



2D ECHO / COLOUR DOPPLER

NAME : MR. KESHAV RATHI
RF BY : DR. HOSPITAL PATIENT

33yrs/M

OPD
10-Sep-22

M - Mode values

Doppler Values

AORTIC ROOT (mm)	25	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	35	PG (mmHg)	
RV (mm)		AORTIC VEL (m/sec)	1.2
LVID - D (mm)	44	PG (mmHg)	6
LVID - S (mm)	27	MITRAL E VEL (m/sec)	0.6
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 :

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


DR. RAJDATT DEORE.
MD, DM-CARDIOLOGIST
MMC 2005/03/1520

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



Dept. of Pathology

(For Report Purpose Only)



PRN : 067604
 Patient Name : Mr. RATHI KESHAV
 Age/Sex : 33Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 7406
 Req.No : 7406

Collection Date & Time : 10/09/2022 10:33 AM
 Reporting Date & Time : 10/09/2022 02:51 PM
 Print Date & Time : 10/09/2022 02:58 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
HAEMATOLOGY			
HAEMOGRAM			
HAEMOGLOBIN (Hb)	: 14.8	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 45.1	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.42	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 102.0	cu micron	76 - 96
M.C.H.	: 33.5	pg	27 - 32
M.C.H.C	: 32.8	picograms	32 - 36
RDW-CV	: 13.3	%	11 - 16
WBC TOTAL COUNT	: 7720	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 316000	cumm	150000 - 450000
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	: 54	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 4168.80	µL	2000 - 7000
LYMPHOCYTES	: 32	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2470.40	µL	1000 - 3000
EOSINOPHILS	: 06	%	01 - 04
ABSOLUTE EOSINOPHILS	: 463.20	µL	20 - 500
MONOCYTES	: 08	%	02 - 08
ABSOLUTE MONOCYTES	: 617.60	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician

Report Type By :- PANDURANG TAMBARE

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

For Free Home Collection Call : 9545200011



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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC MORPHOLOGY	: Normocytic Normochromic		
WBC MORPHOLOGY	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

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

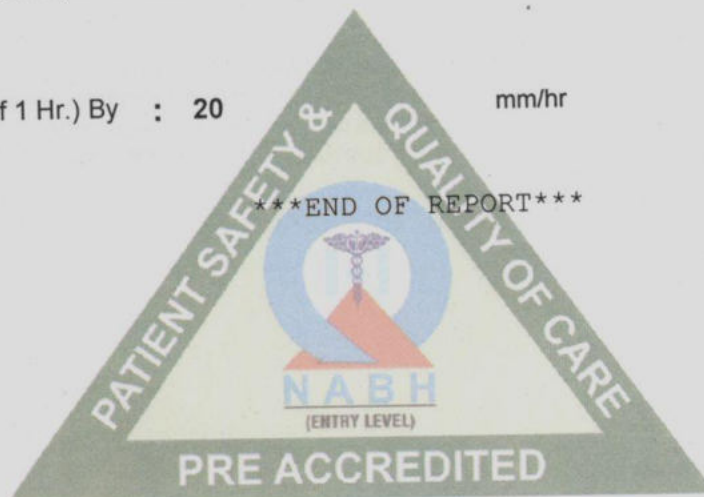
ESR

ESR MM (AT The End of 1 Hr.) By : 20
Westergren Method

mm/hr

Male : 0 - 15
Female : 0 - 20

END OF REPORT



Technician

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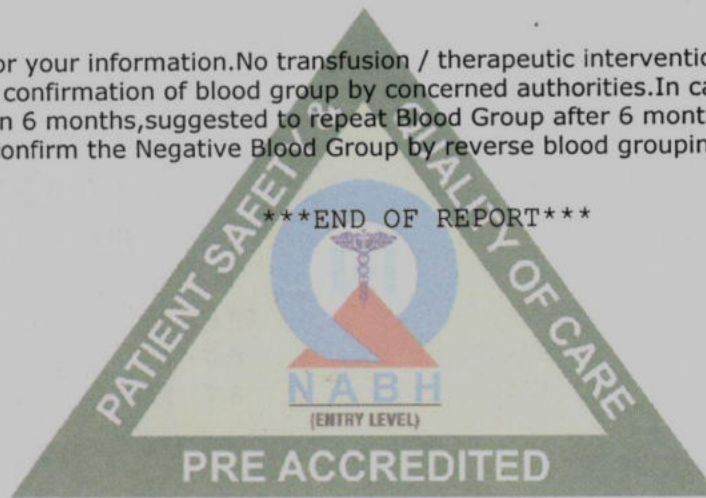
HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "O"
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



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BIOCHEMISTRY

BSL-F & PP

Blood Sugar Level Fasting : 96 MG/DL 60 - 110
 Blood Sugar Level PP : 104 MG/DL 70 - 140

CALCIUM

CALCIUM (serum) : 9.6 MG/DL 8.4 - 10.4

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum) : 19 MG/DL 0 - 45
 UREA NITROGEN (serum) : 8.87 MG/DL 7 - 21
 CREATININE (serum) : 0.8 MG/DL 0.5 - 1.5
 URIC ACID (serum) : 7.8 MG/DL Male : 3.4 - 7.0
 Female : 2.4 - 5.7

SERUM ELECTROLYTES

SERUM SODIUM : 139 mEq/L 136 - 149
 SERUM POTASSIUM : 4.2 mEq/L 3.8 - 5.2
 SERUM CHLORIDE : 101 mEq/L 98 - 107

END OF REPORT

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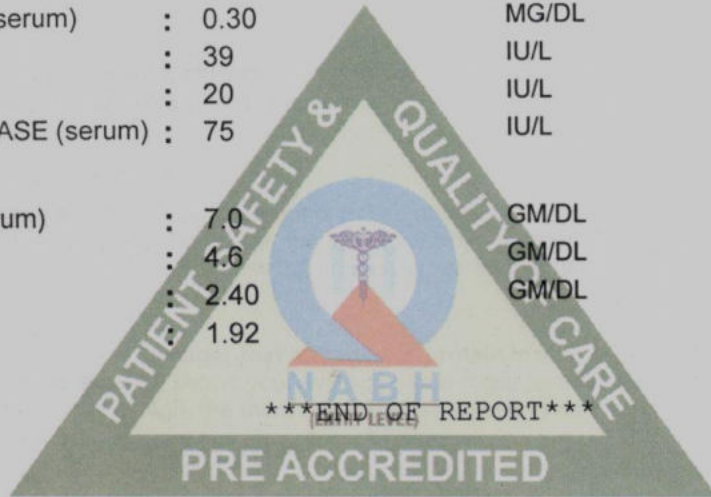
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BIOCHEMISTRY

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)	: 39	IU/L	5 - 40
S.G.P.T (serum)	: 20	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 75	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : : 67 - 382 ADULT : : 36 - 113
PROTEINS TOTAL (serum)	: 7.0	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.6	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 2.40	GM/DL	1.8 - 3.6
A/G RATIO	: 1.92		1:2 - 2:1



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Print Date & Time : 10/09/2022 03:00 PM

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BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HBA1C	: 5.45	%	Good Control : : 5.5 - 6.7 Fair Control : : 6.8 - 7.6 Poor Control : : >7.6
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Instrument: COBAS C 111

The HbA1C determination is based on turbidimetric inhibition immunoassay (TNIA) for hemolysed whole blood on Cobas c111 system.

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

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AiMS Hospital And Research Center



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ENDOCRINOLOGY

TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.41	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 8.59	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 1.84	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

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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY	: 20	ML
COLOUR	: PALE YELLOW	
APPEARANCE	: SLIGHTLY HAZY	
REACTION	: ACIDIC	
SPECIFIC GRAVITY	: 1.025	

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

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

END OF REPORT

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Tabular Summary

RATHI, KESHAV

Patient ID 31320

10.09.2022 Male

12:22:21 33yrs

Meds:

BRUCE: Total Exercise Time 07:43

Max HR: 153 bpm 81% of max predicted 187 bpm HR at rest: 88

Max BP: 140/90 mmHg BP at rest: 110/75 Max RPP: 19500 mmHg*bpm

Maximum Workload: 10.10 METS

Max. ST: -0.04 mV, 0.00 mV/s in III; EXERCISE STAGE 3 07:30

Arrhythmia: A:14

ST/HR index: 0.42 μ V/bpm

Reasons for Termination: Fatigue

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: none. Overall impression: Normal stress test.

Conclusion: GOOD EFFORT TOLERANCE

ACHIEVED 81 % THR ON RX.

NORMAL BP RESPONSE

NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. RAJDA TT DEORE
MD,DM-CARDIOLOGIST
MMC 2005/03/1520

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

Ref. MD: Ordering MD:

Technician: RUPALI Test Type: Treadmill Stress Test

Comment:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (III mV)	Comment
PRETEST	SUPINE	00:15	0.00	0.00	1.0	93	110/75	10230	0	-0.03	
	STANDING	00:12	0.00	0.00	1.0	94			0	-0.03	
	HYPERV.	00:35	0.50	0.00	1.1	106			0	-0.02	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	120	110/75	13200	0	-0.01	
	STAGE 2	03:00	2.50	12.00	7.0	139	120/85	16680	0	-0.01	
	STAGE 3	01:44	3.40	14.00	10.1	153	130/85	19890	0	-0.04	
RECOVERY		03:04	0.00	0.00	1.0	110	140/90	15400	0	0.01	

BRUCE
0.0 mph
0.0 %

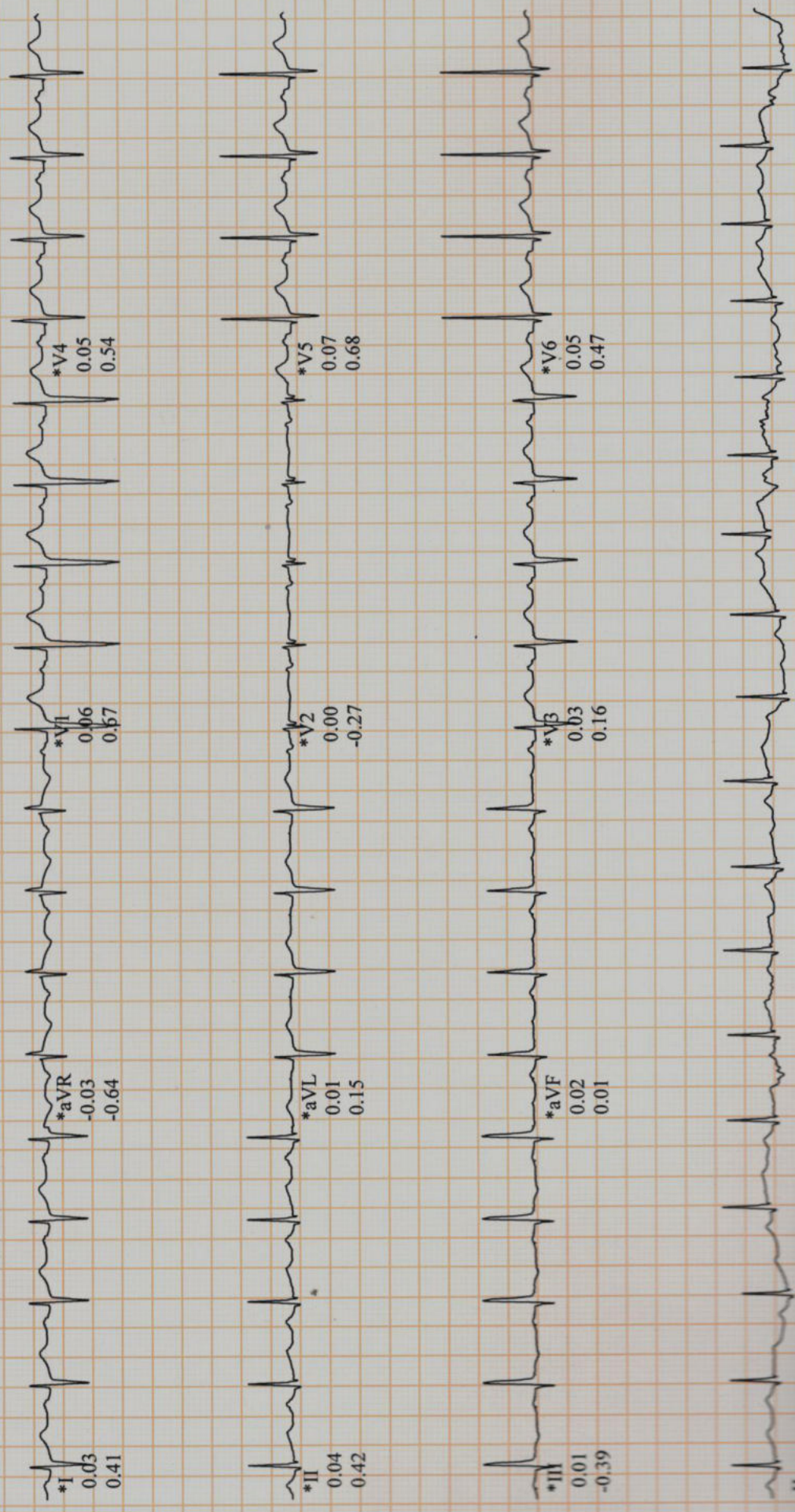
RECOVERY
#1
02:50

109 bpm
140/90 mmHg

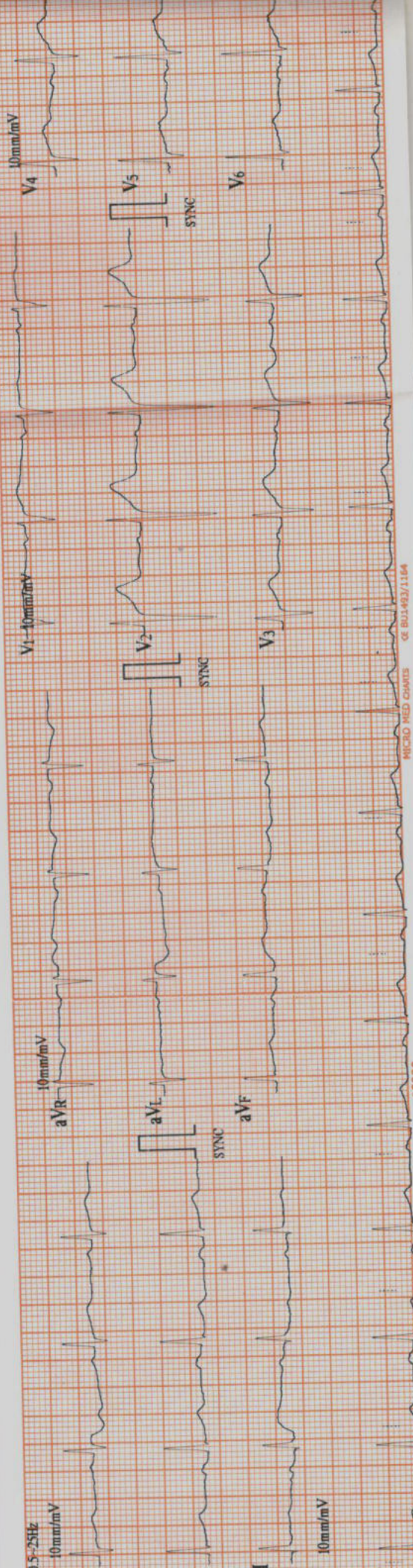
THI, KESHAV
Patient ID 31320
09.2022
2:33:54

Lead

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



*Computer Synthesized Rhythms



68020 MICRO MED CHAIRS GE BU1492/1164

6/8/05: VI: 010 2011-05-22 00:21



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 10-SEP-2022
NAME : MR. RATHI KESHAV
PATIENT CODE : 067604
REFERRAL BY : Dr. HOSPITAL PATIENT

REP. DATE : 10-SEP-2022
AGE/SEX : 33 YR(S) / MALE

USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size (13.7cms), shape & bright in echotexture. No focal lesion / IHBR dilatation.

CBD & PV : Normal in caliber.

G.B. : Moderately distended, Normal.

Spleen : Is normal in size (10.0 cm), 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 : 10.6 x 4.7 cm.

Left kidney measures : 10.2 x 4.6 cm.

Urinary bladder : Moderately distended, normal.

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

No demonstrable small bowel / RIF pathology.

No ascites / lymphadenopathy.

IMPRESSION :

Grade I fatty liver.

- Kindly correlate clinically.

Dr. PIYUSH YEOLE

(MBBS, DMRE)

CONSULTANT RADIOLOGIST



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CHEST X-RAY PA VIEW

OBSERVATION :

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 :

Prominent bronchovascular markings in both lung fields ? bronchitis.

-Kindly correlate clinically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST