





भारत सरकार
GOVERNMENT OF INDIA



संध्या एकनाथ खेंगरे

Sandhya Eknath Khengare

जन्म तारीख/ DOB: 24/11/1982

महिला / FEMALE

7428 3849 3309





भारतीय विशिष्ट पहचान प्राधिकरण
INDIAN IDENTIFICATION AUTHORITY OF INDIA

पत्ता:

Address

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Bengaluru-560 001



Patient Name : MRS. SANDHYA KHENGARE

Age / Gender : 40 years / Female

Mobile No. : -

Patient ID : 10

Source : DIRECT

Referral : SELF

Collection Time : Jan 15, 2023, 02:17 p.m.

Receiving Time : Jan 15, 2023, 02:17 p.m.

Reporting Time : Jan 15, 2023, 04:54 p.m.

Sample ID :



000701523

Test Description	Value(s)	Reference Range	
Complete Blood Count			
WBC	7800	4000-10000	cell/cu.mm
Neu%	63	50 - 70	%
Lym%	31	20.0 - 40.0	%
Mon%	03	3.0 - 12.0	%
Eos%	03	0.5 - 5.0	%
Bas%	00	0.0 - 1.0	%
RBC	3.81	4.0 - 5.50	10 ⁶ /uL
HGB	7.8	12.0 - 16.0	g/dL
HCT	26.0	40.0 - 54.0	%
MCV	68.2	83 - 101	fL
MCH	20.5	27 - 32	pg
MCHC	30.0	31.5 - 34.5	g/dL
RDW-CV	18.0	11.0 - 16.0	%
PLT	269	100 - 300	10 ³ /ul
RBC	Microcytic hypochromic		
WBC	Within normal limits		
Platelet	Adequate		

END OF REPORT

Dr. Rajendra Ramling Shete

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Test Description	Value(s)	Reference Range
Esr, Erythrocyte Sedimentation Rate		
ESR - Erythrocyte Sedimentation Rate	13	0-15 mm/hr
Method : EDTA Whole Blood, Manual Westergren		
Interpretation:		
<ul style="list-style-type: none">It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.		

****END OF REPORT****

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Test Description	Value(s)	Reference Range
<u>Blood Group Abo & Rh Typing, Blood</u>		
Blood Group (ABO typing) Method : Manual-Hemagglutination	"A"	
RhD Factor (Rh Typing) Method : Manual hemagglutination	Positive	

END OF REPORT

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Test Description	Value(s)	Reference Range
Urea, Serum		
Urea Method : Uricase	15	17 - 43 mg/dL

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Test Description	Value(s)	Reference Range
CREATININE		
Creatinine Method : Serum, Jaffe	0.6	0.57 - 1.11 mg/dL

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Test Description	Value(s)	Reference Range
Uric Acid, Serum		
Uric Acid Method : Uricase, Colorimetric	3.8	2.6 - 6.0 mg/dL

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Test Description	Value(s)	Reference Range	
<u>LIVER FUNCTION TEST (LFT)</u>			
Total Protein Method : Serum, Biuret, reagent blank end point	7.46	6.6 - 8.3	g/dL
Albumin Method : Serum, Bromocresol green	4.77	3.2 - 4.6	g/dL
Globulin Method : Serum, EIA	2.69	1.8 - 3.6	g/dL
A/G Ratio Method : Serum, EIA	1.77	1.2 - 2.2	
Bilirubin - Total Method : Serum, Jendrassik Grof	0.32	0.3 - 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.11	< 0.2	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.21	0.1 - 1.0	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	34	Upto 40	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	14	Upto 42	U/L
Alkaline Phosphatase Method : PNPP-AMP Buffer/Kinetic	97	30 - 120	U/L

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Test Description	Value(s)	Reference Range
Gamma Glutamyl Transferase (GGTP)		
Gamma GT Method : G-Glutamyl-Carboxy-Nitoanilide	33	<38 U/L

Interpretation

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

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Test Description	Value(s)	Reference Range	
THYROID FUNCTION TEST (TFT)			
T3-Total	1.06	0.6 - 1.80	ng/mL
T4-Total	9.3	4.5 to 10.9	microgm/dl
TSH-Ultrasensitive	1.1	0.35 to 5.55	microU/mL

Method : CLIA

Interpretation

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, T3 T4 can be high and TSH can be slightly low

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Test Description	Value(s)	Reference Range
GLYCOSYLATED HAEMOGLOBIN (GHB / HBA1c)		
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD	4.9	%
Method : (HPLC, NGSP certified)		
Estimated Average Glucose :	93.93	mg/dL

Interpretation

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 Action suggested: > 8.0 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)
6	126
7	154
8	183

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000701523

Test Description	Value(s)	Reference Range
9	212	
10	240	
11	269	
12	298	

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Test Description	Value(s)	Reference Range
<u>FASTING BLOOD SUGAR</u>		
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	82	Normal: 70 - 99 mg/dL Impaired Tolerance: 100-125 Diabetes mellitus: \geq 126 (on more than one occasion) (American diabetes association guidelines 2018)
Urine Fasting	Absent	

END OF REPORT

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000701523

Test Description	Value(s)	Reference Range
PPBS		
Blood Glucose-Post Prandial Method : Hexokinase	122	70 - 140 mg/dL
Urine Post Prandial	Absent	

END OF REPORT

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000701523

Test Description	Value(s)	Reference Range
<u>URINE ROUTINE EXAMINATION</u>		
Volume*	20	- ml
Colour*	Pale Yellow	
Transparency (Appearance)*	Clear	
Deposit*	Absent	
Reaction (pH)*	5.5	4.5 - 8
Specific Gravity*	1.015	1.010 - 1.030
<u>Chemical Examination (Automated Dipstick Method) Urine</u>		
Urine Glucose (sugar)*	Absent	
Urine Protein (Albumin)*	Absent	
<u>Microscopic Examination Urine</u>		
Pus Cells (WBCs)*	1-2	0 - 5 /hpf
Epithelial Cells*	0-1	0 - 4 /hpf
Red blood Cells*	Absent	/hpf
Crystals*	Absent	
Cast*	Absent	
Bacteria*	Absent	
Mucus Thread	Absent	

END OF REPORT

Dr. Rajendra Ramling Shete

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Name : MRS. SANDHYA KHENGARE	Age/Sex : 40 YEARS/F
Ref By : Dr. MADYOASIS MEDICAL SERVICES (--)	Date : 14 Jan 2023

2D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Saturday, January 14, 2023

Left Ventricle:

The left ventricle is normal in size. No e/o RWMA.

The left ventricular ejection fraction is normal .

Left Atrium:

The left atrium is normal size. No clot.

Right Ventricle:

The right ventricular is normal size. There is normal right Ventricular wall thickness.

Aorta:

The aortic root is normal.

Pulmonary Artery:

The Pulmonary artery is normal.

Pericardium:

There is no pericardial effusion. No calcification.

Aortic Valve:

The aortic valve is tri-leaflet with thin, pliable leaflets that move normally. There is no aortic

Stenosis. No aortic regurgitation is present.

Mitral Valve:

The mitral valve leaflets are thin. Normal mitral gradients. There is no evidence of stenosis, prolapse.

Diastolic flows are altered . No mitral regurgitation noted.

Facilities

● 3D /4D sonography ● Fetal medicine ● Obstetric Sonography ● Digital Xray ● Pathology ● ECG
● 32 slice low radiation dose CT scan ● Ultrasonogray with All Doppler studies ● Health Packages ● TMT

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Tricuspid Valve:

The tricuspid valve leaflets are thin and pliable and the valve motion is normal. No tricuspid Regurgitation is noted.

Pulmonary Valve:

The pulmonary valve leaflets are thin and pliable and the valve motion is normal. No pulmonary Valvular regurgitation is noted.

Proximal Coronaries:

Not visualized.

IAS and IVS are intact.

M-MODE/2D PARAMETERS

AO	25	(23-37mm)
LA	31	(19-40mm)
RVD		(7-23mm)
LVD	37	(35-55mm)
LVS	26	(24-42mm)
IVS	9.5	(6-11mm)
LVPW	9.4	(6-11mm)
EF	55-60%	(50-70%)

Parameters in brackets indicate normal adult Values.

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PASSION
The Diagnostic Destination

IMPRESSION:

- No e/o RWMA
- Normal EF.
- RA / RV not dilated.
- No e/o pulmonary hypertension
- Normal valves and velocities.
- No clot, vegetations or effusions.

Dr. Ganesh Sanap
MBBS, DMRD, DNB.

Facilities

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PASSION
The Diagnostic Destination

Patient Name	: MRS. SANDHYA KHENGARE	Date	: 14 Jan 2023
Referred By	: Dr. MADYOASIS MEDICAL SERVICES (--)	Age	: 40 YEARS Sex : F

USG ABDOMEN AND PELVIS

Liver:

The liver is normal in size, shape and echotexture. No focal lesion is seen. The intrahepatic biliary radicles are normal. The common bile duct and the portal vein appears normal.

Gall Bladder:

The gall bladder is well distended. No calculus is seen. The wall thickness is normal.

Pancreas:

The pancreas is normal in size and shape. No focal lesion or calcifications are seen within it. The pancreatic duct is normal.

Spleen:

The spleen is normal in size and measures 10 cm. No focal lesion is seen.

Kidneys:

The right kidney measures 10.8 x 4.6cm. The left kidney measures 10.6 x 5.3cm.

Right renal mid pole non obstructing calculus of size 4 mm .

Left renal mid pole non obstructing calculus of size 3 mm seen.

Both kidneys show normal parenchymal echotexture. The corticomedullary differentiation is maintained bilaterally. The pelvicalyceal system is normal in both the kidneys.

Aorta/IVC:

The aorta and IVC appear grossly normal. No ascites or lymphadenopathy is seen.

Urinary bladder:

The bladder is well distended. The wall thickness is normal. No vesical calculus is seen.

Uterus and ovaries:

The uterus is anteverted and measures 7 x 4.3 x 3.4 cm in size. IUCD seen in situ . No focal lesion is seen within the myometrium. No adnexal mass is seen on either side. Both ovaries appears normal

Impression:

Right renal mid pole non obstructing calculus of size 4 mm .

Left renal mid pole non obstructing calculus of size 3 mm seen.

Dr. Ganesh Sanap
MBBS, DMRD, DNB.

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PASSION
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Patient Name: MRS. SANDHYA KHENGARE
Ref. By: Dr. MADYOASIS MEDICAL SERVICES (--)

Dt: 14 Jan 2023
40 YEARS/F

X RAY CHEST PA VIEW

Both the lung fields are clear.

Left diaphragmatic domes have normal contours and positions.

Cardio-aortic silhouette has a normal appearance.

There is no evidence of any pleural effusion.

Bony thorax appears normal

CONCLUSION:

No obvious abnormality seen at present study.

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Ms. Sandhya Eknath Khengare

Hadapsar Kumar Park Fursungi Road Wakad Pune Maharashtra India

Gendr/DOB (Age) : Female/14-Jan-1983(40Y 0M)

Medico ID : 23011401224515

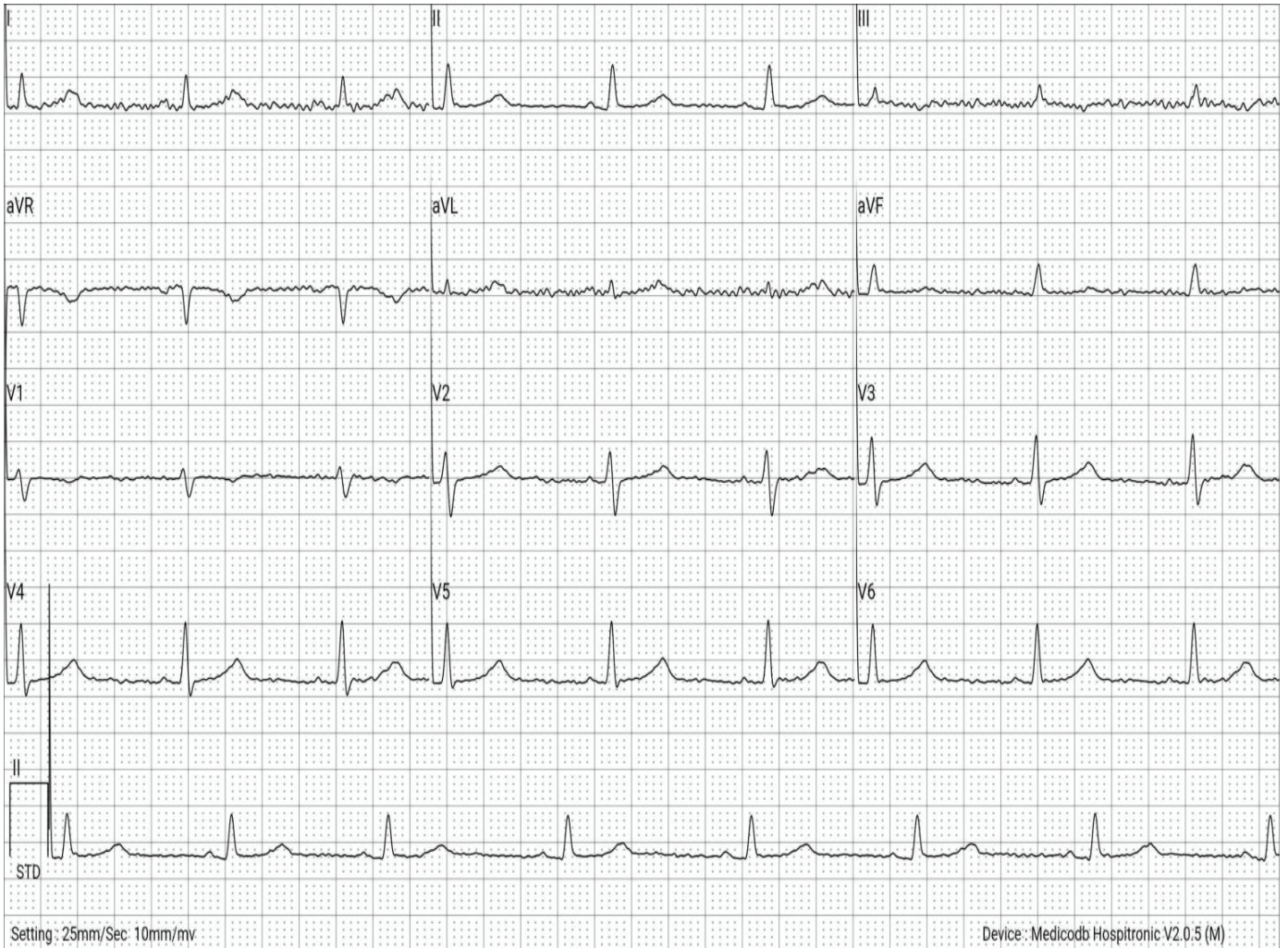
Referred By :

Date

: 14-Jan-2023 / 11:44 AM

History :

REPORT ON ECG



VITALS	:	TEMP	: - (F)	PULSE RATE	: - /MIN	RBS	: - mg/dL
	:	HR	: 69 /MIN	BP	: 110 / 70 mmHg	SPO2	: 98.0 %

MEASUREMENTS*	:	PR	: 146.43 ms	QT	: 436.74 ms	P	: 0.0 deg
(ECG Parameters)	:	ST	: 0.29 ms	QTc	: 468.01 ms	QRs	: 37.02 deg
	:	R-R	: 870.83 ms	QRS	: 91.67 ms	T	: 0.0 deg

FINDINGS	:	NORMAL SINUS RHYTHM. NO SIGNIFICANT ST CHANGES NOTED
IMPRESSION	:	THIS ECG IS FOUND TO BE WITHIN NORMAL LIMITS.
RECOMMENDATION	:	CLINICAL CORRELATION

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

* Software calculated values; to be verified manually.

Printed By : Madyoasis Medical SPL ECG Technician On 14-Jan-2023 / 05:15 PM

Reported By

Express Diagnostics HQ

(Rs. 0.00/- Received for this ECG)

(Dr. Darshan C Shah (M.D. Medicine)) Reg. No : G-87427



Patient Name : MRS. SANDHYA KHENGARE

Age / Gender : 40 years / Female

Mobile No. : -

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Source : DIRECT

Referral : SELF

Collection Time : Jan 16, 2023, 01:42 p.m.

Receiving Time : Jan 16, 2023, 01:42 p.m.

Reporting Time : Jan 16, 2023, 01:45 p.m.

Sample ID :



000301623

Test Description	Value(s)	Reference Range
LIPID PROFILE		
Cholesterol-Total Method : Spectrophotometry	136	Desirable level < 200 Borderline High 200-239 High >or = 240
Triglycerides Method : Serum, Enzymatic, endpoint	47	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
HDL Cholesterol Method : Serum, Direct measure-PEG	25	Normal: > 40 Major Risk for Heart: < 40
LDL Cholesterol Method : Enzymatic selective protection	101.60	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
VLDL Cholesterol Method : Serum, Enzymatic (Calculated)	9.40	6 - 38
CHOL/HDL Ratio Method : Serum, Enzymatic	5.44	UP TO 5.0
LDL/HDL Ratio Method : Serum, Enzymatic	4.06	UP TO 3.5

Note:

8-10 hours fasting sample is required.

END OF REPORT

Dr. Rajendra Ramling Shete

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