



## Medical Examination Report

<b>NAME</b> :	Nitin Badade	<b>DATE</b> :	25/11/2023
<b>AGE</b> :	45	<b>CORPORATE/TPA:</b>	Mediwheel
<b>GENDER</b> :	Male	<b>Booking ID/ center:</b>	JM Road

### Vitals

Height (cm)	Weight (kg)	Blood Pressure	Pulse	BMI- kg/m <sup>2</sup> Underweight < 18.5    Normal Weight = 18.5 – 24.9 Overweight = 25- 29.9    Obesity = BMI of 30 or Greater
168	67.5	111/79	69	23.9

Doctor Remark: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## Mr. Nitin Badade

Ganesh Peth Wakad Pune Maharashtra India

**Gendr/DOB (Age)** : Male/07-May-1978(45Y 6M)

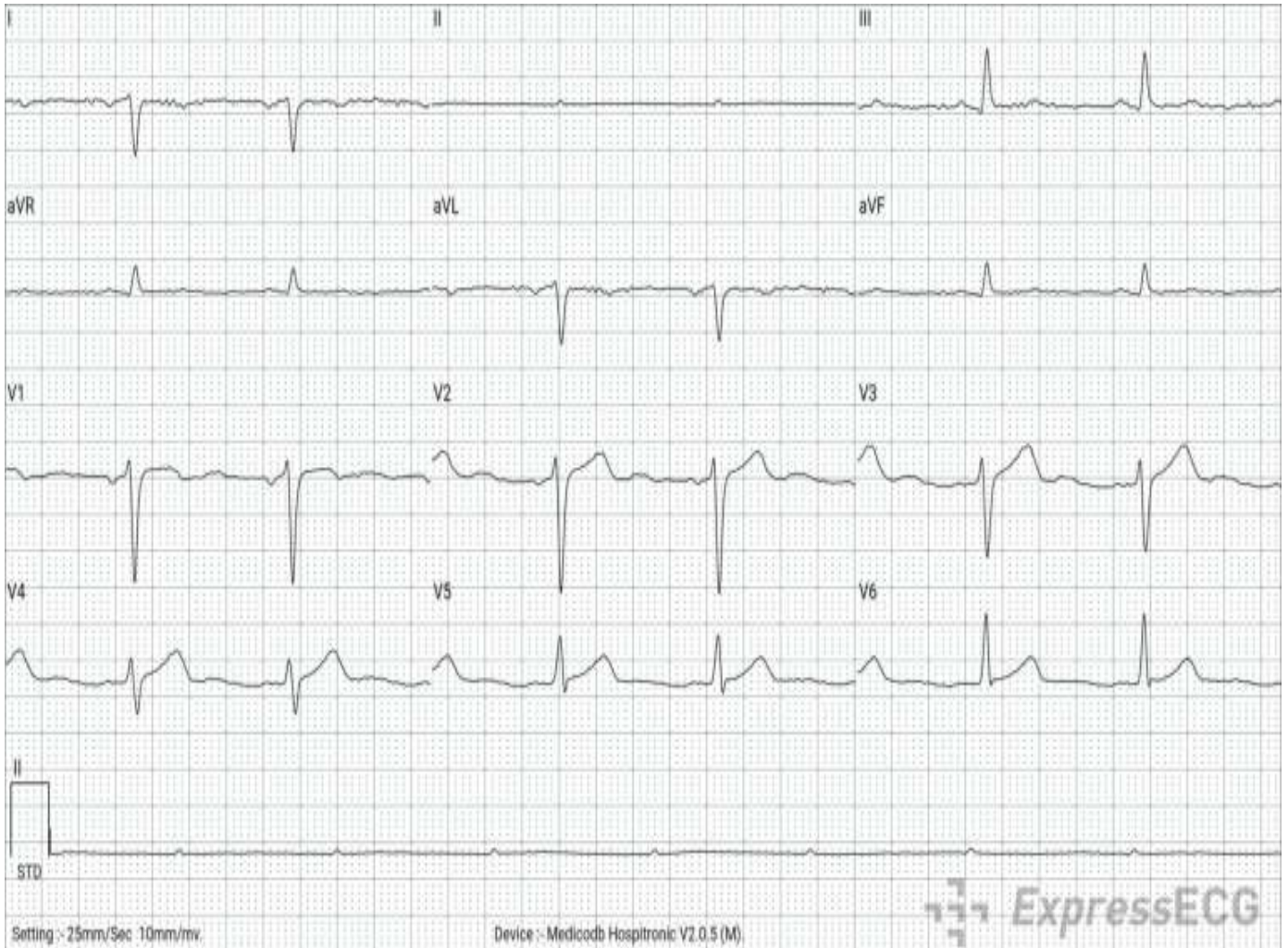
**Medico ID** : 23112501881426

**Referred By** :

**Date** : 25-Nov-2023 / 09:40 AM

**History** :

### REPORT ON ECG



<b>VITALS</b>	:	TEMP	: - (F)	PULSE RATE	: - /MIN	RBS	: - mg/dL
	:	HR	: 70 /MIN	BP	: 0 / 0 mmHg	SPO2	: 0.0 %

<b>MEASUREMENTS*</b>	:	PR	: 119.79 ms	QT	: 387.04 ms	P	: 0.0 deg
(ECG Parameters)	:	ST	: 0.05 ms	QTc	: 418.78 ms	QRs	: 112.5 deg
	:	R-R	: 854.17 ms	QRS	: 112.5 ms	T	: 180.0 deg

<b>FINDINGS</b>	:	Sinus rhythm and ivcd, t waves inversion in lateral leads.
<b>IMPRESSION</b>	:	Abnormal ECG.
<b>RECOMMENDATION</b>	:	Clinical correlation.

This is electronically authenticated report; hence doesn't require signature.  
\* Software calculated values; to be verified manually.

**Printed By** : M4 Diagnostics Center On 26-Nov-2023 / 04:02 PM  
(Rs. 300.00/- Received for this ECG)

*Ashok Kumar*

**Reported By**  
**Express Diagnostics HQ**

**DEPARTMENT OF RADIOLOGY**

NAME	: Nitin Badade	REFERRING PHYSICIAN:	Self
AGE	: 45	GENDER	: Male
PATIENT ID	: 23112503	STUDY DATE	: 25/11/2023

**X Ray CHEST PA VIEW**

**FINDINGS :-**

The lungs on the either side show equal translucency.  
The peripheral pulmonary vasculature is normal.  
No focal lung lesion is seen.  
Bilateral CP angles are normal.  
Both hila are normal in size, have equal density and bear normal relationship.  
The heart and trachea are central in position and no mediastinal abnormality is visible.  
The cardiac size is normal.  
The domes of the diaphragms are normal in position, and show smooth outline.

**IMPRESSION :-**

**No significant abnormality detected.**

**ADVICE:- Clinical correlation**



**Dr. GANESH SANAP**  
**(MBBS,DMRD, DNB)**

Disclaimer: Report is done by teleradiology, Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. Conclusion is markedly affected by input provided at that time. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



23112503

Nitin Badade Age - 45





PATIENT NAME:	Mr. Nitin Badade	AGE/SEX :	45 Yrs/ Male
REF DOCTOR :	Madyosis	DATE:	27.11.2023

## ULTRASOUND ABDOMEN & PELVIS

**Liver** is normal in size (**14.6 cm**) and shows **raised** echogenicity. No evidence of focal lesion. No IHBR dilatation. Portal vein and common bile duct appear normal in course and caliber.

**Gall bladder** Well distended and shows normal wall thickness. No evidence of any calculi, sludge or polyp. CBD is normal.

**Pancreas** Visualized regions appear normal in size and echotexture. No focal lesion seen.

**Spleen:** - It is normal in size (11.3 cm) and echotexture. No focal lesion seen.

**Right kidney** normal in size, shape and echotexture. Corticomedullary differentiation is maintained. No hydronephrosis / hydroureter is noted.

**Left kidney** normal in size, shape and echotexture. Corticomedullary differentiation is maintained. No hydronephrosis / hydroureter is noted.

**Urinary bladder** Is **well** distended. No focal lesion is seen.

**Prostate** appears grossly in size, volume and echotexture. No focal lesion is seen.

Bowel loops appear normal and show normal peristalsis.

No evidence of abdominal lymphadenopathy/free fluid in abdomen and pelvis.

**IMPRESSION: USG abdomen and pelvis study reveals,**

- **Grade I fatty liver.**

**Dr.Pratibha Gawande**  
**Consultant Radiologist**

(Note: Above us report is subject to findings evident at the time of scan & associated bowel gases. This modality has its own limitations & should be considered as a professional opinion . clinical correlation is advised to arrive at a diagnosis. This report cannot be used for medico- legal purpose.)



Patient Name : **Mr Nitin Badade**  
 DOB/Age/Gender : 45 Y/Male  
 Patient ID / UHID : 1\_6304042/RCL5375600  
 Referred By : Dr.  
 Sample Type : Whole blood EDTA  
 Barcode No : HX634705

Bill Date : Nov 25, 2023, 02:23 PM  
 Sample Collected : Nov 25, 2023, 10:00 PM  
 Sample Received : Nov 25, 2023, 03:36 PM  
 Report Date : Nov 25, 2023, 05:19 PM  
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
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## HEMATOLOGY REPORT

### Hemogram (CBC + ESR)

#### Complete Blood Count (CBC)

#### RBC PARAMETERS

Hemoglobin	14.8	g/dL	13.0 - 17.0
Method : colorimetric			
RBC Count	4.9	10 <sup>6</sup> /μl	4.5 - 5.5
Method : Electrical impedance			
PCV	45.3	%	40 - 50
Method : Calculated			
MCV	92.8	fl	83 - 101
Method : Calculated			
MCH	30.4	pg	27 - 32
Method : Calculated			
MCHC	32.7	g/dL	31.5 - 34.5
Method : Calculated			
RDW (CV) *	13.5	%	11.6 - 14.0
Method : Calculated			
RDW-SD *	<b>48.7</b>	fl	35.1 - 43.9
Method : Calculated			

#### WBC PARAMETERS

TLC	5.5	10 <sup>3</sup> /μl	4 - 10
Method : Electrical impedance and microscopy			

#### DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	49	%	40-80
Lymphocytes	34	%	20-40
Monocytes	10	%	2-10
Eosinophils	7	%	1-6
Basophils	0	%	<2

#### Absolute leukocyte counts

Method : Calculated

Neutrophils.	2.7	10 <sup>3</sup> /μl	2 - 7
Lymphocytes.	1.87	10 <sup>3</sup> /μl	1 - 3
Monocytes.	0.55	10 <sup>3</sup> /μl	0.2 - 1.0
Eosinophils.	0.39	10 <sup>3</sup> /μl	0.02 - 0.5
Basophils.	<b>0</b>	10 <sup>3</sup> /μl	0.02 - 0.5

#### PLATELET PARAMETERS

Platelet Count	223	10 <sup>3</sup> /μl	150 - 410
Method : Electrical impedance and microscopy			
Mean Platelet Volume (MPV) *	<b>9.2</b>	fL	9.3 - 12.1

(\* ) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.

*Pallavi*

Dr. Pallavi  
 MBBS, MD (Pathology)  
 Consultant Pathology



Booking Centre :- Madyosis Diagnostics, Office No-406, 4th Floor, Bhakti Genesis, Wakad Rd, Shedje Vasti, Shankar Kalat Nagar, Wakad, Pimpri-Chinchwad, Maharashtra 411057

Processing Lab :- Redcliffe Lifetech Pvt. Ltd., First Floor, B Wing, Aswani Chambers, S.No. 199+204+205 206/1, 209/1, Plot No. 45/B, Corresponding city, S.No 199 Village Lohgaon Pune 411014

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All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

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 Barcode No : HX634705

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 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
Method : Calculated			
PCT *	0.2	%	0.17 - 0.32
Method : Calculated			
PDW *	14.4	fL	8.3 - 25.0
Method : Calculated			
P-LCR *	27.9	%	18 - 50
Method : Calculated			
P-LCC *	62	%	44 - 140
Method : Calculated			
Mentzer Index *	18.94	%	-
Method : Calculated			

**Interpretation:**

CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

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 Sample Received : Nov 25, 2023, 03:36 PM  
 Report Date : Nov 25, 2023, 06:40 PM  
 Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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## HEMATOLOGY REPORT

### Hemogram (CBC + ESR)

#### Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate : 2 mm/hr  
 Method : MODIFIED WESTERGREN  
 Reference Range : 0 - 10

#### Interpretation:

ESR is also known as Erythrocyte Sedimentation Rate. An ESR test is used to assess inflammation in the body. Many conditions can cause an abnormal ESR, so an ESR test is typically used with other tests to diagnose and monitor different diseases. An elevated ESR may occur in inflammatory conditions including infection, rheumatoid arthritis, systemic vasculitis, anemia, multiple myeloma, etc. Low levels are typically seen in congestive heart failure, polycythemia, sickle cell anemia, hypo fibrinogenemia, etc.

AGE	MALE	FEMALE
1 DAY	0-12	0-12
2 - 7 DAYS	0-4	0-4
8 - 14 DAYS	0-17	0-17
15 DAYS - 17 YEARS	0-20	0-20
18 - 50 YEARS	0-10	0-12
51 - 60 YEARS	0-12	0-19
61 - 70 YEARS	0-14	0-20
71 - 100 YEARS	0-30	0-35

Reference- Dacie and Lewis practical hematology

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 Sample Collected : Nov 25, 2023, 10:00 PM  
 Sample Received : Nov 25, 2023, 03:36 PM  
 Report Date : Nov 25, 2023, 05:25 PM  
 Report Status : Final Report



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### HEMATOLOGY REPORT

#### HbA1C (Glycosylated Haemoglobin)

GLYCOSYLATED HEMOGLOBIN (HbA1c) Method : HPLC	<b>5.8</b>	%	< 5.7
ESTIMATED AVERAGE GLUCOSE *	119.76	mg/dL	Refer Table Below

#### Interpretation:

#### Interpretation For HbA1c% As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Age < 19 years Goal of therapy: <7.5

- Note:**
- Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
  - Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

#### Comments :

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c (%)	Mean Plasma Glucose (mg/dL)	HbA1c (%)	Mean Plasma Glucose (mg/dL)
6	126	12	298
8	183	14	355
10	240	16	413

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Patient Name : Mr Nitin Badade  
 DOB/Age/Gender : 45 Y/Male Bill Date : Nov 25, 2023, 02:23 PM  
 Patient ID / UHID : 1\_6304042/RCL5375600 Sample Collected : Nov 25, 2023, 10:00 PM  
 Referred By : Dr. Sample Received : Nov 25, 2023, 03:36 PM  
 Sample Type : Whole blood EDTA Report Date : Nov 25, 2023, 04:48 PM  
 Barcode No : HX634705 Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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HEMATOLOGY REPORT

Blood Group ABO & Rh Typing

Blood Group	B	-	-
Rh Factor	Positive	-	-

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Patient Name : **Mr Nitin Badade**  
 DOB/Age/Gender : 45 Y/Male  
 Patient ID / UHID : 1\_6304042/RCL5375600  
 Referred By : Dr.  
 Sample Type : FLUORIDE F  
 Barcode No : ZA507877

Bill Date : Nov 25, 2023, 02:23 PM  
 Sample Collected : Nov 25, 2023, 10:00 PM  
 Sample Received : Nov 25, 2023, 03:36 PM  
 Report Date : Nov 25, 2023, 04:59 PM  
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
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### BIOCHEMISTRY REPORT

#### Glucose Fasting (BSF)

GLUCOSE FASTING 91 mg/dL 70 - 100  
 Method : Hexokinase

#### Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	<100
Impaired fasting glucose	100 - 125
Diabetes	=>126

Reference : American Diabetes Association

#### Comment :

Blood glucose determinations in commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

#### Note

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 200 mg/dL with symptoms of diabetes mellitus.
- 2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.

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Patient Name	: Mr Nitin Badade	Bill Date	: Nov 25, 2023, 02:23 PM
DOB/Age/Gender	: 45 Y/Male	Sample Collected	: Nov 25, 2023, 10:00 PM
Patient ID / UHID	: 1_6304042/RCL5375600	Sample Received	: Nov 25, 2023, 03:36 PM
Referred By	: Dr.	Report Date	: Nov 25, 2023, 04:49 PM
Sample Type	: Serum	Report Status	: Final Report
Barcode No	: ZA507876		

Test Description	Value(s)	Unit(s)	Reference Range
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### BIOCHEMISTRY REPORT

#### Blood Urea Nitrogen (Bun)

BLOOD UREA Method : Urease	22	mg/dL	19 - 44.1
BUN * Method : Urease	10.28	mg/dL	8.9 - 20.6

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 Sample Type : Serum  
 Barcode No : ZA507876

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### BIOCHEMISTRY REPORT

#### Creatinine

CREATININE	0.97	mg/dL	0.72 - 1.25
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Method : Photometric

**Interpretation:**

Creatinine estimation is done to assess kidney function. It is not dependent on dietary factors. Normal values are obtained in kidney diseases, except in advanced renal failure and therefore its estimation is more valuable if coupled with clearance.

### BIOCHEMISTRY REPORT

#### Uric Acid

URIC ACID	4.6	mg/dL	3.5 - 7.2
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Method : Uricase

**Interpretation:**

Serum uric acid levels are very labile and show day to day and seasonal variation in some people. Levels are also increased by emotional stress, total fasting and increased body weight. Serum uric acid levels are used to diagnose and monitor treatment of gout, monitor chemotherapeutic treatment of neoplasms to avoid renal urate deposition with possible renal failure.

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 Sample Type : Serum  
 Barcode No : ZA507876

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### BIOCHEMISTRY REPORT

#### Liver Function Test (LFT)

BILIRUBIN TOTAL Method : Photometric	0.8	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT * Method : Diazo Reaction	0.3	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT * Method : Calculation (T Bil - D Bil)	0.5	mg/dL	0.1 - 1.0
SGOT/AST Method : IFCC without P5P	25	U/L	5 - 34
SGPT/ALT Method : IFCC without P5P	23	U/L	0 to 55
SGOT/SGPT Ratio *	1.09	-	-
ALKALINE PHOSPHATASE Method : IFCC	49	U/L	40 - 150
TOTAL PROTEIN Method : Biuret	7.2	g/dL	6.4 - 8.3
ALBUMIN Method : BCG	4.5	gm/dL	3.8 - 5.0
GLOBULIN * Method : Calculation (T.P - Albumin)	2.7	g/dL	2.3 - 3.5
ALBUMIN : GLOBULIN RATIO * Method : Calculation (Albumin/Globulin)	1.67	-	1.0 - 2.1
GAMMA GLUTAMYL TRANSFERASE (GGT) * Method : Photometric	25	U/L	12 - 64

#### Interpretation:

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests. Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST), SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utanyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may indicate: 1.bleeding 2.liver disorder 3.malnutrition 4.agammaglobulinemia High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins Low albumin levels may be caused by: 1.A poor diet (malnutrition). 2.Kidney disease. 3.Liver disease. High albumin levels may be caused by: Severe dehydration.

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Processing Lab :- Redcliffe Lifetech Pvt. Ltd., First Floor, B Wing, Aswani Chambers, S.No. 199+204+205 206/1, 209/1, Plot No. 45/B, Corresponding city, S.No 199 Village Lohgaon Pune 411014

928-504-0889 [csupport@redcliffelabs.com](mailto:csupport@redcliffelabs.com)

[www.redcliffelabs.com](http://www.redcliffelabs.com)

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

Patient Name : **Mr Nitin Badade**  
 DOB/Age/Gender : 45 Y/Male  
 Patient ID / UHID : 1\_6304042/RCL5375600  
 Referred By : Dr.  
 Sample Type : Serum  
 Barcode No : ZA507876

Bill Date : Nov 25, 2023, 02:23 PM  
 Sample Collected : Nov 25, 2023, 10:00 PM  
 Sample Received : Nov 25, 2023, 03:36 PM  
 Report Date : Nov 25, 2023, 04:33 PM  
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
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### BIOCHEMISTRY REPORT

#### Lipid Profile

TOTAL CHOLESTEROL Method : Enzymatic - Cholesterol Oxidase	169	mg/dL	Desirable : <200 Borderline : 200-239 High : >240
TRIGLYCERIDES Method : Colorimetric - Lip/Glycerol Kinase	75	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very high : >500
HDL CHOLESTEROL Method : Accelerator Selective Detergent	41	mg/dL	>40
NON HDL CHOLESTEROL * Method : Calculated	128	mg/dL	<130
LDL CHOLESTEROL * Method : Calculated	113	mg/dL	Optimal <100 Near optimal/above optimal 100-129 Borderline high 130-159 High 160-189 Very high >190
V.L.D.L CHOLESTEROL * Method : Calculated	15	mg/dL	< 30
CHOL/HDL Ratio * Method : Calculated	4.12	-	3.5 - 5.0
HDL/ LDL RATIO * Method : Calculated	0.36	-	Desirable : 0.5 - 3.0  Borderline : 3.1 - 6.0  High : > 6.0
LDL/HDL Ratio * Method : Calculated	2.76	-	

#### Interpretation:

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

National Lipid Association Recommendations (NLA-2014)	Total Cholesterol (mg/dL)	Triglyceride (mg/dL)	LDL Cholesterol (mg/dL)	Non HDL Cholesterol (mg/dL)
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

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Patient Name : **Mr Nitin Badade**  
 DOB/Age/Gender : 45 Y/Male  
 Patient ID / UHID : 1\_6304042/RCL5375600  
 Referred By : Dr.  
 Sample Type : Serum  
 Barcode No : ZA507876

Bill Date : Nov 25, 2023, 02:23 PM  
 Sample Collected : Nov 25, 2023, 10:00 PM  
 Sample Received : Nov 25, 2023, 03:36 PM  
 Report Date : Nov 25, 2023, 04:33 PM  
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
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### Risk Stratification for ASCVD (Atherosclerotic Cardiovascular Disease) by Lipid Association of India.

<b>Risk Category</b>	A. CAD with > 1 feature of high risk group
<b>Extreme risk group</b>	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or = 50 mg/dl or poly vascular disease
<b>Very High Risk</b>	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
<b>High Risk</b>	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >/= 50 mg/dl 8. Non stenotic carotid plaque
<b>Moderate Risk</b>	2 major ASCVD risk factors
<b>Low Risk</b>	0-1 major ASCVD risk factors
<b>Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors</b>	
1. Age >=45 years in Males & >= 55 years in Females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

### Newer treatment goals and statin initiation thresholds based on the risk categories proposed by Lipid Association of India in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	<80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	>OR = 30	>OR = 60	> 30	> 60
Very High Risk	<50	<80	>OR = 50	>OR = 80
High Risk	<70	<100	>OR = 70	>OR = 100
Moderate Risk	<100	<130	>OR = 100	>OR = 130
Low Risk	<100	<130	>OR = 130*	>OR = 160

\* After an adequate non-pharmacological intervention for at least 3 months.

References : Management of Dyslipidaemia for the Prevention of Stroke : Clinical practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology,2022,20,134-155.

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Patient Name : Mr Nitin Badade  
 DOB/Age/Gender : 45 Y/Male Bill Date : Nov 25, 2023, 02:23 PM  
 Patient ID / UHID : 1\_6304042/RCL5375600 Sample Collected : Nov 25, 2023, 10:00 PM  
 Referred By : Dr. Sample Received : Nov 25, 2023, 03:36 PM  
 Sample Type : Serum Report Date : Nov 25, 2023, 06:27 PM  
 Barcode No : ZA507876 Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY REPORT**

**TSH 3rd Generation**

THYROID STIMULATING HORMONE (Ultrasensitive) 1.71  $\mu$ IU/mL 0.35 - 4.94  
 Method : CMIA

**Interpretation:**

Pregnancy	Reference ranges TSH
1 st Trimester	0.1 - 2.5
2 ed Trimester	0.2 - 3.0
3 rd Trimester	0.3 - 3.0

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothal- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-pituitary diseases.

Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen, androgen, antibiotics, steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

(\*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.

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Patient Name : **Mr Nitin Badade**  
 DOB/Age/Gender : 45 Y/Male  
 Patient ID / UHID : 1\_6304042/RCL5375600  
 Referred By : Dr.  
 Sample Type : Serum  
 Barcode No : ZA507876

Bill Date : Nov 25, 2023, 02:23 PM  
 Sample Collected : Nov 25, 2023, 10:00 PM  
 Sample Received : Nov 25, 2023, 03:36 PM  
 Report Date : Nov 25, 2023, 04:49 PM  
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
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### BIOCHEMISTRY REPORT

#### Total Protein

TOTAL PROTEIN Method : Biuret	7.2	g/dL	6.4 - 8.3
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Patient Name : Mr Nitin Badade  
 DOB/Age/Gender : 45 Y/Male Bill Date : Nov 25, 2023, 02:23 PM  
 Patient ID / UHID : 1\_6304042/RCL5375600 Sample Collected : Nov 25, 2023, 10:00 PM  
 Referred By : Dr. Sample Received : Nov 25, 2023, 03:36 PM  
 Sample Type : Serum Report Date : Nov 25, 2023, 06:28 PM  
 Barcode No : ZA507876 Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY REPORT**

**Total T3 (Triiodothyronine)**

TRIIODOTHYRONINE ( T3 ) 108.9 ng/dL 35 - 193  
 Method : CMIA

**Interpretation:**

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalamic-pituitary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

**BIOCHEMISTRY REPORT**

**Total T4 (Thyroxine)**

TOTAL THYROXINE ( T4 ) 6.8 µg/dL 4.87 - 11.2  
 Method : CMIA

**Interpretation:**

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalamic-pituitary diseases.

Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

(\*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.

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Patient Name : **Mr Nitin Badade**  
 DOB/Age/Gender : 45 Y/Male  
 Patient ID / UHID : 1\_6304042/RCL5375600  
 Referred By : Dr.  
 Sample Type : Spot Urine  
 Barcode No : CI958578

Bill Date : Nov 25, 2023, 02:23 PM  
 Sample Collected : Nov 25, 2023, 10:00 PM  
 Sample Received : Nov 25, 2023, 03:36 PM  
 Report Date : Nov 25, 2023, 05:46 PM  
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
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## CLINICAL PATHOLOGY REPORT

### Urine Routine and Microscopic Examination

#### PHYSICAL EXAMINATION \*

Volume *	20	ml	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent

#### CHEMICAL EXAMINATION \*

Reaction (pH) Method : Double Indicator	5	-	4.5 - 8.0
Specific Gravity Method : Ion Exchange	1.015	-	1.010 - 1.030
Urine Glucose (sugar) Method : Oxidase / Peroxidase	Negative	-	Negative
Urine Protein (Albumin) Method : Acid / Base Colour Exchange	Negative	-	Negative
Urine Ketones (Acetone) Method : Legal's Test	Negative	-	Negative
Blood Method : Peroxidase Hemoglobin	Negative	-	Negative
Leucocyte esterase Method : Enzymatic Reaction	Negative	-	Negative
Bilirubin Urine Method : Coupling Reaction	Negative	-	Negative
Nitrite Method : Griess Test	Negative	-	Negative
Urobilinogen Method : Ehrlich's Test	Normal	-	Normal

#### MICROSCOPIC EXAMINATION \*

Pus Cells (WBCs) *	1-2	/hpf	0 - 5
Epithelial Cells *	1-2	/hpf	0 - 4
Red blood Cells *	Absent	/hpf	Absent
Crystals *	Absent	-	Absent
Cast *	Absent	-	Absent
Yeast Cells *	Absent	-	Absent
Amorphous deposits *	Absent	-	Absent
Bacteria *	Absent	-	Absent
Protozoa *	Absent	-	Absent

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Patient Name	: Mr Nitin Badade	Bill Date	: Nov 25, 2023, 02:23 PM
DOB/Age/Gender	: 45 Y/Male	Sample Collected	: Nov 25, 2023, 10:00 PM
Patient ID / UHID	: 1_6304042/RCL5375600	Sample Received	: Nov 25, 2023, 03:36 PM
Referred By	: Dr.	Report Date	: Nov 25, 2023, 05:52 PM
Sample Type	: URINE F	Report Status	: Final Report
Barcode No	: CI958579		

Test Description	Value(s)	Unit(s)	Reference Range
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### CLINICAL PATHOLOGY REPORT

#### Urine Glucose Fasting

Urine Glucose (sugar)	Negative	-	Negative
Method : Oxidase / Peroxidase			

(\*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.

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2. It is to be presumed that the tests performed pertain to the specimen/sample attributed to the Customer's name or identification. It is presumed that the verification particulars have been cleared out by the customer or his/her representation at the point of generation of said specimen / sample. It is hereby clarified that the reports furnished are restricted solely to the given specimen only.
3. It is to be noted that variations in results may occur between different laboratories and over time, even for the same parameter for the same Customer. The assays are performed and conducted in accordance with standard procedures, and the reported outcomes are contingent on the specific individual assay methods and equipment(s) used, as well as the quality of the received specimen.
4. This report shall not be deemed valid or admissible for any medico-legal purposes.
5. The Customers assume full responsibility for apprising the Company of any factors that may impact the test finding. These factors, among others, includes dietary intake, alcohol, or medication / drug(s) consumption, or fasting. This list of factors is only representative and not exhaustive.

21/NITIN BADADE  
45 Yrs/Male  
67 Kg/165 Cms  
Date: 25-Nov-2023 11:11:03 AM

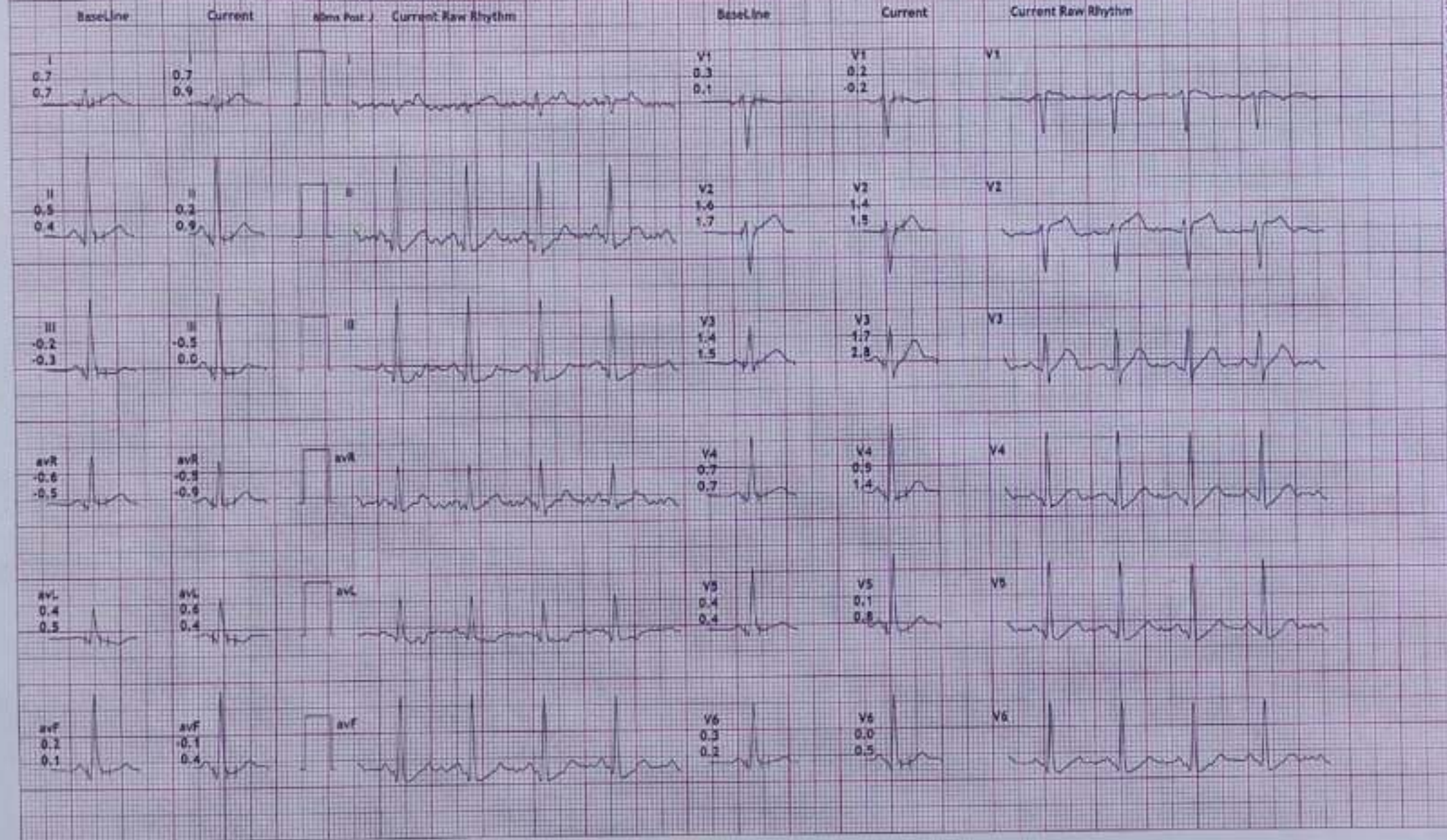
HR: 110 bpm  
METS: 1.0  
BP: 140/90

MHR: 62% of 175  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 09:03  
BLC: On  
Notch: On

Recovery : ( 03:00 )  
10.0 mm/mV  
25 mm/Sec.



GALAXY MEDICAL EQUIPMENTS : 8446032807 / 7447411220

12 Lead Comparison

MADYASIS DIAGNOSTICS

SECOND FLOOR, JM ROAD, SHIVAJI NAGAR, PUNE-411004

21/NITIN BADADE

HR: 113 bpm

MPHR: 64% of 175

Raw ECG

Ex Time 09:03

Recovery : ( 02:00 )

45 Yrs/Male

METS: 1.0

Speed: 0.0 mph

BRUCE

BL: On

10.0 mm/mV

67 Kg/165 Cms

BP: 140/90

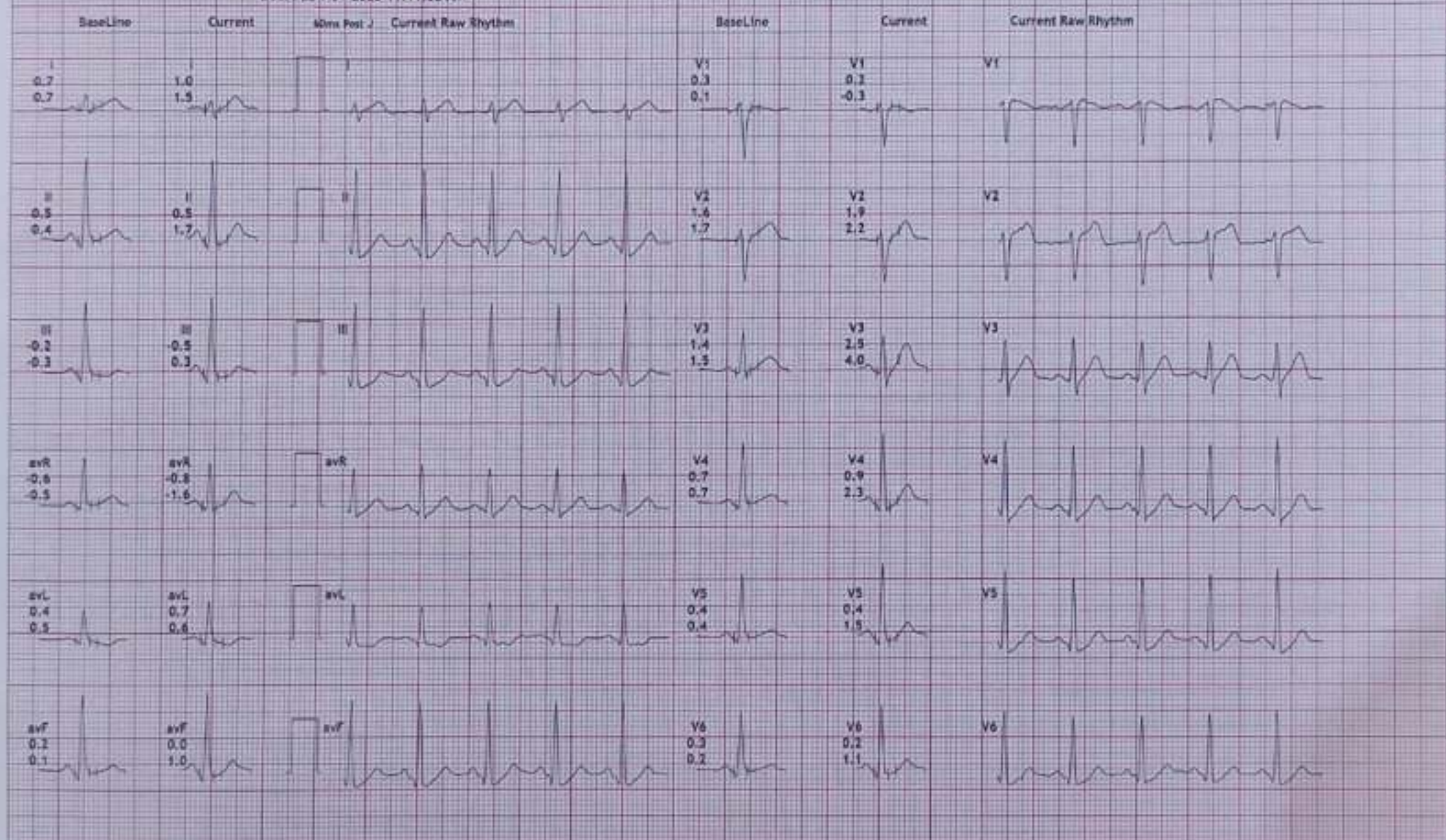
Grade: 0.0%

[1.0-100]Hz

Notch : On

25 mm/Sec

Date: 25-Nov-2023 11:11:03 AM



GALAXY MEDICAL EQUIPMENTS : 8446032607 / 744741220



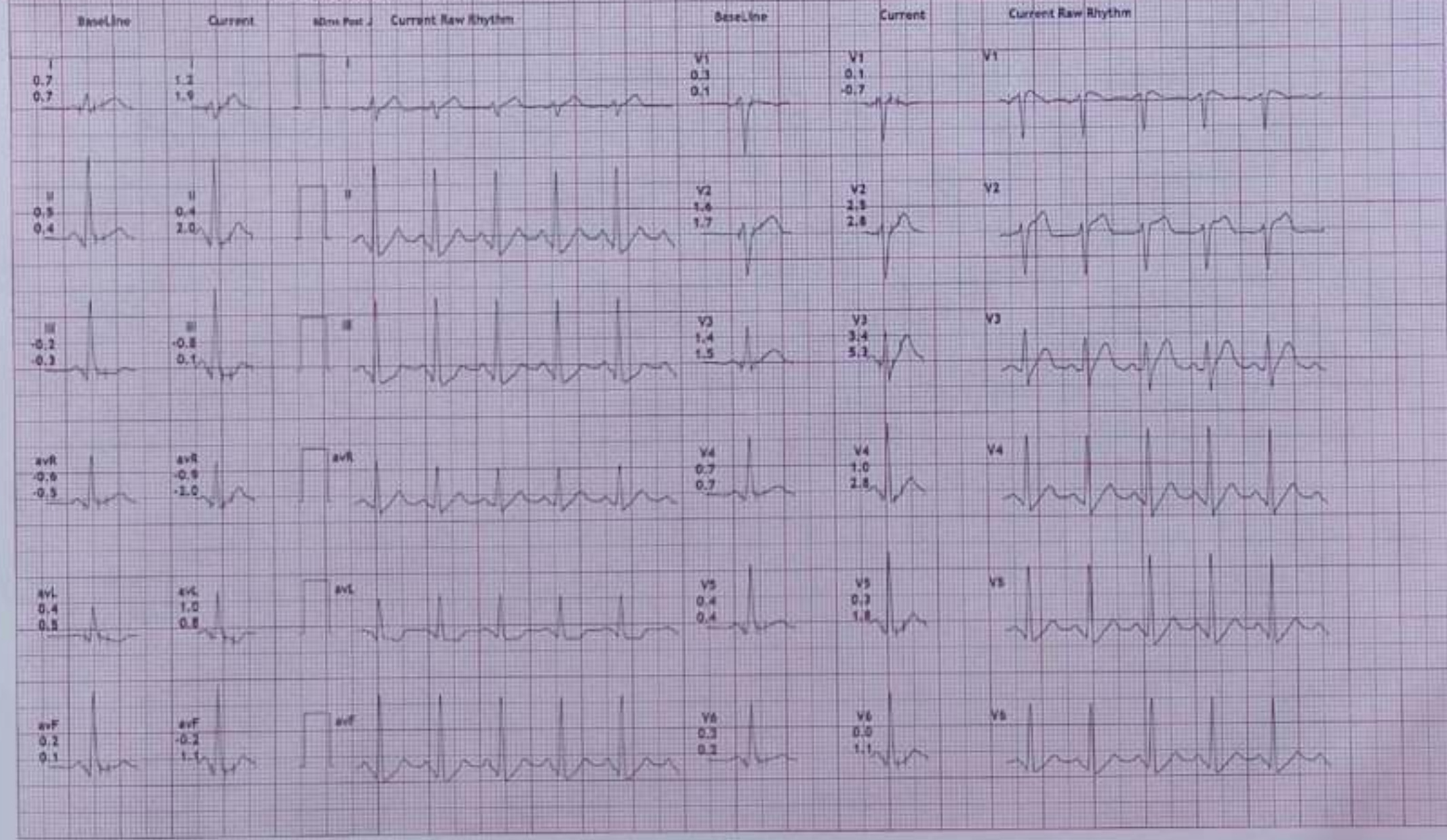
21/NITIN BADADE HR: 125 bpm  
45 Yrs/Male METS: 4.2  
67 Kg/165 Cms BP: 150/100  
Date: 25-Nov-2023 11:11:03 AM

MHR: 71% of 175  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
1.0-100Hz

Ex Time 09:03  
StC: On  
Notch: On

Recovery : ( 01:00 )  
10.0 mm/mV  
25 mm/Sec.



GALAXY MEDICAL EQUIPMENTS : 8446032807 / 7447411220

# 12 Lead + Comparison

## MADYOASIS DIAGNOSTICS

SECOND FLOOR, JM ROAD, SHIVAJI NAGAR, PUNE-411004

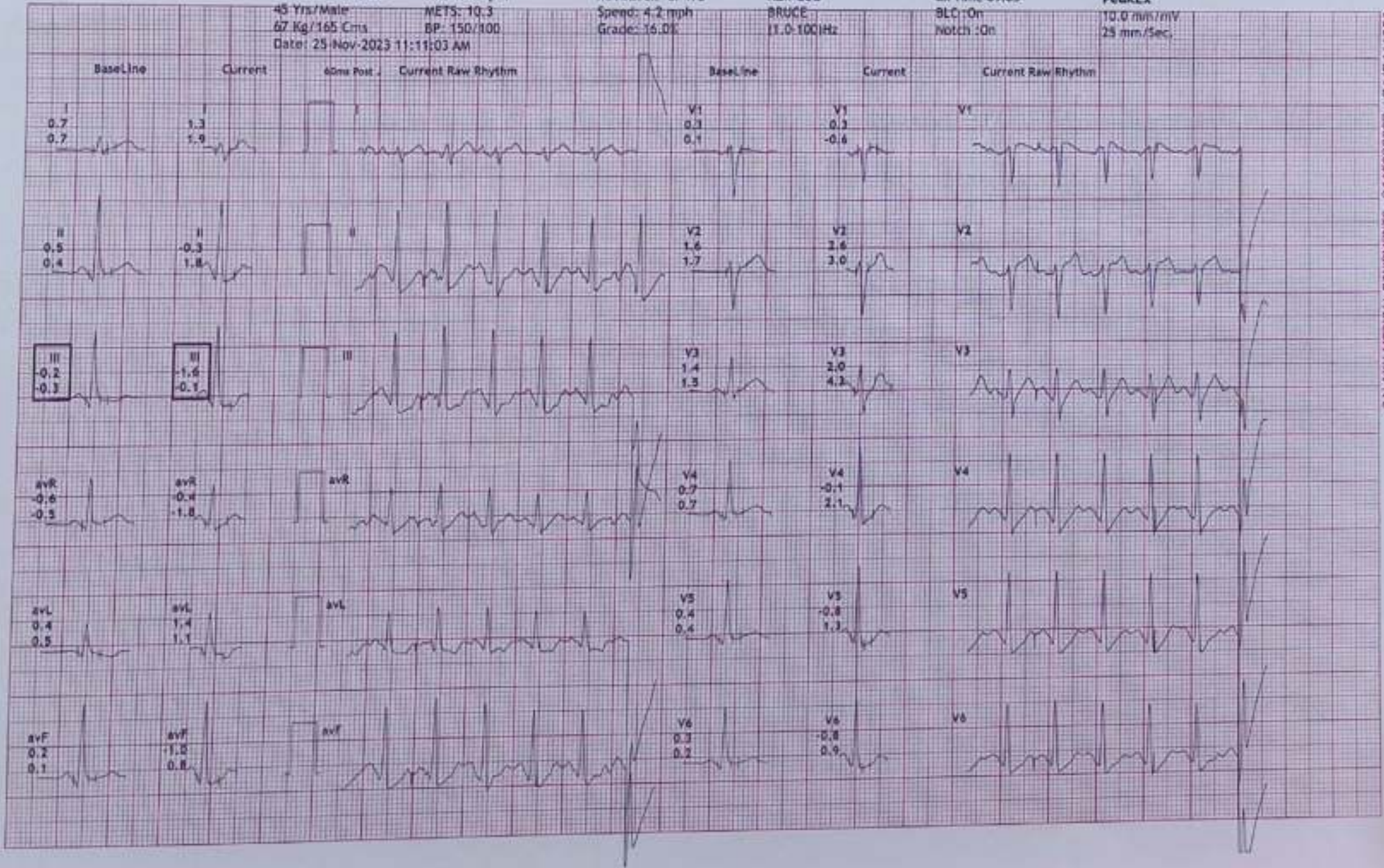
21/NITIN BADADE HR: 124 bpm  
 45 Yrs/Male METS: 10.3  
 67 Kg/165 Cms BP: 150/100  
 Date: 25-Nov-2023 11:11:03 AM

MPHR: 70% of 175  
 Speed: 4.2 mph  
 Grade: 16.0%

Raw ECG  
 BRUCE  
 11.0-100Hz

Ex Time 09:03  
 SLC: On  
 Notch: On

PeakEx  
 10.0 mm/mV  
 25 mm/Sec.



21/NITIN BADADE  
45 Yrs/Male  
67 Kg/165 Cms  
Date: 25-Nov-2023 11:11:03 AM

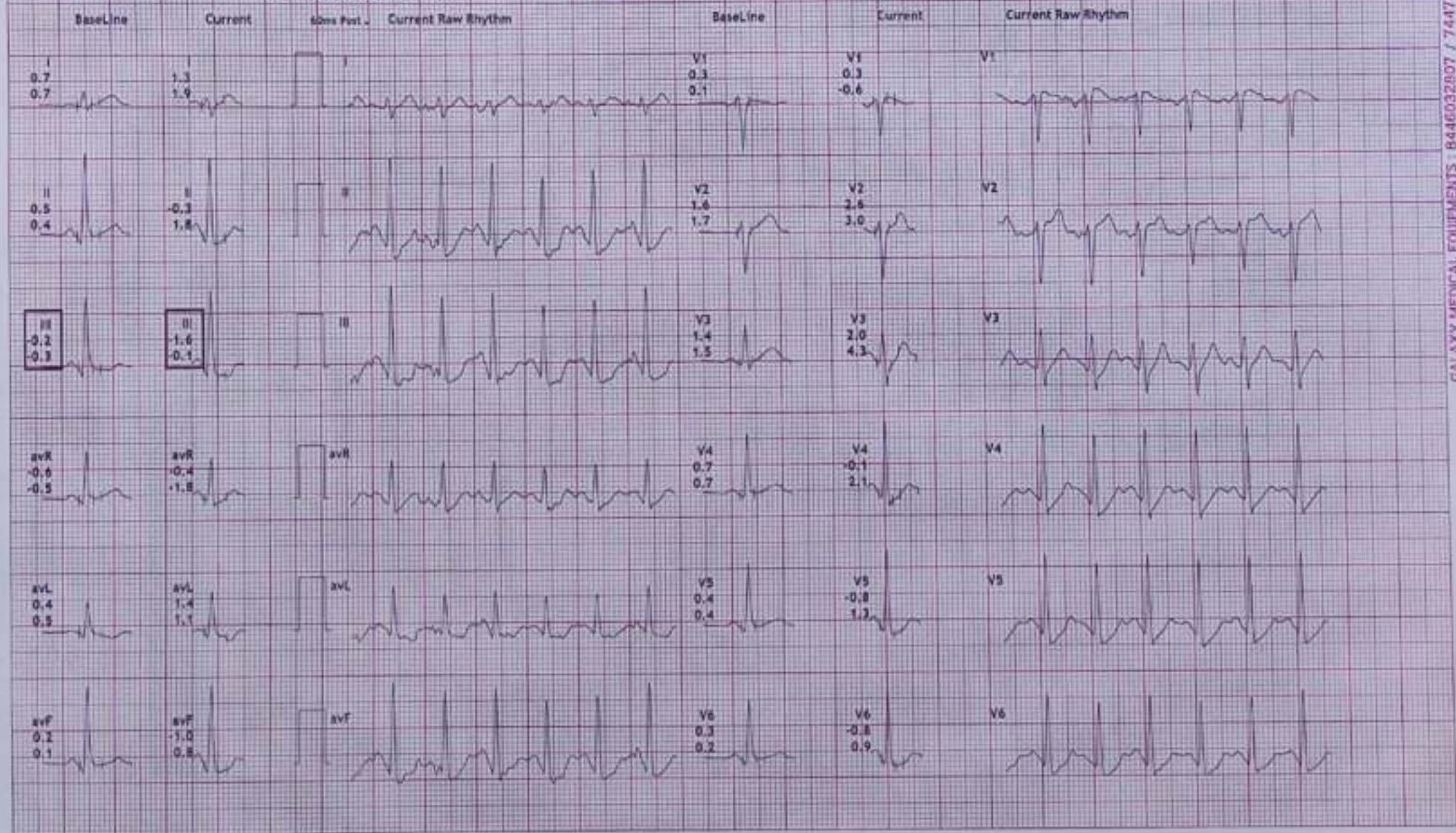
HR: 153 bpm  
METs: 10.2  
BP: 150/100

MpHR: 87% of 175  
Speed: 3-4 mph  
Grade: 14.0%

Raw ECG  
BRUCE  
1.0-100Hz

Ex Time 09:00  
BL: On  
Notch : On

Stage 3 ( 03:00 )  
10.0 mm/mV  
25 mm/Sec.



GALAXY MEDICAL EQUIPMENTS : 846032807 / 7447411220

12 Lead + Comparison

MADYOASIS DIAGNOSTICS

SECOND FLOOR, JM ROAD, SHIVAJI NAGAR, PUNE-411004

21/NITIN BADADE

HR: 128 bpm

MTHR: 73% of 175

Raw ECG

Ex Time 06:00

Stage 2 ( 03:00 )

45 Yrs/Male

METS: 7.1

Speed: 2.5 mph

BRUCE

BLC: On

10.0 mm/mV

67 Kg/165 Cms

BP: 150/100

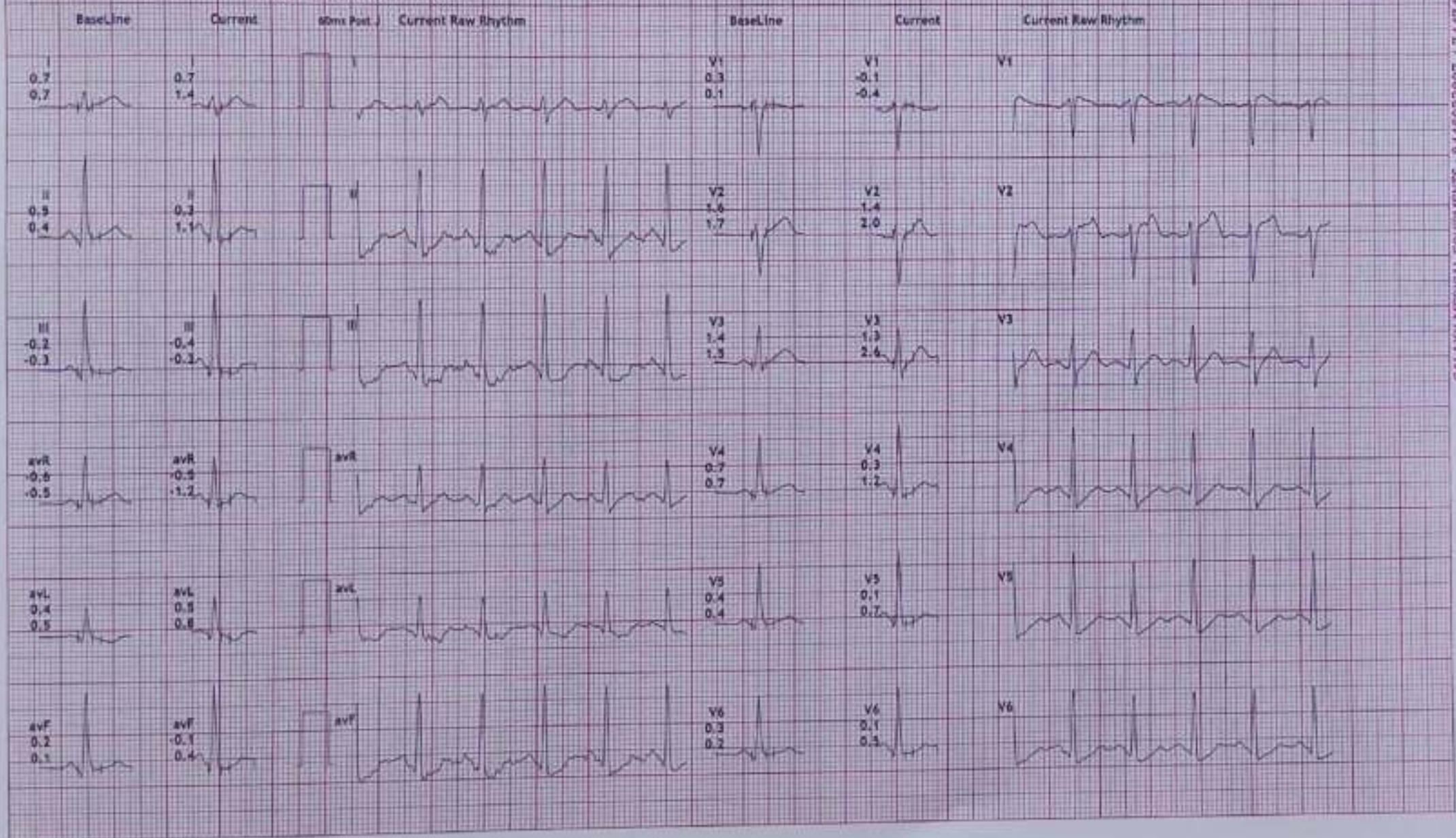
Grade: 12.0%

(1.0-100)Hz

Notch : On

25 mm/Sec

Date: 25-Nov-2023 11:11:03 AM



# 12 Lead + Comparison

# MADYOASIS DIAGNOSTICS

SECOND FLOOR, JM ROAD, SHIVAJI NAGAR, PUNE-411004

21/NITIN BADADE

HR: 105 bpm

MHR: 60% of 175

Raw ECG

Ex Time 03:00

Stage 1 ( 03:00 )

45 Yrs/Male

METS: 4.7

Speed: 1.7 mph

BRUCE

BLO: On

10.0 mm/mV

67 Kg/165 Cms

BP: 130/90

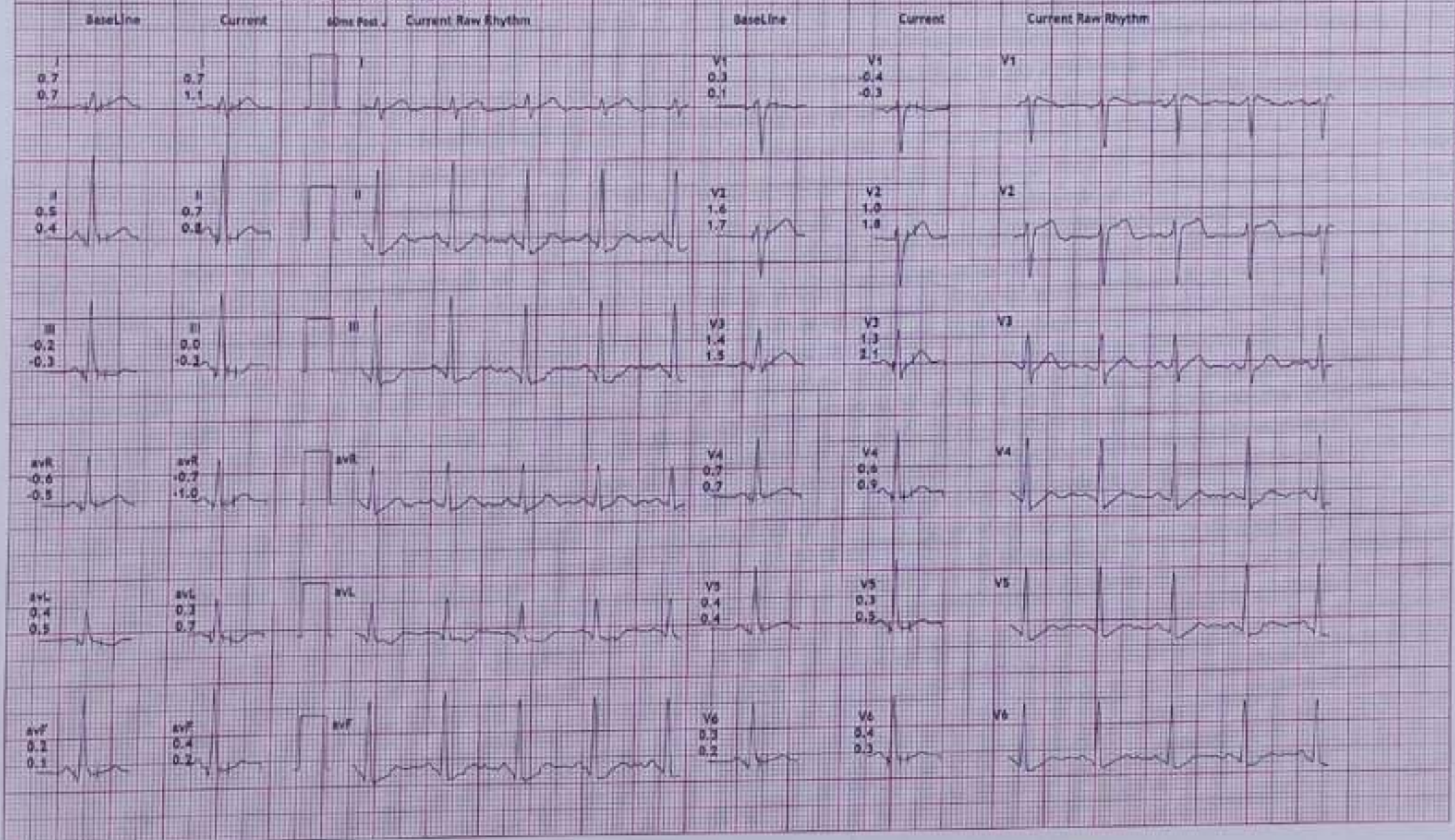
Grade: 10.0%

1.0-100Hz

Notch: On

25 mm/Sec

Date: 25-Nov-2023 11:11:03 AM



12 Lead + Comparison

MADYOASIS DIAGNOSTICS  
SECOND FLOOR, JM ROAD, SHIVAJI NAGAR, PUNE-411004

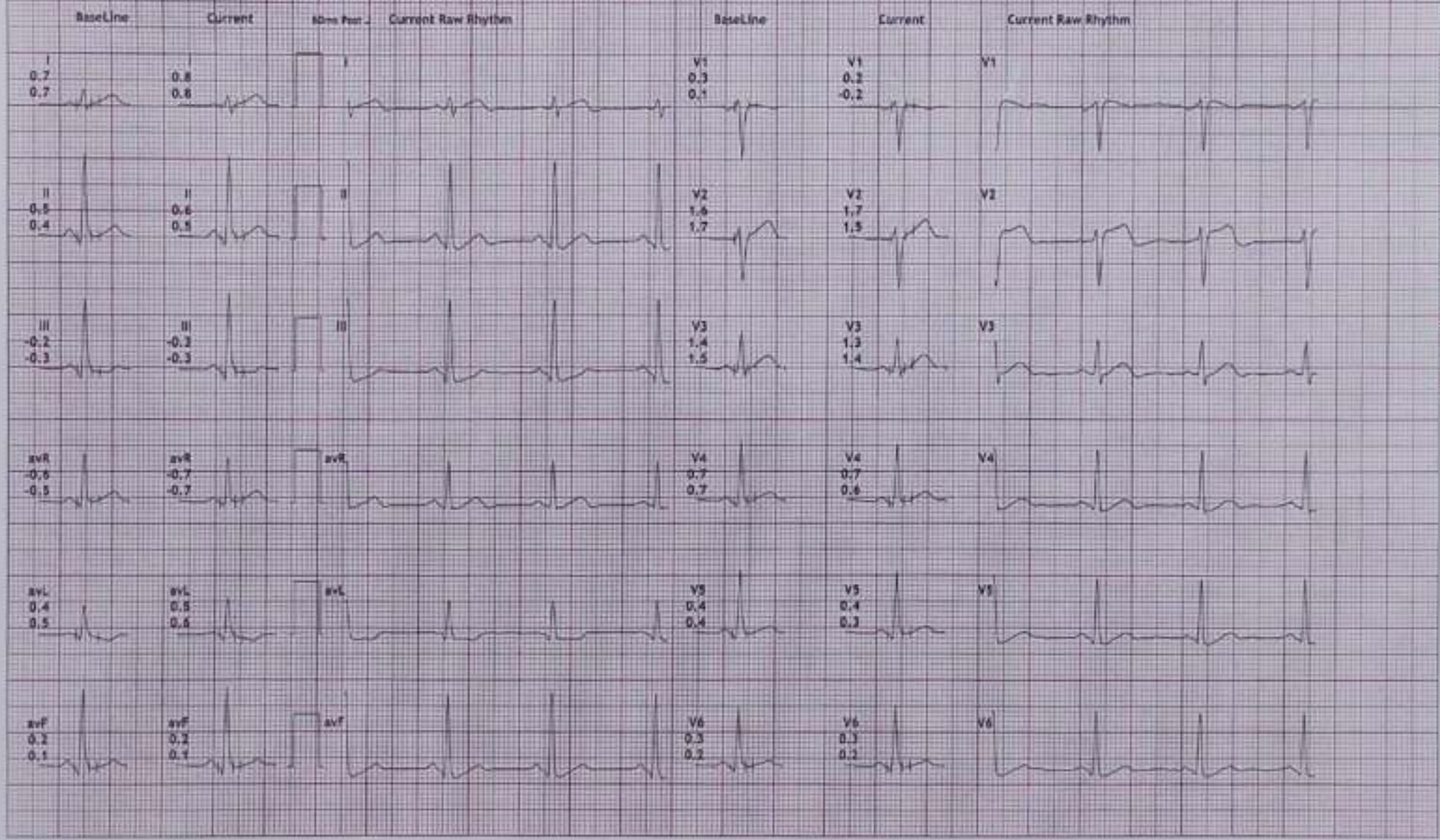
21/NITIN BADADE HR: 76 bpm  
45 Yrs/Male METS: 1.0  
62 Kg/165 Cms BP: 118/79  
Date: 25-Nov-2023 11:11:03 AM

MHR: 43% of 175  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 00:00  
BLC :On  
Notch :On

ExStart  
10.0 mm/mV  
25 mm/Sec.



GALAXY MEDICAL EQUIPMENTS : 8446032807 / 7447411220

21/NITIN BADADE

HR: 89 bpm

MPHR: 50% of 175

Raw ECG

Ex Time 01:37

HV

45 Yrs/Male

METS: 1-0

Speed: 0.0 mph

BRUCE

BC: On

10.0 mm/mV

67 Kg/165 Cms

BP: 118/79

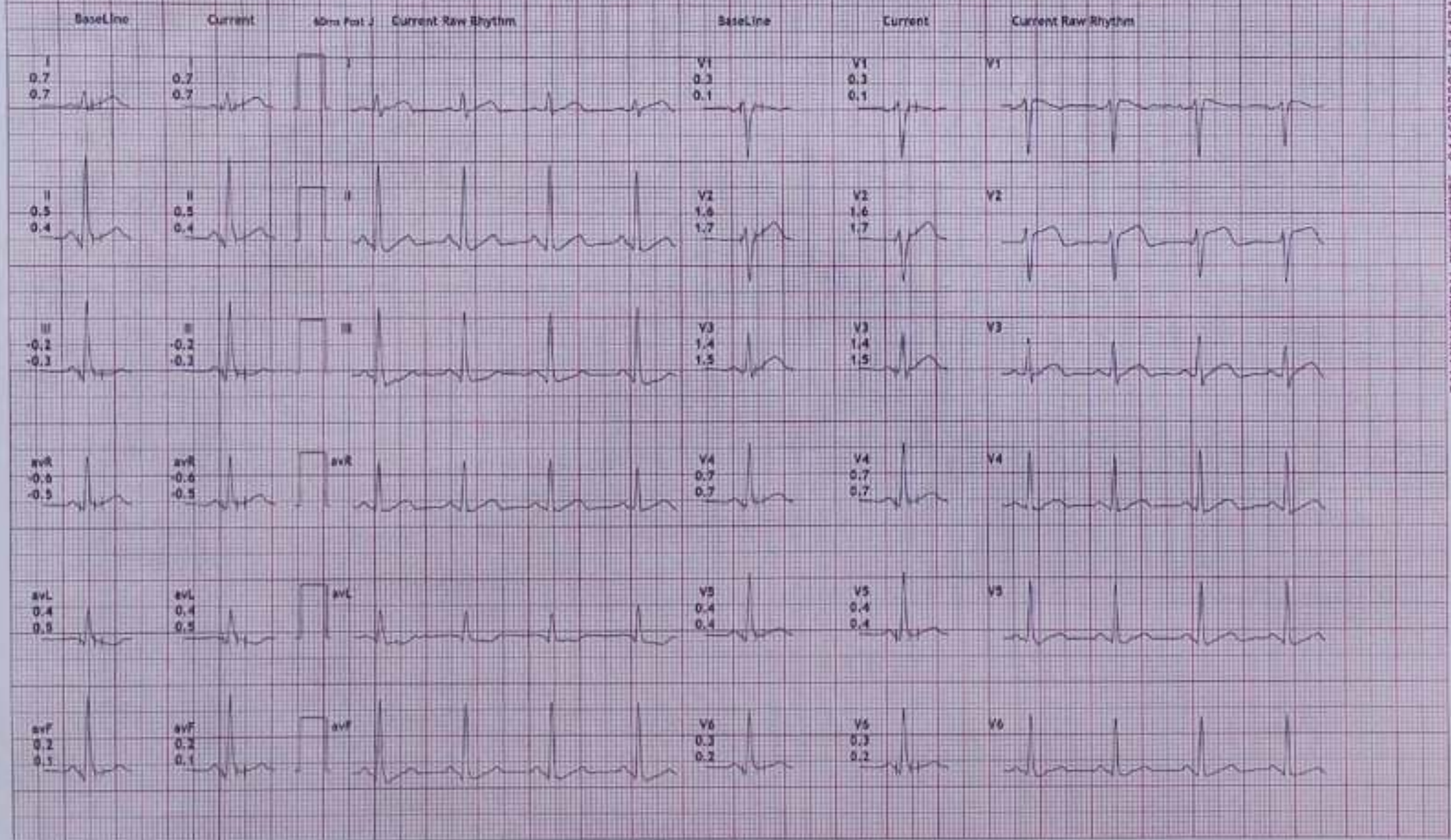
Grade: 0.0%

1.0-100Hz

Notch: On

25 mm/Sec

Date: 25-Nov-2023 11:11:03 AM



GALAXY MEDICAL EQUIPMENTS - 8446032807 / 7447411220

12 Lead Comparison

12 Lead + Comparison

MADYOASIS DIAGNOSTICS

SECOND FLOOR, JM ROAD, SHIVAJI NAGAR, PUNE-411004

MADYOASIS DIAGNOSTICS

SECOND FLOOR, JM ROAD, SHIVAJI NAGAR, PUNE-411004

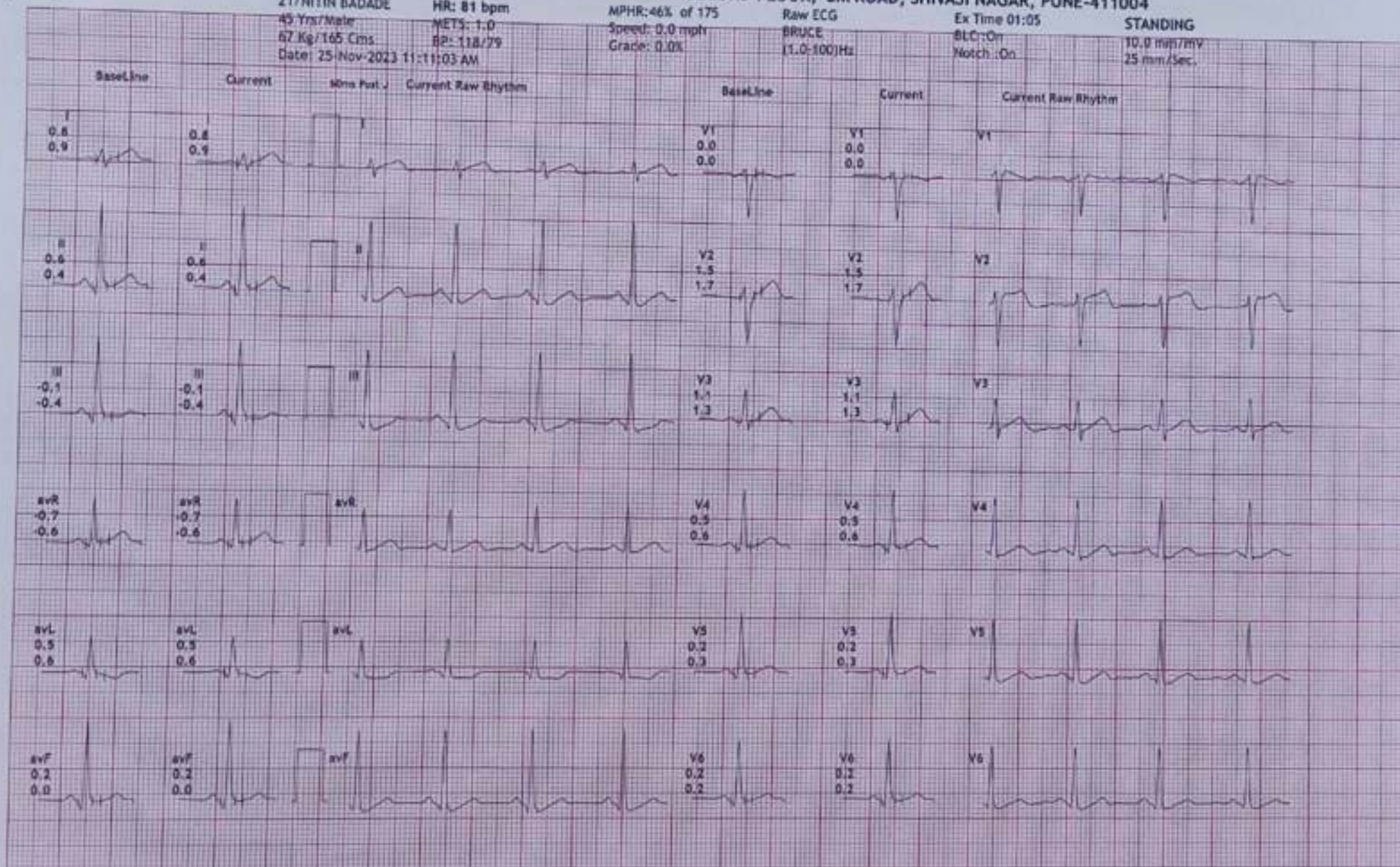
21/NITIN BADADE HR: 81 bpm  
45 Yrs/Male METS: 1.0  
67 Kg/165 Cms BP: 118/79  
Date: 25-Nov-2023 11:11:03 AM

MHR: 46% of 175  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
BRUCE  
(1.0-100)Hz

Ex Time 01:05  
BL: On  
Notch: On

STANDING  
10.0 mm/mV  
25 mm/Sec.



GALAXY MEDICAL EQUIPMENTS - 8446032807 / 7467411220



12 Lead + Comparison

MADYQASIS DIAGNOSTICS

SECOND FLOOR, JM ROAD, SHIVAJI NAGAR, PUNE-411004

21/NITIN BADADE

HR: 77 bpm

MHR: 44% of 175

Raw ECG

Ex Time 00:38

SUPINE

45 Yrs/Male

METS: 1.0

Speed: 0.0 mph

BRUCE

BLC: On

10.0 mm/mV

67 Kg/165 Cms

BP: 118/79

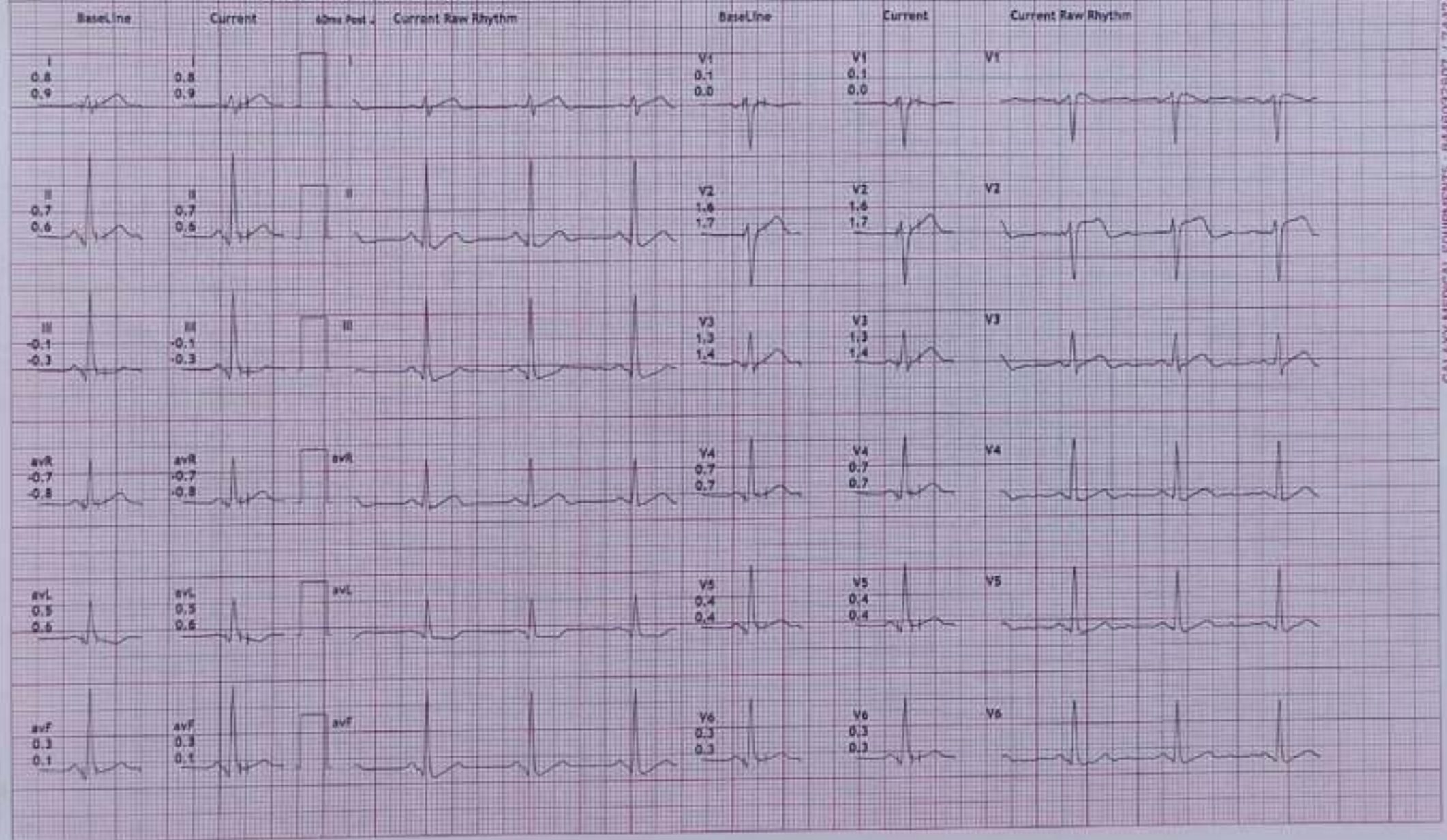
Grade: 0.0%

(1.0-100)Hz

Notch: On

25 mm/Sec

Date: 25-Nov-2023 11:11:03 AM



GALAXY MEDICAL EQUIPMENTS : 8446032807 / 7447411220

Summary

MADYOASIS DIAGNOSTICS

SECOND FLOOR, JM ROAD, SHIVAJI NAGAR, PUNE-411004

21/NITIN BADADE 45 Yrs/Male 67 Kg/165 Cms

Date: 25-Nov-2023 11:11:03 AM

Ref. By : DR. HEALTHI  
Medication : Nil  
Objective :

Protocol : BRUCE  
History : Nil

Stage	StageTime (min:Sec)	PhaseTime (min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. (x100)	PVC	Comments
Supine					1.0	77	118/79	90	-	
Standing					1.0	81	118/79	95	-	
HV					1.0	89	118/79	105	-	
ExStart					1.0	76	118/79	89	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	105	130/90	136	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	128	150/100	192	-	
Stage 3	3:01	9:02	3.4	14.0	10.2	153	150/100	229	-	
PeakEx	0:04	9:05	4.2	16.0	10.3	124	150/100	186	-	
Recovery	1:00		0.0	0.0	4.2	124	150/100	186	-	
Recovery	2:00		0.0	0.0	1.0	112	140/90	156	-	
Recovery	3:00		0.0	0.0	1.0	107	140/90	149	-	

Findings :

Exercise Time : 09:04  
Max HR Attained : 153 bpm 87% of Max Predictable HR 175  
Max BP : 150/100(mmHg)  
Max WorkLoad attained : 10.3(Good Effort-Tolerance)

Advice/Comments:

