



Dr. Parag Dharap

M.D. (PATH), D.P.B.

MMC Reg.No. 63396

Consulting Pathologist

Patient Name : MR. KAPIL BHAGAT

Age / Gender : 39 Y / Male

Reg. No. : 8989

Referred By Dr. : S. G. SHANBHAG

C.B.C

Lab No : DDR / 39964

Received Date : 17/01/2020 09:02:21

Report Date : 17/01/2020 11:33:00

Parameter	Result	Unit	Ref. Range		
HEMOGLOBIN (Method: Spectrophotometric)	15.70	gm/dl	12.0-16.0		
RBC COUNT	5.17	x 10 ⁶ /μl	4.0-6.0		
PCV	46.90	%	35.0-45.0		
MCV	90.72	fL	80.0-96.0		
MCH	30.37	pgms	26.0-34.0		
MCHC	33.48	%	31.0-36.0		
R.D.W-CV	13.20	%	11.0-15.0		
PLATELET COUNT (Method: Impedanceometry)	313	x10 ³ /ul	150.0-400.0		
MPV	8.7	fL	6.0-11.0		
WBC COUNT (Method: Impedance+Cytometry)	8,200	/μl	4,000.0-11,000.0		
DIFFERENTIAL COUNT		ABSOLUTE COUNT			
NEUTRO	50	%	4.10	X 10 ³ /cumm	20.0-75.0
LYMPHO	38	%	3.12	X 10 ³ /cumm	20.0-40.0
EOSINO	6	%	0.49	X 10 ³ /cumm	0.0-4.0
BASO	0	%	0.00	X 10 ³ /cumm	
MONO	6	%	0.49	X 10 ³ /cumm	0.0-8.0
PERIPHERAL SMEAR STUDY					
R.B.C MORPHOLOGY	Normochromic, Normocytic				
W.B.C ABNORMALITIES	Not Detected				
PLATELET ON SMEAR	Adequate				

Test Method : PENTRA XLR Fully automated Cell counter

Please Co-relate Clinically

Dr.Parag Dharap

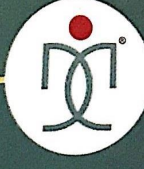
M.D.(Path)

Consulting Pathologist

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Patient Name : MR. KAPIL BHAGAT
Age / Gender : 39 Y / Male

Reg. No. : 8989
Referred By Dr. : S. G. SHANBHAG

BLOOD GROUP

Lab No : DDR / 39964

Received Date : 17/01/2020 09:02:21

Report Date : 17/01/2020 12:41:00

Parameter	Result	Unit	Ref. Range
Blood Group	A Rh POSITIVE		
ABO System	A		
Rh System	POSITIVE		

Test Method : Slide / Tube Agglutination

Test Note : This is for your information only.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.

ESR

Lab No : DDR / 40016

Received Date : 17/01/2020 12:44:17

Report Date : 17/01/2020 12:51:00

Parameter	Result	Unit	Ref. Range
ERYTHROCYTE SEDIMENTATION RATE	8	mm/1 Hr.	0.0-15.0

Remarks : MICROSED AUTOMATED ESR SYSTEM, ITALY

RETICULOCYTE COUNT

Lab No : DDR / 40016

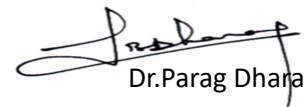
Received Date : 17/01/2020 12:44:17

Report Date : 17/01/2020 12:51:00

Parameter	Result	Unit	Ref. Range
RETICULOCYTE COUNT	0.50	%	0.2-2.0

Test Method : Supravital staining

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Patient Name : MR. KAPIL BHAGAT
Age / Gender : 39 Y / Male

Reg. No. : 8989
Referred By Dr. : S. G. SHANBHAG

PS FOR M.P.

Lab No : DDR / 40016

Received Date : 17/01/2020 12:44:17

Report Date : 17/01/2020 12:52:00

Parameter	Result	Unit	Ref. Range
RESULT	Not Detected		

Test Method : Microscopy of Thick & Thin stained smear

Test Note : Detection of malarial parasite depends upon the number of parasite in blood & Hence may not be detected in Early stages, afebrile state or on Antimalarials ingestion. In case of Negative smear with a strong clinical suspicion, MP Antigen test & repeating PS for MP is strongly advised.

PROTHROMBIN TIME

Lab No : DDR / 40017

Received Date : 17/01/2020 12:44:17

Report Date : 17/01/2020 12:52:00

Parameter	Result	Unit	Ref. Range
PATIENT PT RESULT	13.3	Seconds	
M.N.P.T.	13.0	Seconds	
INR	1.03		
ISI	1.10		

Test Method : Automated coagulometry by ECL 105

Test Note : As a part of Preanalytical variable, a significant diurnal variations seen in patients receiving anticoagulant therapy, with the highest values occurring in morning & lowest in the evening.

PTTK/APTT

Lab No : DDR / 40017

Received Date : 17/01/2020 12:44:17

Report Date : 17/01/2020 12:52:00

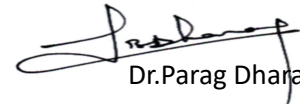
Parameter	Result	Unit	Ref. Range
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PTT & MIXING STUDIES

Patient's PTT	30.0	Seconds	
PTT Control	29.0	Seconds	

Test Method : Automated coagulometry by ECL 105

Please Co-relate Clinically



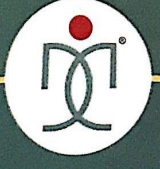
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URINE ROUTINE

Lab No : DDR / 40018

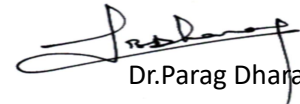
Received Date : 17/01/2020 12:44:17

Report Date : 17/01/2020 13:04:00

Parameter	Result	Unit	Ref. Range
PHYSICAL			
Quantity	30.0	ml	
Appearance	Clear		
Colour	Pale Yellow		
Reaction (pH)	Acidic		
CHEMICAL			
U. Albumin	Absent		
U. Glucose	Absent		
Ketones	Absent		
Bile Pigments	Absent		
Occult Blood	Absent		
MICROSCOPIC			
R.B.Cs	Absent	/hpf	
Pus Cells	0 - 2	/hpf	
Epithelial Cells	0 - 2	/hpf	
Casts	Absent		
Crystals	Absent		
Bacteria	Absent		
Other Findings	Not Detected		

Test Method : Physical Exam, Chemical:Dip Stick, Microscopy : As per European Committee of Lab Med. Guidelines

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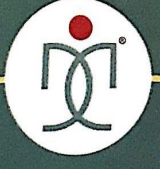
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Patient Name : MR. KAPIL BHAGAT

Reg. No. : 8989

Age / Gender : 39 Y / Male

Referred By Dr. : S. G. SHANBHAG

SPOT URINE MICROPROTEIN

Lab No : DDR / 40018

Received Date : 17/01/2020 12:44:17

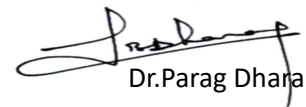
Report Date : 17/01/2020 12:53:00

Parameter	Result	Unit	Ref. Range
SPOT URINARY PROTEIN (Method: Pyrogallol Red method)	6.80	mg/Lt	10.0-140.0

Test Method : Colorimetric end point

Remarks : ERBACHEM 5 BIOCHEMISTRY ANALYSER

Please Co-relate Clinically



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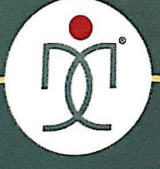
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STOOL ROUTINE

Lab No : DDR / 40019

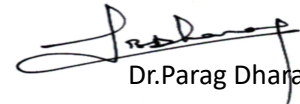
Received Date : 17/01/2020 12:44:17

Report Date : 17/01/2020 13:04:00

Parameter	Result	Unit	Ref. Range
PHYSICAL			
Colour	Brown		
MUCUS	Absent		
GROSS BLOOD	Absent		
CONSISTENCY	Semi Solid		
CHEMICAL			
Occult Blood	Absent		
REDUCING SUBSTANCE	Absent		
pH	6.0		7.0-8.0
MICROSCOPIC			
R.B.Cs	Absent	/hpf	
Pus Cells	Absent	/hpf	
MACROPHAGES	Absent		
FAT GLOBULES	Not Increased		
VEG. MATTER	Present		
OVA	Absent		
VEGETATIVE FORMS	Absent		
CYSTS	Absent		
Other Findings	Not Detected		

Test Method : Physical, chemical, microscopy

Please Co-relate Clinically



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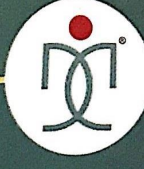
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Reg. No. : 8989
Referred By Dr. : S. G. SHANBHAG

ANTI HCV ANTIBODIES

Lab No : DDR / 40020

Received Date : 17/01/2020 12:44:17

Report Date : 17/01/2020 13:04:00

Parameter	Result	Unit	Ref. Range
RESULT	NON-REACTIVE		
KIT USED	SD BIOLINE HCV		
LOT NO.	02BDD170A		

Test Method : RAPID EIA

Test Note : EIA technique is a reliable screening assay but should not be used as a sole criterion for diagnosis of infection. As all diagnostic immunoassay tests definitive diagnosis should be based on retesting with additional supplemental methods & confirmatory techniques like PCR for Reactive cases. Non-reactivity does not indicate subject to be absolutely free of infection. Different tests may differ in their performance characteristics & reactivity patterns.

HIV I & II RAPID TEST

Lab No : DDR / 40020

Received Date : 17/01/2020 12:44:17

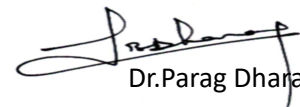
Report Date : 17/01/2020 13:04:00

Parameter	Result	Unit	Ref. Range
RESULT	NON-REACTIVE		
KIT USED	HIV TRI DOT		
LOT NO.	HTD091938		

Test Method : Immunochromatography

Test Note : Immunochromatography is only a screening test. As all diagnostic immunoassay tests definitive diagnosis should be based on retesting with additional supplemental methods & confirmatory techniques like PCR for Reactive cases. Non-reactivity does not indicate subject to be absolutely free of infection. Different tests may differ in their performance characteristics & reactivity patterns.

Please Co-relate Clinically

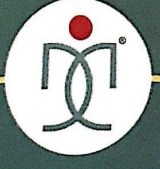


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Referred By Dr. : S. G. SHANBHAG

HBsAg RAPID TEST

Lab No : DDR / 40020

Received Date : 17/01/2020 12:44:17

Report Date : 17/01/2020 13:04:00

Parameter	Result	Unit	Ref. Range
RESULT	NON-REACTIVE		
KIT USED	TRUSTline HBsAg Rapid Test		
LOT NO.	F0606191		

Test Method : Immunochromatography

Test Note : Immunochromatography is a reliable screening assay but should not be used as a sole criterion for diagnosis of infection. As all diagnostic immunoassay tests definitive diagnosis should be based on retesting with additional supplemental methods & confirmatory techniques like PCR for Reactive cases. Non-reactivity does not indicate subject to be absolutely free of infection. Different tests may differ in their performance characteristics & reactivity patterns.

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Patient Name : MR KAPIL BHAGAT

Reg Date : 17/01/2020 05:45 pm

Reg No. : 0020559

Age & Sex : 39 Years / Male

Printed Date : 17/01/2020 07:24 pm

Referred By :

Center : SAIKRIPA HOSPITAL- OPD

REMARK : RPI= Corrected Reticulocyte Count/Reticulocyte Maturation Time in days. RPI should be used only for adult anaemic patients.
RPI>2=Increased Hematopoiesis RPI<2=Reduced Hematopoiesis IMMATURE RETICULOCYTE FRACTION(IRF) REMARK : IRF gives an idea about the immature erythrocytes which contain the most RNA. In many clinical situations the IRF increases before the total reticulocyte count and can be used to monitor BM response. RETICULOCYTE Hb EQUIVALENT(Ret He) REMARK : Ret He content measures the amount of hemoglobin in the reticulocytes. The reticulocyte hemoglobin content is also known as Chr. Ret He indicates cell hemoglobinization ,reflecting the quality of newly produced reticulocytes. Ongoing reticulocyte production in the absence of sufficient iron eventually Yields microcytic,hypochromic RBC's.Therefor,Ret He is an earlier measure of Diminished hemoglobin production compared to hemoglobin and hematocrit. Ret He is a direct measurement of hemoglobinization of the developing reticulocyte in contrast to direct assessment using biochemical assays. Ret He is faster, easier, more standardized and less expensive than the assessment of stainable marrow iron. Ret He provides an indirect measure of functional iron over the 3-4 days. Ret He is reduced in patient with Functional Iron Deficiency(FID).FID occurs when iron is not delivered for erthropoiesis(eg. Chronic renal dialysis, chronic inflammation ,cancer patient)

--- End Of Report ---

Barcode :



Dr Suvarna Deshpande
MD(Path)

Dr.Aparna Jairam
MD (Path)

Patient Name : MR KAPIL BHAGAT

Reg Date : 17/01/2020 05:45 pm

Reg No. : 0020559

Age & Sex : 39 Years / Male

Printed Date : 17/01/2020 07:24 pm

Referred By :

Center : SAIKRIPA HOSPITAL- OPD

SEROLOGY REPORT

<u>TEST</u>	<u>RESULT</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
-------------	---------------	--------------	------------------------

ANTIBODIES TO HEPATITIS C VIRUS

Sample Type : Serum
Result : Non Reactive
Method : TRI-DOT

Note: The 4th Generation HCV TRI-DOT detects anti-HCV in human serum of plasma and is only a screening test. All reactive samples should be confirmed by supplemental assays like RIBA. Therefore for a definitive diagnosis, the patient's clinical history, symptomatology as well as serological data, should be considered. The results should be reported only after complying with above procedure.

AU ANTIGEN (HBsAg) REPORT

Sample Type : Serum
METHOD : Card Test
RESULT : Non Reactive

NOTE: This is only screening test. All reactive samples should be confirmed by confirmatory test. Therefore for a definitive diagnosis, the patient's clinical history, symptomatology as well as serologica data, should be considered. The results be reported only after complying with above procedure.

HIV I & HIV II REPORT

Sample Type : Serum
METHOD : Tri-dot
RESULT : Non Reactive

Note

- 1 : A negative test result does not exclude the possibility of infection or exposure to HIV.
- 2 : This is only screening test All positive detected sample shall be reconfirmed by using WESTERN BLOT techniques.

NOTE: Sample found to be reactive by the above screening test must be confirmed by standard supplemental assay, like Western Blot.

--- End Of Report ---

Barcode :



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MD(Path)

Dr. Aparna Jairam
MD (Path)

Patient Name : **MR KAPIL BHAGAT**

Reg Date : 17/01/2020 05:45 pm

Reg No. : 0020559

Age & Sex : 39 Years / Male

Printed Date : 17/01/2020 07:24 pm

Referred By :

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Mucus : Absent

Frank Blood : Absent

Chemical Examination

Ph : Acidic

Reducing Substances : Absent

Microscopic Examination

Pus cells : Absent

RBCs : Absent

Ova/Eggs : Absent

Cyst : Absent

Fat globules : Absent

Yeast Cells : Absent

Macrophages : Absent

--- End Of Report ---

Barcode :



Dr Suvarna Deshpande
MD(Path)

A handwritten signature in black ink, appearing to read 'Aparna'.

Dr. Aparna Jairam
MD (Path)

Patient Name : MR KAPIL BHAGAT

Reg Date : 17/01/2020 05:45 pm

Reg No. : 0020559

Age & Sex : 39 Years / Male

Printed Date : 17/01/2020 07:24 pm

Referred By :

Center : SAIKRIPA HOSPITAL- OPD

COAGULATION STUDIES

<u>TEST</u>	<u>RESULT</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
Partial Thromboplastin Time(APTT)			
Patient Plasma	: 29.0	SECONDS	25- 35
Control Plasma	: 28.0	SECONDS	25-35
TEST DONE ON	: AUTOMATED SYSMEX CA-101 COAGULATION ANALYZER JAPAN		

REMARK: A. Prolonged APTT can be due to: 1. Heparin, Coumarin anticoagulant therapy 2. Inherited or acquired factor deficiencies 3. Non specific inhibitor such as the lupus anticoagulant B. Decreased APTT can be due to: 1. Oral contraceptive intake in females 2. Conjugated estrogen therapy in males C. Interferences 1. Clotted samples 2. Samples with insufficient quantity 3. Patients with abnormal haematocrit levels D. Falsely Elevated Values can be in patients on heparin or its substitutes and Factor VIII inhibitors . E. Falsely decreased values can be in increased Factor VIII levels, with replacement therapy in Hemophilia A, can lead to shorten APTT, leading to false negative Lupus Anticoagulant.

Prothrombin Time Report

Sample Type	: CITRATED PLASMA		
Method	: SEMI AUTOMATED COAGULOMETER		
Prothrombin Time - Test	: 13.0	SECONDS	11.6-16.0
MEAN N.P.T.(Geometric)	: 12.7		
INR (International Normalised Ratio)	: 1.0		
TEST DONE ON	: AUTOMATED SYSMEX CA-101 COAGULATION ANALYZER JAPAN		

REMARK: Prolonged Prothrombin Time can be due to following conditions : 1. Factor Deficiencies 2. If patient is on anticoagulant therapy e.g. coumarin – type of drugs, salicylates 3. Hemorrhagic diseases in newborn 4. Severe liver damage in cases of poisoning, hepatitis and cirrhosis 5. Hypofibrinogenemia 6. In cases of obstructive jaundice, steatorrhoea, celiac disease, colitis and fistulas where there is poor fat absorption.

--- End Of Report ---

Barcode :



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Reg Date : 17/01/2020 05:45 pm

Reg No. : 0020559

Age & Sex : 39 Years / Male

Printed Date : 17/01/2020 07:24 pm

Referred By :

Center : SAIKRIPA HOSPITAL- OPD

HAEMATOLOGY.

TEST	RESULT	UNITS	REFERENCE RANGE
COMPLETE BLOOD COUNT			
Sample Type	: Whole Blood		
Haemoglobin (Non-Cyanide Hb)	: 15.5	gm/dl	13.0-17.0
R.B.C. Count (DC detection))	: 5.0	mil/cmm	4.5-6.5
Packed Cell Volume (RBC pulse height detection)	: 45.9	%	40-54
Mean Corpuscular Volume (Calculated)	: 91.8	cu micron	76-96
Mean Corpuscular Hemoglobin (Calculated)	: 31.0	picograms	27-32
Mean Corpuscular Hb Conc (Calculated)	: 33.7	g/dl	32-36
Total WBC Count (DC detection)	: 8000	/cmm	4000-11000
MPV	: 8.5	fL	6-11
DIFFERENTIAL COUNT (Microscopy)			
Neutrophils	: 52	%	40-80
Lymphocytes	: 36	%	20-40
Monocytes	: 06	%	02-10
Eosinophils	: 06	%	01-06
Platelet count (DC detection)	: 310000	/cmm	150000-450000
PERIPHERAL SMEAR EXAMINATION (Microscopy)			
WBC Abnormality	: Within Normal Limits.		
RBC Morphology	: Normochromic Normocytic		
Platelets	: Adequate On Smear.		
**	: The test Done by Fully Automated 3-part Differential Cell Counter		

--- End Of Report ---

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