



DEPARTMENT OF LABORATORY

NAVI MUMBAI

Patient Name : Miss. GANDHAKTE MANDA BALU	Age / Gender : 48 Y(s)/Female
Bill No/ UMR No : NMBC63448/NMU0048882	Referred By : Dr. DMO
Received Dt : 23-Mar-24 11:32 am	Report Date : 23-Mar-24 05:51 pm

FINAL REPORT

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>	<u>Method</u>
CUE (COMPLETE URINE EXAMINATION)				
<u>PHYSICAL EXAMINATION</u>				
VOLUME	Urine	30 ML		
COLOUR		PALE YELLOW	PALE YELLOW	
APPEARANCE		SLIGHTLY HAZY	CLEAR	
DEPOSIT		ABSENT	ABSENT	
<u>CHEMICAL EXAMINATION</u>				
SPECIFIC GRAVITY	Urine	1.015	1.000 - 1.030	Dipstick
PH		5.0	5.0 - 8.0	Dipstick
PROTEIN		NEGATIVE	NEGATIVE	Dipstick/Heat coagulation test
GLUCOSE		ABSENT	ABSENT	Dipstick/Benedict's test
UROBILINOGEN		NORMAL	NORMAL	Dipstick
KETONE		NEGATIVE	NEGATIVE	Dipstick/Rothera's Nitroprusside test.
BILIRUBIN		NEGATIVE	NEGATIVE	Dipstick/Fouchet's test
BILE SALT		NEGATIVE	NEGATIVE	Hay's sulphur powder test
BILE PIGMENT		NEGATIVE	NEGATIVE	Fouchet test
NITRITE		NEGATIVE	NEGATIVE	Dipstick
LEUCOCYTE ESTERASE		NEGATIVE	NEGATIVE	
<u>MICROSCOPIC EXAMINATION</u>				
PUS CELLS	Urine	6-8	0 - 5 /hpf	MICROSCOPIC EXAMINATION
RBC		3-4	0 - 5 /hpf	MICROSCOPIC EXAMINATION
EPITHELIAL CELLS		3-4	0 - 5 /hpf	MICROSCOPIC EXAMINATION
CRYSTALS		NIL	NIL	MICROSCOPIC EXAMINATION
CASTS		NIL	NIL	MICROSCOPIC EXAMINATION
BACTERIA		ABSENT		MICROSCOPIC EXAMINATION
YEAST		ABSENT		MICROSCOPIC EXAMINATION
AMORPHOUS DEPOSITS		ABSENT		MICROSCOPIC EXAMINATION
MUCUS THREAD		ABSENT		MICROSCOPIC EXAMINATION
NOTE		Microscopic examination of urine is carried out on centrifuged urinary sediment.		

*** End Of Report ***





MEDICOVER
HOSPITALS

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Specimen

Result

Biological Reference In Method





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Bill No/ UMR No : NMBC63448/NMU0048882 **Referred By** : Dr. DMO
Received Dt : 23-Mar-24 11:32 am **Report Date** : 23-Mar-24 02:39 pm

FINAL REPORT

Parameter **Specimen** **Result Values** **Biological Reference** **Method**

COMPLETE BLOOD COUNT

RBC

R B C COUNT	Blood	4.22	3.8 - 4.8 $10^6/\mu\text{L}$	
HEMOGLOBIN		12.2	12.0 - 15.0 g/dl	
PCV/HCT		36.1	40 - 50 % 36 - 46 %	
MCV		86	83 - 101 fl 83 - 101 fl	
MCH		28.8	27 - 32 pg	
MCHC		33.7	31.5 - 34.5 g/dL	
RDW(cv)		13.4	11.6 - 14.0 %	

PLATELETS

PLATELET COUNT	Blood	314	150 - 400 $10^3/\mu\text{L}$	
MPV		8.4	7.5 - 11.5 fl	

WBC

TC (TOTAL LEUCOCYTE COUNT)	Blood	7.6	4.0 - 11.0 $10^3/\mu\text{l}$	
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DIFFERENTIAL COUNT

NEUTROPHILS	Blood	49	40 - 80 %	
LYMPHOCYTES		41	20 - 40 %	
MONOCYTES		07	02 - 10 %	
EOSINOPHILS		03	00 - 06 %	
BASOPHILS		00	00 - 01 %	

ESR	CITRATED BLOOD	35	0 - 20 mm/1st hour	WESTERGREN'S METHOD
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*** End Of Report ***





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Bill No/ UMR No : NMBC63448/NMU0048882	Referred By : Dr. DMO
Received Dt : 23-Mar-24 11:31 am	Report Date : 23-Mar-24 02:39 pm

FINAL REPORT

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
FBS (FASTING BLOOD GLUCOSE WITH URINE GLUCOSE)				
FASTING BLOOD GLUCOSE		117	Normal Range : 70 - 99 mg/dL	Hexokinase
FASTING URINE SUGAR		NIL		
SERUM ELECTROLYTES				
SERUM SODIUM		140	136 - 145 mmol/L	ISE INDIRECT
SERUM POTASSIUM		4.2	3.5 - 5.1 mmol/L	ISE INDIRECT
SERUM CHLORIDES		106	98 - 107 mmol/L	ISE INDIRECT
HBA1C (GLYCOSYLATED HAEMOGLOBIN)				
HBA1C		7.3	< 5.7 Normal Prediabetic 5.7 - 6.4 % >=6.5 Diabetic %	TINIA
MPG(Mean Plasma Glucose)		163	Excellent Control : 90 - 120 mg/dL Good Control : 121 - 150 mg/dL	
PLBS (POST LUNCH BLOOD SUGAR WITH URINE SUGAR)				
PLBS (POST LUNCH BLOOD GLUCOSE)		94	110 - 180 mg/dL	Hexokinase
URINE SUGAR		NIL		Dipstick
T3,T4 AND TSH				
T3		162.2	70 - 204 ng/dL	Method : ECLIA
T4		9.54	5.1 - 14.1 ug/dL	Method : ECLIA
TSH(THYROID STIMULATING HORMONE)		1.30	0.270 - 4.20 uIU/mL	Method : ECLIA
SERUM CREATININE				
CREATININE		0.75	0.6 - 1.2 mg/dl	Method : jaffe
BUN / CREATININE RATIO				
BUN (Blood Urea Nitrogen.)		8	7.0 - 21.0 mg/dL	Calculated
SERUM CREATININE		0.75	0.6 - 1.2 mg/dL	
BUN / CREATININE RATIO		10.66	10 - 20	
LFT(LIVER FUNCTION TEST)				
TOTAL BILIRUBIN		0.4	< 1.2 mg/dL	Method : Diazo Method
DIRECT BILIRUBIN		0.1	<= 0.20 mg/dL	Method: Diazo Method
INDIRECT BILIRUBIN		0.3	<= 1.0 mg/dL	
SGPT (ALT)		16	<= 33 U/L	Method : UV without P5P





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Received Dt : 23-Mar-24 11:32 am	Report Date : 25-Mar-24 10:50 am

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference In</u>	<u>Method</u>
SGOT (AST)		15	<= 32 U/L	Method : UV without P5P
ALKALINE PHOSPHATASE (ALP)		55	40 - 129 U/L 35 - 105 U/L	Method : PNPP, AMP Buffer - IFCC Ref.
TOTAL PROTEINS		7.4	6.0 - 8.0 g/dL	Method : Biuret method
SERUM ALBUMIN		4.6	3.5 - 5.2 g/dL	Method : Bromcresol Green (BCG)
GLOBULINS		2.8	2.5 - 3.5 g/dL	
A/G RATIO		1.64	1.2 - 2.5	
GAMMA GLUTAMYL TRANSFERASE(GGT)		20	6 - 42 U/L	Method : G-glutamyl-carboxy-nitroanilide - IFCC Ref.
BUN(BLOOD UREA NITROGEN)				
BUN (Blood Urea Nitrogen.)		8	7.0 - 21.0 mg/dL	Calculated
TOTAL PROTEIN				
TOTAL PROTEINS		7.4	6.0 - 8.0 g/dL	Method : Biuret method
LIPID PROFILE				
TOTAL CHOLESTEROL		192	Desirable : : < 200 mg/dL Borderline High : : 200 - 239 mg/dL High risk : > 240 mg/dL	METHOD : Enzymatic colorimetric
HDL CHOLESTEROL		62	Low : : < 40 mg/dL High : : > 60 mg/dL	Homogeneous enzymatic colorimetric
LDL CHOLESTEROL		118	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	Direct-Enzymatic colorimetric
VLDL		20		
SERUM TRYGLYCERIDES		102	< 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL	METHOD: Enzymatic colorimetric
CHO/HDL RATIO		3.1	Normal : - < 3.5 High Risk : - > 5.0	
LDL/HDL RATIO		1.9		
SERUM URIC ACID		5.9	2.4 - 5.7 mg/dL	uricase

*** End Of Report ***





MEDICOVER HOSPITALS

DEPARTMENT OF LABORATORY

NAVI MUMBAI

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Bill No/ UMR No : NMBC63448/NMU0048882	Referred By : Dr. DMO
Received Dt : 23-Mar-24 11:32 am	Report Date : 25-Mar-24 10:50 am

Parameters

Specimen

Result

Biological Reference In Method

Lab Incharge

Dr. VISHAL MEHROTRA, MD Pathology
Head of Laboratory Services

Verified By : : 022633

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.



3/23/2024 1:33:41 PM

GANDHAKTE MANDA

Female

HC48882
48 Years

Rate 91 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 147
QRS 89
QT 367
QTc 452

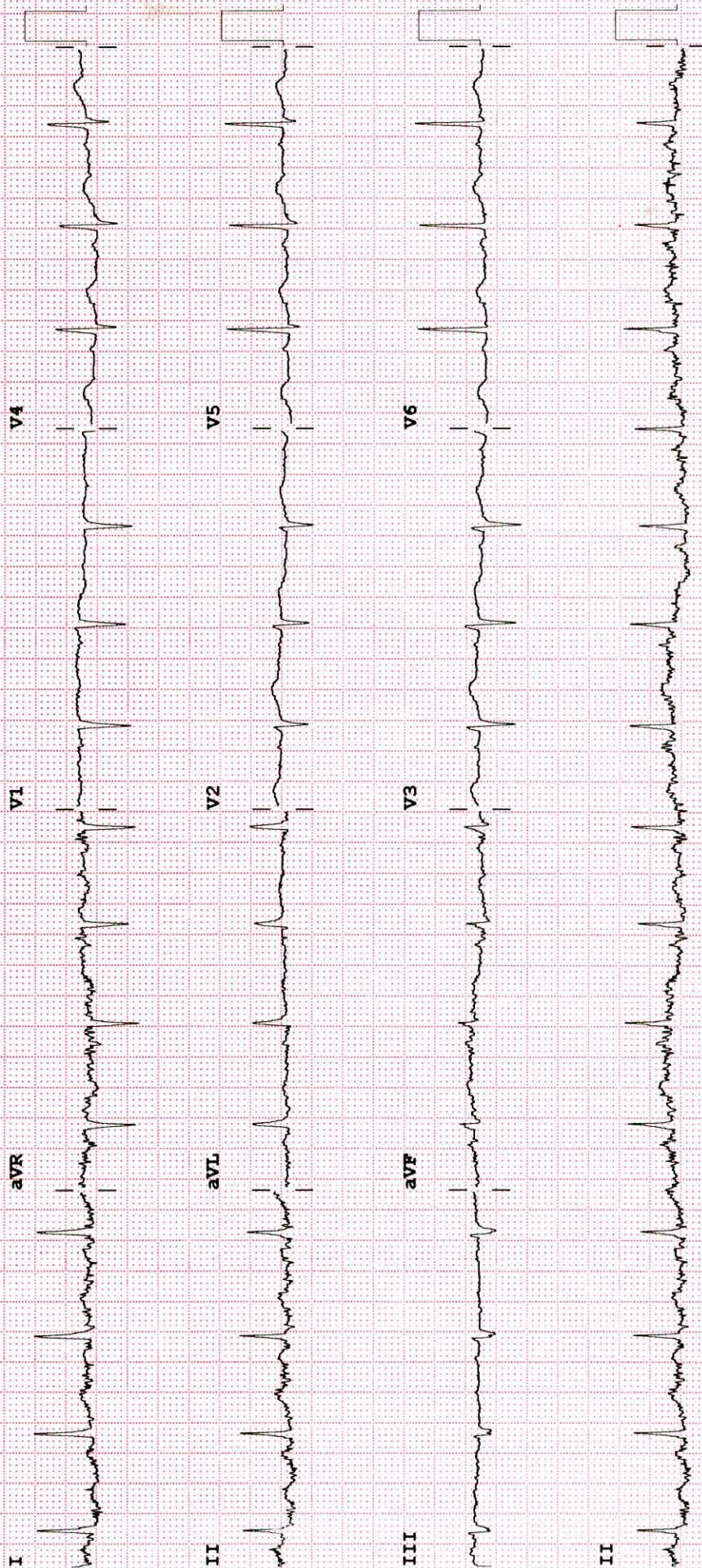
--AXIS--

P 37
QRS 12
T 32

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL

P?



DEPARTMENT OF OPHTHALMOLOGY

MEDICOVER HOSPITALS

DATE: 23/03/24

PATIENT NAME: Mrs. Gandhakte. Manika AGE / SEX: 49/M NAVI MUMBAI

UMR NO: N50004882

	RE	LE
VA (DISTANCE)	6/12	6/12
VA (NEAR)	N36	N36
COLOUR VISION	Normal	Normal

		SPHERE	CYLINDER	AXIS	VA	
MRx	O D	+ -	+ 0.50	20°	6/9	Acen + 2.00 NG
	O S	+ 0.50	- 0.50	80°	6/9	+ 2.00 NG

HISTORY :

- H/O DM (ker)
- NHLA Ocular trauma Allergic conjunctivitis.

OCULAR FINDINGS :

- Antes < BRwn / dryness (+).
- oor-BR RW

ADVICE:

- Dilated Fundus examination
- glau
- el el softchop 1-1x (30) days.



Patient ID:	NMU0048882	Patient Name:	GANDHAKTE MANDA BALU
Age:	48 Years	Sex:	F
Accession Number:	NMBC63448	Modality:	US
Referring Physician:	DR.DMO	Study:	USG ABDOMEN WHOLE
Study Date:	23-Mar-2024		

ULTRASOUND EXAMINATION OF ABDOMEN & PELVIS

The Liver is normal in size and shows a normal parenchymal reflectivity. No focal lesion is seen. The Hepatic veins appear normal. There is no evidence of any dilated IHBR. The portal vein appears normal.

The gall bladder is physiologically distended with normal wall thickness. There is no evidence of gallstones. C.B.D. is of normal caliber.

The Pancreas is normal in size and shows homogeneous reflectivity. There is no evidence of any calcification or ductal dilatation.

The spleen is normal in size and shows a homogeneous echotexture. It measures 7.4 cm in long axis. There is no evidence of any focal lesion.

Both kidneys are normal in position and size. They show normal cortical reflectivity and cortico-medullary distinction.

The Right Kidney measures 10.3 x 4.0 cm.

The Left Kidney measures 10.2 x 4.4 cm.

There is no evidence of renal calculi, hydronephrosis, or mass noted.

There is no evidence of ascites or para aortic lymphadenopathy.

The Urinary bladder is adequately distended and shows normal wall thickness. No evidence of any intraluminal mass or calculi.

The uterus is anteverted, small post menopausal with myometrial calcification. It measures 5.9 x 2.6 x 3.7 cm. No focal lesion is seen.

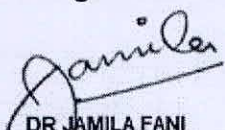
The Endometrial thickness is 5 mm.

Bilateral adnexa appear clear.

No evidence of any fluid collection in the pelvis.

IMPRESSION:

No significant abnormality is seen.



DR. JAMILA FANI
Consultant Radiologist
MBBS, MD

Date: 23-Mar-2024 12:55:18

Patient ID:	NMU0048882	Patient Name:	MANDA GANDHAKTE 48YRS/F
Age:		Sex:	O
Accession Number:		Modality:	CR
Referring Physician:		Study:	BREAST
Study Date:	23-Mar-2024		

X-RAY MAMMOGRAPHY

INDICATION: Routine screening.

MAMMOGRAPHY

Bilateral mammograms were obtained in the oblique mediolateral and craniocaudad projections. The film markers are placed on the axillary / lateral part of the breast.

Both breasts display scattered areas of fibroglandular density, which limits the mammographic evaluation (ACR category b).

A well defined rounded smooth marginated radio opacity measuring 17 x 15 mm is seen in lower inner quadrant of left breast in periareolar region. No evidence of any calcification. Lesion is approximately 2.3 cm away from nipple.

Two tiny, rounded benign calcifications are seen in central and outer quadrant of right breast. There is no focal spiculated mass lesion seen.

There are no clusters of microcalcification, distortion of the lobular architecture or nipple retraction.

Skin and subcutaneous tissues are normal.

Small lymph nodes are seen in both axilla.

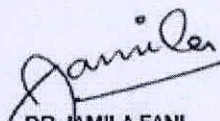
IMPRESSION :-

A well defined rounded smooth marginated radio opacity measuring 17 x 15 mm in lower inner quadrant of left breast in periareolar region likely benign etiology .

Two tiny, rounded benign calcifications are seen in central and outer quadrant of right breast.

BIRADS O - Suggest sonomammography for further evaluation.

BIRADS CATEGORY : BIRADS O - Requires additional evaluation, I - Negative, II - Benign findings, III - Probably benign findings, IV - Suspicious abnormality, V - Highly suggestive of malignancy, VI - Known biopsy proven malignancy.)



DR JAMILA FANI
Consultant Radiologist
MBBS, MD

Date: 24-Mar-2024 12:36:39

Patient ID:	NMU0048882	Patient Name:	GANDHAKTE MANDA BALU
Age:	48 Years	Sex:	F
Accession Number:	NMBC63448	Modality:	DX
Referring Physician:	DR.DMO	Study:	CHEST
Study Date:	23-Mar-2024		

X RAY CHEST PA VIEW

Both lungs are clear.

The frontal cardiac dimensions are normal.

The pleural spaces are clear.

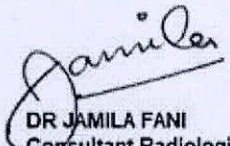
Both hilar shadows are normal in position and density.

Right sided diaphragmatic hump seen. Left dome of diaphragm appear normal.

The soft tissues and bony thorax are normal.

Impression:

No significant abnormality is seen.



DR JAMILA FANI
Consultant Radiologist
MBBS, MD

Date: 25-Mar-2024 18:02:56



MEDICOVER HOSPITALS

MEDICAL HEALTH CHECK-UP ASSESMENT FORM

NAME: Mr / Mrs Manda Gandhakte DATE: 23/3/24

AGE: 48 yrs

SEX: Male/ Female
Female

NMU: NMU000 48884

DOCTOR'S NAME:

Health Package

TEMP :	<u>97.7</u>	° f	BP :	<u>110/70</u>	mmHg
PULSE :	<u>86</u>	b/m	HEIGHT :	<u>153</u>	cm
RR :	<u>20</u>	b/m	WEIGHT :	<u>81.8</u>	kg
SPO2 :	<u>98</u>	% RA	HGT:		

REMARK:



MEDICOVER
HOSPITALS

NAVI MUMBAI

Gandhakte Baku.

S/B:- Dr. Mandira Kamble

O/E:- Grossly decayed \bar{c} $\frac{7}{|}$

Adm:- Surgical extraction \bar{c} $\frac{7}{|}$

|
MfKamble.

Dr Mandira Sushil Kamble

MDS In Conservative Dentistry And Endodontics

Reg. No. A-43282

