

**DEPARTMENT OF LABORATORY MEDICINE**

**HEMATOLOGY**

Final Report

<b>Patient Name</b> : MRS. RHUTUJA AMIT AMBILDHUKE	<b>Order Date</b> : 27/11/2023 08:52 AM
<b>Age / Sex</b> : 37 Years / Female	<b>Sample Collection</b> : 27/11/2023 09:00 AM
<b>UHID</b> : WHN2.0000348155	<b>Report Date</b> : 27/11/2023 10:21 AM
<b>Primary Consultant</b> : DR. WOCKHARDT DOCTOR	<b>Specimen</b> : EDTA Blood
<b>Order No.</b> : 35496	
<b>Bill No.</b> : OCR3/24/0004224	

PARAMETER	METHOD	RESULT	UNIT	B.R.I
<b>MEDIWHEEL FULL BODY HCU MALE AND FEMALE BELOW 40</b>				
<b>Complete Blood Count (With ESR)- EDTA Blood</b>				
Haemoglobin	SLS Method	12.2	g%	11-15
Haematocrit	RBC Pulse Height Detection	38.3	%	40 - 50
MCV	Calculated	87.4	fl	83-101
MCH	Calculated	27.9	pg	27-32
MCHC	Calculated	31.9	g/dl	32-35
RBC Count	DC Detection	4.38	Million/ul	3.8-4.8
RDW-CV	Calculated	12.8	%	12-14
WBC Total Count ( TLC )	Electrical Impedance	13410	Cells/cumm	4000 - 10000
Neutrophils	Hydrodynamic Focussing And Microscopy	60	%	40-80
Lymphocytes	Hydrodynamic Focussing And Microscopy	28	%	28-48
Monocytes	Hydrodynamic Focussing And Microscopy	05	%	2-10
Eosinophils	Hydrodynamic Focussing And Microscopy	07	%	0-6
Basophils	Hydrodynamic Focussing And Microscopy	00	%	0-2
Platelet Count	Hydrodynamic Focussing DC	398	Thou/Cumm	150-450
PDW	Calculated	10.2	fl	9.0-17
MPV	Calculated	9.4	fl	9.4-12.3
P-LCR	Calculated	20.2	%	13.0-43.0
PCT	Calculated	0.37	%	0.17-0.35
Neutrophil Lymphocyte Ratio		2.14		
Leucocytes		Leucocytosis with eosinophilia		
Blood ESR	Westergren Method	36	mm/hr	0-20

--- END OF REPORT ---

SOHEL KHAN  
Verified By

  
**Dr. LAXMI LOKESH**  
 Consultant Pathologist  
 MDPATH

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**DEPARTMENT OF LABORATORY MEDICINE**

**BIOCHEMISTRY**

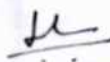
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<b>UHID</b> :	WHN2.0000348155	<b>Report Date</b> :	27/11/2023 09:58 AM
<b>Primary Consultant</b> :	DR. WOCKHARDT DOCTOR	<b>Specimen</b> :	Serum
<b>Order No.</b> :	35496		
<b>Bill No.</b> :	OCR3/24/0004224		

PARAMETER	METHOD	RESULT	UNIT	B.R.I
<b>MEDIWHEEL FULL BODY HCU MALE AND FEMALE BELOW 40</b>				
Serum Urea	Urease-GLDH	12.4	mg/dL	1-50
Blood Urea Nitrogen	Calculated	5.79	mg/dL	6-20
<b>Creatinine- Serum</b>				
Creatinine	Enzymatic colorimetric	0.49	mg/dL	0.51-0.95
<b>Plasma Glucose</b>				
Plasma Glucose - Fasting.	Enzymatic Hexokinase	123.90	mg/dL	74-109
Urine Sugar Fasting	Double Sequential Enzyme Reaction - GOD/ POD	Absent		
<b>Uric Acid- Serum</b>				
Uric Acid	Enzymatic colorimetric	6.6	mg/dL	2.4-5.7
<b>Lipid Profile</b>				
Cholesterol	Colorimetric - Cholesterol Oxidase	173.30	mg/dL	0-200
Triglycerides	Enzymatic colorimetric	284.7	mg/dL	0-150
HDL Cholesterol - Direct	Direct Homogenous Enzymatic Colorimetric	33		1. No Risk: >65 2. Moderate Risk: 45-65 3. High Risk: <45
LDL-Cholesterol -Direct	Direct Homogenous Enzymatic Colorimetric	83.36	mg/dL	0-100
VLDL Cholesterol	Calculated	56.94	mg/dL	10-35
Chol/HDL Ratio		5.25		1.Low Risk: 3.3-4.4 2.Average Risk: 4.4-7.1 3.Moderate Risk: 7.1-11.0 4.High Risk: >11.0
<b>Liver Function Test (L.F.T.)</b>				
Alkaline Phosphatase	Colorimetric IFCC	79.9	U/L	35-104
S.G.O.T (AST)	IFCC Without Pyridoxal 5 Phosphate	15	U/L	0-32
S.G.P.T (ALT)	IFCC Without Pyridoxal 5 Phosphate	14.5	U/L	0-35
Total Protein (Serum)	Colorimetric - Biuret Method	7.34	g/dL	6.4-8.3
Albumin, BCG	Colorimetric - Bromo-Cresol Green	4.43	g/dL	3.5-5.2
Globulin	Calculated	2.91	g/dL	1.9-3.5
Albumin/Globulin Ratio	Calculated	1.52		0.9-2
Serum Total Bilirubin	Colorimetric Diazo	0.38	mg/dL	0-1.2
Serum Direct Bilirubin	Colorimetric Diazo	0.14	mg/dL	0-0.4
Serum Indirect Bilirubin	Calculated	0.24	mg/dL	0-1

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**BIOCHEMISTRY**

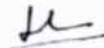
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<b>UHID</b> : WHN2.0000348155	<b>Report Date</b> : 27/11/2023 10:58 AM
<b>Primary Consultant</b> : DR. WOCKHARDT DOCTOR	<b>Specimen</b> : EDTA Blood
<b>Order No.</b> : 35496	
<b>Bill No.</b> : OCR3/24/0004224	

<u>PARAMETER</u>	<u>METHOD</u>	<u>RESULT</u>	<u>UNIT</u>	<u>B.R.I</u>
<b>MEDIWHEEL FULL BODY HCU MALE AND FEMALE BELOW 40</b>				
<b>Glycosylated Haemoglobin- EDTA Blood</b>				
Glycosylated Haemoglobin	HPLC	6.4	%	Action required: 7.0-8.0% Good control: 6.5-7.0% Normal control: 4.8-6.4% Poor control: >8.0%
Estimated Mean glucose	Calculated	150.54	mg/dL	

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DEPARTMENT OF LABORATORY MEDICINE

BIOCHEMISTRY

Final Report

Patient Name : MRS. RHUTUJA AMIT AMBILDHUKE  
Age / Sex : 37 Years / Female  
UHID : WHN2.0000348155  
Primary Consultant : DR. WOCKHARDT DOCTOR  
Order No. : 35496  
Bill No. : OCR3/24/0004224  
Order Date : 27/11/2023 08:52 AM  
Sample Collection : 27/11/2023 11:32 AM  
Report Date : 27/11/2023 01:00 PM  
Specimen : Plasma

PARAMETER	METHOD	RESULT	UNIT	B.R.I
<b>MEDIWHEEL FULL BODY HCU MALE AND FEMALE BELOW 40</b>				
Plasma Glucose Post Prandial	Enzymatic Hexokinase	214.57	mg/dl	70-140
Urine Sugar Post Prandial	Double Sequential Enzyme Reaction - GOD/ POD	NA		

--- END OF REPORT ---

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MDPATH

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**DEPARTMENT OF LABORATORY MEDICINE**

**IMMUNOLOGY**

Final Report

<b>Patient Name</b>	: MRS. RHUTUJA AMIT AMBILDHUKE	<b>Order Date</b>	: 27/11/2023 08:52 AM
<b>Age / Sex</b>	: 37 Years / Female	<b>Sample Collection</b>	: 27/11/2023 09:00 AM
<b>UHID</b>	: WHN2.0000348155	<b>Report Date</b>	: 27/11/2023 10:01 AM
<b>Primary Consultant</b>	: DR. WOCKHARDT DOCTOR	<b>Specimen</b>	: Serum
<b>Order No.</b>	: 35496		
<b>Bill No.</b>	: OCR3/24/0004224		

PARAMETER	METHOD	RESULT	UNIT	B.R.I
<b>MEDIWHEEL FULL BODY HCU MALE AND FEMALE BELOW 40</b>				
TOTAL T3	ECLIA	123.5	ng/dl	80-200
TOTAL T4	ECLIA	8.08	ug/dl	4.5-11.7
TSH	ECLIA	4.00	μIU/mL	0.27-4.2

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 Consultant Pathologist  
 MDPATH

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**DEPARTMENT OF LABORATORY MEDICINE**

**CLINICAL PATHOLOGY**

Final Report

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<b>Age / Sex</b> :	37 Years / Female	<b>Sample Collection</b> :	27/11/2023 09:00 AM
<b>UHID</b> :	WHN2.0000348155	<b>Report Date</b> :	27/11/2023 11:26 AM
<b>Primary Consultant</b> :	DR. WOCKHARDT DOCTOR	<b>Specimen</b> :	Urine
<b>Order No.</b> :	35496		
<b>Bill No.</b> :	OCR3/24/0004224		

<u>PARAMETER</u>	<u>METHOD</u>	<u>RESULT</u>	<u>UNIT</u>	<u>B.R.I</u>
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**MEDIWHEEL FULL BODY HCU MALE AND FEMALE BELOW 40**

**Urine Routine**

Physical Examination

Colour

Pale Yellow

Appearance

Clear

Urinalyser (Roche UriSys 1100)

Specific Gravity

1.015

1.003 - 1.035

Reaction ( pH )

7

Leukocytes, microscopy

neg

/hpf

Erythrocytes, microscopy

neg

/hpf

Nitrite, urinalyser

neg

Protein, urinalyser

neg

Glucose, urinalyzer

neg

Ketone, urinalyser

neg

Urobilinogen urinalyser

neg

Billirubin uirnalyser

neg

--- END OF REPORT ---

**JWALA GAJBHIYE**

Verified By

  
**Dr. LAXMI LOKESH**  
 Consultant Pathologist  
 MDPATH

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## DEPARTMENT OF RADIO DIAGNOSTICS

Patient Name : MRS. RHUTUJA AMIT AMBILDHUKE  
Age/Sex : 37 Yrs / Female Order Date : 27/11/2023 08:52 AM  
UHID : WHN2.0000348155 Referred by :  
Reporting Date : 27/11/2023 11:54 AM Order No. : 13902  
Bill No. : OCR3/24/0004224

## CHEST X-RAY PA VIEW :

Both lung fields are clear.

The costophrenic angles and domes of diaphragm appear normal.

No hilar or mediastinal lesion seen.

Cardiac silhouette is within normal limits.

Visualised bony thorax and soft tissues appear normal.

Impression:

Normal Chest X-Ray. ♥



DR. VISHAL GAJBHIYE  
M.B.B.S., M.D.  
CONSULTANT - RADIOLOGIST



**DEPARTMENT OF RADIO DIAGNOSTICS**

**Patient Name** : MRS. RHUTUJA AMIT AMBILDHUKE  
**Age/Sex** : 37 Yrs / Female  
**UHID** : WHN2.0000348155  
**Reporting Date** : 27/11/2023 11:50 AM  
**Bill No.** : OCR3/24/0004224

**Order Date** : 27/11/2023 08:52 AM  
**Referred by** :  
**Order No.** : 13902

**USG ABDOMEN WITH PELVIS :**

Real time sonography of the abdomen and pelvis was performed using the 3.5 MHz transducer.

The liver is mildly enlarged in size (17.4 cm) and shows normal echotexture. No focal parenchymal lesion noted. Intrahepatic biliary tree and venous radicles are normal.  
The portal vein and CBD appear normal in course and calibre.  
The gall bladder is normal in size with a normal wall thickness and there are no calculi noted within.  
The pancreas is normal in size and echotexture. No evidence of focal lesion or calcification or duct dilatation seen.  
The spleen is normal in size and echotexture.  
Both kidneys are normal in size, position and echogenicity.  
Cortical thickness and corticomedullary differentiation are normal.  
No hydronephrosis or calculi noted.  
The bladder is normal in contour, capacity and wall thickness.  
No vesical calculi noted.  
The uterus is normal in size and anteverted in position.  
Myometrial echotexture is homogenous. No focal lesions seen.  
Endometrial echocomplex is central in position and 10 mm in thickness.  
Both ovaries are normal in size and echogenicity.  
No adnexal mass lesion seen.  
There is no evidence of free fluid in pouch of Douglas.

There is no evidence of ascites.

**Impression :**

Mild hepatomegaly.



**DR. VISHAL GAJBHIYE**  
M.B.B.S., M.D.  
CONSULTANT - RADIOLOGIST



chutuja

27-Nov-23 10:04:34 AM

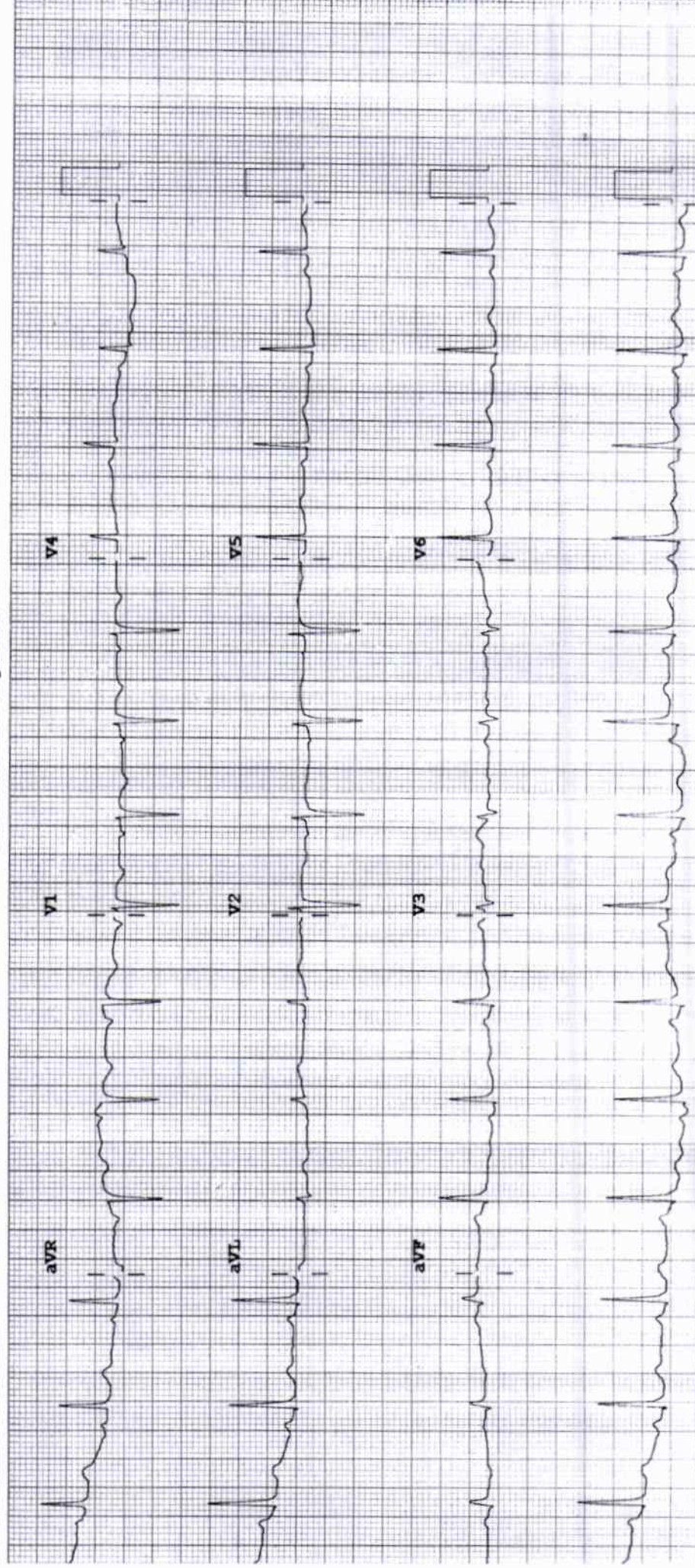
wockhardt hospitals

- 89 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
- 148 . Sinus rhythm.....normal P axis, V-rate 50- 99
- 84 . Borderline T abnormalities, diffuse leads.....T flat/neg
- 353 . Baseline wander in lead(s) I,II,aVR,aVF,V1,V2,V3,V4,V5,V6
- 430

⚡

--  
62  
47  
6  
- BORDERLINE ECG -

Standard Placement      Unconfirmed Diagnosis



Speed: 25 mm/sec    Limb: 10 mm/mV    Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz

PH100B CL P?



**2D ECHOCARDIOGRAPHY & DOPPLER REPORT**

<b>Name</b>	<b>: Mrs. Rhutuja Ambildhuke</b>	<b>Age / Sex</b>	<b>: 37 yrs / Female</b>
<b>Done by</b>	<b>: Dr. Nitin Tiwari</b>	<b>Date</b>	<b>: November 27, 2023</b>
<b>OPD</b>		<b>UHID</b>	<b>: 348155</b>

**Comments :**

Sector echo done in plax, psax, apical 4 & 5 chambers, subcostal view shows:

Normal morphology of aortic, mitral, tricuspid and pulmonary valves.

The left atrium, left ventricle, right atrium and right ventricle are normal in dimension and morphology. There is no regional wall motion abnormality of left ventricle at rest. The left ventricular systolic function is **good**. The global left ventricular ejection fraction is 64 %.

The IAS and IVS are intact.

The pericardium is normal. There is no pericardial effusion.

There is no clot or vegetation seen.

**CW, PW and Colour Doppler:** Transmitral flow is suggestive of normal left ventricular diastolic function present. The flow pattern across other cardiac valves is normal. There is no evidence of pulmonary hypertension.

**Impression:**

Normal cardiac valves and chamber dimensions

No regional wall motion abnormality of left ventricle at rest

Good left ventricular systolic function. LVEF – 64 %

Normal LV diastolic function present.

No pulmonary hypertension

Dr. Nitin Tiwari  
MD, DNB (Med.), DM, DNB (Card.),  
MNAMS, MAPSIC  
Sr. Interventional Cardiologist

