



340 090325

**Name** : MRS. VAISHALI GAWADE

**Ref. By** : Mediwheel

**Sent By** : Arcofemi Healthcare Pvt Ltd

**LAB ID** : 340

**Age** : 50 Yrs. **Sex** : F

**Printed** : 13/03/2025 16:00

**Sample Collection** : 09/03/2025 10:50

**Sample Received** : 09/03/2025 10:50

**Report Released** : 11/03/2025 12:16

**COMPLETE BLOOD COUNT \***

Test	Result	Unit	Biological Ref Range
Hemoglobin (SLS) Photometric	: <b>14.2</b>	g/dL	12-14 g/dL
Total RBC (Electrical Impedence)	: 5.19	10 <sup>6</sup> /μL	3.0-6.0 10 <sup>6</sup> /μL
Hematocrit (PCV) (Calculated)	: 43.8	%	36-54 %
Mean Corpuscular Volume (MCV) (calculated)	: 84.4	fL	78-101 fL
Mean Corpuscular Hemoglobin (MCH) (Calculated)	: 27.4	pg	27-32 pg
Mean Corpuscular Hemoglobin Concentration (MCHC) (Calculated)	: 32.4	g/dL	31.5-34.5 g/dL
Red Cell Distribution Width (RDW- CV) (Electrical Impedence)	: 13.90	%	12-15 %
Total Leucocytes Count (Light Scattering)	: 8230	/cumm	4000-11000 /cumm
<b>Neutrophils</b> (Calculated)	: 59	%	40-75 %
<b>Eosinophils Percentage</b> (Calculated)	: 02	%	1-6 %
Lymphocyte Percentage (Calculated)	: 35	%	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)	: 341000	/ul	150000-450000 /ul
Platelets on Smear	: Adequate		Adequate
E.S.R	: 09	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)

Note: Tests marked with \* are included in NABL scope.

\*All Samples Processed At Excellas Clinics Mulund Centre .

\*ESR NOT IN NABL scope.

(Collected At: 09/03/2025 10:50:08, Received At: 09/03/2025 10:50:08, Reported At: 11/03/2025 12:16:46)

  
**Dr. Santosh Khairnar**

Reg. No.-2000/08/2926





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



  
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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)	: 89	mg/dL	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl
<i>Method: GOD-POD</i>			
Fasting Urine Glucose	: Absent		Absent
GLUCOSE (SUGAR) PP, ( Fluoride Plasma Used )	: 90	mg/dl	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl
PP Urine Glucose	: Absent		Absent

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

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*(Collected At: 09/03/2025 10:50:08, Received At: 09/03/2025 10:50:08, Reported At: 11/03/2025 12:17:12)*
**HbA1c (Whole Blood)**

Test	Result	Unit	Reference Range
HbA1c-Glycosylated Haemoglobin	: 5.50	%	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)** : 111.15 mg/dl 65.1-136.3 mg/dL mg/dl

*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.

*(Collected At: 09/03/2025 10:50:08, Received At: 09/03/2025 10:50:08, Reported At: 11/03/2025 12:15:37)*
  
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**Report Released** : 11/03/2025 12:17

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**BLOOD GROUP**

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

Slide and Tube Agglutination Test

(Collected At: 09/03/2025 10:50:08, Received At: 09/03/2025 10:50:08, Reported At: 11/03/2025 12:17:45)

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**LIPID PROFILE**

Test	Result	Unit	Biological Ref. Range
Total Cholesterol	: 177	mg/dl	Desirable: <200 Borderline high = 200-239 High: > 239
<i>Serum, Method: CHOD-PAP</i>			
S. Triglyceride	: 64	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499
<i>Serum, Method: GPO-Trinder</i>			
HDL Cholesterol	: 63	mg/dl	42.0-88.0 mg/dl
<i>serum, Direct method</i>			
LDL Cholesterol	: 101.20	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190
<i>Serum, (Calculated)</i>			
VLDL Cholesterol	: 12.8	mg/dl	5-30 mg/dl
<i>Serum, Method: Calculated</i>			
LDL/HDL Ratio	: 1.6		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5
<i>Serum, Method: Calculated</i>			
TC/HDL Ratio	: 2.8		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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**Report Released** : 11/03/2025 12:15

**LIVER FUNCTION TEST**

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: 1.20	mg/dl	0-2.0 mg/dl
S. Bilirubin (Direct) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: <b>0.44</b>	mg/dl	0-0.4 mg/dl
S. Bilirubin (Indirect) <i>Serum, Method: Calculated</i>	: 0.76	mg/dl	0.10-1.0 mg/dl
Aspartate Transaminase (AST/SGOT) <i>Serum, Method: UV Kinetic with P5P</i>	: 21	IU/L	0-31 IU/L
Alanine Transaminase (ALT/SGPT) <i>Serum, Method: UV Kinetic with P5P</i>	: 22	IU/L	0-34 IU/L
S. Alkaline Phosphatase <i>Serum, Method: IFCC with AMP buffer</i>	: 81	IU/L	42-98 IU/L
Total Proteins <i>Serum, Method: Biuret</i>	: 8.0	gm/dl	6.4-8.3 gm/dl
S. Albumin <i>Serum, Method: BCG</i>	: 5.0	gm/dl	3.5-5.2 gm/dl
S. Globulin <i>Serum, Method: Calculated</i>	: 3.0	gm/dl	2.3-3.5 gm/dl
A/G Ratio <i>Serum, Method: Calculated</i>	: 1.67		0.90-2.00
Gamma GT <i>Serum, Method: G glutamyl carboxy nitroanilide</i> <i>Test Done on - Automated Biochemistry Analyzer (EM 200).</i>	: 33	U/L	0-38 U/L

\*All Samples Processed At Excellas Clinics Mulund Centre .

(Collected At: 09/03/2025 10:50:08, Received At: 09/03/2025 10:50:08, Reported At: 11/03/2025 12:15:31)

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Test	Result	Unit	Biological Ref. Range
S. Creatinine	: 0.63	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: 09/03/2025 10:50:08, Received At: 09/03/2025 10:50:08, Reported At: 11/03/2025 12:15:55)***BLOOD UREA NITROGEN (BUN)**

Test	Result	Unit	Biological Ref. Range
Urea	: 18.83	mg/dl	13-40 mg/dl

*Serum, Method: Urease - GLDH*

Blood Urea Nitrogen : 8.80 mg/dl 5-18 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

*\*All Samples Processed At Excellas Clinics Mulund Centre**(Collected At: 09/03/2025 10:50:08, Received At: 09/03/2025 10:50:08, Reported At: 11/03/2025 12:16:06)***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).

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**BUN CREAT RATIO (BCR)**

Test	Result	Unit	Biological Ref. Range
BUN/Creatinine ratio	: 13.90		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 <i>Serum, Method: CLIA</i>	: 1.3	ng/dl	0.70-2.04 ng/dl
Total T4 <i>Serum, Method: CLIA</i>	: 8.90	µg/dl	5.1-14.1 µg/dl
TSH (Thyroid Stimulating Hormone) <i>Serum, Method: CLIA</i>	: 2.40	µIU/ml	0.27-5.3 µIU/ml

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.

(Collected At: 09/03/2025 10:50:08, Received At: 09/03/2025 10:50:08, Reported At: 11/03/2025 12:16:58)

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**Report Released** : 11/03/2025 12:17

**EXAMINATION OF URINE**

Test	Result	Unit	Biological Ref. Range
<b>PHYSICAL EXAMINATION</b>			
Quantity :	15	ml	
Colour :	Pale yellow		
Appearance :	Clear		
Reaction (pH) :	6.0		4.5 - 8.0
Specific Gravity :	1.010		1.010 - 1.030
<b>CHEMICAL EXAMINATION</b>			
Protein :	Absent		Absent
Glucose :	Absent		Absent
Ketones Bodies :	Absent		Absent
Occult Blood :	Absent		Absent
Bilirubin :	Absent		Absent
Urobilinogen :	Absent		Normal
<b>MICROSCOPIC EXAMINATION</b>			
Epithelial Cells :	4 - 5	/ hpf	
Pus cells :	2 - 3	/ hpf	
Red Blood Cells :	Absent	/ hpf	
Casts :	Absent	/ lpf	Absent / lpf
Crystals :	Absent		Absent
<b>OTHER FINDINGS</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

(Collected At: 09/03/2025 10:50:08, Received At: 09/03/2025 10:50:08, Reported At: 11/03/2025 12:17:36)

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**Report Released** : 10/03/2025 13:58

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**X RAY CHEST PA VIEW**

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**CLINICAL PROFILE: NO COMPLAINTS**

Both the lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

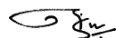
Bilateral costophrenic angles appear normal.

Bony thorax appears normal.

Soft tissues appear normal.

**IMPRESSION:**

**No significant abnormality detected.**



**Dr. Raj Shah**  
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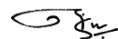
Report Released : 10/03/2025 13:58



(Collected At: 09/03/2025 10:50:08, Received At: 09/03/2025 10:50:08, Reported At: 10/03/2025 13:58:26)

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**USG ABDOMEN & PELVIS - FEMALE**

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**Liver:-** is normal in size(14.6 cm) and shows 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.

Visualised **CBD** is normal.

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

**Spleen:-** is normal in size (10.3 cm) 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 – 9.7 x 4.1 cms.

Left kidney – 9.9 x 4.3 cms.

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

**Uterus:-** Post menopausal status.

Both adnexae appear normal.

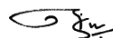
No ascites is seen. No significant lymphadenopathy is seen.

**IMPRESSION:**

- **Grade I fatty liver.**

*Thanks for the Referral*

(Collected At: 09/03/2025 10:50:08, Received At: 09/03/2025 10:50:08, Reported At: 10/03/2025 15:25:27)



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**USG BOTH BREAST**

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- Both breasts show normal fibroglandular & fibro fatty parenchyma.
- There is no abnormal dilatation of ducts noted on either side.
- No significant axillary lymphadenopathy is seen.
- **A tiny cyst measuring 3.0 x 2.0 mm is seen at 8-9 o clock position in left breast.**
- **A heterogeneously hypoechoic lesion is seen at an approx. 4 o clock position in left breast measuring 6.0 x 4.0 mm- fibroadenoma.**

**IMPRESSION :**

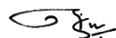
- **Tiny left breast cyst.(BIRADS 2)**
- **Fibroadenoma as mentioned. (BIRADS 2)**

*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: 09/03/2025 10:50:08, Received At: 09/03/2025 10:50:08, Reported At: 10/03/2025 15:24:21)

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



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**OPHTHALMIC EVALUATION**

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<b>Examination with specs</b>	<b>Right Eye</b>	<b>Left Eye</b>
Distance Vision	6/6	6/6
Near Vision	N/8	N/8
Color Vision	Normal	
Remarks	Normal	

(Collected At: 09/03/2025 10:50:08, Received At: 09/03/2025 10:50:08, Reported At: 10/03/2025 11:35:51)





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**Report Released** : 10/03/2025 11:35

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## CERVICAL CYTOLOGY REPORT

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### PAPANICOLAOU SMEAR (CONVENTIONAL)

Specimen :-

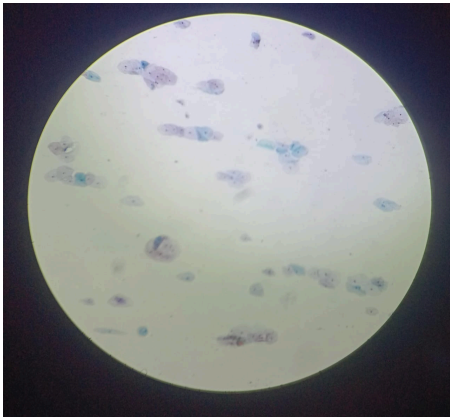
1. 2 unstained air dried smear received.
2. Stained with papanicolaou method and examined.

Smear shows :

- Many superficial squamous, intermediate squamous and few squamous metaplastic cells.
- Background shows few endocervical cells alongwith mild inflammatory infiltrate.
- No cellular atypia or malignancy noted.

**Impression** : No intraepithelial lesion or malignancy

**Comments:** The smears are reported using bethesda system for cervical cytology(2014) Interpretation(s).



(Collected At: 09/03/2025 10:50:08, Received At: 09/03/2025 10:50:08, Reported At: 13/03/2025 08:46:26)

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





## MEDICAL EXAMINATION REPORT

Name	Mr./ Mrs./ Miss	Vaishali Gawade.	
Sex		Male	<u>Female</u>
Age (yrs.)	50	UHID :	
Date		9/3/2025	Bill No :
Marital Status		Single / <u>Married</u> / Widow / Widower :	
		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 = <u>HT</u> / <u>DM</u> / IHD / Stroke / Any Other Siblings = <u>HT</u> / <u>DM</u> / 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 : <u>Palp ⊕</u>	

Height	158 / cms	Weight	62.4 Kgs	BMI	25.0
Pulse (per min.)	68	Blood Pressure (mm of Hg)	134/82		
<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	_____				
Physician Impression	_____				
Examined By :	- Overweight = To Reduce Weight - Underweight = To Increase Weight _____				

ID : Mrs. Vaishali  
Name : Gawade  
Age : 50 Years

Gender : F.

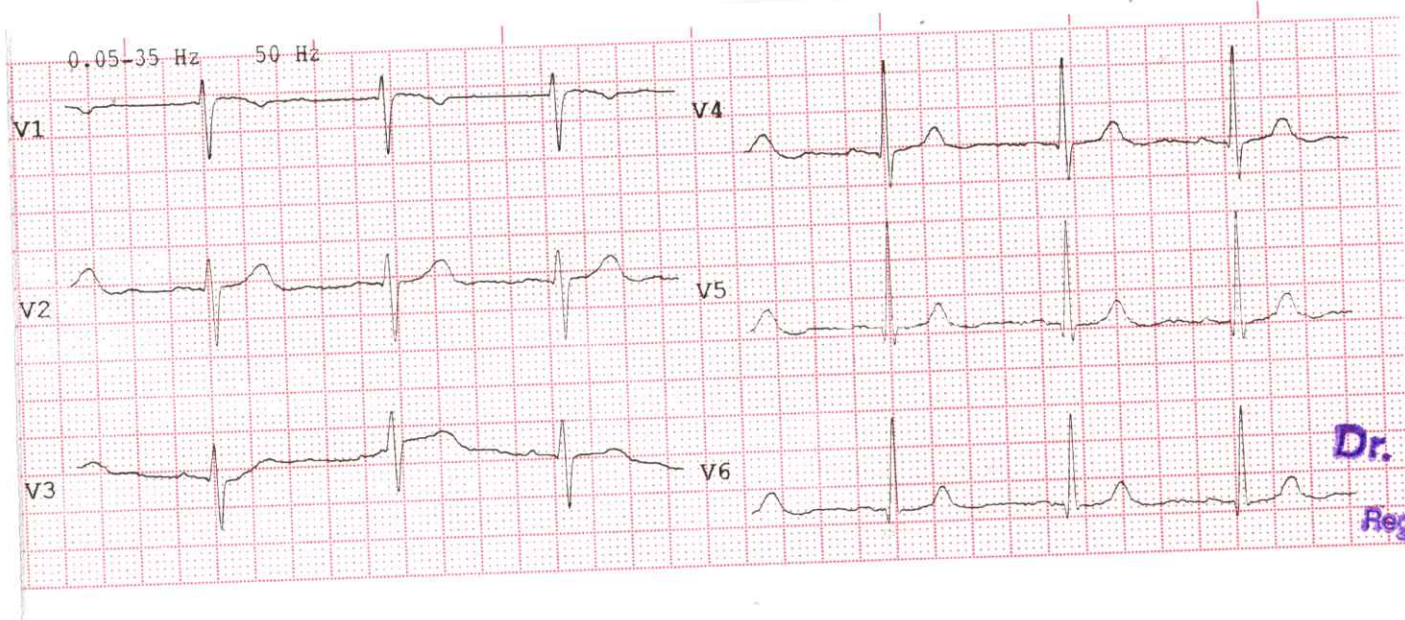
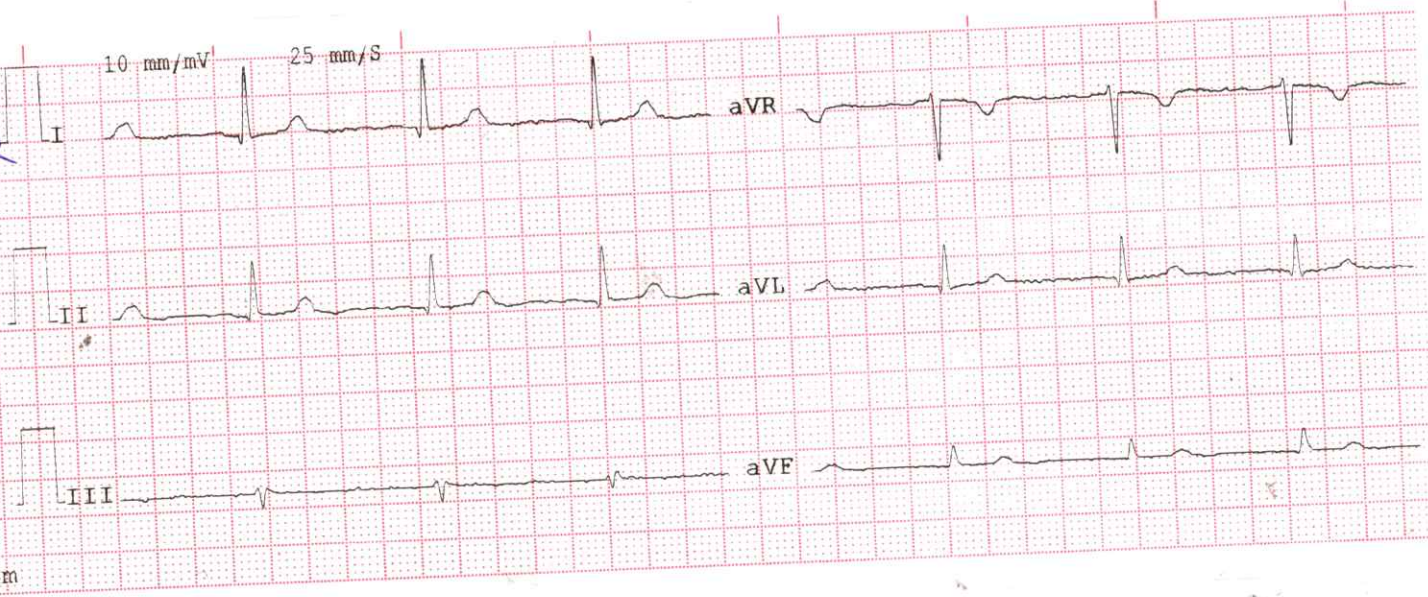
BP : (mmHg)

Weight : Kgs

Date : 09/03/25  
12:14 PM

Note :

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MSR

Dr. VINAY HIRAY  
DNB MED  
Reg. No. 2012/09/2681