

# Sahyadri Speciality Labs

Email : labinfo@sahyadrihospitals.com www.sahyadrihospital.com

Phone No : 020 - 67215100



**Patient** : Mr. Amit Paithankar **MRN** : 1836818  
**Age/Gender** : 44 Years / Male **Visit No** : OP-1 **Date**: 28/02/2024  
**Consultant** : Dr.CMO . **Sample Collected** : 28/02/2024 08:50 AM  
**Location** : OPD **Sample Revd. in Lab** : 28/02/2024 09:40 AM  
**Sponsor** : Redcliffe\_AHC **Reported On** : 28/02/2024 01:06 PM  
**Collected At** : Sahyadri Super Speciality Hospital, Nagar Road **Processed At** : SSL Nagar Road  
**Referring Doctor** :



**Bill No** : 242436360 **Status** : Approved

Test Name	Test Value	Unit	Reference Interval	Method
<b>Lipid Profile (24022800451)</b>				
Sample Type :- Serum				
<b>Lipid Profile</b>				
Serum Cholesterol	161	mg/dl	Adult : Adult - Desirable : < 200 Adult - Borderline : 200 to 239 Adult - High : > 239 Children : Children - Desirable : < 170 Children-Borderline : 170 to 199 Children - High : > 199	CHOD-POD / CHOD-PAP
Serum H.D.L Cholesterol	39	mg/dl	Desirable : > or = 60 Borderline, needs followup : 41 to 59	Enzymatic Clearance
CHO : HDL Ratio	4.13		High Risk : < 40 Desirable : < 5.1	Calculated
Serum Triglyceride	120	mg/dl	Optimal < 100 Normal : < 150 High: 150 - 199 Hyper Triglyceridemic: 200-499 Very High : > 499	GPO-PAP
VLDL Cholesterol	24	mg/dl	Upto 30	Calculated
Serum LDL Cholesterol (Direct)	122	mg/dl	Optimal : < 100 Near/Above optimal: 100 to 129 Borderline high : 130 to 159 High : 160 to 189 Very High : > or equal to 190	Enzymatic Clearance
Non HDL Cholesterol	122	mg/dl	Optimal: < 130 Near/above optimal: 130-159 Borderline high: 160-189 High: 190-219 Very high: > or = 220	Calculated

## Note :

1. For routine screening purpose a fasting sample is not mandatory.
2. In Indian subjects with dyslipidemia both fasting and non fasting Lipid profile should be known.
3. Testing lipid profile is not recommended in the context of acute inflammatory process except for acute arteriosclerotic ischemic event.
4. In case of discrepancy, measurements should be made in at least two serial samples collected at least 1 week apart with the values averaged.
5. The burden of Atherosclerotic cardiovascular disease (ASCVD) in India is alarmingly high and is a cause of concern. Indians are at high risk of developing ASCVD, get the disease at an early age, have a more severe form of the disease and have poorer outcome as compared to the western populations.
6. Lipid Association of India (LAI) recommends LDL-C along with Non HDL-C as a co-primary target for Lipid lowering therapy. Non HDL-C is Total Cholesterol minus HDL-C.
7. Low HDL-C is an independent risk factor for ASCVD. It becomes even more relevant when LDL-C is not elevated.
8. Elevated TG is associated with increased risk of ASCVD independent of LDL-C levels. A combination of high TG and LDL-C imparts greater risk.
9. Effective management of dyslipidemia remains one of the most important healthcare targets for prevention of ASCVD along with identification of risk factors.
10. Risk factors for ASCVD include - Males  $\geq 45$  years, Females  $\geq 55$  years, Family history of premature ASCVD, Smoking, Hypertension, Low HDL-C, Diabetes, Familial Hypercholesterolemia.

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Test Name	Test Value	Unit	Reference Interval	Method
<b>Treatment goals ( Ref : Lipid Association of India )-</b>				
<b>Risk category</b>	<b>Treatment goal</b>		<b>Consider drug therapy</b>	
	LDL-C (mg/dl)	Non-HDL-C (mg/dl)	LDL-C (mg/dl)	Non-HDL-C (mg/dl)
Extreme risk	< 50	< 80	= or >50	= or >80
Cat A	<30 optional	<60 optional		
Extreme risk	< 30	< 60	= or >30	= or >60
Cat B				
Very high risk	< 50	< 80	= or >50 (preferably in all)	= or >80 (preferably in all)
High risk	< 70	< 100	= or >70 (preferably in all)	= or >100 (preferably in all)
Moderate risk	< 100	< 130	= or >100	= or >130
Low risk	< 100	< 130	= or >130*	= or >160*

\* After an initial adequate non pharmacological intervention for at least 3 months

## References :

1. Lipid Association of India (LAI) Expert Consensus Statement on Management of Dyslipidemia in Indians 2016 and 2020.
2. Non HDL Cholesterol and atherosclerotic cardiovascular disease: Supplement to Journal of The association of Physicians of India, published on 1st Nov 2020.
3. Triglycerides and atherosclerotic cardiovascular disease; Supplement to journal of The association of Physicians of India, published on 1st Nov 2020.
4. New national cholesterol education program III Guidelines for primary prevention lipid lowering drug therapy

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

Dr. Shamal Akshay Kurhe  
MBBS DPB DNB  
Reg. No. : 2007/06/2455  
Sahyadri Speciality Labs

Entered By : 10113084

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Referring Doctor :



Bill No : 242436360 Status : Approved

Test Name	Test Value	Unit	Reference Interval	Method
<b>Blood Sugar - Fasting (Glucose Fasting) (24022800454)</b>				
Sample Type :- Fluoride Plasma F				
<b>Blood Sugar - Fasting (Glucose Fasting)</b>				
Plasma Glucose, Fasting	97	mg/dl	Normal: 70 - 99 Prediabetes: 100 - 125 Diabetes: $\geq$ 126 (According to ADA Guidelines 2019)	Hexokinase
<b>Creatinine (24022800451)</b>				
Sample Type :- Serum				
Serum Creatinine	0.83	mg/dl	0.70 - 1.3	Alkaline Picrate
<b>SGOT (24022800451)</b>				
Sample Type :- Serum				
Serum SGOT	29	IU/L	1 - 35	IFCC without PSP
<b>SGPT (24022800451)</b>				
Sample Type :- Serum				
Serum SGPT	26	IU/L	1 - 45	IFCC without PSP

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

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Sahyadri Speciality Labs, Nagar Road, Pune accredited by NABL vide Certificate No. MC-2048 Scope available on request

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**Sponsor** : Redcliffe\_AHC **Reported On** : 28/02/2024 01:07 PM  
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**Bill No** : 242436360 **Status** : Approved

Test Name	Test Value	Unit	Reference Interval	Method
<b>ESR (24022800452)</b>				
Sample Type :- EDTA Whole Blood				
ESR	5	mm at the end of 1hr	0 - 10	Microphotometrical capillary using stopped flow kinetic analysis

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

Sahyadri  
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**Dr. Shamal Akshay Kurhe**  
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**Reg. No. : 2007/06/2455**  
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**Entered By :** 70001255

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**Location** : OPD **Sample Revd. in Lab** : 28/02/2024 09:40 AM  
**Sponsor** : Redcliffe\_AHC **Reported On** : 28/02/2024 01:38 PM  
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Test Name	Test Value	Unit	Reference Interval	Method
<b>HAEMOGRAM / COMPLETE BLOOD COUNT WITH PBS STUDY) (24022800452)</b>				
Sample Type :- EDTA Whole Blood				
<b>RBC Parameters</b>				
<b>Haemoglobin</b>	15.80	g/dL	13 - 17	Spectrophotometry / Photometry
R.B.C. Count	5.29	x 10 <sup>6</sup> /ul	4.5 - 5.5	Coulter principle
Haematocrit	46.80	%	40 - 50	Calculated Parameter
M.C.V.	88.30	fl	76 - 96	Derived from Histogram
M.C.H	29.80	pg	27 - 32	Calculated Parameter
M.C.H.C	33.70	gm/dl	31.5 - 34.5	Calculated Parameter
R.D.W. -CV	14.3	%	11.6 - 14	Derived from Histogram
<b>Total W.B.C. Count</b>	9100	/μL	4000 - 10000	Coulter principle
<b>Differential Count</b>				
Neutrophils	48.0	%	40 - 80	VCSn Technology / Microscopy
Lymphocytes	37.00	%	20 - 40	VCSn Technology / Microscopy
Monocytes	7.80	%	2 - 10	VCSn Technology / Microscopy
Eosinophils	6.60	%	1 - 6	VCSn Technology / Microscopy
Basophils	0.60	%	< 1 - 2	VCSn Technology / Microscopy
<b>Absolute Counts:</b>				
Absolute Neutrophil Count	4400	/μL	2000 - 7000	Automated cell counter, microscopy
Absolute Lymphocyte Count	3400	/μL	1000 - 3000	Automated cell counter, microscopy
Absolute Monocyte Count	700	/μL	200 - 1000	Automated cell counter, microscopy
Absolute Eosinophil Count	600	/μL	20 - 500	Automated cell counter, microscopy
Absolute Basophil Count	100	/μL	20 - 100	Automated cell counter, microscopy
<b>Platelet Count</b>	241000	/μL	150000 - 410000	Coulter principle
MPV	9.1	fl		Derived from Histogram
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Test Name	Test Value	Unit	Reference Interval	Method
<b>Peripheral Smear</b>				
WBC Morphology	Mild eosinophilia			
RBCs Morphology.	Predominantly normocytic normochromic RBCs			
Platelet .	Adequate on smear			

Performed on Beckman Coulter Haematology Analyzer.

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

Sahyadri  
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Entered By : 70000794

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Test Name	Test Value	Unit	Reference Interval	Method
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**ABO RH GROUPING (Blood Group) (24022800452)**

Sample Type :- EDTA Whole Blood

**ABO Rh Grouping**

Blood Group

"O" Rh Positive

Column Agglutination  
Technology

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

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**Location** : OPD **Sample Revd. in Lab** : 28/02/2024 11:10 AM  
**Sponsor** : Redcliffe\_AHC **Reported On** : 28/02/2024 02:03 PM  
**Collected At** : Sahyadri Super Speciality Hospital, Nagar Road **Processed At** : SSL Nagar Road  
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**Bill No** : 242436360 **Status** : Approved

Test Name	Test Value	Unit	Reference Interval	Method
<b>URINE ROUTINE (24022800453)</b>				
Sample Type :- Urine				
<b>PHYSICAL EXAMINATION</b>				
Quantity	30 ml			Visual
Colour	Yellow		Colourless / Pale Yellow	Visual
Appearance	Clear		Clear	Visual
Reaction	Acidic (5.5)		4.6 to 8.0	Double Indicator
Specific Gravity	1.030		1.016 to 1.022	pH Indicator
<b>CHEMICAL EXAMINATION</b>				
Albumin	Absent		Absent	Protein error of Indicator / SSA
Glucose	Absent		Absent	GOD-POD / Benedicts
Bile Salt	Absent		Absent	Hays Sulphur Test
Bile Pigment	Absent		Absent	Diazonium salt / Fouchets
Urobilinogen	Normal		Normal	Diazonium / Ehrlich
Ketone Bodies	Absent		Absent	Rothera / Nitroprusside
<b>MICROSCOPIC EXAMINATION</b>				
Pus Cells	Occasional	/hpf	0 - 5	Microscopy
Red Blood Cells	Absent	/hpf	0 - 2	Microscopy
RBC Morphology .	Dysmorphic RBCs - Not Seen			
Epithelial Cells	0-1	/hpf	3 - 5	Microscopy
Cast	Absent		Occasional hyaline cast	Microscopy
Crystals	Absent		Absent	Microscopy
Bacteria	Absent			Microscopy
Yeast	Absent		Absent	Microscopy
Amorphous Deposit	Absent		Absent	Microscopy



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Test Name	Test Value	Unit	Reference Interval	Method
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Processed by dip stick on Semi Automated and Automated Urine Sediment Analyzer / Microscopy

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**Consultant** : Dr.CMO . **Sample Collected** : 28/02/2024 10:16 AM  
**Location** : OPD **Sample Revd. in Lab** : 28/02/2024 12:33 PM  
**Sponsor** : Redcliffe\_AHC **Reported On** : 28/02/2024 02:01 PM  
**Collected At** : Sahyadri Super Speciality Hospital, Nagar Road **Processed At** : SSL Nagar Road  
**Referring Doctor** :



**Bill No** : 242436592 **Status** : Approved

Test Name	Test Value	Unit	Reference Interval	Method
<b>GLYCOSYLATED Hb (HbA1C) (24022800744)</b>				
Sample Type :- EDTA Whole Blood				
Blood Glycosylated Hb (HbA1c)	5.6	%	Non-diabetic (Normal) : < 5.7 Pre-diabetes : > or = 5.7 to < 6.5 Diabetes : > or = 6.5	HPLC-NGSP

## Note :

- The HbA1c test is used to monitor long term glucose control in patients with diabetes. It provides a retrospective index of the integrated plasma glucose values over an extended period 12 weeks of time and is not subject to the wide fluctuations observed when assaying blood glucose concentrations. It is a measure of the risk for the development of complications in diabetes mellitus.
- Patients with hemolytic disease or other conditions with shortened red blood cell survival exhibit a substantial reduction in HbA1c.

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

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**Dr. Shamal Akshay Kurhe**  
**MBBS DPB DNB**  
**Reg. No. : 2007/06/2455**  
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**Entered By :** 70005414



Patient	: Mr.Amit Paithankar	MR No	: 1836818
Age/Gender	: 44 Years / Male	Order Date	: 28/02/2024 08:40 am
Consultant	: Dr.CMO .	Reported On	: 28/02/2024 05:29 PM
Sponsor	: Redcliffe_AHC	Referred By	:
MLC No	: -	Status	: Approved
Joint Care	: -	Visit No	: OP-1



### RADIOGRAPH OF CHEST PA VIEW

**X-Ray No.:** 1530

#### Observation:

Both the lung fields appear normal.

Pleural spaces are clear.

Cardiac silhouette appears normal.


The trachea is central and normal.

Bony thorax is normal.

#### Impression:

\* Normal radiograph of chest.

Entered By:70004831

  
**Dr. Ganesh Sanap**  
MBBS DMRD DNB  
Reg. No. : 2007/04/0537

**Sahyadri Super Speciality Hospital Nagar Road**

Survey No. 185A, Shastri Nagar, Near MSEB Office, Yerwada, Nagar Road, Pune 411 006 | Tel. : + 91 20 6727 1111  
Fax : + 91 20 6721 5098 | www.sahyadrihospital.com | Feedback.nagar@sahyadrihospitals.com

**Sahyadri Hospitals Private Limited (CIN: U85110PN1996PTC099499)**

**Regd. Off. :** Survey No. 89 & 90, Plot No. 54, Lokmanya Colony, Kothrud, Pune 411 038

| Pune - Deccan Gymkhana, Kothrud, Hadapsar, Hadapsar Annex, Bibwewadi, Kasba Peth, Nagar Road | Karad | Nashik |