

Patient Name : **MR. KAMBLE PRAMOD N**
Patient ID : 40493
Age / Sex : 36 years / Male
Referred by : MEDIWHEEL
Bill ID : 67228

Collected : Aug 18, 2022, 10:25 a.m.
Reported : Aug 18, 2022, 04:31 p.m.
Sample ID :



188417

Test Description	Results	Units	Biological Reference Range
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ULTRASENSITIVE THYROID STIMULATING HORMONE (TSH)

Sample Type : Serum

Ultrasensitive Thyroid Stimulative Hormone (TSH) [CLIA]	1.28	μIU/mL	0.3 - 4.5 1st trimester - 0.1 - 2.5μIU/mL 2nd trimester - 0.2 - 3μIU/mL 3rd trimester - 0.3 - 3μIU/mL
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Clinical Significance :-

1. Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night.
2. Useful for: Screening for thyroid dysfunction and detecting mild (subclinical), as well as overt, primary hypo- or hyperthyroidism in ambulatory patients.
3. Monitoring patients on thyroid replacement therapy.
4. Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine suppression therapy.
5. Prediction of thyrotropin-releasing hormone-stimulated TSH response.

END OF REPORT

Dr. Sudhamani S. MD
Consultant Pathologist
Reg. No. : 90461

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Test Description	Results	Units	Biological Reference Range
<u>FASTING BLOOD SUGAR</u>			
Sample Type : Flouride R			
Fasting Blood Sugar [GOD - POD]	103.40	mg/dl	Normal : 70 - 99 mg/dl impaired Tolerance : 100 - 125mg/dl Diabetes Mellitus : >126 mg/dl
Technique :-	Fully Automated Biochemistry Analyser ERBA EM-200		

END OF REPORT

Dr. Sudhamani S. MD
Consultant Pathologist
Reg. No. : 90461

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POST PRANDIAL BLOOD SUGAR

Sample Type : Flouride PP

Post Prandial Blood Sugar [GOD - POD]	115.20	mg/dl	110-180
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Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

****END OF REPORT****

Dr. Sudhamani S. MD
Consultant Pathologist
Reg. No. : 90461

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BLOOD GROUP

Sample Type : EDTA / Whole Blood

ABO Grouping

"B"

Rh Grouping

POSITIVE

Note:

These report is for information purpose only. Blood group needs to be reconfirmed at the time of cross matching for blood transfusion.

END OF REPORT



Dr. Sudhamani S. MD
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LIPID PROFILE

Sample Type : Serum

TOTAL CHOLESTEROL

[CHOD-PAP]

170.40

mg/dL

Desirable : <200 mg/dl

Borderline : 200 - 239mg/dl

High : >240 mg/dl

TRIGLYCERIDES

[Glycerol Phosphate Oxidase]

101.00

mg/dL

Desirable : <150 mg/dl

Borderline : 150 - 199mg/dl

High : >200mg/dl

HDL CHOLESTEROL [Direct]

43.90

mg/dL

Desirable : >40 mg/dl

Borderline Risk : 35 mg/dl

High Risk : <30 mg/dl

LDL CHOLESTEROL [Calculated]

106.30

mg/dL

Desirable : <100 mg/dl

Borderline : 130 - 160mg/dl

High : >160mg/dl

VLDL Cholesterol

[Calculated]

20.20

mg/dL

Desirable : <26 mg/dl

Borderline : >30 mg/dl

Total Chol / HDL Chol Ratio

[Calculated]

3.88

mg/dL

Desirable : <5 %

LDL / HDL Ratio

[Calculated]

2.42

1.00 - 3.55

NON-HDL CHOLESTEROL

[Calculated]

126.50

mg/dL

Desirable : <130 mg/dl

Borderline : 160 - 189 mg/dl

High : >220 mg/dl

Technique:

Fully Automated Biochemistry Analyser ERBA EM-200.

END OF REPORT

Dr. Sudhamani S. MD
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<u>GLYCOCYLATED HAEMOGLOBIN</u>			
Sample Type : EDTA / Whole Blood			
Glycocyated Haemoglobin (HbA1c) [Tosoh HPLC]	5.3	%	<5.7%NON DIABETIC 5.7-6.4% PRE-DIABETIC >6.5% DIABETIC <7.0% GOAL FOR DIABETIC ON TREATMENT
MEAN BLOOD GLUCOSE	105.41	mg/dL	116.89 - 154.2

END OF REPORT



Dr. Sudhamani S. MD
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URINE ANALYSE REPORT

Sample Type : Urine

PHYSICAL EXAMINATION

COLOUR	Pale Yellow		
APPEARANCE	Clear		
REACTION (PH)	6.0		4.8 - 7.6
SPECIFIC GRAVITY	1.015		1.010 - 1.030
ALBUMIN	Absent		
GLUCOSE	Absent		
BLOOD (U)	Absent		
BILE PIGMENTS	Negative		
BILE SALTS	Absent		
KETONE	Negative		
LEUKOCYTES	Absent		
NITRITE	Absent		
UROBILINOGEN	Negative		

MICROSCOPY

PUS CELLS/hpf	1-2
RBCs/hpf	Absent
EPI.CELLS/hpf	1-2
CASTS	Absent
CRYSTALS	Absent
BACTERIA	Absent
Other	Absent

****END OF REPORT****

Dr. Sudhamani S. MD
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LIVER FUNCTION TEST

Sample Type : Serum

TOTAL BILIRUBIN [DIAZO]	0.57	mg/dl	0.3-1.3 mg/dl
BILIRUBIN-DIRECT [DIAZO]	0.25	mg/dl	0.1-0.4 mg/dl
BILLIRUBIN-INDIRECT [CALCULATED]	0.32	mg/dl	0.1-0.9 mg/dl
S.G.O.T. (AST) [IFCC without Pyridoxal Phosphate]	23.70	IU/L	5-40 IU/L
S.G.P.T.(ALT) [IFCC without Pyridoxal Phosphate]	26.50	IU/L	5-40 IU/L
ALKALINE PHOSPHATASE [Amino Methyl Propanol (AMP)]	144.00	IU/L	44-147 IU/L
TOTAL PROTEINS [BIURET]	7.66	IU/L	6.0 - 8.5g/dL
ALBUMIN [BROMO CRESOL GREEN (BCG)]	3.87	g/dl	3.5-5.0 g/dl
GLOBULIN [CALCULATED]	3.79	gm%	2.3-3.5 gm%
ALBUMIN/GLOBULIN RATIO [CALCULATED]	1.02		
GAMMA GT	10.20	U/L	0 - 45

Technique : Fully Automated Biochemistry Analyser ERBA EM-200

****END OF REPORT****

Dr. Sudhamani S. MD
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SR. URIC ACID

Sample Type : Serum

Uric Acid [Uricase - POD]	7.10	mg/dl	3.6 - 7.7
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Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200.

****END OF REPORT****

Dr. Sudhamani S. MD
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CREATININE

Sample Type : Serum

Creatinine	0.88	mg/dl	0.40 - 1.40
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[Enzymatic]

Formula

Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

****END OF REPORT****

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BLOOD UREA LEVEL (BUL)

Sample Type : Serum

Urea	18.70	mg/dl	10 - 40
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[Urease - GLDH]

Bun	8.73	mg/dl	6 - 21
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[Calculated]

Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

END OF REPORT

Dr. Sudhamani S. MD
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COMPLETE BLOOD COUNT

Sample Type : EDTA / Whole Blood

Hemoglobin	14.2	g/dl	13.0 - 17.0
RBC COUNT	5.46	Millions/c	4.5 - 5.5
PCV(Hematocrit)	44.0	%	40.0 - 50.0
Mean Cell Volume(MCV)	80.59	fl	80.0 - 100.0
Mean Cell Hemoglobin(MCH)	26.01	pg	27.0 - 33.0
Mean Cell Hb Conc(MCHC)	32.27	g/dl	32 - 36
RDW	14.5	%	11.50 - 14.50
Total Leucocytes (WBC) Count	8190.0	/cumm	4000-11000

DIFFERENTIAL COUNT

Neutrophils	52.5	%	40 - 70
Lymphocytes	37.0	%	20 - 50
Eosionphils	3.0	%	01 - 06
Monocytes	6.7	%	00 - 08
Basophils	0.80	%	00-01

SMEAR STUDY

RBC Morphology	Normocytic Normocromic.		
WBC Morphology	No E/o Toxic granules seen		
Platelets On Smear	Adequate on Smear		
Platelet Count	278000	/cumm	150000 - 450000
MPV	8.0	fL	6.5 - 10.0

Comments :-

Method:-

HB:-Colorimetric, Total WBC:-Impedance/Flow Cytometry, HCT, MCV, MCH, MCHC, RDW-CV:-Calculate, Diff. Count: Flow Cytometry / Manual Stained Smear Microscopy, RBC: Impedance, Platelets : Impedance Method.

Technique :-

Fully Automated 5 part Diff. Cell Counter .

All Test Results are subjected to stringent international External and Internal Quality Control Protocols

****END OF REPORT****

Dr. Sudhamani S. MD
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Test Description	Results	Units	Biological Reference Range
	<u>ESR</u>		
Sample Type : EDTA / Whole Blood			
ESR	10	Mm/hr	0 - 15
Method	Westergren		

END OF REPORT



Dr. Sudhamani S. MD
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TOTAL THYROXINE (T4)

Sample Type : Serum

Total Thyroxine (T4) [CLIA]	124.1	ng/ml	52 - 127
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****END OF REPORT****

Dr. Sudhamani S. MD
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TOTAL TRIIODOTHYRONINE (T3)

Sample Type : Serum

TotalTriiodothyronine (T3) [CLIA]	1.42	ng/dL	0.69 - 2.15
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****END OF REPORT****

Dr. Sudhamani S. MD
Consultant Pathologist
Reg. No. : 90461

Name : MR PRAMOD KAMBLE	Age/sex: 37Yrs. /MALE
Ref by: MEDIWHEEL	Date: 20/08/2022

ULTRASOUND EXAMINATION OF ABDOMEN & PELVIS

Findings-

The Liver is mildly enlarged in size(15.1cm) ,shape and raised echogenicity. No focal lesion is seen. The Hepatic veins appear normal. There is no IHBR dilatation. The portal vein appears normal.

The gall bladder is distended . The proximal C.B.D. is normal caliber

Visualized head of Pancreas appears normal in size and reflectivity. The pancreatic duct is not dilated. Rest of the pancreas and retro peritoneum is obscured by bowel gases

The spleen is normal in size, No focal lesion is seen. Splenic vein is normal at hilum.

Both kidneys are normal in position and size. They show normal cortical reflectivity and cortico-medullary differentiation. There is no evidence of renal calculus, hydronephrosis or mass.

Right kidney measures 10.2 x 5.1 cm

Left kidney measures 11.1 x 5.4cm

The Urinary bladder is well distended. No evidence of any intraluminal mass or calculi.

The visualized Prostate appears normal in size, shape and homogenous echotexture.

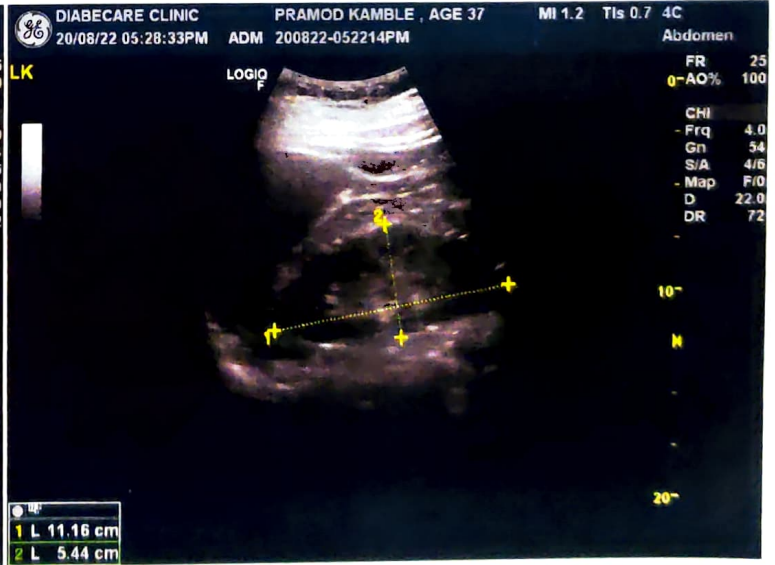
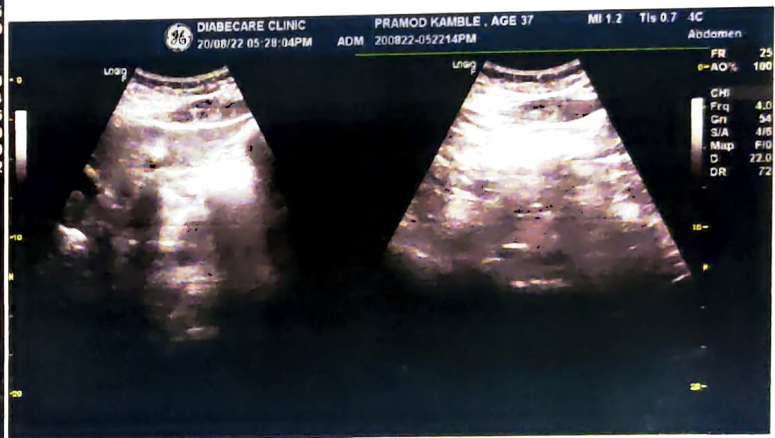
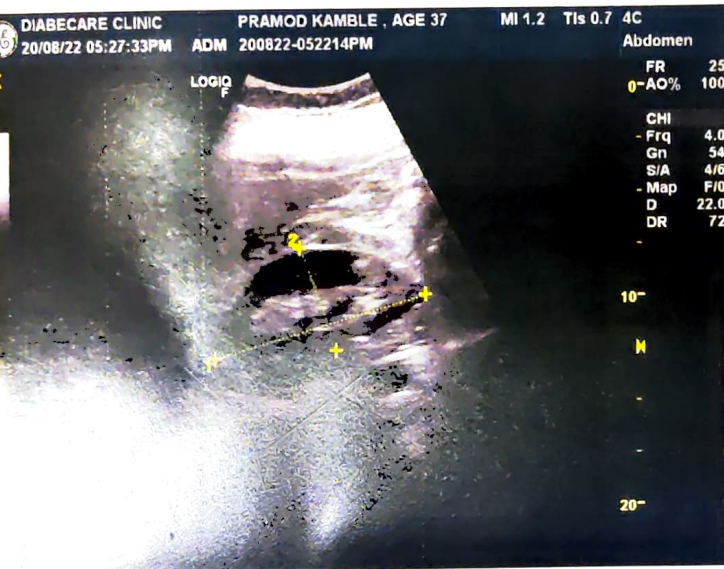
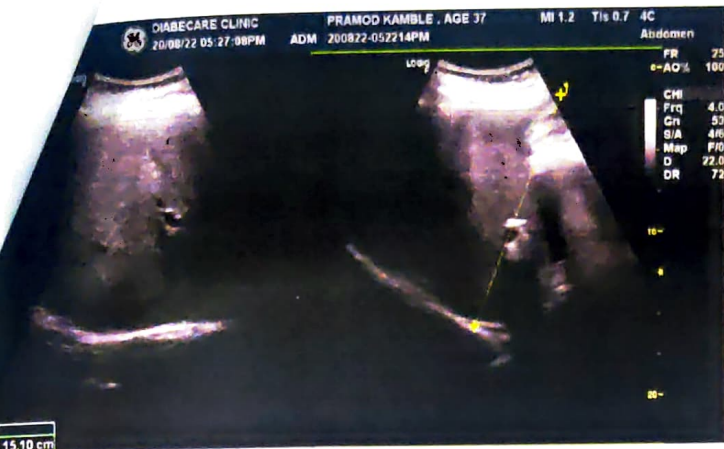
There is no free fluid is seen in the pelvis. No probe tenderness in present study.

IMPRESSION :-

- Mild hepatomegaly with grade 1 fatty infiltration.
- Adv : clinical correlation.


Dr. MRUDULA BABAR
CONSULTANT RADIOLOGIST

Dr. MRUDULA BABAR
DMRE.CPS Mumbai 2009
(RADIOLOGIST)
Reg. No. 2005/03/2139





भारत सरकार
GOVERNMENT OF INDIA



Pramod
Narayan
Kamble
1985-05-04
Male
xxxxxxxxx5530

Address:

S/O Narayan Shankar Kamble -
lohar galli - indapur kasba Pune -
Maharashtra 413106



आधार-आम आदमी का अधिकार

Dr. Mahesh V. Padsalge
MD. (Medicine)
Consultant Physician
Reg. No. 91424 (MMC)



Male

86 bpm
-- / -- mmHg

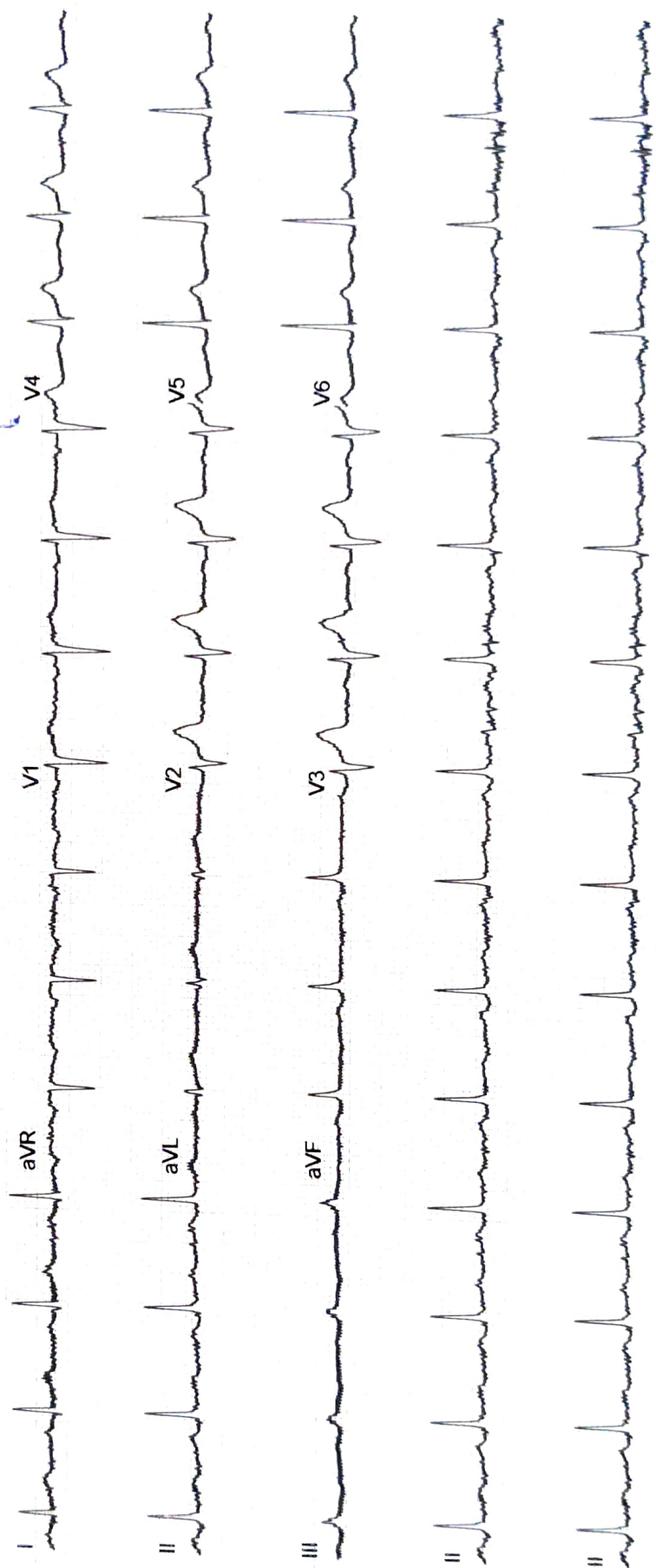
ECG within normal limit

Accelerated Junctional rhythm
Nonspecific ST abnormality
Abnormal ECG

QRS : 66 ms
QT / QTcBaz : 340 / 406 ms
PR : - ms
P : - ms
RR / PP : 700 / 705 ms
P / QRS / T : - / 51 / 23 degrees

Dr. Mahesh V. Padsalge

Dr. Mahesh V. Padsalge
MD. (Medicine)
Consultant Physician
Reg. No. 91424 (MMC)



18/08/2022

Mr Pramod Kamble

18/8/22

Age: 37/M

Eye check up

(R)

(L)

VA

6/6

6/6

N6

N6

MT/Sy

(R)

(L)

Fundus

Watz

Watz

Color Vn

(R)

(L)

(R)

Watz

Watz

ECHO Report

Date: 18/08/2022

Patient Details

Patient ID –

Name- MR. PRAMOD KAMBLE

Age- 37 YEARS

Gender- MALE

Referral By MEDI WHEEL

Doctor Incharge DR. MAHESH PADSALGE

Clinical Status of Patient -

Finding description -

1. Normal cardiac chambers dimensions.
2. Normal LV systolic function.
3. No RWMA.
4. All cardiac valves are structurally normal.
5. Trivial MR, Trivial PR, NO AR.
6. No PAH.
7. Normal RV systolic function.
8. No clot/vegetation/pericardial effusion.
9. No coarctation of aorta.

Chamber Dimensions-M mode Findings

LVID (Diastole) 35-56(mm)	- 45.00	LVID (Systole) 24-42(mm)	- 26.00
IVS (Diastole) 8-12(mm)	- 9.00	IVS (Systole) 14-42(mm)	- 13.00
LVPWT (Diastole) 6-11(mm)	- 9.00	EPSS	- 3.00
LVEF (%)	- 65%	LVFS (%)	- 43.00

LV Volume (Diastolic)(mm³)
Meridional Wall Stress in System

LV Volume (Systolic)(mm³)
Cubed LV Volume in Diastole (mm³)

Cubed LV+ myocardial volume (mm³)

Velocity of circumferential
Shortening (mm)

Aortic root 22-37(mm)	- 29.00
Left Atrium Length (mm)	- 24.00
Left Atrium Volume (mm ³)	
RV size	Normal
Normal	
RV volume (mm ³)	
Normal	
Pericardium	Normal
Effusion	None
Resp Variation	Present
Predicted RV Systolic Pressure	

Left Atrium Width (mm)
Left Atrium Area (mm²)
RV Function

RA Size

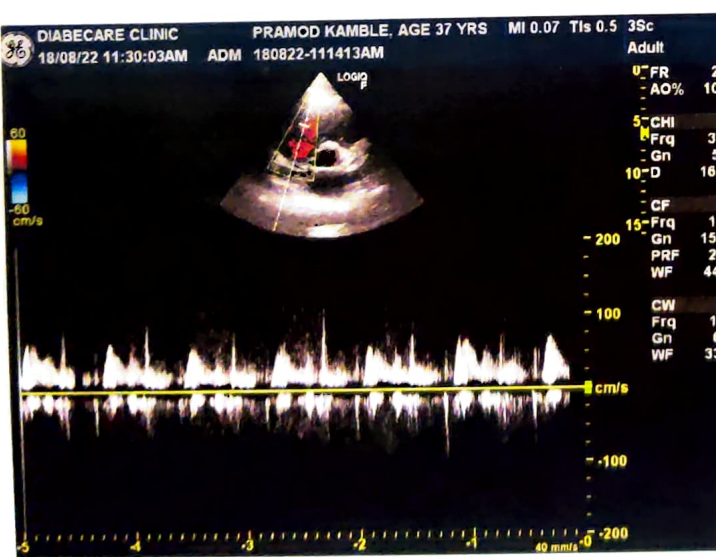
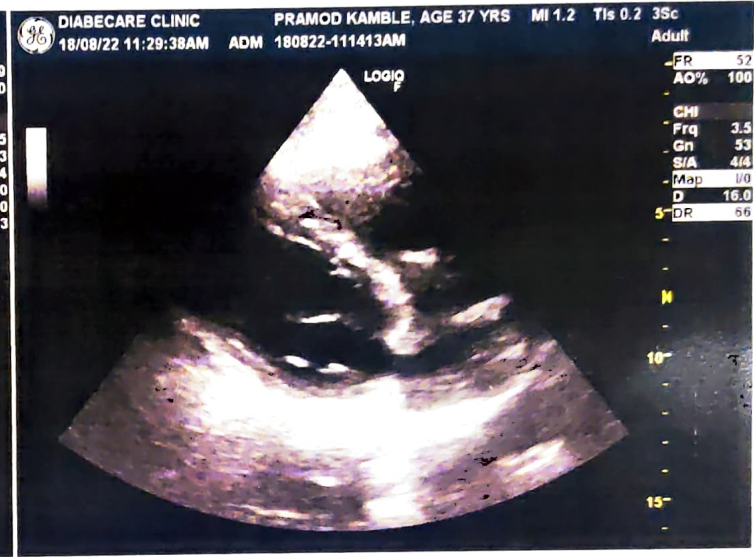
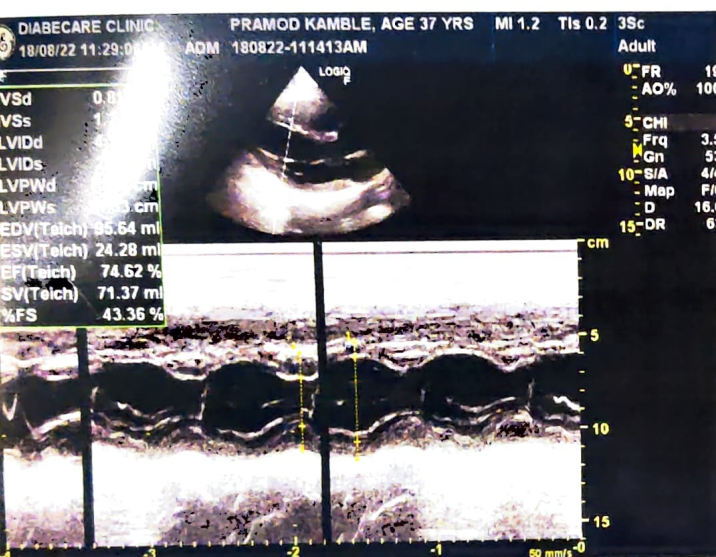
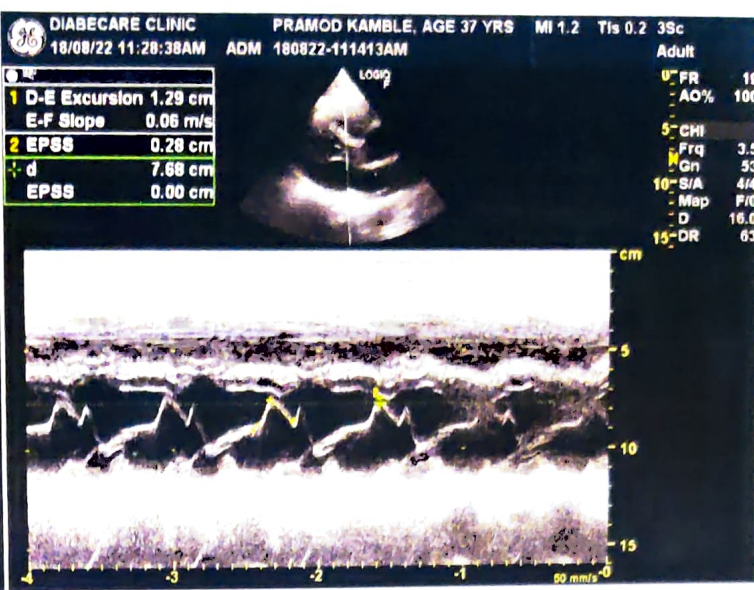
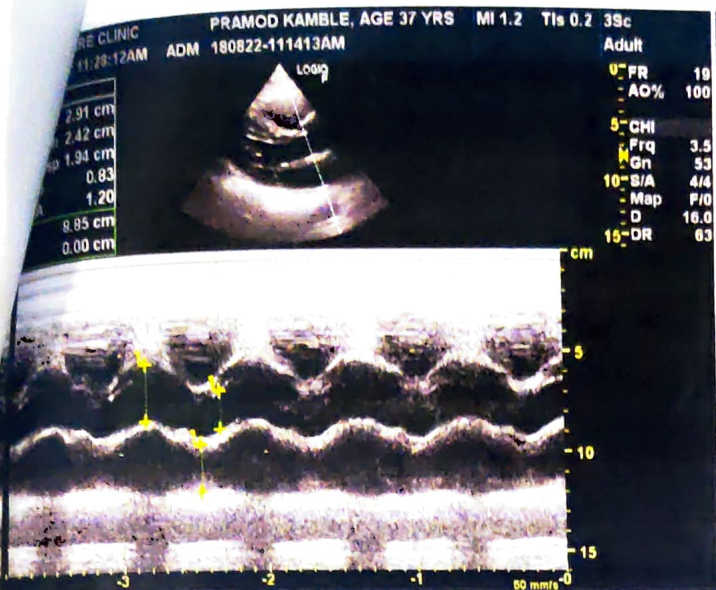
IVC Size (mm) – 17mm Collapsible

Doppler Findings- I



Dr. Mahesh Padsalge

Dr. Mahesh V. Padsalge
MD. (Medicine)
Consultant Physician
Reg. No. 91424 (MMC)



NAME- PRAMOD KAMBLE

DATE- 18/08/2022

AGE- 37/M

X-RAY CHEST PA

The Soft Tissues And Bony Thorax Are Normal.

Both The Costophrenic And Cardiophrenic Angles Are Clear.

The Lung Field Are Normal.

Cardiac Shape And Size Appears Normal.

Both The Hila Are Normal In Density And Position.

Both The Domes Of Diaphragm And Mediastinum Are Normal.

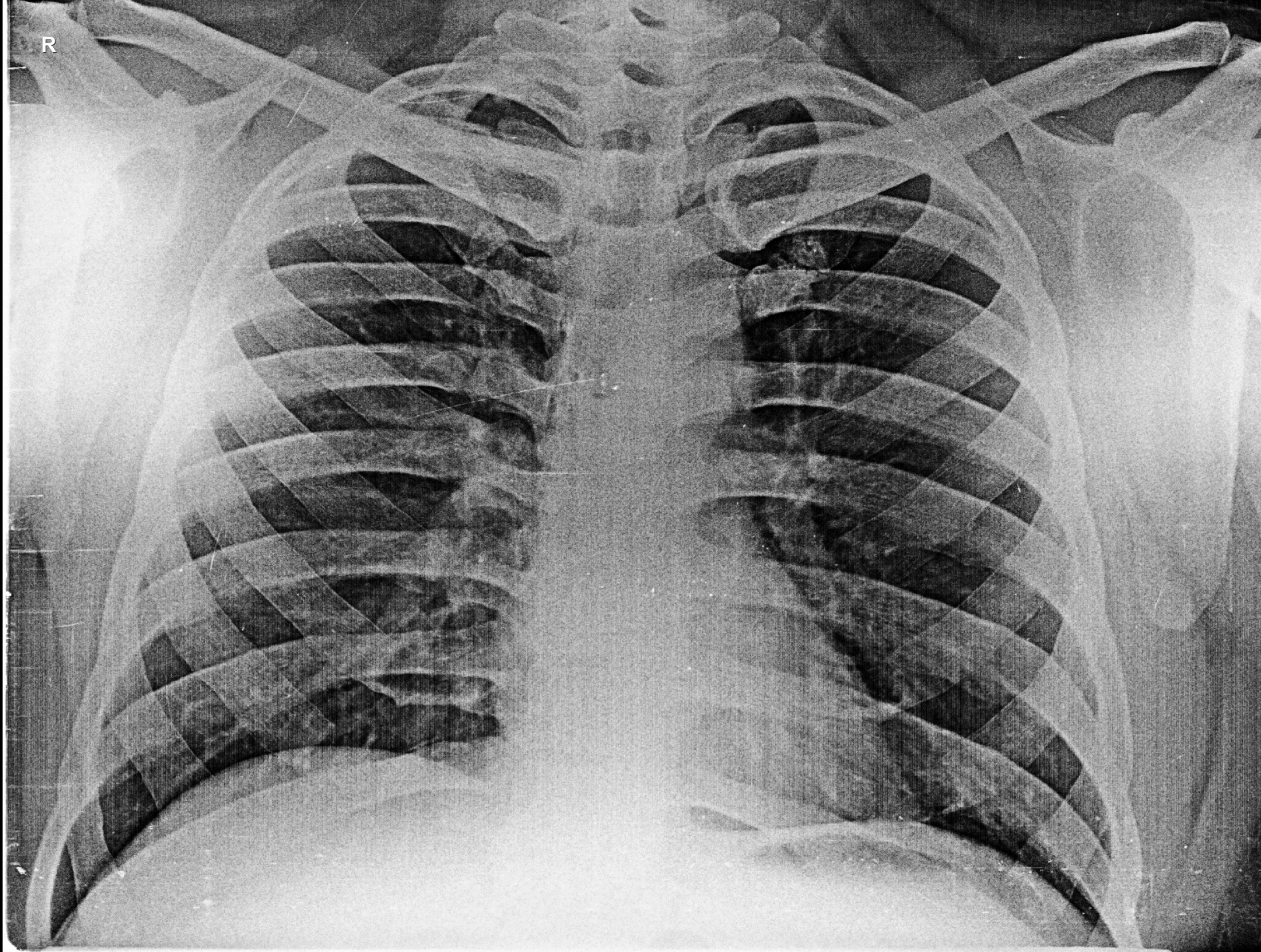
Impression: Normal Chest X-Ray.

For, [Signature]

DR.MRUDULA BABAR
CONSULTANT RADIOLOGIST

Dr. MRUDULA BABAR
DMRE.CPS Mumbai 2009
(RADIOLOGIST)
Reg. No. 2005/03/2139

R



PRAMOD KAMBLE 37 YRS

8/18/2022

OLIVE DIAGNOSTIC, SEAWOOD SEC40