



27502 231124

Registration ID : 27502

Sample Collection : 23/11/2024 14:37:11

Name : MR. MANGESH KULKARNI

Sample Received : 23/11/2024 14:37:11

Age/Sex : 59 Yrs. / M

Printed : 26/11/2024 11:53:23

Report Released : 25/11/2024 16:07:26

Ref. By : Mediwheel

Sent By : Arcofemi Healthcare Pvt Ltd

**COMPLETE BLOOD COUNT**

Test	Result	Unit	Biological Ref Range
Hemoglobin (SLS) Photometric	: 13.7	g/dL	13-18 g/dL
Total RBC (Electrical Impedence)	: 4.37	10 <sup>6</sup> /μL	3.0-6.0 10 <sup>6</sup> /μL
Hematocrit (PCV) (Calculated)	: 40.9	%	36-54 %
Mean Corpuscular Volume (MCV) (calculated)	: 93.6	fL	78-101 fL
Mean Corpuscular Hemoglobin (MCH) (Calculated)	: 31.4	pg	27-32 pg
Mean Corpuscular Hemoglobin Concentration (MCHC) (Calculated)	: 33.5	g/dL	31.5-34.5 g/dL
Red Cell Distribution Width (RDW- CV) (Electrical Impedence)	: 14.10	%	12-15 %
Total Leucocytes Count (Light Scattering)	: 5790	/cumm	4000-11000 /cumm
<b>Neutrophils</b> (Calculated)	: 53	%	40-75 %
<b>Eosinophils Percentage</b> (Calculated)	: 05	%	1-6 %
Lymphocyte Percentage (Calculated)	: 36	%	20-45 %
Basophils Percentage (Calculated)	: 0	%	0-1 %
Monocytes Percentage (Calculated)	: 06	%	1-10 %
RBC Morphology	: Normocytic, Normochromic		
WBC Morphology	: Normal Morphology		
Platelet Count (Electrical Impedence)	: 268000	/ul	150000-450000 /ul
Platelets on Smear	: Adequate		Adequate
E.S.R	: 06	mm at 1hr	0-20 mm at 1hr

Sample Type: EDTA whole blood (Westergren)


Sample Type : EDTA Whole Blood

Test done with THREE PART CELL COUNTER (Sysmex KX-21)

\*All Samples Processed At Excellas Clinics Mulund Centre .

\*ESR NOT IN NABL scope.

(Collected At: 23/11/2024 14:37:11, Received At: 23/11/2024 14:37:11, Reported At: 25/11/2024 16:07:26)


  
**Dr. Santosh Khairnar**  
 M.D. (Pathologist)  
 Reg. No.-  
 2000/08/2926




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Ref. By : Mediwheel	Report Released : 25/11/2024 16:08:20
Sent By : Arcofemi Healthcare Pvt Ltd	

### Blood Sugar Fasting (FBS) & Post Prandial Blood Sugar (PPBS)

Test	Result	Unit	Biological Ref. Range
GLUCOSE (SUGAR) FASTING, (Fluoride Plasma Used)	: 99	mg/dL	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl
<i>Method: GOD-POD</i>			
GLUCOSE (SUGAR) PP, ( Fluoride Plasma Used )	: 102	mg/dl	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

\*All Samples Processed At Excellas Clinics Mulund Centre .

(Collected At: 23/11/2024 14:37:11, Received At: 23/11/2024 14:37:11, Reported At: 25/11/2024 16:08:20)

### HbA1c (Whole Blood)

Test	Result	Unit	Reference Range
HbA1c-Glycosylated Haemoglobin	: 5.70	%	Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10
<i>EDTA Whole Blood, Method: HPLC</i>			
Estimated Average Glucose (eAG)	: 116.89	mg/dl	65.1-136.3 mg/dL mg/dl

EDTA Whole Blood, Method: Calculated

#### Interpretation:

- The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.
- HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HbA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.
- To estimate the eAG from the HbA1c value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$ .
- Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

\*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 23/11/2024 14:37:11, Received At: 23/11/2024 14:37:11, Reported At: 25/11/2024 16:09:47)



*Dr. Santosh Khairnar*  
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**BLOOD GROUP**


Test	Result	Unit	Biological Ref. Range
Blood Group	: 'B' Rh POSITIVE		

Slide and Tube Agglutination Test

(Collected At: 23/11/2024 14:37:11, Received At: 23/11/2024 14:37:11, Reported At: 25/11/2024 16:09:41)

----- End Of Report -----



  
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Ref. By : Mediwheel	Report Released : 25/11/2024 16:10:02
Sent By : Arcofemi Healthcare Pvt Ltd	

**LIPID PROFILE**

Test	Result	Unit	Biological Ref. Range
Total Cholesterol	: 207	mg/dl	Desirable: <200 Borderline high = 200-239 High: > 239
<i>Serum, Method: CHOD-PAP</i>			
S. Triglyceride	: 77	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499
<i>Serum, Method: GPO-Trinder</i>			
HDL Cholesterol	: 48	mg/dl	35.3-79.5 mg/dl
<i>serum,Direct method</i>			
LDL Cholesterol	: 143.60	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190
<i>Serum, (Calculated)</i>			
VLDL Cholesterol	: 15.4	mg/dl	5-30 mg/dl
<i>Serum, Method: Calculated</i>			
LDL/HDL Ratio	: 3.0		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5
<i>Serum, Method: Calculated</i>			
TC/HDL Ratio	: 4.3		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High >5.0
<i>Serum, Method: Calculated</i>			

*Test Done on - Automated Biochemistry Analyzer (EM 200).*

**Interpretation**

1. Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.
2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal.
3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors.

*\*All Samples Processed At Excellas Clinics Mulund Centre*

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**LIVER FUNCTION TEST**

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: 0.63	mg/dl	0-2.0 mg/dl
S. Bilirubin (Direct) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: 0.11	mg/dl	0-0.4 mg/dl
S. Bilirubin (Indirect) <i>Serum, Method: Calculated</i>	: 0.52	mg/dl	0.10-1.0 mg/dl
Aspartate Transaminase (AST/SGOT) <i>Serum, Method: UV Kinetic with P5P</i>	: 27.0	IU/L	0-35 IU/L
Alanine Transaminase (ALT/SGPT) <i>Serum, Method: UV Kinetic with P5P</i>	: 22.0	IU/L	0-45 IU/L
S. Alkaline Phosphatase <i>Serum, Method: IFCC with AMP buffer</i>	: 65.8	IU/L	53-128 IU/L
Total Proteins <i>Serum, Method: Biuret</i>	: 7.0	gm/dl	6.4-8.3 gm/dl
S. Albumin <i>Serum, Method: BCG</i>	: 3.9	gm/dl	3.5-5.2 gm/dl
S. Globulin <i>Serum, Method: Calculated</i>	: 3.1	gm/dl	2.3-3.5 gm/dl
A/G Ratio <i>Serum, Method: Calculated</i>	: 1.26		0.90-2.00
Gamma GT <i>Serum, Method: G glutamyl carboxy nitroanilide</i> <i>Test Done on - Automated Biochemistry Analyzer (EM 200).</i>	: 19	U/L	0-55 U/L

\*All Samples Processed At Excellas Clinics Mulund Centre .

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Age/Sex : 59 Yrs. / M

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**BLOOD UREA NITROGEN (BUN)**

Test	Result	Unit	Biological Ref. Range
Urea	: 20.68	mg/dl	18-55 mg/dl

*Serum, Method: Urease - GLDH*


Blood Urea Nitrogen : 9.66 mg/dl 5-18 mg/dl

*Test Done on - Automated Biochemistry Analyzer (EM 200)**\*All Samples Processed At Excellas Clinics Mulund Centre**(Collected At: 23/11/2024 14:37:11, Received At: 23/11/2024 14:37:11, Reported At: 25/11/2024 16:07:48)***SERUM CREATININE**

Test	Result	Unit	Biological Ref. Range
S. Creatinine	: 0.73	mg/dl	0.7-1.3 mg/dl

*Serum, Method: Enzymatic**Test Done on - Automated Biochemistry Analyzer (EM 200).**\*All Samples Processed At Excellas Clinics Mulund Centre**(Collected At: 23/11/2024 14:37:11, Received At: 23/11/2024 14:37:11, Reported At: 25/11/2024 16:07:38)***SERUM URIC ACID**

Test	Result	Unit	Biological Ref. Range
S. Uric Acid	: 5.86	mg/dl	3.5-7.2 mg/dl

*Serum, Method: Uricase - POD**Test Done on - Automated Biochemistry Analyzer (EM 200).**(Collected At: 23/11/2024 14:37:11, Received At: 23/11/2024 14:37:11, Reported At: 25/11/2024 16:07:49)*  
**Dr. Santosh Khairnar**  
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Ref. By : Mediwheel

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**BUN GREAT RATIO (BCR)**

Test	Result	Unit	Biological Ref. Range
BUN/Creatinine ratio	: 13.23		5-20

*Serum, Method: Calculated*


**NOTE:**

A blood urea nitrogen (BUN)/creatinine ratio (BCR) >20 is used to distinguish pre-renal azotemia (PRA) and acute tubular necrosis (ATN)

*(Collected At: 23/11/2024 14:37:11, Received At: 23/11/2024 14:37:11, Reported At: 25/11/2024 16:08:05)*

----- End Of Report -----



  
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Report Released : 25/11/2024 16:09:14

Ref. By : Mediwheel

Sent By : Arcofemi Healthcare Pvt Ltd

**THYROID FUNCTION TEST**


Test	Result	Unit	Biological Ref. Range
Total T3	: 1.2	ng/dl	0.70-2.04 ng/dl
<i>Serum, Method: CLIA</i>			
Total T4	: 11.52	µg/dl	5.1-14.1 µg/dl
<i>Serum, Method: CLIA</i>			
TSH (Thyroid Stimulating Hormone)	: 0.55	µIU/ml	0.5-8.9 µIU/ml
<i>Serum, Method: CLIA</i>			

Interpretation Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyperthyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and FT4 is to be done to determine hyper or hypothyroidism.

\*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 23/11/2024 14:37:11, Received At: 23/11/2024 14:37:11, Reported At: 25/11/2024 16:09:14)

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Ref. By : Mediwheel	Report Released : 24/11/2024 13:17:02
Sent By : Arcofemi Healthcare Pvt Ltd	

**EXAMINATION OF URINE**

Test	Result	Unit	Biological Ref. Range
<b><u>PHYSICAL EXAMINATION</u></b>			
Quantity :	25	ml	
Colour :	Pale yellow		
Appearance :	Clear		
Reaction (pH) :	6.0		4.5 - 8.0
Specific Gravity :	1.015		1.010 - 1.030
<b><u>CHEMICAL EXAMINATION</u></b>			
Protein :	Absent		Absent
Glucose :	Absent		Absent
Ketones Bodies :	Absent		Absent
Occult Blood :	Absent		Absent
Bilirubin :	Absent		Absent
Urobilinogen :	Absent		Normal
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Epithelial Cells :	0 - 1	/ hpf	
Pus cells :	0 - 1	/ hpf	
Red Blood Cells :	Absent	/ hpf	
Casts :	Absent	/ lpf	Absent / lpf
Crystals :	Absent		Absent
<b><u>OTHER FINDINGS</u></b>			
Yeast Cells :	Absent		Absent
Bacteria :	Absent		Absent
Mucus Threads :	Absent		
Spermatozoa :	Absent		
Deposit :	Absent		Absent
Amorphous Deposits :	Absent		Absent


sample type:Urine

Method:Visual and Microscopic

(Collected At: 23/11/2024 14:37:11, Received At: 23/11/2024 14:37:11, Reported At: 24/11/2024 13:17:02)

----- End Of Report -----



  
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Report Released : 25/11/2024 12:26:59

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**X RAY CHEST PA VIEW**

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**CLINICAL PROFILE : NO COMPLAINTS.**

Both the lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

Bilateral costophrenic angles appear normal.

Bony thorax appears normal.

Soft tissues appear normal.

**IMPRESSION:**

**No significant abnormality detected.**



**Dr. Raj Shah**  
DMRE , M.B.B.S  
REG. NO.  
2019/05/3609





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----- End Of Report -----



**Dr. Raj Shah**  
DMRE , M.B.B.S  
REG. NO.  
2019/05/3609





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**USG ABDOMEN & PELVIS - MALE**

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**Liver:-** is normal in size(14.2 cm) and **shows raised echotexture**. No focal or diffuse lesion is seen. The portal and hepatic veins are normal. No IHBR dilatation seen.

**Gall Bladder:-** is partially distended. No calculus or mass lesion is seen.  
No GB wall thickening or pericholecystic fluid is seen.

Visualised **CBD** is normal.

**Pancreas:-**is normal in size and reflectivity. No focal lesion seen.

**Spleen:-** is normal in size (9.5 cm) and reflectivity. No focal lesion is seen.

**Kidneys:-** Both Kidneys are normal in size, shape, position. They show normal reflectivity. CMD is maintained. No calculi or hydronephrosis seen on either side.

Right kidney – 10.9 x 4.8 cms

Left kidney – 10.7 x 5.0 cms

**Urinary Bladder:-** is well distended and shows normal wall thickness.  
No intraluminal lesion seen.

**Prostate:-** is normal in size, shape and echotexture.  
No focal lesions.

No ascites is seen. No significant lymphadenopathy is seen.  
Excessive bowel gases.

**IMPRESSION:**

- **Grade I fatty liver.**

*Thanks for the Referral*

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**OPHTHALMIC EVALUATION**

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<b>Examination</b>	<b>Right Eye</b>	<b>Left Eye</b>
Distance Vision	6/6	6/6
Near Vision	N/6	N/6
Color Vision	Normal	
Remarks	Normal	

(Collected At: 23/11/2024 14:37:11, Received At: 23/11/2024 14:37:11, Reported At: 23/11/2024 16:10:44)

----- End Of Report -----



## MEDICAL EXAMINATION REPORT

Name <input checked="" type="checkbox"/> Mr./Mrs./ Miss	Mangesh Kulkarni	
Sex	<input checked="" type="checkbox"/> Male/ Female	
Age (yrs.)	52	UHID :
Date	23 / 11 / 2023	Bill No. :
Marital Status	<input checked="" type="checkbox"/> Married/ No. of Children / Unmarried/ Widow :	
Present Complaints	No	
Past Medical : History Surgical :	No	
Personal History	Diet : Veg <input checked="" type="checkbox"/> / Mixed <input type="checkbox"/> : Addiction : Smoking <input type="checkbox"/> / Tobacco Chewing <input checked="" type="checkbox"/> / Alcohol <input type="checkbox"/> / Any Other	
Family History	Father = Mother = Siblings =	HT / DM / IHD / Stroke / Any Other Mother = HT / DM / IHD / Stroke / Any Other Siblings = HT / DM / IHD / Stroke / Any Other No
History of Allergies	Drug Allergy No Any Other	
History of Medication	For HT / DM / IHD / Hypothyroidism Any Other No	
On Examination (O/E)	G. E. : fair R. S. : ABRK C. V. S. : 8/2 (w) C.N.S. : conc orient P/A : soft non-tender Any Other Positive Findings :	

Height	176.9 cms	Weight	98.5 - Kgs
BMI	31.5		
Pulse (per min.)	76/min	Blood Pressure ( mm of Hg)	140/90 mm of Hg
		<b>Gynaecology</b>	
Examined by	Dr.		
Complaint & Duration			
Other symptoms (Mict, bowels etc)			
Menstrual History	Menarche _____ Cycle _____ Loss _____ Pain _____ I.M.B. _____ P.C.B. _____ L.M.P. _____ Vaginal Discharge _____ Cx. Smear _____ Contraception _____		
Obstetric History			
Examination :			
Breast			
Abdomen			
P.S.			
P.V.			
<b>Gynaecology Impression &amp; Recommendation</b>			
Recommendation			
Physician Impression			
Examined by :	- Overweight = To Reduce Weight - Underweight = To Increase Weight		



TREADMILL TEST SUMMARY REPORT

ID : 69  
 Ht/Wt : 176/98  
 Recorded : 23-11-2024 11:54

Mr. MANGESH KULKARNI  
 Age/Sex : 59/M  
 Ref. by : MEDIWHEEL  
 Indication1 :  
 Indication2 :  
 Indication3 :

Protocol : BRUCE  
 History : Nil  
 Medication1 :  
 Medication2 :  
 Medication3 :

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	II	ST LEVEL (mm) V2	V5	METS
SUPINE					79	140/80	110	-0.4	0.5	0.5	
STAGE 1	2:59	2:59	2.70	10.00	102	150/90	153	-1.6	0.8	0.0	4.80
STAGE 2	5:59	2:59	4.00	12.00	126	160/90	201	-1.8	0.9	-0.1	7.10
STAGE 3	6:44	0:44	5.40	14.00	139	170/90	236	-2.1	0.8	-0.7	7.81
PEAK EXER	6:51	0:51			140	170/90	238	-2.0	1.0	-0.6	7.93

RESULTS

Exercise Duration : 6:51 Minutes  
 Max Heart Rate : 140 bpm 86 % of target heart rate 161 bpm  
 Max Blood Pressure : 170/90 mmHg  
 Max Work Load : 7.93 METS  
 Reason of Termination : Achieved THR

IMPRESSIONS

GOOD EFFORT TOLERANCE, NORMAL IONOTROPIC AND CHRONOTROPIC RESPONSE.  
 NO ANGINA/RYTHMIA/SLV DYSFUNCTION. NO SIGNIFICANT ST CHANGES AT PEAK OF TEST.  
 TEST IS NEGATIVE FOR EXERCISE INDUCED REVERSABLE ISCHEMIA.

*(Signature)*

**Dr. VINAY HIRAY**  
 DNB MED.

Reg. No. 2012/09/2681

Mr. MANGESH KULKARNI

I.D. : 69

AGE/SEX : 56/M

RECORDED : 23-11-2024 11:54

RATE : 73 BPM

B.P. : 150/90 mmHg

BRUCE

RECOVERY

PHASE TIME : 2:59

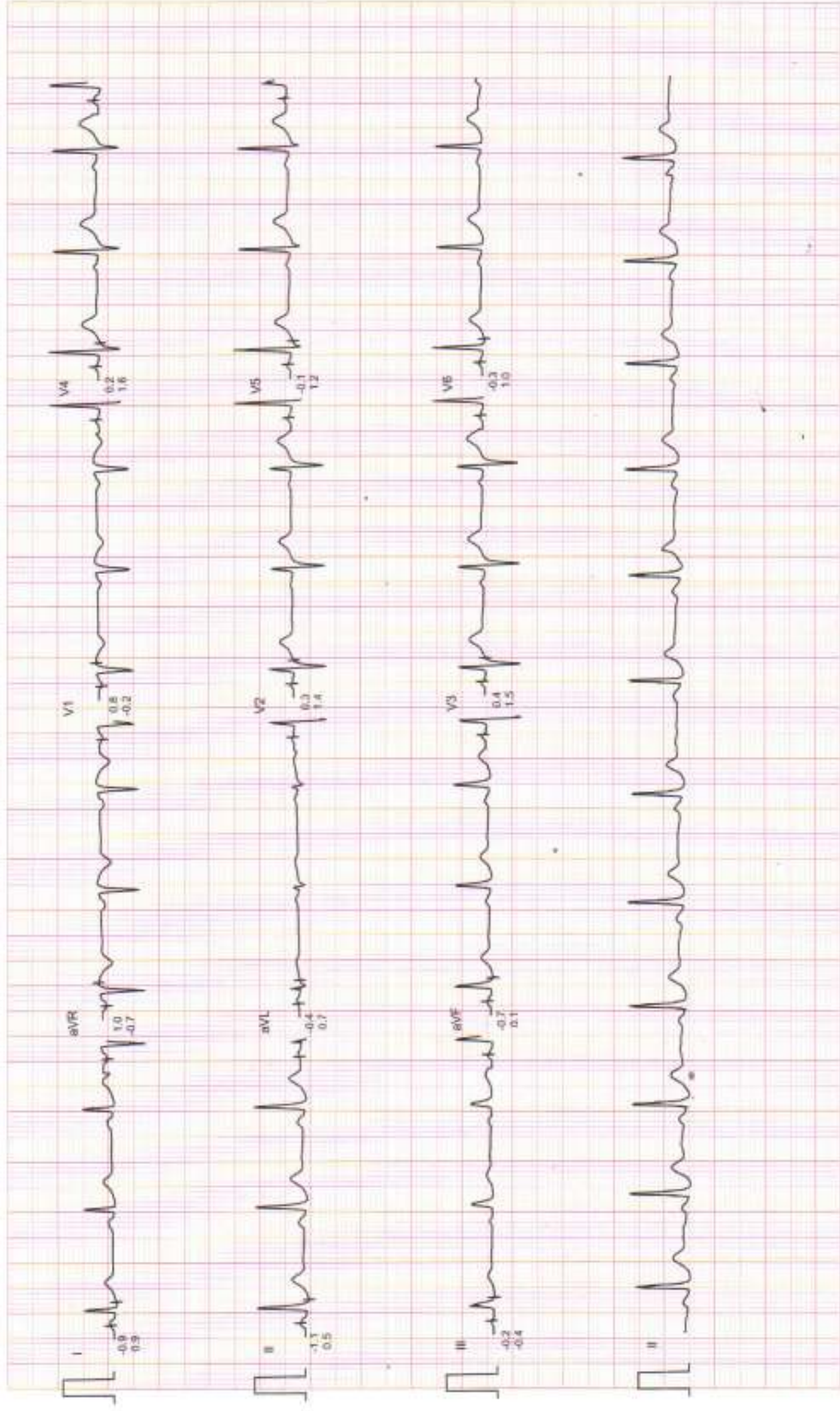
ST @ 10mm/mV

60ms PostJ

SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

LINKED MEDIAN



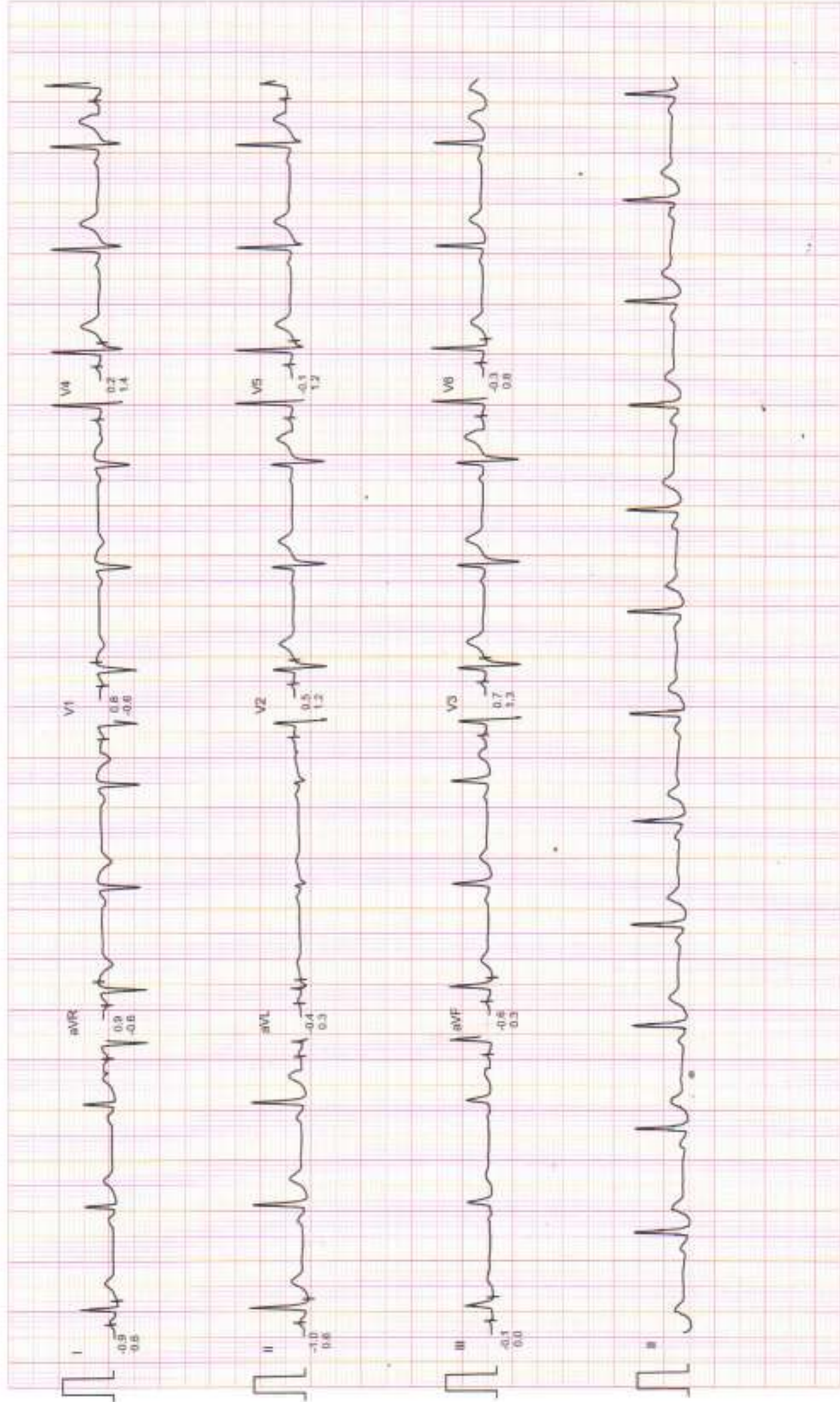
Mr. MANGESH KULKARNI  
I.D. : 69  
AGE/SEX : 59/M  
RECORDED : 23-11-2024 11:54

RATE : 73 BPM  
B.P. : 160/90 mmHg

BRUCE  
RECOVERY  
PHASE TIME : 1:59

ST @ 10mm/mV  
80ms PostJ  
SPEED : 0.0 Km./Hr.  
GRADE : 0.0 %

LINKED MEDIAN



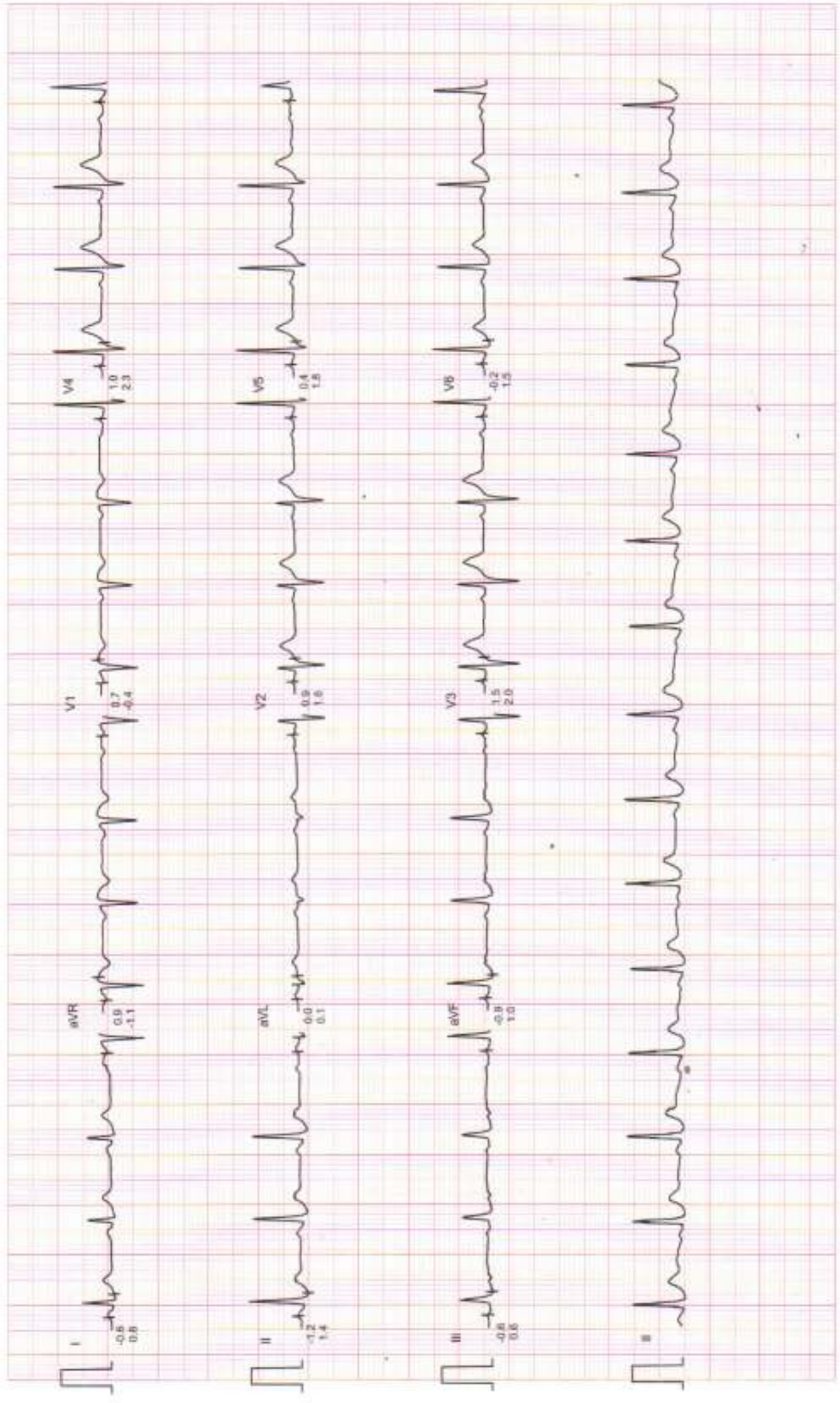
# EXCELLAS CLINICS-DUMBIVLI

Mr. MANGESH KULKARNI  
I.D. : 69  
AGE/SEX : 59M  
RECORDED : 23-11-2024 11:54

BRUCE  
RECOVERY  
PHASE TIME : 0:59

RATE : 67 BPM  
B.P. : 170/90 mmHg

ST @ 10mm/mV  
80ms PostJ  
SPEED : 0.0 Km/Hr.  
GRADE : 0.0 %  
LINKED MEDIAN



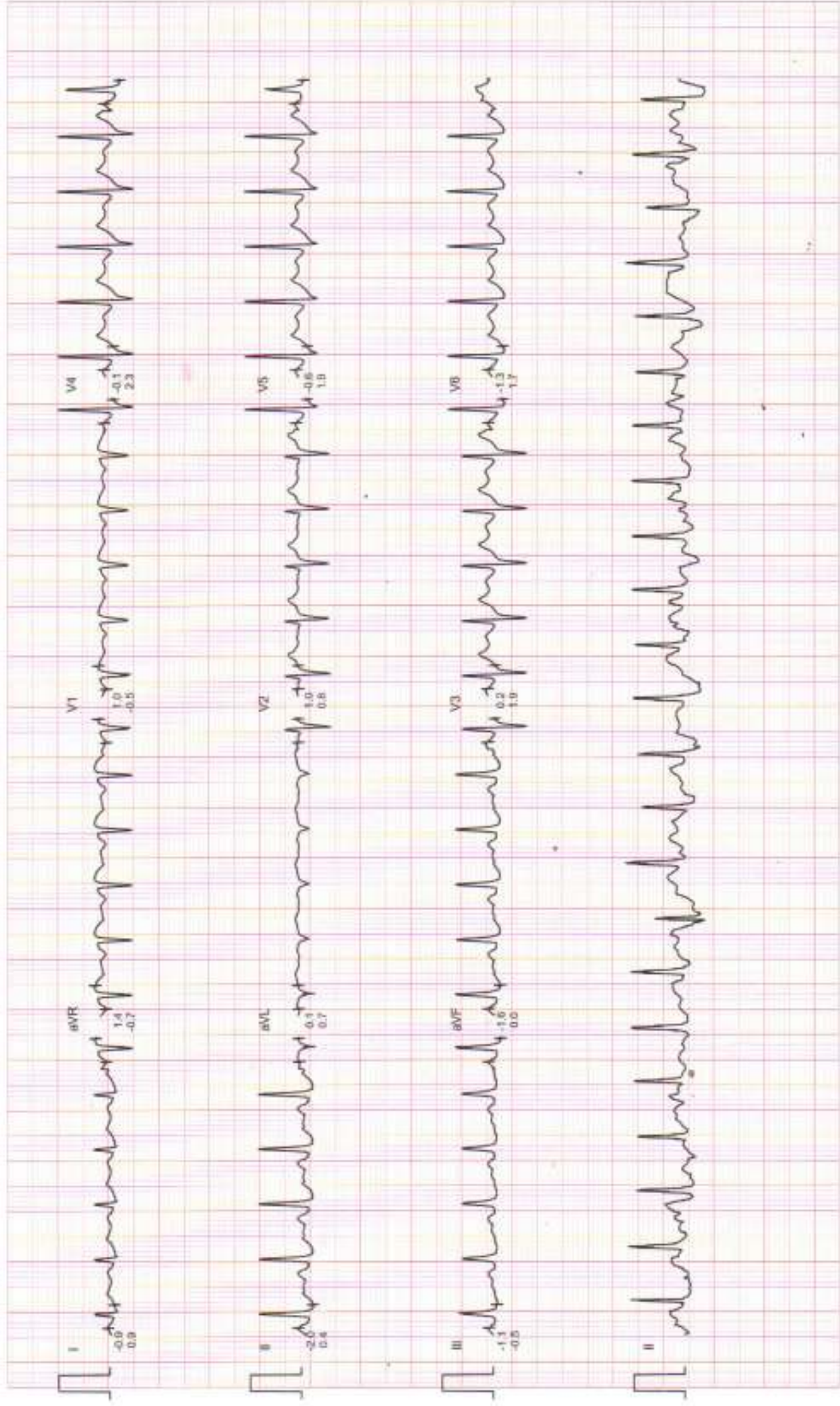
Mr. MANGESH KULKARNI  
I.D. : 69  
AGE/SEX : 59/M  
RECORDED : 23-11-2024 11:54

RATE : 140 BPM  
B.P. : 170/90 mmHg

BRUCE  
PEAK EXER  
PHASE TIME : 6:51  
STAGE TIME : 0:51

ST @ 10mm/mV  
80ms PostJ  
SPEED : 5.4 Km./Hr.  
GRADE : 14.0 %

LINKED MEDIAN

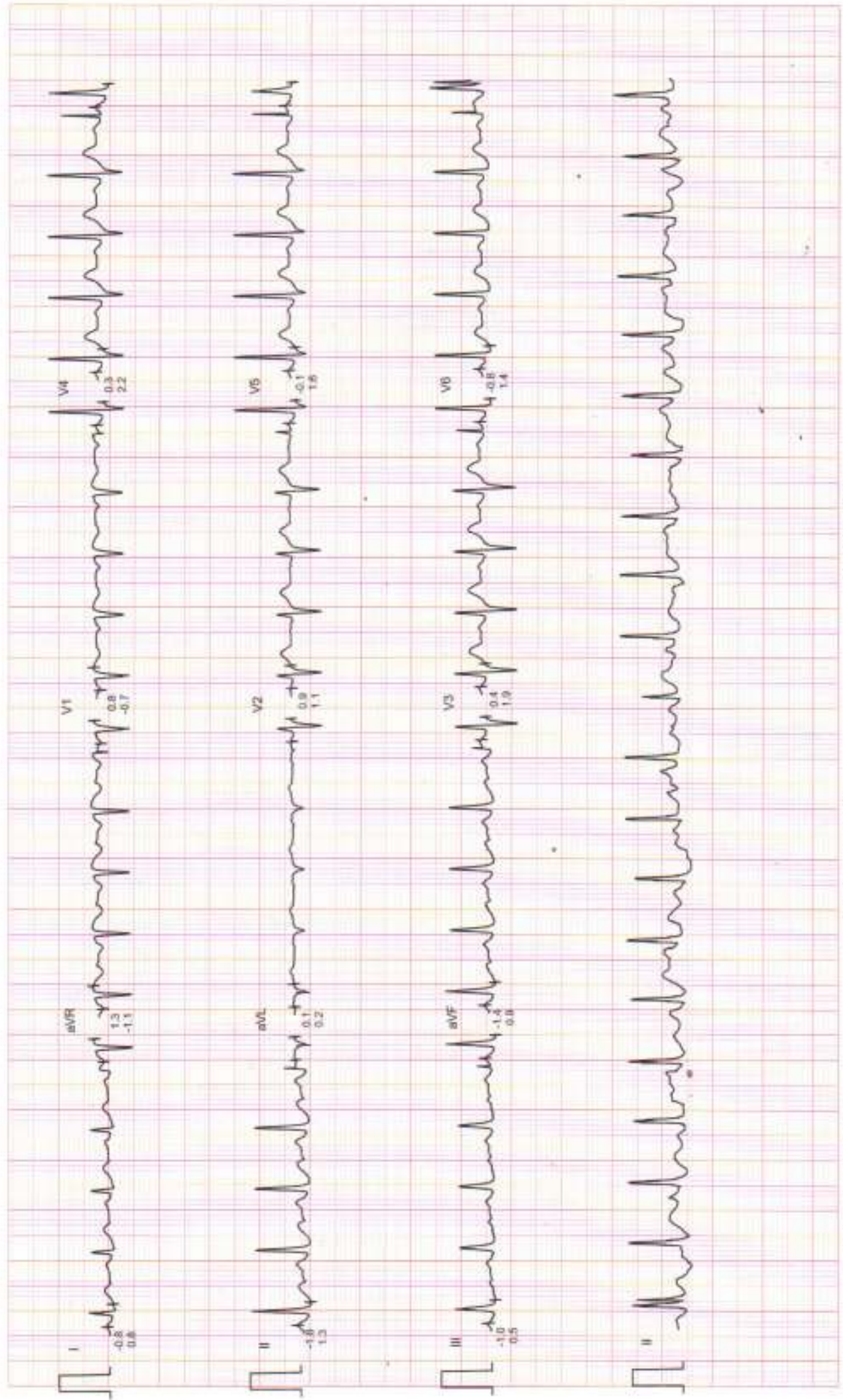


ST @ 10mm/mV  
80ms PostJ  
SPEED : 4.0 Km./Hr.  
GRADE : 12.0 %  
LINKED MEDIAN

BRUCE  
EXERCISE 2  
PHASE TIME : 5:59  
STAGE TIME : 2:59

Mr. MANGESH KULKARNI  
I.D. : 69  
AGE/SEX : 59/M  
RECORDED : 23-11-2024 11:54

RATE : 126 BPM  
B.P. : 160/90 mmHg



# EXCELLAS CLINICS-DOMBIVLI

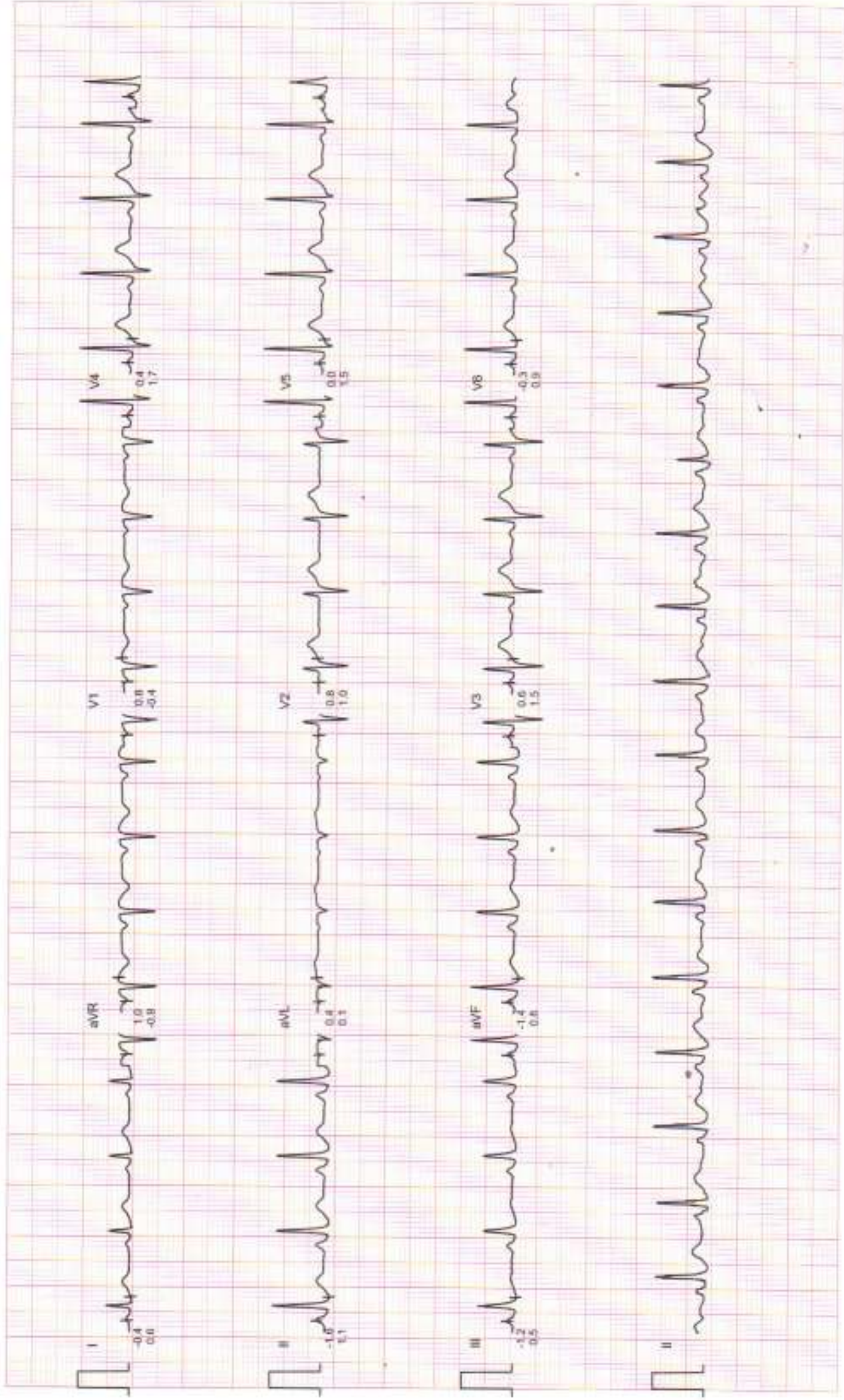
Mr. MANGESH KULKARNI  
I.D. : 89  
AGE/SEX : 59/M  
RECORDED : 23-11-2024 11:54

RATE : 102 BPM  
B.P. : 150/90 mmHg

BRUCE  
EXERCISE 1  
PHASE TIME : 2:59  
STAGE TIME : 2:59

ST @ 10mm/mV  
80ms PostJ<sup>1</sup>  
SPEED : 2.7 Km./Hr.  
GRADE : 10.0 %

LINKED MEDIAN



# EXCELLAS CLINICS-DOMBIVLI

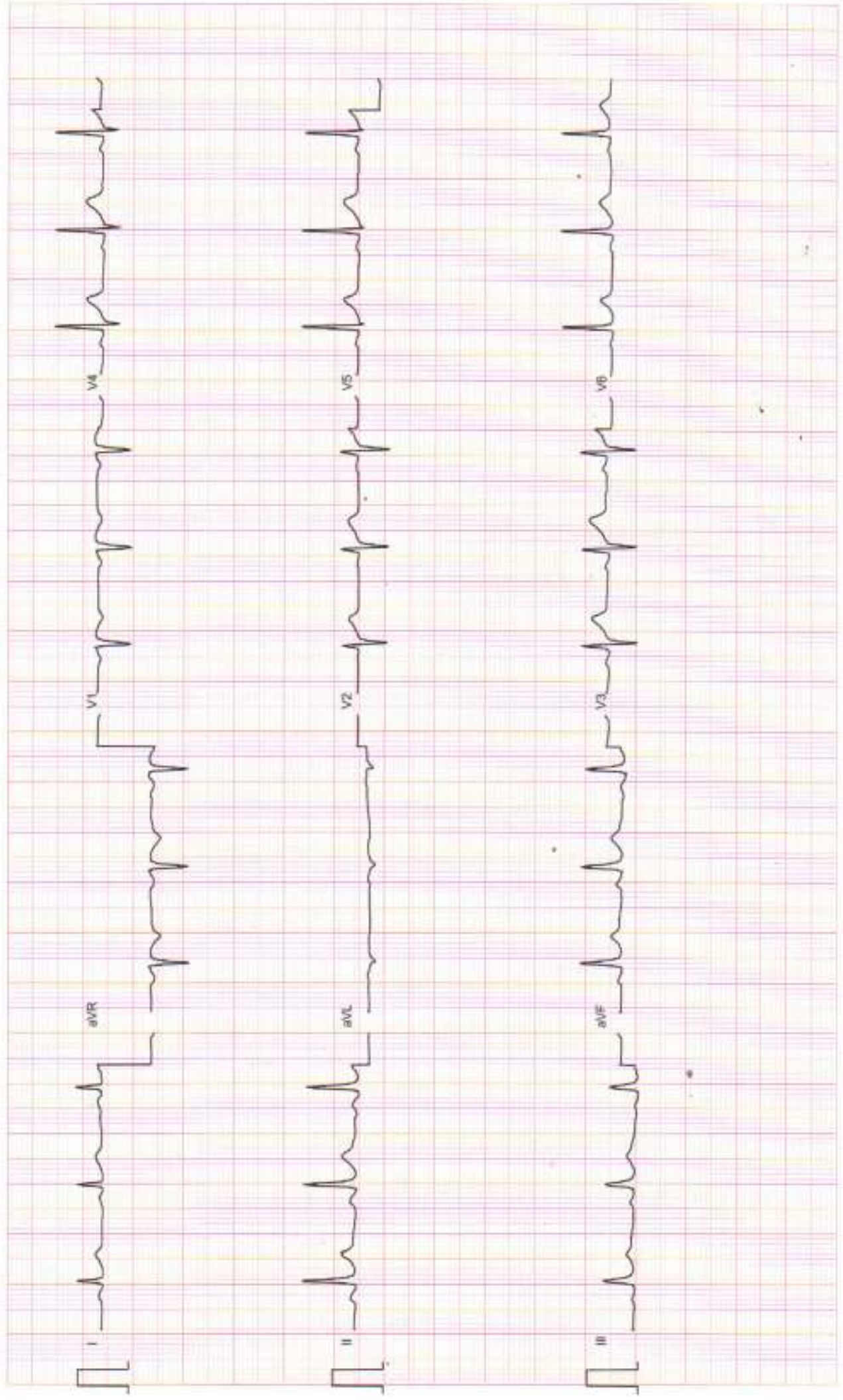
Mr. MANGESH KULKARNI  
I.D. : 69  
AGE/SEX : 59/M  
RECORDED : 23-11-2024 11:54

SUPINE  
PRETEST

RATE : 79 BPM  
B.P. : 140/80 mmHg

ST @ 10mm/mV  
80ms PostJ.

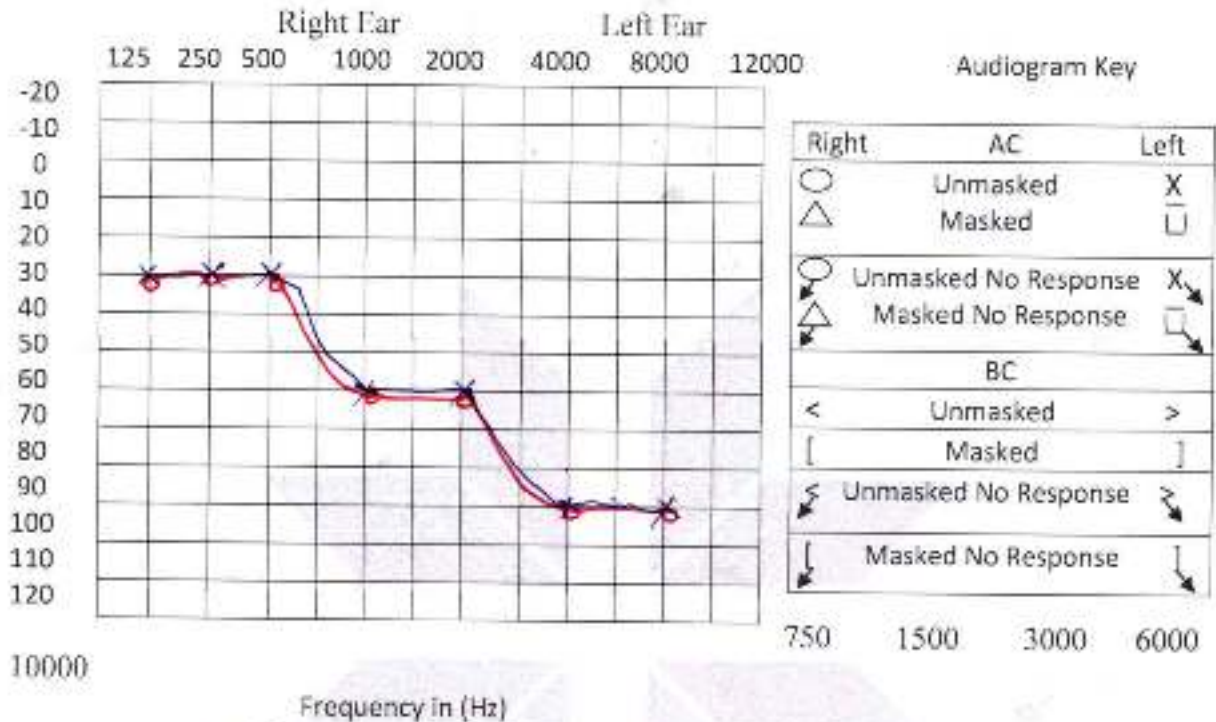
RAW E.C.G.





**NAME : MR KULKARNI MANGESH CHANDRAKANTH**      **AGE/SEX: 59 YRS/MALE**  
**REF BY : MEDIWHEEL**      **DATE: 23-11-2024**

**AUDIOGRAM**



Responses: Reliable / Fairly Reliable / Not Reliable

Speech Audiometry

Test Conduction: Satisfactory / Not Satisfactory

If any other specify

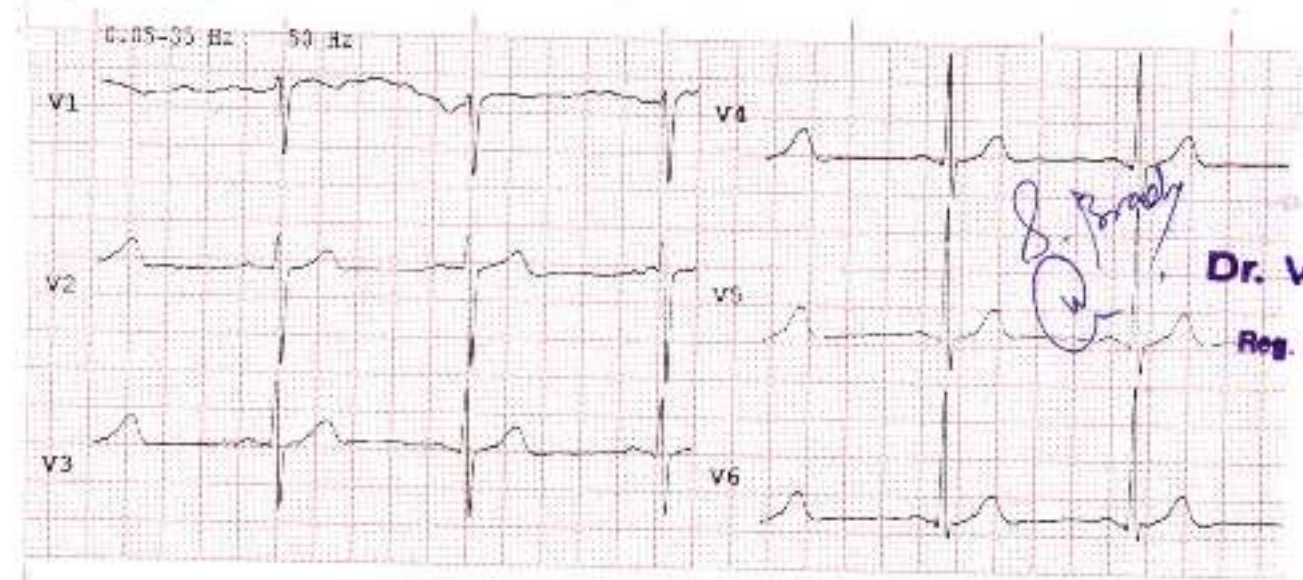
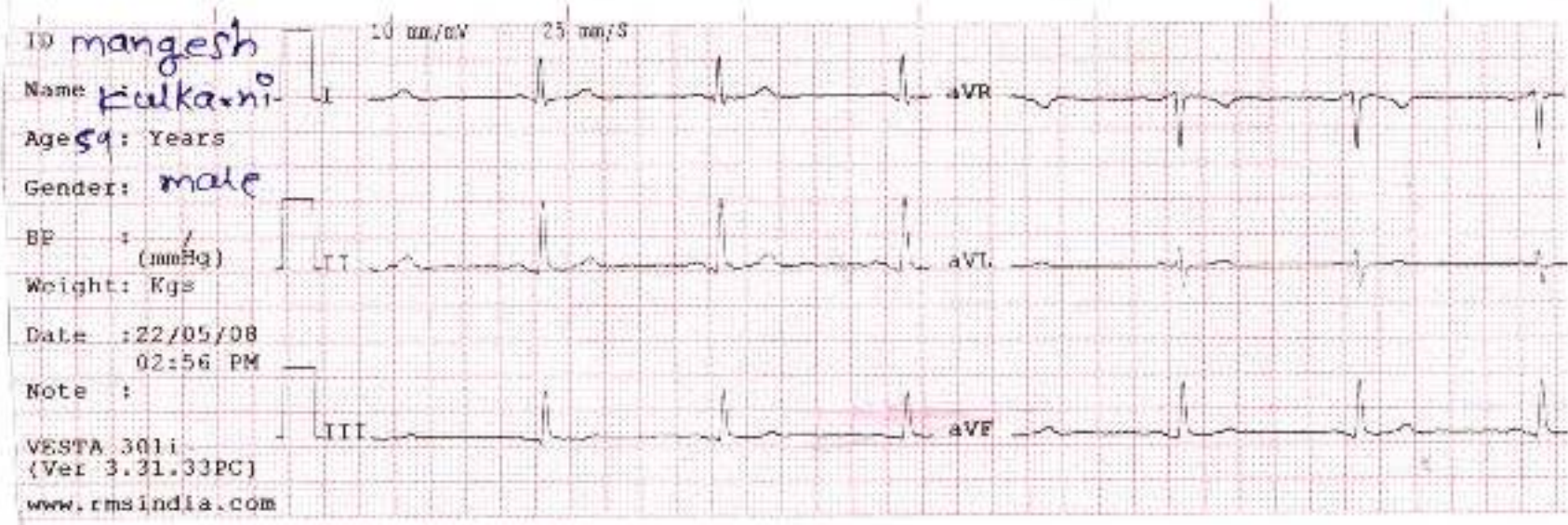
Procedure: Standard / Play

Audio logical Interpretations:

**BILATERAL HEARING CONDUCTIVITY SENSATION: SEVERE HEARING LOSS IN HIGH FREQUENCY RANGE**

**RECOMMENDATION : URGENTLY CONSULT WITH ENT SPECIALIST**

**Excellas Clinics Private Limited**  
 Dr. Sunil Ashish  
 Kalyan - Shilphata Rd,  
 Near Venkatesh Petrol Pump,  
 Above Moti Mithai Shop, Sonar Pada,  
 Dombivli East, Maharashtra 421201  
 M - 9930058716  
 AUDIOLOGIST



*Dr. Vinay Hiray*

**Dr. VINAY HIRAY**  
 DNB MED  
 Reg. No. 2012/09/2681

Patient Name : **MR. MANGESH KULKARNI**  
 Age / Sex : 59 years / Male  
 Ref. Doctor : SELF  
 Client Name : EXCELLAS CLINICS PVT LTD  
 Sample ID : 2411116546  
 Printed By : EXCELLAS CLINICS PVT LTD



Patient ID / Billing ID : 1356454 / 1556653  
 Specimen Collected at : EXCELLAS CLINICS PVT LTD  
 Sample Collected On : 23/11/2024, 07:29 p.m.  
 Reported On : 23/11/2024, 09:36 p.m.  
 Printed On : 25/11/2024, 01:36 p.m.



TEST DONE	OBSERVED VALUE	UNIT	REFERENCE RANGE	METHOD
<b>PROSTATE SPECIFIC ANTIGEN (PSA)</b>				
<b>Total PSA<sup>^</sup></b>	0.263	ng/ml	0 - 4.0	ECLIA
<b>Free PSA<sup>^</sup></b>	0.093	ng/ml	0.0 - 0.5	ECLIA
<b>Free PSA / PSA Ratio.</b>	35.36	%	> 10 % s/o BPH < 10 % s/o Ca Prostate	ECLIA

#### Interpretation:

Elevated levels of Prostate Specific Antigen (PSA) have been associated with benign and malignant prostatic disorders. Studies indicate that in men 50 years or older measurement of PSA is a useful addition to the digital rectal exam in the early detection of prostate cancer. In addition, PSA decreases to undetectable levels following complete resection of the tumor and may rise again with recurrent disease or persist with residual disease. Thus, PSA levels may be of assistance in the management of prostate cancer patients. In men over 50 years with total PSA between 4.0 and 10.0 ng/mL, the percent (%) free PSA gives an estimate of the probability of cancer. In these circumstances the measurement of the % free PSA may aid in avoiding unnecessary biopsies. If prostatic tissue remains after surgery or if metastasis has occurred, the PSA appears to be useful in detecting residual and early recurrence of tumor, therefore serial PSA levels can help determine the success of prostatectomy and the need for further treatment such as radiation, endocrine or chemotherapy and in monitoring of the effectiveness of therapy. Free PSA/Total PSA Ratio: > 10 % s/o BPH (benign Prostate Hyperplasia). < 10 % s/o Ca Prostate

#### Note

Tests marked with ^ are included in NABL scope.

Test results relate to the sample as received.

By ECLIA method, false low values can be because of Biotin (Vitamin B 7) consumption.

Kindly correlate clinically.

Processed By : NABL Accredited Dr. Vaidya's Laboratory , Thane

Scan QR for Authentication

Checked By :

Revised By



**Dr. Vivek Bunde**  
MD Pathology

\*\*END OF REPORT\*\*