



Akuri Road, Next to Lodha Woods, Lokhandwala Township,
Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101.
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Tele.:
022-62747000 (100 Lines)

Patient Name:	Mrs. LALITA ANAND	F / 37Yrs
Ref. by:	MEDIWHEEL HEALTHCARE	Date: 16-03-2024

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in size (14.2cm), shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It measures 11 mm in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 9.8 cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
10.7 x 3.4	11 x 4.3

The kidneys are normal in size shape, position, axis and contour and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. **Few echoes in urinary bladder.** No evidence of calculus is seen. No evidence of mass or diverticulum is noted.



APEX HOSPITALS KANDIVALI DIAGNOSTIC

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.....Continue On Page 2

PELVIS:

The uterus is anteverted. It measures 6.7 x 4.6 x 4.9 cm in the longitudinal, antero-posterior and transverse dimensions, respectively. The uterine margins are smooth and do not reveal any contour abnormalities.

The endometrial echo is in the midline and measures 3.2 mm.

Bilateral ovaries are normal in size and echo pattern.

Right ovary measures 2 x 1.6cm

Left ovary measures 1.6 x 3.2 cm

No adnexal mass is seen.

There is no free fluid in the cul-de-sac. There is no obvious evidence of significant lymphadenopathy.

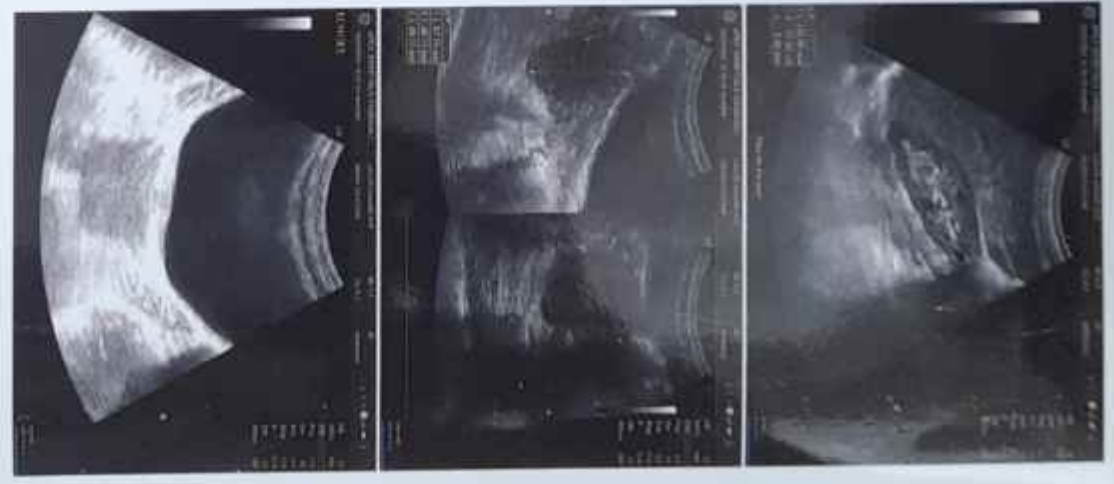
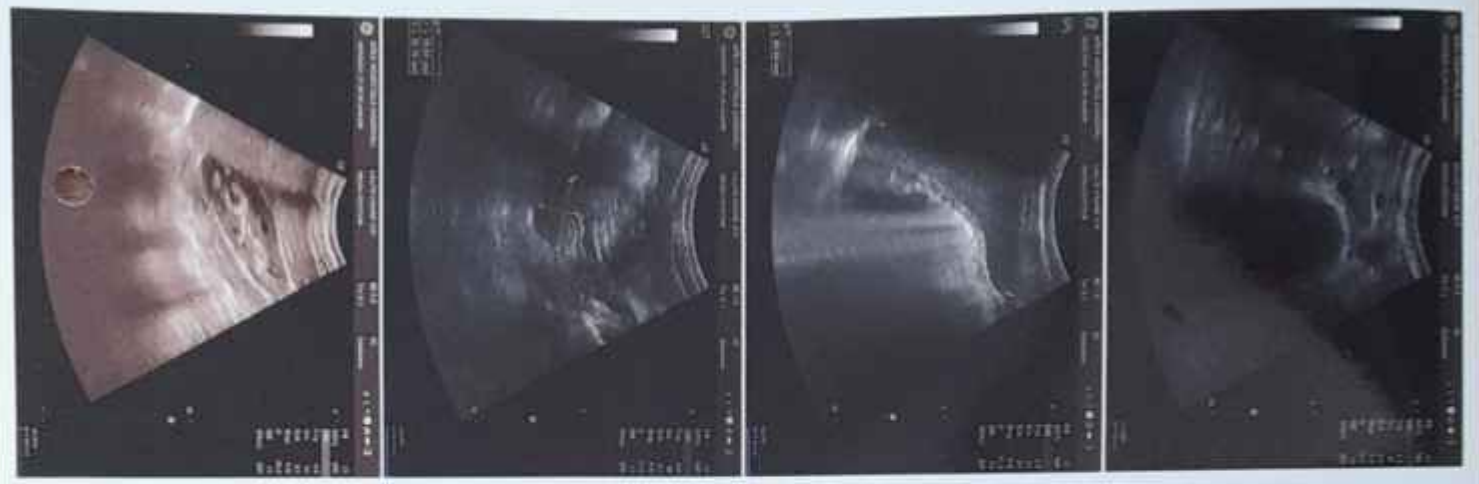
IMPRESSION:

- > Few echoes in urinary bladder. Advice urine examination correlation.
- > No other significant abnormality is seen.

Thanks for the reference.

With regards,

Dr. Ravi Kumar
Consultant Radiologist





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Lalita Anand.

16/3/24

37yr, w/s 10y.

P₁₄ - 6^{1/2} y / 0⁹ | PTND / Acto.
P₂₄ - 1^{1/2} y

LMP: 13/3/24

Lactating now

efo: No complaints

Headache : 2 days

Regular menses
Regular Pap smear

Adv

wt: 57-58y

P: 64/cm

BP: 100/60 mmHg

T: Tericium Active.

0 - 1 - 0

x 1 month.

C: Uprise D3 weekly

Once x 4 weeks.

A/u SOS

fl
f.



अरुणस हॉस्पिटलस कारिवाली

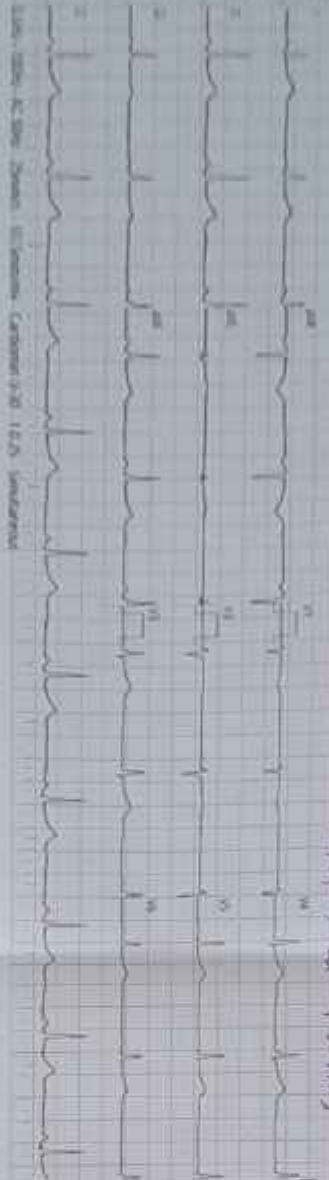
Name _____

Date _____

Time _____

Age _____

Gender _____



16/3/14 at 9.30 AM

ECC report

Name: _____
 Gender: _____
 Age: _____
 Date: _____
 Ref: _____

Phys. Laxmi Singh

HR: 75 bpm
 PR: 175 ms
 QRS: 72 ms
 QT/QTc: 340/38 ms
 P/QRS/T: 0.08/0.15/0.10
 P/QRS/T axis: 0/0/0 deg
 V1-V6: 1.2/1.5/1.8 mV

Cardiac Care
 Hospital No: 20423/1/2014



Mrs. Lalita Amam

18/8/24

Age 37 years Female

OPthal.

Distance -

(R) eye - 0.18

(L) eye - 0.18

Hear.

(R) eye - clear

(L) eye - clear.



mrs. Lalita Anand.

1613124

Age - 57 years female.

Height - 170 cm.

weight - 51.5 kg.

BP - 100/60 mmHg

Pulse - 64/min

SpO₂ - 98%





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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mrs. LALITA ANAND	LabNo	14798	
UHID/IP No	150009642 / 11283	Sample Date	16/03/2024 10:19AM	
Age/Gender	37 Yrs/Female	Receiving Date	16/03/2024 12:46PM	
Bed No/Ward	OPD	Report Date	16/03/2024 2:16PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	10.4 L	gm/dl	12.5 - 16.0	SLS- Hb Method
RBC Count (Red Blood Cell)	3.81 L	10 ⁶ /uL	4.20 - 5.40	
PCV (Haematocrit)	32.0 L	%	36.0 - 46.0	
MCV	83.99	fl	78 - 100	Calculated
MCH	27.3	pg	26 - 34	Calculated
MCHC	32.5	gm/dl	30 - 36	Calculated
RDW	13.5	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	5500	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	60	%	40 - 80	
Lymphocyte %	36	%	20 - 40	
Eosinophil %	02	%	0 - 6	
Monocytes %	02	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	3300	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	1980	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	110	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	110 L	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Hypochromasia(+)			
Platelet Count	159	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	8.2	fl	7 - 12	

--End Of Report--

Dr. SANDEEP B PORWAL
MBBS MD (Path) Mumbai



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Age/Gender	37 Yrs/Female	Receiving Date	16/03/2024 12:46PM	
Bed No/Ward	OPD	Report Date	16/03/2024 1:52PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	10	mm/hr	< 20	Westergren

--End Of Report--

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IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUPING Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"A" Rh Positive			SLIDE METHOD

--End Of Report--

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
GLUCOSE (PP)				
Sample: Fl. Plasma				
Blood Sugar(2 Hours PP)	102.0	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

GLUCOSE (FASTING)

Sample: Fl. Plasma

Glucose (Fasting Blood Sugar / FBS)	95.0	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	

--End Of Report--

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE SERUM				
Sample: Serum				
Cholesterol-Total	106	mg/dl	< 200.00	Cholesterol Oxidase_Esterase_Peroxidase
Triglycerides	88	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	45	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	17.60	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	43.40	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	2.36 L		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	0.96 L		2.50 - 3.50	Calculated Value

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Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIVER FUNCTION TEST (LFT) SERUM				
Sample: Serum				
Bilirubin Total (TBil)	0.52	mg/dl	0.30 - 1.30	Diphenyl Diazonium Salt
Bilirubin Direct (Dbil)	0.30	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.22	mg/dl	0 - 1	
SGPT (ALT)	22.14	U/L	5 - 40	IFCC modified
SGOT (AST)	19.20	U/L	5 - 40	IFCC modified
Protein Total	6.4	gm/dl	6.00 - 8.00	Biuret
Albumin	3.5	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.90	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.21		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	62.47	IU/L	42 - 140	
GGTP (GAMMA GT)	15.0	IU/L	15.0 - 72.0	UV Kinetic IFCC

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Age/Gender	37 Yrs/Female	Receiving Date	16/03/2024 12:46PM	
Bed No/Ward	OPD	Report Date	16/03/2024 1:52PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
RFT (RENAL FUNCTION TEST)				
Sample: Serum				
Creatinine	0.80	mg/dl	0.60 - 1.30	Jaffes
UREA	30.40	mg/dl	15 - 50	CDC Urease, Colorimetric
BUN - Blood Urea Nitrogen	14.21	mg/dl	7 - 20	
Calcium	8.9	mg/dl	8.6 - 10.5	Arsenazo III
Uric Acid	4.4	mm/hr	2.5 - 6.2	URICASE- PEROXIDASE
Phosphorus	4.6	mg/dl	2.5 - 5.0	Phosphomolybdate Reduction
Sodium	139.0	mEq/L	135 - 146	ISE Direct
Potassium	4.5	mEq/L	3.5 - 5.5	ISE Direct
Chloride	106.0	mEq/L	98 - 108	ISE Direct
Protein Total	6.4	gm/dl	6.00 - 8.00	Biuret
Albumin	3.5	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.90	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.21		1.00 - 2.50	Calculated Value

--End Of Report--

Dr. SANDEEP B PORWAL
MBBS MD (Path) Mumbai



DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mrs. LALITA ANAND	LabNo	14796	
UHID/IP No	150009642 / 11283	Sample Date	16/03/2024 10:19AM	
Age/Gender	37 Yrs/Female	Receiving Date	16/03/2024 12:46PM	
Bed No/Ward	OPD	Report Date	16/03/2024 1:52PM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	30	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.020		1.010 - 1.025	
CHEMICAL EXAMINATION				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	Present +			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
MICROSCOPIC EXAMINATION				
Pus Cells	8-10/hpf			
RBCs	15-20/hpf			
Epithelial Cells	2-3/hpf			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	Absent			

--End Of Report--

Dr. SANDEEP B PORWAL
MBBS MD (Path) Numbal

Patient id : PVD18323-24/72944
 Patient : MRS LALITHA ANAND
 Age/sex : 37 Yrs/ Female
 Center : APEX HOSPITALS KANDIVALI
 Ref. By : Self

 Sample ID : 24034637
 Reg. Date : 16/03/2024
 Report Date : 16/03/2024
 Case No. :

HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.3	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	105.41	mg/dL	
Method : HPLC-Biorad D10-USA			

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 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 \times A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
- 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 %

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

CENTRAL PROCESSING LABORATORY

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 DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg. no 2001031640

Patient Id : PVD18323-24/72944 Sample ID : 24034637
 Patient : MRS LALITHA ANAND Reg. Date : 16/03/2024
 Age/sex : 37 Yrs/ Female Report Date : 16/03/2024
 Center : APEX HOSPITALS KANDIVALI Case No. :
 Ref. By : Self

**IMMUNOASSAY**


Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	136.41	ng/dl	83-200 For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	7.65	ug/dL	5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	2.74	uIU/ml	0.27 - 4.20
Method : ECLIA			

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	- Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be up to 25%.
Raised	Within Range	Within Range	-Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability -Subclinical Autoimmune Hypothyroidism -Intermittent T4 therapy for hypothyroidism -Recovery phase after Non-Thyroidal illness*
Raised	Decreased	Decreased	-Chronic Autoimmune Thyroiditis -Post thyroidectomy/Post radioiodine -Hypothyroid phase of transient thyroiditis*
Raised or within Range	Raised	Raised or within Range	-Interfering antibodies to thyroid hormones (anti-TPO antibodies) -Intermittent T4 therapy or T4 overdose -Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics*
Decreased	Raised or within Range	Raised or within Range	-Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness -Subclinical Hyperthyroidism -Thyroxine ingestion*
Decreased	Decreased	Decreased	-Central Hypothyroidism -Non-Thyroidal illness -Recent treatment for Hyperthyroidism (TSH remains suppressed)*
Decreased	Raised	Raised	-Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule -Transient thyroiditis Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum*
Decreased or within Range	Raised	Within Range	-T3 toxicosis -Non-Thyroidal illness

-----End Of Report-----

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone Partial reproduction of this report is not permitted The test report is not valid for medico-legal purpose.



DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640

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DEPARTMENT OF RADIOLOGY

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UHID/IP No	150009642 / 11283	Order Date	16/03/2024 10:19AM	
Age/Gender	37 Yrs/Female	Receiving Date	16/03/2024 6:09PM	
Bed No/Ward	OPD	Report Date	19/03/2024 10:13AM	
Prescribed By	Dr. Ramesh Hari Pawar	Report Status	Final	

XRAY CHEST PA VIEW

The lung on either side shows adequate translucency and exhibit normal vasculature.
 Bilateral hila are symmetrical in size, outline and density
 Trachea is central in position and no mediastinal abnormality is visible.
 Bilateral costophrenic angles are clear.
 Cardiac shadow is unremarkable.
 Bone thorax appears unremarkable.

--End Of Report--

Dr. SAUMIL PANDYA
MD, D.N.B., RADIOLOGIST