



Name	: Mr. VARUNRAJ RAJU (A)	Collected On	: 11/4/2024 9:23 am
Lab ID.	[:] 189412	Received On	: 11/4/2024 9:33 am
Age/Sex	: 23 Years / Male	Reported On	: 11/4/2024 4:33 pm
Ref By	SIDDHIVINAYAK HOSPITAL CGHS /ESIS	Report Status	: FINAL

COMPLETE BLOOD COUNT				
TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
HEMOGLOBIN	14.9	gm/dl	13 - 18	
HEMATOCRIT (PCV)	44.7	%	42 - 52	
RBC COUNT	4.9	x10^6/uL	4.70 - 6.50	
MCV	91	fl	80 - 96	
МСН	30.4	pg	27 - 33	
МСНС	33	g/dl	33 - 36	
RDW-CV	13.6	%	11.5 - 14.5	
TOTAL LEUCOCYTE COUNT	7770	/cumm	4000 - 11000	
DIFFERENTIAL COUNT				
NEUTROPHILS	60	%	40 - 80	
LYMPHOCYTES	32	%	20 - 40	
EOSINOPHILS	02	%	0 - 6	
MONOCYTES	06	%	2 - 10	
BASOPHILS	00	%	0 - 1	
PLATELET COUNT	411000	/ cumm	150000 - 450000	
MPV	10	fl	6.5 - 11.5	
PDW	15.8	%	9.0 - 17.0	
РСТ	0.410	%	0.200 - 0.500	
RBC MORPHOLOGY	Normocytic Normo	ochromic		
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 Priyanka_Deshmukh

Sum

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URINE ROUTINE EXAMINATION						
TEST NAME	RESULTS	UNIT	REFERENCE RANGE			
URINE ROUTINE EXAMINATION						
PHYSICAL EXAMINATION						
VOLUME	15ml					
COLOUR	Pale Yellow		Pale Yellow			
APPEARANCE	Clear		Clear			
CHEMICAL EXAMINATION						
REACTION	Acidic		Acidic			
(methyl red and Bromothymol blue ind	icator)					
SP. GRAVITY	1.010		1.005 - 1.022			
(Bromothymol blue indicator)						
PROTEIN	Absent		Absent			
(Protein error of PH indicator)						
BLOOD	Absent		Absent			
(Peroxidase Method)						
SUGAR	Absent		Absent			
(GOD/POD)						
KETONES	Absent		Absent			
(Acetoacetic acid)						
BILE SALT & PIGMENT	Absent		Absent			
(Diazonium Salt)						
UROBILINOGEN	Normal		Normal			
(Red azodye)						
LEUKOCYTES	Absent		Absent			
(pyrrole amino acid ester diazonium sa	lt)					
NITRITE	Absent		Negative			
(Diazonium compound With tetrahydrobenzo quinolin 3-phenol)						
MICROSCOPIC EXAMINATION						
RED BLOOD CELLS	Absent	/ HPF	Absent			
PUS CELLS	1-2	/ HPF	0 - 5			
EPITHELIAL	1-2	/ HPF	0 - 5			
CASTS	Absent					

Checked By

Priyanka_Deshmukh



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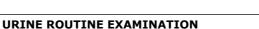
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TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
CRYSTALS	Absent			
BACTERIA	Absent		Absent	
YEAST CELLS	Absent		Absent	
ANY OTHER FINDINGS	Absent			
REMARK	Result relates to s	sample tested. Kindly	correlate with clinical findings.	
Result relates to sample tested, Kindly correlate with clinical findings.				

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

Checked By Priyanka_Deshmukh



189412

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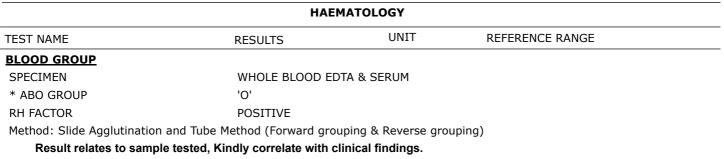
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----- END OF REPORT -----

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COMPLETE PATHOLOGICAL SOLUTION

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TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
BUN	14.62	mg/dL	6 - 20	
METHOD	Urease GLDH Kin	etic		
S. CREATININE	0.8	mg/dL	0.5 - 1.5	
METHOD	Jaffe - Kinetic			
Result relates to samp	le tested, Kindly correlate with	clinical findings.		

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

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* BIOCHEMISTRY				
TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
CREATININE, SERUM				
* SERUM CREATININE	0.8	mg/dL	0.7 - 1.3	
METHOD	Enzymatic Colouri	metric 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.

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

----- END OF REPORT --

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HAEMATOLOGY				
TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
ESR				
ESR	06	mm/1hr.	0 - 20	

METHOD - WESTERGREN

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

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

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD GLUCOSE FASTING & PP			
BLOOD GLUCOSE FASTING	93.2	mg/dL	70 - 110
BLOOD GLUCOSE PP	89.9	mg/dL	70 - 140
Mathad (COD DOD) DONE ON FULLY	AUTOMATED ANALVEED (EM	200)	

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

1. Fasting is required (Except for water) for 8-10 hours before collection for fasting speciman. 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 : >=126 mg/dl

POSTPRANDIAL/POST GLUCOSE (75 grams)

- Normal glucose tolerance : 70-139 mg/dl
- Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : >=200 mg/dl

CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS

- Fasting plasma glucose >=126 mg/dl
- Classical symptoms +Random plasma glucose >=200 mg/dl
- Plasma glucose >=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)	27.5	IU/L	0 - 40
UV Kinetic Without PLP (P-L-P)			
BILIRUBIN (TOTAL, DIRECT, IN	IDIRECT)		
TOTAL BILLIRUBIN	0.24	mg/dL	0.1 - 1.2
BILLIRUBIN (DIRECT)	0.11	mg/dL	0.0 - 0.4
BILLIRUBIN (INDIRECT)	0.13	mg/dL	0.0 - 1.1
Method(Diazo)			

Checked By

Priyanka_Deshmukh

Sugar

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

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Siddhivinayak HOSPI	
S-1, Vedant Complex, Vartak Nagar, Thane (W)-400606, Tel Corporate Health Cent	Date: 11 Dul 2001
Blood Urine Stool Vaccine ECG 2D Echo Employee's Name : Varunzaj Vaju	TMT X-Ray PFT Audio USG OPT Dr.
Cht J	Rt. Lt.
Blood Group	NEAR NIG NIG
Age/Sex : 23/19	DISTANT 616 616
Contact No. : 9619172959	COLOUR VISION NOrmal.
PHYSIOLOGIC PARAMETERS: Ht. (Cms.) Wt. (Kgs.) BMI 32. 3 kg/m ² 75 cm 99. KG1 (Obese Class) COMPLAINTS: (Specify if any) No Fresh complaints	GENERAL EXAMINATIONPulse (Min): 8 2 m)BP (mm Hg): 20170R.R. (Min): 24m)Temp.98 fPallorNADIcterusClubbingNAD
PAST HISTORY: M 2028, RTA, & mandiblet Operated	ENT EXAMINATION (Specify if Abnormal) Ear Nose Tongue N Teeth Tonsils Gums
FAMILY HISTORY: Mother -DM, MTN, Hypolypos	RESPIRATORY SYSTEMAEBE clear
SURGICAL HISTORY: RTA # Mandible operated (DAVA)	CARDIOVASCULAR SYSTEM 31320 CENTRAL NERVOUS SYSTEM COMP. Driented ABDOMEN 3002 .
PERSONAL HISTORY (Addication if any)	GENITAL SYSTEM NHD
Chronic / Frequent / Occasional : No Smoker / Tobacco Chewer / Alcohlic : No	MUSCULOSKELETAL SYSTEM NAD
PFT MEANS	PRED % PRED
SVC FVC FEV1 / FVC Remark Audiometry 500 1000 2000	requency in Hz 4000 6000 8000
Right Ear Left Ear Remark	
DOCTOR SIGNATURE DR. VISHAL DALVI MBBS, MD (Medicine) Consultant Physician Reg. No. 2011/09/3121	Pt is fit and Can Lesume his deeti

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	192 Siddhivinayak Hospital	V2.21 SEMIP V19	2*5.0s+1r V		0.15-45Hz ACS0 25mm/s 10mm/mV	0.15~
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		\$				
	Report Confirmed by:	<u>_</u>	2	F		
Dr. Anant Ramkishamtao Munde		* ms *	2.128/1076 2.1291 ms 2.128/103 2.128/1076	QRS QT/QTeBz P/QRS/T RV5/SV1		
Significant ST - Twans Changes	Sinus Rhythm / No Signy		~	PR ;	Years	Female Req. No.
	Disonosis Information U.C.		09:16:4	11-04-2024 HR	-	



Siddhivinayak Hospital



Imaging Department Sonography | Colour Doppler | 3D / 4D USG

Name – MR. VARUNRAJ RAJU	Age - 23 Y/M
Ref by Dr Siddhivinayak Hospital	Date - 11/04/2024

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 Dr. AMOL BENDRE

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





OPTHAL CHECK UP SCREENING

NAME OF	EMPLOYEE	Varunraj Raju		
AGE	23		DATE -	11.04.2024

Spects : With Glasses

	RT Eye	Lt Eye
NEAR	N/6	N/6
DISTANT	6/6	6/6
Color Blind Test	Normal	

SIDDHIVINAYAK HOSPITALS

