



* 2 1 3 6 8 2 *

Name : Mrs. PRANITA MESHRAM

Lab ID. : 213682

Age/Sex : 41Years / Female

Ref By : JINKUSHAL CARDIAC CARE & SUPER SPECIALITY HOS

Consulting Dr. : DR. MAYUR JAIN

Collected On : 13/11/2024 2:38 pm

Received On : 13/11/2024 2:48 pm

Reported On : 13/11/2024 6:01 pm

Report Status : FINAL

***LIPID PROFILE**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)	187.0	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)	37.6	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease : >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	115.0	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)	23	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	126	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)	3.35		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	4.97		<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
SHAISTA Q

DR. SMITA RANVEER.
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist
Regd.No.: 3401/09/2007





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COMPLETE BLOOD COUNT

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	12.3	gm/dl	12.0 - 15.0
HEMATOCRIT (PCV)	36.9	%	36 - 46
RBC COUNT	4.34	x10 ⁶ /uL	4.5 - 5.5
MCV	85	fl	80 - 96
MCH	28.3	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	14.3	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	7180	/cumm	4000 - 11000
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS	59	%	40 - 80
LYMPHOCYTES	25	%	20 - 40
EOSINOPHILS	08	%	0 - 6
MONOCYTES	08	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	268000	/cumm	150 to 410
MPV	12.2	fl	6.5 - 11.5
PDW	16	%	9.0 - 17.0
PCT	0.330	%	0.200 - 0.500
RBC MORPHOLOGY	Normocytic Normochromic		
WBC MORPHOLOGY	Mild eosinophilia		
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.

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URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>URINE ROUTINE EXAMINATION</u>			
<u>PHYSICAL EXAMINATION</u>			
VOLUME	20ml		
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Slightly hazy		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION (methyl red and Bromothymol blue indicator)	Acidic		Acidic
SP. GRAVITY (Bromothymol blue indicator)	1.020		1.005 - 1.022
PROTEIN (Protein error of PH indicator)	Present(+)		Absent
BLOOD (Peroxidase Method)	Absent		Absent
SUGAR (GOD/POD)	Absent		Absent
KETONES (Acetoacetic acid)	Absent		Absent
BILE SALT & PIGMENT (Diazonium Salt)	Absent		Absent
UROBILINOGEN (Red azodye)	Normal		Normal
LEUKOCYTES (pyrrole amino acid ester diazonium salt)	Absent		Absent
NITRITE (Diazonium compound With tetrahydrobenzo quinolin 3-phenol)	Absent		Negative
<u>MICROSCOPIC EXAMINATION</u>			
RED BLOOD CELLS	Absent	/ HPF	Absent
PUS CELLS	15-20	/ HPF	0 - 5
EPITHELIAL	6-8	/ HPF	0 - 5
CASTS	Absent		
CRYSTALS	Absent		

Checked By
Rajashri_Dumbre

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URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BACTERIA	Present(+)		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 -----

Checked By
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IMMUNO ASSAY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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TFT (THYROID FUNCTION TEST)

SPECIMEN	Serum		
T3	150.0	ng/dl	84.63 - 201.8
T4	8.72	µg/dl	5.13 - 14.06
TSH	5.65	µIU/ml	0.270 - 4.20

DONE ON FULLY AUTOMATED ANALYSER MAGLUMI SNIBE X3

T3 (Triiodo Thyronine)		T4 (Thyroxine)	
AGE	RANGE	AGE	RANGES
1-30 days	100-740	1-14 Days	11.8-22.6
1-11 months	105-245	1-2 weeks	9.9-16.6
1-5 years	105-269	1-4 months	7.2-14.4
6-10 years	94-241	4-12months	7.8-16.5
11-15 years	82-213	1-5 years	7.3-15.0
15-20 years	80-210	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.

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

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HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>BLOOD GROUP</u>			
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.			
----- END OF REPORT -----			

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BIOCHEMISTRY REPORT

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BUN	7.20	mg/dL	6 - 20
METHOD	Urease GLDH Kinetic		
S. CREATININE	0.60	mg/dL	0.5 - 1.5
METHOD	Jaffe - Kinetic		
RATIO	12.0	ng/ml	

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

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LIVER FUNCTION TEST

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL BILLIRUBIN (Method-Diazo)	0.32	mg/dL	0.2 - 1.2
DIRECT BILLIRUBIN (Method-Diazo)	0.20	mg/dL	0.0 - 0.4
INDIRECT BILLIRUBIN Calculated	0.12	mg/dL	0 - 0.8
SGOT(AST) (UV without PSP)	21.0	U/L	0 - 37
SGPT(ALT) UV Kinetic Without PLP (P-L-P)	26.5	U/L	UP to 40
ALKALINE PHOSPHATASE (Method-ALP-AMP)	75.0	U/L	42 - 98
S. PROTIEN (Method-Biuret)	6.48	g/dl	6.4 - 8.3
S. ALBUMIN (Method-BCG)	3.82	g/dl	3.5 - 5.2
S. GLOBULIN Calculated	2.66	g/dl	1.90 - 3.50
A/G RATIO Calculated	1.44		0 - 2

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

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*** BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>CREATININE, SERUM</u>			
* SERUM CREATININE	0.60	mg/dL	0.6 - 1.1
METHOD	Enzymatic Colourimetric Method		

Creatinine is critically important in assessing renal function. In blood, it is a marker of glomerular filtration rate. As the kidneys become impaired for any reason, the creatinine level in the blood will rise due to poor clearance of creatinine by the kidneys. Abnormally high levels of creatinine thus warn of possible malfunction or failure of the kidneys.

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

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

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HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
ESR			
ESR	15	mm/1hr.	0 - 20

METHOD - WESTERGREN

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

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>GLYCOCELATED HEMOGLOBIN (HBA1C)</u>			
HBA1C (GLYCOSALATED HAEMOGLOBIN)	5.4	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G.)	108.0	mg/dL	65.1 - 136.3

METHOD

Particle Enhanced Immunturbidimetry

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.

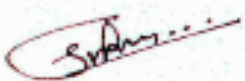
BLOOD GLUCOSE FASTING & PP

BLOOD GLUCOSE FASTING	81.5	mg/dL	70 - 110
BLOOD GLUCOSE PP	91.3	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

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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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.

* **SERUM URIC ACID** 3.8 mg/dL 2.6 - 7.2

Method: Uricase -POD

BLOOD UREA NITROGEN, SERUM

* **BLOOD UREA NITROGEN** 7.2 mg/dL 7 - 18

GAMMA GT 23.9 U/L 5 - 55

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

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

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 M.B.B.S.M.D. Pathology(Mum)
 Consultant Histocytopathologist
 Regd.No.: 3401/09/2007



ECG report

Confirm and sign:

<<Interpret above>>
Sinus rhythm
Normal ECG

ID : 2024113101028
Name : MRS PRANITA MESHARAM
Gender : F
Age : 41 Years
Dept : OPD
Bed No.:

HR : 50 bpm
PR : 134 ms
QRS : 92 ms
QT/QTc : 382/382 ms
P/QRS/T : 79/63/31°
RV5/SV1 : 0.92/0.514 mV
RV5+SV1 : 1.434 mV



0.5mV - 35Hz - AC 50Hz 25mm/s 10mm/mV V1 0.25 Sequential

Examination time: 2024-11-13 10:13:32

2D ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

NAME	MRS PRANITA MESHARAM
DATE	13/11/2024
REF BY	HEALTH CHECK UP
DONE BY	DR MAYUR JAIN (9867280303/ 9222888070)

2D

- All cardiac chambers are normal in size.
- No concentric left ventricular hypertrophy.
- No regional wall motion abnormality.
- Normal LV systolic function. LVEF is approximately 65% visually.
- Normal RV systolic function.
- All valves are normal in structure.
- IAS and IVS are intact.
- Aortic arch normal.
- No e/o clot/ vegetation/ effusion.

M-MODE

LVIDd	42	mm	Ao	21	mm
LVIDs	27	mm	LA	32	mm
EDV	79	ml			
ESV	27	ml			
EF	65	%			
IVS(d)	8.8	mm			
PW(d)	7.7	mm			

COLOR DOPPLER

- No stenotic or regurgitant lesion at any valve
- No significant gradient across aortic valve.
- No LV diastolic dysfunction.
- No significant pulmonary hypertension.

IMPRESSION

- Essentially normal study.

Many thanks for reference



Dr, Mayur N Jain
MD DM cardiology- gold medalist
FACC, FSCAI, ICOB- USA ; AFESC -UK.
Consultant interventional cardiologist

NAME : MRS. PRANITA MEHSHRAM	AGE : 41YRS/FEMALE
REF BY: C/O JINKUSHAL HOSPITAL	DATE: 13.11.2024

FULL ABDOMEN USG

LIVER: Normal in size and shows homogenous echotexture. No focal lesion is seen. Hepatic vasculature appears normal. No evidence of intrahepatic biliary radical dilatation seen.

PORTAL VEIN / SPLENIC VEIN: is normal in caliber.

GALL BLADDER: Is well distended. There is evidence of multiple hyper echoic mobile foci each measuring between 4 mm to 6 mm with posterior acoustic shadowing within the lumen of the gall bladder suggestive of calculi. No e/o sludge/wall thickening seen.

SPLEEN: Is normal in size, shape, position and shows normal homogeneous echotexture. No focal lesion seen.

PANCREAS: Is normal in size and shows normal homogeneous echotexture. No focal lesion is seen. Pancreatic duct is normal in caliber.

KIDNEYS: Right kidney: 9.4 x 4.0 cm Left kidney: 10.4 x 4.4 cm
Both kidneys are normal in size, shape, position, and echotexture. Both kidneys show normal cortico-medullary differentiation. No calculi or HN/HU seen.

URINARY BLADDER: Is well distended and appears normal. No SOL/wall thickening.

UTERUS: Is normal in size 7.4 x 4.2 x 5.9 cm anteverted and shows normal echotexture. No focal lesion seen. Central Endometrial eco-complex measures 6.8 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal. Bilateral adnexa are clear.

PERITONEAL CAVITY: No ascites or enlarged lymph nodes. Bowel gas ++

OPINION:

- **CHOLELITHIASIS WITHOUT CHOLECYSTITIS.**

Dr. Devendra Patil
DR. DEVENDRA PATIL (MD Radiology)
CONSULTANT RADIOLOGIST

Please co-relate the findings with clinical examination, history & blood investigations.

NAME : MRS. PRANITA MESHAM	AGE : 41YRS/FEMALE
REF. BY : C/O JINKUSHAL HOSPITAL	DATE : 13.11.2024

USG BILATERAL BREAST (sonomammography)

An oval, anechoic lesion without any vascularity is noted in left breast s/o fibroadenoma and measures 7.0 x 4.4 mm at 3 o'clock.

The breast parenchyma shows normal fibroglandular tissue.

No evidence of any calcification or dilated ducts.

Nipple -areola complex are normal.

The lactiferous ducts appear normal.

No axillary lymph adenopathy seen.

OPINION:

- NORMAL HOMOGENOUS REFLECTIVITY IS SEEN IN RIGHT THE BREAST PARENCHYMA.
- FIBROADENOMA IN LEFT BREAST AS DESCRIBED.

CATEGORY - BIRADS I- right breast

CATEGORY - BIRADS II- left breast

Dr. Devendra Patil
DR. DEVENDRA PATIL (M.D.Radiology)
CONSULTANT RADIOLOGIST

Please co-relate the findings with clinical examination, history & blood investigations.

SEFRA DIGITAL X-RAY

JINKUSHAL HOSPITAL, Rosa Vista, Opp. Suraj Water Park, Waghbill, G.B. Road, Thane (W)
Mob.: 7678031047 / 9833520607 | Time : 9 am. to 9 pm. | SUNDAY ON CALL)

PORTABLE X-RAY AVAILABLE

PATIENT NAME : MRS. PRANITA S MESHRAM	AGE / SEX 41 YRS / F
REF BY DR: JINKUSHAL HOSPITAL	DATE : 13/11/2024

X-ray Chest PA

Bilateral lung fields appear clear. No obvious pleural/parenchymal lesion noted.

Bilateral hila are normal.

Both costo-phrenic and cardio-phrenic angles appear clear.

Cardiac silhouette is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage & soft tissues appear normal.

Impression: No significant abnormality detected.

Suggest Clinical correlation and further evaluation.

Thanks for referral

Dr. Patil

Dr. Devendra Patil
MD Radiology

Disclaimer: report is done by teleradiology after the images acquired by PACS (picture archiving and communication system) and this report is not meant for medicolegal purpose Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly. Patient's identification in online reporting is not established, so in no way patient identification is possible for medico-legal cases.