



Name : Mr. PRASHANT SHARMA (A) Collected On : 11/4/2024 9:35 am  
Lab ID. : 189408 Received On : 11/4/2024 9:45 am  
Age/Sex : 39 Years / Male Reported On : 11/4/2024 4:27 pm  
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : FINAL



**COMPLETE BLOOD COUNT**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>HEMOGLOBIN</b>	14.7	gm/dl	13 - 18
HEMATOCRIT (PCV)	44.1	%	42 - 52
RBC COUNT	5.41	x10 <sup>6</sup> /uL	4.70 - 6.50
MCV	82	fl	80 - 96
MCH	27.2	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	14.5	%	11.5 - 14.5
<b>TOTAL LEUCOCYTE COUNT</b>	8340	/cumm	4000 - 11000
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS	62	%	40 - 80
LYMPHOCYTES	25	%	20 - 40
EOSINOPHILS	03	%	0 - 6
MONOCYTES	10	%	2 - 10
BASOPHILS	00	%	0 - 1
<b>PLATELET COUNT</b>	296000	/cumm	150000 - 450000
MPV	<b>11.9</b>	fl	6.5 - 11.5
PDW	16.6	%	9.0 - 17.0
PCT	0.350	%	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  
Priyanka\_Deshmukh

**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	Slightly hazy		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	1-2	/ HPF	0 - 5
EPITHELIAL	0-2	/ 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	'O'		
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>			
----- END OF REPORT -----			

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\* 1 8 9 4 0 8 \*

**BIOCHEMISTRY REPORT**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BUN	15.1	mg/dL	6 - 20
METHOD	Urease GLDH Kinetic		
S. CREATININE	0.71	mg/dL	0.5 - 1.5
METHOD	Jaffe - Kinetic		
RATIO	21.2	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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----- END OF REPORT -----

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**HAEMATOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>ESR</b>			
<b>ESR</b>	09	mm/1hr.	0 - 20

METHOD - WESTERGREIN

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**BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>BLOOD GLUCOSE FASTING &amp; PP</u></b>			
BLOOD GLUCOSE FASTING	98.3	mg/dL	70 - 110
BLOOD GLUCOSE PP	103.1	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)** 32.2 IU/L 0 - 40

UV Kinetic Without PLP (P-L-P)

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

**TOTAL BILLIRUBIN** 0.33 mg/dL 0.1 - 1.2

**BILLIRUBIN (DIRECT)** 0.21 mg/dL 0.0 - 0.4

**BILLIRUBIN (INDIRECT)** 0.12 mg/dL 0.0 - 1.1

Method(Diazo)

Checked By  
Priyanka\_Deshmukh

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

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Reg. No.	AP
Date:	11.04.24

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

Employee's Name : Prashant Sharma  
 Blood Group : O+  
 Age/Sex : 39/M  
 Contact No. : 9819998639

With  Glass / Without Glasses

	Rt.	Lt.
NEAR	N/6	N/6
DISTANT	6	6
COLOUR VISION	Normal	

**PHYSIOLOGIC PARAMETERS :**

Ht. (Cms.)    Wt. (Kgs.)    BMI 40.3 kg/m<sup>2</sup>  
174 cm    122 kg    (Obese class III)

**GENERAL EXAMINATION**

Pulse (Min) : 86/m    BP (mm Hg) : 150/100  
 R.R. (Min) : 24/m    Temp. : 98 F  
 Pallor : NAD    Icterus : NAD  
 Clubbing : NAD

**COMPLAINTS : (Specify if any)**

No fresh complaints.

**ENT EXAMINATION (Specify if Abnormal)**

Ear                      Nose                      Tongue (N)  
 Teeth                      Tonsils                      Gums

PAST HISTORY : NAD

**SYSTEMIC EXAMINATION**

LOCOMOTOR SYSTEM NAD  
 RESPIRATORY SYSTEM AEBE clear  
 CARDIOVASCULAR SYSTEM S<sub>1</sub>S<sub>2</sub> ⊕  
 CENTRAL NERVOUS SYSTEM cons. oriented  
 ABDOMEN Soft  
 GENITAL SYSTEM NAD  
 MUSCULOSKELETAL SYSTEM NAD

FAMILY HISTORY : Mother - Hypothyroidism  
Father healthy

SURGICAL HISTORY : NAD


**PERSONAL HISTORY (Addiction if any)**

Chronic / Frequent / Occasional : No  
 Smoker / Tobacco Chewer / Alcoholic : No

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

pt is fit and can resume his normal duties



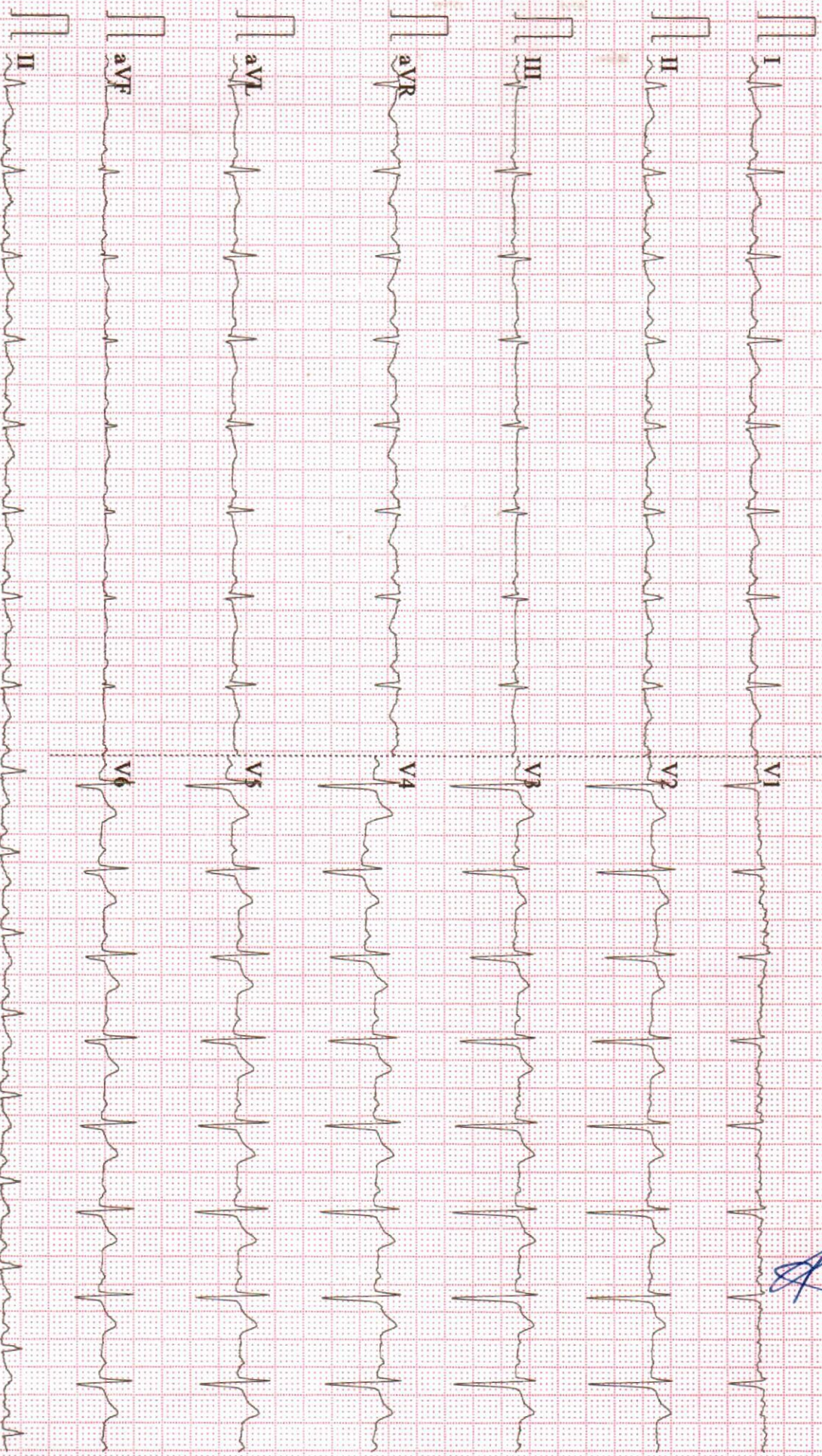
Pashyana Sharma

Female  
Years

Diagnosis Information: No Significant ST-T wave changes seen. No Immediate Interventions Required

Req. No. :  
P : 101 ms  
PR : 144 ms  
QRS : 81 ms  
QT/QTcBz : 324/417 ms  
P/QRS/T : 11/31/21 °  
RV5/SV1 : 0.544/0.525 mV

Report Confirmed by:  
Dr. Anant Ramakrishna Rao M. Jirde  
MBBS, DNB, DM (Cardiology)  
Reg. No. 2005021228



0.15-45Hz ACS0 25mm/s 10mm/mV 2\*5.0s+1r V2.21 SEMIP V1.92 Siddhivimayak Hospital





Name - MR . PRASHANT SHARMA	Age - 39 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**

**MBBS DMRE**

**Reg. No. 2015/08/4412**

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.



## OPHTHAL CHECK UP SCREENING

NAME OF EMPLOYEE Prashant Sharma

AGE 39

DATE - 11.04.2024

**Spects :** Without Glasses

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

SIDDHIVINAYAK HOSPITALS

