



भारत सरकार
GOVERNMENT OF INDIA



सुनिता संदीप रोकडे
Sunita Sandeep Rokade
जन्म वर्ष YoB: 1988
महिला Female



5560 5548 222

आधार - सामान्य माणसाचा अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता:
ॲट उंदीरगाव उंदीरगाव,
उंदिरगाव, हरीगाव,
अहमदनगर
महाराष्ट्र, 413718

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At undirgav undirgav,
Undirgaon, Harigaon,
Ahmadnagar
Maharashtra, 413718

Aadhaar - Aam Aadmi ka Adhikar



SAAKSHI

DIAGNOSTICS Health Care Solutions

An ISO 9001-2015
Certified Centre



Regd. No. PH/CSP/RH-MAVAL/1572/2018

Emerald Park, Parandwadi Road, Somatane Phata, Somatanegaon, Tal. Maval, Dist. Pune - 410 506

sakshidiagnostic18@gmail.com + 91 7888123458 / 9028311541 / 9040583030 www.saakshidiagnostic.com

Patient Name: Sunita Rokade	Age: 39Yrs/Female
Ref by: Apollo	Date: 09/09/2023

CHEST X RAY PA VIEW

Visualized lung fields grossly normal.
Heart and mediastinum appear normal.
Both the costo-phrenic angles clear.
Both the domes of diaphragm appear normal.
Bony thorax grossly appears normal.

Impression :

➤ **NO SIGNIFICANT ABNORMALITY NOTED.**

Adv: Clinical correlation and further imaging if clinically indicated.

**DR ROHANKUMAR SADAR
CONSULTING RADIOLOGIST**

Health Care Solutions

• MRI 1.5 TESLA • CT SCAN WITH INJECTOR • PATHOLOGY • MICROBIOLOGY • SONOGRAPHY 4D • CLOUR DOPPLER • 2D ECHO • DIGITAL X-RAY
• MAMMOGRAPHY • AUDIOMETRY • OPHTHALMOLOGY • TMT / BMD • UROFLOWMETRY • EMG, NCV, EEG, ECG • DENTAL CHECKUP





NAME : Mrs. Sunita Rokade	DATE : 09/09/2023
REF BY : Apollo	AGE : 39/SEX : F

2D echo report

Parameters	Measured	
LVIDD	43	mm
LVIDS	28	mm
IVS	9	mm
PW	9	mm
Aorta	26	mm
LA diameter	29	Mm

Normal chamber size
Regional wall motion abnormalities- Absent
LVEF- 60 %
Valves- normal
IAS/IVS Intact
No clots/effusion/ vegetations
IVC not dilated.

COLOUR DOPPLER STUDY

No AR
Minimal MR
Mild TR
No significant gradient across Aortic valve
No significant pulmonary hypertension

Impression-

No significant abnormality

Dr. Sandeep D. Bendale
MD

Health Care Solutions



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PATIENT ID : 427 SAMPLE ID : 92177 REG.DATE : 09-09-2023
PATIENT NAME : MRS. SUNITA ROKADE AGE / SEX : 39 YEARS / FEMALE
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

COMPLETE BLOOD COUNT (CBC)

Investigation	Result	Unit	Reference Range
HAEMOGLOBIN	: 11.5	g/dl	11.0 - 14.5

RBC PARAMETERS

Total RBC Count	: 4.39	mil/cmm	3.9 - 5.1
PCV (Haematocrit)	: 35.5	%	33.0 - 45.0
MCV	: 80.9	fl	75 - 96
MCH	: 26.2	pg	25 - 32
MCHC	: 32.4	g/dl	30 - 36
RDW-CV	: 14.1	%	11.5 - 15.3
RDW-SD	: 43.5	fL	36.0 - 56.0

WBC PARAMETERS

Total WBC Count	: 5500	/cmm	4000 - 11000
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WBC DIFFERENTIAL COUNT

Neutrophils	: 51.4	%	40 - 70
Lymphocytes	: 40.8	%	20 - 45
Eosinophils	: 1.8	%	0 - 4
Monocytes	: 5.4	%	0 - 10
Basophils	: 0.6	%	0 - 1

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	: 2827.0	/cmm	1600 - 7700
LYMPHOCYTES	: 2244.0	/cmm	800 - 4950
EOSINOPHILS	: 99.0	/cmm	40 - 440
MONOCYTES	: 297.0	/cmm	100 - 1200
BASOPHILS	: 33.0	/cmm	0 - 100

PLATELET PARAMETERS

Platelet Count	: 218000	/cmm	150000 - 450000
MPV	: 9.6	fl	6 - 12
PDW	: 15.4	%	8 - 18
PCT	: 0.210	%	0.15 - 0.5



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REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

COMPLETE BLOOD COUNT (CBC)

Investigation	Result	Unit	Reference Range
PERIPHERAL SMEAR EXAMINATION			
RBC Morphology	: Normocytic Normochromic		
WBC Morphology	: Within Normal Limits		
Platelet Morphology	: Adequate On Smear		
Malarial Parasite Thick & Thin Smear	: Malarial Parasite Not seen		

Technology : BC5150 - Automated 5 part Haematology Analyzer

Method :

Haemoglobin : Photometry

Total WBC Count : Electrical impedance

Differential WBC Count : Flow Cytometry (FCM) + Laser scatter + Chemical dye method

Total RBC Count : Electrical impedance

Platelete Count : Electrical impedance

Staining & Microscopy

Note :

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood

2. Test conducted on EDTA whole blood

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MD (Path) DPB
(Reg No : 89089)



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PATIENT ID	: 427	SAMPLE ID	: 92175	REG.DATE	: 09-09-2023
PATIENT NAME	: MRS. SUNITA ROKADE	AGE / SEX	: 39 YEARS / FEMALE	REPORT DATE	: 09-09-2023
REF BY	: APOLLO CLINIC				

BLOOD GROUPING & Rh TYPING

Investigation

Result

BLOOD GROUP & RH TYPE

: A Rh Positive

Method : haemagglutination

This is screening method of blood group . Confirmation should be done by reverse & forward grouping method.

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PATIENT ID : 427 SAMPLE ID : 92178 REG.DATE : 09-09-2023
 PATIENT NAME : MRS. SUNITA ROKADE AGE / SEX : 39 YEARS / FEMALE
 REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

ESR-ERYTHROCYTE SEDIMENTATION RATE

Investigation	Result	Unit	Reference Range
ESR	: 18	mm/hr	Infant/Child : 0 - 10 mm Adult Male < 50 Yrs : 0 - 15 mm > 50 Yrs : 0 - 20 mm Adult Female < 50 Yrs : 0 - 20 mm > 50 Yrs : 0 - 30 mm

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37°C.
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.

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PATIENT ID : 427 SAMPLE ID : 92180 REG.DATE : 09-09-2023
PATIENT NAME : MRS. SUNITA ROKADE AGE / SEX : 39 YEARS / FEMALE
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

BLOOD SUGAR FASTING AND POST PRANDIAL

Investigation	Result	Unit	Reference Range
BLOOD SUGAR FASTING	: 96.0	mg/dl	Normal : < 100.0 Prediabetes : 100.0 - 125.0 Diabetes : => 126.0
BLOOD SUGAR POST PRANDIAL II HR	: 101.2	mg/dl	Normal : < 140.0 Prediabetes : 140.0 - 199.0 Diabetes : => 200.0

Test Method : Glucose oxidase-peroxidase - Photometry

Note:

Reference range of blood sugar are given as per guidance of American Diabetes Association (ADA)

Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

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PATIENT ID : 427 SAMPLE ID : 92171 REG.DATE : 09-09-2023
 PATIENT NAME : MRS. SUNITA ROKADE AGE / SEX : 39 YEARS / FEMALE
 REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

URINE SUGAR FASTING & PP

<u>Investigation</u>	<u>Result</u>	<u>Reference Range</u>
URINE SUGAR FASTING	: Absent	Absent
URINE SUGAR PP (2 HRS)	: Absent	Absent

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PATIENT ID : 427 SAMPLE ID : 92173 REG.DATE : 09-09-2023
PATIENT NAME : MRS. SUNITA ROKADE AGE / SEX : 39 YEARS / FEMALE
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

LIVER FUNCTION TEST

Investigation	Result	Unit	Reference Range
TOTAL BILIRUBIN	: 0.6	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	: 0.2	mg/dL	0.0 - 0.5
INDIRECT BILIRUBIN	: 0.4	mg/dL	0.1 - 1.0
TOTAL PROTEIN	: 6.9	gm/dL	6.4 - 8.3
ALBUMIN	: 4.0	g/dL	3.5 - 5.5
GLOBULIN	: 2.9	g/dL	2.3 - 3.5
A/G RATIO	: 1.38		1.25 - 2.5
SGOT (AST)	: 29.0	IU/L	5 - 40
SGPT (ALT)	: 25.0	IU/L	5 - 41
ALKALINE PHOSPHATASE	: 68.0	IU/L	39.0 - 118.0

Test Method :

Billirubin Total : Diazo With Sulphanalic Acid - Photometry
Billirubin Direct : Diazo With Sulphanalic Acid - Photometry
Billirubin Indirect : Calculated

Total Protein : Biuret - Endpoint Photometry
Albumin : Bromseal Green - Endpoint Photometry
Globulin : Calculated

SGOT : IFCC - Kinetic SGPT : IFCC - Kinetic ALP : AMP Buffer IFCC - Kinetic

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PATIENT ID : 427 SAMPLE ID : 92172 REG.DATE : 09-09-2023
PATIENT NAME : MRS. SUNITA ROKADE AGE / SEX : 39 YEARS / FEMALE
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

LIPID PROFILE

Investigation	Result	Unit	Reference Range
SERUM TOTAL CHOLESTEROL	: 164.0	mg/dl	Desirable : < 200 mg/dl Borderline high : 200-239 mg/dl High : >= 240 mg/dl
SERUM TRIGLYCERIDES	: 107.0	mg/dl	Normal : < 150 mg/dl Borderline high : 150 - 199 mg/dl High : 200 - 499 mg/dl Very high : >=500 mg/dl
SERUM HDL CHOLESTEROL (Direct)	: 46.0	mg/dl	Desirable : > 60.0 mg/dl Borderline Risk : 40.0 - 60.0 mg/dl High risk : < 40 mg/dl
SERUM LDL CHOLESTEROL (Direct)	: 96.6	mg/dl	Optimal : < 100 mg/dl Near Optimal : 100 - 129 mg/dl Borderline High : 130 - 159 mg/dl High : 160 - 189 mg/dl Very High : >= 190 mg/dl
SERUM VLDL CHOLESTEROL	: 21.4	mg/dl	6 - 38
CHOL / HDL CHOL RATIO	: 3.6		0 - 4.5
LDL CHOL / HDL CHOL RATIO	: 2.1		0 - 3.5

Test Method

TOTAL CHOLESTEROL- Endpoint - CHOD-POD
TRIGLYCERIDES - Endpoint - CHOD-POD
HDL CHOLESTEROL - Endpoint - Direct Enzymatic
LDL CHOLESTEROL - Endpoint - Direct Enzymatic
VLDL - Calculated
TC/HDLC RATIO - Calculated
LDLC/HDLC RATIO - Calculated

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MRI 1.5 / 3 TESLA • CT SCAN WITH INJECTOR • DIGITAL X-RAY • 4D SONOGRAPHY • COLOUR DOPPLER • MAMMOGRAPHY • DPG
• PATHOLOGY & MICROBIOLOGY • ECG • TMT • 2D ECHO • EMG / NCV / EEG • AUDIOMETRY • UROFLOWMETRY • BMD • PFT • OPHTHALMOLOGY

OUR BRANCHES	SOMATANE 7888123458 / 9040583030	TALEGAON DABHADE 9175500545	LONAVALA 8080299663	AKURDI 9423507225
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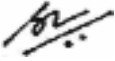


PATIENT ID : 427 SAMPLE ID : 92182 REG.DATE : 09-09-2023
PATIENT NAME : MRS. SUNITA ROKADE AGE / SEX : 39 YEARS / FEMALE
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

RENAL FUNCTION TEST

Investigation	Result	Unit	Reference Range
BLOOD UREA LEVEL	: 18.0	mg/dl	13.0 - 45.0
BLOOD UREA NITROGEN	: 8.5	mg/dl	6.0 - 21.2
SERUM CREATININE	: 0.80	mg/dL	0.6 - 1.4
SERUM SODIUM	: 136.0	mmol/l	135 - 148
SERUM POTASSIUM	: 3.9	mmol/l	3.5 - 5.3
SERUM CHLORIDE	: 106.0	mmol/l	98 - 107

Test Method
Urea - Kinetic - GLDH
Blood Urea Nitrogen - Calculated
Creatinine - Kinetic - Enzymatic
Sodium - ISE - Direct
Potassium - ISE - Direct
Chloride - ISE - Direct


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PATIENT ID : 427 SAMPLE ID : 92174 REG.DATE : 09-09-2023
 PATIENT NAME : MRS. SUNITA ROKADE AGE / SEX : 39 YEARS / FEMALE
 REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

GAMMA GT (GGTP)

<u>Investigation</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
SERUM GAMMA GT (GGTP)	: 31.0	U/L	7 - 35

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PATIENT ID : 427 SAMPLE ID : 92176 REG.DATE : 09-09-2023
PATIENT NAME : MRS. SUNITA ROKADE AGE / SEX : 39 YEARS / FEMALE
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

GLYCOSYLATED HEMOGLOBIN (HbA1c)

Investigation	Result	Unit	Reference Range
GLYCOSYLATED HEMOGLOBIN (HbA1c)	: 4.90	%	Normal : < 5.7 Prediabetic : 5.7 - 6.4 Diabetic : >= 6.5 Guidance for Known Diabetic Good Control : < 6.5 Fair Control : 6.5 - 7.4 Unsatisfactory Control : 7.0 - 8.0 Poor Control > 8.0
MEAN PLASMA GLUCOSE	: 97.1	mg/dl	Good Control : 90.0 - 120.0 Fair Control : 121.0 - 150.0 Unsatisfactory Control : 151.0 - 180.0 Poor Control : > 180.0

Test Method : Quantitative Immunofluorescence Assay

Reference range given As per American Diabetes Association (ADA)

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 glycemic control as compared to blood and urinary glucose determinations.

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PATIENT ID : 427 SAMPLE ID : 92181 REG.DATE : 09-09-2023
PATIENT NAME : MRS. SUNITA ROKADE AGE / SEX : 39 YEARS / FEMALE
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

THYROID FUNCTION TEST

Investigation	Result	Unit	Reference Range
T3 (TRIIODIOTHYRONINE)	: 0.773	ng/ml	> 20 yrs : 0.69 - 2.15 First Trimester : 0.81 - 1.90 2nd Trimester : 1.0 - 2.60 3rd Trimester : 1.0 - 2.60
T4 (THYROXINE)	: 10.21	ug/dl	> 20 yrs : 5.20 - 12.7 First Trimester : 6.60 - 12.4 2nd Trimester : 6.6 - 15.5 3rd Trimester : 6.6 - 15.5
ULTRA TSH	: 0.983	mIU/ml	> 20 yrs : 0.30 - 5.50 First Trimester : 0.10 - 2.50 2nd Trimester : 0.20 - 3.0 3rd Trimester : 0.30 - 3.0

Method : Electrochemiluminescence Immunoassay

Instrument : Cobas e411 Immunoassay Analyser , Roche Diagnostics Germany

T3 & T4 :

- Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues.
- Severe systemic illness affects the thyroid binding proteins and can falsely alter Total T4 levels in the absence of a primary thyroid disease. Hence Free T3 & T4 levels are recommended for accurate assessment of thyroid dysfunction

Clinical Use - Diagnose Hypothyroidism and Hyperthyroidism when overt and / or due to pituitary or hypothalamic disease.

Increased Levels : Hyperthyroidism, Increased TBG, Familial dysalbuminemic hyperthyroxinemia, Increased Transthyretin, Estrogen therapy, Pregnancy

Decreased Levels : Primary hypothyroidism, Pituitary TSH deficiency, Hypothalamic TRH deficiency, Non thyroidal illness, Decreased TBG.

TSH Clinical Use : The ability to quantify circulating levels of thyroid stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (Thyroid) from secondary (Pituitary) and Tertiary (Hypothalamus) In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism TSH levels are low or normal . Concentration of 4.2 to 7.0 uIU/mL are considered borderline hypothyroid.

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 am and at a minimum between 6 - 10 pm , The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

Primary Hypothyroidism , Hyperthyroidism , Hypothalamic Pituitary hypothyroidism , Inappropriate TSH secretion , Nonthyroidal illness , Autoimmune thyroid disease , Pregnancy , associated thyroid disorders , Thyroid dysfunction in infancy and early childhood



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THYROID FUNCTION TEST

<u>Investigation</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
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PATIENT ID : 427 SAMPLE ID : 92179 REG.DATE : 09-09-2023
PATIENT NAME : MRS. SUNITA ROKADE AGE / SEX : 39 YEARS / FEMALE
REF BY : APOLLO CLINIC REPORT DATE : 09-09-2023

URINE ROUTINE ANALYSIS

Investigation Result Unit Reference Range

PHYSICAL EXAMINATION

Volume (ml) : 20 ml
Colour : Pale Yellow
Apperance : Clear

CHEMICAL EXAMINATION

Reaction (pH) : 6.0 5.0 - 8.0
Specific Gravity : 1.020 1.010 - 1.030
Proteins / Albumin : Absent Absent
Glucose / Sugar : Absent Absent
Ketones : Absent Absent
Blood : Absent Absent
Urobilinogen : Normal Normal
Bile Salts : Absent Absent
Bile Pigments : Absent Absent
Nitrate : Absent Absent
Leucocyte Esterase : Absent Absent

MICROSCOPIC EXAMINATION

Leukocytes(Pus cells)/hpf : 3 - 4 Absent
Epithelial Cells / hpf : 2 - 3 Absent
Red Blood Cells / hpf : Absent Absent
Casts : Absent
Crystals : Absent
Amorphous debris : Absent
Bacteria / hpf : Absent Absent

Chemical Dipstik , Centrifuged Deposit, Quantities per High Power field.



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URINE ROUTINE ANALYSIS

<u>Investigation</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
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MER- MEDICAL EXAMINATION REPORT

Date of Examination	09/09/2023		
NAME	Sumita Rokade		
AGE	29	Gender	Female
HEIGHT(cm)	161	WEIGHT (kg)	63.
B.P.	102 / 72		
ECG	Normal.		
X Ray	Normal.		
Vision Checkup	Color Vision : -		
	Far Vision Ratio : -		
	Near Vision Ratio : (R) + 0.25 (L) + 0.25		
Present Ailments	N.A.		
Details of Past ailments (If Any)	N.A.		
Comments / Advice : She /He is Physically Fit	She is medically fit		
Mrs: Sumita Rokade is medically fit.			

Dr. SANDEEP D. ...

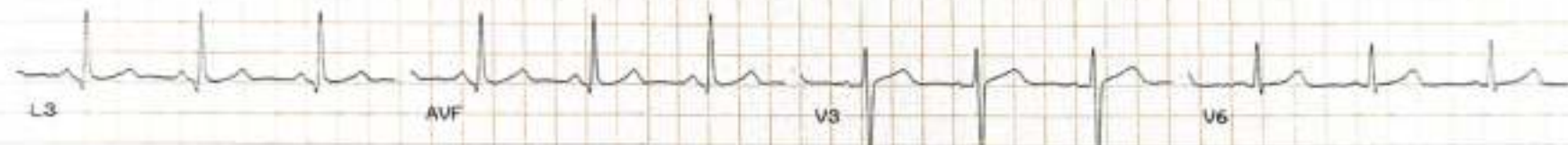
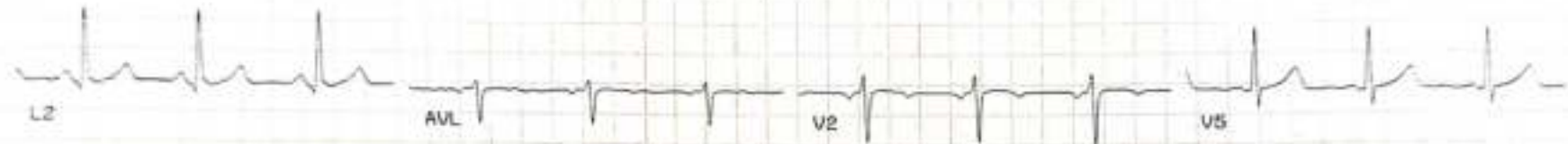
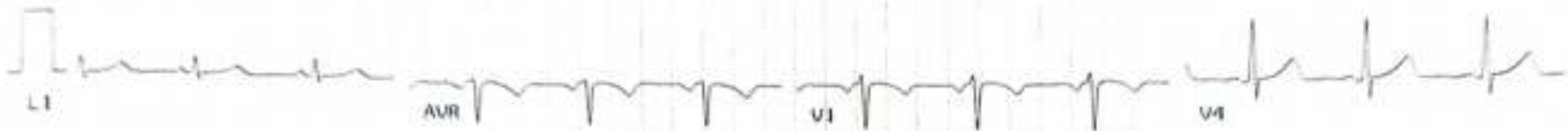
MDRD

Reg No. 2011/04/...

Signature with Stamp of Medical Examiner

S. S. Rokade

SUNITA ROKADE	25 mv/s	P = 80 ms	QT/QTc = 86s	To be clinically correlated: HR = 61bpm
F 39Y 66.3kg	10mm/mV	QRS = 92 ms	QT/HR = 50s	observed Premature Ventricular Contraction(PVC)
10:28 AM	0.1 - 35Hz	PQ = 105 ms	QRS axis = 83°	Otherwise Normal ECG
09-09-2023	50Hz ReJ-Y	QT = 377 ms	P axis = 79°	
AUTO 12LS	RCL-Y	QTc = 438 ms	T axis = 81°	



Dr. SANDEEP D. ...
 MDRD
 Reg No. 20110401

S S Rokade





Name : Mrs. Sunita Rokade	Date: 09/09/2023
Ref by: Apollo Clinic	Age: 39 Y/F

USG ABDOMEN+PELVIS (FEMALE)

Suboptimal scan due to excessive bowel gas

Liver is normal in size(12 cm) and echotexture.

There is no evidence of focal lesion or intrahepatic biliary dilatation.

Portal vein and CBD are normal.

Gall bladder is well distended .There is no evidence of gall-stones or focal lesion.

Visualised pancreas appears normal. No significant focal lesion is seen.

Spleen is normal in size(11 cm) and echotexture. There is no evidence of focal lesion.

Both kidneys are normal in size , shape and echotexture and show normal cortico medullary differentiation.

Right kidney measures 9.1 x 3.7cm, Left kidney measures 9 x 4.8 cm.

There is no evidence of hydronephrosis or calculus.

Excessive bowel gas present. Visualised bowel loops unremarkable.

No significant lymphadenopathy is seen.

No evidence of ascites is noted.

Urinary bladder is well distended. No intrinsic lesion is noted.

Uterus is anteverted , normal in size and shows homogeneous myometrial echotexture.

It measures 7.2 x 3.9 x 5.6 cm.

Endometrial thickness: 6.2 mm.

Few (atleast 3) small fibroids are noted,largest measuring 1.5 x 1 cm(Anterior wall).

Both **ovaries** are normal in size. Bilateral adnexa clear.

There is no evidence of free fluid in Pouch of Douglas.

Impression:

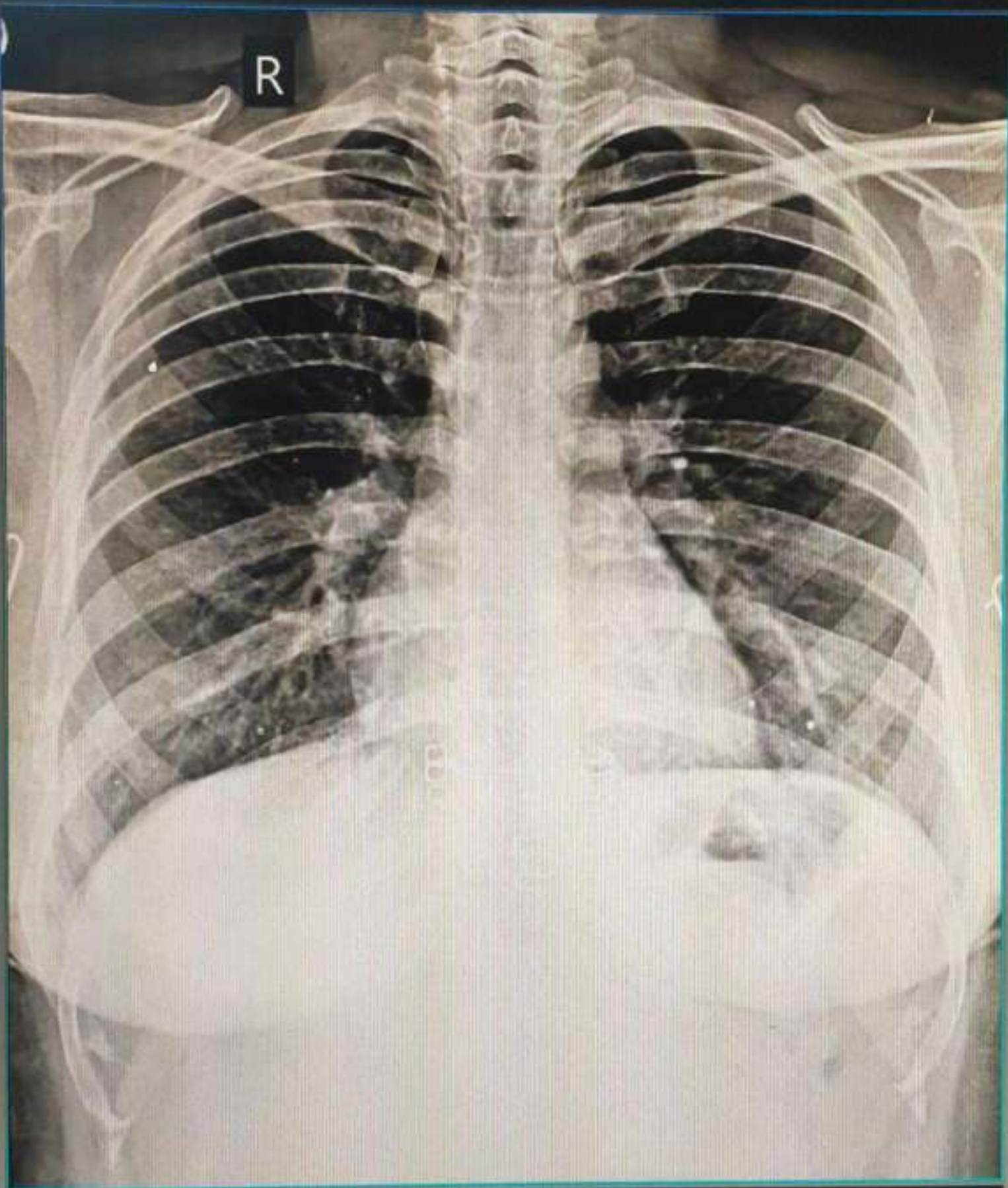
➤ **UTERINE FIBROIDS.**

Clinical correlation is advised and sos follow up imaging.

DR ROHANKUMAR SADAR
CONSULTING RADIOLOGIST

Health Care Solutions

SUNITA ROKADE 39Y/F APOLLO F 09/09/202



SAAKSHI DIAGNOSTICS HEALTH CAR.