

11/3/22

10:20 AM

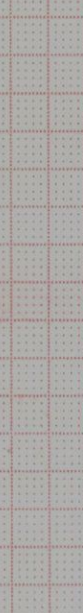
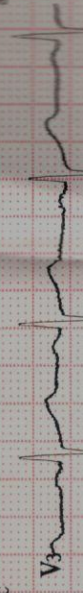
Mrs. Arati Gaikarvel

~150Hz-AC
10mm/mV

10mm/mV

10mm/mV

10mm/mV



BIOS: VT-010-2022-02-28 20:07



2D ECHO / COLOUR DOPPLER



NAME : MRS. AARTI GAIKWAD
REF BY : DR. HOSPITAL PATIENT

44yrs/F

OPD
1-Mar-22

M - Mode values

Doppler Values

AORTIC ROOT (mm)	21	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	26	PG (mmHg)	
RV (mm)		AORTIC VEL (m/sec)	1.1
LVID - D (mm)	37	PG (mmHg)	5
LVID - S (mm)	18	MITRAL E VEL (m/sec)	0.8
IVS - D (mm)	10	A VEL (m/sec)	0.5
LVPW -D (mm)	9	TRICUSPID VEL. (m/sec)	
EJECTION FRACTION (%)	60%	PG (mmHg)	

REPORT

Normal LV size & wall thickness.
No regional wall motion abnormality
Normal LV systolic function , LVEF 60%
Normal sized cardiac chambers.

Pliable mitral valve., no Mitral regurgitation.
Normal mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve
Trivial tricuspid regurgitation ,
PA pressure = 20 mmHg - normal

Intact IAS & IVS
No PDA, coarctation of aorta.
No clots , vegetations , pericardial effusion noted.

IMPRESSION :

Normal echo study.
No regional wall motion abnormality.
Normal LV systolic & diastolic function , LVEF 60%
Normal PA pressure.

DR SHIRISH (M S) HIREMATH
CARDIOLOGIST


DR. RAJDATTA DEORE
CARDIOLOGIST
MMC 2005/03/1520

(NORMAL 2D-ECHO & COLOR DOPPLER DOESN'T RULE OUT ISCHAEMIC HEART DISEASE)

GAIKWAD, AARTI
 Patient ID 16093
 01.07.2022
 12:4:04pm

Female
 44yrs Indian
 Meds:

Test Reason: Screening for CAD
 Medical History: NO HISTORY.

Ref. MD: Ordering MD:
 Technician: RUPALI Test Type: Treadmill Stress Test
 Comment:

Tabular Summary

BRUCE: Total Exercise Time 07:19
 Max HR: 153 bpm 86% of max predicted 176 bpm HR at rest: 82
 Max BP: 150/92 mmHg BP at rest: 120/75 Max RPP: 21420 mmHg*bpm
 Maximum Workload: 10.10 METS
 Max. ST: -1.25 mm, 0.00 mV/s in V5; EXERCISE STAGE 3 07:19
 Arrhythmia: A:26, PVC:2, PSVC:2, PCAP:1
 ST/HR index: 1.92 μ V/bpm

Reasons for Termination: Dyspnea
Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: Depression upsloping. Overall impression: Positive stress test typical of ischemia.

Conclusion: GOOD EFFORT TOLERANCE
 MAX HR ACHIEVED
 NORMAL BP RESPONSE
 SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS POSITIVE FOR INDUCIBLE ISCHEMIA

DR. SHIRISH (M.S) HIREMATH SR CARDIOLOGIST
 DR. RAJ DATT DEORE CARDIOLOGIST

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (V5 mm)	Comment
PRETEST	SUPINE	02:37	0.00	0.00	1.0	81	120/75	9720	0	-0.05	
	STANDING	00:16	0.00	0.00	1.0	78			0	0.00	
	HYPERV.	01:08	0.00	0.00	1.0	81	120/75	9720	0	0.05	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	111	120/75	13320	1	-0.35	
	STAGE 2	03:00	2.50	12.00	7.0	130	130/85	16900	0	-0.50	
	STAGE 3	01:19	3.40	14.00	10.1	151	140/88	21140	0	-1.25	
RECOVERY		02:20	0.00	0.00	1.0	83	150/92	12450	0	-0.55	

Linked Medians

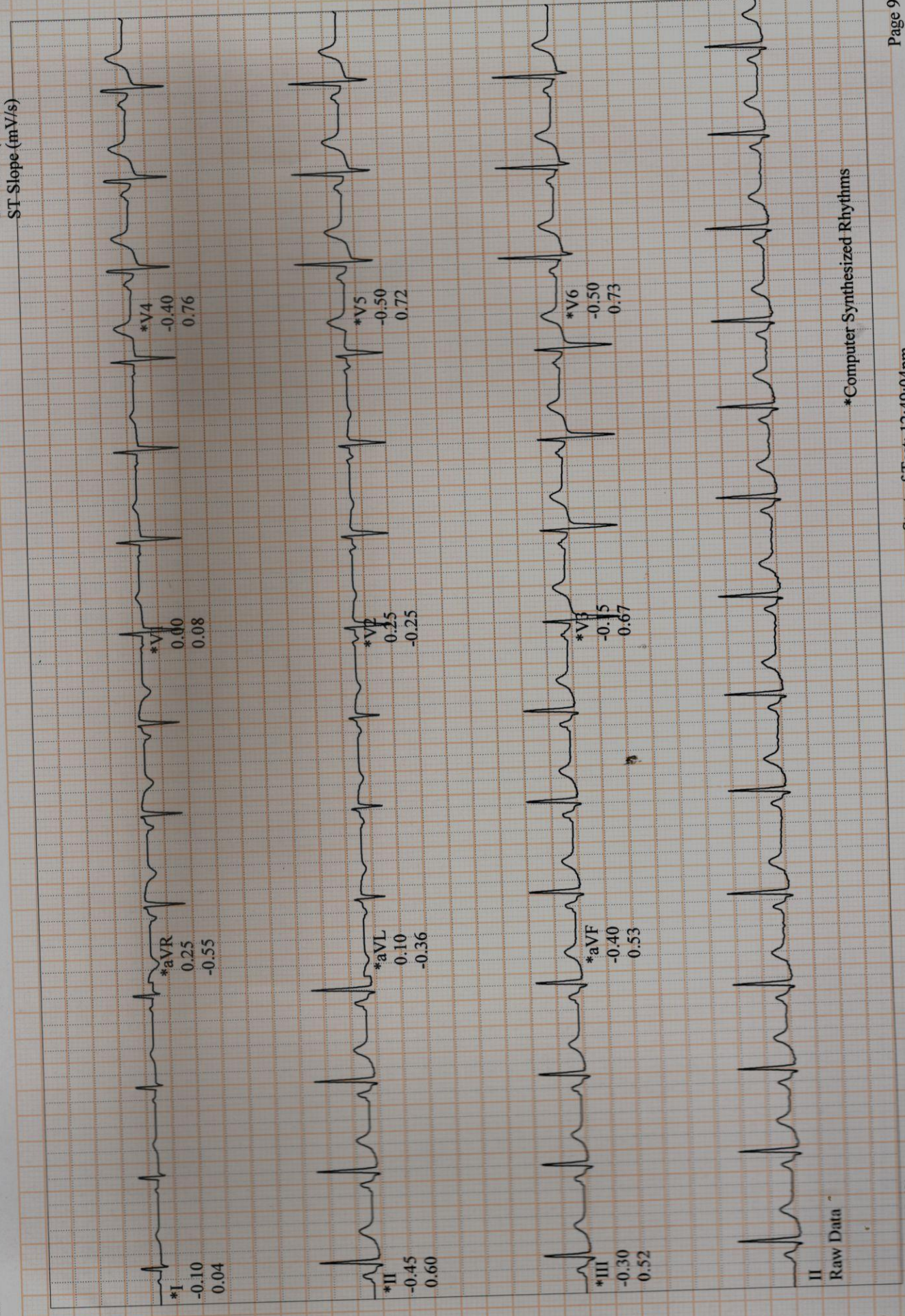
BRUCE
0.0 mph
0.0 %

RECOVERY
#1
02:09

85 bpm
150/92 mmHg

AD, AARTI
ID 16093
2022
33pm

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



II
Raw Data

*Computer Synthesized Rhythms



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 01-MAR-2022 REP. DATE : 01-MAR-2022
NAME : MR. GAIKWAD .DHANANJAY JANARDHAN
PATIENT CODE : 106148 AGE/SEX : 49 YR(S) / MALE
REFERRAL BY : HOSPITAL PATIENT

CHEST X-RAY PA VIEW

OBSERVATION :

Both lungs appear clear.

Heart and mediastinum are normal.

Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION :

No significant abnormality noted in the present study.

-Kindly correlate clinically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 01-MAR-2022 REP. DATE : 01-MAR-2022
NAME : MR. GAIKWAD .DHANANJAY JANARDHAN
PATIENT CODE : 106148 AGE/SEX : 49 YR(S) / MALE
REFERRAL BY : HOSPITAL PATIENT

USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is mildly enlarged in size (16.1 cms), normal in shape & bright in echotexture. No focal lesion / IHBR dilatation.

CBD & PV : Normal in caliber.

G.B. : Moderately distended, Normal.

Spleen : Is significantly enlarged in size (18.6 cms), normal in shape & echotexture. No focal lesion.

Pancreas : Normal in size, shape & echotexture.

Both kidneys are normal in size, shape & echotexture, CMD maintained. No calculus on left side. No hydronephrosis / hydroureter on either side.

Tiny calculus of 2.8 mm sized is noted in the lower pole region of right kidney. Right kidney measures : 10.4 x 4.3 cm. Left kidney measures : 10.7 x 3.5 cm.

Urinary bladder : Moderately distended, normal.

Prostate : is normal in size, shape and echotexture. No focal lesion seen.

Loaded fecal matter is noted in the large bowel loops.
No demonstrable small bowel / RIF pathology.
No ascites / lymphadenopathy.

IMPRESSION :

1. Mild hepatomegaly with grade I fatty liver.
2. Significant splenomegaly.
3. Tiny non-obstructing right renal calculus.

- Kindly correlate clinically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST



Dept. of Pathology

(For Report Purpose Only)



PRN : 106148
 Patient Name : Mr. GAIKWAD .DHANANJAY JANARDHAN
 Age/Sex : 49Yr(s)/Male

Lab No : 9066
 Req.No : 9066

Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 01/03/2022 09:22 AM
 Reporting Date & Time : 01/03/2022 09:53 AM
 Print Date & Time : 01/03/2022 01:30 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN (Hb)	: 10.9	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 31.6	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 3.01	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 105.0	cu micron	76 - 96
M.C.H.	: 36.2	pg	27 - 32
M.C.H.C.	: 34.5	picograms	32 - 36
RDW-CV	: 18.7	%	11 - 16
WBC TOTAL COUNT	: 8090	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 122000	cumm	150000 - 450000

WBC DIFFERENTIAL COUNT

NEUTROPHILS	: 67	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 5420.30	µL	2000 - 7000
LYMPHOCYTES	: 22	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 1779.80	µL	1000 - 3000
EOSINOPHILS	: 04	%	01 - 04
ABSOLUTE EOSINOPHILS	: 323.60	µL	20 - 500
MONOCYTES	: 07	%	02 - 08
ABSOLUTE MONOCYTES	: 566.30	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician *MD*

Report Type By :- KAJAL SADIGALE

POONAM KADAM
 Dr. POONAM KADAM

MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Pathology

(For Report Purpose Only)



PRN : 106148 **Lab No** : 9066
Patient Name : Mr. GAIKWAD .DHANANJAY JANARDHAN **Req.No** : 9066
Age/Sex : 49Yr(s)/Male
Company Name : BANK OF BARODA **Collection Date & Time** : 01/03/2022 09:22 AM
Referred By : Dr.HOSPITAL PATIENT **Reporting Date & Time** : 01/03/2022 09:53 AM
Print Date & Time : 01/03/2022 02:18 PM

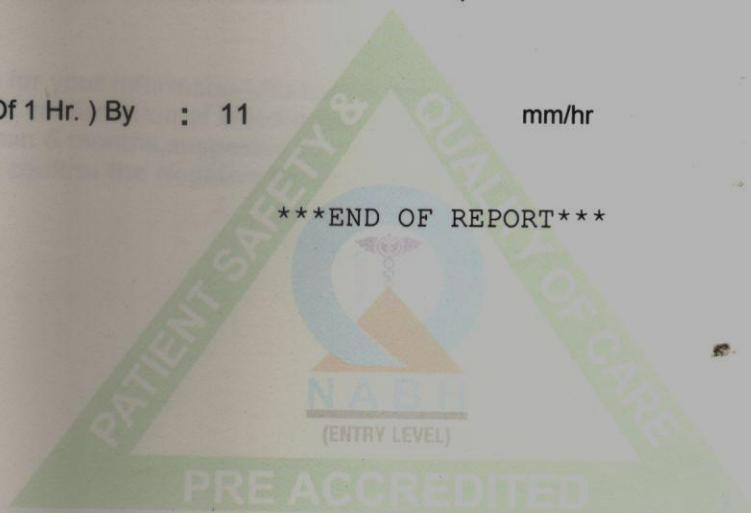
PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC Morphology	: Normocytic Normochromic , Macrocytes +		
WBC Abnormality	: Within Normal Limits		
PLATELETS	: Slightly Reduced on smear		
PARASITES	: Not Detected		

Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

ESR

ESR MM(At The End Of 1 Hr.) By : 11 mm/hr Male : 0 - 9
Wintrob's Method Female : 0 - 20

END OF REPORT



Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 106148

Patient Name : Mr. GAIKWAD .DHANANJAY JANARDHAN

Age/Sex : 49Yr(s)/Male

Company Name : BANK OF BARODA

Referred By : Dr.HOSPITAL PATIENT

Lab No : 9066

Req.No : 9066

Collection Date & Time: 01/03/2022 09:22 AM

Reporting Date & Time : 01/03/2022 01:20 PM

Print Date & Time : 01/03/2022 01:29 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "B"

RH FACTOR : POSITIVE

NOTE : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse blood grouping (Tube method).

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology

(For Report Purpose Only)



PRN : 106148
Patient Name : Mr. GAIKWAD .DHANANJAY JANARDHAN
Age/Sex : 49Yr(s)/Male

Lab No : 9066
Req.No : 9066

Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 01/03/2022 09:22 AM
Reporting Date & Time : 01/03/2022 01:51 PM
Print Date & Time : 01/03/2022 01:52 PM

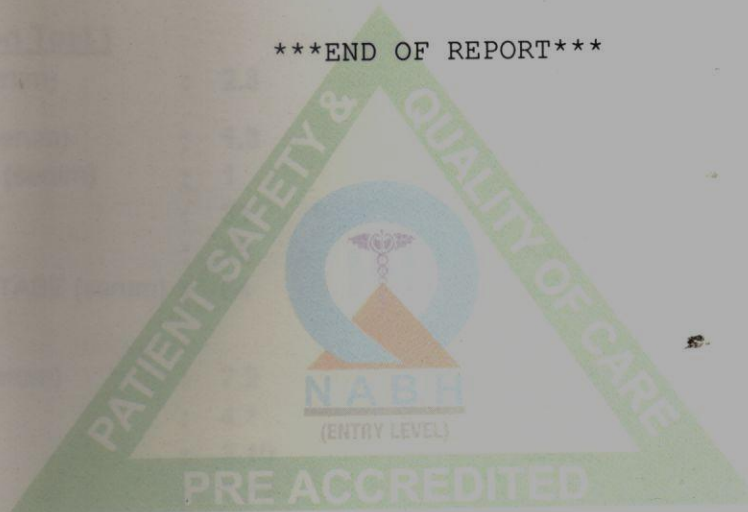
PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

BSL-F & PP

Blood Sugar Level Fasting	: 103	MG/DL	60 - 110
Blood Sugar Level PP	: 128	MG/DL	70 - 140

END OF REPORT



Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist

For Free Home Collection Call : 9545200011



Dept. of Pathology
(For Report Purpose Only)



PRN : 106148
Patient Name : Mr. GAIKWAD .DHANANJAY JANARDHAN
Age/Sex : 49Yr(s)/Male
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 9066
Req.No : 9066

Collection Date & Time : 01/03/2022 09:22 AM
Reporting Date & Time : 01/03/2022 01:20 PM
Print Date & Time : 01/03/2022 01:30 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

CALCIUM

CALCIUM (serum)	: 8.68	MG/DL	8.4 - 10.4
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LFT (Liver function Test)

BILIRUBIN TOTAL (serum)	: 2.3	MG/DL	INFANTS : 1.2 - 12.0 ADULT : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 1.3	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 1	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 31	IU/L	5 - 40
S.G.P.T (serum)	: 18	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 64	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 7.2	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.1	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 3.10	GM/DL	1.8 - 3.6
A/G RATIO	: 1.32		1:2 - 2:1

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 106148 Lab No : 9066
Patient Name : Mr. GAIKWAD .DHANANJAY JANARDHAN Req.No : 9066
Age/Sex : 49Yr(s)/Male
Company Name : BANK OF BARODA Collection Date & Time : 01/03/2022 09:22 AM
Referred By : Dr.HOSPITAL PATIENT Reporting Date & Time : 01/03/2022 01:20 PM
Print Date & Time : 01/03/2022 01:30 PM

Table with 4 columns: PARAMETER NAME, RESULT VALUE, UNIT, NORMAL VALUES

BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HBA1C : 3.77 %
Normal Control : : 4.2 - 6.2
Good Control : : 5.5 - 6.7
Fair Control : : 6.8 - 7.6
Poor Control : : >7.6

Instrument: COBAS C 111

NOTE :

- 1. The HbA1C test shows your average blood sugar for last 3 months.
2. The HbA1C test does not replace your day-to-day monitoring of blood glucose.
Use this test result along with your daily test results to measure your overall diabetes control.

How does HbA1C works ?

The HbA1C test measures the amount of sugar that attaches to protein in your red blood cells. RBCs live for about 3 months, so this test shows your average blood sugar levels during that time. Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.

Why is this test so important ?

Research studies demonstrated that the closer to normal your HbA1C level was, the less likely your risk of developing the long- term complications of diabetes. Such problems include eye disease and kidney problems.

Who should have the HbA1c test done ?

Everyone with diabetes can benefit from taking this test. Knowing your HbA1C level helps you and your doctor decide if you need to change your diabetes management plan.

How often should you have a HbA1C test ?

You should have this test done when you are first diagnosed with diabetes. Then at least twice a year if your treatment goals are being met & blood glucose control is stable. More frequent HbA1C testing (4 times / year) is recommended if your blood glucose management goals.

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology

(For Report Purpose Only)



PRN : 106148
Patient Name : Mr. GAIKWAD .DHANANJAY JANARDHAN
Age/Sex : 49Yr(s)/Male

Lab No : 9066
Req.No : 9066

Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 01/03/2022 09:22 AM
Reporting Date & Time : 01/03/2022 01:20 PM
Print Date & Time : 01/03/2022 01:31 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 94	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 170	MG/DL	0 - 150
HDL (serum)	: 29	MG/DL	Male : 42 - 79.5 Female : 42 - 79.5
LDL (serum)	: 62	MG/DL	0 - 130
VLDL (serum)	: 34	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 3.24		Male : 1.0 - 5.0 Female : 1.0 - 4.5
LDL/HDL RATIO	: 2.14		Male : <= 3.6 Female : <=3.2

NCEP Guidelines

	Desirable	Borderline (ENTRY LEVEL)	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.
Cholesterol & Triglycerides reprocessed , & confirmed.

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist

For Free Home Collection Call : 9545200011



Dept. of Pathology
(For Report Purpose Only)



PRN : 106148
Patient Name : Mr. GAIKWAD .DHANANJAY JANARDHAN
Age/Sex : 49Yr(s)/Male
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 9066
Req.No : 9066
Collection Date & Time : 01/03/2022 09:22 AM
Reporting Date & Time : 01/03/2022 01:20 PM
Print Date & Time : 01/03/2022 01:31 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum)	: 19	MG/DL	0 - 45
UREA NITROGEN (serum)	: 8.87	MG/DL	7 - 21
CREATININE (serum)	: 1.0	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 8.6	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

SERUM ELECTROLYTES


SERUM SODIUM	: 139	mEq/L	136 - 149
SERUM POTASSIUM	: 3.8	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 99	mEq/L	98 - 107

END OF REPORT

(ENTRY LEVEL)

PRE ACCREDITED

Technician


Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)



Dept. of Pathology

(For Report Purpose Only)



PRN : 106148 **Lab No** : 9066
Patient Name : Mr. GAIKWAD .DHANANJAY JANARDHAN **Req.No** : 9066
Age/Sex : 49Yr(s)/Male
Company Name : BANK OF BARODA **Collection Date & Time** : 01/03/2022 09:22 AM
Referred By : Dr.HOSPITAL PATIENT **Reporting Date & Time** : 01/03/2022 01:20 PM
Print Date & Time : 01/03/2022 01:31 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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ENDOCRINOLOGY

THYROID FUNCTION TEST

T3-Total (Tri iodothyronine)	: 1.40	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 9.47	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 2.23	µIU/mL	0.465 - 4.68

NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need to have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

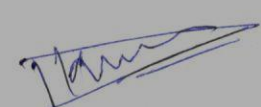
The guidelines for age related reference ranges for T3,T4,& Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE


Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist

DHANANJAY GAIKWAD

Ref.:Dr.--

Sample Collected At:
Lorea Healthcare Private Limited
Survey No 154, AIMS Road
Near AIMS Square or Parihar Chowk,
Aundh, Pune 411007 Zone SHIVA

SID: 121340814

Collection Date:
01-03-2022 01:42 PM
Registration Date:
01-03-2022 01:42 pm
Report Date:
01-03-2022 04:39 PM

REPORT

Age:49.00 Years Sex:MALE

OPD
9066

Test Description

TEST NAME

Observed Value

Biological Reference Interval

PSA- Prostate Specific Antigen,serum by CMIA

0.346

Age < 40 yrs : <= 2.00 ng/mL
Age 40 - 49 yrs : <= 2.50 ng/mL
Age 50 - 59 yrs : <= 3.5 ng/mL
Age 60 - 69 yrs : <= 4.5 ng/mL
Age 70 - 79 yrs : <= 6.5 ng/mL
Age >= 80 yrs : <= 7.2 ng/mL
Mayo Medical Laboratories

Interpretation

PSA is a glycoprotein produced by prostate gland and is used for

1. Predicting risk of prostate cancer.
- 2 .To detect recurrence and to response to therapy.

Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer.

The total PSA range of 4 to 10 ng/ml has been described as a diagnostic gray zone.

The total PSA : Free PSA ratio helps to determine the relative risk of prostate cancer in this zone

- Please note :
1. Normal PSA values do not rule out possibility of prostate cancer.
 2. Patients on treatment for cancer may exhibit markedly decreased levels.
 3. PSA levels may be raised in benign conditions such as
 - i. After prostatic manipulation, biopsy or TURS
 - ii. Benign prostatic hyperplasia (BPH)
 - iii. Prostatitis

End of Report



Dr. Venkatesh Keralapurkar
Dr. Venkatesh Keralapurkar
M.B.B.S., D.C.P., D.N.B.(Path)
Reg.No.: 076020
 A.G Diagnostics Pvt. Ltd.



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 01-MAR-2022 REP. DATE : 01-MAR-2022
NAME : MRS. GAIKWAD ARATI D
PATIENT CODE : 106149 AGE/SEX : 44 YR(S) / FEMALE
REFERRAL BY : HOSPITAL PATIENT

CHEST X-RAY PA VIEW

OBSERVATION :

Mildly prominent bronchovascular markings are noted in both lung fields.

Heart and mediastinum are normal.

Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION :

Mildly prominent bronchovascular markings in both lung fields ?
bronchitis.

-Kindly correlate clinically.

A handwritten signature in blue ink, appearing to read 'P. Yeole'.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 01-MAR-2022 REP. DATE : 01-MAR-2022
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BILATERAL SONOMAMMOGRAPHY

RT. BREAST.

Fibro-glandular tissues appear normal.
Skin and subcutaneous tissue appear normal.
Nipple shows normal features.
No significant axillary adenopathy.

LT. BREAST.

Fibro-glandular tissue appear normal.
Skin and subcutaneous tissue appear normal.
Nipple appear normal.
No e/o axillary lymphadenopathy.

IMPRESSION :

No sonologically demonstrable focal breast lesion.
- Kindly correlate clinically.

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CONSULTANT RADIOLOGIST.



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USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size (12.8 cms), shape & **bright in echotexture**. No focal lesion / IHBR dilatation.

CBD / PV : Normal. **G.B.** : Moderately distended, normal.

Spleen : Is normal in size (8.4 cms), shape & echotexture. No focal lesion.

Pancreas : Normal in size, shape & echotexture.

Both kidneys are normal in size, shape & echotexture, CMD maintained.
No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 9.6 x 4.1 cm. Left kidney measures : 9.4 x 4.7 cm.

Urinary bladder : Moderately distended, normal.

Uterus : Anteverted, normal in size (6.2 x 3.2 x 5.2 cms), shape, echotexture.
No fibroid. Endometrium show normal appearance. ET = 8.8 mm.

Both ovaries : show normal features. Adnexa clear.

Right ovary : 2.7 x 1.0 cms.

Left ovary : 3.0 x 1.2 cms.

No obvious demonstrable small bowel / RIF pathology.
Normal Aorta, IVC, adrenals and other retroperitoneal structures.
No ascites / lymphadenopathy / pleural effusion.

IMPRESSION :

Grade I fatty liver.

- Kindly co-relate clinically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST



Dept. of Pathology

(For Report Purpose Only)



PRN : 106149
 Patient Name : Mrs. GAIKWAD ARATI D
 Age/Sex : 44Yr(s)/Female
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 9067
 Req.No : 9067

Collection Date & Time : 01/03/2022 09:22 AM
 Reporting Date & Time : 01/03/2022 09:58 AM
 Print Date & Time : 01/03/2022 01:50 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN (Hb)	: 11.8	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 37.6	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.51	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 83.4	cu micron	76 - 96
M.C.H.	: 26.2	pg	27 - 32
M.C.H.C	: 31.4	picograms	32 - 36
RDW-CV	: 13.8	%	11 - 16
WBC TOTAL COUNT	: 4570	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 311000	cumm	150000 - 450000

WBC DIFFERENTIAL COUNT

NEUTROPHILS	: 41	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 1873.70	µL	2000 - 7000
LYMPHOCYTES	: 44	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2010.80	µL	1000 - 3000
EOSINOPHILS	: 06	%	01 - 04
ABSOLUTE EOSINOPHILS	: 274.20	µL	20 - 500
MONOCYTES	: 09	%	02 - 08
ABSOLUTE MONOCYTES	: 411.30	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician
 Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Pathology

(For Report Purpose Only)



PRN : 106149
Patient Name : Mrs. GAIKWAD ARATI D
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Collection Date & Time : 01/03/2022 09:22 AM
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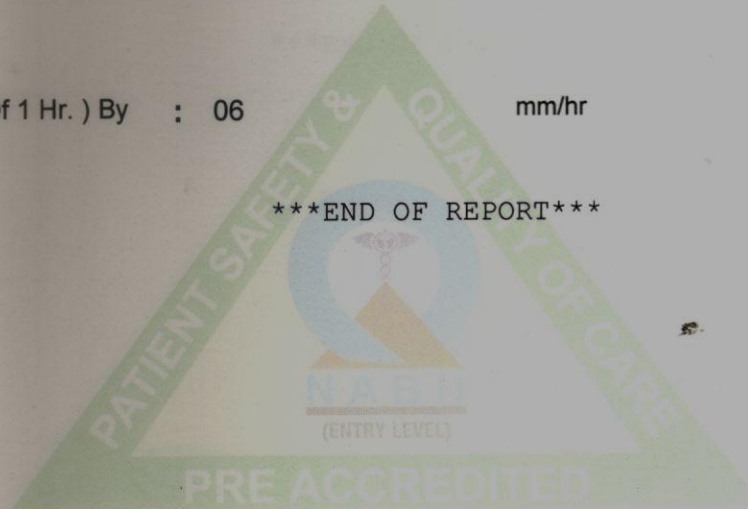
PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC Morphology	: Normocytic Normochromic		
WBC Abnormality	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

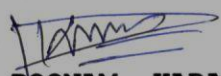
ESR

ESR MM(At The End Of 1 Hr.) By : 06 mm/hr Male : 0 - 9
Wintrob's Method Female : 0 - 20

END OF REPORT



Technician 
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Dept. of Pathology

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Collection Date & Time : 01/03/2022 09:22 AM
Reporting Date & Time : 01/03/2022 01:50 PM
Print Date & Time : 01/03/2022 01:51 PM

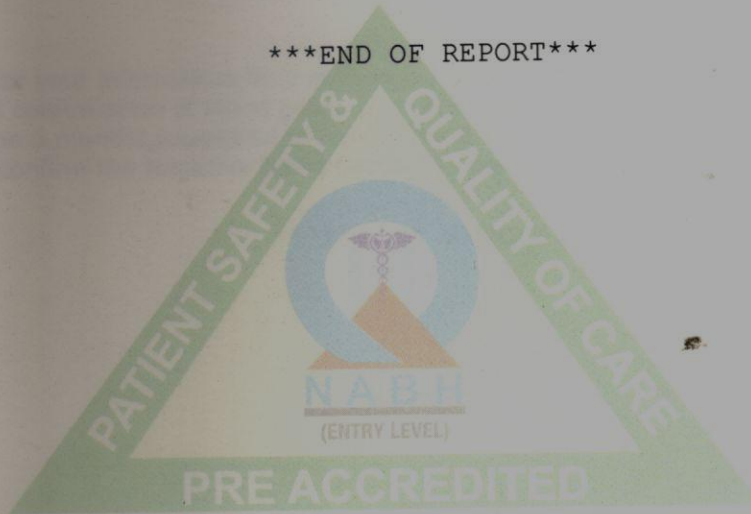
PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

BSL-F & PP

Blood Sugar Level Fasting	: 102	MG/DL	60 - 110
Blood Sugar Level PP	: 107	MG/DL	70 - 140

END OF REPORT



Technician *MD*

Report Type By :- KAJAL SADIGALE

[Signature]
Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist

For Free Home Collection Call : 9545200011



Dept. of Pathology

(For Report Purpose Only)



PRN : 106149
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Collection Date & Time : 01/03/2022 09:22 AM
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Print Date & Time : 01/03/2022 12:49 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "A"
RH FACTOR : POSITIVE

NOTE : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse blood grouping (Tube method).

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

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Dept. of Pathology
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PRN : 106149
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BIOCHEMISTRY

LFT (Liver function Test)

BILIRUBIN TOTAL (serum)	: 0.5	MG/DL	INFANTS : 1.2 - 12.0 ADULT : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.2	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.30	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 22	IU/L	5 - 40
S.G.P.T (serum)	: 14	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 85	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 6.3	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 3.7	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 2.60	GM/DL	1.8 - 3.6
A/G RATIO	: 1.42		1:2 - 2:1

END OF REPORT

Technician

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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 210	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 95	MG/DL	0 - 150
HDL (serum)	: 54	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 146	MG/DL	0 - 130
VLDL (serum)	: 19	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 3.89		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	: 2.70		Male : <= 3.6 Female : <=3.2

NCEP Guidelines

	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.
 Cholesterol & Triglycerides reprocessed , & confirmed.

END OF REPORT

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BIOCHEMISTRY

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum)	: 16	MG/DL	0 - 45
UREA NITROGEN (serum)	: 7.47	MG/DL	7 - 21
CREATININE (serum)	: 0.5	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 6.1	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

SERUM ELECTROLYTES

SERUM SODIUM	: 139	mEq/L	136 - 149
SERUM POTASSIUM	: 4.3	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 102	mEq/L	98 - 107

END OF REPORT

Technician *[Signature]*

Report Type By :- KAJAL SADIGALE

[Signature]
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 MD (Microbiology), Dip.Pathology &
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Dept. of Pathology

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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY	: 30	ML
COLOUR	: PALE YELLOW	
APPEARANCE	: SLIGHTLY HAZY	
REACTION	: ACIDIC	
SPECIFIC GRAVITY	: 1.020	

CHEMICAL EXAMINATION

PROTEIN	: ABSENT
SUGAR	: ABSENT
KETONES	: ABSENT
BILE SALTS	: ABSENT
BILE PIGMENTS	: ABSENT
UROBILINOGEN	: NORMAL

MICROSCOPIC EXAMINATION

PUS CELLS	: 4-6	/hpf
RBC CELLS	: 0-1	/hpf
EPITHELIAL CELLS	: 2-3	/hpf
CASTS	: ABSENT	/hpf
CRYSTALS	: ABSENT	
OTHER FINDINGS	: ABSENT	
BACTERIA	: PRESENT	

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
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Pathologist



Dept. of Pathology

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PRN : 106149 **Lab No** : 9067
Patient Name : Mrs. GAIKWAD ARATI D **Req.No** : 9067
Age/Sex : 44Yr(s)/Female
Company Name : BANK OF BARODA **Collection Date & Time** : 01/03/2022 09:22 AM
Referred By : Dr.HOSPITAL PATIENT **Reporting Date & Time** : 01/03/2022 12:42 PM
Print Date & Time : 01/03/2022 12:51 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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ENDOCRINOLOGY

THYROID FUNCTION TEST

T3-Total (Tri iodothyronine)	: 1.24	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 11.3	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 1.43	µIU/mL	0.465 - 4.68

NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

The guidelines for age related reference ranges for T3,T4,& Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

END OF REPORT

Technician *MJD*

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Pathology

(For Report Purpose Only)



PRN : 106149
Patient Name : Mrs. GAIKWAD ARATI D
Age/Sex : 44Yr(s)/Female

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Req.No : 9067

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Collection Date & Time : 01/03/2022 09:22 AM
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Print Date & Time : 01/03/2022 12:52 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HBA1C	: 5.37	%	Normal Control : : 4.2 - 6.2 Good Control : : 5.5 - 6.7 Fair Control : : 6.8 - 7.6 Poor Control : : >7.6
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Instrument: COBAS C 111

NOTE :

1. The HbA1C test shows your average blood sugar for last 3 months.
2. The HbA1C test does not replace your day-to-day monitoring of blood glucose.
Use this test result along with your daily test results to measure your overall diabetes control.

How does HbA1C works ?

The HbA1C test measures the amount of **sugar that attaches to protein** in your red blood cells. RBCs live for about 3 months, so this test shows your average blood sugar levels during that time. Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.

Why is this test so important ?

Research studies demonstrated that **the closer to normal your HbA1C level was, the less likely your risk of developing the long- term complications of diabetes.** Such problems include eye disease and kidney problems.

Who should have the HbA1c test done ?

Everyone with diabetes can benefit from taking this test. Knowing your HbA1C level helps you and your doctor decide if you need to change your diabetes management plan.

How often should you have a HbA1C test ?

You should have this test done when you are first diagnosed with diabetes. Then at least twice a year if your treatment goals are being met & blood glucose control is stable. More frequent HbA1C testing (4 times / year) is recommended if your blood glucose management goals.

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
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Pathologist



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PRN : 106149
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Collection Date & Time : 01/03/2022 11:57 A
Reporting Date & Time : 01/03/2022 11:52 P
Print Date & Time : 02/03/2022 12:29 P

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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CYTOLOGY

PAP SMEAR


CODE NO. : C-15/22
CLINICAL DETAILS :
SPECIMEN : 02 Slides Received

MICROSCOPIC DESCRIPTION (Based on the Bethesda System)

BACKGROUND : Inflammatory & Hemorrhagic
CELL TYPE : Superficial & Intermediate
ENDOCERVICAL CELLS : Present
ENDOMETRIAL CELLS : Not seen
METAPLASTIC CELLS : Absent
NEUTROPHILS : +++
LYMPHOCYTES : Absent
ORGANISMS : Normal Flora
ATYPICAL CELLS : Occasional cells with Mild dysplasia are noted.
CERVICO-VAGINAL CYTOLOGY INTERPRETATION : Suggestive of Low Grade Squamous Intraepithelial Lesion (LSIL)
NOTE : Correlate with clinical details Futher evaluation with Biopsy is suggested


Technician

Report Type By :- GANESH JADHAV


Dr. AMRUT V. ASHTURKAR
MD (Pathology) (MMC-2003/04/1751)

Pathologist