



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 09-JUL-2022 REP. DATE : 09-JUL-2022
NAME : MRS. SHINGADE RESHMA SADU
PATIENT CODE : 084643 AGE/SEX : 31 YR(S) / FEMALE
REFERRAL BY : HOSPITAL PATIENT

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. SAURABH PATIL
(MBBS, MD RADIOLOGY)
CONSULTANT RADIOLOGIST**



Dept. of Pathology
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Patient Name : Mrs. SHINGADE RESHMA SADU
Age/Sex : 31Yr(s)/Female

Lab No : 4103
Req.No : 4103

Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 09/07/2022 09:55 AM
Reporting Date & Time : 09/07/2022 04:40 PM
Print Date & Time : 09/07/2022 04:41 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

BSL-F & PP

Blood Sugar Level Fasting	: 89	MG/DL	60 - 110
Blood Sugar Level PP	: 105	MG/DL	70 - 140

END OF REPORT

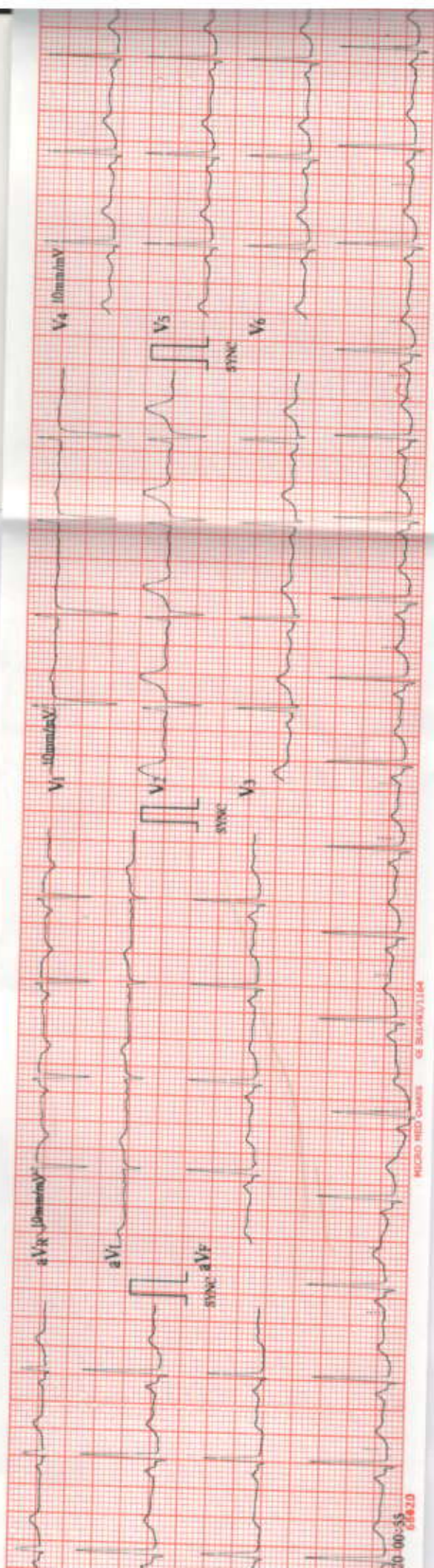
PR
Technician

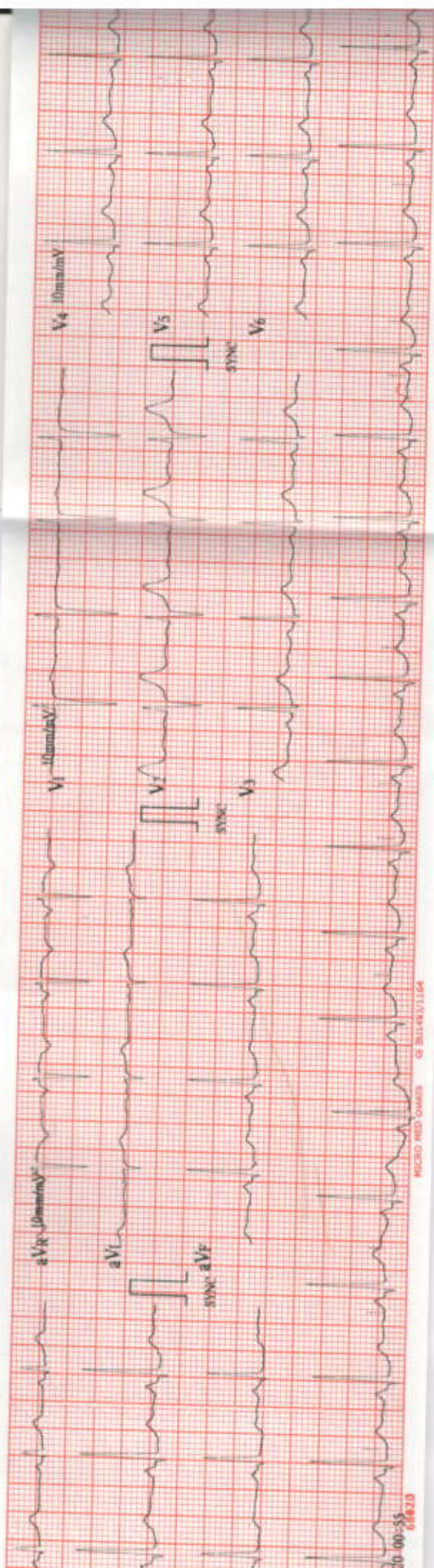
Report Type By :- PRITAM WAGHMARE

AS
Dr. AMRUT V. ASHTURKAR
MD (Pathology) (MMC-2003/04/1751)

Pathologist

For Free Home Collection Call : 9545200011





10-00-55
68423

MICRO REED OMARIS GE 321493/1164

Tabular Summary

SHINGADE, RESHMA
 Patient ID 39482
 09.07.2022 Female
 13:35:20 31yrs
 Meds:

BRUCE: Total Exercise Time 06:27
 Max HR: 181 bpm 95% of max predicted 189 bpm HR at rest: 89
 Max BP: 150/90 mmHg BP at rest: 120/75 Max RPP: 25060 mmHg*bpm

Maximum Workload: 5.50 METS
 Max ST: -0.17 mV; 0:00 mV/s in II; EXERCISE: STAGE 2 03:30
 Arrhythmia: A:277, PSVC:1
 ST/HR index: 1.23 μ V/bpm

Reasons for Termination: Dyspnica

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: Depression upslloping. Overall impression: Normal stress test.

Conclusion: GOOD EFFORT TOLERANCE

ACHIEVED 95% THR ON RX.

NORMAL BP RESPONSE

NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

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

Test Reason: Screening for CAD
 Medical History: NO HISTORY.
 Ref. MD: Ordering MD:
 Technician: RUPALI Test Type: Treadmill Stress Test
 Comment:

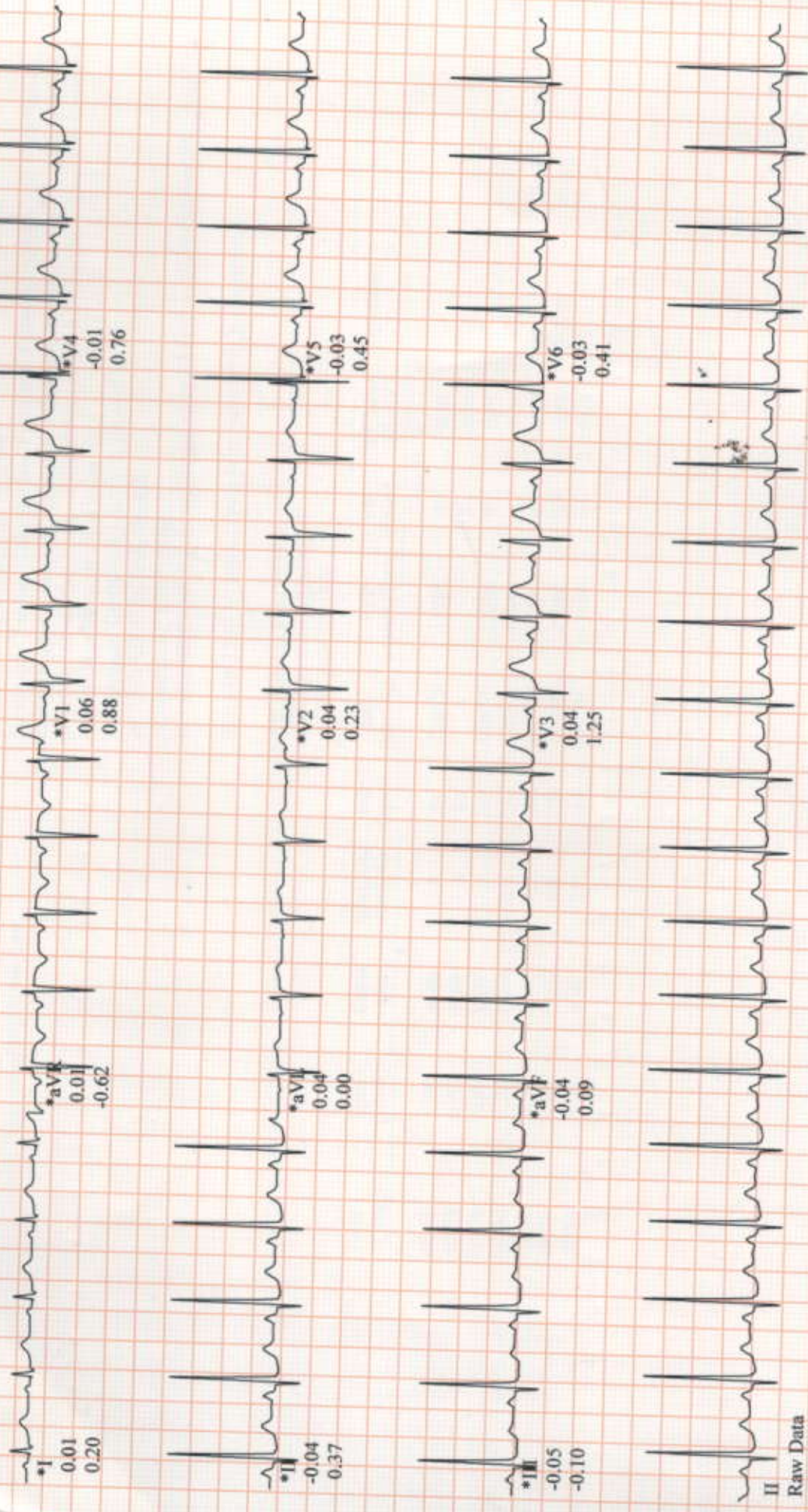
Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (II mV)	Comment
PRETEST	SUPINE	00:15	0.00	0.00	1.0	94	120/75	11280	0	0.01	
	STANDING	00:20	0.00	0.00	1.0	86			0	0.01	
	HYPERV.	02:46	0.80	0.00	1.3	102	120/75	12240	0	-0.01	
EXERCISE	STAGE 1	03:00	1.70	10.00	3.2	157	120/75	18840	0	-0.10	
	STAGE 2	03:00	2.50	12.00	4.7	173	130/88	22490	0	-0.11	
	STAGE 3	00:28	3.40	14.00	5.5	179	140/90	25060	0	-0.11	
RECOVERY		02:53	0.00	0.00	1.0	114	150/90	17100	0	-0.04	

BRUCE
0.0 km/h
0.0 %

RECOVERY
#1
02:50

115 bpm
150/90 mmHg

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



II
Raw Data

*Computer Synthesized Rhythms



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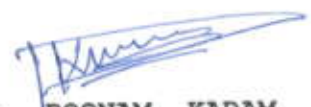
PRN : 084643
Patient Name : Mrs. SHINGADE RESHMA SADU
Age/Sex : 31Yr(s)/Female
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 4103
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Collection Date & Time : 09/07/2022 09:55 AM
Reporting Date & Time : 09/07/2022 01:45 PM
Print Date & Time : 09/07/2022 01:50 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
HAEMATOLOGY			
HAEMOGRAM			
HAEMOGLOBIN (Hb)	: 11.6	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 39.8	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 5.52	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 72.1	cu micron	76 - 96
M.C.H.	: 21.0	pg	27 - 32
M.C.H.C	: 29.1	picograms	32 - 36
RDW-CV	: 15.6	%	11 - 16
WBC TOTAL COUNT	: 8060	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 536000	cumm	150000 - 450000
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	: 66	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 5319.60	µL	2000 - 7000
LYMPHOCYTES	: 26	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2095.60	µL	1000 - 3000
EOSINOPHILS	: 02	%	01 - 04
ABSOLUTE EOSINOPHILS	: 161.20	µL	20 - 500
MONOCYTES	: 06	%	02 - 08
ABSOLUTE MONOCYTES	: 483.60	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100


Technician


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



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RBC MORPHOLOGY	: Normocytic Normochromic, Hypochromia -mild		
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 : 06 mm/hr
Westergren Method

Male : 0 - 15
Female : 0 - 20

END OF REPORT




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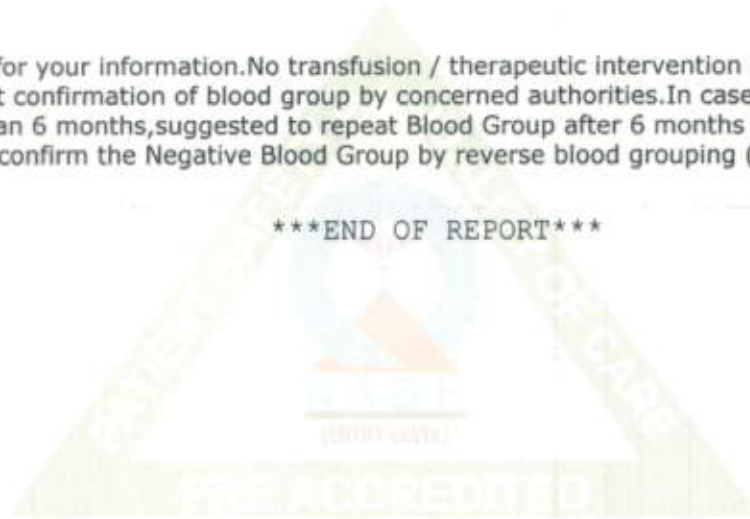
HAEMATOLOGY

BLOOD GROUP


BLOOD GROUP : "B"
RH FACTOR : POSITIVE

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




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Print Date & Time : 09/07/2022 01:51 PM

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BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HBA1C	: 5.30	%	Normal Control : : 4.2 - 6.2 Good Control : : 5.5 - 6.7 Fair Control : : 6.8 - 7.6 Poor Control : : >7.6
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Instrument: COBAS C 111

The HbA1C determination is based on turbidimetric inhibition immunoassay (TNIA) for hemolysed whole blood on Cobas c111 system.

NOTE :

1. The HbA1C test shows your average blood sugar for last 3 months.
2. The HbA1C test does not replace your day-to-day monitoring of blood glucose.
Use this test result along with your daily test results to measure your overall diabetes control.

How does HbA1C works ?

The HbA1C test measures the amount of **sugar that attaches to protein** in your red blood cells. RBCs live for about 3 months, so this test shows your average blood sugar levels during that time. Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.

Why is this test so important ?

Research studies demonstrated that **the closer to normal your HbA1C level was, the less likely your risk of developing the long- term complications of diabetes.** Such problems include eye disease and kidney problems.

Who should have the HbA1c test done ?


Everyone with diabetes can benefit from taking this test. Knowing your HbA1C level helps you and your doctor decide if you need to change your diabetes management plan.

How often should you have a HbA1C test ?

You should have this test done when you are first diagnosed with diabetes. Then at least twice a year if your treatment goals are being met & blood glucose control is stable. More frequent HbA1C testing (4 times / year) is recommended if your blood glucose management goals.

END OF REPORT


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BIOCHEMISTRY

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum)	: 22	MG/DL	0 - 45
UREA NITROGEN (serum)	: 10.27	MG/DL	7 - 21
CREATININE (serum)	: 0.6	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 2.4	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

SERUM ELECTROLYTES

SERUM SODIUM	: 140	mEq/L	136 - 149
SERUM POTASSIUM	: 4.5	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 102	mEq/L	98 - 107

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BIOCHEMISTRY

LFT (Liver function Test)

BILIRUBIN TOTAL (serum)	: 0.3	MG/DL	INFANTS : 1.2 - 12.0 ADULT : : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.1	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.20	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 28	IU/L	5 - 40
S.G.P.T (serum)	: 20	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 87	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : : 67 - 382 ADULT : : 36 - 113
PROTEINS TOTAL (serum)	: 7.5	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.3	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 3.20	GM/DL	1.8 - 3.6
A/G RATIO	: 1.34		1:2 - 2:1

END OF REPORT


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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 176	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 122	MG/DL	0 - 150
HDL (serum)	: 46	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 116	MG/DL	0 - 130
VLDL (serum)	: 24.40	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 3.83		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	: 2.52		Male : <= 3.6 Female : <=3.2

NCEP Guidelines

	Desirable	Borderline	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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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 20 ML
COLOUR : PALE YELLOW
APPEARANCE : SLIGHTLY HAZY
REACTION : ACIDIC
SPECIFIC GRAVITY : 1.025

CHEMICAL EXAMINATION


PROTEIN : ABSENT
SUGAR : ABSENT
KETONES : ABSENT
BILE SALTS : ABSENT
BILE PIGMENTS : ABSENT
UROBILINOGEN : NORMAL

MICROSCOPIC EXAMINATION

PUS CELLS : 2-3 /hpf
RBC CELLS : ABSENT / hpf
EPITHELIAL CELLS : 3-4 /hpf
CASTS : ABSENT /hpf
CRYSTALS : ABSENT
OTHER FINDINGS : ABSENT
BACTERIA : PRESENT

END OF REPORT


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ENDOCRINOLOGY

TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.38	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 8.68	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 2.03	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 thyroid stimulating 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 to 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	

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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.

Fibro-glandular tissue appear normal.
Skin and subcutaneous tissue appear normal.
Nipple appear normal.
No e/o axillary lymphadenopathy.

IMPRESSION :

No sonologically demonstrable focal breast lesion.

- Kindly correlate clinically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST



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AiMS[®]
Hospital & Research Center
Caring Redefined

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USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size (13.9 cm), shape & echotexture. No focal lesion / IHBR dilatation.

CBD / PV : Normal.

G.B. : Moderately distended, normal.

Spleen : Is normal in size (9.9 cm), shape & echotexture. No focal lesion.

Pancreas : Normal in size, shape & echotexture.

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

Right kidney measures: 9.9 x 3.8 cm. Left kidney measures : 10.9 x 4.5 cm.

Urinary bladder : Moderately distended, normal.

Uterus : Anteverted, normal in size (6.3 x 3.1 x 4.8 cms), shape, echotexture. No fibroid. Endometrium show normal appearance. ET = 8.6 mm.

Left ovary : show normal features. Adnexa clear.

Right ovary : 5.8 x 3.8 cm.

Left ovary : 3.4 x 1.9 cm.

Simple cyst measuring 4.3 x 2.9cms sized is noted in the right ovary. Right ovary appears mildly bulky.

No obvious demonstrable small bowel / RIF pathology.

Normal Aorta, IVC, adrenals and other retroperitoneal structures.

No ascites / lymphadenopathy / pleural effusion.

IMPRESSION :

Bulky right ovary with simple cyst within.

- Kindly co-relate clinically.


Dr. PIYUSH YEOLE

(MBBS, DMRE)

CONSULTANT RADIOLOGIST



2D ECHO / COLOUR DOPPLER

NAME : MRS. SHINGADE RESHMA
REF BY : DR. HOSPITAL PATIENT

31yrs/F

OPD
9-Jul-22

M - Mode values

Doppler Values

AORTIC ROOT (mm)	18	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	26	PG (mmHg)	
RV (mm)		AORTIC VEL (m/sec)	1.2
LVID - D (mm)	35	PG (mmHg)	6
LVID - S (mm)	19	MITRAL E VEL (m/sec)	0.9
IVS - D (mm)	9	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
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. RAJDATT DEORE.
MD, DM-CARDIOLOGIST
MMC 2005/03/1520