



26839 091124

Name : MRS. CHITRA SALVI	Registration ID : 26839	Sample Collection : 09/11/2024 10:37:27
Age/Sex : 43 Yrs. / F	Printed : 11/11/2024 19:03:33	Sample Received : 09/11/2024 10:37:27
Ref. By : BANK OF BARODA	Sent By : Arcofemi Healthcare Pvt Ltd	Report Released : 11/11/2024 14:54:34

**COMPLETE BLOOD COUNT**

Test	Result	Unit	Biological Ref Range
Hemoglobin (SLS) Photometric	: <b>11.0</b>	g/dL	13-18 g/dL
Total RBC (Electrical Impedence)	: 4.67	10 <sup>6</sup> /μL	3.0-6.0 10 <sup>6</sup> /μL
Hematocrit (PCV) (Calculated)	: <b>34.6</b>	%	36-54 %
Mean Corpuscular Volume (MCV) (calculated)	: <b>74.1</b>	fL	78-101 fL
Mean Corpuscular Hemoglobin (MCH) (Calculated)	: <b>23.6</b>	pg	27-32 pg
Mean Corpuscular Hemoglobin Concentration (MCHC) (Calculated)	: 31.8	g/dL	31.5-34.5 g/dL
Red Cell Distribution Width (RDW- CV) (Electrical Impedence)	: <b>15.70</b>	%	12-15 %
Total Leucocytes Count (Light Scattering)	: 7290	/cumm	4000-11000 /cumm
<b>Neutrophils</b> (Calculated)	: 55	%	40-75 %
<b>Eosinophils Percentage</b> (Calculated)	: 03	%	1-6 %
Lymphocyte Percentage (Calculated)	: 38	%	20-45 %
Basophils Percentage (Calculated)	: 0	%	0-1 %
Monocytes Percentage (Calculated)	: 04	%	1-10 %
RBC Morphology	: Normocytic, Normochromic		
WBC Morphology	: Normal Morphology		
Platelet Count (Electrical Impedence)	: 312000	/ul	150000-450000 /ul
Platelets on Smear	: Adequate		Adequate
E.S.R	: 13	mm at 1hr	0-20 mm at 1hr

Sample Type: EDTA whole blood (Westergren)

Sample Type : EDTA Whole Blood

Test done with THREE PART CELL COUNTER (Sysmex KX-21)

\*All Samples Processed At Excellas Clinics Mulund Centre .

\*ESR NOT IN NABL scope.

(Collected At: 09/11/2024 10:37:27, Received At: 09/11/2024 10:37:27, Reported At: 11/11/2024 14:54:34)



*Dr. Santosh Khairnar*  
**Dr. Santosh Khairnar**  
 M.D. (Pathologist)  
 Reg. No.-  
 2000/08/2926





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Age/Sex	: 43 Yrs. / F	Printed	: 11/11/2024 19:03:33
Ref. By	: BANK OF BARODA	Report Released	: 11/11/2024 15:28:24
	Sent By	: Arcofemi Healthcare Pvt Ltd	

### Blood Sugar Fasting (FBS) & Post Prandial Blood Sugar (PPBS)

Test	Result	Unit	Biological Ref. Range
GLUCOSE (SUGAR) FASTING, (Fluoride Plasma Used)	: 91	mg/dL	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: $\geq$ 126 mg/dl
<i>Method: GOD-POD</i>			
Fasting Urine Glucose	: Absent		Absent
GLUCOSE (SUGAR) PP, ( Fluoride Plasma Used )	: 124	mg/dl	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: $\geq$ 200 mg/dl
PP Urine Glucose	: Absent		Absent

Test Done on - Automated Biochemistry Analyzer (EM 200)

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### HbA1c (Whole Blood)

Test	Result	Unit	Reference Range
HbA1c-Glycosylated Haemoglobin	: 5.90	%	Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10
<i>EDTA Whole Blood, Method: HPLC</i>			
Estimated Average Glucose (eAG)	: 122.63	mg/dl	65.1-136.3 mg/dL mg/dl
<i>EDTA Whole Blood, Method: Calculated</i>			

#### Interpretation:

- 1.The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.
- 2.HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HbA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.
- 3.To estimate the eAG from the HbA1c value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$ .
- 4.Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

\*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 09/11/2024 10:37:27, Received At: 09/11/2024 10:37:27, Reported At: 11/11/2024 14:57:20)



*Signature*  
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**BLOOD GROUP**


Test	Result	Unit	Biological Ref. Range
Blood Group	: 'O' Rh POSITIVE		

Slide and Tube Agglutination Test

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**LIPID PROFILE**

Test	Result	Unit	Biological Ref. Range
Total Cholesterol	: 181	mg/dl	Desirable: <200 Borderline high = 200-239 High: > 239
<i>Serum, Method: CHOD-PAP</i>			
S. Triglyceride	: 82	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499
<i>Serum, Method: GPO-Trinder</i>			
HDL Cholesterol	: 41	mg/dl	35.3-79.5 mg/dl
<i>serum,Direct method</i>			
LDL Cholesterol	: 123.60	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190
<i>Serum, (Calculated)</i>			
VLDL Cholesterol	: 16.4	mg/dl	5-30 mg/dl
<i>Serum, Method: Calculated</i>			
LDL/HDL Ratio	: 3.0		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5
<i>Serum, Method: Calculated</i>			
TC/HDL Ratio	: 4.4		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High >5.0
<i>Serum, Method: Calculated</i>			

*Test Done on - Automated Biochemistry Analyzer (EM 200).*

**Interpretation**

1. Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.
2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal.
3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors.

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Report Released : 11/11/2024 14:58:33

Ref. By : BANK OF BARODA

Sent By : Arcofemi Healthcare Pvt Ltd

**LIVER FUNCTION TEST**

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: 0.46	mg/dl	0-2.0 mg/dl
S. Bilirubin (Direct) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: 0.08	mg/dl	0-0.4 mg/dl
S. Bilirubin (Indirect) <i>Serum, Method: Calculated</i>	: 0.38	mg/dl	0.10-1.0 mg/dl
Aspartate Transaminase (AST/SGOT) <i>Serum, Method: UV Kinetic with P5P</i>	: 13.0	IU/L	0-35 IU/L
Alanine Transaminase (ALT/SGPT) <i>Serum, Method: UV Kinetic with P5P</i>	: 14.7	IU/L	0-45 IU/L
S. Alkaline Phosphatase <i>Serum, Method: IFCC with AMP buffer</i>	: 69.5	IU/L	53-128 IU/L
Total Proteins <i>Serum, Method: Biuret</i>	: 7.3	gm/dl	6.4-8.3 gm/dl
S. Albumin <i>Serum, Method: BCG</i>	: 4.1	gm/dl	3.5-5.2 gm/dl
S. Globulin <i>Serum, Method: Calculated</i>	: 3.2	gm/dl	2.3-3.5 gm/dl
A/G Ratio <i>Serum, Method: Calculated</i>	: 1.28		0.90-2.00
Gamma GT <i>Serum, Method: G glutamyl carboxy nitroanilide</i> <i>Test Done on - Automated Biochemistry Analyzer (EM 200).</i>	: 15	U/L	0-55 U/L

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**SERUM CREATININE**

Test	Result	Unit	Biological Ref. Range
S. Creatinine	: 0.53	mg/dl	0.7-1.3 mg/dl

Serum, Method: Enzymatic

Test Done on - Automated Biochemistry Analyzer (EM 200).

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**BLOOD UREA NITROGEN (BUN)**

Test	Result	Unit	Biological Ref. Range
Urea	: 13.91	mg/dl	19-45 mg/dl

Serum, Method: Urease - GLDH

Blood Urea Nitrogen : 6.50 mg/dl 5-18 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

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**SERUM URIC ACID**

Test	Result	Unit	Biological Ref. Range
S. Uric Acid	: 4.25	mg/dl	3.5-7.2 mg/dl

Serum, Method: Uricase - POD

Test Done on - Automated Biochemistry Analyzer (EM 200).

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**BUN CREAT RATIO (BCR)**

Test	Result	Unit	Biological Ref. Range
BUN/Creatinine ratio	: 12.26		5-20

*Serum, Method: Calculated*


**NOTE:**

A blood urea nitrogen (BUN)/creatinine ratio (BCR) >20 is used to distinguish pre-renal azotemia (PRA) and acute tubular necrosis (ATN)

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Ref. By : BANK OF BARODA      Sent By : Arcofemi Healthcare Pvt Ltd

**THYROID FUNCTION TEST**

Test	Result	Unit	Biological Ref. Range
Total T3	: 1.0	ng/dl	0.70-2.04 ng/dl
<i>Serum, Method: CLIA</i>			
Total T4	: 9.13	µg/dl	5.1-14.1 µg/dl
<i>Serum, Method: CLIA</i>			
TSH (Thyroid Stimulating Hormone)	: 1.49	µIU/ml	0.27-5.3 µIU/ml
<i>Serum, Method: CLIA</i>			


Interpretation Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyperthyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis ,estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age ,marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism.

\*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

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**EXAMINATION OF URINE**

Test	Result	Unit	Biological Ref. Range
<b><u>PHYSICAL EXAMINATION</u></b>			
Quantity :	10	ml	
Colour :	Pale yellow		
Appearance :	Clear		
Reaction (pH) :	6.0		4.5 - 8.0
Specific Gravity :	1.010		1.010 - 1.030
<b><u>CHEMICAL EXAMINATION</u></b>			
Protein :	Absent		Absent
Glucose :	Absent		Absent
Ketones Bodies :	Absent		Absent
Occult Blood :	Absent		Absent
Bilirubin :	Absent		Absent
Urobilinogen :	Absent		Normal
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Epithelial Cells :	1 - 2	/ hpf	
Pus cells :	2 - 3	/ hpf	
Red Blood Cells :	Absent	/ hpf	
Casts :	Absent	/ lpf	Absent / lpf
Crystals :	Absent		Absent
<b><u>OTHER FINDINGS</u></b>			
Yeast Cells :	Absent		Absent
Bacteria :	Absent		Absent
Mucus Threads :	Absent		
Spermatozoa :	Absent		
Deposit :	Absent		Absent
Amorphous Deposits :	Absent		Absent

sample type:Urine

Method:Visual and Microscopic

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### 2D Echo Color Doppler

**REASON FOR STUDY: AHC**

**CONCLUSION:**

- NORMAL SIZE LA, LV, RA AND RV\_
- **GOOD LV SYSTOLIC FUNCTION AT REST. L.V.E.F:55% WITH NO RWMA.\_**
- GOOD RV FUNCTION. TAPSE: 19 MM\_
- STRUCTURALLY NORMAL MITRAL,TRICUSPID, AORTIC AND PULMONARY LEAFLETS.\_
- NO CLOTS IN LA AND LV.\_
- NO EVIDENCE OF LEFT VENTRICULAR HYPERTROPHY\_
- NO EVIDENCE OF PERICARDIAL EFFUSION.\_
- NO EVIDENCE OF PULMONARY HYPERTENSION.\_

**CONVENTIONAL DOPPLER:**


- **NORMAL E TO A RATIO IN LV INFLOW.**

**COLOUR DOPPLER:** SHOWS NO EVIDENCE OF MR,AR,TR OR PR.

**IMPRESSION:**

GOOD LV SYSTOLIC FUNCTION AT REST  
 NO DD

	OBSERVED
<b>MITRAL VALVE:</b>	
ANTERIOR LEAFLETS EXCURSION	NORMAL
POSTERIOR LEAFLETS EXCURSION	NORMAL
E.P.S.S	----

  
 Dr. Yogesh Solanki  
 DrNB Interventional  
 Cardiology  
 Reg.No -2015/05/3063





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<b>TRICUSPID VALVE:</b>	
EXCURSION	NORMAL
OTHER FINDINGS	----
<b>AORTIC VALVE:</b>	
CUSPS OPENING	NORMAL
<b>PULMONARY VALVE:</b>	
EXCURSION	NORMAL
<b>DIMENSIONS</b>	
AORTIC ROOT	25
LEFT ATRIUM	29
LVID (D)	38
LVID (S)	23
IVST (D)	08
PWT (D)	08
RVID (D)	----

	VELOCITY(M/SEC)	STENOSIS GRADIENT PEAK/MEAN (MMHG)	REGURGITATION GRADING
MITRAL	----	----	0/III
TRICUSPID	----	----	0/III
AORTIC	1	4	0/IV
PULMONARY	----	----	0/IV

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**X RAY CHEST PA VIEW**

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Both the lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

Bilateral costophrenic angles appear normal.

Bony thorax appears normal.

Soft tissues appear normal.

**IMPRESSION:**

**No significant abnormality detected.**



**Dr. Deepak Mishra**

D.N.B. (Radio-

Diagnosis)

Reg. No:

2021/09/7488





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MRS. CHITRA SALVI. AGE:-42YRS/FEMALE. R45 CHEST PA 09-Nov-24 11:56 AM

EXCELLAS CLINICS PVT LTD TEL:-022-25695661/71



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**Dr. Deepak Mishra**

D.N.B. (Radio-

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Reg. No:

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**USG ABDOMEN & PELVIS - FEMALE**

**Liver:-** is normal in size (12.5 cms), shape **and raised echotexture**. No focal or diffuse lesion is seen. The portal and hepatic veins are normal. There is no IHBR dilatation seen.

**Gall Bladder:-** is normally distended. No calculus or mass lesion is seen.  
No GB wall thickening or pericholecystic fluid is seen.  
CBD is normal.

**Pancreas:-** is normal in size, shape and echotexture. There is no focal lesion seen.

**Spleen:-** is normal in size (10.6 cms) and echotexture. No focal lesion is seen.

**Kidneys:-** Both Kidneys are normal in size, shape, position. They show normal reflectivity. CMD is maintained. No calculi or hydronephrosis seen on either side.

Right kidney – 10.1 x 4.1 cms.

Left kidney – 9.9 x 4.6 cms.

**Urinary Bladder:-** is well distended and shows normal wall thickness.  
There is no intraluminal lesion within.

**Uterus:-** is anteverted, normal in size and measures 6.9 x 4.5 x 4.6 cms  
Myometrium shows homogenous echo pattern. No focal lesion is seen.

ET : 3.8 mm

**Ovaries:-** appear normal in size, shape & show normal follicular pattern.

Right ovary measures – 2.2 x 1.5 cms.

Left ovary measures – 2.1 x 1.2 cms.

Both adnexae appear normal. No e/o of free fluid noted in POD.

No ascites is seen. No significant lymphadenopathy is seen.

**IMPRESSION:**

- **Grade I fatty liver.**

Thanks for the Referral

(Collected At: 09/11/2024 10:37:27, Received At: 09/11/2024 10:37:27, Reported At: 10/11/2024 13:31:55)



Dr. Deepak Mishra

D.N.B. (Radio-

Diagnosis)

Reg. No:

2021/09/7488







26839 091124

Registration ID : 26839      Sample Collection : 09/11/2024 10:37:27  
Name : MRS. CHITRA SALVI      Sample Received : 09/11/2024 10:37:27  
Age/Sex : 43 Yrs. / F      Printed : 11/11/2024 19:03:33      Report Released : 10/11/2024 13:31:55  
Ref. By : BANK OF BARODA      Sent By : Arcofemi Healthcare Pvt Ltd

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**USG BOTH BREAST**

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Rest of the both breasts show normal fibroglandular & fibro fatty parenchyma.

**There is a small well defined circumscribed anechoic lesion measuring 3.8 x 3.5 mm at 12 O' clock position of left breast.**

No significant axillary lymphadenopathy is seen.

**IMPRESSION :**

**Small well defined circumscribed anechoic lesion measuring 3.8 x 3.5 mm at 12 O' clock position of left breast likely possibility of benign lesion (BIRADS-II).**


**Adv: Follow up imaging and clinical correlation.**

*Thanks for referral*

BIRADS CATEGORY : (0 = requires additional evaluation , 1 = Negative , 2 = benign findings , 3 = probably benign findings, 4 = suspicious abnormality , 5 = highly suggestive of malignancy).

(Collected At: 09/11/2024 10:37:27, Received At: 09/11/2024 10:37:27, Reported At: 10/11/2024 13:37:27)

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



**Dr. Deepak Mishra**  
D.N.B. (Radio-  
Diagnosis)  
Reg. No:  
2021/09/7488





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**OPHTHALMIC EVALUATION**

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<b>Examination</b>	<b>Right Eye</b>	<b>Left Eye</b>
Distance Vision	6/6	6/6
Near Vision	N/6	N/6
Color Vision	Normal	
Remarks	Normal	

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

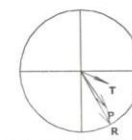


## MEDICAL EXAMINATION REPORT

Name	Mr. / Mrs. / Miss	Chitra Satvi	
Sex	Male / Female	Female	
Age (yrs.)	42	UHID :	
Date	/ / 20	Bill No :	
Marital Status	Single / Married / Widow / Widower :	Married	
	No. of Children :	02	
Present Complaints	nil		
Past Medical History :	nil		
Surgical History :	nil		
Personal History	Diet : Veg <input type="checkbox"/> / Mixed <input checked="" type="checkbox"/> Addiction : Smoking <input type="checkbox"/> / Tobacco Chewing <input type="checkbox"/> / Alcohol <input type="checkbox"/> : Any Other : nil		
Family History	Father = HT / DM / IHD / Stroke / Any Other Mother = HT <u>DM</u> / IHD / Stroke / Any Other Siblings = HT / DM / IHD / Stroke / Any Other		
History of Allergies	Drug Allergy Any Other nil		
History of Medication	For HT / DM / HD / Hypothyroidism Any Other nil		
On Examination (O/E)	G. E. : R. S. : C. V. S. : C. N. S. : P/A : Any Other Positive Findings : nil		

P. Pollard

Height	156 / cms	Weight	56.5 .	Kgs	BMI	22.21 kg/m <sup>2</sup> .
Pulse (per min.)	76/min	Blood Pressure (mm of Hg)	124/76 mmHg			
<b>Gynaecology</b>						
Examined by	Dr. _____					
Complaint & Duration	_____					
Other Symptoms (Mict, bowels etc)	_____					
Menstrual History	Menarche	_____	Cycle	_____	Loss	_____
	Pain	_____	I.M.B.	_____	P.C.B.	_____
	L.M.P.	_____	Vaginal Discharge	_____		
	Cx. Smear	_____	Contraception	_____		
Obstetric History	_____					
Examination :	_____					
Breast	_____					
Abdomen	_____					
P.S.	_____					
P.V.	_____					
Gynaecology Impression & Recommendation	_____					
Recommendation	<p><b>EXCELLAS CLINICS PVT. LTD.</b>  B-1, Vikas Paradise Commercial,  Below Axis Bank, LBS Marg,  Near Santoshi Mata Mandir,  Mulund (West), Mumbai - 400080</p>					
Physician Impression	_____					
Examined By :	- Overweight = To Reduce Weight - Underweight = To Increase Weight					



*MyReem. No  
correlate clinically*