

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

<b>PARTICULARS OF HEALTH CHECK UP BENEFICIARY</b>	
NAME	ABHINAV SAURABH
DATE OF BIRTH	07-01-1985
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	11-02-2023
BOOKING REFERENCE NO.	22M165455100040270S
<b>SPOUSE DETAILS</b>	
EMPLOYEE NAME	MS. KUMARI SHWETA
EMPLOYEE EC NO.	165455
EMPLOYEE DESIGNATION	SMS CREDIT PROCESSING
EMPLOYEE PLACE OF WORK	BENGALURU,RO BENGALURU SOUTH
EMPLOYEE BIRTHDATE	05-01-1983

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **04-02-2023** till **31-03-2023**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

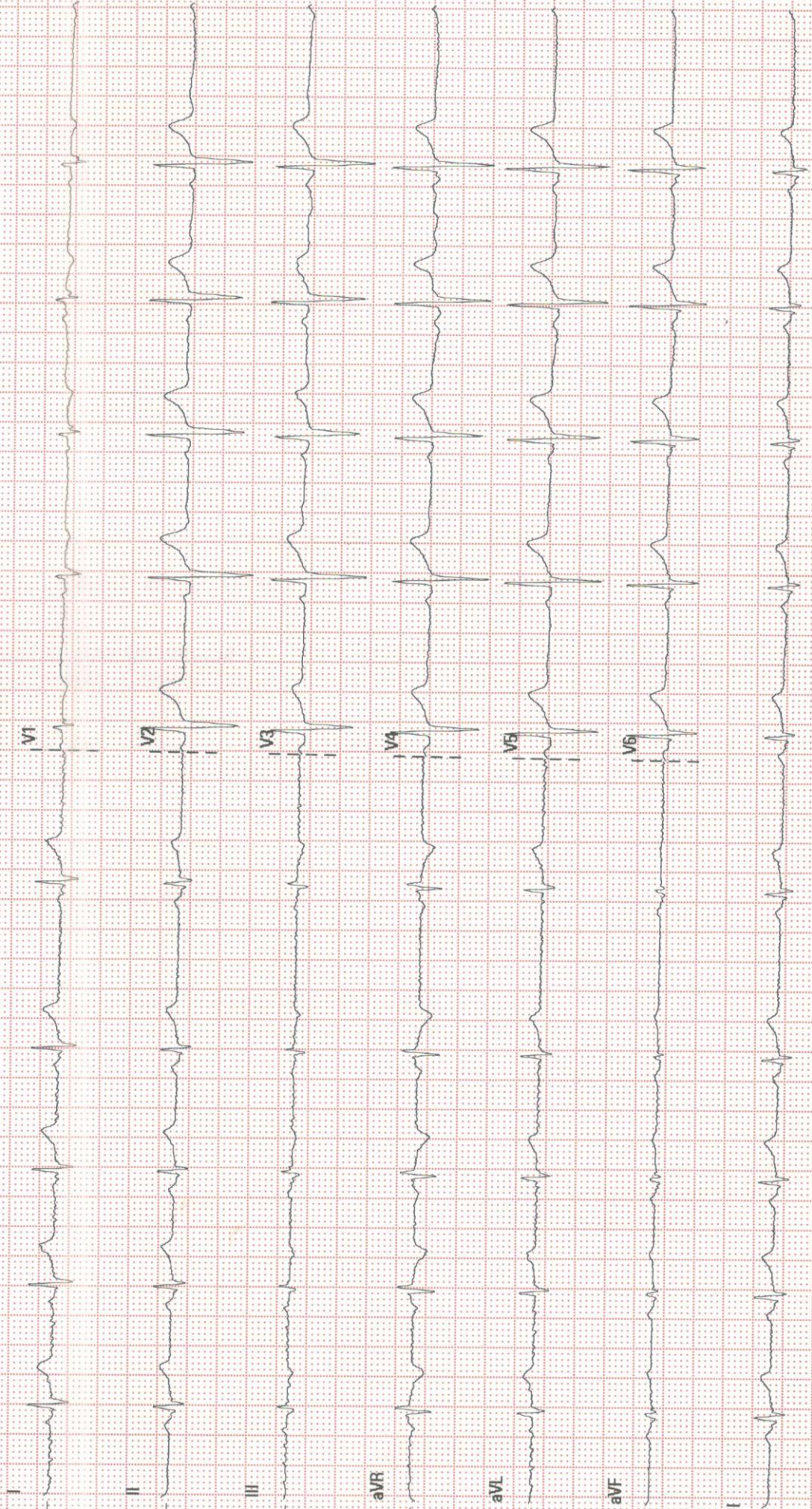
D: 201-23756  
Name: MR ABHINAV SAURABH  
Age: 40 Years  
Gender: Male

10-02-2023 07:48:52

Vent. Rate	65 bpm
PR Interval	140 ms
QRS Duration	82 ms
QT/QTc Interval	382/391 ms
P/QRS/T Axes	56/-720 deg
RV5/SV1	0.85/1.0, 3.27 mV
RV5 + SV1	1.178 mV
QTc/Hodges	

Sinus arrhythmia  
Indeterminate axis  
Borderline ECG

Unconfirmed Diagnosis



25 mm/s

10 mm/mV

50 Hz

BDR 35 Hz

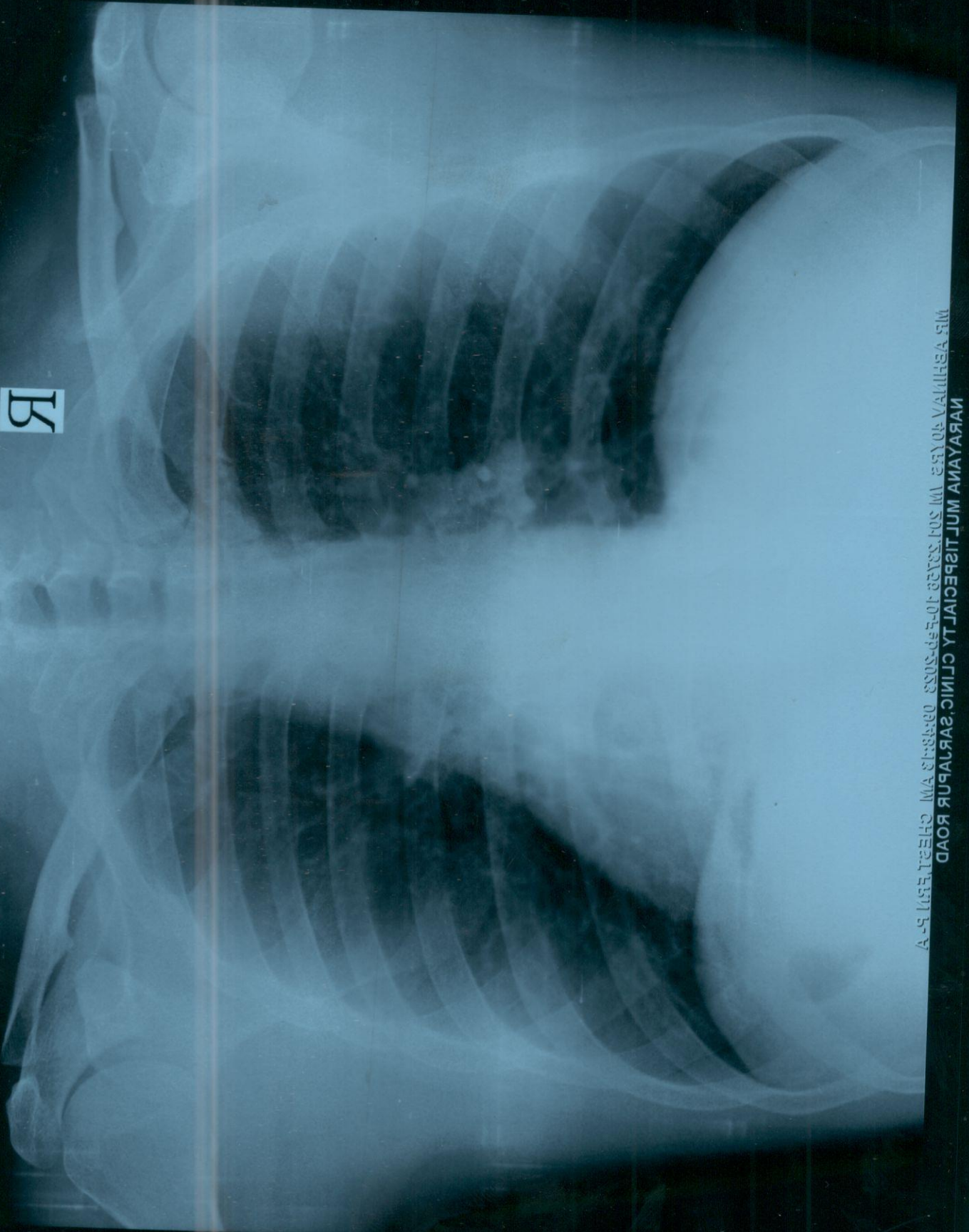
MARAYANA MSC. SARAJAPUR

02\_04\_00V28.4.1

SN.FN-5B003398

R

NARAYANA MULTISPECIALTY CLINIC, SARJAPUR ROAD  
MID. ASHWINI AVENUE, MID. SOUTH CROSS, JOYDEP-SOZZ, DABHANGI MID. CHESTERN P-V



Employee Name	Mr. Abhinav Saurabh
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Employee ID	165455 / bob528052
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Age	40 years
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Gender	Male
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Date	10/9/23
------	---------

Name of center	NH Sangapur
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City	Dangalore
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BASIC PARAMETERS:

Height (in mts)	170 cm
Weight (in Kgs)	82.2 kg
BMI	

Waist circumference (in cms)	85 cm
Hip circumference (in cms)	90 cm
Waist-to-hip ratio	

Systolic BP	100
Diastolic BP	80 mmHg



**Patient Name** : Mr.ABHINAV SAURABH  
**Age** : 40Years  
**Referring Doctor** : PKG

**Patient ID** :201- 23756  
**Sex** : male  
**Date** :10.02.2023

### ULTRASOUND ABDOMEN

#### FINDINGS:

**Liver** is mildly enlarged in size (15.6 cm) and shows diffuse increase in echogenicity. No intra or extra hepatic biliary duct dilatation. No focal lesions.

**Portal vein** is normal in size, course and caliber. **CBD** is not dilated.

**Gall bladder** is normal without evidence of calculi, wall thickening or pericholecystic fluid.

**Pancreas** to the extent visualized, appears normal in size, contour and echogenicity.

**Spleen** is normal in size (8.4cm), shape, contour and echopattern. No evidence of mass or focal lesions.

**Right Kidney** is normal in size (measures 11 cm in length & 1.6cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Left Kidney** is normal in size (measures 9.9 cm in length & 1.3 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

**Retroperitoneum** – Obscured by bowel gas.

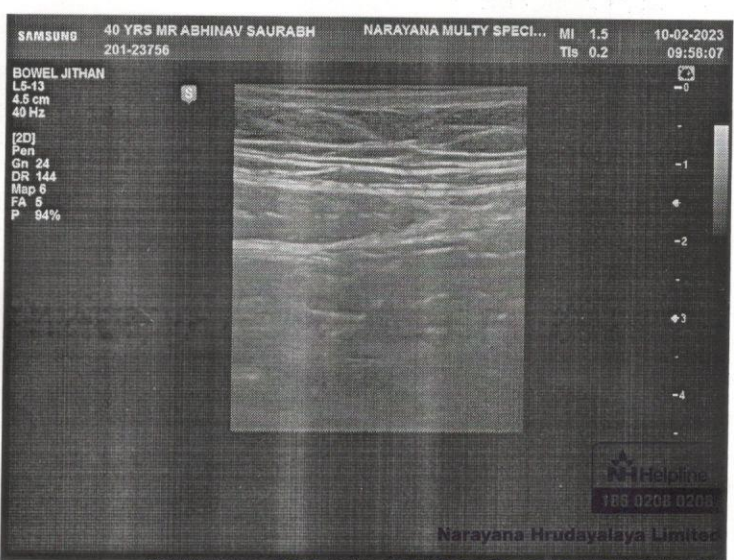
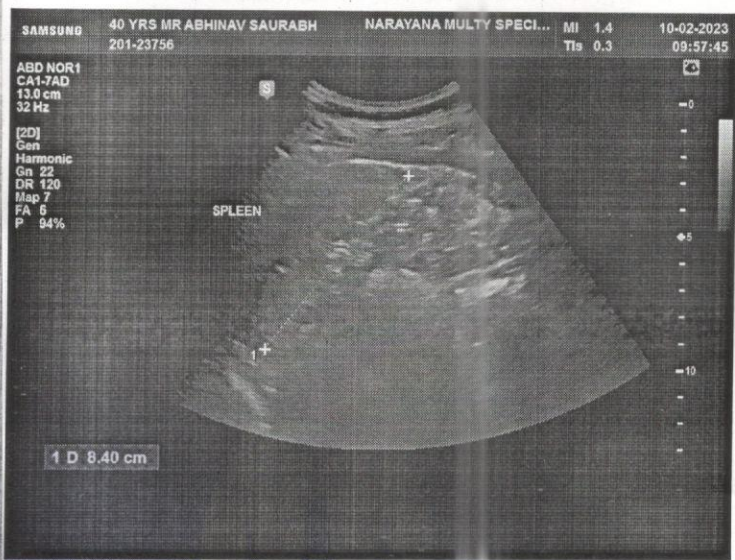
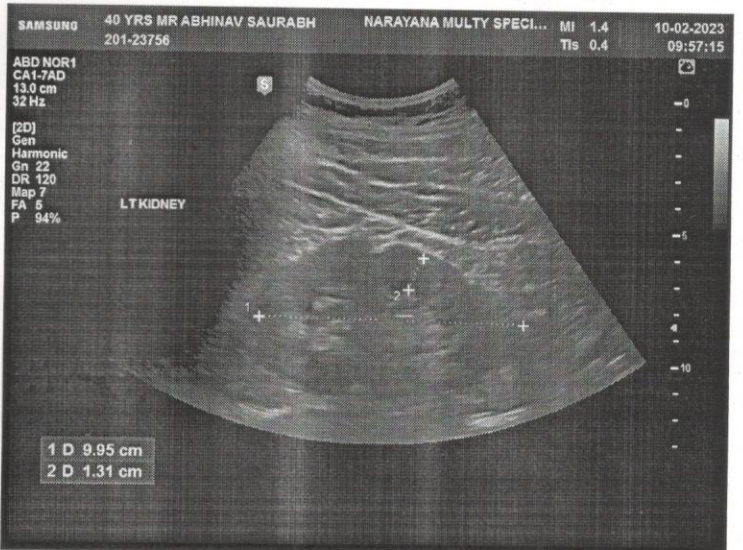
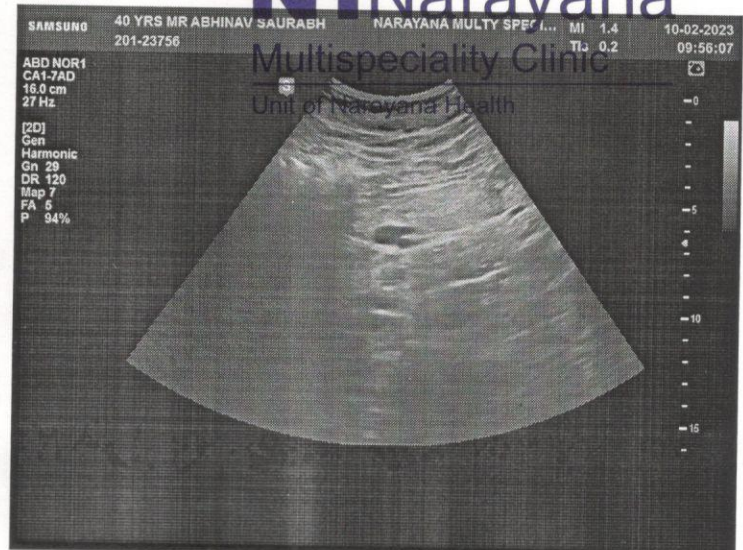
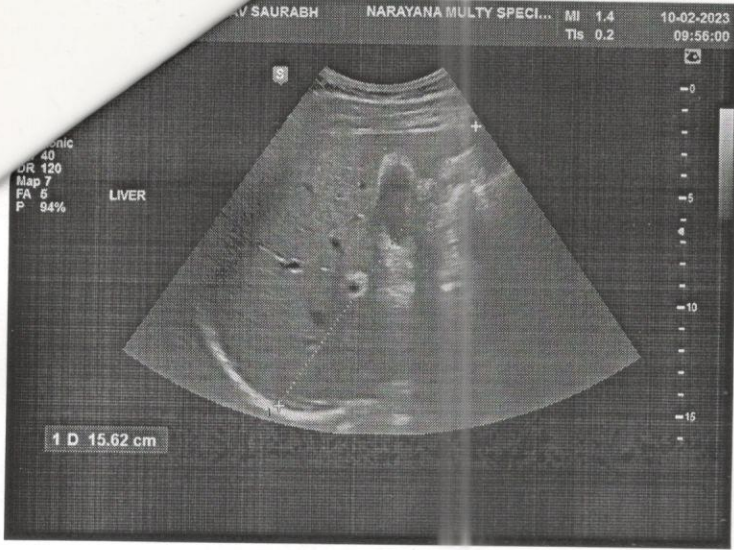
**Fluid** - There is no ascites or pleural effusion.

#### IMPRESSION:

- MILD HEPATOMEGALY WITH GRADE I FATTY LIVER



**Dr. Ananthalakshmi.S**  
Sonologist



## TRANS-THORACIC ECHO REPORT

Patient MRN : 201-23756 Date : 10.02.2023  
 Patient Name : Mr.ABHIINAV SAURABH Age/Gender : 40yrs/male

**M-MODE / 2D MEASUREMENTS**

LVEF (>55)% : 60%	LVID(d) (40-56)mm : 43mm	LVID (s) mm : 30mm
TAPSE (>16) mm : 20mm	IVS (d) (6-10)mm : 10mm	LV-EDV ml : --
LA (<39) mm : 29mm	PWD (d) (6-10)mm : 9mm	LV-ESV ml : --
RA (<44)mm : 31mm	RV (<35) mm : 26 mm	BSA m <sup>2</sup> : --

**DOPPLER MEASUREMENTS**

**MITRAL VALVE** : E/A - 0.8/0.4 M/S, NORMAL LV DIASTOLIC FUNCTION, MR-TRIVIAL  
**AORTIC VALVE** : PG - 2 MMHG /AR-TRIVIAL  
**TRICUSPID VALVE** : TR -TRIVIAL  
**PULMONARY VALVE** : PG - 2 MMHG  
**PA PRESSURE** : PASP- 23 MMHG/ NORMAL PA PRESSURE.

**FINDINGS**

SITUS SOLITUS, LEVOCARDIA, AV AND VA CONCORDANT, NORMAL GREAT ARTERY RELATIONSHIP

**VALVES**

**MITRAL** : NORMAL  
**AORTIC** : NORMAL  
**TRICUSPID** : NORMAL  
**PULMONARY** : NORMAL

**CHAMBERS**

**LV** : NORMAL SIZED, NORMAL LV SYSTOLIC FUNCTION.  
**RV** : NORMAL SIZED, NORMAL RV FUNCTION.  
**RWMA** : NO RWMA  
**LVOT** : NORMAL  
**LEFT ATRIUM** : NORMAL SIZED  
**RIGHT ATRIUM** : NORMAL SIZED

**SEPTAE**

**IVS** : INTACT

**IAS** : INTACT

**ARTERIES & VEINS**

**AORTA** : AORTIC ANNULUS - 19MM, ASCENDING AORTA- 27MM,  
NORMAL ARCH NORMAL SIZED.

**PULMONARY ARTERY** : NORMAL

**IVC, SVC & CS** : IVC – 14MM, NORMAL SIZED, COLLAPSING, NORMAL RA PRESSURE.

**PULMONARY VEINS** : NORMAL

**PERICARDIUM** : NORMAL

**VEGETATION / THROMBUS / TUMOR**: NIL

**OTHER FINDINGS:**

SINUS RHYTHM- 68 BPM  
NO PREVIOUS ECHO REPORT

**CONCLUSION**

NORMAL CHAMBER DIMENSIONS  
NORMAL PA PRESSURE  
NO RWMA  
NORMAL LV SYSTOLIC FUNCTION  
LVEF:- 55-60%

  
CHANDANA V  
CARDIAC SONOGRAPHER



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Abhinav Saurabh MRN : 20100000023756 Gender/Age : MALE , 40y (07/01/1983)

Collected On : 10/02/2023 08:09 AM Received On : 10/02/2023 01:00 PM Reported On : 10/02/2023 01:14 PM

Barcode : 022302100335 Specimen : Whole Blood Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9886809001

**HEMATOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Haemoglobin (Hb%) (Photometric Measurement)	14.9	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	4.95	million/ $\mu$ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	45.2	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	91.2	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	30.1	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.0	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.1	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	242	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	5.2	$10^3/\mu$ L	4.0-10.0
<b>DIFFERENTIAL COUNT (DC)</b>			
Neutrophils (VCS Technology Plus Microscopy)	59.8	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	28.5	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	8.3	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	2.6	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.8	%	0.0-2.0

Patient Name : Mr Abhinav Saurabh MRN : 20100000023756 Gender/Age : MALE , 40y (07/01/1983)

Absolute Neutrophil Count (Calculated)	3.11	$\times 10^3$ cells/ $\mu$ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.49	$\times 10^3$ cells/ $\mu$ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.44	$\times 10^3$ cells/ $\mu$ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.14	$\times 10^3$ cells/ $\mu$ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.05	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

#### Interpretation Notes

- Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .  
RBC Indices aid in typing of anemia.  
WBC Count: If below reference range, susceptibility to infection.  
If above reference range- Infection\*  
If very high in lakhs-Leukemia  
Neutrophils -If above reference range-acute infection, mostly bacterial  
Lymphocytes -If above reference range-chronic infection/ viral infection  
Monocytes -If above reference range- TB,Typhoid,UTI  
Eosinophils -If above reference range -Allergy,cough,Common cold,Asthma & worms  
Basophils - If above reference range, Leukemia, allergy  
Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies  
\* In bacterial infection with fever total WBC count increases.  
Eg Tonsillitis,Sinusitis,Bronchitis,Pneumonia,Appendicitis,UTI -12000-25000 cells/cumm.  
In typhoid and viral fever WBC may be normal.
- DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.**

--End of Report--

*Shalini*

Dr. Shalini K S  
DCP, DNB, Pathology  
Consultant

**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Abhinav Saurabh MRN : 20100000023756 Gender/Age : MALE , 40y (07/01/1983)  
Collected On : 10/02/2023 08:09 AM Received On : 10/02/2023 01:00 PM Reported On : 10/02/2023 01:47 PM  
Barcode : 022302100336 Specimen : Whole Blood - ESR Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)  
Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9886809001

**HEMATOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b> (Westergren Method)	1	mm/1hr	0.0-10.0

**Interpretation Notes**

- ESR high - Infections, chronic disorders,, plasma cell dyscrasias.
- DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert**

--End of Report--

Dr. Sudarshan Chougule  
MBBS, MD, Pathology  
Consultant & Head - Hematology & Flow Cytometry

**Note**

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Abhinav Saurabh MRN : 20100000023756 Gender/Age : MALE , 40y (07/01/1983)

Collected On : 10/02/2023 08:09 AM Received On : 10/02/2023 01:00 PM Reported On : 10/02/2023 02:02 PM

Barcode : 1B2302100010 Specimen : Whole Blood Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9886809001

**NARAYANA HRUDAYALAYA BLOOD CENTRE**

Test	Result	Unit
<b>BLOOD GROUP &amp; RH TYPING</b>		
Blood Group (Column Agglutination Technology)	B	-
RH Typing (Column Agglutination Technology)	Positive	-

--End of Report--



 Dr. Prathip Kumar B R  
 MBBS,MD, Immunohaematology & Blood Transfusion  
 Consultant

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- Kindly correlate clinically.



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Abhinav Saurabh MRN : 20100000023756 Gender/Age : MALE , 40y (07/01/1983)

Collected On : 10/02/2023 08:09 AM Received On : 10/02/2023 01:00 PM Reported On : 10/02/2023 01:19 PM

Barcode : 012302100513 Specimen : Plasma Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9886809001

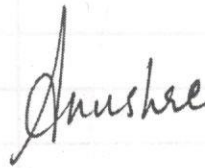
**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Fasting Blood Sugar (FBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	<b>106 H</b>	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

--End of Report--



Mrs. Latha B S  
MSc, Mphil, Biochemistry  
Incharge, Consultant Biochemistry



Dr. Anushre Prasad  
MBBS,MD, Biochemistry  
Consultant Biochemistry

**Note**

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.  
(Fasting Blood Sugar (FBS) -> Auto Authorized)



MC-2688



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Abhinav Saurabh MRN : 20100000023756 Gender/Age : MALE , 40y (07/01/1983)

Collected On : 10/02/2023 10:47 AM Received On : 10/02/2023 01:00 PM Reported On : 10/02/2023 01:35 PM

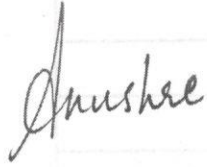
Barcode : 012302100993 Specimen : Plasma Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9886809001

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>Post Prandial Blood Sugar (PPBS)</b> (Colorimetric - Glucose Oxidase Peroxidase)	95	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

--End of Report--



Dr. Anushre Prasad  
 MBBS,MD, Biochemistry  
 Consultant Biochemistry



Mrs. Latha B S  
 MSc, Mphil, Biochemistry  
 Incharge, Consultant Biochemistry

**Note**

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- Results relate to the sample only.
- Kindly correlate clinically.  
 (Post Prandial Blood Sugar (PPBS) -> Auto Authorized)



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Abhinav Saurabh MRN : 2010000023756 Gender/Age : MALE , 40y (07/01/1983)

Collected On : 10/02/2023 08:09 AM Received On : 10/02/2023 01:00 PM Reported On : 10/02/2023 01:52 PM

Barcode : 012302100515 Specimen : Serum Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9886809001

**BIOCHEMISTRY**

Test	Result	Unit	Biological Reference Interval
<b>SERUM CREATININE</b>			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.89	mg/dL	0.66-1.25
eGFR (Calculated)	94.7	mL/min/1.73m <sup>2</sup>	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.
<b>Blood Urea Nitrogen (BUN)</b> (Endpoint /Colorimetric - Urease)	16	mg/dL	9.0-20.0
<b>Serum Uric Acid</b> (Colorimetric - Uricase,Peroxidase)	6.0	mg/dL	3.5-8.5
<b>LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)</b>			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	<b>228 H</b>	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	<b>216 H</b>	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	45	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	<b>183.0 H</b>	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	<b>126 L</b>	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	<b>43.2 H</b>	mg/dL	0.0-40.0

Patient Name : Mr Abhinav Saurabh MRN : 20100000023756 Gender/Age : MALE , 40y (07/01/1983)

Cholesterol /HDL Ratio (Calculated) **5.1 H** - 0.0-5.0

**LIVER FUNCTION TEST(LFT)**

Bilirubin Total (Colorimetric -Diazo Method) 0.40 mg/dL 0.2-1.3

Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry) 0.10 mg/dL 0.0-0.4

Unconjugated Bilirubin (Indirect) (Calculated) 0.31 mg/dL 0.0-1.1

Total Protein (Colorimetric - Biuret Method) 7.80 gm/dL 6.3-8.2

Serum Albumin (Colorimetric - Bromo-Cresol Green) 4.50 gm/dL 3.5-5.0

Serum Globulin (Calculated) 3.3 gm/dL 2.0-3.5

Albumin To Globulin (A/G)Ratio (Calculated) 1.37 - 1.0-2.1

SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate)) 41 U/L 17.0-59.0

SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate)) 43 U/L <50.0

Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer) 120 U/L 38.0-126.0

Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide ( Szasz Method)) 31 U/L 15.0-73.0

**Interpretation Notes**

- Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin). Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin. Delta Bilirubin is not expected to be present in healthy adults or neonates.

**THYROID PROFILE (T3, T4, TSH)**

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence) 1.14 ng/mL 0.97-1.69

Thyroxine (T4) (Enhanced Chemiluminescence) 7.14 µg/dl 5.53-11.0



Patient Name : Mr Abhinav Saurabh MRN : 20100000023756 Gender/Age : MALE , 40y (07/01/1983)

TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)      2.899       $\mu\text{IU/mL}$       0.4-4.049

--End of Report--

*Anushree*

Dr. Anushree Prasad  
 MBBS,MD, Biochemistry  
 Consultant Biochemistry

*Latha*

Mrs. Latha B S  
 MSc, Mphil, Biochemistry  
 Incharge, Consultant Biochemistry

**Note**

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
- (Lipid Profile, -> Auto Authorized)
- (CR, -> Auto Authorized)
- (LFT, -> Auto Authorized)
- (, -> Auto Authorized)
- (Uric Acid, -> Auto Authorized)
- (Blood Urea Nitrogen (Bun) -> Auto Authorized)



**DEPARTMENT OF LABORATORY MEDICINE**

Patient Name : Mr Abhinav Saurabh MRN : 20100000023756 Gender/Age : MALE , 40y (07/01/1983)

Collected On : 10/02/2023 08:09 AM Received On : 10/02/2023 01:00 PM Reported On : 10/02/2023 01:47 PM

Barcode : 012302100514 Specimen : Whole Blood Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9886809001

Test	BIOCHEMISTRY		Biological Reference Interval
	Result	Unit	
HbA1C			
HbA1c (HPLC NGSP Certified)	5.6	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	114.02	-	

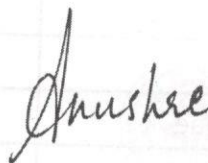
**Interpretation:**

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with >15% should be suspected of having a haemoglobin variant.

--End of Report--



Mrs. Latha B S  
MSc, Mphil, Biochemistry  
Incharge, Consultant Biochemistry



Dr. Anushre Prasad  
MBBS,MD, Biochemistry  
Consultant Biochemistry

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MC-2688



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Abhinav Saurabh MRN : 20100000023756 Gender/Age : MALE , 40y (07/01/1983)

Collected On : 10/02/2023 08:09 AM Received On : 10/02/2023 12:56 PM Reported On : 10/02/2023 01:13 PM

Barcode : 032302100058 Specimen : Urine Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9886809001

**CLINICAL PATHOLOGY**

Test	Result	Unit
<b>Urine For Sugar (Post Prandial)</b> (Enzyme Method (GOD POD))	Not Present	-
<b>Urine For Sugar (Fasting)</b> (Enzyme Method (GOD POD))	Not Present	-

--End of Report--



 Dr. Sudarshan Chougule  
 MBBS, MD, Pathology  
 Consultant & Head - Hematology & Flow Cytometry

**Note**

- \* Abnormal results are highlighted.
- \* Results relate to the sample only.
- \* Kindly correlate clinically.



MC-2688



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Abhinav Saurabh MRN : 20100000023756 Gender/Age : MALE , 40y (07/01/1983)

Collected On : 10/02/2023 08:09 AM Received On : 10/02/2023 12:56 PM Reported On : 10/02/2023 01:27 PM

Barcode : 032302100058 Specimen : Urine Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9886809001

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
<b>URINE ROUTINE &amp; MICROSCOPY</b>			
<b>PHYSICAL EXAMINATION</b>			
Colour	STRAW	-	-
Appearance	Not Present	-	-
<b>CHEMICAL EXAMINATION</b>			
pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.022	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reacton)	Trace	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present
<b>MICROSCOPIC EXAMINATION</b>			
Pus Cells	0.3	/hpf	0-5

Patient Name : Mr Abhinav Saurabh MRN : 20100000023756 Gender/Age : MALE , 40y (07/01/1983)

RBC	1.2	/hpf	0-4
Epithelial Cells	0.3	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.04	/hpf	0-1
Bacteria	1.8	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

--End of Report--



Dr. Sudarshan Chougule  
 MBBS, MD, Pathology  
 Consultant & Head - Hematology & Flow Cytometry

**Note**

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Abhinav Saurabh MRN : 20100000023756 Gender/Age : MALE , 40y (07/01/1983)

Collected On : 10/02/2023 08:09 AM Received On : 10/02/2023 12:56 PM Reported On : 10/02/2023 01:13 PM

Barcode : 032302100058 Specimen : Urine Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9886809001

**CLINICAL PATHOLOGY**

Test	Result	Unit
<b>Urine For Sugar (Post Prandial)</b> (Enzyme Method (GOD POD))	Not Present	-
<b>Urine For Sugar (Fasting)</b> (Enzyme Method (GOD POD))	Not Present	-

--End of Report--



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**DEPARTMENT OF LABORATORY MEDICINE**

Final Report

Patient Name : Mr Abhinav Saurabh MRN : 20100000023756 Gender/Age : MALE , 40y (07/01/1983)

Collected On : 10/02/2023 08:09 AM Received On : 10/02/2023 12:56 PM Reported On : 10/02/2023 01:27 PM

Barcode : 032302100058 Specimen : Urine Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9886809001

**CLINICAL PATHOLOGY**

Test	Result	Unit	Biological Reference Interval
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Mucus	Not Present	-	Not Present

**--End of Report--**


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