

Medical Examination Report

NAME :	Anjali Dixiti	DATE :	25/11/2023
AGE :	37	CORPORATE/TPA:	Mediwheel
GENDER :	Female	Booking ID/ center:	Wakad

Vitals

Height (cm)	Weight (kg)	Blood Pressure	Pulse	BMI- kg/m ² Underweight < 18.5 Normal Weight = 18.5 – 24.9 Overweight = 25- 29.9 Obesity = BMI of 30 or Greater
149	62.6	112/78	80	12.6

Doctor Remark: _____

Patient Name : **Ms Anjali dixit**
 DOB/Age/Gender : 37 Y/Female
 Patient ID / UHID : 1_6304040/RCL5375598
 Referred By : Dr.
 Sample Type : Whole blood EDTA
 Barcode No : HX635251

Bill Date : Nov 25, 2023, 02:23 PM
 Sample Collected : Nov 25, 2023, 10:00 PM
 Sample Received : Nov 25, 2023, 05:02 PM
 Report Date : Nov 25, 2023, 06:45 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
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HEMATOLOGY REPORT

Hemogram (CBC + ESR)

Complete Blood Count (CBC)

RBC PARAMETERS

Hemoglobin Method : colorimetric	11.9	g/dL	12.0 - 15.0
RBC Count Method : Electrical impedance	4.4	10 ⁶ /μl	3.8 - 4.8
PCV Method : Calculated	35.7	%	36 - 46
MCV Method : Calculated	80.2	fl	83 - 101
MCH Method : Calculated	26.8	pg	27 - 32
MCHC Method : Calculated	33.4	g/dL	31.5 - 34.5
RDW (CV) * Method : Calculated	12.6	%	11.6 - 14.0
RDW-SD * Method : Calculated	40.3	fl	35.1 - 43.9

WBC PARAMETERS

TLC Method : Electrical impedance and microscopy	9.5	10 ³ /μl	4 - 10
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DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	64	%	40-80
Lymphocytes	26	%	20-40
Monocytes	6	%	2-10
Eosinophils	4	%	1-6
Basophils	0	%	<2

Absolute leukocyte counts

Method : Calculated

Neutrophils.	6.08	10 ³ /μl	2 - 7
Lymphocytes.	2.47	10 ³ /μl	1 - 3
Monocytes.	0.57	10 ³ /μl	0.2 - 1.0
Eosinophils.	0.38	10 ³ /μl	0.02 - 0.5
Basophils.	0	10 ³ /μl	0.02 - 0.5

PLATELET PARAMETERS

Platelet Count Method : Electrical impedance and microscopy	287	10 ³ /μl	150 - 410
Mean Platelet Volume (MPV) *	9.4	fL	9.3 - 12.1

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Method : Calculated PCT *	0.3	%	0.17 - 0.32
Method : Calculated PDW *	16.2	fL	8.3 - 25.0
Method : Calculated P-LCR *	30	%	18 - 50
Method : Calculated P-LCC *	86	%	44 - 140
Method : Calculated Mentzer Index *	18.23	%	-
Method : Calculated			

Interpretation:

CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

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HEMATOLOGY REPORT

Hemogram (CBC + ESR)

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate **24** mm/hr 0 - 12
 Method : MODIFIED WESTERGREN

Interpretation:

ESR is also known as Erythrocyte Sedimentation Rate. An ESR test is used to assess inflammation in the body. Many conditions can cause an abnormal ESR, so an ESR test is typically used with other tests to diagnose and monitor different diseases. An elevated ESR may occur in inflammatory conditions including infection, rheumatoid arthritis ,systemic vasculitis, anemia, multiple myeloma , etc. Low levels are typically seen in congestive heart failure, polycythemia ,sickle cell anemia, hypo fibrinogenemia , etc.

AGE	MALE	FEMALE
1 DAY	0-12	0-12
2 - 7 DAYS	0-4	0-4
8 - 14 DAYS	0-17	0-17
15 DAYS - 17 YEARS	0-20	0-20
18 - 50 YEARS	0-10	0-12
51- 60 YEARS	0-12	0-19
61 - 70 YEARS	0-14	0-20
71 - 100 YEARS	0-30	0-35

Reference- Dacie and lewis practical hematology

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HEMATOLOGY REPORT

HbA1C (Glycosylated Haemoglobin)

GLYCOSYLATED HEMOGLOBIN (HbA1c) Method : HPLC	6.4	%	< 5.7
ESTIMATED AVERAGE GLUCOSE *	136.98	mg/dL	Refer Table Below

Interpretation:

Interpretation For HbA1c% As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Age < 19 years Goal of therapy: <7.5

- Note:**
- 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.
 - 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 glycemic control as compared to blood and urinary glucose determinations ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)	HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126	12	298
8	183	14	355
10	240	16	413

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HEMATOLOGY REPORT

Blood Group ABO & Rh Typing

Blood Group	B	-	-
Rh Factor	Positive	-	-

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 Patient ID / UHID : 1_6304040/RCL5375598
 Referred By : Dr.
 Sample Type : FLUORIDE F
 Barcode No : ZA509024

Bill Date : Nov 25, 2023, 02:23 PM
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BIOCHEMISTRY REPORT

Glucose Fasting (BSF)

GLUCOSE FASTING : 88 mg/dL 70 - 100
 Method : Hexokinase

Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	<100
Impaired fasting glucose	100 - 125
Diabetes	=>126

Reference : American Diabetes Association

Comment :

Blood glucose determinations in commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

Note

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 200 mg/dL with symptoms of diabetes mellitus.
- 2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.

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 Sample Type : Serum
 Barcode No : ZA509023
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BIOCHEMISTRY REPORT

Blood Urea Nitrogen (Bun)

BLOOD UREA Method : Urease	19	mg/dL	19 - 44.1
BUN * Method : Urease	8.88	mg/dL	7.0 - 18.7

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BIOCHEMISTRY REPORT

Creatinine

CREATININE	0.67	mg/dL	0.57 - 1.11
Method : Photometric			

Interpretation:

Creatinine estimation is done to assess kidney function. It is not dependent on dietary factors. Normal values are obtained in kidney diseases, except in advanced renal failure and therefore its estimation is more valuable if coupled with clearance.

BIOCHEMISTRY REPORT

Uric Acid

URIC ACID	4.9	mg/dL	2.6 - 6.0
Method : Uricase			

Interpretation:

Serum uric acid levels are very labile and show day to day and seasonal variation in some people. Levels are also increased by emotional stress, total fasting and increased body weight. Serum uric acid levels are used to diagnose and monitor treatment of gout, monitor chemotherapeutic treatment of neoplasms to avoid renal urate deposition with possible renal failure.

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BIOCHEMISTRY REPORT

Liver Function Test (LFT)

BILIRUBIN TOTAL Method : Photometric	0.3	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT * Method : Diazo Reaction	0.2	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT * Method : Calculation (T Bil - D Bil)	0.1	mg/dL	0.1 - 1.0
SGOT/AST Method : IFCC without P5P	14	U/L	5 - 34
SGPT/ALT Method : IFCC without P5P	13	U/L	0 to 55
SGOT/SGPT Ratio *	1.08	-	-
ALKALINE PHOSPHATASE Method : IFCC	70	U/L	40 - 150
TOTAL PROTEIN Method : Biuret	7.2	g/dL	6.4 - 8.3
ALBUMIN Method : BCG	4.3	gm/dL	3.8 - 5.0
GLOBULIN * Method : Calculation (T.P - Albumin)	2.9	g/dL	2.3 - 3.5
ALBUMIN : GLOBULIN RATIO * Method : Calculation (Albumin/Globulin)	1.48	-	1.0 - 2.1
GAMMA GLUTAMYL TRANSFERASE (GGT) * Method : Photometric	21	U/L	9 - 36

Interpretation:

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests. Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST), SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utanyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may indicate: 1. bleeding 2. liver disorder 3. malnutrition 4. agammaglobulinemia High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins Low albumin levels may be caused by: 1. A poor diet (malnutrition). 2. Kidney disease. 3. Liver disease. High albumin levels may be caused by: Severe dehydration.

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BIOCHEMISTRY REPORT

Lipid Profile

TOTAL CHOLESTEROL Method : Enzymatic - Cholesterol Oxidase	148	mg/dL	Desirable : <200 Borderline : 200-239 High : >240
TRIGLYCERIDES Method : Colorimetric - Lip/Glycerol Kinase	64	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very high : >500
HDL CHOLESTEROL Method : Accelerator Selective Detergent	39	mg/dL	>40
NON HDL CHOLESTEROL * Method : Calculated	109	mg/dL	<130
LDL CHOLESTEROL * Method : Calculated	96.2	mg/dL	Optimal <100 Near optimal/above optimal 100-129 Borderline high 130-159 High 160-189 Very high >190
V.L.D.L CHOLESTEROL * Method : Calculated	12.8	mg/dL	< 30
CHOL/HDL Ratio * Method : Calculated	3.79	-	3.5 - 5.0
HDL/ LDL RATIO * Method : Calculated	0.41	-	Desirable : 0.5 - 3.0 Borderline : 3.1 - 6.0 High : > 6.0
LDL/HDL Ratio * Method : Calculated	2.47	-	

Interpretation:

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

National Lipid Association Recommendations (NLA-2014)	Total Cholesterol (mg/dL)	Triglyceride (mg/dL)	LDL Cholesterol (mg/dL)	Non HDL Cholesterol (mg/dL)
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

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Risk Stratification for ASCVD (Atherosclerotic Cardiovascular Disease) by Lipid Association of India.

Risk Category	A. CAD with > 1 feature of high risk group
Extreme risk group	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or = 50 mg/dl or poly vascular disease
Very High Risk	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >= 50 mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors

Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors

1. Age >=45 years in Males & >= 55 years in Females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by Lipid Association of India in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	<80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	>OR = 30	>OR = 60	> 30	> 60
Very High Risk	<50	<80	>OR = 50	>OR = 80
High Risk	<70	<100	>OR = 70	>OR = 100
Moderate Risk	<100	<130	>OR = 100	>OR = 130
Low Risk	<100	<130	>OR = 130*	>OR = 160

* After an adequate non-pharmacological intervention for at least 3 months.

References : Management of Dyslipidaemia for the Prevention of Stroke : Clinical practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology,2022,20,134-155.

(* Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.

Pallavi

Dr. Pallavi
 MBBS, MD (Pathology)
 Consultant Pathology



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Patient Name : Ms Anjali dixit
 DOB/Age/Gender : 37 Y/Female Bill Date : Nov 25, 2023, 02:23 PM
 Patient ID / UHID : 1_6304040/RCL5375598 Sample Collected : Nov 25, 2023, 10:00 PM
 Referred By : Dr. Sample Received : Nov 25, 2023, 05:02 PM
 Sample Type : Serum Report Date : Nov 25, 2023, 06:58 PM
 Barcode No : ZA509023 Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY REPORT

TSH 3rd Generation

THYROID STIMULATING HORMONE (Ultrasensitive) 1.76 μ IU/mL 0.35 - 4.94
 Method : CMIA

Interpretation:

Pregnancy	Reference ranges TSH
1 st Trimester	0.1 - 2.5
2 ed Trimester	0.2 - 3.0
3 rd Trimester	0.3 - 3.0

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothal- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-pituitary diseases.

Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen, androgen, antibiotics, steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

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Patient Name : **Ms Anjali dixit**
 DOB/Age/Gender : 37 Y/Female
 Patient ID / UHID : 1_6304040/RCL5375598
 Referred By : Dr.
 Sample Type : Serum
 Barcode No : ZA509023

Bill Date : Nov 25, 2023, 02:23 PM
 Sample Collected : Nov 25, 2023, 10:00 PM
 Sample Received : Nov 25, 2023, 05:02 PM
 Report Date : Nov 25, 2023, 06:05 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY REPORT

Total Protein

TOTAL PROTEIN	7.2	g/dL	6.4 - 8.3
Method : Biuret			

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Patient Name : Ms Anjali dixit
 DOB/Age/Gender : 37 Y/Female Bill Date : Nov 25, 2023, 02:23 PM
 Patient ID / UHID : 1_6304040/RCL5375598 Sample Collected : Nov 25, 2023, 10:00 PM
 Referred By : Dr. Sample Received : Nov 25, 2023, 05:02 PM
 Sample Type : Serum Report Date : Nov 25, 2023, 06:58 PM
 Barcode No : ZA509023 Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY REPORT

Total T3 (Triiodothyronine)

TRIIODOTHYRONINE (T3) 99.7 ng/dL 35 - 193
 Method : CMIA

Interpretation:

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalamic-pituitary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

BIOCHEMISTRY REPORT

Total T4 (Thyroxine)

TOTAL THYROXINE (T4) 8.9 µg/dL 4.87 - 11.2
 Method : CMIA

Interpretation:

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalamic-pituitary diseases.

Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

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Pallavi

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 Consultant Pathology



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Patient Name : **Ms Anjali dixit**
 DOB/Age/Gender : 37 Y/Female
 Patient ID / UHID : 1_6304040/RCL5375598
 Referred By : Dr.
 Sample Type : Spot Urine
 Barcode No : CI958917

Bill Date : Nov 25, 2023, 02:23 PM
 Sample Collected : Nov 25, 2023, 10:00 PM
 Sample Received : Nov 25, 2023, 05:02 PM
 Report Date : Nov 25, 2023, 05:46 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY REPORT
Urine Routine and Microscopic Examination

PHYSICAL EXAMINATION *

Volume *	20	ml	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent

CHEMICAL EXAMINATION *

Reaction (pH) Method : Double Indicator	6	-	4.5 - 8.0
Specific Gravity Method : Ion Exchange	1.025	-	1.010 - 1.030
Urine Glucose (sugar) Method : Oxidase / Peroxidase	Negative	-	Negative
Urine Protein (Albumin) Method : Acid / Base Colour Exchange	Positive(+)	-	Negative
Urine Ketones (Acetone) Method : Legal's Test	Negative	-	Negative
Blood Method : Peroxidase Hemoglobin	Positive(++)	-	Negative
Leucocyte esterase Method : Enzymatic Reaction	Negative	-	Negative
Bilirubin Urine Method : Coupling Reaction	Negative	-	Negative
Nitrite Method : Griess Test	Negative	-	Negative
Urobilinogen Method : Ehrlich's Test	Normal	-	Normal

MICROSCOPIC EXAMINATION *

Pus Cells (WBCs) *	2-4	/hpf	0 - 5
Epithelial Cells *	2-4	/hpf	0 - 4
Red blood Cells *	6-8	/hpf	Absent
Crystals *	Absent	-	Absent
Cast *	Absent	-	Absent
Yeast Cells *	Absent	-	Absent
Amorphous deposits *	Absent	-	Absent
Bacteria *	Absent	-	Absent
Protozoa *	Absent	-	Absent

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Patient Name : Ms Anjali dixit
 DOB/Age/Gender : 37 Y/Female Bill Date : Nov 25, 2023, 02:23 PM
 Patient ID / UHID : 1_6304040/RCL5375598 Sample Collected : Nov 25, 2023, 10:00 PM
 Referred By : Dr. Sample Received : Nov 25, 2023, 05:02 PM
 Sample Type : URINE F Report Date : Nov 25, 2023, 05:53 PM
 Barcode No : CI958918 Report Status : Final Report

Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY REPORT

Urine Glucose Fasting

Urine Glucose (sugar)	Negative	-	Negative
Method : Oxidase / Peroxidase			

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1. The presented findings in the Reports are intended solely for informational and interpretational purposes by the referring physician or other qualified medical professionals possessing a comprehensive understanding of reporting units, reference ranges, and technological limitations. The laboratory shall not be held liable for any interpretation or misinterpretation of the results, nor for any consequential or incidental damages arising from such interpretation.
2. It is to be presumed that the tests performed pertain to the specimen/sample attributed to the Customer's name or identification. It is presumed that the verification particulars have been cleared out by the customer or his/her representation at the point of generation of said specimen / sample. It is hereby clarified that the reports furnished are restricted solely to the given specimen only.
3. It is to be noted that variations in results may occur between different laboratories and over time, even for the same parameter for the same Customer. The assays are performed and conducted in accordance with standard procedures, and the reported outcomes are contingent on the specific individual assay methods and equipment(s) used, as well as the quality of the received specimen.
4. This report shall not be deemed valid or admissible for any medico-legal purposes.
5. The Customers assume full responsibility for apprising the Company of any factors that may impact the test finding. These factors, among others, includes dietary intake, alcohol, or medication / drug(s) consumption, or fasting. This list of factors is only representative and not exhaustive.

Patient Name : Ms Anjali dixit
 DOB/Age/Gender : 37 Y/Female
 Patient ID / UHID : 1_6304041/RCL5375597
 Referred By : Dr.
 Sample Type : FLUORIDE PP
 Barcode No : ZA524515

Bill Date : Nov 25, 2023, 02:23 PM
 Sample Collected : Nov 25, 2023, 10:00 PM
 Sample Received : Nov 26, 2023, 04:56 PM
 Report Date : Nov 26, 2023, 05:34 PM
 Report Status : Final Report



Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY REPORT

Glucose Post Prandial (BSPP)

Glucose post prandial 105 mg/dL 70 - 140
 Method : (Fluoride Plasma-P,Hexokinase)

Interpretation:

Status	PP plasma glucose in mg/dL
Normal	<140
Impaired glucose tolerance	140 - 199
Diabetes	=>200

Reference : American Diabetes Association

Comment :

Blood glucose determinations in commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

Note

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 200 mg/dL with symptoms of diabetes mellitus.
- 2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.

Pallavi

Dr. Pallavi
 MBBS, MD (Pathology)
 Consultant Pathology



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Ms. Anjali Piyush Dixit

Wakad Wakad Pune Maharashtra India

Gendr/DOB (Age) : Female/25-Nov-1986(37Y 0M)

Medico ID : 23112501881877

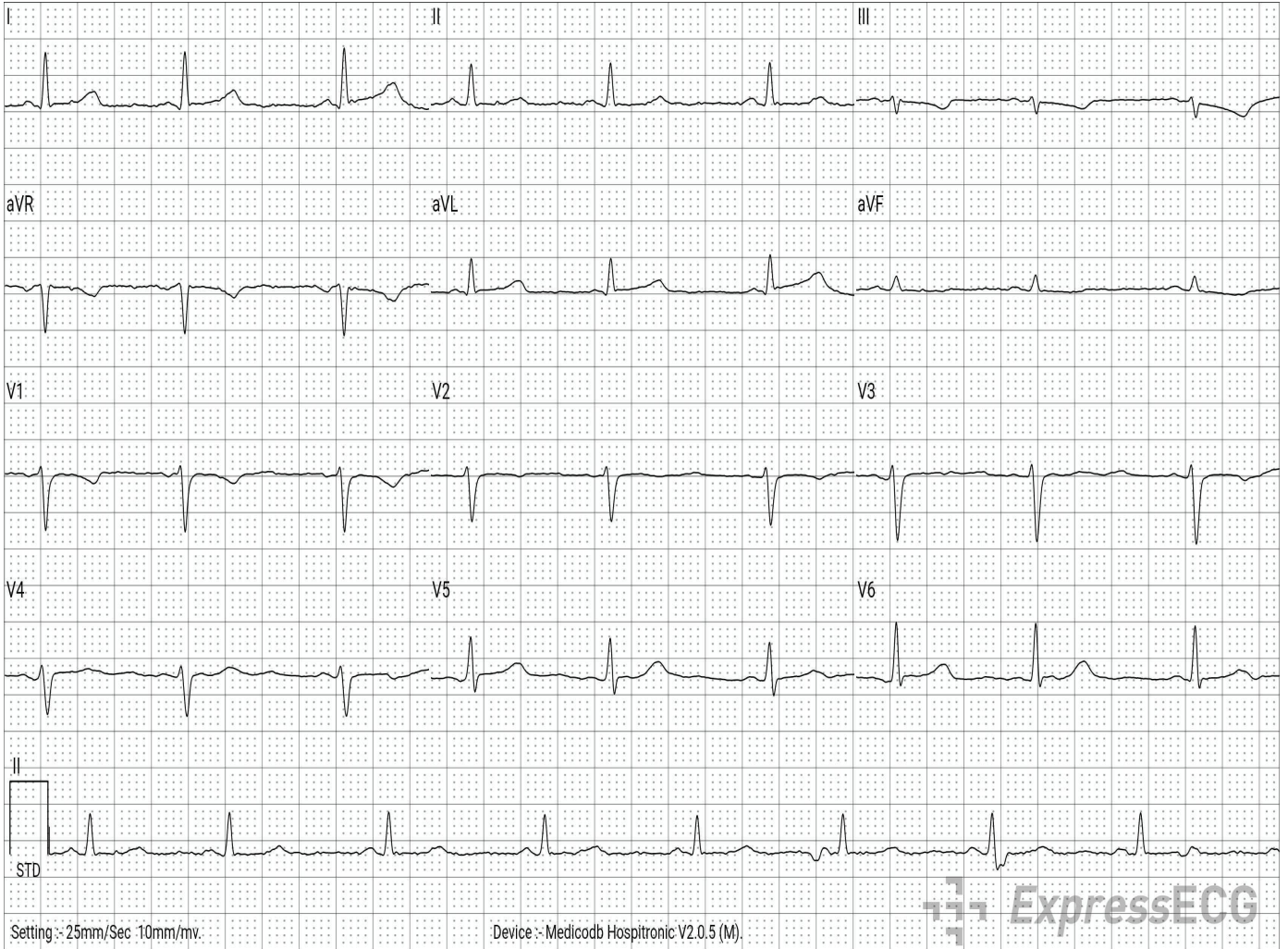
Referred By :

Date

: 25-Nov-2023 / 10:37 AM

History :

REPORT ON ECG



Express ECG

VITALS	:	TEMP	:	- (F)	PULSE RATE	:	- /MIN	RBS	:	- mg/dL
	:	HR	:	74 /MIN	BP	:	0 / 0 mmHg	SPO2	:	0.0 %

MEASUREMENTS*	:	PR	:	0.0 ms	QT	:	393.23 ms	P	:	0.0 deg
(ECG Parameters)	:	ST	:	0.13 ms	QTc	:	437.37 ms	QRs	:	16.47 deg
	:	R-R	:	808.33 ms	QRS	:	79.17 ms	T	:	0.0 deg

FINDINGS	:	NORMAL SINUS RHYTHM. NO SIGNIFICANT ST CHANGES NOTED
IMPRESSION	:	THIS ECG IS FOUND TO BE WITHIN NORMAL LIMITS.
RECOMMENDATION	:	CLINICAL CORRELATION

This is electronically authenticated report; hence doesn't require signature.

* Software calculated values; to be verified manually.

Printed By : M4 Diagnostics Center On 26-Nov-2023 / 04:03 PM
(Rs. 300.00/- Received for this ECG)

Dr. Darshan C. Shah

Reported By

Express Diagnostics HQ

(Dr. Darshan C Shah (M.D. Medicine)) Reg. No : G-87427



Patient ID No. : 132306359
Patient's Name : Anjali Dixit - 37 Year / Female
Ref. By : Dr.Self
SampleColl.Dt :
Report.Dt: 25/11/2023 10:39:57AM Print.Dt: 25/11/2023 12:06:17PM



Unit of P. P. Diagnostics Pvt. Ltd.

2D ECHO

2 DIMENSIONAL ECHOCARDIOGRAPHY:

1. All cardiac chambers are normal in dimensions
2. No LV regional wall motion abnormalities at rest
3. LVEF = 60 %
4. Good RV function
5. All cardiac valves structurally normal
6. IAS / IVS intact
7. No clots / vegetation/ pericardial effusion seen on TTE
8. Great arteries are normally related & appear normal
9. IVC is normal in size & collapsing well with respiration

DOPPLER STUDIES (CONTINUOUS WAVE, PULSED WAVE, COLOR DOPPLER):

1. No LV diastolic dysfunction
2. No AS/AR/MR, Trivial TR
3. PASP by TR jet= 22 mm Hg
4. No intracardiac or extracardiac shunt noted

DIMENSIONS (M-MODE) :

Left Atrium 30.0 mm Aortic Root 28.0 mm
IVS (d) 09.0 mm IVS (s) 14.0 mm
LVID (d) 40.0 mm LVID (s) 25.0 mm
LVPW(d) 09.0 mm LVPW(s) 14.0 mm

IMPRESSION:

Normal Cardiac Chamber Dimensions
Normal LV & RV Systolic Function (LVEF = 60 %)
No LV Diastolic Dysfunction
Normal Cardiac Valves
No Pulmonary Hypertension
IAS/IVS intact
No clot/vegetation/pericardial effusion

DR. RAJENDRA CHAVAN
DM (Cardiology), MD (MED)
CARDIOLOGIST

Print Date : 25/11/2023 12:06

*** (X-ray, ECG and Pathology Home visit services available) ***

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Warje
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Chowk, Warje. Pune-52
Ph. 020-6522-1100 / 20251651

Kothrud
Vasantika Apartment, Opp. Hero Showroom,
Paud Phata, Kothrud, Pune-38
Ph. 020-6523-1133



Patient ID No. : 132306359
Patient's Name : Anjali Dixit - 37 Year / Female
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SampleColl.Dt :
Report.Dt: 25/11/2023 10:39:57AM Print.Dt: 25/11/2023 12:06:17PM



Unit of P. P. Diagnostics Pvt. Ltd.

2D ECHO

--End Of Report--

Print Date : 25/11/2023 12:06

DR. RAJENDRA CHAVAN
DM (Cardiology), MD (MED)
CARDIOLOGIST

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Paud Phata, Kothrud, Pune-38
Ph. 020-6523-1133



Patient ID No. : 132306359
 Patient's Name : Anjali Dixit - 37 Year / Female
 Ref. By : Dr.Self
 SampleColl.Dt :
 Report.Dt: 25/11/2023 12:04:44PM Print.Dt: 25/11/2023 12:06:17PM



Unit of P. P. Diagnostics Pvt. Ltd.

USG ABDOMEN AND PELVIS

FINDINGS:-

Liver is normal in size (15.4cm), shape and **raised echopattern**. No evidence of focal lesion. Portal and hepatic venous confluence are normal. No IHBR dilatation seen.

Gall bladder is well distended and normal. No calculus or mass seen.
 CBD is normal in caliber.

Visualised pancreas is normal in size and echopattern. No focal lesion.
 Spleen is normal in size (11.3cm) with homogenous echopattern. No focal lesion.

Right kidney- 10.6 x 3.4 cm Left kidney - 10.2 x 3.9 cm
 Both kidneys are normal in size, shape, location and appear homogenous in echopattern. No evidence of calculus or hydronephrosis. Both ureters are not dilated.
A tiny simple cortical cyst measuring 4.8 x 3.6 mm is seen in interpolar region of left kidney.

Urinary bladder is well distended and shows normal wall thickness.
 No mass or calculus seen.

Uterus is normal in size, shape and echopattern. No focal lesion
 The endometrial echo is central with empty cavity.

Both ovaries are normal.No obvious adnexal mass noted

Aorta, IVC and retroperitoneum are normal.
 No free fluid or lymphadenopathy.
 There is no obvious bowel dilatation. No abnormal bowel wall thickening is seen .

IMPRESSION :-

- Grade I fatty liver.
- Tiny left simple renal cyst.

DR. CHARUDUTT DESAI
 MBBS, MD, DNB, Reg No. 2018/10/5279
 RADIOLOGIST

Print Date : 25/11/2023 12:06

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Patient ID No. : 132306359
Patient's Name : Anjali Dixit - 37 Year / Female
Ref. By : Dr.Self
SampleColl.Dt :
Report.Dt: 25/11/2023 12:04:44PM Print.Dt: 25/11/2023 12:06:17PM



Unit of P. P. Diagnostics Pvt. Ltd.

USG ABDOMEN AND PELVIS

--End Of Report--

Print Date : 25/11/2023 12:06

DR. CHARUDUTT DESAI
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Paud Phata, Kothrud, Pune-38
Ph. 020-6523-1133



Patient ID No. : 132306359
Patient's Name : Anjali Dixit - 37 Year / Female
Ref. By : Dr.Self
SampleColl.Dt :
Report.Dt: 25/11/2023 11:45:56AM Print.Dt: 25/11/2023 12:06:20PM



Unit of P. P. Diagnostics Pvt. Ltd.

RADIOGRAPH OF CHEST PA VIEW

FINDINGS:

Visualised lungs bilaterally reveal normal aeration pattern.
Both the costophrenic angles are clear.
The mediastinal silhouette is maintained.
Cardiac and aortic silhouettes appear normal.
Both the domes of diaphragm are normal in position and contour.
Thoracic wall soft tissues and bony cage are normal.

IMPRESSION:

-No significant abnormality detected.

--End Of Report--

DR. CHARUDUTT DESAI
MBBS, MD, DNB, Reg No. 2018/10/5279
RADIOLOGIST

Print Date : 25/11/2023 12:06

“Laboratory accredited as per ISO 15189: 2012 by NABL. Certificate No. MC-2442. Scope available on request.”

*** (X-ray, ECG and Pathology Home visit services available) ***

Sinhgad Road
Near Santosh Hall, Next to Axis Bank ATM,
Anand Nagar, Sinhgad Road. Pune-51
Ph. 020-6500-2233 / 2435-6666

Warje
Shop No. 6, Akshay Palace, Warje Flyover
Chowk, Warje. Pune-52
Ph. 020-6522-1100 / 20251651

Kothrud
Vasantika Apartment, Opp. Hero Showroom,
Paud Phata, Kothrud, Pune-38
Ph. 020-6523-1133