

ku Panikay Hgnawa

5-150Hz-AC

10mm/mV

10mm/mV

aVR

V1

V4

aVL

aVF

V2

V5

mm/mV

SYNC

SYNC

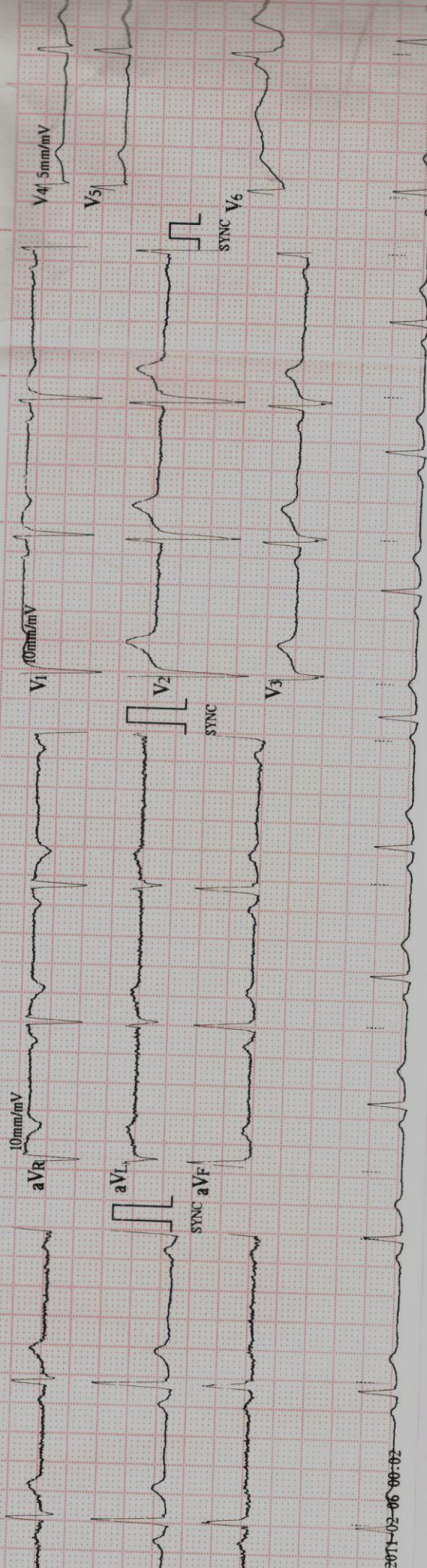
SYNC

aVF

V3

V6

06:11-0101-2011-02-06 00:02





2D ECHO / COLOUR DOPPLER

NAME : MR. PANKAJ AGARWAL
REF BY : DR. HOSPITAL PATIENT

35yrs/M

OPD
28-May-22

M - Mode values

Doppler Values

AORTIC ROOT (mm)	22	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	30	PG (mmHg)	
RV (mm)		AORTIC VEL (m/sec)	1.2
LVID - D (mm)	43	PG (mmHg)	6
LVID - S (mm)	23	MITRAL E VEL (m/sec)	0.7
IVS - D (mm)	11	A VEL (m/sec)	0.5
LVPW -D (mm)	11	TRICUSPID VEL. (m/sec)	
EJECTION FRACTION (%)	60%	PG (mmHg)	

REPORT

Normal LV size & wall thickness.
No regional wall motion abnormality.
Normal LV systolic function , LVEF 60%
Normal sized cardiac chambers.

Pliable mitral valve., no Mitral regurgitation.
Normal mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve
Trivial tricuspid regurgitation ,
PA pressure = 20 mmHg - normal

(ENTRY LEVEL)

Intact IAS & IVS
No PDA, coarctation of aorta.
No clots , vegetations , pericardial effusion noted.

IMPRESSION :

Normal echo study.
No regional wall motion abnormality.
Normal LV systolic & diastolic function , LVEF 60%
Normal PA pressure.


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

AGRAWAL, PANKAJ
 Patient ID 18049
 28.05.2022
 10:38:01

Tabular Summary

LOREA HEALTHCARE PVT LTD

BRUCE: Total Exercise Time 07:02
 Max HR: 162 bpm 87% of max predicted 185 bpm HR at rest: 77
 Max BP: 150/92 mmHg BP at rest: 120/75 Max RPP: 21420 mmHg*bpm
 Maximum Workload: 6.60 METS
 Max. ST: -0.12 mV, 0.00 mV/s in V6; EXERCISE STAGE 3 06:30
 Arrhythmia: PVC:1, PSVC:4
 ST/HR index: 1.10 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. RAJDAIT DEORE
 MD, DM-CARDIOLOGIST
 MMC 2005/03/1520

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (V6 mV)	Comment
PRETEST	SUPINE	00:23	0.00	0.00	1.0	62	120/75	7440	0	0.06	
	STANDING	00:13	0.00	0.00	1.0	68			0	0.05	
	HYPERV.	00:33	0.00	0.00	1.0	85			0	0.06	
EXERCISE	STAGE 1	03:00	1.70	10.00	3.2	109	120/75	13080	0	0.02	
	STAGE 2	03:00	2.50	12.00	4.7	139	135/85	18765	0	-0.06	
	STAGE 3	01:02	3.40	14.00	6.6	162	140/85	22680	0	-0.09	
RECOVERY		02:21	0.00	0.00	1.0	105	150/92	15750	0	-0.04	

Linked Medians

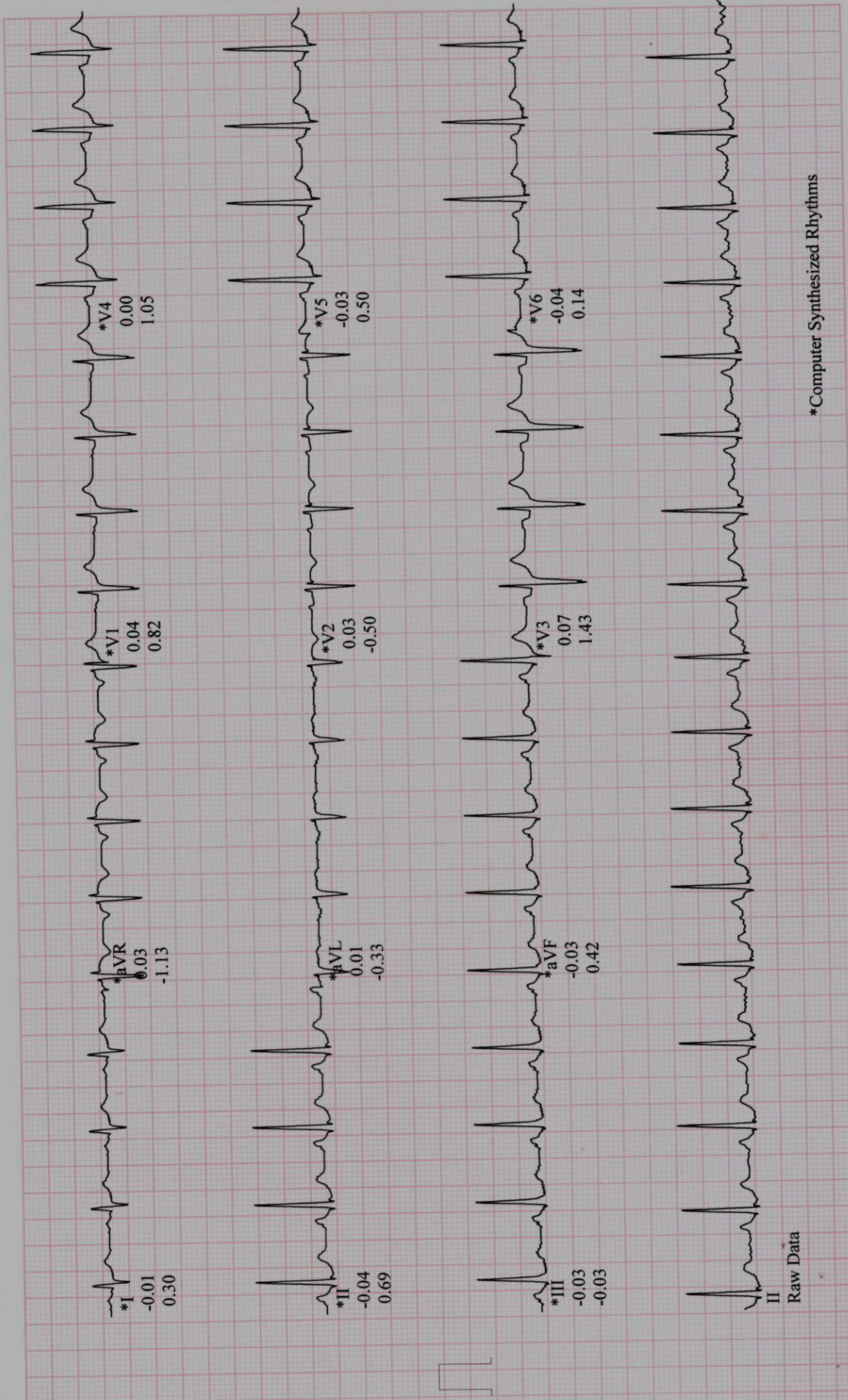
BRUCE
0.0 km/h
0.0 %

RECOVERY
#1
02:15

101 bpm
150/92 mmHg

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

WAL, PANKAJ
ID 18049
5.2022
48:27



Raw Data

*Computer Synthesized Rhythms



Dept. of Pathology

(For Report Purpose Only)



PRN : 108061
 Patient Name : Mr. AGRAWAL PANKAJ
 Age/Sex : 35Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 2333
 Req.No : 2333

Collection Date & Time : 28/05/2022 09:22 AM
 Reporting Date & Time : 28/05/2022 11:33 AM
 Print Date & Time : 28/05/2022 11:39 AM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN (Hb)	: 16.5	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 50.9	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 5.28	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 96.4	cu micron	76 - 96
M.C.H.	: 31.3	pg	27 - 32
M.C.H.C	: 32.4	picograms	32 - 36
RDW-CV	: 13.3	%	11 - 16
WBC TOTAL COUNT	: 8320	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 252000	cumm	150000 - 450000
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	: 51	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 4243.20	µL	2000 - 7000
LYMPHOCYTES	: 40	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 3328	µL	1000 - 3000
EOSINOPHILS	: 03	%	01 - 04
ABSOLUTE EOSINOPHILS	: 249.60	µL	20 - 500
MONOCYTES	: 06	%	02 - 08
ABSOLUTE MONOCYTES	: 499.20	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

For Free Home Collection Call : 9545200011



Dept. of Pathology

(For Report Purpose Only)



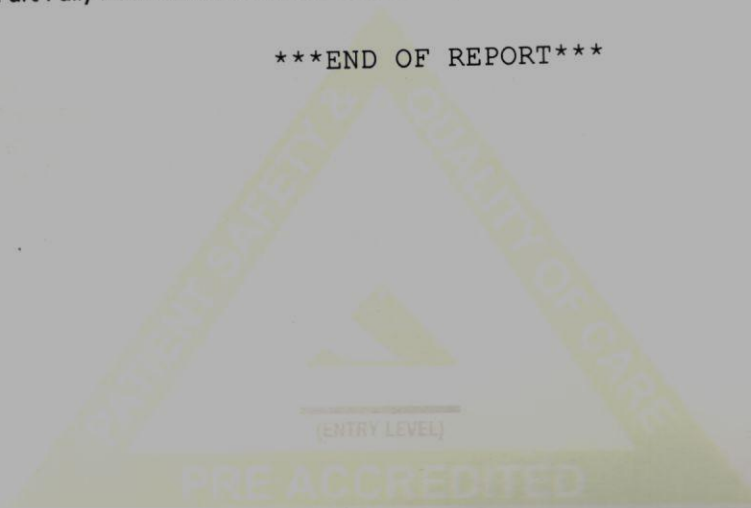
PRN : 108061
 Patient Name : Mr. AGRAWAL PANKAJ
 Age/Sex : 35Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab.No : 2000
 Req.No : 2000
 Collection Date & Time : 26/05/2022 09:22 AM
 Reporting Date & Time : 26/05/2022 11:53 AM
 Print Date & Time : 26/05/2022 11:59 AM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC MORPHOLOGY	: Normocytic Normochromic		
WBC MORPHOLOGY	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		


Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

END OF REPORT



Technician

Report Type By :- KAJAL SADIGALE


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



Dept. of Pathology
(For Report Purpose Only)



PRN : 108061
 Patient Name : Mr. AGRAWAL PANKAJ
 Age/Sex : 35Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 2000
 Req.No : 2000
 Collection Date & Time : 28/05/2022 09:22 AM
 Reporting Date & Time : 28/05/2022 11:33 AM
 Print Date & Time : 28/05/2022 11:38 AM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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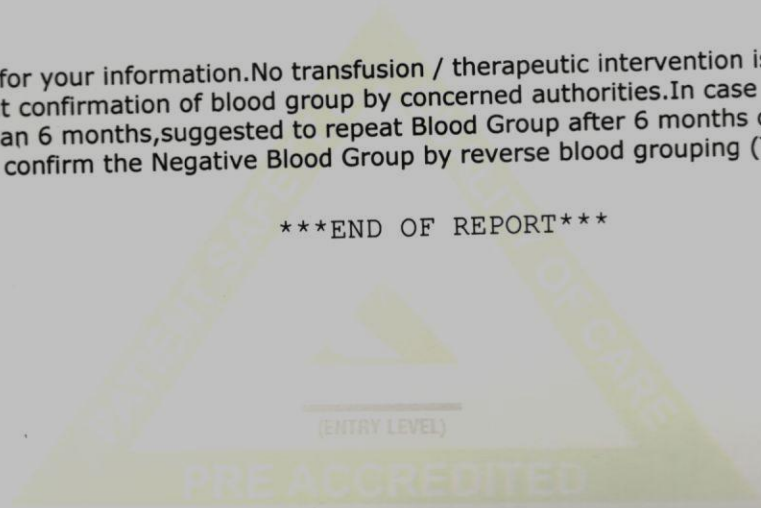
HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "B"
 RH FACTOR : POSITIVE

NOTE : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse blood grouping (Tube method).

END OF REPORT



Technician

Report Type By :- KAJAL SADIGALE

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



Dept. of Pathology
(For Report Purpose Only)



PRN : 108061
Patient Name : Mr. AGRAWAL PANKAJ
Age/Sex : 35Yr(s)/Male
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 2000
Req.No : 2000

Collection Date & Time : 28/05/2022 09:22 AM
Reporting Date & Time : 28/05/2022 01:48 PM
Print Date & Time : 28/05/2022 01:50 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

ESR

ESR MM (AT The End of 1 Hr.) By : 06
Westergren Method

mm/hr

Male : 0 - 15
Female : 0 - 20

END OF REPORT



Sangeeta
Technician

Report Type By :- SANGEETA MANGAL

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



Dept. of Pathology
(For Report Purpose Only)



PRN : 108061
 Patient Name : Mr. AGRAWAL PANKAJ
 Age/Sex : 35Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 2000
 Req.No : 2000
 Collection Date & Time : 28/05/2022 09:22 AM
 Reporting Date & Time : 28/05/2022 11:33 AM
 Print Date & Time : 28/05/2022 11:41 AM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HBA1C	: 5.94	%	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

Technician

Report Type By :- KAJAL SADIGALE

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



Dept. of Pathology

(For Report Purpose Only)



PRN : 108061
Patient Name : Mr. AGRAWAL PANKAJ
Age/Sex : 35Yr(s)/Male

Lab No : 2000
Req.No : 2000

Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 26/05/2022 09:20 AM
Reporting Date & Time : 26/05/2022 03:21 PM
Print Date & Time : 26/05/2022 03:22 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

BSL-F & PP

Blood Sugar Level Fasting	: 88	MG/DL	60 - 110
Blood Sugar Level PP	: 106	MG/DL	70 - 140

END OF REPORT



Technician

Report Type By :- GANESH JADHAV

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

For Free Home Collection Call : 9545200011



Dept. of Pathology
(For Report Purpose Only)



PRN : 108061
Patient Name : Mr. AGRAWAL PANKAJ
Age/Sex : 35Yr(s)/Male
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 2000
Req.No : 2000

Collection Date & Time : 26/05/2022 09:20 AM
Reporting Date & Time : 26/05/2022 11:30 AM
Print Date & Time : 26/05/2022 11:40 AM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum)	: 31	MG/DL	0 - 45
UREA NITROGEN (serum)	: 14.48	MG/DL	7 - 21
CREATININE (serum)	: 1.1	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 5.9	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

SERUM ELECTROLYTES

SERUM SODIUM	: 141	mEq/L	136 - 149
SERUM POTASSIUM	: 4.2	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 103	mEq/L	98 - 107

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

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

For Free Home Collection Call : 9545200011



Dept. of Pathology
(For Report Purpose Only)



PRN : 108061
 Patient Name : Mr. AGRAWAL PANKAJ
 Age/Sex : 35Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 2333
 Req.No : 2333
 Collection Date & Time : 28/05/2022 09:22 AM
 Reporting Date & Time : 28/05/2022 11:33 AM
 Print Date & Time : 28/05/2022 11:39 AM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

LFT (Liver function Test)

BILIRUBIN TOTAL (serum)	: 0.5	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)	: 0.30	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 24	IU/L	5 - 40
S.G.P.T (serum)	: 10	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 79	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 6.4	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.1	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 2.30	GM/DL	1.8 - 3.6
A/G RATIO	: 1.78		1:2 - 2:1

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

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

For Free Home Collection Call : 9545200011



PRN : 108061
Patient Name : Mr. AGRAWAL PANKAJ
Age/Sex : 35Yr(s)/Male

Lab No : 2222
Req.No : 2222

Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 28/05/2022 09:22 AM
Reporting Date & Time : 28/05/2022 11:33 AM
Print Date & Time : 28/05/2022 12:01 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 159	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 86	MG/DL	0 - 150
HDL (serum)	: 31	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 116	MG/DL	0 - 130
VLDL (serum)	: 17.20	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 5.13		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	: 3.74		Male : <= 3.6 Female : <=3.2

NCEP Guidelines

	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	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

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
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Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 108061
Patient Name : Mr. AGRAWAL PANKAJ
Age/Sex : 35Yr(s)/Male
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 2333
Req.No : 2333

Collection Date & Time : 28/05/2022 09:22 AM
Reporting Date & Time : 28/05/2022 11:59 AM
Print Date & Time : 28/05/2022 06:24 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

CALCIUM

CALCIUM (serum) : 9.26 MG/DL 8.4 - 10.4

END OF REPORT



Technician

Report Type By :- GANESH JADHAV

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



Dept. of Pathology
(For Report Purpose Only)



PRN : 108061
 Patient Name : Mr. AGRAWAL PANKAJ
 Age/Sex : 35Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 2000
 Req.No : 2000
 Collection Date & Time : 28/05/2022 09:22 AM
 Reporting Date & Time : 28/05/2022 11:33 AM
 Print Date & Time : 28/05/2022 11:40 AM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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ENDOCRINOLOGY

TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.42	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 10.3	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 3.31	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 autoantibody 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 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	

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

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



Dept. of Pathology
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PRN : 108061
 Patient Name : Mr. AGRAWAL PANKAJ
 Age/Sex : 35Yr(s)/Male
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

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Collection Date & Time : 28/05/2022 09:22 AM
 Reporting Date & Time : 28/05/2022 11:33 AM
 Print Date & Time : 28/05/2022 11:40 AM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 25 ML
 COLOUR : PALE YELLOW
 APPEARANCE : SLIGHTLY HAZY
 REACTION : ACIDIC
 SPECIFIC GRAVITY : 1.020

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

PUS CELLS : ABSENT /hpf
 RBC CELLS : ABSENT / hpf
 EPITHELIAL CELLS : 0-1 /hpf
 CASTS : ABSENT /hpf
 CRYSTALS : ABSENT
 OTHER FINDINGS : ABSENT
 BACTERIA : ABSENT

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

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

For Free Home Collection Call : 9545200011



Dept. of Pathology
(For Report Purpose Only)



PRN : 108061
Patient Name : Mr. AGRIMAL PANKAJ
Age/Sex : 35Yr(s)/Male
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab.No : 2000
Req.No : 2000

Collection Date & Time : 28/05/2022 12:04 PM
Reporting Date & Time : 28/05/2022 01:48 PM
Print Date & Time : 28/05/2022 02:12 PM

PARAMETER NAME RESULT VALUE UNIT NORMAL VALUES

CLINICAL PATHOLOGY

STOOL ROUTINE

PHYSICAL EXAMINATION

COLOUR : BROWNISH
CONSISTENCY : SOLID
MUCUS : PRESENT

CHEMICAL EXAMINATION

pH. : ACIDIC
OCCULT BLOOD TEST : NEGATIVE

MICROSCOPIC EXAMINATION

PUS CELLS : ABSENT /hpf
RBC CELLS : ABSENT / hpf
OVA : ABSENT
VEG.MATTER : PRESENT
CYSTS : ABSENT
FAT GLOBULES : ABSENT
OTHER FINDINGS : ABSENT

END OF REPORT

Technician

Report Type By :- GANESH JADHAV

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