

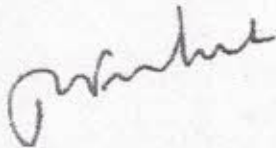
- MULTI SPECIALITY
- CRITICAL CARE
- TRAUMA CARE CENTER

<b>Patient Name</b> : MRS MADHURI SONAWANE	<b>Patient ID</b> : 0
<b>Age</b> : 28/YRS	<b>Sex</b> : Female
<b>Referring Physician</b> : Dr. SADGURU HOSPITAL	<b>Date</b> : Feb. 7, 2022

### X-RAY CHEST PA

MRS MADHURI SONAWANE's plain P.A. Radiograph of chest shows :-  
 Both lung fields show normal and equal radiolucency.  
 There is no pulmonary parenchymal abnormal density.  
 The broncho vascular markings show normal size and distribution.  
 The hilar shadows are normal in size, position and density.  
 Both Cardiophrenic and Costophrenic angles are clear.  
 The Cardiac silhouette is within normal limits.  
 Aortic shadow is normal.  
 Rest of the visualized mediastinum shadows are normal.  
 Both domes of diaphragms are normal.  
 The visualised bony thorax is normal.

**CONCLUSION : NO SIGNIFICANT ABNORMALITY NOTED IN THE CHEST P.A. VIEW RADIOGRAPH.**



DR. P.M. Purohit  
 MD (Radio-Diagnosis), DMRE Reg -2011082753



" Under one roof" Quality Healthcare Centre





# Maple Diagnostics

Patient Name : MRS. MADHURI RAJENDRA  
SONAWANE

Date : 07 Feb 2022

Referred By : SADGURU HOSPITAL

Age : 27 YEARS Sex : F

## ULTRASONOGRAPHY ABDOMEN & PELVIS

- \* LIVER : Normal in contour and parenchymal texture.  
No focal parenchymal lesion seen.  
CBD and Intrahepatic biliary channels are normal.
- \* G B : Physiologically distended. No gall stones seen.
- \* PANCREAS : Normal in size and parenchymal echo pattern with normal peripancreatic planes.
- \* SPLEEN : Normal in size, contour with homogenous echo pattern.
- \* AORTA & I V C: Normal. No evidence of paraaorta/ paracaval lymphadenopathy
- \* KIDNEYS : Normal in size, contour and echotexture.  
No calculus or hydronephrosis is seen on both sides.  
Renal sinus and cortical echoes are normal.  
Peri renal planes are normal.  
Cortico-Medullary differentiation is maintained.  
RK -9.5 x 3.5 cms LK -10.6 x 4.3 cms.
- \* URINARY BLADDER : Partially distended. Walls are normal.
- \* UTERUS: Normal in size, shape and myometrial echotexture.
- \* OVARIES: Both ovaries are normal.

### IMPRESSION :

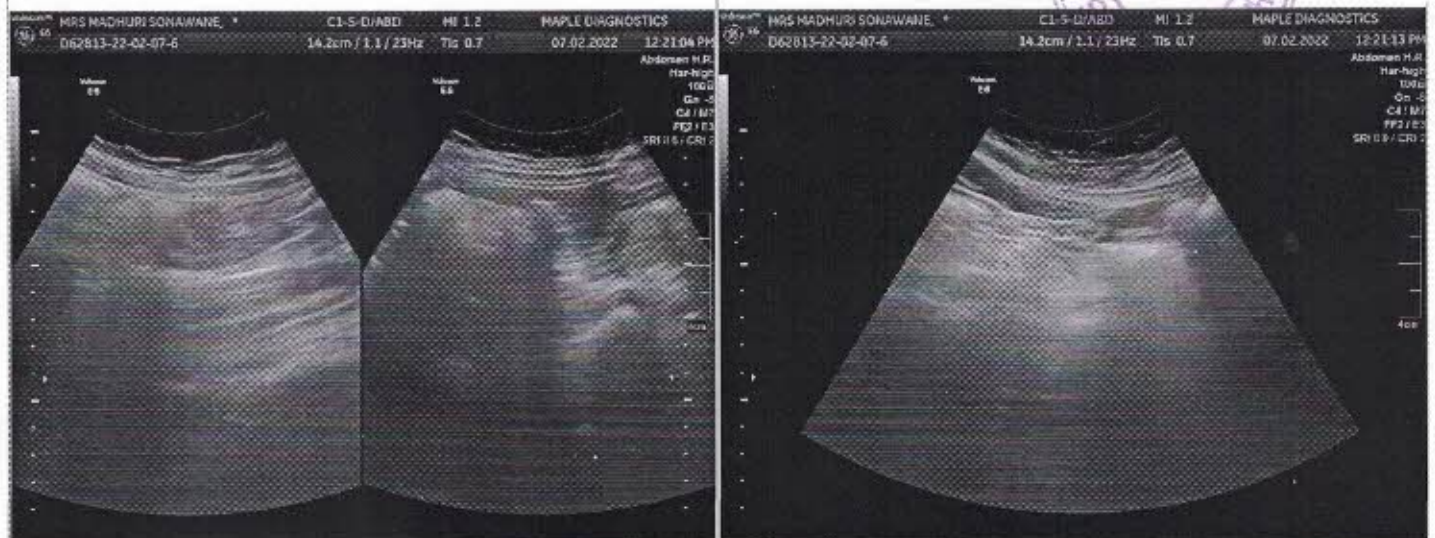
→ No significant abnormality seen

  
DR. HARDIK PATEL  
DNB Radiodiagnosis






# MRS MADHURI SONAWANE, : US From 2/7/2022





Patient ID	: 011	UHID No.	: MEDIWHEEL
Patient Name	: MRS. MADHURI R SONAWANE	Regn/Sample Date	: 07-Feb-2022 11.21 AM
Age / Sex	: 28 Years / Female	Report Date	: 07-Feb-2022 02.11 PM
Referred By	: DR.SADGURU HOSPITAL	Sample Type	: Whole Blood
		Barcode	

**COMPLETE BLOOD COUNT**

Investigation	Result	Unit	Bio. Ref. Range
<b>Haemoglobin (HB)</b>	<b>11.4</b>	gm/dl	12-16
RBC	4.66	10 <sup>6</sup> /uL	4.2-5.4
PCV	<b>35.3</b>	%	37-47
MCV	75.8	fl	70-100
MCH	<b>24.5</b>	pg	27-31
MCHC	32.3	g/dl	32-36
RDW-CV	<b>15.6</b>	%	11.5-14.5
<b>Platelet count</b>	354000	/cumm	150000-450000
<b>Total Leucocytes Count</b>	6200	/cumm	4000-11000
<b>DIFFERENTIAL LEUCOCYTES COUNT</b>			
Neutrophils	59	%	44-76
Lymphocytes	36	%	20-40
Monocytes	03	%	2-10
Eosinophils	02	%	1-6
Basophils	00	%	0-2

END OF REPORT


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**Dr. Pravin Bagul**  
(MD Path  
Consulting Pathologist)

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**HAEMATOLOGY.**

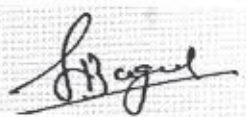
Investigation	Result
<b>BLOOD GROUP ABO &amp; RH TYPING</b> (EDTA Whole Blood)	
Blood group (ABO Typing)	B
RhD Factor (Rh typing)	POSITIVE
Method	Manual Slide Hemagglutination
Note	Kindly recheck Blood Group before blood transfusion
<b>ESR (Wintrobe)</b> (EDTA Whole Blood)	13 mm/1hr. 0-19


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Age / Sex	: 28 Years / Female	Report Date	: 07-Feb-2022 02.11 PM
Referred By	: DR.SADGURU HOSPITAL	Sample Type	: SERUM
		Barcode	

**LIVER FUNCTION TEST**

Investigation	Result	Unit	Bio. Ref. Range
<b>LIVER FUNCTION TEST</b>			
SGOT (AST) (Serum,IFCC)	22.6	U/L	Upto 40
SGPT (ALT) (Serum,IFCC)	20.8	U/L	Upto 40
Bilirubin-Total (Serum,Diazo)	0.80	mg/dL	0.1-1.2
Bilirubin-Direct (Serum,Diazo)	0.40	mg/dL	0.0-0.5
Bilirubin- Indirect	0.40	mg/dL	0.1-1.0
Alkaline Phosphatase (Serum, ALP-AMP)	185.6	U/L	54-306
Total Protein (Serum, Modified Biuret)	6.70	g/dl	6.0-8.5
Albumin (Serum,Bromocresol green)	4.00	g/dl	3.0-5.4
Globulin	2.70	g/dl	1.8-3.6
A/G Ratio (Calculated)	1.48		1.1-2.2

END OF REPORT

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**BIOCHEMISTRY**

Investigation	Result	Unit	Bio. Ref. Range
<b>Fasting Blood Glucose</b> (Plasma-F,GOD-POD)	89.5	mg/dL	60-110
Parallel Urine Glucose	NIL	.	
<b>Postmeal Blood Glucose</b> (Plasma-PM,GOD-POD)	103.5	mg/dL	Upto 140
Parallel Urine Glucose	SNR	.	
<b>Gamma GT (GGTP)</b> (Serum, Enzymatic)	25.6	U/L	9-36
<b>Sr. Uric Acid</b> (Serum, Uricase Peroxidase)	4.5	mg/dL	2.5-6.0
<b>BLOOD UREA NITROGEN (BUN)</b>			
Sr. Blood Urea (Serum,Urease)	21.3	mg/dL	10-50
BUN-Blood Urea Nitrogen	10	mg/dL	8-23
Remark : In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.			
<b>Sr. Blood Urea</b> (Serum,Urease)	21.3	mg/dL	10-50
Remark : In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.			
<b>Sr. Creatinine</b> (Serum,Picrate Alcalin)	0.80	mg/dL	0.5-1.2

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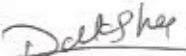
**LIPID PROFILE**

Investigation	Result	Unit	Bio. Ref. Range
Nature Of Sample (Serum, Enzymatic)	Fasting		
Serum Cholesterol -Total	107.6	mg/dL	Desirable - Upto 200 Borderline High - 200-239 High - Above 240
Serum Triglycerides	125.6	mg/dL	Normal: Below 150 Borderline High :150-199 High : 200-499 Very High : >= 500
HDL Cholesterol	45.5	mg/dL	Major risk factor for heart disease: < 40 Negative risk factor for heart disease: >=60
LDL Cholesterol	37	mg/dL	Optimal: < 100 Near Optimal/Above Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
VLDL Cholesterol	25	mg/dL	Upto 40
CHOL/HDL Ratio	2.36	Ratio	0-4.5
LDL / HDL Ratio	<b>0.8</b>	Ratio	1.5-3.5

Note: Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.


VLDL, CHOL/HDL Ratio, LDL/HDL Ratio, LDL Cholesterol, serum, are calculated parameter

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Referred By	: DR.SADGURU HOSPITAL	Sample Type	: Whole Blood
		Barcode	

**BIOCHEMISTRY.**

Investigation	Result	Unit	Bio. Ref. Range
HbA1C	4.8	%	Non-diabetic: <= 5.8 Pre-diabetic: 5.9-6.4 Diabetic: = >6.4
Mean Blood Glucose level	91	mg/dL	
Method	Nephelometry		

**INTERPRETATION :**

- HbA1c is used for monitoring diabetic control . It reflects the estimated average glucose (eAG) .
- HbA1c has been endorsed by clinical groups & ADA(American Diabetes Association ) guidelines 2012 , for diagnosis of diabetes using a cut- off point of 6.5%. ADA defined biological reference range for HbA1c is 4% - 6%. Patient with HbA1c value between 6.0% to 6.5% are considered at risk for developing diabetes in the future .
- Trends in HbA1c are a better indicator of diabetes control than a solitary test .
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 % , Fair to Good Control - 7 to 8 % , Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

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Referred By	: DR.SADGURU HOSPITAL	Sample Type	: URINE
		Barcode	

**REPORT ON URINE ROUTINE**

Investigation	Result
Specimen Name	Urine
<b>PHYSICAL EXAMINATION</b>	
Nature of specimen	Random
Colour	Pale Yellow
Transparency (Appearance)	Clear
Reaction (pH)	Acidic
Quantity	20 ml
Deposits	Absent
Specific Gravity	1.020
<b>CHEMICAL EXAMINATION</b>	
Urine Protein (Albumin)	Absent
Urine Glucose (Sugar)	Absent
Urine Ketones (Acetone)	Absent
Bile pigments	Absent
<b>MICROSCOPIC EXAMINATION</b>	
Red blood cells	Not Seen
Pus Cells (WBCs)	3-4/hpf
Epithelial cells	2-3/hpf
Crystals	Not seen
Cast	Not seen
Bacteria	Absent

END OF REPORT



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