



33893 090325

Registration ID : 33893

Sample Collection : 09/03/2025 08:18:15

Name : MRS. AISHAVARYA DETHE

Sample Received : 09/03/2025 08:18:15

Age/Sex : 39 Yrs. / F

Printed : 13/03/2025 14:39:55

Report Released : 13/03/2025 12:35:36

Ref. By : BANK OF BARODA

Sent By : Arcofemi Healthcare Pvt Ltd

2D Echo Color Doppler

REASON FOR STUDY: AHC

CONCLUSION:

- NORMAL SIZE LA, LV, RA AND RV_
- **GOOD LV SYSTOLIC FUNCTION AT REST. L.V.E.F:55% WITH NO RWMA._**
- GOOD RV FUNCTION. TAPSE:20MM_
- STRUCTURALLY NORMAL MITRAL,TRICUSPID, AORTIC AND PULMONARY LEAFLETS._
- NO CLOTS IN LA AND LV._
- NO EVIDENCE OF LEFT VENTRICULAR HYPERTROPHY_
- NO EVIDENCE OF PERICARDIAL EFFUSION._
- MILD PULMONARY HYPERTENSION. PASP BY TR JET : 45MMHG_

CONVENTIONAL DOPPLER:

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

COLOUR DOPPLER: SHOWS TRIVIAL TR .

GRADE 0/III MR

GRADE < I/III TR

GRADE 0/IV AR

GRADE 0/IV PR

IMPRESSION:

GOOD LV SYSTOLIC FUNCTION AT REST

NO DD

MILD PHT



Dr. Yogesh Solanki

DrNB Interventional

Cardiology

Reg.No -2015/05/3063





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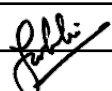
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	OBSERVED
MITRAL VALVE:	
ANTERIOR LEAFLETS EXCURSION	NORMAL
POSTERIOR LEAFLETS EXCURSION	NORMAL
E.P.S.S	----
TRICUSPID VALVE:	
EXCURSION	NORMAL
OTHER FINDINGS	----
AORTIC VALVE:	
CUSPS OPENING	NORMAL
PULMONARY VALVE:	
EXCURSION	NORMAL
DIMENSIONS	
AORTIC ROOT	20
LEFT ATRIUM	25
LVID (D)	44
LVID (S)	25
IVST (D)	08
PWT (D)	09
RVID (D)	----

	VELOCITY(M/SEC)	STENOSIS GRADIENT PEAK/MEAN (MMHG)	REGURGITATION GRADING
MITRAL	----	----	0/III
TRICUSPID	----	----	<I/III
AORTIC	1.1	5	0/IV


 Dr. Yogesh Solanki
 DrNB Interventional
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PULMONARY	----	----	0/IV
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(Collected At: 09/03/2025 08:18:15, Received At: 09/03/2025 08:18:15, Reported At: 13/03/2025 12:35:36)



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





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COMPLETE BLOOD COUNT *

Test	Result	Unit	Biological Ref Range
Hemoglobin (SLS) Photometric	: 12.1	g/dL	12-14 g/dL
Total RBC (Electrical Impedance)	: 4.97	10 ⁶ /μL	3.0-6.0 10 ⁶ /μL
Hematocrit (PCV) (Calculated)	: 39.1	%	36-54 %
Mean Corpuscular Volume (MCV) (calculated)	: 78.7	fL	78-101 fL
Mean Corpuscular Hemoglobin (MCH) (Calculated)	: 24.3	pg	27-32 pg
Mean Corpuscular Hemoglobin Concentration (MCHC) (Calculated)	: 30.9	g/dL	31.5-34.5 g/dL
Red Cell Distribution Width (RDW- CV) (Electrical Impedance)	: 15.30	%	12-15 %
Total Leucocytes Count (Light Scattering)	: 6150	/cumm	4000-11000 /cumm
Neutrophils (Calculated)	: 68	%	40-75 %
Eosinophils Percentage (Calculated)	: 01	%	1-6 %
Lymphocyte Percentage (Calculated)	: 26	%	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 Impedance)	: 333000	/ul	150000-450000 /ul
Platelets on Smear	: Adequate		Adequate
E.S.R	: 03	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.

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 2000/08/2926





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



NABL M(ELT)-00683

Santosh
Dr. Santosh Khairnar
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Reg. No.-
2000/08/2926





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Age/Sex : 39 Yrs. / F	Printed : 13/03/2025 14:39:55
Ref. By : BANK OF BARODA	Report Released : 10/03/2025 14:33:41
Sent By : Arcofemi Healthcare Pvt Ltd	

HbA1c (Whole Blood)

Test	Result	Unit	Reference Range
HbA1c-Glycosylated Haemoglobin	5.70	%	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)	: 116.89	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)	82	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)	97	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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BLOOD GROUP


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

Slide and Tube Agglutination Test

(Collected At: 09/03/2025 08:18:15, Received At: 09/03/2025 08:18:15, Reported At: 10/03/2025 14:32:24)

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




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2000/08/2926





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Age/Sex : 39 Yrs. / F

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Report Released : 10/03/2025 14:32:57

Ref. By : BANK OF BARODA

Sent By : Arcofemi Healthcare Pvt Ltd

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	: 54	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499
<i>Serum, Method: GPO-Trinder</i>			
HDL Cholesterol	: 46	mg/dl	42.0-88.0 mg/dl
<i>serum,Direct method</i>			
LDL Cholesterol	: 120.20	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190
<i>Serum, (Calculated)</i>			
VLDL Cholesterol	: 10.8	mg/dl	5-30 mg/dl
<i>Serum, Method: Calculated</i>			
LDL/HDL Ratio	: 2.6		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5
<i>Serum, Method: Calculated</i>			
TC/HDL Ratio	: 3.8		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.

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LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total) <i>Serum, Method: Diazo (walter & Gerarde)</i>	: 0.53	mg/dl	0-2.0 mg/dl
S. Bilirubin (Direct) <i>Serum, Method: Diazo (walter & Gerarde)</i>	: 0.21	mg/dl	0-0.4 mg/dl
S. Bilirubin (Indirect) <i>Serum, Method: Calculated</i>	: 0.32	mg/dl	0.10-1.0 mg/dl
Aspartate Transaminase (AST/SGOT) <i>Serum, Method: UV Kinetic with P5P</i>	: 19	IU/L	0-31 IU/L
Alanine Transaminase (ALT/SGPT) <i>Serum, Method: UV Kinetic with P5P</i>	: 15	IU/L	0-34 IU/L
S. Alkaline Phosphatase <i>Serum, Method: IFCC with AMP buffer</i>	: 68	IU/L	42-98 IU/L
Total Proteins <i>Serum, Method: Biuret</i>	: 7.1	gm/dl	6.4-8.3 gm/dl
S. Albumin <i>Serum, Method: BCG</i>	: 4.4	gm/dl	3.5-5.2 gm/dl
S. Globulin <i>Serum, Method: Calculated</i>	: 2.7	gm/dl	2.3-3.5 gm/dl
A/G Ratio <i>Serum, Method: Calculated</i>	: 1.63		0.90-2.00
Gamma GT <i>Serum, Method: G glutamyl carboxy nitroanilide</i> <i>Test Done on - Automated Biochemistry Analyzer (EM 200).</i>	: 20	U/L	0-38 U/L

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Ref. By : BANK OF BARODA	Report Released : 10/03/2025 14:33:22
Sent By : Arcofemi Healthcare Pvt Ltd	

SERUM CREATININE

Test	Result	Unit	Biological Ref. Range
S. Creatinine	: 0.75	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 08:18:15, Received At: 09/03/2025 08:18:15, Reported At: 10/03/2025 14:33:22)

BLOOD UREA NITROGEN (BUN)

Test	Result	Unit	Biological Ref. Range
Urea	: 28.89	mg/dl	13-40 mg/dl

Serum, Method: Urease - GLDH

Blood Urea Nitrogen : 13.50 mg/dl 5-18 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

*All Samples Processed At Excellas Clinics Mulund Centre

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SERUM URIC ACID


Test	Result	Unit	Biological Ref. Range
S. Uric Acid	: 4.20	mg/dl	2.6-6.0 mg/dl

Serum, Method: Uricase - POD

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

(Collected At: 09/03/2025 08:18:15, Received At: 09/03/2025 08:18:15, Reported At: 10/03/2025 14:33:03)




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33893 090325

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Ref. By : BANK OF BARODA

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BUN CREAT RATIO (BCR)

Test	Result	Unit	Biological Ref. Range
BUN/Creatinine ratio	: 23.68		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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----- End Of Report -----




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2000/08/2926





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THYROID FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
Total T3	: 1.0	ng/dl	0.70-2.04 ng/dl
<i>Serum, Method: CLIA</i>			
Total T4	: 8.60	µg/dl	5.1-14.1 µg/dl
<i>Serum, Method: CLIA</i>			
TSH (Thyroid Stimulating Hormone)	: 1.89	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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X RAY CHEST PA VIEW

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.

(Collected At: 09/03/2025 08:18:15, Received At: 09/03/2025 08:18:15, Reported At: 13/03/2025 12:32:24)

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Dr. Reshma Gokran
MD (Radiologist)
Reg. No-
2009/09/3296





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USG ABDOMEN & PELVIS - FEMALE

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

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

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

Spleen:- is normal in size (7.8 cms) and echotexture. No focal lesion is seen.

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

Right kidney – 9.5 x 3.5 cms.

Left kidney – 10.4 x 4.3 cms.

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

Uterus:- is anteverted, normal in size and measures 4.6 x 3.8 x 5.0 cms
Myometrium shows homogenous echo pattern. No focal lesion is seen.

ET : 5.3 mm

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

Right ovary measures – 2.5 x 2.2 cms.

Left ovary measures – 2.5 x 2.3 cms.

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

No ascites is seen. No significant lymphadenopathy is seen.

IMPRESSION:

- **No significant abnormality is seen.**

Thanks for the Referral

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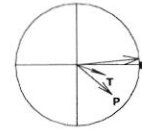
OPHTHALMIC EVALUATION

Examination	Right Eye	Left Eye
Distance Vision With Glass	6/6	6/6
Near Vision With Glass	N/6	N/6
Color Vision	Normal	
Remarks	Normal	

(Collected At: 09/03/2025 08:18:15, Received At: 09/03/2025 08:18:15, Reported At: 13/03/2025 12:29:59)

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





DR. MANSI SOLANKI
MBBS MD GENERAL MEDICINE
REG. NO. MMC 2024042065

RBBB correlate
New
clinical