

Patient Name : Mr.DESHMUKH VISHAL Bill Date : 11-03-2023 10:45 AM

Lab No/Result No : 2300011763/20006 Specimen : SERUM

Referred By : HOSPITAL CASE Processing Loc : RHC Hinjawadi

# **Department Of Laboratory -BIOCHEMISTRY**

<u>Investigation</u>	Result	<u>Biological</u> Reference Interva	<u>Method</u>
UREA NITROGEN(BUN)	<b>:</b> 8.83	6.0 - 20.0 mg/dL	<u>I</u> Calculated
UREA	: 18.9	12.8-42.8 mg/dL	Urease
CALCIUM	: 8.9	8.6 - 10.2 mg/dL	Arsenazo
CREATININE	: 0.9	0.6 - 1.3 mg/dL	Enzymatic
	. 0.5	0.0 1.5 mg/ dE	Litzyiiidele
LIVER FUNCTION TEST	0.5	0.2 4.2 4.11	D:
TOTAL BILIRUBIN	: 0.5	0.3 - 1.2 mg/dL	Diazo
DIRECT BILIRUBIN	: 0.3	0-0.4 mg/dL	Diazo
INDIRECT BILIRUBIN	<b>:</b> 0.2	0.0 - 0.8 mg/dL	Diazo
ALANINE TRANSAMINASE	<b>:</b> 32.0	<50 U/L	Kinetic
ASPARTATE TRANSAMINASE	<b>:</b> 22.0	10.0 - 40.0 U/L	Kinetic
ALKALINE PHOSPHATASE	<b>:</b> 87.0	30.0 - 115.0 U/L	4NPP/AMP BUFFER
TOTAL PROTEIN	<b>:</b> 7.3	6.0 - 8.0 g/dl	Biuret
ALBUMIN	<b>:</b> 4.2	3.5-4.8 g/dl	BCG
GLOBULIN	: 3.1	2.3-3.5 gm/dL	Calculated
A/G RATIO	<b>:</b> 1.35		Calculated
LIPID PROFILE			
CHOLESTEROL	<b>:</b> 186.0	130.0 - 220.0 mg/dL	Enzymatic
TRIGLYCERIDES	; 288.0	35.0 - 180.0 mg/dL	Enzymatic
HDL CHOLESTEROL	<b>:</b> 37.0	35-65 mg/dL	Enzymatic
LDL CHOLESTEROL	<b>:</b> 91.4	10.0 - 130.0 mg/dL	Calculated
VLDL CHOLESTEROL	: 57.6	5.0-36.0 mg/dL	Calculated
CHOL/HDL RATIO	<b>:</b> 5.03	2.0-6.2	Calculated
PHOSPHOROUS			
PHOSPHORUS	<b>:</b> 4.0	2.7-4.5 mg/dL	Phospho Molybdate
TOTAL PROTEIN	<b>:</b> 7.3	6.0 - 8.0 g/dl	Biuret
ALBUMIN	<b>:</b> 4.2	3.5-4.8 g/dl	BCG
GLOBULIN	: 3.1	2.3-3.5 gm/dL	Calculated
A/G RATIO	: 1.35		Calculated
URIC ACID	: 5.6	3.5-7.2 mg/dL	Uricase
ONIC ACID	. 5.0	5.5-7.2 Hig/uL	OT ICUSC

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

Note: This test is performed on automated analyzer - VITROS250

**Verified By** RaviN Dr.Anjana Sanghavi Consultant Pathologist

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**Patient Name** : Mr.DESHMUKH VISHAL : 11-03-2023 10:45 AM **Bill Date** 

Age / Gender : 34 Y(s) /Male **Collected Date** 

Bill No/UHID No : PS004462/P00000494602 Report Date Lab No/Result No **:** /20006 **Specimen** 

**Processing Loc** : HOSPITAL CASE **Referred By** 

#### 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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: 11-03-2023 01:40 PM

**Collected Date** 

Patient Name : Mr.DESHMUKH VISHAL Bill Date : 11-03-2023 10:45 AM

Age / Gender : 34 Y(s) /Male

Lab No/Result No : 2300011763/20006 Specimen : SERUM

Referred By : HOSPITAL CASE Processing Loc : RHC Hinjawadi

## **Department Of Laboratory -BIOCHEMISTRY**

Investigation	<u>Result</u>	Biological Reference Interval	<u>Method</u>
<b>ELECTROLYTES (Na &amp; K)</b>			
SODIUM	<b>:</b> 144.0	136.0 - 145.0 mmol/L	Potentiometric
POTASSIUM	<b>:</b> 4.5	3.5 - 5.1 mmol/L	Potentiometric
<b>GLUCOSE (FASTING)</b>			
GLUCOSE (FASTING).	: 91.0	Prediabetic: 100 - 125 mg/dL Diabetic: >= 126 mg/dL Normal: < 100.0 mg/dL	GOD-POD
REFERENCE : ADA 2015 GUIDELINES			
GLUCOSE (POST PRANDIAL)	: 120.0	60-140 mg/dL	GOD-POD
<u>T3-T4-TSH</u>			
Tri-iodothyronine, (Total T3)	<b>:</b> 1.32	0.87-1.78 ng/ml	ECLIA
THYROXINE (T4), TOTAL	<b>:</b> 7.91	4.6 - 10.5 ug/dl	ECLIA
THYROID STIMULATING HORMONE (ULTRA).	<b>:</b> 2.50	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 \*\*\*

**Verified By** RaviN Dr.POOJA PATHAK Associate Consultant

NOTE:

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: 11-03-2023 01:40 PM

**Collected Date** 

Patient Name : Mr.DESHMUKH VISHAL Bill Date : 11-03-2023 10:45 AM

Age / Gender : 34 Y(s) /Male

Lab No/Result No : 2300011765-G/20006 Specimen : WHOLE BLOOD

Referred By : HOSPITAL CASE Processing Loc : RHC Hinjawadi

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

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

**GLYCOSYLATED HAEMOGLOBIN (HbA1C)** 

GLYCOSYLATED HAEMOGLOBIN : 5.7 Prediabetic : 5.7 - 6.4 % HPLC

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

I nerapeutic Target : < 7.0

REFERENCE: ADA 2015 GUIDELINES

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

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

**Verified By** SOPAN

Dr.POOJA PATHAK Associate Consultant

NOTE:

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Patient Name : Mr.DESHMUKH VISHAL Bill Date : 11-03-2023 10:45 AM

Lab No/Result No : 2300011764/20006 Specimen : URINE

Referred By : HOSPITAL CASE Processing Loc : RHC Hinjawadi

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

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

**URINE ROUTINE** 

**PHYSICAL EXAMINATION** 

COLOUR : Pale Yellow

APPEARANCE : Clear

**CHEMICAL TEST** 

PH : 5.5 5.0-7.0 SPECIFIC GRAVITY : 1.030 1.015-1.030

**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 **BACTERIA** : ABSENT Absent **CAST** : ABSENT Absent YEAST CELLS : ABSENT Absent **CRYSTALS** : Absent Absent

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

**Verified By** SOPAN

Dr.Anjana Sanghavi Consultant Pathologist

Inju A sanghavii

#### NOTE:

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Patient Name : Mr.DESHMUKH VISHAL

Age / Gender : 34 Y(s) /Male

**Bill No/UHID No** : PS004462/P00000494602

Lab No/Result No : 2300011765/20006

Referred By : HOSPITAL CASE

**Bill Date** : 11-03-2023 10:45 AM

**Collected Date** : 11-03-2023 01:40 PM

: 11-03-2023 09:03 PM

Specimen : WHOLE BLOOD

Report Date

Processing Loc : RHC Hinjawadi

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

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

BLOOD GROUP : B RH POSITIVE

**Erythrocyte Sedimentation Rate** 

ESR at 1 Hour : 10 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** SOPAN Dr.Anjana Sanghavi Consultant Pathologist

Hyru A sanghavii

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Calculated From RBC Histogram

Coulter Principle

Coulter Principle

Dr.POOJA PATHAK

**Associate Consultant** 

**Patient Name** : Mr.DESHMUKH VISHAL **Bill Date** : 11-03-2023 10:45 AM

Age / Gender **Collected Date** : 11-03-2023 01:40 PM : 34 Y(s) /Male

Bill No/UHID No : PS004462/P00000494602 **Report Date** : 11-03-2023 05:33 PM

**Department Of Laboratory - HAEMATOLOGY** 

Lab No/Result No **Specimen** : WHOLE BLOOD : 2300011765/20006

**Processing Loc** : HOSPITAL CASE : RHC Hinjawadi **Referred By** 

<u>Investigation</u>	<u>Result</u>	<u>Biological</u>	<u>Method</u>
		<b>Reference Interval</b>	
HAEMOGRAM REPORT			
W.B.C.COUNT	<b>:</b> 4650	4000-11000 /ul	Coulter Principle
NEUTROPHILS	<b>:</b> 72.0	40-75 %	Derived from WBC Histogram
LYMPHOCYTES	: 10.4	20-40 %	Fluorescence flow cytometry
MONOCYTES	<b>:</b> 5.8	2-10 %	MAPSS
EOSINOPHILS	: 11.6	1.0-6.0 %	MAPSS
BASOPHILS	: 0.2	0.0-1.0 %	Fluorescence flow cytometry
ABSOLUTE NEUTROPHIL COUNT	<b>:</b> 3.34	2-7 x10 <sup>3</sup> cells/ul	Calculated
ABSOLUTE LYMPHOCYTE COUNT	: 0.48	1 - 3 x103cells/ul	Calculated
ABSOLUTE MONOCYTE COUNT	: 0.25	0.2-1.0 x10 <sup>3</sup> cells/ul	Calculated
ABSOLUTE EOSINOPHIL COUNT	: 0.54	0.02-0.5 x10 <sup>3</sup> cells/ul	Calculated
ABSOLUTE BASOPHIL COUNT	: 0.03	0.02-0.1 x10 <sup>3</sup> cells/ul	Calculated
R.B.C COUNT	<b>:</b> 5.85	4.5 - 6.5 million/ul	Coulter Principle
HAEMOGLOBIN	: 15.5	13 - 17 g/dl	Cyanmethemoglobin Photometry
HAEMATOCRIT	<b>:</b> 45.7	40-50 %	Calculated
MCV	: 78.1	83-99 fl	Coulter Principle
MCH	: 26.5	27 - 32 pg	Calculated
MCHC	<b>:</b> 34.0	31.5 - 34.5 g/dl	Calculated

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

11.6-14.0 %

7.8-11 fl

150 - 450 x10<sup>3</sup>/ul

Note : This test is performed on automated analyzer - HORIBA YUMIZEN  ${\tt H550}$ 

: 10.9

**:** 438

: 9.4

: Microcytosis+

: Adequate

: Mild Eosinophilia

**Verified By SOPAN** 

**RDW** 

MPV

PLATELET

PLATELET COUNT

**RBC MORPHOLOGY** 

WBC MORPHOLOGY

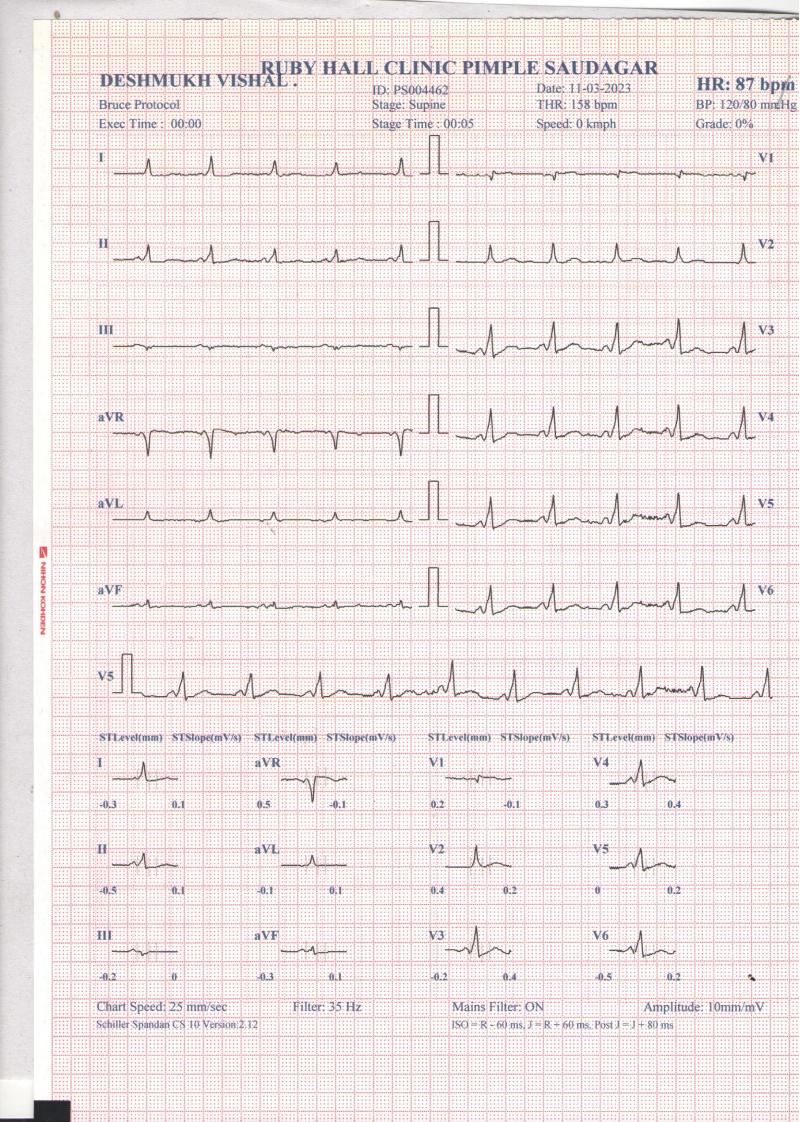
\* Clinically correlate, Kindly discuss if necessary.

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Name:

DESHMUKH VISHAL.

Age:

034 Years

Gender: M

P00000494602

PID: OPD: Exam Date :

11-Mar-2023 14:21

Accession:

91623175244

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: 13-Mar-2023 15:13:01



Name:

DESHMUKH VISHAL.

Age:

034 Years

Gender:

PID: P00000494602

OPD:

Exam Date:

11-Mar-2023 14:09

Accession:

91595174302

Exam:

ABDOMEN AND PELVIS

Physician:

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.

Both kidneys appear normal in size, shape & echotexture. They show good cortico-medullary differentiation. There is no hydronephrosis, hydroureter or calculus seen on either side.

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: No significant abnormality noted.

Suggest: Clinical correlation.

DR. YATIN R. VISAVE CONSULTANT RADIOLOGIST MBBS, DMRD

Regd. No. 090812

Date: 13-Mar-2023 15:14:10



mv. vishal Deshmukh

11/03/23

34/M.

KILO GERD

FIH

0

Mother- GERA

· burning sensalim in epigastric.

BP-104)84
P.R-96/M

SE

NAD

Tab Pand X 30dm

Tab Montain Fx x 10 day

## RUBY HALL CLINIC PIMPLE SAUDAGAR

Name: DESHMUKH VISHAL.

Date: 11-03-2023

Time: 14:28

Age: 34

Gender: M

Height: 158 cms

Weight: 64 Kg

ID: PS004462

Clinical History: NIL **Medications:** 

NIL

**Test Details:** 

Protocol: Bruce

Predicted Max HR: 186

Target HR: 158

**Exercise Time:** 

0:07:25

Achieved Max HR: 160 (86% of Predicted MHR)

Max BP:

150/80

Max BP x HR:

24000

Max Mets: 8.3

**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	00:09	1	0	0	87	120/80	10440	0.7 V1	0.9 V3
Standing	00:07	1	0	0	93	120/80	11160	-0.7 V6	0.7 V3
HyperVentilation	00:06	1	0	0	89	120/80	10680	-0.7 V4	1.2 V3
PreTest	00:06	1	1.6	0	87	120/80	10440	0.9 aVR	0.8 V3
Stage: 1	03:00	4.7	2.7	10	128	130/80	16640	-2.6 V6	1.6 V3
Stage: 2	03:00	7	4	12	129	140/80	18060	-1.9 V4	1.2 V4
Peak Exercise	01:25	8.3	5.5	14	160	140/80	22400	-3.6 V3	2.6 V4
Recovery1	01:00	1	0	0	120	150/80	18000	-0.6 II	2.5 V3
Recovery2	01:00	1	0	0	101	150/80	15150	-1.1 V6	1.6 V3

# Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:25 achieving a work level of 8.3 METS.

Resting Heart Rate, initially 87 bpm rose to a max. heart rate of 160bpm (86% of Predicted Maximum Heart Rate).

Resting Blood Pressure of 120/80 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