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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 REPORT DATE : 21-08-2021 17:53:46 : 24/08/2021 11:33:00 LAB NO. MR. NO : 210215979 : MR210035064

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 MD (PATH), DPB Dr.ARCHANA CHITNIS 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

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

COMPLETE BLOOD COUNT- CBC				
<u>Investigations</u>		<u>Result</u>	Biological Reference Interval	<u>Unit</u>
RED BLOOD CELLS(Impedance me	thod)			
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)	Н	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)(Imp	edance n	nethod)		
White Blood Cell Count		7850	4000-11000	/cumm
Nucleated RBC (nRBC) / 100 WBC		0.0		
Corrected WBC 7850			/cumm	
DIFFERENTIAL WHITE BLOOD C	ELL CO	OUNT(Flowcytomet	try method)	
Neutrophils		62.8	40-75	%
Eosinphils	Н	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	Н	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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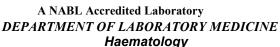
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PATIENT NAME	:	MR. MADHUKAR HARILAL JOSHI	AGE / SEX	:	68 Yrs /MALE
REF. DOCTOR	:	DR. PRAKASH CHANDRA SHETTY	SAMPLE DATE	:	21-08-2021 17:59
BILL DATE	:	21-08-2021 17:53	REPORT DATE	:	23-08-2021 10:04
LAB NO.	:	210215940	MR NUMBER	:	MR210035064
BILL NO	:	OP210212927			
PRINT DATE	:	23-08-2021 10:30			

COMPLETE BLOOD COUNT- CBC				
<u>Investigations</u>		Result	Biological Reference Interval	<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

*** End of Report ***

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DEPARTMENT OF LABORATORY MEDICINE **Biochemistry**

MR. MADHUKAR HARILAL JOSHI 68 Yrs /MALE PATIENT NAME AGE / SEX : 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

Investigations **Biological Reference Interval** Result Unit

Creatinine 0.80 0.8 - 1.5mg/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 ***

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DR.SUVIN SHETTY

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DEPARTMENT OF LABORATORY MEDICINE Biochemistry

PATIENT NAME MR. MADHUKAR HARILAL JOSHI AGE / SEX 68 Yrs /MALE : 21-08-2021 17:59 DR. PRAKASH CHANDRA SHETTY REF. DOCTOR SAMPLE DATE **BILL DATE** 21-08-2021 17:53 REPORT DATE 23-08-2021 10:04 LAB NO. MR NUMBER MR210035064 210215939

BILL NO : OP210212927 **PRINT DATE** : 23-08-2021 10:30

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

<u>Investigations</u>	<u>Result</u>	Biological Reference Interval	<u>Unit</u>
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 Syste	m		
Estimated Average Glucose Sample Type: EDTA BIO	96.80		mg/dl

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DR.SUVIN SHETTY

Checked by. Verified by HF04000094 Dr.Sushil Modkharkar MD (PATH) Dr.ARCHANA CHITNIS MD (MICRO)

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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 ≥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 "subclinical" diabetics may demonstrate (elevated) HbA1c in this area.

*** End of Report ***

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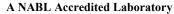
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DEPARTMENT OF LABORATORY MEDICINE Clinical pathology

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>	Result	Biological Reference Interv		
URINE CHEMISTRY BY DUAL WAVELE	ENGTH REFLECTANCE METHOD			
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		
pН	6.5	5.0 - 9.0		
Ketones	Negative	Negative		
Occult Blood	Negative	Negative		
Nitrite	Negative	Negative		
URINE PARTICLE ANALYSIS BY FLOW	CYTOMETRY METHOD	-		
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		-		
Cananta Tana a Huina				

Sample Type : Urine

 ${\it Method: Chemistry\ by\ Dual-Wavelength\ Reflectance,} Specific\ Gravity\ by\ Transmission\ Reflectometry\ \&\ Urine\ Particle$

Analysis by Flowcytometry.

Processed on: Fully Automated Integrated Urine Analyzer Sysmex UX2000

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