



Dept. of Pathology

(For Report Purpose Only)



PRN : 113096
Patient Name : Mrs. JAIN PRIYANKA
Age/Sex : 32Yr(s)/Female
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 12099
Req.No : 12099

Collection Date & Time : 03/12/2022 10:13 AM
Reporting Date & Time : 03/12/2022 01:31 PM
Print Date & Time : 03/12/2022 01:44 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
HAEMATOLOGY			
HAEMOGRAM			
HAEMOGLOBIN (Hb)	: 13.3	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 41.5	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.62	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 89.8	cu micron	76 - 96
M.C.H	: 28.8	pg	27 - 32
M.C.H.C	: 32.0	picograms	32 - 36
RDW-CV	: 12.9	%	11 - 16
WBC TOTAL COUNT	: 7000	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000 150000 - 450000
PLATELET COUNT	: 385000	cumm	
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	: 56	%	ADULT : 40 - 70 CHILD : 20 - 40 2000 - 7000
ABSOLUTE NEUTROPHILS	: 3920	µL	
LYMPHOCYTES	: 30	%	ADULT : 20 - 40 CHILD : 40 - 70 1000 - 3000
ABSOLUTE LYMPHOCYTES	: 2100	µL	
EOSINOPHILS	: 07	%	01 - 04
ABSOLUTE EOSINOPHILS	: 490	µL	20 - 500
MONOCYTES	: 07	%	02 - 08
ABSOLUTE MONOCYTES	: 490	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician

Report Type By :- ASHWINI LONDHE

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

For Free Home Collection Call : 9545200011



Dept. of Pathology

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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC MORPHOLOGY	: Normocytic Normochromic		
WBC MORPHOLOGY	: Mild Eosinophilia		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

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

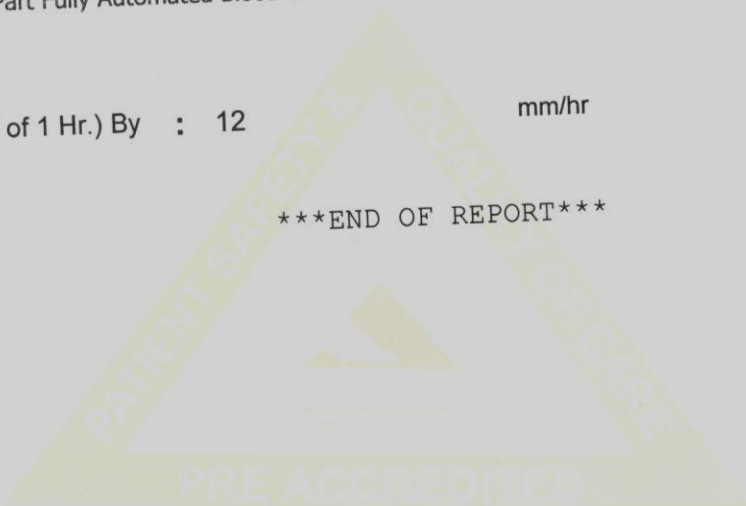
ESR

ESR MM (AT The End of 1 Hr.) By : 12
Westergren Method

mm/hr


Male : 0 - 15
Female : 0 - 20

END OF REPORT



Technician

Report Type By :- ASHWINI LONDHE


Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
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Collection Date & Time : 03/12/2022 10:13 AM
 Reporting Date & Time : 03/12/2022 01:10 PM
 Print Date & Time : 03/12/2022 01:43 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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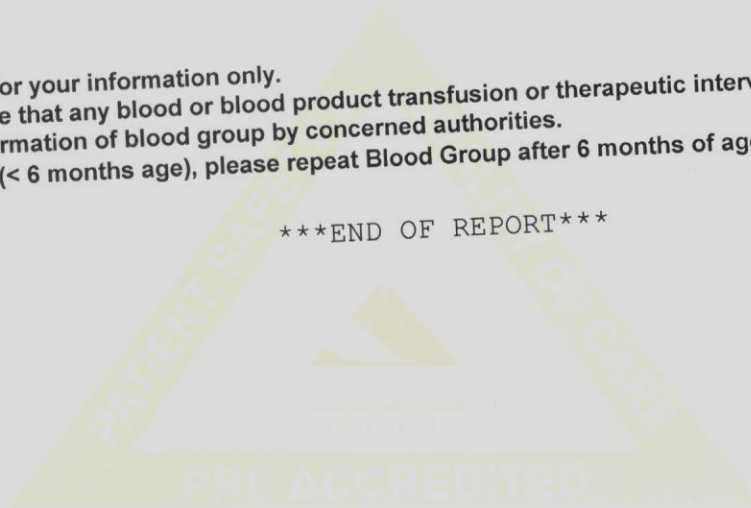
HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "B"
 RH FACTOR : POSITIVE

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

Report Type By :- ASHWINI LONDHE

[Signature]
 Dr. POONAM KADAM
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Collection Date & Time : 03/12/2022 10:13 AM
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Print Date & Time : 03/12/2022 01:44 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

BSL-F & PP

Blood Sugar Level Fasting	: 92	MG/DL	60 - 110
Blood Sugar Level PP	: 97	MG/DL	70 - 140

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum)	: 19	MG/DL	0 - 45
UREA NITROGEN (serum)	: 8.87	MG/DL	7 - 21
CREATININE (serum)	: 0.8	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 4.5	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

SERUM ELECTROLYTES

SERUM SODIUM	: 139	mEq/L	136 - 149
SERUM POTASSIUM	: 4.5	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 103	mEq/L	98 - 107

END OF REPORT

Technician

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Dr. POONAM KADAM
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For Free Home Collection Call : 9545200011



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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY


LFT (Liver function Test)

BILIRUBIN TOTAL (serum)	: 0.5	MG/DL	INFANTS : 1.2 - 12.0 ADULT : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.2	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.30	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 20	IU/L	5 - 40
S.G.P.T (serum)	: 21	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 64	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 7.3	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 3.8	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 3.50	GM/DL	1.8 - 3.6
A/G RATIO	: 1.09		1:2 - 2:1

END OF REPORT

Technician

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Collection Date & Time : 03/12/2022 10:13 AM
 Reporting Date & Time : 03/12/2022 01:35 PM
 Print Date & Time : 03/12/2022 01:46 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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ENDOCRINOLOGY

TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.16	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 10.8	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 1.83	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 autoimmune 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
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

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



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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 20 ML
 COLOUR : PALE YELLOW
 APPEARANCE : SLIGHTLY HAZY
 REACTION : ACIDIC
 SPECIFIC GRAVITY : 1.020

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 : 3-4 /hpf
 CASTS : ABSENT /hpf
 CRYSTALS : ABSENT
 OTHER FINDINGS : ABSENT
 BACTERIA : PRESENT

END OF REPORT

Technician

Report Type By :- ASHWINI LONDHE

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

For Free Home Collection Call : 9545200011

PRIYANKA JAIN

Ref.:Dr.--

Sample Collected At:
Lorea Healthcare Private Limited
Survey No 154, AIMS Road
Near AIMS Square or Parihar Chowk,
Aundh, Pune 411007 Zone SHIVA

SID: 122153760

Collection Date:
03-12-2022 09:43 AM
Registration Date:
03-12-2022 11:32 am
Report Date:
03-12-2022 01:24 PM

REPORT

Age:32.00 Years Sex:FEMALE

Test Description	Observed Value	Biological Reference Interval
Lipid Profile Mini :		
Cholesterol (Total), serum by Enzymatic method	163	Desirable : < 200 mg/dL Borderline high : 200 - 239 mg/dL High : >= 240 mg/dL
Triglycerides, serum by Enzymatic method	125	Normal : < 150 mg/dL Borderline high : 150-199 mg/dL High : 200-499 mg/dL Very high : >= 500 mg/dL
HDL Cholesterol, serum by Enzymatic method	47	Males : > 40 mg/dL Females : > 50 mg/dL
VLDL Cholestrol, serum by calculation	25	< 30 mg/dL
LDL Cholesterol, serum by calculation	91	Optimal : <100 mg/dL Near optimal/above optimal : 100-129 mg/dL Borderline high : 130-159 mg/dL High : 160-189 mg/dL Very high : >= 190 mg/dL
Cholesterol(Total)/HDL Cholesterol Ratio	3.47	Males : Acceptable ratio <= 5.00 Females : Acceptable ratio <= 4.50
LDL Cholesterol/HDL Cholesterol Ratio	1.94	Males : Acceptable ratio <= 3.60 Females : Acceptable ratio <= 3.20

Reference : ATP III, NCEP Guidelines and National Lipid Association (NLA) 2014 Recommendations

As per most international and national guidelines including Lipid Association of India 2016 :

1. Lipoprotein and lipid levels should be considered in conjunction with other atherosclerotic cardiovascular disease (ASCVD) risk determinants to assess treatment goals & strategies.
2. Non-fasting lipid levels can be used in screening & in general risk estimation.

Note : Estimation of LDL-Cholesterol by direct method is recommended when Triglyceride > 400 mg/dL



Parag J. Ratnakar
 Dr. Parag J. Ratnakar
 MBBS,MD(Path) Regn.No:2001/03/1589
 A.G Diagnostics Pvt. Ltd.

PRIYANKA JAIN

Ref.:Dr.--

Sample Collected At:
Lorea Healthcare Private Limited
Survey No 154, AIMS Road
Near AiMS Square or Parihar Chowk,
Aundh, Pune 411007 Zone SHIVA

SID: 122153760

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03-12-2022 09:43 AM
Registration Date:
03-12-2022 11:32 am
Report Date:
03-12-2022 01:24 PM

REPORT

Age:32.00 Years Sex:FEMALE

Test Description	Observed Value	Biological Reference Interval
Glycated Hemoglobin (HbA1C), by HPLC	5.50	4.0 to 5.6 %
Estimated Average Glucose (eAG)	111	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



PJRatnakar
Dr. Parag J. Ratnakar
MBBS,MD(Path) Regn.No:2001/03/1589
A.G Diagnostics Pvt. Ltd.



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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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CYTOLOGY

PAP SMEAR


CODE NO. : C-67/22
CLINICAL DETAILS :
SPECIMEN : 02 Slides Received

MICROSCOPIC DESCRIPTION (Based on the Bethesda System)

BACKGROUND : Haemorrhagic
CELL TYPE : Intermediate & Few superficial
ENDOCERVICAL CELLS : Present ++
ENDOMETRIAL CELLS : Not seen
METAPLASTIC CELLS : Not detected
NEUTROPHILS : +
LYMPHOCYTES : Absent
ORGANISMS : Not seen
ATYPICAL CELLS : Not detected
CERVICO-VAGINAL CYTOLOGY INTERPRETATION : Negative For intraepithelial lesion or malignancy
NOTE : Correlate with clinical details

Technician

Report Type By :- MONIKA MANE


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



2D ECHO / COLOUR DOPPLER

NAME : MRS. PRIYANKA JAIN
RF BY : DR. HOSPITAL PATIENT

32yrs/F

OPD
3-Dec-22

M- mode

Doppler Values

AORTIC ROOT (mm)	19	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	30	PG (mmHg)	
RV (mm)		AORTIC VEL (m/sec)	01
LVID - D (mm)	37	PG (mmHg)	4
LVID - S (mm)	23	MITRAL E VEL (m/sec)	0.8
IVS - D (mm)	8	A VEL (m/sec)	0.6
LVPW -D (mm)	10	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.
Altered 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 :

No regional wall motion abnormality.
Normal LV systolic function , LVEF 60%
No diastolic dysfunction.
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)

JAIN, PRIYANKA
 Patient ID 85336
 03.12.2022
 13:53:36

Female
 32yrs
 Meds:

Tabular Summary

BRUCE: Total Exercise Time 08:24
 Max HR: 157 bpm 83% of max predicted 188 bpm HR at rest: 75
 Max BP: 140/90 mmHg BP at rest: 110/80 Max RPP: 20150 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: -0.58 mV, 0.00 mV/s in II; EXERCISE STAGE 3 06:59
 Arrhythmia: A:103, VBI:1, PVC:21, CPLT:3
 ST/HR index: 2.77 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 83 % THR ON RX.
 NORMAL BP RESPONSE

NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. RAJDATT 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 mV)	Comment
PRETEST	SUPINE	01:48	0.00	0.00	1.0	83	110/80	9130	0	0.02	
	STANDING	01:51	0.00	0.00	1.0	79	110/80	8690	0	0.03	
	HYPERV.	00:47	0.50	0.00	1.2	94			1	-0.03	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	125	110/80	13750	1	-0.04	
	STAGE 2	03:00	2.50	12.00	7.0	142	120/80	17040	0	0.01	
	STAGE 3	02:25	3.40	14.00	10.1	153	130/85	19890	1	-0.01	
RECOVERY		02:56	0.00	0.00	1.0	96	140/90	13440	0	-0.03	

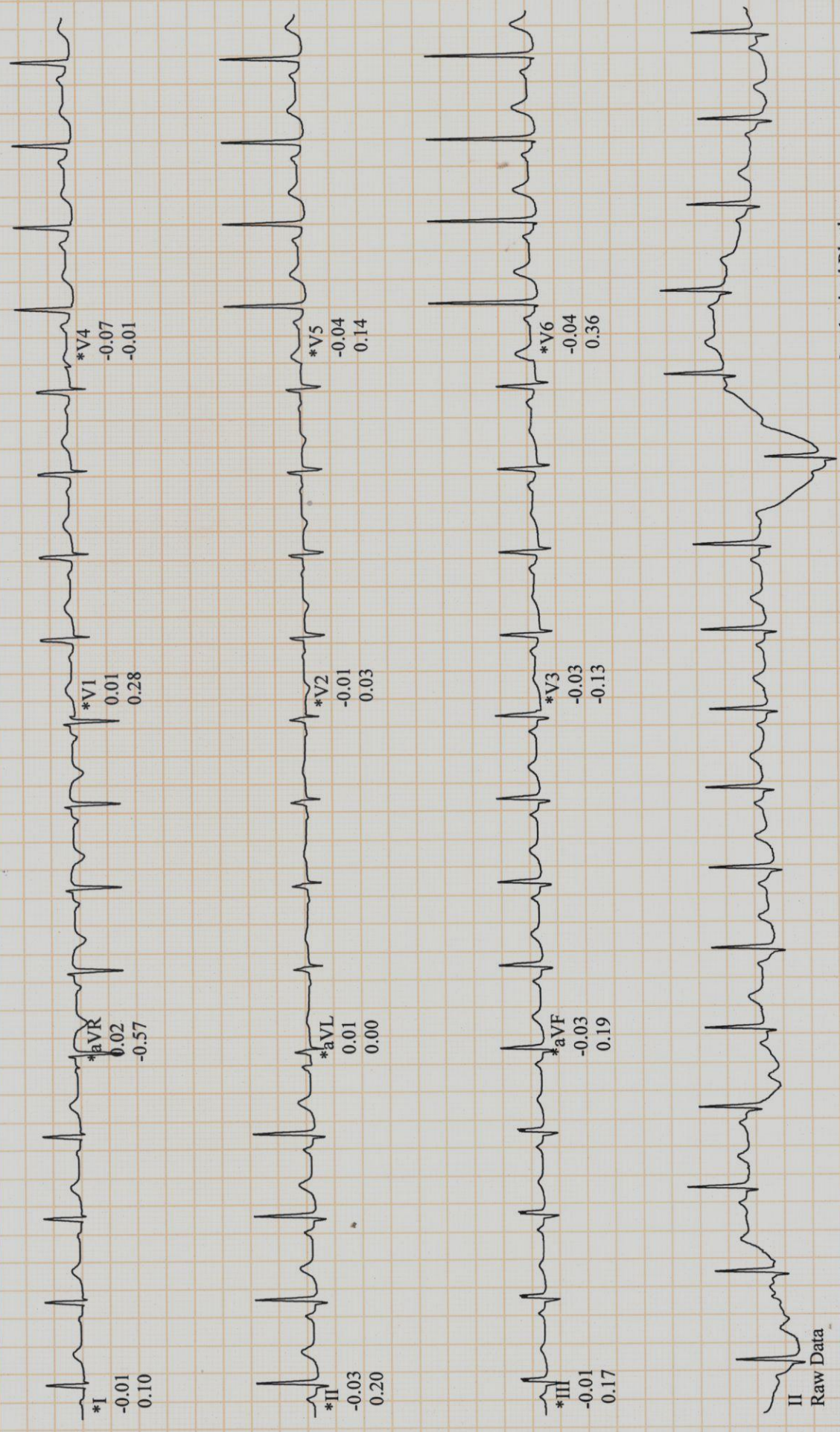
BRUCE
0.0 mph
0.0 %

RECOVERY
#1
02:50

102 bpm
140/90 mmHg

RIYANKA
D 85336
022
:16

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



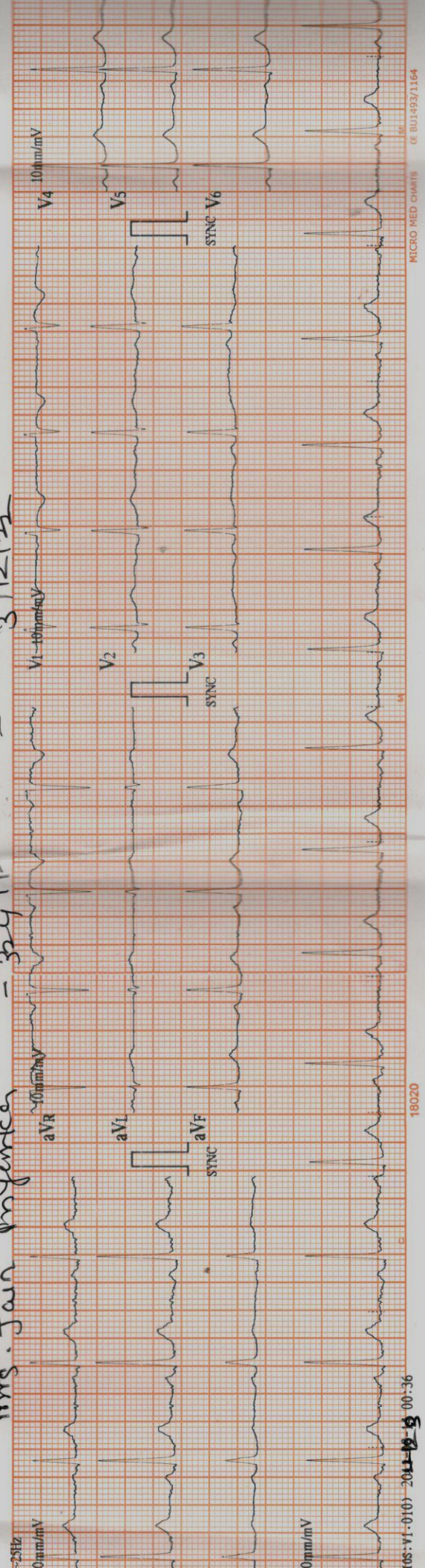
Raw Data

*Computer Synthesized Rhythms

3/12/22

- 3241F

mrs. Jain Prayanka



18020
 MICRO RED CHAIN
 CE BU1493/1164

05: V1-010) 2011-10-05 00:36



Dept. of Radiology

(For Report Purpose Only)



Caring Redefined

REQ. DATE : 03-DEC-2022
NAME : MRS. JAIN PRIYANKA
PATIENT CODE : 113096
REFERRAL BY : Dr. HOSPITAL PATIENT

REP. DATE : 03-DEC-2022
AGE/SEX : 32 YR(S) / FEMALE

USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size (13.0cms), shape & echotexture. No focal lesion / IHBR dilatation.

CBD / PV : Normal.

G.B. : Moderately distended, normal.

Spleen : Is normal in size (7.3cm) , 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 : 9.3 x 3.9 cm.

Left kidney measures : 10.0 x 4.2 cm.

Urinary bladder : Moderately distended, normal.

Uterus : Anteverted, normal in size (6.3 x 3.1 x 3.7cms), shape, echotexture. No fibroid. Endometrium show normal appearance. ET = 6.6 mm.

Both ovaries : show normal features. Adnexa clear.

Right ovary : 3.1 x 2.3 cm

Left ovary : 3.2 X 2.0 cm

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. PIYUSH YEOLE

(MBBS, DMRE)

CONSULTANT RADIOLOGIST



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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 appears normal.
Skin and subcutaneous tissue appear normal.
Nipple appears 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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CHEST X-RAY PA VIEW

OBSERVATION :

Both lungs appear clear.

Heart and mediastinum are normal.

Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION :

No significant abnormality noted in the present study.

-Kindly correlate clinically.

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