LABORATORY REPORT

MADYOASIS DIAGNOSTICS

Patient Name	: Ms KRUTI AKASH PARATE		
DOB/Age/Gender	: 29 Y/Female	Bill Date	: Jan 29, 2024, 03:16 PM
Patient ID / UHID	: 6983527/RCL6084903	Sample Collected	: Jan 29, 2024, 10:00 PM
Referred By	: Dr.	Sample Received	: Jan 29, 2024, 04:51 PM
Sample Type	: Whole blood EDTA	Report Date	: Jan 29, 2024, 05:18 PM
Barcode No	: HX975554	Report Status	: Final Report

NABL M(EL)T LABS
NABL-M(EL)T-00605

Test Description	Value(s)	Unit(s)	Reference Range
HEMATOLOGY REPORT			
Hemogram (CBC + ESR)			
Complete Blood Count (CBC)			
RBC PARAMETERS			
Hemoglobin Method : colorimetric	13.8	g/dL	12.0 - 15.0
RBC Count Method : Electrical impedance	4.6	10^6/µl	3.8 - 4.8
PCV Method : Calculated	41.1	%	36 - 46
MCV Method : Calculated	90.1	fl	83 - 101
MCH Method : Calculated	30.2	pg	27 - 32
MCHC Method : Calculated	33.5	g/dL	31.5 - 34.5
RDW (CV) * Method : Calculated	11.6	%	11.6 - 14.0
RDW-SD * Method : Calculated	42.8	fl	35.1 - 43.9
WBC PARAMETERS			
TLC Method : Electrical impedance and microscopy	7	10^3/µl	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	47	%	40-80
Lymphocytes	40	%	20-40
Monocytes	7	%	2-10
Eosinophils	6	%	1-6
Basophils	0	%	<2
Absolute leukocyte counts **Method : Calculated**			
Neutrophils.	3.29	10^3/µl	2 - 7
Lymphocytes.	2.8	10^3/µl	1 - 3
Monocytes.	0.49	10^3/µl	0.2 - 1.0
Eosinophils.	0.42	10^3/µl	0.02 - 0.5
Basophils.	**0**	10^3/µl	0.02 - 0.5
PLATELET PARAMETERS			
Platelet Count Method : Electrical impedance and microscopy	252	10^3/µl	150 - 410
Mean Platelet Volume (MPV) *	9.9	fL	9.3 - 12.1

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Test Description	Value(s)	Unit(s)	Reference Range
Method : Calculated			
PCT *	0.2	%	0.17 - 0.32
Method : Calculated			
PDW *	16.7	fL	8.3 - 25.0
Method : Calculated			
P-LCR *	33.7	%	18 - 50
Method : Calculated			
P-LCC *	85	%	44 - 140
Method : Calculated			
Mentzer Index *	19.59	%	-
Method : Calculated			

Interpretation:
CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

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HEMATOLOGY REPORT

Hemogram (CBC + ESR)

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate	**14**	mm/hr	0 - 12

Method : MODIFIED WESTERGREN

Interpretation:

ESR is also known as Erythrocyte Sedimentation Rate. An ESR test is used to assess inflammation in the body. Many conditions can cause an abnormal ESR, so an ESR test is typically used with other tests to diagnose and monitor different diseases. An elevated ESR may occur in inflammatory conditions including infection, rheumatoid arthritis ,systemic vasculitis, anemia, multiple myeloma , etc. Low levels are typically seen in congestive heart failure, polycythemia ,sickle cell anemia, hypo fibrinogenemia , etc.

AGE	MALE	FEMALE
1 DAY	0-12	0-12
2 - 7 DAYS	0-4	0-4
8 - 14 DAYS	0-17	0-17
15 DAYS - 17 YEARS	0-20	0-20
18 - 50 YEARS	0-10	0-12
51- 60 YEARS	0-12	0-19
61 - 70 YEARS	0-14	0-20
71 - 100 YEARS	0-30	0-35

Reference- Dacie and lewis practical hematology

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Sample Type	: Whole blood EDTA	Report Date	: Jan 29, 2024, 06:50 PM
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NABL M(EL)T LABS
NABL-M(EL)T-00605

Test Description	Value(s)	Unit(s)	Reference Range

HEMATOLOGY REPORT

HbA1C (Glycosylated Haemoglobin)

GLYCOSYLATED HEMOGLOBIN (HbA1c) Method : HPLC	4.7	%	<5.7
ESTIMATED AVERAGE GLUCOSE *	88.19		

Interpretation:

Interpretation For HbA1c% 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 glycemic control	Age > 19 years Goal of therapy: < 7.0 Age < 19 years Goal of therapy: <7.5

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 ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)	HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126	12	298
8	183	14	355
10	240	16	413

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Test Description	Value(s)	Unit(s)	Reference Range
HEMATOLOGY REPORT			
Blood Group ABO & Rh Typing			
Blood Group	B	-	-
Rh Factor	Positive	-	-

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Referred By	: Dr.	Sample Received	: Jan 29, 2024, 04:51 PM
Sample Type	: FLUORIDE F	Report Date	: Jan 29, 2024, 07:09 PM
Barcode No	: ZB260526	Report Status	: Final Report

NABL M(EL)T LABS
NABL-M(EL)T-00605

Test Description	Value(s)	Unit(s)	Reference Range

BIOCHEMISTRY REPORT

Glucose Fasting (BSF)

GLUCOSE FASTING	73	mg/dL	70 - 100

Method : Hexokinase

Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	<100
Impaired fasting glucose	100 - 125
Diabetes	=>126

Reference : American Diabetes Association

Comment :
Blood glucose determinations in commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

Note
1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 200 mg/dL with symptoms of diabetes mellitus.
2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.

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Sample Type	: Serum	Report Date	: Jan 29, 2024, 07:09 PM
Barcode No	: ZB260527	Report Status	: Final Report

NABL M(EL)T LABS
NABL-M(EL)T-00605

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Liver Function Test (LFT)			
BILIRUBIN TOTAL Method : Photometric	1	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT * Method : Diazo Reaction	0.4	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT * Method : Calculation (T Bil - D Bil)	0.6	mg/dL	0.1 - 1.0
SGOT/AST Method : IFCC without P5P	19	U/L	5 - 34
SGPT/ALT Method : IFCC without P5P	10	U/L	0 to 55
SGOT/SGPT Ratio *	1.9	-	-
ALKALINE PHOSPHATASE Method : IFCC	71	U/L	40 - 150
TOTAL PROTEIN Method : Biuret	7	g/dL	6.4 - 8.3
ALBUMIN Method : BCG	4.5	gm/dL	3.8 - 5.0
GLOBULIN * Method : Calculation (T.P - Albumin)	2.5	g/dL	2.3 - 3.5
ALBUMIN : GLOBULIN RATIO * Method : Calculation (Albumin/Globulin)	1.8	-	1.0 - 2.1
GAMMA GLUTAMYL TRANSFERASE (GGT) * Method : Photometric	17	U/L	9 - 36

Interpretation:

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST),SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utamyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may indicate: 1.bleeding 2.liver disorder 3.malnutrition 4.agammaglobulinemia High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins Low albumin levels may be caused by: 1.A poor diet (malnutrition). 2.Kidney disease. 3.Liver disease. High albumin levels may be caused by: Severe dehydration.

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NABL M(EL)T LABS
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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Kidney Function Test (KFT)			
BLOOD UREA Method : Urease	19	mg/dL	19 - 44.1
CREATININE Method : Photometric	0.67	mg/dL	0.57 - 1.11
BUN * Method : Urease	8.88	mg/dL	7.0 - 18.7
BUN/CREATININE RATIO *	13.25		
UREA / CREATININE RATIO *	28.36		
URIC ACID Method : Uricase	3.3	mg/dL	2.6 - 6.0
CALCIUM Serum Method : Arsenazo III	8.4	mg/dL	8.4 - 10.2
PHOSPHORUS Method : Photometric	2.6	mg/dL	2.3 - 4.7
SODIUM Method : Potentiometric	136	mmol/L	136 - 145
POTASSIUM Method : Potentiometric	4.5	mmol/L	3.5 - 5.1
CHLORIDE Method : Potentiometric	106	mmol/L	98 - 107

Interpretation:

Kidney function tests is a collective term for a variety of individual tests and proceduresthat can be done toevaluate how well the kidneys are functioning. Many conditions can affect the ability of the kidneys to carryout their vital functions. Somelead to a rapid (acute) decline in kidney functionothers lead to a gradual (chronic) declineinfunction. Both result in a buildup of toxic waste subst done on urine samples, as well as on blood samples. A number of symptoms may indicate a problem with your kidneys. These include : high blood pressure,blood in urine frequent urges to urinate,difficulty beginning urination,painful urination,swelling in the hands and feet due to a buildup of fluids in the body. A single symptom may not mean something serious. However, when occurring simultaneously, these symptoms suggest that your kidneys are not working properly. Kidney function tests can help determine the reason. Electrolytes (sodium,potassium,and chloride) are present in the human body and the balancing act of the electrolytes in our bodies is essential for normal function of our cells and organs. There has to be a balance.Ionized calcium this test if you have signs of kidney or parathyroid disease. The test may also be done to monitor progress and treatment of these diseases.

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NABL M(EL)T LABS
NABL-M(EL)T-00605

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Lipid Profile			
TOTAL CHOLESTEROL Method : Enzymatic - Cholesterol Oxidase	148	mg/dL	Desirable : <200 Borderline : 200-239 High : >240
TRIGLYCERIDES Method : Colorimetric - Lip/Glycerol Kinase	39	mg/dL	Normal : <150 Borderline : 150-199 High : 200-499 Very high : >500
HDL CHOLESTEROL Method : Accelerator Selective Detergent	42	mg/dL	>40
NON HDL CHOLESTEROL * Method : Calculated	106	mg/dL	<130
LDL CHOLESTEROL * Method : Calculated	98.2	mg/dL	Optimal <100 Near optimal/above optimal 100-129 Borderline high 130-159 High 160-189 Very high >190
V.L.D.L CHOLESTEROL * Method : Calculated	7.8	mg/dL	< 30
CHOL/HDL Ratio * Method : Calculated	3.52	-	3.5 - 5.0
HDL/ LDL RATIO * Method : Calculated	0.43	-	Desirable : 0.5 - 3.0 Borderline : 3.1 - 6.0 High : > 6.0
LDL/HDL Ratio * Method : Calculated	2.34	-	

Interpretation:

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

National Lipid Association Recommendations (NLA-2014)	Total Cholesterol (mg/dL)	Triglyceride (mg/dL)	LDL Cholesterol (mg/dL)	Non HDL Cholesterol (mg/dL)
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

Risk Stratification for ASCVD (Atherosclerotic Cardiovascular Disease) by Lipid Association of India.

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Test Description	Value(s)	Unit(s)	Reference Range

Risk Category	A. CAD with > 1 feature of high risk group
Extreme risk group	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or = 50 mg/dl or poly vascular disease
Very High Risk	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >/= 50 mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors

Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors

1. Age >/=45 years in Males & >/= 55 years in Females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by Lipid Association of India in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	<80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	>OR = 30	>OR = 60	> 30	> 60
Very High Risk	<50	<80	>OR = 50	>OR = 80
High Risk	<70	<100	>OR = 70	>OR = 100
Moderate Risk	<100	<130	>OR = 100	>OR = 130
Low Risk	<100	<130	>OR = 130*	>OR = 160

*** After an adequate non-pharmacological intervention for at least 3 months.**

References : Management of Dyslipidaemia for the Prevention of Stroke : Clinical practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology,2022,20,134-155.

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Barcode No	: ZB260527	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Thyroid Profile Total			
TRIIODOTHYRONINE (T3) Method : CMIA	77.2	ng/dL	35 - 193
TOTAL THYROXINE (T4) Method : CMIA	9.6	µg/dL	4.87 - 11.2
THYROID STIMULATING HORMONE (Ultrasensitive) Method : CMIA	1.9	µIU/mL	0.35 - 4.94

Interpretation:

Pregnancy	Reference ranges TSH
1 st Trimester	0.1 - 2.5
2 ed Trimester	0.2 - 3.0
3 rd Trimester	0.3 - 3.0

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pitutary-hypothala- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-pitutary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

TSH	T4	T3	INTERPRETATION
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Nonthyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)

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Sample Type	: Spot Urine	Report Date	: Jan 29, 2024, 06:16 PM
Barcode No	: YA181667	Report Status	: Final Report

NABL M(EL)T LABS NABL-M(EL)T-00605

Test Description	Value(s)	Unit(s)	Reference Range
CLINICAL PATHOLOGY REPORT			
Urine Routine and Microscopic Examination			
PHYSICAL EXAMINATON *			
Volume *	20	ml	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent
CHEMICAL EXAMINATION *			
Reaction (pH) Method : Double Indicator	6	-	4.5 - 8.0
Specific Gravity Method : Ion Exchange	**1.005**	-	1.010 - 1.030
Urine Glucose (sugar) Method : Oxidase / Peroxidase	Negative	-	Negative
Urine Protein (Albumin) Method : Acid / Base Colour Excahnge	Negative	-	Negative
Urine Ketones (Acetone) Method : Legals Test	Negative	-	Negative
Blood Method : Peroxidase Hemoglobin	Negative	-	Negative
Leucocyte esterase Method : Enzymatic Reaction	Negative	-	Negative
Bilirubin Urine Method : Coupling Reaction	Negative	-	Negative
Nitrite Method : Griless Test	Negative	-	Negative
Urobilinogen Method : Ehrlichs Test	Normal	-	Normal
MICROSCOPIC EXAMINATION *			
Pus Cells (WBCs) *	1-2	/hpf	0 - 5
Epithelial Cells *	1-2	/hpf	0 - 4
Red blood Cells *	Absent	/hpf	Absent
Crystals *	Absent	-	Absent
Cast *	Absent	-	Absent
Yeast Cells *	Absent	-	Absent
Amorphous deposits *	Absent	-	Absent
Bacteria *	Absent	-	Absent
Protozoa *	Absent	-	Absent

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Consultant Pathologist

Terms and Conditions of Reporting

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5. The Customers assume full responsibility for apprising the Company of any factors that may impact the test finding. These factors, among others, includes dietary intake, alcohol, or medication / drug(s) consumption, or fasting. This list of factors is only representative and not exhaustive.

LABORATORY REPORT

MADYOASIS DIAGNOSTICS

Patient Name	**: Ms KRUTI AKASH PARATE**		
DOB/Age/Gender	: 29 Y/Female	Bill Date	: Jan 29, 2024, 04:16 PM
Patient ID / UHID	: 6984268/RCL6084903	Sample Collected	: Jan 29, 2024, 10:00 PM
Referred By	: Dr.	Sample Received	: Jan 29, 2024, 04:56 PM
Sample Type	: Stool	Report Date	: Jan 29, 2024, 06:14 PM
Barcode No	: YA181685	Report Status	: Final Report

Test Description	Value(s)	Unit(s)	Reference Range
CLINICAL PATHOLOGY REPORT			
Stool Routine & Microscopic Examination			
Colour *	Brown	-	Pale yellow
Form & Consistency Method : PHYSICAL EXAMINATION	Semi Solid		Semi Solid
Mucus Method : PHYSICAL EXAMINATION	Absent		Absent
Frank blood	Absent		Absent
Reaction (pH) Method : Double Indicator	6.5	-	4.5 - 8.0
Pus Cells (WBCs) *	2-3	/hpf	0 - 5
Red blood Cells *	Absent	/hpf	Absent
Crystals *	Absent	-	Absent
Macrophages Method : Microscopy	None seen		None seen
Ova Method : Microscopy	None seen		None seen
Cyst Method : Microscopy	None seen		None seen
Trophozoites Method : Microscopy	None seen		None seen
Larva Method : Microscopy	None seen	-	None seen
Fat globules Method : Microscopy	None seen	-	None seen

(*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.

Pallavi

Dr. Pallavi Rath
MBBS, MD (Pathology)
Consultant Pathologist

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Processing Lab :- Redcliffe Lifetech Pvt. Ltd., First Floor, B Wing. Aswani Chambers, S.No. 199+204+205 206/1, 209/1, Plot No. 45/B, Corresponding city, S.No 199 Village Lohgaon Pune 411014
928-909-0609 cesupport@redcliffelabs.com www.redcliffelabs.com

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LABORATORY REPORT

MADYOASIS DIAGNOSTICS

Patient Name	: **Ms KRUTI AKASH PARATE**		
DOB/Age/Gender	: 29 Y/Female	Bill Date	: Jan 29, 2024, 03:16 PM
Patient ID / UHID	: 1_6983528/RCL6084903	Sample Collected	: Jan 29, 2024, 10:00 PM
Referred By	: Dr.	Sample Received	: Jan 29, 2024, 04:52 PM
Sample Type	: FLUORIDE PP	Report Date	: Jan 29, 2024, 07:08 PM
Barcode No	: ZB260547	Report Status	: Final Report

NABL M(EL)T LABS
NABL-M(EL)T-00605

Test Description	Value(s)	Unit(s)	Reference Range

BIOCHEMISTRY REPORT

Glucose Post Prandial (BSPP)

Glucose post prandial	70	mg/dL	70 - 140

Method : (Fluoride Plasma-P,Hexokinase)

Interpretation:

Status	PP plasma glucose in mg/dL
Normal	<140
Impaired glucose tolerance	140 - 199
Diabetes	=>200

Reference : American Diabetes Association

Comment :
Blood glucose determinations in commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

Note
1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 200 mg/dL with symptoms of diabetes mellitus.
2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.

Pallavi

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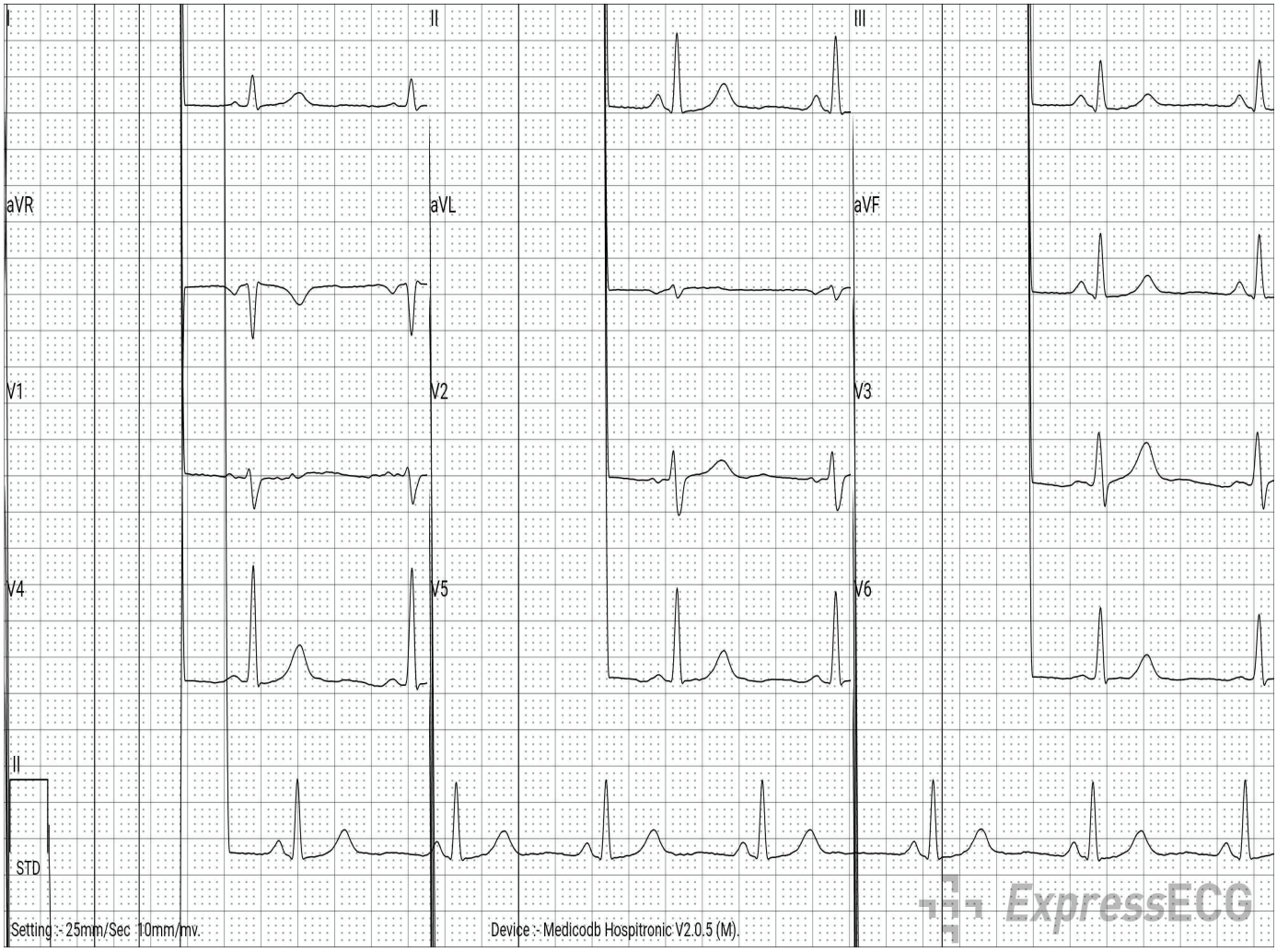
MADYOASIS DIAGNOSTICS

Ms. Kruti Parate

Kharadi Shivranjani Ahmedabad Gujarat India

Gendr/DOB (Age)	: Female/29-Jan-1995(29Y 0M)	**Medico ID**	: 24012902226508
Referred By	:	**Date**	: 29-Jan-2024 / 10:00 AM
History	:		

REPORT ON ECG



VITALS	:	TEMP	: - (F)	PULSE RATE	: - /MIN	RBS	: - mg/dL
		HR	: 72 /MIN	BP	: 0 / 0 mmHg	SPO2	: 98.0 %

MEASUREMENTS*	:	PR	: 131.94 ms	QT	: 413.64 ms	P	: 63.42 deg
(ECG Parameters)		ST	: 0.13 ms	QTc	: 451.99 ms	QRs	: 91.67 deg
		R-R	: 837.5 ms	QRS	: 91.67 ms	T	: 46.27 deg

FINDINGS	:	Sinus rhythm and artifacts in the ECG.
IMPRESSION	:	Abnormal ECG.
RECOMMENDATION	:	Clinical correlation and repeat ECG.

This is electronically authenticated report; hence doesn't require signature.
* Software calculated values; to be verified manually.

Printed By : M4 Diagnostics Center On 29-Jan-2024 / 09:32 PM

(Rs. 300.00/- Received for this ECG)

Reported By
Express Diagnostics HQ

(Dr. Ashok Kumar (DNB (Cardio))) Reg. No : HMC-HN008541

PASSION
The Diagnostic Destination

Name	:	MRS. KRUTI PARATE	**Age/Sex**	:	29 YEARS/F
Ref By	:	Dr. MADYOASIS MEDICAL SERVICES --	**Date**	:	29 Jan 2024

2D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Left Ventricle:

The left ventricle is normal in size. No e/o RWMA.

The left ventricular ejection fraction is normal .

Left Atrium:

The left atrium is normal size. No clot.

Right Ventricle:

The right ventricular is normal size. There is normal right Ventricular wall thickness.

Aorta:

The aortic root is normal.

Pulmonary Artery:

The Pulmonary artery is normal.

Pericardium:

There is no pericardial effusion. No calcification.

Aortic Valve:

The aortic valve is tri-leaflet with thin, pliable leaflets that move normally. There is no aortic

Stenosis. No aortic regurgitation is present.

Mitral Valve:

The mitral valve leaflets are thin. Normal mitral gradients. There is no evidence of stenosis**,** prolapse.

Diastolic flows are altered . No mitral regurgitation noted.

Tricuspid Valve:

The tricuspid valve leaflets are thin and pliable and the valve motion is normal. No tricuspid

Regurgitation is noted.

Pulmonary Valve:

The pulmonary valve leaflets are thin and pliable and the valve motion is normal. No pulmonary

Valvular regurgitation is noted.

Proximal Coronaries:

Not visualized.

IAS and IVS are intact.

M-MODE/2D PARAMETERS

AO	24	(23-37mm)
LA	25	(19-40mm)
RVD		(7-23mm)
LVD	41	(35-55mm)
LVS	21	(24-42mm)
IVS	8	(6-11mm)
LVPW	9	(6-11mm)
EF	55-60%	(50-70%)

Parameters in brackets indicate normal adult Values.

IMPRESSION:

- **No e/o RWMA**
- **Normal EF.**
- **RA / RV not dilated.**
- **No e/o pulmonary hypertension**
- **Normal valves and velocities.**
- **No clot, vegetations or effusions**.

Dr Ganesh Sanap
MBBS, DMRD , DNB.

PASSION
The Diagnostic Destination

Patient Name	:	MRS. KRUTI PARATE	Date : 29 Jan 2024
Referred By	:	Dr. MADYOASIS MEDICAL SERVICES - -	Age : 29 YEARS Sex : F

USG ABDOMEN AND PELVIS

Liver:

The liver is normal in size, shape and echotexture. No focal lesion is seen. The intrahepatic biliary radicles are normal. The common bile duct and the portal vein appears normal.

Gall Bladder:

The gall bladder is well distended. No calculus is seen. The wall thickness is normal.

Pancreas:

The pancreas is normal in size and shape. No focal lesion or calcifications are seen within it. The pancreatic duct is normal.

Spleen:

The spleen is normal in size and measures 10 cm. No focal lesion is seen.

Kidneys:

The right kidney measures 9.8 x 4.6cm. The left kidney measures 9.6 x 5.3cm. Both kidneys show normal parenchymal echotexture. The corticomedullary differentiation is maintained bilaterally. The pelvicalyceal system is normal in both the kidneys.

Aorta/IVC:

The aorta and IVC appear grossly normal. No ascites or lymphadenopathy is seen.

Urinary bladder:

The bladder is well distended. The wall thickness is normal. No vesical calculus is seen.

Uterus and ovaries:

The uterus is anteverted and measures 7 x 4.3 x 3.4 cm in size. The endometrial thickness measures 6 mm. No focal lesion is seen within the myometrium. No adnexal mass is seen on either side. Both ovaries appears normal

Impression:

No significant abnormality seen at present scan.

Dr Ganesh Sanap
MBBS, DMRD , DNB.

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8009 22 4005 / 8009 45 4005 Email : passiondiagnostics@gmail.com

PASSION
The Diagnostic Destination

Patient Name: Mrs. KRUTI PARATE	Date: 29 Jan 2024
Ref. By: Dr. MADYOASIS MEDICAL SERVICES --	Age/sex :29 YEARS/F

X RAY CHEST PA VIEW

Both the lung fields are clear.

Both diaphragmatic domes have normal contours and positions.

Cardio-aortic silhouette has a normal appearance.

There is no evidence of any pleural effusion.

Bony thorax appears normal

IMPRESSION :

No obvious abnormality seen at present study.

DR YOGESH LOHAR
MBBS,DMRD.DNB

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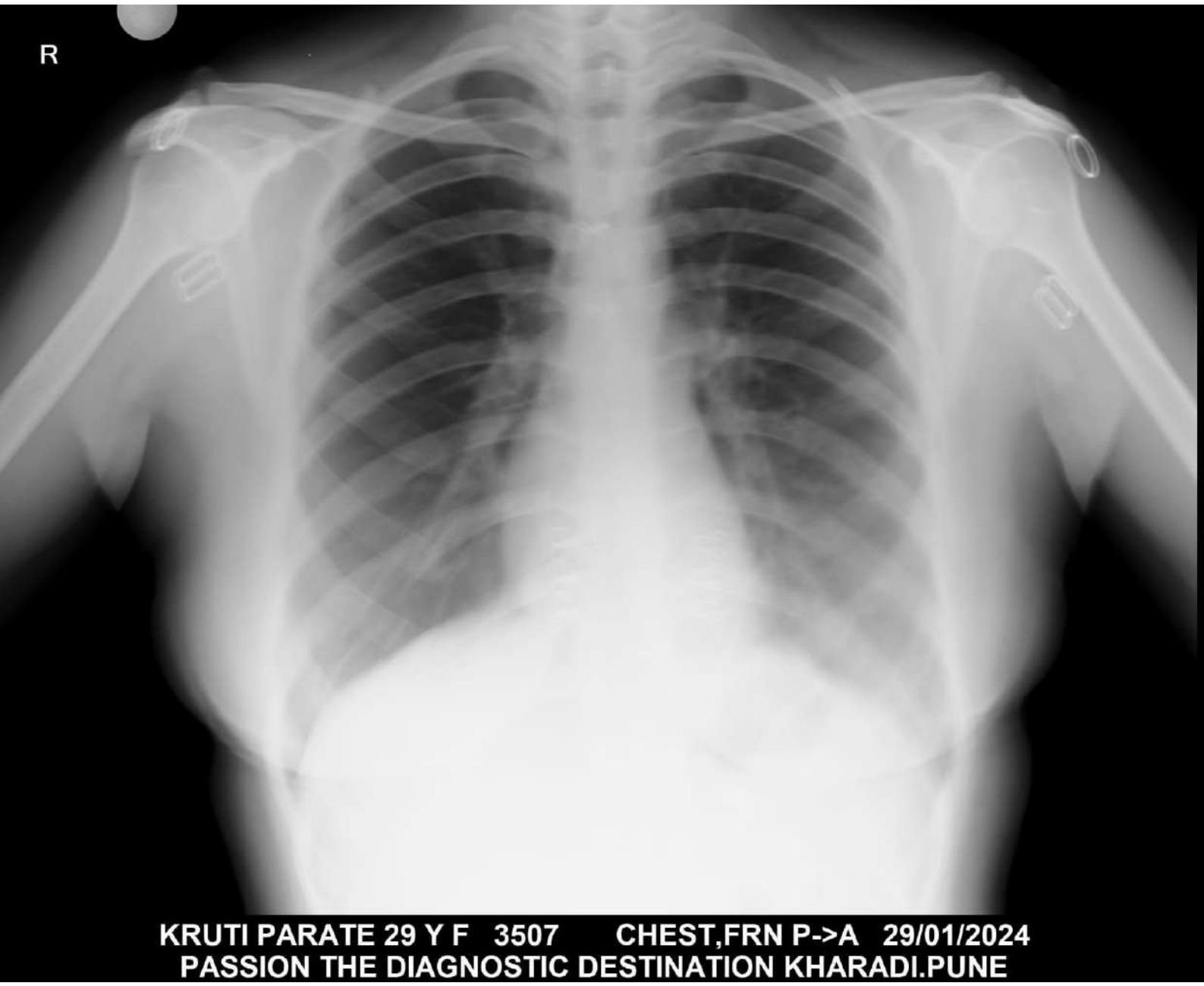
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KRUTI PARATE 29 Y F 3507 CHEST,FRN P->A 29/01/2024
PASSION THE DIAGNOSTIC DESTINATION KHARADI.PUNE