

**MEDICAL EXAMINATION REPORT**

Date: 25/3/23

Name: Shambala Survasa		Employee ID:
Age: 33 years	Gender: F	NDC Sr. No. 014580
Height (in cms): 156.5	Weight (in Kgs): 54.1 kg	Pulse (per min): 68 / m
Blood Pressure: 110/20 mm Hg	BMI:	R R (per min): 12 / m

Present complaints: NO present complaint

K/C/O - DM/HTN/IHD/T. B./Hypothyroidism

Personal History: - Vegetarian / Non-vegetarian / Smoker / Non-smoker / Alcoholic / Non-Alcoholic / TobaccoPast History: - Medical illness NAD

- Surgical illness

Family History: Father - HTN / DM / IHD  
Mother - HTN / DM / IHDHistory of Allergies:History of Medication: NADGeneral conditions Good

Conjunctiva -

Tongue-

Lymph nodes-

Varicose veins-

Sclera-

Skin-

Oedema-

Joints -

Systemic Examination:

PA -

RS-

CVS -

CNS -


REMARKS:

**Dr. Sneha Kavirao**  
MBBS.  
Reg. No. 2014/02/0458

**NDC DIAGNOSTIC CENTRE**  
NEUROGEN BRAIN & SPINE INSTITUTE  
2ND FLOOR, PLOT NO. 19,  
SECTOR - 40, SEAWOODS (W),  
NAVI MUMBAI - 400 706.

Patient ID	: P23000077524		Lab Id No	: TNDC011427
PATIENT NAME	: Mrs. SHAMBALA SURVASE		Registered On	: 24/3/2023 3:08:05PM
AGE	: 33 Y Gender : FEMALE		Collected On	: 24/3/2023 3:12:16PM
Referred By	: NDC SEAWOODS		Authorised On	: 24/3/2023 4:43:27PM
Ward	: Other		Printed On	: 24/3/2023 8:18:25PM
UID	:	Report Status	: FINAL	

**Biochemistry**

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


*Interpretation & Remark:*

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 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%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- 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.
- To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
- 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 %



**SANCHITA KADAM**  
Verified By

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

Patient ID : <b>P23000076919</b>		Lab Id No : <b>NDC016058</b>
PATIENT NAME : <b>Ms. SHAMBALA SURVASE</b>		Registered On : <b>24/3/2023 8:08:50AM</b>
AGE : <b>33 Y</b> Gender : <b>FEMALE</b>		Collected On :
Reffered By : <b>BANK OF BARODA</b>		Authorised On : <b>24/3/2023 1:08:27PM</b>
Ward : <b>Other</b>		Printed On : <b>24/3/2023 6:45:50PM</b>
UID :		Report Status : <b>FINAL</b>

**Biochemistry**

**BANK OF BARODA HEALTH CHECK UP (FEMALE)**

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



*Pallavi*

Verified By

**DR PALLAVI SAXENA**  
**M.D (PATH)**  
**CONSULTANT PATHOLOGIST**



Patient ID	: P23000076919		Lab Id No	: NDC016058
PATIENT NAME	: Ms. SHAMBALA SURVASE		Registered On	: 24/3/2023 8:08:50AM
AGE	: 33 Y Gender : FEMALE		Collected On	:
Reffered By	: BANK OF BARODA		Authorised On	: 24/3/2023 2:01:55PM
Ward	: Other		Printed On	: 24/3/2023 6:45:50PM
UID	:	Report Status	: FINAL	

**Biochemistry**

**BANK OF BARODA HEALTH CHECK UP (FEMALE)**

Test Name	Value	Unit	Biological Ref Range
<b>FASTING BLOOD GLUCOSE</b>			
<b>Blood Sugar Fasting, Plasma</b> GOD-POD Trinder's Method ,End Point	91.86	mg /dL	0-100
<b>Urine sugar</b>	Absent		
<b>Urine Ketones</b>	Absent		
<b>Blood Sugar (PP),plasma</b> GOD-POD Trinder'Method, End point	98.26	mg/dL	120 - 140
<b>Urine Sugar.</b>	Absent		
<b>Urine Ketones.</b> GLUCOSE OXIDASE-PEROXIDASE (GOD/POD)	Absent		
<b>CREATININE, SERUM</b> 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.			
<b>Uric Acid, Serum</b> Method- Uricase - Trinder End Point	3.43	mg/dL	2.5-6.8
<b>Blood Urea,serum</b> Method - Urease-GLDH Fixed Time	18.22	mg/dL	13 - 45
<b>BUN,serum</b> Method:BUN calculated	8.51	mg/dL	4-21
<b>LIVER FUNCTION TEST</b>			
<b>SGOT,serum</b> Method-IFCC Kinetic	25.48	U/L	0-45
<b>SGPT,serum</b> Method-IFCC Kinetic	16.59	U/L	0-45
<b>Bilirubin (Total )serum</b> Method-Diazo end Point	0.72	mg/dL	0.1 - 1.2



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PATIENT NAME : <b>Ms. SHAMBALA SURVASE</b>		Registered On : <b>24/3/2023 8:08:50AM</b>
AGE : <b>33 Y</b> Gender : <b>FEMALE</b>		Collected On :
Referred By : <b>BANK OF BARODA</b>		Authorised On : <b>24/3/2023 2:02:38PM</b>
Ward : <b>Other</b>		Printed On : <b>24/3/2023 6:45:50PM</b>
UID :		Report Status : <b>FINAL</b>

**Biochemistry**

**BANK OF BARODA HEALTH CHECK UP (FEMALE)**

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



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Patient ID	: P23000076919		Lab Id No	: NDC016058
PATIENT NAME	: Ms. SHAMBALA SURVASE		Registered On	: 24/3/2023 8:08:50AM
AGE	: 33 Y Gender : FEMALE		Collected On	:
Reffered By	: BANK OF BARODA		Authorised On	: 24/3/2023 2:03:40PM
Ward	: Other		Printed On	: 24/3/2023 6:45:50PM
UID	:		Report Status	: FINAL

**Clinical Pathology**

**BANK OF BARODA HEALTH CHECK UP (FEMALE)**

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

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Patient ID	: <b>P23000076919</b>		Lab Id No	: <b>NDC016058</b>
PATIENT NAME	: <b>Ms. SHAMBALA SURVASE</b>		Registered On	: <b>24/3/2023 8:08:50AM</b>
AGE	: <b>33 Y</b> Gender : <b>FEMALE</b>		Collected On	:
Referred By	: <b>BANK OF BARODA</b>		Authorised On	: <b>24/3/2023 2:01:34PM</b>
Ward	: <b>Other</b>		Printed On	: <b>24/3/2023 6:45:50PM</b>
UID	:		Report Status	: <b>FINAL</b>

**Haematology**

**BANK OF BARODA HEALTH CHECK UP (FEMALE)**

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



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Patient ID	: P23000076919		Lab Id No	: NDC016058
PATIENT NAME	: Ms. SHAMBALA SURVASE		Registered On	: 24/3/2023 8:08:50AM
AGE	: 33 Y Gender : FEMALE		Collected On	:
Referred By	: BANK OF BARODA		Authorised On	: 24/3/2023 2:01:34PM
Ward	: Other		Printed On	: 24/3/2023 6:45:50PM
UID	:	Report Status	: FINAL	

**Haematology**

**BANK OF BARODA HEALTH CHECK UP (FEMALE)**

Test Name	Value	Unit	Biological Ref Range
 <b>Platelet Count</b> EDTA, Dc detecton method	350	thou/mm <sup>3</sup>	150 - 410
<b>ESR</b> 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 is 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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PATIENT NAME	: <b>Ms. SHAMBALA SURVASE</b>		Registered On	: <b>24/3/2023 8:08:50AM</b>
AGE	: <b>33 Y</b> Gender : <b>FEMALE</b>		Collected On	:
Referred By	: <b>BANK OF BARODA</b>		Authorised On	: <b>24/3/2023 12:11:24PM</b>
Ward	: <b>Other</b>		Printed On	: <b>24/3/2023 6:45:50PM</b>
UID	:		Report Status	: <b>FINAL</b>

**Haematology**

**BANK OF BARODA HEALTH CHECK UP (FEMALE)**

Test Name	Value	Unit	Biological Ref Range
<b>BLOOD GROUP</b>			
ABO Group	AB		
RhD Typing	Positive		



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## NDC DIAGNOSTIC CENTRE

2<sup>nd</sup> 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

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)