

## **Medical Examination Report**

NAME	:	Yogita Badade	DATE :	25/11/2023
AGE	:	39	CORPORATE/TPA:	Mediwheel
GENDER	:	Female	Booking ID/ center:	JM Road

### Vitals

Height (cm)	Weight (kg)	Blood Pressure	Pulse	BMI- kg/m2 Underweight=< 18.5 Overweight = 25- 29.9 Obesity =BMI od 30 or Greater
156	64	110/70	78	26.3

Doctor Remark:			





: Nov 25, 2023, 03:40 PM

M(EL)T LABS

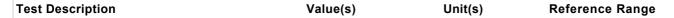
Patient Name : Ms Yogita Badade

DOB/Age/Gender : 39 Y/Female Bill Date : Nov 25, 2023, 03:29 PM Sample Collected Patient ID / UHID : 6304834/RCL5376242 : Nov 25, 2023, 10:00 PM

Referred By

Sample Type : Whole blood EDTA Report Date : Nov 25, 2023, 05:17 PM

Barcode No : HX634725 Report Status : Final Report



## **HEMATOLOGY REPORT** Hemogram (CBC + ESR) Complete Blood Count (CBC)

Sample Received

Complete Blood Count (CBC)				
RBC PARAMETERS				
Hemoglobin Method : colorimetric	12.2	g/dL	12.0 - 15.0	
RBC Count Method : Electrical impedance	4.2	10^6/µl	3.8 - 4.8	
PCV Method : Calculated	36.1	%	36 - 46	
MCV Method : Calculated	86.7	fl	83 - 101	
MCH Method : Calculated	29.3	pg	27 - 32	
MCHC Method : Calculated	33.8	g/dL	31.5 - 34.5	
RDW (CV) * Method : Calculated	17.2	%	11.6 - 14.0	
RDW-SD * Method : Calculated	53.8	fl	35.1 - 43.9	
WBC PARAMETERS				
TLC Method : Electrical impedance and microscopy	10.5	10^3/µl	4 - 10	
DIFFERENTIAL LEUCOCYTE COUNT				
Neutrophils	59	%	40-80	
Lymphocytes	27	%	20-40	
Monocytes	6	%	2-10	
Eosinophils	8	%	1-6	
Basophils	0	%	<2	
Absolute leukocyte counts Method : Calculated				
Neutrophils.	6.2	10^3/µl	2 - 7	
Lymphocytes.	2.84	10^3/µl	1 - 3	
Monocytes.	0.63	10^3/µl	0.2 - 1.0	
Eosinophils.	0.84	10^3/µl	0.02 - 0.5	
Basophils.	0	10^3/µl	0.02 - 0.5	
PLATELET PARAMETERS				
Platelet Count Method : Electrical impedance and microscopy	387	10^3/µl	150 - 410	
Mean Platelet Volume (MPV) *	8.3	fL	9.3 - 12.1	

<sup>(\*)</sup> Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.





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Test Description	Value(s)	Unit(s)	Reference Range
Method : Calculated			
PCT * Method : Calculated	0.3	%	0.17 - 0.32
PDW * Method : Calculated	11.9	fL	8.3 - 25.0
P-LCR * Method : Calculated	20.2	%	18 - 50
P-LCC * Method : Calculated	78	%	44 - 140
Mentzer Index * Method : Calculated	20.64	%	-

### Interpretation:

CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

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 : Nov 25, 2023, 06:38 PM

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Test Description Value(s) Unit(s) Reference Range

### HEMATOLOGY REPORT Hemogram (CBC + ESR)

### **Erythrocyte Sedimentation Rate (ESR)**

ESR - Erythrocyte Sedimentation Rate

5 mm/hr

Method: MODIFIED WESTERGREN

#### Interpretation:

ESR is also known as Erythrocyte Sedimentation Rate. An ESR test is used to assess inflammation in the body. Many conditions can cause an abnormal ESR, so an ESR test is typically used with other tests to diagnose and monitor different diseases. An elevated ESR may occur in inflammatory conditions including infection, rheumatoid arthritis ,systemic vasculitis, anemia, multiple myeloma, etc. Low levels are typically seen in congestive heart failure, polycythemia ,sickle cell anemia, hypo fibrinogenemia, etc.

AGE	MALE	FEMALE
1 DAY	0-12	0-12
2 - 7 DAYS	0-4	0-4
8 - 14 DAYS	0-17	0-17
15 DAYS - 17 YEARS	0-20	0-20
18 - 50 YEARS	0-10	0-12
51- 60 YEARS	0-12	0-19
61 - 70 YEARS	0-14	0-20
71 - 100 YEARS	0-30	0-35

Reference- Dacie and lewis practical hematology

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### **HEMATOLOGY REPORT**

### **HbA1C (Glycosylated Haemoglobin)**

GLYCOSYLATED HEMOGLOBIN (HbA1c) % < 5.7 5.6

Method: HPLC

ESTIMATED AVERAGE GLUCOSE \* 114.02 Refer Table Below mg/dL

### **Interpretation:**

Interpretation For HbA1c% As per American Diabetes Association (ADA)

Reference Group	HbA1c in %	
Non diabetic adults >=18 years	<5.7	
At risk (Prediabetes)	5.7 - 6.4	
Diagnosing Diabetes	>= 6.5	
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Age < 19 years Goal of therapy: <7.5	

### Note:

- 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

### Comments:

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)	HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126	12	298
8	183	14	355
10	240	16	413

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Test Description Value(s) Unit(s) Reference Range

HEMATOLOGY REPORT
Blood Group ABO & Rh Typing

Blood Group O - - - - Rh Factor Positive - -

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Referred By : Dr. Sample Received : Nov 25, 2023, 03:40 PM

Sample Type : FLUORIDE F Report Date : Nov 25, 2023, 04:58 PM

Barcode No : ZA507906 Report Status : Final Report

**Test Description** Value(s) Unit(s) Reference Range

## **BIOCHEMISTRY REPORT Glucose Fasting (BSF)**

70 - 100 **GLUCOSE FASTING** 73 mg/dL

Method: Hexokinase

### **Interpretation:**

Status	Fasting plasma glucose in mg/dL	
Normal	<100	
Impaired fasting glucose	100 - 125	
Diabetes	=>126	

Reference: American Diabetes Association

#### Comment:

Blood glucose determinations in commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 200 mg/dL with symptoms of diabetes mellitus.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.

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Barcode No : ZA507905 Report Status : Final Report

Test Description Value(s) Unit(s) Reference Range

## BIOCHEMISTRY REPORT

Blood Urea Nitrogen (Bun)

BLOOD UREA 23 mg/dL 19 - 44.1 Method : Urease

BUN\* 10.75 mg/dL 7.0 - 18.7

Method : Urease

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**Test Description** Value(s) Unit(s) Reference Range

### **BIOCHEMISTRY REPORT**

### Creatinine

**CREATININE** 0.65 mg/dL 0.57 - 1.11

Method: Photometric

### Interpretation:

Creatinine estimation is done to assess kidney function. It is not dependent on dietary factors. Normal values are obtained in kidney diseases, except in advanced renal failure and therefore its estimation is more valuable if coupled with clearance.

### **BIOCHEMISTRY REPORT**

### **Uric Acid**

**URIC ACID** 3.4 mg/dL 2.6 - 6.0

Method: Uricase

### **Interpretation:**

Serum uric acid levels are very labile and show day to day and seasonal variation in some people. Levels are also increased by emotional stress, total fasting and increased body weight. Serum uric acid levels are used to diagnose and monitor treatment of gout, monitor chemotherapeutic treatment of neoplasms to avoid renal urate deposition with possible renal failure.

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Test Description	Value(s)	Unit(s)	Reference Range				
	BIOCHEMISTRY	REPORT					
<u>Liver Function Test (LFT)</u>							
BILIRUBIN TOTAL Method : Photometric	0.7	mg/dL	0.2 - 1.2				
BILIRUBIN DIRECT * Method : Diazo Reaction	0.3	mg/dL	0.0 - 0.5				
BILIRUBIN INDIRECT * Method : Calculation (T Bil - D Bil)	0.4	mg/dL	0.1 - 1.0				
SGOT/AST Method : IFCC without P5P	19	U/L	5 - 34				
SGPT/ALT Method : IFCC without P5P	15	U/L	0 to 55				
SGOT/SGPT Ratio *	1.27	-	-				
ALKALINE PHOSPHATASE Method: IFCC	72	U/L	40 - 150				
TOTAL PROTEIN Method : Biuret	7	g/dL	6.4 - 8.3				
ALBUMIN Method : BCG	4.3	gm/dL	3.8 - 5.0				
GLOBULIN * Method : Calculation (T.P - Albumin)	2.7	g/dL	2.3 - 3.5				
ALBUMIN : GLOBULIN RATIO * Method : Calculation (Albumin/Globulin)	1.59	-	1.0 - 2.1				
GAMMA GLUTAMYL TRANSFERASE (GGT) * Method : Photometric	12	U/L	9 - 36				

### Interpretation:

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST),SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utamyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may indicate: 1.bleeding 2.liver disorder 3.malnutrition 4.agammaglobulinemia High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive w

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Sample Type Report Date : Serum

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Test Description	Value(s)	Unit(s)	Reference Range
	BIOCHEMISTRY RE	PORT	
	Lipid Profile		
TOTAL CHOLESTEROL Method : Enzymatic - Cholesterol Oxidase	165	mg/dL	Desirable : <200 Borderline : 200-239 High : >240
TRIGLYCERIDES  Method : Colorimetric - Lip/Glycerol Kinase	78	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very high : >500
HDL CHOLESTEROL Method : Accelerator Selective Detergent	55	mg/dL	>40
NON HDL CHOLESTEROL * Method : Calculated	110	mg/dL	<130
LDL CHOLESTEROL * Method : Calculated	94.4	mg/dL	Optimal <100 Near optimal/above optimal 100-129 Borderline high 130-159 High 160-189 Very high >190
V.L.D.L CHOLESTEROL * Method : Calculated	15.6	mg/dL	< 30
CHOL/HDL Ratio * Method : Calculated	3	-	3.5 - 5.0
HDL/ LDL RATIO * Method : Calculated	0.58	-	Desirable : 0.5 - 3.0
			Borderline : 3.1 - 6.0
			High : > 6.0
LDL/HDL Ratio * Method : Calculated	1.72	-	

### Interpretation:

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

National Lipid Association Recommendations (NLA-2014)				Non HDL Cholesterol (mg/dL)
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

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### Risk Stratification for ASCVD (Atherosclerotic Cardiovascular Disease) by Lipid Association of India.

Risk Category	A. CAD with > 1 feature of high risk group			
Nisk Gategory				
Extreme risk group	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or 50="" =="" dl<="" mg="" td=""></or>			
or poly vascular disease				
Very High Risk	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ			
	damage 3. Familial Homozygous Hypercholesterolemia			
1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence				
High Risk	of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single			
riigii Kisk	risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >/= 50 mg/dl			
	8. Non stenotic carotid plaque			
Moderate Risk	2 major ASCVD risk factors			
.ow Risk 0-1 major ASCVD risk factors				
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors				
1. Age >/=45 years in Males & >/= 55 years in Females	Current Cigarette smoking or tobacco use			
Family history of premature  ASCVD	4. High blood pressure			
5. Low HDL				

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by Lipid Association of India in 2020.

Risk Group	Treatment Goals	Consider Drug Therapy		
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <or 30)<="" =="" td=""><td>&lt;80 (Optional goal <or 60)<="" =="" td=""><td>&gt;OR = 50</td><td>&gt;OR = 80</td></or></td></or>	<80 (Optional goal <or 60)<="" =="" td=""><td>&gt;OR = 50</td><td>&gt;OR = 80</td></or>	>OR = 50	>OR = 80
Extreme Risk Group Category B	>OR = 30	>OR = 60	> 30	> 60
Very High Risk	<50	<80	>OR = 50	>OR = 80
High Risk	<70	<100	>OR = 70	>OR = 100
Moderate Risk	<100	<130	>OR = 100	>OR = 130
Low Risk	<100	<130	>OR = 130*	>OR = 160

<sup>\*</sup> After an adequate non-pharmacological intervention for at least 3 months.

References: Management of Dyslipidaemia for the Prevention of Stroke: Clinical practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology, 2022, 20, 134-155.

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**Test Description** Unit(s) Value(s) Reference Range

### **BIOCHEMISTRY REPORT TSH 3rd Generation**

THYROID STIMULATING HORMONE (Ultrasensitive) 2.84 0.35 - 4.94µIU/mL

Method: CMIA

### Interpretation:

Pregnancy	Reference ranges TSH
1 st Trimester	0.1 - 2.5
2 ed Trimester	0.2 - 3.0
3 rd Trimester	0.3 - 3.0

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. hence time of the day has influence on the measured serum TSH concentrations.

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pitutary-hypothala- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-pitutary diseases.

Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen, androgen, antibiotics, steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

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Processing Lab :- Redcliffe Lifetech Pvt. Ltd., First Floor, B Wing. Aswani Chambers, S.No. 199+204+205 206/1, 209/1, Plot No. 45/B. Corresponding city, S.No 199 Village Lohgaon Pune 411014.



M(EL)T

Patient Name : Ms Yogita Badade

DOB/Age/Gender : 39 Y/Female Bill Date : Nov 25, 2023, 03:29 PM

Referred By : Dr. Sample Received : Nov 25, 2023, 03:40 PM Sample Type : Serum Report Date : Nov 25, 2023, 04:48 PM

Barcode No : ZA507905 Report Status : Final Report

Test Description Value(s) Unit(s) Reference Range

## BIOCHEMISTRY REPORT <u>Total Protein</u>

TOTAL PROTEIN 7 g/dL 6.4 - 8.3

Method : Biuret

(\*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.





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Processing Lab: - Redeliffe Lifetech Pvt. Ltd., First Floor, B Wing. Aswani Chambers, S.No. 199+204+205 206/1, 209/1, Plot No.



Patient Name : Ms Yogita Badade

DOB/Age/Gender : 39 Y/Female Bill Date : Nov 25, 2023, 03:29 PM Patient ID / UHID : 6304834/RCL5376242 Sample Collected : Nov 25, 2023, 10:00 PM Referred By Sample Received : Nov 25, 2023, 03:40 PM · Dr : Nov 25, 2023, 06:28 PM Sample Type : Serum Report Date

Barcode No : ZA507905 Report Status : Final Report

Test Description Value(s) Unit(s) Reference Range

## BIOCHEMISTRY REPORT Total T3 (Triiodothyronine)

TRIIODOTHYRONINE (T3) 95.3 ng/dL 35 - 193

Method: CMIA

### **Interpretation:**

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalamic-pituitary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

### **BIOCHEMISTRY REPORT**

### Total T4 (Thyroxine)

TOTAL THYROXINE (T4) 7  $\mu g/dL$  4.87 - 11.2

Method : CMIA

### **Interpretation:**

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalamic-pituitary diseases.

Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

(\*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.





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M(EL)T LABS

Patient Name : Ms Yogita Badade

: Dr.

DOB/Age/Gender : 39 Y/Female Bill Date : Nov 25, 2023, 03:29 PM Sample Collected Patient ID / UHID : 6304834/RCL5376242 : Nov 25, 2023, 10:00 PM

Referred By Sample Received : Nov 25, 2023, 03:40 PM : Nov 25, 2023, 05:45 PM Sample Type : Spot Urine Report Date

Barcode No : CI958589 Report Status : Final Report

**Test Description** Value(s) Unit(s) Reference Range

## **CLINICAL PATHOLOGY REPORT Urine Routine and Microscopic Examination**

PHYSICAL EXAMINATON *
-----------------------

PHI SICAL EXAMINATON			
Volume *	20	mL	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent
CHEMICAL EXAMINATION *			
Reaction (pH) Method : Double Indicator	5	-	4.5 - 8.0
Specific Gravity Method : Ion Exchange	1.01	-	1.010 - 1.030
Urine Glucose (sugar) Method : Oxidase / Peroxidase	Negative	-	Negative
Urine Protein (Albumin) Method : Acid / Base Colour Excahnge	Negative	-	Negative
Urine Ketones (Acetone) Method : Legals Test	Negative	-	Negative
Blood Method : Peroxidase Hemoglobin	Negative	-	Negative
Leucocyte esterase Method : Enzymatic Reaction	Positive(+)	-	Negative
Bilirubin Urine Method : Coupling Reaction	Negative	-	Negative
Nitrite Method : Griless Test	Negative	-	Negative
Urobilinogen Method : Ehrlichs Test	Normal	-	Normal
MICROSCOPIC EXAMINATION *			
Pus Cells (WBCs) *	6-8	/hpf	0 - 5
Epithelial Cells *	2-4	/hpf	0 - 4
Red blood Cells *	Absent	/hpf	Absent
Crystals *	Absent	-	Absent
Cast *	Absent	-	Absent
Yeast Cells *	Absent	-	Absent
Amorphous deposits *	Absent	-	Absent
Bacteria *	Absent	-	Absent
Protozoa *	Absent	-	Absent

<sup>(\*)</sup> Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.





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Processing Lab: Redcliffe Lifetech Pvt. Ltd., First Floor, B Wing. Aswani Chambers, S.No. 199+204+205 206/1, 209/1, Plot No.



Patient Name : Ms Yogita Badade

DOB/Age/Gender : 39 Y/Female Bill Date : Nov 25, 2023, 03:29 PM Sample Collected Patient ID / UHID : 6304834/RCL5376242 : Nov 25, 2023, 10:00 PM Referred By : Dr. Sample Received : Nov 25, 2023, 03:40 PM Sample Type : URINE F Report Date : Nov 25, 2023, 05:52 PM

Barcode No : CI958590 Report Status : Final Report

Test Description Value(s) Unit(s) Reference Range

# CLINICAL PATHOLOGY REPORT <u>Urine Glucose Fasting</u>

Urine Glucose (sugar) Negative - Negative

Method : Oxidase / Peroxidase

(\*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.





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Processing Lab: - Redeliffe Lifetech Pvt. Ltd., First Floor, B Wing. Aswani Chambers, S.No. 199+204+205 206/1, 209/1, Plot No.

## **Terms and Conditions of Reporting**

- 1. The presented findings in the Reports are intended solely for informational and interpretational purposes by the referring physician or other qualified medical professionals possessing a comprehensive understanding of reporting units, reference ranges, and technological limitations. The laboratory shall not be held liable for any interpretation or misinterpretation of the results, nor for any consequential or incidental damages arising from such interpretation.
- 2. It is to be presumed that the tests performed pertain to the specimen/sample attributed to the Customer's name or identification. It is presumed that the verification particulars have been cleared out by the customer or his/her representation at the point of generation of said specimen / sample. It is hereby clarified that the reports furnished are restricted solely to the given specimen only.
- 3. It is to be noted that variations in results may occur between different laboratories and over time, even for the same parameter for the same Customer. The assays are performed and conducted in accordance with standard procedures, and the reported outcomes are contingent on the specific individual assay methods and equipment(s) used, as well as the quality of the received specimen.
- 4. This report shall not be deemed valid or admissible for any medico-legal purposes.
- 5. The Customers assume full responsibility for apprising the Company of any factors that may impact the test finding. These factors, among others, includes dietary intake, alcohol, or medication / drug(s) consumption, or fasting. This list of factors is only representative and not exhaustive.



MIELYT

Patient Name : Ms Yogita Badade

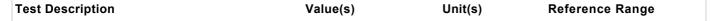
 DOB/Age/Gender
 : 39 Y/Female
 Bill Date
 : Nov 25, 2023, 03:29 PM

 Patient ID / UHID
 : 1\_6304835/RCL5376242
 Sample Collected
 : Nov 25, 2023, 10:00 PM

Referred By : Dr. Sample Received : Nov 25, 2023, 03:40 PM

Sample Type : FLUORIDE PP Report Date : Nov 25, 2023, 04:58 PM

Barcode No : ZA507904 Report Status : Final Report



# BIOCHEMISTRY REPORT <u>Glucose Post Prandial (BSPP)</u>

Glucose post prandial 78 mg/dL 70 - 140

Method: (Fluoride Plasma-P, Hexokinase)

### **Interpretation:**

Status	PP plasma glucose in mg/dL	
Normal	<140	
Impaired glucose tolerance	140 - 199	
Diabetes	=>200	

Reference: American Diabetes Association

### Comment:

Blood glucose determinations in commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

#### Note

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 200 mg/dL with symptoms of diabetes mellitus.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.





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- 4. This report shall not be deemed valid or admissible for any medico-legal purposes.
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Shop No 20, Cross Road Building Bhumkar Chowk, Wakad, pune, Maharashtra 411057





### Mrs. Yogita Badade

Jm Road Wakad Pune Maharashtra India

Gendr/DOB (Age) Referred By

: Female/25-Nov-1984(39Y 0M)

**Medico ID** 

: 23112501881504

History

Date

: 25-Nov-2023 / 09:50 AM

**REPORT ON ECG** 



VITALS	:	TEMP HR	: - (F) : 78 /MIN	PULSE RATE BP	: - /MIN : 135 / 85 mmHg	RBS SPO2	: - mg/dL : 98.0 %
NATA OLIDERATATO:						P	
MEASUREMENTS* (ECG Parameters)	:	PR ST	: 125.0 ms : 0.27 ms	QT QTc	: 393.98 ms : 448.74 ms	QRs	: 51.66 deg : 33.54 deg
		R-R	: 770.83 ms	QRS	: 75.0 ms	Т	: 0.0 deg

**FINDINGS** : NORMAL SINUS RHYTHM. NO SIGNIFICANT ST CHANGES NOTED

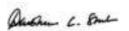
IMPRESSION : THIS ECG IS FOUND TO BE WITHIN NORMAL LIMITS.

: CLINICAL CORRELATION RECOMMENDATION

This is electronically authenticated report; hence doesn't require signature.

\* Software calculated values; to be verified manually.

**Printed By**: M4 Diagnostics Center On 26-Nov-2023 / 04:02 PM (Rs. 300.00/- Received for this ECG)



Reported By **Express Diagnostics HQ** 



## **ULTRASOUND ABDOMEN & PELVIS**

Liver is normal in size and show normal echogenicity. No evidence of focal

Patient Name:	Mrs. Yogita Badade	Age/Sex:	39 yrs / F
Ref Doctor :	Madyosis	Date:	27 -11-2023

lesion. No IHBR dilatation. Portal vein and common bile duct appear normal in course and caliber.

Gall bladder well distended and shows normal wall thickness. No pericholecystic collection is seen. CBD is normal.

**Pancreas** Visualized regions appear normal in size and echotexture. No focal lesion seen.

**Spleen** It is normal in size and echotexture. No focal lesion seen.

**Right kidney** appears normal in size, shape and echotexture. Corticomedullary differentiation is maintained. No hydronephrosis / hydroureter is noted.

**Left kidney** appears normal in size. shape and echotexture. Corticomedullary differentiation is maintained. No hydronephrosis / hydroureter is noted.

**Urinary bladder** Is well distended and shows normal wall thickness. No focal lesion is seen.

Uterus appears normal in size and shows normal echotexture. Endometrial complex appears normal.

Both ovaries appear normal in size and echotexture.

Bowel loops appear normal and show normal peristalsis. No evidence of abdominal lymphadenopathy/free fluid in abdomen and pelvis.

<u>IMPRESSION:</u> USG abdomen and pelvis study does not reveal significant abnormality on present scan.

Dr. Pratibha Gawande Consultant Radiologist



(**Note**: Above us report is subject to findings evident at the time of scan & associated bowel gases. This modality has its own limitations & should be considered as a professional opinion . clinical correlation is advised to arrive at a diagnosis. This report cannot be used for medico- legal purpose.)



## **DEPARTMENT OF RADIOLOGY**

NAME :	Yogita Badade	REFFERING PHYSICION:	Self
AGE :	39	GENDER :	Female
PATIENT ID :	23112501	STUDY DATE :	25/11/2023

## X Ray CHEST PA VIEW

## **FINDINGS:-**

The lungs on the either side show equal translucency.

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

The domes of the diaphragms are normal in position, and show smooth outline.

## **IMPRESSION**:-

No significant abnormality detected.

ADVICE:- Clinical correlation



Dr. GANESH SANAP (MBBS,DMRD, DNB)

Disclaimer: Report is done by teleradiology, Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. Conclusion is markedly affected by input provided at that time. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



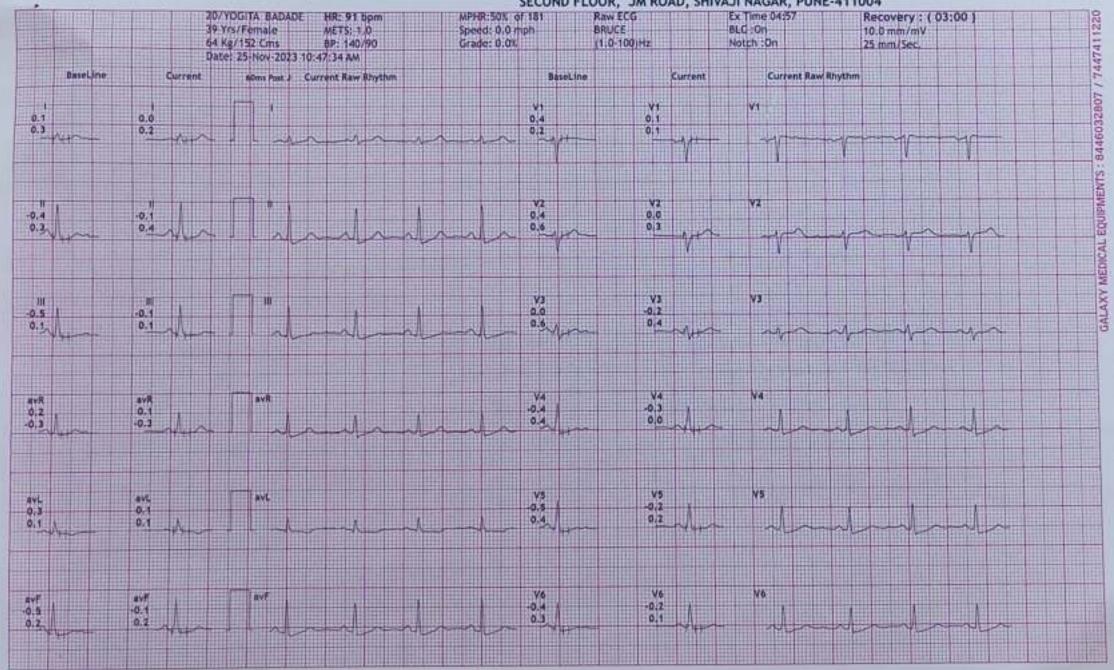




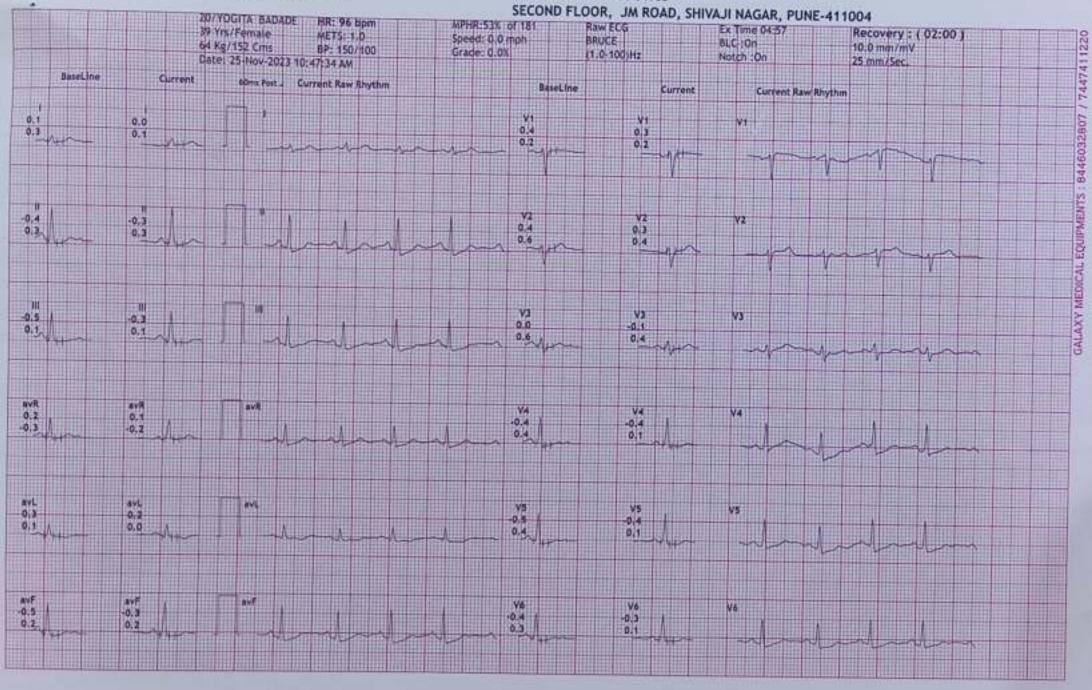




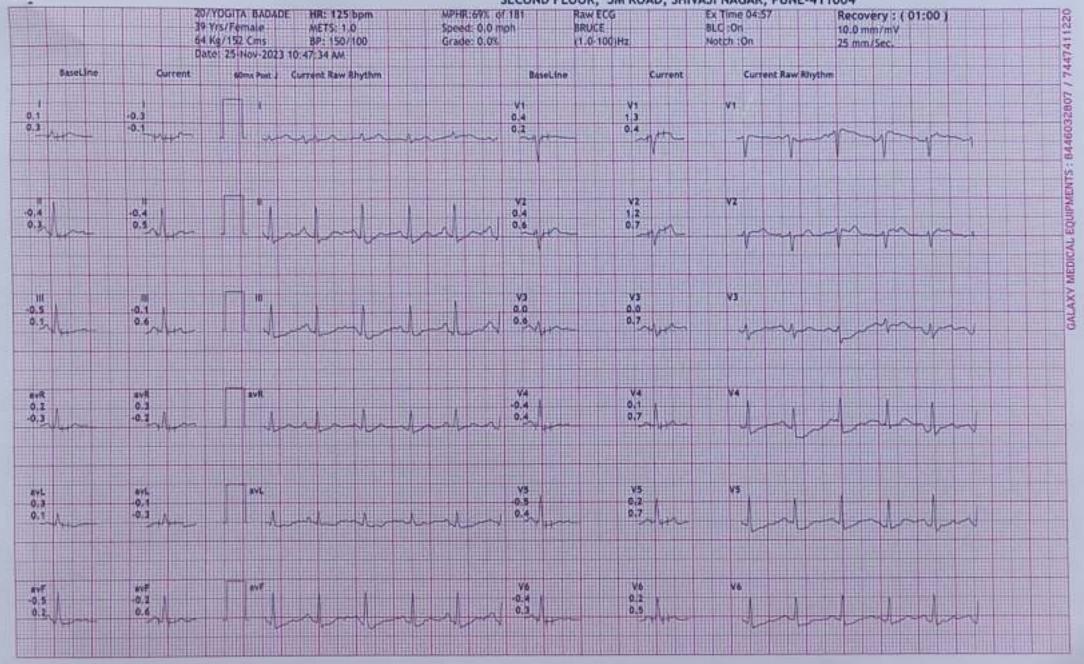


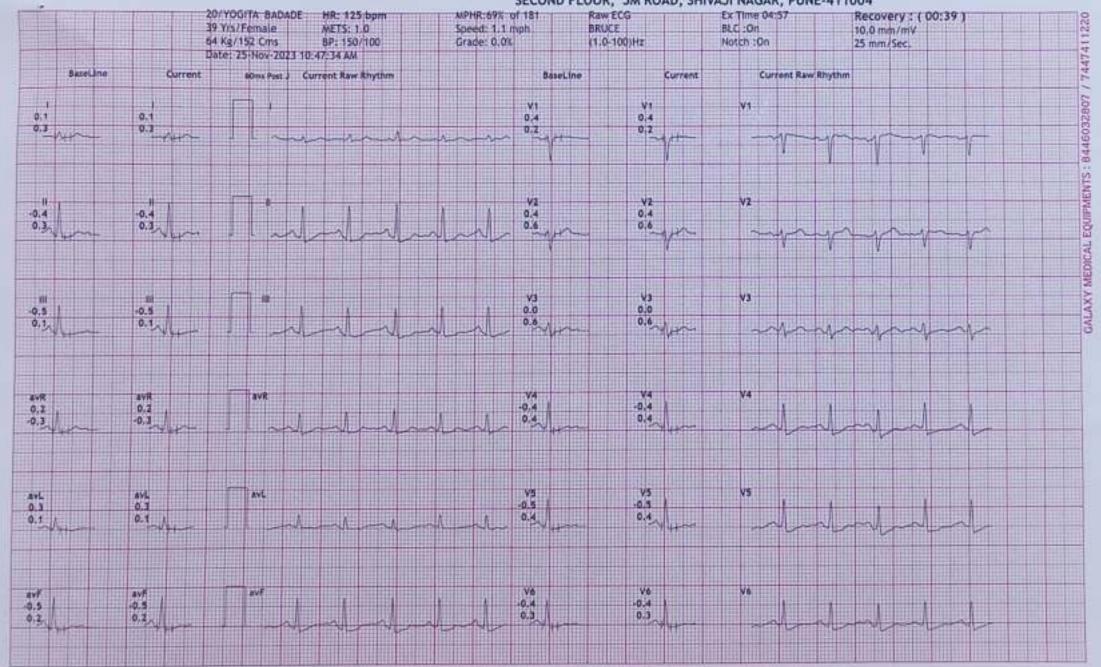


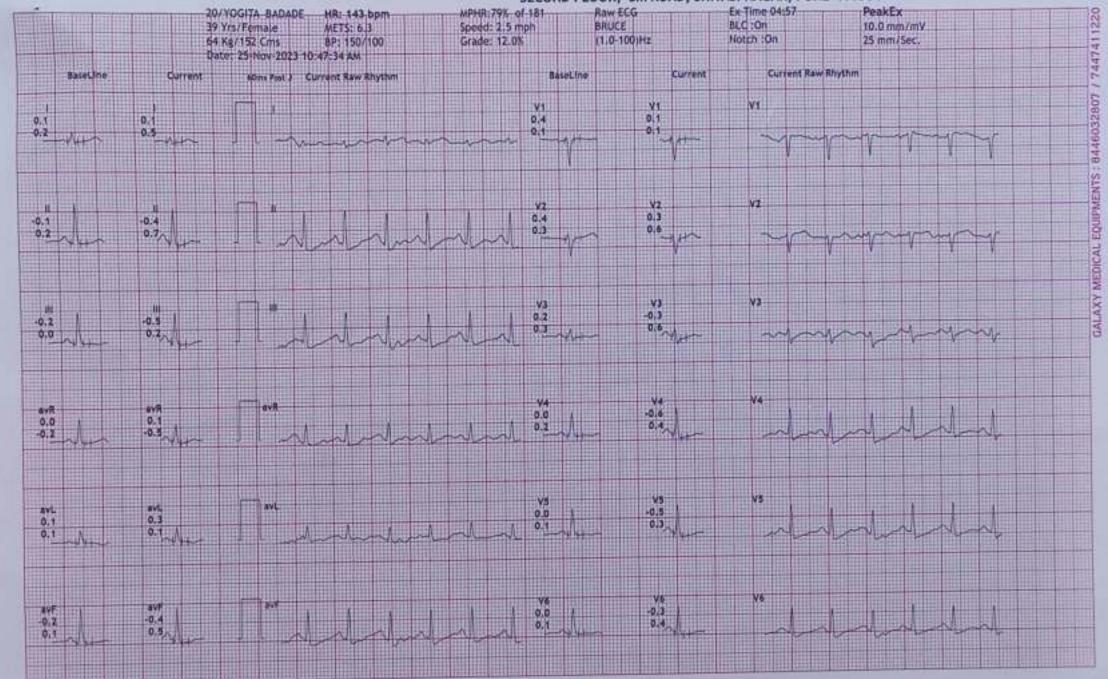
**MADYOASIS DIAGONSTICS** 



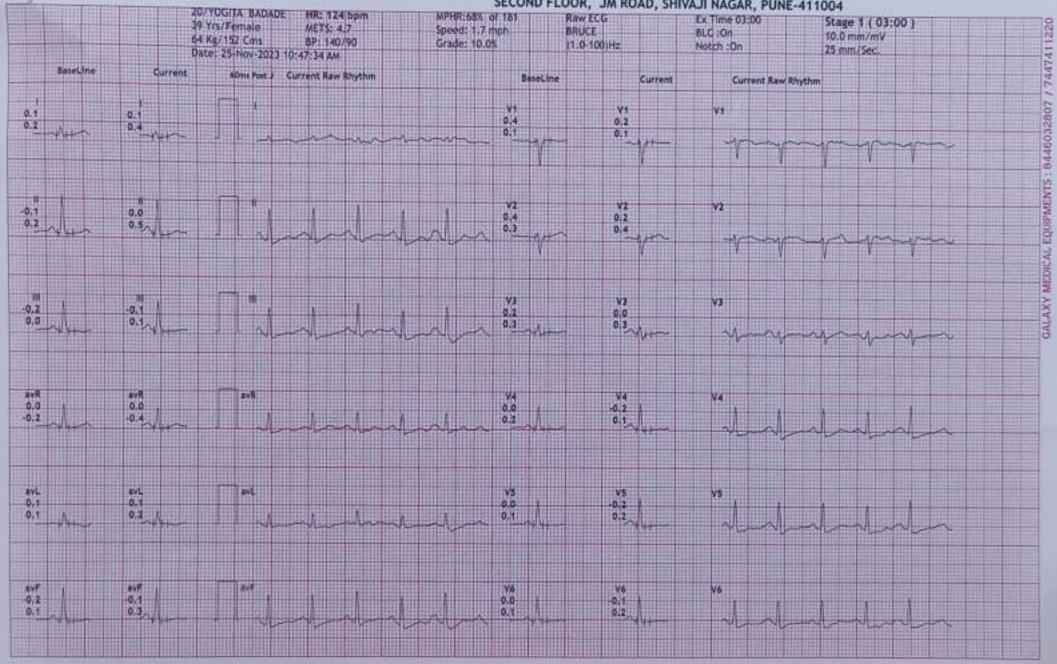
## 12 Lead + Comparision

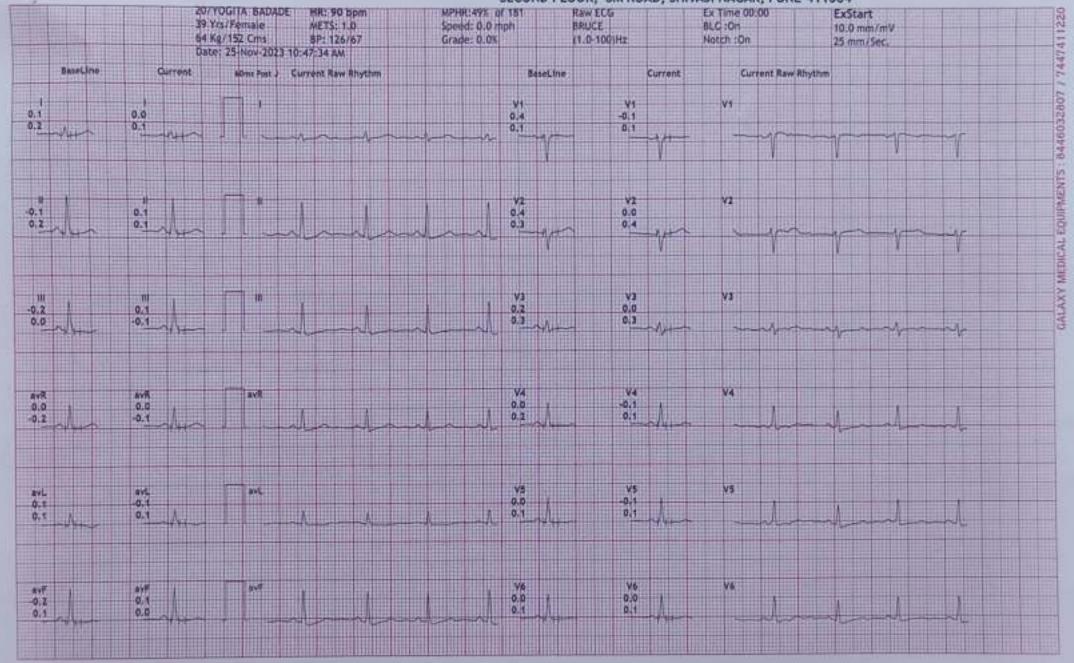






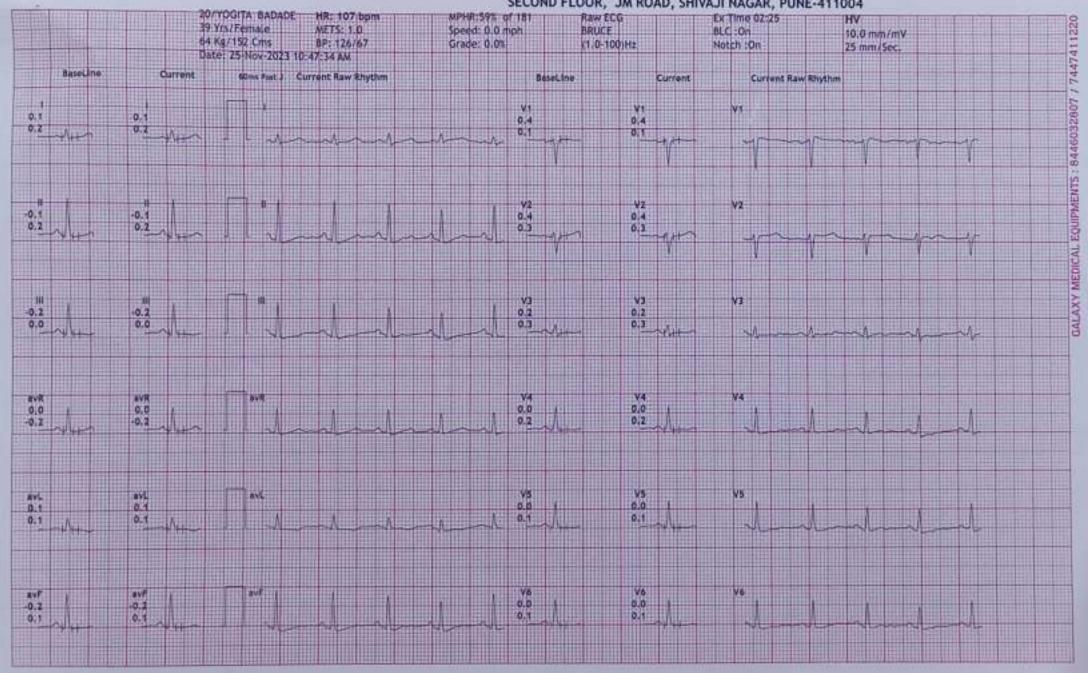
## 12 Lead + Comparision



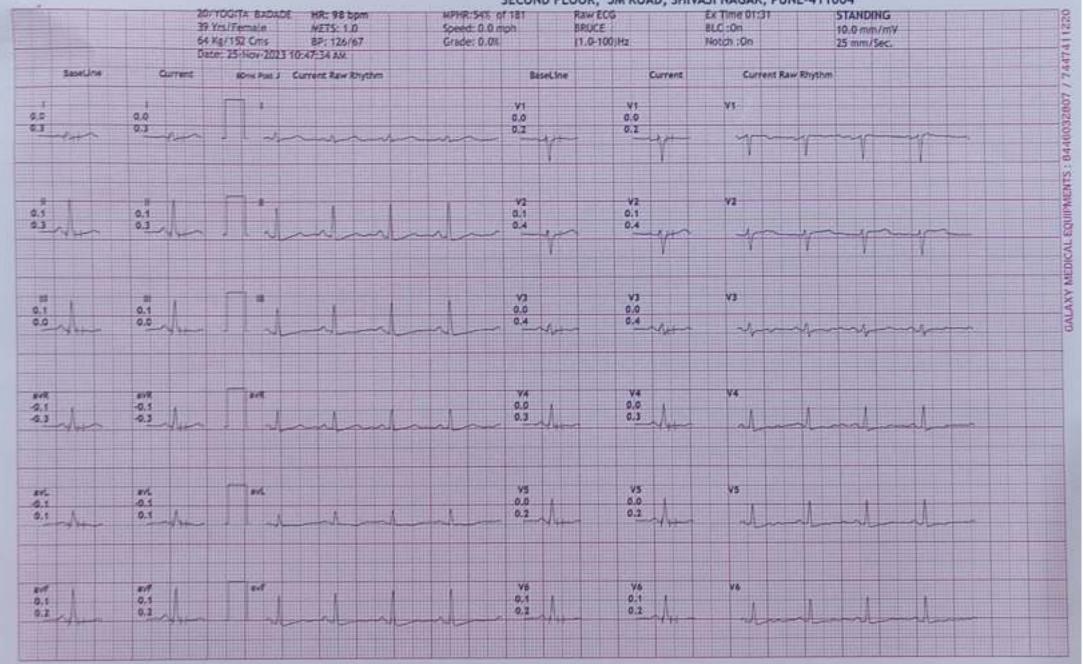


## **MADYOASIS DIAGONSTICS**

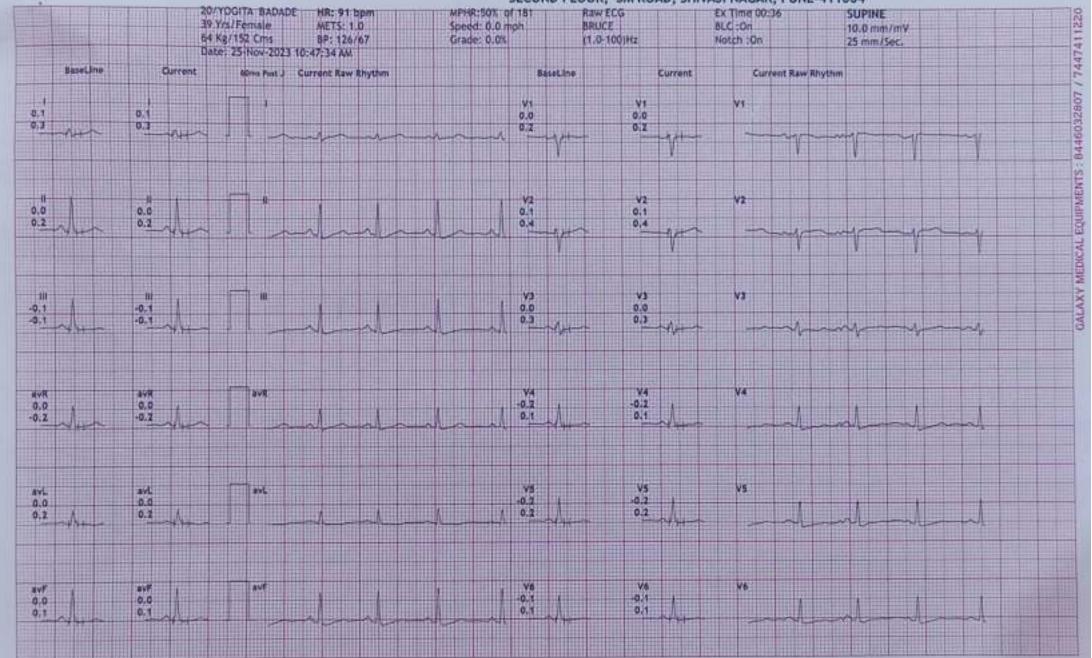
SECOND FLOOR, JM ROAD, SHIVAJI NAGAR, PUNE-411004



### 12 Lead + Comparision



### 12 Lead + Comparision



## MADYOASIS DIAGONSTICS

SECOND FLOOR, JM ROAD, SHIVAJI NAGAR, PUNE-411004

20/YOGITA BADADE 39 Yrs/Feritale | 64 Kg/152 Cms Date: 25-Nov-2023 10:47:34 AM Ref. By : DR HEALTHI Protocol : BRUCE Medication: Nil History : NIL Objective : STL 0.5 mm/Div. StageTime PhaseTime Speed Stage R.P.P. PVC Comments Grade H.R. B.P. **METS** CONTRACT ×100 Supine 1.0 93 126/67 117 Standing 126/67 123 1.0 GALAXY MEDICAL EQUIPMENTS HV 1.0 126/67 134 107 **ExStart** 126/67 113 1.0 173 3:01 3:02 1.7 4.7 140/90 Stage 1 10.0 124 PeakEx 4:59 143 150/100 214 2:00 12.0 4:59 1.1 125 150/100 187 LegPain 0:40 0.0 1.0 0.0 1.0 187 0.0 125 150/100 Recovery 1:00 Vt 139 Recovery. 010 0.0 1.0 93 150/100 2:00 127 1.0 140/90 3:00 0.0 0.0 Recovery Findings: 0,0 :04:58 Exercise Time **FreEx** :143 bpm 79% of Max Predictable HR 181 Max HR Attained Max BP : 150/100(mmHg) Max WorkLoad attained :6.3(Fair Effort Tolerance) PeakEx 15 18 21 Min.