

Dr L H Hiranandani Hospital

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Mumbai's First NABH Accredited Hospital
A NABL Accredited Laboratory

DEPARTMENT OF LABORATORY MEDICINE

Microbiology .

PATIENT NAME	: MR. MADHUKAR HARILAL JOSHI	AGE / SEX	: 68 Yrs /MALE
REF. DOCTOR	: DR. PRAKASH CHANDRA SHETTY	SAMPLE DATE	: 21/08/2021 19:28:37
BILL DATE	: 21-08-2021 17:53:46	REPORT DATE	: 24/08/2021 11:33:00
LAB NO.	: 210215979	MR. NO	: MR210035064
BILL NO	: OP210212927	IP NO.	:
PRINT DATE	: 24-08-2021 12:01	WARD - BED	:

AEROBIC CULTURE & SENSITIVITY[URINE, STOOL, PUS, SPUTUM, SWABS [3]

Physical Examination

Specimen Name	Urine
CultureLine	NO GROWTH AFTER 48 HRS. OF INCUBATION
	Sensitivity not Applicable
Colonycount	N/A
Incubation Period	48 hrs
Remark	Method: Specimen was received in a sterile container was cultured on Blood and MacConkey's agar.

Microscopic Examination

Pus Cells	01 - 02 / hpf
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Note : Kindly Correlate Clinically. Partial reproduction of this test report is not permitted.

Checked by.
HF3811

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DEPARTMENT OF LABORATORY MEDICINE

Haematology

PATIENT NAME	: MR. MADHUKAR HARILAL JOSHI	AGE / SEX	: 68 Yrs /MALE
REF. DOCTOR	: DR. PRAKASH CHANDRA SHETTY	SAMPLE DATE	: 21-08-2021 17:59
BILL DATE	: 21-08-2021 17:53	REPORT DATE	: 23-08-2021 10:04
LAB NO.	: 210215940	MR NUMBER	: MR210035064
BILL NO	: OP210212927		
PRINT DATE	: 23-08-2021 10:30		

COMPLETE BLOOD COUNT- CBC

<u>Investigations</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Unit</u>
<u>RED BLOOD CELLS(Impedance method)</u>			
Red Blood Cell (RBC) Count	L 4.39	4.7-6	mill/cumm
Haemoglobin (Hb)(Photometry)	14.10	13.5-18	g/dl
Pack Cell Volume (Hematocrit)	42.70	42-52	%
Mean Corpuscular Volume (MCV)	97.30	78-100	fl
Mean Corpuscular Hemoglobin (MCH)	H 32.10	27-31	pg
Mean Corpuscular Hb Conc (MCHC)	33.00	31-36	g/dl
Red Cell Distribution Width (RDW)	13.20	11.5-14	%
<u>WHITE BLOOD CELLS(WBC)(Impedance method)</u>			
White Blood Cell Count	7850	4000-11000	/cumm
Nucleated RBC (nRBC) / 100 WBC	0.0		
Corrected WBC	7850		/cumm
<u>DIFFERENTIAL WHITE BLOOD CELL COUNT(Flowcytometry method)</u>			
Neutrophils	62.8	40-75	%
Eosinophils	H 7.1	0-6	%
Lymphocytes	21.7	20-45	%
Monocytes	7.5	0-10	%
Basophils	0.6	0-1	%
Immature Granulocyte	0.3	0-0.6	%
<u>ABSOLUTE WBC COUNT</u>			
Neutrophils Count	4930	>=1500	/cumm
Eosinophils Count	H 557	20-500	/cumm
Lymphocyte Count	1703	--	/cumm
Monocyte Count	589	--	/cumm
Basophils Count	47	--	/cumm
Immature Granulocyte Count	24	0-60	/cumm
<u>PLATELETS(Impedance method)</u>			

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DEPARTMENT OF LABORATORY MEDICINE

Haematology



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LAB NO.	: 210215940	MR NUMBER	: MR210035064
BILL NO	: OP210212927		
PRINT DATE	: 23-08-2021 10:30		

COMPLETE BLOOD COUNT- CBC

<u>Investigations</u>		<u>Result</u>	<u>Biological Reference Interval</u>	<u>Unit</u>
Platelet Count		2.83	1.5-4.5	Lacs/cumm
Mean Platelet Volume (MPV)	H	10.0	6-9.5	fL
Immature Platelet Fraction		3.1	0.8-6.3	%
Platelet Distribution Width (PDW)		10.5	10.1-16.1	FL
Plateletcrit (PCT)		0.270	0.17-0.32	%

Sample Type : EDTA WB

Processed on : Sysmex XN-1000 – Fully Automated Haematology Analyzer

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DEPARTMENT OF LABORATORY MEDICINE Biochemistry

PATIENT NAME	:	MR. MADHUKAR HARILAL JOSHI	AGE / SEX	:	68 Yrs /MALE
REF. DOCTOR	:	DR. PRAKASH CHANDRA SHETTY	SAMPLE DATE	:	21-08-2021 17:59
BILL DATE	:	21-08-2021 17:53	REPORT DATE	:	23-08-2021 10:04
LAB NO.	:	210215938	MR NUMBER	:	MR210035064
BILL NO	:	OP210212927			
PRINT DATE	:	23-08-2021 10:31			

CREATININE

<u>Investigations</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Unit</u>
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Creatinine	0.80	0.8-1.5	mg/dl
<i>Sample Type : Serum</i>			
<i>Method : Enzymatic (creatinine amidohydrolase)</i>			
<i>Processed on : VITROS XT 7600 Integrated System</i>			

Laboratory Interpretation:

Serum creatinine and urinary creatinine excretion is a function of lean body mass in normal persons and shows little or no response to dietary changes. The serum creatinine conc. is higher in men than in women. Since urinary creatinine is excreted mainly by glomerular filtration, with only small amounts due to tubular secretion, serum creatinine and 24 hr urine creatinine excretion can be used to estimate the glomerular filtration rate.

Serum creatinine is increased in acute or chronic renal failure, urinary tract obstruction, reduced renal blood flow, shock, dehydration, and rhabdomyolysis. Causes of low serum creatinine conc. Include debilitation and decreased muscle mass. Exercise may cause an increased creatinine clearance. The creatinine clearance rate is unreliable if the urine flow is low.

*** End of Report ***

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DEPARTMENT OF LABORATORY MEDICINE Biochemistry

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LAB NO.	: 210215939	MR NUMBER	: MR210035064
BILL NO	: OP210212927		
PRINT DATE	: 23-08-2021 10:30		

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

<u>Investigations</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Unit</u>
HbA1C	5.0	Diabetes :> =6.5 Increased Risk for Diabetes: 5.7 - 6.4	%
<i>Sample Type : EDTA BIO</i> <i>Method : HPLC Technology</i> <i>Processed on : Bio Rad D-10 Hemoglobin System</i>			
Estimated Average Glucose <i>Sample Type : EDTA BIO</i>	96.80	--	mg/dl

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Laboratory Interpretation:

Importance of Glycosylated Hemoglobin (HbA1c) Test:

Therapy for diabetes requires long-term maintenance of a blood glucose level close to normal level, minimizing the risk of long-term vascular consequences. Unlike blood glucose values, which tend to fluctuate from hour to hour, the HbA1c values is fairly stable for 2-3 months period and therefore is an excellent indication of the diabetic control over the past 2-3 months.

American Diabetes Association Recommendations

The ADA endorsed HbA1c as a diagnostic test for diabetes at a cut-off of $\geq 6.5\%$ with the provision that this be measured in a laboratory using a NGSP-certified assay aligned to the DCCT study, and that in the absence of unequivocal hyperglycemia the test should be repeated.

Hemoglobin A1c Ranges:

The following HbA1c ranges may be used for interpretation of results for glycemic control; however, factors such as duration of diabetes, adherence to therapy, and the age of patient should also be considered in assessing the degree of glucose control. These values are for non-pregnant individuals.

Hemoglobin A1c (%) Degree of Glucose Control:

- More than 8.0 = Action Suggested#
 - Less than 7.0 = Goal@
 - Less Than 6.0 = Non-diabetic Level
- # High risk of developing long-term complications such as retinopathy, nephropathy, neuropathy, and cardiopathy; action suggested depends on individual patient circumstances.
- @ Some danger of hypoglycemic reaction in Type I Diabetics; some glucose intolerant individuals and "sub-clinical" diabetics may demonstrate (elevated) HbA1c in this area.

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DEPARTMENT OF LABORATORY MEDICINE

Clinical pathology



PATIENT NAME	: MR. MADHUKAR HARILAL JOSHI	AGE / SEX	: 68 Yrs /M
REF. DOCTOR	: DR. PRAKASH CHANDRA SHETTY	SAMPLE DATE	: 21-08-202
BILL DATE	: 21-08-2021 17:53	REPORT DATE	: 23-08-202
LAB NO.	: 210215978	MR NUMBER	: MR21003
BILL NO	: OP210212927		
PRINT DATE	: 23-08-2021 10:30		

URINE ROUTINE

<u>Investigations</u>	<u>Result</u>	<u>Biological Reference Intery</u>
<u>URINE CHEMISTRY BY DUAL WAVELENGTH REFLECTANCE METHOD</u>		
Color hue	Colorless	--
Turbidity	Negative	--
Specific Gravity	1.008	1.005-1.030
Glucose	Negative	Negative
Protein	Negative	Negative
Bilirubin-Bile Pigment	Negative	Negative
Bilirubin - Bile salt	Negative	Negative
Urobilinogen	Normal	Normal
pH	6.5	5.0 - 9.0
Ketones	Negative	Negative
Occult Blood	Negative	Negative
Nitrite	Negative	Negative
<u>URINE PARTICLE ANALYSIS BY FLOW CYTOMETRY METHOD</u>		
RBC	1	0 - 5/ hpf
WBC(Pus Cells)	2	0 - 5/ hpf
Epithelial Cells	0	0 - 5/ hpf
Cast	0	/hpf
Crystal	0	/hpf
Pathological Cast	0	/hpf
Remark	--	

Sample Type : Urine

Method : Chemistry by Dual-Wavelength Reflectance, Specific Gravity by Transmission Reflectometry & Urine Particle Analysis by Flowcytometry.

Processed on : Fully Automated Integrated Urine Analyzer Sysmex UX2000

***** End of Report *****

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