

- COMPU. PATHOLOGY • ALLERGY TESTING
- DIGITAL WHOLE BODY X-RAYS
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- DIGITAL WHOLE BODY COLOUR DOPPLER
- DIGITAL 2-D ECHO WITH COLOUR DOPPLER
- E.C.G. • LUNG FUNCTION TEST
- MAMMOGRAPHY & BONE MINERAL DENSITOMETRY

- COMPUTERISED STRESS TEST
- DENTAL
- ADVANCED DENTISTRY
- PHYSIOTHERAPY
- AUDIOMETRY & SPEECH THERAPY
- FULL BODY HEALTH CHECK-UPS
- CORPORATE HEALTH CHECKUPS



HEALTHCARE

MEDICAL CENTRE & DIAGNOSTICS

Patient's Name : MR MUNNA PANDIT
Referred By Dr : MEDIWHEEL
Sex : MALE **Age** : 47 Years
Collected At : THAKUR VILLAGE MAIN BRANCH

Lab No. : LAA1375 *LAA1375*
Reg. Date : 13-Jan-2024 10:00 am
Report Date : 13-Jan-2024 7:31 pm
Print Date : 16-Jan-2024 7:09 pm

BIOCHEMISTRY

TEST	RESULT		NORMAL VALUES
Blood Urea Nitrogen (BUN)	15.00		5 - 20 mg/dl
CREATININE	0.62	mg/dl	0.5 - 1.3 mg/dl
Serum Uric Acid	4.50	mg%	Male 3.5 - 7.2 mg%
Age of the Patient	47		
eGFR	147.79	ml/min	

eGFR calculation based on MDRD guideline 2012

More than 90 ml / min / 1.73 Sqm - Normal eGFR

60-89 ml / min / 1.73 Sqm - Mild decrease in eGFR is common in 30% healthy adults .

Suggest reapt testing in 6 to 12 months.

Exclude kidney disease in those at high risk (Diabetes & Hypertension

30-59 ml / min / 1.73 Sqm - consistent with modrate chronic kidney disease if confirmed over three month .

Consider nephrology referral if progressive deterioration of more than 20 % for Egfr or creatinine.

15 - 29 ml / min / 1.73 Sqm - Consistent with severe chronic kidney disease . Consider nephrology referral

----- End of Report -----

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DR. BHAVINI KAMDAR
MD (PATH) MUM

- BORIVALI CENTRE** 1ST FLR., YOGI AVENUE, YOGI NAGAR, BORIVALI (W), MUMBAI - 400092. • TEL.: 2899 6565 / 2899 1376 • MOB.: 90222 39301
- KANDIVALI CENTRE** MAHAVIR SURYADARSHAN SOC., SATYANAGAR RD., MAHAVIR NAGAR, KANDIVALI (W), MUMBAI - 67. • TEL.: 2868 0090 / 6522 6565 / 2869 7808 • MOB.: 90220 54458
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Reg. Date : 13-Jan-2024 10:00 am
Report Date : 13-Jan-2024 8:03 pm
Print Date : 16-Jan-2024 7:09 pm

BLOOD GROUP

TEST	RESULT
Blood Group	'B'
Rh Factor	Positive

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Sex : MALE **Age** : 47 Years
Collected At : THAKUR VILLAGE MAIN BRANCH

Lab No. : LAA1375 *LAA1375*
Reg. Date : 13-Jan-2024 10:00 am
Report Date : 13-Jan-2024 2:42 pm
Print Date : 16-Jan-2024 7:09 pm

BLOOD SUGAR REPORT

TEST	RESULT	UNITS	NORMAL VALUES
BLOOD SUGAR FASTING	101.9	mg/dL	Normal: 70-110 mg/dL Impaired Fasting Glucose(IFG): 110 -125 Diabetes mellitus: >= 126 (on more than one occassion)

Method: GOD - POD Enzymatic on Erba EM 200 Random access analyser

Comment:

Blood suagr values are known to be affected by several factors like food, stress and medication. So all discrepant results should be confirmed with repeat sample collection.

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Collected At : THAKUR VILLAGE MAIN BRANCH

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Report Date : 13-Jan-2024 4:14 pm
Print Date : 16-Jan-2024 7:09 pm

COMPLETE BLOOD COUNT

TEST	RESULT	UNITS	NORMAL VALUES
Haemoglobin	15.3	gm %	Male : 13 - 17.0 gm%
Erythrocytes (Total RBCs)	5.3	mill. / cmm	Male : 4.2 - 5.8mill. / cmm
PCV	49	%	Male : 37 - 51 %
MCV	92.50	fl	80- 96 fl
MCH	28.90	pg	27 - 32 pg
MCHC	31.30	gm%	32 - 37 gm%
RDW	14.7	%	12 - 14.5
<u>TOTAL WBC COUNT</u>			
TOTAL WBC COUNT	5940	/ cumm	4,000 - 11,000
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	60	%	40 - 75
Lymphocytes	35	%	20 - 40
Eosinophils	03	%	0 - 6
Monocytes	02	%	2 - 8
Platelet count	154000	Lacs/cmm	150000-450000
<u>PERIPHERAL SMEAR</u>			
RBC Morphology	Normocytic Normochromic		
WBC Morphology	Normal		
Platelets Morphology	Adequate		
ESR (westergren's method)	10	mm/hr	Male: 0 - 10 mm Female: 0 - 20 mm

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Reg. Date : 13-Jan-2024 10:00 am
Report Date : 13-Jan-2024 5:48 pm
Print Date : 16-Jan-2024 7:09 pm

GLYCOSYLATED HAEMOGLOBIN (HbA1c)

TEST	RESULT	UNITS	NORMAL VALUES
HBA1C	4.9	%	4 - 5.7 %
ESTIMATED AVERAGE GLUCOSE	93.93		
METHOD : NEPHELOMETRY			

DIAGNOSTIC CRITERIA FOR DIABETES:

Normal: Less than 5.7%
 Impaired glucose tolerance: 5.8% to 6.4%
 Diabetes: 6.5% or more
CONTROL CRITERIA IN DIABETICS:
 Optimal control: 7.0% or less
 Fair control: 7.0% to 8.0%
 Poor control: More than 8.0%

Comment :

HbA1c values should not used in diagnosis of Diabetes Mellitus and are marker of glycaemic control in known cases of Diabetes Mellitus.

----- End of Report -----

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MD (PATH) MUM

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Print Date : 16-Jan-2024 7:09 pm

LIPID PROFILE

TEST	RESULT	UNITS	NORMAL VALUES
SR. CHOLESTEROL	184	mg / dl	Desirable: < 200 mg/dl Borderline High: 200-239 mg/dl High: >= 240 mg/dl
SR. TRIGLYCERIDES	142	mg / dl	Normal: < 150 mg/dl Borderline High: 150-199 mg/dl High: 200-499 mg/dl Very High: >= 500 mg/dl
HDL CHOLESTEROL	63.4	mg / dl	35.3 - 79.5 mg / dl
VLDL	28.40	mg / dl	6 - 38 mg / dl
LDL CHOLESTEROL	92.20	mg / dl	Optimal: < 100 mg/dl Near Optimal: 100-129 mg/dl Borderline high: 130-159 mg/dl High: 160-189 mg/dl Very High: >= 190 mg/dl
CHOLESTEROL / HDL	2.90		< 5
LDL / HDL	1.45		< 3.5

NOTE: Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.
 Lower HDL values are associated with increased risk of atherosclerosis. Cholesterol/HDL
 Ratio below 5.1 is statistically associated with decreased incidence of heart disease.

----- End of Report -----

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LIVER FUNCTION TEST

TEST	RESULT	UNITS	NORMAL VALUES
Bilirubin Total	0.68	mg / dl	0 - 1.0 mg / dl
Bilirubin Direct	0.32	mg / dl	0 - 0.4 mg / dl
Bilirubin Indirect	0.36	mg/dl	UPTO 0.8 mg / dl
S.G.P.T.	27.10	U / L	Up to 45 U / L
S.G.O.T.	21.70	U / L	Up to 46 U / L
Alkaline Phosphatase	61.00	U/l	1 - 12 Years: 54 - 369 U/l 20 - 59 Years: 53 - 128 U/l > 60 Years: 56 - 119 U/l
Total Proteins	7.35	gm / dl	6.4 - 8.3 gm / dl
Albumin	4.65	gm / dl	3.5 - 5.2 gm / dl
Globulin	2.70	mg/dl	2 - 3.5 mg / dl
A / G Ratio	1.72		1.0- 2.3
GGT	19.5	IU/L	55 IU/L

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Print Date : 16-Jan-2024 7:09 pm

PSA

TEST	RESULT	UNITS	NORMAL VALUES
Prostate Specific Antigen	0.813	ng/ml	< = 4.03 ng/ml
Method	CLIA		

Interpretation :

PSA exists in serum mainly in two forms, complexed to alpha- 1 -anti-chymotrypsin and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

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- GOREGAON CENTRE** M.G. ROAD, NEAR JAIN MANDIR, GOREGAON (W), MUMBAI - 400062. • Tel.: 2873 3030 / 2873 3131 • MOB.: 93213 83806

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• E.C.G. • LUNG FUNCTION TEST
• MAMMOGRAPHY & BONE MINERAL DENSITOMETRY

• COMPUTERISED STRESS TEST
• DENTAL
• ADVANCED DENTISTRY
• PHYSIOTHERAPY
• AUDIOMETRY & SPEECH THERAPY
• FULL BODY HEALTH CHECK-UPS
• CORPORATE HEALTH CHECKUPS



HEALTHCARE

MEDICAL CENTRE & DIAGNOSTICS

Patient's Name : MR MUNNA PANDIT
Referred By Dr : MEDIWHEEL
Sex : MALE **Age** : 47 Years
Collected At : THAKUR VILLAGE MAIN BRANCH

Lab No. : LAA1375 *LAA1375*
Reg. Date : 13-Jan-2024 10:00 am
Report Date : 13-Jan-2024 6:18 pm
Print Date : 16-Jan-2024 7:09 pm

T3 T4 TSH

TEST	RESULT	UNITS	NORMAL VALUES
T3 [Tri - iodothyronine]	144.817	ng/dl	91.14 - 237.61 ng/dl
T4 [Thyroxine]	7.650	ug/dl	4.71 - 13.20 ug/dl
TSH [Thyroid Stimulating Hormone]	2.473	uIU/mL	0.3 - 4.3 uIU/mL

METHOD: CLIA

Interpretation :

1. TSH results between 4.5 to 15 show considerable physiologic & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.
2. TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart failure , severe burns , trauma and surgery etc.
3. Drugs that decrease TSH values e.g:L dropa, Glucocorticoid Drugs that increase TSH values e.g Iodine,Lithium,Amiodarone.
- 4.Total T3 & 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 give corrected values.

----- End of Report -----

Printed By : RIYA

Checked By
JAY

DR. BHAVINI KAMDAR
MD (PATH) MUM

BORIVALI CENTRE 1ST FLR., YOGI AVENUE, YOGI NAGAR, BORIVALI (W), MUMBAI - 400092. • TEL.: 2899 6565 / 2899 1376 • MOB.: 90222 39301
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HEALTHCARE

MEDICAL CENTRE & DIAGNOSTICS

Patient's Name : MR MUNNA PANDIT
Referred By Dr : MEDIWHEEL
Sex : MALE **Age** : 47 Years
Collected At : THAKUR VILLAGE MAIN BRANCH

Lab No. : LAA1375 *LAA1375*
Reg. Date : 13-Jan-2024 10:00 am
Report Date : 13-Jan-2024 4:05 pm
Print Date : 16-Jan-2024 7:09 pm

URINE ROUTINE & MICROSCOPY

TEST	RESULT
<u>PHYSICAL EXAMINATION</u>	
Quantity	15 ml
Colour	Pale yellow
Appearance	clear
Deposit	Absent
pH	Acidic (5.0)
Specific Gravity	1.010
<u>CHEMICAL EXAMINATION</u>	
Proteins	Absent
Sugar	Absent
Ketone	Absent
Occult Blood	Absent
Bile Pigment	Absent
Bile Salts	Absent
Urobilinogen	Normal
<u>MICROSCOPIC EXAMINATION OF CENTRIFUGED DEPOSIT</u>	
Red Blood Cells	Absent
Pus Cells	Occasional /hpf
Epithelial Cells	Occasional /hpf
Casts	Not seen
Crystals	Not seen /hpf
Yeast	Not seen
Bacteria	Absent

----- End of Report -----

Printed By : RIYA

Checked By
JAY

DR. BHAVINI KAMDAR
MD (PATH) MUM

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Health Check up Booking Request(bobE5226), Beneficiary Code-99394

messages

mediwheel <wellness@mediwheel.in>
: healthcare.medicals@gmail.com
: customercare@mediwheel.in

Fri, Jan 12, 2024 at 5:45 P



Mediwheel
...Your wellness partner

011-41195959

Dear Healthcare Medical Centre and Diagnostic

We have received a booking request for the details are following. Please provide your confirmation by clicking on the yes button.

Are you sure to confirm the booking? Yes

Name : MR. PANDIT MUNNA
Package Name : Mediwheel Full Body Health Checkup Male Above 40
Package Code : PKG10000474
Location : SHOP NO.44/49, EMP 71, OPP. RAHEJA REFLECTIONS BLDG., 120 FEET ROAD,THAKUR VILLAGE, EVERSINE MILLENNIUM PARADISE, KANDIVALI EAST -400101
Contact Details : 7355379652
E-mail id : munna.pandit@bankofbaroda.com
Booking Date : 12-01-2024
Appointment Date : 13-01-2024

Member Information		
Booked Member Name	Age	Gender
MR. PANDIT MUNNA	47 year	Male

Please login to your account to confirm the same. Also you mail us for confirmation

Hospital Package Name : Mediwheel Full Body Health Checkup Male Below 40
User Package Name : Mediwheel Full Body Health Checkup Male Above 40

Are you sure to confirm the booking?

Yes

- 21 Tests included in this Package :**
- Stool Test
 - Thyroid Profile
 - ESR
 - Blood Glucose (Fasting)
 - General Physician Consultation
 - TMT OR 2D ECHO
 - Blood Group
 - Blood Glucose (Post Prandial)
 - Chest X-ray
 - ECG
 - USG Whole Abdomen
 - Eye Check-up consultation
 - Urine Sugar Fastinn

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- DIGITAL 2-D ECHO WITH COLOUR DOPPLER
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- MAMMOGRAPHY & BONE MINERAL DENSITOMETRY

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HEALTHCARE

MEDICAL CENTRE & DIAGNOSTICS

NAME	MR MUNNA PANDIT	DATE	13/12/2023
HEIGHT: 179 CM	WEIGHT : 82.3 KG	AGE	47 YEARS
BMI	25.6		
REFERRED BY	MEDIWHEEL	SEX	MALE
PRESENT COMPLAINT: NIL			
CURRENT MEDICATION: NIL			
PAST HISTORY : H/O HEAD INJURY IN 2003 WHILE ROAD ACCIDENT (5 DAYS HOSPITAL)			
ALLERGY: NOT KNOWN APPETITE : GOOD		HABITS : NONE	
BLADDER: NONE		BOWEL: NONE	
FAMILY HISTORY :- FATHER- HTN SINCE 2 TO 3 YRS MOTHER - THYROID SINCE 1 YRS			
GENERAL EXAMINATION:		ADVICE:-	
P:86 /MIN BP: 126/86 MMHG		<i>fit for employment</i>	
SPO2-96% ON RA			
PALLOR: NIL ICTERUS: NIL			
OEDEMA: NIL OTHERS: NAD			
RS: NAD CNS : NAD			
PA : SOFT,NAD			
INVESTIGATION :			

[Signature]
DR. NUPUR RAI
 MBBS, DIPLOMA CARDIOLOGY (PGCC)
 Reg. No.: 2018115643

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DENTAL CHECK UP

NAME:- MR Munna Pandit DATE:- 31/02/24
 AGE:- 47 yrs SEX: male

CHIEF COMPLAINT:-

NIL

PAST DENTAL HISTORY:-

NIL

MEDICAL HISTORY:-

NIL

HABITS:-

NIL

ORAL EXAMINATION:-

Done - NAD

TREATMENT:-

-



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EYE CHECK UP & COLOUR VISION

NAME	MR MUNNA PANDIT	DATE:	13/02/24
REF	Mediawheel	AGE:	47 yrs
		SEX:	Male

	RIGHT EYE	LEFT EYE
CORNEA	Normal	Normal
PUPIL	Normal	Normal
SCLERA	Normal	Normal
EYE MOVEMENTS	Normal	Normal
REFRACTIVE ERROR	NIL	NIL
COLOUR VISION	Normal	Normal

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DR. SIGNATURE

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NAME	MR MUNNA PANDIT	DATE	13.01.2024
		AGE	47 YRS
REF. BY DR	MEDIWHEEL	SEX	MALE

ULTRASOUND OF ABDOMEN & PELVIS

The real time, B mode, gray scale sonography of the abdomen was performed.

Liver is normal in size (14.8 cms) & normal in echogenicity. No focal lesion seen. Intra hepatic biliary radicles are normal. No e/o IHRD. Portal vein is normal in size, caliber with normal flow.

Gall bladder is well distended. No e/o calculus or sludge. Wall thickness is normal. No e/o pericholecystic fluid or fat stranding.

CBD visualized part of CBD is normal in caliber however terminal parts of CBD is obscured due to bowel gases shadowing artifact.

Pancreas is head and body observed normal in size & normal in echogenicity. No focal lesion seen. No e/o peri-pancreatic fluid collection or fat stranding. Rest of the pancreas is obscured due to bowel gas shadowing artifacts.

Spleen is normal in size (7.6 cms). No focal lesion seen. Splenic vein is normal in caliber.

KIDNEYS:

Right kidney measures 10.3 x 4.7 cms, normal in size, shape, position, axis & echogenicity. Cortico Medullary Differentiation is well maintained. No e/o solid or cystic lesion. No calculus, hydronephrosis or hydroureter noted.

Left kidney measures 10.8 x 5.2 cms, normal in size, shape, position, axis & echogenicity. Cortico Medullary Differentiation is well maintained. No e/o solid or cystic lesion. No calculus, hydronephrosis or hydroureter noted.

No free fluid or significant lymphadenopathy is detected in abdomen.

Urinary bladder is well distended. No calculus, internal echoes or mass lesion seen. Bladder wall is smooth and normal in thickness

Prostate is normal in size and volume (19.7 c.c.). It shows normal echogenicity. No focal lesion seen.

IMPRESSION:

> NO SIGNIFICANT ABNORMALITY DETECTED IN ABDOMEN & PELVIS.

NOTE: USG FINDINGS ARE TO BE CORELATED WITH CLINICAL, LABORATORY AND OTHER INVESTIGATION FINDINGS FOR FINAL DIAGNOSIS AND FOR THEIR MANAGEMENT.

DR. RAJESH SINGH
(RADIOLOGIST & SONOLOGIST)

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HEALTHCARE

MEDICAL CENTRE & DIAGNOSTICS

NAME	MR MUNNA PANDIT	DATE	13.01.2024
		AGE	47 YRS
REF. BY DR.	MEDIWHEEL	SEX	MALE

X-RAY CHEST (PAVIEW).

The lungs on the either side show equal translucency.

The pleural spaces are normal.

The cardiac size is normal.

The domes of the diaphragms are normal in position, and show smooth outline.

Ribs appear normal.

IMPRESSION :

NO EVIDENCE OF PLEURAL OR PARENCHYMAL PATHOLOGY IS NOTED.

Correlate clinically .

DR. SACHIN JADKAR
(Consultant Radiologist)

Note : Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly



Dr. NUPUR RAI
MBBS, DIPLOMA CARDIOLOGY (PGDCC)
Reg. No.: 2018115643

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- DIGITAL SONOGRAPHY
- DIGITAL COLOR DOPPLER
- 2D ECHO CARDIOGRAPHY
- MAMMOGRAPHY & BONE MINERAL DENSITOMETRY (BMD)
- ECG ■ PFT
- COMPU. TREADMILL TEST
- PHYSIOTHERAPY
- DENTAL
- HEALTH CHECK-UP



ELECTROCARDIOGRAM (ECG)

MR MENNA PANDIT
 ELA1375 13-Jul-2024
 ECG



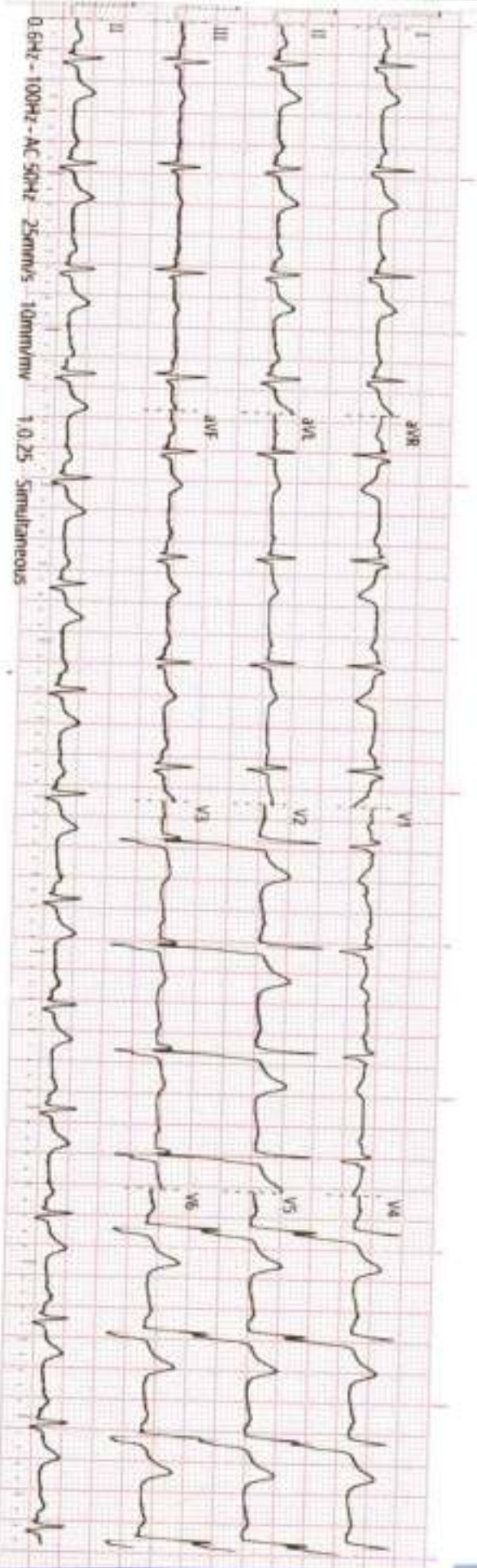
PATIENT MR. MENNA PANDIT AGE 47yrs SEX male

REF. BY DR. MediWHEEL. DATE 18/07/2024

INTERPRETATION : Normal

Dr. Mr.

Dr. Menna Pandit
 MBBS, MD, DM (Cardiology), DCC (ECG)
 Reg. No. 12918415843



History : _____

B.P. : _____

Drugs : _____

Standard : _____

Auricular Rate : 79 bpm

Ventricular Rate : _____

Rhythm : NS

Mechanism : S

Voltage : _____

Axis : _____

P Waves : _____

PR Interval : _____

Q Waves : _____

QRS Interval : (2)

ST Segment : _____

T Waves : _____

QT Interval : _____

Extra Systoles : _____

REMARKS & CONCLUSIONS : _____

(Signature)

low

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DATE: 13/01/24

TO,

Mediawheel

This is regarding your client Miss/Mrs./Mr. Munnd

pandit

Proposal number _____

Visited to our centre on 13/01 for her/his proposed tests.

All tests are done as scheduled except

Pending/skipped tests: Stool exami / PPBS

Reason: Not willing

We are canceling / will reschedule it as per her/his convenience.

Thank you.

Client's sign

Dr. NUPUR RAI
MBBS, DIPLOMA CARDIOLGY (PGOCC)
Reg. No.: 2018115643

Medical Examiner

HEALTHCARE MEDICAL CENTRE AND DIAGNOSTICS

THAKUR VILLAGE
KANDIVALI EAST

TREADMILL TEST REPORT

MR. **MURNA PANDIT**
ID : 823
DATE : 13-01-2024
AGE/SEX : 47 / M
HT/WT : 175 / 82
REF. BY : MEDIWHEEL

PROTOCOL : Bruce
HISTORY :
INDICATION : CARDIAC EVALUATION
MEDICATION : NONE

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					69	126 / 86	86	1.1	-0.1	1.9	
STANDING					70	126 / 86	88	0.9	-0.3	1.8	
HYPERVENT					70	126 / 86	88	0.9	-0.4	1.9	
Stage 1	2:59	0:21	2.7	10	121	130 / 90	157	0.3	-1.8	2.6	4.80
PK-EXERCISE	5:29	2:29	4	12	150	134 / 96	201	1.5	-2.1	2.3	
RECOVERY	6:43	1:3			104	134 / 96	139	1.4	-1.6	2.4	
RECOVERY	7:42	2:2			102	128 / 88	130	0.7	-1.1	2	
RECOVERY	8:39	2:59			97	122 / 84	118	0.4	-0.8	1.4	

RESULTS

EXERCISE DURATION : 5:29
MAX HEART RATE : 151 bpm 87 % of target heart rate 173 bpm
MAX BLOOD PRESSURE : 134 / 96 mm Hg
REASON OF TERMINATION : Achieved THR, Exhaustion,
BP RESPONSE : Normal,
ARRHYTHMIA : None,
H.R. RESPONSE : Normal Chronotropic Response,
IMPRESSIONS :
FAIR EFFORT TOLERANCE,
NO ANGINA,
NO ARRHYTHMIA,
NORMAL HR AND BP RESPONSE.
NO SIGNIFICANT ST CHANGES NOTED DURING TEST AS COMPARED TO BASELINE ECG.
STRESS TEST NEGATIVE FOR INDUCIBLE ISCHEMIA.

MAX WORK LOAD : 6.70 METS

Md. NUPUR RAI
Thakur
Mob: 92200 91541 / 9999 7171

Dr. NUPUR RAI
MBBS, DIPLOMA CARDIOLOGY (PCCO) 1999
Reg. No.: 2018115643

Technician : 1

HEALTHCARE MEDICAL CENTRE AND DIAGNOSTICS

MR MUNNA PANDIT

I.D. 823

Age 47/M

Date 13-01-2024

RATE 69bpm

B.P. 126/86

PRETEST

SUPINE

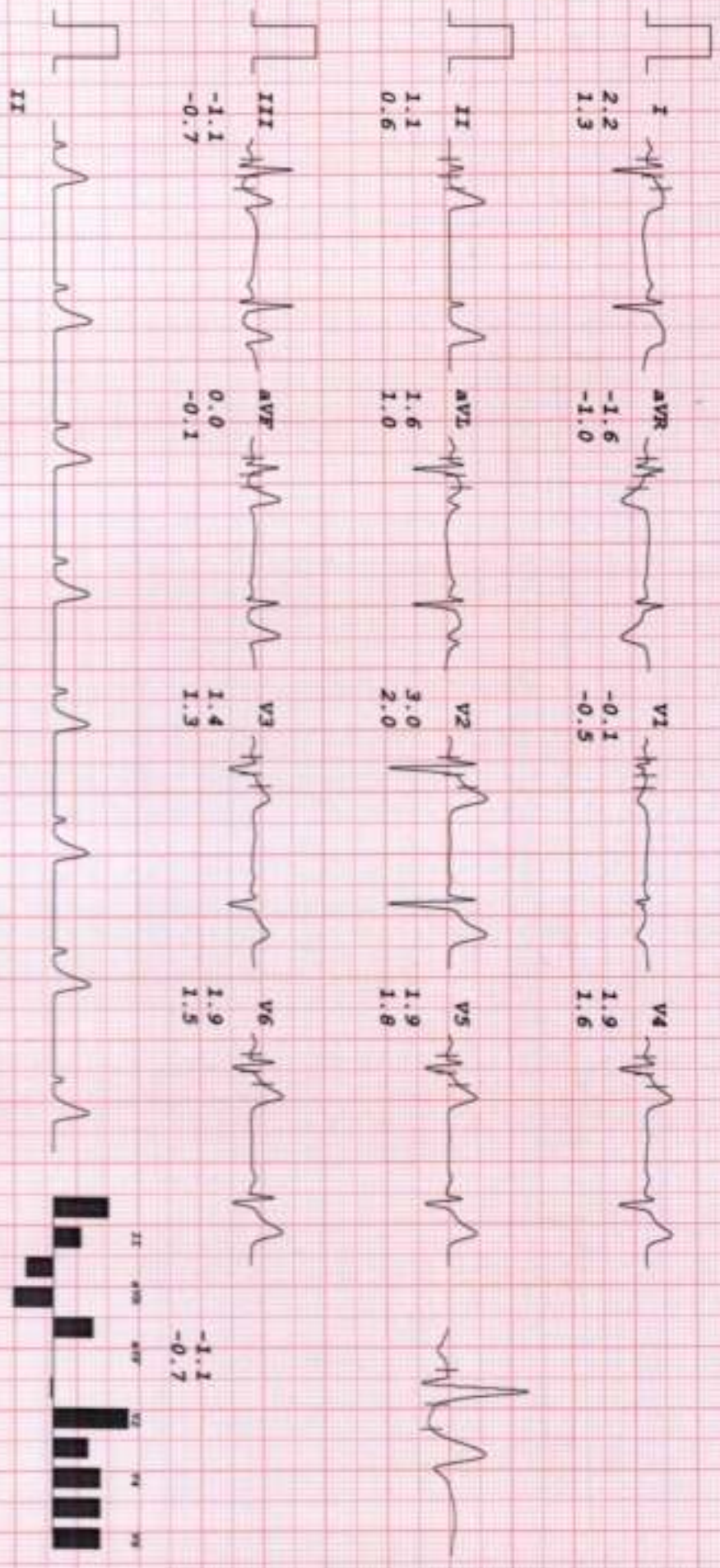
ST # 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2

III



(Handwritten Signature)

HEALTHCARE MEDICAL CENTRE AND DIAGNOSTICS

MR. MUNNA PANDIT
I.D. 823
Age 47/M
Date 13-01-2024

RATE 70bpm
B.P. 126/86

PRETEST
STANDING

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2

III

I
2.0
1.3

AVR
-1.5
-0.9

V1
-0.3
-0.3

V4
1.8
1.5

II
0.9
0.5

AVL
1.6
1.1

V2
3.0
1.9

V5
1.8
1.7

III
-1.1
-0.8

AVF
-0.1
-0.2

V3
1.3
0.9

V6
1.9
1.7

II



Handwritten signature in blue ink.

HEALTHCARE MEDICAL CENTRE AND DIAGNOSTICS

MR MUNNA PANDIT
 I.D. 823
 Age 47/M
 Date 13-01-2024

RATE 150bpm
 B.P. 134/96

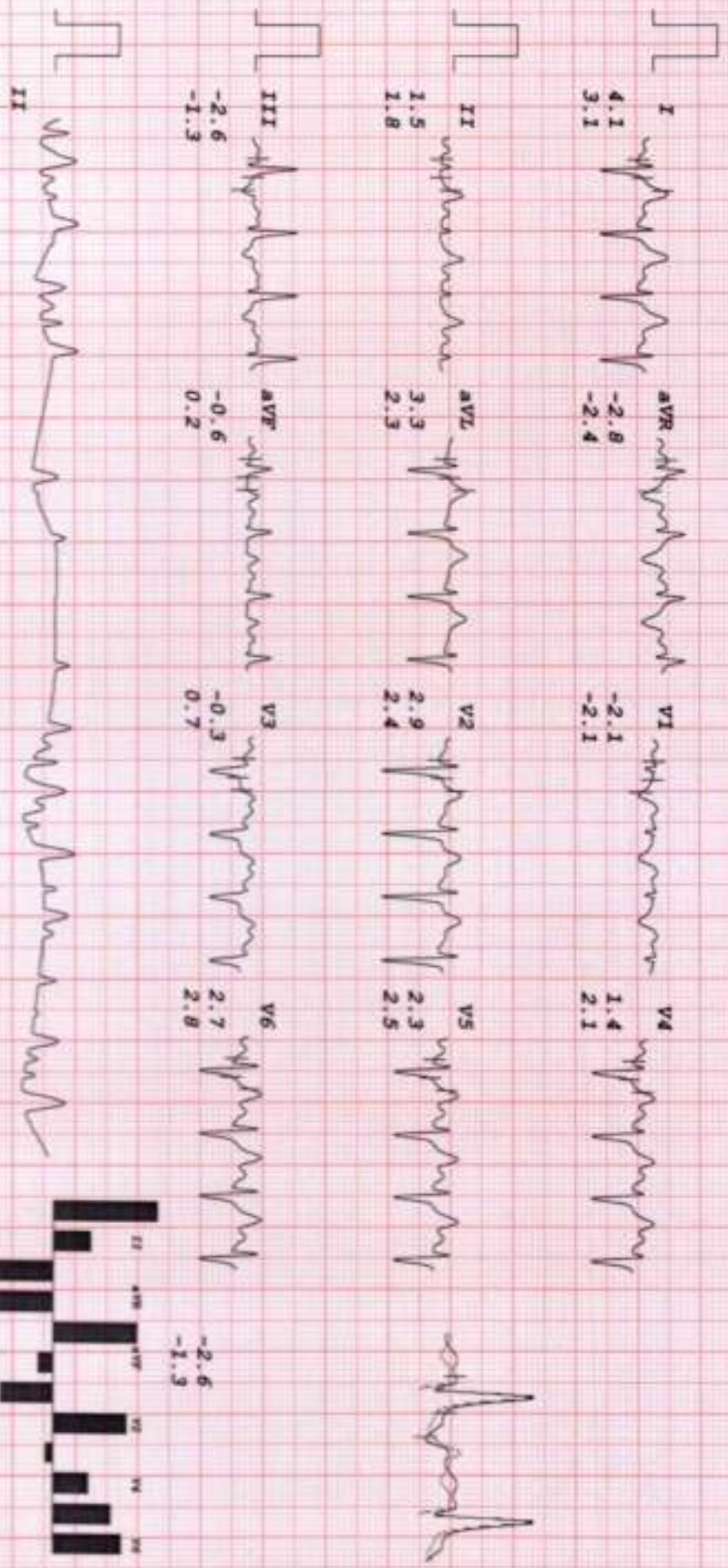
Bruce
 PK-EXERCISE
 TOTAL TIME 5:29
 PHASE TIME 2:29

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 °

LINKED MEDIAN

Mag. X 2

III



P. Pandit

HEALTHCARE MEDICAL CENTRE AND DIAGNOSTICS

MR MENNA PANDIT
 I.D. 823
 Age 47/M
 Date 13-01-2024

RATE 104bpm
 B.P. 134/96

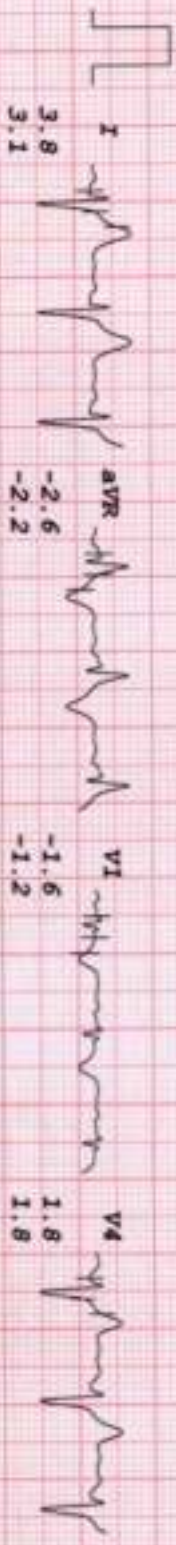
Bruce
 RECOVERY
 TOTAL TIME 6:43
 PHASE TIME 1:03

ST 8 10mm/mV
 80ms PostJ

RECOVERY
 LINKED MEDIAN

Mag. x 2

III



HEALTHCARE MEDICAL CENTRE AND DIAGNOSTICS

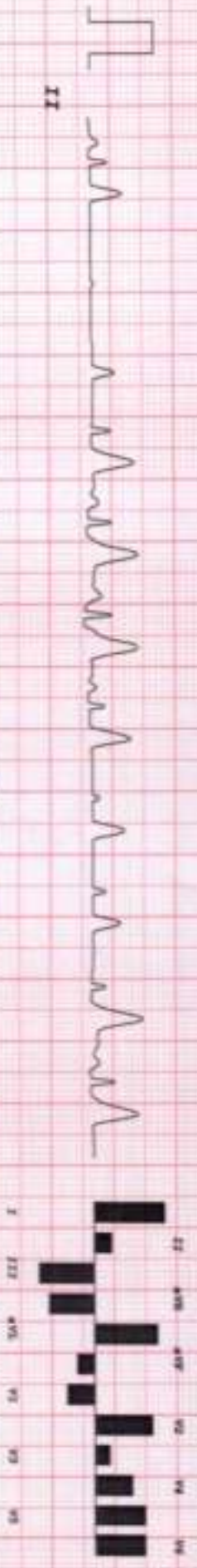
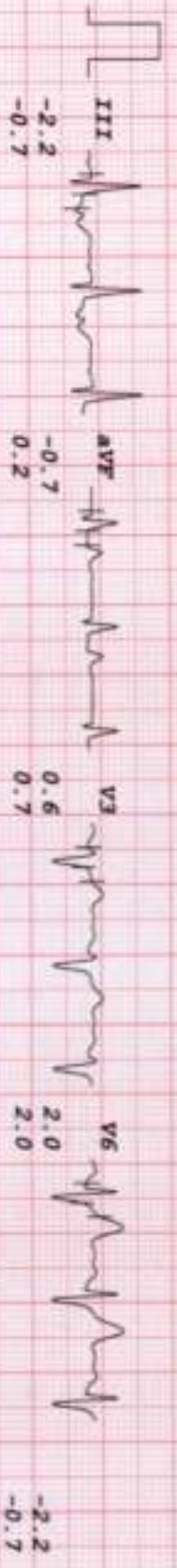
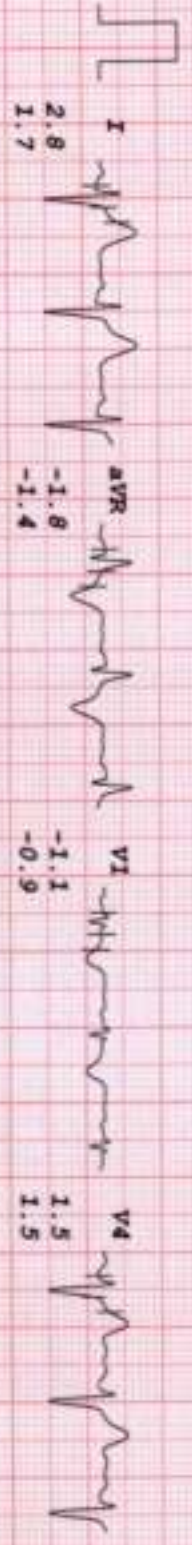
MR MUNNA PANDIT
I.D. 823
Age 47/M
Date 13-01-2024

PATE 102bpm
R.P. 128/88
BRUCE
RECOVERY
TOTAL TIME 7:42
PHASE TIME 2:02

ST @ 10mm/mV
80ms PostJ
RECOVERY
LINKED MEDIAN

Mag. X 2

III



HEALTHCARE MEDICAL CENTRE AND DIAGNOSTICS

MR MUNNA PANDIT
 I.D. 823
 Age 47/M
 Date 13-01-2024

PATE 97bpm
 B.P. 122/84

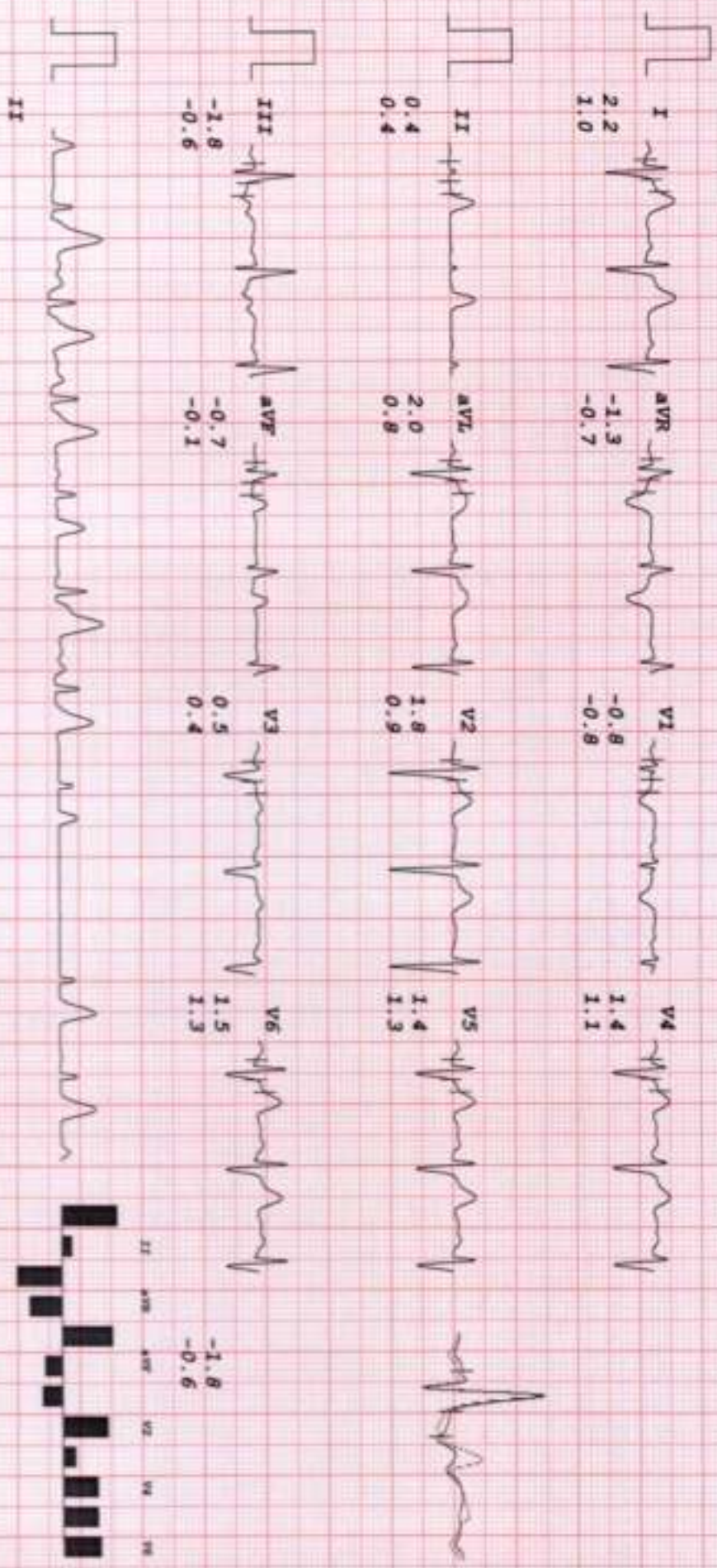
Recovery
 TOTAL TIME 8:39
 PHASE TIME 2:59

ST @ 10mm/mV
 80mm Postpr

LINKED MEDIAN

Mag. X 2

III



DIAGNOSTICS REPORT

Patient Name	: Mr. JAYDAS KAWALE	Order Date	: 13/01/2024 08:36
Age/Sex	: 51 Year(s)/Male	Report Date	: 13/01/2024 17:17
UHID	: SHHM.83832		
Ref. Doctor	:	Facility	: SEVENHILLS HOSPITAL, MUMBAI
		Mobile	: 8655671023
Address	: ROOM NO: 24 SHIVSHANKAR NAGAR, WADALA EAST, Mumbai, Maharashtra, 400037		

2D ECHOCARDIOGRAPHY WITH COLOUR DOPPLER STUDY

Normal LV and RV systolic function.

Estimated LVEF = 60%

No LV regional wall motion abnormality at rest .

Long flashy mitral valve

All other valves are structurally and functionally normal.

Mild Concentric LVH.

No LV Diastolic dysfunction .

No pulmonary arterial hypertension.

Trivial regurgitation across Mitral valve.

Aorta and pulmonary artery dimensions: normal.

IAS / IVS: Intact.

No evidence of clot, vegetation, calcification, pericardial effusion.

COLOUR DOPPLER: Trivial MR



Dr.Ganesh Vilas Manudhane
M.ch,MCH/DM

RegNo: 2011/06/1763

LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. JAYDAS KAWALE	Age/Sex	: 51 Year(s) / Male
UHID	: SHHM.83832	Order Date	: 13/01/2024 08:36
Episode	: OP	Mobile No	: 8655671023
Ref. Doctor	: Self	DOB	: 01/06/1972
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Blood Bank

Test Name	Result		
Sample No : 00308588A	Collection Date : 13/01/24 08:53	Ack Date : 13/01/2024 11:54	Report Date : 13/01/24 13:04

BLOOD GROUPING/ CROSS-MATCHING BY SEMI AUTOMATION

BLOOD GROUP (ABO)	' O '		
Rh Type <i>Method - Column Agglutination</i>	POSITIVE		

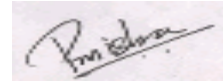
REMARK: THE REPORTED RESULTS PERTAIN TO THE SAMPLE RECEIVED AT THE BLOOD CENTRE.

Interpretation:

Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.
- Determine the blood group of potential blood donors at a collection facility.
- Determine the blood group of potential donors and recipients of organs, tissues, or bone marrow, as part of a workup for a transplant procedure.

End of Report



Dr. Pooja Vinod Mishra
MD Pathology

Jr Consultant Pathologist, MMC Reg No.
2017052191

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. JAYDAS KAWALE UHID : SHHM.83832 Episode : OP Ref. Doctor : Self	Age/Sex : 51 Year(s) / Male Order Date : 13/01/2024 08:36 Mobile No : 8655671023 DOB : 01/06/1972 Facility : SEVENHILLS HOSPITAL, MUMBAI
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HAEMATOLOGY

Test Name	Result	Unit	Biological Reference Interval
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Sample No : O0308588A	Collection Date : 13/01/24 08:53	Ack Date : 13/01/2024 09:35	Report Date : 13/01/24 11:05
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COMPLETE BLOOD COUNT (CBC) - EDTA WHOLE BLOOD

Test Name	Result	Unit	Biological Reference Interval
Total WBC Count	6.85	x10 ³ /ul	4.00 - 10.00
Neutrophils	50.1	%	40.00 - 80.00
Lymphocytes	43.0 ▲ (H)	%	20.00 - 40.00
Eosinophils	0.9 ▼ (L)	%	1.00 - 6.00
Monocytes	5.8	%	2.00 - 10.00
Basophils	0.2 ▼ (L)	%	1.00 - 2.00
Absolute Neutrophil Count	3.43	x10 ³ /ul	2.00 - 7.00
Absolute Lymphocyte Count	2.94	x10 ³ /ul	0.80 - 4.00
Absolute Eosinophil Count	0.06	x10 ³ /ul	0.02 - 0.50
Absolute Monocyte Count	0.41	x10 ³ /ul	0.12 - 1.20
Absolute Basophil Count	0.01	x10 ³ /ul	0.00 - 0.10
RBCs	5.56 ▲ (H)	x10 ⁶ /ul	4.50 - 5.50
Hemoglobin	14.3	gm/dl	13.00 - 17.00
Hematocrit	43.2	%	40.00 - 50.00
MCV	77.7 ▼ (L)	fl	83.00 - 101.00
MCH	25.7 ▼ (L)	pg	27.00 - 32.00



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. JAYDAS KAWALE

UHID : SHHM.83832

Episode : OP

Ref. Doctor : Self

Age/Sex : 51 Year(s) / Male

Order Date : 13/01/2024 08:36

Mobile No : 8655671023

DOB : 01/06/1972

Facility : SEVENHILLS HOSPITAL, MUMBAI

MCHC	33.1	gm/dl	31.50 - 34.50
RED CELL DISTRIBUTION WIDTH-CV (RDW-CV)	13.8	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH-SD (RDW-SD)	40.1	fl	35.00 - 56.00
Platelet	284	x10 ³ /ul	150.00 - 410.00
Mean Platelet Volume (MPV)	9.0	fl	6.78 - 13.46
PLATELET DISTRIBUTION WIDTH (PDW)	15.6	%	9.00 - 17.00
PLATELETCRIT (PCT)	0.255	%	0.11 - 0.28

Method:-

HB Colorimetric Method.

RBC/PLT Electrical Impedance Method.

WBC data Flow Cytometry by Laser Method.

MCV,MCH,MCHC,RDW and rest parameters - Calculated.

All Abnormal Haemograms are reviewed confirmed microscopically.

NOTE: Wallach's Interpretation of Diagnostic Tests. 11th Ed, Editors: Rao LV. 2021

NOTE :-

The International Council for Standardization in Haematology (ICSH) recommends reporting of absolute counts of various WBC subsets for clinical decision making. This test has been performed on a fully automated 5 part differential cell counter which counts over 10,000 WBCs to derive differential counts. A complete blood count is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type and the concentrations of Hemoglobin and platelets. The cells that circulate in the bloodstream are generally divided into three types: white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically.

End of Report



Dr. Ritesh Kharche
MD, PGD



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. JAYDAS KAWALE

UHID : SHHM.83832

Episode : OP

Ref. Doctor : Self

Age/Sex : 51 Year(s) / Male

Order Date : 13/01/2024 08:36

Mobile No : 8655671023

DOB : 01/06/1972

Facility : SEVENHILLS HOSPITAL, MUMBAI

Consultant Pathologist and Director of
Laboratory Services
RegNo: 2006/03/1680



LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. JAYDAS KAWALE	Age/Sex	: 51 Year(s) / Male
UHID	: SHHM.83832	Order Date	: 13/01/2024 08:36
Episode	: OP	Mobile No	: 8655671023
Ref. Doctor	: Self	DOB	: 01/06/1972
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

HAEMATOLOGY

Test Name	Result	Unit	Biological Reference Interval
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Sample No : 00308588A	Collection Date : 13/01/24 08:53	Ack Date : 13/01/2024 09:35	Report Date : 13/01/24 13:16
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ESR	05	mm/hr	0 - 20
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Method: Westergren Method

INTERPRETATION :-

ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. It provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is often used if multiple myeloma is suspected, but when the myeloma is non-secretory or light chain, a normal ESR does not exclude this diagnosis.

An elevated ESR may occur as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ESR values.

The ESR is influenced by age, stage of the menstrual cycle and medications taken (corticosteroids, contraceptive pills). It is especially low (0-1 mm) in polycythaemia, hypofibrinogenaemia and congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells. In cases of performance enhancing drug intake by athletes the ESR values are generally lower than the usual value for the individual and as a result of the increase in haemoglobin (i.e. the effect of secondary polycythaemia).

End of Report



Dr. Ritesh Kharche
MD, PGD

Consultant Pathologist and Director of
Laboratory Services
RegNo: 2006/03/1680

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. JAYDAS KAWALE

Age/Sex : 51 Year(s) / Male

UHID : SHHM.83832

Order Date : 13/01/2024 08:36

Episode : OP

Ref. Doctor : Self

Mobile No : 8655671023

DOB : 01/06/1972

Facility : SEVENHILLS HOSPITAL, MUMBAI

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
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Sample No : 00308588A	Collection Date : 13/01/24 08:53	Ack Date : 13/01/2024 09:35	Report Date : 13/01/24 11:20
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GLYCOSYLATED HAEMOGLOBIN (HBA1C)

HbA1c

Method - Immunoturbidimetry

5.36

%

4 to 6%
Non-diabetic
6.0--7.0% Excellent
control
7.0--8.0% Fair to
good control
8.0--10%
Unsatisfactory
control
ABOVE 10% Poor
control

Estimated Average Glucose (eAG)

Method - Calculated

107.13

mg/dl

90 - 126



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. JAYDAS KAWALE	Age/Sex : 51 Year(s) / Male
UHID : SHHM.83832	Order Date : 13/01/2024 08:36
Episode : OP	Mobile No : 8655671023
Ref. Doctor : Self	DOB : 01/06/1972
	Facility : SEVENHILLS HOSPITAL, MUMBAI

NOTES :-

1. HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months
 2. HbA1c may be falsely low in diabetics with hemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
 3. Inappropriately low HbA1c values may be reported due to hemolysis, recent blood transfusion, acute blood loss, hypertriglyceridemia, chronic liver disease. Drugs like dapsone, ribavirin, antiretroviral drugs, trimethoprim, may also cause interference with estimation of HbA1c, causing falsely low values.
 4. HbA1c may be increased in patients with polycythemia or post-splenectomy.
 5. Inappropriately higher values of HbA1c may be caused due to iron deficiency, vitamin B12 deficiency, alcohol intake, uremia, hyperbilirubinemia and large doses of aspirin.
 6. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 7. Any sample with >15% HbA1c should be suspected of having a hemoglobin variant, especially in a non-diabetic patient. Similarly, below 4% should prompt additional studies to determine the possible presence of variant hemoglobin.
 8. HbA1c target in pregnancy is to attain level <6 % .
 9. HbA1c target in paediatric age group is to attain level < 7.5 %.
- Method : turbidimetric inhibition immunoassay (TINIA) for hemolyzed whole blood
 Reference : American Diabetes Associations. Standards of Medical Care in Diabetes 2015

GLUCOSE-PLASMA-FASTING			
Glucose,Fasting	98.35	mg/dl	70 - 110



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. JAYDAS KAWALE	Age/Sex : 51 Year(s) / Male
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Ref. Doctor : Self	DOB : 01/06/1972
	Facility : SEVENHILLS HOSPITAL, MUMBAI

American Diabetes Association Reference Range :

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

References:

1)Pack Insert of Bio system

2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interpretation :-

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis.

A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be

seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

Lipid Profile			
Total Cholesterol	162.49	mg/dl	CHILD Desirable - Less than : 170 CHILD Borderline High : 170-199 CHILD High - More than : 200 ADULT Desirable - Less than : 200 ADULT Borderline High : 200-239 ADULT High - More than : 240



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. JAYDAS KAWALE	Age/Sex : 51 Year(s) / Male
UHID : SHHM.83832	Order Date : 13/01/2024 08:36
Episode : OP	Mobile No : 8655671023
Ref. Doctor : Self	DOB : 01/06/1972
	Facility : SEVENHILLS HOSPITAL, MUMBAI

Triglycerides <i>Method - glycerol Phosphate Oxidase/Peroxide</i>	118.45	mg/dl	NORMAL : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL Cholesterol <i>Method - Enzymatic immuno inhibition</i>	40.61	mg/dl	Desirable - Above 60 Borderline Risk : 40-59 Undesirable - Below :40
LDL Cholesterol <i>Method - Calculated</i>	98.19	mg/dl	Desirable - Below : 130 Borderline Risk : 130-159 Undesirable - Above : 160
VLDL Cholesterol <i>Method - Calculated</i>	23.69	mg/dl	5 - 51
Total Cholesterol / HDL Cholesterol Ratio - Calculated <i>Method - Calculated</i>	4.00	RATIO	0 - 5
LDL / HDL Cholesterol Ratio - Calculated <i>Method - Calculated</i>	2.42	RATIO	0 - 3.6



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. JAYDAS KAWALE UHID : SHHM.83832 Episode : OP Ref. Doctor : Self	Age/Sex : 51 Year(s) / Male Order Date : 13/01/2024 08:36 Mobile No : 8655671023 DOB : 01/06/1972 Facility : SEVENHILLS HOSPITAL, MUMBAI
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Note:

- 1) Biological Reference Interval is as per National Cholesterol Education Program (NCEP) Guidelines.
- 2) tests done on Fully Automated Biosystem BA-400 Biochemistry Analyser.

Interpretation

1. **Triglycerides:** When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.
2. **HDL-Cholesterol:** HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal. If HDL-C is less than 40 mg/dL for men and less than 50 mg/dL for women, there is an increased risk of heart disease that is independent of other risk factors, including the LDL-C level. The NCEP guidelines suggest that an HDL cholesterol value greater than 60 mg/dL is protective and should be treated as a negative risk factor.
3. **LDL-Cholesterol:** Desired goals for LDL-C levels change based on individual risk factors. For young adults, less than 120 mg/dL is acceptable. Values between 120-159 mg/dL are considered Borderline high. Values greater than 160 mg/dL are considered high. Low levels of LDL cholesterol may be seen in people with an inherited lipoprotein deficiency and in people with hyperthyroidism, infection, inflammation, or cirrhosis.

Uric Acid (Serum)			
Method - Uricase			
Uric Acid	4.67	mg/dl	3.5 - 7.2
Method - Uricase			

References:

- 1) Pack Insert of Bio system
- 2) TIETZ Textbook of Clinical chemistry and Molecular Diagnostics Edited by: Carl A. burtis, Edward R. Ashwood, David e. Bruns

Interpretation:-

Uric acid is produced by the breakdown of purines. Purines are nitrogen-containing compounds found in the cells of the body, including our DNA. Increased concentrations of uric acid can cause crystals to form in the joints, which can lead to the joint inflammation and pain characteristic of gout. Low values can be associated with some kinds of liver or kidney diseases, Fanconi syndrome, exposure to toxic compounds, and rarely as the result of an inherited metabolic defect (Wilson disease).



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. JAYDAS KAWALE	Age/Sex : 51 Year(s) / Male
UHID : SHHM.83832	Order Date : 13/01/2024 08:36
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Ref. Doctor : Self	DOB : 01/06/1972
	Facility : SEVENHILLS HOSPITAL, MUMBAI

<u>Liver Function Test (LFT)</u>			
SGOT (Aspartate Transaminase) - SERUM <i>Method - IFCC</i>	17.83	IU/L	0 - 35
SGPT (Alanine Transaminase) - SERUM <i>Method - IFCC</i>	18.7	IU/L	0 - 45
Total Bilirubin - SERUM <i>Method - Diazo</i>	1.45	mg/dl	0 - 2
Direct Bilirubin - - SERUM <i>Method - Diazotization</i>	0.46 ▲ (H)	mg/dl	0 - 0.4
Indirect Bilirubin - Calculated <i>Method - Calculated</i>	0.99 ▲ (H)	mg/dl	0.1 - 0.8
Alkaline Phosphatase - SERUM <i>Method - IFCC AMP Buffer</i>	86.31	IU/L	43 - 115
Total Protein - SERUM <i>Method - Biuret</i>	7.1	gm/dl	6 - 7.8
Albumin - SERUM <i>Method - Bromo Cresol Green(BCG)</i>	4.69	gm/dl	3.5 - 5.2
Globulin - Calculated <i>Method - Calculated</i>	2.41	gm/dl	2 - 4
A:G Ratio <i>Method - Calculated</i>	1.95	:1	1 - 3



LABORATORY INVESTIGATION REPORT

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UHID : SHHM.83832	Order Date : 13/01/2024 08:36
Episode : OP	Mobile No : 8655671023
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References:

- 1) Pack Insert of Bio system
- 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interperatation :-

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice). conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, transfusion reaction & a common metabolic condition termed Gilbert syndrome.

AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. Ast levels may also increase after a heart attck or strenuous activity. ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, paget`s disease, Rickets, Sarcoidosis etc.

Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-including drugs etc. Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum.. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease.

Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic - Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

<u>Renal Function Test (RFT)</u>			
Urea - SERUM <small>Method - Urease</small>	23.12	mg/dl	15 - 39
BUN - SERUM <small>Method - Urease-GLDH</small>	10.80	mg/dl	4 - 18
Creatinine - SERUM <small>Method - Jaffes Kinetic</small>	0.91	mg/dl	0.5 - 1.3



LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. JAYDAS KAWALE	Age/Sex	: 51 Year(s) / Male
UHID	: SHHM.83832	Order Date	: 13/01/2024 08:36
Episode	: OP	Mobile No	: 8655671023
Ref. Doctor	: Self	DOB	: 01/06/1972
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

References:

- 1) Pack Insert of Bio system
- 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interpretation:-

The blood urea nitrogen or BUN test is primarily used, along with the creatinine test, to evaluate kidney function in a wide range of circumstances, to help diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status.

GLUCOSE-PLASMA POST PRANDIAL			
Glucose, Post Prandial	122.54	mg/dl	70 - 140

American Diabetes Association Reference Range :

Post-Prandial Blood Glucose:

- Non-Diabetic: Up to 140mg/dL
- Pre-Diabetic: 140-199 mg/dL
- Diabetic : >200 mg/dL

References:

- 1) Pack Insert of Bio system
- 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interpretation :-

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis.

A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. JAYDAS KAWALE

UHID : SHHM.83832

Episode : OP

Ref. Doctor : Self

Age/Sex : 51 Year(s) / Male

Order Date : 13/01/2024 08:36

Mobile No : 8655671023

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End of Report



Dr. Ritesh Kharche
MD, PGD

Consultant Pathologist and Director of
Laboratory Services
RegNo: 2006/03/1680



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. JAYDAS KAWALE
UHID : SHHM.83832
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DOB : 01/06/1972
Facility : SEVENHILLS HOSPITAL, MUMBAI

IMMUNOLOGY

Test Name	Result	Unit	Biological Reference Interval
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Sample No : 00308588C	Collection Date : 13/01/24 08:53	Ack Date : 13/01/2024 09:35	Report Date : 13/01/24 11:05
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PSA -TOTAL-SERUM

PSA- Prostate Specific Antigen - SERUM	1.04	ng/ml	0.00 - 4.00
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Biological Reference Interval :-

Conventional for all ages: <=4

60 - 69 yrs: 0 - 4.5

Note : Change in method and Reference range

INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

NOTE:

Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

Ref: Arch Pathol Lab Med—Vol 141, November 2017

End of Report



Dr. Ritesh Kharche
MD, PGD

Consultant Pathologist and Director of
Laboratory Services

RegNo: 2006/03/1680

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. JAYDAS KAWALE

UHID : SHHM.83832

Episode : OP

Ref. Doctor : Self

Age/Sex : 51 Year(s) / Male

Order Date : 13/01/2024 08:36

Mobile No : 8655671023

DOB : 01/06/1972

Facility : SEVENHILLS HOSPITAL, MUMBAI

Stool Examination

Test Name

Result

Sample No : 00308588D

Collection Date : 13/01/24 08:53

Ack Date : 13/01/2024 09:35

Report Date : 13/01/24 13:59

Gross and Chemical Examination			
Consistency	Semi-Solid		
COLOUR STOOL	Dark Brown		
Visible Blood	Absent		
Mucus	Absent		
Occult Blood	NEGATIVE		
Microscopic Examination			
Pus cells	1-2		
Epithelial Cells	Absent		
RBC	Absent		
Parasites	Not Seen		

End of Report



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LABORATORY INVESTIGATION REPORT

Patient Name : Mr. JAYDAS KAWALE

Age/Sex : 51 Year(s) / Male

UHID : SHHM.83832

Order Date : 13/01/2024 08:36

Episode : OP

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Mobile No : 8655671023

DOB : 01/06/1972

Facility : SEVENHILLS HOSPITAL, MUMBAI

IMMUNOLOGY

Test Name Result Unit Biological Reference Interval

Sample No : 00308588C Collection Date : 13/01/24 08:53 Ack Date : 13/01/2024 09:35 Report Date : 13/01/24 11:05

T3 - SERUM	114.3	ng/dl	47.00 - 200.00
<u>TFT- Thyroid Function Tests</u>			
T4 - SERUM	10.49	ug/dL	4.60 - 10.50
TSH - SERUM	2.61	uIU/ml	0.40 - 4.50



LABORATORY INVESTIGATION REPORT

Patient Name	: Mr. JAYDAS KAWALE	Age/Sex	: 51 Year(s) / Male
UHID	: SHHM.83832	Order Date	: 13/01/2024 08:36
Episode	: OP	Mobile No	: 8655671023
Ref. Doctor	: Self	DOB	: 01/06/1972
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Reference Ranges (T3) Pregnancy:

First Trimester 81 - 190

Second Trimester & Third Trimester 100 - 260

Reference Ranges (TSH) Pregnancy:

1st Trimester : 0.1 – 2.5

2nd Trimester : 0.2 – 3.0

3rd Trimester : 0.3 – 3.0

Reference:

1. Clinical Chemistry and Molecular Diagnostics, Tietz Fundamentals, 7th Edition & Endocrinology Guidelines

Interpretation :-

It is recommended that the following potential sources of variation should be considered while interpreting thyroid hormone results:

1. Thyroid hormones undergo rhythmic variation within the body this is called circadian variation in TSH secretion: Peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
2. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding PreAlbumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
3. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment.
4. T4 may be normal the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenytoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.
8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
9. Various drugs can lead to interference in test results.
10. It is recommended that evaluation of unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.

End of Report



LABORATORY INVESTIGATION REPORT

Patient Name : Mr. JAYDAS KAWALE

UHID : SHHM.83832

Episode : OP

Ref. Doctor : Self

Age/Sex : 51 Year(s) / Male

Order Date : 13/01/2024 08:36

Mobile No : 8655671023

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Facility : SEVENHILLS HOSPITAL, MUMBAI

Dr.Ritesh Kharche
MD, PGD

Consultant Pathologist and Director of
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LABORATORY INVESTIGATION REPORT

Patient Name : Mr. JAYDAS KAWALE

Age/Sex : 51 Year(s) / Male

UHID : SHHM.83832

Order Date : 13/01/2024 08:36

Episode : OP

Ref. Doctor : Self

Mobile No : 8655671023

DOB : 01/06/1972

Facility : SEVENHILLS HOSPITAL, MUMBAI

Urinalysis

Test Name	Result	Unit	Biological Reference Interval
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Sample No : O0308588E	Collection Date : 13/01/24 08:53	Ack Date : 13/01/2024 09:35	Report Date : 13/01/24 13:59
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Physical Examination			
QUANTITY	15	ml	
Colour	Pale Yellow		
Appearance	Slightly Hazy		
DEPOSIT	Absent		Absent
pH	Acidic		
Specific Gravity	1.020		
Chemical Examination			
Protein	Absent		Absent
Sugar	Absent		Absent
ketones	Absent		Absent
Occult Blood	NEGATIVE		Negative
Bile Salt	Absent		Absent
Bile Pigments	Absent		Absent
Urobilinogen	NORMAL		Normal
NITRATE	Absent		Absent
LEUKOCYTES	Absent		Absent

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. JAYDAS KAWALE

UHID : SHHM.83832

Episode : OP

Ref. Doctor : Self

Age/Sex : 51 Year(s) / Male

Order Date : 13/01/2024 08:36

Mobile No : 8655671023

DOB : 01/06/1972

Facility : SEVENHILLS HOSPITAL, MUMBAI

Microscopic Examination

Pus cells	2-3	/HPF	
Epithelial Cells	20-25	/HPF	
RBC	Absent	/HPF	Absent
Cast	Absent	/LPF	Absent
Crystal	Absent	/HPF	Absent
Amorphous Materials	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent
<u>URINE SUGAR AND KETONE (FASTING)</u>			
Sugar	Absent		
ketones	Absent		

URINE SUGAR AND KETONE (PP)

Sugar	Absent		
ketones	Absent		

End of Report



Dr. Ritesh Kharche
MD, PGD

Consultant Pathologist and Director of
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LABORATORY INVESTIGATION REPORT

Patient Name : Mr. JAYDAS KAWALE

UHID : SHHM.83832

Episode : OP

Ref. Doctor : Self

Age/Sex : 51 Year(s) / Male

Order Date : 13/01/2024 08:36

Mobile No : 8655671023

DOB : 01/06/1972

Facility : SEVENHILLS HOSPITAL, MUMBAI

DIAGNOSTICS REPORT

Patient Name	: Mr. JAYDAS KAWALE	Order Date	: 13/01/2024 08:36
Age/Sex	: 51 Year(s)/Male	Report Date	: 13/01/2024 16:52
UHID	: SHHM.83832	Facility	: SEVENHILLS HOSPITAL, MUMBAI
Ref. Doctor	:	Mobile	: 8655671023
Address	: ROOM NO: 24 SHIVSHANKAR NAGAR, WADALA EAST, Mumbai, Maharashtra, 400037		

USG ABDOMEN AND PELVIS

Liver is normal in size (13.8 cm) and echotexture. No focal liver parenchymal lesion is seen. Intrahepatic portal and biliary radicles are normal.

Gall-bladder is physiologically distended. No evidence of intraluminal calculus is seen. Wall thickness appears normal. No evidence of peri-cholecystic fluid is seen. Portal vein and CBD are normal in course and calibre.

Visualised part of pancreas appears normal in size and echotexture. No evidence of duct dilatation or parenchymal calcification seen.

Spleen is normal in size (9.3 cm) and echotexture. No focal lesion is seen in the spleen.

Both the kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. No evidence of calculus or hydronephrosis on left side.

Right kidney measures 10.1 x 4.0 cm. **There is e/o 4 mm hyperechoic focus with posterior acoustic shadowing noted at the mid pole.**

Left kidney measures 9.8 x 5.9 cm.

Urinary bladder is well distended and appears normal. No evidence of intra-luminal calculus or mass lesion.

Prostate appears normal in size and echotexture.

There is no free fluid in abdomen and pelvis.

IMPRESSION

·**Nonobstructive right renal calculus.**



Dr. Priya Vinod Phayde
MBBS, DMRE

DIAGNOSTICS REPORT

Patient Name	: Mr. JAYDAS KAWALE	Order Date	: 13/01/2024 08:36
Age/Sex	: 51 Year(s)/Male	Report Date	: 13/01/2024 16:52
UHID	: SHHM.83832		
Ref. Doctor	:	Facility	: SEVENHILLS HOSPITAL, MUMBAI
		Mobile	: 8655671023
Address	: ROOM NO: 24 SHIVSHANKAR NAGAR, WADALA EAST, Mumbai, Maharashtra, 400037		

DIAGNOSTICS REPORT

Patient Name	: Mr. JAYDAS KAWALE	Order Date	: 13/01/2024 08:36
Age/Sex	: 51 Year(s)/Male	Report Date	: 13/01/2024 11:12
UHID	: SHHM.83832		
Ref. Doctor	:	Facility	: SEVENHILLS HOSPITAL, MUMBAI
		Mobile	: 8655671023
Address	: ROOM NO: 24 SHIVSHANKAR NAGAR, WADALA EAST, Mumbai, Maharashtra, 400037		

X-RAY CHEST PA VIEW

Both lungs are clear.

The frontal cardiac dimensions are normal.

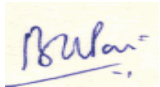
The pleural spaces are clear.

Both hilar shadows are normal in position and density.

No diaphragmatic abnormality is seen.

The soft tissues and bony thorax are normal.

IMPRESSION: No pleuroparenchymal lesion is seen.



Dr. Bhujang Pai
MBBS, MD

Consultant