





YOUR HEALTH IS OUR PRIORITY

Laboratory Report

Patient Name: MRS POOJA PATHAK

Age/Gender : 39 Yrs/Female
Ref. Dr. : CMH HOSPITAL
Center : CMH OPD

: CMH HOSPITAL Collection E : CMH OPD Report Date

Registration Date : 13/11/2024 12:39 PM Collection Date : 13/11/2024 12:40 PM

Report Date : 13/11/2024 02:14 PM



HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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BLOOD GROUP AND RH FACTOR

ABO Type A

Rh Factor POSITIVE(+VE)

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Post-Prandial Blood Sugar	96.0	mg/dl	70 - 140
Method : GOD-POD			
Interpretation:-			
Normal: 70-140 Impaired Glucose Tolerance:140-200			
Diabetes mellitus: >= 200			
(on more than one occassion)			
BILIRUBIN-SERUM			
Total Bilirubin-Serum	0.83	mg/dl	0.2 - 1.2
Direct Bilirubin-Serum	0.14	mg/dl	0.0 - 0.3
Indirect Bilirubin-Serum	0.7	mg/dl	0.2 - 0.8
Method : DIAZO			







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BLOOD UREA 22.7 mg/dl 13 - 45 BUN 11 7 - 21

Method: Calculated
Clinical Significance:

Urea Nitrogen (BUN) - Urea is the principle waste product of protein catabolism. BUN is most commonly measured in the diagnosis and treatment of certain renal and metabolic diseases. Increased BUN concentration may result from increased production of urea due to

(1) diet or excessive destruction of cellular proteins as occurs in massive infection and fevers,

- (2) reduced renal perfusion resulting from dehydration or heart failure,
- (3) nearly all types of kidney disease, and

(4) mechanical obstruction to urine excretion such as is caused by stones, tumors, infection, or stricture. Decreased urea levels are less frequent and occur primarily in advanced liver disease and in overhydration.

<u>Serum-Creatinine</u> 0.76 mg/dL 0.4 - 1.50

Method: Enzymatic

Interpretation

The primary use of a creatinine test is to better understand how well the kidneys are working. A measurement of creatinine can be employed for screening, diagnosis, and/or monitoring of kidney problems.

SGPT (ALT)- Serum 11.3 unit/L 5 - 45

Method: IFCC

Clinical Significance

Alanine Aminotransferase (ALT) (REFL) - Alanine Aminotransferase (ALT) measurements are particularly useful in the diagnosis and management of certain liver diseases, e.g., viral hepatitis and cirrhosis. ALT activity in tissue is generally much lower than aspartate aminotransferase (AST) activity and is found in highest concentrations in the liver. Significant elevations of ALT occur only in diseases of the liver. ALT is often measured in conjunction with AST to determine whether the source of the AST is the liver or the heart. ALT is normally not elevated in cases of myocardial infarction, i.e., a normal ALT, in conjunction with an elevated AST, tends to suggest cardiac disease. However, slight elevations of ALT may occur if an infarct destroys a very large volume of heart muscle.







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CLINICAL BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Fasting Blood Sugar Method: GOD-POD	96.0	mg/dl	Normal: 70-110
wethod: GOD-POD			Impaired Fasting Glucose(IFG):
			100-125

Diabetes mellitus: >= 126

Note:- An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons. The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.









Age/Gender

Ref. Dr.

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URINE EXAMINATION REPORT

Test Description	Result Unit		Biological Reference Ranges	
URINE ROUTINE				
General Examination				
Colour	Pale Yellow		Pale Yellow	
Transparency (Apperance)	Clear		Clear	
Deposit	Absent		Absent	
Reaction (pH)	Acidic		5.0-8.5	
Specific Gravity	1.025		-1.005-1.030	
Chemical Examination				
Urine Albumin	Absent		Absent	
Urine Ketones	Absent		Absent	
Urine Glucose	Absent		Absent	
Bile pigments	Absent		Absent	
Bile salts	NIL		NIL	
Urobilinogen	Normal		Normal	
Nitrite	Negative		Negative	
Microscopic Examination				
RBC's	NIL	/hpf	NIL	
_eukocyte (Pus cells)	2-4	/hpf	0-5/hpf	
Epithelial Cells	1-2 /hpf		0-4/hpf	
Crystals	Absent		Absent	
Casts	Not Seen		Not Seen	
Amorphous deposits	Absent		Absent	
Bacteria	Not seen		Not seen	
Yeast Cells	Not seen		Not seen	

Note: 1. Chemical examination through Dipstick includes test methods such as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method).. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from the vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight.







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Test Description	Result	Unit	Biological Reference Ranges	
COMPLETE BLOOD COUNT				
Haemoglobin	10.8	gm/dL 11.0 - 15.0		
RBC Count	4.32	mil/cu.mm	3.50 - 5.50	
Hematocrit HCT	34.4	%	37.0 - 47.0	
Mean Corp Volume MCV	79.6	fL	80.0 - 100.0	
Mean Corp Hb MCH	25.0	pg	27.0 - 34.0	
Mean Corp Hb Conc MCHC	31.4	gm/dL	32.0 - 36.0	
Platelet Count	2.61	lac/cmm	1.50 - 4.50	
Total WBC Count /TLC	8.7	10^3/cu.mm	4.0 - <mark>11.0</mark>	
DIFFERENTIAL LEUCOCYTE CO	UNT			
Neutrophils	72	%	40 - 70	
_ymphocytes	23	%	20 - 40	
Monocytes	03	%	02 - 10	
Eosinophils	02	%	01 - 06	
Basophils	00	%	00 - 01	
Absolute Differential Count				
Absolute Neutrophils Count	6.3	thou/mm3	2.00 - 7.00	
Absolute Lymphocyte Count	2.0	thou/mm3	1.00 - 3.00	
Absolute Monocytes Count	0.3	thou/mm3	0.20 - 1.00	
Absolute Eosinophils Count	0.2	thou/mm3	0.02 - 0.50	

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.







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Test Description	Result	Unit	Biological Reference Ranges
ESR - ERYTHROCYTE SEDIMENTATION RATE	16	mm/hr	0 - 20

Method: Wintrobes

INTERPRETATION:

- 1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
- 2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
- 3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

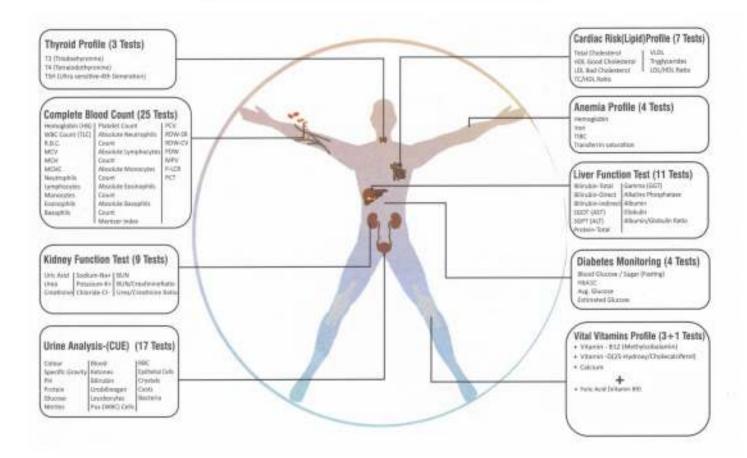
**** End of the report****

This report is not valid for medico legal aspects. This is just a professional opinion not the fin<mark>al.</mark> Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.





BODY CARE



CONDITIONS OF REPORTING

- Individual laboratory investigations should not be considered as conclusive and should be used along with other relevant clinical examinations to achieve the final diagnosis. Therefore these reported results are for the information of referring clinician only
- The values of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used. Further
 all samples collected outside Citi Pathlabs labs / patient centers are required to be prepared, stored, labelled and brought as per
 the guidelines of Citi Pathlabs. Citi Pathlabs cannot be held liable for incorrect results of any samples which are not as per the
 guidelines issued
- Electronic images in the report are created by electronic processing. Citi Pathlabs makes no expressed or implied warranties
 or representations with respect to it and takes no responsibility for the authenticity, quality and size of the image, affected
 possibly due to a computer virus or other contamination.
- 4. Citi Pathlabs confirms that all tests have been carried out with reasonable care, clinical safety & technical integrity A. However due to certain factors such as reagent inconsistency, machine breakdown etc. beyond its control which could affect the testing, it does not make any representation or give any warranty about the accuracy of the reported results B. The test results are to be used for help in diagnosing / treating medical diseases & not for forensic applications. Hence these results cannot be used for medico-legal purposes
- Partial representation of report is not allowed.
- All dispute / claims concerning to this report are subject to Bhopal jurisdiction only.

For Any Enquiry

Citi Pathlabs Flat No. 004, Shivaay South City Complex, Phase-2, G-3 Gulmohar Colony, Bhopal (M.P.) citipathlabs@gmailcom 9454786340, 9407658222

MER- MEDICAL EXAMINATION REPORT

Date of Examination NAME	13-11-2024- POOSA PATHAY			
AGE	POOSA PATHAY			
	39	Gender		
HEIGHT(cm)	157	WEIGHT (kg)	81.5	
B.P.		110/70		
ECG		WNL		
X Ray	9	waterel	No.	
Vision Checkup	Color	Vision: National		
- marchitektip	Fer V	islam Ratio : A50		
	Near Vision Ratio : A ³⁰			
	Nuar	Vision Raile : P		
Present Admunts	k les	Any Project	Alment 3.	
De II 412 - 415		U		
Details of Past atiments (If Any)	sles	Ary 7087- A	Ilments.	
Comments / Advice : She / He is Physically Fit				
Camming Picture Cate / 11c to my seatly the	Blue 28 Physically Fit			

Dr. Sabyasathi Gupta NESS (Gold Medalni) MO Qued TRPGP (UK)
Reg No.: 11671

Signature with Stamp of Medical Examiner

CERTIFICATE OF MEDICAL FITNESS

s/she is	
Medically Fit	
Fit with restrictions/recommendation	ons
Though following restrictions have not impediments to the job.	been revealed, in my opinion, these are
1	
2	
3,	
However the employee should folk been communicated to him/her.	ow the advice/medication that has
Review after	
Currently Unfit. Review after	recommended
Unfit	Dr. Salyasachi Gupta

This certificate is not meant for medico-legal purposes

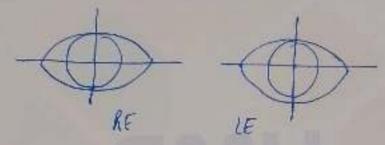




POOJA PATHAK 394/F

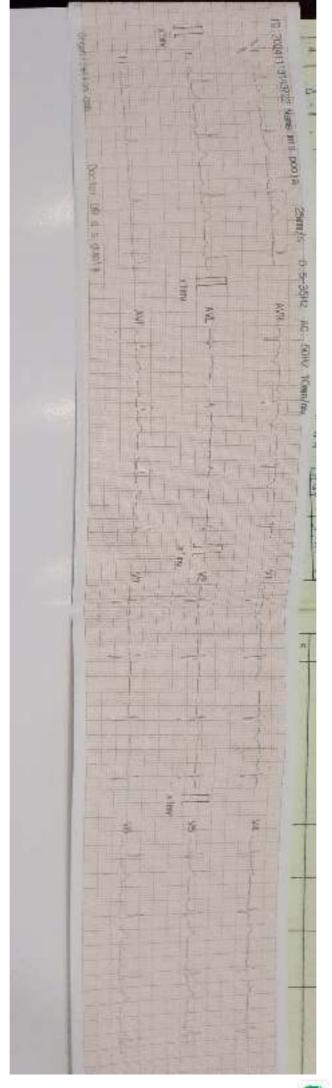
13/11/24

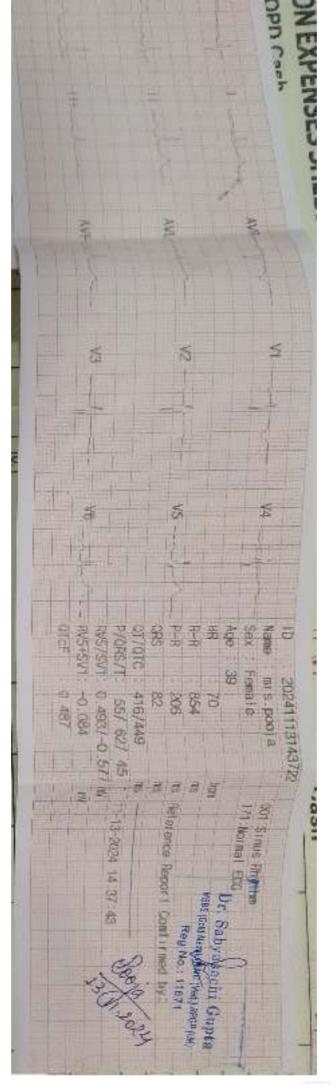
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- Both the eyes have round of clear wiscon
- No colourblindress
- No itching
- No watery discharge in any eye.

Empanelled with: State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat











CITI MULTI SPECIALITY HOSPITAL



Patient Name :	MRS. POOJA PATHAK	Age /sex :	39 Y/F
Referred .By:	INS	Date	13.11.2024

X-RAY CHEST PA VIEW

- Bilateral lungs Appear Clear.
- Bilateral Hilar Shadows Appear Clear .
- Bilateral CP Angels Appear Clear .
- Both The Domes of Diaphragm Appear normal in Shape and position
- Visualized bony eage and soft tissue appear normal.

IMPRESSION

-NO SIGNIFICANT ABNORMALITY SEEN.

Dr. DADHANIA PRINALBEN

MD RADIODIAGNOSIS CONSULTANT RADIOLOGIST

Empanelled with: State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat

