



PathoGold

OFFLINE

DESKTOP

BASED

SOFTWARES

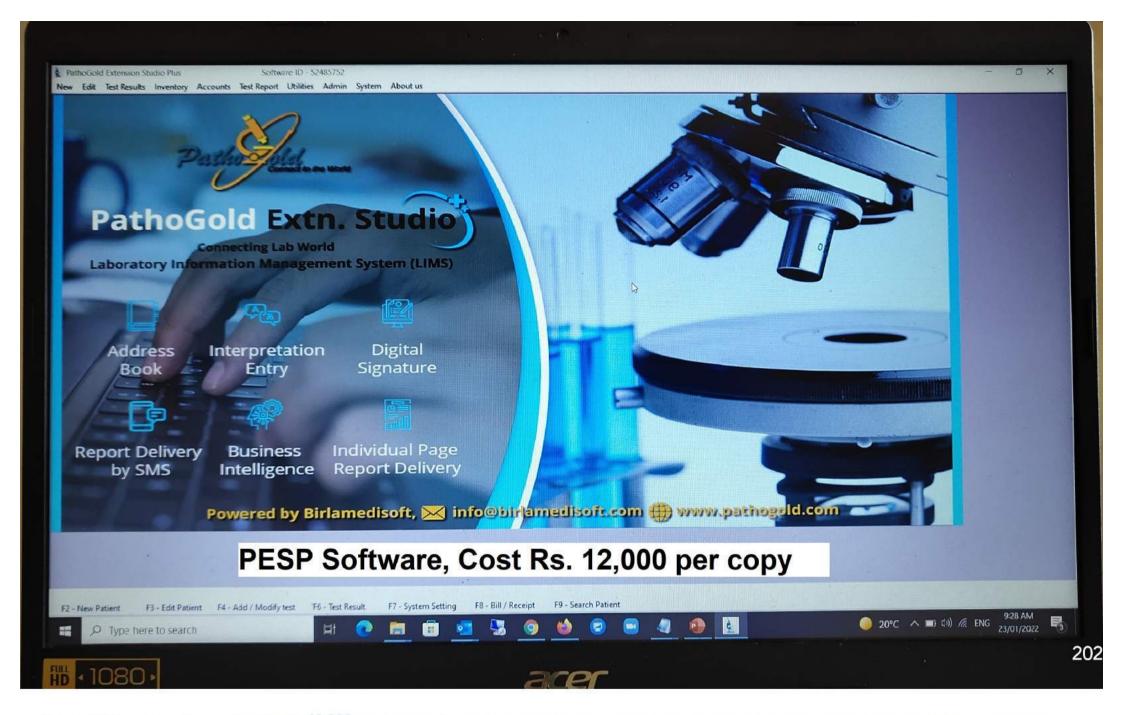


LABORATORY & DIAGNOSTICS CENTRE MANAGEMENT SYSTEMS





This is PG5 Software Screen, Costing Rs. 6,000 per license. Lifetime License provided. Birlamedisoft support is for 1 year. Later if required, Rs. 2,000 per year charges needs to be paid. Software will not require any AMC, but if required any support, it has to be paid extra.



This is PESP Software Screen, Costing Rs.12,000 per license. Lifetime License provided. Birlamedisoft support is for 1 year. Later if required, Rs. 3,600 per year charges needs to be paid. Software will not require any AMC, but if required any support, it has to be paid extra.

REPORT **OUTPUT FORMAT** OF **EACH 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>	REFERENCE RANGE
Haamaalahin		15	am/dl	14 - 18
Haemoglobin	:		gm/dl	
R.B.C. Count	:	4.5	mil/cmm	4.5 - 6.5
Total WBC Count	:	4000	/ cmm	4000 - 11000
RED CELL ABSOLUTE VALU	ES	_		
Packed Cell Volume	:	47	%	40 - 54
Mean Corpuscular Volume	:	104.44	cu micron	76 - 96
Mean Corpuscular	:	33.33	picograms	27 - 32
Hemoglobin				
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
PERIPHRAL SMEAR EXAMIN	NA'	<u> FION</u>		
Platelets		Adequate	/cmm	150000 - 450000
Erythrocytes	:	Normocytic Norm	nochromic	
Immature cells	:	nil		
Parasites	:	not detected		
Bleeding Time	:	2.30	min	1 - 5
Prothrombin Time	:	13	Sec.	12 - 13

This is PG5 Sample Report Costing Rs. 6,000 per copy

Mr. Shailesh Sampat B.Sc., DMLT



KG DIAGNOSTICS CENTRE

(BLOOD COLLECTION CENTRE)

TIMINGS: MON. TO SAT. 08.00 A.M. TO 01.00 P.M. & 03.00 P.M. TO 08.00 P.M. 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>	RESULTS	<u>UNITS</u>	REFERENCE RANGE					
COMPLETE BLOOD COUNT	_							
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					
RED CELL ABSOLUTE VALUES								
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					
DIFFERENTIAL COUNT								
Neutrophils	: 52	%	40 - 70					
Lymphocytes	: 38	%	20 - 45					
Eosinophil	: 06	%	0 - 6					
Monocytes	: 04	%	0 - 8					
Basophils	: 0	%	0 - 1					
PERIPHRAL SMEAR EXAMI	NATION_							
Platelets	: 2,51,000	/cmm	150000 - 450000					

End of Report

Dr. Jatin Pandit
Pathologist

This is PESP Sample Report Single Signature

Costing Rs. 10,000 per copy

PDF file creation plus Header, Footer, Single Sign Addition

ADDRESS: OPP. MALVAN ST DEPOT, TAL: MALVAN, DIST. SINDHUDURG.

e 1 of 1 Printed on :31/08/2021 3:43:08



Dr SELF

"A center Committed to Quality"

DATE : 07/01/2022

Address: Statypeal Complex. Address: Hespatal, Landersadt (Chiebent). Int., Admingson: Dist., Paris, 870503 Email: patarespathologyistelyjigissatusem. Mob., Banki 18243 (Administration).

Medical Lab. Technological Analysis Result Sheet

REG NO. : OPD / 1 **AGE** : 21 Years

NAME : Mr. Suresh Babu SEX : Male

BIOCHEMISTRY

<u>TESTS</u>	RESULTS	<u>UNITS</u>	REFERENCE RANGE
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/HDLC Ratio	: 1.95		3.0 - 6.0
LDLC/HDLC RATIO	: 0.74		2.5 - 3.5

Note:

REF. BY

Lipid Profile RANGES AS PER NCEP-ATP III are:

Serum cholesterol (Total):

Desirable: < 200 mg/dl, Borderline: 200 - 239 mg/dl, Elevated: >/= 240 mg/dl

Serum high density lipoprotein cholesterol (HDL) :

Low Risk: > 60 mg/dl, Borderline: 35-60 mg/dll, High risk: 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/dll, Elevated: >/= 160 mg/dl

Triglycerides:

Desirable: 150 mg/dl, Borderline: 150-199 mg/dll, High: 200 - 499 mg/dl, Very High: >/= 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

... D

This is PESP Sample Report

Double Signature

Costing Rs. 12,000 per copy

Authorised By

Dr. Ravindra Toshi MBBS, MD (Path)

B.Sc., DMLT

PDF FILE creation, Header, Footer Addition, Double Sign Addition

Navin Nagar Road, Near Canara Bank, Sangamner, Dist. A'nagar 422 605 🖂 diagnoshieldlab@gmail.com @ www.diagnoshieldlab.com



KG DIAGNOSTICS CENTRE

(BLOOD COLLECTION CENTRE)

TIMINGS: MON. TO SAT. 08.00 A.M. TO 01.00 P.M. & 03.00 P.M. TO 08.00 P.M. 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

TESTS RESULTS UNITS REFERENCE RANGE

FDP (D- Dimer) : 260 ng/ml (FEU) 0 - 500

NOTE 1) during

coagulation sequence of reactions occurs in the body in response to veriety of external and /or nintarnal stimuli 2)The enzymatic cascade reacation terminates the conversion of FIBRINOGEN to FIBRIN by the enzyme THROMBIN

3)The fibrin gel in then converted to s stabale fibrin clot by thromin activeted factor XII Finally the fibrin network is dissolved by the enazyem PLASMIN to genrate cross-linked fibrin degradation products (XL FDP)

4) D dimmer comprising of two D fragments cross-linked together is the smallest plasmin resistant, molecular unit present with XL FDP 5)Detection of

D-dimmer is invaulubal as a dignostic marker of thrmbotic condtion such as DIC DVT and PE

6) D dimmer levels can also be used to monitor thrmbolytic therapy with tpa and with streptokinase thrmbotic complictions in pregnancy acute myocardial infarcation sickle cell crisis severe septic infections liver dieses DIC accompanaying snake bite and prognosis and response to therapy in cancer

End of Report

Dr. Jatin Pandit

Pathologist

BELOW ARE ALL PESPREPORT FORMATS

ADDRESS: OPP. MALVAN ST DEPOT, TAL: MALVAN, DIST. SINDHUDURG.

re 1 of 1 Printed on :31/08/2021 3:44:03PM



DR. VERMA HEALTHCARE

H.B. Road, Tharpakhna, Ranchi 834001

E-mail: drvermahealthcare.mc@gamil.com Mobile: +91 8987766332

: Intermediate

REG NO. : OPD / 9 : 15 Years

NAME : Mr. Dummy SEX : Male

: . SELF REF. BY **DATE**: 27/08/2021

CULTURE AND SENSITIVITY REPORT

Nature of Specimen Urine

 $>10^5/\text{ml}$ of urine Colony Count

E.coli Organism Isolated

ANTIBIOTIC SENSITIVITY ANTIBIOTIC SENSITIVITY

: Sensitive Azithromycin : Sensitive Colistin

Ampicillin : Sensitive : Highly Sensitive Cefoxitin

Ampicillin + : Resistant Ceftriaxone +

Sulbactam Salbactum

Amoxycillin + : Resistant Cefoperazone + : Highly Sensitive Clavulanic acid

Salbactum **Amikacin** : Sensitive

Ceftazidime + : Sensitive

Aztreonam : Sensitive Salbactum

: Resistant **Bactrim** Doxycyclin : Resistant Clarithromycin : Resistant Erythromycin : Resistant Ciprofloxacin : Sensitive : Resistant Ertapenem Ceftriaxone : Sensitive Fosfomycin : Sensitive Cefotaxim : Intermediate Gentamycin : Resistant

Ceftazidime : Highly Sensitive **Imipenem** : Highly Sensitive

Cefexime : Sensitive Levofloxacin : Resistant

Cefepime : Highly Sensitive Linezolid : Sensitive Cefazolin : Sensitive

: Highly Sensitive Micatin Cefuroxime : Resistant

Meropenem : Sensitive Cefoperazone : Resistant : Sensitive Norfloxacin Chloramphenicol : Highly Sensitive

: Resistant Neomycin

END OF REPORT

Dr. Ashwini Verma

Pathologist



REG NO : 2 AGE : 54 Years

NAME : ABA ROHOKALE SEX : Male

REF BY : DR AKSHAYDEEP PATIL DATE : 31/08/2021

WIDAL TEST (Tube Method)

Serum Dilution	3	32	32	232	32
S. Typhi 'O'	1	1	1	1	1
S. Typhi 'H'	1	1	1	1	1
S. Para Typhi AH	1	1	1	1	1
S. Para Typhi BH	1	1	1	1	1

IMPRESSION: Correlate Clinically

Widal slide and tube agglutination test that detects the presence the serum agglutinins (O, H) in the patient's serum, with typhoid and paratyphoid fever.

- 1. TAB vaccinated patients may show a high titer of antibodies to each of the antigens.
- 2. Agglutination usually appear by the end of the first week of infections ,blood sample taken earlier may give a negative result
- 3. A rising titer is more significant than a single high titer. It is therefore necessary to evaluate two or more serum samples taken at 4-6 days intervals after the onset of the disease.
- 4. Generally antibody titers of 1:80 or more are considered clinically and diagnostically significant.

End of Report

M Closeen



REG NO : 2 AGE : 54 Years

NAME : ABA ROHOKALE SEX : Male

REF BY : DR AKSHAYDEEP PATIL DATE : 31/08/2021

WIDAL TEST (Slide Method)

Serum Dilution	1:20	1:40	1:80	1:160	1:320
S. Typhi 'O'	1	1	1	1	1
S. Typhi 'H'	1	1	1	1	1
S. Para Typhi AH	1	1	1	1	1
S. Para Typhi BH	1	1	1	1	1

IMPRESSION: Correlate Clinically

Widal slide and tube agglutination test that detects the presence the serum agglutinins (O, H) in the patient's serum, with typhoid and paratyphoid fever.

- 1. TAB vaccinated patients may show a high titer of antibodies to each of the antigens.
- 2. Agglutination usually appear by the end of the first week of infections ,blood sample taken earlier may give a negative result
- 3. A rising titer is more significant than a single high titer. It is therefore necessary to evaluate two or more serum samples taken at 4-6 days intervals after the onset of the disease.
- 4. Generally antibody titers of 1:80 or more are considered clinically and diagnostically significant.

End of Report

M Closeen



LIFE CARE DIAGNOSTICS

Ghari Master Complex, Tabalpur Chowk, Lodipur, Bhagalpur Mob.: 6294331592

REG NO. : IPD / 1

UHID NO.

: 1-05/07/2021-IPD

AGE

: 31 Years

NAME

: Mr. Ramesh Parmar

SEX

: Male

REF BY

: Dr Sagar,S.Biyani

DATE

: 05/07/2021

Dengue NS 1: Negative

Dengue NS1 protein is multimeric secreted protein that is beleive to play a role in viral replication. It is strongly immunogenic eliciting antibodies with complement fixing activity.

NS1 can be detected in circulating blood during acute infection.

Dengue IgG: Negative

Dengue IgM: Negative

A positive IgM indicates primary Dengue infection.

A positive IgG indicates secondary Or Previous dengue infection.

Test detects presence of antibodies to dengue virus in the specimen and should not be used as sole criteria for diagnosis of Dengue virus.

In early infections & some secondary infections detecteable levels of IgM may be low.

As with all diagnostic tests ,all results must be considered with other clinical information available to the physician.

A negative result does not rule out the possibility of early infection of Dengie virus.

End of Report

Dr. Pushpendra Mishra

Pathologist

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



BALAJI DIAGNOSTIC CENTRE We Care For You & You Can depend on us



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

TESTS RESULTS UNIT REFERENCE RANGE

PERIPHERAL SMEAR EXAMINATION

Platelets : Adequate /cmm 150000 - 450000

RBC Morphplogy : Normocytic Normochromic

WBCs : Normal
Parasites : not detected

PLASMA PROTHROMBIN TIME

How to combine multiple tests, this is sample report

Plasma Prothrombin Time

Patient"s Prothrombin Time : 11 Seconds
Control Prothrombin Time : 12.00 Seconds

ISI : 1 INR : 0.92

URINE ANALYSIS REPORT

<u>RESULTS</u>	<u>UNIT</u>	REFERENCE RANGE
: Yellow		
: 20 ml		
: Clear		
: Absent		
: 1012		
: Acidic		4.8-7.6
: Trace		Absent
: Absent		
: absent		Absent
: Absent		Absent
: Absent		Absent
: Normal		
: Absent		0 - 1
: 2-3		0 - 3
: 4-5		1 - 2
	 Yellow 20 ml Clear Absent 1012 Acidic Trace Absent absent Absent Normal Absent 2-3 	 Yellow 20 ml Clear Absent 1012 Acidic Trace Absent absent Absent Normal Absent 2-3

Page 1 of 2 Printed on :19/08/2021 10:48:16PM



BALAJI DIAGNOSTIC CENTRE We Care For You & You Can depend on us



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

Page 2 of 2 Printed on :19/08/2021 10:48:16PM





Surgical Pathology Haematology & Biochemistry Hormones & Immunoassays Esoteric (Special) Tests Clinical Pathology

◆Fully Computerized Lab., Electrolyte Machine Analyzer ◆Equipeed With Auto Biochemistry Analyzer & Haematology ◆Call Counter ◆Hb A 1c

: OPD / 35 REG NO. **AGE** 35 Years UHID NO. : 35-03/08/2021-

: Mrs. Pushpa Mistri **NAME** SEX : Female

REF BY : Dr Geetanjali Purohit : 03/08/2021 DATE

STOOL EXAMINATION

TESTS RESULTS UNIT

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

- jeuse

Dr. Harihar Trivedi **Pathologist**





Printed on:18/08/2021 2:52:17PM







Surgical Pathology
 Haematology & Biochemistry
 Hormonea & Immunoassays
 Esoteric (Special) Tests
 Clinical Pathology

◆Fully Computerized Lab., Electrolyte Machine Analyzer ◆Equipeed With Auto Biochemistry Analyzer & Haematology ◆Cell Counter ◆Hb A 1c

REG NO. : OPD / 20 20-05/07/2021-0 UHID NO. AGE : 49 Years NAME : Mrs. Kiran Malani SEX : Female REF BY : Mahavir Modi DATE : 05/07/2021

KEF. DI · Manavii Mou	1					
	BIOCHEMISTRY					
<u>TESTS</u>	RESULTS	<u>UNITS</u>	REFERENCE RANGE			
BLOOD SUGAR (RANDOM)						
RESULTS	: 75	MG%	65 - 140			
METHOD	: GOD.POD.					
LIVER FUNCTION TEST						
Bilirubin- Total	: 1.0	mg%	0.1 - 1.3			
Bilirubin- Direct	: 0.24	mg%	0 - 0.3			
Bilirubin- Indirect	: 0.76	mg%	0.1 - 1.0			
SGPT	: 31	IU/L	5 - 40			
SGOT	: 42	IU/L	8 - 35			
Alkaline Phosphatase	: 104	U/L	28 - 110			
Total Protein	: 6.8	gm/dl	6 - 8			
Albumin	: 4.1	gm/dl	3.5 - 5			
Globulin	: 2.7	gm/dl	2.3 - 3.5			
Serum Uric Acid	: 5.19	mg/dl	2.3 - 6.0			

End of Report



Dr. S.Kumar

Pathologist

Page 1 of 1 Printed on:19/08/2021 10:57:27PM

DR.RAVI MEENA PATHOLOGY

FULLY AUTOMATED MULTI-SPECIALITY PATHOLOGY LABORATORY
Timing: 8 am to 8 pm.. (Everday)

REG NO.	: OPD / 20	UHID NO.	20-05/07/2021-0	AGE	: 49 Years
NAME	: Mrs. Kiran Malani			SEX	: Female
REF. BY	: Mahavir Modi			DATE	: 05/07/2021

	Bl	OCHEMIST	RY
<u>TESTS</u>	RESULTS	<u>UNITS</u>	REFERENCE RANGE
BLOOD SUGAR (RANDOM)			
RESULTS	: 75	MG%	65 - 140
METHOD	: GOD.POD.		
LIVER FUNCTION TEST			
Bilirubin- Total	: 1.0	mg%	0.1 - 1.3
Bilirubin- Direct	: 0.24	mg%	0 - 0.3
Bilirubin- Indirect	: 0.76	mg%	0.1 - 1.0
SGPT	: 31	IU/L	5 - 40
SGOT	: 42	IU/L	8 - 35
Alkaline Phosphatase	: 104	U/L	28 - 110
Total Protein	: 6.8	gm/dl	6 - 8
Albumin	: 4.1	gm/dl	3.5 - 5
Globulin	: 2.7	gm/dl	2.3 - 3.5
Serum Uric Acid	: 5.19	mg/dl	2.3 - 6.0
		_	

End of Report

Dr. Ravi Meena

Pathologist

Page 1 of 1 Printed on :19/08/2021 10:54:51PM

HEMATOLOGY INSTRUMENT INTERFACING REPORT **FORMAT** IN PESP

FOR GETTING THIS BELOW REPORT YOU MUST PURCHASE INTERFACING MODULE EXTRA
INTERFACE COST IS GIVEN IN ABOVE ADDITIONAL PESP CHARGES SECTION

SIDDHIVINAYAK

PATHOLOGY LABORATORY



Mr. Harshad D. Bangar

D.M.L.T. M. 9822909703 Ph.:(0241) 2320283

REG NO. : OPD / 254

NAME

: B/O Pallavi Kapare

REF BY : Siddhivinayak Hospital AGE : 24 DAYS

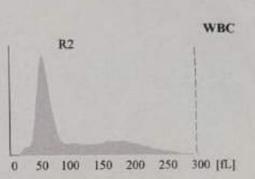
: Male SEX

: 20/08/2021 DATE

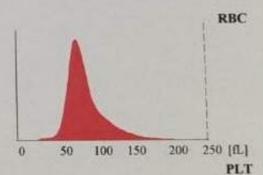
HAEMOGRAM

(Done on fully Automatic BC3000 PLUS)

TESTS		RESU	LTS	REF RANGE
Haemoglobin	:	12.6	gm%	13.6 - 19.6
WBC Count				
Total WBC Count		7400	/cmm	4000 - 11000
Lymphocyte Count	4	4300	/cmm	800 - 4950
Neutrophil Count		2700	/cmm	2000 - 7150
Monocyte Count		400	/cmm	80 - 880
DIFFERENTIAL C	ou	NT		
Neutrophil		36	%	50 - 65
Lymphocytes		57	%	20 - 45
Eosinophil		03	%	1 - 4
Monocytes	1	04	%	2 - 8
Basophil		00	%	0 - 1
RBC Indices				

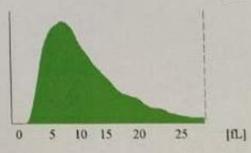


Haematocrit (HCT)	: 35.3	%	40 - 54
R.B.C. count	: 3.73	mil./cmm.	4-6
MCV	: 94.8	fL	76 - 96
MCH	: 33.7	pg	27 - 32
MCHC	: 35.6	gm/dl	32 - 36
RDW-CV	: 14.8	%	11.5 - 14.5



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



Lab Tech

Printed on :20/08/2021 1:09:09PM

RADIOLOGY REPORT FORMAT IN PESP

FOR GETTING RADIOLOGY REPORTS IN PESP YOU MUST PURCHASE RADIOLOGY MODULE
COST IS GIVEN IN ADDITIONAL CHARGES SECTION ABOVE



BALAJI DIAGNOSTIC CENTRE We Care For You & You Can depend on us



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 ov

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

- Landstone

Dr. Rajesh G



BALAJI DIAGNOSTIC CENTRE We Care For You & You Can depend on us



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 silhoutte 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 corelation and further evaluation

End of Report

Dr. Renuka Dhar

- Carond





LIFE CARE DIAGNOSTICS

Ghari Master Complex, Tabalpur Chowk, Lodipur, Bhagalpur Mob.: 6294331592

REG NO. : OPD / 41

UHID NO.

: 41-14/07/2021-OPD

AGE

: 34 Years

NAME

: Mr. Mayur Garud

SEX

: Male

REF BY

: Dr H.B.Pingale

DATE

TE : 14/07/2021

X ray Cervical Spine AP Lat Views

The vertebrae show normal density and architecture.

Intervertebral disc spaces appear well maintained.

Normal lordotic curvature seen.

The posterior elements and atlantoaxial articulation appear normal.

Pre and paraspinal soft tissues look normal.

No evidence of bony cervical rib noted.

Comment:

No significant abnormality detected.

Suggest clinical corelation and further evaluation

End of Report

Dr. Dharma Gupta





: Manoj Doshi

Miss. Ragini Bansod B.Sc. (Micro) ADMLT, MSBTE (MUM) Mr. Binay Biswas DMLT, B.Sc. (Micro)

DATE

Bajar Chowk, Near IDBI Bank, Vvahad (Bk). Mob. 8329369749, 8788193470 | 9:00 am to 8.00 pm

> **AGE** REG NO. : OPD / 2 UHID NO. : 2-02/08/2021-OPD : 40 Years

> NAME : Mrs. Bhakti Doshi SEX : Female

> > : 02/08/2021

Chest X ray PA views

Both lungs are normal.

REF BY

Trachea is central in position.

Costophrenic angles are clear.

Cardiothoracic ratio is normal.

Cardiac silhoutte 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 corelation and further evaluation

End of Report

Dr. Shailesh Ranade

- Carond

Radiologist

Thanks for Reference Technologist





Ghari Master Complex, Tabalpur Chowk, Lodipur, Bhagalpur Mob.: 6294331592

REG NO. : OPD / 40

UHID NO.

: 40-07/07/2021-OPD

AGE

: 29 Years

NAME

Mrs. Ashwini Karvande

SEX DATE Female07/07/2021

REF BY

: Prashant V Patil

Hystero-salpingography

Procedure is carried out under strict aseptic precautions. No postprocedure complication.

Contrast opacification of uterus and fallopian tubes done using urograffin 60 %.

Uterus cavity appears normal in size, shape and outline. There is no evidence of any filling defect or mass effect seen.

Both tubes are of normal calibre and smooth outlines.

Bilateral free peritoneal spill of contrast is seen, suggestive of patent fallopian tubes.

No gross ovarian mass has been outined.

IMPRESSION:

Hysterosalpingography reveals normal study.

Suggesr further evaluation/Laparoscopy.

End of Report

Dr. Dharma Gupta







BALAJI DIAGNOSTIC CENTRE We Care For You & You Can depend on us



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

Printed on:19/08/2021 10:28:40PM





CARE DIAGNOS

Ghari Master Complex, Tabalpur Chowk, Lodipur, Bhagalpur Mob.: 6294331592

REG NO. : OPD / 29 UHID NO.

: 29-07/07/2021-OPD

AGE : 80 Years

NAME : Mrs. Suman Gholap SEX : Female

DATE : 07/07/2021

/ COLOUR DOPPLER 2D ECHO

: Dr Gholap Seema

NAME SMT. SUMAN GHOLAP

AGE/ SEX: 80/F

DATE: 7/7/21

REF BY

REF-SUYOG HOSPITAL

M - Mode values

Doppler Values

AORTIC ROOT (mm) 32 PULMONARY VEL (m/sec)

LEFT ATRIUM (mm) 32

PG (mmHg)

AORTIC VEL (m/sec) 1.8 RV (mm)

IVS - S (mm) 11 PG/MG (mmHg)

LVID - D (mm) 46 MITRAL E WAVE (m/sec)

LVID - S (mm) 21 A WAVE (m/sec)

LVPW - D (mm) 11 TRICUSPID VEL. (m/sec) EJECTION FRACTION (%) 60%

PG (mmHg)

2D ECHO

Normal sized cardiac chambers.

Mild concentric LVH

NO RWMA, LVEF -60%

Aortic and mitral valve thickened and sclerosed.

Other valves normal

Intact IAS and IVS.

No clots, vegetations, pericardial effusion noted.

No e/o correction of aorta

DOPPLER

Trivial Mitral regurgitation .

No AS. Trivial AR

Grade I tricuspid regurgitation,

Mild Pulmonary hypertension (RVSP - 44 mm Hg)

IMPRESSION:

SCLERODEGENERATIVE AORTIC AND MITRAL VALVE DISEASE

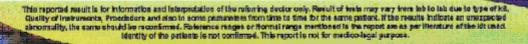
GRADE I LVDD, MILD CONCENTRIC LVH

GRADE I TR WITH MILD PH

GOOD LV FUNCTION ,LVEF-60% .

End of Report

Dr. Dharma Gupta









LIFE CARE DIAGNOSTICS

Ghari Master Complex, Tabalpur Chowk, Lodipur, Bhagalpur Mob.: 6294331592

REG NO. : OPD / 29

UHID NO.

: 29-07/07/2021-OPD

AGE

: 80 Years

NAME

: Mrs. Suman Gholap

SEX

: Female

REF BY

: Dr Gholap Seema

DATE : 07/07/2021

CAROTID DOPPLER

Carotid Doppler Examination was done using high frequency linear probe. B Mode & continous wave doppler examination was performed.

Both common carotid, carotid bulb, external & internal carotid arteries shows normal velocity triphasic flow.

Normal Intima, media thickness in both carotid arteries.

No thrombosis or occlusion in the arteries. No atherosclerotic plaque.

Both vertebral arteries shows normal flow pattern.

IMPRESSION:

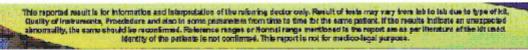
Normal Carotid Doppler study.

No stenosis or Occlusion in the carotid arteries.

End of Report

Dr. Dharma Gupta

Radiologist





Printed on :18/08/2021 3:00:39PM





BALAJI DIAGNOSTIC CENTRE We Care For You & You Can depend on us



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

The same

Dr. Rajesh G Radiologist

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



BALAJI DIAGNOSTIC CENTRE We Care For You & You Can depend on us



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.

End of Report

Rs. 2,000 extra for Barcode and QRCode printing on reports



Dr. Rajesh Akolkar

Pathologist

LATEST STYLE OF REPORT FORMAT IN PESP

FOR GETTING BELOW STYLE OF REPORTING IN PESP, YOU MUST PAY ADDITIONAL CHARGES
GIVEN ON EACH REPORT FORMAT BELOW





Surgical Pathology
 Haematology & Biochemistry
 Hormones & Immunoassays
 Esoteric (Special) Tests
 Clinical Pathology

🔷 Fully Computerized Lab., Electrolyte Machine Analyzer 💠 Equipeed With Auto Biochemistry Analyzer & Haematology 💠 Cell Counter 💠 Hb A 1c

: IPD / 090412021 LAB ID : 12 Years, Male AGE & SEX

: Mr. Ravi C **Patient Name Accession Date** : 04/09/2021 : DR AKSHAYDEEP PATIL Referred By **Report Date** : 06/09/2021

: 9011026090 **Mobile No Report Status** : Final

BIOCHEMISTRY

<u>TESTS</u> <u>RESULTS</u>	<u>UNITS</u>	REFERENCE RANGE
-----------------------------	--------------	-----------------

PLASMA GLUCOSE, FASTING

RESULTS 70 - 110 MG% : 12

: GOD.POD. **METHOD**

URINE SUGAR : 12 URINE ACETONE : 12

Plasma GLUCOSE, 70 - 140 : 12 MG%

Post-Prandial

HAEMATOLOGY

g/dl

32 - 36

COMPLETE BLOOD COUNT

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

RED CELL ABSOLUTE VALUES

Mean Corpuscular Volume : 0 cu micron 80 - 90 Mean Corpuscular picograms 27 - 32 : **26.67** Hemoglobin

Mean corpuscular Hb Con. : 0 PERIPHRAL SMEAR EXAMINATION

150000 - 450000 **Platelets** : Adequate /cmm

: Normocytic Normochromic Erythrocytes

Immature cells : nil

Parasites : not detected

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

End of Report

Authorised By

M Clausen

Dr. M. Somesh Pant

MD (Path)

FORMAT STYLE CLASSY

Report with New Header & New Layout Design Rs. 2,000/- extra





Surgical Pathology
 Haematology & Biochemistry
 Hormones & Immunoassays
 Esoteric (Special) Tests

06/09/2021

- Clinical Pathology

♦Fully Computerized Lab., Electrolyte Machine Analyzer ♦Equipeed With Auto Biochemistry Analyzer & Haematology ♦Cell Counter ♦Hb A 1c

LAB ID : IPD / 090412021

Patient Name : Mr. Ravi C

: DR AKSHAYDEEP PATIL Referred By

Mobile No : 9011026090 AGE & SEX 12 Years, Male

Accession Date 04/09/2021

Report Status Final

Report Date

HIV I AND II ANTIBODIES

METHOD Observation : Negative

Method : Tridot LATEX

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.

End of Report

M Classen

Authorised By

Dr. M. Somesh Pant MD (Path)

FORMAT STYLE UNIQUE

Report with New Header, New Layout, QR Code, Rs. 3,000/- Extra







- Surgical Pathology
 Haematology & Biochemistry
 Hormones & Immunoassays
 Esoteric (Special) Tests
- Clinical Pathology

♦Fully Computerized Lab., Electrolyte Machine Analyzer ♦Equipeed With Auto Biochemistry Analyzer & Haematology ♦Cell Counter ♦Hb A 1c

LAB ID : IPD / 090612021

: Mr. S Birla **Patient Name**

: DR AKSHAYDEEP PATIL **Referred By**

: 9011026090 Mobile No

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

M Classen

MD (Path)

FORMAT STYLE SUPER

Report with New Header, New Layout, QR Code Bar Code, Double Digital Signature Rs. 5,000/- Extra



Scan For Report Download





Contact Us

+91 9011026090

info@birlamedisoft.com birlamedisoft@gmail.com LABORATORY & **DIAGNOSTICS CENTRE MANAGEMENT SYSTEMS**





