



SAAKSHI PATHOLOGY LABORATORY

Emerald Hills, Parandwadi Road, Somatane Phata, Somatane Gaon, Tal. Maval, Dist. Pune- 410506

sakshidiagnostic18@gmail.com www.saakshidiagnostics.com



PATIENT ID : 499 SAMPLE ID : 100437 REG.DATE : 19-02-2024
 PATIENT NAME : MRS. ANAGHA IYER AGE / SEX : 36 YEARS / FEMALE
 REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

COMPLETE BLOOD COUNT (CBC)

| Investigation | Result | Unit | Reference Range |
|---------------|--------|------|-----------------|
| HAEMOGLOBIN | : 11.2 | g/dl | 11.0 - 14.5 |

RBC PARAMETERS

| | | | |
|---------------------|---------------|---------|-------------|
| Total RBC Count | : 4.90 | mil/cmm | 3.9 - 5.1 |
| PCV (Haematocrit) | : 36.8 | % | 33.0 - 45.0 |
| MCV | : 75.1 | fl | 75 - 96 |
| MCH | : 22.9 | pg | 25 - 32 |
| MCHC | : 30.4 | g/dl | 30 - 36 |
| RDW-CV | : 17.6 | % | 11.5 - 15.3 |
| RDW-SD | : 48.2 | fL | 36.0 - 56.0 |

WBC PARAMETERS

| | | | |
|-----------------|--------|------|--------------|
| Total WBC Count | : 4800 | /cmm | 4000 - 11000 |
|-----------------|--------|------|--------------|

WBC DIFFERENTIAL COUNT

| | | | |
|-------------|--------|---|---------|
| Neutrophils | : 60.9 | % | 40 - 70 |
| Lymphocytes | : 27.3 | % | 20 - 45 |
| Eosinophils | : 2.7 | % | 0 - 4 |
| Monocytes | : 8.4 | % | 0 - 10 |
| Basophils | : 0.7 | % | 0 - 1 |

ABSOLUTE LEUCOCYTE COUNT

| | | | |
|-------------|----------|------|-------------|
| NEUTROPHILS | : 2923.2 | /cmm | 1600 - 7700 |
| LYMPHOCYTES | : 1310.4 | /cmm | 800 - 4950 |
| EOSINOPHILS | : 129.6 | /cmm | 40 - 440 |
| MONOCYTES | : 403.2 | /cmm | 100 - 1200 |
| BASOPHILS | : 33.6 | /cmm | 0 - 100 |

PLATELET PARAMETERS

| | | | |
|----------------|----------|------|-----------------|
| Platelet Count | : 220000 | /cmm | 150000 - 450000 |
| MPV | : 9.0 | fl | 6 - 12 |
| PDW | : 15.3 | % | 8 - 18 |
| PCT | : 0.199 | % | 0.15 - 0.5 |



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| Investigation | Result | Unit | Reference Range |
|--------------------------------------|------------------------------|------|-----------------|
| PERIPHERAL SMEAR EXAMINATION | | | |
| RBC Morphology | : Normocytic Normochromic | | |
| WBC Morphology | : Within Normal Limits | | |
| Platelet Morphology | : Adequate On Smear | | |
| Malarial Parasite Thick & Thin Smear | : Malarial Parasite Not seen | | |

Technology : BC5150 - Automated 5 part Haematology Analyzer

Method :

Haemoglobin : Photometry
Total WBC Count : Electrical impedance
Differential WBC Count : Flow Cytometry (FCM) + Laser scatter + Chemical dye method
Total RBC Count : Electrical impedance
Platelete Count : Electrical impedance
Staining & Microscopy

Note :

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
- Test conducted on EDTA whole blood

Dr Suhas A Lunkad
MD (Path) DPB
(Reg No : 89089)



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| | | | | | |
|--------------|--------------------|-----------|---------------------|-------------|--------------|
| PATIENT ID | : 499 | SAMPLE ID | : 100436 | REG.DATE | : 19-02-2024 |
| PATIENT NAME | : MRS. ANAGHA IYER | AGE / SEX | : 36 YEARS / FEMALE | REPORT DATE | : 19-02-2024 |
| REF BY | : APOLLO CLINIC | | | | |

BLOOD GROUPING & Rh TYPING

Investigation

Result

BLOOD GROUP & RH TYPE

: AB Rh Positive

Method : haemagglutination

This is screening method of blood group . Confirmation should be done by reverse & forward grouping method.

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REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

ESR-ERYTHROCYTE SEDIMENTATION RATE

| Investigation | Result | Unit | Reference Range |
|---------------|--------|-------|--|
| ESR | : 18 | mm/hr | Infant/Child : 0 - 10 mm Adult Male < 50 Yrs : 0 - 15 mm > 50 Yrs : 0 - 20 mm Adult Female < 50 Yrs : 0 - 20 mm > 50 Yrs : 0 - 30 mm |

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37°C.
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.

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PATIENT ID : 499 SAMPLE ID : 100432 REG.DATE : 19-02-2024
 PATIENT NAME : MRS. ANAGHA IYER AGE / SEX : 36 YEARS / FEMALE
 REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

BLOOD SUGAR FASTING

| <u>Investigation</u> | <u>Result</u> | <u>Unit</u> | <u>Reference Range</u> |
|-----------------------------|----------------------|--------------------|--|
| BLOOD SUGAR FASTING | : 82.0 | mg/dl | Normal : < 100.0 Prediabetes : 100.0 - 125.0 Diabetes : => 126.0 |

Test Method : Glucose oxidase-peroxidase - Photometry

Note:

Reference range of blood sugar are given as per guidance of American Diabetes Association (ADA)

Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

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PATIENT ID : 499 SAMPLE ID : 100434 REG.DATE : 19-02-2024
 PATIENT NAME : MRS. ANAGHA IYER AGE / SEX : 36 YEARS / FEMALE
 REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

LIVER FUNCTION TEST

| Investigation | Result | Unit | Reference Range |
|----------------------|---------------|-------------|------------------------|
| TOTAL BILIRUBIN | : 0.5 | mg/dL | 0.1 - 1.2 |
| DIRECT BILIRUBIN | : 0.3 | mg/dL | 0.0 - 0.5 |
| INDIRECT BILIRUBIN | : 0.2 | mg/dL | 0.1 - 1.0 |
| TOTAL PROTEIN | : 6.6 | gm/dL | 6.4 - 8.3 |
| ALBUMIN | : 3.9 | g/dL | 3.5 - 5.5 |
| GLOBULIN | : 2.7 | g/dL | 2.3 - 3.5 |
| A/G RATIO | : 1.44 | | 1.25 - 2.5 |
| SGOT (AST) | : 30.0 | IU/L | 5 - 40 |
| SGPT (ALT) | : 28.0 | IU/L | 5 - 41 |
| ALKALINE PHOSPHATASE | : 96.0 | IU/L | 39.0 - 118.0 |

Test Method :

Billirubin Total : Diazo With Sulphanalic Acid - Photometry
 Billirubin Direct : Diazo With Sulphanalic Acid - Photometry
 Billirubin Indirect : Calculated

Total Protein : Biuret - Endpoint Photometry
 Albumin : Bromseal Green - Endpoint Photometry
 Globulin : Calculated

SGOT : IFCC - Kinetic SGPT : IFCC - Kinetic ALP : AMP Buffer IFCC - Kinetic

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REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

LIPID PROFILE

| Investigation | Result | Unit | Reference Range |
|--------------------------------|---------|-------|--|
| SERUM TOTAL CHOLESTEROL | : 145.0 | mg/dl | Desirable : < 200 mg/dl Borderline high : 200-239 mg/dl High : >= 240 mg/dl |
| SERUM TRIGLYCERIDES | : 78.0 | mg/dl | Normal : < 150 mg/dl Borderline high : 150 - 199 mg/dl High : 200 - 499 mg/dl Very high : >=500 mg/dl |
| SERUM HDL CHOLESTEROL (Direct) | : 46.0 | mg/dl | Desirable : > 60.0 mg/dl Borderline Risk : 40.0 - 60.0 mg/dl High risk : < 40 mg/dl |
| SERUM LDL CHOLESTEROL (Direct) | : 83.4 | mg/dl | Optimal : < 100 mg/dl Near Optimal : 100 - 129 mg/dl Borderline High : 130 - 159 mg/dl High : 160 - 189 mg/dl Very High : >= 190 mg/dl |
| SERUM VLDL CHOLESTEROL | : 15.6 | mg/dl | 6 - 38 |
| CHOL / HDL CHOL RATIO | : 3.2 | | 0 - 4.5 |
| LDL CHOL / HDL CHOL RATIO | : 1.8 | | 0 - 3.5 |

Test Method

TOTAL CHOLESTEROL- Endpoint - CHOD-POD
TRIGLYCERIDES - Endpoint - CHOD-POD
HDL CHOLESTEROL - Endpoint - Direct Enzymatic
LDL CHOLESTEROL - Endpoint - Direct Enzymatic
VLDL - Calculated
TC/HDLC RATIO - Calculated
LDLC/HDLC RATIO - Calculated

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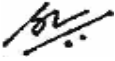


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PATIENT NAME : MRS. ANAGHA IYER AGE / SEX : 36 YEARS / FEMALE
REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

RENAL FUNCTION TEST

| Investigation | Result | Unit | Reference Range |
|---------------------|---------|--------|-----------------|
| BLOOD UREA LEVEL | : 24.0 | mg/dl | 13.0 - 45.0 |
| BLOOD UREA NITROGEN | : 11.3 | mg/dl | 6.0 - 21.2 |
| SERUM CREATININE | : 0.80 | mg/dL | 0.6 - 1.4 |
| SERUM SODIUM | : 138.0 | mmol/l | 135 - 148 |
| SERUM POTASSIUM | : 3.9 | mmol/l | 3.5 - 5.3 |
| SERUM CHLORIDE | : 107.0 | mmol/l | 98 - 107 |

Test Method
Urea - Kinetic - GLDH
Blood Urea Nitrogen - Calculated
Creatinine - Kinetic - Enzymatic
Sodium - ISE - Direct
Potassium - ISE - Direct
Chloride - ISE - Direct


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 REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

GAMMA GT (GGTP)

| <u>Investigation</u> | <u>Result</u> | <u>Unit</u> | <u>Reference Range</u> |
|-----------------------------|----------------------|--------------------|-------------------------------|
| SERUM GAMMA GT (GGTP) | : 29.0 | U/L | 7 - 35 |

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PATIENT ID : 499 SAMPLE ID : 100440 REG.DATE : 19-02-2024
PATIENT NAME : MRS. ANAGHA IYER AGE / SEX : 36 YEARS / FEMALE
REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

THYROID FUNCTION TEST

| Investigation | Result | Unit | Reference Range |
|------------------------|--------|--------|---|
| T3 (TRIIODIOTHYRONINE) | : 1.76 | ng/ml | > 20 yrs : 0.69 - 2.15 First Trimester : 0.81 - 1.90 2nd Trimester : 1.0 - 2.60 3rd Trimester : 1.0 - 2.60 |
| T4 (THYROXINE) | : 6.26 | ug/dl | > 20 yrs : 5.20 - 12.7 First Trimester : 6.60 - 12.4 2nd Trimester : 6.6 - 15.5 3rd Trimester : 6.6 - 15.5 |
| ULTRA TSH | : 3.33 | mIU/ml | > 20 yrs : 0.30 - 5.50 First Trimester : 0.10 - 2.50 2nd Trimester : 0.20 - 3.0 3rd Trimester : 0.30 - 3.0 |

Method : Electrochemiluminescence Immunoassay

Instrument : Cobas e411 Immunoassay Analyser , Roche Diagnostics Germany

T3 & T4 :

- Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues.
- Severe systemic illness affects the thyroid binding proteins and can falsely alter Total T4 levels in the absence of a primary thyroid disease. Hence Free T3 & T4 levels are recommended for accurate assessment of thyroid dysfunction

Clinical Use - Diagnose Hypothyroidism and Hyperthyroidism when overt and / or due to pituitary or hypothalamic disease.

Increased Levels : Hyperthyroidism, Increased TBG, Familial dysalbuminemic hyperthyroxinemia, Increased Transthyretin, Estrogen therapy, Pregnancy

Decreased Levels : Primary hypothyroidism, Pituitary TSH deficiency, Hypothalamic TRH deficiency, Non thyroidal illness, Decreased TBG.

TSH Clinical Use : The ability to quantify circulating levels of thyroid stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (Thyroid) from secondary (Pituitary) and Tertiary (Hypothalamus) In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism TSH levels are low or normal . Concentration of 4.2 to 7.0 uIU/mL are considered borderline hypothyroid.

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 am and at a minimum between 6 - 10 pm , The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use

Primary Hypothyroidism , Hyperthyroidism , Hypothalamic Pituitary hypothyroidism , Inappropriate TSH secretion , Nonthyroidal illness , Autoimmune thyroid disease , Pregnancy , associated thyroid disorders , Thyroid dysfunction in infancy and early childhood



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THYROID FUNCTION TEST

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REF BY : APOLLO CLINIC REPORT DATE : 19-02-2024

URINE ROUTINE ANALYSIS

Investigation Result Unit Reference Range

PHYSICAL EXAMINATION

Volume (ml) : 20 ml
Colour : Pale Yellow
Apperance : Clear

CHEMICAL EXAMINATION

Reaction (pH) : 7.0 5.0 - 8.0
Specific Gravity : 1.015 1.010 - 1.030
Proteins / Albumin : Absent Absent
Glucose / Sugar : Absent Absent
Ketones : Absent Absent
Blood : Absent Absent
Urobilinogen : Normal Normal
Bile Salts : Absent Absent
Bile Pigments : Absent Absent
Nitrate : Absent Absent
Leucocyte Esterase : Absent Absent

MICROSCOPIC EXAMINATION

Leukocytes(Pus cells)/hpf : 2 - 3 Absent
Epithelial Cells / hpf : 3 - 4 Absent
Red Blood Cells / hpf : Absent Absent
Casts : Absent
Crystals : Absent
Amorphous debris : Absent
Bacteria / hpf : Absent Absent

Chemical Dipstik , Centrifuged Deposit, Quantities per High Power field.



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URINE ROUTINE ANALYSIS

| Investigation | Result | Unit | Reference Range |
|---------------|--------|------|-----------------|
|---------------|--------|------|-----------------|

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MER- MEDICAL EXAMINATION REPORT

| | | | |
|---|--|-------------|--------|
| Date of Examination | 19/02/2024 | | |
| NAME | Mrs Anagha Iyer | | |
| AGE | 36 | Gender | Female |
| HEIGHT(cm) | 167 | WEIGHT (kg) | 62 |
| B.P. | 101/51, 98/53, 104/54 | | |
| ECG | Normal | | |
| X Ray | N.A. | | |
| Vision Checkup | Color Vision : — | | |
| | Far Vision Ratio : — | | |
| | Near Vision Ratio : R = -14.30, L = -12.92 | | |
| Present Ailments | N.A. | | |
| Details of Past ailments (If Any) | N.A. | | |
| Comments / Advice : She /He is Physically Fit | She is Physically fit. | | |
| <p>Mrs. Anagha Iyer is Physically fit.</p> <p style="text-align: right;"><i>[Signature]</i></p> | | | |

Dr. SANDEEP D. BENDALE
MDRD
Reg. No. 2011/04/0781

Signature with Stamp of Medical Examiner

Anagha Iyer
F 36Y 062Kg
11:35 AM
19/02/2024

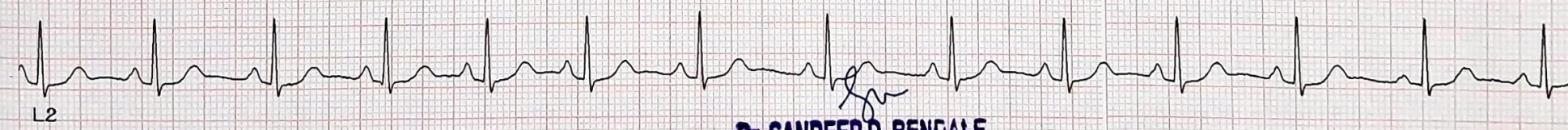
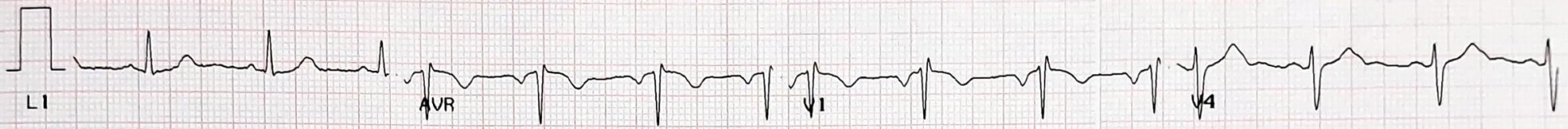
AUTO 12LS

25 mm/S
10mm/mV
0.1 - 35Hz
50Hz Rej-Y
BLC-Y

P = 87 mS
QRS = 97 mS
PQ = 135 mS
QT = 357 mS
QTc = 420 mS

QT/QTc = 85%
QT/RR = 49%
QRS axis = -02°
P axis = 66°
T axis = 33°
To be clinically correlated: HR = 83bpm
Sinus Rhythm
Mild Left Axis Deviation
Normal ECG

Acute



[Signature]
Dr. SANDEEP D. BENDALE
MDRD
Reg. No. 2011/04/0781



SAAKSHI
DIAGNOSTICS

Health Care Solutions

An ISO 9001-2015
Certified Centre



Regd. No. PH/CSP/RH-MAVAL/1572/2018

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| | | |
|--------------------------------|--------------------------|----------------|
| Name : Mrs. Anagha Iyer | Date: 19 /02/2024 | 3:54 PM |
| Ref by: Apollo | Age: 36 Yrs/F | |

USG ABDOMEN & PELVIS REPORT.

USG abdomen was performed with 4 MHz probes.

Liver shows normal size and echogenicity. No obvious focal lesion is noted. The portal vein is normal. CBD is not dilated. No evidence of any dilated intra or extra hepatic biliary radicals.

Gall bladder is contracted post prandial.

Spleen is normal in size. No focal lesion is seen.

Pancreas appears normal. No significant focal lesion is seen. No ductal dilatation seen.

Right kidney is normal in size, position & echotexture. The CMD is maintained. No significant renal mass, renal calculi noted.

Left kidney is normal in size, position & echotexture. The CMD is maintained.

No significant renal mass, renal calculi noted.

Mild fullness of bilateral pelvicalyceal system noted.

Urinary Bladder: is well distended. Wall thickness appears normal.

No calculus or soft tissue mass noted.

Uterus is normal in size, LSCS noted. **Endometrial thickness:** 7mm. CuT is seen within cervix.

Both **ovaries** are normal in size.

No adnexal pathology seen. No ascites seen.

Gaseous distention of visualized large bowel loops seen.

Impression:

- **Displaced IUCD noted.**
- **Suggest follow up as clinically indicated.**

Dr. Prathmesh Gupta

Consultant Radiologist. kindly let us know the follow up.

(Above represent USG observations and are not a diagnoses in their own right and is subject to findings evident at the time of scan & associated bowel gases. This modality has its own limitations & should be considered as a professional opinion. Clinical correlation is advised to arrive at a diagnosis. In case of difference of opinion please sent the patient for review scanning not valid for medico legal purpose).

Health Care Solutions

• MRI 1.5 TESLA • CT SCAN WITH INJECTOR • PATHOLOGY • MICROBIOLOGY • SONOGRAPHY 4D • CLOUR DOPPLER • 2D ECHO • DIGITAL X-RAY
• MAMMOGRAPHY • AUDIOMETRY • OPHTHALMOLOGY • TMT / BMD • UROFLOWMETRY • EMG, NCV, EEG, ECG • DENTAL CHECKUP