

0.5 - 37Hz

BPL GenX3

V4

V5

V6

Hospital:.....

Sinus arrhythmia

1048

HRV

56 bpm

Heart Rate

Normal ECG

37 deg. - Within Normal Limits

ST Frontal Axis	48 deg.
ST Duration	82 ms
Q-T Interval	400 ms
QT Dispersion	76 ms
P Terminal Force	1768 ms.uv

TFrontal Axis	37 deg.
PR Interval	168 ms
QTc Hodges	393 ms

Average beat fiducial point sample number	Duration (ms)
Onset	106
Termination	84
P	264
QRS	432
T	598
	832

DR. MITAL CHANDRA
REG. NO. 100980

DNB M. S. S. NE,
DNB CARDIOLOGY

Disclaimer: This report does not replace the
of a trained physician

Medical Examination

Name : Kamlesh Rajpurohit

Date : 17/5/24

Age/ Gender : 28/M

Family History :

FH/O Diabetes mellitus & cardiac illness.

Personal History :

No H/O Surgery/Trauma. No Allergy to any known medication. Habit of smoking since 2yrs
 Smoking (3-4/day) & Alcohol (very occasionally) (once a year) since 1/2 yrs

Current complaints :

c/o sweating since 1-2 weeks

no other complaints

General Examination : Fair

Height : 170 cms

SpO2 : 98%

Pulse-Rate : 66/min

Heart Sounds : S1S2 @ No murmur

BMI : 21.5 kg/m² (Normal)

HIP TO WAIST RATIO: 0.86

Investigations :

ECG :

X-RAY :

Weight : 62 kg

Blood Pressure : 110/80 mm Hg

Eye Colour Vision : Normal

Desai
 Dr. Signature: **Dr. RUPALI DESAI**
 Rupali Desai
M.B.B.S.
 Reg. No. 2005/04/2498

ID : 15261 Collection : May 17, 2024, 08:43 a.m. Client Name : Arcofemi
 Name : KAMLESH RAJPUROHIT Received : May 17, 2024, 03:03 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 23 years Reported : May 17, 2024, 04:20 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



MT000129211

Test Description	Value(s)	Reference Range
------------------	----------	-----------------

Complete Blood Count; CBC (EDTA whole blood)

Erythrocytes (Whole Blood)

Hemoglobin (Hb)* (NonCyanmethemoglobin Photometric Measurement)	11.7	gm/dL	13.5 - 18.0
Erythrocyte (RBC) Count* (Electrical Impedence)	6.09	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)* (Calculated)	38.4	%	42 - 52
Mean Cell Volume (MCV)* (Electrical Impedence)	63.0	fL	78 - 100
Mean Cell Haemoglobin (MCH)* (Calculated)	19.2	pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)* (Calculated)	30.4	gm/dL	32 - 36
Red Cell Distribution Width (RDW)-CV* (Electrical Impedence)	15.5	%	11.5 - 14.0
Red Cell Distribution Width (RDW)-SD	34.1	fL	40.0 - 55.0

RBC Morphology

Remarks Microcytic hypochromic

Leucocytes (Whole, Blood)

Total Leucocytes (WBC) Count* (Electrical Impedence)	6300	cell/cu.mm	4000-10000
Neutrophils* (VCSn Technology)	60	%	40 - 80
Lymphocytes* (VCSn Technology)	28	%	20 - 40
Monocytes* (VCSn Technology)	8	%	2 - 10
Eosinophils* (VCSn Technology)	3	%	1 - 6
Basophils* (VCSn Technology)	1	%	1-2

Absolute Count



Dr. Suyash Vishwaroop
(MBBS,MD Pathology)

ID : 15261 Collection : May 17, 2024, 08:43 a.m. Client Name : Arcofemi
 Name : KAMLESH RAJPUROHIT Received : May 17, 2024, 03:03 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 23 years Reported : May 17, 2024, 04:20 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



MT000129211

Test Description	Value(s)	Reference Range
Absolute Neutrophil Count* (Calculated)	3.78	* 10 ⁹ /L 2.0 - 7.0
Absolute Lymphocyte Count* (Calculated)	1.76	* 10 ⁹ /L 1-3
Absolute Monocyte Count* (Calculated)	0.50	* 10 ⁹ /L 0.2-1.0
Absolute Eosinophil Count* (Calculated)	0.19	* 10 ⁹ /L 0.0-0.5
Absolute Basophils Count* (Calculated)	0.06	* 10 ⁹ /L 0.1-0.2
WBC	Within normal limits	
Platelets (Whole, Blood)		
Platelet Count* (Electrical Impedence)	154	10 ³ /ul 150 - 450
Mean Platelet Volume (MPV)* (Electrical Impedence)	9.0	fL 7.2 - 11.7
Platelet Morphology	Adequate on smear	
PCT* (Calculated)	0.139	% 0.2 - 0.5
PDW* (Calculated)	16.7	% 9.0 - 17.0

Tests done on Automated Five Part Cell Counter. (WBC, RBC, Platelet count by impedance method, colorimetric method for Hemoglobin, WBC differential by flow cytometry using laser technology other parameters are calculated). All Abnormal Haemograms are reviewed confirmed microscopically.



MC-2684

END OF REPORT

Dr. Suyash Vishwaroop
(MBBS, MD Pathology)

ID : 15261 Collection : May 17, 2024, 08:43 a.m. Client Name : Arcofemi
 Name : KAMLESH RAJPUROHIT Received : May 17, 2024, 03:03 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 23 years Reported : May 17, 2024, 05:25 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



MT000129211

Test Description	Value(s)	Reference Range
------------------	----------	-----------------

ESR; Erythrocyte Sedimentation Rate .

Erythrocyte Sedimentation Rate	5	mm/hr	<15
---------------------------------------	---	-------	-----

(EDTA Whole blood, modified westergren)

Interpretation:

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.



MC-2684

END OF REPORT

Dr. Preeti Jain
(Consultant Pathologist)

ID : 15261 Collection : May 17, 2024, 08:43 a.m. Client Name : Arcofemi
 Name : KAMLESH RAJPUROHIT Received : May 17, 2024, 03:03 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 23 years Reported : May 17, 2024, 05:40 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



MT000129213

Test Description	Value(s)	Reference Range
------------------	----------	-----------------

Glucose, Post Prandial (PP), 2 hours

Blood Glucose-Post Prandial* (Plasma - P, Hexokinase)	81	mg/dL	70-140
--	----	-------	--------



MC-2684

END OF REPORT

Dr. Preeti Jain
(Consultant Pathologist)

ID : 15261 Collection : May 17, 2024, 08:43 a.m. Client Name : Arcofemi
 Name : KAMLESH RAJPUROHIT Received : May 17, 2024, 03:03 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 23 years Reported : May 17, 2024, 04:50 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
	<u>SGPT</u>	
SGPT* (UV with P5P, IFCC 37 Degree)	29.4	U/L <50



MC-2684

END OF REPORT



Dr. Preeti Jain
(Consultant Pathologist)

ID : 15261 Collection : May 17, 2024, 08:43 a.m. Client Name : Arcofemi
 Name : KAMLESH RAJPUROHIT Received : May 17, 2024, 03:03 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 23 years Reported : May 17, 2024, 04:43 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



MT000129212

Test Description	Value(s)	Reference Range
------------------	----------	-----------------

Glucose Fasting (F)

Glucose Fasting*

(Plasma, Hexokinase)

80

mg/dL

Normal: 70-100

Impaired Fasting Glucose (IFG): 100-125

Diabetes Mellitus: \geq 126

(On more than one occasion)

(American Diabetes Association guidelines 2017)



MC-2684

END OF REPORT



Dr. Preeti Jain
(Consultant Pathologist)

ID : 15261 Collection : May 17, 2024, 08:43 a.m. Client Name : Arcofemi
 Name : KAMLESH RAJPUROHIT Received : May 17, 2024, 03:03 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 23 years Reported : May 17, 2024, 04:50 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
<u>Creatinine, Serum</u>		
Creatinine* (Jaffe IDMS)	0.94	mg/dL 0.67 - 1.17



MC-2684

END OF REPORT



Dr. Preeti Jain
(Consultant Pathologist)

ID : 15261 Collection : May 17, 2024, 08:43 a.m. Client Name : Arcofemi
 Name : KAMLESH RAJPUROHIT Received : May 17, 2024, 03:03 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 23 years Reported : May 17, 2024, 04:55 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



MT000129211

Test Description	Value(s)	Reference Range
------------------	----------	-----------------

Blood Group ABO & RH Factor

Blood Group (EDTA whole blood & Serum, Forward and Reverse By Tube Method)	"B"	
RH Factor	Positive	

Methodology

This is done by forward and reverse grouping by tube Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).



MC-2684

END OF REPORT

Dr. Suyash Vishwaroop
(MBBS, MD Pathology)

ID : 15261 Collection : May 17, 2024, 08:43 a.m. Client Name : Arcofemi
 Name : KAMLESH RAJPUROHIT Received : May 17, 2024, 03:03 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 23 years Reported : May 17, 2024, 04:50 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



MT000129214

Test Description	Value(s)	Reference Range
<u>Bun; Blood Urea Nitrogen</u>		
UREA* (Serum,Urease)	20.16	mg/dL 17 - 43
BUN* (Serum,Calculated)	9.42	mg/dL 7 - 18



MC-2684

END OF REPORT

Dr. Preeti Jain
(Consultant Pathologist)

ID : 15261 Collection : May 17, 2024, 08:43 a.m. Client Name : Arcofemi
 Name : KAMLESH RAJPUROHIT Received : May 17, 2024, 03:03 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 23 years Reported : May 17, 2024, 05:18 p.m. Client Address : GHATKOPAR
 Gender : Male Ref. Doctor : SELF



MT000129215

Test Description	Value(s)	Reference Range
------------------	----------	-----------------

Urine Examination-Routine

Volume*	40	ml	-
Colour*	Pale Yellow		Pale Yellow
Transparency (Appearance)*	Clear		Clear
Deposit*	Absent		Absent
Reaction (pH)* (Double indicator)	6.0		4.5 - 8
Specific Gravity* (Ionic concentration)	1.015		1.010 - 1.030

Chemical Examination (Automated Dipstick Method) Urine

Urine Glucose (sugar)* (Glucose oxidase/peroxidase reaction)	Absent		Absent
Urine Protein (Albumin)* (Error of indicators)	Absent		Absent
Urine Ketones (Acetone)* (Acetic acid reacts with nitroprusside)	Absent		Absent
Blood* (Peroxidase activity of hemoglobin)	Absent		Absent
Bilirubin* (Coupling of bilirubin with diazotized dichloroaniline)	Absent		Absent
Nitrite* (Conversion of nitrate to nitrite)	Absent		Absent
Urobilinogen* (Ehrlich reaction)	Normal		Normal

Microscopic Examination Urine

Pus Cells (WBCs)*	2-3	/hpf	0 - 5
Epithelial Cells*	0-1	/hpf	0 - 4
Red blood Cells*	Absent	/hpf	Absent
Crystals*	Absent		Absent
Cast*	Absent		Absent
Trichomonas Vaginalis*	Absent		Absent
Yeast Cells*	Absent		Absent
Amorphous deposits*	Absent		Absent

Dr. Preeti Jain
(Consultant Pathologist)

ID : 15261	Collection : May 17, 2024, 08:43 a.m.	Client Name : Arcofemi
Name : KAMLESH RAJPUROHIT	Received : May 17, 2024, 03:03 p.m.	Healthcare Pvt. Ltd - PANI017
DOB/Age : 23 years	Reported : May 17, 2024, 05:18 p.m.	Client Address : GHATKOPAR
Gender : Male	Ref. Doctor : SELF	



Test Description	Value(s)	Reference Range
Bacteria*	Absent	Absent



MC-2684

END OF REPORT

Dr. Preeti Jain
(Consultant Pathologist)

NAME: KAMLESH RAJPUROHIT	AGE/GENDER: 23Y/M
REF. : SELF	DATE: 17.05.2024

X-RAY CHEST PA VIEW

Both lung fields show equal translucency and vasculature.

Pleural spaces are clear.

The cardiac size is normal.

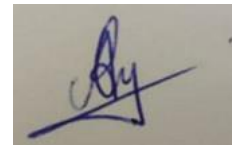
The domes of diaphragm are normal in position & show smooth outline.

Mild scoliosis of the dorsal spine is noted with convexity to the right.

Impression:

- **No obvious significant abnormality is seen in both the lung fields.**

Suggest: Clinical correlation.



Dr. Abhishek Yadav
Consultant Radiologist

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X-ray is known to have inter-observer variations. Further/ follow up imaging may be needed in some cases for confirmation/ exclusion of diagnosis. Not all fractures may be visible in given X-ray views; hence a clinical correlation is suggested in cases of injury with swelling and restricted movements. Please interpret accordingly.

NAME: KAMLESH RAJPUROHIT	AGE/GENDER: 23Y/M
REF. : SELF	DATE: 17.05.2024

X-RAY CHEST PA VIEW

Both lung fields show equal translucency and vasculature.

Pleural spaces are clear.

The cardiac size is normal.

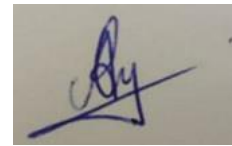
The domes of diaphragm are normal in position & show smooth outline.

Mild scoliosis of the dorsal spine is noted with convexity to the right.

Impression:

- **No obvious significant abnormality is seen in both the lung fields.**

Suggest: Clinical correlation.



Dr. Abhishek Yadav
Consultant Radiologist

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X-ray is known to have inter-observer variations. Further/ follow up imaging may be needed in some cases for confirmation/ exclusion of diagnosis. Not all fractures may be visible in given X-ray views; hence a clinical correlation is suggested in cases of injury with swelling and restricted movements. Please interpret accordingly.