

Lab ID.



: FINAL

: 27/1/2025 1:51 pm

. 27/1/2025 2:01 pm

Collected On

Received On

: Mrs. SNEHAL PATIL Name

221495

: 27/1/2025 10:02 pm Reported On Age/Sex : 33Years / Female

Report Status : JINKUSHAL CARDIAC CARE & SUPER SPECIALITY HOS Ref By

Consulting Dr. : DR. MAYUR JAIN

COMPLETE BLOOD COUNT

| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|---------------------------|--------------------|----------|-----------------|
| HEMOGLOBIN | 13.3 | gm/dl | 12.0 - 15.0 |
| HEMATOCRIT (PCV) | 41.9 | % | 36 - 46 |
| RBC COUNT | 5.27 | x10^6/uL | 4.5 - 5.5 |
| MCV | 80 | fl | 80 - 96 |
| MCH | 25.2 | pg | 27 - 33 |
| MCHC | 32 | g/dl | 33 - 36 |
| RDW-CV | 13.4 | % | 11.5 - 14.5 |
| TOTAL LEUCOCYTE COUNT | 12170 | /cumm | 4000 - 11000 |
| DIFFERENTIAL COUNT | | | |
| NEUTROPHILS | 67 | % | 40 - 80 |
| LYMPHOCYTES | 26 | % | 20 - 40 |
| EOSINOPHILS | 02 | % | 0 - 6 |
| MONOCYTES | 05 | % | 2 - 10 |
| BASOPHILS | 00 | % | 0 - 1 |
| PLATELET COUNT | 279000 | / cumm | 150 to 410 |
| MPV | 11.5 | fl | 6.5 - 11.5 |
| PDW | 16.4 | % | 9.0 - 17.0 |
| PCT | 0.320 | % | 0.200 - 0.500 |
| RBC MORPHOLOGY | Normocytic Normoch | nromic | |
| WBC MORPHOLOGY | Leukocytosis | | |
| PLATELETS ON SMEAR | Adequate | | |

PLATELETS ON SMEAR Adequate

Method: EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method). Rest are calculated parameters.

Result relates to sample tested, Kindly correlate with clinical findings.

Checked By

Rajashri_Dumbre

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist** Regd.No.: 3401/09/2007

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Consulting Dr. : DR. MAYUR JAIN

| | IMMUNOASSAY | | | | |
|--------------------|-------------|-------|-----------------|--|--|
| TEST NAME | RESULTS | UNIT | REFERENCE RANGE | | |
| VITAMIN B12, SERUM | | | | | |
| SPECIMEN | Serum | | | | |
| VITAMIN B12 | 401 | pg/ml | 211 - 911 | | |

INTERPRETATION -

Decreased vitamin B12: Megaloblastic anemia, Folate deficiency, Neurological diseases, Gastric and small bowel diseases, malabsorption, strict vegetarian, Pancreatic insufficiency, Parasite-Fish tape worm. Alcoholism, Drug like PSA, anticonvulsants, metformin, Increased Vitamin B12: Acute hepatitis, Iatrogenic, Myeloproliferative diseases, Polycythemia, Oral contraceptives etc. Blood collection after vitamin B12 injections or oral supplements containing vitamin B12 may interfere with results.

ASSOCIATED TEST: SERUM FOLATE, HOMOCYSTEINE, HOLOTRANSCOBALAMIN/ACTIVE B12, INTRINSIC FACTOR.

Result relates to sample tested, Kindly correlate with clinical findings.

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Rajashri_Dumbre

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| | IMMUNO A | SSAY | |
|------------------------------|----------|--------|-----------------|
| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
| TFT (THYROID FUNCTION TEST) | | | |
| SPECIMEN | Serum | | |
| T3 | 14.3 | ng/dl | 84.63 - 201.8 |
| T4 | 10.6 | μg/dl | 5.13 - 14.06 |
| TSH | 0.55 | μIU/ml | 0.270 - 4.20 |

DONE ON FULLY AUTOMATED ANALYSER MAGLUMI SNIBE X3

| T3 (Triiodo Thy | ronine) | T4 (Thyrox | (ine) |
|-----------------|---------|-------------|-----------|
| AGE | RANGE | AGE | RANGES |
| 1-30 days | 100-740 | 1-14 Days | 11.8-22.6 |
| 1-11 months | 105-245 | 1-2 weeks | 9.9-16.6 |
| 1-5 years | 105-269 | 1-4 months | 7.2-14.4 |
| 6-10 years | 94-241 | 4-12months | 7.8-16.5 |
| 11-15 years | 82-213 | 1-5 years | 7.3-15.0 |
| 15-20 years | 80-210 | 5-10 years | 6.4-13.3 |
| | | 11-15 years | 5.6-11.7 |

TSH(Thyroid stimulating hormone)

AGE **RANGES** 0-14 Davs 1.0-39 2 weeks -5 months 1.7-9.1 6 months-20 years 0.7 - 6.4

Pregnancy

1st Trimester 0.1 - 2.52nd Trimester 0.20-3.0 3rd Trimester 0.30-3.0

INTERPRETATION:

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

Result relates to sample tested, Kindly correlate with clinical findings.

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| | IMMUNOAS | SAY | |
|-----------------------|----------|-------|-----------------|
| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
| 25- HYDROXY VITAMIN D | | | |
| SPECIMEN | Serum | | |
| 25-HYDROXY, VITAMIN D | 32.7 | ng/ml | 30 - 100 |

INTERPRETATION -

Cholicalciferol (vit D3) is synthesized in the skin from 7 dehydrocholecalciferol in response to sunlight, some part also comes from diet and supplements. Ergocalciferol (VitD2)comes essentially from diet and supplements

Both Cholicalciferol and Ergocalciferol are converted in the iver to 25 OH Vitamin D.

25 OH Vitamin D is considered best indicator of vitamin D nutritional status.

Deficiency: Secondary hyperparathyroidism, diseases related to impaired bone metabolism like rickets, osteoporosis, osteomalacia, and associated with increasing risk of many chronic illness and cardiovascular problems. Kindly correlate clinically.

Result relates to sample tested, Kindly correlate with clinical findings.

| END OF REPORT | |
|-------------------|--|

Checked By

Rajashri_Dumbre

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist**

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HAEMATOLOGY

UNIT REFERENCE RANGE TEST NAME **RESULTS**

BLOOD GROUP

SPECIMEN WHOLE BLOOD EDTA & SERUM

* ABO GROUP 'B'

RH FACTOR **POSITIVE**

Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By Rajashri_Dumbre

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| | *RENAL | FUNCTION TEST | | |
|-----------------------------|------------------------|---------------|-----------------|--|
| TEST NAME | RESULTS | UNIT | REFERENCE RANGE | |
| BLOOD UREA | 20.8 | mg/dL | 13 - 40 | |
| (Urease UV GLDH Kinetic) | | | | |
| BLOOD UREA NITROGEN | 9.72 | mg/dL | 5 - 20 | |
| (Calculated) | | | | |
| S. CREATININE | 0.67 | mg/dL | 0.6 - 1.4 | |
| (Enzymatic) | | | | |
| S. URIC ACID | 5.7 | mg/dL | 2.6 - 6.0 | |
| (Uricase) | | | | |
| S. SODIUM | 143.2 | mEq/L | 137 - 145 | |
| (ISE Direct Method) | | | | |
| S. POTASSIUM | 5.06 | mEq/L | 3.5 - 5.1 | |
| (ISE Direct Method) | | | | |
| S. CHLORIDE | 102.7 | mEq/L | 98 - 110 | |
| (ISE Direct Method) | | | | |
| S. PHOSPHORUS | 3.79 | mg/dL | 2.5 - 4.5 | |
| (Ammonium Molybdate) | | | | |
| S. CALCIUM | 9.9 | mg/dL | 8.6 - 10.2 | |
| (Arsenazo III) | | | | |
| PROTEIN | 6.68 | g/dl | 6.4 - 8.3 | |
| (Biuret) | | | | |
| S. ALBUMIN | 3.91 | g/dl | 3.2 - 4.6 | |
| (BGC) | | | | |
| S.GLOBULIN | 2.77 | g/dl | 1.9 - 3.5 | |
| (Calculated) | | | | |
| A/G RATIO | 1.41 | | 0 - 2 | |
| calculated | | | | |
| BIOCHEMISTRY TEST DONE ON F | FULLY AUTOMATED (EM 2 | 00) ANALYZER. | | |

Checked By

Rajashri_Dumbre

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| | LIVER F | UNCTION TEST | | |
|--------------------------------|---------|--------------|-----------------|--|
| TEST NAME | RESULTS | UNIT | REFERENCE RANGE | |
| TOTAL BILLIRUBIN | 0.55 | mg/dL | 0.2 - 1.2 | |
| (Method-Diazo) | | | | |
| DIRECT BILLIRUBIN | 0.23 | mg/dL | 0.0 - 0.4 | |
| (Method-Diazo) | | | | |
| INDIRECT BILLIRUBIN | 0.32 | mg/dL | 0 - 0.8 | |
| Calculated | | | | |
| SGOT(AST) | 17.1 | U/L | 0 - 37 | |
| (UV without PSP) | | | | |
| SGPT(ALT) | 15 | U/L | UP to 40 | |
| UV Kinetic Without PLP (P-L-P) | | | | |
| ALKALINE PHOSPHATASE | 58 | U/L | 42 - 98 | |
| (Method-ALP-AMP) | | | | |
| S. PROTIEN | 6.68 | g/dl | 6.4 - 8.3 | |
| (Method-Biuret) | | | | |
| S. ALBUMIN | 3.91 | g/dl | 3.5 - 5.2 | |
| (Method-BCG) | | | | |
| S. GLOBULIN | 2.77 | g/dl | 1.90 - 3.50 | |
| Calculated | | | | |
| A/G RATIO | 1.41 | | 0 - 2 | |
| Calculated | | | | |

Result relates to sample tested, Kindly correlate with clinical findings.

Checked By

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| HAEMATOLOGY | | |
|-------------|-----------------|--|
| UNIT | REFERENCE RANGE | |
| | | |

ESR ESR

TEST NAME

20

RESULTS

mm/1hr.

0 - 20

METHOD - WESTERGREN

Result relates to sample tested, Kindly correlate with clinical findings.

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BIOCHEMISTRY UNIT TEST NAME REFERENCE RANGE **RESULTS GLYCOCELATED HEMOGLOBIN (HBA1C) HBA1C (GLYCOSALATED** % Hb A1c **HAEMOGLOBIN)** > 8 Action suggested < 7 Goal < 6 Non - diabetic level AVERAGE BLOOD GLUCOSE (A. B. 65.1 - 136.3 111.2 mq/dL G.)

METHOD Particle Enhanced Immunoturbidimetry

HbA1c: Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes. Average Blood Glucose (A.B.G) is calculated value from HbA1c: Glycosylated hemoglobin concentration in whole Blood. It indicates average blood sugar level over past three months.

BLOOD GLUCOSE FASTING & PP

| BLOOD GLUCOSE FASTING | 102.0 | mg/dL | 70 - 110 |
|-----------------------|--------|-------|----------|
| URINE GLUCOSE FASTING | Absent | | |
| URINE KETONE FASTING | Absent | | |
| BLOOD GLUCOSE PP | 125.7 | mg/dL | 70 - 140 |
| URINE GLUCOSE PP | Absent | | |
| URINE KETONE PP | Absent | | |

Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).

- 1. Fasting is required (Except for water) for 8-10 hours before collection for fasting speciman. Last dinner should consist of bland diet.
- 2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn

Checked By Rajashri_Dumbre

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BIOCHEMISTRY

UNIT REFERENCE RANGE TEST NAME **RESULTS**

INTERPRETATION

- Normal glucose tolerance: 70-110 mg/dl

- Impaired Fasting glucose (IFG): 110-125 mg/dl

- Diabetes mellitus : >=126 mg/dl

POSTPRANDIAL/POST GLUCOSE (75 grams)

- Normal glucose tolerance: 70-139 mg/dl

- Impaired glucose tolerance : 140-199 mg/dl

- Diabetes mellitus : >=200 mg/dl

CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS

- Fasting plasma glucose >=126 mg/dl
- Classical symptoms +Random plasma glucose >=200 mg/dl
- Plasma glucose >=200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin > 6.5%

***Any positive criteria should be tested on subsequent day with same or other criteria.

*S.ALKALINE PHOSPHATASE

58

U/L

53 - 141

Method: PNP AMP KINETIC

Result relates to sample tested, Kindly correlate with clinical findings.

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Rajashri_Dumbre

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Regd.No.: 3401/09/2007

Mrs. snehed poetri)
93]m



KICIO Thyroidism OU &.

Defecils not available.

ECG-WN

no ay new do.

9-72/min 3.p-120/80

BMI-85.69
obesity

ing. 6/1/2005.

P, 40 L1 - UCS. 12 yr. Jenle.

Blood inust 4 send.

report acocited.

ECG. OM.

TM1 - Ney

ct cuy.

Blood reprets

- feeline weight offist 30 mgs rough - fenty & serry

Jerry & Selly good arusy

+91 9222888070, 9082386200

www.jinkushalcardiaccare.com

info@jinkushalcardiaccare.com jinkushalcardiaccare@gmail.com

Follow us on



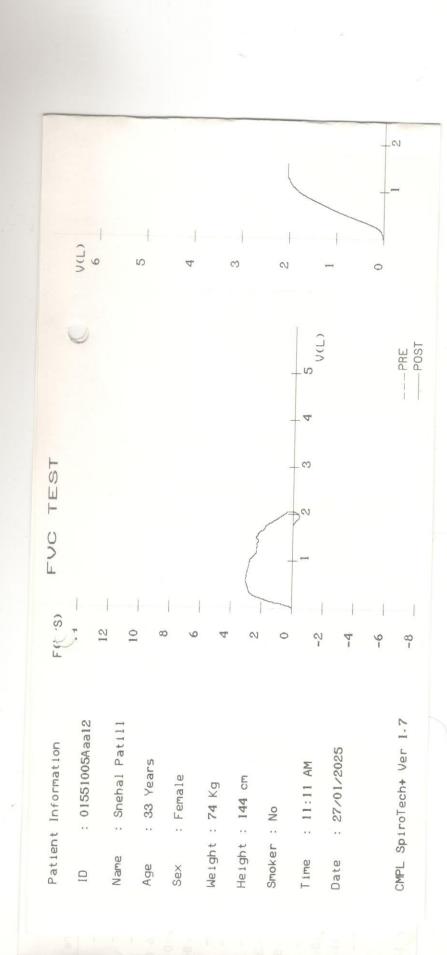
Jinkushal Cardiac Care and Super Speciality Hospital, 2nd Floor, Rosa Vista, Opp. Suraj Water Park Kavesar, Ghodbunder Road, Thane (W). Maharashtra.

@ n22 - 40615511 / 22

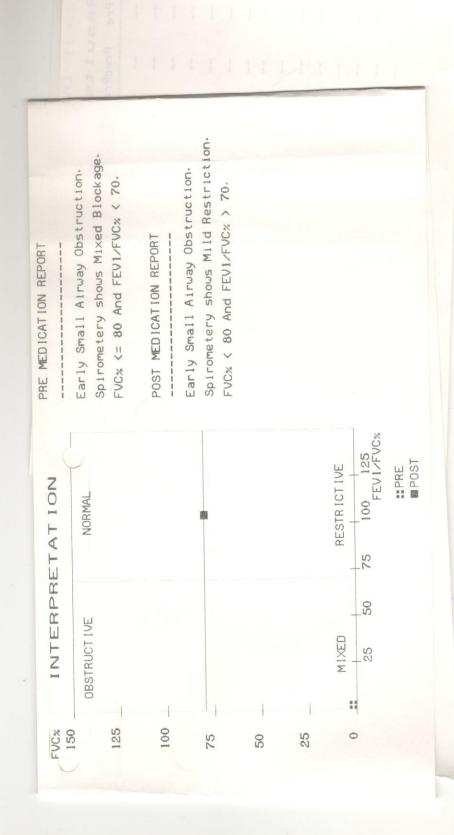
| | | Ç | ď | E(G report | 3 | | | | |
|--|-------------|--|-------------------------|---|-------------------|---------------------------------------|----------|--------------|--|
| | | : 86 bpm | < Sinus rhythm | ^ | Confirm and sign: | l sign : | | | |
| Name : patii,snenai Gender : M | QRS | : 144 ms : 72 ms | Normal ECG | | | | | | |
| Age : 33 Years | QT/QTc | QT/QTc : 354/400 ms | | | | | | | |
| | P/QRS/T | P/QRS/T: 56/41/15° | | | | | | | |
| | RV5/SV1 | RV5/SV1: 1.536/0.661 mv RV5+5V1: 2.197 mv | | | | | | | |
| | | | | | | | | | |
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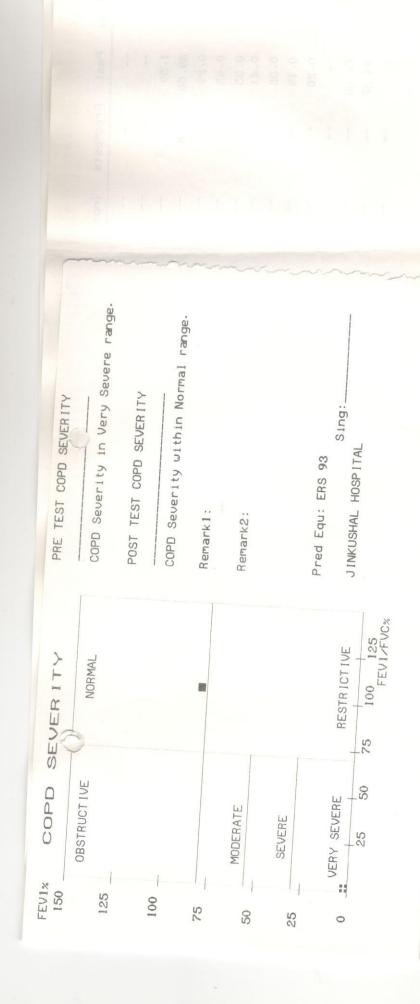
OPTHALMIC EVALUATION

| | 33 YEARS | / FEMALE | D | Date: 27/01/2 | 2025 |
|--------------|--------------|------------|-----------|---------------|----------|
| Examinatio | n | | | | |
| | | Right Eye | Normal | | Left Eye |
| Visual Acui | ty | | 41 | | |
| Distance Vis | sion | | 6/6 | 616 | |
| Near Vision | | | 6-6 | 616 | |
| Color Vision | | | Manus IID | | |
| | 1 | | Normal/De | tective | |
| Refraction 1 | Prescription | <u>1 :</u> | | | |
| | Right Eye | | | Left Eye | |
| Sph. | Cyl. | Axis | Sph. | Cyl. | Axis |
| | \ | | - | | |
| emarks | | | Remarks | | |
| | | | | | |
| | | | | | |
| | | | | | |
| REMARKS: | , | | | | |



| | FUC T | es t | Res Pre | FUC Test Results: | Post | PredPost% | Imp% | Parameter | Pred | Pre | PredPrex | Post | PredPost% | Imp% |
|---------------|------------|--------------------|------------|-------------------|-------|-----------|------|-------------------------|----------|--------|----------|-------|-----------|------|
| | FVC | 2.63 | 1 | | 2.06 | 78 | 1 | FEV6/FVC | 1 | - | 1 | 1 | 1 | 1 |
| | FEV. 5 | 1 | 1 | 1 | 0.83 | 1 | 1 | FEV1/FEV6 | 1 | 1 | 1 | 1 | ! | 1 |
| | FEV1 | 2.26 | 1 | 1 | 1.84 | 81 | 1 | FET | 1 | 1 | - | 1.59 | 1 | ! |
| | E VEI | 1 | 1 | | 1 | 1 | ! | LungAge | 33.00 | 00.99 | 1 | 39.00 | 118 | 1 |
| | FEV6 | 1 | ; | 1 | 1 | ! | ; | FIVC | 2.57 | 3.01 | 1 | 0.29 | | ! |
| | PEFR | 5.82 | 1 | ī | 3.06 | 53 | ŧ | PIFR | - | 2.84 | 1 | 0.45 | - | |
| | FFF25-75 | | 1 | 1 | 2.34 | 65 | 1 | F1F25 | ! | 1 | - | 0.32 | 1 | i |
| | FEF75-85 | | 1 | ! | 1.82 | 1 | 1 | FIF50 | 1 | 1 | 1 | 0.41 | - | 1 |
| | FEF. 2-1.2 | 1 | 1 | } | 2.47 | 1 | 1 | FIF75 | - | 1 | ! | 0.38 | 1 | 1 |
| | FEF25 | 5.41 | 1 | 1 | 1.34 | 25 | 1 | FIV.5 | 1 | 0.39 | - | 0.19 | 1 | 1 |
| | FEF50 | 3.86 | 1 | 1 | 1.76 | 46 | ! | FIVI | 1 | 1.56 | 1 | 0.28 | - | - |
| | FEF75 | 1.80 | 1 | ! | 1.87 | 104 | 1 | FIV3 | 1 | - | - | ! | 1 | ! |
| | FEU. S/FUC | | ! | 1 | 40.16 | 1 | 1 | F1V. 5/F1VC | 1 | 13.01 | 1 | 66.38 | 1 | ! |
| | FEV 1/FVC | 86.01 | 1 | - | 89.31 | 104 | - | FIVINFIVC | 1 | 51.95 | 1 | 94.37 | - | 1 |
| | FEV3/FVC | | 1 | 1 | 1 | 1 | 1 | FIV3/FIVC | 1 | ! | ! | 1 | 1 | 1 |
| 4 5 T(sec) | JINKUSHAL | JINKUSHAL HOSPITAL | _ | | | | | CMPL SpiroTech+ Ver 1.7 | rech+ Ve | er 1.7 | | | | |
| | 1 | | | | | | | | | | | | | |







| NAME: MRS. SNEHAL PATIL | AGE: 33YRS/FEMALE | 9 |
|-------------------------|-------------------|---|
| REF BY: HEALTH CHECK UP | DATE: 27.01.2025 | |

SONOMAMMOGRAPHY OF BOTH BREAST

Bilateral breast tissues show normal homogenous parenchymal reflectivity.

No focal parenchymal lesion or calcification is seen.

No evidence of solid/ cystic mass lesion.

Nipple -areola complex are normal.

The lactiferous ducts appear normal.

No axillary lymph adenopathy seen.

Remarks: Normal homogenous reflectivity is seen in bilateral breast parenchyma.

BIRADS Category 1

DB DEVENDRA

DR. DEVENDRA PATIL (MD RADIOLOGY)
CONSULTANT RADIOLOGIST



www.jinkushalcardiaccare.com

info@jinkushalcardiaccare.com jinkushalcardiaccare@gmail.com





Name: SNEHAL PATIL

Date: 27-01-2025

Time: 14:09

Age: 33

Gender: F

Height: 144 cms

Weight: 74 Kg

ID: SNEHALPATI

Clinical History:

Medications:

Test Details:

Protocol: Bruce

Predicted Max HR: 187

Target HR: 158 (85% of Pr. MHR)

Exercise Time:

Max BP:

0:04:42 140/80 Achieved Max HR: 169 (90% of Pr. MHR)

Max BP x HR:

23660

Max Mets: 5.5

Test Termination Criteria:

Protocol Details:

| Stage Name | Stage Time | METS | Speed kmph | Grade % | Heart Rate | BP mmHg | RPP | Max ST Level | Max ST Slope mV/s |
|------------------|------------|------|---------------|------------|------------|------------|-------|--------------|----------------------|
| Standing | 00:19 | 1 | 0 | 0 | 118 | 120/80 | 14160 | -0.9 III | 0.6 II |
| HyperVentilation | 00:30 | 1 | 0 | 0 | 117 | 120/80 | 14040 | -1.1 II | 0.7 II |
| PreTest | 00:23 | 1 | 1.6 | 0 | 122 | 120/80 | 14640 | -2.1 V5 | 0.5 II |
| Stage: 1 | 03:00 | 4.7 | 2.7 | 10 | 153 | 130/80 | 19890 | -1.3 III | 0.6 V2 |
| Peak Exercise | 01:42 | 5.5 | 4 | 12 | 169 | 140/80 | 23660 | -1.7 II | 0.4 II |
| Recovery1 | 01:00 | 1 | 0 | 0 | 140 | 140/80 | 19600 | -1 II | 0.4 II |
| Recovery2 | 01:00 | 1 | 0 | 0 | 125 | 140/80 | 17500 | -1.4 II | 0.4 II |
| Recovery3 | 01:00 | 1 | 0 | 0 | 123 | 140/80 | 17220 | -1.3 H | 0.3 V2 |
| Recovery4 | 00:46 | 1 | 0 | 0 | 112 | 140/80 | 15680 | -1.2 II | 0.3 V2 |

Interpretation

GOOD EFFORT TOLERANCE

NO ARRYTHMIA

NO ANGINA OR DYSPNOEA

NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE / RECOVERY

IMPRESSION:

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA @ 5.5 METS

DR MAYUR JAIN

MD DM FACC FSCAI AFESC

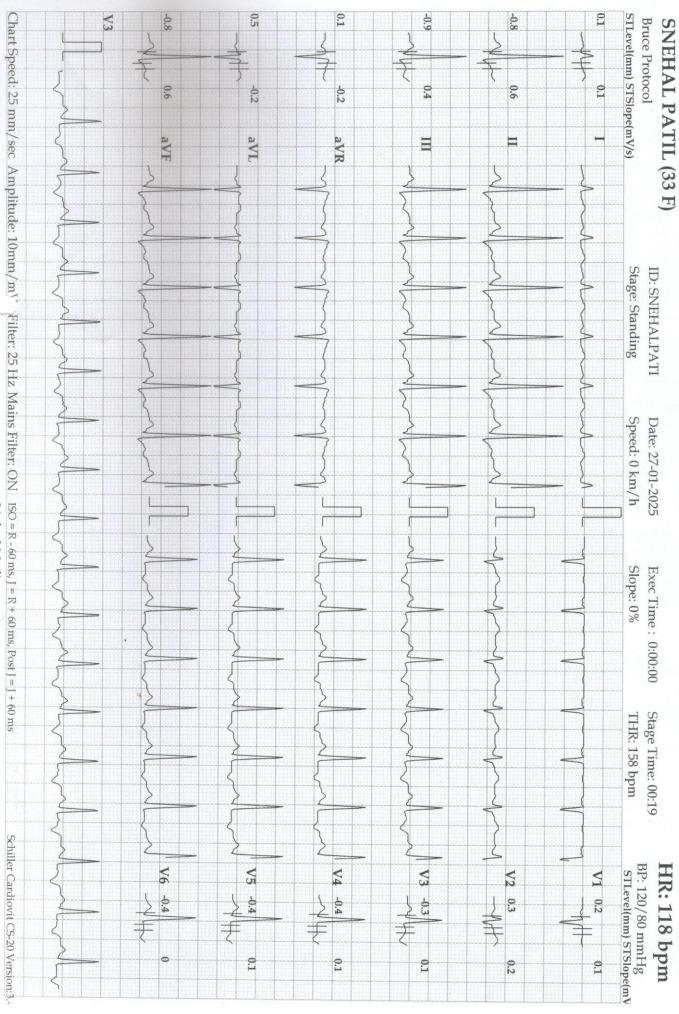
DIRECTOR: JKCC

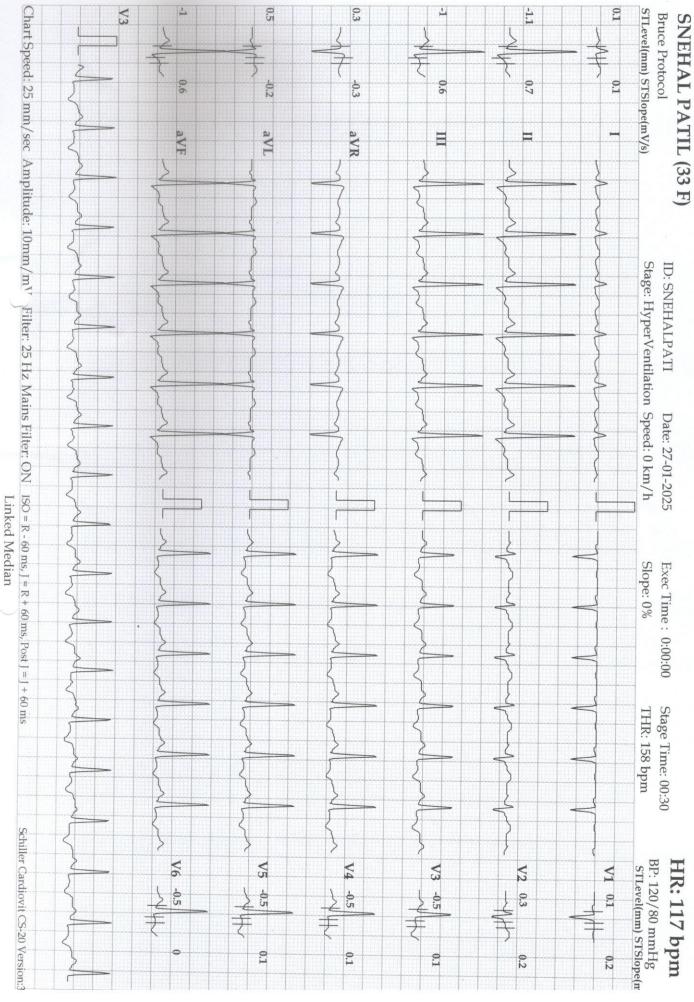
Ref. Doctor: SELF

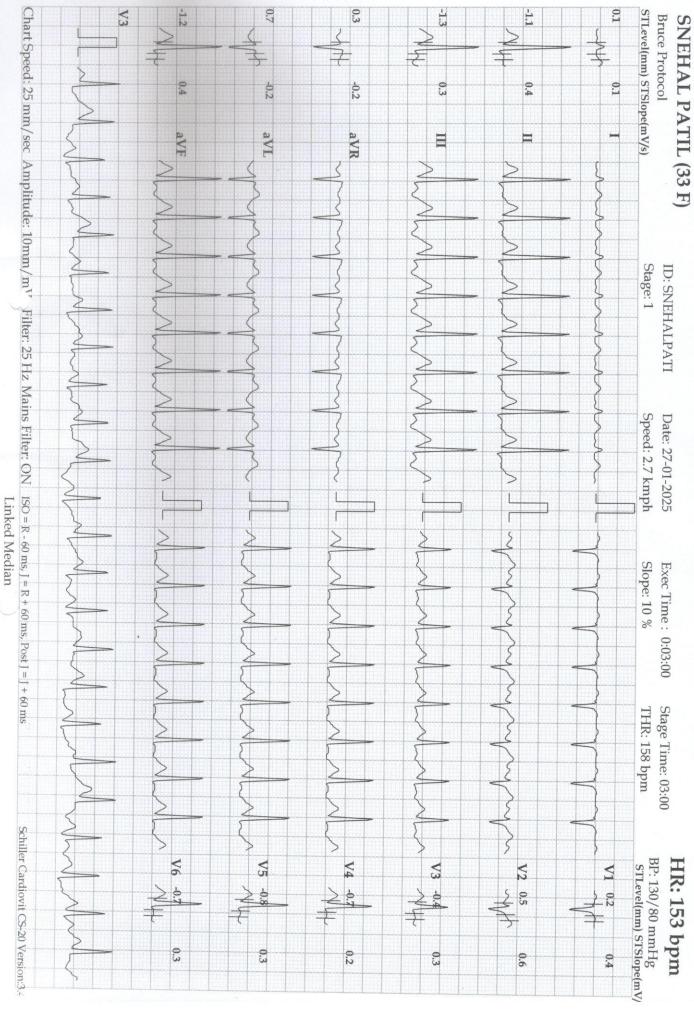
SCHILLER
The Art of Diagnostics

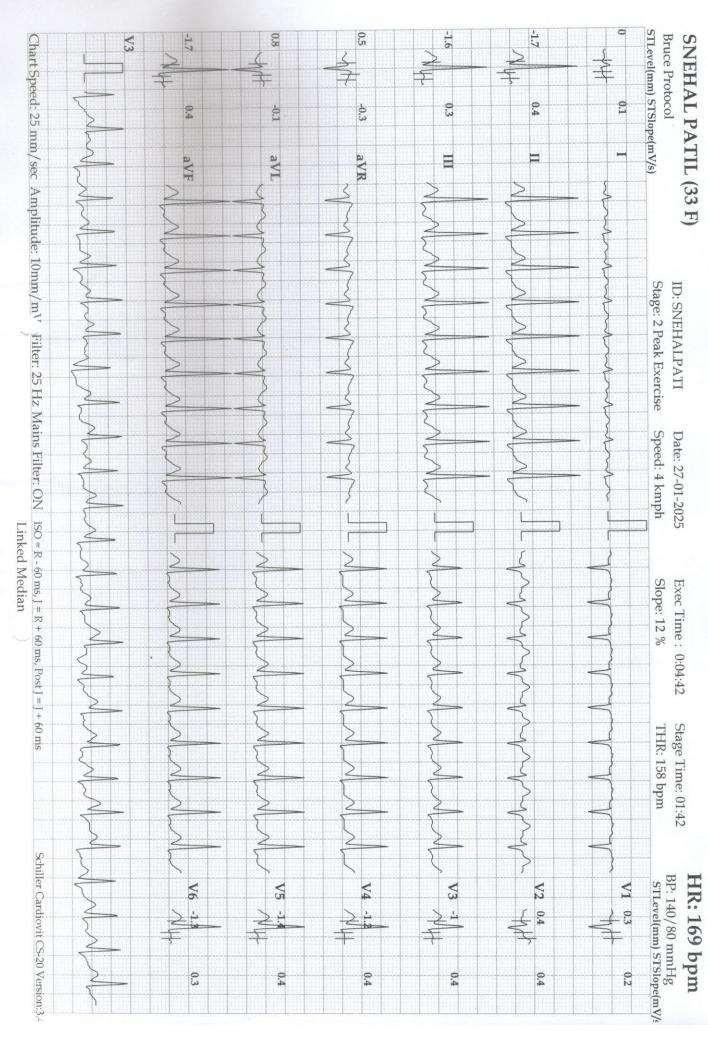
Doctor: DR MAYUR JAIN

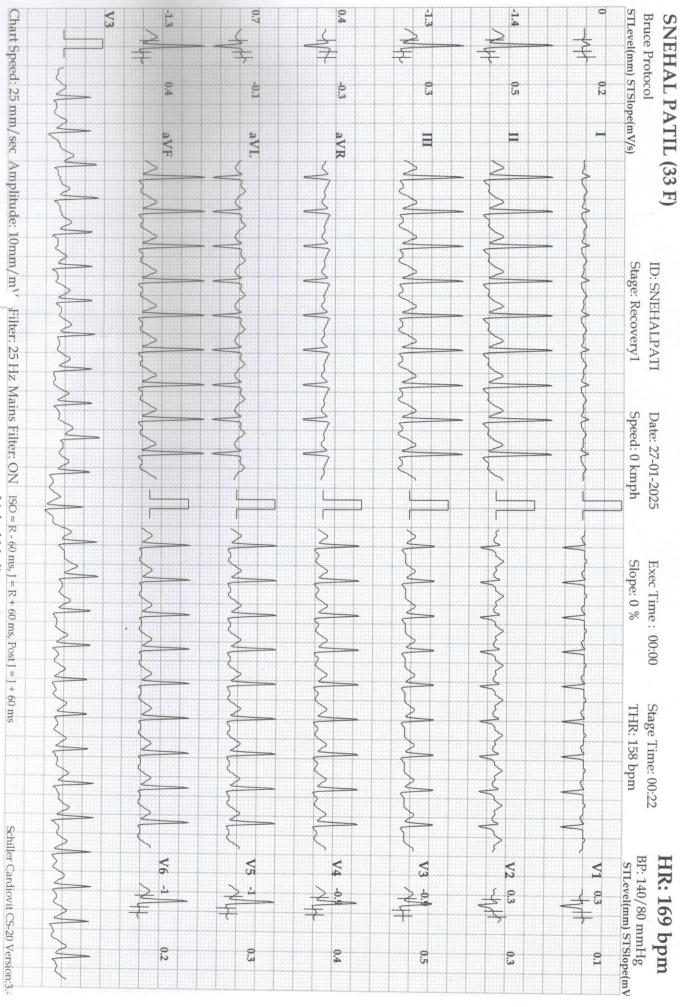
(Summary Report edited by User) Cardiovit CS-20 Version:3.4

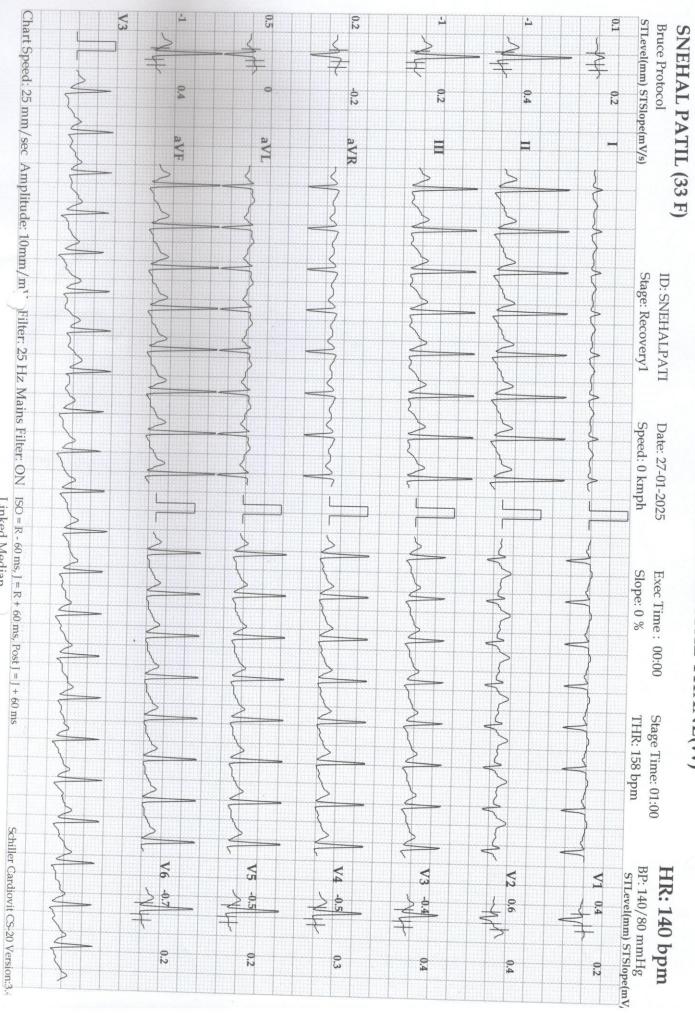


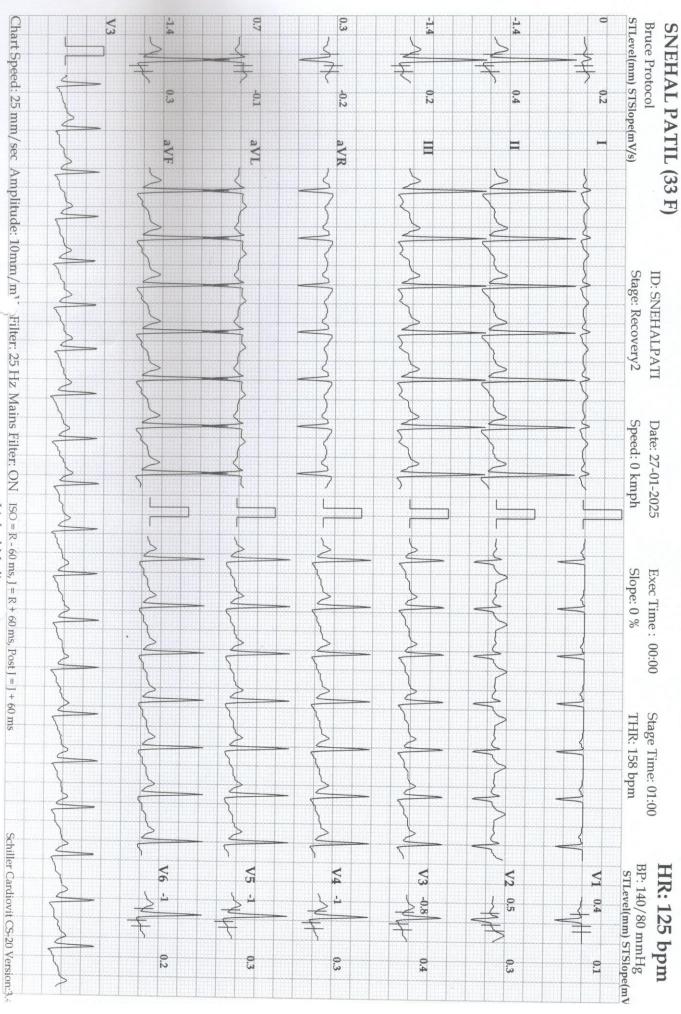


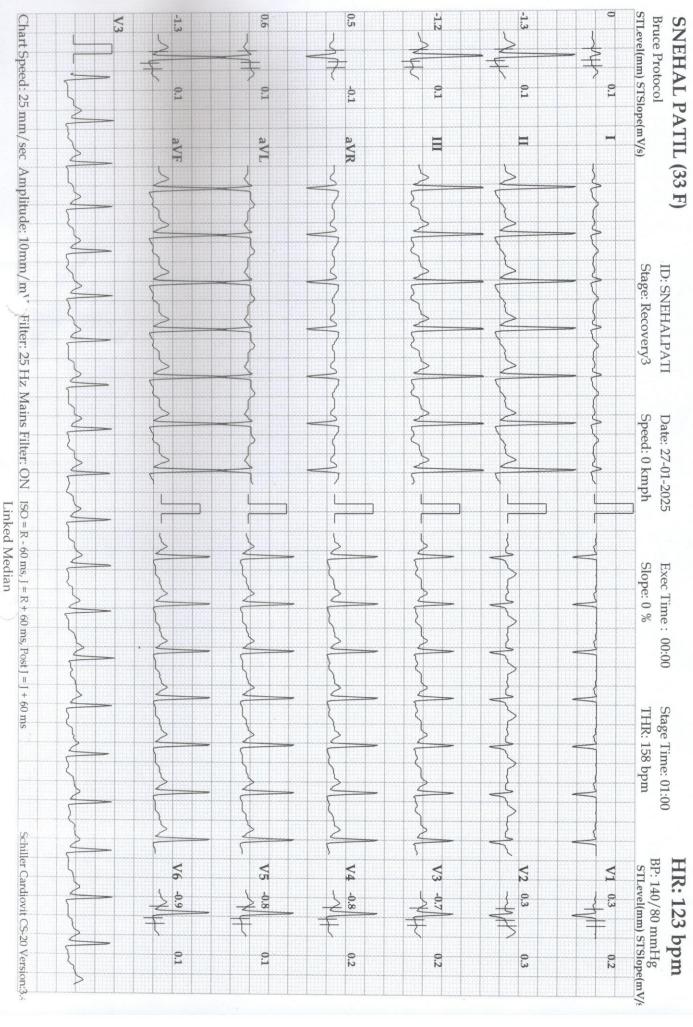














| NAME: MRS. SNEHAL PATIL | AGE : 33YRS/FEMALE |
|-------------------------|--------------------|
| REF BY: HEALTH CHECK UP | DATE: 27.01.2025 |

FULL ABDOMEN USG

LIVER: normal in size and shows bright echotexture. No focal lesion is seen. Hepatic vasculature appears normal. No evidence of IHBR dilatation seen.

PORTAL VEIN / SPLENIC VEIN: is normal in caliber.

GALL BLADDER: Is well distended. No calculi/wall thickening / sludge.

SPLEEN: Is normal in size, shape, position and shows normal homogeneous echotexture. No focal lesion seen.

PANCREAS: Visualized head & body appears normal in size and shows normal homogeneous echotexture. Rest is obscured by bowel gas.

<u>KIDNEYS:</u> Both kidneys are normal in size, shape, position, and echotexture. Both kidneys show normal cortico-medullary differentiation. No calculi or HN/HU seen.

URINARY BLADDER: Is well distended and appears normal. No SOL/wall thickening.

UTERUS: Is normal in size $5.7 \times 3.0 \times 3.9$ cm and anteverted and normal echotexture. Central endometrial eco-complex measures 7.1 mm. Cervix appears normal.

OVARIES: Both ovaries appears normal. Bilateral adnexa are clear.

PERITONEAL CAVITY: No ascites or enlarged/lymph nodes. Bowel gas ++++

OPINION:

GRADE I FATTY LIVER.

DR. DEVENDRA PATIL (M.D.Radiology)

CONSULTANT RADIOLOGISTPlease co-relate the findings with clinical examination, history & blood investigations.

+91 9222888070, 9082386200

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info@jinkushalcardiaccare.com jinkushalcardiaccare@gmail.com

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☑ Jinkushal Cardiac Care and Super Speciality Hospital, 2nd Floor, Rosa Vista, Opp. Suraj Water Park, Kavesar, Ghodbunder Road, Thane (W). Maharashtra.

3 022 - 40615511 / 22

SEFRA DIGITAL X-RAY

JINKUSHAL HOSPITAL, Rosa Vista, Opp. Suraj Water Park, Waghbill, G.B. Road, Thane (W) Mob.: 7678031047 / 9833520607 | Time : 9 am. to 9 pm. | SUNDAY ON CALL)

PORTABLE X-RAY AVAILABLE

| PATIENT NAME : MRS. SNEHAL PATIL | AGE / SEX 33 YRS / F |
|----------------------------------|----------------------|
| REF BY DR: JINKUSHAL HOSPITAL | DATE: 27/01/2025 |

X-ray Chest PA

Bilateral lung fields appear clear. No obvious pleural/parenchymal lesion noted.

Bilateral hila are normal.

Both costo-phrenic and cardio-phrenic angles appear clear.

Cardiac silhouette is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage & soft tissues appear normal.

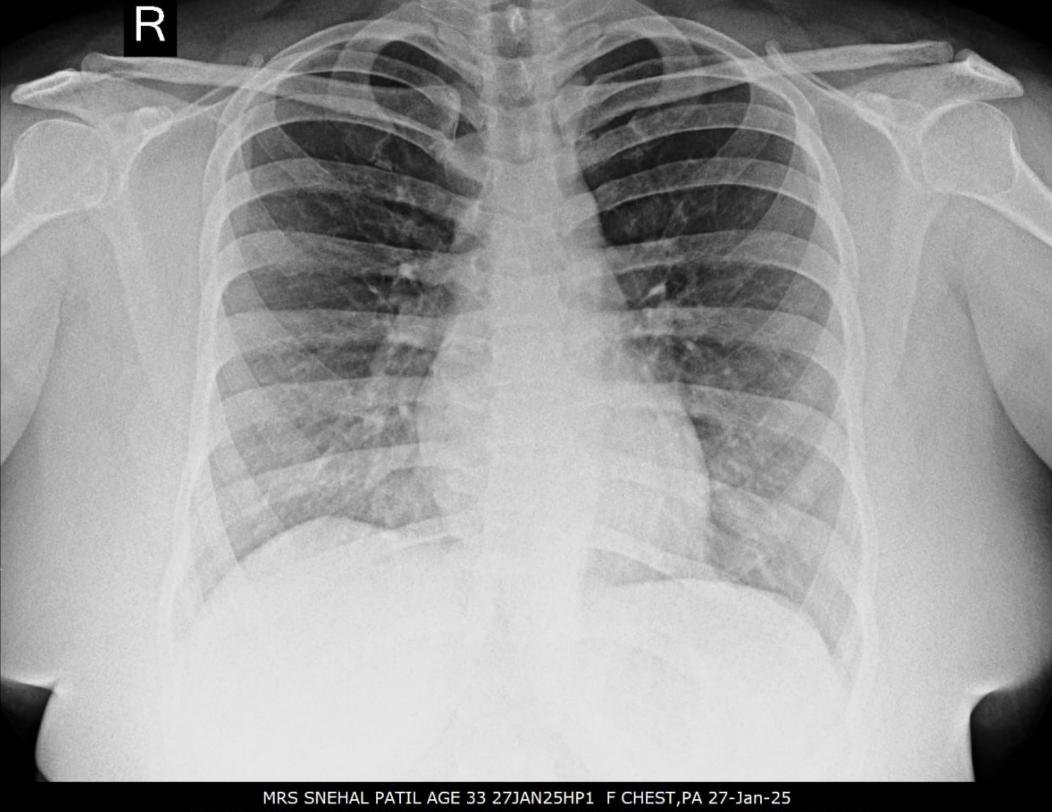
Impression: No significant abnormality detected.

Suggest Clinical correlation and further evaluation.

Thanks for referral

Dr. Devendra Patil MD Radiology

Disclaimer: report is done by teleradiology after the images acquired by PACS (picture archiving and communication system) and this report is not meant for medicolegal purpose Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly. Patient's identification in online reporting is not established, so in no way patient identification is possible for medico-legal cases.





Lab ID.



: FINAL

: 27/1/2025 1:51 pm

. 27/1/2025 2:01 pm

Collected On

Received On

: Mrs. SNEHAL PATIL Name

221495

: 27/1/2025 10:02 pm Reported On Age/Sex : 33Years / Female

Report Status : JINKUSHAL CARDIAC CARE & SUPER SPECIALITY HOS Ref By

Consulting Dr. : DR. MAYUR JAIN

COMPLETE BLOOD COUNT

| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|---------------------------|--------------------|----------|-----------------|
| HEMOGLOBIN | 13.3 | gm/dl | 12.0 - 15.0 |
| HEMATOCRIT (PCV) | 41.9 | % | 36 - 46 |
| RBC COUNT | 5.27 | x10^6/uL | 4.5 - 5.5 |
| MCV | 80 | fl | 80 - 96 |
| MCH | 25.2 | pg | 27 - 33 |
| MCHC | 32 | g/dl | 33 - 36 |
| RDW-CV | 13.4 | % | 11.5 - 14.5 |
| TOTAL LEUCOCYTE COUNT | 12170 | /cumm | 4000 - 11000 |
| DIFFERENTIAL COUNT | | | |
| NEUTROPHILS | 67 | % | 40 - 80 |
| LYMPHOCYTES | 26 | % | 20 - 40 |
| EOSINOPHILS | 02 | % | 0 - 6 |
| MONOCYTES | 05 | % | 2 - 10 |
| BASOPHILS | 00 | % | 0 - 1 |
| PLATELET COUNT | 279000 | / cumm | 150 to 410 |
| MPV | 11.5 | fl | 6.5 - 11.5 |
| PDW | 16.4 | % | 9.0 - 17.0 |
| PCT | 0.320 | % | 0.200 - 0.500 |
| RBC MORPHOLOGY | Normocytic Normoch | nromic | |
| WBC MORPHOLOGY | Leukocytosis | | |
| PLATELETS ON SMEAR | Adequate | | |

PLATELETS ON SMEAR Adequate

Method: EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method). Rest are calculated parameters.

Result relates to sample tested, Kindly correlate with clinical findings.

Checked By

Rajashri_Dumbre

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist** Regd.No.: 3401/09/2007

Page 1 of 10



Name : Mrs. SNEHAL PATIL **Collected On** : 27/1/2025 1:51 pm

. 27/1/2025 2:01 pm Lab ID. 221495 Received On

: 27/1/2025 10:02 pm Reported On Age/Sex : 33Years / Female

: FINAL **Report Status** : JINKUSHAL CARDIAC CARE & SUPER SPECIALITY HOS Ref By

Consulting Dr. : DR. MAYUR JAIN

| | IMM | IUNOASSAY | | |
|--------------------|---------|-----------|-----------------|--|
| TEST NAME | RESULTS | UNIT | REFERENCE RANGE | |
| VITAMIN B12, SERUM | | | | |
| SPECIMEN | Serum | | | |
| VITAMIN B12 | 401 | pg/ml | 211 - 911 | |

INTERPRETATION -

Decreased vitamin B12: Megaloblastic anemia, Folate deficiency, Neurological diseases, Gastric and small bowel diseases, malabsorption, strict vegetarian, Pancreatic insufficiency, Parasite-Fish tape worm. Alcoholism, Drug like PSA, anticonvulsants, metformin, Increased Vitamin B12: Acute hepatitis, Iatrogenic, Myeloproliferative diseases, Polycythemia, Oral contraceptives etc. Blood collection after vitamin B12 injections or oral supplements containing vitamin B12 may interfere with results.

ASSOCIATED TEST: SERUM FOLATE, HOMOCYSTEINE, HOLOTRANSCOBALAMIN/ACTIVE B12, INTRINSIC FACTOR.

Result relates to sample tested, Kindly correlate with clinical findings.

Checked By

Rajashri_Dumbre

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist** Regd.No.: 3401/09/2007

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: 27/1/2025 10:02 pm

: JINKUSHAL CARDIAC CARE & SUPER SPECIALITY HOS Ref By

/ Female

: FINAL

Consulting Dr. : DR. MAYUR JAIN

| | IMMUNO A | SSAY | |
|------------------------------|----------|--------|-----------------|
| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
| TFT (THYROID FUNCTION TEST) | | | |
| SPECIMEN | Serum | | |
| T3 | 14.3 | ng/dl | 84.63 - 201.8 |
| T4 | 10.6 | μg/dl | 5.13 - 14.06 |
| TSH | 0.55 | μIU/ml | 0.270 - 4.20 |

DONE ON FULLY AUTOMATED ANALYSER MAGLUMI SNIBE X3

| T3 (Triiodo Thy | ronine) | T4 (Thyrox | (ine) |
|-----------------|---------|-------------|-----------|
| AGE | RANGE | AGE | RANGES |
| 1-30 days | 100-740 | 1-14 Days | 11.8-22.6 |
| 1-11 months | 105-245 | 1-2 weeks | 9.9-16.6 |
| 1-5 years | 105-269 | 1-4 months | 7.2-14.4 |
| 6-10 years | 94-241 | 4-12months | 7.8-16.5 |
| 11-15 years | 82-213 | 1-5 years | 7.3-15.0 |
| 15-20 years | 80-210 | 5-10 years | 6.4-13.3 |
| | | 11-15 years | 5.6-11.7 |

TSH(Thyroid stimulating hormone)

AGE **RANGES** 0-14 Davs 1.0-39 2 weeks -5 months 1.7-9.1 6 months-20 years 0.7 - 6.4

Pregnancy

1st Trimester 0.1 - 2.52nd Trimester 0.20-3.0 3rd Trimester 0.30-3.0

INTERPRETATION:

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

Result relates to sample tested, Kindly correlate with clinical findings.

Checked By

Rajashri_Dumbre

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| | IMMUNOAS | SAY | |
|-----------------------|----------|-------|-----------------|
| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
| 25- HYDROXY VITAMIN D | | | |
| SPECIMEN | Serum | | |
| 25-HYDROXY, VITAMIN D | 32.7 | ng/ml | 30 - 100 |

INTERPRETATION -

Cholicalciferol (vit D3) is synthesized in the skin from 7 dehydrocholecalciferol in response to sunlight, some part also comes from diet and supplements. Ergocalciferol (VitD2)comes essentially from diet and supplements

Both Cholicalciferol and Ergocalciferol are converted in the iver to 25 OH Vitamin D.

25 OH Vitamin D is considered best indicator of vitamin D nutritional status.

Deficiency: Secondary hyperparathyroidism, diseases related to impaired bone metabolism like rickets, osteoporosis, osteomalacia, and associated with increasing risk of many chronic illness and cardiovascular problems. Kindly correlate clinically.

Result relates to sample tested, Kindly correlate with clinical findings.

| END OF REPORT | |
|-------------------|--|

Checked By

Rajashri_Dumbre

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist**

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: FINAL

Consulting Dr. : DR. MAYUR JAIN

HAEMATOLOGY

UNIT REFERENCE RANGE TEST NAME **RESULTS**

BLOOD GROUP

SPECIMEN WHOLE BLOOD EDTA & SERUM

* ABO GROUP 'B'

RH FACTOR **POSITIVE**

Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By Rajashri_Dumbre

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist**

Regd.No.: 3401/09/2007

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Report Status : FINAL

Consulting Dr. : DR. MAYUR JAIN

| | *RENAL | FUNCTION TEST | | |
|-----------------------------|------------------------|---------------|-----------------|--|
| TEST NAME | RESULTS | UNIT | REFERENCE RANGE | |
| BLOOD UREA | 20.8 | mg/dL | 13 - 40 | |
| (Urease UV GLDH Kinetic) | | | | |
| BLOOD UREA NITROGEN | 9.72 | mg/dL | 5 - 20 | |
| (Calculated) | | | | |
| S. CREATININE | 0.67 | mg/dL | 0.6 - 1.4 | |
| (Enzymatic) | | | | |
| S. URIC ACID | 5.7 | mg/dL | 2.6 - 6.0 | |
| (Uricase) | | | | |
| S. SODIUM | 143.2 | mEq/L | 137 - 145 | |
| (ISE Direct Method) | | | | |
| S. POTASSIUM | 5.06 | mEq/L | 3.5 - 5.1 | |
| (ISE Direct Method) | | | | |
| S. CHLORIDE | 102.7 | mEq/L | 98 - 110 | |
| (ISE Direct Method) | | | | |
| S. PHOSPHORUS | 3.79 | mg/dL | 2.5 - 4.5 | |
| (Ammonium Molybdate) | | | | |
| S. CALCIUM | 9.9 | mg/dL | 8.6 - 10.2 | |
| (Arsenazo III) | | | | |
| PROTEIN | 6.68 | g/dl | 6.4 - 8.3 | |
| (Biuret) | | | | |
| S. ALBUMIN | 3.91 | g/dl | 3.2 - 4.6 | |
| (BGC) | | | | |
| S.GLOBULIN | 2.77 | g/dl | 1.9 - 3.5 | |
| (Calculated) | | | | |
| A/G RATIO | 1.41 | | 0 - 2 | |
| calculated | | | | |
| BIOCHEMISTRY TEST DONE ON F | FULLY AUTOMATED (EM 2 | 00) ANALYZER. | | |

Result relates to sample tested, Kindly correlate with clinical findings.

Checked By

Rajashri_Dumbre

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist** Regd.No.: 3401/09/2007

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: Mrs. SNEHAL PATIL Name

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: FINAL

Consulting Dr. : DR. MAYUR JAIN

| | LIVER F | UNCTION TEST | | |
|--------------------------------|---------|--------------|-----------------|--|
| TEST NAME | RESULTS | UNIT | REFERENCE RANGE | |
| TOTAL BILLIRUBIN | 0.55 | mg/dL | 0.2 - 1.2 | |
| (Method-Diazo) | | | | |
| DIRECT BILLIRUBIN | 0.23 | mg/dL | 0.0 - 0.4 | |
| (Method-Diazo) | | | | |
| INDIRECT BILLIRUBIN | 0.32 | mg/dL | 0 - 0.8 | |
| Calculated | | | | |
| SGOT(AST) | 17.1 | U/L | 0 - 37 | |
| (UV without PSP) | | | | |
| SGPT(ALT) | 15 | U/L | UP to 40 | |
| UV Kinetic Without PLP (P-L-P) | | | | |
| ALKALINE PHOSPHATASE | 58 | U/L | 42 - 98 | |
| (Method-ALP-AMP) | | | | |
| S. PROTIEN | 6.68 | g/dl | 6.4 - 8.3 | |
| (Method-Biuret) | | | | |
| S. ALBUMIN | 3.91 | g/dl | 3.5 - 5.2 | |
| (Method-BCG) | | | | |
| S. GLOBULIN | 2.77 | g/dl | 1.90 - 3.50 | |
| Calculated | | | | |
| A/G RATIO | 1.41 | | 0 - 2 | |
| Calculated | | | | |

Result relates to sample tested, Kindly correlate with clinical findings.

Checked By

Rajashri_Dumbre

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist** Regd.No.: 3401/09/2007

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: FINAL

Consulting Dr. : DR. MAYUR JAIN

| HAEMATOLOGY | | |
|-------------|-----------------|--|
| UNIT | REFERENCE RANGE | |
| | | |

ESR ESR

TEST NAME

20

RESULTS

mm/1hr.

0 - 20

METHOD - WESTERGREN

Result relates to sample tested, Kindly correlate with clinical findings.

Checked By Rajashri_Dumbre

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Name : Mrs. SNEHAL PATIL Collected On : 27/1/2025 1:51 pm

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Report Status : FINAL : JINKUSHAL CARDIAC CARE & SUPER SPECIALITY HOS Ref By

Consulting Dr. : DR. MAYUR JAIN

BIOCHEMISTRY UNIT TEST NAME REFERENCE RANGE **RESULTS GLYCOCELATED HEMOGLOBIN (HBA1C) HBA1C (GLYCOSALATED** % Hb A1c **HAEMOGLOBIN)** > 8 Action suggested < 7 Goal < 6 Non - diabetic level AVERAGE BLOOD GLUCOSE (A. B. 65.1 - 136.3 111.2 mq/dL G.)

METHOD Particle Enhanced Immunoturbidimetry

HbA1c: Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes. Average Blood Glucose (A.B.G) is calculated value from HbA1c: Glycosylated hemoglobin concentration in whole Blood. It indicates average blood sugar level over past three months.

BLOOD GLUCOSE FASTING & PP

| BLOOD GLUCOSE FASTING | 102.0 | mg/dL | 70 - 110 |
|-----------------------|--------|-------|----------|
| URINE GLUCOSE FASTING | Absent | | |
| URINE KETONE FASTING | Absent | | |
| BLOOD GLUCOSE PP | 125.7 | mg/dL | 70 - 140 |
| URINE GLUCOSE PP | Absent | | |
| URINE KETONE PP | Absent | | |

Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).

- 1. Fasting is required (Except for water) for 8-10 hours before collection for fasting speciman. Last dinner should consist of bland diet.
- 2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn

Checked By Rajashri_Dumbre

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist** Regd.No.: 3401/09/2007

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: Mrs. SNEHAL PATIL Name

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Report Status

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: FINAL

Consulting Dr. : DR. MAYUR JAIN

BIOCHEMISTRY

UNIT REFERENCE RANGE TEST NAME **RESULTS**

INTERPRETATION

- Normal glucose tolerance: 70-110 mg/dl

- Impaired Fasting glucose (IFG): 110-125 mg/dl

- Diabetes mellitus : >=126 mg/dl

POSTPRANDIAL/POST GLUCOSE (75 grams)

- Normal glucose tolerance: 70-139 mg/dl

- Impaired glucose tolerance : 140-199 mg/dl

- Diabetes mellitus : >=200 mg/dl

CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS

- Fasting plasma glucose >=126 mg/dl
- Classical symptoms +Random plasma glucose >=200 mg/dl
- Plasma glucose >=200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin > 6.5%

***Any positive criteria should be tested on subsequent day with same or other criteria.

*S.ALKALINE PHOSPHATASE

58

U/L

53 - 141

Method: PNP AMP KINETIC

Result relates to sample tested, Kindly correlate with clinical findings.

Checked By

Rajashri_Dumbre

DR. SMITA RANVEER. M.B.B.S.M.D. Pathology(Mum) **Consultant Histocytopathologist**

Regd.No.: 3401/09/2007

Mrs. snehed poetri)
93]m



KICIO Thyroidism OU &.

Defecils not available.

ECG-WN

no ay new do.

9-72/min 3.p-120/80

BMI-85.69
obesity

ing. 6/1/2005.

P, 40 L1 - UCS. 12 yr. Jenle.

Blood inust 4 send.

report acocited.

ECG. OM.

TM1 - Ney

ct cuy.

Blood reprets

- feeline weight offist 30 mgs rough - fenty & serry

Jerry & Selly good arusy

+91 9222888070, 9082386200

www.jinkushalcardiaccare.com

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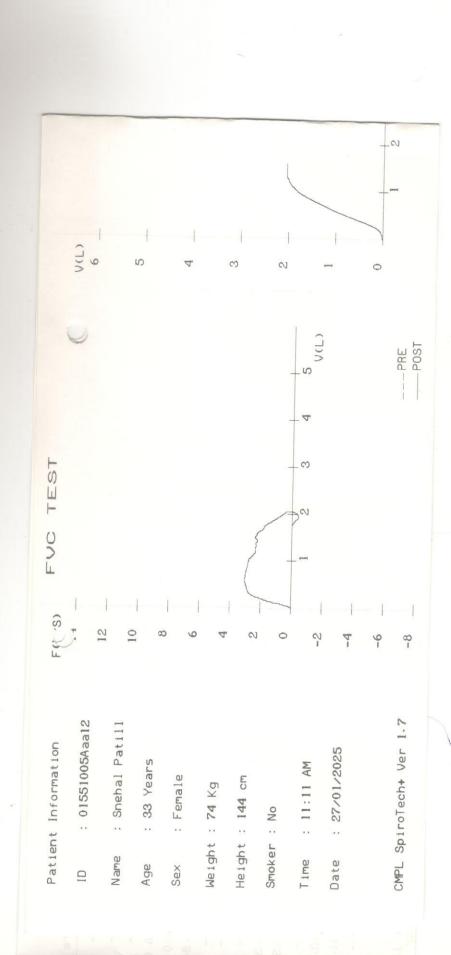
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| | | | T . | E(.'G report | 3 | | | | |
|---------------------------------------|------------|--|---|--|-------------------|---------------------------------------|------------|------------|--|
| | | : 86 bpm | < <interpretations>></interpretations> | ^ | Confirm and sign: | i sign: | | | |
| Name : patii,snenal Gender : M | QRS | : 144 ms : 72 ms | Normal ECG | | | | | | |
| Age : 33 Years | QT/QTc | QT/QTc : 354/400 ms | | | | | | | |
| | P/QRS/T | P/QRS/T: 56/41/15° | | | | | | | |
| | RV5/SV1 | RV5/SV1: 1.536/0.661 mv RV5+5V1: 2.197 mv | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3 | 3 | | 3 | > | | | | 1 | |
| | | | | | | | | | |
| | 5 | } | } | 1 | 1 | 7 | 1 | 3 | |
| | | | | | | | | | |
| | 1 | | | \$ - 7 | } | } | } | | |
| } | | | | | | | | | |
| ave (| { | { | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | < | < | < | (| |
| | 2 | > | > > |]]]] |) - 7 |] | |) | |
| avl | | | | - 9 - | | | | | |
| | } | 3 | | 3 | 3 | 3 | 3 | 3 | |
| | | | | | | | | | |
| ave | 5 | } | | | } | } | 3 | 1 | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1 | 3 | 23 | | 7 | 3 | 3 | | 5 | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 1 1 | | t | | Fxaminatio | Examination time: 2025-01-27 10:36:25 | 7.10-36-25 | | |
| 0.3Hz - 35Hz - AC 50Hz 25mm | I/S 10mm/m | v V1.U.Zb se | quential | | CYAIIIIIIauu | 11 UIIIE: 2023-01-27 | 7 10.30.43 | | |

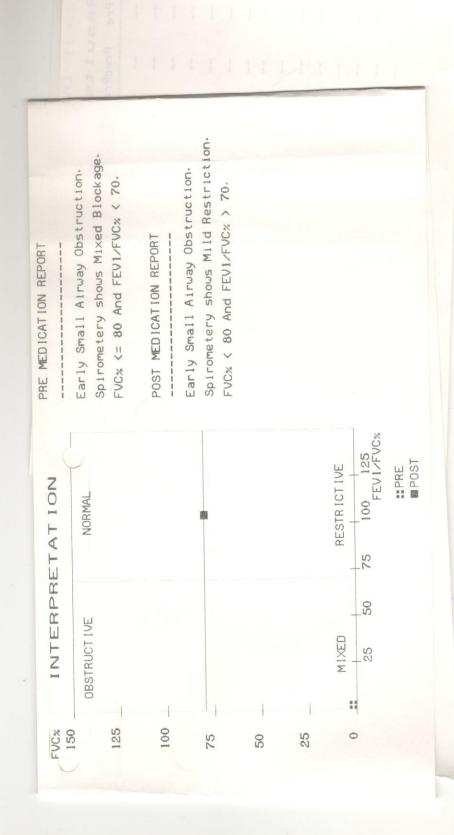
OPTHALMIC EVALUATION

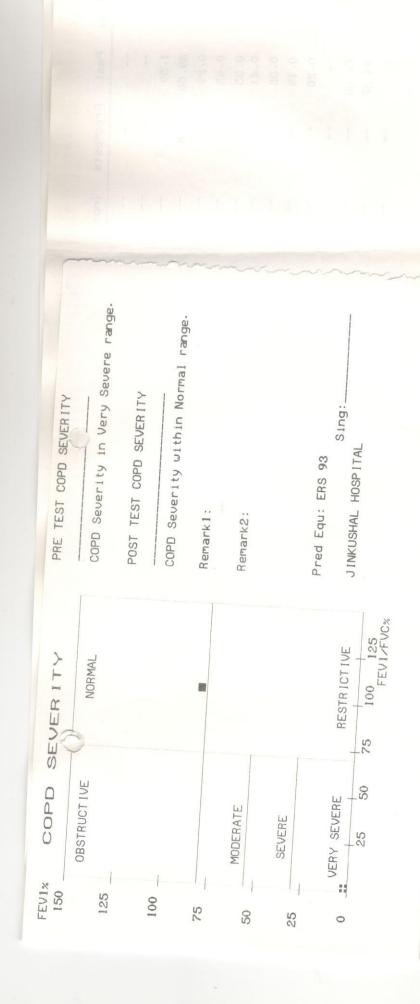
| 0.7 | 33 YEAR | S / FEMALE | D | ate: 27/01/ | 2025 |
|------------------------------------|-------------|------------|--|------------------------|----------|
| Examination | on | | | | |
| | | Right Eye | Normal | | Left Eye |
| Visual Acui Distance Vis | ty sion | | 616 | 616 | |
| | | | A CONTRACTOR OF THE PARTY OF TH | | |
| Near Vision | | | 6-6 | 616 | |
| Near Vision Color Vision | | | Normal/Def | 66 fective | |
| | | <u>n :</u> | Normal/Def | 666 fective | |
| Color Vision | | | Normal/Def | | |
| Color Vision | Prescriptio | | Normal/Def | fective Left Eye Cyl. | Axis |
| Color Vision | Prescriptio | 1 | | Left Eye | Axis |

Signature:



| | FUC T | es t | R es | FILE Test Results: | Post | PredPost% | Imp% | Parameter | Pred | Pre | PredPrex | Post | PredPost% | Imp% |
|---------------|--------------------|---------|------|--------------------|-------|-----------|------|-------------------------|----------|--------|----------|-------|-----------|------|
| | FVC | 2.63 | 1 | | 2.06 | 78 | 1 | FEV6/FVC | 1 | 1 | 1 | 1 | 1 | 1 |
| | FEV. 5 | 1 | 1 | ! | 0.83 | 1 | - | FEV1/FEV6 | į | 1 | 1 | 1 | ! | 1 |
| | FEV1 | 2.26 | 1 | 1 | 1.84 | 81 | 1 | FET | 1 | 1 | 1 | 1.59 | 1 | ! |
| | E VEI | 1 | - | 1 | 1 | 1 | 1 | LungAge | 33.00 | 00.99 | 1 | 39.00 | 118 | 1 |
| | FEV6 | 1 | 1 | 1 | 1 | ! | 1 | FIVC | 2.57 | 3.01 | 1 | 0.29 | , mar | ! |
| | PEFR | 5.82 | 1 | | 3.06 | 53 | | PIFR | 1 | 2.84 | 1 | 0.45 | 1 | |
| | FFF25-75 | 3.60 | 1 | 1 | 2.34 | 65 | 1 | F1F25 | 1 | 1 | - | 0.35 | | 1 |
| | FEF75-85 | 1 | 1 | 1 | 1.82 | 1 | 1 | FIF50 | 1 | 1 | 1 | 0.41 | - | 1 |
| | FEF. 2-1.2 | 1 | 1 | 1 | 2.47 | i i | 1 | FIF75 | - | 1 | 1 | 0.38 | - | 1 |
| | FEF25 | 5.41 | ! | 1 | 1.34 | 25 | 1 | FIV.5 | 1 | 0.39 | - | 0.19 | 1 | 1 |
| | FEF50 | 3.86 | ŀ | - | 1.76 | 46 | 1 | FIVI | 1 | 1.56 | 1 | 0.28 | ! | - |
| | FEF75 | 1.80 | 1 | ! | 1.87 | 104 | 1 | FIV3 | 1 | - | - | ! | 1 | ! |
| | FEU. S/FUC | | 1 | 1 | 40.16 | ! | 1 | F1V. 5/F1VC | 1 | 13.01 | 1 | 66.38 | 1 | ! |
| | FEV 1/FVC | 86.01 | 1 | - | 89.31 | 104 | - | FIVINFIVC | Í | 51.95 | 1 | 94.37 | - | 1 |
| | FEV3/FVC | 1 | 1 | 1 | 1 | 1 | - | FIV3/FIVC | 1 | 1 | ! | 1 | 1 | 1 |
| 4 5 T(sec) | JINKUSHAL HOSPITAL | HOSPITA | _ | | | | | CMPL SpiroTech+ Ver 1.7 | rech+ Ve | er 1.7 | | | | |
| | | | | | | | | | | | | | | |







| NAME: MRS. SNEHAL PATIL | AGE: 33YRS/FEMALE | 2 |
|-------------------------|-------------------|---|
| REF BY: HEALTH CHECK UP | DATE: 27.01.2025 | |

SONOMAMMOGRAPHY OF BOTH BREAST

Bilateral breast tissues show normal homogenous parenchymal reflectivity.

No focal parenchymal lesion or calcification is seen.

No evidence of solid/ cystic mass lesion.

Nipple -areola complex are normal.

The lactiferous ducts appear normal.

No axillary lymph adenopathy seen.

Remarks: Normal homogenous reflectivity is seen in bilateral breast parenchyma.

BIRADS Category 1

DR DEVENDRA

DR. DEVENDRA PATIL (MD RADIOLOGY)
CONSULTANT RADIOLOGIST



www.jinkushalcardiaccare.com

info@jinkushalcardiaccare.com jinkushalcardiaccare@gmail.com





Name: SNEHAL PATIL

Date: 27-01-2025

Time: 14:09

Age: 33

Gender: F

Height: 144 cms

Weight: 74 Kg

ID: SNEHALPATI

Clinical History:

Medications:

Test Details:

Protocol: Bruce

Predicted Max HR: 187

Target HR: 158 (85% of Pr. MHR)

Exercise Time:

Max BP:

0:04:42 140/80 Achieved Max HR: 169 (90% of Pr. MHR)

Max BP x HR:

23660

Max Mets: 5.5

Test Termination Criteria:

Protocol Details:

| Stage Name | Stage Time | METS | Speed kmph | Grade % | Heart Rate | BP mmHg | RPP | Max ST Level | Max ST Slope mV/s |
|------------------|------------|------|---------------|------------|------------|------------|-------|--------------|----------------------|
| Standing | 00:19 | 1 | 0 | 0 | 118 | 120/80 | 14160 | -0.9 III | 0.6 II |
| HyperVentilation | 00:30 | 1 | 0 | 0 | 117 | 120/80 | 14040 | -1.1 II | 0.7 II |
| PreTest | 00:23 | 1 | 1.6 | 0 | 122 | 120/80 | 14640 | -2.1 V5 | 0.5 II |
| Stage: 1 | 03:00 | 4.7 | 2.7 | 10 | 153 | 130/80 | 19890 | -1.3 III | 0.6 V2 |
| Peak Exercise | 01:42 | 5.5 | 4 | 12 | 169 | 140/80 | 23660 | -1.7 II | 0.4 II |
| Recovery1 | 01:00 | 1 | 0 | 0 | 140 | 140/80 | 19600 | -1 II | 0.4 II |
| Recovery2 | 01:00 | 1 | 0 | 0 | 125 | 140/80 | 17500 | -1.4 II | 0.4 II |
| Recovery3 | 01:00 | 1 | 0 | 0 | 123 | 140/80 | 17220 | -1.3 H | 0.3 V2 |
| Recovery4 | 00:46 | 1 | 0 | 0 | 112 | 140/80 | 15680 | -1.2 II | 0.3 V2 |

Interpretation

GOOD EFFORT TOLERANCE

NO ARRYTHMIA

NO ANGINA OR DYSPNOEA

NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE / RECOVERY

IMPRESSION:

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA @ 5.5 METS

DR MAYUR JAIN

MD DM FACC FSCAI AFESC

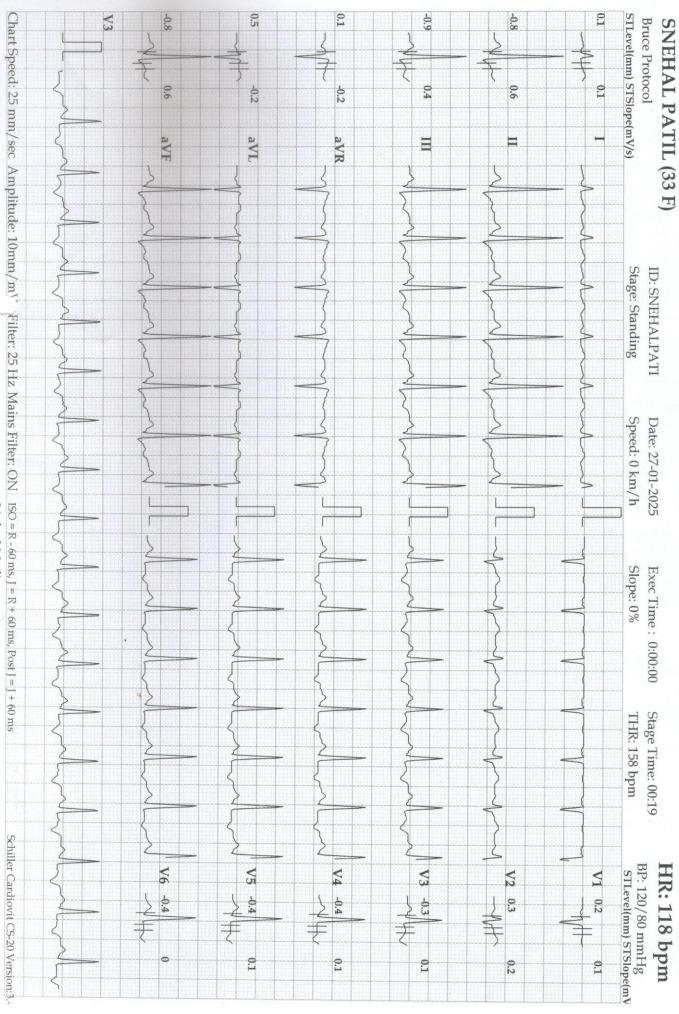
DIRECTOR: JKCC

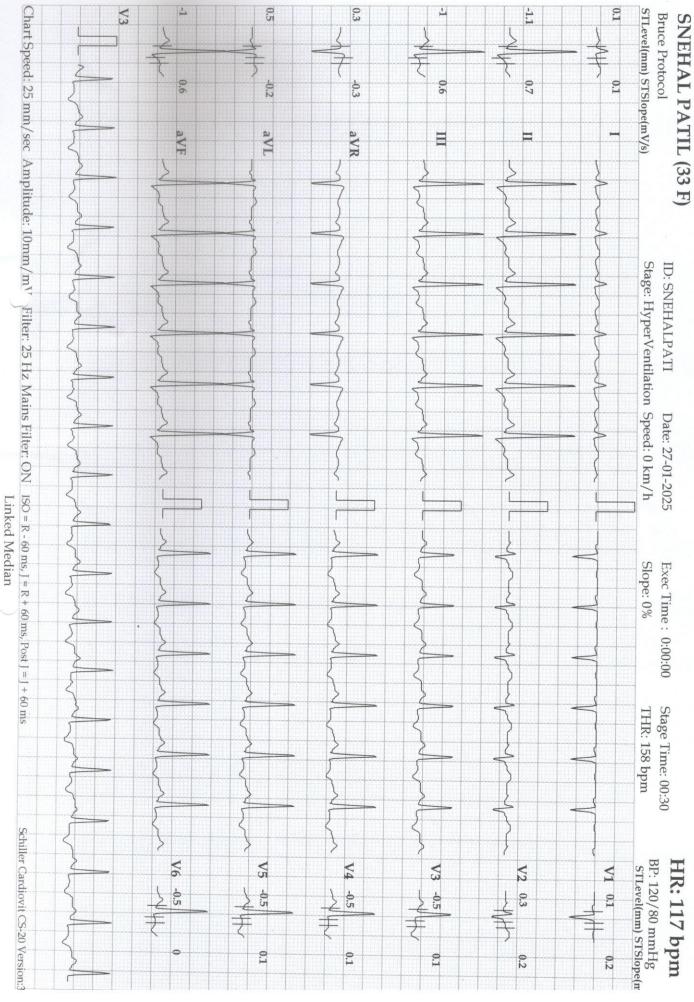
Ref. Doctor: SELF

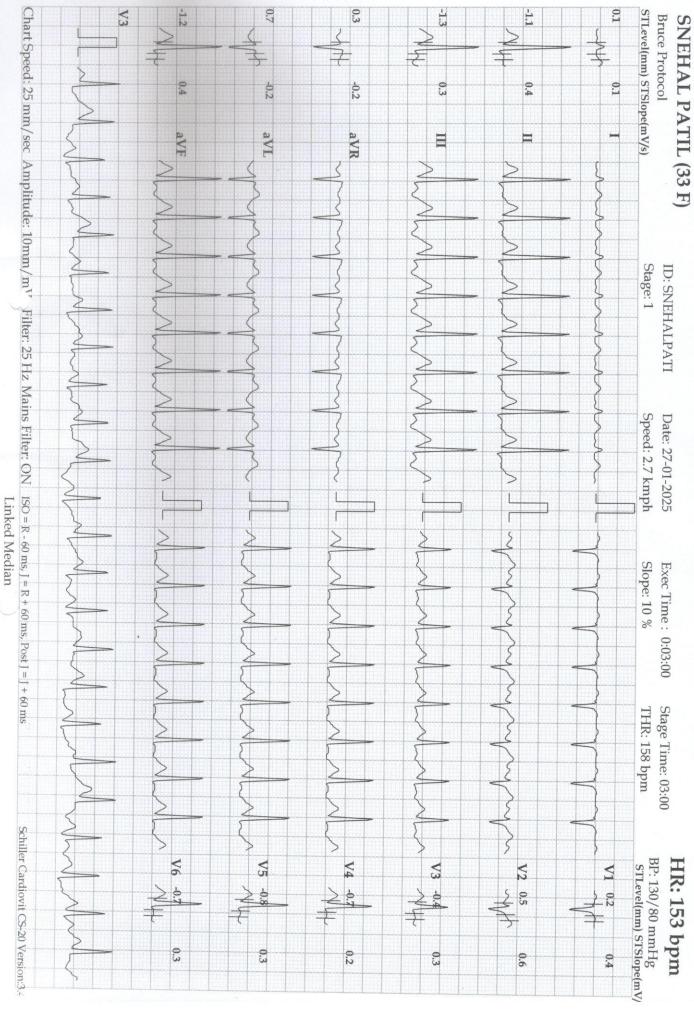
SCHILLER
The Art of Diagnostics

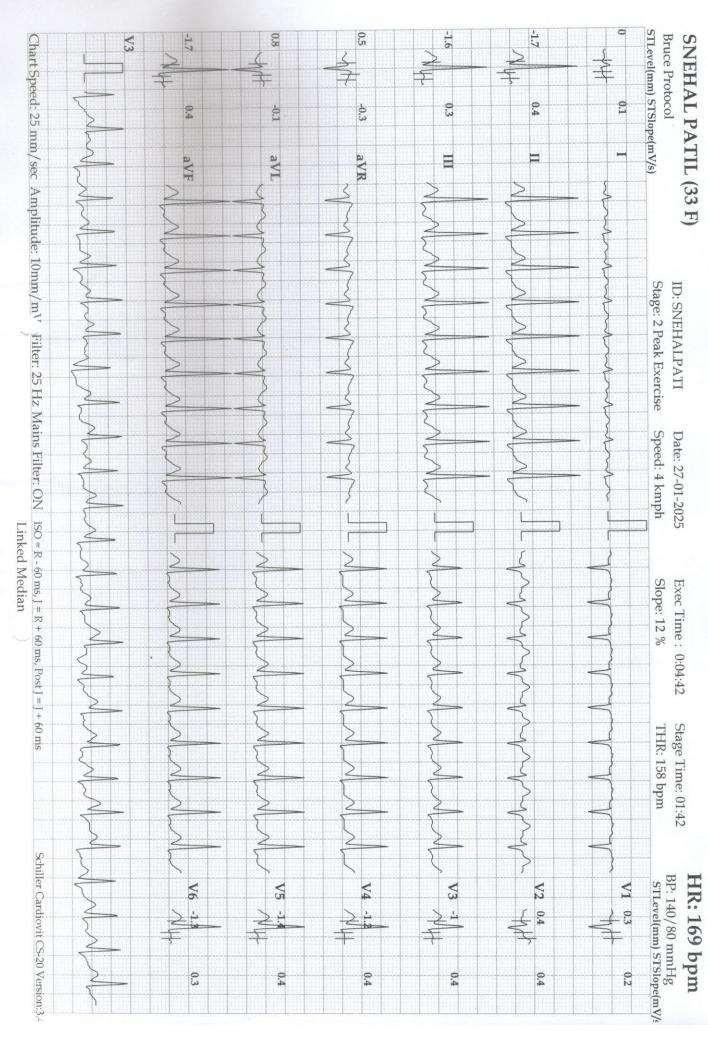
Doctor: DR MAYUR JAIN

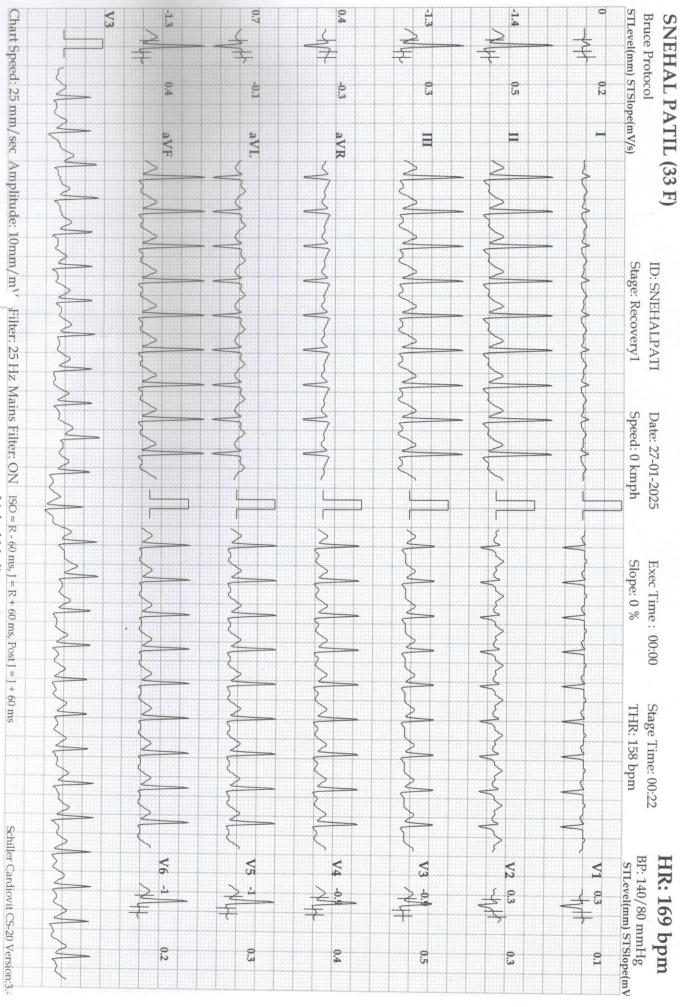
(Summary Report edited by User) Cardiovit CS-20 Version:3.4

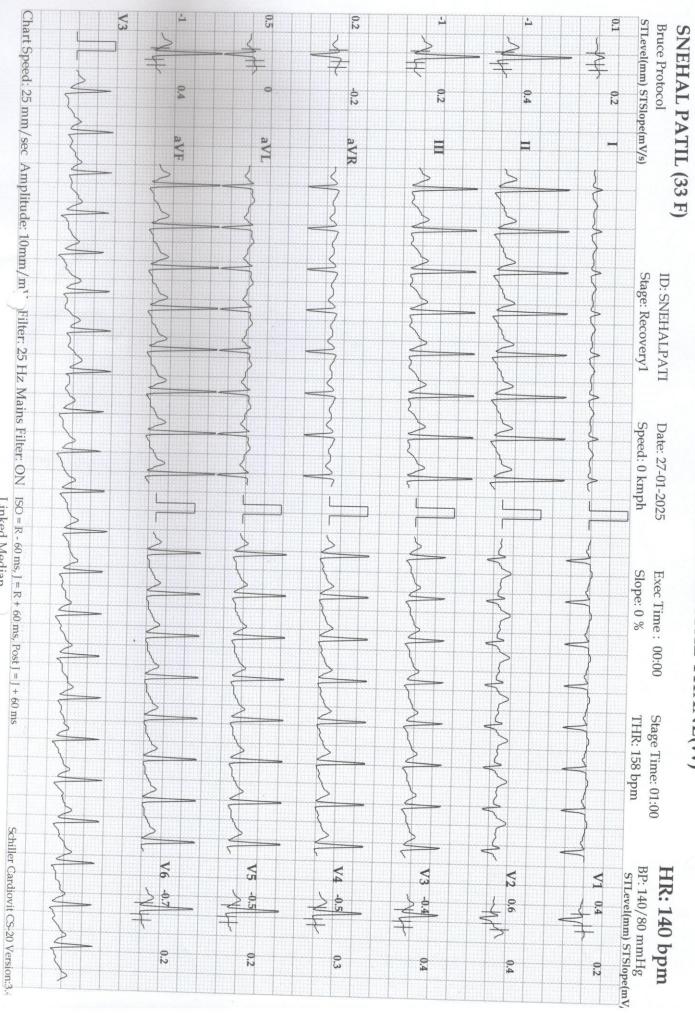


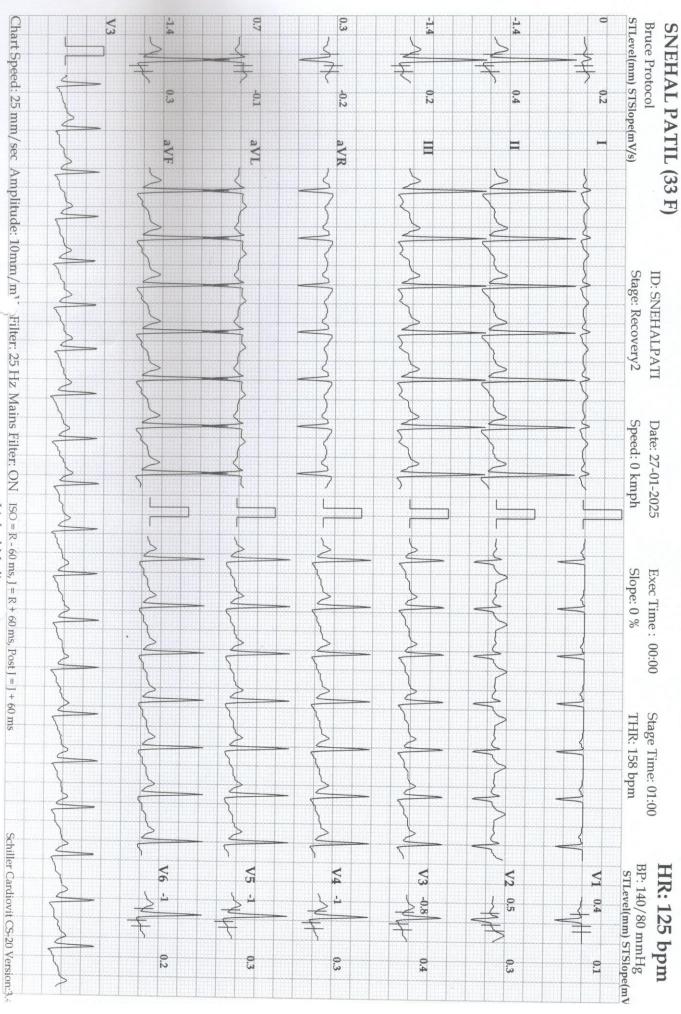


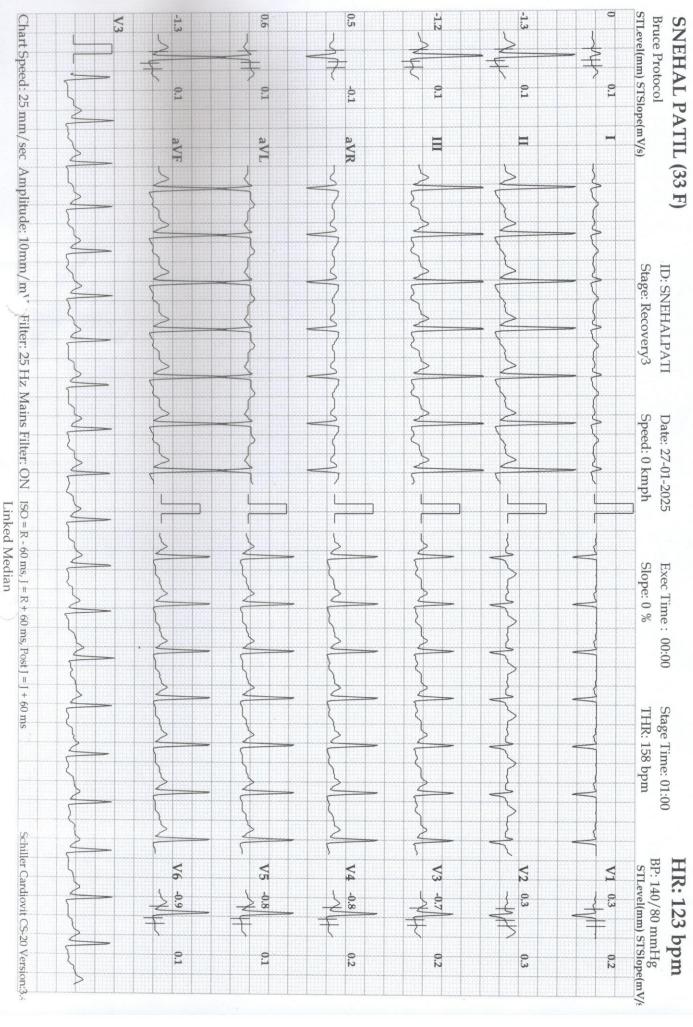














| NAME: MRS. SNEHAL PATIL | AGE : 33YRS/FEMALE |
|-------------------------|--------------------|
| REF BY: HEALTH CHECK UP | DATE: 27.01.2025 |

FULL ABDOMEN USG

LIVER: normal in size and shows bright echotexture. No focal lesion is seen. Hepatic vasculature appears normal. No evidence of IHBR dilatation seen.

PORTAL VEIN / SPLENIC VEIN: is normal in caliber.

GALL BLADDER: Is well distended. No calculi/wall thickening / sludge.

SPLEEN: Is normal in size, shape, position and shows normal homogeneous echotexture. No focal lesion seen.

PANCREAS: Visualized head & body appears normal in size and shows normal homogeneous echotexture. Rest is obscured by bowel gas.

<u>KIDNEYS:</u> Both kidneys are normal in size, shape, position, and echotexture. Both kidneys show normal cortico-medullary differentiation. No calculi or HN/HU seen.

URINARY BLADDER: Is well distended and appears normal. No SOL/wall thickening.

UTERUS: Is normal in size $5.7 \times 3.0 \times 3.9$ cm and anteverted and normal echotexture. Central endometrial eco-complex measures 7.1 mm. Cervix appears normal.

OVARIES: Both ovaries appears normal. Bilateral adnexa are clear.

PERITONEAL CAVITY: No ascites or enlarged/lymph nodes. Bowel gas ++++

OPINION:

GRADE I FATTY LIVER.

DR. DEVENDRA PATIL (M.D.Radiology)

CONSULTANT RADIOLOGISTPlease co-relate the findings with clinical examination, history & blood investigations.

+91 9222888070, 9082386200

www.jinkushalcardiaccare.com

info@jinkushalcardiaccare.com jinkushalcardiaccare@gmail.com

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☑ Jinkushal Cardiac Care and Super Speciality Hospital, 2nd Floor, Rosa Vista, Opp. Suraj Water Park, Kavesar, Ghodbunder Road, Thane (W). Maharashtra.

3 022 - 40615511 / 22

SEFRA DIGITAL X-RAY

JINKUSHAL HOSPITAL, Rosa Vista, Opp. Suraj Water Park, Waghbill, G.B. Road, Thane (W) Mob.: 7678031047 / 9833520607 | Time : 9 am. to 9 pm. | SUNDAY ON CALL)

PORTABLE X-RAY AVAILABLE

| PATIENT NAME : MRS. SNEHAL PATIL | AGE / SEX 33 YRS / F |
|----------------------------------|----------------------|
| REF BY DR: JINKUSHAL HOSPITAL | DATE: 27/01/2025 |

X-ray Chest PA

Bilateral lung fields appear clear. No obvious pleural/parenchymal lesion noted.

Bilateral hila are normal.

Both costo-phrenic and cardio-phrenic angles appear clear.

Cardiac silhouette is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage & soft tissues appear normal.

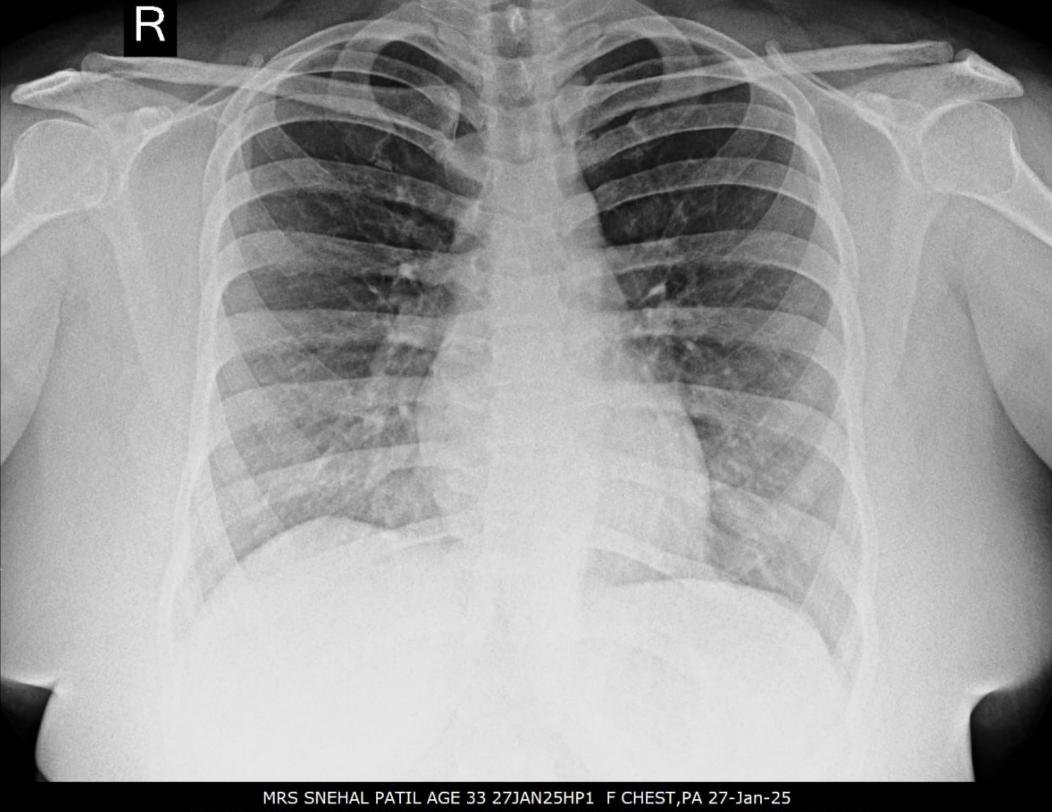
Impression: No significant abnormality detected.

Suggest Clinical correlation and further evaluation.

Thanks for referral

Dr. Devendra Patil MD Radiology

Disclaimer: report is done by teleradiology after the images acquired by PACS (picture archiving and communication system) and this report is not meant for medicolegal purpose Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly. Patient's identification in online reporting is not established, so in no way patient identification is possible for medico-legal cases.





Arcofemi Healthcare Pvt Ltd

(Formerly known as Arcofemi Healthcare Ltd) F-701A, Lado Sarai, Mehrauli, New Delhi - 110030 Email: wellness@mediwheel.in, Website: www.mediwheel.in Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that <u>Shehal Patil</u> aged <u>33yr</u>. Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: Mumbai

Date: 27/01/2025

Name & Signature of

Medical officer