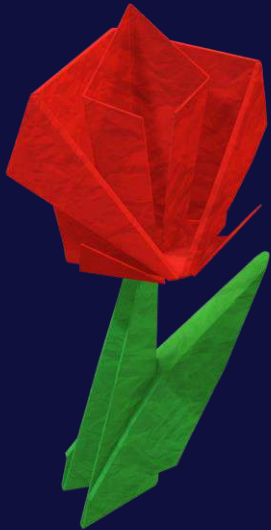




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**REPORT
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OF
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SOFTWARE**

Jyoti Hospital & Pathology Laboratory
111, Gulmohar Centre Point
Pune Nagar Rd, Pune 411014, INDIA,
Tel. 91-20-6635859,4027856, Fax : 91-20-25670789
Lab Timings: 8.00 A.M. to 8.00 P.M., Sunday Closed
Email: infojyoti@rediffmail.com

REG NO. : OPD / 1
NAME : Mr. Shri Ganesh AGE : 21 Years SEX : Male
REF BY : Dr Dr. Raina DATE : 23/01/2022

COMPLETE BLOOD COUNT

<u>TESTS</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Haemoglobin	: 15	gm/dl	14 - 18
R.B.C. Count	: 4.5	mil/cmm	4.5 - 6.5
Total WBC Count	: 4000	/ cmm	4000 - 11000

RED CELL ABSOLUTE VALUES

Packed Cell Volume	: 47	%	40 - 54
Mean Corpuscular Volume	: 104.44	cu micron	76 - 96
Mean Corpuscular Hemoglobin	: 33.33	picograms	27 - 32
Mean corpuscular Hb Con.	: 31.91	g/dl	32 - 36

DIFFERENTIAL COUNT

Neutrophils	: 65	%	40 - 70
Lymphocytes	: 23	%	20 - 45
Eosinophil	: 5	%	0 - 6
Monocytes	: 7	%	0 - 8
Basophils	: 0	%	0 - 1

PERIPHERAL SMEAR EXAMINATION

Platelets	: Adequate	/cmm	150000 - 450000
Erythrocytes	: Normocytic Normochromic		
Immature cells	: nil		
Parasites	: not detected		

Bleeding Time	: 2.30	min	1 - 5
Prothrombin Time	: 13	Sec.	12 - 13

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Mr. Shailesh Sampat
B.Sc., DMLT



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SUN.: 08.00 A.M. TO 02.00 P.M.

UHID NO. : OPD/ 083122021 AGE : 54 Years
NAME : MR ABA ROHOKALE SEX : Male
REF. BY : DR AKSHAYDEEP PATIL DATE : 31/08/2021

HAEMATOLOGY

<u>TESTS</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
<u>COMPLETE BLOOD COUNT</u>			
Haemoglobin	: 16.8	gm/dl	14 - 18
R.B.C. Count	: 5.78	mil/cmm	4.5 - 6.5
Total WBC Count	: 6,500	/ cmm	4000 - 11000
<u>RED CELL ABSOLUTE VALUES</u>			
Packed Cell Volume	: 52.8	%	40 - 54
Mean Corpuscular Volume	: 91.35	cu micron	76 - 96
Mean Corpuscular	: 29.07	picograms	27 - 32
Hemoglobin			
Mean corpuscular Hb Con.	: 31.82	g/dl	32 - 36
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	: 52	%	40 - 70
Lymphocytes	: 38	%	20 - 45
Eosinophil	: 06	%	0 - 6
Monocytes	: 04	%	0 - 8
Basophils	: 0	%	0 - 1
<u>PERIPHERAL SMEAR EXAMINATION</u>			
Platelets	: 2,51,000	/cmm	150000 - 450000

End of Report

Dr. Jatin Pandit
Pathologist

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Medical Lab. Technological Analysis Result Sheet

REG NO. : OPD / 1

AGE : 21 Years

NAME : Mr. Suresh Babu

SEX : Male

REF. BY : Dr SELF

DATE : 07/01/2022

BIOCHEMISTRY

<u>TESTS</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
LIPID PROFILE			
Serum Appearance	: Clear		
S. Cholesterol	: 125	mg/dl	125 - 200
S. Triglycerides	: 68	mg/dl	25 - 150
HDL Cholesterol	: 64	mg/dl	35 - 80
LDL Cholesterol	: 47.4	mg/dl	85 - 130
VLDL Cholesterol	: 13.6	mg/dl	10 - 50
S.Cholesterol/HDL Ratio	: 1.95		3.0 - 6.0
LDL/HDL RATIO	: 0.74		2.5 - 3.5

Note:

Lipid Profile RANGES AS PER NCEP-ATP III are:

Serum cholesterol (Total) :

Desirable : < 200 mg/dl, Borderline : 200 - 239 mg/dl, Elevated : \geq 240 mg/dl

Serum high density lipoprotein cholesterol(HDL) :

Low Risk : > 60 mg/dl, Borderline : 35- 60 mg/dl, High risk : \leq 35 mg/dl

Total cholesterol : HDL cholesterol ratio :

Low risk : 3.3-4.4, Average risk : 4.4-7.1, Moderate risk : 7.1-11.0, High risk : $>$ 11.0

Serum low density lipoprotein (LDL) cholesterol :

Desirable : 100 mg/dl, Borderline : 100- 159 mg/dl, Elevated : \geq 160 mg/dl

Triglycerides :

Desirable : 150 mg/dl, Borderline : 150- 199 mg/dl, High : 200 - 499 mg/dl, Very High : \geq 500 mg/dl

As per the Friedwald Equation, VLDL & LDL values are not applicable for triglyceride values above 400 mg/dl.

End of Report

Prepared By
Mr. Sandip Choudhary
B.Sc., DMLT

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Authorised By
Dr. Ravindra Toshi
MBBS, MD (Path)

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SUN.: 08.00 A.M. TO 02.00 P.M.

UHID NO. : OPD / 083122021 AGE : 54 Years
NAME : MR ABA ROHOKALE SEX : Male
REF. BY : DR AKSHAYDEEP PATIL DATE : 31/08/2021

COAGULATION STUDIES

<u>TESTS</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
FDP (D- Dimer)	: 260	ng/ml (FEU)	0 - 500

NOTE

1) during coagulation sequence of reactions occurs in the body in response to variety of external and /or internal stimuli

2)The enzymatic cascade reaction terminates the conversion of FIBRINOGEN to FIBRIN by the enzyme THROMBIN

3)The fibrin gel is then converted to a stable fibrin clot by thrombin activated factor XII. Finally the fibrin network is dissolved by the enzyme PLASMIN to generate cross-linked fibrin degradation products (XL FDP)

4) D dimer comprising of two D fragments cross-linked together is the smallest plasmin resistant, molecular unit present with XL FDP

5)Detection of D-dimer is invaluable as a diagnostic marker of thrombotic condition such as DIC, DVT and PE

6) D dimer levels can also be used to monitor thrombolytic therapy with tpa and with streptokinase thrombotic complications in pregnancy, acute myocardial infarction, sickle cell crisis, severe septic infections, liver diseases, DIC accompanying snake bite and prognosis and response to therapy in cancer

End of Report

Dr. Jatin Pandit
Pathologist

BELOW ARE ALL PESP REPORT FORMATS

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HEALTHCARE

Dr. A. Verma MBBS, DCP, MD
Clinical Pathologist & Microbiologist
Reg. No. 1653

DR. VERMA HEALTHCARE
PATHOLOGY LABORATORY

H.B. Road, Tharpakhna, Ranchi 834001
E-mail: drvermahealthcare.mc@gmail.com
Mobile: +91 8987788332

REG NO. : OPD / 9

AGE : 15 Years

NAME : Mr. Dummy

SEX : Male

REF. BY : . SELF

DATE : 27/08/2021

CULTURE AND SENSITIVITY REPORT

Nature of Specimen : Urine
Colony Count : $>10^5$ /ml of urine
Organism Isolated : E.coli

<u>ANTIBIOTIC</u>	<u>SENSITIVITY</u>	<u>ANTIBIOTIC</u>	<u>SENSITIVITY</u>
Azithromycin	: Sensitive	Colistin	: Sensitive
Ampicillin	: Sensitive	Cefoxitin	: Highly Sensitive
Ampicillin + Sulbactam	: Resistant	Ceftriaxone + Salbactam	: Intermediate
Amoxicillin + Clavulanic acid	: Resistant	Cefoperazone + Salbactam	: Highly Sensitive
Amikacin	: Sensitive	Ceftazidime + Salbactam	: Sensitive
Aztreonam	: Sensitive	Doxycyclin	: Resistant
Bactrim	: Resistant	Erythromycin	: Resistant
Clarithromycin	: Resistant	Ertapenem	: Resistant
Ciprofloxacin	: Sensitive	Fosfomycin	: Sensitive
Ceftriaxone	: Sensitive	Gentamycin	: Resistant
Cefotaxim	: Intermediate	Imipenem	: Highly Sensitive
Ceftazidime	: Highly Sensitive	Levofloxacin	: Resistant
Cefexime	: Sensitive	Linezolid	: Sensitive
Cefepime	: Highly Sensitive	Micatin	: Highly Sensitive
Cefazolin	: Sensitive	Meropenem	: Sensitive
Cefuroxime	: Resistant	Norfloxacin	: Sensitive
Cefoperazone	: Resistant	Neomycin	: Resistant
Chloramphenicol	: Highly Sensitive		

END OF REPORT

Dr. Ashwini Verma

Pathologist

**PRINT
MULTIPLE
TEST REPORTS
ON A SINGLE
PAGE**



REG NO. : OPD / 66 UHID NO. : 66-01/07/2021-OP AGE : 11 Years
 NAME : Mst. Sarthak Sondkar SEX : Male
 REF BY : Dr Siddhi Hospital DATE : 01/07/2021

COMPLETE BLOOD COUNT

<u>TESTS</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
PERIPHERAL SMEAR EXAMINATION			
Platelets	: Adequate	/cmm	150000 - 450000
RBC Morphology	: Normocytic Normochromic		
WBCs	: Normal		
Parasites	: not detected		

PLASMA PROTHROMBIN TIME

Plasma Prothrombin Time	
Patient's Prothrombin Time	: 11 Seconds
Control Prothrombin Time	: 12.00 Seconds
ISI	: 1
INR	: 0.92

**How to combine multiple tests,
this is sample report**

URINE ANALYSIS REPORT

<u>TESTS</u>	<u>RESULTS</u>	<u>UNIT</u>	<u>REFERENCE RANGE</u>
Physical Examination			
Colour	: Yellow		
Quantity	: 20 ml		
Appearance	: Clear		
Deposits	: Absent		
Specific gravity	: 1012		
Reaction (pH)	: Acidic		4.8-7.6
Chemical Examination			
Proteins	: Trace		Absent
SUGAR	: Absent		
Ketone Bodies	: absent		Absent
Bile Salts	: Absent		Absent
Bile Pigments	: Absent		Absent
Urobilinogen	: Normal		
Microscopic Examination			
RBC	: Absent		0 - 1
PUS(WBC) Cells	: 2-3		0 - 3
Epithelial Cells	: 4-5		1 - 2



REG NO. : OPD / 66 UHID NO. : 66-01/07/2021-OP AGE : 11 Years
NAME : Mst. Sarthak Sondkar SEX : Male
REF BY : Dr Siddhi Hospital DATE : 01/07/2021

Casts : Absent
Crystals : Absent
Protozoa (T.Vaginatis) : Absent

SEROLOGY REPORT

HBSAG

Observation : Only control band seen
Method : Chromatographic Immunoassay
Impression : Negative

BIOCHEMISTRY

BLOOD SUGAR (RANDOM)

RESULTS : 74 MG% 65 - 140
METHOD : GOD.POD.

Serum CREATININE : 0.71 mg/dl 0.5 - 1.5

END OF REPORT



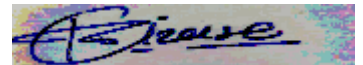
Dr. Rajesh Akolkar
Pathologist

REG NO. : OPD / 35 UHID NO. : 35-03/08/2021- AGE : 35 Years
NAME : Mrs. Pushpa Mistri SEX : Female
REF BY : Dr Geetanjali Purohit DATE : 03/08/2021

STOOL EXAMINATION

<u>TESTS</u>	<u>RESULTS</u>	<u>UNIT</u>
Physical Examination		
Colour	: Brown	
Consistency	: Soft	
Mucus	: Trace	
Blood	: nil	
Chemical Examination		
Reaction	: Acidic	
Fat Globules	: Absent	
Microscopic Examination		
RBC	: Absent	/hpf
Pus cells	: Absent	/hpf
Veg. cells / Fibres	: Few+	/hpf
IMPRESSION	: No Abnormality detected	

END OF REPORT



Dr. Harihar Trivedi
Pathologist



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REG NO. : OPD / 254
NAME : B/O Pallavi Kapare
REF BY : Siddhivinayak Hospital

AGE : 24 DAYS
SEX : Male
DATE : 20/08/2021

HAEMOGRAM

(Done on fully Automatic BC3000 PLUS)

TESTS	RESULTS	REF RANGE
Haemoglobin	: 12.6 gm%	13.6 - 19.6

WBC Count

Total WBC Count	: 7400 /cmm	4000 - 11000
Lymphocyte Count	: 4300 /cmm	800 - 4950
Neutrophil Count	: 2700 /cmm	2000 - 7150
Monocyte Count	: 400 /cmm	80 - 880

DIFFERENTIAL COUNT

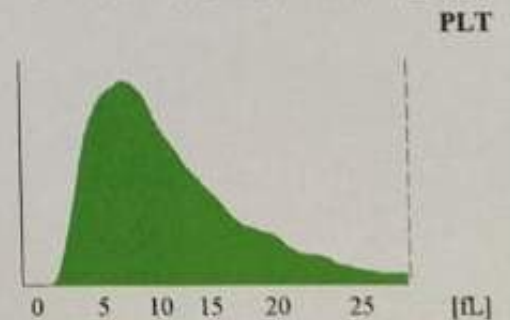
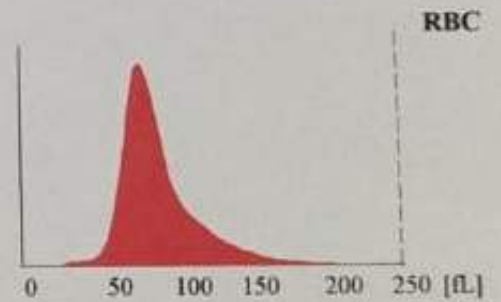
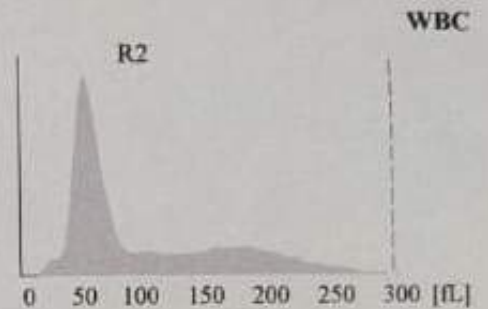
Neutrophil	: 36 %	50 - 65
Lymphocytes	: 57 %	20 - 45
Eosinophil	: 03 %	1 - 4
Monocytes	: 04 %	2 - 8
Basophil	: 00 %	0 - 1

RBC Indices

Haematocrit (HCT)	: 35.3 %	40 - 54
R.B.C. count	: 3.73 mil./cmm.	4 - 6
MCV	: 94.8 fL	76 - 96
MCH	: 33.7 pg	27 - 32
MCHC	: 35.6 gm/dl	32 - 36
RDW-CV	: 14.8 %	11.5 - 14.5

Platelets Indices

Platelet Count	: 333000 /cmm	150000 - 450000
MPV	: 9.1 fL	7.4 - 10.4
PDW	: 15.6 fL	15.0 - 17.0
PCT	: 0.303 %	0.100 - 0.282



Harshad

Lab Tech

RADIOLOGY REPORT FORMAT IN PESP

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COST IS GIVEN IN ADDITIONAL CHARGES SECTION ABOVE**



REG NO. : OPD / 45 UHID NO. : 45-20/07/2021-OPD AGE : 23 Years
NAME : Mrs. Rutuja Kudale SEX : Female
REF BY : Manoj Doshi DATE : 20/07/2021

Chest X ray PA views

Both lungs are normal.

Trachea is central in position.

Costophrenic angles are clear.

Cardiothoracic ratio is normal.

Cardiac silhouette is well maintained.

Mediastinal and hilar regions are normal.

Both diaphragmatic domes are well visualised and normal.

Visualised skeleton and soft tissues around thoracic cage appear normal.

Comment :-

No significant abnormality detected.

Suggest clinical correlation and further evaluation

End of Report

Dr. Renuka Dhar
Radiologist



REG NO. : OPD / 66 UHID NO. : 66-01/07/2021-OPD AGE : 11 Years
NAME : Mst. Sarthak Sondkar SEX : Male
REF BY : Dr Siddhi Hospital DATE : 01/07/2021

Ultrasound examination of Abdomen & Pelvis

Liver is normal in size, shape and echotexture. The intra hepatic portal radicles look normal. No focal lesion seen. Portal vein is normal.

The gall bladder is well distended with smooth outline. No obvious calculus detected. The CBD is normal.

Spleen is normal in size and echotexture. No focal lesion.

Pancreas is normal in size and echotexture.

The aorta, inferior vena, cava, pre and para aortic regions look normal.

Abdominal lymph nodes are not enlarged.

Visualised bowel loops show normal peristalsis.

*Right kidney: 8.3x3.3 cms Left kidney: 8.1x3.5 cms
Both kidneys appear normal in size, shape and echogenicity.
Corticomedullary differentiation is maintained bilaterally.
No calculus, hydronephrosis, or perinephric pathology seen.*

Urinary bladder is well distended and normal. Its wall shows normal thickness. No focal lesion or calculus seen.

Prevoid- 110 cc Postvoid- 25 cc.

No free fluid seen in the peritoneal cavity.

Comment :

No significant abnormality detected.

Suggest further evaluation and follow up.

End of Report

Dr. Renuka Dhar
Radiologist



REG NO. : OPD / 35 UHID NO. : 35-03/08/2021-OPD AGE : 35 Years
NAME : Mrs. Pushpa Mistri SEX : Female
REF BY : Dr Geetanjali Purohit DATE : 03/08/2021

Ultrasound examination of Abdomen & Pelvis

Liver is normal in size, shape and echotexture. The intra hepatic portal radicles look normal. No focal lesion seen. Portal vein measures 10 mm.

The gall bladder is well distended with smooth outline. No obvious calculus detected. The CBD is normal.

Spleen is normal in size and echotexture. No focal lesion.

Pancreas is normal in size and echotexture.

*Abdominal lymph nodes are not enlarged.
Visualised bowel loops show normal peristalsis.*

*Right kidney: 10.3x4.3 cms Left kidney: 9.8x4.6 cms
Both kidneys appear normal in size, shape and echogenicity.
Corticomedullary differentiation is maintained bilaterally.
No calculus, hydronephrosis, or perinephric pathology seen.*

Urinary bladder is well distended and normal. Its wall shows normal thickness. No focal lesion or calculus seen.

*Uterus measures 8.3x5.0x3.8 cms, is anteverted and is normal in size and echotexture. **Cu-T in situ**. No focal myometrial lesion seen.*

*Right ovary - 3.0x1.6 cm Left ovary - 2.8x1.7 cm
Both ovaries are normal in size and echotexture. The adnexa are clear*

No free fluid seen in peritoneal cavity.

Comment: -

No significant abnormality detected.

Suggest - further evaluation and follow up.

End of Report

Dr. Rajesh G
Radiologist

**QR CODE
BAR CODE
ON
REPORTS
In PESP**



UHID NO. : OPD / 0701662021
NAME : Mst. Aniruddha Dave
REF. BY : Dr Siddhi Hospital



AGE : 11 Years
SEX : Male
DATE : 01/07/2021

HIV I AND II ANTIBODIES

Observation : Negative


Method : Tridot

NOTE : The above test is a screening test for detection of HIV I and II antibodies in human serum or plasma immobilized on an immunofiltration membrane. HIV I and HIV II viruses share many morphological and biological characteristics. It is likely that due to this reason, their antibodies behave via cross reactivity of 30-70 % Then tested using Recombinant proteins. Appearance of dots of HIV I and HIV II antibodies on the test device does not necessarily imply co-infection from HIV I and II. This is only a screening test. All positive detected sample shall be reconfirmed by using WESTERN BLOT techniques. Negative test result does not exclude the possibility of infection or exposure to HIV.

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Dr. Rajesh Akolkar

Pathologist

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LAB ID	: IPD / 090412021	AGE & SEX	: 12 Years, Male
Patient Name	: Mr. Ravi C	Accession Date	: 04/09/2021
Referred By	: DR AKSHAYDEEP PATIL	Report Date	: 06/09/2021
Mobile No	: 9011026090	Report Status	: Final

BIOCHEMISTRY

<u>TESTS</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
<u>PLASMA GLUCOSE, FASTING</u>			
RESULTS	: 12	MG%	70 - 110
METHOD	: GOD.POD.		
URINE SUGAR	: 12		
URINE ACETONE	: 12		
Plasma GLUCOSE, Post-Prandial	: 12	MG%	70 - 140

HAEMATOLOGY

COMPLETE BLOOD COUNT

Haemoglobin	: 12	gm/dl	12 - 13
R.B.C. Count	: 4.5	mil/cmm	4.5 - 5

RED CELL ABSOLUTE VALUES

Mean Corpuscular Volume	: 0	cu micron	80 - 90
Mean Corpuscular Hemoglobin	: 26.67	picograms	27 - 32
Mean corpuscular Hb Con.	: 0	g/dl	32 - 36

PERIPHERAL SMEAR EXAMINATION

Platelets	: Adequate	/cmm	150000 - 450000
Erythrocytes	: Normocytic Normochromic		
Immature cells	: nil		
Parasites	: not detected		

Bleeding Time	: 2.30	min	1 - 5
Prothrombin Time	: 13	Sec.	12 - 13

End of Report

M. Somesh Pant

Authorised By
Dr. M. Somesh Pant
MD (Path)

FORMAT STYLE CLASSY

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LAB ID : IPD / 090412021

Patient Name : Mr. Ravi C

Referred By : DR AKSHAYDEEP PATIL

Mobile No : 9011026090

AGE & SEX : 12 Years, Male

Accession Date : 04/09/2021

Report Date : 06/09/2021

Report Status : Final



HIV I AND II ANTIBODIES

Observation : Negative

Method : Tridot

NOTE : The above test is a screening test for detection of HIV I and II antibodies in human serum or plasma immobilized on an immunofiltration membrane. HIV I and HIV II viruses share many morphological and biological characteristics. It is likely that due to this reason, their antibodies behave via cross reactivity of 30-70 % Then tested using Recombinant proteins. Appearance of dots of HIV I and HIV II antibodies on the test device does not necessarily imply co-infection from HIV I and II. This is only a screening test. All positive detected sample shall be reconfirmed by using WESTERN BLOT techniques. Negative test result does not exclude the possibility of infection or exposure to HIV.

METHOD

LATEX

End of Report

Authorised By

Dr. M. Somesh Pant

MD (Path)

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LAB ID : IPD / 090612021

Patient Name : Mr. S Birla

Referred By : DR AKSHAYDEEP PATIL

Mobile No : 9011026090



AGE & SEX : 21 Years, Male

Accession Date : 06/09/2021

Report Date : 06/09/2021

Report Status : Final

Speciman of Prostatectomy for Histopathology :

Gross : Multiple yellowish grey firm tissue bits.

Microscopy : S/s prostatic tissue in bits.

Sections show proliferated glands with cystically dilated glands at places. There are seen sheets of atypical cells in the stroma. These tumour cells are forming demonstrable gland patterns lined by single uniform atypical cuboidal cells. Cribriform pattern at places is noted. Nuclei are vesicular with hyperchromatism at places. Atypical cells are seen in the stroma. Fibromuscular stroma shows chronic inflammatory infiltrate.

Impression : Findings are suggestive of Well Differentiated Adenocarcinoma of Prostate.

Slide No : HPE 1060/05

End of Report

Checked By

Mr. Jagat Singh

BSc. DMLT

Authorised By

Dr. M. Somesh Pant

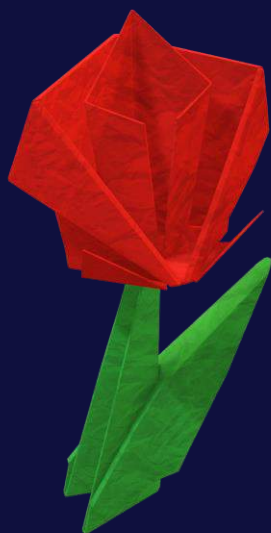
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