

01 2023-01-14 10:43



Dept. of Pathology

(For Report Purpose Only)



PRN : 114257
Patient Name : Miss CHAUDHARI GAYATRI .
Age/Sex : 29Yr(s)/Female

Lab No : 14202
Req.No : 14202

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

Collection Date & Time : 14/01/2023 08:57 AM
Reporting Date & Time : 14/01/2023 12:56 PM
Print Date & Time : 14/01/2023 01:09 PM

| PARAMETER NAME | RESULT VALUE | UNIT | NORMAL VALUES |
|-------------------------------|--------------|---------------|---|
| HAEMATOLOGY | | | |
| HAEMOGRAM | | | |
| HAEMOGLOBIN (Hb) | : 14.9 | GM/DL | Male : 13.5 - 18.0 Female : 11.5 - 16.5 |
| PCV | : 43.1 | % | Male : 40 - 54 Female : 37 - 47 |
| RBC COUNT | : 5.04 | Million/cu mm | Male : 4.5 - 6.5 Female : 3.9 - 5.6 |
| M.C.V | : 85.5 | cu micron | 76 - 96 |
| M.C.H. | : 29.6 | pg | 27 - 32 |
| M.C.H.C | : 34.6 | picograms | 32 - 36 |
| RDW-CV | : 12.6 | % | 11 - 16 |
| WBC TOTAL COUNT | : 8510 | /cumm | ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000 |
| PLATELET COUNT | : 227000 | cumm | 150000 - 450000 |
| WBC DIFFERENTIAL COUNT | | | |
| NEUTROPHILS | : 66 | % | ADULT : 40 - 70 CHILD : 20 - 40 |
| ABSOLUTE NEUTROPHILS | : 5616.60 | µL | 2000 - 7000 |
| LYMPHOCYTES | : 27 | % | ADULT : 20 - 40 CHILD : 40 - 70 |
| ABSOLUTE LYMPHOCYTES | : 2297.70 | µL | 1000 - 3000 |
| EOSINOPHILS | : 01 | % | 01 - 04 |
| ABSOLUTE EOSINOPHILS | : 85.10 | µL | 20 - 500 |
| MONOCYTES | : 06 | % | 02 - 08 |
| ABSOLUTE MONOCYTES | : 510.60 | µL | 200 - 1000 |
| BASOPHILS | : 00 | % | 00 - 01 |
| ABSOLUTE BASOPHILS | : 0 | µL | 0 - 100 |

Technician *MD*

Report Type By :- PEERZADE SHOYEB

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



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| RBC MORPHOLOGY | : Normocytic Normochromic | | |
| WBC MORPHOLOGY | : 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 : 20 mm/hr
Westergren Method

Male : 0 - 15
Female : 0 - 20

END OF REPORT

Technician

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Collection Date & Time : 14/01/2023 08:57 AM
Reporting Date & Time : 14/01/2023 01:04 PM
Print Date & Time : 14/01/2023 01:05 PM

| PARAMETER NAME | RESULT VALUE | UNIT | NORMAL VALUES |
|----------------|--------------|------|---------------|
|----------------|--------------|------|---------------|

HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "O"
RH FACTOR : NEGATIVE

NOTE : This is for your information only.
Kindly note that any blood or blood product transfusion or therapeutic intervention has to be done after confirmation of blood group by concerned authorities.
In infants (< 6 months age), please repeat Blood Group after 6 months of age for confirmation.

END OF REPORT

Technician

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Collection Date & Time : 14/01/2023 09:17 AM
 Reporting Date & Time : 14/01/2023 06:30 PM
 Print Date & Time : 14/01/2023 06:31 PM

| PARAMETER NAME | RESULT VALUE | UNIT | NORMAL VALUES |
|----------------|--------------|------|---------------|
|----------------|--------------|------|---------------|

BIOCHEMISTRY

HbA1C (HPLC Method)

| | | | |
|---------------------------------------|-------|-------|-----------|
| Glycated Haemoglobin (HbA1C), by HPLC | : 5.1 | % | 4.5 - 6.5 |
| Estimated Average Glucose (eAG) | : 100 | mg/dL | |

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

For diagnosis of Diabetes Mellitus (>= 18 yrs of age) :

5.7 % - 6.4 % : Increased risk for developing diabetes.
 >= 6.5 % : Diabetes

Therapeutic goals for glycemic control :

Adults : < 7%
 Toddlers and Preschoolers : < 8.5% (but > 7.5 %)
 School age (6-12 yrs) : < 8%
 Adolescents and young adults (13 - 19 yrs) : < 7.5 %

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia. Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients. In patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC), HbA1c cannot be quantitated as there is no HbA. In such circumstances glycemic control needs to be monitored using alternative methods like plasma glucose levels or serum Fructosamine.

Estimated Average Glucose (eAG) :

- eAG is an estimated average of blood glucose level over previous 8-12 weeks.
- HbA1C and eAG have a linear relationship.
- The eAG is not a substitute for fasting and post prandial blood sugar measurements as prescribed by your physician or home blood glucose monitoring.

Ref : American Diabetes Association (Standards of Medical Care in Diabetes - 2022)

END OF REPORT

GA
 Technician

Report Type By :- MONIKA MANE

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

LIPID PROFILE

| | | | |
|----------------------|---------|-------|--|
| CHOLESTEROL (serum) | : 122 | MG/DL | Male : 120 - 240 Female : 110 - 230 |
| TRIGLYCERIDE (serum) | : 76 | MG/DL | 0 - 150 |
| HDL (serum) | : 39 | MG/DL | Male : 42 - 79.5 Female : 42 - 79.5 |
| LDL (serum) | : 68 | MG/DL | 0 - 130 |
| VLDL (serum) | : 15.20 | MG/DL | 5 - 51 |
| CHOLESTROL/HDL RATIO | : 3.13 | | Male : 1.0 - 5.0 Female : 1.0 - 4.5 |
| LDL/HDL RATIO | : 1.74 | | Male : <= 3.6 Female : <=3.2 |

NCEP Guidelines

| | Desirable | Borderline (ENTRY LEVEL) | 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

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BIOCHEMISTRY

LFT (Liver function Test)

| | | | |
|------------------------------|--------|-------|--|
| BILIRUBIN TOTAL (serum) | : 1.0 | MG/DL | INFANTS : 1.2 - 12.0 ADULT : : 0.1 - 1.2 |
| BILIRUBIN DIRECT (serum) | : 0.3 | MG/DL | ADULT & INFANTS : 0.0 - 0.4 |
| BILIRUBIN INDIRECT (serum) | : 0.70 | MG/DL | 0.0 - 1.0 |
| S.G.O.T (serum) | : 49 | IU/L | 5 - 40 |
| S.G.P.T (serum) | : 109 | IU/L | 5 - 40 |
| ALKALINE PHOSPHATASE (serum) | : 154 | IU/L | CHILD BELOW 6 YRS : 60 - 321 CHILD : : 67 - 382 ADULT : : 36 - 113 |
| PROTEINS TOTAL (serum) | : 7.7 | GM/DL | 6.4 - 8.3 |
| ALBUMIN (serum) | : 4.4 | GM/DL | 3.5 - 5.7 |
| GLOBULIN (serum) | : 3.30 | GM/DL | 1.8 - 3.6 |
| A/G RATIO | : 1.33 | | 1:2 - 2:1 |

END OF REPORT

Technician *MD*

Report Type By :- PEERZADE SHOYEB

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

For Free Home Collection



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BIOCHEMISTRY

BSL-F & PP

| | | | |
|---------------------------|-------|-------|----------|
| Blood Sugar Level Fasting | : 90 | MG/DL | 60 - 110 |
| Blood Sugar Level PP | : 104 | MG/DL | 70 - 140 |

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

| | | | |
|-----------------------|--------|-------|--|
| UREA (serum) | : 14 | MG/DL | 0 - 45 |
| UREA NITROGEN (serum) | : 6.54 | MG/DL | 7 - 21 |
| CREATININE (serum) | : 0.7 | MG/DL | 0.5 - 1.5 |
| URIC ACID (serum) | : 4.7 | MG/DL | Male : 3.4 - 7.0 Female : 2.4 - 5.7 |

SERUM ELECTROLYTES

| | | | |
|-----------------|-------|-------|-----------|
| SERUM SODIUM | : 138 | mEq/L | 136 - 149 |
| SERUM POTASSIUM | : 4.6 | mEq/L | 3.8 - 5.2 |
| SERUM CHLORIDE | : 103 | mEq/L | 98 - 107 |

END OF REPORT

Technician

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ENDOCRINOLOGY

TFT (THYROID FUNCTION TEST)

| | | | |
|--|--------|--------|--------------|
| T3-Total (Tri iodothyronine) | : 1.41 | ng/mL | 0.970 - 1.69 |
| T4 - Total (Thyroxin) | : 9.25 | µg/dL | 5.53 - 11.0 |
| Thyroid Stimulating Hormones (Ultra TSH) | : 2.04 | 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 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 |
| 2 nd Trimester | 1.0 - 2.60 | 6.60 - 15.5 | 0.50 - 4.60 |
| 3 rd 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

Technician *md*

Report Type By :- PEERZADE SHOYEB

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



Dept. of Pathology

(For Report Purpose Only)



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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 : 2-3 /hpf
 RBC CELLS : ABSENT / hpf
 EPITHELIAL CELLS : 4-6 /hpf
 CASTS : ABSENT /hpf
 CRYSTALS : ABSENT
 OTHER FINDINGS : ABSENT
 BACTERIA : PRESENT

END OF REPORT

Technician *MS*
 Report Type By :- PEERZADE SHOYEB

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



2D ECHO / COLOUR DOPPLER

NAME : **MRS. GAYATRI CHAUDHARI**
REF BY : **DR. HOSPITAL PATIENT**

29Yrs/F

OPD
14-Jan-23

M - Mode values

Doppler Values

| | | | |
|-----------------------|-----|------------------------|-----|
| AORTIC ROOT (mm) | 18 | TAPSE | |
| LEFT ATRIUM (mm) | 30 | PG (mmHg) | |
| RV (mm) | | AORTIC VEL (m/sec) | 1.1 |
| LVID - D (mm) | 36 | PG (mmHg) | 5 |
| LVID - S (mm) | 19 | MITRAL E VEL (m/sec) | 0.7 |
| IVS - D (mm) | 10 | A VEL (m/sec) | 0.5 |
| LVPW -D (mm) | 9 | TRICUSPID VEL. (m/sec) | |
| EJECTION FRACTION (%) | 60% | PG (mmHg) | |

REPORT

Normal LV size & wall thickness.
No regional wall motion abnormality
Normal LV systolic function, LVEF 60%
Normal sized cardiac chambers.

Pliable mitral valve., no Mitral regurgitation.
Normal mitral diastolic flows.


Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve
Trivial tricuspid regurgitation,
PA pressure = 20 mmHg - normal

Intact IAS & IVS
No PDA, coarctation of aorta.
No clots, vegetations, pericardial effusion noted.

IMPRESSION :

Normal echo study.
No regional wall motion abnormality.
Normal Biventricular systolic & diastolic function, LVEF 60%
Normal PA pressure.


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

(NORMAL 2D-ECHO & COLOR DOPPLER DOESN'T RULE OUT ISCHAEMIC HEART DISEASE)

CHAUDHARI, GAYATRI

Patient ID 39230

14.01.2023 Female

12:06:42 28yrs

Meds:

BRUCE: Total Exercise Time 07:42

Max HR: 169 bpm 88% of max predicted 192 bpm HR at rest: 92

Max BP: 140/90 mmHg BP at rest: 110/70 Max RPP: 21970 mmHg*bpm

Maximum Workload: 10.10 METS

Test Reason: Screening for CAD
Medical History: NO HISTORY.

Ref. MD: Ordering MD:

Technician: RUPALI Test Type: Treadmill Stress Test

Comment:

Max. ST: -0.10 mV, 0.00 mV/s in V5; EXERCISE STAGE 3 06:30

Arrhythmia: A:32, VBIG:1, PVC:7

ST/HR index: 1.05 μ V/bpm

Reasons for Termination: Fatigue

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

ACHIEVED 88 % THR ON RX.

NORMAL BP RESPONSE

NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. RAJDAAT 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 (V5 mV) | Comment |
|------------|------------|---------------|-------------|-----------|-----------------|----------|-----------|----------------|-----------|------------------|---------|
| PRETEST | SUPINE | 00:30 | 0.00 | 0.00 | 1.0 | 94 | 110/70 | 10340 | 0 | 0.03 | |
| | STANDING | 00:13 | 0.00 | 0.00 | 1.0 | 93 | | | 0 | 0.03 | |
| | HYPERV. | 00:52 | 0.50 | 0.00 | 1.2 | 95 | 110/70 | 10450 | 0 | 0.03 | |
| EXERCISE | STAGE 1 | 03:00 | 1.70 | 10.00 | 4.6 | 129 | 110/70 | 14190 | 0 | 0.02 | |
| | STAGE 2 | 03:00 | 2.50 | 12.00 | 7.0 | 146 | 120/80 | 17520 | 1 | 0.01 | |
| | STAGE 3 | 01:42 | 3.40 | 14.00 | 10.1 | 166 | 130/85 | 21580 | 0 | -0.04 | |
| RECOVERY | | 02:55 | 0.00 | 0.00 | 1.0 | 113 | 140/90 | 15820 | 0 | 0.01 | |

Linked Medians

BRUCE
0.0 mph
0.0 %

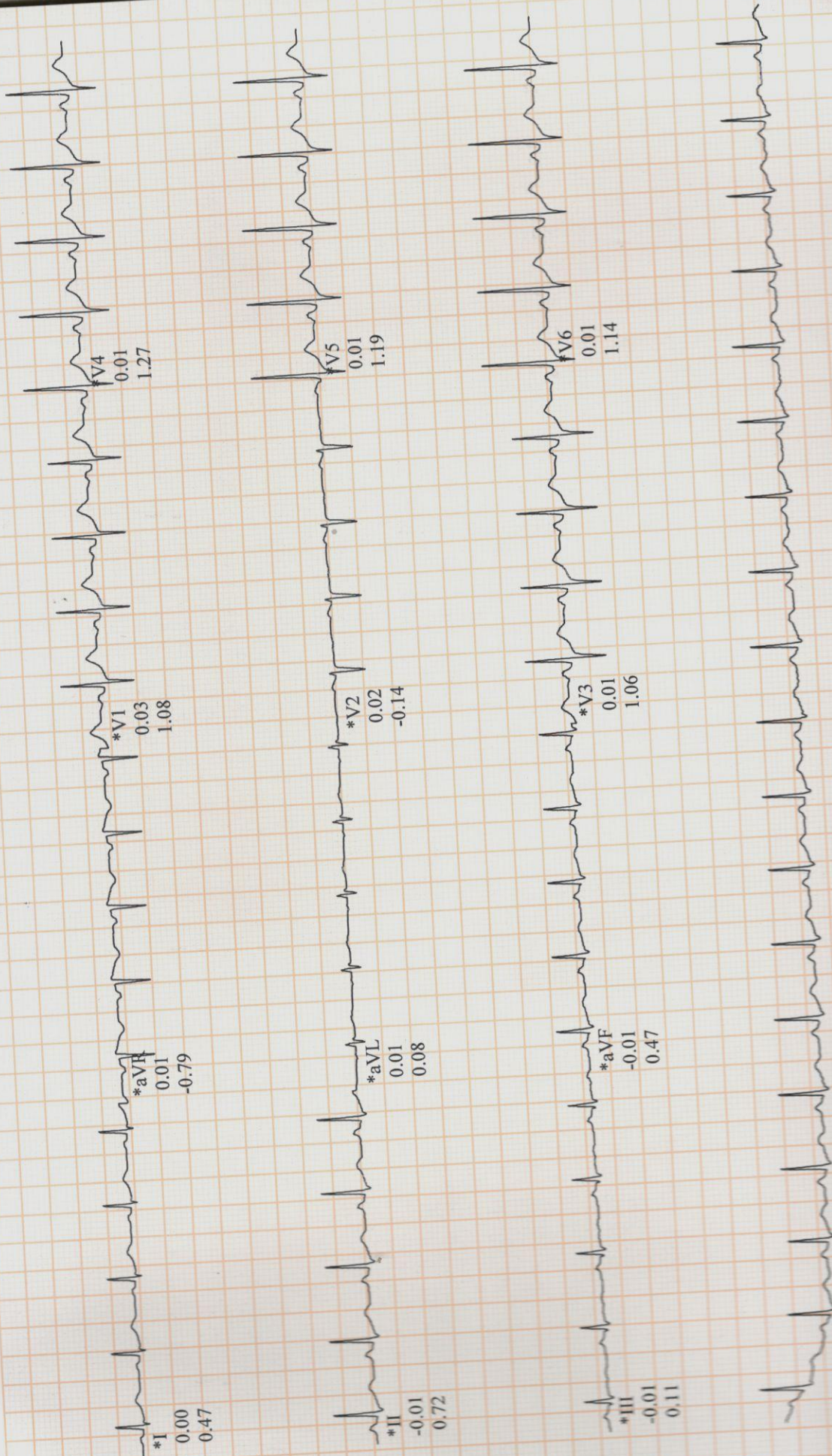
JDHARI, GAYATRI

114 bpm
140/90 mmHg

RECOVERY
#1 02:50

at ID 39230
1.2023
18:47

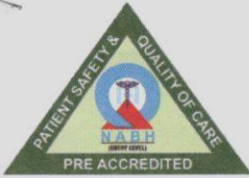
Lead
ST Level (mV)
ST Slope (mV/s)



II
Raw Data

*Computer Synthesized Rhythms

Start of Test: 12:06:42



Dept. of Radiology

(For Report Purpose Only)



REQ. DATE : 14-JAN-2023 REP. DATE : 14-JAN-2023
NAME : MISS CHAUDHARI GAYATRI .
PATIENT CODE : 114257 AGE/SEX : 29 YR(S) / FEMALE
REFERRAL BY : Dr. 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.

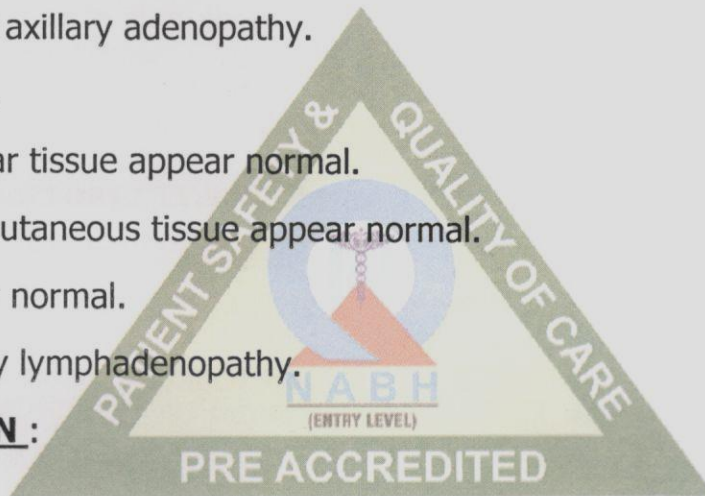
LT. BREAST.

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.

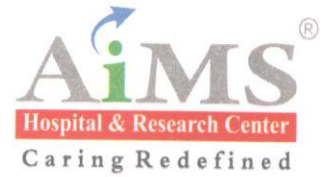


Dr. PIYUSH YEOLE
MBBS, DMRE
CONSULTANT RADIOLOGIST



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REFERRAL BY : Dr. HOSPITAL PATIENT

USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size (14.8cms), shape & bright in echotexture. No focal lesion / IHBR dilatation.

CBD / PV : Normal.

G.B. : Moderately distended, normal.

Spleen : Is normal in size (11.8cms), 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 : 11.9 x 3.7 cm.

Left kidney measures : 10.9 x 4.7 cm.

Urinary bladder : Moderately distended, normal.

Uterus : Anteverted, normal in size (6.1 x3.9 x 4.9 cms), shape, echotexture. No fibroid. Endometrium show normal appearance. ET = 10 mm.

Both ovaries : show normal features. Adnexa clear.

Right ovary : 3.0 x 1.9cms

Left ovary : 3.2 x 1.5cms

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

IMPRESSION :

Grade I-II fatty liver.

- Kindly co-relate clinically.

Dr. PIYUSH YEOLE

(MBBS, DMRE)

CONSULTANT RADIOLOGIST



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 14-JAN-2023 REP. DATE : 14-JAN-2023
NAME : MISS CHAUDHARI GAYATRI .
PATIENT CODE : 114257 AGE/SEX : 29 YR(S) / FEMALE
REFERRAL BY : HOSPITAL PATIENT

CHEST X-RAY PA VIEW

OBSERVATION :

Prominent bronchovascular markings are noted in both lung fields.

Heart and mediastinum are normal.

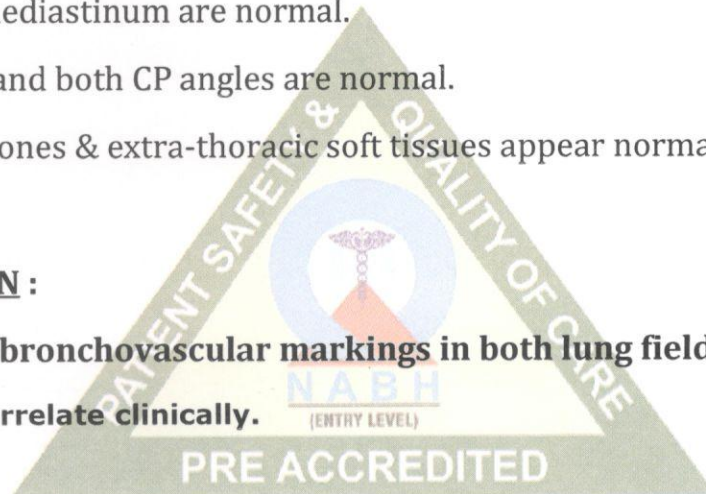
Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION :

Prominent bronchovascular markings in both lung fields ? bronchitis.

-Kindly correlate clinically.



Dr. PIYUSH YEOLE
(MBBS, DMRE)
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