

Patient Name : MRS ARCHANA UGHADE



SCD24/2247



Age/Gender : 38 Yrs/Female

Report Date

: 09/03/2024

Ref. Dr. : MEDIWHEEL

HAEMATOLOGY REPORT

| Test Description | Result | Unit | Biological Reference Range |
|----------------------------------|---------------|------|----------------------------|
| BLOOD GROUP AND RH FACTOR | | | |
| Blood Group | 'AB' | | |
| Rh Factor | POSITIVE(+VE) | | |

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Phone No. 2333851, 2334858

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HBA1C/GLYCOCYLATED

HbA1c Glycosilated Haemoglobin 5.9 %

Method: HPLC, NGSP certified

Estimated Average Glucose : 123 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.

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**BIOCHEMISTRY REPORT**

| Test Description | Result | Unit | Biological Reference Range |
|---|--------|-------|---|
| LIPID PROFILE | | | |
| Cholesterol-Total <i>Method: CHOD/PAP</i> | 179 | mg/dL | < 200 : Desirable 200-239 : Borderline risk > 240 : High risk |
| Triglycerides level <i>Method: Lipase / Glycerol Kinase)</i> | 91 | mg/dL | < 150 : Normal 150-199 : Borderline-High 200-499 : High > 500 : Very High |
| HDL Cholesterol <i>Method: CHOD/PAP</i> | 48 | mg/dL | < 40 : Low 40 - 60 : Optimal > 60 : Desirable |
| LDL Cholesterol <i>Method: Homogeneous enzymatic end point assay</i> | 112.80 | mg/dL | < 100 : Normal 100 - 129 : Desirable 130 - 159 : Borderline-High 160 - 189 : High > 190 : Very High |
| VLDL Cholesterol <i>Method: Calculation</i> | 18.20 | mg/dL | 7 - 40 |
| CHOL/HDL RATIO <i>Method: Calculation</i> | 3.73 | Ratio | 3.5 - 5.0 |
| LDL/HDL RATIO <i>Method: Calculation</i> | 2.35 | 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). |

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BIOCHEMISTRY REPORT

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|------------------|--------|------|----------------------------|

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

BLOOD SUGAR FASTING 87 mg/dl 70 - 110

Method: Hexokinase

BLOOD SUGAR POST PRANDIAL 109 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%

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BIOCHEMISTRY REPORT

| Test Description | Result | Unit | Biological Reference Range |
|-------------------------|--------|-------|----------------------------|
| Serum Creatinine | 0.68 | mg/dL | 0.60 - 1.40 |
| URIC ACID | 4.1 | mg/dl | 2.5 - 6.8 |

Method: Modified Jaffe's

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.

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LIVER FUNCTION TEST (LFT)

| | | | |
|---|------|-------|-----------|
| TOTAL BILIRUBIN | 0.49 | mg/dl | 0.2 - 1.0 |
| <i>Method: Serum, Jendrassik Grof</i> | | | |
| DIRECT BILIRUBIN | 0.16 | mg/dL | 0.0 - 0.3 |
| <i>Method: Serum, Diazotization</i> | | | |
| INDIRECT BILIRUBIN | 0.33 | mg/dl | 0.3 - 1.0 |
| <i>Method: Serum, Calculated</i> | | | |
| SGPT (ALT) | 19 | U/L | 15 - 40 |
| <i>Method: Serum, UV with P5P, IFCC 37 degree</i> | | | |
| SGOT (AST) | 24 | U/L | 15 - 40 |
| <i>Method: Serum, UV with P5P, IFCC 37 degree</i> | | | |
| ALKALINE PHOSPHATASE | 87 | 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 | 4.0 | g/dl | 3.2 - 4.6 |
| <i>Method: Serum, Bromocresol green</i> | | | |
| SERUM GLOBULIN | 3.20 | g/dl | 1.8 - 3.6 |
| <i>Method: Serum, Calculated</i> | | | |
| A/G RATIO | 1.25 | | 1.2 - 2.2 |
| <i>Method: Serum, Calculated</i> | | | |
| Gamma Glutamyl Transferase-Serum | 15 | 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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BUN 13.3 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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**IMMUNOASSAY REPORT**

| Test Description | Result | Unit | Biological Reference Range |
|------------------------------------|--------|-------|--|
| Thyroid Function Test (TFT) | | | |
| T3 | 136.69 | 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 | 8.26 | 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) | 1.66 | 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 | 1.015 | | |
| 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 | 1-2/hpf | /hpf | 2-3/hpf |
| Epithelial Cells | LPENTY | /hpf | 1-2/hpf |
| Crystals | Absent | | Absent |
| Casts | NOT FOUND | | Not Seen |
| Amorphous Deposit | Absent | | Absent |

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COMPLETE BLOOD COUNT

| | | | |
|-----------------------|-------------|------------|-----------------|
| Total WBC Count | 9600 | cell/cu.mm | 4000 - 11000 |
| Haemoglobin | 8.1 | g% | 13 - 18 |
| Platelet Count | 2.84 | /cumm | 150000 - 450000 |
| RBC Count | 3.95 | /Mill/ul | 4.20 - 6.00 |

RBC INDICES

| | | | |
|------------------------|-------------|-------|-------------|
| Mean Corp Volume MCV | 63.5 | fL | 80 - 97 |
| Mean Corp Hb MCH | 20.5 | pg | 26 - 32 |
| Mean Corp Hb Conc MCHC | 32.3 | gm/dL | 31.0 - 36.0 |
| Hematocrit HCT | 25.1 | % | 37.0 - 51.0 |

DIFFERENTIAL LEUCOCYTE COUNT

| | | | |
|-------------|----|---|---------|
| Neutrophils | 53 | % | 40 - 75 |
| Lymphocytes | 40 | % | 20 - 45 |
| Monocytes | 05 | % | 02 - 10 |
| Eosinophils | 02 | % | 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 | 10 | 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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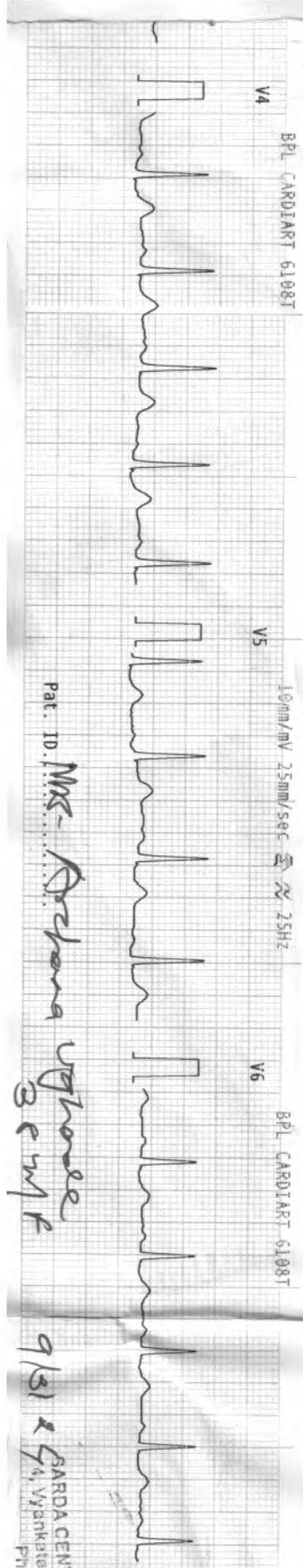
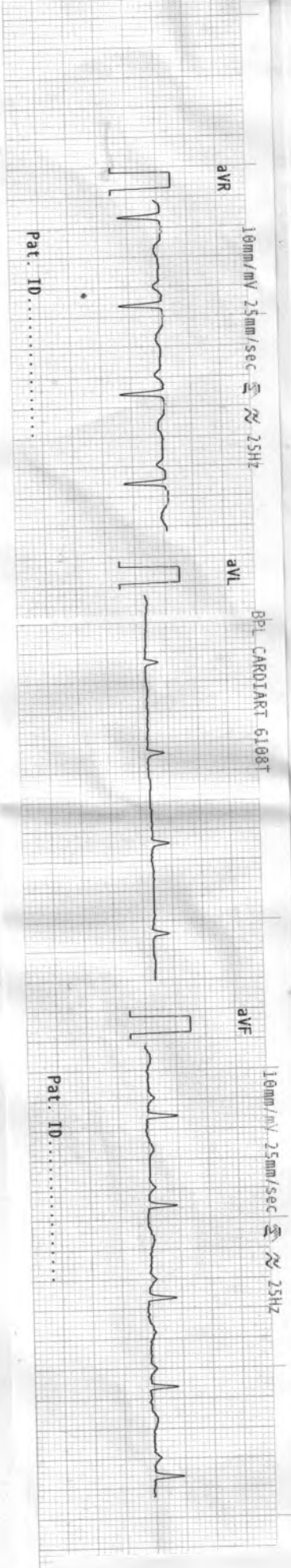
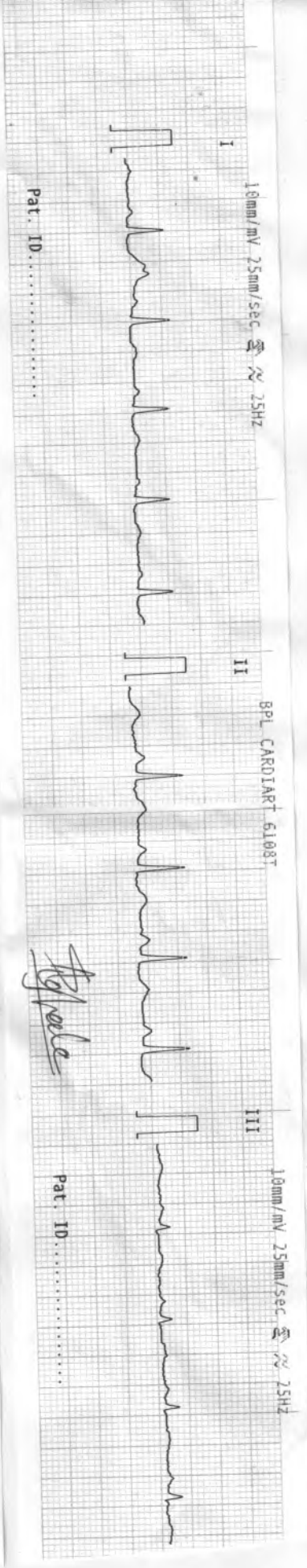
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Pat. ID. *Mrs. Archana Ughose*
36 m/f

9/31 & 9/31

Dr. A.S. SANDA
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CENTRE FOR DIABETES & SELF CARE**

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Name: Mrs. Archana Ughade Age: 38 M/F
BOB

CLINICAL SUMMARY:

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

ECG FINDINGS:

Rate: 100/min ORS. Complex: (R)

Rhythm: (R) ST Segment: (R)

Mechanism: (R) T. Wave: (R)

Axis: (R) QT Interval: (R)

P. Wave: (R) PR Interval: (R)

len

Recommendation: _____

Date: 9/3/24
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Dr. Amey Jaju
MBBS, DNB Radiology
Fellowship in MSK Imaging



Anushree
Sonography & X-Ray Centre

| | | | |
|-------------------------|-------------------------------------|--|------------------|
| Regd. No: 2019/15020 | Patient Name: ARCHANA UGHADE | DIGITAL X-RAY • UL/AD/SD SONOGRAPHY • COLOUR DOPPLER | Date: 09/03/2024 |
| Patient Id: 5341 | Ref Phy: DR. SARDA | Age/Sex: 38 Years / FEMALE | Address : |

USG ABDOMEN & PELVIS

Liver is normal in size 12.6 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 9.6 x 4.4 cm.

Left kidney measures 10.8 x 5.0 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. It measures
Intrauterine contraceptive device noted in situ.

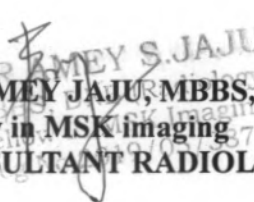
Both ovaries appear normal in size and echotexture.

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.


DR. AMEY S. JAJU
DR. AMEY JAJU, MBBS, DNB (RADIOLOGY)
Fellow in MSK Imaging
CONSULTANT RADIOLOGIST



ANUSHREE SONOGRAPHY & X-RAY CENTRE

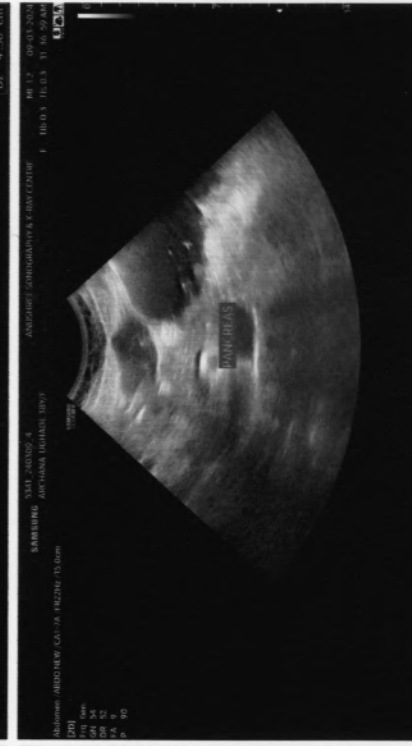
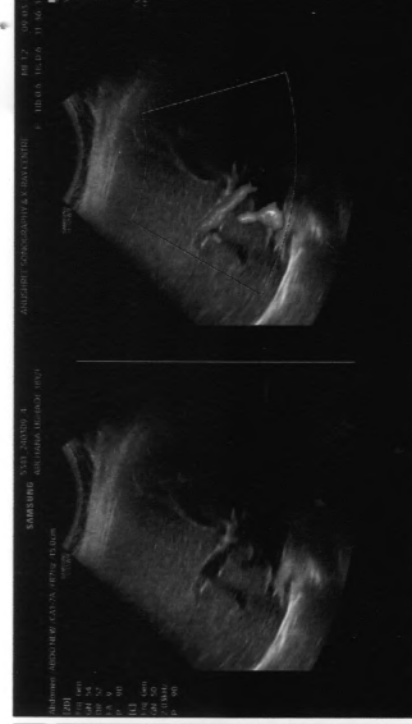
Name: ARCHANA UGHADE

Age: 38 Y

Sex: Female

RefDr: Sarda

Date: 09-Mar-2022



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Anushree
Sonography & X-Ray Centre

Regd. No.: 2019/05/3879

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

| | |
|-------------------------------------|-----------------------------------|
| Patient Name: ARCHANA UGHADE | Date: 09/03/2024 |
| Patient Id: 5338 | Age/Sex: 38 Years / FEMALE |
| Ref Phy: DR. SARDA | Address : |

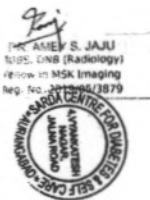
RADIOGRAPH OF CHEST PA VIEW

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.



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Fellow in MSK imaging

ANUSHREE SONOGRAPHY & X-RAY CENTRE

Name: Archana Ughade

Age: 38 Y

Sex: Female

RefDr: Dr. Sarda

Date: 09-Mar-2024

