



**Dept. of Radiology**  
(For Report Purpose Only)



REQ. DATE : 12-NOV-2022      REP. DATE : 12-NOV-2022  
NAME : MR. KAMBLE MILIND BABAN  
PATIENT CODE : 112556      AGE/SEX : 41 YR(S) / MALE  
REFERRAL BY : Dr. HOSPITAL PATIENT

**CHEST X-RAY PA VIEW**

**OBSERVATION :**

**Prominent bronchovascular markings are noted in both lung fields.**

Heart and mediastinum are normal.

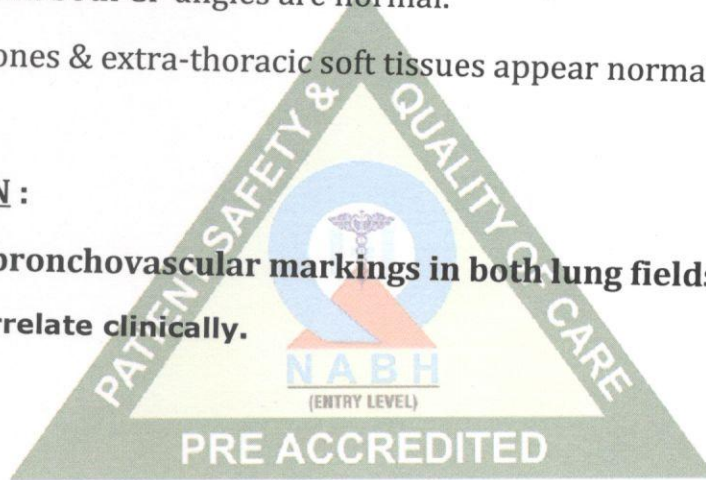
Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

**IMPRESSION :**

**Prominent bronchovascular markings in both lung fields ? bronchitis.**

**-Kindly correlate clinically.**



**Dr. PIYUSH YEOLE**  
**(MBBS, DMRE)**  
**CONSULTANT RADIOLOGIST**



# Dept. of Pathology

(For Report Purpose Only)



PRN : 112556  
 Patient Name : Mr. KAMBLE MILIND BABAN  
 Age/Sex : 41Yr(s)/Male  
 Company Name : BANK OF BARODA  
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 11032  
 Req.No : 11032

Collection Date & Time : 12/11/2022 10:11 AM  
 Reporting Date & Time : 12/11/2022 02:09 PM  
 Print Date & Time : 12/11/2022 03:00 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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### HAEMATOLOGY

#### HAEMOGRAM

HAEMOGLOBIN (Hb)	: 12.4	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 36.4	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 3.64	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 100.0	cu micron	76 - 96
M.C.H.	: 34.1	pg	27 - 32
M.C.H.C	: 34.1	picograms	32 - 36
RDW-CV	: 14.5	%	11 - 16
WBC TOTAL COUNT	: 9510	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 251000	cumm	150000 - 450000

#### WBC DIFFERENTIAL COUNT

NEUTROPHILS	: 53	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 5040.30	µL	2000 - 7000
LYMPHOCYTES	: 27	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2567.70	µL	1000 - 3000
EOSINOPHILS	: 15	%	01 - 04
ABSOLUTE EOSINOPHILS	: 1426.50	µL	20 - 500
MONOCYTES	: 05	%	02 - 08
ABSOLUTE MONOCYTES	: 475.50	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

**Dr. Ashwini Vishal Karale**

MBBS, M.D. Pathology

Consultant Pathology

MMC Reg no: 2008/05/260

AIMS HOSPITAL & RESEARCH CENTER, AUNDH, PUNE



Technician

Report Type By :- LATA RANAWARE

**Dr. POONAM KADAM**

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

For Free Home Collection Call : 9545200011



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RBC MORPHOLOGY	: Predominantly Normocytic Normochromic, Few Macrocytes		
WBC MORPHOLOGY	: Eosinophilia		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

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

ADVICE :- CLINICAL CORRELATION .

\*\*\*END OF REPORT\*\*\*

**Dr. Ashwini Vishal Karale**  
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Report Type By :- LATA RANAWARE

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Print Date & Time : 12/11/2022 01:24 PM

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HAEMATOLOGY

ESR

ESR MM ( AT The End of 1 Hr.) By : **30**  
Westergren Method

mm/hr

Male : 0 - 15  
Female : 0 - 20

\*\*\*END OF REPORT\*\*\*

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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
<b>BIOCHEMISTRY</b>			
<b>LFT ( Liver function Test )</b>			
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)	: 39	IU/L	5 - 40
S.G.P.T (serum)	: 45	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 148	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 6.9	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 3.8	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 3.10	GM/DL	1.8 - 3.6
A/G RATIO	: 1.23		1:2 - 2:1

\*\*\*END OF REPORT\*\*\*

**Dr. Ashwini Vishal Karale**  
MBBS, MD (Pathology)  
Consultant Pathology  
MMC Reg no: 2008/05/2002  
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BIOCHEMISTRY

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum)	: 22	MG/DL	0 - 45
UREA NITROGEN (serum)	: 10.27	MG/DL	7 - 21
CREATININE (serum)	: 0.8	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 4.9	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

SERUM ELECTROLYTES

SERUM SODIUM	: 142	mEq/L	136 - 149
SERUM POTASSIUM	: 4.9	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 106	mEq/L	98 - 107

\*\*\*END OF REPORT\*\*\*

**Dr. Ashwini Vishal Karale**  
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**ENDOCRINOLOGY**

**TFT (THYROID FUNCTION TEST)**

T3-Total (Tri iodothyronine)	: 1.17	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 7.91	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 1.62	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\*\*\*

**Dr. Ashwini Vishal Karale**  
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Consultant Pathology  
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Technician

Report Type By :- LATA RANAWEDE

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Pathologist





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### BIOCHEMISTRY

#### BSL-F & PP

Blood Sugar Level Fasting	: 106	MG/DL	60 - 110
Blood Sugar Level PP	: 129	MG/DL	70 - 140

\*\*\*END OF REPORT\*\*\*

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AiMS HOSPITAL & RESEARCH CENTER, AUNDH,PUNE

Technician

Report Type By :- ASHWINI LONDHE

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

MILIND KAMBLE

Ref.:Dr.--

Sample Collected At:  
Lorea Healthcare Private Limited  
Survey No 154, AIMS Road  
Near AIMS Square or Panhar Chowk,  
Aundh, Pune 411007 Zone SHIVA

SID: 122142331

Collection Date:  
12-11-2022 01:44 PM  
Registration Date:  
12-11-2022 01:44 pm  
Report Date:  
12-11-2022 04:10 PM

# REPORT

Age:41.00 Years Sex:MALE

Test Description	Observed Value	Biological Reference Interval
<b>Lipid Profile Mini :</b>		
Cholesterol (Total), serum by Enzymatic method	139	Desirable : < 200 mg/dL Borderline high : 200 - 239 mg/dL High : >= 240 mg/dL
Triglycerides, serum by Enzymatic method	98	Normal : < 150 mg/dL Borderline high : 150-199 mg/dL High : 200-499 mg/dL Very high : >= 500 mg/dL
HDL Cholesterol, serum by Enzymatic method	38	Males : > 40 mg/dL Females : > 50 mg/dL
VLDL Cholesterol, serum by calculation	20	< 30 mg/dL
LDL Cholesterol, serum by calculation	81	Optimal : <100 mg/dL Near optimal/above optimal : 100-129 mg/dL Borderline high : 130-159 mg/dL High : 160-189 mg/dL Very high : >= 190 mg/dL
Cholesterol(Total)/HDL Cholesterol Ratio	3.66	Males : Acceptable ratio <= 5.00 Females : Acceptable ratio <= 4.50
LDL Cholesterol/HDL Cholesterol Ratio	2.14	Males : Acceptable ratio <= 3.60 Females : Acceptable ratio <= 3.20

### Reference : ATP III, NCEP Guidelines and National Lipid Association (NLA) 2014 Recommendations

As per most international and national guidelines including Lipid Association of India 2016 :

1. Lipoprotein and lipid levels should be considered in conjunction with other atherosclerotic cardiovascular disease (ASCVD) risk determinants to assess treatment goals & strategies.
2. Non-fasting lipid levels can be used in screening & in general risk estimation

Note : Estimation of LDL-Cholesterol by direct method is recommended when Triglyceride > 400 mg/dl



*G. Solanke*  
 Dr. Girish Dnyandeo Solanke  
 M.B.B.S, M.D(Path) Regn.No. 2010/05/1989  
 A.G Diagnostics Pvt. Ltd.

MILIND KAMBLE

Ref.:Dr.--

Sample Collected At:  
Lorea Healthcare Private Limited  
Survey No 154, AIMS Road  
Near AIMS Square or Parihar Chowk,  
Aundh, Pune 411007 Zone SHIVA

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12-11-2022 04:10 PM

# REPORT

Age:41.00 Years Sex:MALE

Test Description	Observed Value	Biological Reference Interval
Glycated Hemoglobin (HbA1C), by HPLC	<u>5.90</u>	4.0 to 5.6 %
Estimated Average Glucose (eAG)	123	mg/dL

### Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

### For diagnosis of Diabetes Mellitus (>= 18 yrs of age) :

- 5.7 % - 6.4 % : Increased risk for developing diabetes.
- >= 6.5 % : Diabetes

### Therapeutic goals for glycemic control :

Adults : < 7%

Toddlers and Preschoolers : < 8.5% (but > 7.5 %)

School age (6-12 yrs) : < 8%

Adolescents and young adults (13 - 19 yrs) : < 7.5 %

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

In patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC), HbA1c cannot be quantitated as there is no HbA. In such circumstances glycemic control needs to be monitored using alternative methods like plasma glucose levels or serum Fructosamine.

### Estimated Average Glucose (eAG) :

- eAG is an estimated average of blood glucose level over previous 8-12 weeks.
- HbA1C and eAG have a linear relationship.
- The eAG is not a substitute for fasting and post prandial blood sugar measurements as prescribed by your physician or home blood glucose monitoring.

Ref : American Diabetes Association (Standards of Medical Care in Diabetes - 2022)



*G. Solanke*

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## REPORT

Age:41.00 Years Sex:MALE

Test Description	Observed Value	Biological Reference Interval
<b>Clinical Chemistry :</b> Calcium, serum by Arsenazo III method	<b>8.90</b>	Adult : 8.4 to 10.2 mg/dL

1. Calcium is useful for diagnosis and monitoring of a wide range of disorders including diseases of bone, kidney, parathyroid gland, or gastrointestinal tract.
2. Calcium ions play an important role in blood clotting, bone mineralization, musculature contractility and CNS functioning.
3. Hypocalcemia is due to the absence or impaired function of the parathyroid glands or impaired vitamin-D synthesis. Chronic renal failure is also frequently associated with hypocalcemia due to decreased vitamin-D synthesis as well as hyperphosphatemia and skeletal resistance to the action of parathyroid hormone (PTH).
4. Hypercalcemia is mainly due to primary hyperparathyroidism (pHPT), and bone metastasis of carcinoma of the breast, thyroid gland, or lung. Severe hypercalcemia may result in cardiac arrhythmia.

End of Report

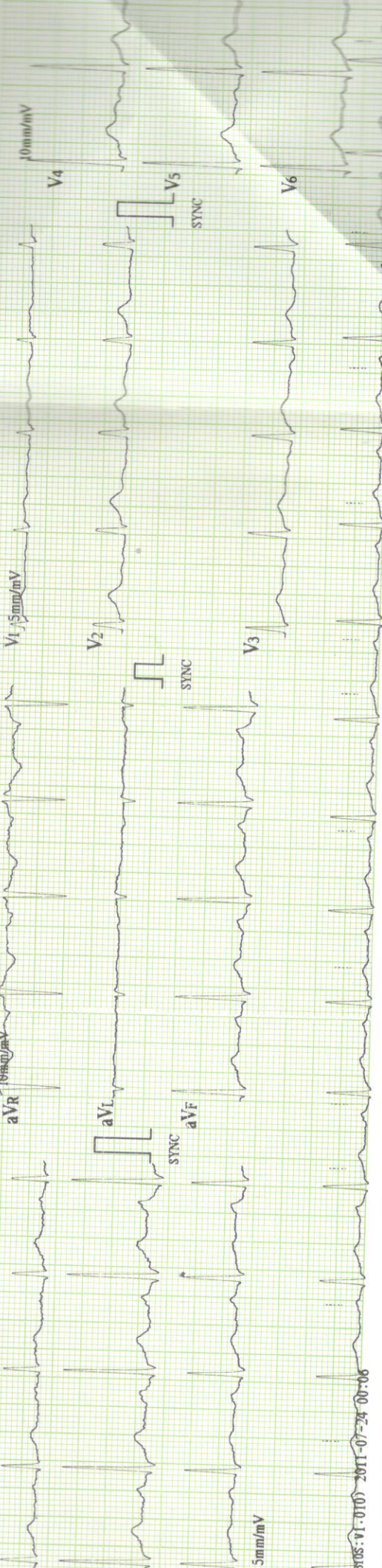
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Page 3 of 3



15-25Hz  
10mm/mV

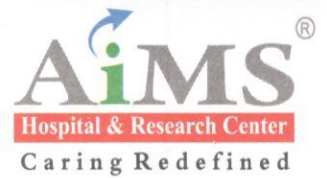


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BIOMEDICS, Phone: 9822198798



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REFERRAL BY : HOSPITAL PATIENT

**USG ABDOMEN AND PELVIS**

**OBSERVATION :**

**Liver** : Is normal in size (14.0 cm), shape & bright in echotexture. No focal lesion / IHBR dilatation.

**CBD & PV** : Normal in caliber. **G.B.** : Moderately distended, Normal.

**Spleen** : Is normal in size (11.0 cm), shape & echotexture. No focal lesion.

**Pancreas** : Normal in size, shape & echotexture.

**Both kidneys** are normal in size, shape & echotexture, CMD maintained. No calculus on right side / hydronephrosis / hydroureter on either side. 2.4 mm sized calculus is noted in the upper pole region of left kidney.

Right kidney measures : 10.3 x 4.5 cm.

Left kidney measures : 10.3 x 4.5 cm.

**Urinary bladder** : Moderately distended, normal.

**Prostate** : is normal in size, shape and echotexture. No focal lesion seen.

No demonstrable small bowel / RIF pathology.

No ascites / lymphadenopathy.

**IMPRESSION :**

1. Grade I fatty liver.
2. Non-obstructing left renal calculus.

- Kindly correlate clinically.

Dr. PIYUSH YEOLE  
(MBBS, DMRE)  
CONSULTANT RADIOLOGIST