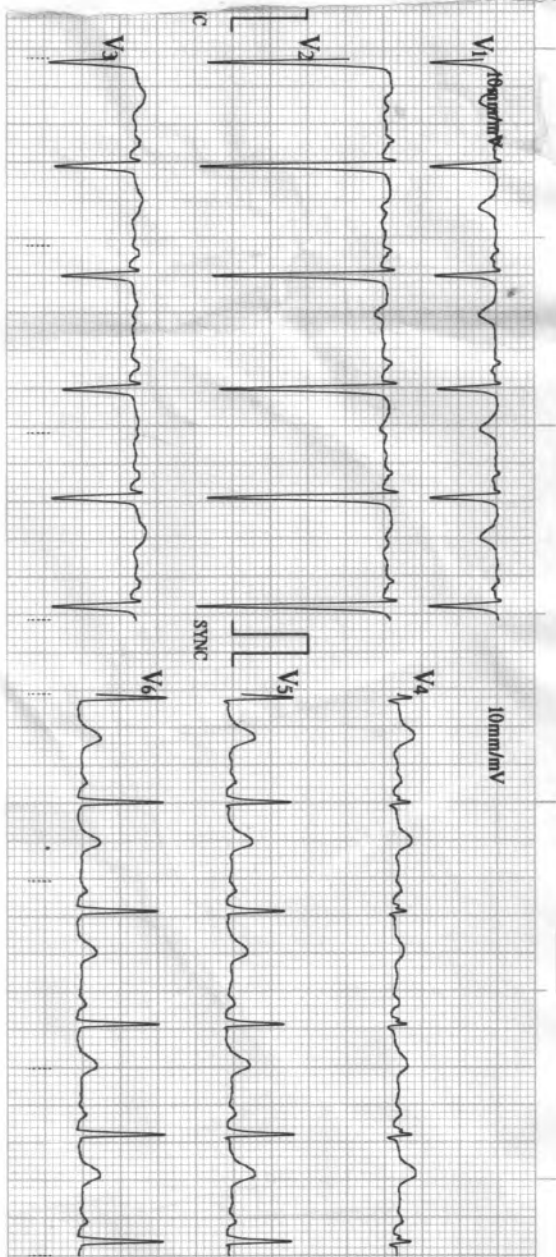


ECG-1203 V2.004 (BIOS: V2.004 / AMP: V1.008) BIOMEDICS SADASHIV PETH PUNE-30 CELL-9822198798



03/23/2024 12:19

ID : 5959

Name: Mrs Pallavi Nagare

Sex : Female

Age : 23y

Palani

HR	: 100	bpm
R-R	: 597	ms
P-R	: 129	ms
QRS	: 89	ms
QT/QTc	: 325/420	ms
P/QRS/T	: 48/49/11	°
RV5/SV1	: 0.840/0.850	mV
RV5-SV1	: 1.690	mV

Machine Interpretation Only

Confirm with Physician

Dr. A. S. SARDA
M.D. (R) 0173970

BIOMEDICS SADASHIV PETH PUNE-30 CELL-9822198798
Physician: Dr. A. S. SARDA, PETH PUNE-30 CELL-9822198798

**SARDA
CENTRE FOR DIABETES & SELF CARE**

4, Vyankatesh Nagar, Jaina Road, Aurangabad. Ph. : (0240) 2332851, 2334858.

Name: Mrs. Purnor Nagare Age: 23yrf
BDS

CLINICAL SUMMARY :

Weight : _____ Height (Cms) : _____ Blood Pressure : _____

ECG FINDINGS :

Rate : 100/min ORS. Complex : (R)

Rhythm : (R) ST Segment : (R)

Mechanism : (R) T. Wave : (R)

Axis : (R) QT Interval : (R)

P. Wave : (R) PR Interval : (R)

Recommendation : Wm

Date : 23.03.2024
Dr. A. S. SARDA
M.D. Reg. No. 13570
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankatesh Nagar, Jaina Road, Aurangabad
Phone No. 2332851, 2334858



Dr. Amey Jaju
MBBS, DNB Radiology
Fellowship in MSK Imaging

Regd. No. 2019/05/3879

DIGITAL X-RAY • 3D/4D/5D SONOGRAPHY • COLOUR DOPPLER

Patient Name: PALLAVI NAGVE	Date: 23/03/2024
Patient Id: 5549	Age/Sex: 23 Years / FEMALE
Ref Phy: DR. SARDA .	Address :


RADIOGRAPH OF CHEST PA VIEW

Findings:

- Both the lung fields are clear.
- The broncho vascular markings are appears normal.
- The hilar shadows are appears normal.
- Both Cardiophrenic and Costophrenic angles are clear.
- The Cardiac silhouette is within normal limits.
- Aortic shadow is normal.
- Both domes of diaphragms are normal.
- The visualised bony thorax is normal.

Impression:

No significant abnormality noted in X-ray chest.


DR. AMEY S. JAJU
MBBS, DNB (Radiology)
Fellowship in MSK Imaging
Reg. No. 2019/05/3879



DR AMEY S. JAJU, MBBS, DNB RADIOLOGY
Fellow in MSK imaging

ANUSHREE SONOGRAPHY & X-RAY CENTRE

Name: Pallavi Nagve

Age: 23 Y

Sex: Female

RefDr: Dr. Sarda

Date: 23-Mar-2024





Dr. Amey Jaju
MBBS, DNB Radiology
Fellowship in MSK Imaging

Regd. No. 2819/05/3879
Patient Name: **PALLAVI NAGVE**

DIGITAL X-RAY • 3D/4D/5D SONOGRAPHY • COLOUR DOPPLER

Date: 23/05/2024

Patient Id: **5551**

Age/Sex: **23 Years / FEMALE**

Ref Phy: **DR. SARDA**

Address :

USG ABDOMEN & PELVIS

Liver is normal in size 13.1 cm and echotexture. No focal liver parenchymal lesion is seen. Intrahepatic portal and biliary radicles are normal.

Gall-bladder is physiologically distended. No evidence of intraluminal calculus is seen. Wall thickness appears normal. No evidence of peri-cholecystic fluid is seen.

Portal vein and CBD are normal in course and calibre.

Pancreas appears normal in size and echotexture. No evidence of duct dilatation or parenchymal calcification seen.

Spleen is normal in size and echotexture. No focal lesion is seen in the spleen.

Right kidney measures 8.6 x 3.7 cm.

Left kidney measures . 9.1 x 4.1 cm.

Both the kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. No evidence of calculus or hydronephrosis on either side.

Urinary bladder is moderately distended and revealed no intrinsic abnormality.

Uterus is normal in size, shape and echotexture.

Endometrial thickness measures 8.6 mm.

Both ovaries appear normal in size and echotexture.

Both the adnexae are clear.

There is no free fluid in abdomen and pelvis.

No significant lymphadenopathy is seen.

Impression:

No significant abnormality is detected.



DR. AMEY S. JAJU
MBBS, DNB (Radiology)
Fellow in MSK Imaging
DR. AMEY JAJU MBBS, DNB (RADIOLOGY)
Fellow in MSK Imaging
CONSULTANT RADIOLOGIST



SARDA

CENTRE FOR DIABETES & SELF CARE

PAP

NAME...MRS. PALLAVI NAGVE

23/03 /2024

REF.BY. MEDIWHEEL .

CYTOLOGY EXAMINATION

SPECIMEN..... PAP SMEAR

MICROSCOPIC..... SHOWS SUPERFICIAL SQUAMOUS EPITHELIAL CELLS

PRESENT SMEAR DOES NOT SHOW ANY ABNORMAL CELLS.

NO E/O DYSPLASIA.

IMPRESSION..... NORMAL CERVICAL SMEAR.

DR.S.R.SARDA

MD(PATH)

DR.S.R. SARDA

M.D Reg. No.56462

SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No.2333851, 2334858

Name : Mrs.Pallavi Nagve

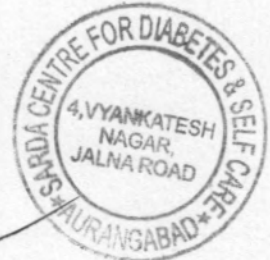
Date :23/03/ 2024

Age/Sex :22Yrs/Female

Ref.By: Dr.Sarda Sir

STRESS TEST REPORT

- Protocol – Bruce.
- Exercise Time- 6.36Min.
- Baseline Heart Rate and Blood Pressure - 126bpm,BP-120/80mm of Hg.
- Mets- 8.80.
- ST-T Segment Changes – No Significant ST-T Changes.
- Angina- None.
- Arrhythmias- None.
- Other Symptoms – None.
- Maximal Heart Rate and Blood Pressure – 169 bpm, BP – 140/80 mm of Hg.
- Predicted Maximal Heart Rate Achieved - 85%.
- Reason For Termination - Target Heart rate achieved.

CONCLUSION : Stress Test Negative for Exercise Induced Ischemia.

DR.DEORAO THENGE
M.D.D.N.B.(CARDIOLOGY)
Dr. Devrao Thenge
MD, DNB (Cardiology)
Reg. No. 2001/02/491

ASIAN HOSPITAL
MOTIWALA SQUARE
AURANGABAD

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Nagve, Pallavi
Patient ID: 14770
Height: 160 cm
Weight: 54 kg

DOB: 10.04.2001
Age: 22yrs
Gender: Female
Race: Asian

Study Date: 23.03.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: Dr. Devrao Thenge
Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:11	0.00	0.00	108	120/80	
	STANDING	00:07	0.50	0.00	109		
EXERCISE	STAGE 1	03:00	1.70	10.00	151		
	STAGE 2	03:00	2.50	12.00	162	130/80	
	STAGE 3	00:37	3.40	14.00	169		
RECOVERY		03:53	0.00	0.00	120	140/80	

The patient exercised according to the BRUCE for 6:36 min:s, achieving a work level of Max. METS: 8.80. The resting heart rate of 126 bpm rose to a maximal heart rate of 169 bpm. This value represents 85 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Dyspnea.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

Exercise of bruce protocol for 6.36 min.
Target heart rate achieved.
No angina/arrhythmias.No ST-T Changes.
Test is negative for induced ischemia.

Physician

Technician



Dr. Devrao Thenge
MD, DNB (Cardiology)
Reg. No. 2001/021494

Nagve, Pallavi
 Patient ID 14770
 23.03.2024
 4:43:55pm

Tabular Summary

ASIAN HOSPITAL

BRUCE: Total Exercise Time 06:36
 Max HR: 169 bpm 85% of max predicted 198 bpm HR at rest: 126
 Max BP: 140/80 mmHg BP at rest: 120/80 Max RPP: 20800 mmHg*bpm

Maximum Workload: 8.80 METS
 Max ST: -1.35 mm, 0.00 mV/s in III; EXERCISE STAGE.2 05:29
 ST/HR index: 0.91 μ V/bpm

Reasons for Termination: Dyspnea

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Conclusion: Exercise of bruce protocol for 6.36 min.

Target heart rate achieved

No angina/arrhythmias. No ST-T Changes.

Test is negative for induced ischemia.

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST-Level (III mm)	Comment
PRETEST	SUPINE	00:11	0.00	0.00	1.0	108	120/80	12960	0	-0.70	
	STANDING	00:07	0.50	0.00	1.0	109			0	-0.70	
	STAGE 1	03:00	1.70	10.00	4.6	151			0	-0.85	
EXERCISE	STAGE 2	03:00	2.50	12.00	7.0	162	130/80	21060	1	-0.90	
	STAGE 3	00:37	3.40	14.00	8.8	169			2	-1.05	
RECOVERY		03:53	0.00	0.00	1.0	120	140/80	16800	0	-0.60	

Nagve, Pallavi
Patient ID 14770
23.03.2024
4:44:05pm

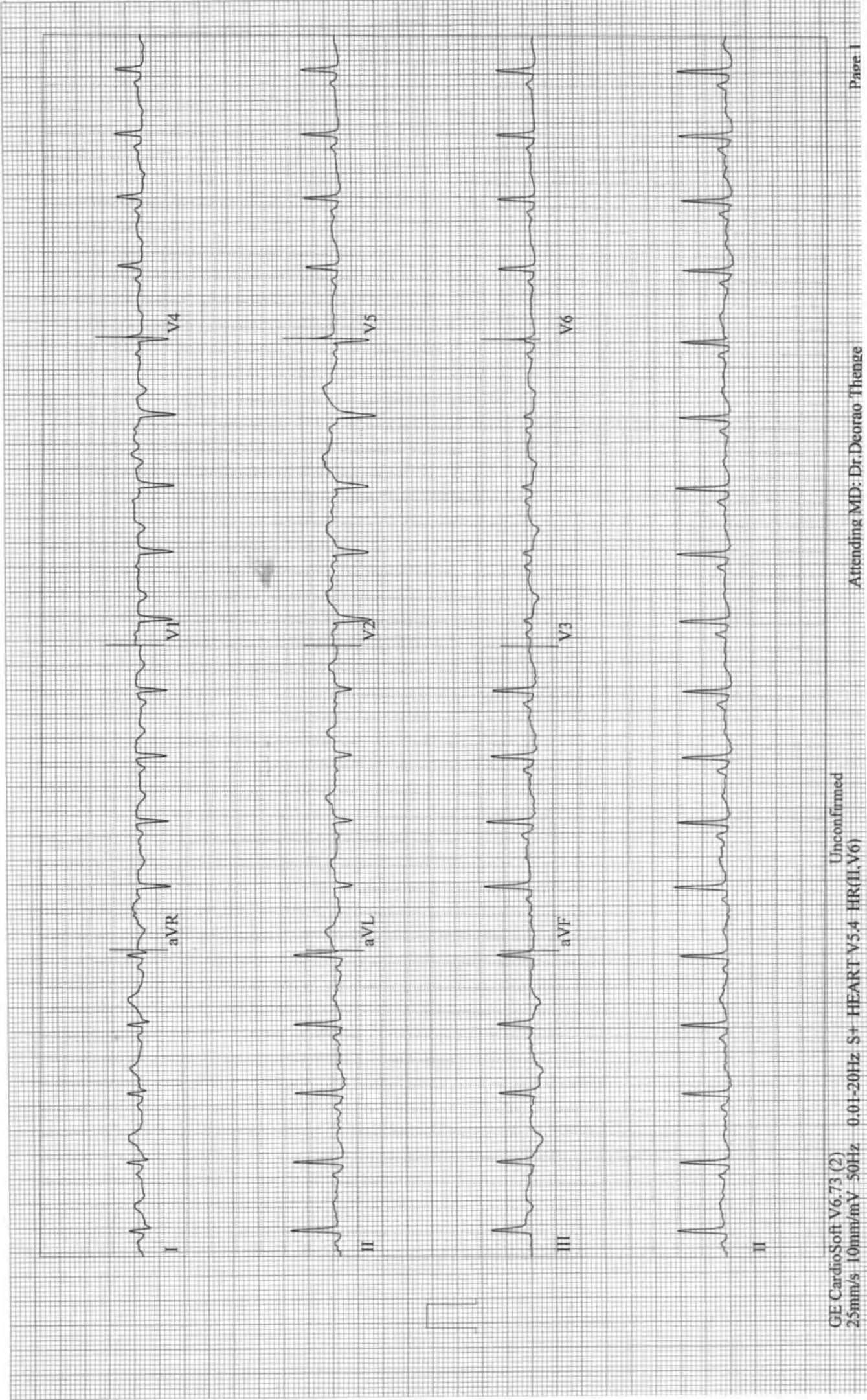
EXERCISE TEST / ECG Strips

ASIAN HOSPITAL

109 bpm
120/80 mmHg

PRETEST
SUPINE
0:09

BRUCE
0.0 mph
0.0 %



Nagve, Pallavi
Patient ID 14770
23.03.2024
4:44:12pm

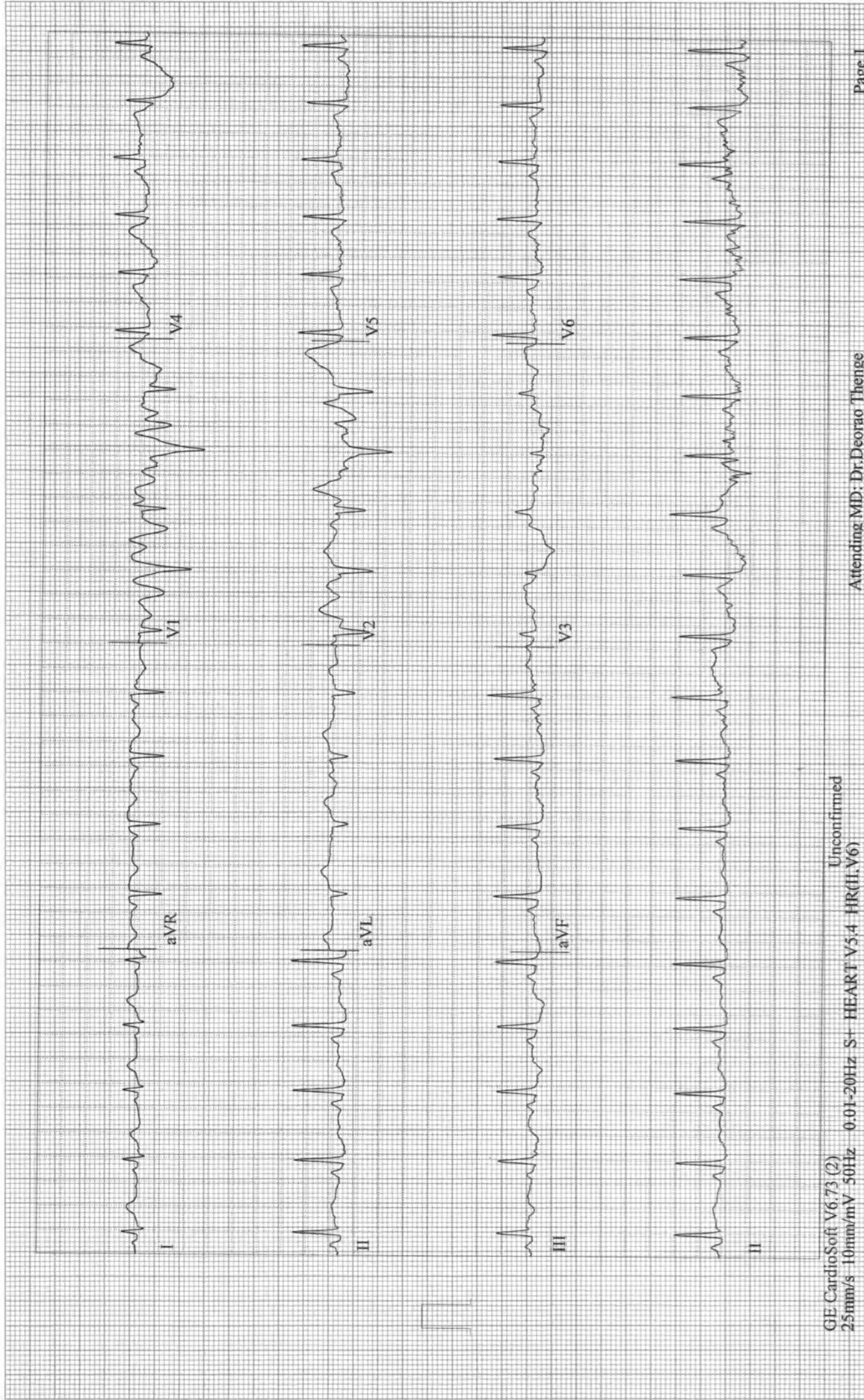
EXERCISE TEST / ECG Strips

109 bpm
120/80 mmHg

PRETEST
STANDING
0:17

BRUCE
0.5 mph
0.0 %

ASIAN HOSPITAL



Nagve, Pallavi
Patient ID 14770
23.03.2024
4:47:02pm

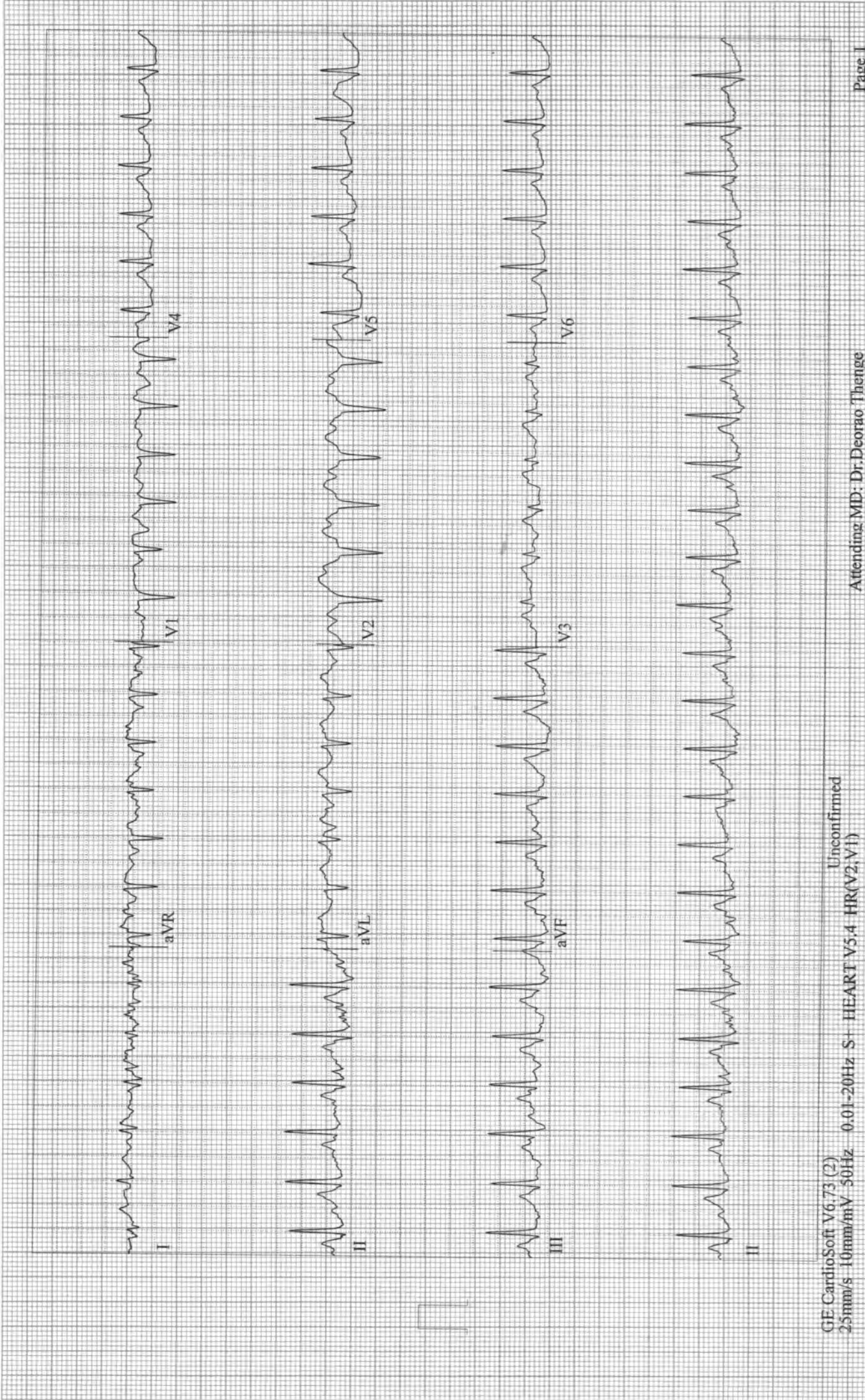
EXERCISE TEST / ECG Strips

151 bpm

EXERCISE
STAGE I
2:50

BRUCE
1.7 mph
10.0 %

ASIAN HOSPITAL



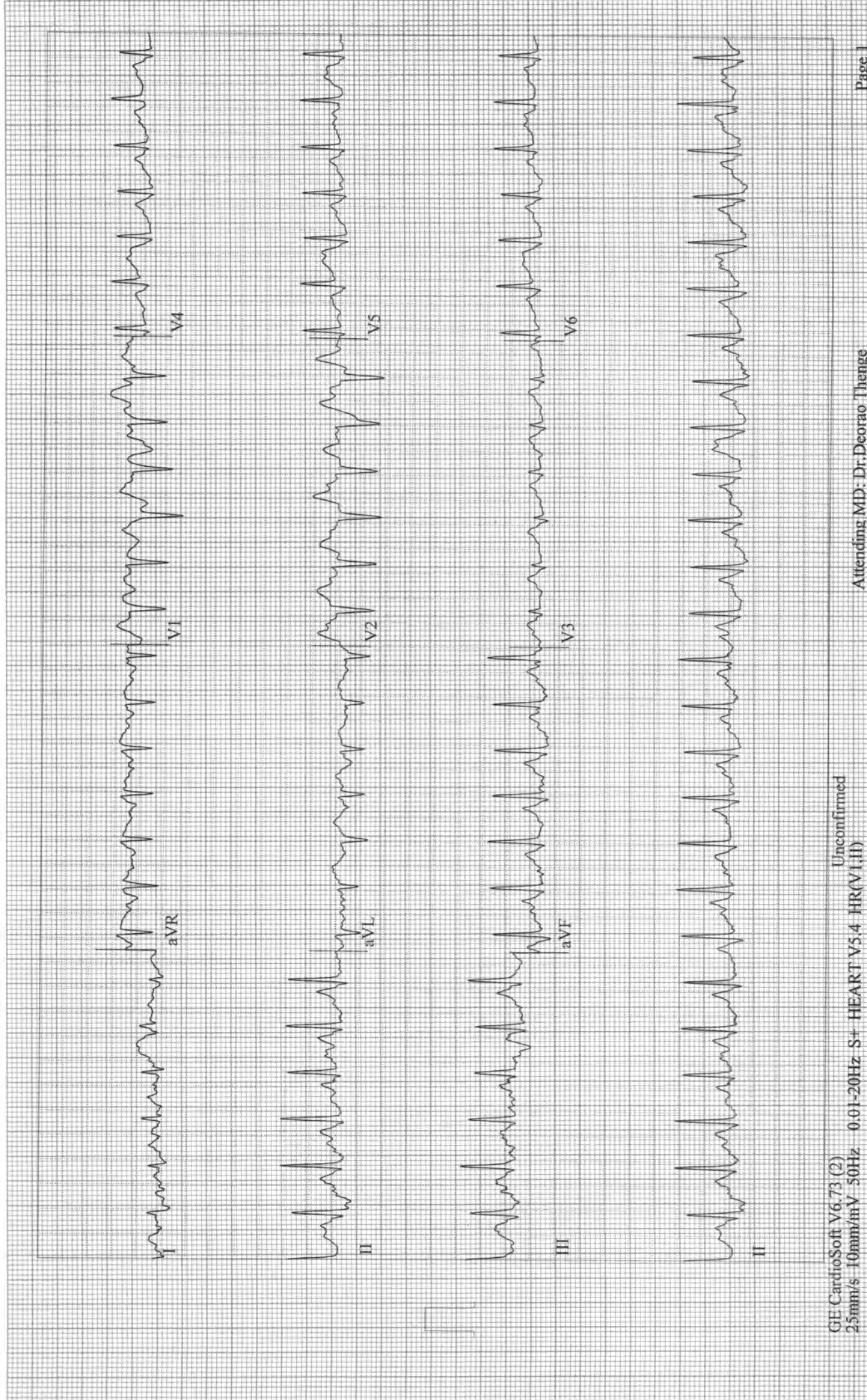
Nagve, Pallavi
Patient ID 14770
23.03.2024
4:50:02pm

EXERCISE TEST / ECG Strips

160 bpm

EXERCISE
STAGE 2
5:50
BRUCE
2.5 mph
12.0 %

ASIAN HOSPITAL



Nagve, Pallavi
Patient ID 14770
23.03.2024
4:50:49pm

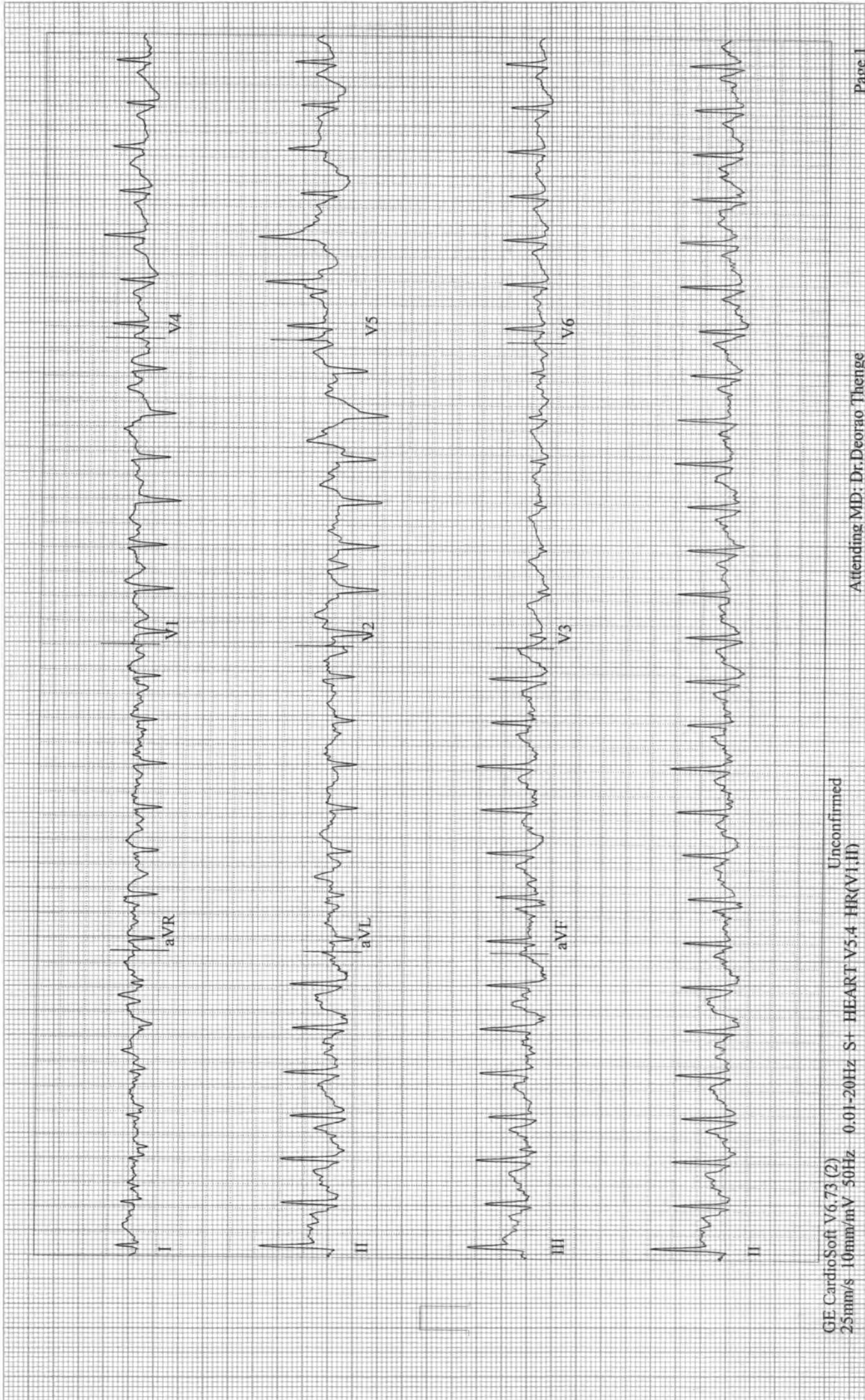
EXERCISE TEST / ECG Strips

169 bpm
130/80 mmHg

EXERCISE
STAGE 3
6:37

BRUCE
3.4 mph
14.0 %

ASIAN HOSPITAL



Nagve, Pallavi
Patient ID 14770
23.03.2024
4:52:44pm

12-Lead Report

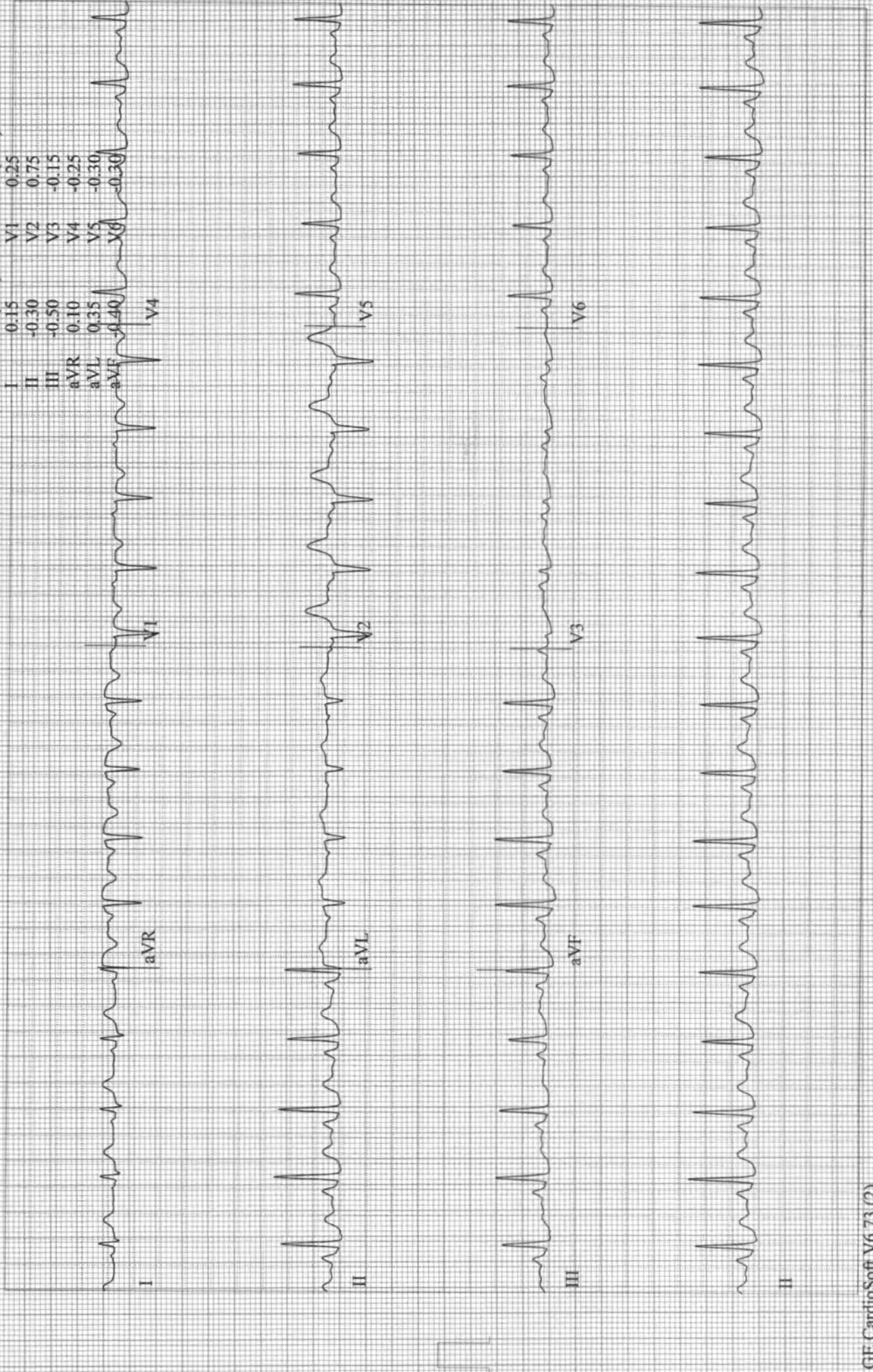
RECOVERY
#1
01:50
115 bpm

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead ST(mm)

Lead	ST(mm)
I	0.15
II	-0.30
III	-0.50
aVR	0.10
aVL	0.35
aVF	-0.40
V1	0.25
V2	0.75
V3	-0.15
V4	-0.25
V5	-0.30
V6	-0.30



Nagve, Pallavi
Patient ID 14770
23.03.2024
4:53:44pm

12-Lead Report

RECOVERY
#1
02:50

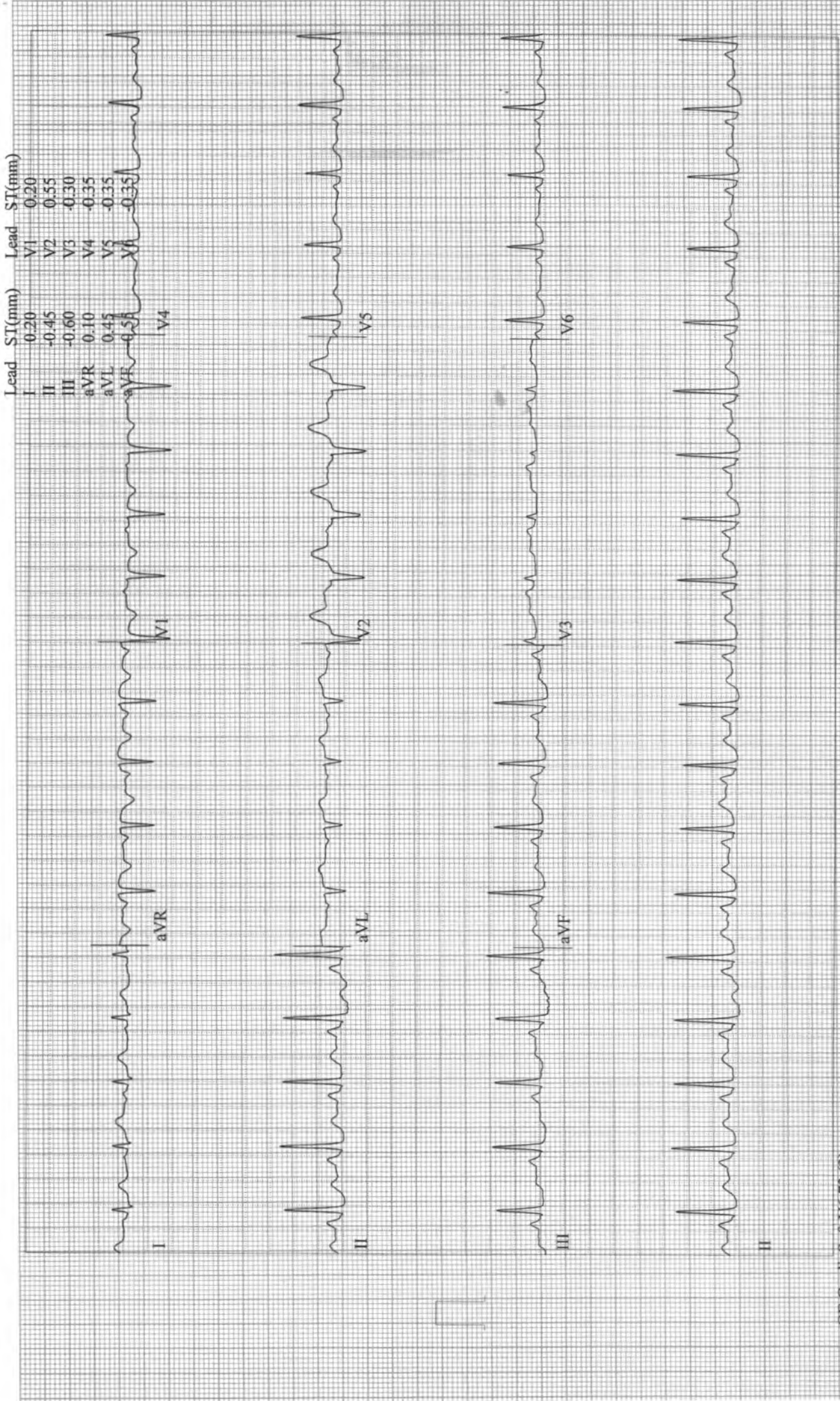
116 bpm
140/80 mmHg

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.20	V1	0.20
II	-0.45	V2	0.55
III	-0.60	V3	-0.30
aVR	0.10	V4	-0.35
aVL	0.45	V5	-0.35
aVF	0.55	V6	-0.35



Nagve, Pallavi
Patient ID 14770
23.03.2024
4:54:44pm

12-Lead Report

RECOVERY
#1
03:50

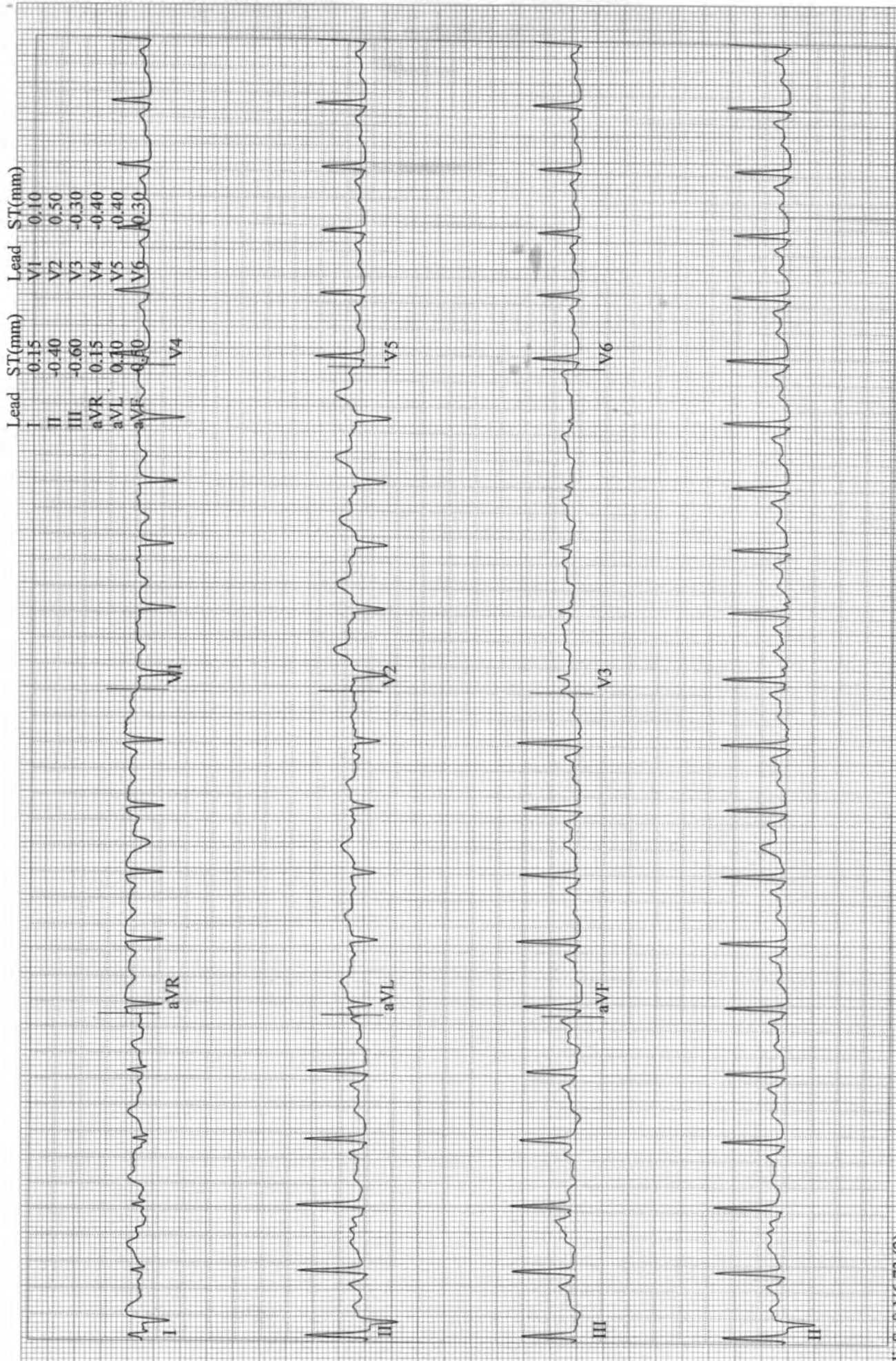
120 bpm

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.15	V1	0.10
II	-0.40	V2	0.50
III	-0.60	V3	-0.30
aVR	0.15	V4	-0.40
aVL	0.10	V5	0.40
aVF	0.50	V6	0.30



SARDA

CENTRE FOR DIABETES & SELF CARE

Date:- 23/03/24

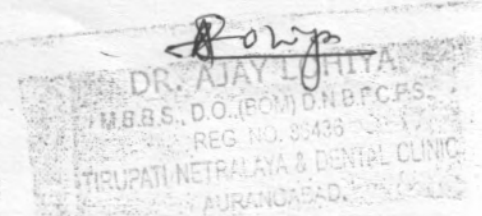
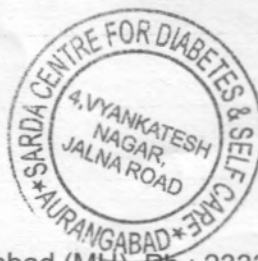
Name Pallavi Nagre Age/Sex 23/F

Address (Newasa) Bank of Baroda

OPHTHALMIC EXAMINATION REPORT

	<u>Right Eye</u>	<u>Left eye</u>
Vision Distant	6/9C -0.50/-1.50x40	6/9C -0.75/-0.75x120
Vision Near	N6	N6
Anterior segment	<u>NAD</u>	<u>NAD</u>
Pupils	NSRTL	<u>NSRTL</u>
Lens	clears	clears
Tension	<u>Normal</u>	<u>Normal</u>
Fundus:-	Disc - WNL C/D - 0.3 FR+	Disc - WNL C/D - 0.3 FR+
Colour Vision	normal	normal

Impression: B/E myopic astigmatism
rest within normal limits.



Patient Name : MRS PALLAVI NAGVE



SCD24/2796

Age/Gender : 22 Yrs/Female

Report Date

: 23/03/2024

Ref. Dr. : MEDIWHEEL



HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Range
BLOOD GROUP AND RH FACTOR			
Blood Group	'O'		
Rh Factor	POSITIVE(+VE)		

Dr.S R. SARDA
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SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MRS PALLAVI NAGVE

Age/Gender : 22 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD24/2796

Report Date

: 23/03/2024



HBA1C/GLYCOCYLATED

HbA1c Glycosilated Haemoglobin 5.6 %

Method: HPLC, NGSP certified

Estimated Average Glucose : 114 mg/dL

As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemc control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

ADA criteria for correlation

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Note:1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments:HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.

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Phone No.2333851, 2334858

Patient Name : MRS PALLAVI NAGVE

Age/Gender : 22 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD24/2796

Report Date

: 23/03/2024

**BIOCHEMISTRY REPORT**

Test Description	Result	Unit	Biological Reference Range
LIPID PROFILE			
Cholesterol-Total <i>Method: CHOD/PAP</i>	208	mg/dL	< 200 : Desirable 200-239 : Borderline risk > 240 : High risk
Triglycerides level <i>Method: Lipase / Glycerol Kinase)</i>	114	mg/dL	< 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High
HDL Cholesterol <i>Method: CHOD/PAP</i>	42	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
LDL Cholesterol <i>Method: Homogeneous enzymatic end point assay</i>	143.20	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High
VLDL Cholesterol <i>Method: Calculation</i>	22.80	mg/dL	7 - 40
CHOL/HDL RATIO <i>Method: Calculation</i>	4.95	Ratio	3.5 - 5.0
LDL/HDL RATIO <i>Method: Calculation</i>	3.41	Ratio	0 - 3.5

Interpretation

Lipid profile can measure the amount of Total cholesterol's and triglycerides in blood:

Test	Comment
Total cholesterol:	measures all the cholesterol in all the lipoprotein particles
High-density lipoprotein cholesterol (HDL-C):	measures the cholesterol in HDL particles; often called "good cholesterol" because HDL-C takes up excess cholesterol and carries it to the liver for removal.
Low-density lipoprotein cholesterol (LDL-C):	measures the cholesterol in LDL particles; often called "bad cholesterol" because it deposits excess cholesterol in walls of blood vessels, which can contribute to atherosclerosis
Triglycerides:	measures all the triglycerides in all the lipoprotein particles; most is in the very low-density lipoproteins (VLDL).

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Phone No. 2333851, 2334858

Patient Name : MRS PALLAVI NAGVE

Age/Gender : 22 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD24/2796

Report Date

: 23/03/2024



BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
------------------	--------	------	----------------------------

BLOOD SUGAR FASTING & PP (BSF & PP)- INS

BLOOD SUGAR FASTING	84	mg/dl	70 - 110
---------------------	----	-------	----------

Method: Hexokinase

BLOOD SUGAR POST PRANDIAL	117	mg/dl	70 - 140
---------------------------	-----	-------	----------

Method: Hexokinase

ADA 2019 Guidelines for diagnosis of Diabetes Mellitus

Fasting Plasma Glucose > 126 mg/dl

Postprandial Blood Glucose > 200 mg/dl

Random Blood Glucose > 200 mg/dl

HbA1c Level > 6.5%

Dr.S R. SARDA

M.D. Reg. No. 85462

SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MRS PALLAVI NAGVE

Age/Gender : 22 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD24/2796

Report Date

: 23/03/2024



BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
Serum Creatinine <i>Method: Modified Jaffe's</i>	0.62	mg/dL	0.60 - 1.40
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN <i>Method: Serum, Jendrassik Grof</i>	0.58	mg/dl	0.2 - 1.0
DIRECT BILIRUBIN <i>Method: Serum, Diazotization</i>	0.16	mg/dL	0.0 - 0.3
INDIRECT BILIRUBIN <i>Method: Serum, Calculated</i>	0.42	mg/dl	0.3 - 1.0
SGPT (ALT) <i>Method: Serum, UV with P5P, IFCC 37 degree</i>	39	U/L	15 - 40
SGOT (AST) <i>Method: Serum, UV with P5P, IFCC 37 degree</i>	36	U/L	15 - 40
ALKALINE PHOSPHATASE <i>Method: DGKC</i>	110	U/L	30 - 120
TOTAL PROTEIN <i>Method: Serum, Biuret, reagent blank end point</i>	7.5	g/dl	6.0 - 8.0
SERUM ALBUMIN <i>Method: Serum, Bromocresol green</i>	4.4	g/dl	3.2 - 4.6
SERUM GLOBULIN <i>Method: Serum, Calculated</i>	3.10	g/dl	1.8 - 3.6
A/G RATIO <i>Method: Serum, Calculated</i>	1.42		1.2 - 2.2
Gamma Glutamyl Transferase-Serum <i>Method: Kinetic</i>	24	IU/L	12 - 43

NOTE :
In known cases of Chronic Liver disease due to Viral Hepatitis B & C, Alcoholic liver disease or Non alcoholic fatty liver disease, Enhanced liver fibrosis (ELF) test may be used to evaluate liver fibrosis.

Dr.S R. SARDA
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Phone No. 2333851, 2334858

Patient Name : MRS PALLAVI NAGVE

Age/Gender : 22 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD24/2796

Report Date

: 23/03/2024



BUN 12 7 - 21

Method : Calculated

Clinical Significance:

Urea Nitrogen (BUN) - Urea is the principle waste product of protein catabolism. BUN is most commonly measured in the diagnosis and treatment of certain renal and metabolic diseases. Increased BUN concentration may result from increased production of urea due to

(1) diet or excessive destruction of cellular proteins as occurs in massive infection and fevers,

(2) reduced renal perfusion resulting from dehydration or heart failure,

(3) nearly all types of kidney disease, and

(4) mechanical obstruction to urine excretion such as is caused by stones, tumors, infection, or stricture. Decreased urea levels are less frequent and occur primarily in advanced liver disease and in overhydration.

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Patient Name : MRS PALLAVI NAGVE

Age/Gender : 22 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD24/2796

Report Date

: 23/03/2024



IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Range
Thyroid Function Test (TFT)			
T3	156.81	ng/dl	80-253 : 1 Yr-10 Yr, 76-199 : 11 Yr-15 Yr, 69-201 :16 Yr-18 Yr, 87-173 : > 18 years,
T4	13.78	ng/dl	5.9-21.5 :10-31 Days, 5.9-21.5 :0-1 Month, 6.4-13.9 :2-12 Months, 6.09-12.23 :>1 Yr
TSH(Serum)	0.34	ng/dl	0.52-16.0 :1 Day - 30 Days 0.55-7.10 :1 Mon-5 Years 0.37-6.00 :6 Yrs-18 Years 0.38-5.33 :18 Yrs-88 Years 0.50-8.90 :88 Years

Method : ECLIA

Comment : ADV - CLINICAL CORRELATION & FOLLOW UP REPEAT SOS

Clinical features of thyroid disease		
Hypothyroidism	Hyperthyroidism	Grave's disease
Lethargy	Tachycardia	Exophthalmos/proptosis
Weight gain	Palpitations (atrial fibrillation)	Chemosis
Cold intolerance	Hyperactivity	Diffuse symmetrical goitre
Constipation	Weight loss with increased appetite	Pretibial myxoedema (rare)
Hair loss	Heat intolerance	Other autoimmune conditions
Dry skin	Sweating	
Depression	Diarrhoea	
Bradycardia	Fine tremor	
Memory impairment	Hyper-reflexia	
Menorrhagia	Goitre	
	Palmar erythema	
	Onycholysis	
	Muscle weakness and wasting	
	Oligomenorrhea/amenorrhoea	

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Patient Name : MRS PALLAVI NAGVE

Age/Gender : 22 Yrs/Female

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URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Range
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URINE ROUTINE

Physical Examination

Colour	Pale Yellow		Pale Yellow
Apperance	Clear		Clear
Reaction	Acidic		
Deposit	Absent		

Chemical Examination

Specific Gravity	1.015		
Albumin	Absent		
Sugar	NIL		Absent
Acetone	Absent		
Bile Salt	Absent		Absent
Bile Pigment	Absent		Absent

Microscopic Examination

RBC's	Not seen	/hpf	Nil
Pus cells	6-8/hpf	/hpf	2-3/hpf
Epithelial Cells	NIL	/hpf	1-2/hpf
Crystals	Absent		Absent
Casts	NOT FOUND		Not Seen
Amorphous Deposit	Absent		Absent

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Test Description	Result	Unit	Biological Reference Range
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COMPLETE BLOOD COUNT

Total WBC Count	6700	cell/cu.mm	4000 - 11000
Haemoglobin	15.1	g%	13 - 18
Platelet Count	298000	/cumm	150000 - 450000
RBC Count	4.97	/Mill/ul	4.20 - 6.00

RBC INDICES

Mean Corp Volume MCV	95.6	fL	80 - 97
Mean Corp Hb MCH	30.4	pg	26 - 32
Mean Corp Hb Conc MCHC	31.8	gm/dL	31.0 - 36.0
Hematocrit HCT	47.5	%	37.0 - 51.0

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	58	%	40 - 75
Lymphocytes	33	%	20 - 45
Monocytes	05	%	02 - 10
Eosinophils	04	%	01 - 06
Basophils	00	%	00 - 01

NOTE:

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

ESR	10	mm/hr	Male: 0-8 mm at 1 Hr. Female: 0-20 mm at 1 Hr.
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INTERPRETATION :

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 is a prognostic test and used to monitor the course or response to treatment of diseases 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.

**** End of the report. ****

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