





Charms Star Building, Shop No. 10&11, 1st Floor, Above HDFC Bank, Bail Bazar, Kalyan (W). 421 301. T.: 0251 - 2202377 / 2202388 M.: 7718802999

Email: ndc.kalyan@gmail.com www.ndcdiagnostic.com

Printed On



Patient ID : **P23000078075**

PATIENT NAME : Mrs. MADHURI UMESH BAN
AGE : 28 Y Gender : FEMALE

Reffered By : APOLLO CLINIC

Ward : Other

UID : AHCNNDC170323081(Report Status : FINAL

Lab Id No : KAL002363

Registered On : 25/3/2023 9:43:00AM

Collected On : 25/3/2023 09:43:00AM

Authorised On : 25/3/2023 8:04:54PM

: 27/3/2023 12:40:07PM

Biochemistry

<u>APOLLO - ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INI</u>

Test Name	Value	Unit	Biological Ref Range	
(*************************************				
GLYCOSYLATED HAEMOGLOBIN	5.3	%	Normal : <5.7 %	
			Prediabetic: 5.7% to 6.4%	
			Diabetic: 6.5% or Higher	
Method-HPLC				
Estimated Average Glucose	105.4	mg/dL		
Interpretation & Demarks				

Interpretation & Remark:

- 1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2. 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%.
- 3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- 4. Low glycated 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.
- 5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
- 6. Interference of Haemoglobinopathies in HbA1c estimation.
- A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
- B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
- C. Heterozygous state detected (D10/Tosho G8 is corrected for HbS and HbC trait).
- 7. 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 %

Page 1 of 12



Tests marked with NABL symbol are accredited by NABL vide Certificate No MC-4897

PALad

Dr Priyanka Lad MD,Consultant Pathologist Reg.No 2015/05/2476

VIKASH VISHWAKARMA Verified By





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Unit

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Clinical Pathology

<u>APOLLO - ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INI</u>

Value

VIDINE BOVERNE		
URINE ROUTINE		
Quantity	15	
Color	Pale Yellow	
Appearance	Slightly Hazy	
Deposit	Present	
рН	Acidic .	4.7-7.5
Specific Gravity METHOD : Bromthymol blue	1.020	
CHEMICAL EXAMINATION		
Urine sugar	Absent	
Proteins	Present Trace	
Ketones	Absent	
Blood	Absent	
Bile Pigments	Absent	
Bile Salts	Absent	
Urobilinogen	Absent	
MICROSCOPIC EXAMINATION OF CENTRIFUGALISE	O DEPOSIT	
Pus Cells	Pr. 2 - 3	
Epithelial Cells	Pr. 15 - 20	
Red Blood Cells	Absent	
Casts	Absent	

Page 2 of 12

Crystals

Bacteria

Yeasts

Amorphous Materials

Sameera Kadam Verified By



Dr Priyanka Lad MD,Consultant Pathologist Reg.No 2015/05/2476

Absent

Absent

Absent Absent



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Haematology

APOLLO - ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INI

Test Name Value Unit Biological Ref Range

BLOOD GROUP

ABO Group B

RhD Typing Positive

Method Slide Agglutination

Page 3 of 12

PAlad

Dr Priyanka Lad MD,Consultant Pathologist Reg.No 2015/05/2476

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Biochemistry

APOLLO - ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INI

Test Name	Value	Unit	Biological Ref Range
LIPID PROFILE			
Triglycerides	129.68	mg/dL	Desirable : < 200 Borderline : 200-400 Elevated > 400
Method- GPO Trinder's End Point Total Cholesterol	181.40	mg/dL	Desirable : < 200
		O,	Borderline : 200-240 Elevated > 240
Method-Trinder's End Point			
HDL CHOLESTROL,SERUM Method- Direct	45.18	mg/dL	42 - 88
LDL CHOLESTEROL,serum	110.28	mg/dL	Desirable :<= 130.9 Borderline :131-159.9 High : >160
calculated			S
VLDL CHOLESTROL,serum METHOD: Calculated	25.94	mg/dL	0-30
LDL/HDL Ratio Calculated	2.44	Ratio	
T Chol /HDL Ratio Calculated	4.02	Ratio	

Page 4 of 12

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Biochemistry

APOLLO - ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INI

Test Name	Value	Unit	Biological Ref Range	
Blood Sugar Fasting, Plasma GOD-POD Trinder's Method ,End Point	79	mg/dL	60 - 110	
Urine sugar	Absent			
Urine Ketones	Absent			
FASTING PLASMA GLUCOSE Normal: <100 mg/dL Pre-Diabetic: 100 – 125 mg/dL Diabetic: >=126 mg/dL				

Reference :- ADA (American Diabetes Association) Guidelines 2020

Interpretation Bulk Registration Regarding Raptium Reasearch Pvt LtmMeasurement of glucose concentration in serum or plasma is mainly used in diagnosis and monitoring of treatment in diabetes mellitus. Other applications are the detection of neonatal hypoglycemia, the exclusion of pancreatic islet cell carcinoma as well as the evaluation of carbohydrate metabolism in various diseases.

Page 5 of 12



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Biochemistry

APOLLO - ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INI

Test Name Value Unit **Biological Ref Range** 43 69 Blood Sugar (PP),plasma < 145 mg/dL GOD-POD Trinder'Method, End point Urine Sugar. Absent Absent **Urine Ketones.** GLUCOSE OXIDASE-PEROXIDASE (GOD/POD) "POST PRANDIAL PLASMA GLUCOSE(2 hrs after meals) Normal Diabetic : 120 - 140 mg/dL Impaired Glucose : 140 - 160 mg/dL

Pre-Diabetic : 161 - 200 mg/dL Diabetic :>=200 mg/dL

Reference: - ADA (American Diabetes Association) Guidelines 2020"

Page 6 of 12



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Sameera Kadam Verified By

Dr Priyanka Lad

MD, Consultant Pathologist Reg.No 2015/05/2476





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Biochemistry

APOLLO - ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INI

Test Name	Value	Unit	Biological Ref Range	
LIVER FUNCTION TEST				
SGOT,serum Method-IFCC Kinetic	14.83	U/L	< 31	
SGPT,serum Method-IFCC Kinetic	17.06	U/L	0-34	
Bilirubin (Total)serum Method-Diazo end Point	0.60	mg/dL	0.1-1.2	
Bilirubin (Direct),serum Method-Diazo	0.21	mg/dL	0.0 - 0.2	
Bilirubin (Indirect),serum Serum, Calculated	0.39	mg/dL	0.10 - 1.0	
Alk. Phosphatase, serum Method-IFCC Kinetic	49.94	U/L	35 - 105	
Total Protein,serum Method-Biuret end Point	8.01	g/dl	6.4 - 8.3	
Albumin, Serum Method-Bromocresol Green (BCG)	4.11	g/dL	3.5 - 5.0	
Globulin,serum	3.90	g/dl	2.3 - 3.5	
A/G Ratio	1.05		1-2	
GAMMA Glutamyl Transpeptidase, Method-IFCC Std	18.0	U/L	0-38	

Page 7 of 12



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Haematology

APOLLO - ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INI

Test Name	Value	Unit	Biological Ref Range
COMPLETE BLOOD COUNT			
Haemoglobin Method - Cyanmethemoglobin	12.6	g/dL	12.0 - 15.0
R.B.C. Count EDTA,electrical impedane	4.22	mill/cumm	3.8 - 4.8
Packed Cell Volume EDTA,cumulative plus	37.2	%	40 - 50
MCV EDTA,calculated	88	fL	83.0 - 101.0
MCH EDTA,calculated	30	pg	27.0 - 32.0
MCHC EDTA,calculated	34	g/dl	31.5 - 34.5
RDW EDTA,calculated	14.4	%	11.6 - 14.0
Leucocytes Count EDTA, flowcytometry by laser	8870	/Cumm	4000 - 10000
DIFFERENTIAL COUNT			
Neutrophils flowcytometry	66.3	%	40 - 80
Monocytes (Flow cytometry)	6.40	%	2-10
Lymphocytes	25.50	%	20-40
Eosinophils	1.4	%	1 - 6
Basophils	0.40	%	1 - 2
Platelet Count	282	10^3 / c.mm	150 - 410
Abnormalities of RBC	Normocytic N	ormochromic	

Page 8 of 12



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Haematology

APOLLO - ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INI

Test Name Value Unit Biological Ref Range

\$\$

Abnormalities of WBC

Platelet On Smear

Normal

Adequate on smear

Page 9 of 12

HC-1807

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Authorised On

: 25/3/2023 8:04:53PM

Printed On : 27/3/2023 12:40:07PM

Haematology

APOLLO - ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INI

Test Name	Value	Unit	Biological Ref Range
ESR	70	mm/hr	0 - 20
Westergren Method			

1) It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test..

- 2) It it a prognostic test and used to monitor the course or response to treatment of disease like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica..
- 3) It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

Page 10 of 12

PALad

Dr Priyanka Lad MD,Consultant Pathologist Reg.No 2015/05/2476

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: 25/3/2023 11:30:16PM

Printed On : 27

: 27/3/2023 12:40:07PM

Biochemistry

APOLLO - ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INI

Test Name	Value	Unit	Biological Ref Range	
© Uric Acid, Serum	5.96	mg/dL	2.6 - 6.0	
Method- Uricase - Trinder End Point Calcium, Serum	10.29	mg/dL	8.6 - 10.3	
Made at Assessment III Food Daint				

Method-Arsenazo-III End Point

INTERPRETATION: Decreased total calcium levels can be associated with diseases of the bone apparatus (especially osteoporosis), kidney diseases (especially under dialysis), defective intestinal absorption and hypoparathyroidism. Increased total calcium can be measured in hyperparathyroidism, malignant diseases with metastases and sarcoidosis. Calcium measurements also help in monitoring of calcium supplementation mainly in the prevention of osteoporosis.

CREATININE, SERUM

1.08

mg/dL

0.6-1.1

Serum, Enzymatic

INTERPRETATION: The concentration of creatinine in plasma of a healthy individual is fairly constant, independent from water intake, exercise and rate of urine production. Therefore, increased plasma creatinine values always indicate decreased excretion, i.e. impaired kidney function.

Page 11 of 12

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Biochemistry

APOLLO - ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INI

Test Name	Value	Unit	Biological Ref Range	
(**) Mo-and				
UREA				
Urea serum Method-Urease/GLDH Fixed time	20.94	mg/dL	15-40	
BUN serum Method-BUN calculated	9.79	mg/dL	7.01-18.7	

Page 12 of 12



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KURLA NDC DIAGNOSTIC CENTRE

Patient's Name: Mrs Madhuri Ban

Age/Sex: 29years/Female.

Referring Doctor: General Health Checkup.

Reporting Date: 27/03/2023.

Nature of specimen: Conventional Cervical Pap Smear.

EXFOLIATIVE CYTOLOGY REPORT

Specimen Adequacy: Satisfactory for evaluation.

Microscopy: Smears studied show sheets of intermediate squamous epithelial cells. Endocervical cluster not seen.

Non- Neoplastic findings: Neutrophilic infiltrate and lactobacilli

Specific Infections: Nil

Epithelial Cell Abnormality (Squamous Cells): Nil

Epithelial Cell Abnormality (Glandular Cells): Nil

Impression: -: Negative for Intraepithelial lesion or malignancy-Bethesda Classification (2014)

****End of Report****



Dr. Akshata Parab Consultant Pathologist





MC-3181



Web.: ndcdiagnostic.com



Corporate HC Appointment Confirmation

Fri, Mar 17, 2023 at 4:01 PM

Onotrepty <noreply@apolloclinics.info>
Repty-To: noreply@apolloclinics.info
To: not.kalyan@gmail.com
Co: rahul.rai@apolloclinic.com, pitam.padyal@apolloclinic.com, bhumika.ajit@apolloclinic.com, ahcnmembers@apolloclinic.com, syamsunder.m@apollohl.com, corporate@apolloclinic.com, deepak.gaddam@apolloclinic.com, rani.g@apolloclinic.com, devendra.singh@apolloclinic.com, apsara.bagchi@apolloclinic.com, apsara.bagchi@apolloclinic.com

Greetings from Apollo!!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for 25-03-2023 at your NDC - Kalyan - AHCN Center.

Points to note : -

Collect photocopy of employee ID proof if health check is through an employer Collect photocopy of personal ID proof if health check is for insurance Collect MER as per package details & that company's format (already shared) By 12 noon of appointment date, share Work order number & visit status (Show/No show) Upload reports in Adbhutam portal as per specifications given earlier

1000						Appoin	tment Bool	king Details						
orporate/TPA	Agreement Name	Package Name	Package Inclusions	ustomer Name	Gender M/F	Relation (Self/Spouse)	DOB/Age	Emp ID	E-Mail Id	Mobile No	Date of appointmen	Appt t Time	Ref No / UHID	HC HC Center Center Name Locati
RCOFEMI EALTHCARE MITED	ARCOFEMI MEDIWHEEL FEMALE AHC CREDIT PAN INDIA OP AGREEMENT	- FULL BODY HEALTH ANNUAL PLUS CHECK -	Lipid Profile (all Parameters), URINE GLUCOSE(PASTING), URINE GLUCOSE(PASTING), URINE GLUCOSE(PASTING), URINE GLUCOSE(PASTING), URINE GLUCOSE(PASTING), Gylosylated Hemoglobin (HbA1C) - Whole Blood, LBC PAP SMEAR, Dietician consultation, 2 D ECHO, ECG, Fitness by General Physician, THYROID PROFILE - I(T3,T4 AND PROFILE - I(T3,T4	fadhuri	F	Self	28	bob\$33812 ut	neshiji 2007@yahoo.co.		2023-03- 25T00:00:00	9:00 AM - 9:30 AM	AHCNNDC1703230816	NDC -

Please login to Adbhutam for more details.

Adbhutam Url : https://franchise.apollohl.com/AHLLIntranet/Login.aspx

Regards, Team Clinic Operations Apollo Health and Lifestyle Ltd.,



भारत सरकार Government of India



Download Date: 09/02/2021



माधुरी उमेश बन Madhuri Umesh Ban जन्म तारीख/DOB: 26/03/1994 महिला/ FEMALE

ssue Date: 08/02/2021

4224 6749 4826

VID: 9114 9445 0932 8172

माझे आधार, माझी ओळख



Alm



min) -

NDC DIAGNOSTIC CENTRE

www.ndcdiagnostic.com

MEDICAL EXAMINATION REPORT
Name: Mr./Mrs./Miss Madhuni
Sex : Male/Female
Age (yrs): 29 y
Date 25/03/2023
Marital status: Married/Unmarried 2010 3 3
Marital status: Married/Unmarried Present complaints: Ho of Cold Cold Cold Cold Cold Cold Cold Cold
History of: Fever/vomiting/Nausea/Headache/Giddiness/Insomnia/Cough
Chest pain/Palpitation/breathlessness/fainting/loss of wt/loss of appetite
pain abdo./loose motions/burning micturition /increased frequency of micturition/
Seizures. 10 3
K/C/O - DM/HTN/IHD/T. B./Hypothyroidism
L.M.P (for females) 18 103 123 Occupation:
Occupation:
Personal history: - Vegetarian/Non-vegetarian/ Smoker /Non-Smoker Alcoholic /Non-Alcoholic
Past history: - Medical illness - Surgical illness
Family history: Father - HTN/DM/IHD Mother - HTN/DM/IHD
History of Allergies:
History of Allergies: History of Medication: History of Medication:
On examination (O/E): (General Physical Examination)
General conditions. feel
Height (in cm): 158 Weight (in Kg): 3/5 BMI: 36.6
Temp - BMI: 36.6 Pulse (per min) - 82 \rightarrow Respiration Rate (per 174)
Pulse (per min) - 82 Respiration Rate (per 174)

Respiration Rate (per 170 100

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TEST REPORT

Pertl 25.3.23.

madhun (F/29 478)

occupation - House wife.

Kielo - 91.5.

Helpotuynidista & HTN.

Dret Tupe - puse regeternam.

Diet plan.

Borea Kyast. - chapati + mille + almonds 2-3. seeds - alsi CPlan seed + Sunflower. seeds, pumplein seed.

lunch. Dinner. chapati 2-3 (multigrain.) +. Rice. +. Daral. + Sabzi + Salands.. curd. (Roiter | Kadhi

mid meal! poha. (. chana: CRoasted & Boiled)

THANE (W): KHOPAT, KASARVADAVLI, RABODI II
 SEAWOOD (W), NAVI MUMBAI
 KURLA (W)
 KALYAN (W)
 NASHIK

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TEST REPORT

Daily enercises l'avallating.

On't Restration. - Rice brain.

unustand. on'th

Avoid - ghee | Butter. | cheese.

- water interbe Adequate

include muss & seeds.

Diet courselling some

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TEST REPORT

NAME: -	Mad	hus
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DATE:- 25]0.

Marital Status: Married Since: -

AGE :- 29 7

Occupation

Housewife

Chief Complaints:

Me on apla

MENSTRUAL HISTORY:
Menarche: At the age of 15 31

L.M.P: 18/02/23

Pr MC

Frrequias, 3 dys

Pa MC

_2 LSCS

OBSTETRIC HISTORY:

PAST HOSTORY

FAMILY HISTORY

PERSONAL HISTORY

EXAMINATION:

General Examination

GC

fer

TPR:

T-Afeb

Thyroid

Breast

Pr 82

P/A

SOFT

P/S

: swab taken for papsmer test

P/V

Ho mild Leucomhan (A).

Advice

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TEST REPORT

NAME: Madhun U. Ban

REF BY: Hearth Parking (

AGE/SEX: 294/F

DATE: 25-2-23

EYE CHECK UP

History of the related complaints: No

History of systemic

: No

History of eye surgery

: NO

DVn

Vn

: RE- $\frac{6}{6}$ LE: $\frac{6}{6}$

Near

Vn

: RE- 1/6 LE: 11/6

COLOUR VISION

: Normal

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TEST REPORT

NAME: MR.MADHURI BAN REF BY:HEALTH PACKAGE

AGE/SEX: 29Y/F DATE:25/03/2023

X-RAY CHEST PA VIEW

Both lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

Both costophrenic angles appear normal.

Bony thorax appears normal.

IMPRESSION:

Normal Radiograph.

Advice - Clinical correlation.

DR. NIRAJ YADAV MBBS, DMRE

Consulting Radiologist & Sonologist

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TEST REPORT

NAME: MRS.MADHURI BAN REF BY: HEALTH PACKAGE

AGE/SEX: 28Y/F DATE:25/03/2023

USG ABDOMEN & PELVIS

Liver: - is normal in size (14.3cm), shape & mildly raised echotexture. No focal or diffuse lesion. No IHBR dilatation seen.

Gall Bladder: - is physiologically distended. No calculus or mass lesion seen.

No GB wall thickening or pericholecystic fluid seen.

CBD: - is normal.

Pancreas: -is normal in size & echotexture. No e/o focal lesion.

Spleen: -is normal in size, shape & echotexture. It measures-10cm. No focal lesion.

Kidneys: - are normal in size, position, echotexture. CMD is well maintained.

Right kidney –8.4x3.6cm. Left kidney –10x5.2cm. No calculi or hydronephrosis seen on either side.

Bowel loops shows gases distension peristalsis appears normal. No ascites / significant lymphadenopathy seen.

Urinary Bladder: - Empty.

Uterus and Ovaries: - is grossly normal.

Both adnexae appear normal. No free fluid seen in POD.

IMPRESSION:

- Fatty live grade I.

Advice – Clinical and (s-o-s) LFT, RFT correlation.

DR. NIRAJ YADAV MBBS, DMRE

Consulting Radiologist & Sonologist

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TEST REPORT

NAME: MRS.MADHURI BAN REF BY: HEALTH PACKAGE

AGE/SEX: 28Y/F DATE:25/03/2023

USG BOTH BREASTS-

Right breast: show normal fibroglandular & fibro fatty parenchyma.

There is no solid, cystic lesion or abnormal dilatation of ducts noted on right side.

Right nipple and areola appears normal.

No e/o any axillary lymph nodes seen.

Left breast: show normal fibroglandular & fibro fatty parenchyma.

There is no solid, cystic lesion or abnormal dilatation of ducts noted on left side.

Left nipple and areola appears normal.

No e/o any axillary lymph nodes seen.

IMPRESSION:

No significant abnormality seen.

Advice: Clinical and (s-o-s) x-ray mammography correlation.

DR. NIRAJ YADAV MBBS, DMRE

Consulting Radiologist & Sonologist

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TEST REPORT

2-D ECHOCARDIOGRAPHY AND COLOUR DOPPLER REPORT

NAME: MRS.MADHURI BAN

AGE: 29Y/ SEX:FEMALE

REF BY: HEALTH PACKAGE

DATE: 25/03/2023

M- MODE MEASUREMENTS:

LA:

30mm

IVS (d):

10mm

AO:

23mm

LVPW (d): 10mm

LVID (d): 46mm

RA (4C):

31mm

LVID (s): 29mm RVID (d): 33mm

LVEF:

60%

RWMA: NO

2-D ECHO FINDINGS:

Mitral Valve:

Normal

Aortic Valve:

Normal

Tricuspid valve:

Normal

PV/RVOT:

Normal

IAS:

Intact

IVS:

Intact

IVC:

Normal

CLOT/VEGETATIONS: Nil

PERICARDIUM: Normal

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- NASHIK: NDC Diagnostics LLP, Supphire Multi Speciality Hospital, Kanherewadi, Shalimar Kalidas Kala Mandir, Near Shree Saibaba Hospital, Nashik- 422001. Tel.: 0253 2993671 / 61 E-mail: nashik.appts@ndcdiagnostic.com



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TEST REPORT

NAME: MRS.MADHURI BAN

AGE: 29Y/ SEX:FEMALE

REF BY: HEALTH PACKAGE

DATE: 25/03/2023

DOPPLER STUDY:

TYPE I DIASTOLIC DYSFUNCTION

	PG	MG	AREA	GRADE of regurgitation
MV				
AV	8 mm Hg			
PV/RVOT	6 mm Hg			
TV				

PASP by TR jet: 20 mm Hg

NO PAH

IMPRESSION:

NORMAL CHAMBER DIMENSIONS

STRUCTURALLY NORMAL CARDIAC VALVES

NO RWMA

NO PAH

TYPE I DIASTOLIC DYSFUNCTION

NORMAL LV SYSTOLIC FUNCTION

CONSULTANT & INTERVENTIONAL CARDIOLOGIST

- Test results released pertain to specimen submitted.
- All test results are dependent on the quality of sample received by the Laboratory.
- Laboratory investigation are only a tool to facilitate in arriving at diagnostic and should be clinically correlated by the Referring Physician.
- Sample repeats are accepted on request of Referring Physician within 7 days post reporting.
- Report delivery may be delayed due to unforseen circumstances. Inconvenience is regretted.
- Certain test may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.
- Test results may show interlaboratory variations.
- Test reults are not valid for medico legal purposes.

OUR BRANCHES

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Affilated to CritiCare Azia

Patient ID : **P23000078886**

PATIENT NAME : MADHURI BAN

AGE : 29 Y Gender : FEMALE

Reffered By : **SELF** Ward : **Other**

UID : Report Status : FINAL Printed On

Lab Id No : KNDC012430

Registered On : 25/3/2023 9:25:00PM

Collected On : 25/3/2023 09:25:00PM

Authorised On : 26/3/2023 11:09:18AM

: 27/3/2023 12:40:55PM

Immunology

Test Name	Value	Unit	Biological Ref Range
Thyroid Function Test -T3, T4, TSH (Ultrasensitive)			
TOTAL T3 Serum. CLIA	122.74	ng/dL	60 - 181

T3 INTERPRETATION: Serum T3 determination can be a valuable component of a thyroid screening panel in the diagnosis of thyroid disorders. In some serious and chronicity thyroid illness, the concentration of free T4 increase or decrease with high TSH and low T3. Normal concentration of free T4 and elevated concentration of T3 will give rise to hyperthyroidism. Depression concentration of T3 is caused by primary hypothyroidism or secondary cases hypothyroidism caused by loss of hypothalamo or hypophyseal functions, such as Hashimoto's thyroiditis.

TOTAL T4 13.50 $\mu g/dL$ 3.2 - 12.6

Serum, CLIA

T4 INTERPRETATION: In most patients the normal T4 level indicates good thyroid status, however, T4 level can be affected by the change in binding proteins while the level of unbound hormone unchanged. Drugs that compete for protein binding sites, such as phenylbutazone, diphenylhydantoin or salicylates, can result in a depressed T4 measurement. Thus, the final definition of thyroid status should be determined in conjunction with other thyroid function tests such as TSH, FT4, T3, FT3 and clinical evaluation

TSH Ultra Sensitive 1.82 mIU/L 0.55–4.78

Serum, CLIA

TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free,T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism.

Comments RECHECKED. KINDLY CORRELATE CLINICALLY.

Strict criteria of sperm morphology established by Kruger et al. Defines normal spermatozoa as having an oval configuration with a smooth contour. The head in length is 5-6 μ m, the diameter (width) is 2.5-3.5 μ m and the width/length ratio is 1/2-3/5. The acrosome is well-defined, comprising 40-70% of the distal part of the head. No abnormalities of the neck, midpiece or tail and no cytoplasmic droplets of more than half of the sperm head are accepted. Borderline forms are considered abnormal. At least 100 but preferably 200 spermatozoa are evaluated. The lower reference limit for normal forms is 4% (5th centile, 95% CI 3.0-4.0)WHO -5th edition.

Page 1 of 1

Kadam Ashwini Verified By



DR AKSHATA PARAB MD DNB PATHOLOGY



