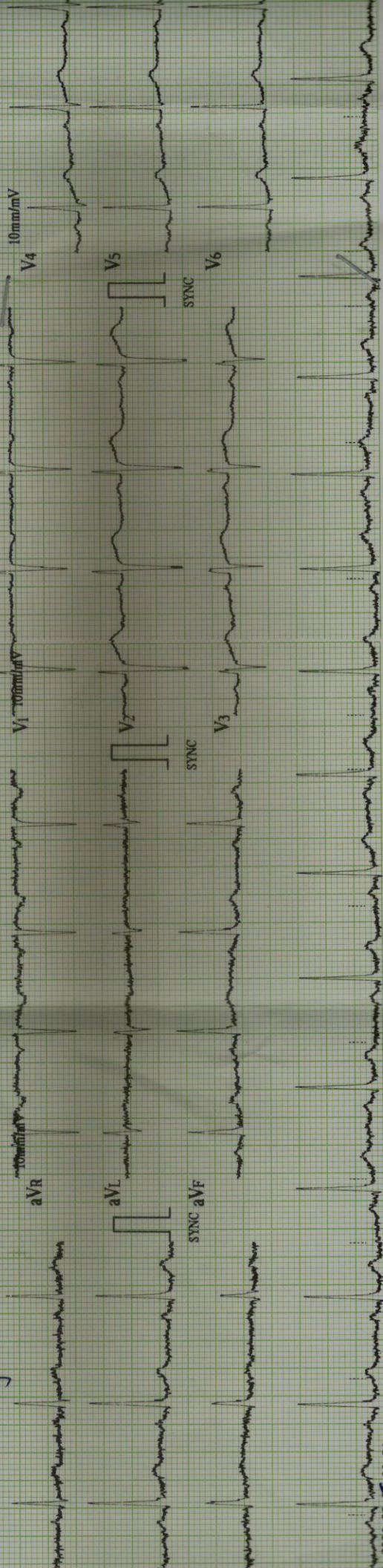


Mr. Geyar, Meenakerus

2013/22

110m



Phone: 9822198798

GUJAR, MEENAKSHI
 Patient ID 02930
 26.03.2022
 2:30:37pm

Tabular Summary

Female
 35yrs Indian
 Meds:

BRUCE: Total Exercise Time 06:32
 Max HR: 169 bpm 91% of max predicted 185 bpm HR at rest: 97
 Max BP: 130/80 mmHg BP at rest: 120/80 Max RPP: 21580 mmHg*bpm
 Maximum Workload: 8.60 METS
 Max. ST: -1.80 mm, 0.00 mV/s in II; EXERCISE STAGE 3 06:30
 Arrhythmia: PVC:3

Test Reason: Screening for CAD
 Medical History: NO HISTORY

Ref. MD: Ordering MD:
 Technician: RUPALI Test Type: Treadmill Stress Test
 Comment:

ST/HR index: 2.15 μ V/bpm

Reasons for Termination: Dyspnea

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: GOOD EFFORT TOLERANCE

MAX HR ACHIEVED

NORMAL BP RESPONSE

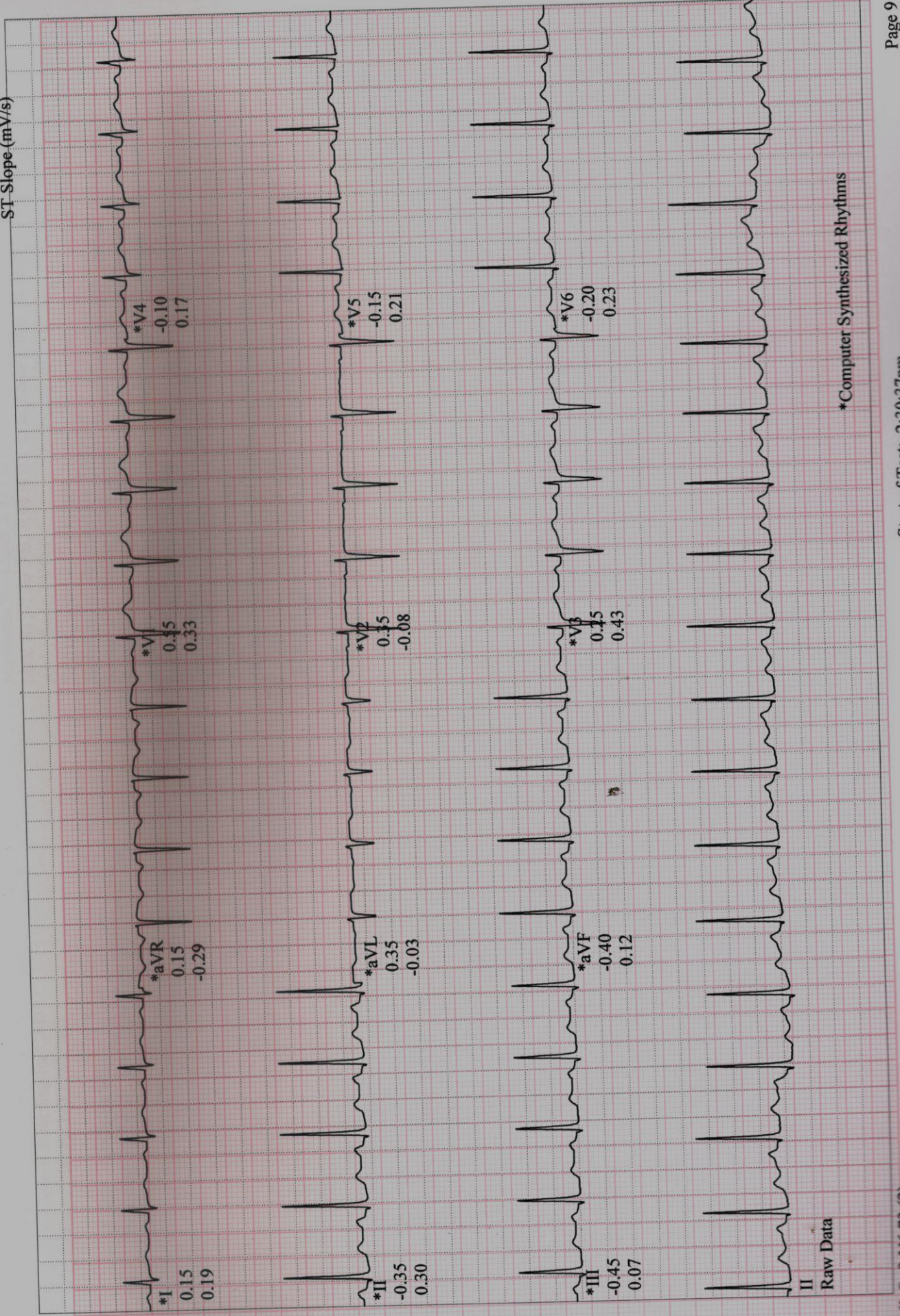
NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. RAJDAIT DEORE
 MD,DM-CARDIOLOGIST
 MMC 2005/03/1520

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (II mm)	Comment
PRETEST	SUPINE	01:39	0.00	0.00	1.0	99	111/80	10989	2	-0.10	
	STANDING	00:12	0.00	0.00	1.0	92			1	0.10	
	HYPERV.	00:27	0.50	0.00	1.1	79			1	0.10	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	116	118/80	13688	0	-0.20	
	STAGE 2	03:00	2.50	12.00	7.0	155	118/80	18290	0	-1.00	
	STAGE 3	00:33	3.40	14.00	8.6	169	130/80	21970	0	-1.75	
RECOVERY		02:55	0.00	0.00	1.0	109	130/80	14170	0	-0.35	

Lead
ST Level (mm)
ST Slope (mV/s)



II Raw Data

*Computer Synthesized Rhythms



Dept. of Radiology

(For Report Purpose Only)



REQ. DATE : 26-MAR-2022 REP. DATE : 26-MAR-2022
NAME : MRS. GUJAR MEENAKSHI BHAGWAN
PATIENT CODE : 106698 AGE/SEX : 35 YR(S) / FEMALE
REFERRAL BY : HOSPITAL PATIENT

USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size, shape & echotexture. No focal lesion / IHBR dilatation.

CBD / PV : Normal. **G.B.** : Moderately distended, normal.

Spleen : Is normal in size, shape & echotexture. No focal lesion.

Pancreas : Normal in size, shape & echotexture.

Both kidneys are normal in size, shape & echotexture, CMD maintained.
No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 10.9 x 4 cm.
Left kidney measures : 10.5 x 4.7cm.

Urinary bladder : Moderately distended, normal.

Uterus : Anteverted, normal in size (7 x 4 x 3.8 cms), shape, echotexture. No fibroid.
Endometrium show normal appearance. ET = 5.1 mm.

Both ovaries : show normal features. Adnexa clear.

Right ovary : 20 x 21 mm.

Left ovary : 30 x 15 mm.

No obvious demonstrable small bowel / RIF pathology.
Normal Aorta, IVC, adrenals and other retroperitoneal structures.
No ascites / lymphadenopathy / pleural effusion.

IMPRESSION :

No significant abnormality noted in the present study.

- Kindly co-relate clinically.

DR. SAURABH PATIL
(MBBS, MD RADIOLOGY)
CONSULTANT RADIOLOGIST



Dept. of Radiology

(For Report Purpose Only)



Caring Redefined

REQ. DATE : 26-MAR-2022 REP. DATE : 26-MAR-2022
NAME : MRS. GUJAR MEENAKSHI BHAGWAN
PATIENT CODE : 106698 AGE/SEX : 35 YR(S) / FEMALE
REFERRAL BY : HOSPITAL PATIENT

BILATERAL SONOMAMMOGRAPHY

OBSERVATION :

RT. BREAST.

Fibro-glandular tissues appear normal.
Skin and subcutaneous tissue appear normal.
Nipple shows normal features.
No significant axillary adenopathy.

LT. BREAST.

Fibro-glandular tissue appear normal.
Skin and subcutaneous tissue appear normal.
Nipple appear normal.
No e/o axillary lymphadenopathy.

IMPRESSION :

No sonologically demonstrable focal breast lesion.
- Kindly correlate clinically.

DR. SAURABH PATIL
(MBBS, MD RADIOLOGY)
CONSULTANT RADIOLOGIST



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 26-MAR-2022 REP. DATE : 26-MAR-2022
NAME : MRS. GUJAR MEENAKSHI BHAGWAN
PATIENT CODE : 106698 AGE/SEX : 35 YR(S) / FEMALE
REFERRAL BY : HOSPITAL PATIENT

CHEST X-RAY PA VIEW

OBSERVATION :

Mildly prominent bronchovascular markings are noted in both lung fields.
Heart and mediastinum are normal.
Diaphragm and both CP angles are normal.
Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION :

**Mildly prominent bronchovascular markings in both lung fields ?
bronchitis.**

-Kindly correlate clinically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST



Dept. of Pathology
(For Report Purpose Only)



PRN : 106698
Patient Name : Mrs. GUJAR MEENAKSHI BHAGWAN
Age/Sex : 35Yr(s)/Female

Lab No : 10058
Req.No : 10058

Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 26/03/2022 10:18 AM
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Print Date & Time : 26/03/2022 03:03 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN (Hb)	: 13.4	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 39.6	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.53	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 87.4	cu micron	76 - 96
M.C.H.	: 29.6	pg	27 - 32
M.C.H.C	: 33.8	picograms	32 - 36
RDW-CV	: 13.4	%	11 - 16
WBC TOTAL COUNT	: 8760	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 310000	cumm	150000 - 450000

WBC DIFFERENTIAL COUNT

NEUTROPHILS	: 61	%	ADULT : 40 - 70 CHILD : : 20 - 40
ABSOLUTE NEUTROPHILS	: 5343.60	µL	2000 - 7000
LYMPHOCYTES	: 29	%	ADULT : 20 - 40 CHILD : : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2540.40	µL	1000 - 3000
EOSINOPHILS	: 02	%	01 - 04
ABSOLUTE EOSINOPHILS	: 175.20	µL	20 - 500
MONOCYTES	: 08	%	02 - 08
ABSOLUTE MONOCYTES	: 700.80	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 106698
Patient Name : Mrs. GUJAR MEENAKSHI BHAGWAN
Age/Sex : 35Yr(s)/Female

Lab No : 10058
Req.No : 10058

Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC Morphology	: Normocytic Normochromic		
WBC Abnormality	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

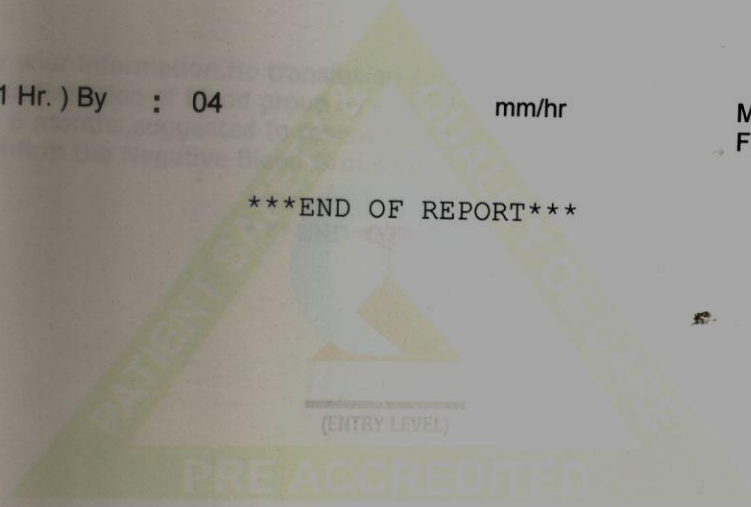
Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

ESR

ESR MM(At The End Of 1 Hr.) By : 04 mm/hr
 Wintrobes Method

Male : 0 - 9
 Female : 0 - 20

END OF REPORT



Technician

Report Type By :- KAJAL SADIGALE

[Signature]
Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 106698 **Lab No** : 10058
Patient Name : Mrs. GUJAR MEENAKSHI BHAGWAN **Req.No** : 10058
Age/Sex : 35Yr(s)/Female
Company Name : BANK OF BARODA **Collection Date & Time** : 26/03/2022 10:18 AM
Referred By : Dr.HOSPITAL PATIENT **Reporting Date & Time** : 26/03/2022 02:54 PM
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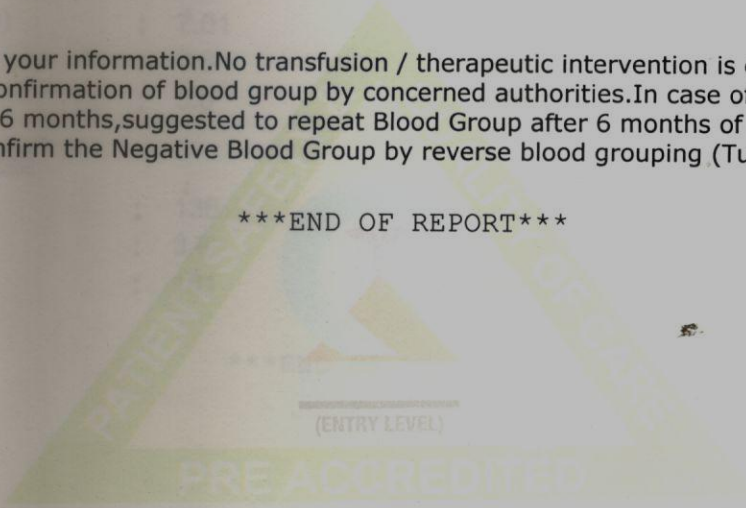
HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "O"
RH FACTOR : NEGATIVE


NOTE : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse blood grouping (Tube method).

END OF REPORT



Technician

Report Type By :- KAJAL SADIGALE


Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 106698
Patient Name : Mrs. GUJAR MEENAKSHI BHAGWAN
Age/Sex : 35Yr(s)/Female
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 10058
Req.No : 10058

Collection Date & Time : 26/03/2022 10:18 AM
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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

RFT (RENAL FUNCTION TEST)

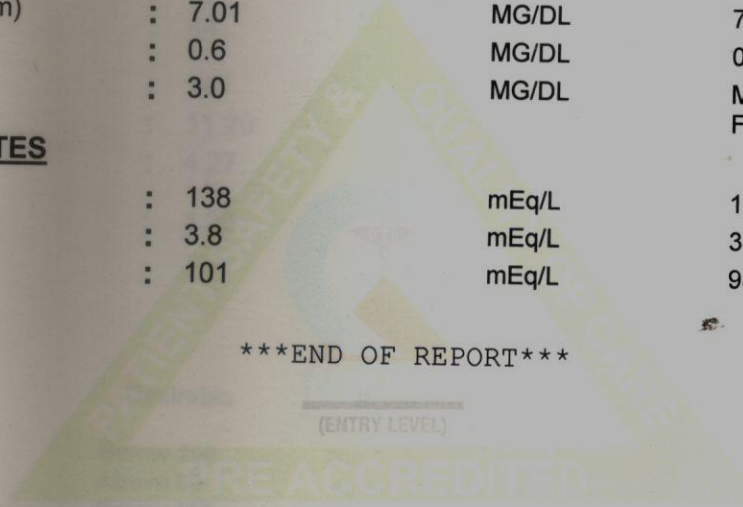
BIOCHEMICAL EXAMINATION

UREA (serum)	: 15	MG/DL	0 - 45
UREA NITROGEN (serum)	: 7.01	MG/DL	7 - 21
CREATININE (serum)	: 0.6	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 3.0	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

SERUM ELECTROLYTES

SERUM SODIUM	: 138	mEq/L	136 - 149
SERUM POTASSIUM	: 3.8	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 101	mEq/L	98 - 107

END OF REPORT



Technician

Report Type By :- KAJAL SADIGALE

Dr. Poonam Kadam
Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Pathology

(For Report Purpose Only)



PRN : 106698
Patient Name : Mrs. GUJAR MEENAKSHI BHAGWAN
Age/Sex : 35Yr(s)/Female

Lab No : 10058
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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 188	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 56	MG/DL	0 - 150
HDL (serum)	: 44	MG/DL	Male : 42 - 79.5 Female : 42 - 79.5
LDL (serum)	: 141	MG/DL	0 - 130
VLDL (serum)	: 11.20	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 4.27		Male : 1.0 - 5.0 Female : 1.0 - 4.5
LDL/HDL RATIO	: 3.20		Male : <= 3.6 Female : <=3.2

NCEP Guidelines

	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.
 Cholesterol & Triglycerides reprocessed , & confirmed.

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

[Signature]
Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Pathology
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PRN : 106698
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Age/Sex : 35Yr(s)/Female

Lab No : 10058
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BIOCHEMISTRY

LFT (Liver function Test)

BILIRUBIN TOTAL (serum)	: 0.3	MG/DL	INFANTS : 1.2 - 12.0 ADULT : : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.1	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.20	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 19	IU/L	5 - 40
S.G.P.T (serum)	: 10	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 87	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : : 67 - 382 ADULT : : 36 - 113
PROTEINS TOTAL (serum)	: 6.1	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 3.6	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 2.50	GM/DL	1.8 - 3.6
A/G RATIO	: 1.44		1:2 - 2:1

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

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Dept. of Pathology
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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HBA1C : 4.90 %
Normal Control : : 4.2 - 6.2
Good Control : : 5.5 - 6.7
Fair Control : : 6.8 - 7.6
Poor Control : : >7.6

Instrument: COBAS C 111

NOTE :

1. The HbA1C test shows your average blood sugar for last 3 months.
2. The HbA1C test does not replace your day-to-day monitoring of blood glucose.
Use this test result along with your daily test results to measure your overall diabetes control.

How does HbA1C works ?

The HbA1C test measures the amount of **sugar that attaches to protein** in your red blood cells. RBCs live for about 3 months, so this test shows your average blood sugar levels during that time. Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.

Why is this test so important ?

Research studies demonstrated that **the closer to normal your HbA1C level was, the less likely your risk of developing the long- term complications of diabetes.** Such problems include eye disease and kidney problems.

Who should have the HbA1c test done ?

Everyone with diabetes can benefit from taking this test. Knowing your HbA1C level helps you and your doctor decide if you need to change your diabetes management plan.

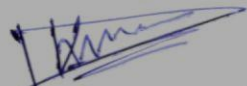
How often should you have a HbA1C test ?

You should have this test done when you are first diagnosed with diabetes. Then at least twice a year if your treatment goals are being met & blood glucose control is stable. More frequent HbA1C testing (4 times / year) is recommended if your blood glucose management goals.

END OF REPORT


Technician

Report Type By :- KAJAL SADIGALE


Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
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Pathologist



Dept. of Pathology
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PRN : 106698
Patient Name : Mrs. GUJAR MEENAKSHI BHAGWAN
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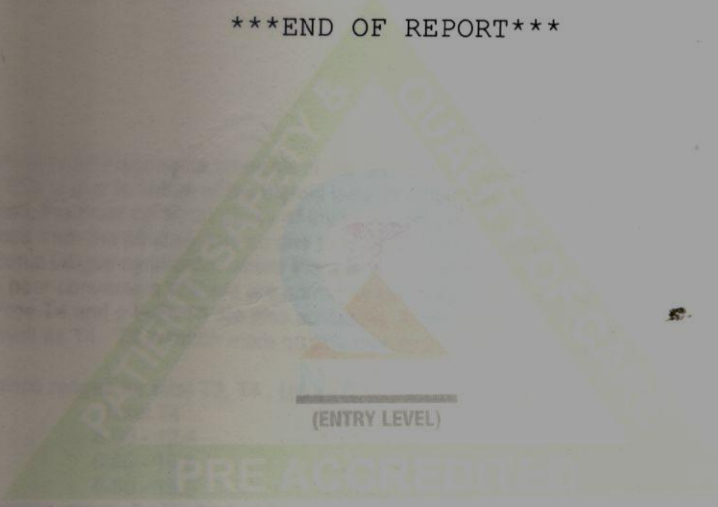
PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

BSL-F & PP

Blood Sugar Level Fasting	: 94	MG/DL	60 - 110
Blood Sugar Level PP	: 98	MG/DL	70 - 140

END OF REPORT



Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology

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PRN : 106698
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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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ENDOCRINOLOGY

THYROID FUNCTION TEST

T3-Total (Tri iodothyronine)	: 1.26	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 9.80	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 1.47	µIU/mL	0.465 - 4.68

NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need to have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

The guidelines for age related reference ranges for T3, T4, & Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

END OF REPORT

JA
 Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 106698
 Patient Name : Mrs. GUJAR MEENAKSHI BHAGWAN
 Age/Sex : 35Yr(s)/Female
 Company Name : BANK OF BARODA
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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 30 ML
 COLOUR : PALE YELLOW
 APPEARANCE : SLIGHTLY HAZY
 REACTION : ACIDIC
 SPECIFIC GRAVITY : 1.010

CHEMICAL EXAMINATION

PROTEIN : ABSENT
 SUGAR : ABSENT
 KETONES : ABSENT
 BILE SALTS : ABSENT
 BILE PIGMENTS : ABSENT
 UROBILINOGEN : NORMAL

MICROSCOPIC EXAMINATION

PUS CELLS : 0-1 /hpf
 RBC CELLS : ABSENT / hpf
 EPITHELIAL CELLS : 1-2 /hpf
 CASTS : ABSENT /hpf
 CRYSTALS : ABSENT
 OTHER FINDINGS : ABSENT
 BACTERIA : ABSENT

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

Dr. Poornam Kadam
 Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist