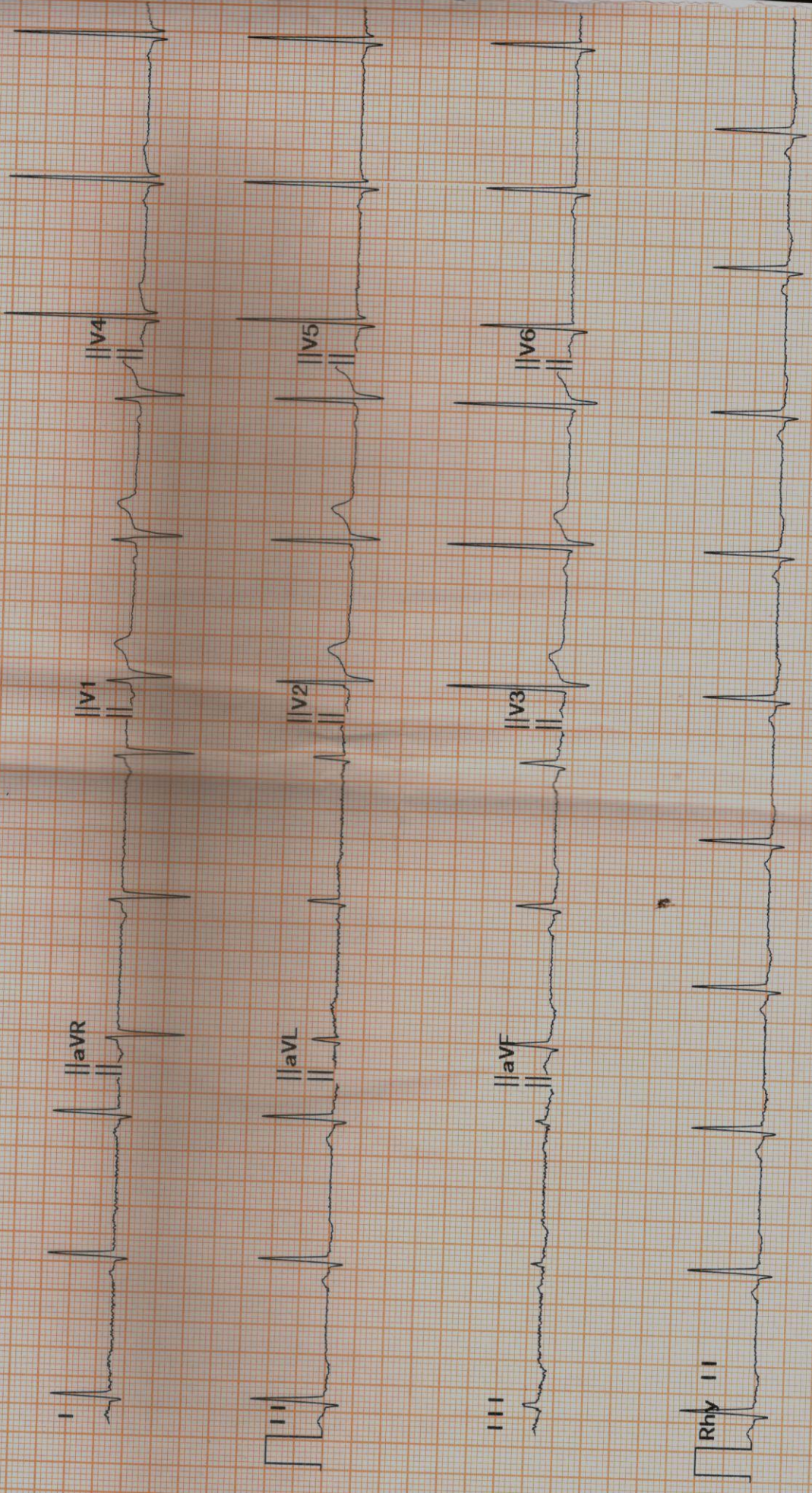


ID : 2203120000
Name :
Sex :
Divisions :

DataTime : 2022-03-12 09:24
Age :
BP :
Bed No. :

Hospital :
Height : cm
Weight : kg
Hospital No. :



Diagnosis for reference, ask your doctor to confirm
AUTO PRINT 3X4+1R 60bpm
10 mm/mV 0.50Hz-75Hz AC 50Hz 25 mm/sec
Confirmed By:



2D ECHO / COLOUR DOPPLER

NAME : MR. SANDIP ROKADE
REF BY : DR. HOSPITAL PATIENT

42yrs/M

OPD
12-Mar-22

M - Mode values

Doppler Values

AORTIC ROOT (mm)	26	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	34	PG (mmHg)	
RV (mm)		AORTIC VEL (m/sec)	1.2
LVID - D (mm)	47	PG (mmHg)	6
LVID - S (mm)	26	MITRAL E VEL (m/sec)	0.7
IVS - D (mm)	12	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. RAJDATTA DEORE
MD,DM-CARDIOLOGIST
MMC 2005/03/1520

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

ROKADE, SANDIP
 Patient ID 12166
 12.03.2022 Male
 42yrs Indian
 12:45:53pm Meds:

Tabular Summary

BRUCE: Total Exercise Time 07:44
 Max HR: 155 bpm 87% of max predicted 178 bpm HR at rest: 79
 Max BP: 165/95 mmHg BP at rest: 130/85 Max RPP: 24160 mmHg*bpm

Maximum Workload: 10.10 METS
 Max. ST: -1.10 mm, 0.00 mV/s in V6; EXERCISE STAGE 3 07:30
 Arrhythmia: PVC:1, PSVC:11
 ST/HR index: 1.06 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: 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. RAJDATTA 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 (/min)	ST Level (V6 mm)	Comment
PRETEST	SUPINE	00:18	0.00	0.00	1.0	73	130/85	9490	0	0.35	
	STANDING	00:11	0.00	0.00	1.0	71			0	0.30	
	HYPERV.	00:55	0.00	0.00	1.0	72	130/85	9360	0	0.20	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	108	130/85	14040	0	0.25	
	STAGE 2	03:00	2.50	12.00	7.0	130	150/88	19500	0	-0.45	
	STAGE 3	01:45	3.40	14.00	10.1	155	160/92	24800	1	-0.80	
RECOVERY		02:10	0.00	0.00	1.0	100	165/95	16500	0	-0.35	

Linked Medians

BRUCE
0.0 mph
0.0 %

RECOVERY

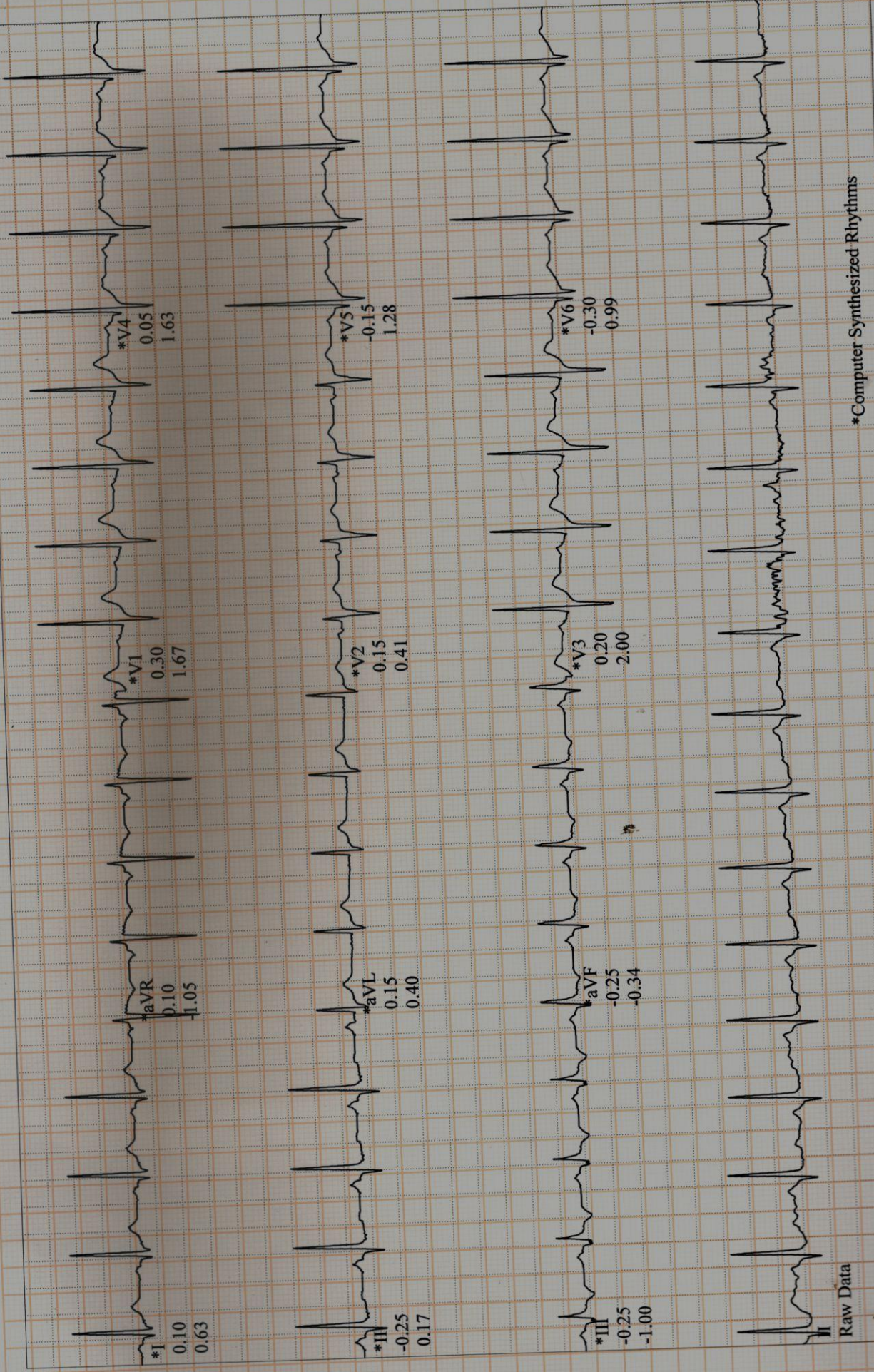
#1
02:03

102 bpm
165/95 mmHg

SANDIP
12166
022
03pm

Lead

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



Raw Data

*Computer Synthesized Rhythms



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 12-MAR-2022 REP. DATE : 12-MAR-2022
NAME : MR. ROKADE SANDIP BAJIRAO
PATIENT CODE : 106383 AGE/SEX : 42 YR(S) / MALE
REFERRAL BY : HOSPITAL PATIENT

USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size (15.0 cms), shape & **bright in echotexture**. No focal lesion / IHBR dilatation.

CBD & PV : Normal in caliber.

G.B. : Moderately distended, Normal.

Spleen : Is normal in size (9.8 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 : 11.6 x 4.8 cm.

Left kidney measures : 11.0 x 5.3 cm.

Urinary bladder : Moderately distended, normal.

Prevoid urine vol - 201 cc. Postvoid urine vol - 3.5 cc (Insignificant).

Prostate : is mildly enlarged in size & measures 4.2 x 4.0 x 4.7 cms (vol-42.5 gms), normal in 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. Grade I fatty liver.

2. Mild prostatomegaly with insignificant postvoid residue.

- Kindly correlate clinically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST



Dept. of Pathology

(For Report Purpose Only)



PRN : 106383
 Patient Name : Mr. ROKADE SANDIP BAJIRAO
 Age/Sex : 42Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 9479
 Req.No : 9479

Collection Date & Time : 12/03/2022 08:47 AM
 Reporting Date & Time : 12/03/2022 09:09 AM
 Print Date & Time : 12/03/2022 02:11 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN (Hb)	: 15.2	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 47.6	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.92	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 96.7	cu micron	76 - 96
M.C.H.	: 30.9	pg	27 - 32
M.C.H.C	: 31.9	picograms	32 - 36
RDW-CV	: 13.4	%	11 - 16
WBC TOTAL COUNT	: 6470	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 222000	cumm	150000 - 450000

WBC DIFFERENTIAL COUNT

NEUTROPHILS	: 62	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 4011.40	µL	2000 - 7000
LYMPHOCYTES	: 28	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 1811.60	µL	1000 - 3000
EOSINOPHILS	: 02	%	01 - 04
ABSOLUTE EOSINOPHILS	: 129.40	µL	20 - 500
MONOCYTES	: 08	%	02 - 08
ABSOLUTE MONOCYTES	: 517.60	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician

Report Type By :- MONIKA MANE

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



Dept. of Pathology

(For Report Purpose Only)



PRN : 106383
Patient Name : Mr. ROKADE SANDIP BAJIRAO
Age/Sex : 42Yr(s)/Male

Lab No : 9479
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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 : 05 mm/hr
Wintrob's Method

Male : 0 - 9
Female : 0 - 20

END OF REPORT

Technician

Report Type By :- MONIKA MANE

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



Dept. of Pathology

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PRN : 106383
Patient Name : Mr. ROKADE SANDIP BAJIRAO
Age/Sex : 42Yr(s)/Male

Lab No : 9479
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Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

BSL-F & PP

Blood Sugar Level Fasting	: 99	MG/DL	60 - 110
Blood Sugar Level PP	: 90	MG/DL	70 - 140

LFT (Liver function Test)

BILIRUBIN TOTAL (serum)	: 0.4	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)	: 0.20	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 25	IU/L	5 - 40
S.G.P.T (serum)	: 20	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 80	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)	: 3.4	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 2.90	GM/DL	1.8 - 3.6
A/G RATIO	: 1.17		1:2 - 2:1

END OF REPORT

Technician

Report Type By :- MONIKA MANE

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 : 106383
Patient Name : Mr. ROKADE SANDIP BAJIRAO
Age/Sex : 42Yr(s)/Male

Lab No : 9479
Req.No : 9479

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

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Print Date & Time : 12/03/2022 02:10 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 :- MONIKA MANE


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

For Free Home Collection Call : 9545200011



Dept. of Pathology

(For Report Purpose Only)



PRN : 106383
 Patient Name : Mr. ROKADE SANDIP BAJIRAO
 Age/Sex : 42Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 9479
 Req.No : 9479

Collection Date & Time : 12/03/2022 08:47 AM
 Reporting Date & Time : 12/03/2022 02:06 PM
 Print Date & Time : 12/03/2022 02:12 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HBA1C	: 5.38	%	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 :- MONIKA MANE

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 : 106383
Patient Name : Mr. ROKADE SANDIP BAJIRAO
Age/Sex : 42Yr(s)/Male

Lab No : 9479
Req.No : 9479

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

Collection Date & Time : 12/03/2022 08:47 AM
Reporting Date & Time : 12/03/2022 10:46 AM
Print Date & Time : 12/03/2022 02:12 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

CALCIUM

CALCIUM (serum) : 8.73 MG/DL 8.4 - 10.4

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum) : 24 MG/DL 0 - 45
UREA NITROGEN (serum) : 11.21 MG/DL 7 - 21
CREATININE (serum) : 0.9 MG/DL 0.5 - 1.5
URIC ACID (serum) : 5.2 MG/DL Male : 3.4 - 7.0
Female : 2.4 - 5.7

SERUM ELECTROLYTES

SERUM SODIUM : 140 mEq/L 136 - 149
SERUM POTASSIUM : 4.3 mEq/L 3.8 - 5.2
SERUM CHLORIDE : 104 mEq/L 98 - 107

END OF REPORT

Technician

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

For Free Home Collection Call : 9545200011



Dept. of Pathology

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PRN : 106383
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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 145	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 138	MG/DL	0 - 150
HDL (serum)	: 23	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 101	MG/DL	0 - 130
VLDL (serum)	: 27.60	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 6.30		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	: 4.39		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

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



Dept. of Pathology

(For Report Purpose Only)



PRN : 106383
 Patient Name : Mr. ROKADE SANDIP BAJIRAO
 Age/Sex : 42Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

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ENDOCRINOLOGY

THYROID FUNCTION TEST

T3-Total (Tri iodothyronine)	: 1.28	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 6.62	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 4.04	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 :- MONIKA MANE


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

SANDIP B ROKADE

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: 121348211

Collection Date:
12-03-2022 10:52 AM
Registration Date:
12-03-2022 10:52 am
Report Date:
12-03-2022 02:13 PM

9479
OPD

REPORT

Age:42.00 Years Sex:MALE

Test Description	Observed Value	Biological Reference Interval
------------------	----------------	-------------------------------

TEST NAME

PSA- Prostate Specific Antigen,serum by CMIA	1.474	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

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



Dept. of Pathology
(For Report Purpose Only)



PRN : 106383
Patient Name : Mr. ROKADE SANDIP BAJIRAO
Age/Sex : 42Yr(s)/Male

Lab No : 9479
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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 20 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 : ABSENT /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 :- MONIKA MANE

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