REQ. DATE : 12-NOV-2022 REP. DATE : 12-NOV-2022
NAME : MRS. GAIKWAD SAVITA ASHOK
PATIENT CODE : 112555 AGE/SEX : 38 YR(S) / FEMALE
REFERRAL BY : Dr. HOSPITAL PATIENT

CHEST X-RAY PA VIEW

OBSERVATION :

Prominent bronchovascular markings are noted in both lung fields.

Heart and mediastinum are normal.

Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION :

Prominent bronchovascular markings in both lung fields ? bronchitis.

-Kindly correlate clinically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST

Dept. of Pathology

(For Report Purpose Only)

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PRN	: 112555	**Lab No**	: 11030
Patient Name	: Mrs. GAIKWAD SAVITA ASHOK	**Req.No**	: 11030
Age/Sex	: 38Yr(s)/Female		
		Collection Date & Time	: 12/11/2022 10:10 AM
Company Name	: BANK OF BARODA	**Reporting Date & Time**	: 12/11/2022 02:05 PM
Referred By	: Dr.HOSPITAL PATIENT	**Print Date & Time**	: 12/11/2022 02:07 PM

HAEMATOLOGY

HAEMOGRAM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
HAEMOGLOBIN (Hb)	: 12.4	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 37.9	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.72	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 80.3	cu micron	76 - 96
M.C.H.	: **26.3**	pg	27 - 32
M.C.H.C	: 32.7	picograms	32 - 36
RDW-CV	: 13.1	%	11 - 16
WBC TOTAL COUNT	: 4740	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 232000	cumm	150000 - 450000

WBC DIFFERENTIAL COUNT

NEUTROPHILS	: **50**	%	ADULT : 40 - 70 CHILD : : 20 - 40
ABSOLUTE NEUTROPHILS	: 2370	µL	2000 - 7000
LYMPHOCYTES	: **30**	%	ADULT : 20 - 40 CHILD : : 40 - 70
ABSOLUTE LYMPHOCYTES	: 1422	µL	1000 - 3000
EOSINOPHILS	: **05**	%	01 - 04
ABSOLUTE EOSINOPHILS	: 237	µL	20 - 500
MONOCYTES	: **15**	%	02 - 08
ABSOLUTE MONOCYTES	: 711	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

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Technician

Report Type By :- ASHWINI LONDHE

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PRN	: 112555	**Lab No**	: 11030
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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC MORPHOLOGY	: Predominantly Normocytic Normochromic, Mild Hypochromic		
WBC MORPHOLOGY	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

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

END OF REPORT

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PATIENT SAFETY & QUALITY OF CARE — NABH (ENTRY LEVEL) — PRE ACCREDITED

PRN	: 112555	**Lab No**	: 11030
Patient Name	: Mrs. GAIKWAD SAVITA ASHOK	**Req.No**	: 11030
Age/Sex	: 38Yr(s)/Female		
		Collection Date & Time	: 12/11/2022 10:10 AM
Company Name	: BANK OF BARODA	**Reporting Date & Time**	: 12/11/2022 01:26 PM
Referred By	: Dr.HOSPITAL PATIENT	**Print Date & Time**	: 12/11/2022 01:33 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES

HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP	:	"B"
RH FACTOR	:	POSITIVE

NOTE : This is for your information only.
Kindly note that any blood or blood product transfusion or therapeutic intervention has to be done after confirmation of blood group by concerned authorities.
In infants (< 6 months age), please repeat Blood Group after 6 months of age for confirmation.

END OF REPORT

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Referred By	: Dr.HOSPITAL PATIENT	**Print Date & Time**	: 12/11/2022 01:33 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
HAEMATOLOGY			
ESR			
ESR MM (AT The End of 1 Hr.) By Westergren Method	: **35**	mm/hr	Male : 0 - 15 Female : 0 - 20

END OF REPORT

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Referred By	: Dr.HOSPITAL PATIENT	**Print Date & Time**	: 12/11/2022 02:07 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
BIOCHEMISTRY			
BSL-F & PP			
Blood Sugar Level Fasting	: 101	MG/DL	60 - 110
Blood Sugar Level PP	: 96	MG/DL	70 - 140

END OF REPORT

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PRN	: 112555	**Lab No**	: 11030
Patient Name	: Mrs. GAIKWAD SAVITA ASHOK	**Req.No**	: 11030
Age/Sex	: 38Yr(s)/Female		
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Referred By	: Dr.HOSPITAL PATIENT	**Reporting Date & Time**	: 12/11/2022 01:26 PM
		Print Date & Time	: 12/11/2022 01:34 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
BIOCHEMISTRY			
LFT (Liver function Test)			
BILIRUBIN TOTAL (serum)	: 0.7	MG/DL	INFANTS : 1.2 - 12.0 ADULT : : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.3	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.40	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 31	IU/L	5 - 40
S.G.P.T (serum)	: 32	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 106	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : : 67 - 382 ADULT : : 36 - 113
PROTEINS TOTAL (serum)	: 7.6	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.0	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 3.60	GM/DL	1.8 - 3.6
A/G RATIO	: 1.11		1.2 - 2.1

END OF REPORT

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AiMS Hospital & Research Center
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		Collection Date & Time	: 12/11/2022 10:10 AM
Company Name	: BANK OF BARODA	**Reporting Date & Time**	: 12/11/2022 01:26 PM
Referred By	: Dr.HOSPITAL PATIENT	**Print Date & Time**	: 12/11/2022 01:36 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
BIOCHEMISTRY			
RFT (RENAL FUNCTION TEST)			
BIOCHEMICAL EXAMINATION			
UREA (serum)	: 16	MG/DL	0 - 45
UREA NITROGEN (serum)	: 7.47	MG/DL	7 - 21
CREATININE (serum)	: 0.6	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 4.7	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7
SERUM ELECTROLYTES			
SERUM SODIUM	: 140	mEq/L	136 - 149
SERUM POTASSIUM	: 4.0	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 102	mEq/L	98 - 107

END OF REPORT

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Referred By	: Dr.HOSPITAL PATIENT	**Reporting Date & Time**	: 12/11/2022 01:26 PM
		Print Date & Time	: 12/11/2022 01:37 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
ENDOCRINOLOGY			
TFT (THYROID FUNCTION TEST)			
T3-Total (Tri iodothyronine)	: 1.55	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: **12.2**	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 2.99	µIU/mL	0.465 - 4.68

NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid harmone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid land, possibly due to autoantibody disease, possibly due to toxic stress or possit due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition thre is inadequte thyroic stimulating harmone (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 yaking T3 as part of their thyroid supplement need t 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
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd 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

Dr. Ashwini Vishal Karale
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Technician

Report Type By :- LATA RANAWADE

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

SAVITA GAIKWAD

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: 122142332
Collection Date:
12-11-2022 01:46 PM
Registration Date:
12-11-2022 01:46 pm
Report Date:
12-11-2022 04:10 PM

OPD 11030

REPORT

Age:38.00 Years Sex:FEMALE

Test Description	Observed Value	Biological Reference Interval
Lipid Profile Mini :		
Cholesterol (Total), serum by Enzymatic method	194	Desirable : < 200 mg/dL Borderline high : 200 - 239 mg/dL High : >/= 240 mg/dL
Triglycerides, serum by Enzymatic method	80	Normal : < 150 mg/dL Borderline high : 150-199 mg/dL High : 200-499 mg/dL Very high : >/= 500 mg/dL
HDL Cholesterol, serum by Enzymatic method	49	Males : > 40 mg/dL Females : > 50 mg/dL
VLDL Cholestrol, serum by calculation	16	< 30 mg/dL
LDL Cholesterol, serum by calculation	129	Optimal : <100 mg/dL Near optimal/above optimal : 100-129 mg/dL Borderline high : 130-159 mg/dL High : 160-189 mg/dL Very high : >/= 190 mg/dL
Cholesterol(Total)/HDL Cholesterol Ratio	3.96	Males : Acceptable ratio </= 5.00 Females : Acceptable ratio </= 4.50
LDL Cholesterol/HDL Cholesterol Ratio	2.63	Males : Acceptable ratio </= 3.60 Females : Acceptable ratio </= 3.20

Reference : ATP III, NCEP Guidelines and National Lipid Association (NLA) 2014 Recommendations

As per most international and national guidelines including Lipid Association of India 2016 :

1. Lipoprotein and lipid levels should be considered in conjunction with other atherosclerotic cardiovascular disease (ASCVD) risk determinants to assess treatment goals & strategies. 2. Non-fasting lipid levels can be used in screening & in general risk estimation.

Note : Estimation of LDL-Cholesterol by direct method is recommended when Triglyceride > 400 mg/dl

MC-3143

Dr Girish Dnyandeo Solanke
MBBS,MD(Path) Regn.No.2010/05/1989
A.G Diagnostics Pvt. Ltd.

SAVITA GAIKWAD

Ref.:Dr.--
Sample Collected At:
Lorea Healthcare Private Limited
Survey No 154, AIMS Road
Near AiMS Square or Panhar Chowk,
Aundh, Pune 411007 Zone SHIVA

SID: 122142332
Collection Date:
12-11-2022 01:46 PM
Registration Date:
12-11-2022 01:46 pm
Report Date:
12-11-2022 04:10 PM

Age:38.00 Years Sex:FEMALE

REPORT

Test Description	Observed Value	Biological Reference Interval
Glycated Hemoglobin (HbA1C), by HPLC	5.70	4.0 to 5.6 %
Estimated Average Glucose (eAG)	117	mg/dL

Interpretation :
HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

For diagnosis of Diabetes Mellitus (>/= 18 yrs of age) :
5.7 % - 6.4 % : Increased risk for developing diabetes.
>/= 6.5 % : Diabetes

Therapeutic goals for glycemic control :
Adults : < 7%
Toddlers and Preschoolers : < 8.5% (but > 7.5 %)
School age (6-12 yrs) : < 8%
Adolescents and young adults (13 - 19 yrs) : < 7.5 %
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
In patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC), HbA1c cannot be quantitated as there is no HbA. In such circumstances glycemic control needs to be monitored using alternative methods like plasma glucose levels or serum Fructosamine.

Estimated Average Glucose (eAG) :
1. eAG is an estimated average of blood glucose level over previous 8-12 weeks.
2. HbA1C and eAG have a linear relationship.
3. The eAG is not a substitute for fasting and post prandial blood sugar measurements as prescribed by your physician or home blood glucose monitoring.

Ref : American Diabetes Association (Standards of Medical Care in Diabetes - 2022)

End of Report

MC-3143

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(For Report Purpose Only)

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PRN	: 112555	**Lab No**	: 11030
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		Collection Date & Time	: 12/11/2022 10:10 AM
Company Name	: BANK OF BARODA	**Reporting Date & Time**	: 12/11/2022 02:40 PM
Referred By	: Dr.HOSPITAL PATIENT	**Print Date & Time**	: 12/11/2022 02:42 PM

CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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	: 2-3	/hpf	
RBC CELLS	: ABSENT	/ hpf	
EPITHELIAL CELLS	: 5-6	/hpf	
CASTS	: ABSENT	/hpf	
CRYSTALS	: ABSENT		
OTHER FINDINGS	: ABSENT		
BACTERIA	: ABSENT		

END OF REPORT

Dr. Ashwini Vishal Karale
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Technician

Report Type By :- LATA RANAWADE

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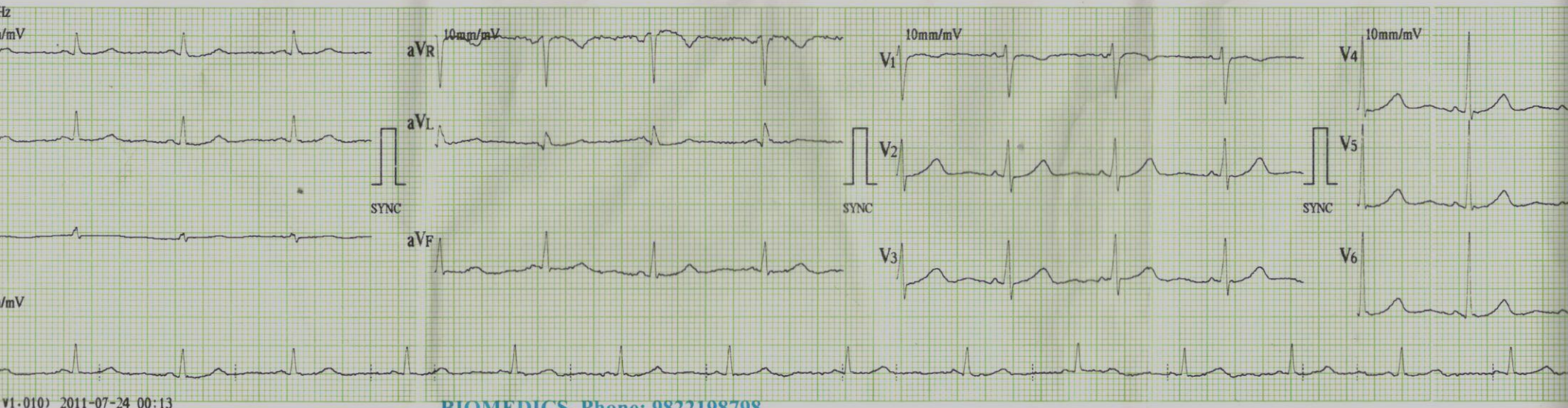
Pathologist



Dept. of Radiology

(For Report Purpose Only)

AiMS Hospital & Research Center
Caring Redefined

REQ. DATE : 12-NOV-2022 REP. DATE : 12-NOV-2022
NAME : MRS. GAIKWAD SAVITA ASHOK
PATIENT CODE : 112555 AGE/SEX : 38 YR(S) / FEMALE
REFERRAL BY : HOSPITAL PATIENT

USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size (12.1 cm), shape & echotexture. No focal lesion / IHBR dilatation.

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

Spleen : Is normal in size (10.2 cm), 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 : 9.5 x 3.7 cm.
Left kidney measures : 9.0 x 3.6 cm.

Urinary bladder : Moderately distended, normal.

Uterus : Anteverted, normal in size (5.4 x 3.0 x 3.3 cms), shape, echotexture. No fibroid. Endometrium show normal appearance. ET = 6.9 mm.

Both ovaries : show normal features. Adnexa clear.

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

IMPRESSION :

No significant abnormality noted in the present study.

- Kindly co-relate clinically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST

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PATIENT CODE : 112555 AGE/SEX : 38 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.

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