



DEPARTMENT OF LABORATORY

NAVI MUMBAI

Patient Name : Mrs. DAMINI DATTARAM SATAM	Age / Gender : 51 Y(s)/Female
Bill No/ UMR No : NMBC62003/NMU0047985	Referred By : Dr. DMO
Received Dt : 15-Mar-24 11:08 am	Report Date : 16-Mar-24 10:04 am

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	20 ml		
COLOUR		PALE YELLOW	PALE YELLOW	
APPEARANCE		CLEAR	CLEAR	
DEPOSIT		ABSENT	ABSENT	
<u>CHEMICAL EXAMINATION</u>				
SPECIFIC GRAVITY	Urine	1.025	1.000 - 1.030	Dipstick
PH		6.0	5.0 - 8.0	Dipstick
PROTEIN		NEGATIVE	NEGATIVE	Dipstick/Heat coagulation test
GLUCOSE		TRACE	ABSENT	Dipstick/Benedict's test
UROBILINOGEN		NORMAL	NORMAL	Dipstick
KETONE		NEGATIVE	NEGATIVE	Dipstick/Rothera's Nitroprusside test.
BLOOD		NEGATIVE	NEGATIVE	Dipstick/Microscopy
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	4-5	0 - 5 /hpf	MICROSCOPIC EXAMINATION
RBC		NIL	0 - 5 /hpf	MICROSCOPIC EXAMINATION
EPITHELIAL CELLS		1-2	0 - 5 /hpf	MICROSCOPIC EXAMINATION
CRYSTALS		NIL	NIL	MICROSCOPIC EXAMINATION
CASTS		NIL	NIL	
BACTERIA		ABSENT		
YEAST		ABSENT		
AMORPHOUS DEPOSITS		ABSENT		
NOTE		Microscopic examination of urine is carried out on centrifuged urinary sediment.		

*** End Of Report ***





MEDICOVER HOSPITALS

DEPARTMENT OF LABORATORY

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<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference In Method</u>
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DEPARTMENT OF LABORATORY

NAVI MUMBAI

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Bill No/ UMR No : NMBC62003/NMU0047985	Referred By : Dr. DMO
Received Dt : 15-Mar-24 11:08 am	Report Date : 15-Mar-24 02:16 pm

FINAL REPORT

Parameter Specimen Result Values Biological Reference Method

COMPLETE BLOOD COUNT

RBC

R B C COUNT	Blood	4.96	3.8 - 4.8 10 ⁶ /μL
HEMOGLOBIN		11.9	12.0 - 15.0 g/dl
PCV/HCT		37.4	40 - 50 % 36 - 46 %
MCV		75	83 - 101 fl 83 - 101 fl
MCH		24.0	27 - 32 pg
MCHC		31.8	31.5 - 34.5 g/dL
RDW(cv)		16.2	11.6 - 14.0 %

PLATELETS

PLATELET COUNT	Blood	265	150 - 400 10 ³ /μL
MPV		9.1	7.5 - 11.5 fl

WBC

TC (TOTAL LEUCOCYTE COUNT)	Blood	4.8	4.0 - 11.0 10 ³ /μl
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DIFFERENTIAL COUNT

NEUTROPHILS	Blood	62	40 - 80 %
LYMPHOCYTES		25	20 - 40 %
MONOCYTES		09	02 - 10 %
EOSINOPHILS		04	00 - 06 %
BASOPHILS		00	00 - 01 %

PERIPHERAL SMEAR EXAMINATION

RBC

Mild anisopoikilocytosis. Microcytic hypochromic with ovalocytes, elliptocytes and some target cells.

WBC

Normal morphology.

PLATELETS

Adequate in smear.

ADVISED

1. Serum iron studies.
2. Haemoglobin electrophoresis/ HPLC assay.

ESR

CITRATED BLOOD

20 0 - 20 mm/1st hour

WESTERGREN'S METHOD

*** End Of Report ***





MEDICOVER HOSPITALS

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Received Dt : 15-Mar-24 11:08 am	Report Date : 15-Mar-24 02:16 pm

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference In Method</u>
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NAVI MUMBAI

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Bill No/ UMR No : NMBC62003/NMU0047985	Referred By : Dr. DMO
Received Dt : 15-Mar-24 11:08 am	Report Date : 15-Mar-24 12:42 pm

FINAL REPORT

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>	<u>Method</u>
SERUM ELECTROLYTES				
SERUM SODIUM		140	136 - 145 mmol/L	ISE INDIRECT
SERUM POTASSIUM		4.3	3.5 - 5.1 mmol/L	ISE INDIRECT
SERUM CHLORIDES		102	98 - 107 mmol/L	ISE INDIRECT
T3,T4 AND TSH				
T3		128.7	70 - 204 ng/dL	Method : ECLIA
T4		7.60	5.1 - 14.1 ug/dL	Method : ECLIA
TSH(THYROID STIMULATING HORMONE)		2.11	0.270 - 4.20 uIU/mL	Method : ECLIA
FBS (FASTING BLOOD GLUCOSE WITH URINE GLUCOSE)				
FASTING BLOOD GLUCOSE		112	Normal Range : 70 - 99 mg/dL	Hexokinase
FASTING URINE SUGAR		Nil		
SERUM CREATININE				
CREATININE		0.49	0.6 - 1.2 mg/dl	Method : jaffe
BUN / CREATININE RATIO				
BUN (Blood Urea Nitrogen.)		11	7.0 - 21.0 mg/dL	Calculated
SERUM CREATININE		0.49	0.6 - 1.2 mg/dL	
BUN / CREATININE RATIO		22.44	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)		11	<= 33 U/L	Method : UV without P5P
SGOT (AST)		13	<= 32 U/L	Method : UV without P5P
ALKALINE PHOSPHATASE (ALP)		80	40 - 129 U/L 35 - 105 U/L	Method : PNPP, AMP Buffer - IFCC Ref.
TOTAL PROTEINS		7.6	6.0 - 8.0 g/dL	Method : Biuret method
SERUM ALBUMIN		4.3	3.5 - 5.2 g/dL	Method : Bromcresol Green (BCG)
GLOBULINS		3.3	2.5 - 3.5 g/dL	
A/G RATIO		1.3	1.2 - 2.5	





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Bill No/ UMR No : NMBC62003/NMU0047985	Referred By : Dr. DMO
Received Dt : 15-Mar-24 11:08 am	Report Date : 15-Mar-24 01:47 pm

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference In</u>	<u>Method</u>
GAMMA GLUTAMYL TRANSFERASE(GGT)		20	6 - 42 U/L	Method : G-glutamyl-carboxy-nitr oanilide - IFCC Ref.
BUN(BLOOD UREA NITROGEN)				
BUN (Blood Urea Nitrogen.)		11	7.0 - 21.0 mg/dL	Calculated
TOTAL PROTEIN				
TOTAL PROTEINS		7.6	6.0 - 8.0 g/dL	Method : Biuret method
LIPID PROFILE				
TOTAL CHOLESTEROL		209	Desirable : : < 200 mg/dL Borderline High : : 200 - 239 mg/dL High risk : > 240 mg/dL	METHOD : Enzymatic colorimetric
HDL CHOLESTEROL		47	Low : : < 40 mg/dL High : : > 60 mg/dL	Homogeneous enzymatic colorimetric
LDL CHOLESTEROL		149	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		26		
SERUM TRYGLYCERIDES		129	< 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL	METHOD: Enzymatic colorimetric
CHO/HDL RATIO		4.45	Normal : - < 3.5 High Risk : - > 5.0	
LDL/HDL RATIO		3.17		
SERUM URIC ACID		6.3	2.4 - 5.7 mg/dL	uricase
HBA1C (GLYCOSYLATED HAEMOGLOBIN)				
HBA1C		6.5	< 5.7 Normal Prediabetic 5.7 - 6.4 & >/=6.5 Diabetic %	TINIA
MPG(Mean Plasma Glucose)		140	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)		147	110 - 180 mg/dL	Hexokinase
URINE SUGAR		Trace		Dipstick





MEDICOVER HOSPITALS

DEPARTMENT OF LABORATORY

NAVI MUMBAI

Patient Name : Mrs. DAMINI DATTARAM SATAM	Age / Gender : 51 Y(s)/Female
Bill No/ UMR No : NMBC62003/NMU0047985	Referred By : Dr. DMO
Received Dt : 15-Mar-24 01:38 pm	Report Date : 16-Mar-24 09:01 am

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
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*** End Of Report ***

THIS IS A MODIFIED REPORT

Lab Incharge

Dr. VISHAL MEHROTRA, MD Pathology
Consultant in Internal Medicine

Verified By : : 022315

Test results related only to the item tested.

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

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DEPARTMENT OF OPHTHALMOLOGY

MEDICOVER HOSPITALS

DATE: 15/03/24

PATIENT NAME: Mrs. Dornini Satam

AGE / SEX: 51 | F. NAVI MUMBAI

UMR NO: N0000047985

	RE	LE
VA (DISTANCE)	6/9 <u>cp</u>	6/6p. <u>cp</u>
VA (NEAR)	N6. <u>cp</u>	N10 <u>cp</u>
COLOUR VISION	No colour	No colour

		SPHERE	CYLINDER	AXIS	VA	Acen
MRx	O D (R)	+1.50	+0.50	10°	6/6	+ 2.25 → N6
	O S (L)	+2.00	—	—	6/6	+ 2.25 → N6

HISTORY :

H/O (typical ↓ CRP) = 2-3 yrs. H/O using spectacle dist + near
 NO H/O ocular discomfort Allergies & rashes.

OCULAR FINDINGS :

(BE) - Ant seg WNL
 (undilated) Disc 0.2
 0.2 - 0.3

ADVICE:

Zivifresh e/d tid 177-1 X 1 month.

AS
 (DR. ANUSHREE VANKAR)





MEDICOVER
HOSPITALS

NAVI MUMBAI

Damini Satham.

8/8:- Dr. Mandira Kamble.

OIE:- Caries \bar{c} $\frac{+}{6}$

Missing \bar{c} $\frac{6}{6}$
Stain⁺ Calculus⁺⁺

Advice:- Restoration \bar{c} $\frac{+}{6}$

Implants \bar{c} $\frac{6}{6}$.

Oral prophylaxis.

Dr. Mandira.

M. Kamble



Patient ID:	NMU0047985	Patient Name:	DAMINI DATTARAM SATAM
Age:	51 Years	Sex:	F
Accession Number:	NMBC62003	Modality:	DX
Referring Physician:	DR.DMO	Study:	CHEST
Study Date:	15-Mar-2024	Study Time:	12:39:46

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.

No diaphragmatic abnormality is seen.

The soft tissues and bony thorax are normal.

Impression:

- **No significant abnormality is seen.**



DR. ANUPKUMAR AGRAWAL
Consultant & HOD Radiology
MBBS, MD

Date: 15-Mar-2024 12:58:30

Patient ID:	NMU0047985	Patient Name:	DAMINI DATTATRAM SATAM
Age:	51YRS	Sex:	F
Accession Number:		Modality:	CR
Referring Physician:	DR. DMO	Study:	BREAST
Study Date:	15-Mar-2024	Study Time:	11:31:57

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 (ACR category b).

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.

Subcentimeter sized lymph nodes are seen in left axilla.


IMPRESSION :-

- **No significant abnormality is seen.**

BIRADS Category I (Negative)

Suggest a routine screening mammography after one year.

(BIRADS CATEGORY : BIRADS 0 - 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. YOGINI SHAH
DMRD, DNB
CONSULTANT RADIOLOGIST



<i>Patient ID:</i>	<i>NMU0047985</i>	<i>Patient Name:</i>	<i>DAMINI DATTARAM SATAM</i>
<i>Age:</i>	<i>51 Years</i>	<i>Sex:</i>	<i>F</i>
<i>Accession Number:</i>	<i>NMBC62003</i>	<i>Modality:</i>	<i>US</i>
<i>Referring Physician:</i>	<i>DR.DMO</i>	<i>Study:</i>	<i>USG ABDOMEN WHOLE</i>
<i>Study Date:</i>	<i>15-Mar-2024</i>	<i>Study Time:</i>	<i>13:02:11</i>

USG ABDOMEN & PELVIS

The Liver is mildly enlarged in size (17.8 cm) and shows normal echotexture. No focal lesion is seen. The Hepatic veins appear normal. There is no IHBR dilatation. The portal vein appears normal.

The gall bladder is physiologically distended with normal wall thickness. Multiple tiny echogenic polyps are seen along the gall bladder wall, largest measuring 3.8 mm. There is no evidence of gallstones. C.B.D. is of normal caliber.

The Pancreas is normal in size and echotexture.

The spleen is normal size (9.4 cm). No focal lesion is seen.

Both kidneys are normal in size, shape and echotexture. They shows normal cortical echogenicity with maintained cortico-medullary distinction.

The Right Kidney measures 10.7 x 4.0 cm.

The Left Kidney measures 10.1 x 4.8 cm.

There is no evidence of a calculus, hydronephrosis, or hydroureter.

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

The uterus is mildly bulky in size and normal in echotexture. It measures 8.2 x 5.7 x 5.0 cm.

The Endometrial thickness is 16 mm. A 2.7 x 2.9 cm sized subserosal fibroid is seen along the left lateral wall of the uterus in the fundus region.

The Right ovary could not be visualized.

The Left ovary measures 3.6 x 1.5 cm

Visualised bowel loops are unremarkable.

There is no evidence of significant lymphadenopathy.

No ascitis is seen.



MEDICOVER
HOSPITALS

Patient ID:	NMU0047985	Patient Name:	DAMINI DATTARAM SATAM
Age:	51 Years	Sex:	F
Accession Number:	NMBC62003	Modality:	US
Referring Physician:	DR.DMO	Study:	USG ABDOMEN WHOLE
Study Date:	15-Mar-2024	Study Time:	13:02:11

IMPRESSION:

- Mild hepatomegaly.
- Multiple gall bladder polyps.
- Thickened endometrium (16 mm), likely endometrial hyperplasia.
- Bulky uterus with a subserosal fibroid.

DR. ANUPKUMAR AGRAWAL
Consultant & HOD Radiology
MBBS, MD

Date: 15-Mar-2024 13:53:51



MEDICOVER
HOSPITALS

NAVI MUMBAI

2D ECHO CARDIOGRAPHY WITH COLOUR DOPPLER

Name : Mrs. Damini Satam

Date:-15/03/2024

Age / Sex : 51 Yrs / Female

UMR No. 0047985

Referred By : Health check up

FINDINGS:

- No left ventricle regional wall motion abnormality.
- Normal left ventricle systolic function. LVEF = 60%.
- No left ventricle diastolic dysfunction.
- Trivial mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- Trivial tricuspid regurgitation. No pulmonary hypertension.
PASP = 22 mm Hg.
- No left ventricle clot / vegetation/pericardial effusion.
- Intact IAS and IVS.
- Normal left atrium and left ventricle dimensions.
- Normal right atrium and right ventricle dimensions.
- Normal right ventricle systolic function. No hepatic congestion.

IMP:

- No RWMA.
- Trivial MR and TR. No PH.
- Normal LV and RV systolic function.

DR. ANUJ SATHE
MD DM CARDIOLOGY





MEDICOVER
HOSPITALS

NAVI MUMBAI

M-MODE MEASUREMENTS:

LA	35	mm
AO root	28	mm
AO CUSP SEP	19	mm
LVID(s)	31	mm
LVID(d)	44	mm
IVS(d)	11	mm
LVPW(d)	10	mm
RVID(d)	29	mm
RA	32	mm
LVEF	60	%

	PEAK	MEAN	Vmax	Gradient of Regurgitation
MITRAL	N			Trivial
AORTIC	8			NIL
TRICUSPID	22			Trivial
PULMONERY	4.4			Nil



48006
32 Years

ANITA KEDARE
Female

3/15/2024 1:06:25 PM

Rate 94 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Borderline repolarization abnormality.....ST dep & abnormal T

PR 137
QRSD 82
QT 311
QTc 389

--AXIS--

P 79
QRS 62
T -39

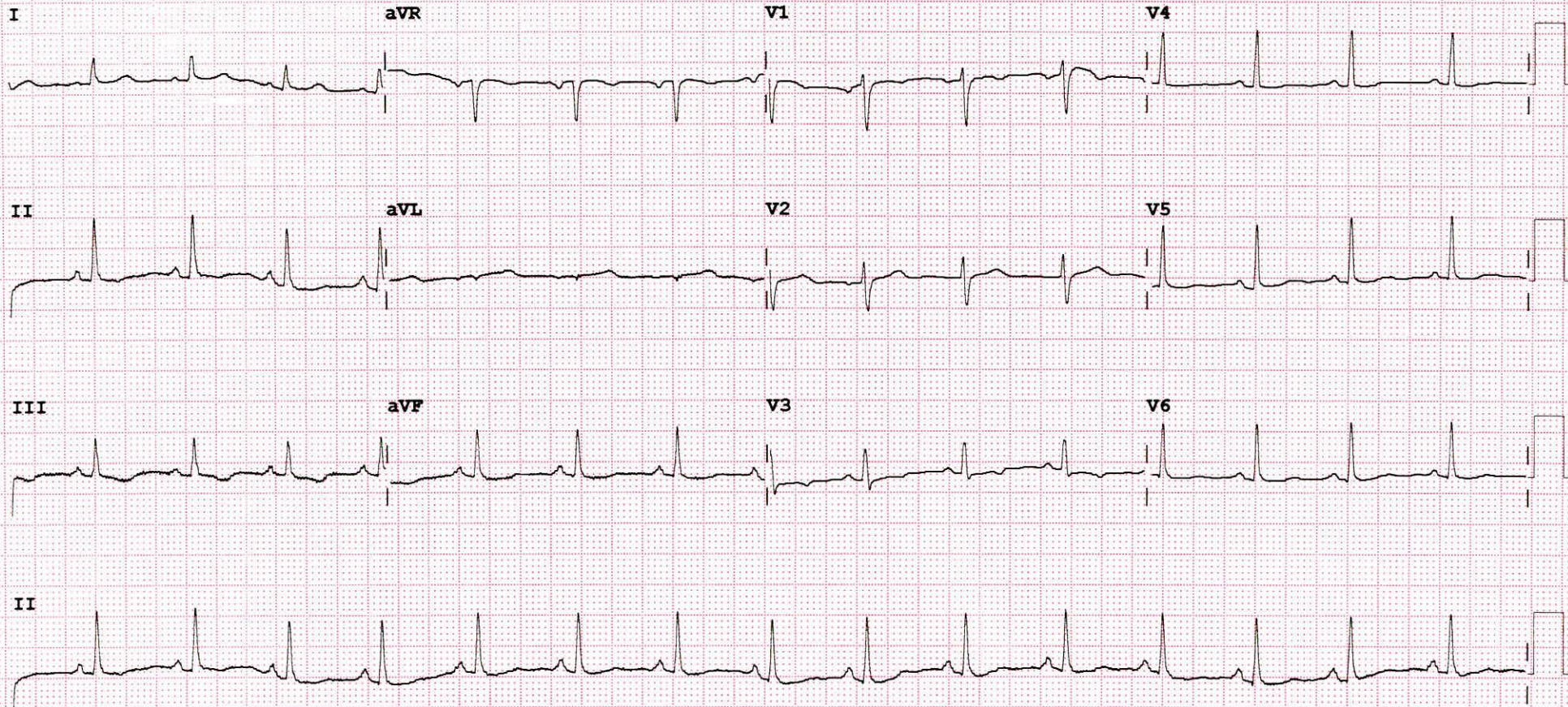
- BORDERLINE ECG -

Asak

Dr. Anuj A. Sathe
DM Cardiology, MD (Med), MBBS
Consultant Interventional Cardiologist
Reg No 2005/03/1862

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.50- 40 Hz W

100B CL

P?

NMU0047985
51 Years

DAMINI SATAM
Female

3/15/2024 2:15:23 PM

Rate 78 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Borderline T abnormalities, anterior leads.....T flat or neg, V2-V4
PR 145 . Prolonged QT interval.....QTc >510ms
QRSD 82 . Baseline wander in lead(s) V1,V4
QT 459
QTc 523

--AXIS--

P 67
QRS 59
T 50

12 Lead; Standard Placement

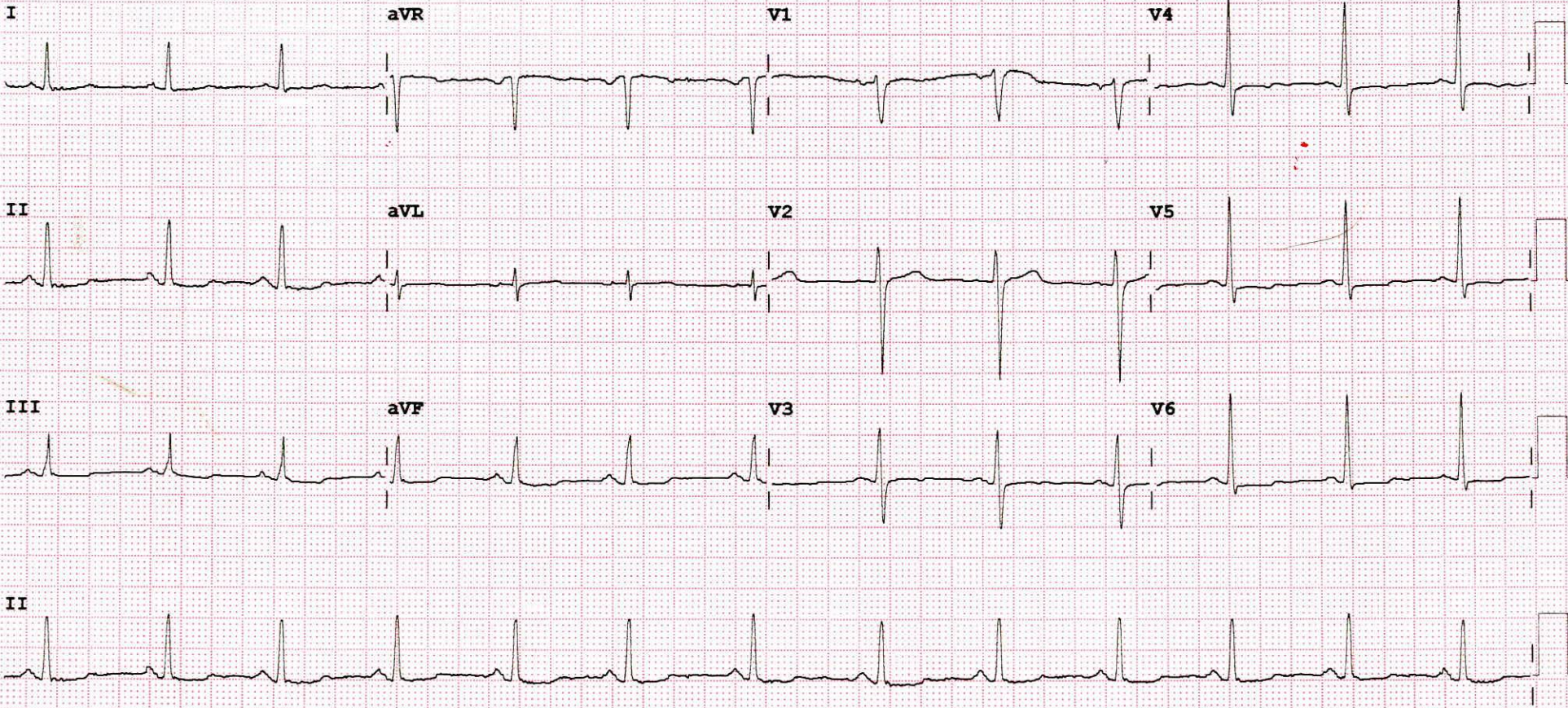
- ABNORMAL ECG -

Dr. Anuj A. Sathe
DM Cardiology, MD (Med), MBBS
Consultant Interventional Cardiologist
Reg No 2005/03/1862

T ↓ V4-6.

Asd

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?