

2nd Floor, Neurogen Brain & Spine Institute, Plot No. 19, Sector 40, Opp. Rail Vihar, Seawood (West), Navi Mumbai - 400 706. T: 022 27725661 | 7718802447 / 7718802436

Email: ndc.seawood@gmail.com • www.ndcdiagnostic.com

MEDICAL EXAMINATION REPORT

		Date: 25/3/23
Name: Shamboug S	survail	Employee ID:
Age: 33 years	Gender:	NDC Sr. No. 014586
Height (in cms): 156. 5	Weight (in Kgs): 54 1 149	Pulse (per min): 68) 67
Blood Pressure: 10000	BMI:	RR (per min): 12/1
	esent Complit	

- DM/HTM/IHD/T. B!/Hypoth/roidism

Personal History: - Vegetarian / Non-vegetarian / Smoker / Non-smoker / Alcoholic / Non-Alcoholic / Tobagco

Past History: - Medical illness NAD

- Surgical illness

Father - HTN /DM/ IHD Family History:

Mother - HTN/DM/IHD

History of Allergies:

History of Medication: NAD

General conditions Gove

Conjunctiva -

Tongue-

Lymph nodes-

Varicose veins-

Sclera-

Skin-

Oedema-

loints -

Systemic Examination:

RS-

REMARKS:

Dr. Sneha Kavir

Reg. No. 2014/02/0458

NDC DIAGNOSTIC CENTRE NEUROGEN PRAIN & SPINE INSTITUTE 2ND, FLOOR, PLOT NO. 19,

SECTOR - 40, SEAWOODS (W),





NDC DIAGNOSTIC CENTRE PVT. LTD.

: TNDC011427

: 24/3/2023 3:08:05PM

: 24/3/2023 3:12:16PM

: 24/3/2023 4:43:27PM

104, Beauty Arcade, Opp Pratap Cinema, Kolbad Road, Khopat, Thane (W) - 400 601. T.: 022 25475661 / 71, 9004059481 / 82
Email: ndc.thane@gmail.com www.ndcdiagnostic.com
CIN No. U85191MH2011PTC217826

Lab Id No

Registered On

Collected On

Authorised On

Patient ID : **P23000077524**

PATIENT NAME : Mrs. SHAMBALA SURVASE

AGE : 33 Y Gender : FEMALE

Reffered By : NDC SEAWOODS

Ward : Other

UID : Report Status : FINAL Printed On : 24/3/2023 8:18:25PM

Biochemistry

Test Name	Value	Unit	Biological Ref Range
(CA) (Great)			
GLYCOSYLATED HAEMOGLOBIN	5.3	%	Normal : <5.7 %
			Prediabetic: 5.7% to 6.4%
			Diabetic: 6.5% or Higher
Method-HPLC			
Estimated Average Glucose	105.4	mg/dL	

Interpretation & Remark:

- 1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- 3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- 4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- 5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
- 6. Interference of Haemoglobinopathies in HbA1c estimation.
- A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
- B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
- C. Heterozygous state detected (D10/Tosho G8 is corrected for HbS and HbC trait).
- $7. \ In \ known \ diabetic \ patients, following \ values \ can \ be \ considered \ as \ a \ tool \ for \ monitoring \ the \ glycemic \ control.$

Excellent Control - 6 to 7 %,

Fair to Good Control - 7 to 8 %,

Unsatisfactory Control - 8 to 10 %

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SANCHITA KADAM Verified By Dr Priyanka Lad

Dr Priyanka Lad MD,Consultant Pathologist Reg.No 2015/05/2476



: NDC016058

: 24/3/2023 8:08:50AM

: 24/3/2023 1:08:27PM

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Lab Id No

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Patient ID : **P23000076919**

PATIENT NAME : Ms. SHAMBALA SURVASE

AGE : 33 Y Gender : FEMALE

Reffered By : BANK OF BARODA

Ward : Other

UID : Report Status : FINAL Printed On : 24/3/2023 6:45:50PM

Biochemistry

BANK OF BARODA HEALTH CHECK UP (FEMALE)

Test Name	Value	Unit	Biological Ref Range
LIPID PROFILE			
Triglycerides	70.49	mg/dL	Desirable : < 200 Borderline : 200-400 Elevated : > 400
Method- GPO Trinder's End Point			
Total Cholesterol	118.98	mg/dL	Desirable <200 Borderline High Risk 200-240 High risk >240
Method-Trinder's End Point			iligii ilisk 7240
HDL CHOLESTROL,SERUM Method- Direct	39.29	mg/dL	30 - 60
LDL CHOLESTEROL,serum calculated	65.59	mg/dL	Desirable :<= 130.9 Borderline :131-159.9 High : >160
VLDL CHOLESTROL,serum METHOD: Calculated	14.10	mg/dL	0-30
LDL/HDL Ratio Calculated	1.67	Ratio	
T Chol /HDL Ratio Calculated	3.03	Ratio	

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Patient ID : **P23000076919**

PATIENT NAME : Ms. SHAMBALA SURVASE

AGE : 33 Y Gender : FEMALE

Reffered By : BANK OF BARODA

Ward : **Other**

UID : Report Status : FINAL Printed On : 24/3/2023 6:45:50PM

Biochemistry

Test Name	Value	Unit	Biological Ref Range	
FASTING BLOOD GLUCOSE				
Blood Sugar Fasting, Plasma GOD-POD Trinder's Method ,End Point	91.86	mg /dL	0-100	
Urine sugar	Absent			
Urine Ketones	Absent			
Blood Sugar (PP),plasma GOD-POD Trinder'Method, End point	98.26	mg/dL	120 - 140	
Urine Sugar.	Absent			
Urine Ketones. GLUCOSE OXIDASE-PEROXIDASE (GOD/POD)	Absent			
CREATININE, SERUM Serum, Enzymatic	0.70	mg/dL	0.6 - 1.2	

INTERPRETATION: The concentration of creatinine in plasma of a healthy individual is fairly constant, independent from water intake, exercise and rate of urine production. Therefore, increased plasma creatinine values always indicate decreased excretion, i.e. impaired kidney function.

i.e. impaired kidney function.			
Uric Acid, Serum Method- Uricase - Trinder End Point	3.43	mg/dL	2.5-6.8
Blood Urea,serum Method - Urease-GLDH Fixed Time	18.22	mg/dL	13 - 45
BUN,serum Method:BUN calculated	8.51	mg/dL	4-21
LIVER FUNCTION TEST			
SGOT,serum Method-IFCC Kinetic	25.48	U/L	0-45
SGPT,serum Method-IFCC Kinetic	16.59	U/L	0-45
Bilirubin (Total)serum	0.72	mg/dL	0.1 - 1.2

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Method-Diazo end Point

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Patient ID : **P23000076919**

PATIENT NAME : Ms. SHAMBALA SURVASE

AGE : 33 Y Gender : FEMALE

Reffered By : BANK OF BARODA

Ward : **Other**

UID : Report Status : FINAL Printed On : 24/3/2023 6:45:50PM

Biochemistry

BANK OF BARODA HEALTH CHECK UP (FEMALE)

Test Name	Value	Unit	Biological Ref Range	
Bilirubin (Direct),serum Method-Diazo	0.21	mg/dL	0-0.3	
Bilirubin (Indirect),serum Serum, Calculated	0.51	mg/dL	0.10-1.0	
Alk. Phosphatase, serum Method-IFCC Kinetic	79.34	U/L	39-118	
Total Protein,serum Method-Biuret end Point	7.11	g/dl	6-8.3	
Albumin, Serum Method-Bromocresol Green (BCG)	4.18	g/dL	3.2 - 5	
Globulin,serum	2.93	g/dl	2.3 - 3.5	
A/G Ratio	1.43		1-2	
GAMMA Glutamyl Transpeptidase, Method-IFCC Std	22.1	U/L	0-30	

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: 24/3/2023 2:03:40PM

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PATIENT NAME : Ms. SHAMBALA SURVASE

AGE : 33 Y Gender : FEMALE

Reffered By : BANK OF BARODA

Ward : **Other**

UID : Report Status : FINAL Printed On : 24/3/2023 6:45:50PM

Clinical Pathology

Test Name	Value	Unit	Biological Ref Range	
URINE ROUTINE				
Quantity	30			
Color	Pale Yellow			
Appearance	Slightly Hazy			
Deposit	Absent			
рН	Acidic		4.7-7.5	
Specific Gravity METHOD: Bromthymol blue	1.015			
CHEMICAL EXAMINATION				
Urine sugar	Absent			
Proteins	Absent			
Ketones	Absent			
Blood	Absent			
Bile Pigments	Absent			
Bile Salts	Absent			
Urobilinogen	Absent			
MICROSCOPIC EXAMINATION OF CENTRI	FUGALISED DEPOSIT			
Pus Cells	Pr. 7 - 8			
Epithelial Cells	Pr. 10 - 12			
Red Blood Cells	Absent			
Casts	Absent			
Crystals	Absent			
Amorphous Materials	Absent			
Bacteria	Present +			
Yeasts	Absent			

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VAISHALI NIKAM Verified By Pollon.







: NDC016058

: 24/3/2023 8:08:50AM

: 24/3/2023 2:01:34PM

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Lab Id No

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Collected On

Authorised On

Patient ID : **P23000076919**

PATIENT NAME : Ms. SHAMBALA SURVASE

AGE : 33 Y Gender : FEMALE

Reffered By : BANK OF BARODA

Ward : Other

UID : Report Status : FINAL Printed On : 24/3/2023 6:45:50PM

Haematology

BANK OF BARODA HEALTH CHECK UP (FEMALE)

Test Name	Value	Unit	Biological Ref Range
COMPLETE BLOOD COUNT WITH ESR(COM	PLETE BLOOD COUNT W	ITH ESR)	
Haemoglobin (Hb) Method - Cyanmethemoglobin	12.4	gm/dL	12-15
RBC Count EDTA, Dc detection method	3.91	mill/cumm	3.8-4.8
PCV EDTA, Calculated	38.10	%	40-50
MCV EDTA Calculated	97.44	fL	81-96
MCH EDTA ,Calculated	31.71	pg	27.0-32.0
MCHC EDTA ,Calculated	32.55	g/dl	31-36
RDW EDTA ,Calculated	12.3	%	11.6 - 14.0
Total Leucocytes count EDTA, Dc detection method	6700	cells/cumm	4000 - 10000
DIFFERENTIAL COUNT			
Neutrophils Manual stained, smear Microscopy	60.00	%	40-80
Lymphocytes manual stained smear microscopy	32.00	%	20-40
Monocytes Manual stained smear microscopy	4.00	%	2-10
Eosinophils manual stained smear microscopy	4.00	%	1-6
Basophils manual stained smear microscopy	0.00	%	0-2

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Lab Id No

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Authorised On

Patient ID : **P23000076919**

PATIENT NAME : Ms. SHAMBALA SURVASE

AGE : 33 Y Gender : FEMALE

Reffered By : BANK OF BARODA

Ward : Other

UID : Report Status : FINAL Printed On : 24/3/2023 6:45:50PM

Haematology

BANK OF BARODA HEALTH CHECK UP (FEMALE)

Test Name	Value	Unit	Biological Ref Range	
Platelet Count EDTA, Dc detecton method	350	thou/mm3	150 - 410	
ESR Westergren Method	73	mm/hr	0-20	

- 1) It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test..
- 2) It it a prognostic test and used to monitor the course or response to treatment of disease like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica..
- 3) It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

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: 24/3/2023 8:08:50AM

: 24/3/2023 12:11:24PM

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Patient ID : **P23000076919**

PATIENT NAME : Ms. SHAMBALA SURVASE

AGE : 33 Y Gender : FEMALE

Reffered By : BANK OF BARODA

Ward : Other

UID : Report Status : FINAL Printed On : 24/3/2023 6:45:50PM

Haematology

BANK OF BARODA HEALTH CHECK UP (FEMALE)

Test Name	Value	Unit	Biological Ref Range	
BLOOD GROUP				
ABO Group	AB			
RhD Typing	Positive			

Page 7 of 7

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Affilated to CritiCare Aria

: KNDC012212

: 24/3/2023 2:34:42PM

: 24/3/2023 2:48:38PM

: 24/3/2023 3:44:39PM

Patient ID : P23000077465

PATIENT NAME : Ms. SHAMBALA SURVASE

AGE : 33 Y Gender : FEMALE

Reffered By : SELF Ward : Other

UID Report Status : FINAL

109.51

Immunology

Printed On : 24/3/2023 8:10:30PM

60 - 181

Lab Id No

Registered On

Collected On

Authorised On

ng/dL

Test Name Biological Ref Range Value Unit Thyroid Function Test -T3, T4, TSH (Ultrasensitive) TOTAL T3

Serum, CLIA

T3 INTERPRETATION: Serum T3 determination can be a valuable component of a thyroid screening panel in the diagnosis of thyroid disorders. In some serious and chronicity thyroid illness, the concentration of free T4 increase or decrease with high TSH and low T3. Normal concentration of free T4 and elevated concentration of T3 will give rise to hyperthyroidism. Depression concentration of T3 is caused by primary hypothyroidism or secondary cases hypothyroidism caused by loss of hypothalamo or hypophyseal functions, such as Hashimoto's thyroiditis.

TOTAL T4 7.50 3.2 - 12.6μg/dL

Serum, CLIA

T4 INTERPRETATION: In most patients the normal T4 level indicates good thyroid status, however, T4 level can be affected by the change in binding proteins while the level of unbound hormone unchanged. Drugs that compete for protein binding sites, such as phenylbutazone, diphenylhydantoin or salicylates, can result in a depressed T4 measurement. Thus, the final definition of thyroid status should be determined in conjunction with other thyroid function tests such as TSH, FT4, T3, FT3 and clinical evaluation

TSH Ultra Sensitive mIU/L 0.55 - 4.78

Serum, CLIA

TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free,T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low. TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism.

Page 1 of 1

H KHUSHNUMASHAH KHUSHN Verified By



DR AKSHATA PARAB MD DNB PATHOLOGY





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Email: ndc.seawood@gmail.com • www.ndcdiagnostic.com

Patient ID:- 139720

Regn No:-

NDC016058

Patient Name: - Ms. Shambala survase

Reg. On:- 24/03/2023 08:08:50

Age/Gender:- 33 Yrs / Female

Rep. On :- 24/03/2023 12:22:19

Referred By:- BANK OF BARODA

X-RAY CHEST PA VIEW

OBSERVATION:

Bilateral lung fields are clear.

The trachea is central.

Cardiac shadow appears normal.

Aorta appears normal.

The mediastinal and cardiac silhouette are normal.

Bilateral Cardiophrenic and costophrenic angles are normal.

Both hila are normal.

Soft tissues of the chest wall are normal.

Bony thorax is normal.

IMPRESSION:

No significant abnormality seen.

Checked By MAYUR CHAVAN



DR. ASHWIN YEWALE

MD (Radiology)

REG.NO 2011/03/0462

(CONSULTANT RADIOLOGIST & SONOLOGIST)