



DEPARTMENT OF LABORATORY SERVICES

Patient	Mr. SHAIENDRA KUMAR PATHAK	Lab No/ManualNo	4118583/
UHIDNo/IPNO	400218804	CollectionDate	17/10/2024 9:09AM
Age/Gender	40 Years/Male	Receiving Date	17/10/2024 10:13AM
Bed No/Ward	OPD	Report Date	17/10/2024 2:26PM
Referred By	PHC Department	Report Status	Final
		Sample Quality	

Test Name	Result	Unit	Bio. Ref. Range	Method	Sample
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Biochemistry

MediWheel Pre -Employment I

***SGPT (ALT)**

Serum - SGPT / ALT (Alanine Amino Transferase)	35	U/L	10 - 40	Reflectance spectrophotometry/ kinetic with pyridoxal -5- phosphate	
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Interpretation:-

Alanine aminotransferase is present in high activity in liver, skeletal muscle, heart, and kidney. Serum ALT increases rapidly in liver cell necrosis, hepatitis, hepatic cirrhosis, liver tumors, obstructive jaundice, Reye's syndrome, extensive trauma to skeletal muscle, myositis, myocarditis, and myocardial infarction.

***SERUM CREATININE**

Serum

Serum - Creatinine	1.0	mg/dL	0.8 - 1.2	Enzymatic (Creatinine Amidohydrolase)	
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Interpretation:-

Serum creatinine and urinary creatinine excretion is a function of lean body mass in normal persons and shows little or no response to dietary changes. The serum creatinine concentration is higher in men than in women. Since urinary creatinine is excreted mainly by glomerular filtration, with only small amounts due to tubular secretion, serum creatinine and a 24-hour urine creatinine excretion can be used to estimate the glomerular filtration rate. Serum creatinine is increased in acute or chronic renal failure, urinary tract obstruction, reduced renal blood flow, shock, dehydration, and rhabdomyolysis. Causes of low serum creatinine concentration include debilitation and decreased muscle mass. common in the elderly, in the bedridden, and in patients with advanced malignancy.

***GLUCOSE (PP)**

PLASMA(FLUORIDE)

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Senior Consultant, Laboratory Services,
Regd No: HN 012481



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Glucose - Post Prandial (PPBS) **H 178** mg/dL 40 - 140 Glucose oxidase ,hydrogen Peroxidase

Interpretation:-
Glucose is a primary cellular energy source. Fasting plasma glucose concentrations and tolerance to a dose of glucose are used to establish the diagnosis of diabetes mellitus and disorders of carbohydrate metabolism. Glucose measurements are used to monitor therapy in diabetics and in patients with dehydration, coma, hypoglycemia, insulinoma, acidosis, and ketoacidosis.

***BLOOD UREA** Serum

Serum - Urea 30 mg/dL 19 - 43 Urease with indicator dye

Interpretation:-
The major pathway of nitrogen excretion is in the form of urea that is synthesized in the liver, released into the blood, and cleared by the kidneys. A high serum urea nitrogen occurs in glomerulonephritis, shock, urinary tract obstruction, pyelonephritis, and other causes of acute and chronic renal failure. Severe congestive heart failure, hyperalimentionation, diabetic ketoacidosis, dehydration, and bleeding from the gastrointestinal tract elevate urea nitrogen. Low urea nitrogen often occurs in normal pregnancy, with decreased protein intake, in acute liver failure, and with intravenous fluid administration.

***BILIRUBIN TOTAL DIRECT AND INDIRECT** Serum

Bilirubin Total 0.5 mg/dL 0.2 - 1.3 Diphylline,Diazonium Salt

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Bilirubin Direct	0.2	mg/dL	Calculated	Calculated
				Neonate Ref. Range. 0 - 30 Days - (0.0 -0.6) mg/dL Adult Ref. Range. >30 Days - (0.0-0.3) mg/dL
Bilirubin Indirect	0.3	mg/dL	0.0 - 1.1	Dual wavelength
*GLUCOSE (FASTING).				PLASMA(FLUORIDE)
Glucose F	H 165.00	mg/dL	70.00 - 100.00	Glucose oxidase ,hydrogen Peroxidase

Interpretation:-
Glucose is a primary cellular energy source. Fasting plasma glucose concentrations and tolerance to a dose of glucose are used to establish the diagnosis of diabetes mellitus and disorders of carbohydrate metabolism. Glucose measurements are used to monitor therapy in diabetics and in patients with dehydration, coma, hypoglycemia, insulinoma, acidosis, and ketoacidosis.

End Of Report

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Clinical Pathology
MediWheel Pre -Employment I

***URINE ROUTINE EXAMINATION**

Urine

Physical Examination:

Volume	40	mL		Physical Examination
Colour	Pale Yellow		Pale Yellow	Physical Examination
Appearance:	Clear			Physical Examination

Chemical Examination:

pH	5.5		4.6 - 8.0	Indicator Test
Specific Gravity	1.005		1.000 - 1.035	Ion Exchange
Protein	Nil			Protein Error of Indicator/ Sulphosalicylic Acid
Glucose	Nil			Glucose Oxidase - Peroxidase/ Benedict's Method
Ketone	Nil			Nitroprusside Reaction / Rothera's Method
Bilirubin	Absent			Diazonium Method/ Fouchet's Method
Urobilinogen	Normal			Ehrlich's Reaction/ Ehrlich's Reagent
Nitrite:	Negative		Negative	Diazotization Reaction
Blood :	Nil			Peroxidase Reaction

Microscopic Examination:

Casts	Nil		Nil	Microscopy
Epithelial cells	0-2	/HPF	0 - 1	Microscopy
Pus Cells	0-2	/HPF	0 - 5	Microscopy
RBC	00	/HPF	0 - 2	Microscopy
Crystals	Nil		Nil	Microscopy

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MD, Microbiology, Consultant(Lab Services)
DMC Regd No: 63478



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Interpretation:-

Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders.

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever. Protein reported in urine as Negative(<15 mg/dl), 1+(>=30 mg/dl), 2+(>=100 mg/dl) & 3+(>=500 mg/dl).

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications. Glucose reported in urine as Negative (<25 mg/dl), 1+(>=50 mg/dl), 2+(>=100 mg/dl), 3+(>=300 mg/dl), 4+(>=1000 mg/dl).

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or hemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Positive nitrite test suggestive of 10⁵ or more organism in 1 ml of urine specimen.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of hemolytic anemia.

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Haematology

MediWheel Pre -Employment I

***ERYTHROCYTE SEDIMENTATION RATE (ESR)**

EDTA Blood

Erythrocyte Sedimentation Rate (ESR)	H 37	mm/hr	0 - 15	Modified westergren Method	
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Interpretation:-

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post-partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD

EDTA Blood

Haemoglobin	L 13.3	g/dL	13.5 - 18.0	Spectrophotometry (Cyanide free method)	
Hematocrit/PCV	L 40.3	%	42.0 - 52.0	Derived from RBC pulse height detection	
RBC COUNT	L 4.06	10 ⁶ /μL	4.70 - 6.00	Electrical Impedance	
MCV	99.3	fl	78.0 - 100.0	Calculated	
MCH	H 32.8	pg	27.0 - 31.0	Calculated	
MCHC	33.0	g/dL	31.5 - 34.5	Calculated	
RDW-CV	H 14.5	%	11.5 - 14.0	Calculated	
Platelet count	L 136	10 ³ /μL	150 - 450	Electrical Impedance	
Total Leucocyte Count (TLC)	9.02	10 ³ /μL	4.00 - 10.50	Double Hydrodynamic Sequential System (DHSS)	

Differential Leucocyte Count

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Neutrophils	48.0	%	40 - 80	Flow Cytometry
Lymphocytes	H 42.3	%	20 - 40	Flow Cytometry
Monocytes	5.3	%	2 - 10	Flow Cytometry
Eosinophils	4.4	%	1 - 6	Flow Cytometry
Basophils	0	%	0 - 1	Flow Cytometry
Absolute Leucocyte Count				
Absolute Neutrophil Count	4.32	10 ³ /μL	1.50 - 6.60	Calculated
Absolute Lymphocyte Count	H 3.82	10 ³ /μL	1.50 - 3.50	Calculated
Absolute Monocyte Count	0.48	10 ³ /μL	0.00 - 1.00	Calculated
Absolute Eosinophil Count	0.40	10 ³ /μL	0.00 - 0.70	Calculated
Absolute Basophil Count	0.00	10 ³ /μL	0.00 - 1.00	Calculated
Remarks	Few macro platelets seen.			

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Immuno-Haematology					
MediWheel Pre -Employment I					

***BLOOD GROUPING** EDTA Blood

ABO GROUP	'AB'			Tube Agglutination Method	
RH Type	POSITIVE				

Interpretation:-

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.
 Disclaimer: Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same.
 The test is performed by both forward as well as reverse grouping methods.

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Mediwheel
...Your wellness partner

Arcofemi Healthcare Pvt Ltd

(Formerly known as Arcofemi Healthcare Ltd)

F-701A, Lado Sarai, Mehrauli, New Delhi - 110030

Email: wellness@mediwheel.in, Website: www.mediwheel.in

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. Shailendra Kumar Pathak 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, color blindness, and any chronic or contagious diseases.

Place: Gurgaon

Date: 17/10/2024

Dr. Nitesh Kumar
MBBS
M.D. 47093

Name & Signature of

Medical officer