



Grant Medical Foundation

**Ruby Hall Clinic**

*Pimple Saudagar*

**Name:** JAIN KARISHMA .  
**Age :** 033 Years  
**Gender:** F  
**PID:** P00000494436  
**OPD :**

**Exam Date :** 24-Feb-2024 08:48  
**Accession:** 124597084355  
**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-Feb-2024 12:04:57



Grant Medical Foundation

**Ruby Hall Clinic**

*Pimple Saudagar*

<b>Name:</b>	JAIN KARISHMA.	<b>Exam Date :</b>	24-Feb-2024 08:45
<b>Age :</b>	033Y	<b>Accession:</b>	124600084708
<b>Gender:</b>	F	<b>Exam:</b>	ABDOMEN AND PELVIS
<b>PID:</b>	P00000494436	<b>Physician:</b>	HOSPITAL CASE^^^^
<b>OPD :</b>			

### ULTRASOUND OF ABDOMEN AND PELVIS

Liver appears normal in size, 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.

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 is normal in size and echotexture. Endometrium is central . No focal lesion is seen.

Both ovaries are normal. 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-Feb-2024 12:05:52



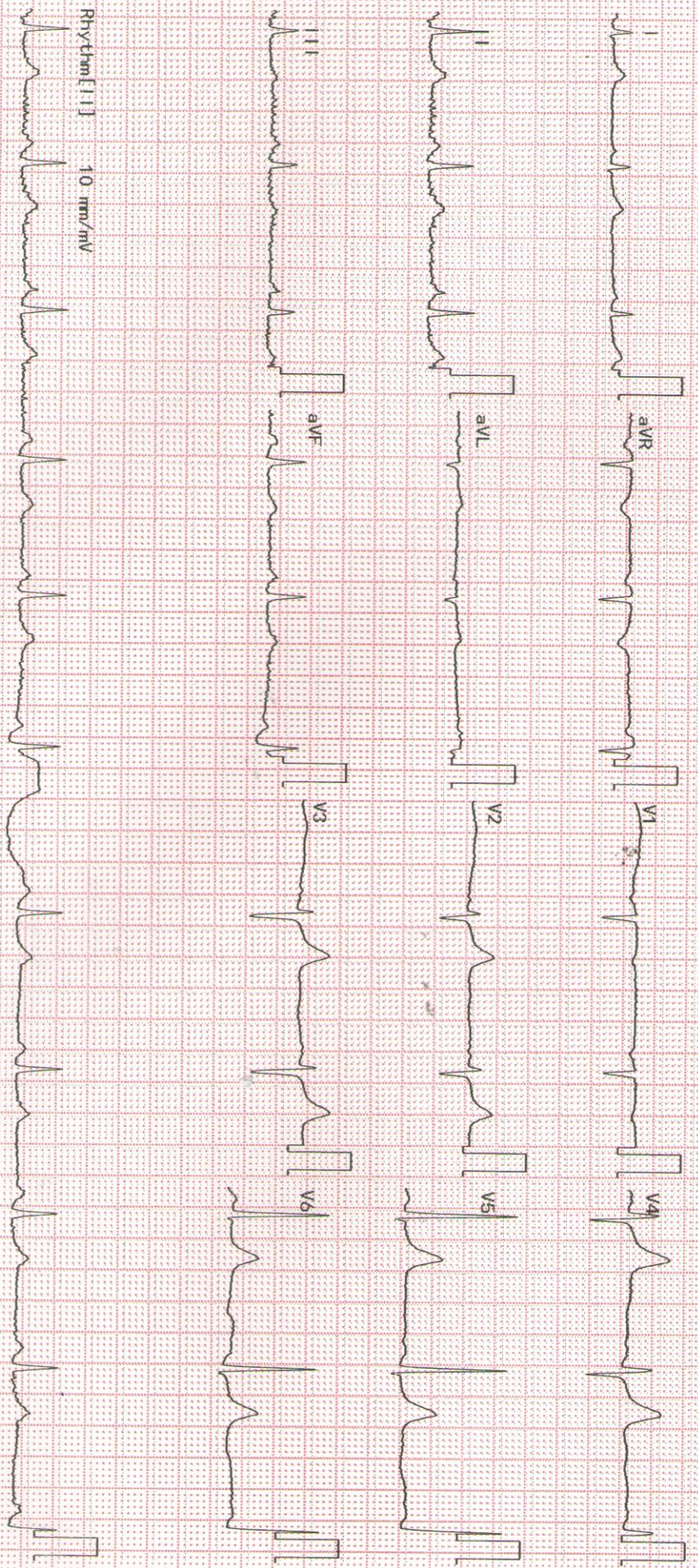
Sex: MRS. JAIN KARISHMA  
 Name:   
 Ref: PS007870- Reg: OPS00003264  
 Symp: 33.4.21/F- NH - 24/02/2024  
 Hist: P00000494436-

1100 Sinus rhythm  
 1102 Sinus arrhythmia  
 9110 \*\* normal ECG \*\*

Heart rate: 61 bpm  
 PR int: 154 ms  
 QRS dur: 76 ms  
 QT/QTc(E) int: 400/403 ms  
 P/ORS/ST axis: 63/ 72/ 45 °  
 RV5/SV1 amp: 1.94/ 0.58 mV  
 RV5+SV1 amp: 2.52 mV

Unconfirmed Report  
 Reviewed by:

10 mm/mV 25 mm/s Filter: H50 D 35 Hz 10 mm/mV 10 mm/mV 10 mm/mV



2350K 02-03 04-05

Dept.:

Exam: RUBY HALL CLINIC HINJEMADI





MRS. JAIN KARISHMA



Ref: PS007870- Reg: OPS00003264  
 33.4.21/F - NH - 24/02/2024  
 P00000494436 -

OPHTHALMOLOGY

NAME


AGE: 33 year.

R

L

- 1) Vision  $\left\{ \begin{array}{l} \text{unaided} \quad \underline{6/6P} \quad \underline{6/6P.} \\ \text{c glasses} \quad \underline{6/6} \quad \underline{6/6.} \end{array} \right.$
- 2) Near Vision  $\left\{ \begin{array}{l} \text{unaided} \quad \underline{N/6.} \\ \text{c glasses} \quad \underline{\hspace{2cm}} \end{array} \right.$
- 3) Binocular Vision  $\underline{\hspace{2cm}} \quad \underline{\text{Normal.}}$
- 4) Colour Vision  $\underline{\hspace{2cm}} \quad \underline{\text{Normal.}}$
- 5) Tension  $\underline{14 \text{ mmHg}} \quad \underline{15 \text{ mmHg.}}$
- 6) Anterior Segment  $\underline{\hspace{2cm}} \quad \underline{\text{WNL}}$
- 7) Pupils  $\underline{\hspace{2cm}} \quad \underline{\text{WNL}}$
- 8) Lens  $\underline{\hspace{2cm}} \quad \underline{\text{Clear.}}$
- 9) Media & Fundus  $\underline{\hspace{2cm}} \quad \underline{\text{:::}}$
- 10) Remarks  $\underline{\hspace{2cm}}$   
 $\underline{\hspace{2cm}} \quad \underline{\text{RE} \quad \underline{-0.50} \quad \underline{\text{sph}}}$   
 $\underline{\hspace{2cm}} \quad \underline{\text{LE} \quad \underline{-0.50} \quad \underline{\text{sph}}}$

Date: 24/02/24.

  
 (Signature)



Grant Medical Foundation

**Ruby Hall Clinic**

Pimple Saudagar

Keerishma Jain

\* Carini  $\frac{7}{6} | \frac{7}{7}$

Adv. -

Rene  $\frac{7}{6} | \frac{7}{7}$

Dr Aniket

**Dr. Aniket Malabadi**  
B.D.S; M.D.S. (Dentist)  
Ruby Hall Clinic  
Pimple Saudagar  
Mob: 9980283499  
[www.aniket32.com](http://www.aniket32.com)

1st Floor, Vision Galleria Shopping Complex, S. No. 127,128, Shivar Garden Road, Pimple Saudagar, Aundh Annex, Pune - 411 027.

• Ph: 020 27201616 - 020 27201717 • Email : [pimplesaudagar@rubyhall.com](mailto:pimplesaudagar@rubyhall.com) • Website : [www.rubyhall.com](http://www.rubyhall.com), [www.hinjawadi.rubyhall.com](http://www.hinjawadi.rubyhall.com)



Grant Medical Foundation

**Ruby Hall Clinic**

Pimple Saudagar

24/2/24

Karishma Jain

33/C

Regular health checkup

Sharma

Dr. Sharmar

24/2/24

<b>Patient Name</b> :	Mrs.JAIN KARISHMA	<b>Bill Date</b> :	24-02-2024 08:45 AM
<b>Age / Gender</b> :	33Y(s) 4M(s) 21D(s)/Female	<b>Collected Date</b> :	24-02-2024 09:07 AM
<b>Lab Ref No/UHID</b> :	PS007870/P00000494436	<b>Received Date</b> :	24-02-2024 09:07 AM
<b>Lab No/Result No</b> :	2400074119/722645	<b>Report Date</b> :	24-02-2024 11:24 AM
<b>Referred By Dr.</b> :	HOSPITAL CASE	<b>Specimen</b> :	SERUM
		<b>Processing Loc</b> :	RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
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**FBS**

Glucose (Fasting). Method : GOD-POD	: 79	mg/dL	Prediabetic : 100 - 125 Diabetic : >= 126 Normal : < 100.0
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REFERENCE : ADA 2015 GUIDELINES

**CREATININE**

Creatinine Method : Enzymatic	: 0.6	mg/dL	0.5 - 1.2
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**BUN**

Urea Nitrogen(BUN) Method : Calculated	: 9.81	mg/dL	6.0 - 20.0
Urea Method : Urease	: 21	mg/dL	17.1-49.2

**CALCIUM**

Calcium Method : Arsenazo	: 9.5	mg/dL	8.6 - 10.2
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**PHOSPHOROUS**

Phosphorus Method : Phospho Molybdate	: 3.8	mg/dL	2.7-4.5
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**URIC ACID**

Uric Acid Method : Uricase	: 4.7	mg/dL	2.6 - 6.0
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**LFT**

Total Bilirubin Method : Diazo	: 0.9	mg/dL	0.3 - 1.2
Direct Bilirubin Method : Diazo	: 0.1	mg/dL	0-0.4
Indirect Bilirubin Method : Diazo	: 0.8	mg/dL	0.0 - 0.8
Alanine Transaminase (ALT) Method : Kinetic	: 19.0	U/L	<35
Aspartate Transaminase (AST) Method : Kinetic	: 25.0	U/L	10.0 - 40.0



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**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
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**LFT**

Alkaline Phosphatase <i>Method : 4NPP/AMP BUFFER</i>	: 63.0	U/L	30.0 - 115.0
Total Protein <i>Method : Biuret</i>	: 7.2	g/dl	6.0 - 8.0
Albumin <i>Method : BCG</i>	: 4.1	g/dl	3.5-4.8
Globulin <i>Method : Calculated</i>	: 3.1	gm/dL	2.3-3.5
A/G Ratio <i>Method : Calculated</i>	: 1.32		

**T3-T4-TSH -**

Tri-Iodothyronine, (Total T3) <i>Method : Enhanced Chemiluminescence</i>	: <b>1.80</b>	ng/ml	0.97-1.69
Thyroxine (T4), Total <i>Method : Enhanced Chemiluminescence</i>	: 7.83	ug/dl	5.53-11.01
Thyroid Stimulating Hormone (Ultra). <i>Method : Enhanced Chemiluminescence</i>	: 2.560	uIU/mL	0.58-6.88

1.The TSH levels are subject to diurnal/circadian variation. reaching to peak level between 2 to 4 am. and at a minimum between 6 to 10 pm. The variation is to the order of 50%, hence the time when sample is collected has influence on the levels of TSH 2.Many substances produced in central nervous system, even in healthy euthyroid individuals, may enhance or suppress TSH production in addition to the feedback effect of thyroid hormone . 3.Furthermore, although TSH levels rise and fall in response to changes in the concentration of Free T4, individuals appear to have their own setpoints and factors such as race and age also contribute to variability in TSH levels Alterations of normal pituitary response are also common in patients with a variety of illnesses which can affect the levels of TSH. 4.Interassay variations are possible on different Immunoassay platforms.

TSH - For pregnancy the reference 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

\*\*\* End Of The Report \*\*\*



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<b>Referred By Dr.</b>	: HOSPITAL CASE	<b>Specimen</b>	: SERUM
		<b>Processing Loc</b>	: RHC Hinjawadi



**Verified By**  
Ruhi S

*Anjana Sanghavi*

**Dr.Anjana Sanghavi**  
**Consultant Pathologist**

**NOTE :**

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<b>Lab Ref No/UHID</b> :	PS007870/P00000494436	<b>Received Date</b> :	24-02-2024 09:07 AM
<b>Lab No/Result No</b> :	2400074120/722645	<b>Report Date</b> :	24-02-2024 10:22 AM
<b>Referred By Dr.</b> :	HOSPITAL CASE	<b>Specimen</b> :	EDTA WHOLE BLC
		<b>Processing Loc</b> :	RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
<b>HAEMOGRAM/CBC/CYTO</b>			
<b>W.B.C.Count</b>	: 5090	/ul	4000-11000
<i>Method : Coulter Principle</i>			
Neutrophils	: 51.8	%	40-75
<i>Method : Derived from WBC Histogram</i>			
Lymphocytes	: 32.8	%	20-40
Monocytes	: 8.3	%	2-10
Eosinophils	: <b>6.5</b>	%	1.0-6.0
Basophils	: 0.6	%	0.0-1.0
%Immature Granulocytes	: 0.0	%	0.00-0.10
Absolute Neutrophil Count	: 2.6	x10 <sup>3</sup> cells/ul	2-7
<i>Method : Calculated</i>			
Absolute Lymphocyte Count	: 1.7	x10 <sup>3</sup> cells/ul	1 - 3
<i>Method : Calculated</i>			
Absolute Monocyte Count	: 0.4	x10 <sup>3</sup> cells/ul	0.2-1.0
<i>Method : Calculated</i>			
Absolute Eosinophil Count	: 0.3	x10 <sup>3</sup> cells/ul	0.02-0.5
<i>Method : Calculated</i>			
Absolute Basophil Count	: 0.03	x10 <sup>3</sup> cells/ul	0.02-0.1
<i>Method : Calculated</i>			
R.B.C Count	: 4.03	million/ul	3.8 - 5.8
<i>Method : Coulter Principle</i>			
<b>Haemoglobin</b>	: <b>11.3</b>	g/dl	12 - 15.0
<i>Method : Cyanmethemoglobin Photometry</i>			
Haematocrit	: 36.2	%	36-46
<i>Method : Calculated</i>			
MCV	: 89.8	fl	83 - 99
<i>Method : Coulter Principle</i>			
MCH	: 28.0	pg	27-32
<i>Method : Calculated</i>			
MCHC	: <b>31.2</b>	g/dl	31.5-34.5
<i>Method : Calculated</i>			
RDW	: 13.7	%	11.6-14.0
<i>Method : Calculated From RBC Histogram</i>			
<b>Platelet Count</b>	: 285.0	x10 <sup>3</sup> /ul	150 - 450
<i>Method : Coulter Principle</i>			
MPV	: <b>11.1</b>	fl	7.8-11
<i>Method : Coulter Principle</i>			



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<b>Lab Ref No/UHID</b>	: PS007870/P00000494436	<b>Received Date</b>	: 24-02-2024 09:07 AM
<b>Lab No/Result No</b>	: 2400074120/722645	<b>Report Date</b>	: 24-02-2024 10:42 AM
<b>Referred By Dr.</b>	: HOSPITAL CASE	<b>Specimen</b>	: EDTA WHOLE BLC
		<b>Processing Loc</b>	: RHC Hinjawadi

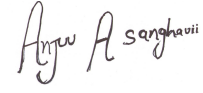


RBC Morphology : Normocytic normochromic

WBC Morphology : Eosinophilia  
Platelet : Adequate

\*\*\* End Of The Report \*\*\*

**Verified By**  
Snehal



**Dr.Anjana Sanghavi**  
Consultant Pathologist

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**Patient Name** : Mrs.JAIN KARISHMA  
**Age / Gender** : 33Y(s) 4M(s) 21D(s)/Female  
**Lab Ref No/UHID** : PS007870/P00000494436  
**Lab No/Result No** : 2400074750-P/722645  
**Referred By Dr.** : HOSPITAL CASE

**Bill Date** : 24-02-2024 08:45 AM  
**Collected Date** : 24-02-2024 12:07 PM  
**Received Date** : 24-02-2024 09:07 AM  
**Report Date** : 24-02-2024 03:48 PM  
**Specimen** : SERUM  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
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**PPBS**

Glucose (Post Prandial) : 123 mg/dL 60-140

Method : GOD-POD

\*\*\* End Of The Report \*\*\*

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Ruhi S

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**Bill Date** : 24-02-2024 08:45 AM  
**Collected Date** : 24-02-2024 09:07 AM  
**Received Date** : 24-02-2024 09:07 AM  
**Report Date** : 24-02-2024 01:29 PM  
**Specimen** : EDTA WHOLE BLC  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
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**ESR**

ESR At 1 Hour : 16 mm/hr 0 - 20

Method : 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**  
RaviN

**Dr.POOJA PATHAK**  
Associate Consultant

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**Received Date** : 24-02-2024 09:07 AM  
**Report Date** : 24-02-2024 02:42 PM  
**Specimen** : SERUM  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>ELECTROLYTES (Na &amp; K)</b>			
Sodium <i>Method : Potentiometric</i>	: 142.0	mmol/L	136.0 - 145.0
Potassium <i>Method : Potentiometric</i>	: 4.7	mmol/L	3.5 - 5.1
Chloride <i>Method : Potentiometric</i>	: 106.0	mmol/L	98.0 - 107.0

\*\*\* End Of The Report \*\*\*

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Snehal

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<b>Lab Ref No/UHID</b> :	PS007870/P00000494436	<b>Received Date</b> :	24-02-2024 09:07 AM
<b>Lab No/Result No</b> :	2400074751/722645	<b>Report Date</b> :	24-02-2024 04:36 PM
<b>Referred By Dr.</b> :	HOSPITAL CASE	<b>Specimen</b> :	URINE
		<b>Processing Loc</b> :	RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-CLINICAL PATHOLOGY**

Investigation	Result	Units	Biological Reference Interval
<b>URINE ROUTINE</b>			
<b>PHYSICAL EXAMINATION</b>			
Colour	: Pale Yellow		
Appearance	: Clear		
<b>CHEMICAL TEST</b>			
Ph	: 6.5		5.0-7.0
Specific Gravity	: 1.015		1.015-1.030
Albumin	: Absent		Abset
Urine Sugar	: Absent	mg/dL	
Ketone Bodies	: Absent		Absent
Bile Pigments	: Absent		Absent
<i>Method : Photometric Measurement</i>			
Urobilinogen	: Normal		Normal
Nitrites	: Absent		Absent
Leucocytes Esterase	: Absent		Absent
<b>MICROSCOPIC TEST</b>			
Pus Cells.	: 1-2	/hpf	0 - 5
Red Blood Cells.	: Absent	/hpf	0 - 2
Epithelial Cells.	: 2-3	/hpf	0-5
Bacteria	: Absent	/hpf	Absent
Cast	: Absent		Absent
Yeast Cells	: Absent		Absent
Crystals	: Absent		Absent
Others	: Absent		Absent

\*\*\* End Of The Report \*\*\*

**Verified By**  
AKSHAY1

*Anjana Sanghavi*

**Dr.Anjana Sanghavi**  
Consultant Pathologist

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**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>LIPID PROFILE</b>			
Cholesterol	: 150.0	mg/dL	130.0 - 220.0
<i>Method : Enzymatic</i>			
Triglycerides	: 83	mg/dL	35.0 - 180.0
<i>Method : Enzymatic</i>			
HDL Cholesterol	: 51	mg/dL	35-65
<i>Method : Enzymatic</i>			
LDL Cholesterol	: 82.4	mg/dL	10.0 - 130.0
<i>Method : Calculated</i>			
VLDL Cholesterol	: 16.6	mg/dL	5.0-36.0
<i>Method : Calculated</i>			
Cholestrol/HDL Ratio	: 2.94	--	2.0-6.2
<i>Method : Calculated</i>			

\*\*\* End Of The Report \*\*\*

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**Collected Date** : 24-02-2024 09:07 AM  
**Received Date** : 24-02-2024 09:07 AM  
**Report Date** : 24-02-2024 12:59 PM  
**Specimen** : EDTA WHOLE BLC  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BLOOD BANK**

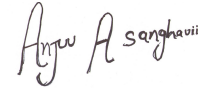
Investigation	Result	Units	Biological Reference Interval
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**BLOOD GROUP**

Blood Group : O RH POSITIVE

\*\*\* End Of The Report \*\*\*

**Verified By**  
Ardeore



**Dr.Anjana Sanghavi**  
Consultant Pathologist

**NOTE :**

- \* Kindly Correlate clinically & discuss if necessary.
- \* Results pertain to the specimen submitted.
- \* For 'Terms and Conditions of Reporting', kindly visit our website : www.Rubyhall.com

**Patient Name** : Mrs.JAIN KARISHMA  
**Age / Gender** : 33Y(s) 4M(s) 21D(s)/Female  
**Lab Ref No/UHID** : PS007870/P00000494436  
**Lab No/Result No** : 2400074121/722645  
**Referred By Dr.** : HOSPITAL CASE  
**Bill Date** : 24-02-2024 08:45 AM  
**Collected Date** : 24-02-2024 09:07 AM  
**Received Date** : 24-02-2024 09:07 AM  
**Report Date** : 24-02-2024 01:18 PM  
**Specimen** : WHOLE BLOOD  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
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**GLYCOSYLATED HB% (HbA1C)**

Glycosylated Haemoglobin : 5.4 % 4-6.5  
(HbA1C)

Method : Turbidometric Inhibition  
Immunoassay

Prediabetic : 5.7 - 6.4 %  
Diabetic :  $\geq$  6.5 %  
Therapeutic Target :  $<$ 7.0 %

REFERENCE : ADA 2015 GUIDELINES

\*\*\* End Of The Report \*\*\*

**Verified By**  
RaviN

**Dr.POOJA PATHAK**  
Associate Consultant

**NOTE :**

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- \* Results pertain to the specimen submitted.
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