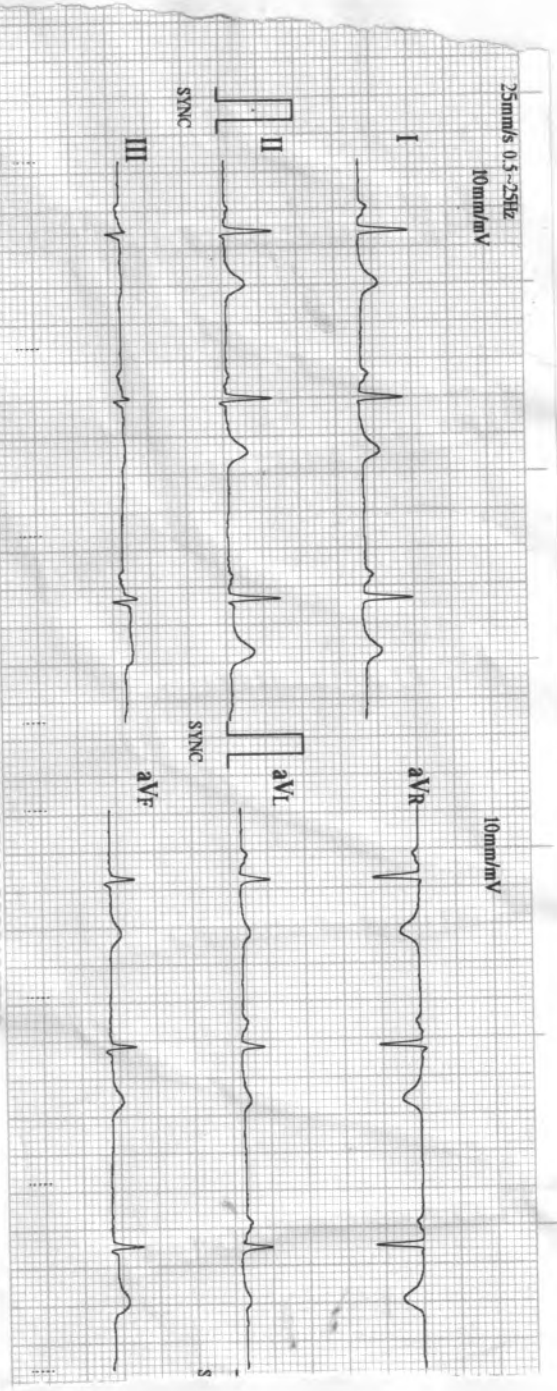


ECG-123 V2.004 (BIOS: V2.004 / AMP: V1.008) SADASHIV PETH PUNE-30 CELL-9822198758



04/01/2024 10:09
 ID : 6034
 Name: Mrs. Komal Abhange
 Sex : F
 Age : 47

HR : 58 bpm
 R-R : 1034 ms
 P-R : 133 ms
 QRS : 84 ms
 QT/QTc : 411/404 ms
 P/QRST : -1.76/36 mV
 RV5/SVL : 1.070/0.540 mV
 RV5+SVL : 1.610 mV

SARDA CEX
 4 P/Physician
 No. 2333331, 2333333

BIOMEDICS SADASHIV PETH PUNE-30 CELL-9822198758

Machine Interpretation Only

Confirm with Physician

Dr. R. SELF CARE
 79570
 rangbad

SARDA
CENTRE FOR DIABETES & SELF CARE

4, Vyankatesh Nagar, Jaina Road, Aurangabad. Ph. : (0240) 2333851, 2334858.

Name: Ms. Shou Komal Age: 25yrs
Abhang BOB

CLINICAL SUMMARY:

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

ECG FINDINGS:

Rate: 55 min _____ ORS. Complex: ⊙

Rhythm: ⊙ _____ ST Segment: ⊙

Mechanism: ⊙ _____ T. Wave: ⊙

Axis: ⊙ _____ QT Interval: ⊙

P. Wave: ⊙ _____ PR Interval: ⊙

WM

Recommendation: _____

Dr. A. S. SARDA
M.D. Reg. No. 73570

Date: 1/4/24
SARDA CENTER FOR DIABETES & SELF CARE
Vyankateshnagar, Jaina Road, Aurangabad
Phone No. 2333851, 2334858

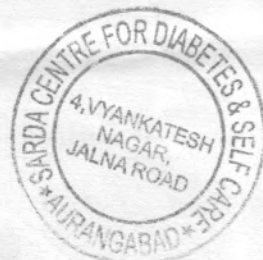
Date:- 01/04/24

Name Komal Abhange Age/Sex 23/F
Address Mediwheel

OPHTHALMIC EXAMINATION REPORT

	<u>Right Eye</u>	<u>Left eye</u>
Vision Distant	6/6	6/6
Vision Near	N6	N6
Anterior segment	<u>NAD</u>	<u>NAD</u>
Pupils	NSRTL	<u>NSRTL</u>
Lens	clear	clear
Tension	<u>Normal</u>	<u>Normal</u>
Fundus:-	DISC - WNL C/D - 0.3 FRT	DISC - WNL C/D - 0.3 FRT
Colour Vision	Normal	Normal

Impression: B/E within normal limits.



Ajay Lohiya
DR. AJAY LOHIYA
M.B.B.S., D.O. (BOM) D.N.B.F.C.P.S.
REG. NO. 66435
TRUPATI NETRALAYA & DE... CLINIC
AURANGABAD

SARDA

CENTRE FOR DIABETES & SELF CARE

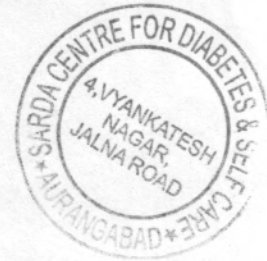
mrs. Komal Abcharge needs cement filling in lower
right first molar.

Sonali

01/04/23

DR SONALI LOHIYA

B D S (Dental Surgeon)
Reg No. A-0155
Tirupati, Nethalaya & Dental Clinic
Jalra Road, Aurangabad



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



Anushree
Sonography & X-Ray Centre

Regd. No. 2019015/3879

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

Patient Name: KOMAL ABHANGE

Date: 01/04/2024

Patient Id: 5628

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 10.1 x 3.7 cm.

Left kidney measures 9.9 x 3.6 cm.

Both the kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. No evidence of hydronephrosis on either side. **Non-obstructive calculus of size 4.6 mm is noted in lower pole calyx of right kidney.**

Urinary bladder is moderately distended and revealed no intrinsic abnormality.

Uterus is normal in size, shape and echotexture. It measures 38.3 x 35.1 x 48.3 mm
Endometrial thickness measures 3.2 mm.

Both ovaries appear normal in size and echotexture.

Right ovary measures 2.5 x 2.3 x 2.8 cm.

Left ovary measures 2.4 x 1.8 x 2.1 cm.

Both the adnexae are clear.

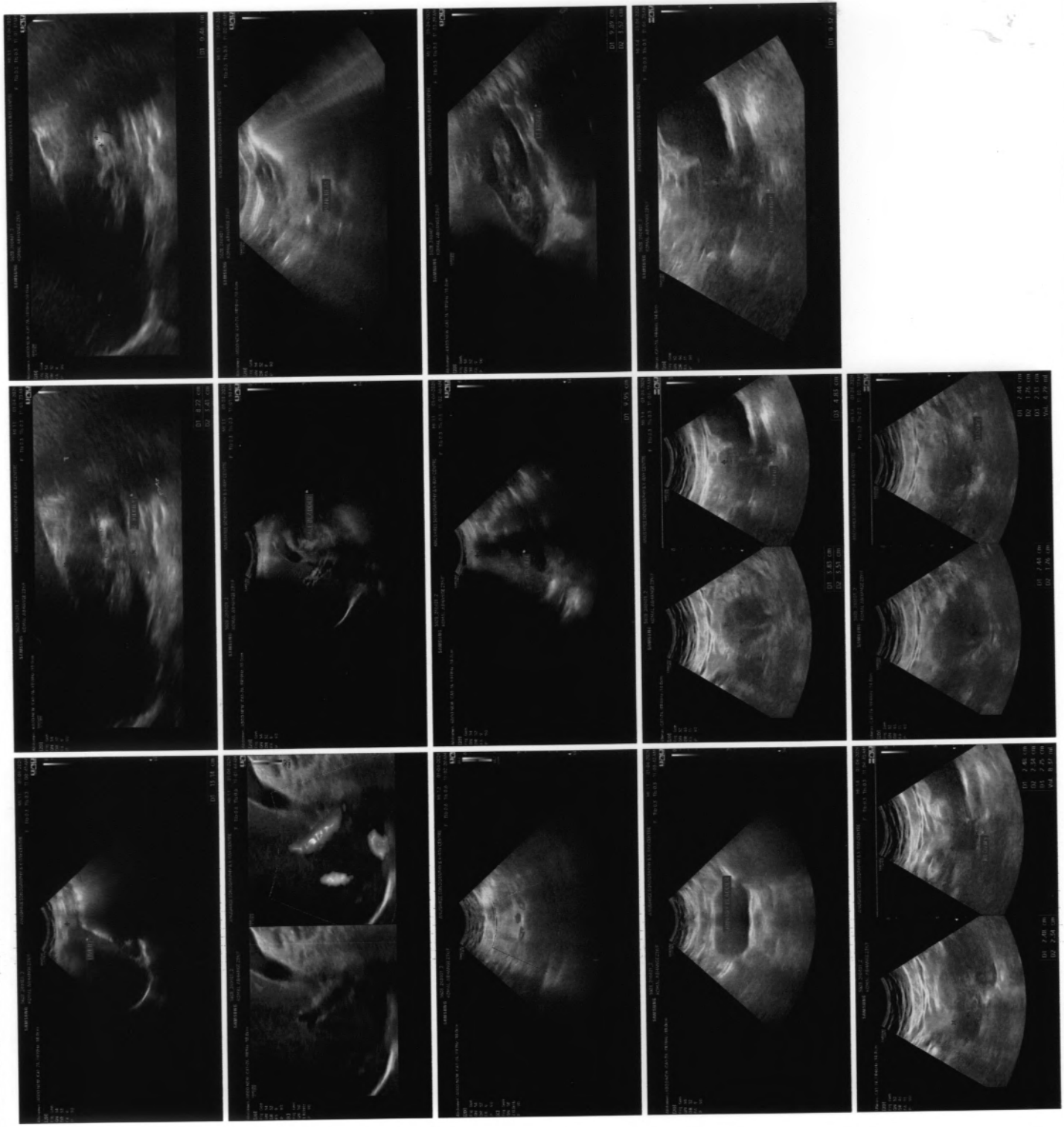
There is no free fluid in abdomen and pelvis.

No significant lymphadenopathy is seen.

Impression:

Non-obstructive right renal calculus.

DR. AMEY S. JAJU
DR. AMEY JAJU, MBBS, DNB (RADIOLOGY)
Fellow in MSK imaging
Reg. No. 2019015/3879
CONSULTANT RADIOLOGIST





Patient Name: KOMAL ABHANGE	Date: 01/04/2024
Patient Id: 5625	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)
Fellow 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: Komal Abhange

Age: 23 Y

Sex: Female

RefDr: Dr. Sarda

Date: 01-Apr-2024



SARDA

CENTRE FOR DIABETES & SELF CARE

Name : Mrs. Komal Abhange

Date :01/04/ 2024

Age/Sex :23Yrs/Female


Ref.By: Dr.Sarda Sir

STRESS TEST REPORT

- Protocol – Bruce.
- Exercise Time- 6.47 Min.
- Baseline Heart Rate and Blood Pressure - 105bpm,BP-120/80mm of Hg.
- Mets- 9.40.
- ST-T Segment Changes – No Significant ST-T Changes.
- Angina- None.
- Arrhythmias- None.
- Other Symptoms – None.
- Maximal Heart Rate and Blood Pressure – 193bpm, BP – 150/80mm of Hg.
- Predicted Maximal Heart Rate Achieved - 97%.
- Reason For Termination - Dyspnea.

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: ABHANGE, KOMAL
Patient ID: 64467
Height: 164 cm
Weight: 76 kg

DOB: 17.04.2000
Age: 23yrs
Gender: Female
Race: Asian

Study Date: 01.04.2024
Test Type: --
Protocol: BRUCE

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	00:07	0.00	0.00	104	120/80	
	STANDING	00:03	0.00	0.00	100		
	HYPERV.	00:08	0.50	0.00	98		
EXERCISE	STAGE 1	03:00	1.70	10.00	157	130/80	
	STAGE 2	03:00	2.50	12.00	184	140/80	
	STAGE 3	00:48	3.40	14.00	193		
RECOVERY		04:09	0.00	0.00	112	150/80	

The patient exercised according to the BRUCE for 6:47 min:s, achieving a work level of Max. METS: 9.40. The resting heart rate of 105 bpm rose to a maximal heart rate of 193 bpm. This value represents 97 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 150/80 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 6.47 min.
Target heart rate achieved.
No angina/arrhythmias.No ST-T Changes.
Test is negative for induced ischemia.

Physician _____

Technician _____




Dr. Devraj Thenge
MD, DNB (Cardiology)
Reg. No. 2001/02/491

Tabular Summary

ABHANGE, KOMAL

Patient ID 64467

Female 164 cm 76 kg

23yrs Asian

Meds:

BRUCE: Total Exercise Time 06:47

Max HR: 193 bpm 97% of max predicted 197 bpm HR at rest: 105

Max BP: 150/80 mmHg BP at rest: 120/80 Max RPP: 25340 mmHg*bpm

Maximum Workload: 9.40 METS

Max ST: -1.65 mm, 0.00 mV/s in III; EXERCISE STAGE 3 06:48

ST/HR index: 1.09 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 6.47 min.

Target heart rate achieved.

No angina/arrhythmias.No ST-T Changes.

Test is negative for induced ischemia.

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (III mm)	Comment
PRETEST	SUPINE	00:07	0.00	0.00	1.0	104	120/80	12480	0	-0.70	
	STANDING	00:03	0.00	0.00	1.0	100			0	-0.75	
	HYPERV	00:08	0.50	0.00	1.0	98			0	-0.60	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	157	130/80	20410	0	-0.60	
	STAGE 2	03:00	2.50	12.00	7.0	184	140/80	25760	0	-0.80	
	STAGE 3	00:48	3.40	14.00	9.4	193			0	-1.65	
RECOVERY		04:09	0.00	0.00	1.0	112	150/80	16800	0	-0.30	

ABHANGE, KOMAL
Patient ID 64467
01.04.2024
4:11:37pm

Linked Medians

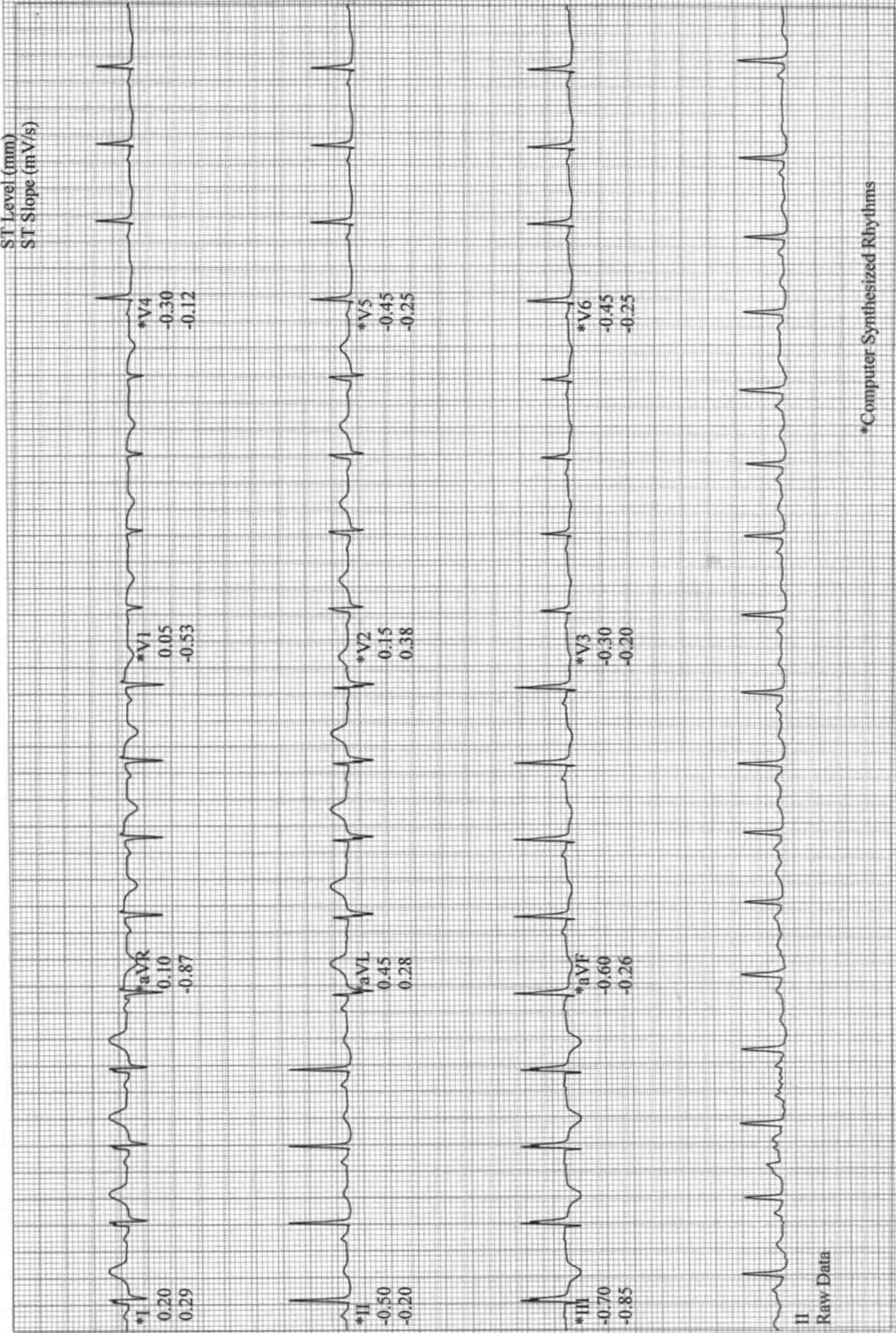
PRETEST
SUPINE
00:06

106 bpm
120/80 mmHg

ASIAN HOSPITAL

BRUCE
0.0 mph
0.0 %

Lead
ST Level (mm)
ST Slope (mV/s)



*Computer Synthesized Rhythms

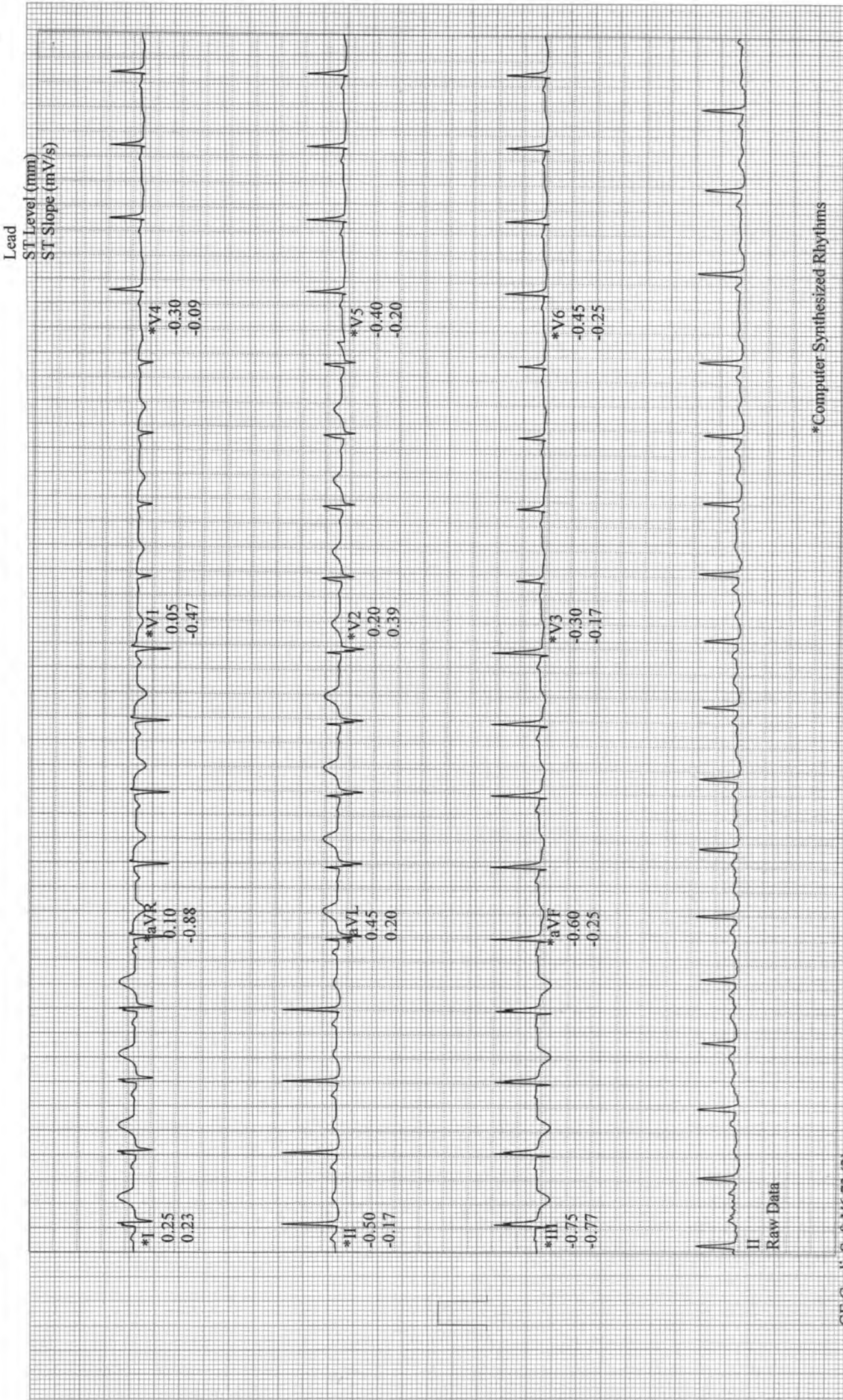
ABHANGE, KOMAL
Patient ID 64467
01.04.2024
4:11:37pm

Linked Medians
PRETEST
STANDING
00:07

104 bpm
120/80 mmHg

BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

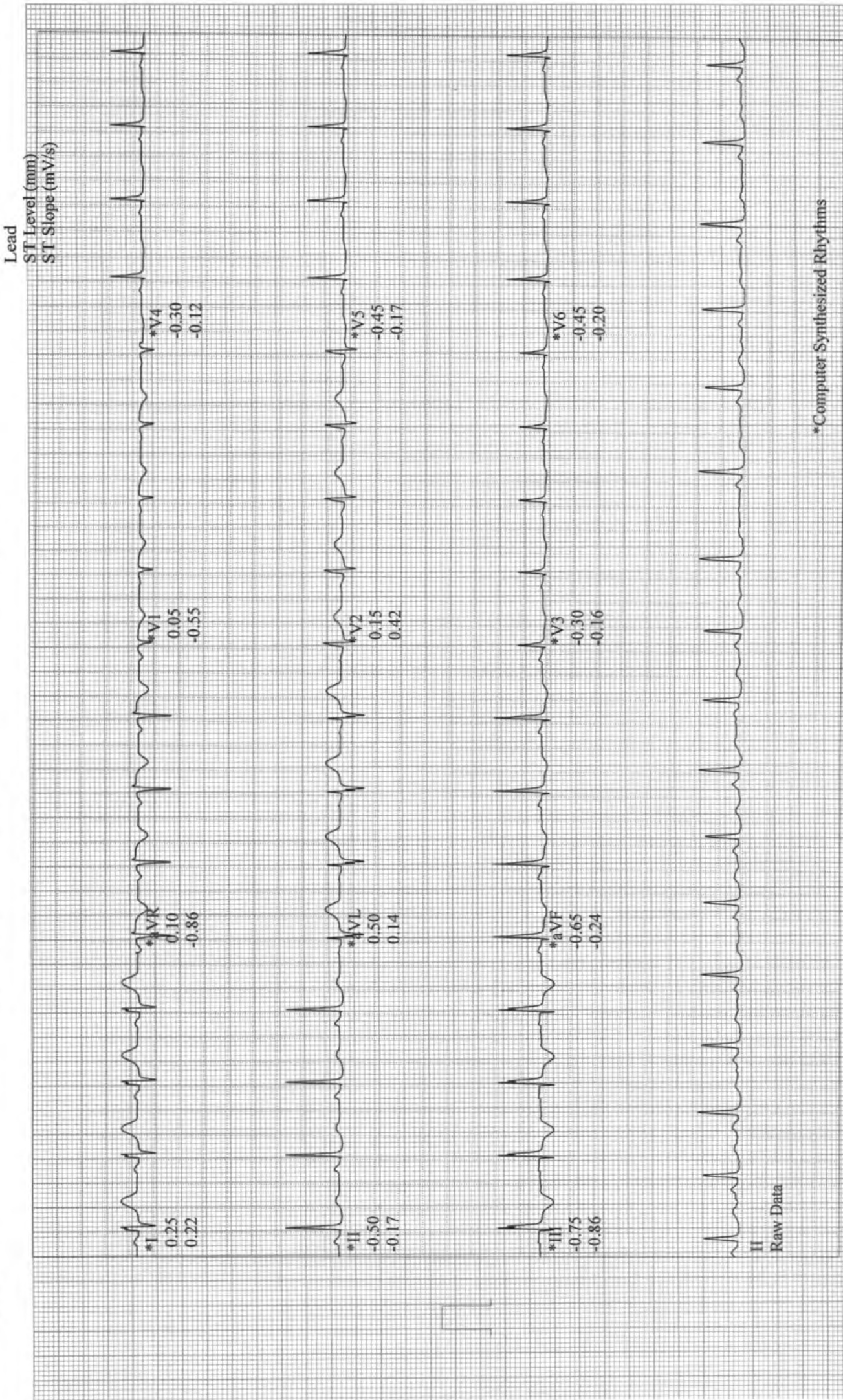


ABHANGE, KOMAL
 Patient ID 64467
 01.04.2024
 4:11:39pm

Linked Medians
 PRETEST
 HYPERV.
 00:09
 100 bpm
 120/80 mmHg

BRUCE
 0.0 mph
 0.0 %

ASIAN HOSPITAL



*Computer Synthesized Rhythms

ABHANGE, KOMAL
Patient ID 64467
01.04.2024
4:14:41pm

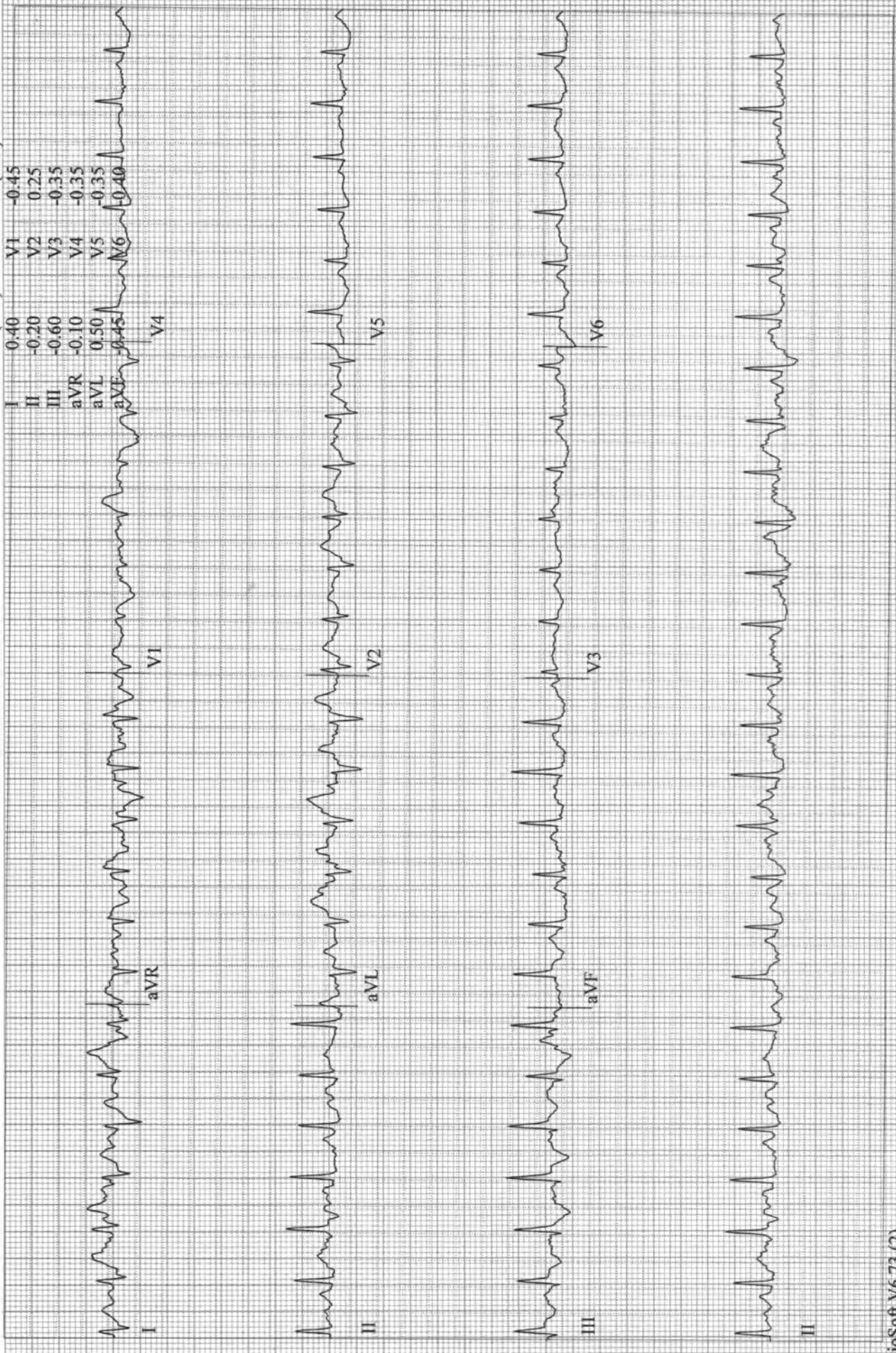
12-Lead Report
EXERCISE
STAGE 1
02:50

157 bpm
130/80 mmHg

BRUCE
1.7 mph
10.0 %

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

Lead ST(mm) Lead ST(mm)



ABHANGE, KOMAL

Patient ID 64467

01.04.2024

4:17:41pm

12-Lead Report

EXERCISE

STAGE 2

05:50

181 bpm

140/80 mmHg

BRUCE

2.5 mph

12.0 %

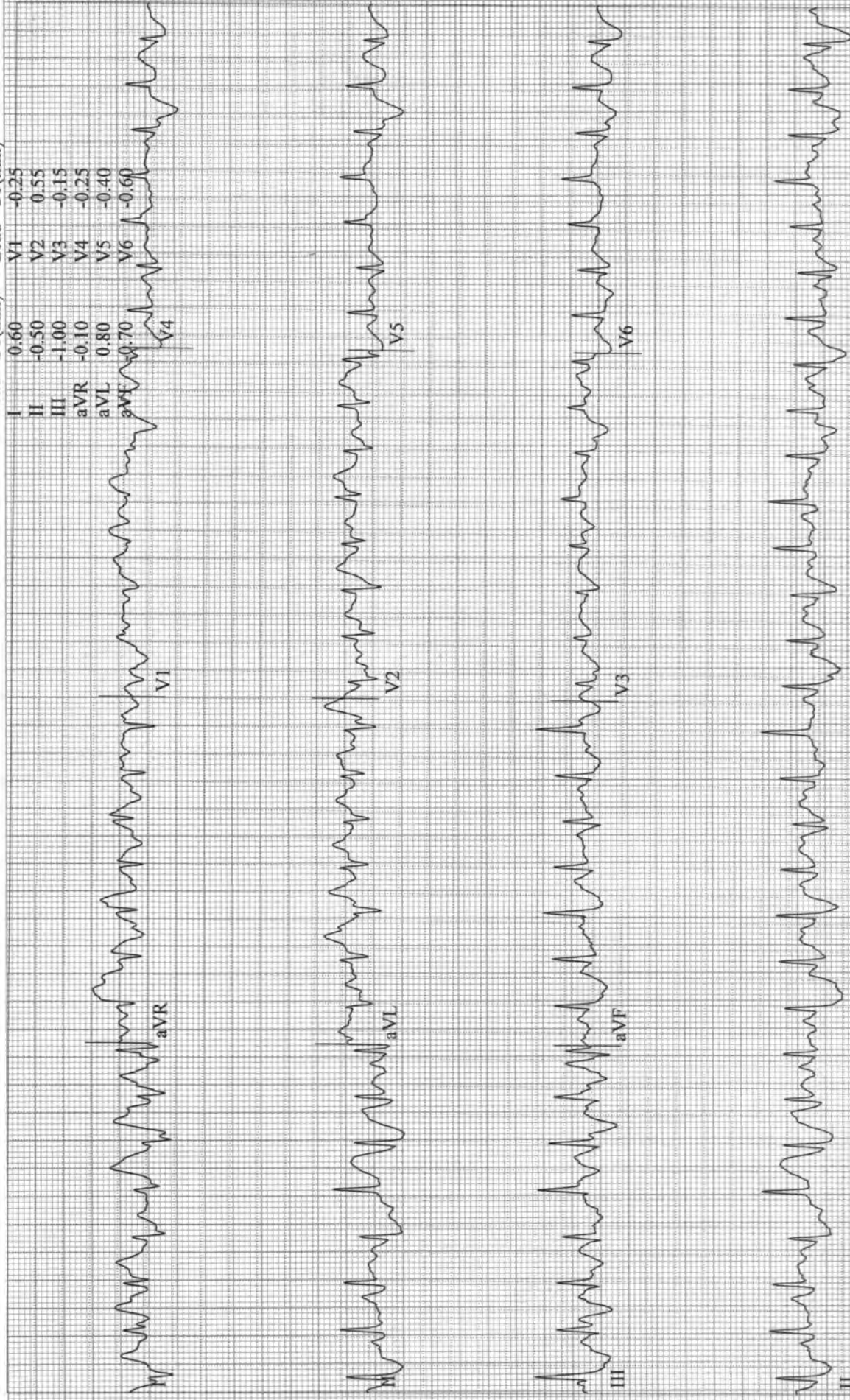
ASIAN HOSPITAL

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

Auto Points

Lead ST(mm) Lead ST(mm)

Lead	ST(mm)	Lead	ST(mm)
I	0.60	V1	-0.25
II	-0.50	V2	0.55
III	-1.00	V3	-0.15
aVR	-0.10	V4	-0.25
aVL	0.80	V5	-0.40
aVF	-0.70	V6	-0.60



ABHANGE, KOMAL

Patient ID 64467

01.04.2024

4:18:34pm

193 bpm

Linked Medians (PEAK EXERCISE)

EXERCISE

STAGE 3

06:48

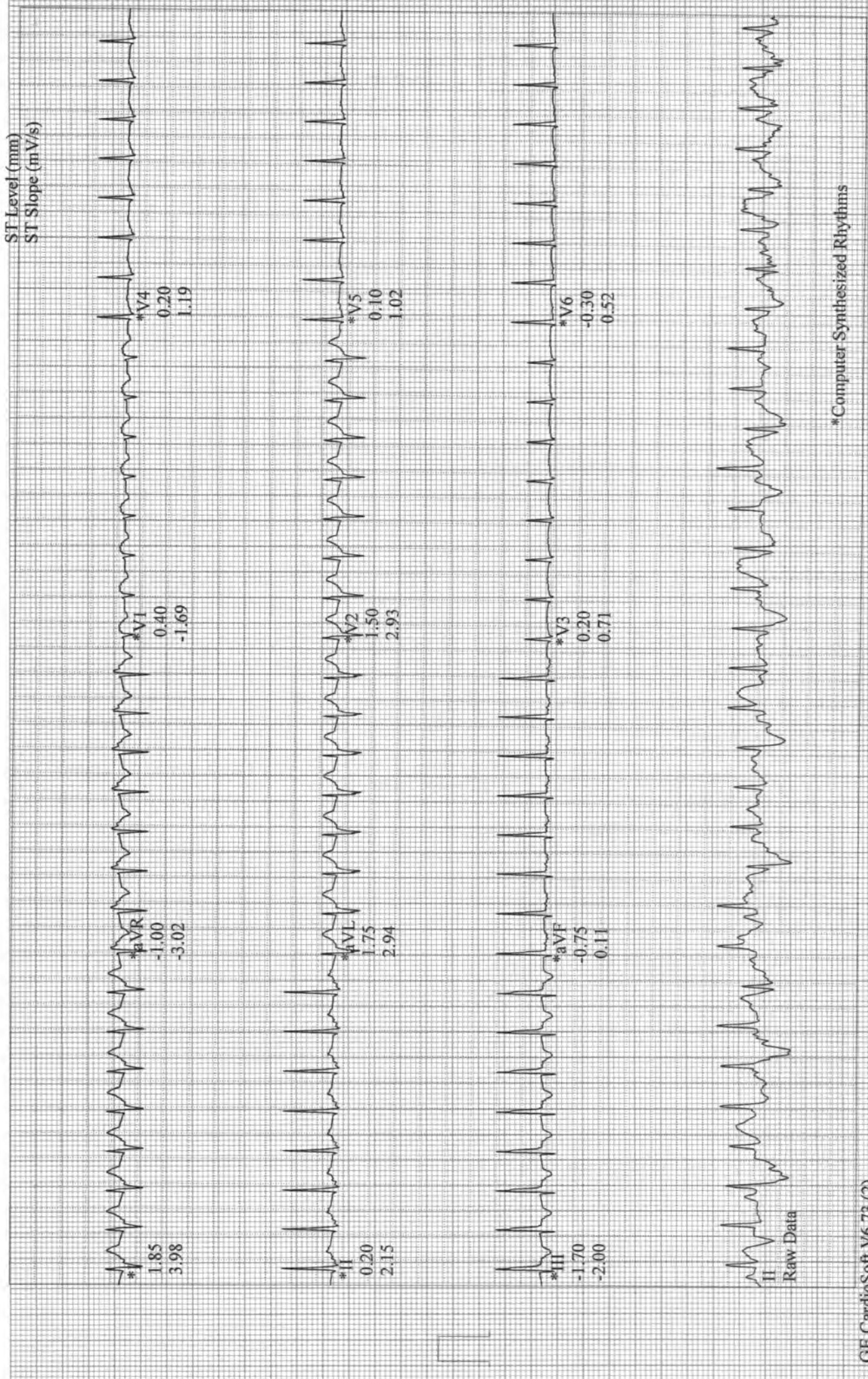
BRUCE

3.4 mph

14.0 %

ASIAN HOSPITAL

Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

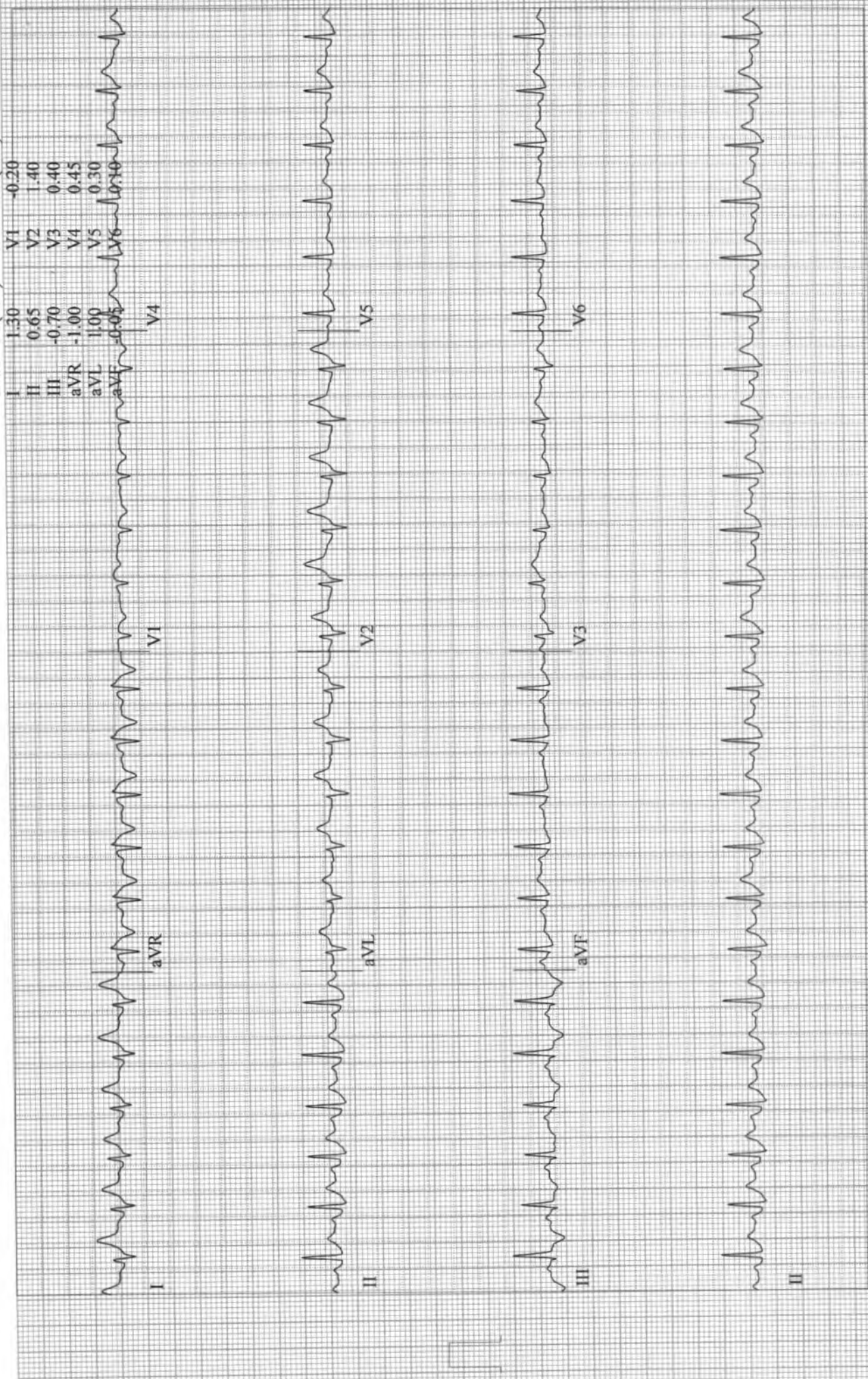
ABHANGE, KOMAL
Patient ID 64467
01.04.2024
4:19:28pm

12-Lead Report
RECOVERY
#1
00:50

150 bpm

ASIAN HOSPITAL
BRUCE
0.0 mph
0.0 %
Measured at 60ms Post J (10mm/mV)
Auto Points

Lead ST(mm) Lead ST(mm)



ABHANGE, KOMAL
Patient ID 64467
01.04.2024
4:20:28pm

12-Lead Report
RECOVERY
#1
01:50

122 bpm

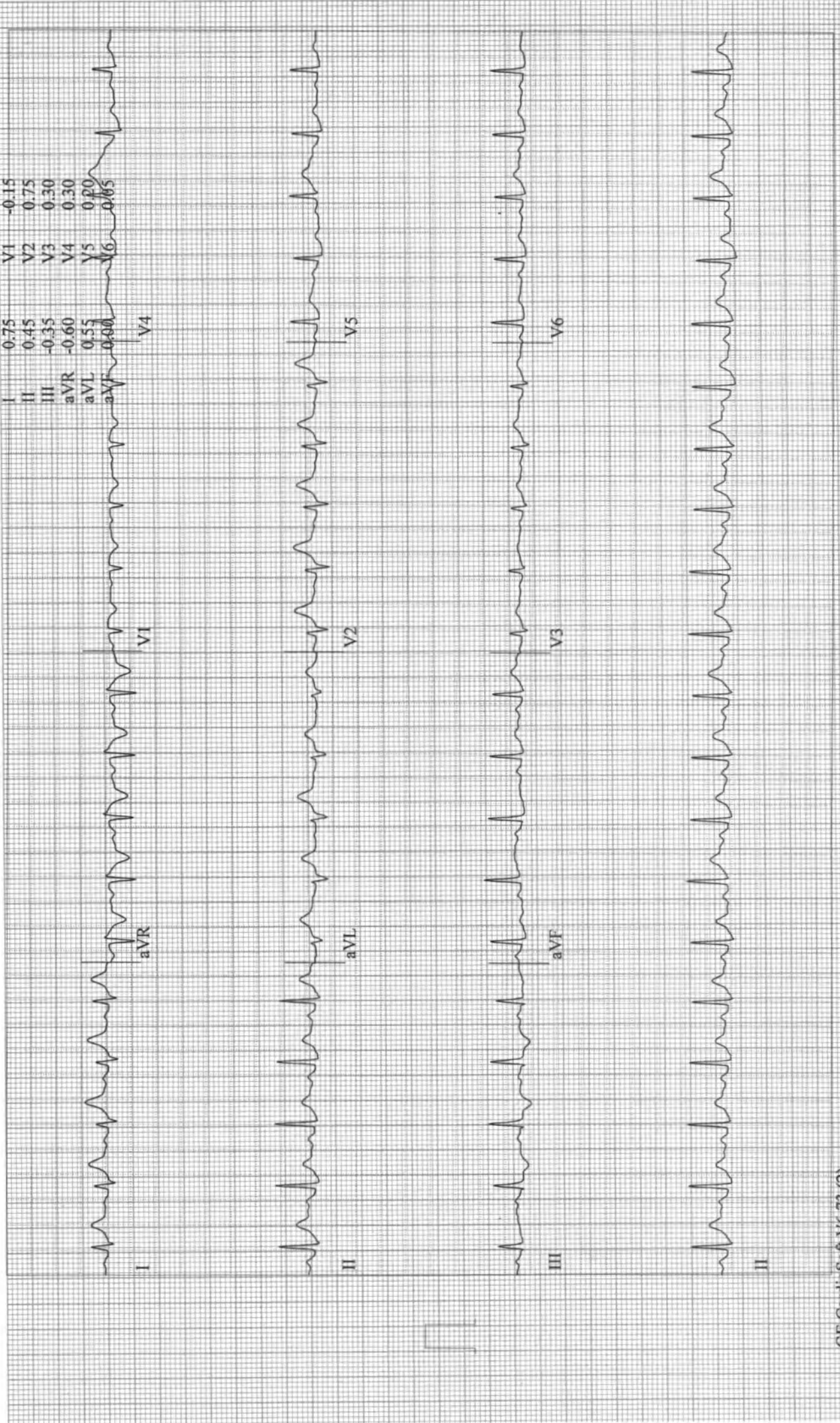
BRUCE
0.0 mph
0.0 %

ASIAN HOSPITAL

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

Lead ST(mm)

Lead	ST(mm)
I	0.75
II	0.45
III	-0.35
aVR	-0.60
aVL	0.55
aVF	0.00
V1	-0.15
V2	0.75
V3	0.30
V4	0.30
V5	0.20
V6	0.65



ABHANGE, KOMAL
Patient ID 64467
01.04.2024
4:21:28pm

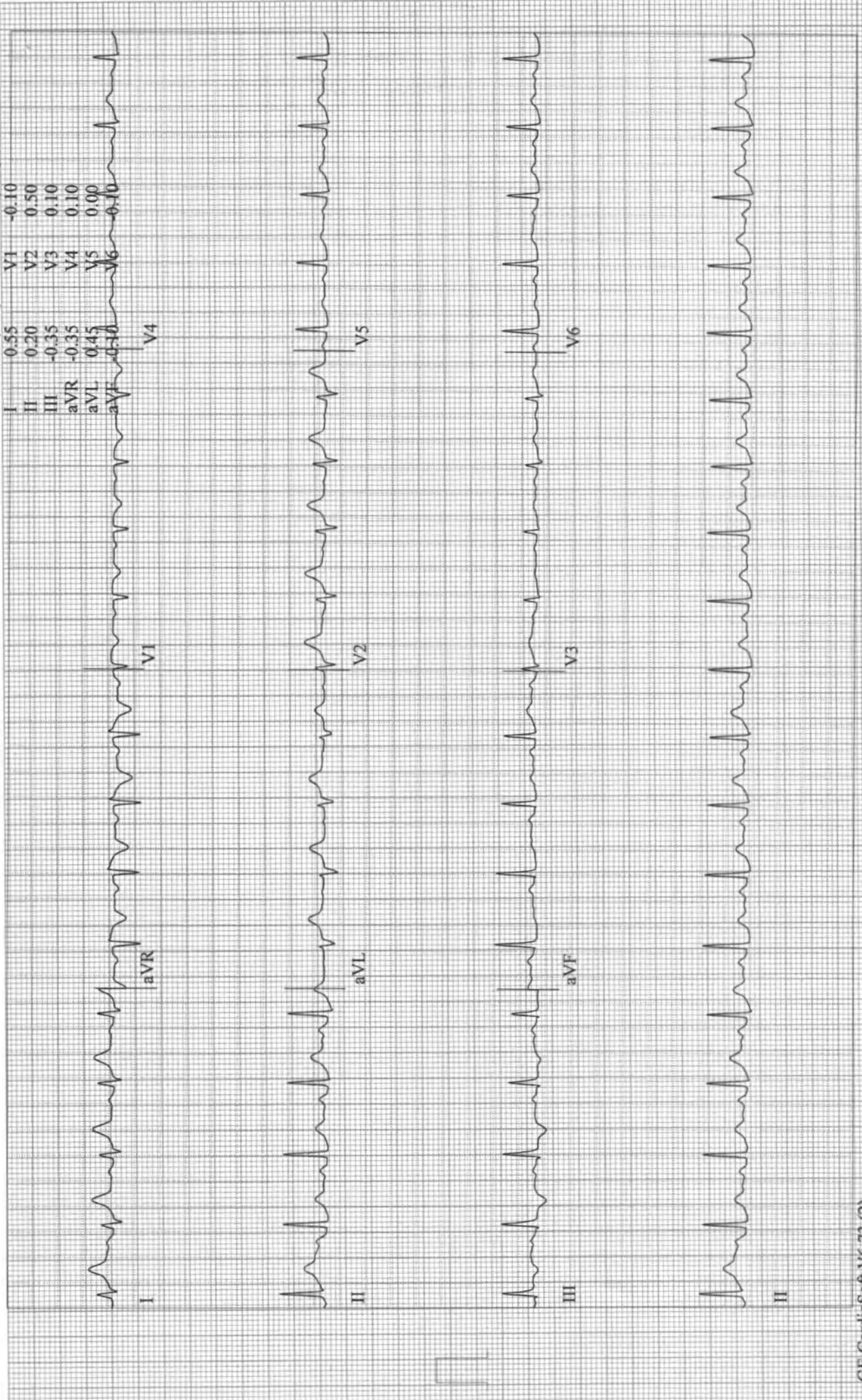
12-Lead Report
RECOVERY
#1
02:50

BRUCE
0.0 mph
0.0 %

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

Lead ST(mm) Lead ST(mm)

Lead	ST(mm)	Lead	ST(mm)
I	0.55	V1	-0.10
II	0.20	V2	0.50
III	-0.35	V3	0.10
aVR	-0.35	V4	0.10
aVL	0.45	V5	0.00
aVF	0.10	V6	0.10



ABHANGE, KOMAL

Patient ID 64467

01.04.2024

4:22:28pm

12-Lead Report

RECOVERY

#1

03:50

BRUCE

0.0 mph

0.0 %

ASIAN HOSPITAL

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

Auto Points

Lead ST(mm)

I 0.45

II 0.10

III -0.35

aVR -0.30

aVL 0.40

aVF -0.15

V1 -0.10

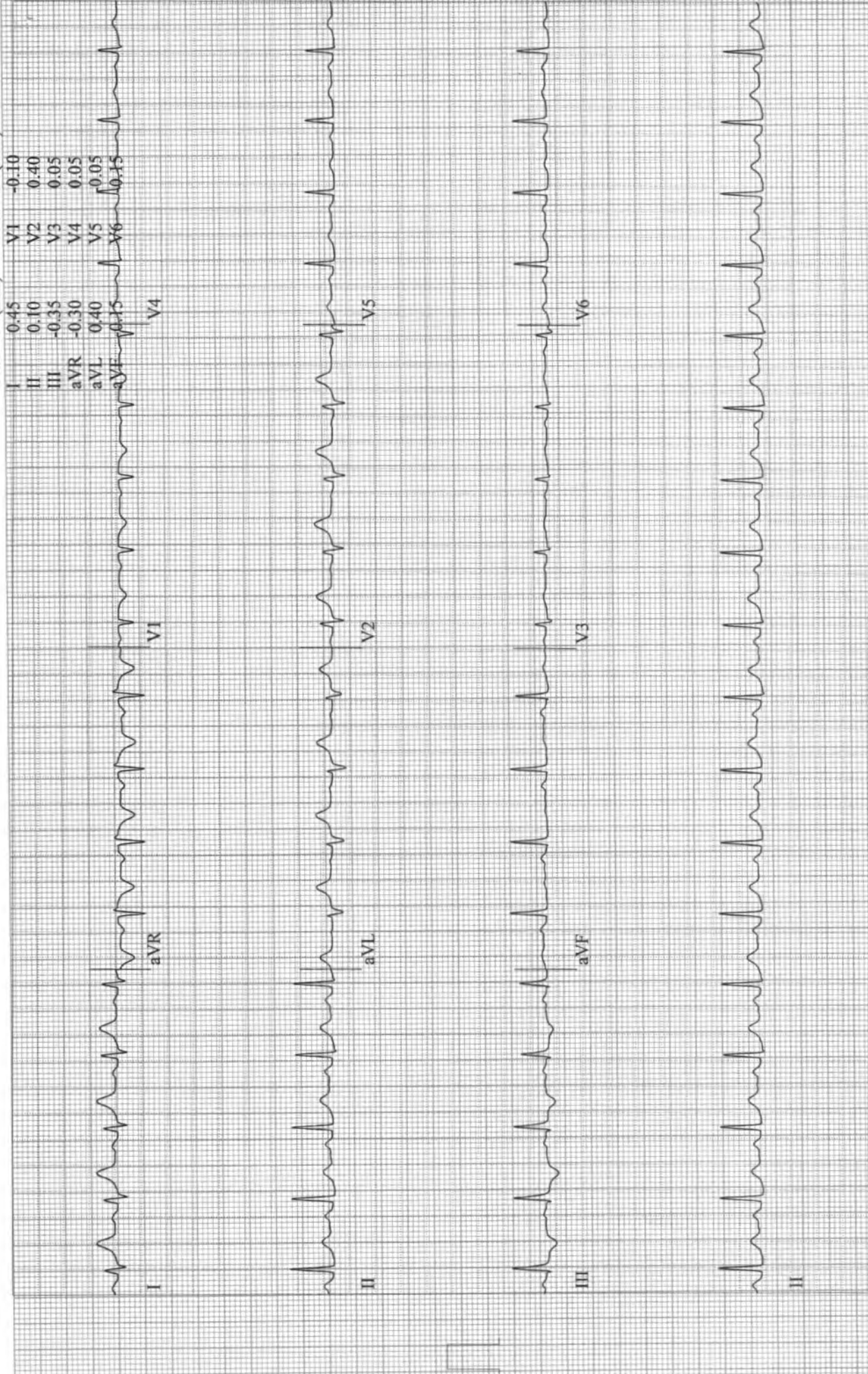
V2 0.40

V3 0.05

V4 0.05

V5 -0.05

V6 -0.15



Patient Name : MRS KOMAL ABHANGE

Age/Gender : 24 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD24/3045

Report Date

: 01/04/2024



HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Range
HBA1C/GLYCOCYLATED			
HbA1c Glycosilated Haemoglobin	5.0	%	
<i>Method: HPLC, NGSP certified</i>			
Estimated Average Glucose :	97	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.

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 KOMAL ABHANGE

Age/Gender : 24 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD24/3045

Report Date

: 01/04/2024

**BIOCHEMISTRY REPORT**

Test Description	Result	Unit	Biological Reference Range
LIPID PROFILE			
Cholesterol-Total <i>Method: CHOD/PAP</i>	137	mg/dL	< 200 : Desirable 200-239 : Borderline risk > 240 : High risk
Triglycerides level <i>Method: Lipase / Glycerol Kinase)</i>	90	mg/dL	< 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High
HDL Cholesterol <i>Method: CHOD/PAP</i>	41	mg/dL	< 40 : Low 40 - 60 : Optimal > 60 : Desirable
LDL Cholesterol <i>Method: Homogeneous enzymatic end point assay</i>	78.00	mg/dL	< 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High
VLDL Cholesterol <i>Method: Calculation</i>	18.00	mg/dL	7 - 40
CHOL/HDL RATIO <i>Method: Calculation</i>	3.34	Ratio	3.5 - 5.0
LDL/HDL RATIO <i>Method: Calculation</i>	1.90	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).

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 KOMAL ABHANGE

Age/Gender : 24 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD24/3045

Report Date

: 01/04/2024



BIOCHEMISTRY REPORT

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

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

BLOOD SUGAR FASTING 77 mg/dl 70 - 110

Method: Hexokinase

BLOOD SUGAR POST PRANDIAL 118 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. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MRS KOMAL ABHANGE

Age/Gender : 24 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD24/3045

Report Date

: 01/04/2024



BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Range
UREA <i>Method: UV</i>	20	mg/dl	10 - 45
Serum Creatinine <i>Method: Modified Jaffe's</i>	0.7	mg/dL	0.60 - 1.40
URIC ACID	4.9	mg/dl	2.5 - 6.8

Interpretation

Uric Acid - Serum uric acid measurements are useful in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions, and in patients receiving cytotoxic drugs.

Dr.S R. SARDA
M.D. Reg. No. 65462
SARDA CENTER FOR DIABETES & SELF CARE
4, Vyankateshnagar, Jalna Road, Aurangabad
Phone No. 2333851, 2334858

Patient Name : MRS KOMAL ABHANGE

Age/Gender : 24 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD24/3045

Report Date

: 01/04/2024



LIVER FUNCTION TEST (LFT)

TOTAL BILIRUBIN	0.67	mg/dl	0.2 - 1.0
<i>Method: Serum, Jendrassik Grof</i>			
DIRECT BILIRUBIN	0.27	mg/dL	0.0 - 0.3
<i>Method: Serum, Diazotization</i>			
INDIRECT BILIRUBIN	0.40	mg/dl	0.3 - 1.0
<i>Method: Serum, Calculated</i>			
SGPT (ALT)	21	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
SGOT (AST)	20	U/L	15 - 40
<i>Method: Serum, UV with P5P, IFCC 37 degree</i>			
ALKALINE PHOSPHATASE	71	U/L	30 - 120
<i>Method: DGKC</i>			
TOTAL PROTEIN	7.2	g/dl	6.0 - 8.0
<i>Method: Serum, Biuret, reagent blank end point</i>			
SERUM ALBUMIN	4.2	g/dl	3.2 - 4.6
<i>Method: Serum, Bromocresol green</i>			
SERUM GLOBULIN	3.00	g/dl	1.8 - 3.6
<i>Method: Serum, Calculated</i>			
A/G RATIO	1.40		1.2 - 2.2
<i>Method: Serum, Calculated</i>			
Gamma Glutamyl Transferase-Serum	16	IU/L	12 - 43
<i>Method: Kinetic</i>			

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.

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Phone No. 2333851, 2334858

Patient Name : MRS KOMAL ABHANGE

Age/Gender : 24 Yrs/Female

Ref. Dr. : MEDIWHEEL



SCD24/3045

Report Date

: 01/04/2024

**IMMUNOASSAY REPORT**

Test Description	Result	Unit	Biological Reference Range
Thyroid Function Test (TFT)			
T3	154.17	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	10.24	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)	2.61	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	
	Oligomenorrhoea/amenorrhoea	

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**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	Absent		Absent
Acetone	Absent		
Microscopic Examination			
RBC's	Not seen	/hpf	Nil
Pus cells	Occasional	/hpf	2-3/hpf
Epithelial Cells	10-12	/hpf	1-2/hpf
Crystals	Absent		Absent
Casts	Not Seen		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	7,200	cell/cu.mm	4000 - 11000
Haemoglobin	12.3	g%	11 - 16
Platelet Count	2,38000	/cumm	150000 - 450000
RBC Count	4.44	/Mill/ul	3.50 - 5.50

RBC INDICES

Mean Corp Volume MCV	84.9	fL	80 - 97
Mean Corp Hb MCH	27.7	pg	26 - 32
Mean Corp Hb Conc MCHC	32.6	gm/dL	31.0 - 36.0
Hematocrit HCT	37.7	%	36.0 - 48.0

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	63	%	40 - 75
Lymphocytes	30	%	20 - 45
Monocytes	04	%	02 - 10
Eosinophils	03	%	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	08	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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