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भारत सरकार Government of India

भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India

नामांकन ऋम/ Enrolment No.: 0013/18007/15374

ऋतुजा अनंत शिरसाट Rutuja Anant Shirsat near shiv mangalam lawns mu.po.katangi Katangi Kala Gondiya Maharashtra - 441601 9588673070





आपका आधार क्रमांक / Your Aadhaar No. :

8034 5812 3481 VID: 9194 3969 9326 3634

मेरा आधार, मेरी पहचान



भारत सरकार Government of India



ऋतुजा अनंत शिरसाट Rutuja Anant Shirsat जन्म तिथि/DOB: 29/03/1993 महिला/ FEMALE

8034 5812 3481 VID: 9194 3969 9326 3634

मेरा आधार, मेरी पहचान





सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
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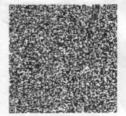
भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India



पता: ,शिव मंगलम लॉन्स के पास, मु.पो.कटंगी, कतंगी कला, गाँडिया, महाराष्ट्र - 441601

Address:

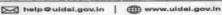
near shiv mangalam lawns, mu.po.katangi, Katangi Kala, Gondiya, Maharashtra - 441601

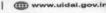


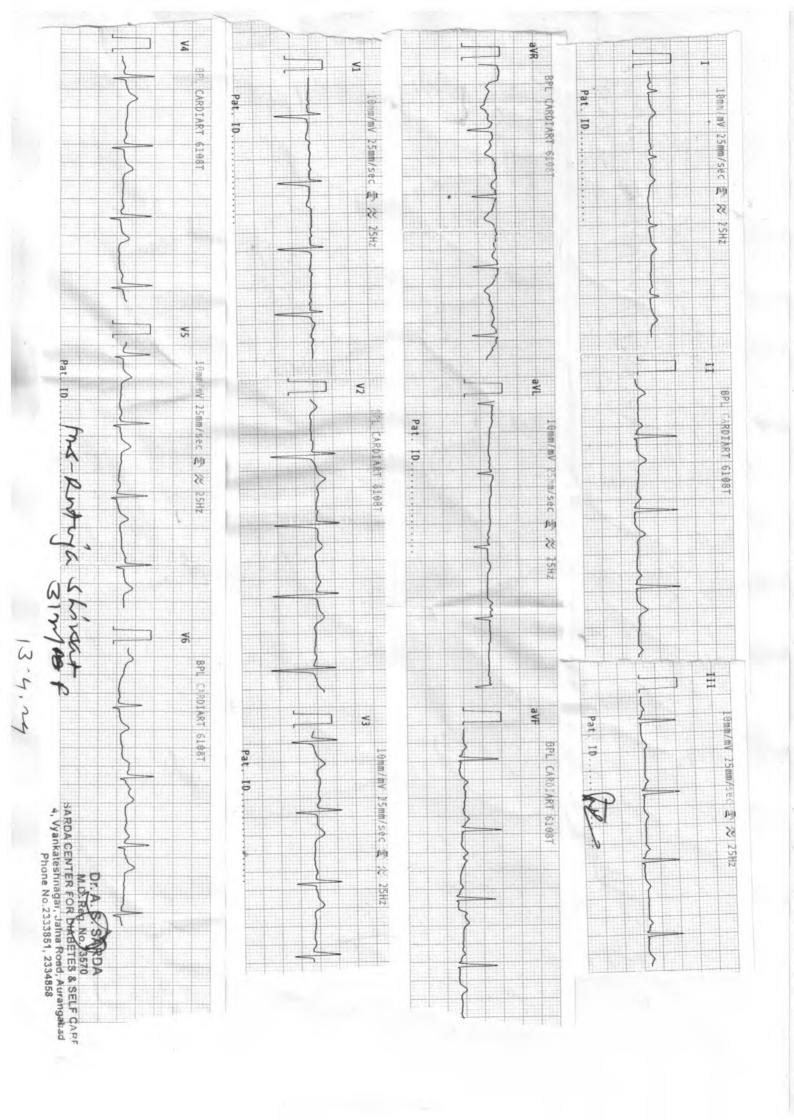
8034 5812 3481

VID: 9194 3969 9326 3634









ELFCARE	h. : (0240) 2333851,	NAS STANK	Ĺ	Blood Pressure:		olex:		0				Dr. A. S. SARDA M.D./REG. No.73570 SARDA CENTER FOR DATESTES & SELF CARE
SARDA CENTRE FOR DIABETES & SELFCARE	4, Vyankatesh Nagar, Jaina Road, Aurangabad. Ph. : (0240) 2333851, 2334858.	Rutuga Shiresot	RY:	Height (Cms):		S/m) ORS. Complex:	ST Segment:	T. Wave:	QT Interval:	PR Interval:	WM	Dr. A. S. SARDA Date (3) 4/ SARDA CENTER FOR WEBSTES & SFIF CARE
SARDA CENTRE FOR	4, Vyankatesh Nagar,	Name: Mrg.	CLINICAL SUMMARY:	Weight:	ECG FINDINGS:	Rate:	Rhythm:	Mechanism:	Axis:	P. Wave:	Recommendation :	13 Jy (2)

2: (0240) 2353103 (M): 9325364944

डॉ. सौ. तावंदर ए.एस.

M.B.B.S. स्त्री रोग तज्ञ र.नं. 38439

जावंदर जिर्सिंग होम, महेशनगर रोड, ॲपेक्स हॉस्पीटल जवळ, औरंगाबाद.

दिनांक: 13.4.24

Name - Rutuja Shirsalt

age - 31 gr

OH, 1st FTLSCS- 5%.

m. H. - Refuler.

LMP. 29.3,24

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युवील तपासणीचा विनाम प्राप्त ROAD

कृपया पुढील तपासणीचे वेळस हिएसेमर आणावा.

रविवार बंद

Reg. No. 3343

द्वाखान्याची वेंळ : सकाळी १० ते दुपारी २ वाजेपर्यंत

SARDA

CENTRE FOR DIABETES & SELF CARE

PAP

NAME...MRS.RUTUJA SIRSAT

13/04/2024

REF.BY. BOB

CYTOLOGY EXAMINATION

SPECIMEN...... PAP SMEAR

MICROSCOPIC..... SHOWS SUPERFICIAL SQUAMOUS EPITHELIAL CELLS

ALSO SEEN ARE PLENTY OF INFLAMMATORY CELLS,

SMEAR DOES NOT SHOW ANY ABNORMAL CELLS.

NO E/O DYSPLASIA.

IMPRESSION...... S/O INFLAMMATORY SMEAR

Dr.S.R. SARDA
M.D. Reg. No.56462

SARDAS RISARDA DIABETES & SELF CARE

4MD (PATH 20.2333851, 2334858

	Date: 13 04174
Name Rutuja shirsat	Age/Sex3 Female
Address A b d	

OPHTHALMIC EXAMINATION REPORT

	Right Eye	<u>Left eye</u>
Vision Distant	6/62-1.25 Dyn	6/6 = -15 D3Ph
Vision Near	P6	N6
Anterior segment	NAD	NAD
Pupils	NSRTL	NSRTL
Lens	clear	clear
Tension	Normal	Normal
Fundus:-	Dish WML UDO-3 FRA	DBWM 420-3 FEX
Colour Vision	rosmal	roomal

Impression: (BP) within Mornal Charls.



PDR: AJAY LOHIYA

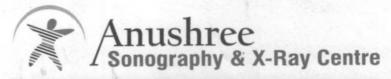
MBBS. D.O. (BON) DIN BRC.PS.

REG. NO 56436

TIRUPAH NETA LAYA A DELITAL CLINIC

AURANCASAD.

Dr. Amey JajuMBBS, DNB Radiology
Fellowship in MSK Imaging



Regd. No.: 2019/05/3879

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

Patient Name: RUTUJA SHIRSAT	Date: 13/04/2024		
Patient Id: 5780	Age/Sex: 31 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 silhoutte 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 Fellow in MSK imaging

ANUSHREE SONOGRAPHY & X-RAY CENTRE

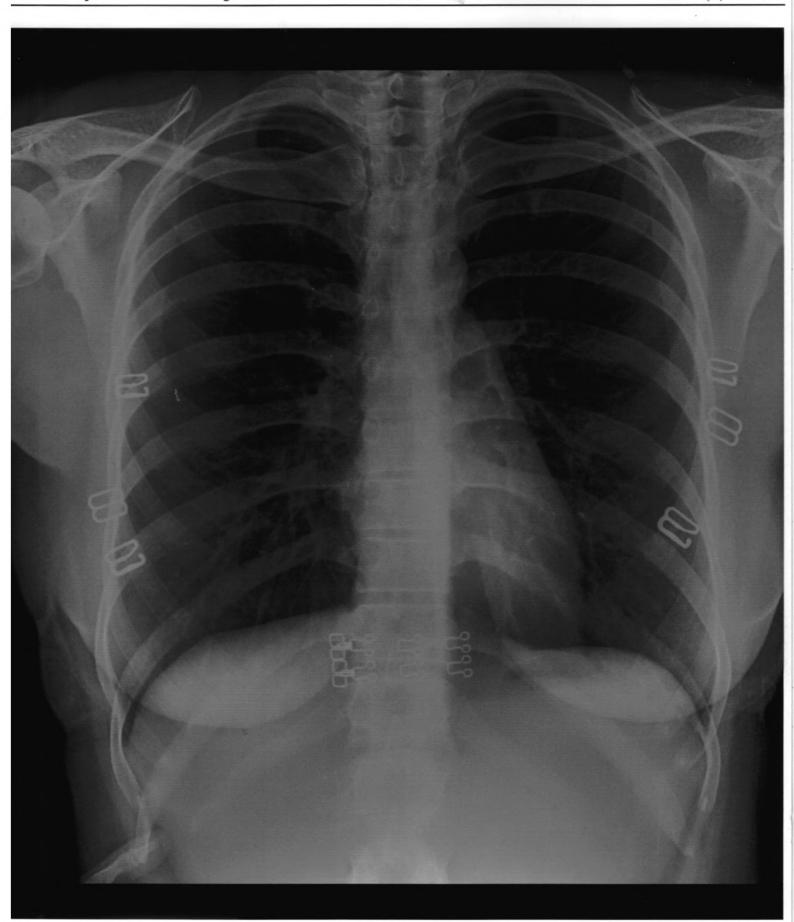
Name:Rutuja Shirsat

Age:31 Y

Sex:Female

RefDr:Dr. Sarda

Date:13-Apr-2024



Dr. Amey JajuMBBS, DNB Radiology
Fellowship in MSK Imaging



Patient Id: 5781

Ref Phy: DR. SARDA

Age/Sex: 31 Years / FEMALE Address:

USG ABDOMEN & PELVIS

Liver is normal in size 12.7 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 9.1 x 3.9 cm.

Left kidney measures 9.6 x 4.3 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 3.5 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.

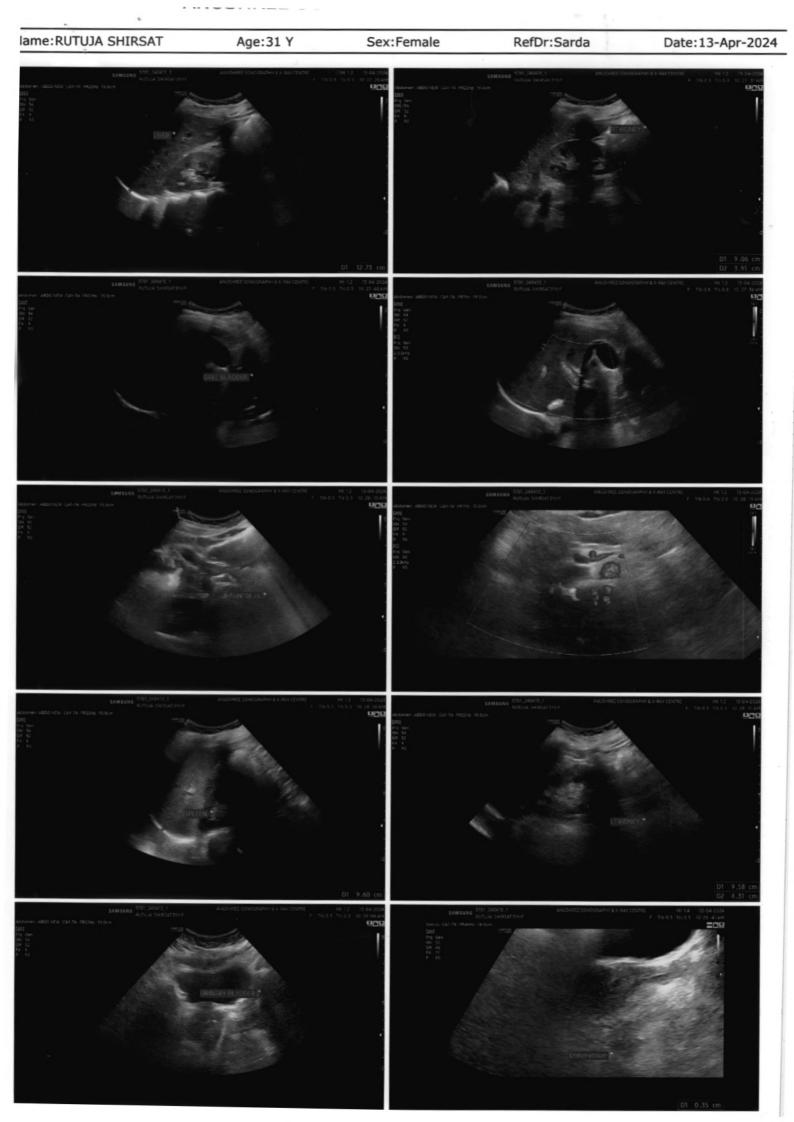
Impression:

No significant abnormality is detected.

THE AMEY S. JAJU NYSS, UNB (Madicingy) IRIGIN IN MSK Imaging Reg. No. 10 (12 M) 179

Por DIABETES & STEP ANGABAN ANGABAN ANGABAN

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



Name: Mrs.Rutuja Shirsath

Date :13/04/ 2024

Age/Sex :31Yrs/Female

Ref.By: Dr.Sarda Sir

STRESS TEST REPORT

- Protocol Bruce.
- Exercise Time- 9.00 Min.
- Baseline Heart Rate and Blood Pressure 100bpm,BP-110/70mm of Hg.
- Mets- 10.10.
- 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 150/70mm of Hg.
- Predicted Maximal Heart Rate Achieved 89%.
- 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. Davreo Themge MD, DMB (Carrhology) Reg. No. 2001/02401

ASIAN HOSPITAL MOTIWALA SQUARE AURANGABAD Station Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Shirshath, Rutuja Patient ID: ACSH29651 Height: 160 cm

Weight: 60 kg

Study Date: 13.04.2024

Test Type: --

Protocol: BRUCE

DOB: 29.03.1993 Age: 31yrs Gender: Female Race: Asian

Referring Physician: --

Attending Physician: Dr.Deorao 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	00:17	0.00	0.00	100	110/70	
	STANDING	00:19	0.50	0.00	99		
EXERCISE	STAGE 1	03:00	1.70	10.00	136	120/70	
	STAGE 2	03:00	2.50	12.00	151	130/70	
	STAGE 3	03:00	3,40	14.00	166	140/70	
RECOVERY		04:03	0,00	0.00	100	150/70	

The patient exercised according to the BRUCE for 9:00 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 100 bpm rose to a maximal heart rate of 169 bpm. This value represents 89 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 150/70 mmHg. The exercise test was stopped due to Target heart rate achieved.

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 beuce protocl for 9 min.
Target heart rate achieved.
No angina/arrythmias.No S-T Changes.
Test is negative for induced ischemia.

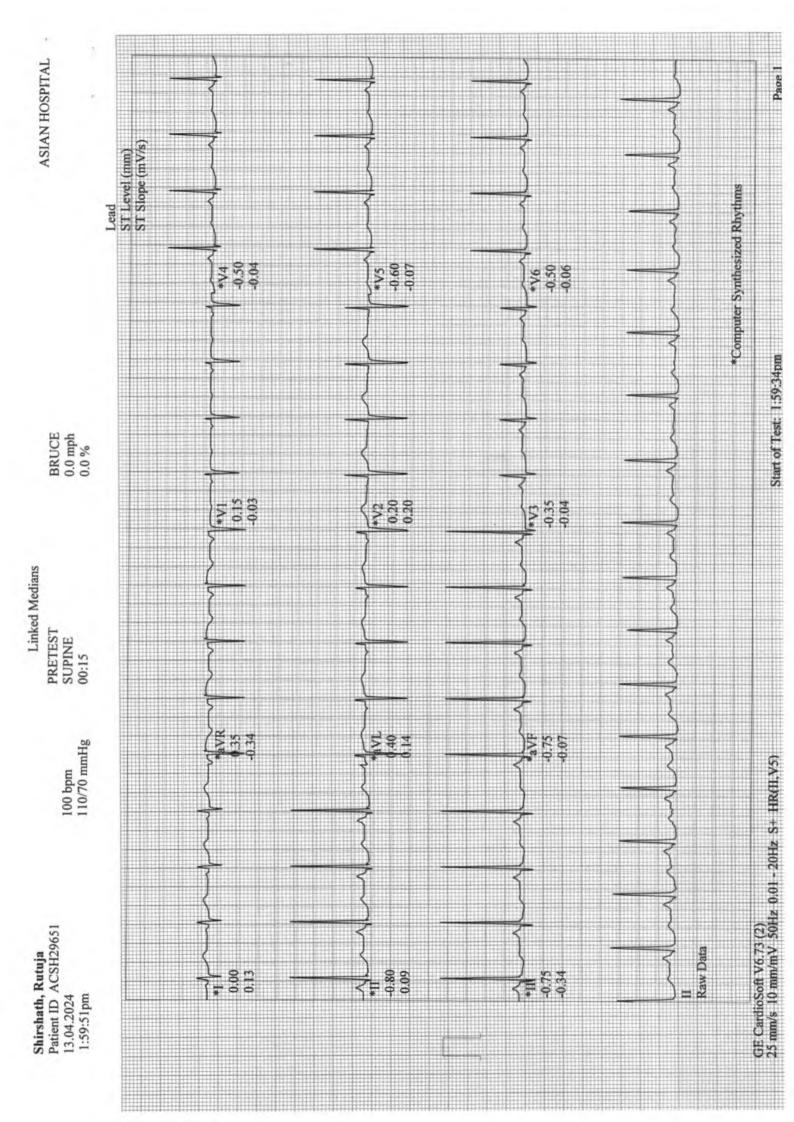
Physician Technician

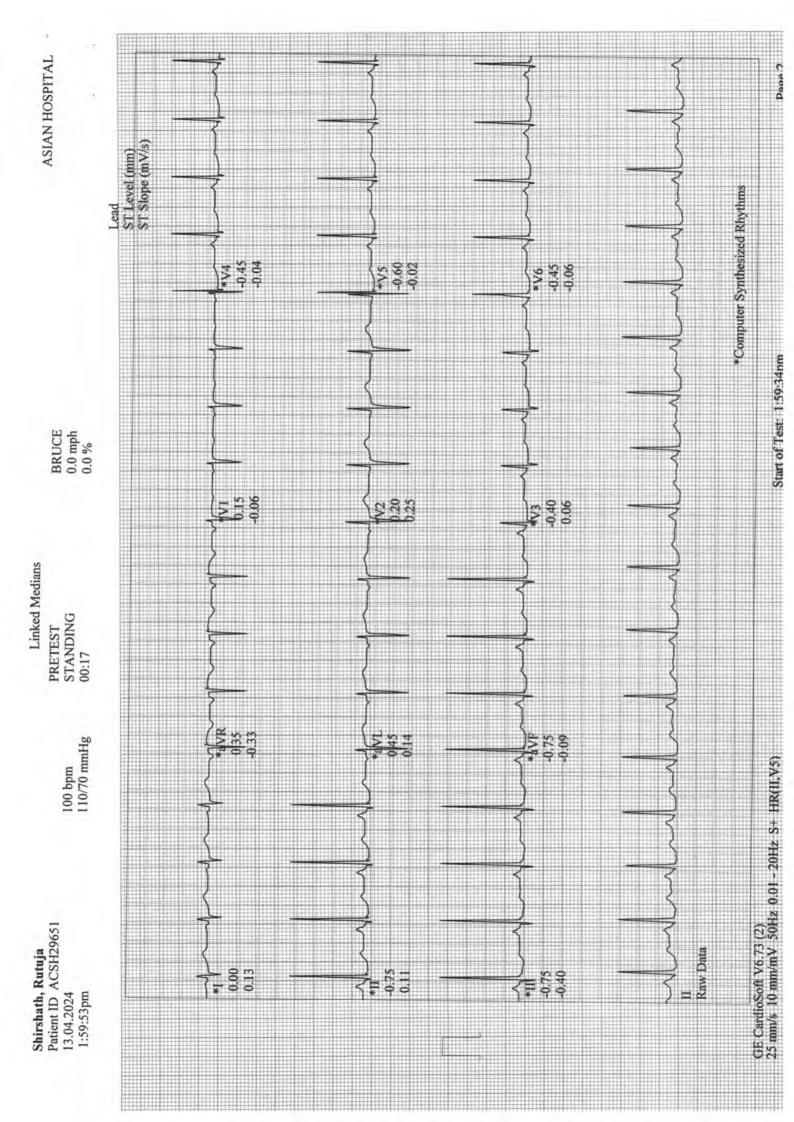


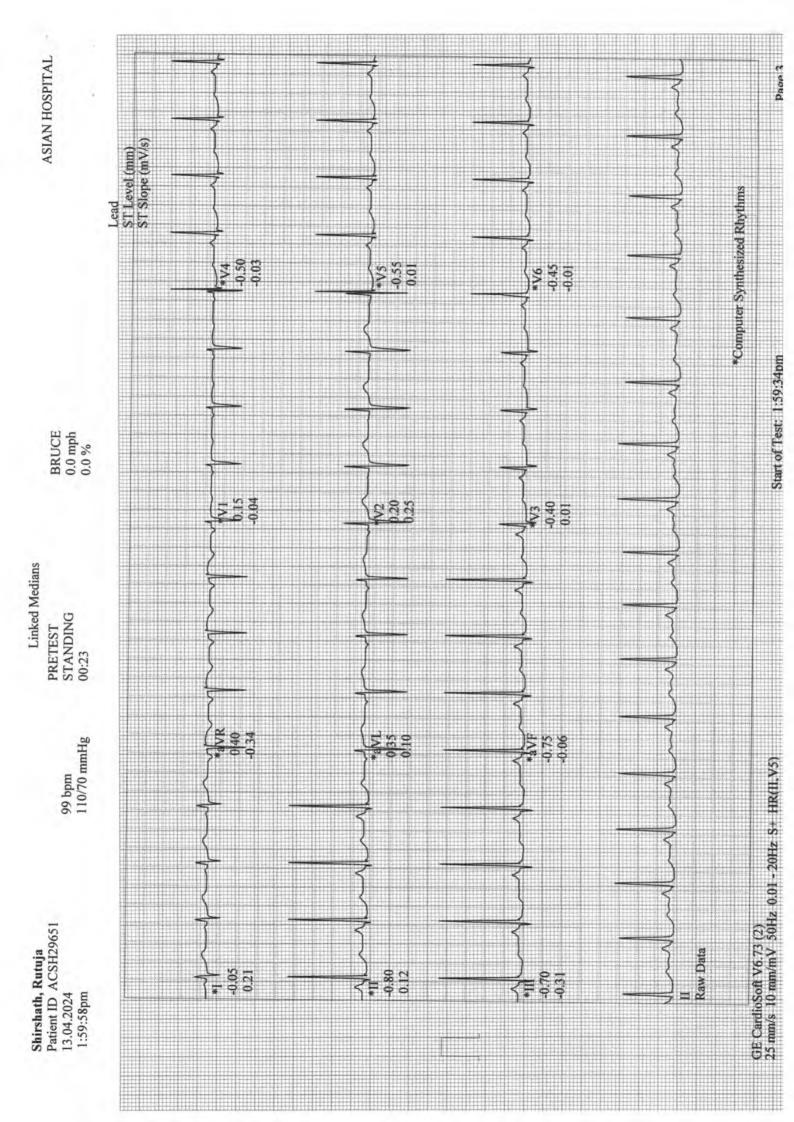


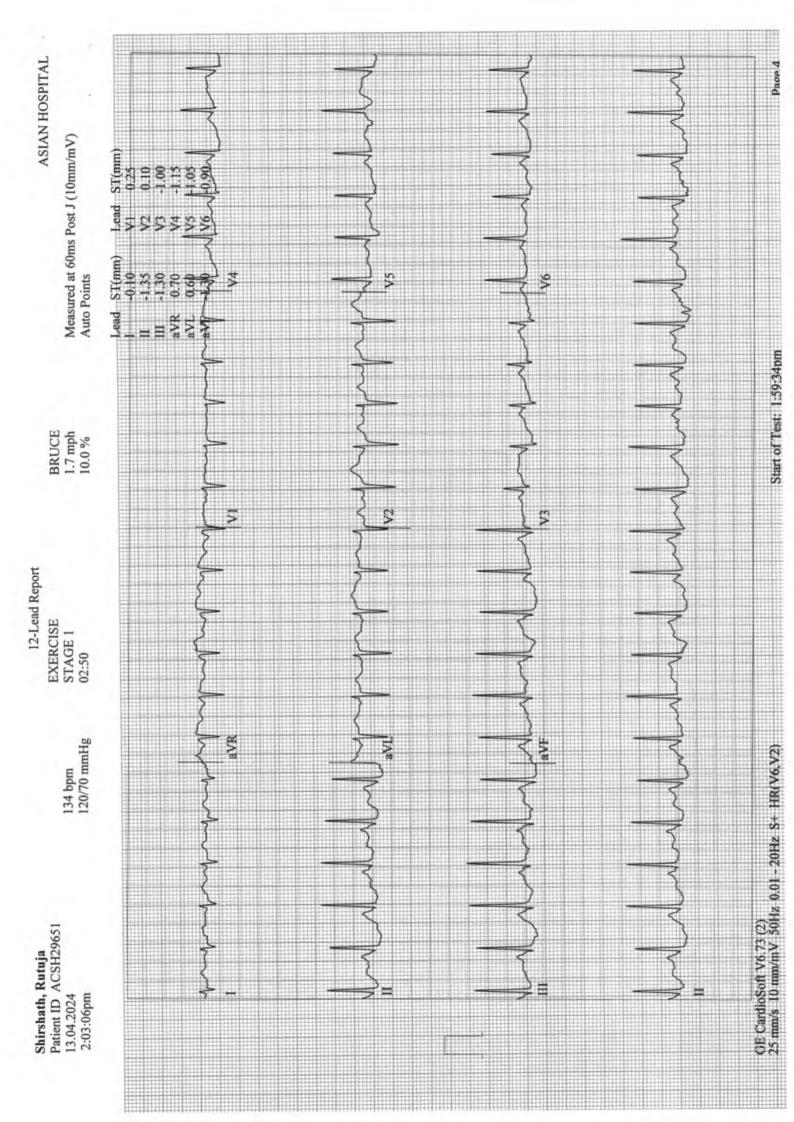


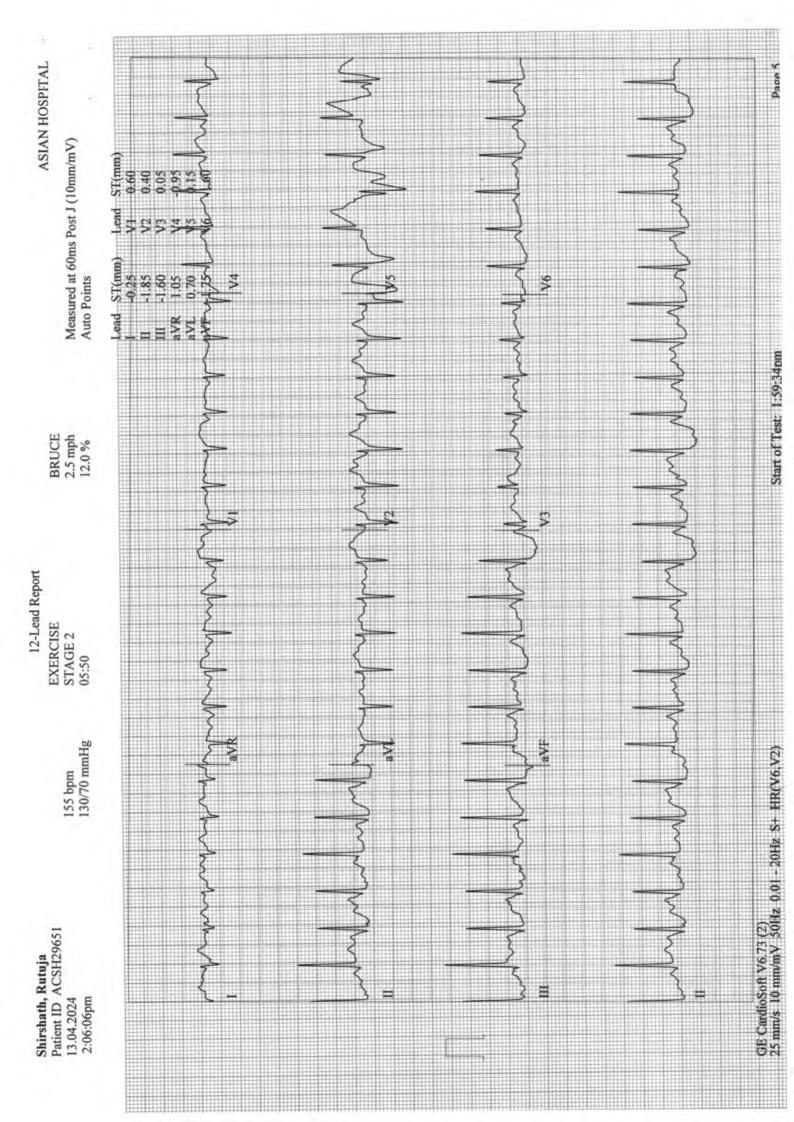
ASIAN HOSPITAL bpm HR at rest: 100 Max RPP: 23660 mmHg*bpm ISE STAGE 2 05:59 chieved Capacity: normal HR Response to e: normal resting BP - appropriate e. ST Changes: none. Overall in.	ent	Page 1
	ST Level Comment (II mm) -0.75 -0.80 -1.20 -1.30 -0.60	Attending MD: Dr.Deorao Thense
Time 09: % of max p % of max p % of max p % of max p on 10 Metro pon Target G; normal. BP Responnone. Arrhone. Arrhone. Arrhone. Arrhoness test.	Ä-ji	D: Dr.Dec
BRUCE: Total Exercise Time 09:00 Max HR: 169 bpm 89% of max predicted 189 Max BP: 150/70 mmHg BP at rest: 110/70 Maximum Workload: 10.10 METS Max. ST: -2.10 mm, 0.00 mV/s in II; EXERC ST/HR index: 0.98 uV/bpm Reasons for Termination: Target heart rate a Summary: Resting ECG: normal. Functional Exercise: appropriate. BP Response to Exercise response. Chest Pain: none. Arrhythmias: nor impression: Normal stress test. Conclusion: Exercise of beuce protocl for 9 m Target heart rate achieved. No angina/arrythmias.No S-T Changes.	(mmHg*bpm (/min) 11000 0 16320 0 233240 0 15000 0	Attending N
BRUCE: T Max HR: 1 Max BP: 1: Maximum Max. ST. S ST/HR ind ST/HR ind Summary: Exercise: a response. (impression Conclusion Target hear	BP 110/70 110/70 130/70 150/70 150/70	
	(AHR) 000 136 236 237 237 237 237 237 237 237 237 237 237	
	Workload (METS) 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	Unconfirmed
	Grade 0.00 0.00 0.00 0.00 0.00 0.00	Uncor
	Speed (mpt) 0.00 0.50 0.50 0.00 0.00 0.00 0.00 0.0	
cm 60 kg	Time in Stage 00:17 00:17 00:19 00:17 00:19 00:1	
e 160 Asian: Reason Cal His MD: niclan:	Stage Name STANDING STAGE 1 STAGE 2 STAGE 3	V6.73 (2)
Shirshath, Rutuja Patient ID ACSH29651 13.04.2024 Femal 1:59:34pm 31yrs Meds Meds Medi	Phase Name EXERCISE RECOVERY	GE CardioSoft V6.73 (2)

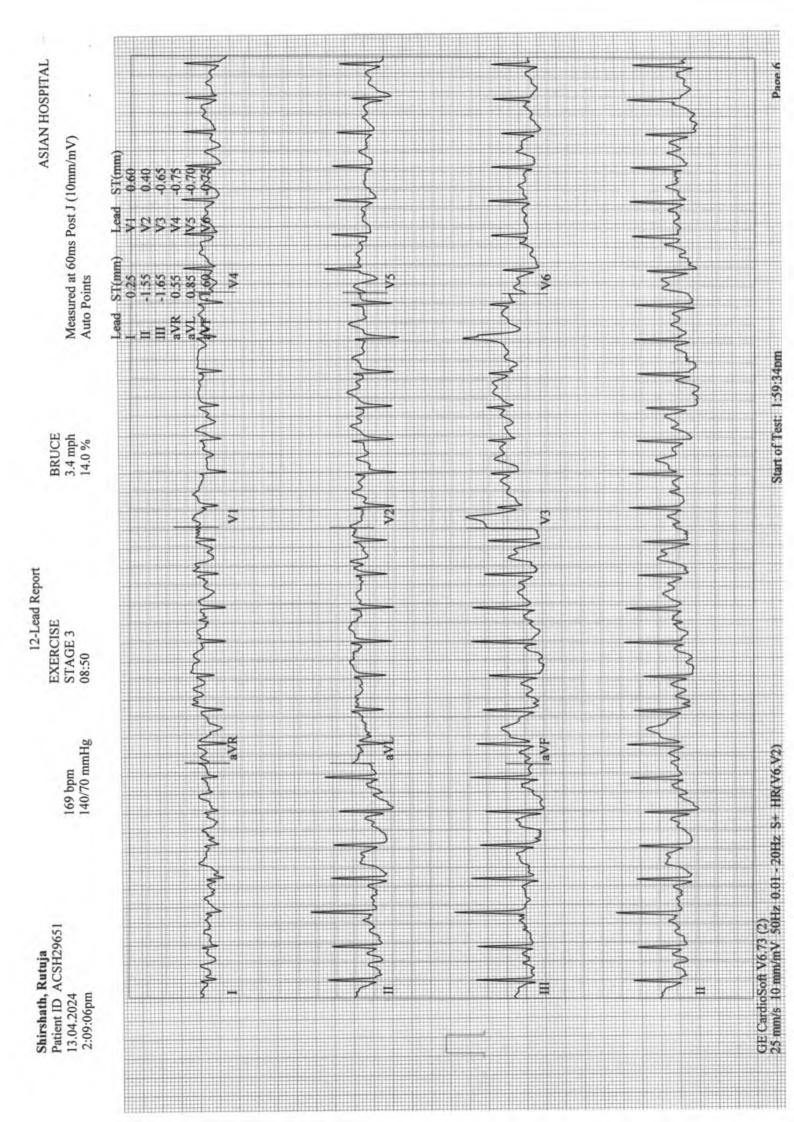


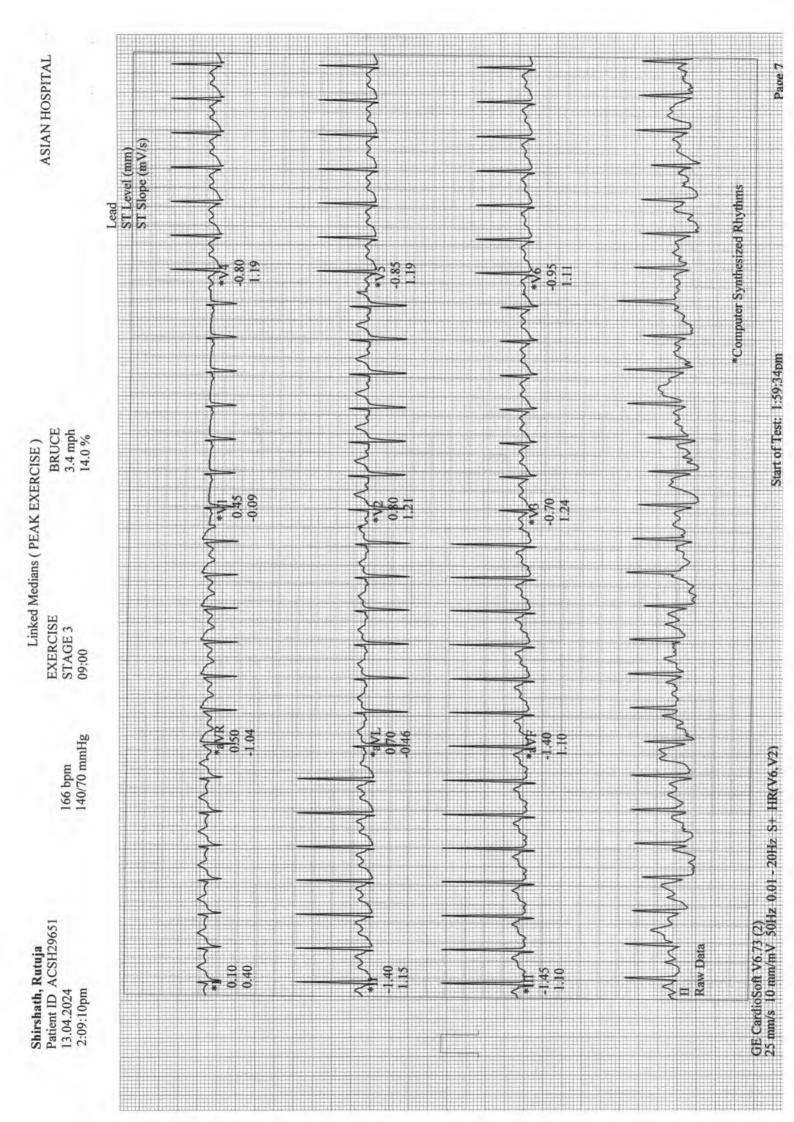


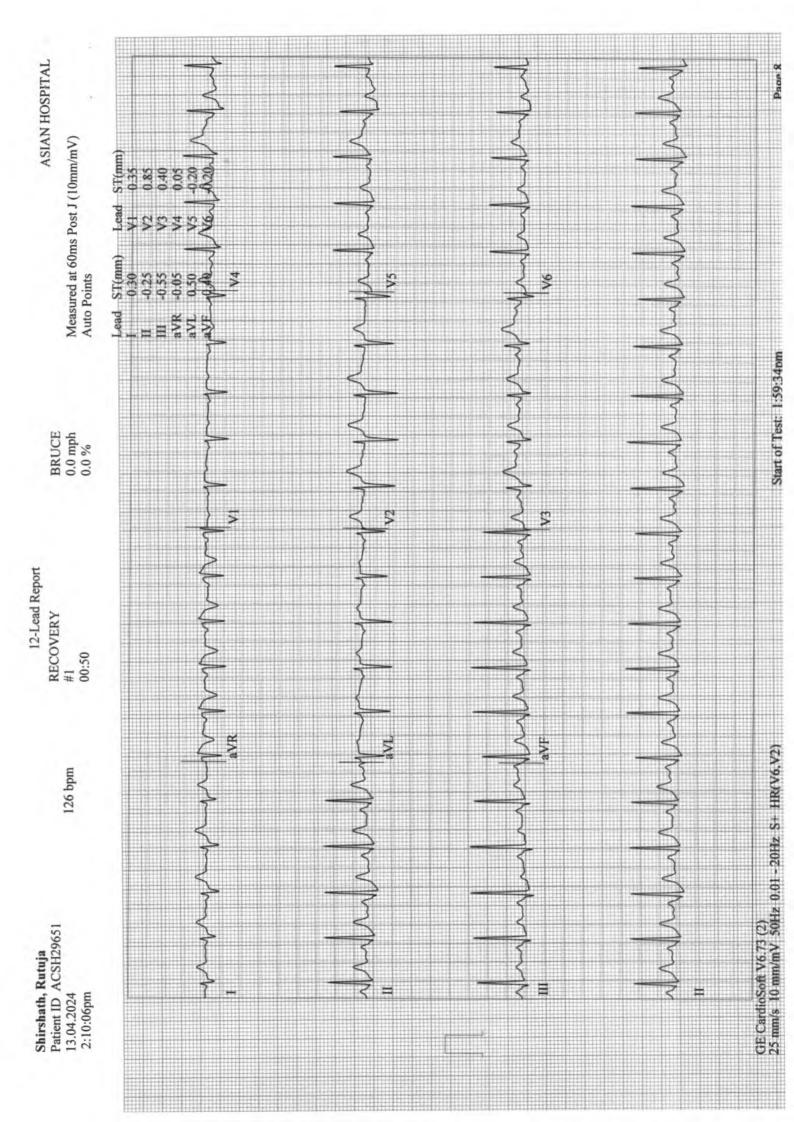


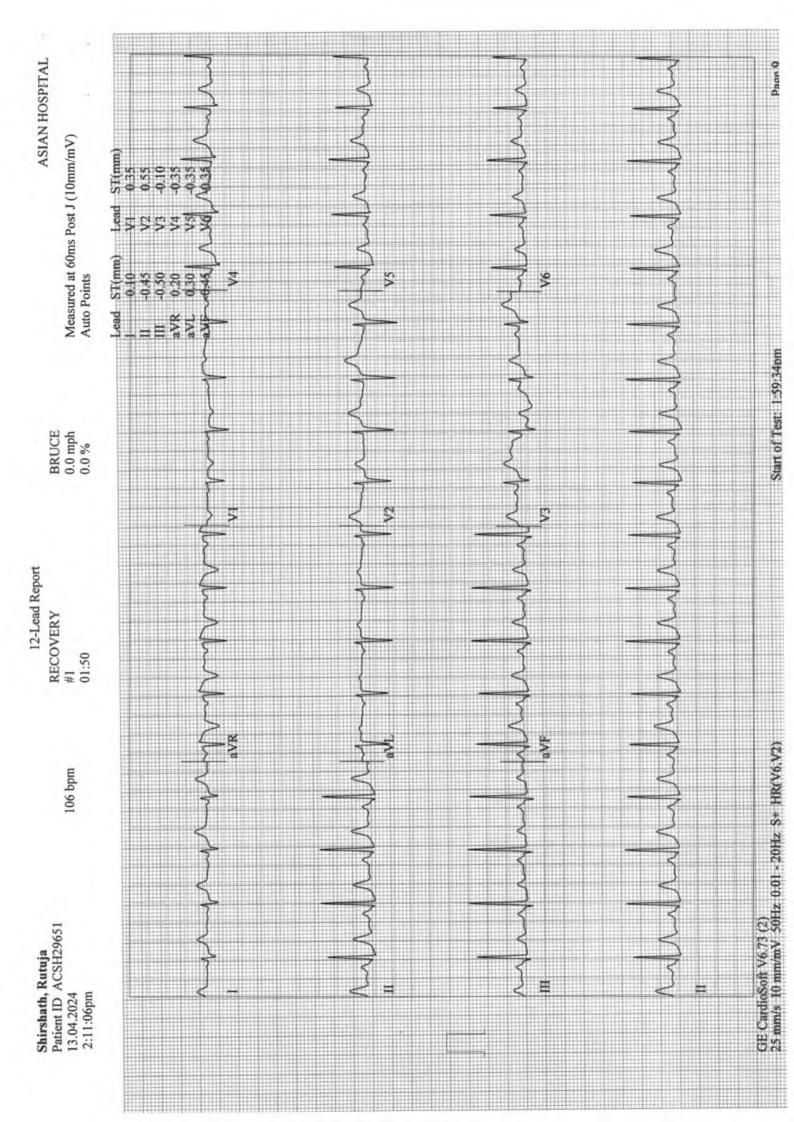


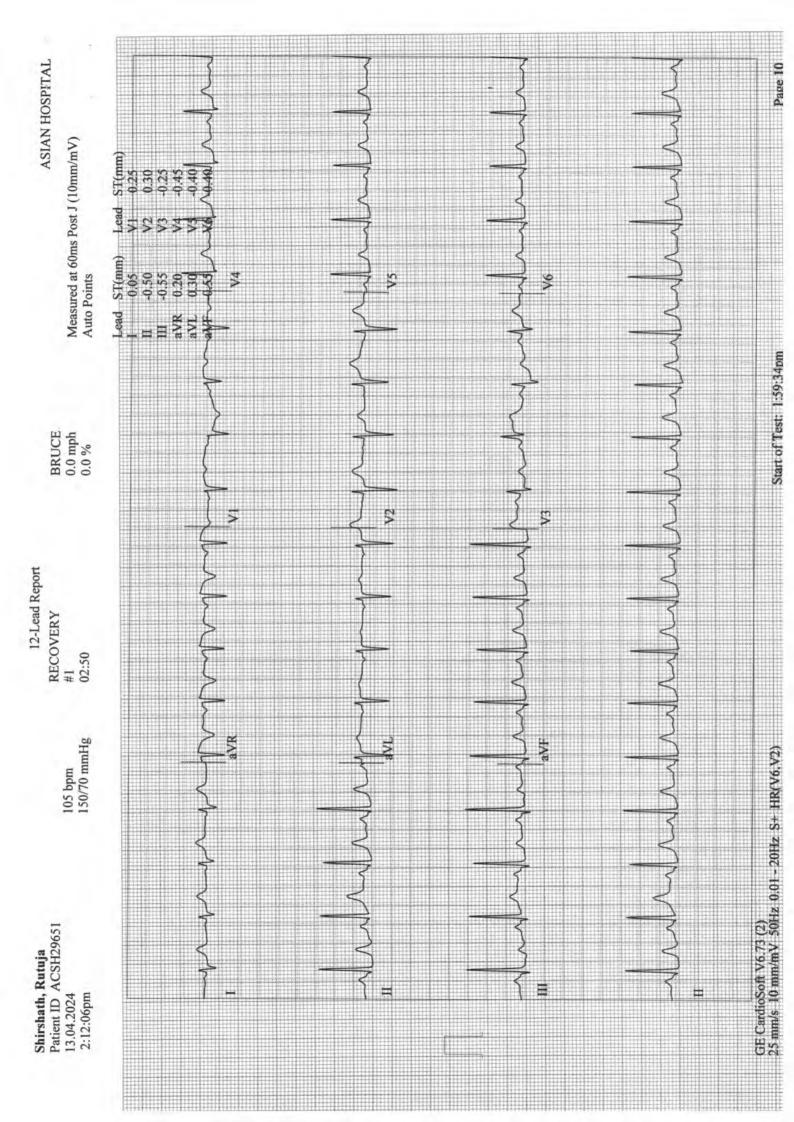


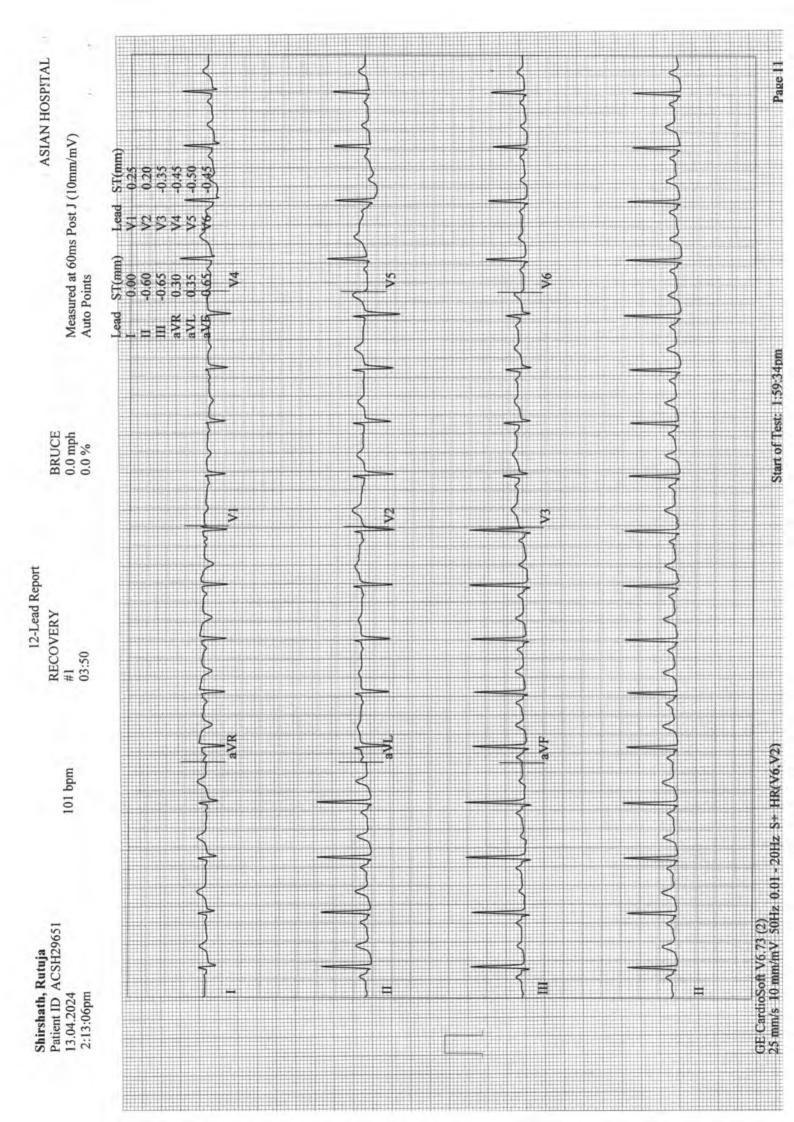














Patient Name: MRS RUTUJA SHIRSAT

: 31 Yrs/Female

: MEDIWHEEL

Report Date : 13/04/2024



HAEMATOLOGY REPORT

Test Description Result Unit Biological Reference Range

BLOOD GROUP AND RH FACTOR

Blood Group

Age/Gender

Ref. Dr.

'A'

Rh Factor

POSITIVE(+VE)

Dr.S R. SARDA
M.D. Reg. No.#6468
SARDA CENTER FOR DIABFTES & SELF CARE
4, Vyankateshnegar, Julina Road, Aurangabad
Phone No.2333851, 2334858



Patient Name: MRS RUTUJA SHIRSAT

Age/Gender

Ref. Dr.

: 31 Yrs/Female : MEDIWHEEL Report Date : 13/04/2024



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 glycemic 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 glycemic control as compared to blood and urinary glucose determinations.

Dr.S.R. SARDA
M.D. Reg. No. \$5462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshneger, Julima Road, Aurangabad
Phone No. 2333851, 2334858



Patient Name: MRS RUTUJA SHIRSAT

SCD24/3454

Age/Gender : 31 Yrs/Female Ref. Dr. : MEDIWHEEL

Report Date : 13/04/2024



BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
LIPID PROFILE			
Cholesterol-Total Method: CHOD/PAP	127	mg/dL	< 200 : Desirable 200-239 : Borderline risk > 240 : High risk
Triglycerides level Method: Lipase / Glycerol Kinase)	75	mg/dL	< 150 : Normal 150–199 : Borderline-High 200–499 : High > 500 : Very High
HDL Cholesterol Method: CHOD/PAP	34	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
LDL Cholesterol Method: Homogeneous enzymatic end point assay	78.00	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 – 159 : Borderline-High 160 – 189 : High > 190 : Very High
VLDL Cholesterol Method: Calculation	15.00	mg/dL	7 - 40
CHOL/HDL RATIO Method: Calculation	3.74	Ratio	3.5 - 5.0
LDL/HDL RATIO Method: Calculation	2.29	Ratio	0 - 3.5

Welliou. Oalediation					
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).				





Patient Name: MRS RUTUJA SHIRSAT

Report Date : 13/04/2024 : 31 Yrs/Female

Age/Gender Ref. Dr. : MEDIWHEEL



BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range				
BLOOD SUGAR FASTING & PP (BSF & PP)- INS							
BLOOD SUGAR FASTING Method: Hexokinase	84	mg/dl	70 - 110				
BLOOD SUGAR POST PRANDIAL Method: Hexokinase	102	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%							



Patient Name: MRS RUTUJA SHIRSAT

: 31 Yrs/Female

Ref. Dr. : MEDIWHEEL

Age/Gender



Report Date : 13/04/2024

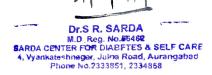


BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
Serum Creatinine	0.8	mg/dL	0.60 - 1.40
Method: Modified Jaffe's			
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN	0.65	mg/dl	0.2 - 1.0
Method: Serum, Jendrassik Grof			
DIRECT BILIRUBIN	0.20	mg/dL	0.0 -0.3
Method: Serum, Diazotization			
INDIRECT BILIRUBIN	0.45	mg/dl	0.3 - 1.0
Method: Serum, Calculated			
SGPT (ALT)	22	U/L	15 - 40
Method: Serum, UV with P5P, IFCC 37 degree			
SGOT (AST)	26	U/L	15 - 40
Method: Serum, UV with P5P, IFCC 37 degree			
ALKALINE PHOSPHATASE	74	U/L	30 - 120
Method: DGKC			
TOTAL PROTEIN	7.2	g/dl	6.0 - 8.0
Method: Serum, Biuret, reagent blank end point			
SERUM ALBUMIN	4.1	g/dl	3.2 - 4.6
Method: Serum, Bromocresol green			
SERUM GLOBULIN	3.10	g/dl	1.8 - 3.6
Method: Serum, Calculated			
A/G RATIO	1.32		1.2 - 2.2
Method: Serum, Calculated			
Gamma Glutamyl Transferase-Serum	19	IU/L	12 - 43
Method: Kinetic			

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.





Patient Name: MRS RUTUJA SHIRSAT

Age/Gender :

Ref. Dr.

: 31 Yrs/Female : MEDIWHEEL Report Date

: 13/04/2024



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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4, Vyankateshnegar, Julina Road, Aurangabad
Phone No.2333851, 2334858



Patient Name: MRS RUTUJA SHIRSAT

Age/Gender : 31 Yrs/Female Ref. Dr. : MEDIWHEEL

Report Date : 13/04/2024



IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Range
Thyroid Function Test (TFT)	-		
Т3	109.45	ng/dl	80-253 : 1 Yr-10 Yr,
		_	76-199 : 11 Yr-15 Yr,
			69-201 :16 Yr-18 Yr,
			87-173 : > 18 years,
Т4	9.84	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)	1.90	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

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			





Patient Name: MRS RUTUJA SHIRSAT

Age/Gender : 31 Yrs/Female

Ref. Dr. : MEDIWHEEL



Report Date : 13/04/2024



URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Range
URINE ROUTINE	·	-	•
Physical Examination			
Colour	Pale Yellow		Pale Yellow
Apperance	Clear		Clear
Reaction	Acidic		
Deposit	Absent		
Chemical Examination			
Specific Gravity	1.010		
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	Occasional	/hpf	2-3/hpf
Epithelial Cells	10-15	/hpf	1-2/hpf
Crystals	Absent		Absent

NOT FOUND

Absent

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Not Seen

Absent

Casts

Amorphous Deposit



Patient Name: MRS RUTUJA SHIRSAT

SCD24/3454

Age/Gender

Ref. Dr.

: 31 Yrs/Female : MEDIWHEEL Report Date

: 13/04/2024



Test Description	Result	Unit	Biological Reference Range
COMPLETE BLOOD COUNT			
Total WBC Count	8400	cell/cu.mm	4000 - 11000
Haemoglobin	11.2	g%	11 - 16
Platelet Count	243000	/cumm	150000 - 450000
RBC Count	4.49	/Mill/ul	3.50 - 5.50
RBC INDICES			
Mean Corp Volume MCV	73.9	fL	80 - 97
Mean Corp Hb MCH	24.9	pg	26 - 32
Mean Corp Hb Conc MCHC	33.7	gm/dL	31.0 - 36.0
Hematocrit HCT	33.2	%	36.0 - 48.0
DIFFERENTIAL LEUCOCYTE CO	UNT		
Neutrophils	70	%	40 - 75
Lymphocytes	21	%	20 - 45
Monocytes	06	%	02 - 10
Eosinophils	03	%	01 - 06
Basophils NOTE:	00	%	00 - 01

^{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.

ESR 19 mm/hr Male: 0-8 mm at 1 Hr. Female: 0-20 mm at 1 Hr.

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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^{2.} Test conducted on EDTA whole blood.



Patient Name: MRS RUTUJA SHIRSAT

Age/Gender : 31 Yrs/Female Ref. Dr. : MEDIWHEEL Report Date

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