

Patient Name	Mrs Anupriya Sharma	UHID	MHA-9461
Age/Gen	43 Y/Female	Payer Name	Mediwheel
Ordering Doctor		Acknowledge Date	16-09-2024 10:20 AM
Refer By	SELF	Accession Number	OPAC-2153
Specimen	Blood	Order Id	ODN-44620
Collection Date	16-09-2024 10:19 AM	Report Date	16-09-2024 03:21 PM
Order Date	16-09-2024 12:00 AM		

Haematology

Service Name	Result	Unit	Reference Range
CBC			
Hemoglobin(Hb)	13.1	gm/dl	12-16
RBC COUNT	5.46 H	millions/cumm	4.2-5.4
Hematocrit(PCV)	42.2	%	42-52
MCV (Mean Cell Volume)	77.29	fl	76-96
MCH (Mean Corpuscular Hemoglobin)	23.99 L	pg	27-32
MCHC (Mean Corpuscular Hemoglobin Concentration)	31.04 L	g/dL	32-36
RDW (Red Cell Distribution Width)	13.6	%	11-16
WBC count - Total(TC)	10520	/cu.mm	4500-11000
Neutrophils.	61	%	40-70
Lymphocyte.	33	%	20-40
Eosinophils.	3	%	2-10
Monocytes.	3	%	1-6
Basophils.	0	%	0-2
Platelet Count	316000	/cu.mm	150000-400000
BGRh			
ABO	A		
Rh FACTOR	Positive		
ESR	34	mm/1hr	0-20

Sweta

Dr Swetaba Solanki
MD (Pathology)

-----End of the Report-----

(***** Electronically Generated Report *****)

Patient Name	Mrs Anupriya Sharma	UHID	MHA-9461
Age/Gen	43 Y/Female	Payer Name	Mediwheel
Ordering Doctor		Acknowledge Date	16-09-2024 10:20 AM
Refer By	SELF	Accession Number	OPAC-2153
Specimen	Serum	Order Id	ODN-44620
Collection Date	16-09-2024 10:19 AM	Report Date	16-09-2024 03:20 PM
Order Date	16-09-2024 12:00 AM		

Clinical Biochemistry

Service Name	Result	Unit	Reference Range
FBS	140.9 H	mg/dL	60-110
Uric Acid	3.8	mg/dL	2.6-6.0
ALKALINE PHOSPHATE	53	U/L	42-98
S Billirubin			
Billirubin Total	0.58	mg/dL	0.2-2.0
Billirubin Direct	0.36 H	mg/dL	0.0-0.2
Billirubin Indirect	0.22	mg/dL	0.2-0.7
Serum Creatinine	0.63	mg/dL	0.59-1.1
Total Protein(Alb)			
Total Protein	9.09 H	g/dL	5.8-8.3
Serum Albumin	6.43 H	gm/dl	3.5-5.0
Serum Globulin	2.66	gm/dl	2.4-3.5
ALBUMIN/GLOBULIN RATIO	2.42 H		1.2-2.2
GGT (Gamma Glutamin Transferase)	46.1	U/L	



Dr Swetaba Solanki
MD (Pathology)

-----End of the Report-----

(***** Electronically Generated Report *****)



TEST REPORT

Reg. No. : 40205500451 Reg. Date : 16-09-2024 Ref.No : Approved On :16-09-2024
Name : ANUPRIYA SHARMA Collected On :16-09-2024

Age : 43Ycars Gender: ♀ Dispatch At :

Ref. By : Tele No.
Location : WEEKEND WELLNESS

Test Name	Results	Units	Bio. Ref. Interval
PPBS	196.8	mg/dL	100-140

Test done from collected sample.

This is an electronically authenticated report.

Approved by: DR. SWETABA SOLANKI

M.D PATHOLOGY
(Hematopathology, CMC Vellore)

G-22724

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Approved On: 16-09-2024

Generated On : 16-09-2024



TEST REPORT

Reg. No. : 40205500451 Reg. Date : 16-09-2024 Ref.No :
 Name : ANUPRIYA SHARMA Approved On : 16-09-2024
 Age : 43Years Gender: F Pass. No. : Collected On : 16-09-2024
 Ref. By : SELF Dispatch At :
 Location : AAYUSH HOSPITAL MEHSANA

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C)	8.60	%	Normal: <= 5.6 Prediabetes: 5.7-6.4 Diabetes: >= 6.5 6-7 : Near Normal Glycemia, <7 : Goal ,7-8 : Good Control >8 : Action Suggested.
Mean Blood Glucose (Calculated) EDTA Whole Blood	200.12	mg/dL	

Criteria for the diagnosis of diabetes

- HbA1c >= 6.5 * Or Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two hour plasma glucose >= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >= 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011:34:S11.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
 - Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
 - Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%) may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus
- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control (also called glycemic control).
 - HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
 - HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
 - Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
 - Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)
- Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.

Test done from collected sample.

This is an electronically authenticated report.

Approved by: DR. SWETABA SOLANKI
 M.D PATHOLOGY
 (Hematopathology, CMC Vellore)

Generated On : 16-09-2024

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Approved On: 16-09-2024

Patient Name	Mrs Anupriya Sharma	UHID	MHA-9461
Age/Gen	43 Y/Female	Payer Name	Mediwheel
Ordering Doctor		Acknowledge Date	16-09-2024 10:20 AM
Refer By	SELF	Accession Number	OPAC-2153
Specimen	Serum	Order Id	ODN-44620
Collection Date	16-09-2024 10:19 AM	Report Date	16-09-2024 03:20 PM
Order Date	16-09-2024 12:00 AM		

Clinical Biochemistry

Service Name	Result	Unit	Reference Range
Lipid Profile			
Cholesterol	180.1	mg/dL	Low Risk : < 200 Moderate Risk : 200-239 High Risk : >or=240
Triglyceride	158.5 H	mg/dL	Normal : <150 Border Line:150-199 High:200-499 Very High=>500
HDL Cholesterol	39.9 L	mg/dL	Negative Risk : > or = 60 High Risk : < 40
LDL Cholesterol	108.50	mg/dL	Low Risk < 130 Moderate Risk : 131-159 High Risk > 160
VLDL	31.70	mg/dL	0-34
LDL/HDL RATIO	2.72		Low Risk : 0.5-3.0 Moderate Risk : 3.0-6.0 Elevated Level High: >6.0
Total Chol/ HDL Ratio	4.51 H		Low Risk : 3.3 to 4.4 Average Risk : 4.4 to 7.1 Moderate Risk > 7.1 to 11.0 High Risk : > 11.0
Total Lipids	677.20	mg/dL	400-700



Dr Swetaba Solanki
MD (Pathology)

-----End of the Report-----

(***** Electronically Generated Report *****)

Patient Name	Mrs Anupriya Sharma	UHID	MHA-9461
Age/Gen	43 Y/Female	Payer Name	Mediwheel
Ordering Doctor		Acknowledge Date	16-09-2024 10:20 AM
Refer By	SELF	Accession Number	OPAC-2153
Specimen	Serum	Order Id	ODN-44620
Collection Date	16-09-2024 10:19 AM	Report Date	16-09-2024 03:20 PM
Order Date	16-09-2024 12:00 AM		

Immunology

Service Name	Result	Unit	Reference Range
Thyroid function test(T3/ T4/ TSH)			
T3	1.36	ng/L	0.69-2.15
T4	7.52	ng/mL	4.3-12.5
TSH	3.118	μIU/mL	0.3-4.5



Dr Swetaba Solanki
MD (Pathology)

-----End of the Report-----

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Age/Gen	43 Y/Female	Payer Name	Mediwheel
Ordering Doctor		Acknowledge Date	16-09-2024 10:20 AM
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Immunology

Service Name	Result	Unit	Reference Range
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T3	1.36	ng/L	0.69-2.15
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Dr Swetaba Solanki
MD (Pathology)

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(***** Electronically Generated Report *****)

Patient Name	Mrs Anupriya Sharma	UHID	MHA-9461
Age/Gen	43 Y/Female	Payer Name	Mediwheel
Ordering Doctor		Acknowledge Date	16-09-2024 10:20 AM
Refer By	SELF	Accession Number	OPAC-2153
Specimen	Urine	Order Id	ODN-44620
Collection Date	16-09-2024 10:19 AM	Report Date	16-09-2024 03:20 PM
Order Date	16-09-2024 12:00 AM		

Clinical Pathology

Service Name	Result	Unit	Reference Range
URINE R/M			
Volume	20	ml	
Colour	Pale Yellow		
Appearance	Clear		
Specific Gravity	1.003		1.003-1.03
pH	5.5		4.6-8.0
Chemical Examination			
Protein.	Absent		
Glucose	Absent		
Ketones	Absent		
Bile pigments	Absent		
Bile salts	Absent		
Blood	Absent		
Nitrite	Absent		
Microscopic Examination			
Pus cells.	3-4	/hpf	0-2
RBCs.	Nil	/hpf	
Epithelial cells.	2-3	/hpf	0-2
Cast	Absent		
Crystals	Absent		
Amorphous Deposit	Absent		
Bacteria	Absent		
Yeast	Absent		

Dr. Swetaba Solanki

Dr Swetaba Solanki
MD (Pathology)



Suyog Imaging Centre

NAME: ANUPRIYA SHARMA
DATE: 16/09/2024
REF. BY: AAYUSH HOSPITAL

43YRS/F

Clinical Profile: Evaluation for checkup.

USG OF ABDOMEN & PELVIS

Liver is normal in size (14.8 cm), contour and shows increase liver parenchymal echogenicity. --- Grade I fatty liver. No focal mass or biliary dilatation is seen. Portal vein is normal.

Spleen is normal in size (9.8 cm) and echogenicity.

Gall bladder is well distended with normal wall thickness. No sludge or calculus seen in it. CBD is normal in caliber.

Pancreas is normal in size, contour and echotexture. No focal mass, calcification or duct dilatation is seen.

Both the kidneys are normal in position, size, contour and echotexture. No calculus or hydronephrosis is seen in either kidney.

Right kidney: 114 x 39 mm

Left kidney: 110 x 51 mm

Ureters are not dilated on either side.

Urinary bladder is well distended with normal contour and wall thickness. No vesical calculus is seen in it.

No ascites/pleural effusion or para-aortic/mesenteric adenopathy is seen.
No obvious mass or abnormal bowel wall thickening is seen in the right iliac fossa or the peri-umbilical region.

Uterus is normal in size, contour and echotexture. No focal myometrial mass is seen.
Endometrial thickness appears normal.

Both ovaries are normal in size and echogenicity.
No adnexal mass or fluid in POD is seen.

IMPRESSION:

- Grade I fatty liver.


DR. DINESH PATEL
M.D., D.M.R.E.

DR. MRUGESH DOCTOR
M.D., D.M.R.E.

DR. HEMANT PATEL
M.D., D.M.R.E., DNB

DR. RAJENDRA SOLANKI
M.D.

DR. ANKUR SHAH
D.M.R.E.


DR. DHARA PATEL
M.B.B.S DMRE

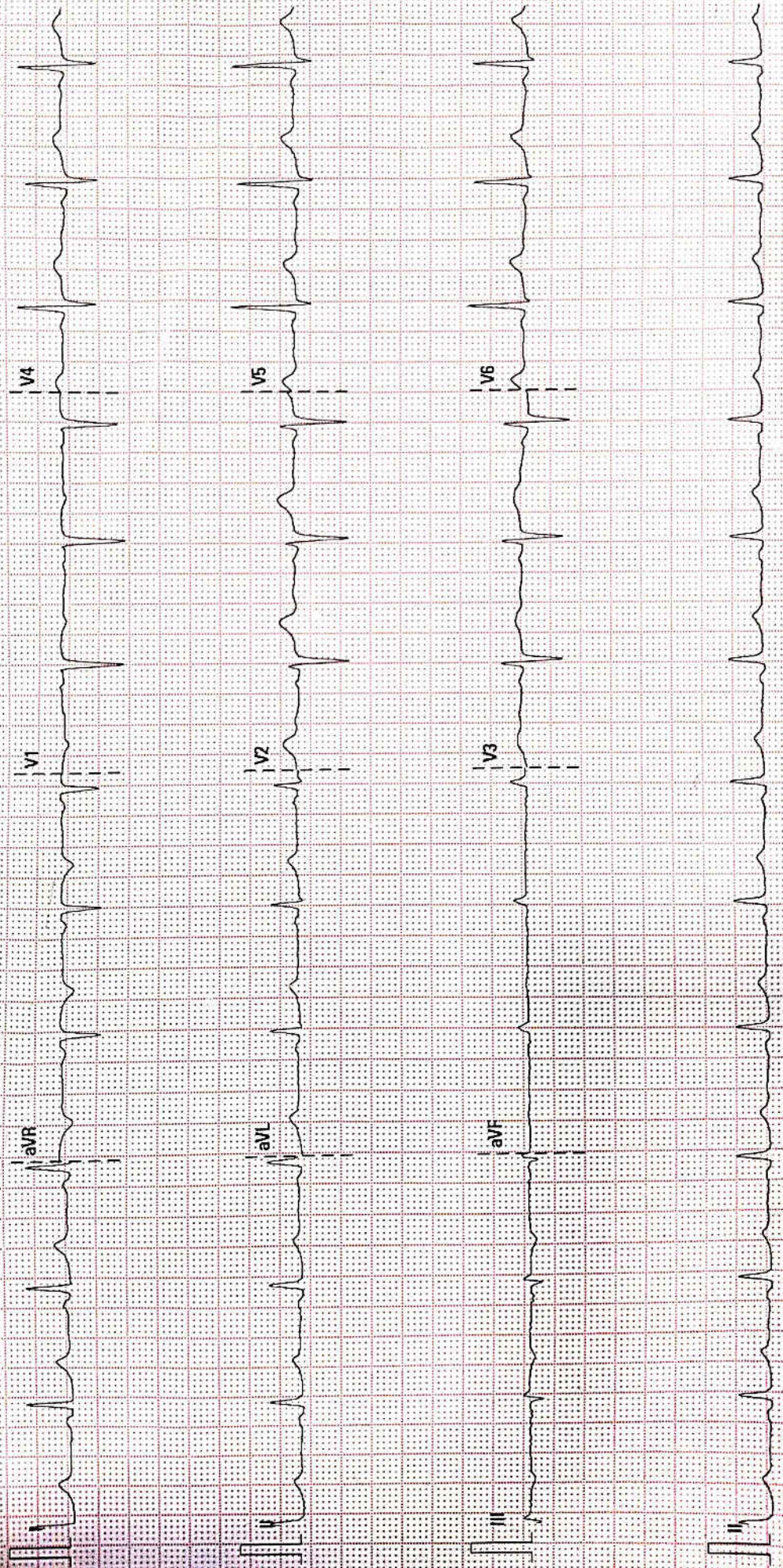
ID: 2024091610073097
Name: anupriya sharma
Age: 43 Years
Gender: Female



PR Interval 130 ms
QRS Duration 84 ms
QT/QTc Interval 408/434 ms
P/QRS/T Axes 5/19/11 deg
QTc:Hodges

Lead(s) unsuitable for analysis: V2
Possible left atrial abnormality
Borderline ECG

Unconfirmed Diagnosis



PATIENT ID : 306
DATE : 16/09/2024
PATIENT NAME : ANUPRIYA SHARMA
AGE : 43 YRS
GENDER : FE MALE

ECHO IDENTIFICATION DETAILS:

DOCTOR INCHARGE : DR. NEVIL PATEL

FINDIND DESCRIPTION:

VALVE MORPHOLOGY:

MITRAL VALVE: NORMAL

TRICUSPID VALVE: NORMAL

AORTIC VALVE: NORMAL

PULMONARY VALVE: NORMAL

1. NORMAL SIZED LA, LV, RA, RV.
2. NORMAL LV COMPLIANCE, LVEF: 55-60%
3. NO SIGNIFICANT RWMA.
4. NO DIASTOLIC DYSFUNCTION.
5. ALL CARDIAC VALVES ARE NORMAL.
6. NO PAH, RVSP: 22MMHG.
7. NORMAL RV SYSTOLIC FUNCTION.
8. IAS/IVS: INTACT.
9. NO CLOT/VEGETATION/PERICARDIAL EFFUSION.

Dr. NEVIL PATEL
(CARDIOLOGIST)