

# **OPD TICKET**

# Lloyds Kali Ammal Memorial Hospital

# लॉयड्स काली अम्माल मेमोरियल हॉस्पिटल

Lloyds Infinite Foundation

Hospital Address : Hedri, Tah. - Etapalli, Dist. - Gadchiroli, Maharashtra PIN Code: 442704 Phone No.: 9405123224

NAME Isha AGE 107 SEX F ADDRESS Actupalli - Mc DESIGNATION DEPARTMENT REGISTRATION NO .: HOUNT29DATE 17/3/24

RA factor

Age

### TALUK ETAPALLI

#### Results

Run Date 03/17/2024 12:04:31 PM

Last Name

First Name ISHA PUNGATI

Gender Unknown

Patient ID AUTO\_PID01229

**Birth Date** 

Sample comments Operator ABX

Sample ID AUTO SID0025

Rack/Pos

Department

Physician

Type Standard



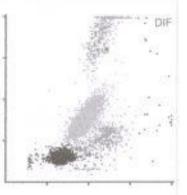


Recommended actions Slide review Alarms PLT RBC RBC PLT Interference Susp. Pathologies Microcytosis

Hypochromia PLT aggregate 7 Eosinophilia

WBC	8.68		10³/µL	3.50 - 11.0	00	
			Range	%	-	Range
NEU	4.38		1.60 - 7.00	50.8		40.0 - 73.0
LYM	2.83		1.00 - 3.00	32.7		15.0 - 45.0
MON	0.48		0.20 - 0.80	5.5		4.0 - 12.0
EOS	0.89	H	0.00 - 0.50	10.3	h	0.5 - 7.0
BAS	0.06		0.00 - 0.15	0.7		0.0 - 2.0
LIC	0.04		0.00 - 0.10	0.4		0.0 - 1.0

Range



50

#### Slide Review

Neutrophil	Myelobiast	Anisocytosis	
Lymphocyte	Promyelocyte	Hypochromia	
Monocyte	Myelocyte	Polychromasia	
Eosinophii	Metamyelocyte	Poikilocytosis	
Basophil	Blast	Microcytosis	
Atypical Lymphocyte	Target Cell	Macrocytosis	
Other	Sickle Cell	Platelet Clumps	



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### Lloyds Infinite Foundation

Hospital Address: Hedri, Tah-Etapalli, Dist-Gadchiroli, Maharastra



Pin Code: 442704 Phone No : 9405123224

UHID No.: HD0012984

Miss ISHA CHANDU PUNGATI

Booking Date: Lab Ref. No. :

17-03-2024

Patient Name : Age/Gender:

F/

TB002850

Referred By :

Doctor Name :

Dr. PRIYA KHOBRAGADE

Dr. NIRIXA

Sample Date/Time :

Mobile No.:

9423746419

Report Date/Time :

17-03-2024 01:38 PM

Address :

EATAPALLI -NC

Investigation:

#### **BIO CHEMISTRY**

Parameter	Result	Unit	Reference Range 0.5 - 1.50	
SERUM CREATININE	0.62	mg/dL		
	BIOCHEN	MISTRY TEST		
Parameter	Result	Unit	Reference Range	
BLOOD UREA	23	mg/dL	15.0 - 45.0	
SERUM URIC ACID	3.27	mg/dL	0.0 - 7.0	
3	SEROL	OGY TEST		
Parameter	Result	Unit	Reference Range	
RA FACTOR(QUALITATIVE)	NEGATIVE			

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

Signature

LAB TECHNICIAN

Signature

Dr.PRIYA KHOBRAGADE MBBS MD. PATHOLOGIST

<sup>\*</sup>Value of test is only add in Diagnosis of Disease Treatment should not be based on the test result only, Kindly co-relate with Clinical symptoms \* Not for medico Legal Purpose