



Collected On : 11/4/2024 9:29 am Name : Mr. OMKAR SAWANT (A) . 11/4/2024 9:39 am Received On

Lab ID. : 189406

: 11/4/2024 4:20 pm Reported On Age/Sex : 27 Years / Male

Report Status Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

: FINAL

COMPLETE BLOOD COUNT

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
HEMOGLOBIN	15.0	gm/dl	13 - 18	
HEMATOCRIT (PCV)	45.0	%	42 - 52	
RBC COUNT	5.24	x10^6/uL	4.70 - 6.50	
MCV	86	fl	80 - 96	
MCH	28.6	pg	27 - 33	
MCHC	33	g/dl	33 - 36	
RDW-CV	13.0	%	11.5 - 14.5	
TOTAL LEUCOCYTE COUNT	6930	/cumm	4000 - 11000	
DIFFERENTIAL COUNT				
NEUTROPHILS	47	%	40 - 80	
LYMPHOCYTES	36	%	20 - 40	
EOSINOPHILS	09	%	0 - 6	
MONOCYTES	08	%	2 - 10	
BASOPHILS	00	%	0 - 1	
PLATELET COUNT	260000	/ cumm	150000 - 450000	
MPV	10.8	fl	6.5 - 11.5	
PDW	16.3	%	9.0 - 17.0	
PCT	0.280	%	0.200 - 0.500	
RBC MORPHOLOGY	Normocytic Normoch	hromic		
WBC MORPHOLOGY	Eosinophilia			
PLATELETS ON SMEAR	Adequate			
Marker I - EDTA Mile I - Diagram Teals	denie an Antonia I ad Cin Da	L C-II C- L- DDC	and District according	

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.

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

Checked By

Priyanka_Deshmukh

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

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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 Slightly hazy 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** 1-2 / 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 correlate with clinical findings.		

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

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HAEMATOLOGY

UNIT REFERENCE RANGE TEST NAME **RESULTS**

BLOOD GROUP

SPECIMEN WHOLE BLOOD EDTA & SERUM

* ABO GROUP 'AB' RH FACTOR **NEGATIVE**

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 REPORT	BIO	CHEM	ISTRY	REPO	RT
---------------------	-----	------	--------------	-------------	----

·			
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BUN	9.62	mg/dL	6 - 20
METHOD	Urease GLDH Kinetic		
S. CREATININE	0.88	mg/dL	0.5 - 1.5
METHOD	Jaffe - Kinetic		
RATIO	10.93	ng/ml	

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METHOD



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0.7 - 1.3

* BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
CREATININE, SERUM			

mg/dL

* SERUM CREATININE 0.88

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.

Enzymatic Colourimetric Method

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

--- END OF REPORT --

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HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
<u>ESR</u>				
ESR	23	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 & PP			
BLOOD GLUCOSE FASTING	85.5	mg/dL	70 - 110
BLOOD GLUCOSE PP	110.9	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) 14.2 IU/L 0 - 40

UV Kinetic Without PLP (P-L-P)

BILIRUBIN (TOTAL, DIRECT, INDIRECT)

TOTAL BILLIRUBIN	0.41	mg/dL	0.1 - 1.2
BILLIRUBIN (DIRECT)	0.13	mg/dL	0.0 - 0.4
BILLIRUBIN (INDIRECT)	0.28	mg/dL	0.0 - 1.1

Method(Diazo)

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Siddhivinayak HOSPITAL

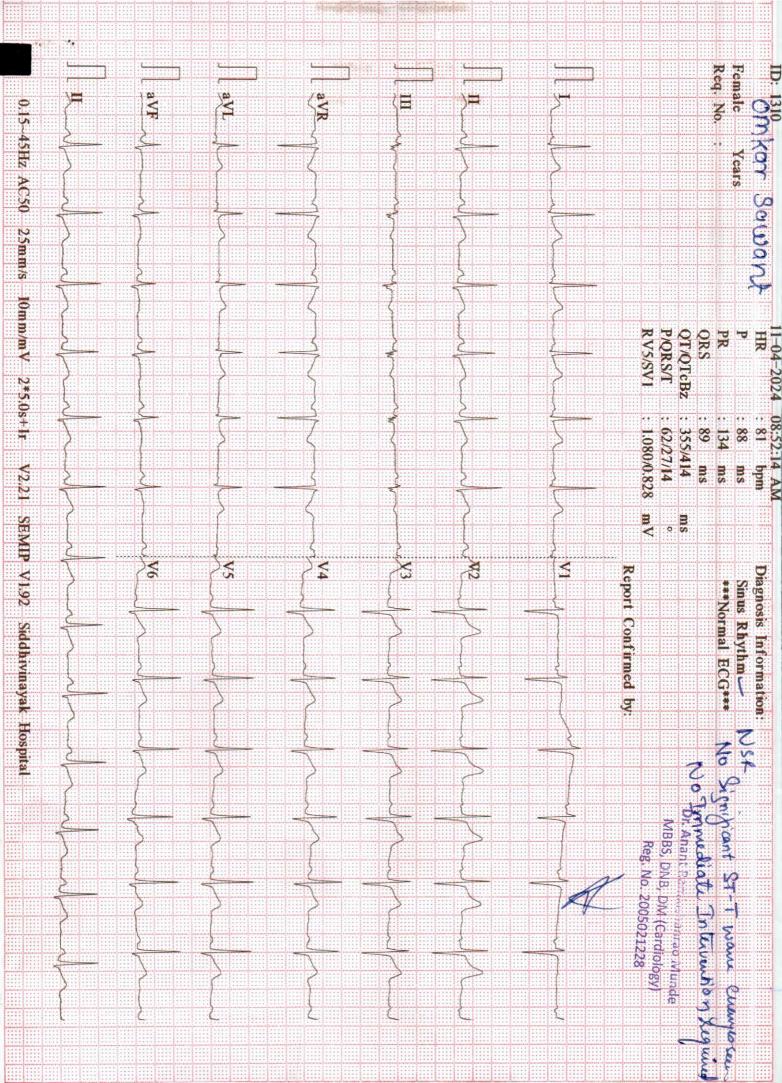
S-1, Vedant Complex, Vartak Nagar, Thane (W)-400606, Tel.: 2588 3531/7151

Reg. No. AP.

Date: 11/04/24

Corporate Health Centre

Blood Urine Stool Vaccine ECG 2D Echo	TMT X-Ray PFT Audio USG OPT Dr.
Employee's Name : Omkar Sawant	With Glass / Without Glasses
Employees Name . STATES SQUARE	
Blood Group : Ab Nezair	Rt. Lt.
Age/Sex : 27 / ++016	NEAR NIG NIG
	DISTANT 6 6 6 6 6
Contact No. : 9326211399	COLOUR VISION NOT MA
PHYSIOLOGIC PARAMETERS :	GENERAL EXAMINATION
Ht. (Cms.) Wt. (Kgs.) BMI 24.1 Kg/m	Pulse (Min): 85 M BP (mm Hg): 110 70
173 cm 72 KG+ (Noma)	R.R. (Min) : 25 m Temp. : 98.2
COMPLAINTS : (Specify if any)	Pallor : NAD Icterus : NAD
No fresh couppaints.	Clubbing : NAD
	ENT EXAMINATION (Specify if Abnormal)
PAST HISTORY: HID RTA - aperates &	Ear Nose Tongue
? (1) radius, ultra #	Teeth Tonsils Gums
operated Syrs back	SYSTEMIC EXAMINATION
FAMILY HISTORY: Father DM	
TAME THOUSE.	LOCOMOTOR SYSTEM NAD
	RESPIRATORY SYSTEM ALBE CLEAR
SURGICAL HISTORY: (1) Radius ulna platting	CARDIOVASCULAR SYSTEM C, C, C
done (DNA)	CENTRAL NERVOUS SYSTEM LONS, Doverted
- (DIVA)	ABDOMEN Soft
PERSONAL HISTORY (Addication if any)	GENITAL SYSTEM NAD
Chronic / Frequent / Occasional :	MUSCULOSKELETAL SYSTEM NAD
Smoker / Tobacco Chewer / Alcohlic :	
PFT MEANS	PRED % PRED
SVC	
FVC	
FEV1 / FVC Remark	
Audiometry 500 1000 2000	equency in Hz 4000 6000 8000
Right Ear	
Left Ear	
Remark	It is lit and can resume
	his normal duties
DOCTOR SIGNATURE	No mea deales
DR. VISHAL DALVI	
MBBS, MD (Medicine) Consultant Physician	
Reg. No. 2011/09/3121	
-1-0/2161	





Siddhivinayak Hospital



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

Name - MR . OMKAR SAWANT	Age - 27 Y/M
Ref by Dr Siddhivinayak Hospital	Date - 11/04/2024

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 the note has its represent the sole diagnosis.





OPTHAL CHECK UP SCREENING

NAME OF EMPLOYEE Omkar Sawant

AGE 27

DATE - 11.04.2024

Spects: Without Glasses

	RT Eye	Lt Eye
NEAR	N/6	N/6
DISTANT	6/6	6/6
Color Blind Test	Normal	

SIDDHIVINAYAK HOSPITALS

