

**MR SATISH BOHARE**

Age : 41 Year(s)

Gender : Male

APL Code : APL-NP-010

Ref Doctor :

Ref Cust : MATOSHREE DAIGNOSTIC

Sample Type : SERUM

 SID : **7814566**

Collected on : 2024-10-08 00:00

Regd on : 2024-10-08 13:10

Reported on : 2024-10-08 18:23


**CLINICAL BIOCHEMISTRY**

| Test Description  | Result | Units | Biological Reference Ranges |
|---|--------|-------|-----------------------------|
| Calcium<br><i>(Method: Spectrophotometry(Cresol Complex))</i> | 9.5    | mg/dL | 8.8 - 10.6                  |




 Ch.Samuel  
 Manager Technical

**Alliance Diagnostic** : 1st Floor, Vinayak Tower, Infront of Untkhana Gate,  
 Untkhana Road, Above Lenskart Shop, Nagpur-440009 **Help Line : 9096927644**

Dr.SUKANYA A. PAWAR




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| Test Description  | Result | Units | Biological Reference Ranges   |
|---|--------|-------|---|
| <b>LIPID PROFILE</b>  |        |       |   |
| Cholesterol - Total<br><i>(Method: CHOD/PAP)</i>                            | 153    | mg/dL | < 200 : Desirable<br>200-239 : Borderline risk<br>> 240 : High risk   |
| Cholesterol - HDL<br><i>(Method: Direct)</i>                                | 44     | mg/dL | < 40 : Low<br>40 - 60 : Optimal<br>> 60 : Desirable   |
| Cholesterol - LDL<br><i>(Method: Homogeneous enzymatic end point assay)</i> | 89     | mg/dL | < 100 : Normal<br>100 - 129 : Desirable<br>130 - 159 : Borderline-High<br>160 - 189 : High<br>> 190 : Very High |
| Cholesterol VLDL<br><i>(Method: Calculation)</i>                            | 19.8   | mg/dL | 7 - 40  |
| Triglycerides<br><i>(Method: Lipase / Glycerol Kinase)</i>                  | 99     | mg/dL | < 150 : Normal<br>150-199 : Borderline-High<br>200-499 : High<br>> 500 : Very High                              |
| Total cholesterol/HDL ratio<br><i>(Method: Calculation)</i>                 | 3.5    | Ratio | 0 - 5.0   |
| LDL / HDL Ratio<br><i>(Method: Calculation)</i>                             | 2.0    | Ratio | 0 - 3.5   |

**Interpretation:**

Lipid profile can measure the amount of Total cholesterol's and triglycerides in blood:

| Test   | Comment   |
|--|---|
| <b>Total cholesterol :</b>                           | measures all the cholesterol in all the lipoprotein particles   |
| <b>High-density lipoprotein cholesterol (HDL-C):</b> | measures the cholesterol in HDL particles; often called "good cholesterol" because HDL-C takes up excess cholesterol and carries it to the liver for removal.                       |
| <b>Low-density lipoprotein cholesterol (LDL-C):</b>  | measures the cholesterol in LDL particles; often called "bad cholesterol" because it deposits excess cholesterol in walls of blood vessels, which can contribute to atherosclerosis |
| <b>Triglycerides :</b>                               | measures all the triglycerides in all the lipoprotein particles; most is in the very low-density lipoproteins (VLDL).   |



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Manager, Pathology

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| Test Description   | Result       | Units | Biological Reference Ranges |
|--|--------------|-------|-----------------------------|
| <b>IRON PROFILE</b>  |              |       |                             |
| Iron<br><i>(Method: Ferene)</i>                                    | <b>28.6</b>  | µg/dL | 40 - 120                    |
| Iron Binding Capacity - Total (TIBC)<br><i>(Method: Ferrozine)</i> | <b>472</b>   | µg/dL | 240 - 450                   |
| Transferrin<br><i>(Method: Immunoturbidometry)</i>                 | <b>321.1</b> | µg/dL | 176 - 280                   |
| Transferrin %<br><i>(Method: Calculation)</i>                      | <b>6.1</b>   | %     | 20 - 50                     |

**Interpretation:**

Iron participates in a variety of vital processes in the body varying from cellular oxidative mechanisms to the transport and delivery of oxygen to body cells.

Serum iron concentration is decreased in many but not all patients with iron deficiency anemia; in acute or chronic inflammatory disorders such as acute infection, immunisation, and myocardial infarction; acute or recent haemorrhage; malignancy; kwashiorkor; late pregnancy; menstruation and nephrosis.

Iron levels may also be increased in acute hepatitis, lead poisoning, acute leukaemia, thalassemia or oral contraception. TIBC is decreased in chronic infections, malignancy, in iron poisoning, renal disease, nephrosis, kwashiorkor and thalassemia. Common causes for an increase in TIBC include iron deficiency anemia, late pregnancy, oral contraception and viral hepatitis.




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**CLINICAL BIOCHEMISTRY**

| Test Description   | Result | Units  | Biological Reference Ranges |
|--|--------|--------|-----------------------------|
| <b>KIDNEY BASIC SCREEN</b>   |        |        |                             |
| Creatinine(Serum)<br><i>(Method: Enzymatic)</i>                      | 0.7    | mg/dL  | 0.7 - 1.3                   |
| Urea (Serum)<br><i>(Method: UV-Kinetic)</i>                          | 23.4   | mg/dL  | 17 - 43                     |
| Blood Urea Nitrogen (BUN)<br><i>(Method: Calculation)</i>            | 10.9   | mg/dL  | 6.0 - 20.0                  |
| Blood Urea Nitrogen (BUN)/Creatinine<br><i>(Method: Calculation)</i> | 15.6   | ratio  | 6 - 22                      |
| Sodium(Serum)<br><i>(Method: ISE Direct)</i>                         | 138    | mmol/L | 135 - 150                   |
| Potassium(Serum)<br><i>(Method: ISE Direct)</i>                      | 4.4    | mmol/L | 3.5 - 5.0                   |
| Chloride(Serum)<br><i>(Method: ISE Direct)</i>                       | 102    | mmol/L | 94 - 110                    |
| Uric Acid<br><i>(Method: Uricase)</i>                                | 5.3    | mg/dL  | 3.5 - 7.2                   |



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**CLINICAL BIOCHEMISTRY**

| Test Description   | Result | Units | Biological Reference Ranges |
|--|--------|-------|-----------------------------|
| <b>LIVER FUNCTION PROFILE</b>  |        |       |                             |
| Bilirubin Total<br><i>(Method: Diazotised Sulphanilic Acid)</i>                        | 0.3    | mg/dL | 0.3 - 1.2                   |
| Bilirubin Direct<br><i>(Method: Diazotised Sulphanilic Acid)</i>                       | 0.1    | mg/dL | < 0.2                       |
| Bilirubin Indirect<br><i>(Method: Calculation)</i>                                     | 0.2    | mg/dL | 0 - 1.0                     |
| Alkaline Phosphatase (ALP)<br><i>(Method: AMP Buffer)</i>                              | 104    | U/L   | 43 -115                     |
| Alanine Transaminase (ALT/SGPT)<br><i>(Method: UV with pyridoxal - 5 - phosphate)</i>  | 30     | U/L   | < 50                        |
| Aspartate Aminotransferase(AST/SGOT)<br><i>(Method: UV with Pyridoxal-5-phosphate)</i> | 26     | U/L   | < 50                        |
| Y- Glutamyl Transferase (GGT)<br><i>(Method: g-Glut-3-carboxy-4 nitro)</i>             | 18     | U/L   | < 55                        |
| Protein Total<br><i>(Method: BIURET)</i>   | 7.5    | g/dL  | 6.6 - 8.3                   |
| Albumin<br><i>(Method: Bromocresol Purple)</i>   | 4.2    | g/dL  | 3.5 - 5.2                   |
| Globulin<br><i>(Method: Calculated)</i>  | 3.3    | g/dL  | 2.5 - 3.5                   |
| Albumin / Globulin Ratio<br><i>(Method: Calculation)</i>                               | 1.3    | ratio | 1.0 - 2.1                   |

**Interpretation:**

- Liver function test aid in the diagnosis of various pre hepatic,hepatic & post hepatic causes of dysfunction in anemias,viral & alcoholic hepatitis and cholestasis of obstructive causes.
- The test encompasses hepatic excretory,synthetic function and also hepatic parenchymal cell damage.
- LFT helps in evaluating severity,monitoring therapy and assessing prognosis of liver disease and dysfunction.



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| Test Description  | Result | Units  | Biological Reference Ranges   |
|---|--------|--------|---|
| <b>THYROID PANEL I</b>  |        |        |   |
| TriIodothyronine Total (TT3)<br><i>(Method: Chemiluminescence)</i>                      | 145.89 | ng/dL  | 80 - 253 : 1 Yr-10 Yr,<br>76 - 199 : 11 Yr-15 Yr,<br>69 - 201 : 16 Yr-18 Yr,<br>87 - 178 : > 18 years.  |
| Thyroxine - Total (TT4)<br><i>(Method: Chemiluminescence)</i>                           | 9.34   | µg/dL  | 6.09 - 12.23  |
| Thyroid Stimulating Hormone (TSH)<br><i>(Method: Ultra-sensitive chemiluminescence)</i> | 1.65   | µIU/mL | 0.52-16.0 : 1 Day - 30 Days<br>0.55-7.10 : 1 Mon-5 Years<br>0.37-6.00 : 6 Yrs-18 Years<br>0.38-5.33 : 18 Yrs-88 Years<br>0.50-8.90 : > 88 Years |

**Clinical Features of Thyroid disease**

| Hypothyroidism  | Hyperthyroidism  | Grave's disease   |
|---|--|---|
| <ul style="list-style-type: none"> <li>Lethargy</li> <li>Weight gain</li> <li>Cold intolerance</li> <li>Constipation</li> <li>Hair loss</li> <li>Dry skin</li> <li>Depression</li> <li>Bradycardia</li> <li>Memory impairment</li> <li>Menorrhagia</li> </ul> | <ul style="list-style-type: none"> <li>Tachycardia</li> <li>Palpitations</li> <li>Hyperactivity</li> <li>Weight loss with increased appetite</li> <li>Heat intolerance</li> <li>Sweating   Diarrhea   Fine tremor   Hyper reflexia   Goitre</li> <li>Palmar erythema</li> <li>Onycholysis</li> <li>Muscle weakness and wasting</li> <li>Oligomenorrhoea / amenorrhoea</li> </ul> | <ul style="list-style-type: none"> <li>Exophthalmos/proptosis</li> <li>Chemosis</li> <li>Diffuse symmetrical goiter</li> <li>Pretibial myxoedema</li> <li>Other autoimmune conditions</li> <li>Thyroid bruit</li> </ul> |



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**CLINICAL BIOCHEMISTRY**

| Test Description   | Result | Units | Biological Reference Ranges   |
|--|--------|-------|---|
| <b>GLYCOSYLATED HEMOGLOBIN ( HbA1c )</b>                                   |        |       |   |
| <i>(Method: ion-exchange high-performance liquid chromatography(HPLC))</i> |        |       |   |
| Hemoglobin A1c (HbA1c)   | 5.0    | %     | < 6 : Non Diabetic<br>6-7 : Good Control<br>7-8 : Poor Control<br>> 8 : Alert   |
| Estimated average glucose (eAG)  | 96.8   | %     | HbA1c(%) : eAG(mg/dL)<br>6 : 125<br>6.5 : 140<br>7 : 154<br>7.5 : 169<br>8 : 183<br>8.5 : 197<br>9 : 212<br>9.5 : 226<br>10 : 240 |

The A1c test is common blood test used to identify prediabetes ,diagnose type 1 and type 2 diabetes and to monitor how diabetes is managing .The A1c test result reflects your average blood glucose levels for the past two to three months .*American Diabetes Association* recommends HbA1c monitoring frequency should be quarterly, particularly in case with suboptimal HbA1c conditions.

| HbA1c(%) | eAG(mg/dl) | Condition                  | Severity |
|----------|------------|----------------------------|----------|
| 6.0      | 125        | Non Diabetic : < 6.0       | Yellow   |
| 6.5      | 140        | Good Control : 6.0 - < 7.0 | Yellow   |
| 7.0      | 154        |                            |          |
| 7.5      | 169        |                            |          |
| 8.0      | 183        | Poor Control : 7.0 - < 8.0 | Orange   |
| 8.5      | 197        | Diabetic > 8.0             | Red      |
| 9.0      | 212        |                            |          |
| 9.5      | 226        |                            |          |
| 10.0     | 240        |                            |          |



 Ch.Samuel  
 Manager Technical

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**HAEMATOLOGY**

| Test Description   | Result    | Units   | Biological Reference Ranges |
|--|-----------|---------|-----------------------------|
| Erythrocyte Sedimentation Rate (ESR)<br><i>(Method: Westergren's method)</i> | <b>15</b> | mm/Hour | <10                         |




 Ch. Vinav Kumar  
 Group Leader

**Alliance Diagnostic**

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Dr. S.V. RAMANA

 : 1st Floor, Vinayak Tower, Palim Road, Untkhana Gate,  
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**HAEMATOLOGY**

| Test Description  | Result                        | Units        | Biological Reference Ranges |
|---|-------------------------------|--------------|-----------------------------|
| <b>COMPLETE BLOOD PICTURE</b>   |                               |              |                             |
| Hemoglobin<br><i>(Method: Spectrophotometry)</i>                                      | 13.9                          | g/dL         | 13.0 - 18.0                 |
| Erythrocyte Count (RBC Count)<br><i>(Method: Impedance)</i>                           | 5.04                          | mil/ $\mu$ L | 4.5 - 5.5                   |
| Packed Cell Volume(Hematocrit)<br><i>(Method: Calculated)</i>                         | 43.1                          | %            | 40 - 54                     |
| Platelet Count<br><i>(Method: Impedance/ Microscopy)</i>                              | 3.69                          | lakh/Cumm    | 1.50 - 4.50                 |
| <b>Red Cell Indices</b><br><i>(Method: Automated 5 part Cell counter/ Calculated)</i> |                               |              |                             |
| MCV   | 85                            | fl           | 83 - 101                    |
| MCH   | 27.6                          | pg           | 27 - 32                     |
| MCHC  | 32.3                          | g/dL         | 31.5 - 34.5                 |
| RDW-CV  | 14.5                          | %            | 11.5 - 14.5                 |
| <b>Total Count and Differential Count</b><br><i>(Method: Impedance/Microscopy)</i>    |                               |              |                             |
| Total Leucocyte Count(WBC)  | 6400                          | cells/Cumm   | 4000 - 11000                |
| Neutrophils   | 69                            | %            | 40 - 75                     |
| Lymphocytes   | 26                            | %            | 20 - 40                     |
| Eosinophils   | 02                            | %            | 0 - 6                       |
| Monocytes   | 03                            | %            | 2 - 10                      |
| Basophils   | 00                            | %            | 0 - 1                       |
| <b>Microscopic Blood Picture</b><br><i>(Method: Microscopy)</i>                       |                               |              |                             |
| RBC Morphology  | Normocytic Normochromic Cells |              |                             |
| WBC Morphology  | Normal in Morphology          |              |                             |
| Platelet Morphology   | Adequate                      |              |                             |
| Hemoparasites   | Not found                     |              |                             |
| Impression  | <b>Normal Study</b>           |              |                             |
| Advise  | Correlate Clinically          |              |                             |



 Ch.Vinav Kumar  
 Group Leader

**Alliance Diagnostic**

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Dr. S.V. RAMANA



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Page 9 of 9

Report #

*Handwritten signature*

(A)



noreply@apolloclinics.info

Mon, Oct 7, 4:39 PM (17 hours ago)

to me, rahul.rai, pritam.padyal, syamsunder.m, corporate, deepak.gaddam, rani.g, devendra.singh, apsara.bagchi, dilip.b

**Greetings from Apollo!!**

**Respected Sir/Madam,**

Please find corporate HC appointment details scheduled for **08-10-2024** at your **Alliance Diagnostic Centre- Nagpur** Center.

**Points to note:-**

Collect photocopy

MR. BOHARE SATISH R

ARCOFEMI HEALTHCARE LIMITED

AHCN-44107102401001

9860088878

URINE GLUCOSE(FASTING),Dietician consultation,Consultation - Dental,Lipid Profile (all Parameters),Renal Function Test,Ultrasound - Whole Abdomen,Package Consultation - ENT, Fitness by General Physician,2 D ECHO,Blood Grouping And Typing (Abo And Rh),ECG,URINE GLUCOSE(POST PRANDIAL),Urine Routine (CUE),GGTP: Gamma Glutamyl Transpeptidase - Serum,Prostatic Specific Antigen (PSA Total),GLUCOSE - SERUM / PLASMA(FASTING AND POST PRANDIAL),THYROID PROFILE - I(T3, T4 AND TSH),LIVER FUNCTION TEST (PACKAGE),Ophthal by General Physician,Glycosylated Hemoglobin (HbA1C) - Whole Blood,HEMOGRAM (CBC+ESR),X-Ray Chest PA,BMI,Doctor,HEMOGRAM + PERIPHERAL SMEAR,LIVER FUNCTION TEST (LFT),PERIPHERAL SMEAR,GAMMA GLUTAMYL TRANSFERASE (GGT),DIET CONSULTATION,BLOOD GROUP ABO AND RH FACTOR,GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL),LIPID PROFILE,HbA1c, GLYCATED HEMOGLOBIN,THYROID PROFILE (TOTAL T3, TOTAL T4, TSH),COMPLETE URINE EXAMINATION,GLUCOSE, FASTING,RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT),BODY MASS INDEX (BMI)



*Handwritten notes:* Urea, Echo, ECG, PMBS, X-Ray

(W)



भारत सरकार  
Government of India

Issue Date: 08/06/2011



सतिश रामलाल बोहरे  
Satis Ramlal Bohare  
जन्म तारीख/DOB: 08/01/1983  
पुरुष/ MALE



2666 0528 2504

VID : 9108 7171 0281 7794

माझे

सहाय्यक, माझी ओळख



माझे - 28119, 1403, 1403, 1420

08/10/2024

|               |        |               |      |  |
|---------------|--------|---------------|------|--|
| EMPLOYEE NAME | MR/MRS | Bohane Satish |      |  |
|               | D.O.B  | 08/01         | 1983 |  |

|        |     |        |    |     |      |
|--------|-----|--------|----|-----|------|
| HEIGHT | 189 | WEIGHT | 76 | BMI | 26.6 |
|--------|-----|--------|----|-----|------|

|                |          |       |      |    |  |
|----------------|----------|-------|------|----|--|
| BLOOD PRESSURE | 114 / 76 | PULSE | 78/m | RR |  |
|----------------|----------|-------|------|----|--|

|              |    |
|--------------|----|
| DIABETIC     | NO |
| HYPERTENTION |    |
| OTHERS       |    |

|                    |      |         |         |                                 |
|--------------------|------|---------|---------|---------------------------------|
| BOTH EYE VISION :- |      | RT. EYE | LT. EYE | COLOR VISION BOTH EYE:-<br>NITE |
| WITH SPECT         | NEAR | 6/6     | 6/6     |                                 |
| WITHOUT S          | FAR  | 6/6     | 6/6     |                                 |

ECG REPORT :- WNL RX.

FITNESS STATUS :- Fit & Healthy

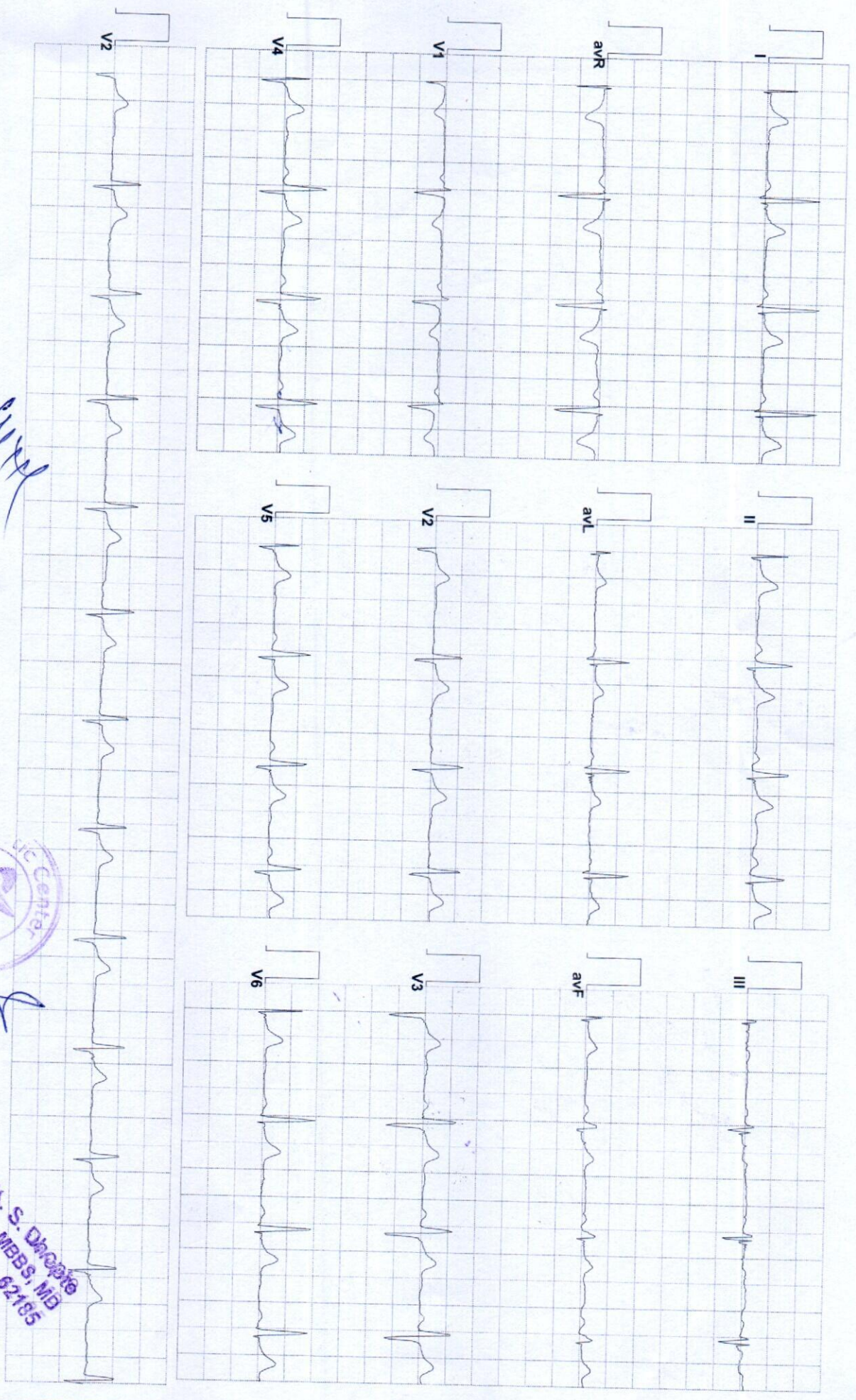
CLIENT SIGN: [Signature]

DR. SIGN: [Signature]

Dr Mrs. K. S. Dhopte  
MBBS, MD  
Reg. No. 6218



**ECG**



*Normal*



Reported By: *[Signature]*

**Dr. K. S. Dasgupta**  
MBBS, MD  
Reg. No. 62165

**2 D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT**

Name: MR.SATISH BOHARE

Age/Gender: 41yrs/M

Date: 08/10/2024

REF BY :- ALLIANCE LAB

**Impression:**

**NORMAL 2D ECHO & DOPPLER STUDY**


**Comments:**

Sector echocardiography was performed in various conventional views (PLAX, SSAX, AP4 CH and 5 CH views). All Cardiac valves are normal in structure and function. The septae are intact. There is no left ventricular hypertrophy or dilatation. There is no regional wall motion abnormality of the left ventricle at rest. The LV systolic function is normal. No diastolic dysfunction is noted. There are no clots, vegetation or effusion. There is no intra-cardiac calcification. There is no coarctation. The right ventricle is normal. There is no e/o Pericardial Effusion. NO PDA device in situ, no coarctation of aorta. No pulmonary artery hypertension.

M Mode echocardiography and dimension:

|                                 | Normal range (mm) |            | Observed (mm) |
|---------------------------------|-------------------|------------|---------------|
|                                 | (adults)          | (children) |               |
| Left atrium                     | 19-40             | 7-37       | 31            |
| Aortic root                     | 20-37             | 7-28       | 23            |
| Left ventricular- end diastolic | 35-55             | 8-47       | 46            |
| Left ventricular- end systolic  | 23-39             | 6-28       | 25            |
| IVS (d)                         | 6-11              | 4-8        | 10            |
| LVPW (d)                        | 6-11              | 4-8        | 09            |
| LVEF %                          | ~ 60%             | ~60%       | 60%           |

Thanks for referring

  
Dr. Anup Pusate  
MBBS, MD (MED), DM (CARDIOLOGY)  
FSCAI, FESC



NAME: MR.SATISH BOHARE

DATE:08/10/2024

AGE :41Y /M

**ABDOMEN SONOGRAPHY REPORT**

**Liver:** Normal in size, shape with **normal** echo texture.  
No focal lesion noted.  
No IHBR dilatation seen.

**CBD & Portal vein:** Normal in course and caliber. No intraluminal defect or soft tissue lesion seen.

**Gall Bladder:** Well distended and shows normal wall thickness.  
**Spleen:** normal in size, shape and echotexture.  
No focal lesion lesion.  
No Splenomegaly seen.

**Pancreas:** Normal in dimension and echotexture .No focal lesion.  
Pancreatic duct not dilated.  
No calcification noted.

**Both kidneys:** Appears normal in size, shape and echotexture.  
No hydronephrosis seen in the bilateral kidneys.  
CMD is maintained.

**Bladder:** Partially distended.

**Prostate;-** Normal for age  
Both iliac fossas unremarkable

No free fluid seen in abdomen.  
No significant adenopathy seen.

**IMPRESSION:**

**No significant abnormality seen.**



**Dr. Manoj Ambhure**  
**(Consultant Radiologist)**





NAME OF PATIENT :- MR. SATISH BOHARE  
AGE/SEX :- 41 Y/M  
DATE OF REPORT :- 08/10/2024

**X-RAY CHEST PA. VIEW**

*Visualised both Lung fields appesr normal.*

*Hila mediasinum appear normal.*

*Cardiac Silhouetta and aortic arch are well maintained*

*Domes of Diaphragm show normal contour and outline.*

*Both costophrenic angles are clear.*

*Bony cage and soft tissue do not show any obvious abnormality*

**INTERPRETATION :-**


**No Abnormality Detected in Radiologycaly**

*Manoj*  
DR. MANOJ AMBHURE  
(RADIOLOGY)







|              |                                   |               |   |
|--------------|-----------------------------------|---------------|---|
| Patient Id   | : ADC24-25/6113                   | Reg/Sample Dt | : 08/10/2024  |
| Patient Name | : MR SATISH BOHARE                | Report Dt     | : 08/10/2024  |
| Age/sex      | : Male                            | Lab No        | : 2410337   |
| Referred By  | : Dr. ARCOFEMI HEALTHCARE LIMITED | Contact No    | : 9860088878  |
| Center       | : ALLIANCE DIAGNOSTIC CENTER      | Barcode       |  |
| App. No.     | :                                 |               | ADC24-25/6113   |

## HAEMATOTOLOGY REPORT

| Test Description | Result | Unit | Biological Reference Range |
|------------------|--------|------|----------------------------|
|------------------|--------|------|----------------------------|

|                    |               |  |  |
|--------------------|---------------|--|--|
| <b>Blood Group</b> | O Rh POSITIVE |  |  |
|--------------------|---------------|--|--|

## BIOCHEMISTRY REPORT

| Test Description | Result | Unit | Biological Reference Range |
|------------------|--------|------|----------------------------|
|------------------|--------|------|----------------------------|

### Fasting Blood Glucose

|                       |     |       |          |
|-----------------------|-----|-------|----------|
| Fasting Blood Glucose | 100 | mg/dl | 70 - 110 |
|-----------------------|-----|-------|----------|

### Postmeal Blood Sugar(2Hrs)

|                            |     |       |         |
|----------------------------|-----|-------|---------|
| Postmeal Blood Sugar(2Hrs) | 145 | mg/dl | 0 - 150 |
|----------------------------|-----|-------|---------|

## ENDOCRINOLOGY REPORT

| Test Description | Result | Unit | Biological Reference Range |
|------------------|--------|------|----------------------------|
|------------------|--------|------|----------------------------|

### PROSTATE SPECIFIC ANTIGEN (PSA)

### SERUM PROSTATE SPECIFIC ANTIGEN (PSA)


|  |      |       |           |
|--|------|-------|-----------|
| <u>PROSTATE SPECIFIC ANTIGEN (PSA)</u> | 0.56 | ng/ml | 0 - < 4.0 |
|--|------|-------|-----------|

Dr. DILIP ARJUNE  
M.D.(Path) REG.NO 073332





Patient Id : ADC24-25/6113  
 Patient Name : MR SATISH BOHARE  
 Age/sex : Male  
 Referred By : Dr. ARCOFEMI HEALTHCARE LIMITED  
 Center : ALLIANCE DIAGNOSTIC CENTER  
 App. No. :

Reg/Sample Dt : 08/10/2024  
 Report Dt : 08/10/2024  
 Lab No : 2410337  
 Contact No : 9860088878  
 Barcode :   
 ADC24-25/6113

## CLINICAL PATHOLOGY REPORT

| Test Description                     | Result      | Unit | Biological Reference Range |
|--------------------------------------|-------------|------|----------------------------|
| <b>Complete Urine Analysis (CUE)</b> |             |      |                            |
| Quantity                             | 20          | ML   | 20 - 20                    |
| Colour                               | Pale yellow |      |                            |
| Apperance                            | Clear       |      |                            |
| Reaction(pH)                         | ACIDIC      |      | 5.0 - 8.5                  |
| Proteins                             | Negative    |      | Negative                   |
| Glucose                              | Negative    |      | Negative                   |
| Bile Salts & Bile Pigments           | Negative    |      | Negative                   |
| Ketones                              | Negative    |      | Negative                   |
| Blood                                | Negative    |      | Negative                   |
| Urobilinogen                         | Normal      |      | Normal                     |
| Leucocytes                           | Negative    |      | Negative                   |
| Nitrites                             | Negative    |      | Negative                   |
| PUS (WBC) Cells                      | 1-2/hpf     | /hpf | 0 - 5/HPF                  |
| Urine RBC                            | Nill        | /hpf | Nill                       |
| Urine Epithelial Cells               | 1-2/hpf     | /hpf | 0 - 5 /HPF                 |
| Casts                                | Nill        |      | Nill                       |
| Crystals                             | Nill        |      | Nill                       |
| Method : Strip/Microscopy            |             |      |                            |

\*\*\*\*End of the report\*\*\*\*

**Dr. DILIP ARJUNE**  
 M.D.(Path) REG.NO 073332

