



NABH PRE ACCREDITATION
ENTRY LEVEL HOSPITAL
PEH-2018-0537



**SURANA SETHIA HOSPITAL
AND RESEARCH CENTRE
CHARITABLE**

Chembur | Malad | Bhiwandi | Navi Mumbai

Patient Name : MRS. PAGARE SANJIVANI SURYAKANT	IP / OP No : 1128664
Ordered Loc : Hospital clinic	Gender : Female Age : 58 Y 0 M 1 D
Referred By : Dr.Mediwheel	Vch No : 1372048
Class : OPD	Received Dt : 28-Mar-2023 13:08
Current Loc :	Reported On : 28-Mar-2023 14:10
Accession No : 23005727	Sample No : 23014808

COMPLETE HEAMOGRAM (C.B.C.)

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE\UNITS</u>
Haemoglobin	12.40	11.50 - 16.00 gm/dL
R.B.C.	4.49	4.00 - 6.00 Mill/C.mm.
P.C.V.	36.50	37.00 - 47.00 %
M.C.V.	81.29	78.00 - 100.00 fL
M.C.H.	27.62	27.00 - 31.00 pg
M.C.H.C.	33.97	32.00 - 36.00 %
RDW	12.1	11.0 - 15.0 %
Total W.B.C. Count	6500	4000 - 11000 /C.mm
DIFFERENTIAL COUNT		
Neutrophils	57	40 - 75 %
Eosinophils	10	1 - 6 %
Basophils	0	0 - 1 %
Lymphocytes	30	20 - 45 %
Monocytes	3	1 - 10 %
WBC MORPHOLOGY	Eosinophilia	
RBC MORPHOLOGY	Normal	
PLATELET COUNT	219	150 - 450 10 ³ /ul
PLATELETS	Adequate	

** END OF REPORT **

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Dr. Pragati Pote
MB, DPB,
(Path & Bact)

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Regd. No. E 15635 With Charity Commissioner Mumbai

Income Exemption No. DIT (E) / MC / 80G / 524 /2009 - 10. 12-A Registration No. TR/31324.

Sumannagar, Sion Trombay Road, Chembur, Mumbai - 400071 **Tel. : 022-3378 3378**

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Gender : Female Age : 58 Y 0 M 1 D
Vch No : 1372048
Received Dt : 28-Mar-2023 13:08
Reported On : 28-Mar-2023 14:10
Sample No : 23014806

BLOOD GROUP & RH TYPE

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE\UNITS</u>
<u>BLOOD GROUP & RH TYPE</u>		
ABO Group	"A"	
Rh Factor	POSITIVE ** END OF REPORT **	

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Class : OPD	Received Dt : 28-Mar-2023 13:08
Current Loc :	Reported On : 28-Mar-2023 14:10
Accession No : 23005727	Sample No : 23014805

ESR

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE</u>	<u>UNITS</u>
ESR (Erythrocyte Sedimentation Rate)	30	1 - 20	mm/hr

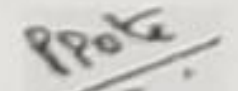
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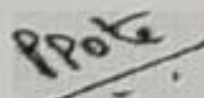
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Current Loc :	Reported On : 28-Mar-2023 14:11
Accession No : 23005727	Sample No : 23014810

RENAL FUNCTION TEST

TEST DESCRIPTION	OBSERVED VALUE	REFERENCE RANGE	UNITS
BUN	11.0	8.0 - 21.0	mg/dl
Uric Acid	3.1	3.5 - 7.2	mg/dl
Sodium [Na+]	144	135 - 155	mmol/L
Potassium [K+]	4.0	3.6 - 5.5	mmol/L
Chloride [Cl-]	102	96 - 108	mmol/L
Calcium	9.5	8.4 - 10.2	mg/dl
Phosphorus	3.5	2.5 - 4.5	mg/dl
Serum Alkaline Phosphates	86.0	28.0 - 111.0	IU/L
Serum Proteins Total	7.2	6.0 - 8.2	gm%
Serum Albumin	3.8	3.0 - 5.0	gm%
Serum Globulin	3.40	1.90 - 3.50	gm%
Albumin : Globulin Ratio	1.12	0.90 - 2.00	gm%
Serum Creatinine	0.9	0.5 - 1.5	mg/dl

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Class : OPD	Received Dt : 28-Mar-2023 13:08
Current Loc :	Reported On : 28-Mar-2023 14:11
Accession No : 23005727	Sample No : 23014810

LIVER FUNCTION TEST

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE</u>	<u>UNITS</u>
Total Bilirubin	0.5	0.1 - 1.2	mg/dl
Conjugated (Direct) Bilirubin	0.2	0.0 - 0.3	mg/dl
Unconjugated (Indirect) Bilirubin	0.3	0.1 - 1.0	mg/dL
SGOT	18.0	15.0 - 46.0	U/L
SGPT	20.0	13.0 - 69.0	U/L
Serum Alkaline Phosphates	86.0	28.0 - 111.0	IU/L
Serum Proteins Total	7.2	6.0 - 8.2	gm%
Serum Albumin	3.8	3.0 - 5.0	gm%
Serum Globulin	3.40	1.90 - 3.50	gm%
Albumin : Globulin Ratio	1.12	0.90 - 2.00	gm%
Serum Creatinine	0.9	0.5 - 1.5	mg/dl

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LIPID PROFILE

TEST DESCRIPTION

OBSERVED VALUE

REFERENCE RANGE\UNITS

Total Cholesterol	125	150 - 250 mg%
Triglycerides	65	35 - 160 mg%
HDL Cholesterol	40	30 - 70 mg%
VLDL Cholesterol	13.00	7.00 - 35.00 mg%
LDL Cholesterol	72.00	108.00 - 145.00 mg%
LDL/HDL Ratio	1.80	1.10 - 3.90
TC/HDL CHOL Ratio	3.13	3.50 - 5.00

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Accession No : 23005727	Sample No : 23014810

BLOOD SUGAR F/PP

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE\UNITS</u>
Blood Sugar Fasting (FBS)	89	70 - 110 mg%
Urine Sugar (Fasting)	Absent	
Urine Ketone (Fasting)	Absent	

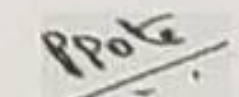
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Accession No : 23005727	Sample No : 23014809

BLOOD SUGAR F/PP

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE\UNITS</u>
Blood Sugar Post Prandial (PPBS)	94	70 - 140 mg/dl
Urine Sugar (PP)	Absent	
Urine Ketone (PP)	Absent	
METHOD GLUCOSE OXIDASE PEROXIDASE (GOD /POD)		

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Accession No : 23005727	Sample No : 23014804

URINE ANALYSIS

TEST DESCRIPTION

OBSERVED VALUE

REFERENCE RANGE/UNITS

PHYSICAL EXAMINATION

Quantity	20 ml
Colour	Pale yellow
Appearance	Clear
Deposit	Absent
Reaction [PH]	Acidic
Specific Gravity	1.015

CHEMICAL EXAMINATION

Urine Albumin	Absent
Sugar	Absent
Ketone Bodies	Absent
Occult Blood	Absent
Bile Pigment	Absent
Bile Salt	Absent

MICROSCOPIC EXAMINATION

Red Blood Cells	Absent	00-02
Pus Cells	2 - 3	00-02 / hpf
Epithelial Cells	3 - 4	00-02 / hpf
Casts	Absent	
Crystals	Absent	
Spermatozoa	Absent	
Trichomonas Vaginalis	Absent	
Yeast Cells	Absent	
Amorphous Deposits	Absent	
Bacteria	Absent	

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AGE	: 58 YRS	ID NO.	: 1128664
REF BY	: C/O. MEDIWHEEL	DATE	: 28/03/2023

EXAMINATION: 2D ECHOCARDIOGRAPHY

Conclusion:

1. All chambers normal sized.
2. Good LV function with LVEF = 60 %
3. All valves structurally & functionally normal.
4. No regional wall motion abnormality.
5. IAS / IVS intact.
6. No clot / vegetation / effusion.

Doppler Study:

- No diastolic dysfunction
- No TR. No PH.
- No other valvular regurgitation.
- No signs of high LVEDP.

Impression:

- Normal study.

Dr. Dinesh Rajpal
MD, Physician
Reg. No.82808.

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Doppler Study:

- Diastolic dysfunction: Normal
- RVOT = Normal mm of Hg.
- LVOT = Normal mm of Hg.
- AR: NO MR: NO PR: NO TR: NO
- Peak / Mean across MV= Normal mm of Hg.
- Peak / mean across AV = 5 mm of Hg.
- MV PHT = Normal
- MVA by PHT = Normal square cm.
- AR PHT = Normal millisecond
- CWD across TV = Normal mm of Hg.
- PASP by TR jet = 33 mm of Hg.

Measurements:

	Measurement	Unit
Aorta		
LA	40	mm
AO	25	mm
ACS	15	mm
Mitral Valve		
Study		
Excursion D-E		mm
EF slop		mm/s
EPSS		mm

	Measurement	Unit
LV study		
IVsd	09	mm
LVIDd	42	mm
LVPWD	09	mm
IVSs	21	mm
LVIDs	19	mm
LVPWa	07	mm
EF %	60	%
% FS		%

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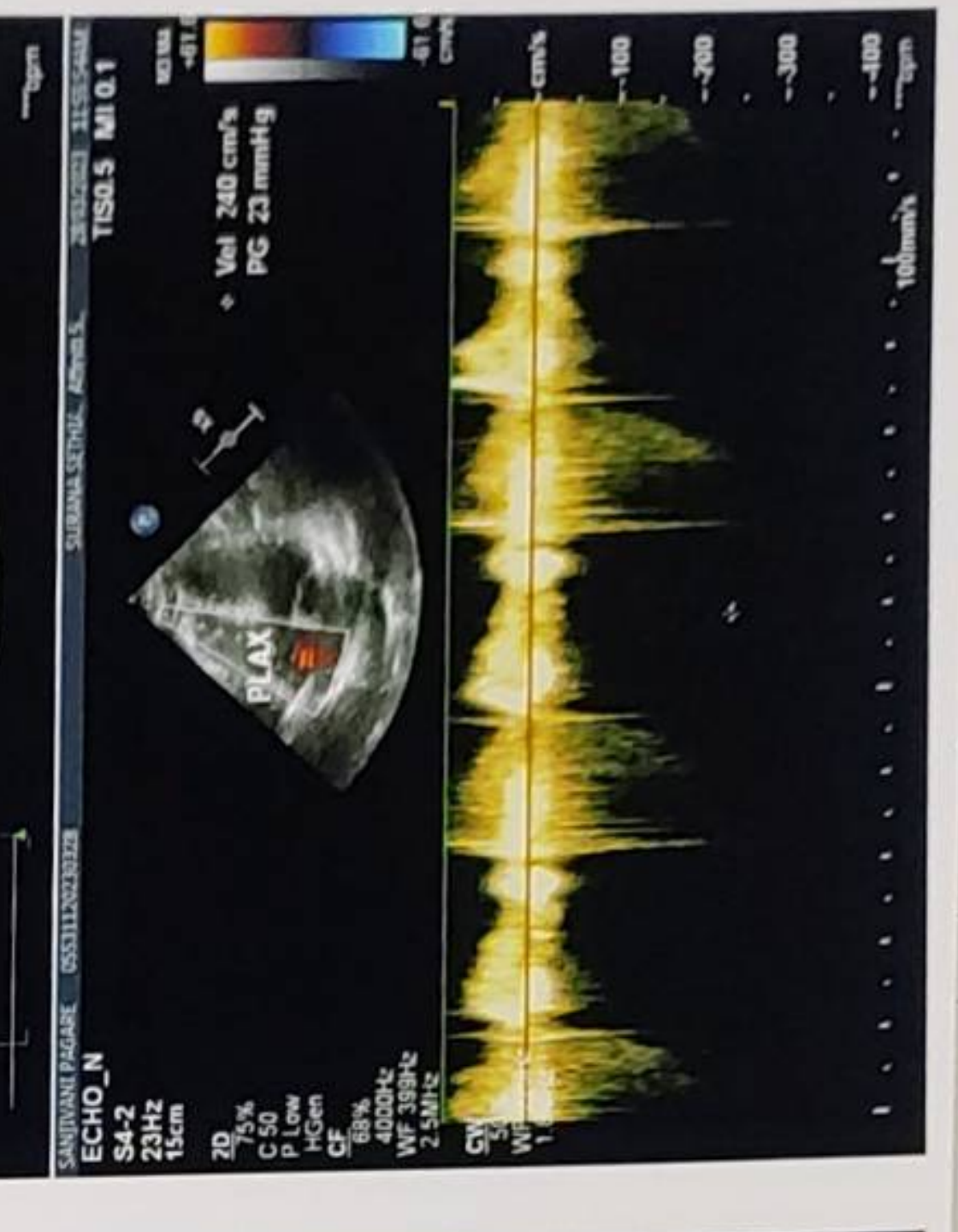
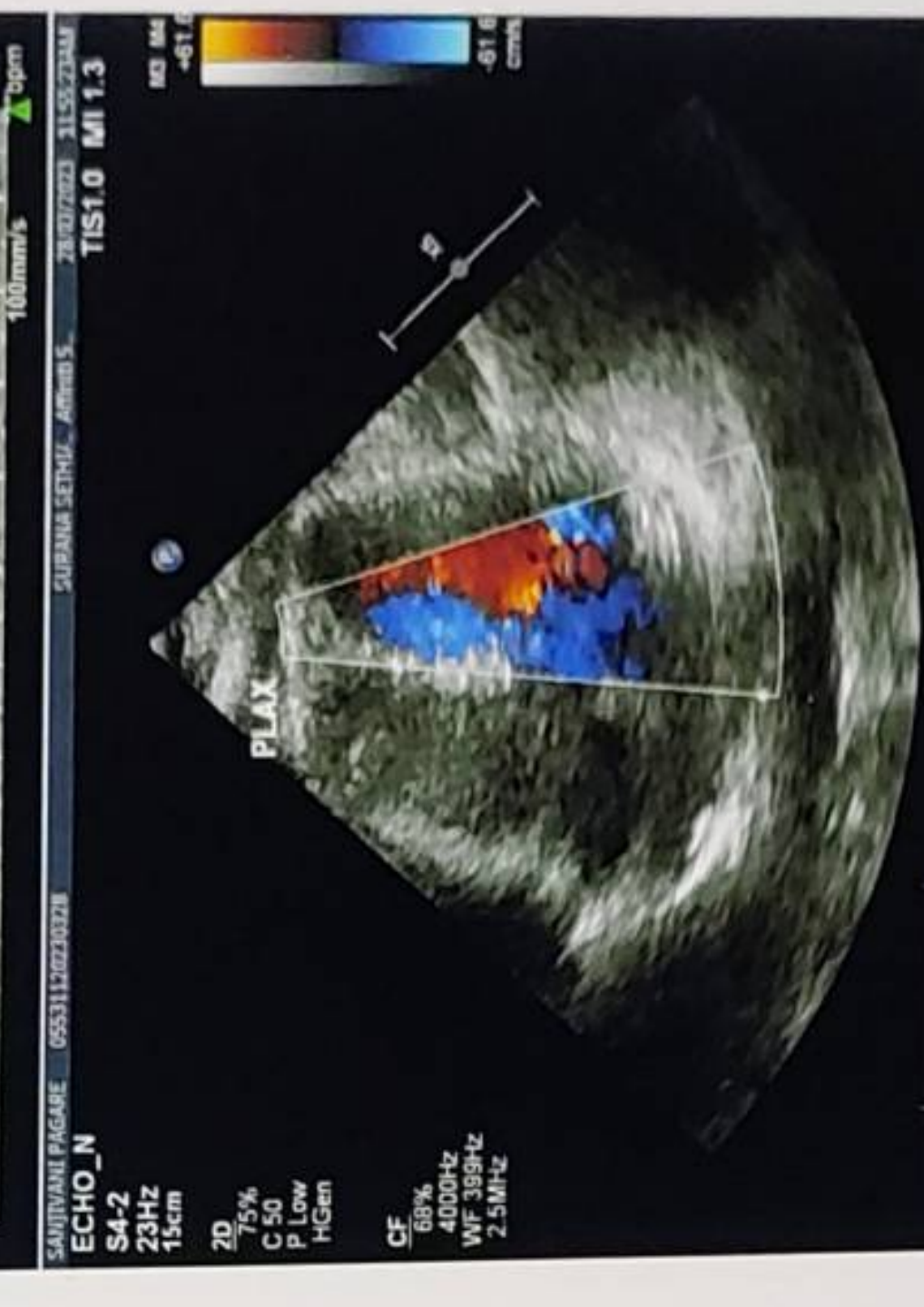
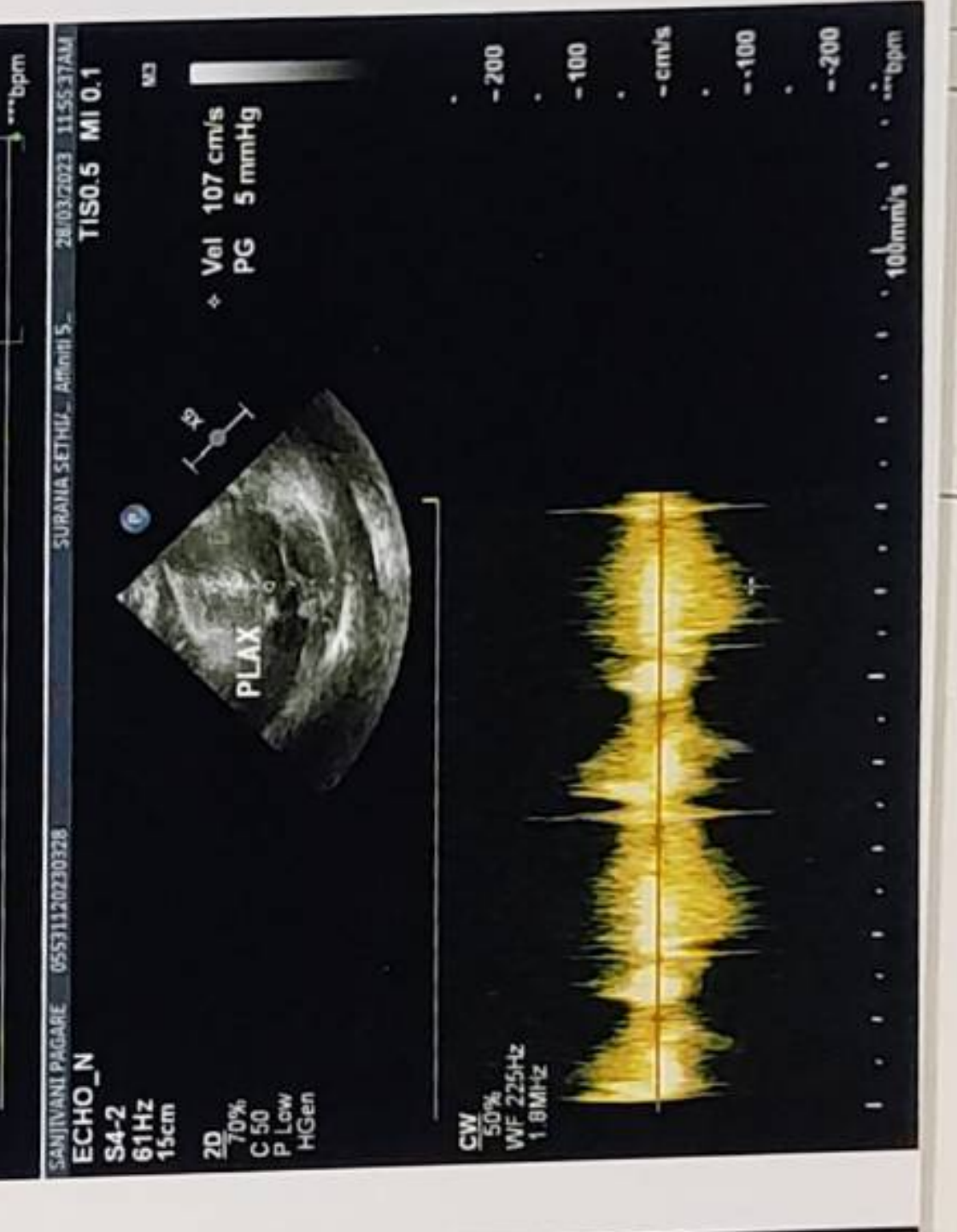
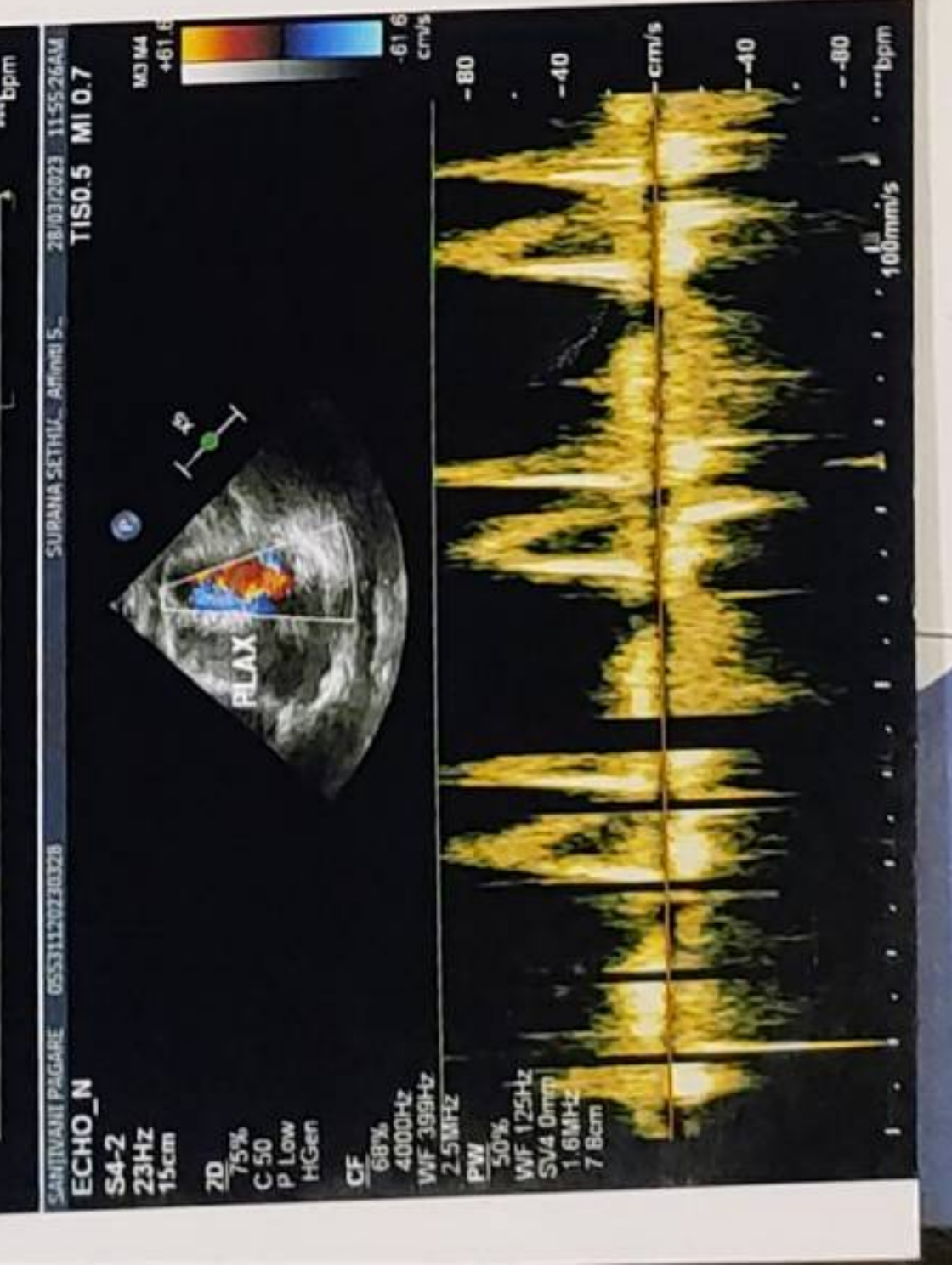
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REF BY	: C/O. MEDIWHEEL	DATE	: 28/03/2023

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

LIVER

Liver is normal in size, shape and contour. It shows homogeneous echotexture. No abnormal parenchymal mass lesion is seen. Intra hepatic biliary radicles and portal radicles are normal.

PORTAL VEIN AND C.B.D

Portal vein and C.B.D are normal in course and caliber.

GALL BLADDER

Gall bladder is physiologically distended. Wall thickness is normal. No evidence of calculus or sludge or pericholecystic collection is seen.

SPLEEN

Spleen shows normal size, shape, contour and echogenicity. No abnormal parenchymal mass / lesion. Splenic vein is normal.

PANCREAS

Pancreas is normal in size, shape and position. It shows normal echogenicity. No focal mass lesion or calcification is seen. Pancreatic duct is not dilated.

KIDNEYS

Both kidneys are normal in size, shape, position and contour. Parenchymal echogenicity is normal. Cortico-medullary difference is well maintained. No abnormal mass lesion is seen. No evidence of calculus and hydronephrosis in both kidneys.

Right kidney measures 7.9 x 3.9 cm.

Left kidney measures 9.0 x 3.7 cm.

Contd 2/..

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Sumannagar, Sion Trombay Road, Chembur, Mumbai - 400071 **Tel. : 022-3378 3378**

Email: info@suranasethiahospital.in Web. : www.suranasethiahospital.com

NAME	: MRS. SANJIVANI	SEX	: FEMALE
AGE	: 58 YRS	ID NO.	: 1128664
REF BY	: C/O. MEDIWHEEL	DATE	: 28/03/2023

:2:

AORTA AND RETROPERITONEUM

Visualized aorta and retroperitoneal vessels are normal in course and caliber.
No evidence of significant lymphadenopathy or free fluid.

URINARY BLADDER

Urinary bladder is well distended. It shows smooth wall and mucosal thickening is normal. No obvious mass lesion or calculus is seen.

UTERUS

Uterus is atrophic.

OVARIES

Bilateral ovaries are normal in size and echopattern. Few small follicles are seen.

Bilateral adnexae are clear.

No free fluid is seen in Pouch of Douglas.

IMPRESSION:

- No significant abnormality is detected in abdomen and pelvis.


DR. KETAN KALASKAR
M.D.
Consultant Radiologist
RG





NABH PRE ACCREDITATION
ENTRY LEVEL HOSPITAL
PEH-2018-0537



**SURANA SETHIA HOSPITAL
AND RESEARCH CENTRE
CHARITABLE**

Chembur | Malad | Bhiwandi | Navi Mumbai

NAME	: MRS. SANJIVANI PAGARE	SEX	: FEMALE
AGE	: 58 YRS	ID NO.	: 1128664
REF BY	: C/O. MEDIWHEEL	DATE	: 28/03/2023

X-RAY CHEST PA VIEW

Protocol :

Computerised radiography of chest PA reveals:

Observation:

- Lung fields appear clear.
- Cardiac silhouette is within normal limits.
- Bilateral costophrenic angles are clear.
- Visualised bones are unremarkable.

Impression:

- No significant abnormality detected.

DR. KETAN KALASKAR
M.D.
Consultant Radiologist
RG

A Social Venture of

SURANA CHARITABLE TRUST

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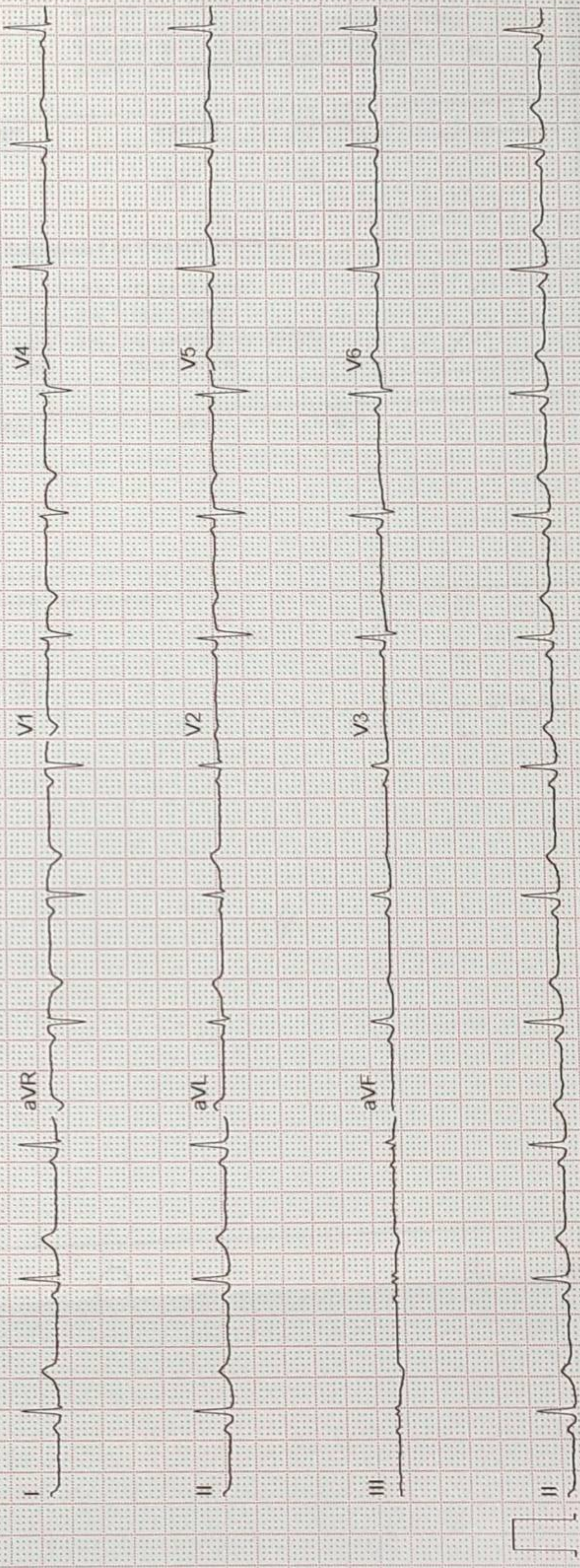
71 bpm
— mmHg

718 — Sandivani Pagar
Age — 57/1/2
BP — 130/90 mmHg
P — 76 mm

28.03.2022 8:25:16
SURANA HOSPITAL
CHEMBUR
MUMBAI

Normal sinus rhythm
Normal ECG

QRS 66 ms
QT/QTcBaz 384 / 417 ms
PR 122 ms
P 88 ms
RR/PP 846 / 845 ms
P/QRS/T 40 / 37 / 13 degrees



Unconfirmed



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PEH-2018-0537



**SURANA SETHIA HOSPITAL
AND RESEARCH CENTRE
CHARITABLE**

Chembur | Malad | Bhiwandi | Navi Mumbai

NAME : SANJIVANI PAGARE (58Y/F)
REF. BY : SELF
TEST ASKED : HbA1c

SAMPLE COLLECTED AT :
(4000711424), SURANA SETHIA HOSPITAL, SION -
TROMBAY ROAD, SUMAN NAGAR, CHEMBUR,
MUMBAI, MAHARASHTRA 400071, 400071

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	5.2	%

Reference Range :

Reference Range: As per ADA Guidelines

Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>=6.5% : Diabetic

Guidance For Known Diabetics

Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	103	mg/dl
-----------------------------	------------	-----	-------

Reference Range :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

--- End of report ---

Sample Collected on (SCT) : 28 Mar 2023 12:05

Sample Received on (SRT) : 28 Mar 2023 14:44

Report Released on (RRT) : 28 Mar 2023 16:10

Sample Type : EDTA

Dr Meha S

Dr Sumanta Basak

SURANA CHARITABLE TRUST

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Dr Meha S MD.DNB (Path)

Dr Sumanta Basak. DPB

Laboratory Test Report

Name of Patient	: Mrs. SANJIVANI PAGARE	Test Request ID	: 35742303280007
Age/Gender	: 58 Yrs/Female	Specimen Drawn ON	: 28-Mar-2023 12:37PM
Collected AT	: SURANASETHIA HOSPITAL AND RESE	Specimen Received ON	: 28-Mar-2023 02:39PM
Referred BY	: Dr. MEDIWHEEL	Report DATE	: 28-Mar-2023 03:51PM
Sample Type	: Serum - A3881307		
Ref Customer	:		

Test Description	Observed Value	Biological Reference Range	Method
THYROID PROFILE			
Triiodothyronine Total (T3)	0.82	0.81-1.81 ng/mL	Electrochemiluminescence immunoassay (ECLIA)
Thyroxine Total (T4)	6.8	4.6-10.5 ug/dL	Electrochemiluminescence immunoassay (ECLIA)
TSH (4th Generation)	3.499	0.40-4.20 uIU/mL	Electrochemiluminescence immunoassay (ECLIA)

PREGNANCY	REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association.)
1st Trimester	0.10-2.50 uIU/mL
2nd Trimester	0.20-3.00 uIU/mL
3rd Trimester	0.30-3.00 uIU/mL

INTERPRETATION-

1. Primary hyperthyroidism is accompanied by elevated serum T3 & T4 values along with depressed TSH level.
2. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values & elevated serum TSH levels.
3. Normal T4 levels accompanied by high T3 levels and low TSH are seen in patients with T3 thyrotoxicosis.
4. Normal or low T3 & high T4 levels indicate T4 thyrotoxicosis (problem is conversion of T4 to T3)
5. Normal T3 & T4 along with low TSH indicate mild / subclinical HYPERTHYROIDISM .
6. Normal T3 & low T4 along with high TSH is seen in HYPOTHYROIDISM .
7. Normal T3 & T4 levels with high TSH indicate Mild / Subclinical HYPOTHYROIDISM .
8. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness , malnutrition , renal failure and during therapy with drugs like propranolol.
9. Although elevated TSH levels are nearly always indicative of primary hypothyroidism . rarely they can result from TSH secreting pituitary tumours (secondary hyperthyroidism)

* TSH IS DONE BY ULTRASENSITIVE 4th GENERATION CHEMIFLEX ASSAY*

COMMENTS:

Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

Disclaimer-

TSH is an important marker for the diagnosis of thyroid dysfunction. Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age ,and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly.
TSH levels are subject to circadian variation, reaching peak levels between 2-4AM and minimum between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration. Dose and time of drug intake also influence the test result. r
Reference ranges are from Teitz fundamental of clinical chemistry 7th ed.

Nabl Scope.

*** End Of Report ***



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This report has been validated by:



QR CODE

LABL CERTIFICATE

Satellite Labs :

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