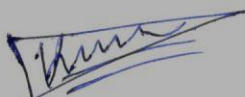
BLOOD GROUP : "O"  
RH FACTOR : POSITIVE

NOTE : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse blood grouping (Tube method).

\*\*\*END OF REPORT\*\*\*

  
Technician

Report Type By :- MONIKA MANE

  
Dr. POONAM KADAM  
MD (Microbiology), Dip.Pathology &  
Bacteriology (MMC-2012/03/0668)  
Pathologist



Dept. of Pathology  
(For Report Purpose Only)



PRN : 106389  
Patient Name : Mr. DIXIT CHINTAMANI ASHOK  
Age/Sex : 38Yr(s)/Male

Lab No : 9490  
Req.No : 9490

Company Name : BANK OF BARODA  
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 12/03/2022 10:22 AM  
Reporting Date & Time : 12/03/2022 02:23 PM  
Print Date & Time : 12/03/2022 02:29 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

BSL-F & PP

Blood Sugar Level Fasting : 115 MG/DL 60 - 110  
Blood Sugar Level PP : 127 MG/DL 70 - 140

LFT ( Liver function Test )

BILIRUBIN TOTAL (serum) : 0.7 MG/DL INFANTS : 1.2 - 12.0  
ADULT : 0.1 - 1.2  
BILIRUBIN DIRECT (serum) : 0.3 MG/DL ADULT & INFANTS : 0.0 - 0.4  
BILIRUBIN INDIRECT (serum) : 0.40 MG/DL 0.0 - 1.0  
S.G.O.T (serum) : 26 IU/L 5 - 40  
S.G.P.T (serum) : 28 IU/L 5 - 40  
ALKALINE PHOSPHATASE (serum) : 57 IU/L CHILD BELOW 6 YRS : 60 - 321  
CHILD : 67 - 382  
ADULT : 36 - 113  
PROTEINS TOTAL (serum) : 7.6 GM/DL 6.4 - 8.3  
ALBUMIN (serum) : 4.2 GM/DL 3.5 - 5.7  
GLOBULIN (serum) : 3.40 GM/DL 1.8 - 3.6  
A/G RATIO : 1.24 1:2 - 2:1

\*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- MONIKA MANE

Dr. POONAM KADAM  
MD (Microbiology), Dip.Pathology &  
Bacteriology (MMC-2012/03/0668)  
Pathologist



**Dept. of Pathology**  
(For Report Purpose Only)



PRN : 106389  
 Patient Name : Mr. DIXIT CHINTAMANI ASHOK  
 Age/Sex : 38Yr(s)/Male

Lab No : 9490  
 Req.No : 9490

Company Name : BANK OF BARODA  
 Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 12/03/2022 10:22 AM  
 Reporting Date & Time : 12/03/2022 02:23 PM  
 Print Date & Time : 12/03/2022 02:30 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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**BIOCHEMISTRY**

**HbA1C- GLYCOSYLATED -HB**

HBA1C	: 5.75	%	Normal Control : : 4.2 - 6.2 Good Control : : 5.5 - 6.7 Fair Control : : 6.8 - 7.6 Poor Control : : >7.6
-------	--------	---	---

Instrument: COBAS C 111

NOTE :

- The HbA1C test shows your average blood sugar for last 3 months.
- The HbA1C test does not replace your day-to-day monitoring of blood glucose.  
 Use this test result along with your daily test results to measure your overall diabetes control.

**How does HbA1C works ?**

The HbA1C test measures the amount of **sugar that attaches to protein** in your red blood cells. RBCs live for about 3 months, so this test shows your **average** blood sugar levels during that time. Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.

**Why is this test so important ?**

Research studies demonstrated that **the closer to normal your HbA1C level was, the less likely your risk of developing the long- term complications of diabetes.** Such problems include eye disease and kidney problems.

**Who should have the HbA1c test done ?**

Everyone with diabetes can benefit from taking this test. Knowing your HbA1C level helps you and your doctor decide if you need to change your diabetes management plan.

**How often should you have a HbA1C test ?**

You should have this test done when you are first diagnosed with diabetes. Then at least twice a year if your treatment goals are being met & blood glucose control is stable. More frequent HbA1C testing (4 times / year) is recommended if your blood glucose management goals.

\*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- MONIKA MANE

Dr. POONAM KADAM  
 MD (Microbiology), Dip.Pathology &  
 Bacteriology (MMC-2012/03/0668)  
 Pathologist



# Dept. of Pathology

(For Report Purpose Only)



PRN : 106389  
Patient Name : Mr. DIXIT CHINTAMANI ASHOK  
Age/Sex : 38Yr(s)/Male

Lab No : 9490  
Req.No : 9490

Company Name : BANK OF BARODA  
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 12/03/2022 10:22 AM  
Reporting Date & Time : 12/03/2022 12:19 PM  
Print Date & Time : 12/03/2022 02:30 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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### BIOCHEMISTRY

#### LIPID PROFILE

CHOLESTEROL (serum)	: 132	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 128	MG/DL	0 - 150
HDL (serum)	: 24	MG/DL	Male : 42 - 79.5 Female : 42 - 79.5
LDL (serum)	: 97	MG/DL	0 - 130
VLDL (serum)	: 25.60	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 5.50	MG/DL	Male : 1.0 - 5.0 Female : 1.0 - 4.5
LDL/HDL RATIO	: 4.04		Male : <= 3.6 Female : <=3.2

#### NCEP Guidelines

	Desirable	Borderline (ENTRY LEVEL)	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.  
Cholesterol & Triglycerides reprocessed , & confirmed.

\*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- MONIKA MANE

Dr. POONAM KADAM  
MD (Microbiology), Dip.Pathology &  
Bacteriology (MMC-2012/03/0668)  
Pathologist

For Free Home Collection Call : 9545200011



# Dept. of Pathology

(For Report Purpose Only)



PRN : 106389  
 Patient Name : Mr. DIXIT CHINTAMANI ASHOK  
 Age/Sex : 38Yr(s)/Male

Lab No : 9490  
 Req.No : 9490

Company Name : BANK OF BARODA  
 Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 12/03/2022 10:22 AM  
 Reporting Date & Time : 12/03/2022 02:23 PM  
 Print Date & Time : 12/03/2022 02:31 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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## ENDOCRINOLOGY

### THYROID FUNCTION TEST

T3-Total (Tri iodothyronine)	: 1.33	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 8.53	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 1.49	µIU/mL	0.465 - 4.68

#### NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need to have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20


The guidelines for age related reference ranges for T3,T4,& Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

\*\*\*END OF REPORT\*\*\*

  
 Technician

Report Type By :- MONIKA MANE

  
 Dr. POONAM KADAM  
 MD (Microbiology), Dip.Pathology &  
 Bacteriology (MMC-2012/03/0668)  
 Pathologist



# Dept. of Pathology

(For Report Purpose Only)



PRN : 106389  
Patient Name : Mr. DIXIT CHINTAMANI ASHOK  
Age/Sex : 38Yr(s)/Male  
Company Name : BANK OF BARODA  
Referred By : Dr.HOSPITAL PATIENT

Lab No : 9490  
Req.No : 9490

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Reporting Date & Time : 12/03/2022 03:21 PM  
Print Date & Time : 12/03/2022 04:29 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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### BIOCHEMISTRY

#### CALCIUM

CALCIUM (serum) : 9.21 MG/DL 8.4 - 10.4

#### RFT (RENAL FUNCTION TEST)

#### BIOCHEMICAL EXAMINATION

UREA (serum) : 19 MG/DL 0 - 45  
UREA NITROGEN (serum) : 8.87 MG/DL 7 - 21  
CREATININE (serum) : 0.8 MG/DL 0.5 - 1.5  
URIC ACID (serum) : 6.8 MG/DL Male : 3.4 - 7.0  
Female : 2.4 - 5.7

#### SERUM ELECTROLYTES

SERUM SODIUM : 141 mEq/L 136 - 149  
SERUM POTASSIUM : 4.3 mEq/L 3.8 - 5.2  
SERUM CHLORIDE : 103 mEq/L 98 - 107

PR \*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- MONIKA MANE

Dr. POONAM KADAM  
MD (Microbiology), Dip.Pathology &  
Bacteriology (MMC-2012/03/0668)  
Pathologist



Dept. of Pathology  
(For Report Purpose Only)



PRN : 106389  
Patient Name : Mr. DIXIT CHINTAMANI ASHOK  
Age/Sex : 38Yr(s)/Male  
Company Name : BANK OF BARODA  
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Lab No : 9490  
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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 25 ML  
COLOUR : PALE YELLOW  
APPEARANCE : SLIGHTLY HAZY  
REACTION : ACIDIC  
SPECIFIC GRAVITY : 1.025

CHEMICAL EXAMINATION

PROTEIN : ABSENT  
SUGAR : ABSENT  
KETONES : ABSENT  
BILE SALTS : ABSENT  
BILE PIGMENTS : ABSENT  
UROBILINOGEN : NORMAL

MICROSCOPIC EXAMINATION

PUS CELLS : 1-2 /hpf  
RBC CELLS : ABSENT / hpf  
EPITHELIAL CELLS : 1-2 /hpf  
CASTS : ABSENT /hpf  
CRYSTALS : ABSENT  
OTHER FINDINGS : ABSENT  
BACTERIA : ABSENT

\*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- MONIKA MANE

Dr. POONAM KADAM  
MD (Microbiology), Dip.Pathology &  
Bacteriology (MMC-2012/03/0668)  
Pathologist