



DEPARTMENT OF LABORATORY

NAVI MUMBAI

| | |
|---|---|
| Patient Name : Mrs. ABHILASHA SINGH | Age /Gender : 46 Y(s)/Female |
| Bill No/ UMR No : NMBC63661/NMU0049116 | Referred By : Dr. DMO |
| Received Dt : 26-Mar-24 09:39 am | Report Date : 26-Mar-24 03:00 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 | 1.025 | 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 | 3-4 | 0 - 5 /hpf | MICROSCOPIC EXAMINATION |
| RBC | | NIL | 0 - 5 /hpf | MICROSCOPIC EXAMINATION |
| EPITHELIAL CELLS | | 2-3 | 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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| Bill No/ UMR No : NMBC63661/NMU0049116 | Referred By : Dr. DMO |
| Received Dt : 26-Mar-24 09:39 am | Report Date : 26-Mar-24 03:00 pm |

Parameters **Specimen** **Result** **Biological Reference In Method**





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| Patient Name : Mrs. ABHILASHA SINGH | Age /Gender : 46 Y(s)/Female |
| Bill No/ UMR No : NMBC63661/NMU0049116 | Referred By : Dr. DMO |
| Received Dt : 26-Mar-24 09:39 am | Report Date : 26-Mar-24 12:47 pm |

FINAL REPORT

| <u>Parameter</u> | <u>Specimen</u> | <u>Result Values</u> | <u>Biological Reference</u> | <u>Method</u> |
|------------------------------|-----------------|----------------------|--|---------------------|
| COMPLETE BLOOD COUNT | | | | |
| RBC | | | | |
| R B C COUNT | Blood | 4.09 | 3.8 - 4.8 $10^6/\mu\text{L}$ | |
| HEMOGLOBIN | | 11.3 | 12.0 - 15.0 g/dl | |
| PCV/HCT | | 34.3 | 40 - 50 % 36 - 46 % | |
| MCV | | 84 | 83 - 101 fl 83 - 101 fl | |
| MCH | | 27.7 | 27 - 32 pg | |
| MCHC | | 33.1 | 31.5 - 34.5 g/dL | |
| RDW(cv) | | 13.7 | 11.6 - 14.0 % | |
| PLATELETS | | | | |
| PLATELET COUNT | Blood | 130 | 150 - 400 $10^3/\mu\text{L}$ | |
| MPV | | 13.1 | 7.5 - 11.5 fl | |
| WBC | | | | |
| TC (TOTAL LEUCOCYTE COUNT) | Blood | 5.1 | 4.0 - 11.0 $10^3/\mu\text{l}$ | |
| DIFFERENTIAL COUNT | | | | |
| NEUTROPHILS | Blood | 61 | 40 - 80 % | |
| LYMPHOCYTES | | 28 | 20 - 40 % | |
| MONOCYTES | | 07 | 02 - 10 % | |
| EOSINOPHILS | | 04 | 00 - 06 % | |
| BASOPHILS | | 00 | 00 - 01 % | |
| PERIPHERAL SMEAR EXAMINATION | | : | | |
| RBC | | | Mild anisopoikilocytosis. Predominantly normocytic normochromic with ovalocytes and some polychromatic macrocytes. | |
| WBC | | | Normal morphology. | |
| PLATELETS | | | Mildly reduced in smear. Macroplatelets and giant platelets are also seen. | |
| ESR | CITRATED BLOOD | 70 | 0 - 20 mm/1st hour | WESTERGREN'S METHOD |

*** End Of Report ***





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| Bill No/ UMR No : NMBC63661/NMU0049116 | Referred By : Dr. DMO |
| Received Dt : 26-Mar-24 09:39 am | Report Date : 26-Mar-24 11:59 am |

| <u>Parameters</u> | <u>Specimen</u> | <u>Result</u> | <u>Biological Reference In Method</u> |
|-------------------|-----------------|---------------|---------------------------------------|
|-------------------|-----------------|---------------|---------------------------------------|





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| Patient Name : Mrs. ABHILASHA SINGH | Age / Gender : 46 Y(s)/Female |
| Bill No/ UMR No : NMBC63661/NMU0049116 | Referred By : Dr. DMO |
| Received Dt : 26-Mar-24 09:40 am | Report Date : 26-Mar-24 11:20 am |

FINAL REPORT

| <u>Parameters</u> | <u>Specimen</u> | <u>Result</u> | <u>Biological Reference Intervals</u> | <u>Method</u> |
|---|-----------------|---------------|--|---------------------------------------|
| HBA1C (GLYCOSYLATED HAEMOGLOBIN) | | | | |
| HBA1C | | 5.3 | < 5.7 Normal Prediabetic 5.7 - 6.4 & \geq 6.5 Diabetic % | TINIA |
| MPG(Mean Plasma Glucose) | | 105 | Excellent Control : 90 - 120 mg/dL Good Control : 121 - 150 mg/dL | |
| FBS (FASTING BLOOD GLUCOSE WITH URINE GLUCOSE) | | | | |
| FASTING BLOOD GLUCOSE | | 99 | Normal Range : 70 - 99 mg/dL | Hexokinase |
| SERUM ELECTROLYTES | | | | |
| SERUM SODIUM | | 145 | 136 - 145 mmol/L | ISE INDIRECT |
| SERUM POTASSIUM | | 4.1 | 3.5 - 5.1 mmol/L | ISE INDIRECT |
| SERUM CHLORIDES | | 106 | 98 - 107 mmol/L | ISE INDIRECT |
| SERUM CREATININE | | | | |
| CREATININE | | 0.67 | 0.6 - 1.2 mg/dl | Method : jaffe |
| BUN / CREATININE RATIO | | | | |
| BUN (Blood Urea Nitrogen.) | | 10 | 7.0 - 21.0 mg/dL | Calculated |
| SERUM CREATININE | | 0.67 | 0.6 - 1.2 mg/dL | |
| BUN / CREATININE RATIO | | 14.9 | 10 - 20 | |
| LFT(LIVER FUNCTION TEST) | | | | |
| TOTAL BILIRUBIN | | 0.5 | < 1.2 mg/dL | Method : Diazo Method |
| DIRECT BILIRUBIN | | 0.2 | <= 0.20 mg/dL | Method: Diazo Method |
| INDIRECT BILIRUBIN | | 0.3 | <= 1.0 mg/dL | |
| SGPT (ALT) | | 17 | <= 33 U/L | Method : UV without P5P |
| SGOT (AST) | | 17 | <= 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 | | 7.7 | 6.0 - 8.0 g/dL | Method : Biuret method |
| SERUM ALBUMIN | | 4.4 | 3.5 - 5.2 g/dL | Method : Bromocresol Green (BCG) |
| GLOBULINS | | 3.3 | 2.5 - 3.5 g/dL | |
| A/G RATIO | | 1.33 | 1.2 - 2.5 | |





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| Bill No/ UMR No : NMBC63661/NMU0049116 | Referred By : Dr. DMO |
| Received Dt : 26-Mar-24 09:39 am | Report Date : 26-Mar-24 01:31 pm |

| <u>Parameters</u> | <u>Specimen</u> | <u>Result</u> | <u>Biological Reference In</u> | <u>Method</u> |
|---|-----------------|---------------|---|---|
| GAMMA GLUTAMYL TRANSFERASE(GGT) | | 17 | 6 - 42 U/L | Method : G-glutamyl-carboxy-nitr oanilide - IFCC Ref. |
| BUN(BLOOD UREA NITROGEN) | | | | |
| BUN (Blood Urea Nitrogen.) | | 10 | 7.0 - 21.0 mg/dL | Calculated |
| TOTAL PROTEIN | | | | |
| TOTAL PROTEINS | | 7.7 | 6.0 - 8.0 g/dL | Method : Biuret method |
| LIPID PROFILE | | | | |
| TOTAL CHOLESTEROL | | 146 | Desirable : : < 200 mg/dL Borderline High : : 200 - 239 mg/dL High risk : > 240 mg/dL | METHOD : Enzymatic colorimetric |
| HDL CHOLESTEROL | | 43 | Low : : < 40 mg/dL High : : > 60 mg/dL | Homogeneous enzymatic colorimetric |
| LDL CHOLESTEROL | | 89 | 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 | | 18 | | |
| SERUM TRYGLYCERIDES | | 91 | < 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL | METHOD: Enzymatic colorimetric |
| CHO/HDL RATIO | | 3.4 | Normal : - < 3.5 High Risk : - > 5.0 | |
| LDL/HDL RATIO | | 2.07 | | |
| SERUM URIC ACID | | 3.5 | 2.4 - 5.7 mg/dL | uricase |
| T3,T4 AND TSH | | | | |
| T3 | | 108.6 | 70 - 204 ng/dL | Method : ECLIA |
| T4 | | 10.20 | 5.1 - 14.1 ug/dL | Method : ECLIA |
| TSH(THYROID STIMULATING HORMONE) | | 0.367 | 0.270 - 4.20 uIU/mL | Method : ECLIA |
| PLBS (POST LUNCH BLOOD SUGAR WITH URINE SUGAR) | | | | |
| PLBS (POST LUNCH BLOOD GLUCOSE) | | 88 | 110 - 180 mg/dL | Hexokinase |
| URINE SUGAR | | NIL | | Dipstick |

*** End Of Report ***





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| Bill No/ UMR No : NMBC63661/NMU0049116 | Referred By : Dr. DMO |
| Received Dt : 26-Mar-24 12:01 pm | Report Date : 26-Mar-24 05:07 pm |

| <u>Parameter</u> | <u>Specimen</u> | <u>Result Values</u> | <u>Biological Reference</u> | <u>Method</u> |
|------------------|-----------------|----------------------|-----------------------------|---------------|
|------------------|-----------------|----------------------|-----------------------------|---------------|

Lab Incharge

Dr. VISHAL MEHROTRA, MD Pathology
Consultant Hematology Services

Verified By : : 025493

Test results related only to the item tested.

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



| | | | |
|-----------------------------|--------------------|----------------------|------------------------|
| Patient ID: | NMU0049116 | Patient Name: | ABHILASHA SINGH |
| Age: | 46 Years | Sex: | F |
| Accession Number: | NMBC63661 | Modality: | DX |
| Referring Physician: | DR.DMO | Study: | CHEST |
| Study Date: | 26-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.

No diaphragmatic abnormality is seen.

The soft tissues and bony thorax are normal.

Impression:

No significant abnormality is seen.

Y. Shah

DR. YOGINI SHAH
DMRD, DNB
CONSULTANT RADIOLOGIST

| | | | |
|-----------------------------|--------------------|----------------------|--------------------------|
| Patient ID: | NMU0049116 | Patient Name: | ABHILASHA SINGH |
| Age: | 46 Years | Sex: | F |
| Accession Number: | NMBC63661 | Modality: | US |
| Referring Physician: | DR.DMO | Study: | USG ABDOMEN WHOLE |
| Study Date: | 26-Mar-2024 | Study Time: | 10:26:49 |

USG WHOLE ABDOMEN (TAS)

LIVER is normal in size, normal in shape and echotexture. No evidence of any focal lesion. The portal vein appears normal & shows normal hepato-petal flow. No evidence of intra-hepatic biliary duct dilatation.

GALL BLADDER appears partially distended with normal wall thickness. There is no obvious calculus or pericholecystic collection. CBD appears normal.

Visualised parts of head & body of PANCREAS appear normal.

SPLEEN is normal in size and echotexture. No focal lesion seen. Splenic vein is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen.

URINARY BLADDER is adequately distended; no e/o wall thickening or mass or calculi seen. Post-void residue is not significant.

UTERUS is atrophic – consistent with post menopausal status.

Bilateral adnexa appear clear.

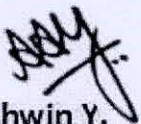
Visualised bowel loops appear normal. There is no free fluid seen.

NB:- This scan does not rule out all pathologies related to bowel and appendix.

IMPRESSION –

- **No significant abnormality detected.**

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE.THE CONTENTS OF THIS REPORT REQUIRE CLINICAL CO-RELATION BEFORE ANY APPLICATION.



Dr. Ashwin Y.
M.D. (Radio-Diagnosis)

| | | | |
|-----------------------------|-------------|----------------------|-------------------------|
| Patient ID: | NMU0049116 | Patient Name: | ABHILASHA SINGH 46YRS/F |
| Age: | | Sex: | F |
| Accession Number: | | Modality: | CR |
| Referring Physician: | | Study: | BREAST |
| Study Date: | 26-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 heterogenously dense glandular parenchyma, which may obscure small masses (ACR category C).

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.

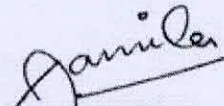
Small lymphnodes are seen in both axilla.

IMPRESSION :-

Dense breasts limits mammographic evaluation.

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: 26-Mar-2024 19:26:43



MEDICOVER
HOSPITALS

NAVI MUMBAI

2 D Transthoracic Echocardiography and Color Doppler

| NAME | UMR No | REF. BY |
|----------------------|--------|-----------------|
| MRS. ABHILASHA SINGH | 49116 | HEALTH CHECK UP |

| DATE | AGE | SEX |
|------------|---------|--------|
| 26/03/2024 | 46 YRS. | FEMALE |

ECHO FINDINGS :

No RWMA.

LVEF is 60%.

No LV Diastolic Dysfunction.

Trivial mitral regurgitation.

No aortic regurgitation. No aortic stenosis.

Trivial tricuspid regurgitation. No pulmonary hypertension.
PASP = 20 mm Hg

IAS & IVS Are Intact.

No Thrombus/ Vegetation/ Pericardial Effusion.

Normal RV systolic function. No hepatic congestion.

DR ANUP V MAHAJANI

MBBS, MD (MED), DNB (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

REG NO 2013/05/1759





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HOSPITALS

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M-MODE MEASUREMENTS (in Cm)

| | |
|----------|-----|
| LA | 3.4 |
| AORTA | 2.9 |
| LVID (d) | 4.3 |
| LVID (s) | 3.1 |
| IVS (d) | 1.1 |
| PW (d) | 1.0 |
| LVEF % | 60 |

COLOUR DOPPLER

| Mitral Velocity | AJV | PJV | MS | MR | AS | AR | TR |
|-----------------|-----|-----|-----|---------|-----|-----|---------|
| E > A | 1.7 | 0.4 | Nil | Trivial | Nil | Nil | Trivial |

-----**END OF THE REPORT**-----

DR ANUP V MAHAJANI
MBBS, MD (MED), DNB (CARDIOLOGY)
INTERVENTIONAL CARDIOLOGIST
REG NO 2013/05/1759



Female

46 Years

Rate 73 . Sinus rhythm.....normal P axis, V-rate 50- 99
Borderline T wave abnormalities.....T/QRS ratio < 1/20 or flat T

PR 153
QRSD 92
QT 362
QTc 399

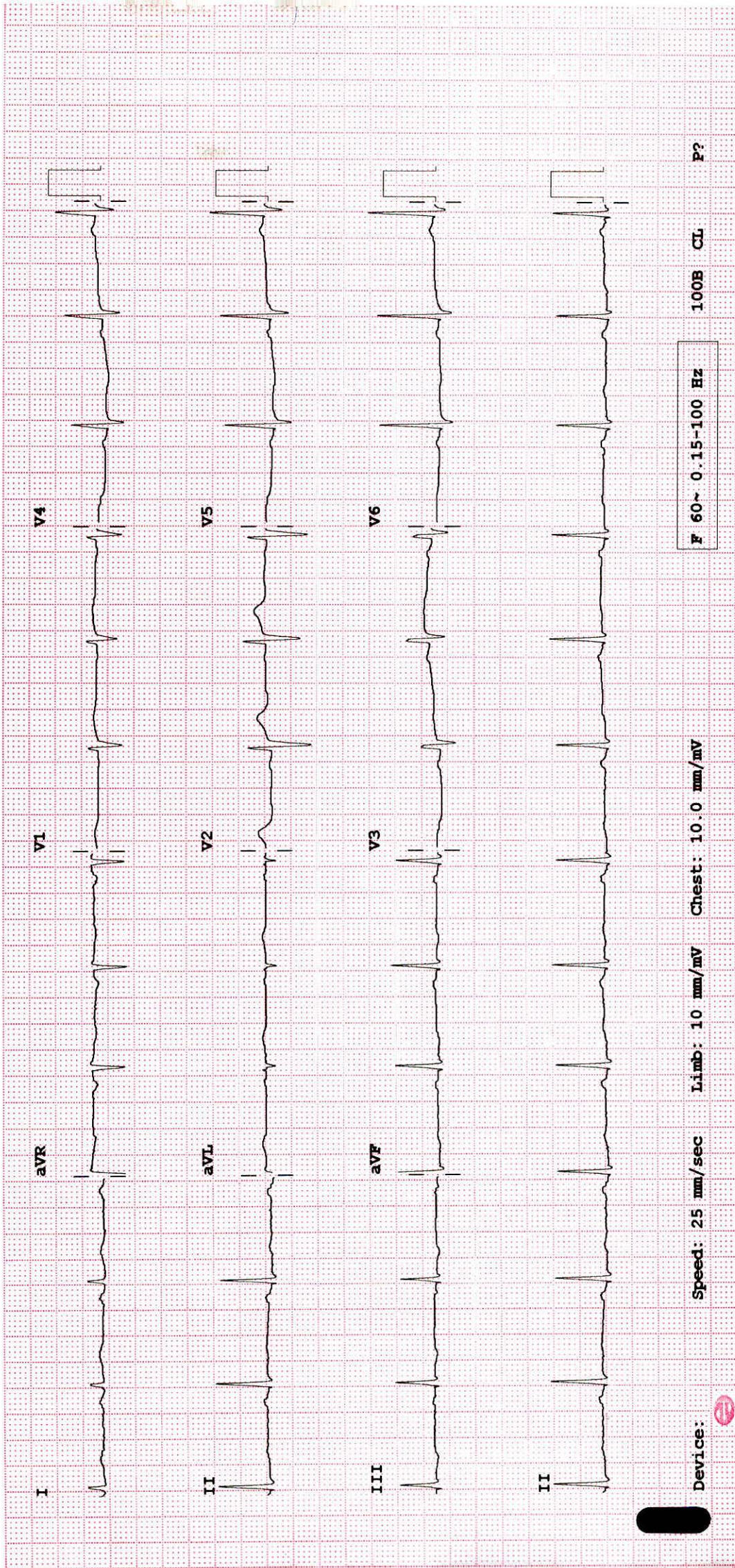
--AXIS--
P 36
QRS 64
T -7

12 Lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis

Generalized ST flattening
AS



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL P?