

Name : Sujata Anantrao Joshi

कर्मचारी क्रूट क्र. E.C.No. : 174374

जारीकर्ती प्राधिकारी Issuing Authority Chief Manager (HRM) Pune Zone





DIR. NISHANT GAWALE

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RES. ORTHOPEDIC SURGEON

RES. NO. 2003/08/3347

RES. NO. 2003/08/347

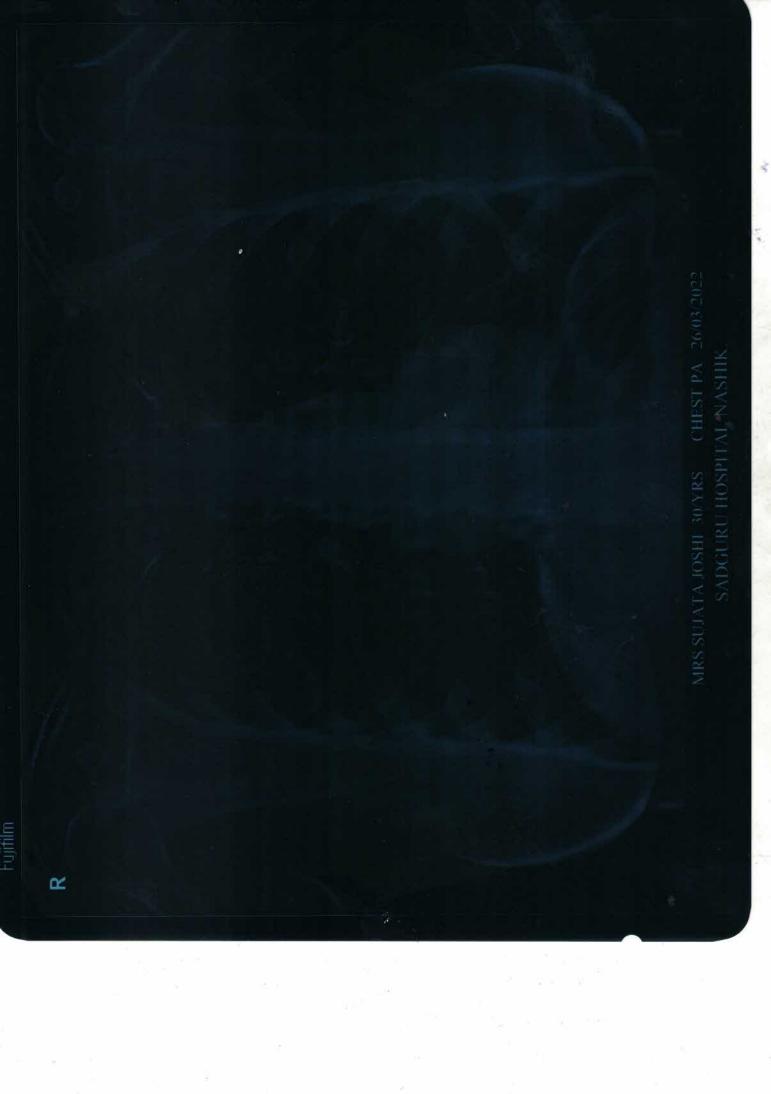
RES. NO. 2003/08/3347

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RES. NO. 2003/08/3347

RES. NO. 2003/08/347

RES. NO. 2003/08







- CRITICAL CARE
- TRAUMA CARE CENTER



Patient Name	: MRSSUJATA JOSHI	Patient ID	: 0	and the second
Age	: 30/YRS	Sex	: Female	
Referring Physician	: Dr. SADGURU HOSPITAL	Date	: March 26, 2022	

X-RAY CHEST PA

MRSSUJATA JOSHI's plain P.A. Radiograph of chest shows :-

Both lung fields show normal and equal radiolucency.

There is no pulmonary parenchymal abnormal density.

The broncho vascular markings show normal size and distribution.

The hilar shadows are normal in size, position and density.

Both Cardiophrenic and Costophrenic angles are clear.

The Cardiac silhoutte is within normal limits.

Aortic shadow is normal.

Rest of the visualized mediastinum shadows are normal.

Both domes of diaphragms are normal.

The visualised bony thorax is normal.

CONCLUSION: NO SIGNIFICANT ABNORMALITY NOTED IN THE CHEST P.A. VIEW RADIOGRAPH.

DR. Jayesh B Shah

MD (Radio-Diagnosis), DMRD Reg -52736





PATHOLOGY LABORATORY



Patient ID

: 016

Patient Name

: MRS. SUJATA A JOSHI

Age / Sex

: 30 Years / Female

Referred By

: SADGURU HOSPITAL

UHID No.

Regn/Sample Date

Report Date

Barcode

: 26-Mar-2022 12.26 PM : 30-Mar-2022 02.57 PM

. 50-1-10

Sample Type : Whole Blood

COMPLETE BLOOD COUNT

		000 000111	4
Investigation	Result	Unit	Bio. Ref. Range
Haemoglobin (HB)	12.4	gm/dl	12-16
RBC	4.02	10^6/uL	4.2-5.4
PCV	39.8	%	37-47
MCV	99.0	fl	70-100
MCH	30.8	pg	27-31
MCHC	31.2	g/dl	32-36
RDW-CV	17.5	%	11.5-14.5
Platelet count	336000	/cumm	150000-450000
Total Leucocytes Count	6900	/ cumm	4000-11000
DIFFERENTIAL LEUCOCYTES	COUNT	- KO 05	
Neutrophils	44	%	44-76
Lymphocytes	50	%	20-40
Monocytes	03	%	2-10
Eosinophils	03	%	1-6
Basophils	. 00	%	0-2
	END OF REPO	ORT	



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Sample Type

30-Mai-2022 02.3

: Whole Blood

Barcode

HAEMATOLOGY.

Investigation

Result

BLOOD GROUP ABO & RH TYPING

(EDTA Whole Blood)

Blood group (ABO Typing)

В

RhD Factor (Rh typing)

POSITIVE

Method

Manual Slide Hemagglutination

Note

Kindly recheck Blood Group before blood transfusion

ESR (Wintrobe)

10

mm/1hr.

0-19

(EDTA Whole Blood)

END OF REPORT



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UHID No.

Regn/Sample Date

Report Date

Barcode

:26-Mar-2022 12.26 PM

: 30-Mar-2022 03.00 PM

: SERUM Sample Type

LIVER FUNCTION TEST

	THE CONTROL OF THE SECOND CONTROL OF THE SEC			-
Investigation	Result	Unit	Bio. Ref.	Range
LIVER FUNCTION TEST				1 100
SGOT (AST)	25.1	U/L	Upto 40	
(Serum,IFCC)		0		
SGPT (ALT)	22.3	U/L	Upto 40	TO THE WAY
(Serum,IFCC)				
Bilirubin-Total	1.00	mg/dL	0.1-1.2	4
(Serum,Diazo)		3 /	* 77	
Bilirubin-Direct	0.40	mg/dL	0.0-0.5	
(Serum,Diazo)	- St.			
Bilirubin- Indirect	0.60	mg/dL	0.1-1.0	
Alkaline Phosphatase	166.3	U/L	54-306	100
(Serum, ALP-AMP)				
Total Protein	6.80	g/dl	6.0-8.5	
(Serum, Modified Biuret)				144
Albumin	4.00	g/dl	3.0-5.4	
(Serum,Bromocresol green)				
Globulin	2.80	g/dl	1.8-3.6	
A/G Ratio	1.43		1.1-2.2	ji
(Calculated)				
*** *** ***	JUN *		N. T. C. S. C.	

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UHID No.

Barcode

Regn/Sample Date

Report Date

: 30-Mar-2022 02.57 PM

:26-Mar-2022 12.26 PM

Sample Type : SI

: SERUM

BIOCHEMISTRY

		COLUMN TO THE COLUMN TO SECTION OF THE SECTION		19	
Investigation	Result	Unit	Bio. Ref. I	Range	
Fasting Blood Glucose (Plasma-F,GOD-POD)	96.1	mg/dL	60-110	a 8 × 3 × 3	0.1
Parallel Urine Glucose	NIL	•		3%	
Postmeal Blood Glucose (Plasma-PM,GOD-POD)	115.4	mg/dL	Upto 140		
Parallel Urine Glucose	SNR			W A	
Gamma GT (GGTP)	19.5	U/L	9-36	, J	
(Serum, Enzymatic)					100
Sr. Uric Acid	5.4	mg/dL	2.5-6.0		
(Serum, Uricase Peroxidase)					
BLOOD UREA NITROGEN (BUI	N)				
Sr. Blood Urea	21.0	mg/dL	10-50	A s	
(Serum, Urease)				1 28	
BUN-Blood Urea Nitrogen	10	mg/dL	8-23		
Remark: In blood, Urea is usually reported to urea mass units by multiplying by 2.14.	as BUN and expressed in	mg/dl. BUN mass units	can be converted	And the second	
Sr. Blood Urea	21.0	mg/dL	10-50		
(Serum, Urease)	**				
Remark . In blood Urea is usually reported	as BLIN and everpessed in	ma/dl BIIN mass units	can be converted	5. 5 2.	

Remark: In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted

to urea mass units by multiplying by 2.14.

Reg. No.

ASHA

Dr. Pravin Bagul (MD Path Consulting Pathologist)

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Barcode

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Report Date

:26-Mar-2022 12.26 PM : 30-Mar-2022 02.57 PM

: SERUM Sample Type

THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Ra	nge	
(Method : Serum, Chemiluminiscence)				1 8 mar	70
Total T-3	60.4	ng/dl	58-159		
Total T-4	7.90	ug/dl	4.8-11.7		
TSH (Ultrasensitive)	1.50	uIU/mL	0.35-5.0		

INTERPRETATION: (T3 & T4)

Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

INTERPRETATION: (TSH)

1] TSH results between 4.5 to 15 show considerable physiologic & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.

2]TSH results between 0.1 to 0.45 require correlation with patient age & clinical symptoms. As with increasing age, there are marked changes in thyroid hormone production, metabolism & its actions resulting in an increased prevalence of subclinicalthyroid disease.

3]TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc.

4]Drugs that decrease TSH values e.g:L-dopa,Glucocorticoid Drugs that increase TSH values e.glodine,Lithium,Amiodarone.

5] In Pregnancy TSH Normal Range

1st Trimester: 0.10 - 2.50 2nd Trimester: 0.20 - 3.00 3rd Trimester: 0.30 - 5.1

REFERENCE: TIETZ Fundamentals of ClinicalChemistry



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Report Date

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Sample Type

: SERUM

Barcode

LIPID PROFILE

LIPID PROFILE					
Investigation	Result	Unit	Bio. Ref. Range		
Nature Of Sample	Fasting	w			
(Serum, Enzymatic)					
Serum Cholesterol -Total	185.4	mg/dL	Desirable - Upto 200		
		1, 1,	Borderline High - 200-239		
			High - Above 240		
Company Trick and dec		(4)			
Serum Triglycerides	162.3	mg/dL	Normal: Below 150		
		2.0	Borderline High: 150-199 High: 200-499		
		Why :	Very High : >= 500		
			(a) (iii)		
HDL Cholesterol	40.0	mg/dL	Major risk factor for heart		
			disease: < 40		
a / / / / / / / / / / / / / / / / / / /			Negative risk factor for		
A CAR ALL			heart		
LDL Cholesterol	112		disease: >=60		
LDL Cholesterol	113 CAD	GL P mg/dL	Optimal: < 100 Near Optimal/Above		
A STATE	. / + /	8 7	Optimal: 100-129		
	Z 6	2 0	Borderline High: 130-159		
	Tige !	50	High: 160-189		
	134 "	THE	Very High: >= 190		
VLDL Cholesterol	32	mg/dL	Upto 40		
CHOL/HDL Ratio	4.63	Ratio	0-4.5		
LDL / HDL Ratio	2.8	Ratio	1.5-3.5		
Note: Reference Interval as per National Chole	esterol Education Prog	TOTAL STATE OF THE PARTY OF THE			
Report: /LDL,CHOL/HDL Ratio, LDL/HDL Ratio, LDL Cl	nolectoral corum are s	alculated parameter			
reperior not Ratio, EDL NOT RATIO, EDL CI		REPORT			

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:26-Mar-2022 12.26 PM

: 30-Mar-2022 02.57 PM

Sample Type

: Whole Blood





BIOCHEMISTRY.

Investigation	Result	Unit	Bio. Ref. Range
HbA1C	. 5.3	%	Non-diabetic: <= 5.8 Pre-diabetic: 5.9-6.4
			Diabetic: = >6.4
Mean Blood Glucose level	105	mg/dL	
Method	Nephelometry		

INTERPRETATION:

1] HbA1c is used for monitoring diabetic control. If reflects the estimated average glucose (eAG).

2] HbA1c has been endorsed by clinical groups & ADA(American Diabetes Association) guidelines 2012 , for diagnosis of diabetes using a cut- off point of 6.5%. ADA defined biological reference range for HbA1c is 4% -6%. Patient with HbA1c value between 6.0% to 6.5% are considered at risk for developing diabetes in the future :

3] Trends in HbA1c are a better indicator of diabetes control than a solitary test .

4] In Lyown diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

END OF REPORT



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Dr. Pravin Bagul

(MD Path **Consulting Pathologist)**

PATHOLOGY LABORATORY



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Report Date

: 26-Mar-2022 12.26 PM : 30-Mar-2022 02.57 PM

Sample Type

: URINE

Barcode



REPORT ON URINE ROUTINE

Investigation	Result		1 1 1
Specimen Name	Urine	- N.	4. 1 × 67
PHYSICAL EXAMINATION	g - 2 :		
Nature of specimen	Random		9 8 9
Calour	Pale Yellow		
Transparency (Appearance)	Clear		4
Reaction (pH)	Acidic	100	
Quantity	20 ml	a di di sa	
Deposits	Absent		
Specific Gravity	1.015		
CHEMICAL EXAMINATION			
-Urine Protein (Albumin)	Absent	The second second	
Unine Glucose (Sugar)	Absent		
Urine Ketones (Acetone)	Absent	. 6	
Bile pigments	Absent	100	
Bile Salt	Absent	15/ pag 15	<i>A</i> **
MICHOSCOPIC EXAMINATION		8 8	
Red blood cells	, Not Seen	4COX	
Pus Cells (WBCs)	2-4/hpf	93	
*Enithelial cells	0-1/hpf		
Crystals	Not seen	7. j	
Cast	Not seen		N 7
Backeria	Absent	The state of the s	9
18	END OF REPORT		



Checked By

Dr. Pravin Bagul

Patient Name : MRS. SUJATA JOSHI Date : 26 Mar 2022

Referred By : SADGURU HOSPITAL Age : 30 YEARS Sex : F

ULTRASONOGRAPHY ABDOMEN & PELVIS

* LIVER : Normal in contour and parenchymal texture.

No focal parenchymal lesion seen.

CBD and Intrahepatic biliary channels are normal.

- * GB: Physiologically distended. No gall stones seen.
- * PANCREAS : Normal in size and parenchymal echo pattern with normal peripancreatic planes.
- * SPLEEN: Normal in size, contour with homogenous echo pattern.
- * AORTA & IV C: Normal. No evidence of paraaorta/ paracaval lymphadenopathy
- * KIDNEYS : Normal in size, contour and echotexture.

No calculus or hydronephrosis is seen on both sides.

Renal sinus and cortical echoes are normal.

Peri renal planes are normal.

Cortico-Medullary differentiation is maintained.

RK-9.0 x 3.8 cms LK-8.9 x 4.0 cms.

- * URINARY BLADDER: Partially distended. Walls are normal.
- * UTERUS: Normal in size, shape and myometrial echotexture.
- * OVARIES: Both ovaries are normal in size with PCO morphology. Volume Right 5.9 cc & Left 5.1 cc.

IMPRESSION :

→Normal size ovaries with PCO morphology.



DR. HARDIK PATEL DNB Radiodiagnosis

