

KATE MAYA AVINASH.

Age:

058 Years

Gender:

PID: OPD:

P00000639700

Exam Date:

13-Apr-2024 09:26

Accession:

128546092736

Exam:

ULTRASOUND OF BREAST

Physician:

. 4.4

HOSPITAL CASE^^^

Ultrasound of both breasts has been performed on a duplex scanner.

Both breasts show normal fibro-glandular breast tissue of normal echo pattern.

No evidence of any focal cystic or solid mass lesion noted.

Both axillary tails appear normal.

Sub-areolar area does not show any abnormal ductal dilatation.

Axilla appears clear. No evidence of axillary lymphadenopathyis seen.

IMPRESSION:

Normal ultrasound of both breasts.

DR. YATIN R. VISAVE CONSULTANT RADIOLOGIST MBBS, DMRD Regd. No. 090812

Date: 13-Apr-2024 17:57:47



KATE MAYA AVINASH.

Age:

058 Years

Gender:

PID: P00000639700

OPD :

Exam Date :

13-Apr-2024 12:24

Accession:

128543092736 CHEST X RAY

Physician:

Exam:

HOSPITAL CASE^^^^

Health Check

Radiograph Chest PA View:

Both lung fields normal.

Both costo-phrenic angles are clear.

Cardiac silhouette and aortic knuckle are normal.

Both hilar shadows and the diaphragmatic contours are normal.

Thoracic soft tissues and the rib cage normal.

Impression:

No significant abnormality noted.

DR. YATIN R. VISAVE CONSULTANT RADIOLOGIST MBBS, DMRD Regd. No. 090812

Date: 13-Apr-2024 15:20:34



KATE MAYA AVINASH.

Age:

058 Years

Gender: PID: OPD:

P00000639700

Exam Date :

13-Apr-2024 10:02

Accession:

128546092736

Exam:

ABDOMEN AND PELVIS

Physician:

HOSPITAL CASE^^^

ULTRASOUND OF ABDOMEN AND PELVIS

Liver appears enlarged in size, shape and echotexture. No focal lesion is seen. No intrahepatic biliary radicle dilatation seen. The portal vein and CBD appear normal.

Gall bladder is well distended with normal wall thickness. No calculus or sludge is seen. Pancreas appears normal in size and echotexture. No focal lesion is seen. Spleen appears normal in size and echotexture. No focal lesion is seen.

Both kidneys appear normal in size, shape & echotexture. They show good cortico-medullary differentiation. There is no hydronephrosis, hydroureter or calculus seen on either side.

The urinary bladder is well distended. Wall thickness is normal. No mass lesion or calculus is seen.

Uterus and Both ovaries appears grossly normal. No adnexal pathology is seen.

Visualised bowel loops are non-dilated and show normal peristalsis. There is no ascites or significant lymphadenopathy seen.

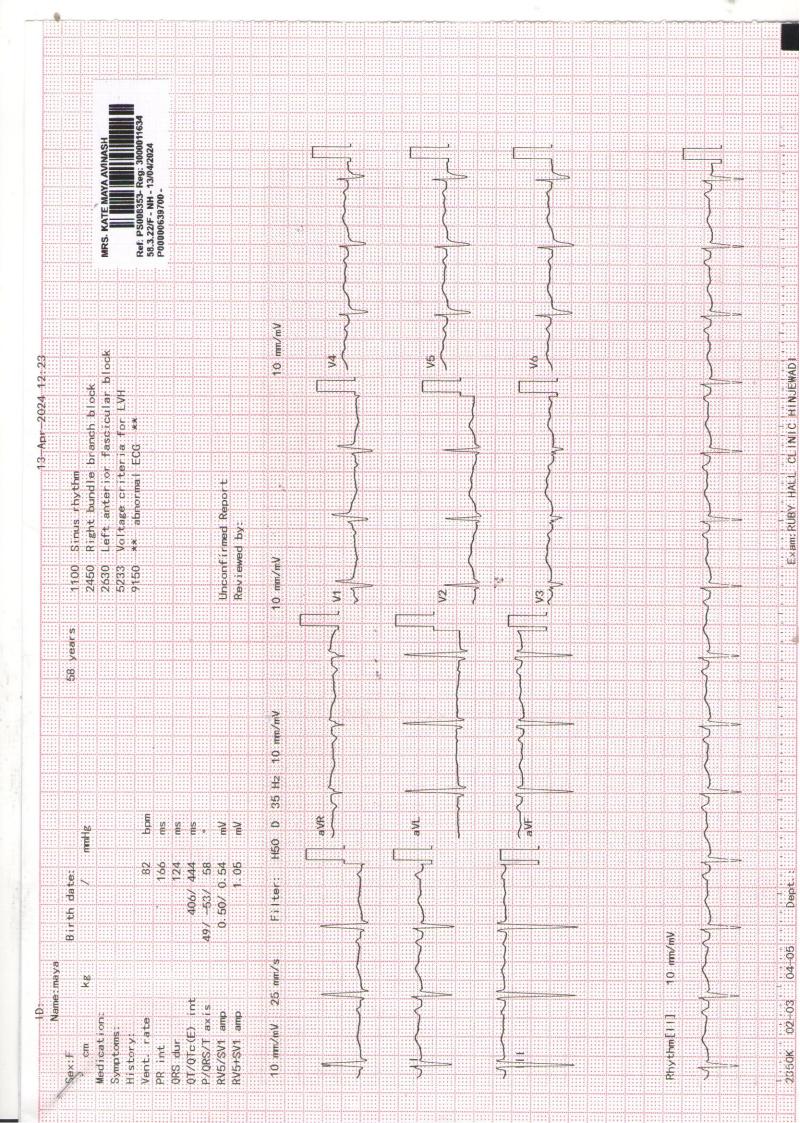
IMPRESSION:

Hepatomegaly noted.

Suggest: Clinical Correlation.

DR. YATIN R. VISAVE CONSULTANT RADIOLOGIST MBBS, DMRD Regd. No. 090812

Date: 13-Apr-2024 15:22:08





Maya Kati

Date:

/2024

Age: 58 Yrs

Gender: M/F

Visited for regular dental check up

Present complaints:

Intra Oral Examination:

1. Stains:

, Calculus:

2. Caries:

Z. Carres.

3. Missing:

4. Root stumps:

5. Crown:

6. RC treated:

7. Orthodontic examination:

Treatment Advised:

(D) to Mi

- (8

2) Pryshow ?

DR. ANIKET MALABADI

BDS; MDS

. 4.0

Ruby Hall Clinic,

Pimple Saudagar.

Mob: 9980283499 www.aniket32.com



MRS. KATE MAYA AVINASH

Ref: PS008353- Reg: 3000011634

58.3.22/F - NH - 13/04/2024

13/4/24

Regular health chiefles

mlt >

Menopame

10 yrs - back

O(H ->

P2L2- FTCS

8/H >

KICIO DM & teypotegraidism

family 4 -

08-5

0/2

Breart - Rl

le-

Pls Cp

Dr. Shoileig

Review & Reports

1st Floor, Vision Galleria Shopping Complex, S. No. 127,128, Shivar Garden Road, Pimple Saudagar, Aundh Annex, Pune - 411 027.

• Ph: 020 27201616 - 020 27201717 • Email : pimplesaudagar@rubyhall.com • Website : www.rubyhall.com, www.hinjawadi.rubyhall.com



Referred By Dr.

Rajeev Gandhi Infotech Park, MIDC, Phase No. 1, Plot No P-33, Hinjawadi, Pune - 411057.

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 : 13-04-2024 09:30 AM

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 Received Date
 : 13-04-2024 09:46 AM

 Lab No/Result No
 : 2400144465/869735
 Report Date
 : 13-04-2024 11:27 AM

Specimen : SERUM

Processing Loc : RHC Hinjawadi



DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY

Investigation	Result	Units	Biological Reference Interval
FBS			
Glucose (Fasting). Method: GOD-POD	: 207	mg/dL	Prediabetic: 100 - 125 Diabetic: >= 126 Normal: < 100.0
REFERENCE : ADA 2015 GUIDELINE	S		
CREATININE			
Creatinine Method : Enzymatic	:0.6	mg/dL	0.5 - 1.2
BUN			
Urea Nitrogen(BUN)	: 7.94	mg/dL	6.0 - 20.0
Method : Calculated Urea	:17	mg/dL	17.1-49.2
Method : Urease		5,	
CALCIUM			
Calcium	: 9.4	mg/dL	8.6 - 10.2
Method : Arsenazo			
PHOSPHOROUS			
Phosphorus Method: Phospho Molybdate	: 4.6	mg/dL	3.1-4.8
URIC ACID			
Uric Acid	: 4.4	mg/dL	2.6 - 6.0
Method : Uricase	•	9, 4=	
T3-T4-TSH -			
Tri-Iodothyronine, (Total T3)	: 0.995	ng/ml	0.97-1.69
Method: Enhanced Chemiluminiscence	:13.7	ug/dl	5.53-11.01
Thyroxine (T4), Total Method: Enhanced Chemiluminiscence	: 13./	ug/ui	5.55-11.01
Thyroid Stimulating Hormone (Ultra).	: 3.384	uIU/mL	0.58-6.88
Method : Enhanced Chemiluminiscence			



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DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY

Investigation Result Units Biological Reference Interval

T3-T4-TSH -

Referred By Dr.

1.The TSH levels are subject io diurnal/circadian variation. reaching to peak leve between 2 to 4 am. and at a minimum between 6 to 10 pm. The variation is to the order of 50%, hence the time when sample is collected has influence on the levels of TSH 2.Many substances produced in central nervous system, even in healthy euthyroid individuals, may enhance or suppress TSH production in addition to the feedback effect of thyroid hormone . 3.Furthermore, although TSH levels rise and fall in response to changes in the concentration of Free T4, individuals appear to have their own setpoints and factors such as race and age also contribute to variability in TSH levels Alterations of normal pituitary response are also common in patients with a variety of illnesses which can affect the levels of TSH. 4.Interassay variations are possible on different Immunoassay platforms.

TSH - For pregnancy the referance range is as follows -

1st -trimester : 0.6 - 3.4 uIU/mL 2nd trimester : 0.37 - 3.6 uIU/mL 3rd trimester : 0.38 - 4.04 uIU/mL

*** End Of The Report ***

Verified By Anand

Dr.POOJA PATHAK Associate Consultant

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 Lab No/Result No
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 Report Date
 : 13-04-2024 10:56 AM

Referred By Dr. : HOSPITAL CASE Specimen : EDTA WHOLE BLC

Processing Loc : RHC Hinjawadi



DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY

Investigation	Result	Units	Biological Reference Interval
HAEMOGRAM/CBC/CYTO			
W.B.C.Count	: 5090	/ul	4000-11000
Method : Coulter Principle			
Neutrophils	:43.4	%	40-75
Method : Derived from WBC Histogram			
Lymphocytes	: 44.2	%	20-40
Monocytes	: 11.0	%	2-10
Eosinophils	:1.0	%	1.0-6.0
Basophils	:0.4	%	0.0-1.0
%Immature Granulocytes	:0.4	%	0.00-0.10
Absolute Neutrophil Count	:2.2	x10³cells/ul	2-7
Method : Calculated			
Absolute Lymphocyte Count	: 2.3	x10³cells/ul	1 - 3
Method : Calculated			
Absolute Monocyte Count	:0.6	x10³cells/ul	0.2-1.0
Method : Calculated			
Absolute Eosinophil Count	:0.1	x10³cells/ul	0.02-0.5
Method : Calculated Absolute Basophil Count	: 0.02	x10³cells/ul	0.02-0.1
Method : Calculated	.0.02	X10°Cells/ul	0.02-0.1
R.B.C Count	: 5.25	million/ul	3.8 - 5.8
Method : Coulter Principle	- 5.25		0.0 0.0
Haemoglobin	: 11.5	g/dl	12 - 15.0
Method: Cyanmethemoglobin Photometry	/		
Haematocrit	:38.8	%	36-46
Method : Calculated			
MCV	: 73.9	fl	83 - 99
Method : Coulter Principle			27.22
MCH	: 21.9	pg	27-32
Method : Calculated MCHC	: 29.6	g/dl	31.5-34.5
Method : Calculated	. 29.0	g/ui	31.3-34.3
RDW	: 14.7	%	11.6-14.0
Method : Calculated From RBC Histogram			
Platelet Count	: 243.0	x10³/ul	150 - 450
Method : Coulter Principle			
MPV	:10.7	fl	7.8-11
Method : Coulter Principle			



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: HOSPITAL CASE : EDTA WHOLE BLC **Specimen** Referred By Dr.

> **Processing Loc** : RHC Hinjawadi

RBC Morphology : Microcytosis+

Hypochromia+ Anisocytosis+

WBC Morphology : Relative Lymphocytosis

Platelet : Adequate

*** End Of The Report ***

Verified By Ruhi S

> Dr.POOJA PATHAK **Associate Consultant**

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 Lab No/Result No
 : 2400145078-P/869735
 Report Date
 : 13-04-2024 04:30 PM

Specimen : SERUM

Processing Loc : RHC Hinjawadi



DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY

Investigation	Result	Units	Biological Reference Interval
PPBS			
Glucose (Post Prandial)	:307	mg/dL	60-140
Method : GOD-POD			

*** End Of The Report ***

Verified By Anand

Referred By Dr.

Dr.POOJA PATHAK Associate Consultant

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Referred By Dr. : HOSPITAL CASE Specimen : EDTA WHOLE BLC

Processing Loc : RHC Hinjawadi



DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY

Investigation	Result	Units	Biological Reference Interval
ESR			
ESR At 1 Hour	: 5	mm/hr	0-30

Method: Modified Westergren Method

INTERPRETATION:

ESR is a screening test to detect presence of systemic disease; however a normal result does not rule out a systemic disease.

ESR is also used to moniter course of disease or response to therapy if initially elevated.

*** End Of The Report ***

Verified By SANDEEP

> Dr.POOJA PATHAK Associate Consultant

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Specimen : SERUM

Processing Loc : RHC Hinjawadi



DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY

Result	Units	Biological Reference Interval
(K)		
:141.0	mmol/L	136.0 - 145.0
: 4.2	mmol/L	3.5 - 5.1
:104.0	mmol/L	98.0 - 107.0
	: 141.0 :4.2	: 141.0 mmol/L :4.2 mmol/L

*** End Of The Report ***

Verified By Anand

Referred By Dr.

Anju A sanghavii

Dr.Anjana Sanghavi Consultant Pathologist

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Referred By Dr. : HOSPITAL CASE Specimen : URINE

Processing Loc : RHC Hinjawadi



DEPARTMENT OF LABORATORY MEDICINE-CLINICAL PATHOLOGY

Investigation	Result	Units	Biological Reference Interval
URINE ROUTINE			
PHYSICAL EXAMINATION			
Colour	: Pale Yellow		
Appearance	: Clear		
CHEMICAL TEST			
Ph	: 5.0		5.0-7.0
Specific Gravity	:1.010		1.015-1.030
Albumin	: Absent		Abset
Urine Sugar	:3+	mg/dL	
Ketone Bodies	: Absent		Absent
Bile Pigments	: Absent		Absent
Method : Photometric Measurement			
Urobilinogen	: Normal		Normal
Nitrites	: Absent		Absent
Leucocytes Esterase	: Absent		Absent
MICROSCOPIC TEST			
Pus Cells.	:1-2	/hpf	0 - 5
Red Blood Cells.	: Absent	/hpf	0 - 2
Epithelial Cells.	:2-3	/hpf	0-5
Bacteria	: Absent	/hpf	Absent
Cast	: Absent		Absent
Yeast Cells	: Absent		Absent
Crystals	: Absent		Absent
Others	: Absent		Absent

*** End Of The Report ***

Verified By SACHIN

> Dr.Anjana Sanghavi Consultant Pathologist

Hypu A sanghavii

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Specimen : SERUM

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DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY

Investigation	Result	Units	Biological Reference Interval
LFT			
Total Bilirubin	: 0.7	mg/dL	0.3 - 1.2
Method : Diazo			
Direct Bilirubin	:0.1	mg/dL	0-0.4
Method : Diazo			
Indirect Bilirubin	:0.6	mg/dL	0.0 - 0.8
Method : Diazo			
Alanine Transaminase (ALT)	: 24.0	U/L	<35
Method : Kinetic			
Aspartate Transaminase (AST)	: 33.0	U/L	10.0 - 40.0
Method : Kinetic			
Alkaline Phosphatase	: 60.0	U/L	30.0 - 115.0
Method: 4NPP/AMP BUFFER			
Total Protein	: 7.6	g/dl	6.0 - 8.0
Method : Biuret			
Albumin	:4.4	g/dl	3.5-4.8
Method: BCG			
Globulin	: 3.2	gm/dL	2.3-3.5
Method : Calculated			
A/G Ratio	: 1.38		
Method : Calculated			

*** End Of The Report ***

Verified By Anand

Referred By Dr.

Dr.Anjana Sanghavi Consultant Pathologist

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DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY

Investigation	Result	Units	Biological Reference Interval
LIPID PROFILE			
Cholesterol	:159.0	mg/dL	130.0 - 220.0
Method : Enzymatic			
Triglycerides	:348	mg/dL	35.0 - 180.0
Method : Enzymatic			
HDL Cholesterol	: 43	mg/dL	35-65
Method : Enzymatic			
LDL Cholesterol	:46.4	mg/dL	10.0 - 130.0
Method : Calculated			
VLDL Cholesterol	: 69.6	mg/dL	5.0-36.0
Method : Calculated			
Cholestrol/HDL Ratio	: 3.7		2.0-6.2
Method : Calculated			

*** End Of The Report ***

Verified By Anand

Referred By Dr.

My H Sanghavii

Dr.Anjana Sanghavi Consultant Pathologist

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Referred By Dr. : HOSPITAL CASE Specimen : EDTA WHOLE BLC

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DEPARTMENT OF LABORATORY MEDICINE-BLOOD BANK

Investigation Result Units Biological Reference Interval

BLOOD GROUP

Blood Group : A RH POSITIVE

*** End Of The Report ***

Verified By SANDEEP

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Referred By Dr. : HOSPITAL CASE Specimen : WHOLE BLOOD

Processing Loc : RHC Hinjawadi



DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY

Investigation Result Units Biological Reference Interval

GLYCOCYLATED HB% (HbAIC)

Glycosylated Haemoglobin :10.8 % 4-6.5

(HbA1C)

Method: Turbidometric Inhibition

Immunoassay

Prediabetic : 5.7 - 6.4 % Diabetic : >= 6.5 %

Therapeutic Target: <7.0 %

REFERENCE: ADA 2015 GUIDELINES

*** End Of The Report ***

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Ruhi S

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