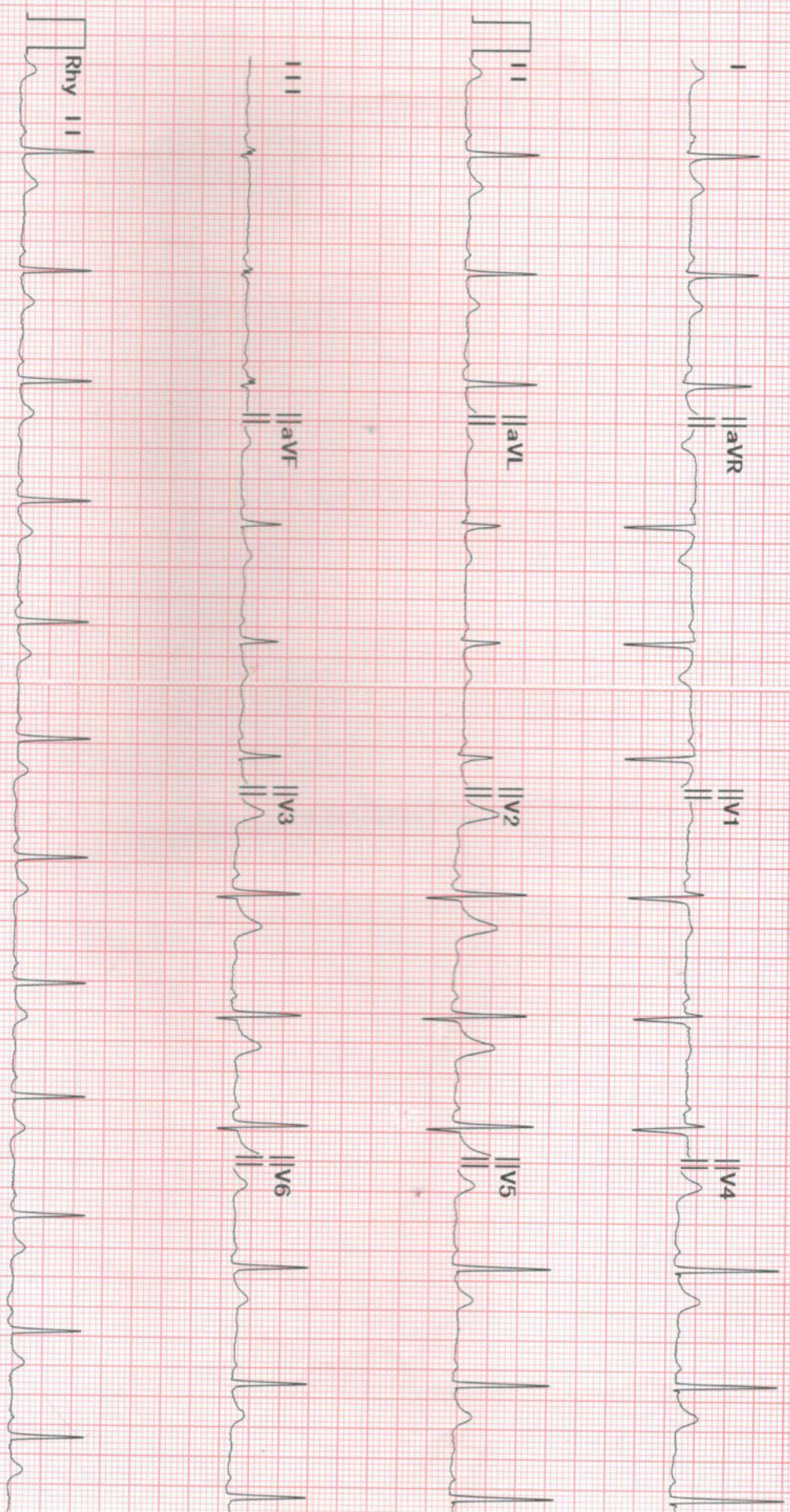


ID : 2304080013
Name :
Sex :
Divisions :

Data Time : 2023-04-08 09:07
Age :
BP : mmHg
Bed No. :

Hospital :
Height : cm
Weight : kg
Hospital No. :



Diagnosis for reference, ask your doctor to confirm
AUTO PRINT 3X4+1R 76bpm 10 mm/mV 0.50Hz-45Hz AC 50Hz 25 mm/sec

Confirmed By :

42120

MICRO MED 04/08/23 G. SUIJES/1164

Patient ID : 080423013

Patient Name : MR. SURYAWANSHI VIJAY M

Age / Gender : 28 YEARS / MALE

Ref. By : RECEPTION AIMS

Affiliation : AIMS HOSPITAL



Registration Date : 08-Apr-2023 8:54 AM

Sample Collected on : 08-Apr-2023 8:54 AM

Sample Received on : 08-Apr-2023 11:13 AM

Report Released on : 08-Apr-2023 2:01 PM

Glycosylated Haemoglobin (HbA1c)

Investigation	Result	Unit	Bio. Ref. Range
HbA1c (HPLC)	4.9	%	Above 8% : Action Suggested Between 6-8% : Goal Below 6% : Non-Diabetic Level
Sample Type : EDTA Whole Blood Method : Fully Automated H.P.L.C.			
Average Blood Glucose (ABG)	94	mg/dL	90 - 120 : Excellent Control 121 - 150 : Good Control 151 - 180 : Average Control 181 - 210 : Action Suggested > 211 : Panic Value

Method : Derived from HbA1c values

INTERPRETATION :

NOTE : HbA1c PARAMETER IS NGSP LEVEL 1 CERTIFIED.

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & hemolytic), chronic renal failure and liver diseases, Clinic correlation is suggested.
- To estimate the eAG from the HbA1c value, the following equation is used : $eAG (mg/dl) = 28.7A1c - 46.7$
- Interference of Hemoglobinopathies in HbA1c estimation.
 - For hbF > 25%, an alternate platform (FRUCTOSAMINE) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/Tosho G8 is corrected for HbS and HbC trait).
- 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 %

Lab Equipment

Test performed on Fully Automated Biorad D10 - HbA1c Analyzer

Page 1 of 12

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MD (Pathology)
Reg. No. 2013/04/0704

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Patient ID : 080423013
Patient Name : MR. SURYAWANSHI VIJAY M
Age / Gender : 28 YEARS / MALE
Ref. By : RECEPTION AIMS
Affiliation : AIMS HOSPITAL



Registration Date : 08-Apr-2023 8:54 AM
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Report Released on : 08-Apr-2023 11:58 AM

BLOOD GROUP**Investigation****Result****Blood Group ABO & Rh Typing**

(EDTA Whole Blood)

Blood group (ABO Typing)

"B"

RhD Factor (Rh typing)

Positive

Method

Manual Slide Hemagglutination

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ECG at Home

X-Ray at Home

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Patient ID : 080423013
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Age / Gender : 28 YEARS / MALE
Ref. By : RECEPTION AIMS
Affiliation : AIMS HOSPITAL



Registration Date : 08-Apr-2023 8:54 AM
Sample Collected on : 08-Apr-2023 8:54 AM
Sample Received on : 08-Apr-2023 11:13 AM
Report Released on : 08-Apr-2023 11:47 AM

COMPLETE BLOOD COUNT

Investigation	Result	Unit	Bio. Ref. Range
RBC PARAMETERS			
Haemoglobin (HB)	17.7	gm%	13.5-18.0
Red Blood Cells (RBC)	6.1	mill/c.mm	4.5-5.5
Packed Cell Volume (PCV/HCT)	54	%	40.0-50.0
Mean Corpuscular Volume (MCV)	88.0	fl	83.0-101.0
Mean Corpuscular Hemoglobin(MCH)	29.1	pg	27.0-32.0
Mean Corp. Hemo. Conc.(MCHC)	32.9	g/dl	31.5-34.5
Red Cell Distribution Width (RDW-CV)	13.3	%	11.6-14.0
WBC PARAMETERS			
Total Leucocytes Count(TLC)	9500	/ cumm	4000-10000
Neutrophils	56.8	%	40-80
Lymphocytes	30.3	%	20-40
Eosinophils	7.7	%	01-06
Monocytes	5.1	%	2-10
Basophils	0.1	%	00-01
Absolute Neutrophil Count	5396	/ cumm	2000-7000
Absolute Lymphocyte Count	2879	/ cumm	1000-4000
Absolute Eosinophil Count	732	/ cumm	20-500
Absolute Monocyte Count	485	/ cumm	200-1000
Absolute Basophil Count	10	/ cumm	20-100
PLATELET PARAMETERS			
Platelet count	254	x 10 ³ /cm	150-450
Mean Platelet Volume (MPV)	10.1	fl	9.0-13.0
Platelet Cell Distribution Width (PDW)	19.3	%	9-17
Platelecrit (PCT)	0.26	%	0.2-0.5

PERIPHERIAL SMEAR FINDINGS:

Morphology of W.B.C.s : Mild eosinophilia.
Morphology of R.B.C.s : Predominantly Normocytic Normochromic
Microcytes : -
Macrocytes : -
Anisocytosis : -
Poikilocytosis : -
Hypochromia : -
Polychromasia : -
Oval Cells : -
Target Cells : -



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Patient ID : 080423013
Patient Name : MR. SURYAWANSHI VIJAY M
Age / Gender : 28 YEARS / MALE
Ref. By : RECEPTION AIMS
Affiliation : AIMS HOSPITAL



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COMPLETE BLOOD COUNT

Investigation	Result	Unit	Bio. Ref. Range
---------------	--------	------	-----------------

Pencil Cells

-

Platelets on Smear

Adequate

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ECG at Home

X-Ray at Home

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Patient ID : 080423013
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 Age / Gender : 28 YEARS / MALE
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 Affiliation : AIMS HOSPITAL



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Report Released on : 08-Apr-2023 12:20 PM

HAEMATOLOGY

Investigation	Result	Unit	Bio. Ref. Range
ESR (Western)			
ESR (Western) (EDTA Whole Blood)	07	mm/1hr.	0-9
Method	Western		
Page 5 of 12	----- END OF REPORT -----		



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ECG at Home

X-Ray at Home

Patient ID : 080423013

Patient Name : MR. SURYAWANSHI VIJAY M

Age / Gender : 28 YEARS / MALE

Ref. By : RECEPTION AIMS

Affiliation : AIMS HOSPITAL



Registration Date : 08-Apr-2023 8:54 AM

Sample Collected on : 08-Apr-2023 8:54 AM

Sample Received on : 08-Apr-2023 11:13 AM

Report Released on : 08-Apr-2023 12:02 PM

LIPID PROFILE

Investigation	Result	Unit	Bio. Ref. Range
Sample Type : SERUM			
Serum Triglycerides	192.0	mg/dL	Normal - Below 150 mg/dL Borderline High - 150-199 mg/dL High - 200-499 mg/dL
Method : Glycerol Phosphate Oxidase			
Serum Cholesterol -Total	180.0	mg/dL	No Risk - Below 200 mg/dL Moderate Risk - 200-239 mg/dL High Risk - Above 240 mg/dL
Method : Enzymatic			
HDL Cholesterol	35.0	mg/dL	Low - Below 40 High - Above 60
Method : Accelerator Selective Detergent			
NON - HDL Cholesterol	145.0	mg/dL	0-130
Method : Calculated			
LDL Cholesterol	106.6	mg/dL	Optimal : Below 100 mg/dL Near/Above Optimal : 100-129 mg/dL Borderline High : 130-159 mg/dL High : 160-189 mg/dL Very High : Above 180 mg/dL
Method : Liquid Selective Detergent			
VLDL Cholesterol	38.4	mg/dL	7-35
Method : Calculated			
LDL / HDL Ratio	3.0	Ratio	0-3.51
Method : Calculated			
CHOL/HDL Ratio	5.1	Ratio	3.0-5.0
Method : Calculated			

Lab Equipment : Roche Cobas-C311

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Patient ID : 080423013
Patient Name : MR. SURYAWANSHI VIJAY M
Age / Gender : 28 YEARS / MALE
Ref. By : RECEPTION AIMS
Affiliation : AIMS HOSPITAL



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CALCIUM**Investigation****Result****Unit****Bio. Ref. Range**

Sample Type : SERUM

Sr. Calcium

9.7

mg/dL

8.6-10.0

Method

Arsenazo III

Lab Equipment

Roche Cobas-C311

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Blood Test at Home**ECG at Home****X-Ray at Home**

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Patient ID : 080423013
Patient Name : MR. SURYAWANSHI VIJAY M
Age / Gender : 28 YEARS / MALE
Ref. By : RECEPTION AIMS
Affiliation : AIMS HOSPITAL



Registration Date : 08-Apr-2023 8:54 AM
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Report Released on : 08-Apr-2023 12:02 PM

LIVER FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Range
Liver Function Test			
Bilirubin-Total	0.38	mg/dL	0.2-1.2
Bilirubin-Direct	0.09	mg/dL	0.0-0.5
Bilirubin- Indirect	0.29	mg/dL	0.1-1.0
SGOT (AST)	23.6	U/L	0-40
SGPT (ALT)	55	U/L	0-45
Alkaline Phosphatase	101	U/L	40-130
Total Protein	7.29	g/dl	6.6-8.7
Albumin	4.53	g/dl	3.5-5.0
Globulin	2.76	g/dl	1.8-3.6
A/G Ratio	1.64	Text	1.1-2.2

Lab Equipment : Roche Cobas C-311

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Patient ID : 080423013
Patient Name : MR. SURYAWANSHI VIJAY M
 Age / Gender : 28 YEARS / MALE
 Ref. By : RECEPTION AIMS
 Affiliation : AIMS HOSPITAL



Registration Date : 08-Apr-2023 8:54 AM
Sample Collected on : 08-Apr-2023 8:54 AM
Sample Received on : 08-Apr-2023 11:13 AM
Report Released on : 08-Apr-2023 12:20 PM

POSTPRANDIAL PLASMA GLUCOSE

Investigation	Result	Unit	Bio. Ref. Range
Sample Type : Fluoride Plasma			
Post Prandial Plasma Glucose	80	mg/dL	70-140
Method	(2 hrs. after Lunch) (Hexokinase/G-6-PDH)		
Note	<p>AS PER AMERICAN DIABETES ASSOCIATION 2015 UPDATE-</p> <p>POSTPRANDIAL/POST GLUCOSE (75 grams)</p> <ul style="list-style-type: none"> - Normal glucose tolerance : 70-139 mg/dl - Impaired glucose tolerance : 140-199 mg/dl - Diabetes mellitus : ≥ 200 mg/dl <p>***Any positive criteria should be tested on subsequent day with same or other criteria</p>		



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Patient ID : 080423013
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 Age / Gender : 28 YEARS / MALE
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 Affiliation : AIMS HOSPITAL



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Sample Received on : 08-Apr-2023 11:13 AM
Report Released on : 08-Apr-2023 12:01 PM

BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Range
---------------	--------	------	-----------------

Blood Sugar Fasting

77 mg/dL 70-110

Method (Hexokinase/G-6-PDH)

Note AS PER AMERICAN DIABETES ASSOCIATION 2015 UPDATE-

FASTING GLUCOSE LEVEL-

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : ≥ 126 mg/dl

***Any positive criteria should be tested on subsequent day
with same or other criteria.

Renel Function Test

Blood Urea	22.8	mg/dL	10-50
Creatinine	0.91	mg/dL	0.5-1.4
Sr. Uric Acid	6.2	mg/dL	3.5-7.2
Sr. Calcium	9.7	mg/dL	8.5-10.5
BUN-Blood Urea Nitrogen	11	mg/dL	8-23
BUN / Sr.Creatinine Ratio	12	Ratio	9:1 - 23:1

Lab Equipment : Roche Cobas-C311

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X-Ray at Home

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Patient ID : 080423013

Patient Name : MR. SURYAWANSHI VIJAY M

Age / Gender : 28 YEARS / MALE

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Affiliation : AIMS HOSPITAL



Registration Date : 08-Apr-2023 8:54 AM

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Sample Received on : 08-Apr-2023 11:13 AM

Report Released on : 08-Apr-2023 12:57 PM

THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Range
Total Triiodothyronine (T3) Method ECLIA	85.82	ng/dl	70-204
Total Thyroxine (T4) Method ECLIA	6.78	ug/dl	4.6-10.5
Thyroid Stimulating Hormone (TSH) Method ECLIA	2.54	uIU/mL	0.27-4.2

REFERENCE : TIETZ Fundamentals of ClinicalChemistry

INTERPRETATION :

- Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism.
- Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 gives corrected values.
- Total T3 may decrease by <25 percent in healthy older individuals. - In cases of primary hypothyroidism, T3 and T4 levels are low and TSH is significantly elevated. In the case of pituitary dysfunction, either due to intrinsic hypothalamic or pituitary disease i.e central hypothyroidism, normal or marginally elevated basal TSH levels are often seen despite significant reduction in T4 and T3 levels.

- Primary hyperthyroidism (eg: Grave's disease, nodular goiter) is associated with high levels of thyroid hormones and depressed or undetectable levels of TSH.

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Blood Test at Home

ECG at Home

X-Ray at Home

Patient ID : 080423013

Patient Name : MR. SURYAWANSHI VIJAY M

Age / Gender : 28 YEARS / MALE

Ref. By : RECEPTION AIMS

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Sample Received on : 08-Apr-2023 11:13 AM

Report Released on : 08-Apr-2023 1:11 PM

Urine Routine

Investigation

Result

Unit

Bio. Ref. Range

Sample Type : URINE

PHYSICAL EXAMINATION

Quantity	30 ml		
Colour	Pale Yellow		
Appearance	Slightly Hazy		
pH	6.0	-	4.6-8.0
Specific Gravity	1.030	-	1.003-1.035

CHEMICAL EXAMINATION

Protein	Absent		
Sugar	Absent		
Ketone Bodies	Absent		
Nitrite	Absent		
Blood	Absent		
Bile Salts	Absent		
Bile Pigments	Absent		
Urobilinogen	Absent		

MICROSCOPIC EXAMINATION

Epithelial Cells	Occasional		
Pus Cells	Occasional	cells/hpf	0-5 cells/hpf
Red Blood Cells	Absent		
Casts	Absent		
Crystals	Absent		
Amorphous Materials	Absent		
Bacteria	Absent		
Yeast Cells	Absent		
Trichomonas Vaginalis	Absent		
Mucus	Absent		

METHOD: Chemical Examination is done by Strip Method

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Reg. No. 2013/04/0704

2D ECHO / COLOUR DOPPLER

NAME : MR. VIJAY SURYAWANSHI
REF BY : DR. HOSPITAL PATIENT

28 Yrs/M

OPD
8-Apr-23

M - Mode values

Doppler Values

AORTIC ROOT (mm)	21	TAPSE	
LEFT ATRIUM (mm)	24		
RV (mm)		AORTIC VEL (m/sec)	1.1
LVID - D (mm)	41	PG (mmHg)	5
LVID - S (mm)	24	MITRAL E VEL (m/sec)	0.7
IVS - D (mm)	10	A VEL (m/ sec)	0.5
LVPW -D (mm)	9	TDI. e' (cm/sec)	
EJECTION FRACTION (%)	60	E/e'	

REPORT

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

Pliable mitral valve., Trace Mitral regurgitation.
Normal mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve
Trivial tricuspid regurgitation,
PA pressure = 19 mmHg - normal

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

IMPRESSION :

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


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

(NORMAL 2D-ECHO & COLOR DOPPLER DOESN'T RULE OUT ISCHAEMIC HEART DISEASE)

SURYAWANSHI, VIJAY

Tabular Summary

Patient ID 19093
 08.04.2023
 10:03:09
 Male
 28yrs
 Meds:

Test Reason: Screening for CAD
 Medical History: NO HISTORY.

Ref. MD: Ordering MD:
 Technician: RUPALL Test Type: Treadmill Stress Test
 Comment:

BRUCE: Total Exercise Time 08:05
 Max HR: 169 bpm 88% of max predicted 192 bpm HR at rest: 88
 Max BP: 130/90 mmHg BP at rest: 120/80 Max RPP: 21125 mmHg*bpm
 Maximum Workload: 10.10 METS
 Max. ST: -0.11 mV, 0.00 mV/s in III; RECOVERY 00:50
 ST/HR index: 0.06 μ V/bpm

Reasons for Termination: Fatigue

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
 ACHIEVED 88% THR ON RX.

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 2005/08/1520

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST Level (III mV)	Comment
PRETEST	SUPINE	00:55	0.00	0.00	1.0	76	120/80	9120	0	-0.06	
	STANDING	01:58	0.00	0.00	1.0	85	120/80	10200	0	-0.07	
	HYPERV.	01:00	0.50	0.00	1.2	92			0	-0.09	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	130	120/80	15600	0	-0.09	
	STAGE 2	03:00	2.50	12.00	7.0	148	120/80	17760	0	-0.07	
	STAGE 3	02:05	3.40	14.00	10.1	169	125/85	21125	0	-0.07	
RECOVERY		02:51	0.00	0.00	1.0	107	130/90	13910	0	-0.04	

GE CardioSoft V6.61 (2)

Unconfirmed

Attending MD:

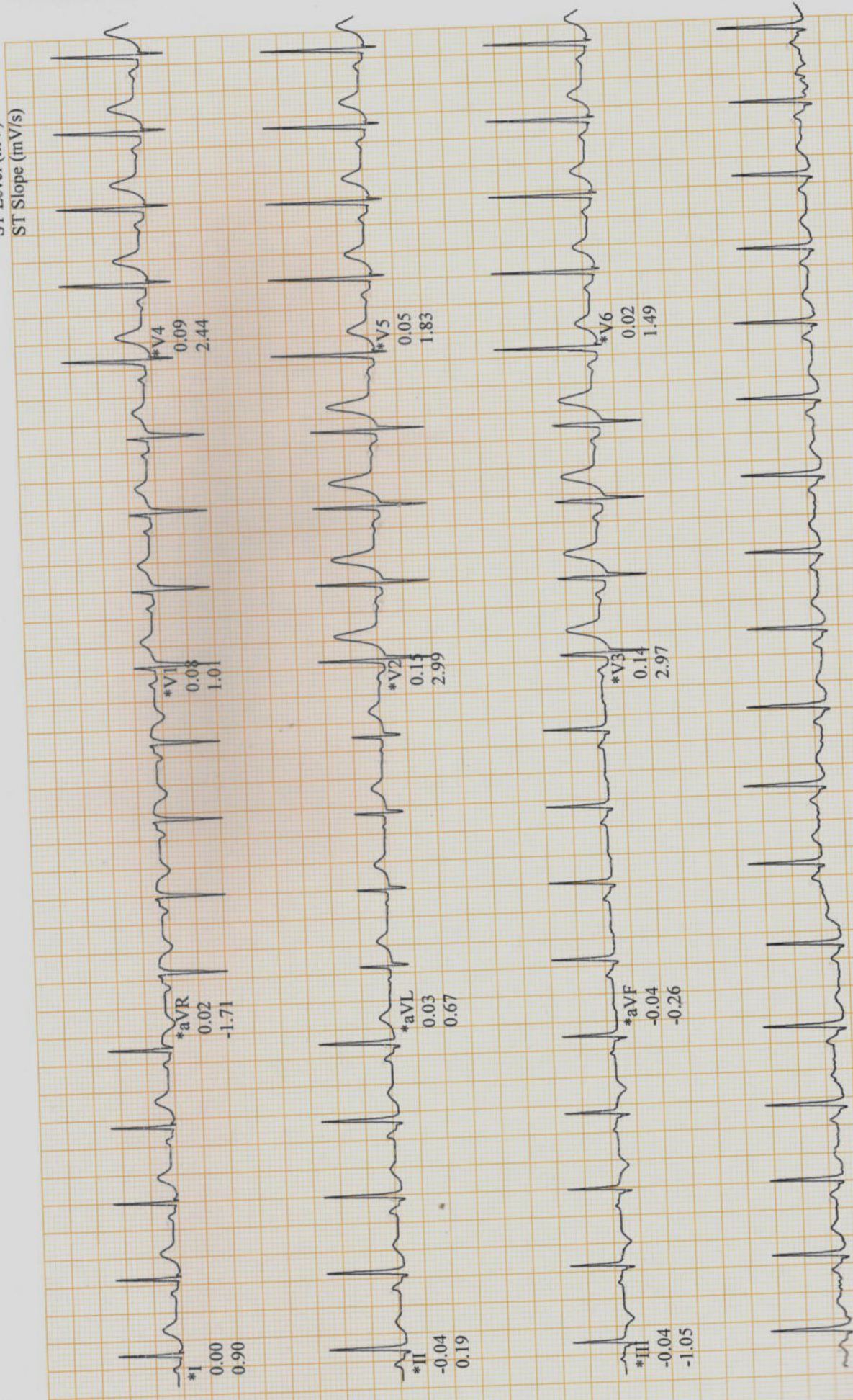
SURYAWANSHI, VIJAY
Patient ID 19093
08.04.2023
10:17:56

Linked Medians
RECOVERY
#1
02:50

BRUCE
0.0 mph
0.0 %

107 bpm
130/90 mmHg

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



II
Raw Data

*Computer Synthesized Rhythms



Dept. of Radiology

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REQ. DATE : 08-APR-2023 REP. DATE : 08-APR-2023
NAME : MR. SURYAWANSHI VIJAY M
PATIENT CODE : 116297 AGE/SEX : 28 YR(S) / MALE
REFERRAL BY : Dr. HOSPITAL PATIENT

USG ABDOMEN AND PELVIS

Liver : Is normal in size and show grade I fatty changes.
No focal lesion / IHBR dilatation.

CBD / PV : Normal.

G.B. : Moderately distended, normal.

Spleen : Is normal in size, shape & echotexture. No focal lesion.

Pancreas : Normal in size, shape & echotexture.

Rt. kidney measures = 101 x 43 mm.

Lt. kidney measures = 98 x 37 mm.

Both kidneys are normal in size, shape, axis, CMD maintained.
No calculus/hydronephrosis/hydroureter.

Urinary bladder : Moderately distended, normal.


Prostate : Is normal in size, shape, echotexture.

No ascites / lymphadenopathy / pleural effusion / pericardial effusion.

IMPRESSION :

Grade I fatty liver.

: Kindly co-relate.


Dr. SAURABH PATIL
(MBBS, MD(RADIOLOGY))



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REQ. DATE : 08-APR-2023 REP. DATE : 08-APR-2023
NAME : MR. SURYAWANSHI VIJAY M
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CHEST X-RAY PA VIEW

OBSERVATION :

Both lungs appear clear.

Heart and mediastinum are normal.

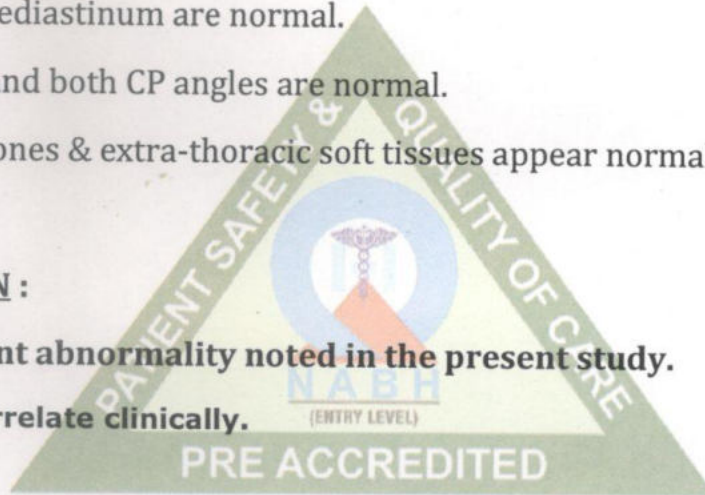
Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION :

No significant abnormality noted in the present study.

-Kindly correlate clinically.



Patil

**DR. SAURABH PATIL
(MBBS, MD RADIOLOGY)
CONSULTANT RADIOLOGIST**