LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. GIFTY JIJO JOSEPH	**Age/Sex**	: 43 Year(s) / Female
UHID	: SHHM.96548	**Order Date**	: 08/06/2024 08:40
Episode	: OP		
Ref. Doctor	: self	**Mobile No**	: 9820227442
		DOB	: 31/05/1981
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Blood Bank

Test Name	Result

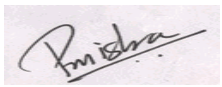
Sample No : O0336778A Collection Date : 08/06/24 08:42 Ack Date : 08/06/2024 11:25 Report Date : 08/06/24 12:51

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

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HAEMATOLOGY

Sample No : O0336778A Collection Date : 08/06/24 08:42 Ack Date : 08/06/2024 09:23 Report Date : 08/06/24 10:52

Test Name	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC) - EDTA WHOLE BLOOD			
Total WBC Count	4.84	x10^3/ul	4.00 - 10.00
Neutrophils	66.5	%	40.00 - 80.00
Lymphocytes	26.0	%	20.00 - 40.00
Eosinophils	2.9	%	1.00 - 6.00
Monocytes	4.4	%	2.00 - 10.00
Basophils	**0.2 ▼ (L)**	%	1.00 - 2.00
Absolute Neutrophil Count	3.22	x10^3/ul	2.00 - 7.00
Absolute Lymphocyte Count	1.26	x10^3/ul	0.80 - 4.00
Absolute Eosinophil Count	0.14	x10^3/ul	0.02 - 0.50
Absolute Monocyte Count	0.21	x10^3/ul	0.12 - 1.20
Absolute Basophil Count	0.01	x10^3/ul	0.00 - 0.10
RBCs	4.96	x10^6/ul	4.50 - 5.50
Hemoglobin	**10.8 ▼ (L)**	gm/dl	12.00 - 15.00
Hematocrit	**33.6 ▼ (L)**	%	40.00 - 50.00
MCV	**67.7 ▼ (L)**	fl	83.00 - 101.00
MCH	**21.8 ▼ (L)**	pg	27.00 - 32.00

MC-5288

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. GIFTY JIJO JOSEPH	**Age/Sex**	: 43 Year(s) / Female
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Episode	: OP		
Ref. Doctor	: self	**Mobile No**	: 9820227442
		DOB	: 31/05/1981
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MCHC	32.2	gm/dl	31.50 - 34.50
RED CELL DISTRIBUTION WIDTH-CV (RDW-CV)	14.2	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH-SD (RDW-SD)	35.2	fl	35.00 - 56.00
Platelet	235	x10^3/ul	150.00 - 410.00
Mean Platelet Volume (MPV)	9.9	fl	6.78 - 13.46
PLATELET DISTRIBUTION WIDTH (PDW)	15.4	%	9.00 - 17.00
PLATELETCRIT (PCT)	0.234	%	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

MC-5288

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		Facility	: SEVENHILLS HOSPITAL, MUMBAI

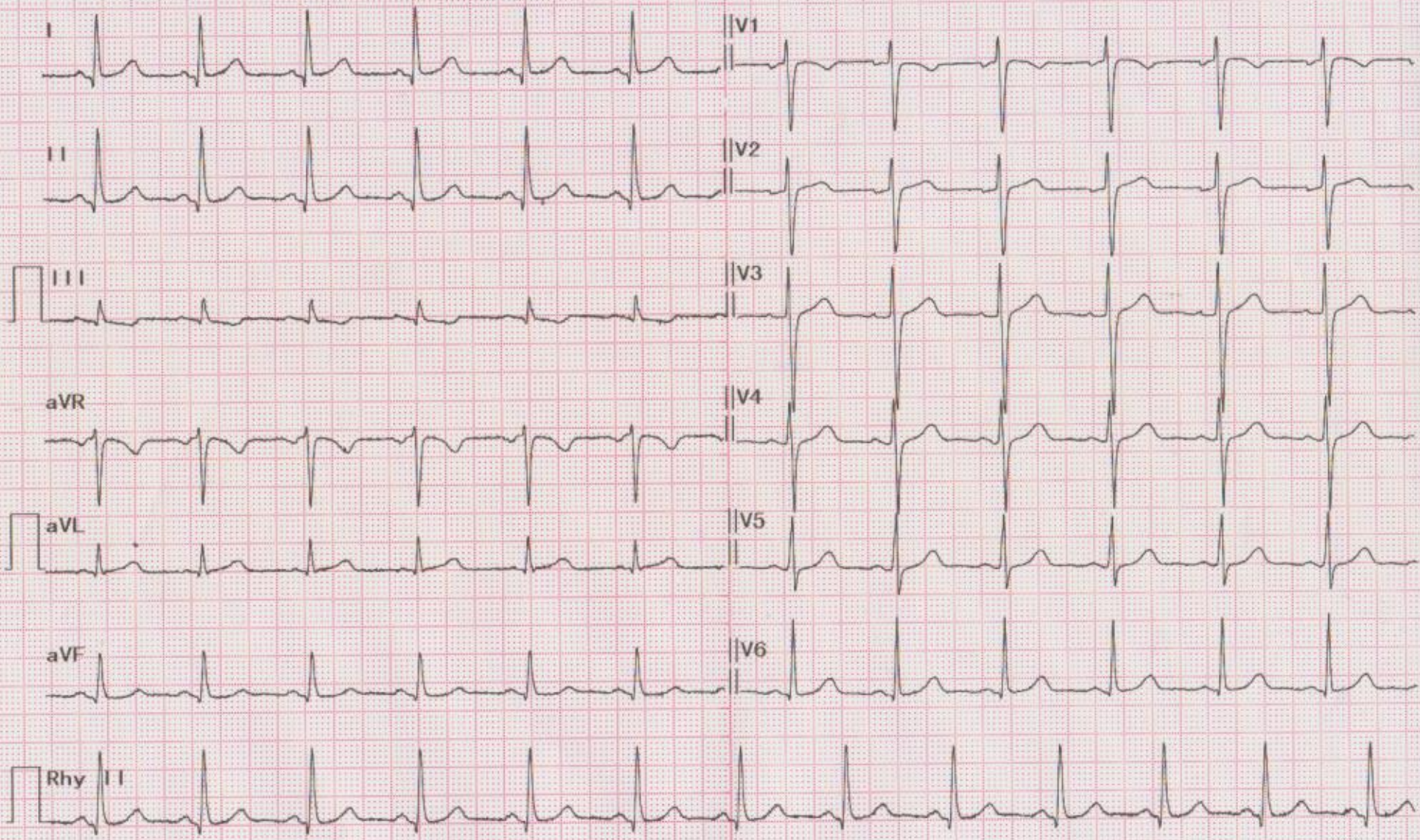
Consultant Pathologist and Director of Laboratory Services
RegNo: 2006/03/1680

MC-5288

ID : 2406080000
Name: gifty joseph
Sex : Female
Divisions:

DataTime: 2024-06-08 09:21
Age : 43
BP : / mmHg
Bed No. :

Hospital:
Height : cm
Weight : kg
Hospital No. :



Diagnosis for reference, ask your doctor to confirm

AUTO PRINT 6X2+1R 80bpm 10 mm/mV 0.50Hz-Off AC 50Hz 25 mm/sec Confirmed By:

LABORATORY INVESTIGATION REPORT

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		DOB	: 31/05/1981
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

HAEMATOLOGY

Test Name	Result	Unit	Biological Reference Interval
Sample No : O0336778A	Collection Date : 08/06/24 08:42	Ack Date : 08/06/2024 09:23	Report Date : 08/06/24 11:58
ERYTHROCYTE SEDIMENTATION RATE (ESR)			
ESR	**30 ▲ (H)**	mm/hr	0 - 20

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

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

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. GIFTY JIJO JOSEPH	**Age/Sex**	: 43 Year(s) / Female
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Urinalysis

Sample No : O0336778D Collection Date : 08/06/24 08:42 Ack Date : 08/06/2024 09:24 Report Date : 08/06/24 13:22

Test Name	Result	Unit	Biological Reference Interval
Physical Examination			
QUANTITY	30	ml	
Colour	Pale Yellow		
Appearance	Clear		
DEPOSIT	Absent		Absent
pH	Acidic		
Specific Gravity	1.020		
Chemical Examination			
Protein	Absent		Absent
Glucose	Absent		Absent
ketones	Absent		Absent
Blood	NEGATIVE		Negative
Bilirubin	Negative		
Urobilinogen	normal		Normal
NITRATE	Absent		Absent
LEUKOCYTES	Absent		Absent
Microscopic Examination			

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Pus cells	1-2	/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.Ritesh Kharche
MD, PGD-HM
Consultant Pathologist and Director of Laboratory Services
RegNo: 2006/03/1680

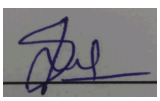
DIAGNOSTICS REPORT

Patient Name	: Mrs. GIFTY JIJO JOSEPH	Order Date	: 08/06/2024 08:40
Age/Sex	: 43 Year(s)/Female	Report Date	: 08/06/2024 17:06
UHID	: SHHM.96548		
Ref. Doctor	: self	Facility	: SEVENHILLS HOSPITAL, MUMBAI
Address	: A22/402, BAKERS FIELD CHS LTD, SHASTRI NAGAR, ANDHERI WEST,Mumbai, Maharastra, 400058	Mobile	: 9820227442

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.Amol Balaji Sunkwad
MBBS

RegNo: 2015/06/3853

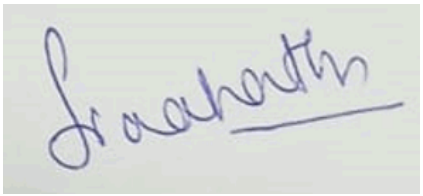
OPD INITIAL ASSESSMENT

Patient Name	: Mrs. GIFTY JIJO JOSEPH	**UHID**	: SHHM.96548
		Age/Sex	: 43 Year(s) / Female
Prescription No	: OPCS195243	**Referred By**	: self
Doctor Name	: Dr. Siddharth Ramtirth Yadav	**Bill Date**	: 08-Jun-2024
Facility Name	: SEVENHILLS HOSPITAL, MUMBAI	**Payer**	:
Address	: A22/402, BAKERS FIELD CHS LTD, SHASTRI NAGAR Mumbai ANDHERI WEST Maharastra 400058		

History of Present Illness

Has come for routine eye check-up
Vision
OD – 6/6
OS – 6/6
Near Vision (With Glasses) – N6
Colour Vision - OU Normal
Anterior segment – OU WNL
Posterior segment – OU CDR-0.3, HNRR Healthy, Retina on
IOP 12/12 mm Hg

Adv
Continue glasses
Yearly follow up
RTC SOS



Signed by: Dr. Siddharth Ramtirth Yadav
MS,MBBS
Consultant
Ophthalmology

LABORATORY INVESTIGATION REPORT

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Biochemistry

Sample No : O0336778B Collection Date : 08/06/24 08:42 Ack Date : 08/06/2024 09:23 Report Date : 08/06/24 12:14

Test Name	Result	Unit	Biological Reference Interval
Blood Sugar FBS			
FBS *Method - Hexokinase*	90.94	mg/dl	70 - 100
GLUCOSE-PLASMA POST PRANDIAL			
Glucose,Post Prandial	107.44	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

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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*	17.99	IU/L	0 - 34

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*	0.83	mg/dl	0 - 2
Direct Bilirubin - - SERUM *Method - Diazotization*	**0.43 ▲ (H)**	mg/dl	0 - 0.4
Indirect Bilirubin - Calculated *Method - Calculated*	0.40	mg/dl	
BUN-SERUM			
BUN - SERUM *Method - Urease-GLDH*	10.71	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
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