

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. OMPRAKASH SHAH

UHID : SHHM.100872

Episode : OP

Ref. Doctor : self

Age/Sex : 24 Year(s)/Male

Order Date : 25/07/2024 10:15

Mobile No : 9518957778

DOB : 08/08/1999

Facility : SEVENHILLS HOSPITAL,
MUMBAI

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
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Sample No : O0346998C Collection Date : 25/07/24 10:23 Ack Date : 25/07/2024 10:46 Report Date : 25/07/24 11:43

Total Bilirubin - SERUM <i>Method - Diazo</i>	1.42	mg/dl	0 - 2
Direct Bilirubin - - SERUM <i>Method - Diazotization</i>	0.63 ▲ (H)	mg/dl	0 - 0.4
Indirect Bilirubin - Calculated <i>Method - Calculated</i>	0.79 ▲ (H)	mg/dl	

End of Report



Dr. Ritesh Kharche
MD, PGD-HM

Consultant Pathologist and Director of
Laboratory Services
RegNo: 2006/03/1680



MC-5288

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Biochemistry

Test Name	Result	Unit	Biological Reference Interval
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Sample No : O0346998B Collection Date : 25/07/24 10:23 Ack Date : 25/07/2024 10:46 Report Date : 25/07/24 23:44

Blood Sugar FBS

FBS <i>Method - Hexokinase</i>	88.02	mg/dl	70 - 100
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GLUCOSE-PLASMA POST PRANDIAL

American Diabetes Association Reference Range :

FASTING:-

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

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.



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Blood Bank

Test Name	Result
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Sample No :	O0346998A	Collection Date :	25/07/24 10:23	Ack Date :	25/07/2024 13:12	Report Date :	25/07/24 13:13
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BLOOD GROUPING/ CROSS-MATCHING BY SEMI AUTOMATION.

BLOOD GROUP (ABO)	' O '
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Rh Type	POSITIVE
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Method - Column Agglutination

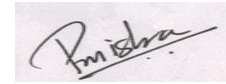
REMARK: THE REPORTED RESULTS PERTAIN TO THE SAMPLE RECEIVED AT THE BLOOD CENTRE.

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.

End of Report



Dr. Pooja Vinod Mishra
MD Pathology

Jr Consultant Pathologist, MMC Reg No.
2017052191

RegNo: 2017/05/2191



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Biochemistry

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Sample No : O0346998C Collection Date : 25/07/24 10:23 Ack Date : 25/07/2024 10:46 Report Date : 25/07/24 11:43

BUN-SERUM

BUN - SERUM <i>Method - Urease-GLDH</i>	9.20	mg/dl	4 - 18
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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

End of Report



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HAEMATOLOGY

Test Name	Result	Unit	Biological Reference Interval
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Sample No : O0346998A	Collection Date : 25/07/24 10:23	Ack Date : 25/07/2024 10:46	Report Date : 25/07/24 10:55
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COMPLETE BLOOD COUNT (CBC) - EDTA WHOLE BLOOD

Test Name	Result	Unit	Biological Reference Interval
Total WBC Count	6.25	x10 ³ /ul	4 - 10
Neutrophils	53.6	%	40 - 80
Lymphocytes	36.8	%	20 - 40
Eosinophils	3.6	%	1 - 6
Monocytes	5.9	%	2 - 10
Basophils	0.1 ▼ (L)	%	1 - 2
Absolute Neutrophil Count	3.35	x10 ³ /ul	2 - 7
Absolute Lymphocyte Count	2.30	x10 ³ /ul	0.8 - 4
Absolute Eosinophil Count	0.23	x10 ³ /ul	0.02 - 0.5
Absolute Monocyte Count	0.37	x10 ³ /ul	0.12 - 1.2
Absolute Basophil Count	0.00	x10 ³ /ul	0 - 0.1
RBCs	5.26	x10 ⁶ /ul	4.5 - 5.5
Hemoglobin	15.5	gm/dl	13 - 17
Hematocrit	46.0 ▲ (H)	%	35 - 45
MCV	87.4	fl	83 - 101
MCH	29.4	pg	27 - 32
MCHC	33.7	gm/dl	31.5 - 34.5



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	Facility : SEVENHILLS HOSPITAL, MUMBAI

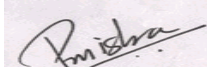
RED CELL DISTRIBUTION WIDTH-CV (RDW-CV)	11.8	%	11 - 16
RED CELL DISTRIBUTION WIDTH-SD (RDW-SD)	39.1	fl	35 - 56
Platelet	267	x10 ³ /ul	150 - 410
Mean Platelet Volume (MPV)	8.4	fl	6.78 - 13.46
PLATELET DISTRIBUTION WIDTH (PDW)	16.1	%	9 - 17
PLATELETCRIT (PCT)	0.225	%	0.11 - 0.28
Comment	PS Findings: RBCs: Normocytic Normochromic WBCs: Normal Morphology 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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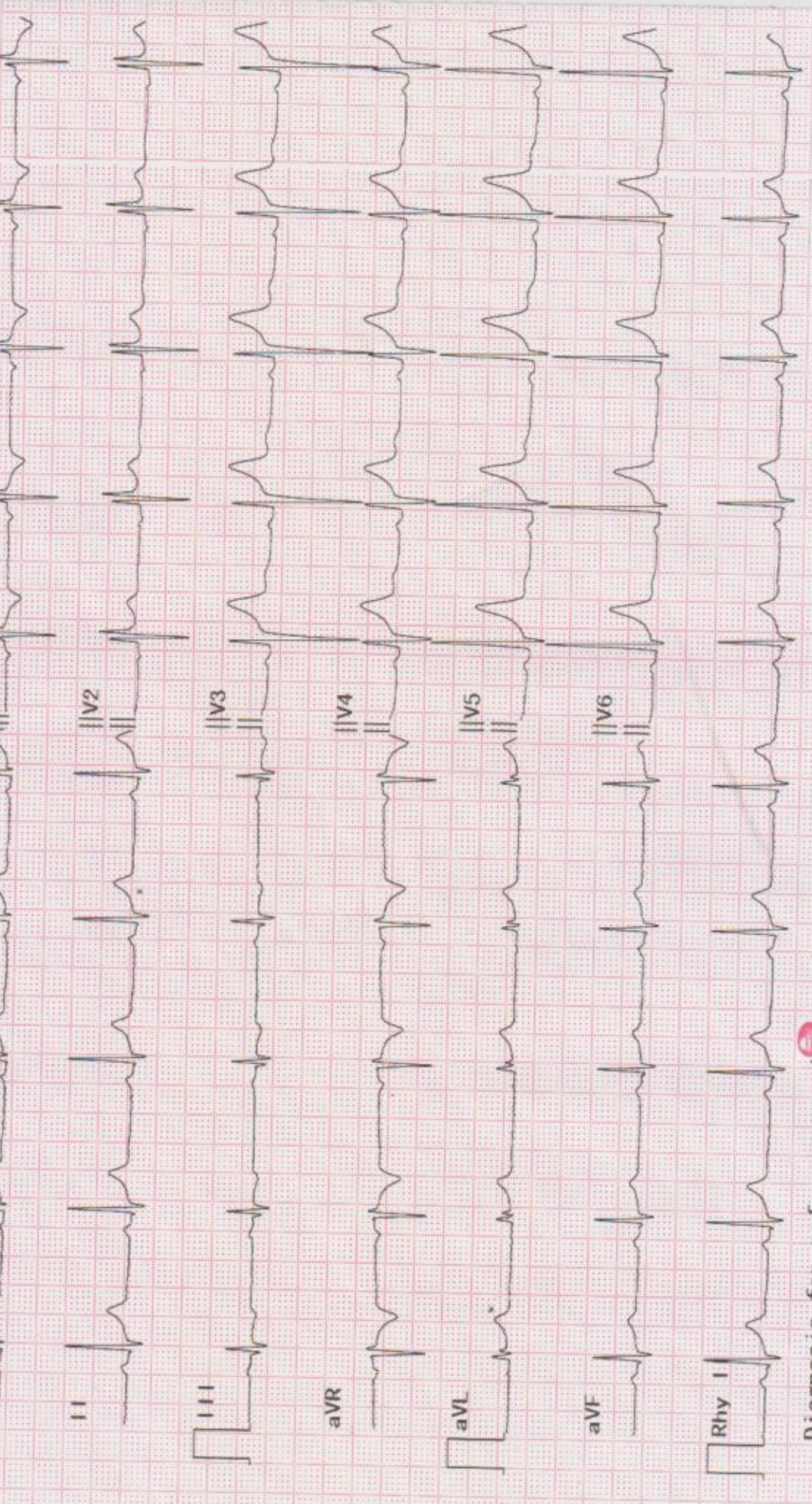


MC-5288

ID : 2407250001 DataTime: 2024-07-25 10:30 Hospital:

Name: mr. omprakash shah Age : 24 Height : cm
 Sex : Male BP : / mmHg Weight : kg
 Divisions: Bed No. : Hospital No. : Minnesota Code Diagnosis Info
 800 Sinus Rhythm

HR : 61 bpm RV5/SV1 amp 1.792/0.945mV Diagnosis Info
 P Dur/PR int 100/152ms RV5+SV1 amp 2.737mV 800 Sinus Rhythm
 QRS Dur 90 ms RV6/SV2 amp 2.020/0.943mV
 QT/QTc int 369/371 ms
 P/QRS/T axis 59/28/23 °



Diagnosis for reference, ask your doctor to confirm
 AUTO PRINT 6X2+1R 61bpm 10 mm/mV 0.50Hz-45Hz AC 50Hz 25 mm/sec Confirmed By:

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HAEMATOLOGY

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Sample No :	O0346998A	Collection Date :	25/07/24 10:23	Ack Date :	25/07/2024 10:46	Report Date :	25/07/24 12:08
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<u>ERYTHROCYTE SEDIMENTATION RATE (ESR)</u>			
ESR	20	mm/hr	0 - 20

End of Report



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Biochemistry

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ALT(SGPT) - SERUM

SGPT (Alanine Transaminase) - SERUM
Method - IFCC

46.66 ▲ (H)

IU/L

0 - 45

References :

1) Pack Insert of Bio system

2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

End of Report



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Urinalysis

Test Name	Result	Unit	Biological Reference Interval
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Sample No : O0347000D	Collection Date : 25/07/24 10:27	Ack Date : 25/07/2024 10:46	Report Date : 25/07/24 13:14
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<u>Physical Examination</u>			
QUANTITY	50	ml	
Colour	Pale Yellow		
Appearance	Clear		
DEPOSIT	Absent		Absent
pH	Acidic		
Specific Gravity	1.020		
<u>Chemical Examination</u>			
Protein	Absent		Absent
Glucose	Absent		
ketones	Absent		
Blood	NEGATIVE		Negative
Bilirubin	Negative		
Urobilinogen	normal		Normal
NITRITE	Absent		Absent
LEUKOCYTES	Absent		
<u>Microscopic Examination</u>			
Pus cells	3-4	/HPF	
Epithelial Cells	5-6	/HPF	

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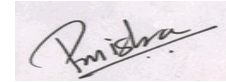
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RBC	absent	/HPF	Absent
Cast	absent	/LPF	
Crystal	absent	/HPF	
Amorphous Materials	Absent		
Yeast	Absent		
Bacteria	Absent		

End of Report



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2017052191

RegNo: 2017/05/2191





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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 **Mr.OmPrakash Shah** aged, **24yr**. 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: 25/07/2024

Dr. Nitesh Kumar

MBBS

Nitesh Kumar
BCMR 47093

Name & Signature of

Medical officer

DIAGNOSTICS REPORT

Patient Name	: Mr. OMPRAKASH SHAH	Order Date	: 25/07/2024 10:15
Age/Sex	: 24 Year(s)/Male	Report Date	: 26/07/2024 10:21
UHID	: SHHM.100872		
Ref. Doctor	: self	Facility	: SEVENHILLS HOSPITAL,
Address	: KATKAR PADA, NEAR JAGANNTH MANDIR, PALGHAR, Mumbai, Maharashtra, 421303	Mobile	: 9518957778

X RAY CHEST PA VIEW

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. Priya Vinod Phayde
MBBS, DMRE

RegNo: 2020/11/6493