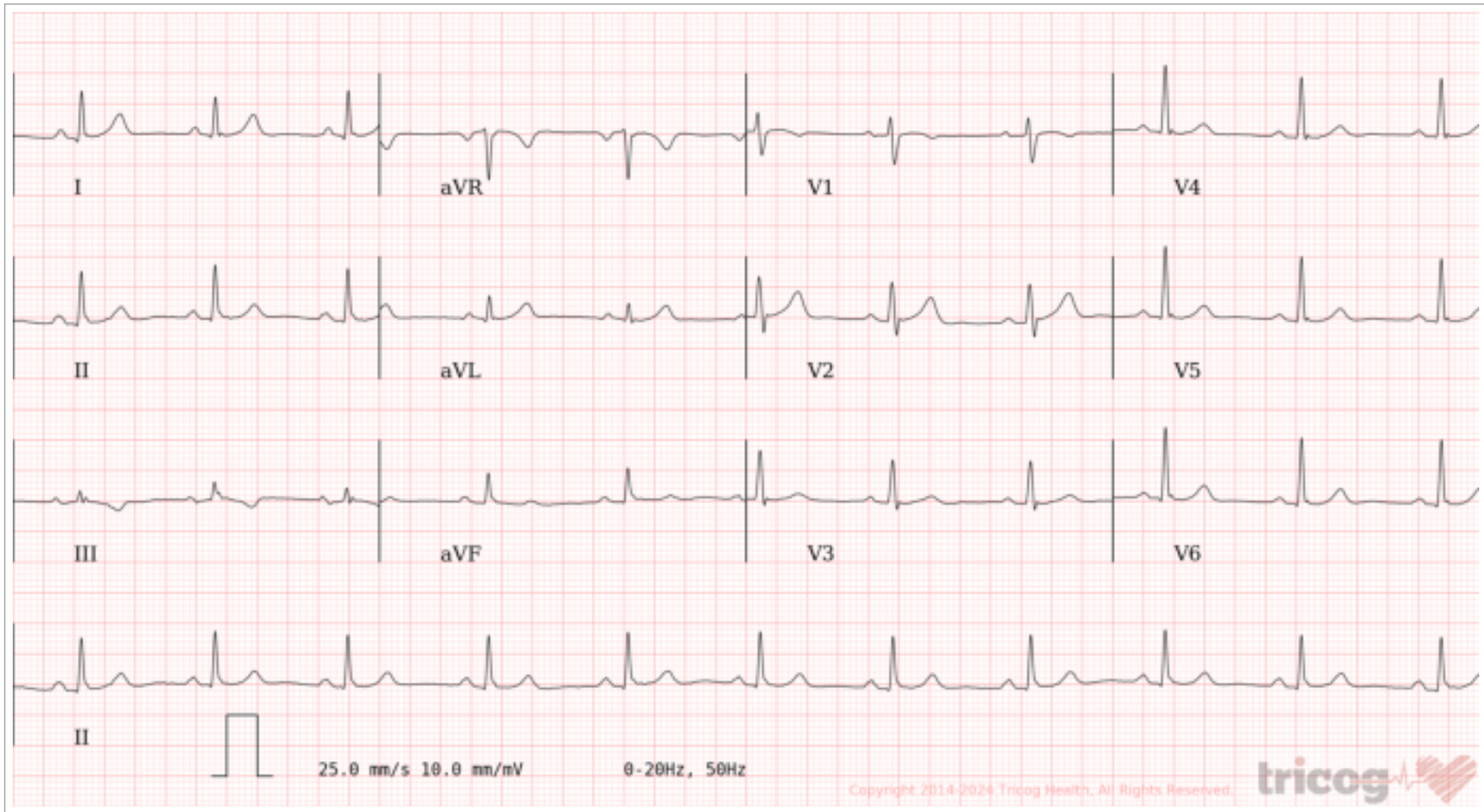
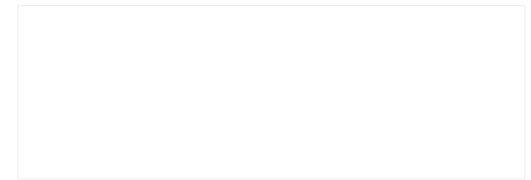


Age / Gender: 36/Male  
Patient ID: 0470346  
Patient Name: VIVEK BHOYAR

Date and Time: 19th Feb 24 12:29 PM



AR: NA      VR: 67bpm      QRSD: 84ms      QT: 366ms      QTcB: 386ms      PRI: 154ms      P-R-T: 38° NA 13°

**ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.**

AUTHORIZED BY



Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY



Dr Nethra

# HEALTHSPRING FAMILY HEALTH EXPERTS

KHAR (WEST)

**Patient Details**                      **Date:** 19-Feb-24                      **Time:** 12:44:16 PM  
**Name:** VIVEK BHOYAR ID: 466491  
**Age:** 37 y                      **Sex:** M                      **Height:** 169 cms.                      **Weight:** 67 Kg.  
**Clinical History:** NIL

**Medications:** NIL

## Test Details

**Protocol:** Bruce                      **Pr.MHR:** 183 bpm                      **THR:** 155 (85 % of Pr.MHR) bpm  
**Total Exec. Time:** 6 m 15 s                      **Max. HR:** 165 ( 90% of Pr.MHR )bpm                      **Max. Mets:** 10.20  
**Max. BP:** 160 / 80 mmHg                      **Max. BP x HR:** 26400 mmHg/min                      **Min. BP x HR:** 5680 mmHg/min  
**Test Termination Criteria:** Target HR Attained

## Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 19	1.0	0	0	74	120 / 80	-0.51 aVR	0.42 II
Standing	0 : 12	1.0	0	0	74	120 / 80	-0.51 aVR	0.42 I
Hyperventilation	0 : 7	1.0	0	0	71	120 / 80	-0.51 aVR	0.42 I
1	3 : 0	4.6	2.7	10	129	130 / 90	-1.27 aVF	-2.53 III
2	3 : 0	7.0	4	12	162	150 / 90	-1.27 aVF	4.22 V3
Peak Ex	0 : 15	10.2	5.4	14	165	150 / 90	-1.01 III	3.80 V2
Recovery(1)	1 : 0	1.8	1.6	0	135	150 / 90	-1.77 aVF	4.64 V2
Recovery(2)	1 : 0	1.0	0	0	108	160 / 80	-1.01 aVR	4.22 V2
Recovery(3)	1 : 0	1.0	0	0	101	140 / 80	-0.76 aVR	1.69 II
Recovery(4)	0 : 49	1.0	0	0	97	140 / 80	-0.51 aVR	0.84 I

## Interpretation

The patient exercised according to the Bruce protocol for 6 m 15 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 74 bpm, rose to a max. heart rate of 165 ( 90% of Pr.MHR ) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg.

Ref. Doctor: -----  
( Summary Report edited by user )

Doctor: -----  
Schiller CS-20 V 1.7

# HEALTHSPRING FAMILY HEALTH EXPERTS

VIVEK BHOYAR (37 M)

ID: 466491

Date: 19-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 74 bpm

Protocol: Bruce

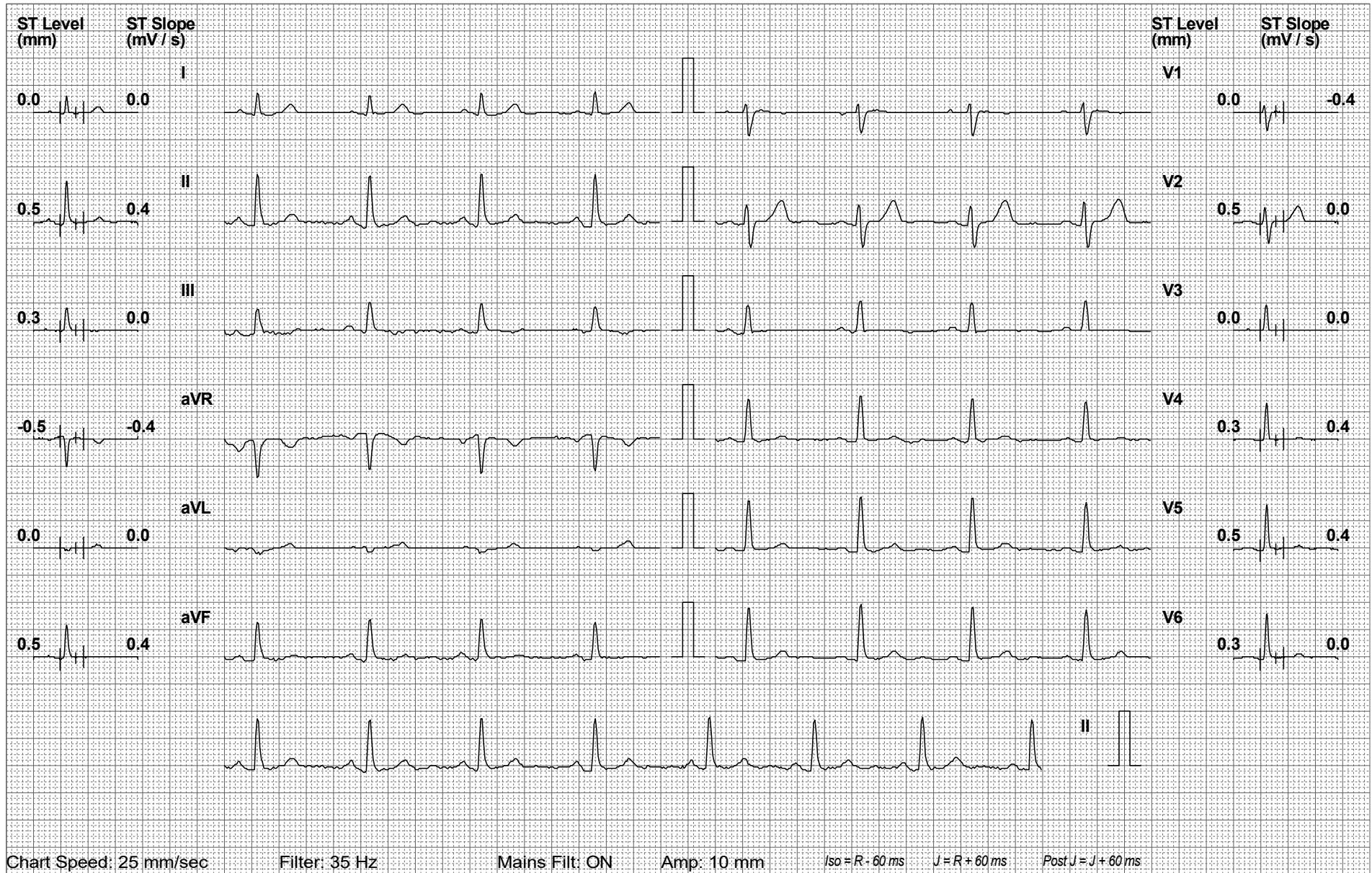
Stage: Supine

Speed: 0 Km/h

Grade: 0 %

(THR: 155 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

VIVEK BHOYAR (37 M)

ID: 466491

Date: 19-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 71 bpm

Protocol: Bruce

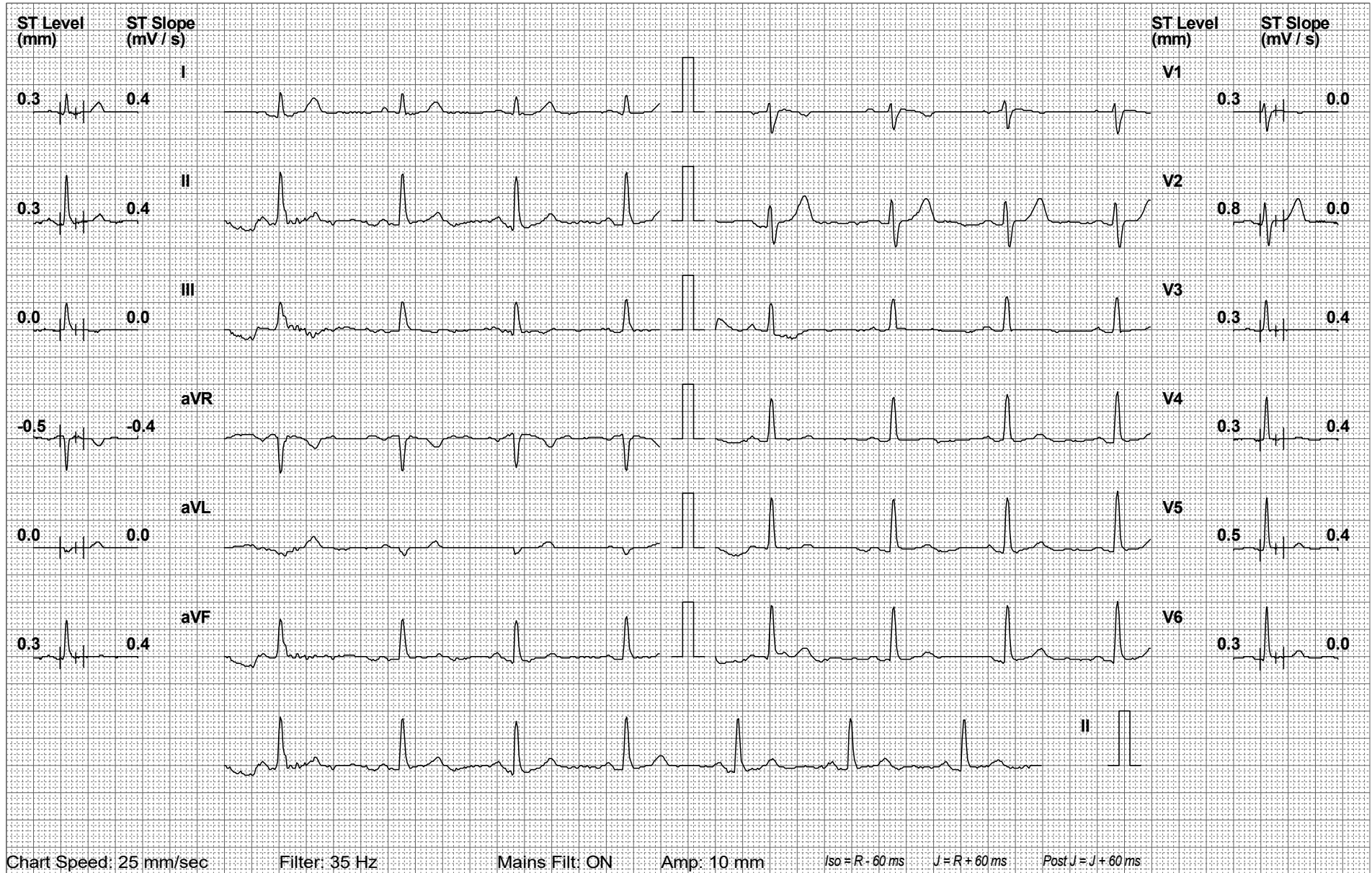
Stage: Standing

Speed: 0 Km/h

Grade: 0 %

(THR: 155 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6



# HEALTHSPRING FAMILY HEALTH EXPERTS

VIVEK BHOYAR (37 M)

ID: 466491

Date: 19-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 69 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 Km/h

Grade: 0 %

(THR: 155 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

VIVEK BHOYAR (37 M)

ID: 466491

Date: 19-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 68 bpm

Protocol: Bruce

Stage: Pre Test

Speed: 1.6 Km/h

Grade: 0.5 %

(THR: 155 bpm)

B.P: 120 / 80



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

VIVEK BHOYAR (37 M)

ID: 466491

Date: 19-Feb-24

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 129 bpm

Protocol: Bruce

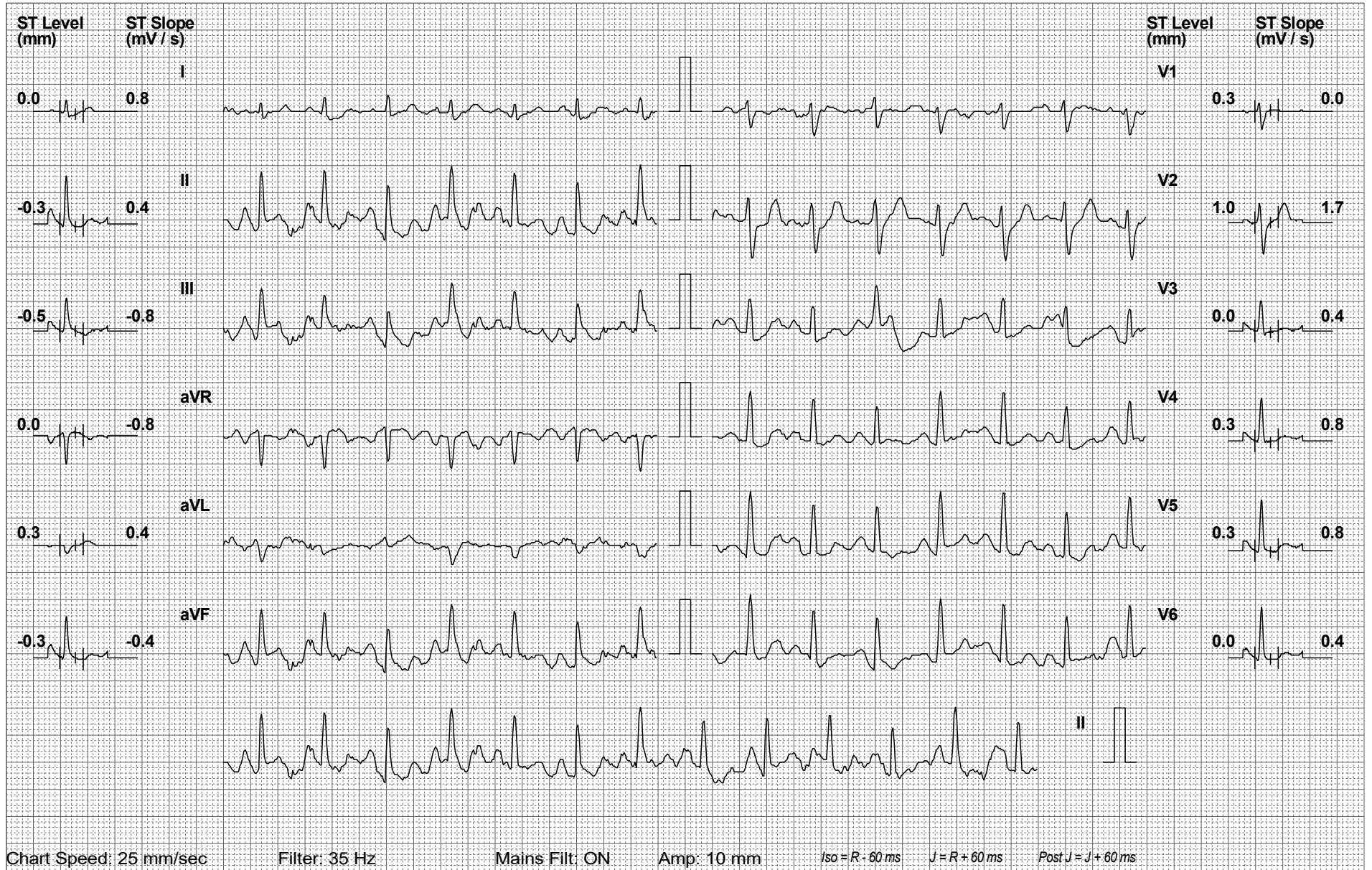
Stage: 1

Speed: 2.7 Km/h

Grade: 10 %

(THR: 155 bpm)

B.P: 130 / 90



Schiller CS-20 V 1.6



# HEALTHSPRING FAMILY HEALTH EXPERTS

VIVEK BHOYAR (37 M)

ID: 466491

Date: 19-Feb-24

Exec Time : 4 m 30 s

Stage Time : 1 m 30 s

HR: 150 bpm

Protocol: Bruce

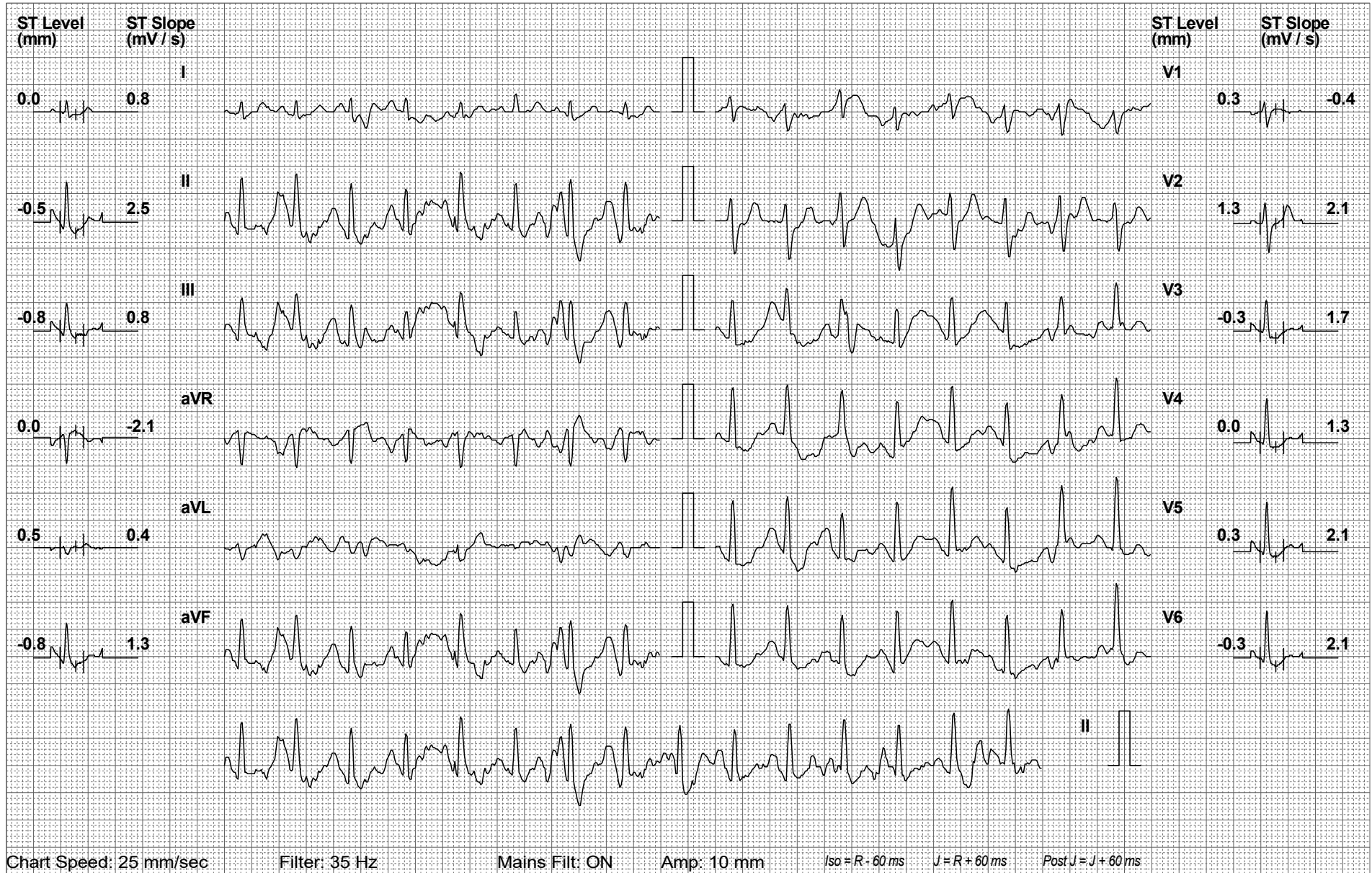
Stage: 2

Speed: 4 Km/h

Grade: 12 %

(THR: 155 bpm)

B.P: 150 / 90



Schiller CS-20 V 1.6



# HEALTHSPRING FAMILY HEALTH EXPERTS

VIVEK BHOYAR (37 M)

ID: 466491

Date: 19-Feb-24

Exec Time : 6 m 12 s

Stage Time : 0 m 12 s

HR: 164 bpm

Protocol: Bruce

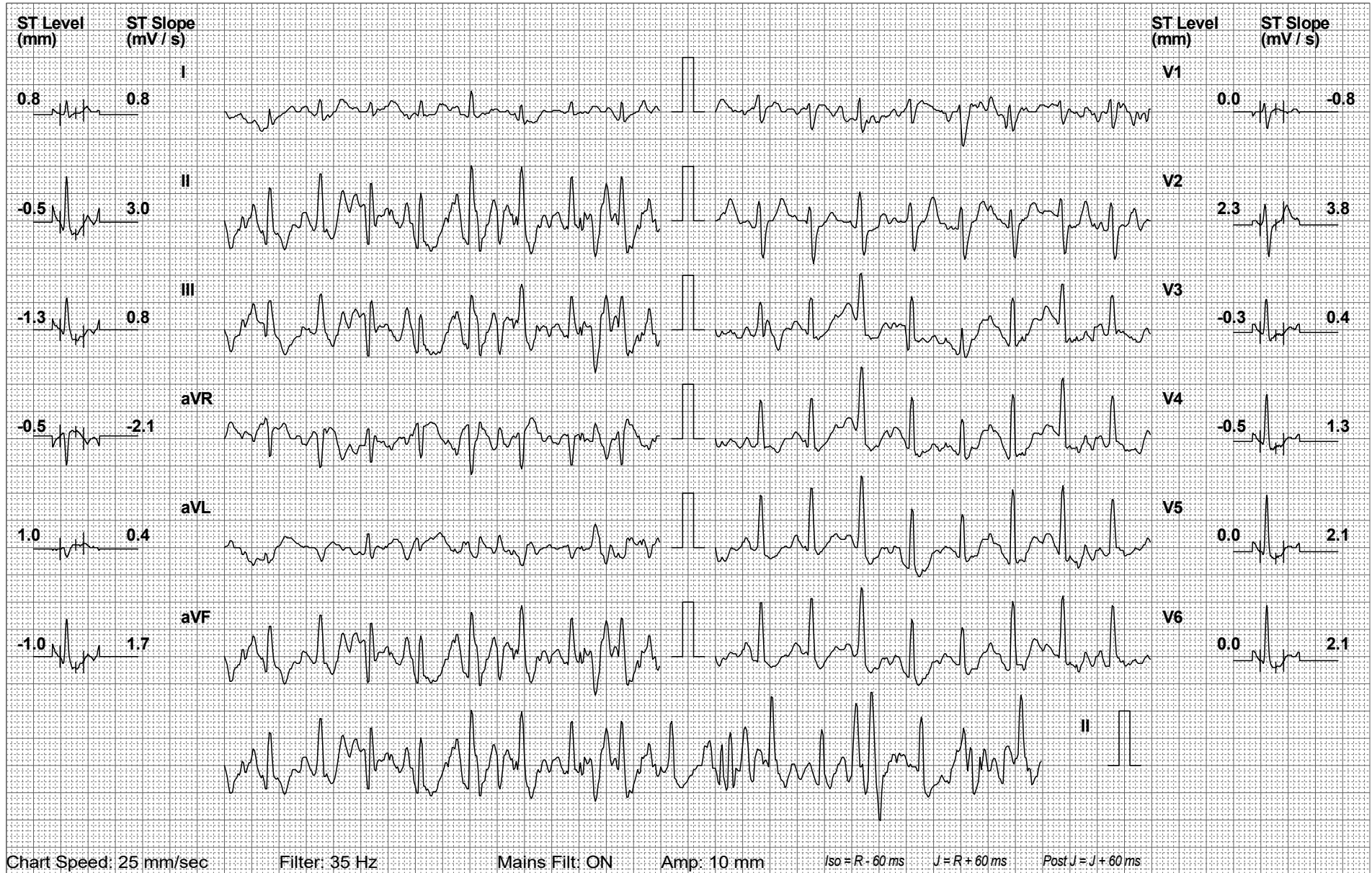
Stage: Peak Ex

Speed: 5.4 Km/h

Grade: 14 %

(THR: 155 bpm)

B.P: 150 / 90



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

VIVEK BHOYAR (37 M)

ID: 466491

Date: 19-Feb-24

Exec Time : 6 m 15 s

Stage Time : 0 m 48 s

HR: 142 bpm

Protocol: Bruce

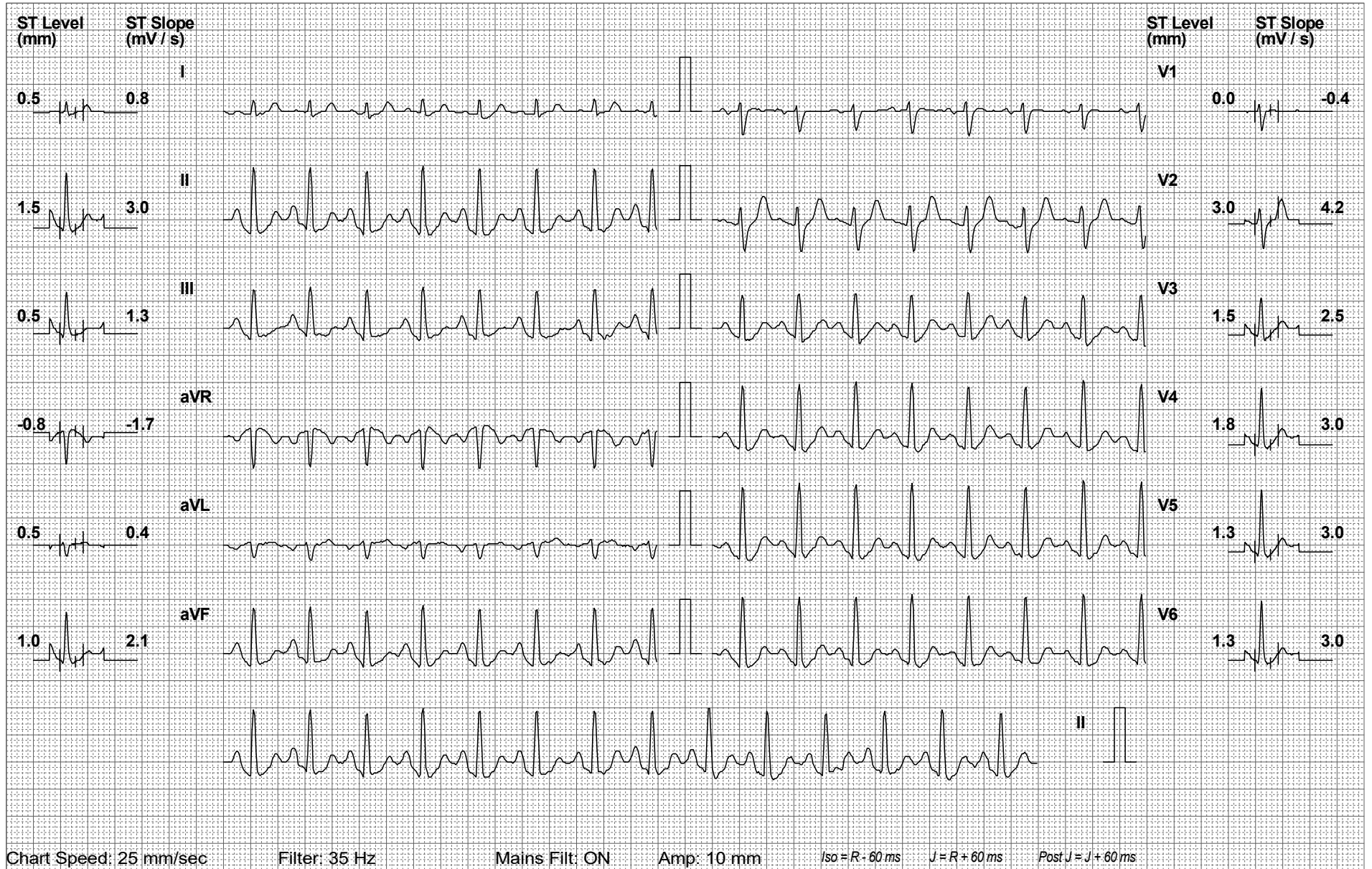
Stage: Recovery(1)

Speed: 1.6 Km/h

Grade: 0 %

(THR: 155 bpm)

B.P: 150 / 90



Schiller CS-20 V 1.6

# HEALTHSPRING FAMILY HEALTH EXPERTS

VIVEK BHOYAR (37 M)

ID: 466491

Date: 19-Feb-24

Exec Time : 6 m 15 s

Stage Time : 0 m 0 s

HR: 135 bpm

Protocol: Bruce

Stage:Recovery(2)

Speed: 0 Km/h

Grade: 0 %

(THR: 155 bpm)

B.P: 160 / 80



Schiller CS-20 V 1.6



# HEALTHSPRING FAMILY HEALTH EXPERTS

VIVEK BHOYAR (37 M)

ID: 466491

Date: 19-Feb-24

Exec Time : 6 m 15 s

Stage Time : 0 m 6 s

HR: 105 bpm

Protocol: Bruce

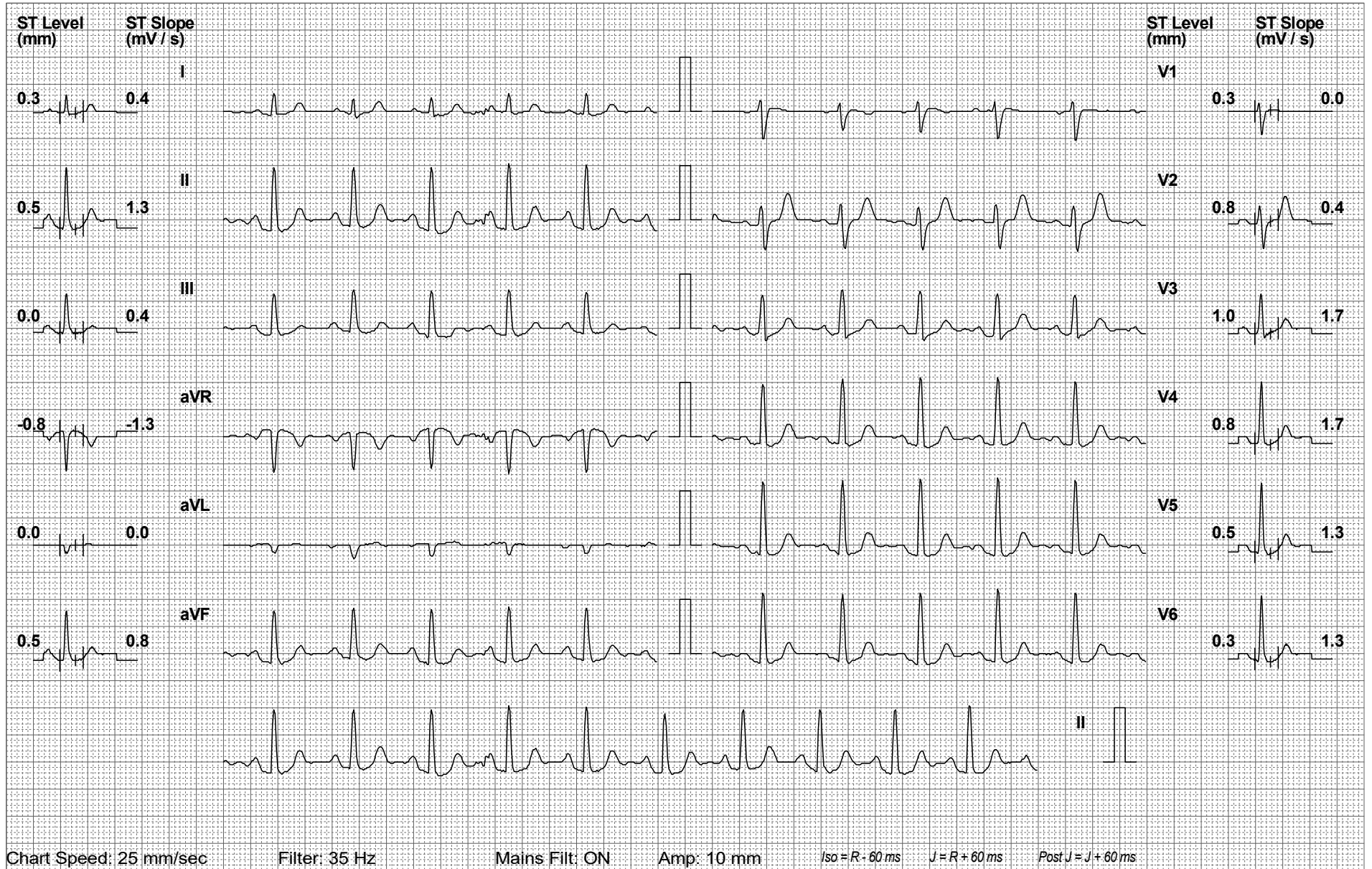
Stage: Recovery(3)

Speed: 0 Km/h

Grade: 0 %

(THR: 155 bpm)

B.P: 140 / 80



Schiller CS-20 V 1.6



# HEALTHSPRING FAMILY HEALTH EXPERTS

VIVEK BHOYAR (37 M)

ID: 466491

Date: 19-Feb-24

Exec Time : 6 m 15 s

Stage Time : 0 m 0 s

HR: 101 bpm

Protocol: Bruce

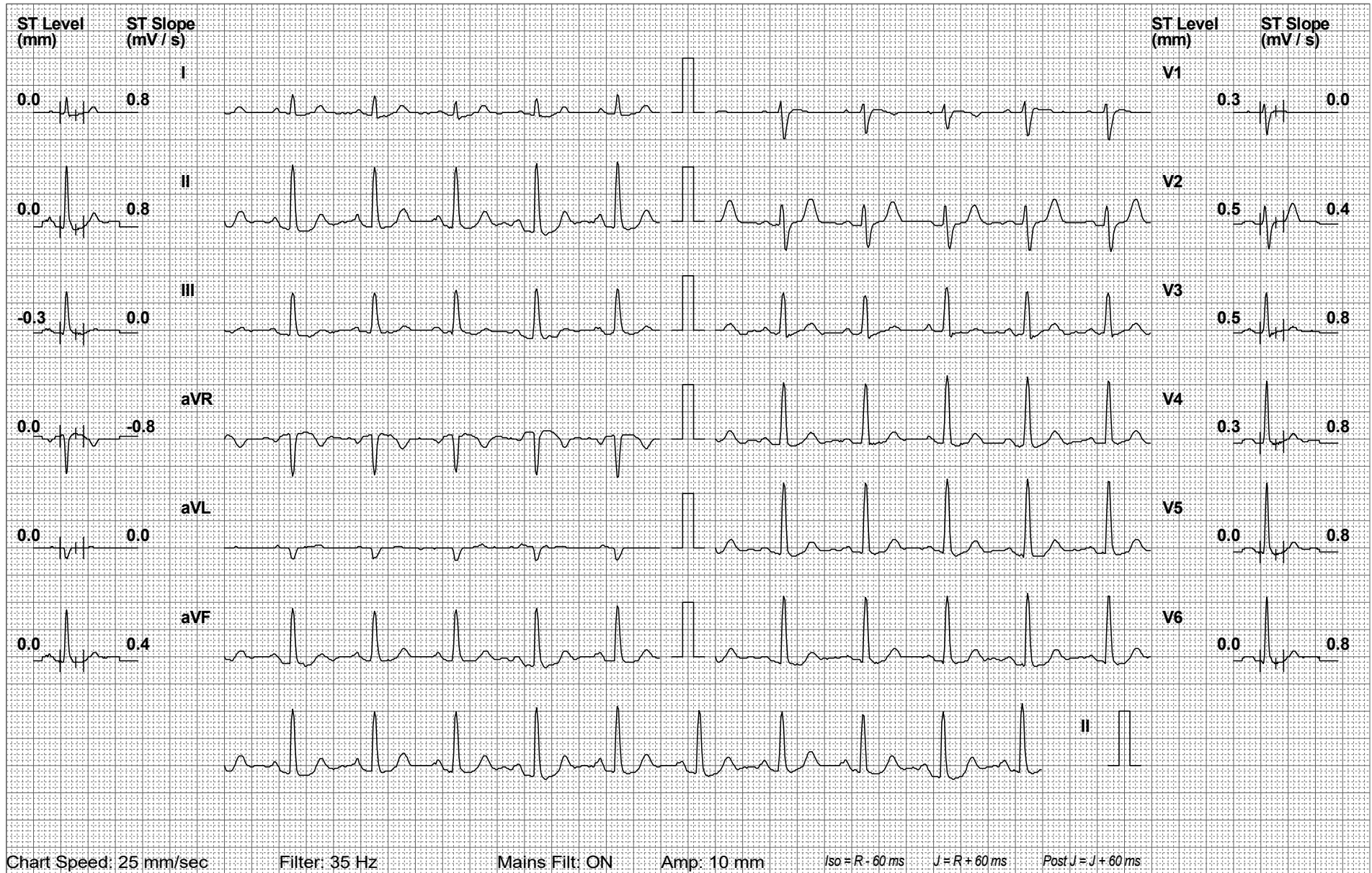
Stage:Recovery(4)

Speed: 0 Km/h

Grade: 0 %

(THR: 155 bpm)

B.P: 140 / 80



Schiller CS-20 V 1.6



**HEALTHSPRING**  
FAMILY HEALTH EXPERTS

<b>Name: MR. VIVEK BHOYAR</b>	<b>Age : 36 YRS</b>
<b>Gender : MALE</b>	<b>Date : 19/02/2024</b>

### USG ABDOMEN AND PELVIS

Screening USG study of abdomen and pelvis was performed using C5-2 curvilinear probe.

**LIVER:** is normal in size and shows homogeneous echotexture.

No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion.

The portal vein and common bile duct show normal caliber.

**GALL BLADDER:** is distended and shows smooth walls. Wall thickness is normal.

No evidence of sludge / calculus. No evidence of pericholecystic collection.

**SPLEEN:** is normal in size and shows normal echo pattern.

**PANCREAS:** shows normal echo anatomy and its relationship with splenic vein is normal.

**KIDNEYS:** Both the kidneys are normal in size, shape and location and show normal cortico-medullary differentiation.

**Right kidney** measures- 10 X 4.9cms.

**Left kidney** measures- 10.1 X 4.9cms.

No evidence of hydronephrosis or calculus.

**URINARY BLADDER:** is distended with smooth walls.

No evidence of diverticulum or calculus.

**PROSTATE:** is normal in size, measures 2.9 x 2.6 x 3.0cms (volume~11cc) and shows homogeneous echotexture.

No evidence of ascites.

### **IMPRESSION:**

**USG ABDOMEN AND PELVIS** screening reveals

- No significant abnormality.

*Rashida*  
Dr. Rashida Nalwala  
MD DNB Radiodiagnosis  
Consultant Radiologist.



College No. 80-128  
NABL Accredited  
ISO: 15189



MOOY AND SILVIAN AWARDS  
OF BEST PRIMARY CARE  
PRACTICE IN SOUTH EAST ASIA 2017

BIOSHELL AWARDS  
INNOVATION AWARDS  
BEST RADIOLOGY & IMAGING



Name : VIVEK BHOYAR	Age : 36 YRS
Gender : MALE	Date : 19/02/2024

## **X-RAY CHEST PA VIEW**

The bony thorax is normal.

Lung fields and pleural spaces are clear on both sides.

The silhouettes of the heart and aorta are normal in size and configuration.

Both domes of the diaphragm are normal in position, contour and outline.

**IMPRESSION:** NO EVIDENCE OF ANY DISEASE IS SEEN IN THE CHEST.

**DR.NITISH KOTWAL**  
**MBBS. D.M.R.D., (BOM).**  
**Consultant Radiologist And Sonologist.**

*Online reporting done hence no signature*

R

19/02/2024

VIVEK BHOYAR 36YRS/M CHEST XRAY PA







PATIENT'S NAME - Vivek P. Bhojar. DATE - 19/02/24  
AGE/GENDER - 37 / male  
DOCTOR'S NAME - Dr. Rajshree Sonavane

### VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT	-	6/9	-	6/9
NEAR	-	N/6	-	N/6
COLOUR	Normal			
Recommendations				

### VITALS

Pulse - 67	B.P. - 120/80	SpO2 - 98%
Height - 169	Weight - 67.3	BMI -
Waist - 89	Hip - 92	Waist/Hip Ratio -
Chest - 97	Inspiration -	Expiration -

CENTRE NAME -

SIGN & STAMP -



19/02/24

I am willingly want to skip the stool test.

Vivek Bhojar  
Bhojar  
 19/02/24





भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

Enrollment No.: 0653/01590/51924

To

Vivek Pundlikrao Bhoyar

S/O: Pundlikrao Bhoyar,

House No 50/02, Near Remand Home,

Beside Salbarde Floor Mill, Gadge Nagar,

VTC: Shivaji Nagar,

PO: Shivaji Nagar,

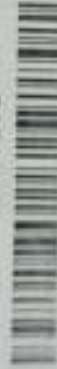
Sub District: Amravati, District: Amravati,

State: Maharashtra,

PIN Code: 444603,

Mobile: 9766929252

29601690



MF296016901FI



आपका आधार क्रमांक / Your Aadhaar No. :

**3703 0859 8692**

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



Vivek Pundlikrao Bhoyar

DOB : 21/07/1987

Male





HOME  
CERVICAL CANCER  
IS PREVENTABLE



GPS Map Camera

Mumbai, Maharashtra, India  
9, Shyam Kunj, 705, Linking Rd, Khar, Khar West, Mumbai, Maharashtra  
400052, India  
Lat 19.068333°  
Long 72.833252°  
19/02/24 08:53 AM GMT +05:30





# HEALTHSPRING

## TREADMILL STRESS TEST REPORT

DATE: 19/02/2024

NAME:	VIVEK BHOYAR	AGE:(years)	37	SEX:	M
-------	--------------	-------------	----	------	---

PROTOCOL USED	BRUCE PROTOCOL		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	10.2	DOUBLE PRODUCT	26400 mm Hg/Min
DUKES SCORE (High Risk Score $\leq$ -11, Low Risk Score $\geq$ 5)	6		

### CONCLUSION:

NORMAL INOTROPIC & CHRONOTROPIC RESPONSE  
BASELINE ECG SHOWS NO SIGNIFICANT ST-T CHANGES  
NO SYMPTOMS AND ARRHYTHMIAS WERE SEEN DURING THE EXERCISE AND RECOVERY  
NO SIGNIFICANT ST-T CHANGES WERE SEEN DURING THE EXERCISE AND RECOVERY  
GOOD EFFORT TOLERANCE AND FUNCTIONAL CAPACITY  
**TARGET HEART RATE ACHIEVED**  
THE STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT THE GIVEN WORKLOAD

### IMPRESSION:

**THE STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT THE GIVEN WORKLOAD**  
ADVISED- CLINICAL CORRELATION



**DR. MUKESH JHA**  
MD (MEDICINE), DM (CARDIOLOGY)  
REG NO- 2010/09/2935

### **NOTE-**

A NEGATIVE STRESS TEST DOES NOT CONCLUSIVELY RULE OUT CORONARY ARTERY DISEASE. A POSITIVE STRESS TEST IS NOT CONCLUSIVE EVIDENCE OF CORONARY ARTERY DISEASE. THERE IS A POSSIBILITY OF THE TEST BEING FALSE POSITIVE OR FALSE NEGATIVE DUE TO OTHER ASSOCIATED MEDICAL CONDITIONS. THESE REPORTS ARE FOR DOCTORS & PHYSICIANS AND NOT FOR MEDICO-LEGAL PURPOSES. KINDLY CO-RELATE THE REPORT WITH CLINICAL CONDITIONS.

THIS TMT/ ECG IS REPORTED ONLINE WITHOUT INTERACTING WITH PATIENTS AND THE RESULT SHOULD BE CLINICALLY CO-RELATED AND INDEPENDENTLY REVIEWED BY THE PATIENT'S CONSULTANT DOCTOR. THE PATIENT WAS NOT SEEN BY THE DOCTOR PERSONALLY AND THE ABOVE REPORT HAS BEEN REVIEWED BY THE DOCTOR BASED ON THE TMT/ECG RESULT AS PROVIDED TO THE DOCTOR.

**Patient Name : Mr. Vivek Pundlikrao Bhoyar**

**Reg.Date / Time** : 19/02/2024 / 09:33:27

**Age / Gender** : 36 Y / Male

**Report Date / Time** : 20/02/2024 / 14:03:14

**Referred By** : Dr. Rajshree Sonavane

**MR No.** : **0470346**

**SID No.** : **41012359**

Page 1 of 14

**Final Test Report**

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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**HAEMATOLOGY**

**CBC-Haemogram & ESR, blood**

**EDTA WHOLE BLOOD**

**HAEMOGLOBIN, RED CELL COUNT & INDICES**

HAEMOGLOBIN (Spectrophotometry)	16.0	gm%	13-17
PCV (Electrical Impedance)	43.8	%	40 - 50
MCV (Calculated)	<b>76.2</b>	fL	83-101
MCH (Calculated)	27.8	pg	27.0 - 32.0
MCHC (Calculated)	<b>36.4</b>	g/dl	31.5-34.5
RDW-CV (Calculated)	14	%	11.6-14.0
RDW-SD (Calculated)	45	fL	36 - 46
TOTAL RBC COUNT (Electrical Impedance)	<b>5.75</b>	Million/cmm	4.5-5.5
TOTAL WBC COUNT (Electrical Impedance)	6150	/cumm	4000-10000

**DIFFERENTIAL WBC COUNT**

NEUTROPHILS (Flow cell)	54.3	%	40-80
LYMPHOCYTES (Flow cell)	37.2	%	20-40
EOSINOPHILS (Flow cell)	3.9	%	1-6
MONOCYTES (Flow cell)	3.3	%	2-10
BASOPHILS (Flow cell)	1.3	%	1-2

**ABSOLUTE WBC COUNT**

ABSOLUTE NEUTROPHIL COUNT (Calculated)	3310	/cumm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	2270	/cumm	1000-3000

Contd ...

\*Tests not included in NABL accredited scope

**Patient Name :** Mr. Vivek Pundlikrao Bhojar  
**Age / Gender :** 36 Y / Male  
**Referred By :** Dr. Rajshree Sonavane  
**SID No. :** 41012359

**Reg.Date / Time :** 19/02/2024 / 09:33:27  
**Report Date / Time :** 20/02/2024 / 14:03:14  
**MR No. :** 0470346

Page 2 of 14

**Final Test Report**

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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**HAEMATOLOGY**

**ABSOLUTE WBC COUNT**

ABSOLUTE EOSINOPHIL COUNT (Calculated)	240	/cumm	200-500
ABSOLUTE MONOCYTE COUNT (Calculated)	200	/cumm	200-1000
ABSOLUTE BASOPHIL COUNT (Calculated)	80	/cumm	0-220
PLATELET COUNT (Electrical Impedance)	250000	/cumm	150000-410000
MPV (Calculated)	9.0	fL	6.78-13.46
PDW (Calculated)	14.3	%	11-18
PCT (Calculated)	0.220	%	0.15-0.50

**PERIPHERAL BLOOD SMEAR**

COMMENTS  
(Microscopic)

Normocytic Normochromic RBCs

**Sample Collected at :** Khar  
**Sample Collected on :** 19 Feb 2024 9:44  
**Sample Received on :** 19 Feb 2024 15:18  
**Barcode :** 



**Dr. Rahul Jain**

**MD, PATHOLOGY**

**Consultant Pathologist**

Contd ...

\*Tests not included in NABL accredited scope

**Patient Name :** Mr. Vivek Pundlikrao Bhojar  
**Age / Gender :** 36 Y / Male  
**Referred By :** Dr. Rajshree Sonavane  
**SID No. :** 41012359

**Reg.Date / Time :** 19/02/2024 / 09:33:27  
**Report Date / Time :** 20/02/2024 / 14:03:14  
**MR No. :** 0470346

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**Final Test Report**

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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**HAEMATOLOGY**

**EDTA Blood**      **ABO BLOOD GROUP**

BLOOD GROUP  
(Erythrocyte-Magnetized  
Technology)      O

Rh TYPE  
(Erythrocyte-Magnetized  
Technology)      POSITIVE

**Sample Collected at :** Khar

**Sample Collected on :** 19 Feb 2024 9:44

**Sample Received on :** 19 Feb 2024 15:18

**Barcode :** 



**Dr.Rahul Jain**

**MD,PATHOLOGY**

**Consultant Pathologist**

Contd ...

\*Tests not included in NABL accredited scope



**Patient Name :** Mr. Vivek Pundlikrao Bhojar  
**Age / Gender :** 36 Y / Male  
**Referred By :** Dr. Rajshree Sonavane  
**SID No. :** 41012359

**Reg.Date / Time :** 19/02/2024 / 09:33:27  
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**MR No. :** 0470346

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**Final Test Report**

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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**HAEMATOLOGY**

**CBC-Haemogram & ESR, blood**

**EDTA WHOLE BLOOD**

ESR(ERYTHROCYTE SEDIMENTATION RATE) (Photometric Capillary)	8	mm / 1 hr	0-15
---	---	-----------	------

**Notes :** The given result is measured at the end of first hour.

**Sample Collected at :** Khar

**Sample Collected on :** 19 Feb 2024 9:44

**Sample Received on :** 19 Feb 2024 15:18

**Barcode :** 



**Dr.Rahul Jain**

**MD,PATHOLOGY**

**Consultant Pathologist**

Contd ...

\*Tests not included in NABL accredited scope



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Healthspring Corporate Office, 5th Floor, East Wing Fortis Building, Charanjit Rai Marg, Fort, Mumbai - 400031

**Patient Name :** Mr. Vivek Pundlikrao Bhojar  
**Age / Gender :** 36 Y / Male  
**Referred By :** Dr. Rajshree Sonavane  
**SID No. :** 41012359

**Reg.Date / Time :** 19/02/2024 / 09:33:27  
**Report Date / Time :** 20/02/2024 / 14:03:14  
**MR No. :** 0470346

Page 5 of 14

**Final Test Report**

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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**BIOCHEMISTRY**

**COMPREHENSIVE LIVER PROFILE  
SERUM**

BILIRUBIN TOTAL (Diazotization)	0.84	mg/dl	0.2 - 1.3
BILIRUBIN DIRECT (Diazotization)	0.12	mg/dl	0.1-0.4
BILIRUBIN INDIRECT (Calculation)	<b>0.72</b>	mg/dl	0.2 - 0.7
ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	25	U/L	<40
ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	22	U/L	<41
ALKALINE PHOSPHATASE (Colorimetric IFCC)	85	U/L	40-129
GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	24	U/L	<70
TOTAL PROTEIN (Colorimetric)	7.10	gm/dl	6.6-8.7
ALBUMIN (Bromocresol Green)	4.50	gm/dl	3.5 - 5.2
GLOBULIN (Calculation)	2.60	gm/dl	2.0-3.5
A/G RATIO (Calculation)	1.7		1-2

**Sample Collected at :** Khar  
**Sample Collected on :** 19 Feb 2024 9:44  
**Sample Received on :** 19 Feb 2024 15:18  
**Barcode :** 



**Dr.Rahul Jain**

**MD,PATHOLOGY**

**Consultant Pathologist**

Contd ...

\*Tests not included in NABL accredited scope

**Patient Name : Mr. Vivek Pundlikrao Bhojar**

**Reg.Date / Time** : 19/02/2024 / 09:33:27

**Age / Gender** : 36 Y / Male

**Report Date / Time** : 20/02/2024 / 14:03:14

**Referred By** : Dr. Rajshree Sonavane

**MR No.** : **0470346**

**SID No.** : **41012359**

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**Final Test Report**

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

**BIOCHEMISTRY**

**COMPREHENSIVE RENAL PROFILE  
SERUM**

CREATININE (Jaffe Method)	0.9	mg/dl	0.6 - 1.3
BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	16.0	mg/dl	6 - 20
BUN/CREATININE RATIO (Calculation)	17.8		10 - 20
URIC ACID (Uricase Enzyme)	5.0	mg/dl	3.7 - 7.7
CALCIUM (Bapta Method)	9.5	mg/dl	8.6-10
PHOSPHORUS (Phosphomolybdate)	2.8	mg/dl	2.5-4.5

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**Age / Gender :** 36 Y / Male  
**Referred By :** Dr. Rajshree Sonavane  
**SID No. :** 41012359

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**BIOCHEMISTRY**

**LIPID PROFILE**

SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	<b>241</b>	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239
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**Notes :** Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.

Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.

Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	<b>174</b>	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	48	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	<b>158</b>	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	35	mg/dl	15-40
SERUM	CHOL / HDL RATIO	5.0		3-5
SERUM	LDL /HDL RATIO (Calculation)	3.3		0 - 3.5

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**BIOCHEMISTRY**

FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	92	mg/dl	70 - 110
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**Notes :** An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.

References:

<http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf>, Understanding Diabetes.

FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	95	mg/dl	70 - 140
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**BIOCHEMISTRY**

**EDTA WHOLE BLOOD GLYCOSYLATED HAEMOGLOBIN (HbA1C)**

HbA1C (High Performance Liquid Chromatography)	5.3	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	105	mg/dl	

**Notes :** HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations. HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required.

HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, [https://www.who.int/diabetes/publications/report-hba1c\\_2011.pdf](https://www.who.int/diabetes/publications/report-hba1c_2011.pdf)) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria.

References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. *Diabetologia*, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. *Diabetes Care*, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. *Journal of Diabetes*, 2009, 1:9-17.

Urine URINE GLUCOSE FASTING ABSENT  
(Urodip)

Urine URINE GLUCOSE POST PRANDIAL ABSENT  
(Urodip)

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**IMMUNOLOGY**

**THYROID PROFILE - TOTAL SERUM**

TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.37	ng/ml	0.7-2.04
TOTAL THYROXINE (T4) (ECLIA)	9.86	ug/dl	4.6 - 10.5
THYROID STIMULATING HORMONE (TSH) (ECLIA)	2.967	uIU/ml	0.27 - 4.20

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**IMMUNOLOGY**

**Notes :** TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level. The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)

- Low TSH, Low FT4 - Central hypothyroidism.
- Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
- Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter, Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
- Normal TSH, Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism, Medications.
- Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbuminemic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
- High TSH, Low FT4- Primary hypothyroidism.
- High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
- High TSH, High FT4- TSH mediated hyperthyroidism

Note:

1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:

1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

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**CLINICAL PATHOLOGY**

**Urine URINE ANALYSIS**

**PHYSICAL EXAMINATION**

VOLUME (Volumetric)	30		
COLOR (Visual Examination)	PALE YELLOW		
APPEARANCE (Visual Examination)	CLEAR		

**CHEMICAL EXAMINATION**

SP.GRAVITY (Indicator System)	1.005		1.005 - 1.030
REACTION(pH) (Double indicator)	ACIDIC		
PROTEIN (Protein-error-of-Indicators)	ABSENT		
GLUCOSE (GOD-POD)	ABSENT		Absent
KETONES (Legal's Test)	ABSENT		Absent
OCCULT BLOOD (Peroxidase activity)	ABSENT		Absent
BILIRUBIN (Fouchets Test)	ABSENT		Absent
UROBILINOGEN (Ehrlich Reaction)	NORMAL		
NITRITE (Griess Test)	ABSENT		

**MICROSCOPIC EXAMINATION**

ERYTHROCYTES (Microscopy)	ABSENT	/hpf	0-2
PUS CELLS (Microscopy)	2-4	/hpf	0-5
EPITHELIAL CELLS (Microscopy)	1-2	/hpf	0-5
CASTS (Microscopy)	ABSENT		
CRYSTALS (Microscopy)	ABSENT		
ANY OTHER FINDINGS	NIL		

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