



Name : Mr. MANI MASILAMANI (A) Collected On : 4/4/2024 10:36 am  
Lab ID. : 188716 Received On : 4/4/2024 10:46 am  
Age/Sex : 31 Years / Male Reported On : 4/4/2024 5:18 pm  
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : FINAL



**COMPLETE BLOOD COUNT**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>HEMOGLOBIN</b>	14.2	gm/dl	13 - 18
HEMATOCRIT (PCV)	42.6	%	42 - 52
RBC COUNT	<b>4.55</b>	x10 <sup>6</sup> /uL	4.70 - 6.50
MCV	94	fl	80 - 96
MCH	31.2	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	13.2	%	11.5 - 14.5
<b>TOTAL LEUCOCYTE COUNT</b>	7210	/cumm	4000 - 11000
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS	58	%	40 - 80
LYMPHOCYTES	32	%	20 - 40
EOSINOPHILS	03	%	0 - 6
MONOCYTES	07	%	2 - 10
BASOPHILS	00	%	0 - 1
<b>PLATELET COUNT</b>	233000	/cumm	150000 - 450000
MPV	10.2	fl	6.5 - 11.5
PDW	16.5	%	9.0 - 17.0
PCT	0.240	%	0.200 - 0.500
RBC MORPHOLOGY	Normocytic Normochromic		
WBC MORPHOLOGY	Normal		
PLATELETS ON SMEAR	Adequate		

Method : EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method).Rest are calculated parameters.

**Result relates to sample tested, Kindly correlate with clinical findings.**

----- END OF REPORT -----

Checked By  
SHAISTA Q

**DR. SMITA RANVEER.**  
**M.B.B.S.M.D. Pathology(Mum)**  
**Consultant Histocytopathologist**





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**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>URINE ROUTINE EXAMINATION</u></b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
VOLUME	20ml		
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION (methyl red and Bromothymol blue indicator)	Acidic		Acidic
SP. GRAVITY (Bromothymol blue indicator)	1.010		1.005 - 1.022
PROTEIN (Protein error of PH indicator)	Absent		Absent
BLOOD (Peroxidase Method)	Absent		Absent
SUGAR (GOD/POD)	Absent		Absent
KETONES (Acetoacetic acid)	Absent		Absent
BILE SALT & PIGMENT (Diazonium Salt)	Absent		Absent
UROBILINOGEN (Red azodye)	Normal		Normal
LEUKOCYTES (pyrrole amino acid ester diazonium salt)	Absent		Absent
NITRITE (Diazonium compound With tetrahydrobenzo quinolin 3-phenol)	Absent		Negative
<b><u>MICROSCOPIC EXAMINATION</u></b>			
RED BLOOD CELLS	Absent	/ HPF	Absent
PUS CELLS	1-3	/ HPF	0 - 5
EPITHELIAL	1-2	/ HPF	0 - 5
CASTS	Absent		

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**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		

REMARK Result relates to sample tested. Kindly correlate with clinical findings.

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**HAEMATOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>BLOOD GROUP</u></b>			
SPECIMEN	WHOLE BLOOD EDTA & SERUM		
* ABO GROUP	'B'		
RH FACTOR	POSITIVE		
Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)			
<b>Result relates to sample tested, Kindly correlate with clinical findings.</b>			
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\* 1 8 8 7 1 6 \*

**BIOCHEMISTRY REPORT**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BUN	8.4	mg/dL	6 - 20
METHOD	Urease GLDH Kinetic		
S. CREATININE	0.71	mg/dL	0.5 - 1.5
METHOD	Jaffe - Kinetic		
RATIO	11.8	ng/ml	

Result relates to sample tested, Kindly correlate with clinical findings.

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**\* BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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**CREATININE, SERUM**

* SERUM CREATININE	0.71	mg/dL	0.7 - 1.3
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METHOD Enzymatic Colourimetric Method

Creatinine is critically important in assessing renal function. In blood, it is a marker of glomerular filtration rate. As the kidneys become impaired for any reason, the creatinine level in the blood will rise due to poor clearance of creatinine by the kidneys. Abnormally high levels of creatinine thus warn of possible malfunction or failure of the kidneys.

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**HAEMATOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>ESR</b>			
<b>ESR</b>	05	mm/1hr.	0 - 20

METHOD - WESTERGREN

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### BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>BLOOD GLUCOSE FASTING &amp; PP</b>			
BLOOD GLUCOSE FASTING	76.7	mg/dL	70 - 110
BLOOD GLUCOSE PP	111.9	mg/dL	70 - 140

Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).

1. Fasting is required (Except for water ) for 8-10 hours before collection for fasting specimen. Last dinner should consist of bland diet.
2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn

#### INTERPRETATION

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus :  $\geq 126$  mg/dl

#### POSTPRANDIAL/POST GLUCOSE (75 grams)

- Normal glucose tolerance : 70-139 mg/dl
- Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus :  $\geq 200$  mg/dl

#### CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS

- Fasting plasma glucose  $\geq 126$  mg/dl
- Classical symptoms + Random plasma glucose  $\geq 200$  mg/dl
- Plasma glucose  $\geq 200$  mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin  $> 6.5\%$

\*\*\*Any positive criteria should be tested on subsequent day with same or other criteria.

**SGPT (ALT)** 16.1 IU/L 0 - 40

UV Kinetic Without PLP (P-L-P)

#### **BILIRUBIN (TOTAL,DIRECT,INDIRECT)**

**TOTAL BILLIRUBIN** 0.87 mg/dL 0.1 - 1.2

**BILLIRUBIN (DIRECT)** 0.33 mg/dL 0.0 - 0.4

**BILLIRUBIN (INDIRECT)** 0.54 mg/dL 0.0 - 1.1

Method(Diazo)

Checked By  
SHAISTA Q

DR. SMITA RANVEER.  
M.B.B.S.M.D. Pathology(Mum)  
Consultant Histocytopathologist







Dr. Smita Ranveer's  
**Radiance**  
CLINICAL DIAGNOSTIC CENTRE  
COMPLETE PATHOLOGICAL SOLUTION

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# Siddhivinayak HOSPITAL

S-1, Vedant Complex, Vartak Nagar, Thane (W)-400606, Tel.: 2588 3531/7151

## Corporate Health Centre

Reg. No. AP

Date: 04/04/24

Blood  Urine  Stool  Vaccine  ECG  2D Echo  TMT  X-Ray  PFT  Audio  USG  OPT  Dr.

Employee's Name : Mani Masilamani With Glass / Without Glasses

Blood Group : B+

Age/Sex : 31

Contact No. : 7021860261

	Rt.	Lt.
NEAR	<u>M/G</u>	<u>M/G</u>
DISTANT	<u>G/G</u>	<u>G/G</u>
COLOUR VISION	<u>Normal.</u>	

### PHYSIOLOGIC PARAMETERS :

Ht. (Cms.)      Wt. (Kgs.)      BMI

### COMPLAINTS : (Specify if any)

No fresh complaints.

PAST HISTORY : NAD

FAMILY HISTORY : Mother - DM  
Father - HD

SURGICAL HISTORY : Appendisectomy 5 yrs back

### PERSONAL HISTORY (Addiction if any)

Chronic / Frequent / Occasional : No

Smoker / Tobacco Chewer / Alcoholic : No.

### GENERAL EXAMINATION

Pulse (Min) : 65/min      BP (mm Hg) : 130/80 mmHg

R.R. (Min) : 20 cpm      Temp. : Afebrile

Pallor : NAD      Icterus : NAD

Clubbing : NAD

### ENT EXAMINATION (Specify if Abnormal)

Ear      Nose      Tongue (N)

Teeth      Tonsils      Gums

### SYSTEMIC EXAMINATION

LOCOMOTOR SYSTEM : NAD

RESPIRATORY SYSTEM : ACBE clear

CARDIOVASCULAR SYSTEM : S1 S2 (+)

CENTRAL NERVOUS SYSTEM : Cons, oriented

ABDOMEN : Soft

GENITAL SYSTEM : NAD

MUSCULOSKELETAL SYSTEM : NAD

PFT	MEANS	PRED	% PRED
SVC			
FVC			
FEV1 / FVC			
Remark			
Audiometry	500	1000	2000
			4000
			6000
			8000
Right Ear			
Left Ear			
Remark			

  
DOCTOR SIGNATURE

**DR. VISHAL DALVI**  
MBBS, MD (Medicine)  
Consultant Physician  
Reg. No. 2011/09/3121

04-04-2024 10:36:59 AM  
HR : 49 bpm  
P : 93 ms  
PR : 156 ms  
QRS : 92 ms  
QT/QTcBz : 428/389 ms  
PQRS/T : 62/50/36 °  
RV5/SV1 : 1.052/1.187 mV

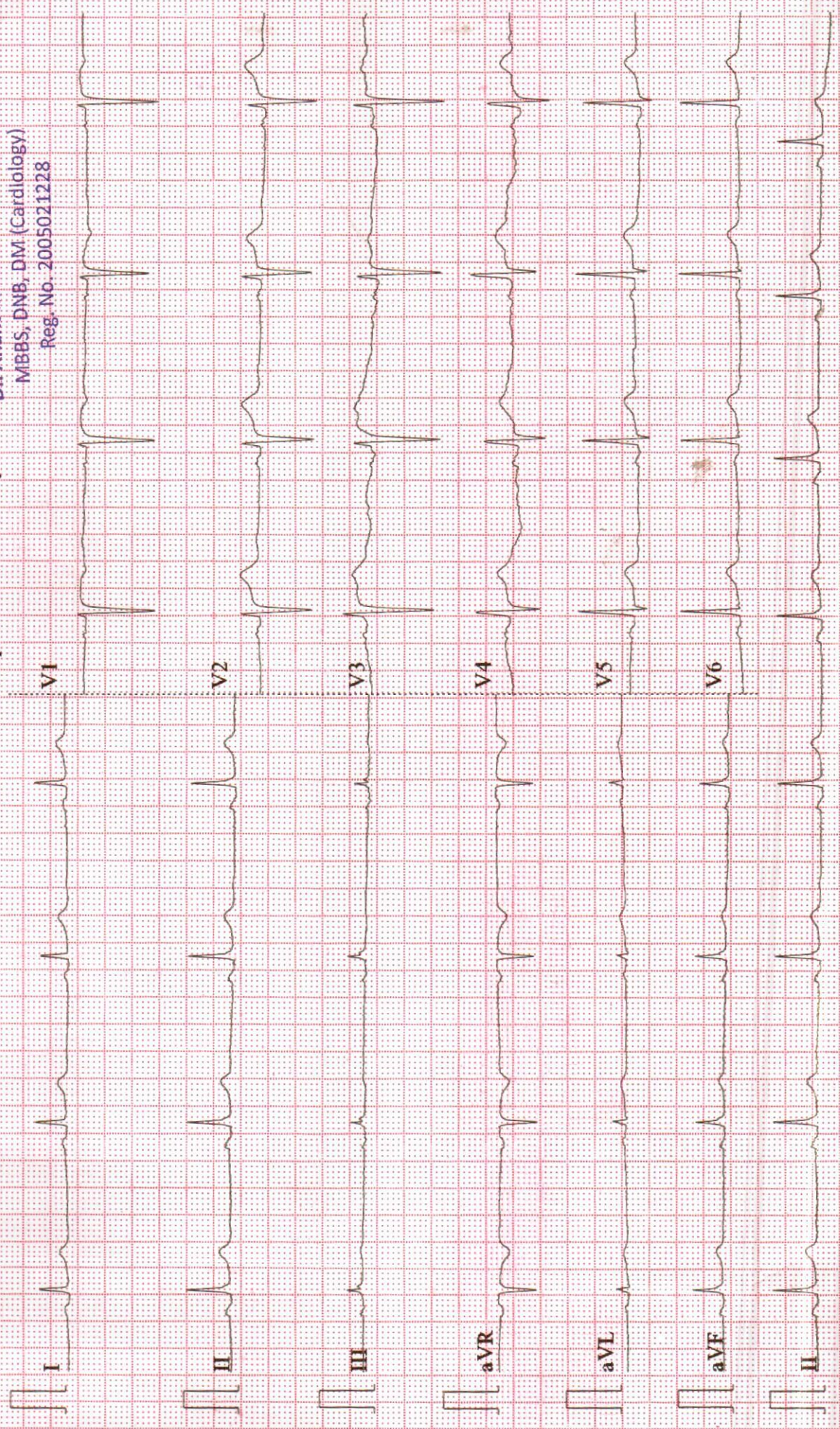
ID: 1268  
Name: masilamani  
Female  
Years: 31/4m  
BP: 130/80  
SP02: 97%  
PR: 68m

Diagnosis Information:

Sinus Bradycardia with Sinus Arrhythmia

Adv - 2D Echo

Report Confirmed by:   
Dr. Anant Ramkishanrao Munde  
MBBS, DNB, DM (Cardiology)  
Reg. No. 2005021228





<b>Name - Mr. MANI MASILAMANI</b>	<b>Age - 31 Y/M</b>
<b>Ref by Dr.- Siddhivinayak Hospital</b>	<b>Date - 04 /04/2024</b>

**X- Ray chest (PA VIEW)**

No obvious active parenchymal lesion seen in both lungs.

Cardiac and aortic shadows appear normal

No evidence of pleural of effusion is seen.

Both domes of diaphragm appear normal.

No obvious bony lesion is seen.

**IMPRESSION:**

- No significant abnormality seen.

**Adv.: Clinical and lab correlation.**

**DR. AMOL BENDRE**  
MBBS; DMRE  
CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis.

**Dr. AMOL BENDRE**  
MBBS DMRE  
Reg. No. 2015/08/4412

