Dept. of Pathology

(For Report Purpose Only)

AiMS Hospital & Research Center
Caring Redefined

PRE ACCREDITED

PRN	: 106697	**Lab No**	: 15428
Patient Name	: Mr. SONAWANE RAHUL VASANT	**Req.No**	: 15428
Age/Sex	: 37Yr(s)/Male	**Collection Date & Time**	: 11/02/2023 08:50 AM
		Reporting Date & Time	: 11/02/2023 01:13 PM
Company Name	: BANK OF BARODA	**Print Date & Time**	: 11/02/2023 01:16 PM
Referred By	: Dr.HOSPITAL PATIENT		

HAEMATOLOGY

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
HAEMOGRAM			
HAEMOGLOBIN (Hb)	: 14.7	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 44.9	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 5.47	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 82.1	cu micron	76 - 96
M.C.H.	: **26.9**	pg	27 - 32
M.C.H.C	: 32.7	picograms	32 - 36
RDW-CV	: 12.3	%	11 - 16
WBC TOTAL COUNT	: 5320	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 227000	cumm	150000 - 450000
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	: **60**	%	ADULT : 40 - 70 CHILD : : 20 - 40
ABSOLUTE NEUTROPHILS	: 3192	µL	2000 - 7000
LYMPHOCYTES	: **28**	%	ADULT : 20 - 40 CHILD : : 40 - 70
ABSOLUTE LYMPHOCYTES	: 1489.60	µL	1000 - 3000
EOSINOPHILS	: 04	%	01 - 04
ABSOLUTE EOSINOPHILS	: 212.80	µL	20 - 500
MONOCYTES	: 08	%	02 - 08
ABSOLUTE MONOCYTES	: 425.60	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

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

Technician

Report Type By :- ASHWINI LONDHE

Dept. of Pathology

(For Report Purpose Only)

AiMS

Caring Redefined

PRN	: [illegible]	Lab No	: [illegible]
Patient Name	: Mr. SONAWANE RAHUL VASANT	Reg.No	: [illegible]
Age/Sex	: [illegible]		
		Collection Date & Time	: [illegible]
Company Name	: BANK OF BARODA	Reporting Date & Time	: [illegible]
Referred By	: Dr.HOSPITAL PATIENT	Print Date & Time	: [illegible]

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.

ESR

ESR MM (AT The End of 1 Hr.) By Westergren Method	:	02	mm/hr	Male : 0 - 15 Female : 0 - 20

END OF REPORT

Dr. POONAM KADAM
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Pathologist

Technician

Report Type By :- ASHWINI LONDHE

Dept. of Pathology

(For Report Purpose Only)

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PRN	: 106657	Lab No	: 1408
Patient Name	: Mr. SONAWANE RAHUL VASANT	Reg.No	: 1408
Age/Sex	: 37Yr(s)/Male		
		Collection Date & Time	: 11/02/2022 08:53 AM
Company Name	: BANK OF BARODA	Reporting Date & Time	: 11/02/2022 01:23 PM
Referred By	: Dr.HOSPITAL PATIENT	Print Date & Time	: 11/02/2022 03:15 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES

HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP	:	"B"
RH FACTOR	:	POSITIVE

NOTE : This is for your information only.
Kindly note that any blood or blood product transfusion or therapeutic intervention has to be done after confirmation of blood group by concerned authorities.
In infants (< 6 months age), please repeat Blood Group after 6 months of age for confirmation.

END OF REPORT

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

Technician

Report Type By :- ASHWINI LONDHE

Dept. of Pathology

(For Report Purpose Only)

AiMS Hospital & Research Centre
Caring Redefined

PRN	: 106657	Lab No	: 15428
Patient Name	: Mr. SONAWANE RAHUL VASANT	Reg.No	: 15428
Age/Sex	: 37Yr(s)/Male		
		Collection Date & Time	: 11/02/2023 09:55 AM
Company Name	: BANK OF BARODA	Reporting Date & Time	: 11/02/2023 10:23 AM
Referred By	: Dr.HOSPITAL PATIENT	Print Date & Time	: 11/02/2023 10:30 AM

PARAMETER NAME		RESULT VALUE	UNIT	NORMAL VALUES
BIOCHEMISTRY				
LFT (Liver function Test)				
BILIRUBIN TOTAL (serum)	:	1.1	MG/DL	INFANTS : 1.2 - 12.0 ADULT : : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	:	0.4	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	:	0.70	MG/DL	0.0 - 1.0
S.G.O.T (serum)	:	26	IU/L	5 - 40
S.G.P.T (serum)	:	24	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	:	97	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : : 67 - 382 ADULT : : 36 - 113
PROTEINS TOTAL (serum)	:	6.8	GM/DL	6.4 - 8.3
ALBUMIN (serum)	:	4.2	GM/DL	3.5 - 5.7
GLOBULIN (serum)	:	2.60	GM/DL	1.8 - 3.6
A/G RATIO	:	1.62		1:2 - 2:1

END OF REPORT

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

Technician

Report Type By :- PANDURANG TAMBARE

Dept. of Pathology

(For Report Purpose Only)

AiMS Hospital & Research Centre
Caring Redefined

PRN	: 106697	Lab No	: 15428
Patient Name	: Mr. SONAWANE RAHUL VASANT	Reg.No	: 15428
Age/Sex	: 37Yr(s)/Male		
		Collection Date & Time	: 11/02/2023 08:50 AM
Company Name	: BANK OF BARODA	Reporting Date & Time	: 11/02/2023 10:23 AM
Referred By	: Dr.HOSPITAL PATIENT	Print Date & Time	: 11/02/2023 10:30 AM

PARAMETER NAME		RESULT VALUE	UNIT	NORMAL VALUES
BIOCHEMISTRY				
LIPID PROFILE				
CHOLESTEROL (serum)	:	184	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	:	45	MG/DL	0 - 150
HDL (serum)	:	**41**	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	:	**134**	MG/DL	0 - 130
VLDL (serum)	:	9	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	:	4.49		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	:	**3.27**		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

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PRN	: 106697	Lab No	: 15428
Patient Name	: Mr. SONAWANE RAHUL VASANT	Reg.No	: 15428
Age/Sex	: 37Yr(s)/Male		
		Collection Date & Time	: 11/02/2023 08:50 AM
Company Name	: BANK OF BARODA	Reporting Date & Time	: 11/02/2023 10:23 AM
Referred By	: Dr.HOSPITAL PATIENT	Print Date & Time	: 11/02/2023 10:30 AM

PARAMETER NAME		RESULT VALUE	UNIT	NORMAL VALUES
		BIOCHEMISTRY		
CALCIUM				
CALCIUM (serum)	:	8.6	MG/DL	8.4 - 10.4
RFT (RENAL FUNCTION TEST)				
BIOCHEMICAL EXAMINATION				
UREA (serum)	:	19	MG/DL	0 - 45
UREA NITROGEN (serum)	:	8.87	MG/DL	7 - 21
CREATININE (serum)	:	0.9	MG/DL	0.5 - 1.5
URIC ACID (serum)	:	6.9	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7
SERUM ELECTROLYTES				
SERUM SODIUM	:	137	mEq/L	136 - 149
SERUM POTASSIUM	:	4.3	mEq/L	3.8 - 5.2
SERUM CHLORIDE	:	102	mEq/L	98 - 107

END OF REPORT

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PRN	: 106697	Lab No	: 15428
Patient Name	: Mr. SONAWANE RAHUL VASANT	Req.No	: 15428
Age/Sex	: 37Yr(s)/Male		
Company Name	: BANK OF BARODA	Reporting Date & Time	: 11/02/2023 10:23 AM
Referred By	: Dr.HOSPITAL PATIENT	Print Date & Time	: 11/02/2023 10:31 AM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES

BIOCHEMISTRY

HbA1C (HPLC Method)

Glycated Haemoglobin (HbA1C), by HPLC	:	5.9	%	4.5 - 6.5
Estimated Average Glucose (eAG)	:	121.4	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) :
1. eAG is an estimated average of blood glucose level over previous 8-12 weeks.
2. HbA1C and eAG have a linear relationship.
3. 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)

END OF REPORT

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Pathologist

Technician

Report Type By :- PANDURANG TAMBARE

Dept. of Pathology

(For Report Purpose Only)

AiMS Hospital & Research Centre
Caring Redefined

PRN	: [illegible]	Lab No	: [illegible]
Patient Name	: Mr. SONAWANE RAHUL VASANT	Reg. No	: [illegible]
Age/Sex	: 37Yr(s)/Male		
		Collection Date & Time	: [illegible]
Company Name	: BANK OF BARODA	Reporting Date & Time	: [illegible]
Referred By	: Dr.HOSPITAL PATIENT	Print Date & Time	: [illegible]

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
IMMUNOLOGY			
VITAMIN B12			
VITAMIN B12 LEVEL	: 211	pg/mL	239 - 931

NOTE :

1) Nutritional and macrocytic anemias can be caused by a deficiency of Vitamin B12. This deficiency can result from diets devoid of meat and bacte products, from alcoholism, or from structural/functional damage to digestive or absorptive processes (forms of pernicious anemia). Malabsorption is major cause of this deficiency, gastric atrophy or gastrectomy, intestinal damage, loss of intestinal damage, loss of intestinal Vitamin B12 binding protien (intrinsic factor), production of autoantibodies directed against intrinsic factor, or related causes.

2) This vitamin is necessary for normal metabolism, DNA synthesis and red blood cell regeneration. Untreated deficiencies will lead to megaloblastic anemia and Vitamin B12 deficiency results in irreversible central nervous system degeneration.

3) Vitamin B12 or folate are both of diagnostic importance for the recognition of Vitamin B12 or folate deficiency, especially in the context of the differential diagnosis of megaloblastic anemia. Redioassays were first reported for Vitamin B12 in 1961. All utilize co-cynocobalamin radiolabeled tracers and intrinsic factor for binding Vitamin B12.

4) The various commercial assays differ in their free versus bound seperation techniques and choice of specimen prereatment. The presence of endogenous serum binding protiens for cyanocobalamin (transcobalamin including R- protien) and of immunoglobulins directed against intrinsic factor require that specimen are either boiled at an alkaline pH to release the Vitamin B12 and destroy the binding protiens.

5) In the late 1970s, radioassays using serum binding protiens or partially purified intrinsic factor measured levels of Vitamin B12 which exceeded those determined by microbiological methods. This was caused by the presence of the serum binding protien or R-protiens in the assay.

6) R-protien specificity is poor compared to that of intrinsic factor measured in addition to Vitamin B12 analogs were being measured in addition to Vitamin B12 itself. Since that time, recommendations have been established for the use of highly purified intrinsic factor throughout the industry.

7) Roche Cobase Vitamin B12 employs a competitive test principle using intrinsic factor specific for Vitamin B12. Vitamin B12 in the sample and competes with the added Vitamin B12 labeled with biotin for the binding sites on the cobalamin-specific intrinsic factor complex.

[illegible]

Technician

Report Type By :- PANDURANG TAMBARE

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Caring Redefined

PRN	: 106697	Lab No	: 15428
Patient Name	: Mr. SONAWANE RAHUL VASANT	Reg.No	: 15428
Age/Sex	: 37Yr(s)/Male		
		Collection Date & Time	: 11/02/2023 08:50 AM
Company Name	: BANK OF BARODA	Reporting Date & Time	: 11/02/2023 10:25 AM
Referred By	: Dr.HOSPITAL PATIENT	Print Date & Time	: 11/02/2023 10:31 AM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES

ENDOCRINOLOGY

TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	:	1.30	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	:	8.70	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	:	1.28	µIU/mL	Male : 0.4001 - 4.049 Female : 0.5885 - 6.880

NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid harmone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid land, possibly due to autoantibody disease, possibly due to toxic stress or possib due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition thre is inadequte thyroid stimulating harmone (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 yaking T3 as part of their thyroid supplement need t 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 : 1.7-8.1
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. POONAM KADAM
MD (Microbiology), Dip.Pathology & Bacteriology (MMC-2012/03/0668)
Pathologist

Technician

Report Type By :- PANDURANG TAMBARE

Dept. of Pathology

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AiMS

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Patient Name	: Mr. SONAWANE RAHUL VASANT	Reg.No	: 15428
Age/Sex	: 37Yr(s)/Male		
		Collection Date & Time	: 11/02/2023 09:50 AM
Company Name	: BANK OF BARODA	Reporting Date & Time	: 11/02/2023 01:13 PM
Referred By	: Dr.HOSPITAL PATIENT	Print Date & Time	: 11/02/2023 03:15 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES

CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY	:	30	ML
COLOUR	:	PALE YELLOW	
APPEARANCE	:	CLEAR	
REACTION	:	ACIDIC	
SPECIFIC GRAVITY	:	1.005	

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

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

END OF REPORT

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

Technician

Report Type By :- ASHWINI LONDHE

RAHUL SONAWANE

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

SID: 122195458
Collection Date:
11-02-2023 11:23 AM
Registration Date:
11-02-2023 11:23 am
Report Date:
11-02-2023 03:00 PM

OPD
15434

REPORT

Age:37.00 Years Sex:MALE

Test Description	Observed Value	Biological Reference Interval
Prolactin (HPRL) Total , serum by CMIA	14.82	Male : 3.46 - 19.4 ng/mL

Interpretation :

MALE:

Hyperprolactinaemia in males may be associated with decreased libido, impotence, infertility, gynaecomastia.

FEMALE:

Prolactin secretion from pituitary shows significant diurnal, episodic and cyclical variations.
Following is a suggested approach to hyperprolactinaemia in females -

5.18 to 26.53 ng/mL : Normal

26.53 to 50 ng/mL : Mild prolactin excess
Often seen with physiological conditions like physical/emotional stress, exercise, pregnancy, lactation etc. This may not be associated with clinical hyperprolactinaemia & needs review after a month.

51 to 75 ng/mL : Moderate prolactin excess
Often associated with clinical hyperprolactinaemia(short luteal phase,oligomennorrhea), hypothyroidism (often subclinical) Macroprolactinaemia to be ruled out.

Above 100 ng/mL : Marked prolactin excess
Associated with clinical hyperprolactinaemia-hypogonadism, amenorrhea, galactorrhea, hypothyroidism(often subclinical) Macroprolactinaemia to be ruled out.

Above 200 ng/mL : Marked prolcatin excess
Required further workup High levels may be repeated with tripcoled sample.

References:

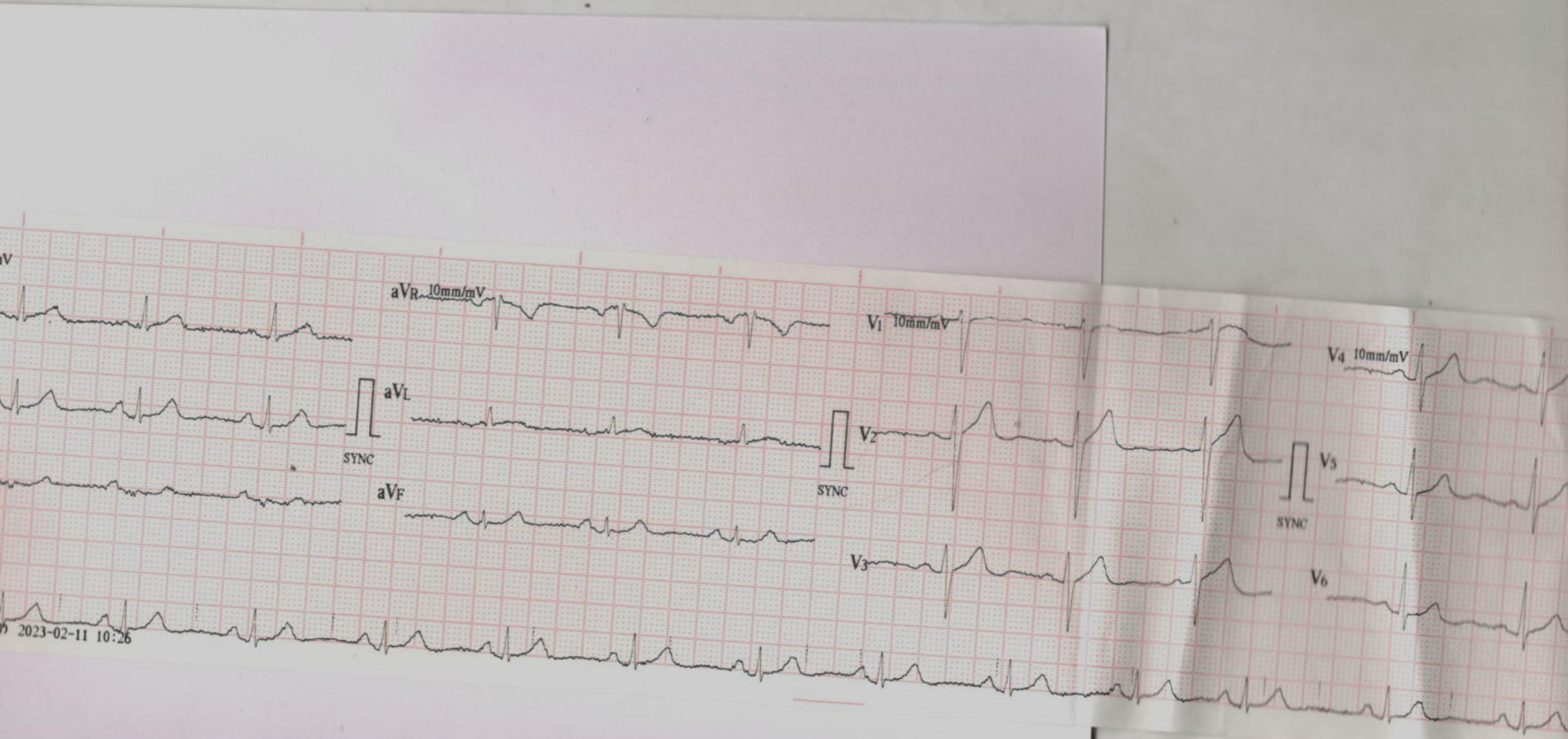
1. Diagnosis & Treatment of hyperprolactinaemia. The endocrine society clinical practice guideline, 2011
2. Diagnosis & Management of hyperprolactinaemia. Canadian Medical Association CMAJ Sep 16 2003; 169(6)

MC-3143

Dr. Venkatesh Keralapurkar
M.B.B.S.,D.C.P., D.N.B.(Path)
Reg.No.: 076020
A.G Diagnostics Pvt. Ltd.

Stationary given to: Lorea Health Care Near Aims square Aundh Pune 411007
For Printing of web reports from A.G Diagnostics Pvt Ltd

"Accreditation as per ISO 15189:2012, Cert.No. MC-3143. Refer scope@ www.nabl-india.org"


aVR 10mm/mV
V1 10mm/mV
V4 10mm/mV
aVL
SYNC
V2
SYNC
V5
SYNC
aVF
V3
V6
2023-02-11 10:26

Dept. of Radiology

(For Report Purpose Only)

AiMS Hospital & Research Center
Caring Redefined

REQ. DATE : 11-FEB-2023 REP. DATE : 11-FEB-2023
NAME : MR. SONAWANE RAHUL VASANT
PATIENT CODE : 106697 AGE/SEX : 37 YR(S) / MALE
REFERRAL BY : Dr. HOSPITAL PATIENT

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.

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

LOREA HEALTHCARE PVT LTD

SONAWANE , RAHUL
Patient ID 97042
11.02.2023 Male
10:22:38 37yrs
Meds:

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

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

BRUCE: Total Exercise Time 08:38
Max HR: 125 bpm 68% of max predicted 183 bpm HR at rest: 72
Max BP: 130/90 mmHg BP at rest: 120/85 Max RPP: 15600 mmHg*bpm
Maximum Workload: 10.10 METS
Max. ST: -0.14 mV, 0.00 mV/s in III; EXERCISE STAGE 3 07:30
Arrhythmia: PERR:25, PCAP:54
ST/HR index: 0.43 µV/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 68 % THR ON RX.
NORMAL BP RESPONSE
NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

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

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm	VE (/min)	ST Level (III mV)	Comment
PRETEST	SUPINE	00:15	0.00	0.00	1.0	65	120/85	7800	1	-0.06	
	STANDING	00:11	0.00	0.00	1.0	69			1	-0.06	
	HYPERV.	00:35	0.50	0.00	1.1	79			0	-0.05	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	95	120/85	11400	0	-0.06	
	STAGE 2	03:00	2.50	12.00	7.0	102	130/85	13260	0	-0.04	
	STAGE 3	02:38	3.40	14.00	10.1	125	130/85	16250	0	-0.04	
RECOVERY		02:58	0.00	0.00	1.0	75	130/90	9750	0	-0.03	

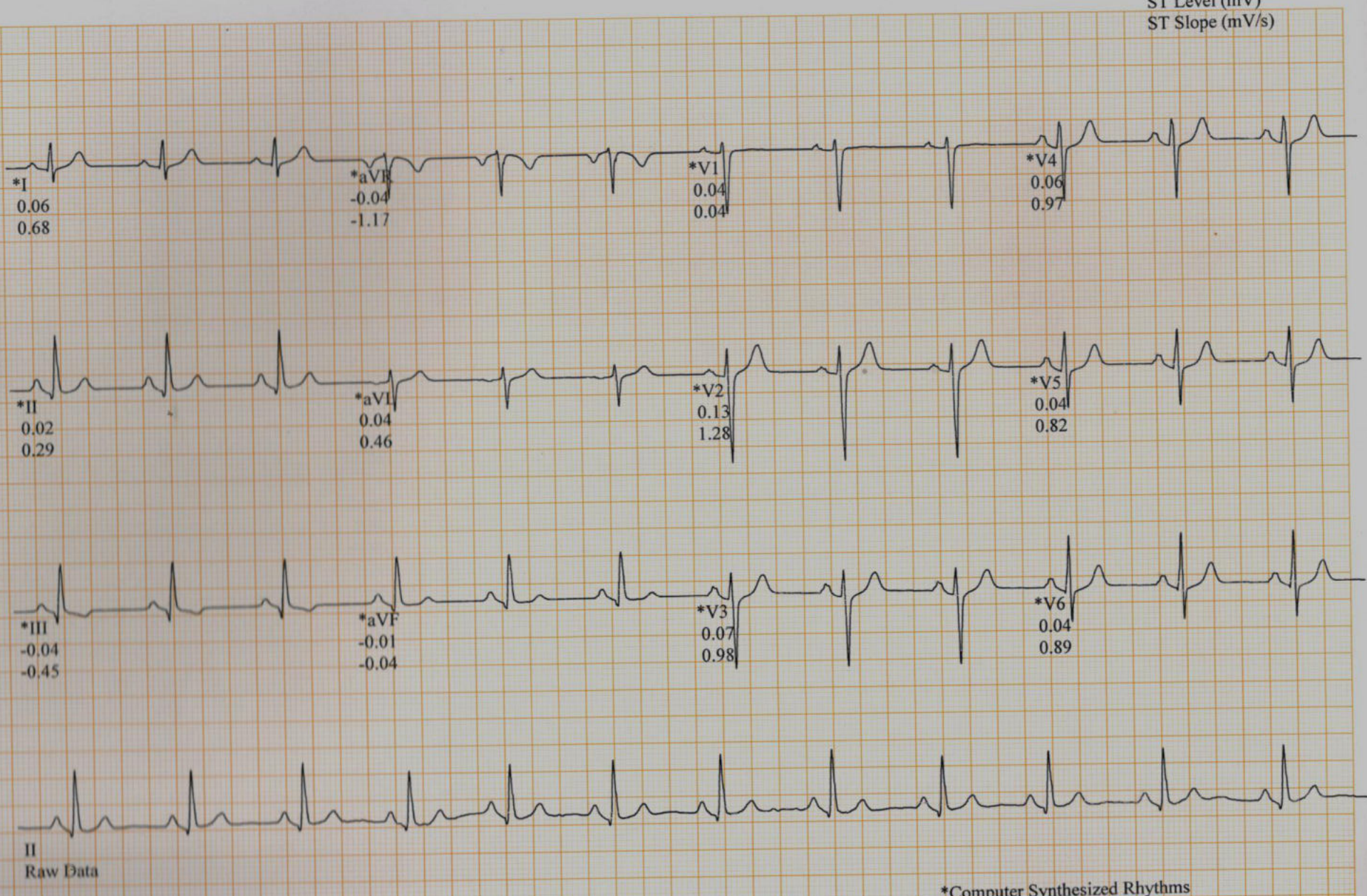
SONAWANE , RAHUL
Patient ID 97042
11.02.2023
10:35:05

72 bpm
130/90 mmHg

Linked Medians
RECOVERY
#1
02:50

BRUCE
0.0 mph
0.0 %

LOREA HEALTHCARE PVT LTD



*Computer Synthesized Rhythms

GE CardioSoft V6.61 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V1)

Start of Test: 10:22:38

AiMS Hospital & Research Center
Caring Redefined

2D ECHO / COLOUR DOPPLER

NAME : MR. RAHUL SONAWANE **37yrs/M** **OPD**
REF BY : DR. HOSPITAL PATIENT **11-Feb-23**

M - Mode values **Doppler Values**

AORTIC ROOT (mm)	22	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	31	PG (mmHg)	
RV (mm)		AORTIC VEL (m/sec)	1.1
LVID – D (mm)	39	PG (mmHg)	5
LVID – S (mm)	24	MITRAL E VEL (m/sec)	0.8
IVS – D (mm)	10	A VEL (m/ sec)	0.5
LVPW –D (mm)	9	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

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

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

Dept. of Radiology

(For Report Purpose Only)

AiMS Hospital & Research Center
Caring Redefined

REQ. DATE : 11-FEB-2023 REP. DATE : 11-FEB-2023
NAME : MR. SONAWANE RAHUL VASANT
PATIENT CODE : 106697 AGE/SEX : 37 YR(S) / MALE
REFERRAL BY : Dr. HOSPITAL PATIENT

USG ABDOMEN AND PELVIS

Liver : Is normal in size, shape & echotexture. No focal lesion / IHBR dilatation.

CBD & PV : Normal in caliber.

G.B. : Moderately distended, Normal.

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

Pancreas : Normal in size, shape & echotexture.

Right kidney measures : 10.5 x 4.2 cm.
Left kidney measures : 10.8 x 4.5 cm.

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 and echotexture.

No demonstrable small bowel / RIF pathology.

No ascites / lymphadenopathy.

IMPRESSION :

No significant abnormality.

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