

guitel



Dr. Vandana G. Powar MB.B.S., D.C.P. Reg. No. 68137

Dr. Vandana G. Powar MBBS. DCP. Consultant Pathologist



AB - Shop No. 7, "Diwan Towers" Mangalwar Peth, Near Mirajkar Tikti, Opp. Nutan Marathi High School, Kolhapur. Mob. 9158529408, 9422047480, 9921285167

NAME : MR. VIVEK PATIL DATE: 09/12/2023

Histogram

PT.NO.: 205 09122

REF BY : Dr. MEDIWHEEL LIFE INS AGE : 40. Yrs.

SEX: M

HAEMOGRAM WITH INDICES

Test		Result U	nits	Normal Range	Histogram
Haemoglobin		14.9	g/dl	14-18	RBC
RBC Count		5.27	millions / cu-mm	4.5 - 6.5	
PCV	•	49.0	%	40 - 54	
MCV		93	fL.	80 - 96	
мсн		28.3	Pg	27 - 33	NOFL
MCHC		30.4	gm/dl	33 - 36	<u> </u>
RDW CV		13.4	%	11.0 - 14.5	100 200
		10.4	7.7		WBC
WBC Count		9200	/cumm	4000 - 11000	:
Neutrophils		66	%	40 - 75	!
Lymphocytes		29	%	20 - 40	NO/FL:
Eosinophils		03	%	1-6	
Monocytes	-	02	%	2-10	100 200 300
Basophils		00	%	0 - 1	
Вазорина		••			PLT
Platelet Count	٠.	236000	/ul	150000 -450000	NO.FL.
MPV	٠.	8.1	fL	7.4 - 10.4	
PDW		9.6	%	8-12	:
P-LCR	-	12.5	%	15-35	10 20 30
E.S.R. (By Wintrobe Meth	od)	09	mm at 1hr	0-10	

Normochromic, Normocytic. RBC Morphology -

Within Normal Limits WBC Morphology -

Platelets Adequate

- 'B' Rh Positive * Blood group

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PATHOLOGIST

DR. VANDANA POWAR M.B.B.S., D.C.P.

All Biochemistry Tests Done By Computerised Auto Analyser I HAEMATOLOGY I CLINICAL PATHOLOGY I BIOCHEMISTRY I SEROLOGY I MICROBIOLOGY I HISTOPATHOLOGY

24 Hours Emergency Service

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PT.NAME :

MR. VIVEK PATIL

REF. BY :

DR. MEDIWHEEL LIFE INS

DATE : 09/12/2023

AGE : 40 Yrs.

SEX : M

PT.NO.: 205 091223

BIOCHEMISTRY TEST REPORT

			Normal Range
Fasting Plasma Glucose	: 91.2	mg/dl	60-110 mg/dl
2 Hrs. Plasma Glucose	: 118.1	mg/dl	90-140 mg/dl
S. Creatinine Blood Urea	: 0.7 : 26.7	mg/dl mg/dl	0.7 - 1.4 mg/dl 12-42 mg/dl
Blood Urea Nitrogen S. Uric acid CHOLESTEROL	: 12.48 : 4.3 : 159.8	mg/dl mg/dl mg/dl	5 - 21 mg/dl 3.5 -7.2 mg/dl 0-250 mg/dl
HDL Cholesterol	: 33.9	mg/dl	30 - 70 mg/dl
S. Triglycerides	: 80.7	mg/dl	0-170 mg/dl
LDL Cholesterol	: 109.8	mg/dl	60 - 150 mg/dl
TC/HDLC Ratio	: 4.7		0 - 5
LDLC/HDLC Ratio	: 3.2		35: Vandana

छा: Vandana G. Powar M.B.B.S., D.C.P. Reg. No 68137

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DATE : 09/12/2023

Normal Range

SEX : M

PT.NO.: 205 091223

AGE : 40 Yrs.

BIOCHEMISTRY TEST REPORT

			10111111
S. Bilirubin (Total)	: 0.26 n	ng/dl	0 - 1.0 mg/dl
S. Bilirubin (Direct)	: 0.13 m	ng/dl	0 - 0.25 mg/dl
S. Bilirubin (Indirect)	: 0.13 n	mg/dl	0 - 0.75 mg/dl
S.G.O.T		IU/L	5-40 IU/L
3.0		IU/L	5-40 IU/L
S.G.P.T		IU/L	37 - 147 IU/L
S. Alkaline Phosphatase		g/dl	6.6 - 8.3 g/dl
Total Proteins S. Albumin	: 4.7	g/dl g/dl	3.5 - 5.0 g/dl 1.5 - 3 g/dl
S. Globulin A/G Ratio	: 1.6:1	_P c.	0.90 - 2.00

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PT.NAME :

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DATE: 09/12/2023

AGE : 40 Yrs.

PT.NO. : 205 091223

SEX: M

REPORT ON % GLYCOHAEMOGLOBIN OF BLOOD

% Glycohaemoglobin of blood

: 5.0

%

Estimated mean blood glucose

: 97.3

mg/dl

(Reference For Guideline)

< 6.0 - Normal

6.0 - 7.0 % - Good Control

7.0 - 8.0 % - Fair Control

8.0-10.0% - Unsatisfactory control

>10.0% - Poor control

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REF. BY

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DATE : 09/12/2023

AGE : 40 Ym.

SEX : M

PT.NO.: 205 091223

EXAMINATION OF URINE

Normal Range

PHYSICAL EXAMINATION

Quantity

: 05 mi

Colour

Pale Yellow

Appearance

: Clear

Deposit

Reaction (pH)

: Absent

Specific Gravity

 Acidic : 1.024

1.003 - 1.035

CHEMICAL EXAMINATION

Proteins

: Absent

Glucose

: Absent

Ketone Bodies

Bile Salts

: Absent

Absent

Bile Pigments

: Absent

Absent

Urobilinogen Occult Blood

: Absent

MICROSCOPIC EXAMINATION

Epithelial Cells

: 1-2

/hpf

/hpf

Pus Cells

: 2-3

Red Blood Cells

/hpf

Casts

: Absent

: Absent

Crystals

Absent

Amorphous Deposits

Absent

OTHER FINDINGS

Yeast Cells

: Absent

Trichomonas vaginalis

: Absent

Bacteria

: Absent

Mucus Threads

Spermatozoa

Absent

: Absent

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PATIENT NAME:- VIVEK PATIL

AGE - 40SEX-MALE

REFERANCE: - MEDWHEEL LIFE INS.

DATE - 09/12/2023

BIOCHEMISTRY

NORMAL VALUE

SERUM GAMMA. G. T

: 25.7 mmol/L

10-50 mmol / L

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PATIENT NAME: - VIVEK PATIL

REFERANCE :- MEDWHEEL LIFE INS.

AGE - 40/SEX-MALE

DATE - 09/12/2023

BIOCHEMISTRY

NORMAL VALUE

SRUM VLDL 23.7mmol/L

10-50 mmol/L

APUR *

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09/12/2023

THE ECG OF THE CLIENT – VIVEK PATIL
IS WITHIN NORMAL LIMIT.

NOABNORMAL FINDINGS ARE DETECTED.

PATHOLOGIST

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MEBS.DCP

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HAEMATOLOGY | CLINICAL PATHOLOGY | BIOCHEMISTRY | SEROLOGY | MICROBIOLOGY | HISTOPATHOLOGY

24 Hours Emergency Service

Name: VIVEK S PATIL

Date: 09-12-2023 Time: 12:55

Age: 40

Gender: M

Height: 168 cms

Weight: 77 Kg

ID: 419

Clinical History: NO MAJOR ILLNESS

Medications:

NO MEDS

Test Details:

Protocol: Bruce

Predicted Max HR: 180

Target HR: 153 (85% of Pr. MHR)

Exercise Time:

Achieved Max HR: 180 (100% of Pr. MHR)

Max BP:

0:07:02 140/70

Max BP x HR:

25200

Max Mets: 7.9

Test Termination Criteria:

Protocol Details:

Stage Name	Stage Time	MEIS	Speed	Grade	Heart Rate	BP	RPP	Mas SI Level	Max ST Slope
Supine	00.08	1	0	0	88	120/80	10560	10811	0.41
Standing	00.15	1	0	9	91	120/80	10920	10711	0.41
HyperVentilation	00.09	1	0	0	91	120/80	10920	0.711	0.4 11
PreTest	00 15	1	1.6	0	160	120/80	12000	0.8 11	0411
Stage 1	03 00	4.7	2.7	10	158	120/80	18960	4911	0611
Stage 2	03 00	7	4	12	170	130/80	22100	-141	0.9 II
Penk Exercise	01:02	7.9	5.5	14	180	140/79	25200	-1 2 11	1 !!
Recoveryl	01:00	1	0	0	160	140/70	22400	1.8 V3	170
Recovery2	01 00	1	0	0	139	130/70	18070	1.2 aVF	1.611
Recovery3	01 00	1	0	0	128	120/60	15360	0.8 111	1.4 []
Recovery4	00.02	1	0	0	128	120/60	15360	0.8 81	1.4 11

Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:02 achieving a work level of 7.9 METS. Resting Heart Rate, initially 88 bpm rose to a max, heart rate of 180bpm (100% of Predicted Maximum Heart Rate). Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 140/70 mmHg

GOOD EFFORT TOLERANCE NORMAL INOTROPIC RESPONSE

NORMAL CHRONOTROPIC RESPONSE

THR ACHEIVED : ADEQUATE METS ACHEIVED

NO SIGNIFICANT ST SEGMENT CHANGES NOTED IN EXERCISE AND RECOVERY

TMT IS NEGATIVE FOR STRESS INDUCIBLE ISCHAEMIA AT GIVEN WORKLOAD

DR. SHATT

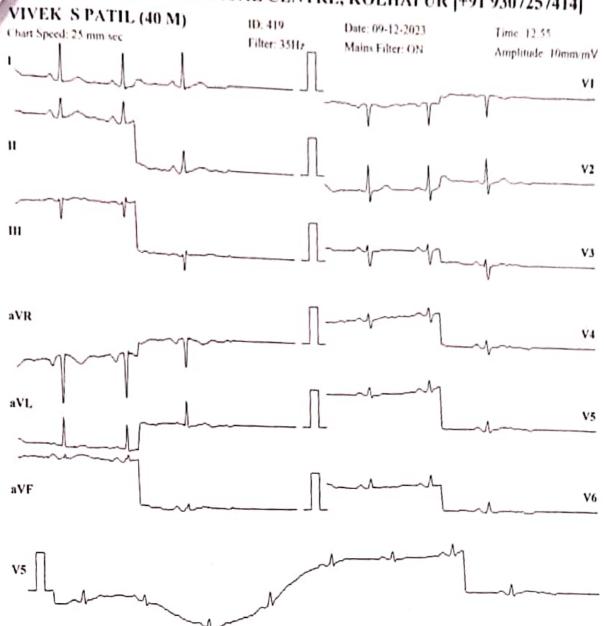
Doctor: DR. SHANTANU PALKAR

Ref. Doctor: MEDI WHEEL

The Art of Diagnostics

"(Summary Report edited by User) M. O NO. 20 ardiava Co D Mersion 3 4

Scanned with CamScanner



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

Lead	P(mV)	Q(mV)	R(mV)	S(mV)	T(mV)
1	1,07	0	0.01	0.08	0.11
II	0.59	0.04	0.04	0.11	6.11
Ш	-0.16	0.03	0.03	0.03	0.01
aVR	-0.88	0	-0.01	-0.07	-0.09
aVL	0.76	-0.03	-0.01	0.01	0.04
aVF	0.05	0.04	0.04	0.07	0.07
VI	-0.49	0	0	-0.03	-0.05
V2	0.72	0.03	0.04	0.09	0.13
V3	-0.17	-0.01	0.01	0.04	0.03
V4	0.13	0.01	0.03	0.05	0.05
V5	0.28	0.03	0.04	0.07	0.07
V6	0.27	-0.03	-0.01	0.01	0

Schiller Cardiovit CS-10 Version: 7.4

Ref.By MEDI WHEEL

Intervals (ms)

P-Q	Q-R-S	Q-T	Q-TC
134	59	101	0

Axis (deg)

P	QRS	Т
1	-45	22

HR: 0 bpm

BP: 120/80 mmHg

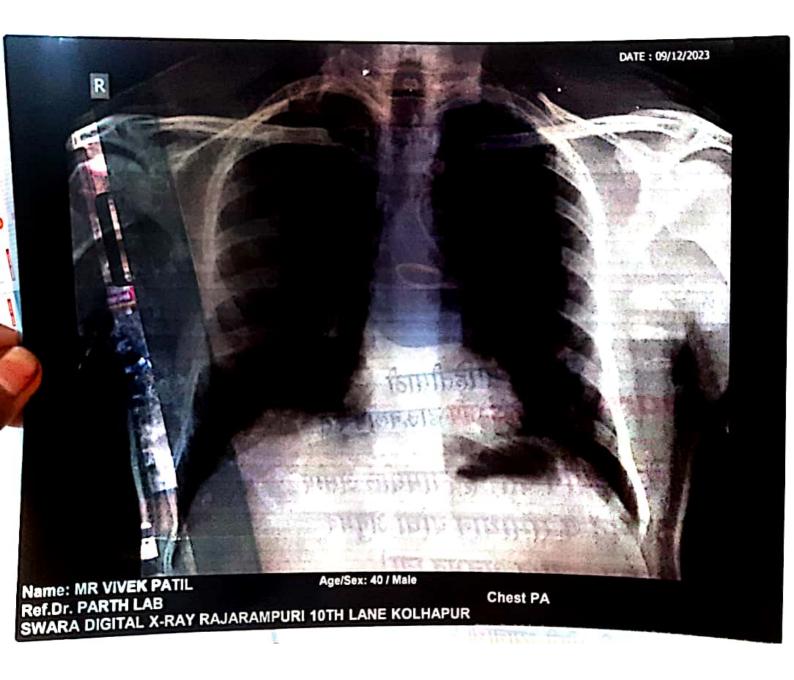
Interpretation: NORMAL

DR. SHANTANG EVPALKAR

M. PODCC

CLINICAL CARGIOLOGICATE

Profes No SHANTANG PAIN





SWARA DIGITAL

x-RAY

All Types Of Digital, Portable X-rays And Procedural X-rays

PATEINT NAME :

MR VIVEK PATIL

AGE/SEX:

40/MALE

REF BY

PARTH LAB

DATE :

09/12/2023

CHEST X-RAY PA

Both lungs fields are normal

Both costophrenic angles appear normal

The tracheal lucency is centraly placed

The mediastinal & diaphragmatic outlines appear normal.

The heart shadow is normal

NORMAL CHEST X-RAY

ADV: Clinical correlated

DR SAKSHAM GUPTA
MBBS,MD Radio diagnosis FMF UK
Consultant Radiologist

Mob. 9890185675

Address : Bramhanand, Near Tawanappa Patne High School, Rajarampuri 10 Galli, Kolhapur.



अस्मिता क्लिनिक आणि सोनोग्राफी सेंटर

Patient Name : MR. VIVEK PATIL

Date: 09 Dec 2023

Referred By

: Dr. VANDANA POWAR

Age: 40 YEARS Sex: M

Clinically - For health check up.

Abdomen Sonography

LIVER: is normal in size, shape, position and shows increased echogenicity. The contours are smooth. The parenchyma shows homogeneous echotexture .The intra - hepatic portal and venous system appears normal. The portal vein is normal and show hepatopetal flow. The intrahepatic biliary radicals are not dilated. There is no focal mass lesion.

GALL BLADDER: is physiologically distended ,normal in size and echotexture There is no evidence of echoreflective calculus in gall bladder. There is no abnormal biliary tree dilation noted. The portal vein &C.B.D appear normal .Wall thickness is normal.No e/o cholecystitis/calculus seen. PV measures -11 mm, CBD measures - 3 mm.

PANCREAS: is normal size, position & echotexture . The contours are smooth . There is no focal mass lesion seen. No pancreatitis or calcification.

SPLEEN: is normal in size shape and echopattern. The contours are smooth. The splenic vein and portal vein are normal in calibre.

KIDNEYS: Both the kidneys are normal in size ,shape and position and contours .There is no echoreflective obstructing calculus seen on either sides nor hydronephrosis. Both visualized ureters appear to be normal.Parenchymal/cortical thickness is normal. Cortico -medullary differenciation is well maintained. Overlying bowel gases does not show further coarse of ureter. Right kidney measures- 111 x 50 mm, Left kidney measures -113 x 58 mm.

Urinary bladder is physiologically distended, appears normal. No intraluminal abnormality.

PROSTATE: is normal size and uniform echotexture, measures 32 x 33 x 35 mm(weight- 19 gms). The gland bulges urinary bladder base.

Aorta and IVC are normal. No e/o free fluid in peritoneal cavity. No ascites. No significant lymphadenopathy. Bowel loops appear normal in size with good peristalsis. Appendix is not appreciated in today's study. Terminal ileum is well seen. No probe tenderness in right iliac fossa or anywhere in abdomen.

IMPRESSION: < FATTY LIVER - GRADE 1

ADVICE - Clinical correlation and follow up if clinically needed. THANKS FOR REFERRAL.FEEDBACK IS WELCOME

DR. NEHA S. GHORPADE MBBS DMRE Reg. No. 79916

Consulting Radiologist

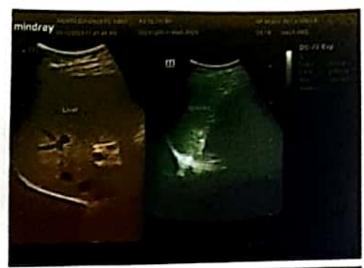
डॉ. नेहा घोरपडे एम. बी. बी. एस., डी.एम.आर.ई (रेडीओलॉजिस्ट)

परत येताना सर्व जुने रिपोर्टस्, सोनोग्राफी रिपोर्टस् अथवा एक्स-रे असत्यास बरोबर घेऊन येणे.

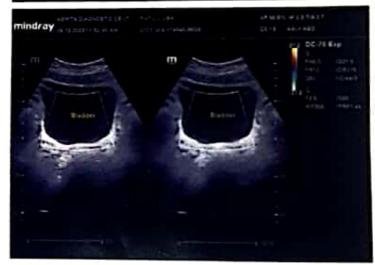












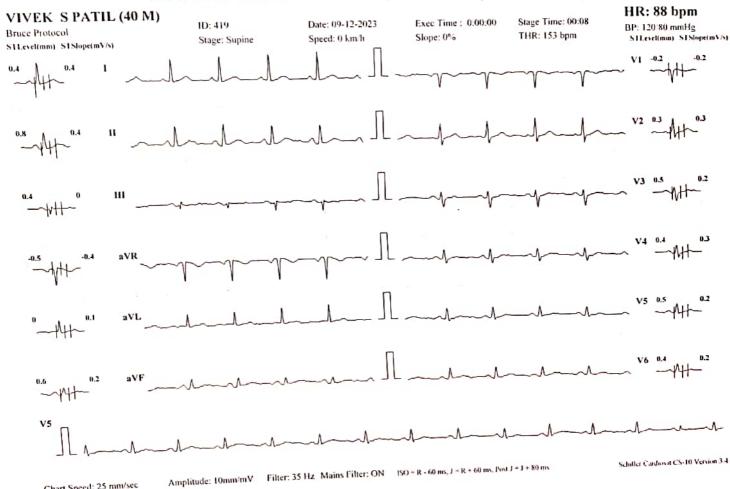
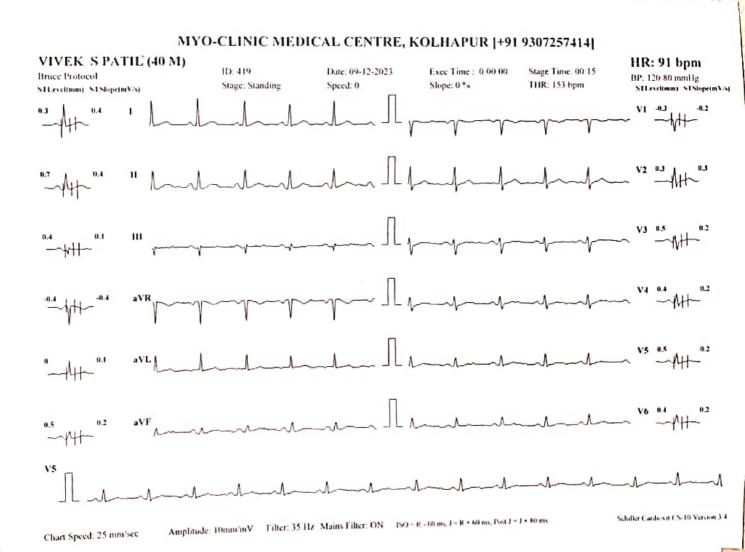
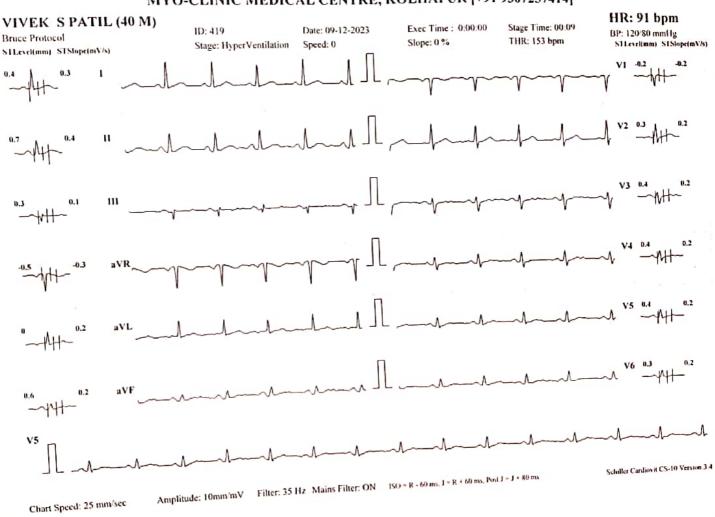


Chart Speed: 25 mm/sec





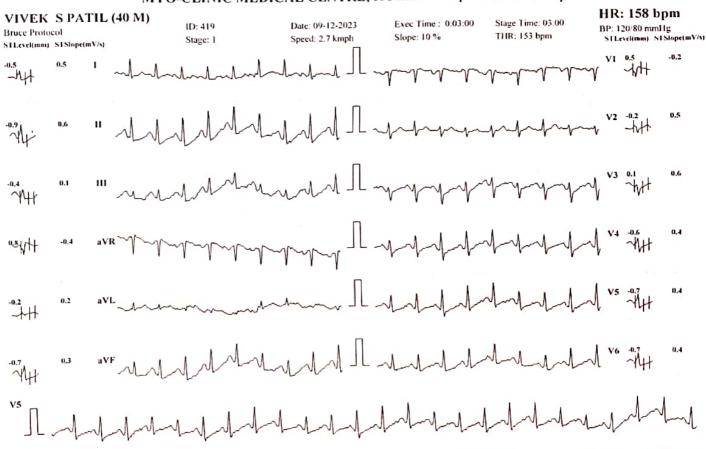
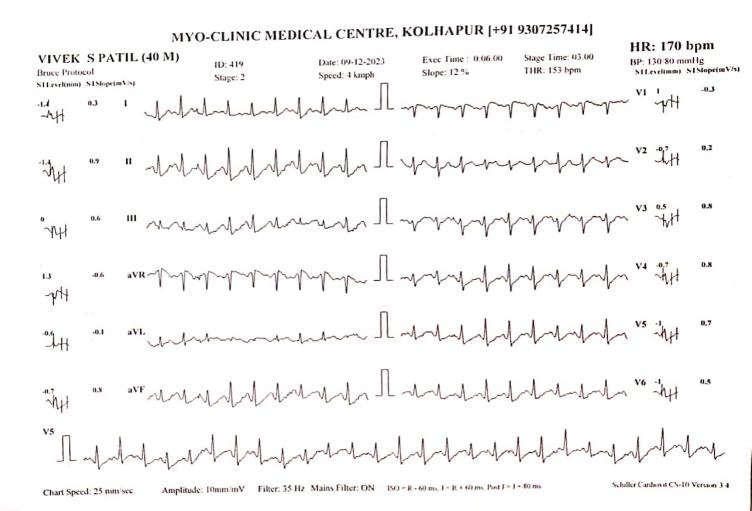


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON 1SO = R + 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version:3.4



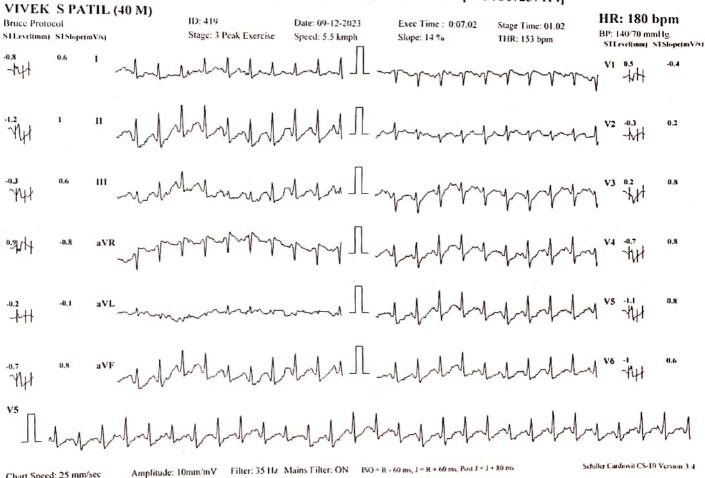
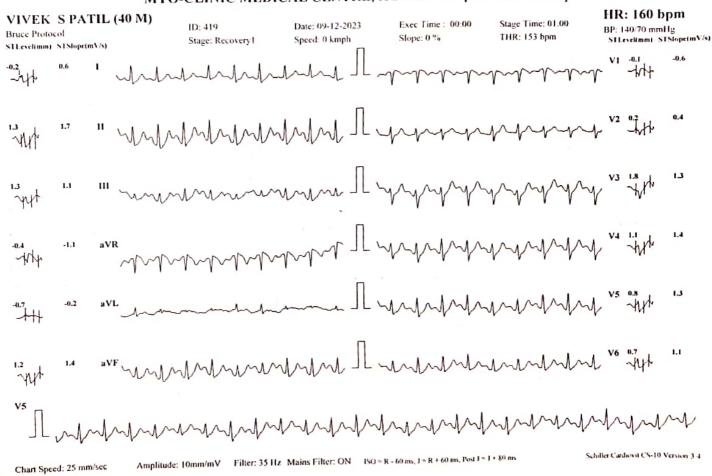
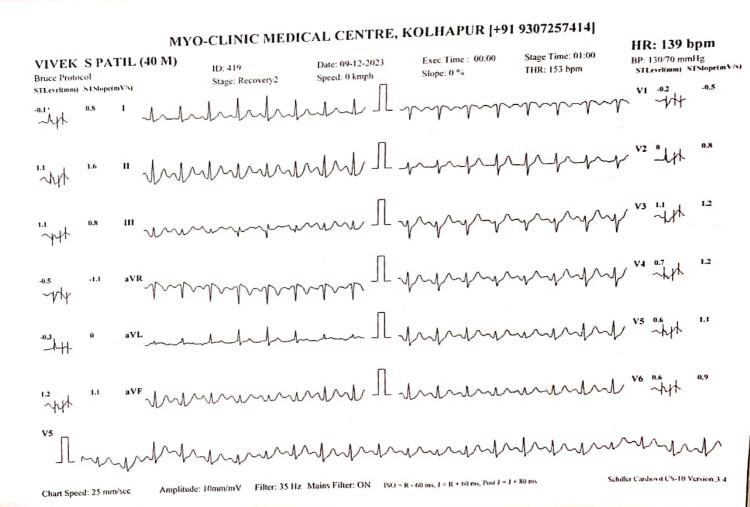


Chart Speed: 25 mm/sec





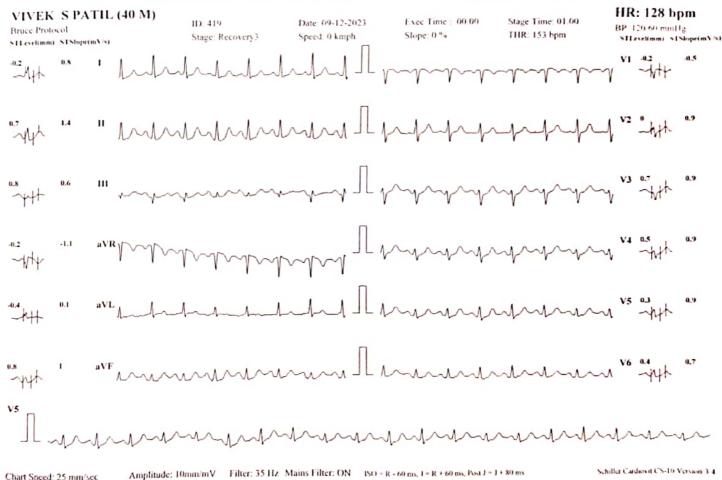


Chart Speed: 25 mm/sec









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✓ info@hypatholab.in

www.hypatholab.in (Toll Free No.: 18001030287



PT Name : VIVEK PATIL

Ref By : DR. VANDANA POWAR Reg No : HL9600104681 / MH145

Barcode : Y11289491

INV : THYROID PROFILE -3 (T3 T4 TSH)

Age: 40 Year | Sex: Male Registered on: 09-12-2023 02:56 PM Received on : 10-12-2023 10:09 AM

Reported on : 10-12-2023 12:05 PM

SAMPLE COLLECTED AT:

THYROID PROFILE -3 (T3 T4 TSH)

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3) Method: CLIA	1.50	ng/mL	0.80 - 2.00
TOTAL THYROXINE (T4) Method: CLIA	8.12	μg/dl	5.10 - 14.10
THYROID STIMULATING HORMONE (TSH) Method: CLIA	2.79	ulU/ml	0.35 - 5.50

Reference Range

Thyroid hormone status during pregnancy:

Pregnancy	Т3	T4	TSH
1st Trimester	0.70-1.80	6-16.5	0.37 - 3.6
2nd & 3rd Trimester	0.80-2.00	6-18.5	0.38 - 4.04

Reference ranges by Age

0-5 days: 0.7-15.2

6 days-2 months: 0.7-11.0 3-11 months: 0.7-8.4 1-5 years: 0.7-6.0 6-10 years: 0.6-4.8

Interpretation

- 1. Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2. Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3. Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4. Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5. Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6. In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to thecatabolic state and may revert to normal when the patient recovers.
- 7. There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8. Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Please correlate with clinical conditions

~~End of report~~