Siddhivinayak Hospital

Hosp. Reg. No.: TMC - Zone C - 386

INDUSTRIAL HEALTH SERVICES

04/03/2024

Prabha Desai

72 yrs/ female

Ht- 160 cm

Wt - 84 kg

BMI - 32.8 kg/m²

(obese class 1)

ECG

? (H) and fasicular block

BIL Knee pain (+).

Reg Rx for same

K/C/O - DM : 7-8 months.

not on Reg Rx.

(controlled).

S/H- Appendisectomy 15-16 yrs ago.

~~Utesh~~ hysterectomy 20 yrs back

F/H- Father - DM (expired)

Mother - expired.

BP - 130/60 mmHg

P - 67/min

SpO_2 97%

~~Adv~~

2D Echo

Pt is fit and can resume her normal duties

Consult with physician for blood charges

C-peptide is increased.

insulin - fasting "

H SCRP - High positivity mm

SIDDHIVINAYAK HOSPITAL

S-1, Vedant Complex, Vartak Nagar, Thane (W) 400 606

E : ohs.svh@gmail.com W : www.siddhivinayakhospitals.org T. : 022 - 2588 3531 M. : 9769545533

CERTIFIED ISO 9001:2008 HOSPITAL

OPTHAL CHECK UP SCREENING

NAME OF EMPLOYEE **PRABHA DESAI**

AGE **72** **DATE -** **04.03.2024**

Spects : With Glasses

	RT Eye	Lt Eye
NEAR	N/6	N/6
DISTANT	6/9	6/9
Color Blind Test	NORMAL	

SIDDHIVINAYAK HOSPITALS

Siddhivinayak Hospital
Imaging Department
Sonography | Colour Doppler | 3D / 4D USG

HELPLINE
022 - 2588 3531

Name – Mrs. Prabha Desai	**Age – 72 Y/F**
Ref by Dr.- Siddhivinayak Hospital	**Date – 04/03/2024**

USG ABDOMEN & PELVIS

FINDINGS:

The liver dimension is enlarged in size (18.4 cm) . It appears normal in morphology with **raised echogenicity**. No evidence of intrahepatic ductal dilatation.

The **GB**-gallbladder is distended normally with no stones within.

The **CBD**- common bile duct is normal. The portal vein is normal.

The **pancreas** appears normal in morphology.

The **spleen** is normal in size (11.8 cm) and morphology

Both **kidneys** demonstrate normal morphology. Both kidneys show normal cortical echogenicity.

The right kidney measures 9.2 x 4.2 cm.

The left kidney measures 9.3 x 4.3 cm.

Urinary bladder: normally distended. Wall thickness – normal.

Uterus : post hysterectomy.

No free fluid is seen.

Umbilical hernia with defect size 9.0 cm and herniation of omental fat through the defect.

IMPRESSION:

- **Hepatomegaly with fatty liver (Grade I).**
- **Umbilical hernia.**

DR. AMOL BENDRE
MBBS; DMRE
CONSULTANT RADIOLOGIST

ID: 1018

Mrs. Pradha Deshpande Pune

Female 72 Years

Req. No. :

BP - 130/60 mmhg

SPO2 - 97%

PR - 67

Wt - 84 kg

Ht - 161 cm

04-03-2024 09:55:48 AM

HR	: 68	bpm	
P	: 115	ms	
PR	: 187	ms	
QRS	: 93	ms	
QT/QTcBz	: 422/449	ms	
P/QRS/T	: 52/-56/44	°	
RV5/SV1	: 0.170/0.720	mV	

Diagnosis Information:

Sinus Rhythm

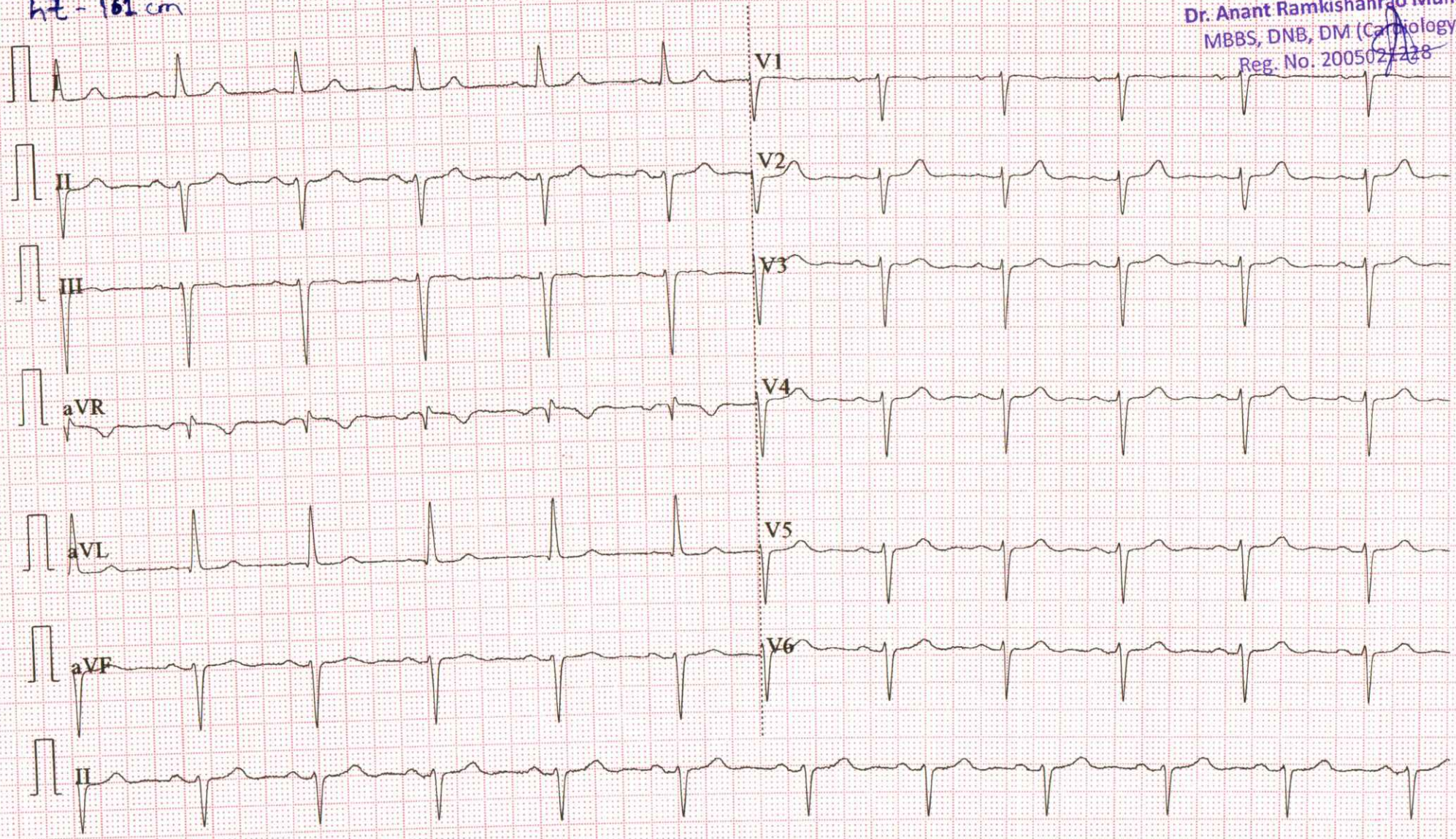
Left Anterior Fascicular Block

poor R' wave progression

Adv :- 2D-ECHO

Report Confirmed by:

Dr. Anant Ramkishanrao Munde
MBBS, DNB, DM (Cardiology)
Reg. No. 2005021228



0.15~45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r V2.21 SEMIP V1.92 Siddhivinayak Hospital

Name – Mrs. Prabha Desai	**Age - 72 Y/F**
Ref by Dr.- Siddhivinayak Hospital	**Date – 04/03/2024**

X- Ray chest (PA VIEW)

No obvious active parenchymal lesion seen in both lungs.

Cardiac and aortic shadows appear normal

No evidence of pleural of effusion is seen.

Both domes of diaphragm appear normal.

No obvious bony lesion is seen.

IMPRESSION:

- **No significant abnormality seen.**

Adv.: Clinical and lab correlation.

DR. AMOL BENDRE
MBBS; DMRE
CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis.

ECHOCARDIOGRAM

NAME	MRS. PRABHA DESAI
AGE/SEX	72 YRS/F
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	04/03/2024

2D/M-MODE ECHOCARDIOGRAPHY

VALVES:

MITRAL VALVE:
- AML: Normal
- PML: Normal
- **Sub-valvular deformity**: Absent

AORTIC VALVE: Normal
- **No. of cusps**: 3

PULMONARY VALVE: Normal

TRICUSPID VALVE: Normal

CHAMBERS:

LEFT ATRIUM: Normal
- **Left atrial appendage**: Normal

LEFT VENTRICLE: Mild concentric LV hypertrophy
- **RWMA**: No
- **Contraction**: Normal

RIGHT ATRIUM: Normal

RIGHT VENTRICLE: Normal
- **RWMA**: No
- **Contraction**: Normal

GREAT VESSELS:
- AORTA: Normal
- PULMONARY ARTERY: Normal

SEPTAE:
- IAS: Intact
- IVS: Intact

CORONARIES: Proximal coronaries normal

CORONARY SINUS: Normal

VENACAVAE:
- SVC: Normal
- IVC: Normal and collapsing >20% with respiration

PULMONARY VEINS: Normal

PERICARDIUM: Normal

MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	21 mm	Left atrium	44 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	47.7 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	29.9 mm	RVEF	%
Ascending aorta	mm	IVSd	10.0 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	10.0mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	68 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	14.3 mm

COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MRS. PRABHA DESAI
AGE/SEX	72 YRS/F
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	04 /03/2024

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			1.6	10.6
PPG (mmHg)				
MPG (mmHg)				
VALVE AREA (cm^2)				
DVI (ms)				
PR END DIASTOLIC VELOCITY (m/s)				
ACCELERATION/ DECELERATION TIME (ms)				
PHT (ms)				
VENA CONTRACTA (mm)				
REGURGITATION		TRJV= m/s PASP= mmHg		
E/A	E<A			
E/E'				

FINAL IMPRESSION: MILD HYPERTENSIVE HEART DISEASE

- No RWMA
- Normal LV systolic function (LVEF 68 %)
- Mild concentric LV hypertrophy
- Good RV systolic function
- Normal diastolic function
- All cardiac valves are normal
- All cardiac chambers are normal
- IAS/IVS intact
- No pericardial effusion/ clot/vegetations

ADVICE: Control HTN

ECHOCARDIOGRAPHER:

Dr. ANANT MUNDE

DNB, DM (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

Dr. Anant Ramkishanrao Munde
MBBS, DNB, DM (Cardiology)

Dr. Anant Ramkishanrao Munde
MBBS, DNB, DM (Cardiology)
Reg. No. 2005021228

MC-6135

Dr. Smita Ranveer`s
Radiance
CLINICAL DIAGNOSTIC CENTRE
COMPLETE PATHOLOGICAL SOLUTION

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Age/Sex	: **72 Years / Female**	**Reported On**	: **4/3/2024 3:02 pm**
Ref By	: **SIDDHIVINAYAK HOSPITAL CGHS /ESIS**	**Report Status**	: **FINAL**

185662

*LIPID PROFILE

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE,ESTERASE,PEROXIDASE)	191.0	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)	42.0	mg/dL	Major risk factor for heart :<30 mg/dl. Negative risk factor for heart disease :>=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	105.1	mg/dL	Desirable level : <161 mg/dl. High :>= 161 - 199 mg/dl. Borderline High :200 - 499 mg/dl. Very high :>499mg/dl.
VLDL CHOLESTEROL (CALCULATED VALUE)	21	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	128	mg/dL	Optimal:<100 mg/dl. Near Optimal: 100 - 129 mg/dl. Borderline High: 130 - 159 mg/dl. High : 160 - 189mg/dl. Very high :>= 190 mg/dl.
LDL CHOL/HDL RATIO (CALCULATED VALUE)	3.05		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	4.55		<5.0

Above reference ranges are as per ADULT TREATMENT PANEL III recommendation by NCEP (May 2015).

Result relates to sample tested, Kindly correlate with clinical findings.

---------- END OF REPORT ----------

Checked By
Priyanka_Deshmukh

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist

24 HOURS 7
Main Center :- 2-3, 'Silver Plaza' E.S.I.S. Hospital Road, Opp. Suryadarshan Tower, Thane (W)-400 604. ☎ +91 91363 56284
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COMPLETE BLOOD COUNT

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	**11.9**	gm/dl	12.0 - 15.0
HEMATOCRIT (PCV)	**35.7**	%	36 - 46
RBC COUNT	**4.48**	x10^6/uL	4.5 - 5.5
MCV	80	fl	80 - 96
MCH	**26.6**	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	**15.1**	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	8070	/cumm	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	62	%	40 - 80
LYMPHOCYTES	26	%	20 - 40
EOSINOPHILS	03	%	0 - 6
MONOCYTES	09	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	273000	/ cumm	150000 - 450000
MPV	9.5	fl	6.5 - 11.5
PDW	16	%	9.0 - 17.0
PCT	0.260	%	0.200 - 0.500
RBC MORPHOLOGY	Hypochromia(mild)		
WBC MORPHOLOGY	Normal		
PLATELETS ON SMEAR	Adequate		

Method : EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method).Rest are calculated parameters.

Result relates to sample tested, Kindly correlate with clinical findings.

---------- END OF REPORT ----------

Checked By
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URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
URINE ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
VOLUME	15ml		
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Slightly hazy		Clear
CHEMICAL EXAMINATION			
REACTION	Acidic		Acidic
(methyl red and Bromothymol blue indicator)			
SP. GRAVITY	1.015		1.005 - 1.022
(Bromothymol blue indicator)			
PROTEIN	Absent		Absent
(Protein error of PH indicator)			
BLOOD	Absent		Absent
(Peroxidase Method)			
SUGAR	Absent		Absent
(GOD/POD)			
KETONES	Absent		Absent
(Acetoacetic acid)			
BILE SALT & PIGMENT	Absent		Absent
(Diazonium Salt)			
UROBILINOGEN	Normal		Normal
(Red azodye)			
LEUKOCYTES	Absent		Absent
(pyrrole amino acid ester diazonium salt)			
NITRITE	Absent		Negative
(Diazonium compound With tetrahydrobenzo quinolin 3-phenol)			
MICROSCOPIC EXAMINATION			
RED BLOOD CELLS	Absent	/ HPF	Absent
PUS CELLS	4-6	/ HPF	0 - 5
EPITHELIAL	3-5	/ HPF	0 - 5
CASTS	Absent		

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URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		Absent
REMARK	Result relates to sample tested. Kindly correlate with clinical findings.		

Result relates to sample tested, Kindly correlate with clinical findings.

---------- END OF REPORT ----------

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IMMUNO ASSAY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TFT (THYROID FUNCTION TEST)			
SPECIMEN	Serum		
T3	84.70	ng/dl	84.63 - 201.8
T4	7.83	µg/dl	5.13 - 14.06
TSH	3.32	µIU/ml	0.270 - 4.20

DONE ON FULLY AUTOMATED ANALYSER COBAS e411.

INTERPRETATION

T3 (Triiodo Thyronine)

AGE	RANGE
1-30 days	100-740
1-11 months	105-245
1-5 years	105-269
6-10 years	94-241
11-15 years	82-213
15-20 years	80-210

T4 (Thyroxine)

AGE	RANGES
1-14 Days	11.8-22.6
1-2 weeks	9.9-16.6
1-4 months	7.2-14.4
4-12months	7.8-16.5
1-5 years	7.3-15.0
5-10 years	6.4-13.3
11-15 years	5.6-11.7

TSH(Thyroid stimulating hormone)

AGE	RANGES
0-14 Days	1.0-39
2 weeks -5 months	1.7-9.1
6 months-20 years	0.7-6.4
Pregnancy	
1st Trimester	0.1-2.5
2nd Trimester	0.20-3.0
3rd Trimester	0.30-3.0

INTERPRETATION :

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

Checked By
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HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD GROUP			
SPECIMEN	WHOLE BLOOD EDTA & SERUM		
* ABO GROUP	'O'		
RH FACTOR	POSITIVE		

Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)

Result relates to sample tested, Kindly correlate with clinical findings.

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*RENAL FUNCTION TEST

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD UREA (Urease UV GLDH Kinetic)	22.1	mg/dL	21 - 43
BLOOD UREA NITROGEN (Calculated)	10.33	mg/dL	8 - 21
S. CREATININE (Enzymatic)	0.84	mg/dL	0.6 - 1.4
S. URIC ACID (Uricase)	**6.6**	mg/dL	2.6 - 6.0
S. SODIUM (ISE Direct Method)	139.0	mEq/L	137 - 145
S. POTASSIUM (ISE Direct Method)	4.0	mEq/L	3.5 - 5.1
S. CHLORIDE (ISE Direct Method)	100.1	mEq/L	98 - 110
S. PHOSPHORUS (Ammonium Molybdate)	4.22	mg/dL	2.5 - 4.5
S. CALCIUM (Arsenazo III)	9.7	mg/dL	8.6 - 10.2
PROTEIN (Biuret)	6.45	g/dl	6.4 - 8.3
S. ALBUMIN (BGC)	3.8	g/dl	3.2 - 4.6
S.GLOBULIN (Calculated)	2.65	g/dl	1.9 - 3.5
A/G RATIO calculated	1.50		0 - 2

NOTE BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED (EM 200) ANALYZER.

Result relates to sample tested, Kindly correlate with clinical findings.

---------- END OF REPORT ----------

Checked By
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Consultant Histocytopathologist

24 HOURS
Main Center :- 2-3, 'Silver Plaza' E.S.I.S. Hospital Road, Opp. Suryadarshan Tower, Thane (W)-400 604. ☎ +91 91363 56284
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Dr. Smita Ranveer`s
Radiance
CLINICAL DIAGNOSTIC CENTRE
COMPLETE PATHOLOGICAL SOLUTION

Name	: **Mrs. PRABHA DESAI (A)**	**Collected On**	: **4/3/2024 9:35 am**
Lab ID.	: **185662**	**Received On**	: **4/3/2024 9:45 am**
Age/Sex	: **72 Years / Female**	**Reported On**	: **4/3/2024 3:02 pm**
Ref By	: **SIDDHIVINAYAK HOSPITAL CGHS /ESIS**	**Report Status**	: **FINAL**

185662

Peripheral smear examination

TEST NAME	RESULTS
SPECIMEN RECEIVED	WHOLE BLOOD EDTA
RBC	Normocytic, Normochromic
WBC	Total leukocytes count is normal on smear.
	NEUTROPHILS :62%
	LYMPHOCYTES :26%
	EOSINOPHILS :03%
	MONOCYTES :09%
	BASOPHILS :00%
PLATELET	Adequate on smear
HEMOPARASITE	No parasites seen

Result relates to sample tested, Kindly correlate with clinical findings.

---------- END OF REPORT ----------

Checked By
Priyanka_Deshmukh

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist

24 HOURS 7
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MC-6135

Dr. Smita Ranveer`s

Radiance

CLINICAL DIAGNOSTIC CENTRE

COMPLETE PATHOLOGICAL SOLUTION

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Ref By	: SIDDHIVINAYAK HOSPITAL CGHS /ESIS	**Report Status**	: FINAL

185662

LIVER FUNCTION TEST

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL BILLIRUBIN (Method-Diazo)	0.57	mg/dL	0.2 - 1.2
DIRECT BILLIRUBIN (Method-Diazo)	0.21	mg/dL	0.0 - 0.4
INDIRECT BILLIRUBIN Calculated	0.36	mg/dL	0 - 0.8
SGOT(AST) (UV without PSP)	15.4	U/L	0 - 37
SGPT(ALT) UV Kinetic Without PLP (P-L-P)	15.9	U/L	UP to 40
ALKALINE PHOSPHATASE (Method-ALP-AMP)	60.0	U/L	56 - 141
S. PROTIEN (Method-Biuret)	6.45	g/dl	6.4 - 8.3
S. ALBUMIN (Method-BCG)	3.8	g/dl	3.2 - 4.6
S. GLOBULIN Calculated	2.65	g/dl	1.90 - 3.50
A/G RATIO Calculated	1.43		0 - 2

Result relates to sample tested, Kindly correlate with clinical findings.

---------- END OF REPORT ----------

Checked By
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185662

HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
ESR			
ESR	**29**	mm/1hr.	0 - 20

METHOD - WESTERGREN

Result relates to sample tested, Kindly correlate with clinical findings.

---------- END OF REPORT ----------

Checked By
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185662

BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
GAMMA GT	17.3	U/L	5 - 55
BLOOD GLUCOSE FASTING & PP			
BLOOD GLUCOSE FASTING	91.1	mg/dL	70 - 110
BLOOD GLUCOSE PP	114.9	mg/dL	70 - 140

Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).
1. Fasting is required (Except for water) for 8-10 hours before collection for fasting speciman. Last dinner should consist of bland diet.
2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn

INTERPRETATION
- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : >=126 mg/dl

POSTPRANDIAL/POST GLUCOSE (75 grams)
- Normal glucose tolerance : 70-139 mg/dl
- Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : >=200 mg/dl

CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS
- Fasting plasma glucose >=126 mg/dl
- Classical symptoms +Random plasma glucose >=200 mg/dl
- Plasma glucose >=200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin > 6.5%

***Any positive criteria should be tested on subsequent day with same or other criteria.

GLYCOCELATED HEMOGLOBIN (HBA1C)

HBA1C (GLYCOSALATED HAEMOGLOBIN)	4.0	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G.)	68.0	mg/dL	65.1 - 136.3
METHOD	Particle Enhanced Immunoturbidimetry		

Checked By
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185662

BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE

HbA1c : Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes.Average Blood Glucose (A.B.G) is calculated value from HbA1c : Glycosylated hemoglobin concentration in whole Blood.It indicates average blood sugar level over past three months.

Result relates to sample tested, Kindly correlate with clinical findings.

---------- END OF REPORT ----------

Checked By
Priyanka_Deshmukh

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LABORATORY TEST REPORT

manipal TRUtest
FAST. ACCURATE. RELIABLE

ID	: 179224	Collection	: 04/03/2024, 05:45 PM	Client Name	: Radiance Dr Smita Ranveer's - TH1365
Name	: PRABHA DESAI	Received	: 04/03/2024, 05:45 PM		
DOB/Age	: 72 years	Reported	: 04/03/2024, 09:16 PM	Client Address	: THANE
Gender	: Female	Ref. Doctor	: DR RADIANCE LAB		

222403048713

Test Description	Value(s)	Unit(s)	Reference Range
C-Peptide, Serum			
C-PEPTIDE* (Serum,CLIA)	**4.82**	ng/mL	0.80 -4.20 PLEASE NOTE THE CHANGE IN REFERENCE RANGE AND METHODOLOGY

Interpretations

1-C-Peptide levels are increased in Insulinomas. Increased c-peptide results are rule out exogenous insulin administrations.

2-C-Peptide levels are decreased in insulin dependent diabetes.

3. Concurrent C-peptide levels are advised in patients on insulin therapy for long duration as in these patients anti-insulin antibody interfere with insulin assays.

4-C-Peptide levels are spuriously increased in chronic renal disease and cirrhosis.

END OF REPORT

Preeti

Dr. Preeti Jain
(Consultant Pathologist)

LABORATORY TEST REPORT

manipal TRUtest
FAST. ACCURATE. RELIABLE

ID	: 179224	Collection	: 04/03/2024, 05:45 PM	Client Name	: Radiance Dr Smita Ranveer's - TH1365
Name	: PRABHA DESAI	Received	: 04/03/2024, 05:45 PM		
DOB/Age	: 72 years	Reported	: 04/03/2024, 07:22 PM	Client Address	: THANE
Gender	: Female	Ref. Doctor	: DR RADIANCE LAB		

222403048711

Test Description	Value(s)	Unit(s)	Reference Range
Insulin, Fasting			
Insulin-Fasting * (Serum-F, CLIA)	**24.12**	uIU/ml	1.9 - 23.0

Interpretation:

Increased Insulin Level	Decreased Insulin Level
Increased insulin resistance: Obesity, Steroid administration, Acromegaly, Cushing syndrome, Insulin receptor mutation, Type 2 diabetes (early stage).	**Conditions associated with beta-cell destruction:** Post pancreatectomy, Chronic pancreatitis, Autoimmune destruction, Type 1 diabetes, Type 2 diabetes (late stage). Beta cells fail to secrete insulin for maintaining the blood glucose level, owing to insulin resistance & Genetic defects.
Increased insulin secretion: Insulinoma, Administration of insulin secretagogues.	
Decreased insulin excretion: Severe liver disease, Severe heart failure, Autoimmunity to insulin or insulin receptor.	

END OF REPORT

Dr. Preeti Jain
(M. D. Pathology)

LABORATORY TEST REPORT

manipal TRUtest
FAST. ACCURATE. RELIABLE

ID	: 179224	Collection	: 04/03/2024, 05:45 PM	Client Name	: Radiance Dr Smita Ranveer's - TH1365
Name	: PRABHA DESAI	Received	: 04/03/2024, 05:45 PM		
DOB/Age	: 72 years	Reported	: 04/03/2024, 10:16 PM	Client Address	: THANE
Gender	: Female	Ref. Doctor	: DR RADIANCE LAB		

2224030487

Test Description	Value(s)	Unit(s)	Reference Range
C-Reactive Protein, Cardio; HSCRP *			
HsCRP - High Sensitivity* (Immunoturbidometry)	**5.812**	mg/L	<1

Interpretation

This test is useful for assessing the risk of developing Myocardial Infarction in patients having acute coronary syndromes and assessing the risk of developing cardiovascular disease in asymptomatic individuals. A single test for high-sensitivity CRP (hs-CRP) may not reflect an individual patient's basal hs-CRP level. Repeat measurement may be required to firmly establish an individual's basal hs-CRP concentration. Because CRP is an acute-phase reactant, measurements in apparently healthy individuals may not truly reflect the basal level if inflammation is present.

END OF REPORT

Preeti

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(Consultant Pathologist)