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### YOUR HEALTH IS OUR PRIORITY

### Laboratory Report

# Patient Name: MS SONAM PATELAge/Gender: 29 Yrs/FemaleRef. Dr.: Dr. APOLLO CLINICCenter: CMH OPD

# CPL24/8620

 Registration Date
 : 08/04/2024 10:18 AM

 Collection Date
 : 08/04/2024 10:19 AM

 Report Date
 : 08/04/2024 03:41 PM



### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
BLOOD GROUP AND	RH FACTOR		
АВО Туре	0		
Rh Factor	POSITIVE(+V	E)	

### **BIOCHEMISTRY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
BILIRUBIN-SERUM			
Total Bilirubin-Serum	0.84	mg/dl	0.2 - 1.2
Direct Bilirubin-Serum	0.16	mg/dl	0.0 - 0.3
Indirect Bilirubin-Serum	0.7	mg/dl	0.2 - 0.8
Method : DIAZO			
BLOOD UREA	21.0	mg/dl	13 - 45
BUN	10		7 - 21
Matthe also Oalassia ta al			

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> 0.70 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.



Dr. Sushil Kumar Sharma M.D (Pathology) Consultant Pathologist





### **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.

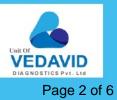
### CLINICAL BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Fasting Blood Sugar	98.0	mg/dl	Normal: 70-110
Method: 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.



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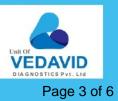


	URINE EXAMIN	ATION REPOR	
Test Description	Result	Unit	Biological Reference Ranges
URINE ROUTINE			
General Examination			
Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.025		-1.005-1.030
Chemical Examination			
Urine Protein	Absent		Absent
Urine Ketones (Acetone)	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
Leukocyte (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
Yeast Cells	Not seen		Not seen

**Note :** 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 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 vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,



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<b>Patient Name</b> Age/Gender Ref. Dr. Center	: <b>MS SONAM PATEL</b> : 29 Yrs/Female : Dr. APOLLO CLINIC : CMH OPD	- Labor	Collection Date : 08/04	P <b>L24/8620</b> 4/2024 10:18 AM 4/2024 10:19 AM 4/2024 03:41 PM	
Test Descript	ion	Result	Unit	Biological Ref	erence Ranges
COMPLETE B					
Haemoglobin		11.2	gm/dL	11. <mark>0 -</mark> 15.0	
RBC Count		4.25	mil/cu.mm	3.50 - 5.50	
Hematocrit HC	т	33.0	%	37.0 - 47.0	
Mean Corp Vol	ume MCV	77.6	fL	80.0 - 100.0	
Mean Corp Hb	MCH	26.4	pg	27.0 - 34.0	
Mean Corp Hb	Conc MCHC	33.9	gm/dL	32.0 - 36.0	
Platelet Count		2.25	lac/cmm	1.50 - 4.50	
Total WBC Cou	unt /TLC	9.8	10^3/cu.mm	4.0 - 11.0	
DIFFERENTIA	L LEUCOCYTE COUNT				
Neutrophils		60	%	40 - 70	
Lymphocytes		35	%	20 - 40	
Monocytes		03	%	02 - 10	
Eosinophils		02	%	01 - 06	
Basophils		00	%	00 - 01	
Absolute Diffe	erential Count				
Absolute Neutr	ophils Count	5.9	thou/mm3	2.00 - 7.00	
Absolute Lymp	hocyte Count	3.4	thou/mm3	1.00 - 3.00	
Absolute Mono	cytes Count	0.3	thou/mm3	0.20 - 1.00	
Absolute Eosin	ophils 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	<b>Biological Reference Ranges</b>
ESR - ERYTHROCYTE	11	mm/hr	0 - 20
SEDIMENTATION RATE			

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\*\*\*\*

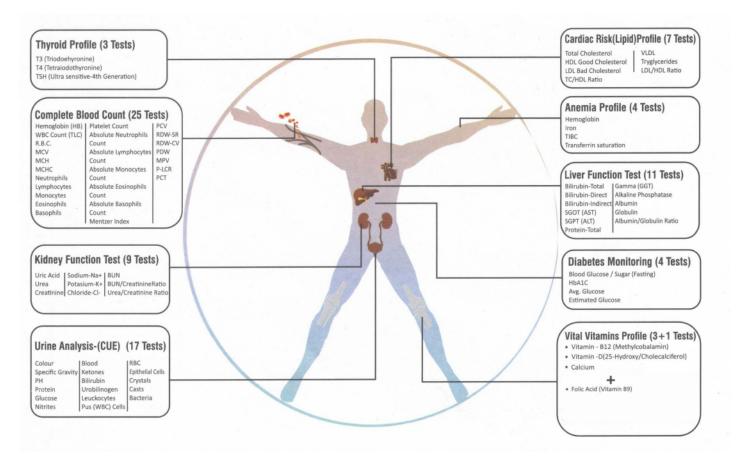
This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.



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# BODY CARE



# **CONDITIONS OF REPORTING**

- 1. 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
- 2. 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
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- 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
- 5. Partial representation of report is not allowed.
- 6. 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	08-04-2024
NAME	HISS - SONAM PATEL
AGE	2.9 Gender F
HEIGHT(cm)	150 WEIGHT (kg) 68 129
B.P. 4	100/60 MMHG
ECG	WNL
X Ray	NORMAL
Vision Checkup	Color Vision : No Far Vision Ratio : No
	Near Vision Ratio : No .
Present Ailments	No. Any present ailments
Details of Past ailments (If Any)	No. Any present ailments No. Any past ailments She is physically fit.
Comments / Advice : She /He is Physically Fit	she is physically fit.
	Dr. SABYASACHI GUPTA
	MBBS (Gold Medalist), MC Med.), RCGP (U.K.) Reg. No. (1671

Dr. SABYASACHI CUPTA HoBS (Gold Medalist), MD (Med.), RCGP (U.K.) No.11671 Reg Signature with Stamp of Medical Examiner



# CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

1

01	SONA	11	PATE	L	on	08-4	-24

After reviewing the medical history and on clinical examination it has been found that he/she is

	T
<ul> <li>Medically Fit</li> </ul>	
· Fit with restrictions/recommendation	ons
Though following restrictions have not impediments to the job.	e been revealed, in my opinion, these are
1	
2	
3	
However the employee should follo been communicated to him/her.	ow the advice/medication that has
Review after	
Currently Unfit.	behremmended
Review after	recommended
Unfit	Dr. SARYASACHI GUPTA NBBS (Gold Medalisi), MD (Med.) RCGP (U.X.)
	Reg. No. 110
	Dr Medical Officer
	The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes





CITI MULTI SPECIALITY HOSPITAL 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)

Phone No. : 0755 - 4250134 Mobile No. : 7771008660.8319214664, 9303135719



Patient- Name:	MRS SONAM PATEL	Age/Sex:	29 Y/F
Referred. By:	INS	Date:	08.04.2024

# **X-RAY CHEST PA VIEW**

-Bilateral Lungs Fields 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 cage and soft tissue appear normal.

## **IMPRESSION**

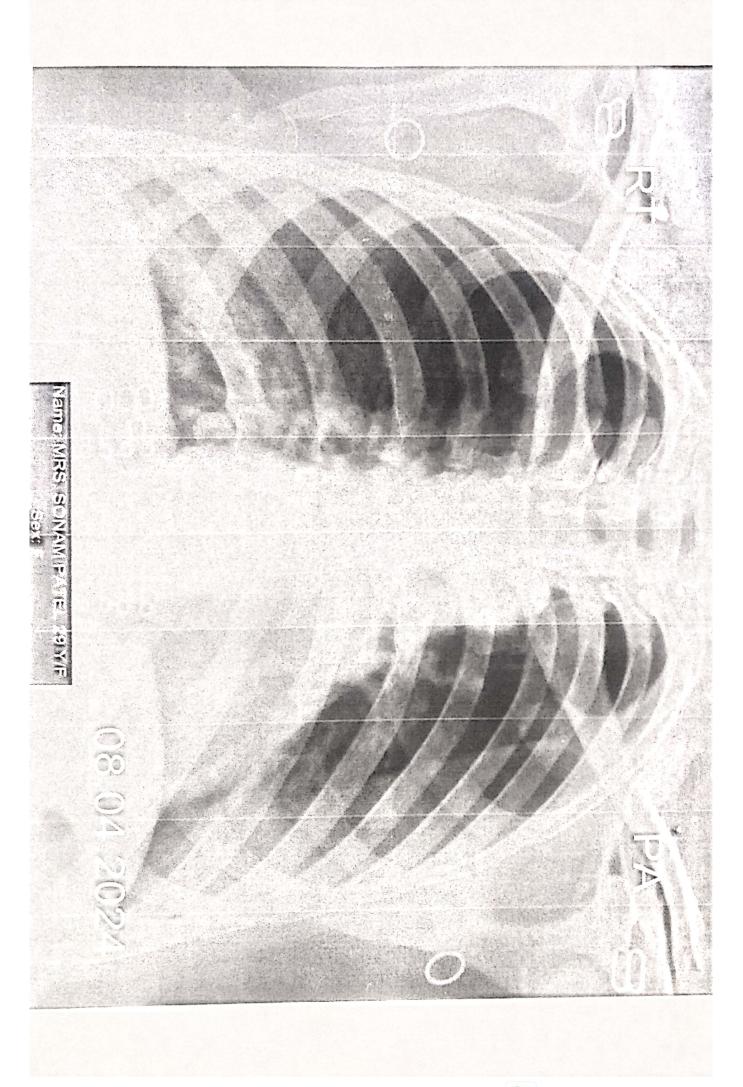
No Significant Abnormality.



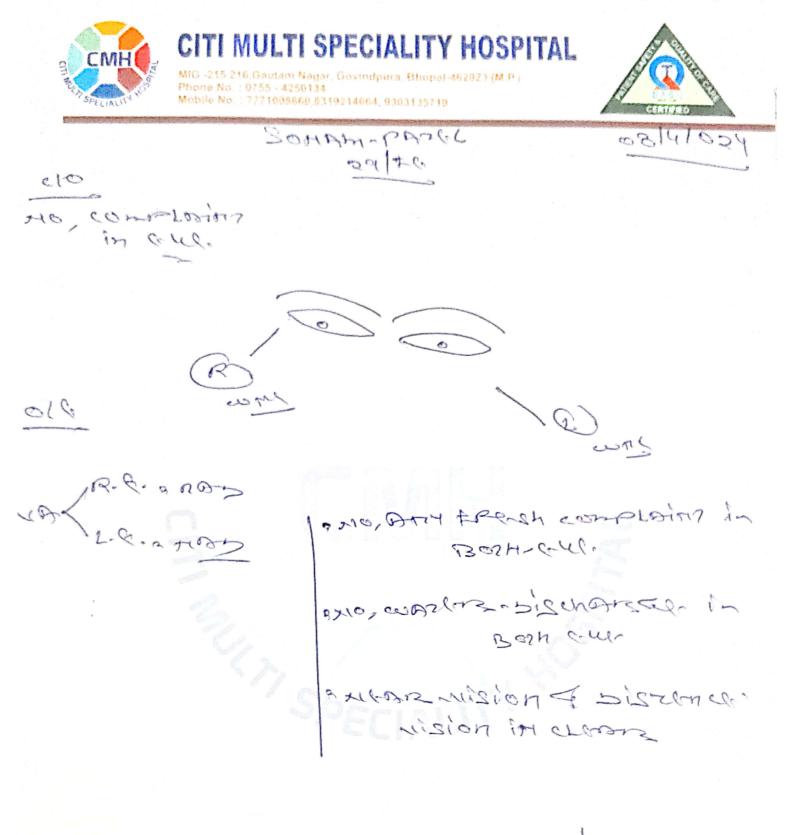
Dr. SANJAY .. CONSULTANT RADIOLOGIST

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



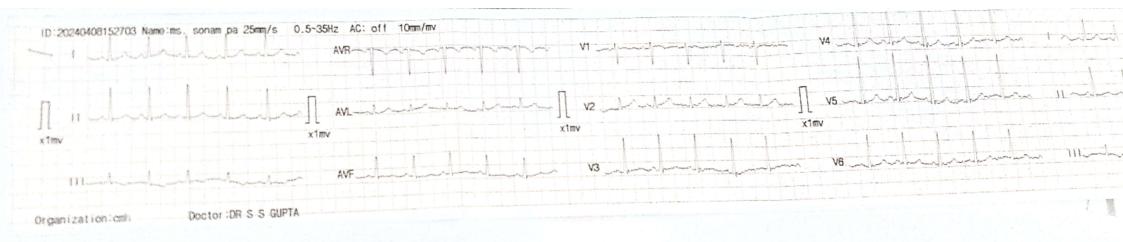






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~~~~~ V4 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1 minut	AVR	V1	D : 20240408152703 lame : ms. sonam pa Sex : Female	
mbmuhm [ vs mbmmhmmhmmhmm		AVL	v2 ~	н-н : 587	Dr. SABYAS (()) GUPTA bom wessioner and the RCCP (UK) ms Reference Report Comfirmed
				QT/QTC : 325/441 P/QRS/T: 36/ 45/	ms 4 04-08-2024 15-2020
V6 when when when when when when when when	m_t_t	AVF	V3	RV5/SV1: 1.585/-0 RV5+SV1: 1.001 QTcF : 0.553	mV 24.1224



