



26819 091124

Registration ID : 26819	Sample Collection : 09/11/2024 10:07:45
Name : MRS. TRIPTI YASHWANT GAONKAR	Sample Received : 09/11/2024 10:07:45
Age/Sex : 31 Yrs. / F	Printed : 12/11/2024 15:38:26
Ref. By : Mediwheel	Report Released : 11/11/2024 15:34:40
Sent By : Arcofemi Healthcare Pvt Ltd	

COMPLETE BLOOD COUNT

Test	Result	Unit	Biological Ref Range
Hemoglobin (SLS) Photometric	: 12.5	g/dL	12-14 g/dL
Total RBC (Electrical Impedence)	: 4.45	10 ⁶ /μL	3.0-6.0 10 ⁶ /μL
Hematocrit (PCV) (Calculated)	: 42.1	%	36-54 %
Mean Corpuscular Volume (MCV) (calculated)	: 94.6	fL	78-101 fL
Mean Corpuscular Hemoglobin (MCH) (Calculated)	: 28.1	pg	27-32 pg
Mean Corpuscular Hemoglobin Concentration (MCHC) (Calculated)	: 29.7	g/dL	31.5-34.5 g/dL
Red Cell Distribution Width (RDW- CV) (Electrical Impedence)	: 12.30	%	12-15 %
Total Leucocytes Count (Light Scattering)	: 8300	/cumm	4000-11000 /cumm
Neutrophils (Calculated)	: 58	%	40-75 %
Eosinophils Percentage (Calculated)	: 02	%	1-6 %
Lymphocyte Percentage (Calculated)	: 35	%	20-45 %
Basophils Percentage (Calculated)	: 0	%	0-1 %
Monocytes Percentage (Calculated)	: 05	%	1-10 %
RBC Morphology	: Normocytic, Normochromic		
WBC Morphology	: Normal Morphology		
Platelet Count (Electrical Impedence)	: 352000	/ul	150000-450000 /ul
Platelets on Smear	: Adequate		Adequate
E.S.R	: 20	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 10:07:45, Received At: 09/11/2024 10:07:45, Reported At: 11/11/2024 15:34:40)



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





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



Santosh
Dr. Santosh Khairnar
M.D. (Pathologist)
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HbA1c (Whole Blood)

Test	Result	Unit	Reference Range
HbA1c-Glycosylated Haemoglobin	5.60	%	Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10

EDTA Whole Blood, Method: HPLC

Estimated Average Glucose (eAG)	: 114.02	mg/dl	65.1-136.3 mg/dL mg/dl
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EDTA Whole Blood, Method: Calculated

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.

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

Test	Result	Unit	Biological Ref. Range
GLUCOSE (SUGAR) FASTING, (Fluoride Plasma Used)	108	mg/dL	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: \geq 126 mg/dl
GLUCOSE (SUGAR) PP, (Fluoride Plasma Used)	126	mg/dl	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: \geq 200 mg/dl


Method: GOD-POD

Test Done on - Automated Biochemistry Analyzer (EM 200)

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(Collected At: 09/11/2024 10:07:45, Received At: 09/11/2024 10:07:45, Reported At: 11/11/2024 15:30:19)




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BLOOD GROUP


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

Slide and Tube Agglutination Test

(Collected At: 09/11/2024 10:07:45, Received At: 09/11/2024 10:07:45, Reported At: 10/11/2024 12:39:44)

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




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Ref. By : Mediwheel	Report Released : 11/11/2024 15:30:28
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LIPID PROFILE

Test	Result	Unit	Biological Ref. Range
Total Cholesterol	: 209	mg/dl	Desirable: <200 Borderline high = 200-239 High: > 239
<i>Serum, Method: CHOD-PAP</i>			
S. Triglyceride	: 130	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499
<i>Serum, Method: GPO-Trinder</i>			
HDL Cholesterol	: 44	mg/dl	42.0-88.0 mg/dl
<i>serum,Direct method</i>			
LDL Cholesterol	: 139.00	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190
<i>Serum, (Calculated)</i>			
VLDL Cholesterol	: 26.0	mg/dl	5-30 mg/dl
<i>Serum, Method: Calculated</i>			
LDL/HDL Ratio	: 3.2		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5
<i>Serum, Method: Calculated</i>			
TC/HDL Ratio	: 4.8		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.

**All Samples Processed At Excellas Clinics Mulund Centre*

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LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total) <i>Serum, Method: Diazo (walter & Gerarde)</i>	: 0.31	mg/dl	0-2.0 mg/dl
S. Bilirubin (Direct) <i>Serum, Method: Diazo (walter & Gerarde)</i>	: 0.15	mg/dl	0-0.4 mg/dl
S. Bilirubin (Indirect) <i>Serum, Method: Calculated</i>	: 0.16	mg/dl	0.10-1.0 mg/dl
Aspartate Transaminase (AST/SGOT) <i>Serum, Method: UV Kinetic with P5P</i>	: 18.1	IU/L	0-31 IU/L
Alanine Transaminase (ALT/SGPT) <i>Serum, Method: UV Kinetic with P5P</i>	: 17.7	IU/L	0-34 IU/L
S. Alkaline Phosphatase <i>Serum, Method: IFCC with AMP buffer</i>	: 108.0	IU/L	42-98 IU/L
Total Proteins <i>Serum, Method: Biuret</i>	: 6.6	gm/dl	6.4-8.3 gm/dl
S. Albumin <i>Serum, Method: BCG</i>	: 4.0	gm/dl	3.5-5.2 gm/dl
S. Globulin <i>Serum, Method: Calculated</i>	: 2.6	gm/dl	2.3-3.5 gm/dl
A/G Ratio <i>Serum, Method: Calculated</i>	: 1.54		0.90-2.00
Gamma GT <i>Serum, Method: G glutamyl carboxy nitroanilide</i> <i>Test Done on - Automated Biochemistry Analyzer (EM 200).</i>	: 27	U/L	0-38 U/L

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Signature
Dr. Santosh Khairnar
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Report Released : 11/11/2024 15:30:48

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BLOOD UREA NITROGEN (BUN)

Test	Result	Unit	Biological Ref. Range
Urea	: 26.30	mg/dl	13-40 mg/dl

Serum, Method: Urease - GLDH

Blood Urea Nitrogen : 12.29 mg/dl 5-18 mg/dl

*Test Done on - Automated Biochemistry Analyzer (EM 200)***All Samples Processed At Excellas Clinics Mulund Centre**(Collected At: 09/11/2024 10:07:45, Received At: 09/11/2024 10:07:45, Reported At: 11/11/2024 15:30:48)***SERUM CREATININE**

Test	Result	Unit	Biological Ref. Range
S. Creatinine	: 0.57	mg/dl	0.60-1.1 mg/dl

*Serum, Method: Enzymatic**Test Done on - Automated Biochemistry Analyzer (EM 200).***All Samples Processed At Excellas Clinics Mulund Centre**(Collected At: 09/11/2024 10:07:45, Received At: 09/11/2024 10:07:45, Reported At: 11/11/2024 15:31:58)***SERUM URIC ACID**

Test	Result	Unit	Biological Ref. Range
S. Uric Acid	: 4.10	mg/dl	2.6-6.0 mg/dl

*Serum, Method: Uricase - POD**Test Done on - Automated Biochemistry Analyzer (EM 200).**(Collected At: 09/11/2024 10:07:45, Received At: 09/11/2024 10:07:45, Reported At: 11/11/2024 15:30:51)*

Dr. Santosh Khairnar
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BUN CREAT RATIO (BCR)

Test	Result	Unit	Biological Ref. Range
BUN/Creatinine ratio	: 21.56		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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THYROID FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
Total T3	: 1.1	ng/dl	0.70-2.04 ng/dl
<i>Serum, Method: CLIA</i>			
Total T4	: 8.55	µg/dl	5.1-14.1 µg/dl
<i>Serum, Method: CLIA</i>			
TSH (Thyroid Stimulating Hormone)	: 4.90	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
<u>PHYSICAL EXAMINATION</u>			
Quantity :	10	ml	
Colour :	Pale yellow		
Appearance :	Clear		
Reaction (pH) :	6.0		4.5 - 8.0
Specific Gravity :	1.020		1.010 - 1.030
<u>CHEMICAL EXAMINATION</u>			
Protein :	Absent		Absent
Glucose :	Absent		Absent
Ketones Bodies :	Absent		Absent
Occult Blood :	Absent		Absent
Bilirubin :	Absent		Absent
Urobilinogen :	Absent		Normal
<u>MICROSCOPIC EXAMINATION</u>			
Epithelial Cells :	2 - 3	/ hpf	
Pus cells :	1 - 2	/ hpf	
Red Blood Cells :	Absent	/ hpf	
Casts :	Absent	/ lpf	Absent / lpf
Crystals :	Absent		Absent
<u>OTHER FINDINGS</u>			
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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X RAY CHEST PA VIEW

CLINICAL PROFILE : NO COMPLAINTS.

Both the lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

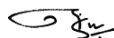
Bilateral costophrenic angles appear normal.

Bony thorax appears normal.

Soft tissues appear normal.

IMPRESSION:

No significant abnormality detected.



Dr. Raj Shah
DMRE , M.B.B.S
REG. NO.
2019/05/3609





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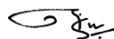


MRS TRIPTI Y GAONKAR AGE 32 YRS FEMALE R06 CHEST,PA 11/9/2024 08:47 AM

EXCELLAS CLINICS, DOMBIVILI (E)

(Collected At: 09/11/2024 10:07:45, Received At: 09/11/2024 10:07:45, Reported At: 11/11/2024 12:50:58)

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Dr. Raj Shah
DMRE , M.B.B.S
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OPHTHALMIC EVALUATION

Examination	Right Eye	Left Eye
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	Tishti Gaonkar	
Sex		Male/ Female	
Age (yrs.)	32	UHID :	
Date		9 / 11 / 2024	Bill No. :
Marital Status		<input checked="" type="checkbox"/> Married/ No. of Children / Unmarried/ Widow :	
Present Complaints		No	
Past Medical : History Surgical :		No LSCS (1 yr ago)	
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 No.	
Family History	Father = Mother = Siblings =	HT / <input checked="" type="checkbox"/> DM / IHD / Stroke / Any Other Mother = HT / DM / IHD / Stroke / Any Other Siblings = HT / DM / IHD / Stroke / Any Other	
History of Allergies		Drug Allergy No. Any Other	
History of Medication		For HT / DM / IHD / Hypothyroidism Any Other No	
On Examination (O/E)		G. E. : fair R. S. : N&B C. V. S. : GG (N) C.N.S. : Core absent P/A : soft non-tender Any Other Positive Findings :	

Height <u>153</u> cms	Weight <u>84</u> Kgs	
BMI <u>35.9</u>		
Pulse (per min.) <u>68/m</u>	Blood Pressure (mm of Hg)	<u>120/80</u> mm of Hg
	Gynaecology	
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		
Physician Impression		
Examined by :	<ul style="list-style-type: none"> - Overweight = To Reduce Weight - Underweight = To Increase Weight 	

ID T-2171

Name Gaonkar

Age 32 Years

Gender: female

BP : / (mmHg)

Weight: Kgs

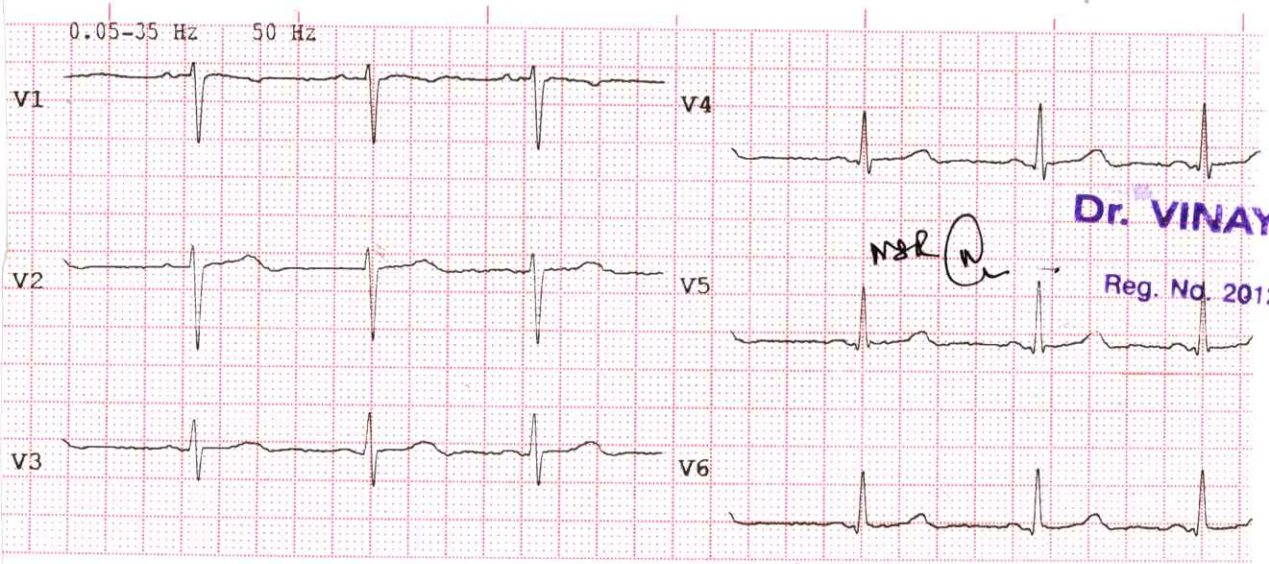
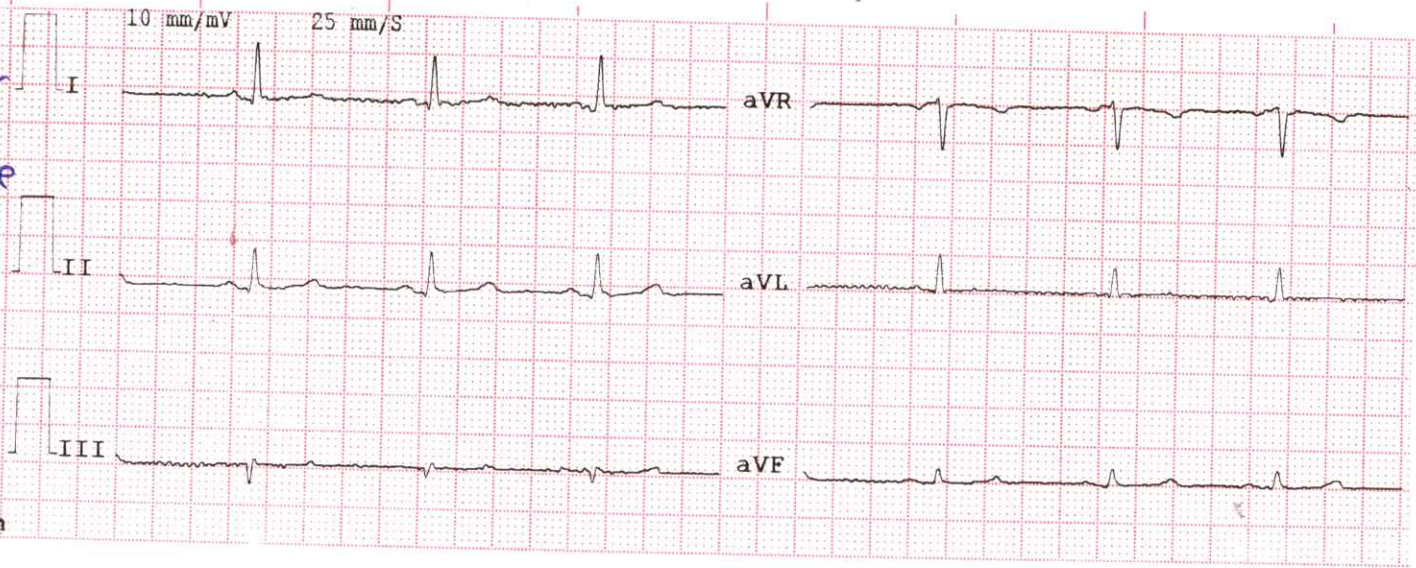
Date : 08/05/08

01:51 PM

Note :

VESTA 301i
(Ver 3.31.33PC)

www.rmsindia.com



MSR (handwritten signature)

Dr. VINAY HIRAY

DNB MED

Reg. No. 2012/09/2681

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of **Mrs Tripti Y Gaonkar** on (09/11/2024).

After reviewing the medical history and upon clinical examination, it has been found that she is:

Fitness Status	Mark (✓) Below, where applicable
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • recommendations Though following restriction have been revealed , in my opinion, these are not impediments to the prospective job 1. 2. 3. However the employee should follow the advice/medication that has been communicated to him/her. Review after _____ days is recommended. 	
<ul style="list-style-type: none"> • Currently Unfit Review after _____ days is recommended. 	
<ul style="list-style-type: none"> • Unfit 	



Dr. Vinay Hiray
DNB (MED)
Reg. No. 2012/09/2681