Patient Name : Mr. KIRAN CHAVAN Age/Sex : 25 Year(s)/Male

Episode : OP

Ref. Doctor : self **Mobile No** :7718020053

DOB : 24/05/1999

Facility : SEVENHILLS HOSPITAL,

MUMBAI

Biochemistry

Test Name	Result	Unit Bio	ological Reference Interval
Sample No: 00347004C Collection Date: 25/0	7/24 10:33 Ack Date : 25,	/07/2024 10:47 Report Date :	25/07/24 11:43
Total Bilirubin - SERUM Method - Diazo	0.45	mg/dl	0 - 2
Direct Bilirubin SERUM Method - Diazotization	0.19	mg/dl	0 - 0.4
Indirect Bilirubin - Calculated Method - Calculated	0.26 ▲ (H)	mg/dl	

End of Report

Dr.Ritesh Kharche MD, PGD-HM

Consultant Pathologist and Director of Laboratory Services

RegNo: 2006/03/1680





Patient Name : Mr. KIRAN CHAVAN Age/Sex : 25 Year(s)/Male

Episode : OP

Ref. Doctor: self Mobile No: 7718020053

DOB : 24/05/1999

Facility: SEVENHILLS HOSPITAL,

MUMBAI

Biochemistry

Test Name		Result		Unit	Biolo	ogical Reference Interval	
Sample No :	O0347004B	Collection Date :	25/07/24 10:33	Ack Date :	25/07/2024 10:47	Report Date :	25/07/24 23:44

Blood Sugar FBS			
FBS Method - Hexokinase	88.77	mg/dl	70 - 100
GLUCOSE-PLASMA POST PRANDIAL			

American Diabetes Association Reference Range:

FASTING:-

Normal: < 100 mg/dl

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

Diabetes : >= 126 mg/dl

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

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.



Patient Name : Mr. KIRAN CHAVAN Age/Sex : 25 Year(s)/Male

Episode : OP

 Ref. Doctor
 : self
 Mobile No
 : 7718020053

 DOB
 : 24/05/1999

Facility: SEVENHILLS HOSPITAL,

MUMBAI

- End of Report

Dr.Nipa Dhorda

Nipa.

MD Pathologist

RegNo: 91821

Chal

Dr.Ritesh Kharche MD, PGD-HM

Consultant Pathologist and Director of

Laboratory Services RegNo: 2006/03/1680



Patient Name : Mr. KIRAN CHAVAN Age/Sex : 25 Year(s)/Male

Episode : OP

Ref. Doctor: self **Mobile No**: 7718020053

DOB : 24/05/1999

Facility: SEVENHILLS HOSPITAL,

MUMBAI

Blood Bank

Test Name Result

Sample No: 00347004A Collection Date: 25/07/24 10:33 Ack Date: 25/07/2024 13:11 Report Date: 25/07/24 13:13

BLOOD GROUPING/ CROSS-MATCHING BY SEMI AUTOMATION.				
BLOOD GROUP (ABO)	'0'			
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



Patient Name : Mr. KIRAN CHAVAN Age/Sex : 25 Year(s)/Male

Episode : OP

Ref. Doctor : self **Mobile No** : 7718020053

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

DOB : 24/05/1999

Facility: SEVENHILLS HOSPITAL,

MUMBAI

Biochemistry

Test Name	Resu	ult	Unit	Bio	logical Reference Interval
Sample No: 00347004C	Collection Date : 25/07/24 10	0:33 Ack Date :	25/07/2024 10:47	Report Date :	25/07/24 11:43
BUN-SERUM					
BUN - SERUM Method - Urease-GLDH		6.54		mg/dl	4 - 18
References: 1)Pack Insert of Bio syste	em				

End of Report -

Dr.Ritesh Kharche

MD, PGD-HM

Consultant Pathologist and Director of Laboratory Services

RegNo: 2006/03/1680





Patient Name : Mr. KIRAN CHAVAN Age/Sex : 25 Year(s)/Male

Episode : OP

Ref. Doctor : self Mobile No :7718020053

DOB : 24/05/1999

Facility : SEVENHILLS HOSPITAL,

MUMBAI

HAEMATOLOGY

est Name	Resul	lt	Unit	Bio	logical Reference Interval
Sample No: 00347004A Co	ollection Date : 25/07/24 10:	:33 Ack Date : 2	25/07/2024 10:46	Report Date :	25/07/24 10:54
COMPLETE BLOOD COUNT (C	BC) - EDTA WHOLE BLO	OOD			
Total WBC Count		5.15		x10^3/ul	4 - 10
Neutrophils		58.1		%	40 - 80
Lymphocytes		31.3		%	20 - 40
Eosinophils		2.3		%	1 - 6
Monocytes		8.3		%	2 - 10
Basophils		0.0 ▼ (L)		%	1 - 2
Absolute Neutrophil Count		3.00		x10^3/ul	2 - 7
Absolute Lymphocyte Count		1.61		x10^3/ul	0.8 - 4
Absolute Eosinophil Count		0.12		x10^3/ul	0.02 - 0.5
Absolute Monocyte Count		0.42		x10^3/ul	0.12 - 1.2
Absolute Basophil Count		0.00		x10^3/ul	0 - 0.1
RBCs		5.14		x10^6/ul	4.5 - 5.5
Hemoglobin		14.9		gm/dl	13 - 17
Hematocrit		44.7		%	35 - 45
MCV		86.9		fl	83 - 101
MCH					
MCHC		28.9		pg	27 - 32
		33.2		gm/dl	31.5 - 34.5



Patient Name : Mr. KIRAN CHAVAN Age/Sex : 25 Year(s)/Male

Episode : OP

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MUMBAI

RED CELL DISTRIBUTION WIDTH-CV (RDW-CV)	12.8	%	11 - 16
RED CELL DISTRIBUTION WIDTH-SD (RDW-SD)	41.7	fl	35 - 56
Platelet	305	x10^3/ul	150 - 410
Mean Platelet Volume (MPV)	8.7	fl	6.78 - 13.46
PLATELET DISTRIBUTION WIDTH (PDW)	16.1	%	9 - 17
PLATELETCRIT (PCT)	0.266	%	0.11 - 0.28
Comment	PS Findings: RBCs: Normocytic Normochron WBCs: Normal Morphology Platelets: Adequate	nic	

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.Pooja Vinod Mishra MD Pathology

Jr Consultant Pathologist, MMC Reg No. 2017052191



Patient Name : Mr. KIRAN CHAVAN Age/Sex : 25 Year(s)/Male

Episode : OP

Ref. Doctor: selfMobile No: 7718020053

DOB : 24/05/1999

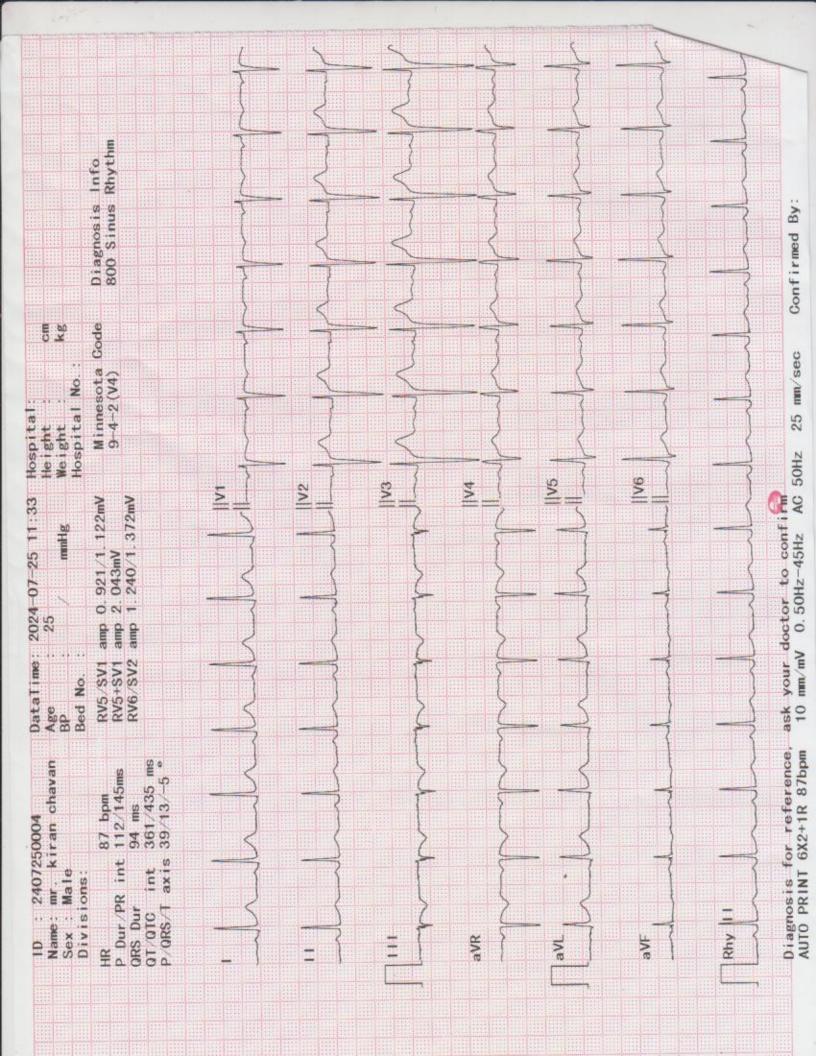
Facility : SEVENHILLS HOSPITAL,

 ${\sf MUMBAI}$

RegNo: 2017/05/2191



MC-5288



Patient Name : Mr. KIRAN CHAVAN Age/Sex : 25 Year(s)/Male

Episode : OP

Ref. Doctor: self **Mobile No**: 7718020053

DOB : 24/05/1999

Facility: SEVENHILLS HOSPITAL,

MUMBAI

HAEMATOLOGY

Test Name	Resu	ılt	Unit	Bio	logical Reference Interval
Sample No: 00347004A	Collection Date : 25/07/24 10	Ack Date :	25/07/2024 10:46	Report Date :	25/07/24 12:07
ERYTHROCYTE SEDIMENTA	ATION RATE (ESR)				
ESR		12		mm/hr	0 - 20

End of Report

Dr.Ritesh Kharche MD, PGD-HM

Consultant Pathologist and Director of Laboratory Services

RegNo: 2006/03/1680



Patient Name : Mr. KIRAN CHAVAN Age/Sex : 25 Year(s)/Male

Episode : OP

Ref. Doctor: selfMobile No: 7718020053

DOB : 24/05/1999

Facility: SEVENHILLS HOSPITAL,

MUMBAI

Biochemistry

Test Name	Re	sult	Unit	Bio	logical Reference Interval
Sample No: 00347004C	Collection Date : 25/07/24	10:33 Ack Date :	25/07/2024 10:47	Report Date :	25/07/24 11:43
ALT(SGPT) - SERUM					
SGPT (Alanine Transaminase)	- SERUM	43.55		IU/L	0 - 45

Method - IFCC

References :

1)Pack Insert of Bio system

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

End of Report -

Dr.Ritesh Kharche

MD, PGD-HM
Consultant Pathologist and Director of

Laboratory Services RegNo: 2006/03/1680





Patient Name : Mr. KIRAN CHAVAN Age/Sex : 25 Year(s)/Male

Episode : OP

Ref. Doctor : self Mobile No :7718020053

DOB : 24/05/1999

Facility : SEVENHILLS HOSPITAL,

MUMBAI

Urinalysis

est Name	Resu	ılt	Unit	Bio	logical Reference Interval
Sample No: O0347004D	Collection Date : 25/07/24 10	Ack Date :	25/07/2024 10:47	Report Date :	25/07/24 13:14
Physical Examination					
QUANTITY		50		ml	
Colour		Pale Yellow			
Appearance		Clear			
DEPOSIT		Absent			Absent
рН		Acidic			
Specific Gravity		1.020			
Chemical Examination					
Protein		Absent			Absent
Glucose		Absent			
ketones		Absent			
Blood		NEGATIVE			Negative
Bilirubin		Negative			
Urobilinogen		normal			Normal
NITRITE		Absent			Absent
LEUKOCYTES		Absent			
Microscopic Examination	1				
Pus cells		OCCASIONAL		/HPF	
Epithelial Cells		OCCASIONAL		/HPF	

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MUMBAI

RBC	absent	/HPF	Absent
Cast	absent	/LPF	
Crystal	absent	/HPF	
Amorphous Materials	Absent		
Yeast	Absent		
Bacteria	Absent		

End of Report

Dr.Pooja Vinod Mishra MD Pathology

Jr Consultant Pathologist, MMC Reg No. 2017052191

RegNo: 2017/05/2191



DIAGNOSTICS REPORT

 Patient Name
 : Mr. KIRAN CHAVAN
 Order Date
 : 25/07/2024 10:23

 Aqe/Sex
 : 25 Year(s)/Male
 Report Date
 : 26/07/2024 10:20

UHID : SHHM.100873

400095

Ref. Doctor : self Facility : SEVENHILLS HOSPITAL,

Address : SWPNA SOFALI SOC. 255, MUMBAI

MALAD, Mumbai, Maharashtra, Mobile : 7718020053

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.Priya Vinod Phayde MBBS,DMRE

RegNo: 2020/11/6493



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 <u>Mr.Kiran Chavan</u> aged, <u>25yr</u>. 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: Mumbai

Date: 25/07/2024

Dr. Nilesh Lumar MBBS

Name & Signature of

Medical officer