Siddhivinayak HOSPITAL

S-1, Vedant Complex, Vartak Nagar, Thane (W)-400606, Tel.: 2588 3531/7151

		-
Corpora	e Health	Centre
Corpora	e liedilli	00111110

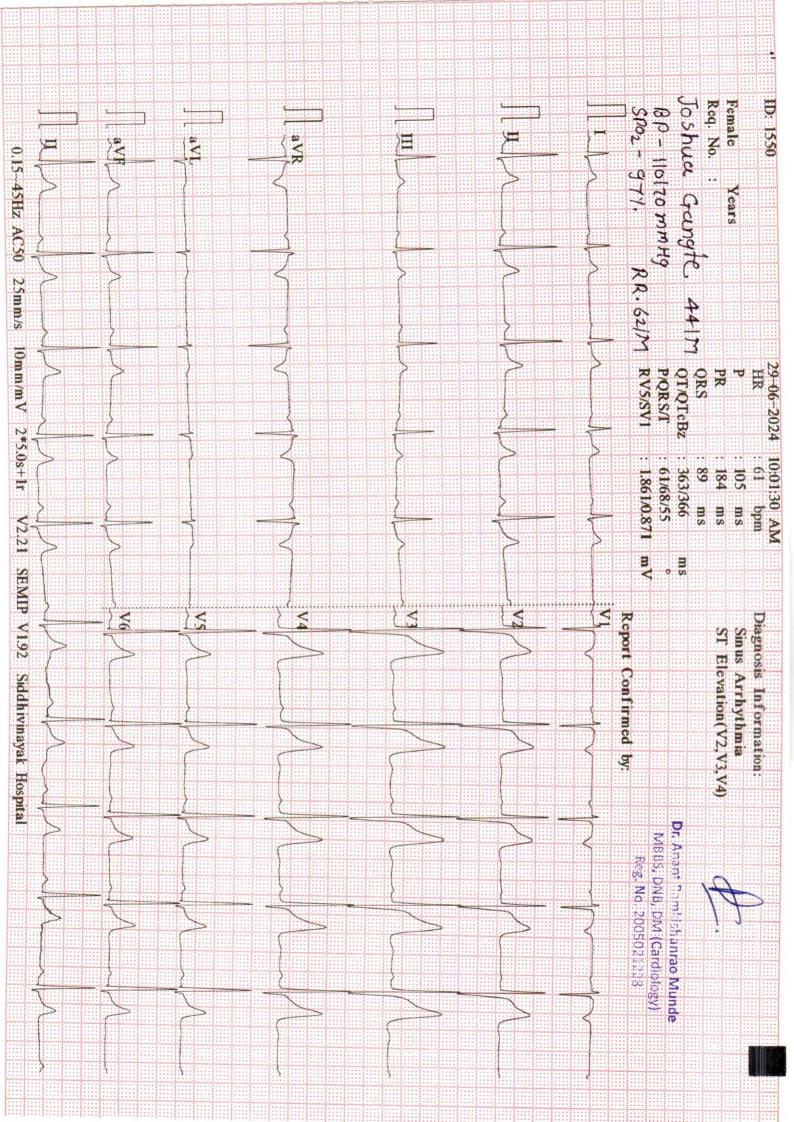
DR. VISHAL DALVI

MBBS, MD (Medicine)
Consultant Physician
Reg. No. 2011/09/3121

Reg. No	o.		
Date :	291	6 24.	

Corporate Heart				
Blood Urine Stool Vaccine Los LANGTE	VII / CITCO	udio USG	OPT Dr.	
Employee's Name : TOSHUA GANGTE		Rt.	Lt.	
Blood Group : B+	NEAR			
Age/Sex : 44 /M	DISTANT			
9920356514	COLOUR VISION			
Contact No. :		5002	- 971.	
PHYSIOLOGIC PARAMETERS :	GENERAL EXAMINATION	BD (mm Ho	1):110170	nm'
Ht. (Cms.) 178 Wt. (Kgs.) 74 BMI	Pulse (Min) : 62 m	Temp.		
	R.R. (Min) : 20 cpm			
COMPLAINTS : (Specify if any)	Pallor : NAO	Icterus	עמייו .	
No fresh complaints.	Clubbing : NAD			
Colomba Jack Colomba and Dalin	×			1
severe backache, neck pain	ENT EXAMINATION (S	pecify if Abn	ormal)	
	Ear Nose	Ton Gur	(, ,	
PAST HISTORY: N'AD	Teeth Tonsils	Gur	TIS .	
		1011		1
	SYSTEMIC EXAMINAT			
FAMILY HISTORY: Mother - DM.	LOCOMOTOR SYSTEM .			1
<u>Sister- (a (expired)</u> Cervix.	RESPIRATORY SYSTE	M_ACR	E deag	
Cervix.	CARDIOVASCULAR S	YSTEM	8,820	
SURGICAL HISTORY: Nelmoval of cyor over	CENTRAL NERVOUS	SYSTEM (n)	ns miente	9
back a yrs back.	1	80FL		
9 DNA	ABDOMEN	0.4.0.0	- Vanjer	1
DEDSONAL HISTORY (Addication if any)	GENITAL SYSTEM _		-1	-
Chronic / Frequent / Occasional :	MUSCULOSKELETAL	SYSTEM	NAD	-
Smoker / Tobacco Chewer / Alcohlic : No.				_
PFT MEANS	PRED		% PRED	-
SVC				
FVC FEV1 / FVC				
Remark				-
Audiometry 500 1000 2000	requency in Hz 4000	6000	800	0
Right Ear				100%
Left Ear				
Remark	Ot to Pi and	can resi	ımı	_
*	The second second			
DOCTOR SIGNATURE	nes	normal a	unel.	

Adv X ray LS (AP) X- ray CS (AP) Dental consulting.





Siddhivinayak Hospital



Imaging Department
Sonography | Colour Doppler | 3D / 4D USG

Name - Mr. Joshva Gangte	Age - 44 Y/M
Ref by Dr Siddhivinayak Hospital	Date - 29/06/2024

USG ABDOMEN & PELVIS

FINDINGS: -

The **liver** dimension is normal in size It appears normal in morphology with normal echogenicity. No evidence of intrahepatic ductal dilatation.

The GB-gallbladder is distended normally. Wall thickness is normal.

The CBD- common bile duct is normal. The portal vein is normal.

The pancreas appears normal in morphology.

The **spleen** is normal in size (8.4 cm) and show normal morphology.

Both kidneys demonstrate normal morphology.

Both kidneys show normal cortical echogenicity.

The right kidney measures 10.6 x 4.9 cm

The left kidney measures 11.5 x 4.5 cm.

Urinary bladder: -normally distended. Wall thickness - normal.

Prostate is normal in size and morphology Size: 16.9 grams.

No free fluid is seen.

IMPRESSION:-

· No obvious significant abnormality detected.

DR. AMOL BENDRE MBBS; DMRE CONSULTANT RADIOLOGIST

Dr. AMOL BENDRE

Reg. No. 2015/08/4412







Siddhivinayak Hospital



Imaging Department
Sonography | Colour Doppler | 3D / 4D USG

Name – Mr. JOSHVA GANGTE	Age -	44 Y/M	
Ref by Dr:- Siddhivinayak Hospital	Date-	29/06/2024	

X- Ray chest (PA VIEW)

No obvious active parenchymal lesion seen in both lungs.

Cardiac and aortic shadows appear normal

No evidence of pleural of effusion is seen.

Both domes of diaphragm appear normal.

No obvious bony lesion is seen.

IMPRESSION:

· No significant abnormality seen.

Adv.: Clinical and lab correlation.

DR. AMOL BENDRE
MBBS: DMRE

CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis.

Dr. AMOL BENDRE MBBS DMRE Reg. No. 2015/08/4412







Siddhivinayak Hospital



Imaging Department
Sonography | Colour Doppler | 3D / 4D USG

ECHOCARDIOGRAM

NAME	MR. JOSHVA GANGTE	
AGE/SEX	44 YRS/M	
REFERRED BY	SIDDHIVINAYAK HOSPITAL	
DATE OF EXAMINATION	29/06/2024	

2D/M-MODE ECHOCARDIOGRAPHY

VALVES:	CHAMBERS:
MITRAL VALVE:	LEFT ATRIUM: Normal
AML: Normal	 Left atrial appendage: Normal
 PML: Normal 	
 Sub-valvular deformity: Absent 	LEFT VENTRICLE: Normal
W PORTONIA ROSON IN AMERIC MORE 648	RWMA: No
AORTIC VALVE: Normal	Contraction: Normal
 No. of cusps: 3 	DIGHT ATDUM N
PULMONARY VALVE: Normal	RIGHT ATRIUM: Normal
TULMONARI VALVE. Normai	DIGHT VENTOUGLE VI
TEDLOCUODED VALUE AT A 1	RIGHT VENTRICLE: Normal
TRICUSPID VALVE: Normal	RWMA: No
	Contraction: Normal
GREAT VESSELS:	SEPTAE:
 AORTA: Normal 	IAS: Intact
 PULMONARY ARTERY: Normal 	IVS: Intact
CORONARIES: Proximal coronaries normal	VENACAVAE:
	SVC: Normal
CORONARY SINUS: Normal	 IVC: Normal and collapsing >20% with respiration
PULMONARY VEINS: Normal	PERICARDIUM: Normal

MEASUREMENTS:

AORT	A	LEFT VENTR	ICLE STUDY	RIGHT VENTR	ICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	
Aortic annulus	21 mm	Left atrium	34 mm	Right atrium	mm	
Aortic sinus	mm	LVIDd	45.9 mm	RVd (Base)	mm	
Sino-tubular junction	mm	LVIDs	29.1 mm	RVEF	%	
Ascending aorta	mm	IVSd	8.4 mm	TAPSE	mm	
Arch of aorta	mm	LVPWd	8.4 mm	MPA	mm	
Desc. thoracic aorta	mm	LVEF	66 %	RVOT	mm	
Abdominal aorta	mm	LVOT	mm	IVC	14.0 mm	





PULMONARY FUNCTION TEST

Patient: Joshua Gangte Refd.By: DR VIHSAL DALVI

Pred.Eqns: RECORDERS Date

: 29-06-2024 01:02 PM

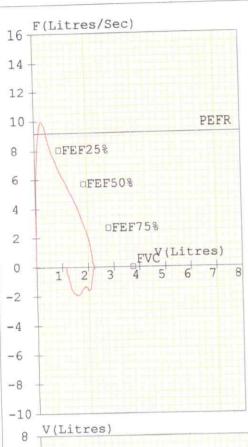
: 44 Yrs Age Height: 177 Cms

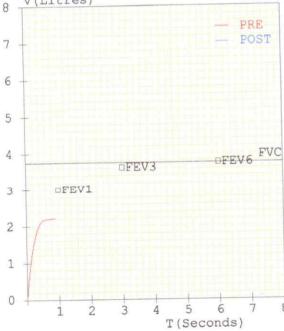
Weight: 74 Kgs : 344

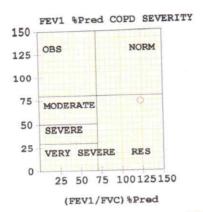
: Male Gender : Yes Smoker Eth. Corr: 100

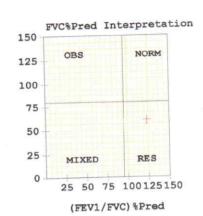
Temp











		F	VC Resul	ts			
Parameter		Pred	M.Pre	Pred	M. Post	%Pred	%Imp
FVC	(L)	03.74	02.24	060			
FEV1	(L)	03.03	02.24	074			
FEV1/FVC	(%)	81.02	100.00	123			
FEF25-75	(L/s)	03.89	05.61	144		-	
PEFR	(L/s)	09.21	10.04	109			
FIVC	(L)		01.05	-			
FEV.5	(L)		02.16				
FEV3	(L)	03.63	02.24	062			
PIFR	(L/s)		01.94				
FEF75-85	(L/s)		02.92				
FEF.2-1.2		06.98	07.40	106			
FEF 25%	(L/s)	08.04	08.24	102			
	(L/s)	05.68	05.87	103			
	(L/s)	02.65	03.69	139			
			96.43			-	
FEV.5/FVC	(%)	97.06	100.00	103		-	
FEV3/FVC		97.00	00.92				
FET	(Sec)		00.03			-	
ExplTime	(Sec)	044	055	125			
Lung Age	(Yrs)		055	123			-
FEV6	(L)	03.74	05.15				
FIF25%	(L/s)						
FIF50%	(L/s)		04.13				
FIF75%	(L/s)		02.89				

Pre Test COPD Severity

Restrictive stage COPD as FEV1/FVC >= 70% and FEV1 < 80%

Pre Medication Report Indicates

Moderate Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <64

OPTHAL CHECK UP SCREENING

NAME OF EMPLOYEE Joshua Gangte

AGE

44

DATE: 29-06-2024

Spects: With Glasses

	RT Eye	Lt Eye
NEAR	N/6	N/6
DISTANT	6/6	6/6
Color Blind Test	NOI	RMAL





S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606. Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com

Report Released : 29/06/2024 21:00

LABID: 9906 **Sample Collection**: 29/06/2024 17:41

Name: MR. JOSHUA GANGTE

Age: 44 Yrs. Sex: M

Sample Received: 29/06/2024 17:41

Ref. By: SIDDHIVINAYAK HOSPITAL (APOLLO) **Sent By**: UNIVERSAL DIAGNOSTIC CENTRE

Т	н	VI	R١	U.	\mathbf{D}	H	ГΠ	V	C7	ГΤ	U.	N	TES'	Т
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THYROLD FUNCTION 1EST								
Test	Result	<u>Unit</u>	Biological Ref. Range					
T3	: 1.0	ng/dl	0.60-2.0 ng/dl					
T4	: 6.89	μg/dl	$5.0\text{-}13.0 \ \mu\text{g/dl}$					
TSH	: 1.50	μlU/ml	0.4 - 6.0 µlU/ml					

Method:ELISA METHOD

Interpretation

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, subclinical 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

(Collected At: 29/06/2024 17:41:36, Received At: 29/06/2024 17:41:36, Reported At: 29/06/2024 21:00:58)







Preeti Jaiswar Senior Technician ADMLT Dr. Shobha Shetty M.D. (PATH.) Reg No : MMC89971



S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606. Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com

LABID: 9906 Sample Collection: 29/06/2024 17:41

Name: MR. JOSHUA GANGTE : 44 Yrs. **Sex**: M Sample Received: 29/06/2024 17:41 Age

Ref. By: SIDDHIVINAYAK HOSPITAL (APOLLO) **Report Released** : 29/06/2024 21:00

Sent By: UNIVERSAL DIAGNOSTIC CENTRE

FASTING AND POSTPRANDIAL PLASMA GLUCOSE

Unit **Test** Result Biological Ref. Range

94.76 70-110 mg/dl Fasting Plasma Glucose mg/dl

Method: Hexokinase

Fasting Urine Glucose Absent Absent Fasting Urine Ketone Absent Absent

Post Prandial Plasma Glucose (2 119.20 mg/dl 70 to 140 mg/dl

Hrs.after lunch)

PP Urine Glucose Sample Not Received PP Urine Ketone Sample Not Received

Method: Glucose Oxidase Peroxidase (GOD/POD)

AS PER AMERICAN DIABETES ASSOCIATION 2010 UPDATE

FASTING GLUCOSE LEVEL-

- Normal glucose tolerance: 70-110 mg/dl
- Impaired Fasting glucose (IFG): 110-125 mg/dl
- Diabetes mellitus: >=126 mg/dl POSTPRANDIAL/POST GLUCOSE (75 grams)
- Normal glucose tolerance: 70-139 mg/dl Impaired glucose tolerance: 140-199 mg/dl
- Diabetes mellitus: >=200 mg/dl CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS Fasting plasma glucose >=126 mg/dl - Classical symptoms +Random plasma glucose >=200 mg/dl
- Plasma glucose >=200 mg/dl (2 hrs after 75 grams of glucose)

Checked By -

- Glycosylated haemoglobin > 6.5% ***Any positive criteria should be tested on subsequent day with same or other criteria.

BIOCHEMISRTY TEST DONE ON MERILYZER CLINIQUANT BIOCHEMISRTY ANALYZER

(Collected At: 29/06/2024 17:41:36, Received At: 29/06/2024 17:41:36, Reported At: 29/06/2024 21:01:23)





Preeti Jaiswar Senior Technician **ADMLT**



Test

Haemoglobin

UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606. Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com

LABID: 9906 Sample Collection: 29/06/2024 17:41

Name: MR. JOSHUA GANGTE : 44 Yrs. **Sex**: M Age Sample Received: 29/06/2024 17:41

Ref. By: SIDDHIVINAYAK HOSPITAL (APOLLO) Sent By: UNIVERSAL DIAGNOSTIC CENTRE

COMPLETE BLOOD COUNT Unit

gm/dl

Result

16.0

				8	8
RBC PARAME	ETERS				
Total R.B.C. Count		:	4.86	mill/cumm	4.5-6.5 mill/cumm
PCV		:	44.9	%	40-54 %
MCV		:	92.4	fl	76-90 fl
MCH		:	32.9	Pg	27-32 Pg
MCHC		:	35.6	gm/dl	30-35 gm/dl
RDW		:	11.6	%	11-14.5 %
WBC PARAM	ETERS				
Total W.B.C.	Count	:	4600	per cumm	4000-11000 per cumm
Neutrophils		:	56	%	40-75 %
Lymphocytes		:	36	%	20-40 %
Monocytes		:	05	%	0 - 10 %
Eosoniphils		:	03	%	0 - 6 %
Basophils		:	0	%	0-1 %
Band Forms		:	0	%	0 - 0 %

PLATELET PARAMETERS

Platelet Count 150000 - 450000 per cu.mm. 195000 per cu.mm.

MPV 10.4 fL3-12 fL

PERIPHERIAL SMEAR FINDINGS:

WBC Morphology Normal

RBC Morphology Normocytic, Normochromic

Platelets on Smear Adequate on smear.

EDTA Sample Procesed On a Fully Automated 3-Part Analyzer H-360

(Collected At: 29/06/2024 17:41:36, Received At: 29/06/2024 17:41:36, Reported At: 29/06/2024 21:02:06)





Checked By -



Preeti Jaiswar Senior Technician **ADMLT**

Dr. Shobha Shetty M.D. (PATH.) Reg No: MMC89971

Report Released : 29/06/2024 21:00

Reference Range

14.0-18.0 gm/dl



S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606. Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com

Report Released : 29/06/2024 21:00

LABID: 9906 Sample Collection: 29/06/2024 17:41

Name : MR. JOSHUA GANGTE Age : 44 Yrs. Sex : M Sample Received : 29/06/2024 17:41

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO) **Sent By :** UNIVERSAL DIAGNOSTIC CENTRE

GLYCOSYLATED-HAEMOGLOBIN (GHb)/ HbA1C BY HPLC

Test		Result	<u>Unit</u>	Referance Range	
HbA1C	:	5.8	%	Normal : 4 - 6.2%	
				Prediabetic : < 7 %	
				Diabetes: > 8 %	
Estimated average	ge Glucose:	119.76	mg / dl	70-140 mg / dl	
(eAG)					

Method: Particle enhanced immunoturbidimetric test

NOTE:

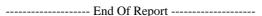
CLINICAL SIGNIFICANCE

Hemoglobin A1c (HbA1c) is a glycated hemoglobin which is formed by the non enzymatic reaction of glucose with native hemoglobin. This process runs continuously throughout the circulatory life of the red cell (average life time 100 - 120 days).

The rate of glycation is directly proportional to the concentration of glucose in the blood. The blood level of HbA1c represents the average blood glucose level over the preceding 6 to 8 weeks (due to the kinetics of erythrocyte turnover this period is more affected by the blood glucose level than the preceding weeks).

Therefore, HbA1c is suitable for retrospective long term monitoring of blood glucose concentration in individuals with diabetes mellitus. Clinical studies have shown that lowering of HbA1c level can help to prevent or delay the incidence of late diabetic complications. As the amount of HbA1c also depends on the total quantity of hemoglobin, the reported HbA1c value is indicated as a percentage of the total hemoglobin concentration. Falsely low values (low HbA1c despite high blood glucose) may occur in people with conditions with shortened red blood cell survival (hemolytic diseases) or significant recent blood loss (higher fraction of young erythrocytes. Falsely high values (high HbA1c despite normal blood glucose) have been reported in iron deficiency anemia (high proportion of old erythrocytes). These circumstances have to be considered in clinical interpretation of HbA1c values

(Collected At: 29/06/2024 17:41:36,	Received At: 29/06/2024 17:41:36,	Reported At: 29/06/2024 21:04:45)







Checked By -



Preeti Jaiswar Senior Technician ADMLT Dr. Shobha Shetty M.D. (PATH.) Reg No : MMC89971



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Report Released : 29/06/2024 21:02

LABID: 9906 Sample Collection: 29/06/2024 17:41

Name: MR. JOSHUA GANGTE : 44 Yrs. **Sex**: M Sample Received: 29/06/2024 17:41 Age

Sent By: UNIVERSAL DIAGNOSTIC CENTRE

Ref. By: SIDDHIVINAYAK HOSPITAL (APOLLO)

PERIPHERAL SMEAR EXAMINATION

Test Unit Biological Ref. Range Result

RBC Morphology Normocytic, Normochromic

WBC morphology Normal

Platelets on Smear Adequate on smear.

Malaraial Parasites Not Seen

Method - Microscopy

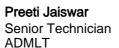
(Collected At: 29/06/2024 17:41:36, Received At: 29/06/2024 17:41:36, Reported At: 29/06/2024 21:02:32)

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











S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606. Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com

: 44 Yrs. **Sex**: M

Name: MR. JOSHUA GANGTE

LABID: 9906 Sample Collection: 29/06/2024 17:41

Ref. By: SIDDHIVINAYAK HOSPITAL (APOLLO)

Sample Received: 29/06/2024 17:41 **Report Released**: 29/06/2024 21:02

Sent By: UNIVERSAL DIAGNOSTIC CENTRE

EXAMINATION OF URINE

Test Result Biological Ref. Range

Age

PHYSICAL EXAMINATION

CHEMICAL EXAMINATION

QUANTITY (URINE) 30 ML

Pale Yellow Colour

Appearance Clear

Reaction (pH) 7.0 4.5 - 8.01.020 1.010 - 1.030

Specific Gravity

Protein Absent Absent Glucose Absent Abesnt

Ketone Absent Abesnt Occult Blood Absent Absent Bilirubin Absent Absent Urobilinogen Absent Normal

MICROSCOPIC EXAMINATION

Epithelial Cells 0 - 1 / hpf

Pus cells 1 - 2/ hpf

Red Blood Cells Absent / hpf

Casts Absent /lpf Absent / lpf

Absent Crystals Absent

OTHER FINDINGS

Amorphous Deposits Absent Absent Yeast Cells Absent Absent Bacteria Absent Absent

Mucus Threads Absent Spermatozoa Absent

(Collected At: 29/06/2024 17:41:36, Received At: 29/06/2024 17:41:36, Reported At: 29/06/2024 21:02:46)

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





Checked By -

Preeti Jaiswar Senior Technician **ADMLT**

Dr. Shobha Shetty M.D. (PATH.)

Reg No: MMC89971



S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606. Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com

LABID: 9906 Sample Collection: 29/06/2024 17:41

Name: MR. JOSHUA GANGTE : 44 Yrs. **Sex**: M Sample Received: 29/06/2024 17:41 Age

Ref. By: SIDDHIVINAYAK HOSPITAL (APOLLO) Sent By: UNIVERSAL DIAGNOSTIC CENTRE

BLOOD GROUP

Unit Biological Ref. Range Test Result

ABO Group В

RH Factor **POSITIVE**

Slide agglutination test

Slide Aggllutination Test

(Collected At: 29/06/2024 17:41:36, Received At: 29/06/2024 17:41:36, Reported At: 29/06/2024 21:02:57)

C-REACTIVE PROTEIN QUANTITATIVE

Test Unit Biological Ref. Range Result <6 CRP CONCENTRATATION 6.89 mg/L

METHOD: IMMUNOTURBIDIMETRY

Sensitivity -- 6 microgram/ml. CRP is more sensitive and reliable indicator of inflammatory processes than ESR. Elevated levels of CRP can Usually be demonstrated in cases of acute mycordial infarctions, rheumatoid arthritis, bacterial and viral infections. Increase in CRP values are non specific and and should not be interpreted without a complete history. BIOCHEMISRTY TEST DONE ON MERILYZER CLINIQUANT BIOCHEMISRTY ANALYZER.

(Collected At: 29/06/2024 17:41:36, Received At: 29/06/2024 17:41:36, Reported At: 29/06/2024 21:03:11)





Checked By -



Preeti Jaiswar Senior Technician **ADMLT**

Dr. Shobha Shetty M.D. (PATH.) Reg No: MMC89971

Report Released : 29/06/2024 21:02



S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606. Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com

LABID: 9906 **Sample Collection:** 29/06/2024 17:41

Name: MR. JOSHUA GANGTE : 44 Yrs. **Sex**: M Sample Received: 29/06/2024 17:41 Age Ref. By: SIDDHIVINAYAK HOSPITAL (APOLLO) **Report Released**: 29/06/2024 21:02

Sent By: UNIVERSAL DIAGNOSTIC CENTRE

RENAL FUNCTION TESTS

				1421411		JI ILDID			
<u>Test</u>				Result		<u>Unit</u>		Biological Ref. R	<u>lange</u>
Blood Urea			:	31.50		mg/dl		10-50 mg/dl	
Method: Urease UV	/GLDH								
Blood Urea N	itrogen		:	14.68		mg/dl		5-18 mg/dl	
S. Creatinine			:	0.98		mg/dl		0.7-1.3 mg/dl	
Method: Modified Ja	affe's								
S. Uric Acid		:	6.5		mg/dl		3.5-7.2 mg/dl		
Total Proteins		:	7.0		gm/dl		6.0-8.0 gm/dl		
S. Albumin			:	3.8		gm/dl		3.5-5.0 gm/dl	
S. Globulin			:	3.2		gm/dl		2.3-3.5 gm/dl	
A/G Ratio			:	1.19				0.90-2.00	
Calcium				10.20		mg/dl		8.5-11.0 mg/dl	
S. Phosphorus	S		:	4.0		mg/dl		2.5-5.0 mg/dl	
S. Sodium			:	140.20		mmol/L		135-155 mmol/I	_
S. Potassium			:	3.98		mmol/L		3.5-5.0 mmol/L	
S. Chloride			:	101.20		mmol/L		98-110 mmol/L	
DIOCUENIOTO	TEOT DO	NE ON ELLI IV	LITO	AATED ANIAL	V7ED D0400				

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

Checked By -

ELECTROLYTE TEST DONE ON EL-120 ANALYZER

(Collected At: 29/06/2024 17:41:36, Received At: 29/06/2024 17:41:36, Reported At: 29/06/2024 21:03:28)







Preeti Jaiswar Senior Technician **ADMLT**

Dr. Shobha Shetty M.D. (PATH.) Reg No: MMC89971



S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606. Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com

Report Released : 29/06/2024 21:02

LABID: 9906 Sample Collection: 29/06/2024 17:41

Name: MR. JOSHUA GANGTE : 44 Yrs. **Sex**: M Sample Received: 29/06/2024 17:41 Age

Ref. By: SIDDHIVINAYAK HOSPITAL (APOLLO) Sent By: UNIVERSAL DIAGNOSTIC CENTRE

Vitamin - B12

Test Result Unit Biological Ref. Range Serum B12 297.2 183 - 822 pg/ml pg/ml

Method:FLISA method

Interpretation:-

Vitamin B12 deficiency impacts red blood cell synthesis, resulting in megaloblastic anemia due to abnormal DNA synthesis. In addition it impairs neurological function, in particular de-myelination of nerves in part due to abnormal methylation, leading to peripheral neuropathy, dementia, poor cognitive performance and depression.

Other effects of Vitamin B12 deficiency or depletion are increased risk of neural tubular defects, osteoporosis, cerebro-vascular and cardiovascular diseases.

Vit B12 levels are decreased in megalobstic anemia, partial/total gastrectomy, perniciuos anemia, peripheral neuropathies, chronic alcoholism, senile dementia and treated epilepsy.

An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.

Holo Transcobalamin II levels are more accurate marker of active Vitamin B12 component.

High levels of Vitamin B12 may be due to exogenous supplementation.

Note:-

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Heterophilc antibodies and rheumatoid factors in samples may interfere with the test results. Patients routinely exposed to animal and animal serum products can be prone to this interference and anamolous values may be observed.

(Collected At: 29/06/2024 17:41:36,	Received At: 29/06/2024 17:41:	36. Reported At: 29/06/2024 21:	:05:10)
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 - End Of Report	





Checked By -

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Report Released : 29/06/2024 21:03

LABID: 9906 Sample Collection: 29/06/2024 17:41

Name: MR. JOSHUA GANGTE : 44 Yrs. Sex : M Sample Received: 29/06/2024 17:41 Age

Ref. By: SIDDHIVINAYAK HOSPITAL (APOLLO) Sent By: UNIVERSAL DIAGNOSTIC CENTRE

ERYTHROCYTE SEDIMENTATION RATE (WESTERGREN'S)

Unit Biological Ref. Range Test Result 21 0-20 mm at 1hr E.S.R (Westergren) mm at 1hr

Method: Westergren's

Done with: ErySed Random Access ESR analyzer

(Collected At: 29/06/2024 17:41:36, Received At: 29/06/2024 17:41:36, Reported At: 29/06/2024 21:03:35)

	,	VITAMIN D3	
Test	Result	<u>Unit</u>	Biological Ref. Range
25 (OH) VIT D	: 34.1	ng/ml	Deficiency: < 20 Insufficiency: 20-30
			Sufficiency:30-100 Hypervitaminosis: > 100
ELISA method			J _I · · · · · · · · · · · · · · · · · · ·

Interpretation:

- 1. Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) which is taken up with fortified food or given by supplements. 2. Vitamin D is biologically inert and must undergo two successive hydroxylations in the liver and kidney to become biologically active 1,25dihydroxyvitamin D
- 3. Testing for 25(OH) Vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure &
- 4. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH) Vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.
- 5 Deficiency causes: Bone malformation, known as rickets. Reduced efficiency in utilization of dietary calcium. Muscle weakness: Secondary hyperparathyroidism. • Lower bone mineral density.
- 6. An inverse relationship exists between PTH and 25(OH)D levels, Parathyroid hormone levels start to rise at 25(OH)D levels below 31 ng/mL & usually decrease after the correction of vitamin D insufficiency. Thus, restoration of PTH and 25 (OH)D levels to normalcy after adequate vitamin D replacement therapy is a useful monitoring strategy.

Note

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Vitamin D toxicity is known, but rare. Heterophilic antibodies and rheumatoid factors in the samples may interfere with the test results. Patients routinely exposed to animals or animal serum products can be prone to this interference and anamolous values may be observed. Kindly correlate clinically and repeat with fresh sample if indicated.

(Collected At: 29/06/2024 17:41:36. Received At: 29/06/2024 17:41:36. Reported At: 29/06/2024 21:05:03)

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





Checked By -

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0006 200624

LABID: 9906 **Sample Collection**: 29/06/2024 17:41

Name: MR. JOSHUA GANGTE

Age: 44 Yrs. Sex: M

Sample Received: 29/06/2024 17:41

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)Report Released: 29/06/2024 21:03

Sent By: UNIVERSAL DIAGNOSTIC CENTRE

REPORT ON PROSTATE SPECIFIC ANTIGEN

<u>Test</u> <u>Result</u> <u>Unit</u> <u>Biological Ref. Range</u>

 $PSA \ IN \ PATIENT'S \ SERUM \qquad : \qquad 0.98 \qquad \qquad ng/ml \qquad \qquad 0.00\text{-}4.00 \ ng/ml$

ECLIA

TEST DONE WITH : ELISA METHOD

NOTE:

Prostate specific antigen is a seminal fluid protein produced by normal and malignant epithelial cells of prostate gland and is recognized as a tumour marker for evaluation of prostate cancer activity.

In normal individuals, S.PSA levels do not exceed 4.0 ng/ml.

S.PSA level is useful in detection of cancer of prostate gland and in detection of recurrence of prostate cancer after radical prostatectomy. Serum PSA levels may also be elevated in conditions like BPH, UTI, Digital rectal examination, Transurethral ultrasonography. Confirmation of prostate cancer can be done by transrectal ultrasonography and prostate biopsy.

(Collected At: 29/06/2024 17:41:36, Received At: 29/06/2024 17:41:36, Reported At: 29/06/2024 21:03:40)

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Checked By -



Preeti Jaiswar Senior Technician ADMLT Dr. Shobha Shetty M.D. (PATH.) Reg No : MMC89971



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Report Released : 29/06/2024 21:03

LABID: 9906 **Sample Collection:** 29/06/2024 17:41

Name: MR. JOSHUA GANGTE : 44 Yrs. **Sex**: M Sample Received: 29/06/2024 17:41 Age

Ref. By: SIDDHIVINAYAK HOSPITAL (APOLLO) Sent By: UNIVERSAL DIAGNOSTIC CENTRE

LIPID PROFILE							
<u>Test</u>		Result	<u>Unit</u>	Referance Range			
Total Cholesterol	:	169.5	mg/dl	Desirable <200			
			-	Borderline high 200 - 239			
				High >240			
S. Triglyceride	:	215.20	mg/dl	Desirable <150			
				Borderline high 150 - 199			
				High 200 - 499			
				Very high >500			
HDL Cholesterol	:	56.20	mg/dl	Desirable >60			
				Borderline 40 - 60			
				Low <40			
LDL Cholesterol	÷	70.26	mg/dl	Optimal <100			
				Near optimal 100 - 129			
				Borderline high 130 - 159			
				High 160 - 189			
				Very high >190			
VLDL Cholesterol	:	43.0	mg/dl	5 - 30 mg/dl			
TC/HDL Ratio	:	3.0		0 - 4.5			
LDL/HDL Ratio		1.3		0-3.5			

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120.

Checked By -

(Collected At: 29/06/2024 17:41:36, Received At: 29/06/2024 17:41:36, Reported At: 29/06/2024 21:03:50)

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







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LABID: 9906 Sample Collection: 29/06/2024 17:41

Name: MR. JOSHUA GANGTE : 44 Yrs. **Sex**: M Sample Received: 29/06/2024 17:41 Age

Ref. By: SIDDHIVINAYAK HOSPITAL (APOLLO) Sent By: UNIVERSAL DIAGNOSTIC CENTRE

Report Released: 29/06/2024 21:03

REPORT OF GAMMA GT

Test Result Unit Biological Ref. Range

SERUM GAMMA GT IU/L 11-50 IU/L 23.5

(Collected At: 29/06/2024 17:41:36, Received At: 29/06/2024 17:41:36, Reported At: 29/06/2024 21:03:56)

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





Checked By -



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S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606. Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com

Report Released : 29/06/2024 21:04

LABID: 9906 **Sample Collection:** 29/06/2024 17:41

Name: MR. JOSHUA GANGTE : 44 Yrs. **Sex**: M Sample Received: 29/06/2024 17:41 Age

Sent By: UNIVERSAL DIAGNOSTIC CENTRE

Ref. By: SIDDHIVINAYAK HOSPITAL (APOLLO)

LIVER FUNCTION TEST

Test				Result	<u>Unit</u>	Biological Ref. Range
S. Bilirubin (Total)			:	0.65	mg/dl	0-1.2 mg/dl
S. Bilirubin (Direct)			:	0.19	mg/dl	0- $0.40 mg/dl$
S. Bilirubin (Indirect)			:	0.46	mg/dl	0-0.55 mg/dl
S. G. O.T			:	35.20	IU/L	0-42 IU/L
S. G. P. T			:	40.50	IU/L	0-42 IU/L
S. Alkaline Phosphatase		:	102.30	IU/L	40-306 IU/L	
Total Proteins			:	7.00	gm/dl	68 gm/dl
S. Albumin			:	3.8	gm/dl	3.5-5.0 gm/dl
S. Globulin			:	3.2	gm/dl	2.3-3.5 gm/dl
A/G Ratio			:	1.19		0.90-2.00

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

(Collected At: 29/06/2024 17:41:36, Received At: 29/06/2024 17:41:36, Reported At: 29/06/2024 21:04:12)

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







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