

10mm/mV

I

aVR 10mm/mV

V1 10mm/mV

V4 10mm/mV

II

aVL

V2

V5

III

aVF

V3

V6

10mm/mV

II

1-006 (BIOS:V1:010) 2011-03-19 22:25

BIOMEDICS, Phone: 9822198798



HR : 78
 R-R : 760
 P-R : 188
 QRS : 79
 QT/QTc : 372/426
 P/QRS/T : 29/43/16
 RV5/SVI : 0.790/0.840 mV
 RV5-SVI : 1.630 mV

ID : 0157

Name: _____

Sex : _____

Age : _____

--- Sinus Rhythm
 --- Left Atrial Enlargement

9822198798

Unconfirmed report verified by: _____



2D ECHO / COLOUR DOPPLER

NAME : MR. SANTOSH PATHARE
REF BY : DR. HOSPITAL PATIENT

40Yrs/M

OPD
26-Nov-21

M - Mode values

Doppler Values

AORTIC ROOT (mm)	20	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	31	PG (mmHg)	
RV (mm)		AORTIC VEL (m/sec)	1.1
LVID - D (mm)	44	PG (mmHg)	5
LVID - S (mm)	26	MITRAL E VEL (m/sec)	0.7
IVS - D (mm)	11	A VEL (m/sec)	0.6
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 = 18 mmHg - normal (ENTRY LEVEL)

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 SHIRISH (M S) HIREMATH
CARDIOLOGIST


DR. RAJDATTA DEORE
CARDIOLOGIST
MMC 2005/03/1520

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

PATHARE, SANTOSH

Patient ID 83788

26.11.2021

11:00:20am

Male

39yrs Indian

Meds:

Test Reason: Screening for CAD
Medical History: NO HISTORY.

Ref. MD: Ordering MD:

Technician: RUPALI Test Type: Treadmill Stress Test
Comment:

Tabular Summary

BRUCE: Total Exercise Time 06:46
Max HR: 153 bpm 84% of max predicted 181 bpm HR at rest: 86
Max BP: 150/88 mmHg BP at rest: 125/85 Max RPP: 19880 mmHg*bpm
Maximum Workload: 9.30 METS
Max ST: -0.40 mm, 0.00 mV/s in V6; EXERCISE STAGE 3 06:30
ST/HR-index: 0.34 μ V/bpm

Reasons for Termination: Fatigue

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. SHIRISH (M.S) HIREMATH
SR CARDIOLOGIST

DR. RAJDATT DEORE
CARDIOLOGIST

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	00:56	0.00	0.00	1.0	82	125/85	10250	0	0.90	
	STANDING	00:14	0.00	0.00	1.0	80			0	0.90	
	HYPERV.	00:35	0.00	0.00	1.0	88	125/85	11000	0	1.00	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	113	125/85	14125	0	0.35	
	STAGE 2	03:00	2.50	12.00	7.0	137	140/88	19180	0	0.05	
	STAGE 3	00:47	3.40	14.00	9.3	153	140/88	21420	0	-0.25	
RECOVERY		02:15	0.00	0.00	1.0	91	150/88	13650	0	0.25	

GE CardioSoft V6.73 (2)

Unconfirmed

Attending MD:

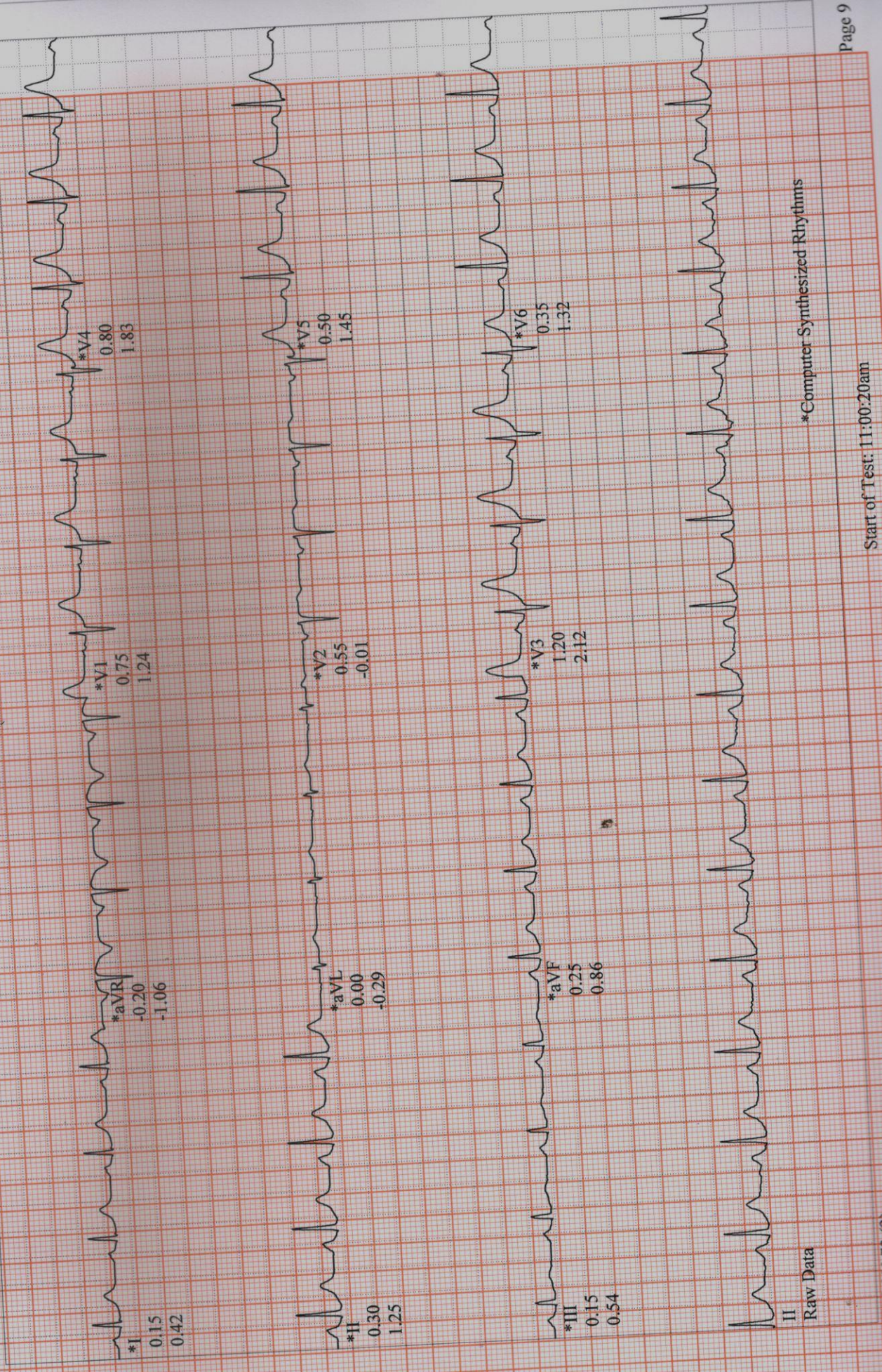
PARE, SANTOSH
Patient ID 83788
11.2021
11:10:54am

Linked Medians
RECOVERY
#1
02:05

91 bpm
150/88 mmHg

PRUCE
70 mph
0.0 %

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



*Computer Synthesized Rhythms

II
Raw Data



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 26-NOV-2021 REP. DATE : 26-NOV-2021
NAME : MR. PATHARE SANTOSH PANDHARINATH
PATIENT CODE : 079706 AGE/SEX : 40 YR(S) / MALE
REFERRAL BY : HOSPITAL PATIENT

CHEST X-RAY PA VIEW

OBSERVATION :

Both lungs appear clear.

Heart and mediastinum are normal.

Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION :

No significant abnormality noted in the present study.

-Kindly correlate clinically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 26-NOV-2021 REP. DATE : 26-NOV-2021
NAME : MR. PATHARE SANTOSH PANDHARINATH
PATIENT CODE : 079706 AGE/SEX : 40 YR(S) / MALE
REFERRAL BY : HOSPITAL PATIENT

USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is mildly enlarged in size (15.9 cms), normal in shape & echotexture.
No focal lesion / IHBR dilatation.

CBD & PV : Normal in caliber.

G.B. : Moderately distended, Normal.

Spleen : Is normal in size (9.7 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 : 9.4 x 4.8 cm.

Left kidney measures : 9.6 x 4.9 cm.

Urinary bladder : Partially distended, normal.

Prostate : is normal in size, shape and echotexture. No focal lesion seen.

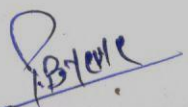
Loaded fecal matter is noted in the large bowel loops.
No demonstrable small bowel / RIF pathology.

No ascites / lymphadenopathy.

IMPRESSION :

Mild hepatomegaly.

- Kindly correlate clinically.


Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST



Dept. of Pathology

(For Report Purpose Only)



PRN : 079706
Patient Name : Mr. PATHARE SANTOSH PANDHARINATH
Age/Sex : 40Yr(s)/Male
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 4569
Req.No : 4569
Collection Date & Time : 26/11/2021 09:22 AM
Reporting Date & Time : 26/11/2021 02:38 PM
Print Date & Time : 26/11/2021 02:38 PM

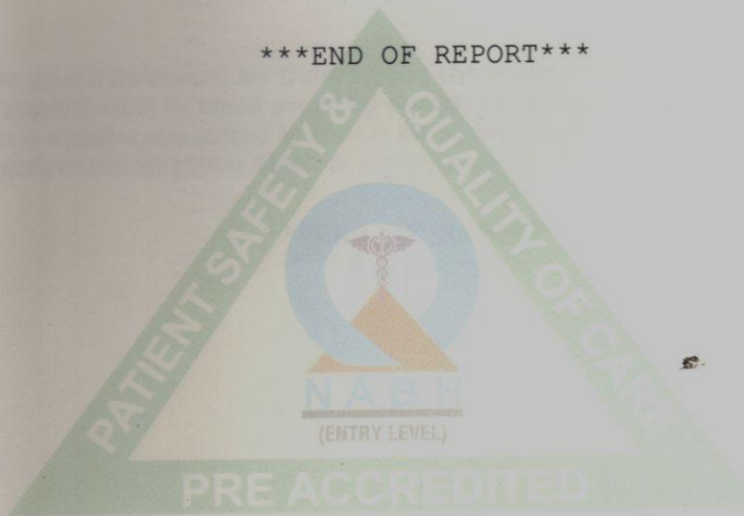
PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

BSL-F & PP


Blood Sugar Level Fasting	: 98	MG/DL	60 - 110
Blood Sugar Level PP	: 85	MG/DL	70 - 140

END OF REPORT




Technician

Report Type By :- KAJAL SADIGALE


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



Dept. of Pathology

(For Report Purpose Only)



PRN : 079706
 Patient Name : Mr. PATHARE SANTOSH PANDHARINATH
 Age/Sex : 40Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 4583
 Req.No : 4583
 Collection Date & Time: 25/11/2021 09:29 AM
 Reporting Date & Time : 25/11/2021 02:26 PM
 Print Date & Time : 26/11/2021 02:34 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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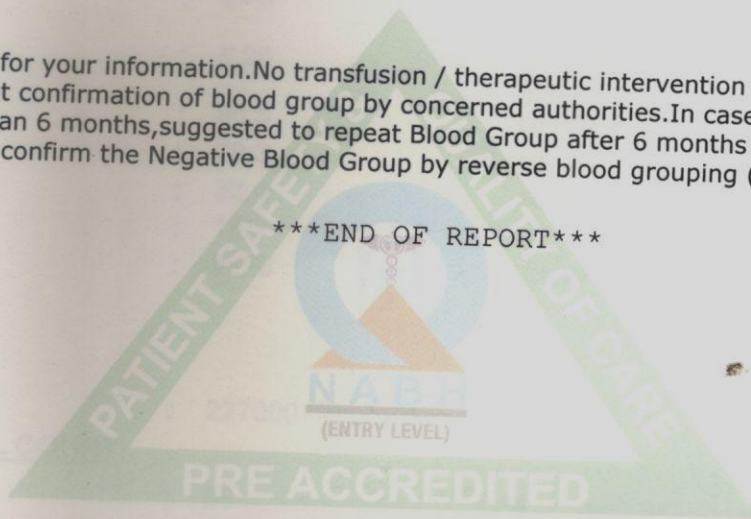
HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "A"
 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



As
Technician

Report Type By :- KAJAL SADIGALE

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



Dept. of Pathology
(For Report Purpose Only)



PRN : 079706 Lab No : 456
Patient Name : Mr. PATHARE SANTOSH PANDHARINATH Reg.No : 456
Age/Sex : 40Yr(s)/Male
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT
Collection Date & Time : 25/11/2021 09:29 AM
Reporting Date & Time : 25/11/2021 09:30 AM
Print Date & Time : 25/11/2021 02:34 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN (Hb)	: 15.4	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 47.6	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 5.26	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 90.5	cu micron	76 - 96
M.C.H.	: 29.3	pg	27 - 32
M.C.H.C	: 32.4	picograms	32 - 36
RDW-CV	: 12.3	%	11 - 16
WBC TOTAL COUNT	: 5220	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 227000	cumm	150000 - 450000

WBC DIFFERENTIAL COUNT

NEUTROPHILS	: 51	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 2662.20	µL	2000 - 7000
LYMPHOCYTES	: 40	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2088	µL	1000 - 3000
EOSINOPHILS	: 02	%	01 - 04
ABSOLUTE EOSINOPHILS	: 104.40	µL	20 - 500
MONOCYTES	: 07	%	02 - 08
ABSOLUTE MONOCYTES	: 365.40	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

AS

Technician

Report Type By :- KAJAL SADIGALE

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 : 079706
Patient Name : Mr. PATHARE SANTOSH PANDHARNATH
Age/Sex : 40Yr(s)/Male

Lab No : 458
Req.No : 458

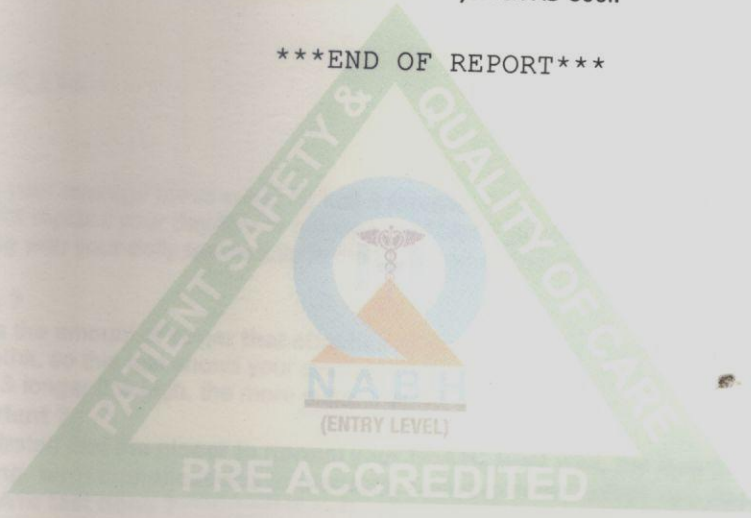
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 25/11/2021 09:09 AM
Reporting Date & Time : 25/11/2021 09:31 AM
Print Date & Time : 26/11/2021 02:34 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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.

END OF REPORT



KS

Technician

Report Type By :- KAJAL SADIGALE

Poonam

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 : 079706 Lab No : 4569
 Patient Name : Mr. PATHARE SANTOSH PANDHARNATH Req.No : 4569
 Age/Sex : 40Yr(s)/Male
 Collection Date & Time : 26/11/2021 09:09 AM
 Company Name : BANK OF BARODA Reporting Date & Time : 26/11/2021 02:26 PM
 Referred By : Dr.HOSPITAL PATIENT Print Date & Time : 26/11/2021 02:34 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HBA1C	: 5.56	%	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

AS
Technician

Report Type By :- KAJAL SADIGALE

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



Dept. of Pathology
(For Report Purpose Only)



PRN : 079706 Lab No : 4569
Patient Name : Mr. PATHARE SANTOSH PANDHARJNATH Req.No : 4569
Age/Sex : 40Yr(s)/Male
Company Name : BANK OF BARODA Collection Date & Time : 26/11/2021 09:09 AM
Referred By : Dr.HOSPITAL PATIENT Reporting Date & Time : 26/11/2021 02:26 PM
Print Date & Time : 26/11/2021 02:35 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

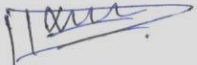
LFT WITH GGT

BILIRUBIN TOTAL (serum)	: 0.8	MG/DL	INFANTS : 1.2 - 12.0 ADULT : : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.3	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.50	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 25	IU/L	5 - 40
S.G.P.T (serum)	: 22	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 90	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : : 67 - 382 ADULT : : 36 - 113
GGT (serum)	: 36	IU/L	05 - 61
PROTEINS TOTAL (serum)	: 6.6	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.3	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 2.30	GM/DL	1.8 - 3.6
A/G RATIO	: 1.87		1:2 - 2:1

END OF REPORT


Technician

Report Type By :- KAJAL SADIGALE


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 : 079706 Lab No : 4568
 Patient Name : Mr. PATHARE SANTOSH PANDHARNATH Req.No : 4568
 Age/Sex : 40Yr(s)/Male
 Company Name : BANK OF BARODA Collection Date & Time : 26/11/2021 09:09 AM
 Referred By : Dr.HOSPITAL PATIENT Reporting Date & Time : 26/11/2021 02:26 PM
 Print Date & Time : 26/11/2021 02:36 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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ENDOCRINOLOGY

THYROID FUNCTION TEST

T4 - Total (Thyroxin)	: 9.51	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 1.77	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

As
 Technician

Report Type By :- KAJAL SADIGALE

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



Dept. of Pathology
(For Report Purpose Only)



PRN : 079706 Lab No : 4569
 Patient Name : Mr. PATHARE SANTOSH PANDHARINATH Req.No : 4569
 Age/Sex : 40Yr(s)/Male
 Company Name : BANK OF BARODA Collection Date & Time: 26/11/2021 09:09 AM
 Referred By : Dr.HOSPITAL PATIENT Reporting Date & Time : 26/11/2021 02:26 PM
 Print Date & Time : 26/11/2021 02:36 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 30 ML
 COLOUR : PALE YELLOW
 APPEARANCE : SLIGHTLY HAZY
 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 : 0-1 /hpf
 RBC CELLS : ABSENT / hpf
 EPITHELIAL CELLS : 2-3 /hpf
 CASTS : ABSENT /hpf
 CRYSTALS : ABSENT
 OTHER FINDINGS : ABSENT
 BACTERIA : ABSENT

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

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



Dept. of Pathology
(For Report Purpose Only)



PRN : 079706
 Patient Name : Mr. PATHARE SANTOSH PANDHARNATH
 Age/Sex : 40Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 4569
 Req.No : 4569
 Collection Date & Time : 25/11/2021 09:09 AM
 Reporting Date & Time : 25/11/2021 02:26 PM
 Print Date & Time : 26/11/2021 02:37 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 243	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 227	MG/DL	0 - 150
HDL (serum)	: 28	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 184	MG/DL	0 - 130
VLDL (serum)	: 45.40	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 8.68		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	: 6.57		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

JK
Technician

Report Type By :- KAJAL SADIGALE

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



Dept. of Pathology
(For Report Purpose Only)



PRN : 079706
Patient Name : Mr. PATHARE SANTOSH PANDHARINATH
Age/Sex : 40Yr(s)/Male
Lab No : 4569
Req.No : 4569
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT
Collection Date & Time : 26/11/2021 09:09 AM
Reporting Date & Time : 26/11/2021 03:56 PM
Print Date & Time : 26/11/2021 03:56 PM

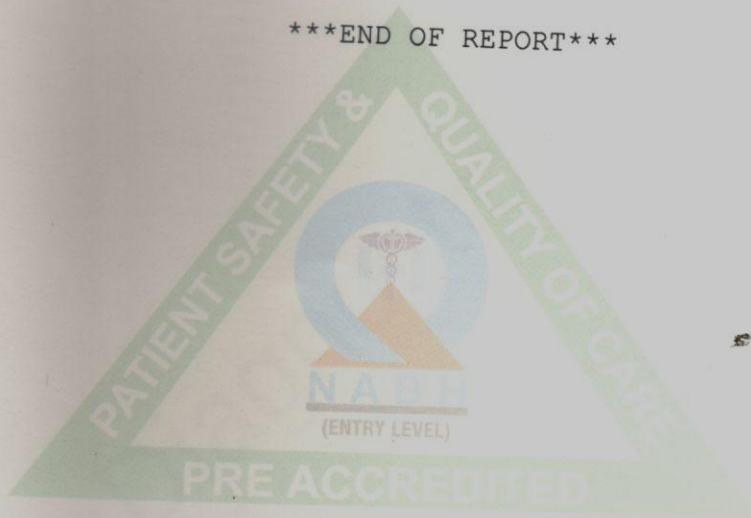
PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

ESR

ESR MM(At The End Of 1 Hr.) By Wintrob's Method : 06 mm/hr
Male : 0 - 9
Female : 0 - 20

END OF REPORT



As
Technician

Report Type By :- KAJAL SADIGALE

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

SANTOSH PATHARE

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: 121248807

Collection Date:
26-11-2021 01:13 PM
Registration Date:
26-11-2021 01:13 pm
Report Date:
26-11-2021 04:15 PM

REPORT

Age:40.00 Years Sex:MALE

Test Description

Hormones:

T3 (Total), serum by CMIA

Observed Value

0.95

Biological Reference Interval

0.64 to 1.52 ng/ml

A.G. Diagnostics Pvt Ltd

Page 1 of 2



Salve
Dr. Nitin M Salve, MBBS, DPB
Reg. No.: 2000/02/1096
A.G. Diagnostics Pvt. Ltd.

Stationary given to: Lorea Health Care Near Aims square Aundh Pune 411007
For Printing of web reports from A.G Diagnostics Pvt Ltd

"Accreditation as per ISO 15189:2012, Cert.No. MC-3143. Refer scope@ www.nabl-india.org"

Carrying forward

DIAGNOSTICS

Dr. Awanti Golwilkar

SANTOSH PATHARE

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: 121248807

Collection Date:
26-11-2021 01:13 PM
Registration Date:
26-11-2021 01:13 pm
Report Date:
26-11-2021 04:15 PM

REPORT

Age: 40.00 Years Sex: MALE

Test Description

Observed Value

Biological Reference Interval

TEST NAME

PSA- Prostate Specific Antigen, serum by CMIA

0.249

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



Page 2 of 2

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Carrying forward
Dr. Ait Golwilkar's

DIAGNOSTICS

Dr. Awanti Golwilkar