



बैंक ऑफ बरोडा
Bank of Baroda

नाम

Name MS. VANDANA SANTOSH DHOTRE

कार्यवाही क्र. क.

E. C. No. 952222

Vandana

संश्लेषित कार्यवाही
Issuing Authority



Vandana

धारक के हस्ताक्षर
Signature of Holder



Mrs. Vandana Dhote .

40/F

menstrual cycle - WNL .

P₂L₂ - LSCS both .

Height - 160 cm

Weight - 65 kg

BMI - 25.4 kg/m²

13yr - milk } LSCS .
6yr - feeds }

- ~~140~~ 140 HTN on R .

Telmet - 40 .

B.P. 140/80
P. 65/min

- clo guidelines .

Ech - } WNL
renal } WNL

Adv

- Blood Imagesⁿ

- CXR .

Adv

Salt restricted diet

ENT refⁿ

Hb ↓ .

Adv - S. fennithin
1cm³
Iron steel - vit B₁₂

Stool OB

work up Hb

pt fit and present her



HELPLINE

022 - 2588 2531

S-1, Vedant Complex,
Vartak Nagar, Thane (W) 400 606

www.siddhivinayakhospitals.org





Sonography + Colour Doppler + 3D / 4D USG	
Name - Mrs. Vandana Dhotre	Age - 40 Y/F
Ref by Dr.- Siddhivinayak Hospital	Date - 12/08/2023

USG ABDOMEN & PELVIS

Clinical details:- Routine

The Liver is normal in size and shows normal echogenicity.. There is no IHBR dilatation seen in both the lobes of the liver. a well defined hypoechoic lesion measuring 6.3. x 4.0cm noted in right lobe likely hemangioma.

The CBD and the Portal vein appear normal.

The Gall bladder is well distended & appears normal. No calculi or filling defects are seen. No evidence of Pericholecystic collection. The wall thickness is normal.

Right Kidney measures 10.0 x 4.2cm & appears normal in shape and position. There is no evidence of hydronephrosis or any calculi seen. Cortico-medullary differentiation is maintained.

Left Kidney measures 10.3 x 4.7cm & appears normal in shape and position. There is no evidence of hydronephrosis or any calculi seen. Cortico-medullary differentiation is maintained.

The Pancreas is normal in size & shows homogenous echopattern. It shows no focal lesion.

The Spleen is normal in size (9.8 cm) with homogenous echotexture.

The urinary bladder is adequately distended and appears normal. There is no evidence of any obvious calculi or any mass lesion seen. Both Uretero-vesical junctions appear clear. No abnormal intraluminal lesion noted.

The Uterus is anteverted & measures approximately 7.8 x 4.8 x 4.6 cms with normal homogenous echotexture. The uterine outline is smooth and normal. No abnormal focal lesion noted. Endometrial thickness is normal.

Both ovaries are normal in size and echotexture.

Bilateral adnexae appear normal. No focal lesion noted.

No free fluid or obvious lymphadenopathy is seen in abdomen and pelvis.

IMPRESSION:

- Hepatic lesion likely hemangioma.

Adv.: Clinical and lab correlation.

DR. MOHAMMAD SOHAIB

MBBS; DMRE

CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis. Second opinion is always advisable.





Name - Mrs. Vandana Dhotre Doppler	Age 40Y/F
Ref by Dr.- Siddhivinayak Hospital	Date - 12/08/2023

USG - BOTH BREAST

Real time sonography of both breasts was performed with high frequency probe.

Both breast show normal, medium level, homogeneous echotexture. No evidence of any solid or cystic focal mass lesion.

No evidence of calcification noted.

The pectorallis major muscles appear normal.

No evidence of axillary lymphadenopathy seen.

IMPRESSION:

- No significant abnormality is noted.

Thanks for the referral.....

DR. MOHAMMAD SOHAIB
MBBS; DMRE
CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis.





Name - Mrs. Vandana Dhotre	Age 40 Y/F
Ref by Dr.- Siddhivinayak Hospital	Date - 12/08/2023

X- Ray chest (PA VIEW)

No obvious active parenchymal lesion seen in both lungs.

Cardiac and aortic shadows appear normal

No evidence of pleural of effusion is seen.

Both domes of diaphragm appear normal.

No obvious bony lesion is seen.

IMPRESSION:

- No significant abnormality seen.

Adv.: Clinical and lab correlation.

DR. MOHAMMAD SOHAIB
MBBS; DMRE
CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis.





ECHOCARDIOGRAM

NAME	MRS. VANDANA DHOTRE
AGE/SEX	40 YRS/F
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DOCTOR	DR. ANANT MUNDE (CARDIOLOGIST)
DATE OF EXAMINATION	12/08/2023

2D/M-MODE ECHOCARDIOGRAPHY

VALVES: MITRAL VALVE: <ul style="list-style-type: none"> • AML: Normal • PML: Normal • Sub-valvular deformity: Absent AORTIC VALVE: Normal <ul style="list-style-type: none"> • No. of cusps: 3 PULMONARY VALVE: Normal TRICUSPID VALVE: Normal	CHAMBERS: LEFT ATRIUM: Normal LEFT VENTRICLE: Normal <ul style="list-style-type: none"> • RWMA: No • Contraction: Normal RIGHT ATRIUM: Normal RIGHT VENTRICLE: Normal <ul style="list-style-type: none"> • RWMA: No • Contraction: Normal
GREAT VESSELS: <ul style="list-style-type: none"> • AORTA: Normal • PULMONARY ARTERY: Normal 	SEPTAE: <ul style="list-style-type: none"> • IAS: Intact • IVS: Intact
CORONARIES: Proximal coronaries normal CORONARY SINUS: Normal PULMONARY VEINS: Normal	VENACAVAE: <ul style="list-style-type: none"> • SVC: Normal • IVC: Normal and collapsing >20% with respiration PERICARDIUM: Normal

MEASUREMENTS:

PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	20 mm	Left atrium	31 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	46.2 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	29.7 mm	RVEF	%
Ascending aorta	mm	IVSd	8.8 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	8.8 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	65 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	13.7 mm



COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MRS. VANDANA DIHOTRE
AGE/SEX	40 YRS/F
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DOCTOR	DR. ANANT MUNDE (CARDIOLOGIST)
DATE OF EXAMINATION	12/08/2023

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			1.5	1.11
PPG (mmHg)				
MPG (mmHg)				
VALVE AREA (cm ²)				
PR END DIASTOLIC VELOCITY (m/s)				
ACCELERATION/ DECELERATION TIME (ms)				
PHI (ms)				
VENA CONTRACTA (mm)				
REGURGITATION		TRJV= m/s PASP= mmHg		
E/A	1.58			
E/E'	8.2			

FINAL IMPRESSION: NORMAL STUDY

- No RWMA
- Normal LV systolic function (LVEF: 65 %)
- Good RV systolic function
- Normal diastolic function
- All cardiac valves are normal
- All cardiac chambers are normal
- IAS/IVS intact
- No pericardial effusion/ clot/vegetations

ADVICE: Nil

ECHOCARDIOGRAPHER:

Dr. ANANT MUNDE

INTERVENTIONAL CARDIOLOGIST

Dr. Anant Ramkishanrao Munde
MBBS, DNB, DM (Cardiology)
Reg. No. 2005021228

OPHTHAL CHECK UP SCREENING

NAME OF EMPLOYEE VANDANA DHOTRE

AGE 40 DATE - 05.08.2023

Specs : Without Glasses

	RT Eye	Lt Eye
NEAR	N/12	N/12
DISTANT	6/6	6/6
Color Blind Test	NORMAL	



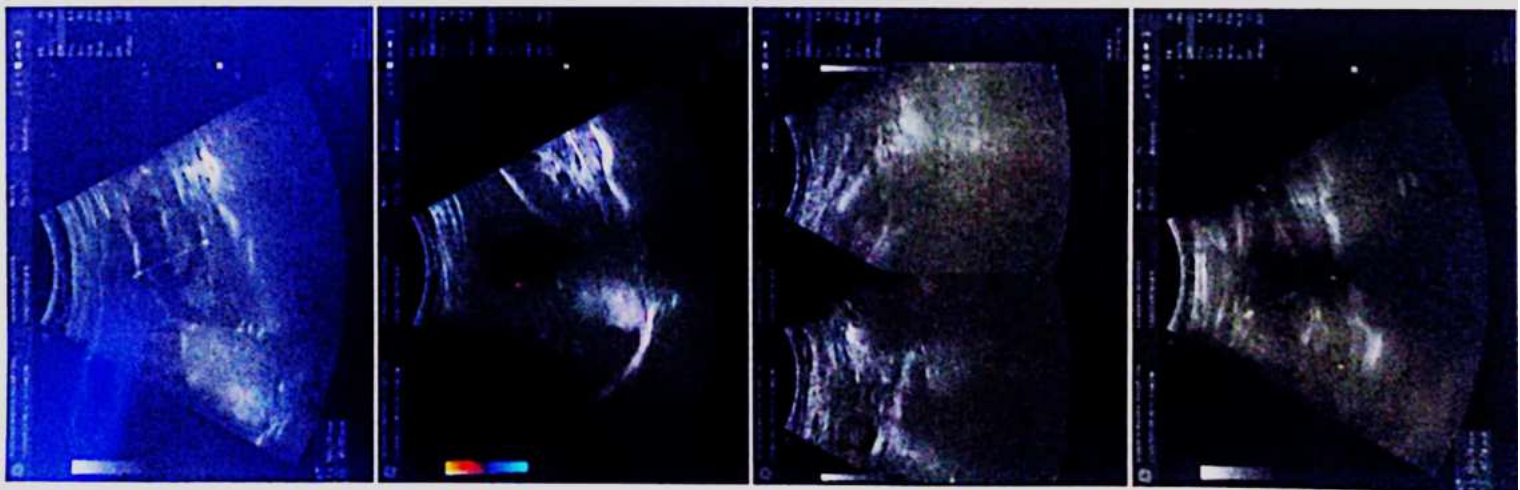
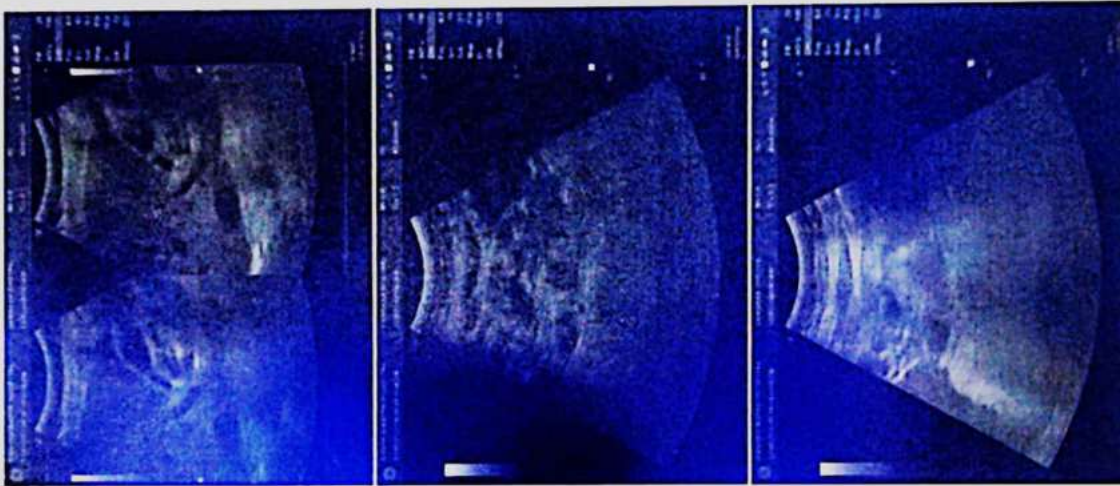
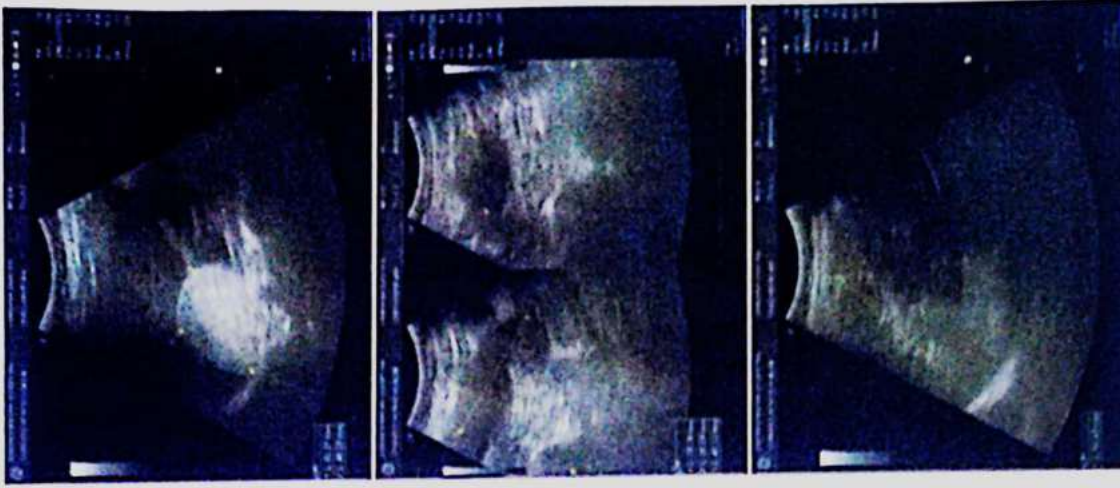
SIDDHIVINAYAK HOSPITALS



S-1, Vedant Complex, Vartak Nagar, Thane (W) 400 606

E : ohs.svh@gmail.com W : www.siddhivinayakhospitals.org T. : 022 - 2588 3531 M. : 9769545533





ID: 15/2

Male, Years
Req. No. :

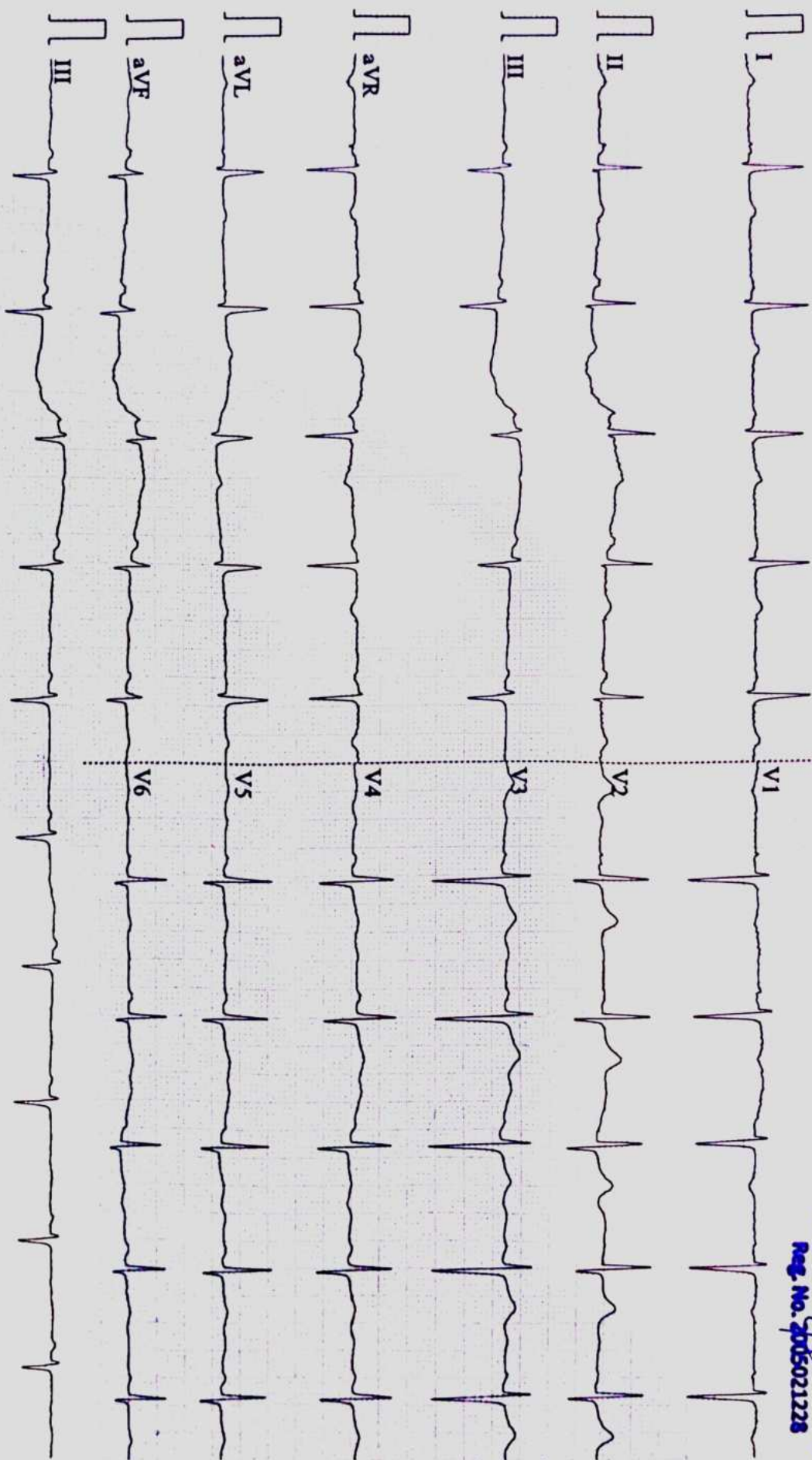
HR	: 63	bpm
P	: 102	ms
PR	: 155	ms
QRS	: 90	ms
QT/QTcBz	: 457/470	ms
P/QRS/T	: 59/-3/18	°
RV5/SV1	: 0.833/1.143	mV

Diagnosis Information:
Sinus Rhythm
Low T Wave(V5,V6)
Prolonged QT Interval

*NSR -
No Significant ST Changes
Adv - No active intervention
required right now.*

Report Confirmed by:

Dr. Anant Ramkishanrao Munde
MBBS, DNB, DM (Cardiology)
Reg. No. 2005021228





MC-4661

Name : Mrs. VANDANA DHOTRE Collected On : 12-Aug-2023 12:07 PM
Lab ID. : 163106 Received On : 12-Aug-2023 12:17 PM
Age/Sex : 40 Years /Female Reported On : 12-Aug-2023 8:11 PM
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : INTERIM

***LIPID PROFILE**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)	150	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)	37.5	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease : >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	141.3	mg/dL	Desirable level : <161 mg/dl. High : >= 161 - 199 mg/dl. Borderline High : 200 - 499 mg/dl. Very high : >499mg/dl.
VLDL CHOLESTEROL (CALCULATED VALUE)	28	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	84	mg/dL	Optimal: <100 mg/dl. Near Optimal: 100 - 129 mg/dl. Borderline High: 130 - 159 mg/dl. High : 160 - 189mg/dl. Very high : >= 190 mg/dl.
LDL CHOL/HDL RATIO (CALCULATED VALUE)	2.24		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	4.00		<5.0

Above reference ranges are as per ADULT TREATMENT PANEL III recommendation by NCEP (May 2015).

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By
Prasad_A

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist





MC-4661

Name : Mrs. VANDANA DHOTRE Collected On : 12-Aug-2023 12:07 PM
Lab ID. : 163106 Received On : 12-Aug-2023 12:17 PM
Age/Sex : 40 Years /Female Reported On : 12-Aug-2023 8:11 PM
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : INTERIM

**COMPLETE BLOOD COUNT**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	10.6	gm/dl	12.0 - 15.0
HEMATOCRIT (PCV)	31.8	%	36 - 46
RBC COUNT	4.05	x10 ⁶ /uL	4.5 - 5.5
MCV	79	fl	80 - 96
MCH	26.2	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	13.2	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	7030	/cumm	4000 - 11000
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS	63	%	40 - 80
LYMPHOCYTES	30	%	20 - 40
EOSINOPHILS	02	%	0 - 6
MONOCYTES	05	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	259000	/cumm	150000 - 450000
MPV	12.1	fl	6.5 - 11.5
PDW	15.8	%	9.0 - 17.0
PCT	0.310	%	0.200 - 0.500
RBC MORPHOLOGY	Normocytic Normochromic		
WBC MORPHOLOGY	Normal		
PLATELETS ON SMEAR	Adequate		

Method : EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method).Rest are calculated parameters.

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By
Prasad_A

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist

Page 2 of 13



Name : Mrs. VANDANA DHOTRE Collected On : 12-Aug-2023 12:07 PM
Lab ID. : 163106 Received On : 12-Aug-2023 12:17 PM
Age/Sex : 40 Years /Female Reported On : 12-Aug-2023 8:11 PM
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : INTERIM



HEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
ESR			
ESR	30	mm/1hr.	0 - 20

METHOD - WESTERGREN

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By
Prasad_A

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist





MC-4661

Name : Mrs. VANDANA DHOTRE Collected On : 12-Aug-2023 12:07 PM
Lab ID. : 163106 Received On : 12-Aug-2023 12:17 PM
Age/Sex : 40 Years /Female Reported On : 12-Aug-2023 8:11 PM
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : INTERIM

**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>URINE ROUTINE EXAMINATION</u>			
<u>PHYSICAL EXAMINATION</u>			
VOLUME	10 ml		
COLOUR	Pale Yellow		
APPEARANCE	Clear		
<u>CHEMICAL EXAMINATION</u>			
REACTION (methyl red and Bromothymol blue indicator)	Acidic		Acidic
SP. GRAVITY (Bromothymol blue indicator)	1.020		1.005 - 1.022
PROTEIN (Protein error of PH indicator)	Absent		Absent
BLOOD (Peroxidase Method)	Absent		Absent
SUGAR (GOD/POD)	Absent		Absent
KETONES (Acetoacetic acid)	Absent		Absent
BILE SALT & PIGMENT (Diazonium Salt)	Absent		Absent
UROBILINOGEN (Red azodye)	Absent		Normal
LEUKOCYTES (pyrrole amino acid ester diazonium salt)	Absent		
NITRITE (Diazonium compound With tetrahydrobenzo quinolin 3-phenol)	Absent		
<u>MICROSCOPIC EXAMINATION</u>			
RED BLOOD CELLS	Absent		
PUS CELLS	1-3	/ HPF	0 - 5
EPITHELIAL	6-8	/ HPF	0 - 5

Checked By
Prasad_A

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist





MC-4661

Name : Mrs. VANDANA DHOTRE Collected On : 12-Aug-2023 12:07 PM
Lab ID. : 163106 Received On : 12-Aug-2023 12:17 PM
Age/Sex : 40 Years /Female Reported On : 12-Aug-2023 8:11 PM
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : INTERIM



URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
CASTS	Absent		
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		Absent
REMARK	Result relates to sample tested. Kindly correlate with clinical findings.		
	Result relates to sample tested, Kindly correlate with clinical findings.		
	----- END OF REPORT -----		

Checked By
Prasad_A

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist



Name	: Mrs. VANDANA DHOTRE	Collected On	: 12-Aug-2023 12:07 PM
Lab ID.	: 163106	Received On	: 12-Aug-2023 12:17 PM
Age/Sex	: 40 Years /Female	Reported On	: 12-Aug-2023 8:11 PM
Ref By	: SIDDHIVINAYAK HOSPITAL CGHS /ESIS	Report Status	: INTERIM



IMMUNO ASSAY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>TFT (THYROID FUNCTION TEST)</u>			
SPACE		Space	-
SPECIMEN	Serum		
T3	124.8	ng/dl	84.63 - 201.8
T4	7.94	µg/dl	5.13 - 14.06
TSH	3.20	µIU/ml	0.270 - 4.20
T3 (Triido Thyronine hormone)	T4 (Thyroxine)	TSH(Thyroid stimulating hormone)	
AGE	RANGE	AGE	RANGES
1-30 days	100-740	1-14 Days	11.8-22.6
1-11 months	105-245	1-2 weeks	9.9-16.6
1-5 yrs	105-269	1-4 months	7.2-14.4
6-10 yrs	94-241	4 -12 months	7.8-16.5
11-15 yrs	82-213	1-5 yrs	7.3-15.0
0.1-2.5			
15-20 yrs	80-210	5-10 yrs	6.4-13.3
0.20-3.0			
		11-15 yrs	5.6-11.7
0.30-3.0			

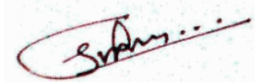
INTERPRETATION :

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By
Prasad_A



DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist



Name	: Mrs. VANDANA DHOTRE	Collected On	: 12-Aug-2023 12:07 PM
Lab ID.	: 163106	Received On	: 12-Aug-2023 12:17 PM
Age/Sex	: 40 Years /Female	Reported On	: 12-Aug-2023 8:11 PM
Ref By	: SIDDHIVINAYAK HOSPITAL CGHS /ESIS	Report Status	: INTERIM



RA FACTOR QUANTITATIVE

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
RA FACTOR QUANTITATIVE	0.1	Text	Upto 20
METHOD	Serum, Turbidimetric Immunoassay.		

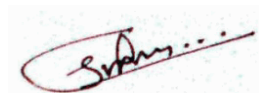
INTERPRETATION -

Elevated RF is found in collagen vascular diseases such as SLE, rheumatoid arthritis, scleroderma, Sjögren's Syndrome, and in other conditions such as leprosy, tuberculosis, syphilis, malignancy, thyroid disease and in a significant percentage of otherwise normal elderly patients.

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By
Prasad_A



DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist





MC-4661

Dr. Smita Ranveer's
Radiance
CLINICAL DIAGNOSTIC CENTRE
COMPLETE PATHOLOGICAL SOLUTION

Name : Mrs. VANDANA DHOTRE Collected On : 12-Aug-2023 12:07 PM
Lab ID. : 163106 Received On : 12-Aug-2023 12:17 PM
Age/Sex : 40 Years /Female Reported On : 12-Aug-2023 8:11 PM
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : INTERIM



HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>BLOOD GROUP</u>			
SPECIMEN	WHOLE BLOOD		
* ABO GROUP	'B'		
RH FACTOR	POSITIVE		
Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)			
Result relates to sample tested, Kindly correlate with clinical findings.			
----- END OF REPORT -----			

Checked By
Prasad_A

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist

Page 8 of 13





MC-4661

Dr. Smita Ranveer's
Radiance
CLINICAL DIAGNOSTIC CENTRE
COMPLETE PATHOLOGICAL SOLUTION

Name : Mrs. VANDANA DHOTRE Collected On : 12-Aug-2023 12:07 PM
Lab ID. : 163106 Received On : 12-Aug-2023 12:17 PM
Age/Sex : 40 Years /Female Reported On : 12-Aug-2023 8:11 PM
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : INTERIM

***BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD UREA (Urease UV GLDH Kinetic)	19.4	mg/dL	13 - 40
BLOOD UREA NITROGEN (Calculated)	9.07	mg/dL	5 - 20
S. CREATININE (Enzymatic)	0.63	mg/dL	0.6 - 1.4
S. URIC ACID (Uricase)	5.40	mg/dL	2.6 - 6.0
S. SODIUM (ISE Direct Method)	138.7	mEq/L	137 - 145
S. POTASSIUM (ISE Direct Method)	3.70	mEq/L	3.5 - 5.1
S. CHLORIDE (ISE Direct Method)	105.3	mEq/L	98 - 110
S. PHOSPHORUS (Ammonium Molybdate)	2.80	mg/dL	2.5 - 4.5
S. CALCIUM (Arsenazo III)	9.50	mg/dL	8.6 - 10.2
PROTEIN (Biuret)	6.67	g/dl	6.4 - 8.3
S. ALBUMIN (BGC)	3.56	g/dl	3.2 - 4.6
S.GLOBULIN (Calculated)	3.11	g/dl	1.9 - 3.5
A/G RATIO (Calculated)	1.14		0 - 2

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By
Prasad_A

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist

Page 9 of 13



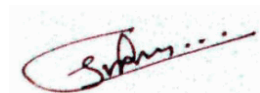
Name	: Mrs. VANDANA DHOTRE	Collected On	: 12-Aug-2023 12:07 PM
Lab ID.	: 163106	Received On	: 12-Aug-2023 12:17 PM
Age/Sex	: 40 Years /Female	Reported On	: 12-Aug-2023 8:11 PM
Ref By	: SIDDHIVINAYAK HOSPITAL CGHS /ESIS	Report Status	: INTERIM



Peripheral smear examination

TEST NAME	RESULTS
SPECIMEN RECEIVED	Whole Blood EDTA
RBC	Normocytic Normochromic
WBC	Total leucocyte count is normal on smear.
	Neutrophils:62 %
	Lymphocytes:31 %
	Monocytes:04 %
	Eosinophils:03 %
	Basophils:00 %
PLATELET	Adequate on smear.
HEMOPARASITE	No parasite seen.
Result relates to sample tested, Kindly correlate with clinical findings.	
----- END OF REPORT -----	

Checked By
Prasad_A



DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist





MC-4661

Name : Mrs. VANDANA DHOTRE Collected On : 12-Aug-2023 12:07 PM
Lab ID. : 163106 Received On : 12-Aug-2023 12:17 PM
Age/Sex : 40 Years /Female Reported On : 12-Aug-2023 8:11 PM
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : INTERIM

**LIVER FUNCTION TEST**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL BILLIRUBIN (Method-Diazo)	0.20	mg/dL	0.0 - 2.0
DIRECT BILLIRUBIN (Method-Diazo)	0.10	mg/dL	0.0 - 0.4
INDIRECT BILLIRUBIN Calculated	0.10	mg/dL	0 - 0.8
SGOT(AST) (UV without PSP)	11.9	U/L	0 - 37
SGPT(ALT) UV Kinetic Without PLP (P-L-P)	5.70	U/L	UP to 40
ALKALINE PHOSPHATASE (Method-ALP-AMP)	52.0	U/L	42 - 98
S. PROTIEN (Method-Biuret)	6.67	g/dl	6.4 - 8.3
S. ALBUMIN (Method-BCG)	3.56	g/dl	3.5 - 5.2
S. GLOBULIN Calculated	3.11	g/dl	1.90 - 3.50
A/G RATIO Calculated	1.14		0 - 2

METHOD - EM200 Fully Automatic

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By
Prasad_A

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist

Page 11 of 13





MC-4661

Dr. Smita Ranveer's
Radiance
CLINICAL DIAGNOSTIC CENTRE
COMPLETE PATHOLOGICAL SOLUTION

Name : Mrs. VANDANA DHOTRE Collected On : 12-Aug-2023 12:07 PM
Lab ID. : 163106 Received On : 12-Aug-2023 12:17 PM
Age/Sex : 40 Years /Female Reported On : 12-Aug-2023 8:11 PM
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : INTERIM

**BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>BLOOD GLUCOSE FASTING & PP</u>			
BLOOD GLUCOSE FASTING	103.7	mg/dL	70 - 110
BLOOD GLUCOSE PP	111.6	mg/dL	70 - 140
Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).			
1. Fasting is required (Except for water) for 8-10 hours before collection for fasting specimen. Last dinner should consist of bland diet.			
2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn			
INTERPRETATION			
- Normal glucose tolerance : 70-110 mg/dl			
- Impaired Fasting glucose (IFG) : 110-125 mg/dl			
- Diabetes mellitus : ≥ 126 mg/dl			
POSTPRANDIAL/POST GLUCOSE (75 grams)			
- Normal glucose tolerance : 70-139 mg/dl			
- Impaired glucose tolerance : 140-199 mg/dl			
- Diabetes mellitus : ≥ 200 mg/dl			
CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS			
- Fasting plasma glucose ≥ 126 mg/dl			
- Classical symptoms +Random plasma glucose ≥ 200 mg/dl			
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)			
- Glycosylated haemoglobin $> 6.5\%$			
***Any positive criteria should be tested on subsequent day with same or other criteria.			
<u>GLYCOCELATED HEMOGLOBIN (HBA1C)</u>			
HBA1C (GLYCOSALATED HAEMOGLOBIN)	5.10	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G.)	99.7	mg/dL	65.1 - 136.3
METHOD	Particle Enhanced Immunospectrometry		

Checked By
Prasad_A

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist

Page 12 of 13



Name : Mrs. VANDANA DHOTRE Collected On : 12-Aug-2023 12:07 PM
Lab ID. : 163106 Received On : 12-Aug-2023 12:17 PM
Age/Sex : 40 Years /Female Reported On : 12-Aug-2023 8:11 PM
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : INTERIM



BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
-----------	---------	------	-----------------

HbA1c : Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes. Average Blood Glucose (A.B.G) is calculated value from HbA1c : Glycosylated hemoglobin concentration in whole Blood. It indicates average blood sugar level over past three months.

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By
Prasad_A

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist

