

Patient  
ID  
Name  
Birth Date  
Gender

30112022-064210PM  
TEKWANI, LALIT

Accession #  
Exam Date  
Description  
Operator

30-11-2022





# MADYOASIS DIAGNOSTICS

Patient Name : **MR. LALIT TEKWANI**

Age/Gender : 35 years (Male)

Mobile No. : -

Referral : SELF

Source : **MEDIHOME**

Sample Collected : Nov 30, 2022, 05:04 p.m.

Sample Received : Nov 30, 2022, 05:04 p.m.

Approved Date : Nov 30, 2022, 05:05 p.m.


Sample ID :



Test Description	Value(s)	Reference Range	
<b>Cbc With Esr</b>			
Hemoglobin (Hb)	14.5	13.5 - 18.0	gm/dL
Erythrocyte (RBC) Count	5.69	4.7 - 6.0	mil/cu.mm
Packed Cell Volume (PCV)	43.5	42 - 52	%
Mean Cell Volume (MCV)	<b>76.45</b>	78 - 100	fL
Mean Cell Haemoglobin (MCH)	<b>25.48</b>	27 - 31	pg
Mean Corpuscular Hb Concn. (MCHC)	33.33	32 - 36	g/dL
Red Cell Distribution Width (RDW)	12.6	11.5 - 14.0	%
Total Leucocytes (WBC) Count	5900	4000-10000	cell/cu.mm
Neutrophils	67	40 - 80	%
Lymphocytes	25	20 - 40	%
Monocytes	05	2 - 10	%
Eosinophils	02	1 - 6	%
Basophils	1	1-2	%
Absolute Neutrophil Count	3953	2000 - 7000	/c.mm
Absolute Lymphocyte Count	1475	1000 - 3000	/c.mm
Absolute Monocyte Count	295	200 - 1000	/c.mm
Absolute Eosinophil Count	118	20 - 500	/c.mm
Absolute Basophils Count	59	20 - 100	/c.mm
Platelet Count	356	150 - 450	10 <sup>3</sup> /ul
WBC Morphology	Within normal limits		
Platelet Morphology	Adequate on smear		
RBC Morphology	Normocytic normochromic		
ESR - Erythrocyte Sedimentation Rate	12	0 - 22	mm/hr
Method : EDTA Whole Blood, Manual Westergren			

**\*\*END OF REPORT\*\***



  
Dr. Mohale Bhupendra D.  
MBBS, DCP  
Reg. No. 87339

Madyoasis Medical Services Pvt Ltd.: CIN No.: U85320PN2018PTC175152 | GST NO: 27AALCM6611R1ZR

Reg. Add.: Office No-406, Bhakti Genesis, Wakad Rd, Shedje Vasti, Shankar Kalate Nagar, Wakad, Pimpri-Chinchwad, Maharashtra 411057



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Test Description	Value(s)	Reference Range
<b><u>Blood Group Abo &amp; Rh Typing, Blood</u></b>		
Blood Group (ABO typing) Method : Manual-Hemagglutination	"O"	
RhD Factor (Rh Typing) Method : Manual hemagglutination	Positive	

**\*\*END OF REPORT\*\***



  
Dr. Mohale Bhaskarrao D.  
MBBS, DCP  
Reg. No. 47318

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Test Description	Value(s)	Reference Range
<b>Glucose, Fasting (FBS)</b>		
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	76	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: $\geq$ 126 (on more than one occasion) (American diabetes association guidelines 2018)
Urine Fasting	Absent	
Urine Ketones	Absent	

\*\*END OF REPORT\*\*

OASIS

Cultivating a Healthier Workforce



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MBBS, DCP  
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Test Description	Value(s)	Reference Range	
<b>Hba1C, Glycosylated Hemoglobin</b>			
<b>HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD</b>	5.2	Normal :-4.2 to 6.2	%
Method : (HPLC, NGSP certified)		Good control :-5.5 to 6.8	
		Fair control :- 6.8 to 7.6	
		Poor control :- >7.6	
Estimated Average Glucose :	102.54	-	mg/dL

**Interpretation**

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

**Note:**

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

**Comments**

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

**ADA criteria for correlation between HbA1c & Mean plasma glucose levels.**



Dr. Mohale Bhupendra D.  
 MBBS, DCP  
 Reg No 17119



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Test Description	Value(s)	Reference Range
HbA1c(%)	Mean Plasma Glucose (mg/dL)	
6	126	
7	154	
8	183	
9	212	
10	240	
11	269	
12	298	

**\*\*END OF REPORT\*\***

MADYOASIS  
Cultivating a Healthier Workforce



  
Dr. Mohale Bhupendra D.  
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Test Description	Value(s)	Reference Range	
<b>Lipid Profile</b>			
Cholesterol-Total Method : Spectrophotometry	165	Desirable level   < 200 Borderline High   200-239 High   >or = 240	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	85	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol Method : Serum, Direct measure-PEG	29	Normal: > 40 Major Risk for Heart: < 40	mg/dL
LDL Cholesterol Method : Enzymatic selective protection	119	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
VLDL Cholesterol Method : Serum, Enzymatic	17	6 - 38	mg/dL
CHOL/HDL Ratio Method : Serum, Enzymatic	5.69	3.5 - 5.0	
LDL/HDL Ratio Method : Serum, Enzymatic	4.10	2.5 - 3.5	

**Note:**

8-10 hours fasting sample is required.

**\*\*END OF REPORT\*\***



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Test Description	Value(s)	Reference Range	
<b>Kidney Function Panel</b>			
Urea Method : Uricase	40	17 - 43	mg/dL
Blood Urea Nitrogen-BUN Method : Serum, Urease	85.60	7 - 18	mg/dL
Creatinine Method : Serum, Jaffe	0.81	0.67 - 1.17	mg/dL
Uric Acid Method : Serum, Uricase	4.2	3.5 - 7.2	mg/dL
Potassium	4.8	3.8 - 5.0 Premature cord: 5-10.2 Premature , 48 hrs: 3-6 Newborn cord: 5.6-12 Newborn: 3.7-5.9	mmol/L
Sodium	142	136 - 149 Premature, cord: 116-140 Premature 48 hrs: 128-148 Newborn cord: 126-166 Newborn: 133-146	mmol/L
Chlorides	106	101.00 - 109.00	mmol/L

**Remark:**

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

**\*\*END OF REPORT\*\***



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Test Description	Value(s)	Reference Range	
<b><u>Lft, Liver Function Test</u></b>			
Total Protein Method : Serum, Biuret, reagent blank end point	7.6	6.6 - 8.3	g/dL
Albumin Method : Serum, Bromocresol green	3.8	3.2 - 4.6	g/dL
Globulin Method : Serum, EIA	<b>3.80</b>	1.8 - 3.6	g/dL
A/G Ratio Method : Serum, EIA	1	1.2 - 2.2	
Bilirubin - Total Method : Serum, Jendrassik Grof	0.9	0.3 - 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.2	< 0.2	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.70	0.1 - 1.0	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	29	< 50	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	28	< 50	U/L
Alkaline Phosphatase Method : PNPP-AMP Buffer/Kinetic	95	30 - 120	U/L
GGT-Gamma Glutamyl Transpeptidase Method : Serum, G-glutamyl-carboxy-nitroanilide	25	< 55	U/L

**\*\*END OF REPORT\*\***

Cultivating a Healthier Workforce



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Test Description	Value(s)	Reference Range	
<b>Thyroid Profile ( T3, T4, Tsh )</b>			
T3-Total	85	82 - 213	ng/dL
T4-Total	9.02	6.09 - 12.23	ug/dL
TSH-Ultrasensitive	0.56	0.34 - 5.6	uIU/mL

Method : CLIA

### Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness*
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis*
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent 14 therapy or T4 overdose •Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)*
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease). Multinodular goitre, Toxic nodule •Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum*
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in T3 level can be upto 25%.

\*\*END OF REPORT\*\*



  
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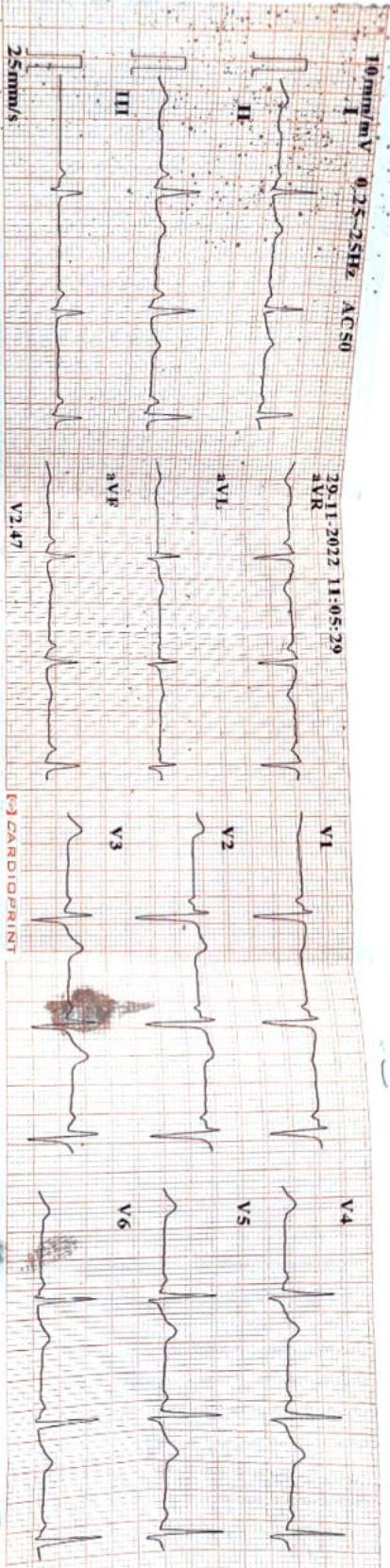
005633422

Test Description	Value(s)	Reference Range
<b><u>Routine Examination Of Urine</u></b>		
<b><u>General Examination</u></b>		
Colour	PALE YELLOW	Pale Yellow
Transparency (Appearance)	CLEAR	Clear
Deposit	Absent	Absent
Reaction (pH)	Acidic 6.5	4.5 - 7.0
Specific gravity	1.020	1.005 - 1.030
<b><u>Chemical Examination</u></b>		
Urine Protein (Albumin)	Absent	Absent
Urine Ketones (Acetone)	Absent	Absent
Urine Glucose (Sugar)	Absent	Absent
Bile salts	Absent	Absent
Urobilinogen	Normal	Normal
Nitrite	Negative	Negative
<b><u>Microscopic Examination</u></b>		
Red blood cells	Absent	0-4 /hpf
Pus cells (WBCs)	3 - 4 /HPF	0-9 /hpf
Epithelial cells	2 - 3 /HPF	0-4 /hpf
Crystals	Absent	Absent
Cast	Absent	Absent
Amorphous deposits	Absent	Absent
Bacteria	Absent	Absent
Trichomonas Vaginalis	Absent	Absent
Yeast cells	Absent	Absent

\*\*END OF REPORT\*\*



Dr. Mohite Bhupendra D.  
MBBS, DCP  
Reg. No. 87139



ID : 221129-1105  
 Name : **Latitkuan**  
 Age : **35**  
 Sex : **Male**  
 BP :  
 Height :  
 Weight :  
 HR : 71 bpm  
 P Dur : 87 ms  
 PR int : 113 ms  
 QRS Dur : 110 ms  
 QT/QTc int : 372/406 ms  
 P/QRS/T axis : 63/52/29 °  
 RV5/SV1 amp : 1.072/0.993 mV  
 RV6/SV2 amp : 2.065 mV  
 RV6/SV2 amp : 1.090/1.134 mV

(\*) CARDIOPRINT



Patient ID No. : 132201938  
Patient's Name : Lalit Tekwani - 35 Year / Male  
Ref. By : Dr.Self  
SampleColl.Dt :  
Report.Dt: 29-11-2022 11:17:42 Print.Dt: 05-12-2022 11:44:15

**ECG**

**Report :**

**ECG within normal limit.**

**--End Of Report--**

**DR. KARTIK BHOSALE**  
MBBS, MD, DrNB, DM Cardiology  
CARDIOLOGIST

Print Date : 05-12-2022 11:44

\*\*\* (X-ray, ECG and Pathology Home visit services available) \*\*\*

**Sinhgad Road**  
Near Santosh Hall, Next to Axis Bank ATM,  
Anand Nagar, Sinhgad Road. Pune-51  
Ph. 020-6500-2233 / 2435-6666

**Warje**  
Shop No. 6, Akshay Palace, Warje Flyover  
Chowk, Warje. Pune-52  
Ph. 020-6522-1100 / 20251651

**Kothrud**  
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**SampleColl.Dt** :  
**Report.Dt:** 30-11-2022 20:33:52 **Print.Dt:** 05-12-2022 11:44:15

## USG ABDOMEN AND PELVIS

### FINDINGS:-

#### **Liver measures: 15.7 cm.**

Liver is normal in size, shape and echotexture. Grade 1 fatty infiltration with focal areas of fat sparing. No evidence of focal lesion seen.

Portal and hepatic venous confluence are normal. No IHBR dilatation seen.

Gall bladder is well distended and normal. No calculus or mass seen. CBD is normal in caliber. CBD measures : 0.37 cm.

Pancreas is normal in size and echopattern. No focal lesion seen. Rest of the pancreas is obscured by bowel gases.

#### **Spleen measures: 9.2 cm.**

Spleen is normal in size with homogenous echopattern. No focal lesion seen.

Both kidneys are normal in size, shape, location and appear homogenous in echopattern.

#### **Right kidney measures: 10.4x 4.2 cm, Right kidney cyst measures : 1.8 x 1.3 cm**

#### **Left kidney measures : 9.6 x 5.7 cm**

No evidence of calculus or hydronephrosis seen. Both ureters are not dilated.

Simple cysts noted in both kidneys largest measuring 1x1 cm in left kidney and 1.8x1.3 cm in right kidney.

Urinary bladder is well distended and shows normal wall thickness. No mass or calculus seen.

Prostate appears normal in size. *Calcification noted in prostate in central zone.*

Aorta, IVC and retroperitoneum are obscured due to bowel gas.

No free fluid or lymphadenopathy.



**DR. ABHIJEET ITAI**  
MD, DNB Radiology  
RADIOLOGIST

Print Date : 05-12-2022 11:44

\*\*\* (X-ray, ECG and Pathology Home visit services available) \*\*\*

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Report.Dt: 30-11-2022 20:33:52 Print.Dt: 05-12-2022 11:44:15

## USG ABDOMEN AND PELVIS

There is no obvious bowel dilatation. No abnormal bowel wall thickening is seen .

### IMPRESSION :-

Grade 1 Fatty liver.

--End Of Report--



**DR. ABHIJEET ITAI**  
MD, DNB Radiology  
RADIOLOGIST

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Ref. By : Dr.Self  
SampleColl.Dt :  
Report.Dt: 29-11-2022 12:16:06 Print.Dt: 05-12-2022 11:44:17

Unit of P. P. Diagnostics Pvt. Ltd.

## RADIOGRAPH OF CHEST PA VIEW

### FINDINGS:

Visualised lungs bilaterally reveal normal aeration pattern.  
Both the costophrenic angles are clear.  
The mediastinal silhouette is maintained.  
Cardiac and aortic silhouettes appear normal.  
Both the domes of diaphragm are normal in position and contour.  
Thoracic wall soft tissues and bony cage are normal.

### IMPRESSION:

NO SIGNIFICANT ABNORMALITY DETECTED.

--End Of Report--

**DR. VIVEK CHAUDHARI**  
MBBS, DMRE  
RADIOLOGIST

Print Date : 05-12-2022 11:44

“Laboratory accredited as per ISO 15189: 2012 by NABL. Certificate No. MC-2442. Scope available on request.”

\*\*\* (X-ray, ECG and Pathology Home visit services available) \*\*\*

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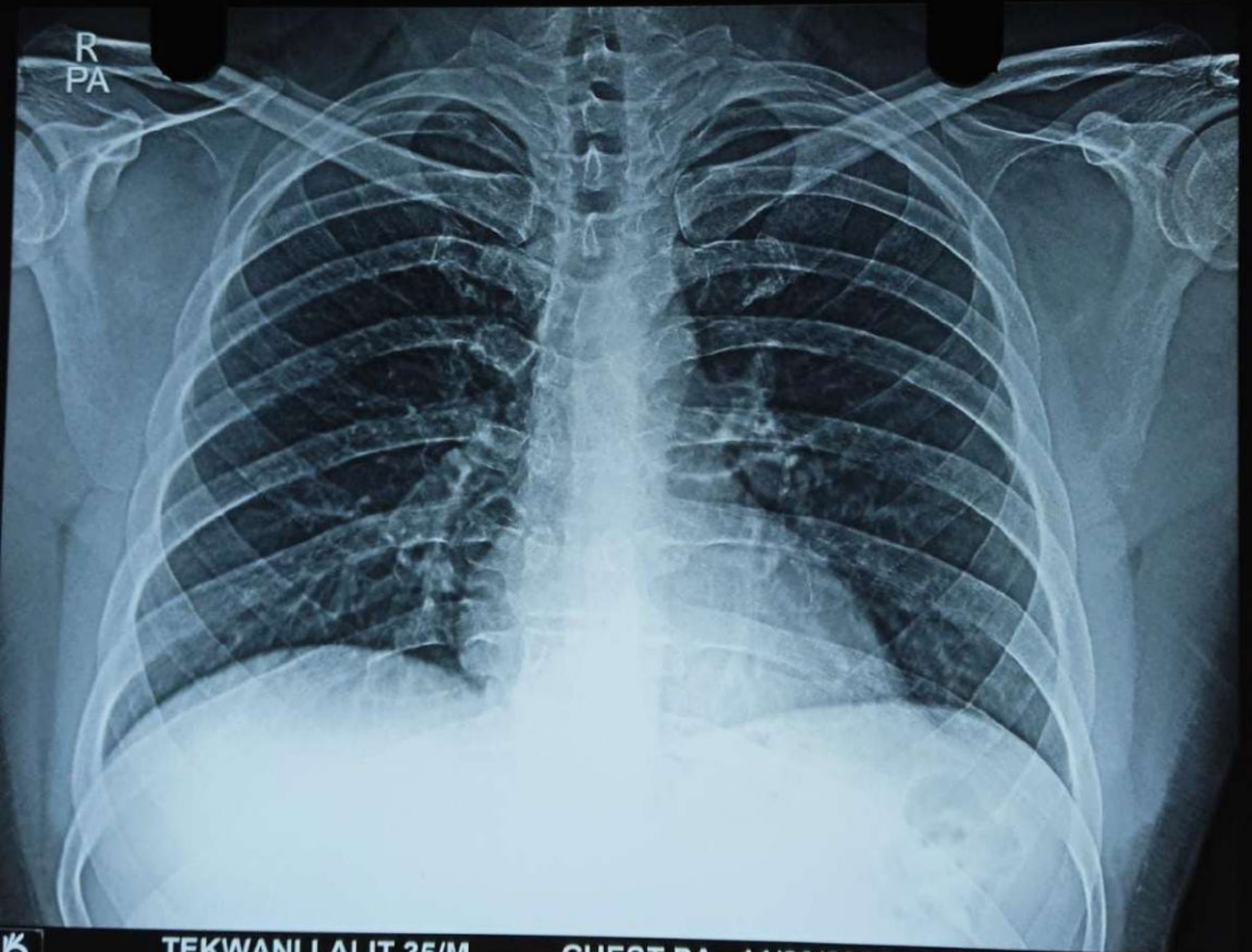
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TEKWANI LALIT 35/M CHEST PA 11/29/2022 10:51 AM  
MEDIMAP DIAGNOSTICS , WAKAD.

