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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

Note : Kindly Correlate Clinically. Partial reproduction of this test report is not permitted.

Checked by.	**Dr.Sushil Modkharkar**	**DR.BHARTI RAMNANI**	**DR.SUVIN SHETTY**	**Dr.ARCHANA CHITNIS**
HF3811	**MD (PATH)**	**MD (PATH)**	**MD (PATH), DPB**	**MD (MICRO)**

In case of query, Kindly contact us on email: pathology@hiranandanihospital.org ; Call 9769023328 for Home Care Blood collection.

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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

Investigations		Result	Biological Reference Interval	Unit
RED BLOOD CELLS(Impedance method)				
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	%
WHITE BLOOD CELLS(WBC)(Impedance method)				
White Blood Cell Count		7850	4000-11000	/cumm
Nucleated RBC (nRBC) / 100 WBC		0.0		
Corrected WBC		7850		/cumm
DIFFERENTIAL WHITE BLOOD CELL COUNT(Flowcytometry method)				
Neutrophils		62.8	40-75	%
Eosinphils	**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	%
ABSOLUTE WBC COUNT				
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
PLATELETS(Impedance method)				

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HF4593	HF04000094	**Dr.Sushil Modkharkar MD (PATH)**	**Dr.ARCHANA CHITNIS MD (MICRO)**	**DR.BHARTI RAMNANI MD (PATH)**	**DR.SUVIN SHETTY MD (PATH), DPB**

Department Of laboratory medicine, First Floor, Hillside Avenue, Hiranandani Gardens, Powai, Mumbai 400 076.
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DEPARTMENT OF LABORATORY MEDICINE

Haematology

PATIENT NAME	:	MR. MADHUKAR HARILAL JOSHI	**AGE / SEX**	:	68 Yrs /MALE
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COMPLETE BLOOD COUNT- CBC

Investigations		Result	Biological Reference Interval	Unit
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

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

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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 10:30			

PSA (PROSTATE SPECIFIC ANTIGEN)

Investigations		Result	Biological Reference Interval	Unit
Total PSA (Total Prostate Specific Antigen) *Sample Type : Serum* *Method : Chemiluminescence* *Processed on : VITROS XT 7600 Integrated System*	**H**	44.700	0-4	ng/ml

Laboratory Interpretation:

- PSA is glycoprotein with a molecular weight of approximately 34,000 Daltons. It is found in normal, benign hyperplastic and malignant prostatic tissue as well as in prostatic fluid and seminal plasma. In serum, PSA exists in several different forms. However, only free and alpha-1-antichymotrypsin complex (ACT)-complexed PSA are immunologically active.
- Elevated serum PSA concentration are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory condition of other adjacent genitourinary tissues, but not in apparently healthy men or in men with cancers other than prostatic cancer.
- Measurement of serum PSA by itself is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hyperplasia.
- When employed for the management of prostate cancer patients, serial measurement of PSA is useful in detecting residual tumor and recurrent cancer after radical prostatectomy. PSA has been demonstrated to be an accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy. PSA is also important in determining the potential and actual effectiveness of surgery or other therapies.
- For changes in tumor marker concentrations during therapy:
  - Progressive disease is defined by an increase of at least 25%. Sampling should be repeated within two to four weeks for additional evidence.
  - Partial remission is defined as a decrease of at least 50 % in the tumor marker concentration.

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

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DEPARTMENT OF LABORATORY MEDICINE

Biochemistry

PATIENT NAME	:	MR. MADHUKAR HARILAL JOSHI	**AGE / SEX**	:	68 Yrs /MALE
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PRINT DATE	:	23-08-2021 10:30			

PSA (PROSTATE SPECIFIC ANTIGEN)

Investigations		Result	Biological Reference Interval	Unit
Total PSA (Total Prostate Specific Antigen) *Sample Type : Serum* *Method : Chemiluminescence* *Processed on : VITROS XT 7600 Integrated System*	**H**	44.700	0-4	ng/ml

Laboratory Interpretation:

- PSA is glycoprotein with a molecular weight of approximately 34,000 Daltons. It is found in normal, benign hyperplastic and malignant prostatic tissue as well as in prostatic fluid and seminal plasma. In serum, PSA exists in several different forms. However, only free and alpha-1-antichymotrypsin complex (ACT)-complexed PSA are immunologically active.
- Elevated serum PSA concentration are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory condition of other adjacent genitourinary tissues, but not in apparently healthy men or in men with cancers other than prostatic cancer.
- Measurement of serum PSA by itself is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hyperplasia.
- When employed for the management of prostate cancer patients, serial measurement of PSA is useful in detecting residual tumor and recurrent cancer after radical prostatectomy. PSA has been demonstrated to be an accurate marker for monitoring advancing clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy. PSA is also important in determining the potential and actual effectiveness of surgery or other therapies.
- For changes in tumor marker concentrations during therapy:
  - Progressive disease is defined by an increase of at least 25%. Sampling should be repeated within two to four weeks for additional evidence.
  - Partial remission is defined as a decrease of at least 50 % in the tumor marker concentration.

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Biochemistry

PATIENT NAME	:	MR. MADHUKAR HARILAL JOSHI	**AGE / SEX**	:	68 Yrs /MALE
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PRINT DATE	:	23-08-2021 10:31			

CREATININE

Investigations	Result	Biological Reference Interval	Unit
Creatinine	0.80	0.8-1.5	mg/dl

Sample Type : Serum
Method : Enzymatic (creatinine amidohydrolase)
Processed on : VITROS XT 7600 Integrated System

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 *****

Checked by. HF3686 | Verified by HF04000094

Dr.Sushil Modkharkar MD (PATH) | **Dr.ARCHANA CHITNIS** MD (MICRO) | **DR.BHARTI RAMNANI** MD (PATH) | **DR.SUVIN SHETTY** MD (PATH), DPB

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DEPARTMENT OF LABORATORY MEDICINE

Microbiology .

PATIENT NAME	: MR. MADHUKAR HARILAL JOSHI	**AGE / SEX**	: 68 Yrs /MALE
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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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HF3811	**MD (PATH)**	**MD (PATH)**	**MD (PATH), DPB**	**MD (MICRO)**

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DEPARTMENT OF LABORATORY MEDICINE

Haematology

PATIENT NAME	:	MR. MADHUKAR HARILAL JOSHI	**AGE / SEX**	:	68 Yrs /MALE
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COMPLETE BLOOD COUNT- CBC

Investigations		Result	Biological Reference Interval	Unit
RED BLOOD CELLS(Impedance method)				
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	%
WHITE BLOOD CELLS(WBC)(Impedance method)				
White Blood Cell Count		7850	4000-11000	/cumm
Nucleated RBC (nRBC) / 100 WBC		0.0		
Corrected WBC		7850		/cumm
DIFFERENTIAL WHITE BLOOD CELL COUNT(Flowcytometry method)				
Neutrophils		62.8	40-75	%
Eosinphils	**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	%
ABSOLUTE WBC COUNT				
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
PLATELETS(Impedance method)				

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Haematology

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COMPLETE BLOOD COUNT- CBC

Investigations		Result	Biological Reference Interval	Unit
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

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

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Microbiology .

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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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DEPARTMENT OF LABORATORY MEDICINE

Biochemistry

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BILL DATE	:	21-08-2021 17:53	**REPORT DATE**	:	23-08-2021 10:04
LAB NO.	:	210215939	**MR NUMBER**	:	MR210035064
BILL NO	:	OP210212927			
PRINT DATE	:	23-08-2021 10:30			

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

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

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HF3601	HF04000094	**Dr.Sushil Modkharkar** **MD (PATH)**	**Dr.ARCHANA CHITNIS** **MD (MICRO)**	**DR.BHARTI RAMNANI** **MD (PATH)**	**DR.SUVIN SHETTY** **MD (PATH), DPB**

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 ≥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.

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

Checked by.	Verified by	Dr.Sushil Modkharkar	Dr.ARCHANA CHITNIS	DR.BHARTI RAMNANI	DR.SUVIN SHETTY
HF3601	HF04000094	MD (PATH)	MD (MICRO)	MD (PATH)	MD (PATH), DPB