27502 231124	Registration ID : 27502	Sample Collection	: 23/11/2024 14:37:11
Name : MR. MANGESH KULKARNI		Sample Received	: 23/11/2024 14:37:11
Age/Sex : 59 Yrs. / M	Printed : 26/11/2024 11:53:23	Report Released	: 25/11/2024 16:07:26
Ref. By : Mediwheel	Sent By : Arcofemi Healthcare Pvt Ltd		

COMPLETE BLOOD COUNT

Test		Result	Unit	Biological Ref Range
Hemoglobin	:	13.7	g/dL	13-18 g/dL
(SLS) Photometric				
Total RBC	:	4.37	10^6/µL	3.0-6.0 10^6/µL
(Electrical Impedence)				
Hematocrit (PCV)	:	40.9	%	36-54 %
(Calculated)				
Mean Corpuscular Volume (MCV)	:	93.6	fL	78-101 fL
(calulated)				
Mean Corpuscular Hemoglobin (MCH)	:	31.4	pg	27-32 pg
(Calculated)				
Mean Corpuscular Hemoglobin Concentration (MCHC)	:	33.5	g/dL	31.5-34.5 g/dL
(Calculated)				
Red Cell Distribution Width (RDW-CV)	:	14.10	%	12-15 %
(Electrical Impedence)				
Total Leucocytes Count	:	5790	/cumm	4000-11000 /cumm
(Light Scattering)				
Neutrophils	:	53	%	40-75 %
(Calculated)				
Eosinophils Percentage	:	05	%	1-6 %
(Calculated)				
Lymphocyte Percentage	:	36	%	20-45 %
(Calculated)				
Basophils Percentage	:	0	%	0-1 %
(Calculated)				
Monocytes Percentage	:	06	%	1-10 %
(Calculated)				
RBC Morphology	:	Normocytic, Normochromic		
WBC Morphology	:	Normal Morphology		
Platelet Count	:	268000	/ul	150000-450000 /ul
(Electrical Impedence)				
Platelets on Smear	:	Adequate		Adequate
E.S.R	:	06	mm at 1hr	0-20 mm at 1hr

Sample Type:EDTA whole blood(Westergren)

Sample Type : EDTA Whole Blood
Test done with THREE PART CELL COUNTER (Sysmex KX-21)

*All Samples Processed At Excellas Clinics Mulund Centre .
*ESR NOT IN NABL scope.

(Collected At: 23/11/2024 14:37:11, Received At: 23/11/2024 14:37:11, Reported At: 25/11/2024 16:07:26)

Dr. Santosh Khairnar
M.D. (Pathologist)
Reg. No.-
2000/08/2926

NABL
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LABS
NABL-M(EL)T-00683

27502 231124

Registration ID : 27502

Name : MR. MANGESH KULKARNI

Age/Sex : 59 Yrs. / M   Printed   : 26/11/2024 11:53:23

Ref. By : Mediwheel   Sent By   : Arcofemi Healthcare Pvt Ltd

Sample Collection : 23/11/2024 14:37:11

Sample Received : 23/11/2024 14:37:11

Report Released : 25/11/2024 16:07:26

-------------------- End Of Report --------------------

Dr. Santosh Khairnar

M.D. (Pathologist)

Reg. No.-

2000/08/2926

27502 231124

	Registration ID : 27502	Sample Collection	: 23/11/2024 14:37:11
Name : MR. MANGESH KULKARNI		Sample Received	: 23/11/2024 14:37:11
Age/Sex : 59 Yrs. / M	Printed : 26/11/2024 11:53:23	Report Released	: 25/11/2024 16:08:20
Ref. By : Mediwheel	Sent By : Arcofemi Healthcare Pvt Ltd		

Blood Sugar Fasting (FBS) & Post Prandial Blood Sugar (PPBS)

Test		Result	Unit	Biological Ref. Range
GLUCOSE (SUGAR) FASTING, (Fluoride Plasma Used)	:	99	mg/dL	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl

Method: GOD-POD

Test		Result	Unit	Biological Ref. Range
GLUCOSE (SUGAR) PP, (Fluoride Plasma Used)	:	102	mg/dl	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

*All Samples Processed At Excellas Clinics Mulund Centre .

(Collected At: 23/11/2024 14:37:11,   Received At: 23/11/2024 14:37:11,   Reported At: 25/11/2024 16:08:20)

HbA1c (Whole Blood)

Test		Result	Unit	Reference Range
HbA1C-Glycosylated Haemoglobin	:	**5.70**	%	Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10

EDTA Whole Blood, Method: HPLC

Test		Result	Unit	Reference Range
Estimated Average Glucose (eAG)	:	116.89	mg/dl	65.1-136.3 mg/dL mg/dl

EDTA Whole Blood, Method: Calculated

Interpretation:

1.The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.

2.HbA1c has been endorsed by clinical groups and ADA (American Diabetes Assocation) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HBA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.

3.To estimate the eAG from the HbA1c value, the following equation is used: eAG(mg/dl) =28.7*A1c-46.7.

4.Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 23/11/2024 14:37:11,   Received At: 23/11/2024 14:37:11,   Reported At: 25/11/2024 16:09:47)

Dr. Santosh Khairnar
M.D. (Pathologist)
Reg. No.-
2000/08/2926

NABL
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NABL-M(ELT-00683

27502 231124

Registration ID	: 27502	Sample Collection	: 23/11/2024 14:37:11
Name : MR. MANGESH KULKARNI		Sample Received	: 23/11/2024 14:37:11
Age/Sex : 59 Yrs. / M	Printed : 26/11/2024 11:53:23	Report Released	: 25/11/2024 16:08:20
Ref. By : Mediwheel	Sent By : Arcofemi Healthcare Pvt Ltd		

BLOOD GROUP

Test	Result	Unit	Biological Ref. Range
Blood Group	: 'B' Rh POSITIVE		

Slide and Tube Aggllutination Test

(Collected At: 23/11/2024 14:37:11,   Received At: 23/11/2024 14:37:11,   Reported At: 25/11/2024 16:09:41)

-------------------- End Of Report --------------------

Dr. Santosh Khairnar
M.D. (Pathologist)
Reg. No.-
2000/08/2926

27502 231124

Name : MR. MANGESH KULKARNI	Registration ID : 27502	Sample Collection : 23/11/2024 14:37:11	
Age/Sex : 59 Yrs. / M	Printed : 26/11/2024 11:53:23	Sample Received : 23/11/2024 14:37:11	
Ref. By : Mediwheel	Sent By : Arcofemi Healthcare Pvt Ltd	Report Released : 25/11/2024 16:10:02	

LIPID PROFILE

Test	Result	Unit	Biological Ref. Range
Total Cholesterol	: **207**	mg/dl	Desirable: <200 Borderline high = 200-239 High: > 239
Serum, Method: CHOD-PAP			
S. Triglyceride	: 77	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499
Serum, Method: GPO-Trinder			
HDL Cholesterol serum,Direct method	: 48	mg/dl	35.3-79.5 mg/dl
LDL Cholesterol	: 143.60	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190
Serum, (Calculated)			
VLDL Cholesterol	: 15.4	mg/dl	5-30 mg/dl
Serum, Method: Calculated			
LDL/HDL Ratio	: 3.0		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5
Serum, Method: Calculated			
TC/HDL Ratio	: 4.3		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High >5.0
Serum, Method: Calculated			

Test Done on - Automated Biochemistry Analyzer (EM 200).

Interpretation

1.Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.

2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal.

3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors.

All Samples Processed At Excellas Clinics Mulund Centre

(Collected At: 23/11/2024 14:37:11,   Received At: 23/11/2024 14:37:11,   Reported At: 25/11/2024 16:10:02)

-------------------- End Of Report --------------------

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Dr. Santosh Khairnar
M.D. (Pathologist)
Reg. No.-
2000/08/2926

27502 231124

	Registration ID : 27502	Sample Collection	: 23/11/2024 14:37:11
Name : MR. MANGESH KULKARNI		Sample Received	: 23/11/2024 14:37:11
Age/Sex : 59 Yrs. / M	Printed : 26/11/2024 11:53:23	Report Released	: 25/11/2024 16:09:00
Ref. By : Mediwheel	Sent By : Arcofemi Healthcare Pvt Ltd		

LIVER FUNCTION TEST

Test		Result	Unit	Biological Ref. Range
S. Bilirubin (Total)	:	0.63	mg/dl	0-2.0 mg/dl
Serum, Method: Diazo (walter & Gerarde)				
S. Bilirubin (Direct)	:	0.11	mg/dl	0-0.4 mg/dl
Serum, Method: Diazo (walter & Gerarde)				
S. Bilirubin (Indirect)	:	0.52	mg/dl	0.10-1.0 mg/dl
Serum, Method: Calculated				
Aspartate Transaminase (AST/SGOT)	:	27.0	IU/L	0-35 IU/L
Serum, Method: UV Kinetic with P5P				
Alanine Transaminase (ALT/SGPT)	:	22.0	IU/L	0-45 IU/L
Serum, Method: UV Kinetic with P5P				
S. Alkaline Phosphatase	:	65.8	IU/L	53-128 IU/L
Serum, Method: IFCC with AMP buffer				
Total Proteins	:	7.0	gm/dl	6.4-8.3 gm/dl
Serum, Method: Biuret				
S. Albumin	:	3.9	gm/dl	3.5-5.2 gm/dl
Serum, Method: BCG				
S. Globulin	:	3.1	gm/dl	2.3-3.5 gm/dl
Serum, Method: Calculated				
A/G Ratio	:	1.26		0.90-2.00
Serum, Method: Calculated				
Gamma GT	:	19	U/L	0-55 U/L
Serum, Method: G glutamyl carboxy nitroanilide				

Test Done on - Automated Biochemistry Analyzer (EM 200).

*All Samples Processed At Excellas Clinics Mulund Centre .

(Collected At: 23/11/2024 14:37:11,   Received At: 23/11/2024 14:37:11,   Reported At: 25/11/2024 16:09:00)

------------------- End Of Report -------------------

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Dr. Santosh Khairnar
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27502 231124

	Registration ID : 27502	Sample Collection	: 23/11/2024 14:37:11
Name : MR. MANGESH KULKARNI		Sample Received	: 23/11/2024 14:37:11
Age/Sex : 59 Yrs. / M	Printed : 26/11/2024 11:53:23	Report Released	: 25/11/2024 16:07:48
Ref. By : Mediwheel	Sent By : Arcofemi Healthcare Pvt Ltd		

BLOOD UREA NITROGEN (BUN)

Test	Result	Unit	Biological Ref. Range
Urea	: 20.68	mg/dl	18-55 mg/dl

Serum, Method: Urease - GLDH

Blood Urea Nitrogen	: 9.66	mg/dl	5-18 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

*All Samples Processed At Excellas Clinics Mulund Centre

(Collected At: 23/11/2024 14:37:11,   Received At: 23/11/2024 14:37:11,   Reported At: 25/11/2024 16:07:48)

SERUM CREATININE

Test	Result	Unit	Biological Ref. Range
S. Creatinine	: 0.73	mg/dl	0.7-1.3 mg/dl

Serum, Method: Enzymatic

Test Done on - Automated Biochemistry Analyzer (EM 200).

*All Samples Processed At Excellas Clinics Mulund Centre

(Collected At: 23/11/2024 14:37:11,   Received At: 23/11/2024 14:37:11,   Reported At: 25/11/2024 16:07:38)

SERUM URIC ACID

Test	Result	Unit	Biological Ref. Range
S. Uric Acid	: 5.86	mg/dl	3.5-7.2 mg/dl

Serum, Method: Uricase - POD

Test Done on - Automated Biochemistry Analyzer (EM 200).

(Collected At: 23/11/2024 14:37:11,   Received At: 23/11/2024 14:37:11,   Reported At: 25/11/2024 16:07:49)

Dr. Santosh Khairnar
M.D. (Pathologist)
Reg. No.-
2000/08/2926

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27502 231124

Registration ID : 27502		Sample Collection : 23/11/2024 14:37:11
Name : MR. MANGESH KULKARNI		Sample Received : 23/11/2024 14:37:11
Age/Sex : 59 Yrs. / M	Printed : 26/11/2024 11:53:23	Report Released : 25/11/2024 16:07:48
Ref. By : Mediwheel	Sent By : Arcofemi Healthcare Pvt Ltd	

BUN CREAT RATIO (BCR)

Test	Result	Unit	Biological Ref. Range
BUN/Creatinine ratio	: 13.23		5-20

Serum, Method: Calculated

NOTE:

A blood urea nitrogen (BUN)/creatinine ratio (BCR) >20 is used to distinguish pre-renal azotemia (PRA) and acute tubular necrosis (ATN)

(Collected At: 23/11/2024 14:37:11,   Received At: 23/11/2024 14:37:11,   Reported At: 25/11/2024 16:08:05)

-------------------- End Of Report --------------------

Dr. Santosh Khairnar
M.D. (Pathologist)
Reg. No.-
2000/08/2926

27502 231124

	Registration ID : 27502	Sample Collection	: 23/11/2024 14:37:11
Name : MR. MANGESH KULKARNI		Sample Received	: 23/11/2024 14:37:11
Age/Sex : 59 Yrs. / M	Printed : 26/11/2024 11:53:23	Report Released	: 25/11/2024 16:09:14
Ref. By : Mediwheel	Sent By : Arcofemi Healthcare Pvt Ltd		

THYROID FUNCTION TEST

Test		Result	Unit	Biological Ref. Range
Total T3	:	1.2	ng/dl	0.70-2.04 ng/dl
Serum, Method: CLIA				
Total T4	:	11.52	µg/dl	5.1-14.1 µg/dl
Serum, Method: CLIA				
TSH (Thyroid Stimulating Hormone)	:	0.55	µIU/ml	0.5-8.9 µIU/ml
Serum, Method: CLIA				

Interpretation Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis ,estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age ,marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 23/11/2024 14:37:11, Received At: 23/11/2024 14:37:11, Reported At: 25/11/2024 16:09:14)

-------------------- End Of Report --------------------

Dr. Santosh Khairnar
M.D. (Pathologist)
Reg. No.-
2000/08/2926

27502 231124

Registration ID	: 27502	Sample Collection	: 23/11/2024 14:37:11
Name : MR. MANGESH KULKARNI		Sample Received	: 23/11/2024 14:37:11
Age/Sex : 59 Yrs. / M	Printed : 26/11/2024 11:53:23	Report Released	: 24/11/2024 13:17:02
Ref. By : Mediwheel	Sent By : Arcofemi Healthcare Pvt Ltd		

EXAMINATION OF URINE

Test		Result	Unit	Biological Ref. Range
PHYSICAL EXAMINATION				
Quantity	:	25	ml	
Colour	:	Pale yellow		
Appearance	:	Clear		
Reaction (pH)	:	6.0		4.5 - 8.0
Specific Gravity	:	1.015		1.010 - 1.030
CHEMICAL EXAMINATION				
Protein	:	Absent		Absent
Glucose	:	Absent		Abesnt
Ketones Bodies	:	Absent		Abesnt
Occult Blood	:	Absent		Absent
Bilirubin	:	Absent		Absent
Urobilinogen	:	Absent		Normal
MICROSCOPIC EXAMINATION				
Epithelial Cells	:	0 - 1	/ hpf	
Pus cells	:	0 - 1	/ hpf	
Red Blood Cells	:	Absent	/ hpf	
Casts	:	Absent	/ lpf	Absent / lpf
Crystals	:	Absent		Absent
OTHER FINDINGS				
Yeast Cells	:	Absent		Absent
Bacteria	:	Absent		Absent
Mucus Threads	:	Absent		
Spermatozoa	:	Absent		
Deposit	:	Absent		Absent
Amorphous Deposits	:	Absent		Absent

sample type:Urine
Method:Visual and Microscopic

(Collected At: 23/11/2024 14:37:11, Received At: 23/11/2024 14:37:11, Reported At: 24/11/2024 13:17:02)

-------------------- End Of Report --------------------

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Dr. Santosh Khairnar
M.D. (Pathologist)
Reg. No.-
2000/08/2926

27502 231124

		Registration ID	: 27502	Sample Collection	: 23/11/2024 14:37:11
Name	: MR. MANGESH KULKARNI			Sample Received	: 23/11/2024 14:37:11
Age/Sex	: 59 Yrs. / M	Printed	: 26/11/2024 11:53:23	Report Released	: 25/11/2024 12:26:59
Ref. By	: Mediwheel	Sent By	: Arcofemi Healthcare Pvt Ltd		

X RAY CHEST PA VIEW

CLINICAL PROFILE : NO COMPLAINTS.

Both the lung fields appear normal.

Cardiac silhouette is within normal limits.
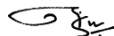
Bilateral hilar shadows appear normal.

Bilateral costophrenic angles appear normal.

Bony thorax appears normal.

Soft tissues appear normal.

IMPRESSION:

No significant abnormality detected.

Dr. Raj Shah
DMRE , M.B.B.S
REG. NO.
2019/05/3609

27502 231124

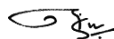|			
	Registration ID : 27502	Sample Collection	: 23/11/2024 14:37:11
Name : MR. MANGESH KULKARNI		Sample Received	: 23/11/2024 14:37:11
Age/Sex : 59 Yrs. / M	Printed : 26/11/2024 11:53:23	Report Released	: 25/11/2024 12:26:59
Ref. By : Mediwheel	Sent By : Arcofemi Healthcare Pvt Ltd		

MR KULKARNI MANGESH CHANDRAKANTH AGE 59 YRS MALE   R19   CHEST,PA   11/23/2024   10:37 AM

EXCELLAS CLINICS, DOMBIVILI (E)

(Collected At: 23/11/2024 14:37:11,   Received At: 23/11/2024 14:37:11,   Reported At: 25/11/2024 12:26:59)

-------------------- End Of Report --------------------

Dr. Raj Shah
DMRE , M.B.B.S
REG. NO.
2019/05/3609

27502 231124

	Registration ID : 27502	Sample Collection	: 23/11/2024 14:37:11
Name : MR. MANGESH KULKARNI		Sample Received	: 23/11/2024 14:37:11
Age/Sex : 59 Yrs. / M	Printed : 26/11/2024 11:53:23	Report Released	: 25/11/2024 11:00:16
Ref. By : Mediwheel	Sent By : Arcofemi Healthcare Pvt Ltd		

USG ABDOMEN & PELVIS - MALE

Liver:- is normal in size(14.2 cm) and **shows raised echotexture**. No focal or diffuse lesion is seen. The portal and hepatic veins are normal. No IHBR dilatation seen.

Gall Bladder:- is partially distended. No calculus or mass lesion is seen.
No GB wall thickening or pericholecystic fluid is seen.

Visualised **CBD** is normal.

Pancreas:-is normal in size and reflectivity. No focal lesion seen.

Spleen:- is normal in size (9.5 cm) and reflectivity. No focal lesion is seen.

Kidneys:- Both Kidneys are normal in size, shape, position. They show normal reflectivity. CMD is maintained. No calculi or hydronephrosis seen on either side.
Right kidney – 10.9 x 4.8 cms
Left kidney – 10.7 x 5.0 cms

Urinary Bladder:- is well distended and shows normal wall thickness.
No intraluminal lesion seen.

Prostate:- is normal in size, shape and echotexture.
            No focal lesions.

No ascites is seen. No significant lymphadenopathy is seen.
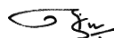Excessive bowel gases.

IMPRESSION:

-    **Grade I fatty liver.**

Thanks for the Referral

(Collected At: 23/11/2024 14:37:11,   Received At: 23/11/2024 14:37:11,   Reported At: 25/11/2024 11:00:16)

------------------- End Of Report -------------------

Dr. Raj Shah
DMRE , M.B.B.S
REG. NO.
2019/05/3609

27502 231124

Registration ID	: 27502		Sample Collection	: 23/11/2024 14:37:11
Name	: MR. MANGESH KULKARNI		Sample Received	: 23/11/2024 14:37:11
Age/Sex	: 59 Yrs. / M	Printed	: 26/11/2024 11:53:23	Report Released	: 23/11/2024 16:10:44
Ref. By	: Mediwheel	Sent By	: Arcofemi Healthcare Pvt Ltd		

OPTHALMIC EVALUATION

Examination	Right Eye	Left Eye
Distance Vision	6/6	6/6
Near Vision	N/6	N/6
Color Vision	Normal	
Remarks	Normal	

(Collected At: 23/11/2024 14:37:11,   Received At: 23/11/2024 14:37:11,   Reported At: 23/11/2024 16:10:44)

-------------------- End Of Report --------------------

MEDICAL EXAMINATION REPORT

Name Mr./Mrs./ Miss	mangesh kulkarni -
Sex	Male/ Female
Age (yrs.) 52	UHID :
Date 23 / 11 / 20 23	Bill No. :
Marital Status	Married/ No. of Children / Unmarried/ Widow :
Present Complaints	No
Past Medical : **History** Surgical :	No
Personal History	Diet : Veg ☑ / Mixed ☐ : Addiction : Smoking ☐ / Tobacco Chewing ☑ / Alcohol ☐/ Any Other
Family History Father = Mother = Siblings =	HT / DM / IHD / Stroke / Any Other Mother = HT / DM / IHD / Stroke / Any Other No Siblings = HT / DM / IHD / Stroke / Any Other
History of Allergies	Drug Allergy No Any Other
History of Medication	For HT / DM / IHD / Hypothyroidism Any Other No
On Examination (O/E)	G. E.: fair R. S.: AEBE C.V.S.: S₁S₂ (N) C.N.S.: cone orient P/A: soft nontender Any Other Positive Findings :

Height	176.9 cms	Weight	98.5 - Kgs	
BMI	31.5			
Pulse (per min.)	70/m	Blood Pressure (mm of Hg)	140/90 mm of Hg	

Gynaecology

Examined by	Dr.
Complaint & Duration	
Other symptoms (Mict, bowels etc)	
Menstrual History	Menarche _____ Cycle_____ Loss_____ Pain _____ I.M.B._____ P.C.B._____ L.M.P. _____ Vaginal Discharge _____ Cx. Smear_____ Contraception_____
Obstetric History	
Examination :	
Breast	
Abdomen	
P.S.	
P.V.	
Gynaecology Impression & Recommendation	
Recommendation	
Physician Impression	
Examined by :	- Overweight = To Reduce Weight - Underweight = To Increase Weight

DAWADI, SONAR PADA DOMBIVLI.

Mr. MANGESH KULKARNI
Age/Sex : 59/M
Ref. by : MEDIWHEEL
Indication1 :
Indication2 :
Indication3 :

ID : 69
Ht/Wt : 176/98
Recorded : 23-11-2024 11:54

TREADMILL TEST SUMMARY REPORT
Protocol: BRUCE
History: NIL
Medication1 :
Medication2 :
Medication3 :

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	ST LEVEL (mm) II	ST LEVEL (mm) V2	V5	METS
SUPINE					79	140/80	110	-0.4	0.5	0.5	
STAGE 1	2:59	2:59	2.70	10.00	102	150/90	153	-1.6	0.8	0.0	4.80
STAGE 2	5:59	2:59	4.00	12.00	126	160/90	201	-1.8	0.9	-0.1	7.10
STAGE 3	6:44	0:44	5.40	14.00	139	170/90	236	-2.1	0.8	-0.7	7.81
PEAK EXER	6:51	0:51			140	170/90	238	-2.0	1.0	-0.6	7.93

RESULTS

Exercise Duration   :   6:51 Minutes
Max Heart Rate   :   140 bpm   86 % of target heart rate 161 bpm
Max Blood Pressure   :   170/90 mmHg
Max Work Load   :   7.93 METS
Reason of Termination   :   Achieved THR

IMPRESSIONS
GOOD EFFORT TOLERANCE, NORMAL IONOTROPIC AND CHRONOTROPIC RESPONCE.
NO ANGINA/ARRYTHMIA'S/LV DYSFUNCTION. NO SIGNIFICANT ST CHANGES AT PEAK OF TEST.
TEST IS NEGATIVE FOR EXERCISE INDUCED REVERSABLE ISCHEMIA.

DR. VINAY HIRAY
DNB MED.
Reg. No. 2012/09/2681

CardiCom, INDIA

EXCELLAS CLINICS-DOMBIVLI

Mr. MANGESH KULKARNI
I.D. : 69
AGE/SEX : 59/M
RECORDED : 23-11-2024 11:54

RATE : 73 BPM
B.P. : 150/90 mmHg

BRUCE
RECOVERY
PHASE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

LINKED MEDIAN

I
-0.9
0.9

aVR
1.0
-0.7

V1
0.8
-0.2

V4
0.2
1.6

II
-1.1
0.5

aVL
-0.4
0.7

V2
0.3
1.4

V5
-0.1
1.2

III
-0.2
-0.4

aVF
-0.7
0.1

V3
0.4
1.5

V6
-0.3
1.0

II

Filtered   Computer Corrected Baseline   25mm/sec 10mm/mV   CardiCom, INDIA

EXCELLAS CLINICS-DOMBIVLI

Mr. MANGESH KULKARNI
I.D.   : 69
AGE/SEX : 59/M
RECORDED : 23-11-2024 11:54

RATE : 73 BPM
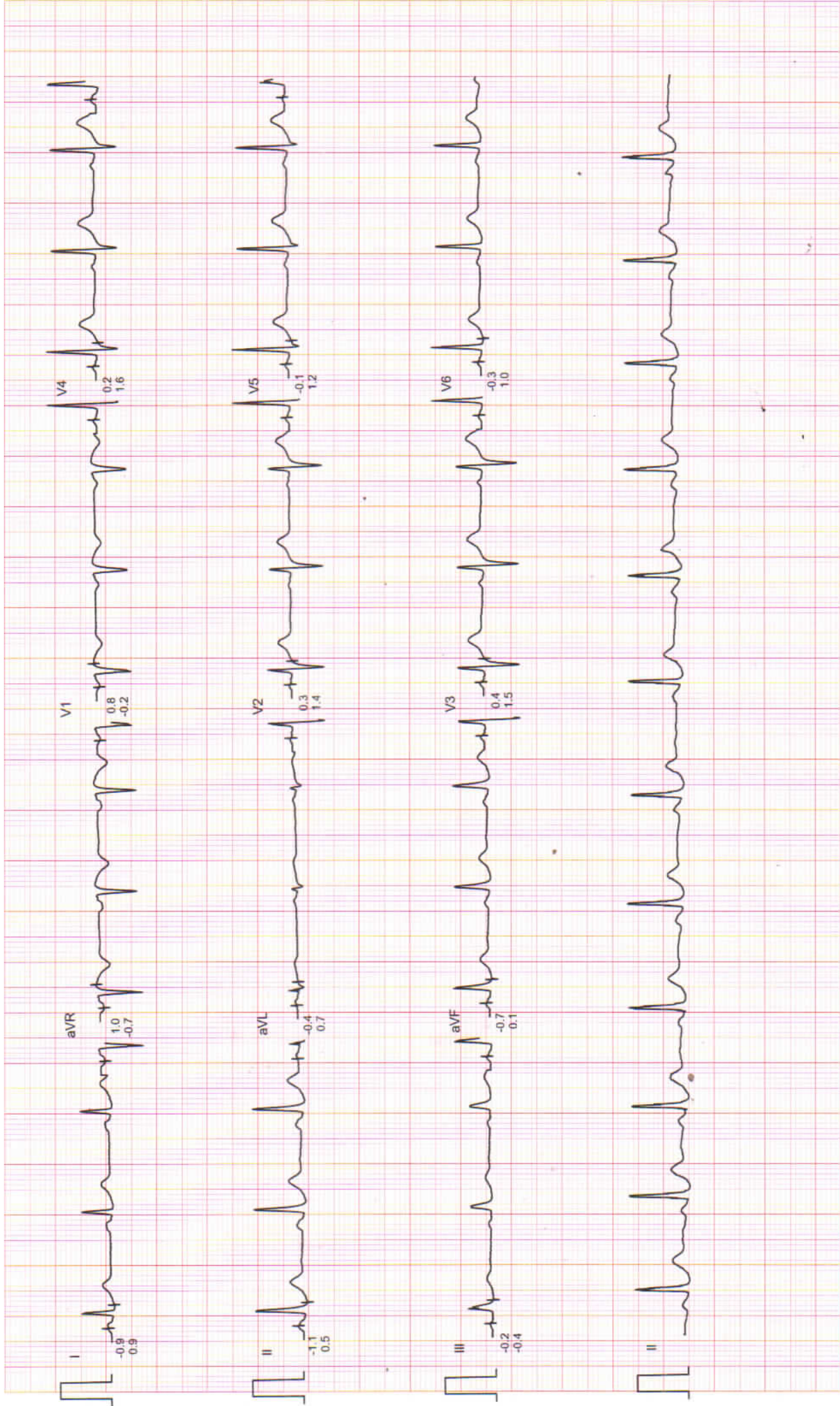B.P. : 160/90 mmHg

BRUCE
RECOVERY
PHASE TIME : 1:59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

LINKED MEDIAN

Lead		
I	-0.9	0.6
II	-1.0	0.6
III	-0.1	0.0
aVR	0.9	-0.6
aVL	-0.4	0.3
aVF	-0.6	0.3
V1	0.8	-0.6
V2	0.5	1.2
V3	0.7	1.3
V4	0.2	1.4
V5	-0.1	1.2
V6	-0.3	0.8

Filtered   Computer Corrected Baseline   25mm/sec 10mm/mV   CardiCom, INDIA

EXCELLAS CLINICS-DOMBIVLI

Mr. MANGESH KULKARNI
I.D.   : 69
AGE/SEX : 59/M
RECORDED : 23-11-2024 11:54

BRUCE
RECOVERY
PHASE TIME : 0:59

RATE : 87 BPM
B.P. : 170/90 mmHg

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

LINKED MEDIAN

I	aVR	V1	V4
-0.6	0.9	0.7	1.0
0.8	-1.1	-0.4	2.3

II	aVL	V2	V5
-1.2	0.0	0.9	0.4
1.4	0.1	1.6	1.8

III	aVF	V3	V6
-0.6	-0.9	1.5	-0.2
0.6	1.0	2.0	1.5

II

Filtered   Computer Corrected Baseline   CardiCom, INDIA

25mm/sec 10mm/mV

EXCELLAS CLINICS-DOMBIVLI

Mr. MANGESH KULKARNI
I.D.   : 69
AGE/SEX : 59/M
RECORDED : 23-11-2024 11:54

RATE : 140 BPM
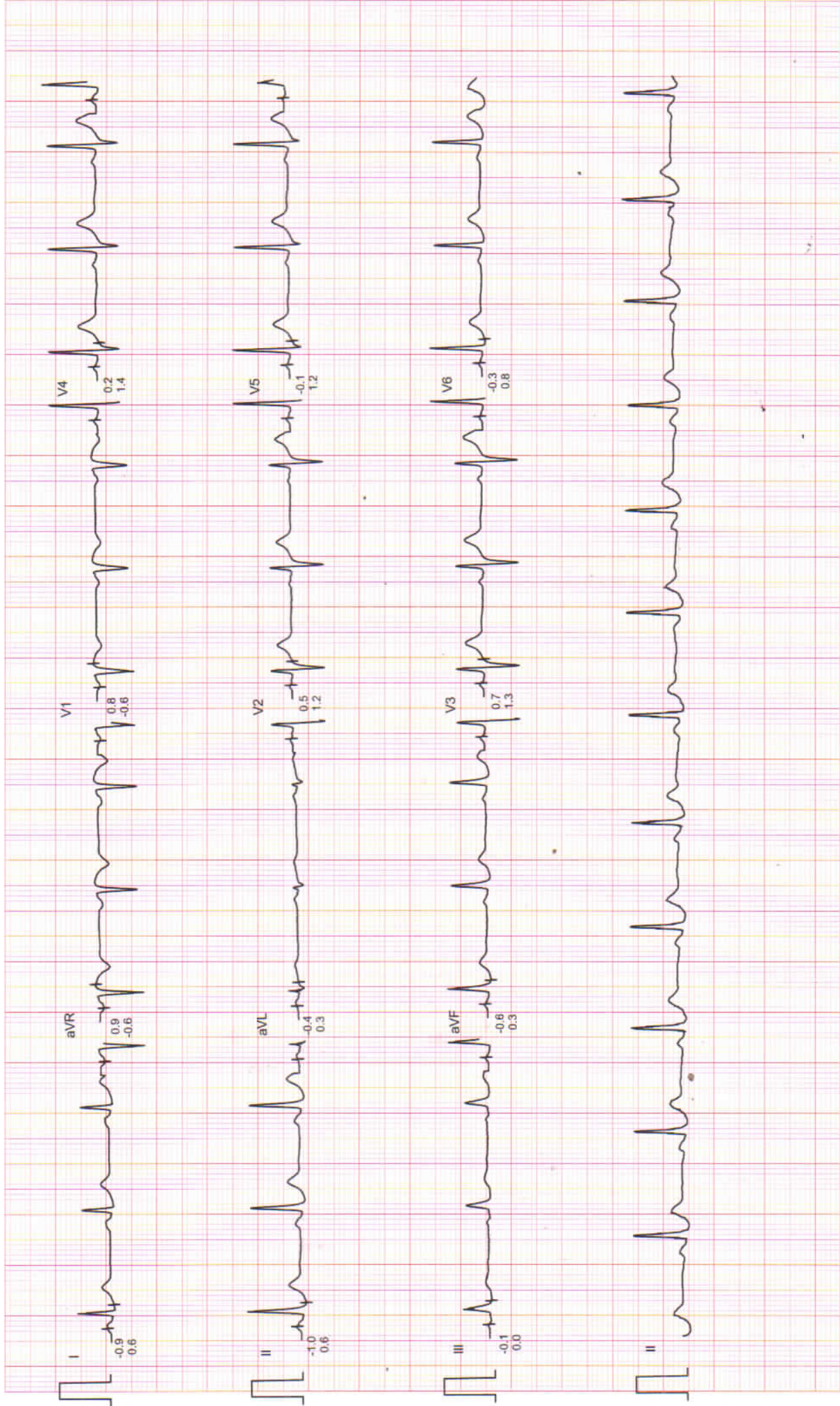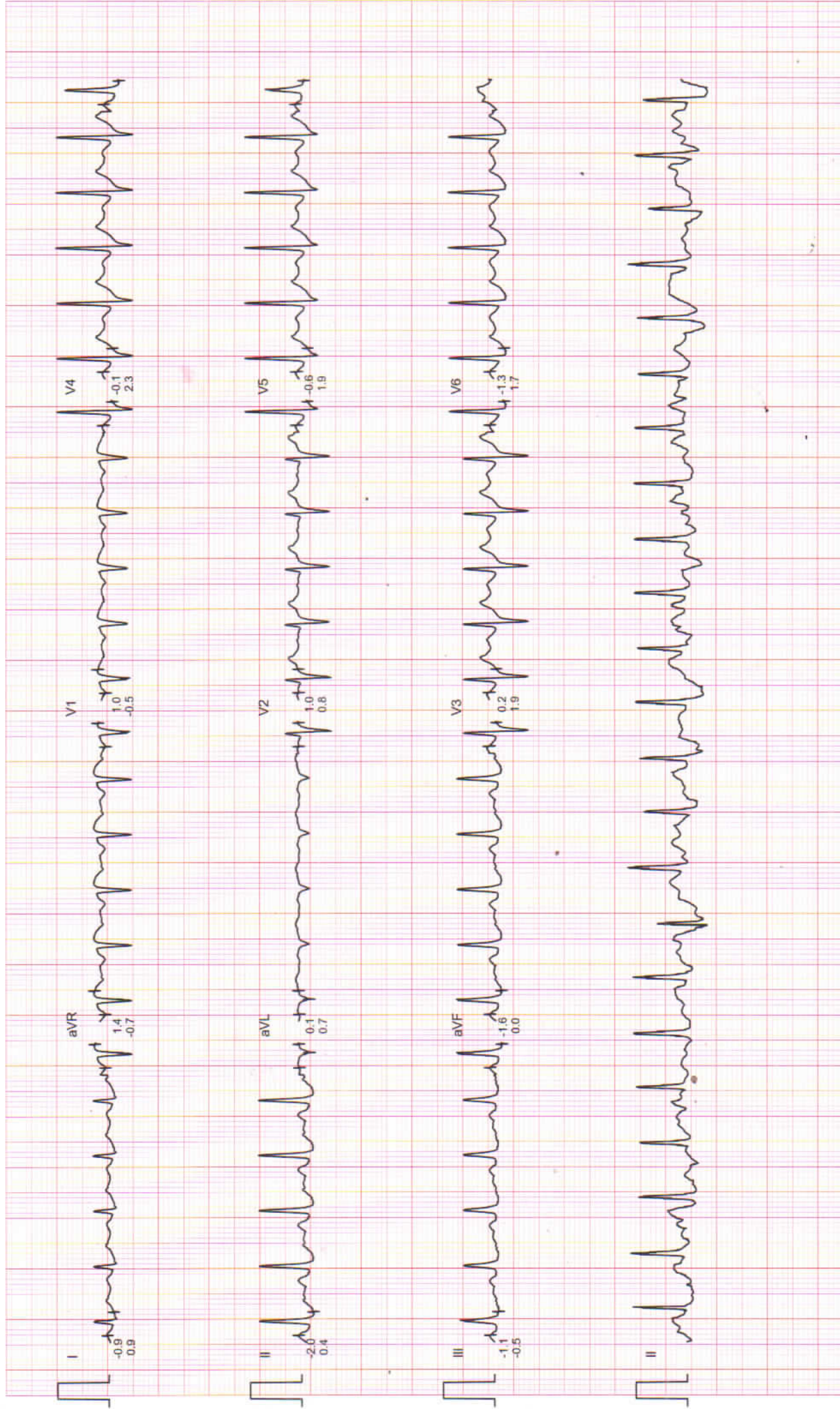B.P. : 170/90 mmHg

BRUCE
PEAK EXER
PHASE TIME : 6:51
STAGE TIME : 0:51

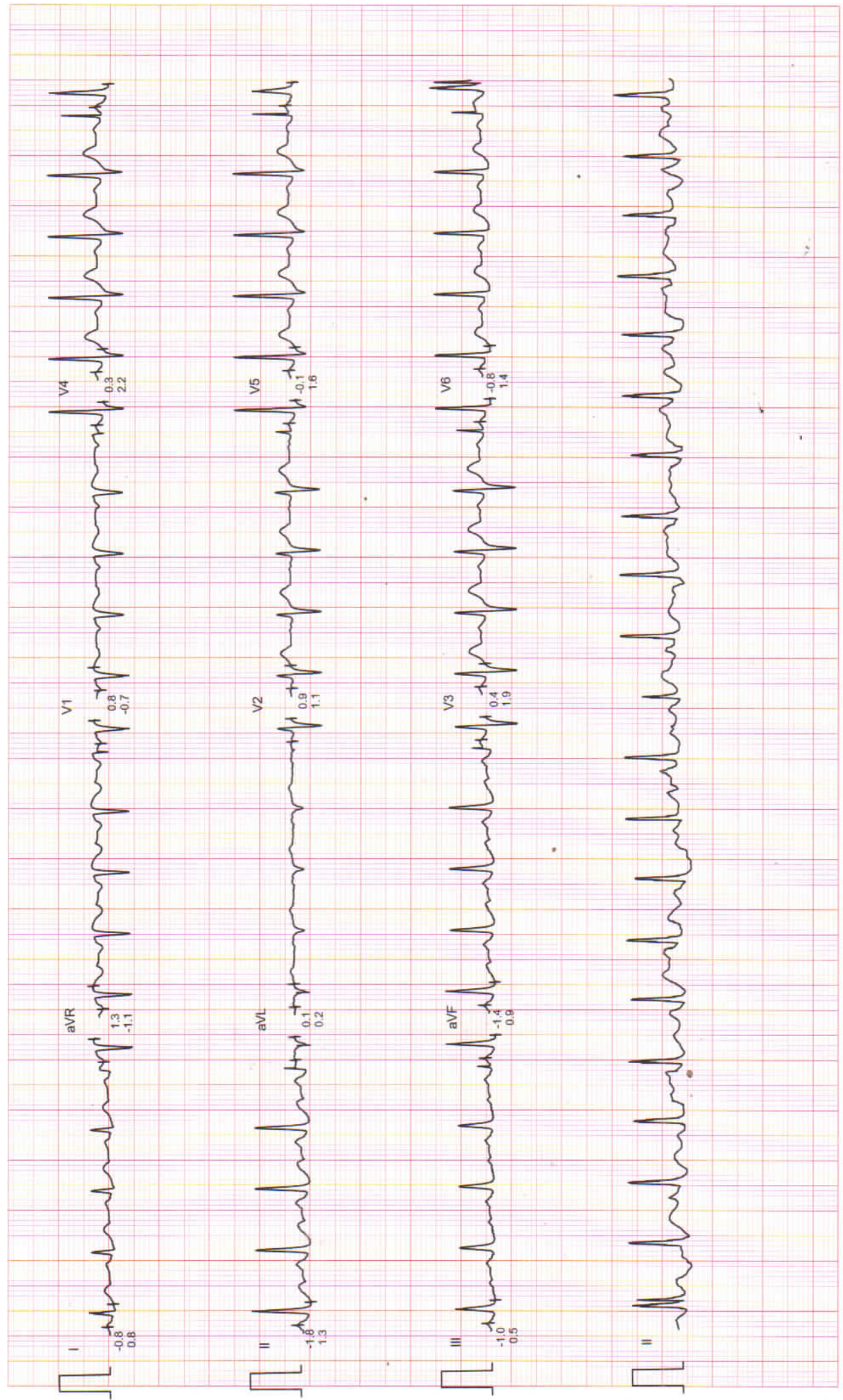ST @ 10mm/mV
80ms PostJ
SPEED : 5.4 Km./Hr.
GRADE : 14.0 %

LINKED MEDIAN

I   -0.9 0.9

aVR   1.4 -0.7

V1   1.0 -0.5

V4   -0.1 2.3

II   -2.0 0.4

aVL   0.1 0.7

V2   1.0 0.8

V5   -0.6 1.9

III   -1.1 -0.5

aVF   -1.6 0.0

V3   0.2 1.9

V6   -1.3 1.7

II

Filtered   Computer Corrected Baseline   25mm/sec 10mm/mV   CardiCom, INDIA
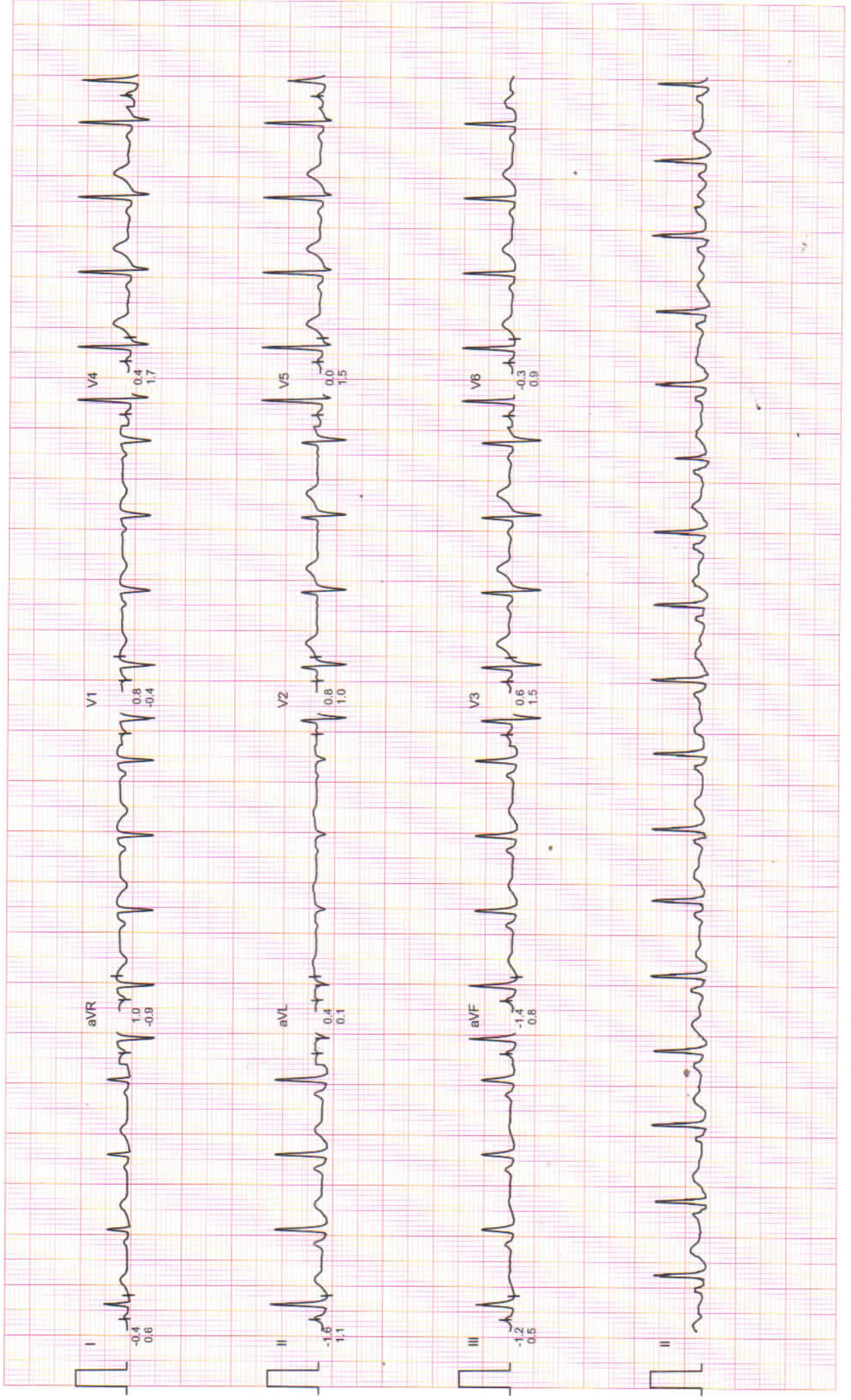
EXCELLAS CLINICS-DOMBIVLI

Mr. MANGESH KULKARNI
I.D.   : 69
AGE/SEX : 59/M
RECORDED : 23-11-2024 11:54

RATE : 126 BPM
B.P. : 160/90 mmHg

BRUCE
EXERCISE 2
PHASE TIME : 5:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 4.0 Km./Hr.
GRADE : 12.0 %

LINKED MEDIAN

I
-0.8
0.8

II
-1.6
1.3

III
-1.0
0.5

II

aVR
1.3
-1.1

aVL
0.1
0.2

aVF
-1.4
0.9

V1
0.8
-0.7

V2
0.9
1.1

V3
0.4
1.9

V4
0.3
2.2

V5
-0.1
1.6

V6
-0.8
1.4

Filtered   Computer Corrected Baseline   25mm/sec 10mm/mV   CardiCom. INDIA

EXCELLAS CLINICS-DOMBIVLI

Mr. MANGESH KULKARNI
I.D.   : 69
AGE/SEX : 59/M
RECORDED : 23-11-2024 11:54

RATE : 102 BPM
B.P. : 150/90 mmHg

BRUCE
EXERCISE 1
PHASE TIME : 2:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms Post.J^a
SPEED : 2.7 Km./Hr.
GRADE : 10.0 %

LINKED MEDIAN

I
-0.4
0.6

aVR
1.0
-0.9

V1
0.8
-0.4

V4
0.4
1.7

II
-1.6
1.1

aVL
0.4
0.1

V2
0.8
1.0

V5
0.0
1.5

III
-1.2
0.5

aVF
-1.4
0.8

V3
0.6
1.5

V6
-0.3
0.9

II

Filtered   Computer Corrected Baseline   25mm/sec 10mm/mV   CardiCom, INDIA
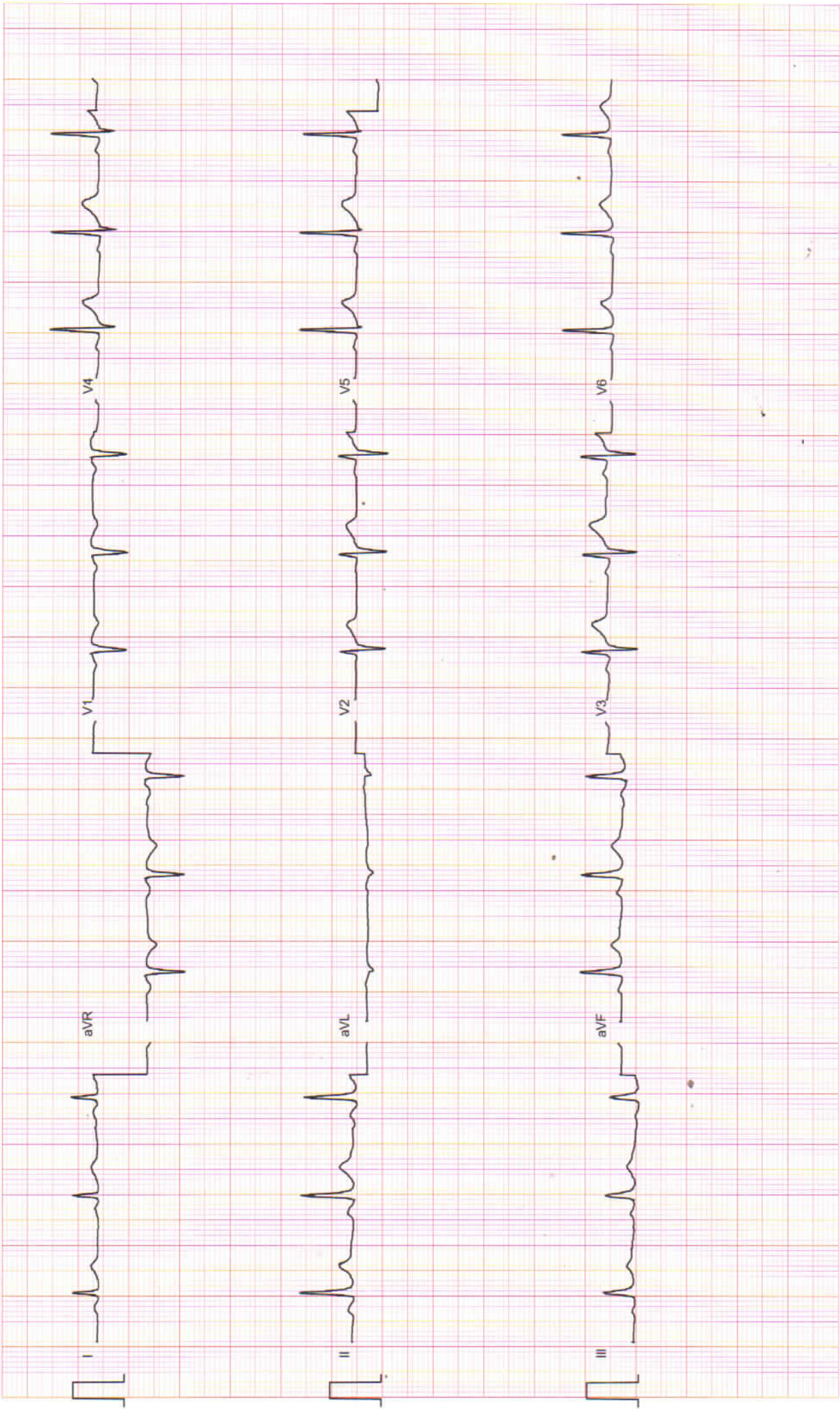
EXCELLAS CLINICS-DOMBIVLI

Mr. MANGESH KULKARNI
I.D. : 69
AGE/SEX : 59/M
RECORDED : 23-11-2024 11:54
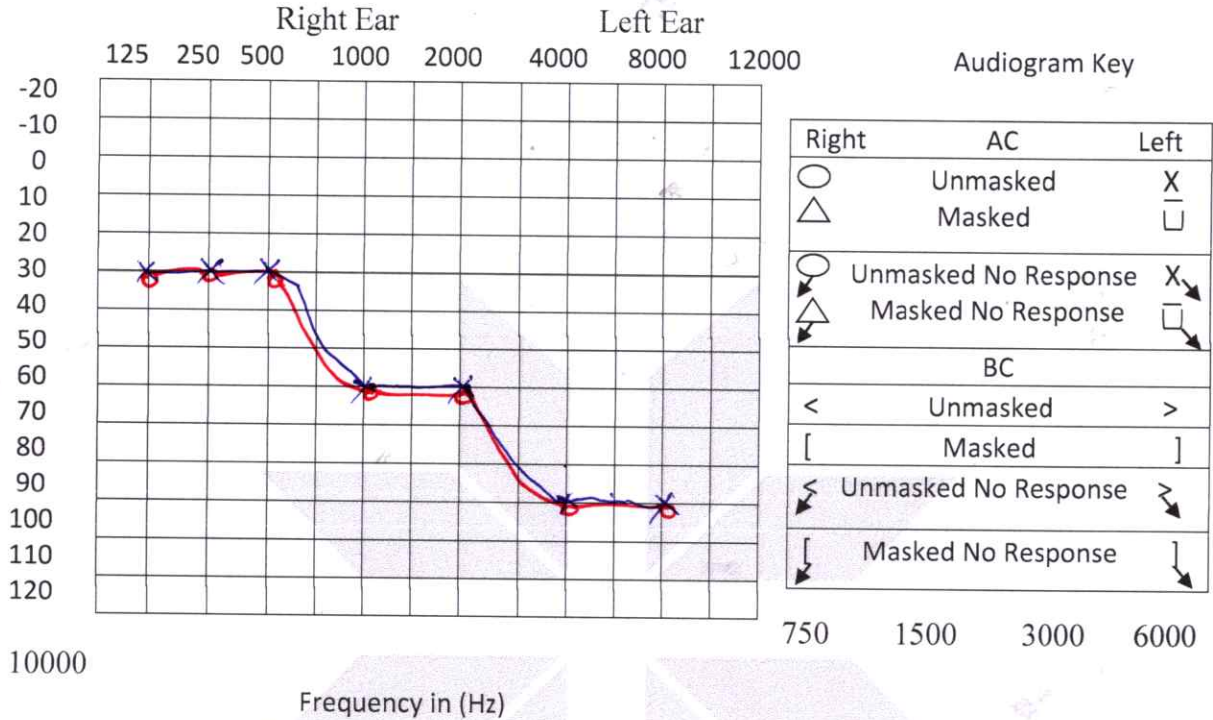
RATE : 79 BPM
B.P. : 140/80 mmHg

SUPINE
PRETEST

ST @ 10mm/mV
80ms Post.J

RAW E.C.G.

I

II

III

aVR

aVL

aVF

V1

V2

V3

V4

V5

V6

Filtered

25mm/sec 10mm/mV

CardiCom, INDIA

NAME : MR KULKARNI MANGESH CHANDRAKANTH	AGE/SEX: 59 YRS/MALE
REF BY : MEDIWHEEL	DATE: 23-11-2024

AUDIOGRAM

Right Ear   Left Ear

Frequency in (Hz)

10000

Audiogram Key

Right	AC	Left
◯	Unmasked	X
△	Masked	⊔
(Unmasked No Response)	Unmasked No Response	X
(Masked No Response)	Masked No Response	⊐
	BC	
<	Unmasked	>
[	Masked	]
⊰	Unmasked No Response	⊱
[	Masked No Response	]

750   1500   3000   6000

Responses: Reliable / Fairly Reliable / Not Reliable   Speech Audiometry

Test Conduction: Satisfactory / Not Satisfactory
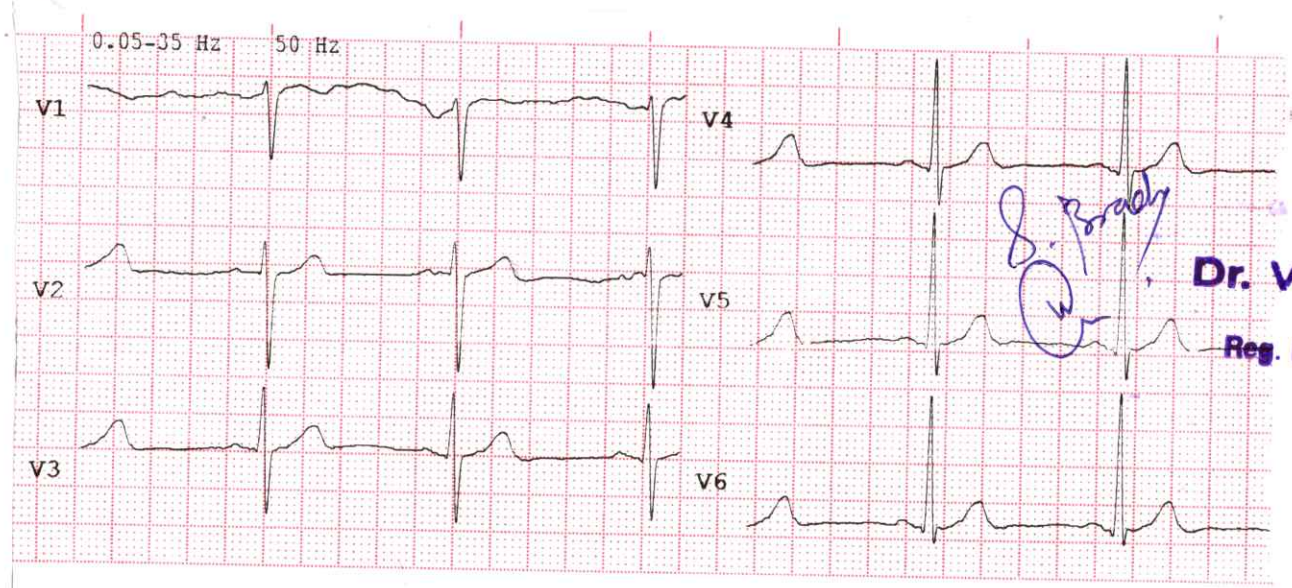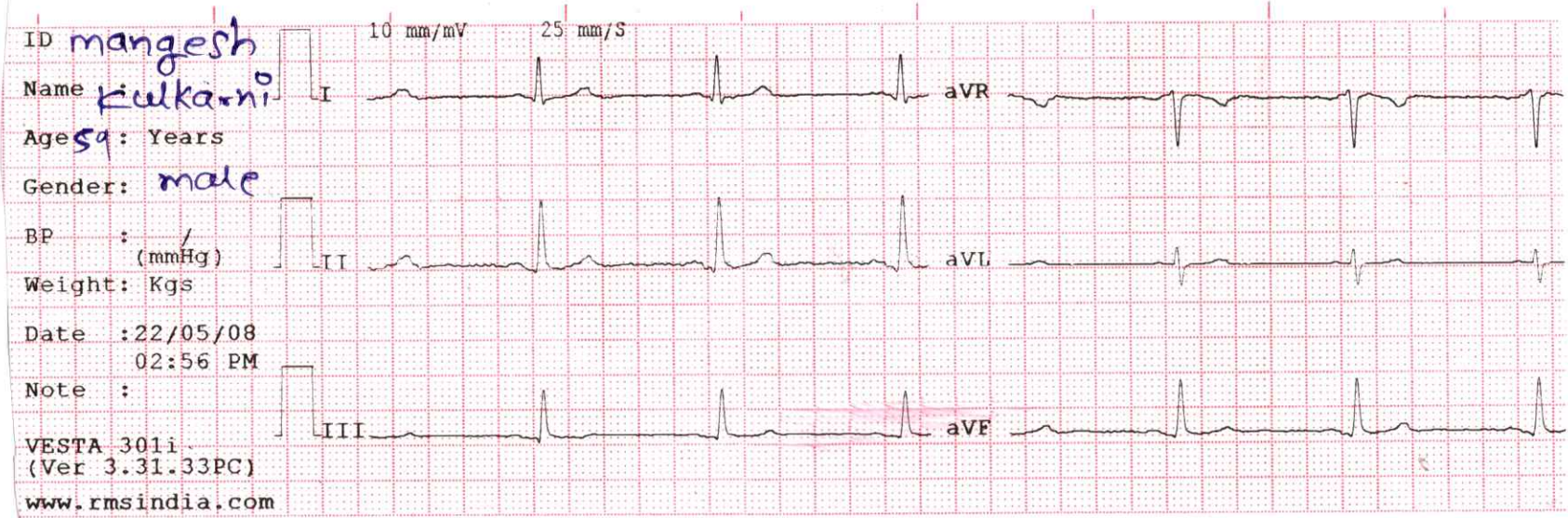If any other specify
Procedure: Standard / Play

Audio logical Interpretations:
BILATERAL HEARING CONDUCTIVITY SENSATION: **SEVERE HEARING LOSS IN HIGH FREQUENCY LEVEL**

RECOMMENDATION : URGENTLY CONSULT WITH ENT SPECIALIST

Excellas Clinics Private Limited
1st Floor, Haslun Ashish,
Kalyan - Shilphata Rd,
Near Venkatesh Petrol Pump,
Above Moti Mithai Shop, Sonar Pada,
Dombivli East, Maharashtra 421201
M - 9930058716
AUDIOLOGIST

ID   mangesh
Name Kulkarni
Age 59 : Years
Gender: male

BP   :   /
          (mmHg)
Weight: Kgs

Date :22/05/08
        02:56 PM
Note :

VESTA 301i.
(Ver 3.31.33PC)
www.rmsindia.com

10 mm/mV   25 mm/S

I   aVR

II   aVL

III   aVF

0.05-35 Hz   50 Hz

V1   V4

V2   V5

V3   V6

Dr. VINAY HIRAY
DNB MED
Reg. No. 2012/09/2681

Patient Name	: **MR. MANGESH KULKARNI**	
Age / Sex	: 59 years / Male	
Ref. Doctor	: SELF	
Client Name	: EXCELLAS CLINICS PVT LTD	
Sample ID	: 2411116546	
Printed By	: EXCELLAS CLINICS PVT LTD	

Patient ID / Billing ID : 1356454 / 1556653

Specimen Collected at : EXCELLAS CLINICS PVT LTD

Sample Collected On : 23/11/2024, 07:29 p.m.

Reported On : 23/11/2024, 09:36 p.m.

Printed On : 25/11/2024, 01:36 p.m.

2411116546

TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
PROSTATE SPECIFIC ANTIGEN (PSA)				
Total PSA^	0.263	ng/ml	0 - 4.0	ECLIA
Free PSA^	0.093	ng/ml	0.0 - 0.5	ECLIA
Free PSA / PSA Ratio.	35.36	%	> 10 % s/o BPH	ECLIA
			< 10 % s/o Ca Prostate	

Interpretation:

Elevated levels of Prostate Specific Antigen (PSA) have been associated with benign and malignant prostatic disorders. Studies indicate that in men 50 years or older measurement of PSA is a useful addition to the digital rectal exam in the early detection of prostate cancer. In addition, PSA decreases to undetectable levels following complete resection of the tumor and may rise again with recurrent disease or persist with residual disease. Thus, PSA levels may be of assistance in the management of prostate cancer patients. In men over 50 years with total PSA between 4.0 and 10.0 ng/mL, the percent (%) free PSA gives an estimate of the probability of cancer. In these circumstances the measurement of the % free PSA may aid in avoiding unnecessary biopsies. If prostatic tissue remains after surgery or if metastasis has occurred , the PSA appears to be useful in detecting residual and early recurrence of tumor, therefore serial PSA levels can help determine the success of prostatectomy and the need for further treatment such as radiation, endocrine or chemotherapy and in monitoring of the effectiveness of therapy. Free PSA/Total PSA Ratio: > 10 % s/o BPH (benign Prostate Hyperplasia). < 10 % s/o Ca Prostate

Note

Tests marked with ^ are included in NABL scope.

Test results relate to the sample as received.

By ECLIA method, false low values can be because of Biotin (Vitamin B 7) consumption.

Kindly correlate clinically.

Processed By : NABL Accredited Dr. Vaidya's Laboratory , Thane

Scan QR for Authentication

Checked By :

Reviewed By

Dr. Vivek Bonde
MD Pathology

END OF REPORT