



PRAMUKH
MULTI SPECIALITY
HOSPITAL

Above Punjab National Bank,
Nr. Railway Crossing, Maninagar (E)
Ahmedabad - 380 008.

MEDICAL EXAMINATION

DATE :- 25/12/2021

NAME :- POONAM N. MULCHANIDANI

AGE /SEX :- 57 YRS / female

O/E :

Height : 160 Cms.

T: Normal

Weight : 63 Kgs.

BP: 124/80 mm Hg.

BMI : 25

P: 68/min

Eye Exam. : Vision Normal

RS: BA&E

Ear Exam. : Hearing Normal.

SPO2: 98% on R.A.

CNS: Con/oxi

CVS: S1+S2

P/A: Soft.

ADV:



B. M. Panchal
Dr. Brijesh Panchal
MBBS
Regd. No. G-28095
PRAMUKH MULTISPECIALITY HOSPITAL
Maninagar, Ahmedabad-8.

Poonam Mulchandani

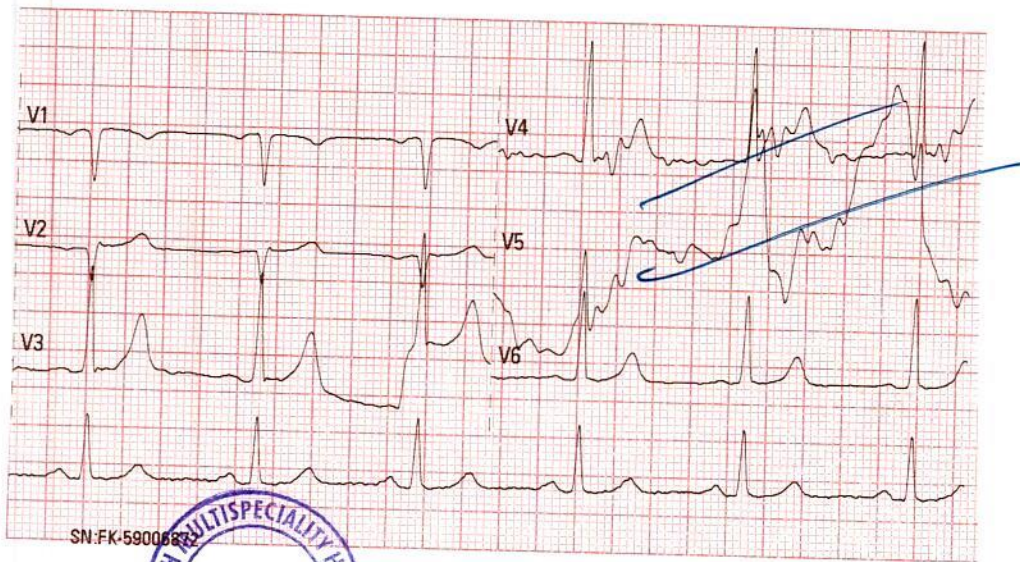
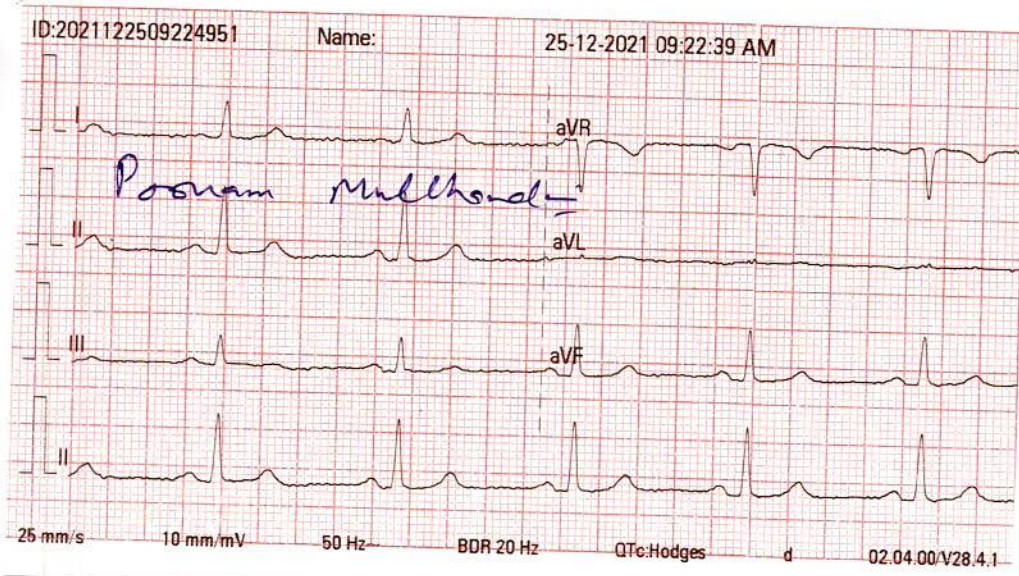
HELP LINE No. 7227971927



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rgm

DR. KAMLESH N. SHAH
M.D. (FICA-USA)
Reg. No. G-1345
PRAMUKH MULTISPECIALITY HOSPITAL
MANINAGAR, AHMEDABAD.

IC - N - SW

HELP LINE No. 7227971927



NAME: POONAM N. MULCHANDANI

F/57YRS.

DATE: 25/12/2021

REF.BY: PRAMUKH HOSPITAL

U.S.G. OF ABDOMEN PELVIS

Liver: appears normal in size & shows normal echopattern. No focal lesion is seen. No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

Gall bladder: is moderately distended & appears normal. No calculus, sludge or mass is seen. Gall bladder wall thickness appears normal.

Pancreas: appears normal in size & echopattern. No focal lesion is seen.

Spleen: appears normal in size and shows normal echotexture. No focal lesion is seen. Splenic vein appears normal.

Both Kidneys appear normal in size, position and echopattern.

C-M differentiation is well preserved on either side.

No calculus or hydronephrosis on either side.

Cortical thickness appears normal on both sides.

No focal lesion is seen on either side.

Urinary bladder is moderately distended & appears normal. No calculus, internal echoes or mass is seen. Urinary bladder wall thickness appears normal.

Uterus: Postmenopausal status.

No adnexal mass is seen on either side.

Para-aortic region appears normal.

No abdominal lymphadenopathy is seen.

Bowel loops appear normal in caliber & show normal peristalsis.

No abnormal dilatation of bowel loops or wall thickening is seen.

No fluid collection or lump formation is seen in RIF.

No ascites is seen.


IMPRESSION:

NO SIGNIFICANT ABNORMALITY IDENTIFIED.

DR. SANDIP MEVADA
M.D.

DR. ANIRUDDHSINH RAHEVAR
DMRD DNB

DR. RUCHIT SHAH
M.D.


DR. AMISHA PATEL
M.D.

DR. PRANAY PATEL
M.D.





Sanya
DIAGNOSTICS

■ MRI ■ CT Scan ■ Sonography ■ Colour Doppler ■ Digital X-Ray ■ 2D - Echo ■ Mammography

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X RAY CHEST PA VIEW

Both lung fields under vision appears normal.

No evidence of koch's lesion or consolidation is seen.

Both CP angles are clear.


Cardiac size is within normal limits.

Bony thoracic cage and both domes of diaphragm appears normal.

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M.D.



Ahmedabad, Gujarat, India
Bhawan Avenue, Mansarovar Rd, Ahbab Nagar, Maninagar
East, Khokhra, Ahmedabad, Gujarat 380008, India
Lat N 22° 59' 42.432" Long E 72° 36' 49.0284"
25/12/21 09:13 AM



ભારત સરકાર

GOVERNMENT OF INDIA

મુલચંદાની પૂનમ નરેશ

Mulchandani Poonam Naresh

જન્મજી વર્ષ / Year of Birth : 1964

સ્ત્રી / Female

7191 3988 2555



અધિકાર - સામાજિક માલિકીનો અધિકાર



Patient Name : Poonam Mulchandani
Sample No.. : 5503
Referred : C/o. Bank Of Baroda

Age/Sex : 57 Years/Female
Registration On:25/12/2021/13:04
Approved On :25/12/2021 17:49

Thyroid Functions

<u>Test</u>	<u>Result</u>	<u>Normal Range</u>
T3-Triodothyronine	: 1.24 ng/ml	0.6 - 1.80 ng/ml
T4-Thyroxine	: 8.3 mcg/dl	4.5 - 10.9 mcg/dl
TSH Thyroid Stimulating Hormone	: 2.75 microIU/ml	0.35 - 5.55 microIU/ml

Comments :

COMMENTS :

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.

Low or undetectable TSH is suggestive of Grave~s disease

TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.

TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 ,FT4 is important.

FreeT3 is first hormone to increase in early Hyperthyroidism.

Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

During pregnancy clinically T3 T4 can be high and TSH can be slightly low



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BLOOD SUGAR LEVEL

Specimen : FLOURIDE

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
Fasting Blood Sugar: (GOD-POD)	75.14	mg/dl	70-110
Post Prandial Blood Glucose: 102 (GOD-POD)		mg/dl	100 - 150

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M.D.,Patho
Reg No :G-6486



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BLOOD GROUP

<u>Test</u>	<u>Result</u>
BLOOD GROUP	: "A"
RH GROUP	: POSITIVE.

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Lipid Profile

Specimen :SERUM

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
S. Cholesterol: (CHOD-POD)	245.18	mg/dl	Normal :< 200 Borderline : 200 - 240 High : > 240
Serum Triglycerides: (GPO-POD)	230.74	mg/dl	Normal :Normal < 150 Borderline : 150 - 199 High : > 200
HDL Cholesterol: (Direct-Cholesterol Esterase HSDA)	67.00	mg/dl	40 - 60 mg/dl
Serum LDL Cholesterol: (Calculated)	132.032	mg/dl	Up to 150
Serum VLDL Cholesterol: (Calculated)	46.148	mg/dl	Up to 35
LDLC/HDLC Ratio: (Calculated)	1.97	mg/dl	Up to 3.4
Cholesterol/HDLC Ratio: (Calculated)	3.66	mg/dl	Up to 5.0
Total Lipid: (Calculated)	824.952	mg/dl	400 - 1000 mg/dl

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Glycosylated HB - (HBA1C)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
HBA1C: (Immunoturbidimetric)	5.20	%	Normal : ≤ 5.6 Prediabetes : 5.7 - 6.4 Diabetes : ≥ 6.5 DIABETES CONTROL CRITERIA 6 - 7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested
Mean Blood Glucose:	102.5	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 ≥ 200 mg/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. 2) 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. 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected.

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URINE EXAMINATION

PHYSICAL :

Colour - **Pale Yellow**
Deposits - **Absent**
Transparency - **Clear**
Reaction - **Acidic**
Sp. Gravity - **1.005**

CHEMICAL :

Albumin - **Absent**
Sugar - **Absent**
Bile Salts - **Absent**
Bile Pigments - **Absent**

MICROSCOPIC: (After centrifugation at 2000 r.p.m. for 5 minutes)

Pus Cells - **0 - 2 /h.p.f.**
Red Cells - **Not seen /h.p.f.**
Epithelial Cells - **2 - 3 /h.p.f.**
Casts - **Not seen/l.p.f.**
Crystals - **Not seen**
Amorphous - **Not seen**

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LIVER FUNCTION TESTS

Specimen: SERUM

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
S. Bilirubin (Total): (Photometric DC Diazo)	0.33	mg/dl	up to 1.2
S. Bilirubin (Direct): (Photometric DC Diazo)	0.25	mg/dl	up to 0.2
S. Bilirubin (Indirect): (Calculated)	0.08	mg/dl	up to 1.0
SGPT(ALT) (UV Kinetic)	18.12	U/L	up to 42
SGOT (AST) (UV Kinetic)	23.30	U/L	up to 40
GGT (Optimized kinetic colortest IFCC)	26.38	U/L	09 - 36
Total Proteins: (Biuret)	6.43	g/dl	6.0 - 8.3
Albumin (BCG)	4.31	g/dl	3.5 - 5.2
Globulins: (Calculated)	<u>2.12</u>	g/dl	2.4 - 3.7
AGRATIO: (Calculated)	2.033		
S.Alkaline Phosphatase: (Colorimetric Optimized Kinetic IFCC)	72.03	U/L	40 - 129

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RENAL FUNCTION

Specimen :SERUM

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
Sr. Creatinine: <small>(Modified Jaffe's)</small>	0.89	mg/dl	0.5 - 1.1 mg/dl
Urea: <small>(GLDH)</small>	23.31	mg/dl	10 - 50 mg/dl
S. Uric Acid: <small>(Uricase-POD)</small>	3.65	mg/dl	2.4 - 6.2 mg/dl
Blood Urea Nitrogen: <small>(Calculated)</small>	10.89	mg/dl	08 - 23 mg/dl
Bun/Creat Ratio: <small>(Calculated)</small>	12.24		

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COMPLETE BLOOD COUNT

Sample :EDTA

Test		Result	Unit	Biological Ref. Interval
BLOOD COUNT				
Hemoglobin	colorimetric	<u>11.3</u>	g/dL	12 - 15
R.B.C Count	Electrical impedance	3.93	mill/cmm	3.8 - 4.8
W.B.C Count	Electrical impedance	4.48	10 ³ /uL	4.0 - 10.0
Platelet Count	Electrical impedance	331.1	10 ³ /uL	150 - 450
DIFFERENTIAL COUNT				
Polymorphs	Microscopic	61	%	60 - 70
Lymphocytes	Microscopic	35	%	20 - 40
Eosinophils	Microscopic	02	%	1 - 6
Monocytes	Microscopic	02	%	2 - 10
Basophils	Microscopic	00	%	0 - 2
BLOOD INDISES				
HCT	Rbc Histogram	<u>35.3</u>	%	36 - 46
MCV	Calculated	89.8	fl	80 - 100
MCH	Calculated	28.9	pg	27 - 32
MCHC	Calculated	32.1	g/dl	32 - 36
RDW-CV	Calculated	12.9	%	10 - 16.5

PERIPHERAL SMEAR EXAMINATION

SMEAR Platelets: Adequate

Erythrocyte sedimentation rate

ESR AT 1 hour westergren 09

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mm/Hour 00 - 20

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