

SARDA

CENTRE FOR DIABETES & SELF CARE

4, Vyankatesh Nagar, Jainra Road, Aurangabad. Ph. : (0240) 2333851, 2334858.

Name: Ms. Rajshree Khurat Age: 32y/f
B.D.B

CLINICAL SUMMARY:

Weight : _____ Height (Cms) : _____ Blood Pressure : _____

ECG FINDINGS:

Rate : 80/min ORS. Complex : (N)

Rhythm : (N) ST Segment : (N)

Mechanism : (N) T. Wave : (N)

Axis : (N) QT Interval : (N)

P. Wave : (B) PR Interval : (N)

Recommendation : nm

Date : 15/Nov/23

Dr. A. S. SARDA
M.D. REG. No. 77570
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jainra Road, Aurangabad
Phone No. 2333851, 2334858



Dr. Amey Jaju

MBBS, DNB Radiology
Fellowship in MSK Imaging

Regd. No.: 2019/05/3879

DIGITAL X-RAY • 3D/4D/5D SONOGRAPHY • COLOUR DOPPLER

Patient Name: RAJASHREE KHARAT	Date: 10/11/2023
Patient Id: 3980	Age/Sex: 32 Years / FEMALE
Ref Phy: DR. SARDA	Address :

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: The liver is normal in size It measures 16.8 cm, shape, position, echogenicity and echotexture. Normal respiratory movements are seen. Portal vein at porta hepatis measures 8.1 mm. No focal solid or cystic mass lesion is noted.

BILIARY SYSTEM: Gall bladder shows normal physiological distention. No mural mass or calculus is noted. There is no evidence of pericholecystic fluid. CBD and intra hepatic biliary radicles show normal caliber.

PANCREAS: The pancreas is normal in size, shape, echogenicity and echo texture. No solid or cystic mass lesion is noted. Pancreatic duct is not dilated.

SPLEEN: The spleen is normal in size It measures 10.0 cm, shape, position, echogenicity and echotexture. No focal mass lesion is noted.

KIDNEYS: Right kidney measures 10.5 x 4.1 cm Left kidney measures 10.3 x 4.5 cm. Both kidneys are normal in size, shape, position, echogenicity and echotexture. Normal corticomedullary differentiation is noted. No focal solid or cystic mass lesion or any calculus is seen. Pelvicalyceal systems on both sides are normal.

URINARY BLADDER: The urinary bladder shows physiological distention. It shows normal wall thickness. No calculus or mass lesion is seen.

UTERUS: The uterus is anteverted. It measures 63.2 x 29.8 x 49.4 mm. It is normal in size, shape, position, echogenicity and echotexture. There is no focal mass lesion in uterus. Endometrium measures 5.0 mm.

ADNEXA: Right ovary measures 2.2 x 2.5 cm. Left ovary measures 2.0 x 2.3 cm. Both ovaries are normal in size, shape, echogenicity and echotexture. There is no focal solid or cystic mass lesion in it. No appreciable other adnexal space occupying lesion is noted.

OTHERS: There is no free or loculated fluid collection in abdomen or pelvis. No significant lymphadenopathy is noted.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY NOTED.

DR. AMEY S. JAJU
MBBS, DNB (Radiology)
Fellowship in MSK Imaging
Reg. No. 2019/05/3879
DR. AMEY JAJU, MBBS, DNB (RADIOLOGY)
Fellow in MSK imaging
CONSULTANT RADIOLOGIST



ANUSHREE SONOGRAPHY & X-RAY CENTRE

Name: RAJASHREE KHARAT

Age: 32 Y

Sex: Female

RefDr: Sarda

Date: 10-Nov-2023



Dr. Amey Jaju
MBBS, DNB Radiology
Fellowship in MSK Imaging



Anushree
Sonography & X-Ray Centre

Regd. No.: 2019/05/3879

• DIGITAL X-RAY • 3D/4D/5D SONOGRAPHY • COLOUR DOPPLER

Patient Name: RAJSHREE KHARAT	Date: 10/11/2023
Patient Id: 3977	Age/Sex: 32 Years / FEMALE
Ref Phy: DR. SARDA	Address :

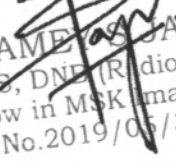
RADIOGRAPH OF CHEST PA VIEW

Findings:

- Both the lung fields are clear.
- The broncho vascular markings are appears normal.
- The hilar shadows are appears normal.
- Both Cardiophrenic and Costophrenic angles are clear.
- The Cardiac silhouette is within normal limits.
- Aortic shadow is normal.
- Both domes of diaphragms are normal.
- The visualised bony thorax is normal.

Impression:

No significant abnormality noted in X-ray chest.


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CONSULTANT RADIOLOGIST

ANUSHREE SONOGRAPHY & X-RAY CENTRE

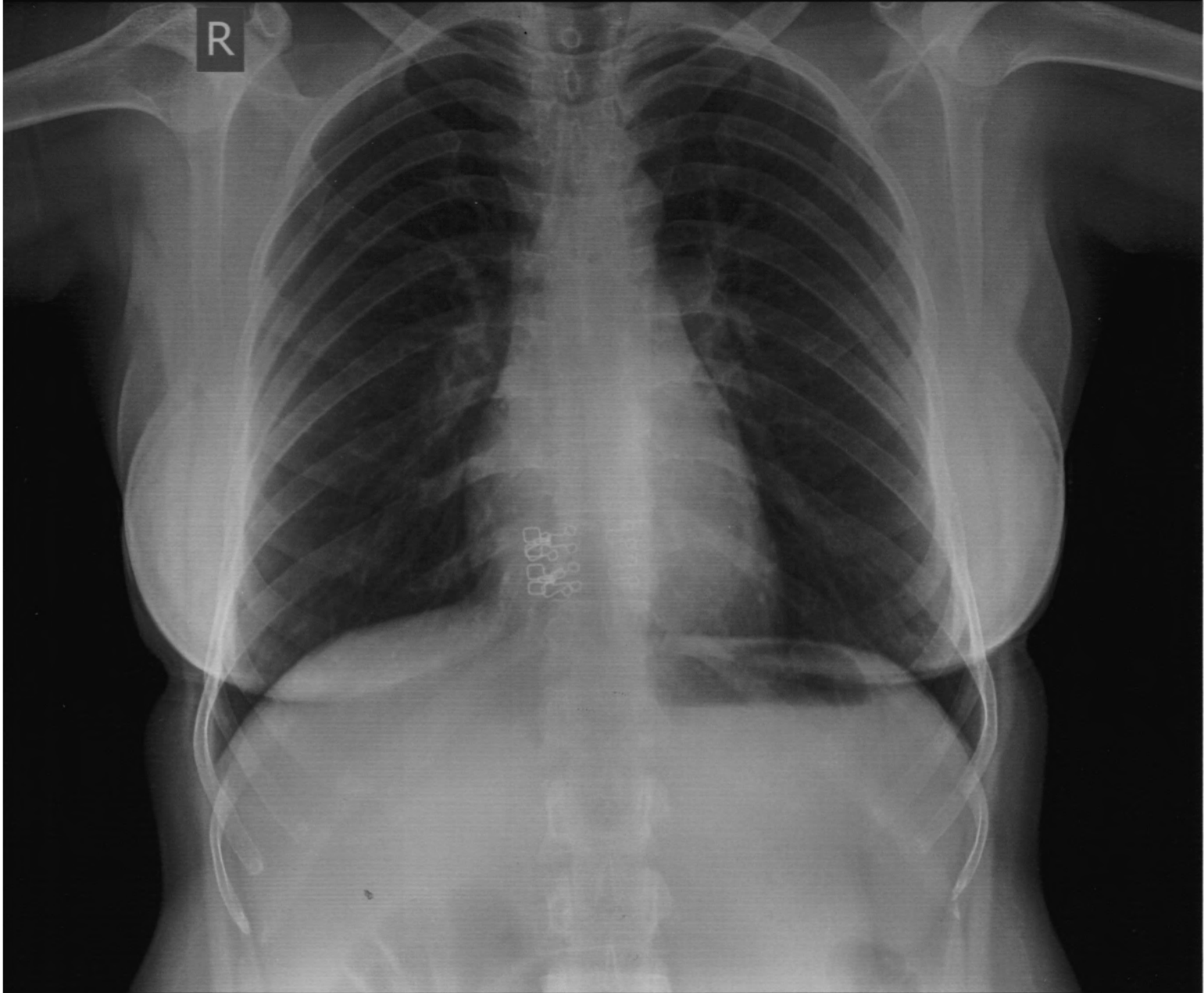
Name:Rajshree Kharat

Age:32 Y

Sex:Female

RefDr:Dr. Sarda

Date:10-Nov-2023



SARDA

CENTRE FOR DIABETES & SELF CARE

Name : Mrs.Rajashree Kharat

Date : 10/11/ 2023

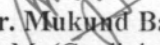
Age/Sex :32Yrs/Female

Ref.By: Dr.Sarda Sir

STRESS TEST REPORT

- Protocol – Bruce.
- Exercise Time- 7.00 Min.
- Baseline Heart Rate and Blood Pressure –99bpm,BP- 104/89mm of Hg.
- Mets- 10.10.
- ST-T Segment Changes – No Significant ST-T Changes.
- Angina- None.
- Arrhythmias- None.
- Other Symptoms – None.
- Maximal Heart Rate and Blood Pressure – 169 bpm, BP – 134/89 mm of Hg.
- Predicted Maximal Heart Rate Achieved -89%.
- Reason For Termination - Target Heart rate achieved.

CONCLUSION : Stress Test Negative for Exercise Induced Ischemia.


Dr. Mukund Bajaj
D. M. (Cardiology)
Interventional Cardiologist

Dr. Mukund Bajaj
M.D , D.M. (Cardiology)
Reg. No. 2002/03/1761



ASIAN HOSPITAL
MOTIWALA SQUARE
AURANGABAD

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Kharat, Rajshree
Patient ID: 53716
Height: 160 cm
Weight: 59 kg

DOB: 02.08.1991
Age: 32yrs
Gender: Female
Race: Asian

Study Date: 10.11.2023
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR. DEORAO THENGE
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	01:53	0.00	0.00	97	104/89	
	STANDING	00:04	0.00	0.00	88		
	HYPERV.	00:07	0.50	0.00	85		
EXERCISE	STAGE 1	03:00	1.70	10.00	131	114/89	
	STAGE 2	03:00	2.50	12.00	157	124/89	
	STAGE 3	01:01	3.40	14.00	169		
RECOVERY		03:53	0.00	0.00	102	134/89	

The patient exercised according to the BRUCE for 7:00 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 99 bpm rose to a maximal heart rate of 169 bpm. This value represents 89 % of the maximal, age-predicted heart rate. The resting blood pressure of 104/89 mmHg, rose to a maximum blood pressure of 134/89 mmHg. The exercise test was stopped due to Dyspnea.

Interpretation

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.

Conclusions

Exercise of bruce protocol for 7.00 min.

Target heart rate achieved.

No angina/arrhythmias.No ST-T Changes.

Test is negative for induced ischemia.

Physician

Dr. Mikund Bajaj
(Signature)

Technician



Tabular Summary

Kharat, Rajshree

Patient ID 53716

10.11.2023 Female 160 cm 59 kg

2:07:12pm 32yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

ASIAN HOSPITAL

BRUCE: Total Exercise Time 07:00
 Max HR: 169 bpm 89% of max predicted 188 bpm HR at rest: 99
 Max BP: 134/89 mmHg BP at rest: 104/89 Max RPP: 19220 mmHg*bpm
 Maximum Workload: 10.10 METS
 Max ST: -2.15 mm, 0.00 mV/s in III, EXERCISE STAGE 2 05:30
 ST/HR index: 2.57 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 impression. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: Exercise of bruce protocol for 7.00 min.

Target heart rate achieved.

No angina/arrhythmias. No ST-T Changes.

Test is negative for induced ischemia.

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (III mm)	Comment
PRETEST	SUPINE	01:53	0.00	0.00	1.0	97	104/89	10088	0	-0.15	
	STANDING	00:04	0.00	0.00	1.0	88			0	-0.15	
	HYPERV.	00:07	0.50	0.00	1.0	85			0	-0.05	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	131	114/89	14934	0	-1.25	
	STAGE 2	03:00	2.50	12.00	7.0	157	124/89	19468	0	-2.10	
	STAGE 3	01:01	3.40	14.00	10.1	169			0	-1.90	
RECOVERY		03:53	0.00	0.00	1.0	102	134/89	13668	0	-0.75	

Kharat, Rajshree
Patient ID 53716
10.11.2023
2:09:04pm

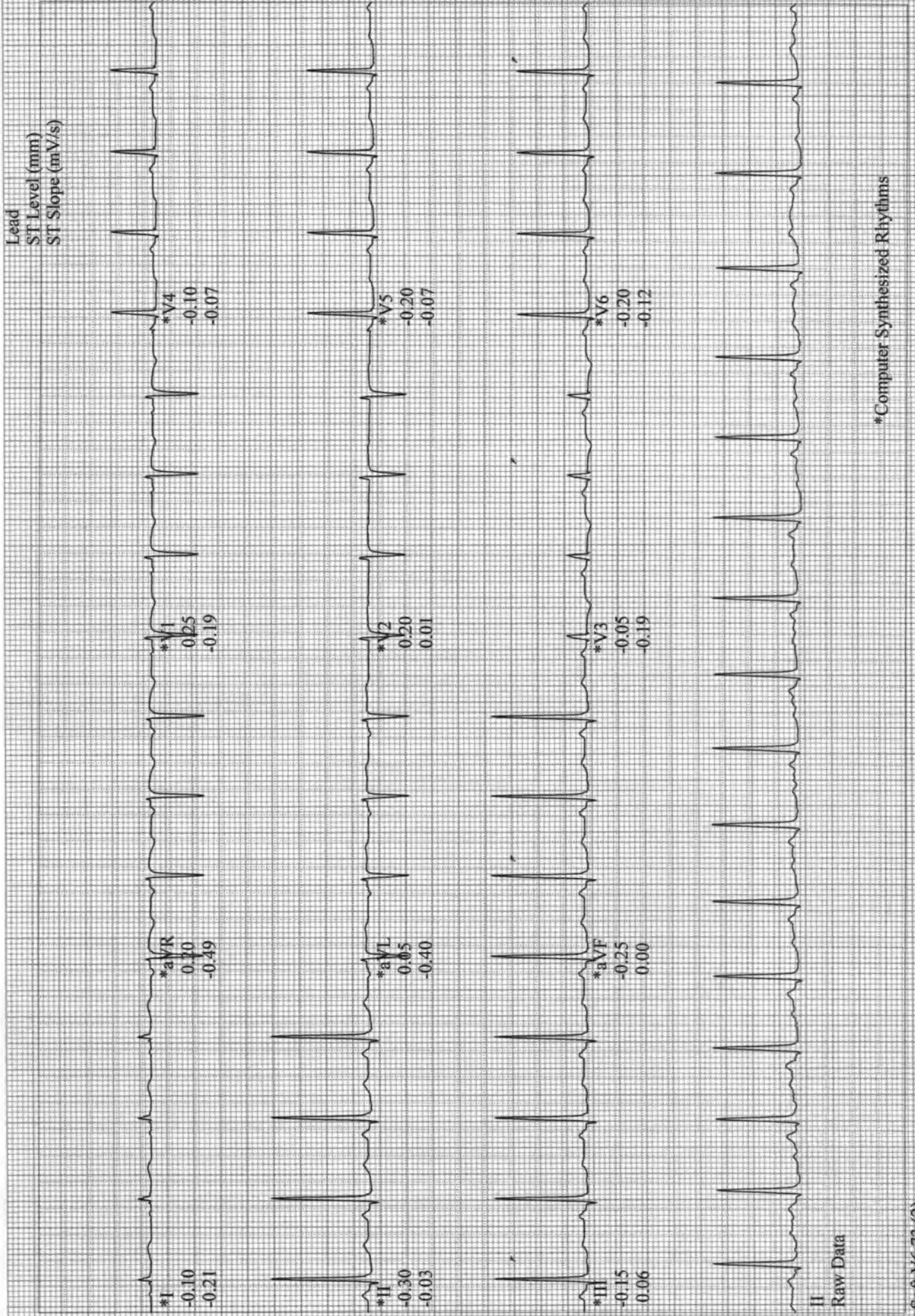
Linked Medians

PRETEST
SUPINE
01:51

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

101 bpm
104/89 mmHg



Kharat, Rajshree
Patient ID 53716
10.11.2023
2:09:07pm

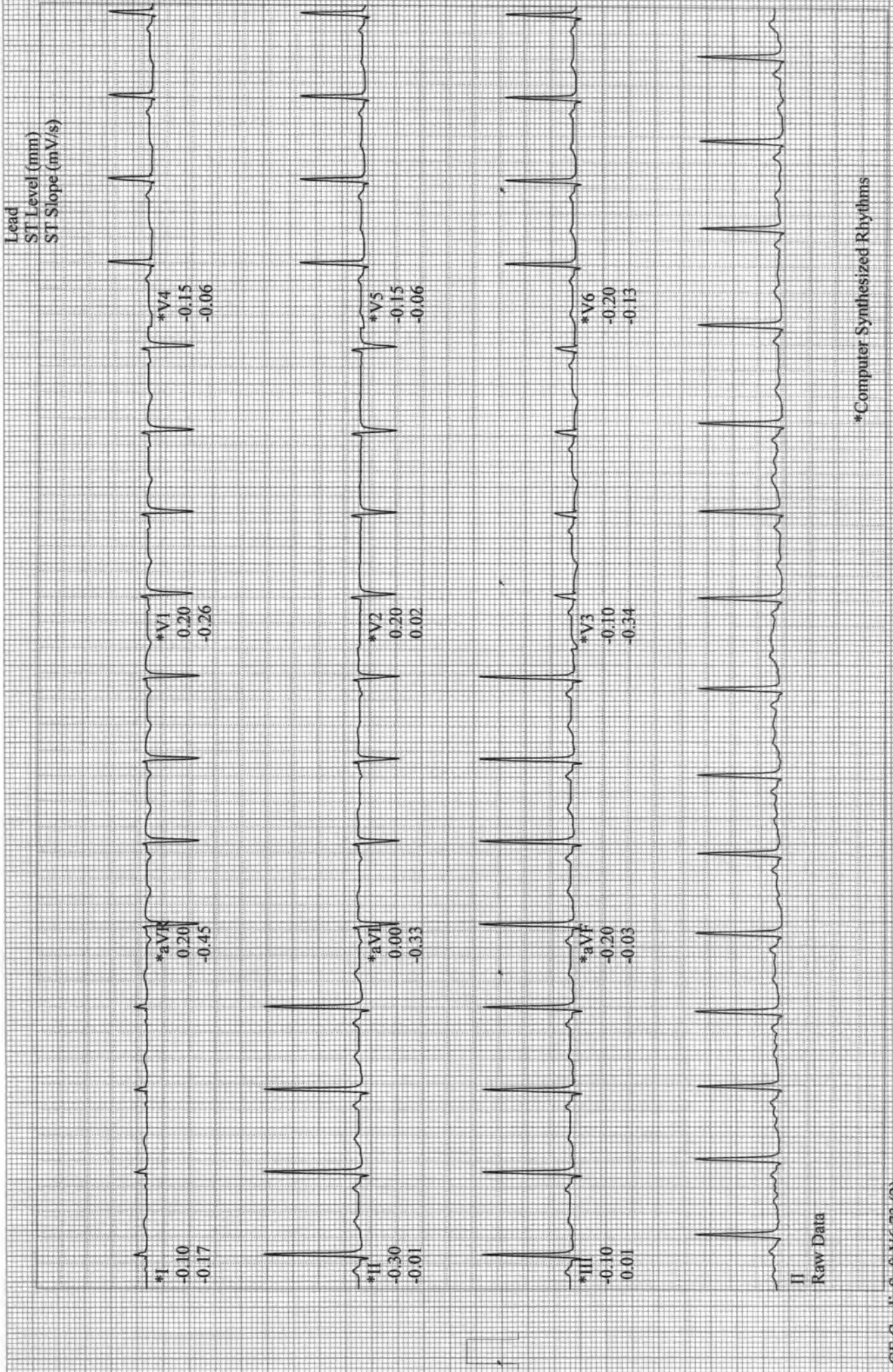
Linked Medians

PRETEST
STANDING
01:54

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

93 bpm
104/89 mmHg



Kharat, Rajshree
Patient ID 53716
10.11.2023
2:09:10pm

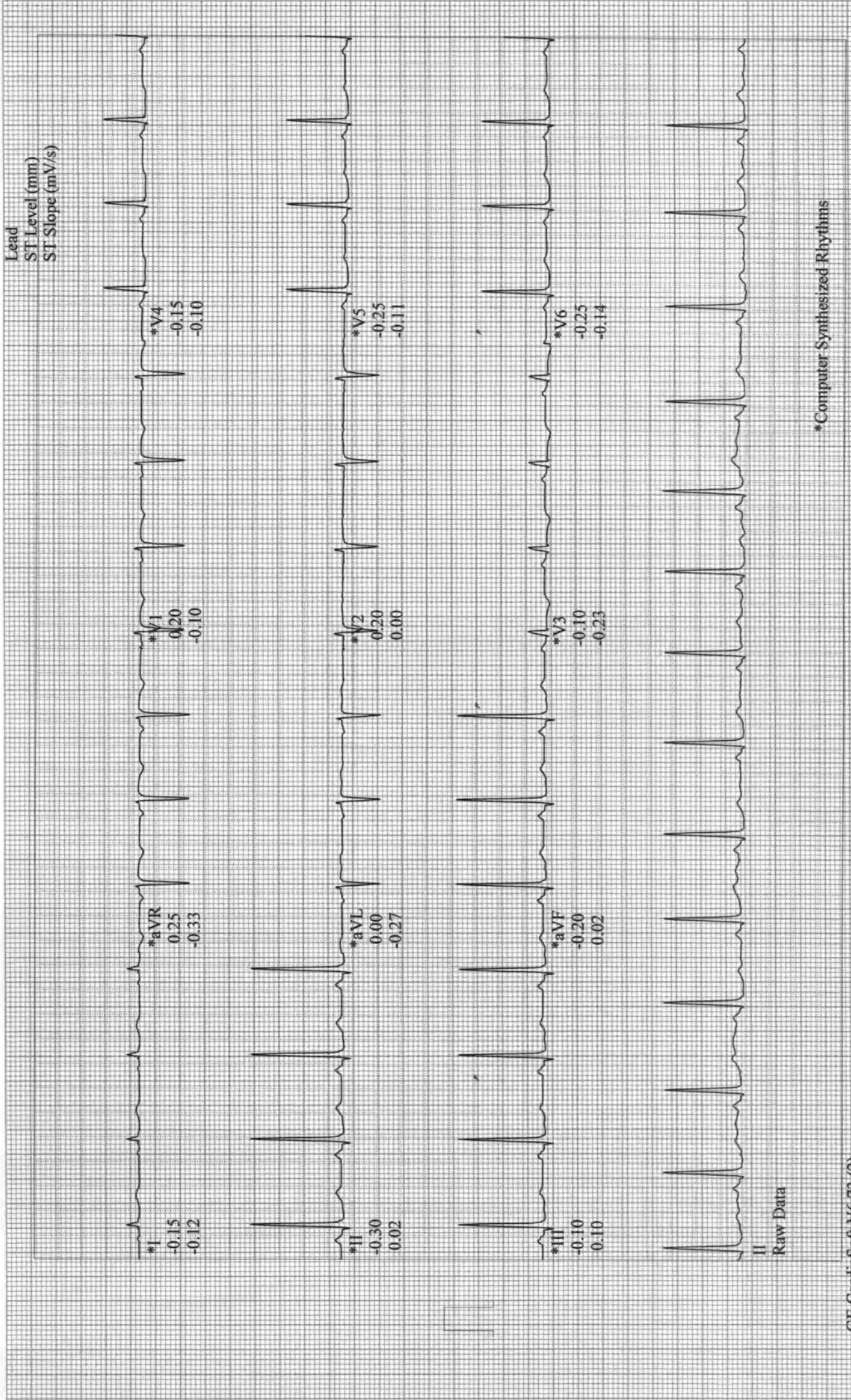
Linked Medians

PRETEST
HYPERV.
01:57

87 bpm
104/89 mmHg

ASIAN HOSPITAL

BRUCE
0.0 mph
0.0 %



Raw Data

*Computer Synthesized Rhythms

Kharat, Rajshree
Patient ID 53716
10.11.2023
2:12:10pm

12-Lead Report

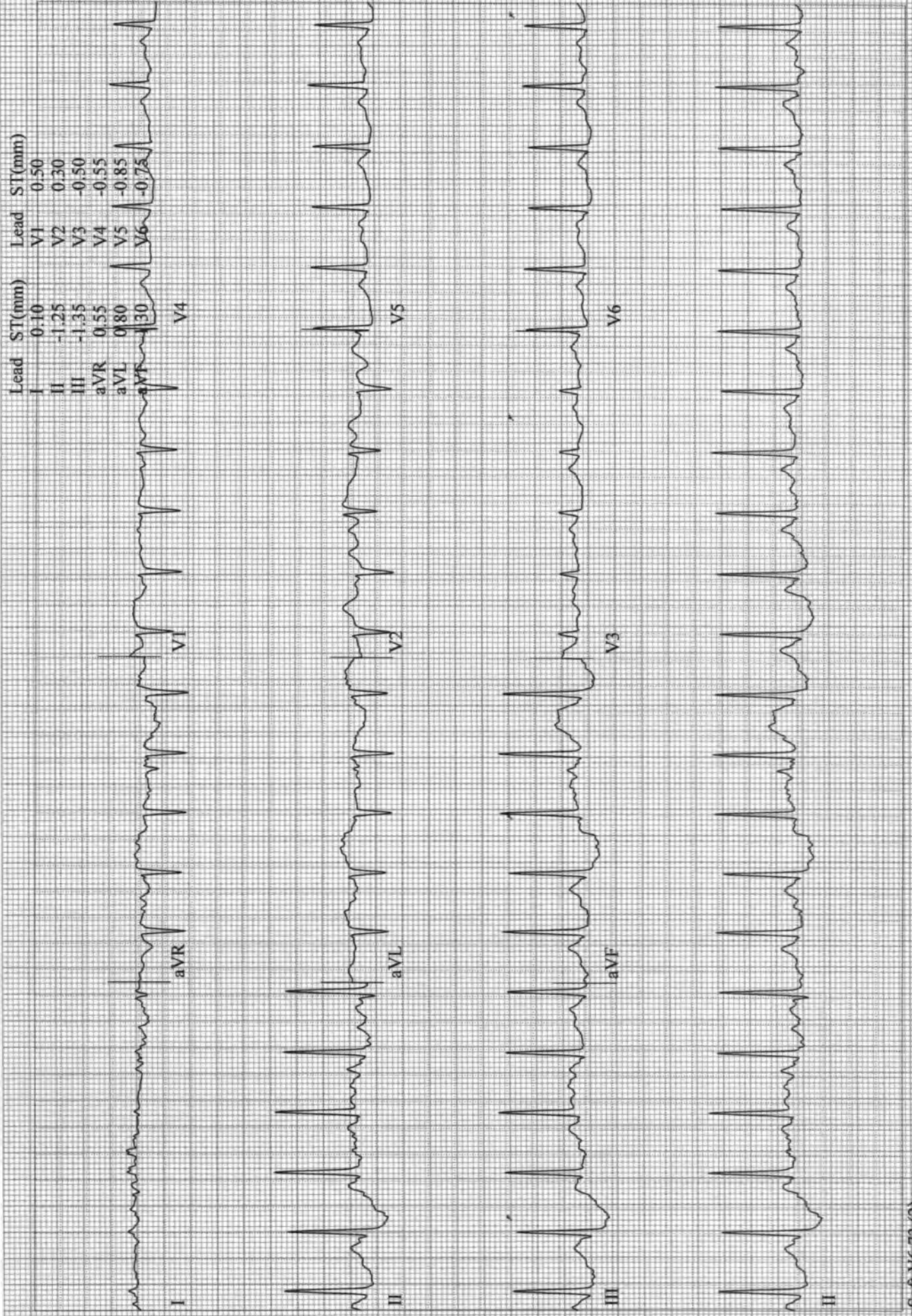
EXERCISE
STAGE 1
02:50

131 bpm
114/89 mmHg

BRUCE
1.7 mph
10.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points



Kharat, Rajshree
Patient ID 53716
10.11.2023
2:15:10pm

12-Lead Report

EXERCISE
STAGE 2
05:50

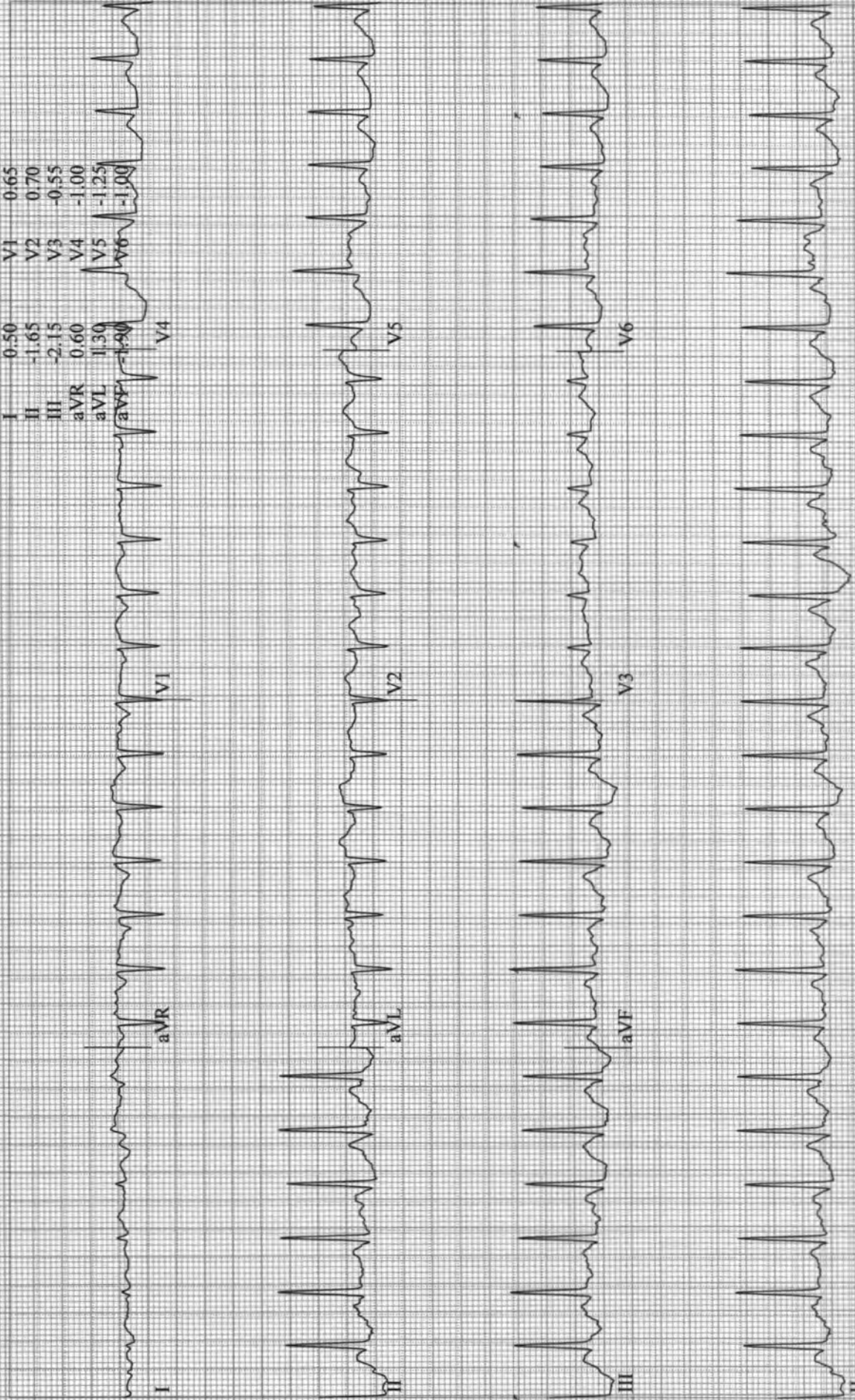
157 bpm
124/89 mmHg

BRUCE
2.5 mph
12.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.50	V1	0.65
II	-1.65	V2	0.70
III	-2.15	V3	-0.55
aVR	0.60	V4	-1.00
aVL	1.30	V5	-1.25
aVF	-1.90	V6	-1.00

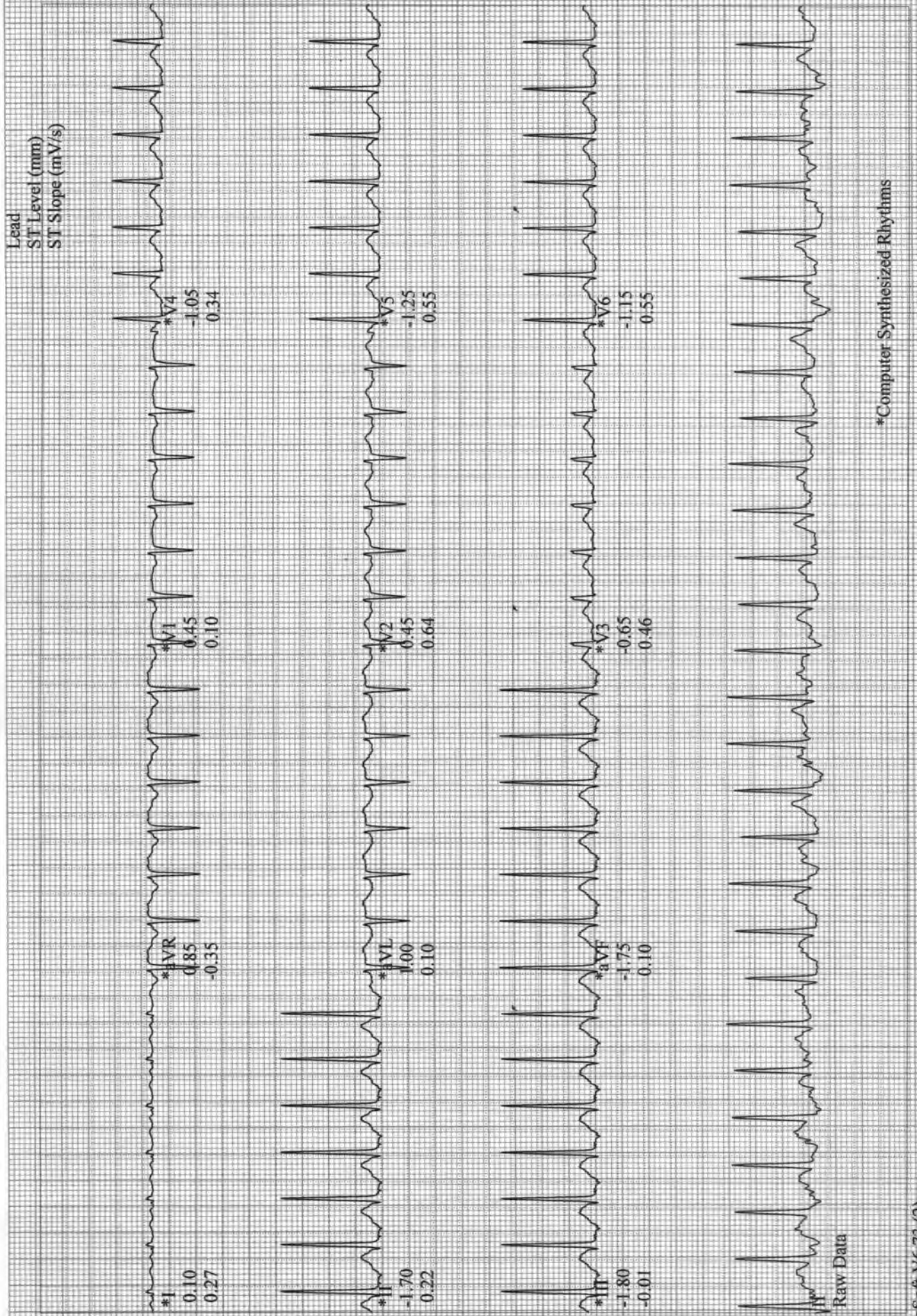


Kharat, Rajshree
Patient ID 53716
10.11.2023
2:16:16pm

Linked Medians (PEAK EXERCISE)
EXERCISE BRUCE
STAGE 3 3.4 mph
07:01 14.0 %

169 bpm

ASIAN HOSPITAL



Kharat, Rajshree
Patient ID 53716
10.11.2023
2:17:10pm

12-Lead Report

RECOVERY

#1
00:50

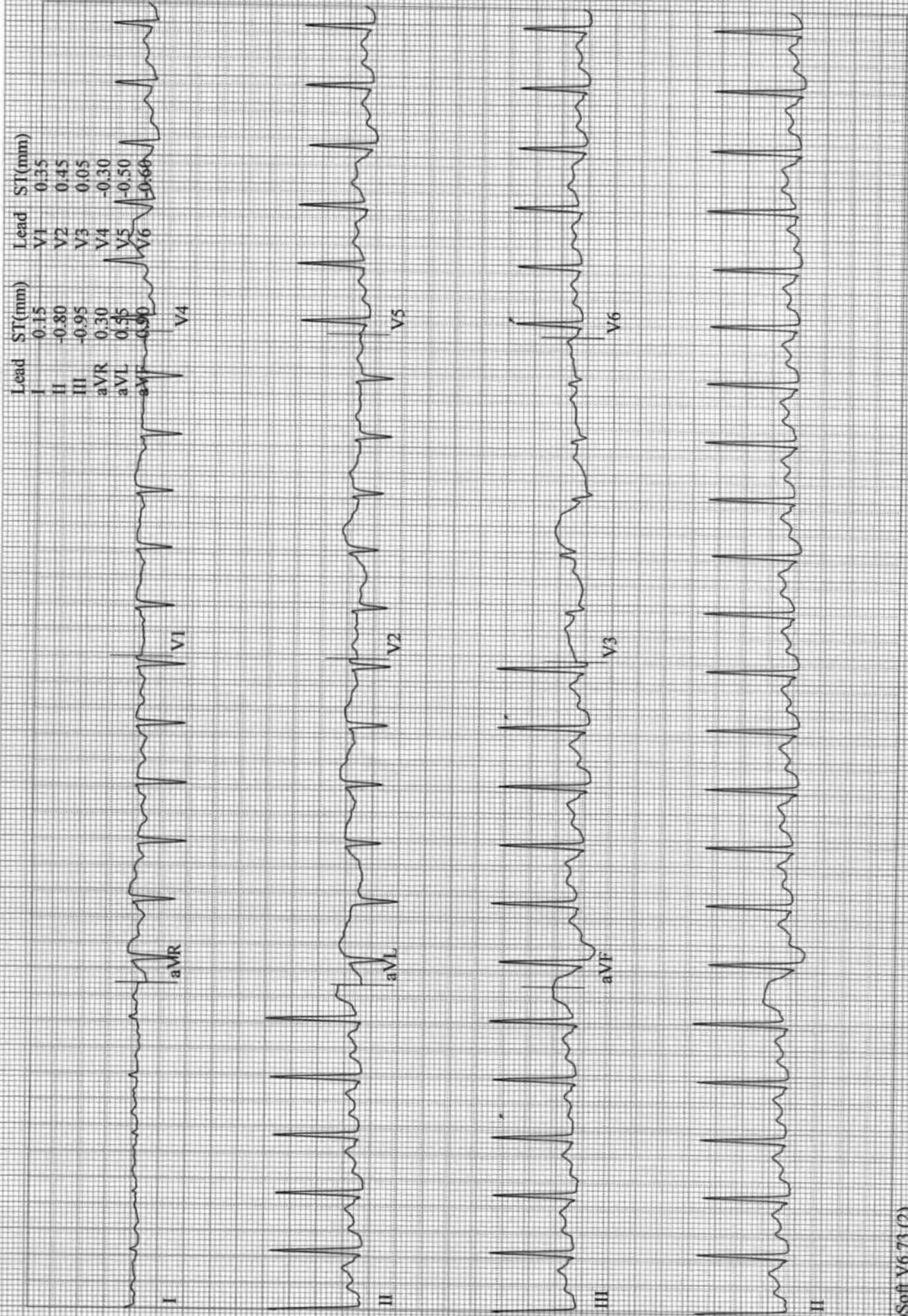
134 bpm

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.15	V1	0.35
II	-0.80	V2	0.45
III	-0.95	V3	0.05
aVR	0.30	V4	-0.30
aVL	0.35	V5	-0.50
aVF	0.90	V6	-0.60



Kharat, Rajshree
Patient ID 53716
10.11.2023
2:18:10pm

12-Lead Report

RECOVERY
#1
01:50

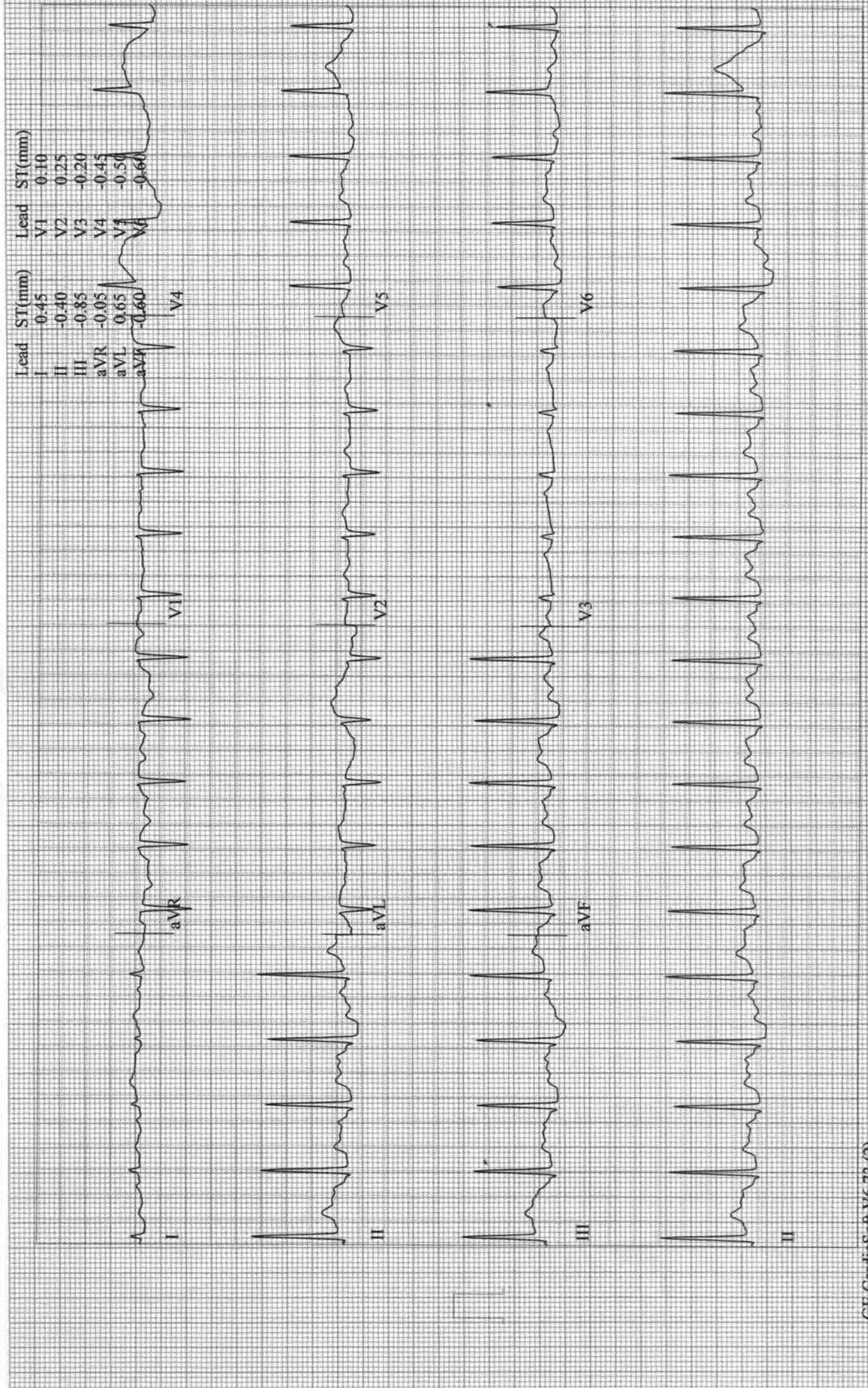
117 bpm

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.45	V1	0.10
II	-0.40	V2	0.25
III	-0.85	V3	-0.20
aVR	-0.05	V4	-0.45
aVL	0.65	V4	-0.50
aVF	-0.60	V4	-0.60



Kharat, Rajshree
Patient ID 53716
10.11.2023
2:19:10pm

12-Lead Report

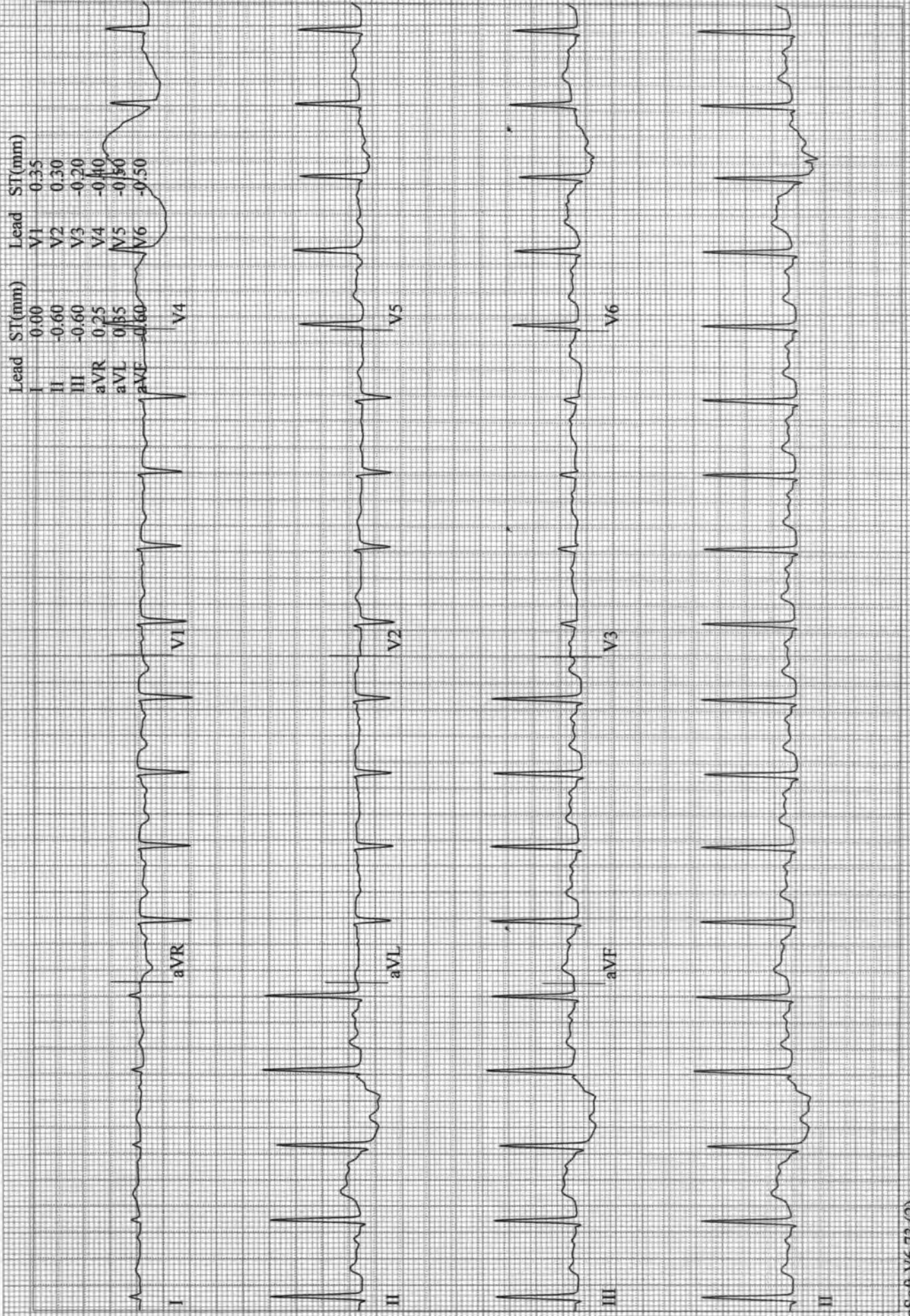
RECOVERY
#1
02:50

106 bpm

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points



Kharat, Rajshree
Patient ID 53716
10.11.2023
2:20:10pm

12-Lead Report

RECOVERY

#1
03:50

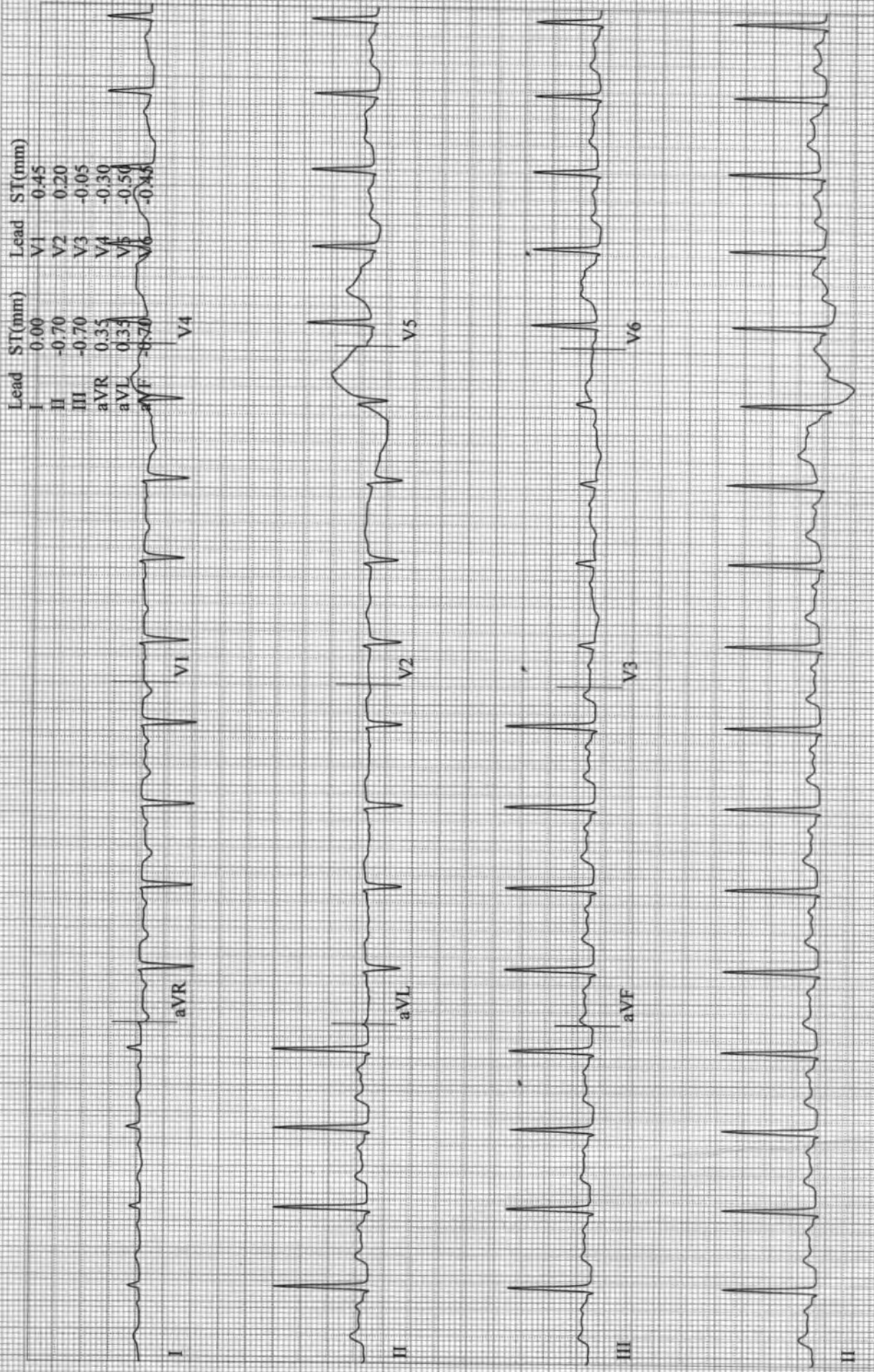
100 bpm
134/89 mmHg

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.00	V1	-0.45
II	-0.70	V2	0.20
III	-0.70	V3	-0.05
aVR	0.35	V4	-0.30
aVL	0.35	V5	-0.50
aVF	-0.70	V6	-0.35



Patient Name : MRS RAJSHREE KHARAT



SCD23/5393



Age/Gender : Female

Report Date

: 10/11/2023

Ref. Dr. : MEDIWHEEL

HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
BLOOD GROUP AND RH FACTOR			
Blood Group	'B'		
Rh Factor	POSITIVE(+VE)		

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Phone No. 2333851, 2334858

Patient Name : MRS RAJSHREE KHARAT

Age/Gender : Female

Ref. Dr. : MEDIWHEEL

**SCD23/5393**

Report Date

: 10/11/2023

**HBA1C/GLYCOCYLATED**

HbA1c Glycosilated Haemoglobin 5.1 %

Method: HPLC, NGSP certified

Estimated Average Glucose : 100 mg/dL

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 glycemc control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

ADA criteria for correlation

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

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 glycemc control as compared to blood and urinary glucose determinations.

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Patient Name : MRS RAJSHREE KHARAT



SCD23/5393



Age/Gender : Female

Report Date

: 10/11/2023

Ref. Dr. : MEDIWHEEL

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIPID PROFILE			
Cholesterol-Total <i>Method: Spectrophotometry</i>	158	mg/dL	< 200 - Desirable 200 - 239 -Boderline High > 240 - High
Triglycerides level <i>Method: Serum, Enzymatic, endpoint</i>	121	mg/dL	< 150 - Normal 150 - 199 -Boderline High 200 - 499 -High >500 Very -High
HDL Cholesterol <i>Method: Serum, Direct measure-PEG</i>	44	mg/dL	< 40 - Low > 40 - Normal
LDL Cholesterol <i>Method: Enzymatic selective protection</i>	89.80	mg/dL	< 100 - Optimal 100 - 129 - Near/Above Optimal 130 - 159 - Borderline high 160 - 189 - High > 190 - Very High
VLDL Cholesterol <i>Method: Serum, Enzymatic</i>	24.20	mg/dL	6 - 38
CHOL/HDL RATIO <i>Method: Serum, Enzymatic</i>	3.59		3.5 - 5.0
LDL/HDL RATIO <i>Method: Serum, Enzymatic</i>	2.04		2.5 - 3.5

NOTE

8-10 hours fasting sample is required

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Patient Name : MRS RAJSHREE KHARAT



SCD23/5393



Age/Gender : Female

Report Date

: 10/11/2023

Ref. Dr. : MEDIWHEEL

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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BLOOD SUGAR FASTING & PP (BSF & PP)

BLOOD SUGAR FASTING	98	mg/dl	70 - 110
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Method: Hexokinase

BLOOD SUGAR POST PRANDIAL	117	mg/dl	70 - 140
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Method: Hexokinase

ADA 2019 Guidelines for diagnosis of Diabetes Mellitus

Fasting Plasma Glucose > 126 mg/dl

Postprandial Blood Glucose > 200 mg/dl

Random Blood Glucose > 200 mg/dl

HbA1c Level > 6.5%

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SCD23/5393

Age/Gender : Female

Report Date

: 10/11/2023

Ref. Dr. : MEDIWHEEL

**BIOCHEMISTRY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
Serum Creatinine <i>Method: Modified Jaffe's</i>	0.7	mg/dL	0.60 - 1.40
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN <i>Method: Serum, Jendrassik Grof</i>	0.67	mg/dl	0.2 - 1.0
DIRECT BILIRUBIN <i>Method: Serum, Diazotization</i>	0.27	mg/dL	0.0 - 0.3
INDIRECT BILIRUBIN <i>Method: Serum, Calculated</i>	0.40	mg/dl	0.3 - 0.7
SGPT (ALT) <i>Method: Serum, UV with P5P, IFCC 37 degree</i>	18	U/L	15 - 40
SGOT (AST) <i>Method: Serum, UV with P5P, IFCC 37 degree</i>	20	U/L	15 - 40
ALKALINE PHOSPHATASE <i>Method: DGKC</i>	86	U/L	30 - 120
TOTAL PROTEIN <i>Method: Serum, Biuret, reagent blank end point</i>	7.0	g/dl	6.0 - 8.0
SERUM ALBUMIN <i>Method: Serum, Bromocresol green</i>	4.0	g/dl	3.2 - 4.6
SERUM GLOBULIN <i>Method: Serum, Calculated</i>	3.00	g/dl	1.8 - 3.6
A/G RATIO <i>Method: Serum, Calculated</i>	1.33		1.2 - 2.2
Gamma Glutamyl Transferase-Serum <i>Method: Kinetic</i>	15	IU/L	12 - 43

NOTE :

In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Non alcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

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Patient Name : MRS RAJSHREE KHARAT



SCD23/5393



Age/Gender : Female

Report Date

: 10/11/2023

Ref. Dr. : MEDIWHEEL

BUN 10 7 - 21

Method : Calculated

Clinical Significance:

Urea Nitrogen (BUN) - Urea is the principle waste product of protein catabolism. BUN is most commonly measured in the diagnosis and treatment of certain renal and metabolic diseases. Increased BUN concentration may result from increased production of urea due to

- (1) diet or excessive destruction of cellular proteins as occurs in massive infection and fevers,
- (2) reduced renal perfusion resulting from dehydration or heart failure,
- (3) nearly all types of kidney disease, and
- (4) mechanical obstruction to urine excretion such as is caused by stones, tumors, infection, or stricture. Decreased urea levels are less frequent and occur primarily in advanced liver disease and in overhydration.

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Patient Name : MRS RAJSHREE KHARAT



SCD23/5393

Age/Gender : Female

Report Date

: 10/11/2023

Ref. Dr. : MEDIWHEEL

**IMMUNOASSAY REPORT**

Test Description	Result	Unit	Biological Reference Ranges
Thyroid Function Test (TFT)			
T3	128.94	ng/dl	80-253 : 1 Yr-10 Yr, 76-199 : 11 Yr-15 Yr, 69-201 :16 Yr-18 Yr, 87-173 : > 18 years,
T4	7.08	ng/dl	5.9-21.5 :10-31 Days, 5.9-21.5 :0-1 Month, 6.4-13.9 :2-12 Months, 6.09-12.23 :>1 Yr
TSH(Serum)	2.97	ng/dl	0.52-16.0 :1 Day - 30 Days 0.55-7.10 :1 Mon-5 Years 0.37-6.00 :6 Yrs-18 Years 0.38-5.33 :18 Yrs-88 Years 0.50-8.90 :88 Years

Method : ECLIA

Clinical features of thyroid disease

Hypothyroidism	Hyperthyroidism	Grave's disease
Lethargy	Tachycardia	Exophthalmos/proptosis
Weight gain	Palpitations (atrial fibrillation)	Chemosis
Cold intolerance	Hyperactivity	Diffuse symmetrical goitre
Constipation	Weight loss with increased appetite	Pretibial myxoedema (rare)
Hair loss	Heat intolerance	Other autoimmune conditions
Dry skin	Sweating	
Depression	Diarrhoea	
Bradycardia	Fine tremor	
Memory impairment	Hyper-reflexia	
Menorrhagia	Goitre	
	Palmar erythema	
	Onycholysis	
	Muscle weakness and wasting	
	Oligomenorrhoea/amenorrhoea	

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4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MRS RAJSHREE KHARAT



SCD23/5393

Age/Gender : Female

Report Date

: 10/11/2023

Ref. Dr. : MEDIWHEEL

**URINE EXAMINATION REPORT**

Test Description	Result	Unit	Biological Reference Ranges
URINE ROUTINE			
Physical Examination			
Colour	Pale Yellow		Pale Yellow
Apperance	Clear		Clear
Reaction	Acidic		
Deposit	Absent		
Chemical Examination			
Specific Gravity	1.015		
Albumin	Absent		
Sugar	Absent		Absent
Acetone	Absent		
Microscopic Examination			
RBC's	Not seen	/hpf	Nil
Pus cells	Occasional	/hpf	2-3/hpf
Epithelial Cells	Absent	/hpf	1-2/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous Deposit	Absent		Absent

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Test Description	Result	Unit	Biological Reference Ranges
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COMPLETE BLOOD COUNT

Total WBC Count	7,700	cell/cu.mm	4000 - 11000
Haemoglobin	11.1	g%	13 - 18
Platelet Count	2,71000	/cumm	150000 - 450000
RBC Count	4.18	/Mill/ul	4.20 - 6.00

RBC INDICES

Mean Corp Volume MCV	79.7	fL	80 - 97
Mean Corp Hb MCH	26.6	pg	26 - 32
Mean Corp Hb Conc MCHC	33.3	gm/dL	31.0 - 36.0
Hematocrit HCT	33.3	%	37.0 - 51.0

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	60	%	40 - 75
Lymphocytes	31	%	20 - 45
Monocytes	05	%	02 - 10
Eosinophils	04	%	01 - 06
Basophils	00	%	00 - 01

NOTE:

1. As per the recommendation of International council for Standardization in Hematology, the differential leukocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

ESR	10	mm/hr	Male: 0-8 mm at 1 Hr. Female: 0-20 mm at 1 Hr.
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INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. 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, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**** End of the report. ****

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