

PHYSICIAN CONSULTATION

REF NO. 63754

DATE:- 03-09-2022

NAME:- Karan. C. Charan

DOB: 15-06-1989

AGE:- 33yrs

SEX:- Male

HEIGHT:- 164 cms

WEIGHT:- 64 kgs

BP READING:- 120/80

PULSE :- 88/min

BMI :- 23 kg/m²

MEDICATION :- NO


XIR
DR. N. R. SHAH
G-4383 M.D.

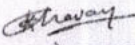


B बैंक ऑफ बड़ोदा
Bank of Baroda



नाम : करण चंद्रकांत चव्हाण
Name : KARAN CHANDRAKANT CHAVAN
कर्मचारी कूट क्र : KC122483
E.C. No. : KC122483


जारीकर्ता प्राधिकारी
Issuing Authority


धारक के हस्ताक्षर
Signature of Holder





भारत सरकार

GOVERNMENT OF INDIA

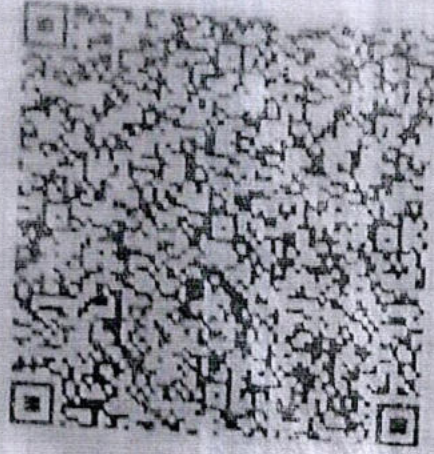


करण चंद्रकांत चव्हाण

Karan Chandrakant Chavan

जन्म वर्ष / Year of Birth : 1989

पुंस्व / Male 15/06/1989



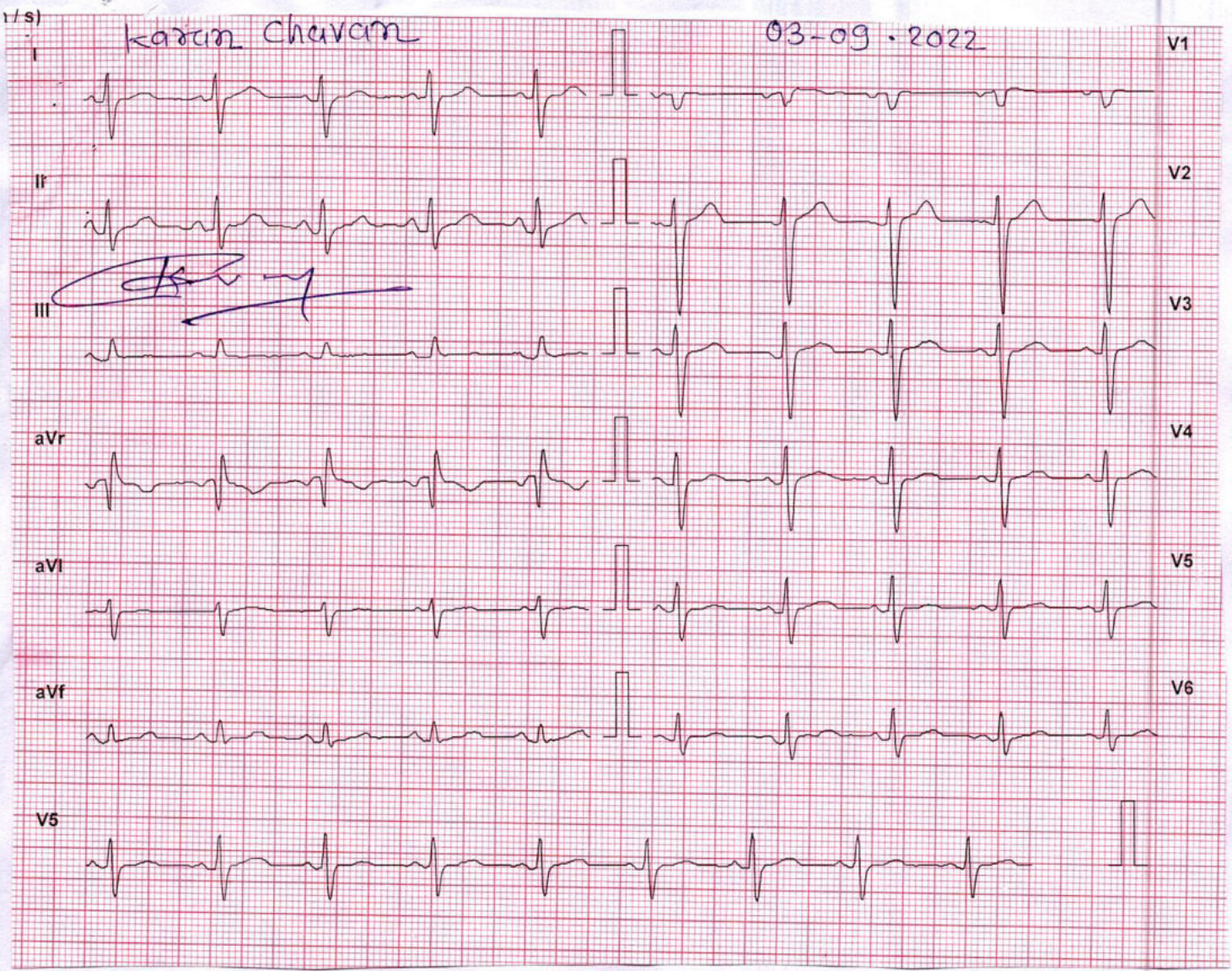
[Handwritten Signature]

5093 1876 7133

आधार — सामान्य माणसाचा अधिकार

Karan Chavam

03-09-2022



NSR WNL

P-80

X 12mm
DR. N. R. SHAH
G-4383 M.D.

Patient Details

Date: 9/3/2022

Time: 10:11:13 AM

Name: KARAN CHAVAN

Age: 33 y Sex: M

Height: 164 cms

Weight: 64 Kgs

Clinical History: CHOLESTROL

Medications: NONE

Test Details

Protocol: Bruce

Pr.MHR: 187 bpm

THR: 158 (85 % of Pr.MHR) bpm

Total Exec. Time: 7 m 36 s

Max. HR: 175 (94% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 152 / 86 mmHg

Max. BP x HR: 26600 mmHg/min

Min. BP x HR: 7120 mmHg/min

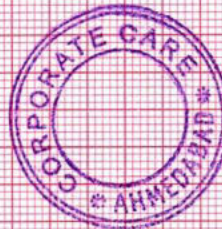
End Point Criteria: Target Heart Rate Achieved.

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mm/s)
Supine	1 : 36	1.0	0	0	89	120 / 80	-0.64 aVr	0.85 II
Standing	0 : 12	1.0	0	0	89	120 / 80	-0.64 aVr	2.12 II
Hyperventilation	0 : 12	1.0	0	0	90	120 / 80	-0.64 aVr	0.64 II
1	3 : 0	4.6	1.7	10	130	132 / 82	-1.27 III	3.18 V2
2	3 : 0	7.0	2.5	12	144	144 / 84	-1.27 II	4.88 V2
Peak Ex	1 : 36	10.2	3.4	14	175	152 / 86	-5.52 V2	-5.31 V2
Recovery(1)	3 : 0	1.0	0	0	121	142 / 84	-1.91 aVr	2.97 V2
Recovery(2)	3 : 0	1.0	0	0	109	130 / 82	-0.42 III	0.85 II
Recovery(3)	0 : 24	1.0	0	0	90	122 / 80	-0.42 aVr	0.42 I

Interpretation

Normal Haemodynamic Response.
 Normal Chronotropic Response.
 Good Exercise Tolerance
 Normal HR and BP Response.
 No Angina. No Arrhythmias.
 No ST-T changes present in exercise & Recovery.
 Test Negative For Exercise Inducible Ischemia.



Niralee
DR. N. R. SHAH
 G-4383 M.D.

Ref. Doctor: AHC

(Summary Report edited by user)

(c) Schiller Healthcare India Pvt. Ltd. V 4.0

KARAN CHAVAN (33 M)

ID: 4347

Date: 9/3/2022

Exec Time : 0 m 0 s

Stage Time : 1 m 30 s **HR: 89 bpm**

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 120 / 80

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

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

0.2 0.4

0.2 0.0

1.1 0.6

1.1 0.6

0.2 0.0

0.6 0.4

-0.6 -0.4

0.4 0.2

0.0 0.0

0.4 0.2

0.6 0.2

0.4 0.0

Chart Speed 25 mm/sec

Filter: 35 Hz

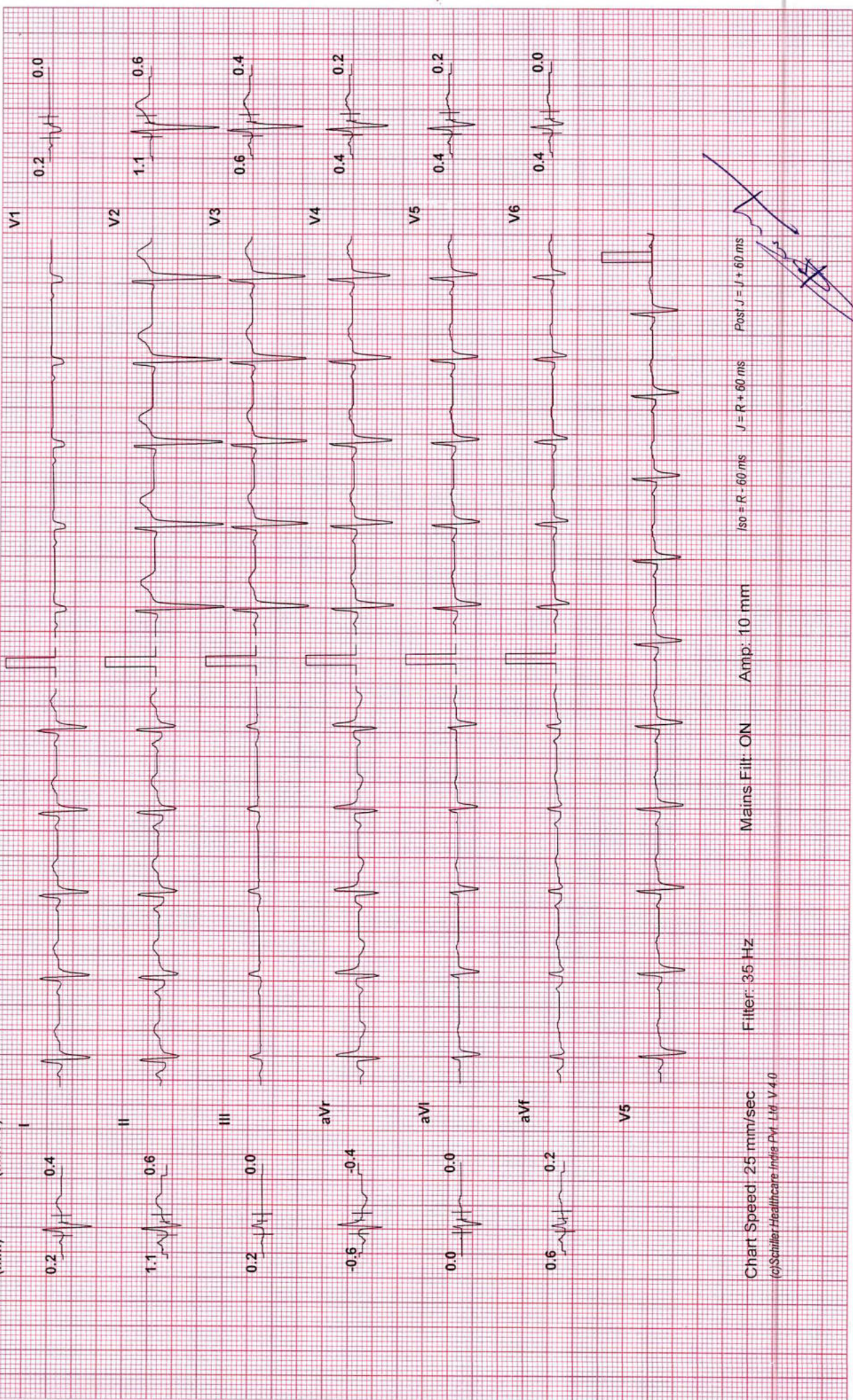
Mains Fil: ON Amp: 10 mm

Isd + R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

(c)Schiller Healthcare InVivo PV: Ltd. V4.0



KARAN CHAVAN (33 M)

ID: 4347

Date: 9/3/2022

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 89 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 120 / 80

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

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

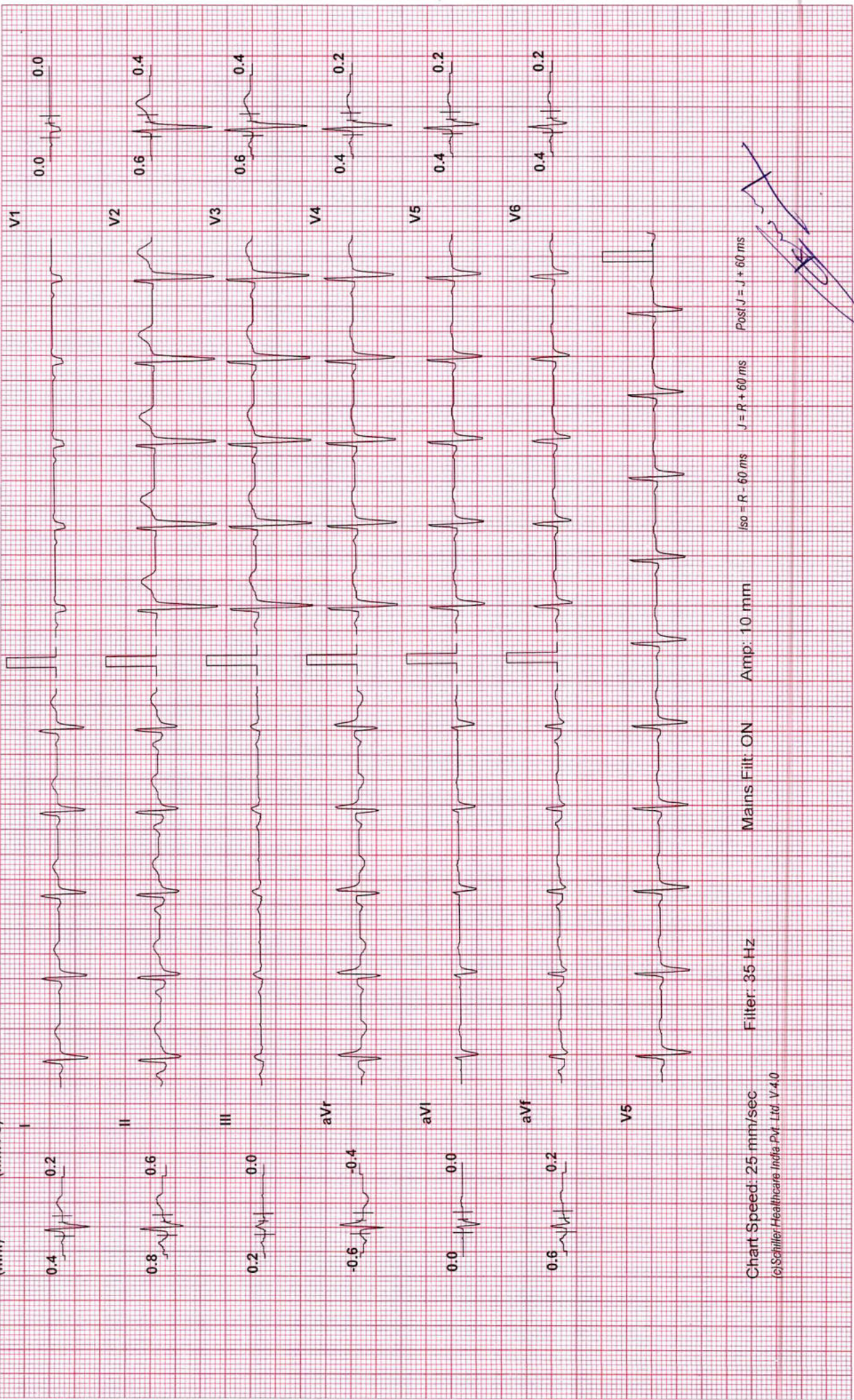


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

©Schiller Healthcare Infa, Pvt. Ltd. V4.0

[Handwritten signature]

Test Report

KARAN CHAVAN (33 M) ID: 4347 Date: 9/3/2022 Exec Time : 0 m 0 s Stage Time : 0 m 6 s HR: 90 bpm
Protocol: Bruce Stage: Hyperventilation Speed: 0 mph Grade: 0 % (THR: 158 bpm) B.P: 120 / 80

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

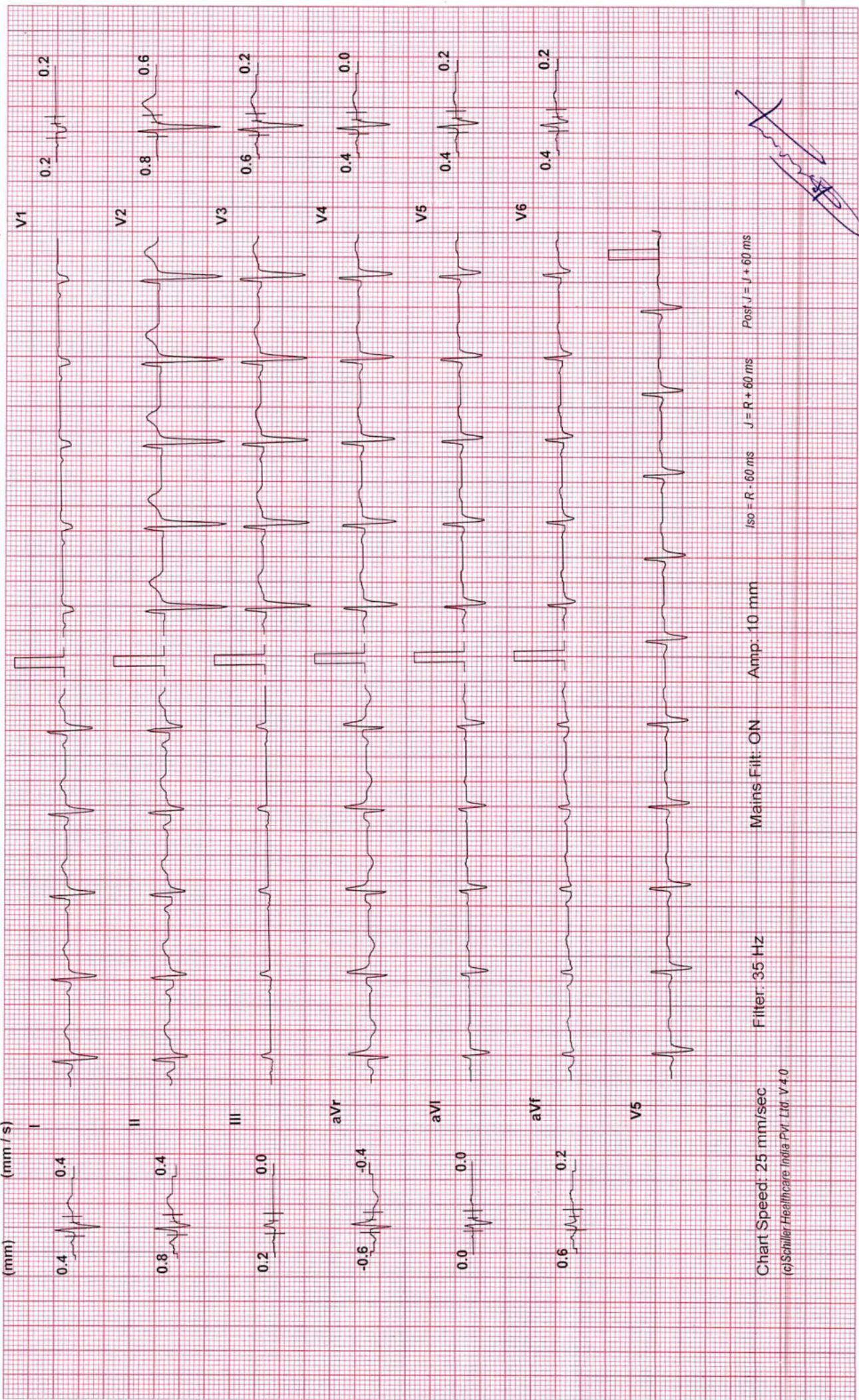


Chart Speed: 25 mm/sec Filter: 35 Hz Amp: 10 mm Mains Filtr: ON Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Test Report

KARAN CHAVAN (33 M)

ID: 4347

Date: 9/3/2022

Exec Time : 2 m 54 s

HR: 130 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 158 bpm)

B.P: 132 / 82

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

0.4 -0.4

0.2 1.7

-0.6 0.6

-0.4 -1.1

0.4 0.0

-0.2 1.1

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

V1 0.0 -0.4

V2 1.5 -0.6

V3 0.8 0.6

V4 0.8 0.4

V5 0.6 0.6

V6 0.2 0.0

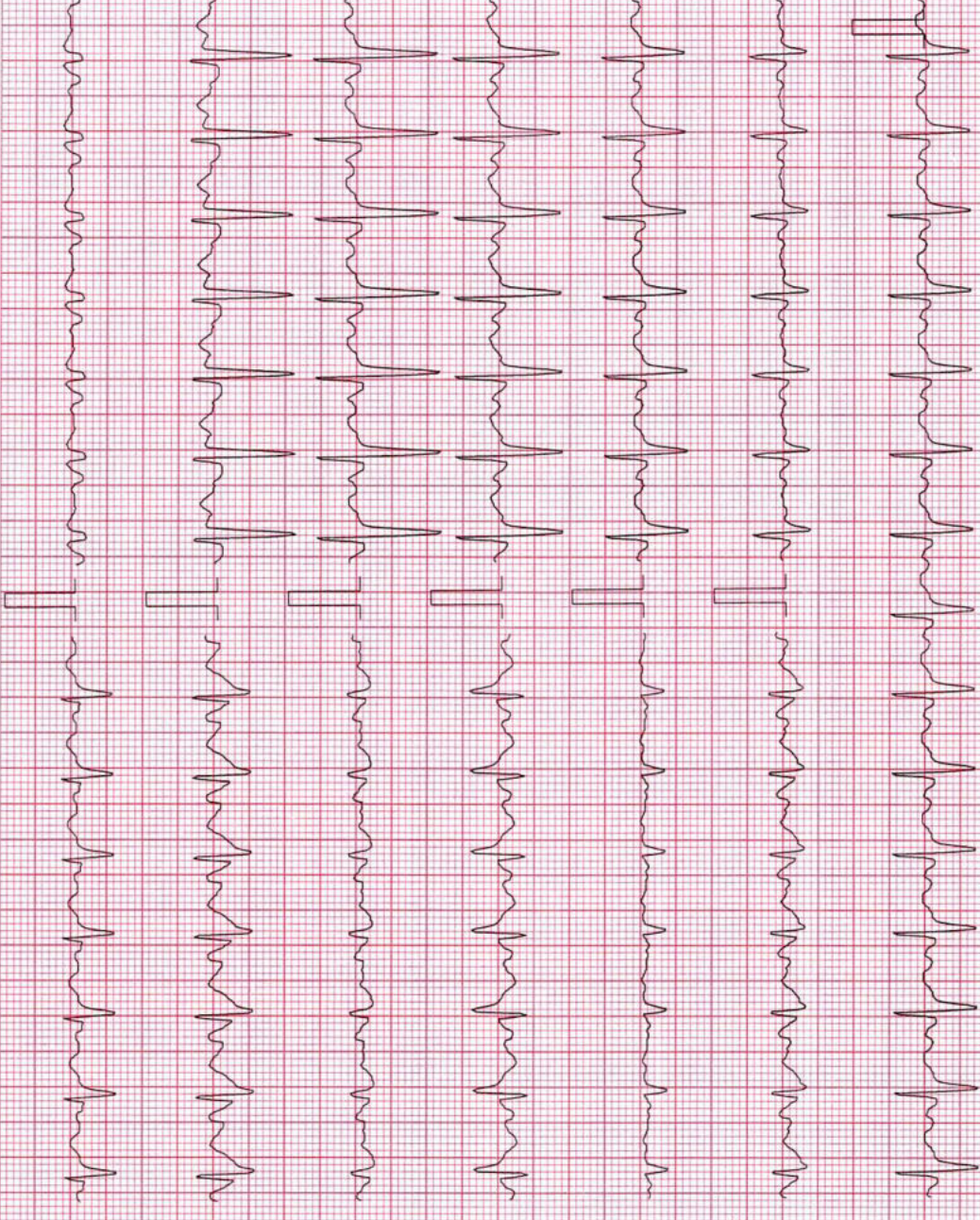


Chart Speed: 25 mm/sec
Filter: 35 Hz
©Schiller Healthcare India Pvt. Ltd. V 4.0

Mains Filt: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

[Handwritten signature]

Test Report

KARAN CHAVAN (33 M) ID: 4347 Date: 9/3/2022 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 144 bpm
Protocol: Bruce Stage: 2 Speed: 2.5 mph Grade: 12 % (THR: 158 bpm) B.P: 144 / 84

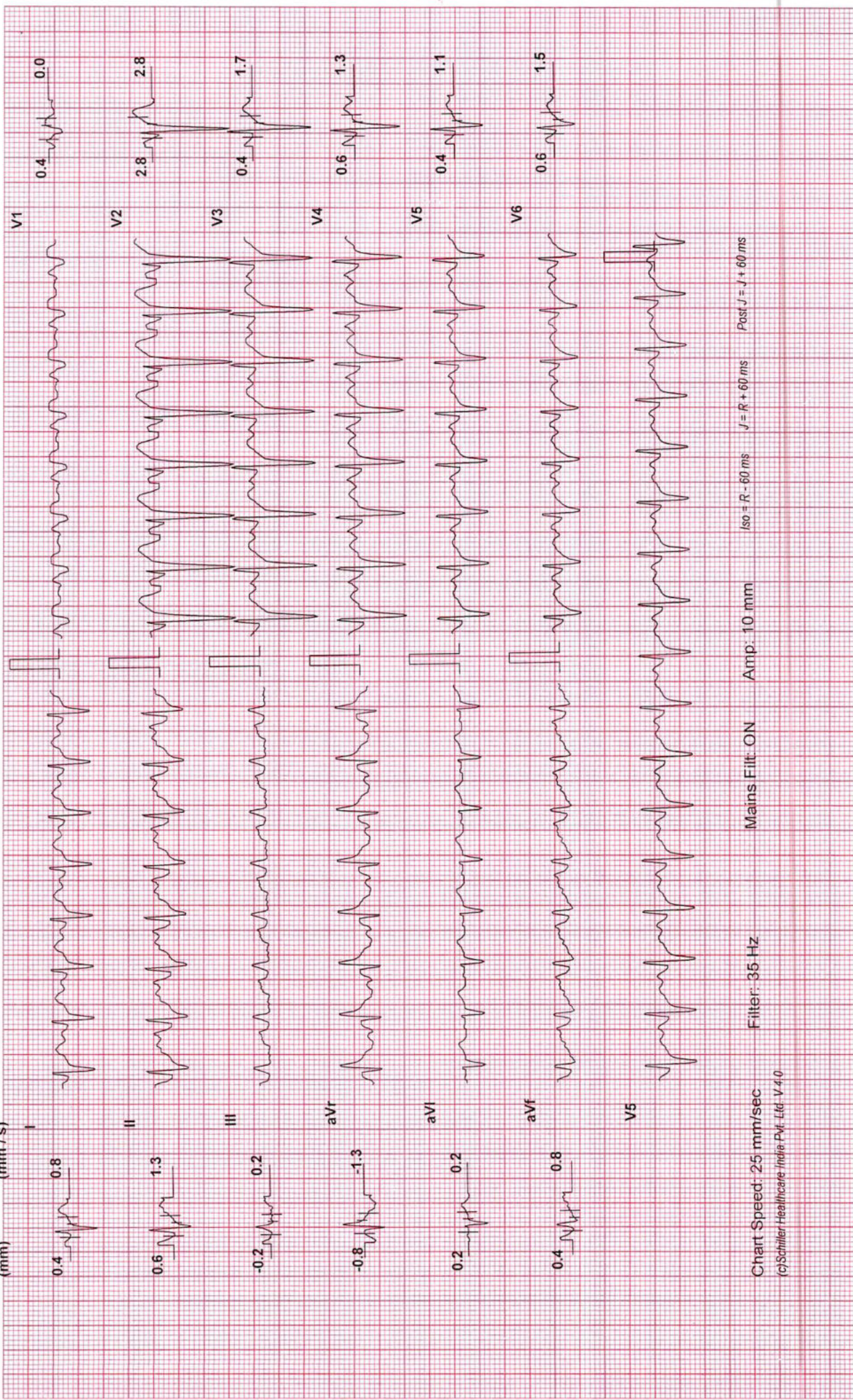


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Iso: R - 60 ms J = R + 60 ms Post J = J + 60 ms

(c)Schiller Healthcare India Pvt. Ltd. V 4.0

KARAN CHAVAN (33 M) Date: 9/3/2022 Exec Time : 7 m 30 s Stage Time : 1 m 30 s HR: 175 bpm
 Protocol: Bruce Speed: 3.4 mph Grade: 14 % (THR: 158 bpm) B.P: 152 / 86

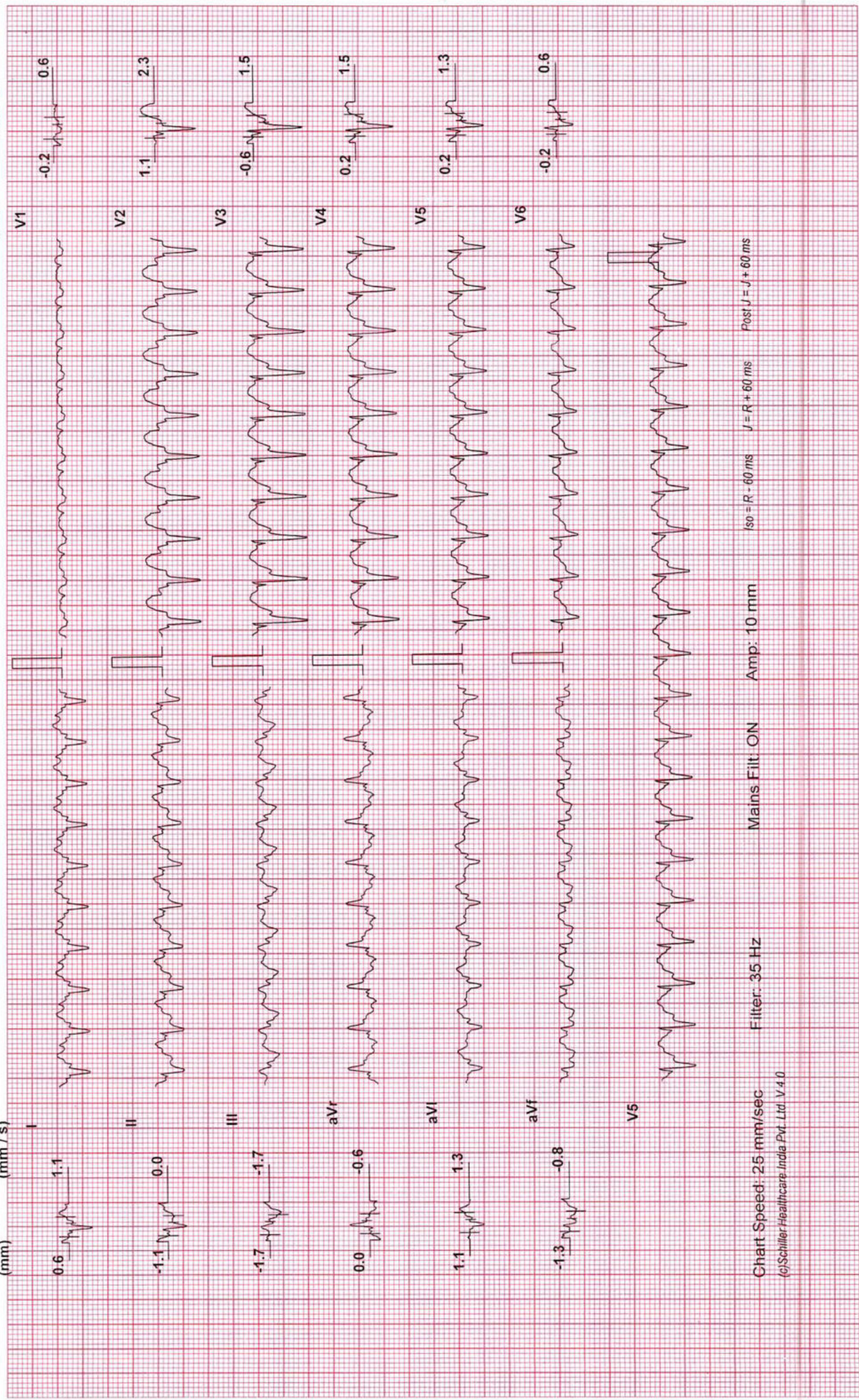


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Test Report

Exec Time : 7 m 36 s Stage Time : 2 m 54 s HR: 121 bpm

Date: 9/3/2022

ID: 4347

KARAN CHAVAN (33 M)

B.P: 142 / 84

(THR: 158 bpm)

Grade: 0 %

Speed: 0 mph

Stage: Recovery(1)

Protocol: Bruce

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

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

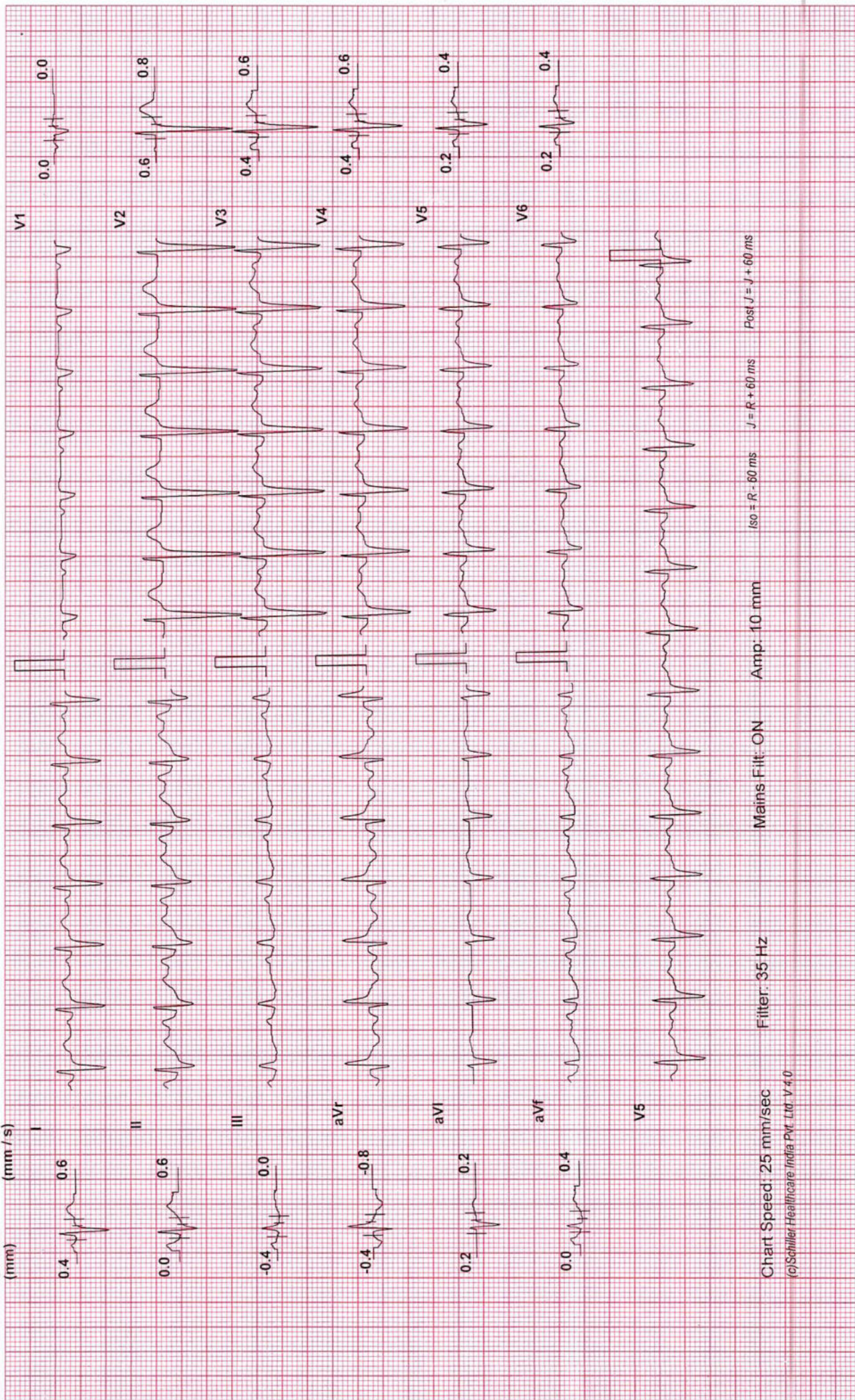


Chart Speed: 25 mm/sec

Filter: 35 Hz

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Mains Filtr: ON

Amp: 10 mm

(c) Schiller Healthcare India Pvt. Ltd. V-4.0

KARAN CHAVAN (33 M)

ID: 4347

Date: 9/3/2022

Exec Time : 7 m 36 s Stage Time : 2 m 54 s HR: 109 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 130 / 82

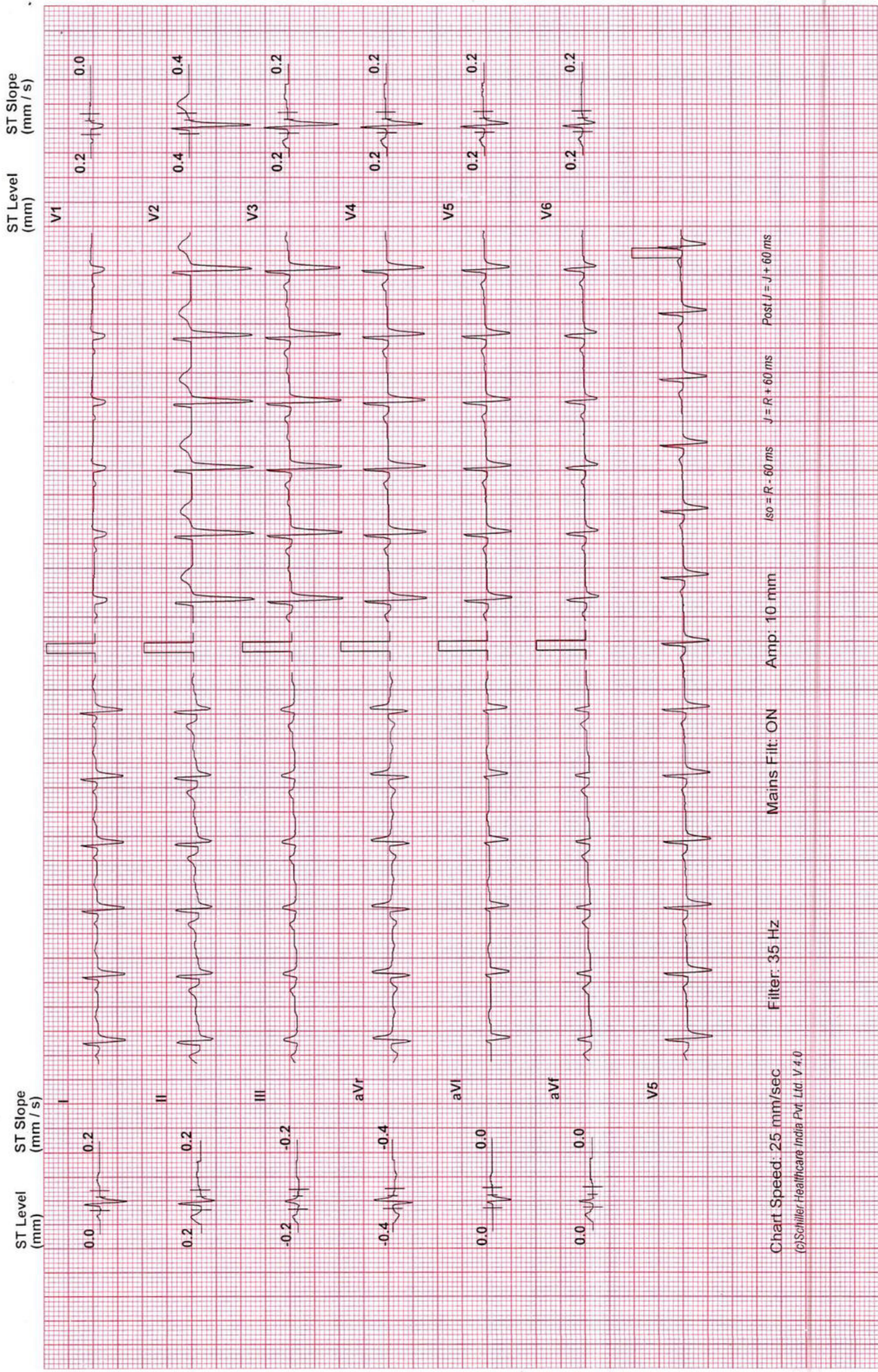


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filtr: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Test Report

KARAN CHAVAN (33 M) ID: 4347 Date: 9/3/2022 Exec Time : 7 m 36 s Stage Time : 0 m 18 s HR: 90 bpm
Protocol: Bruce Stage: Recovery(3) Speed: 0 mph Grade: 0 % (THR: 158 bpm) B.P: 122 / 80

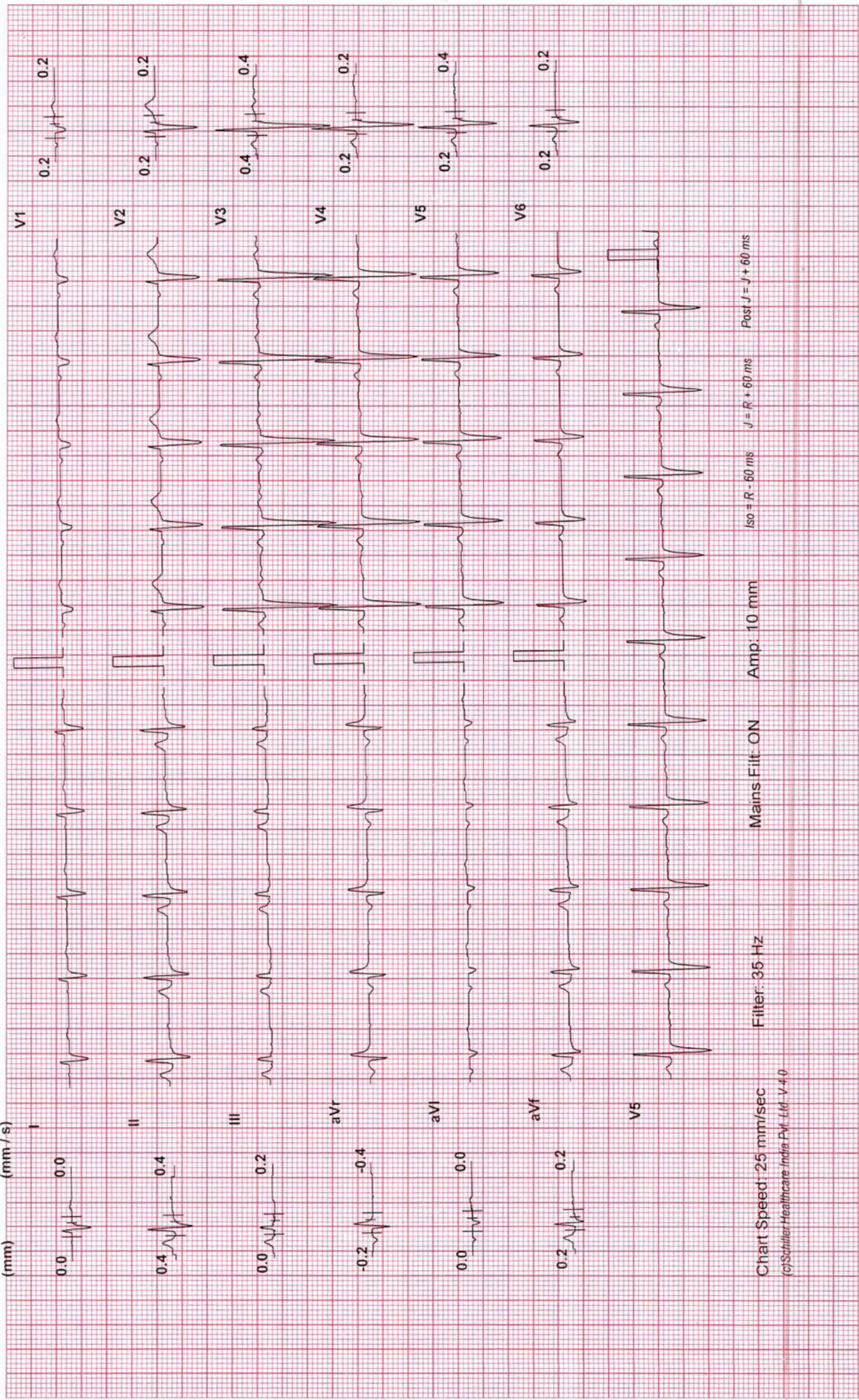


Chart Speed: 25 mm/sec Filter: 35 Hz Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

1529

Patient Name : Karan C Chavan
Sample No.. : 1529
Referred : Bank Of Baroda

Age/Sex : 31 Years/Male
Registration On:03/09/2022/08:41
Approved On : 03/09/2022 09:58

USG WHOLE ABDOMEN

Liver is normal in size, shows bright parenchymal echoes and normal intrahepatic radicles. No focal lesion is seen. Portal vein is normal in calibre (9.2 mm) and shows normal colour flow.

Gallbladder is physiologically distended. No calculus or wall thickening seen. CBD is normal in calibre.

Pancreas is normal in size and echo texture. No diffuse or focal lesion seen.

Spleen is normal in size(8.0 cm) and homogenous in echo texture.

Kidneys are normally placed, normal in size, show normal thickness cortical tissue and normal sinus echoes. Cortico-medullary differentiation is well seen. A calculus of 5 mm is seen in lower calyx of left kidney. No hydronephrosis or renal mass seen.
Rt. Kidney is 9.8 x 3.8 cm. Lt. Kidney is 10.1 x 4.4 cm.

Aorta is normal in calibre. No para-aortic or mesenteric lymph nodes seen.

Urinary bladder shows adequate distension. No evident calculus, wall thickening or mass seen.

Prostate is normal in size and homogenous in echotexture.

Bowel loops are unremarkable.

No ascites is seen.

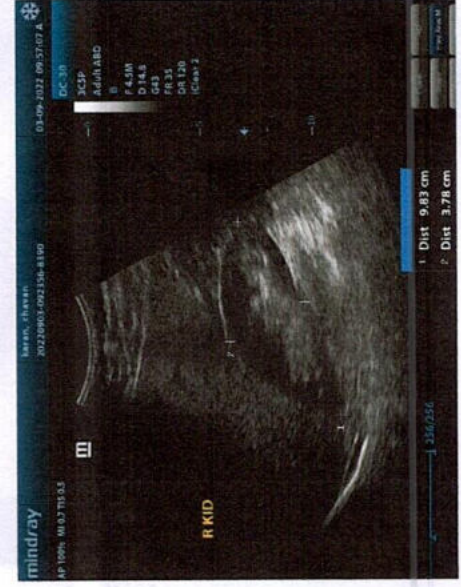
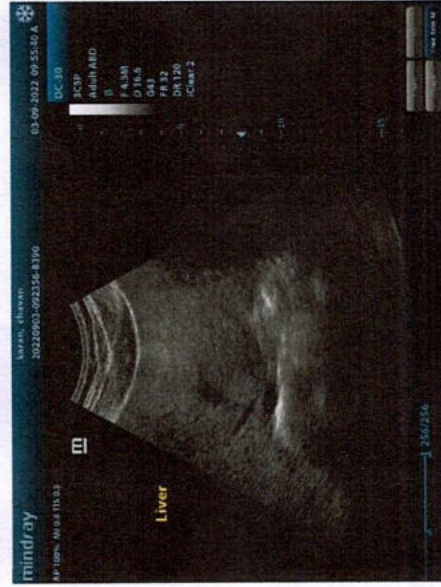
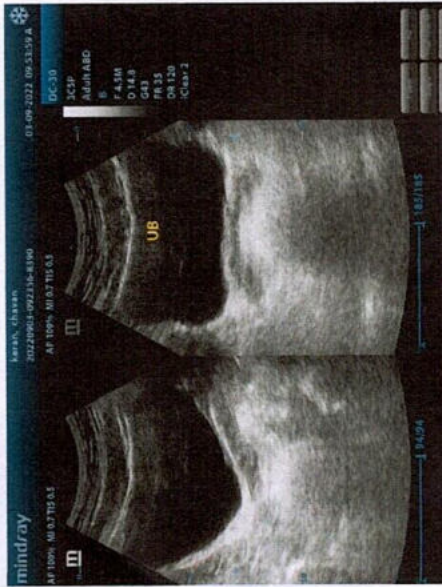
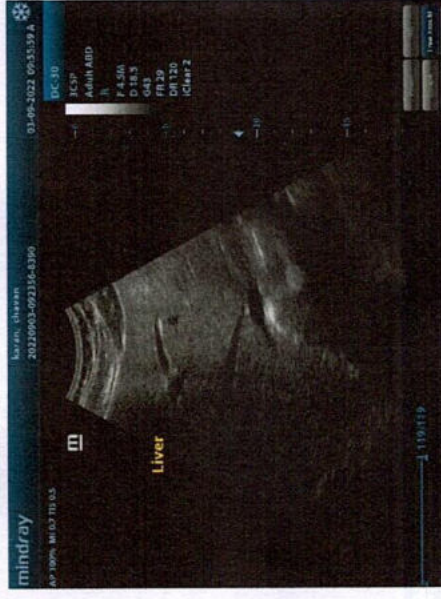
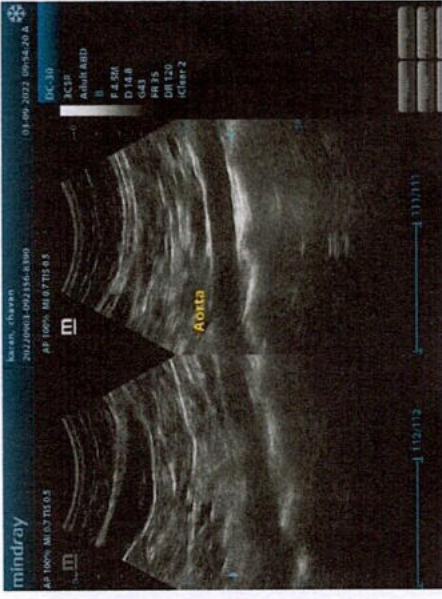
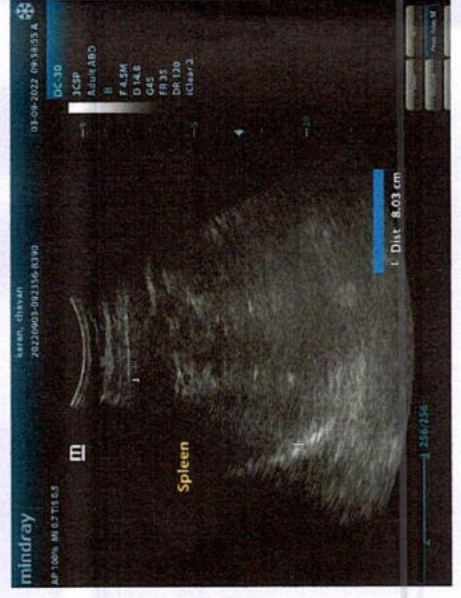
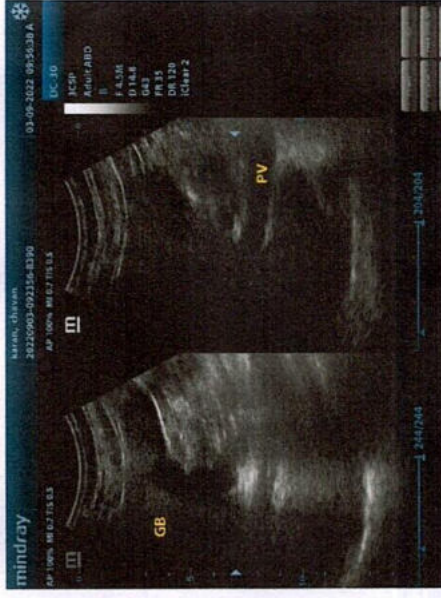
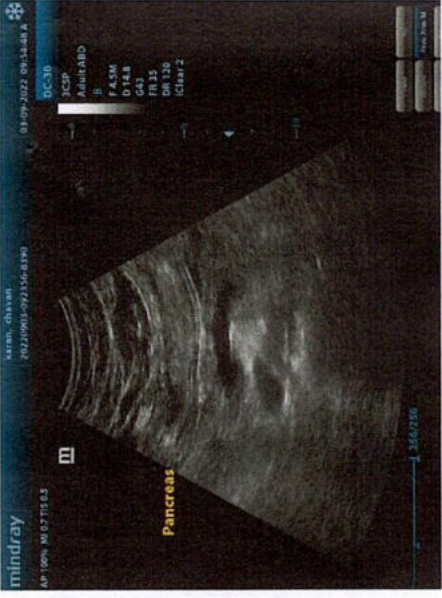
Impression:

Fatty liver Grade 1.

Non-obstructive left renal calculus.



**Dr BHARAT GANDHI (M.D.)
CONSULTANT RADIOLOGIST**



Name:-KARAN CHAVAN
AGE:-32 /M

Date:03/09/2022


X-RAY : CHEST PA

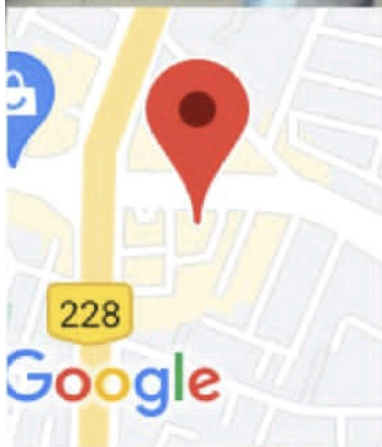
Both lung fields appears normal
There is no evidence of pulmonary tuberculosis
No evidence of pleural Effusion on either side.
Heart size appears normal.
Bony thorax and diaphragms appear normal.



DR .VIKRAM SHAH.
M.D



 GPS Map Camera



Ahmedabad, Gujarat, India

1, Surendra Mangaldas Rd, Shivranjani,
Bimanagar, Ambawadi, Ahmedabad, Gujarat
380015, India

Lat 23.02395°

Long 72.531257°

03/09/22 08:40 AM GMT +05:30



भारत सरकार
GOVERNMENT OF INDIA



करण चंद्रकांत चव्हाण
Karan Chandrakant Chavan

जन्म वर्ष / Year of Birth : 1989

पुरुष / Male



5093 1876 7133

आधार — सामान्य माणसाचा अधिकार

Eye Test Report

NAME		KARAN CHAVAN				DATE	03/09/2022	
SR.	01	EMP.ID		AGE	32	GENDER	MALE	
HISTORY								
VISION		DIST.			NEAR			
		OD	OS		OD	OS		
WITHOUT CORRECTION		-	-		-	-		
WITH CORRECTION		6/6	6/6		N ₆	N ₆		
COLOR VISION		NORMAL						

R_x DETAILS:

DIST.	SPH	CYL	AXIS
RIGHT	-	-	-
LEFT	-	-	-
COMMENTS			

NEAR ADD : ____ - N₆ @ 40CM

Dr. L. A. Shukla
Dr. L. A. Shukla (M.S. Ophthalmology)

Stamp and Sign



* 1 5 2 9 *

Patient Name : Karan C Chavan
Sample No.. : 1529
Referred : Bank Of Baroda

Age/Sex : 31 Years/Male
Registration On:03/09/2022/08:41
Approved On : 03/09/2022 13:11

BLOOD SUGAR LEVEL

Specimen : FLOURIDE

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
Fasting Blood Sugar: (GOD-POD)	111.2	mg/dl	70-110

American Diabetes Association Reference Range :

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis. A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

**Pathologist**Dr. Pravin Steh of 8
(M.D.Path) G-15478



* 1 5 2 9 *

Patient Name : Karan C Chavan
 Sample No.. : 1529
 Referred : Bank Of Baroda

Age/Sex : 31 Years/Male
 Registration On:03/09/2022/08:41
 Approved On : 03/09/2022 13:11

Lipid Profile

Specimen :SERUM

Test	Result	Unit	Biological Ref. Interval
S. Cholesterol: (CHOD-POD)	213.79	mg/dl	Normal : < 200 Borderline : 200 - 240 High : > 240
Serum Triglycerides: (GPO-POD)	264.55	mg/dl	Normal : Normal < 150 Borderline : 150 - 199 High : > 200
HDL Cholesterol: (Direct-Cholesterol Esterase HSDA)	39.66	mg/dl	40 - 60 mg/dl
Serum LDL Cholesterol: (Calculated)	121.22	mg/dl	Up to 150
Serum VLDL Cholesterol: (Calculated)	52.91	mg/dl	Up to 35
LDLC/HDLC Ratio: (Calculated)	3.06	mg/dl	Up to 3.4
Cholesterol/HDLC Ratio: (Calculated)	5.39	mg/dl	Up to 5.0
Total Lipid: (Calculated)	789.22	mg/dl	400 - 1000 mg/dl

Page 2 of 8

Dyslipidemia is a disorder of fat or lipoprotein metabolism in the body and includes lipoprotein overproduction or deficiency. Dyslipidemias means increase in the level of one or more of the following: Total Cholesterol The "bad" cholesterol or low density lipoprotein (LDL) and/or triglyceride concentrations. Dyslipidemia also includes a decrease in the "good" cholesterol or high-density lipoprotein (HDL) concentration in the blood. Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. Healthians labs report biological reference intervals (normal ranges) in accordance to the recommendations of The National Cholesterol Education Program (NCEP) & Adult Treatment Panel IV (ATP IV) Guidelines providing the most desirable targets of various circulating lipid fractions in the blood. NCEP recommends that all adults above 20 years of age must be screened for abnormal lipid levels. *NCEP recommends the assessment of 3 different samples drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays. Hence a single result of Lipid Profile may not be adequate for clinical decision making. Healthians' counselling team will reach you shortly to explain implications of your report. You may reach out to customer support helpline as well. *NCEP recommends lowering of LDL Cholesterol as the primary therapeutic target with lipid lowering agents, however, if triglycerides remain >200 mg/dL after LDL goal is reached, set secondary goal for non-HDL cholesterol (total minus HDL) 30 mg/dL higher than LDL goal. *High Triglyceride and low HDL levels are independent risk factors for Coronary Heart disease and requires further clinical consultation. *Healthians lab performs direct LDL measurement which is more appropriate and may vary from other lab reports which provide calculated LDL values.





* 1 5 2 9 *

Patient Name : Karan C Chavan
Sample No.. : 1529
Reffered : Bank Of Baroda

Age/Sex : 31 Years/Male
Registration On:03/09/2022/08:41
Approved On : 03/09/2022 13:11

Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



* 1 5 2 9 *

Patient Name : Karan C Chavan
Sample No.. : 1529
Referred : Bank Of Baroda

Age/Sex : 31 Years/Male
Registration On:03/09/2022/08:41
Approved On : 03/09/2022 15:51

Glycosylated HB - (HBA1C)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
HBA1C: (Immunoturbidimetric)	5.50	%	Normal : <= 5.6 Prediabetes : 5.7 - 6.4 Diabetes : > = 6.5 <u>DIABETES CONTROL CRITERIA</u> 6 - 7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested
Mean Blood Glucose:	111.15	mg/dl	

Criteria for the diagnosis of diabetes

- HbA1c \geq 6.5 *
Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
- Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
Or.
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population. 2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values. 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected.

Page 4 of 8



Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



* 1 5 2 9 *

Patient Name : Karan C Chavan
Sample No.. : 1529
Referred : Bank Of Baroda

Age/Sex : 31 Years/Male
Registration On:03/09/2022/08:41
Approved On : 03/09/2022 13:12

LIVER FUNCTION TESTS

Specimen: SERUM

Test	Result	Unit	Biological Ref Interval
S. Bilirubin (Total): <small>(Photometric DC Diazo)</small>	0.89	mg/dl	up to 1.2
S. Bilirubin (Direct): <small>(Photometric DC Diazo)</small>	0.16	mg/dl	up to 0.2
S. Bilirubin (Indirect): <small>(Calculated)</small>	0.73	mg/dl	up to 1.0
SGPT(ALT) <small>(UV Kinetic)</small>	78.12	U/L	up to 42
SGOT (AST) <small>(UV Kinetic)</small>	38.98	U/L	up to 40
GGT <small>(Optimized kinetic colortest IFCC)</small>	70.00	U/L	12 - 64
Total Proteins: <small>(Biuret)</small>	6.93	g/dl	6.0 - 8.3
Albumin <small>(BCG)</small>	4.15	g/dl	3.5 - 5.2
Globulins: <small>(Calculated)</small>	2.78	g/dl	2.4 - 3.7
AGRATIO: <small>(Calculated)</small>	1.493		
S.Alkaline Phosphatase: <small>(Colorimetric Optimized Kinetic IFCC)</small>	90.28	U/L	40 - 129

Page 5 of 8

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis; drug reactions, alcoholic liver disease conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia,transfusion reaction & a common metabolic condition termed Gilbert syndrome.AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis.Ast levels may also increase after a heart atck or strenuous activity. ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyroidism, Leukemia,Lymphoma, paget's disease, Rickets, Sarcoidosis etc. Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease,

PKH



ISO CERTIFIED

O- 5,6,10 Maruti Tower, Shivranjani Cross Road,
Satellite, Ahmedabad. 
Ph : 079 4800 7051 M. : 98986 76445 
E-mail : corporatecare0120@gmail.com 



* 1 5 2 9 *

Patient Name : Karan C Chavan
Sample No.. : 1529
Reffered : Bank Of Baroda

Age/Sex : 31 Years/Male
Registration On:03/09/2022/08:41
Approved On : 03/09/2022 13:12

Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



* 1 5 2 9 *

Patient Name : Karan C Chavan
Sample No.. : 1529
Reffered : Bank Of Baroda

Age/Sex : 31 Years/Male
Registration On:03/09/2022/08:41
Approved On : 03/09/2022 14:02

RENAL FUNCTION

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
Sr. Creatinine:	1.13	mg/dl	0.6 - 1.2 mg/dl
Urea:	34.26	mg/dl	10 - 50 mg/dl
S. Uric Acid:	6.69	mg/dl	3.2 - 7.2 mg/dl
Blood Urea Nitrogen:	16.01	mg/dl	08 - 23 mg/dl
Bun/Creat Ratio:	14.17		



Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



* 1 5 2 9 *

Patient Name : Karan C Chavan
Sample No.. : 1529
Reffered : Bank Of Baroda

Age/Sex : 31 Years/Male
Registration On:03/09/2022/08:41
Approved On : 03/09/2022 13:12

COMPLETE BLOOD COUNT

Sample : EDTA

Test		Result	Unit	Biological Ref. Interval
BLOOD COUNT				
Hemoglobin	colorimetric	13.89	g/dL	13 - 17
R.B.C Count	Electrical impedance	4.96	mill/cmm	4.5 - 5.5
W.B.C Count	Electrical impedance	6.67	10 ³ /uL	4.0 - 10.0
Platelet Count	Electrical impedance	267.7	10 ³ /uL	150 - 450
DIFFERENTIAL COUNT				
Polymorphs	Microscopic	53	%	60 - 70
Lymphocytes	Microscopic	42	%	20 - 40
Eosinophils	Microscopic	01	%	1 - 6
Monocytes	Microscopic	04	%	2 - 10
Basophils	Microscopic	00	%	0 - 2
BLOOD INDISES				
HCT	Rbc Histogram	41.7	%	40 - 50
MCV	Calculated	84.1	fl	80 - 100
MCH	Calculated	28.0	pg	27 - 32
MCHC	Calculated	33.3	g/dl	32 - 36
RDW-CV	Calculated	13.3	%	10 - 16.5

PERIPHERAL SMEAR EXAMINATION

SMEAR RBC Line 1: Normochromic normocytic red cells.

SMEAR Platelets: Adequate

Page 8 of 8

Erythrocyte sedimentation rate

ESR AT 1 hour westergren 09 mm/Hour 00 - 15



Pathologist
Dr. Pravin Shah
(M.D.Path) G-15478



Patient Name : Karan C Chavan
Sample No.. : 1529
Referred : Bank Of Baroda

Age/Sex : 31 Years/Male
Registration On:03/09/2022/08:41
Approved On : 03/09/2022 13:11

URINE EXAMINATION

PHYSICAL :

Colour - **Pale Yellow**
Deposits - **Absent**
Transparency - **Clear**
Reaction - **Acidic**
Sp. Gravity - **1.005**

CHEMICAL :

Albumin - **Absent**
Sugar - **Absent**
Bile Salts - **Absent**
Bile Pigments - **Absent**

MICROSCOPIC: (After centrifugation at 2000 r.p.m. for 5 minutes)

Pus Cells - **Ocassional** /h.p.f.
Red Cells - **Not seen** /h.p.f.
Epithelial Cells - **Occasional** /h.p.f.
Casts - **Not seen**/l.p.f.
Crystals - **Not seen**
Amorphous - **Not seen**


Page 1 of 3

Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



Patient Name : Karan C Chavan
Sample No.. : 1529
Referred : Bank Of Baroda

Age/Sex : 31 Years/Male
Registration On:03/09/2022/08:41
Approved On : 03/09/2022 15:06

Thyroid Functions

<u>Test</u>	<u>Result</u>	<u>Normal Range</u>
T3-Triiodothyronine	: 1.25 ng/ml	0.69 - 2.15ng/ml
T4-Thyroxine	: 10.40 mcg/dl	5.2 - 12.7 mcg/dl
TSH Thyroid Stimulating Hormone	: 3.45 microIU/ml	0.3 - 4.5 microIU/ml

Comments :

COMMENTS :

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.
Low or undetectable TSH is suggestive of Grave-s disease
TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.
TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 ,FT4 is important.
FreeT3 is first hormone to increase in early Hyperthyroidism.
Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.
During pregnancy clinically T3 T4 can be high and TSH can be slightly low


Page 2 of 3

Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



Patient Name : Karan C Chavan
Sample No.. : 1529
Referred : Bank Of Baroda

Age/Sex : 31 Years/Male
Registration On:03/09/2022/08:41
Approved On : 03/09/2022 14:47

BLOOD GROUP

Test


BLOOD GROUP

RH GROUP

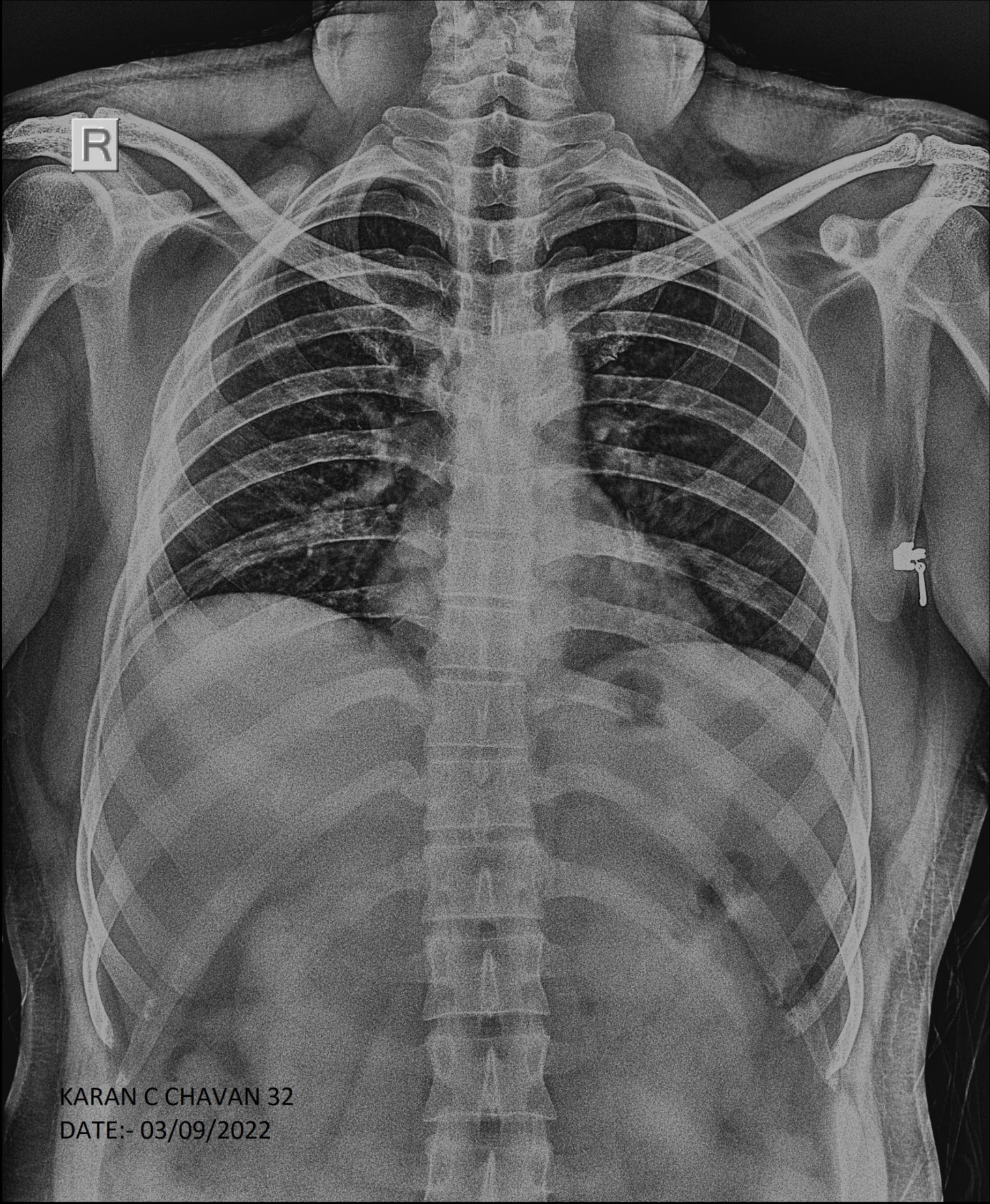
Result

: "A"

: POSITIVE.



Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



R

KARAN C CHAVAN 32
DATE:- 03/09/2022