



Patient Name : MR. MAHESH SHASHI PAL	Date : 19 Jan 2022
Referred By : SADGURU HOSPITAL	Age : 34 YEARS Sex : M

## USG-ABDOMEN AND PELVIS

- \* LIVER : Normal in contour and parenchymal texture.  
No focal parenchymal lesion seen.  
Intrahepatic biliary and venous channels are normal
- \* G B : Physiologically distended. No gall stones seen.
- \* PANCREAS : Normal in size and parenchymal echo pattern with normal peripancreatic planes.
- \* SPLEEN : Normal in size, contour with homogenous echo pattern.
- \* AORTA & I V C: Normal. No evidence of paraaorta/ paracaval lymphadenopathy
- \* KIDNEYS : Normal in size, contour and echotexture.  
No calculus or hydronephrosis is seen on both sides.  
Renal sinus and cortical echoes are normal.  
Peri renal planes are normal.  
Cortico-Medullary differentiation is maintained.  
RK -10.6 x 4.8 cms LK -11.1 x 5.3 cms.
- \* URINARY BLADDER : Well distended. Walls are normal.
- \* Prostate is normal.

## IMPRESSION:

→ No significant abnormality seen.



  
**DR. HARDIK PATEL**  
DNB Radiodiagnosis

# MR MAHESH PAL, : US From 1/19/2022



- MULTI SPECIALITY
- CRITICAL CARE
- TRAUMA CARE CENTER

<b>Patient Name</b> : MR MAHESH PAL	<b>Patient ID</b> : 0
<b>Age</b> : 34	<b>Sex</b> : Male
<b>Referring Physician</b> : Dr. SADGURU HOSPITAL	<b>Date</b> : Jan. 19, 2022

### X-RAY CHEST PA

MR MAHESH PAL's plain P.A. Radiograph of chest shows :-  
Both lung fields show normal and equal radiolucency.  
There is no pulmonary parenchymal abnormal density.  
The broncho vascular markings show normal size and distribution.  
The hilar shadows are normal in size, position and density.  
Both Cardiophrenic and Costophrenic angles are clear.  
The Cardiac silhouette is within normal limits.  
Aortic shadow is normal.  
Rest of the visualized mediastinum shadows are normal.  
Both domes of diaphragms are normal.  
The visualised bony thorax is normal.

**CONCLUSION : NO SIGNIFICANT ABNORMALITY NOTED IN THE CHEST P.A. VIEW RADIOGRAPH.**



DR. Rajesh Kamble  
MD (Radio-Diagnosis) Reg -89340



" Under one roof" Quality Healthcare Centre

NOT FOR MEDICOLEGAL PURPOSE

Radiological Findings should be correlated clinically to confirm the diagnosis. In case of any disparity between clinical and radiological findings kindly contact the patient.  
"Hari Krishna Plaza", 3rd & 4th Floor, Opp. Pandharpur Bus Depot, Old Adgaon Naka, Nashik - 422 003 MH, INDIA

Ph.: 0253 - 2513131, 2513133 Email: info@sadguruhospital.com Web.: www.sadguruhospital.com



**Patient Name** : Mr. Mahesh Shashi Pal  
**Age/Sex** : 33 Years / Male | **Regn. No.** : 210717  
**Reference By** : Self | **Regn. Date** : 19/01/2022 16:30  
**Collection Center** : Sadguru Hos./Lab (Panchavati) | **Report Date** : 19/01/2022 18:57

## IMMUNO ASSAY

Test Name	Result	Units	Biological Reference Interval
Total Triiodothyronine (T3) :	127.5	ng/dl	[80 - 200 ng/dl] For Pregnancy: First Trimester: 81-190 Second Trimester: 100-260 Third Trimester: 100-260
Total Thyroxine (T4) :	7.23	µg/dl	[4.5 - 14.1 ug/dl]
Thyroid Stimulating Hormone (ultra TSH) :	2.90	µIU/ml	[0.270 - 4.2] For Pregnancy: First Trimester: 0.1-2.5 Second Trimester: 0.2-3.0

**Method:** Fully Automated ElectroChemiluminescence System

**Test Done On Fully Automated Cobas e411\_Japan**


\*Result relates only to the sample as received. Kindly correlate with clinical conditions.


### NOTE:

1. Decreased T3 (normal T4 & TSH) have minimal clinical significance and are not recommended for diagnosis of hypothyroidism
2. Total T3 may be decreased by < 25% in healthy older individuals.
3. Total T3 & T4 values may also be altered under other conditions like pregnancy, drugs (androgens,estrogens, O C phenytoin) nephrosis etc. In such cases free T3 and Free T4 are preferred tests.
4. Clinically correlate the result or repeat the tests with fresh sample if TSH values are between 5 - 15 mIU/L as physiological factors may give falsely high TSH.

----- END OF REPORT -----



  
Dr. Pravin Bagul  
M.D. (Pathology)  
Consulting Pathologist


Patient ID	: 015	UHID No.	: MEDIWHEEL
<b>Patient Name</b>	: <b>MR. MAHESH SHASHI PAL</b>	Regn/Sample Date	: 19-Jan-2022 02.28 PM
Age / Sex	: 33 Years / Male	Report Date	: 19-Jan-2022 03.25 PM
<b>Referred By</b>	: SADGURU HOSPITAL	Sample Type	: Whole Blood
		Barcode	


**COMPLETE BLOOD COUNT**


Investigation	Result	Unit	Bio. Ref. Range
<b>Haemoglobin (HB)</b>	14.5	gm/dl	13-18
RBC	<b>4.67</b>	10 <sup>6</sup> /uL	4.7-6.0
PCV	43.0	%	42-52
MCV	92.1	fl	70-100
MCH	31.0	pg	27-31
MCHC	33.7	g/dl	32-36
RDW-CV	13.3	%	11.5-14.5
<b>Platelet count</b>	303000	/cumm	150000-450000
<b>Total Leucocytes Count</b>	8500	/cumm	4000-11000
<b>DIFFERENTIAL LEUCOCYTES COUNT</b>			
Neutrophils	70	%	44-76
Lymphocytes	25	%	20-40
Monocytes	02	%	2-10
Eosinophils	03	%	1-6
Basophils	00	%	0-2

----- END OF REPORT -----



  
sadguru\_Admin  
Checked By  
Page 1 of 7

  
**Dr. Pravin Bagul**  
(MD Path)  
Consulting Pathologist)

Patient ID	: 015	UHID No.	: MEDIWHEEL
Patient Name	: MR. MAHESH SHASHI PAL	Regn/Sample Date	: 19-Jan-2022 02.28 PM
Age / Sex	: 33 Years / Male	Report Date	: 19-Jan-2022 03.25 PM
Referred By	: SADGURU HOSPITAL	Sample Type	: Whole Blood
		Barcode	 * 0 1 5 *

**HAEMATOLOGY.**

**Investigation**

**Result**

**BLOOD GROUP ABO & RH TYPING**

(EDTA Whole Blood)

Blood group (ABO Typing)

A

RhD Factor (Rh typing)

POSITIVE

Method

Manual Slide Hemagglutination

Note

Kindly recheck Blood Group before blood transfusion

**ESR (Wintrobe)**

08


mm/1hr.

0-9

(EDTA Whole Blood)

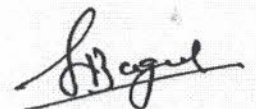
----- END OF REPORT -----




  
sadguru\_Admin

Checked By

Page 1 of 1



**Dr. Pravin Bagul**  
(MD Path  
Consulting Pathologist)


Patient ID : 015	UHID No. : MEDIWHEEL
<b>Patient Name</b> : MR. MAHESH SHASHI PAL	Regn/Sample Date : 19-Jan-2022 02.28 PM
Age / Sex : 33 Years / Male	Report Date : 19-Jan-2022 03.25 PM
<b>Referred By</b> : SADGURU HOSPITAL	Sample Type : SERUM
	Barcode 

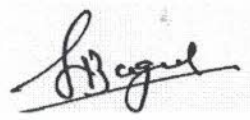
**LIVER FUNCTION TEST**


Investigation	Result	Unit	Bio. Ref. Range
<b>LIVER FUNCTION TEST</b>			
SGOT (AST) (Serum,IFCC)	<b>40.6</b>	U/L	Upto 40
SGPT (ALT) (Serum,IFCC)	39.2	U/L	Upto 40
Bilirubin-Total (Serum,Diazo)	0.90	mg/dL	0.1-1.2
Bilirubin-Direct (Serum,Diazo)	0.50	mg/dL	0.0-0.5
Bilirubin- Indirect	0.40	mg/dL	0.1-1.0
Alkaline Phosphatase (Serum, ALP-AMP)	201.3	U/L	54-306
Total Protein (Serum, Modified Biuret)	6.90	g/dl	6.0-8.5
Albumin (Serum,Bromocresol green)	3.80	g/dl	3.0-5.4
Globulin	3.10	g/dl	1.8-3.6
A/G Ratio (Calculated)	1.23		1.1-2.2

----- END OF REPORT -----



  
sadguru\_Admin  
Checked By  
Page 3 of 7

  
**Dr. Pravin Bagul**  
(MD Path)  
Consulting Pathologist)

Patient ID	: 015	UHID No.	: MEDIWHEEL
Patient Name	: MR. MAHESH SHASHI PAL	Regn/Sample Date	: 19-Jan-2022 02.28 PM
Age / Sex	: 33 Years / Male	Report Date	: 19-Jan-2022 03.25 PM
Referred By	: SADGURU HOSPITAL	Sample Type	: SERUM
		Barcode	 * 0 1 5 *

**BIOCHEMISTRY**

Investigation	Result	Unit	Bio. Ref. Range
<b>Random Blood Glucose</b> (Plasma-R, GOD-POD)	106.1	mg/dL	Upto 140
Parallel Urine Glucose	NIL		
<b>Gamma GT (GGTP)</b> (Serum, Enzymatic)	12.8	U/L	9-36
<b>Sr. Uric Acid</b> (Serum, Uricase Peroxidase)	5.3	mg/dL	3.5-7.2
<b>BLOOD UREA NITROGEN (BUN)</b>			
Sr. Blood Urea (Serum,Urease)	32.9	mg/dL	10-50
BUN-Blood Urea Nitrogen	15	mg/dL	8-23
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.			
<b>Sr. Blood Urea</b> (Serum,Urease)	32.9	mg/dL	10-50
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.			
<b>Sr. Creatinine</b> (Serum,Picrate Alcalin)	1.10	mg/dL	0.5-1.3

----- END OF REPORT -----




*Dr. Pravin Bagul*

**Dr. Pravin Bagul**  
(MD Path  
Consulting Pathologist)

*Admin*  
sadguru\_Admin

Checked By  
Page 4 of 7



Patient ID	: 015	UHID No.	: MEDIWHEEL
<b>Patient Name</b>	: <b>MR. MAHESH SHASHI PAL</b>	Regn/Sample Date	: 19-Jan-2022 02.28 PM
Age / Sex	: 33 Years / Male	Report Date	: 19-Jan-2022 03.25 PM
<b>Referred By</b>	: SADGURU HOSPITAL	Sample Type	: SERUM
		Barcode	

**LIPID PROFILE**

Investigation	Result	Unit	Bio. Ref. Range
Nature Of Sample (Serum, Enzymatic)	Fasting		
Serum Cholesterol -Total	<b>236.5</b>	mg/dL	Desirable - Upto 200 Borderline High - 200-239 High - Above 240
Serum Triglycerides	144.2	mg/dL	Normal: Below 150 Borderline High :150-199 High : 200-499 Very High : >= 500
HDL Cholesterol	42.9	mg/dL	Major risk factor for heart disease: < 40 Negative risk factor for heart disease: >=60
LDL Cholesterol	<b>165</b>	mg/dL	Optimal: < 100 Near Optimal/Above Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
VLDL Cholesterol	29	mg/dL	6-38
CHOL/HDL Ratio	<b>5.51</b>	Ratio	0-4.5
LDL / HDL Ratio	<b>3.8</b>	Ratio	1.5-3.5

Note: Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

VLDL, CHOL/HDL Ratio, LDL/HDL Ratio, LDL Cholesterol, serum, are calculated parameter


END OF REPORT



*Dr. Pravin Bagul*

**Dr. Pravin Bagul**  
(MD Path)  
Consulting Pathologist

*By*  
sadguru\_Admin  
Checked By  
Page 5 of 7

Patient ID	: 015	UHID No.	: MEDIWHEEL
Patient Name	: MR. MAHESH SHASHI PAL	Regn/Sample Date	: 19-Jan-2022 02.28 PM
Age / Sex	: 33 Years / Male	Report Date	: 19-Jan-2022 03.25 PM
Referred By	: SADGURU HOSPITAL	Sample Type	: Whole Blood
		Barcode	 * 0 1 5 *

**BIOCHEMISTRY.**

Investigation	Result	Unit	Bio. Ref. Range
HbA1C	5.8	%	Non-diabetic: <= 5.8 Pre-diabetic: 5.9-6.4 Diabetic: >= 6.5

Mean Blood Glucose level 120 mg/dL

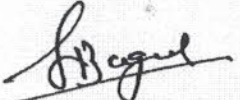
Method Nephelometry

INTERPRETATION :


- 1] HbA1c is used for monitoring diabetic control . If reflects the estimated average glucose (eAG) .
- 2] HbA1c has been endorsed by clinical groups & ADA(American Diabetes Association ) guidelines 2012 , for diagnosis of diabetes using a cut- off point of 6.5%. ADA defined biological reference range for HbA1c is 4% - 6%. Patient with HbA1c value between 6.0% to 6.5% are considered at risk for developing diabetes in the future .
- 3] Trends in HbA1c are a better indicator of diabetes control than a solitary test .
- 4] In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 % , Fair to Good Control - 7 to 8 % , Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .


----- END OF REPORT -----





**Dr. Pravin Bagul**  
(MD Path  
Consulting Pathologist)

  
sadguru\_Admin  
Checked By  
Page 6 of 7

Patient ID	: 015	UHID No.	: MEDIWHEEL
<b>Patient Name</b>	: <b>MR. MAHESH SHASHI PAL</b>	Regn/Sample Date	: 19-Jan-2022 02.28 PM
Age / Sex	: 33 Years / Male	Report Date	: 19-Jan-2022 03.25 PM
<b>Referred By</b>	: SADGURU HOSPITAL	Sample Type	: URINE
		Barcode	

**REPORT ON URINE ROUTINE**

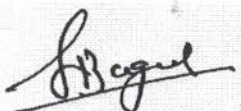
Investigation	Result
Specimen Name	Urine
<b>PHYSICAL EXAMINATION</b>	
Nature of specimen	Random
Colour	Pale Yellow
Transparency (Appearance)	Clear
Reaction (pH)	Acidic
Quantity	20 ml
Deposits	Absent
Specific Gravity	1.020
<b>CHEMICAL EXAMINATION</b>	
Urine Protein (Albumin)	Absent
Urine Glucose (Sugar)	Absent
Urine Ketones (Acetone)	Absent
Bile pigments	Absent
Bile Salt	Absent
<b>MICROSCOPIC EXAMINATION</b>	
Red blood cells	Not Seen
Pus Cells (WBCs)	2-4/hpf
Epithelial cells	0-1/hpf
Crystals	Not seen
Cast	Not seen
Bacteria	Absent

END OF REPORT

  
sadguru\_Admin

Checked By  
Page 7 of 7



  
**Dr. Pravin Bagul**  
(MD Path  
Consulting Pathologist)

# SADGURU HOSPITAL

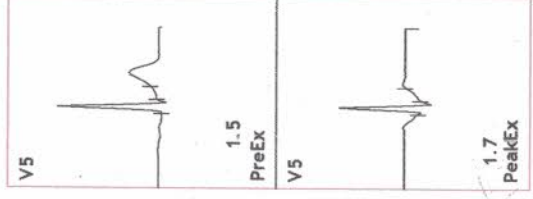
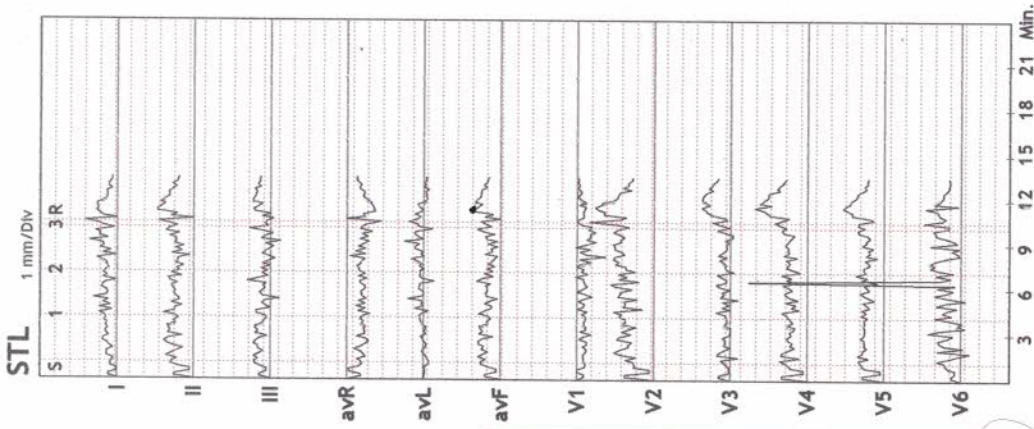
**NASHIK**  
45911/MR MAHESH PAL 34 Yrs/Male 60 Kg/148 Cms  
Date: 19-Jan-2022 12:00:00 AM

## Summary



Ref. By : BOB	Protocol : BRUICE1						
Medication : NO ANY	Historical B.P. : NO ANY	H.R. (bpm)	METS	Grade (%)	Phase Time (Min:Sec)	Speed (mph)	Comments
Objective : N/A <td>R.P. : x100 <td>87 <td>1.0 <td> <td> <td> <td> </td></td></td></td></td></td></td>	R.P. : x100 <td>87 <td>1.0 <td> <td> <td> <td> </td></td></td></td></td></td>	87 <td>1.0 <td> <td> <td> <td> </td></td></td></td></td>	1.0 <td> <td> <td> <td> </td></td></td></td>	<td> <td> <td> </td></td></td>	<td> <td> </td></td>	<td> </td>	
Supine	130/70	87	1.0				
Standing	130/70	87	1.0				
HV	130/70	92	1.0				
ExStart	130/72	89	1.0				
Stage 1	148/90	99	4.2	10.0	3:01	1.5	
Stage 2	154/104	135	7.1	12.0	6:01	2.5	
Stage 3	166/112	164	10.4	14.0	9:01	3.5	
PeakEx	166/112	182	10.7	16.0	9:22	4.5	
Recovery	166/112	124	4.5	0.0	1:00	1.1	
Recovery	170/118	99	1.0	0.0	2:00	1.1	
Recovery	168/107	100	1.0	0.0	3:00	1.1	
Recovery	168/107	105	1.0	0.0	3:02	1.1	

**Findings :**  
 Exercise Time : 9:22 minutes  
 Max HR attained : 182 bpm 98% of Max Predictable HR 186  
 Max BP : 166/112(mmHg)  
 WorkLoad attained : 10.7 (Good Effort Tolerance )  
 No significant ST segment changes noted during exercise or recovery.  
 No Angina/Arrhythmia/S3/murmur  
 Final Impression : Test is negative for inducible ischaemia.  
 Maxmum Depression: 8:04



*DR. KRISHNA YADAV*  
**DR. KRISHNA YADAV**  
 MBBS MD (MEDICINE)  
 REG. NO. 2007/05/1595

Advice/Comments:

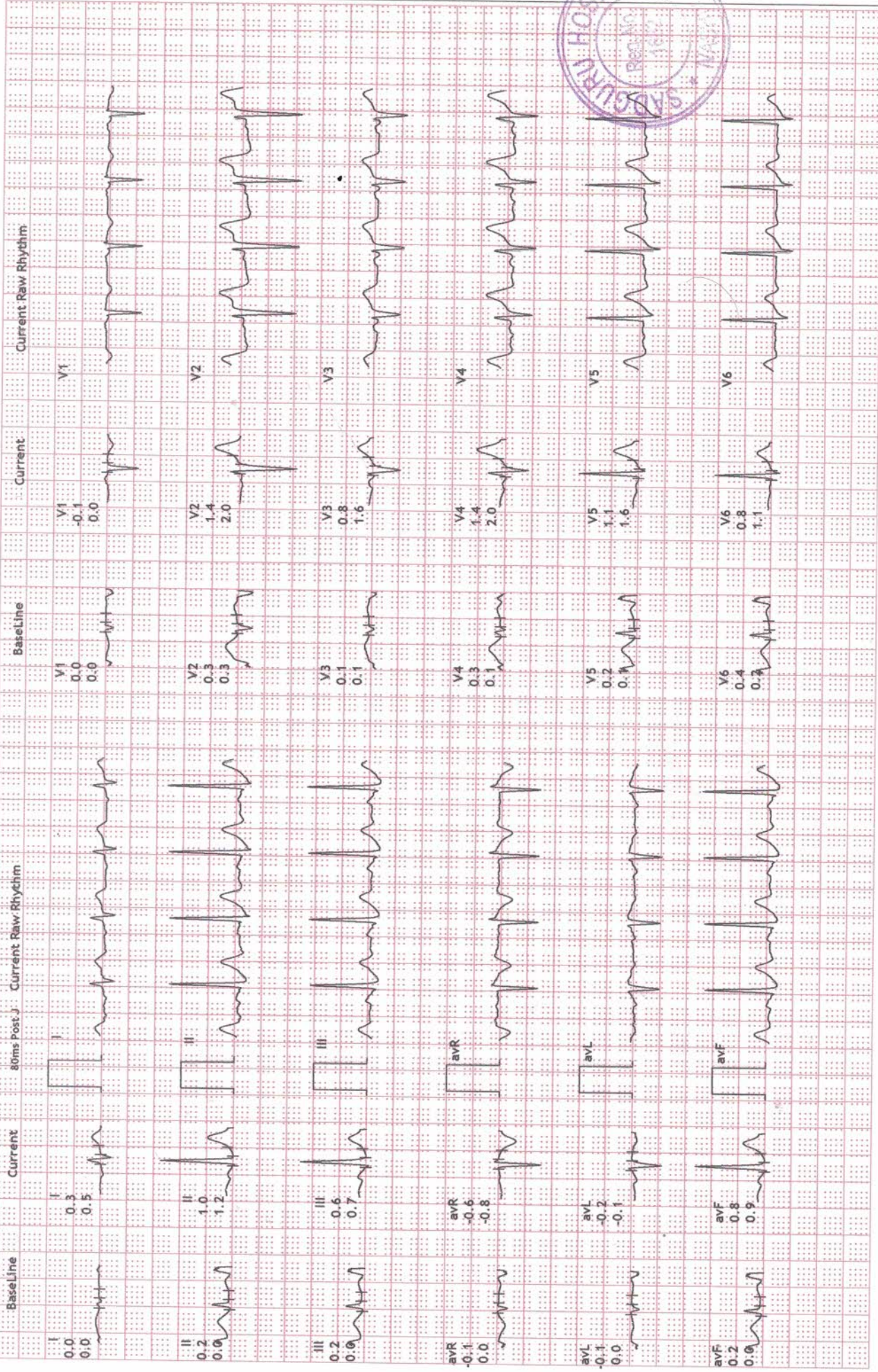
HR: 100 bpm  
METS: 1.0  
BP: 168/107

MPHR: 53% of 186  
Speed: 1.1 mph  
Grade: 0.0%

Raw ECG  
BRUIICE1  
(1.0-100)Hz

Ex Time 09:21  
BLC :On  
Notch :On

Recovery : ( 03:00 )  
10.0 mm/mV  
25 mm/Sec.





NASHIK  
45911/MR MAHESH PAL  
34 Yrs/Male  
60 Kg/148 Cms

HR: 99 bpm  
METS: 1.0  
BP: 170/118

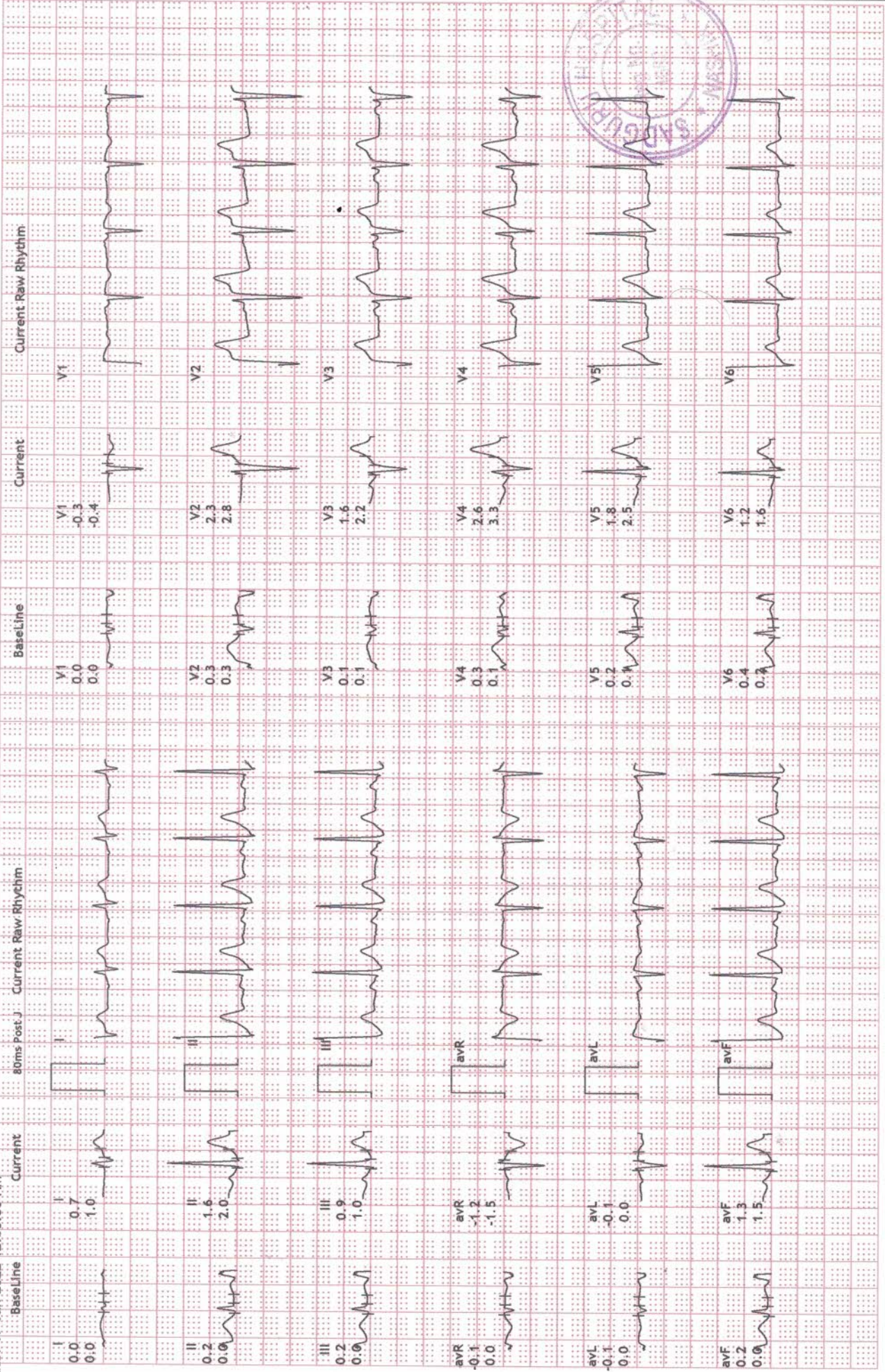
MPHR: 53% of 186  
Speed: 1.1 mph  
Grade: 0.0%

Raw ECG  
BRUICE1  
(1.0-100)HZ

Ex Time 09:21  
BLC :On  
Notch :On

Recovery : ( 02:00 )  
10.0 mm/mV  
25 mm/Sec.

Date: 19-Jan-2022 12:00:00 AM



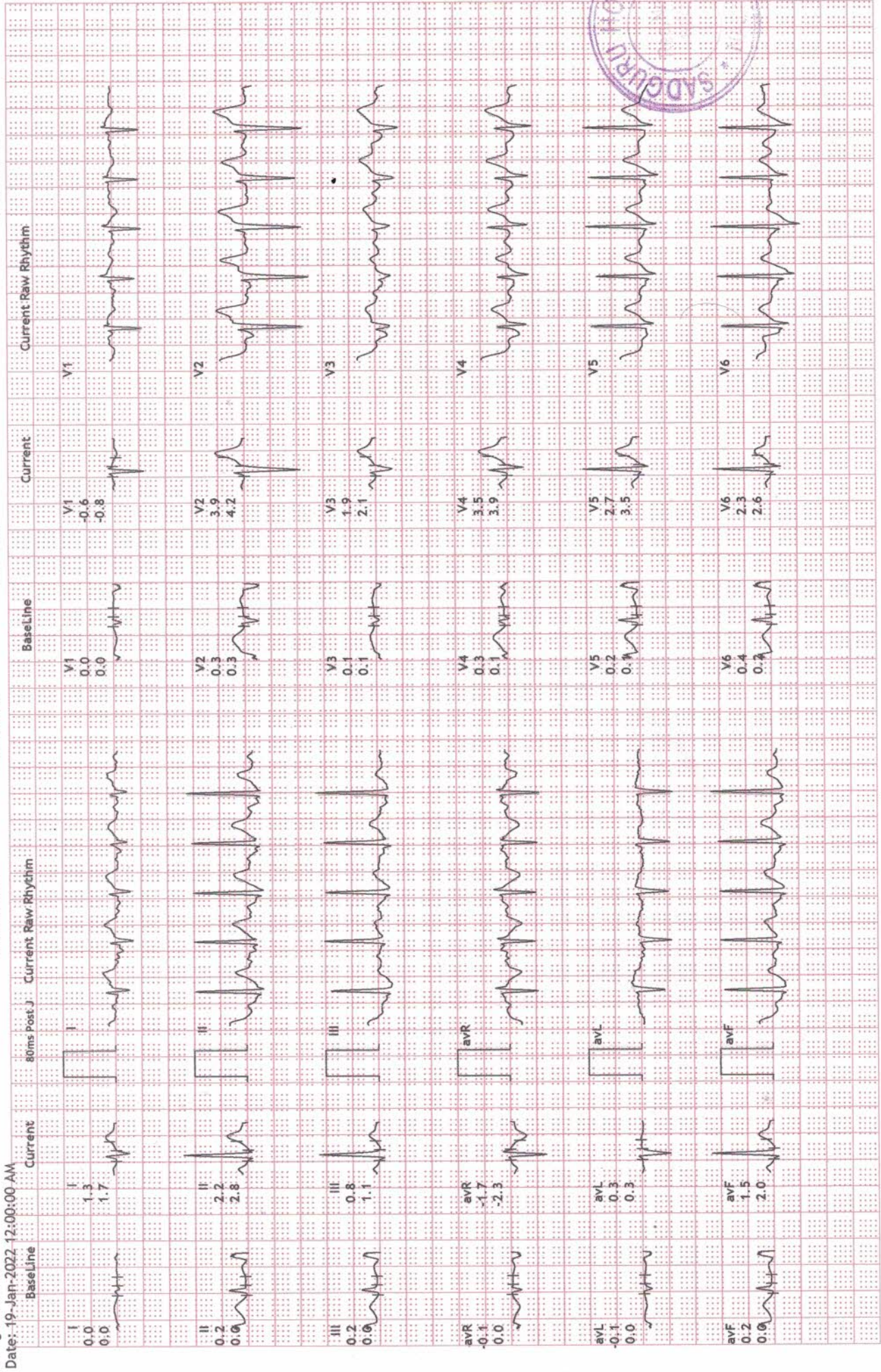
HR: 124 bpm  
METS: 4.4  
BP: 166/112

MPHR: 66% of 186  
Speed: 1.1 mph  
Grade: 0.0%

Raw ECG  
BRUICE1  
(1.0-100)Hz

Ex Time 09:21  
BLC : On  
Notch : On

Recovery : ( 01:00 )  
10.0 mm/mV  
25 mm/Sec.



NASHIK  
45911/MR MAHESH PAL  
34 Yrs/Male  
60 Kg/148 Cms

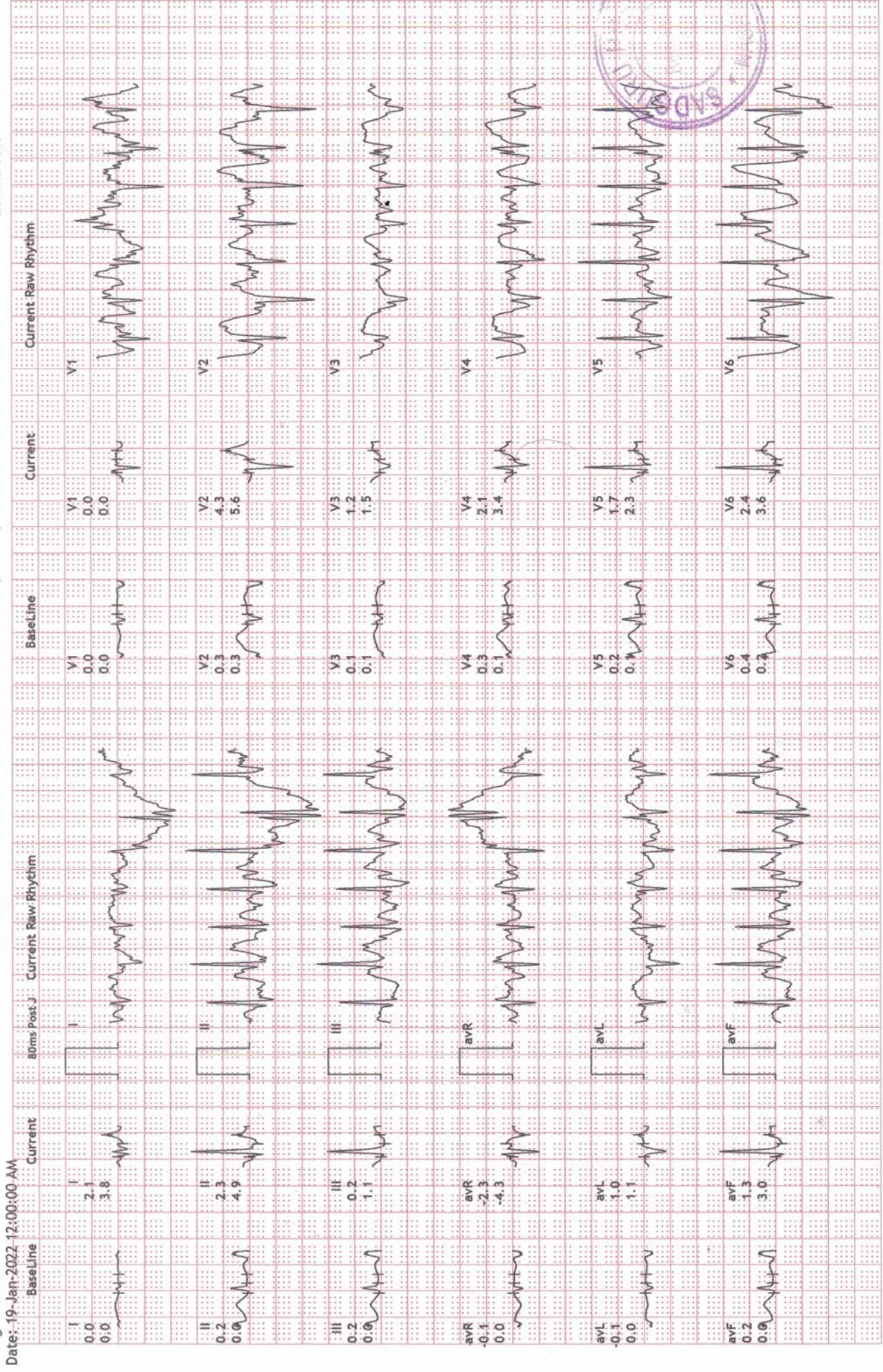
HR: 182 bpm  
METS: 10.7  
BP: 166/112

MPHR: 97% of 186  
Speed: 4.5 mph  
Grade: 16.0%

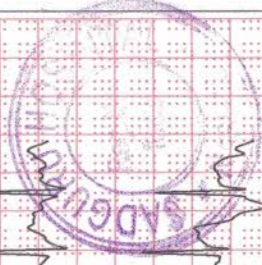
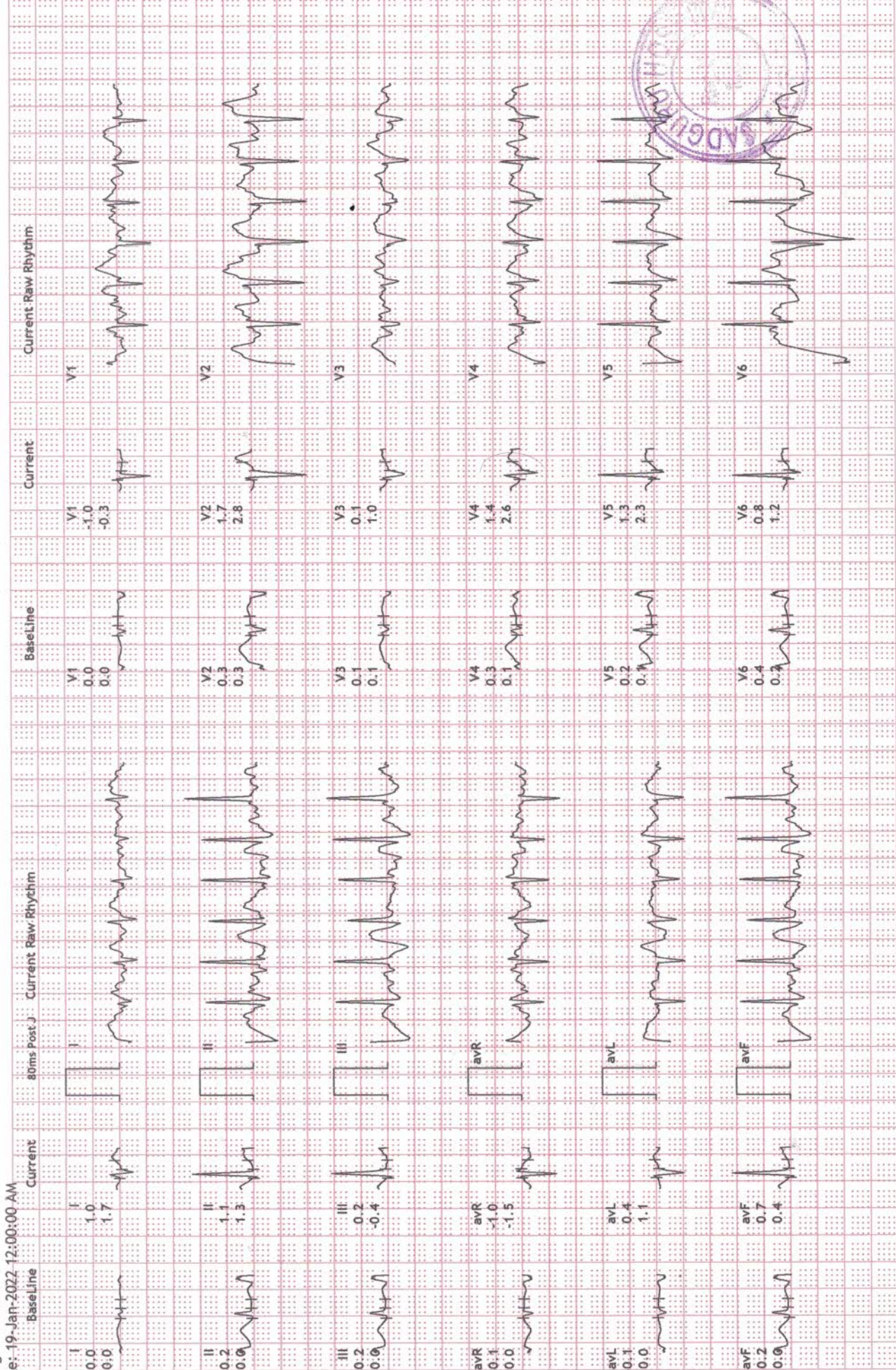
Raw ECG  
BRUICE1  
(1.0-100)Hz

Ex Time 09:21  
BLC :On  
Notch :On

PeakEx  
10.0 mm/mV  
25 mm/Sec.







NASHIK

45911/MR MAHESH PAL

34 Yrs/Male

60 Kg/148 Cms

Date: 19-Jan-2022 12:00:00 AM

HR: 135 bpm

METS: 7.1

BP: 154/104

MPHR: 72% of 186

Speed: 2.5 mph

Grade: 12.0%

Raw ECG

BRUCE1

(1.0-100)Hz

Ex Time 06:00

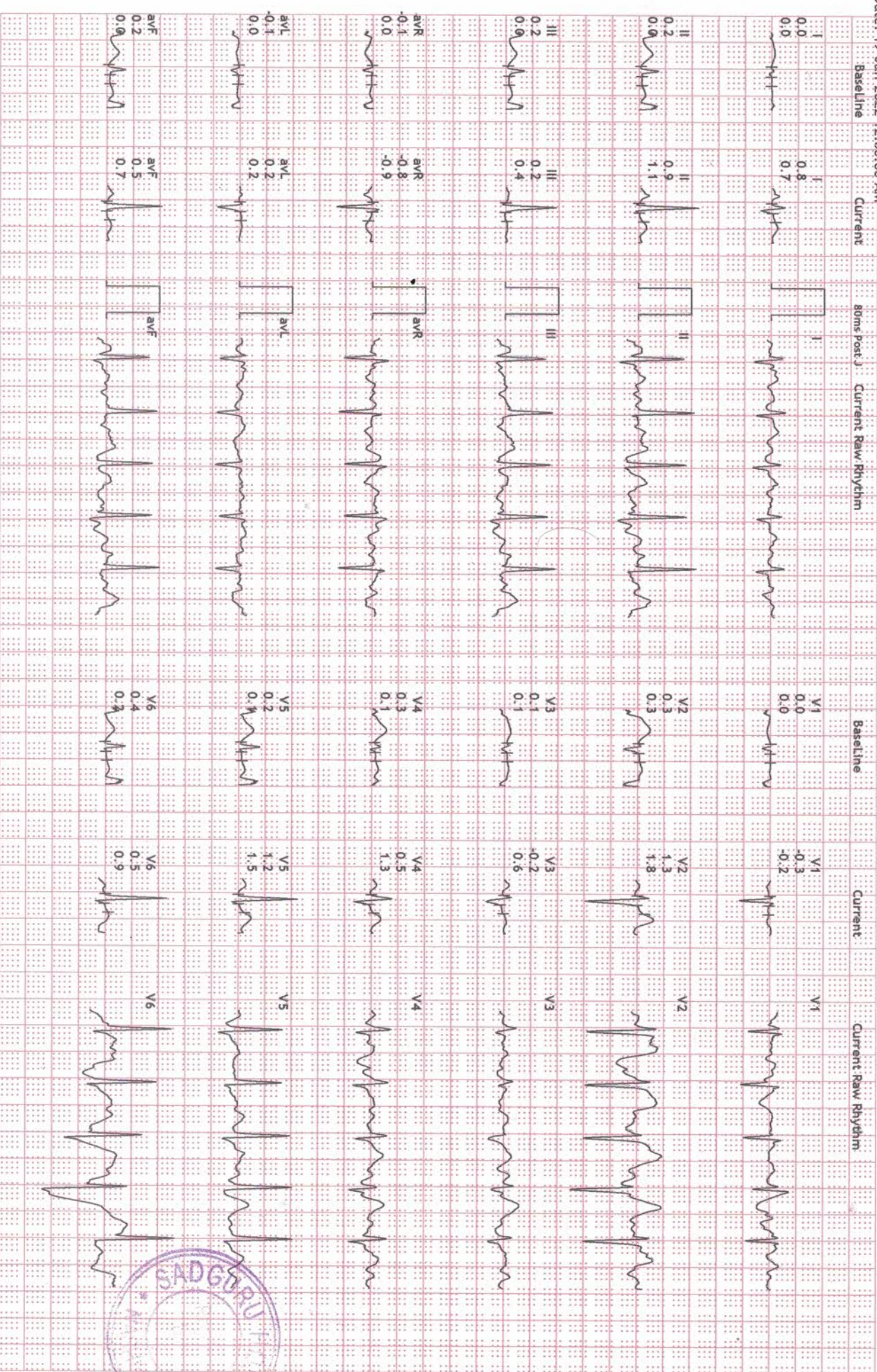
BLC : On

Notch : On

Stage 2 ( 03:00 )

10.0 mm/mV

25 mm/Sec.



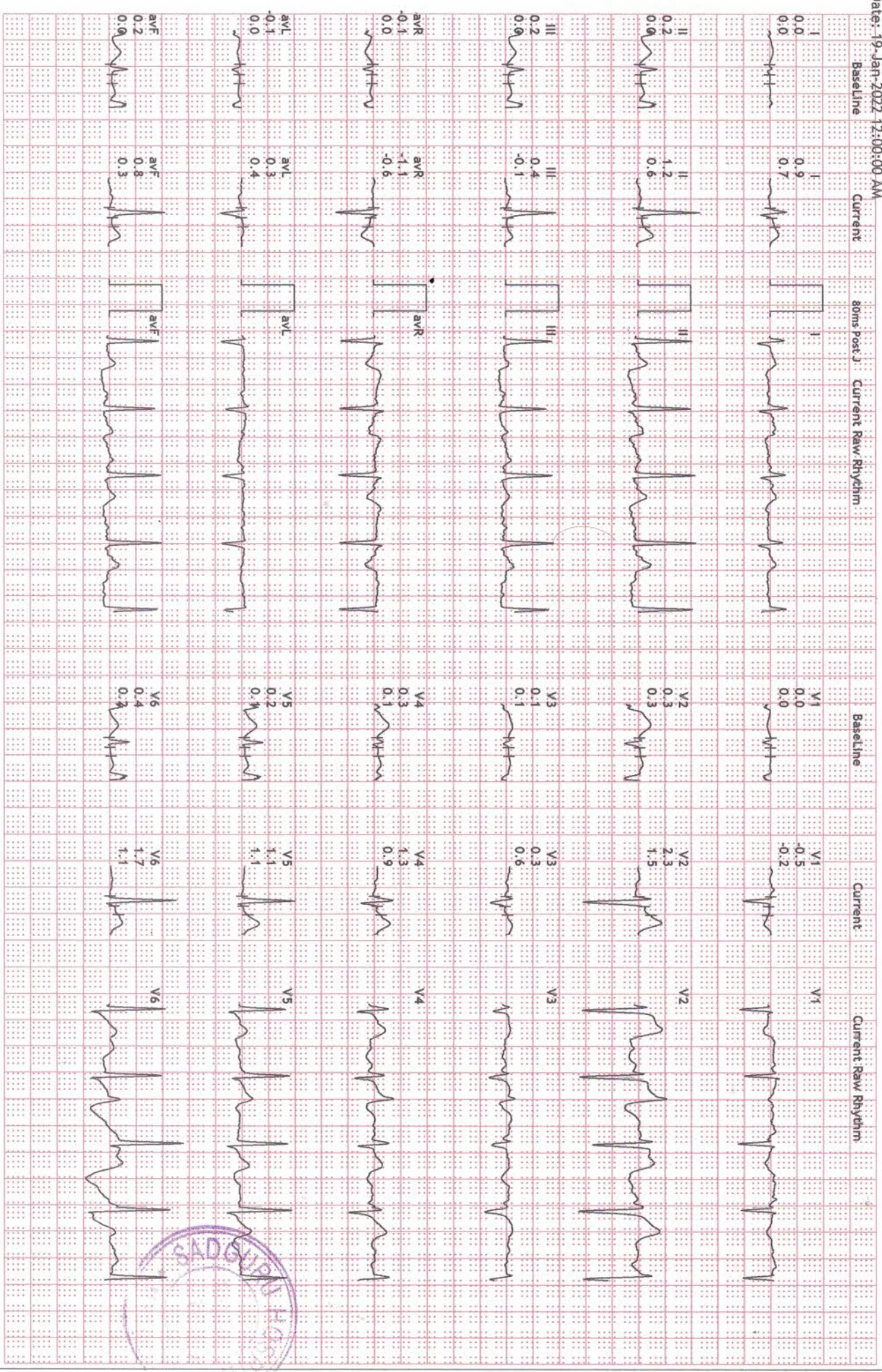
HR: 99 bpm  
 METS: 4.2  
 BP: 148/90

MPHR: 53% of 186  
 Speed: 1.5 mph  
 Grade: 10.0%

Raw ECG  
 BRUCE1  
 (1.0-100)Hz

Ex Time 03:00  
 BLC : On  
 Notch : On

Stage 1 ( 03:00 )  
 10.0 mm/mv  
 25 mm/Sec.





**NASHIK**  
 45911/MR MAHESH PAL  
 34 Yrs/Male  
 60 Kg/148 Cms

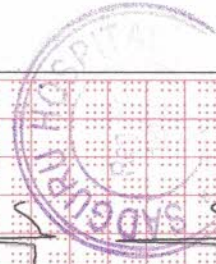
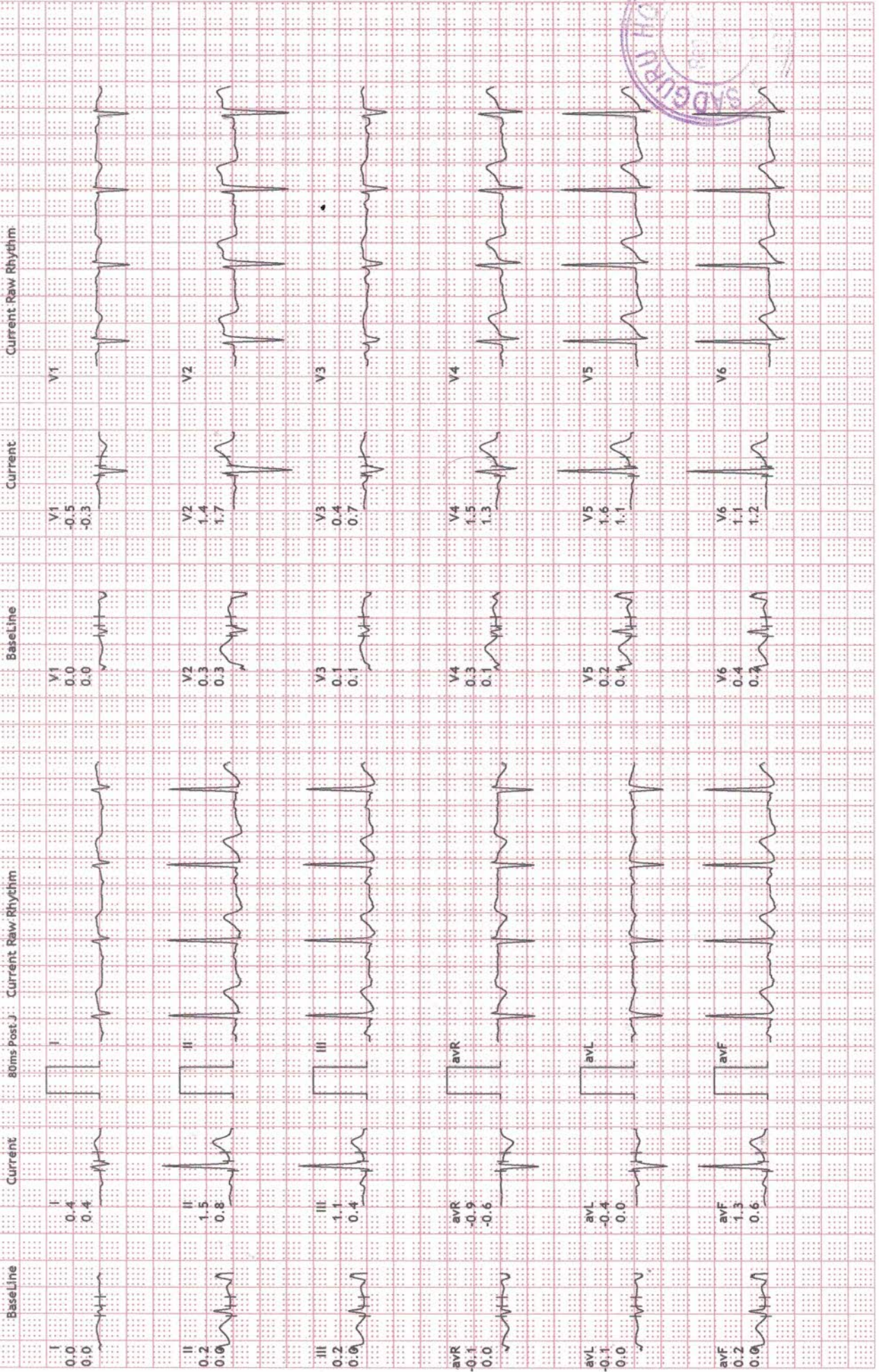
HR: 89 bpm  
 METS: 1.0  
 BP: ---/---

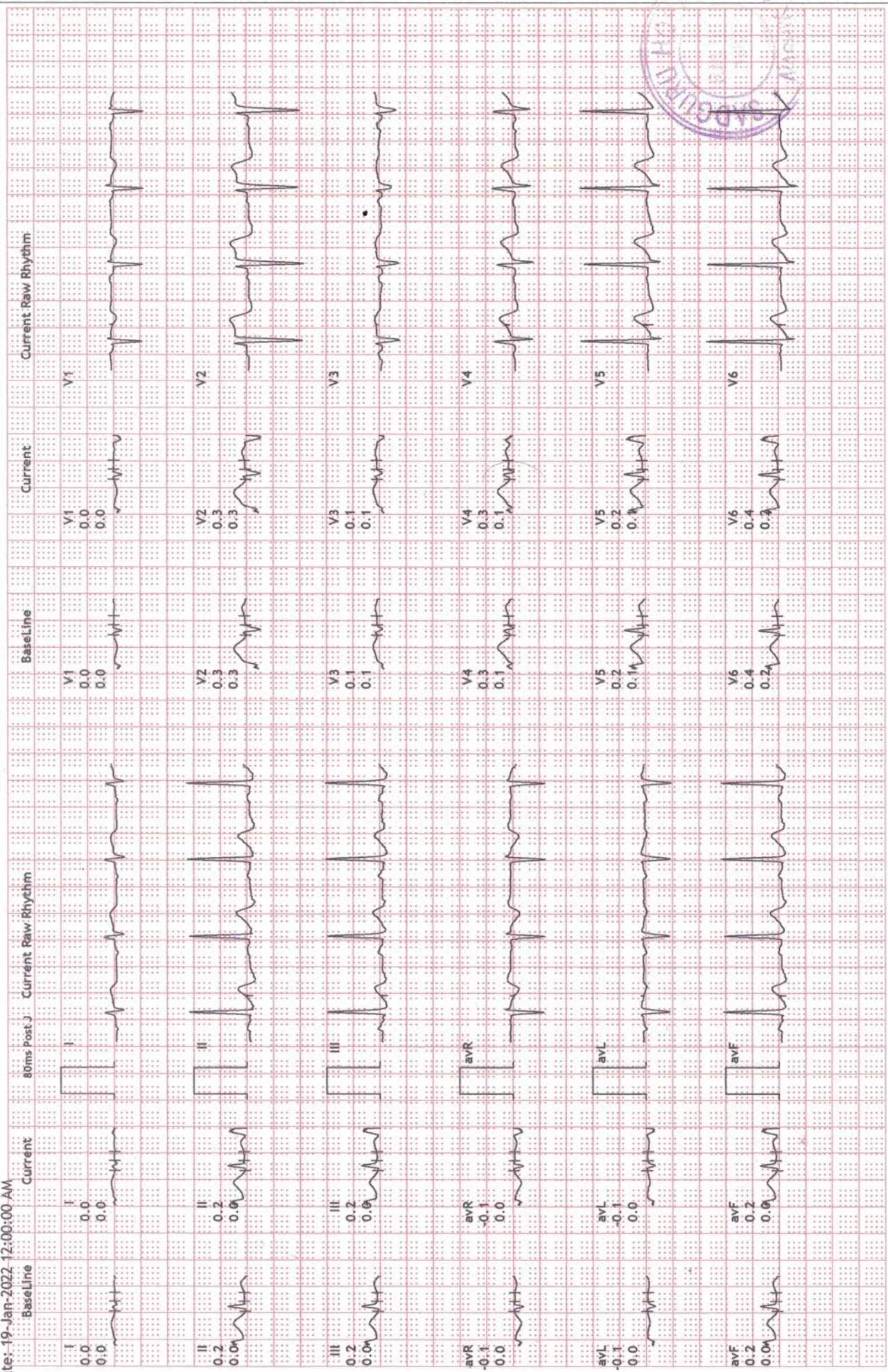
MPHR: 47% of 186  
 Speed: 0.0 mph  
 Grade: 0.0%

Raw ECG  
 BRUICE1  
 (1.0-100)Hz

ExStrt  
 10.0 mm/mV  
 25 mm/Sec.

Date: 19-Jan-2022 12:00:00 AM





# SADGURU HOSPITAL

**NASHIK**  
 45911/MR MAHESH PAL  
 34 Yrs/Male  
 60 Kg/148 Cms

Date: 19-Jan-2022 12:00:00 AM

HR: 92 bpm  
 METS: 1.0  
 BP: ---/---

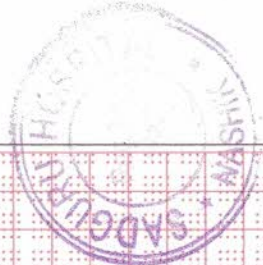
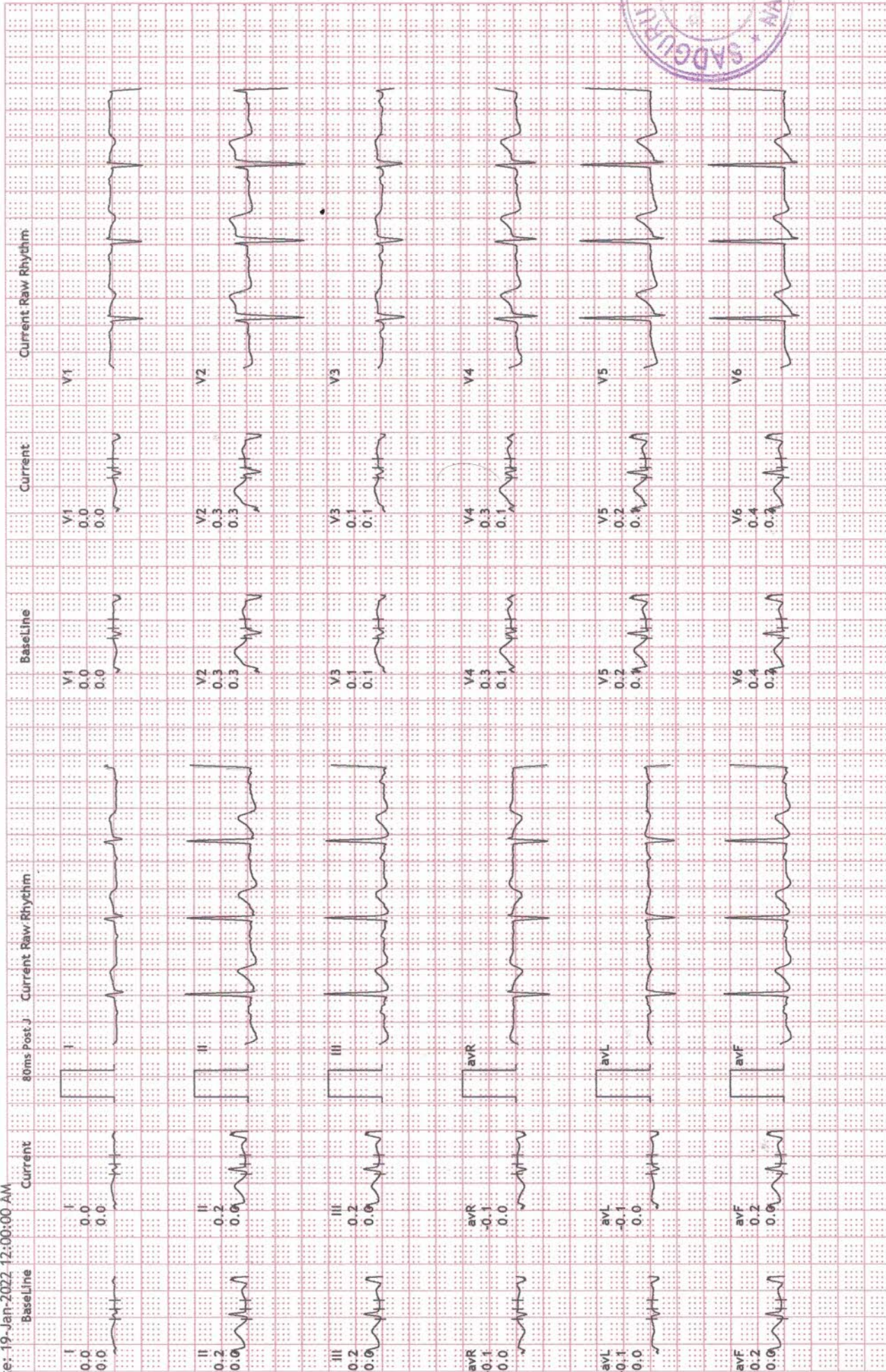
MPHR: 49% of 186  
 Speed: 0.0 mph  
 Grade: 0.0%

Raw ECG  
 BRUIEC1  
 (1.0-100)Hz

## 12 Lead + Comparison

Ex Time 00:33  
 BLC :On  
 Notch :On

STANDING  
 10.0 mm/mV  
 25 mm/Sec.





**NASHIK**  
 45911/MR MAHESH PAL  
 34 Yrs/Male  
 60 Kg/148 Cms

HR: 87 bpm  
 METS: 1.0  
 BP: ---/---

MPHR: 46% of 186  
 Speed: 0.0 mph  
 Grade: 0.0%

Raw ECG  
 BRUICE1  
 (1.0-100)HZ

Ex Time 00:31  
 BLC :On  
 Notch :On

SUPINE  
 10.0 mm/mV  
 25 mm/Sec.

Date: 19-Jan-2022 12:00:00 AM

