



भारत सरकार

GOVERNMENT OF INDIA



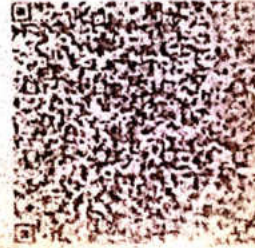
संतोष मनोहर दाणेकर

Santosh Manohar Danekar

जन्म तारीख / DOB: 04/01/1979

पुरुष / MALE

Mobile No.: 8793826715



7873 3547 1249

माझे आधार, माझी ओळख





LAB - Shop No. 7, "Diwan Towers" Mangalwar Peth, Near Mirajkar Tikli, Opp. Nutan Marathi High School, Kolhapur. Mob. 9158529408, 9422047480, 9921285167

NAME : MR. SANTOSH DANEKAR
REF BY : Dr. MEDIWHEEL LIFE INS

DATE : 19/07/2024 PT.NO. : 201 19072
AGE : 45. Yrs. SEX : M

HAEMOGRAM WITH INDICES

| Test | Result | Units | Normal Range | Histogram |
|---------------------------------------|----------|---------------------------|-----------------|-----------|
| Haemoglobin | - 13.5 | g/dl | 14-18 | |
| RBC Count | - 4.98 | millions / cu-mm | 4.5 - 6.5 | |
| PCV | - 45.0 | % | 40 - 54 | |
| MCV | - 90.4 | fL | 80 - 96 | |
| MCH | - 27.1 | Pg | 27 - 33 | |
| MCHC | - 30 | gm/dl | 33 - 36 | |
| RDW CV | - 13.0 | % | 11.0 - 14.5 | |
| WBC Count | - 7800 | /cumm | 4000 - 11000 | |
| Neutrophils | - 60 | % | 40 - 75 | |
| Lymphocytes | - 35 | % | 20 - 40 | |
| Eosinophils | - 03 | % | 1 - 6 | |
| Monocytes | - 02 | % | 2-10 | |
| Basophils | - 00 | % | 0 - 1 | |
| Platelet Count | - 227000 | /ul | 150000 - 450000 | |
| MPV | - 10.3 | fL | 7.4 - 10.4 | |
| PDW | - 13.1 | % | 8-12 | |
| P-LCR | - 28.2 | % | 15-35 | |
| E.S.R. (By Wintrobe Method) | - 07 | mm at 1hr | 0-10 | |
| RBC Morphology | - | Normochromic, Normocytic. | | |
| WBC Morphology | - | Within Normal Limits | | |
| Platelets | - | Adequate | | |
| * Blood group | - | 'O' Rh Positive | | |

Dr. Vandana G. Powar
M.B.B.S., D.C.P.
Reg. No. 68137



PATHOLOGIST

DR. VANDANA POWAR
M.B.B.S., D.C.P.

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HAEMATOLOGY | CLINICAL PATHOLOGY | BIOCHEMISTRY | SEROLOGY | MICROBIOLOGY | HISTOPATHOLOGY

24 Hours Emergency Service

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PT.NAME : MR. SANTOSH DANekar
REF. BY : DR. MEDIWHEEL LIFE INS

DATE : 19/07/2024
AGE : 45 Yrs. SEX : M
PT.NO. : 201 190724

BIOCHEMISTRY TEST REPORT

| | | | <u>Normal Range</u> |
|------------------------|---------|-------|---------------------|
| Fasting Plasma Glucose | : 100.8 | mg/dl | 60-110 mg/dl |
| 2 Hrs. Plasma Glucose | : 133.5 | mg/dl | 90-140 mg/dl |
| S. Creatinine | : 1.08 | mg/dl | 0.7 - 1.4 mg/dl |
| Blood Urea | : 28.2 | mg/dl | 12-42 mg/dl |
| Blood Urea Nitrogen | : 13.18 | mg/dl | 5 - 21 mg/dl |
| S. Uric acid | : 5.3 | mg/dl | 3.5 -7.2 mg/dl |
| CHOLESTEROL | : 174.1 | mg/dl | 0-250 mg/dl |
| HDL Cholesterol | : 36.8 | mg/dl | 30 - 70 mg/dl |
| S. Triglycerides | : 182.3 | mg/dl | 0- 190 mg/dl |
| LDL Cholesterol | : 100.8 | mg/dl | 60 - 150 mg/dl |
| TC/HDLC Ratio | : 4.7 | | 0 - 5 |
| LDLC/HDLC Ratio | : 2.7 | | 2.5 - 3.5 |



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[Signature]
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REF. BY : DR. MEDIWHEEL LIFE INS

DATE : 19/07/2024
AGE : 45 Yrs. SEX : M
PT.NO. : 201 190724

BIOCHEMISTRY TEST REPORT

| | | | <u>Normal Range</u> |
|-------------------------|-----------|-------|---------------------|
| S. Bilirubin (Total) | : 0.29 | mg/dl | 0 - 1.0 mg/dl |
| S. Bilirubin (Direct) | : 0.16 | mg/dl | 0 - 0.25 mg/dl |
| S. Bilirubin (Indirect) | : 0.13 | mg/dl | 0 - 0.75 mg/dl |
| S.G.O.T | : 32.9 | IU/L | 5-40 IU/L |
| S.G.P.T | : 18.2 | IU/L | 5-40 IU/L |
| S. Alkaline Phosphatase | : 80.7 | IU/L | 80-306 IU/L |
| Total Proteins | : 7.6 | g/dl | 6.6 - 8.3 g/dl |
| S. Albumin | : 4.8 | g/dl | 3.5 - 5.0 g/dl |
| S. Globulin | : 2.8 | g/dl | 1.5 - 3 g/dl |
| A/G Ratio | : 1.7 : 1 | | 0.90 - 2.00 |

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DATE : 19/07/2024
AGE : 45 Yrs. SEX : M
PT.NO. : 201 190724

REPORT ON % GLYCOHAEMOGLOBIN OF BLOOD

% Glycohaemoglobin of blood : 4.9 %
Estimated mean blood glucose : 94.6 mg/dl

(Reference For Guideline)

< 6.0 - Normal
6.0 - 7.0 % - Good Control
7.0 - 8.0 % - Fair Control
8.0-10.0% - Unsatisfactory control
>10.0% - Poor control



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AGE : 45 Yrs. SEX : M
PT.NO. : 201 190724

EXAMINATION OF URINE

Normal Range

PHYSICAL EXAMINATION

| | | |
|------------------|---------------|---------------|
| Quantity | : 05 ml | |
| Colour | : Pale Yellow | |
| Appearance | : Clear | |
| Deposit | : Absent | |
| Reaction (pH) | : Acidic | |
| Specific Gravity | : 1.024 | 1.003 - 1.035 |

CHEMICAL EXAMINATION

| | | |
|---------------|----------|--------|
| Proteins | : Absent | |
| Glucose | : Absent | |
| Ketone Bodies | : -- | |
| Bile Salts | : -- | Absent |
| Bile Pigments | : -- | Absent |
| Urobilinogen | : -- | |
| Occult Blood | : Absent | |

MICROSCOPIC EXAMINATION

| | |
|--------------------|---------------|
| Epithelial Cells | : 1 - 2 /hpf |
| Pus Cells | : 2 - 3 /hpf |
| Red Blood Cells | : Absent /hpf |
| Casts | : Absent |
| Crystals | : Absent |
| Amorphous Deposits | : Absent |

OTHER FINDINGS

| | |
|-----------------------|----------|
| Yeast Cells | : Absent |
| Trichomonas vaginalis | : Absent |
| Bacteria | : Absent |
| Mucus Threads | : Absent |
| Spermatozoa | : Absent |

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PATIENT NAME:- SANTOSH DANEKAR

AGE - 45/SEX -MALE

REFERANCE :- MEDWHEEL LIFE INS.

DATE - 19/07/2024

BIOCHEMISTRY

S. GAMMA G.T : 23.6 mmol/L

NORMAL RENGE

10 -50 mmol/L

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PATIENT NAME: - SANTOSH DANEKAR

AGE - 45/SEX- MALE

REFERANCE :- MEDWHEEL LIFE INS.


DATE - 19/07/2024

BIOCHEMISTRY

NORMAL VALUE

SRUM VLDL - 22.6mmol/L

10-50 mmol / L

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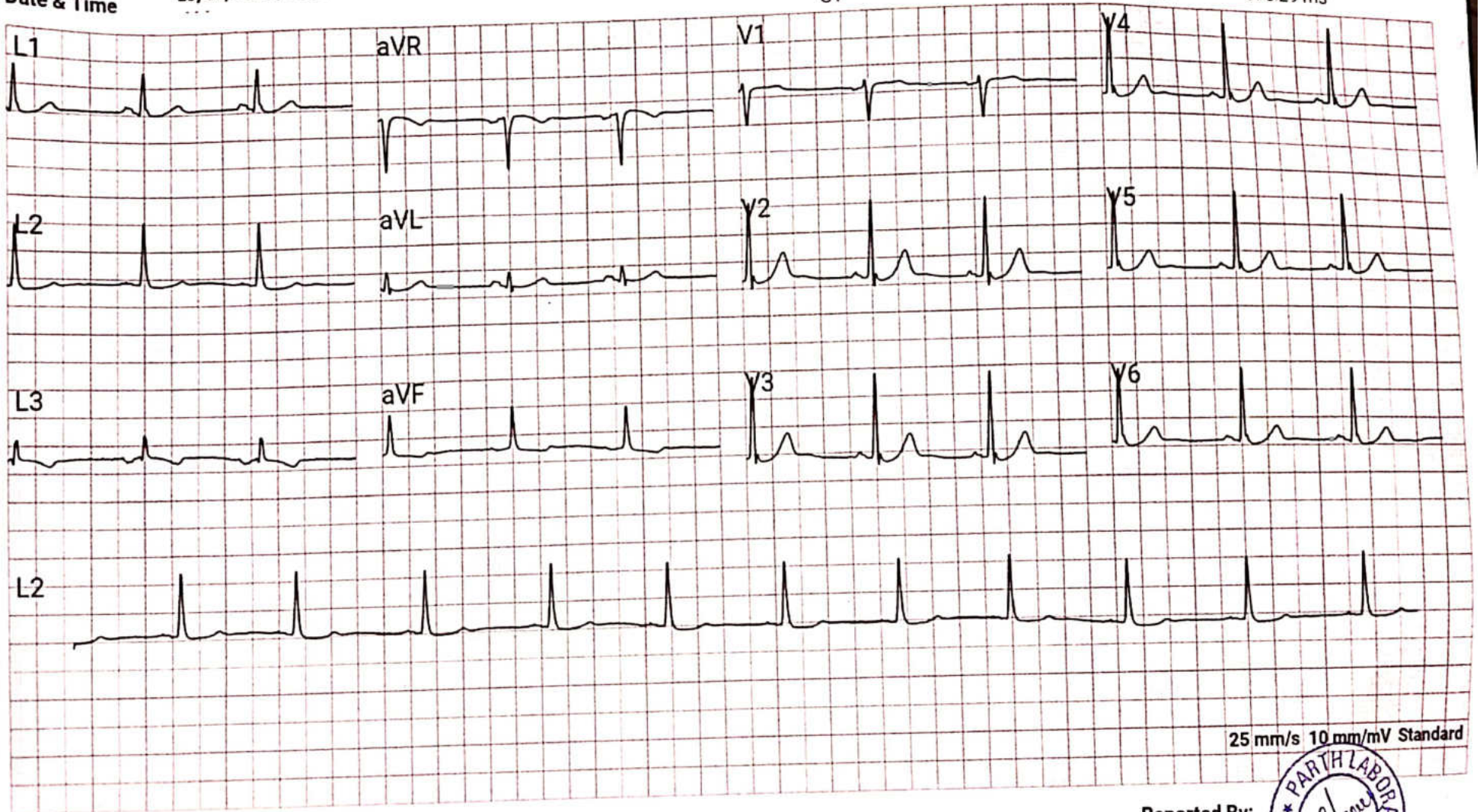
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12 lead simultaneous ECG Report

Name *Santosh Panelkar*
Gender | Age *45 | Male*
Date & Time *19/07/2024 / 09:00*

| | | | |
|------------|-----------|-----|-----------|
| Heart Rate | 68 bpm | QT | 360.29 ms |
| QRS | 151.71 ms | PR | 142.0 ms |
| ST | 80.67 ms | QTc | 376.29 ms |



25 mm/s 10 mm/mV Standard

Comments: *Normal*

Reported By:



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19/07/2024

**THE ECG OF THE CLIENT – SANTOSH DANEKAR
IS WITHIN NORMAL LIMIT**

NO ABNORMAL FINDINGS ARE DETECTED .

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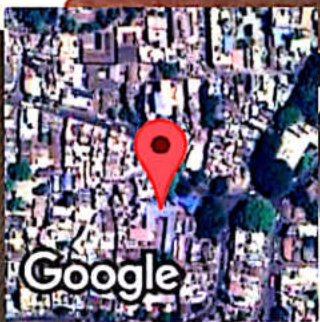
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1095/1B/1, Mangalwar Peth, C Ward, Kolhapur, Maharashtra 416012, India
Lat 16.692793°
Long 74.224286°
19/07/24 08:48 AM GMT +05:30

Patient Name : MR. SANTOSH DANEKAR

Date : 19 Jul 2024

Referred By : Dr. VANDANA POWAR

Age : 45 YEARS Sex : M

Clinically - FOR HEALTH CHECK UP.

Abdomen Sonography

LIVER : is normal in size, shape, position and shows normal echogenicity. The contours are smooth. The parenchyma shows homogeneous echotexture. The intra – hepatic portal and venous system appears normal. The portal vein is normal and show hepatopetal flow. The intra-hepatic biliary radicals are not dilated. There is no focal mass lesion.

GALL BLADDER: is physiologically contracted (post meal) , normal in size and echotexture. There is no evidence of echoreflexive calculus in gall bladder. There is no abnormal biliary tree dilation noted . The portal vein & C.B.D appear normal . Wall thickness is normal. No e/o cholecystitis/calculus seen. PV measures -11 mm, CBD measures – 4 mm.

PANCREAS: is normal size, position & echotexture . The contours are smooth . There is no focal mass lesion seen. No pancreatitis or calcification.

SPLEEN: is normal in size, shape and echopattern. The contours are smooth. The splenic vein and portal vein are normal in calibre.

KIDNEYS: Both the kidneys are normal in size , shape and position and contours . There is echoreflexive obstructing calculus seen on either sides nor hydronephrosis. Both visualized ureters appear to be normal. Parenchymal/cortical thickness is normal. Cortico -medullary differentiation is well maintained. Overlying bowel gases does not show further course of ureter.

Right kidney measures- 88 X 42 mm **Left kidney** measures 94 X 50 mm.

Right kidney shows few tiny (4-5 in number) calculi, largest measuring 3.5 mm in upper pole. **Left kidney** shows few tiny (2-3 in number) calculi, largest measuring 3 mm in mid pole.

Urinary bladder is physiologically distended, appears normal. No intraluminal abnormality.

PROSTATE: is normal size and uniform echotexture, measures 29 X 35 X 33mm (weight- 18 gms). The gland bulges urinary bladder base.

Aorta and IVC are normal. No e/o free fluid in peritoneal cavity. No ascites. No significant lymphadenopathy. **Bowel loops appear normal in size with good peristalsis.**

Appendix is not appreciated in today's study. Terminal ileum is well seen.

No probe tenderness in right iliac fossa or anywhere in abdomen.

IMPRESSION : < BILATERAL TINY RENAL CALCULI.

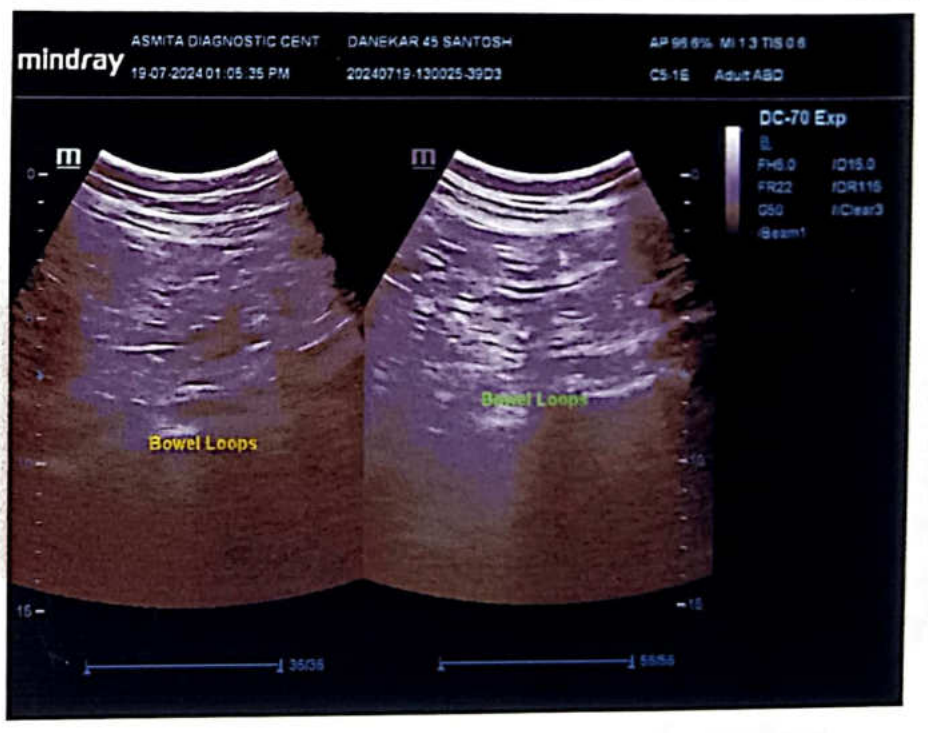
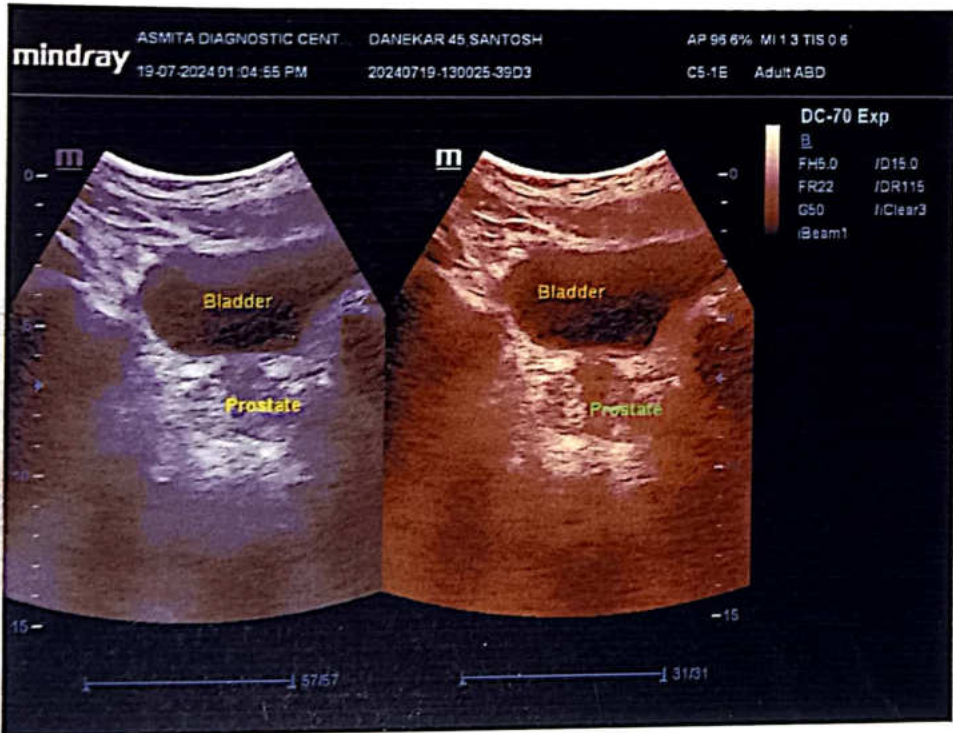
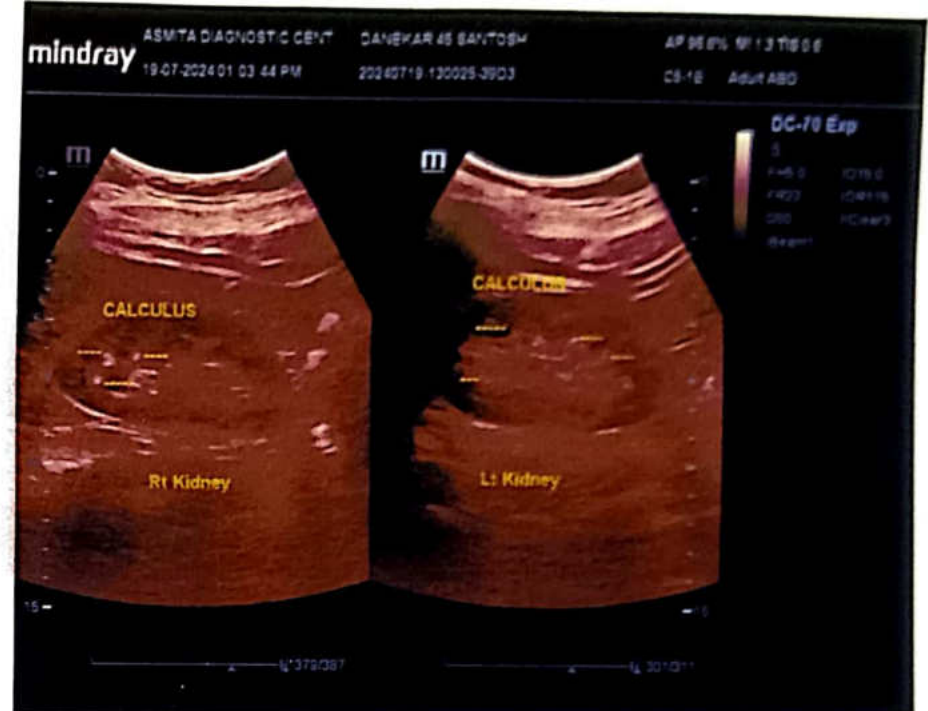
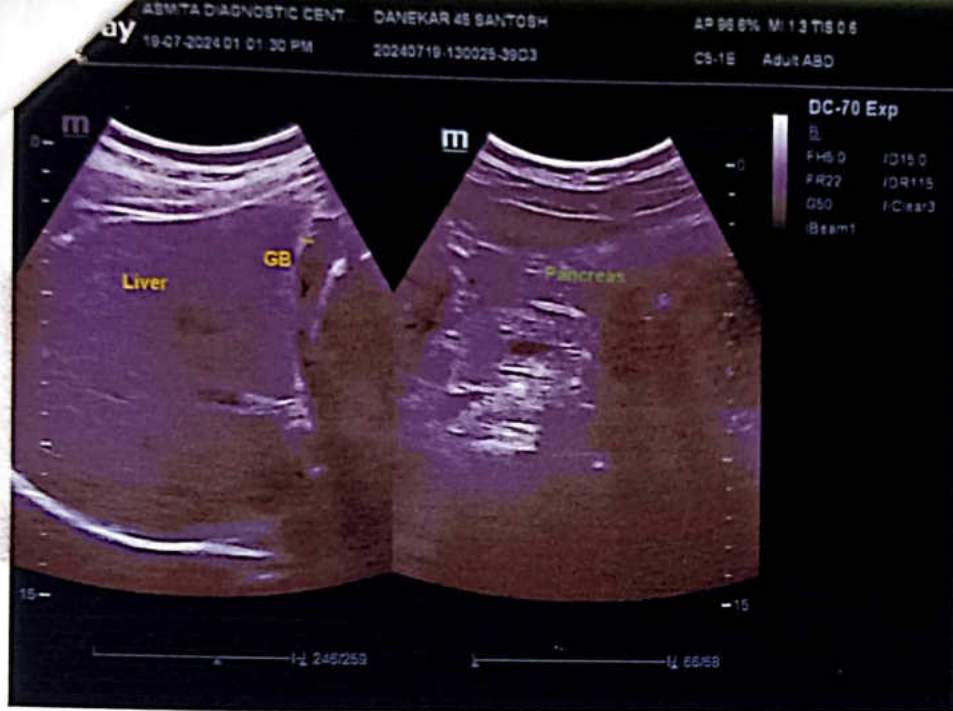
ADVICE - Clinical correlation and follow up if clinically needed.
THANKS FOR REFERRAL. FEEDBACK IS WELCOME



DR. NEHA S. GHORPADE
MBBS DMRE Reg. No. 79916
Consulting Radiologist

डॉ. नेहा घोरपडे
एम. बी. बी. एस., डी. एम. आर. ई (रेडीओलॉजिस्ट)
रजि. नं. 79916

परत येताना सर्व जुने रिपोर्ट्स, सोनोग्राफी रिपोर्ट्स अथवा एक्स-रे असल्यास बरोबर घेऊन येणे.





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7718962488

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Toll Free No. : 18001030287

REPORT

PT Name : SANTOSH DANEKAR
Ref By : DR. VANDANA POWAR
Reg No : HL7400826549 / MH145
Barcode : PT206841
INV : PSA- Total (Prostrate Specific Antigen Total)

Age : 45 Year | Sex : Male
Registered on : 19-07-2024 02:17 PM
Received on : 20-07-2024 11:40 AM
Reported on : 20-07-2024 12:26 PM

SAMPLE COLLECTED AT :



SAMPLE : Serum

PSA- TOTAL (PROSTRATE SPECIFIC ANTIGEN TOTAL)

| TEST DESCRIPTION | RESULT | UNITS | BIOLOGICAL REFERENCE RANGE |
|--|--------|-------|----------------------------|
| PROSTATE SPECIFIC ANTIGEN (PSA) <small>Method: CLIA</small> | 0.73 | ng/ml | 0 - 4.0 |

Interpretation

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

Note:

Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

Please correlate with clinical conditions.

--End of report--

Dr. PALLAVI SAXENA (MD PATH)
Consultant Pathologist





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Toll Free No. : 18001030287

REPORT

PT Name : SANTOSH DANEKAR
Ref By : DR. VANDANA POWAR
Reg No : HL7400826549 / MH145
Barcode : PT206841
INV : THYROID PROFILE -3 (T3 T4 TSH)

Age : 45 Year | Sex : Male
Registered on : 19-07-2024 02:17 PM
Received on : 20-07-2024 11:40 AM
Reported on : 20-07-2024 12:30 PM

SAMPLE COLLECTED AT :



SAMPLE : Serum

THYROID PROFILE -3 (T3 T4 TSH)

| TEST DESCRIPTION | RESULT | UNITS | BIOLOGICAL REFERENCE RANGE |
|--|--------|--------|----------------------------|
| TOTAL TRIIODOTHYRONINE (T3) <small>Method: CLIA</small> | 1.16 | ng/mL | 0.80 - 2.00 |
| TOTAL THYROXINE (T4) <small>Method: CLIA</small> | 8.11 | µg/dl | 5.10 - 14.10 |
| THYROID STIMULATING HORMONE (TSH) <small>Method: CLIA</small> | 1.93 | uIU/ml | 0.35 - 5.50 |

Reference Range

Thyroid hormone status during pregnancy:

| Pregnancy | T3 | T4 | TSH |
|---------------------|-----------|--------|-------------|
| 1st Trimester | 0.70-1.80 | 6-16.5 | 0.37 - 3.6 |
| 2nd & 3rd Trimester | 0.80-2.00 | 6-18.5 | 0.38 - 4.04 |

Reference ranges by Age

0-5 days: 0.7-15.2
6 days-2 months: 0.7-11.0
3-11 months: 0.7-8.4
1-5 years: 0.7-6.0
6-10 years: 0.6-4.8

Interpretation

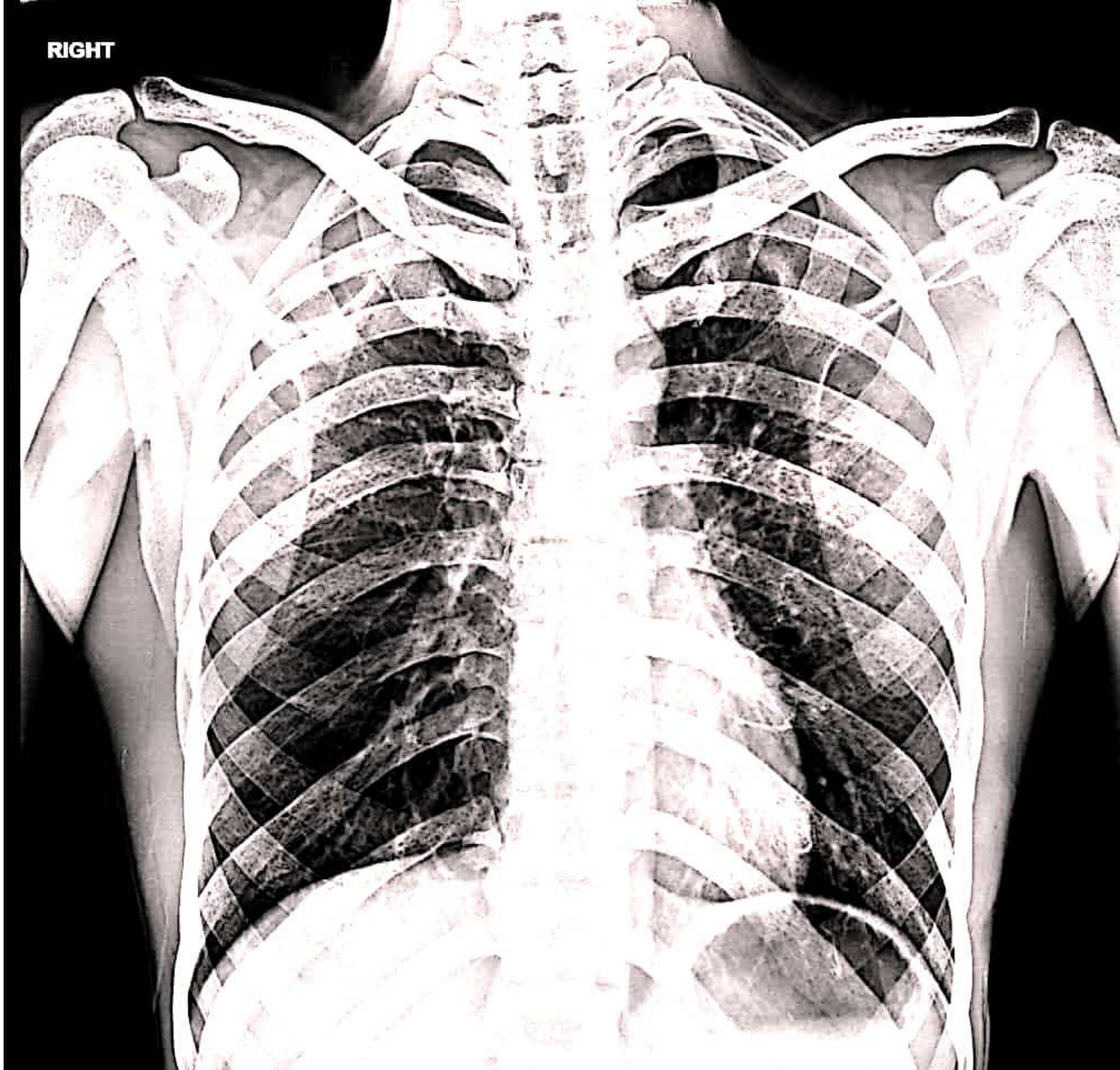
1. Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
2. Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
3. Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
4. Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
5. Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
6. In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
7. There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
8. Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Please correlate with clinical conditions

--End of report--

Dr. PALLAVI SAXENA (MD PATH)
Consultant Pathologist

RIGHT





SWARA DIGITAL

X- RAY

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| | | | |
|----------------|--------------------|-----------|------------|
| PATEINT NAME : | MR SANTOSH DANEKAR | AGE/SEX : | 45 Y/MALE |
| REF BY : | PARTH LAB | DATE : | 19/07/2024 |

CHEST X-RAY PA

Both lungs fields are normal

Both costophrenic angles appear normal

The tracheal lucency is centrally placed

The mediastinal & diaphragmatic outlines appear normal.

The heart shadow is normal

IMPRESSION : **NORMAL CHEST X-RAY**

ADV: Clinical correlated

DR SAKSHAM GUPTA
MBBS,MD Radio diagnosis FMF UK
Consultant Radiologist

Mob. 9890185675

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