

mm/s 0.5-25Hz

10mm/mV

I

II

III

10mm/mV

10mm/mV

aVR

aVL

aVF

10mm/mV

V1

V2

V3

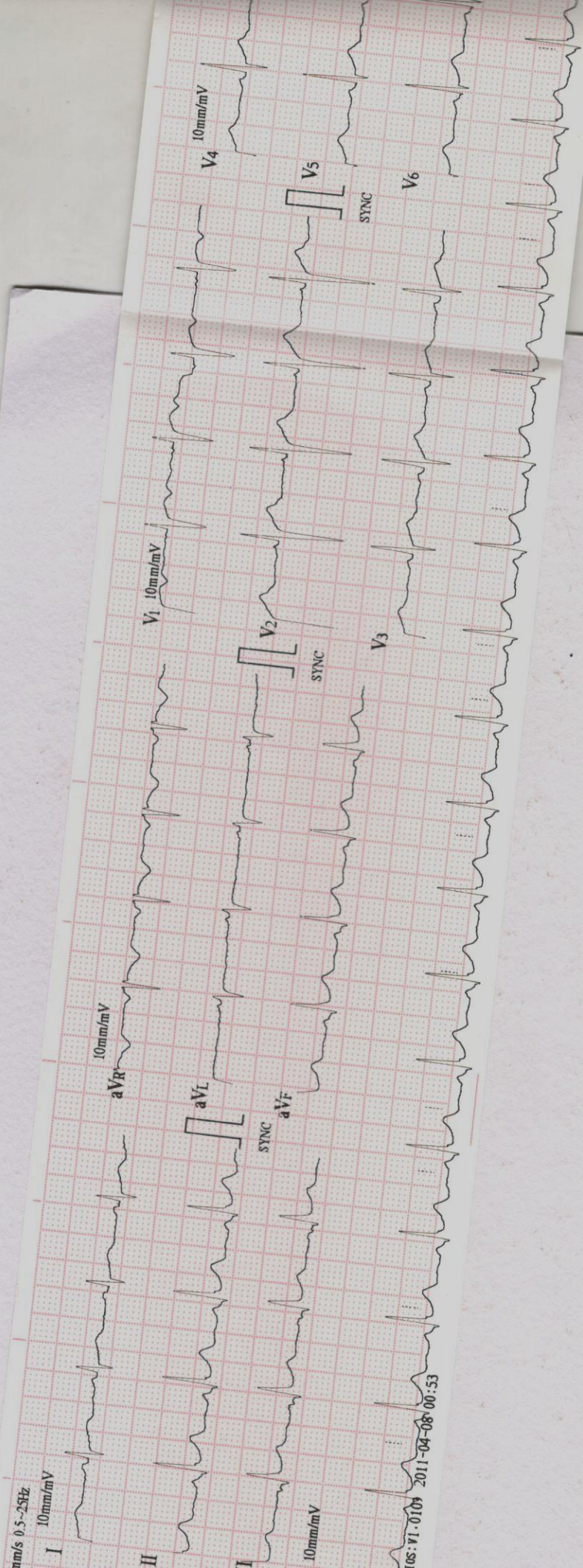
10mm/mV

V4

V5

V6

05:VI.0109 2011-04-08 00:53





2D ECHO / COLOUR DOPPLER

NAME : MR. NAVEEN KASLIWAL
RF BY : DR. HOSPITAL PATIENT

33yrs/M

OPD
28-Jul-22

M - Mode values

Doppler Values

AORTIC ROOT (mm)	22	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	30	PG (mmHg)	
RV (mm)		AORTIC VEL (m/sec)	1.2
LVID - D (mm)	43	PG (mmHg)	6
LVID - S (mm)	26	MITRAL E VEL (m/sec)	0.8
IVS - D (mm)	11	A VEL (m/sec)	0.5
LVPW -D (mm)	10	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. RAJDATT DEORE.
MD, DM-CARDIOLOGIST
MMC 2005/03/1520

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

KASLIWAL, NAVEEN
 Patient ID 27372
 28.07.2022
 10:46:34

Tabular Summary

BRUCE: Total Exercise Time 07:51
 Max HR: 169 bpm 90% of max predicted 187 bpm HR at rest: 103
 Max BP: 150/88 mmHg BP at rest: 120/75 Max RPP: 23240 mmHg*bpm
 Maximum Workload: 10.10 METS
 Max. ST: -0.03 mV, 0.00 mV/s in III; EXERCISE STAGE 2 05:50
 Arrhythmia: A:62

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

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

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: none. Overall impression: Normal stress test.
Conclusion: GOOD EFFORT TOLERANCE
 MAX HR ACHIEVED
 NORMAL BP RESPONSE

NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD
 STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

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

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST Level (III mV)	Comment
PRETEST	SUPINE	00:24	0.00	0.00	1.0	100	120/75	12000	0	0.04	
	STANDING	00:21	0.00	0.00	1.0	104			0	0.04	
	HYPERV.	00:53	0.00	0.00	1.0	114	120/75	13680	0	0.04	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	144	120/75	17280	0	0.07	
	STAGE 2	03:00	2.50	12.00	7.0	155	120/80	18600	0	0.01	
	STAGE 3	01:51	3.40	14.00	10.1	166	140/85	23240	0	0.04	
RECOVERY		03:05	0.00	0.00	1.0	121	150/88	18150	0	0.02	

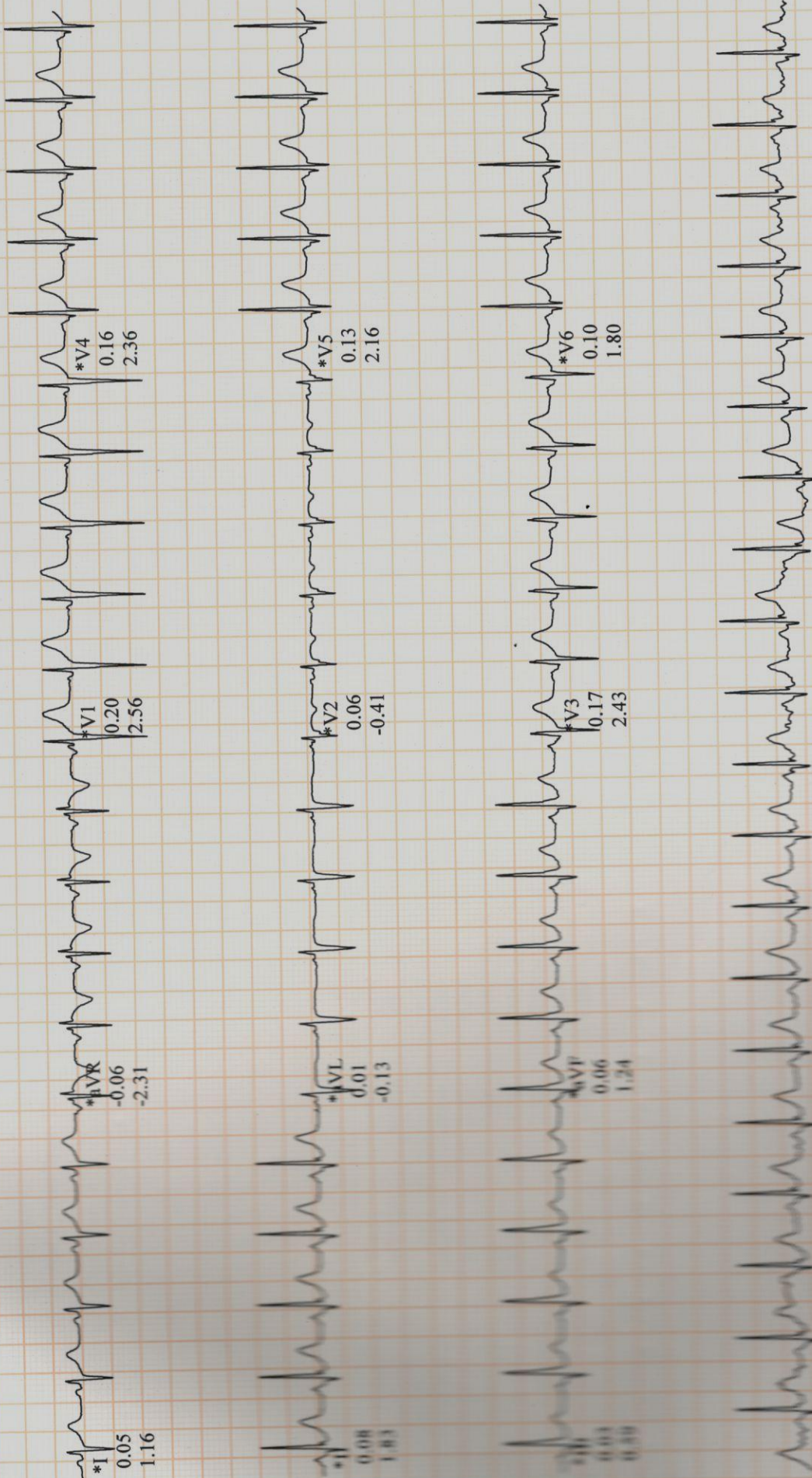
BRUCE
0.0 mph
0.0 %

RECOVERY
#1
02:50

123 bpm
150/88 mmHg

NAVEEN
7372

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



*Computer Synthesized Rhythms



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 28-JUL-2022 REP. DATE : 28-JUL-2022
NAME : MR. KASLIWAL NAVEEN
PATIENT CODE : 109611 AGE/SEX : 33 YR(S) / MALE
REFERRAL BY : HOSPITAL PATIENT

USG ABDOMEN AND PELVIS

OBSERVATION :

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

CBD & PV : Normal in caliber.

G.B. : Moderately distended, Normal.

Spleen : Is normal in size (8.6 cm) , shape & echotexture. No focal lesion.

Pancreas : Normal in size, shape & echotexture.

Both kidneys are normal in size, shape & echotexture, CMD maintained.
No hydronephrosis / hydroureter on either side.
4.6 mm and 4.1 mm sized calculi are noted in the lower pole region of right kidney.
2.8 mm sized calculus is noted in the interpolar region of left kidney.

Right kidney measures : 9.2 x 4.4 cm.

Left kidney measures : 10.4 x 4.9 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 :

Non obstructing bilateral renal calculi.

- Kindly correlate clinically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST



भारत सरकार
GOVERNMENT OF INDIA



Naveen Kailas Kasliwal

1989-02-27

Male

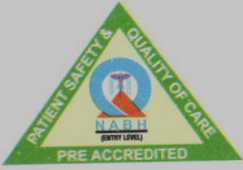
XXXXXXXXXX6005

Address:

KAILAS BUILDING SAWTA MANDIR ROAD
WARD N-3 TALUKA - SHRIRAMPUR Shrirampur
- Ahmadnagar - Maharashtra 413709



आधार-आम आदमी का अधिकार



Dept. of Radiology
(For Report Purpose Only)

AiMS[®]
Hospital & Research Center
Caring Redefined

REQ. DATE : 28-JUL-2022 REP. DATE : 28-JUL-2022
NAME : MR. KASLIWAL NAVEEN
PATIENT CODE : 109611 AGE/SEX : 33 YR(S) / MALE
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.

**Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST**



Dept. of Pathology

(For Report Purpose Only)



PRN : 109611
Patient Name : Mr. KASLIWAL NAVEEN
Age/Sex : 33Yr(s)/Male

Lab No : 4957
Req.No : 4957

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

Collection Date & Time : 28/07/2022 09:43 AM
Reporting Date & Time : 28/07/2022 11:15 AM,
Print Date & Time : 28/07/2022 11:22 AM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN (Hb)	: 16.4	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 50.5	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 5.69	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 88.8	cu micron	76 - 96
M.C.H.	: 28.8	pg	27 - 32
M.C.H.C	: 32.5	picograms	32 - 36
RDW-CV	: 12.4	%	11 - 16
WBC TOTAL COUNT	: 8210	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 347000	cumm	150000 - 450000

WBC DIFFERENTIAL COUNT

NEUTROPHILS	: 58	%	ADULT : 40 - 70 CHILD : : 20 - 40
ABSOLUTE NEUTROPHILS	: 4761.80	µL	2000 - 7000
LYMPHOCYTES	: 32	%	ADULT : 20 - 40 CHILD : : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2627.20	µL	1000 - 3000
EOSINOPHILS	: 02	%	01 - 04
ABSOLUTE EOSINOPHILS	: 164.20	µL	20 - 500
MONOCYTES	: 08	%	02 - 08
ABSOLUTE MONOCYTES	: 656.80	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 : 109611
 Patient Name : Mr. KASLIWAL NAVEEN
 Age/Sex : 33Yr(s)/Male

Lab No : 4957
 Req.No : 4957

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

Collection Date & Time : 28/07/2022 09:43 AM
 Reporting Date & Time : 28/07/2022 11:15 AM
 Print Date & Time : 28/07/2022 11:22 AM

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

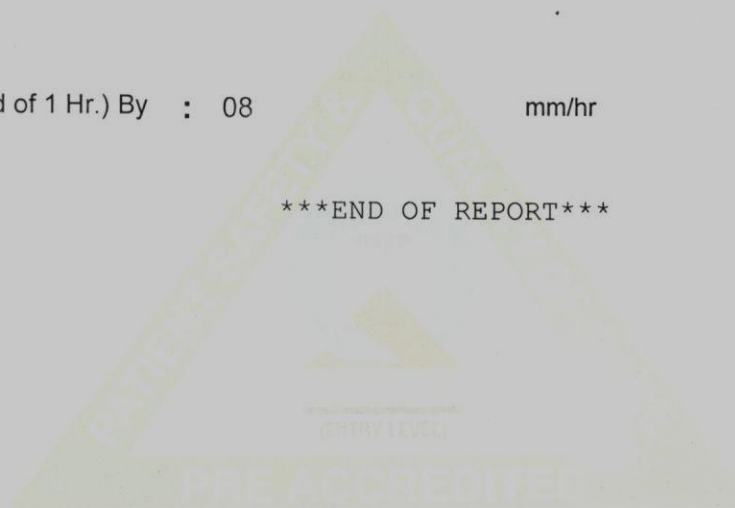
Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

ESR

ESR MM (AT The End of 1 Hr.) By : 08 mm/hr
 Westergren Method

Male : 0 - 15
 Female : 0 - 20

END OF REPORT



Technician

Report Type By :- KAJAL SADIGALE

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



Dept. of Pathology
(For Report Purpose Only)



PRN : 109611
 Patient Name : Mr. KASLIWAL NAVEEN
 Age/Sex : 33Yr(s)/Male

Lab No : 4957
 Req.No : 4957

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

Collection Date & Time : 28/07/2022 09:43 AM
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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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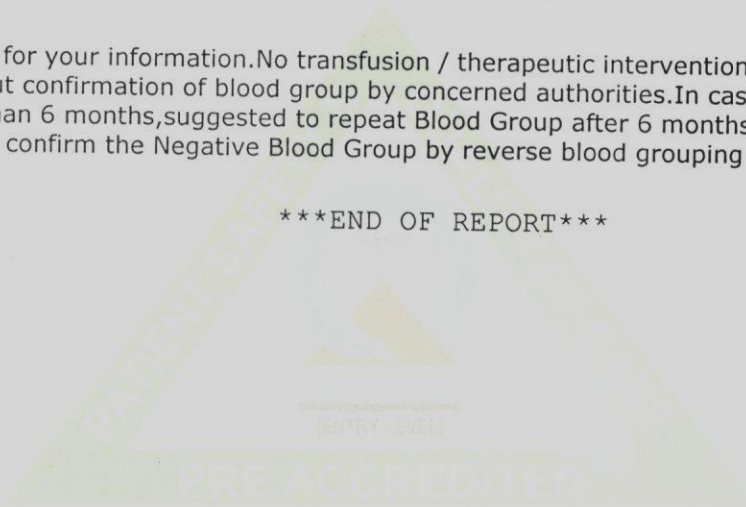
HAEMATOLOGY

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

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PRN : 109611
Patient Name : Mr. KASLIWAL NAVEEN
Age/Sex : 33Yr(s)/Male
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 4957
Req.No : 4957

Collection Date & Time : 28/07/2022 09:43 AM
Reporting Date & Time : 28/07/2022 02:00 PM
Print Date & Time : 28/07/2022 02:00 PM

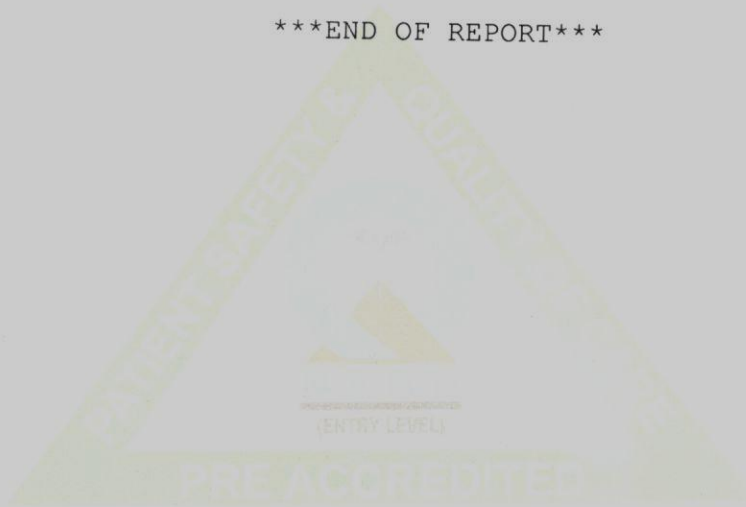
PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

BSL-F & PP

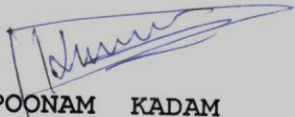
Blood Sugar Level Fasting	: 95	MG/DL	60 - 110
Blood Sugar Level PP	: 162	MG/DL	70 - 140

END OF REPORT



Technician

Report Type By :- KAJAL SADIGALE


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



Dept. of Pathology

(For Report Purpose Only)



PRN : 109611
Patient Name : Mr. KASLIWAL NAVEEN
Age/Sex : 33Yr(s)/Male

Lab No : 4957
Req.No : 4957

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


Collection Date & Time : 28/07/2022 09:43 AM
Reporting Date & Time : 28/07/2022 12:18 PM
Print Date & Time : 28/07/2022 12:33 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
BIOCHEMISTRY			
CALCIUM			
CALCIUM (serum)	: 10.1	MG/DL	8.4 - 10.4
RFT (RENAL FUNCTION TEST)			
BIOCHEMICAL EXAMINATION			
UREA (serum)	: 13	MG/DL	0 - 45
UREA NITROGEN (serum)	: 6.07	MG/DL	7 - 21
CREATININE (serum)	: 0.9	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 5.6	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7
SERUM ELECTROLYTES			
SERUM SODIUM	: 140	mEq/L	136 - 149
SERUM POTASSIUM	: 4.8	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 103	mEq/L	98 - 107

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 : 109611
 Patient Name : Mr. KASLIWAL NAVEEN
 Age/Sex : 33Yr(s)/Male

Lab No : 4957
 Req.No : 4957

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

Collection Date & Time : 28/07/2022 09:43 AM
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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 219	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 136	MG/DL	0 - 150
HDL (serum)	: 43	MG/DL	Male : 42 - 79.5 Female : 42 - 79.5
LDL (serum)	: 162	MG/DL	0 - 130
VLDL (serum)	: 27.20	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 5.09		Male : 1.0 - 5.0 Female : 1.0 - 4.5
LDL/HDL RATIO	: 3.77		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

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 : 109611
 Patient Name : Mr. KASLIWAL NAVEEN
 Age/Sex : 33Yr(s)/Male

Lab No : 4957
 Req.No : 4957

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

Collection Date & Time : 28/07/2022 09:43 AM
 Reporting Date & Time : 28/07/2022 11:15 AM
 Print Date & Time : 28/07/2022 12:33 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

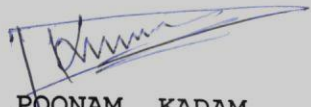
LFT (Liver function Test)

BILIRUBIN TOTAL (serum)	: 0.6	MG/DL	INFANTS : 1.2 - 12.0 ADULT : : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.3	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.30	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 25	IU/L	5 - 40
S.G.P.T (serum)	: 26	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 110	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : : 67 - 382 ADULT : : 36 - 113
PROTEINS TOTAL (serum)	: 7.1	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.2	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 2.90	GM/DL	1.8 - 3.6
A/G RATIO	: 1.45		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 : 109611
 Patient Name : Mr. KASLIWAL NAVEEN
 Age/Sex : 33Yr(s)/Male

Lab No : 4957
 Req.No : 4957

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

Collection Date & Time : 28/07/2022 09:43 AM
 Reporting Date & Time : 28/07/2022 12:18 PM
 Print Date & Time : 28/07/2022 12:33 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HBA1C : 5.43 %

Good Control : : 5.5 - 6.7
 Fair Control : : 6.8 - 7.6
 Poor Control : : >7.6

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

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 : 109611 Lab No : 4957
 Patient Name : Mr. KASLIWAL NAVEEN Req.No : 4957
 Age/Sex : 33Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT
 Collection Date & Time : 28/07/2022 09:43 AM
 Reporting Date & Time : 28/07/2022 12:18 PM
 Print Date & Time : 28/07/2022 12:32 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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ENDOCRINOLOGY

TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.43	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 11.3	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 1.31	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

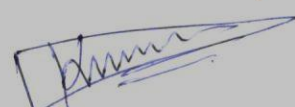
The guidelines for age related reference ranges for T3, T4, & Ultra TSH

	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

NAVEEN KASLIWAL

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: 122076060

Collection Date:
28-07-2022 03:09 PM
Registration Date:
28-07-2022 03:09 pm
Report Date:
28-07-2022 07:05 PM

REPORT

Age:33.00 Years Sex:MALE

Test Description

Drugs in urine :

Nicotine Metabolite (Cotinine) , urine

Urine Creatinine, by Jaffe w/o deproteinization

Observed Value

Not detected

508.68

End of Report

Biological Reference Interval

Method : Chromatography
Detectable Limit : Greater than 200 ng/ml

Normal human urine : > 20 mg/dL
? Diluted urine sample : 6 - 20 mg/dL
? Substituted urine sample : < 6 mg/dL

A.G Diagnostics Pvt Ltd



G. Solanke
Dr Girish Dnyandeo Solanke
MBBS,MD(Path) Regn.No:2010/05/1988
A.G Diagnostics Pvt. Ltd.



Dept. of Pathology

(For Report Purpose Only)



PRN : 109611
Patient Name : Mr. KASLIWAL NAVEEN
Age/Sex : 33Yr(s)/Male

Lab No : 4957
Req.No : 4957

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

Collection Date & Time : 28/07/2022 09:43 AM
Reporting Date & Time : 28/07/2022 12:18 PM
Print Date & Time : 28/07/2022 12:36 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 30 ML
COLOUR : YELLOW
APPEARANCE : SLIGHTLY HAZY
REACTION : ACIDIC
SPECIFIC GRAVITY : 1.030

CHEMICAL EXAMINATION

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

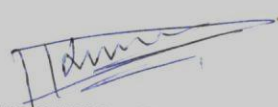
MICROSCOPIC EXAMINATION

PUS CELLS : 0-1 /hpf
RBC CELLS : ABSENT / hpf
EPITHELIAL CELLS : 0-1 /hpf
CASTS : ABSENT /hpf
CRYSTALS : ABSENT
OTHER FINDINGS : ABSENT
BACTERIA : ABSENT

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE


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