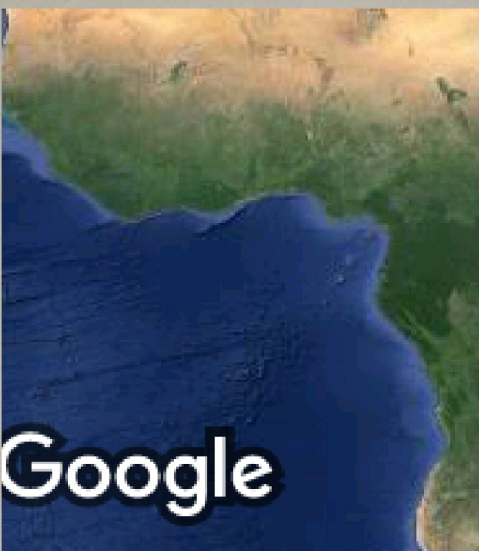




GPS Map Camera



Google

Mumbai, Maharashtra, India

Shri Krishna Complex, KL Walawalkar Marg, Corner of new link road and fun cinemas lane, Veera Desai Industrial Estate, Andheri West, Mumbai, Maharashtra 400053, India

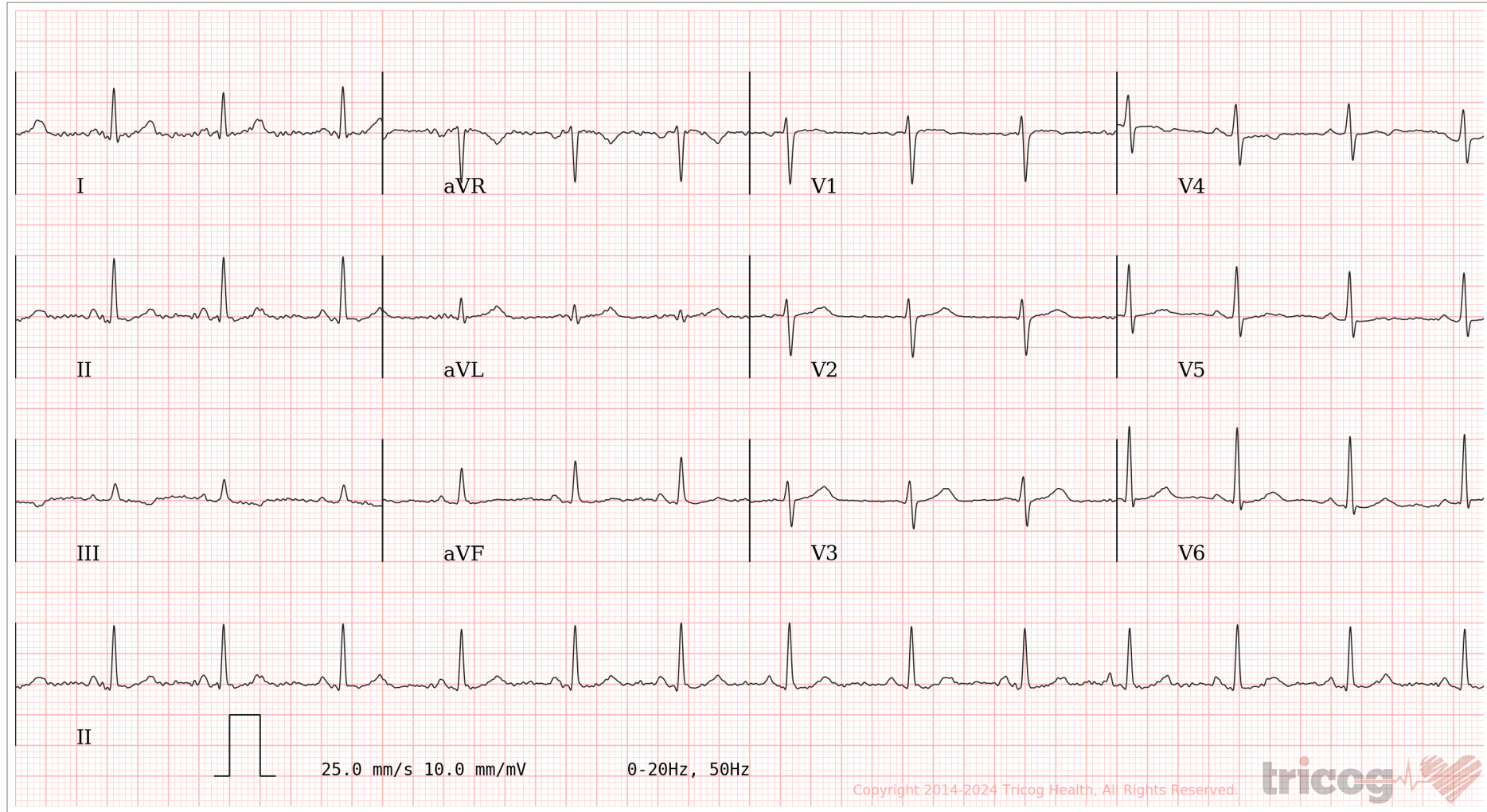
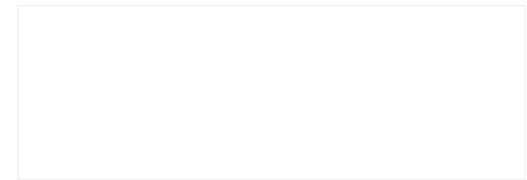
Lat 19.13546°

Long 72.832412°

23/03/24 10:47 AM GMT +05:30

Age / Gender: 34/Female
Patient ID: 0849418
Patient Name: Divya Shri G

Date and Time: 23rd Mar 24 3:52 PM



AR: NA VR: 81bpm QRSD: 88ms QT: 346ms QTcB: 402ms PRI: 124ms P-R-T: 65° NA 17°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY



Dr. Charit
MD, DM: Cardiology

63382

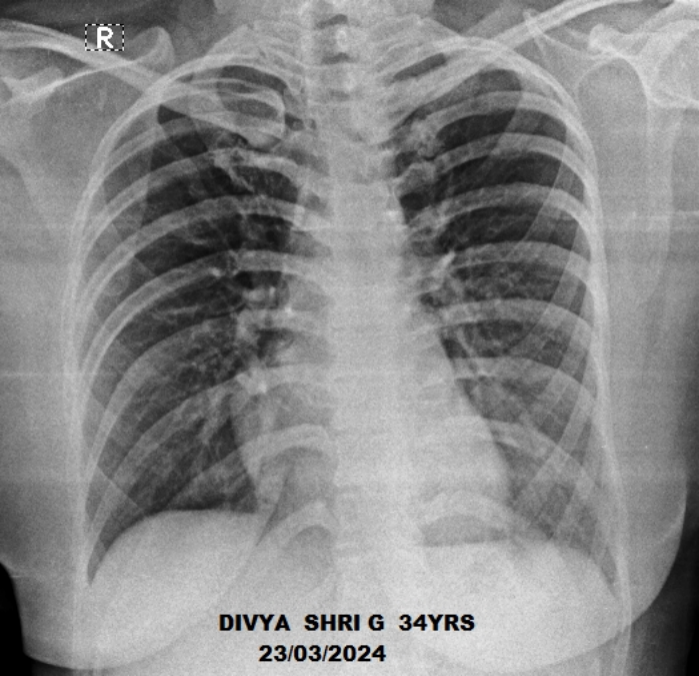
REPORTED BY



Dr Velmurugan. J

KMC 122015

R



DIVYA SHRI G 34YRS
23/03/2024



PATIENT'S NAME - *Dnyesha Shree*
AGE/GENDER - *34 / F*
DOCTOR'S NAME - *Dr. Amalullah M*

DATE - *28/3/24.*

VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT		<i>6/6</i>		<i>6/6</i>
NEAR		<i>N/6</i>		<i>N/6</i>
COLOUR	<i>(D)</i>			
Recommendations				

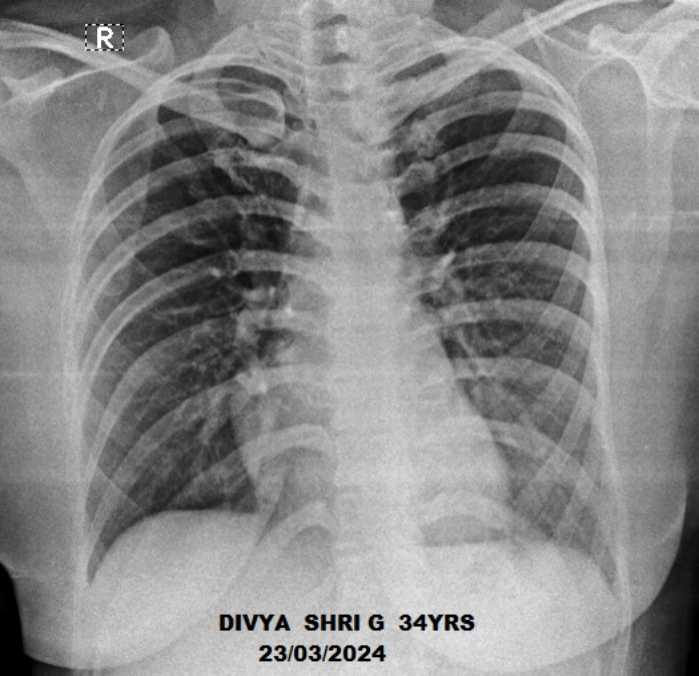
VITALS

Pulse - <i>92</i>	B.P- <i>120/80</i>	SpO2 <i>99%</i>
Height <i>166</i>	Weight - <i>73.6</i>	BMI-
Waist - <i>91</i>	Hip - <i>105</i>	Waist/Hip Ratio-
Chest - <i>96</i>	Inspiration-	Expiration-

CENTRE NAME



R



DIVYA SHRI G 34YRS
23/03/2024

HEALTHSPRING OSHIWARA

DIVYA SHRI G

I.D. 523

Age 34/F

Date 23/03/2024

RATE 96bpm

B.P. 110/70

PRETEST

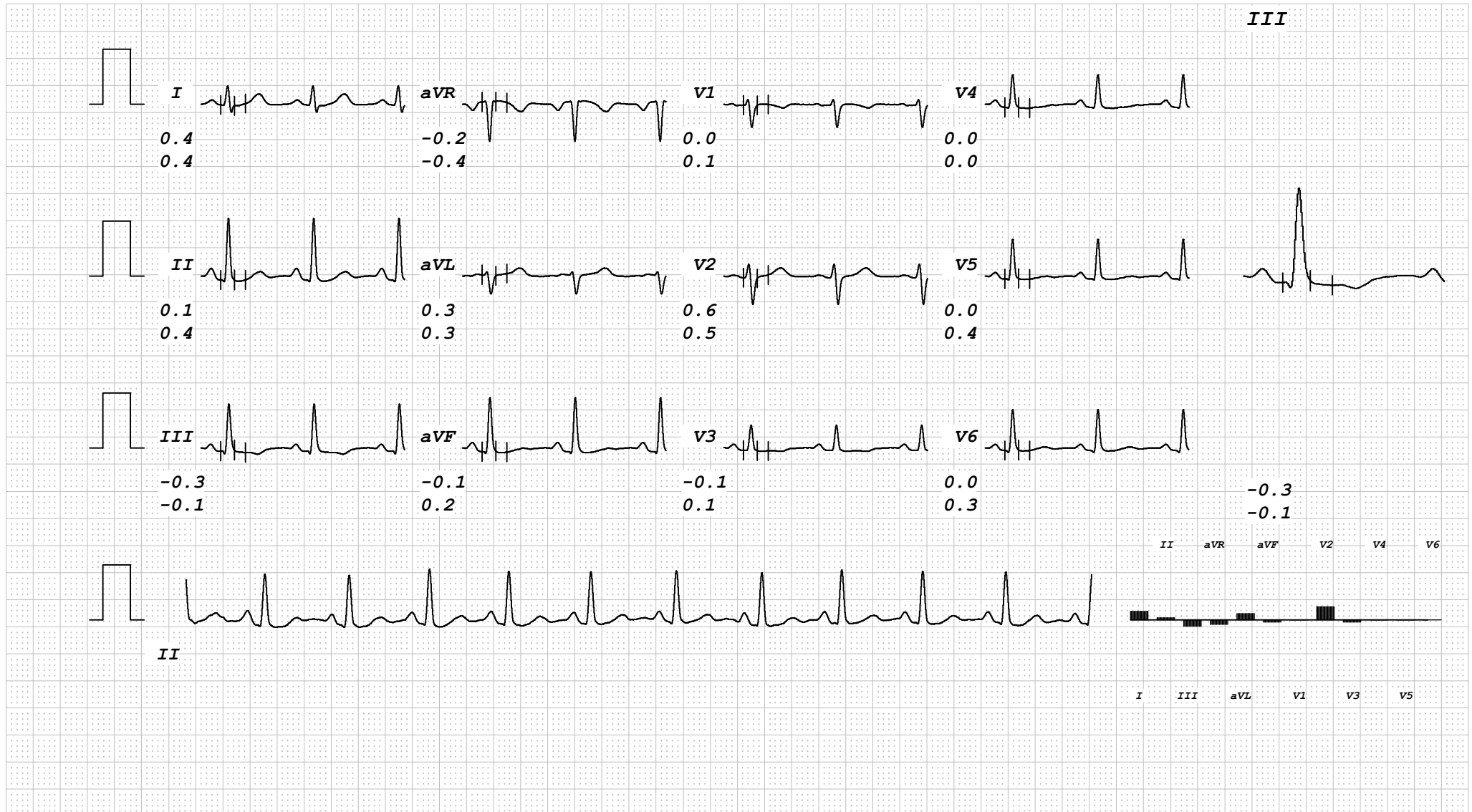
SUPINE

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

DIVYA SHRI G

I.D. 523

Age 34/F

Date 23/03/2024

RATE 92bpm

B.P. 110/70

PRETEST

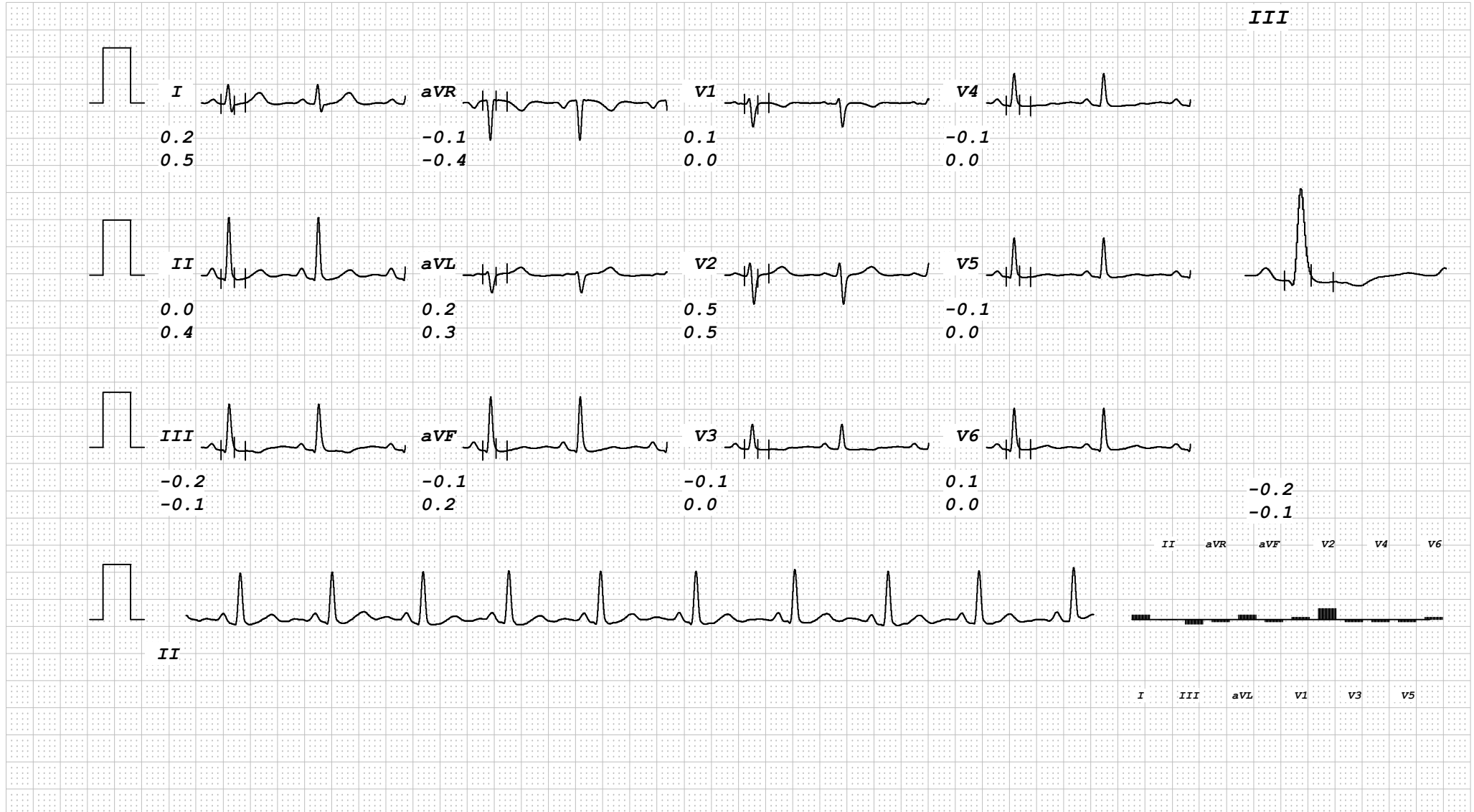
STANDING

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

DIVYA SHRI G

I.D. 523

Age 34/F

Date 23/03/2024

RATE 88bpm

B.P. 110/70

PRETEST

HYPERVENT

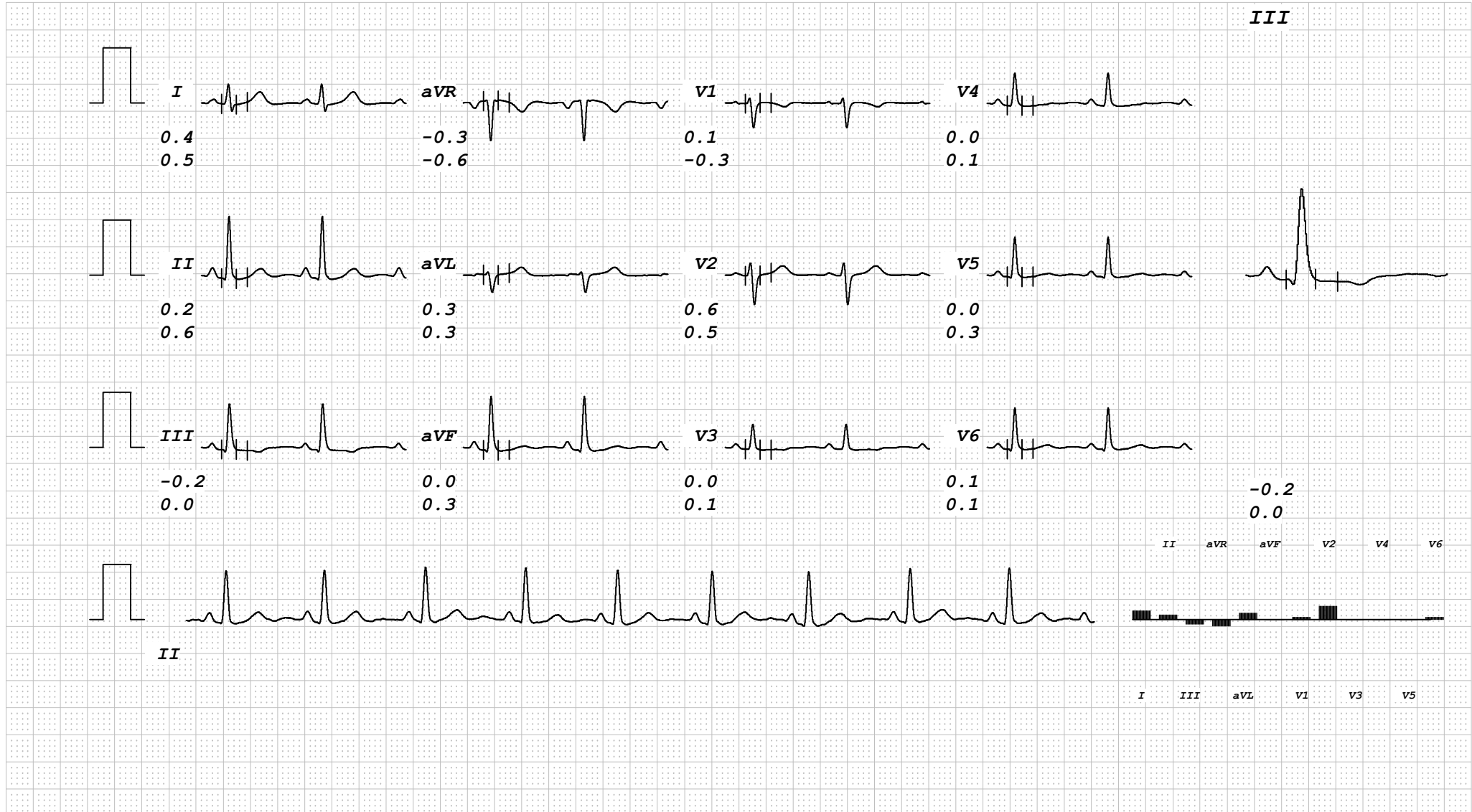
PHASE TIME 0:03

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

DIVYA SHRI G

I.D. 523

Age 34/F

Date 23/03/2024

RATE 86bpm

B.P. 110/70

PRETEST

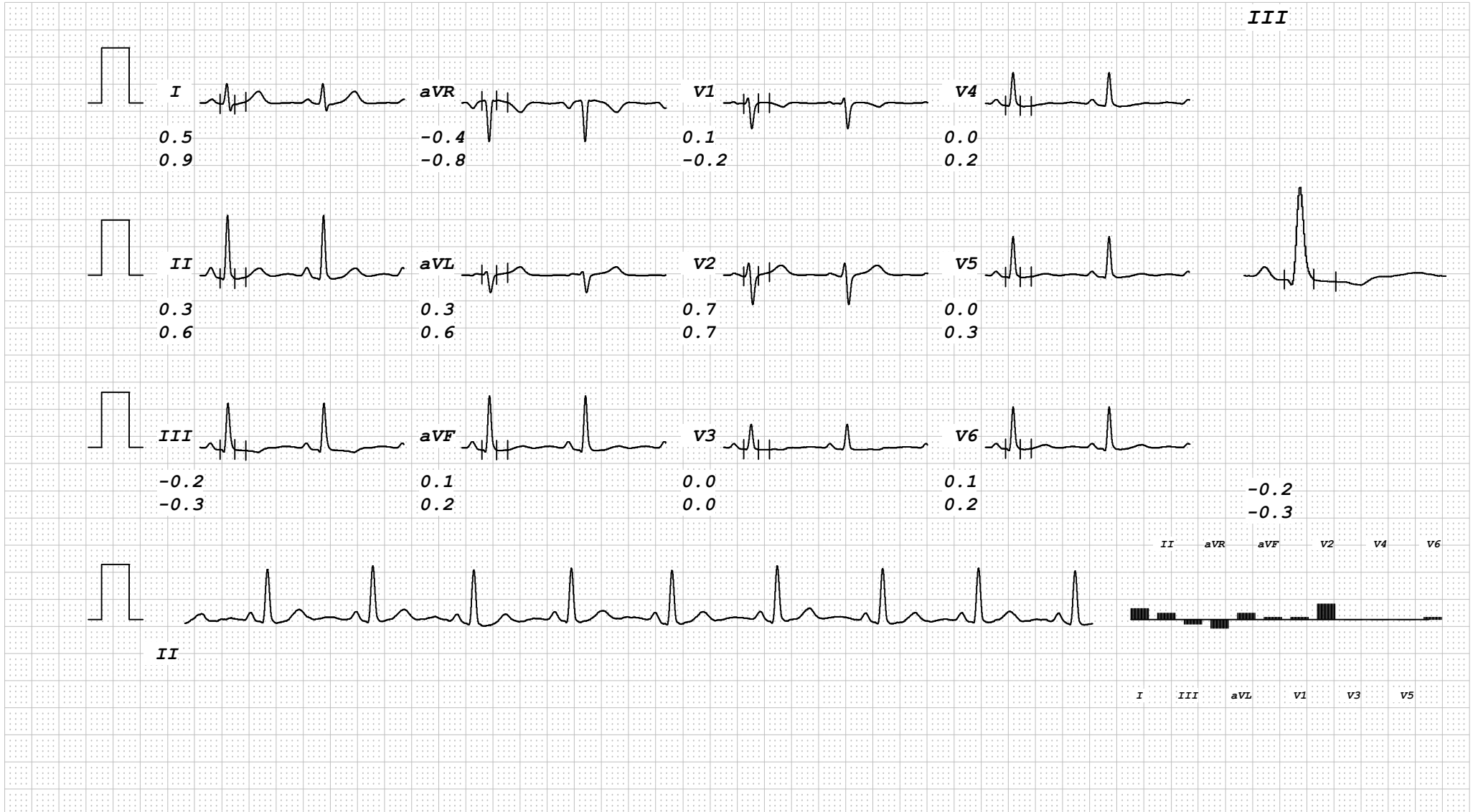
VALSALVA

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

DIVYA SHRI G

I.D. 523

Age 34/F

Date 23/03/2024

RATE 130bpm

B.P. 120/80

Bruce

Stage 1

TOTAL TIME 2:55

PHASE TIME 2:55

ST @ 10mm/mV

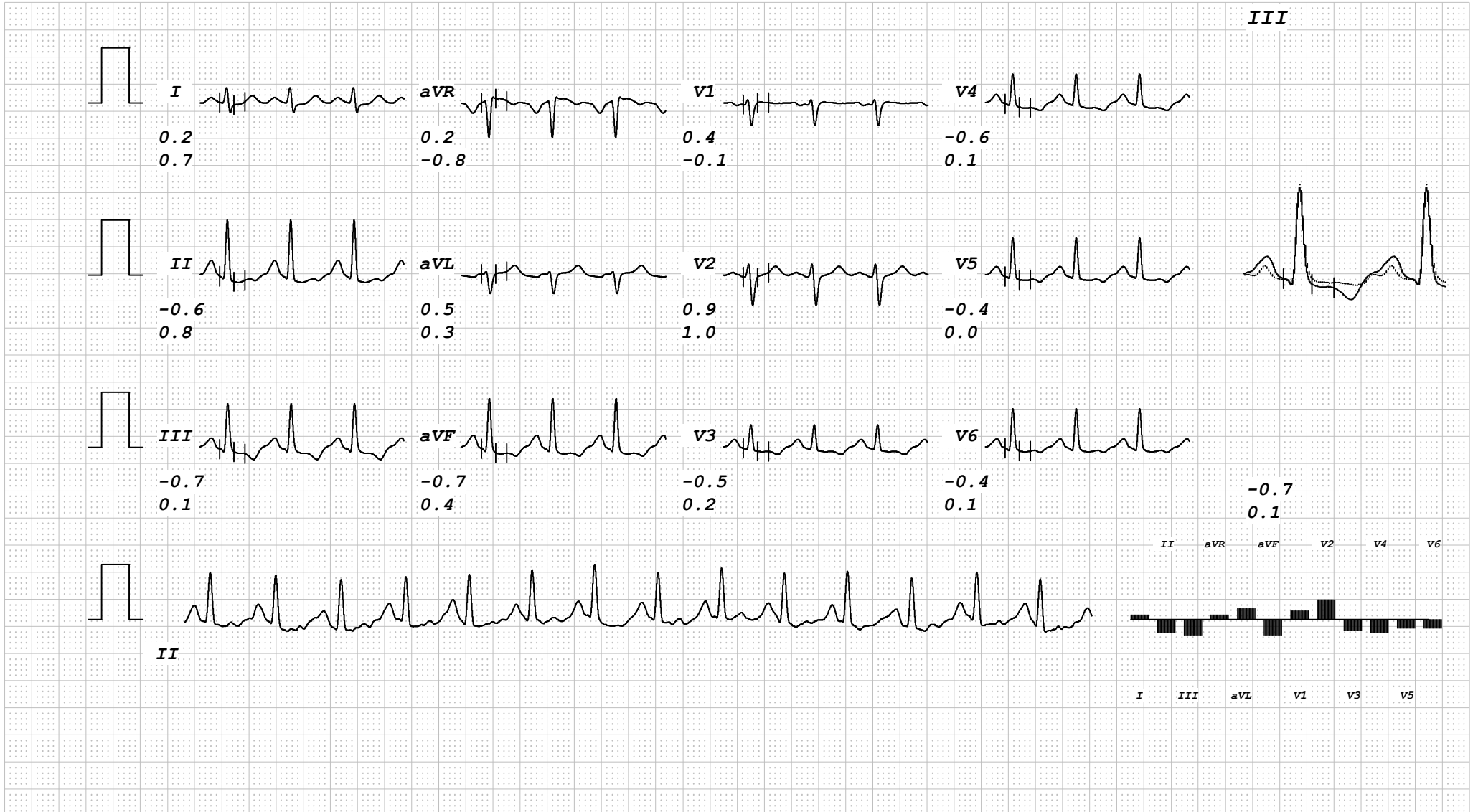
80ms PostJ

Speed 2.7 km/hr

SLOPE 10 %

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

DIVYA SHRI G
 I.D. 523
 Age 34/F
 Date 23/03/2024

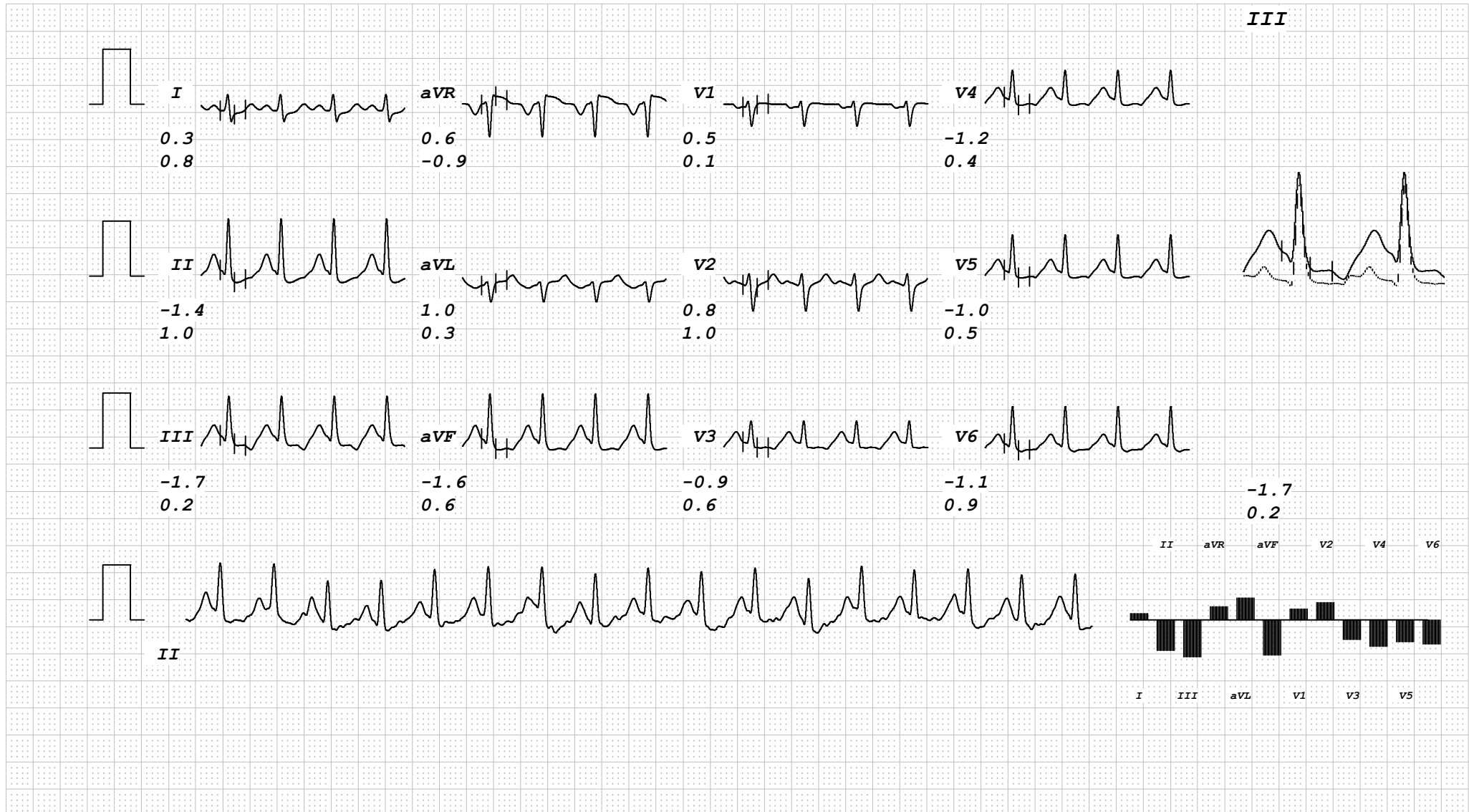
RATE 156bpm
 B.P. 140/90

Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

DIVYA SHRI G
 I.D. 523
 Age 34/F
 Date 23/03/2024

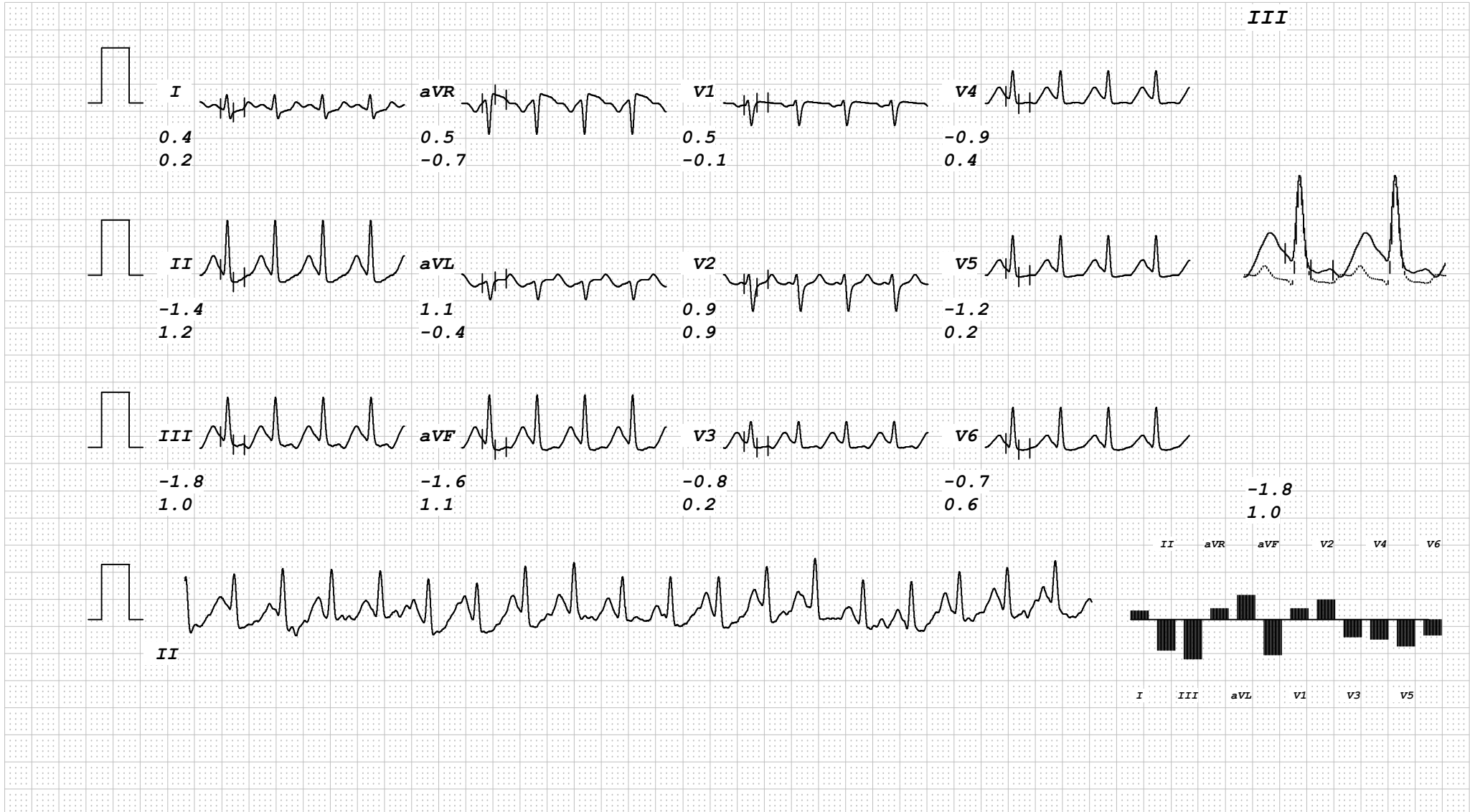
RATE 173bpm
 B.P. 150/100

Bruce
 PK-EXERCISE
 TOTAL TIME 6:31
 PHASE TIME 0:31

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

DIVYA SHRI G
I.D. 523
Age 34/F
Date 23/03/2024

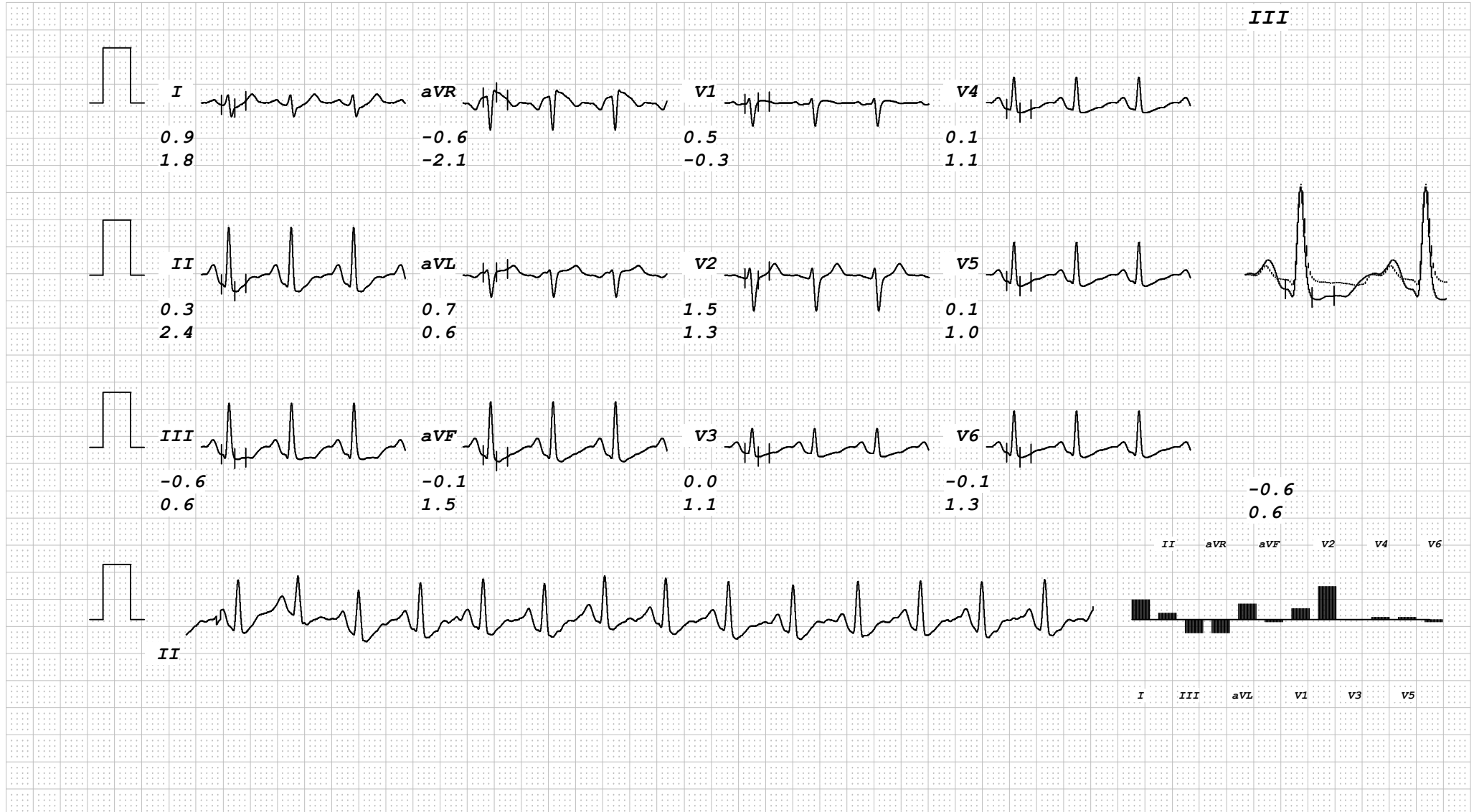
RATE 132bpm
B.P. 150/100

Bruce
RECOVERY
TOTAL TIME 7:34
PHASE TIME 0:55

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

DIVYA SHRI G
 I.D. 523
 Age 34/F
 Date 23/03/2024

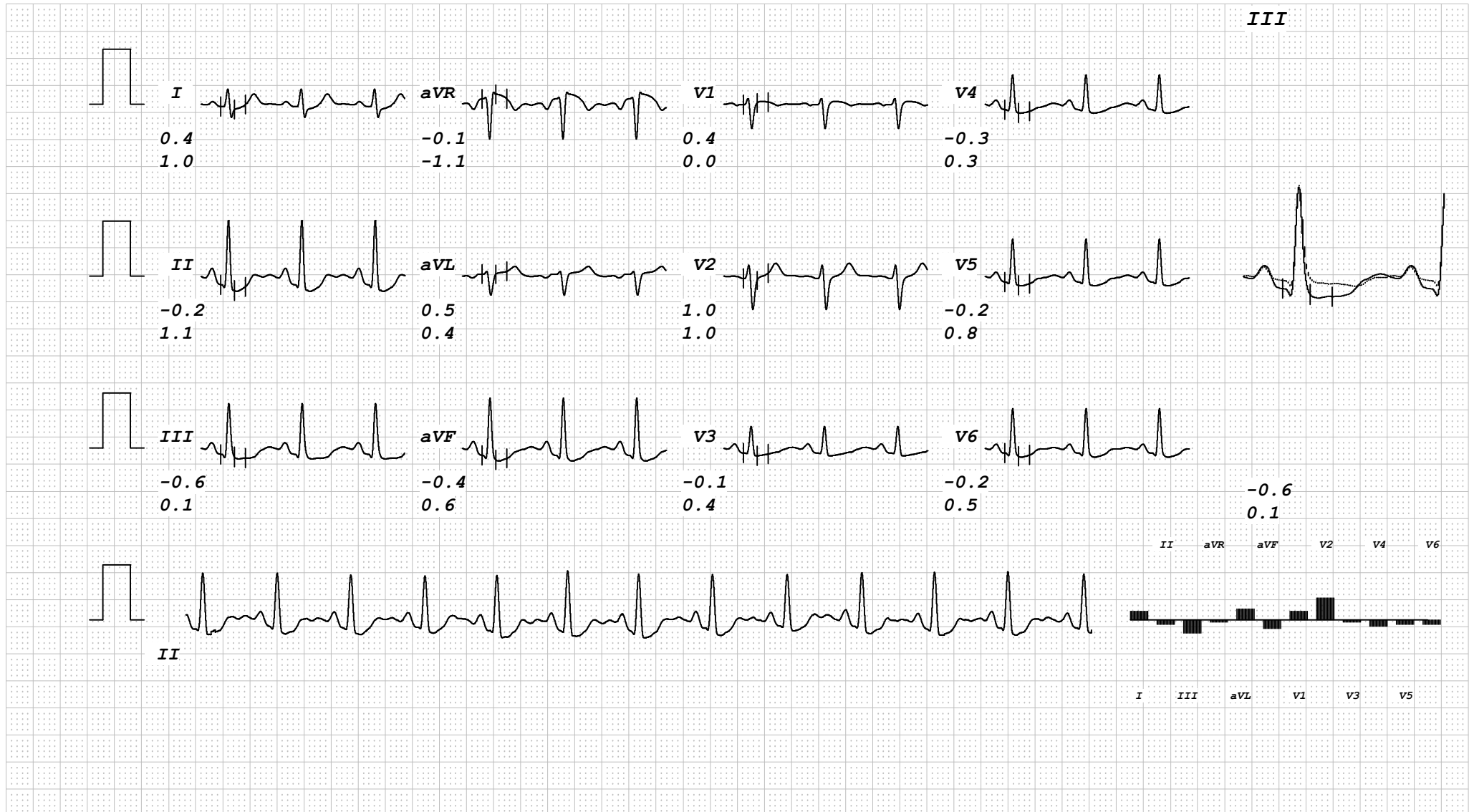
RATE 112bpm
 B.P. 140/80

Bruce
 RECOVERY
 TOTAL TIME 8:34
 PHASE TIME 1:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

DIVYA SHRI G

I.D. 523

Age 34/F

Date 23/03/2024

RATE 111bpm

B.P. 120/80

Bruce

RECOVERY

TOTAL TIME 9:34

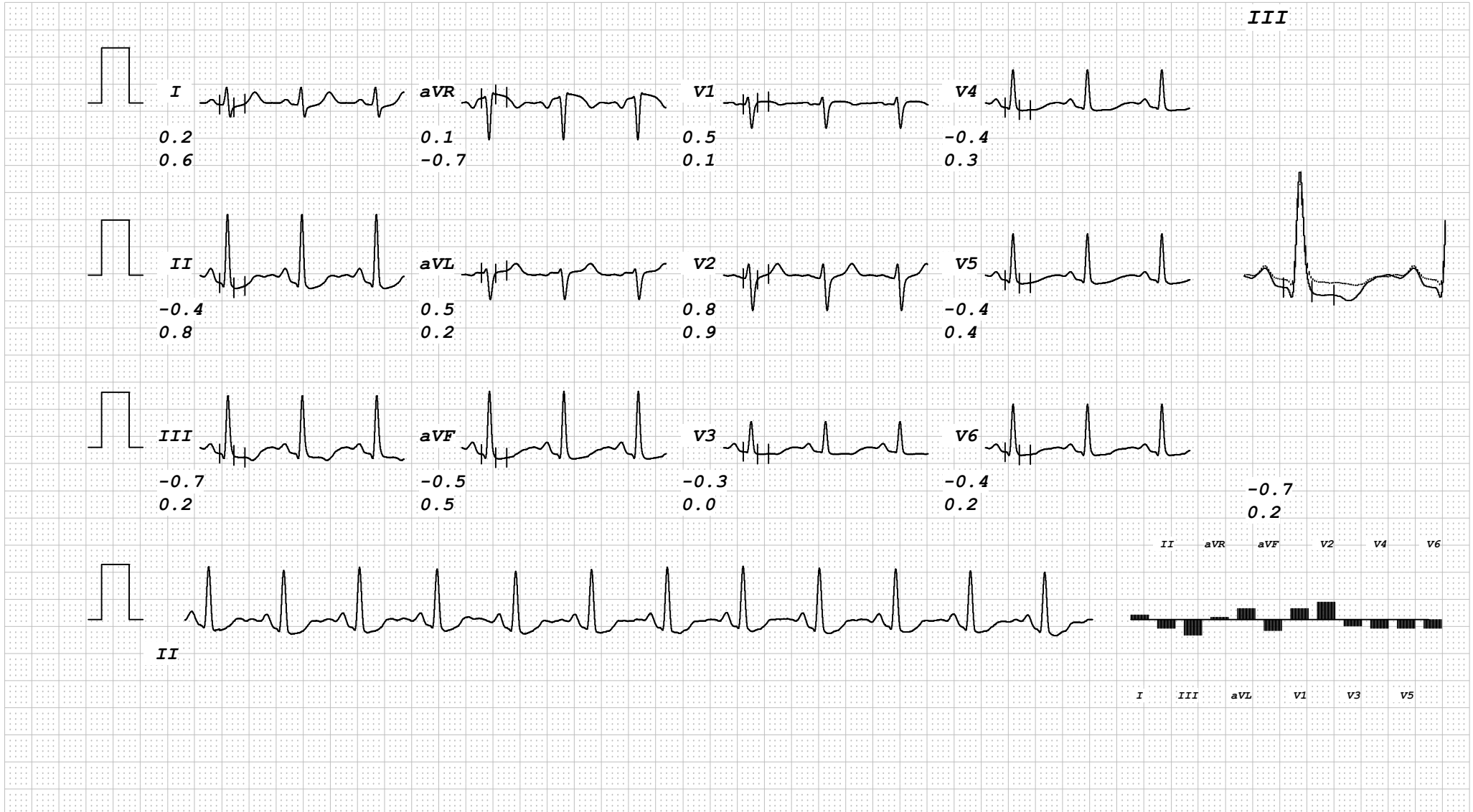
PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

DIVYA SHRI G

I.D. 523

Age 34/F

Date 23/03/2024

RATE 104bpm

B.P. 110/70

Bruce

RECOVERY

TOTAL TIME 10:34

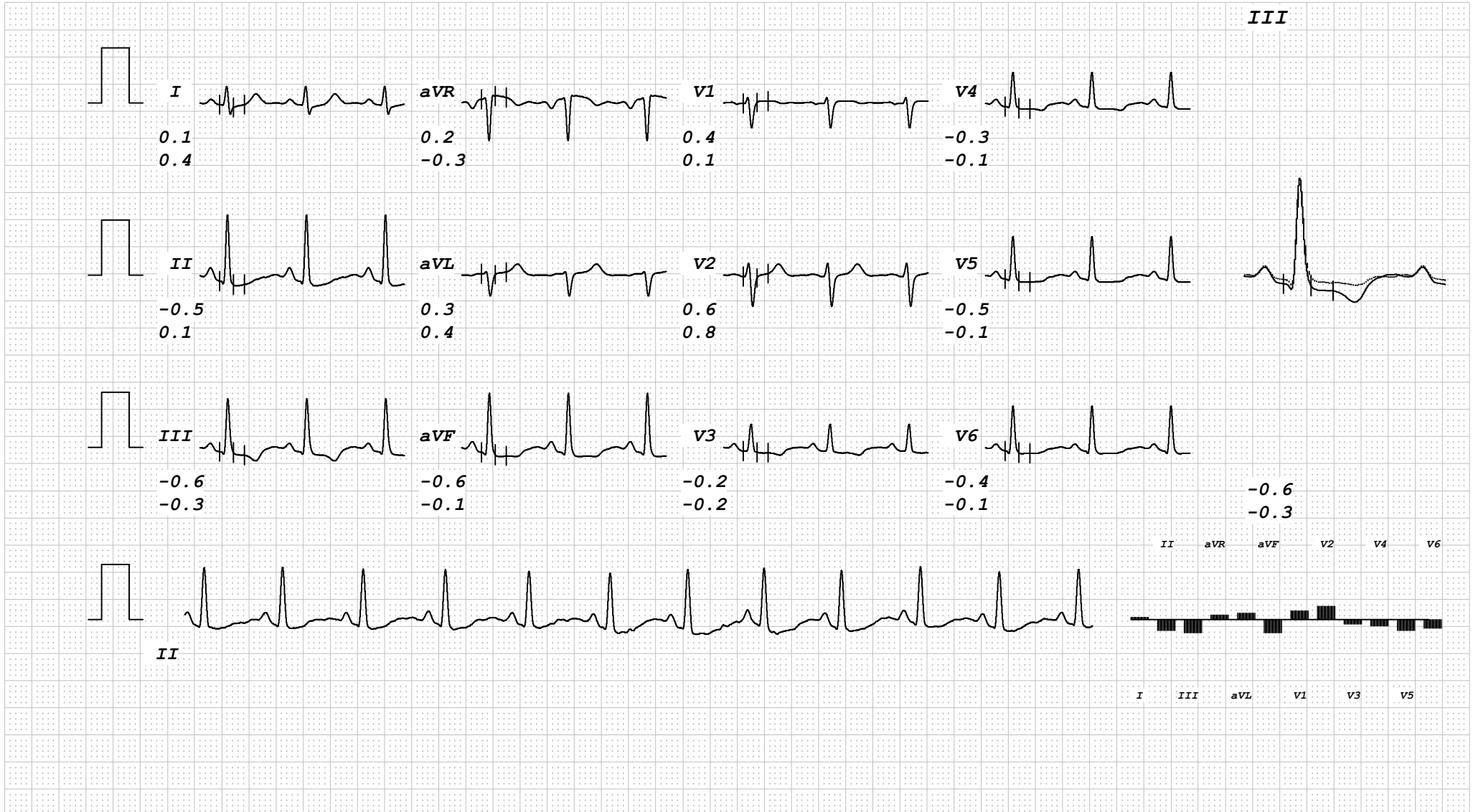
PHASE TIME 3:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

DIVYA SHRI G

I.D. 523

Age 34/F

Date 23/03/2024

RATE 105bpm

B.P. 110/70

Bruce

RECOVERY

TOTAL TIME 11:34

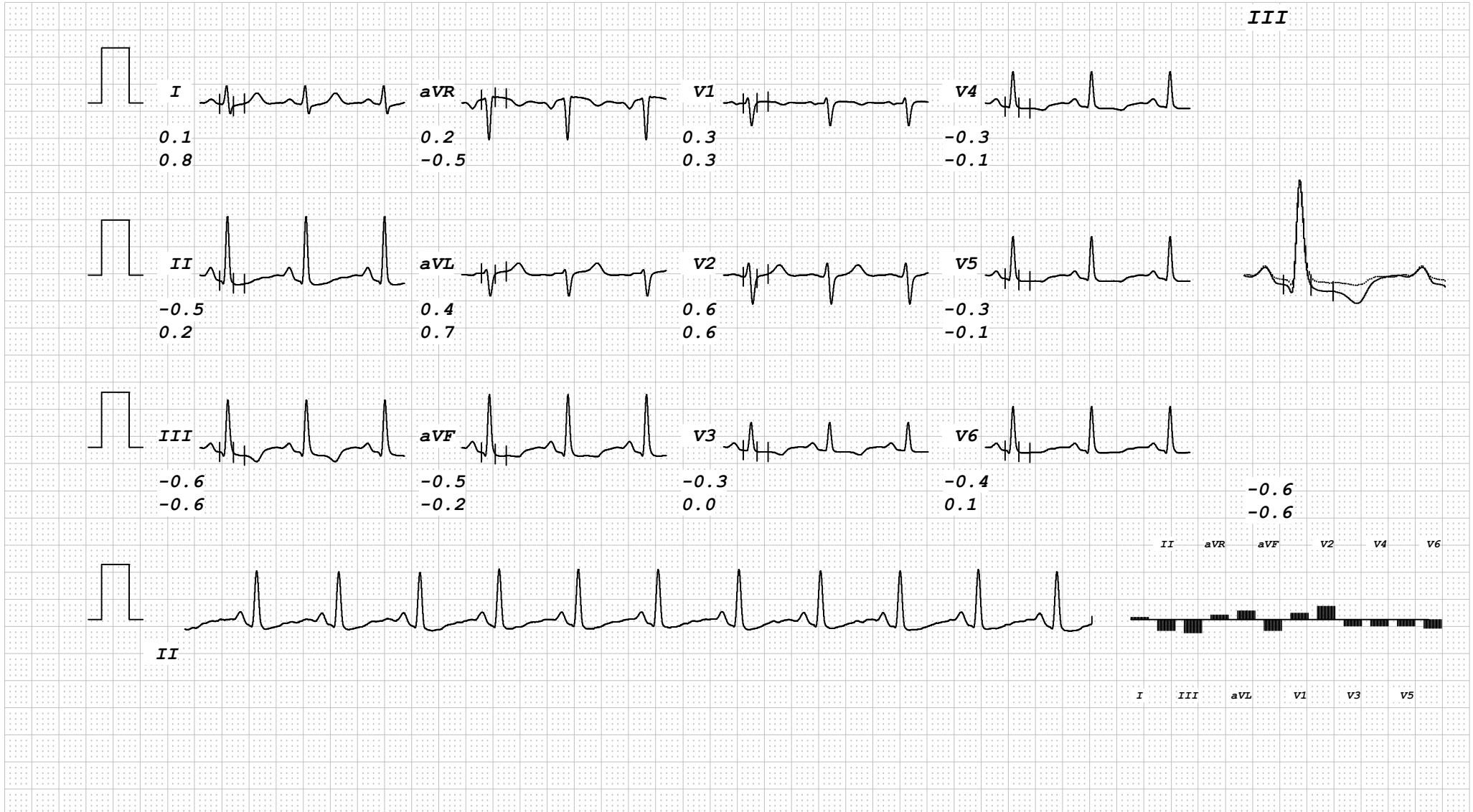
PHASE TIME 4:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2





सत्यमेव जयते

भारत सरकार

Government of India



आधार

Issue Date: 01/02/2012



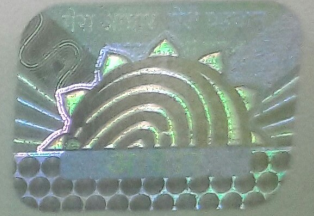
Divya Shri Guturi

DOB: 06/12/1989

FEMALE



3015 4446 7314



3015 4446 7314

मेरा आधार, मेरी पहचान

F12

PrtScn

Scroll
Lock

Pause
Break

Patient Name : Mrs. Divya Shri G
Age / Gender : 34 Y / Female
Referred By : Dr. Amatullah Merchant
SID No. : 40013423

Reg.Date / Time : 23/03/2024 / 12:58:36
Report Date / Time : 23/03/2024 / 22:30:56
MR No. : 0849411

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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HAEMATOLOGY

COMPLETE BLOOD COUNT WITH PLATELETS

EDTA WHOLE BLOOD

HAEMOGLOBIN, RED CELL COUNT & INDICES

HAEMOGLOBIN (Spectrophotometry)	12.9	gm%	12.0-15.0	
PCV (Electrical Impedance)	37.6	%	40 - 50	
MCV (Calculated)	91.8	fL	83-101	
MCH (Calculated)	31.6	pg	27.0 - 32.0	
MCHC (Calculated)	34.4	g/dl	31.5-34.5	
RDW-CV (Calculated)	13	%	11.6-14.0	
RDW-SD (Calculated)	50	fL	36 - 46	
TOTAL RBC COUNT (Electrical Impedance)	4.09	Million/cmm	3.8-4.8	
TOTAL WBC COUNT (Electrical Impedance)	6900	/cumm	4000-10000	
DIFFERENTIAL WBC COUNT				
NEUTROPHILS (Flow cell)	55.7	%	40-80	
LYMPHOCYTES (Flow cell)	33.6	%	20-40	
EOSINOPHILS (Flow cell)	1.9	%	1-6	
MONOCYTES (Flow cell)	7.7	%	2-10	
BASOPHILS (Flow cell)	1.1	%	1-2	
ABSOLUTE WBC COUNT				
ABSOLUTE NEUTROPHIL COUNT (Calculated)	3830	/cumm	2000-7000	
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	2310	/cumm	1000-3000	

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mrs. Divya Shri G
Age / Gender : 34 Y / Female
Referred By : Dr. Amatullah Merchant
SID No. : 40013423

Reg.Date / Time : 23/03/2024 / 12:58:36
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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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HAEMATOLOGY

ABSOLUTE WBC COUNT

ABSOLUTE EOSINOPHIL COUNT (Calculated)	130	/cumm	200-500
ABSOLUTE MONOCYTE COUNT (Calculated)	530	/cumm	200-1000
ABSOLUTE BASOPHIL COUNT (Calculated)	80	/cumm	0-220
PLATELET COUNT (Electrical Impedance)	313000	/cumm	150000-410000
MPV (Calculated)	9.6	fL	6.78-13.46
PDW (Calculated)	14.8	%	11-18
PCT (Calculated)	0.300	%	0.15-0.50

PERIPHERAL BLOOD SMEAR

COMMENTS
(Microscopic)

Normocytic Normochromic RBCs

Sample Collected at : Andheri West
Sample Collected on : 23 Mar 2024 14:20
Sample Received on : 23 Mar 2024 17:10
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

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Patient Name : Mrs. Divya Shri G
Age / Gender : 34 Y / Female
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Partial Test Report

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HAEMATOLOGY

EDTA Blood **ABO BLOOD GROUP**

BLOOD GROUP (Erythrocyte-Magnetized Technology)	A
Rh TYPE (Erythrocyte-Magnetized Technology)	NEGATIVE

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Consultant Pathologist

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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BIOCHEMISTRY

**COMPREHENSIVE LIVER PROFILE
SERUM**

BILIRUBIN TOTAL (Diazotization)	1.15	mg/dl	0.2 - 1.3
BILIRUBIN DIRECT (Diazotization)	0.16	mg/dl	0.1-0.4
BILIRUBIN INDIRECT (Calculation)	0.99	mg/dl	0.2 - 0.7
ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	30	U/L	<40
ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	57	U/L	<41
ALKALINE PHOSPHATASE (Colorimetric IFCC)	58	U/L	35-104
GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	35	U/L	<40
TOTAL PROTEIN (Colorimetric)	7.30	gm/dl	6.6-8.7
ALBUMIN (Bromocresol Green)	4.30	gm/dl	3.5 - 5.2
GLOBULIN (Calculation)	3.00	gm/dl	2.0-3.5
A/G RATIO (Calculation)	1.4		1-2

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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BIOCHEMISTRY

**COMPREHENSIVE RENAL PROFILE
SERUM**

CREATININE (Jaffe Method)	0.6	mg/dl	0.5 - 1.1
BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	8.0	mg/dl	7-17
BUN/CREATININE RATIO (Calculation)	13.3		10 - 20
URIC ACID (Uricase Enzyme)	5.4	mg/dl	2.5 - 6.2
CALCIUM (Bapta Method)	9.6	mg/dl	8.6-10
PHOSPHORUS (Phosphomolybdate)	3.0	mg/dl	2.5-4.5

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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BIOCHEMISTRY

LIPID PROFILE

SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	213	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239
-------	--	------------	-------	--

Notes : Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.

Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.

Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	127	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	47	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	141	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	25	mg/dl	15-40
SERUM	CHOL / HDL RATIO	4.5		3-5
SERUM	LDL /HDL RATIO (Calculation)	3		0 - 3.5

Sample Collected at : Andheri West
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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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BIOCHEMISTRY

FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	80	mg/dl	70 - 110
-----------------	---------------------------------------	----	-------	----------

Notes : An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.

References:

<http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf>, Understanding Diabetes.

FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	126	mg/dl	70 - 140
-----------------	---	-----	-------	----------

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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BIOCHEMISTRY

EDTA WHOLE BLOOD GLYCOSYLATED HAEMOGLOBIN (HbA1C)

HbA1C (High Performance Liquid Chromatography)	5.4	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	108	mg/dl	

Notes : HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations. HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required. HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, https://www.who.int/diabetes/publications/report-hba1c_2011.pdf) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria. References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

Sample Collected at : Andheri West
Sample Collected on : 23 Mar 2024 14:20
Sample Received on : 23 Mar 2024 17:10
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MD,PATHOLOGY

Consultant Pathologist

Contd ...

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Patient Name : Mrs. Divya Shri G
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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

BIOCHEMISTRY

EDTA	ESR(ERYTHROCYTE	13	mm / 1 hr	0-20
WHOLE	SEDIMENTATION RATE)			
BLOOD	(Photometric Capillary)			

Notes : The given result is measured at the end of first hour.

Sample Collected at : Andheri West
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MD,PATHOLOGY

Consultant Pathologist

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*Tests not included in NABL accredited scope



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*Members only

Patient Name : Mrs. Divya Shri G
Age / Gender : 34 Y / Female
Referred By : Dr. Amatullah Merchant
SID No. : 40013423

Reg.Date / Time : 23/03/2024 / 12:58:36
Report Date / Time : 23/03/2024 / 22:30:56
MR No. : 0849411

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

BIOCHEMISTRY

Urine	URINE GLUCOSE FASTING (Urodip)	ABSENT		
Urine	URINE GLUCOSE POST PRANDIAL (Urodip)	ABSENT		

Sample Collected at : Andheri West
Sample Collected on : 23 Mar 2024 14:20
Sample Received on : 23 Mar 2024 17:10
Barcode : 



Dr.Rahul Jain
MD,PATHOLOGY
Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope



Patient Name : Mrs. Divya Shri G
Age / Gender : 34 Y / Female
Referred By : Dr. Amatullah Merchant
SID No. : 40013423

Reg.Date / Time : 23/03/2024 / 12:58:36
Report Date / Time : 23/03/2024 / 22:30:56
MR No. : 0849411

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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IMMUNOLOGY

THYROID PROFILE - TOTAL SERUM

TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.05	ng/ml	0.7-2.04
TOTAL THYROXINE (T4) (ECLIA)	9.98	ug/dl	5.5 - 11
THYROID STIMULATING HORMONE (TSH) (ECLIA)	0.903	uIU/ml	0.27 - 4.20

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IMMUNOLOGY

Notes : TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level. The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)

- Low TSH, Low FT4 - Central hypothyroidism.
- Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
- Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter, Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
- Normal TSH, Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism, Medications.
- Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbuminemic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
- High TSH, Low FT4- Primary hypothyroidism.
- High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
- High TSH, High FT4- TSH mediated hyperthyroidism

Note:

1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:

1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

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Partial Test Report

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Sample Collected at : Andheri West
Sample Collected on : 23 Mar 2024 14:20
Sample Received on : 23 Mar 2024 17:10
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope



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Age / Gender : 34 Y / Female
Referred By : Dr. Amatullah Merchant
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Partial Test Report

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CLINICAL PATHOLOGY

Urine URINE ANALYSIS

PHYSICAL EXAMINATION

VOLUME (Volumetric)	30		
COLOR (Visual Examination)	PALE YELLOW		
APPEARANCE (Visual Examination)	CLEAR		

CHEMICAL EXAMINATION

SP.GRAVITY (Indicator System)	1.005		1.005 - 1.030
REACTION(pH) (Double indicator)	ACIDIC		
PROTEIN (Protein-error-of-Indicators)	ABSENT		
GLUCOSE (GOD-POD)	ABSENT		Absent
KETONES (Legal's Test)	ABSENT		Absent
OCCULT BLOOD (Peroxidase activity)	ABSENT		Absent
BILIRUBIN (Fouchets Test)	ABSENT		Absent
UROBILINOGEN (Ehrlich Reaction)	NORMAL		
NITRITE (Griess Test)	ABSENT		

MICROSCOPIC EXAMINATION

ERYTHROCYTES (Microscopy)	ABSENT	/hpf	0-2
PUS CELLS (Microscopy)	1-2	/hpf	0-5
EPITHELIAL CELLS (Microscopy)	2-3	/hpf	0-5
CASTS (Microscopy)	ABSENT		
CRYSTALS (Microscopy)	ABSENT		
ANY OTHER FINDINGS	NIL		

Contd ...

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Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

*Tests not included in NABL accredited scope

Patient Name: DIVYA SHRI G. F/ 34 Yrs.

Ref. by: **Date:** 29/3/2024

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous increase in echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It measures normal in diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
10.9 x 3.7 cm	11.4 x 4.9 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.



URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

UTERUS, OVARIES & ADNEXAE: The uterus is anteverted, normal in size and measures approx. 6.4 x 3.5 x 2.9 cms. Endometrial canal echocomplex is central and shows normal outline. Myometrium shows uniform homogenous echopattern. There is no focal lesion noted.

Both ovaries are bulky and show features suggestive of polycystic change.

Right ovary measures approx. 3.6 x 3.3 x 1.9 cms., with a volume of 12 cc.

Left ovary measures approx. 4.1 x 2.9 x 1.9 cms., with a volume of 12 cc.

No solid or cystic mass lesion noted in the adnexae.

POUCH OF DOUGLAS : There is no fluid seen in the cul-de-sac.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

- **Grade I fatty liver.**
- **Polycystic ovaries.**

Thanks for the reference.

With regards,

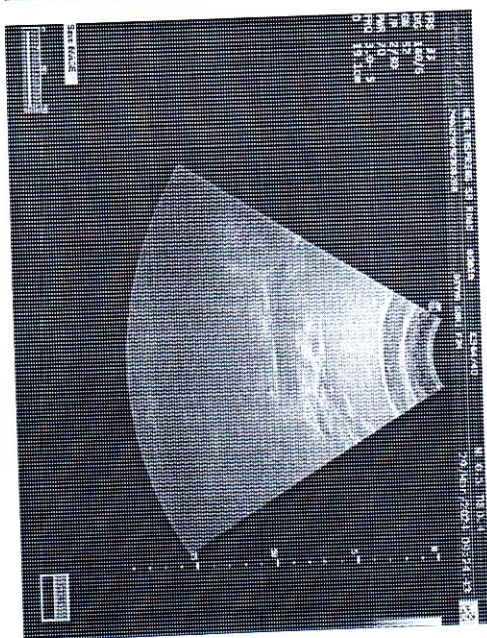
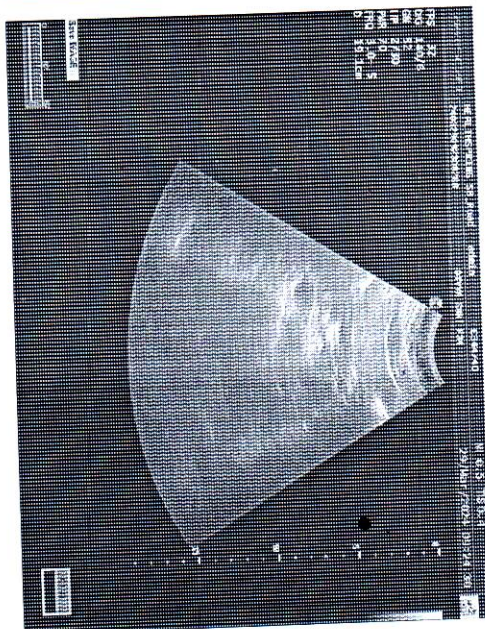
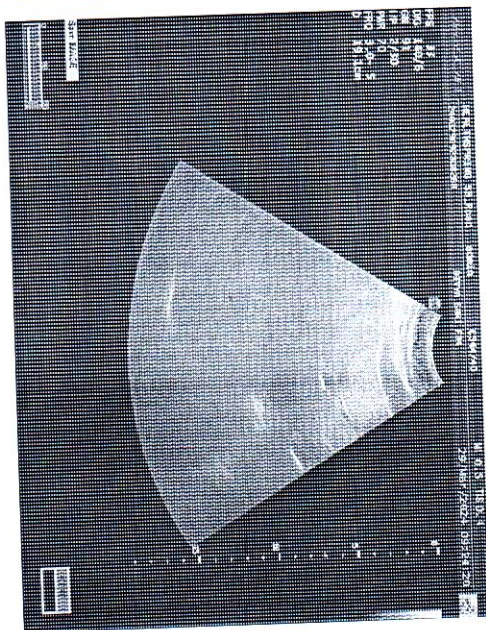
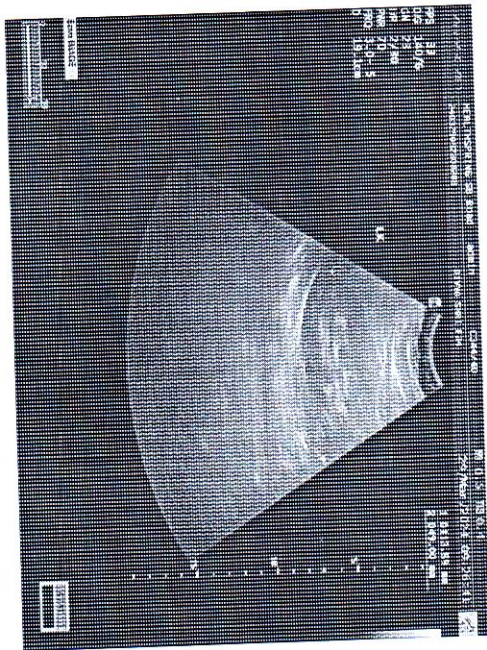
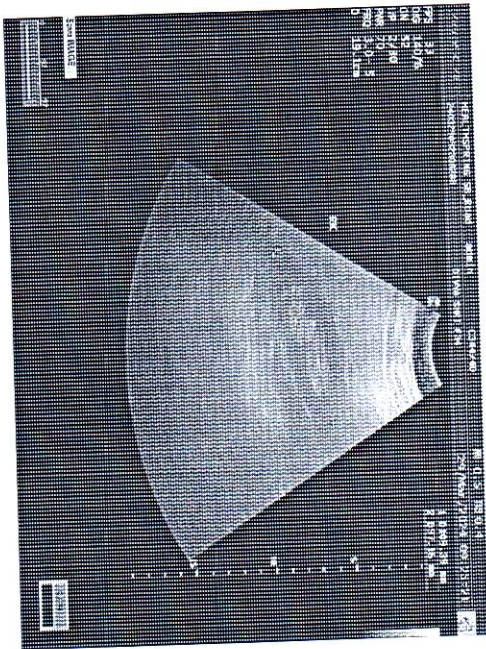
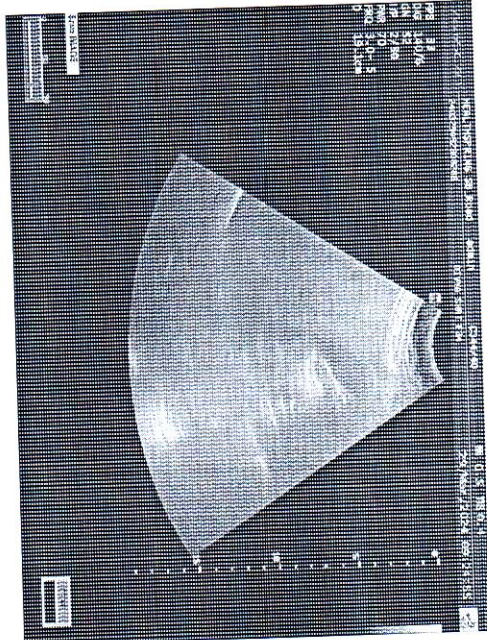
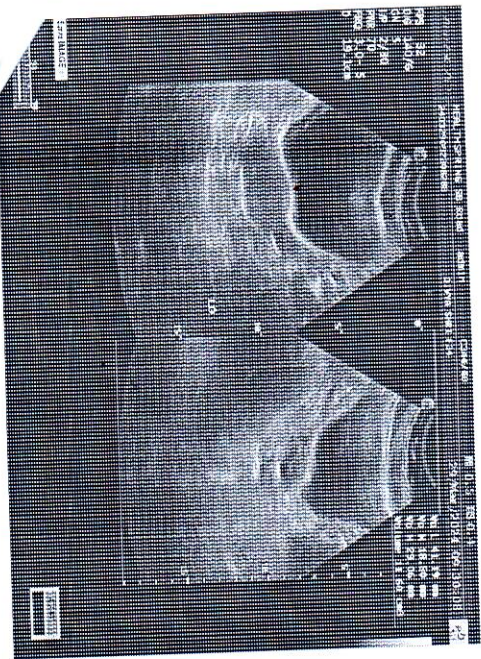
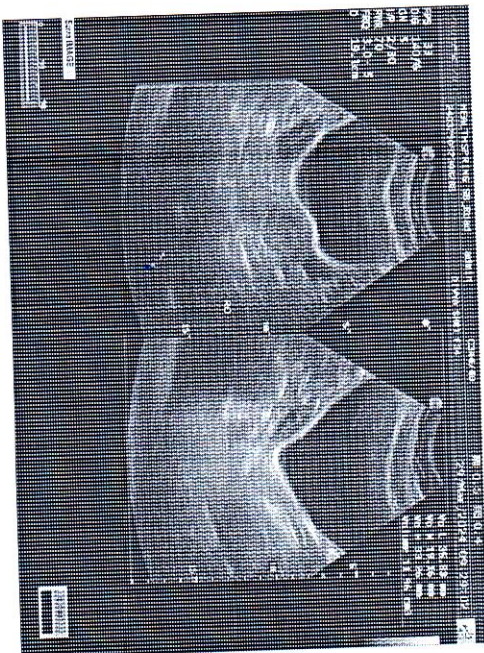
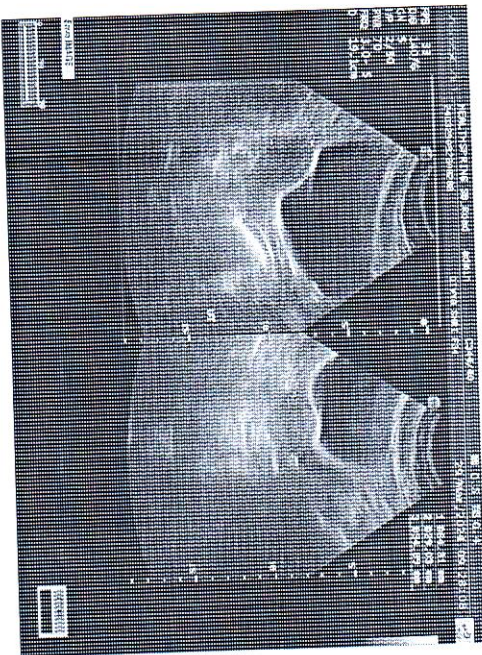
A handwritten signature in brown ink, appearing to read "Nitish Kotwal", is written above the printed name.

DR. Nitish Kotwal

CONSULTANT RADIOLOGIST

(MBBS, DMRD RADIOLOGY)

Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.





Name : DIVYA SHRI G	Age : 34YRS
Gender : FEMALE	Date : 26/03/2024

X-RAY CHEST PA VIEW

X-ray of the chest in P.A. projection reveals that the bony thorax is normal.

Lung fields and pleural spaces are clear on both sides.

The silhouettes of the heart and aorta are normal in size and configuration.

Both domes of the diaphragm are normal in position, contour and outline.

IMPRESSION: NO EVIDENCE OF ANY DISEASE IS SEEN IN THE CHEST.

Dr. Nitish Kotwal
MBBS, DMRD (Bom)
Consultant Radiologist And Sonologist..
Online reporting done hence no signature