

Patient Name:-	KARUNA RAVI HIRE	Date :-	11/02/2023
Age & Sex :-	37Y F		
Referred By :-	HEALTH CHECK UP		

X-RAY CHEST PA VIEW

Both lung zones are clear

Cardiac silhouette is normal.

Both costophrenic angles clear.

Both domes of diaphragm are at normal level.

Bony thorax is unremarkable.

Impression -No significant abnormality detected in present study.

Please correlate with clinical findings and relevant investigations.



Dr. Vivek Chaudhari
D.M.R.E.
Consultant Radiologist

Patient Name : MRS. KARUNA RAVI HIRE

Age / Gender : 37 years / Female

Patient ID : 19363

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 11/02/2023, 08:46 AM

Reporting Time : 11/02/2023, 10:53 AM

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
CBC			
Hemoglobin (Hb)* Method : Cynmeth Photometric Measurement	11.9	12.0 - 15.0	gm/dL
Erythrocyte (RBC) Count* Method : Electrical Impedence	4.97	3.8 - 4.8	mil/cu.mm
Packed Cell Volume (PCV)* Method : Calculated	35.4	36 - 46	%
Mean Cell Volume (MCV)* Method : Electrical Impedence	71.23	83 - 101	fL
Mean Cell Haemoglobin (MCH)* Method : Calculated	23.94	27 - 32	pg
Mean Corpuscular Hb Concn. (MCHC)* Method : Calculated	33.62	31.5 - 34.5	gm/dL
Red Cell Distribution Width (RDW)* Method : Electrical Impedence	17.0	11.6 - 14.0	%
Total Leucocytes (WBC) Count* Method : Electrical Impedence	7100	4000-10000	cell/cu.mm
Neutrophils* Method : VCSn Technology	68	40 - 80	%
Lymphocytes* Method : VCSn Technology	23	20 - 40	%
Monocytes* Method : VCSn Technology	07	2 - 10	%
Eosinophils* Method : VCSn Technology	02	1 - 6	%
Basophils Method : VCSn Technology	00	0 - 4	%
Platelet Count* Method : Electrical Impedence	269	150 - 410	10 ³ /ul
E.S.R			
Erythrocyte Sedimentation Rate Method : EDTA Whole blood, modified westerngren	40	<20	mm/hr

Interpretation:

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

****END OF REPORT****

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

Patient Name : MRS. KARUNA RAVI HIRE

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Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 11/02/2023, 08:46 AM

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Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
<u>BLOOD GLUCOSE FASTING (FBS)</u>			
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	108.4	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: ≥ 126 (on more than one occasion) (American diabetes association guidelines 2018)	mg/dL
Urine Fasting	Absent		
<u>BLOOD GLUCOSE POST PRANDIAL (PP2BS)</u>			
Blood Glucose-Post Prandial Method : Hexokinase	124.4	70 - 140	mg/dL
Urine Post Prandial	Absent		
<u>GLYCOSYLATED HB (HBA1C)</u>			
Glyco Hb (HbA1C)	5.0	Non-Diabetic: ≤ 5.6 Pre Diabetic: 5.7-6.4 Diabetic: ≥ 6.5	%
Estimated Average Glucose :	96.80		mg/dL

Interpretations

- HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
- Low glycosylated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control.
 - Excellent control-6-7 %
 - Fair to Good control - 7-8 %
 - Unsatisfactory control - 8 to 10 %
 - Poor Control - More than 10 %

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Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
LIPID PROFILE (D)			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	139.0	Desirable: <= 200 Borderline High: 201-239 High: > 239	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	79.1	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	38.8	Normal: > 40 Major Heart Risk: < 40	mg/dL
LDL Cholesterol Method : Calculated	84.38	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190	mg/dL
Non - HDL Cholesterol, Serum Method : calculated	100.20	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL	mg/dL
VLDL Cholesterol Method : calculated	15.82	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	3.58	3.5 - 5.0	ratio
LDL/HDL RATIO Method : calculated	2.17	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio
HDL/LDL RATIO Method : calculated	0.46	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

Note: 5-10 hours fasting sample is required. Test results may show interferences due to pregnancy, certain drugs such as estrogens and other drugs (such as androgenic and related steroids), and insulin therapy etc. 12 hours fast is recommended prior to the test as non fasting status may result in falsely elevated test values. Alcohol should not be consumed for atleast 24 hours before the test. Values may be increased in acute illness, colds or flu. Obesity, stress, physical inactivity, cigarette smoking may lead to increase test values. If possible all medications should be withheld for atleast 24 hours before testing (On Doctors Advice). Intraindividual variations, seasonal as well as positional variations (levels lower when sitting compared to standing etc.) have been observed. Cholesterol and HDL-C should not be measured immediately after MI, and 3 months wait is suggested.

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Collection Time : 11/02/2023, 08:46 AM

Reporting Time : 11/02/2023, 04:55 PM

Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
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BLOOD GROUP & RH (D) FACTOR, EDTA WHOLE BLOOD

Blood Group Method : Forward and Reverse By Tube Method	"B"		
RH Factor	Positive		

Methodology

This is done by forward and reverse grouping by tube Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).

LIVER FUNCTION TEST-1

Bilirubin - Total Method : Diazotization	0.74	0.3 - 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.4	Adults and Children: 0.0 - 0.4	mg/dL
Bilirubin - Indirect Method : Calculated	0.34		
SGOT Method : Serum, UV without P5P	25.0	< 50	U/L
SGPT Method : Serum, UV without P5P	25.9	< 50	U/L
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	105.0	30-120	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	6.61	6.6 - 8.3	g/dL
Albumin Method : Serum, Bromocresol green	3.77	Adults: 3.5 - 5.2	g/dL
Globulin Method : Calculated	2.80	1.8 - 3.6	g/dL
A/G Ratio Method : Calculated	1.35	1.2 - 2.2	ratio

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Reporting Time : 11/02/2023, 10:34 AM
Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
CREATININE			
Creatinine Method : Enzymatic	0.63	0.6 - 1.2 mg/dl	mg/dL
URIC ACID			
Uric Acid* Method : Uricase, POD	4.6	2.5 - 6.8 mg/dL	mg/dL
BLOOD UREA NITROGEN			
Urea * Method : Serum, Urease	22.1	17 - 43	mg/dL
Blood Urea Nitrogen-BUN* Method : Calculated	10.32	7 - 25 mg/dL	mg/dL
BUN CREATININE RATIO			
Urea	22.1	17 - 43	mg/dL
Blood urea nitrogen	10.32	7 - 25	mg/dL
Creatinine	0.63	0.6 - 1.2	mg/dL
BUN/Creatinine ratio	16.38	6 - 22	Ratio
THYROID FUNCTION TEST 1			
T3-Total Method : Serum, CLIA	1.31	0.69 - 2.15 ng/mL	ng/mL
T4-Total Method : Serum, CLIA	8.10	5.2 - 12.7 ug/dL	ug/dL
TSH Method : Serum, CLIA	2.18	0.3 - 4.5 uIU/mL	uIU/mL
Interpretation			

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Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
URINE ROUTINE			
Volume*	10	ml -	ml
Colour*	Pale Yellow	Pale Yellow	
Transparency (Appearance)*	Clear	Clear	
Deposit*	Absent	Absent	
Reaction (pH)*	6.5	4.5 - 8	
Specific Gravity*	1.020	1.010 - 1.030	
Chemical Examination (Automated Dipstick Method) Urine			
Urine Glucose (sugar)*	Absent	Absent	
Urine Protein (Albumin)*	Absent	Absent	
Urine Ketones (Acetone)*	Absent	Absent	
Blood*	Absent	Absent	
Bile pigments*	Absent	Absent	
Nitrite*	Absent	Absent	
Microscopic Examination Urine			
Pus Cells (WBCs)*	2-4	0 - 5	/hpf
Epithelial Cells*	10-12	0 - 4	/hpf
Red blood Cells*	Occasional	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Trichomonas Vaginalis*	Absent	Absent	
Yeast Cells*	Absent	Absent	
Amorphous deposits*	Absent	Absent	
Bacteria*	Absent	Absent	

****END OF REPORT****

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

SHRIMATI JAYABEN MODY HOSPITAL

REGD. No. F/106/BHARUCH

MANAGED BY :

Ankleshwar Industrial Development Society, Ankleshwar
VALIA ROAD, GIDC, ANKLESHWAR - 393 002. PHONE : 222220, 224550

NAME OF PATIENT : HIRE KARUNA RAVI
DATE : 11/02/2023

DIGITAL MAMMOGRAPHY AND SONOMAMMOGRAPHY-BOTH BREAST

Both breast reveals normal parenchymal pattern. No e/o any architectural distortion/ speculated mass. No e/o micro/macrocalcification. No e/o nipple retraction. No e/o of tubular thickening. Overlying skin appears normal. No e/o focal SOL. Axillary tail appears normal. Retromammary tissue and pectoral muscle appear normal. No e/o any significant axillary nodes.

Sonomammaography of both breast reveals normal glandular and fatty parenchyma. No e/o hyper / hypoechoic mass. No e/o any cyst in both breast. Both axillary region appears normal. Both retroareolar region appears normal.

IMPRESSION:

- No abnormality detected in both breast - BIRADS category 1.

DR JAMAKI RAJ
M.D.RADIOLOGIST

SHRIMATI JAYABEN MODY HOSPITAL

REGD. No. F/106/BHARUCH

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NAME OF PATIENT : HIRE KARUNA RAVI
DATE : 11/02/2023

USG OF ABDOMEN AND PELVIS

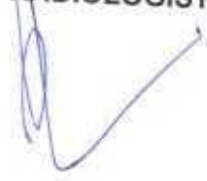
Liver appears normal in size, shape and shows fatty cortex suggestive of grade I fatty liver. No evidence of focal SOL or dilation of IHBR seen.
Porta hepatis is appears normal.
Gallblader appears normal. No evidence of calculi.
Pancreas appears normal in size and echotexture.
Spleen appears normal in size and echotexture.
Aorta appears normal. No para aortic lymphnodes seen.
Right kidney appears normal in size, location and echotexture.
Cortex and collecting system of right kidney appears normal.
No calculi or obsrtuctive uropathy.
Left kidney appears normal in size, location and echotexture.
Cortex and collecting system of left kidney appears normal.
No calculi or obsrtuctive uropathy.
Bladder appears normal.No calculi seen.
Uterus is antverted, appears normal in size.
Uterus is filled with homogeneous myometrial echoes
Cavity echo appears normal. No evidence of G sac or fibroid seen.
Both ovaries appears normal. No evidence of adnexal patholgy.
Terminal ileum and ceacum appears normal.
Appenidx not seen due to bowel gas.no evidence of probe tenderness.
No evidence of free fluid or collection is seen in peritoneal spaces.

COMMENTS:

- Grade I fatty liver.
- No other significant diagnostic abnormality detected.

THANKS FOR THE REFERENCE

DR. JANAKI RAJ (M.D.)
CONSULTANT RADIOLOGIST



11.02.2023 15:17:59
SARDA JETEL HOSPITAL
CHIKUWADI
ANKLESHWAR

Ord Location:
Number: Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

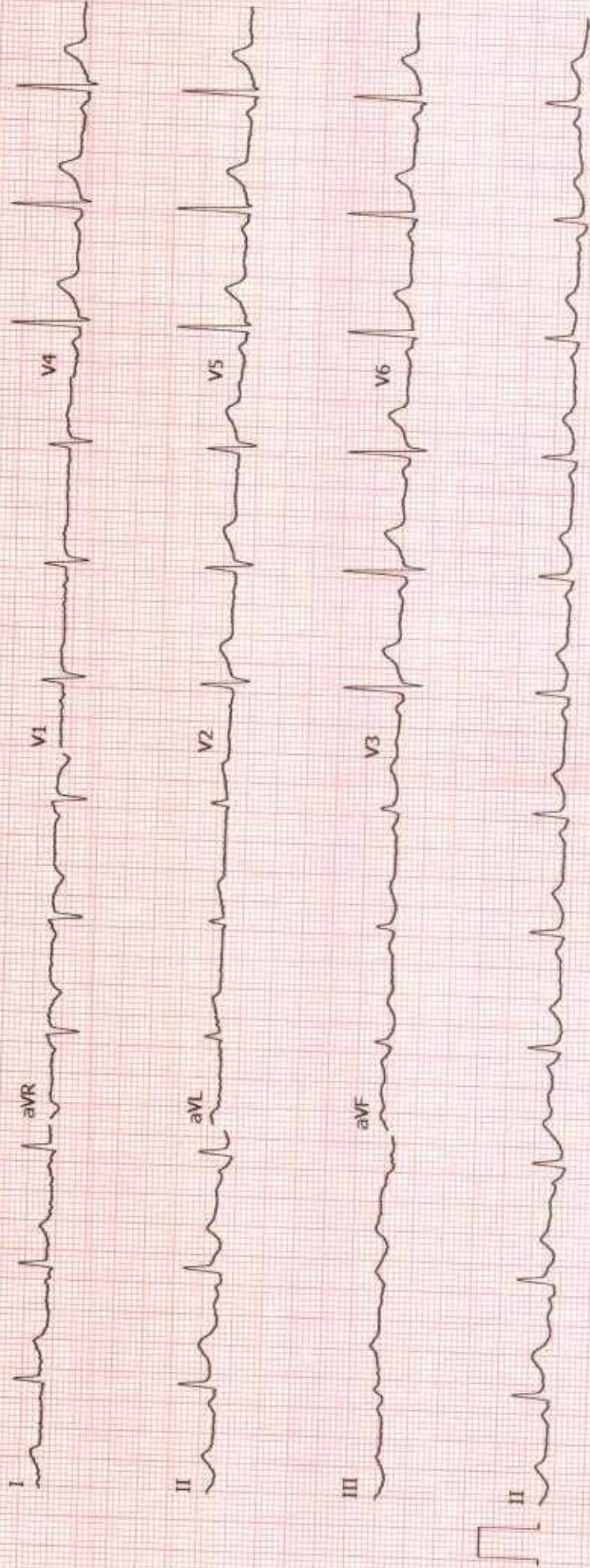
Room:

76 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms
QT / QTcBaz : 386 / 434 ms
PR : 156 ms
P : 108 ms
RR / PP : 788 / 789 ms
P / QRS / T : 53 / 40 / 39 degrees

Normal sinus rhythm
Normal ECG





SARDAR PATEL HOSPITAL
& HEART INSTITUTE

Patient Name : Mrs. Karuna Ravi Hire
Registration No : 101-023-2075-000
Sex : Female
Patient Arrived At : 11-Feb-2023 09:00:00 AM
Test Name : ECHO STUDY

DOB : 07-Oct-1985
Age : 37 Yrs/
Result Verified At : 11-Feb-2023 14:41

2D ECHO CARDIOGRAPHY REPORT

- All cardiac chambers are normal in dimension
- Normal LV Systolic function at Rest, LVEF =60 %
- No RWMA at Rest.
- No diastolic dysfunction (E>A, MV E'> 0.10 m/s)
- MV – Normal, No MS/MR
AV – Normal, No AS/ AR
- TV – Normal , No TS/ Trivial TR
PV – No PS / PR
- No Pulmonary Hypertension, RVSP = 25 mmHg
- IAS / IVS appear Intact
- No e/o obvious Clot / Vegetation / effusion
- IVC not dilated collapsing > 50% on inspiration

IMPRESSION: NORMAL LV SYSTOLIC FUNCTION, NO RWMA, NO PAH

Dr. Milan Mehta
D.Card (Mumbai)
Non-Invasive Cardiology

Sardar Patel Hospital & Heart Institute

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