

IN RESPECT OF PERSONS EMPLOYED IN OCCUPATIONS DECLARED TO BE DANGEROUS OPERATIONS UNDER SECTION 87

NAME OF CERTIFYING SURGEON DR SANTOSH DESHMUKH

MEDICAL CHECKUP		HARSH ENTERPRISES													
Sr.No.	EMP NO.	NAME OF EMPLOYEE	SEX	DOB	AGE	DOJ	DOL	REASON FOR LEAVING	NATURE OF OCCUPATION	DATE OF MEDICAL	IF SUSPENDED FROM	RECTIFIED TO RESUME	IF CERTIFICATE	SIGNATURE WITH DATE	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	1	PAPPU LONE	M	7-5-90	32	09-07-2020			WORKER		FIT				
2	2	PRAMOD NARWADE	M	6-1-82	39	16-08-2022			WORKER		FIT				
3	3	UTTAM ROTH	M	8-13-87	34	01-05-2019			WORKER		FIT				
4	4	PRAMOD RATHOD	M	1-1-89	33	06-06-2019			WORKER		FIT				
5	5	LALIT PATIL	M	10-25-96	26	01-11-2021			WORKER		FIT				
6	6	GANESH SHELAR	M	6-15-86	36	01-11-2021			WORKER		FIT				
7	7	PAVAN PATIL	M	9-29-99	24	11-11-2021			WORKER		FIT				

**Dr. Santosh Deshmukh**  
 Authorised Certifying Surgeon  
 No. ACS04- /2021  
 (Under Section 10(2) Act-1948)  
 Aurangabad District  
 25-01-2021 to 24-01-2023

# LILASONS HOSPITAL

Plot No. 139, Old SBH Bank, BajajNagar MIDC Waluj Aurangabad.

**Dr. Sanjay Patne**

MBBS, MD, AFIH Reg. No. 7113/16

Authorised Certifying Surgeon Reg. ACS04SP/2020

**Dr. Rahul Khedkar**

MBBS, DGO, AFIH Reg. 2064/03/1707

Authorised Certifying Surgeon Regd. ACS04-RK/2020

## MEDICAL EXAMINATION REPORT

<b>Emp. No.</b>		<b>Date</b>	<b>Referred By</b>	<b>Marital Status</b>																																			
		15/11/22		Married																																			
<b>Name of Examinee</b>		<b>Age</b>	<b>Sex</b>	<b>Date of birth</b>																																			
Pranod Rathod		33	m	01/01/89																																			
<b>Height (Cm)</b>	<b>Weight (kg)</b>	<b>Pulse / bpm</b>	<b>Blood Pressure (mm of Hg)</b>																																				
5.1	51	78	120/70																																				
<b>Personal History</b>		Diet/Alcohol/Tobacco/Smoking/Medical/NAD NAD																																					
<b>Family History</b>		Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other/Nil NAD																																					
<b>Past History</b>		Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other/Nil NAD																																					
<b>Present Complaints</b>																																							
<b>Clinical Examination (General)</b>		<table border="1"> <tr> <td>General condition</td> <td>Positive</td> <td><input checked="" type="checkbox"/></td> <td>Negative</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Anemia</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Jaundice :</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Cyanosis :</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Lymphadenopathy :</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Oedema</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>J.V.P.:</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	General condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>	Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	Oedema	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	J.V.P.:	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>		
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		<b>Per Abdominal</b>	soft																																				



Vision / Ophthalmic Check up	Colour Vision: <i>No colour Blindness</i>	Right Eye : <i>6/6</i> Left Eye : <i>6/6</i>
ENT Check up	<i>NAD</i>	
E/O Any Disease Communicable / VERTIGO / Body Deformity	<i>NAD</i>	
Dental Check up	<i>NAD</i>	
Investigation	<i>Report attach</i>	
Result / Remarks	<i>fit for Trav.</i>	
Signature of Patient	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p><i>Santosh</i></p> <p><b>Dr. Santosh Deshmukh</b>            Authorised Certifying Surgeon            No. ACS04 /2021            (Under Section 10(2) Act-1948)            Aurangabad District            25-01-2021 to 24-01-2023</p> </div> <div style="text-align: center;"> <p><i>Santosh</i></p> <p><b>Dr. Santosh Deshmukh</b>            MBBS, MD, AFPH            Reg. No. ACS04-SD/2021</p> <p><b>Seal &amp; Sign. Of Medical Examiner</b></p> </div> </div>	

Plot No. 139, Old SBH Bank, BajajNagar MIDC Waluj Aurangabad.  
 Mob. 7020884773



# ॥ श्री स्वामी समर्थ ॥ क्लिनिकल लॅबोरेटरी

PATIENT'S NAME : MR. PRAMOD RATHOD  
REF. BY : LILASONS HOSPITAL

AGE-33 Y/ SEX-M  
14/NOV / 2022

## COMPLETE BLOOD COUNT

### TEST DONE

### OBSERVED VALUE

### NORMAL RANGE

HAEMOGLOBIN % :	13.1 gm %	MALE : 13 - 16 gm % FEMALE : 11.5 - 15 gm %
TOTAL R.B.C. COUNT :	4.91 mill/Cumm	3.80 - 6.0 Mill/Cumm
H.C.T :	40.8 %	37 - 54 %
TOTAL WBC COUNT :	7,700 / cumm.	4,000 - 11,000 /cumm.
<b>DIFFERENTIAL LEUCOCYTE COUNT ( DLC):</b>		
NEUTROPHILS :	67%	30 - 75 %
LYMPHOCYTES :	28%	20 - 45 %
MONOCYTES :	03%	02 - 10 %
EOSINOPHILS :	02%	01 - 06 %
PLATELET COUNT :	2,84,000 / Cumm.	1.5 - 4.5 /Cumm.

THANKS FOR REFERENCE...../

DHRAJ SABLE

**Dr. MAHESH GARJE**  
MBBS, MD (Patho)  
Reg. No. 200809/3222





8208423007 8080964512  
9923133689 0240-2554165

सुमन हॉस्पिटल, १७६, गणेश चौक, वाळुज  
ता. गंगापुर, जि. औरंगाबाद

# ॥ श्री स्वामी सुमर्थ ॥ क्लिनिकल लॅबोरेटरी

PATIENT'S NAME : MR. PRAMOD RATHOD

AGE-33 Y/ SEX-M

REF. BY

: LILASONS HOSPITAL

14/NOV / 2022

## URINE ROUTINE REPORT

### PHYSICAL EXAMINATION

QUANTITY : 05 ml  
COLOUR : DARK YELLOW  
APPEARANCE : CLEAR  
DEPOSIT : ABSENT  
PH : ABSENT  
Sp.GRAVITY : Q.N.S.

### CHEMICAL EXAMINATION:

PROTEINS : ABSENT  
SUGAR : ABSENT  
BILE SALT : ABSENT  
BILE PIGMENT : ABSENT

### MICROSCOPIC EXAMINATION:

RBC'S : ABSENT  
PUS CELLS : ABSENT  
MACROPHAGES : ABSENT  
EPITHELIAL CELLS : ABSENT / HPF  
CASTS : ABSENT  
CRYSTALS : ABSENT  
BACTERIA : ABSENT  
MUCUS : ABSENT  
SPERM CELLS : ABSENT  
YEAST : -----

THANKS FOR REFERENCE...../

DHIRAJ SABLE  
[D.M.L.T]

**Dr. MAHESH GARJE**  
MBBS, MD (Patho)  
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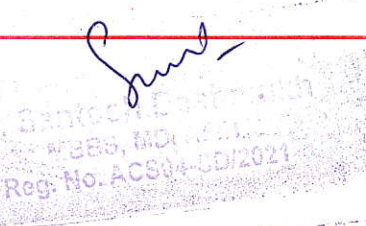
MBBS, DGO, AFIH Reg. 2064/03/1707

Authorised Certifying Surgeon Regd. ACS04-RK/2020

## MEDICAL EXAMINATION REPORT

<b>Emp. No.</b>		<b>Date</b> 15/11/22	<b>Referred By</b>	<b>Marital Status</b> married
<b>Name of Examinee</b> Pappu Lone		<b>Age</b> 32	<b>Sex</b> m	<b>Date of birth</b> 5/07/90
<b>Height (Cm)</b> 5.3	<b>Weight (kg)</b> 64	<b>Pulse / bpm</b> 72	<b>Blood Pressure (mm of Hg)</b> 120/80	
<b>Personal History</b>		Diet/Alcohol/Tobacoo/Smoking/Medical/NAD NAD		
<b>Family History</b>		Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other/Nil NAD		
<b>Past History</b>		Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other/Nil NAD		
<b>Present Complaints</b>				
<b>Clinical Examination (General)</b>		<b>Genera condition</b> <b>Anemia</b> <b>Jaundice :</b> <b>Cyanosis :</b> <b>Lymphadenopathy :</b> <b>Oedema</b> <b>J.V.P.:</b>	<b>Positive</b> <b>Positive</b> <b>Positive</b> <b>Positive</b> <b>Positive</b> <b>Positive</b> <b>Positive</b>	<b>Negative</b> <b>Negative</b> <b>Negative</b> <b>Negative</b> <b>Negative</b> <b>Negative</b> <b>Negative</b>
<b>Clinical Examination (Systemic)</b>		<b>Respiratory System</b>	clear	
		<b>Central Nervous Systems :</b>	conscious	
		<b>Cardiovascular System :</b>	S <sub>1</sub> S <sub>2</sub>	
		<b>Per Abdominal</b>	Soft.	



Vision / Ophthalmic Check up	Colour Vision: <i>No colour Blindness</i>	Right Eye : <i>6/6</i>	Left Eye : <i>6/6</i>
ENT Check up	<i>NAD</i>		
E/O Any Disease Communicable / VERTIGO / Body Deformity	<i>NAD</i>		
Dental Check up	<i>NAD</i>		
Investigation	<i>Report attach</i>		
Result / Remarks	<i>Fit for Job.</i>		
Signature of Patient	<div style="text-align: center;">   <b>Dr. Santosh Deshmukh</b>            Authorised Certifying Surgeon            No. ACS04 /2021            (Under Section 10(2) Act, 1948)            Aurangabad District            25-01-2021 to 24-04-2023         </div> <div style="text-align: right;">   <b>Seal &amp; Sign. Of Medical Examiner</b> </div>		

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Mob. 7020884773



# ॥ श्री स्वामी सुमर्थ ॥ क्लिनिकल लॅबोरेटरी

PATIENT'S NAME : MR.PAPPU LONE AGE-32 Y/ SEX-M  
REF.BY : LILASONS HOSPITAL 14/NOV / 2022

## COMPLETE BLOOD COUNT

TEST DONE	OBSERVED VALUE	NORMAL RANGE
HAEMOGLOBIN %	12.6 gm %	MALE : 13 - 16 gm % FEMALE : 11.5 - 15 gm %
TOTAL R.B.C. COUNT	5.19 mill/Cumm	3.80 - 6.0 Mill/Cumm
H.C.T	41.0 %	37 - 54 %
TOTAL WBC COUNT	5,900 / cumm.	4,000 - 11,000 /cumm.
<b>DIFFERENTIAL LEUCOCYTE COUNT ( DLC):</b>		
NEUTROPHILS	67%	30 - 75 %
LYMPHOCYTES	28%	20 - 45 %
MONOCYTES	04%	02 - 10 %
EOSINOPHILS	01%	01 - 06 %
PLATELET COUNT	2,33,000 / Cumm.	1.5 - 4.5 /Cumm.

THANKS FOR REFERENCE...../

DHIRAJ SABLE  
(D.M.L.T)

Dr. MAHESH GARJE  
MBBS, MD (Patho)  
Reg. No.200809/3222

**Condition For Reporting :** The reported results are for information and interpretation of referring Doctor only • Results of test may vary from laboratory to laboratory and also in some parameters from time to time for same patient • It is presumed that the tests performed on the specimen belong to patients named or identified • Should result indicate an unexpected abnormality, the same should be reconfirmed • Only such medical professionals who Understand reporting units reference ranges and limitation of technologies should interpret the results • This report not valid for medico-legal purposes.





# ॥ श्री स्वामी अनुरथ ॥ क्लिनिकल लॅबोरेटरी

PATIENT'S NAME : MR.PAPPU LONE

AGE-32 Y/ SEX-M

REF.BY : LILASONS HOSPITAL

14/NOV / 2022

## URINE ROUTINE REPORT

### PHYSICAL EXAMINATION

QUANTITY	:	05 ml
COLOUR	:	PALE YELLOW
APPEARANCE	:	CLEAR
DEPOSIT	:	ABSENT
PH	:	ABSENT
Sp.GRAVITY	:	Q.N.S.

### CHEMICAL EXAMINATION:

PROTEINS	:	ABSENT
SUGAR	:	ABSENT
BILE SALT	:	ABSENT
BILE PIGMENT	:	ABSENT

### MICROSCOPIC EXAMINATION:

RBC'S	:	ABSENT
PUS CELLS	:	ABSENT
MACROPHAGES	:	ABSENT
EPITHELIAL CELLS	:	ABSENT / HPF
CASTS	:	ABSENT
CRYSTALS	:	ABSENT
BACTERIA	:	ABSENT
MUCUS	:	ABSENT
SPERM CELLS	:	ABSENT
YEAST	:	----

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[D.M.L.T]

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MBBS, DGO, AFIH Reg. 2064/03/1707

Authorised Certifying Surgeon Regd. ACS04-RK/2020

## MEDICAL EXAMINATION REPORT

<b>Emp. No.</b>		<b>Date</b> 15/10/22	<b>Referred By</b>	<b>Marital Status</b> married																																			
<b>Name of Examinee</b> Pramad Noewade		<b>Age</b> 39	<b>Sex</b> M	<b>Date of birth</b> 1/06/82																																			
<b>Height (Cm)</b> 5.4	<b>Weight (kg)</b> 71	<b>Pulse / bpm</b> 76	<b>Blood Pressure (mm of Hg)</b> 120/80																																				
<b>Personal History</b>		Diet/Alcohol/Tobacoo/Smoking/Medical/NAD NAD																																					
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Vision / Ophthalmic Check up	Colour Vision: <i>No colour Blindness</i>	Right Eye : <i>6/6</i>	Left Eye : <i>6/6</i>
ENT Check up	<i>NAD</i>		
E/O Any Disease Communicable / <b>VERTIGO</b> / Body Deformity	<i>NAD</i>		
Dental Check up	<i>NAD</i>		
Investigation	<i>Report attached</i>		
Result / Remarks	<i>fit for Job</i>		
Signature of Patient	<p style="text-align: center;"><i>Santosh</i></p> <p style="text-align: center;"><b>Dr. Santosh Deshmukh</b>          Authorised Certifying Surgeon          No. ACS04 /2021          (Under Section 10(2) Act-1948)          Aurangabad District          25-01-2021 to 24-01-2023</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="font-size: small;">Reg. No. ACS04-CD/2021</p> </div> <p style="text-align: right;"><b>Seal &amp; Sign. Of Medical Examiner</b></p>		

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 Mob. 7020884773



# ॥ श्री स्वामी समर्थ ॥ क्लिनिकल लॅबोरेटरी

PATIENT'S NAME : MR.PRAMOD NARWADE AGE-39 Y/ SEX-M  
REF.BY : LILASONS HOSPITAL 14/NOV / 2022

## COMPLETE BLOOD COUNT

TEST DONE	OBSERVED VALUE	NORMAL RANGE
HAEMOGLOBIN %	11.6 gm %	MALE : 13 - 16 gm % FEMALE : 11.5 - 15 gm %
TOTAL R.B.C. COUNT	4.23 mill/Cumm	3.80 - 6.0 Mill/Cumm
H.C.T	33.4 %	37 - 54 %
TOTAL WBC COUNT	4,900 / cumm.	4,000 - 11,000 /cumm.
<b>DIFFERENTIAL LEUCOCYTE COUNT ( DLC):</b>		
NEUTROPHILS	58%	30 - 75 %
LYMPHOCYTES	37%	20 - 45 %
MONOCYTES	04%	02 - 10 %
EOSINOPHILS	01%	01 - 06 %
PLATELET COUNT	2,40,000 / Cumm.	1.5 - 4.5 /Cumm.

THANKS FOR REFERENCE...../

DHIRAJ SABLE  
( D.M.L.T)

**Dr. MAHESH GARJE**  
MBBS, MD (Patho)  
Reg. No.200809/3222

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PATIENT'S NAME : MR.PRAMOD NARWADE AGE-39 Y/ SEX-M  
REF.BY : LILASONS HOSPITAL 14/NOV / 2022

## URINE ROUTINE REPORT

### PHYSICAL EXAMINATION

QUANTITY : 05 ml  
COLOUR : PALE YELLOW  
APPEARANCE : CLEAR  
DEPOSIT : ABSENT  
PH : ABSENT  
Sp.GRAVITY : Q.N.S.

### CHEMICAL EXAMINATION:

PROTIENS ; ABSENT  
SUGAR : ABSENT  
BILE SALT : ABSENT  
BILE PIGMENT : ABSENT

### MICROSCOPIC EXAMINATION:

RBC'S : ABSENT  
PUS CELLS : ABSENT  
MACROPHAGES : ABSENT  
EPITHELIAL CELLS : ABSENT / HPF  
CASTS : ABSENT  
CRYSTALS : ABSENT  
BACTERIA : ABSENT  
MUCUS : ABSENT  
SPERM CELLS : ABSENT  
YEAST : ----

THANKS FOR REFERENCE...../

DHIRAJ SABLE  
[D.M.L.T]

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PATIENT'S NAME : MR.PRAMOD NARWADE AGE-39 Y/ SEX-M  
REF.BY : LILASONS HOSPITAL 14/NOV / 2022

## COMPLETE BLOOD COUNT

TEST DONE	OBSERVED VALUE	NORMAL RANGE
HAEMOGLOBIN %	11.6 gm %	MALE : 13 - 16 gm % FEMALE : 11.5 - 15 gm %
TOTAL R.B.C. COUNT	4.23 mill/Cumm	3.80 - 6.0 Mill/Cumm
H.C.T	33.4 %	37 - 54 %
TOTAL WBC COUNT	4,900 / cumm.	4,000 - 11,000 /cumm.
<b>DIFFERENTIAL LEUCOCYTE COUNT ( DLC):</b>		
NEUTROPHILS	58%	30 - 75 %
LYMPHOCYTES	37%	20 - 45 %
MONOCYTES	04%	02 - 10 %
EOSINOPHILS	01%	01 - 06 %
PLATELET COUNT	2,40,000 / Cumm.	1.5 - 4.5 /Cumm.

THANKS FOR REFERENCE...../

DHIRAJ SABLE  
( D.M.L.T)

Dr. MAHESH GARJE  
MBBS, MD (Patho)  
Reg. No.200809/3222

**Condition For Reporting** : The reported results are for information and interpretation of referring Doctor only • Results of test may vary from laboratory to laboratory and also in some parameters from time to time for same patient • It is presumed that the tests performed on the specimen belong to patients named or identified • Should result indicate an unexpected abnormality, the same should be reconfirmed • Only such medical professionals who Understand reporting units reference ranges and limitation of technologies should interpret the results • This report not valid for medico-legal purposes.



# LILASONS HOSPITAL

Plot No. 139, Old SBH Bank, BajajNagar MIDC Waluj Aurangabad.

**Dr. Sanjay Patne**

MBBS, MD, AFIH Reg. No. 7113/16

Authorised Certifying Surgeon Reg. ACS04SP/2020

**Dr. Rahul Khedkar**

MBBS, DGO, AFIH Reg. 2064/03/1707

Authorised Certifying Surgeon Regd. ACS04-RK/2020

## MEDICAL EXAMINATION REPORT

<b>Emp. No.</b>		<b>Date</b>	<b>Referred By</b>	<b>Marital Status</b>																																			
		15/11/22		married																																			
<b>Name of Examinee</b>		<b>Age</b>	<b>Sex</b>	<b>Date of birth</b>																																			
Uttam Roth		34	m	13/05/1987																																			
<b>Height (Cm)</b>	<b>Weight (kg)</b>	<b>Pulse / bpm</b>	<b>Blood Pressure (mm of Hg)</b>																																				
5.2	64	76	120/80 mmHg																																				
<b>Personal History</b>		Diet/Alcohol/Tobacco/Smoking/Medical/NAD <span style="float: right;">NAD</span>																																					
<b>Family History</b>		Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other/Nil <span style="float: right;">NAD</span>																																					
<b>Past History</b>		Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other/Nil <span style="float: right;">NAD</span>																																					
<b>Present Complaints</b>																																							
<b>Clinical Examination (General)</b>		<table border="1"> <tr> <td>General condition</td> <td>Positive</td> <td><input checked="" type="checkbox"/></td> <td>Negative</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Anemia</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Jaundice :</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Cyanosis :</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Lymphadenopathy :</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Oedema</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>J.V.P.:</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	General condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>	Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	Oedema	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>	J.V.P.:	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>		
General condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>																																			
Anemia	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>																																			
Jaundice :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>																																			
Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>																																			
Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>																																			
Oedema	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>																																			
J.V.P.:	Positive	<input type="checkbox"/>	Negative	<input checked="" type="checkbox"/>																																			
<b>Clinical Examination (Systemic)</b>		<b>Respiratory System</b>	clear																																				
		<b>Central Nervous Systems :</b>	Caution																																				
		<b>Cardiovascular System :</b>	S <sub>1</sub> , S <sub>2</sub>																																				
		<b>Per Abdominal</b>	soft.																																				

Vision / Ophthalmic Check up	Colour Vision: <i>No colour Blindness</i>	Right Eye : 6/6	Left Eye : 6/6
ENT Check up	NAD		
E/O Any Disease Communicable / VERTIGO / Body Deformity	NAD		
Dental Check up	NAD		
Investigation	<i>Report attached</i>		
Result / Remarks	<i>fit for Job</i>		
Signature of Patient	<p><i>Santosh</i></p> <p><b>Dr. Santosh Deshmukh, Santosh Deshmukh</b>          Authorised Certifying Officer : MSBS, MD          No. ACS04 121 Reg. No. ACS04-09/2021          (Under Section 10(2) of MSBS, 1998)          Aurangabad District          25-01-2021 to 24-01-2023</p> <p><i>Santosh</i></p> <p><b>Seal &amp; Sign. Of Medical Examiner</b></p>		

Plot No. 139, Old SBH Bank, BajajNagar MIDC Waluj Aurangabad.  
 Mob. 7020884773





# ॥ श्री स्वामी समर्थ ॥ क्लिनिकल लॅबोरेटरी

PATIENT'S NAME : MR.UTTAM ROTH AGE-34 Y/ SEX-M  
REF.BY : LILASONS HOSPITAL 14/NOV / 2022

## COMPLETE BLOOD COUNT

TEST DONE	OBSERVED VALUE	NORMAL RANGE
HAEMOGLOBIN %	13.2 gm %	MALE : 13 - 16 gm % FEMALE : 11.5 - 15 gm %
TOTAL R.B.C. COUNT	4.53 mill/Cumm	3.80 - 6.0 Mill/Cumm
H.C.T	36.8 %	37 - 54 %
TOTAL WBC COUNT	6,200 / cumm.	4,000 - 11,000 /cumm.
<b>DIFFERENTIAL LEUCOCYTE COUNT ( DLC ):</b>		
NEUTROPHILS	59%	30 - 75 %
LYMPHOCYTES	36%	20 - 45 %
MONOCYTES	04%	02 - 10 %
EOSINOPHILS	01%	01 - 06 %
PLATELET COUNT	2,56,000 / Cumm.	1.5 - 4.5 /Cumm.

THANKS FOR REFERENCE...../

DHIRAJ SABLE  
( D.M.L.T )

Dr. MAHESH GARJE  
MBBS, MD (Patho)  
Reg. No. 200809/3222

**Condition For Reporting** : The reported results are for information and interpretation of referring Doctor only • Results of test may vary from laboratory to laboratory and also in some parameters from time to time for same patient • It is presumed that the tests performed on the specimen belong to patients named or identified • Should result indicate an unexpected abnormality, the same should be reconfirmed • Only such medical professionals who understand reporting units reference ranges and limitation of technologies should interpret the results • This report not valid for medico-legal purposes.



# ॥ श्री स्वामी समर्थ ॥ क्लिनिकल लॅबोरेटरी

PATIENT'S NAME : MR.UTTAM ROTH

AGE-34 Y/ SEX-M

REF.BY : LILASONS HOSPITAL

14/NOV / 2022

## URINE ROUTINE REPORT

### PHYSICAL EXAMINATION

QUANTITY	:	05 ml
COLOUR	:	PALE YELLOW
APPEARANCE	:	CLEAR
DEPOSIT	:	ABSENT
PH	:	ABSENT
Sp.GRAVITY	:	Q.N.S.

### CHEMICAL EXAMINATION:

PROTEINS	:	ABSENT
SUGAR	:	ABSENT
BILE SALT	:	ABSENT
BILE PIGMENT	:	ABSENT

### MICROSCOPIC EXAMINATION:

RBC'S	:	ABSENT
PUS CELLS	:	ABSENT
MACROPHAGES	:	ABSENT
EPITHELIAL CELLS	:	ABSENT / HPF
CASTS	:	ABSENT
CRYSTALS	:	ABSENT
BACTERIA	:	ABSENT
MUCUS	:	ABSENT
SPERM CELLS	:	ABSENT
YEAST	:	----

THANKS FOR REFERENCE...../

DHIRAJ SABLE  
[D.M.L.T]

**Dr. MAHESH GARJE**  
MBBS, MD (Patho)  
Reg. No. 200809/3222



# LILASONS HOSPITAL

Plot No. 139, Old SBH Bank, BajajNagar MIDC Waluj Aurangabad.

**Dr. Sanjay Patne**

MBBS, MD, AFIH Reg. No. 7113/16

Authorised Certifying Surgeon Reg. ACS04SP/2020

**Dr. Rahul Khedkar**

MBBS, DGO, AFIH Reg. 2064/03/1707

Authorised Certifying Surgeon Regd. ACS04-RK/2020

## MEDICAL EXAMINATION REPORT

Emp. No.		Date	Referred By	Marital Status
		15/11/2021		Unmarried
Name of Examinee		Age	Sex	Date of birth
<del>Lalit</del> Lalit Patil		26	M	25/10/96
Height (Cm)	Weight (kg)	Pulse / bpm	Blood Pressure (mm of Hg)	
6.4	61	72	110/70	
Personal History		Diet/Alcohol/Tobacco/Smoking/Medical/NAD		
Family History		Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other/Nil		
Past History		Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other/Nil		
Present Complaints				
Clinical Examination (General)		Genera condition Anemia Jaundice : Cyanosis : Lymphadenopathy : Oedema J.V.P.:	Positive Positive Positive Positive Positive Positive Positive	Negative Negative Negative Negative Negative Negative Negative
Clinical Examination (Systemic)		Respiratory System	Clear	
		Central Nervous Systems :	Conscious	
		Cardiovascular System :	S <sub>1</sub> S <sub>2</sub>	
		Per Abdominal	Soft	

Vision / Ophthalmic Check up	Colour Vision: <i>No colour Blindness</i>	Right Eye : <i>6/6</i>	Left Eye : <i>6/6</i>
ENT Check up	<i>NAD</i>		
E/O Any Disease Communicable / VERTIGO / Body Deformity	<i>NAD</i>		
Dental Check up	<i>NAD</i>		
Investigation	<i>Report attach</i>		
Result / Remarks	<i>fit for Job.</i>		
Signature of Patient	<p style="text-align: center;"> <i>Santosh</i>  <b>Dr. Santosh Deshmukh</b>          Authorised Certifying Surgeon          No. ACS04- /2021          (Under Section 10(2) Act-1920)          Aurangabad District          25-01-2021 to 24-01-2023       </p> <p style="text-align: right;"> <i>Santosh</i>  <b>Dr. Santosh Deshmukh</b>          MBBS, MD, ARII          Reg. No. ACS04-SD/2021  <b>Seal &amp; Sign. Of Medical Examiner</b> </p>		

Plot No. 139, Old SBH Bank, BajajNagar MIDC Waluj Aurangabad.  
 Mob. 7020884773





# ॥ श्री स्वामी अनुरथ ॥ क्लिनिकल लॅबोरेटरी

PATIENT'S NAME : MR.LALIT PATIL AGE-33 Y/ SEX-M  
REF.BY : LILASONS HOSPITAL 14/NOV / 2022

### COMPLETE BLOOD COUNT

TEST DONE	OBSERVED VALUE	NORMAL RANGE
HAEMOGLOBIN %	14.1 gm %	MALE : 13 - 16 gm % FEMALE : 11.5 - 15 gm %
TOTAL R.B.C. COUNT	5.44 mill/Cumm	3.80 - 6.0 Mill/Cumm
H.C.T	42.8 %	37 - 54 %
TOTAL WBC COUNT	7,100 / cumm.	4,000 - 11,000 /cumm.
<b>DIFFERENTIAL LEUCOCYTE COUNT ( DLC):</b>		
NEUTROPHILS	66%	30 - 75 %
LYMPHOCYTES	28%	20 - 45 %
MONOCYTES	04%	02 - 10 %
EOSINOPHILS	02%	01 - 06 %
PLATELET COUNT	3,16,000 / Cumm.	1.5 - 4.5 /Cumm.

THANKS FOR REFERENCE...../

DHIRAJ SABLE  
( D.M.L.T )

**Dr. MAHESH GARJE**  
MBBS, MD (Patho)  
Reg. No. 200809/3222

**Condition For Reporting :** The reported results are for information and interpretation of referring Doctor only • Results of test may vary from laboratory to laboratory and also in some parameters from time to time for same patient • It is presumed that the tests performed on the specimen belong to patients named or identified • Should result indicate an unexpected abnormality, the same should be reconfirmed • Only such medical professionals who Understand reporting units reference ranges and limitation of technologies should interpret the results • This report not valid for medico-legal purposes.



# ॥ श्री स्वामी सुमर्थ ॥ क्लिनिकल लॅबोरेटरी

PATIENT'S NAME : MR.LALIT PATIL

AGE-33 Y/ SEX-M

REF.BY : LILASONS HOSPITAL

14/NOV / 2022

## URINE ROUTINE REPORT

### PHYSICAL EXAMINATION

QUANTITY	:	05 ml
COLOUR	:	PALE YELLOW
APPEARANCE	:	CLEAR
DEPOSIT	:	ABSENT
PH	:	ABSENT
Sp.GRAVITY	:	Q.N.S.

### CHEMICAL EXAMINATION:

PROTIENS	:	ABSENT
SUGAR	:	ABSENT
BILE SALT	:	ABSENT
BILE PIGMENT	:	ABSENT

### MICROSCOPIC EXAMINATION:

RBC'S	:	ABSENT
PUS CELLS	:	ABSENT
MACROPHAGES	:	ABSENT
EPITHELIAL CELLS	:	ABSENT / HPF
CASTS	:	ABSENT
CRYSTALS	:	ABSENT
BACTERIA	:	ABSENT
MUCUS	:	ABSENT
SPERM CELLS	:	ABSENT
YEAST	:	----

THANKS FOR REFERENCE...../

DHIRAJ SABLE  
[D.M.L.T]

Dr. MAHESH GARJE  
MBBS, MD (Patho)  
Reg. No. 200809/3222



# LILASONS HOSPITAL

Plot No. 139, Old SBH Bank, BajajNagar MIDC Waluj Aurangabad.

**Dr. Sanjay Patne**

MBBS, MD, AFIH Reg. No. 7113/16

Authorised Certifying Surgeon Reg. ACS04SP/2020



**Dr. Rahul Khedkar**

MBBS, DGO, AFIH Reg. 2064/03/1707

Authorised Certifying Surgeon Regd. ACS04-RK/2020

## MEDICAL EXAMINATION REPORT

<b>Emp. No.</b>		<b>Date</b> 15/11/2022	<b>Referred By</b>	<b>Marital Status</b> married																																			
<b>Name of Examinee</b> Ganesh Shelae		<b>Age</b> 36	<b>Sex</b> M	<b>Date of birth</b> 15/06/86																																			
<b>Height (Cm)</b> 5.4	<b>Weight (kg)</b> 69	<b>Pulse / bpm</b> 78	<b>Blood Pressure (mm of Hg)</b> 120/80																																				
<b>Personal History</b>		Diet/Alcohol/Tobacoo/Smoking/Medical/NAD <span style="float: right;">NAD</span>																																					
<b>Family History</b>		Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other/Nil <span style="float: right;">NAD</span>																																					
<b>Past History</b>		Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other/Nil <span style="float: right;">NAD</span>																																					
<b>Present Complaints</b>																																							
<b>Clinical Examination (General)</b>		<table border="1"> <tr> <td>Genera condition</td> <td>Positive</td> <td><input checked="" type="checkbox"/></td> <td>Negative</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Anemia</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Jaundice :</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cyanosis :</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lymphadenopathy :</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Oedema</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input type="checkbox"/></td> </tr> <tr> <td>J.V.P.:</td> <td>Positive</td> <td><input type="checkbox"/></td> <td>Negative</td> <td><input type="checkbox"/></td> </tr> </table>	Genera condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>	Anemia	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Jaundice :	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Oedema	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	J.V.P.:	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>		
Genera condition	Positive	<input checked="" type="checkbox"/>	Negative	<input type="checkbox"/>																																			
Anemia	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>																																			
Jaundice :	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>																																			
Cyanosis :	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>																																			
Lymphadenopathy :	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>																																			
Oedema	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>																																			
J.V.P.:	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>																																			
<b>Clinical Examination (Systemic)</b>		<b>Respiratory System</b>	clear																																				
		<b>Central Nervous Systems :</b>	Conscious																																				
		<b>Cardiovascular System :</b>	S <sub>1</sub> S <sub>2</sub>																																				
		<b>Per Abdominal</b>	Soft																																				

Vision / Ophthalmic Check up	Colour Vision: No colour blindness	Right Eye : e/s	Left Eye : e/s
ENT Check up	NAD		
E/O Any Disease Communicable / VERTIGO / Body Deformity	NAD		
Dental Check up	NAD		
Investigation	Report attach		
Result / Remarks	fit for Tab		
Signature of Patient	<p style="text-align: center;">   </p> <p style="text-align: center;"> <b>Dr. Santosh Deshmukh</b>          Authorised Certifying Surgeon          No. ACS04 /2021          (Under Section 10(2) Act-1955)          Aurangabad District          25-01-2021 to 24-01-2023       </p> <p style="text-align: right;"> <b>Seal &amp; Sign. Of Medical Examiner</b> </p>		

Plot No. 139, Old SBH Bank, BajajNagar MIDC Waluj Aurangabad.  
Mob. 7020884773





# ॥ श्री स्वामी अनुरथ ॥ क्लिनिकल लॅबोरेटरी

PATIENT'S NAME : MR.GANESH SHELAR AGE-36 Y/ SEX-M  
REF.BY : LILASONS HOSPITAL 14/NOV / 2022

## COMPLETE BLOOD COUNT

TEST DONE	OBSERVED VALUE	NORMAL RANGE
HAEMOGLOBIN %	11.5 gm %	MALE : 13 - 16 gm % FEMALE : 11.5 - 15 gm %
TOTAL R.B.C. COUNT	4.44 mill/Cumm	3.80 - 6.0 Mill/Cumm
H.C.T	32.4 %	37 - 54 %
TOTAL WBC COUNT	5,500 / cumm.	4,000 - 11,000 /cumm.
<b>DIFFERENTIAL LEUCOCYTE COUNT ( DLC ):</b>		
NEUTROPHILS	62%	30 - 75 %
LYMPHOCYTES	33%	20 - 45 %
MONOCYTES	04%	02 - 10 %
EOSINOPHILS	01%	01 - 06 %
PLATELET COUNT	2,77,000 / Cumm.	1.5 - 4.5 /Cumm.

THANKS FOR REFERENCE...../

DHIRAJ SABLE  
(D.M.L.T)

Dr. MAHESH GARJE  
MBBS, MD (Patho)  
Reg. No. 200809/3222



8208423007 8080964512  
9923133689 0240-2554165

सुमन हॉस्पिटल, 9७६, गणेश चौक, वाळुज  
ता. गंगापुर, जि. औरंगाबाद

# ॥ श्री स्वामी अनुरथ ॥ क्लिनिकल लॅबोरेटरी

PATIENT'S NAME : MR.GANESH SHELAR

AGE-36 Y/ SEX-M

REF.BY : LILASONS HOSPITAL

14/NOV / 2022

## URINE ROUTINE REPORT

### PHYSICAL EXAMINATION

QUANTITY : 05 ml  
COLOUR : DARK YELLOW  
APPEARANCE : CLEAR  
DEPOSIT : ABSENT  
PH : ABSENT  
Sp.GRAVITY : Q.N.S.

### CHEMICAL EXAMINATION:

PROTEINS : ABSENT  
SUGAR : ABSENT  
BILE SALT : ABSENT  
BILE PIGMENT : ABSENT

### MICROSCOPIC EXAMINATION:

RBC'S : ABSENT  
PUS CELLS : ABSENT  
MACROPHAGES : ABSENT  
EPITHELIAL CELLS : ABSENT / HPF  
CASTS : ABSENT  
CRYSTALS : ABSENT  
BACTERIA : ABSENT  
MUCUS : ABSENT  
SPERM CELLS : ABSENT  
YEAST : -----

THANKS FOR REFERENCE...../

DHIRAJ SABLE  
[D.M.L.T]

Dr. MAHESH GARJE  
MBBS, MD (Patho)  
Reg. No. 200809/3222

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Authorised Certifying Surgeon Reg. ACS04SP/2020

**Dr. Rahul Khedkar**

MBBS, DGO, AFIH Reg. 2064/03/1707

Authorised Certifying Surgeon Regd. ACS04-RK/2020

## MEDICAL EXAMINATION REPORT

<b>Emp. No.</b>		<b>Date</b> 15/11/22	<b>Referred By</b>	<b>Marital Status</b> Unmarried
<b>Name of Examinee</b> Pavan Patil		<b>Age</b> 24	<b>Sex</b> M	<b>Date of birth</b> 29/09/99
<b>Height (Cm)</b> 5.6	<b>Weight (kg)</b> 71 kg	<b>Pulse / bpm</b> 74	<b>Blood Pressure (mm of Hg)</b> 120/80	
<b>Personal History</b>		Diet/Alcohol/Tobacoo/Smoking/Medical/NAD NAD		
<b>Family History</b>		Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other/Nil NAD		
<b>Past History</b>		Allergy/Asthma/Skin Disease/T.B./D.M./R.H. Arthritis/H.T./I.H.D. Cancer/Surgeries/Mental Stress/Paralysis/Any Other/Nil NAD		
<b>Present Complaints</b>				
<b>Clinical Examination (General)</b>		<b>Genera condition</b> <b>Anemia</b> <b>Jaundice :</b> <b>Cyanosis :</b> <b>Lymphadenopathy :</b> <b>Oedema</b> <b>J.V.P.:</b>	<b>Positive</b> <input checked="" type="checkbox"/> <b>Positive</b> <input type="checkbox"/> <b>Positive</b> <input type="checkbox"/> <b>Positive</b> <input type="checkbox"/> <b>Positive</b> <input type="checkbox"/> <b>Positive</b> <input type="checkbox"/> <b>Positive</b> <input type="checkbox"/>	<b>Negative</b> <input type="checkbox"/> <b>Negative</b> <input checked="" type="checkbox"/> <b>Negative</b> <input checked="" type="checkbox"/> <b>Negative</b> <input checked="" type="checkbox"/> <b>Negative</b> <input checked="" type="checkbox"/> <b>Negative</b> <input checked="" type="checkbox"/> <b>Negative</b> <input checked="" type="checkbox"/>
<b>Clinical Examination (Systemic)</b>		<b>Respiratory System</b>	clear	
		<b>Central Nervous Systems :</b>	Consuial mental	
		<b>Cardiovascular System :</b>	S <sub>1</sub> S <sub>2</sub>	
		<b>Per Abdominal</b>	Soft	

Vision / Opthaimic Check up	Colour Vision: <i>No Belan kulmune</i>	Right Eye : 6/6	Left Eye : 6/6
ENT Check up	NAD		
E/O Any Disease Communicable / VERTIGO / Body Deformity	NAD		
Dental Check up	NAD		
Investigation	<i>Report attach</i>		
Result / Remarks	<i>fit for job</i>		
Signature of Patient	<p style="text-align: center;"> <i>Santosh</i>  <b>Dr. Santosh Deshmukh</b>          Authorised Certifying Surgeon          No. ACS04 / 2021          (Uder Section 10(2), Act-1948)          Aurangabad District          25-01-2021 to 24-01-2023       </p> <p style="text-align: right;"> <i>Santosh</i>  <b>Seal &amp; Sign. Of Medical Examiner</b> </p>		

Plot No. 139, Old SBH Bank, BajajNagar MIDC Waluj Aurangabad.  
 Mob. 7020884773





# ॥ श्री स्वामी अनुरथ ॥ क्लिनिकल लॅबोरेटरी

PATIENT'S NAME : MR.PAVAN PATIL

AGE-24 Y/ SEX-M

REF.BY : LILASONS HOSPITAL

14/NOV / 2022

## COMPLETE BLOOD COUNT

TEST DONE	OBSERVED VALUE	NORMAL RANGE
HAEMOGLOBIN % :	12.1 gm %	MALE : 13 - 16 gm % FEMALE : 11.5 - 15 gm %
TOTAL R.B.C. COUNT :	4.31 mill/Cumm	3.80 - 6.0 Mill/Cumm
H.C.T :	33.8 %	37 - 54 %
TOTAL WBC COUNT :	8,600 / cumm.	4,000 - 11,000 /cumm.
<b>DIFFERENTIAL LEUCOCYTE COUNT ( DLC ):</b>		
NEUTROPHILS :	67%	30 - 75 %
LYMPHOCYTES :	28%	20 - 45 %
MONOCYTES :	03%	02 - 10 %
EOSINOPHILS :	02%	01 - 06 %
PLATELET COUNT :	2,47,000 / Cumm.	1.5 - 4.5 /Cumm.

THANKS FOR REFERENCE...../

DHIRAJ SABLE  
( D.M.L.T)

Dr. MANESH GARJE  
MBBS, MD (Patho)  
Reg. No. 200809/3222



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PATIENT'S NAME : MR.PAVAN PATIL

AGE-24 Y/ SEX-M

REF.BY : LILASONS HOSPITAL

14/NOV / 2022

## URINE ROUTINE REPORT

### PHYSICAL EXAMINATION

QUANTITY	:	05 ml
COLOUR	:	DARK YELLOW
APPEARANCE	:	CLEAR
DEPOSIT	:	ABSENT
PH	:	ABSENT
Sp.GRAVITY	:	Q.N.S.

### CHEMICAL EXAMINATION:

PROTEINS	:	ABSENT
SUGAR	:	ABSENT
BILE SALT	:	ABSENT
BILE PIGMENT	:	ABSENT

### MICROSCOPIC EXAMINATION:

RBC'S	:	ABSENT
PUS CELLS	:	ABSENT
MACROPHAGES	:	ABSENT
EPITHELIAL CELLS	:	ABSENT / HPF
CASTS	:	ABSENT
CRYSTALS	:	ABSENT
BACTERIA	:	ABSENT
MUCUS	:	ABSENT
SPERM CELLS	:	ABSENT
YEAST	:	----

THANKS FOR REFERENCE...../

DHIRAJ SABLE  
[D.M.L.T]

Dr. MAHESH GARJE  
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Reg. No.200809/3222