

Name : Mr . PRAVIN GADIWALE
VID : 2328023339
Ref By : Arcofemi Healthcare Limited

Reg Date : 07-Oct-2023 08:05
Age/Gender : 38 Years
Regn Centre : Lulla Nagar, Pune (Main Centre)

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):184

Temp (0c): Afebrile

Blood Pressure (mm/hg):100/70

Pulse:82/min

Weight (kg):87

Skin: Normal

Nails: Healthy

Lymph Node: Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: Normal

GI System: Soft non tender No Organomegaly

CNS: Normal

CHIEF COMPLAINTS:

- | | |
|--|----|
| 1) Hypertension: | No |
| 2) IHD: | No |
| 3) Arrhythmia: | No |
| 4) Diabetes Mellitus : | No |
| 5) Tuberculosis : | No |
| 6) Asthama: | No |
| 7) Pulmonary Disease : | No |
| 8) Thyroid/ Endocrine disorders : | No |
| 9) Nervous disorders : | No |
| 10) GI system : | No |
| 11) Genital urinary disorder : | No |
| 12) Rheumatic joint diseases or symptoms : | No |
| 13) Blood disease or disorder : | No |
| 14) Cancer/lump growth/cyst : | No |
| 15) Congenital disease : | No |
| 16) Surgeries : | No |

PERSONAL HISTORY:

- | | |
|------------|----|
| 1) Alcohol | No |
| 2) Smoking | No |

Print Date : 09-Oct-2023 08:49

Page:1 of 2

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3) Diet Veg
4) Medication No

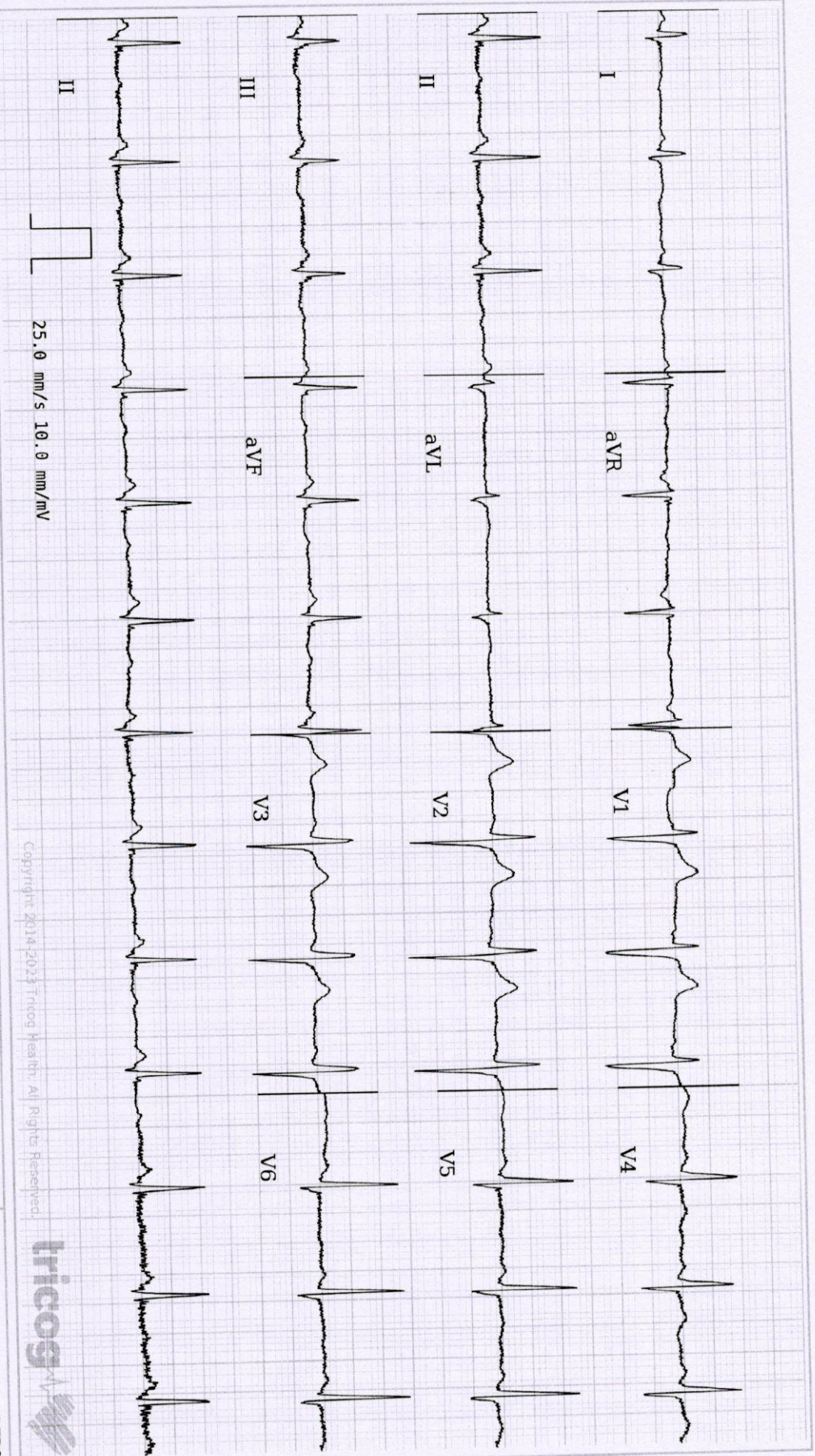
Dr.Milind Shinde
MBBS, DNB,
Consuling Physician,
Diabetologist &
Echocardiologist

HB: 12
RBCS: 6.03
PCV: 50.6

Do Hb-elektrophoresis .
Ref to primary physician

Patient Name: PRAVIN GADIWALE
Patient ID: 2328023339

SUBURBAN DIAGNOSTICS - LULLANAGAR, PUNE
Date and Time: 7th Oct 23 9:15 AM



Age **38** **8** **10**
years months days

Gender **Male**

Heart Rate **80bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 102ms
QT: 376ms
QTcB: 433ms
PR: 130ms
P-R-T: 64° 72° 39°

REPORTED BY

[Signature]

D-Mahid Shinde
MBBS, DNB Medicine
2011/05/1544

ECG Within Normal Limits: Sinus Rhythm, Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

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CID : 2328023339
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Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Lulla Nagar, Pune Main Centre

Reg. Date : 07-Oct-2023
Reported : 07-Oct-2023 / 18:53

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

-----End of Report-----

Dr Prajakta Sorte (Radiologist)
Degree - M.B.B.S DMRE
Registration no - 2005/12/4132

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?
Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

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Page no 1 of 1



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Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 07-Oct-2023 / 08:10
Reported : 07-Oct-2023 / 12:07

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	17.0	13.0-17.0 g/dL	Spectrophotometric
RBC	6.03	4.5-5.5 mil/cmm	Elect. Impedance
PCV	50.6	40-50 %	Calculated
MCV	84	80-100 fl	Calculated
MCH	28.3	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6400	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	38.7	20-40 %	
Absolute Lymphocytes	2476.8	1000-3000 /cmm	Calculated
Monocytes	7.5	2-10 %	
Absolute Monocytes	480.0	200-1000 /cmm	Calculated
Neutrophils	47.2	40-80 %	
Absolute Neutrophils	3020.8	2000-7000 /cmm	Calculated
Eosinophils	6.5	1-6 %	
Absolute Eosinophils	416.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	6.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	231000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	14.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***




Dr.KARAN MAURYA
D.N.B (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	85.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	64.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.97	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.48	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.49	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	22.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	23.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	42.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	15.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.0	6-20 mg/dl	Calculated
CREATININE, Serum	1.17	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	82	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	6.4	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



Dr. Chandrakant Pawar

Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***



MC-2463

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D.N.B (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	164.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	94.5	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	42.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	121.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	102.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	19.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.2	3.10-6.80 pmol/L	ECLIA
Note: Kindly note change in reference range and method w.e.f 12-07-2023			
Free T4, Serum	22.0	12-22 pmol/L	ECLIA
Note: Kindly note change in reference range and method w.e.f 12-07-2023			
sensitiveTSH, Serum	1.71	0.270-4.20 mIU/ml	ECLIA

Note: Kindly note change in reference range and method w.e.f 12-07-2023 TSH values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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*** End Of Report ***



MC-2463

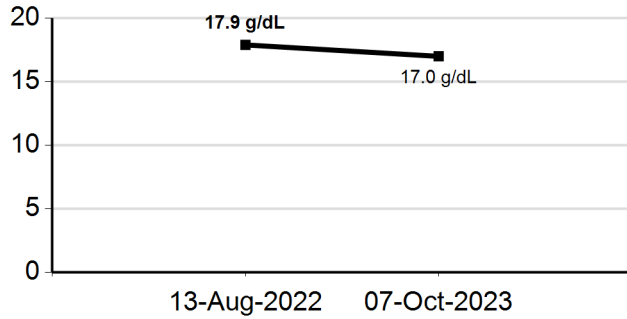
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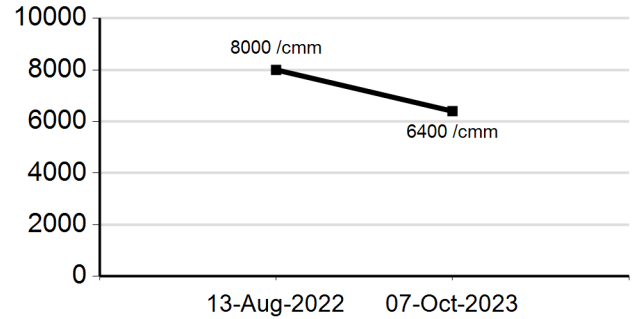
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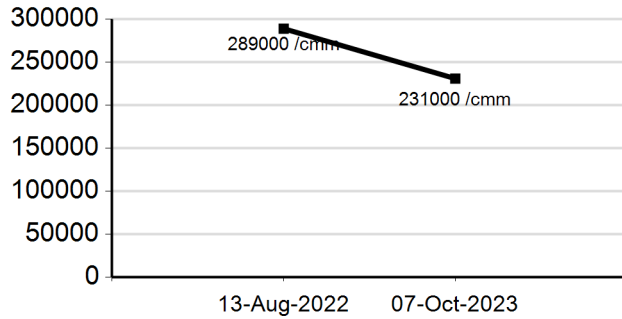
Haemoglobin



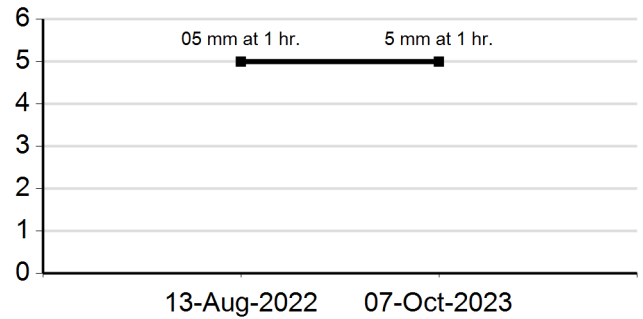
WBC Total Count



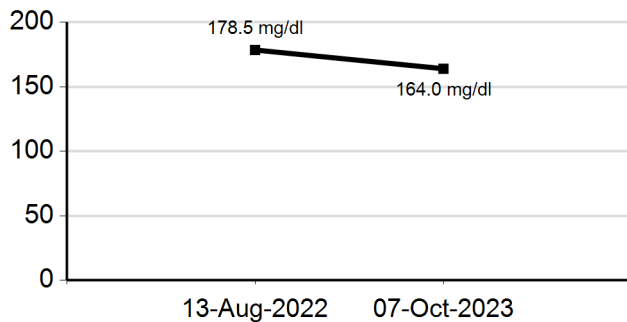
Platelet Count



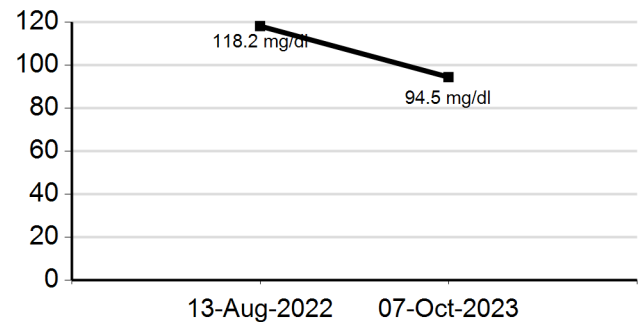
ESR



CHOLESTEROL



TRIGLYCERIDES

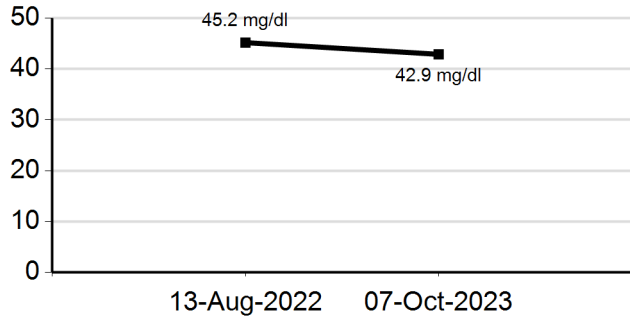




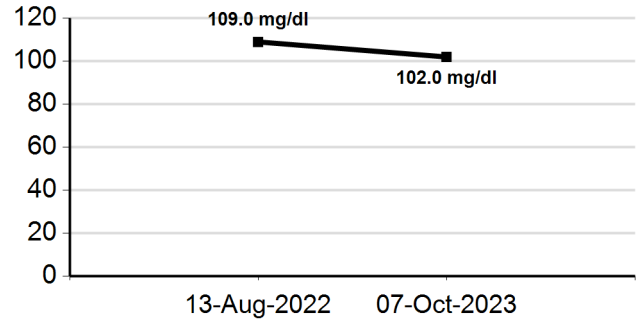
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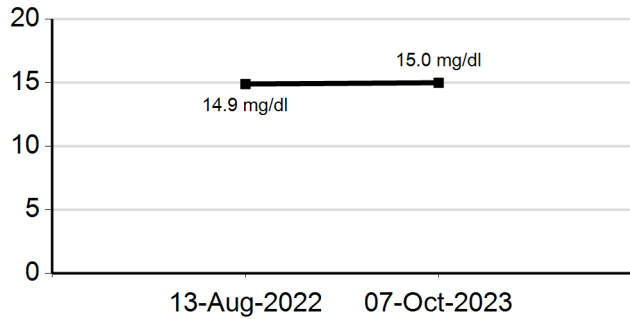
HDL CHOLESTEROL



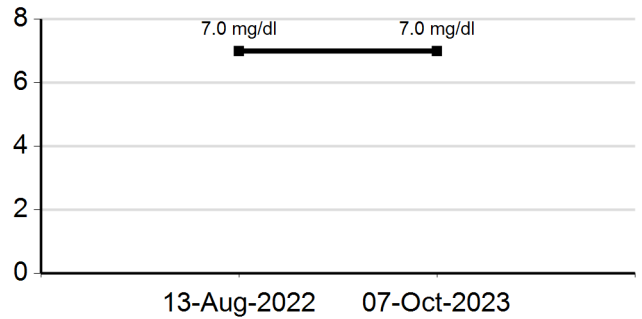
LDL CHOLESTEROL



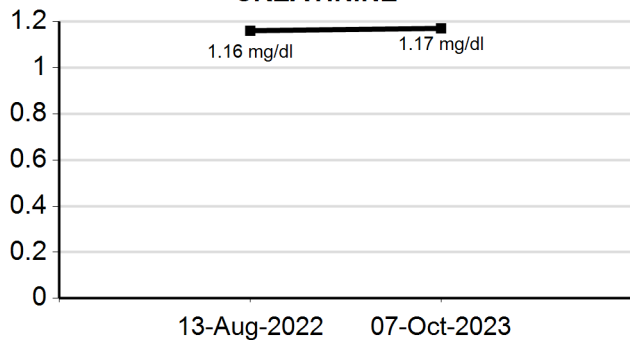
BLOOD UREA



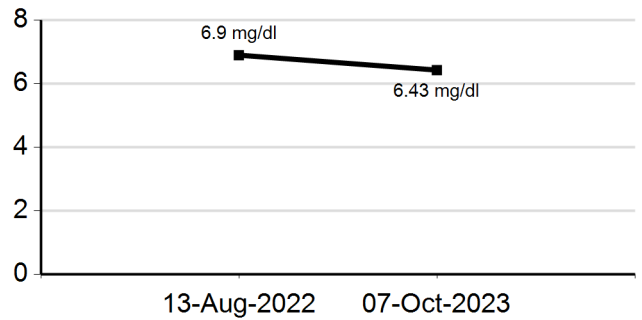
BUN



CREATININE



URIC ACID

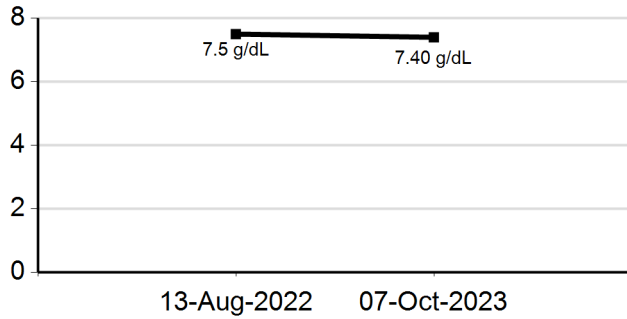




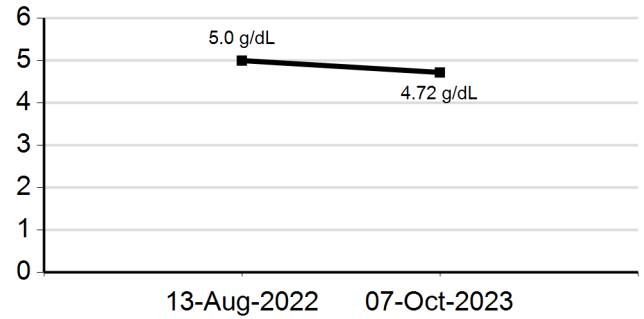
Use a QR Code Scanner
 Application To Scan the Code

CID : 2328023339
 Name : MR.PRAVIN GADIWALE
 Age / Gender : 38 Years / Male
 Consulting Dr. : -
 Reg. Location : Lulla Nagar, Pune (Main Centre)

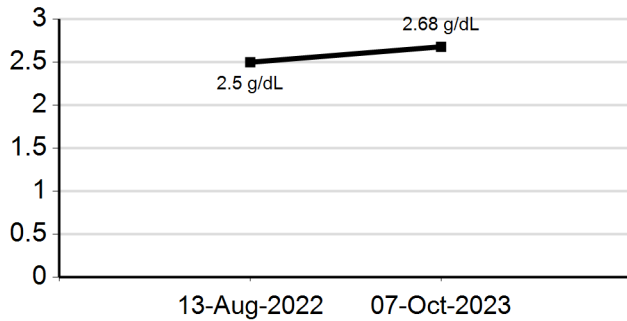
TOTAL PROTEINS



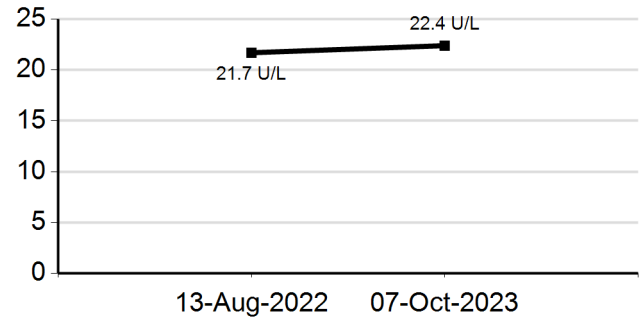
ALBUMIN



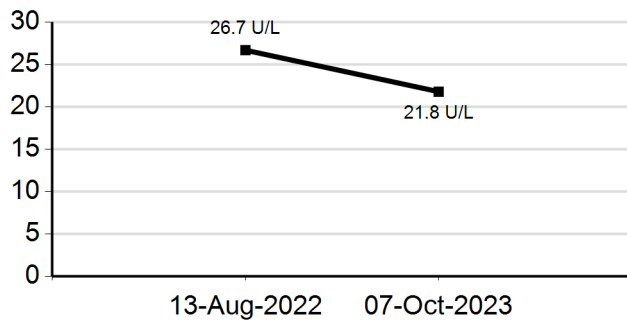
GLOBULIN



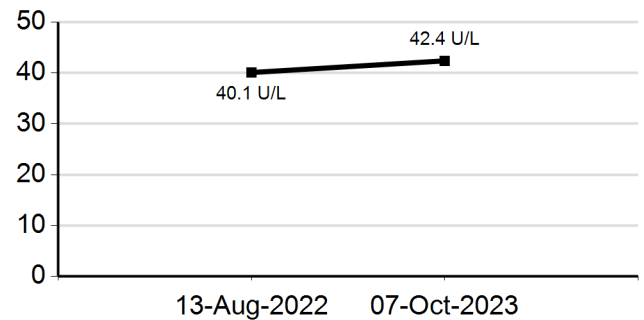
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

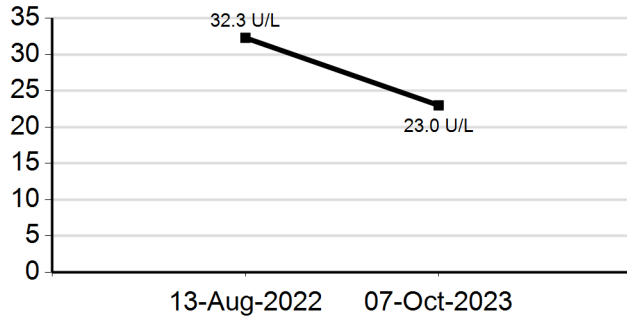




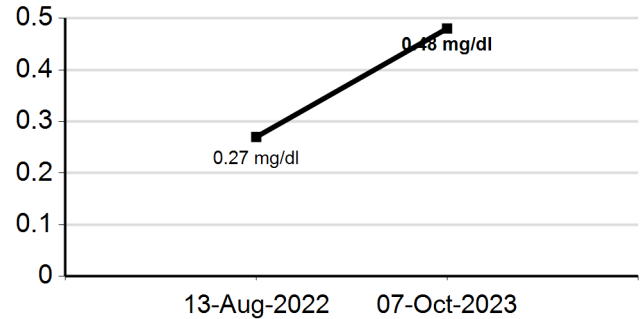
Use a QR Code Scanner Application To Scan the Code

CID : 2328023339
 Name : MR.PRAVIN GADIWALE
 Age / Gender : 38 Years / Male
 Consulting Dr. : -
 Reg. Location : Lulla Nagar, Pune (Main Centre)

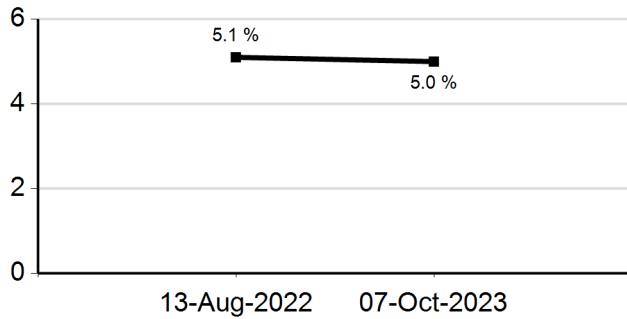
GAMMA GT



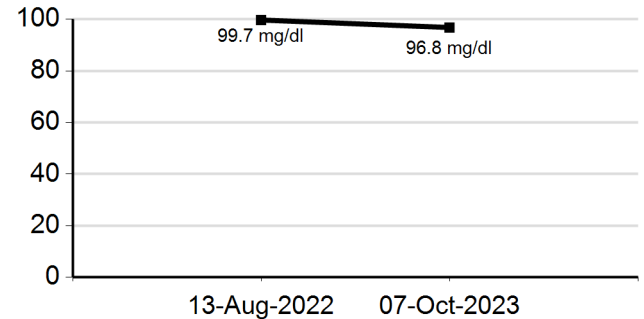
BILIRUBIN (DIRECT)



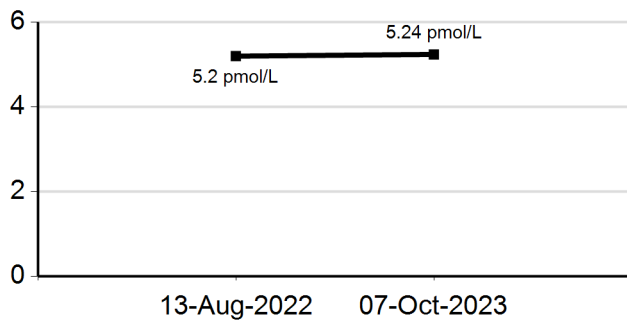
Glycosylated Hemoglobin (HbA1c)



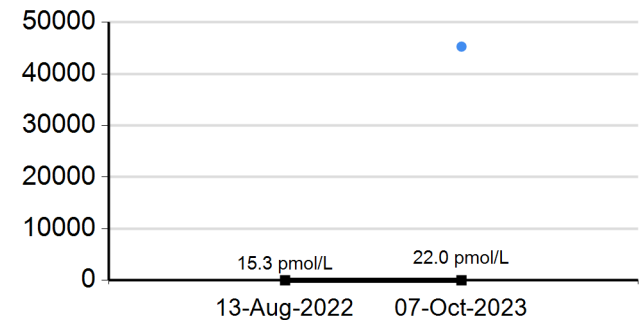
Estimated Average Glucose (eAG)



Free T3



Free T4

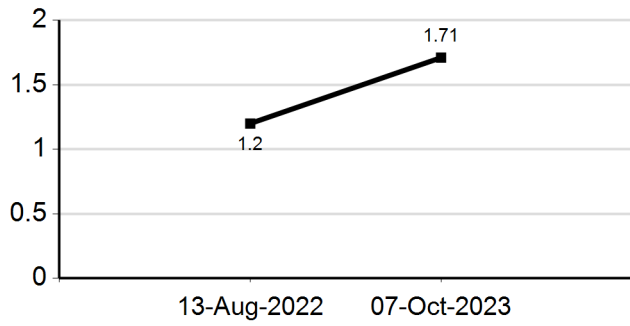




Use a QR Code Scanner
Application To Scan the Code

CID : 2328023339
Name : MR.PRAVIN GADIWALE
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

sensitiveTSH



CID : 2328023339
Name : Mr PRAVIN GADIWALE
Age /Sex : 38 Years /Male
Ref. Dr : Reg. Date : 07-Oct-2023
Reg. Location : Lulla Nagar, Pune Main Centre Reported : 14-Oct-2023 /11:10

Use a QR Code Scanner
Application To Scan the Code

USG (ABDOMEN + PELVIS)

LIVER : The liver is enlarged in size and measures 16.9 cm. It shows raised parenchymal echo pattern s/o grade I fatty infiltration .The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen.The main portal vein and CBD appears normal.

GALL BLADDER : The gall bladder is physiologically distended. The visualized gall bladder appears normal. No evidence of pericholecystic fluid is seen.

PANCREAS : The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion is noted.

KIDNEYS : Both the kidneys are normal in size, shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN : The spleen is normal in size, shape and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER : The urinary bladder is well distended. It shows thin walls and sharp mucosa. No evidence of calculus is noted. No mass or diverticulum is seen.

PROSTATE : The prostate is normal in size and echotexture.

Visualized small bowel loops appear non-dilated. Gaseous distension of large bowel loops. There is no evidence of any lymphadenopathy or ascitis.

IMPRESSION :

☑ Hepatomegaly with grade I fatty liver.

Advice - Clinical and lab correlation.

-----End of Report -----



DR. ANUPRIYA BATRA
MD Radiology
Reg. No. 2021/12/8725

Click here to view images <<ImageLink>>

Suburban Diagnostics Lullanagar

Name: PRAVIN GADIWALE

Date: 07-10-2023 Time: 09:36

Age: 38

Gender: M

Height: 184 cms

Weight: 87 Kg

ID: 2328023339

Clinical History: NO

Medications: NO

Test Details:

Protocol: Bruce

Predicted Max HR: 182

Target HR: 154 (85% of Pr. MHR)

Exercise Time: 0:06:49

Achieved Max HR: 154 (85% of Pr. MHR)

Max BP: 112/80

Max BP x HR: 17248

Max Mets: 7.6

Test Termination Criteria:

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:07	1	0	0	93	100/70	9300	1.1 V2	1.1 V2
Standing	00:07	1	0	0	100	100/70	10000	0.9 V2	0.9 V2
HyperVentilation	00:07	1	0	0	99	100/70	9900	1.1 V2	0.9 V2
PreTest	00:07	1	1.6	0	97	100/70	9700	0.9 V2	0.9 V2
Stage: 1	03:00	4.7	2.7	10	114	104/74	11856	1.2 V2	1.2 V2
Stage: 2	03:00	7	4	12	142	112/80	15904	-2 III	2.1 V2
Peak Exercise	00:49	7.6	5.5	14	154	112/80	17248	-2.1 III	2.6 V2
Recovery1	01:00	1	0	0	128	112/80	14336	1.9 V2	2.8 V2
Recovery2	01:00	1	0	0	113	112/80	12656	1.6 V2	2.1 V2
Recovery3	01:00	1	0	0	108	106/74	11448	1 V2	1.7 V2
Recovery4	01:00	1	0	0	103	100/70	10300	0.8 V2	1.2 V2
Recovery5	00:25	1	0	0	106	100/70	10600	0.8 V2	1.2 V2

Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:49 achieving a work level of 7.6 METS.
Resting Heart Rate, initially 93 bpm rose to a max. heart rate of 154bpm (85% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 100/70 mmHg, rose to a maximum Blood Pressure of 112/80 mmHg

Good Effort Tolerance.

No Angina/Arrhythmia/Dyspnoea/significant ST T changes during test/recovery.

Stress Test is NEGATIVE for Inducible Myocardial Ischemia.

Disclaimer :

Negative Stress Test does not rule out Coronary Artery Diseases.

Positive Test is suggestive but not confirmatory of Coronary Artery Disease.

Hence clinical correlation is mandatory.

Ref. Doctor: BOB


Doctor: MILIND SHINDE

SCHILLER
The Art of Diagnostics

(Summary Report edited by User)
Spandan CS-10 Version:3.3.0

Dr. MILIND SHINDE
MBBS, DNB Medicine
Reg. No. 2011/05/1544



Suburban Diagnostics Lullanagar

PRAVIN GADIWALE (38 M)

ID: 2328023339

Date: 07-10-2023

Exec Time : 0:00:00

Stage Time: 00:07

HR: 93 bpm

BP: 100/70 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 kmph

Grade: 0%

THR: 154 bpm

STLevel(mm) STSlope(mV/s)

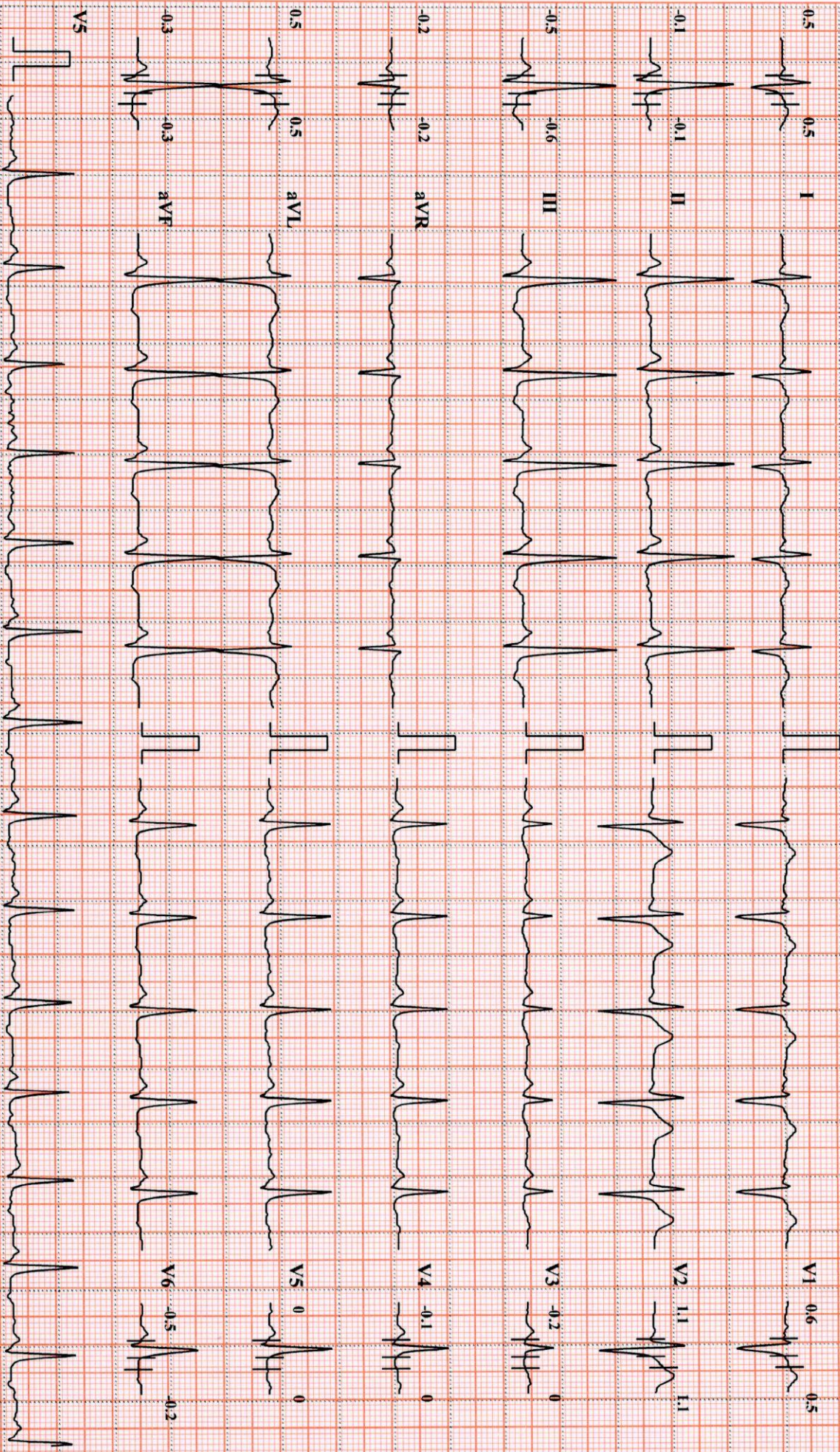


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 80 ms

Schiller Spandam CS-10 Version:3.3

Linked Median



Suburban Diagnostics Lullanagar

PRAVIN GADIWALE (38 M)

ID: 2328023339

Date: 07-10-2023

Exec Time : 0:00:00

Stage Time: 00:07

HR: 100 bpm

BP: 100/70 mmHg

STLevel(mm) STISlope(mV/s)

Stage: Standing

Speed: 0 kmph

Grade: 0%

THR: 154 bpm

STLevel(mm) STISlope(mV/s)

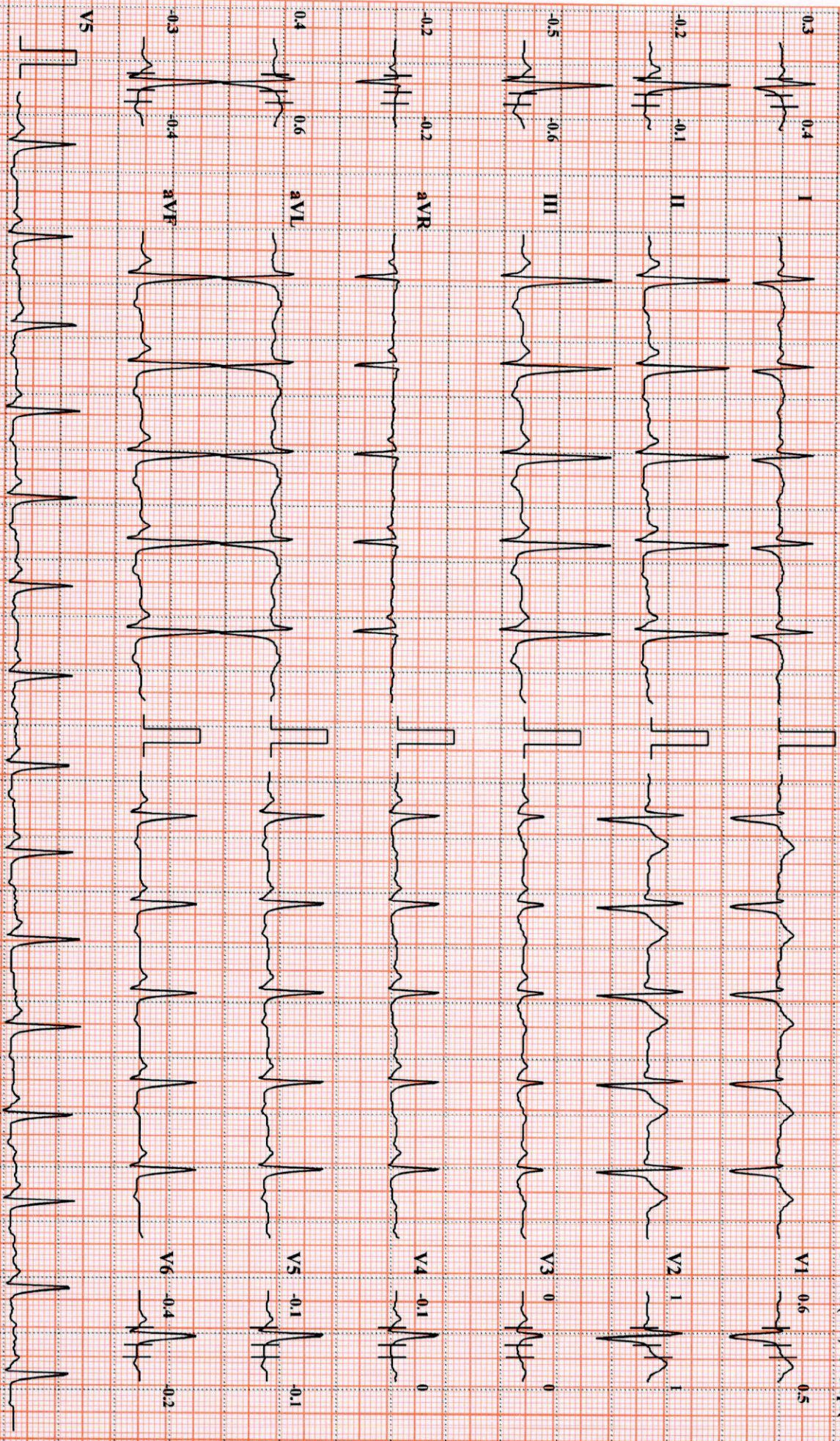


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Linked Median

Schiller Spandant GS-10 Version:3.3



Suburban Diagnostics Lullanagar

PRAVIN GADIWALE (38 M)

Bruce Protocol

ID: 2328023339

Date: 07-10-2023

Exec Time : 0:00:00

Stage Time: 00:07

HR: 99 bpm

BP: 100/70 mmHg

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0 kmph

Grade: 0%

THR: 154 bpm

STLevel(mm) STSlope(mV/s)

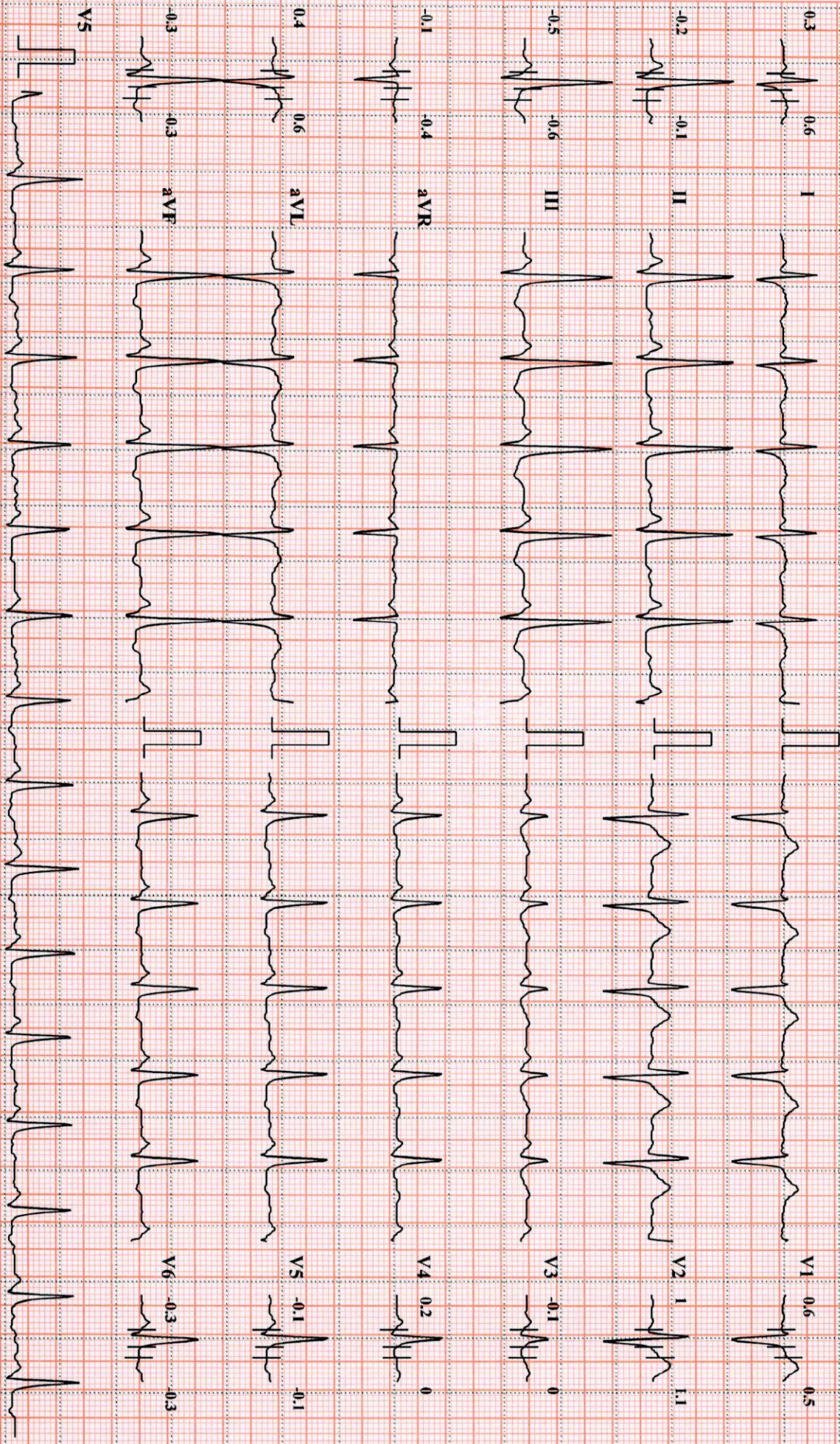


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Spardan CS-10 Version: 3.3

Linked Median



Suburbun Diagnostics Lullanagar

PRAVIN GADIWALE (38 M)

Bruce Protocol

ID: 2328023339

Date: 07-10-2023

Exec Time : 0:00:00

Stage Time: 00:07

STLevel(mm) STSlope(mV/s)

Stage: PreTest

Speed: 1.6 kmph

Grade: 0%

THR: 154 bpm

HR: 97 bpm

BP: 100/70 mmHg

STLevel(mm) STSlope(mV/s)

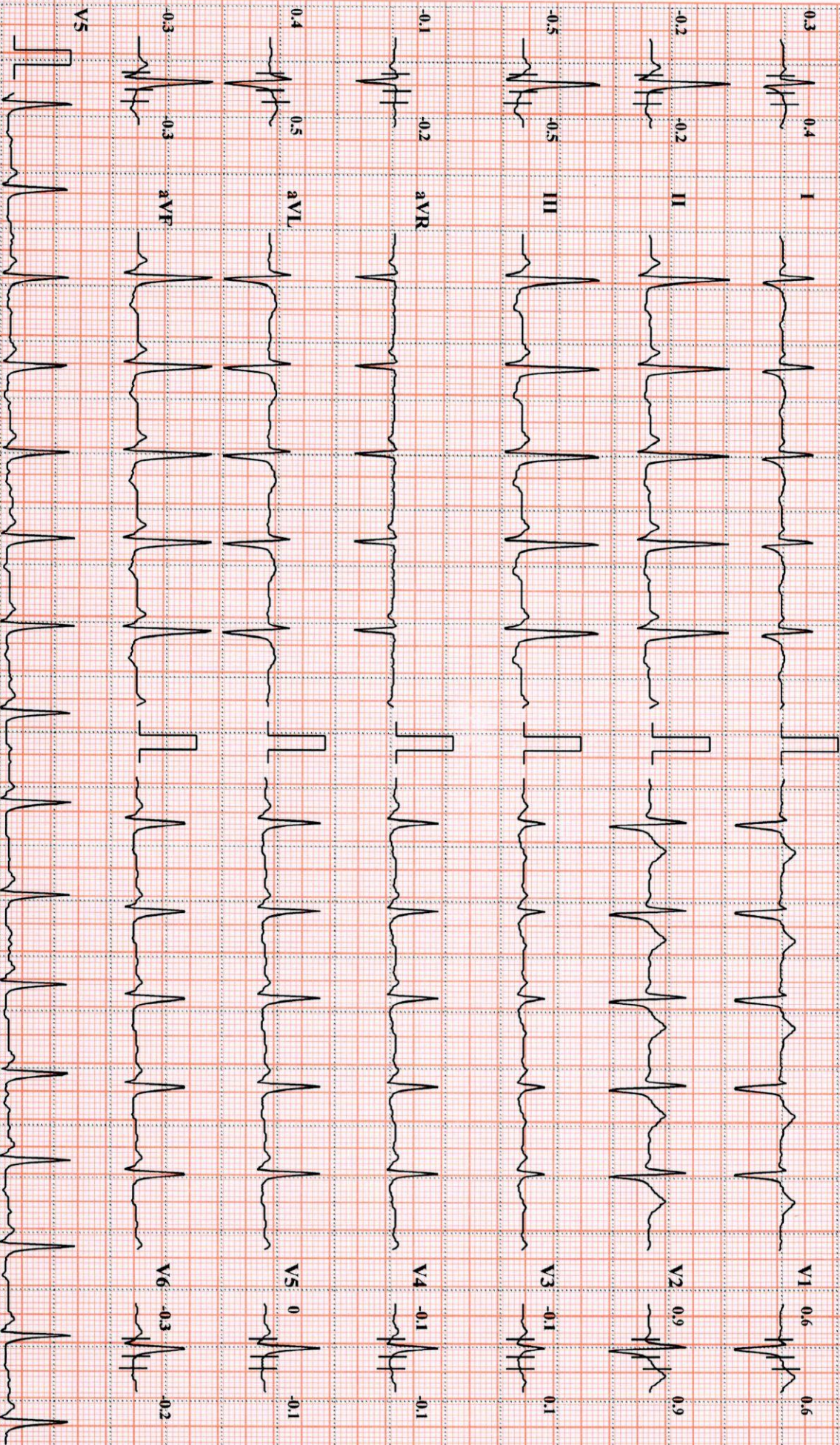


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms; J = R + 60 ms; Post J = J + 80 ms

Schiffert Spandau CS-10 Version: 3.3

Linked Median



Suburban Diagnostics Lullanagar

PRAVIN GADIWALE (38 M)

Bruce Protocol

ID: 2328023339

Date: 07-10-2023

Exec Time : 0:03:00

Stage Time: 03:00

HR: 114 bpm

STLevel(mm) STSlope(mV/s)

Stage: 1

Speed: 2.7 kmph

Grade: 10%

THR: 154 bpm

BP: 104/74 mmHg

STLevel(mm) STSlope(mV/s)

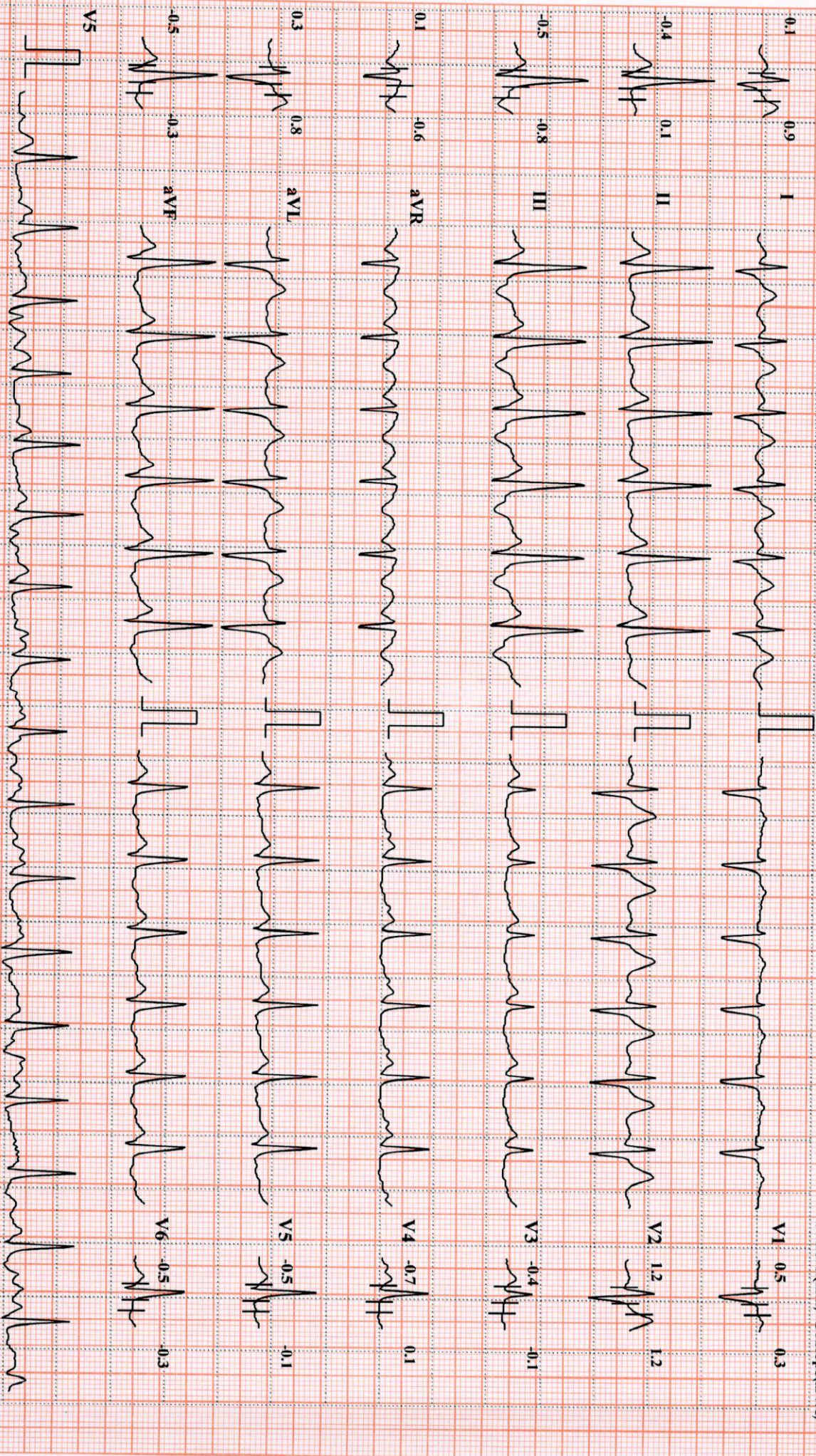


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Linked Median

Schiller Spandan GS-10 Version: 3.3



Suburban Diagnostics Lullanagar

PRAVIN GADIWALE (38 M)

Bruce Protocol

ID: 2328023339

Date: 07-10-2023

Exec Time: 0:06:00

Stage Time: 03:00

HR: 142 bpm

BP: 112/80 mmHg

ST Level(mm) ST Slope(mV/s)

Stage: 2

Speed: 4 kmph

Grade: 12%

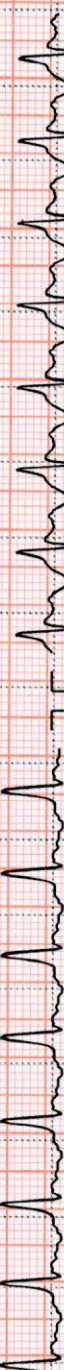
THR: 154 bpm

ST Level(mm) ST Slope(mV/s)

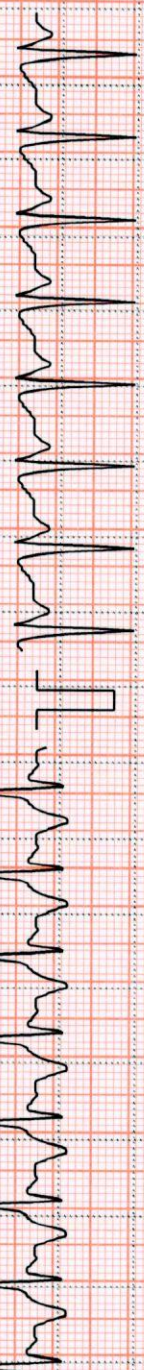
0.7 1.3 1



V1 0.2 0.4



-1.3 0.5 II



V2 1 2.1



-2 0.9 III



V3 -1 0.1



-0.2 -1.1 aVR



V4 -1.2 0.1



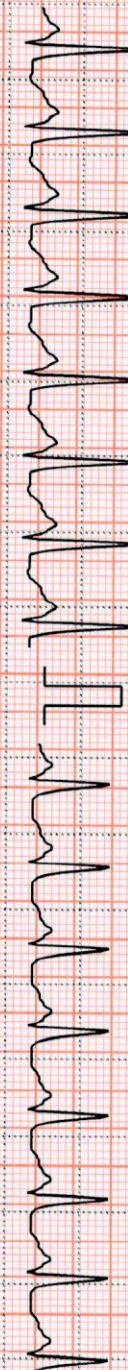
1.4 1.1 aVL



V5 -1.3 -0.1



-1.7 0.2 aVF



V6 -1.2 -0.3



V5



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms; J = R + 60 ms; Post J = J + 80 ms

Schiller Spandian CS-10 Version:3.3

Linked Median



Suburban Diagnostics Lullanagar

PRAVIN GADIWALE (38 M)

Bruce Protocol

ID: 2328023339

Date: 07-10-2023

Exec Time: 0:06:49

Stage Time: 00:49

HR: 154 bpm

STLevel(mm) STSlope(mV/s)

Stage: Peak Exercise

Speed: 5.5 kmph

Grade: 14%

THR: 154 bpm

BP: 112/80 mmHg
STLevel(mm) STSlope(mV/s)

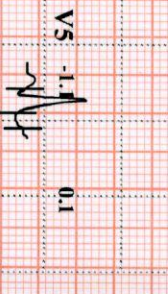
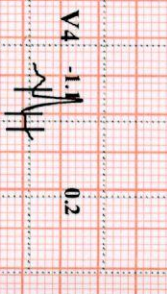
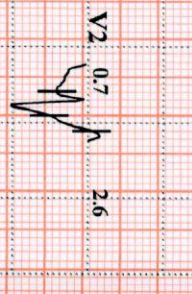
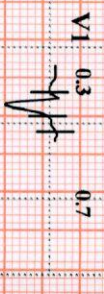
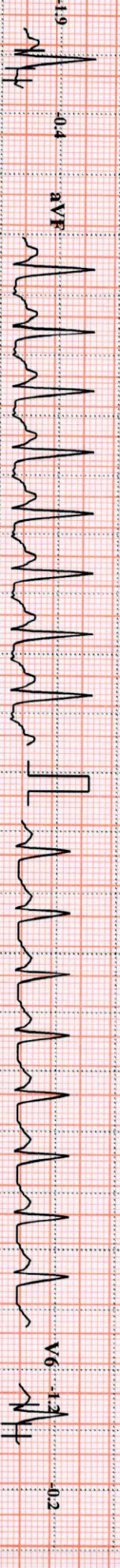
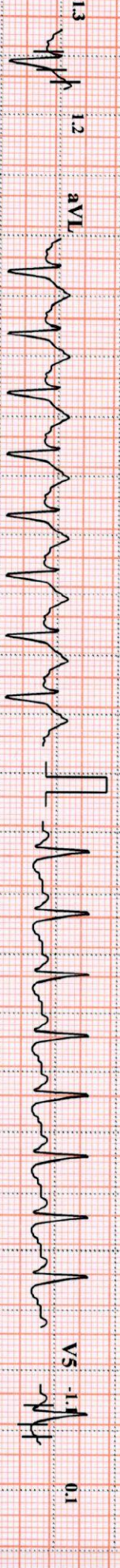
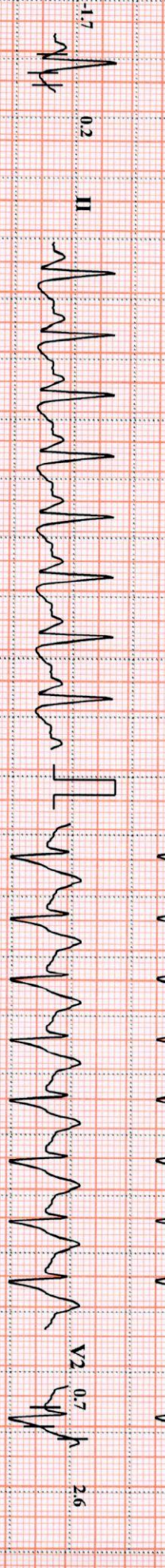


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Pos: J = J + 80 ms

Schiller Spandau CS-10 Version: 3.3

Linked Median



Suburban Diagnostics Lullanagar

PRAVIN GADIWALE (38 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2328025339

Stage: Recovery1

Date: 07-10-2023

Speed: 0 kmph

Exec Time : 0:07:49

Grade: 0%

Stage Time: 01:00

THR: 154 bpm

HR: 128 bpm

BP: 112/80 mmHg

STLevel(mm) STSlope(mV/s)

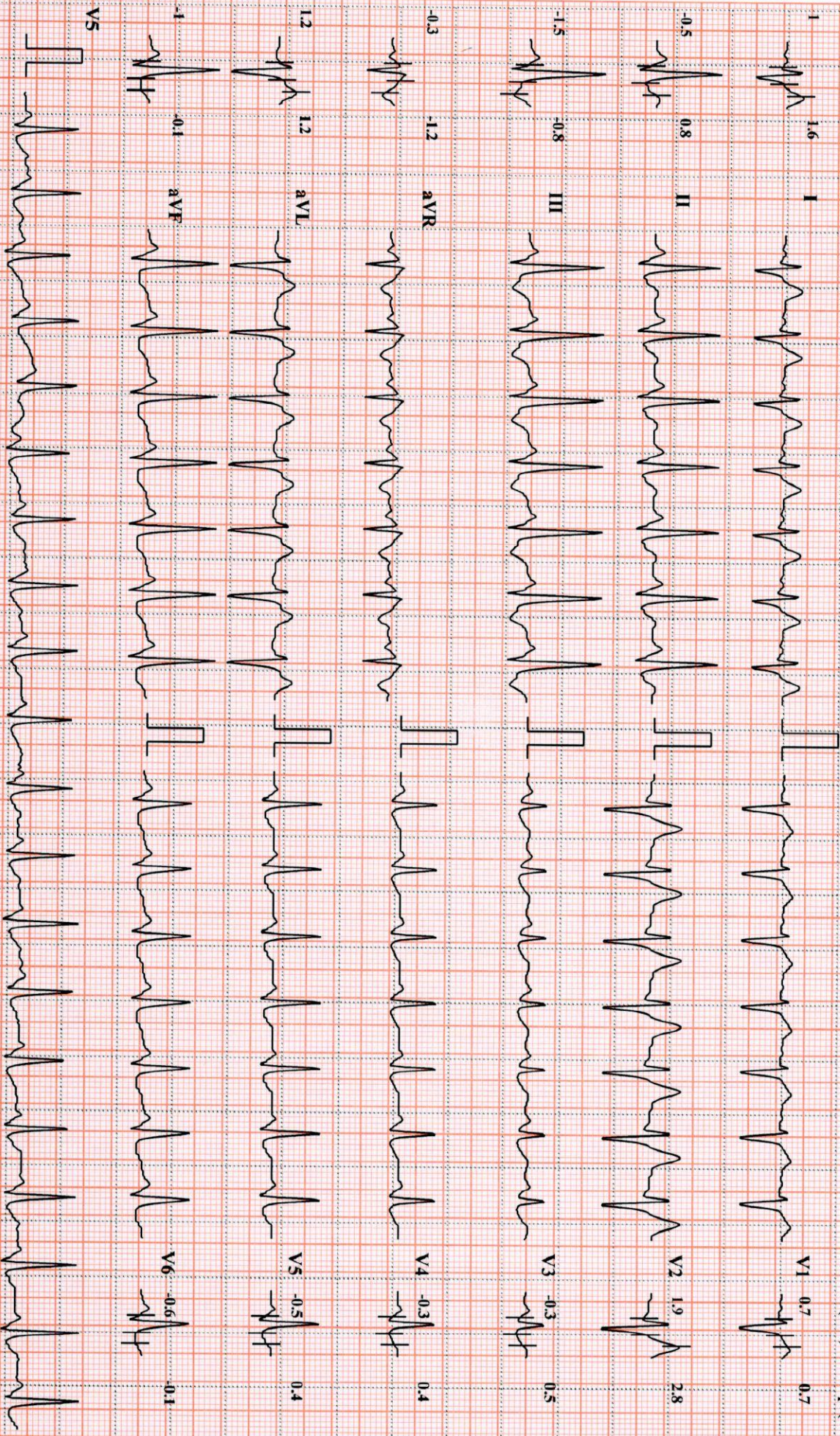


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main's Filter: ON

ISO = R - 60 ms; J = R + 60 ms; Post J = J + 80 ms

Schiller Spandan CS-10 Version: 3.3

Linked Median



Suburban Diagnostics Lullanagar

PRAVIN GADIWALE (38 M)

Bruce Protocol

ID: 2328023339

Date: 07-10-2023

Exec Time : 0:08:49

Stage Time: 01:00

HR: 113 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

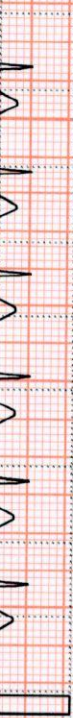
Grade: 0%

THR: 154 bpm

BP: 112/80 mmHg

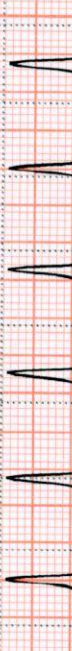
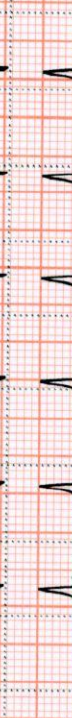
STLevel(mm) STSlope(mV/s)

0.7 1.1 I



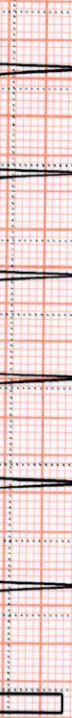
V1 0.7 0.7

-0.3 0.6 II



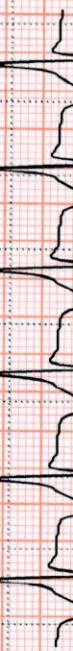
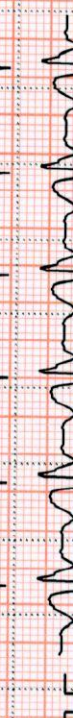
V2 1.6 2.1

-0.9 -0.4 III



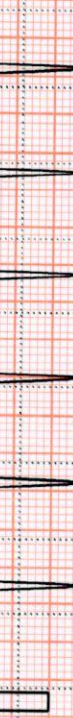
V3 0.1 0.6

-0.3 -0.9 aVR



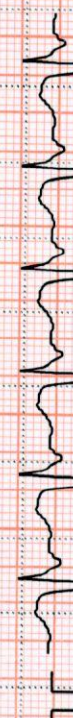
V4 0 0.4

0.9 0.8 aVL



V5 -0.1 0.4

-0.5 -0.1 aVF



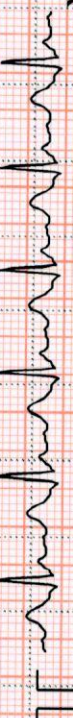
V6 -0.4 -0.1

V5



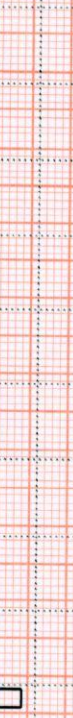
V5 -0.1 0.4

V4



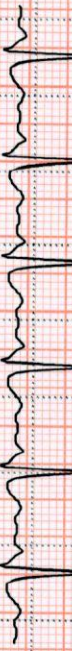
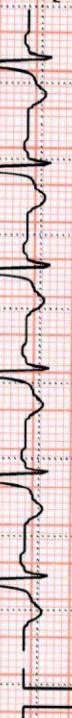
V4 0 0.4

V3



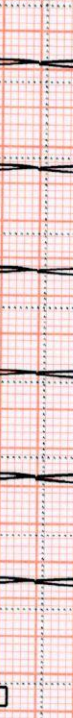
V3 0.1 0.6

V2



V2 1.6 2.1

V1



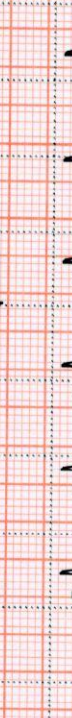
V1 0.7 0.7

V6



V6 -0.4 -0.1

V5



V5 -0.1 0.4

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms; J = R + 60 ms; Post J = J + 80 ms

Schittler Spandart CS-10 Version: 3.3

Linked Median



Suburban Diagnostics Lullanagar

PRAVIN GADIWALE (38 M)

Bruce Protocol

ID: 2328023339

Date: 07-10-2023

Exec Time : 0:09:49

Stage Time: 01:00

HR: 108 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Grade: 0%

THR: 154 bpm

BP: 106/74 mmHg

STLevel(mm) STSlope(mV/s)

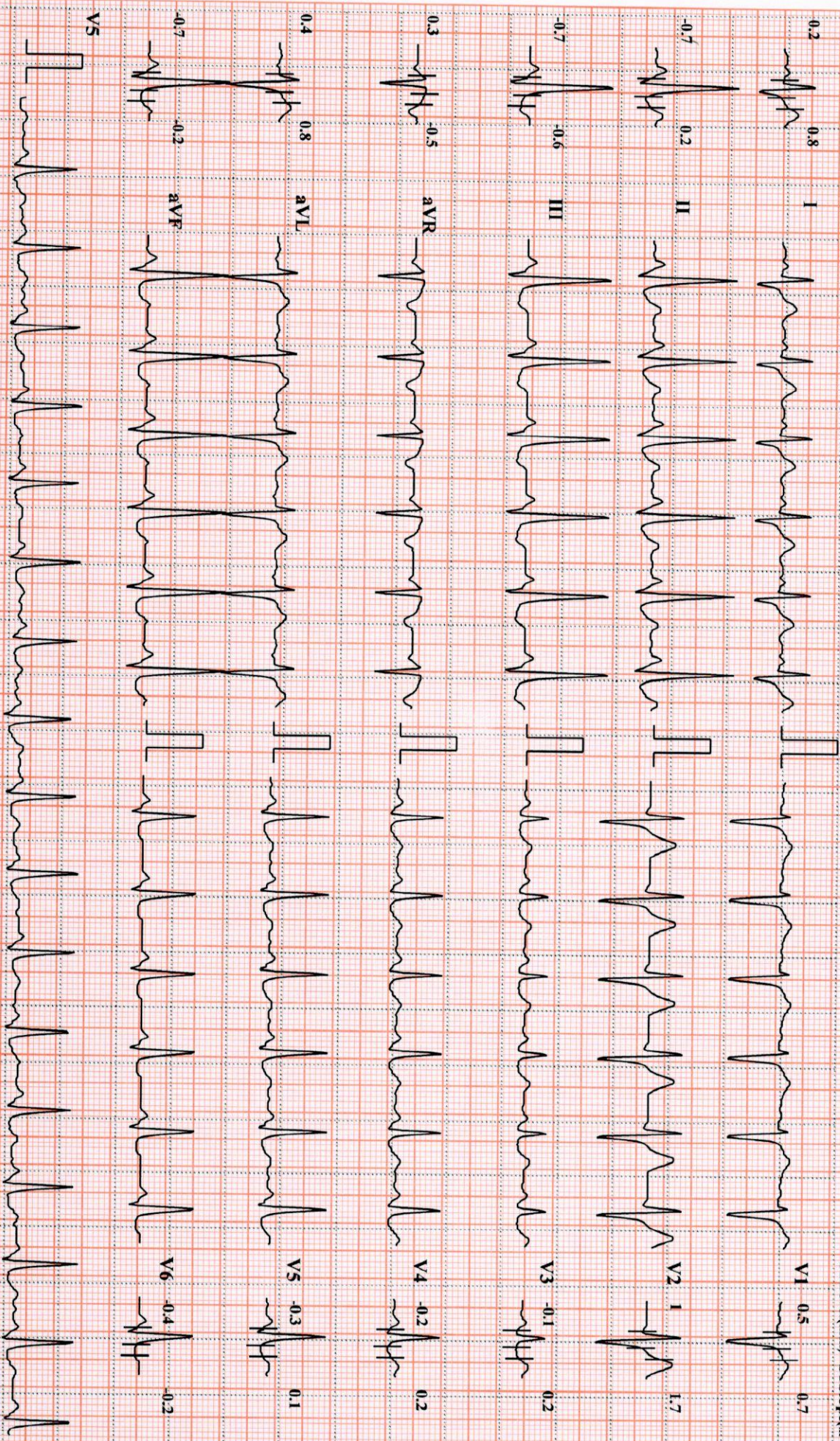


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Linked Median

Schiffert Spandart CS-10 Version:3.3



PRAVIN GADIWALE (38 M)

Suburban Diagnostics Lullanagar

Bruce Protocol

ID: 2328023339

Date: 07-10-2023

Exec Time : 0:10:49

Stage Time: 01:00

HR: 103 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery4

Speed: 0 kmph

Grade: 0%

THR: 154 bpm

BP: 100/70 mmHg

STLevel(mm) STSlope(mV/s)

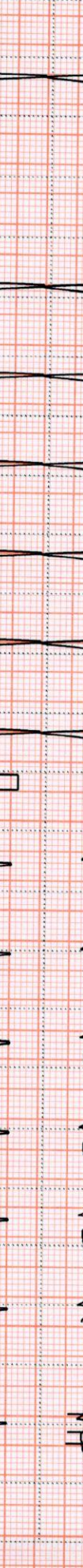
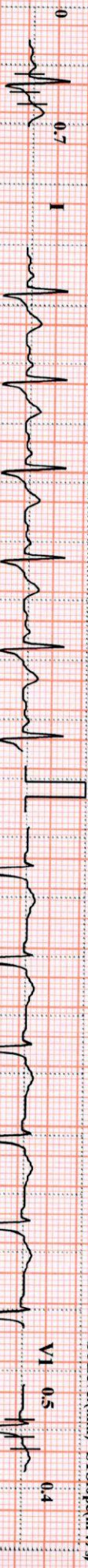


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms; J = R + 60 ms; Post J = J + 80 ms Schritler Spandam CS-10 Version:3.3
 Linked Median



Suburban Diagnostics Lullanagar

PRAVIN GADIWALE (38 M)

Bruce Protocol

ID: 2328023339

Date: 07-10-2023

Exec Time: 0:11:14

Stage Time: 00:25

HR: 106 bpm

STLevel(mm) STISlope(mV/s)

Stage: Recovery5

Speed: 0 kmph

Grade: 0%

THR: 154 bpm

BP: 100/70 mmHg

STLevel(mm) STISlope(mV/s)

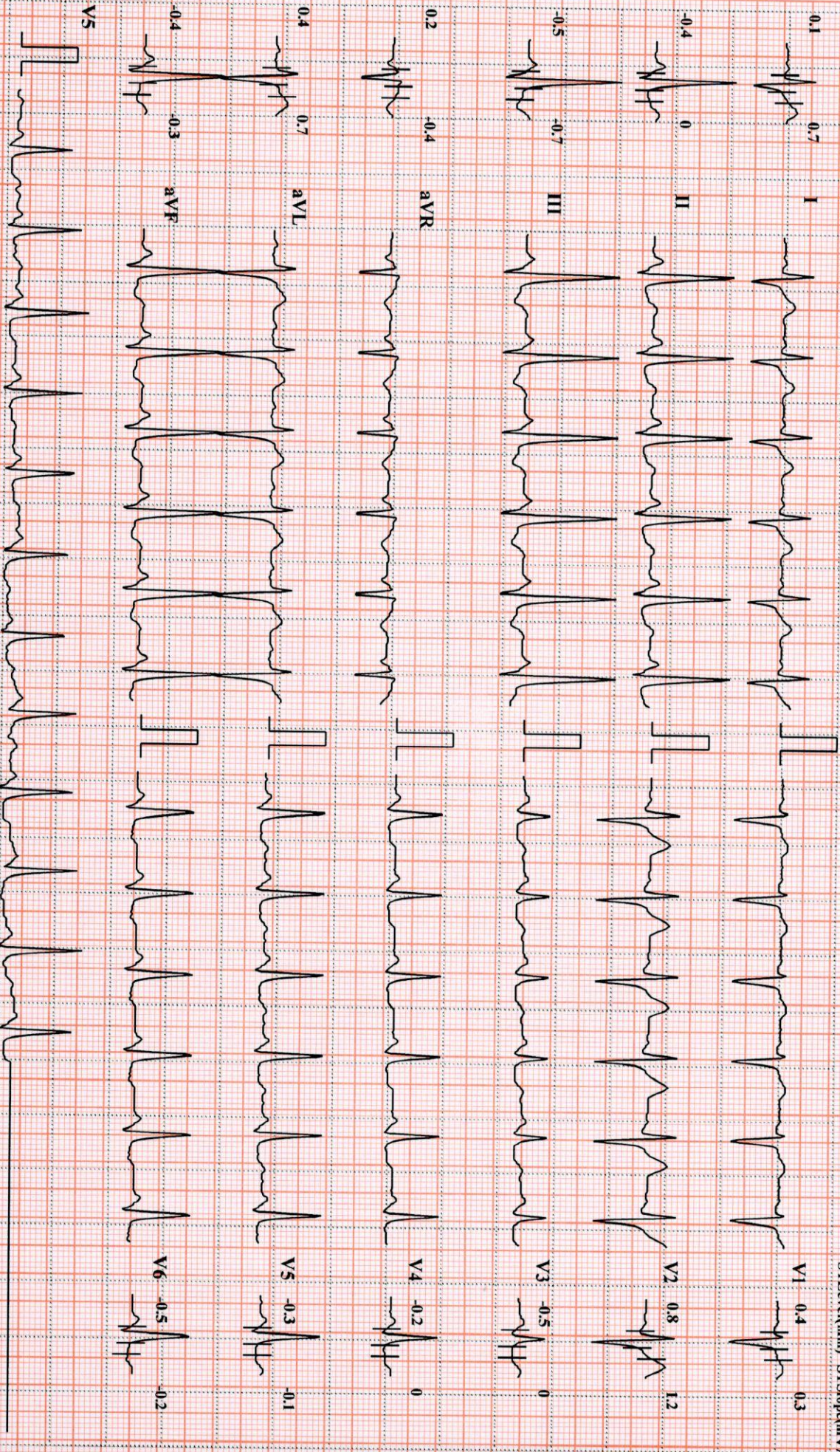


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Spandan GS-10 Version: 3.3

Linked Median