



Patient Name	: Mrs.PATIL SWAPNIL	Bill Date	: 22-03-2023 08:55 AM
Age / Gender	: 36 Y(s) /Female	Collected Date	: 22-03-2023 09:03 AM
Bill No/UHID No	: PS004586/P00000498824	Report Date	: 22-03-2023 04:00 PM
Lab No/Result No	: 2300014807/24912	Specimen	: SERUM
Referred By	: HOSPITAL CASE	Processing Loc	: RHC Hinjawadi

Department Of Laboratory -BIOCHEMISTRY

<u>Investigation</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
UREA NITROGEN(BUN)	: 10.7	6.0 - 20.0 mg/dL	Calculated
UREA	: 22.9	17.1-49.2 mg/dL	Urease
CALCIUM	: 9.6	8.6 - 10.2 mg/dL	Arsenazo
CREATININE	: 0.5	0.5 - 1.2 mg/dL	Enzymatic
<u>ELECTROLYTES (Na & K)</u>			
SODIUM	: 143.0	136.0 - 145.0 mmol/L	Potentiometric
POTASSIUM	: 4.88	3.5 - 5.1 mmol/L	Potentiometric
<u>GLUCOSE (FASTING)</u>			
GLUCOSE (FASTING).	: 92.0	Prediabetic : 100 - 125 mg/dL Diabetic : >= 126 mg/dL Normal : < 100.0 mg/dL	GOD-POD

REFERENCE : ADA 2015 GUIDELINES

LIVER FUNCTION TEST

TOTAL BILIRUBIN	: 0.6	0.3 - 1.2 mg/dL	Diazo
DIRECT BILIRUBIN	: 0.3	0-0.4 mg/dL	Diazo
INDIRECT BILIRUBIN	: 0.3	0.0 - 0.8 mg/dL	Diazo
ALANINE TRANSAMINASE	: 28.0	<35 U/L	Kinetic
ASPARTATE TRANSAMINASE	: 28.0	10.0 - 40.0 U/L	Kinetic
ALKALINE PHOSPHATASE	: 65.0	30.0 - 115.0 U/L	4NPP/AMP BUFFER
TOTAL PROTEIN	: 8.1	6.0 - 8.0 g/dl	Biuret
ALBUMIN	: 4.7	3.5-4.8 g/dl	BCG
GLOBULIN	: 3.4	2.3-3.5 gm/dL	Calculated
A/G RATIO	: 1.38		Calculated

LIPID PROFILE

CHOLESTEROL	: 149.0	130.0 - 220.0 mg/dL	Enzymatic
TRIGLYCERIDES	: 51.0	35.0 - 180.0 mg/dL	Enzymatic
HDL CHOLESTEROL	: 59.0	35-65 mg/dL	Enzymatic
LDL CHOLESTEROL	: 79.8	10.0 - 130.0 mg/dL	Calculated
VLDL CHOLESTEROL	: 10.2	5.0-36.0 mg/dL	Calculated
CHOL/HDL RATIO	: 2.53	2.0-6.2	Calculated

PHOSPHOROUS

PHOSPHORUS	: 4.5	2.7-4.5 mg/dL	Phospho Molybdate
GLUCOSE (POST PRANDIAL)	: 130	60-140 mg/dL	GOD-POD

T3-T4-TSH

Tri-iodothyronine, (Total T3)	: 1.14	0.87-1.78 ng/ml	ECLIA
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Bill No/UHID No	: PS004586/P00000498824	Report Date	: 22-03-2023 03:21 PM
Lab No/Result No	: 2300014807/24912	Specimen	: SERUM
Referred By	: HOSPITAL CASE	Processing Loc	: RHC Hinjawadi

Department Of Laboratory -BIOCHEMISTRY

<u>Investigation</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
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T3-T4-TSH

THYROXINE (T4), TOTAL	: 7.29	5.5 - 11.0 ug/dl	ECLIA
THYROID STIMULATING HORMONE (ULTRA).	: 1.39	0.28-3.89 uIU/mL	ECLIA

TSH - For pregnancy the referance range is as follows -
1st -trimester : 0.6 - 3.4 uIU/mL
2nd trimester : 0.37 - 3.6 uIU/mL
3rd trimester : 0.38 - 4.04 uIU/mL

TOTAL PROTEIN	: 8.1	6.0 - 8.0 g/dl	Biuret
ALBUMIN	: 4.7	3.5-4.8 g/dl	BCG
GLOBULIN	: 3.4	2.3-3.5 gm/dL	Calculated
A/G RATIO	: 1.38		Calculated
URIC ACID	: 5.0	2.6 - 6.0 mg/dL	Uricase

*** End Of The Report ***

Note : This test is performed on automated analyzer - VITROS250

Dr.Anjana Sanghavi
Consultant Pathologist

Verified By
Shrikant.A

NOTE :

- * Clinically correlate, Kindly discuss if necessary.
- * This report relates only to the item received.
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Age / Gender	: 36 Y(s) /Female	Collected Date	: 22-03-2023 09:03 AM
Bill No/UHID No	: PS004586/P00000498824	Report Date	: 22-03-2023 03:36 PM
Lab No/Result No	: 2300014809-G/24912	Specimen	: WHOLE BLOOD
Referred By	: HOSPITAL CASE	Processing Loc	: RHC Hinjawadi

Department Of Laboratory -HAEMATOLOGY

<u>Investigation</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
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GLYCOSYLATED HAEMOGLOBIN (HbA1C)

GLYCOSYLATED HAEMOGLOBIN : 5.7
(HBA1c)

Prediabetic : 5.7 - 6.4 %
Diabetic : >= 6.5 %
Therapeutic Target : <7.0 %

HPLC

REFERENCE : ADA 2015 GUIDELINES

*** End Of The Report ***

Note : This test is performed on automated analyzer - BIORAD D10

Dr.Anjana Sanghavi
Consultant Pathologist

Verified By
AMOL

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Patient Name	: Mrs.PATIL SWAPNIL	Bill Date	: 22-03-2023 08:55 AM
Age / Gender	: 36 Y(s) /Female	Collected Date	: 22-03-2023 09:03 AM
Bill No/UHID No	: PS004586/P00000498824	Report Date	: 22-03-2023 03:15 PM
Lab No/Result No	: 2300014808/24912	Specimen	: URINE
Referred By	: HOSPITAL CASE	Processing Loc	: RHC Hinjawadi

Department Of Laboratory -CLINICAL PATHOLOGY

<u>Investigation</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
<u>URINE ROUTINE</u>			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	: Pale Yellow		Colourometry
APPEARANCE	: Clear		
<u>CHEMICAL TEST</u>			
PH	: 5.5	5.0-7.0	
SPECIFIC GRAVITY	: 1.015	1.015-1.030	
ALBUMIN	: Absent	Abset	
URINE SUGAR	: Absent	Absent	
KETONE BODIES	: Absent	Absent	
BILE PIGMENTS/ BILIRUBIN	: Absent	Absent	
UROBILINOGEN	: Normal	Normal	
NITRITES	: Absent	Absent	
LEUCOCYTES ESTERASE	: Absent	Absent	
<u>MICROSCOPIC TEST</u>			
PUS CELLS.	: 1-2	0 - 5 /hpf	
RED BLOOD CELLS.	: Absent	0 - 2 /hpf	
EPITHELIAL CELLS.	: 2-3	0-5 /hpf	
BACTERIA	: Absent	Absent	Fluorescence Flowcytometry
CAST	: Absent	Absent	
YEAST CELLS	: Absent	Absent	MICROSCOPY
CRYSTALS	: Absent	Absent	
OTHERS	: Absent	Absent	

*** End Of The Report ***

Note : This test is performed on automated analyzer - URI PLUS200

Verified By
Ruhi S


Dr.Anjana Sanghavi
Consultant Pathologist

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Age / Gender	: 36 Y(s) /Female	Collected Date	: 22-03-2023 09:03 AM
Bill No/UHID No	: PS004586/P00000498824	Report Date	: 22-03-2023 03:25 PM
Lab No/Result No	: 2300014809/24912	Specimen	: WHOLE BLOOD
Referred By	: HOSPITAL CASE	Processing Loc	: RHC Hinjawadi

Department Of Laboratory -HAEMATOLOGY

<u>Investigation</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
BLOOD GROUP	: B RH POSITIVE		
<u>Erythrocyte Sedimentation Rate</u>			
ESR at 1 Hour	: 12	0 - 20 mm/hr	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 monitor course of disease or response to therapy if initially elevated.

*** End Of The Report ***

**Dr.Anjana Sanghavi
Consultant Pathologist**

Verified By
Ruhi S

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Age / Gender	: 36 Y(s) /Female	Collected Date	: 22-03-2023 09:03 AM
Bill No/UHID No	: PS004586/P00000498824	Report Date	: 22-03-2023 02:27 PM
Lab No/Result No	: 2300014809/24912	Specimen	: WHOLE BLOOD
Referred By	: HOSPITAL CASE	Processing Loc	: RHC Hinjawadi

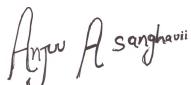
Department Of Laboratory -HAEMATOLOGY

<u>Investigation</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
HAEMOGRAM REPORT			
W.B.C.COUNT	: 6180	4000-11000 /ul	Coulter Principle
NEUTROPHILS	: 55.9	40-75 %	Derived from WBC Histogram
LYMPHOCYTES	: 33.3	20-40 %	Fluorescence flow cytometry
MONOCYTES	: 3.9	2-10 %	MAPSS
EOSINOPHILS	: 6.0	1.0-6.0 %	MAPSS
BASOPHILS	: 0.9	0.0-1.0 %	Fluorescence flow cytometry
%IMMATURE GRANULOCYTES	: 0.01	0.00-0.10 %	Fluorescence flow cytometry
ABSOLUTE NEUTROPHIL COUNT	: 3.44	2-7 x10 ³ cells/ul	Calculated
ABSOLUTE LYMPHOCYTE COUNT	: 2.06	1 - 3 x10 ³ cells/ul	Calculated
ABSOLUTE MONOCYTE COUNT	: 0.24	0.2-1.0 x10 ³ cells/ul	Calculated
ABSOLUTE EOSINOPHIL COUNT	: 0.37	0.02-0.5 x10 ³ cells/ul	Calculated
ABSOLUTE BASOPHIL COUNT	: 0.06	0.02-0.1 x10 ³ cells/ul	Calculated
R.B.C COUNT	: 4.82	3.8 - 5.8 million/ul	Coulter Principle
HAEMOGLOBIN	: 11.5	12 - 15.0 g/dl	Cyanmethemoglobin Photometry
HAEMATOCRIT	: 33.6	36-46 %	Calculated
MCV	: 69.7	83 - 99 fl	Coulter Principle
MCH	: 23.8	27-32 pg	Calculated
MCHC	: 34.1	31.5-34.5 g/dl	Calculated
RDW	: 13.4	11.6-14.0 %	Calculated From RBC Histogram
PLATELET COUNT	: 441	150 - 450 x10 ³ /ul	Coulter Principle
MPV	: 8.7	7.8-11 fl	Coulter Principle
RBC MORPHOLOGY	: Normocytic Normochromic		
WBC MORPHOLOGY	: Within normal range		
PLATELET	: Adequate		

*** End Of The Report ***

Note : This test is performed on automated analyzer - HORIBA YUMIZEN H550

Verified By
Ruhi S


Dr.Anjana Sanghavi
Consultant Pathologist

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2DECHO&DOPPLER REPORT

NAME: MRS. PATIL SWAPNIL AGE: 36 Yrs/F DATE: 22 /03 /2023

MITRAL VALVE: has thin leaflets with normal subvalvar motion.

No mitral regurgitation .

AORTIC VALVE : has three thin leaflets with normal opening

No aortic regurgitation.

PULMONARY VALVE; NORMAL,

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.

TRICUSPID VALVE & PULMONARY VALVES : normal.

Trivial TR, No PH.

No pericardial effusion.

M- MODE :

AORTA	LA	LVI DD	LVIDS	IVS	PW	LVEF
27mm	26mm	45mm	21mm	10mm	10mm	60%

**IMP : Normal LV Systolic function. EF-60%.
 No diastolic dysfunction
 No RWMA at rest
 Normal Valves and Chambers
 IAS & IVS Intact
 No clot / vegetation / thrombus / pericardial effusion.**



DR. YATIN B. VISAVE
CONSULTANT RADIOLOGIST
MBBS,DMRD(RADIOLOGY)
Regd. No. 090812



Grant Medical Foundation

Ruby Hall Clinic

Hinjawadi

Name: PATIL SWAPNIL .
Age : 036 Years
Gender: F
PID: P00000498824
OPD :

Exam Date : 22-Mar-2023 09:07
Accession: 92633142243
Exam: CHEST X RAY
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: 22-Mar-2023 14:43:21



Grant Medical Foundation

Ruby Hall Clinic

Hinjawadi

Name: PATIL SWAPNIL.
Age : 036Y
Gender: F
PID: P00000498824
OPD :

Exam Date : 22-Mar-2023 09:37
Accession: 92606094051
Exam: 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 10.4 x 5.0 cms. Left kidney measures 11 x 5.2 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 well distended. Wall thickness is normal. No mass lesion or calculus is seen.

Uterus is normal in size and echotexture. It measures 7.7 x 5.0 x 3.4 cm. Endometrium is central. No focal lesion is seen.

Both ovaries are normal. No adnexal pathology is seen.

RO : 2.5 x 2.5 cm , LO : 2.4 x 2.3 cm.

Visualised bowel loops are non-dilated and show normal peristalsis.
There is no ascites or significant lymphadenopathy seen.

IMPRESSION : No significant abnormality noted.

Suggest : Clinical Correlation.

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

Date: 22-Mar-2023 14:51:11



Grant Medical Foundation

Ruby Hall Clinic

Hinjawadi
Miss Swapnil Patil

34/F.

22/03/23

. K/c/o GERD

. clo

. Breathlessness on exertion

FIH

Father - HTN
Mot HH

BP - 128/90

S/E

NAB.

Tab Pan D

1 — 0 — 0
Before
Breakfast

x 10 days.

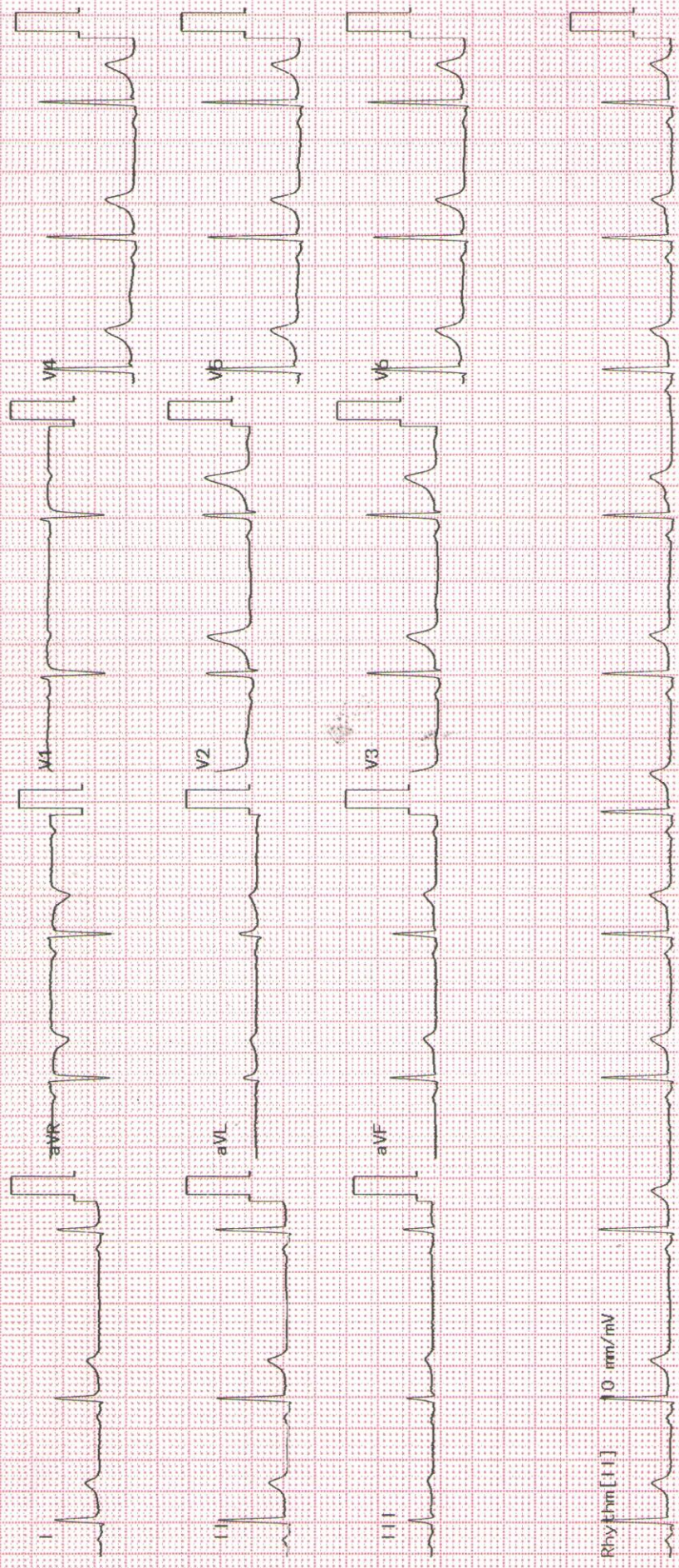
MRS. PATIL SWAPNIL
 Ref: PS004586-Reg: OPS00003405
 36.9.11/F - NH - 22/03/2023
 P00000498824 -

Sex: F
 Name: swapnil
 Birth date: /
 34 years
 1100 Sinus rhythm
 1102 Sinus arrhythmia
 9110 ** normal ECG **

Medication:
 Symptoms:
 History:
 Vent. rate: 65 bpm
 PR int: 136 ms
 QRS dur: 68 ms
 QT/QTc(E) int: 366/378 ms
 P/QRS/T axis: 44/50/40 °
 RV5/SV1 amp: 1.65/0.93 mV
 RV5+SV1 amp: 2.58 mV

Unconfirmed Report
 Reviewed by:

10 mm/mV 25 mm/s Filter: H50 D 35 Hz 10 mm/mV 10 mm/mV 10 mm/mV



Rhythm [H] 10 mm/mV



Grant Medical Foundation
Ruby Hall Clinic
 Hinjawadi

Rajeev Gandhi Infotech Park, MIDC, Phase No. 1, Plot No P-33, Hinjawadi, Pune - 411057.

• Ph: 020 66999999 • Email : hinjawadi@rubyhall.com • 24 hrs Helpline - 8554802253 • Website : www.rubyhall.com

OPHTHALMOLOGY

NAME : *PATIL, SWAPNIL*

AGE : *361R*

R -4.75 -0.5 X30 • **L** - 5.75 SPH

1) Vision $\left\{ \begin{array}{l} \text{unaided} \text{ --- } 6/6 \\ \text{c glasses} \text{ --- } -1- \end{array} \right.$

2) Near Vision $\left\{ \begin{array}{l} \text{unaided} \text{ --- } 6/6 \\ \text{c glasses} \text{ --- } -1- \end{array} \right.$

3) Binocular Vision _____

4) Colour Vision *NAD*

5) Tension _____

6) Anterior Segment _____

7) Pupils _____

8) Lens _____

9) Media & Fundus _____

10) Remarks _____

Date : *22/07/22*

[Signature]
 (Signature)