

**Ahmedabad, Gujarat, India**

Bhawan Avenue, Mansarovar Rd, Ahbab

Nagar, Maninagar East, Khokhra,

Ahmedabad, Gujarat 380008, India

Lat 22.995073°

Long 72.613627°

08/01/22 09:02 AM



GPS Map Camera



ભારત સરકાર  
GOVERNMENT OF INDIA



પુષ્પાદેવી રણજીત રાજપૂત  
Pushpadevi Ranjit Rajput  
જન્મનું વર્ષ / Year of Birth : 1978  
સ્ત્રી / Female



3605 5442 8598

**આધાર – સામાન્ય માણસનો અધિકાર**



NAME: PUSHPADEVI R. RAJPUT  
REF BY: PRAMUKH HOSPITAL

F/45YRS  
DATE: 09/02/2022

**U.S.G. OF ABDOMEN PELVIS**

**Liver:** appears normal in size & shows normal echopattern. No focal lesion is seen. No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

**Gall bladder:** is moderately distended & appears normal. No calculus, sludge or mass is seen. Gall bladder wall thickness appears normal.

**Pancreas:** appears normal in size & echopattern. No focal lesion is seen.

**Spleen:** appears normal in size and shows normal echotexture. No focal lesion is seen. Splenic vein appears normal.

**Both Kidneys** appear normal in size, position and echopattern.  
C-M differentiation is well preserved on either side.  
No calculus or hydronephrosis on either side.  
Cortical thickness appears normal on both sides.  
No focal lesion is seen on either side.

**Urinary bladder** is moderately distended & appears normal. No calculus, internal echoes or mass is seen. Urinary bladder wall thickness appears normal.

**Uterus** shows approximately 32 x 25 mm sized well-defined heterogeneous mixed echogenic lesion arising from anterior myometrium suggest possibility of uterine fibroid.

**Both ovaries** appear normal.  
No adnexal mass is seen on either side.

Para-aortic region appears normal.  
No abdominal lymphadenopathy is seen.  
Bowel loops appear normal in caliber & show normal peristalsis.  
No abnormal dilatation of bowel loops or wall thickening is seen.  
No fluid collection or lump formation is seen in RIF.  
No ascites is seen.

**IMPRESSION:**

- Well-defined heterogeneous mixed echogenic lesion arising from anterior myometrium suggest possibility of uterine fibroid.

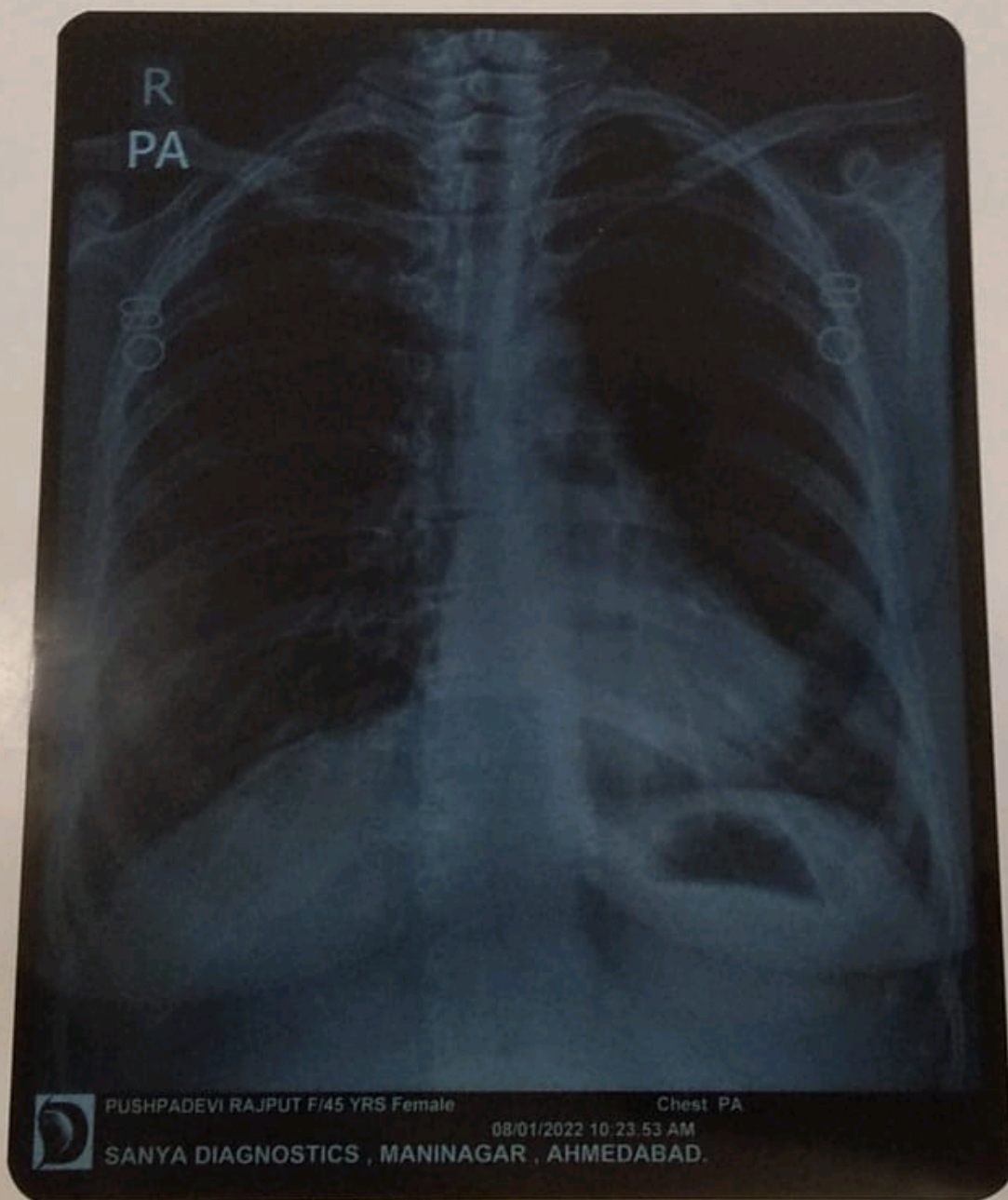
DR. SANDIP MEVADA  
M.D.

DR. ANIRUDDHSINH RAHEVAR  
DMRD DNB

DR. RUCHIT SHAH  
M.D.

DR. AMISHA PATEL  
M.D.

DR. PRANAY PATEL  
M.D.



R  
PA



PUSHPADEVI RAJPUT F/45 YRS Female

Chest PA

08/01/2022 10:23:53 AM

SANYA DIAGNOSTICS, MANINAGAR, AHMEDABAD.





**Sanya**  
DIAGNOSTICS

■ MRI ■ CT Scan ■ Sonography ■ Colour Doppler ■ Digital X-Ray ■ 2D - Echo ■ Mammography

NAME: PUSHPADEVI R. RAJPUT

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X RAY CHEST PA VIEW

Both lung fields under vision appears normal.

No evidence of koch's lesion or consolidation is seen.

Both CP angles are clear.

Cardiac size is within normal limits.

Bony thoracic cage and both domes of diaphragm appears normal.

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2nd Floor, Chauhan House, Opp. Havmor Restaurant, L.G. Corner, Maninagar, Ahmedabad - 380 008.

Ph.: 079-2546 2820 ■ E-mail: sahyogimaging@gmail.com ■ Website: www.sanyadiagnostics.com

(A Unit of Sahyog Imaging Centre)



Patient Name : Pushpadevi Rajput  
Sample No.. : 6382  
Referred : C/o. Bank Of Baroda

Age/Sex : 43 Years/Female  
Registration On:08/01/2022/12:38  
Approved On :08/01/2022 17:46

## Thyroid Functions

<u>Test</u>	<u>Result</u>	<u>Normal Range</u>
T3-Triodothyronine	: <b>1.28</b> ng/ml	0.6 - 1.80 ng/ml
T4-Thyroxine	: <b>8.7</b> mcg/dl	4.5 - 10.9 mcg/dl
TSH Thyroid Stimulating Hormone	: <b>2.66</b> microIU/ml	0.35 - 5.55 microIU/ml

Comments :

### **COMMENTS :**

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.

Low or undetectable TSH is suggestive of Grave~s disease

TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.

TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 ,FT4 is important.

FreeT3 is first hormone to increase in early Hyperthyroidism.

Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

During pregnancy clinically T3 T4 can be high and TSH can be slightly low



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**BLOOD SUGAR LEVEL**

Specimen : FLOURIDE

<b><u>Test</u></b>	<b><u>Result</u></b>	<b><u>Unit</u></b>	<b><u>Biological Ref. Interval</u></b>
<b>Fasting Blood Sugar:</b> (GOD-POD)	85.54	mg/dl	70-110
<b>Post Prandial Blood Glucose:</b> 101 (GOD-POD)		mg/dl	100 - 150

**PATHOLOGIST**  
**Dr.Satishkumar Patel**  
**M.D.,Patho**  
**Reg No :G-6486**





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**BLOOD GROUP**

<b><u>Test</u></b>	<b><u>Result</u></b>
BLOOD GROUP	: "O"
RH GROUP	: POSITIVE.

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## Lipid Profile

Specimen :SERUM

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
<b>S. Cholesterol:</b> (CHOD-POD)	<b>170.05</b>	<b>mg/dl</b>	<b>Normal :&lt; 200</b> <b>Borderline : 200 - 240</b> <b>High : &gt; 240</b>
<b>Serum Triglycerides:</b> (GPO-POD)	<b>87.95</b>	<b>mg/dl</b>	<b>Normal :Normal &lt; 150</b> <b>Borderline : 150 - 199</b> <b>High : &gt; 200</b>
<b>HDL Cholesterol:</b> (Direct-Cholesterol Esterase HSDA)	<b>43.97</b>	<b>mg/dl</b>	<b>40 - 60 mg/dl</b>
<b>Serum LDL Cholesterol:</b> (Calculated)	<b>108.49</b>	<b>mg/dl</b>	<b>Up to 150</b>
<b>Serum VLDL Cholesterol:</b> (Calculated)	<b>17.59</b>	<b>mg/dl</b>	<b>Up to 35</b>
<b>LDLC/HDLC Ratio:</b> (Calculated)	<b>2.47</b>	<b>mg/dl</b>	<b>Up to 3.4</b>
<b>Cholesterol/HDLC Ratio:</b> (Calculated)	<b>3.87</b>	<b>mg/dl</b>	<b>Up to 5.0</b>
<b>Total Lipid:</b> (Calculated)	<b>560.46</b>	<b>mg/dl</b>	<b>400 - 1000 mg/dl</b>

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## Glycosylated HB - (HBA1C)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
<b>HBA1C:</b> (Immunoturbidimetric)	5.1	%	Normal : $\leq 5.6$ Prediabetes : 5.7 - 6.4 Diabetes : $\geq 6.5$ <b>DIABETES CONTROL CRITERIA</b> 6 - 7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested
<b>Mean Blood Glucose:</b>	99.67	mg/dl	

### Criteria for the diagnosis of diabetes

- HbA1c  $\geq 6.5$  \*  
Or
- Fasting plasma glucose  $>126$  gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.  
Or
- Two hour plasma glucose  $\geq 200$ mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.  
Or.
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq 200$  mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

### Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population. 2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values. 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF ( $>10\%$ ) may result in lower HbA1c values than expected.

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## URINE EXAMINATION

### PHYSICAL :

Colour - **Pale Yellow**  
Deposits - **Absent**  
Transparency - **Clear**  
Reaction - **Acidic**  
Sp. Gravity - **1.005**

### CHEMICAL :

Albumin - **Absent**  
Sugar - **Absent**  
Bile Salts - **Absent**  
Bile Pigments - **Absent**

### MICROSCOPIC: ( After centrifugation at 2000 r.p.m. for 5 minutes )

Pus Cells - **0 - 1 /h.p.f.**  
Red Cells - **Not seen /h.p.f.**  
Epithelial Cells - **2 - 3 /h.p.f.**  
Casts - **Not seen/l.p.f.**  
Crystals - **Not seen**  
Amorphous - **Not seen**

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## LIVER FUNCTION TESTS

Specimen: SERUM

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
<b>S. Bilirubin (Total):</b> (Photometric DC Diazo)	0.45	mg/dl	up to 1.2
<b>S. Bilirubin (Direct):</b> (Photometric DC Diazo)	0.13	mg/dl	up to 0.2
<b>S. Bilirubin (Indirect):</b> (Calculated)	0.32	mg/dl	up to 1.0
<b>SGPT(ALT)</b> (UV Kinetic)	25.76	U/L	up to 42
<b>SGOT (AST)</b> (UV Kinetic)	25.78	U/L	up to 40
<b>GGT</b> (Optimized kinetic colortest IFCC)	19.14	U/L	09 - 36
<b>Total Proteins:</b> (Biuret)	6.04	g/dl	6.0 - 8.3
<b>Albumin</b> (BCG)	3.68	g/dl	3.5 - 5.2
<b>Globulins:</b> (Calculated)	<u>2.36</u>	g/dl	2.4 - 3.7
<b>AGRATIO:</b> (Calculated)	1.559		
<b>S.Alkaline Phosphatase:</b> (Colorimetric Optimized Kinetic IFCC)	117.79	U/L	40 - 129

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**RENAL FUNCTION**

Specimen :SERUM

<b><u>Test</u></b>	<b><u>Result</u></b>	<b><u>Unit</u></b>	<b><u>Biological Ref. Interval</u></b>
<b>Sr. Creatinine:</b> <small>(Modified Jaffe's)</small>	<b>0.57</b>	<b>mg/dl</b>	<b>0.5 - 1.1 mg/dl</b>
<b>Urea:</b> <small>(GLDH)</small>	<b>13.56</b>	<b>mg/dl</b>	<b>10 - 50 mg/dl</b>
<b>S. Uric Acid:</b> <small>(Uricase-POD)</small>	<b><u>2.02</u></b>	<b>mg/dl</b>	<b>2.4 - 6.2 mg/dl</b>
<b>Blood Urea Nitrogen:</b> <small>(Calculated)</small>	<b><u>6.34</u></b>	<b>mg/dl</b>	<b>08 - 23 mg/dl</b>
<b>Bun/Creat Ratio:</b> <small>(Calculated)</small>	<b>11.12</b>		

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## COMPLETE BLOOD COUNT

Sample :EDTA

Test		Result	Unit	Biological Ref. Interval
<b>BLOOD COUNT</b>				
Hemoglobin	colorimetric	<u>8.87</u>	g/dL	12 - 15
R.B.C Count	Electrical impedance	4.49	mill/cmm	3.8 - 4.8
W.B.C Count	Electrical impedance	5.61	10 <sup>3</sup> /uL	4.0 - 10.0
Platelet Count	Electrical impedance	413.6	10 <sup>3</sup> /uL	150 - 450
<b>DIFFERENTIAL COUNT</b>				
Polymorphs	Microscopic	60	%	60 - 70
Lymphocytes	Microscopic	37	%	20 - 40
Eosinophils	Microscopic	01	%	1 - 6
Monocytes	Microscopic	02	%	2 - 10
Basophils	Microscopic	00	%	0 - 2
<b>BLOOD INDISES</b>				
HCT	Rbc Histogram	<u>32.1</u>	%	36 - 46
MCV	Calculated	<u>71.5</u>	fl	80 - 100
MCH	Calculated	<u>19.7</u>	pg	27 - 32
MCHC	Calculated	<u>27.5</u>	g/dl	32 - 36
RDW-CV	Calculated	15.3	%	10 - 16.5

### PERIPHERAL SMEAR EXAMINATION

SMEAR Platelets: Adequate

### Erythrocyte sedimentation rate

ESR AT 1 hour westergren 10

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mm/Hour 00 - 20

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