



Sunil

9420021865

Ref. By : BOB

Protocol : BRUICE1

Stage	Medication : NO ANY	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	99	130/80	128	-	
Standing					1.0	100	130/80	130	-	
HV					1.0	100	130/80	130	-	
ExStart					1.0	100	130/80	130	-	
Stage 1		3:00	1.5	10.0	4.2	122	142/92	173	-	
Stage 2		3:00	2.5	12.0	7.1	156	158/108	246	-	
PeakEx		2:55	3.5	14.0	10.3	175	168/118	294	-	
Recovery		1:00	1.1	0.0	1.2	166	168/118	278	-	
Recovery		2:00	1.1	0.0	1.0	136	172/118	233	-	
Recovery		3:00	1.1	0.0	1.0	136	167/112	227	-	
Recovery		3:01	1.1	0.0	1.0	122	167/112	203	-	
Recovery					0.0	0	---/---	0	-	

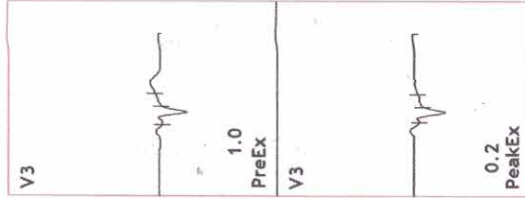
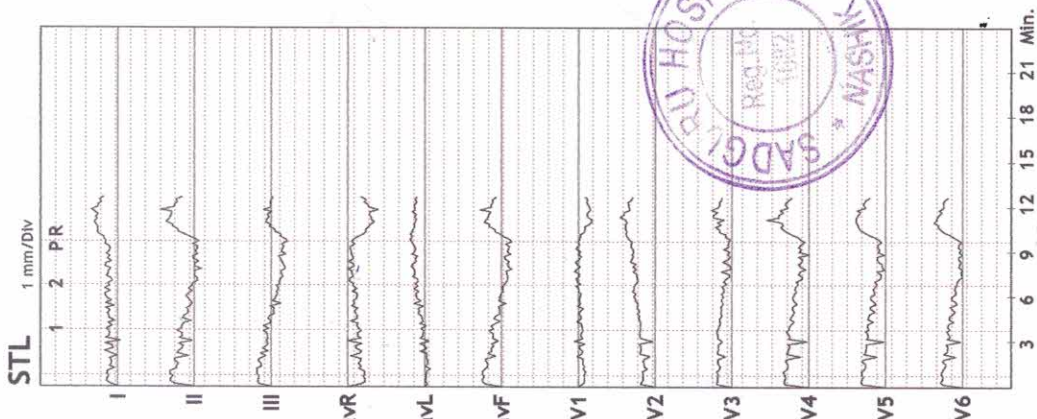
Findings :

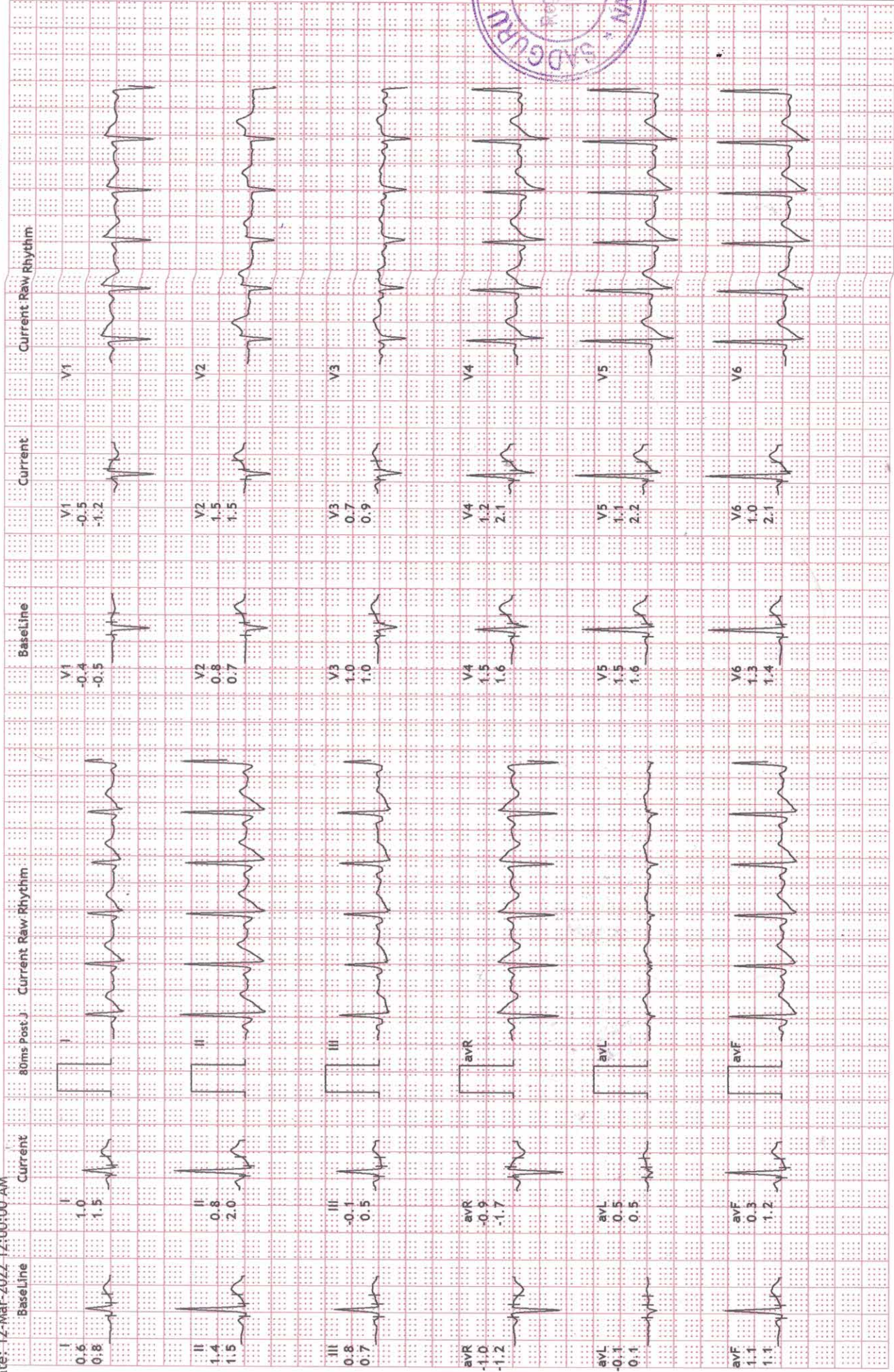
Exercise Time : 8:56 minutes
 Max HR attained : 175 bpm 96% of Max Predictable HR 182
 Max BP : 168/118(mmHg)
 WorkLoad attained : 10.3 (Good Effort Tolerance)
 No significant ST segment changes noted during exercise or recovery.
 No Angina/Arrhythmia/S3/murmur
 Final Impression : Test is **negative** for inducible ischaemia.
 Maximum Depression: 7:06

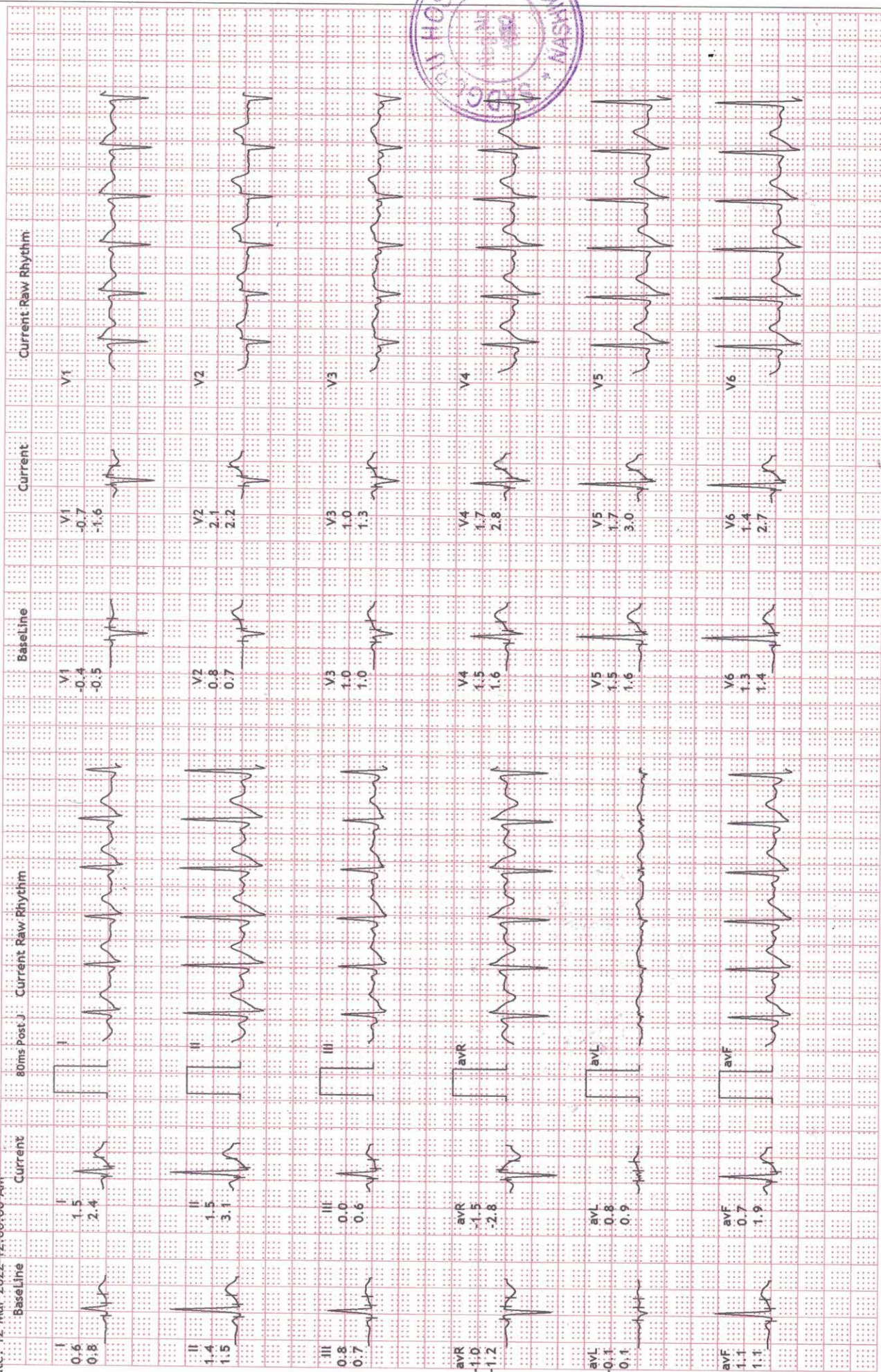
Advice/Comments:

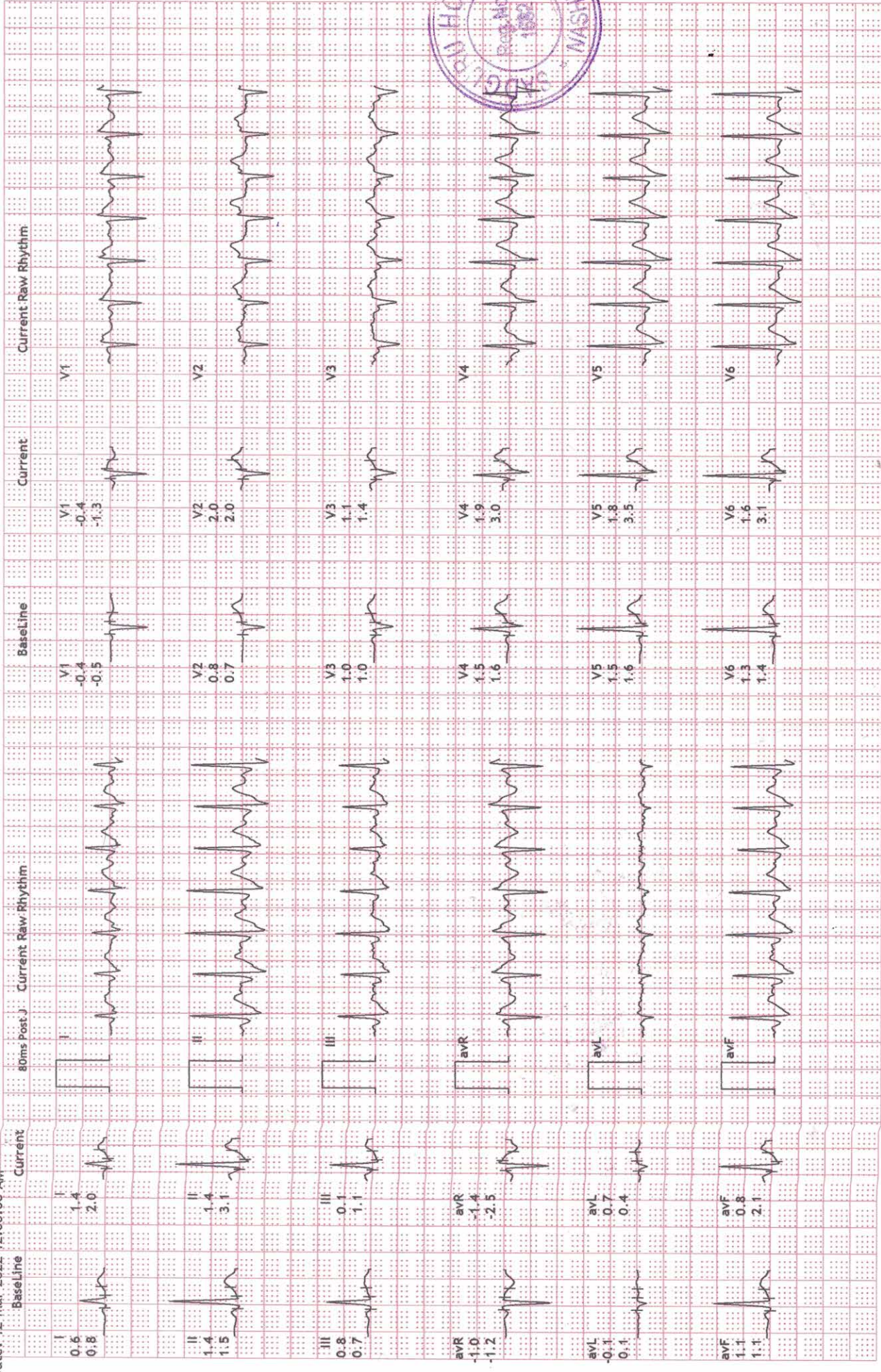
Positive

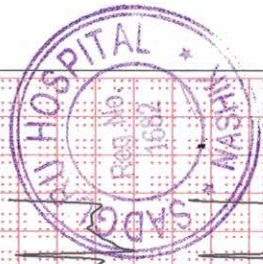
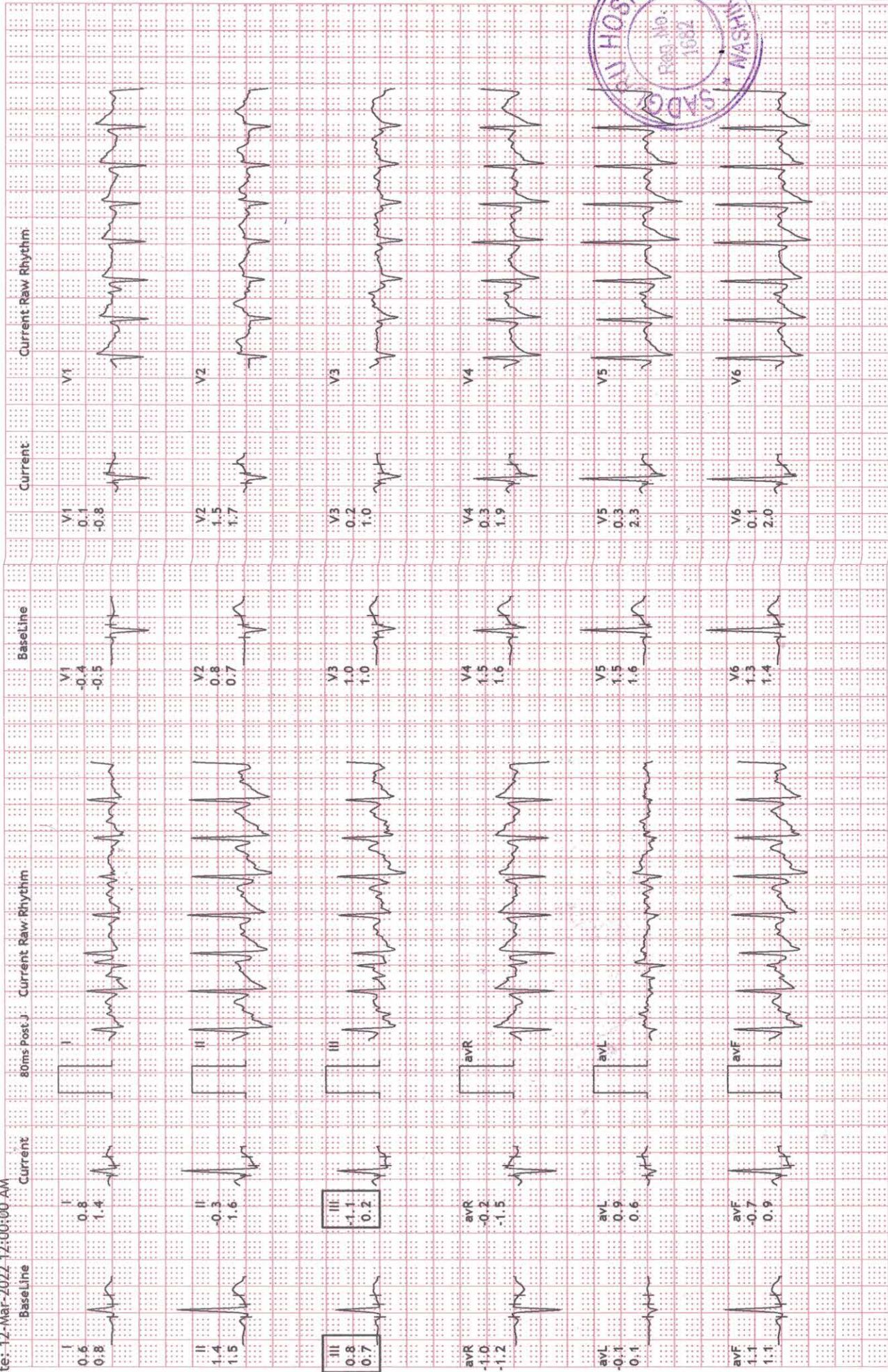
DR. KRISHNA YADAV
 MBBS, MD (Medicine), PGDIP, FID, FCCM
 Reg. No: 100000155
SADGURU HOSPITAL
 OLD ADGAON NAKA, PANCHAVAIL,
 NASHIK-422 003

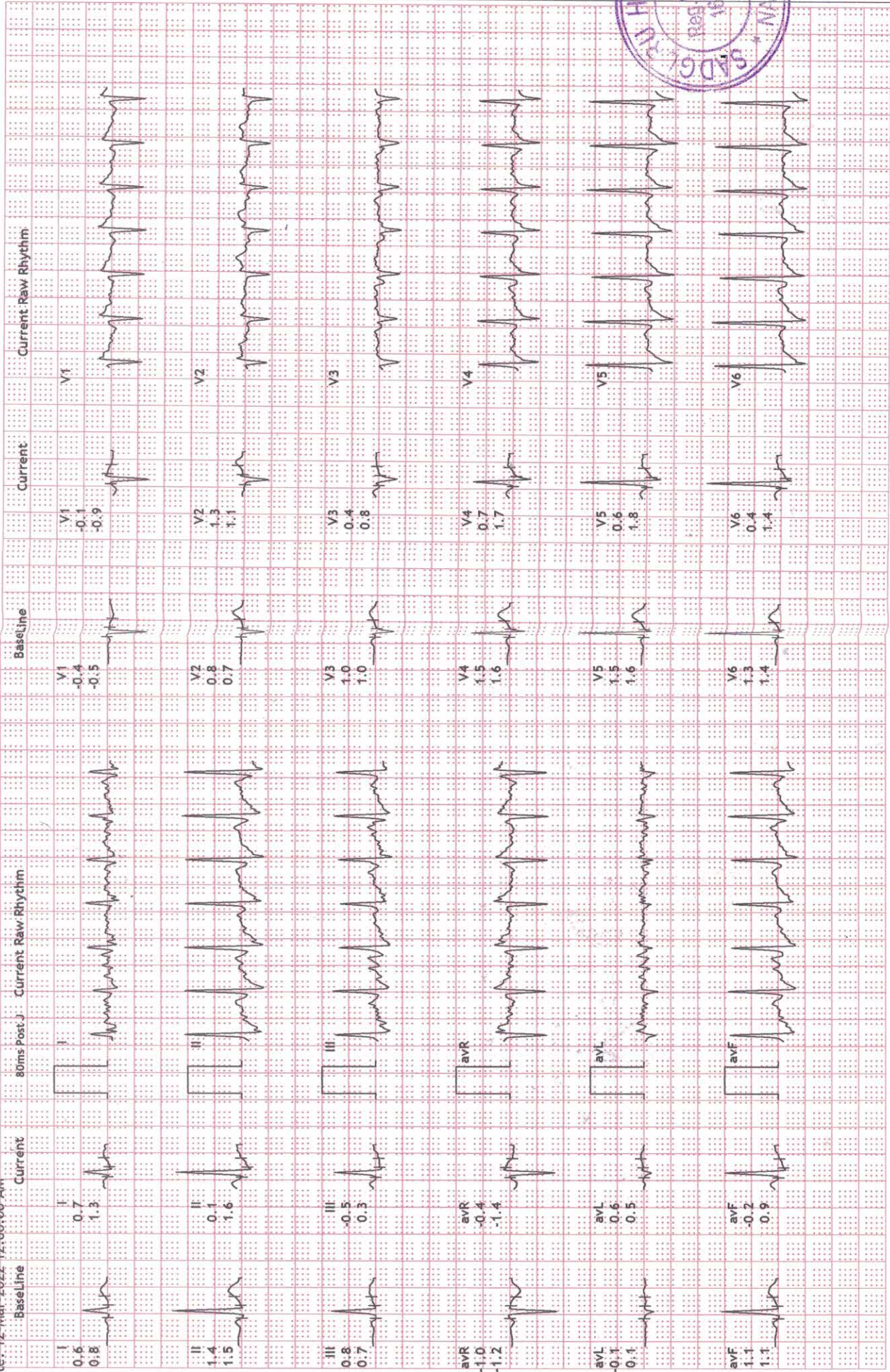
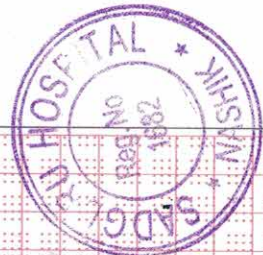


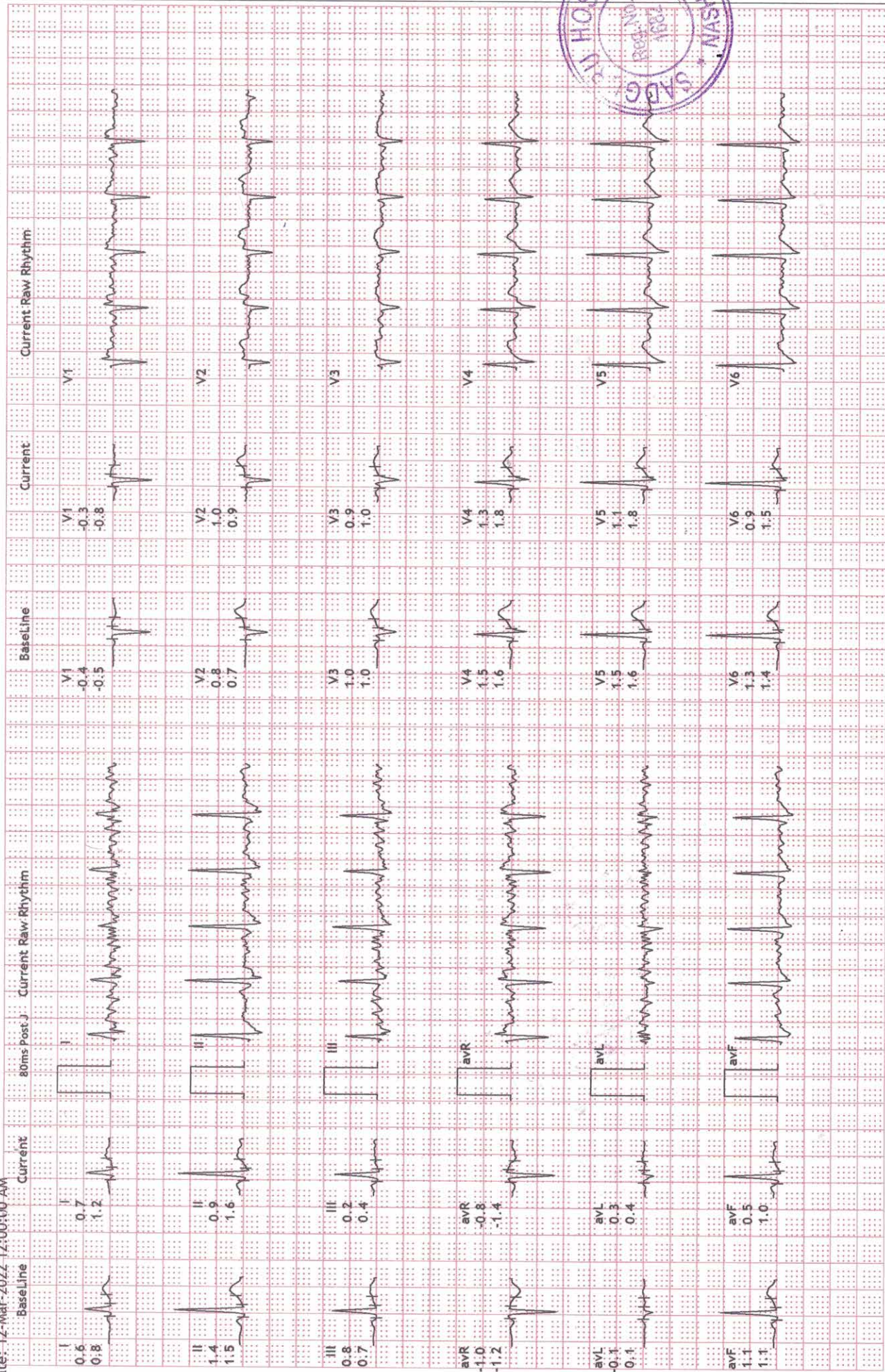


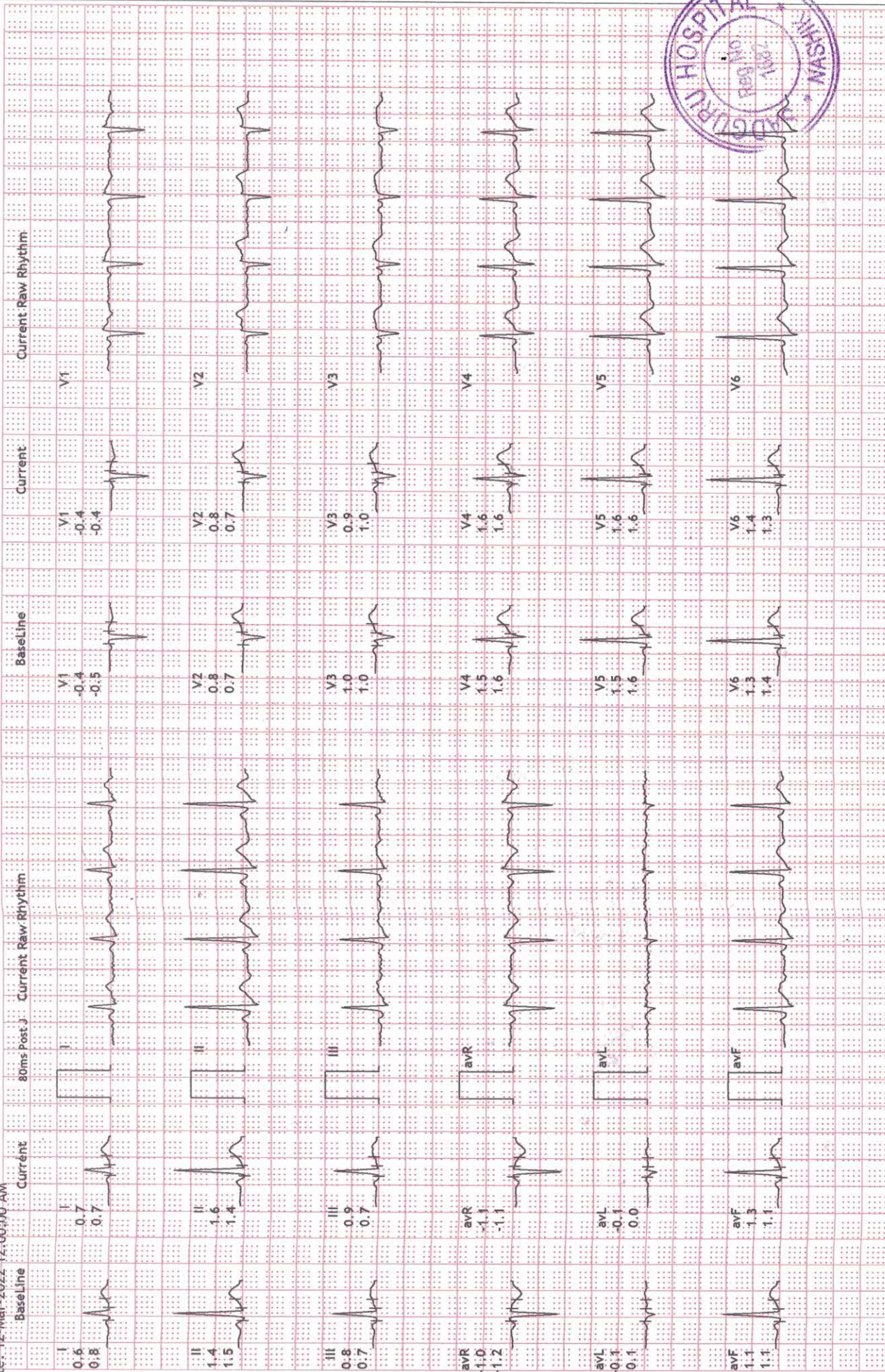


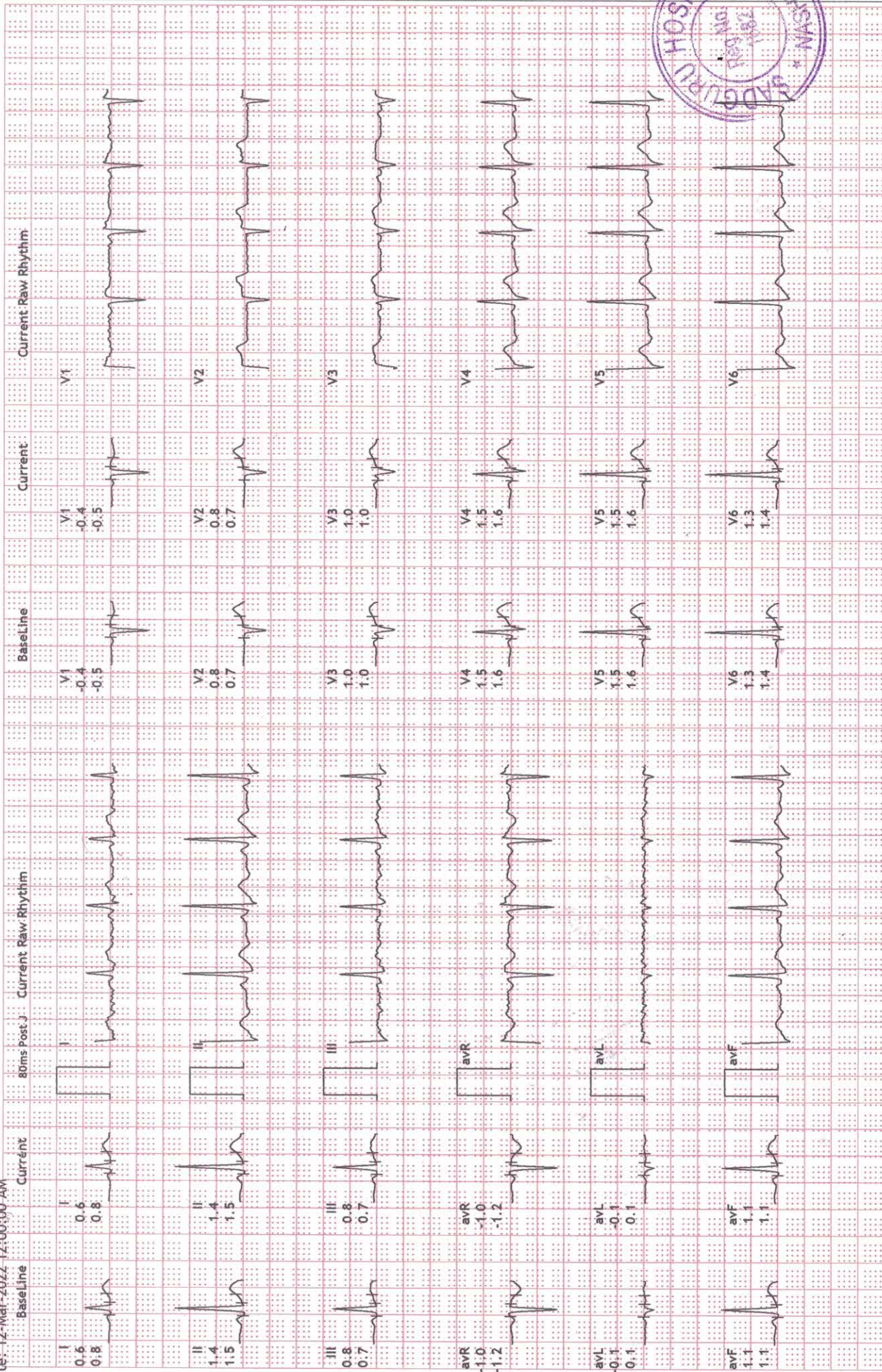


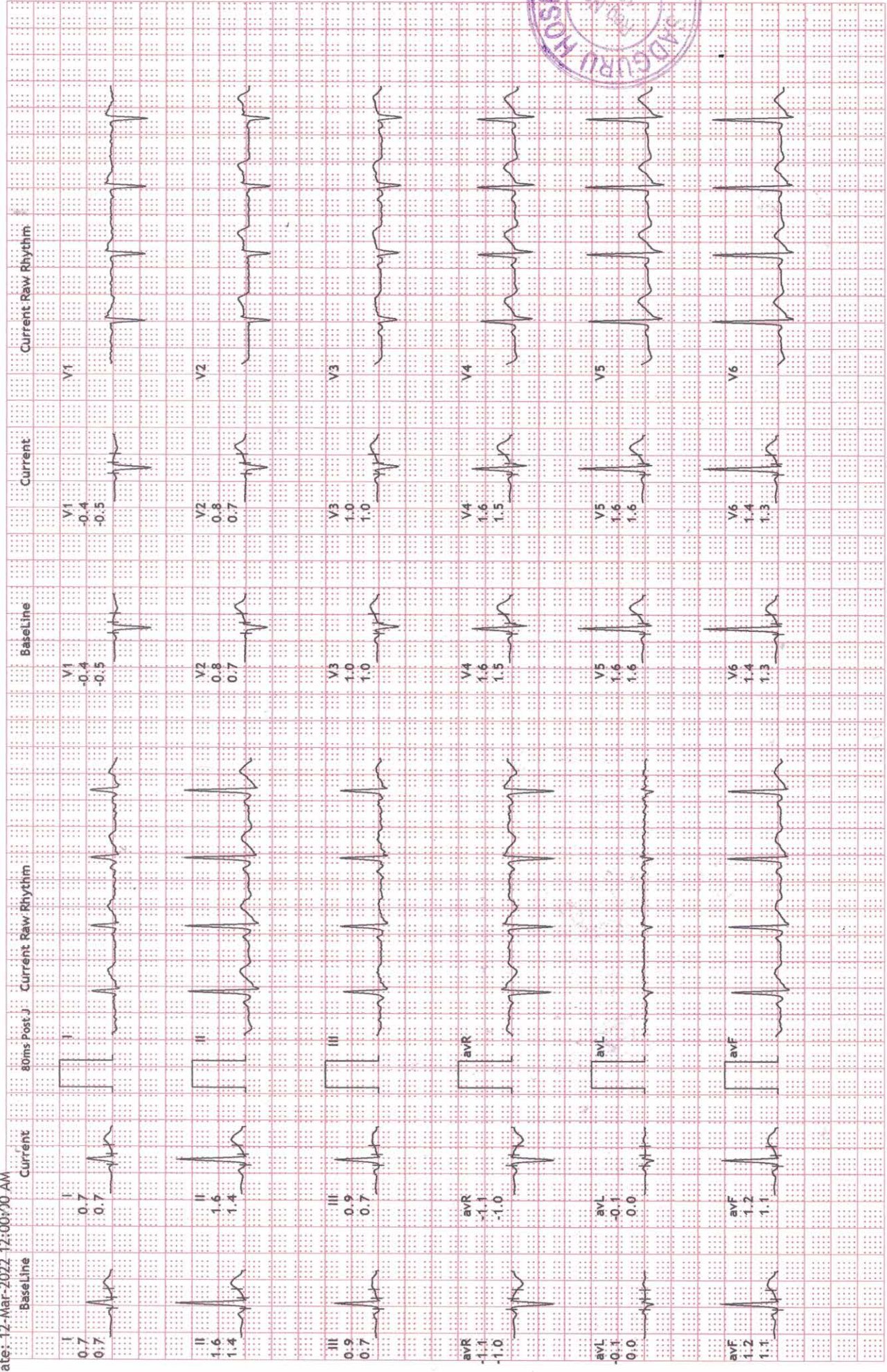














Maple Diagnostics

Patient Name : MR. SUNIL DATTATRAY PAWAR	Date : 12 Mar 2022
Referred By : SADGURU HOSPITAL	Age : 37 YEARS Sex : M

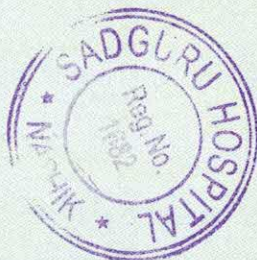
USG-ABDOMEN AND PELVIS

- * LIVER : Normal in size with increase in parenchymal texture.
No focal parenchymal lesion seen.
Intrahepatic biliary and venous channels are normal
- * G B : Partially distended. No obvious gall stones seen.
- * PANCREAS : Normal in size and parenchymal echo pattern with normal peripancreatic planes.
- * SPLEEN : Normal in size, contour with homogenous echo pattern.
- * AORTA & I V C: Normal. No evidence of paraaorta/ paracaval lymphadenopathy
- * KIDNEYS : Normal in size, contour and echotexture.
No calculus or hydronephrosis is seen on both sides.
Renal sinus and cortical echoes are normal.
Peri renal planes are normal.
Cortico-Medullary differentiation is maintained.
RK -9.4 x 4.4 cms LK -9.4 x 4.2 cms.
- * URINARY BLADDER : Well distended. Walls are normal.
- * Prostate is normal.

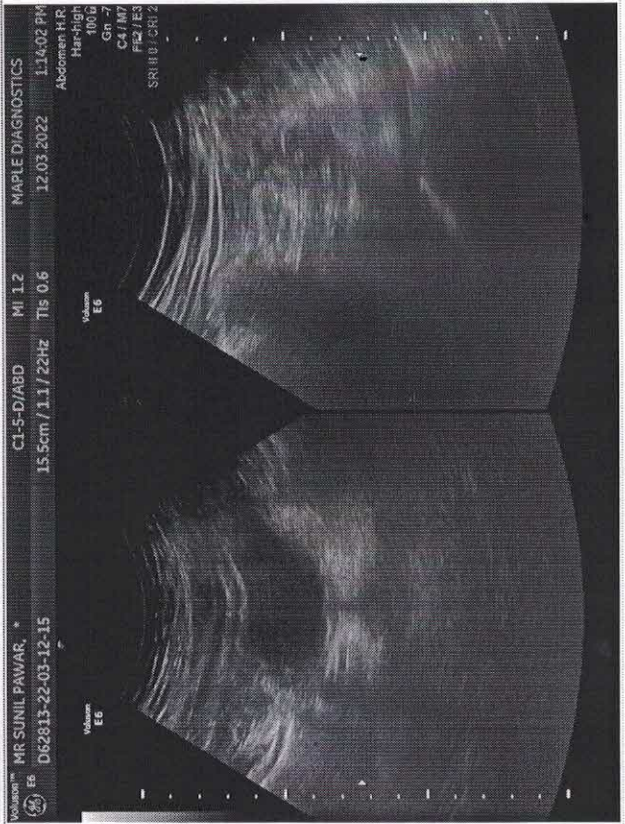
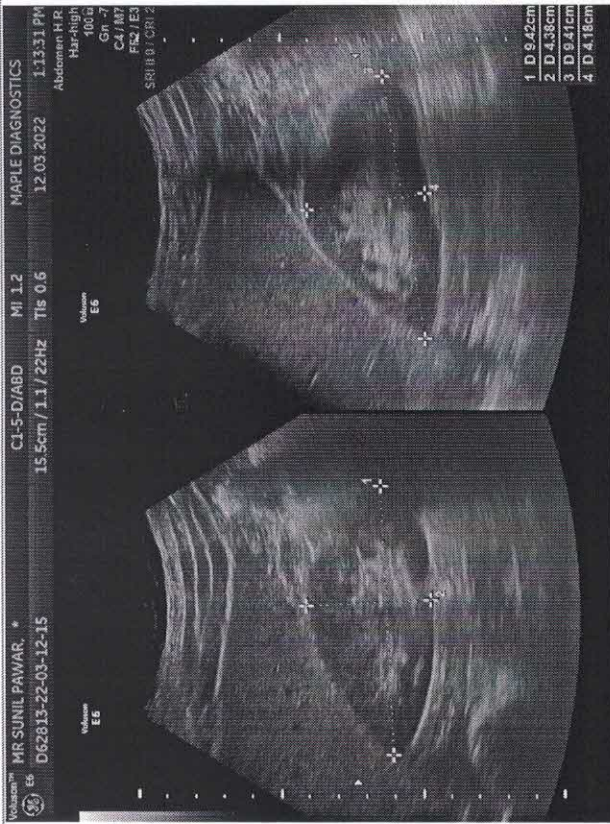
IMPRESSION:

→Grade I fatty changes in liver.


DR. HARDIK PATEL
DNB Radiodiagnosis



MR SUNIL PAWAR, : US From 3/12/2022



Fujifilm

R



MR SUNIL PAWAR 37/Y CHEST PA 12-Mar-22

SADGURU HOSPITAL NASHIK

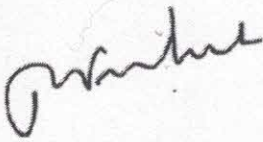
- MULTI SPECIALITY
- CRITICAL CARE
- TRAUMA CARE CENTER

Patient Name : MR SUNIL PAWAR	Patient ID : 0
Age : 37	Sex : Male
Referring Physician : Dr. SADGURU HOSPITAL	Date : March 12, 2022

X-RAY CHEST PA

MR SUNIL PAWAR's plain P.A. Radiograph of chest shows :-
Both lung fields show normal and equal radiolucency.
There is no pulmonary parenchymal abnormal density.
The broncho vascular markings show normal size and distribution.
The hilar shadows are normal in size, position and density.
Both Cardiophrenic and Costophrenic angles are clear.
The Cardiac silhouette is within normal limits.
Aortic shadow is normal.
Rest of the visualized mediastinum shadows are normal.
Both domes of diaphragms are normal.
The visualised bony thorax is normal.

CONCLUSION : NO SIGNIFICANT ABNORMALITY NOTED IN THE CHEST P.A. VIEW RADIOGRAPH.



DR. P.M. Purohit
MD (Radio-Diagnosis), DMRE Reg -2011082753



" Under one roof" Quality Healthcare Centre

SADGURU HOSPITAL & DAIGNOSTIC CENTRE

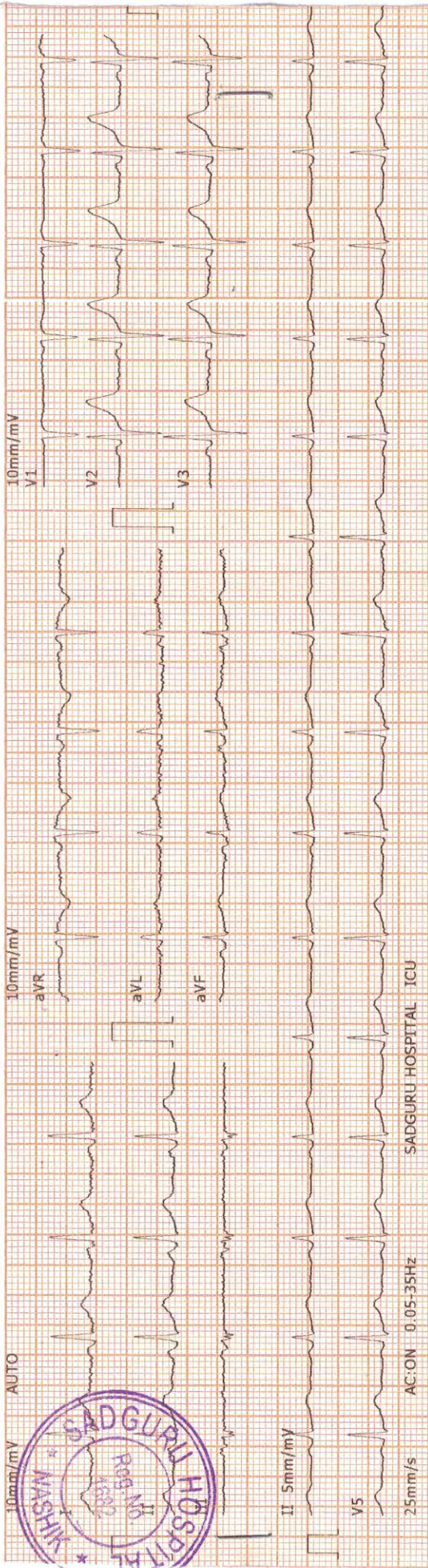
PT NAME:-

SEX:-

AGE:-

INS :-

DATE:-



2022-3-12 13:31:31 ID: 00000577 **1223122 10.45 AM**

ID Card: << Conclusion >>
 Name: **MR Sunit Pawar** 801 Sinus Rhythm
 Age: Height(cm): BP(mmHg): / / ** NORMAL ECG **
 Weight(Kg): / /


HR: bpm 91
 P-R: ms 200
 Q-R-S: ms 106
 QT/QTc: ms 363/446
 P/QRS/T AXES: deg 51/18/58
 RV5/SV1: mV 1.22/0.58
 RV5+SV1: mV 1.78

*The result must be confirmed by doctor!
 Report Confirmed by: DR KRISHNA YADAV

DR. KRISHNA YADAV
 MD (Medicine) FCDGM, PD, FCCM
 Reg. No. 20055/158
SADGURU HOSPITAL,
 OLD ADGAON NAKA, PANCHAVATI,
 NASHIK-422 003

IMPRESSSION :-

DR STAMP :-

Patient ID	: 026	UHID No.	: MEDIWHEEL
Patient Name	: MR. PAWAR SUNIL DATTATRAY	Regn/Sample Date	: 12-Mar-2022 04.32 PM
Age / Sex	: 36 Years / Male	Report Date	: 12-Mar-2022 04.40 PM
Referred By	: SADGURU HOSPITAL	Sample Type	: Whole Blood
		Barcode	

COMPLETE BLOOD COUNT

Investigation	Result	Unit	Bio. Ref. Range
Haemoglobin (HB)	14.6	gm/dl	13-18
RBC	4.58	10 ⁶ /uL	4.7-6.0
PCV	44.8	%	42-52
MCV	97.8	fl	70-100
MCH	31.9	pg	27-31
MCHC	32.6	g/dl	32-36
RDW-CV	14.3	%	11.5-14.5
Platelet count	322000	/cumm	150000-450000
Total Leucocytes Count	7800	/cumm	4000-11000
DIFFERENTIAL LEUCOCYTES COUNT			
Neutrophils	70	%	44-76
Lymphocytes	25	%	20-40
Monocytes	02	%	2-10
Eosinophils	03	%	1-6
Basophils	00	%	0-2

END OF REPORT




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Pravin Bagul

Dr. Pravin Bagul
(MD Path
Consulting Pathologist)

Patient ID	: 026	UHID No.	: MEDIWHEEL
Patient Name	: MR. PAWAR SUNIL DATTATRAY	Regn/Sample Date	: 12-Mar-2022 04.32 PM
Age / Sex	: 36 Years / Male	Report Date	: 12-Mar-2022 04.40 PM
Referred By	: SADGURU HOSPITAL	Sample Type	: Whole Blood
		Barcode	 * 0 2 6 *

HAEMATOLOGY.

Investigation

Result

BLOOD GROUP ABO & RH TYPING

(EDTA Whole Blood)

Blood group (ABO Typing)

O

RhD Factor (Rh typing)

POSITIVE

Method

Manual Slide Hemagglutination

Note

Kindly recheck Blood Group before blood transfusion

ESR (Wintrobe)

08

mm/1hr.

0-9

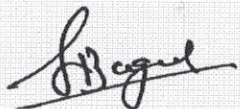
(EDTA Whole Blood)

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Dr. Pravin Bagul
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Consulting Pathologist)

Patient ID	: 026	UHID No.	: MEDIWHEEL
Patient Name	: MR. PAWAR SUNIL DATTATRAY	Regn/Sample Date	: 12-Mar-2022 04.32 PM
Age / Sex	: 36 Years / Male	Report Date	: 12-Mar-2022 04.40 PM
Referred By	: SADGURU HOSPITAL	Sample Type	: SERUM
		Barcode	 * 0 2 6 *

LIVER FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Range
LIVER FUNCTION TEST			
SGOT (AST) (Serum,IFCC)	25.1	U/L	Upto 40
SGPT (ALT) (Serum,IFCC)	30.9	U/L	Upto 40
Bilirubin-Total (Serum,Diazo)	0.80	mg/dL	0.1-1.2
Bilirubin-Direct (Serum,Diazo)	0.40	mg/dL	0.0-0.5
Bilirubin- Indirect	0.40	mg/dL	0.1-1.0
Alkaline Phosphatase (Serum, ALP-AMP)	155.3	U/L	54-306
Total Protein (Serum, Modified Biuret)	6.20	g/dl	6.0-8.5
Albumin (Serum,Bromocresol green)	4.00	g/dl	3.0-5.4
Globulin	2.20	g/dl	1.8-3.6
A/G Ratio (Calculated)	1.82		1.1-2.2

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Patient Name	: MR. PAWAR SUNIL DATTATRAY	Regn/Sample Date	: 12-Mar-2022 04.32 PM
Age / Sex	: 36 Years / Male	Report Date	: 12-Mar-2022 04.40 PM
Referred By	: SADGURU HOSPITAL	Sample Type	: PLASMA PP
		Barcode	

BIOCHEMISTRY


Investigation	Result	Unit	Bio. Ref. Range
Postmeal Blood Glucose (Plasma-PM,GOD-POD)	106.9	mg/dL	Upto 140
Parallel Urine Glucose	SNR		
Fasting Blood Glucose (Plasma-F,GOD-POD)	75.9	mg/dL	60-110
Parallel Urine Glucose	NIL		
Gamma GT (GGTP) (Serum, Enzymatic)	10.8	U/L	9-36
Sr. Uric Acid (Serum, Uricase Peroxidase)	5.2	mg/dL	3.5-7.2
BLOOD UREA NITROGEN (BUN)			
Sr. Blood Urea (Serum,Urease)	24.3	mg/dL	10-50
BUN-Blood Urea Nitrogen	11	mg/dL	8-23
Remark : In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.			
Sr. Blood Urea (Serum,Urease)	24.3	mg/dL	10-50
Remark : In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.			
Sr. Creatinine (Serum,Picrate Alcalin)	0.90	mg/dL	0.5-1.3

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Pravin Bagul
Dr. Pravin Bagul
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Patient ID	: 026	UHID No.	: MEDIWHEEL
Patient Name	: MR. PAWAR SUNIL DATTATRAY	Regn/Sample Date	: 12-Mar-2022 04.32 PM
Age / Sex	: 36 Years / Male	Report Date	: 12-Mar-2022 04.40 PM
Referred By	: SADGURU HOSPITAL	Sample Type	: SERUM
		Barcode	

LIPID PROFILE

Investigation	Result	Unit	Bio. Ref. Range
Nature Of Sample (Serum, Enzymatic)	Fasting		
Serum Cholesterol -Total	176.9	mg/dL	Desirable - Upto 200 Borderline High - 200-239 High - Above 240
Serum Triglycerides	140.3	mg/dL	Normal: Below 150 Borderline High :150-199 High : 200-499 Very High : >= 500
HDL Cholesterol	42.8	mg/dL	Major risk factor for heart disease: < 40 Negative risk factor for heart disease: >=60
LDL Cholesterol	106	mg/dL	Optimal: < 100 Near Optimal/Above Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
VLDL Cholesterol	28	mg/dL	6-38
CHOL/HDL Ratio	4.13	Ratio	0-4.5
LDL / HDL Ratio	2.5	Ratio	1.5-3.5

Note: Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

VLDL, CHOL/HDL Ratio, LDL/HDL Ratio, LDL Cholesterol, serum, are calculated parameter

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Patient ID	: 026	UHID No.	: MEDIWHEEL
Patient Name	: MR. PAWAR SUNIL DATTATRAY	Regn/Sample Date	: 12-Mar-2022 04.32 PM
Age / Sex	: 36 Years / Male	Report Date	: 12-Mar-2022 04.40 PM
Referred By	: SADGURU HOSPITAL	Sample Type	: Whole Blood
		Barcode	

BIOCHEMISTRY.

Investigation	Result	Unit	Bio. Ref. Range
HbA1C	5.1	%	Non-diabetic: ≤ 5.8 Pre-diabetic: 5.9-6.4 Diabetic: ≥ 6.5
Mean Blood Glucose level	100	mg/dL	
Method	Nephelometry		

INTERPRETATION :

- HbA1c is used for monitoring diabetic control . If reflects the estimated average glucose (eAG) .
- HbA1c has been endorsed by clinical groups & ADA(American Diabetes Association) guidelines 2012 , for diagnosis of diabetes using a cut- off point of 6.5%. ADA defined biological reference range for HbA1c is 4% - 6%. Patient with HbA1c value between 6.0% to 6.5% are considered at risk for developing diabetes in the future .
- Trends in HbA1c are a better indicator of diabetes control than a solitary test .
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 % , Fair to Good Control - 7 to 8 % , Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

----- END OF REPORT -----


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P. Bagul


Dr. Pravin Bagul
(MD Path
Consulting Pathologist)

Patient ID	: 026	UHID No.	: MEDIWHEEL
Patient Name	: MR. PAWAR SUNIL DATTATRAY	Regn/Sample Date	: 12-Mar-2022 04.32 PM
Age / Sex	: 36 Years / Male	Report Date	: 12-Mar-2022 04.40 PM
Referred By	: SADGURU HOSPITAL	Sample Type	: URINE
		Barcode	 * 0 2 6 *


REPORT ON URINE ROUTINE

Investigation	Result
Specimen Name	Urine
PHYSICAL EXAMINATION	
Nature of specimen	Random
Colour	Pale Yellow
Transparency (Appearance)	Clear
Reaction (pH)	Acidic
Quantity	15 ml
Deposits	Absent
Specific Gravity	1.020
CHEMICAL EXAMINATION	
Urine Protein (Albumin)	Absent
Urine Glucose (Sugar)	Absent
Urine Ketones (Acetone)	Absent
Bile pigments	Absent
Bile Salt	Absent
MICROSCOPIC EXAMINATION	
Red blood cells	Not Seen
WBCs (WBCs)	1-2/hpf
Epithelial cells	0-1/hpf
Crystals	Not seen
Cast	Not seen
Bacteria	Absent

END OF REPORT


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Dr. Pravin Bagul
(MD Path
Consulting Pathologist)



Patient Name : Pawar Sunil Dattatray
Age/Sex : 36 Years / Male | **Regn. No.** : 220817
Reference By : Self | **Regn. Date** : 12/03/2022 18:30
Collection Center : Sadguru Hos./Lab (Panchavati) | **Report Date** : 12/03/2022 20:17

IMMUNO ASSAY

Test Name	Result	Units	Biological Reference Interval
Total Triiodothyronine (T3) :	130.2	ng/dl	[80 - 200 ng/dl] For Pregnancy: First Trimester: 81-190 Second Trimester: 100-260 Third Trimester: 100-260
Total Thyroxine (T4) :	8.65	µg/dl	[4.5 - 14.1 ug/dl]
Thyroid Stimulating Hormone (ultra TSH) :	0.972	µIU/ml	[0.270 - 4.2] For Pregnancy: First Trimester: 0.1-2.5 Second Trimester: 0.2-3.0

Method: Fully Automated ElectroChemiluminescence System

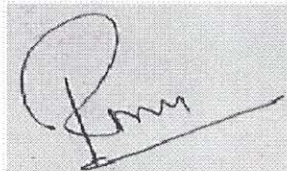
Test Done On Fully Automated Cobas e411_Japan

*Result relates only to the sample as received. Kindly correlate with clinical conditions.

NOTE:

1. Decreased T3 (normal T4 & TSH) have minimal clinical significance and are not recommended for diagnosis of hypothyroidism
2. Total T3 may be decreased by < 25% in healthy older individuals.
3. Total T3 & T4 values may also be altered under other conditions like pregnancy, drugs (androgens,estrogens, O C phenytoin) nephrosis etc. In such cases free T3 and Free T4 are preferred tests.
4. Clinically correlate the result or repeat the tests with fresh sample if TSH values are between 5 - 15 mIU/L as physiological factors may give falsely high TSH.

----- END OF REPORT -----



Dr. Mrs. Reshma Mankar
 MD, DPB (Pathology)
 Consulting Pathologist

