

DIAGNOSTICS REPORT

Patient Name	: Mrs. GAYTRI MANE	Order Date	: 08/03/2025 09:23
Age/Sex	: 44 Year(s)/Female	Report Date	: 08/03/2025 13:02
UHID	: SHHM.88729		
Ref. Doctor	: self	Facility	: SEVENHILLS HOSPITAL,
Address	: SHIV SHAKTI CO OPRATIVE HOUSING SOCIETY, Jogeshwari East, Mumbai, Maharashtra, 400060	Mobile	: 9372301284

2D ECHOCARDIOGRAPHY with COLOUR DOPPLER STUDY

Normal LV and RV systolic function.

Estimated LVEF = 60%

No LV regional wall motion abnormality at rest .

All valves are structurally and functionally normal.

Normal sized cardiac chambers.

No LV Diastolic dysfunction .

No pulmonary arterial hypertension.

No regurgitation across any other valves.

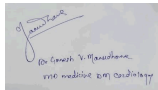
Normal forward flow velocities across all the cardiac valves.

Aorta and pulmonary artery dimensions: normal.

IAS / IVS: Intact.

No evidence of clot, vegetation, calcification, pericardial effusion.

COLOUR DOPPLER: NO MR/AR.



Dr. Ganesh Vilas Manudhane
M.ch, MCH/DM

RegNo: 2011/06/1763

LABORATORY INVESTIGATION REPORT

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Ref. Doctor	: self	DOB	: 08/08/1980
		Facility	: SEVENHILLS HOSPITAL, MUMBAI

Blood Bank

Test Name	Result
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Sample No :	O0401397A	Collection Date :	08/03/25 09:28	Ack Date :	08/03/2025 11:38	Report Date :	08/03/25 12:09
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BLOOD GROUPING/ CROSS-MATCHING BY SEMI AUTOMATION.

BLOOD GROUP (ABO)	' B '
Rh Type <i>Method - Column Agglutination</i>	NEGATIVE
Comment	DU - NEGATIVE

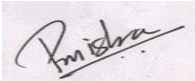
REMARK: THE REPORTED RESULTS PERTAIN TO THE SAMPLE RECEIVED AT THE BLOOD CENTRE.

Interpretation:

Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.
- Determine the blood group of potential blood donors at a collection facility.
- Determine the blood group of potential donors and recipients of organs, tissues, or bone marrow, as part of a workup for a transplant procedure.
- Cross-matching test is done to assess compatibility of donor red cells to the patient.

End of Report



Dr. Pooja Vinod Mishra
MD Pathology

Jr Consultant Pathologist

RegNo: 2017/05/2191



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HAEMATOLOGY

Test Name	Result	Unit	Biological Reference Interval
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Sample No : O0401397A	Collection Date : 08/03/25 09:28	Ack Date : 08/03/2025 10:33	Report Date : 08/03/25 13:04
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COMPLETE BLOOD COUNT (CBC) - EDTA WHOLE BLOOD#			
Total WBC Count	11.03 ▲ (H)	x10 ³ /ul	4 - 10
Neutrophils	70.1	%	40 - 80
Lymphocytes	24.0	%	20 - 40
Eosinophils	2.0	%	1 - 6
Monocytes	3.8	%	2 - 10
Basophils	0.1 ▼ (L)	%	1 - 2
Absolute Neutrophil Count	7.73 ▲ (H)	x10 ³ /ul	2 - 7
Absolute Lymphocyte Count	2.64	x10 ³ /ul	0.8 - 4
Absolute Eosinophil Count	0.23	x10 ³ /ul	0.02 - 0.5
Absolute Monocyte Count	0.42	x10 ³ /ul	0.12 - 1.2
Absolute Basophil Count	0.01	x10 ³ /ul	0 - 0.1
RBCs	3.76 ▼ (L)	x10 ⁶ /ul	4.5 - 5.5
Hemoglobin	10.5 ▼ (L)	gm/dl	12 - 15
Hematocrit	30.1 ▼ (L)	%	35 - 45
MCV	80.1 ▼ (L)	fl	83 - 101
MCH	27.9	pg	27 - 32
MCHC	34.8 ▲ (H)	gm/dl	31.5 - 34.5



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RED CELL DISTRIBUTION WIDTH-CV (RDW-CV)	16.9 ▲ (H)	%	11 - 16
RED CELL DISTRIBUTION WIDTH-SD (RDW-SD)	49.7	fl	35 - 56
Platelet	436 ▲ (H)	x10 ³ /ul	150 - 410
Mean Platelet Volume (MPV)	7.8	fl	6.78 - 13.46
PLATELET DISTRIBUTION WIDTH (PDW)	15.0	%	9 - 17
PLATELETCRIT (PCT)	0.342 ▲ (H)	%	0.11 - 0.28
Comment	RBC - HYPOCHROMASIA MILD MICROCYTOSIS +		

Method:-
 HB Colorimetric Method.
 RBC/PLT Electrical Impedance Method.
 WBC data Flow Cytometry by Laser Method.
 MCV,MCH,MCHC,RDW and rest parameters - Calculated.
 All Abnormal Haemograms are reviewed confirmed microscopically.

NOTE: Wallach's Interpretation of Diagnostic Tests. 11th Ed, Editors: Rao LV. 2021

NOTE :-
 The International Council for Standardization in Haematology (ICSH) recommends reporting of absolute counts of various WBC subsets for clinical decision making. This test has been performed on a fully automated 5 part differential cell counter which counts over 10,000 WBCs to derive differential counts. A complete blood count is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type and the concentrations of Hemoglobin and platelets. The cells that circulate in the bloodstream are generally divided into three types: white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically.

End of Report



Dr.Nipa Dhorda
MD Pathology
 Pathologist
 RegNo: 91821



LABORATORY INVESTIGATION REPORT

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MUMBAI



COMPLETE BLOOD COUNT (CBC) - EDTA WHOLE BLOOD- Report has been amended at Mar 8 2025 11:35AM by Dr Pooja Vinod Mishra.



MC-5288

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HAEMATOTOLOGY

Test Name	Result	Unit	Biological Reference Interval
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Sample No :	O0401397A	Collection Date :	08/03/25 09:28	Ack Date :	08/03/2025 10:33	Report Date :	08/03/25 13:01
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ERYTHROCYTE SEDIMENTATION RATE (ESR)

ESR	20	mm/hr	0 - 20
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Method: Westergren Method

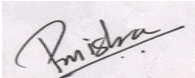
INTERPRETATION :-

ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. It provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is often used if multiple myeloma is suspected, but when the myeloma is non-secretory or light chain, a normal ESR does not exclude this diagnosis.

An elevated ESR may occur as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ESR values.

The ESR is influenced by age, stage of the menstrual cycle and medications taken (corticosteroids, contraceptive pills). It is especially low (0–1 mm) in polycythaemia, hypofibrinogenaemia and congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells. In cases of performance enhancing drug intake by athletes the ESR values are generally lower than the usual value for the individual and as a result of the increase in haemoglobin (i.e. the effect of secondary polycythaemia).

End of Report



Dr.Pooja Vinod Mishra
MD Pathology

Jr Consultant Pathologist

RegNo: 2017/05/2191

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SONOMAMMOGRAPHY:

Ultrasonographic examination was done using a high frequency transducer.

No abnormal mass or focal abnormality is detected in either breast.

No ductal dilatation seen.

No axillary adenopathy is seen.

IMPRESSION

•No significant abnormality is detected.



Dr. Priya Vinod Phayde
MBBS, DMRE

RegNo: 2020/11/6493

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Immunoassay

Test Name	Result	Unit	Biological Reference Interval
Sample No : 00401397C	Collection Date : 08/03/25 09:28	Ack Date : 08/03/2025 10:34	Report Date : 08/03/25 13:15

<u>IFT- Thyroid Function Tests</u>			
T3 - SERUM <i>Method - CLIA</i>	127.2	ng/dl	70 - 204
T4 - SERUM <i>Method - CLIA</i>	9.98	ug/dL	4.6 - 10.5
TSH - SERUM <i>Method - CLIA</i>	5.41 ▲ (H)	uIU/ml	0.4 - 4.5

Reference Ranges (T3) Pregnancy:

First Trimester 81 - 190

Second Trimester & Third Trimester 100 - 260

Reference Ranges (TSH) Pregnancy:

1st Trimester : 0.1 – 2.5

2nd Trimester : 0.2 – 3.0

3rd Trimester : 0.3 – 3.0

Reference:

1. *Clinical Chemistry and Molecular Diagnostics, Tietz Fundamentals, 7th Edition & Endocrinology Guideliens*

Interpretation :-

It is recommended that the following potential sources of variation should be considered while interpreting thyroid hormone results:

1. *Thyroid hormones undergo rhythmic variation within the body this is called circadian variation in TSH secretion: Peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.*
2. *Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding PreAlbumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.*
3. *Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment.*
4. *T4 may be normal the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenytoin, Salicylates etc)*
5. *Neonates and infants have higher levels of T4 due to increased concentration of TBG*
6. *TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism,*



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pregnancy, phenytoin therapy etc.

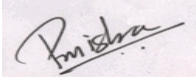
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.

8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones

9. Various drugs can lead to interference in test results.

10. It is recommended that evaluation of unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.

End of Report



Dr.Pooja Vinod Mishra
MD Pathology

Jr Consultant Pathologist

RegNo: 2017/05/2191



MC-5288

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Urinalysis

Test Name	Result	Unit	Biological Reference Interval
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Sample No : O0401397D	Collection Date : 08/03/25 09:28	Ack Date : 08/03/2025 10:34	Report Date : 08/03/25 17:11
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<u>Physical Examination</u>			
QUANTITY	30	ml	
Colour	Pale Yellow		
Appearance	Clear		
DEPOSIT	Absent		Absent
pH	Acidic		
Specific Gravity	1.010		
<u>Chemical Examination</u>			
Protein	Absent		Absent
Glucose	Absent		
ketones	Absent		
Blood	Trace		Negative
Bilirubin	Negative		
Urobilinogen	NORMAL		Normal
NITRITE	Absent		Absent
LEUKOCYTES	Absent		
<u>Microscopic Examination</u>			
Pus cells	1-2	/HPF	
Epithelial Cells	10-12	/HPF	

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MUMBAI

RBC	1-2	/HPF	Absent
Cast	Absent	/LPF	
Crystal	Absent	/HPF	
Amorphous Materials	Absent		
Yeast	Absent		
Bacteria	Absent		
<u>URINE SUGAR AND KETONE (FASTING)</u>			
Glucose	Absent		
ketones	Absent		

<u>URINE SUGAR AND KETONE (PP)</u>			
Glucose	Absent		
ketones	Absent		

End of Report



Dr.Nipa Dhorda

MD Pathology

Pathologist

RegNo: 91821



DIAGNOSTICS REPORT

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USG ABDOMEN PELVIS

Liver is normal in size (13.2 cm) and echotexture. No focal liver parenchymal lesion is seen. Intrahepatic portal and biliary radicles are normal.

Gall-bladder is partially distended. No evidence of intraluminal calculus is seen. Wall thickness appears normal. No e/o peri-cholecystic fluid noted.

Portal vein and CBD are normal in course and calibre.

Visualised part of pancreas appears normal in size and echotexture. No evidence of duct dilatation or parenchymal calcification seen.

Spleen is normal in size (8.9 cm) and echotexture. No focal lesion is seen in the spleen.

Both the kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. No evidence of calculus or hydronephrosis on either side.

Right kidney measures 8.7 x 4.2 cm.

Left kidney measures 9.4 x 4.4 cm.

Urinary bladder is well distended and appears normal. No evidence of intra-luminal calculus or mass lesion.

Uterus is normal in size, shape and echotexture.

Endometrial thickness measures 6.9 mm.

Both ovaries are normal in size and echotexture.

Both adnexae are clear.

There is no free fluid in abdomen and pelvis.

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IMPRESSION

·No significant abnormality is detected.



Dr. Priya Vinod Phayde
MBBS, DMRE

RegNo: 2020/11/6493

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X-RAY CHEST PA VIEW

Post CABG status.

Both lungs are clear.

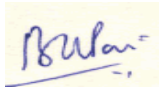
The frontal cardiac dimensions are normal.

The pleural spaces are clear.

Both hilar shadows are normal in position and density.

No diaphragmatic abnormality is seen.

The soft tissues and bony thorax are normal.



Dr. Bhujang Pai
MBBS, MD

Consultant

RegNo: 49380