



**Dept. of Radiology**  
(For Report Purpose Only)



REQ. DATE : 26-AUG-2023                      REP. DATE : 26-AUG-2023  
NAME : MR. CHAVAN ARVIND HARI  
PATIENT CODE : 119152                      AGE/SEX : 62 YR(S) / MALE  
REFERRAL BY : HOSPITAL PATIENT

**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.

**-Kindly correlate clinically.**

A handwritten signature in black ink, appearing to read 'Patil'.

**DR. SAURABH PATIL  
(MBBS, MD RADIOLOGY)  
CONSULTANT RADIOLOGIST**



# Dept. of Pathology

(For Report Purpose Only)



PRN : 119152  
 Patient Name : Mr. CHAVAN ARVIND HARI  
 Age/Sex : 62Yr(s)/Male

Lab No : 5298  
 Req.No : 5298

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

Collection Date & Time : 26/08/2023 08:58 AM  
 Reporting Date & Time : 26/08/2023 04:18 PM  
 Print Date & Time : 26/08/2023 04:21 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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### HAEMATOLOGY

#### HAEMOGRAM

HAEMOGLOBIN (Hb)	: 13.5	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 41.2	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.47	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 92.2	cu micron	76 - 96
M.C.H.	: 30.2	pg	27 - 32
M.C.H.C	: 32.8	picograms	32 - 36
RDW-CV	: 13.0	%	11 - 16
WBC TOTAL COUNT	: 6450	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 201000	cumm	150000 - 450000

#### WBC DIFFERENTIAL COUNT

NEUTROPHILS	: 55	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 3547.50	µL	2000 - 7000
LYMPHOCYTES	: 36	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2322	µL	1000 - 3000
EOSINOPHILS	: 05	%	01 - 04
ABSOLUTE EOSINOPHILS	: 322.50	µL	20 - 500
MONOCYTES	: 04	%	02 - 08
ABSOLUTE MONOCYTES	: 258	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Dr. AJAY A GANGSHETTIWAR  
 M.D.(Pathology) R.No.080412

Pathologist

Technician

Report Type By :- PEERZADE SHOYEB

For Free Home Collection Call : 9545200011



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**PERIPHERAL BLOOD SMEAR**

RBC MORPHOLOGY : Normocytic Normochromic  
WBC MORPHOLOGY : Within Normal Limits  
PLATELETS : Adequate  
PARASITES : Not Detected

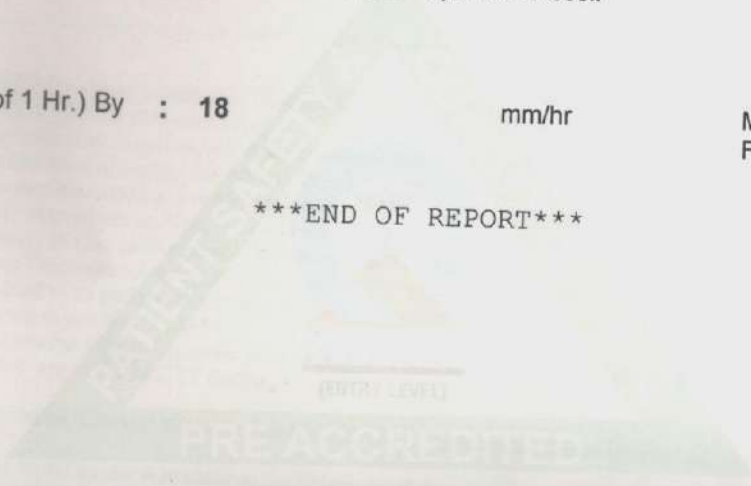
Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

**ESR**

ESR MM ( AT The End of 1 Hr.) By : 18 mm/hr  
Westergren Method

Male : 0 - 15  
Female : 0 - 20

\*\*\*END OF REPORT\*\*\*



Dr. AJAY A GANGSHETTIWAR  
M.D.(Pathology) R.No.080412  
Pathologist

Technician

Report Type By :- PEERZADE SHOYEB.





## TEST REPORT

Reg.No	: PUN0143263	Reg.Date	: 26-Aug-2023 /14:12
Name	: MR.CHAVAN ARVIND HARI	Collection	: 26-Aug-2023 /14:14
Age\Sex	: 62 Years\Male	Received	: 26-Aug-2023 /14:20
Referred By	: LIK/PUN-03SAI SIDDI PATHOLOGY (WKD)	Report	: 26-Aug-2023 /16:37
Referral Dr	: Self	Barcode	: 002051647600

### Clinical Biochemistry GLYCATED HAEMOGLOBIN (HBA1C)

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
GLYCATED HAEMOGLOBIN (HBA1C) Method:HPLC	5.9	%	Normal : < 5.7 Diabetes Mellitus : > 6.5 Increased Risk of Diabetes/Pre - Diabetes : 5.7 - 6.4
AVERAGE BLOOD GLUCOSE Method:Calculation	122.63	mg/dL	90 - 120 - Excellent control 121 - 150 - Good Control 151 - 180 - Average Control 181 - 210 - Action Suggested > 211 - Panic Value

**Interpretation:**

- HbA1c test is done using HPLC method certified by National Glycohemoglobin Standardization Program(NGSP) and traceable to Diabetes Control and Complications Trial (DCCI) reference assay
- HbA1c assay is used in the screening diagnosis and management of diabetes Mellitus
- It reflects mean glycemia and level of control for the previous 2-3 months Test can be done any time of the day and in non fasted state
- Measurement of HbA1c is recommended at 3 months intervals if glycemic control is poor or therapy has changed.
- A good control of glycemia may reflect on HbA1c Levels towards normal in -3-5 week
- HbA1c assay may be unreliable in case of altered red cell turnover hemolytic anemia and renal failure may decrease the Hba1c value in such cases Fasting blood glucose or Fructosamine assay are recommended to be used as a measure of glucose control
- Hemoglobinopathies may lead to an artifactual increase in assay value this can be ruled out by Hemoglobin electrophoresis studies
- Splnectomy and polycythemia raises Hba1c levels
- Pregnancy in the 2nd 3rd-trimester affects Glycemic control Hence Hba1c are not utilized in the diagnosis of gestational diabetes or in the postnatal period Recommended use of GDM GTT during pregnancy

**Related tests:**

fasting Blood glucose, Fructosamine, Glucose tolerance test /OGTT /GCT, Postprandial Blood Glucose microalbumin

**References:**

International expert committee report on the A1c assay in the Diagnosis of diabetes

**Sample Type : WB EDTA**

Please Correlate With Clinical Findings If Necessary Discuss

\* This Is an Electronically Authenticated Report \*



*Balvalli*  
Dr.RISHIKESH  
BALVALLI  
MD  
Consultant Pathologist

\*\*\*\* END OF REPORT \*\*\*\*



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HAEMATOLOGY

BLOOD GROUP

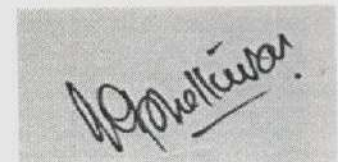
BLOOD GROUP : "B"  
RH FACTOR : POSITIVE

**NOTE** : This is for your information only.  
Kindly note that any blood or blood product transfusion or therapeutic intervention has to be done after confirmation of blood group by concerned authorities.  
In infants (< 6 months age), please repeat Blood Group after 6 months of age for confirmation.

\*\*\*END OF REPORT\*\*\*

  
Technician

Report Type By :- PEERZADE SHOYEB



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## BIOCHEMISTRY

### BSL-F & PP

Blood Sugar Level Fasting : 107 MG/DL 60 - 110  
Blood Sugar Level PP : 118 MG/DL 70 - 140

### CALCIUM

CALCIUM (serum) : 9.92 MG/DL 8.4 - 10.4

### RFT (RENAL FUNCTION TEST)

#### BIOCHEMICAL EXAMINATION

UREA (serum) : 22 MG/DL 0 - 45  
UREA NITROGEN (serum) : 10.27 MG/DL 7 - 21  
CREATININE (serum) : 1.0 MG/DL 0.5 - 1.5  
URIC ACID (serum) : 5.3 MG/DL Male : 3.4 - 7.0  
Female : 2.4 - 5.7

### SERUM ELECTROLYTES

SERUM SODIUM : 140 mEq/L 136 - 149  
SERUM POTASSIUM : 4.6 mEq/L 3.8 - 5.2  
SERUM CHLORIDE : 103 mEq/L 98 - 107

\*\*\*END OF REPORT\*\*\*

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### BIOCHEMISTRY

#### LFT ( Liver function Test )

BILIRUBIN TOTAL (serum)	: 0.6	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT (serum)	: 0.2	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT (serum)	: 0.40	mg/dL	0.1 - 1.0
S.G.O.T (serum)	: 13	U/L	0 - 40
S.G.P.T (serum)	: 12	U/L	0 - 45
ALKALINE PHOSPHATASE (serum)	: 121	U/L	35 - 105
PROTEINS TOTAL (serum)	: 7.2	g/dl	6.6 - 8.7
ALBUMIN (serum)	: 4.2	g/dl	3.5 - 5.0
GLOBULIN (serum)	: 3	g/dl	1.8 - 3.6
A/G RATIO	: 1.40		1:1 - 2:2

\*\*\*END OF REPORT\*\*\*

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## BIOCHEMISTRY

### LIPID PROFILE

CHOLESTEROL (serum)	: 174	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 87	MG/DL	0 - 150
HDL (serum)	: 40	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 108	MG/DL	0 - 130
VLDL (serum)	: 17.40	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 4.35		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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M.D.(Pathology) R.No.080412

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Referred By	: LIK/PUN-03SAI SIDDI PATHOLOGY (WKD)	Report	: 26-Aug-2023 /15:00
Referral Dr	: Self	Barcode	: 002051647700

### HORMONES

### THYROID PROFILE (T3,T4,TSH) (TFT)

TEST NAME	OBSERVED VALUE	UNITS	BIOLOGICAL REF. RANGE
TOTAL TRIIODOTHYRONINE ( T3 ) Method:ECLIA	1.03	ng/mL	0.80-2.00
TOTAL THYROXINE ( T4 ) Method:ECLIA	6.68	µg/dL	5.1-14.1
THYROID STIMULATING HORMONE (TSH) Method:ECLIA	2.96	µIU/mL	0.27-4.20

#### Interpretation:

- The assay uses 4th generation highly sensitive TSH with a sensitivity of 0.005mIU/mL
- TSH is used primarily to screen for thyroid disorders as follows:
  - Screening for thyroid dysfunction
  - Diagnosis of hyperthyroidism (Decreased TSH)
  - Diagnosis of Hypothyroidism (Elevated TSH)
  - Diagnosis of pituitary and hypothalamic disorders
  - Monitoring Thyroid replacement therapy

**TSH in Pregnancy:** In the First trimester, maternal thyroxine-binding globulin rises and Free thyroid hormone T4 decreases. TSH levels decrease due to the thyrotropic effect of hCG. In later trimesters, TSH increases.

Trimester Specific ranges during pregnancy:

Trimester	TSH (mIU/L) or µIU/mL
First	0.1-2.5 *
Second	0.2-3.0
Third	0.2-3.0

Ref: National Academy of Clinical Biochemistry and The American Association of Clinical Endocrinologists.

#### Limitations:

TSH levels increase with obesity and age, upper levels with the euthyroid state may be seen in some cases.  
There is no high-dose hook effect at TSH concentrations up to 1000 µIU/mL

**Sample Type :** Serum

Please Correlate With Clinical Findings If Necessary Discuss

\* This Is an Electronically Authenticated Report \*



Dr.RISHIKESH  
BALVALLI

Consultant Pathologist

\*\*\*\* END OF REPORT \*\*\*\*



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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 20 ML  
COLOUR : PALE YELLOW  
APPEARANCE : CLEAR  
REACTION : ACIDIC  
SPECIFIC GRAVITY : 1.005

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

PUS CELLS : 1-2 /hpf  
RBC CELLS : ABSENT / hpf  
EPITHELIAL CELLS : 1-2 /hpf  
CASTS : ABSENT /hpf  
CRYSTALS : ABSENT  
OTHER FINDINGS : ABSENT  
BACTERIA : ABSENT

\*\*\*END OF REPORT\*\*\*

Dr. AJAY A GANGSHETTIWAR  
M.D.(Pathology) R.No.080412

Technician

Report Type By :- PEERZADE SHOYEB

Pathologist

**2D ECHO / COLOUR DOPPLER**

**NAME : MR. ARVIND CHAVAN**  
**REF BY : DR. HOSPITAL PATIENT**

**62 Yrs/M**

**OPD**  
**26-Aug-23**

**M - Mode values**

**Doppler Values**

AORTIC ROOT (mm)	27	TAPSE	
LEFT ATRIUM (mm)	36		
RV (mm)		AORTIC VEL (m/sec)	1.2
LVID - D (mm)	47	PG (mmHg)	6
LVID - S (mm)	29	MITRAL E VEL (m/sec)	0.6
IVS - D (mm)	13	A VEL (m/sec)	0.7
LVPW -D (mm)	12	TDI. e' (cm/sec)	
EJECTION FRACTION (%)	60	E/e'	

**REPORT**

Normal LV size. Mild concentric LV hypertrophy.  
No regional wall motion abnormality  
Normal LV systolic function, LVEF 60%  
Normal sized other cardiac chambers.

Pliable mitral valve., No Mitral regurgitation.  
Altered mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve  
Trivial tricuspid regurgitation,  
PA pressure = 19 mmHg - normal

Intact IAS & IVS

No PDA, coarctation of aorta.

No clots, vegetations, pericardial effusion noted.

**IMPRESSION :**

**Mild concentric LV hypertrophy.**

**No regional wall motion abnormality.**

**Normal Biventricular systolic function, LVEF 60%**

**Grade I 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)*






Issue Date: 25/02/2016  
 Download Date: 12/05/2021

Government of India  
 सत्यमेव जयते

आवडीत म्हातऱा चवऱान  
 Avaidit Mhar Chavan  
 अडऱा नम्बर/DOB: 01/06/1962  
 गण/ MALE



**6593 6328 7176**  
 VID : 8178 6789 5870 3612

माझऱे आम्हार. माझी ओळख




Unique Identification Authority of India

अडऱा नम्बर/DOB: 01/06/1962  
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 5 no 79, plot no 11, suraj nagar, Kothrud,  
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 Maharashtra - 411008

**6593 6328 7176**  
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Creating Redefined

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### USG ABDOMEN AND PELVIS

#### OBSERVATION :

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

CBD & PV : Normal in caliber.

G.B. : Moderately distended, Normal.

Spleen : Is normal in size , 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 right side.

**Non-obstructive calculus of size 4.8 mm and 3 mm seen in left midpole**

Right kidney measures : 10 x 4.2 cm.

Left kidney measures : 9.8 x 4.5 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-obstructive left renal calculus**

- Kindly correlate clinically.

Dr. SAURABH PATIL  
(MBBS, MD(RADIOLOGY))



ID : 2308260004  
Name :  
Sex :  
Divisions:

HR 65 bpm  
P Dur/PR int 110/161ms  
QRS Dur 110ms  
QT/QTc int 388/403 ms  
P/QRS/T axis 71/70/44°

Date/Time: 2023-08-26 10:08  
Age :  
BP :  
Bed No. :

RV5/SV1 amp 0.921/1.090mV  
RV5+SV1 amp 2.011mV  
RV6/SV2 amp 0.854/0.962mV

Hospital:  
Height :  
Weight :  
Hospital No. :

Minnesota Code  
9-4-1 (V3)

cm  
kg

Diagnosis Info  
800: Sinus Rhythm  
121: Counter Clock Wise Rot.

\*\*\*Normal ECG\*\*\*

