

<b>Name:</b>	ANAND DAULAT CHAUHAN	<b>Exam Date:</b>	27-Jul-2024
<b>Age &amp; Sex:</b>	043 Year /M	<b>Accession:</b>	138372145249
<b>Exam:</b>	ABDOMEN AND PELVIS	<b>PID:</b>	P00000678205
<b>Physician:</b>	HOSPITAL CASE	<b>OP/IP:</b>	OP /«extrafield1»

### ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size and shows increased echogenicity suggestive of grade I fatty changes. No focal lesion is seen. No intrahepatic biliary radicle dilatation seen. The portal vein and CBD appear normal.

Gall bladder is well distended with normal wall thickness. No calculus or sludge is seen. Pancreas appears normal in size and echotexture. No focal lesion is seen. Spleen appears normal in size and echotexture. No focal lesion is seen.

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

The urinary bladder is empty.

Visualised bowel loops are non-dilated and show normal peristalsis. There is no ascites or significant lymphadenopathy seen.

### IMPRESSION :

**Grade I fatty liver.**

**Suggest : CLinical Correlation.**



DR. YATIN R. VISAVE  
CONSULTANT RADIOLOGIST  
MBBS, DMRD  
Regd. No. 090812

27-Jul-2024 03:21:37 PM

SRM  
 Name  
 Medication:  
 Symptoms:  
 History:  
 Vent. ate  
 PR int  
 QRS dur  
 QT/QTcF int  
 P/QRS/T axis  
 RV5/SVI amp  
 RV5+SVI amp

77 bpm  
 148 ms  
 80 ms  
 388/419 ms  
 30/ 0/ -30  
 0.81/ 0.86 mV  
 1.67 mV

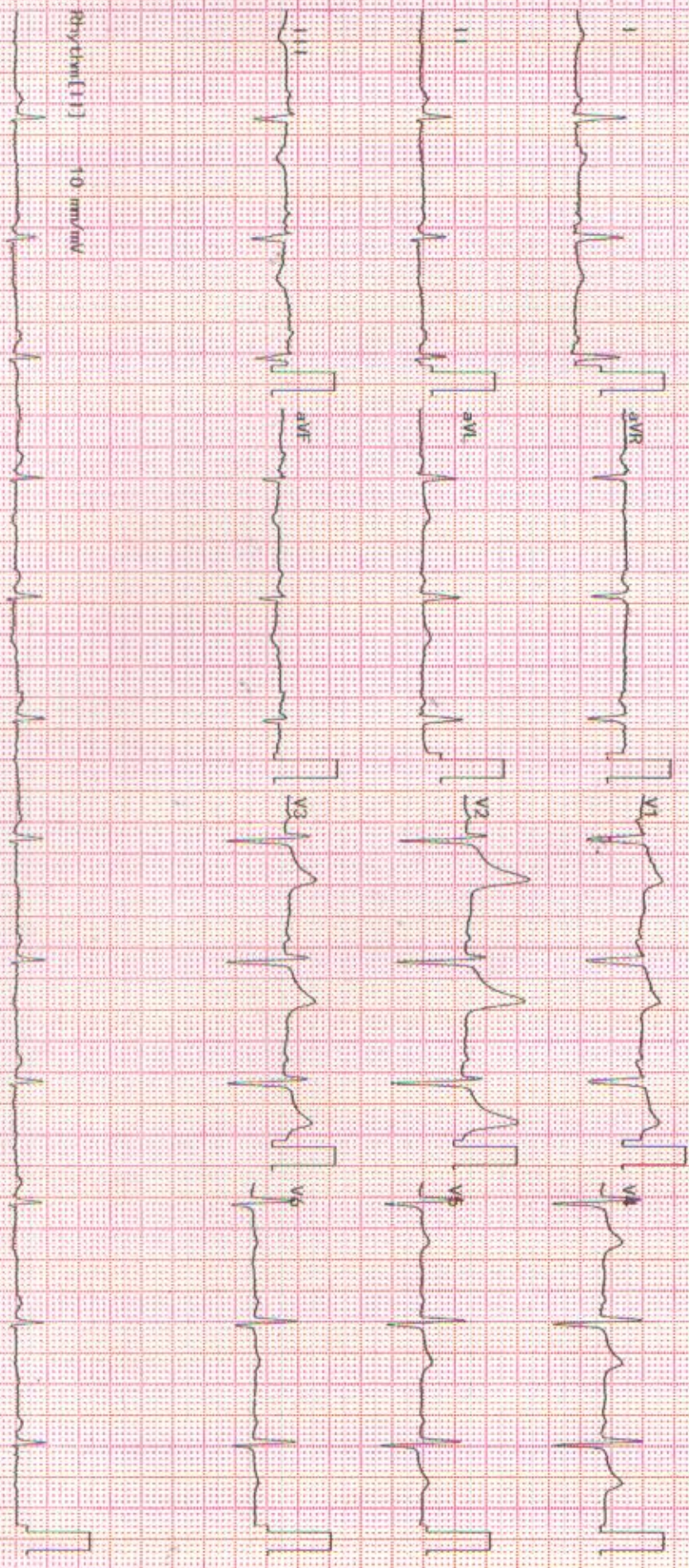
1100 Sinus rhythm  
 9110 \*x\* normal ECG \*x\*

Unconfirmed Report  
 Reviewed by:

10 mm/mV 25 mm/s Filter: H50 D 35 Hz 10 mm/mV

10 mm/mV

10 mm/mV



2350K 02-03 04-05

Dept:

Exam: RUBY HALL CLINIC HINJEWADI

## RUBY HALL CLINIC PIMPLE SAUDAGAR

**Name:** ANAND CHAUHAN . **Date:** 27-07-2024 **Time:** 13:56  
**Age:** 43 **Gender:** M **Height:** 177 cms **Weight:** 87 Kg **ID:** PS009515  
**Clinical History:** .  
**Medications:** .

### Test Details:

**Protocol:** Bruce **Predicted Max HR:** 177 **Target HR:** 150  
**Exercise Time:** 0:07:36 **Achieved Max HR:** 150 (85% of Predicted MHR)  
**Max BP:** 140/80 **Max BP x HR:** 21000 **Max Mets:** 8.5  
**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	00:06	1	0	0	87	120/80	10440	1.9 V2	0.8 V2
Standing	00:06	1	0	0	85	120/80	10200	1.8 V2	-1.1 aVR
HyperVentilation	00:06	1	0	0	87	120/80	10440	2 V2	0.7 V2
PreTest	00:06	1	1.6	0	88	120/80	10560	2.1 V2	0.8 V2
Stage: 1	03:00	4.7	2.7	10	119	120/80	14280	1.8 V2	1 V2
Stage: 2	03:00	7	4	12	136	140/80	19040	1.4 V2	-1.2 aVR
Peak Exercise	01:36	8.5	5.5	14	150	140/80	21000	1.4 V2	1.1 V2
Recovery1	01:00	1	0	0	135	140/80	18900	1.3 V2	-1.9 aVR
Recovery2	00:10	1	0	0	132	140/80	18480	1.8 V2	2 V2

### Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:36 achieving a work level of 8.5 METS.  
 Resting Heart Rate, initially 87 bpm rose to a max. heart rate of 150bpm (85% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 140/80 mmHg  
 Good Effort Tolerance  
 Normal HR & BP Response  
 No Angina or Arrhythmias  
 No Significant ST-T Changes Noted During Exercise  
 Negative Stress Test  
 Hypertensive response

Ref. Doctor: ---

  
**Doctor: DR.KEDAR KULKARNI**

**SCHILLER**  
 The Art of Diagnostics

( Summary Report edited by User )  
 Spandan CS 10 Version:3.2.0



MR. ANAND DAULAT CHAUHAN  
 Ref: PS009515- Reg: 3000012544  
 43.1.21/M - NH - 27/07/2024  
 P00000678205 -

**OPHTHALMOLOGY**

AGE : 43/M

R

L

- 1) Vision 
 unaided \_\_\_\_\_  
 c glasses \_\_\_\_\_
 

 6/12 c PM 6/9      5/9 c PM NI
- 2) Near Vision 
 unaided \_\_\_\_\_  
 c glasses \_\_\_\_\_
 

 N8B      N6B
- 3) Binocular Vision 
 None
- 4) Colour Vision 
 Partial CVD      Partial CVD
- 5) Tension 
 OIC      OIC
- 6) Anterior Segment 
 }
- 7) Pupils 
 } WNL
- 8) Lens \_\_\_\_\_
- 9) Media & Fundus \_\_\_\_\_

10) Remarks 
 Refer to Ruby Hinjawadi for Dilated Retina Checkup

Date : 27/07/24

  
 (Signature)

<b>Patient Name</b> :	Mr.ANAND DAULAT CHAUHAN	<b>Bill Date</b> :	27-07-2024 10:55 AM
<b>Age / Gender</b> :	43Y(s) 1M(s) 21D(s)/Male	<b>Collected Date</b> :	27-07-2024 11:21 AM
<b>Lab Ref No/UHID</b> :	PS009515/P00000678205	<b>Received Date</b> :	27-07-2024 11:22 AM
<b>Lab No/Result No</b> :	2400299868/1202176	<b>Report Date</b> :	27-07-2024 02:09 PM
<b>Referred By Dr.</b> :	HOSPITAL CASE	<b>Specimen</b> :	SERUM
		<b>Processing Loc</b> :	RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
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**FBS**

Glucose (Fasting). <i>Method : GOD-POD</i>	<b>: 190</b>	mg/dL	Prediabetic : 100 - 125 Diabetic : >= 126 Normal : < 100.0
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REFERENCE : ADA 2015 GUIDELINES

**T3-T4-TSH -**

Tri-Iodothyronine, (Total T3) <i>Method : Enhanced Chemiluminescence</i>	<b>: 1.63</b>	ng/ml	0.97-1.69
Thyroxine (T4), Total <i>Method : Enhanced Chemiluminescence</i>	<b>: 11.6</b>	ug/dl	5.53-11.01
Thyroid Stimulating Hormone (Ultra). <i>Method : Enhanced Chemiluminescence</i>	<b>: 0.5474</b>	uIU/mL	0.40-4.04

1.The TSH levels are subject io diurnal/circadian variation. reaching to peak leve between 2 to 4 am. and at a minimum between 6 to10 pm. The variation is to the order of 50%, hence the time when sample is collected has influence on the levels of TSH 2.Many substances produced in central nervous system, even in healthy euthyroid individuals, may enhance or suppress TSH production in addition to the feedback effect of thyroid hormone . 3.Furthermore, although TSH levels rise and fall in response to changes in the concentration of Free T4, individuals appear to have their own setpoints and factors such as race and age also contribute to variability in TSH levels Alterations of normal pituitary response are also common in patients with a variety of illnesses which can affect the levels of TSH. 4.Interassay variations are possible on different Immunoassay platforms.

TSH - For pregnancy the referance range is as follows -  
 1st -trimester : 0.6 - 3.4 uIU/mL  
 2nd trimester : 0.37 - 3.6 uIU/mL  
 3rd trimester : 0.38 - 4.04 uIU/mL

**PSA BLOOD**

Prostate Specific Antigen (PSA) <i>Method : Enhanced Chemiluminescence</i>	<b>: 0.299</b>	ng/ml	00-4.0
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\*\*\* End Of The Report \*\*\*

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<b>Lab No/Result No</b>	: /1202176	<b>Report Date</b>	: 27-07-2024 01:57 PM
<b>Referred By Dr.</b>	: HOSPITAL CASE	<b>Specimen</b>	: SERUM
		<b>Processing Loc</b>	: RHC Hinjawadi



**Verified By**  
SANDEEP



**Dr.POOJA PATHAK**  
Associate Consultant

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<b>Lab No/Result No</b> :	2400299866/1202176	<b>Report Date</b> :	27-07-2024 02:57 PM
<b>Referred By Dr.</b> :	HOSPITAL CASE	<b>Specimen</b> :	EDTA WHOLE BLC
		<b>Processing Loc</b> :	RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
<b>HAEMOGRAM/CBC/CYTO</b>			
<b>W.B.C.Count</b>	: 10720	/ul	4000-11000
<i>Method : Coulter Principle</i>			
Neutrophils	: 45.0	%	40-75
<i>Method : Derived from WBC Histogram</i>			
Lymphocytes	: <b>42.8</b>	%	20-40
Monocytes	: 5.9	%	2-10
Eosinophils	: 5.7	%	1.0-6.0
Basophils	: 0.6	%	0.0-1.0
%Immature Granulocytes	: 0.3	%	0.00-0.10
Absolute Neutrophil Count	: 4.8	x10 <sup>3</sup> cells/ul	2-7
<i>Method : Calculated</i>			
Absolute Lymphocyte Count	: <b>4.6</b>	x10 <sup>3</sup> cells/ul	1 - 3
<i>Method : Calculated</i>			
Absolute Monocyte Count	: 0.6	x10 <sup>3</sup> cells/ul	0.2-1.0
<i>Method : Calculated</i>			
Absolute Eosinophil Count	: <b>0.6</b>	x10 <sup>3</sup> cells/ul	0.02-0.5
<i>Method : Calculated</i>			
Absolute Basophil Count	: 0.06	x10 <sup>3</sup> cells/ul	0.02-0.1
<i>Method : Calculated</i>			
R.B.C Count	: 5.69	million/ul	4.5 - 6.5
<i>Method : Coulter Principle</i>			
<b>Haemoglobin</b>	: <b>17.3</b>	g/dl	13 - 17
<i>Method : Cyanmethemoglobin Photometry</i>			
Haematocrit	: <b>52.0</b>	%	40-50
<i>Method : Calculated</i>			
MCV	: 91.4	fl	83-99
<i>Method : Coulter Principle</i>			
MCH	: 30.4	pg	27 - 32
<i>Method : Calculated</i>			
MCHC	: 33.3	g/dl	31.5 - 34.5
<i>Method : Calculated</i>			
RDW	: 11.9	%	11.6-14.0
<i>Method : Calculated From RBC Histogram</i>			
<b>Platelet Count</b>	: 174.0	x10 <sup>3</sup> /ul	150 - 450
<i>Method : Coulter Principle</i>			
MPV	: 10.9	fl	7.8-11
<i>Method : Coulter Principle</i>			

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<b>Lab No/Result No</b>	: 2400299866/1202176	<b>Report Date</b>	: 27-07-2024 12:57 PM
<b>Referred By Dr.</b>	: HOSPITAL CASE	<b>Specimen</b>	: EDTA WHOLE BLC
		<b>Processing Loc</b>	: RHC Hinjawadi



RBC Morphology : Normocytic normochromic

WBC Morphology : Relative Lymphocytosis  
Platelet : Adequate

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

**Verified By**  
Ruhi S

**Dr.Anjana Sanghavi**  
Consultant Pathologist

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**Patient Name** : Mr.ANAND DAULAT CHAUHAN  
**Age / Gender** : 43Y(s) 1M(s) 21D(s)/Male  
**Lab Ref No/UHID** : PS009515/P00000678205  
**Lab No/Result No** : 2400300307-P/1202176  
**Referred By Dr.** : HOSPITAL CASE

**Bill Date** : 27-07-2024 10:55 AM  
**Collected Date** : 27-07-2024 02:15 PM  
**Received Date** : 27-07-2024 11:22 AM  
**Report Date** : 27-07-2024 06:09 PM  
**Specimen** : SERUM  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>PPBS</b> Glucose (Post Prandial) <i>Method : GOD-POD</i>	<b>: 203</b>	mg/dL	60-140

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

**Verified By**  
Anand

**Dr.POOJA PATHAK**  
Associate Consultant

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<b>Lab No/Result No</b> :	2400299865/1202176	<b>Report Date</b> :	27-07-2024 01:30 PM
<b>Referred By Dr.</b> :	HOSPITAL CASE	<b>Specimen</b> :	SERUM
		<b>Processing Loc</b> :	RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>CREATININE</b>			
Creatinine	:0.6	mg/dL	0.6 - 1.3
<i>Method : Enzymatic</i>			
<b>BUN</b>			
Urea Nitrogen(BUN)	:7.01	mg/dL	6.0 - 20.0
<i>Method : Calculated</i>			
Urea	:15	mg/dL	12.8-42.8
<i>Method : Urease</i>			
<b>CALCIUM</b>			
Calcium	:9.7	mg/dL	8.6 - 10.2
<i>Method : Arsenazo</i>			
<b>PHOSPHOROUS</b>			
Phosphorus	:4.4		2.7-4.5
<i>Method : Phospho Molybdate</i>			
<b>URIC ACID</b>			
Uric Acid	:6.1	mg/dL	3.5-7.2
<i>Method : Uricase</i>			
<b>LFT</b>			
Total Bilirubin	:0.5	mg/dL	0.3 - 1.2
<i>Method : Diazo</i>			
Direct Bilirubin	:0.2	mg/dL	0-0.4
<i>Method : Diazo</i>			
Indirect Bilirubin	:0.3	mg/dL	0.0 - 0.8
<i>Method : Diazo</i>			
Alanine Transaminase (ALT)	:28.0	U/L	<50
<i>Method : Kinetic</i>			
Aspartate Transaminase (AST)	:25.0	U/L	10.0 - 40.0
<i>Method : Kinetic</i>			
Alkaline Phosphatase	: <b>130.0</b>	U/L	30.0 - 115.0
<i>Method : 4NPP/AMP BUFFER</i>			
Total Protein	:7.7	g/dl	6.0 - 8.0
<i>Method : Biuret</i>			
Albumin	:4.5	g/dl	3.5-4.8
<i>Method : BCG</i>			
Globulin	:3.2	gm/dL	2.3-3.5
<i>Method : Calculated</i>			

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<b>Referred By Dr.</b>	: HOSPITAL CASE	<b>Specimen</b>	: SERUM
		<b>Processing Loc</b>	: RHC Hinjawadi



A/G Ratio : 1.41

Method : Calculated

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

**Verified By**  
Ruhi S

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**Bill Date** : 27-07-2024 10:55 AM  
**Collected Date** : 27-07-2024 11:21 AM  
**Received Date** : 27-07-2024 11:22 AM  
**Report Date** : 27-07-2024 02:49 PM  
**Specimen** : EDTA WHOLE BLC  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
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**ESR**

ESR At 1 Hour : 15 mm/hr 0 - 15

Method : Modified Westergren Method

**INTERPRETATION :**

ESR is a screening test to detect presence of systemic disease; however a normal result does not rule out a systemic disease.

ESR is also used to monitor course of disease or response to therapy if initially elevated.

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

**Verified By**

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<b>Lab No/Result No</b> :	2400299865/1202176	<b>Report Date</b> :	27-07-2024 07:24 PM
<b>Referred By Dr.</b> :	HOSPITAL CASE	<b>Specimen</b> :	SERUM
		<b>Processing Loc</b> :	RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>ELECTROLYTES (Na &amp; K)</b>			
Sodium	: 140.0	mmol/L	136.0 - 145.0
<i>Method : Potentiometric</i>			
Potassium	: 4.3	mmol/L	3.5 - 5.1
<i>Method : Potentiometric</i>			
Chloride	: 103	mmol/L	98.0 - 107.0
<i>Method : Potentiometric</i>			

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

**Verified By**  
AMOL

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<b>Lab No/Result No</b> :	2400300229/1202176	<b>Report Date</b> :	27-07-2024 04:54 PM
<b>Referred By Dr.</b> :	HOSPITAL CASE	<b>Specimen</b> :	URINE
		<b>Processing Loc</b> :	RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-CLINICAL PATHOLOGY**

Investigation	Result	Units	Biological Reference Interval
<b>URINE ROUTINE</b>			
<b>PHYSICAL EXAMINATION</b>			
Colour	: Pale Yellow		
Appearance	: Clear		
<b>CHEMICAL TEST</b>			
Ph	: 5.0		5.0-7.0
Specific Gravity	: 1.030		1.015-1.030
Albumin	: 2+		Abset
Urine Glucose	: 4+	mg/dL	
Ketone Bodies	: Absent		Absent
Bile Pigments	: Absent		Absent
<i>Method : Photometric Measurement</i>			
Urobilinogen	: Normal		Normal
Nitrites	: Absent		Absent
Leucocytes Esterase	: Absent		Absent
<b>MICROSCOPIC TEST</b>			
Pus Cells.	: 4-5	/hpf	0 - 5
Red Blood Cells.	: Occasional	/hpf	0 - 2
Epithelial Cells.	: 1-2	/hpf	0-5
Bacteria	: Absent	/hpf	Absent
Cast	: Absent		Absent
Yeast Cells	: Absent		Absent
Crystals	: Absent		Absent
Others	: Absent		Absent

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

**Verified By**  
Snehal

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**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>LIPID PROFILE</b>			
Cholesterol	: 185.0	mg/dL	130.0 - 220.0
<i>Method : Enzymatic</i>			
Triglycerides	: <b>244</b>	mg/dL	35.0 - 180.0
<i>Method : Enzymatic</i>			
HDL Cholesterol	: 39	mg/dL	35-65
<i>Method : Enzymatic</i>			
LDL Cholesterol	: 97.2	mg/dL	10.0 - 130.0
<i>Method : Calculated</i>			
VLDL Cholesterol	: <b>48.8</b>	mg/dL	5.0-36.0
<i>Method : Calculated</i>			
Cholestrol/HDL Ratio	: 4.74	--	2.0-6.2
<i>Method : Calculated</i>			

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

**Verified By**  
Ruhi S

*Anjana A. Sanghavi*

**Dr.Anjana Sanghavi**  
Consultant Pathologist

**NOTE :**

- \* Kindly Correlate clinically & discuss if necessary.
- \* Results pertain to the specimen submitted.
- \* For 'Terms and Conditions of Reporting', kindly visit our website : www.Rubyhall.com

**Patient Name** : Mr.ANAND DAULAT CHAUHAN  
**Age / Gender** : 43Y(s) 1M(s) 21D(s)/Male  
**Lab Ref No/UHID** : PS009515/P00000678205  
**Lab No/Result No** : 2400299866/1202176  
**Referred By Dr.** : HOSPITAL CASE  
**Bill Date** : 27-07-2024 10:55 AM  
**Collected Date** : 27-07-2024 11:21 AM  
**Received Date** : 27-07-2024 11:22 AM  
**Report Date** : 27-07-2024 03:33 PM  
**Specimen** : EDTA WHOLE BLC  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BLOOD BANK**

Investigation	Result	Units	Biological Reference Interval
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**BLOOD GROUP**

Blood Group : B RH POSITIVE

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

**Verified By**  
Ardeore

**Dr.POOJA PATHAK**  
Associate Consultant

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**Age / Gender** : 43Y(s) 1M(s) 21D(s)/Male  
**Lab Ref No/UHID** : PS009515/P00000678205  
**Lab No/Result No** : 2400299867-G/1202176  
**Referred By Dr.** : HOSPITAL CASE  
**Bill Date** : 27-07-2024 10:55 AM  
**Collected Date** : 27-07-2024 11:21 AM  
**Received Date** : 27-07-2024 11:22 AM  
**Report Date** : 27-07-2024 12:57 PM  
**Specimen** : WHOLE BLOOD  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
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**GLYCOSYLATED HB% (HbA1C)**

Glycosylated Haemoglobin : **10.0** % 4-6.5  
(HbA1C)

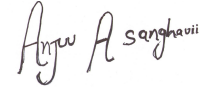
Method : Turbidometric Inhibition  
Immunoassay

Prediabetic : 5.7 - 6.4 %  
Diabetic :  $\geq$  6.5 %  
Therapeutic Target :  $<$ 7.0 %

REFERENCE : ADA 2015 GUIDELINES

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

**Verified By**  
Ruhi S



**Dr. Anjana Sanghavi**  
Consultant Pathologist

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