

92
years

sushma shetty
Female

11/05/2024 09:15:10

SEVENHILLS HEALTHCARE

OPD

58 . Sinus rhythm.....Normal P axis, V-rate 50- 99
156 . Baseline wander in lead(s) V5

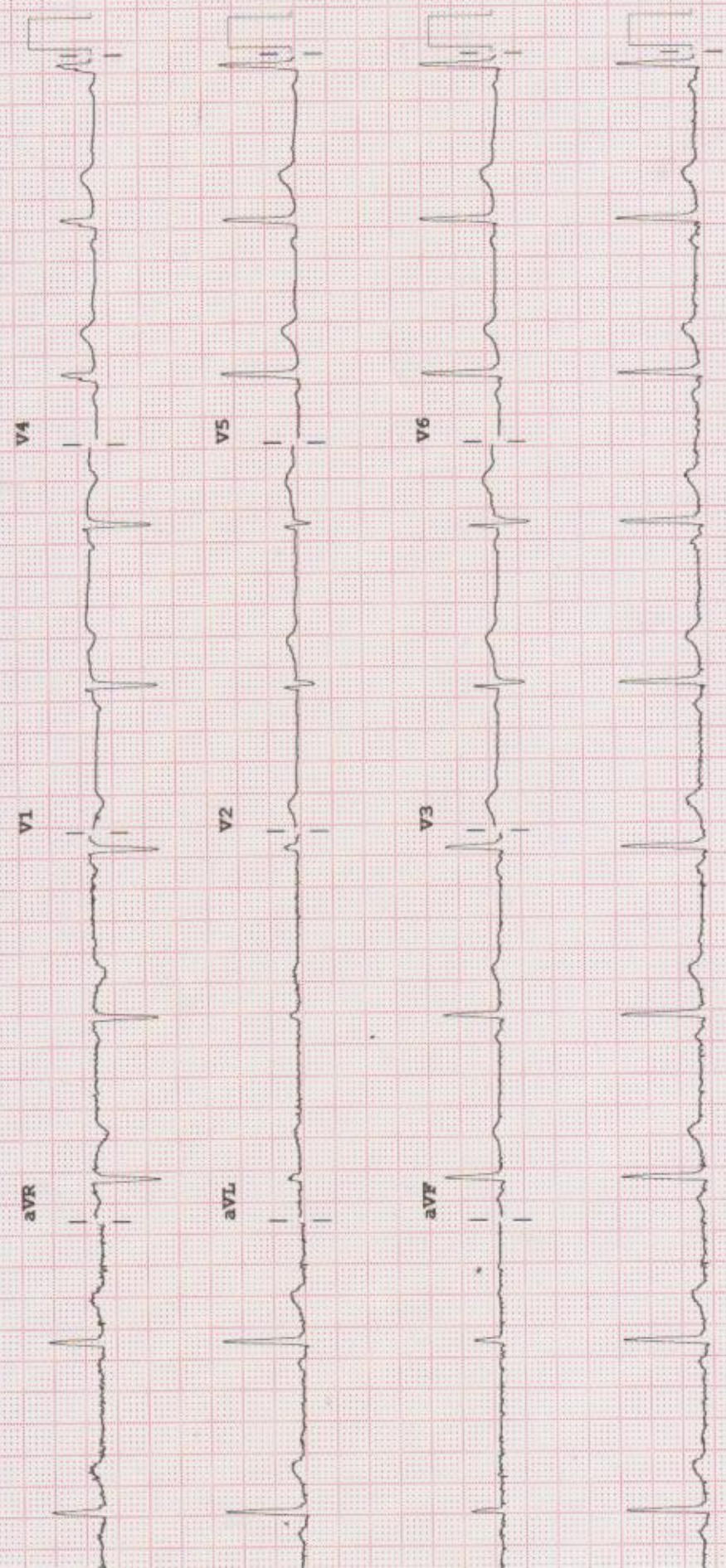
84
426
419

KIS--

58
46
40

- NORMAL ECG -

Lead; Standard Placement



F 50~ 0.50-100 Hz W 100B CL? P?

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

Ice:



LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. SUSHMA ROHAN SHETTY	Age/Sex	: 40 Year(s) / Female
UHID	: SHHM.94292	Order Date	: 11/05/2024 09:30
Episode	: OP	Mobile No	: 9967019644
Ref. Doctor	: Self	DOB	: 18/01/1984
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Blood Bank

Test Name	Result		
Sample No : O0331180A	Collection Date : 11/05/24 09:33	Ack Date : 11/05/2024 11:32	Report Date : 11/05/24 12:08

BLOOD GROUPING/ CROSS-MATCHING BY SEMI AUTOMATION

BLOOD GROUP (ABO)

' O '

Rh Type

Method - Column Agglutination

POSITIVE

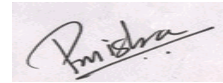
REMARK: THE REPORTED RESULTS PERTAIN TO THE SAMPLE RECEIVED AT THE BLOOD CENTRE.

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

Patient Name : Mrs. SUSHMA ROHAN SHETTY

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Facility : SEVENHILLS HOSPITAL, MUMBAI

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HAEMATOLOGY

Test Name	Result	Unit	Biological Reference Interval
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Sample No : O0331180A	Collection Date : 11/05/24 09:33	Ack Date : 11/05/2024 09:53	Report Date : 11/05/24 10:21
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COMPLETE BLOOD COUNT (CBC) - EDTA WHOLE BLOOD

Test Name	Result	Unit	Biological Reference Interval
Total WBC Count	8.44	x10 ³ /ul	4.00 - 10.00
Neutrophils	62.9	%	40.00 - 80.00
Lymphocytes	29.8	%	20.00 - 40.00
Eosinophils	1.2	%	1.00 - 6.00
Monocytes	5.9	%	2.00 - 10.00
Basophils	0.2 ▼ (L)	%	1.00 - 2.00
Absolute Neutrophil Count	5.31	x10 ³ /ul	2.00 - 7.00
Absolute Lymphocyte Count	2.51	x10 ³ /ul	0.80 - 4.00
Absolute Eosinophil Count	0.10	x10 ³ /ul	0.02 - 0.50
Absolute Monocyte Count	0.50	x10 ³ /ul	0.12 - 1.20
Absolute Basophil Count	0.02	x10 ³ /ul	0.00 - 0.10
RBCs	4.35 ▼ (L)	x10 ⁶ /ul	4.50 - 5.50
Hemoglobin	13.3	gm/dl	12.00 - 15.00
Hematocrit	38.4 ▼ (L)	%	40.00 - 50.00
MCV	88.1	fl	83.00 - 101.00
MCH	30.7	pg	27.00 - 32.00



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MCHC	34.8 ▲ (H)	gm/dl	31.50 - 34.50
RED CELL DISTRIBUTION WIDTH-CV (RDW-CV)	12.9	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH-SD (RDW-SD)	42.8	fl	35.00 - 56.00
Platelet	348	x10 ³ /ul	150.00 - 410.00
Mean Platelet Volume (MPV)	8.5	fl	6.78 - 13.46
PLATELET DISTRIBUTION WIDTH (PDW)	15.5	%	9.00 - 17.00
PLATELETCRIT (PCT)	0.297 ▲ (H)	%	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



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Facility : SEVENHILLS HOSPITAL, MUMBAI

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



MC-5288

LABORATORY INVESTIGATION REPORT

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	Facility : SEVENHILLS HOSPITAL, MUMBAI

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
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Sample No : O0331180B	Collection Date : 11/05/24 09:33	Ack Date : 11/05/2024 09:54	Report Date : 11/05/24 13:42
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GLUCOSE-PLASMA-FASTING

Glucose,Fasting	78.6	mg/dl	70 - 100
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American Diabetes Association Reference Range :

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 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

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.

Sample No : O0331180C	Collection Date : 11/05/24 09:33	Ack Date : 11/05/2024 09:54	Report Date : 11/05/24 13:42
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ALT(SGPT) - SERUM

SGPT (Alanine Transaminase) - SERUM <i>Method - IFCC</i>	7.3	IU/L	0 - 34
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References :



LABORATORY INVESTIGATION REPORT

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UHID : SHHM.94292	Order Date : 11/05/2024 09:30
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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 <i>Method - Diazo</i>	1.11	mg/dl	0 - 2
Direct Bilirubin - - SERUM <i>Method - Diazotization</i>	0.68 ▲ (H)	mg/dl	0 - 0.4
Indirect Bilirubin - Calculated <i>Method - Calculated</i>	0.43	mg/dl	
<u>CREATININE-SERUM</u>			
Creatinine - SERUM <i>Method - Jaffes Kinetic</i>	0.72	mg/dl	0.5 - 1.1

References:

1) Pack Insert of Bio system

2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Notes :-

Creatinine is a chemical waste molecule that is generated from muscle metabolism. Creatinine is produced from creatine, a molecule of major importance for energy production in muscles. Approximately 1-2% of the body's creatine is converted to creatinine every day. Creatinine is transported through the bloodstream to the kidneys. The kidneys filter out most of the creatinine and dispose of it in the urine. The kidneys maintain the blood creatinine in a normal range. Creatinine has been found to be a fairly reliable indicator of kidney function.

<u>GLUCOSE-PLASMA POST PRANDIAL</u>			
Glucose, Post Prandial	79.7	mg/dl	70 - 140

American Diabetes Association Reference Range :

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



MC-5288

LABORATORY INVESTIGATION REPORT

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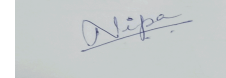
Interpretation :-

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

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.

End of Report



Dr. Nipa Dhorda
MD
Pathologist



LABORATORY INVESTIGATION REPORT

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Age/Sex : 40 Year(s) / Female

UHID : SHHM.94292

Order Date : 11/05/2024 09:30

Episode : OP

Ref. Doctor : Self

Mobile No : 9967019644

DOB : 18/01/1984

Facility : SEVENHILLS HOSPITAL, MUMBAI

Urinalysis

Test Name	Result	Unit	Biological Reference Interval
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Sample No : O0331180D	Collection Date : 11/05/24 09:33	Ack Date : 11/05/2024 09:54	Report Date : 11/05/24 13:43
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<u>Physical Examination</u>			
QUANTITY	30	ml	
Colour	Pale Yellow		
Appearance	Slightly Hazy		
DEPOSIT	Absent		Absent
pH	Acidic		
Specific Gravity	1.020		
<u>Chemical Examination</u>			
Protein	Absent		Absent
Sugar	Absent		Absent
ketones	Absent		Absent
Occult Blood	POSITIVE (++)		Negative
Bile Salt	Absent		Absent
Bile Pigments	Absent		Absent
Urobilinogen	NORMAL		Normal
NITRATE	Absent		Absent
LEUKOCYTES	Absent		Absent

LABORATORY INVESTIGATION REPORT

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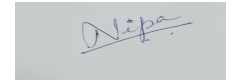
Mobile No : 9967019644

DOB : 18/01/1984

Facility : SEVENHILLS HOSPITAL, MUMBAI

Microscopic Examination			
Pus cells	2-3	/HPF	
Epithelial Cells	4-6	/HPF	
RBC	4-6	/HPF	Absent
Cast	ABSENT	/LPF	Absent
Crystal	ABSENT	/HPF	Absent
Amorphous Materials	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

End of Report



Dr.Nipa Dhorda
MD
Pathologist



DIAGNOSTICS REPORT

Patient Name	: Mrs. SUSHMA ROHAN SHETTY	Order Date	: 11/05/2024 09:30
Age/Sex	: 40 Year(s)/Female	Report Date	: 11/05/2024 14:43
UHID	: SHHM.94292		
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL,
Address	: KOKAN NAGAR, NEAR PMGP		MUMBAI
	COLONY, Jogeshwari	Mobile	: 9967019644
	East,Mumbai, Maharastra, 400060		

X-RAY CHEST PA VIEW

Both lungs are clear.

The frontal cardiac dimensions are normal.

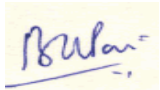
The pleural spaces are clear.

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. Bhujang Pai
MBBS, MD

Consultant

RegNo: 49380



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. Sushma Rohan Shetty** aged **40yr.** Based on the examination, I certify that he is in good mental and physical health and it is free from any physical defects such as deafness, colour blindness, and any chronic or contagious diseases.

Place: **Mumbai**

Date: 11/05/2024

Dr. Nitesh Kumar
MBBS
RCMR 17093
Nitesh

Name & Signature of

Medical officer