

Reg. No. \_\_\_\_\_  
Date : 26/7/24

Blood  Urine  Stool  Vaccine  ECG  2D Echo  TMT  X-Ray  PFT  Audio  USG  OPT  Dr.

Employee's Name : SURYAKANT TRIBATHI

Blood Group : B+

Age/Sex : 49

Contact No. : 9221239989

With Glass / Without Glasses

	Rt.	Lt.
NEAR	N18	N18
DISTANT	6/6	6/6
COLOUR VISION	(N)	(N)

**PHYSIOLOGIC PARAMETERS :**  
Ht. (Cms.)      Wt. (Kgs.)      BMI  
172 cm      69.40 kg      .

**GENERAL EXAMINATION**      SpO2: 99%  
Pulse (Min) : 82 /m      BP (mm Hg) : 120/80  
R.R. (Min) : 24 /m      Temp. : Afebr  
Pallor : NO      Icterus : NO  
Clubbing : NO

**COMPLAINTS : (Specify if any)**  
• NO any complaint  
• NO H/O DOE / chest pain

**ENT EXAMINATION (Specify if Abnormal)**  
Ear                      Nose                      Tongue  
Teeth                      Tonsils                      Gums

**PAST HISTORY :**  
NOT SPECIFIC

**SYSTEMIC EXAMINATION**  
LOCOMOTOR SYSTEM \_\_\_\_\_  
RESPIRATORY SYSTEM HEBBE, CLEAR  
CARDIOVASCULAR SYSTEM S1S2 @  
CENTRAL NERVOUS SYSTEM All jerky @  
ABDOMEN SOFT  
GENITAL SYSTEM \_\_\_\_\_  
MUSCULOSKELETAL SYSTEM \_\_\_\_\_

**FAMILY HISTORY :**  
Father DM + Rx

**SURGICAL HISTORY :**  
NO.

**PERSONAL HISTORY (Addiction if any)**  
Chronic / Frequent / Occasional : \_\_\_\_\_  
Smoker / Tobacco Chewer / Alcoholic : \_\_\_\_\_

PFT	MEANS	PRED	% PRED
SVC			
FVC			
FEV1 / FVC			
Remark			

Audiometry	500	1000	2000	4000	6000	8000
Right Ear						
Left Ear						
Remark						

DOCTOR SIGNATURE 



- He is fit to resume normal duties.

ID: 1589

Suryakant Tripathi HR

26-07-2024 09:48:24 AM

Diagnosis Information:

Sinus Rhythm

\*\*\*Normal ECG\*\*\*

male Years

Req. No.

BP: 120/80 mmHg

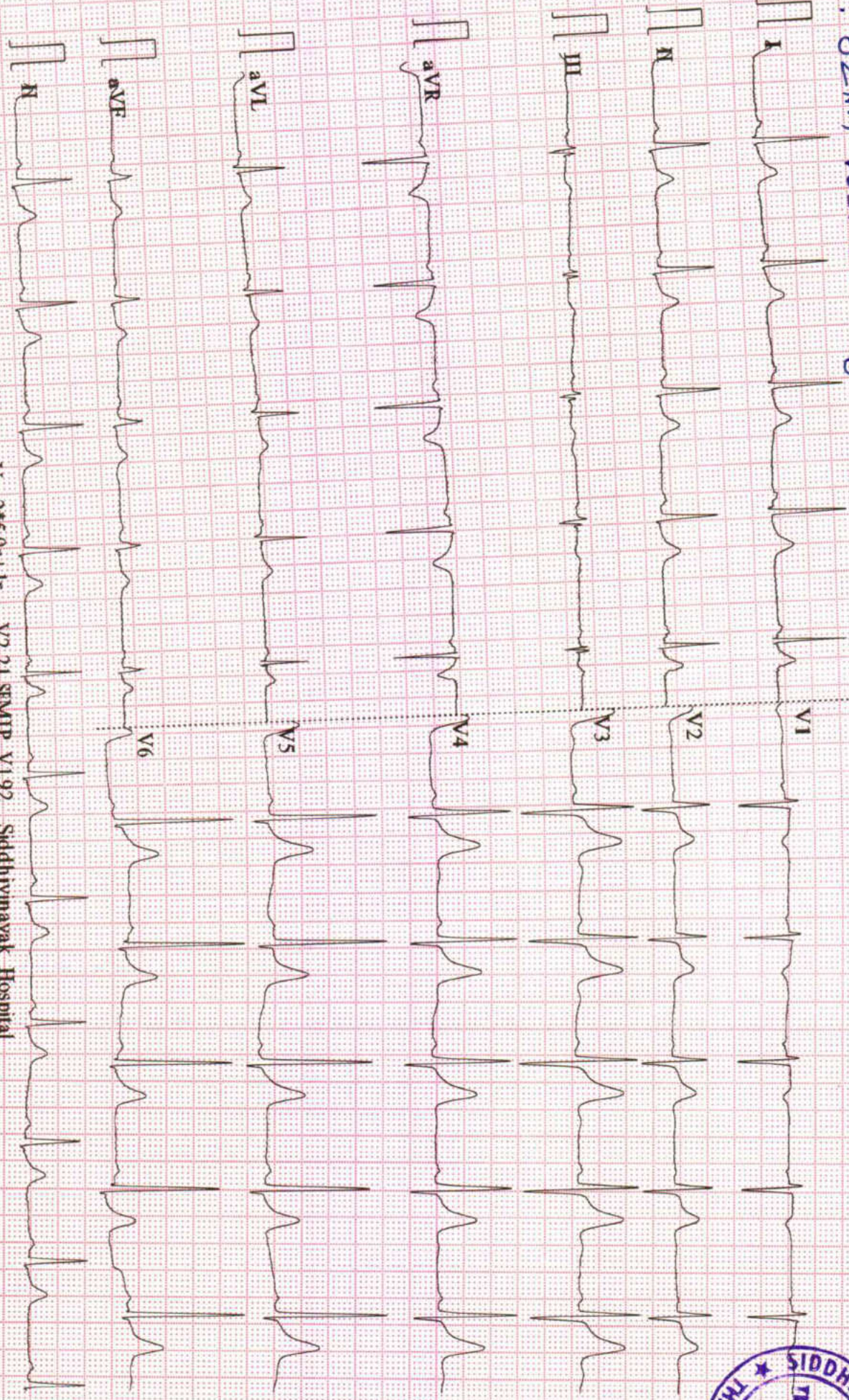
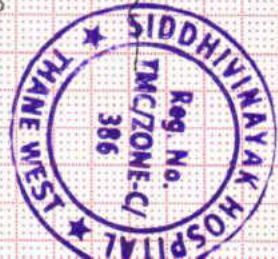
HT: 172 cm

SPo2: 99%  
PR: 82ms WT: 69.40kg

P	: 65	bpm
PR	: 144	ms
QRS	: 85	ms
QT/QTcBz	: 370/385	ms
PQRST	: 16/27/35	ms
RV5/SV1	: 2.000/0.834	mV

Report Confirmed by:

*[Signature]*



0.15~45Hz ACS0 25mm/s 10mm/mV 2\*5.0s+1r V2.21 SEMIP V1.92 Siddhivinyak Hospital

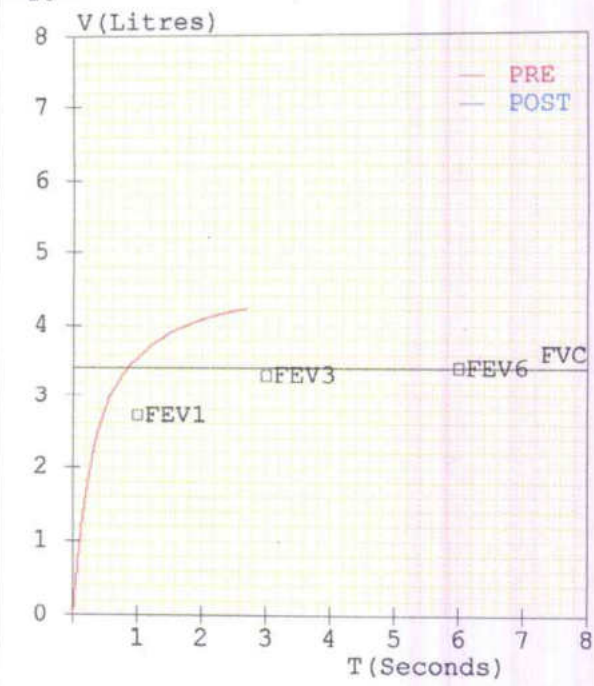
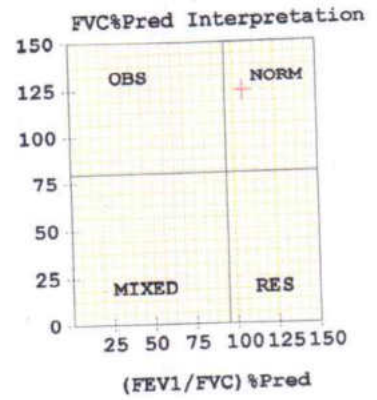
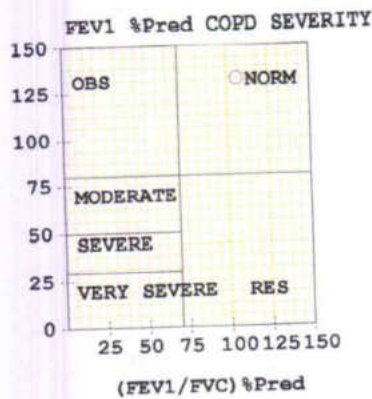
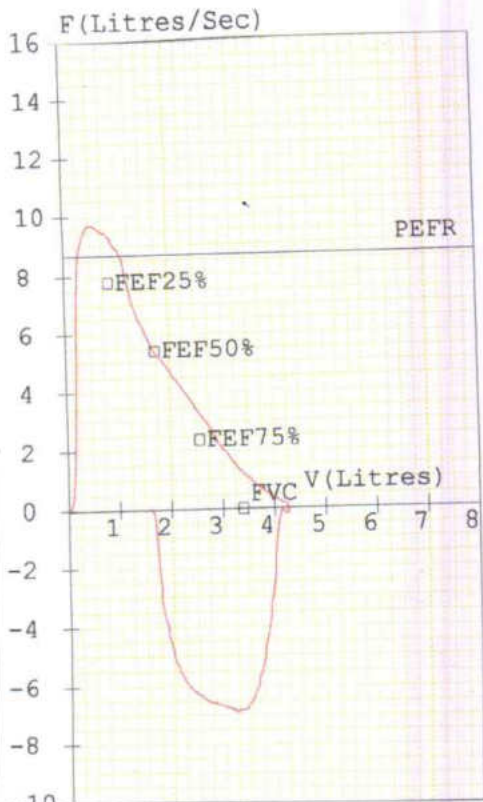
# PULMONARY FUNCTION TEST



**Patient:** SURYAKANT TRIPATHI  
**Refd. By:** DR ABHIJEET PANCHOLI  
**Pred. Eqns:** RECORDERS  
**Date :** 26-Jul-2024 11:12 AM

**Age :** 49 Yrs  
**Height :** 172 Cms  
**Weight :** 69 Kgs  
**ID :** 357

**Gender :** Male  
**Smoker :** No  
**Eth. Corr:** 100  
**Temp :**



FVC Results							
Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	03.42	04.24	124	-----	---	---
FEV1	(L)	02.72	03.58	132	-----	---	---
FEV1/FVC	(%)	79.53	84.43	106	-----	---	---
FEF25-75	(L/s)	03.57	03.76	105	-----	---	---
PEFR	(L/s)	08.68	09.68	112	-----	---	---
FIVC	(L)	-----	02.66	---	-----	---	---
FEV.5	(L)	-----	02.82	---	-----	---	---
FEV3	(L)	03.32	04.24	128	-----	---	---
PIFR	(L/s)	-----	06.86	---	-----	---	---
FEF75-85	(L/s)	-----	01.17	---	-----	---	---
FEF.2-1.2	(L/s)	06.38	08.97	141	-----	---	---
FEF 25%	(L/s)	07.77	08.76	113	-----	---	---
FEF 50%	(L/s)	05.40	04.39	081	-----	---	---
FEF 75%	(L/s)	02.38	01.64	069	-----	---	---
FEV.5/FVC	(%)	-----	66.51	---	-----	---	---
FEV3/FVC	(%)	97.08	100.00	103	-----	---	---
FET	(Sec)	-----	02.80	---	-----	---	---
ExptTime	(Sec)	-----	00.04	---	-----	---	---
Lung Age	(Yrs)	049	033	067	-----	---	---
FEV6	(L)	03.42	-----	---	-----	---	---
FIF25%	(L/s)	-----	01.35	---	-----	---	---
FIF50%	(L/s)	-----	00.39	---	-----	---	---
FIF75%	(L/s)	-----	03.83	---	-----	---	---

**Pre Test COPD Severity**  
 Test within normal limits

**Pre Medication Report Indicates**  
 Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80



**Shloka**  
Divine Magic of healing  
DIAGNOSTIC CENTRE

Patient ID.	PAT000182	Name	SURYAKANT TRIPATHI	Sex/Age	M/049Y
Date	26-07-2024	Ref by	SIDDHIVINAYAK HOSPITAL	CHEST PA	

### X-RAY CHEST PA VIEW

#### OBSERVATIONS :

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

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

**IMPRESSION :- No significant abnormality detected.**

**ADVICE :- Clinical correlation and follow up.**

Dr. AVINASH RATHOD  
DMRD, DNB  
CONSULTANT RADIOLOGIST  
MMC-2011/05/1616

Disclaimer : It is an online interpretation of medical imaging based on clinical data. All modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patients identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose. Any error in typing should be corrected immediately.

## **SHLOKA DIAGNOSTIC CENTRE**

### **Venture of Vedant Multi-speciality Hospital and Institute**

📍 Gate No, S-2, Vedant Commercial Complex, Vartak Nagar, Thane (W), 400 606.

☎ 022-6848 4848 📠 8097370719 📧 info@sholkahospital.com



Summary

Ref. By : DR. ANANT MUNDE Protocol : M. BRUCE

Objective :

SIDDHIVINAYAK HOSPITAL  
S-1, VEDANT COMPLEX, VARTAK NAGAR, THANE(W)-400606  
557/SURYAKANT TRIPATHI 49 Yrs/Male 69 Kg/172 Cms  
Date: 26-Jul-2024 10:44:28 AM

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	86	120/80	103	-	
Standing					1.0	84	120/80	100	-	
HV					1.0	85	120/80	102	-	
ExStart					1.0	84	120/80	100	-	
Stage 1	3:01	3:02	1.7	0.0	2.3	94	120/80	112	-	
Stage 2	3:01	6:02	1.7	5.0	3.5	105	122/82	128	-	
Stage 3	3:01	9:02	1.7	10.0	4.7	116	126/86	146	-	
Stage 4	3:01	12:02	2.5	12.0	7.1	142	128/88	181	-	
PeakEx	1:25	13:26	3.4	14.0	8.6	162	130/90	210	-	
Recovery	1:00		1.1	0.0	1.2	135	130/90	175	-	
Recovery	2:00		1.1	0.0	1.0	112	130/90	145	-	
Recovery	3:00		1.1	0.0	1.0	108	124/84	133	-	
Recovery	4:00		1.1	0.0	1.0	106	124/84	131	-	

Medication :

History :

Test End Reason :

Findings :

The patient exercised according to M. BRUCE for 13:25, achieving a work level of Max METS:8.6. Resting heart rate initially 86 bpm, rose to a max. heart rate of 162 bpm which represents 95% of maximum age predicted heart rate. Resting blood pressure 120/80 mmHg, rose to a maximum blood pressure of 130/90 mmHg. The exercise stress test was stopped due to

Parameters :

- Exercise Time :13:25
- Max HR Attained :162 bpm 95% of Max Predictable HR 171
- Max BP : 130/90(mmHg)
- Max Workload attained :8.6(Fair Effort Tolerance)

Advice/Comments:

The test is Negative inducible ischemia





12 Lead + Median

557/SURYAKANT TRIPATHI:R: 107 bpm  
49 Yrs/Male  
69 Kg/172 Cms  
Date: 26-Jul-2024 10:44:28 AM

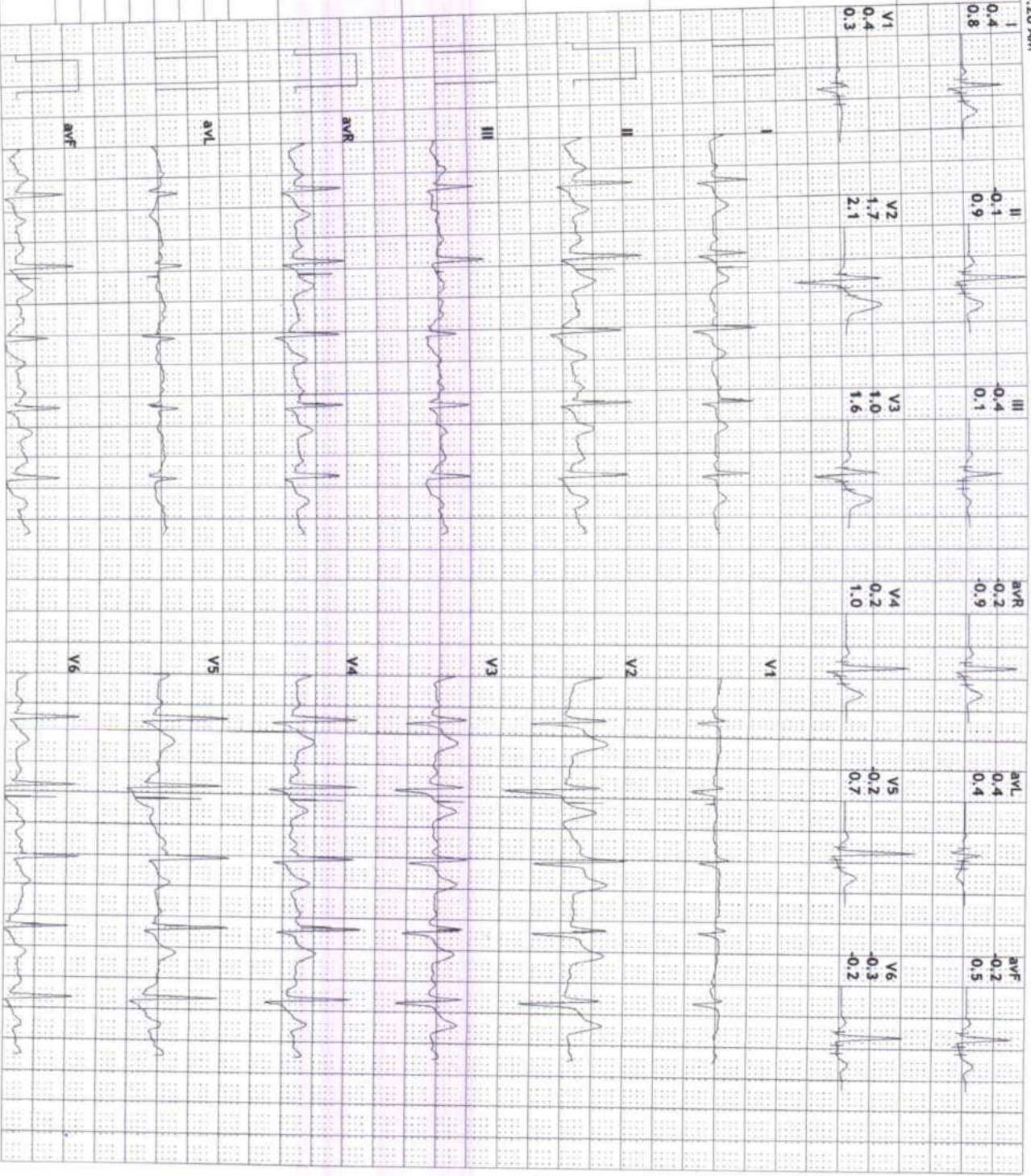
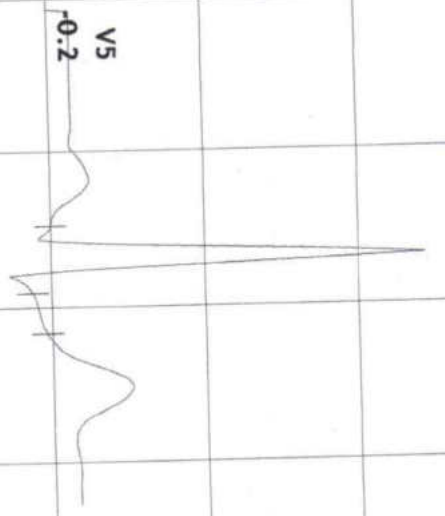
MPHR:62% of 171  
Speed: 1.1 mph  
Grade: 0.0%

SIDDHIVINAYAK HOSPITAL  
S-1, VEDANT COMPLEX, VARTAK NAGAR, THANA(EW)-400606

Raw ECG  
M. BRUCE  
(1.0-100)HZ  
Ex Time 13:25  
BLC :0n  
Notch:On

Recovery(4:00)  
10.0 mm/mV  
25 mm/Sec.

4X 60 ms Post J





12 Lead + Median

557/SURAKANT TRIPATHI-HR: 108 bpm  
49 Yrs/Male  
69 Kg/172 Cms  
BP: 124/84  
Date: 26-Jul-2024 10:44:28 AM

MPHR: 63% of 171  
Speed: 1.1 mph  
Grade: 0.0%

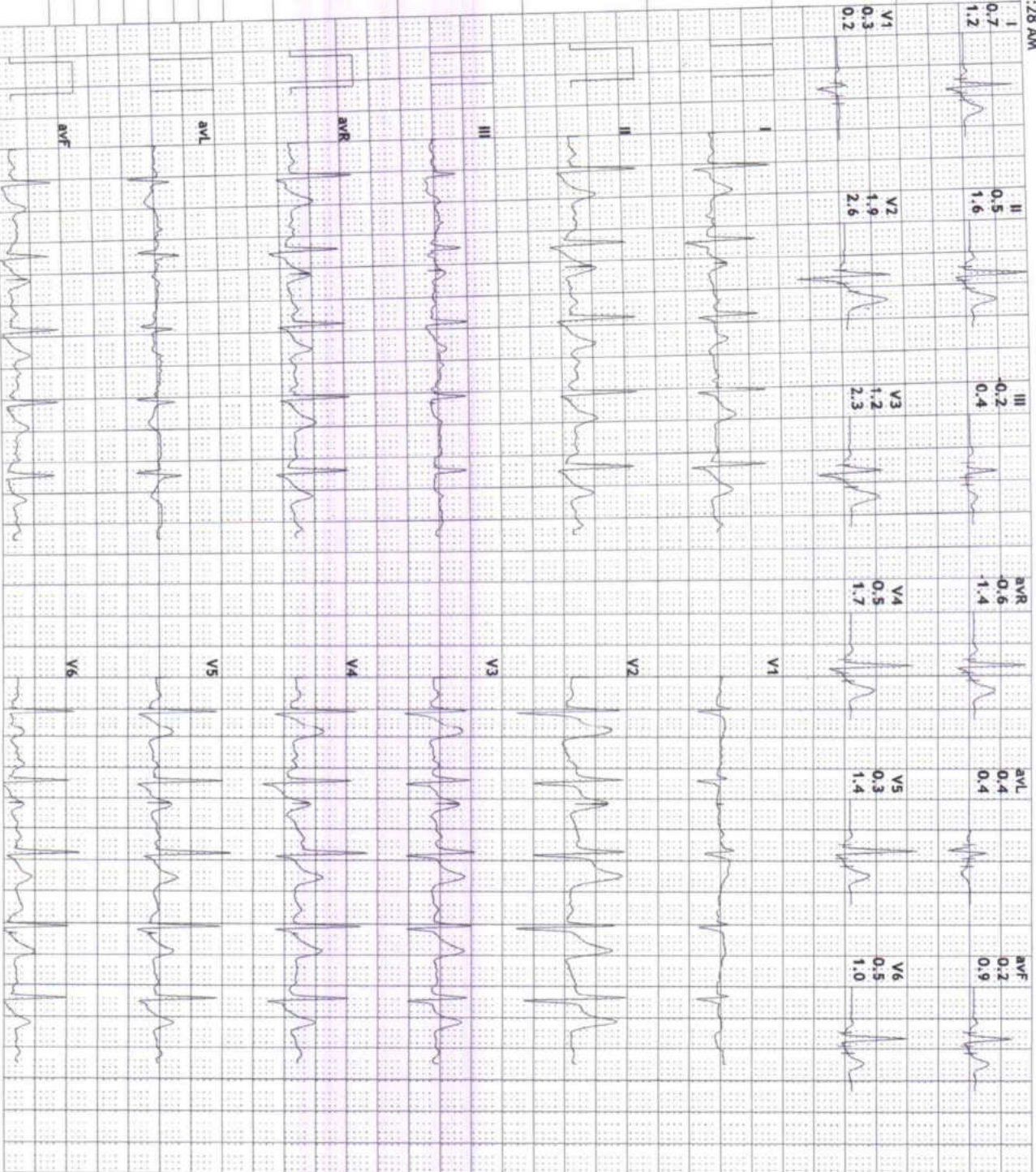
SIDDHIVINAYAK HOSPITAL  
S-1, VEDANT COMPLEX, VARTAK NAGAR, THINAE(W)-400606

Raw ECG  
M. BRUCE  
(1.0-100)Hz  
Ex Time 13:25  
BLC :On  
Notch: On

Recovery(3:00)  
10.0 mm/mV  
25 mm/Sec.

4X 60 ms Post J

V5  
0.3





12 Lead + Median

557/SURYAKANT TRIPATHI: 112 bpm  
49 Yrs/Male  
69 Kg/172 Cms  
BP: 130/90  
Date: 26-Jul-2024 10:44:28 AM

MPHR: 65% of 171  
Speed: 1.1 mph  
Grade: 0.0%

SIDDHIVINAYAK HOSPITAL  
S-1, VEDANT COMPLEX, VARTAK NAGAR, THANE(W)

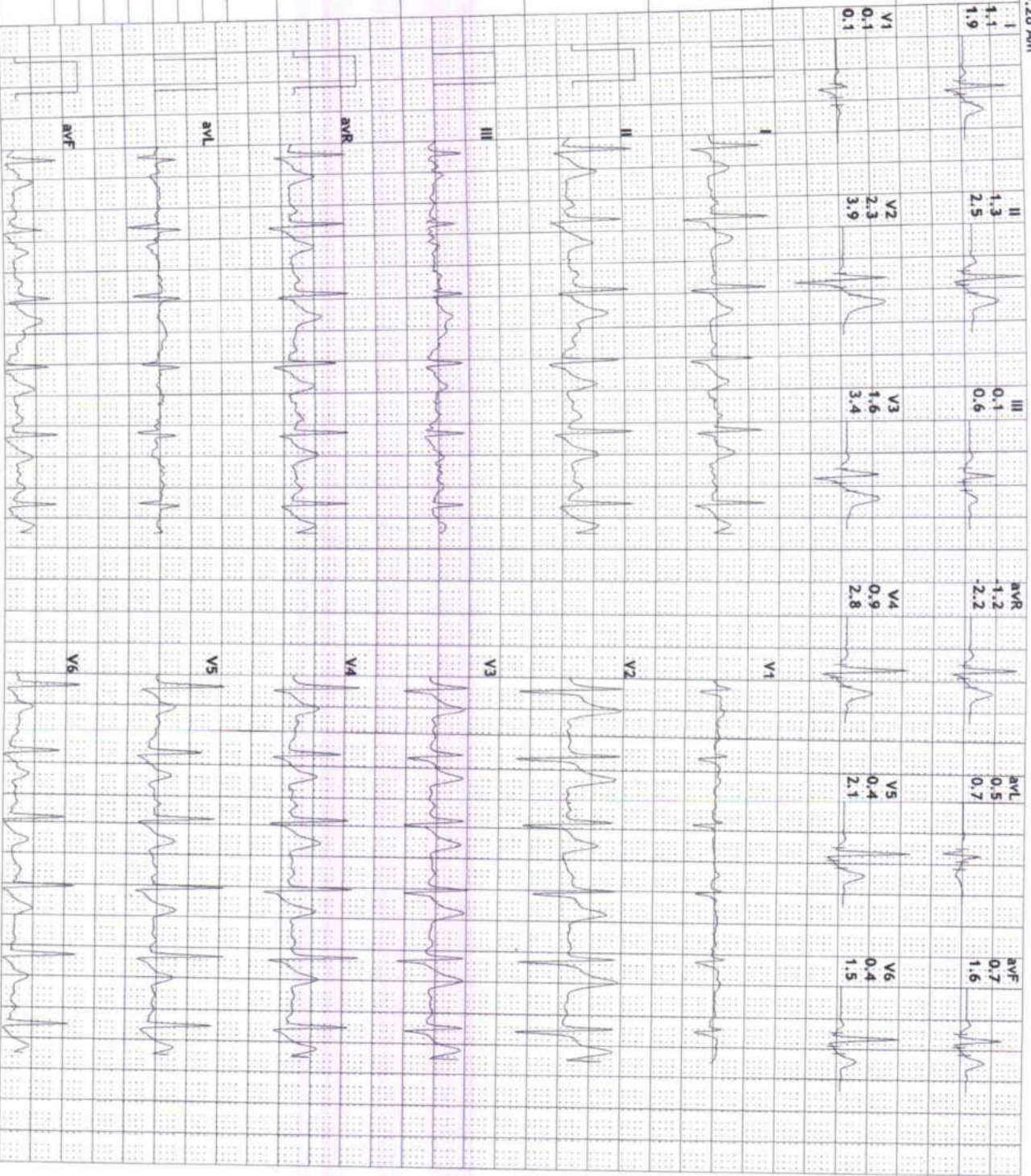
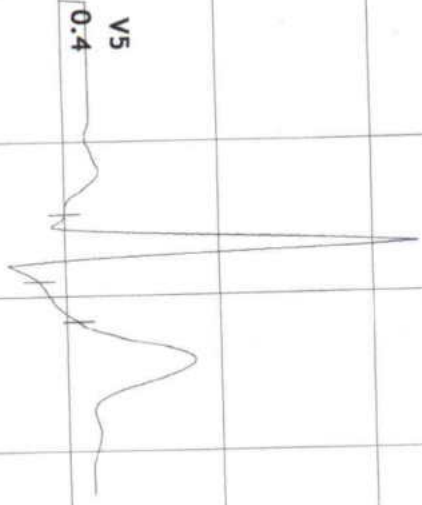
Raw ECG  
M. BRUCE  
(1.0-100)Hz

Ex Time 13:25  
BLC: On  
Notch: On

Recovery(2:00)  
10.0 mm/mV  
25 mm/Sec.

4X 60 ms Post J

V5  
0.4







12 Lead + Median

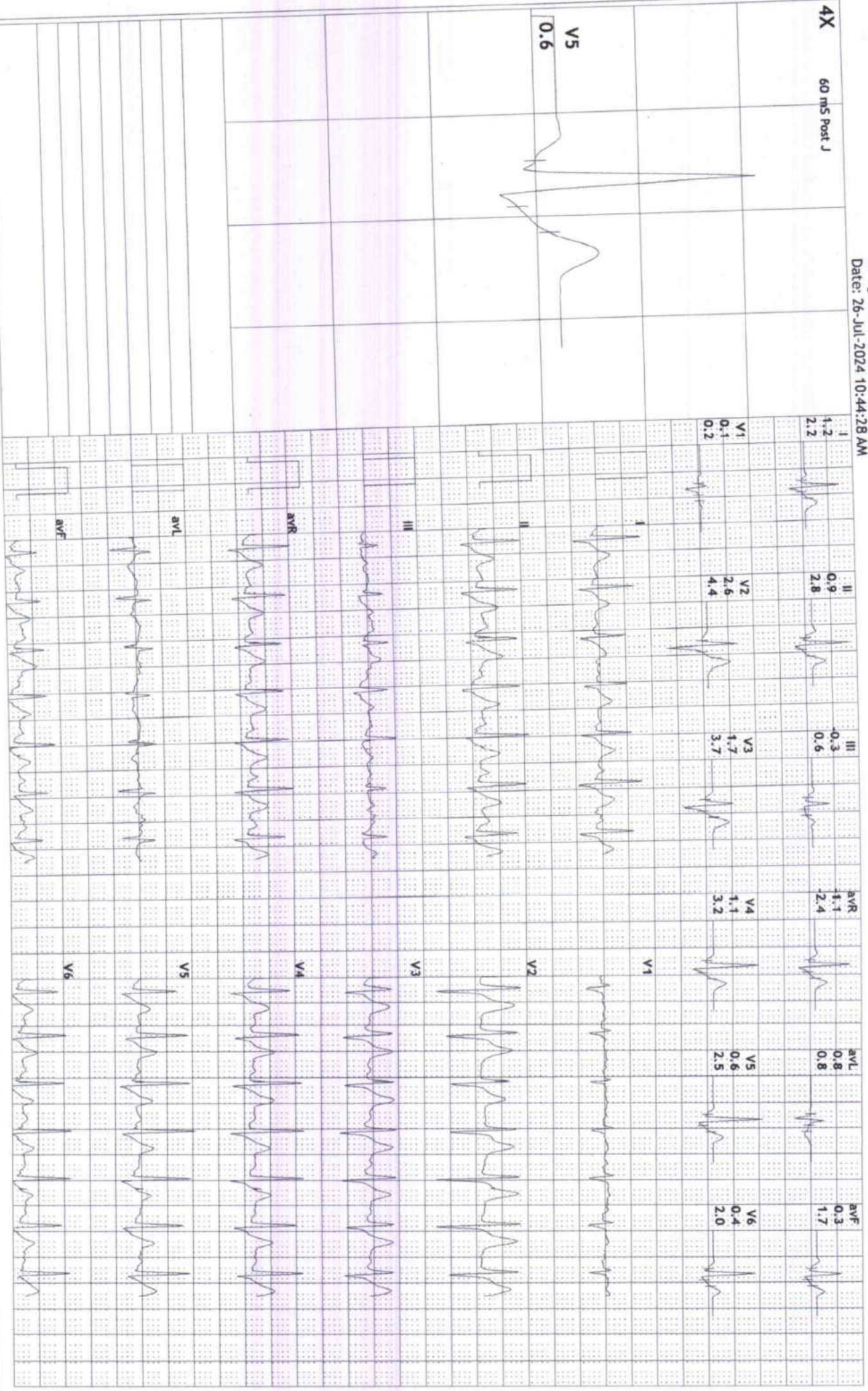
557/SURYAKANT TRIPATHI:R: 134 bpm  
49 Yrs/Male  
69 Kg/172 Cms  
BP: 130/90  
Date: 26-Jul-2024 10:44:28 AM

MPHR:78% of 171  
Speed: 1.1 mph  
Grade: 0.0%

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S-1, VEDANT COMPLEX, VARTAK NAGAR, THINAE(W)-400606

Raw ECG  
M.BRUCE  
(1.0-100)HZ  
Ex Time 13:25  
BLC : On  
Notch On

Recovery(1:00)  
10.0 mm/mV  
25 mm/Sec.





12 Lead + Median

557/SURYAKANT TRIPATHI:R: 162 bpm  
49 Yrs/Male  
69 Kg/172 Cms  
BP: 130/90  
Date: 26-Jul-2024 10:44:28 AM

MPHR:94% of 171  
Speed: 3.4 mph  
Grade: 14.0%

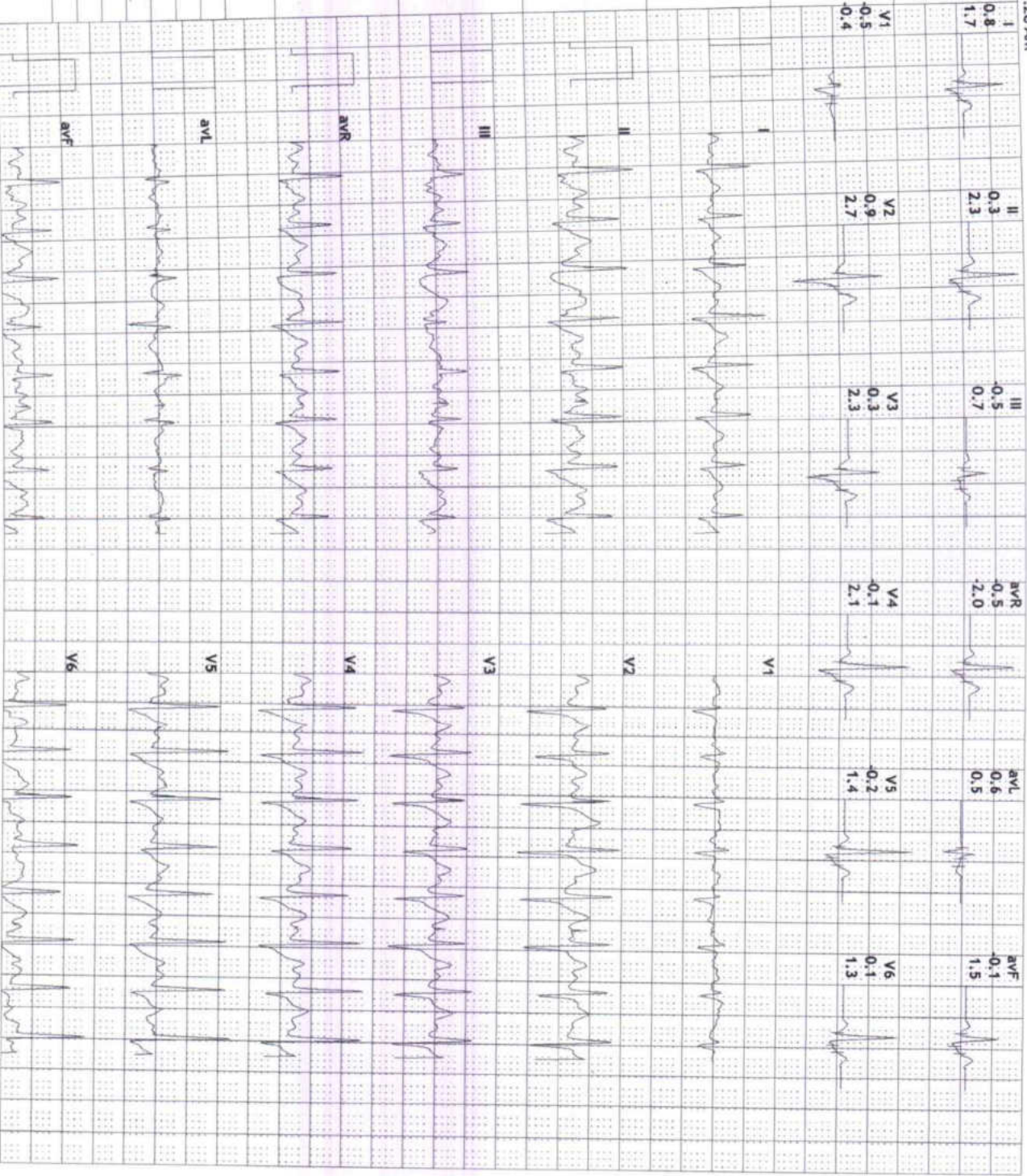
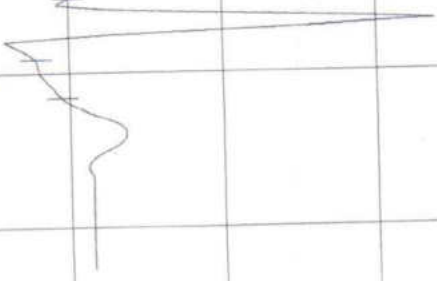
SIDDHIVINAYAK HOSPITAL  
S-1, VEDANT COMPLEX, VARTAK NAGAR, THANE(W)-400606

Raw ECG  
M:BRUCE  
(1.0-100)Hz

Ex Time:13:24  
BLC:0n  
Notch:On  
M:BRUCE:PeakEx(1:24)  
10.0 mm/mV  
25 mm/Sec.

4X 60 ms Post J

V5  
-0.2





12 Lead + Median

557/SURVAKANT TRIPATHI: 142 bpm  
49 Yrs/Male METS: 7.1  
69 Kg/172 Cms BP: 128/88  
Date: 26-Jul-2024 10:44:28 AM

MPHR: 83% of 171  
Speed: 2.5 mph  
Grade: 12.0%

SIDDHIVINAYAK HOSPITAL  
S-1, VEDANT COMPLEX, VARTAK NAGAR, THINAE(W)-400606

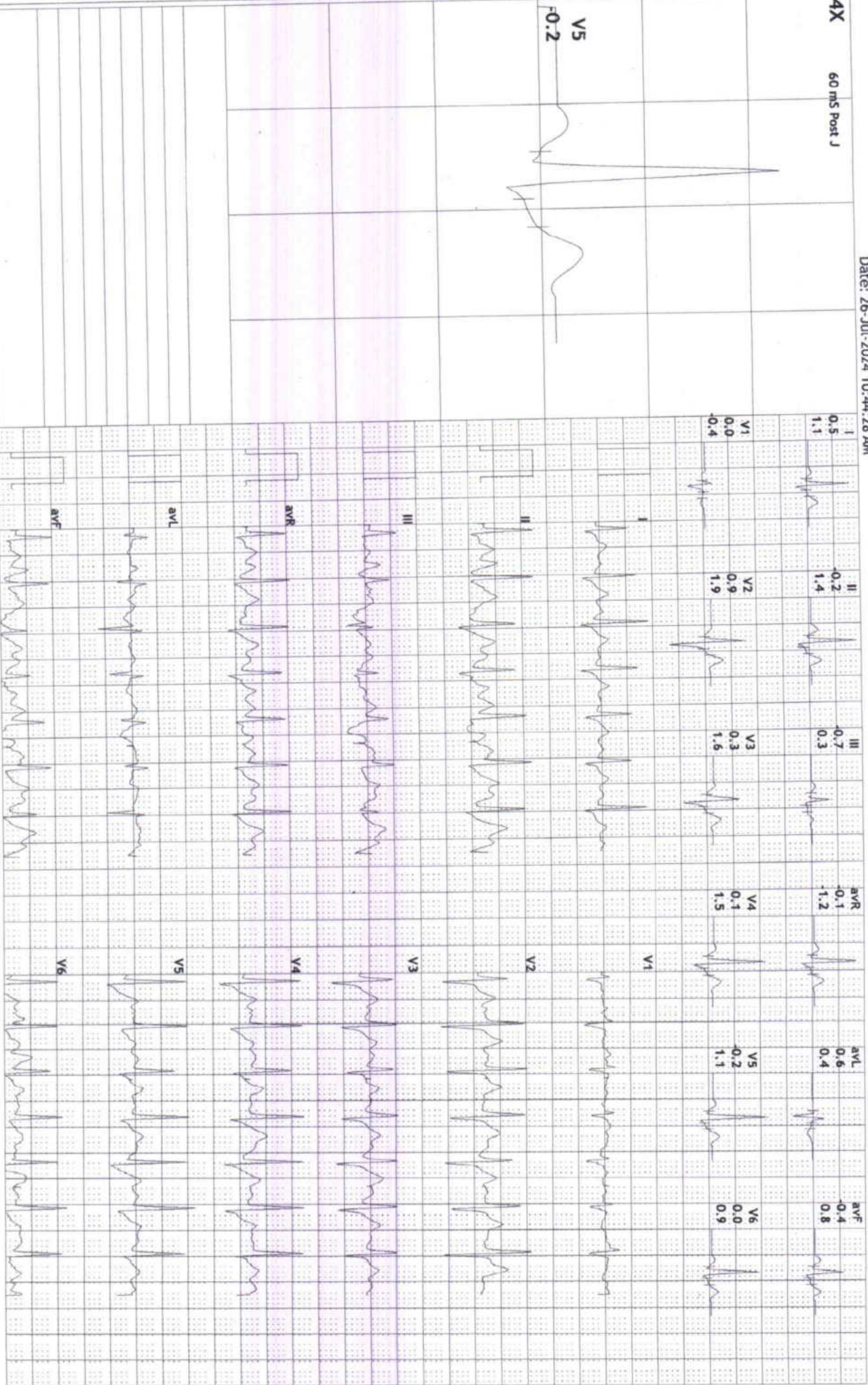
Raw ECG  
M.BRUCCE  
(1.0-100)Hz

Ex Time 12:00  
BLC : On  
Notch : On

M.BRUCCE: Stage 4(3:00)  
10.0 mm/mV  
25 mm/Sec.

4X 60 ms Post J

V5  
-0.2





12 Lead + Median

557/SURIKANT TRIPATHI: 116 bpm  
49 Yrs/Male  
69 Kg/172 Cms  
BP: 126/86  
Date: 26-Jul-2024 10:44:28 AM

MPHR:67% of 171  
Speed: 1.7 mph  
Grade: 10.0%

SIDDHIVINAYAK HOSPITAL  
S-1, VEDANT COMPLEX, VARTAK NAGAR, THINAE(W)-400606

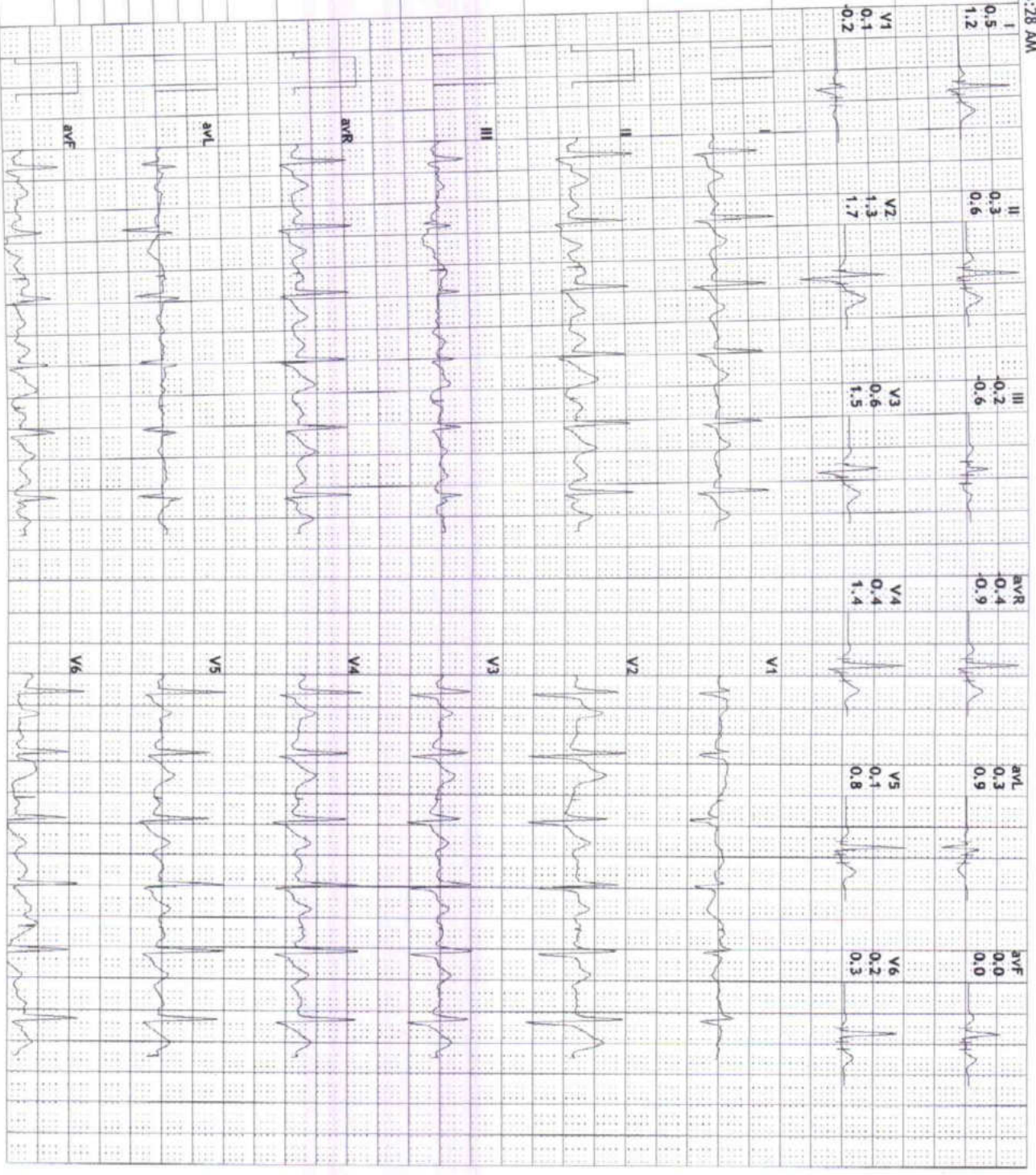
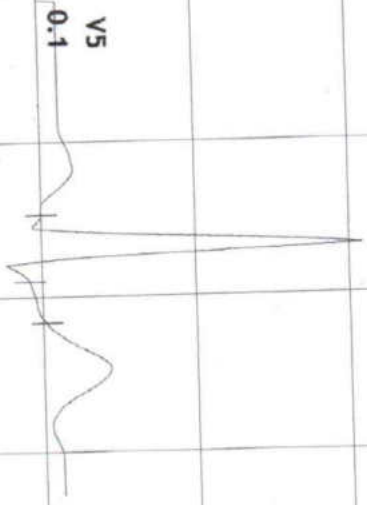
Raw ECG  
M.BRUCÉ  
(1.0-100)Hz

Ex Time 09:00  
BLC :On  
Notch :On

M.BRUCÉ:Stage 3(3:00)  
10.0 mm/mV  
25 mm/Sec.

4X 60 mS Post J

V5  
0.1





12 Lead + Median

557/SURAKANT TRIPATHI: 105 bpm  
49 Yrs/Male  
69 Kg/172 Cms  
BP: 122/82  
Date: 26-Jul-2024 10:44:28 AM

MPHR: 61% of 171  
Speed: 1.7 mph  
Grade: 5.0%

Raw ECG  
M. BRUCE  
(1.0-100)Hz

Ex Time 06:00  
BLC: On  
Notch: On

M. BRUCE: Stage 2(3:00)  
10.0 mm/mV  
25 mm/Sec.

SIDDHIVINAYAK HOSPITAL  
S-1, VEDANT COMPLEX, VARTAK NAGAR, THINAE(W)-400606

4X 60 ms Post J



V5  
0.8





12 Lead + Median

557/SURYAKANT TRIPATHI:HR: 94 bpm  
49 Yrs/Male  
69 Kg/172 Cms  
Date: 26-Jul-2024 10:44:28 AM

MPHR: 54% of 171  
Speed: 1.7 mph  
Grade: 0.0%

SIDDHIVINAYAK HOSPITAL

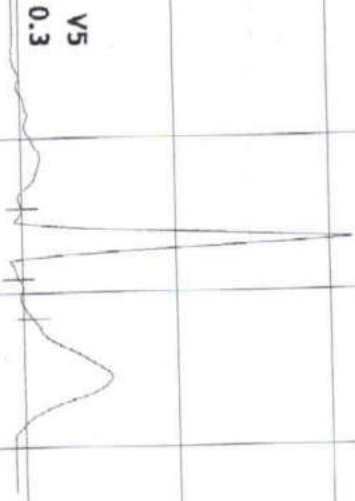
S-1, VEDANT COMPLEX, VARTAK NAGAR, THINAE(W)-400606

Raw ECG  
M.BRUCE  
(1.0-100)Hz

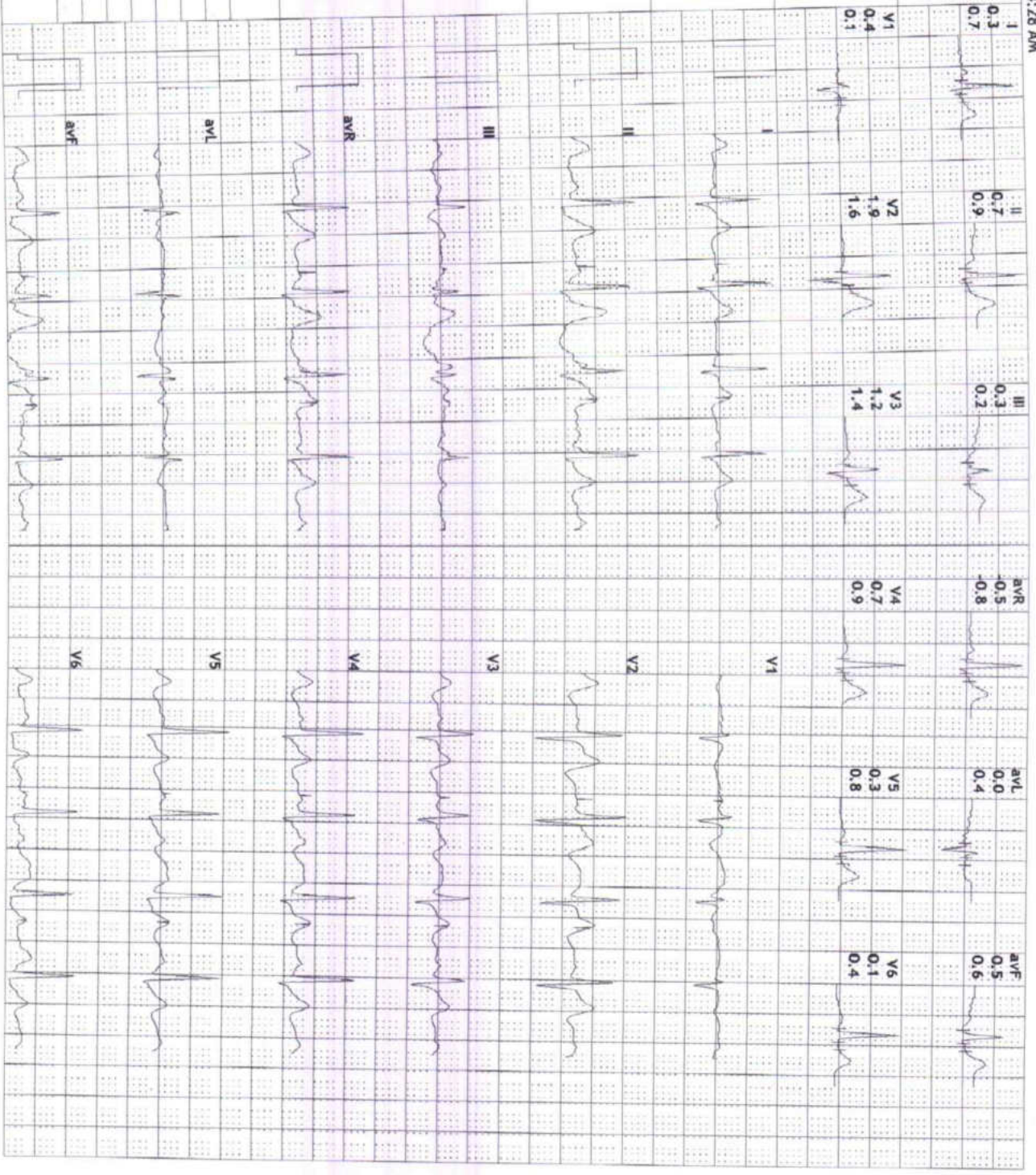
Ex Time 03:00  
BLC :On  
Notch :On

M.BRUCE:Stage 1(3:00)  
10.0 mm/mV  
25 mm/Sec.

4X 60 ms Post J



V5  
0.3





12 Lead + Median

557/SURVAKANT TRIPATHI: 85 bpm  
49 Yrs/Male METS: 1.0  
69 Kg/172 Cms BP: 120/80  
Date: 26-Jul-2024 10:44:28 AM

MPIR: 49% of 171  
Speed: 0.0 mph  
Grade: 0.0%

Raw ECG  
M. BRUCE  
(1.0-100)Hz

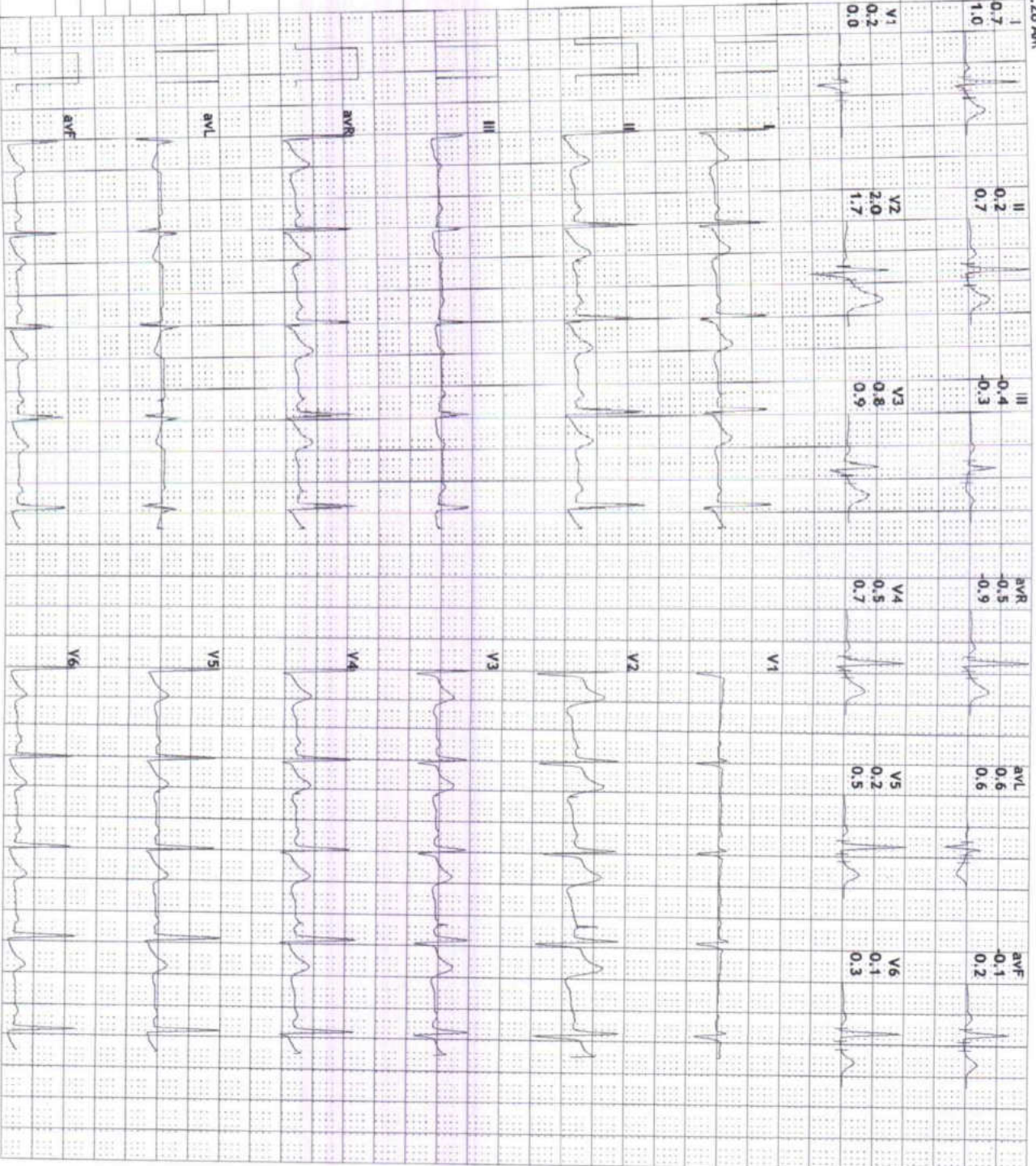
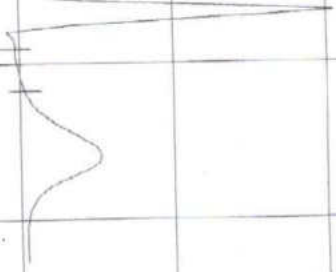
Ex Time 00:51  
BLC :On  
Notch :On

HV  
10.0 mm/mV  
25 mm/Sec.

SIDDHIVINAYAK HOSPITAL  
S-1, VEDANT COMPLEX, VARTAK NAGAR, THINAE(W)-400606

4X 60 ms Post J

V5  
0.2





12 Lead + Median

557/SURVAKANT TRIPATHI: 83 bpm  
49 Yrs/Male  
69 Kg/172 Cms  
Date: 26-Jul-2024 10:44:28 AM

MPHR: 48% of 171  
Speed: 0.0 mph  
Grade: 0.0%

SIDDHIVINAYAK HOSPITAL  
S-1, VEDANT COMPLEX, VARTAK NAGAR, THANA(W)-400606

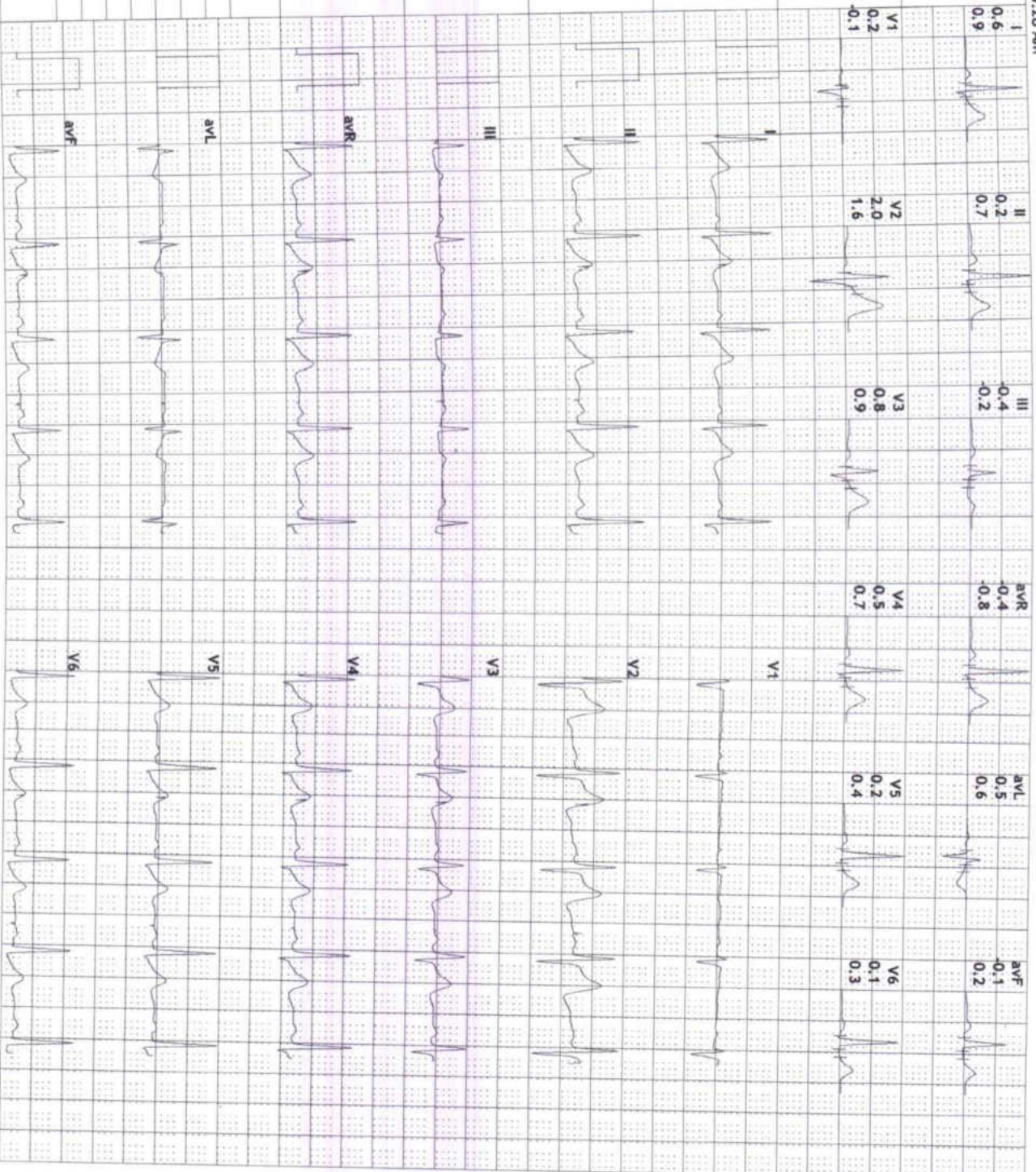
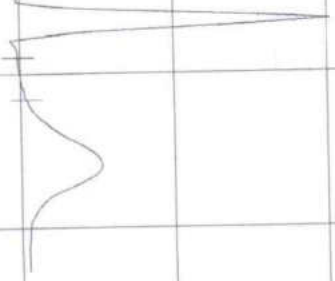
Raw ECG  
M. BRUCE  
(1.0-100)Hz

Ex Time 00:41  
BLC : On  
Notch : On

Standing  
10.0 mm/mV  
25 mm/Sec.

4X 60 ms Post J

V5  
0.2







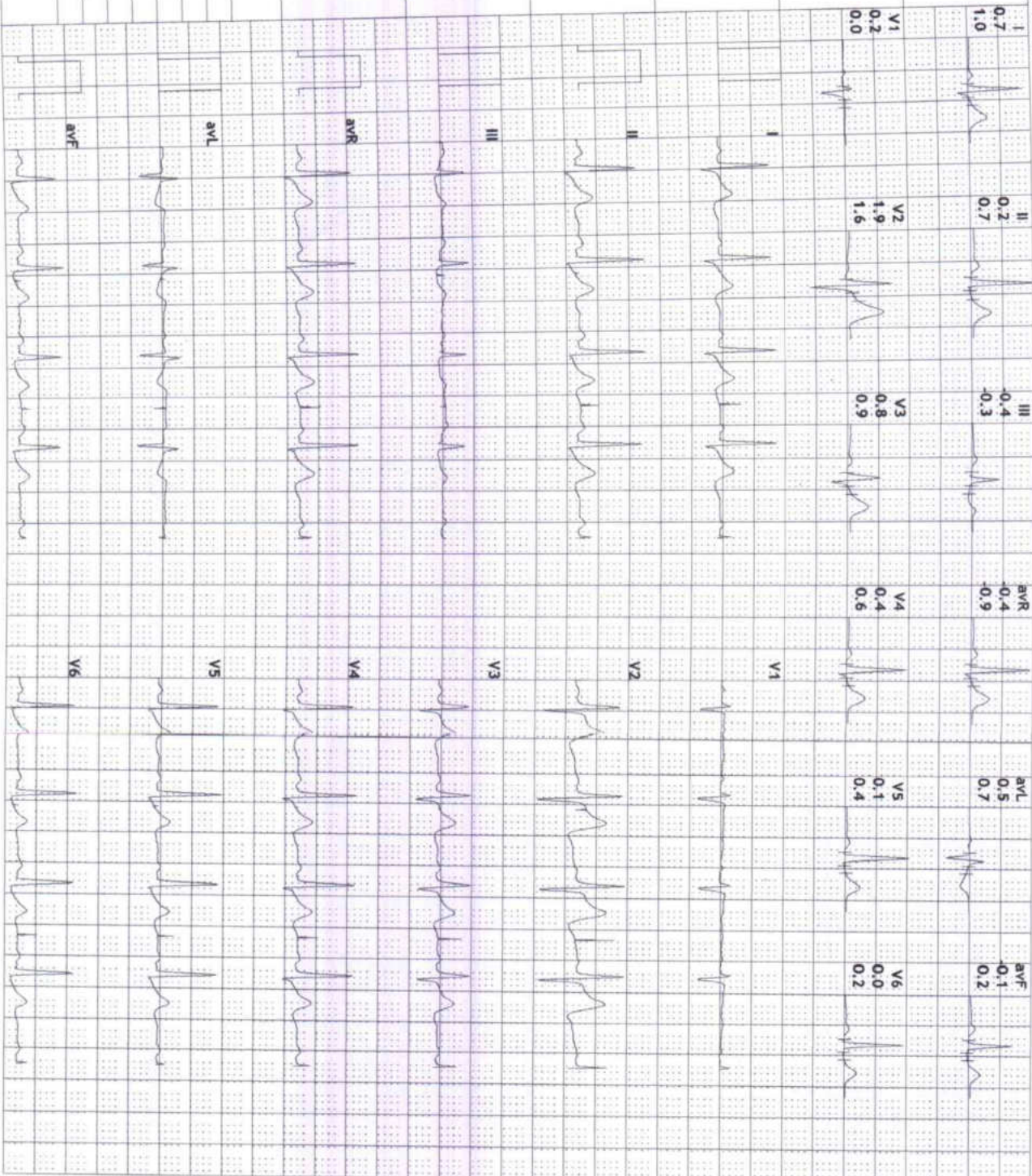
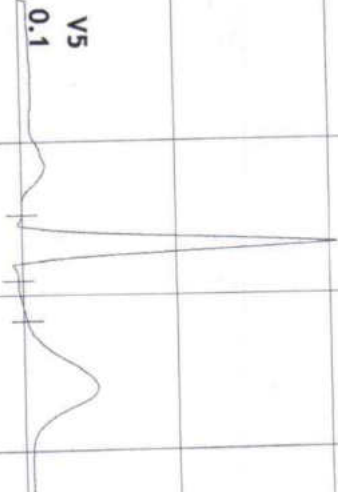
12 Lead + Median

557/SURYAKANT TRIPATHI: 86 bpm  
49 Yrs/Male METS: 1.0  
69 Kg/172 Cms BP: 120/80  
Date: 26-Jul-2024 10:44:28 AM

MPHR: 50% of 171  
Speed: 0.0 mph  
Grade: 0.0%

SIDDHIVINAYAK HOSPITAL  
S-1, VEDANT COMPLEX, VARTAK NAGAR, THANE(W)-400606  
Raw ECG M. BRUCE  
(1.0-100)Hz  
Ex Time: 00:33  
BLC: On  
Notch On  
Supine  
10.0 mm/mV  
25 mm/Sec.

4X 60 ms Post J





Name - Mr. Suryakant Tripathi	Age - 49 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date - 26/07/2024

### USG ABDOMEN & PELVIS

#### FINDINGS: -

The liver dimension is enlarged in size (16.0 cm) . It appears normal in morphology with raised echogenicity. No evidence of intrahepatic ductal dilatation.

The GB-gallbladder is distended normally. Wall thickness is normal.

The CBD- common bile duct is normal. The portal vein is normal.

The pancreas appears normal in morphology.

The spleen is normal in size ( 9.0 cm ) and show normal morphology.

Both kidneys demonstrate normal morphology.

Both kidneys show normal cortical echogenicity.

The right kidney measures 8.9 x 4.3 cm

The left kidney measures 10.9 x 4.6 cm.

Urinary bladder: -normally distended. Wall thickness - normal.

Prostate is enlarged in size:26.0 grams.

No free fluid is seen.

#### IMPRESSION:-

- Hepatomegaly with fatty liver ( Grade I ).
- Prostatomegaly.

DR. AMOL BENDRE

MBBS; DMRE

CONSULTANT RADIOLOGIST





# UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.  
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



10548 260724

Name : MR. SURYAKANT TRIPATHI

LABID : 10548

Sample Collection : 26/07/2024 14:39

Age : 49 Yrs. Sex : M

Sample Received : 26/07/2024 14:39

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 26/07/2024 20:17

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## THYROID FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
T3	: 1.0	ng/dl	0.60-2.0 ng/dl
T4	: 7.11	µg/dl	5.0-13.0 µg/dl
TSH	: 3.70	µU/ml	0.4 - 6.0 µU/ml

Method:ELISA METHOD

### Interpretation

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, subclinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis ,estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age ,marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism

(Collected At: 26/07/2024 14:39:36, Received At: 26/07/2024 14:39:36, Reported At: 26/07/2024 20:17:16)



Checked By -

Preeti Jaiswar  
Senior Technician  
ADMLT

Dr. Shobha Shetty  
M.D. (PATH.)  
Reg No : MMC89971

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# UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.  
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



10548 260724

Name : MR. SURYAKANT TRIPATHI

LABID : 10548

Sample Collection : 26/07/2024 14:39

Age : 49 Yrs. Sex : M

Sample Received : 26/07/2024 14:39

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 26/07/2024 20:17

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## FASTING AND POSTPRANDIAL PLASMA GLUCOSE

Test	Result	Unit	Biological Ref. Range
Fasting Plasma Glucose Method: Hexokinase	: 71.04	mg/dl	70-110 mg/dl
Fasting Urine Glucose	: Absent		Absent
Fasting Urine Ketone	: Absent		Absent
Post Prandial Plasma Glucose ( 2 Hrs.after lunch)	: 105.30	mg/dl	70 to 140 mg/dl
PP Urine Glucose	: Sample Not Received		
PP Urine Ketone	: Sample Not Received		
Method : Glucose Oxidase Peroxidase (GOD/POD)			

### AS PER AMERICAN DIABETES ASSOCIATION 2010 UPDATE

#### FASTING GLUCOSE LEVEL-

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus :  $\geq 126$  mg/dl POSTPRANDIAL/POST GLUCOSE (75 grams)
- Normal glucose tolerance : 70-139 mg/dl - Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus :  $\geq 200$  mg/dl CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS - Fasting plasma glucose  $\geq 126$  mg/dl - Classical symptoms +Random plasma glucose  $\geq 200$  mg/dl
- Plasma glucose  $\geq 200$  mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin  $> 6.5\%$  \*\*\*Any positive criteria should be tested on subsequent day with same or other criteria.

### BIOCHEMISRTY TEST DONE ON MERILYZER CLINIQUANT BIOCHEMISRTY ANALYZER

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Report Released : 26/07/2024 20:17

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## COMPLETE BLOOD COUNT

Test	Result	Unit	Reference Range
Haemoglobin	12.4	gm/dl	14.0-18.0 gm/dl

### RBC PARAMETERS

Total R.B.C. Count	4.13	mill/cumm	4.5-6.5 mill/cumm
PCV	36.5	%	40-54 %
MCV	88.4	fl	76-90 fl
MCH	30.0	Pg	27-32 Pg
MCHC	34.0	gm/dl	30-35 gm/dl
RDW	11.5	%	11-14.5 %

### WBC PARAMETERS

Total W.B.C. Count	5200	per cumm	4000-11000 per cumm
Neutrophils	55	%	40-75 %
Lymphocytes	33	%	20-40 %
Monocytes	07	%	0 - 10 %
Eosoniphils	05	%	0 - 6 %
Basophils	0	%	0-1 %
Band Forms	0	%	0 - 0 %

### PLATELET PARAMETERS

Platelet Count	252000	per cu.mm.	150000 - 450000 per cu.mm.
MPV	10.9	fL	3-12 fL

### PERIPHERIAL SMEAR FINDINGS:

WBC Morphology	Normal
RBC Morphology	<b>Mild Hypochromasia.</b>
Platelets on Smear	Adequate on smear.

EDTA Sample Procesed On a Fully Automated 3-Part Analyzer H-360

(Collected At: 26/07/2024 14:39:36, Received At: 26/07/2024 14:39:36, Reported At: 26/07/2024 20:42:01)



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Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 26/07/2024 20:17

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## GLYCOSYLATED-HAEMOGLOBIN (GHb)/ HbA1C BY HPLC

Test	Result	Unit	Reference Range
HbA1C	5.9	%	Normal : 4 - 6.2% Prediabetic : < 7 % Diabetes : > 8 %
Estimated average Glucose: (eAG)	122.63	mg / dl	70-140 mg / dl

Method: Particle enhanced immunoturbidimetric test

### NOTE:

#### CLINICAL SIGNIFICANCE

Hemoglobin A1c (HbA1c) is a glycosylated hemoglobin which is formed by the non enzymatic reaction of glucose with native hemoglobin. This process runs continuously throughout the circulatory life of the red cell (average life time 100 - 120 days).

The rate of glycation is directly proportional to the concentration of glucose in the blood. The blood level of HbA1c represents the average blood glucose level over the preceding 6 to 8 weeks (due to the kinetics of erythrocyte turnover this period is more affected by the blood glucose level than the preceding weeks).

Therefore, HbA1c is suitable for retrospective long term monitoring of blood glucose concentration in individuals with diabetes mellitus. Clinical studies have shown that lowering of HbA1c level can help to prevent or delay the incidence of late diabetic complications. As the amount of HbA1c also depends on the total quantity of hemoglobin, the reported HbA1c value is indicated as a percentage of the total hemoglobin concentration.

Falsely low values (low HbA1c despite high blood glucose) may occur in people with conditions with shortened red blood cell survival (hemolytic diseases) or significant recent blood loss (higher fraction of young erythrocytes). Falsely high values (high HbA1c despite normal blood glucose) have been reported in iron deficiency anemia (high proportion of old erythrocytes). These circumstances have to be considered in clinical interpretation of HbA1c values

(Collected At: 26/07/2024 14:39:36, Received At: 26/07/2024 14:39:36, Reported At: 26/07/2024 20:17:45)

----- End Of Report -----



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ADMLT

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Age : 49 Yrs. Sex : M

Sample Received : 26/07/2024 14:39

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 26/07/2024 20:18

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## EXAMINATION OF URINE

Test	Result	Biological Ref. Range
<b>PHYSICAL EXAMINATION</b>		
QUANTITY (URINE) :	30 ML	
Colour :	Pale Yellow	
Appearance :	Clear	
Reaction (pH) :	6.0	4.5 - 8.0
Specific Gravity :	1.010	1.010 - 1.030
<b>CHEMICAL EXAMINATION</b>		
Protein :	Absent	Absent
Glucose :	Absent	Absent
Ketone :	Absent	Absent
Occult Blood :	Absent	Absent
Bilirubin :	Absent	Absent
Urobilinogen :	Absent	Normal
<b>MICROSCOPIC EXAMINATION</b>		
Epithelial Cells :	0 - 1 / hpf	
Pus cells :	1 - 2 / hpf	
Red Blood Cells :	Absent / hpf	
Casts :	Absent / lpf	Absent / lpf
Crystals :	Absent	Absent
<b>OTHER FINDINGS</b>		
Amorphous Deposits :	Absent	Absent
Yeast Cells :	Absent	Absent
Bacteria :	Absent	Absent
Mucus Threads :	Absent	
Spermatozoa :	Absent	

(Collected At: 26/07/2024 14:39:36, Received At: 26/07/2024 14:39:36, Reported At: 26/07/2024 20:18:01)

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Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## BLOOD GROUP

Test	Result	Unit	Biological Ref. Range
ABO Group	: B		
RH Factor	: POSITIVE		

Slide agglutination test

Slide Agglutination Test

(Collected At: 26/07/2024 14:39:36, Received At: 26/07/2024 14:39:36, Reported At: 26/07/2024 20:18:01)

## RENAL FUNCTION TESTS

Test	Result	Unit	Biological Ref. Range
Blood Urea Method: Urease UV/GLDH	: 32.60	mg/dl	10-50 mg/dl
Blood Urea Nitrogen	: 15.20	mg/dl	5-18 mg/dl
S. Creatinine Method: Modified Jaffe's	: 1.02	mg/dl	0.7-1.3 mg/dl
S. Uric Acid	: 5.1	mg/dl	3.5-7.2 mg/dl
Total Proteins	: 7.0	gm/dl	6.0-8.0 gm/dl
S. Albumin	: 3.9	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.1	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.26		0.90-2.00
Calcium	: 10.90	mg/dl	8.5-11.0 mg/dl
S. Phosphorus	: 3.5	mg/dl	2.5-5.0 mg/dl
S. Sodium	: 139.50	mmol/L	135-155 mmol/L
S. Potassium	: 4.02	mmol/L	3.5-5.0 mmol/L
S. Chloride	: 102.30	mmol/L	98-110 mmol/L

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

ELECTROLYTE TEST DONE ON EL-120 ANALYZER

(Collected At: 26/07/2024 14:39:36, Received At: 26/07/2024 14:39:36, Reported At: 26/07/2024 20:18:27)



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Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 26/07/2024 20:18

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## Vitamin - B12

Test	Result	Unit	Biological Ref. Range
Serum B12	: 212.3	pg/ml	183 - 822 pg/ml

Method:ELISA method

### Interpretation:-

Vitamin B12 deficiency impacts red blood cell synthesis, resulting in megaloblastic anemia due to abnormal DNA synthesis. In addition it impairs neurological function, in particular de-myelination of nerves in part due to abnormal methylation, leading to peripheral neuropathy, dementia, poor cognitive performance and depression. Other effects of Vitamin B12 deficiency or depletion are increased risk of neural tubular defects , osteoporosis, cerebro-vascular and cardiovascular diseases. Vit B12 levels are decreased in megalobstic anemia,partial/total gastrectomy,perniciuos anemia,peripheral neuropathies,chronic alcoholism,senile dementia and treated epilepsy. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis. Holo Transcobalamin II levels are more accurate marker of active Vitamin B12 component. High levels of Vitamin B12 may be due to exogenous supplementation.

### Note :-

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Heterophilic antibodies and rheumatoid factors in samples may interfere with the test results. Patients routinely exposed to animal and animal serum products can be prone to this interference and anomolous values may be observed.

(Collected At: 26/07/2024 14:39:36, Received At: 26/07/2024 14:39:36, Reported At: 26/07/2024 20:18:42)

----- End Of Report -----



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Preeti Jaiswar  
Senior Technician  
ADMLT

Dr. Shobha Shetty  
M.D. (PATH.)  
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Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 26/07/2024 20:18

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## ERYTHROCYTE SEDIMENTATION RATE (WESTERGREN'S)

Test	Result	Unit	Biological Ref. Range
E.S.R (Westergren)	: 14	mm at 1hr	0-20 mm at 1hr

Method : Westergren's

Done with: ErySed Random Access ESR analyzer

(Collected At: 26/07/2024 14:39:36, Received At: 26/07/2024 14:39:36, Reported At: 26/07/2024 20:18:48)

## VITAMIN D3

Test	Result	Unit	Biological Ref. Range
25 (OH) VIT D	: 10.5	ng/ml	Deficiency: < 20 Insufficiency: 20-30 Sufficiency: 30-100 Hypervitaminosis: > 100
ELISA method			

### Interpretation:

- Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) which is taken up with fortified food or given by supplements. 2. Vitamin D is biologically inert and must undergo two successive hydroxylations in the liver and kidney to become biologically active 1,25-dihydroxyvitamin D.
- Testing for 25(OH) Vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake.
- For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH) Vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.
- Deficiency causes: • Bone malformation, known as rickets. • Reduced efficiency in utilization of dietary calcium. • Muscle weakness: • Secondary hyperparathyroidism. • Lower bone mineral density.
- An inverse relationship exists between PTH and 25(OH)D levels, Parathyroid hormone levels start to rise at 25(OH)D levels below 31 ng/mL & usually decrease after the correction of vitamin D insufficiency. Thus, restoration of PTH and 25 (OH)D levels to normalcy after adequate vitamin D replacement therapy is a useful monitoring strategy.

### Note

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Vitamin D toxicity is known, but rare. Heterophilic antibodies and rheumatoid factors in the samples may interfere with the test results. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous values may be observed. Kindly correlate clinically and repeat with fresh sample if indicated.

(Collected At: 26/07/2024 14:39:36, Received At: 26/07/2024 14:39:36, Reported At: 26/07/2024 20:18:55)

----- End Of Report -----

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Preeti Jaiswar  
Senior Technician  
ADMLT

Dr. Shobha Shetty  
M.D. (PATH.)  
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Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 26/07/2024 20:19

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## REPORT ON PROSTATE SPECIFIC ANTIGEN

Test	Result	Unit	Biological Ref. Range
PSA IN PATIENT'S SERUM ECLIA	: 1.02	ng/ml	0.00-4.00 ng/ml
TEST DONE WITH	: ELISA METHOD		

### NOTE :

Prostate specific antigen is a seminal fluid protein produced by normal and malignant epithelial cells of prostate gland and is recognized as a tumour marker for evaluation of prostate cancer activity.

In normal individuals, S.PSA levels do not exceed 4.0 ng/ml.

S.PSA level is useful in detection of cancer of prostate gland and in detection of recurrence of prostate cancer after radical prostatectomy. Serum PSA levels may also be elevated in conditions like BPH, UTI, Digital rectal examination, Transurethral ultrasonography. Confirmation of prostate cancer can be done by transrectal ultrasonography and prostate biopsy.

(Collected At: 26/07/2024 14:39:36, Received At: 26/07/2024 14:39:36, Reported At: 26/07/2024 20:19:01)

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Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 26/07/2024 20:19

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## REPORT OF GAMMA GT

Test	Result	Unit	Biological Ref. Range
SERUM GAMMA GT	: 20.8	IU/L	11-50 IU/L

(Collected At: 26/07/2024 14:39:36, Received At: 26/07/2024 14:39:36, Reported At: 26/07/2024 20:19:12)

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ADMLT

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Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 26/07/2024 20:20

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total)	: 0.64	mg/dl	0-1.2 mg/dl
S. Bilirubin (Direct)	: 0.20	mg/dl	0-0.40 mg/dl
S. Bilirubin (Indirect)	: 0.44	mg/dl	0-0.55 mg/dl
S. G. O.T	: 31.50	IU/L	0-42 IU/L
S. G. P. T	: 23.50	IU/L	0-42 IU/L
S. Alkaline Phosphatase	: 156.30	IU/L	40-306 IU/L
Total Proteins	: 7.00	gm/dl	6.-8 gm/dl
S. Albumin	: 3.9	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.1	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.26		0.90-2.00

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

(Collected At: 26/07/2024 14:39:36, Received At: 26/07/2024 14:39:36, Reported At: 26/07/2024 20:20:06)

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