

<b>Radiology No.</b> :	10731/OPDPB23DL	<b>Date</b> :	17-Mar-2024
<b>Patient Name</b> :	<b>Mr. ANIL NAIR</b>	<b>Age/Sex</b> :	49Y3M Male
<b>Guardian Name</b> :		<b>UHID No.</b> :	10257/UHID23DL
<b>Referred By</b> :	Dr. .	<b>Mobile No.</b> :	<b>8700800390</b>

## ULTRASOUND OF WHOLE ABDOMAN

**The liver** is normal in size contour and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

**Gall bladder** is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

**Pancreas** is of normal size and contour with normal echotexture.

**Right kidney** is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

**Right kidney measures- 10.8x4.3cm**

Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration.

Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

**Left kidney measures- 10.4x5.6cm**

Renal artery pulsation appear normal.

**Spleen** is of normal size and shape. Echotexture is normal. No focal lesion is seen.



Dr. Harshita Surange  
MBBS, DMRD (RADIODIAGNOSIS)  
DIPLOMA IN MSK, UCAM (Spain)  
Reg. No. MCI/16522, DMC/18402



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<b>Patient Name</b>	: <b>Mr. ANIL NAIR</b>	<b>Age/Sex</b>	: 49Y3M Male
<b>Guardian Name</b>	:	<b>UHID No.</b>	: 10257/UHID23DL
<b>Referred By</b>	: Dr. .	<b>Mobile No.</b>	: <b>8700800390</b>

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Urinary bladder does not show any calculus or mass lesion. No significant wall thickening noted.

**Prostate** is of normal size for age with regular contours and normal echo-texture. It measures 3.5x3.5x5.1cm which is equal to 34 gms.

**Impression : Normal sonogram.**

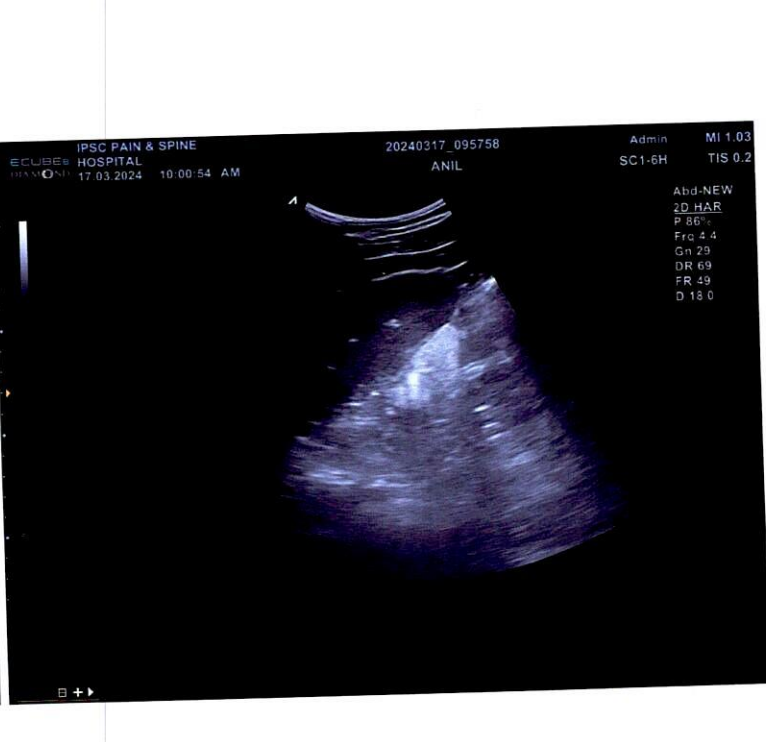
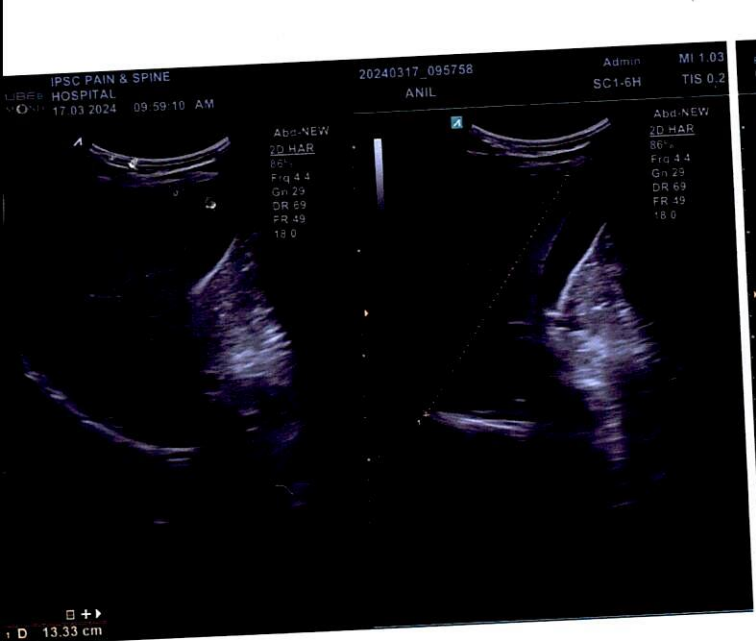
Dr. Harshita Surange  
MBBS, DMRD (RADIO DIAGNOSIS)  
DIPLOMA IN MSK, UCAM (Spain)  
Reg. No. MCI/16522, DMC/18402



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 भारत सरकार  
GOVERNMENT OF INDIA




अनिल नायर  
Anil Nair  
जन्म तिथि/DOB: 08/12/1974  
पुरुष/ MALE  
Mobile No: 9015923465



**6331 5263 4175**  
VID : 9127 5735 5701 2717


मेरा आधार. मेरी पहचान

 भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA


पता:  
S/O जी के नायर, आरजेड सी-68, फ्लैट 101, बालाजी  
अपार्टमेंट्स, सरकारी विद्यालय वाली गली, महावीर  
एन्क्लेव, डबरी, दक्षिण पश्चिमी दिल्ली,  
दिल्ली - 110045




Download Date: 18/09/2019

Address :  
S/O G K Nair, RZ C-68, FLAT 101, BALAJI  
apartments, govt school wali gali, MAHAVIR  
ENCLAVE, Dabri, South West Delhi,  
Delhi - 110045



Generation Date: 18/11/2011



1947   [help@uidai.gov.in](mailto:help@uidai.gov.in)  [www.uidai.gov.in](http://www.uidai.gov.in) P.O. Box No. 1947



<b>Radiology No.</b> :	10731/OPDPB23DL	<b>Date</b> :	17-Mar-2024
<b>Patient Name</b> :	<b>Mr. ANIL NAIR</b>	<b>Age/Sex</b> :	49Y3M Male
<b>Guardian Name</b> :		<b>UHID No.</b> :	10257/UHID23DL
<b>Referred By</b> :	Dr. .	<b>Mobile No.</b> :	<b>8700800390</b>

## X-RAY CHEST

### Image quality:-

No evidence of rotation.

PA view. Normal penetration.

**Airway:-** Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

**Lung fields:-** Clear.

**Cardiac:-** Cardiac borders are visible.

Normal heart size.

**Diaphragm:-** Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

**Bony cage:-** No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

**Impression:** No significant abnormality detected.



Dr. Harshita Surange  
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Reg. No. MCI/16522, DMC/18402



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# IPSC PAIN AND SPINE HOSPITAL

PLOT-453 NEAR SBI BANK SECTOR-19  
 DWARKA NEW DELHI-110075, PH: 9555437357

## TREADMILL TEST REPORT

**ANIL NAIR**  
 ID : 67164  
 DATE : 17-03-2024  
 AGE/SEX : 49 /M  
 HT/WT : 0 / 0  
 REF.BY :

PROTOCOL : Bruce  
 HISTORY :  
 INDICATION : Checkup/Physical fitness,  
 MEDICATION :

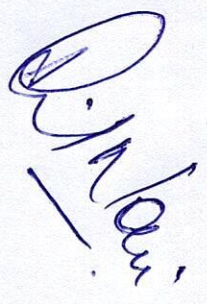
PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					75	120 / 80	90	0.8	0.1	1	
STANDING					80	120 / 80	96	0.7	-0.2	0.8	
HYPERVENT					81	120 / 80	97	0.7	-0.2	1	
Stage 1	2:55	0:12	2.7	10	109	130 / 80	141	0.9	-0.4	0.9	4.67
Stage 2	5:55	2:55	4	12	130	140 / 80	182	0.6	0.2	0.8	7.04
PK-EXERCISE	7:33	1:33	5.4	14	151	150 / 80	226	0.4	0.4	0.5	8.60
RECOVERY	8:43	0:55			111	140 / 80	155	1.7	0.4	1.7	
RECOVERY	9:43	1:55			101	140 / 80	141	0.8	0.4	0.8	
RECOVERY	10:43	2:55			95	130 / 80	123	0.5	0.2	0.4	
RECOVERY	11:21	3:33			94	120 / 80	112	0.4	0.1	0.4	

### RESULTS

EXERCISE DURATION : 7:33  
 MAX HEART RATE : 151 bpm  
 MAX BLOOD PRESSURE : 150 / 80 mm Hg  
 REASON OF TERMINATION : Achieved THR,  
 BP RESPONSE : Normal,  
 ARRYTHMIA : None,  
 H.R. RESPONSE : Normal Chronotropic Response,  
**IMPRESSIONS** :  
 Negative for Provocable myocardial ischemia,

MAX WORK LOAD : 8.60 METS

**DR. ANIL SAHOO**  
 M.D., PGDCC  
 Regn. No. 33201



Technician :



# IPSC PAIN AND SPINE HOSPITAL

ANIL NAIR  
 I.D. 67164  
 Age 49/M  
 Date 17-03-2024

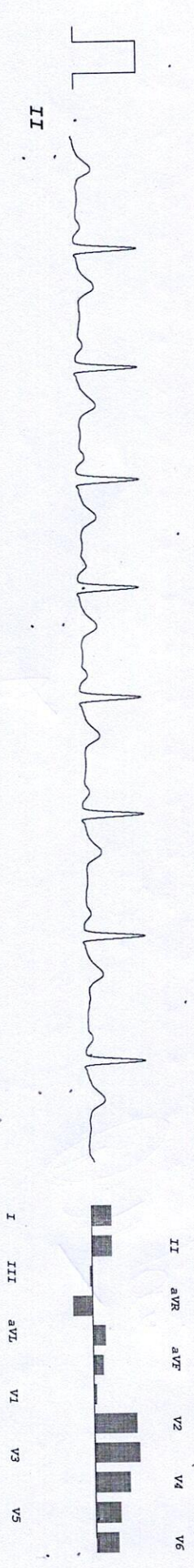
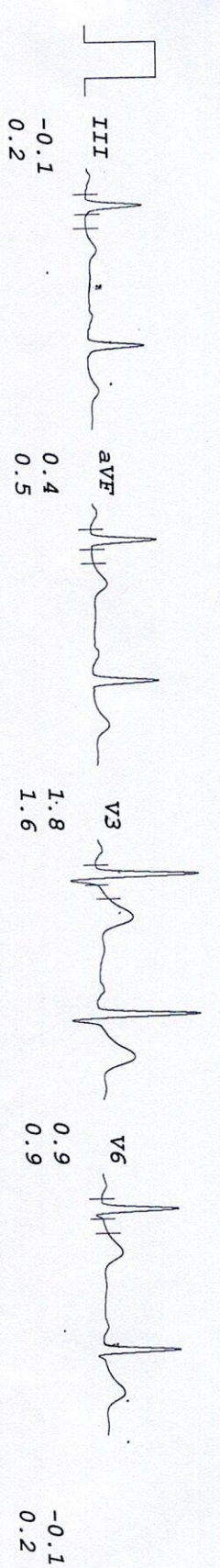
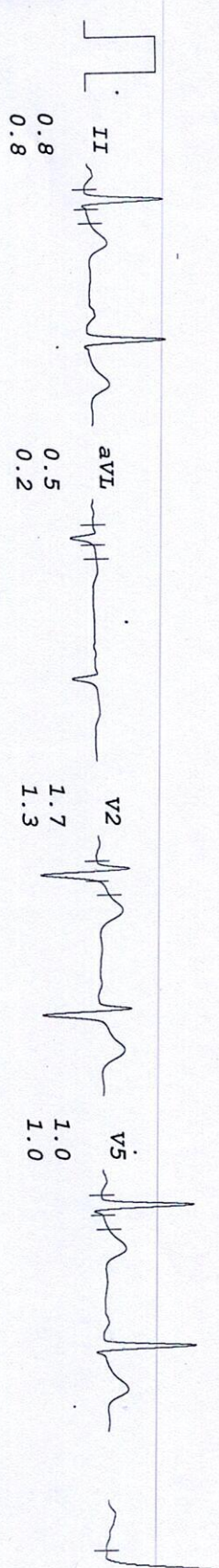
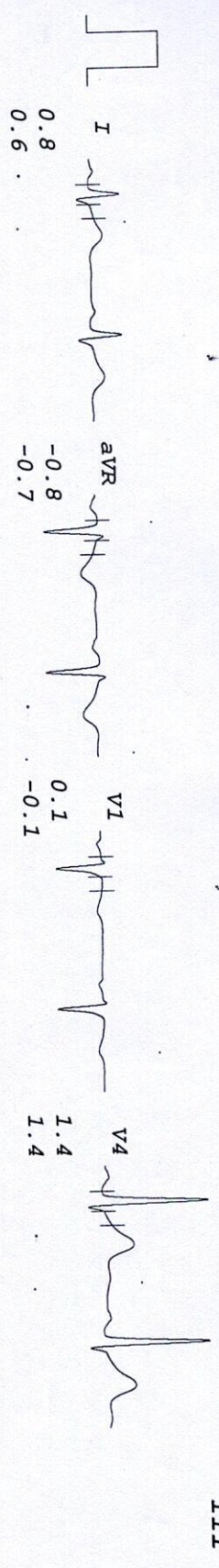
RATE 75bpm  
 B.P. 120/80

PRETEST  
 SUPINE

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2



*Dr. Anil Nair*



# IPSC PAIN AND SPINE HOSPITAL

ANIL NAIR  
 I.D. 67164  
 Age 49/M  
 Date 17-03-2024

RATE 80bpm  
 B.P. 120/80

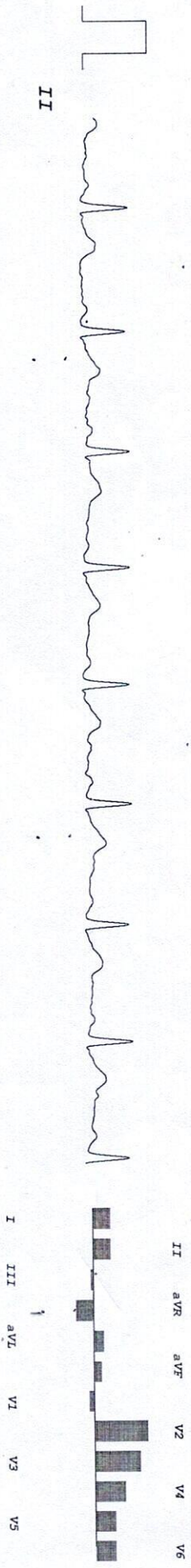
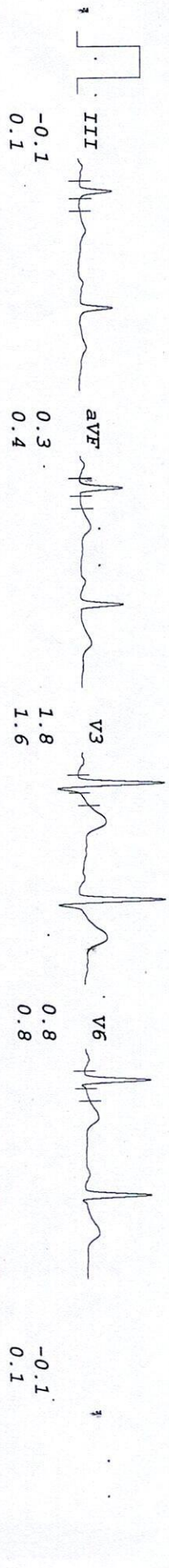
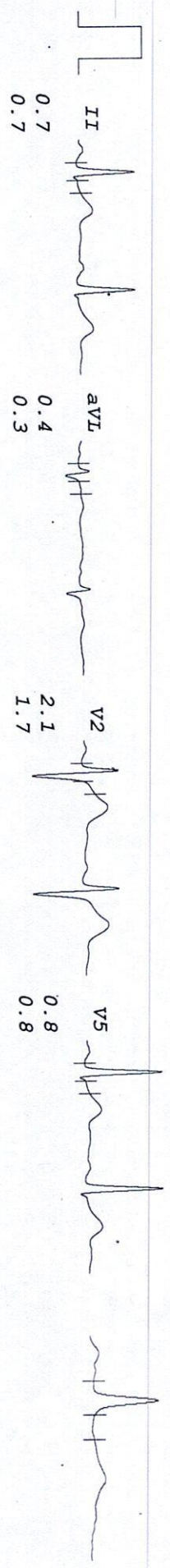
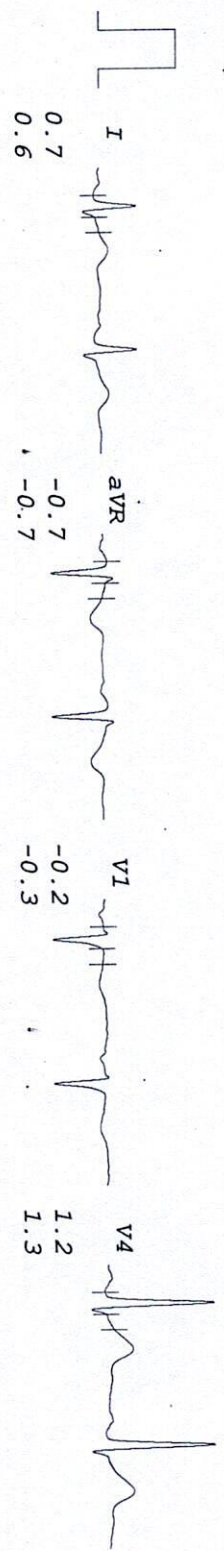
PRETEST  
 STANDING

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2

III





# IPSC PAIN AND SPINE HOSPITAL

ANIL NAIR  
 I.D. 67164  
 Age 49/M  
 Date 17-03-2024

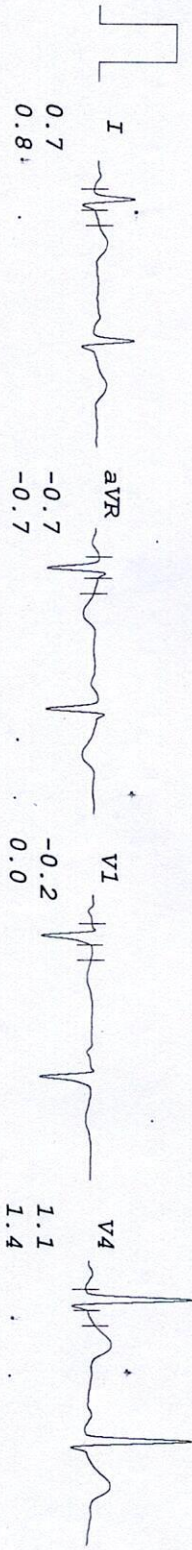
RATE 81bpm  
 B.P. 120/80

PRETEST  
 HYPERVENT  
 PHASE TIME 0:12

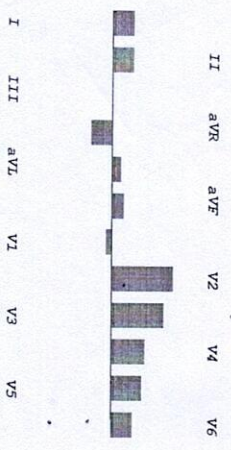
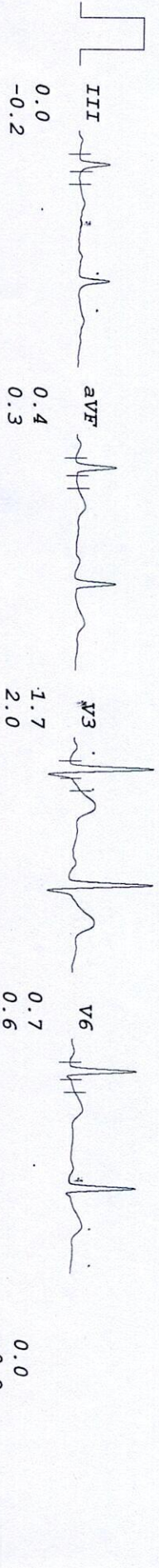
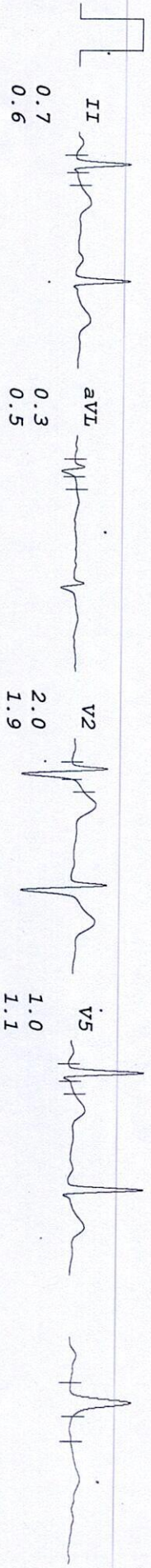
ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2



III





# IPSC PAIN AND SPINE HOSPITAL

ANIL NAIR  
 I.D. 67164  
 Age 49/M  
 Date 17-03-2024

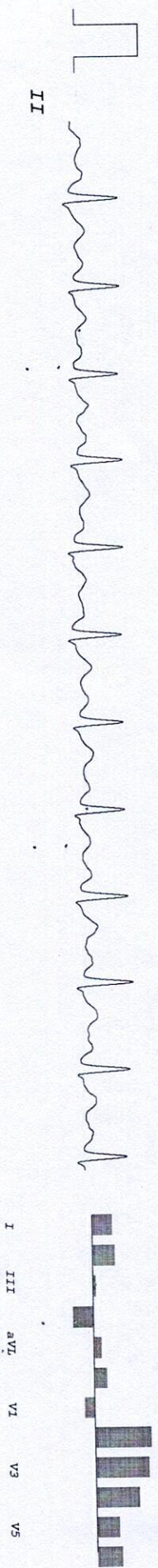
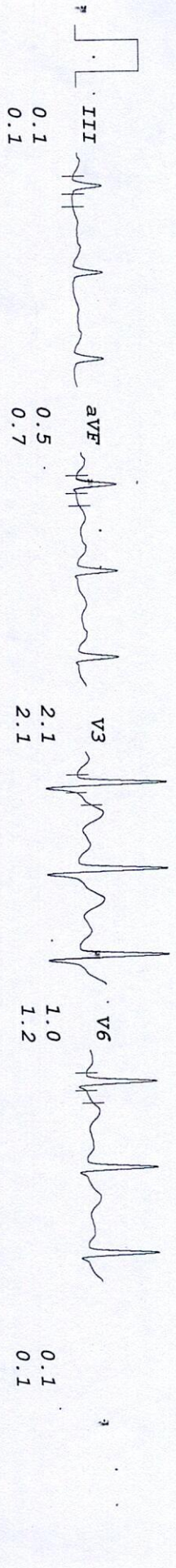
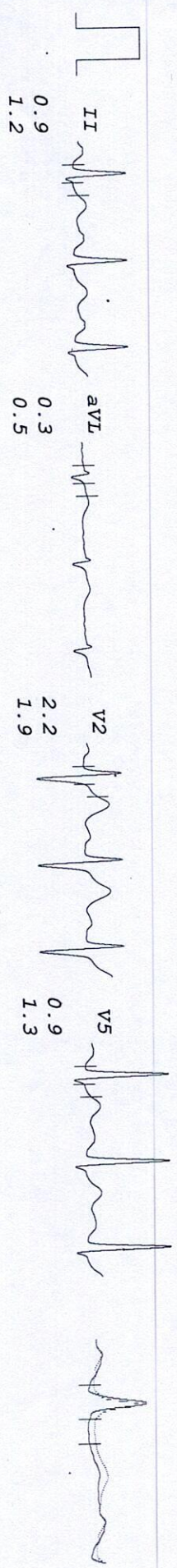
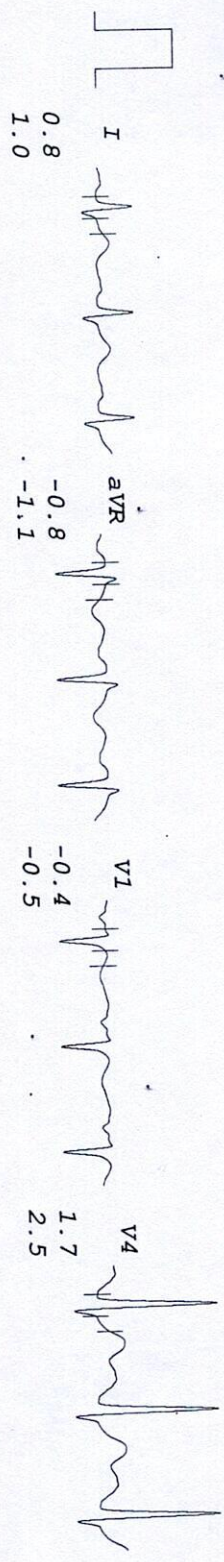
RATE 109bpm  
 B.P. 130/80

Bruce  
 Stage 1  
 TOTAL TIME 2:55  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ  
 Speed 2.7 km/hr  
 SLOPE 10 %

LINKED MEDIAN

Mag. X 2





# IPSC PAIN AND SPINE HOSPITAL

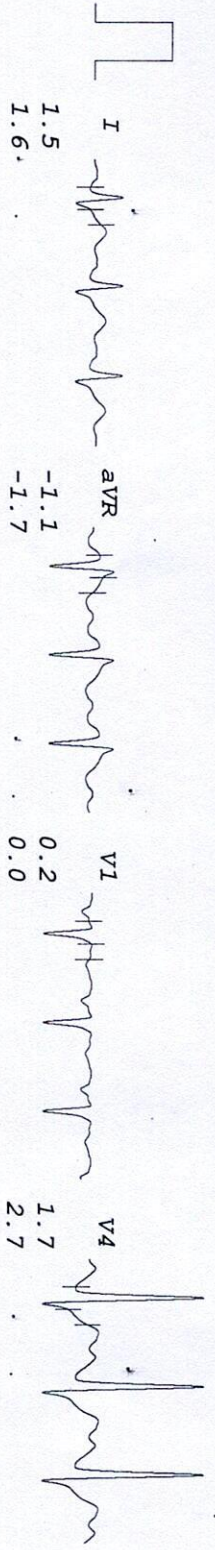
ANIL NAIR  
 I.D. 67164  
 Age 49/M  
 Date 17-03-2024

BRUCE  
 Stage 2  
 RATE 130bpm  
 B.P. 140/80  
 TOTAL TIME 5:55  
 PHASE TIME 2:55

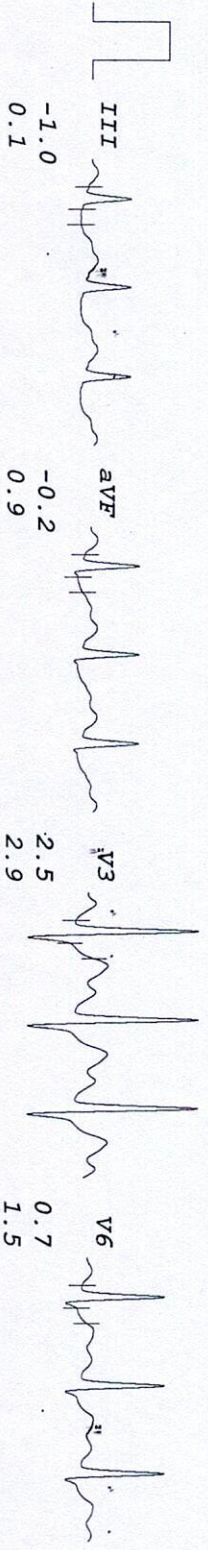
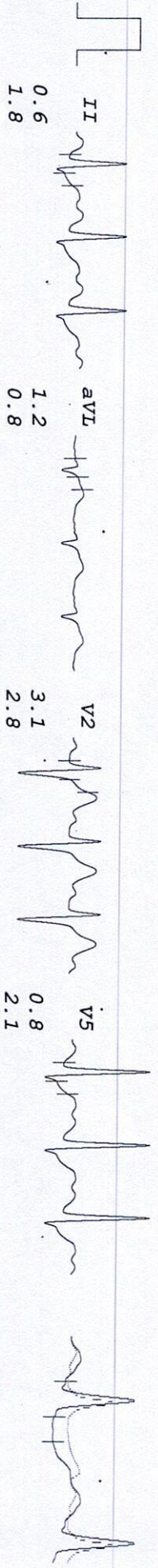
ST @ 10mm/mV  
 80ms PostJ  
 Speed 4 km/hr  
 SLOPE 12 %

LINKED MEDIAN

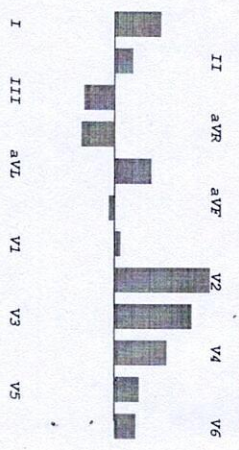
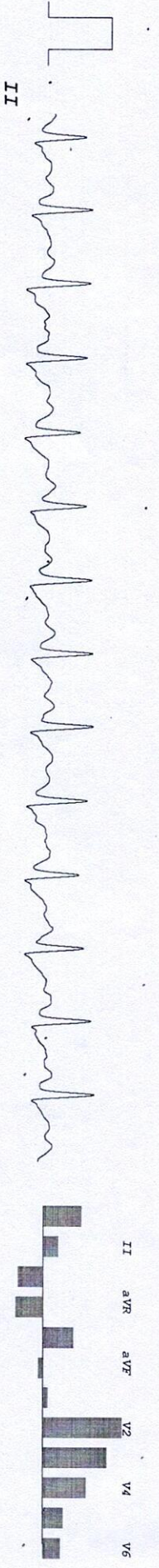
Mag. X 2



III



-1.0  
0.1





# IPSC PAIN AND SPINE HOSPITAL

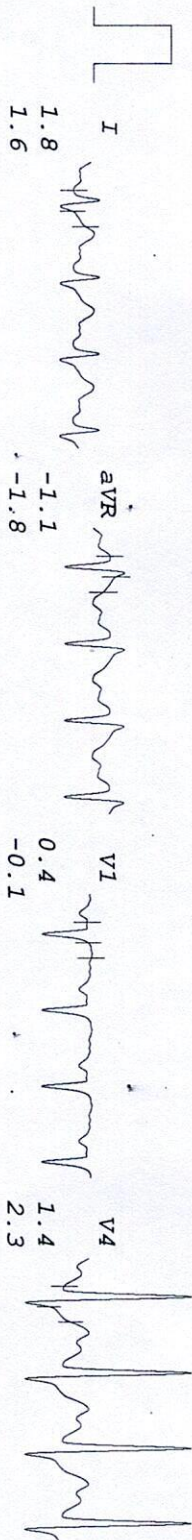
ANIL NAIR  
 I.D. 67164  
 Age 49/M  
 Date 17-03-2024

RATE 151bpm  
 B.P. 150/80

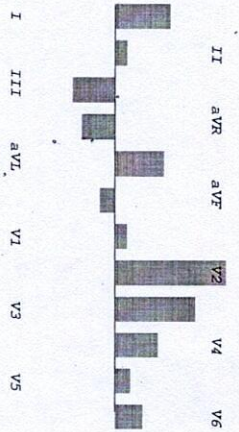
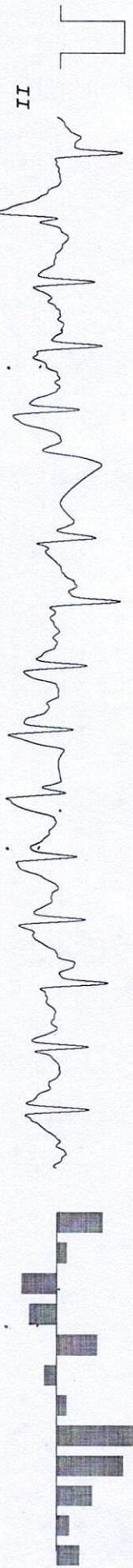
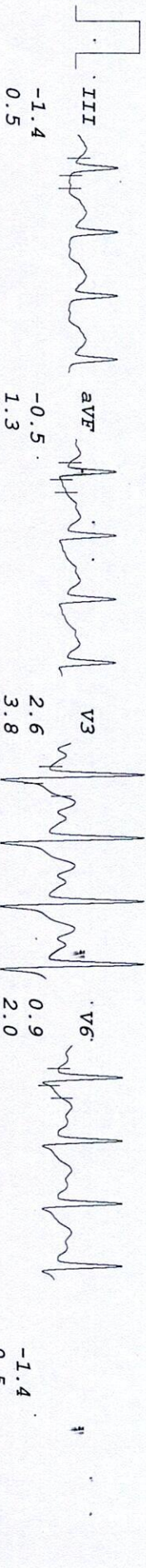
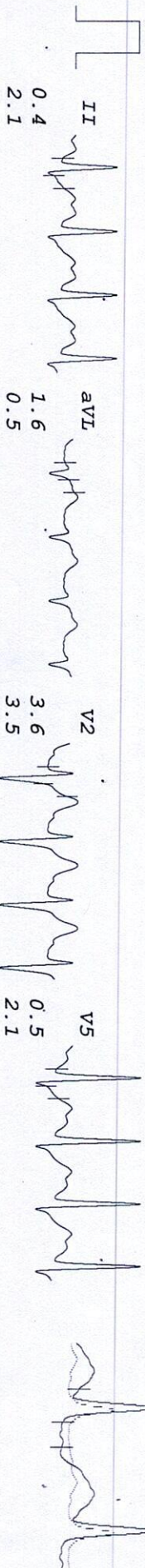
Bruce  
 PK-EXERCISE  
 TOTAL TIME 7:33  
 PHASE TIME 1:33  
 ST @ 10mm/mV  
 80ms PostJ  
 Speed 5.4 km/hr  
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2



III





# IPSC PAIN AND SPINE HOSPITAL

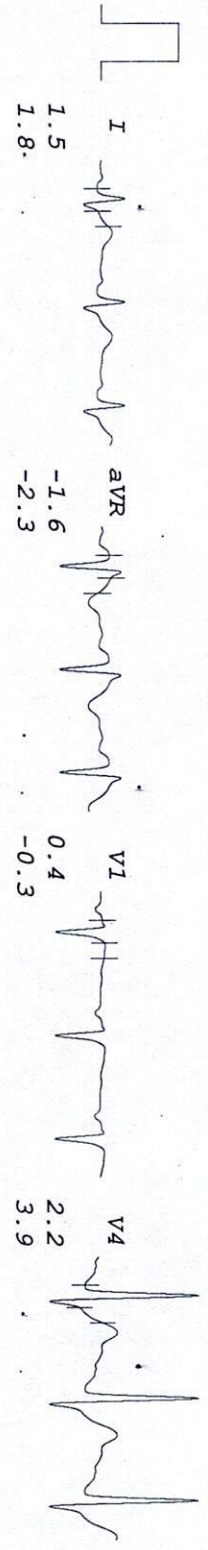
ANIL NAIR  
 I.D. 67164  
 Age 49/M  
 Date 17-03-2024

Rate 111bpm  
 B.P. 140/80  
 Bruce  
 RECOVERY  
 TOTAL TIME 8:43  
 PHASE TIME 0:55

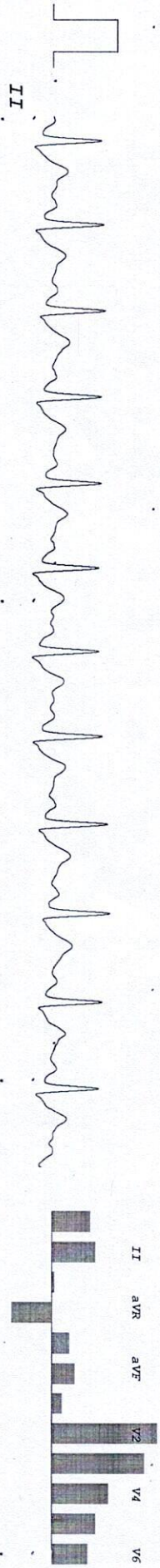
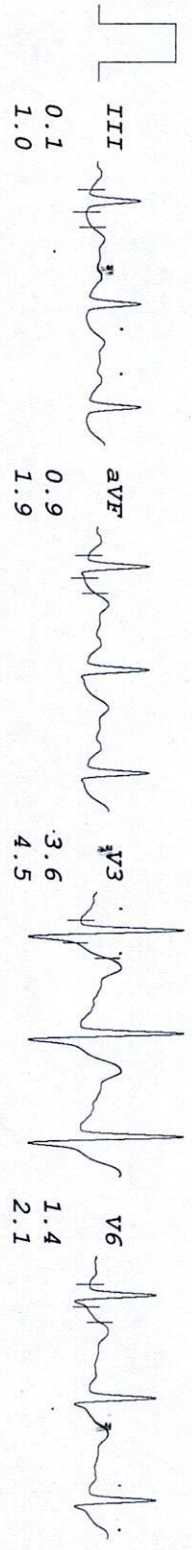
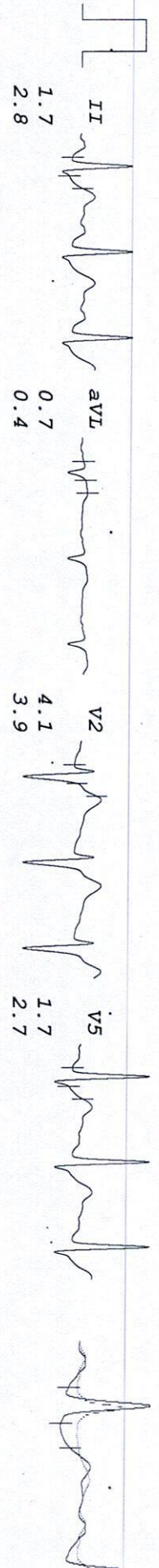
ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2



III





# IPSC PAIN AND SPINE HOSPITAL

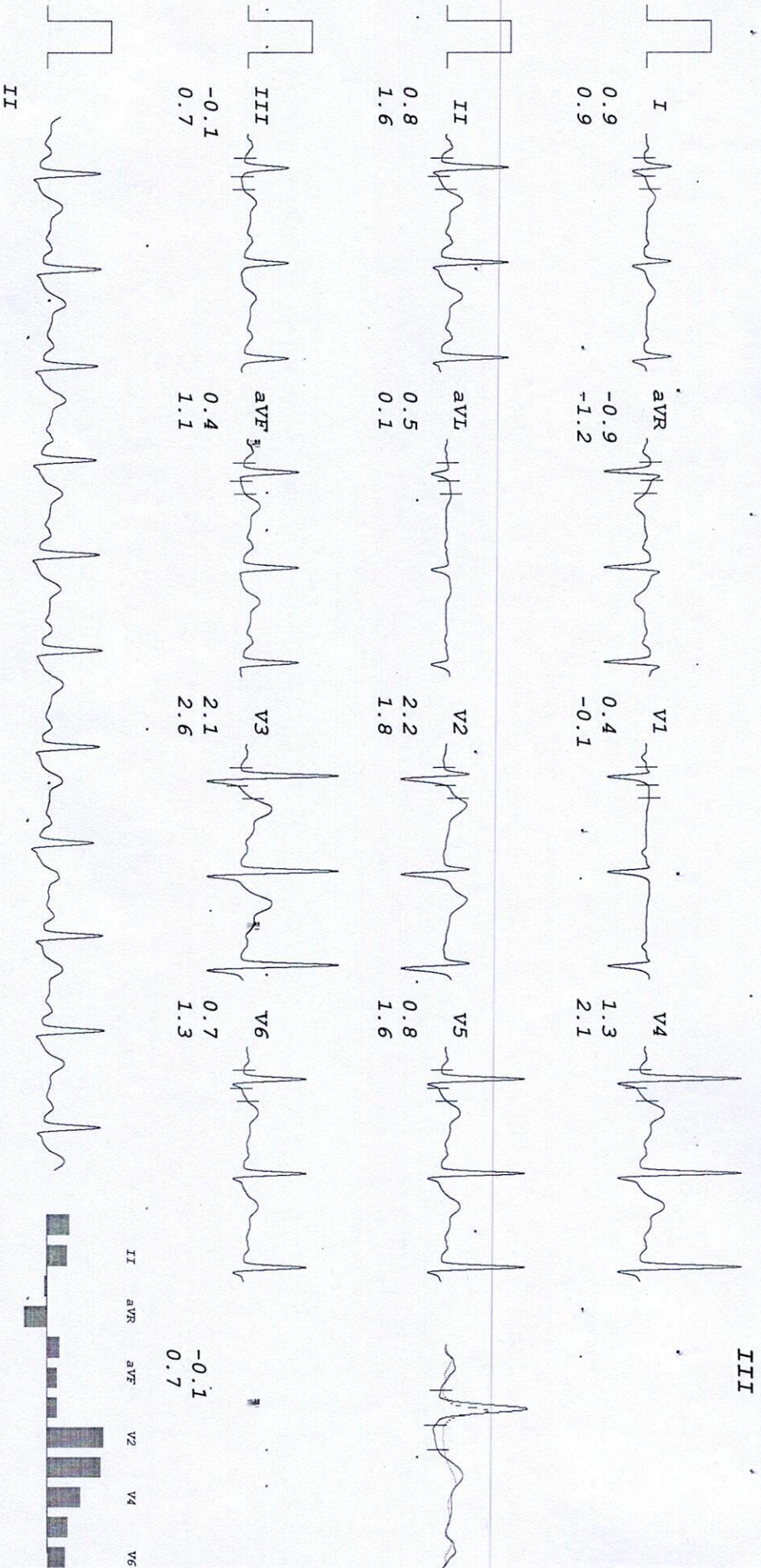
ANIL NAIR  
 I.D. 67164  
 Age 49/M  
 Date 17-03-2024

RATE 101bpm  
 B.P. 140/80

Bruce  
 RECOVERY  
 TOTAL TIME 9:43  
 PHASE TIME 1:55

ST @ 10mm/mV  
 80ms PostJ

Mag. X 2





# IPSC PAIN AND SPINE HOSPITAL

ANIL NAIR  
 I.D. 67164  
 Age 49/M  
 Date 17-03-2024

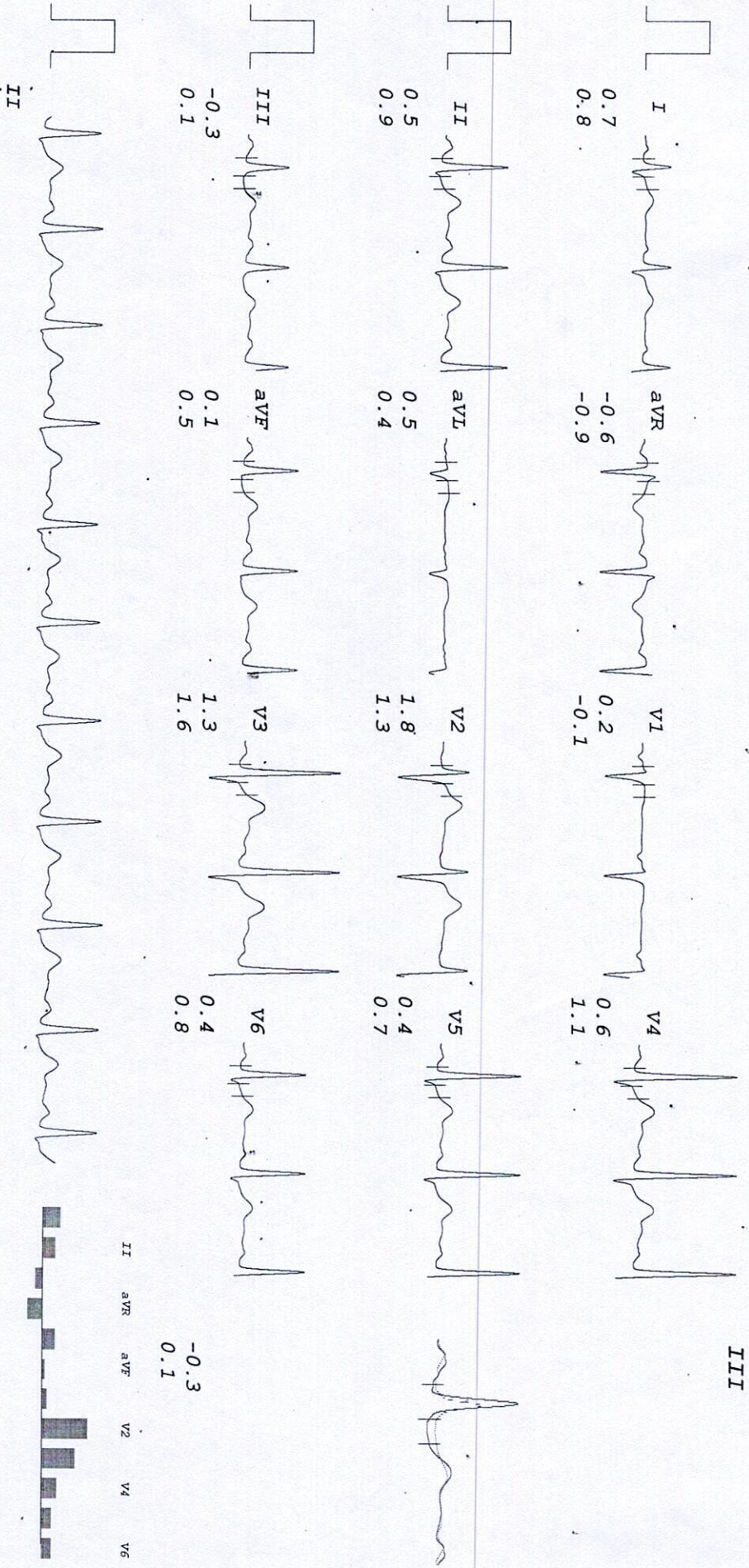
RATE 95bpm  
 B.P. 130/80

Bruce  
 RECOVERY  
 TOTAL TIME 10:43  
 PHASE TIME 2:55

ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2





# IPSC PAIN AND SPINE HOSPITAL

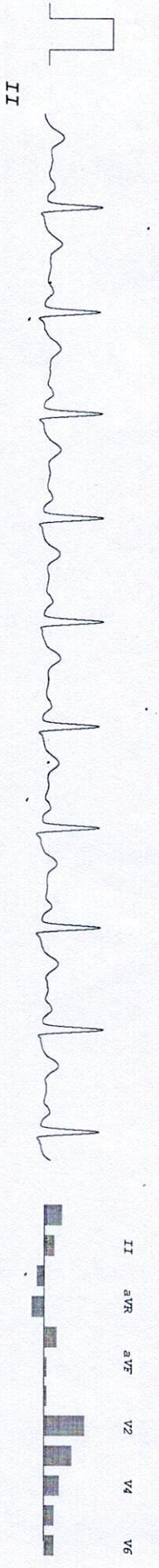
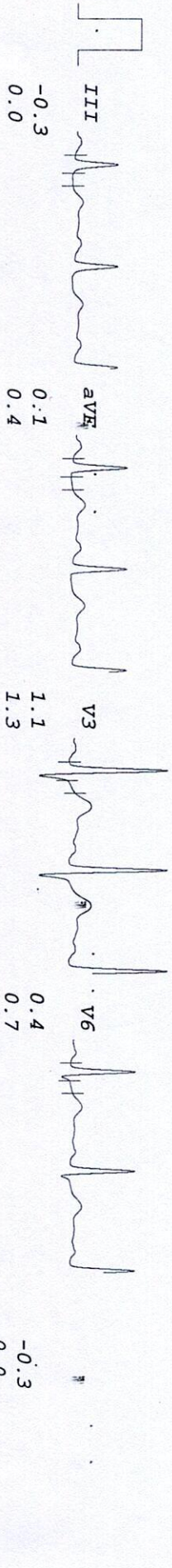
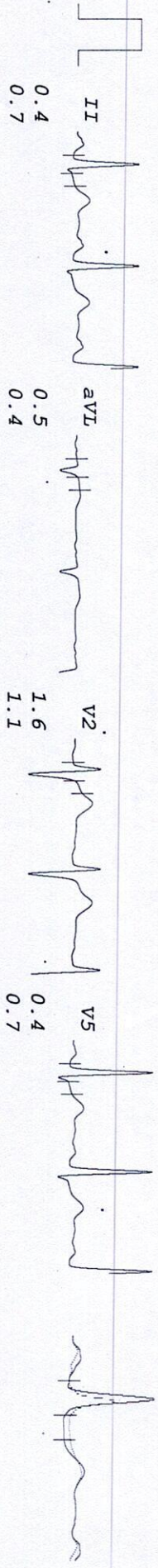
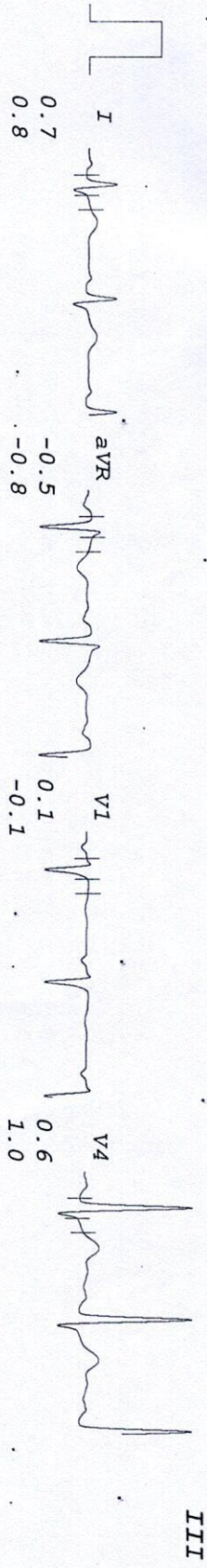
ANIL NAIR  
 I.D. 67164  
 Age 49/M  
 Date 17-03-2024

Rate 94bpm  
 R.F. 120/80  
 Bruce  
 RECOVERY  
 TOTAL TIME 11:21  
 PHASE TIME 3:33


ST @ 10mm/mV  
 80ms PostJ

LINKED MEDIAN

Mag. X 2





Patient Name : Mr. ANIL NAIR	Reg No. : 10257/UHID23DL	Lab ID. : 10731/OPDPB23DL
Age / Gender : 49Y3M / Male	Date : 17-Mar-2024	
Mobile No. : 8700800390	Manual No.	Collected : 17-Mar-2024 10.32
Refd. By : Dr. .	Sample ID : 243750	Received : 17-Mar-2024 10.32
Sample Type : OTHER		Report : 17-Mar-2024 15.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

BLOOD GROUP ABO & RH  
FACTOR

BLOOD GROUP ABO  
RH TYPING

"O"  
"POSITIVE"  
Manual  
Manual  
-----End of Report-----



Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252  
Lab Technician : chand


Dr. Meenakshi Grag  
Consultant Pathologist.



BOOK APPOINTMENT





<b>Patient Name</b> : Mr. ANIL NAIR	<b>Reg No.</b> : 10257/UHID23DL	<b>Lab ID.</b> : 10731/OPDPB23DL
<b>Age / Gender</b> : 49Y3M / Male	<b>Date</b> : 17-Mar-2024	
<b>Mobile No.</b> : 8700800390	<b>Manual No.</b>	<b>Collected</b> : 17-Mar-2024 10.32
<b>Refd. By</b> : Dr. .		<b>Received</b> : 17-Mar-2024 10.32
<b>Sample Type</b> : Plasma(Sodium fluoride)	<b>Sample ID</b> : 243750	<b>Report</b> : 17-Mar-2024 15.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

**BIOCHEMISTRY**

**BLOOD SUGAR FASTING** 100.0 mg/dl 74-100 GOD-POD

**INTERPRETATION:**

American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Mellitus Diagnosis:

Fasting plasma glucose >126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours) or

2-hr plasma glucose >200 mg/dl after glucose load or

HbA1c  $\geq$  6.5% or

Random Plasma glucose >200 mg/dl

Impaired Fasting Glucose

Fasting glucose  $\geq$ 100mg/dl but <126 mg/dl

-----End of Report-----



Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252  
Lab Technician : chand


Dr. Meenakshi Grag  
Consultant Pathologist.



BOOK APPOINTMENT





<b>Patient Name</b> : Mr. ANIL NAIR	<b>Reg No.</b> : 10257/UHID23DL	<b>Lab ID.</b> : 10731/OPDPB23DL
<b>Age / Gender</b> : 49Y3M / Male	<b>Date</b> : 17-Mar-2024	
<b>Mobile No.</b> : 8700800390	<b>Manual No.</b>	<b>Collected</b> : 17-Mar-2024 13.29
<b>Refd. By</b> : Dr. .		<b>Received</b> : 17-Mar-2024 13.29
<b>Sample Type</b> : Plasma(Sodium fluoride)	<b>Sample ID</b> : 243750	<b>Report</b> : 17-Mar-2024 15.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
-----------	--------	------	-------	--------

Blood Sugar PP	95.3	mg/dl	70-150	GOD-POD
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**BIOCHEMISTRY**

**INTERPRETATION:**

American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Mellitus Diagnosis:

Fasting plasma glucose >126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours) or

2-hr plasma glucose >200 mg/dl after glucose load or

HbA1c >= 6.5% or

Random Plasma glucose >200 mg/dl

Impaired Fasting Glucose

Fasting glucose >=100mg/dl but <126 mg/dl

-----End of Report-----



Dr. Sangeeta B  
DCP, DNB, PATHOLOGY,  
DMC/25252

Lab Technician : chand


Dr. Meenakshi Grag  
Consultant Pathologist.



BOOK APPOINTMENT





<b>Patient Name</b> : Mr. ANIL NAIR	<b>Reg No.</b> : 10257/UHID23DL	<b>Lab ID.</b> : 10731/OPDPB23DL
<b>Age / Gender</b> : 49Y3M / Male	<b>Date</b> : 17-Mar-2024	
<b>Mobile No.</b> : 8700800390	<b>Manual No.</b>	<b>Collected</b> : 17-Mar-2024 10.32
<b>Refd. By</b> : Dr. .		<b>Received</b> : 17-Mar-2024 10.32
<b>Sample Type</b> : EDTA whole blood	<b>Sample ID</b> : 243750	<b>Report</b> : 17-Mar-2024 15.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
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**HEAMOTOLOGY**

**COMPLETE BLOOD COUNT**

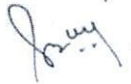
HEMOGLOBIN	14.9	g/dl	13.0 - 17.0	Colorimetric
TOTAL LEUCOCYTE COUNT	4.9	10 <sup>3</sup> /uL	4.0-11.0	Electrical impedance

**DIFFERENTIAL LEUCOCYTE COUNT(DLC)**

Neutrophil	65	%	40-75	Electrical impedance
Lymphocyte	27	%	20-45	Electrical impedance
Eosinophil	04	%	01-06	Microscopy
Monocyte	04	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	30	mm/1sthr	0-20	Westergren's
RBC COUNT	4.81	mili/cmm	4.50 - 5.50	Electrical impedance
PCV	43	%	40 - 50	Calculated
MCV	88.60	Fl	83.00 - 101.00	Calculated

MCH	30.9	Picogram	27.0 - 32.0	Calculated
MCHC	34.90	gm/dl	31.50 - 34.50	Calculated
PLATELET COUNT	196	10 <sup>3</sup> /uL	150 - 410	Electrical impedance

-----End of Report-----



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DMC/25252

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<u>HEAMATOLOGY</u>				
<b>HBA1C (GLYCOSYLATED HB)</b>	5.8	%	4-6	PEIT
Metabolically healthy patients	4.5 - 6.0 %			Good control :
	6.1 - 6.5 %			
Fair control :	6.6 - 7.0 %			
Poor control :	Above - >7.0 %			

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----

  
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<b>Sample Type</b> : Serum	<b>Sample ID</b> : 243750	<b>Report</b> : 17-Mar-2024 15.31

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### BIOCHEMISTRY

#### KIDNEY FUNCTION TEST

Blood Urea	35.4	mg/dl	15.0-45.0	urease-GLDH
Serum Creatinine	0.8	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	4.60	mg/dl	2.5-7.2	Uricase
<b>Total Protein</b>				
PROTEN	7.00	g/dl	6.4-8.3	Biuret
ALBUMIN	4.5	g/dl	3.4-4.8	Bcg
GLOBULIN	2.50	g/dl	2.3-3.5	
A/G RATIO	1.80			
Calcium	9.2	mg/dl	8.6-10.2	Arsenazo
Sodium	140.0	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.1	mmol/L	3.5-5.5	ISE Indirect
Chloride	102.5	mmol/L	98.0-109.0	ISE Indirect

-----End of Report-----



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### BIOCHEMISTRY

#### LIPID PROFILE

Total Cholesterol	302.00	mg/dl	123-199	CHOD-PAP
Triglycerides	235.6	mg/dl	40-160	Gpo
HDL Cholesterol Direct	42.6	mg/dl	35.3-79.5	Direct
Vldl	47	mg/dl	4.7-22.1	
LDL Cholesterol Direct	212.3	mg/dl	63-129	
Total Cholesterol/HDL Ratio	7.1		0.0-4.97	
LDL/HDL Ratio	5.0		0.0-3.55	

#### INTERPRETATION:-

	Total cholesterol	LDL cholesterol	Triglycerides
Acceptable/Low Risk	< 200 mg/dl	<130 mg/dl	<150 mg/dl
Borderline High Risk	200-239 mg/dl	130-159 mg/dl	150-199 mg/dl
High Risk	> 240 mg /dl	> 160 mg/dl	200-499 mg/dl
Very High			>500 mg/dl

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### BIOCHEMISTRY

#### LIVER FUNCTION TEST

##### Serum Bilirubin

Total Bilirubin	0.66	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.27	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.39	mg/dl	0-0.8	Calculated

##### Total Protein

PROTEN	7.00	g/dl	6.4-8.3	Biuret
ALBUMIN	4.5	g/dl	3.4-4.8	Bcg
GLOBULIN	2.50	g/dl	2.3-3.5	
A/G RATIO	1.80			
SGOT	51	U/L	0-35	IFCC
SGPT	86	U/L	0.0-45	IFCC

Gamma GT	64.3	U/L	0-55	Glupa-c
Alkaline Phosphatase	76	U/L	53-128	Amp

-----End of Report-----



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### HORMONES

#### THYROID PROFILE

T3	1.21	ng/dl		CLIA
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#### All values

Adults (euthyroid) 0.50-2.00

Newborns 0.73-2.88

6d - 3 mth 0.80-2.75

4 - 12 mth 0.86-2.65

1 - 6 yr 0.92-2.48

7 - 11 yr 0.93-2.31

12- 20 yr 0.91-2.18

#### Pregnancy

First trimester 0.05 - 3.70

Second trimester 1.7 - 4.3

Third trimester 0.4 - 3.9

T4	5.50	µg/dl		CLIA
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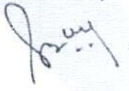
Adults - M - 4.4-10.8 µg/dl

F- 4.8 - 11.6 µg/dl

1<sup>st</sup> Trimester 7.3-15.00 µg/dl

2<sup>st</sup> Trimester 8.92-17.38

3<sup>st</sup> Trimester 7.98-17.70



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<b>Sample Type</b> : Serum	<b>Sample ID</b> : 243750	<b>Report</b> : 17-Mar-2024 19.52

TSH 1.20  $\mu$ IU/ml CLIA

**Adults**

21-100 yrs 0.42 - 5.45

**Pediatric**

0-12 Months 0.98-5.63

1-5 years 0.64-5.76

6-10 Years 0.51-4.82

11-14 Years 0.53-5.27

15-20 years 0.43-4.20

**Pregnancy**

First trimester 0.1 - 2.5\*

Second trimester 0.2 - 3\*

Third trimester 0.3 - 3\*

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----



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<b>Refd. By</b> : Dr. .		<b>Received</b> : 17-Mar-2024 13.29
<b>Sample Type</b> : URINE	<b>Sample ID</b> : 243750	<b>Report</b> : 17-Mar-2024 15.31

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

**URINE ROUTINE**

**MICROSCOPY**

**PHYSICAL EXAMINATION**

QUANTITY

20.00 ml

10-30

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.020

1.015-1.025

PH

6.0

5.5 - 7

**CHEMICAL EXAMINATION**

ALBUMIN

NIL

SUGAR

NIL

**MICROSCOPIC EXAMINATION**

PUS CELLS

2-3

/hpf

MICROSCOPIC

RBC'S

NIL

NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

0-1


BACTERIA

NIL

OTHERS

NIL

-----End of Report-----



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BOOK APPOINTMENT





anil  
Male 49Years  
Req. No. :

17-03-2024 10:11:34 AM

HR	: 75	bpm
P	: 108	ms
PR	: 148	ms
QRS	: 94	ms
QT/QTcBz	: 372/416	ms
P/QRS/T	: 62/57/48	ms
RV5/SV1	: 1.665/0.635	mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by: **Dr. ANIL SAHOO**

**MD, PGDCC**  
Regn. No. 33201

