

# SARDA

## CENTRE FOR DIABETES & SELF CARE

Name : Mrs.Asha Sirsat

Date : 09/12/ 2023

Age/Sex :43Yrs/Female

Ref.By: Dr.Sarda Sir

### STRESS TEST REPORT

- Protocol – Bruce.
- Exercise Time- 6.31 Min.
- Baseline Heart Rate and Blood Pressure - 91bpm,BP- 130/80mm of Hg.
- Mets- 8.60.
- ST-T Segment Changes – No Significant ST-T Changes.
- Angina- None.
- Arrhythmias- None.
- Other Symptoms – None.
- Maximal Heart Rate and Blood Pressure – 160 bpm, BP – 150/80 mm of Hg.
- Predicted Maximal Heart Rate Achieved -90%.
- Reason For Termination - Dyspnea.

CONCLUSION : Stress Test Negative for Exercise Induced Ischemia.

DR.DEORAO THENGE  
M.D.D.N.B.(CARDIOLOGY)

**Dr. Devrao Thenge**  
MD, DNB (Cardiology)  
Reg. No. 2001/02/491



ASIAN HOSPITAL  
MOTIWALA SQUARE  
AURANGABAD

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: Sirsat, Asha  
Patient ID: 62276  
Height: 153 cm  
Weight: 78 kg

DOB: 01.05.1980  
Age: 43yrs  
Gender: Female  
Race: Asian

Study Date: 09.12.2023  
Test Type: --  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: DR. DEORAO THENGE  
Technician: --

Medications:  
--

Medical History:  
--

Reason for Exercise Test:  
--

### Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:06	0.00	0.00	88	130/80	
	STANDING	00:03	0.00	0.00	86		
	HYPERV.	00:05	0.50	0.00	81		
EXERCISE	STAGE 1	03:00	1.70	10.00	117	140/80	
	STAGE 2	03:00	2.50	12.00	144	150/80	
	STAGE 3	00:32	3.40	14.00	155		
RECOVERY		04:28	0.00	0.00	96		

The patient exercised according to the BRUCE for 6:31 min:s, achieving a work level of Max. METS: 8.60. The resting heart rate of 91 bpm rose to a maximal heart rate of 160 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Dyspnea.

### Interpretation

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.

### Conclusions

Exercise of bruce protocol for 6.31 min.  
Target heart rate achieved.  
No angina/arrhythmias.No ST-T Changes.  
Test is negative for induced ischemia.

Physician

Technician



Dr. Devrao Thenge  
MD, DNB (Cardiology)  
Reg. No. 200102/104

Tabular Summary

Sirsat, Asha  
 Patient ID 62276  
 09.12.2023  
 1:00:46pm

Female 153 cm 78 kg  
 43yrs Asian  
 Meds:

BRUCE: Total Exercise Time 06:31  
 Max HR: 160 bpm 90% of max predicted 177 bpm HR at rest: 91  
 Max BP: 150/80 mmHg BP at rest: 130/80 Max RPP: 20550 mmHg\*bpm

Maximum Workload: 8.60 METS  
 Max. ST: +1.55 mm, 0:00 mV/s in II; EXERCISE STAGE 2 05:00  
 ST/HR index: 1.07  $\mu$ V/bpm

**Reasons for Termination:** Dyspnea  
**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:** Exercise of bruce protocol for 6.31 min. Target heart rate achieved.  
 No angina/arrhythmias; No ST-T Changes.  
 Test is negative for induced ischemia.

Test Reason:  
 Medical History:

Ref. MD: Ordering MD:  
 Technician: Test Type:  
 Comment:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (II mm)	Comment
PRETEST	SUPINE	00:06	0.00	0.00	1.0	88	130/80	11440	0	-0.35	
	STANDING	00:03	0.00	0.00	1.0	86			0	-0.40	
	HYPERV.	00:05	0.50	0.00	1.0	81			0	-0.35	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	117	140/80	16380	3	-1.00	
	STAGE 2	03:00	2.50	12.00	7.0	144	150/80	21600	2	-1.15	
	STAGE 3	00:32	3.40	14.00	8.6	155			6	-0.60	
RECOVERY		04:28	0.00	0.00	1.0	96			0	-0.65	

Sirsat, Asha  
Patient ID 62276  
09.12.2023  
1:00:52pm

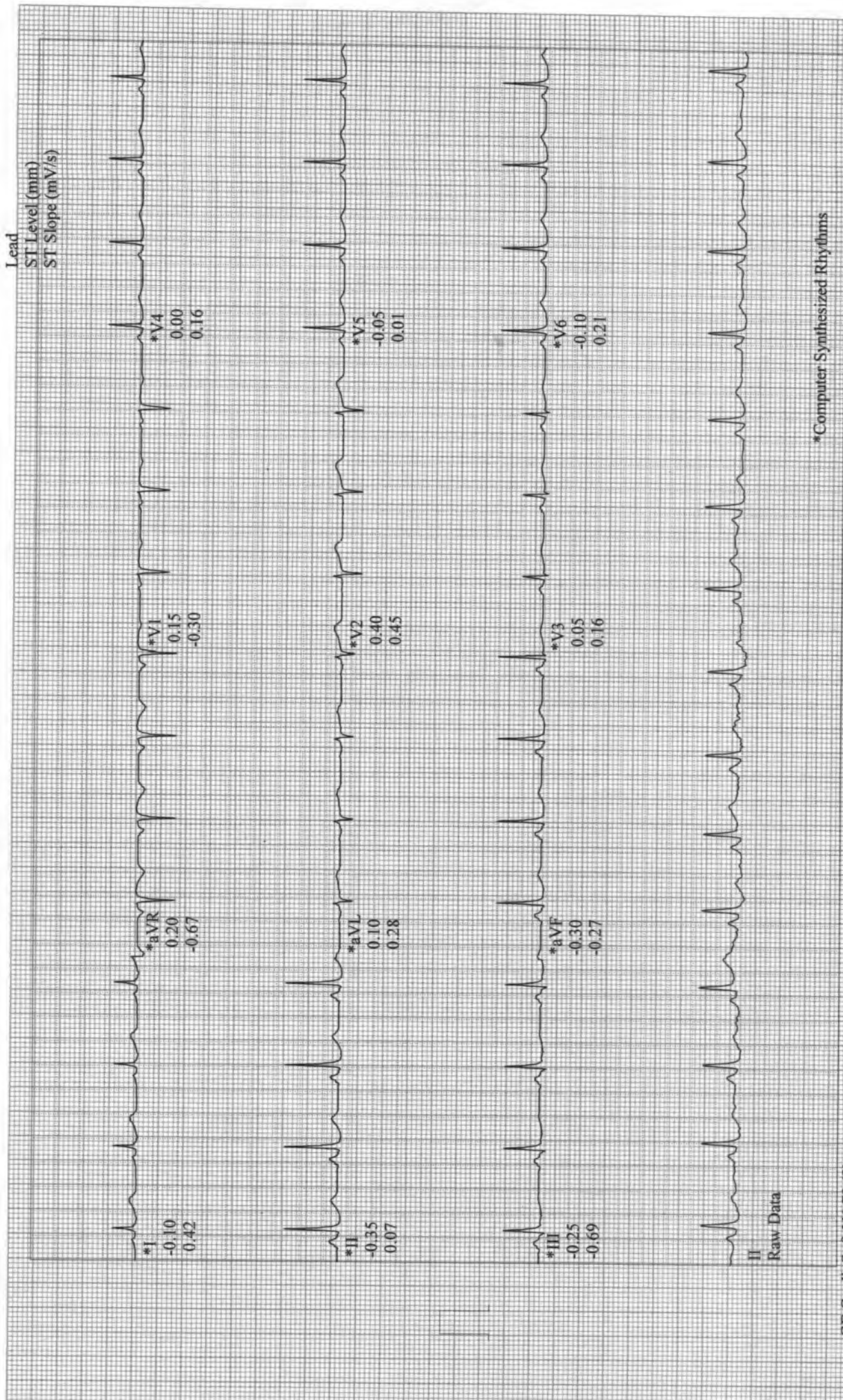
Linked Medians

PRETEST  
SUPINE  
00:04

90 bpm  
130/80 mmHg

BRUCE  
0.0 mph  
0.0 %

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Sirsat, Asha  
Patient ID 62276  
09.12.2023  
1:00:53pm

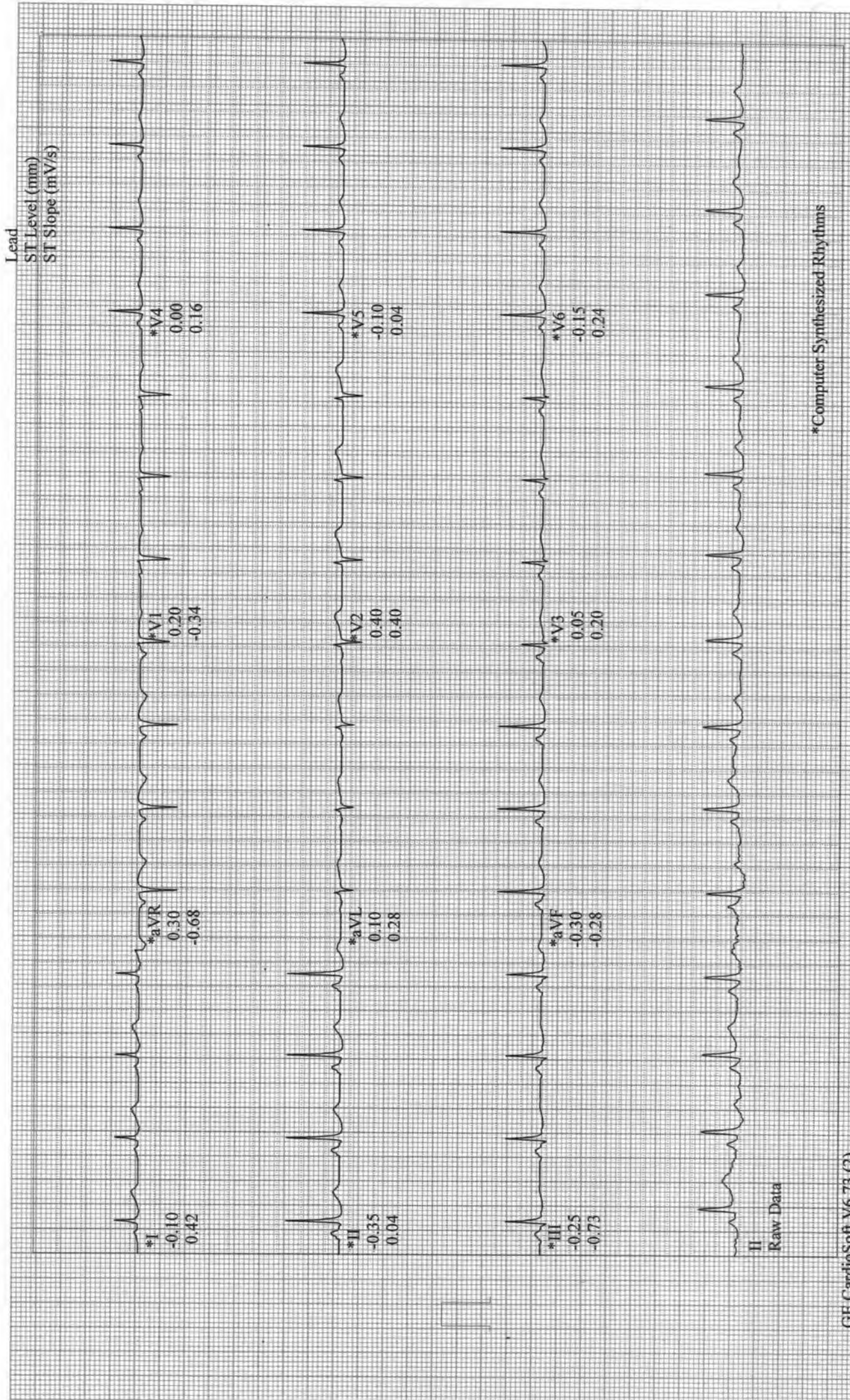
Linked Medians

PRETEST  
STANDING  
00:06

88 bpm  
130/80 mmHg

BRUCE  
0.0 mph  
0.0 %

ASIAN HOSPITAL



II  
Raw Data

\*Computer Synthesized Rhythms

Sirsat, Asha  
Patient ID 62276  
09.12.2023  
1:03:53pm

### 12-Lead Report

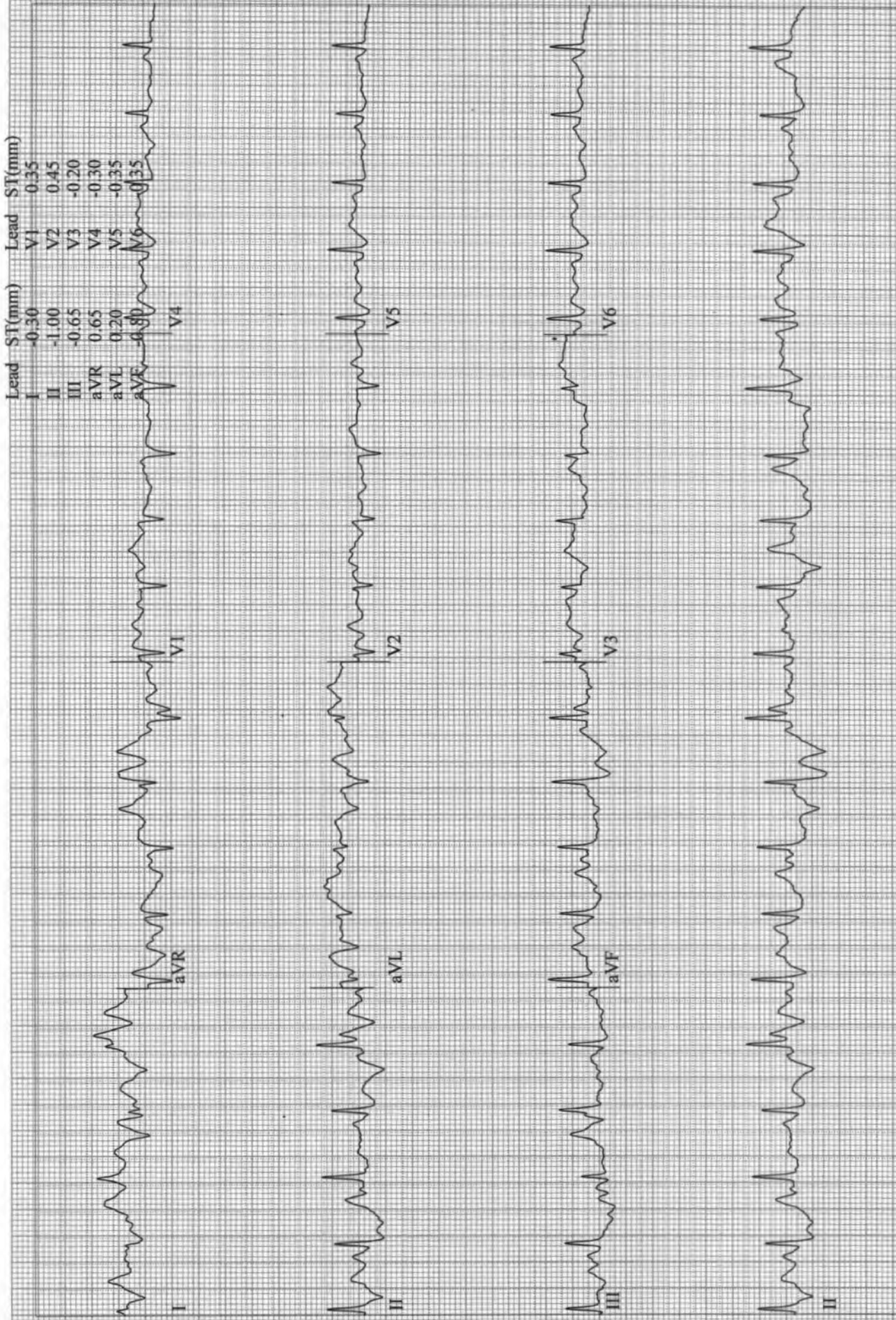
EXERCISE  
STAGE I  
02:50

118 bpm  
140/80 mmHg

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.30	V1	0.35
II	-1.00	V2	0.45
III	-0.65	V3	-0.20
aVR	0.65	V4	-0.30
aVL	0.20	V5	-0.35
aVF	0.80	V6	0.35



Sirsat, Asha  
Patient ID 62276  
09.12.2023  
1:06:53pm

12-Lead Report

EXERCISE  
STAGE 2  
05:50

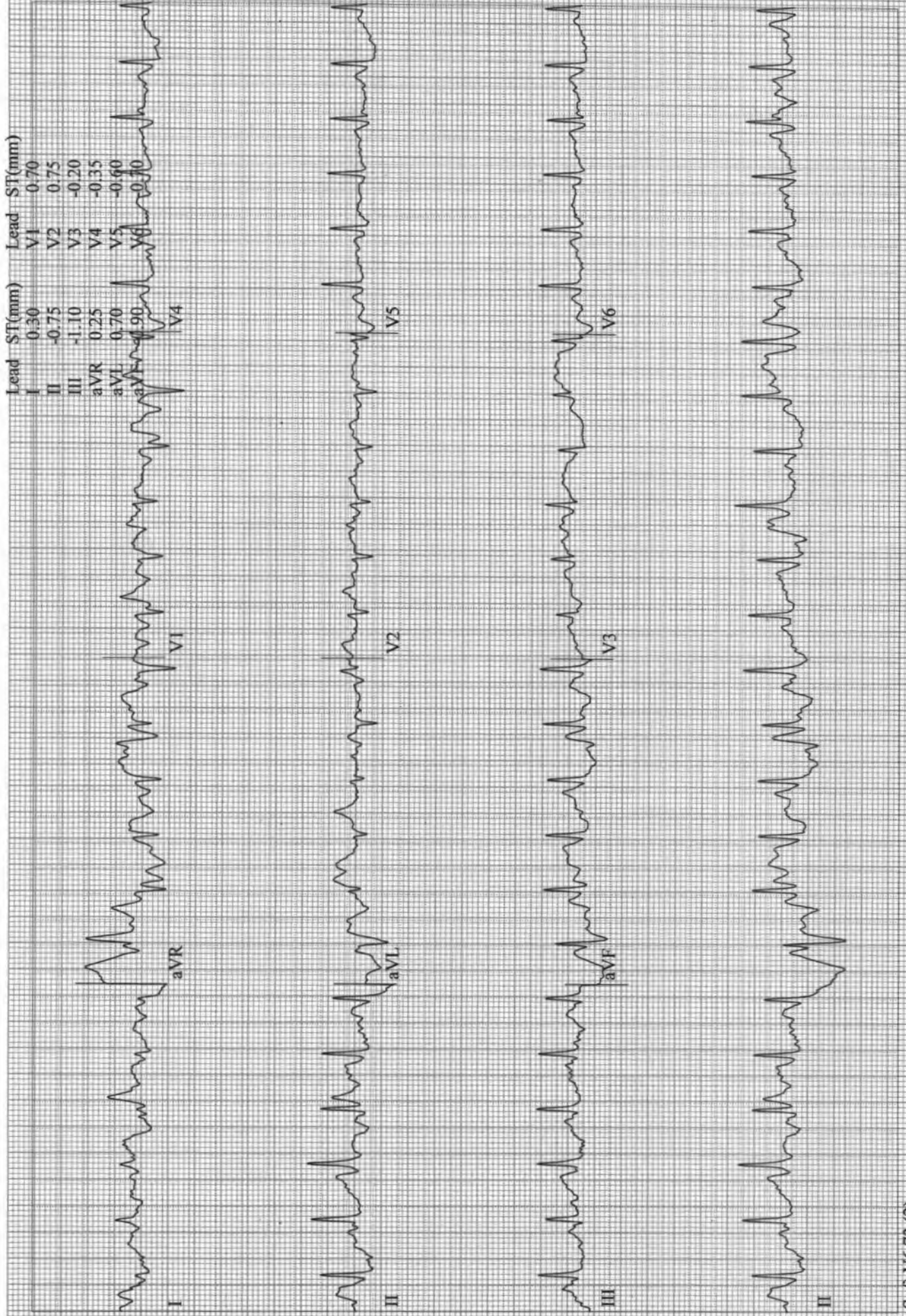
142 bpm  
150/80 mmHg

BRUCE  
2.5 mph  
12.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.30	V1	0.70
II	-0.75	V2	0.75
III	-1.10	V3	-0.20
aVR	0.25	V4	-0.35
aVL	0.70	V5	-0.60
aVF	0.90	V6	0.10

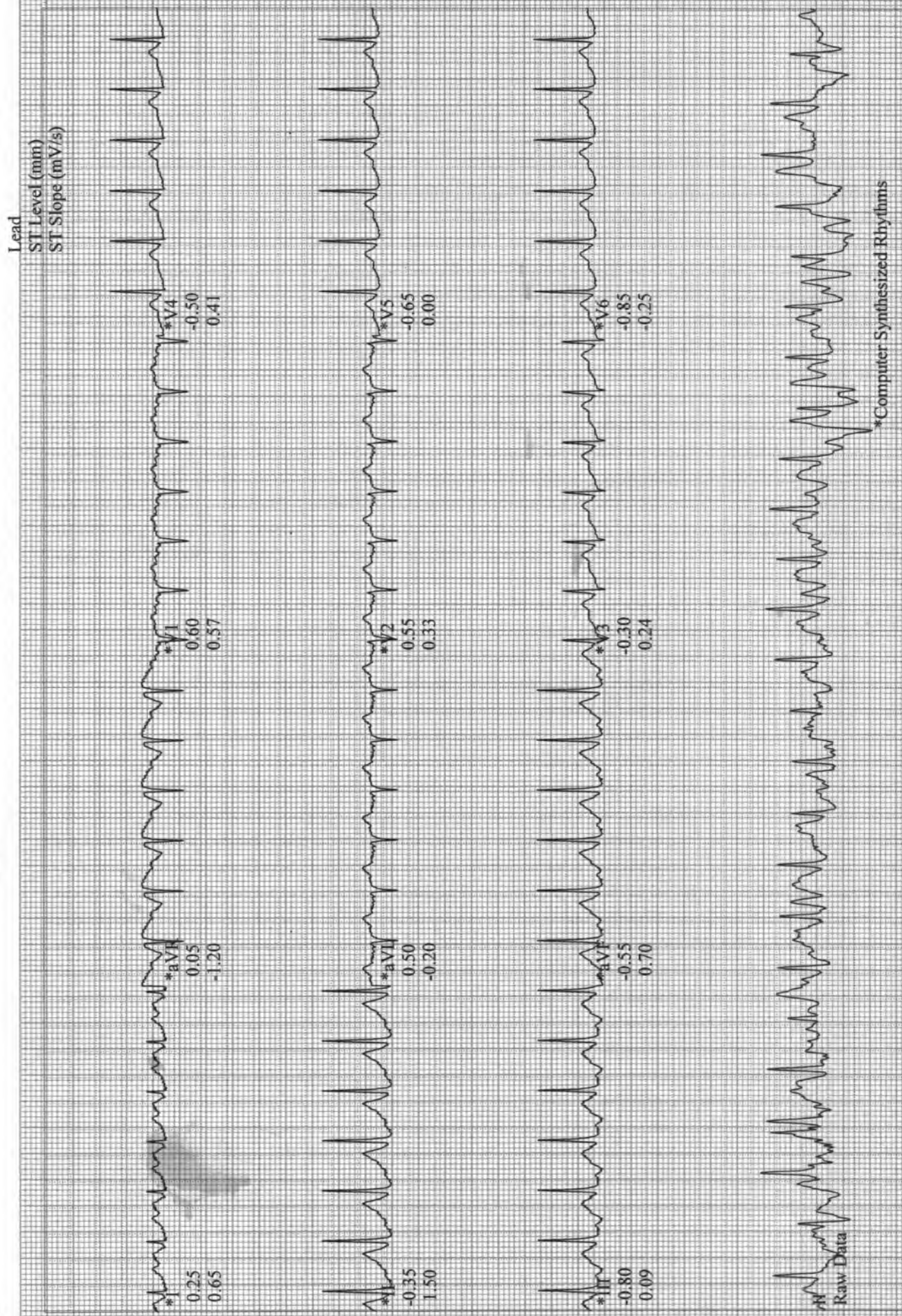


Sirsat, Asha  
Patient ID 62276  
09.12.2023  
1:07:30pm

Linked Medians ( PEAK EXERCISE )  
EXERCISE BRUCE  
STAGE 3 3.4 mph  
06:32 14.0 %

155 bpm

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Sirsat, Asha  
Patient ID 62276  
09.12.2023  
1:08:24pm

12-Lead Report

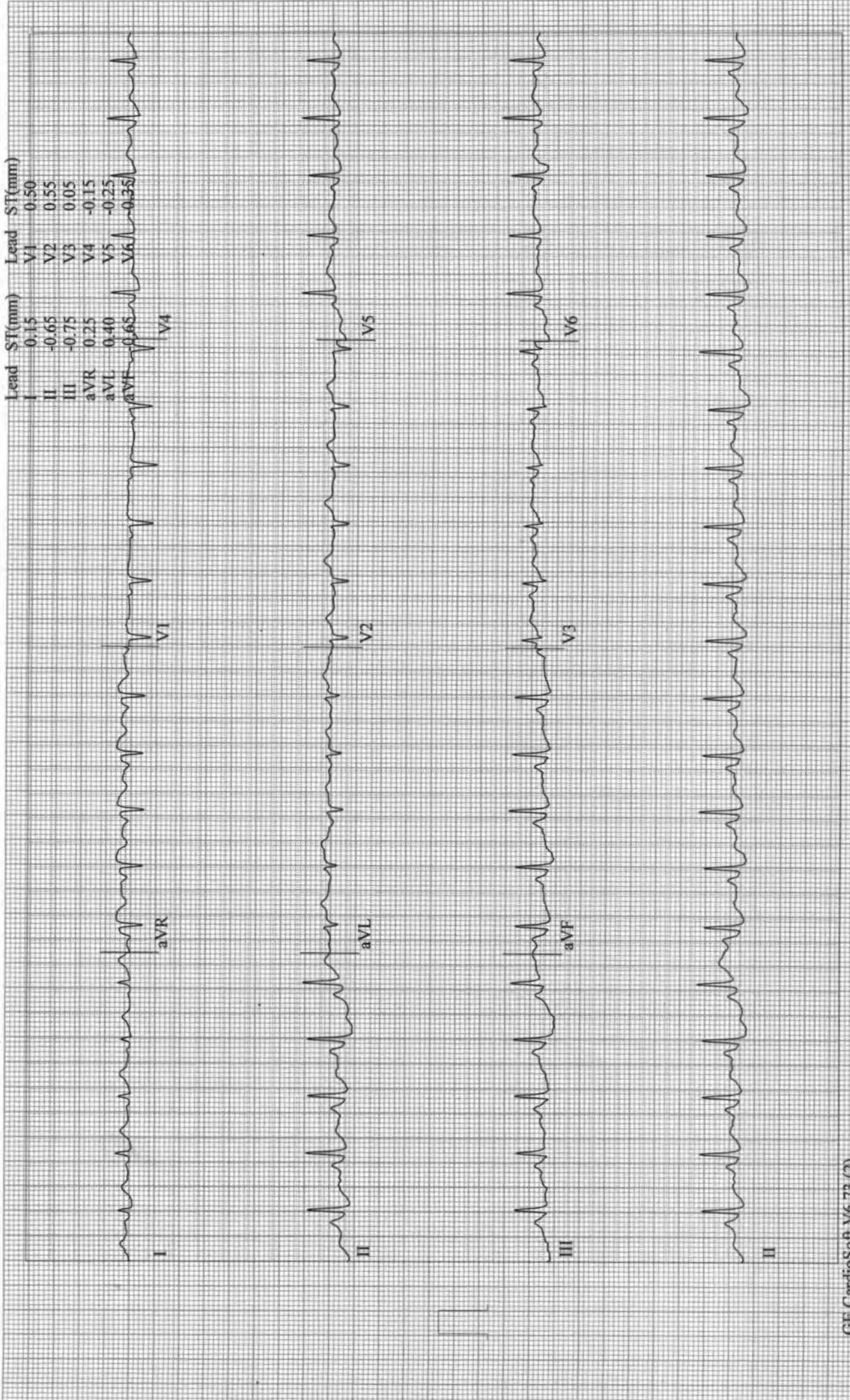
RECOVERY  
#1  
00:50

130 bpm

BRUCE  
0.0 mph  
0.0 %

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Measured at 60ms Post J (10mm/mV)  
Auto Points



Sirsat, Asha  
Patient ID 62276  
09.12.2023  
1:09:24pm

12-Lead Report

RECOVERY  
#1  
01:50

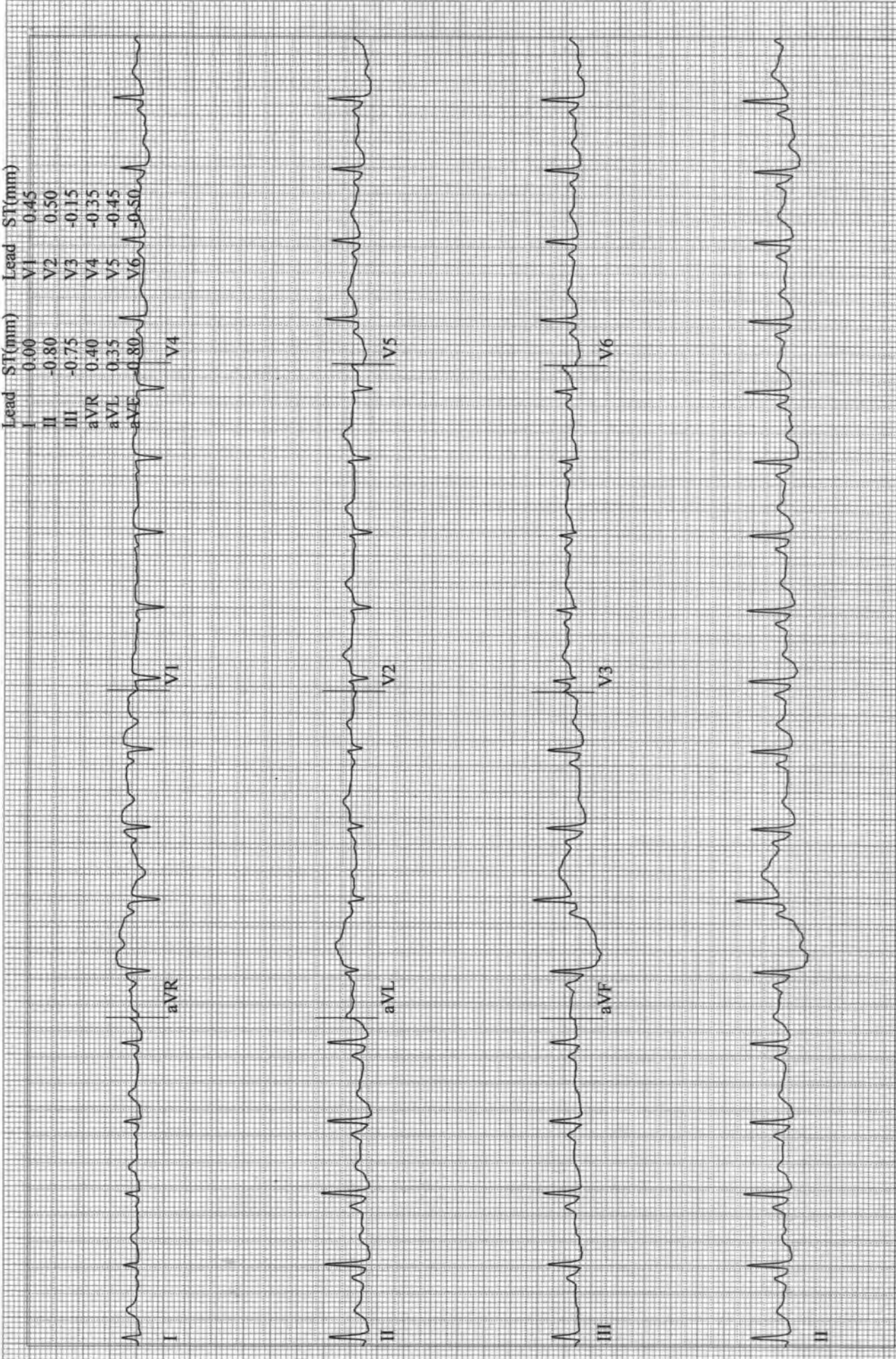
107 bpm

BRUCE  
0.0 mph  
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.00	V1	0.45
II	-0.80	V2	0.50
III	-0.75	V3	-0.15
aVR	0.40	V4	-0.35
aVL	0.35	V5	-0.45
aVF	0.80	V6	-0.50



Sirsat, Asha  
 Patient ID 62276  
 09.12.2023  
 1:10:24pm

109 bpm

RECOVERY  
 #1  
 02:50

BRUCE  
 0.0 mph  
 0.0 %

Measured at 60ms Post J (10mm/mV)  
 Auto Points

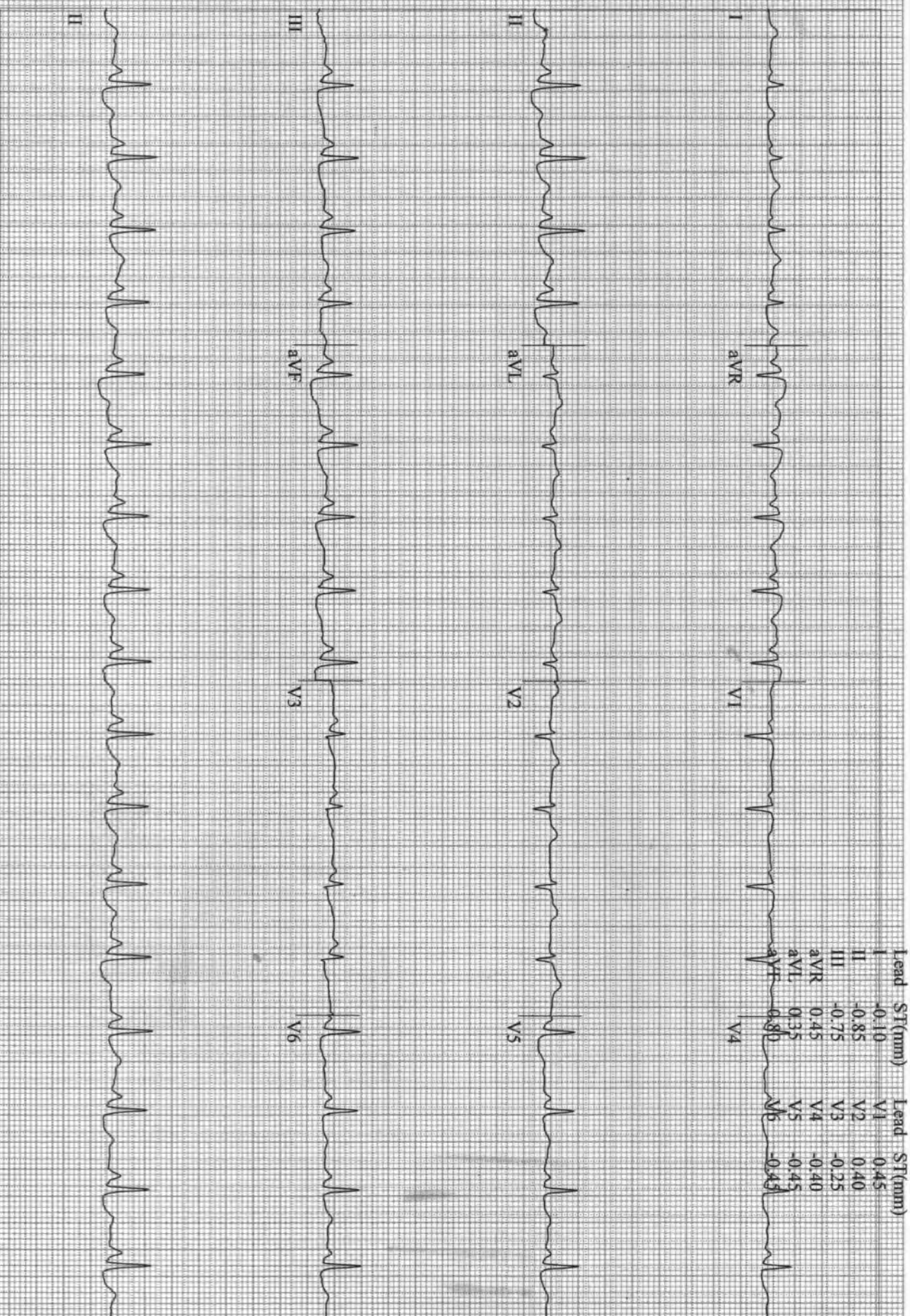
ASIAN HOSPIT.

12-Lead Report

GE CardioSoft V6.73 (2)  
 25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,V6)

Start of Test: 1:00:46pm

Page



Sirsat, Asha  
Patient ID 62276  
09.12.2023  
1:11:24pm

105 bpm

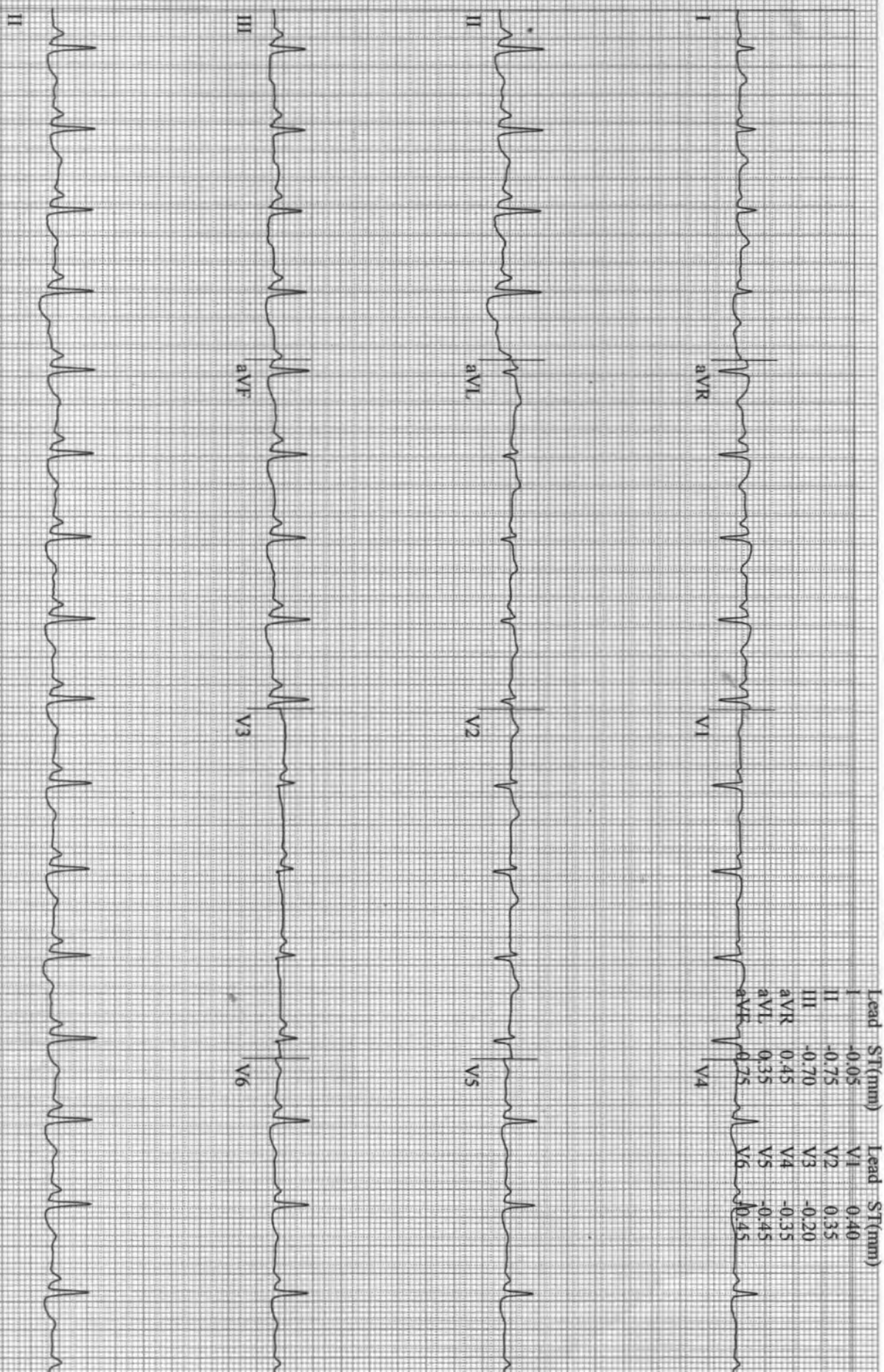
RECOVERY  
#1  
03:50

BRUCE  
0.0 mph  
0.0 %

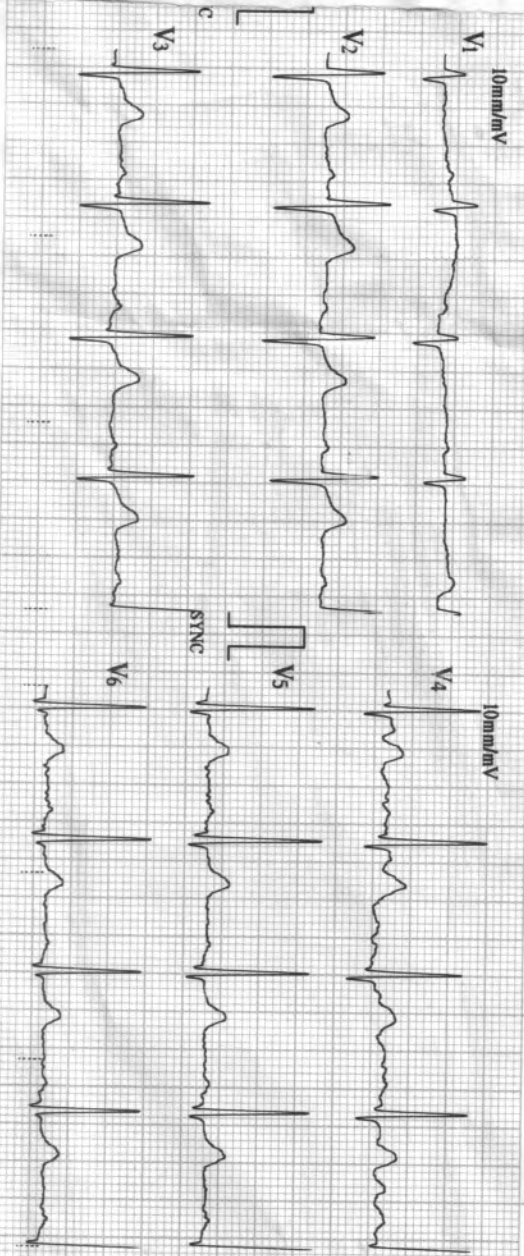
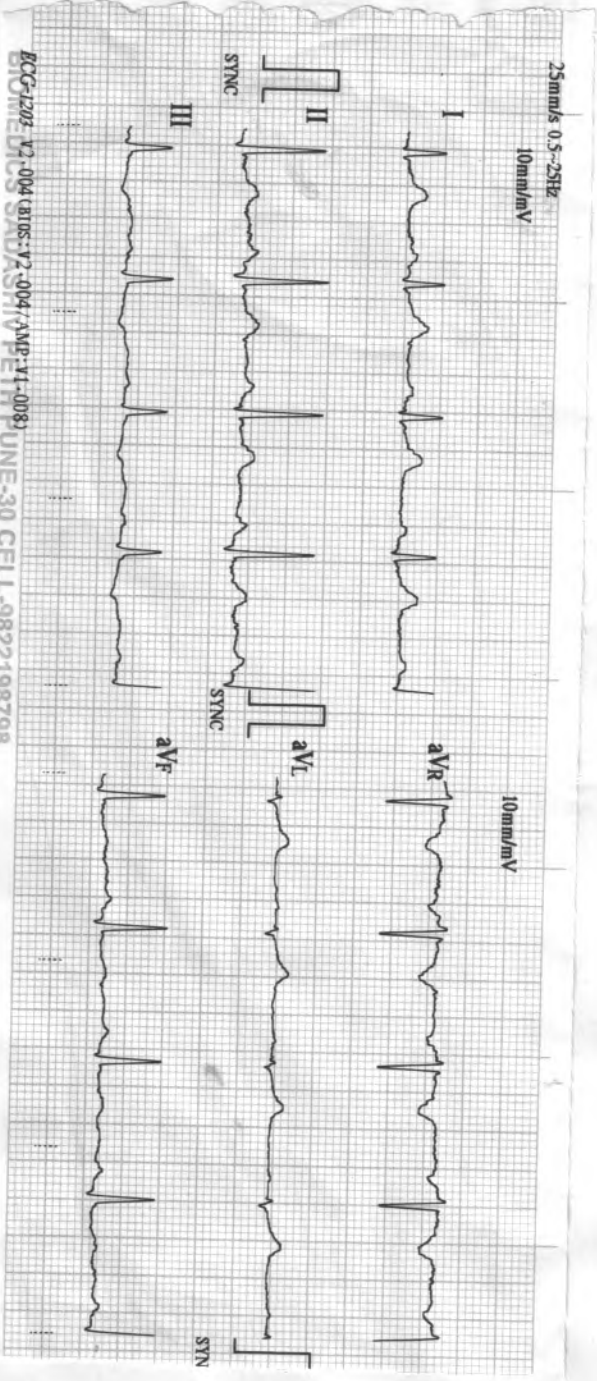
Measured at 60ms Post J (10mm/mV)  
Auto Points

12-Lead Report

ASIAN HOSPIT



BCG-1202 V2-004 (BIOS-V2-004 AMP-V1-008)  
 BIOMEDICS SADASHIV PETH PUNE-30 CELL-9822198798



12/09/2023 12:10  
 ID : 1578  
 Name: Mrs - Asha Goant  
 Sex :  
 Age :  
 Signature: *[Handwritten Signature]*

HR : 84 bpm  
 R-R : 712 ms  
 P-R : 166 ms  
 QRS : 93 ms  
 QT/QTc : 349/413 ms  
 P/QRST : 55/66/21  
 RV5/SV1 : 1.460/0.290 mV  
 RV6-SV1 : 1.750 mV

\*Machine Interpretation Only\*  
 Confirm with Physician  
 Dr. N. S. Jaisankar  
 MID. Res. Diabetes & Self Care  
 SARP CENTER FOR DIABETES, JAINA ROAD, AURANGABAD  
 Maharashtra  
 Phone No. 25339851, 2534858

BIOMEDICS SADASHIV PETH PUNE-30 CELL-9822198798

Dr. Amey Jaju  
MBBS, DNB Radiology  
Fellowship in MSK Imaging  
Regd. No.: 2019/05/3879



**Anushree**  
Sonography & X-Ray Centre

• DIGITAL X-RAY • 3D/4D/5D SONOGRAPHY • COLOUR DOPPLER

Patient Name: <b>ASHA SIRSAT</b>	Date: <b>09/12/2023</b>
Patient Id: <b>4316</b>	Age/Sex: <b>45 Years / FEMALE</b>
Ref Phy: <b>DR. SARDA</b>	Address :

### ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** The liver is normal in size It measures 13.9 cm, shape, position, echogenicity and echotexture. Normal respiratory movements are seen. Portal vein at porta hepatis measures 7.0 mm. No focal solid or cystic mass lesion is noted.

**BILIARY SYSTEM:** Gall bladder shows normal physiological distention. **Echogenic calculus of size 8.8 mm is noted within the lumen of gall bladder.** There is no evidence of pericholecystic fluid. CBD and intra hepatic biliary radicles show normal caliber.

**PANCREAS:** The pancreas is normal in size, shape, echogenicity and echo texture. No solid or cystic mass lesion is noted. Pancreatic duct is not dilated.

**SPLEEN:** The spleen is normal in size It measures 10.0 cm, shape, position, echogenicity and echotexture. No focal mass lesion is noted.

**KIDNEYS:** Right kidney measures 9.1 x 5.0 cm Left kidney measures 11.3 x 4.9 cm. Both kidneys are normal in size, shape, position, echogenicity and echotexture. Normal corticomedullary differentiation is noted. No focal solid or cystic mass lesion is seen. **Echogenic calculus of size 6.8 mm is noted in interpolar calyx of left kidney.** Pelvicalyceal systems on both sides are normal.

**URINARY BLADDER:** The urinary bladder shows physiological distention. It shows normal wall thickness. No calculus or mass lesion is seen.

**UTERUS:** The uterus is anteverted. It measures 91.3 x 48.3 x 55.1 mm. It is normal in size, shape, position, echogenicity and echotexture. There is no focal mass lesion in uterus. Endometrium measures 3.6 mm.

**ADNEXA:** Right ovary measures 2.9 x 2.2 cm. Left ovary measures 2.6 x 2.0 cm. Both ovaries are normal in size, shape, echogenicity and echotexture. There is no focal solid or cystic mass lesion in it. No appreciable other adnexal space occupying lesion is noted.

**OTHERS:** There is no free or loculated fluid collection in abdomen or pelvis. No significant lymphadenopathy is noted.

#### **IMPRESSION:**

1. Cholelithiasis.
2. Non-obstructive left renal calculus.

DR. AMEY S. JAJU  
MBBS, DNB (Radiology)  
Fellow in MSK Imaging  
DR. AMEY JAJU, MBBS, DNB (RADIOLOGY)  
Fellow in MSK imaging  
CONSULTANT RADIOLOGIST



ANUSHREE SONOGRAPHY & X-RAY CENTRE

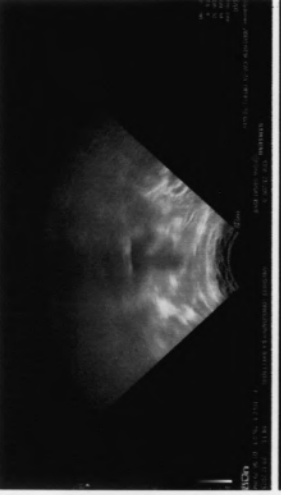
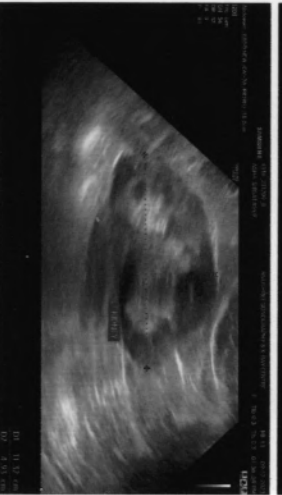
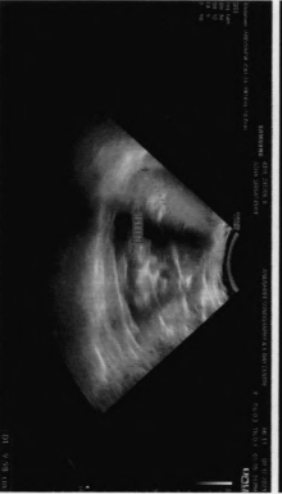
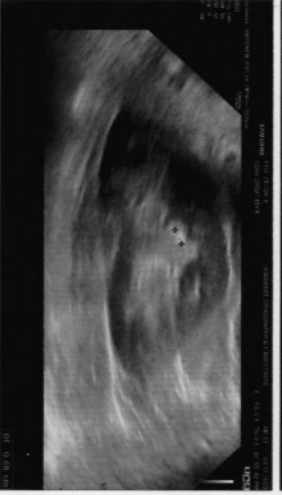
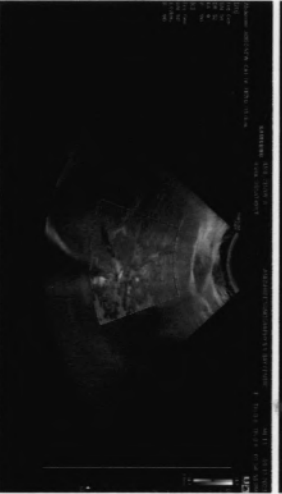
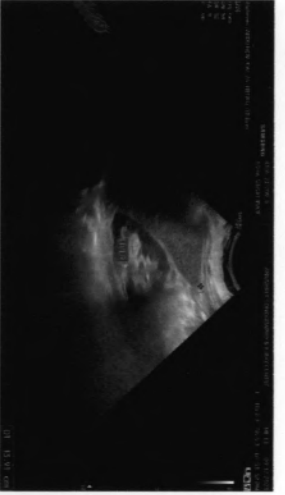
Name: ASHA SIRSAT

Age: 45 Y

Sex: Female

RefDr: Sarda

Date: 09-Dec-2023



Dr. Amey Jaju  
MBBS, DNB Radiology  
Fellowship in MSK Imaging



**Anushree**  
Sonography & X-Ray Centre

Regd. No.: 2019/05/3879

• DIGITAL X-RAY • 3D/4D/5D SONOGRAPHY • COLOUR DOPPLER

Patient Name: ASHA SIRSAT	Date: 09/12/2023
Patient Id: 4315	Age/Sex: 45 Years / FEMALE
Ref Phy: DR. SARDA	Address :


## RADIOGRAPH OF CHEST PA VIEW

### Findings:

- Both the lung fields are clear.
- The broncho vascular markings are appears normal.
- The hilar shadows are appears normal.
- Both Cardiophrenic and Costophrenic angles are clear.
- The Cardiac silhoutte is within normal limits.
- Aortic shadow is normal.
- Both domes of diaphragms are normal.
- The visualised bony thorax is normal.

### Impression:

**No significant abnormality noted in X-ray chest.**

  
DR. AMEY S. JAJU  
MBBS, DNB (Radiology)  
Fellow in MSK Imaging  
Reg. No. 2019/05/3879



**DR. AMEY JAJU, MBBS, DNB (RADIOLOGY)**  
Fellow in MSK imaging  
CONSULTANT RADIOLOGIST



ANUSHREE SONOGRAPHY & X-RAY CENTRE

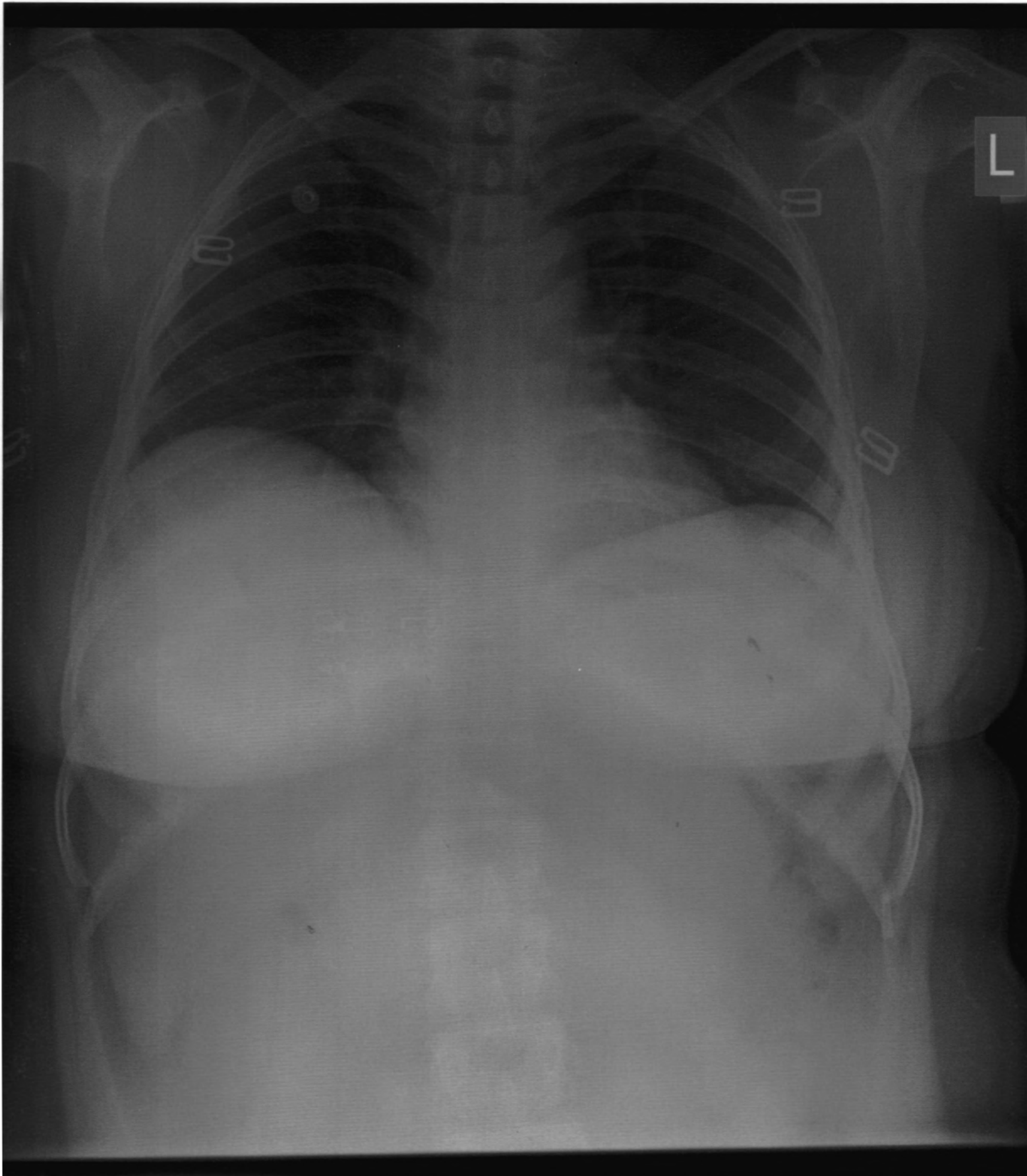
Name:Asha Sirsat

Age:45 Y

Sex:Female

RefDr:Dr. Sarda

Date:09-Dec-2023



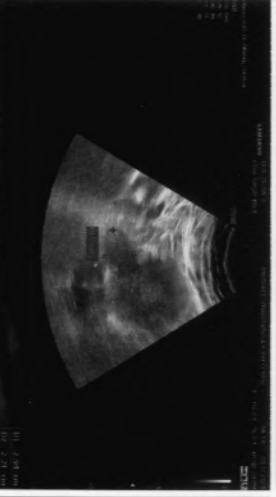
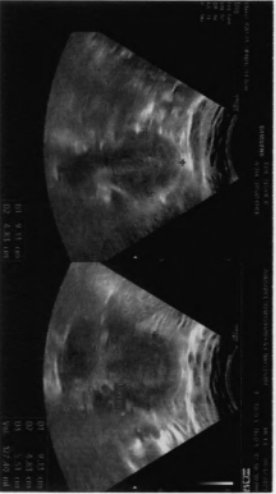
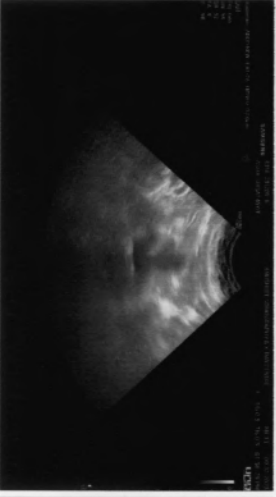
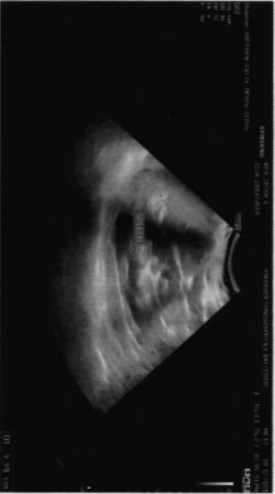
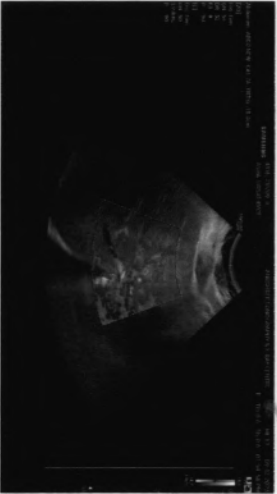
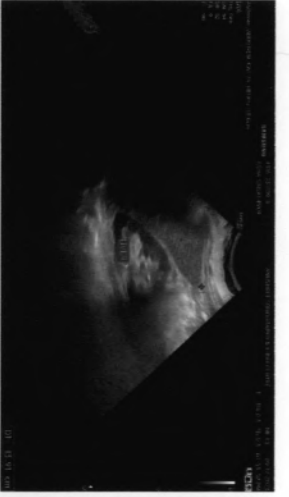
Name: ASHA SIRSAT

Age: 45 Y

Sex: Female

RefDr: Sarda

Date: 09-Dec-2023



**SARDA**

**CENTRE FOR DIABETES & SELF CARE**

4, Vyankatesh Nagar, Jaina Road, Aurangabad. Ph. : (0240) 2333851, 2334858.

Name : Mrs. Asha Sirsat Age: 43 y/f  
(Mediawheel)

**CLINICAL SUMMARY :**

Weight : \_\_\_\_\_ Height (Cms) : \_\_\_\_\_ Blood Pressure : \_\_\_\_\_

**ECG FINDINGS :**

Rate : 84/min ORS. Complex :

Rhythm :  ST Segment :

Mechanism :  T. Wave :

Axis :  QT Interval :

P. Wave :  PR Interval :

Recommendation : *Wm*

Dr. A. S. SARDA

M.D. (M.S.) (D.I.B.)  
CENTRE FOR DIABETES & SELF CARE  
Vyankatesh Nagar, Jaina Road, Aurangabad  
Phone No. 2333851, 2334858

Date : 09/12/2015

Patient Name : MRS SIRSAT ASHA

Age/Gender : 43 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD23/6211

Report Date

: 11/12/2023



### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
------------------	--------	------	-----------------------------

#### BLOOD GROUP AND RH FACTOR

Blood Group

'A'

Rh Factor

POSITIVE(+VE)

**Dr.S R. SARDA**  
M.D. Reg. No. 5462  
SARDA CENTER FOR DIABETES & SELF CARE  
4, Vyankateshnagar, Jalna Road, Aurangabad  
Phone No. 2333851, 2334858

Patient Name : MRS SIRSAT ASHA

Age/Gender : 43 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD23/6211

Report Date

: 11/12/2023



### HBA1C/GLYCOCYLATED

HbA1c Glycosilated Haemoglobin 5.0 %

Method: HPLC, NGSP certified

Estimated Average Glucose : 97 mg/dL

#### As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults $\geq 18$ years	$< 5.7$
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	$\geq 6.5$
Therapeutic goals for glycemc control	Age $> 19$ years Goal of therapy: $< 7.0$ Action suggested: $> 8.0$ Age $< 19$ years Goal of therapy: $< 7.5$

#### ADA criteria for correlation

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

**Note:**1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .  
2. Target goals of  $< 7.0$  % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of  $< 7.0$  % may not be appropriate.

**Comments:**HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.

**Dr.S R. SARDA**  
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4, Vyankateshnagar, Jalna Road, Aurangabad  
Phone No. 2333851, 2334858

Patient Name : MRS SIRSAT ASHA

Age/Gender : 43 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD23/6211

Report Date

: 11/12/2023



### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>KIDNEY FUNCTION TEST(KFT)</b>			
Urea <i>Method: Urease UV GLDH</i>	25	mg/dl	10.0 - 45.0
Serum Creatinine <i>Method: Modified Jaffe with no deproteinization</i>	0.7	mg/dl	0.6 - 1.4
Uric Acid <i>Method: Uricase Peroxidase</i>	4.0	mg/dl	2.5 - 6.8
Blood Urea Nitrogen-BUN <i>Method: Calculated</i>	10.0	mg/dl	7 - 20

#### Interpretation :

Kidney function tests help to screen the individual for renal disease and to determine the extent or progression of renal disease. These tests also aid in determining drug dosage for drugs excreted through the kidneys. The clinical syndrome resulting from decreased renal function and azotemia is called uremia. Renal azotemia: glomerular nephritis and chronic pyelonephritis. Prerenal azotemia: severe dehydration, hemorrhagic shock, and excessive protein intake. Post renal azotemia: urethral stones or tumors and prostatic obstructions. Measurement of urea in dialysis fluids is widely used in assessing the adequacy of renal replacement therapy.

In these prerenal situations, the plasma creatinine concentration may be normal. In obstructive post renal conditions, both plasma creatinine and urea concentrations will be increased, although there is often a greater increase in plasma urea than creatinine because of the increased back diffusion. These considerations give rise to the principal clinical utility of plasma urea, which lies in its measurement in conjunction with that of plasma creatinine and subsequent calculation of the urea nitrogen/creatinine ratio. This ratio has been used as a crude discriminator between prerenal and postrenal azotemia. Significantly lower ratios usually denote (1) acute tubular necrosis, (2) low protein intake, (3) starvation, or (4) severe liver disease (decreased urea synthesis). So even though blood urea is not an excellent marker of renal dysfunction as it rises quite late in the dysfunction and its rise is also not exclusive to kidney dysfunction, but for practical purposes serum urea level is still one of the most ordered test and forms an important part of the kidney function test.

Concentrations in excess of 6.0 mg/dL at 32 weeks gestation have been noted to be associated with a high perinatal mortality rate.

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Phone No. 2333851, 2334858

Patient Name : MRS SIRSAT ASHA

Age/Gender : 43 Yrs/Female

Ref. Dr. : MEDIWHEEL



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### LIPID PROFILE

Cholesterol-Total <i>Method: Spectrophotometry</i>	107	mg/dL	< 200 - Desirable 200 - 239 -Boderline High > 240 - High
Triglycerides level <i>Method: Serum, Enzymatic, endpoint</i>	135	mg/dL	< 150 - Normal 150 - 199 -Boderline High 200 - 499 -High >500 Very -High
HDL Cholesterol <i>Method: Serum, Direct measure-PEG</i>	45	mg/dL	< 40 - Low > 40 - Normal
LDL Cholesterol <i>Method: Enzymatic selective protection</i>	35.00	mg/dL	< 100 - Optimal 100 - 129 - Near/Above Optimal 130 - 159 - Borderline high 160 - 189 - High > 190 - Very High
VLDL Cholesterol <i>Method: Serum, Enzymatic</i>	27.00	mg/dL	6 - 38
CHOL/HDL RATIO <i>Method: Serum, Enzymatic</i>	2.38		3.5 - 5.0
LDL/HDL RATIO <i>Method: Serum, Enzymatic</i>	0.78		2.5 - 3.5

### NOTE

8-10 hours fasting sample is required

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### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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#### BLOOD SUGAR FASTING & PP (BSF & PP)

BLOOD SUGAR FASTING	95	mg/dl	70 - 110
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Method: Hexokinase

BLOOD SUGAR POST PRANDIAL	112	mg/dl	70 - 140
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Method: Hexokinase

#### **ADA 2019 Guidelines for diagnosis of Diabetes Mellitus**

Fasting Plasma Glucose > 126 mg/dl

Postprandial Blood Glucose > 200 mg/dl

Random Blood Glucose > 200 mg/dl

HbA1c Level > 6.5%

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**BIOCHEMISTRY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
<b>LIVER FUNCTION TEST (LFT)</b>			
TOTAL BILIRUBIN <i>Method: Serum, Jendrassik Grof</i>	0.97	mg/dl	0.2 - 1.0
DIRECT BILIRUBIN <i>Method: Serum, Diazotization</i>	0.25	mg/dL	0.0 - 0.3
INDIRECT BILIRUBIN <i>Method: Serum, Calculated</i>	0.72	mg/dl	0.3 - 1.0
SGPT (ALT) <i>Method: Serum, UV with P5P, IFCC 37 degree</i>	19	U/L	15 - 40
SGOT (AST) <i>Method: Serum, UV with P5P, IFCC 37 degree</i>	17	U/L	15 - 40
ALKALINE PHOSPHATASE <i>Method: DGKC</i>	104	U/L	30 - 120
TOTAL PROTEIN <i>Method: Serum, Biuret, reagent blank end point</i>	7.2	g/dl	6.0 - 8.0
SERUM ALBUMIN <i>Method: Serum, Bromocresol green</i>	4.1	g/dl	3.2 - 4.6
SERUM GLOBULIN <i>Method: Serum, Calculated</i>	3.10	g/dl	1.8 - 3.6
A/G RATIO <i>Method: Serum, Calculated</i>	1.32		1.2 - 2.2
Gamma Glutamyl Transferase-Serum <i>Method: Kinetic</i>	16	IU/L	12 - 43

**NOTE :**

In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Non alcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

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**IMMUNOASSAY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
<b>Thyroid Function Test (TFT)</b>			
T3	154.56	ng/dl	80-253 : 1 Yr-10 Yr, 76-199 : 11 Yr-15 Yr, 69-201 :16 Yr-18 Yr, 87-173 : > 18 years,
T4	9.53	ng/dl	5.9-21.5 :10-31 Days, 5.9-21.5 :0-1 Month, 6.4-13.9 :2-12 Months, 6.09-12.23 :>1 Yr
TSH(Serum)	1.81	ng/dl	0.52-16.0 :1 Day - 30 Days 0.55-7.10 :1 Mon-5 Years 0.37-6.00 :6 Yrs-18 Years 0.38-5.33 :18 Yrs-88 Years 0.50-8.90 :88 Years

Method : ECLIA

Clinical features of thyroid disease		
Hypothyroidism	Hyperthyroidism	Grave's disease
Lethargy	Tachycardia	Exophthalmos/proptosis
Weight gain	Palpitations (atrial fibrillation)	Chemosis
Cold intolerance	Hyperactivity	Diffuse symmetrical goitre
Constipation	Weight loss with increased appetite	Pretibial myxoedema (rare)
Hair loss	Heat intolerance	Other autoimmune conditions
Dry skin	Sweating	
Depression	Diarrhoea	
Bradycardia	Fine tremor	
Memory impairment	Hyper-reflexia	
Menorrhagia	Goitre	
	Palmar erythema	
	Onycholysis	
	Muscle weakness and wasting	
	Oligomenorrhoea/amenorrhoea	

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### URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>URINE ROUTINE</b>			
<b>Physical Examination</b>			
Colour	Pale Yellow		Pale Yellow
Apperance	Clear		Clear
Reaction	Acidic		
Deposit	Absent		
<b>Chemical Examination</b>			
Specific Gravity	1.005		
Albumin	Absent		
Sugar	Absent		Absent
Acetone	Absent		
<b>Microscopic Examination</b>			
RBC's	Not seen	/hpf	Nil
Pus cells	Occasional	/hpf	2-3/hpf
Epithelial Cells	Absent	/hpf	1-2/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous Deposit	Absent		Absent

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Test Description	Result	Unit	Biological Reference Ranges
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**COMPLETE BLOOD COUNT**

Total WBC Count	6200	cell/cu.mm	4000 - 11000
Haemoglobin	<b>10.8</b>	g%	13 - 18
Platelet Count	3,74000	/cumm	150000 - 450000
RBC Count	<b>3.33</b>	/Mill/ul	4.20 - 6.00

**RBC INDICES**

Mean Corp Volume MCV	93.4	fL	80 - 97
Mean Corp Hb MCH	<b>32.4</b>	pg	26 - 32
Mean Corp Hb Conc MCHC	34.7	gm/dL	31.0 - 36.0
Hematocrit HCT	<b>31.1</b>	%	37.0 - 51.0

**DIFFERENTIAL LEUCOCYTE COUNT**

Neutrophils	48	%	40 - 75
Lymphocytes	<b>47</b>	%	20 - 45
Monocytes	03	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01

**NOTE:**

1. As per the recommendation of International council for Standardization in Hematology, the differential leukocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

ESR	20	mm/hr	Male: 0-8 mm at 1 Hr. Female: 0-20 mm at 1 Hr.
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**INTERPRETATION :**

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

\*\*\*\* End of the report. \*\*\*\*

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