SEABIRD MEDICARE CENTRE POWAL

Date: 09-Mar-24 **Patient Details** Time: 13:58:04

Name: RAVI KUMAR ID: 3125

Age: 38 y Sex: M Height: 170 cms. Weight: 90 Kg.

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce Pr.MHR: 182 bpm THR: 154 (85 % of Pr.MHR) bpm

Total Exec. Time: 6 m 43 s Max. HR: 156 (86% of Pr.MHR)bpm Max. Mets: 10.20

Max. BP: 160 / 100 mmHg Max. BP x HR: 24960 mmHg/min Min. BP x HR: 8370 mmHg/min

Test Termination Criteria: THR ACHIEVED

Protocol Details

Stage Name	Stage Time	Mets	Speed	Grade	Heart	Max. BP	Max. ST	Max. ST
	(min : sec)		(mph)	(%)	Rate	(mm/Hg)	Level	Slope
					(bpm)		(mm)	(mV/s)
Supine	1:8	1:0	0	0	93	130 / 90	-0.64 aVR	2.12 V2
Standing	0:1	1,0	0	0	93	130 / 90	-0.42 aVR	1.42 V2
Hyperventilation	1:29	1.0	0	0	100	130 / 90	-0.64 aVR	2.48 V2
1	3:0	4.6	1.7	10	115	140 / 90	-1.91 aVR	3.54 V3
2	3:0	7.0	2.5	12	143	140 / 90	-1.91 aVR	3.89 V2
Peak Ex	0:43	10.2	3.4	14	156	150 / 190	-2.34 aVR	5.31 II
Recovery(1)	1:0	1.8	1	0	125	160 / 100	-2.55 aVR	5.66 V2
Recovery(2)	1:0	1.0	0	0	101	140 / 90	-1.70 aVR	5.31 V2
Recovery(3)	1:0	1.0	0	0	93	130 / 90	-1.06 aVR	2.83 V2
Recovery(4)	0:5	1.0	0	0	102	130 / 90	-0.85 aVR	2.48 V2

Interpretation

Ref. Doctor: APOLLO

(Summery Report edited by user)

The patient exercised according to the Bruce protocol for 6 m 43 s achieving a work level of Max. METS: 10.20. Resting heart rate initially 93 bpm, rose to a max. heart rate of 156 (86% of Pr.MHR) bpm. Resting blood Pressure 130 / 90 mmHg, rose to a maximum blood pressure of 160 / 100 mmHg., No sigificant ST-T changes, TMT negative for inducible ischemia for the workload achieved

Dr. PARAG A. PRADHAN

MEBS

Approved By DG Shipping (GOI)

Reg. No. (MMC) 61264

102-103-104, Galeway Plazo, Center: anua Rand, Miranandani Gardési Schiller Malthore India Pvt. Ltd. V 4.7

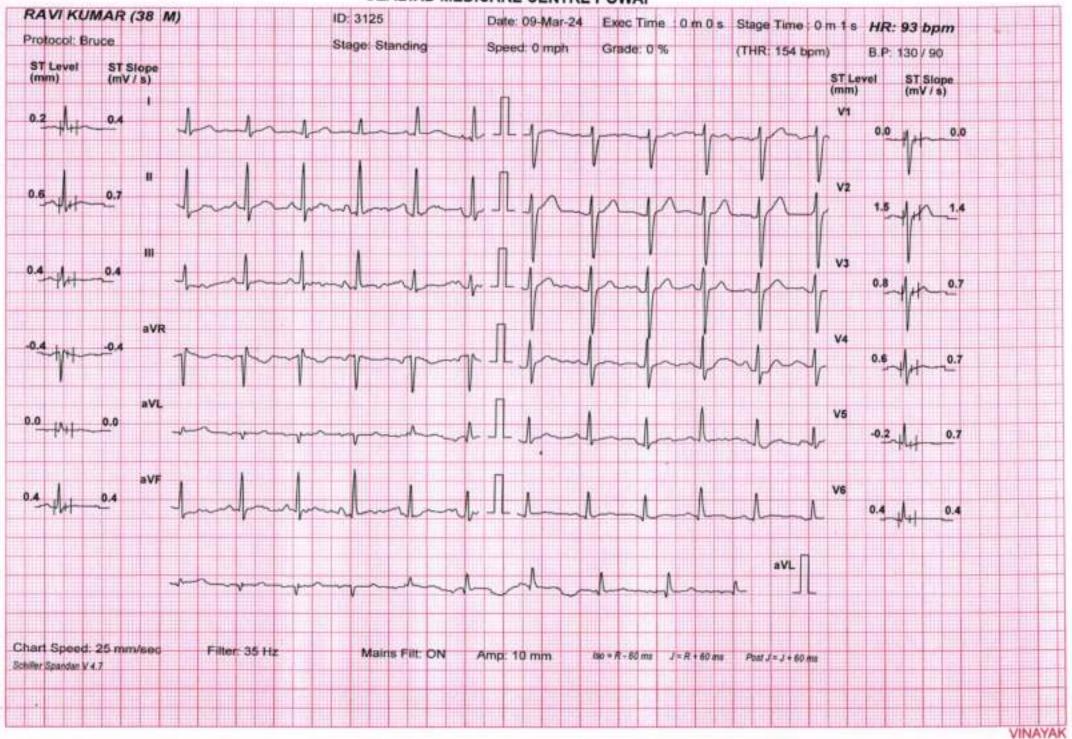
Flow at, Mumbal-400076

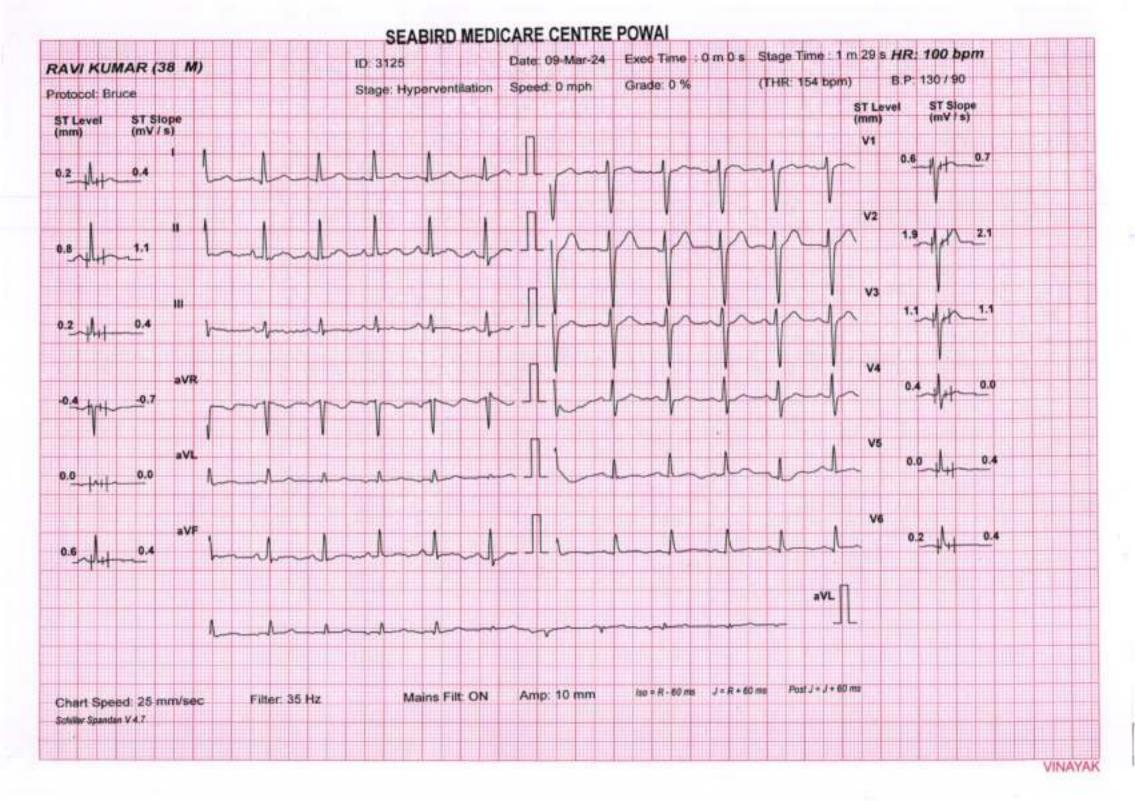
SGA BIRD MEDICARE CENTRE

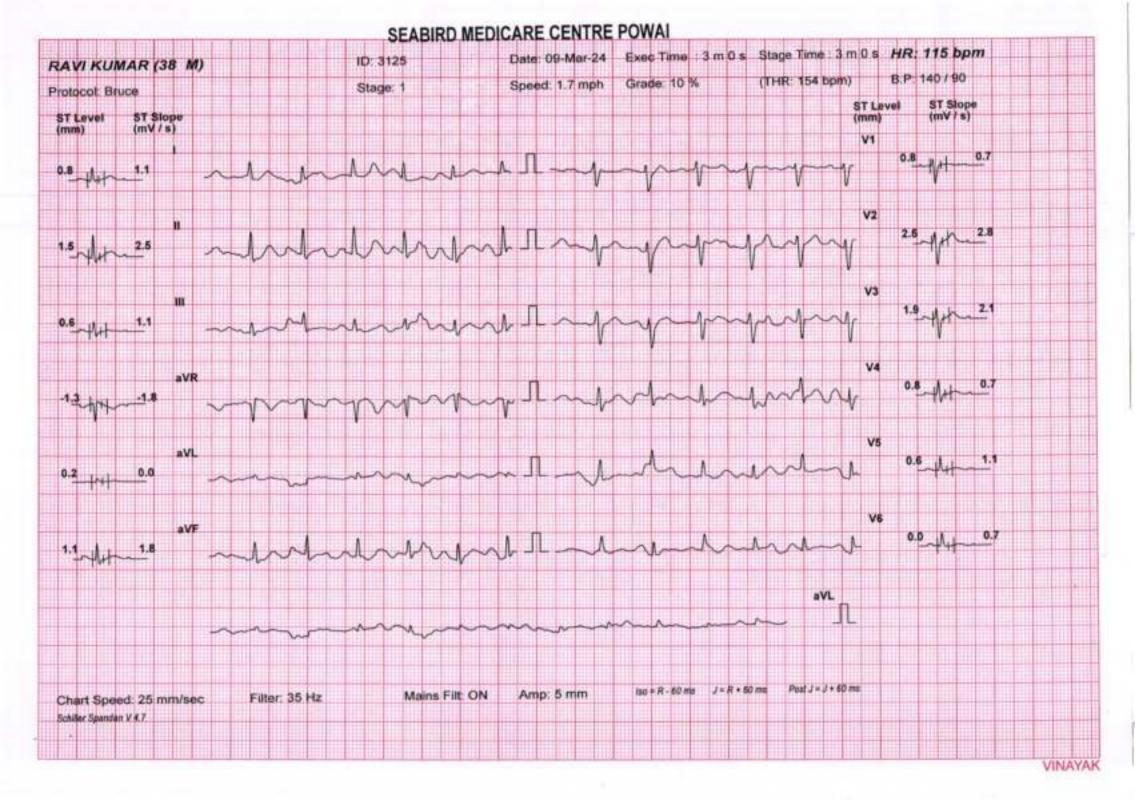
SEABIRD MEDICARE CENTRE POWAI RAVI KUMAR (38 M) ID: 3125 Date: 09-Mar-24 Exec Time : 0 m 0 s Stage Time 1 m 8 s HR: 93 bpm Protocol Bruce Stage Supine Speed: 0 mph Grade: 0 % (THR: 154 bpm) B.P: 130 / 90 ST Level ST Slope (mV/s) (mm) ST Level ST Slope (mV / s) (mim) V1 0.2 0.0 188 aVR 0.6 aVL V5 0.0 0.0 0.7 -0.2 V6 aVL Chart Speed: 25 mm/sec Filter, 35 Hz Mains Filt ON Amp: 10 mm lao = R - 60 ms Post J = J + 60 ms J = R + 60 ma Schiller Spandan V 4.7

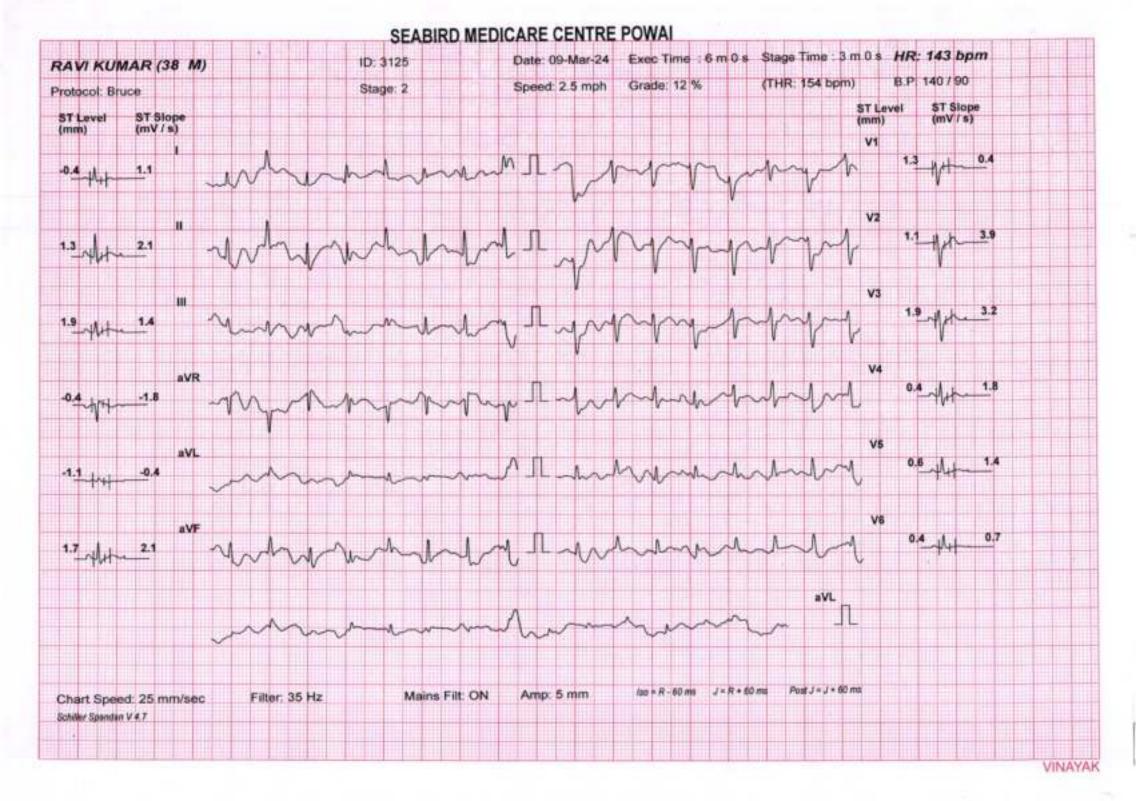
VINAYAK

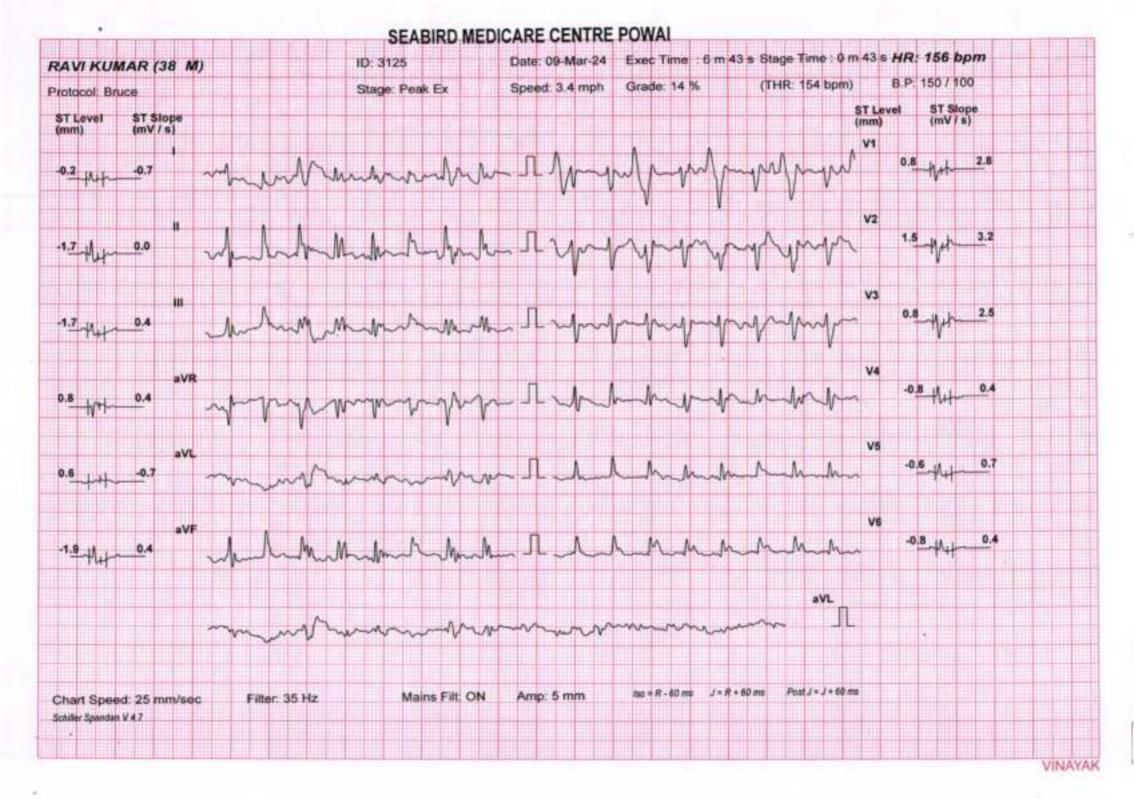
SEABIRD MEDICARE CENTRE POWAI

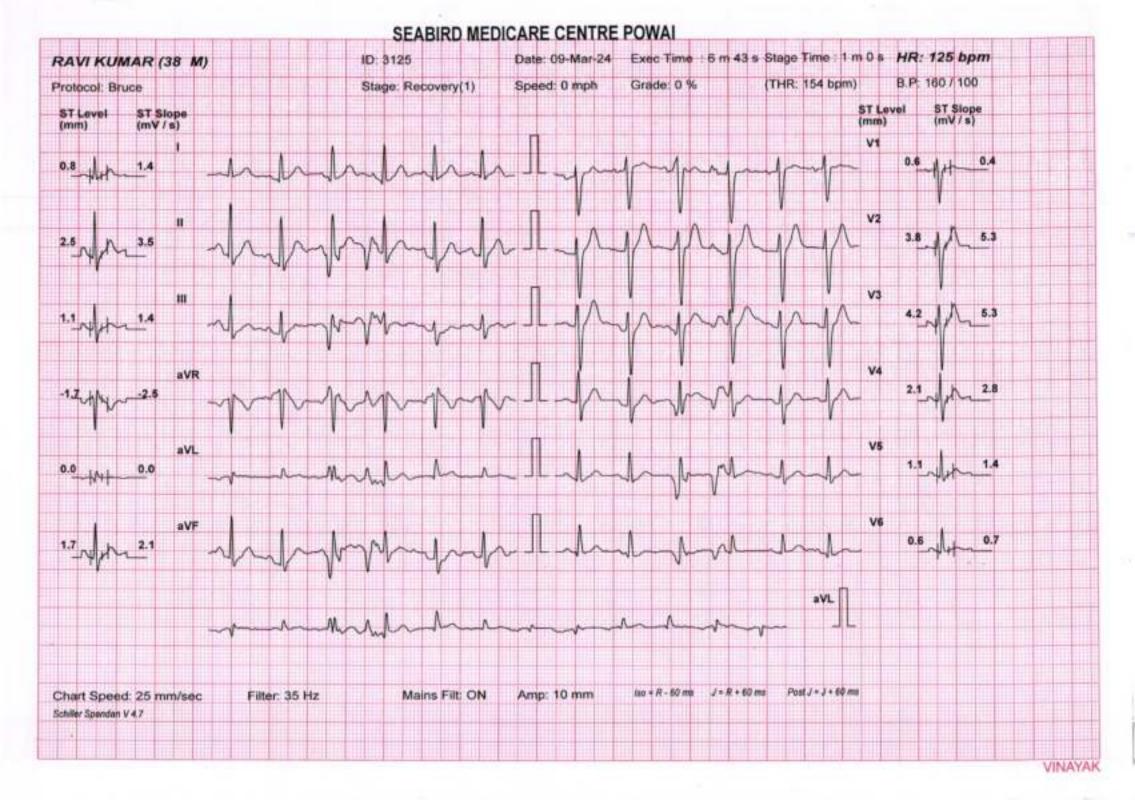




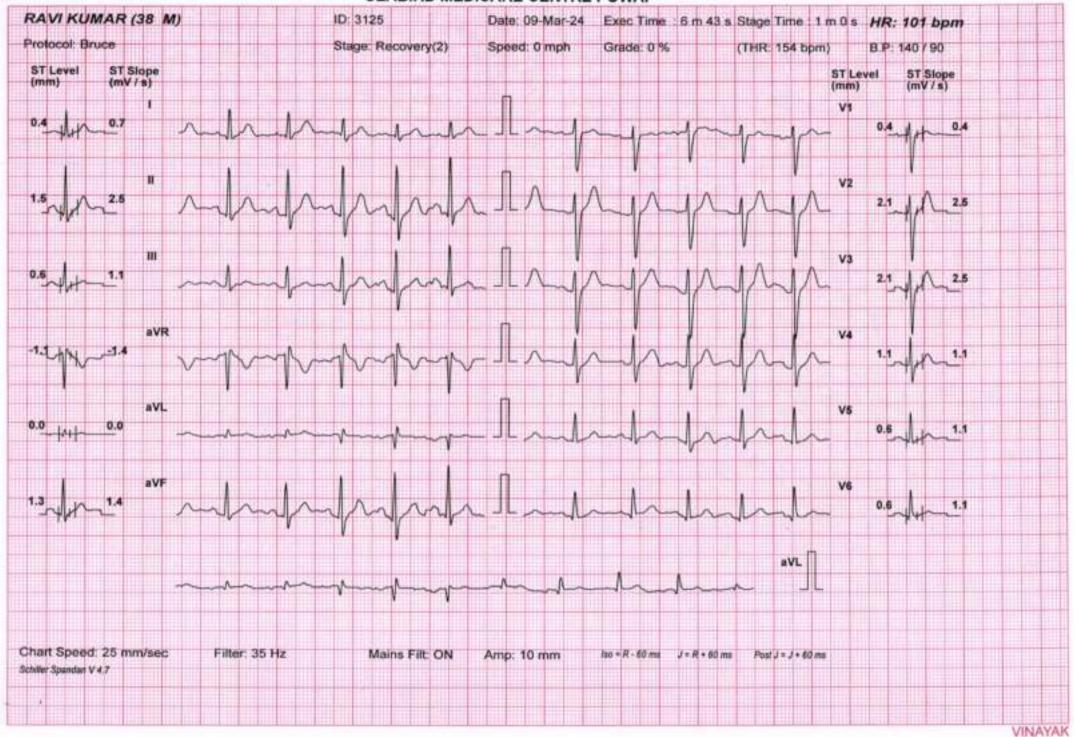




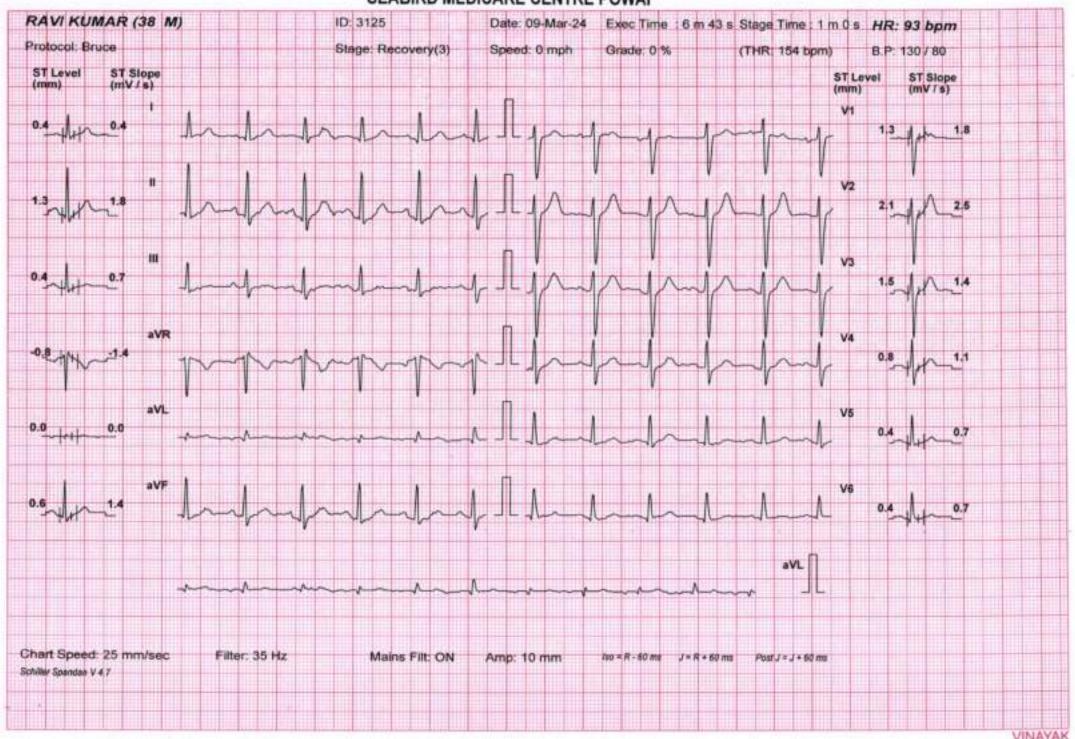




SEABIRD MEDICARE CENTRE POWAI



SEABIRD MEDICARE CENTRE POWAI



Annexure-2

Self-Health Declaration

(Please √ Mark Where Applicable)

PASTE YOUR RECENT PASSPORT SIZE PHOTOGRAPH

1 PERSONAL DETAILS:

Name:	First Name	Middle Name	Surname KUM AR
Address:	Cs 49 th	Avenue, fath	10 1207, 12th Acor
7950	na Nogar, L	1 1ch 2061 Past, A	1cmbay -400083
City: 0		Pin:	aviry ora grant or
Birth Plac	e: Della Birth	Date: 09-3-1925 Religio	nomber - 400083 avirajora Organil. Gr
	(dd/n	nm/yyyy)	
Post appli	ied for:	Marital Status: Married / U	nmarried Gender: M / F
2 PREVIOU	S EMPLOYMENT: Yes	/ No If yes specify	
	Name	Nature of work	Duration
1)			
ii)			
iii)			
-Striff of the Strike	F FAMILY DOCTOR:		
Addres	is:		
Contac	t Details:		
	AL HABITS:	N 1 -	
i) Smo	king		
ii) Tob	acco chewing		
iii) Alco	hol		
iv) Any	other		
5 MEDICA	L HISTORY:	y.	
i) ANY	DISABILITY: Yes / No	f yes specify with disability %	
	200		
ii) PERS	SONAL HISTORY:		
Wateria	ii. In anned beaths and	souble of full mosts	Yes No
	ou in good health and c	job related disease or injury?	
	귀하지도 하는데 되었다면 되었다.	ged or rejected on medical ground	s? H H

YN		N	inswer Yes or No . If yes, give details)
-	Hypertension	1	Hepatitis-B
/	Diabetes	1	Cancer
/	Heart disease	1	Stroke
1	Kidney diseases	1	Bronchitis
1	Tuberculosis	/	Any allergy
-	(e.g. Pleurisy Pneumonia etc.)	/	Any chronic ear or hearing problem (e.g. sinusitis, rhinitis otitis etc.)
1	Epilepsy, Fits, Fainting or Dizziness	Mental disorder of any k	Mental disorder of any kind
1	Any major operation or injury	-	Any other illness
	e candidates only)		
	egnant at present? Y N	Date o	f L.M.P.

6 FAMILY HISTORY:

Has anyone of your parents suffered from any of the following: Yes / No.

(If yes, Please √ Mark Where Applicable)

	Father	Mother
Hypertension		
Heart Disease		
Cancer		
Diabetes	V	
Tuberculosis		
Epilepsy		
Any other Disease		

	IF LIV	ING	IF DEAD		
	AGE	HEALTH (Good, Bad, Fair)	AGE AT DEATH CAUSE OF DEATH		
Father	65	Fair			
Mother	XX	Cropd			
Spouse	32	Good			
Children-1					
Children -2					

7 I declare that the above statements are true and complete to the best of my knowledge and belief. In case this information is found to be false by the company, then the company reserves the right to terminate my services without giving any notice. I agree that the results of this medical examination in general terms may be revealed to the company if required. I also fully understand that in case I am declared medically unfit due to any reason, I shall not be entitled for the employment in the company. However, the decision taken by recruitment committee about my medical fitness will be final and binding to me.

Date: 09.03.1024

(Signature of Candidate)

MER- MEDICAL EXAMINATION REPORT

Date of Examination	09.03.2024	
NAME	Ravi Kuma-	/
AGE	Gender	Male
HEIGHT(cm)	WEIGHT (kg)	90
B.P.	140/	90 HHM9.
ECG	ent	
X Ray	₩ 80	
Vision Checkup	Far Vision Ratio : 616 (Near Vision Ratio : 115	
Present Ailments	-	
Details of Past ailments (If Any)	vectogo @ 4	of back.
Comments / Advice : She /He is Physically Fit		
		0

Signature with Stamp of Medical Examiner

Dr. PARAG A. PRADHAN

Approved Ey DG Shipping (GOI)
Reg. No. (MMC) 61264
102-103-104, Gateway Piaza, Central
Avenue Racd, Hiranandani Gardens,
Powal, Mumbai-400076
SEA BIRD MEDICARE CENTRE

CERTIFICATE OF MEDICAL FITNESS

	ALCO SALCONIA.
Me	dically Fit
Fit	with restrictions/recommendations
	ough following restrictions have been revealed, in my opinion, these are impediments to the job.
1	
2	
3	
	wever the employee should follow the advice/medication that has n communicated to him/her.
Rev	view after
	rently Unfit.
Rev	view afterrecommended
100	~
Uni	nt d
	Dr
	Dr
	Dr





NABL Accredited



PID NO. : CCA0518

: RAVI KUMAR

5ex / Age : Male / 38 Years

Name

: APOLLO HEALTH AND LIFESTYLE

LIMITED

Reference:

Sample Collected At:

Sea Bird Medicare

105-107 Gateway Plaza, Central Avenue, Hiranandani

Gardens, Powai, Mumbai-400076

Processing Location: - Sea Bird Medicare

105-107 Gateway Plaza, Central Avenue, Hiranandani

Gardens, Powai, Mumbai-400076

Reg. Date

09-Mar-2024 / 3:48 pm

Coll Date

09-Mar-2024 / 3:53 pm

Report Date

10-Mar-2024 / 6:51 pm

REPORT

BLOOD GLUCOSE

Test	Result Units		BIOLOGICAL REFERENCE INTERVAL	
Blood Glucose (Fasting), plasma	93.32	mg/dl	70.00 - 100.00 mg/dl	

ma/di

Blood Glucose (Fasting), plasma 93.32 (Plasma, Method- Hexolonase)

Interpretation:

NORMAL: 70 - 100 mg/dl Pre-Diabetic: 100 - 125 mg/dl

Diabetic: >125 mg/dl

(ON MORE THAN ONE OCCASION)

Reference: American diabetus association guidelines 2022

Urine Glucose (Fasting)

Absent

Absent

Urine Ketones (Fasting)

Absent

115.56

Absent

70.00 - 140.00

Blood Glucose (PP) plasma

(Plasma Method- Hexpkinase)

Interpretation:

Non-Diabetic : 70 - 140 mg/dl Pre-Diabetic: 140 - 199 mg/dl

Diabetic: >200 mg/di

(ON MORE THAN ONE OCCASION)

Reference: American diabetes association guidelines 2022.

Urine Glucose (PP)

Absent

Absent

Urine Ketones (PP)

Absent

Absent

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.



Power: 022-25701053 / 25704157

Pritam Dhanawade Lab Technician

anawade



DR.RITESH KHARCHE MBBS, MD PATHOLOGY Pathologist

MMC Reg No.2006031680

Kochi: 0484- 2322022 / 4032022

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- C. Sea Bird Medicare services are also available at: Powai (Mumbai), Andheri East (Mumbai), Kochi (Kerala)





NABI Accredited



PID NO. : CCA0518

Name

: RAVI KUMAR

Sex / Age : Male / 38 Years

Ref By

: APOLLO HEALTH AND LIFESTYLE

LIMITED

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10-Mar-2024 / 6:51 pm

REPORT

BLOOD GLUCOSE

Test

Result

Units

BIOLOGICAL REFERENCE INTERVAL

----- End of Report ------



Power 022-25701053 / 25704157

Pritam Dhanawade Lab Technician

angwade

DR.RITESH KHARCHE MBBS, MD PATHOLOGY Pathologist

MMC Reg No.2006031680

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Mumbai 400076, India

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PID NO. 1 CCA0518

Name

: RAVI KUMAR

Sex / Age : Male / 38 Years

Ref By

: APOLLO HEALTH AND LIFESTYLE

LIMITED

Reference :

Sample Collected At:

Sea Bird Medicare

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Gardens, Powai, Mumbai-400076

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Gardens, Powai, Mumbai-400076

Reg. Date

09-Mar-2024 / 3:48 pm

Coll Date

09-Mar-2024 / 3:53 pm

Report Date

10-Mar-2024 / 6:51 pm

REPORT

Blood Group

Test

Result

Units

BIOLOGICAL REFERENCE INTERVAL

BLOOD GROUP

ABO Group

RH(D)

NEGATIVE

Method : Cell (Forward) grouping by Manual Sade Method.

Sample: Whole Blood (EDTA)

End of Report -----

Pritam Dhanawade Lab Technician

anawade

DR. RITESH KHARCHE MBBS, MD PATHOLOGY

Pathologist

MMC Reg No. 2006031680

Page 3 of 15

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NABL Accredited



PID NO. : CCA0518

Name : RAVI KUMAR

Sex / Age : Male / 38 Years

Ref By

: APOLLO HEALTH AND LIFESTYLE

LIMITED

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Reg. Date

09-Mar-2024 / 3:48 pm

Coll Date

09-Mar-2024 / 3:53 pm

Report Date

10-Mar-2024 / 6:51 pm

REPORT

Complete Blood Count

	oompion	Diood ooul	
Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Hemoglobin	15.4	gm/dl	13.0 -17.0
RED BLOOD CELLS			
R.B.C. Count	4.71	million / cumm	4.5-5.5
PCV	45.6	%	40- 50
MCV	96.8	rL.	83 - 101
MCH	32.6	pg	27 - 32
мснс	33.7	gm / di	31.5 - 34.5
RDW (CV)	12.7	%	11.6- 14.0
Total W.B.C. Count	6860	/cu.mm.	4000 - 10000
DIFFERENTIAL COUNT			
Neutrophils	62	%	40 - 80
Lymphocytes	28	1/6	20 - 40
Eosinophils	04	%	1-6



Powei 022-25701053 / 25704157

Pritam Dhanawade Lab Technician



DR.RITESH KHARCHE MBBS, MD PATHOLOGY Pathologist

MMC Reg No.2006031680

Kochii 0484- 2322022 / 4032022

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PID NO.

: CCA0518

Name

: RAVI KUMAR

Sex / Age : Male / 38 Years

Ref By

: APOLLO HEALTH AND LIFESTYLE

LIMITED

Reference:

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Reg. Date

09-Mar-2024 / 3:48 pm

Coll Date

09-Mar-2024 / 3:53 pm

Report Date

10-Mar-2024 / 6:51 pm

REPORT

Complete Blood Count

	Comp	ete blood Co	ount
Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Monocytes	06	%	2 - 10
Basophils	00	%	0 - 1
Platelet Count	226000	/cumm	150000 - 410000
MORPHOLOGY RBC Morphology	Predominant	ly Normocytic and	Normochromic.
WBC Morphology	Normal Morp	hology	
Platelets on Smear	Adequate on	smear	

(EDTA Whole Blood - Tests done Automated Three part cell counter (RBC, WBC, Platelets count by Impedance, Haemoglobin by colorimetric Cyanmeth free method. Rest are calculated parameters. Microscopy and DLC is done manually by the Pathologist.)

- End of Report --



Power 022-25701053 / 25704157

Pritam Dhanawade Lab Technician



DR. RITESH KHARCHE MBBS, MD PATHOLOGY

Pathologist

Kochi: 0484- 2322022 / 4032022

MMC Reg No. 2006031680

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PID NO. : CCA0518

Name

: RAVI KUMAR

Sex / Age : Male / 38 Years

Ref By

: APOLLO HEALTH AND LIFESTYLE

LIMITED

Reference :

Sample Collected At:

Sea Bird Medicare

105-107 Gateway Plaza, Central Avenue, Hiranandani

Gardens Powai, Mumbai-400076

Processing Location: - Sea Bird Medicare

105-107 Gateway Plaza, Central Avenue, Hiranandani

Gardens, Powai, Mumbai-400076

Reg. Date

09-Mar-2024 / 3:48 pm

Coll Date

09-Mar-2024 / 3:53 pm

Report Date

10-Mar-2024 / 6:51 pm

REPORT

Erythrocyte Sedimentation Rate (ESR)

Test

Result

Units

BIOLOGICAL REFERENCE INTERVAL

E.S.R

12

mm at 1hr

0 - 15

Method: Westergren.

Pewei 022-25701053 / 25704157

Sample: Whole Blood (EDTA)

End of Report -

Pritam Dhanawade Lab Technician

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DR.RITESH KHARCHE MBBS, MD PATHOLOGY Pathologist

MMC Reg No.2006031680

Page 5 of 15

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Report Date

10-Mar-2024 / 6:51 pm

REPORT

Glycosylated Haemoglobin (HbA1c)

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
HbA1c Non-diabetic : <= 5.7 % Pre-Diabetic : 5.7 - 6.4 % Diabetic :> = 6.5 (EDTA Whole Blood, Turbidimetric) Mean Blood Glucose (MBG)	5.7	% mg/dl	< 5.7

Interpretation & Remark:

HbA1c is used for mointoring diabetic control. It reflects the estimated average glucose (eAG).

2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association guideline 2022, for diagnosis of diabetes using a cut-off points of 6.5 %

Trends in HbA1c are a better indicator of diabetic control than a solitary test.

4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation sugested.

To estimate the eAG from the HbA1C value, the following equation is used: eAg(mg/di)=28.7*A1c-45.7.

Interference of Haemoglobinopathies in HbA1c estimation.

A. For HbF> 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.

B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.

Heterozygous state detected.

In known diabetic patients, following values can be considered as a guide for monitoring the glycemic control. Excellent Control - 6 to 7 % Fair to Good Control - 7 to 5 % Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 %

8. Test done on Mispa i3 Automated Cartridge Based Specific Protein Analyser.

- End of Report -



Pritam Dhanawade Lab Technician



DR.RITESH KHARCHE MBBS, MD PATHOLOGY Pathologist

MMC Reg No.2006031680

Keehi 0484- 2322022 / 4032022

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NABL Accredited



PID NO. : CCA0518

Name : RAVI KUMAR

Sex / Age : Male / 38 Years

Ref By

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LIMITED

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REPORT

LIPID PROFILE

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Total Cholesterol Serum, Method: CHOD-PAP	209.02	mg/dl	CHILD Desirable - Less than: 170 CHILD Borderline High: 170 - 199 CHILD High - More than: 200 ADULT Desirable - Less than: 200 ADULT Borderline High: 200 - 239 ADULT High - More than: 240
Triglycerides Serum, Method: GPO-PAP	228.16	mg/dl	NORMAL: <150 Borderline High: 150 - 199 High: 200 - 499 Very High: >500
HDL Cholesterol-Direct Serum, Method: Cholesterol-esteras	47.02 e-Direct	mg/dl	Desirable - Above : 60 Borderline Risk : 40 - 59 Undesirable - Below : 40
LDL Cholesterol Calculated	116.37	mg/dl	Desirable - Below : 130 Borderline Risk : 130 - 159 Undesirable - Above : 160
VLDL-Cholesterol Calculated	45.63	mg/dl	5 - 51
T.CHOL/HDLC Ratio Calculated	4.45		Acceptable for Male: < 5.00 Acceptable for Female: <4.50



Pritam Dhanawade Lab Technician



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REPORT

LIPID PROFILE

Test

Calculated

LDLC/HDLC Ratio

Result

2.47

Units

BIOLOGICAL REFERENCE INTERVAL

Acceptable for Males: < 3.60 Acceptable for Females: < 3.20

NOTE:

1) Biological Reference Interval is as per National Cholestrol Education Program (NCEP) guidelines.

2) Tests done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

- End of Report ---



Powei 022-25701053 / 25704157

Pritam Dhanawade Lab Technician



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REPORT

LIVER FUNCTION TEST

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
S.G.O.T. (Serum ,Method-IFCC / UV without P5P)	24.01	U/L	0 - 40
Sr. Alkaline Phosphatase (Serum, Kinetic Method by IFCC)	128.12	U/L	40 - 129
S.G.P.T. (Serum, Method- IFCC / UV without P5P)	33.72	U/L	0 - 41
GGT (Serum ,Method-IFCC Method)	28.06	U/L	8 - 61
Bilirubin (Total) (Serum ,Method-Diazo- End point)	0.56	mg/dl	0.0 - 1.20
Bilirubin (Direct) (Serum,Method-Diazo-End point)	0.11	mg/di	0.0 - 0.30
Bilirubin (Indirect) Calculated	0.45	mg/di	0.0 - 0.90
Total Proteins (serum, Method-Biuret)	7.27	g/dl	6.6 - 8.7
Albumin (Serum, Method-Bromocresol Green)	4.28	g/dl	3.5 - 5.2
Globulin Calculated	2.99	g/dl	1.90 - 3.70
A/G ratio Calculated	1.43		

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.



Pritam Dhanawade Lab Technician

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REPORT

LIVER FUNCTION TEST

Test

Result

Units

BIOLOGICAL REFERENCE INTERVAL

- End of Report -

Pritam Dhanawade Lab Technician



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REPORT

RENAL PROFILE

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Blood Urea Serum, Method-Urease	24.55	mg/dl	16.6- 48.5 mg/di
Blood Urea Nitrogen Serum, Method-Urease	11.46	mg/dl	06 - 20 mg/dl
Creatinine Serum, Method-Kinetic Jaffes	1.01	mg/dL	0.7 - 1.2 mg/dl
Unic Acid Serum, Method: Unicase-POD	7	mg/dl	3.4 - 7.0

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyses.

--- End of Report ---

Powoi 022-25701053 / 25704157

Pritam Dhanawade Lab Technician

ranawade



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- C. Sea Bird Medicare services are also available at: Powai (Mumbai), Andheri East (Mumbai), Kochi (Kerala)







PID NO. : CCA0518

Name

: RAVI KUMAR

Sex / Age : Male / 38 Years

Ref By

: APOLLO HEALTH AND LIFESTYLE

LIMITED

Reference :

Sample Collected At:

Sea Bird Medicare

105-107 Gateway Plaza, Central Avenue, Hiranandani

Gardens, Powai, Mumbai-400076

Processing Location: - Sea Bird Medicare

105-107 Gateway Plaza, Central Avenue, Hiranandani

Gardens, Powai, Mumbai-400076

Reg. Date

09-Mar-2024 / 3:48 pm

Coll Date

09-Mar-2024 / 3:53 pm

Report Date

10-Mar-2024 / 6:51 pm

REPORT

THYROID FUNCTION TEST

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
TSH	2.41	μIU/ml	0.25-5 µIU/ml
Т3	1	nmol/l	0.92-2.33 nmol/l
T4	93.12	nmol/l	60-120 nmoi/l

The assay principle combines an enzyme immunoassay competition method with a final fluorescent detection (ELFA).

INTERPRETATION

Powel 022-25701053 / 25704157

TSH : A high TSH result often means an under active thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or

chronic thyroid dysfunction. A high TSH value can also occur when someone with a known thyroid disorder or who has had their thyroid gland removed is

receiving too little thyroid hormone medication. A low TSH result can indicate an over active thyroid gland (hyperthyroidism) or excessive amounts of thyroid

hormone medication in those who are being treated for an under active (or removed) thyroid gland. An abnormal TSH test result is usually followed by

additional testing to investigate the cause of the increase or decrease.

T3: Triodothyronine T3 contributes significantly to the maintenance of the euthyroid state, and the total T3 concentration has a role in screening for thyroid disease

in conjunction with other tests. T3 alone cannot diagnose hypothyroidism, but it may be more sensitive than thyroxine (T4) for hyperthyroidism.

T4: Thyroxine accounts for at least 90% of circulating protein-bound lodine. While >99.9% of T4 is protein-bound, primarily to thyfoKine-binding globulin(TBG), it.

is the free fraction that is biologically active. In most patients the total T4 level is a good indicator of thyroid status, however it can sometimes be inadequate, and

diagnostic efficiency may be improved by use of a total T4 test in conjunction with other tests.

---- End of Report ---

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Pritam Dhanawade

Lab Technician



DR.RITESH KHARCHE MBBS, MD PATHOLOGY Pathologist MMC Reg No.2006031680

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NARI Accredited



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REPORT

URINE ANALYSIS

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
PHYSICAL EXAMINATION	ON		
Colour	Pale Yellow		Pale Yellow
Quantity	30 ml	mí	20 - 50
Appearance	Clear		Clear
Reaction (pH)	5.5		5.0 - 9.0
Specific Gravity	1.015		1.000 - 1.030
CHEMICAL EXAMINATE	ON		
Proteins	Absent		Absent
Sugar	Absent		Absent
Ketone Bodies	Absent		Absent
Bile Saits	Absent		Absent
Bile Pigment	Absent		Absent
Urobilinogen	Normal	mg/dl	Normal (0.1 - 1.0 mg/dl)



Pritam Dhanawade Lab Technician

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DR. RITESH KHARCHE MBBS, MD PATHOLOGY Pathologist

MMC Reg No.2006031680

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NABL Accredited



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REPORT

URINE ANALYSIS

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Ocult Blood	Absent		Absent
MICROSCOPIC EXAMIN	IATION		
Pus Cells	1 - 2 / hpf		2 - 3 / hpf
Red Blood Cells	Absent		Absent
Epithelial cells	1 - 2 / hpf		2 - 3 / hpf
Casts	Absent		Absent
Crystals	Absent		Absent
Other Findings	Absent		

METHOD:

Physical Examination: Visual Strip Method.

Chemical Examination: Billrubin(Azo-coupling), Blood(Peroxidase), Glucose(Specific glucose-oxidase/peroxidase reaction), Ketone(Rothera's test), Leuxocytes(Reflectance Photometer(Leucocyte esterase)), Nitrite(Diazotization), pH(Double Indicator), Protein(Protein Error of Indicators), Specific Gravity(Refractometric method), Uroblinogen(Ehrlich).

Microscopy Examination : Automation/Manual Microscopy.

-- End of Report -----

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Pritam Dhanawade Lab Technician



DR.RITESH KHARCHE MBBS, MD PATHOLOGY Pathologist MMC Reg No.2005031580

Kochi: 0484- 2322022 / 4032022

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Report ID

Rank

Ref By

: RM93155733

Patient Name : Mr. RAVI KUMAR

DR.PARAG ARVIND PRADHAN

: 09-Mar-2024

Report Date

: 11-Mar-2024

Company Name : M/S. APOLLO HEALTH AND LIFESTYLE

39 Year / Male

CHEST X RAY REPORT

X-Ray No: 1556

Investigation: Chest PA View.

Bony thoracic cage is normal.

Cardiac silhouette appears normal in size and configuration.

Both lungs shows equal translucency and normal vasculature.

Both Hemidiaphragm visualised normal.

No evidence of any active parenchymal lesion seen.

Impression:

Normal Chest X-Ray.

Powel: 022-25701053 / 25704157





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Name: Mr. RAVIKUMAR

Age: 38Y

Sex : Male

Date: 09/03/2024

Ref Dr : SELF

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USG ABDOMEN AND PELVIS

<u>LIVER</u>: Liver appears normal in size 12.6cm and **shows diffuse increased echotexture**. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus. Portal vein is normal. CBD is normal.

<u>PANCREAS</u>: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

<u>KIDNEYS</u>: Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

Right kidney measures 8.5 x 3.0cm. Left kidney measures 10.0 x 4.5cm.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

<u>URINARY BLADDER</u>: Urinary bladder is distended and normal. Wall thickness is within normal limits.

<u>PROSTATE:</u> Prostate is normal in size measuring 3.0 x 2.8 x 3.0cm (18gm) and echotexture. No evidence of any focal lesion.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION: Fatty liver grade I.

Advice: Clinical co-relation and further evaluation.

Prosent.

DR. PRIYANKA NERULKAR

CONSULTANT RADIOLOGIST

Thanks For Reference: Note the above report represents interpretation of various radiographic shadows, and has its own limitations. This report has to be co-related clinico-pathologically by the referring physician and it does not represent the sole diagnosis.

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