



Patient Name	: Mrs.TAJBIJE RAJANI	Bill Date	: 24-01-2023 08:35
Age / Gender	: 53 Y(s) /Female	Sample Collected Date	: 24-01-2023 08:40
Bill No/UHID No	: PS004068/P00000476996	Report Date	: 24-01-2023 11:42
Lab No / Result No	: 2300003160/6140	Specimen	: SERUM
Ref erred By	: HOSPITAL CASE		

DEPARTMENT OF BIO CHEMISTRY

<u>Investigation</u>	<u>Result</u>	<u>Reference Range</u>	<u>Methods</u>
<u>BUN</u>			
UREA NITROGEN(BUN)	: 11.64	6.0 - 20.0 mg/dL	Calculated
UREA	: 24.9	17.1-49.2 mg/dL	Urease
<u>CALCIUM</u>			
CALCIUM	: 9.5	8.6 - 10.2 mg/dL	Arsenazo
<u>CREATININE</u>			
CREATININE	: 0.7	0.5 - 1.2 mg/dL	Enzymatic
<u>ELECTROLYTES (Na & K)</u>			
SODIUM	: 142.0	136.0 - 145.0 mmol/L	Potentiometric
POTASSIUM	: 4.6	3.5 - 5.1 mmol/L	Potentiometric
<u>FBS</u>			
GLUCOSE (FASTING).	: 130.0	Prediabetic : 100 - 125 mg/dL Diabetic : >= 126 mg/dL Normal : < 100.0 mg/dL	GOD-POD
REFERENCE : ADA 2015 GUIDELINES			
<u>Liver Function Test</u>			
TOTAL BILIRUBIN	: 0.6	0.3 - 1.2 mg/dL	DIAZO
DIRECT BILIRUBIN	: 0.2	0-0.4 mg/dL	DIAZO
INDIRECT BILIRUBIN	: 0.4	0.0 - 0.8 mg/dL	DIAZO
ALANINE TRANSAMINASE	: 15.0	<35 U/L	Kinetic
ASPARTATE TRANSAMINASE	: 20.0	10.0 - 40.0 U/L	Kinetic
ALKALINE PHOSPHATASE	: 85.0	30.0 - 115.0 U/L	4NPP/AMP BUFFER
TOTAL PROTEIN	: 7.5	6.0 - 8.0 g/dl	Biuret
ALBUMIN	: 4.4	3.5-4.8 g/dl	BCG
GLOBULIN	: 3.1	2.3-3.5 gm/dL	Calculated
A/G RATIO	: 1.42		Calculated
<u>LIPID PROFILE</u>			
CHOLESTEROL	: 176.0	130.0 - 220.0 mg/dL	Enzymatic
TRIGLYCERIDES	: 116.0	35.0 - 180.0 mg/dL	Enzymatic
HDL CHOLESTEROL	: 44.0	35-65 mg/dL	Enzymatic
LDL CHOLESTEROL	: 108.8	10.0 - 130.0 mg/dL	Calculated
VLDL CHOLESTEROL	: 23.2	5.0-36.0 mg/dL	Calculated
CHOL/HDL RATIO	: 4	2.0-6.2	Calculated
<u>PHOSPHOROUS</u>			
PHOSPHORUS	: 4.3	2.7-4.5 mg/dL	Phospho Molybdate



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Lab No / Result No	: 2300003160/6140	Specimen	: SERUM
Ref erred By	: HOSPITAL CASE		

DEPARTMENT OF BIO CHEMISTRY

<u>Investigation</u>	<u>Result</u>	<u>Reference Range</u>	<u>Methods</u>
PPBS			
GLUCOSE (POST PRANDIAL)	: 129.0	60-140 mg/dL	GOD-POD
T3-T4-TSH -			
Tri-iodothyronine, (Total T3)	: 1.08	0.87-1.78 ng/ml	ECLIA
THYROXINE (T4), TOTAL	: 9.61	5.5 - 11.0 ug/dl	ECLIA
THYROID STIMULATING HORMONE (ULTRA).	: 5.04	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 PROTEINS (Total Protein Albumin+Globulin)

TOTAL PROTEIN	: 7.5	6.0 - 8.0 g/dl	Biuret
ALBUMIN	: 4.4	3.5-4.8 g/dl	BCG
GLOBULIN	: 3.1	2.3-3.5 gm/dL	Calculated
A/G RATIO	: 1.42		Calculated

URIC ACID

URIC ACID	: 5.4	2.6 - 6.0 mg/dL	Uricase
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*** End Of The Report ***

Note : This test is performed on automated BIO CHEMISTRY analyzer - VITROS250

Dr. Anjana Sanghavi
Consultant Pathologist

Verified By

Ruhi S

NOTE :

- * Clinically correlate, Kindly discuss if necessary.
- * This report relates only to the item received.



Patient Name	: Mrs.TAJBIJE RAJANI	Bill Date	: 24-01-2023 08:35
Age / Gender	: 53 Y(s) /Female	Sample Collected Date	: 24-01-2023 08:40
Bill No/UHID No	: PS004068/P00000476996	Report Date	: 24-01-2023 12:29
Lab No / Result No	: 2300003161-G/6140	Specimen	: WHOLE BLOOD
Ref erred By	: HOSPITAL CASE		

DEPARTMENT OF BIO CHEMISTRY

<u>Investigation</u>	<u>Result</u>	<u>Reference Range</u>	<u>Methods</u>
<u>GLYCOSYLATED HB% (HbA1C)</u>			
GLYCOSYLATED HAEMOGLOBIN (HBA1c)	: 6.2	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 BIO CHEMISTRY analyzer - BIORAD D10

Verified By
Shrikant.A

NOTE :

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Dr.Anjana Sanghavi
Consultant Pathologist



Patient Name	: Mrs.TAJBIJE RAJANI	Bill Date	: 24-01-2023 08:35
Age / Gender	: 53 Y(s) /Female	Sample Collected Date	: 24-01-2023 08:40
Bill No/UHID No	: PS004068/P00000476996	Report Date	: 24-01-2023 15:43
Lab No / Result No	: 2300003162/6140	Specimen	: URINE
Ref erred By	: HOSPITAL CASE		

DEPARTMENT OF CLINICAL PATHOLOGY

<u>Investigation</u>	<u>Result</u>	<u>Reference Range</u>	<u>Methods</u>
<u>URINE ROUTINE</u>			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	: Pale Yellow		
APPEARANCE	: Clear		
<u>CHEMICAL TEST</u>			
PH	: 5.5	5.0-7.0	
SPECIFIC GRAVITY	: 1.030	1.015-1.030	
ALBUMIN	: Trace	Abset	
URINE SUGAR	: Absent	Absent	
KETONE BODIES	: Absent	Absent	
BILE PIGMENTS/ BILIRUBIN	: Absent	Absent	
UROBILINOGEN	: Normal	Normal	
NITRITES	: Absent	Absent	
LEUCOCYTES ESTERASE	: Trace	Absent	
<u>MICROSCOPIC TEST</u>			
PUS CELLS.	: 7-8	0 - 5 /hpf	
RED BLOOD CELLS.	: Absent	0 - 2 /hpf	
EPITHELIAL CELLS.	: 5-6	0-5 /hpf	
BACTERIA	: Absent	Absent	
CAST	: Absent	Absent	
YEAST CELLS	: Absent	Absent	
CRYSTALS	: Absent	Absent	
OTHERS	: Absent	Absent	

*** End Of The Report ***

Verified By
Shrikant.A

NOTE :

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Dr.Anjana Sanghavi
Consultant Pathologist



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Age / Gender	: 53 Y(s) /Female	Sample Collected Date	: 24-01-2023 08:40
Bill No/UHID No	: PS004068/P00000476996	Report Date	: 24-01-2023 14:13
Lab No / Result No	: 2300003161/6140	Specimen	: WHOLE BLOOD
Ref erred By	: HOSPITAL CASE		

DEPARTMENT OF HAEMATOLOGY

<u>Investigation</u>	<u>Result</u>	<u>Reference Range</u>	<u>Methods</u>
<u>BLOOD GROUP</u>			
BLOOD GROUP	: AB RH POSITIVE		
<u>Erythrocyte Sedimentation Rate</u>			
ESR at 1 Hour	: 20	0-30 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 ***

Verified By
Shrikant.A

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Dr. Anjana Sanghavi
Consultant Pathologist



Patient Name : **Mrs.TAJBIJE RAJANI** Bill Date : 24-01-2023 08:35
Age / Gender : **53 Y(s) /Female** Sample Collected : 24-01-2023 08:40
Bill No/UHID No : **PS004068/P00000476996** Date
Lab No / Result No : 2300003161/6140 Report Date : 24-01-2023 11:04
Ref erred By : HOSPITAL CASE Specimen : WHOLE BLOOD

DEPARTMENT OF HAEMATOLOGY

<u>Investigation</u>	<u>Result</u>	<u>Reference Range</u>	<u>Methods</u>
HAEMOGRAM REPORT			
W.B.C.COUNT	: 10280	4000-11000 /ul	Coulter Principle
NEUTROPHILS	: 68.3	40-75 %	Derived from WBC Histogram
LYMPHOCYTES	: 21.7	20-40 %	
MONOCYTES	: 3.2	2-10 %	
EOSINOPHILS	: 6.2	1.0-6.0 %	
BASOPHILS	: 0.6	0.0-1.0 %	
%IMMATURE GRANULOCYTES	: 0.03	0.00-0.10 %	
ABSOLUTE NEUTROPHIL COUNT	: 7.00	2-7 x10 ³ cells/ul	Calculated
ABSOLUTE LYMPHOCYTE COUNT	: 2.22	1 - 3 x10 ³ cells/ul	Calculated
ABSOLUTE MONOCYTE COUNT	: 0.32	0.2-1.0 x10 ³ cells/ul	Calculated
ABSOLUTE EOSINOPHIL COUNT	: 0.64	0.02-0.5 x10 ³ cells/ul	Calculated
ABSOLUTE BASOPHIL COUNT	: 0.07	0.02-0.1 x10 ³ cells/ul	Calculated
R.B.C COUNT	: 6.40	3.8 - 5.8 million/ul	Coulter Principle
HAEMOGLOBIN	: 12.6	12 - 15.0 g/dl	Cyanmethemoglobin Photometry
HAEMATOCRIT	: 39.6	36-46 %	Calculated
MCV	: 61.9	83 - 99 fl	Coulter Principle
MCH	: 19.6	27-32 pg	Calculated
MCHC	: 31.7	31.5-34.5 g/dl	Calculated
RDW	: 16.5	11.6-14.0 %	Calculated From RBC Histogram
PLATELET COUNT	: 350	150 - 450 x10 ³ /ul	Coulter Principle
MPV	: 8.8	7.8-11 fl	Coulter Principle
RBC MORPHOLOGY	: Normocytic Normochromic		
WBC MORPHOLOGY	: Eosinophilia		
PLATELET	: Adequate		

*** End Of The Report ***

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

Verified By
Shrikant.A

NOTE :

- * Clinically correlate, Kindly discuss if necessary.
- * This report relates only to the item received.

Anjana A. Sanghavi

Dr. Anjana Sanghavi
Consultant Pathologist



Name: TAJBIJE RAJANI.	Exam Date : 24-Jan-2023 08:55
Age : 053Y	Accession: 87949085759
Gender: F	Exam: ABDOMEN AND PELVIS
PID: P00000476996	Physician: HOSPITAL CASE^^^^
OPD :	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver appears normal in size 13.6 cm, 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 10.7 x 3.3 cms. Left kidney measures 9.9 x 4.3 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 and both ovaries are atrophic. No adnexal pathology is seen.

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: 24-Jan-2023 11:28:27



Grant Medical Foundation
Ruby Hall Clinic
Pimple Saudagar

Name: TAJBIJE RAJANI.
Age : 053Y
Gender: F
PID: P00000476996
OPD :

Exam Date : 24-Jan-2023 11:27
Accession: 87976113010
Exam: ULTRASOUND OF BREAST
Physician: HOSPITAL CASE^^^^

Ultrasound of both breasts has been performed on a duplex scanner.

Both breasts show normal fibro-glandular breast tissue of normal echo pattern.

No evidence of any focal cystic or solid mass lesion noted.

Both axillary tails appear normal.

Sub-areolar area does not show any abnormal ductal dilatation.

Axilla appears clear. No evidence of axillary lymphadenopathy is seen.

IMPRESSION : Normal ultrasound of both breasts.

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

Date: 24-Jan-2023 11:29:04

Name: TAJBIJE RAJANI .
Age : 053 Years
Gender: F
PID: P00000476996
OPD :

Exam Date : 24-Jan-2023 09:09
Accession: 87971112755
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: 24-Jan-2023 11:39:55



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 : RAJANI VISHNU, T.

AGE : 53/F

R R1 +0.5 X20.

L +0.5 +0.5 X10.

Add +2.25

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

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

3) Binocular Vision _____

4) Colour Vision NAD

5) Tension _____

6) Anterior Segment _____


7) Pupils _____

8) Lens _____

9) Media & Fundus _____

10) Remarks _____

Date : 24/01/23


(Signature)

ID:

Name: rajani

Sex: F

cm

kg

Birth date: / /

mmHg

bpm

ms

ms

ms

ms

mV

mV

10 mm/mV

25 mm/s

Filter: H50 D 35 Hz

10 mm/mV

24 Jan 2023 9:11

53 years

1100 Sinus rhythm

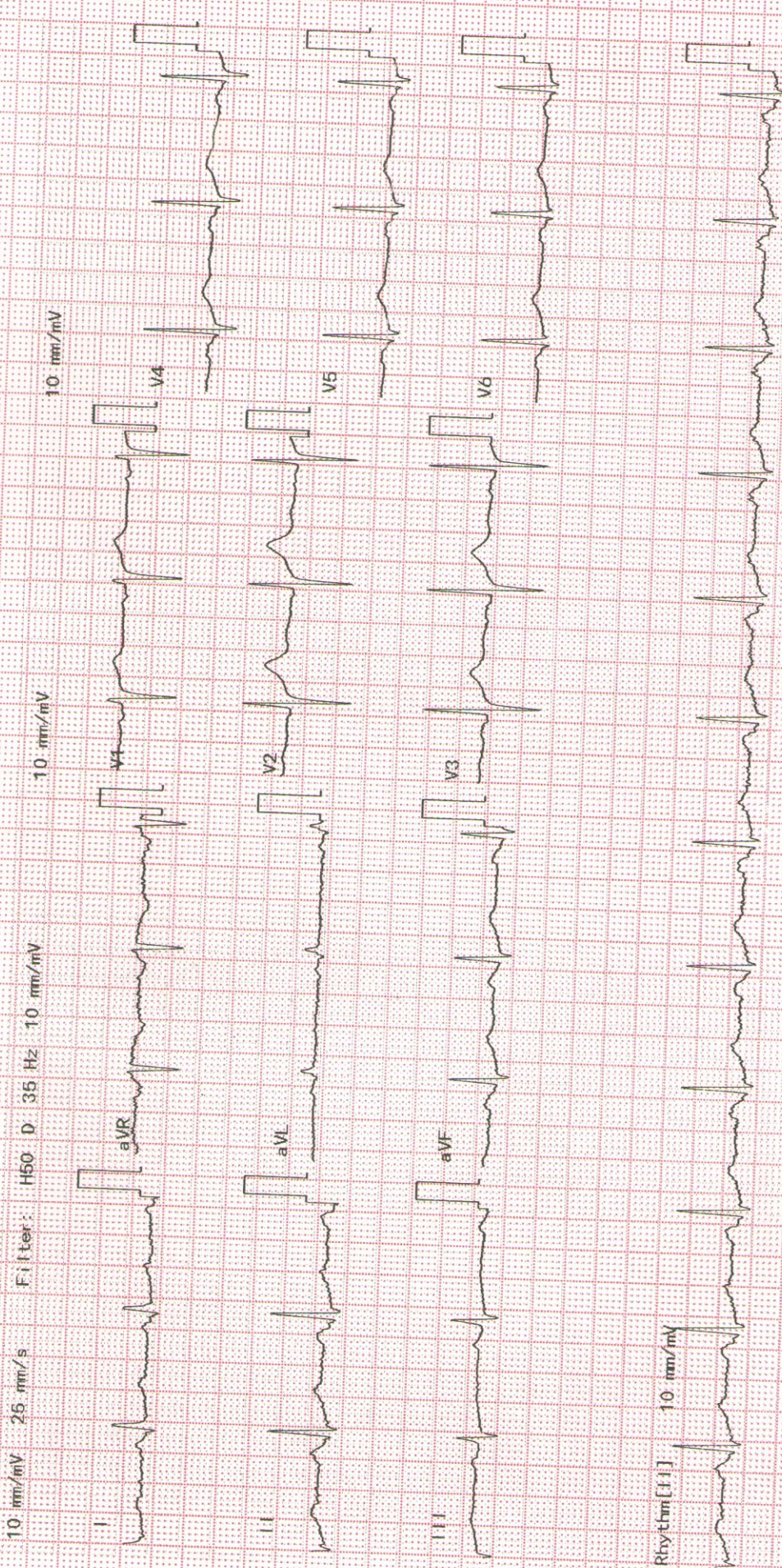
9110 ** normal ECG **

MRS. TAJLIE RAJANI



Ref: PS004068- Reg: OPS00002935
53.2.21/F - NH - 24/01/2023
P00000476996 -

Unconfirmed Report
Reviewed by:





2DECHO&DOPPLER REPORT

NAME: MRS. TAJBIJE RAJANI AGE: 53 Yrs/F DATE:24 /01/2023

MITRAL VALVE: has thin leaflets with normal subvalvar motion.
No mitral regurgitation .E= 0.95 & A=0.97 m/sec, E/A ratio- 0.99, E/E' ratio- 10.4
AORTIC VALVE : has three thin leaflets with normal opening
No aortic regurgitation.AVPG= 7.62 mmHg
PULMONARY VALVE; NORMAL,PVPG= 4.92 mmHg
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. TAPSE = 21 mm.
TRICUSPID VALVE & PULMONARY VALVES : normal.
Trivial TR, PPG = 19 mmHg. PA Pressure = 24 mmHg.
No PH.
No pericardial effusion.
M- MODE :

AORTA	LA	LVI DD	LVIDS	IVS	PW	LVEF
30mm	32mm	41mm	20mm	10mm	10mm	60%

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

DR. KEDAR KULKARNI
DNB(MEDICINE), DNB(CARDIOLOGY)
CONSULTANT INTERVENTIONAL CARDIOLOGIST