

25mm/s 0.5-150Hz-AC

10mm/mV

I

10mm/mV

aVR

V1 10mm/mV

II

SYNC

aVL

V2

III

SYNC

aVF

V3

10mm/mV

II

SYNC

V4

V1-006(BIOS: V1-010) 2011-03-19 22:19

BIOMEDICS, Phone: 9822198798

ID : 0155

bp:m

ms

ms

ms

ms

ms

HR : 82

R-R : 729

P-R : 164

QRS : 80

QT/QTc : 350/409

P/QRS/T : 46/78/37

RV5/SVI : 0.650/0.290 mV

RV5+SVI : 0.940

10mm/mV

V4

10mm/mV

V1

V2

SYNC

V3

SYNC

V5

SYNC

V6

Sinus Rhythm

T Abnormality (Flat T)

Unconfirmed report Verified by:

ic: 9822198798



2D ECHO / COLOUR DOPPLER

NAME : MRS. SHEETAL PATHARE
REF BY : DR. HOSPITAL PATIENT

39Yrs/F

OPD
26-Nov-21

M - Mode values

Doppler Values

AORTIC ROOT (mm)	20	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	31	PG (mmHg)	
RV (mm)		AORTIC VEL (m/sec)	1.1
LVID - D (mm)	37	PG (mmHg)	5
LVID - S (mm)	20	MITRAL E VEL (m/sec)	0.5
IVS - D (mm)	10	A VEL (m/ sec)	0.6
LVPW -D (mm)	10	TRICUSPID VEL. (m/sec)	
EJECTION FRACTION (%)	60%	PG (mmHg)	

REPORT

Normal LV size & wall thickness,
No regional wall motion abnormality
Normal LV systolic function, LVEF 60%
Normal sized cardiac chambers.

Pliable mitral valve., no Mitral regurgitation.
Altered mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.


Normal Tricuspid & pulmonary valve
Trivial tricuspid regurgitation ,
PA pressure = 18 mmHg - normal (ENTRY LEVEL)

Intact IAS & IVS
No PDA, coarctation of aorta.
No clots , vegetations , pericardial effusion noted.

IMPRESSION :

No regional wall motion abnormality.
Normal LV systolic function, LVEF 60%
Grade I diastolic dysfunction.
Normal PA pressure.

DR SHIRISH (M S) HIREMATH
CARDIOLOGIST


DR. RAJDATTA DEORE
CARDIOLOGIST
MMC 2005/03/1520

PATHARE, SHEETAL

Patient ID 48816

26.11.2021 Female

11:40:34am 39yrs Indian

Meds:

Test Reason: Screening for CAD
Medical History: NO HISTORY.

Ref. MD: Ordering MD:

Technician: RUPALI Test Type: Treadmill Stress Test
Comment:

Tabular Summary

BRUCE: Total Exercise Time 06:40
Max HR: 173 bpm 95% of max predicted 181 bpm HR at rest: 110
Max BP: 140/90 mmHg BP at rest: 130/88 Max RPP: 23660 mmHg*bpm
Maximum Workload: 9.00 METS
Max. ST: -0.40 mm, 0.00 mV/s in V6; EXERCISE STAGE 3 06:41
Arrhythmia: A:61, PVC:2
ST/HR index: 0.71 μ V/bpm

Reasons for Termination: Dyspnea

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: GOOD EFFORT TOLERANCE

MAX HR ACHIEVED

NORMAL BP RESPONSE

NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DR. SHIRISH (M.S) HIREMATH

SR CARDIOLOGIST

DR. RAJDEVI DEORE

CARDIOLOGIST

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm /min)	VE	ST Level (V6 mm)	Comment
PRETEST	SUPINE	00:18	0.00	0.00	1.0	113	130/88	14690	0	0.05	
	STANDING	00:17	0.00	0.00	1.0	115			0	0.05	
	HYPERV.	00:50	0.00	0.00	1.0	123	130/88	15990	1	0.05	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	148	130/88	19240	0	0.15	
	STAGE 2	03:00	2.50	12.00	7.0	164	140/90	22960	1	-0.15	
RECOVERY	STAGE 3	00:41	3.40	14.00	9.0	171	140/90	23940	0	-0.40	
		02:23	0.00	0.00	1.0	133	140/90	18620	0	0.30	

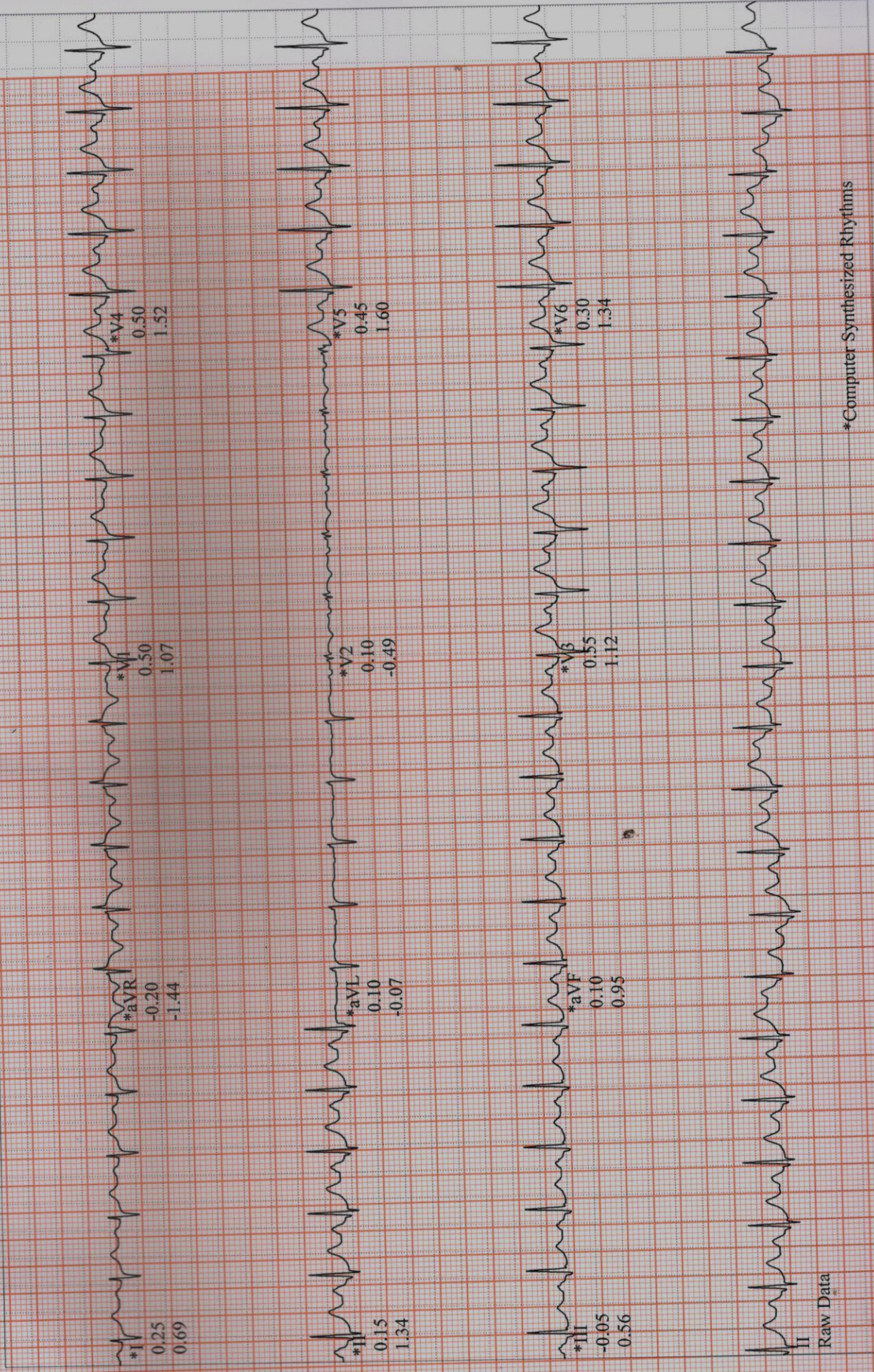
HARE, SHEETAL
Patient ID 48816
01.11.2021
11:50:49am

Linked Medians
RECOVERY
#1
02:12

131 bpm
140/90 mmHg

BRUCE
0.0 mph
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 26-NOV-2021 REP. DATE : 26-NOV-2021
NAME : MRS. PATHARE SHEETAL SANTOSH
PATIENT CODE : 079707 AGE/SEX : 40 YR(S) / FEMALE
REFERRAL BY : HOSPITAL PATIENT

CHEST X-RAY PA VIEW

OBSERVATION :

Rotated film.

Both lungs appear clear.

Heart and mediastinum are normal.

Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION :

No significant abnormality noted in the present study.

-Kindly correlate clinically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 26-NOV-2021 REP. DATE : 26-NOV-2021
NAME : MRS. PATHARE SHEETAL SANTOSH
PATIENT CODE : 079707 AGE/SEX : 40 YR(S) / FEMALE
REFERRAL BY : HOSPITAL PATIENT

USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size (13.7 cms), shape & echotexture. No focal lesion / IHBR dilatation.

CBD / PV : Normal. **G.B.** : Moderately distended, normal.

Spleen : Is normal in size (10.0 cms), shape & echotexture. No focal lesion.

Pancreas : Normal in size, shape & echotexture.

Both kidneys are normal in size, shape & echotexture, CMD maintained. No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 10.5 x 4.2 cm.

Left kidney measures : 9.4 x 4.2 cm.

Urinary bladder : Partially distended, normal.

Uterus : Anteverted, normal in size (6.0 x 5.5 x 5.0 cms), shape, echotexture. No fibroid. Endometrium show normal appearance. ET = 1.0 cms.

Both ovaries : show normal features. Adnexa clear.

Right ovary : 3.1 x 2.1 cms.

Left ovary : 3.8 x 2.6 cms.

Loaded fecal matter is noted in the large bowel loops.
No obvious demonstrable small bowel / RIF pathology.
Normal Aorta, IVC, adrenals and other retroperitoneal structures.
No ascites / lymphadenopathy / pleural effusion.

IMPRESSION :

No significant abnormality noted in the present study.

- Kindly co-relate clinically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 26-NOV-2021 REP. DATE : 26-NOV-2021
NAME : MRS. PATHARE SHEETAL SANTOSH
PATIENT CODE : 079707 AGE/SEX : 40 YR(S) / FEMALE
REFERRAL BY : HOSPITAL PATIENT

BILATERAL SONOMAMMOGRAPHY

OBSERVATION :

RT. BREAST.

Fibro-glandular tissues appear normal.
Skin and subcutaneous tissue appear normal.
Nipple shows normal features.
No significant axillary adenopathy.

LT. BREAST.

Fibro-glandular tissue appear normal.
Skin and subcutaneous tissue appear normal.
Nipple appear normal.
No e/o axillary lymphadenopathy.

IMPRESSION :

No sonologically demonstrable focal breast lesion.
- Kindly correlate clinically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST



Dept. of Pathology

(For Report Purpose Only)



PRN : 079707
 Patient Name : Mrs. PATHARE SHEETAL SANTOSH
 Age/Sex : 40Yr(s)/Female
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 4570
 Req.No : 4570

Collection Date & Time : 26/11/2021 09:09 AM
 Reporting Date & Time : 26/11/2021 10:33 AM
 Print Date & Time : 26/11/2021 02:45 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN (Hb)	: 13.3	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 41.4	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.80	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 86.3	cu micron	76 - 96
M.C.H.	: 27.7	pg	27 - 32
M.C.H.C	: 32.1	picograms	32 - 36
RDW-CV	: 12.5	%	11 - 16
WBC TOTAL COUNT	: 7870	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 230000	cumm	150000 - 450000

WBC DIFFERENTIAL COUNT

NEUTROPHILS	: 63	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 4958.10	µL	2000 - 7000
LYMPHOCYTES	: 27	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2124.90	µL	1000 - 3000
EOSINOPHILS	: 04	%	01 - 04
ABSOLUTE EOSINOPHILS	: 314.80	µL	20 - 500
MONOCYTES	: 06	%	02 - 08
ABSOLUTE MONOCYTES	: 472.20	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist

For Free Home Collection Call : 9545200011



Dept. of Pathology
(For Report Purpose Only)



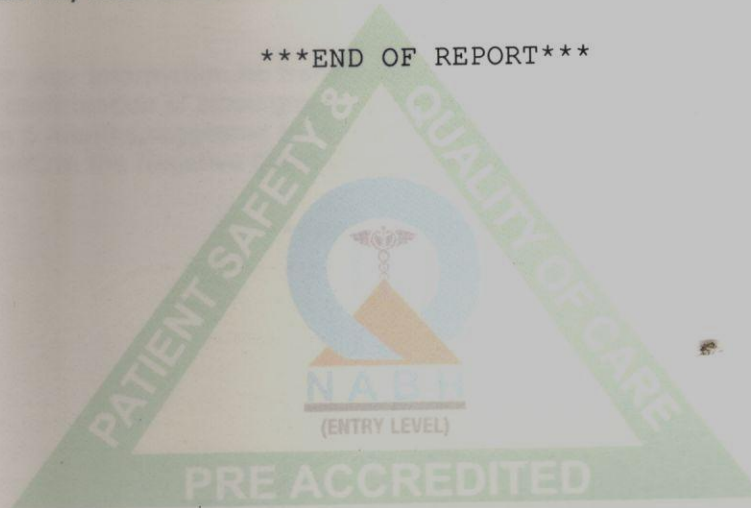
PRN : 079707
Patient Name : Mrs. PATHARE SHEETAL SANTOSH
Age/Sex : 40Yr(s)/Female
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 4570
Req.No : 4570
Collection Date & Time : 25/11/2021 09:29 AM
Reporting Date & Time : 25/11/2021 10:33 AM
Print Date & Time : 25/11/2021 02:45 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC Morphology	: Normocytic Normochromic		
WBC Abnormality	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

END OF REPORT



KS
Technician

Report Type By :- KAJAL SADIGALE

[Signature]
Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 079707 Lab No : 4570
 Patient Name : Mrs. PATHARE SHEETAL SANTOSH Reg.No : 4570
 Age/Sex : 40Yr(s)/Female
 Company Name : BANK OF BARODA Collection Date & Time : 25/11/2021 09:29 AM
 Referred By : Dr.HOSPITAL PATIENT Reporting Date & Time : 25/11/2021 02:39 PM
 Print Date & Time : 25/11/2021 02:45 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HBA1C	: 5.24	%	Normal Control : : 4.2 - 6.2 Good Control : : 5.5 - 6.7 Fair Control : : 6.8 - 7.6 Poor Control : : >7.6
-------	--------	---	---

Instrument: COBAS C 111

NOTE :

1. The HbA1C test shows your average blood sugar for last 3 months.
2. The HbA1C test does not replace your day-to-day monitoring of blood glucose.
Use this test result along with your daily test results to measure your overall diabetes control.

How does HbA1C works ?

The HbA1C test measures the amount of **sugar that attaches to protein** in your red blood cells. RBCs live for about 3 months, so this test shows your average blood sugar levels during that time. Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.

Why is this test so important ?

Research studies demonstrated that **the closer to normal your HbA1C level was, the less likely your risk of developing the long- term complications of diabetes.** Such problems include eye disease and kidney problems.

Who should have the HbA1c test done ?

Everyone with diabetes can benefit from taking this test. Knowing your HbA1C level helps you and your doctor decide if you need to change your diabetes management plan.

How often should you have a HbA1C test ?

You should have this test done when you are first diagnosed with diabetes. Then at least twice a year if your treatment goals are being met & blood glucose control is stable. More frequent HbA1C testing (4 times / year) is recommended if your blood glucose management goals.

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology

(For Report Purpose Only)



PRN : 079707
 Patient Name : Mrs. PATHARE SHEETAL SANTOSH
 Age/Sex : 40Yr(s)/Female
 Company Name : BANK OF BARODA
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Collection Date & Time : 25/11/2021 09:09 AM
 Reporting Date & Time : 25/11/2021 02:39 PM
 Print Date & Time : 25/11/2021 02:46 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

LFT (Liver function Test)

BILIRUBIN TOTAL (serum)	: 0.3	MG/DL	INFANTS : 1.2 - 12.0 ADULT : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.1	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.20	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 26	IU/L	5 - 40
S.G.P.T (serum)	: 29	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 76	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 6.3	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.1	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 2.20	GM/DL	1.8 - 3.6
A/G RATIO	: 1.86		1:2 - 2:1

END OF REPORT

As
 Technician

Report Type By :- KAJAL SADIGALE

Dr. Poonam Kadam
 Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist

For Free Home Collection Call : 9545200011



Dept. of Pathology
(For Report Purpose Only)



PRN : 079707 Lab No : 4570
 Patient Name : Mrs. PATHARE SHEETAL SANTOSH Reg.No : 4570
 Age/Sex : 40Yr(s)/Female
 Company Name : BANK OF BARODA Collection Date & Time: 25/11/2021 09:29 AM
 Referred By : Dr.HOSPITAL PATIENT Reporting Date & Time : 25/11/2021 02:39 PM
 Print Date & Time : 26/11/2021 02:45 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 171	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 100	MG/DL	0 - 150
HDL (serum)	: 34	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 121	MG/DL	0 - 130
VLDL (serum)	: 20	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 5.03		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	: 3.56		Male : <= 3.6 Female : <=3.2

NCEP Guidelines

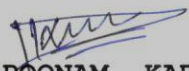
	Desirable	Borderline (ENTRY LEVEL)	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.
 Cholesterol & Triglycerides reprocessed , & confirmed.

END OF REPORT


Technician

Report Type By :- KAJAL SADIGALE


Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology

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PRN : 079707
 Patient Name : Mrs. PATHARE SHEETAL SANTOSH
 Age/Sex : 40Yr(s)/Female
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 4570
 Req.No : 4570

Collection Date & Time : 25/11/2021 09:29 AM
 Reporting Date & Time : 25/11/2021 02:39 PM
 Print Date & Time : 25/11/2021 02:47 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

RFT (RENAL FUNCTION TEST)

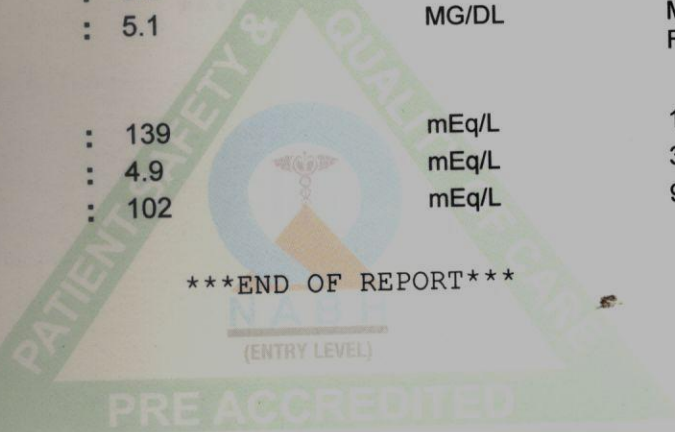
BIOCHEMICAL EXAMINATION

UREA (serum)	: 23	MG/DL	0 - 45
UREA NITROGEN (serum)	: 10.74	MG/DL	7 - 21
CREATININE (serum)	: 0.9	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 5.1	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

SERUM ELECTROLYTES

SERUM SODIUM	: 139	mEq/L	136 - 149
SERUM POTASSIUM	: 4.9	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 102	mEq/L	98 - 107

END OF REPORT



KS
 Technician

Report Type By :- KAJAL SADIGALE

[Signature]
 Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist

For Free Home Collection Call : 9545200011



Dept. of Pathology
(For Report Purpose Only)



PRN : 079707
Patient Name : Mrs. PATHARE SHEETAL SANTOSH
Age/Sex : 40Yr(s)/Female
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 4570
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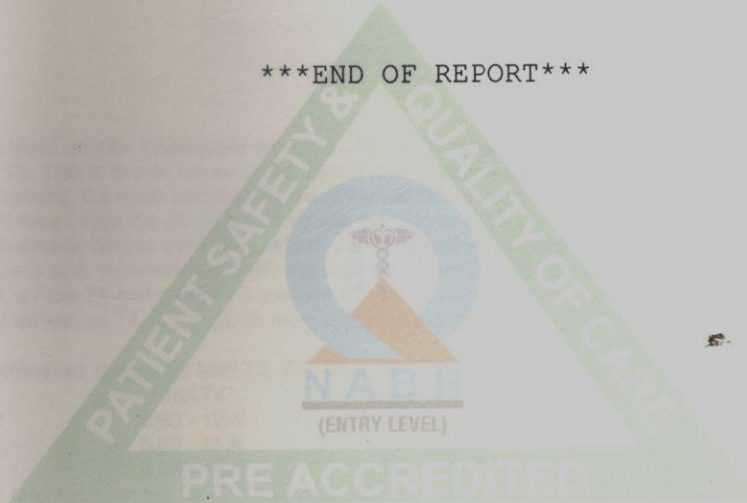
PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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BIOCHEMISTRY

BSL-F & PP


Blood Sugar Level Fasting	: 97	MG/DL	60 - 110
Blood Sugar Level PP	: 100	MG/DL	70 - 140

END OF REPORT




Technician

Report Type By :- KAJAL SADIGALE


Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology

(For Report Purpose Only)



PRN : 079707
Patient Name : Mrs. PATHARE SHEETAL SANTOSH
Age/Sex : 40Yr(s)/Female
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 4570
Req.No : 4570

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Print Date & Time : 26/11/2021 02:47 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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ENDOCRINOLOGY

THYROID FUNCTION TEST

T4 - Total (Thyroxin)	: 13.3	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 1.76	µIU/mL	0.465 - 4.68

NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoimmune disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need to have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

The guidelines for age related reference ranges for T3, T4, & Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

END OF REPORT

As
Technician

Report Type By :- KAJAL SADIGALE

Dr. Poonam Kadam
Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 079707
 Patient Name : Mrs. PATHARE SHEETAL SANTOSH
 Age/Sex : 40Yr(s)/Female
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 30 ML
 COLOUR : PALE YELLOW
 APPEARANCE : SLIGHTLY HAZY
 REACTION : ACIDIC
 SPECIFIC GRAVITY : 1.010

CHEMICAL EXAMINATION

PROTEIN : ABSENT
 SUGAR : ABSENT
 KETONES : ABSENT
 BILE SALTS : ABSENT
 BILE PIGMENTS : ABSENT
 UROBILINOGEN : NORMAL

MICROSCOPIC EXAMINATION

PUS CELLS : OCCASIONAL /hpf
 RBC CELLS : ABSENT / hpf
 EPITHELIAL CELLS : 0-1 /hpf
 CASTS : ABSENT /hpf
 CRYSTALS : ABSENT
 OTHER FINDINGS : ABSENT
 BACTERIA : ABSENT

END OF REPORT

ds

Technician

Report Type By :- KAJAL SADIGALE

Dr. Poonam Kadam

Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Pathology

(For Report Purpose Only)



PRN : 079707
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Collection Date & Time : 26/11/2021 09:09 AM
Reporting Date & Time : 26/11/2021 03:55 PM
Print Date & Time : 26/11/2021 03:56 PM

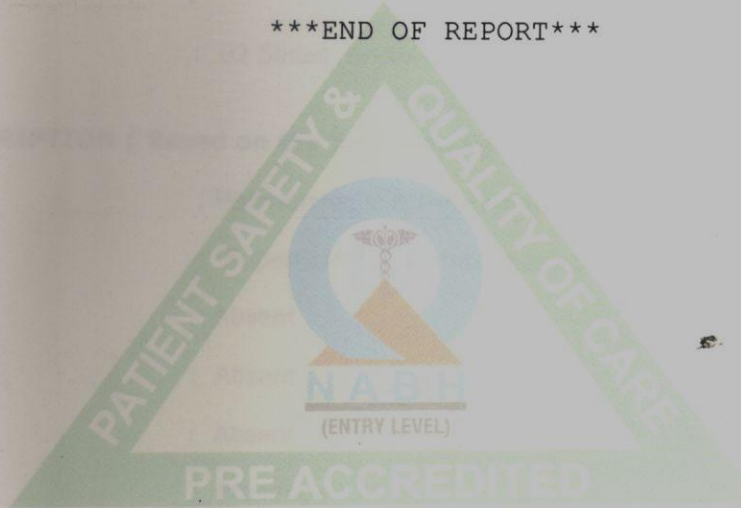
PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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HAEMATOLOGY

ESR

ESR MM(At The End Of 1 Hr.) By : 10 mm/hr
Wintrob's Method Male : 0 - 9
Female : 0 - 20

END OF REPORT



Kajal Sadigale
Technician

Report Type By :- KAJAL SADIGALE

Poonam Kadam
Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology

(For Report Purpose Only)



PRN : 079707 Lab No : 4570
Patient Name : Mrs. PATHARE SHEETAL SANTOSH Req.No : 4570
Age/Sex : 40Yr(s)/Female
Company Name : BANK OF BARODA Collection Date & Time : 26/11/2021 11:39 AM
Referred By : Dr.HOSPITAL PATIENT Reporting Date & Time : 26/11/2021 07:35 PM
Print Date & Time : 26/11/2021 07:51 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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CYTOLOGY

PAP SMEAR

CODE NO. : C-18/21
CLINICAL DETAILS :
SPECIMEN : 02 Slides Received

MICROSCOPIC DESCRIPTION (Based on the Bethesda System)

BACKGROUND : Haemorrhagic & Inflammatory
CELL TYPE : Superficial & Few Intermediate
ENDOCERVICAL CELLS : Absent
ENDOMETRIAL CELLS : Absent
METAPLASTIC CELLS : Absent
NEUTROPHILS : Present +
LYMPHOCYTES : Absent
ORGANISMS : Normal Flora
ATYPICAL CELLS : Not detected
CERVICO-VAGINAL CYTOLOGY INTERPRETATION : Negative For intraepithelial lesion or malignancy
NOTE : Correlate with clinical details

Technician

Report Type By :- ASIF SAYYAD

Handwritten signature
Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist

SHEETAL PATHARE

Ref.:Dr.--

Sample Collected At:
Lorea Healthcare Private Limited
Survey No 154, AIMS Road
Near AIMS Square or Parihar Chowk,
Aundh, Pune 411007 Zone SHIVA

SID: 121248806

Collection Date:
26-11-2021 01:13 PM
Registration Date:
26-11-2021 01:13 pm
Report Date:
26-11-2021 04:17 PM

Age:40.00 Years Sex:FEMALE

REPORT

Test Description

Hormones :

T3 (Total), serum by CMIA

Observed Value

1.30

End of Report

Biological Reference Interval

0.64 to 1.52 ng/ml

A.G. Diagnostics Pvt Ltd



Page 1 of 1

Vinanti Golwilkar

Dr.(Mrs.) Vinanti Golwilkar-Patankar
MBBS,MD(Path) Regn.No:2008/03/0772
A.G Diagnostics Pvt. Ltd.