

**Patient Name** : Mrs.KUMAR SHILPA ASHUTOSH  
**Age / Gender** : 47Y(s) 14D(s)/Female  
**Lab Ref No/UHID** : PS007643/P00000608134  
**Lab No/Result No** : 2400018592/611177  
**Referred By Dr.** : HOSPITAL CASE

**Bill Date** : 15-01-2024 11:20 AM  
**Collected Date** : 15-01-2024 12:32 PM  
**Received Date** : 15-01-2024 12:32 PM  
**Report Date** : 15-01-2024 03:42 PM  
**Specimen** : SERUM  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
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**FBS**

Glucose (Fasting). : 78 mg/dL  
Prediabetic : 100 - 125  
Diabetic : >= 126  
Normal : < 100.0  
*Method : GOD-POD*

REFERENCE : ADA 2015 GUIDELINES

**CREATININE**

Creatinine : 0.7 mg/dL  
0.5 - 1.2  
*Method : Enzymatic*

**BUN**

Urea Nitrogen(BUN) : 10.28 mg/dL  
6.0 - 20.0  
*Method : Calculated*  
Urea : 22 mg/dL  
17.1-49.2  
*Method : Urease*

**CALCIUM**

Calcium : 9.7 mg/dL  
8.6 - 10.2  
*Method : Arsenazo*

**PHOSPHOROUS**

Phosphorus : 4.0 mg/dL  
3.1-4.8  
*Method : Phospho Molybdate*

**URIC ACID**

Uric Acid : 4.2 mg/dL  
2.6 - 6.0  
*Method : Uricase*

**LFT**

Total Bilirubin : 1.0 mg/dL  
0.3 - 1.2  
*Method : Diazo*  
Direct Bilirubin : 0.4 mg/dL  
0-0.4  
*Method : Diazo*  
Indirect Bilirubin : 0.6 mg/dL  
0.0 - 0.8  
*Method : Diazo*  
Alanine Transaminase (ALT) : 32.0 U/L  
<35  
*Method : Kinetic*  
Aspartate Transaminase (AST) : 37.0 U/L  
10.0 - 40.0  
*Method : Kinetic*

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**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>LFT</b>			
Alkaline Phosphatase <i>Method : 4NPP/AMP BUFFER</i>	: 64.0	U/L	30.0 - 115.0
Total Protein <i>Method : Biuret</i>	: <b>8.1</b>	g/dl	6.0 - 8.0
Albumin <i>Method : BCG</i>	: 4.5	g/dl	3.5-4.8
Globulin <i>Method : Calculated</i>	: <b>3.6</b>	gm/dL	2.3-3.5
A/G Ratio <i>Method : Calculated</i>	: 1.25		
<b>T3-T4-TSH -</b>			
Tri-Iodothyronine, (Total T3) <i>Method : Enhanced Chemiluminescence</i>	: 1.30	ng/ml	0.97-1.69
Thyroxine (T4), Total <i>Method : Enhanced Chemiluminescence</i>	: 7.11	ug/dl	5.53-11.01
Thyroid Stimulating Hormone (Ultra). <i>Method : Enhanced Chemiluminescence</i>	: 2.209	uIU/mL	0.58-6.88

1.The TSH levels are subject to diurnal/circadian variation. reaching to peak level between 2 to 4 am. and at a minimum between 6 to 10 pm. The variation is to the order of 50%, hence the time when sample is collected has influence on the levels of TSH. 2.Many substances produced in central nervous system, even in healthy euthyroid individuals, may enhance or suppress TSH production in addition to the feedback effect of thyroid hormone. 3.Furthermore, although TSH levels rise and fall in response to changes in the concentration of Free T4, individuals appear to have their own setpoints and factors such as race and age also contribute to variability in TSH levels. Alterations of normal pituitary response are also common in patients with a variety of illnesses which can affect the levels of TSH. 4.Interassay variations are possible on different Immunoassay platforms.

TSH - For pregnancy the reference range is as follows -  
1st trimester : 0.6 - 3.4 uIU/mL  
2nd trimester : 0.37 - 3.6 uIU/mL  
3rd trimester : 0.38 - 4.04 uIU/mL

\*\*\* End Of The Report \*\*\*

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---

**Verified By**  
Anand

**Dr.POOJA PATHAK**  
**Associate Consultant**

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**Received Date** : 15-01-2024 12:32 PM  
**Report Date** : 15-01-2024 03:52 PM  
**Specimen** : EDTA WHOLE BLC  
**Processing Loc** : RHC HInjawadi



**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
<b>HAEMOGRAM/CBC/CYTO</b>			
<b>W.B.C.Count</b>	: 6190	/ul	4000-11000
<i>Method : Coulter Principle</i>			
Neutrophils	: 57.8	%	40-75
<i>Method : Derived from WBC Histogram</i>			
Lymphocytes	: 31.7	%	20-40
Monocytes	: 6.3	%	2-10
Eosinophils	: 3.2	%	1.0-6.0
Basophils	: 1.0	%	0.0-1.0
%Immature Granulocytes	: 0.2	%	0.00-0.10
Absolute Neutrophil Count	: 3.6	x10 <sup>3</sup> cells/ul	2-7
<i>Method : Calculated</i>			
Absolute Lymphocyte Count	: 2.0	x10 <sup>3</sup> cells/ul	1 - 3
<i>Method : Calculated</i>			
Absolute Monocyte Count	: 0.4	x10 <sup>3</sup> cells/ul	0.2-1.0
<i>Method : Calculated</i>			
Absolute Eosinophil Count	: 0.2	x10 <sup>3</sup> cells/ul	0.02-0.5
<i>Method : Calculated</i>			
Absolute Basophil Count	: 0.06	x10 <sup>3</sup> cells/ul	0.02-0.1
<i>Method : Calculated</i>			
R.B.C Count	: 4.65	million/ul	3.8 - 5.8
<i>Method : Coulter Principle</i>			
<b>Haemoglobin</b>	: 13.6	g/dl	12 - 15.0
<i>Method : Cyanmethemoglobin Photometry</i>			
Haematocrit	: 43.3	%	36-46
<i>Method : Calculated</i>			
MCV	: 93.1	fl	83 - 99
<i>Method : Coulter Principle</i>			
MCH	: 29.2	pg	27-32
<i>Method : Calculated</i>			
MCHC	: <b>31.4</b>	g/dl	31.5-34.5
<i>Method : Calculated</i>			
RDW	: 12.6	%	11.6-14.0
<i>Method : Calculated From RBC Histogram</i>			
<b>Platelet Count</b>	: 212.0	x10 <sup>3</sup> /ul	150 - 450
<i>Method : Coulter Principle</i>			
MPV	: <b>12.0</b>	fl	7.8-11
<i>Method : Coulter Principle</i>			

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**Report Date** : 15-01-2024 02:54 PM  
**Specimen** : EDTA WHOLE BLC  
**Processing Loc** : RHC Hinjawadi



RBC Morphology : Normocytic  
normochromic

WBC Morphology : Within normal range  
Platelet : Adequate

\*\*\* End Of The Report \*\*\*

**Verified By**  
Anand

**Dr.Anjana Sanghavi**  
**Consultant Pathologist**

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**Collected Date** : 15-01-2024 12:32 PM  
**Received Date** : 15-01-2024 12:32 PM  
**Report Date** : 15-01-2024 03:44 PM  
**Specimen** : EDTA WHOLE BLC  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
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**ESR**

ESR At 1 Hour : 15 mm/hr 0 - 20

Method : Modified Westergren Method

**INTERPRETATION :**

ESR is a screening test to detect presence of systemic disease; however a normal result does not rule out a systemic disease.

ESR is also used to monitor course of disease or response to therapy if initially elevated.

\*\*\* End Of The Report \*\*\*

**Verified By**  
Anand

**Dr.POOJA PATHAK**  
Associate Consultant

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**Report Date** : 15-01-2024 04:21 PM  
**Specimen** : SERUM  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>ELECTROLYTES (Na &amp; K)</b>			
Sodium <i>Method : Potentiometric</i>	: 139.0	mmol/L	136.0 - 145.0
Potassium <i>Method : Potentiometric</i>	: 4.3	mmol/L	3.5 - 5.1
Chloride <i>Method : Potentiometric</i>	: 101.0	mmol/L	98.0 - 107.0

\*\*\* End Of The Report \*\*\*

**Verified By**  
AKSHAY1

**Dr.POOJA PATHAK**  
Associate Consultant

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**Collected Date** : 15-01-2024 12:32 PM  
**Received Date** : 15-01-2024 12:32 PM  
**Report Date** : 15-01-2024 03:30 PM  
**Specimen** : URINE  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-CLINICAL PATHOLOGY**

Investigation	Result	Units	Biological Reference Interval
<b>URINE ROUTINE</b>			
<b>PHYSICAL EXAMINATION</b>			
Colour	: Pale Yellow		
Appearance	: Slightly Turbid		
<b>CHEMICAL TEST</b>			
Ph	: 5.0		5.0-7.0
Specific Gravity	: 1.020		1.015-1.030
Albumin	: Absent		Abset
Urine Sugar	: Absent	mg/dL	
Ketone Bodies	: Absent		Absent
Bile Pigments	: Absent		Absent
Urobilinogen	: Normal		Normal
Nitrites	: Absent		Absent
Leucocytes Esterase	: Trace		Absent
<b>MICROSCOPIC TEST</b>			
Pus Cells.	: 6-8	/hpf	0 - 5
Red Blood Cells.	: Absent	/hpf	0 - 2
Epithelial Cells.	: 10-12	/hpf	0-5
Bacteria	: Absent	/hpf	Absent
Cast	: Absent		Absent
Yeast Cells	: Absent		Absent
Crystals	: Absent		Absent
Others	: Absent		Absent

\*\*\* End Of The Report \*\*\*

**Verified By**  
AKSHAY1

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Associate Consultant

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**Report Date** : 15-01-2024 03:42 PM  
**Specimen** : SERUM  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>LIPID PROFILE</b>			
Cholesterol <i>Method : Enzymatic</i>	: 220.0	mg/dL	130.0 - 220.0
Triglycerides <i>Method : Enzymatic</i>	: 84	mg/dL	35.0 - 180.0
HDL Cholesterol <i>Method : Enzymatic</i>	: 56	mg/dL	35-65
LDL Cholesterol <i>Method : Calculated</i>	: <b>147.2</b>	mg/dL	10.0 - 130.0
VLDL Cholesterol <i>Method : Calculated</i>	: 16.8	mg/dL	5.0-36.0
Cholestrol/HDL Ratio <i>Method : Calculated</i>	: 3.93	--	2.0-6.2

\*\*\* End Of The Report \*\*\*

**Verified By**  
Anand

**Dr.POOJA PATHAK**  
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**Received Date** : 15-01-2024 12:32 PM  
**Report Date** : 15-01-2024 03:51 PM  
**Specimen** : EDTA WHOLE BLC  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BLOOD BANK**

Investigation	Result	Units	Biological Reference Interval
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**BLOOD GROUP**

Blood Group : A RH POSITIVE

\*\*\* End Of The Report \*\*\*

**Verified By**  
Ardeore

**Dr.POOJA PATHAK**  
Associate Consultant

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**Age / Gender** : 47Y(s) 14D(s)/Female  
**Lab Ref No/UHID** : PS007643/P00000608134  
**Lab No/Result No** : 2400018595-G/611177  
**Referred By Dr.** : HOSPITAL CASE

**Bill Date** : 15-01-2024 11:20 AM  
**Collected Date** : 15-01-2024 12:32 PM  
**Received Date** : 15-01-2024 12:32 PM  
**Report Date** : 15-01-2024 03:45 PM  
**Specimen** : WHOLE BLOOD  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
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**GLYCOCYLATED HB% (HbA1C)**

Glycosylated Haemoglobin : 5.0 % 4-6.5  
(HbA1C)

Method : Turbidometric Inhibition  
Immunoassay

Prediabetic : 5.7 - 6.4 %  
Diabetic :  $\geq$  6.5 %  
Therapeutic Target :  $<$ 7.0 %

REFERENCE : ADA 2015 GUIDELINES

\*\*\* End Of The Report \*\*\*

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Grant Medical Foundation  
**Ruby Hall Clinic**  
*Pimple Saudagar*

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<b>Name:</b>	KUMAR SHILPA ASHUTOSH .	<b>Exam Date :</b>	15-Jan-2024 14:40
<b>Age :</b>	047 Years	<b>Accession:</b>	121835161435
<b>Gender:</b>	F	<b>Exam:</b>	CHEST X RAY
<b>PID:</b>	P00000608134	<b>Physician:</b>	HOSPITAL CASE^^^^
<b>OPD :</b>			

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Health Check

**Radiograph Chest PA View :**

Both lung fields normal.

Both costo-phrenic angles are clear.

Cardiac silhouette and aortic knuckle are normal.

Both hilar shadows and the diaphragmatic contours are normal.

Thoracic soft tissues and the rib cage normal.

**Impression :**

No significant abnormality noted.

---

**DR. YATIN R. VISAVE**  
**CONSULTANT RADIOLOGIST**  
MBBS, DMRD  
Regd. No. 090812

---

Date: 15-Jan-2024 16:23:18



<b>Name:</b> KUMAR SHILPAASHUTOSH.	<b>Exam Date :</b> 15-Jan-2024 11:55
<b>Age :</b> 047Y	<b>Accession:</b> 121808120655
<b>Gender:</b> F	<b>Exam:</b> ABDOMEN AND PELVIS
<b>PID:</b> P00000608134	<b>Physician:</b> HOSPITAL CASE <sup>****</sup>
<b>OPD :</b>	

### ULTRASOUND OF ABDOMEN AND PELVIS

Liver appears normal in size, shape and echotexture. No focal lesion is seen. No intrahepatic biliary radicle dilatation seen. The portal vein and CBD appear normal.

Gall bladder is well distended with normal wall thickness. No calculus or sludge is seen.

Pancreas appears normal in size and echotexture. No focal lesion is seen.

Spleen appears normal in size and echotexture. No focal lesion is seen.

Both kidneys appear normal in size, shape & echotexture. They show good cortico-medullary differentiation. There is no hydronephrosis, hydroureter or calculus seen on either side.

The urinary bladder is well distended. Wall thickness is normal. No mass lesion or calculus is seen.

Uterus is normal in size and echotexture. Endometrium is central . No focal lesion is seen.

Both ovaries are normal. No adnexal pathology is seen.

Visualised bowel loops are non-dilated and show normal peristalsis.

There is no ascites or significant lymphadenopathy seen.

**IMPRESSION : No significant abnormality noted.**

**Suggest : Clinical Correlation.**

DR. YATIN R. VISAVE  
CONSULTANT RADIOLOGIST  
MBBS, DMRD  
Regd. No. 090812

Date: 15-Jan-2024 12:03:10



**2DECHO&DOPPLER REPORT**

**NAME: MRS. KUMAR SHILPA AGE: 47Yrs/F DATE: 15/01/2024**

MITRAL VALVE: has thin leaflets with normal subvalvar motion.  
No mitral regurgitation .E= 0.81 & A=0.48 m/sec, E/A ratio- 1.69, E/E' ratio- 7.81  
AORTIC VALVE : has three thin leaflets with normal opening  
No aortic regurgitation.AVPG= 5.12 mmHg  
PULMONARY VALVE; NORMAL,PVPG= 7.81 mmHg  
LEFT VENTRICLE : is normal , has normal wall thickness, No RWMA at rest .  
Normal LV systolic function. EF - 60%.  
LEFT ATRIUM: is normal.  
RIGHT ATRIUM & RIGHT VENTRICLE: normal in size. TAPSE = 22 mm.  
TRICUSPID VALVE & PULMONARY VALVES : normal.  
Trivial TR, PPG = 21 mmHg. RVS Pressure = 26 mmHg.  
No PH.  
No pericardial effusion.  
M- MODE :

AORTA	LA	LVI DD	LVIDS	IVS	PW	LVEF
24mm	29mm	41mm	16mm	08mm	08mm	60%

**IMP :**           **Normal LV Systolic function. EF-60%.**  
                      **No diastolic dysfunction**  
                      **No RWMA at rest**  
                      **Normal Valves and Chambers**  
                      **IAS & IVS Intact**  
                      **No clot / vegetation / thrombus / pericardial effusion.**



**DR. KEDAR KULKARNI**  
**DNB(MEDICINE), DNB(CARDIOLOGY)**  
**CONSULTANT INTERVENTIONAL CARDIOLOGIST**



Grant Medical Foundation  
**Ruby Hall Clinic**  
Pimple Saudagar

Mrs. Shilpa Kaur

1st/20/24

OTC →

\* Curium — 6f.

\* Strain → ee, Calmelos +.

Adv. -

① Oral prophylaxis

② Resin — 6f.

Dr. Aniket

**Dr. Aniket Malabadi**  
B.D.S; M.D.S. (Dentist)  
Ruby Hall Clinic  
Pimple Saudagar  
Mob: 9980283499  
[www.aniket32.com](http://www.aniket32.com)



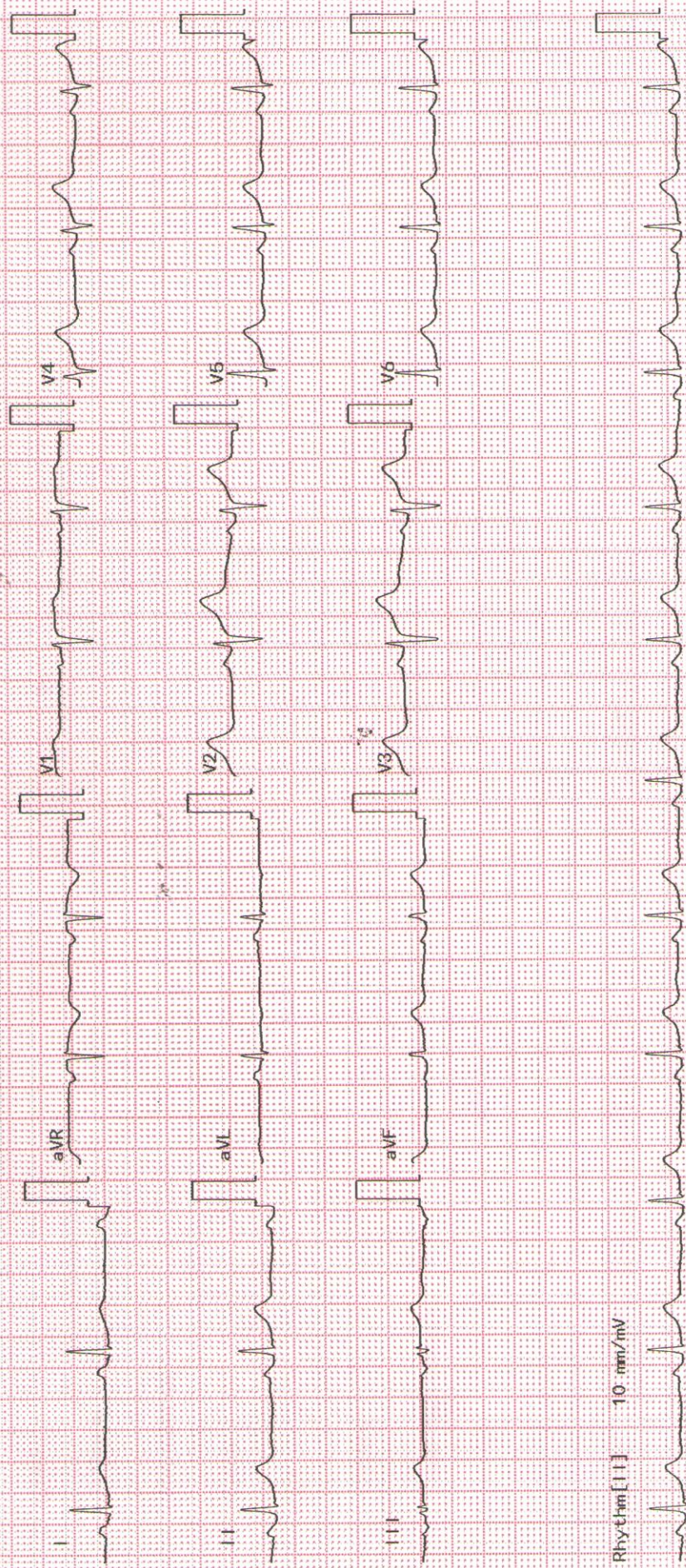
Sex: MRS. KUMAR SHILPAASHUTOSH  
 Med:   
 Ref: PS007643-Reg: OP500005557  
 Symp: 47.0.14/F - NH - 15/01/2024  
 Hist: P00000608134 -

mmHg  
 years  
 bpm  
 ms  
 ms  
 ms  
 ms  
 mV  
 mV

1100 Sinus rhythm  
 8102 Low QRS voltage in chest leads  
 9120 \*\* atypical ECG \*\*

Unconfirmed Report  
 Reviewed by:

10 mm/mV 25 mm/s 50 mm/mV 10 mm/mV 10 mm/mV 10 mm/mV 10 mm/mV







Grant Medical Foundation

**Ruby Hall Clinic**

*Pimple Saudagar*

**Name:** KUMAR SHILPA ASHUTOSH.  
**Age :** 047Y  
**Gender:** F  
**PID:** P00000608134  
**OPD :**

**Exam Date :** 15-Jan-2024 16:39  
**Accession:** 121838165126  
**Exam:** ULTRASOUND OF BREAST  
**Physician:** HOSPITAL CASE^^^^

Ultrasound of both breasts has been performed on a duplex scanner.

Both breasts show normal fibro-glandular breast tissue of normal echo pattern.

No evidence of any focal cystic or solid mass lesion noted.

Both axillary tails appear normal.

Sub-areolar area does not show any abnormal ductal dilatation.

Axilla appears clear. No evidence of axillary lymphadenopathy is seen.

**IMPRESSION :**

Normal ultrasound of both breasts.

**DR. YATIN R. VISAVE**  
**CONSULTANT RADIOLOGIST**  
**MBBS, DMRD**  
**Regd. No. 090812**

Date: 15-Jan-2024 16:40:12