



# UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.  
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



12484 200924

Name : MRS. SHWETA PAPRIWAL

LABID : 12484

Sample Collection : 20/09/2024 12:51

Age : 43 Yrs. Sex : F

Sample Received : 20/09/2024 12:51

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 20/09/2024 17:41

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## THYROID FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
T3	: 1.2	ng/dl	0.60-2.0 ng/dl
T4	: 5.84	µg/dl	5.0-13.0 µg/dl
TSH	: 2.10	µU/ml	0.4 - 6.0 µU/ml

Method:ELISA METHOD

### Interpretation

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, subclinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis. Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and FT4 is to be done to determine hyper or hypothyroidism.

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:41:41)



Checked By -

Preeti Jaiswar  
Senior Technician  
ADMLT

Dr. Dhiraj Hivare  
M.D. (PATH.)

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## FASTING AND POSTPRANDIAL PLASMA GLUCOSE

Test	Result	Unit	Biological Ref. Range
Fasting Plasma Glucose Method: Hexokinase	: 112.50	mg/dl	70-110 mg/dl
Fasting Urine Glucose	: Absent		Absent
Fasting Urine Ketone	: Absent		Absent
Post Prandial Plasma Glucose ( 2 Hrs.after lunch)	: <b>146.70</b>	mg/dl	70 to 140 mg/dl
PP Urine Glucose	: Sample Not Received		
PP Urine Ketone	: Sample Not Received		
Method : Glucose Oxidase Peroxidase (GOD/POD)			

### AS PER AMERICAN DIABETES ASSOCIATION 2010 UPDATE

#### FASTING GLUCOSE LEVEL-

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus :  $\geq 126$  mg/dl POSTPRANDIAL/POST GLUCOSE (75 grams)
- Normal glucose tolerance : 70-139 mg/dl - Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus :  $\geq 200$  mg/dl CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS - Fasting plasma glucose  $\geq 126$  mg/dl - Classical symptoms +Random plasma glucose  $\geq 200$  mg/dl
- Plasma glucose  $\geq 200$  mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin  $> 6.5\%$  \*\*\*Any positive criteria should be tested on subsequent day with same or other criteria.

### BIOCHEMISRTY TEST DONE ON MERILYZER CLINIQUANT BIOCHEMISRTY ANALYZER

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 19:34:23)



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## COMPLETE BLOOD COUNT

Test	Result	Unit	Reference Range
Haemoglobin	14.0	gm/dl	12.0-16.0 gm/dl
<b><u>RBC PARAMETERS</u></b>			
Total R.B.C. Count	3.98	mill/cumm	3.8-5.8 mill/cumm
PCV	32.6	%	37-47 %
MCV	81.9	fl	76-90 fl
MCH	35.2	Pg	27-32 Pg
MCHC	42.9	gm/dl	30-35 gm/dl
RDW	12.0	%	11.5 - 14.5 %
<b><u>WBC PARAMETERS</u></b>			
Total W.B.C. Count	6500	per cumm	4000-11000 per cumm
Neutrophils	59	%	40-75 %
Lymphocytes	30	%	20-40 %
Monocytes	05	%	0 - 10 %
Eosoniphils	06	%	0 - 6 %
Basophils	0	%	0-1 %
Band Forms	0	%	0 - 0 %
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	316000	per cu.mm.	150000 - 450000 per cu.mm.
MPV	10.2	fL	6-11 fL

## PERIPHERIAL SMEAR FINDINGS:

WBC Morphology	:	Normal
RBC Morphology	:	Normocytic, Normochromic
Platelets on Smear	:	Adequate on smear.

EDTA Sample Procesed On a Fully Automated 3-Part Analyzer H-360

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:42:54)



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## GLYCOSYLATED-HAEMOGLOBIN (GHb)/ HbA1C BY HPLC

Test	Result	Unit	Reference Range
HbA1C	5.3	%	Normal : 4 - 6.2% Prediabetic : < 7 % Diabetes : > 8 %
Estimated average Glucose: (eAG)	104.84	mg / dl	70-140 mg / dl

Method: Particle enhanced immunoturbidimetric test

### NOTE:

#### CLINICAL SIGNIFICANCE

Hemoglobin A1c (HbA1c) is a glycosylated hemoglobin which is formed by the non enzymatic reaction of glucose with native hemoglobin. This process runs continuously throughout the circulatory life of the red cell (average life time 100 - 120 days).

The rate of glycation is directly proportional to the concentration of glucose in the blood. The blood level of HbA1c represents the average blood glucose level over the preceding 6 to 8 weeks (due to the kinetics of erythrocyte turnover this period is more affected by the blood glucose level than the preceding weeks).

Therefore, HbA1c is suitable for retrospective long term monitoring of blood glucose concentration in individuals with diabetes mellitus. Clinical studies have shown that lowering of HbA1c level can help to prevent or delay the incidence of late diabetic complications. As the amount of HbA1c also depends on the total quantity of hemoglobin, the reported HbA1c value is indicated as a percentage of the total hemoglobin concentration. Falsely low values (low HbA1c despite high blood glucose) may occur in people with conditions with shortened red blood cell survival (hemolytic diseases) or significant recent blood loss (higher fraction of young erythrocytes). Falsely high values (high HbA1c despite normal blood glucose) have been reported in iron deficiency anemia (high proportion of old erythrocytes). These circumstances have to be considered in clinical interpretation of HbA1c values

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 19:34:12)

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Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 20/09/2024 17:43

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## EXAMINATION OF URINE

Test	Result	Biological Ref. Range
<b>PHYSICAL EXAMINATION</b>		
QUANTITY (URINE)	25 ML	
Colour	Pale Yellow	
Appearance	Clear	
Reaction (pH)	7.5	4.5 - 8.0
Specific Gravity	1.015	1.010 - 1.030
<b>CHEMICAL EXAMINATION</b>		
Protein	Absent	Absent
Glucose	Absent	Absent
Ketone	Absent	Absent
Occult Blood	Absent	Absent
Bilirubin	Absent	Absent
Urobilinogen	Absent	Normal
<b>MICROSCOPIC EXAMINATION</b>		
Epithelial Cells	4 - 5 / hpf	
Pus cells	1 - 2 / hpf	
Red Blood Cells	Absent / hpf	
Casts	Absent / lpf	Absent / lpf
Crystals	Absent	Absent
<b>OTHER FINDINGS</b>		
Amorphous Deposits	Absent	Absent
Yeast Cells	Absent	Absent
Bacteria	Absent	Absent
Mucus Threads	Absent	
Spermatozoa	Absent	

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:43:07)

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Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 20/09/2024 19:33

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## BLOOD GROUP

Test	Result	Unit	Biological Ref. Range
ABO Group	: B		
RH Factor	: POSITIVE		

Slide agglutination test

Slide Agglutination Test

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 19:33:51)

## RENAL FUNCTION TESTS

Test	Result	Unit	Biological Ref. Range
Blood Urea Method: Urease UV/GLDH	: 31.60	mg/dl	10-50 mg/dl
Blood Urea Nitrogen	: 14.73	mg/dl	5-18 mg/dl
S. Creatinine Method: Modified Jaffe's	: 1.02	mg/dl	0.6-1.2 mg/dl
S. Uric Acid	: 5.2	mg/dl	2.6-6.0 mg/dl
Total Proteins	: 7.0	gm/dl	6.0-8.0 gm/dl
S. Albumin	: 3.6	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.40	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.06		0.90-2.00
Calcium	: 10.20	mg/dl	8.5-11.0 mg/dl
S. Phosphorus	: 3.6	mg/dl	2.5-5.0 mg/dl
S. Sodium	: 140.20	mmol/L	135-155 mmol/L
S. Potassium	: 3.98	mmol/L	3.5-5.0 mmol/L
S. Chloride	: 99.70	mmol/L	98-110 mmol/L

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

ELECTROLYTE TEST DONE ON EL-120 ANALYZER

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:44:26)



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## Vitamin - B12

Test	Result	Unit	Biological Ref. Range
Serum B12	: 215.3	pg/ml	183 - 822 pg/ml

Method:ELISA method

### Interpretation:-

Vitamin B12 deficiency impacts red blood cell synthesis, resulting in megaloblastic anemia due to abnormal DNA synthesis. In addition it impairs neurological function, in particular de-myelination of nerves in part due to abnormal methylation, leading to peripheral neuropathy, dementia, poor cognitive performance and depression. Other effects of Vitamin B12 deficiency or depletion are increased risk of neural tubular defects, osteoporosis, cerebro-vascular and cardiovascular diseases. Vit B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia and treated epilepsy. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis. Holo Transcobalamin II levels are more accurate marker of active Vitamin B12 component. High levels of Vitamin B12 may be due to exogenous supplementation.

### Note :-

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Heterophilic antibodies and rheumatoid factors in samples may interfere with the test results. Patients routinely exposed to animal and animal serum products can be prone to this interference and anomalous values may be observed.

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:44:35)

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Report Released : 20/09/2024 17:44

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## ERYTHROCYTE SEDIMENTATION RATE (WESTERGREN'S)

Test	Result	Unit	Biological Ref. Range
E.S.R (Westergren)	: 16	mm at 1hr	0-20 mm at 1hr

Method : Westergren's

Done with: ErySed Random Access ESR analyzer

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:44:44)

## VITAMIN D3

Test	Result	Unit	Biological Ref. Range
25 (OH) VIT D	: 20.3	ng/ml	Deficiency: < 20 Insufficiency: 20-30 Sufficiency: 30-100 Hypervitaminosis: > 100
ELISA method			

### Interpretation:

- Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) which is taken up with fortified food or given by supplements. Vitamin D is biologically inert and must undergo two successive hydroxylations in the liver and kidney to become biologically active 1,25-dihydroxyvitamin D.
- Testing for 25(OH) Vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake.
- For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH) Vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.
- Deficiency causes: • Bone malformation, known as rickets. • Reduced efficiency in utilization of dietary calcium. • Muscle weakness: • Secondary hyperparathyroidism. • Lower bone mineral density.
- An inverse relationship exists between PTH and 25(OH)D levels, Parathyroid hormone levels start to rise at 25(OH)D levels below 31 ng/mL & usually decrease after the correction of vitamin D insufficiency. Thus, restoration of PTH and 25 (OH)D levels to normalcy after adequate vitamin D replacement therapy is a useful monitoring strategy.

### Note

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Vitamin D toxicity is known, but rare. Heterophilic antibodies and rheumatoid factors in the samples may interfere with the test results. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous values may be observed. Kindly correlate clinically and repeat with fresh sample if indicated.

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Report Released : 20/09/2024 17:45

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## LIPID PROFILE

Test	Result	Unit	Reference Range
Total Cholesterol	: 205.3	mg/dl	Desirable <200 Borderline high 200 - 239 High >240
S. Triglyceride	: 125.60	mg/dl	Desirable <150 Borderline high 150 - 199 High 200 - 499 Very high >500
HDL Cholesterol	: 43.50	mg/dl	Desirable >60 Borderline 40 - 60 Low <40
LDL Cholesterol	: 136.68	mg/dl	Optimal <100 Near optimal 100 - 129 Borderline high 130 - 159 High 160 - 189 Very high >190
VLDL Cholesterol	: 25.1	mg/dl	5 - 30 mg/dl
TC/HDL Ratio	: 4.7		0 - 4.5
LDL/HDL Ratio	: 3.1		0-3.5

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120.

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:45:14)

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## REPORT OF GAMMA GT

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
SERUM GAMMA GT	: 25.6	IU/L	7-35 IU/L

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:45:24)

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Report Released : 20/09/2024 17:46

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## LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total)	: 0.41	mg/dl	0-1.2 mg/dl
S. Bilirubin (Direct)	: 0.31	mg/dl	0-0.40 mg/dl
S. Bilirubin (Indirect)	: 0.10	mg/dl	0-0.55 mg/dl
S. G. O.T	: <b>62.10</b>	IU/L	0-42 IU/L
S. G. P. T	: 35.40	IU/L	0-42 IU/L
S. Alkaline Phosphatase	: 169.50	IU/L	40-306 IU/L
Total Proteins	: 7.00	gm/dl	6.-8 gm/dl
S. Albumin	: 3.6	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.40	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.06		0.90-2.00

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:46:34)

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Reg. No.

Date: 20/9/2024

Blood    Urine    Stool    Vaccine    ECG    2D Echo    TMT    X-Ray    PFT    Audio    USG    OPT    Dr.

Employee's Name: Shweta Paprewal

Blood Group: B(+ve)

Age/Sex: 43 / Female

Contact No.: 9870706343

With Glass / Without Glasses

	Rt.	Lt.
NEAR	2/36	2/6
DISTANT	6/24	6/12
COLOUR VISION	(N)	(N)

### PHYSIOLOGIC PARAMETERS :

Ht. (Cms.)      Wt. (Kgs.)      BMI  
161              72.9

### COMPLAINTS : (Specify if any)

• NO H/O DM / H/O / NO  
 H/O Blood Press /  
 H/O DOE.

PAST HISTORY : NO.

FAMILY HISTORY : Not specific.

SURGICAL HISTORY : NO.

**PERSONAL HISTORY (Addiction if any)**  
 Chronic / Frequent / Occasional : \_\_\_\_\_  
 Smoker / Tobacco Chewer / Alcoholic : \_\_\_\_\_

### GENERAL EXAMINATION

SpO2 = 98%

Pulse (Min) : 66/m      BP (mm Hg) : \_\_\_\_\_  
 R.R. (Min) : 20/min      Temp. : Afebr  
 Pallor : NO                  Icterus : NO  
 Clubbing : NO

### ENT EXAMINATION (Specify if Abnormal)

Ear                  Nose                  Tongue  
 Teeth              Tonsils              Gums

### SYSTEMIC EXAMINATION

LOCOMOTOR SYSTEM \_\_\_\_\_  
 RESPIRATORY SYSTEM A/B/E, clear  
 CARDIOVASCULAR SYSTEM S2 (e)  
 CENTRAL NERVOUS SYSTEM Nil jeru (e)  
 ABDOMEN Soft.  
 GENITAL SYSTEM \_\_\_\_\_  
 MUSCULOSKELETAL SYSTEM \_\_\_\_\_

PFT	MEANS	PRED	% PRED
SVC			
FVC			
FEV1 / FVC			
Remark			

**Audiometry**      500      1000      2000      Frequency in Hz      4000      6000      8000

Right Ear  
 Left Ear  
 Remark

DOCTOR SIGNATURE [Signature]



She's fit to resume her normal duties

ID: 1691 Shweta Pappirival 20-09-2024 09:23:21 AM

Female 43 Years

Req. No.

BP = 120/80

WT 72 kg HT = 161 cm

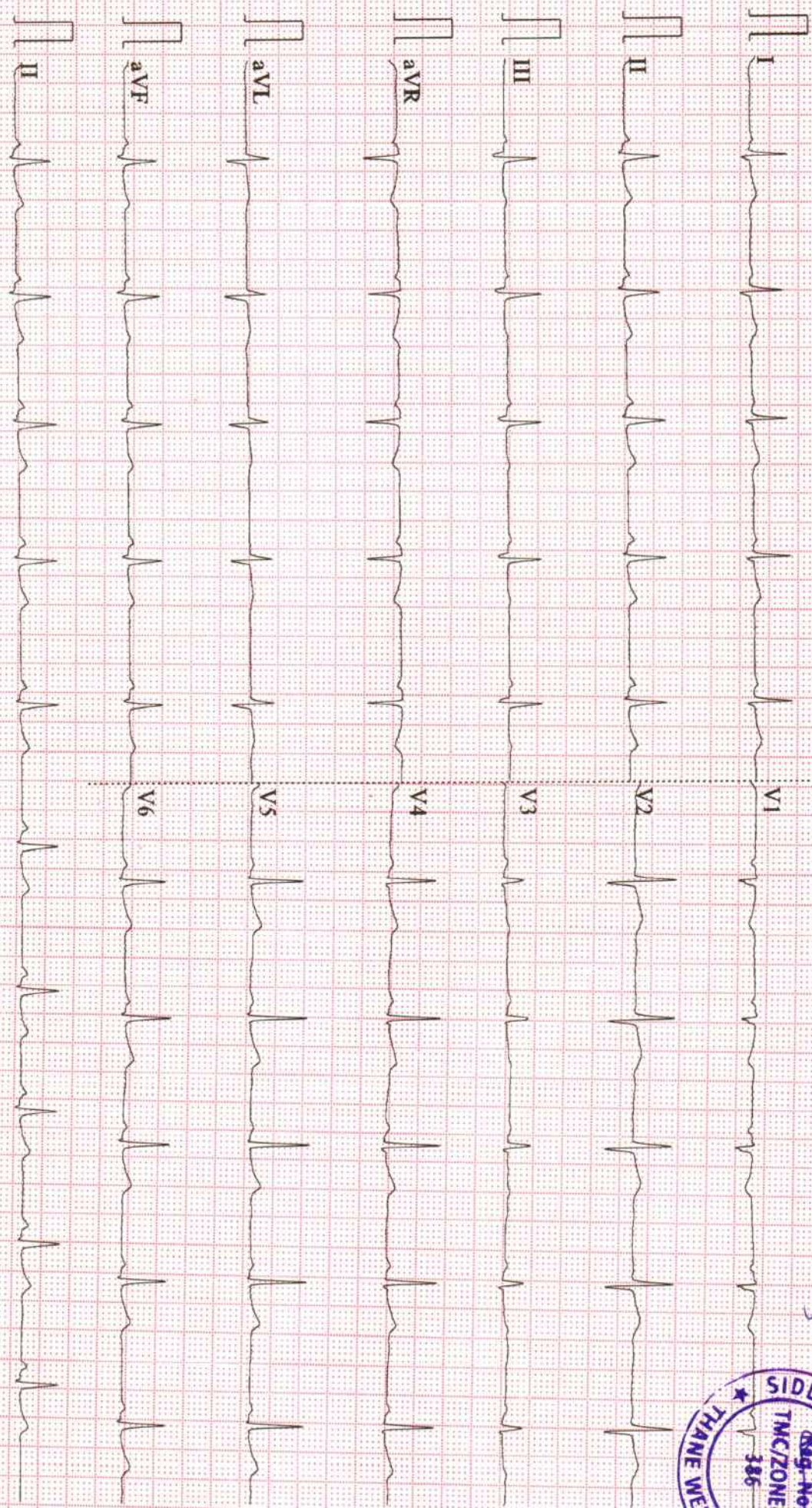
SpO2 = 98.1 PR = 66

P	HR	83	bpm
PR		130	ms
QRS		81	ms
QT/QTcBz		407/418	ms
P/QRST		59/57/45	ms
RV5/SV1		0.967/0.280	mV

Diagnosis Information:  
Sinus Arrhythmia

Report Confirmed by:

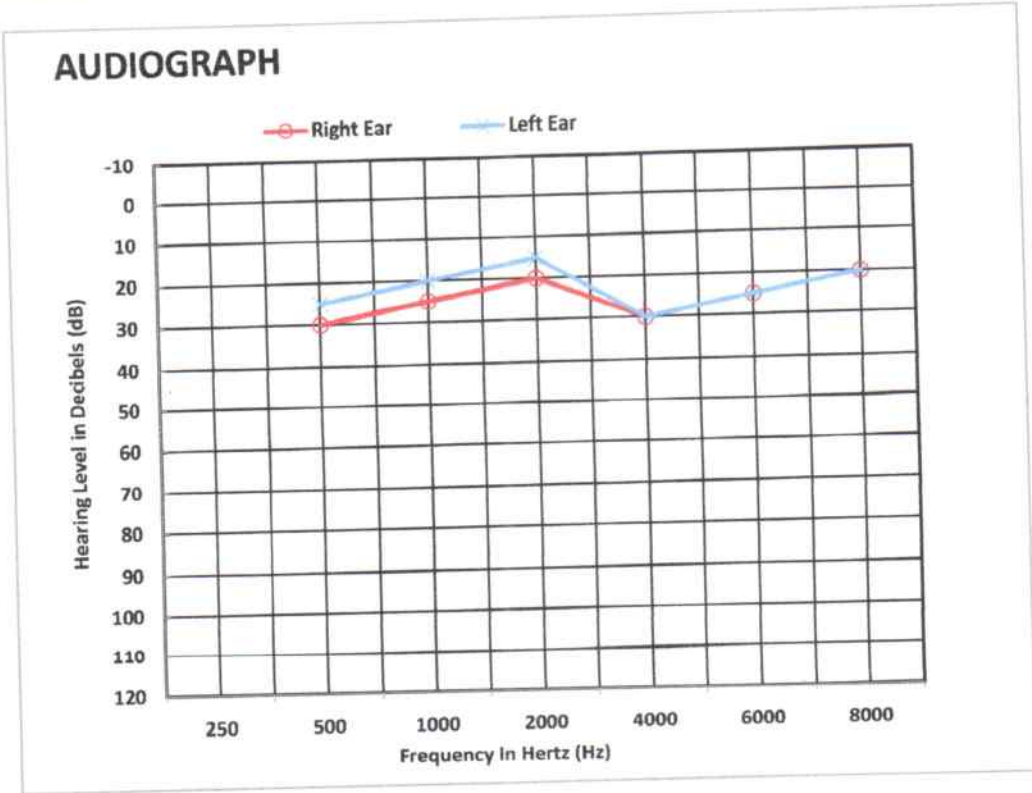
Sinus Arrhythmia  
Normal axis  
No significant ST-T changes  
Pats - 63 min approx

**Name** SHWETA PAPRIWAL  
**SR NO.** 1

## AUDIOMETRY

	500	1000	2000	4000	6000	8000
Right Ear	30	25	20	30	25	20
Left Ear	25	20	15	30	25	20



**Remark: RT Ear Normal Lt Ear Normal**

Normal Range : Below 35 dB  
 Mild Hearing Loss : 35 dB To 60 dB  
 Moderate Hearing Loss : 60 dB To 80 dB  
 Severe Hearing Loss : 80 dB To 100 dB  
 Profound Hearing Loss : 100db To 120 dB



S-1, Vedant Complex, Vartak Nagar, Thane (W) 400 606

E : ohs.svh@gmail.com W : www.siddhivinayakhospitals.org T. : 022 - 2588 3531 M. : 9769545533





Name - Mrs. Shweta Papriwal	Age - 44 Y/F
Ref by Dr.- Siddhivinayak Hospital	Date - 20/09/2024

### USG ABDOMEN & PELVIS

#### FINDINGS:

The liver is (liver span - 13.8 cm ) normal in size. **It shows raised echogenicity.** No evidence of intrahepatic ductal dilatation.

The portal vein is normal.

The pancreas appears normal.

The gall bladder is distended. Wall thickness is normal. No calculus or pericholecystic fluid collection is noted.

The common bile duct is normal.

The spleen (splenic span - 9.0 cm ) appears normal.

Both kidneys show normal cortical echogenicity.

The right kidney measures 10.8 x 3.8 cm and appears normal. No evidence of calculus or hydronephrosis is seen.

The left kidney measures 10.5 x 4.8 cm and appears normal .No evidence of calculus or hydronephrosis is seen.

Urinary bladder is distended and wall thickness appears normal.

Uterus measures 6.6 x 3.7 x 4.0 cm and appears normal.

Endometrium: 5.5 mm and is normal.

Right ovary appears normal in size and morphology.

Left ovary appears normal in size and morphology.

Adnexa appear normal

No ascites is seen.

#### IMPRESSION:

- Fatty Liver.

**DR. PRATIK GHULE**  
MBBS; DMRE  
CONSULTANT RADIOLOGIST

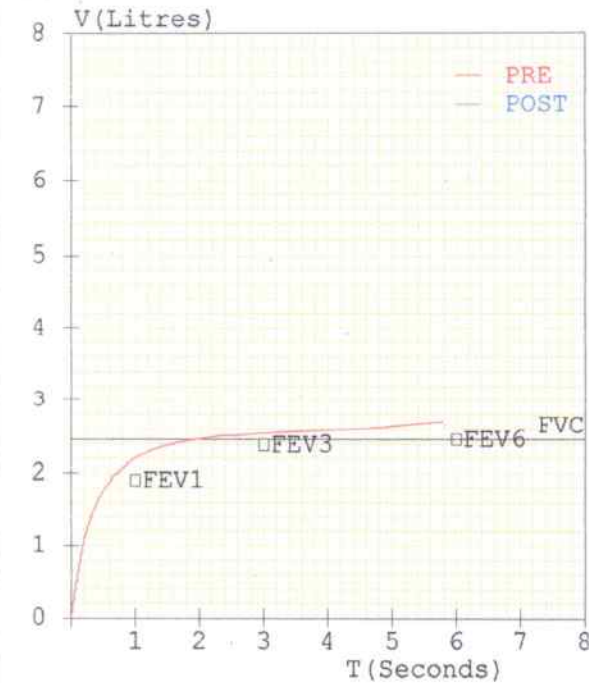
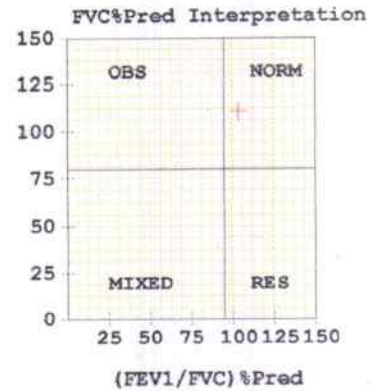
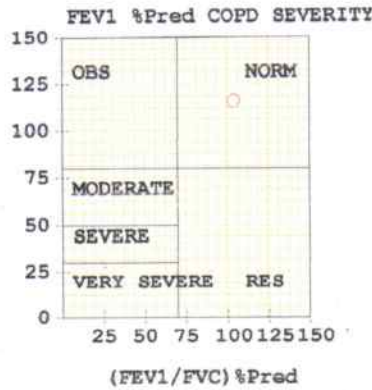
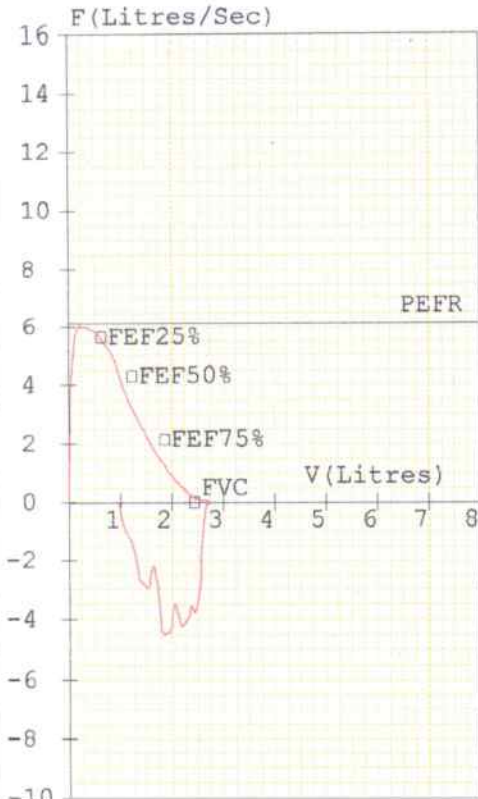


# PULMONARY FUNCTION TEST

Patient: SHWETA PAPRIWAL  
 Refd. By: DR ABHIJEET PANCHOLI  
 Pred. Eqns: RECORDERS  
 Date : 20-Sep-2024 11:50 AM

Age : 43 Yrs  
 Height : 160 Cms  
 Weight : 72 Kgs  
 ID : 389

Gender : Female  
 Smoker : No  
 Eth. Corr: 100  
 Temp :



FVC Results							
Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	02.44	02.72	111	-----	---	---
FEV1	(L)	01.90	02.21	116	-----	---	---
FEV1/FVC	(%)	77.87	81.25	104	-----	---	---
FEF25-75	(L/s)	02.52	02.15	085	-----	---	---
PEFR	(L/s)	06.12	06.02	098	-----	---	---
FIVC	(L)	-----	01.73	---	-----	---	---
FEV.5	(L)	-----	01.77	---	-----	---	---
FEV3	(L)	02.37	02.56	108	-----	---	---
PIFR	(L/s)	-----	04.56	---	-----	---	---
FEF75-85	(L/s)	-----	00.52	---	-----	---	---
FEF.2-1.2	(L/s)	04.67	04.87	104	-----	---	---
FEF 25%	(L/s)	05.65	05.41	096	-----	---	---
FEF 50%	(L/s)	04.31	02.73	063	-----	---	---
FEF 75%	(L/s)	02.16	00.83	038	-----	---	---
FEV.5/FVC	(%)	-----	65.07	---	-----	---	---
FEV3/FVC	(%)	97.13	94.12	097	-----	---	---
FET	(Sec)	-----	05.73	---	-----	---	---
ExplTime	(Sec)	-----	00.04	---	-----	---	---
Lung Age	(Yrs)	043	036	084	-----	---	---
FEV6	(L)	02.44	02.72	111	-----	---	---
FIF25%	(L/s)	-----	00.61	---	-----	---	---
FIF50%	(L/s)	-----	00.03	---	-----	---	---
FIF75%	(L/s)	-----	03.84	---	-----	---	---

**Pre Test COPD Severity**  
 Test within normal limits

**Pre Medication Report Indicates**

Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80







**Shloka**  
Divine Magic of healing  
DIAGNOSTIC CENTRE

<b>Patient ID.</b>	PAT000656	<b>StudyDate</b>	20-09-2024
<b>PatientName</b>	SHWETA PAPRIWAL	<b>Age/Sex</b>	043Y/F
<b>Ref By</b>	SIDDHIVINAYAK HOSPITAL	<b>Study</b>	CHEST

**RADIOGRAPH OF CHEST PA VIEW**

**FINDINGS :-**

The lungs on either side show equal translucency.  
The peripheral pulmonary vasculature is normal.  
No focal lung lesion is seen.  
Bilateral CP angles are normal.  
Both hila are normal in size, have equal density, and bear normal relationships.  
The heart and trachea are central in position and no mediastinal abnormality is visible.  
The domes of the diaphragms are normal in position and show a smooth outline.

**IMPRESSION :-**

- **No significant abnormality detected.**

**ADVICE :-** Clinical correlation and follow up.



Dr. MANISH JOSHI  
MBBS, DMRE  
CONSULTANT RADIOLOGIST  
Reg.no.2018041145

**Disclaimer-** It is an online interpretation of medical imaging based on clinical data. All modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patients identification in online reporting is not established, so in no way this report can be utilized for any medico legal purpose. In case of any discrepancy due to typing error or machinery error please get it rectified immediately.

**SHLOKA DIAGNOSTIC CENTRE**  
**Venture of Vedant Multi-speciality Hospital and Institute**

📍 Gate No, S-2, Vedant Commercial Complex, Vartak Nagar, Thane (W), 400 606.

☎ 022-6848 4848 📠 8097370719 ✉ info@sholkahospital.com



20/09/24.

Pt. Sheeta Pappiwal.

Age: 43

Wt: 72.9 kg.

After wakeup:- Start with luke warm water. Then

6:30 Am have soaked Almonds - 3, Raisins, Figs - 1, Walnut.

Breakfast :- 8:30 Am :- Oats porridge | suji upma |  
steam Idli | plain Dosa | Poha |  
moongdal chilla  
+ cup of tea (No sugar) | cup of milk (No sugar).

11:30 Am Coconutwater (2 time) | fruit | lime water.

Lunch - 1:30 pm:- full meal + salads + curd | Butternuts.

4:30 pm :- Milk - 1 cup | Green tea | Orange

6:30 to 7:30 pm:- Dahiya Khichadi (veggies)  
OR Sauté veggies + soup.  
OR Bhakarai - 1 + veggies (leafy) + salad.

\* Water intake should be 3 lit/day

\* NO fruits juices.

\* Have few fruits, veggies daily.



**HELPLINE**  
9321677978

S1 & S2, Vedant Commercial Complex,  
Vartak Nagar, Thane (W) 400 606

[www.siddhivinayakhospitals.org](http://www.siddhivinayakhospitals.org)





## ECHOCARDIOGRAM

NAME	MRS. SHWETA PAPRIWAL
AGE/SEX	44 YRS/F
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	20/09/2024

### 2D/M-MODE ECHOCARDIOGRAPHY

<b>VALVES:</b> <b>MITRAL VALVE:</b> <ul style="list-style-type: none"> <li>• AML: Normal</li> <li>• PML: Normal</li> <li>• Sub-valvular deformity: Absent</li> </ul> <b>AORTIC VALVE:</b> Normal <ul style="list-style-type: none"> <li>• No. of cusps: 3</li> </ul> <b>PULMONARY VALVE:</b> Normal <b>TRICUSPID VALVE:</b> Normal	<b>CHAMBERS:</b> <b>LEFT ATRIUM:</b> Normal <ul style="list-style-type: none"> <li>• Left atrial appendage: Normal</li> </ul> <b>LEFT VENTRICLE:</b> Normal <ul style="list-style-type: none"> <li>• RWMA: No</li> <li>• Contraction: Normal</li> </ul> <b>RIGHT ATRIUM:</b> Normal <b>RIGHT VENTRICLE:</b> Normal <ul style="list-style-type: none"> <li>• RWMA: No</li> <li>• Contraction: Normal</li> </ul>
<b>GREAT VESSELS:</b> <ul style="list-style-type: none"> <li>• AORTA: Normal</li> <li>• PULMONARY ARTERY: Normal</li> </ul>	<b>SEPTAE:</b> <ul style="list-style-type: none"> <li>• IAS: Intact</li> <li>• IVS: Intact</li> </ul>
<b>CORONARIES:</b> Proximal coronaries normal <b>CORONARY SINUS:</b> Normal <b>PULMONARY VEINS:</b> Normal	<b>VENACAVAE:</b> <ul style="list-style-type: none"> <li>• SVC: Normal</li> <li>• IVC: Normal and collapsing &gt;20% with respiration</li> </ul>
	<b>PERICARDIUM:</b> Normal

### MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	20 mm	Left atrium	33 mm	Right atrium	mm
Aortic sinus	mm	LYIDd	40.3 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	20.0 mm	RVEF	%
Ascending aorta	mm	IVSd	8.4 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	8.4 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	71 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	14.0 mm



### COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MRS. SHWETA PAPRIWAL
AGE/SEX	44 YRS/F
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	20/09/2024

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			1.24	0.85
PPG (mmHg)				
MPG (mmHg)				
VALVE AREA (cm <sup>2</sup> )				
DVI (ms)				
PR END DIASTOLIC VELOCITY (m/s)				
ACCELERATION/ DECELERATION TIME (ms)				
PHT (ms)				
VENA CONTRACTA (mm)				
REGURGITATION		TRJV= m/s PASP= mmHg		
E/A	1.5			
E/E'	8.1			

#### FINAL IMPRESSION: NORMAL STUDY

- No RWMA
- Normal LV systolic function (LVEF 71 %)
- Good RV systolic function
- Normal diastolic function
- All cardiac valves are normal
- All cardiac chambers are normal
- IAS/IVS intact
- No pericardial effusion/ clot/vegetations

ADVICE: Nil

#### ECHOCARDIOGRAPHER:

Dr. ANANT MUNDE

DNB, DM (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

**Dr. Anant Ramkishanrao Munde**

MBBS, DNB, DM (Cardiology)

Reg. No. 2005021228



# UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.  
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



12484 200924

Name : MRS. SHWETA PAPRIWAL

LABID : 12484

Sample Collection : 20/09/2024 12:51

Age : 43 Yrs. Sex : F

Sample Received : 20/09/2024 12:51

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 20/09/2024 17:41

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## THYROID FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
T3	: 1.2	ng/dl	0.60-2.0 ng/dl
T4	: 5.84	µg/dl	5.0-13.0 µg/dl
TSH	: 2.10	µU/ml	0.4 - 6.0 µU/ml

Method:ELISA METHOD

### Interpretation

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, subclinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis. Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and FT4 is to be done to determine hyper or hypothyroidism.

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:41:41)



Checked By -

Preeti Jaiswar  
Senior Technician  
ADMLT

Dr. Dhiraj Hivare  
M.D. (PATH.)

\*\*Sample has been collected outside the laboratory. The results pertain to the sample received.



# UNIVERSAL DIAGNOSTIC CENTRE

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Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



12484 200924

Name : MRS. SHWETA PAPRIWAL

LABID : 12484

Sample Collection : 20/09/2024 12:51

Age : 43 Yrs. Sex : F

Sample Received : 20/09/2024 12:51

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 20/09/2024 17:41

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## FASTING AND POSTPRANDIAL PLASMA GLUCOSE

Test	Result	Unit	Biological Ref. Range
Fasting Plasma Glucose Method: Hexokinase	: 112.50	mg/dl	70-110 mg/dl
Fasting Urine Glucose	: Absent		Absent
Fasting Urine Ketone	: Absent		Absent
Post Prandial Plasma Glucose ( 2 Hrs.after lunch)	: <b>146.70</b>	mg/dl	70 to 140 mg/dl
PP Urine Glucose	: Sample Not Received		
PP Urine Ketone	: Sample Not Received		
Method : Glucose Oxidase Peroxidase (GOD/POD)			

### AS PER AMERICAN DIABETES ASSOCIATION 2010 UPDATE

#### FASTING GLUCOSE LEVEL-

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus :  $\geq 126$  mg/dl POSTPRANDIAL/POST GLUCOSE (75 grams)
- Normal glucose tolerance : 70-139 mg/dl - Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus :  $\geq 200$  mg/dl CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS - Fasting plasma glucose  $\geq 126$  mg/dl - Classical symptoms +Random plasma glucose  $\geq 200$  mg/dl
- Plasma glucose  $\geq 200$  mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin  $> 6.5\%$  \*\*\*Any positive criteria should be tested on subsequent day with same or other criteria.

### BIOCHEMISRTY TEST DONE ON MERILYZER CLINIQUANT BIOCHEMISRTY ANALYZER

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 19:34:23)



Checked By -

Preeti Jaiswar  
Senior Technician  
ADMLT

Dr. Dhiraj Hivare  
M.D. (PATH.)

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# UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.  
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



Name : MRS. SHWETA PAPRIWAL

LABID : 12484

Sample Collection : 20/09/2024 12:51

Age : 43 Yrs. Sex : F

Sample Received : 20/09/2024 12:51

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 20/09/2024 17:41

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## COMPLETE BLOOD COUNT

Test	Result	Unit	Reference Range
Haemoglobin	14.0	gm/dl	12.0-16.0 gm/dl
<b><u>RBC PARAMETERS</u></b>			
Total R.B.C. Count	3.98	mill/cumm	3.8-5.8 mill/cumm
PCV	32.6	%	37-47 %
MCV	81.9	fl	76-90 fl
MCH	35.2	Pg	27-32 Pg
MCHC	42.9	gm/dl	30-35 gm/dl
RDW	12.0	%	11.5 - 14.5 %
<b><u>WBC PARAMETERS</u></b>			
Total W.B.C. Count	6500	per cumm	4000-11000 per cumm
Neutrophils	59	%	40-75 %
Lymphocytes	30	%	20-40 %
Monocytes	05	%	0 - 10 %
Eosoniphils	06	%	0 - 6 %
Basophils	0	%	0-1 %
Band Forms	0	%	0 - 0 %
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	316000	per cu.mm.	150000 - 450000 per cu.mm.
MPV	10.2	fL	6-11 fL

## PERIPHERIAL SMEAR FINDINGS:

WBC Morphology	:	Normal
RBC Morphology	:	Normocytic, Normochromic
Platelets on Smear	:	Adequate on smear.

EDTA Sample Procesed On a Fully Automated 3-Part Analyzer H-360

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:42:54)



Checked By -

Preeti Jaiswar  
Senior Technician  
ADMLT

Dr. Dhiraj Hivare  
M.D. (PATH.)

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# UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.  
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



Name : MRS. SHWETA PAPRIWAL

LABID : 12484

Sample Collection : 20/09/2024 12:51

Age : 43 Yrs. Sex : F

Sample Received : 20/09/2024 12:51

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 20/09/2024 17:41

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## GLYCOSYLATED-HAEMOGLOBIN (GHb)/ HbA1C BY HPLC

Test	Result	Unit	Reference Range
HbA1C	5.3	%	Normal : 4 - 6.2% Prediabetic : < 7 % Diabetes : > 8 %
Estimated average Glucose: (eAG)	104.84	mg / dl	70-140 mg / dl

Method: Particle enhanced immunoturbidimetric test

### NOTE:

#### CLINICAL SIGNIFICANCE

Hemoglobin A1c (HbA1c) is a glycosylated hemoglobin which is formed by the non enzymatic reaction of glucose with native hemoglobin. This process runs continuously throughout the circulatory life of the red cell (average life time 100 - 120 days).

The rate of glycation is directly proportional to the concentration of glucose in the blood. The blood level of HbA1c represents the average blood glucose level over the preceding 6 to 8 weeks (due to the kinetics of erythrocyte turnover this period is more affected by the blood glucose level than the preceding weeks).

Therefore, HbA1c is suitable for retrospective long term monitoring of blood glucose concentration in individuals with diabetes mellitus. Clinical studies have shown that lowering of HbA1c level can help to prevent or delay the incidence of late diabetic complications. As the amount of HbA1c also depends on the total quantity of hemoglobin, the reported HbA1c value is indicated as a percentage of the total hemoglobin concentration. Falsely low values (low HbA1c despite high blood glucose) may occur in people with conditions with shortened red blood cell survival (hemolytic diseases) or significant recent blood loss (higher fraction of young erythrocytes). Falsely high values (high HbA1c despite normal blood glucose) have been reported in iron deficiency anemia (high proportion of old erythrocytes). These circumstances have to be considered in clinical interpretation of HbA1c values

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 19:34:12)

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



Checked By -

Preeti Jaiswar  
Senior Technician  
ADMLT

Dr. Dhiraj Hivare  
M.D. (PATH.)

\*\*Sample has been collected outside the laboratory. The results pertain to the sample received.





# UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.  
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



Name : MRS. SHWETA PAPRIWAL

LABID : 12484

Sample Collection : 20/09/2024 12:51

Age : 43 Yrs. Sex : F

Sample Received : 20/09/2024 12:51

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 20/09/2024 17:43

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## EXAMINATION OF URINE

Test	Result	Biological Ref. Range
<b>PHYSICAL EXAMINATION</b>		
QUANTITY (URINE)	25 ML	
Colour	Pale Yellow	
Appearance	Clear	
Reaction (pH)	7.5	4.5 - 8.0
Specific Gravity	1.015	1.010 - 1.030
<b>CHEMICAL EXAMINATION</b>		
Protein	Absent	Absent
Glucose	Absent	Absent
Ketone	Absent	Absent
Occult Blood	Absent	Absent
Bilirubin	Absent	Absent
Urobilinogen	Absent	Normal
<b>MICROSCOPIC EXAMINATION</b>		
Epithelial Cells	4 - 5 / hpf	
Pus cells	1 - 2 / hpf	
Red Blood Cells	Absent / hpf	
Casts	Absent / lpf	Absent / lpf
Crystals	Absent	Absent
<b>OTHER FINDINGS</b>		
Amorphous Deposits	Absent	Absent
Yeast Cells	Absent	Absent
Bacteria	Absent	Absent
Mucus Threads	Absent	
Spermatozoa	Absent	

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:43:07)

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



Checked By -

Preeti Jaiswar  
Senior Technician  
ADMLT

Dr. Dhiraj Hivare  
M.D. (PATH.)

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# UNIVERSAL DIAGNOSTIC CENTRE

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Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



12484 200924

Name : MRS. SHWETA PAPRIWAL

LABID : 12484

Sample Collection : 20/09/2024 12:51

Age : 43 Yrs. Sex : F

Sample Received : 20/09/2024 12:51

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 20/09/2024 19:33

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## BLOOD GROUP

Test	Result	Unit	Biological Ref. Range
ABO Group	: B		
RH Factor	: POSITIVE		

Slide agglutination test

Slide Agglutination Test

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 19:33:51)

## RENAL FUNCTION TESTS

Test	Result	Unit	Biological Ref. Range
Blood Urea Method: Urease UV/GLDH	: 31.60	mg/dl	10-50 mg/dl
Blood Urea Nitrogen	: 14.73	mg/dl	5-18 mg/dl
S. Creatinine Method: Modified Jaffe's	: 1.02	mg/dl	0.6-1.2 mg/dl
S. Uric Acid	: 5.2	mg/dl	2.6-6.0 mg/dl
Total Proteins	: 7.0	gm/dl	6.0-8.0 gm/dl
S. Albumin	: 3.6	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.40	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.06		0.90-2.00
Calcium	: 10.20	mg/dl	8.5-11.0 mg/dl
S. Phosphorus	: 3.6	mg/dl	2.5-5.0 mg/dl
S. Sodium	: 140.20	mmol/L	135-155 mmol/L
S. Potassium	: 3.98	mmol/L	3.5-5.0 mmol/L
S. Chloride	: 99.70	mmol/L	98-110 mmol/L

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

ELECTROLYTE TEST DONE ON EL-120 ANALYZER

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:44:26)



Checked By -

Preeti Jaiswar  
Senior Technician  
ADMLT

Dr. Dhiraj Hivare  
M.D. (PATH.)

\*\*Sample has been collected outside the laboratory. The results pertain to the sample received.



# UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.  
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



12484 200924

Name : MRS. SHWETA PAPRIWAL

LABID : 12484

Sample Collection : 20/09/2024 12:51

Age : 43 Yrs. Sex : F

Sample Received : 20/09/2024 12:51

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 20/09/2024 19:33

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## Vitamin - B12

Test	Result	Unit	Biological Ref. Range
Serum B12	: 215.3	pg/ml	183 - 822 pg/ml

Method:ELISA method

### Interpretation:-

Vitamin B12 deficiency impacts red blood cell synthesis, resulting in megaloblastic anemia due to abnormal DNA synthesis. In addition it impairs neurological function, in particular de-myelination of nerves in part due to abnormal methylation, leading to peripheral neuropathy, dementia, poor cognitive performance and depression. Other effects of Vitamin B12 deficiency or depletion are increased risk of neural tubular defects, osteoporosis, cerebro-vascular and cardiovascular diseases. Vit B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia and treated epilepsy. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis. Holo Transcobalamin II levels are more accurate marker of active Vitamin B12 component. High levels of Vitamin B12 may be due to exogenous supplementation.

### Note :-

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Heterophilic antibodies and rheumatoid factors in samples may interfere with the test results. Patients routinely exposed to animal and animal serum products can be prone to this interference and anomalous values may be observed.

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:44:35)

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



Checked By -

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M.D. (PATH.)

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Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



Name : MRS. SHWETA PAPRIWAL

LABID : 12484

Sample Collection : 20/09/2024 12:51

Age : 43 Yrs. Sex : F

Sample Received : 20/09/2024 12:51

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 20/09/2024 17:44

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## ERYTHROCYTE SEDIMENTATION RATE (WESTERGREN'S)

Test	Result	Unit	Biological Ref. Range
E.S.R (Westergren)	: 16	mm at 1hr	0-20 mm at 1hr

Method : Westergren's

Done with: ErySed Random Access ESR analyzer

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:44:44)

## VITAMIN D3

Test	Result	Unit	Biological Ref. Range
25 (OH) VIT D	: 20.3	ng/ml	Deficiency: < 20 Insufficiency: 20-30 Sufficiency: 30-100 Hypervitaminosis: > 100
ELISA method			

### Interpretation:

- Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) which is taken up with fortified food or given by supplements. 2. Vitamin D is biologically inert and must undergo two successive hydroxylations in the liver and kidney to become biologically active 1,25-dihydroxyvitamin D.
- Testing for 25(OH) Vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake.
- For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH) Vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.
- Deficiency causes: • Bone malformation, known as rickets. • Reduced efficiency in utilization of dietary calcium. • Muscle weakness: • Secondary hyperparathyroidism. • Lower bone mineral density.
- An inverse relationship exists between PTH and 25(OH)D levels, Parathyroid hormone levels start to rise at 25(OH)D levels below 31 ng/mL & usually decrease after the correction of vitamin D insufficiency. Thus, restoration of PTH and 25 (OH)D levels to normalcy after adequate vitamin D replacement therapy is a useful monitoring strategy.

### Note

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Vitamin D toxicity is known, but rare. Heterophilic antibodies and rheumatoid factors in the samples may interfere with the test results. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous values may be observed. Kindly correlate clinically and repeat with fresh sample if indicated.

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:44:55)

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

Checked By -

Preeti Jaiswar  
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ADMLT

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Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



12484 200924

Name : MRS. SHWETA PAPRIWAL

LABID : 12484

Sample Collection : 20/09/2024 12:51

Age : 43 Yrs. Sex : F

Sample Received : 20/09/2024 12:51

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 20/09/2024 17:45

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## LIPID PROFILE

Test	Result	Unit	Reference Range
Total Cholesterol	: 205.3	mg/dl	Desirable <200 Borderline high 200 - 239 High >240
S. Triglyceride	: 125.60	mg/dl	Desirable <150 Borderline high 150 - 199 High 200 - 499 Very high >500
HDL Cholesterol	: 43.50	mg/dl	Desirable >60 Borderline 40 - 60 Low <40
LDL Cholesterol	: 136.68	mg/dl	Optimal <100 Near optimal 100 - 129 Borderline high 130 - 159 High 160 - 189 Very high >190
VLDL Cholesterol	: 25.1	mg/dl	5 - 30 mg/dl
TC/HDL Ratio	: 4.7		0 - 4.5
LDL/HDL Ratio	: 3.1		0-3.5

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120.

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:45:14)

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



Checked By -

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12484 200924

Name : MRS. SHWETA PAPRIWAL

LABID : 12484

Sample Collection : 20/09/2024 12:51

Age : 43 Yrs. Sex : F

Sample Received : 20/09/2024 12:51

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 20/09/2024 17:45

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## REPORT OF GAMMA GT

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
SERUM GAMMA GT	: 25.6	IU/L	7-35 IU/L

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:45:24)

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



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Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



12484 200924

Name : MRS. SHWETA PAPRIWAL

LABID : 12484

Sample Collection : 20/09/2024 12:51

Age : 43 Yrs. Sex : F

Sample Received : 20/09/2024 12:51

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 20/09/2024 17:46

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

## LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total)	: 0.41	mg/dl	0-1.2 mg/dl
S. Bilirubin (Direct)	: 0.31	mg/dl	0-0.40 mg/dl
S. Bilirubin (Indirect)	: 0.10	mg/dl	0-0.55 mg/dl
S. G. O.T	: <b>62.10</b>	IU/L	0-42 IU/L
S. G. P. T	: 35.40	IU/L	0-42 IU/L
S. Alkaline Phosphatase	: 169.50	IU/L	40-306 IU/L
Total Proteins	: 7.00	gm/dl	6.-8 gm/dl
S. Albumin	: 3.6	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.40	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.06		0.90-2.00

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

(Collected At: 20/09/2024 12:51:15, Received At: 20/09/2024 12:51:15, Reported At: 20/09/2024 17:46:34)

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



Checked By -

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