

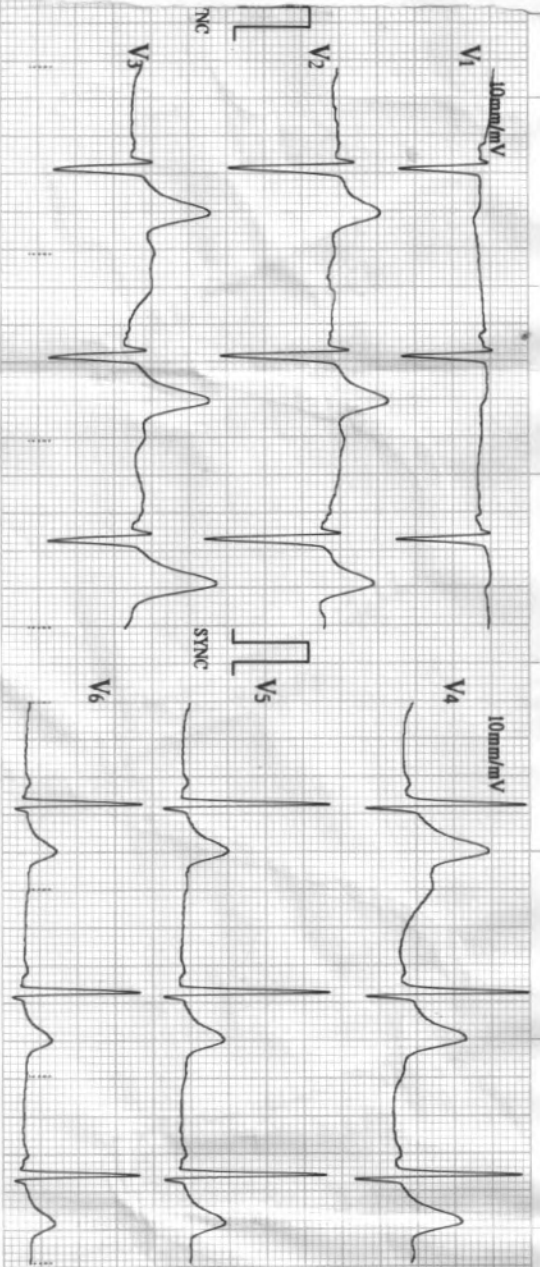
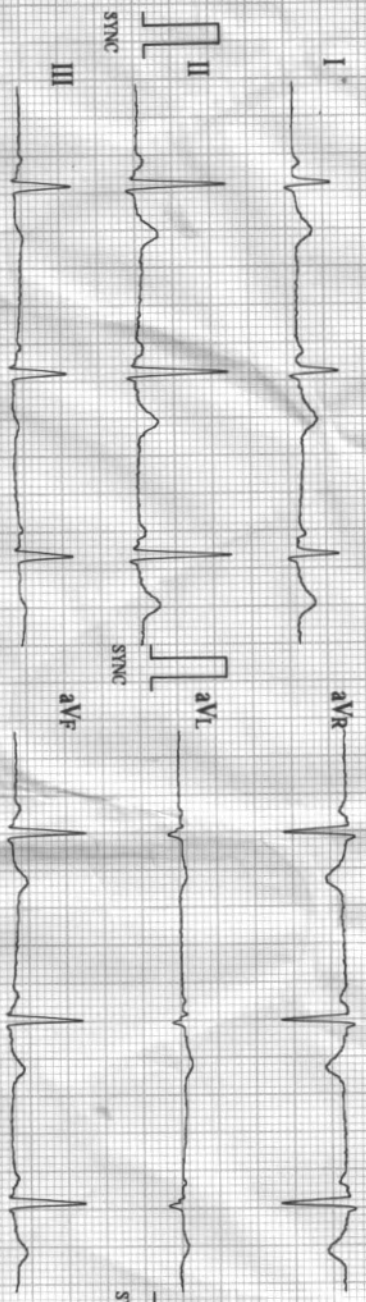
25mm/s 0.5-25Hz

10mm/mV

10mm/mV

ECG-1209 V2:004 (R10S: V2:004 / AMP: V1:008)

BIO



03/23/2024 12:33

ID : 5962

Name: MR SUNIL KALE

Sex : M

Age : 24 YRS

HR	: 61	bpm
R-R	: 68	ms
P-R	: 120	ms
QRS	: 110	ms
QT/QTc	: 399/405	ms
P/QRS/T	: 36/69/54	°
RV5/SV1	: 1.920/1.090	mV
RV5+SV1	: 3.010	mV

\*Machine Interpretation Only\*

Confirm with Physician

Dr. A. S. Sarda

M.D. Reg. No. 73570

Physician for Diabetes & Self Care

Wankar Road, Wankar, Mumbai - 400030  
Phone No 2339881, 2334858

MEDICS SADASHIV PETH PUNE-30 CELL-9822198798

**SARDA  
CENTRE FOR DIABETES & SELF CARE**

4, Vyankatesh Nagar, Jaina Road, Aurangabad. Ph. : (0240) 2333851, 2334658.

Name : MR. SUNIL KALE Age : 34 YRS | M  
150 LB

**CLINICAL SUMMARY :**

Weight : \_\_\_\_\_ Height (Cms) : \_\_\_\_\_ Blood Pressure : \_\_\_\_\_

**ECG FINDINGS :**

Rate : 61/min ORS. Complex : (R)

Rhythm : (R) ST Segment : \_\_\_\_\_

Mechanism : (R) T. Wave : (R)

Axis : (R) QT Interval : \_\_\_\_\_

P. Wave : (R) PR Interval : \_\_\_\_\_

Recommendation : Wm

Date : 23/3/24

DR. A. S. SARDA  
M.D. Reg. No. 73170  
SARDA CENTER FOR DIABETES & SELF CARE  
Vyankateshnagar, Jaina Road, Aurangabad  
Phone No. 2333851, 2334658

Dr. Amey Jaju  
MBBS, DNB Radiology  
Fellowship in MSK Imaging  
Regd. No.: 2019/05/3879



**Anushree**  
**Sonography & X-Ray Centre**

• DIGITAL X-RAY • 3D/4D/5D SONOGRAPHY • COLOUR DOPPLER

Patient Name: <b>SUNIL KALE</b>	Date: <b>23/03/2024</b>
Patient Id: <b>5543</b>	Age/Sex: <b>34 Years / MALE</b>
Ref Phy: <b>DR. SARDA</b>	Address :

## ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** The liver is normal in size It measures 14.6 cm, shape, position, echogenicity and echotexture. Normal respiratory movements are seen. No focal solid or cystic mass lesion is noted.

**BILIARY SYSTEM:** Gall bladder shows normal physiological distention. No mural mass or calculus is noted. There is no evidence of pericholecystic fluid. CBD and intra hepatic biliary radicles show normal caliber.

**PANCREAS:** The pancreas is normal in size, shape, and echogenicity and echo texture. No solid or cystic mass lesion is noted. Pancreatic duct is not dilated.

**SPLEEN:** The spleen is normal in size It measures 10.2 cm, shape, position, echogenicity and echotexture. No focal mass lesion is noted.

**KIDNEYS:** Right kidney measures 9.9 x 5.0 cm. Left kidney measures 11.3 x 5.1 cm. Both kidneys are normal in size, shape, position, echogenicity and echotexture. Normal corticomedullary differentiation is noted. No focal solid or cystic mass lesion or any calculus is seen. Pelvicalyceal systems on both sides are normal.

**URINARY BLADDER:** The urinary bladder shows physiological distention. It shows normal wall thickness. No calculus or mass lesion is seen.


**PROSTATE:** The prostate is normal in shape, position, echogenicity and echotexture. The prostate measure 2.9 x 3.1 x 2.9 cm (volume = 13.6 gm). There is no focal solid or cystic mass lesion in it.

**SEMINAL VESICALS:** Both seminal vesicles are normal in size, shape, echogenicity and echotexture.

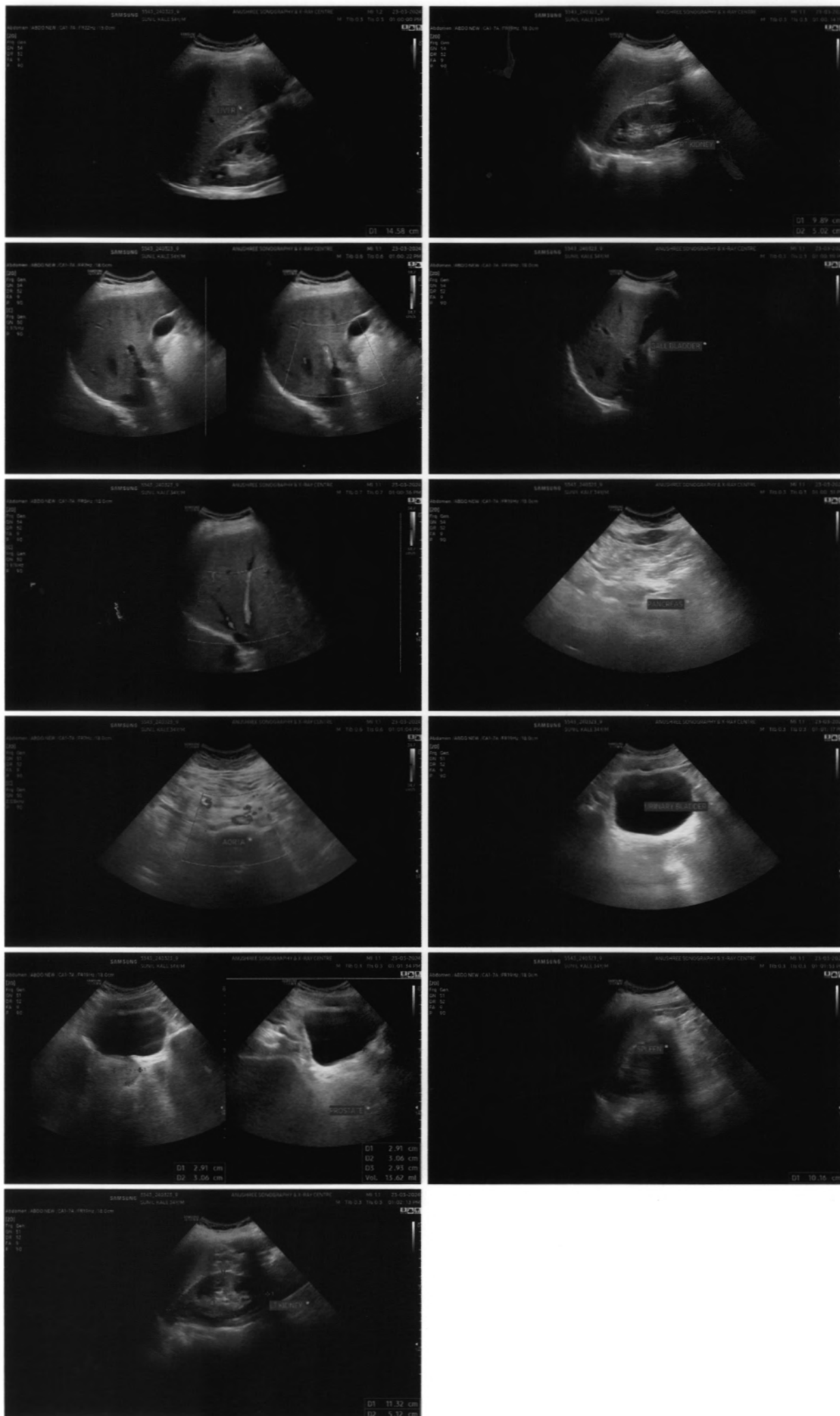
**OTHERS:** There is no free or loculated fluid collection in abdomen or pelvis. No significant lymphadenopathy is noted.

### **CONCLUSION:**

**SONOGRAPHY OF ABDOMEN & PELVIS IS NORMAL.**

  
**DR. AMEY S. JAJU**  
**DR. AMEY JAJU, MBBS, DNB (RADIOLOGY)**  
**Fellow in MSK imaging**  
**CONSULTANT RADIOLOGIST**







**Dr. Amey Jaju**  
MBBS, DNB Radiology  
Fellowship in MSK Imaging

Regd. No. : 2019/05/3879

• DIGITAL X-RAY • 3D/4D/5D SONOGRAPHY • COLOUR DOPPLER

Patient Name: <b>SUNIL KALE</b>	Date: <b>23/03/2024</b>
Patient Id: <b>5542</b>	Age/Sex: <b>34 Years / MALE</b>
Ref Phy: <b>DR. SARDA</b>	Address :

**RADIOGRAPH OF CHEST PA VIEW**

**Findings:**

Both the lung fields are clear.

The broncho vascular markings are appears normal.

The hilar shadows are appears normal.

Both Cardiophrenic and Costophrenic angles are clear.

The Cardiac silhouette is within normal limits.


Aortic shadow is normal.

Both domes of diaphragms are normal.

The visualised bony thorax is normal.

**Impression:**

**No significant abnormality noted in X-ray chest.**

  
DR. AMEY S. JAJU  
MBBS, DNB (Radiology)  
Fellow in MSK Imaging  
Reg. No. : 2019/05/3879



**DR AMEY S. JAJU, MBBS, DNB RADIOLOGY**  
Fellow in MSK imaging

ANUSHREE SONOGRAPHY & X-RAY CENTRE

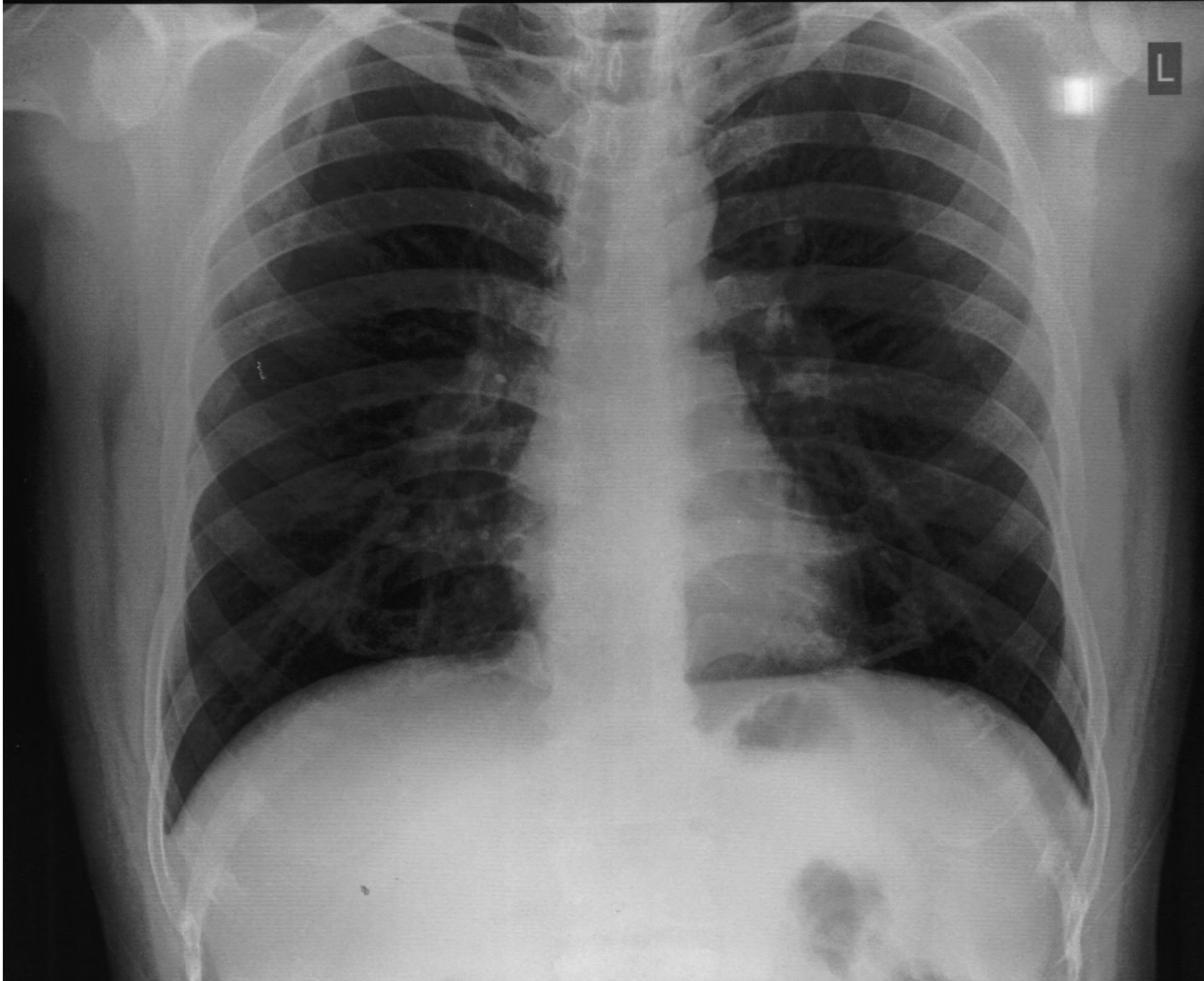
Name: Sunil Kale

Age: 34 Y

Sex: Male

RefDr: Dr. Sarda

Date: 23-Mar-2024



# **SARDA**

## **CENTRE FOR DIABETES & SELF CARE**

Name : Mr.Sunil Kale

Date :23/03/ 2024

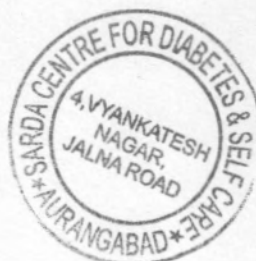
Age/Sex :34Yrs/Male

Ref.By: Dr.Sarda Sir

### STRESS TEST REPORT

- Protocol – Bruce.
- Exercise Time- 9.02 Min.
- Baseline Heart Rate and Blood Pressure - 69bpm,BP-132/83mm of Hg.
- Mets- 10.20.
- ST-T Segment Changes – No Significant ST-T Changes.
- Angina- None.
- Arrhythmias- None.
- Other Symptoms – None.
- Maximal Heart Rate and Blood Pressure – 155 bpm, BP – 182/83mm of Hg.
- Predicted Maximal Heart Rate Achieved - 83%.
- Reason For Termination - Target Heart rate achieved.

**CONCLUSION : Stress Test Negative for Exercise Induced Ischemia.**



**DR.DEORAO THENGE**  
**M.D.D.N.B.(CARDIOLOGY)**

**Dr. Devrao Thenge**  
**MD, DNB (Cardiology)**  
Reg. No. 2001/02/431

## ASIAN HOSPITAL, AKASHWANI, AURANGABAD

**Name:** sunil kale

**Date:** 23-03-2024 **Time:** 14:30

**Age:** 34

**Gender:** M

**Height:** 180 cms

**Weight:** 87 Kg

**ID:** 158

**Clinical History:**

**Medications:**

### Test Details:

**Protocol:** Bruce

**Predicted Max HR:** 186

**Target HR:** 158 (85% of Pr. MHR)

**Exercise Time:** 0:09:02

**Achieved Max HR:** 155 (83% of Pr. MHR)

**Max BP:** 182/83

**Max BP x HR:** 28210

**Max Mets:** 10.2

**Test Termination Criteria:**

### Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:11	1	0	0	69	132/83	9108	1.1 V3	0.8 V3
Standing	00:40	1	0	0	63	132/83	8316	1.1 V3	0.7 V3
PreTest	00:13	1	1.6	0	66	132/83	8712	1 V3	0.7 V3
Stage: 1	03:00	4.7	2.7	10	98	142/83	13916	1.2 V3	1.2 V3
Stage: 2	03:00	7	4	12	128	152/83	19456	1 V3	1.7 V3
Stage: 3	03:00	10.1	5.5	14	155	162/83	25110	1.6 V3	2.9 V3
Peak Exercise	00:02	10.2	6.8	16	155	162/83	25110	1.8 V3	3.4 V3
Recovery1	01:00	1	0	0	112	162/83	18144	3.4 V3	4.2 V3
Recovery2	01:00	1	0	0	86	172/83	14792	1.7 V3	1.6 V3
Recovery3	01:00	1	0	0	64	172/83	11008	0.6 V3	0.6 V3
Recovery4	01:00	1	0	0	73	182/83	13286	0.5 V3	0.6 V3
Recovery5	00:07	1	0	0	66	182/83	12012	1.2 V3	0.7 V3

### Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:02 achieving a work level of 10.2 METS.  
 Resting Heart Rate, initially 69 bpm rose to a max. heart rate of 155bpm (83% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 132/83 mmHg, rose to a maximum Blood Pressure of 182/83 mmHg

NEGATIVE STRESS TEST SUGGESTIVE OF ISCHEMIA.



Ref. Doctor: ---

Doctor: DR.DEORAO THENGE

**SCHILLER**

The Art of Diagnostics

( Summary Report edited by User )

Cardiovit CS-10 Version:3.4

Dr. Devrao Thenge

MD, DNB (Cardiology)

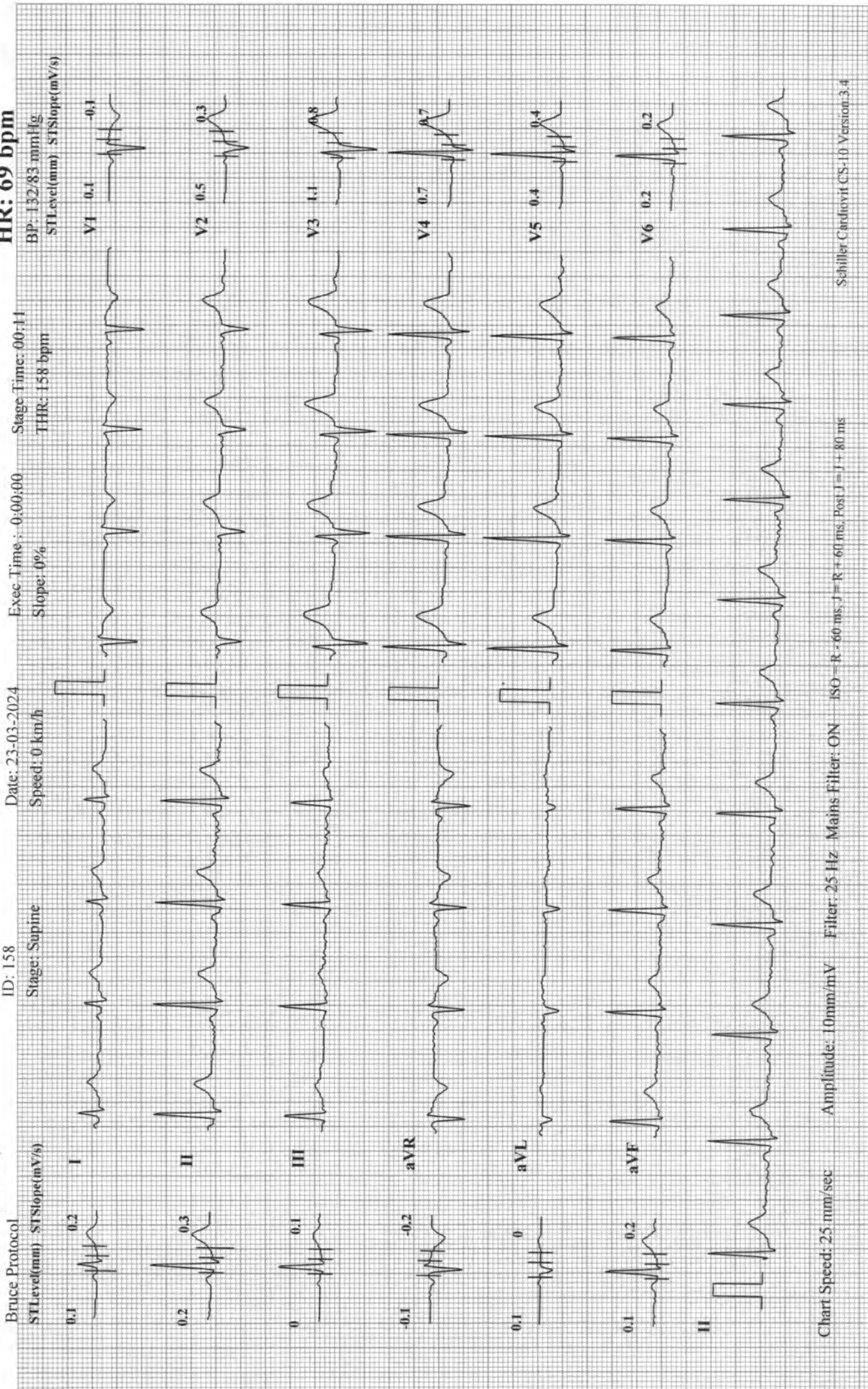
Reg. No. 2001/02/491



# ASIAN HOSPITAL, AKASHWANI, AURANGABAD

sunil kale (34 M)

HR: 69 bpm



# ASIAN HOSPITAL, AKASHWANI, AURANGABAD

**sunil kale (34 M)**

ID: 158

Date: 23-03-2024

Exec Time: 0:00:00

Stage Time: 00:40

**HR: 63 bpm**

Stage: Standing

Slope: 0 %

THR: 158 bpm

BP: 132/83 mmHg  
STLevel(mm) STSlope(mV/s)

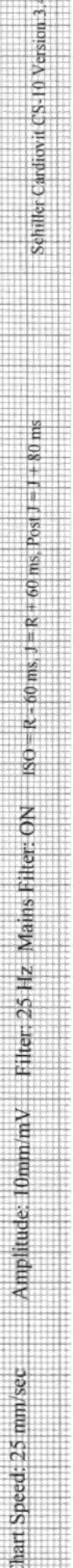
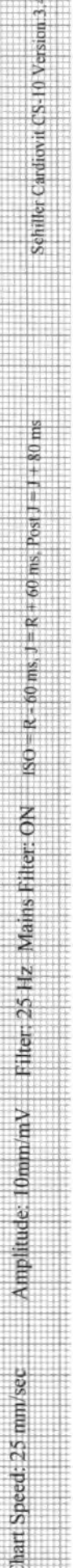
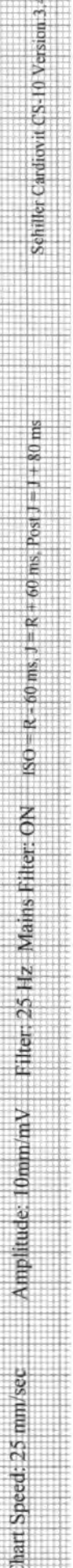
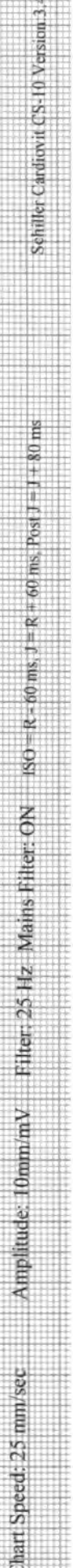
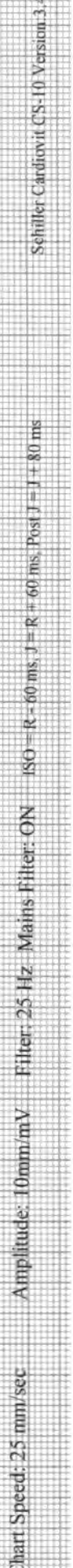
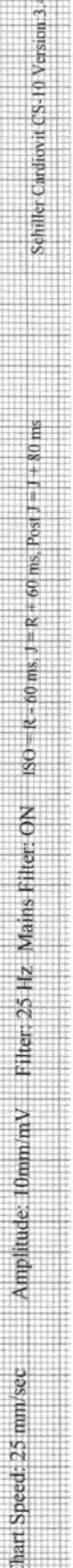
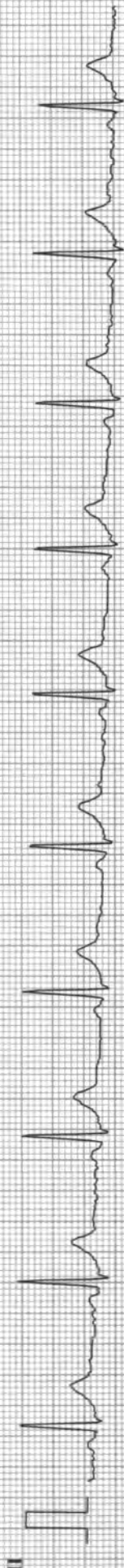
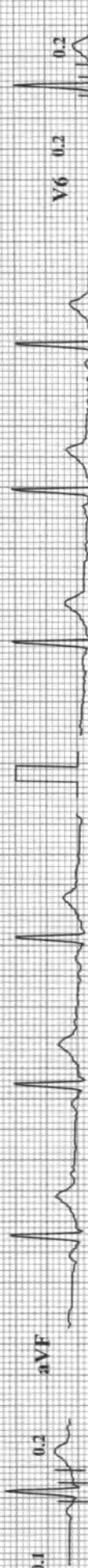
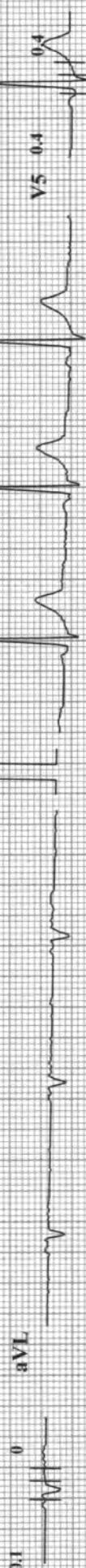
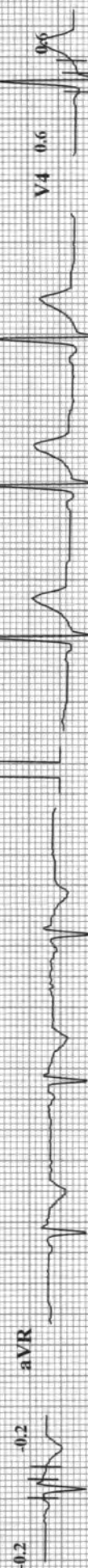
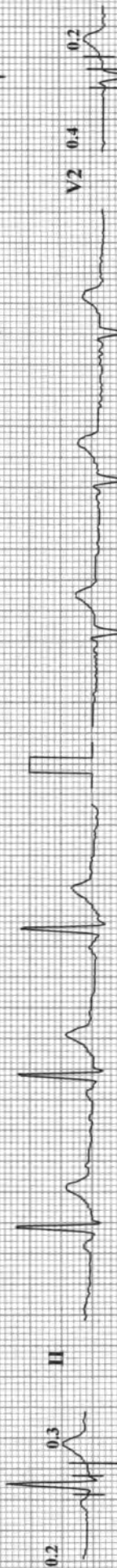


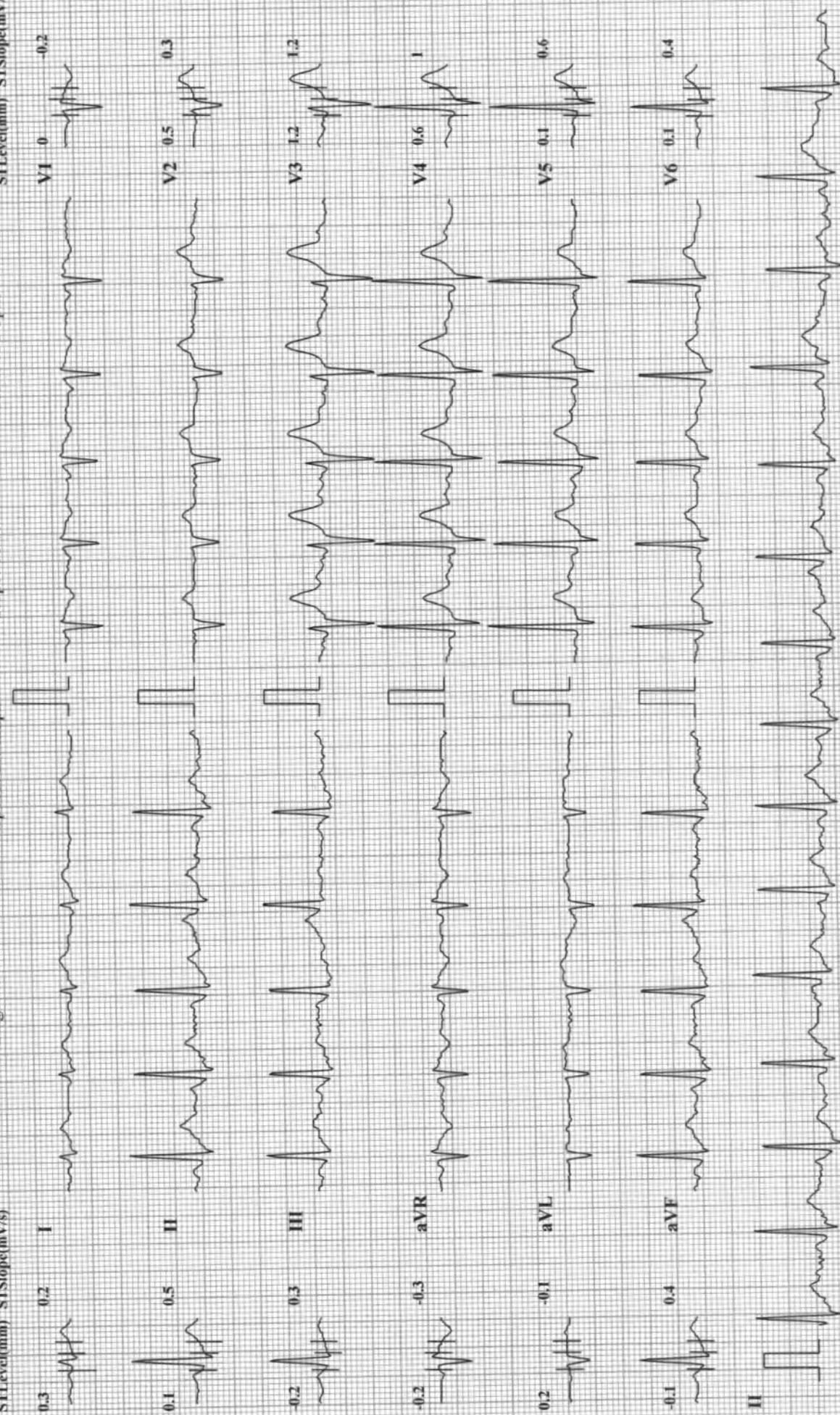
Chart Speed: 25 mm/sec    Amplitude: 10mm/mV    Filter: 25 Hz    Main Filter: ON    ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

# ASIAN HOSPITAL, AKASHWANI, AURANGABAD

sunil kale (34 M)

HR: 98 bpm

ID: 158      Date: 23-03-2024      Exec Time: 0:03:00      Stage Time: 03:00  
Bruce Protocol      Speed: 2.7 kmph      Slope: 10%      THR: 158 bpm  
BP: 142/83 mmHg  
STLevel(mm)      STSlope(mV/s)





# ASIAN HOSPITAL, AKASHWANI, AURANGABAD

sunil kale (34 M)

Bruce Protocol

ID: 158

Date: 23-03-2024

Exec Time: 0:09:00

Stage Time: 03:00

HR: 155 bpm

STLevel(mm) STSlope(mV/s)

Stage: 3

Speed: 5.5 kmph

Slope: 14 %

THR: 158 bpm

BP: 162/83 mmHg

STLevel(mm) STSlope(mV/s)

-0.4 0.4 I

V1 0.1 -0.7

-1.4 0.7 II

V2 0.8 1.1

-1.1 0.2 III

V3 1.6 2.9

0.6 -0.5 aVR

V4 0.3 2.2

0.4 0.1 aVL

V5 -0.2 1.6

-1.3 0.4 aVF

V6 -0.5 0.8

II

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

# ASIAN HOSPITAL, AKASHWANI, AURANGABAD

**sunil kale (34 M)**

Bruce Protocol

ID: 158

Date: 23-03-2024

Exec Time: 0:09:02

HR: 155 bpm

STLevel(mm) STISlope(mV/s)

Stage: 4 Peak Exercise

Slope: 16 %

Stage Time: 00:02

BP: 162/83 mmHg

STLevel(mm) STISlope(mV/s)

-0.2 I 0.6

0.8 II

0.2 III

0.5 aVR -0.6

0.4 aVL 0.1

-1.1 aVF 0.5

0.2 V1 0.2

0.9 V2 0.9

1.8 V3 1.8

0.7 V4 0.7

0 V5 0

1.7 V6 1.7

1.2 V1 0.2

3.4 V3 1.8

2.5 V4 0.7

1.7 V5 0

1 V6 1.7

1.2 V2 0.9

3.4 V3 1.8

2.5 V4 0.7

1.7 V5 0

1 V6 1.7

1.2 V2 0.9

3.4 V3 1.8

2.5 V4 0.7

1.7 V5 0

1 V6 1.7

1.2 V2 0.9

3.4 V3 1.8

2.5 V4 0.7

1.7 V5 0

1 V6 1.7

1.2 V2 0.9

3.4 V3 1.8

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1.7 V5 0

1 V6 1.7

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1.7 V5 0

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3.4 V3 1.8

2.5 V4 0.7

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2.5 V4 0.7

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3.4 V3 1.8

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2.5 V4 0.7

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1.2 V2 0.9

3.4 V3 1.8

2.5 V4 0.7

1.7 V5 0

1 V6 1.7

1.2 V2 0.9

3.4 V3 1.8

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1.7 V5 0

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2.5 V4 0.7

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1 V6 1.7

1.2 V2 0.9

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1 V6 1.7

1.2 V2 0.9

3.4 V3 1.8

2.5 V4 0.7

1.7 V5 0

1 V6 1.7

1.2 V2 0.9

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1.7 V5 0

1 V6 1.7

1.2 V2 0.9

3.4 V3 1.8

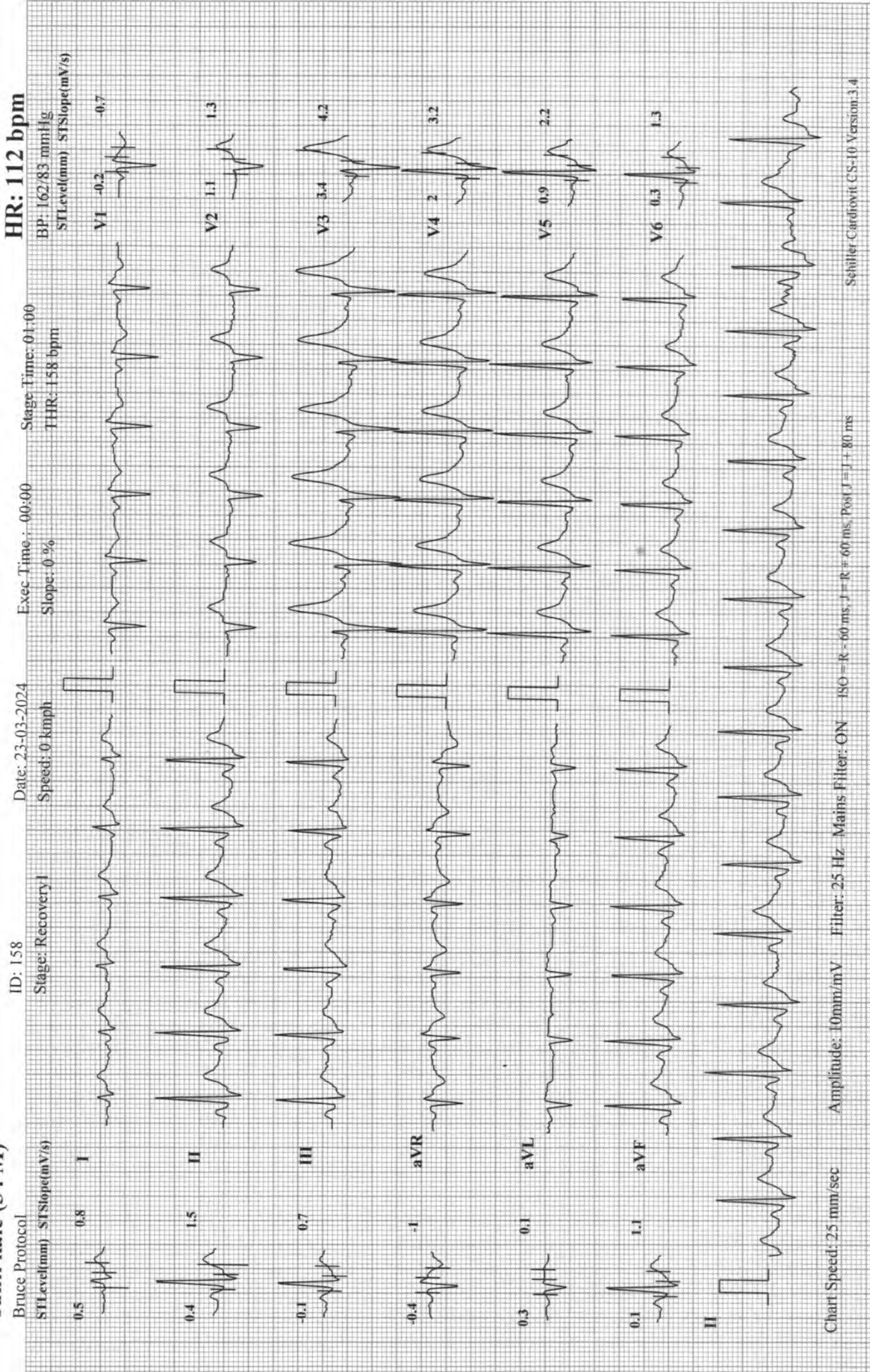
2.5 V4 0.7

1.7 V5 0

1 V6 1

# ASIAN HOSPITAL, AKASHWANI, AURANGABAD

sunil kale (34 M)



# ASIAN HOSPITAL, AKASHWANI, AURANGABAD

**sunil kale (34 M)**

Bruce Protocol

ID: 158

Date: 23-03-2024

Exec Time: 00:00

Stage Time: 01:00

**HR: 86 bpm**

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

BP: 172/83 mmHg

STLevel(mm) STSlope(mV/s)

0.2 0.2 I

V1 0.1 -0.3

0.2 0.6 II

V2 0.5 0.4

0.1 0.4 III

V3 1.7 1.6

-0.1 -0.4 aVR

V4 0.8 1.2

0 -0.1 aVL

V5 0.3 0.8

0.1 0.5 aVF

V6 0.1 0.5

II

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, J - R = 60 ms, Post J = J + 80 ms

Schiller CardioInt CS-10 Version 3.4



# ASIAN HOSPITAL, AKASHWANI, AURANGABAD

sunil kale (34 M)

Bruce Protocol

ID: 158

Date: 23-03-2024

Exec Time: 00:00

Stage Time: 01:00

HR: 64 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

BP: 172/83 mmHg  
STLevel(mm) STSlope(mV/s)

-0.1 0.1 I



-0.2 0.2 II



-0.1 0.2 III



0.1 -0.1 aVR



0.1 -0.1 aVL



-0.2 0.2 aVF



V1 0.2 -0.2



V2 0.3 0.1



V3 0.6 0.6



V4 0 0.6



V5 -0.3 0.3



V6 -0.3 0.2



II

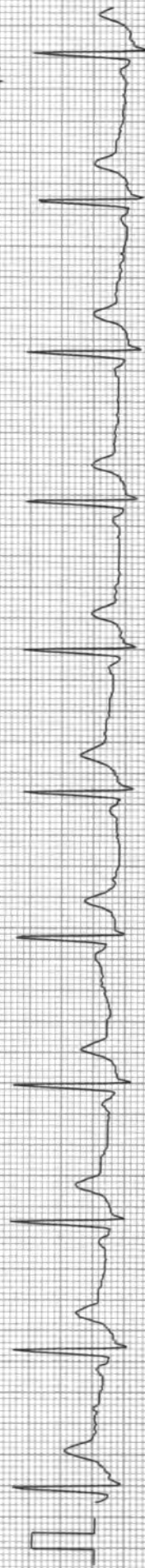


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

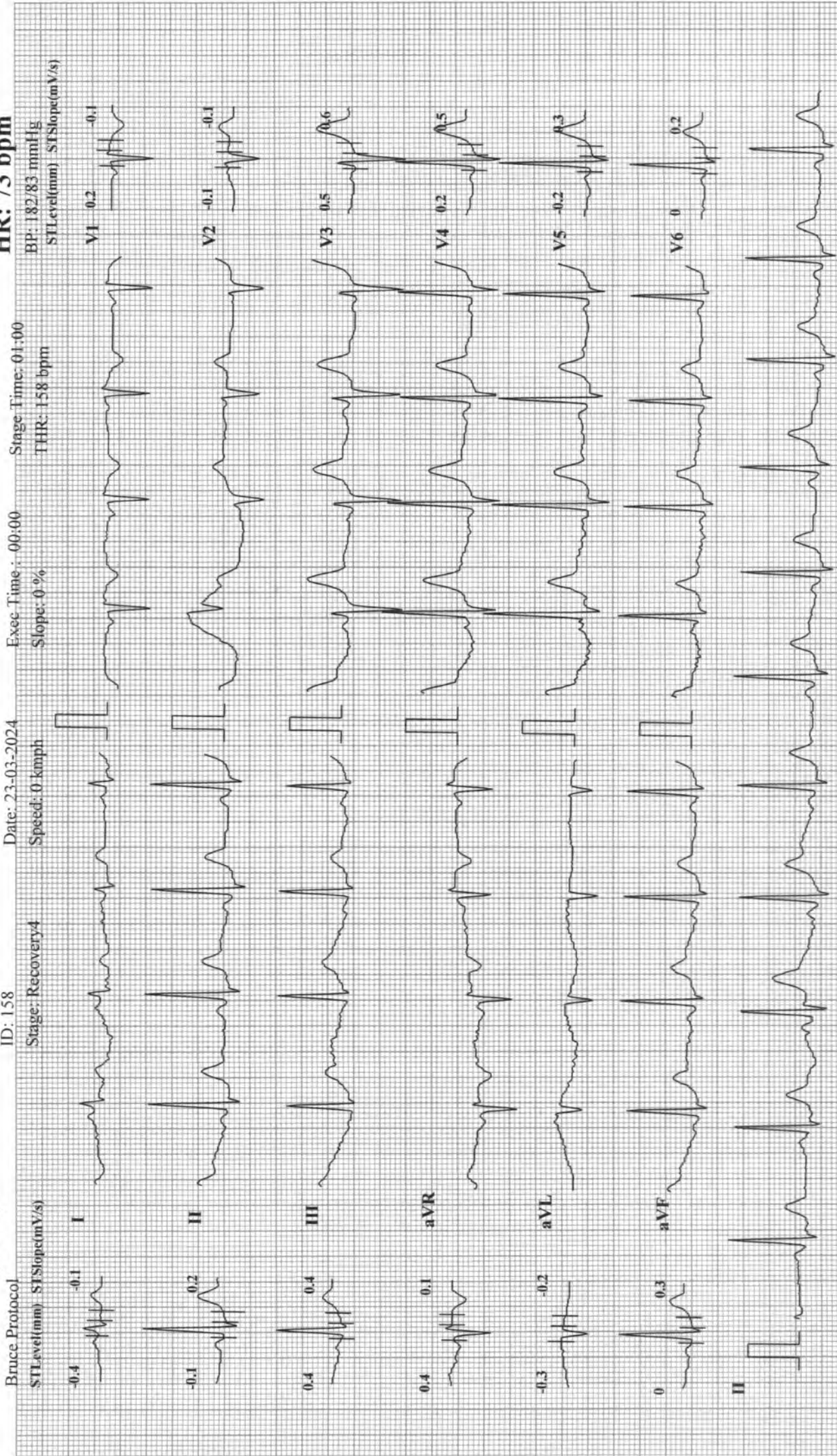
Filter: 25 Hz Mains Filter: ON

ISO = R = 60 ms, J = R + 60 ms, Post J = J + 80 ms

# ASIAN HOSPITAL, AKASHWANI, AURANGABAD

**sunil kale (34 M)**

**HR: 73 bpm**



ID: 158

Date: 23-03-2024

Exec Time: 00:00

Stage Time: 01:00

Stage: Recovery4

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

BP: 182/83 mmHg

STLevel(mm) STSlope(mV/s)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Chart Speed: 25 mm/sec

# SARDA

## CENTRE FOR DIABETES & SELF CARE

Date:- 23/03/24

Name Sunil kale Age/Sex 34 M

Address Kanchanwadi

### OPHTHALMIC EXAMINATION REPORT

	<u>Right Eye</u>	<u>Left eye</u>
Vision Distant	6/6	6/6
Vision Near	N6	N6
Anterior segment	<u>NAD</u>	<u>NAD</u>
Pupils	NSRTL	<u>NSRTL</u>
Lens	clear	clear
Tension	<u>Normal</u>	<u>Normal</u>
Fundus:-	DISC - WNL CID - 0.3 FRT	DISC - WNL CID - 0.3 FRT
Colour Vision	Normal	Normal

Impression:

BE within normal limits



Bolika

DR. AJAY LOHTYA  
M.B.B.S., D.O. (BOM) D.M. (OPHTH)  
REG. NO. 01111  
TRUPATI NETRALAYA & CLINIC  
AURANGABAD

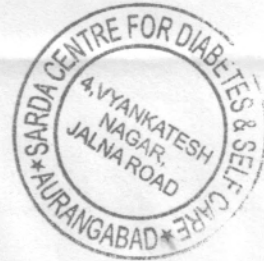
**SARDA**

**CENTRE FOR DIABETES & SELF CARE**

Mr. Sunil Kale has undergone dental check up.  
No dental problem.

Sonali  
23/3/24.

**DR SONALI LOHIYA**  
BDS (Dental Surgeon)  
Reg No. A 015  
Tirupati Medical & Dental Centre  
Jalna Road, Aurangabad



Patient Name : MR SUNIL KALE

SCD24/2843



Age/Gender : Male

Report Date : 26/03/2024

Ref. Dr. : MEDIWHEEL

### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Range
<b>BLOOD GROUP AND RH FACTOR</b>			
Blood Group	'O'		
Rh Factor	POSITIVE(+VE)		

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### HBA1C/GLYCOCYLATED

HbA1c Glycosilated Haemoglobin 5.6 %

Method: HPLC, NGSP certified

Estimated Average Glucose : 114 mg/dL

#### As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemc control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

#### ADA criteria for correlation

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

**Note:**1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .  
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

**Comments:**HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.

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**BIOCHEMISTRY REPORT**

Test Description	Result	Unit	Biological Reference Range
<b>LIPID PROFILE</b>			
Cholesterol-Total <i>Method: CHOD/PAP</i>	160	mg/dL	< 200 : Desirable 200-239 : Borderline risk > 240 : High risk
Triglycerides level <i>Method: Lipase / Glycerol Kinase)</i>	107	mg/dL	< 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High
HDL Cholesterol <i>Method: CHOD/PAP</i>	40	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
LDL Cholesterol <i>Method: Homogeneous enzymatic end point assay</i>	<b>98.60</b>	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High
VLDL Cholesterol <i>Method: Calculation</i>	21.40	mg/dL	7 - 40
CHOL/HDL RATIO <i>Method: Calculation</i>	4.00	Ratio	3.5 - 5.0
LDL/HDL RATIO <i>Method: Calculation</i>	2.46	Ratio	0 - 3.5

**Interpretation**

Lipid profile can measure the amount of Total cholesterol's and triglycerides in blood:

Test	Comment
Total cholesterol:	measures all the cholesterol in all the lipoprotein particles
High-density lipoprotein cholesterol (HDL-C):	measures the cholesterol in HDL particles; often called "good cholesterol" because HDL-C takes up excess cholesterol and carries it to the liver for removal.
Low-density lipoprotein cholesterol (LDL-C):	measures the cholesterol in LDL particles; often called "bad cholesterol" because it deposits excess cholesterol in walls of blood vessels, which can contribute to atherosclerosis
Triglycerides:	measures all the triglycerides in all the lipoprotein particles; most is in the very low-density lipoproteins (VLDL).

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### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
<b>BLOOD SUGAR FASTING &amp; PP (BSF &amp; PP)- INS</b>			
BLOOD SUGAR FASTING	88	mg/dl	70 - 110
<i>Method: Hexokinase</i>			
BLOOD SUGAR POST PRANDIAL	100	mg/dl	70 - 140
<i>Method: Hexokinase</i>			

#### ADA 2019 Guidelines for diagnosis of Diabetes Mellitus

Fasting Plasma Glucose > 126 mg/dl

Postprandial Blood Glucose > 200 mg/dl

Random Blood Glucose > 200 mg/dl

HbA1c Level > 6.5%

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### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
<b>Serum Creatinine</b>	0.8	mg/dL	0.70 - 1.40
URIC ACID	5.9	mg/dl	2.5 - 7.2

Method: Modified Jaffe's

#### Interpretation

Uric Acid - Serum uric acid measurements are useful in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and in patients receiving cytotoxic drugs.

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### LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN	0.50	mg/dl	0.2 - 1.0
<i>Method: Serum, Jendrassik Grof</i>			
DIRECT BILIRUBIN	0.20	mg/dL	0.0 - 0.3
<i>Method: Serum, Diazotization</i>			
INDIRECT BILIRUBIN	0.30	mg/dl	0.3 - 0.7
<i>Method: Serum, Calculated</i>			
SGPT (ALT)	18	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
SGOT (AST)	19	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
ALKALINE PHOSPHATASE	77	U/L	30 - 120
<i>Method: DGKC</i>			
TOTAL PROTEIN	7.0	g/dl	6.0 - 8.3
<i>Method: Serum, Biuret, reagent blank end point</i>			
SERUM ALBUMIN	4.5	g/dl	3.5 - 5.2
<i>Method: Serum, Bromocresol green</i>			
SERUM GLOBULIN	2.50	g/dl	1.8 - 3.6
<i>Method: Serum, Calculated</i>			
A/G RATIO	1.80		1.2 - 2.2
<i>Method: Serum, Calculated</i>			
Gamma Glutamyl Transferase-Serum	25	IU/L	15 - 73
<i>Method: Kinetic</i>			

**NOTE :**  
In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Non alcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

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BUN 11 7 - 21

Method : Calculated

**Clinical Significance:**

Urea Nitrogen (BUN) - Urea is the principle waste product of protein catabolism. BUN is most commonly measured in the diagnosis and treatment of certain renal and metabolic diseases. Increased BUN concentration may result from increased production of urea due to (1) diet or excessive destruction of cellular proteins as occurs in massive infection and fevers, (2) reduced renal perfusion resulting from dehydration or heart failure, (3) nearly all types of kidney disease, and (4) mechanical obstruction to urine excretion such as is caused by stones, tumors, infection, or stricture. Decreased urea levels are less frequent and occur primarily in advanced liver disease and in overhydration.

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### IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Range
<b>Thyroid Function Test (TFT)</b>			
T3	92.22	ng/dl	80-253 : 1 Yr-10 Yr, 76-199 : 11 Yr-15 Yr, 69-201 :16 Yr-18 Yr, 87-173 : > 18 years,
T4	8.27	ng/dl	5.9-21.5 :10-31 Days, 5.9-21.5 :0-1 Month, 6.4-13.9 :2-12 Months, 6.09-12.23 :>1 Yr
TSH(Serum)	0.91	ng/dl	0.52-16.0 :1 Day - 30 Days 0.55-7.10 :1 Mon-5 Years 0.37-6.00 :6 Yrs-18 Years 0.38-5.33 :18 Yrs-88 Years 0.50-8.90 :88 Years

Method : ECLIA

Clinical features of thyroid disease		
Hypothyroidism	Hyperthyroidism	Grave's disease
Lethargy	Tachycardia	Exophthalmos/proptosis
Weight gain	Palpitations (atrial fibrillation)	Chemosis
Cold intolerance	Hyperactivity	Diffuse symmetrical goitre
Constipation	Weight loss with increased appetite	Pretibial myxoedema (rare)
Hair loss	Heat intolerance	Other autoimmune conditions
Dry skin	Sweating	
Depression	Diarrhoea	
Bradycardia	Fine tremor	
Memory impairment	Hyper-reflexia	
Menorrhagia	Goitre	
	Palmar erythema	
	Onycholysis	
	Muscle weakness and wasting	
	Oligomenorrhoea/amenorrhoea	

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### URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Range
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#### URINE ROUTINE

##### Physical Examination

Colour	Pale Yellow		Pale Yellow
Apperance	Clear		Clear
Reaction	Acidic		
Deposit	Absent		

##### Chemical Examination

Specific Gravity	1.010		
Albumin	Absent		
Sugar	Absent		Absent
Acetone	Absent		

##### Microscopic Examination

RBC's	Not seen	/hpf	Nil
Pus cells	Occasional	/hpf	2-3/hpf
Epithelial Cells	NIL	/hpf	1-2/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous Deposit	Absent		Absent

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Test Description	Result	Unit	Biological Reference Range
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**COMPLETE BLOOD COUNT**

Total WBC Count	<b>3,800</b>	cell/cu.mm	4000 - 11000
<b>Haemoglobin</b>	14.6	g%	13 - 18
<b>Platelet Count</b>	1,58000	/cumm	150000 - 450000
RBC Count	4.40	/Mill/ul	4.20 - 6.00

**RBC INDICES**

Mean Corp Volume MCV	<b>100.5</b>	fL	80 - 97
Mean Corp Hb MCH	<b>33.2</b>	pg	26 - 32
Mean Corp Hb Conc MCHC	33.0	gm/dL	31.0 - 36.0
Hematocrit HCT	44.2	%	37.0 - 51.0

**DIFFERENTIAL LEUCOCYTE COUNT**

Neutrophils	56	%	40 - 75
Lymphocytes	37	%	20 - 45
Monocytes	04	%	02 - 10
Eosinophils	03	%	01 - 06
Basophils	00	%	00 - 01

**NOTE:**

1. As per the recommendation of International council for Standardization in Hematology, the differential leukocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

ESR	<b>10</b>	mm/hr	Male: 0-8 mm at 1 Hr. Female: 0-20 mm at 1 Hr.
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**INTERPRETATION :**

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

\*\*\*\* End of the report. \*\*\*\*

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