

DIAGNOSTICS REPORT

| | | | |
|--------------|---|-------------|----------------------------------|
| Patient Name | : Mrs. SNIGDHA CHHANGANI | Order Date | : 29/03/2024 10:02 |
| Age/Sex | : 25 Year(s)/Female | Report Date | : 29/03/2024 12:30 |
| UHID | : SHHM.90688 | | |
| Ref. Doctor | : | Facility | : SEVENHILLS HOSPITAL, MUMBAI |
| | | Mobile | : 7737758322 |
| Address | : MIDC MAROL, ANDHERI EAST, Mumbai, Maharashtra, 400099 | | |

2D ECHOCARDIOGRAPHY WITH COLOUR DOPPLER STUDY

Normal LV and RV systolic function.

Estimated LVEF = 60%

No LV regional wall motion abnormality at rest .

All valves are structurally and functionally normal.

Normal sized cardiac chambers.

No LV Diastolic dysfunction .

No pulmonary arterial hypertension.

No regurgitation across any other valves.

Normal forward flow velocities across all the cardiac valves.

Aorta and pulmonary artery dimensions: normal.

IAS / IVS: Intact.

No evidence of clot, vegetation, calcification, pericardial effusion.

COLOUR DOPPLER: NO MR/AR.



Dr. Ganesh Vilas Manudhane
M.ch, MCH/DM

RegNo: 2011/06/1763

LABORATORY INVESTIGATION REPORT

| | | | |
|---------------------|--------------------------|-------------------|-------------------------------|
| Patient Name | : Mrs. SNIGDHA CHHANGANI | Age/Sex | : 25 Year(s) / Female |
| UHID | : SHHM.90688 | Order Date | : 29/03/2024 10:02 |
| Episode | : OP | Mobile No | : 7737758322 |
| Ref. Doctor | : Self | DOB | : 28/11/1998 |
| | | Facility | : SEVENHILLS HOSPITAL, MUMBAI |

Blood Bank

| Test Name | Result |
|-----------------------------|----------------------------------|
| Sample No : O0322991A | Collection Date : 29/03/24 11:27 |
| Ack Date : 29/03/2024 12:54 | Report Date : 29/03/24 13:53 |

BLOOD GROUPING/ CROSS-MATCHING BY SEMI AUTOMATION

| | |
|---|----------|
| BLOOD GROUP (ABO) | ' AB ' |
| Rh Type <i>Method - Column Agglutination</i> | POSITIVE |

REMARK: THE REPORTED RESULTS PERTAIN TO THE SAMPLE RECEIVED AT THE BLOOD CENTRE.

Interpretation:

Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.
- Determine the blood group of potential blood donors at a collection facility.
- Determine the blood group of potential donors and recipients of organs, tissues, or bone marrow, as part of a workup for a transplant procedure.

End of Report



Dr. Ritesh Kharche
MD, PGD

Consultant Pathologist and Director of
Laboratory Services
RegNo: 2006/03/1680

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|--|---|

Biochemistry

| Test Name | Result | Unit | Biological Reference Interval |
|-----------|--------|------|-------------------------------|
|-----------|--------|------|-------------------------------|

| | | | |
|-----------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : O0322991A | Collection Date : 29/03/24 11:27 | Ack Date : 29/03/2024 11:48 | Report Date : 29/03/24 12:40 |
|-----------------------|----------------------------------|-----------------------------|------------------------------|

| GLYCOSLYATED HAEMOGLOBIN (HBA1C) | | | |
|---|--------|-------|---|
| HbA1c <i>Method - Immunoturbidimetry</i> | 5.79 | % | 4 to 6% Non-diabetic 6.0--7.0% Excellent control 7.0--8.0% Fair to good control 8.0--10% Unsatisfactory control ABOVE 10% Poor control |
| Estimated Average Glucose (eAG) <i>Method - Calculated</i> | 119.47 | mg/dl | 90 - 126 |
| | | | |



MC-5288

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American Diabetes Association Reference Range :

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

References:

1)Pack Insert of Bio system

2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interpretation :-

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis.

A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be

seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

| Lipid Profile | | | |
|----------------------|--------|-------|--|
| Total Cholesterol | 189.81 | mg/dl | CHILD Desirable - Less than : 170 CHILD Borderline High : 170-199 CHILD High - More than : 200 ADULT Desirable - Less than : 200 ADULT Borderline High : 200-239 ADULT High - More than : 240 |
| | | | |



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| | | | |
|--|--------|-------|---|
| Triglycerides <i>Method - glycerol Phosphate Oxidase/Peroxide</i> | 68.49 | mg/dl | NORMAL : <150 Borderline High : 150-199 High : 200-499 Very High : > 500 |
| HDL Cholesterol <i>Method - Enzymatic immuno inhibition</i> | 54.35 | mg/dl | Desirable - Above 60 Borderline Risk : 40-59 Undesirable - Below :40 |
| LDL Cholesterol <i>Method - Calculated</i> | 121.76 | mg/dl | Desirable - Below : 130 Borderline Risk : 130-159 Undesirable - Above : 160 |
| VLDL Cholesterol <i>Method - Calculated</i> | 13.70 | mg/dl | 5 - 51 |
| Total Cholesterol / HDL Cholesterol Ratio - Calculated <i>Method - Calculated</i> | 3.49 | RATIO | 0 - 4.5 |
| LDL / HDL Cholesterol Ratio - Calculated <i>Method - Calculated</i> | 2.24 | RATIO | 0 - 3.2 |
| | | | |



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Note:

- 1) Biological Reference Interval is as per National Cholesterol Education Program (NCEP) Guidelines.
- 2) tests done on Fully Automated Biosystem BA-400 Biochemistry Analyser.

Interpretation

1. **Triglycerides:** When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.
2. **HDL-Cholesterol:** HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal. If HDL-C is less than 40 mg/dL for men and less than 50 mg/dL for women, there is an increased risk of heart disease that is independent of other risk factors, including the LDL-C level. The NCEP guidelines suggest that an HDL cholesterol value greater than 60 mg/dL is protective and should be treated as a negative risk factor.
3. **LDL-Cholesterol:** Desired goals for LDL-C levels change based on individual risk factors. For young adults, less than 120 mg/dL is acceptable. Values between 120-159 mg/dL are considered Borderline high. Values greater than 160 mg/dL are considered high. Low levels of LDL cholesterol may be seen in people with an inherited lipoprotein deficiency and in people with hyperthyroidism, infection, inflammation, or cirrhosis.

| | | | |
|--------------------------|-----|-------|---------|
| Uric Acid (Serum) | | | |
| Method - Uricase | | | |
| Uric Acid | 4.4 | mg/dl | 2.6 - 6 |
| Method - Uricase | | | |

References:

- 1) Pack Insert of Bio system
- 2) TIETZ Textbook of Clinical chemistry and Molecular Diagnostics Edited by: Carl A. burtis, Edward R. Ashwood, David e. Bruns

Interpretation:-

Uric acid is produced by the breakdown of purines. Purines are nitrogen-containing compounds found in the cells of the body, including our DNA. Increased concentrations of uric acid can cause crystals to form in the joints, which can lead to the joint inflammation and pain characteristic of gout. Low values can be associated with some kinds of liver or kidney diseases, Fanconi syndrome, exposure to toxic compounds, and rarely as the result of an inherited metabolic defect (Wilson disease).



MC-5288

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| <u>Liver Function Test (LFT)</u> | | | |
|---|-------------------|-------|-----------|
| SGOT (Aspartate Transaminase) - SERUM <i>Method - IFCC</i> | 20 | IU/L | 0 - 31 |
| SGPT (Alanine Transaminase) - SERUM <i>Method - IFCC</i> | 15.43 | IU/L | 0 - 34 |
| Total Bilirubin - SERUM <i>Method - Diazo</i> | 1.15 | mg/dl | 0 - 2 |
| Direct Bilirubin - - SERUM <i>Method - Diazotization</i> | 0.55 ▲ (H) | mg/dl | 0 - 0.4 |
| Indirect Bilirubin - Calculated <i>Method - Calculated</i> | 0.60 | mg/dl | 0.1 - 0.8 |
| Alkaline Phosphatase - SERUM <i>Method - IFCC AMP Buffer</i> | 56.28 | IU/L | 33 - 98 |
| Total Protein - SERUM <i>Method - Biuret</i> | 7.27 | gm/dl | 6 - 7.8 |
| Albumin - SERUM <i>Method - Bromo Cresol Green(BCG)</i> | 4.88 | gm/dl | 3.5 - 5.2 |
| Globulin - Calculated <i>Method - Calculated</i> | 2.39 | gm/dl | 2 - 4 |
| A:G Ratio <i>Method - Calculated</i> | 2.04 | :1 | 1 - 3 |
| | | | |



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Interperatation :-

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice). conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, transfusion reaction & a common metabolic condition termed Gilbert syndrome.

AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. Ast levels may also increase after a heart attck or strenuous activity. ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, paget`s disease, Rickets, Sarcoidosis etc.

Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-including drugs etc.

Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease.

Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic - Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

| <u>Renal Function Test (RFT)</u> | | | |
|--|-------|-------|-----------|
| Urea - SERUM <i>Method - Urease</i> | 20.17 | mg/dl | 15 - 39 |
| BUN - SERUM <i>Method - Urease-GLDH</i> | 9.43 | mg/dl | 4 - 18 |
| Creatinine - SERUM <i>Method - Jaffes Kinetic</i> | 0.79 | mg/dl | 0.5 - 1.1 |
| | | | |



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Interpretation:-

The blood urea nitrogen or BUN test is primarily used, along with the creatinine test, to evaluate kidney function in a wide range of circumstances, to help diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status.

| GLUCOSE-PLASMA POST PRANDIAL | | | |
|-------------------------------------|--------|-------|----------|
| Glucose, Post Prandial | 100.34 | mg/dl | 70 - 140 |

American Diabetes Association Reference Range :

Post-Prandial Blood Glucose:

- Non-Diabetic: Up to 140mg/dL
- Pre-Diabetic: 140-199 mg/dL
- Diabetic : >200 mg/dL

References:

- 1) Pack Insert of Bio system
- 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interpretation :-

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis.

A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.



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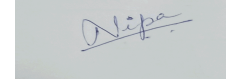
Facility : SEVENHILLS HOSPITAL, MUMBAI

End of Report



Dr.Ritesh Kharche
MD, PGD

Consultant Pathologist and Director of
Laboratory Services
RegNo: 2006/03/1680



Dr.Nipa Dhorda
MD

Pathologist



MC-5288

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HISTOPATHOLOGY AND CYTOLOGY

| Test Name | Result | | |
|-----------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : O0323048B | Collection Date : 29/03/24 14:17 | Ack Date : 29/03/2024 14:31 | Report Date : 29/03/24 17:03 |

ROUTINE CERVICOVAGINAL PAP SMEAR

REPORT

C-GY-162/24

CLINICAL DETAILS :

LMP: 21/03/2024

PS: Cervix/vagina appears healthy

MATERIAL RECEIVED :

2 wet- fixed conventional cervico-vaginal smears received.

MICROSCOPIC EXAMINATION :

The smears are satisfactory for evaluation.

Endocervical / transformation zone component is present.

Benign superficial, intermediate & parabasal squamous cells noted.

Few polymorphonuclear leucocytes seen.

Altered bacterial flora (cocci/bacilli) is observed.

Dysplastic cells are not seen.

IMPRESSION :

Negative for intraepithelial lesion or malignancy.

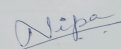
NOTE :-

The 2014 Bethesda system for reporting cervical cytology was followed.

Comments :

Cervicovaginal cytology is a screening test primarily for squamous cancer and precursors and has associated false-negative and false-positive results. Regular sampling and follow-up of unexplained clinical signs and symptoms are recommended to minimize false negative results.

End of Report



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Dr.Nipa Dhorda
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Pathologist

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Biochemistry

| Test Name | Result | Unit | Biological Reference Interval |
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| GLYCOSYLATED HAEMOGLOBIN (HBA1C) | | | |
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| HbA1c <i>Method - Immunoturbidimetry</i> | 5.79 | % | 4 to 6% Non-diabetic 6.0--7.0% Excellent control 7.0--8.0% Fair to good control 8.0--10% Unsatisfactory control ABOVE 10% Poor control |
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| Lipid Profile | | | |
|----------------------|--------|-------|--|
| Total Cholesterol | 189.81 | mg/dl | CHILD Desirable - Less than : 170 CHILD Borderline High : 170-199 CHILD High - More than : 200 ADULT Desirable - Less than : 200 ADULT Borderline High : 200-239 ADULT High - More than : 240 |
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MC-5288

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| Triglycerides <i>Method - glycerol Phosphate Oxidase/Peroxide</i> | 68.49 | mg/dl | NORMAL : <150 Borderline High : 150-199 High : 200-499 Very High : > 500 |
| HDL Cholesterol <i>Method - Enzymatic immuno inhibition</i> | 54.35 | mg/dl | Desirable - Above 60 Borderline Risk : 40-59 Undesirable - Below :40 |
| LDL Cholesterol <i>Method - Calculated</i> | 121.76 | mg/dl | Desirable - Below : 130 Borderline Risk : 130-159 Undesirable - Above : 160 |
| VLDL Cholesterol <i>Method - Calculated</i> | 13.70 | mg/dl | 5 - 51 |
| Total Cholesterol / HDL Cholesterol Ratio - Calculated <i>Method - Calculated</i> | 3.49 | RATIO | 0 - 4.5 |
| LDL / HDL Cholesterol Ratio - Calculated <i>Method - Calculated</i> | 2.24 | RATIO | 0 - 3.2 |
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Note:

- 1) Biological Reference Interval is as per National Cholesterol Education Program (NCEP) Guidelines.
- 2) tests done on Fully Automated Biosystem BA-400 Biochemistry Analyser.

Interpretation

1. **Triglycerides:** When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.
2. **HDL-Cholesterol:** HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal. If HDL-C is less than 40 mg/dL for men and less than 50 mg/dL for women, there is an increased risk of heart disease that is independent of other risk factors, including the LDL-C level. The NCEP guidelines suggest that an HDL cholesterol value greater than 60 mg/dL is protective and should be treated as a negative risk factor.
3. **LDL-Cholesterol:** Desired goals for LDL-C levels change based on individual risk factors. For young adults, less than 120 mg/dL is acceptable. Values between 120-159 mg/dL are considered Borderline high. Values greater than 160 mg/dL are considered high. Low levels of LDL cholesterol may be seen in people with an inherited lipoprotein deficiency and in people with hyperthyroidism, infection, inflammation, or cirrhosis.

| | | | |
|---|-----|-------|---------|
| Uric Acid (Serum) <i>Method - Uricase</i> | | | |
| Uric Acid <i>Method - Uricase</i> | 4.4 | mg/dl | 2.6 - 6 |

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| <u>Liver Function Test (LFT)</u> | | | |
|---|-------------------|-------|-----------|
| SGOT (Aspartate Transaminase) - SERUM <i>Method - IFCC</i> | 20 | IU/L | 0 - 31 |
| SGPT (Alanine Transaminase) - SERUM <i>Method - IFCC</i> | 15.43 | IU/L | 0 - 34 |
| Total Bilirubin - SERUM <i>Method - Diazo</i> | 1.15 | mg/dl | 0 - 2 |
| Direct Bilirubin - - SERUM <i>Method - Diazotization</i> | 0.55 ▲ (H) | mg/dl | 0 - 0.4 |
| Indirect Bilirubin - Calculated <i>Method - Calculated</i> | 0.60 | mg/dl | 0.1 - 0.8 |
| Alkaline Phosphatase - SERUM <i>Method - IFCC AMP Buffer</i> | 56.28 | IU/L | 33 - 98 |
| Total Protein - SERUM <i>Method - Biuret</i> | 7.27 | gm/dl | 6 - 7.8 |
| Albumin - SERUM <i>Method - Bromo Cresol Green(BCG)</i> | 4.88 | gm/dl | 3.5 - 5.2 |
| Globulin - Calculated <i>Method - Calculated</i> | 2.39 | gm/dl | 2 - 4 |
| A:G Ratio <i>Method - Calculated</i> | 2.04 | :1 | 1 - 3 |
| | | | |



MC-5288

LABORATORY INVESTIGATION REPORT

| | |
|--|---|
| Patient Name : Mrs. SNIGDHA CHHANGANI | Age/Sex : 25 Year(s) / Female |
| UHID : SHHM.90688 | Order Date : 29/03/2024 10:02 |
| Episode : OP | Mobile No : 7737758322 |
| Ref. Doctor : Self | DOB : 28/11/1998 |
| | Facility : SEVENHILLS HOSPITAL, MUMBAI |

References:

- 1) Pack Insert of Bio system
- 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interperatation :-

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice). conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, transfusion reaction & a common metabolic condition termed Gilbert syndrome.

AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. Ast levels may also increase after a heart attck or strenuous activity. ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, paget`s disease, Rickets, Sarcoidosis etc.

Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-including drugs etc. Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum.. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease.

Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic - Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

| Renal Function Test (RFT) | | | |
|--|-------|-------|-----------|
| Urea - SERUM <i>Method - Urease</i> | 20.17 | mg/dl | 15 - 39 |
| BUN - SERUM <i>Method - Urease-GLDH</i> | 9.43 | mg/dl | 4 - 18 |
| Creatinine - SERUM <i>Method - Jaffes Kinetic</i> | 0.79 | mg/dl | 0.5 - 1.1 |
| | | | |



MC-5288

LABORATORY INVESTIGATION REPORT

| | |
|--|---|
| Patient Name : Mrs. SNIGDHA CHHANGANI UHID : SHHM.90688 Episode : OP Ref. Doctor : Self | Age/Sex : 25 Year(s) / Female Order Date : 29/03/2024 10:02 Mobile No : 7737758322 DOB : 28/11/1998 Facility : SEVENHILLS HOSPITAL, MUMBAI |
|--|---|

References:

- 1) Pack Insert of Bio system
- 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interpretation:-

The blood urea nitrogen or BUN test is primarily used, along with the creatinine test, to evaluate kidney function in a wide range of circumstances, to help diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status.

| GLUCOSE-PLASMA POST PRANDIAL | | | |
|-------------------------------------|--------|-------|----------|
| Glucose, Post Prandial | 100.34 | mg/dl | 70 - 140 |

American Diabetes Association Reference Range :

Post-Prandial Blood Glucose:

- Non-Diabetic: Up to 140mg/dL
- Pre-Diabetic: 140-199 mg/dL
- Diabetic : >200 mg/dL

References:

- 1) Pack Insert of Bio system
- 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interpretation :-

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis.

A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.



MC-5288

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. SNIGDHA CHHANGANI

Age/Sex : 25 Year(s) / Female

UHID : SHHM.90688

Order Date : 29/03/2024 10:02

Episode : OP

Ref. Doctor : Self

Mobile No : 7737758322

DOB : 28/11/1998

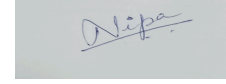
Facility : SEVENHILLS HOSPITAL, MUMBAI

End of Report



Dr.Ritesh Kharche
MD, PGD

Consultant Pathologist and Director of
Laboratory Services
RegNo: 2006/03/1680



Dr.Nipa Dhorda
MD

Pathologist



MC-5288

LABORATORY INVESTIGATION REPORT

| | | | |
|---------------------|--------------------------|-------------------|-------------------------------|
| Patient Name | : Mrs. SNIGDHA CHHANGANI | Age/Sex | : 25 Year(s) / Female |
| UHID | : SHHM.90688 | Order Date | : 29/03/2024 10:02 |
| Episode | : OP | Mobile No | : 7737758322 |
| Ref. Doctor | : Self | DOB | : 28/11/1998 |
| | | Facility | : SEVENHILLS HOSPITAL, MUMBAI |

Reference Ranges (T3) Pregnancy:

First Trimester 81 - 190

Second Trimester & Third Trimester 100 - 260

Reference Ranges (TSH) Pregnancy:

1st Trimester : 0.1 – 2.5

2nd Trimester : 0.2 – 3.0

3rd Trimester : 0.3 – 3.0

Reference:

1. Clinical Chemistry and Molecular Diagnostics, Tietz Fundamentals, 7th Edition & Endocrinology Guidelines

Interpretation :-

It is recommended that the following potential sources of variation should be considered while interpreting thyroid hormone results:

1. Thyroid hormones undergo rhythmic variation within the body this is called circadian variation in TSH secretion: Peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
2. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding PreAlbumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
3. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment.
4. T4 may be normal the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenytoin, Salicylates etc)
5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.
7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.
8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
9. Various drugs can lead to interference in test results.
10. It is recommended that evaluation of unbound fractions, that is free T3 (FT3) and free T4 (FT4) for clinic-pathologic correlation, as these are the metabolically active forms.

End of Report



MC-5288

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. SNIGDHA CHHANGANI

UHID : SHHM.90688

Episode : OP

Ref. Doctor : Self

Age/Sex : 25 Year(s) / Female

Order Date : 29/03/2024 10:02

Mobile No : 7737758322

DOB : 28/11/1998

Facility : SEVENHILLS HOSPITAL, MUMBAI

Dr.Ritesh Kharche
MD, PGD

Consultant Pathologist and Director of
Laboratory Services

RegNo: 2006/03/1680



LABORATORY INVESTIGATION REPORT

| | |
|--|---|
| Patient Name : Mrs. SNIGDHA CHHANGANI | Age/Sex : 25 Year(s) / Female |
| UHID : SHHM.90688 | Order Date : 29/03/2024 10:02 |
| Episode : OP | Mobile No : 7737758322 |
| Ref. Doctor : Self | DOB : 28/11/1998 |
| | Facility : SEVENHILLS HOSPITAL, MUMBAI |

Urinalysis

| Test Name | Result | Unit | Biological Reference Interval |
|-----------|--------|------|-------------------------------|
|-----------|--------|------|-------------------------------|

| | | | |
|-----------------------|----------------------------------|-----------------------------|------------------------------|
| Sample No : O0322991D | Collection Date : 29/03/24 11:27 | Ack Date : 29/03/2024 11:49 | Report Date : 29/03/24 14:05 |
|-----------------------|----------------------------------|-----------------------------|------------------------------|

| <u>Physical Examination</u> | | | |
|------------------------------------|---------------|----|----------|
| QUANTITY | 40 | ml | |
| Colour | Pale Yellow | | |
| Appearance | Slightly Hazy | | |
| DEPOSIT | Absent | | Absent |
| pH | Acidic | | |
| Specific Gravity | 1.015 | | |
| <u>Chemical Examination</u> | | | |
| Protein | Absent | | Absent |
| Sugar | Absent | | Absent |
| ketones | Absent | | Absent |
| Occult Blood | Trace | | Negative |
| Bile Salt | Absent | | Absent |
| Bile Pigments | Absent | | Absent |
| Urobilinogen | NORMAL | | Normal |
| NITRATE | Absent | | Absent |
| LEUKOCYTES | Trace | | Absent |

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. SNIGDHA CHHANGANI

Age/Sex : 25 Year(s) / Female

UHID : SHHM.90688

Order Date : 29/03/2024 10:02

Episode : OP

Ref. Doctor : Self

Mobile No : 7737758322

DOB : 28/11/1998

Facility : SEVENHILLS HOSPITAL, MUMBAI

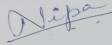
Microscopic Examination

| | | | |
|--|----------------|------|--------|
| Pus cells | 8-10 | /HPF | |
| Epithelial Cells | 15-20 | /HPF | |
| RBC | ABSENT | /HPF | Absent |
| Cast | ABSENT | /LPF | Absent |
| Crystal | ABSENT | /HPF | Absent |
| Amorphous Materials | Absent | | Absent |
| Yeast | Absent | | Absent |
| Bacteria | POSITIVE (+) | | Absent |
| <u>URINE SUGAR AND KETONE (FASTING)</u> | | | |
| Sugar | Absent | | |
| ketones | Absent | | |

URINE SUGAR AND KETONE (PP)

| | | | |
|---------|--------|--|--|
| Sugar | Absent | | |
| ketones | Absent | | |

End of Report



Dr.Nipa Dhorda
MD
Pathologist

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. SNIGDHA CHHANGANI

Age/Sex : 25 Year(s) / Female

UHID : SHHM.90688

Order Date : 29/03/2024 10:02

Episode : OP

Ref. Doctor : Self

Mobile No : 7737758322

DOB : 28/11/1998

Facility : SEVENHILLS HOSPITAL, MUMBAI

DIAGNOSTICS REPORT

| | | | |
|--------------|---|-------------|----------------------------------|
| Patient Name | : Mrs. SNIGDHA CHHANGANI | Order Date | : 29/03/2024 10:02 |
| Age/Sex | : 25 Year(s)/Female | Report Date | : 29/03/2024 23:57 |
| UHID | : SHHM.90688 | | |
| Ref. Doctor | : | Facility | : SEVENHILLS HOSPITAL, MUMBAI |
| | | Mobile | : 7737758322 |
| Address | : MIDC MAROL, ANDHERI EAST, Mumbai, Maharashtra, 400099 | | |

USG ABDOMEN PELVIS

Liver is normal in size (13.9 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 e/o peri-cholecystic fluid noted.

Portal vein and CBD are normal in course and calibre.

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

Spleen is normal in size (9.5 cm) and echotexture. No focal lesion is seen in the spleen.

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

Right kidney measures 9.6 x 3.8 cm.

Left kidney measures 9.4 x 3.9 cm.

Urinary bladder is well distended and appears normal. No evidence of intra-luminal calculus or mass lesion.

Uterus is normal in size, shape and echotexture. It measures 6.4 x 4.5 x 3.6 cm.

Endometrial thickness measures 8.4 mm.

Both ovaries are normal in size and echotexture.

The right ovary measures: 3.4 x 2.6 cm.

The left ovary measures: 3.4 x 1.9 cm. A dominant follicle is noted.

Both adnexae are clear.

There is no free fluid in abdomen and pelvis.

DIAGNOSTICS REPORT

| | | | |
|--------------|---|-------------|----------------------------------|
| Patient Name | : Mrs. SNIGDHA CHHANGANI | Order Date | : 29/03/2024 10:02 |
| Age/Sex | : 25 Year(s)/Female | Report Date | : 29/03/2024 23:57 |
| UHID | : SHHM.90688 | | |
| Ref. Doctor | : | Facility | : SEVENHILLS HOSPITAL, MUMBAI |
| | | Mobile | : 7737758322 |
| Address | : MIDC MAROL, ANDHERI EAST, Mumbai, Maharashtra, 400099 | | |

IMPRESSION

·No significant abnormality detected



Dr. Priya Vinod Phayde
MBBS, DMRE

RegNo: 2020/11/6493

DIAGNOSTICS REPORT

| | | | |
|--------------|---|-------------|----------------------------------|
| Patient Name | : Mrs. SNIGDHA CHHANGANI | Order Date | : 29/03/2024 10:02 |
| Age/Sex | : 25 Year(s)/Female | Report Date | : 30/03/2024 14:25 |
| UHID | : SHHM.90688 | | |
| Ref. Doctor | : | Facility | : SEVENHILLS HOSPITAL, MUMBAI |
| | | Mobile | : 7737758322 |
| Address | : MIDC MAROL, ANDHERI EAST, Mumbai, Maharashtra, 400099 | | |

X-RAY CHEST PA VIEW

Both lungs are clear.

The frontal cardiac dimensions are normal.

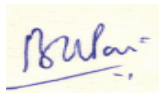
The pleural spaces are clear.

Both hilar shadows are normal in position and density.

No diaphragmatic abnormality is seen.

The soft tissues and bony thorax are normal.

IMPRESSION: No pleuroparenchymal lesion is seen.



Dr. Bhujang Pai
MBBS, MD

Consultant

RegNo: 49380