

| | |
|------------------------------------|-----------------------------------|
| Patient Name: RUPALI PAGARE | Date: 15/11/2024 |
| Patient Id: 7636 | Age/Sex: 32 Years / FEMALE |
| Ref Phy: DR. SARDA | Address : |

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: The liver is normal in size It measures 13.4 cm, shape, position, echogenicity and echotexture. Normal respiratory movements are seen. No focal solid or cystic mass lesion is noted.

BILIARY SYSTEM: Gall bladder shows normal physiological distention. No mural mass or calculus is noted. There is no evidence of pericholecystic fluid. CBD and intra hepatic biliary radicles show normal caliber.

PANCREAS: The pancreas is normal in size, shape, echogenicity and echo texture. No solid or cystic mass lesion is noted. Pancreatic duct is not dilated.

SPLEEN: The spleen is normal in size It measures 9.3 cm, shape, position, echogenicity and echotexture. No focal mass lesion is noted.

KIDNEYS: Right kidney measures 9.5 x 3.3 cm. Left kidney measures 10.5 x 3.5 cm. Both kidneys are normal in size, shape, position, echogenicity and echotexture. Normal corticomedullary differentiation is noted. No focal solid or cystic mass lesion or any calculus is seen. Pelvicalyceal systems on both sides are normal.

URINARY BLADDER: The urinary bladder shows physiological distention. It shows normal wall thickness. No calculus or mass lesion is seen.

UTERUS: The uterus is anteverted. It measures 59.5 x 43.1 x 35.9 mm. It is normal in size, shape, position, echogenicity and echotexture. There is no focal mass lesion in uterus. Endometrium measures 12.8 mm.

ADNEXA: Right ovary measures 2.9 x 1.2 x 2.4 cm. Volume is 4.5 cc Left ovary measures 2.1 x 1.2 x 2.1 cm. Volume is 2.7 cc. Both ovaries are normal in size, shape, echogenicity and echotexture. There is no focal solid or cystic mass lesion in it. No appreciable other adnexal space occupying lesion is noted.

OTHERS: There is no free or loculated fluid collection in abdomen or pelvis. No significant lymphadenopathy is noted.

IMPRESSION:

- **No significant sonographic abnormality noted.**



DR AMEY S. JAJU, MBBS, DNB RADIOLOGY

Fellow in MSK imaging



ANUSHREE SONOGRAPHY & X-RAY CENTRE

Name: RUPALI PAGARE

Age: 32 Y

Sex: Female

RefDr: Sarda

Date: 15-Nov-2024



| | |
|------------------------------------|-----------------------------------|
| Patient Name: RUPALI PAGARE | Date: 15/11/2024 |
| Patient Id: 7642 | Age/Sex: 32 Years / FEMALE |
| Ref Phy: DR. SARDA | Address : |

RADIOGRAPH OF CHEST PA VIEW

Findings:

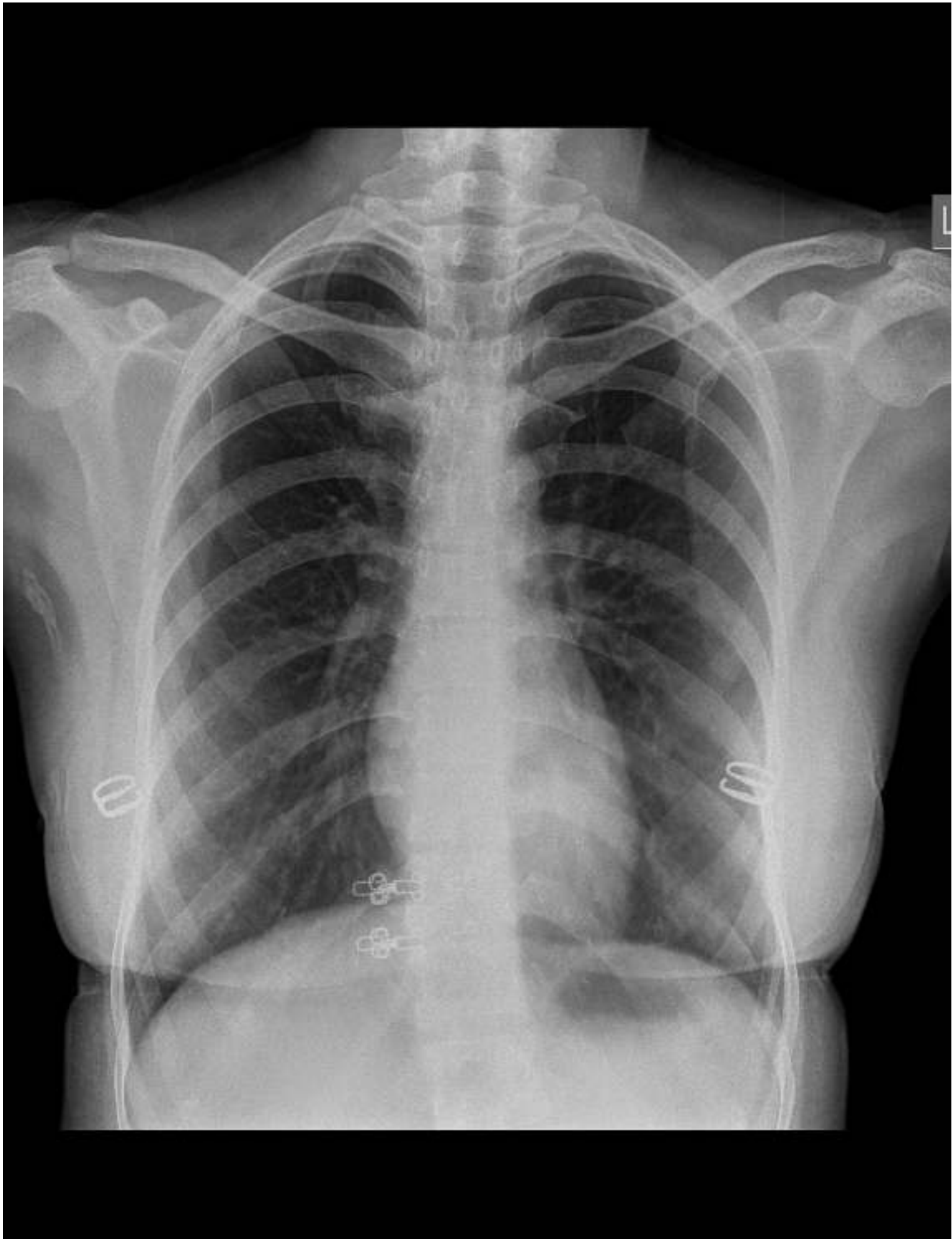
Both the lung fields are clear.
The broncho vascular markings are appears normal.
The hilar shadows are appears normal.
Both Cardiophrenic and Costophrenic angles are clear.
The Cardiac silhoutte is within normal limits.
Aortic shadow is normal.
Both domes of diaphragms are normal.
The visualised bony thorax is normal.

Impression:

No significant abnormality noted in X-ray chest.



DR AMEY S. JAJU, MBBS, DNB RADIOLOGY
Fellow in MSK imaging



SARDA

CENTRE FOR DIABETES & SELF CARE

PATIENT NAME : MRS. RUPALI PAGARE

AGE :32YR. SEX: FEMALE

REF BY : MEDIWHEEL


DATE :15/11/2024

PAP SMEAR

Source : Cervical Smear

General Characterization : Smear shows plenty of superficial squamous epithelial cells, sparse inflammatory cells. No e/o any abnormal cells No e/o dysplasia in present smear study.

Interpretation : Mild inflammatory smear.


Dr. S R. SARDA
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SARDA CENTER FOR DIABETES & SELF CARE
DR. SAMPAT SARDA
M.D. (PATHOLOGY)
Jalna Road, Aurangabad
Ph. No. 233851, 2334858

SARDA

CENTRE FOR DIABETES & SELF CARE

15-11-24,

Mrs. Rupali Pagare has undergone dental check up
in my clinic.
Her dental hygiene is good.

Sonali

DR SONALI LOHIYA

BDS (Dental Surgeon)

Reg No. D 0450

Tirupati Hospital & Health Centre
1st Floor, Aurangabad



Date:- 15/11/24

Name Mrs Rupali Pagare

Age/Sex 32 yrs / female

Address Bawe of Bavda.

OPHTHALMIC EXAMINATION REPORT

| | <u>Right Eye</u> | <u>Left eye</u> |
|------------------|---------------------------|----------------------------|
| Vision Distant | 6/6 C -1.75 -0.5 / 100 | 6/6 C -1.75 -0.5 Duv 90 |
| Vision Near | N6 | N6 |
| Anterior segment | <u>NAD</u> | <u>NAD</u> |
| Pupils | <u>NSRTL</u> | <u>NSRTL</u> |
| Lens | <u>clear</u> | <u>clear</u> |
| Tension | <u>Normal</u> | <u>Normal</u> |
| Fundus:- | clear Dis WM clouds | Dis WM CDD CRT |
| Colour Vision | Normal | Normal. |

Impression: BE myopic Astigmatism.

Rest within normal limits



[Signature]

SARDA

CENTRE FOR DIABETES & SELF CARE

Name . Mrs. Rajpoli Waman Pagare

age 32yr / F

wt 58.7kg

B.P. 120/70mm

PA - soft

PIS - up & vaginal (M)

Pv. Ut. Ar. NS. mobile

PAP smear taken

sent for HPR

Aurangabad

Dr. Mrs. A.S. Navandar
MBBS
Reg. No. 38439
Aurangabad.



10mm/mV 25mm/Sec 25 15Hz

I



II



III



10mm/mV 25mm/Sec 25 15Hz

PAT. ID:

RF

PAT. ID:

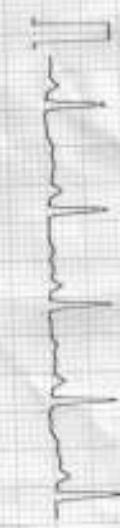
DR. CARDIAC CLINIC

III

10mm/mV 25mm/Sec 25 15Hz

DR. CARDIAC CLINIC

aVF



PAT. ID:

PAT. ID:

10mm/mV 25mm/Sec 25 15Hz

DR. CARDIAC CLINIC

10mm/mV 25mm/Sec 25 15Hz

VI



VI

V1



PAT. ID:

PAT. ID:

DR. CARDIAC CLINIC

10mm/mV 25mm/Sec 25 15Hz

DR. CARDIAC CLINIC

IV



V5



V6



PAT. ID:

*Mrs. Raveeti Pagare
37/11/2014*

Dr. A. S. ARDA

M.D. (P) MBBS

MD. (P) MBBS & SELF CARE

SARDA CENTER FOR Nephrology & SELF CARE

4, Wyankatesh Nagar, Janki Road, Aurangabad

Phone No. 2335571, 234450

SARDA

CENTRE FOR DIABETES & SELF CARE

4, Vyankatesh Nagar, Jaina Road, Aurangabad. Ph. : (0240) 2333851, 2334856.

Name: Mrs. Rupali Rayare Age: 37y/f
B&B

CLINICAL SUMMARY:

Weight: _____ Height (Cms): _____ Blood Pressure: _____

ECG FINDINGS:

Rate: 115/min ORS. Complex: R

S. Tachycardia

Rhythm: NSR ST Segment: R

Mechanism: NSR T. Wave: R

Axis: R QT Interval: R

P. Wave: R PR Interval: R

Recommendation: W

Date: 15/10/24 Dr. A. S. SARDA
M.D. (Gen. Med.)

CENTRE FOR DIABETES & SELF CARE
Vyankatesh Nagar, Jaina Road, Aurangabad
Phone No. 2333851, 2334856

ASIAN HOSPITAL
MOTIWALA SQUARE
AURANGABAD

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Pagare, Rupali
Patient ID: 03382
Height: 162 cm
Weight: 58 kg

DOB: 05.06.1992
Age: 32yrs
Gender: Female
Race: Asian

Study Date: 15.11.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: Dr. Deorao Thenge
Technician: --

Medications:

Medical History:

Reason for Exercise Test:

Exercise Test Summary

| Phase Name | Stage Name | Time in Stage | Speed (mph) | Grade (%) | HR (bpm) | BP (mmHg) | Comment |
|------------|------------|------------------|----------------|--------------|-------------|--------------|---------|
| PRETEST | SUPINE | 00:38 | 0.00 | 0.00 | 125 | 120/80 | |
| | STANDING | 00:04 | 0.00 | 0.00 | 122 | | |
| | HYPERV. | 00:02 | 0.50 | 0.00 | 131 | | |
| EXERCISE | STAGE 1 | 03:00 | 1.70 | 10.00 | 166 | 130/80 | |
| | STAGE 2 | 03:00 | 2.50 | 12.00 | 179 | 140/80 | |
| | STAGE 3 | 01:07 | 3.40 | 14.00 | 193 | | |
| RECOVERY | | 04:04 | 0.00 | 0.00 | 120 | 150/80 | |

The patient exercised according to the BRUCE for 7:06 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 130 bpm, rose to a maximal heart rate of 193 bpm. This value represents 102 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Dyspnea.

Interpretation

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.

Conclusions

Exercise of bruce protocol for 07.06min.
Target heart rate achieved
No Angina/Arrhythmias.No Significant Increase in ST-T Changes as Compare to Baseline.
Test is Negative for Induced Ischemia

Physician

Technician



Dr. Deorao Thenge

Deorao Thenge

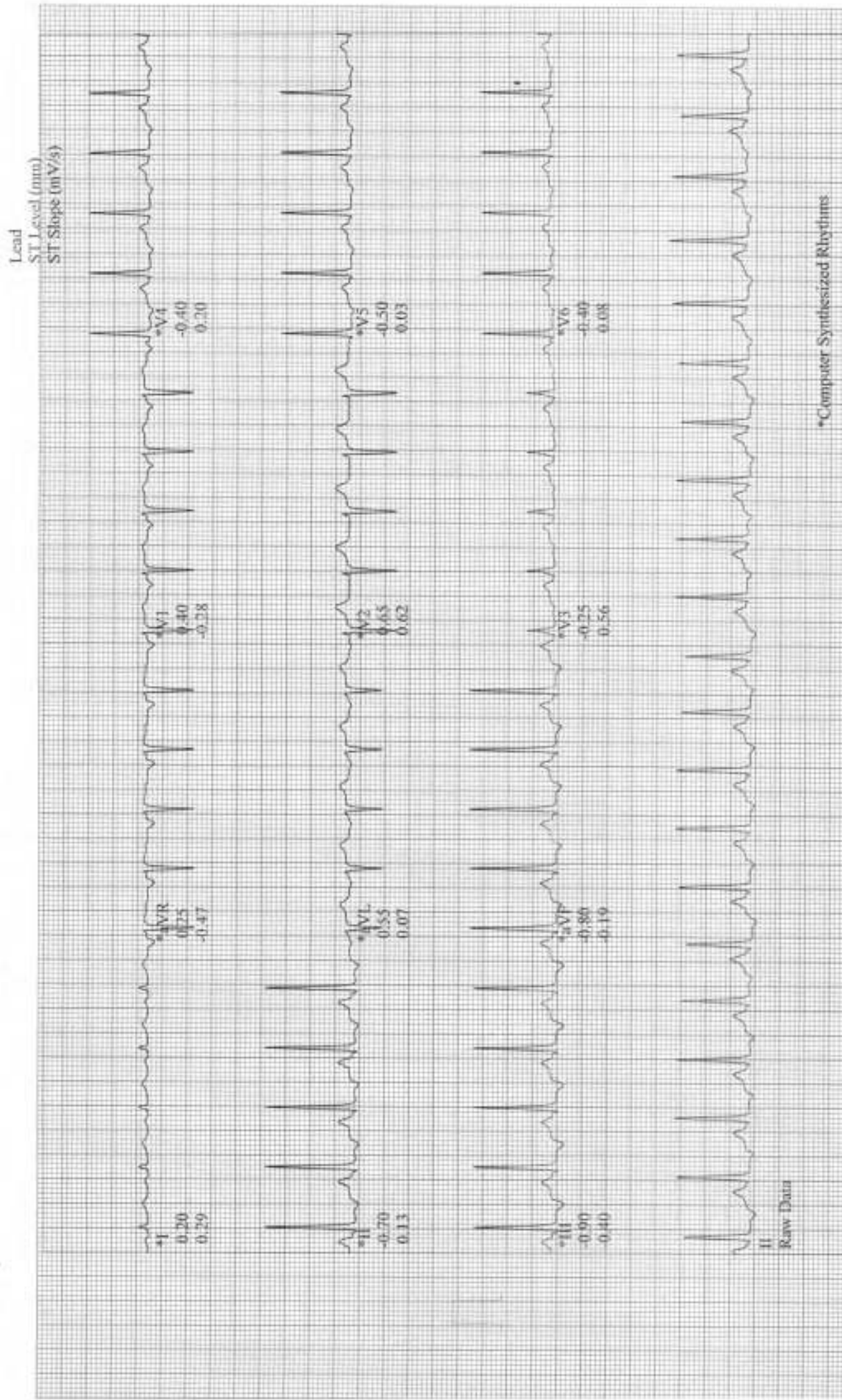
Pagare, Rupali
Patient ID 03382
15.11.2024
4:35:19pm

Linked Medians

PRETEST
SUPINE
00:15

125 bpm
120/80 mmHg

ASIAN HOSPITAL

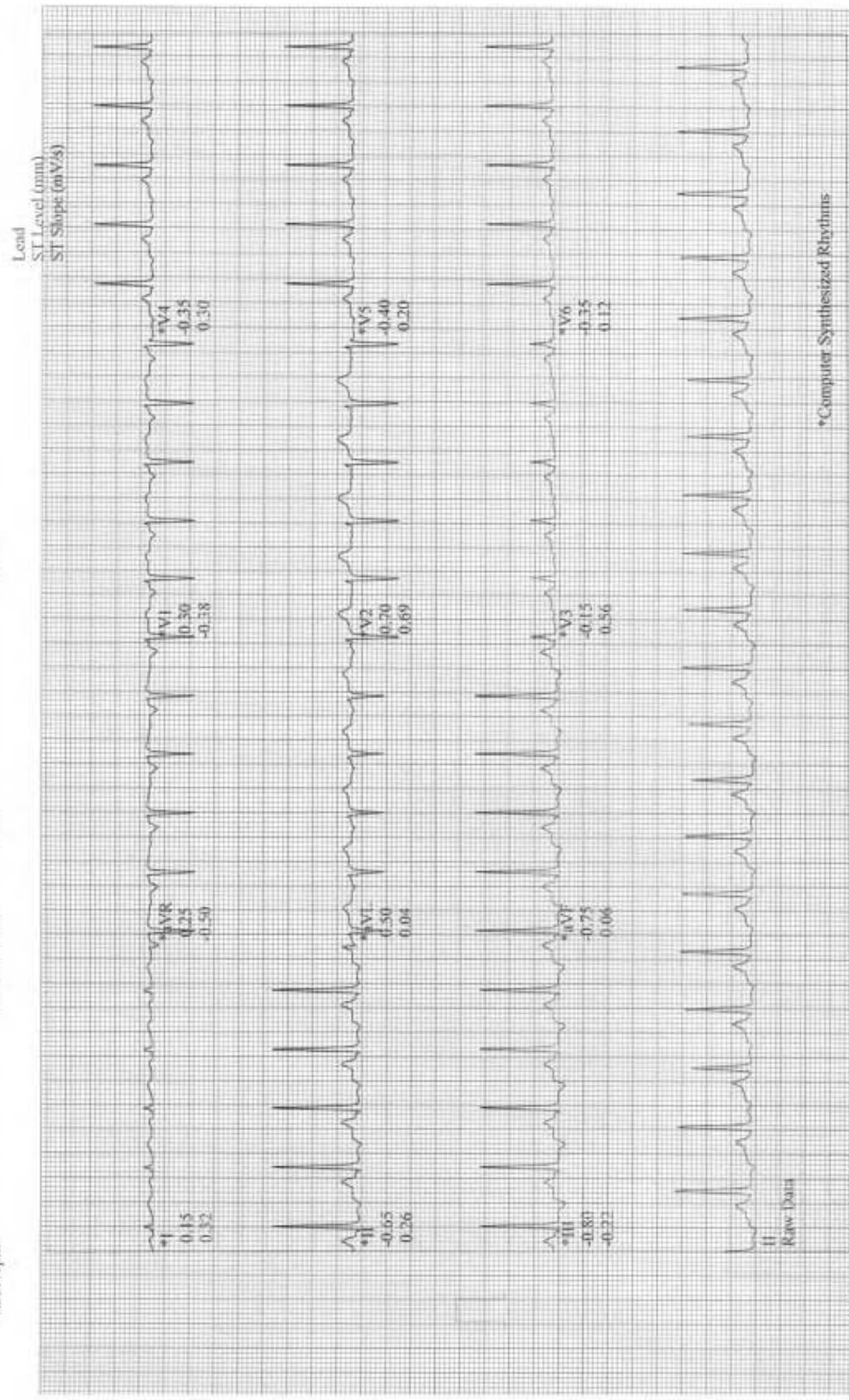


Pagare, Rupali
Patient ID: 03382
15.11.2024
4:35:41pm

Linked Medians
PRETEST
SUPINE
00:37

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL



Pagare, Rupali
Patient ID 03382
15.11.2024
4:35-4:40pm

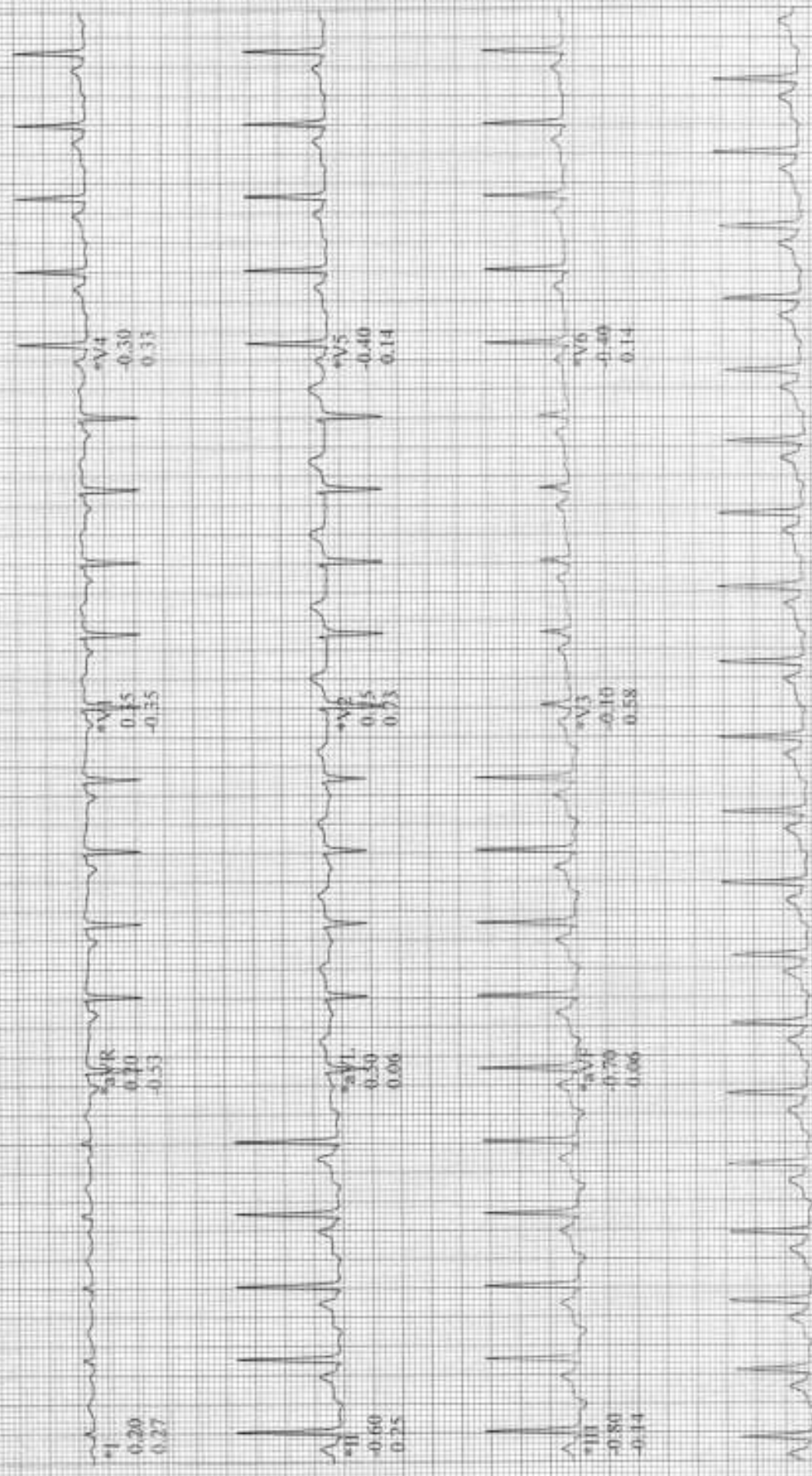
Linked Mediums

BRUCE
0.0 mph
0.0 %

PRETEST
HYPERV.
00:41

122 bpm
120/80 mmHg

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



II
Raw Data

*Computer Synthesized Rhythms

Pagare, Rupali
Patient ID: 03382
15.11.2024
4:39:19pm

12-Lead Report

EXERCISE
STAGE 1
02:50

169 bpm
130/80 mmHg

BRUCE
1.7 mph
10.0%

ASIAN HOSPITAL

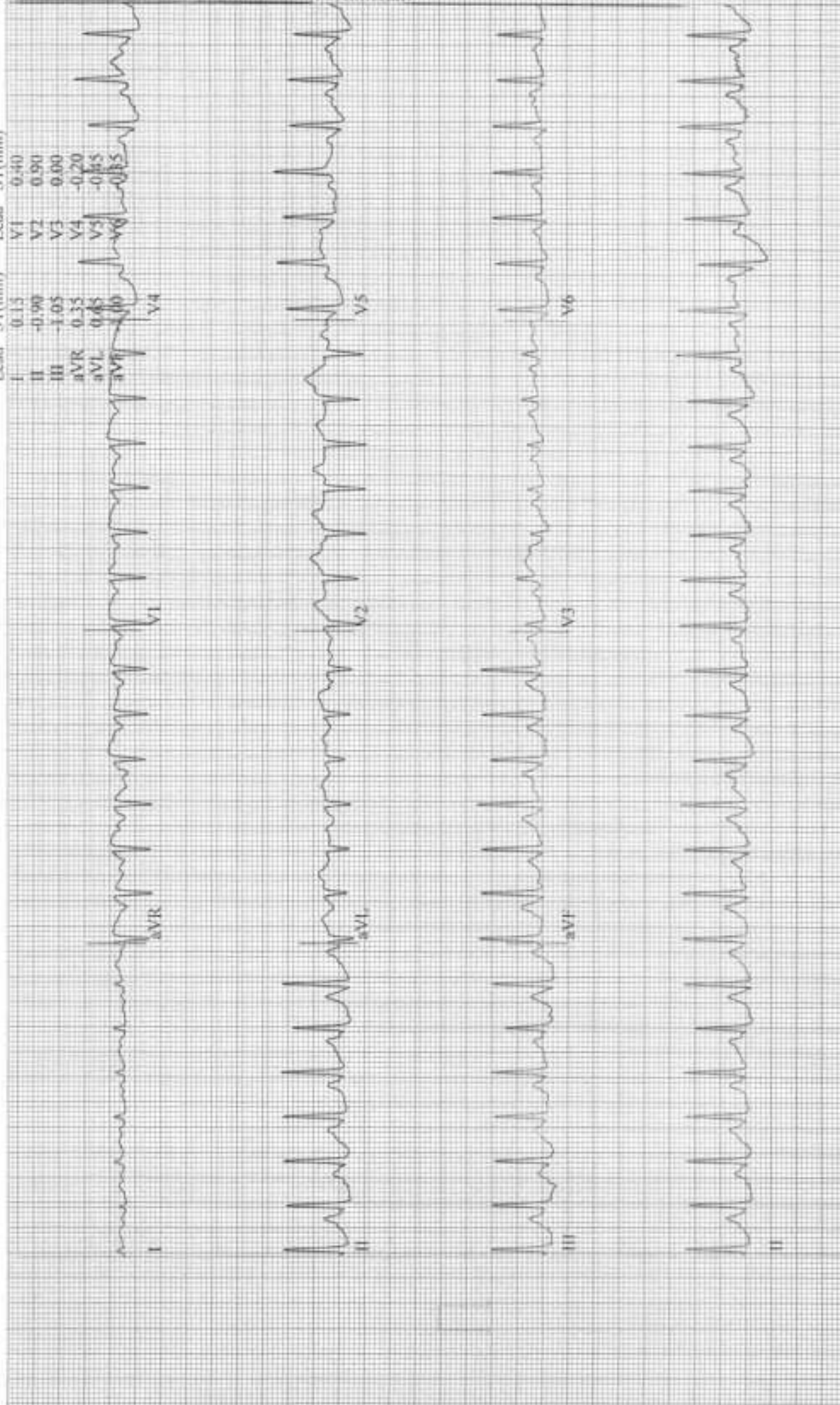
Measured at 60ms Post J (10mm/mV)
Auto Points

Physician

Technician

Lead ST(mm) Lead ST(mm)

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | 0.13 | V1 | 0.40 |
| II | -0.90 | V2 | 0.90 |
| III | -1.05 | V3 | 0.00 |
| aVR | 0.35 | V4 | -0.20 |
| aVL | 0.65 | V5 | -0.55 |
| aVF | 0.00 | V6 | 0.35 |



Pagare, Rupali
Patient ID 03382
15/11/2024
4:42:19pm

12-Lead Report

EXERCISE
STAGE 2
05:50

179 bpm
140/80 mmHg

ASIAN HOSPITAL

BRUCE
2.5 mph
12.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead ST(mm) Lead ST(mm)

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | 0.25 | V1 | 0.15 |
| II | -0.65 | V2 | 0.75 |
| III | -0.90 | V3 | 0.20 |
| aVR | 0.25 | V4 | -0.45 |
| aVL | 0.60 | V5 | -0.45 |
| aVF | 0.30 | V6 | 0.70 |



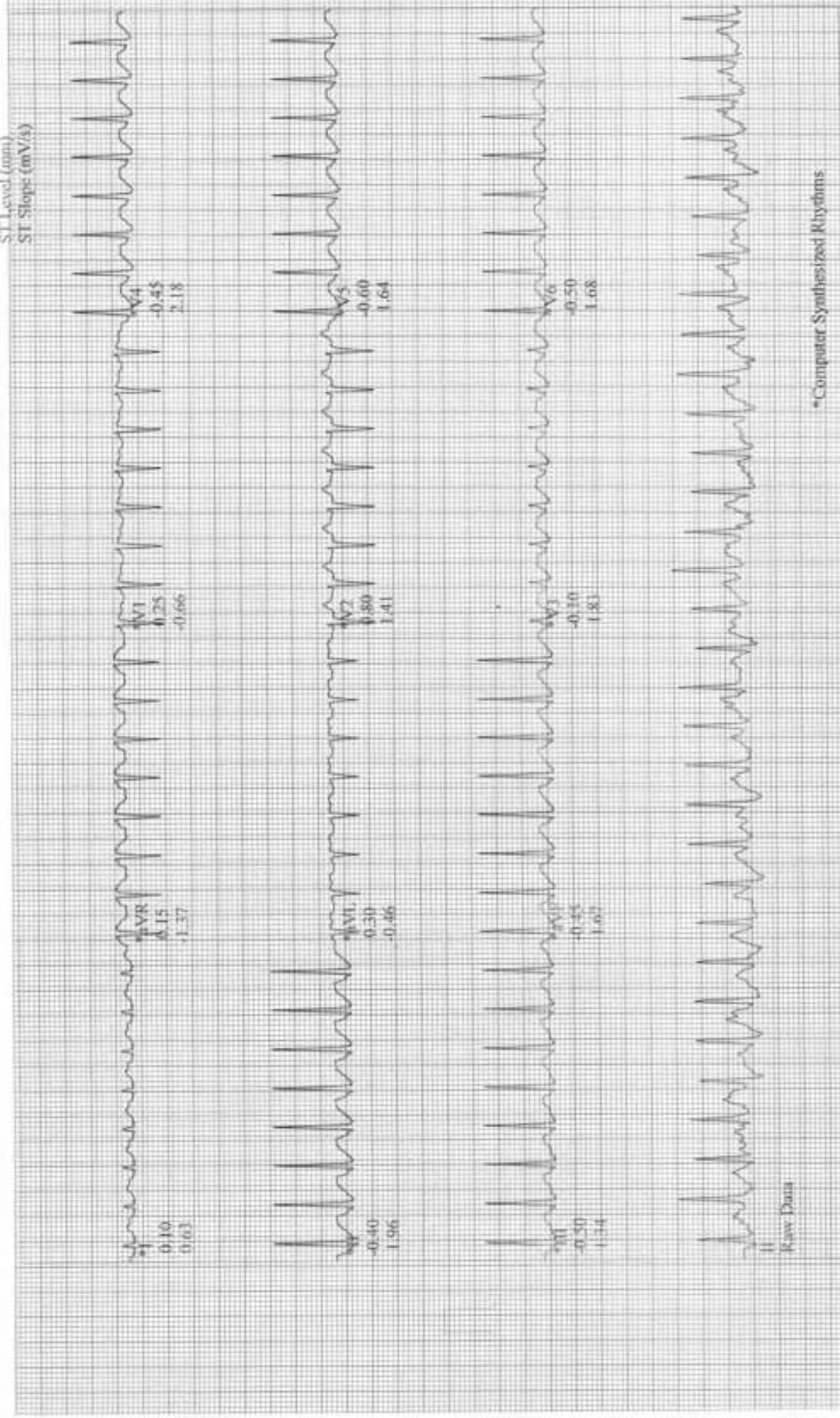
Linked Medians (PEAK EXERCISE)

EXERCISE STAGE 3
07:07
BRUCE
3-4 mph
14.0 %

Pagare, Rupali
Patient ID 03382
15.11.2024
4:43:31pm

193 bpm

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



Raw Data

*Computer Synthesized Rhythms

Pagare, Rupali
Patient ID: 03382
15.11.2024
4:44:25pm

12-Lead Report

RECOVERY
#1
00:50

169 bpm

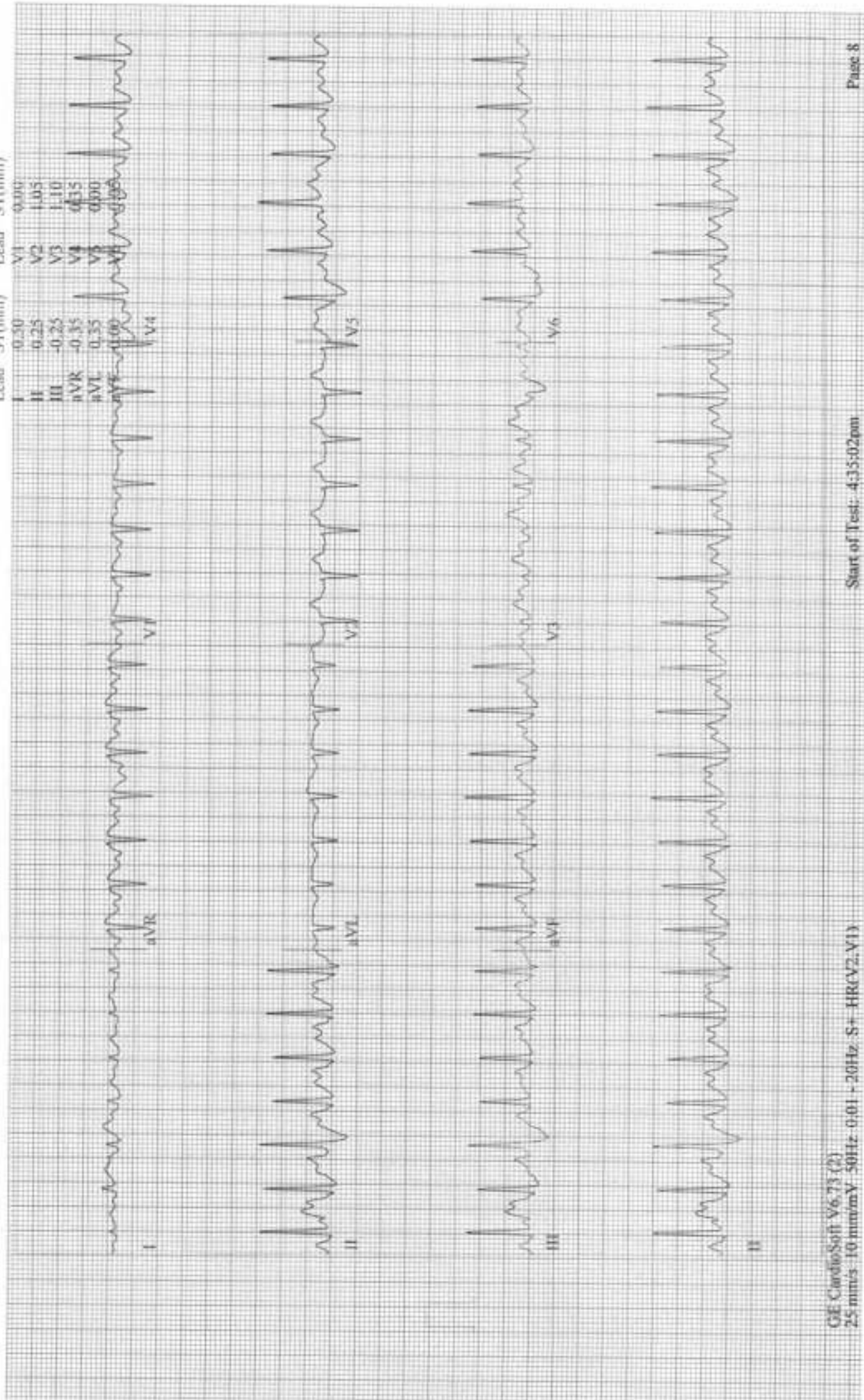
BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead ST(mm) Lead ST(mm)

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | 0.20 | V1 | 0.00 |
| II | 0.25 | V2 | 1.05 |
| III | -0.25 | V3 | 1.10 |
| aVR | -0.35 | V4 | 0.15 |
| aVL | 0.35 | V5 | 0.00 |
| V6 | 0.00 | | |



Pagare, Rupali
Patient ID: 03382
15.11.2024
4:45:25pm

12-Lead Report

RECOVERY

#1
01:50

139 bpm

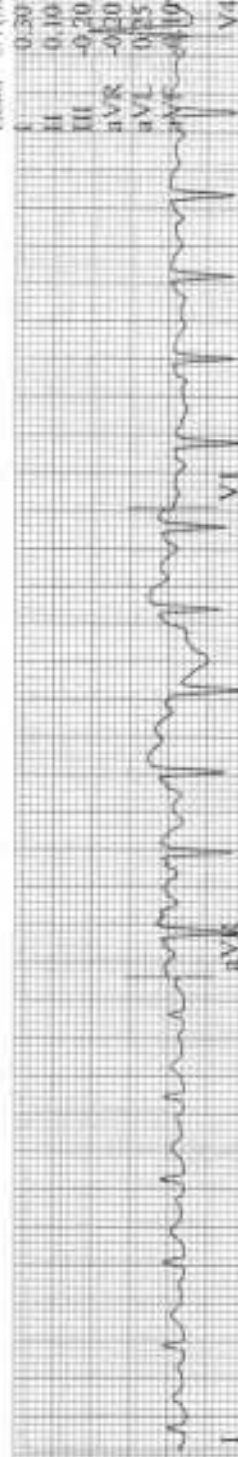
BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (1.0mm/mV)
Amplitude

Lead S (mm) Lead ST (mm)

| Lead | S (mm) | ST (mm) |
|------|--------|---------|
| I | 0.30 | 0.05 |
| II | 0.10 | 0.35 |
| III | -0.20 | 1.00 |
| aVR | -0.20 | 0.30 |
| aVL | 0.35 | 0.05 |



Pagare, Rupali
Patient ID 03382
15.11.2024
4:46:25pm

12-lead ECG

RECOVERY
#1
02:50

125 bpm
150/80 mmHg

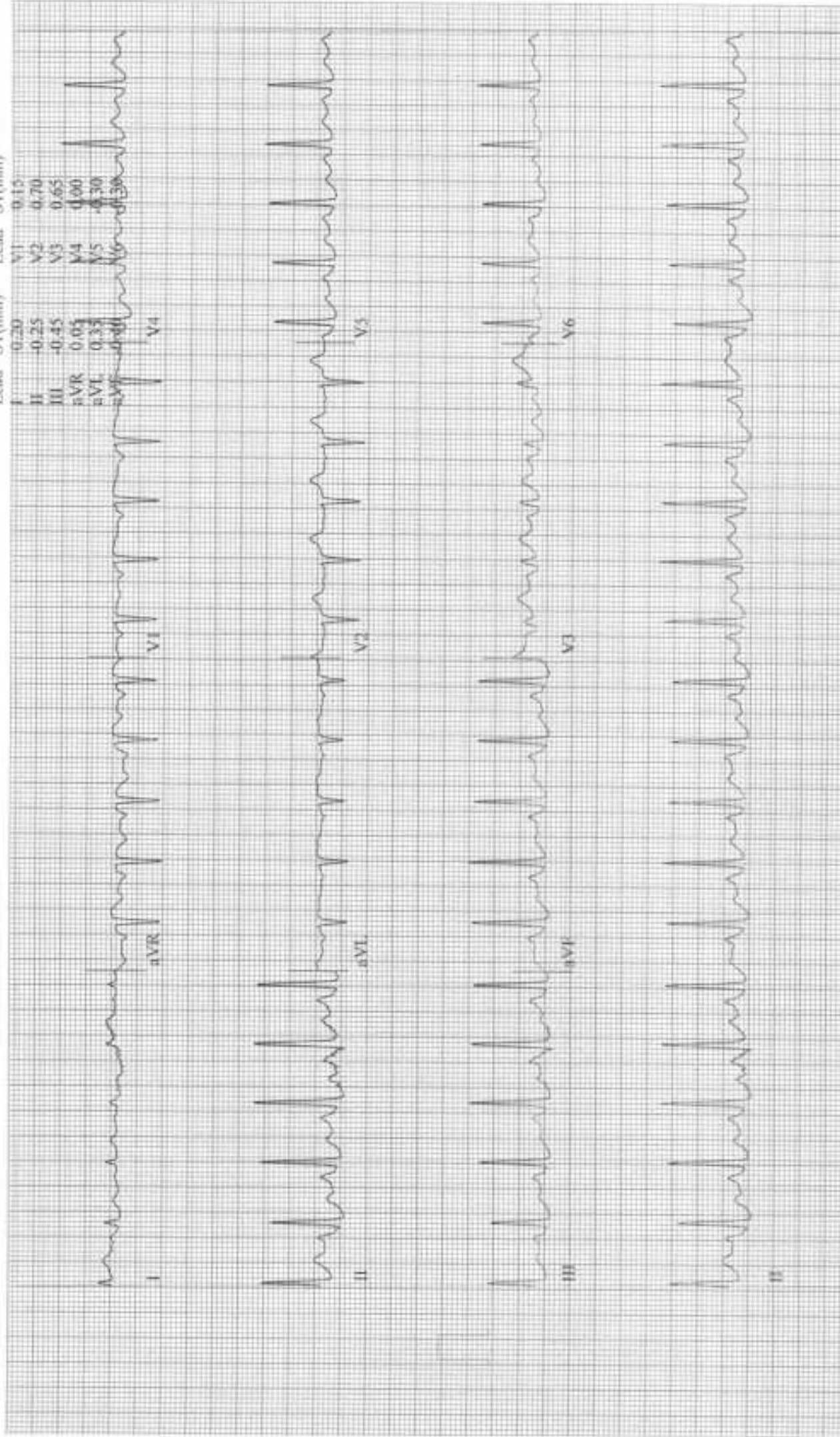
BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead ST(mm) Lead ST(mm)

| Lead | ST(mm) | Lead | ST(mm) |
|------|--------|------|--------|
| I | 0.20 | V1 | 0.15 |
| II | -0.25 | V2 | 0.70 |
| III | -0.45 | V3 | 0.65 |
| aVR | 0.05 | V4 | 1.00 |
| aVL | 0.35 | V5 | -0.30 |
| aVF | 0.00 | V6 | 0.30 |



Pagare, Rupali
Patient ID: 03382
15.11.2024
4:47:25pm

12-Lead Report

RECOVERY
#1
03:50

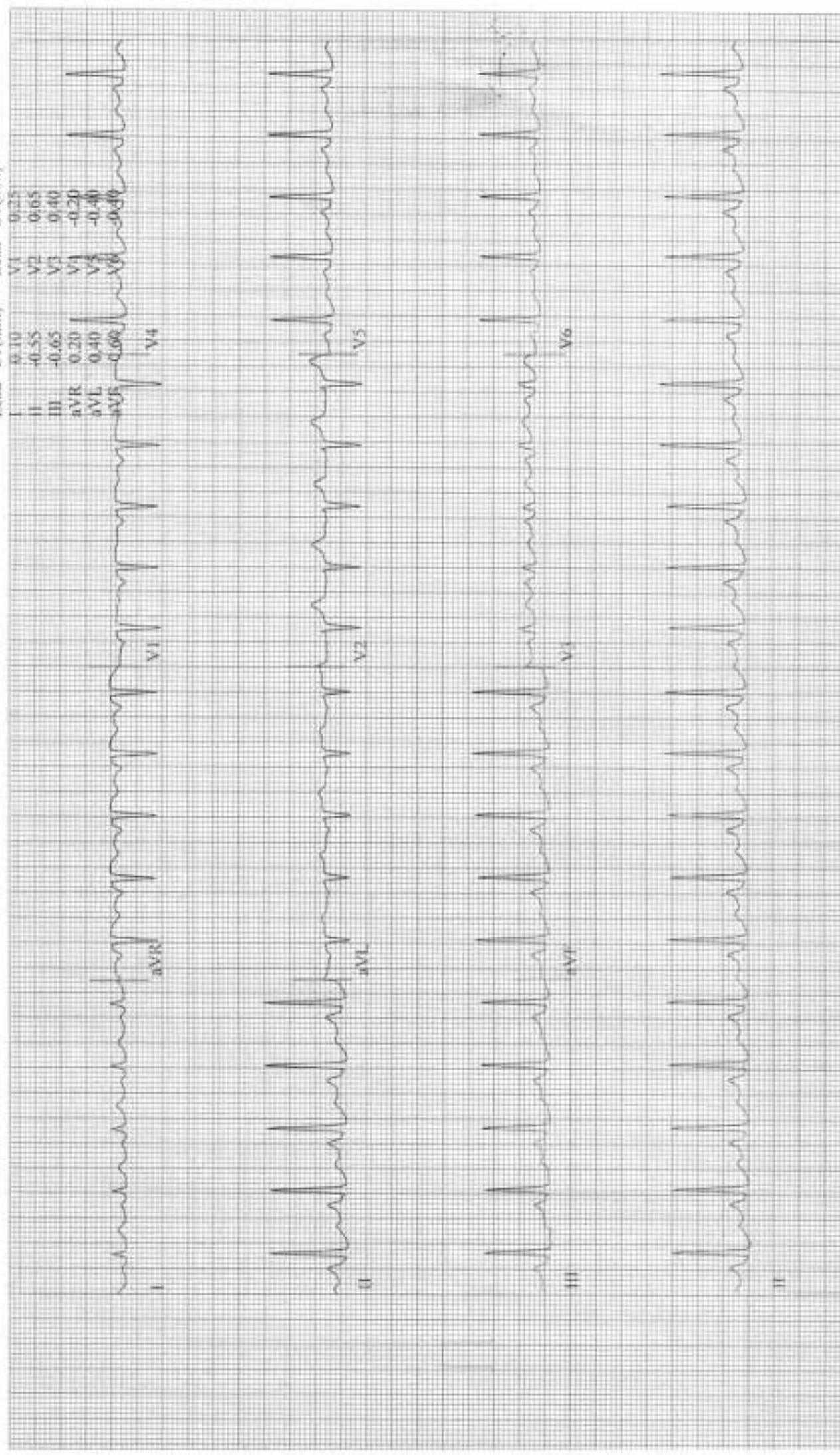
121 bpm

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead ST(mm) Lead ST(mm)



Patient: Ruppah
 Patient ID: 03382
 15.11.2024
 4:35:02pm

Female 162 cm 58 kg
 33yrs Asian
 Meds:

Ref: Krasom
 Medical History:

Ref: MID: Ordering MD:
 Technician: Test Type:
 Comment:

BRUCE: Total Exercise Time 07:06
 Max HR: 193 bpm 102% of max predicted 188 bpm HR at rest: 130
 Max BP: 150/80 mmHg BP at rest: 120/80 Max RPP: 25060 mmHg²/bpm
 Maximum Workload: 10.10 METS

Max: ST: -1.35 mm, 0.00 mV/s at III, EXERCISE STAGE 2 04:00
 ST/HR index: 0.36 (V/Sp/s)
 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: Absence of bradycardic protocol for 07.00min
 Target heart rate achieved
 No Anginal Arrhythmias, No Significant Increase in ST-T Changes as Compared to Baseline.
 Test is Negative for Induced Ischemia

| Phase Name | Stage Name | Time in Stage | Speed (mpH) | Grade (%) | Workload (METs) | HR (bpm) | BP (mmHg) | RPP (mmHg ² /bpm) | VE (l/min) | ST Level (mV) | Comment |
|------------|------------|---------------|-------------|-----------|-----------------|----------|-----------|------------------------------|------------|---------------|---------|
| PRETEST | SUPINE | 00:28 | 0.00 | 0.00 | 1.0 | 125 | 120/80 | 15000 | 0 | -0.85 | |
| | STANDING | 00:01 | 0.00 | 0.00 | 1.0 | 122 | | | 0 | -0.90 | |
| | HYPERV. | 00:42 | 0.50 | 0.00 | 1.2 | 131 | | | 0 | -0.85 | |
| EXERCISE | STAGE 1 | 03:00 | 1.70 | 10.00 | 4.6 | 166 | 130/80 | 21530 | 0 | -1.05 | |
| | STAGE 2 | 03:00 | 2.50 | 12.00 | 7.0 | 179 | 140/80 | 25060 | 0 | -1.05 | |
| | STAGE 3 | 01:07 | 3.40 | 14.00 | 10.1 | 193 | | | 0 | -0.70 | |
| RECOVERY | | 04:04 | 0.00 | 0.00 | 1.0 | 120 | 150/80 | 18000 | 0 | -0.65 | |

Patient Name : MRS RUPALI PAGARE



SPL24/10098



Age/Gender : 32 Yrs/Female

Report Date

: 15/11/2024

Ref. Dr. : MEDIWHEEL

HAEMATOLOGY REPORT

| Test Description | Result | Unit | Biological Reference Range |
|----------------------------------|---------------|------|----------------------------|
| BLOOD GROUP AND RH FACTOR | | | |
| Blood Group | 'O' | | |
| Rh Factor | POSITIVE(+VE) | | |

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Phone No. 2333851, 2334858

Patient Name : MRS RUPALI PAGARE

Age/Gender : 32 Yrs/Female

Ref. Dr. : MEDIWHEEL

**SPL24/10098**

Report Date

: 15/11/2024

**HBA1C/GLYCOCYLATED**

HbA1c Glycosilated Haemoglobin 5.2 %

Method: HPLC, NGSP certified

Estimated Average Glucose : 103 mg/dL

As per American Diabetes Association (ADA)

| Reference Group | HbA1c in % |
|---------------------------------------|--|
| Non diabetic adults >=18 years | <5.7 |
| At risk (Prediabetes) | 5.7 - 6.4 |
| Diagnosing Diabetes | >= 6.5 |
| Therapeutic goals for glycemc control | Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5 |

ADA criteria for correlation

| HbA1c(%) | Mean Plasma Glucose (mg/dL) |
|----------|-----------------------------|
| 6 | 126 |
| 7 | 154 |
| 8 | 183 |
| 9 | 212 |
| 10 | 240 |
| 11 | 269 |
| 12 | 298 |

Note:1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments:HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.

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Patient Name : MRS RUPALI PAGARE

Age/Gender : 32 Yrs/Female

Ref. Dr. : MEDIWHEEL

**SPL24/10098**

Report Date

: 15/11/2024

**BIOCHEMISTRY REPORT**

| Test Description | Result | Unit | Biological Reference Range |
|---|--------|-------|--|
| LIPID PROFILE | | | |
| Cholesterol-Total <i>Method: CHOD/PAP</i> | 147 | mg/dL | < 200 : Desirable 200-239 : Borderline risk > 240 : High risk |
| Triglycerides level <i>Method: Lipase / Glycerol Kinase)</i> | 93 | mg/dL | < 150 : Normal 150–199 : Borderline-High 200–499 : High > 500 : Very High |
| HDL Cholesterol <i>Method: CHOD/PAP</i> | 36 | mg/dL | < 40 : Low 40 - 60 : Optimal > 60 : Desirable |
| LDL Cholesterol <i>Method: Homogeneous enzymatic end point assay</i> | 92.40 | mg/dL | < 100 : Normal 100 - 129 : Desirable 130 – 159 : Borderline-High 160 – 189 : High > 190 : Very High |
| VLDL Cholesterol <i>Method: Calculation</i> | 18.60 | mg/dL | 7 - 40 |
| CHOL/HDL RATIO <i>Method: Calculation</i> | 4.08 | Ratio | 3.5 - 5.0 |
| LDL/HDL RATIO <i>Method: Calculation</i> | 2.57 | Ratio | 0 - 3.5 |

Interpretation

Lipid profile can measure the amount of Total cholesterol's and triglycerides in blood:

| Test | Comment |
|---|---|
| Total cholesterol: | measures all the cholesterol in all the lipoprotein particles |
| High-density lipoprotein cholesterol (HDL-C): | measures the cholesterol in HDL particles; often called "good cholesterol" because HDL-C takes up excess cholesterol and carries it to the liver for removal. |
| Low-density lipoprotein cholesterol (LDL-C): | measures the cholesterol in LDL particles; often called "bad cholesterol" because it deposits excess cholesterol in walls of blood vessels, which can contribute to atherosclerosis |
| Triglycerides: | measures all the triglycerides in all the lipoprotein particles; most is in the very low-density lipoproteins (VLDL). |

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Phone No. 2333851, 2334858

Patient Name : MRS RUPALI PAGARE

Age/Gender : 32 Yrs/Female

Ref. Dr. : MEDIWHEEL



SPL24/10098

Report Date

: 15/11/2024



BIOCHEMISTRY REPORT

| Test Description | Result | Unit | Biological Reference Range |
|------------------|--------|------|----------------------------|
|------------------|--------|------|----------------------------|

BLOOD SUGAR FASTING & PP (BSF & PP)

BLOOD SUGAR FASTING 82 mg/dl

Method: Hexokinase

Fasting Urine Sugar Absent

BLOOD SUGAR POST PRANDIAL 126 mg/dl

Method: Hexokinase

Postprandial Urine Sugar Absent

ADA 2019 Guidelines for diagnosis of Diabetes Mellitus

Fasting Plasma Glucose > 126 mg/dl

Postprandial Blood Glucose > 200 mg/dl

Random Blood Glucose > 200 mg/dl

HbA1c Level > 6.5%

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Patient Name : MRS RUPALI PAGARE

Age/Gender : 32 Yrs/Female

Ref. Dr. : MEDIWHEEL

**SPL24/10098**

Report Date

: 15/11/2024

**BIOCHEMISTRY REPORT**

| Test Description | Result | Unit | Biological Reference Range |
|--|--------|-------|----------------------------|
| Serum Creatinine <i>Method: Modified Jaffe's</i> | 0.7 | mg/dL | 0.60 - 1.40 |
| LIVER FUNCTION TEST (LFT) | | | |
| TOTAL BILIRUBIN <i>Method: Serum, Jendrassik Grof</i> | 0.75 | mg/dl | 0.3 - 1.2 |
| DIRECT BILIRUBIN <i>Method: Serum, Diazotization</i> | 0.22 | mg/dL | 0.0 - 0.3 |
| INDIRECT BILIRUBIN <i>Method: Serum, Calculated</i> | 0.53 | mg/dl | 0.3 - 1.0 |
| SGPT (ALT) <i>Method: Serum, UV with P5P, IFCC 37 degree</i> | 26 | U/L | 15 - 40 |
| SGOT (AST) <i>Method: Serum, UV with P5P, IFCC 37 degree</i> | 22 | U/L | 15 - 40 |
| ALKALINE PHOSPHATASE <i>Method: DGKC</i> | 82 | U/L | 33 - 98 |
| TOTAL PROTEIN <i>Method: Serum, Biuret, reagent blank end point</i> | 6.6 | g/dl | 6.0 - 8.0 |
| SERUM ALBUMIN <i>Method: Serum, Bromocresol green</i> | 3.7 | g/dl | 3.5 - 5.2 |
| SERUM GLOBULIN <i>Method: Serum, Calculated</i> | 2.90 | g/dl | 1.8 - 3.6 |
| A/G RATIO <i>Method: Serum, Calculated</i> | 1.28 | | 1.2 - 2.2 |
| Gamma Glutamyl Transferase-Serum <i>Method: Kinetic</i> | 19 | IU/L | 12 - 43 |

NOTE :

In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Non alcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

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Patient Name : MRS RUPALI PAGARE



SPL24/10098



Age/Gender : 32 Yrs/Female

Report Date

: 15/11/2024

Ref. Dr. : MEDIWHEEL

BUN 11 mg/dl 7 - 21

Method : Calculated

Clinical Significance:

Urea Nitrogen (BUN) - Urea is the principle waste product of protein catabolism. BUN is most commonly measured in the diagnosis and treatment of certain renal and metabolic diseases. Increased BUN concentration may result from increased production of urea due to (1) diet or excessive destruction of cellular proteins as occurs in massive infection and fevers, (2) reduced renal perfusion resulting from dehydration or heart failure, (3) nearly all types of kidney disease, and (4) mechanical obstruction to urine excretion such as is caused by stones, tumors, infection, or stricture. Decreased urea levels are less frequent and occur primarily in advanced liver disease and in overhydration.

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**IMMUNOASSAY REPORT**

| Test Description | Result | Unit | Biological Reference Range |
|------------------------------------|--------|-------|--|
| Thyroid Function Test (TFT) | | | |
| T3 | 134 | ng/dl | 80-253 : 1 Yr-10 Yr, 76-199 : 11 Yr-15 Yr, 69-201 :16 Yr-18 Yr, 87-173 : > 18 years, |
| T4 | 9.96 | ng/dl | 5.9-21.5 :10-31 Days, 5.9-21.5 :0-1 Month, 6.4-13.9 :2-12 Months, 6.09-12.23 :>1 Yr |
| TSH(Serum) | 3.69 | ng/dl | 0.52-16.0 :1 Day - 30 Days 0.55-7.10 :1 Mon-5 Years 0.37-6.00 :6 Yrs-18 Years 0.38-5.33 :18 Yrs-88 Years 0.50-8.90 :88 Years |

Method : ECLIA

| Clinical features of thyroid disease | | |
|--------------------------------------|-------------------------------------|-----------------------------|
| Hypothyroidism | Hyperthyroidism | Grave's disease |
| Lethargy | Tachycardia | Exophthalmos/proptosis |
| Weight gain | Palpitations (atrial fibrillation) | Chemosis |
| Cold intolerance | Hyperactivity | Diffuse symmetrical goitre |
| Constipation | Weight loss with increased appetite | Pretibial myxoedema (rare) |
| Hair loss | Heat intolerance | Other autoimmune conditions |
| Dry skin | Sweating | |
| Depression | Diarrhoea | |
| Bradycardia | Fine tremor | |
| Memory impairment | Hyper-reflexia | |
| Menorrhagia | Goitre | |
| | Palmar erythema | |
| | Onycholysis | |
| | Muscle weakness and wasting | |
| | Oligomenorrhoea/amenorrhoea | |

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**URINE EXAMINATION REPORT**

| Test Description | Result | Unit | Biological Reference Range |
|------------------|--------|------|----------------------------|
|------------------|--------|------|----------------------------|

URINE ROUTINE**Physical Examination**

| | | | |
|-----------|-------------|--|-------------|
| Colour | Pale Yellow | | Pale Yellow |
| Apperance | Clear | | Clear |
| Reaction | Acidic | | |
| Deposit | Absent | | |

Chemical Examination

| | | | |
|------------------|--------|--|--------|
| Specific Gravity | 1.005 | | |
| Albumin | Absent | | |
| Sugar | NIL | | Absent |
| Acetone | Absent | | |
| Bile Salt | Absent | | Absent |
| Bile Pigment | Absent | | Absent |

Microscopic Examination

| | | | |
|-------------------|----------|------|----------|
| RBC's | NIL | /hpf | Nil |
| Pus cells | 1-2/hpf | /hpf | 2-3/hpf |
| Epithelial Cells | NIL | /hpf | 1-2/hpf |
| Crystals | Absent | | Absent |
| Casts | Not Seen | | Not Seen |
| Amorphous Deposit | Absent | | Absent |

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|------------------|--------|------|----------------------------|
|------------------|--------|------|----------------------------|

COMPLETE BLOOD COUNT

| | | | |
|-----------------------|--------|------------|-----------------|
| Total WBC Count | 6400 | cell/cu.mm | 4000 - 11000 |
| Haemoglobin | 12.3 | g% | 11 - 16 |
| Platelet Count | 289000 | /cumm | 150000 - 450000 |
| RBC Count | 4.18 | /Mill/ul | 3.50 - 5.50 |

RBC INDICES

| | | | |
|------------------------|-------------|-------|-------------|
| Mean Corp Volume MCV | 85.2 | fL | 80 - 97 |
| Mean Corp Hb MCH | 29.4 | pg | 26 - 32 |
| Mean Corp Hb Conc MCHC | 34.6 | gm/dL | 31.0 - 36.0 |
| Hematocrit HCT | 35.6 | % | 36.0 - 48.0 |
| RDW-CV | 12.1 | % | 11.6 - 14.0 |
| RDW-SD | 33.6 | fL | 37.0 - 54.0 |

DIFFERENTIAL LEUCOCYTE COUNT

| | | | |
|-------------|-----------|---|---------|
| Neutrophils | 60 | % | 40 - 75 |
| Lymphocytes | 32 | % | 20 - 45 |
| Monocytes | 04 | % | 02 - 10 |
| Eosinophils | 04 | % | 01 - 06 |
| Basophils | 00 | % | 00 - 01 |

NOTE:

1. As per the recommendation of International council for Standardization in Hematology, the differential leukocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

| | | | |
|-----|----|-------|---|
| ESR | 09 | mm/hr | Male: 0-8 mm at 1 Hr. Female: 0-20 mm at 1 Hr. |
|-----|----|-------|---|

INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

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