LABORATORY INVESTIGATION REPORT

Patient Name	: Ms. SHWETA THULE	**Age/Sex**	: 22 Year(s) / Female
UHID	: SHHM.108106	**Order Date**	: 17/10/2024 11:45
Episode	: OP		
Ref. Doctor	: self	**Mobile No**	: 7304577277
		DOB	: 21/12/2001
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Blood Bank

Test Name	Result

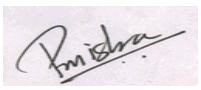
Sample No : O0366667A Collection Date : 17/10/24 12:02 Ack Date : 17/10/2024 12:28 Report Date : 17/10/24 15:37

BLOOD GROUPING/ CROSS-MATCHING BY SEMI AUTOMATION.			
BLOOD GROUP (ABO)	' A '		
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.
• Cross-matching test is done to assess compatibility of donor red cells to the patient.

End of Report



Dr.Pooja Vinod Mishra
MD Pathology
Jr Consultant Pathologist, MMC Reg No. 2017052191
RegNo: 2017/05/2191

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LABORATORY INVESTIGATION REPORT

Patient Name	: Ms. SHWETA THULE	**Age/Sex**	: 22 Year(s) / Female
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		DOB	: 21/12/2001
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

HAEMATOLOGY

Sample No : O0366667A Collection Date : 17/10/24 12:02 Ack Date : 17/10/2024 12:25 Report Date : 17/10/24 12:56

Test Name	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC) - EDTA WHOLE BLOOD			
Total WBC Count	7.53	x10^3/ul	4 - 10
Neutrophils	56.9	%	40 - 80
Lymphocytes	30.4	%	20 - 40
Eosinophils	**8.1 ▲ (H)**	%	1 - 6
Monocytes	4.6	%	2 - 10
Basophils	**0.0 ▼ (L)**	%	1 - 2
Absolute Neutrophil Count	4.29	x10^3/ul	2 - 7
Absolute Lymphocyte Count	2.29	x10^3/ul	0.8 - 4
Absolute Eosinophil Count	**0.61 ▲ (H)**	x10^3/ul	0.02 - 0.5
Absolute Monocyte Count	0.34	x10^3/ul	0.12 - 1.2
Absolute Basophil Count	0.00	x10^3/ul	0 - 0.1
RBCs	**3.81 ▼ (L)**	x10^6/ul	4.5 - 5.5
Hemoglobin	12.5	gm/dl	12 - 15
Hematocrit	36.2	%	35 - 45
MCV	94.9	fl	83 - 101
MCH	**32.7 ▲ (H)**	pg	27 - 32
MCHC	34.5	gm/dl	31.5 - 34.5

MC-5288

LABORATORY INVESTIGATION REPORT

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Ref. Doctor	: self	**Mobile No**	: 7304577277
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		Facility	: SEVENHILLS HOSPITAL, MUMBAI

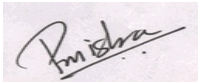
RED CELL DISTRIBUTION WIDTH-CV (RDW-CV)	12.5	%	11 - 16
RED CELL DISTRIBUTION WIDTH-SD (RDW-SD)	44.3	fl	35 - 56
Platelet	242	x10^3/ul	150 - 410
Mean Platelet Volume (MPV)	10.2	fl	6.78 - 13.46
PLATELET DISTRIBUTION WIDTH (PDW)	15.9	%	9 - 17
PLATELETCRIT (PCT)	0.245	%	0.11 - 0.28
Comment	PS Findings: RBCs: Normocytic Normochromic WBCs: Eosinophilia Platelets: Adequate		

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



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2017052191

MC-5288

LABORATORY INVESTIGATION REPORT

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RegNo: 2017/05/2191

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MC-5288

LABORATORY INVESTIGATION REPORT

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		DOB	: 21/12/2001
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

HAEMATOLOGY

Sample No : O0366667A Collection Date : 17/10/24 12:02 Ack Date : 17/10/2024 12:25 Report Date : 17/10/24 14:05

Test Name	Result	Unit	Biological Reference Interval
ERYTHROCYTE SEDIMENTATION RATE (ESR)			
ESR	15	mm/hr	0 - 20

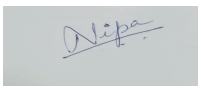
Method: Westergren Method

INTERPRETATION :-
ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. It provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is often used if multiple myeloma is suspected, but when the myeloma is non-secretory or light chain, a normal ESR does not exclude this diagnosis.

An elevated ESR may occur as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ESR values.

The ESR is influenced by age, stage of the menstrual cycle and medications taken (corticosteroids, contraceptive pills). It is especially low (0–1 mm) in polycythaemia, hypofibrinogenaemia and congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells. In cases of performance enhancing drug intake by athletes the ESR values are generally lower than the usual value for the individual and as a result of the increase in haemoglobin (i.e. the effect of secondary polycythaemia).

End of Report



Dr.Nipa Dhorda
MD
Pathologist

RegNo: 91821

LABORATORY INVESTIGATION REPORT

Patient Name	: Ms. SHWETA THULE	**Age/Sex**	: 22 Year(s) / Female
UHID	: SHHM.108106	**Order Date**	: 17/10/2024 11:45
Episode	: OP		
Ref. Doctor	: self	**Mobile No**	: 7304577277
		DOB	: 21/12/2001
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

LABORATORY INVESTIGATION REPORT

Patient Name	: Ms. SHWETA THULE	**Age/Sex**	: 22 Year(s) / Female
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		DOB	: 21/12/2001
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Biochemistry

Test Name	Result	Unit	Biological Reference Interval

Sample No : O0366667B Collection Date : 17/10/24 12:02 Ack Date : 17/10/2024 12:25 Report Date : 17/10/24 13:27

Blood Glucose Random(RBS/FBS/PPBS)			
Glucose RBS/FBS/PPBS	92.63	mg/dl	70 - 140

American Diabetes Association Reference Range :

FBS :- 70-100
PPBS :- 70-140
RBS :- 70-140

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.

Sample No : O0366667C Collection Date : 17/10/24 12:02 Ack Date : 17/10/2024 12:25 Report Date : 17/10/24 13:27

ALT(SGPT) - SERUM			
SGPT (Alanine Transaminase) - SERUM *Method - IFCC*	17.79	IU/L	0 - 34

MC-5288

LABORATORY INVESTIGATION REPORT

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References :
1)Pack Insert of Bio system
2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Total Bilirubin - SERUM *Method - Diazo*	1.01	mg/dl	0 - 2
Direct Bilirubin - - SERUM *Method - Diazotization*	0.34	mg/dl	0 - 0.4
Indirect Bilirubin - Calculated *Method - Calculated*	0.67	mg/dl	0.1 - 0.8
BUN-SERUM			
Urea - SERUM *Method - Urease*	24.58	mg/dl	15 - 39
BUN - SERUM *Method - Urease-GLDH*	11.49	mg/dl	4 - 18

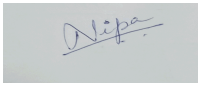
References:
1)Pack Insert of Bio system
2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

CREATININE-SERUM			
Creatinine - SERUM *Method - Jaffes Kinetic*	0.58	mg/dl	0.5 - 1.1

References:
1)Pack Insert of Bio system
2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Notes :-
Creatinine is a chemical waste molecule that is generated from muscle metabolism.Creatinine is produced from creatine, a molecule of major importance for energy production in muscles.Approximataly 1-2% of the body's creatine is converted to creatinine every day. Creatinine is transported through the bloodstream to the kidneys. The kidneys filter out host of the creatinine and dispose of it in the urine.The kidneys maintain the blood creatinine in a normal ranges . Creatinine has been found to be a fairly reliable indicator of kidney function.

End of Report



Dr.Nipa Dhorda
MD
Pathologist

RegNo: 91821

MC-5288

LABORATORY INVESTIGATION REPORT

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Urinalysis

Sample No : O0366667D Collection Date : 17/10/24 12:02 Ack Date : 17/10/2024 12:25 Report Date : 17/10/24 13:59

Test Name	Result	Unit	Biological Reference Interval
Physical Examination			
QUANTITY	20	ml	
Colour	Pale Yellow		
Appearance	Slightly Hazy		
DEPOSIT	Present		Absent
pH	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	POSITIVE (+)		
Microscopic Examination			
Pus cells	30-35	/HPF	
Epithelial Cells	25-30	/HPF	

LABORATORY INVESTIGATION REPORT

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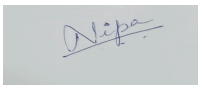
RBC	Absent	/HPF	Absent
Cast	Absent	/LPF	
Crystal	Absent	/HPF	
Amorphous Materials	Absent		
Yeast	Absent		
Bacteria	POSITIVE (+++)		

End of Report



Dr.Nipa Dhorda
MD
Pathologist

RegNo: 91821

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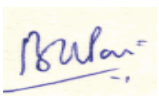
DIAGNOSTICS REPORT

Patient Name	: Ms. SHWETA THULE	Order Date	: 17/10/2024 11:45
Age/Sex	: 22 Year(s)/Female	Report Date	: 18/10/2024 12:07
UHID	: SHHM.108106		
Ref. Doctor	: self	Facility	: SEVENHILLS HOSPITAL, MUMBAI
Address	: NADIVALI TEKARI ROOM NO 202 BUILDING NAME PREAM BANDHU, dombivali east,Mumbai, Maharashtra, 421201	Mobile	: 7304577277

X-RAY CHEST PA

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.Bhujang Pai
MBBS,MD

Consultant

RegNo: 49380

Mediwheel
....Your wellness partner

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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 **Ms. Shweta Thule** aged,**22yr**.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: 17/09/2024

Name & Signature of

Medical officer