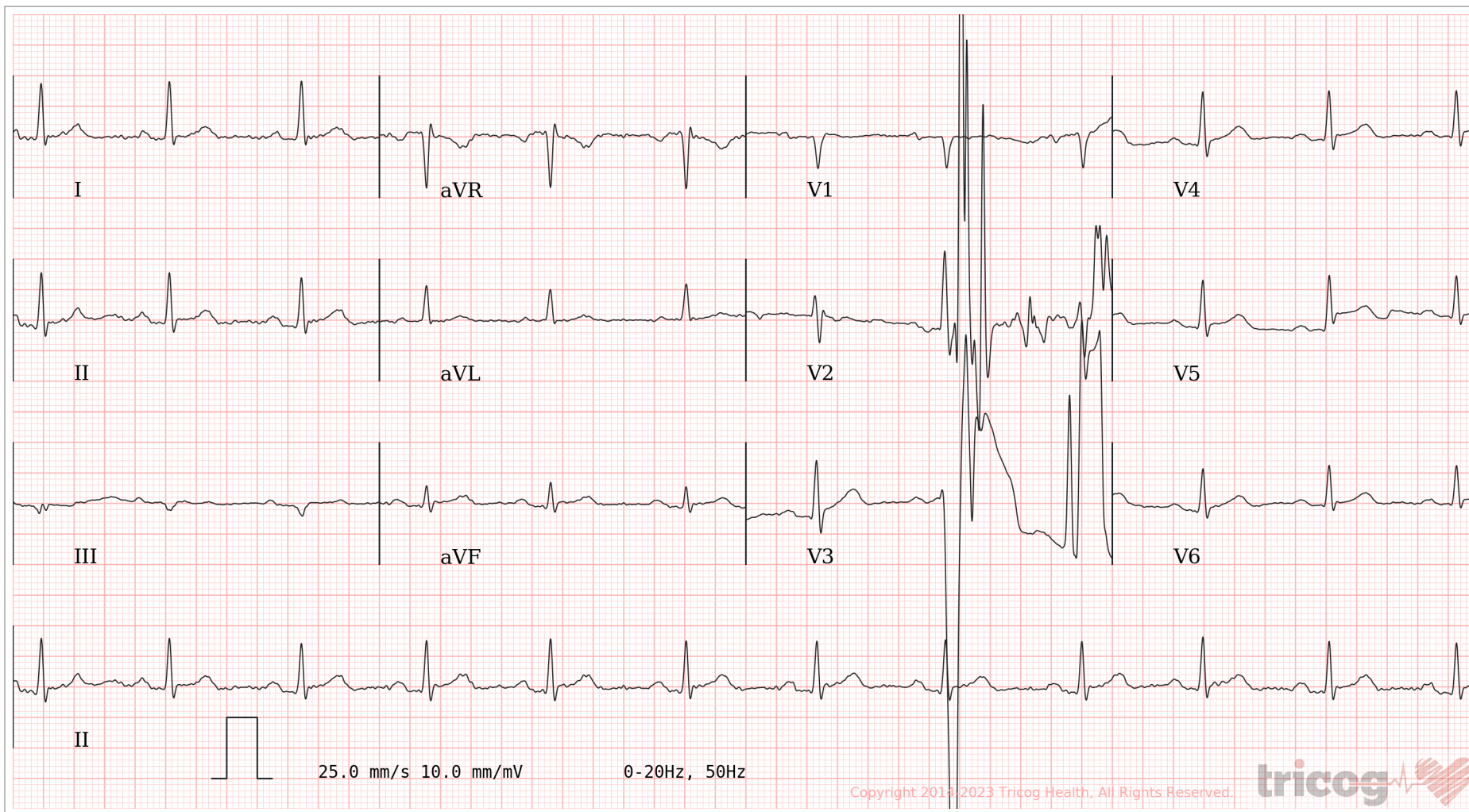


Age / Gender: 51/Male
Patient ID: 2425447
Patient Name: Atul Shelgaonkar

Date and Time: 11th Mar 23 9:05 AM



AR: 72bpm VR: 71bpm QRSD: 100ms QT: 364ms QTc: 394ms PRI: 190ms P-R-T: 47° NA 55°

Poor Quality ECG, Please repeat ECG as interpretation may be impaired, Sinus Rhythm. subtle ST elevation in inferior leads, suggested further evaluation Please repeat ECG with the same ID. Please correlate clinically.

AUTHORIZED BY



Dr. Charit
MD, DM: Cardiology

REPORTED BY



Dr. Manjunatha Gosikere Chikkarangappa



PATIENT'S NAME - Atul Shelgaonkar
AGE/GENDER - 52/M
DOCTOR'S NAME - Dr. Arjun Deshmukh

DATE - 11/03/2023

VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT	N12	N8	N12	N8
NEAR	N6	N8	N6	N8
COLOUR	None.			
Recommendations				

VITALS

Pulse - 80/min.	B.P- 130/80 mmHg	SpO2 99 on RA
Height 169cm	Weight - 80.7 kg	BMI- 28.3
Waist - 94cm	Hip - 96cm	Waist/Hip Ratio- 0.98
Chest -	Inspiration- 106cm	Expiration- 101cm

CENTRE NAME - Healthspring / Aundha pure

SIGN & STAMP-



HEALTHSPRING

TREADMILL STRESS TEST REPORT

DATE: 11/03/2023

NAME:	ATUL SHELGAONKAR	AGE:(years)	52	SEX:	M
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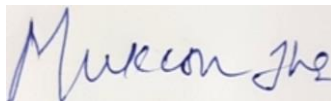
PROTOCOL USED	BRUCE PROTOCOL		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	10.2	DOUBLE PRODUCT	19740 mm Hg/Min
DUKES SCORE (High Risk Score \leq -11, Low Risk Score \geq 5)	7		

CONCLUSION:

NORMAL INOTROPIC & CHRONOTROPIC RESPONSE
BASELINE ECG SHOWS NO SIGNIFICANT ST-T CHANGES
NO SYMPTOMS SEEN DURING EXERCISE & RECOVERY
NO SIGNIFICANT ST-T CHANGES SEEN DURING PEAK EXERCISE
GOOD EFFORT TOLERANCE AND FUNCTIONAL CAPACITY.
TARGET HEART RATE ACHIEVED
STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD

IMPRESSION:

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD
ADVISED- CLINICAL CORRELATION



DR. MUKESH JHA
MD (MEDICINE), DM (CARDIOLOGY)
REG NO- 2010/09/2935

NOTE-

A NEGATIVE STRESS TEST DOES NOT CONCLUSIVELY RULE OUT CORONARY ARTERY DISEASE. A POSITIVE STRESS TEST IS NOT CONCLUSIVE EVIDENCE OF CORONARY ARTERY DISEASE. THERE IS A POSSIBILITY OF THE TEST BEING FALSE POSITIVE OR FALSE NEGATIVE DUE OTHER ASSOCIATED MEDICAL CONDITIONS. THESE REPORTS ARE FOR DOCTORS & PHYSICIANS AND NOT FOR MEDICO-LEGAL PURPOSES. KINDLY CO-RELATE THE REPORT WITH CLINICAL CONDITIONS.

THIS TMT/ ECG IS REPORTED ONLINE WITHOUT INTERACTING WITH PATIENTS AND THE RESULT SHOULD BE CLINICALLY CO-RELATED AND INDEPENDENTLY REVIEWED BY THE PATIENT'S CONSULTANT DOCTOR. THE PATIENT WAS NOT SEEN BY DOCTORS PERSONALLY AND THE ABOVE REPORT HAS BEEN REVIEWED BY THE DOCTOR BASED ON THE TMT/ECG RESULT AS PROVIDED TO THE DOCTOR.

NAME OF THE PATIENT:	MR. ATUL SHELGONKAR	AGE/SEX:	58 YRS/M
REFERRED BY DR:	HEALTHSPRING	DATE:	12/03/2023

USG OF ABDOMEN & PELVIS

Liver

- The echogenicity of liver is moderately increased suggesting grade II fatty infiltration.
- No focal parenchymal lesion seen.
- IHBR & IHPR appear normal.
- Caudate lobe normal in size.
- IVC & Hepatic veins appear normal in course and calibre.

Main Portal vein-

- Main portal vein with its right and left branch appears normal in course and calibre and shows normal hepatopetal flow and velocity on colour Doppler.
- No evidence of portal hypertension in present scan.

Common bile duct

- CBD measures and appears normal in course and calibre.
- No evidence of CBD stone/ obstruction of CBD.

Gall bladder

- Gall bladder is partially distended with a normal wall thickness. No e/o calculus or mass lesion.
- No evidence of wall thickening or peri-cholecystic free fluid noted at present scan.

Pancreas

- Pancreas appears normal in size, shape and echo pattern.
- No focal lesion seen.
- No evidence of pancreatic inflammation or peri pancreatic fluid collection.

Spleen

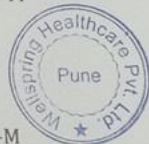
- Spleen appears normal in size, normal in shape and echo pattern.
- No focal lesion seen.

Right Kidney

- Right kidney appears normal in size, shape and echo pattern with maintained C-M differentiation.
- Renal cortical surface appears regular.
- No obvious renal calculus or hydronephrosis.

Left Kidney

- Left kidney appears normal in size, shape and echo pattern with maintained C-M differentiation.
- Renal cortical surface appears regular.



NAME OF THE PATIENT:	MR. ATUL SHELGONKAR	AGE/SEX:	58 YRS/M
REFERRED BY DR:	HEALTHSPRING	DATE:	12/03/2023

- No obvious renal calculus or hydronephrosis.

Urinary bladder

- Urinary bladder is minimally distended and shows normal wall thickness.
- No focal lesion seen.

Prostate

- Prostate is normal in size, shape and echo texture. No obvious focal lesion is seen on present trans-abdominal study.

Bowel loops and abdominal lymphadenopathy.

- Visualized bowel loops are non-dilated and show normal peristalsis.
- No evidence of abdominal lymphadenopathy.
- No free fluid is seen in abdomen and pelvis.

IMPRESSION: Ultrasound abdomen and pelvis reveals,

- Grade II fatty liver.
- No other significant abnormality is noted at present scan.

Suggested clinical & Pathological correlation.

Dr. Tushar Somwanshi
MD (Radiodiagnosis)
Consultant Radiologist

(This is a professional opinion, not the final diagnosis & should be interpreted in the light of clinical background. This report is not for medico legal purposes. Always suggest a second opinion if clinically indicated.)



No. : MC-3290
 Accredited
 O: 15189



FROST AND SULLIVAN AWARD
OF BEST PRIMARY CARE
 PRACTICE IN SOUTH EAST ASIA 2017

BUSINESS MODEL
INNOVATION AWARDS
 BEST BUILDING OF A BRAND



Name : MR ATUL SHELGAKAR	Age : 52 Years
Gender : Male	Date : 11.03.2023

X- RAY CHEST PA VIEW

The bony thorax is normal.

Lung fields and pleural spaces are clear on both sides.

The silhouettes of the heart and aorta are normal in size and configuration.

Both domes of the diaphragm are normal in position, contour and outline.

IMPRESSION : NO EVIDENCE OF ANY DISEASE IS SEEN IN THE CHEST.

Dr. Nitish Kotwal
MBBS, DMRD (Bom)
Consulting Radiologist

HEALTHSPRING HEALTHCARE AUNDH

Test Report

MR ATUL SHELGAONKAR (52 M)

ID: 2424671

Date: 11-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 9 s

HR: 84 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 Km/h

Grade: 0 %

(THR: 142 bpm)

B.P: 120 / 80



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller CS-20 V 1.6

Linked Median

MR ATUL SHELGAONKAR (52 M)

ID: 2424671

Date: 11-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 11 s

HR: 84 bpm

Protocol: Bruce

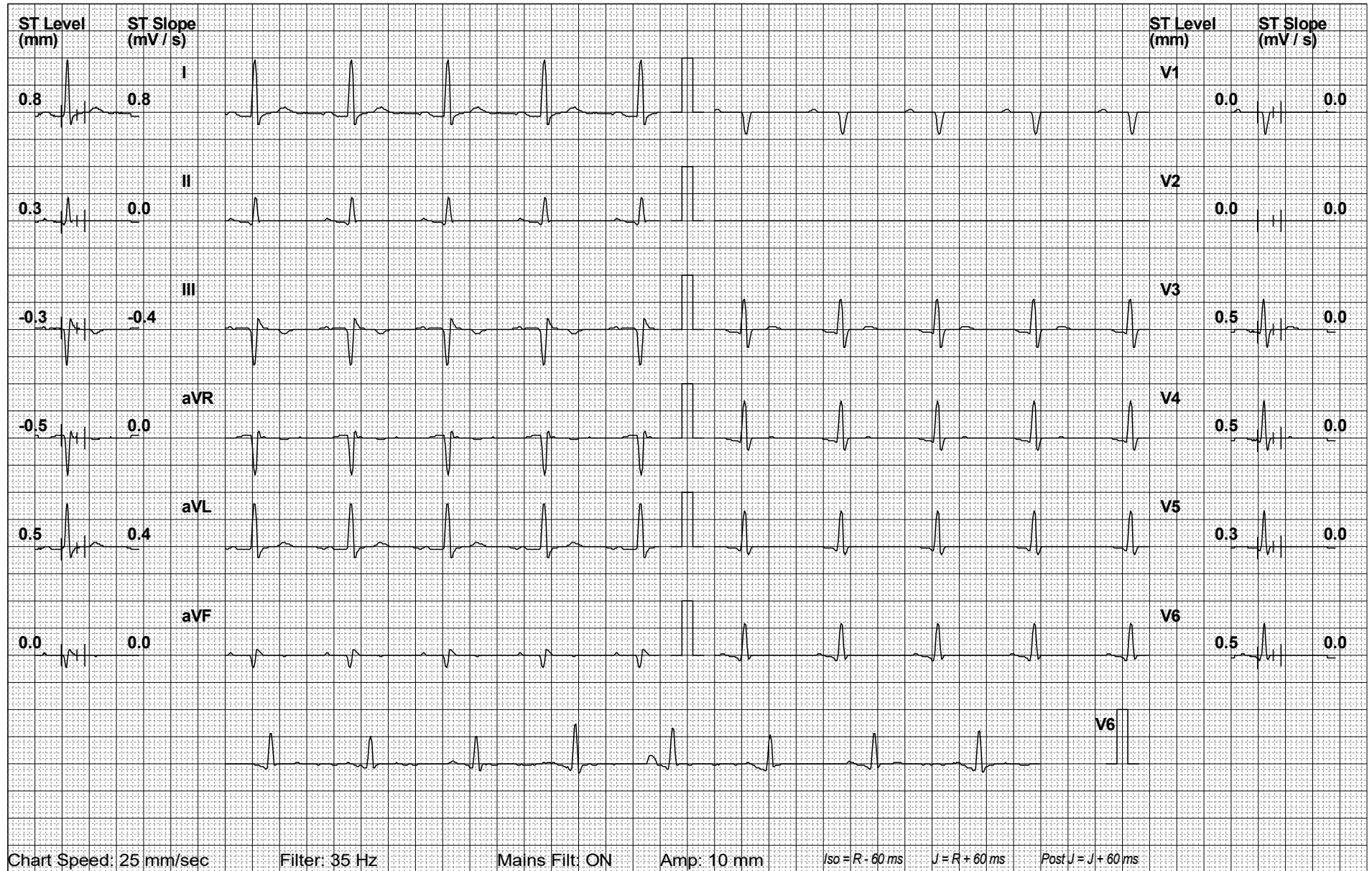
Stage: Standing

Speed: 0 Km/h

Grade: 0 %

(THR: 142 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

Linked Median

MR ATUL SHELGAONKAR (52 M)

ID: 2424671

Date: 11-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 14 s

HR: 84 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 Km/h

Grade: 0 %

(THR: 142 bpm)

B.P: 120 / 80

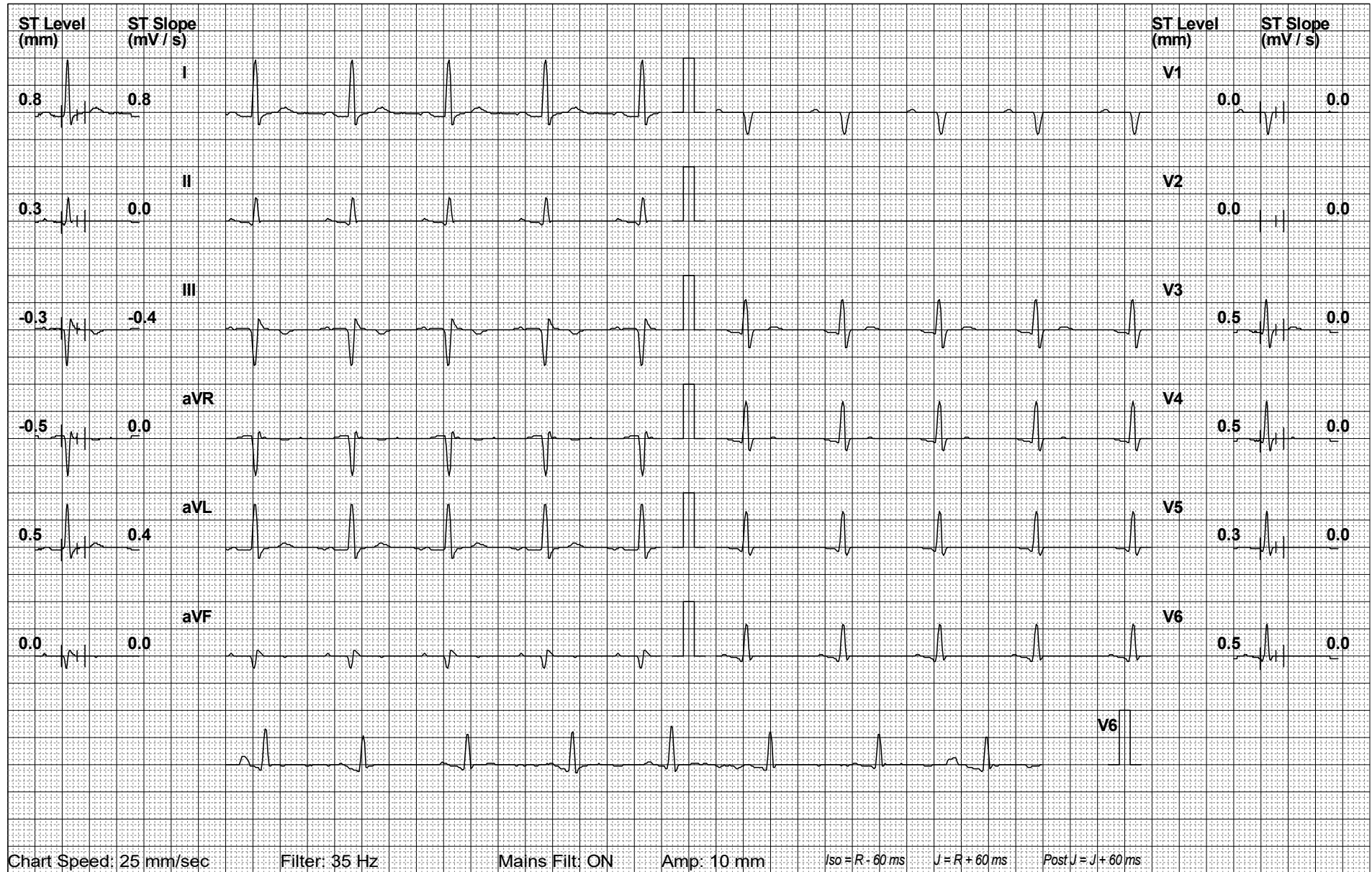


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller CS-20 V 1.6

Linked Median

MR ATUL SHELGAONKAR (52 M)

ID: 2424671

Date: 11-Mar-23

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 113 bpm

Protocol: Bruce

Stage: 1

Speed: 2.7 Km/h

Grade: 10 %

(THR: 142 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

MR ATUL SHELGAKONKAR (52 M)

ID: 2424671

Date: 11-Mar-23

Exec Time: 5 m 54 s

Stage Time: 2 m 54 s

HR: 131 bpm

Protocol: Bruce

Stage: 2

Speed: 4 Km/h

Grade: 12 %

(THR: 142 bpm)

B.P: 136 / 90



Schiller CS-20 V 1.6

Linked Median

HEALTHSPRING HEALTHCARE AUNDH

Test Report

MR ATUL SHELGAONKAR (52 M)

ID: 2424671

Date: 11-Mar-23

Exec Time : 7 m 4 s

Stage Time : 1 m 4 s

HR: 140 bpm

Protocol: Bruce

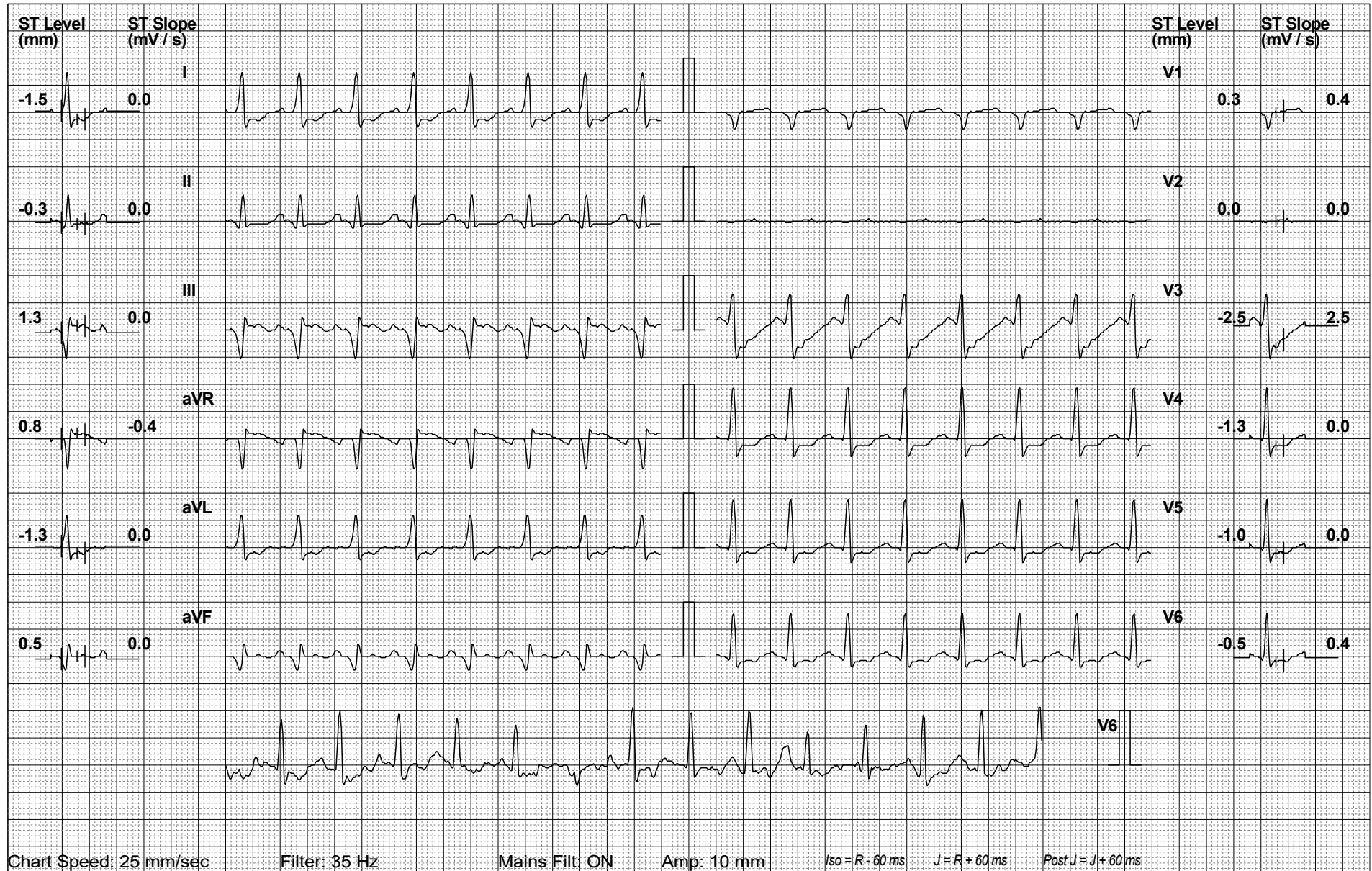
Stage: Peak Ex

Speed: 5.4 Km/h

Grade: 14 %

(THR: 142 bpm)

B.P: 140 / 90



Schiller CS-20 V 1.6

Linked Median

MR ATUL SHELGAONKAR (52 M)

ID: 2424671

Date: 11-Mar-23

Exec Time : 7 m 10 s

Stage Time : 0 m 54 s

HR: 119 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1.6 Km/h

Grade: 0 %

(THR: 142 bpm)

B.P: 140 / 90



Schiller CS-20 V 1.6

Linked Median

MR ATUL SHELGAONKAR (52 M)

ID: 2424671

Date: 11-Mar-23

Exec Time : 7 m 10 s

Stage Time : 0 m 54 s

HR: 102 bpm

Protocol: Bruce

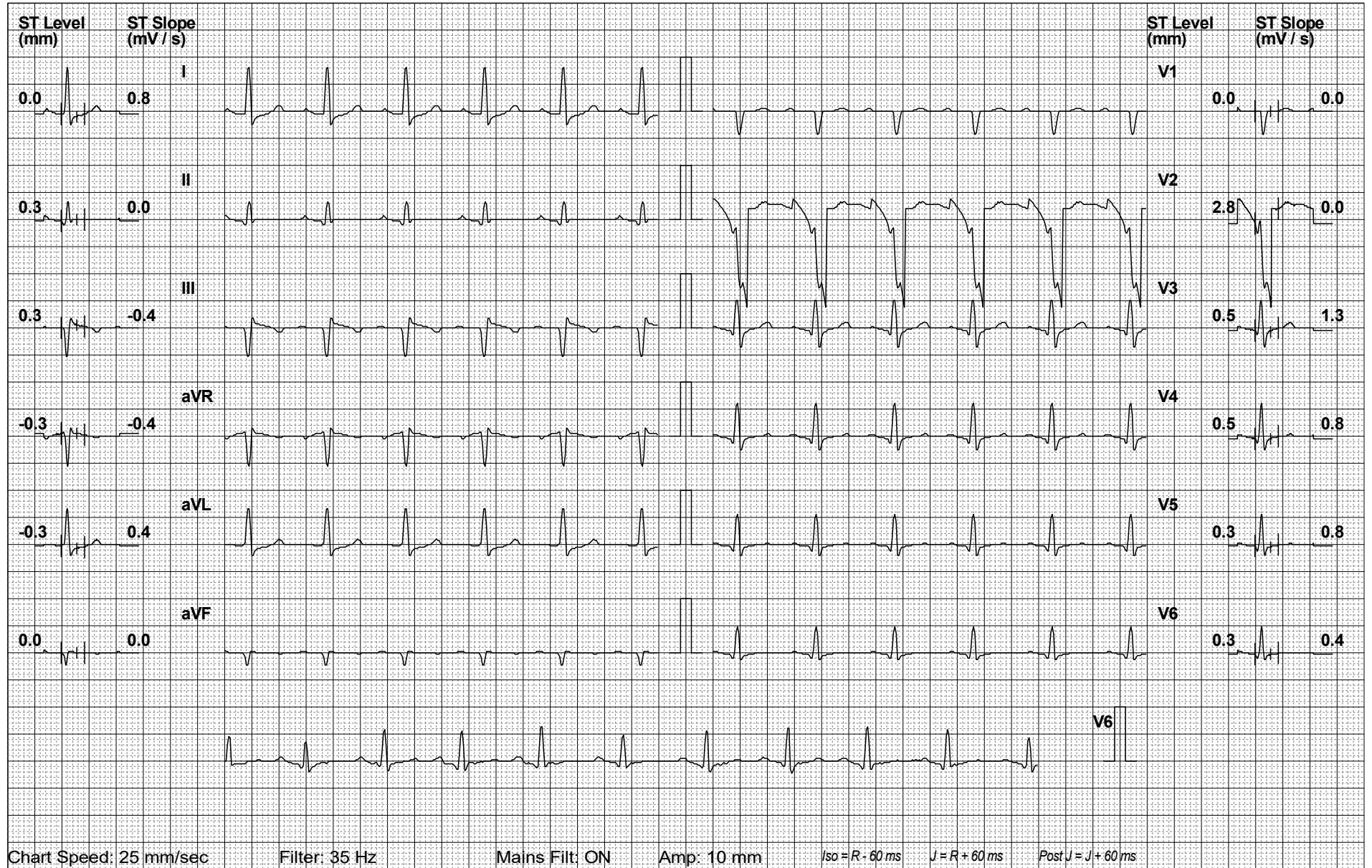
Stage: Recovery(2)

Speed: 0 Km/h

Grade: 0 %

(THR: 142 bpm)

B.P: 140 / 90



Schiller CS-20 V 1.6

Linked Median

MR ATUL SHELGAONKAR (52 M)

ID: 2424671

Date: 11-Mar-23

Exec Time : 7 m 10 s

Stage Time : 0 m 54 s

HR: 102 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 Km/h

Grade: 0 %

(THR: 142 bpm)

B.P: 140 / 90



Schiller CS-20 V 1.6

Linked Median

MR ATUL SHELGAKONKAR (52 M)

ID: 2424671

Date: 11-Mar-23

Exec Time : 7 m 10 s

Stage Time : 0 m 54 s

HR: 103 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 Km/h

Grade: 0 %

(THR: 142 bpm)

B.P: 140 / 80



Schiller CS-20 V 1.6

Linked Median

HEALTHSPRING HEALTHCARE AUNDH

Test Report

MR ATUL SHELGAKONKAR (52 M)

ID: 2424671

Date: 11-Mar-23

Exec Time : 7 m 10 s

Stage Time : 0 m 18 s

HR: 106 bpm

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 Km/h

Grade: 0 %

(THR: 142 bpm)

B.P: 140 / 80



Schiller CS-20 V 1.6

Linked Median

HEALTHSPRING HEALTHCARE AUNDH

Patient Details **Date:** 11-Mar-23 **Time:** 10:11:37 AM
Name: MR ATUL SHELGAONKAR **ID:** 2424671
Age: 52 y **Sex:** M **Height:** 169 cms. **Weight:** 80 Kg.
Clinical History: Routine Test

Medications: TAB -VILATIN 50MG

Test Details

Protocol: Bruce **Pr.MHR:** 168 bpm **THR:** 142 (85 % of Pr.MHR) bpm
Total Exec. Time: 7 m 10 s **Max. HR:** 141 (84% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 140 / 90 mmHg **Max. BP x HR:** 19740 mmHg/min **Min. BP x HR:** 6400 mmHg/min
Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 15	1.0	0	0	87	120 / 80	-1.27 aVR	-0.84 aVR
Standing	0 : 2	1.0	0	0	87	120 / 80	-1.27 aVR	-0.84 aVR
Hyperventilation	0 : 3	1.0	0	0	80	120 / 80	-1.27 aVR	0.84 I
1	3 : 0	4.6	2.7	10	113	120 / 80	-1.27 aVR	-5.91 V2
2	3 : 0	7.0	4	12	131	136 / 90	-2.28 V3	4.22 V3
Peak Ex	1 : 10	10.2	5.4	14	141	140 / 90	-2.78 V3	-4.22 V2
Recovery(1)	1 : 0	1.8	1.6	0	112	140 / 90	-1.52 V3	1.69 I
Recovery(2)	1 : 0	1.0	0	0	100	140 / 90	-2.78 V2	5.49 I
Recovery(3)	1 : 0	1.0	0	0	98	140 / 90	-0.76 V3	5.49 V2
Recovery(4)	1 : 0	1.0	0	0	105	140 / 80	-0.51 I	2.11 V5
Recovery(5)	0 : 24	1.0	0	0	105	140 / 80	-1.27 aVR	2.95 V2

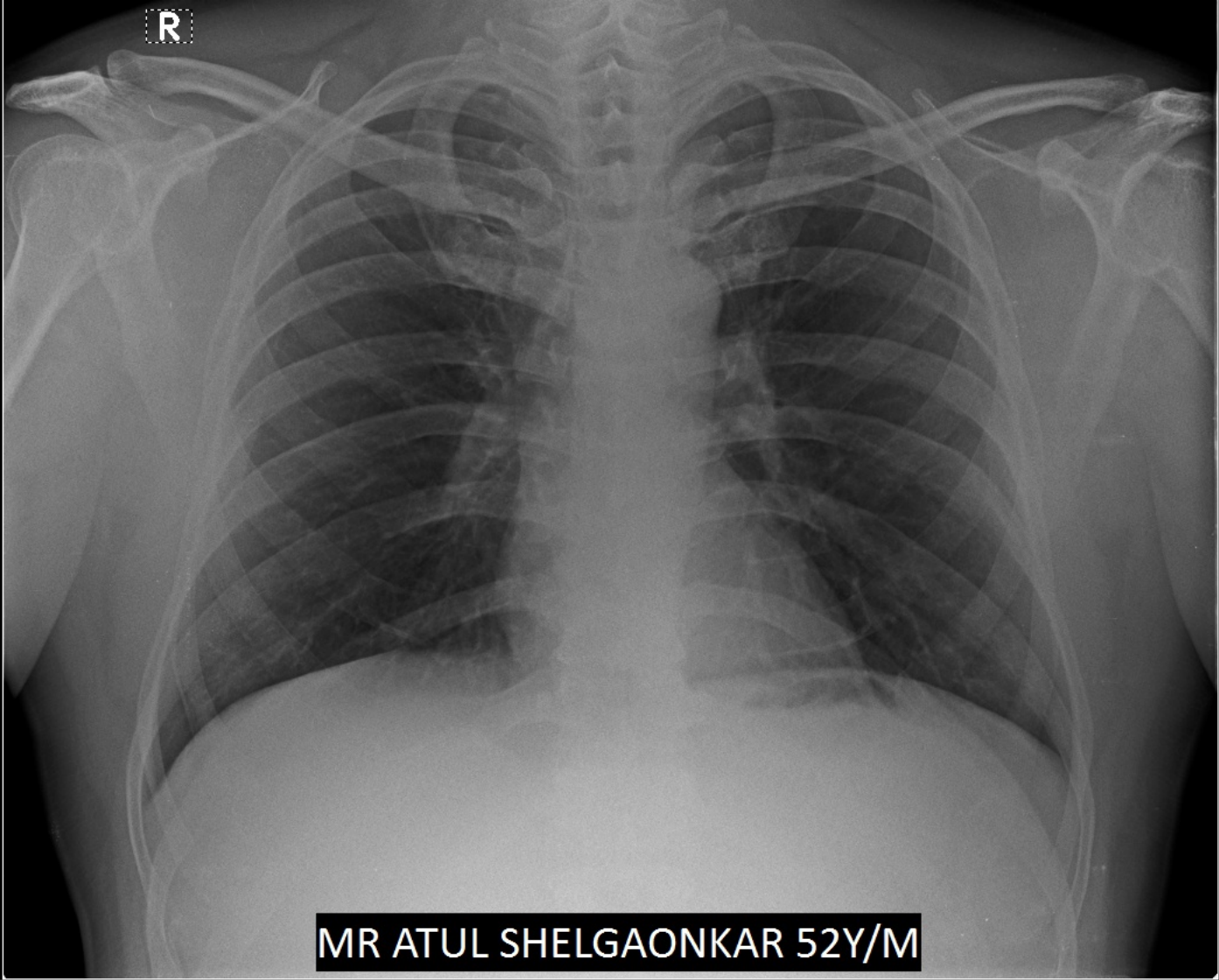
Interpretation

The patient exercised according to the Bruce protocol for 7 m 10 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 87 bpm, rose to a max. heart rate of 141 (84% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 140 / 90 mmHg.

Ref. Doctor: Dr Rashmi Soni
(Summary Report edited by user)

Doctor: DR MUKESH JHA
Schiller CS-20 V 1.6

R



MR ATUL SHELGAONKAR 52Y/M



Patient Name : Mr. Atul Shelgaonkar
Age / Gender : 51 Y / Male
Referred By : Dr. Arjun Deshmukh
SID No. : 56008540

Reg.Date / Time : 11/03/2023 / 12:40:43
Report Date / Time : 12/03/2023 / 17:53:03
MR No. : 2425447

Page 1 of 13

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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HAEMATOLOGY

CBC-Haemogram & ESR, blood

EDTA WHOLE BLOOD

HAEMOGLOBIN, RED CELL COUNT & INDICES

HAEMOGLOBIN (Spectrophotometry)	15.3	gm%	13-17
PCV (Electrical Impedance)	45.6	%	40 - 50
MCV (Calculated)	88.8	fL	83-101
MCH (Calculated)	29.7	pg	27.0 - 32.0
MCHC (Calculated)	33.5	g/dl	31.5-34.5
RDW-CV (Calculated)	16	%	11.6-14.0
RDW-SD (Calculated)	55	fL	36 - 46
TOTAL RBC COUNT (Electrical Impedance)	5.14	Million/cmm	4.5-5.5
TOTAL WBC COUNT (Electrical Impedance)	8960	/cumm	4000-10000

DIFFERENTIAL WBC COUNT

NEUTROPHILS (Flow cell)	62.0	%	40-80
LYMPHOCYTES (Flow cell)	31.6	%	20-40
EOSINOPHILS (Flow cell)	1.2	%	1-6
MONOCYTES (Flow cell)	4.4	%	2-10
BASOPHILS (Flow cell)	0.8	%	1-2

ABSOLUTE WBC COUNT

ABSOLUTE NEUTROPHIL COUNT (Calculated)	5540	/cumm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	2830	/cumm	1000-3000

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mr. Atul Shelgaonkar
Age / Gender : 51 Y / Male
Referred By : Dr. Arjun Deshmukh
SID No. : 56008540

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Page 2 of 13

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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HAEMATOLOGY

ABSOLUTE WBC COUNT

ABSOLUTE EOSINOPHIL COUNT (Calculated)	110	/cumm	200-500
ABSOLUTE MONOCYTE COUNT (Calculated)	390	/cumm	200-1000
ABSOLUTE BASOPHIL COUNT (Calculated)	70	/cumm	0-220
PLATELET COUNT (Electrical Impedance)	280000	/cumm	150000-410000
MPV (Calculated)	10.3	fL	6.78-13.46
PDW (Calculated)	16.7	%	11-18
PCT (Calculated)	0.290	%	0.15-0.50

PERIPHERAL BLOOD SMEAR

COMMENTS
(Microscopic)

Normocytic Normochromic RBCs

Sample Collected at : Aundh
Sample Collected on : 11 Mar 2023 15:24
Sample Received on : 12 Mar 2023 9:44
Barcode : 



Dr. Rahul Jain

MD, PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mr. Atul Shelgaonkar
Age / Gender : 51 Y / Male
Referred By : Dr. Arjun Deshmukh
SID No. : 56008540

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Page 3 of 13

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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HAEMATOLOGY

EDTA Blood **ABO BLOOD GROUP***

BLOOD GROUP (Erythrocyte-Magnetized Technology)	O
Rh TYPE (Erythrocyte-Magnetized Technology)	POSITIVE

Sample Collected at : Aundh

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Sample Received on : 12 Mar 2023 9:44

Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

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Page 4 of 13

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

HAEMATOLOGY

CBC-Haemogram & ESR, blood

EDTA WHOLE BLOOD

ESR(ERYTHROCYTE SEDIMENTATION RATE) (Photometric Capillary)	6	mm / 1 hr	0-20
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Notes : The given result is measured at the end of first hour.

Sample Collected at : Aundh
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Sample Received on : 12 Mar 2023 9:44
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

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Patient Name : Mr. Atul Shelgaonkar
Age / Gender : 51 Y / Male
Referred By : Dr. Arjun Deshmukh
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MR No. : 2425447

Page 5 of 13

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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BIOCHEMISTRY

**COMPREHENSIVE LIVER PROFILE
SERUM**

BILIRUBIN TOTAL (Diazotization)	0.71	mg/dl	0.2 - 1.3
BILIRUBIN DIRECT (Diazotization)	0.23	mg/dl	0.1-0.4
BILIRUBIN INDIRECT (Calculation)	0.48	mg/dl	0.2 - 0.7
ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	12	U/L	<40
ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	15	U/L	<41
ALKALINE PHOSPHATASE (Colorimetric IFCC)	84	U/L	40-129
GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	13	U/L	<70
TOTAL PROTEIN (Colorimetric)	6.80	gm/dl	6.6-8.7
ALBUMIN (Bromocresol Green)	4.40	gm/dl	3.5 - 5.2
GLOBULIN (Calculation)	2.40	gm/dl	2.0-3.5
A/G RATIO (Calculation)	1.8		1-2

Sample Collected at : Aundh
Sample Collected on : 11 Mar 2023 15:24
Sample Received on : 12 Mar 2023 9:44
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY
Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mr. Atul Shelgaonkar
Age / Gender : 51 Y / Male
Referred By : Dr. Arjun Deshmukh
SID No. : 56008540

Reg.Date / Time : 11/03/2023 / 12:40:43
Report Date / Time : 12/03/2023 / 17:53:03
MR No. : 2425447

Page 6 of 13

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

BIOCHEMISTRY

**COMPREHENSIVE RENAL PROFILE
SERUM**

CREATININE (Jaffe Method)	0.8	mg/dl	0.6 - 1.3
BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	10.3	mg/dl	6 - 20
BUN/CREATININE RATIO (Calculation)	12.9		10 - 20
URIC ACID (Uricase Enzyme)	4.0	mg/dl	3.7 - 7.7
CALCIUM (Bapta Method)	9.3	mg/dl	8.6-10
PHOSPHORUS (Phosphomolybdate)	3.4	mg/dl	2.5-4.5

Sample Collected at : Aundh
Sample Collected on : 11 Mar 2023 15:24
Sample Received on : 12 Mar 2023 9:44
Barcode : 



Dr.Rahul Jain

**MD,PATHOLOGY
Consultant Pathologist**

Contd ...

*Tests not included in NABL accredited scope



Patient Name : Mr. Atul Shelgaonkar
Age / Gender : 51 Y / Male
Referred By : Dr. Arjun Deshmukh
SID No. : 56008540

Reg.Date / Time : 11/03/2023 / 12:40:43
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MR No. : 2425447

Page 7 of 13

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

BIOCHEMISTRY

LIPID PROFILE

SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	165	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239
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Notes : Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.

Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.

Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	137	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	34	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	104	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	27	mg/dl	15-40
SERUM	CHOL / HDL RATIO	4.9		3-5
SERUM	LDL /HDL RATIO (Calculation)	3.0		0 - 3.5

Sample Collected at : Aundh
Sample Collected on : 11 Mar 2023 15:24
Sample Received on : 12 Mar 2023 9:44
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mr. Atul Shelgaonkar
Age / Gender : 51 Y / Male
Referred By : Dr. Arjun Deshmukh
SID No. : 56008540

Reg.Date / Time : 11/03/2023 / 12:40:43
Report Date / Time : 12/03/2023 / 17:53:03
MR No. : 2425447

Page 8 of 13

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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BIOCHEMISTRY

FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	87	mg/dl	70 - 110
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Notes : An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.

References:

<http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf>, Understanding Diabetes.

FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	125	mg/dl	70 - 140
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Urine	URINE GLUCOSE FASTING (Urodip)	TRACE		
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Urine	URINE GLUCOSE POST PRANDIAL (Urodip)	PRESENT(+)		
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Sample Collected at : Aundh

Sample Collected on : 11 Mar 2023 15:24

Sample Received on : 12 Mar 2023 9:44

Barcode : 



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Page 9 of 13

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IMMUNOLOGY

THYROID PROFILE - TOTAL SERUM

TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	0.97	ng/ml	0.7-2.04
TOTAL THYROXINE (T4) (ECLIA)	9.27	ug/dl	4.6 - 10.5
THYROID STIMULATING HORMONE (TSH) (ECLIA)	2.530	uIU/ml	0.27 - 4.20

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Page 10 of 13

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IMMUNOLOGY

Notes : TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level. The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)

- Low TSH, Low FT4 - Central hypothyroidism.
- Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
- Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter, Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
- Normal TSH, Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism, Medications.
- Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbuminemic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
- High TSH, Low FT4- Primary hypothyroidism.
- High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
- High TSH, High FT4- TSH mediated hyperthyroidism

Note:

1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:

1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

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Page 12 of 13

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CLINICAL PATHOLOGY

Urine URINE ANALYSIS

PHYSICAL EXAMINATION

VOLUME (Volumetric)	30		
COLOR (Visual Examination)	PALE YELLOW		
APPEARANCE (Visual Examination)	CLEAR		

CHEMICAL EXAMINATION

SP.GRAVITY (Indicator System)	1.010		1.005 - 1.030
REACTION(pH) (Double indicator)	ACIDIC		
PROTEIN (Protein-error-of-Indicators)	ABSENT		
GLUCOSE (GOD-POD)	TRACE		Absent
KETONES (Legal's Test)	ABSENT		Absent
OCCULT BLOOD (Peroxidase activity)	ABSENT		Absent
BILIRUBIN (Fouchets Test)	ABSENT		Absent
UROBILINOGEN (Ehrlich Reaction)	NORMAL		
NITRITE (Griess Test)	ABSENT		

MICROSCOPIC EXAMINATION

ERYTHROCYTES (Microscopy)	ABSENT	/hpf	0-2
PUS CELLS (Microscopy)	2-3	/hpf	0-5
EPITHELIAL CELLS (Microscopy)	1-2	/hpf	0-5
CASTS (Microscopy)	ABSENT		
CRYSTALS (Microscopy)	ABSENT		
ANY OTHER FINDINGS	NIL		

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