

Name:

TAJBIJE RAJANI.

Age:

054 Years

Gender: PID:

P00000476996

OPD:

Exam Date :

19-Feb-2024 10:26 124242092122

Accession:

CHEST X RAY

. 40

Exam: Physician:

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: 19-Feb-2024 19:41:12



Name:

TAJBIJE RAJANI.

Age:

OPD:

054Y F

Gender:

PID: P00

P00000476996

Accession:

19-Feb-2024 09:19

124242092122

Exam:

Exam Date :

ABDOMEN AND PELVIS

Physician: HOSPITAL CASE^^^^

# ULTRASOUND OF ABDOMEN AND PELVIS

Liver appears normal 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.

Right kidney measures 10.8 X 3.7 cms. Left kidney measures 9.9 X 4.6 cms. 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 partially distended.

Uterus and both ovaries appears menopausal status.

Visualised bowel loops are non-dilated and show normal peristalsis.

There is no ascites or significant lymphadenopathy seen.

## **IMPRESSION:**

No significant abnormality noted.

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

Date: 19-Feb-2024 17:30:50



# 2DECHO&DOPPLER REPORT

NAME: MRS.TAJBIJE RAJANI AGE:53Yrs/F DATE:19/02/2024

MITRAL VALVE: has thin leaflets with normal subvalvar motion.

No mitral regurgitation .E= 0.96 & A=1.00 m/sec, E/A ratio-0.96, E/E' ratio-7.15

AORTIC VALVE: has three sclerotic leaflets with normal opening

No aortic regurgitation.AVPG= 8.54 mmHg

PULMONARY VALVE; NORMAL, PVPG= 4.42 mmHg

LEFT VENTRICLE: is normal, has normal wall thickness, No RWMA at rest.

Normal LV systolic function. EF - 60%.

LEFT ATRIUM: is normal.

RIGHT ATRIUM & RIGHT VENTRICLE: normal in size. TAPSE = 21 mm.

TRICUSPID VALVE & PULMONARY VALVES : normal.

Trivial TR, PPG = 18 mmHg. RVS Pressure = 23 mmHg.

No PH.

No pericardial effusion.

M- MODE:

AORTA	LA	LVI DD	LVIDS	IVS	PW	LVEF
27mm	31mm	41mm	19mm	10mm	10mm	60%

IMP:

Normal LV Systolic function. EF-60%.

No diastolic dysfunction

No RWMA at rest

Aortic valve sclerotic

IAS & IVS Intact

No clot / vegetation / thrombus / pericardial effusion.

DR. KEDAR KULKARNI
DNB(MEDICINE), DNB(CARDIOLOGY)
CONSULTANT INTERVENTIONAL CARDIOLOGIST



MRS. TAJBIJE RAJANI

NAME

Ref: PS007845- Reg: OPS00002935
53.2.21/F - NH - 19/02/2024
P00000476996 -

**OPHTHALMOLOGY** 

AGE: 53 year.

K

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		212				
1) Vision unaid	ed	6 6	•			6/6.
2) Near Vision	unaided _		The second secon			
		)		141	6.	
3) Binocular Vision _			Nor	mal.		
4) Colour Vision	-		No	ma	1.	
5) Tension	5 003	mHq	*		The server of	manyo
6) Anterior Segment	-		<b>\</b>	im(		Descent of
7) Pupils				MMI	-	
8) Lens			4	ाल्या ज		
9) Media & Fundus		ę k	· ·	0.040		
10) Remarks		DIN	)		N. N	
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18	+0.	50-0	-50 X	900	+2.25	***************************************
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Date:   9   02   2	4					MOS).
1110212	7 '					(Signature)

PS-35-340

 Patient Name
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 : 19-02-2024 09:05 AM

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 : 54Y(s) 3M(s) 16D(s)/Female
 Collected Date
 : 19-02-2024 01:57 PM

 Lab Ref No/UHID
 : PS007845/P00000476996
 Received Date
 : 19-02-2024 01:58 PM

 Lab No/Result No
 : 2400067349/708297
 Report Date
 : 19-02-2024 06:39 PM

: HOSPITAL CASE

Referred By Dr.

Method : Kinetic

Specimen : SERUM

Processing Loc : RHC Hinjawadi

# **DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	<b>Biological Reference Interval</b>
FBS			
Glucose (Fasting).	<b>:</b> 97	mg/dL	Prediabetic: 100 - 125
Method : GOD-POD			Diabetic: >= 126 Normal: < 100.0
REFERENCE : ADA 2015 GUIDELINES	S		
CREATININE			
Creatinine	<b>:</b> 0.5	mg/dL	0.5 - 1.2
Method : Enzymatic			
BUN			
Urea Nitrogen(BUN)	:12.15	mg/dL	6.0 - 20.0
Method : Calculated			
Urea	<b>:</b> 26	mg/dL	17.1-49.2
Method : Urease			
CALCIUM			
Calcium	<b>:</b> 9.2	mg/dL	8.6 - 10.2
Method : Arsenazo			
PHOSPHOROUS			
Phosphorus	<b>:</b> 4.6	mg/dL	3.1-4.8
Method : Phospho Molybdate			
URIC ACID			
Uric Acid	<b>:</b> 4.5	mg/dL	2.6 - 6.0
Method : Uricase			
LFT			
Total Bilirubin	:0.4	mg/dL	0.3 - 1.2
Method : Diazo			
Direct Bilirubin	:0.1	mg/dL	0-0.4
Method : Diazo			
Indirect Bilirubin	:0.3	mg/dL	0.0 - 0.8
Method : Diazo	140	117	.25
Alanine Transaminase (ALT)	<b>:</b> 14.0	U/L	<35
Method : Kinetic Aspartate Transaminase (AST)	<b>:</b> 21.0	U/L	10.0 - 40.0
Aspartate Hallsallillase (AST)	· 21.0	0/ L	10.0 70.0

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 Patient Name
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 : 19-02-2024 06:39 PM

Specimen : SERUM

Processing Loc : RHC Hinlawadi

### **DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
LFT			
Alkaline Phosphatase	:64.0	U/L	30.0 - 115.0
Method: 4NPP/AMP BUFFER			
Total Protein	<b>:</b> 7.2	g/dl	6.0 - 8.0
Method : Biuret			
Albumin	<b>:</b> 4.3	g/dl	3.5-4.8
Method : BCG			
Globulin	<b>:</b> 2.9	gm/dL	2.3-3.5
Method : Calculated			
A/G Ratio	<b>:</b> 1.48		
Method : Calculated			
T3-T4-TSH -			
Tri-Iodothyronine, (Total T3)	:1.31	ng/ml	0.97-1.69
Method : Enhanced Chemiluminiscence			
Thyroxine (T4), Total	<b>:</b> 9.52	ug/dl	5.53-11.01
Method : Enhanced Chemiluminiscence			
Thyroid Stimulating Hormone (Ultra).	<b>:</b> 2.958	uIU/mL	0.58-6.88

Method: Enhanced Chemiluminiscence

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 -

: HOSPITAL CASE

Referred By Dr.

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 \*\*\*

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**Patient Name** : Mrs.TAJBIJE RAJANI : 19-02-2024 09:05 AM **Bill Date** Age / Gender : 54Y(s) 3M(s) 16D(s)/Female **Collected Date** : 19-02-2024 01:58 PM : 19-02-2024 01:58 PM Lab Ref No/UHID **Received Date** : PS007845/P00000476996 Lab No/Result No : 19-02-2024 04:21 PM :/708297 **Report Date** 

Specimen : SERUM

Processing Loc : RHC Hinjawadi

**Verified By** Anand

Referred By Dr.

Dr.Anjana Sanghavi Consultant Pathologist

#### NOTE:

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: HOSPITAL CASE

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 : 54Y(s) 3M(s) 16D(s)/Female
 Collected Date
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 Lab Ref No/UHID
 : PS007845/P00000476996
 Received Date
 : 19-02-2024 01:58 PM

 Lab No/Result No
 : 2400067351/708297
 Report Date
 : 19-02-2024 03:26 PM

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

Processing Loc : RHC Hinjawadi

## **DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	<b>Biological Reference Interval</b>
HAEMOGRAM/CBC/CYTO			
W.B.C.Count	:7370	/ul	4000-11000
Method : Coulter Principle			
Neutrophils	: 55.4	%	40-75
Method: Derived from WBC Histogram			
Lymphocytes	: 30.3	%	20-40
Monocytes	<b>:</b> 6.8	%	2-10
Eosinophils	: 7.1	%	1.0-6.0
Basophils	:0.4	%	0.0-1.0
%Immature Granulocytes	:0.1	%	0.00-0.10
Absolute Neutrophil Count	:4.1	x10³cells/ul	2-7
Method : Calculated			
Absolute Lymphocyte Count	: 2.2	x10³cells/ul	1 - 3
Method : Calculated			
Absolute Monocyte Count	: 0.5	x10³cells/ul	0.2-1.0
Method : Calculated	- 0 5	103 11 / 1	0.02.0.5
Absolute Eosinophil Count	: 0.5	x10³cells/ul	0.02-0.5
Method : Calculated Absolute Basophil Count	: 0.03	x10³cells/ul	0.02-0.1
Method : Calculated	.0.03	X10° cells/ ul	0.02 0.1
R.B.C Count	: 5.53	million/ul	3.8 - 5.8
Method : Coulter Principle		, ,	
Haemoglobin	: 10.7	g/dl	12 - 15.0
Method: Cyanmethemoglobin Photometry			
Haematocrit	: 37.4	%	36-46
Method : Calculated			
MCV	: 67.6	fl	83 - 99
Method : Coulter Principle			27.22
MCH	: 19.3	pg	27-32
Method : Calculated MCHC	: 28.6	g/dl	31.5-34.5
Method : Calculated	. 20.0	g/ui	31.3-34.3
RDW	: 16.1	%	11.6-14.0
Method : Calculated From RBC Histogram			
Platelet Count	: 307.0	x10³/ul	150 - 450
Method : Coulter Principle			
MPV	<b>:</b> 9.7	fl	7.8-11
Method : Coulter Principle			

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**Patient Name** : Mrs.TAJBIJE RAJANI

Age / Gender : 54Y(s) 3M(s) 16D(s)/Female Lab Ref No/UHID : PS007845/P00000476996 Lab No/Result No

: 2400067351/708297

: HOSPITAL CASE Referred By Dr.

: 19-02-2024 09:05 AM **Bill Date** 

**Collected Date** : 19-02-2024 01:57 PM : 19-02-2024 01:58 PM **Received Date** 

: 19-02-2024 03:36 PM **Report Date** 

**Specimen** : EDTA WHOLE BLC

**Processing Loc** : RHC Hinjawadi

**RBC Morphology** : Microcytic hypochromic

, anisopoikilocytosis ,oval and tear drop cells

, ellipto cytes

**WBC Morphology** : Eosinophilia Platelet : Adequate

\*\*\* End Of The Report \*\*\*

**Verified By** Snehal

> Dr.Anjana Sanghavi **Consultant Pathologist**

Anju A sanghavii

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Specimen : SERUM

Processing Loc : RHC Hinjawadi

# **DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	<b>Biological Reference Interval</b>
PPBS			
Glucose (Post Prandial)	:130	mg/dL	60-140
Method : GOD-POD			

\*\*\* End Of The Report \*\*\*

Verified By

Anand

Referred By Dr.

Myw A sanghavii

Dr.Anjana Sanghavi Consultant Pathologist

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: Mrs.TAJBIJE RAJANI **Patient Name** : 19-02-2024 09:05 AM **Bill Date** Age / Gender : 54Y(s) 3M(s) 16D(s)/Female **Collected Date** : 19-02-2024 01:57 PM **Received Date** : 19-02-2024 01:58 PM Lab Ref No/UHID : PS007845/P00000476996 Lab No/Result No : 19-02-2024 07:07 PM : 2400067351/708297 **Report Date** 

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 :20 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**Anand

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Dr.Anjana Sanghavi

Consultant Pathologist

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Referred By Dr. : HOSPITAL CASE Specimen : SERUM

Processing Loc : RHC Hinjawadi



# **DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	<b>Biological Reference Interval</b>
<b>ELECTROLYTES (Na &amp;</b>	K)		
Sodium	:144.0	mmol/L	136.0 - 145.0
Method : Potentiometric			
Potassium	<b>:</b> 3.9	mmol/L	3.5 - 5.1
Method : Potentiometric			
Chloride	:102.0	mmol/L	98.0 - 107.0
Method : Potentiometric			

\*\*\* End Of The Report \*\*\*

**Verified By** Anand

Amu A sanghavii

Dr.Anjana Sanghavi Consultant Pathologist

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Referred By Dr. : HOSPITAL CASE Specimen : URINE

Processing Loc : RHC Hinjawadi

Absent

Absent

## **DEPARTMENT OF LABORATORY MEDICINE-CLINICAL PATHOLOGY**

Investigation	Result	Units	<b>Biological Reference Interval</b>
URINE ROUTINE			
PHYSICAL EXAMINATIO	<u>N</u>		
Colour	: Pale Yellow		
Appearance	: Clear		
CHEMICAL TEST			
Ph	<b>:</b> 6.5		5.0-7.0
Specific Gravity	:1.015		1.015-1.030
Albumin	: Absent		Abset
Urine Sugar	: Absent	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.	:2-3	/hpf	0 - 5
Red Blood Cells.	: Absent	/hpf	0 - 2
Epithelial Cells.	:2-3	/hpf	0-5
Bacteria	: Absent	/hpf	Absent

**Verified By** 

AMOL

Crystals

Cast

\*\*\* End Of The Report \*\*\*

Dr.Anjana Sanghavi Consultant Pathologist

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: Absent

: Absent

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Referred By Dr. : HOSPITAL CASE Specimen : SERUM

Processing Loc : RHC Hinjawadi



# **DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
LIPID PROFILE			
Cholesterol	:140.0	mg/dL	130.0 - 220.0
Method : Enzymatic			
Triglycerides	:80	mg/dL	35.0 - 180.0
Method : Enzymatic			
HDL Cholesterol	:49	mg/dL	35-65
Method : Enzymatic			
LDL Cholesterol	<b>:</b> 75	mg/dL	10.0 - 130.0
Method : Calculated			
VLDL Cholesterol	:16	mg/dL	5.0-36.0
Method : Calculated			
Cholestrol/HDL Ratio	<b>:</b> 2.86		2.0-6.2
Method : Calculated			

\*\*\* End Of The Report \*\*\*

**Verified By** Anand

Hym A sanghavii

Dr.Anjana Sanghavi Consultant Pathologist

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

Processing Loc : RHC Hinjawadi

## **DEPARTMENT OF LABORATORY MEDICINE-BLOOD BANK**

Investigation Result Units Biological Reference Interval

### **BLOOD GROUP**

Blood Group : AB RH POSITIVE

\*\*\* End Of The Report \*\*\*

**Verified By** Anand

Dr Aniana Sana

Dr.Anjana Sanghavi Consultant Pathologist

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 : 54Y(s) 3M(s) 16D(s)/Female

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 : PS007845/P00000476996

 Lab No/Result No
 : 2400067352-G/708297

Referred By Dr. : HOSPITAL CASE

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Collected Date : 19-02-2024 01:57 PM Received Date : 19-02-2024 01:58 PM

**Report Date** : 19-02-2024 04:06 PM

Specimen : WHOLE BLOOD

Processing Loc : RHC Hinjawadi



## **DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation Result Units Biological Reference Interval

# **GLYCOCYLATED HB% (HbAIC)**

Glycosylated Haemoglobin

.7

%

4-6.5

Method: Turbidometric Inhibition

Immunoassay

(HbA1C)

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

Therapeutic Target : <7.0%

REFERENCE: ADA 2015 GUIDELINES

\*\*\* End Of The Report \*\*\*

**Verified By** 

Anand

Hypu A sanghavii

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