

Patient Name : Mr.NAGARGOJE AMBADAS Bill Date : 15-04-2023 08:45 AM Age / Gender : 34Y(s) 10M(s) 29D(s)/Male Collected Date : 15-04-2023 08:50 AM Bill No/UHID No : PS004971/P00000507551 : 15-04-2023 01:57 PM

Lab No/Result No : 2300021203/37025

: HOSPITAL CASE Referred By

Report Date

: SERUM

Specimen

Processing Loc : RHC Hinjawadi

# **Department Of Laboratory -BIOCHEMISTRY**

<u>Investigation</u>	Result	<u>Biological</u>	<u>Method</u>	
	<del></del>	Reference Interval		
UREA NITROGEN(BUN)	: 10.51	6.0 - 20.0 mg/dL	Calculated	
UREA	<b>:</b> 22.5	12.8-42.8 mg/dL	Urease	
CALCIUM	<b>:</b> 8.7	8.6 - 10.2 mg/dL	Arsenazo	
CREATININE	: 0.7	0.6 - 1.3 mg/dL	Enzymatic	
<b>ELECTROLYTES (Na &amp; K)</b>				
SODIUM	<b>:</b> 138.0	136.0 - 145.0 mmol/L	Potentiometric	
POTASSIUM	<b>:</b> 3.5	3.5 - 5.1 mmol/L	Potentiometric	
CHLORIDE	: 101.0	98.0 - 107.0 mmol/L	Potentiometric	
GLUCOSE (FASTING)				
GLUCOSE (FASTING).	<b>:</b> 85.0	Prediabetic : 100 -	GOD-POD	
,		125 mg/dL		
		Diabetic : >= 126 mg/dL Normal : < 100.0 mg/dL		
REFERENCE : ADA 2015 GUIDELINES				
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	: 0.6	0.3 - 1.2 mg/dL	Diazo	
DIRECT BILIRUBIN	: 0.2	0-0.4 mg/dL	Diazo	
INDIRECT BILIRUBIN	: 0.4	0.0 - 0.8 mg/dL	Diazo	
ALANINE TRANSAMINASE	: 57.0	<50 U/L	Kinetic	
ASPARTATE TRANSAMINASE	<b>:</b> 29.0	10.0 - 40.0 U/L	Kinetic	
ALKALINE PHOSPHATASE	: 81.0	30.0 - 115.0 U/L	4NPP/AMP BUFFER	
TOTAL PROTEIN	<b>:</b> 7.7	6.0 - 8.0 g/dl	Biuret	
ALBUMIN	<b>:</b> 4.7	3.5-4.8 g/dl	BCG	
GLOBULIN	<b>:</b> 3	2.3-3.5 gm/dL	Calculated	
A/G RATIO	<b>:</b> 1.57		Calculated	
LIPID PROFILE				
CHOLESTEROL	: 190.0	130.0 - 220.0 mg/dL	Enzymatic	
TRIGLYCERIDES	: 285.0	35.0 - 180.0 mg/dL	Enzymatic	
HDL CHOLESTEROL	: 25.0	35-65 mg/dL	Enzymatic	
LDL CHOLESTEROL	<b>:</b> 108	10.0 - 130.0 mg/dL	Calculated	
VLDL CHOLESTEROL	: 57	5.0-36.0 mg/dL	Calculated	
CHOL/HDL RATIO	: 7.6	2.0-6.2	Calculated	
PHOSPHOROUS				
PHOSPHORUS	<b>:</b> 3.7	2.7-4.5 mg/dL	Phospho Molybdate	
TOTAL PROTEIN	<b>:</b> 7.7	6.0 - 8.0 g/dl	Biuret	
		<b>5</b> .		

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Lab No/Result No : 2300021203/37025 Specimen : SERUM

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### **Department Of Laboratory -BIOCHEMISTRY**

<u>Investigation</u>	Result	<u>Biological</u> <u>Reference Interval</u>	<u>Method</u>
ALBUMIN	<b>:</b> 4.7	3.5-4.8 g/dl	BCG
GLOBULIN	<b>:</b> 3	2.3-3.5 gm/dL	Calculated
A/G RATIO	<b>:</b> 1.57		Calculated
URIC ACID	: 7.7	3.5-7.2 mg/dL	Uricase

\*\*\* End Of The Report \*\*\*

Note: This test is performed on automated analyzer - VITROS250

**Verified By** Anand

Dr.Anjana Sanghavi
Consultant Pathologist

#### NOTE:

- \* Clinically correlate, Kindly discuss if necessary.
- \* This report relates only to the item received.
- \* For Terms and Conditions of Reporting, kindly visit our website: www.Rubyhall.com

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 Age / Gender
 : 34Y(s) 10M(s) 29D(s)/Male
 Collected Date
 : 15-04-2023 08:50 AM

 Bill No/UHID No
 : PS004971/P00000507551
 Report Date
 : 15-04-2023 11:21 AM

Lab No/Result No: 2300021205-G/37025Specimen: WHOLE BLOODReferred By: HOSPITAL CASEProcessing Loc: RHC Hinjawadi

# **Department Of Laboratory -HAEMATOLOGY**

<u>Investigation</u> Result Biological Method Reference Interval

**GLYCOSYLATED HAEMOGLOBIN (HbA1C)** 

GLYCOSYLATED HAEMOGLOBIN : 5.3 Prediabetic: 5.7 - 6.4 % HPLC (HBA1c) Diabetic: >= 6.5 %

(HBA1c) Diabetic : >= 6.5 %Therapeutic Target : <7.0

%

REFERENCE: ADA 2015 GUIDELINES

\*\*\* End Of The Report \*\*\*

Note: This test is performed on automated analyzer - BIORAD D10

**Verified By** Ruhi S

> Dr.Anjana Sanghavi Consultant Pathologist

Anju A sanghavii

#### NOTE:

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 Age / Gender
 : 34Y(s) 10M(s) 29D(s)/Male
 Collected Date
 : 15-04-2023 02:41 PM

 Bill No/UHID No
 : PS004971/P00000507551
 Report Date
 : 15-04-2023 10:33 PM

Lab No/Result No : 2300021203-P/37025 Specimen : SERUM

Referred By : HOSPITAL CASE Processing Loc : RHC Hinjawadi

### **Department Of Laboratory -BIOCHEMISTRY**

<u>Investigation</u> Result Biological Method Reference Interval

GLUCOSE (POST PRANDIAL) : 132.0 60-140 mg/dL GOD-POD

\*\*\* End Of The Report \*\*\*

Note: This test is performed on automated analyzer - VITROS250

**Verified By** SANDEEP

Dr.POOJA PATHAK
Associate Consultant

#### NOTE:

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 Age / Gender
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 Collected Date
 : 15-04-2023 08:50 AM

 Bill No/UHID No
 : PS004971/P00000507551
 Report Date
 : 15-04-2023 03:27 PM

Lab No/Result No : 2300021203/37025 Specimen : SERUM

Referred By : HOSPITAL CASE Processing Loc : RHC Hinjawadi

## **Department Of Laboratory -BIOCHEMISTRY**

<u>Investigation</u>	<u>Result</u>	<u>Biological</u> <u>Reference Interval</u>	<u>Method</u>
<u>T3-T4-TSH</u>			
Tri-iodothyronine, (Total T3)	<b>:</b> 1.03	0.87-1.78 ng/ml	ECLIA
THYROXINE (T4), TOTAL	<b>:</b> 8.57	4.6 - 10.5 ug/dl	ECLIA
THYROID STIMULATING HORMONE (ULTRA).	<b>:</b> 2.29	0.28-3.89 uIU/mL	ECLIA

TSH - For pregnancy the referance range is as follows -

1st -trimester : 0.6 - 3.4 uIU/mL 2nd trimester : 0.37 - 3.6 uIU/mL 3rd trimester : 0.38 - 4.04 uIU/mL

\*\*\* End Of The Report \*\*\*

Note: This test is performed on automated analyzer - COBAS E411

**Verified By** SOPAN

Dr.Anjana Sanghavi Consultant Pathologist

Anju A sanghavii

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 : 15-04-2023 08:50 AM

 Bill No/UHID No
 : PS004971/P00000507551
 Report Date
 : 15-04-2023 12:00 PM

Lab No/Result No : 2300021204/37025 Specimen : URINE

Referred By : HOSPITAL CASE Processing Loc : RHC Hinjawadi

### **Department Of Laboratory -CLINICAL PATHOLOGY**

<u>Investigation</u> Result Biological Method Reference Interval

**URINE ROUTINE** 

**PHYSICAL EXAMINATION** 

COLOUR : Pale Yellow APPEARANCE : Clear

**CHEMICAL TEST** 

: 5.5 5.0-7.0 1.015-1.030 SPECIFIC GRAVITY : 1.015 **ALBUMIN** : Absent Abset **URINE SUGAR** : Absent Absent KETONE BODIES : Absent Absent BILE PIGMENTS/ BILIRUBIN : Absent Absent **UROBILINOGEN** : Normal Normal **NITRITES** : Absent Absent LEUCOCYTES ESTERASE : Absent Absent

MICROSCOPIC TEST

PUS CELLS. : 1-2 0 - 5 /hpf RED BLOOD CELLS. : Absent 0 - 2 /hpf EPITHELIAL CELLS. : 1-2 0-5 /hpf Absent **BACTERIA** : Absent **CAST** : Absent Absent YEAST CELLS : Absent Absent **CRYSTALS** : Absent Absent **OTHERS** Absent : Absent

\*\*\* End Of The Report \*\*\*

Note: This test is performed on automated analyzer - URI PLUS200

**Verified By** 

Ruhi S

Dr.Anjana Sanghavi Consultant Pathologist

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 Age / Gender
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 Collected Date
 : 15-04-2023 08:50 AM

 Bill No/UHID No
 : PS004971/P00000507551
 Report Date
 : 16-04-2023 12:36 AM

Lab No/Result No: 2300021205/37025Specimen: WHOLE BLOODReferred By: HOSPITAL CASEProcessing Loc: RHC Hinjawadi

### **Department Of Laboratory - HAEMATOLOGY**

<u>Investigation</u> <u>Result</u> <u>Biological</u> <u>Method</u>

**Reference Interval** 

BLOOD GROUP : AB RH POSITIVE

**Erythrocyte Sedimentation Rate** 

ESR at 1 Hour : 05 0 - 15 mm/hr Modified Westergren Method

INTERPRETATION:

ESR is a screening test to detect presence of systemic disease; however a normal result does not rule out a systemic disease.

ESR is also used to moniter course of disease or response to therapy if initially elevated.

\*\*\* End Of The Report \*\*\*

Verified By SANDEEP

Dr.POOJA PATHAK
Associate Consultant

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Lab No/Result No **Specimen** : WHOLE BLOOD : 2300021205/37025 **Processing Loc** : HOSPITAL CASE : RHC Hinjawadi **Referred By** 

Department Of Laboratory -HAEMATOLOGY					
<u>Investigation</u>	<u>Result</u>	<u>Biological</u> Reference Interval	<u>Method</u>		
<b>HAEMOGRAM REPORT</b>					
W.B.C.COUNT	: 6120	4000-11000 /ul	Coulter Principle		
NEUTROPHILS	<b>:</b> 56.2	40-75 %	Derived from WBC Histogram		
LYMPHOCYTES	<b>:</b> 34.0	20-40 %			
MONOCYTES	<b>:</b> 6.7	2-10 %			
EOSINOPHILS	<b>:</b> 2.6	1.0-6.0 %			
BASOPHILS	: 0.5	0.0-1.0 %			
%IMMATURE GRANULOCYTES	: 0.3	0.00-0.10 %			
ABSOLUTE NEUTROPHIL COUNT	<b>:</b> 3.4	2-7 x10 <sup>3</sup> cells/ul	Calculated		
ABSOLUTE LYMPHOCYTE COUNT	: 2.1	1 - 3 x10 <sup>3</sup> cells/ul	Calculated		
ABSOLUTE MONOCYTE COUNT	: 0.4	0.2-1.0 x10 <sup>3</sup> cells/ul	Calculated		
ABSOLUTE EOSINOPHIL COUNT	: 0.2	0.02-0.5 x10 <sup>3</sup> cells/ul	Calculated		
ABSOLUTE BASOPHIL COUNT	: 0.0	0.02-0.1 x10 <sup>3</sup> cells/ul	Calculated		
R.B.C COUNT	<b>:</b> 5.19	4.5 - 6.5 million/ul	Coulter Principle		
HAEMOGLOBIN	: 14.6	13 - 17 g/dl	Cyanmethemoglobin Photometry		
HAEMATOCRIT	<b>:</b> 42.0	40-50 %	Calculated		
MCV	: 80.9	83-99 fl	Coulter Principle		
MCH	: 28.1	27 - 32 pg	Calculated		
MCHC	: 34.8	31.5 - 34.5 g/dl	Calculated		
RDW	: 13.4	11.6-14.0 %	Calculated From RBC Histogram		
PLATELET COUNT	: 320.0	150 - 450 x10³/ul	Coulter Principle		
MPV	<b>:</b> 9.5	7.8-11 fl	Coulter Principle		
RBC MORPHOLOGY	<ul><li>Normocytic normochromic</li></ul>				
WBC MORPHOLOGY	: Within normal range				
PLATELET	: Adequate				
	*** End Of T	he Report ***			

\*\*\* End Of The Report \*\*\*

Note: This test is performed on automated analyzer - SYSMEX550 Verified By

Shrikant.A

Dr.Anjana Sanghavi **Consultant Pathologist** 

#### $\mathsf{NOTE}:$

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## RUBY HALL CLINIC PIMPLE SAUDAGAR

Name: NAGAROGOJE AMBADAS.

Date: 15-04-2023 Time: 13:07

0

Gender: M

NIL

Height: 170 cms

Weight: 93 Kg

ID: PS004971

Clinical History: NIL

**Test Details:** 

**Medications:** 

Protocol: Bruce

Predicted Max HR: 185

Target HR: 157

**Exercise Time:** 

0:07:43

Achieved Max HR: 192 (104% of Predicted MHR)

Max BP:

150/80

Max BP x HR:

28800

Max Mets: 8.6

**Test Termination Criteria:** 

## **Protocol Details:**

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level	Max ST Slope mV/s
Supine	00:17	1	0	0	0	130/90	0	-5.6 V5	1.7 V5
Standing	00:06	1	0	0	77	130/90	10010	28 V5	5.4 V3
HyperVentilation	00:06	1	0	0	80	130/90	10400	2.4 V3	2 V3
PreTest	00:06	1	1.6	0	83	130/90	10790	2.2 V3	2.2 V3
Stage: 1	03:00	4.7	2.7	10	192	140/90	26880	2.3 V5	2.8 V3
Stage: 2	03:00	7	4	12	89	140/90	12460	15.6 II	-1.2 II
Peak Exercise	01:43	8.6	5.5	14	163	140/90	22820	2.2 V6	4 V3
Recovery1	01:00	-1	0	0	126	140/90	17640	5.8 V4	5.2 V4

# Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:43 achieving a work level of 8.6 METS.

Resting Heart Rate, initially 0 bpm rose to a max. heart rate of 192bpm (104% of Predicted Maximum Heart Rate).

Resting Blood Pressure of 130/90 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg

Good Effort Tolerance

Normal HR & BP Response

No Angina or Arrhythmias

No Significant ST-T Changes Noted During Exercise

Negative Stress Test

Ref. Doctor: -

Doctor: DR.KEDAR KULKARN

The Art of Diagnostics

( Summary Report edited by User ) Spandan CS 10 Version:2.12.0



Name:

NAGARGOJE AMBADAS.

Age:

034 Years

Gender:

M

PID:

P00000507551

OPD:

Exam Date :

15-Apr-2023 10:58

Accession:

96254152347

Exam:

CHEST X RAY

Physician:

HOSPITAL CASE^^^^

Health Check

# Radiograph Chest PA View:

Both lung fields normal.

Both costo-phrenic angles are clear.

Cardiac silhouette and aortic knuckle are normal.

Both hilar shadows and the diaphragmatic contours are normal.

Thoracic soft tissues and the rib cage normal.

### Impression:

No significant abnormality noted.

DR. YATIN R. VISAVE CONSULTANT RADIOLOGIST MBBS, DMRD

Regd. No. 090812

Date: 17-Apr-2023 15:43:14



Name:

NAGARGOJE AMBADAS.

Age:

034Y

Gender:

r: M

PID: OPD: P00000507551

Exam: Physician:

Exam Date :

Accession:

15-Apr-2023 09:01

95935090557

ABDOMEN AND PELVIS HOSPITAL CASE^^^

### ULTRASOUND OF ABDOMEN AND PELVIS

Liver appears normal in size, shape and echotexture. No focal lesion is seen. No intrahepatic biliary radicle dilatation seen. The portal vein and CBD appear normal.

Gall bladder is well distended with normal wall thickness. No calculus or sludge is seen. Pancreas appears normal in size and echotexture. No focal lesion is seen. Spleen appears normal in size and echotexture. No focal lesion is seen.

Right kidney measures 9.2 x 4.9 cms. Left kidney measures 14.1 x 7.1 cms. Both kidneys appear normal in size, shape & echotexture. They show good cortico-medullary differentiation. There is no hydronephrosis, hydroureter or calculus seen on left side.

Right kidney shows multiple (3-4 in no) non obstructive echoreflective calculi largest measures 9.1 mm, 9.5 mm.

The urinary bladder is well distended. Wall thickness is normal. No mass lesion or calculus is seen.

Prostate is normal in size, shape and echotexture. No obvious focal lesion is seen on present transabdominal study.

Visualised bowel loops are non-dilated and show normal peristalsis. There is no ascites or significant lymphadenopathy seen.

#### **IMPRESSION:**

Right renal multiple (3-4 in no) non obstructive echoreflective calculi.

Suggest: Clinical Correlation.

DR. YATIN R. VISAVE CONSULTANT RADIOLOGIST MBBS, DMRD Regd. No. 090812

negu. 140. 050612

Date: 17-Apr-2023 15:46:34



Rajeev Gandhi Infotech Park, MIDC, Phase No. 1, Plot No P-33, Hinjawadi, Pune - 411057.

Ph: 020 66999999 Email: hinjawadi@rubyhall.com 24 hrs Helpline - 8554802253 Website: www.rubyhall.com

# **OPHTHALMOLOGY**

NAME: Ambados. A. Nagargoje

AGE: 35 /A.

R -1.00 SPM

L -0.75 SPH

		**			
unaided	616				
1) Vision $\overline{c}$ glasses	-1-				
_unaided	6/6				
	-1-				
3) Binocular Vision					
4) Colour Vision	NAD				
5) Tension					
6) Anterior Segment					
7) Pupils					1. A.P. A.
8) Lens				13 ta = 12	
9) Media & Fundus					
		4.			
10) Remarks				20176	
- V			100 COM		
				25/6	
				/	1

Date: 15/04/25

(Signature)



Rajeev Gandhi Infotech Park, MIDC, Phase No. 1, Plot No P-33, Hinjawadi, Pune - 411057.

• Ph: 020 66999999 • Email : hinjawadi@rubyhall.com • 24 hrs Helpline - 7757005773 • Website : www.rubyhall.com

NAME:NAGARGOJE AMBADAS

AGE: 34 MALE

**CHIEF COMPLAINTS:** 

CAME FOR ROUTINEE HEALTH CHECKUP ON REGULAR EXCERCISING

**PAST MEDICAL HISTORY:** 

NO SIGNIFICANT HISTORY

**SURGICAL HISTORY:** 

RIGHT SIDE KIDENEY SONE ESWL DONE 2 YEARS BACK

**ALLERGIC HISTORY:** 

NOT ALLERGIC TO FOOD AND MEDICATIONS

**EXAMINATION:** 

NO SIGNS OF PALLOR, ICTERUS, CYANOSIS, CLUBBING, LYMPHANENOPATHY, ODEMA

SYSTEMIC EXAMINATIONS:

CVS: S1S2+ NO MURMURS

CNS: NO FOCAL NEUROLOGICAL DEFICITS RESP: NVBS BILATERAL EQUAL AIR ENTRY

P/A:SOFT NO DISTENSION, NO ORGANOMEGALY, NO TENDERNESS, NORMAL BOWEL

SOUNDS

VITALS:

BP:134 /60

PP:70

RR:18

TEMP:NORMAL

ADVISE:

**FOLLOW UP WITH REPORTS** 

DR ADITYA PARVATINI APMC/FMR/99809