

Mr Rahul Sonawane 36y 1 male

at 10:05pm

26/12/22





Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 26-MAR-2022 REP. DATE : 26-MAR-2022
NAME : MR. SONAWANE RAHUL VASANT
PATIENT CODE : 106697 AGE/SEX : 36 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

SONAWANE, RAHUL

Patient ID 24730

26.03.2022

Male

36yrs Indian

Meds:

BRUCE: Total Exercise Time 07:33

Max HR: 134 bpm 72% of max predicted 184 bpm HR at rest: 80

Max BP: 160/90 mmHg BP at rest: 120/85 Max RPP: 18620 mmHg*bpm

Maximum Workload: 10.10 METS

Max. ST: -0.70 mm, 0.00 mV/s in III; RECOVERY 00:26

ST/HR index: 0.34 μ V/bpm

Test Reason: Screening for CAD

Medical History: NO HISTORY.

Ref. MD: Ordering MD:

Technician: RUPALI Test Type: Treadmill Stress Test

Comment:

Reasons for Termination: Dyspnea

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. RAJDATT DEORE~~
~~MD, DM-CARDIOLOGIST~~
~~MMC 2005/03/1520~~

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (III mm)	Comment
PRETEST	SUPINE	00:15	0.00	0.00	1.0	73	120/85	8760	0	-0.35	
	STANDING	00:14	0.00	0.00	1.0	72			0	-0.35	
	HYPERV.	00:34	0.00	0.00	1.0	90			0	-0.25	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	101	120/85	12120	0	-0.35	
	STAGE 2	03:00	2.50	12.00	7.0	118	140/90	16520	0	-0.40	
	STAGE 3	01:33	3.40	14.00	10.1	134	140/90	18760	0	-0.55	
RECOVERY		02:52	0.00	0.00	1.0	78	160/90	12480	0	-0.30	

Linked Medians

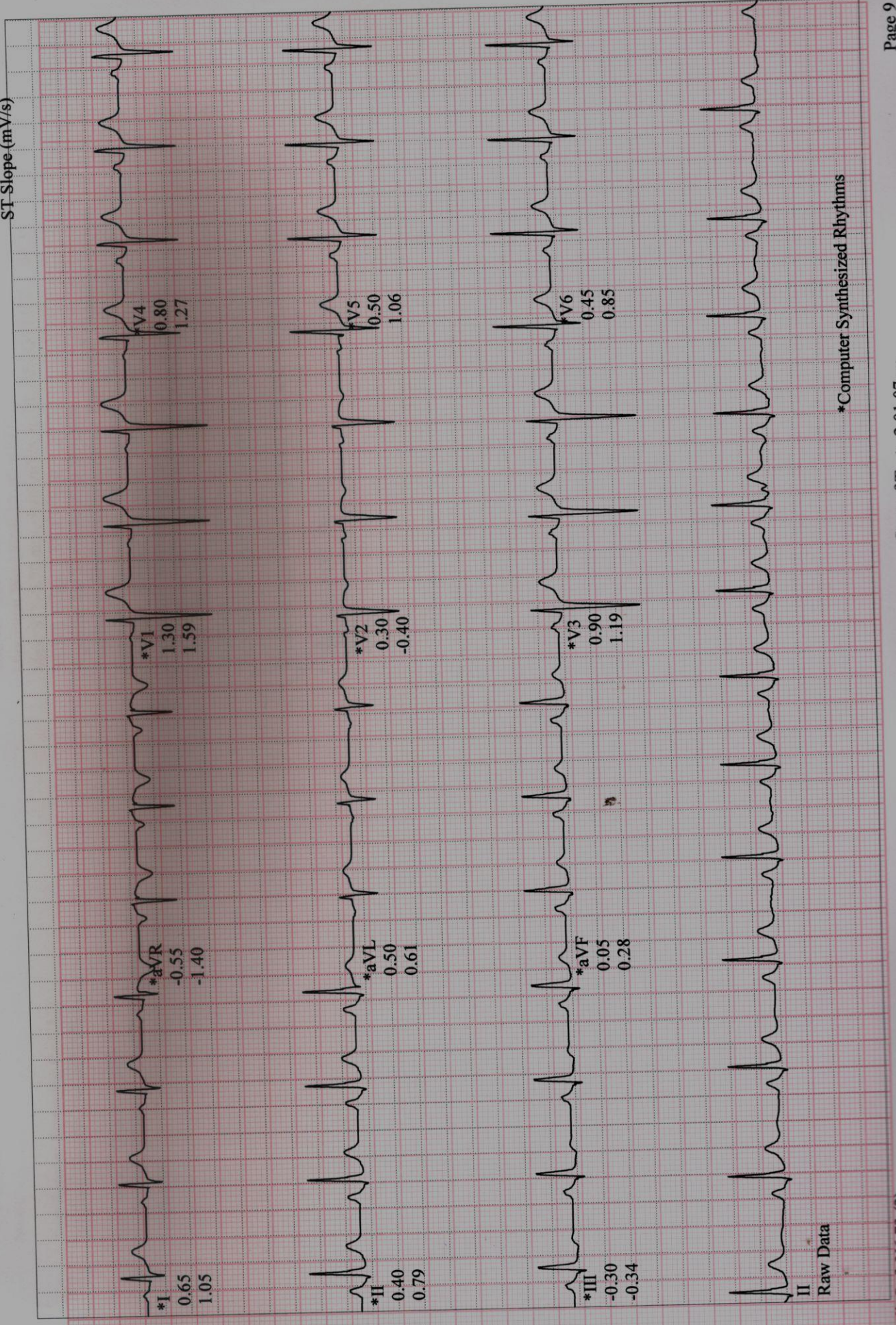
BRUCE
0.0 mph
0.0 %

RECOVERY
#1
02:50

82 bpm
160/90 mmHg

SONAWANE, RAHUL
Patient ID 24730
26.03.2022
2:12:33pm

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



*Computer Synthesized Rhythms



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USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size (12.8 cms), shape & echotexture. No focal lesion / IHBR dilatation.

CBD & PV : Normal in caliber.

G.B. : Moderately distended, Normal.

Spleen : Is normal in size (8.8 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 4.6 cm.

Left kidney measures : 9.2 x 4.3 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 :

No significant abnormality noted in the present study.

- Kindly correlate clinically.

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(MBBS, DMRE)
CONSULTANT RADIOLOGIST



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PRN : 106697
Patient Name : Mr. SONAWANE RAHUL VASANT
Age/Sex : 36Yr(s)/Male
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 10056
Req.No : 10056

Collection Date & Time : 26/03/2022 10:15 AM
Reporting Date & Time : 26/03/2022 10:06 AM
Print Date & Time : 26/03/2022 03:56 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN (Hb)	: 15.1	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 46.6	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 5.61	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 83.1	cu micron	76 - 96
M.C.H.	: 26.9	pg	27 - 32
M.C.H.C	: 32.4	picograms	32 - 36
RDW-CV	: 12.4	%	11 - 16
WBC TOTAL COUNT	: 6500	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 258000	cumm	150000 - 450000

WBC DIFFERENTIAL COUNT

NEUTROPHILS	: 68	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 4420	µL	2000 - 7000
LYMPHOCYTES	: 24	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 1560	µL	1000 - 3000
EOSINOPHILS	: 01	%	01 - 04
ABSOLUTE EOSINOPHILS	: 65	µL	20 - 500
MONOCYTES	: 07	%	02 - 08
ABSOLUTE MONOCYTES	: 455	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician

Report Type By :- KAJAL SADIGALE

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



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BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HBA1C	: 5.30	%	Normal Control : : 4.2 - 6.2 Good Control : : 5.5 - 6.7 Fair Control : : 6.8 - 7.6 Poor Control : : >7.6
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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.

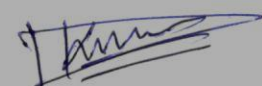
How often should you have a HbA1C test ?

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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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 165	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 49	MG/DL	0 - 150
HDL (serum)	: 38	MG/DL	Male : 42 - 79.5 Female : 42 - 79.5
LDL (serum)	: 127	MG/DL	0 - 130
VLDL (serum)	: 9.80	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 4.34		Male : 1.0 - 5.0 Female : 1.0 - 4.5
LDL/HDL RATIO	: 3.34		Male : <= 3.6 Female : <=3.2

NCEP Guidelines

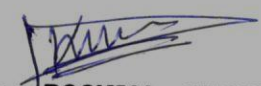
	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240 (AT RISK LEVEL)	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

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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BIOCHEMISTRY


LFT (Liver function Test)

BILIRUBIN TOTAL (serum)	: 0.4	MG/DL	INFANTS : 1.2 - 12.0 ADULT : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.2	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.20	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 31	IU/L	5 - 40
S.G.P.T (serum)	: 32	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 86	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 6.7	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 3.8	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 2.90	GM/DL	1.8 - 3.6
A/G RATIO	: 1.31		1:2 - 2:1

END OF REPORT
(ENTRY LEVEL)


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ENDOCRINOLOGY

THYROID FUNCTION TEST

T3-Total (Tri iodothyronine)	: 1.49	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 9.04	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 0.997	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 autoimmune 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	

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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 15 ML
COLOUR : PALE YELLOW
APPEARANCE : SLIGHTLY HAZY
REACTION : ACIDIC
SPECIFIC GRAVITY : 1.010

CHEMICAL EXAMINATION

PROTEIN : ABSENT
SUGAR : ABSENT
KETONES : ABSENT
BILE SALTS : ABSENT
BILE PIGMENTS : ABSENT
UROBILINOGEN : NORMAL

MICROSCOPIC EXAMINATION

PUS CELLS : 6-8 /hpf
RBC CELLS : ABSENT / hpf
EPITHELIAL CELLS : 4-6 /hpf
CASTS : ABSENT /hpf
CRYSTALS : ABSENT
OTHER FINDINGS : ABSENT
BACTERIA : ABSENT

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