



Dept. of Pathology  
(For Report Purpose Only)



PRN : 108399  
 Patient Name : Mrs. PAWAR KARISHMA MOTIRAM  
 Age/Sex : 29Yr(s)/Female  
 Company Name : BANK OF BARODA  
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 2952  
 Req.No : 2952

Collection Date & Time : 11/06/2022 09:16 AM  
 Reporting Date & Time : 11/06/2022 02:12 PM  
 Print Date & Time : 11/06/2022 03:14 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN (Hb)	: 11.8	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 38.6	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.54	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 85.0	cu micron	76 - 96
M.C.H.	: 26.0	pg	27 - 32
M.C.H.C	: 30.6	picograms	32 - 36
RDW-CV	: 15.2	%	11 - 16
WBC TOTAL COUNT	: 6540	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000 150000 - 450000
PLATELET COUNT	: 303000	cumm	(ENTRY LEVEL)
<u>WBC DIFFERENTIAL COUNT</u>			
NEUTROPHILS	: 58	%	ADULT : 40 - 70 CHILD : 20 - 40 2000 - 7000
ABSOLUTE NEUTROPHILS	: 3793.20	µL	
LYMPHOCYTES	: 31	%	ADULT : 20 - 40 CHILD : 40 - 70 1000 - 3000
ABSOLUTE LYMPHOCYTES	: 2027.40	µL	
EOSINOPHILS	: 05	%	01 - 04
ABSOLUTE EOSINOPHILS	: 327	µL	20 - 500
MONOCYTES	: 06	%	02 - 08
ABSOLUTE MONOCYTES	: 392.40	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM  
 MD (Microbiology), Dip.Pathology &  
 Bacteriology (MMC-2012/03/0668)  
 Pathologist



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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC MORPHOLOGY	: Normocytic Normochromic		
WBC MORPHOLOGY	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

### ESR

ESR MM ( AT The End of 1 Hr.) By : 17  
 Westergren Method

mm/hr

Male : 0 - 15  
 Female : 0 - 20


\*\*\*END OF REPORT\*\*\*

(ENTRY LEVEL)

Technician

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KAJAL SADIGALE

  
 Dr. POONAM KADAM  
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Reporting Date & Time : 11/06/2022 02:44 PM  
Print Date & Time : 11/06/2022 03:09 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "O"  
RH FACTOR : NEGATIVE

NOTE : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse blood grouping (Tube method).

\*\*\*END OF REPORT\*\*\*



*Ju*  
Technician

Report Type By :- DR.POONAM KADAM

*[Signature]*  
Dr. POONAM KADAM  
MD (Microbiology), Dip.Pathology &  
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Print Date & Time : 11/06/2022 03:20 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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**BIOCHEMISTRY**

**BSL-F & PP**

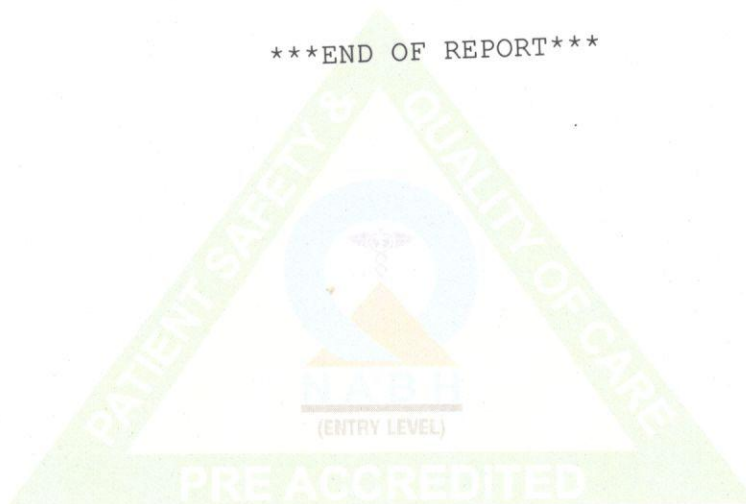
Blood Sugar Level Fasting  
Blood Sugar Level PP

: 105  
: 98

MG/DL  
MG/DL


60 - 110  
70 - 140

\*\*\*END OF REPORT\*\*\*



Technician 

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For Free Home Collection Call : 9545200011



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BIOCHEMISTRY

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum)	: 17	MG/DL	0 - 45
UREA NITROGEN (serum)	: 7.94	MG/DL	7 - 21
CREATININE (serum)	: 0.78	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 4.9	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

SERUM ELECTROLYTES

SERUM SODIUM	: 139	mEq/L	136 - 149
SERUM POTASSIUM	: 4.5	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 103	mEq/L	98 - 107

\*\*\*END OF REPORT\*\*\*

(ENTRY LEVEL)

Technician *[Signature]*

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*[Signature]*

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### BIOCHEMISTRY

#### LIPID PROFILE

CHOLESTEROL (serum)	: 151	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 70	MG/DL	0 - 150
HDL (serum)	: 32	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 117	MG/DL	0 - 130
VLDL (serum)	: 14	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 4.72		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	: 3.66		Male : <= 3.6 Female : <=3.2

#### NCEP Guidelines

	Desirable	Borderline (ENTRY LEVEL)	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.  
 Cholesterol & Triglycerides reprocessed, & confirmed.

\*\*\*END OF REPORT\*\*\*

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 Print Date & Time : 11/06/2022 03:18 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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### BIOCHEMISTRY

#### LFT ( Liver function Test )

BILIRUBIN TOTAL (serum)	: 0.8	MG/DL	INFANTS : 1.2 - 12.0 ADULT : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.3	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.50	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 27	IU/L	5 - 40
S.G.P.T (serum)	: 13	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 120	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 6.8	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.3	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 2.50	GM/DL	1.8 - 3.6
A/G RATIO	: 1.72		1:2 - 2:1

\*\*\*END OF REPORT\*\*\*

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## ENDOCRINOLOGY

### TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.30	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 8.17	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 0.565	µIU/mL	0.465 - 4.68

#### NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyrotrophic hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

The guidelines for age related reference ranges for T3, T4, & Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

\*\*\*END OF REPORT\*\*\*

Technician

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 Pathologist



Tabular Summary

**PAWAR, KARISHMA**  
 Patient ID 79285  
 11.06.2022  
 12:27:49

Female  
 29yrs  
 Meds:

BRUCE: Total Exercise Time 07:35  
 Max HR: 171 bpm 89% of max predicted 191 bpm HR at rest: 87  
 Max BP: 100/70 mmHg Max RPP: 17100 mmHg\*bpm

Maximum Workload: 6.60 METS  
 Max. ST: -0.39 mV, 0.00 mV/s in V6; EXERCISE STAGE 3 06:00  
 Arrhythmia: A:63, VBI:1, PVC:4, PSVC:1  
 ST/HR index: 3.21  $\mu$ V/bpm

**Reasons for Termination:** Target heart rate achieved

**Summary:** Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

**Conclusion:** GOOD EFFORT TOLERANCE  
 MAX HR ACHIEVED  
 NORMAL BP RESPONSE

NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD  
 STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. RAJDAIT DEORE  
 MD, DM-CARDIOLOGIST  
 MMC 2005/03/1520

Test Reason:  
 Medical History:

Ref. MD: Ordering MD:  
 Technician: RUPALI Test Type: Treadmill Stress Test  
 Comment:

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (V6 mV)	Comment
PRETEST	SUPINE	01:35	0.00	0.00	1.0	87			0	0.04	
	STANDING	00:04	0.00	0.00	1.0	90			0	0.04	
	HYPERV.	00:19	0.80	0.00	1.0	106			0	-0.01	
EXERCISE	STAGE 1	02:17	1.70	10.00	3.2	136	100/70	13600	0	-0.13	
	STAGE 2	03:00	2.50	12.00	4.7	155	100/70	15500	0	-0.16	
	STAGE 3	02:19			1.0	171	100/70	17100	2	-0.27	
RECOVERY		02:58	0.00	0.00	1.0	103	100/70	10300	0	-0.04	

Linked Medians

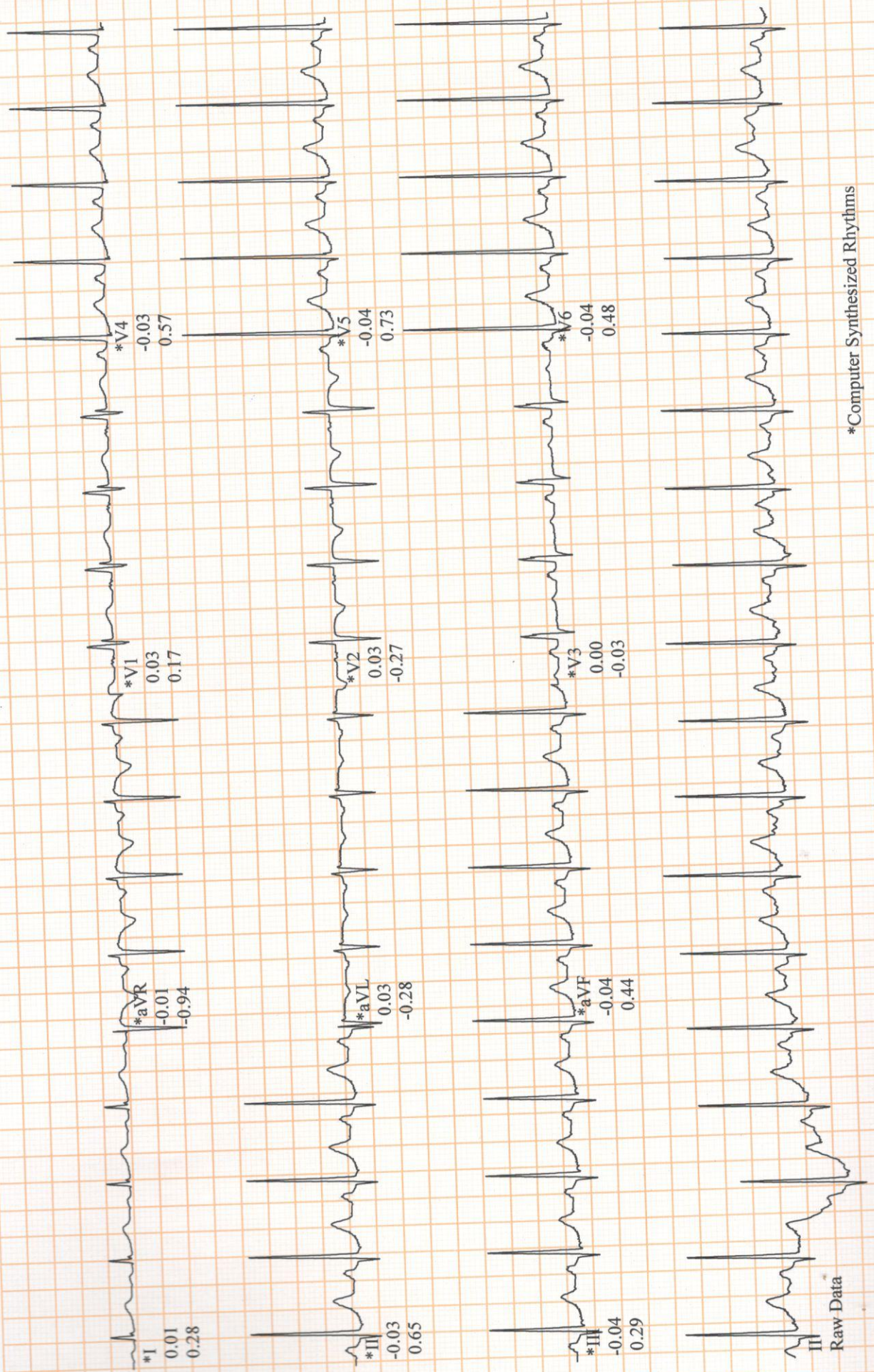
BRUCE  
0.0 km/h  
0.0 %

RECOVERY  
#1  
02:50

105 bpm  
100/70 mmHg

AWAR, KARISHMA  
Patient ID 79285  
11.06.2022  
12:40:10

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

**2D ECHO / COLOUR DOPPLER**

NAME : MRS. KARISHMA PAWAR  
REF BY : DR. HOSPITAL PATIENT

29yrs/F

OPD

11-June-22

M - Mode values

Doppler Values

AORTIC ROOT (mm)	21	PULMONARY VEL (m/sec)	PG (mmHg)
LEFT ATRIUM (mm)	24	AORTIC VEL (m/sec)	PG (mmHg)
RV (mm)			
LVID - D (mm)	38	PG (mmHg)	5
LVID - S (mm)	20	MITRAL E VEL (m/sec)	0.8
IVS - D (mm)	10	A VEL (m/sec)	0.5
LVPW - D (mm)	9	TRICUSPID VEL. (m/sec)	
EJECTION FRACTION (%)	60%	PG (mmHg)	

**REPORT**

Normal LV size & wall thickness.

No regional wall motion abnormality

Normal LV systolic function, LVEF 60%

Normal sized cardiac chambers.

Pliable mitral valve, no Mitral regurgitation.

Normal mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve (ENTRY LEVEL)

Trivial tricuspid regurgitation,

PA pressure = 20 mmHg - normal

Intact IAS & IVS

No PDA, coarctation of aorta.

No clots, vegetations, pericardial effusion noted.

**IMPRESSION :**

Normal echo study.

No regional wall motion abnormality.

Normal LV systolic & diastolic function, LVEF 60%

Normal PA pressure.



DR. RAJDAT DEORE.

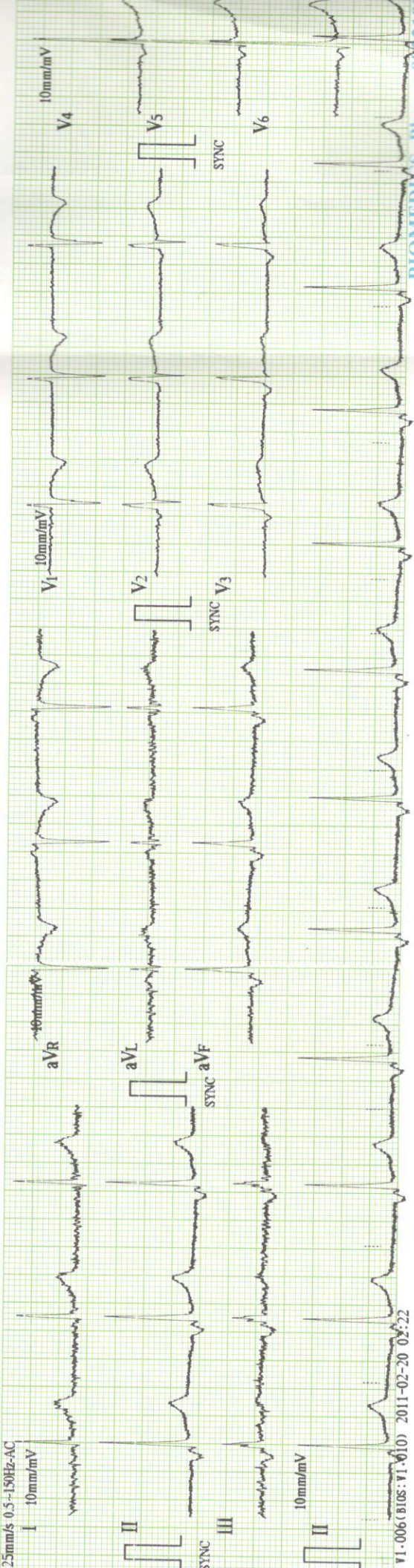
MD, DM-CARDIOLOGIST

MMC 2005/03/1520

(NORMAL 2D-ECHO & COLOR DOPPLER DOESN'T RULE OUT ISCHAEMIC HEART DISEASE)

25mm/s 0.5-150Hz-AC

10mm/mV



V1-006 (BIOS:V1.V10) 2011-02-20 02:22

BIOMEDICS, Phone: 9822199



Dept. of Radiology  
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NAME : MRS. PAWAR KARISHMA MOTIRAM  
PATIENT CODE : 108399 AGE/SEX : 29 YR(S) / FEMALE  
REFERRAL BY : HOSPITAL PATIENT

**USG ABDOMEN AND PELVIS**

**OBSERVATION :**

**Liver** : Is normal in size (13.4 cm), shape & echotexture. No focal lesion / IHBR dilatation.

**CBD / PV** : Normal.

**G.B.** : Moderately distended, normal.

**Spleen** : Is normal in size (10.3 cm), shape & echotexture. No focal lesion.

**Pancreas** : Normal in size, shape & echotexture.

**Both kidneys** are normal in size, shape & echotexture, CMD maintained. No calculus on right side / hydronephrosis / hydroureter on either side.

**4.4 mm sized calculus is noted in the upper pole of left kidney.**

Right kidney measures : 10.8 x 3.9 cm.

Left kidney measures : 11.7 x 5.0 cm.

**Urinary bladder** : Moderately distended, normal.

**Uterus** : Anteverted, normal in size (6.4 x 3.9 x 5.0 cms), shape, echotexture. No fibroid. Endometrium show normal appearance. ET = 6.3 mm.

**Both ovaries** : show normal features. Adnexa clear.

**Right ovary** : 3.4 x 1.7 cm

**Left ovary** : 3.0 x 2.2 cm

No obvious demonstrable small bowel / RIF pathology.

Normal Aorta, IVC, adrenals and other retroperitoneal structures.

No ascites / lymphadenopathy / pleural effusion.

**IMPRESSION :**

**Non-obstructing left renal calculus.**

- Kindly co-relate clinically.

**Dr. PIYUSH YEOLE**  
**(MBBS, DMRE)**  
**CONSULTANT RADIOLOGIST**



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**BILATERAL SONOMAMMOGRAPHY**

**OBSERVATION:**

**RT. BREAST.**

Fibro-glandular tissues appear normal.  
Skin and subcutaneous tissue appear normal.  
Nipple shows normal features.  
No significant axillary adenopathy.

**LT. BREAST.**

**An approximately 2.5 x 2.0 cm sized well defined, hypoechoic, lobulated lesion is noted in the inferior and outer quadrant of left breast at 3- 4 o clock position with few calcific foci within. It shows minimal intralesional / perilesional vascularity within.**

Rest of the fibro-glandular tissue appear normal.  
Skin and subcutaneous tissue appear normal.  
Nipple appear normal.  
No e/o axillary lymphadenopathy.

**IMPRESSION :**

**An approximately 2.5 x 2.0 cm sized well defined, hypoechoic, lobulated, horizontally oriented lesion in the inferior and outer quadrant of left breast at 3- 4 o clock position with few calcific foci within and shows minimal intralesional / perilesional vascularity within as described s/o more likely neoplastic pathology ( fibroadenoma) (BI - RADS - 3).**

- Kindly correlate clinically / Follow up study.

**Dr. PIYUSH YEOLE**  
**(MBBS, DMRE)**  
**CONSULTANT RADIOLOGIST**



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**CHEST X-RAY PA VIEW**

**OBSERVATION :**

Both lungs appear clear.

Heart and mediastinum are normal.

Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

**IMPRESSION :**

**No significant abnormality noted in the present study.**

**-Kindly correlate clinically.**

**Dr. PIYUSH YEOLE  
(MBBS, DMRE)  
CONSULTANT RADIOLOGIST**

0.5-150Hz-AC  
10mm/mV

aVR 10mm/mV

V1 10mm/mV

V4 10mm/mV

I

II

III

aVL 10mm/mV

aVF 10mm/mV

V2 10mm/mV

V5 10mm/mV

V3 10mm/mV

V6 10mm/mV

1

2

3

4

5

6

7

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