



* 2 1 1 8 3 4 *

Name : Mrs. PUSHPANJALI PADHY

Collected On : 26/10/2024 11:41 am

Lab ID. : 211834

Received On : 26/10/2024 11:51 am

Age/Sex : 33Years / Female

Reported On : 26/10/2024 6:57 pm

Ref By : JINKUSHAL CARDIAC CARE & SUPER SPECIALITY HOS

Report Status : FINAL

Consulting Dr. : DR. MAYUR JAIN

***LIPID PROFILE**

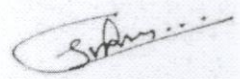
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDA SE)	180.0	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)	42.6	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease : >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	205.0	mg/dL	Desirable level : <161 mg/dl. High : >= 161 - 199 mg/dl. Borderline High : 200 - 499 mg/dl. Very high : >499mg/dl.
VLDL CHOLESTEROL (CALCULATED VALUE)	41	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	96	mg/dL	Optimal: <100 mg/dl. Near Optimal: 100 - 129 mg/dl. Borderline High: 130 - 159 mg/dl. High : 160 - 189mg/dl.
LDL CHOL/HDL RATIO (CALCULATED VALUE)	2.25		Very high : >= 190 mg/dl. UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	4.23		<5.0

Above reference ranges are as per ADULT TREATMENT PANEL III recommendation by NCEP (May 2015).

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

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

 Checked By
 SHAISTA Q


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

Page 1 of 9





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COMPLETE BLOOD COUNT

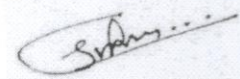
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	11.3	gm/dl	12.0 - 15.0
HEMATOCRIT (PCV)	33.9	%	36 - 46
RBC COUNT	3.86	$\times 10^6/\mu\text{L}$	4.5 - 5.5
MCV	88	fl	80 - 96
MCH	29.3	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	12.3	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	10680	/cumm	4000 - 11000
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS	64	%	40 - 80
LYMPHOCYTES	28	%	20 - 40
EOSINOPHILS	03	%	0 - 6
MONOCYTES	05	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	249000	/cumm	150 to 410
MPV	13.2	fl	6.5 - 11.5
PDW	16.5	%	9.0 - 17.0
PCT	0.330	%	0.200 - 0.500
RBC MORPHOLOGY	Normocytic Normochromic, Reduced red blood cells		
WBC MORPHOLOGY	Normal		
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.

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

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Dr. Smita Ranveer's



CLINICAL DIAGNOSTIC CENTRE
COMPLETE PATHOLOGICAL SOLUTION



Name : Mrs. PUSHPANJALI PADHY
Lab ID. : 211834
Age/Sex : 33Years / Female
Ref By : JINKUSHAL CARDIAC CARE & SUPER SPECIALITY HOS
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IMMUNO ASSAY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TFT (THYROID FUNCTION TEST)			
SPECIMEN	Serum		
T3	132.0	ng/dl	84.63 - 201.8
T4	5.99	µg/dl	5.13 - 14.06
TSH	4.42	µIU/ml	0.270 - 4.20

DONE ON FULLY AUTOMATED ANALYSER COBAS e411.

T3 (Triiodo Thyronine)		T4 (Thyroxine)	
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 Days	1.0-39
2 weeks -5 months	1.7-9.1
6 months-20 years	0.7-6.4
Pregnancy	
1st Trimester	0.1-2.5
2nd 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.

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CLINICAL DIAGNOSTIC CENTRE
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MC-6135



Name : Mrs. PUSHPANJALI PADHY

Lab ID. : 211834

Age/Sex : 33Years / Female

Ref By : JINKUSHAL CARDIAC CARE & SUPER SPECIALITY HOS

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***RENAL FUNCTION TEST**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD UREA (Urease UV GLDH Kinetic)	18.9	mg/dL	13 - 40
BLOOD UREA NITROGEN (Calculated)	8.83	mg/dL	5 - 20
S. CREATININE (Enzymatic)	0.82	mg/dL	0.6 - 1.4
S. URIC ACID (Uricase)	3.7	mg/dL	2.6 - 6.0
S. SODIUM (ISE Direct Method)	138.3	mEq/L	137 - 145
S. POTASSIUM (ISE Direct Method)	3.99	mEq/L	3.5 - 5.1
S. CHLORIDE (ISE Direct Method)	100.1	mEq/L	98 - 110
S. PHOSPHORUS (Ammonium Molybdate)	3.93	mg/dL	2.5 - 4.5
S. CALCIUM (Arsenazo III)	8.6	mg/dL	8.6 - 10.2
PROTEIN (Biuret)	6.45	g/dl	6.4 - 8.3
S. ALBUMIN (BGC)	4.21	g/dl	3.2 - 4.6
S.GLOBULIN (Calculated)	2.24	g/dl	1.9 - 3.5
A/G RATIO calculated	1.88		0 - 2

BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED (EM 200) ANALYZER.

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

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

Checked By
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COMPLETE PATHOLOGICAL SOLUTION



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LIVER FUNCTION TEST

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL BILLIRUBIN (Method-Diazo)	0.31	mg/dL	0.2 - 1.2
DIRECT BILLIRUBIN (Method-Diazo)	0.17	mg/dL	0.0 - 0.4
INDIRECT BILLIRUBIN Calculated	0.14	mg/dL	0 - 0.8
SGOT(AST) (UV without PSP)	23.6	U/L	0 - 37
SGPT(ALT) UV Kinetic Without PLP (P-L-P)	30.2	U/L	UP to 40
ALKALINE PHOSPHATASE (Method-ALP-AMP)	60.0	U/L	42 - 98
S. PROTIEN (Method-Biuret)	6.45	g/dl	6.4 - 8.3
S. ALBUMIN (Method-BCG)	4.21	g/dl	3.5 - 5.2
S. GLOBULIN Calculated	2.24	g/dl	1.90 - 3.50
A/G RATIO Calculated	1.88		0 - 2

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

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

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HAEMATOLOGY

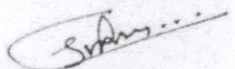
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
ESR			
ESR	65	mm/1hr.	0 - 20

METHOD - WESTERGREN

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

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

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
GLYCOCELATED HEMOGLOBIN (HBA1C)			
HBA1C (GLYCOSALATED HAEMOGLOBIN)	6.0	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G.)	125.5	mg/dL	65.1 - 136.3
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	99.2	mg/dL	70 - 110
URINE GLUCOSE FASTING	Absent		
URINE KETONE FASTING	Absent		
BLOOD GLUCOSE PP	91.3	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

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
-----------	---------	------	-----------------

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

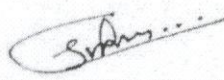
- Fasting plasma glucose ≥ 126 mg/dl
- Classical symptoms +Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin $> 6.5\%$

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

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

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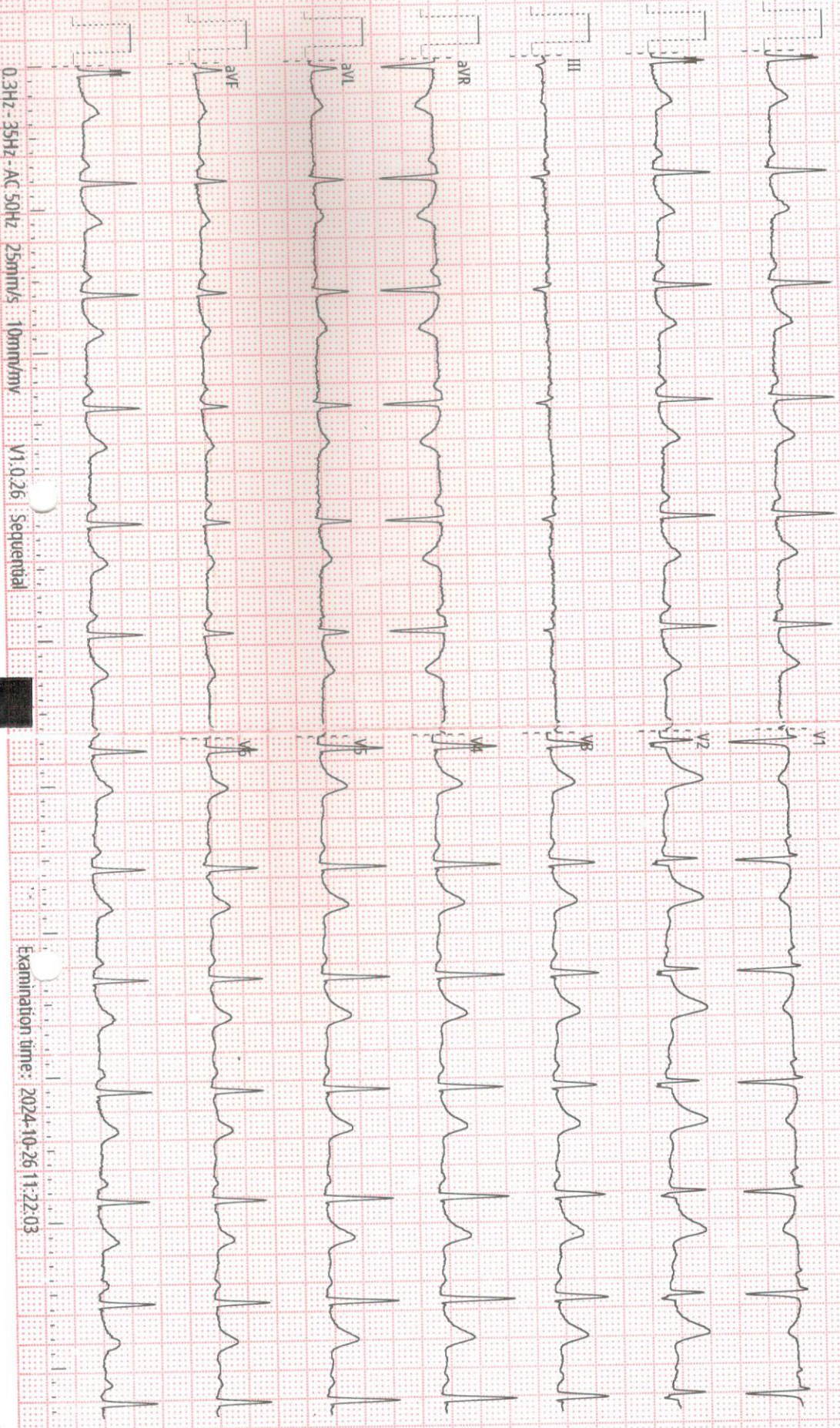
ECG report

<<Interpretations >>

Confirm and sign:

Sinus rhythm
Normal ECG

ID : 2024102611721 HR : 79 bpm
Name : padhy pushpanjali PR : 136 ms
Gender : F QRS : 78 ms
Age : 33 Years QT/QTc : 396/429 ms
Dept : P/QRS/T : 45/24/25 °
Bed No : RV5/SV1 : 1.146/0.932 mv
RV5+SV1 : 2.078 mv



0.3Hz-35Hz-AC 50Hz-25mm/s 10mm/mv V1: 0.26 Sequential

Examination time: 2024-10-26 11:22:03

JINKUSHAL CARDIAC CARE HOSPITAL THANE(W)

Name: PUSPANJALI PADHY

Date: 26-10-2024 Time: 15:05

Age: 33

Gender: F

Height: 152 cms

Weight: 64 Kg

ID: PUSHPANJAL

Clinical History:

Medications:

Test Details:

Protocol: Bruce

Predicted Max HR: 187

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

Exercise Time: 0:04:55

Achieved Max HR: 167 (89% of Pr. MHR)

Max BP: 140/90

Max BP x HR: 23380

Max Mets: 5.8

Test Termination Criteria:

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Standing	00:08	1	0	0	84	120/80	10080	-3 V2	-0.1 aVL
HyperVentilation	00:17	1	0	0	84	120/80	10080	-3 V2	-0.1 I
PreTest	00:18	1	1.6	0	99	120/80	11880	1.2 V3	0.9 V1
Stage: 1	03:00	4.7	2.7	10	138	130/80	17940	-0.9 II	0.7 V1
Peak Exercise	01:55	5.8	4	12	167	140/90	23380	-2.8 V3	0.2 II
Recovery1	01:00	1	0	0	133	140/90	18620	-1 II	0.8 V1
Recovery2	01:00	1	0	0	109	140/90	15260	-0.7 II	0.8 V1
Recovery3	00:05	1	0	0	105	140/90	14700	-0.9 II	1 V1

Interpretation

GOOD EFFORT TOLERANCE

NO DYSPNOEA

NO ANGINA

SIGNIFICANT MORE THAN 1 MM ST-T DEPRESSION SEEN IN INFERIOR LEADS AT PEAK EXERCISE

TMT IS BORDERLINE POSITIVE FOR INDUCIBLE ISCHEMIA @ 5.8 METS

Ref. Doctor: SELF

Doctor: DR MAYUR JAIN

SCHILLER

The Art of Diagnostics

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

JINKUSHAL CARDIAC CARE HOSPITAL THANE(W)

PUSPANJALI PADHY (33 F)

Bruce Protocol

ID: PUSHPANJAL

Date: 26-10-2024

Exec Time : 0:00:00

Stage Time: 00:08

HR: 84 bpm

BP: 120/80 mmHg

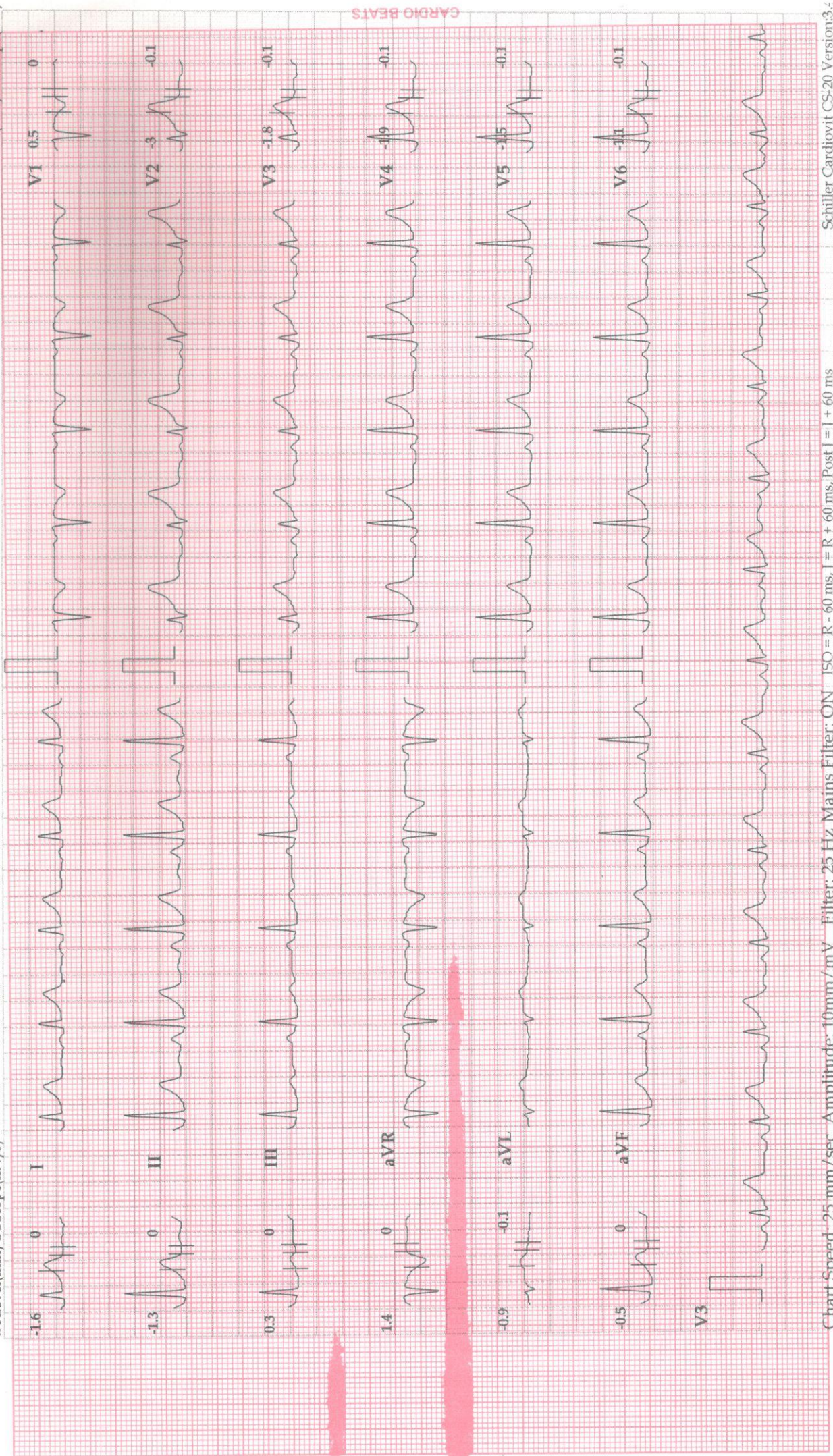
STLevel(mm) STSlope(mV/s)

THR: 158 bpm

Slope: 0%

Speed: 0 km/h

Stage: Standing



JINKUSHAL CARDIAC CARE HOSPITAL THANE(W)

PUSPANJALI PADHY (33 F)

Bruce Protocol

ID: PUSHPANJAL Date: 26-10-2024

Exec Time: 0:00:00 Stage Time: 00:17

Stage: HyperVentilation Speed: 0 km/h

Slope: 0% THR: 158 bpm

HR: 84 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

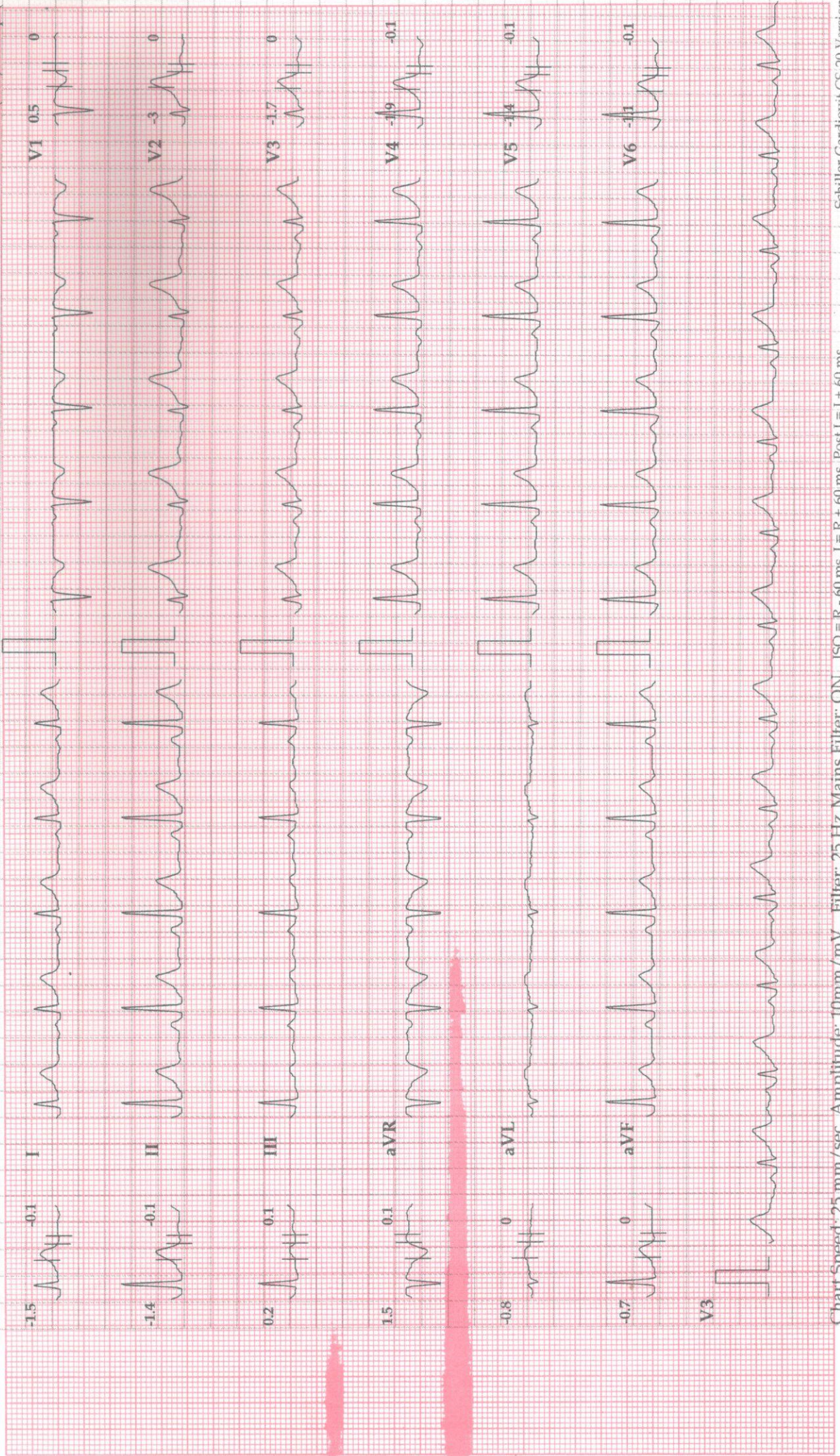


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Linked Median

Schiller Cardiovit CS-20 Version:3.4

CARDIO BEATS

JINKUSHAL CARDIAC CARE HOSPITAL THANE(W)

PUSPANJALI PADHY (33 F)

Bruce Protocol

ID: PUSHPANJAL

Date: 26-10-2024

Exec Time : 0:03:00

Stage Time: 03:00

HR: 138 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

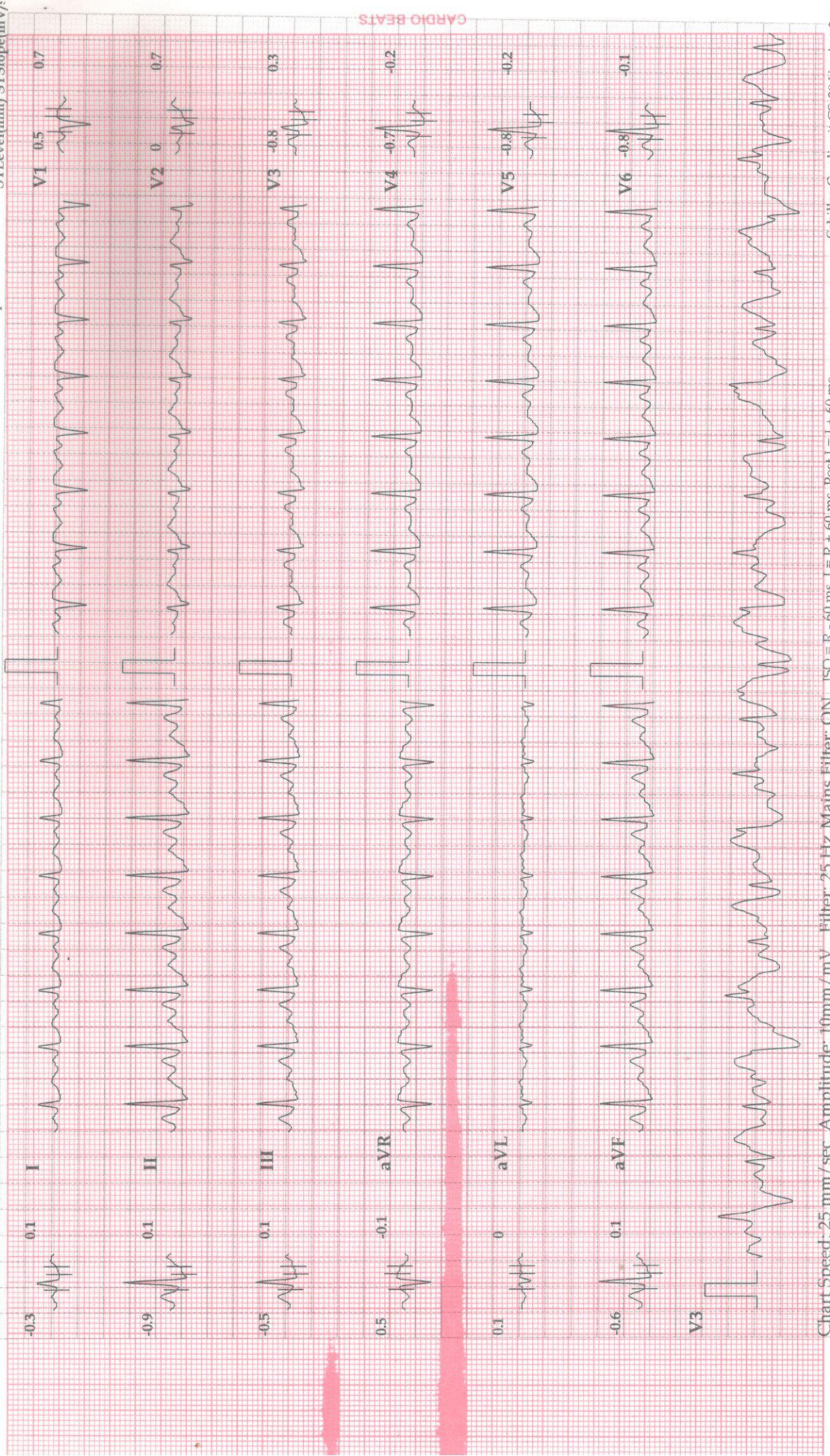
STLevel(mm) STSlope(mV/s)

Stage: I

Speed: 2.7 kmph

Slope: 10 %

THR: 158 bpm



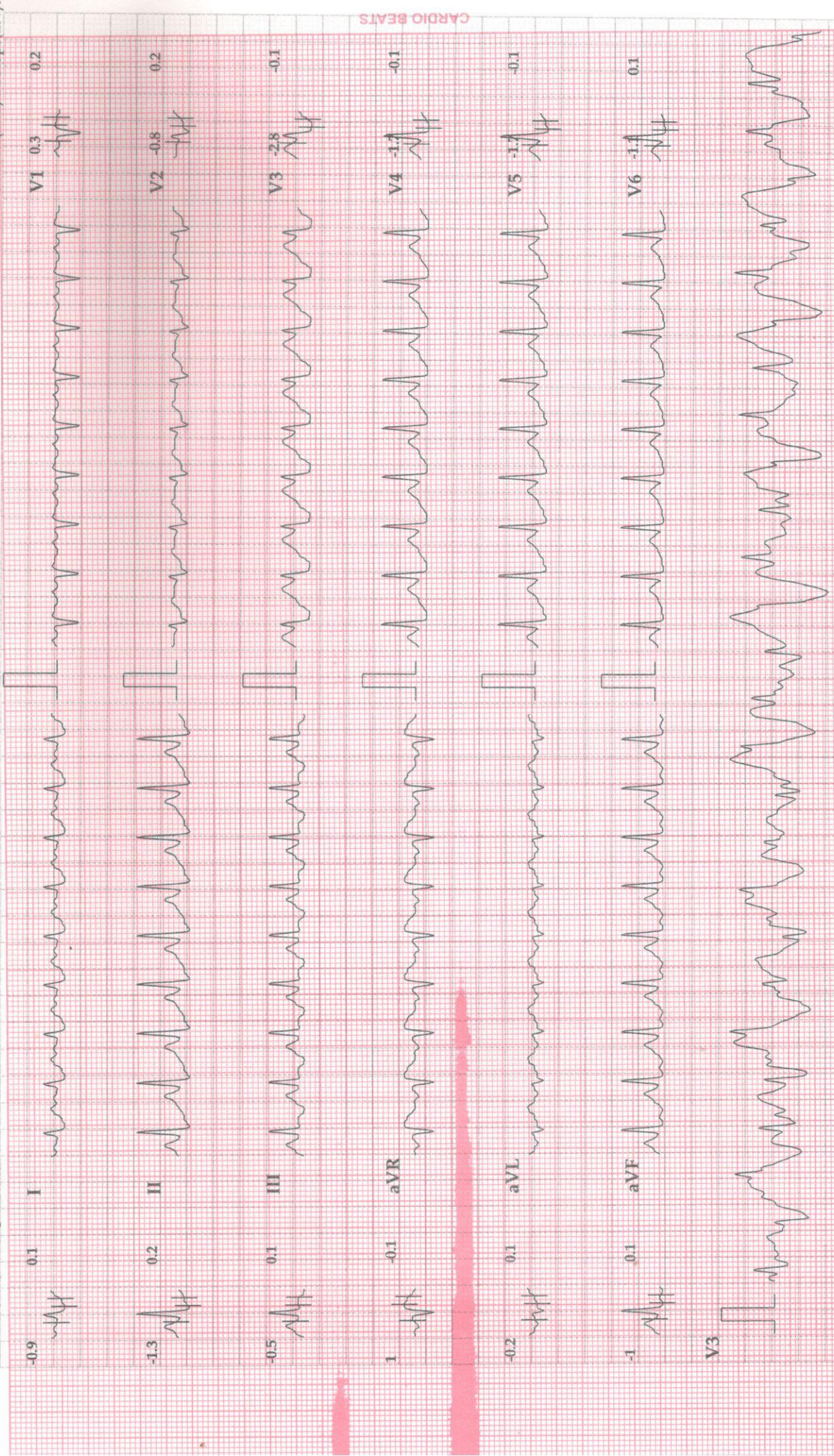
JINKUSHAL CARDIAC CARE HOSPITAL THANE(W)

PUSPANJALI PADHY (33 F)

ID: PUSHPANJAL Date: 26-10-2024
Bruce Protocol Stage: 2 Peak Exercise Speed: 4 kmph

Exec Time : 0:04:55
Slope: 12 %

HR: 167 bpm
BP: 140/90 mmHg
STLevel(mm) STSlope(mV/s)



JINKUSHAL CARDIAC CARE HOSPITAL THANE(W)

PUSPANJALI PADHY (33 F)

Bruce Protocol

ID: PUSHPANJAL

Date: 26-10-2024

Exec Time : 00:00

Stage Time: 00:23

HR: 154 bpm

STLevel(mm) STSlope(mV/s)

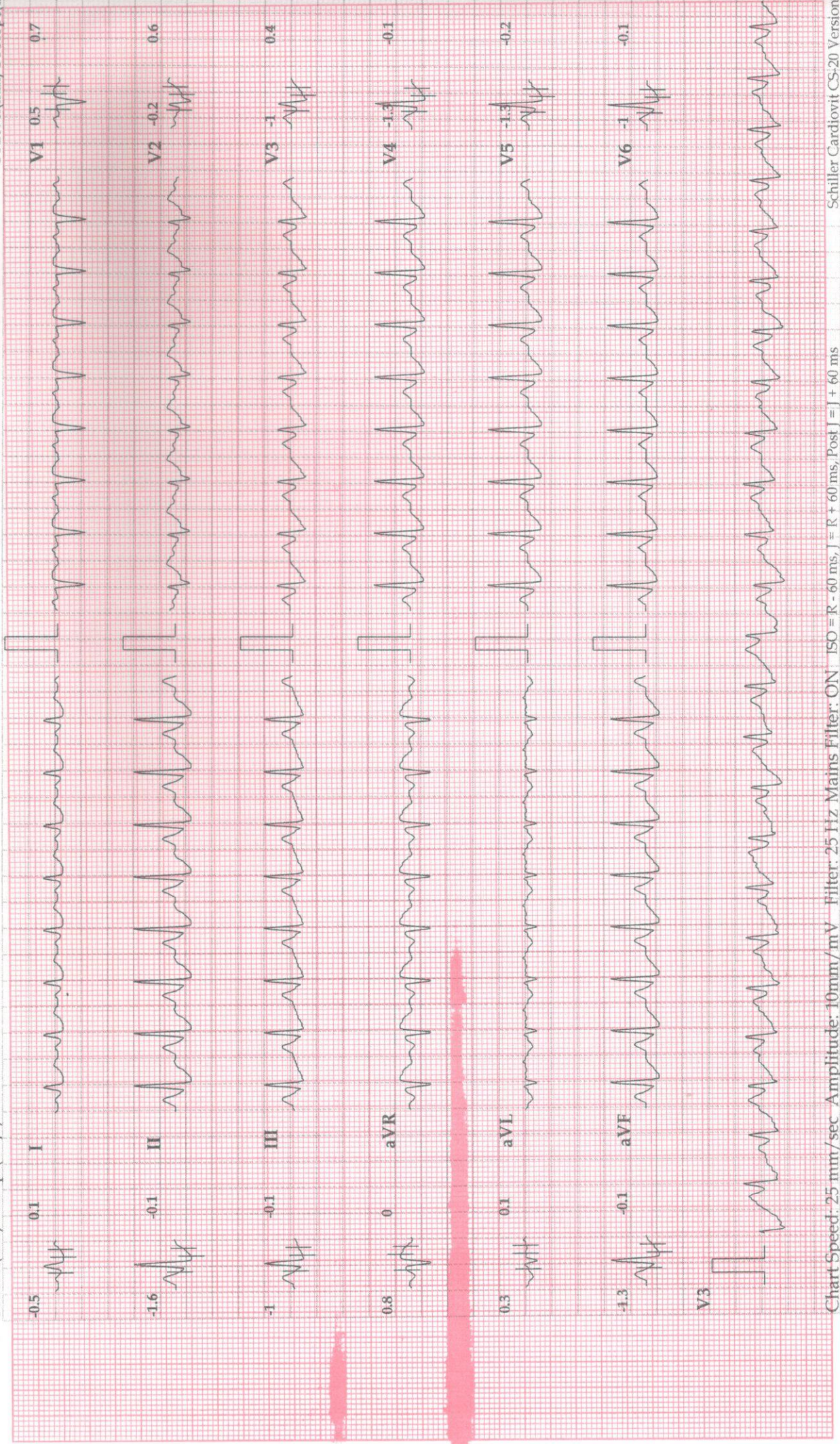
Stage: Recovery1

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

BP: 140/90 mmHg
STLevel(mm) STSlope(mV/s)



JINKUSHAL CARDIAC CARE HOSPITAL THANE(W)

PUSPANJALI PADHY (33 F)

ID: PUSHPANJAL

Date: 26-10-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 133 bpm

Bruce Protocol

Stage: Recovery1

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

BP: 140/90 mmHg

STLevel(mm) STSlope(mV/s)

-0.2 0 I

V1 0.3 0.8

-1 -0.3 II

V2 0 0.6

-0.6 -0.2 III

V3 -0.4 0.3

0.5 0.1 aVR

V4 -0.6 -0.3

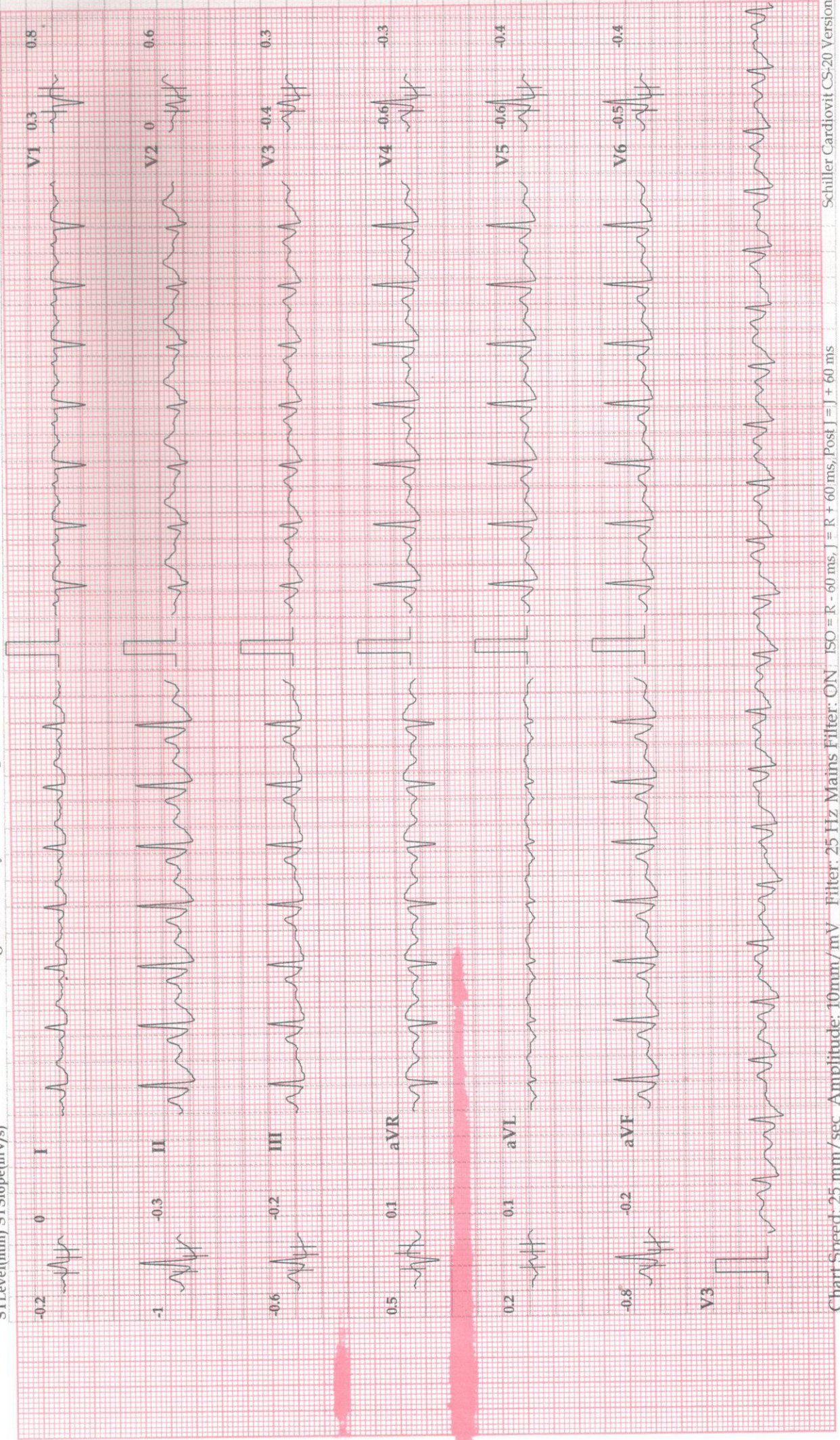
0.2 0.1 aVL

V5 -0.6 -0.4

-0.8 -0.2 aVF

V6 -0.5 -0.4

V3



JINKUSHAL CARDIAC CARE HOSPITAL THANE(W)

PUSPANJALI PADHY (33 F)

Bruce Protocol

ID: PUSHPANJAL

Date: 26-10-2024

Exec Time : 00:00

Stage Time: 01:00

HR: 109 bpm

STI Level(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

BP: 140/90 mmHg

STI Level(mm) STSlope(mV/s)

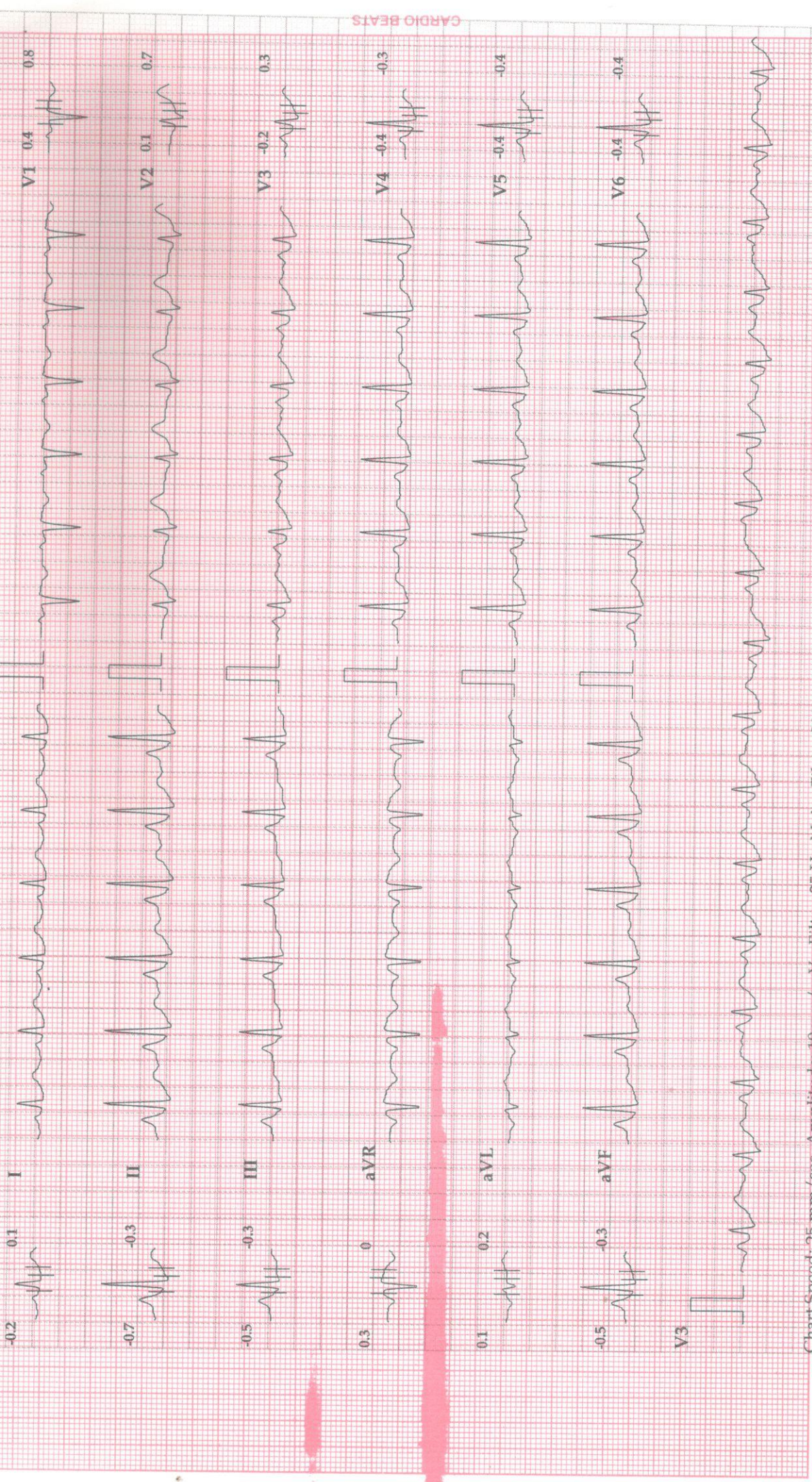


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Linked Median

Schiller Cardiovit CS-20 Version:3.4

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. PUSHPANJALI PADHY	AGE / SEX 34 YRS / F
REF BY DR: JINKUSHAL HOSPITAL	DATE : 26/10/2024

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. Patil

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.

NAME : MRS. PUSHPANJALI PADHY	AGE : 33YRS/FEMALE
REF BY : C/O JINKUSHAL HOSPITAL	DATE : 26.10.2024

FULL ABDOMEN USG

LIVER: Enlarged in size measures (18.1 cm) and shows bright echotexture. No focal lesion is seen. Hepatic vasculature appears normal. No e/o IHBR dilatation.

PORTAL VEIN / SPLENIC VEIN / CBD: are 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: Is normal in size and shows normal homogeneous echotexture. No focal lesion is seen. Pancreatic duct is normal in caliber.

KIDNEYS: Right kidney: 10.3 x 3.9 cm Left kidney: 10.9 x 4.6 cm.
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 distended and appears normal. No SOL/wall thickening seen.

UTERUS: Is normal in size 6.8 x 4.5 x 4.2 cm and retroverted and normal echotexture. No focal lesion seen. Central Endometrial eco-complex measures 5.8 mm. Cervix appears normal.

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

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

OPINION:

- **HEPATOMEGALY WITH GRADE I FATTY LIVER.**



DR. DEVENDRA PATIL (M.D.Radiology)
CONSULTANT RADIOLOGIST

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

MEDICAL EXAMINATION REPORT

Name Mr./Mrs./ Miss	Puspamjali Padhey		
Sex	Male/ <u>Female</u> .		
Age (yrs.) <u>33</u>	UHID :		Bill No. :
Date	<u>26 / 10 / 20 24 .</u>		
Marital Status	<u>Married</u> / No. of Children / Unmarried/ Widow :		
Present Complaints	<u>no any mrocho .</u>		
Past Medical : History Surgical :	<u>uses - noy - 2023 .</u>		
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		
Family History	Father = Mother = Siblings =	HT / DM / IHD / Stroke / Any Other <u>NO</u> Mother = HT / DM / IHD / Stroke / Any Other <u>NO</u> Siblings = HT / DM / IHD / Stroke / Any Other <u>NO .</u>	
History of Allergies	Drug Allergy - <u>no any allergy</u> Any Other - <u>dust ⊕</u>		
History of Medication	For HT / DM / IHD / Hypothyroidism Any Other <u>no</u>		
On Examination (O/E)	G. E. : <u>free</u> R. S. : <u>clear</u> C. V. S. : <u>sig ⊕</u> C.N.S. : <u>conscious</u> P/A : <u>sig</u> Any Other Positive Findings :		

Blood reports awaited .

Height	152 - cms	Weight	63.7 Kgs
BMI	27.6		
Pulse (per min.)	79/min	Blood Pressure (mm of Hg)	120/80 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	Generally she is fit & she can resume her normal duties.		
Examined by :	- Overweight = To Reduce Weight - please reduce wt. - Underweight = To Increase Weight		