



24595 140924

Name : MRS. SMITA AHIRE	Registration ID : 24595	Sample Collection : 14/09/2024 09:09:55
Age/Sex : 47 Yrs. / F	Printed : 19/09/2024 12:32:40	Sample Received : 14/09/2024 09:09:55
Ref. By : BANK OF BARODA	Sent By : Arcofemi Healthcare Pvt Ltd	Report Released : 16/09/2024 10:21:14

COMPLETE BLOOD COUNT

Test	Result	Unit	Biological Ref Range
Hemoglobin (SLS) Photometric	: 8.8	g/dL	12-14 g/dL
Total RBC (Electrical Impedence)	: 4.59	10 ⁶ /μL	3.0-6.0 10 ⁶ /μL
Hematocrit (PCV) (Calculated)	: 28.4	%	36-54 %
Mean Corpuscular Volume (MCV) (calulated)	: 61.9	fL	78-101 fL
Mean Corpuscular Hemoglobin (MCH) (Calculated)	: 19.2	pg	27-32 pg
Mean Corpuscular Hemoglobin Concentration (MCHC) (Calculated)	: 31.0	g/dL	31.5-34.5 g/dL
Red Cell Distribution Width (RDW- CV) (Electrical Impedence)	: 18.40	%	12-15 %
Total Leucocytes Count (Light Scattering)	: 7000	/cumm	4000-11000 /cumm
Neutrophils (Calculated)	: 62	%	40-75 %
Eosinophils Percentage (Calculated)	: 03	%	1-6 %
Lymphocyte Percentage (Calculated)	: 30	%	20-45 %
Basophils Percentage (Calculated)	: 0	%	0-1 %
Monocytes Percentage (Calculated)	: 05	%	1-10 %
RBC Morphology	: Hypochromasia +, Microcytosis +		
WBC Morphology	: Normal Morphology		
Platelet Count (Electrical Impedence)	: 392000	/ul	150000-450000 /ul
Platelets on Smear	: Adequate		Adequate
E.S.R	: 13	mm at 1hr	0-20 mm at 1hr

Sample Type: EDTA whole blood (Westergren)

Sample Type : EDTA Whole Blood

Test done with THREE PART CELL COUNTER (Sysmex KX-21)

*All Samples Processed At Excellas Clinics Mulund Centre .

*ESR NOT IN NABL scope.

(Collected At: 14/09/2024 09:09:55, Received At: 14/09/2024 09:09:55, Reported At: 16/09/2024 10:21:14)



Signature
Dr. Santosh Khairnar
 M.D. (Pathologist)
 Reg. No.-2000/08/2926





24595 140924

Name : MRS. SMITA AHIRE
Age/Sex : 47 Yrs. / F
Ref. By : BANK OF BARODA

Registration ID : 24595

Printed : 19/09/2024 12:32:40

Sent By : Arcofemi Healthcare Pvt Ltd

Sample Collection : 14/09/2024 09:09:55

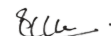
Sample Received : 14/09/2024 09:09:55

Report Released : 16/09/2024 10:21:14

----- End Of Report -----



NABL M(ELT)-00683


Dr. Santosh Khairnar
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Ref. By : BANK OF BARODA	Sent By : Arcofemi Healthcare Pvt Ltd	Report Released : 16/09/2024 10:25:31

Blood Sugar Fasting (FBS) & Post Prandial Blood Sugar (PPBS)

Test	Result	Unit	Biological Ref. Range
GLUCOSE (SUGAR) FASTING, (Fluoride Plasma Used)	: 81	mg/dL	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: \geq 126 mg/dl
<i>Method: GOD-POD</i>			
Fasting Urine Glucose	: Absent		Absent
GLUCOSE (SUGAR) PP, (Fluoride Plasma Used)	: 127	mg/dl	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: \geq 200 mg/dl
PP Urine Glucose	: Absent		Absent

Test Done on - Automated Biochemistry Analyzer (EM 200)

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(Collected At: 14/09/2024 09:09:55, Received At: 14/09/2024 09:09:55, Reported At: 16/09/2024 10:25:31)

HbA1c (Whole Blood)

Test	Result	Unit	Reference Range
HbA1C-Glycosylated Haemoglobin	: 5.80	%	Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10

EDTA Whole Blood, Method: HPLC

Estimated Average Glucose (eAG)	: 119.76	mg/dl	65.1-136.3 mg/dL mg/dl
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EDTA Whole Blood, Method: Calculated

Interpretation:

- 1.The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.
- 2.HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HbA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.
- 3.To estimate the eAG from the HbA1c value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$.
- 4.Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

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Dr. Santosh Khairnar
Dr. Santosh Khairnar
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Sample Collection : 14/09/2024 09:09:55
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BLOOD GROUP

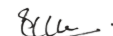
Test	Result	Unit	Biological Ref. Range
Blood Group	: 'B' Rh POSITIVE		

Slide and Tube Agglutination Test

(Collected At: 14/09/2024 09:09:55, Received At: 14/09/2024 09:09:55, Reported At: 16/09/2024 10:24:46)

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LIPID PROFILE

Test	Result	Unit	Biological Ref. Range
Total Cholesterol	: 187	mg/dl	Desirable: <200 Borderline high = 200-239 High: > 239
<i>Serum, Method: CHOD-PAP</i>			
S. Triglyceride	: 73	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499
<i>Serum, Method: GPO-Trinder</i>			
HDL Cholesterol	: 42	mg/dl	42.0-88.0 mg/dl
<i>serum,Direct method</i>			
LDL Cholesterol	: 130.40	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190
<i>Serum, (Calculated)</i>			
VLDL Cholesterol	: 14.6	mg/dl	5-30 mg/dl
<i>Serum, Method: Calculated</i>			
LDL/HDL Ratio	: 3.1		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5
<i>Serum, Method: Calculated</i>			
TC/HDL Ratio	: 4.5		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High >5.0
<i>Serum, Method: Calculated</i>			

Test Done on - Automated Biochemistry Analyzer (EM 200).

Interpretation

1. Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.
2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal.
3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors.

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 Sample Received : 14/09/2024 09:09:55
 Report Released : 16/09/2024 10:22:38

LIVER FUNCTION TEST


Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total) <i>Serum, Method: Diazo (walter & Gerarde)</i>	: 0.38	mg/dl	0-2.0 mg/dl
S. Bilirubin (Direct) <i>Serum, Method: Diazo (walter & Gerarde)</i>	: 0.08	mg/dl	0-0.4 mg/dl
S. Bilirubin (Indirect) <i>Serum, Method: Calculated</i>	: 0.30	mg/dl	0.10-1.0 mg/dl
Aspartate Transaminase (AST/SGOT) <i>Serum, Method: UV Kinetic with P5P</i>	: 17.1	IU/L	0-31 IU/L
Alanine Transaminase (ALT/SGPT) <i>Serum, Method: UV Kinetic with P5P</i>	: 16	IU/L	0-34 IU/L
S. Alkaline Phosphatase <i>Serum, Method: IFCC with AMP buffer</i>	: 112	IU/L	42-98 IU/L
Total Proteins <i>Serum, Method: Biuret</i>	: 8.3	gm/dl	6.4-8.3 gm/dl
S. Albumin <i>Serum, Method: BCG</i>	: 3.6	gm/dl	3.5-5.2 gm/dl
S. Globulin <i>Serum, Method: Calculated</i>	: 4.7	gm/dl	2.3-3.5 gm/dl
A/G Ratio <i>Serum, Method: Calculated</i>	: 0.77		0.90-2.00
Gamma GT <i>Serum, Method: G glutamyl carboxy nitroanilide</i> <i>Test Done on - Automated Biochemistry Analyzer (EM 200).</i>	: 26	U/L	0-38 U/L

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Ref. By : BANK OF BARODA Sent By : Arcofemi Healthcare Pvt Ltd

SERUM CREATININE

Test	Result	Unit	Biological Ref. Range
S. Creatinine	: 0.64	mg/dl	0.60-1.1 mg/dl

Serum, Method: Enzymatic

Test Done on - Automated Biochemistry Analyzer (EM 200).

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BLOOD UREA NITROGEN (BUN)

Test	Result	Unit	Biological Ref. Range
Urea	: 20.05	mg/dl	13-40 mg/dl

Serum, Method: Urease - GLDH

Blood Urea Nitrogen : 9.37 mg/dl 5-18 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

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SERUM URIC ACID


Test	Result	Unit	Biological Ref. Range
S. Uric Acid	: 3.40	mg/dl	2.6-6.0 mg/dl

Serum, Method: Uricase - POD

Test Done on - Automated Biochemistry Analyzer (EM 200).

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BUN CREAT RATIO (BCR)

Test	Result	Unit	Biological Ref. Range
BUN/Creatinine ratio	: 14.64		5-20

Serum, Method: Calculated

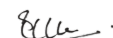
NOTE:

A blood urea nitrogen (BUN)/creatinine ratio (BCR) >20 is used to distinguish pre-renal azotemia (PRA) and acute tubular necrosis (ATN)

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Ref. By : BANK OF BARODA Sent By : Arcofemi Healthcare Pvt Ltd

THYROID FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
Total T3	: 0.8	ng/dl	0.70-2.04 ng/dl
<i>Serum, Method: CLIA</i>			
Total T4	: 13.25	µg/dl	5.1-14.1 µg/dl
<i>Serum, Method: CLIA</i>			
TSH (Thyroid Stimulating Hormone)	: 12.33	µIU/ml	0.27-5.3 µIU/ml
<i>Serum, Method: CLIA</i>			


Interpretation Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyperthyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

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EXAMINATION OF URINE

Test	Result	Unit	Biological Ref. Range
<u>PHYSICAL EXAMINATION</u>			
Quantity :	30	ml	
Colour :	Pale yellow		
Appearance :	Slightly Hazy		
Reaction (pH) :	5.0		4.5 - 8.0
Specific Gravity :	1.015		1.010 - 1.030
<u>CHEMICAL EXAMINATION</u>			
Protein :	Absent		Absent
Glucose :	Absent		Absent
Ketones Bodies :	Absent		Absent
Occult Blood :	Absent		Absent
Bilirubin :	Absent		Absent
Urobilinogen :	Absent		Normal
<u>MICROSCOPIC EXAMINATION</u>			
Epithelial Cells :	6 - 8	/ hpf	
Pus cells :	2 - 4	/ hpf	
Red Blood Cells :	Absent	/ hpf	
Casts :	Absent	/ lpf	Absent / lpf
Crystals :	Absent		Absent
<u>OTHER FINDINGS</u>			
Yeast Cells :	Absent		Absent
Bacteria :	Absent		Absent
Mucus Threads :	Absent		
Spermatozoa :	Absent		
Deposit :	Absent		Absent
Amorphous Deposits :	Absent		Absent

sample type:Urine

Method:Visual and Microscopic

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Santosh Khairnar
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 Reg. No.-2000/08/2926





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Report Released : 14/09/2024 13:50:55

2D Echo Color Doppler

REASON FOR STUDY: AHC

CONCLUSION:

- NORMAL SIZE LA, LV, RA AND RV_
- **GOOD LV FUNCTION. L.V.E.F:55% WITH NO RWMA._**
- GOOD RV FUNCTION. RVSM: 14_
- STRUCTURALLY NORMAL MITRAL,TRICUSPID, AORTIC AND PULMONARY LEAFLETS._
- NO CLOTS IN LA AND LV._
- NO EVIDENCE OF LEFT VENTRICULAR HYPERTROPHY_
- NO EVIDENCE OF PERICARDIAL EFFUSION._
- NO EVIDENCE OF PULMONARY HYPERTENSION._

CONVENTIONAL DOPPLER:

- **NORMAL E TO A RATIO IN LV INFLOW.**

COLOUR DOPPLER: SHOWS NO EVIDENCE OF MR,AR,TR OR PR.

IMPRESSION:

GOOD LV SYSTOLIC FUNCTION.
NO DD



Dr. Yogesh Solanki
DrNB Interventional
Cardiology
Reg.No -2015/05/3063





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Ref. By : BANK OF BARODA

Sent By : Arcofemi Healthcare Pvt Ltd

	OBSERVED
MITRAL VALVE:	
ANTERIOR LEAFLETS EXCURSION	NORMAL
POSTERIOR LEAFLETS EXCURSION	NORMAL
E.P.S.S	----
TRICUSPID VALVE:	
EXCURSION	NORMAL
OTHER FINDINGS	----
AORTIC VALVE:	
CUSPS OPENING	NORMAL
PULMONARY VALVE:	
EXCURSION	NORMAL
DIMENSIONS	
AORTIC ROOT	27
LEFT ATRIUM	28
LVID (D)	50
LVID (S)	27
IVST (D)	08
PWT (D)	08
RVID (D)	----

	VELOCITY(M/SEC)	STENOSIS GRADIENT PEAK/MEAN (MMHG)	REGURGITATION GRADING
MITRAL	----	----	0/III
TRICUSPID	----	----	0/III
AORTIC	1.2	6	0/IV
PULMONARY	----	----	0/IV

(Collected At: 14/09/2024 09:09:55, Received At: 14/09/2024 09:09:55, Reported At: 14/09/2024 13:50:55)

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 Cardiology
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X RAY CHEST PA VIEW

Both the lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

Bilateral costophrenic angles appear normal.

Bony thorax appears normal.

Soft tissues appear normal.

IMPRESSION:

No significant abnormality detected.



Dr. Reshma Gokran
MD (Radiologist)
Reg. No-2009/09/3296





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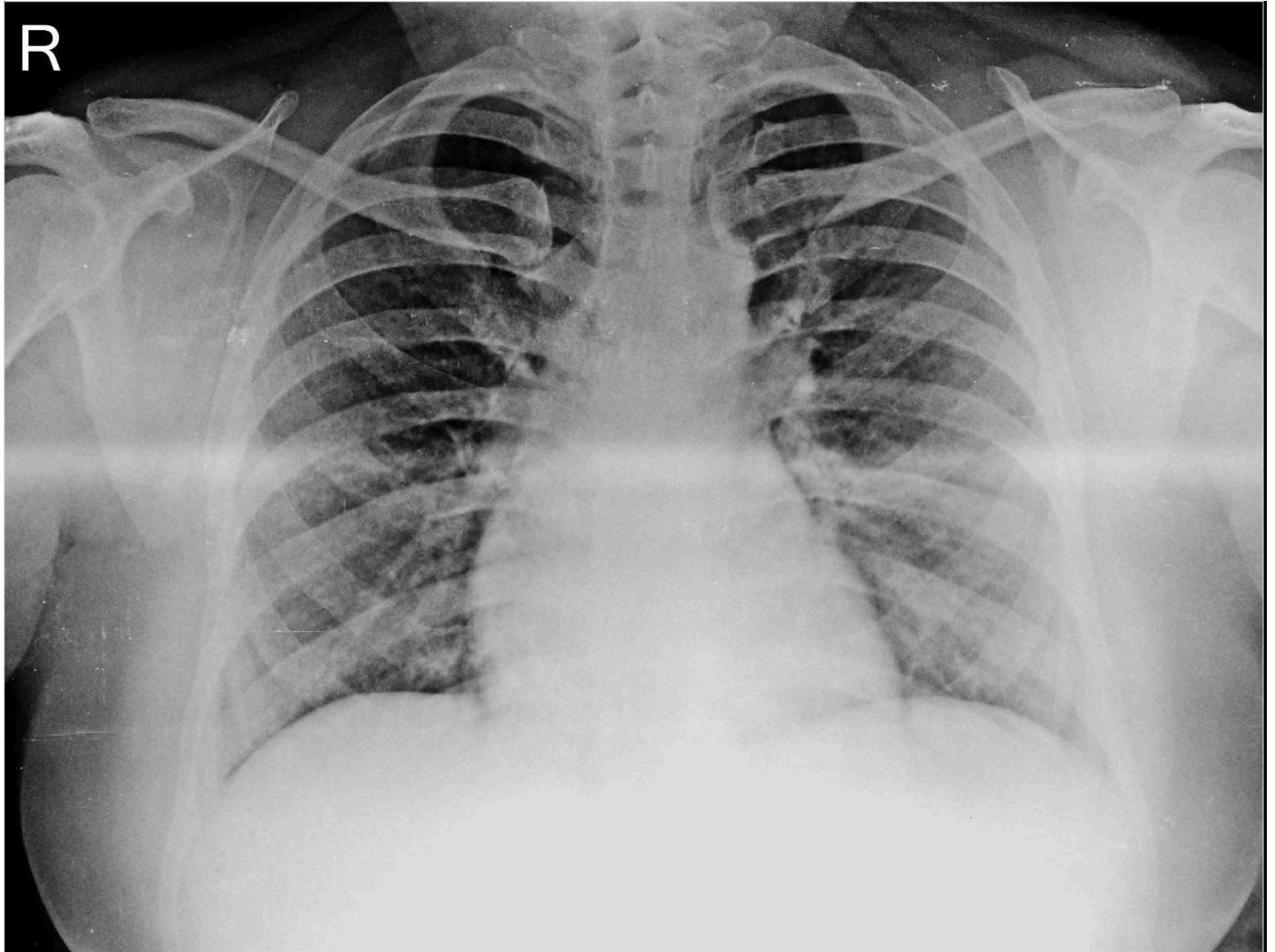
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Report Released : 14/09/2024 17:09:51



MRS. SMITA AHIRE. AGE:-47YRS/FEMALE. R47 CHEST PA 14-Sep-24 01:17 PM

EXCELLAS CLINICS PVT LTD TEL:-022-25695661/71

(Collected At: 14/09/2024 09:09:55, Received At: 14/09/2024 09:09:55, Reported At: 14/09/2024 17:09:51)

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Dr. Reshma Gokran
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Reg. No-2009/09/3296





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USG ABDOMEN & PELVIS - FEMALE

Liver:- is enlarged in size, shape and raised echotexture. No focal or diffuse lesion is seen. The portal and hepatic veins are normal. There is no IHBR dilatation seen.

Gall Bladder:- is normally distended. No calculus or mass lesion is seen.
No GB wall thickening or pericholecystic fluid is seen.
CBD is normal.

Pancreas:- is normal in size, shape and echotexture. There is no focal lesion seen.

Spleen:- is normal in size (6.4 cms) and echotexture. No focal lesion is seen.

Kidneys:- Both Kidneys are normal in size, shape, position. They show normal reflectivity. CMD is maintained. No calculi or hydronephrosis seen on either side.

Right kidney – 10.4 x 3.7 cms.

Left kidney – 10.6 x 4.5 cms.

Urinary Bladder:- is well distended and shows normal wall thickness.
There is no intraluminal lesion within.

Uterus & Ovaries :- shows post menopausal changes **and shows heterogeneous echotexture.**

No ascites is seen. No significant lymphadenopathy is seen.

IMPRESSION:

- **Hepatomegaly with grade I fatty liver.**
- **Heterogeneous echotexture of uterus.**

Thanks for the Referral

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USG BOTH BREAST

- Both breasts show normal fibroglandular & fibro fatty parenchyma.
- There is no solid, cystic lesion or abnormal dilatation of ducts noted on either.
- No significant axillary lymphadenopathy is seen.

IMPRESSION :

- **No significant abnormality is seen**

Thanks for referral

BIRADS CATEGORY : (0 = requires additional evaluation , 1 = Negative , 2 = benign findings , 3 = probably benign findings , 4 = suspicious abnormality , 5 = highly suggestive of malignancy).

(Collected At: 14/09/2024 09:09:55, Received At: 14/09/2024 09:09:55, Reported At: 16/09/2024 13:15:16)

----- End Of Report -----



Dr. Reshma Gokran
MD (Radiologist)
Reg. No-2009/09/3296





24595 140924

Name : MRS. SMITA AHIRE
Age/Sex : 47 Yrs. / F
Ref. By : BANK OF BARODA

Registration ID : 24595
Printed : 19/09/2024 12:32:40
Sent By : Arcofemi Healthcare Pvt Ltd

Sample Collection : 14/09/2024 09:09:55
Sample Received : 14/09/2024 09:09:55
Report Released : 14/09/2024 15:14:30

CERVICAL CYTOLOGY REPORT

PAPANICOLAOU SMEAR (CONVENTIONAL)

Specimen :-

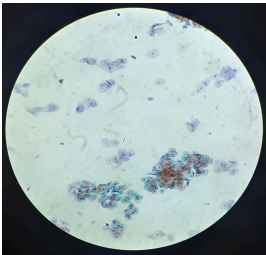
1. 2 unstained air dried smear received.
2. Stained with papanicolaou method and examined.

Smear shows :

- Many superficial squamous, intermediate squamous and few squamous metaplastic cells.
- Background shows few endocervical cells alongwith mild inflammatory infiltrate.
- No cellular atypia or malignancy noted.

Impression : Essentially Normal Pap smear.


Comments: The smears are reported using bethesda system for cervical cytology(2014) Interpretation(s).



(Collected At: 14/09/2024 09:09:55, Received At: 14/09/2024 09:09:55, Reported At: 14/09/2024 15:14:30)

----- End Of Report -----




Dr. Santosh Khairnar
M.D. (Pathologist)
Reg. No.-2000/08/2926



MEDICAL EXAMINATION REPORT

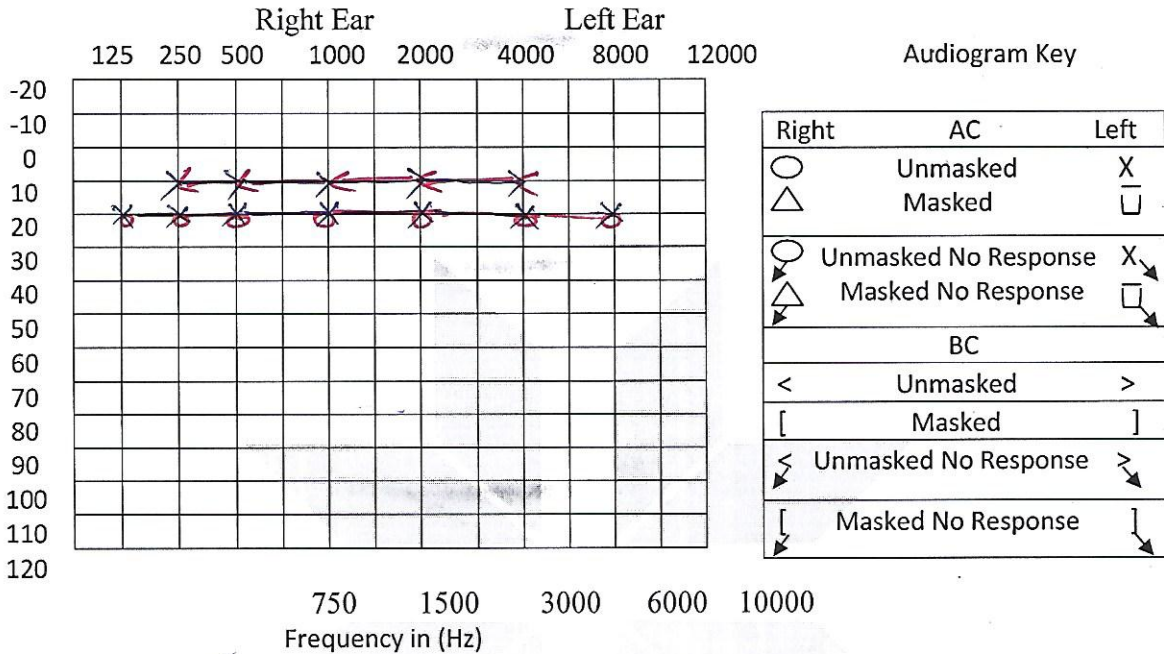
Name Mr./Mrs./Miss	SMITA AHIRE	
Sex	Male / Female	
Age (yrs.) 47	UHID :	
Date	14 / 09 / 2024	Bill No. :
Marital Status	Married / No. of Children / Unmarried / Widow : 1	
Present Complaints	Kneepain, Back pain Low Hearing on R side	
Past Medical : History Surgical :	Fistulotomy in 2010	
Personal History	Diet : Veg <input type="checkbox"/> / Mixed <input checked="" type="checkbox"/> Addiction : Smoking <input type="checkbox"/> / Tobacco Chewing <input type="checkbox"/> / Alcohol <input type="checkbox"/> Any Other No	
Family History	Father =	HT / DM / IHD / Stroke / Any Other
	Mother =	Mother = HT / DM / IHD / Stroke / Any Other
	Siblings =	Siblings = HT / DM / IHD / Stroke / Any Other Healthy
History of Allergies	Drug Allergy Any Other No	
History of Medication	For HT / DM / IHD / Hypothyroidism : 2011 Any Other T. Thyroxin 125	
On Examination (O/E)	G. E. : Good R. S. : C. V. S. : C. N. S. : NAD P/A : Any Other Positive Findings : No	

Height	155.1	cms	Weight	87.9	Kgs
BMI	36.5				
Pulse (per min.)	78		Blood Pressure (mm of Hg)	110/70	mm of Hg
Gynaecology					
Examined by	Dr.				
Complaint & Duration					
Other symptoms (Mict, bowels etc)					
Menstrual History	Menarche _____ Cycle _____ Loss _____ Pain _____ I.M.B. _____ P.C.B. _____ L.M.P. _____ Vaginal Discharge _____ Cx. Smear _____ Contraception _____				
Obstetric History					
Examination :					
Breast					
Abdomen					
P.S.					
P.V.					
Gynaecology Impression & Recommendation					
Recommendation	EXCELLAS CLINICS PVT. LTD. B-1, Vihar Paradise Commercial, Below Axis Bank, LBS Marg, Near Santosh Mata Mandir, Marund (West), Mumbai - 400030				
Physician Impression					
Examined by :	- Overweight = To Reduce Weight - Underweight = To Increase Weight				



NAME : MRS. SMITA AHIRE	AGE/SEX: 47 YRS/FEMALE
REF BY : MEDIWHEEL	DATE: 14/09/2024

AUDIOGRAM



Responses : Reliable / Fairly Reliable / Not Reliable

Speech Audiometry

Test Conduction : Satisfactory / Not Satisfactory

If any other specify

Procedure : Standard / Play

Audiological Interpretations :

Test Ear	P.T.A. dBHL
Right	20
Left	20

BILATERAL HEARING CONDUCTION SENSITIVITY WITHIN NORMAL LIMITS

EXCELLAS CLINICS PVT. LTD
B-1, Vikas Paradise Commercial,
Below Axis Bank, LBS Marg,
Near Santoshi Mata Mandir,
Mulund (West), Mumbai - 400080
AUDIOLOGIST

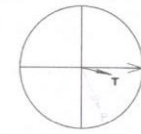
Excellas Clinics Private Ltd

B1, Vikas Paradise Commercial, Below Axis Bank, LBS Marg, Mulund (W),

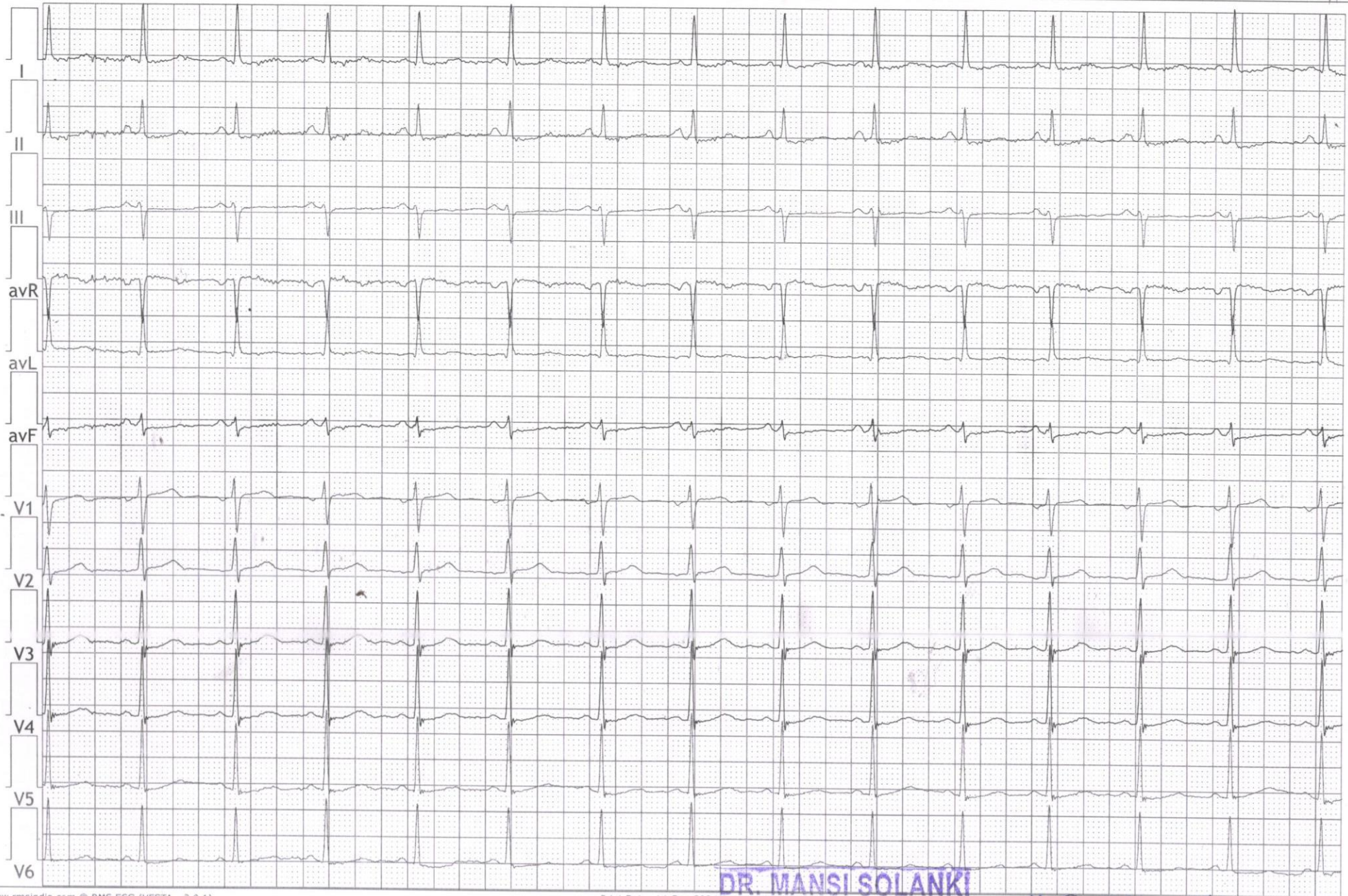
9453/Smita Ahire 47Yrs/Female Kgs/ Cms BP: ___/___ mmHg

Ref.: Test Date: 14-Sep-2024(10:49:39) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec

HR: 85 bpm



PR Interval: 138 ms
QRS Duration: 70 ms
QT/QTc: 352/421ms
P-QRS-T Axis: 66 - 0 - 13 (Deg)



DR. MANSI SOLANKI
MBBS MD GENERAL MEDICINE
REG. NO. MMC 2024042065

DR. MANSI SOLANKI
MBBS MD General Medicine
Correlate clinically