



Dept. of Pathology
(For Report Purpose Only)



PRN : 102718
Patient Name : Mrs. PATIL SMITA SANDEEP
Age/Sex : 46Yr(s)/Female

Lab No : 5647
Req.No : 5647

Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 09/08/2022 09:30 AM
Reporting Date & Time : 09/08/2022 02:31 PM
Print Date & Time : 09/08/2022 02:32 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

BIOCHEMISTRY

BSL-F & PP

Blood Sugar Level Fasting	: 91	MG/DL	60 - 110
Blood Sugar Level PP	: 87	MG/DL	70 - 140

END OF REPORT

Technician *[Signature]*

Report Type By :- KAJAL SADIGALE

[Signature]
Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology

(For Report Purpose Only)



PRN : 102718
Patient Name : Mrs. PATIL SMITA SANDEEP
Age/Sex : 46Yr(s)/Female
Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Lab No : 5647
Req.No : 5647
Collection Date & Time : 09/08/2022 09:30 AM
Reporting Date & Time : 09/08/2022 12:56 PM
Print Date & Time : 09/08/2022 01:05 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
HAEMATOLOGY			
HAEMOGRAM			
HAEMOGLOBIN (Hb)	: 13.1	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 42.2	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.44	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 95.0	cu micron	76 - 96
M.C.H.	: 29.5	pg	27 - 32
M.C.H.C	: 31.0	picograms	32 - 36
RDW-CV	: 12.6	%	11 - 16
WBC TOTAL COUNT	: 6510	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 293000	cumm	150000 - 450000
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	: 51	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 3320.10	µL	2000 - 7000
LYMPHOCYTES	: 41	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2669.10	µL	1000 - 3000
EOSINOPHILS	: 03	%	01 - 04
ABSOLUTE EOSINOPHILS	: 195.30	µL	20 - 500
MONOCYTES	: 05	%	02 - 08
ABSOLUTE MONOCYTES	: 325.50	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist



Dept. of Pathology

(For Report Purpose Only)



PRN : 102718 **Lab No** : 5647
Patient Name : Mrs. PATIL SMITA SANDEEP **Req.No** : 5647
Age/Sex : 46Yr(s)/Female
Company Name : BANK OF BARODA **Collection Date & Time** : 09/08/2022 09:30 AM
Referred By : Dr.HOSPITAL PATIENT **Reporting Date & Time** : 09/08/2022 12:56 PM
Print Date & Time : 09/08/2022 01:05 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

RBC MORPHOLOGY	: Normocytic Normochromic		
WBC MORPHOLOGY	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.


ESR

ESR MM (AT The End of 1 Hr.) By : 12 mm/hr Male : 0 - 15
Westergren Method Female : 0 - 20

END OF REPORT

Technician 

Report Type By :- KAJAL SADIGALE


Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology &
Bacteriology (MMC-2012/03/0668)
Pathologist

For Free Home Collection Call : 9545200011



Dept. of Pathology

(For Report Purpose Only)



PRN : 102718
 Patient Name : Mrs. PATIL SMITA SANDEEP
 Age/Sex : 46Yr(s)/Female
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 5647
 Req.No : 5647

Collection Date & Time : 09/08/2022 09:30 AM
 Reporting Date & Time : 09/08/2022 12:56 PM
 Print Date & Time : 09/08/2022 01:05 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

ENDOCRINOLOGY

TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 0.806	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 8.88	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 4.73	µIU/mL	0.465 - 4.68

NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

The guidelines for age related reference ranges for T3,T4,& Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist

For Free Home Collection Call : 9545200011



Dept. of Pathology

(For Report Purpose Only)



PRN : 102718
 Patient Name : Mrs. PATIL SMITA SANDEEP
 Age/Sex : 46Yr(s)/Female
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 5647
 Req.No : 5647

Collection Date & Time : 09/08/2022 09:30 AM
 Reporting Date & Time : 09/08/2022 12:57 PM
 Print Date & Time : 09/08/2022 01:05 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 15 ML
 COLOUR : COLOURLESS
 APPEARANCE : CLEAR
 REACTION : ACIDIC
 SPECIFIC GRAVITY : 1.010

CHEMICAL EXAMINATION

PROTEIN : ABSENT
 SUGAR : ABSENT
 KETONES : ABSENT
 BILE SALTS : ABSENT
 BILE PIGMENTS : ABSENT
 UROBILINOGEN : NORMAL

MICROSCOPIC EXAMINATION

PUS CELLS : 0-1 /hpf
 RBC CELLS : ABSENT / hpf
 EPITHELIAL CELLS : 0-1 /hpf
 CASTS : ABSENT /hpf
 CRYSTALS : ABSENT
 OTHER FINDINGS : ABSENT
 BACTERIA : ABSENT

END OF REPORT

Technician *B*

Report Type By :- KAJAL SADIGALE

[Signature]
 Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Pathology

(For Report Purpose Only)



PRN : 102718
 Patient Name : Mrs. PATIL SMITA SANDEEP
 Age/Sex : 46Yr(s)/Female
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 5647
 Req.No : 5647
 Collection Date & Time : 09/08/2022 09:30 AM
 Reporting Date & Time : 09/08/2022 12:56 PM
 Print Date & Time : 09/08/2022 01:06 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

BIOCHEMISTRY

RFT (RENAL FUNCTION TEST)

BIOCHEMICAL EXAMINATION

UREA (serum)	: 18	MG/DL	0 - 45
UREA NITROGEN (serum)	: 8.41	MG/DL	7 - 21
CREATININE (serum)	: 0.9	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 3.1	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

SERUM ELECTROLYTES

SERUM SODIUM	: 140	mEq/L	136 - 149
SERUM POTASSIUM	: 4.0	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 101	mEq/L	98 - 107

END OF REPORT

Technician *[Signature]*

Report Type By :- KAJAL SADIGALE

[Signature]
 Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Pathology

(For Report Purpose Only)



PRN : 102718
 Patient Name : Mrs. PATIL SMITA SANDEEP
 Age/Sex : 46Yr(s)/Female
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 5647
 Req.No : 5647

Collection Date & Time : 09/08/2022 09:30 AM
 Reporting Date & Time : 09/08/2022 12:56 PM
 Print Date & Time : 09/08/2022 01:06 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 165	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 85	MG/DL	0 - 150
HDL (serum)	: 41	MG/DL	Male : : 42 - 79.5 Female : : 42 - 79.5
LDL (serum)	: 114	MG/DL	0 - 130
VLDL (serum)	: 17	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 4.02		Male : 1.0 - 5.0 Female : : 1.0 - 4.5
LDL/HDL RATIO	: 2.78		Male : <= 3.6 Female : <=3.2

NCEP Guidelines

	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.
 Cholesterol & Triglycerides reprocessed , & confirmed.

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 102718
 Patient Name : Mrs. PATIL SMITA SANDEEP
 Age/Sex : 46Yr(s)/Female
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 5647
 Req.No : 5647

Collection Date & Time : 09/08/2022 09:30 AM
 Reporting Date & Time : 09/08/2022 12:56 PM
 Print Date & Time : 09/08/2022 01:06 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

BIOCHEMISTRY

LFT (Liver function Test)

BILIRUBIN TOTAL (serum)	: 0.3	MG/DL	INFANTS : 1.2 - 12.0 ADULT : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.1	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.20	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 18	IU/L	5 - 40
S.G.P.T (serum)	: 15	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 71	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 7.3	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.7	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 2.60	GM/DL	1.8 - 3.6
A/G RATIO	: 1.81		1:2 - 2:1

END OF REPORT

Technician

Report Type By :- KAJAL SADIGALE

Signature
 Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 102718
 Patient Name : Mrs. PATIL SMITA SANDEEP
 Age/Sex : 46Yr(s)/Female
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 5647
 Req.No : 5647
 Collection Date & Time : 09/08/2022 09:30 AM
 Reporting Date & Time : 09/08/2022 12:56 PM
 Print Date & Time : 09/08/2022 01:06 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HBA1C	: 5.21	%	Good Control :: 5.5 - 6.7 Fair Control :: 6.8 - 7.6 Poor Control :: >7.6
-------	--------	---	--

Instrument: COBAS C 111

The HbA1C determination is based on turbidimetric inhibition immunoassay (TNIA) for hemolysed whole blood on Cobas c111 system.

NOTE :

- The HbA1C test shows your average blood sugar for last 3 months.
- The HbA1C test does not replace your day-to-day monitoring of blood glucose.
Use this test result along with your daily test results to measure your overall diabetes control.

How does HbA1C works ?

The HbA1C test measures the amount of sugar that attaches to protein in your red blood cells. RBCs live for about 3 months, so this test shows your average blood sugar levels during that time. Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.

Why is this test so important ?

Research studies demonstrated that the closer to normal your HbA1C level was, the less likely your risk of developing the long- term complications of diabetes. Such problems include eye disease and kidney problems.

Who should have the HbA1c test done ?

Everyone with diabetes can benefit from taking this test. Knowing your HbA1C level helps you and your doctor decide if you need to change your diabetes management plan.

How often should you have a HbA1C test ?

You should have this test done when you are first diagnosed with diabetes. Then at least twice a year if your treatment goals are being met & blood glucose control is stable. More frequent HbA1C testing (4 times / year) is recommended if your blood glucose management goals.

END OF REPORT

Technician *[Signature]*

Report Type By :- KAJAL SADIGALE

[Signature]
 Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Pathology
(For Report Purpose Only)



PRN : 102718
 Patient Name : Mrs. PATIL SMITA SANDEEP
 Age/Sex : 46Yr(s)/Female
 Company Name : BANK OF BARODA
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 5647
 Req.No : 5647
 Collection Date & Time : 09/08/2022 09:30 AM
 Reporting Date & Time : 09/08/2022 12:56 PM
 Print Date & Time : 09/08/2022 01:07 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
----------------	--------------	------	---------------

HAEMATOLOGY

BLOOD GROUP

BLOOD GROUP : "A"
 RH FACTOR : POSITIVE

NOTE : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse blood grouping (Tube method).

END OF REPORT

Technician *[Signature]*

Report Type By :- KAJAL SADIGALE

[Signature]
 Dr. POONAM KADAM
 MD (Microbiology), Dip.Pathology &
 Bacteriology (MMC-2012/03/0668)
 Pathologist



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 09-AUG-2022 REP. DATE : 09-AUG-2022
NAME : MRS. PATIL SMITA SANDEEP
PATIENT CODE : 102718 AGE/SEX : 46 YR(S) / FEMALE
REFERRAL BY : Dr. HOSPITAL PATIENT

CHEST X-RAY PA VIEW

OBSERVATION :

Prominent bronchovascular markings are noted in both lung fields.

Heart and mediastinum are normal.

Diaphragm and both CP angles are normal.

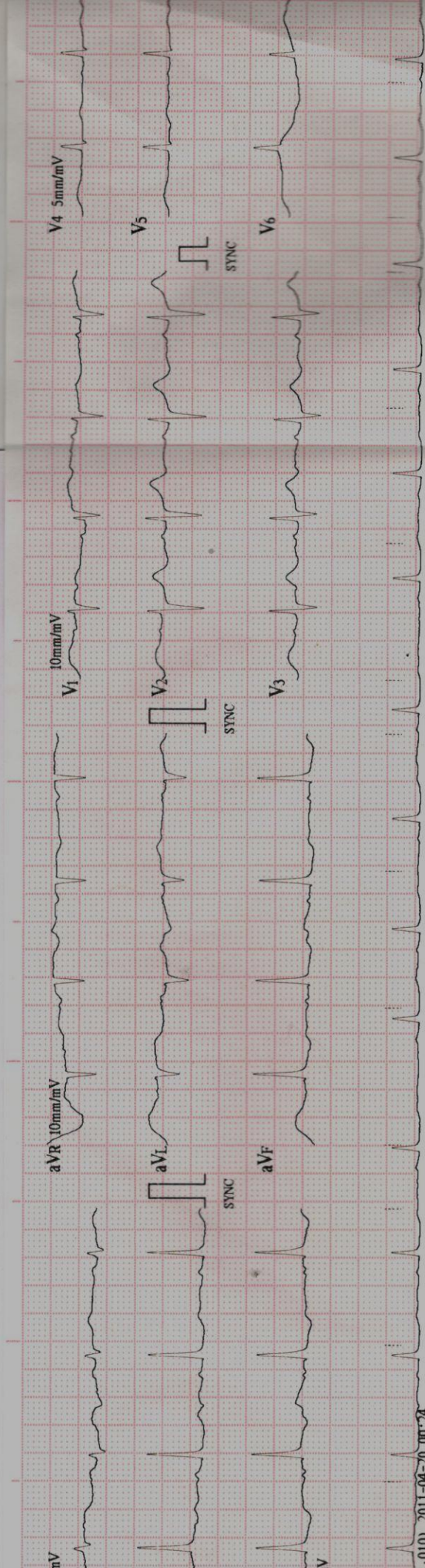
Visualised bones & extra-thoracic soft tissues appear normal.

IMPRESSION :

Prominent bronchovascular markings in both lung fields ? bronchitis.

-Kindly correlate clinically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST



.010 2011-04-20 00:24



2D ECHO / COLOUR DOPPLER

NAME : MRS. SMITA PATIL
REF BY : DR. HOSPITAL PATIENT

46Yrs/F

OPD
9-Aug-22

M - Mode values

Doppler Values

AORTIC ROOT (mm)	21	PULMONARY VEL (m/sec)	
LEFT ATRIUM (mm)	26	PG (mmHg)	
RV (mm)	44	AORTIC VEL (m/sec)	1.2
LVID - D (mm)	43	PG (mmHg)	6
LVID - S (mm)	24	MITRAL E VEL (m/sec)	0.8
IVS - D (mm)	11	A VEL (m/sec)	0.5
LVPW -D (mm)	10	TRICUSPID VEL. (m/sec)	
EJECTION FRACTION (%)	60%	PG (mmHg)	

FINDINGS:

Visceroabdominal situs solitus
SVC/IVC TO RA; 3PVs TO LA
2 Atria, RAVO+
2 AV valves structurally normal
Large ostium secundum ASD(16 mm) with left to right shunt.
Posterior rim 6mm, Mitral rim 19mm, retro aortic rim 6mm, IVC rim-Adequate,
SVC rim - deficient.
RA/RV dilated
IVS intact.
AV concordance+
2 ventricles, good biventricular systolic function; IVS intact
VA concordance+
NRGA+
PA & brs confluent,
Mild TR/Moderate pulmonary hypertension. (RVSP - 49 mmHg)
Aortic valve trileaflet; no LVOTO/ no AR
No PDA/ no CoA
Coronary course & origin normal

DIAGNOSIS:

CHD/SDS

large Os-secundum ASD (16mm) with Lt to Rt shunt
RA/RV dilated
Moderate pulmonary hypertension.
Good biventricular systolic function.

Adv: ASD - device closure


DR. RAJDATTA DEORE
CARDIOLOGIST
MMC 2005/03/1520

9920946760



Dept. of Radiology
(For Report Purpose Only)



REQ. DATE : 09-AUG-2022 REP. DATE : 09-AUG-2022
NAME : MRS. PATIL SMITA SANDEEP
PATIENT CODE : 102718 AGE/SEX : 46 YR(S) / FEMALE
REFERRAL BY : HOSPITAL PATIENT

USG ABDOMEN AND PELVIS

OBSERVATION :

Liver : Is normal in size (13.8 cm), shape & echotexture. No focal lesion / IHBR dilatation.

CBD / PV : Normal.

G.B. : Moderately distended, normal.

Spleen : Is normal in size (7.3 cm), shape & echotexture. No focal lesion.

Pancreas : Normal in size, shape & echotexture.

Both kidneys are normal in size, shape & echotexture, CMD maintained. No calculus/ hydronephrosis / hydroureter on either side.

Right kidney measures : 9.6 x 3.5 cm.

Left kidney measures : 10.1 x 4.5 cm.

Urinary bladder : Moderately distended, normal.

Uterus : Anteverted, normal in size (5.5 x 4.3 x 2.1 cms), shape, echotexture. No fibroid. Endometrium show normal appearance. ET = 4.3 mm.

Both ovaries : show normal features. Adnexa clear.

No obvious demonstrable small bowel / RIF pathology.
Normal Aorta, IVC, adrenals and other retroperitoneal structures.
No ascites / lymphadenopathy / pleural effusion.
Loaded fecal matter is noted in the large bowel loops.

IMPRESSION :

No significant abnormality noted in the present study.

- Kindly co-relate clinically.

Dr. PIYUSH YEOLE
(MBBS, DMRE)
CONSULTANT RADIOLOGIST