



Grant Medical Foundation  
**Ruby Hall Clinic**  
*Pimple Saudagar*

**Name:** KUSHWAHA DHARMENDRA S .  
**Age :** 040 Years  
**Gender:** M  
**PID:** P00000608065  
**OPD :**

**Exam Date :** 15-Jan-2024 10:34  
**Accession:** 121799114831  
**Exam:** CHEST X RAY  
**Physician:** HOSPITAL CASE<sup>\*\*\*\*</sup>

Health Check

**Radiograph Chest PA View :**

Both lung fields normal.

Both costo-phrenic angles are clear.

Cardiac silhouette and aortic knuckle are normal.

Both hilar shadows and the diaphragmatic contours are normal.

Thoracic soft tissues and the rib cage normal.

**Impression :**

No significant abnormality noted.

**DR. YATIN R. VISAVE**  
**CONSULTANT RADIOLOGIST**  
**MBBS, DMRD**  
**Regd. No. 090812**

Date: 15-Jan-2024 11:40:25



<b>Name:</b>	KUSHWAHA DHARMENDRA S.	<b>Exam Date :</b>	15-Jan-2024 09:01
<b>Age :</b>	040Y	<b>Accession:</b>	121780091331
<b>Gender:</b>	M	<b>Exam:</b>	ABDOMEN AND PELVIS
<b>PID:</b>	P00000608065	<b>Physician:</b>	HOSPITAL CASE <sup>AAAA</sup>
<b>OPD :</b>			

### ULTRASOUND OF ABDOMEN AND PELVIS

Liver appears normal in size, shape and echotexture. No focal lesion is seen. No intrahepatic biliary radicle dilatation seen. The portal vein and CBD appear normal.

Gall bladder is well distended with normal wall thickness. No calculus or sludge is seen.  
Pancreas appears normal in size and echotexture. No focal lesion is seen.  
Spleen appears normal in size and echotexture. No focal lesion is seen.

Both kidneys appear normal in size, shape & echotexture. They show good cortico-medullary differentiation. There is no hydronephrosis, hydroureter seen on either side.

**Right kidney shows multiple (3-4 in no )non obstructive echoreflexive calculi largest measures 3.4 mm , 3.0 mm .**

**Left kidney shows multiple (3-4 in no )non obstructive echoreflexive calculi largest measures 4.3 mm , 3.7 mm .**

The urinary bladder is well distended. Wall thickness is normal. No mass lesion or calculus is seen.

Prostate is normal in size, shape and echotexture. No obvious focal lesion is seen on present transabdominal study.

Visualised bowel loops are non-dilated and show normal peristalsis.  
There is no ascites or significant lymphadenopathy seen.

#### IMPRESSION :

**Bilateral renal non obstructive echo reflective calculi.**

**Suggest : Clinical Correlation.**

DR. YATIN R. VISAVE  
CONSULTANT RADIOLOGIST  
MBBS, DMRD  
Regd. No. 090812

Date: 15-Jan-2024 11:39:43



**2DECHO&DOPPLER REPORT**

**NAME:MR.KUSHWAHA DHARMENDRA AGE:39Yrs/M DATE: 15/01/2024**

MITRAL VALVE: has thin leaflets with normal subvalvar motion.

No mitral regurgitation .

AORTIC VALVE : has three thin leaflets with normal opening

No aortic regurgitation.

PULMONARY VALVE; NORMAL,

LEFT VENTRICLE : is normal , has normal wall thickness, No RWMA at rest .

Normal LV systolic function. EF - 60%.

LEFT ATRIUM: is normal.

RIGHT ATRIUM & RIGHT VENTRICLE: normal in size.

TRICUSPID VALVE & PULMONARY VALVES : normal.

Trivial TR, No PH.

No pericardial effusion.

**IMP :**            **Normal LV Systolic function. EF-60%.**  
                     **No diastolic dysfunction**  
                     **No RWMA at rest**  
                     **Normal Valves and Chambers**  
                     **IAS & IVS Intact**  
                     **No clot / vegetation / thrombus / pericardial effusion.**



**DR. YATIN VISAVE**  
**MBBS,DMRD(RADIOLOGY)**



Grant Medical Foundation

**Ruby Hall Clinic**

Pimple Saudagar

Dharmendra Kushwaha

15/1/2014

Q10 →

Status → r.r. Calmness.

Adis → →

Oral prophylaxis.

Dr. Aniket

**Dr. Aniket Malabadi**  
B.D.S; M.D.S. (Dentist)  
Ruby Hall Clinic  
Pimple Saudagar  
Mob: 9980283499  
[www.aniket32.com](http://www.aniket32.com)

1st Floor, Vision Galleria Shopping Complex, S. No. 127,128, Shivar Garden Road, Pimple Saudagar, Aundh Annex, Pune - 411 027.

• Ph: 020 27201616 - 020 27201717 • Email : [pimplesaudagar@rubyhall.com](mailto:pimplesaudagar@rubyhall.com) • Website : [www.rubyhall.com](http://www.rubyhall.com), [www.hinjawadi.rubyhall.com](http://www.hinjawadi.rubyhall.com)





MR. KUSHWAHA DHARMENDRA S



Ref: PS007638- Reg: OPS00005555  
 40.0.24/M - NH - 15/01/2024  
 P00000608065 -

**HTHALMOLOGY**

NAME :

AGE : 40 year.

R

L

- 1) Vision  $\left\{ \begin{array}{l} \text{unaided } 6/6 \qquad \qquad \qquad 6/6. \\ \text{c glasses } \end{array} \right.$
- 2) Near Vision  $\left\{ \begin{array}{l} \text{unaided } \\ \text{c glasses } N/6. \end{array} \right.$
- 3) Binocular Vision Normal.
- 4) Colour Vision Normal.
- 5) Tension 15 mmHg 13 mmHg.
- 6) Anterior Segment WNL
- 7) Pupils WNL
- 8) Lens clear.
- 9) Media & Fundus

10) Remarks

Near vision  
 Add + 1.00 D.

Date : 15/01/24.

  
 (Signature)



15-Jan-2024 9:53

ID:

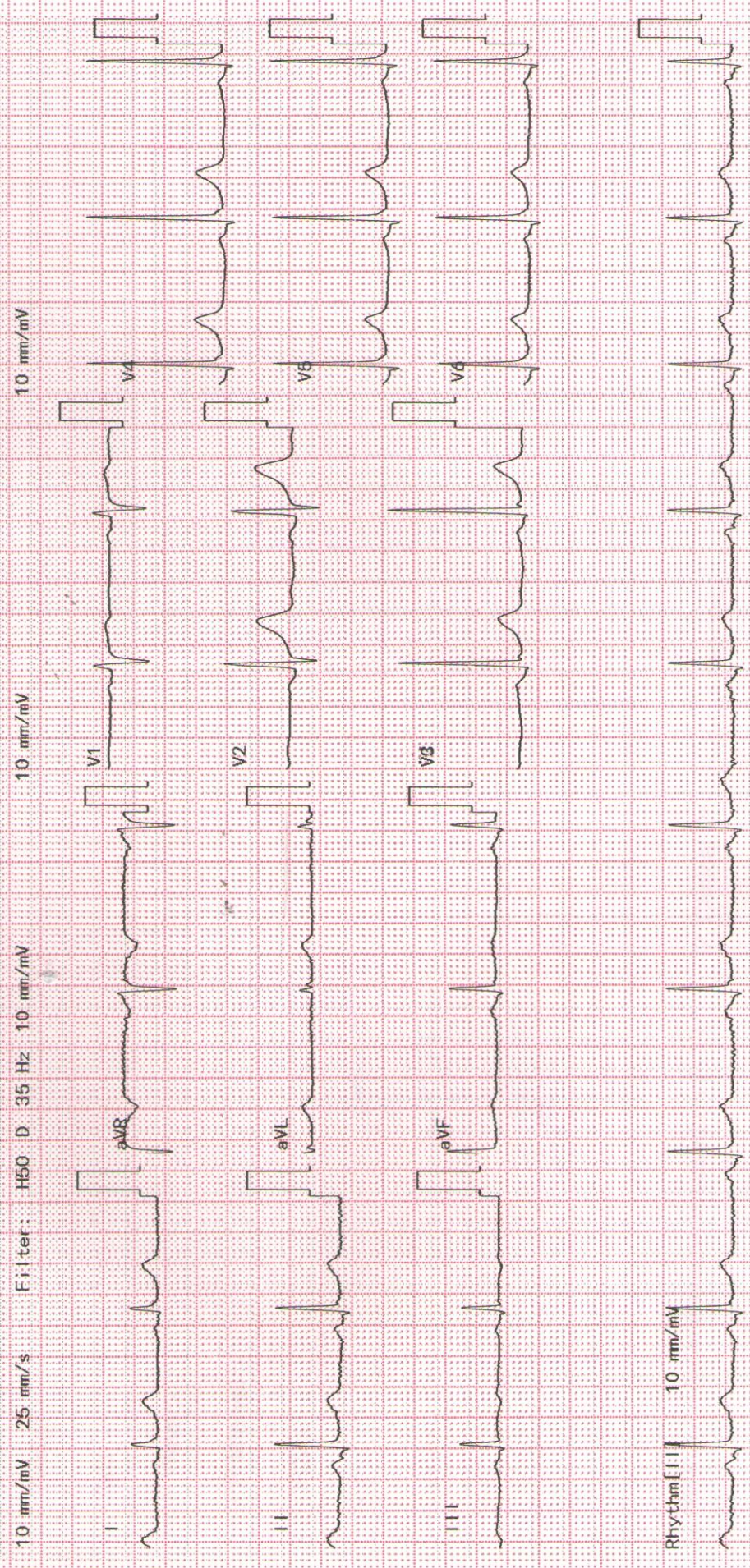
Name: dhar mendra  
 Sex: M      Birth date: / /      40 years      1100 Sinus rhythm  
 cm      kg      mmHg      9110 \*\* normal ECG \*\*

Medication:  
 Symptoms:  
 History:  
 Vent. rate      59 bpm  
 PR int      162 ms  
 QRS dur      92 ms  
 QT/QTc(E) int      418/ 418 ms  
 P/QRS/T axis      60/ 62/ 23 °  
 RV5/SV1 amp      1.97/ 0.66 mV  
 RV5+SV1 amp      2.63 mV

10 mm/mV      25 mm/s      Filter: H50 D 35 Hz      10 mm/mV      10 mm/mV      10 mm/mV

MR. KUSHWAHA DHARMENDRA S  
 Ref: PS007638- Reg: OPS00065555  
 40.0.24/M - NH - 15/01/2024  
 P00000608065 -

Unconfirmed Report  
 Reviewed by:





**Patient Name** : Mr.KUSHWAHA DHARMENDRA S  
**Age / Gender** : 40Y(s) 24D(s)/Male  
**Lab Ref No/UHID** : PS007638/P00000608065  
**Lab No/Result No** : 2400018177/610487  
**Referred By Dr.** : HOSPITAL CASE

**Bill Date** : 15-01-2024 09:15 AM  
**Collected Date** : 15-01-2024 09:17 AM  
**Received Date** : 15-01-2024 09:17 AM  
**Report Date** : 15-01-2024 12:30 PM  
**Specimen** : SERUM  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
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**FBS**

Glucose (Fasting). : 83 mg/dL  
Prediabetic : 100 - 125  
Diabetic : >= 126  
Normal : < 100.0  
Method : GOD-POD

REFERENCE : ADA 2015 GUIDELINES

**CREATININE**

Creatinine : 1.0 mg/dL  
0.6 - 1.3  
Method : Enzymatic

**BUN**

Urea Nitrogen(BUN) : 9.35 mg/dL  
6.0 - 20.0  
Method : Calculated  
Urea : 20 mg/dL  
12.8-42.8  
Method : Urease

**CALCIUM**

Calcium : 9.3 mg/dL  
8.6 - 10.2  
Method : Arsenazo

**PHOSPHOROUS**

Phosphorus : 3.8 mg/dL  
2.7-4.5  
Method : Phospho Molybdate

**URIC ACID**

Uric Acid : 6.5 mg/dL  
3.5-7.2  
Method : Uricase

**LFT**

Total Bilirubin : 1.2 mg/dL  
0.3 - 1.2  
Method : Diazo  
Direct Bilirubin : 0.5 mg/dL  
0-0.4  
Method : Diazo  
Indirect Bilirubin : 0.7 mg/dL  
0.0 - 0.8  
Method : Diazo  
Alanine Transaminase (ALT) : 43.0 U/L  
<50  
Method : Kinetic  
Aspartate Transaminase (AST) : 26.0 U/L  
10.0 - 40.0  
Method : Kinetic

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### DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY

Investigation	Result	Units	Biological Reference Interval
<b>LFT</b>			
Alkaline Phosphatase <i>Method : 4NPP/AMP BUFFER</i>	:64.0	U/L	30.0 - 115.0
Total Protein <i>Method : Biuret</i>	:7.1	g/dl	6.0 - 8.0
Albumin <i>Method : BCG</i>	:4.1	g/dl	3.5-4.8
Globulin <i>Method : Calculated</i>	:3	gm/dL	2.3-3.5
A/G Ratio <i>Method : Calculated</i>	: 1.37		

### T3-T4-TSH -

Tri-Iodothyronine, (Total T3) <i>Method : Enhanced Chemiluminescence</i>	: 1.66	ng/ml	0.97-1.69
Thyroxine (T4), Total <i>Method : Enhanced Chemiluminescence</i>	: 10.6	ug/dl	5.53-11.01
Thyroid Stimulating Hormone (Ultra). <i>Method : Enhanced Chemiluminescence</i>	: 1.352	uIU/mL	0.40-4.04

1.The TSH levels are subject to diurnal/circadian variation. reaching to peak level between 2 to 4 am. and at a minimum between 6 to 10 pm. The variation is to the order of 50%, hence the time when sample is collected has influence on the levels of TSH. 2.Many substances produced in central nervous system, even in healthy euthyroid individuals, may enhance or suppress TSH production in addition to the feedback effect of thyroid hormone. 3.Furthermore, although TSH levels rise and fall in response to changes in the concentration of Free T4, individuals appear to have their own setpoints and factors such as race and age also contribute to variability in TSH levels. Alterations of normal pituitary response are also common in patients with a variety of illnesses which can affect the levels of TSH. 4.Interassay variations are possible on different Immunoassay platforms.

TSH - For pregnancy the reference range is as follows -  
1st trimester : 0.6 - 3.4 uIU/mL  
2nd trimester : 0.37 - 3.6 uIU/mL  
3rd trimester : 0.38 - 4.04 uIU/mL

### PSA BLOOD

Prostate Specific Antigen (PSA) <i>Method : Enhanced Chemiluminescence</i>	: 1.14	ng/ml	00-4.0
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\*\*\* End Of The Report \*\*\*



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**Processing Loc** : RHC Hinjawadi



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**Verified By**  
Ruhi S

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

**Dr.Anjana Sanghavi**  
**Consultant Pathologist**

**NOTE :**

- \* Kindly Corelate clinically & discuss if necessary.
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**Age / Gender** : 40Y(s) 24D(s)/Male  
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**Collected Date** : 15-01-2024 09:17 AM  
**Received Date** : 15-01-2024 09:17 AM  
**Report Date** : 15-01-2024 10:30 AM  
**Specimen** : EDTA WHOLE BLC  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
<b>HAEMOGRAM/CBC/CYTO</b>			
<b>W.B.C.Count</b>	: 8970	/ul	4000-11000
<i>Method : Coulter Principle</i>			
Neutrophils	: 59.3	%	40-75
<i>Method : Derived from WBC Histogram</i>			
Lymphocytes	: 29.0	%	20-40
Monocytes	: 7.1	%	2-10
Eosinophils	: 3.8	%	1.0-6.0
Basophils	: 0.8	%	0.0-1.0
%Immature Granulocytes	: 0.9	%	0.00-0.10
Absolute Neutrophil Count	: 5.3	x10 <sup>3</sup> cells/ul	2-7
<i>Method : Calculated</i>			
Absolute Lymphocyte Count	: 2.6	x10 <sup>3</sup> cells/ul	1 - 3
<i>Method : Calculated</i>			
Absolute Monocyte Count	: 0.6	x10 <sup>3</sup> cells/ul	0.2-1.0
<i>Method : Calculated</i>			
Absolute Eosinophil Count	: 0.3	x10 <sup>3</sup> cells/ul	0.02-0.5
<i>Method : Calculated</i>			
Absolute Basophil Count	: 0.07	x10 <sup>3</sup> cells/ul	0.02-0.1
<i>Method : Calculated</i>			
R.B.C Count	: 6.46	million/ul	4.5 - 6.5
<i>Method : Coulter Principle</i>			
<b>Haemoglobin</b>	: <b>12.8</b>	g/dl	13 - 17
<i>Method : Cyanmethemoglobin Photometry</i>			
Haematocrit	: 40.7	%	40-50
<i>Method : Calculated</i>			
MCV	: <b>63.0</b>	fl	83-99
<i>Method : Coulter Principle</i>			
MCH	: <b>19.8</b>	pg	27 - 32
<i>Method : Calculated</i>			
MCHC	: <b>31.4</b>	g/dl	31.5 - 34.5
<i>Method : Calculated</i>			
RDW	: <b>17.9</b>	%	11.6-14.0
<i>Method : Calculated From RBC Histogram</i>			
<b>Platelet Count</b>	: 281.0	x10 <sup>3</sup> /ul	150 - 450
<i>Method : Coulter Principle</i>			
MPV	: 10.2	fl	7.8-11
<i>Method : Coulter Principle</i>			



**Patient Name** : Mr.KUSHWAHA DHARMENDRA S  
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**Lab No/Result No** : 2400018179/610487  
**Referred By Dr.** : HOSPITAL CASE

**Bill Date** : 15-01-2024 09:15 AM  
**Collected Date** : 15-01-2024 09:17 AM  
**Received Date** : 15-01-2024 09:17 AM  
**Report Date** : 15-01-2024 10:42 AM  
**Specimen** : EDTA WHOLE BLC  
**Processing Loc** : RHC Hinjawadi



RBC Morphology : Normocytic  
normochromic

WBC Morphology : Within normal range  
Platelet : Adequate

\*\*\* End Of The Report \*\*\*

**Verified By**  
AKSHAY1

**Dr.Anjana Sanghavi**  
**Consultant Pathologist**

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**Patient Name** : Mr.KUSHWAHA DHARMENDRA S  
**Age / Gender** : 40Y(s) 24D(s)/Male  
**Lab Ref No/UHID** : PS007638/P00000608065  
**Lab No/Result No** : 2400018607-P/610487  
**Referred By Dr.** : HOSPITAL CASE  
**Bill Date** : 15-01-2024 09:15 AM  
**Collected Date** : 15-01-2024 12:35 PM  
**Received Date** : 15-01-2024 09:17 AM  
**Report Date** : 15-01-2024 03:15 PM  
**Specimen** : SERUM  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>PPBS</b> Glucose (Post Prandial) <i>Method : GOD-POD</i>	: 123	mg/dL	60-140

\*\*\* End Of The Report \*\*\*

**Verified By**  
Anand

**Dr. Anjana Sanghavi**  
Consultant Pathologist

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**Received Date** : 15-01-2024 09:17 AM  
**Report Date** : 15-01-2024 12:22 PM  
**Specimen** : EDTA WHOLE BLC  
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**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
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**ESR**

ESR At 1 Hour : 10 mm/hr 0 - 15

Method : Modified Westergren Method

**INTERPRETATION :**

ESR is a screening test to detect presence of systemic disease; however a normal result does not rule out a systemic disease.

ESR is also used to monitor course of disease or response to therapy if initially elevated.

\*\*\* End Of The Report \*\*\*

**Verified By**  
Ruhi S

**Dr. Anjana Sanghavi**  
**Consultant Pathologist**

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**Age / Gender** : 40Y(s) 24D(s)/Male  
**Lab Ref No/UHID** : PS007638/P00000608065  
**Lab No/Result No** : 2400018177/610487  
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**Collected Date** : 15-01-2024 09:17 AM  
**Received Date** : 15-01-2024 09:17 AM  
**Report Date** : 15-01-2024 12:22 PM  
**Specimen** : SERUM  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>ELECTROLYTES (Na &amp; K)</b>			
Sodium <i>Method : Potentiometric</i>	: 141	mmol/L	136.0 - 145.0
Potassium <i>Method : Potentiometric</i>	: 4.1	mmol/L	3.5 - 5.1
Chloride <i>Method : Potentiometric</i>	: 101	mmol/L	98.0 - 107.0

\*\*\* End Of The Report \*\*\*

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**Patient Name** : Mr.KUSHWAHA DHARMENDRA S  
**Age / Gender** : 40Y(s) 24D(s)/Male  
**Lab Ref No/UHID** : PS007638/P00000608065  
**Lab No/Result No** : 2400018178/610487  
**Referred By Dr.** : HOSPITAL CASE

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**Collected Date** : 15-01-2024 09:17 AM  
**Received Date** : 15-01-2024 09:17 AM  
**Report Date** : 15-01-2024 02:33 PM  
**Specimen** : URINE  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-CLINICAL PATHOLOGY**

Investigation	Result	Units	Biological Reference Interval
<b>URINE ROUTINE</b>			
<b>PHYSICAL EXAMINATION</b>			
Colour	: Pale Yellow		
Appearance	: Clear		
<b>CHEMICAL TEST</b>			
Ph	: 6.0		5.0-7.0
Specific Gravity	: 1.015		1.015-1.030
Albumin	: Absent		Abset
Urine Sugar	: Absent	mg/dL	
Ketone Bodies	: Absent		Absent
Bile Pigments	: Absent		Absent
Urobilinogen	: Normal		Normal
Nitrites	: Absent		Absent
Leucocytes Esterase	: Absent		Absent
<b>MICROSCOPIC TEST</b>			
Pus Cells.	: 1-2	/hpf	0 - 5
Red Blood Cells.	: Absent	/hpf	0 - 2
Epithelial Cells.	: 1-2	/hpf	0-5
Bacteria	: Absent	/hpf	Absent
Cast	: Absent		Absent
Yeast Cells	: Absent		Absent
Crystals	: Absent		Absent
Others	: Absent		Absent

\*\*\* End Of The Report \*\*\*

**Verified By**  
AMOL

**Dr.Anjana Sanghavi**  
**Consultant Pathologist**

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**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>LIPID PROFILE</b>			
Cholesterol <i>Method : Enzymatic</i>	: 207.0	mg/dL	130.0 - 220.0
Triglycerides <i>Method : Enzymatic</i>	: 162	mg/dL	35.0 - 180.0
HDL Cholesterol <i>Method : Enzymatic</i>	: <b>29</b>	mg/dL	35-65
LDL Cholesterol <i>Method : Calculated</i>	: <b>145.6</b>	mg/dL	10.0 - 130.0
VLDL Cholesterol <i>Method : Calculated</i>	: 32.4	mg/dL	5.0-36.0
Cholestrol/HDL Ratio <i>Method : Calculated</i>	: <b>7.14</b>	--	2.0-6.2

\*\*\* End Of The Report \*\*\*

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**Received Date** : 15-01-2024 09:17 AM  
**Report Date** : 15-01-2024 06:52 PM  
**Specimen** : EDTA WHOLE BLC  
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**DEPARTMENT OF LABORATORY MEDICINE-BLOOD BANK**

Investigation	Result	Units	Biological Reference Interval
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**BLOOD GROUP**

Blood Group : A RH POSITIVE

\*\*\* End Of The Report \*\*\*

**Verified By**  
Anand

**Dr.POOJA PATHAK**  
Associate Consultant

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**Patient Name** : Mr.KUSHWAHA DHARMENDRA S  
**Age / Gender** : 40Y(s) 24D(s)/Male  
**Lab Ref No/UHID** : PS007638/P00000608065  
**Lab No/Result No** : 2400018180-G/610487  
**Referred By Dr.** : HOSPITAL CASE

**Bill Date** : 15-01-2024 09:15 AM  
**Collected Date** : 15-01-2024 09:17 AM  
**Received Date** : 15-01-2024 09:17 AM  
**Report Date** : 15-01-2024 12:54 PM  
**Specimen** : WHOLE BLOOD  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
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**GLYCOCYLATED HB% (HbA1C)**

Glycosylated Haemoglobin : 5.3 % 4-6.5

Method : Turbidometric Inhibition  
Immunoassay

Prediabetic : 5.7 - 6.4 %  
Diabetic : >= 6.5 %  
Therapeutic Target : <7.0 %

REFERENCE : ADA 2015 GUIDELINES

\*\*\* End Of The Report \*\*\*

**Verified By**  
Anand

**Dr. Anjana Sanghavi**  
Consultant Pathologist

**NOTE :**

- \* Kindly Correlate clinically & discuss if necessary.
- \* Results pertain to the specimen submitted.
- \* For 'Terms and Conditions of Reporting', kindly visit our website : [www.Rubyhall.com](http://www.Rubyhall.com)