



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 01-MAR-2022 REP. DATE : 01-MAR-2022
NAME : MR. GAIKWAD .DHANANJAY JANARDHAN
PATIENT CODE : 106148 AGE/SEX : 49 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



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USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is mildly enlarged in size (16.1 cms), normal in shape & bright in echotexture. No focal lesion / IHBR dilatation.

CBD & PV : Normal in caliber.

G.B. : Moderately distended, Normal.

Spleen : Is significantly enlarged in size (18.6 cms), normal in shape & echotexture. No focal lesion.

Pancreas : Normal in size, shape & echotexture.

Both kidneys are normal in size, shape & echotexture, CMD maintained. No calculus on left side. No hydronephrosis / hydroureter on either side.

Tiny calculus of 2.8 mm sized is noted in the lower pole region of right kidney. Right kidney measures : 10.4 x 4.3 cm. Left kidney measures : 10.7 x 3.5 cm.

Urinary bladder : Moderately 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 :

1. Mild hepatomegaly with grade I fatty liver.
2. Significant splenomegaly.
3. Tiny non-obstructing right renal calculus.

- Kindly correlate clinically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST



Dept. of Pathology

(For Report Purpose Only)



PRN : 106148
 Patient Name : Mr. GAIKWAD .DHANANJAY JANARDHAN
 Age/Sex : 49Yr(s)/Male

Lab No : 9066
 Req.No : 9066

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

Collection Date & Time : 01/03/2022 09:22 AM
 Reporting Date & Time : 01/03/2022 09:53 AM
 Print Date & Time : 01/03/2022 01:30 PM

| PARAMETER NAME | RESULT VALUE | UNIT | NORMAL VALUES |
|----------------|--------------|------|---------------|
|----------------|--------------|------|---------------|

HAEMATOLOGY

HAEMOGRAM

| | | | |
|------------------|----------|---------------|---|
| HAEMOGLOBIN (Hb) | : 10.9 | GM/DL | Male : 13.5 - 18.0 Female : 11.5 - 16.5 |
| PCV | : 31.6 | % | Male : 40 - 54 Female : 37 - 47 |
| RBC COUNT | : 3.01 | Million/cu mm | Male : 4.5 - 6.5 Female : 3.9 - 5.6 |
| M.C.V | : 105.0 | cu micron | 76 - 96 |
| M.C.H. | : 36.2 | pg | 27 - 32 |
| M.C.H.C. | : 34.5 | picograms | 32 - 36 |
| RDW-CV | : 18.7 | % | 11 - 16 |
| WBC TOTAL COUNT | : 8090 | /cumm | ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000 |
| PLATELET COUNT | : 122000 | cumm | 150000 - 450000 |

WBC DIFFERENTIAL COUNT

| | | | |
|----------------------|-----------|----|------------------------------------|
| NEUTROPHILS | : 67 | % | ADULT : 40 - 70 CHILD : 20 - 40 |
| ABSOLUTE NEUTROPHILS | : 5420.30 | µL | 2000 - 7000 |
| LYMPHOCYTES | : 22 | % | ADULT : 20 - 40 CHILD : 40 - 70 |
| ABSOLUTE LYMPHOCYTES | : 1779.80 | µL | 1000 - 3000 |
| EOSINOPHILS | : 04 | % | 01 - 04 |
| ABSOLUTE EOSINOPHILS | : 323.60 | µL | 20 - 500 |
| MONOCYTES | : 07 | % | 02 - 08 |
| ABSOLUTE MONOCYTES | : 566.30 | µL | 200 - 1000 |
| BASOPHILS | : 00 | % | 00 - 01 |
| ABSOLUTE BASOPHILS | : 0 | µL | 0 - 100 |

Technician *MD*

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)



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Req.No : 9066

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Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 01/03/2022 09:22 AM
Reporting Date & Time : 01/03/2022 09:53 AM
Print Date & Time : 01/03/2022 02:18 PM

| PARAMETER NAME | RESULT VALUE | UNIT | NORMAL VALUES |
|-----------------|--|------|---------------|
| RBC Morphology | : Normocytic Normochromic , Macrocytes + | | |
| WBC Abnormality | : Within Normal Limits | | |
| PLATELETS | : Slightly Reduced on smear | | |
| PARASITES | : Not Detected | | |

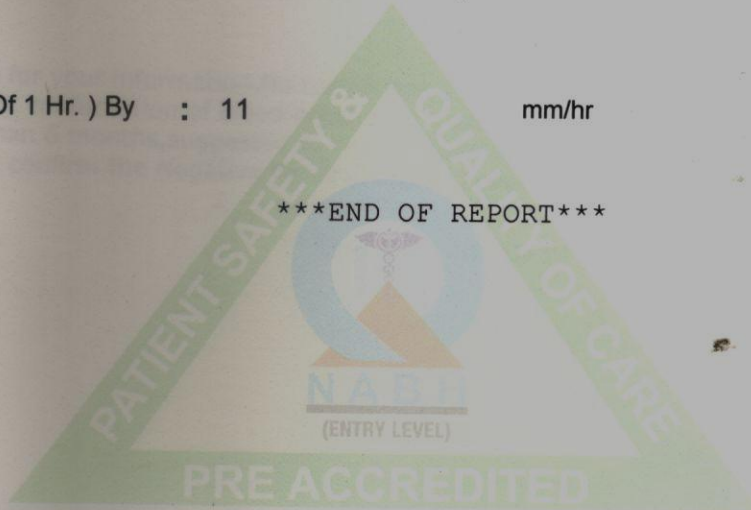
Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

ESR

ESR MM(At The End Of 1 Hr.) By : 11 mm/hr
Wintrob's Method


Male : 0 - 9
Female : 0 - 20

END OF REPORT



Technician 

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Age/Sex : 49Yr(s)/Male

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Collection Date & Time: 01/03/2022 09:22 AM

Reporting Date & Time : 01/03/2022 01:20 PM

Print Date & Time : 01/03/2022 01:29 PM

| PARAMETER NAME | RESULT VALUE | UNIT | NORMAL VALUES |
|----------------|--------------|------|---------------|
|----------------|--------------|------|---------------|

HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "B"

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

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Collection Date & Time : 01/03/2022 09:22 AM
Reporting Date & Time : 01/03/2022 01:51 PM
Print Date & Time : 01/03/2022 01:52 PM

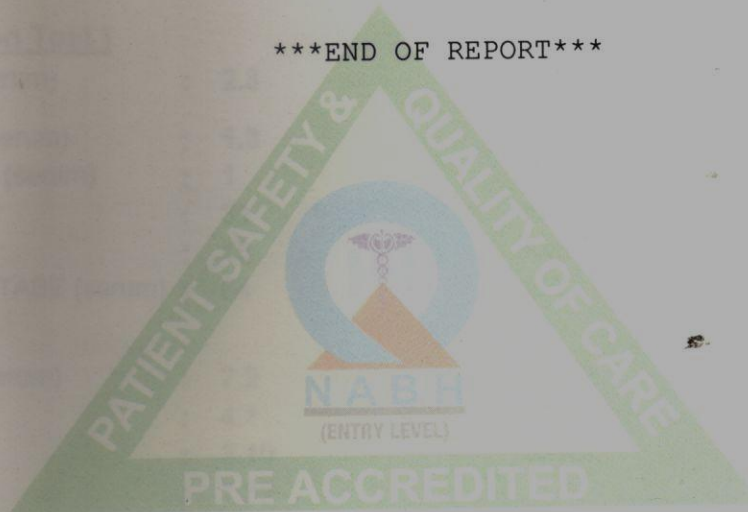
| PARAMETER NAME | RESULT VALUE | UNIT | NORMAL VALUES |
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BIOCHEMISTRY

BSL-F & PP


| | | | |
|---------------------------|-------|-------|----------|
| Blood Sugar Level Fasting | : 103 | MG/DL | 60 - 110 |
| Blood Sugar Level PP | : 128 | MG/DL | 70 - 140 |

END OF REPORT



Technician 

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For Free Home Collection Call : 9545200011



Dept. of Pathology
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Age/Sex : 49Yr(s)/Male
Company Name : BANK OF BARODA
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BIOCHEMISTRY

CALCIUM

| | | | |
|-----------------|--------|-------|------------|
| CALCIUM (serum) | : 8.68 | MG/DL | 8.4 - 10.4 |
|-----------------|--------|-------|------------|


LFT (Liver function Test)

| | | | |
|------------------------------|--------|-------|--|
| BILIRUBIN TOTAL (serum) | : 2.3 | MG/DL | INFANTS : 1.2 - 12.0 ADULT : 0.1 - 1.2 |
| BILIRUBIN DIRECT (serum) | : 1.3 | MG/DL | ADULT & INFANTS : 0.0 - 0.4 |
| BILIRUBIN INDIRECT (serum) | : 1 | MG/DL | 0.0 - 1.0 |
| S.G.O.T (serum) | : 31 | IU/L | 5 - 40 |
| S.G.P.T (serum) | : 18 | IU/L | 5 - 40 |
| ALKALINE PHOSPHATASE (serum) | : 64 | IU/L | CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113 |
| PROTEINS TOTAL (serum) | : 7.2 | GM/DL | 6.4 - 8.3 |
| ALBUMIN (serum) | : 4.1 | GM/DL | 3.5 - 5.7 |
| GLOBULIN (serum) | : 3.10 | GM/DL | 1.8 - 3.6 |
| A/G RATIO | : 1.32 | | 1:2 - 2:1 |

END OF REPORT

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PRN : 106148 **Lab No** : 9066
Patient Name : Mr. GAIKWAD .DHANANJAY JANARDHAN **Req.No** : 9066
Age/Sex : 49Yr(s)/Male
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BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

| | | | |
|-------|--------|---|------------------------------|
| HBA1C | : 3.77 | % | 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

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Print Date & Time : 01/03/2022 01:31 PM

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|----------------|--------------|------|---------------|

BIOCHEMISTRY

LIPID PROFILE

| | | | |
|----------------------|--------|-------|--|
| CHOLESTEROL (serum) | : 94 | MG/DL | Male : 120 - 240 Female : 110 - 230 |
| TRIGLYCERIDE (serum) | : 170 | MG/DL | 0 - 150 |
| HDL (serum) | : 29 | MG/DL | Male : 42 - 79.5 Female : 42 - 79.5 |
| LDL (serum) | : 62 | MG/DL | 0 - 130 |
| VLDL (serum) | : 34 | MG/DL | 5 - 51 |
| CHOLESTROL/HDL RATIO | : 3.24 | | Male : 1.0 - 5.0 Female : 1.0 - 4.5 |
| LDL/HDL RATIO | : 2.14 | | 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

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For Free Home Collection Call : 9545200011



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BIOCHEMISTRY

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

| | | | |
|-----------------------|--------|-------|--|
| UREA (serum) | : 19 | MG/DL | 0 - 45 |
| UREA NITROGEN (serum) | : 8.87 | MG/DL | 7 - 21 |
| CREATININE (serum) | : 1.0 | MG/DL | 0.5 - 1.5 |
| URIC ACID (serum) | : 8.6 | MG/DL | Male : 3.4 - 7.0 Female : 2.4 - 5.7 |

SERUM ELECTROLYTES

| | | | |
|-----------------|-------|-------|-----------|
| SERUM SODIUM | : 139 | mEq/L | 136 - 149 |
| SERUM POTASSIUM | : 3.8 | mEq/L | 3.8 - 5.2 |
| SERUM CHLORIDE | : 99 | mEq/L | 98 - 107 |

END OF REPORT

(ENTRY LEVEL)

PRE ACCREDITED

Technician

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ENDOCRINOLOGY

THYROID FUNCTION TEST

| | | | |
|--|--------|--------|--------------|
| T3-Total (Tri iodothyronine) | : 1.40 | ng/mL | 0.970 - 1.69 |
| T4 - Total (Thyroxin) | : 9.47 | µg/dL | 5.53 - 11.0 |
| Thyroid Stimulating Hormones (Ultra TSH) | : 2.23 | 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 |

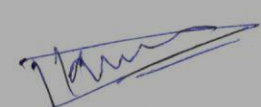
The guidelines for age related reference ranges for T3,T4,& Ultra TSH

| | 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

Technician

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 Pathologist

DHANANJAY GAIKWAD

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: 121340814

Collection Date:
01-03-2022 01:42 PM
Registration Date:
01-03-2022 01:42 pm
Report Date:
01-03-2022 04:39 PM

Age:49.00 Years Sex:MALE

OPD
9066

REPORT

Test Description

TEST NAME

Observed Value

Biological Reference Interval

PSA- Prostate Specific Antigen,serum by CMIA

0.346

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



Dr. Venkatesh Keralapurkar
Dr. Venkatesh Keralapurkar
M.B.B.S., D.C.P., D.N.B.(Path)
Reg.No.: 076020
 A.G Diagnostics Pvt. Ltd.