

**TEST REPORT**

**Reg. No :** 2503100124      **UHID :** UHID29981      **Reg. Date :** 08-Mar-2025  
**Name :** MRS FORAM BHARGAV BANKER      **Collected On :** 08-Mar-2025 15:42  
**Age/Sex :** 33 Years / Female      **Report Date :** 08-Mar-2025  
**Ref. By :** MEDIWHEEL

Parameter	Result	Unit	Reference Interval
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**COMPLETE BLOOD COUNT (CBC)**

Hemoglobin (SLS method)	12.3	g/dL	12.0 - 15.0
Hematocrit (Electrical Impedance)	<b>38.3</b>	%	40 - 54
RBC Count (Electrical Impedance)	4.64	million/cmm	3.8 - 4.8
WBC Count (Flowcytometry)	6300	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	311000	/cmm	150000 - 410000
MCV (Calculated)	<b>82.7</b>	fL	83 - 101
MCH (Calculated)	<b>26.5</b>	Pg	27 - 32
MCHC (Calculated)	32.1	%	31.5 - 34.5
RDW (Calculated)	14.2	%	11.5 - 14.5

**DIFFERENTIAL WBC COUNT**

Neutrophils (%)	57	%	38 - 70
Lymphocytes (%)	34	%	20 - 45
Monocytes (%)	07	%	2 - 8
Eosinophils (%)	02	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	3570	/cmm	1800 - 7700
Lymphocytes (Absolute)	2120	/cmm	1000 - 3900
Monocytes (Absolute)	430	/cmm	200 - 800
Eosinophils (Absolute)	160	/cmm	20 - 500
Basophils (Absolute)	20	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	1.68	/cmm	0.7 - 4.0

**PERIPHERAL SMEAR EXAMINATION**


RBC Morphology	RBCs are Normochromic Normocytic.
WBC Morphology	There is Neutrophilic Leucocytosis
Platelets	Platelets are adequate with normal morphology.
Parasites	Malarial parasite is not detected.

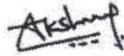
**ERYTHROCYTE SEDIMENTATION RATE**

ESR (After 1 hour)	12	mm/hr	0 - 21
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----- End Of Report -----

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**Approved by: Dr. Yesha H. Shah**  
(MD.Pathology)

  
**Mr. Akshay Parmar**  
M.Sc(Biochemistry)

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<b>FBS</b> Fasting Blood Sugar (FBS) Glucose Oxidase-Peroxidase	82.7	mg/dL	70 - 110

Criteria for the diagnosis of diabetes 1. HbA1c  $\geq 6.5$  \*

Or

2. Fasting plasma glucose  $>126$  gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose  $\geq 200$ mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq 200$  mg/dL.

\*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.

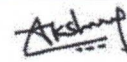
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

----- End Of Report -----

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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**HEMOGLOBIN A1 C ESTIMATION**

Specimen: Blood EDTA

Hb A1C <i>HPLC, NGSP Certified</i>	5.16	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose <i>Calculated</i>	101.39	mg/dL	

**Criteria for the diagnosis of diabetes:**

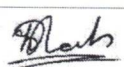
- HbA1c  $\geq 6.5$  \*Or
  - Fasting plasma glucose  $>126$  gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
  - Two hour plasma glucose  $\geq 200$ mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucosedissolved in water.Or
  - In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq 200$  mg/dL.
- \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

**Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:**

- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control( also called glycemic control).
- HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.- Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD ) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

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DHS Properties and Hospitals LLP. | CIN : AAA-7816

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Parameter	Result	Unit	Reference Interval
<b><u>LIVER FUNCTION TEST</u></b>			
SGPT <i>Optimized UV-IFCC</i>	15.5	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	12.8	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.35	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.18	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.17	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	55	U/L	53 - 128
Total Protein	6.45	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.55	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.69	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.32		0.8 - 2.0
HBsAg <i>Immunochromatography</i>	Non - Reactive		

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Parameter	Result	Unit	Reference Interval
<b>RENAL FUNCTION TEST</b>			
Creatinine	0.53	mg/dL	0.6 - 1.1
<i>Enzymatic ,IDMS Traceable</i>			
Urea	23.0	mg/dL	13.0 - 40.0
<i>Urease-GLDH, enzymatic UV</i>			
BUN	10.75	mg/dL	7 - 23
<i>Calculated</i>			
Uric Acid	4.3	mg/dL	2.6 - 6.2
<i>Enzymatic using TBHBA</i>			
Sodium	139.3	mmol/L	137 - 145
<i>Direct ISE</i>			
Potassium	4.20	mmol/L	3.6 - 5.0
<i>Direct ISE</i>			
Chloride	96.4	mmol/L	94 - 110
<i>Direct ISE</i>			
Ionized Calcium	4.80	mg/dL	4.4 - 5.4
<i>Direct ISE</i>			

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<b>Parameter</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Reference Interval</b>
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**LIPID PROFILE**

<b>Cholesterol</b> <i>CHOD-PAP method</i>	183	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
<b>Triglyceride</b> <i>Enzymatic with GPO method</i>	217.3	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
<b>VLDL</b> <i>Calculated</i>	<b>43.46</b>	mg/dL	15 - 35
<b>LDL CHOLESTEROL</b>	106.54	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
<b>HDL Cholesterol</b> <i>Magnetic Cholesterol Oxidase</i>	33.0	mg/dL	Low : < 40 High : > 60
<b>Cholesterol /HDL Ratio</b> <i>Calculated</i>	<b>5.55</b>		0 - 5.0
<b>LDL / HDL RATIO</b> <i>Calculated</i>	3.23		0 - 3.5
<b>Total Lipids</b> <i>Calculated</i>	760.60		400 - 1000

- Pre-analytical requirements for given tests are -Fasting status anywhere between 10-12 hours before collection. Avoid alcohol beverages before lipid panel - minimum 24 hrs.
- Lipid profile results can be erroneous if pre-analytical requirements are not met properly.
- Any medical decision based on test results is to be taken with 2 or more consecutive results suggesting pattern.
- Please note that any lipid lowering drug may interfere in results estimation.
- Sudden commencement or sudden withdrawal of Lipid lowering drug will interfere with test result.

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**THYROID FUNCTION TEST**

T3 (Triiodothyronine) CMIA	0.83	ng/mL	0.6 - 1.81
T4 (Thyroxine) CMIA	5.08	µg/dL	4.5 - 12.5
TSH ELFA-Enzyme Linked Fluorescent Assay	<b>34.880</b>	µIU/ml	0.35 - 4.94

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL


Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition.

Philadelphia: WB Saunders, 2012:2170

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**BLOOD GROUP & RH****SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION**

ABO      'B'  
Rh (D)      Positive

----- End Of Report -----

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Name :	MRS FORAM BHARGAV BANKER			Collected On :	08-Mar-2025 15:42
Age/Sex :	33 Years / Female			Report Date :	08-Mar-2025
Ref. By :	MEDIWHEEL				

Parameter	Result	Reference Interval
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**URINE ROUTINE EXAMINATION****PHYSICAL EXAMINATION**

Quantity	10 cc
Colour	Pale Yellow
Clarity	Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)**


pH	7.0	4.6 - 8.0
Sp. Gravity	1.020	1.002 - 1.03
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Leucocytes	Nil	
Blood	Nil	

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	1 - 5/hpf
Erythrocytes (Red Cells)	Nil
Epithelial Cells	2-3/hpf
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Yeast	Nil
T. Vaginalis	Nil
Spermatozoa	Nil

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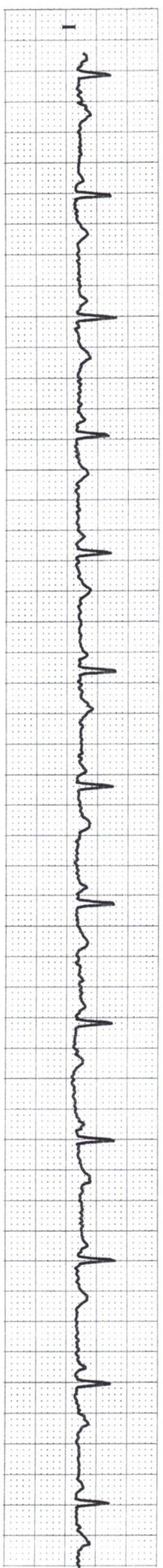
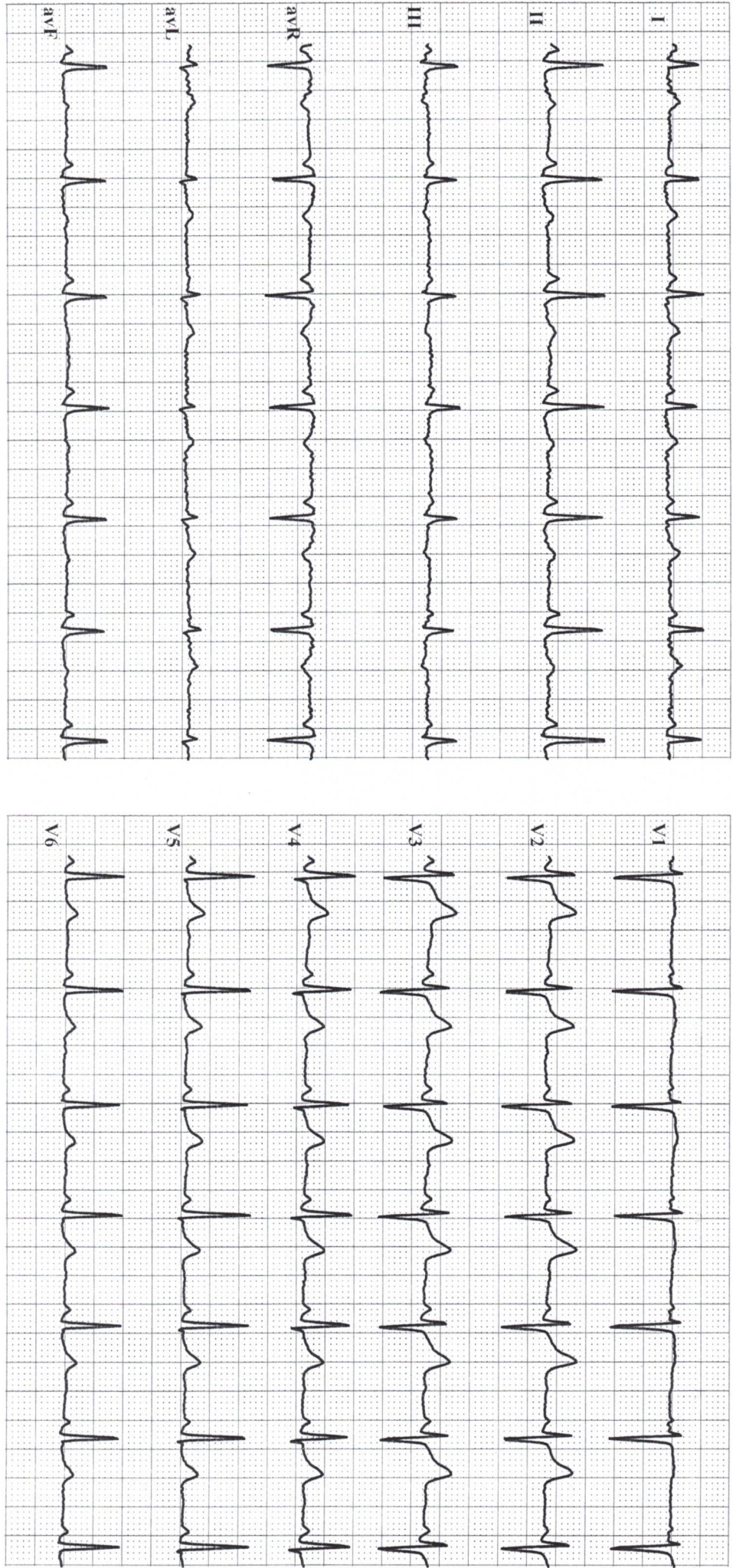
*Abhinav Singh*

DHS MULTI SPECIALITY HOSPITAL

VASTRAPUR LAKE - HIMALAYA MALL LINK ROAD , SUNRICE PARK, VASTRAPUR , AHMEDABAD-380054.

431 FORAM BANKER  
33 Yrs/F Kg / Ht cms Ref. No.:  
Date: 08-03-2025 Time: 04:06 PM

Gain: 10 mm/mV Hr: 77 QRS Int.: 118 P Axis: 55 Ref. By:  
BP: --/-- mmHg Sweep: 25 mm/S P Int: 56 QT Int.: 342 QRS Axis: 54 Tech.:  
Notch: On Filter: 0.1 - 35 Hz PR Int: 90 QTc Int.: 387 T Axis: 08



Comments: Sinus Rhythm  
Short PR interval

Impression: Normal ECG



# DHS HOSPITAL

VASTRAPUR, AHMEDABAD

## Computerised Stress Test Report

NAME: FORAM BANKER  
AGE/GENDER: 33 yrs/FEMALE

ID: 541  
HEIGHT: 146 cm.

Summary report  
WEIGHT: 55 Kg.

PROTOCOL: Bruce  
DATE/TIME: 08-03-2025 16:22

REF. BY:  
SMOKER: Non Smoker

### Test Results

Protocol	: Bruce	Max Work load	: 8.71	BMI	: 26
Target HR	: 187(159)bpm	Exer. Time	: 7:42min	Max RPP(1000)	: 22.72
Maximum HR	: 160(86 %) bpm	Recov. Time	: 3:0min	Max BP	: 142/90 mmHg

Reason for termination :  
Target heart rate achieved

Resting ECG :  
Normal

Indication :  
To assess the exercise tolerance capacity

Chest Pain :  
None

HR Response to Exercise :  
Normal appropriate response

ST Changes :  
None

BP Response to Exercise :  
Resting normal BP - normal response

Arrhythmias :  
None

Overall Impression :  
Normal stress test

History : None

Comment : Normal TMT Test

Medication :  
None

*Aditya Foram D*



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VASTRAPUR, AHMEDABAD

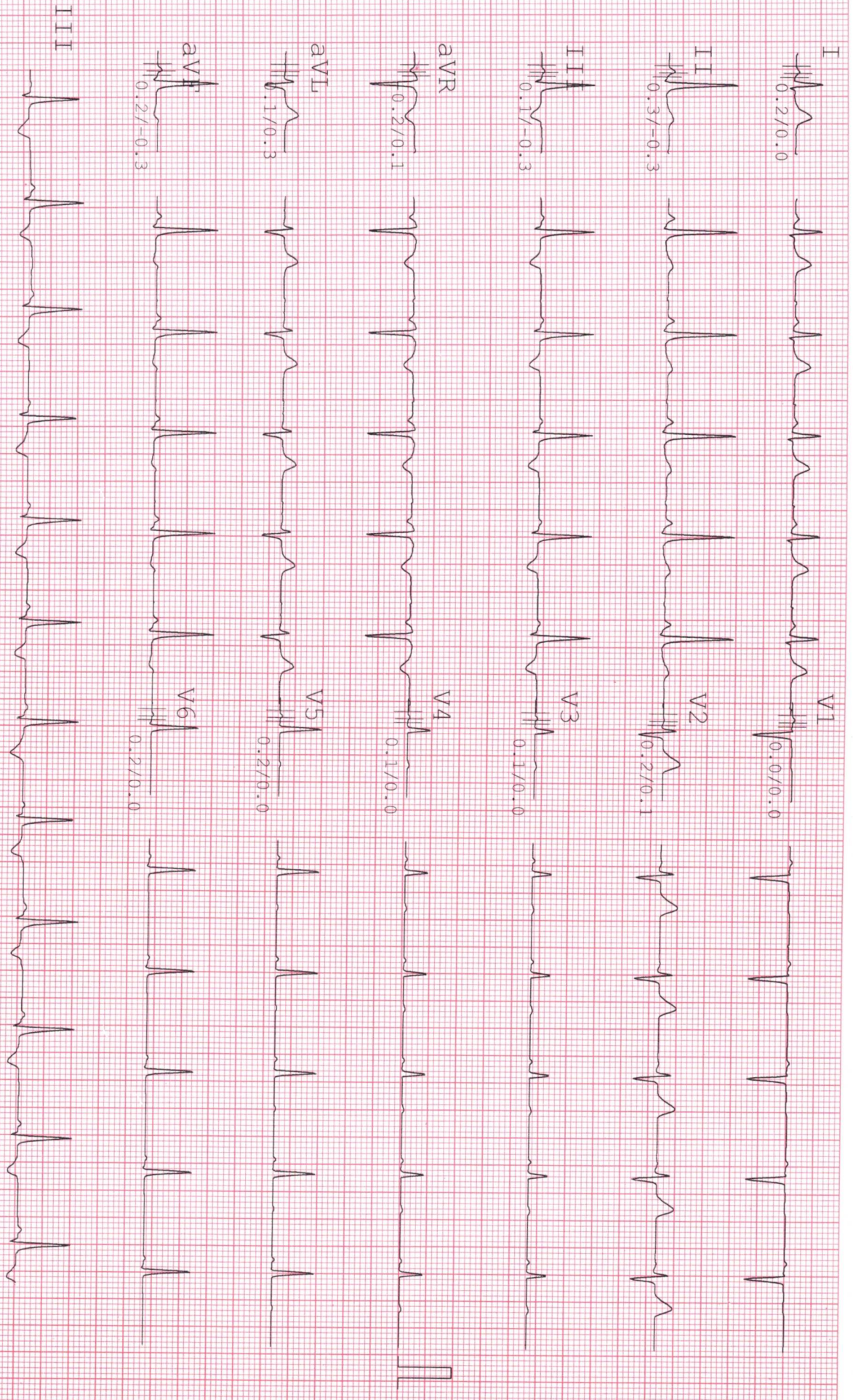
NAME : FORAM BANKER  
 AGE/GENDER : 33 yrs/FEMALE  
 DATE/TIME : 08-03-2025 16:22

ID : 541  
 BP : 114/80mmHg  
 HR : 79bpm

PROTOCOL : Bruce  
 STAGE : Supine  
 STAGE TIME : 00:18

Linked Median Report  
 SPEED/GRADE : 0.00/0.0  
 POST J at 80 msec

GAIN : 1X  
 STL in mm  
 STS in mm/sec



*Adhvi Foram 0*



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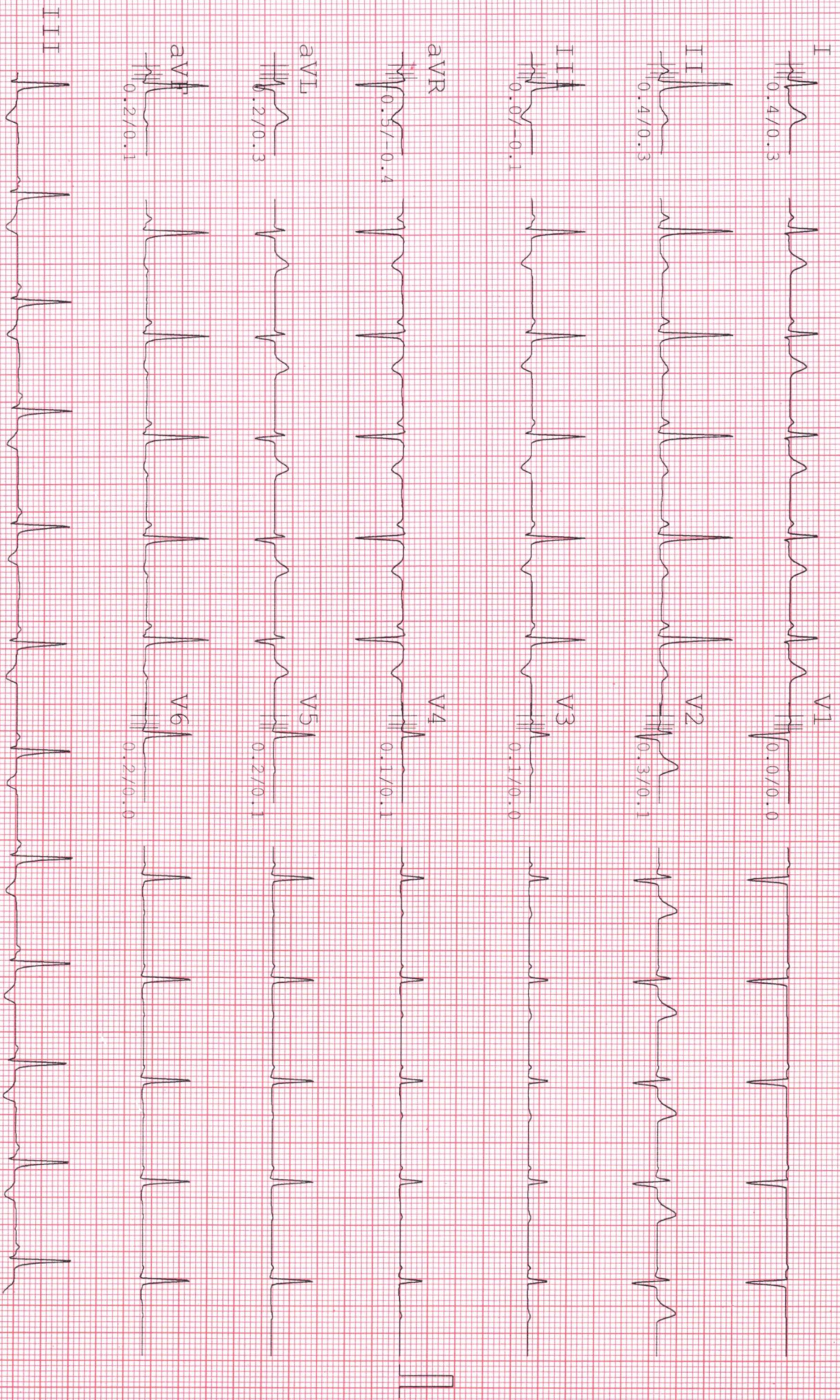
NAME : FORAM BANKER  
 AGE/GENDER : 33 yrs/FEMALE  
 DATE/TIME : 08-03-2025 16:22

ID : 541  
 BP : 114/80mmHg  
 HR : 79bpm

PROTOCOL : Bruce  
 STAGE : Standing  
 STAGE TIME : 00:18

Linked Median Report  
 SPEED/GRADE : 0.00/0.0  
 POST J at 80 msec

GAIN : 1X  
 STL in mm  
 STS in mm/sec



*Admi forum*



# DHS HOSPITAL

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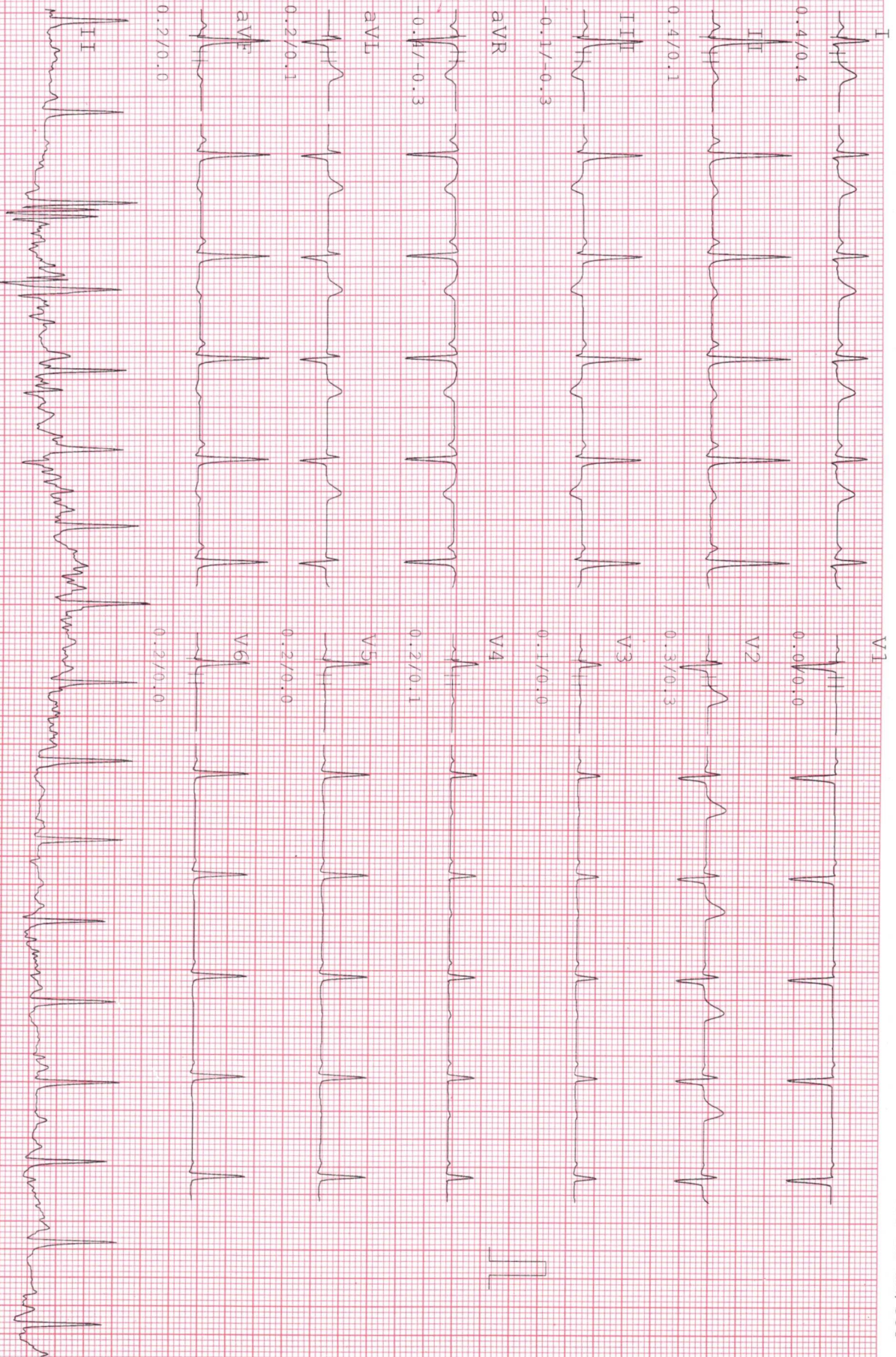
NAME : FORAM BANKER  
AGE/GENDER : 33/FEMALE  
DATE/TIME : 08/Mar/2025 (16:22)

ID: 541  
BP: 114/ 80 mmHg  
HR: 83 bpm

PROTOCOL : Bruce  
STAGE NAME: HyperV  
STAGE TIME: 00:18

Linked Median Report  
SPEED/GRADE: 0.0/0.0  
PostJ 80

ST @ 10 mm/mV  
STL in mm  
STS in mm/sec



Adjuin Foram



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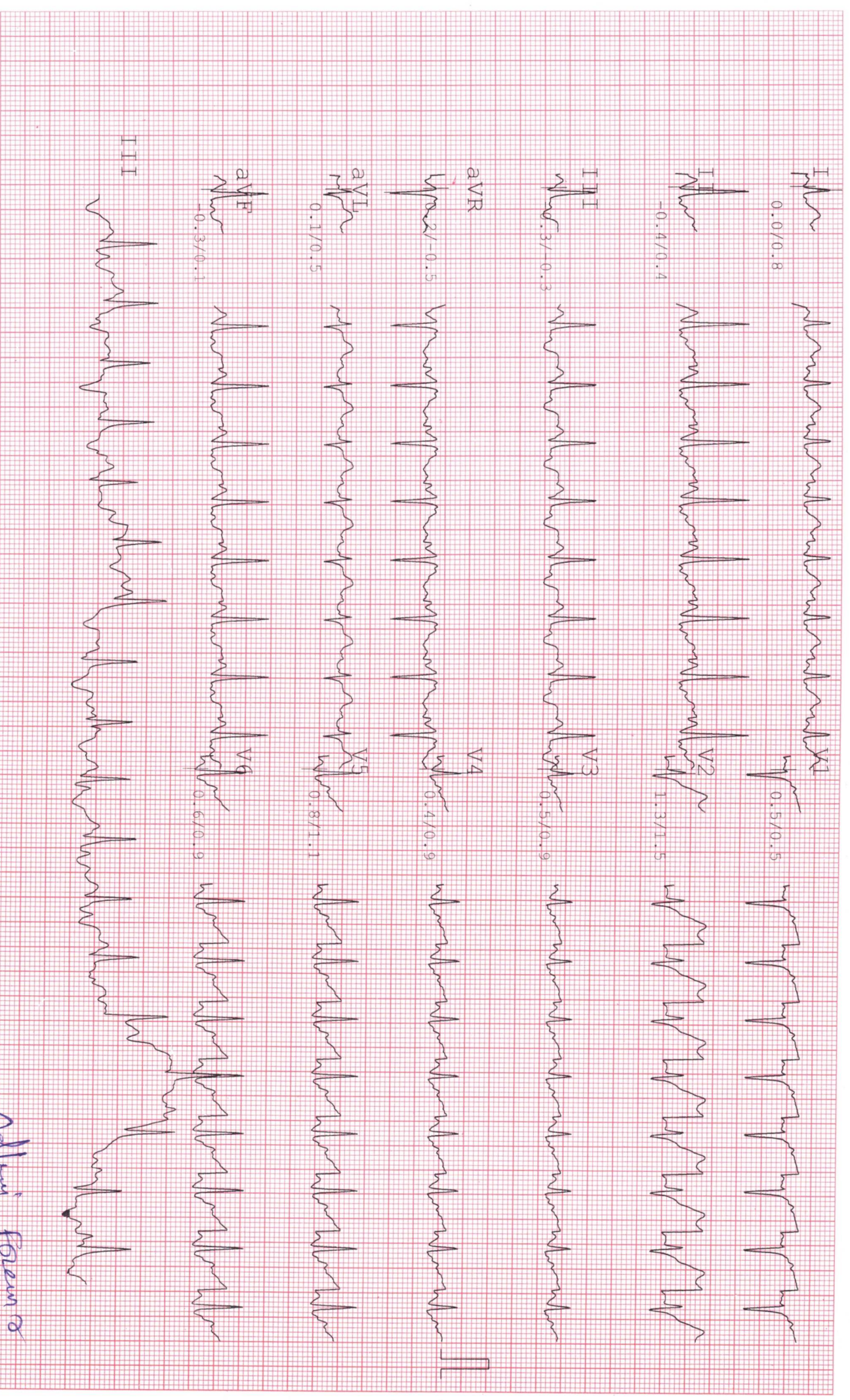
NAME : FORAM BANKER  
 AGE/GENDER : 33 yrs/FEMALE  
 DATE/TIME : 08-03-2025 16:22

ID : 541  
 BP : 122/88mmHg  
 HR : 124bpm

PROTOCOL : Bruce  
 STAGE : Exer : 1/7  
 STAGE TIME : 03:00

Linked Median Report  
 SPEED/GRADE : 1.70/10.0  
 POST J at 80 msec

GAIN : 1X  
 STL in mm  
 STS in mm/sec



*Adhvi Foram*



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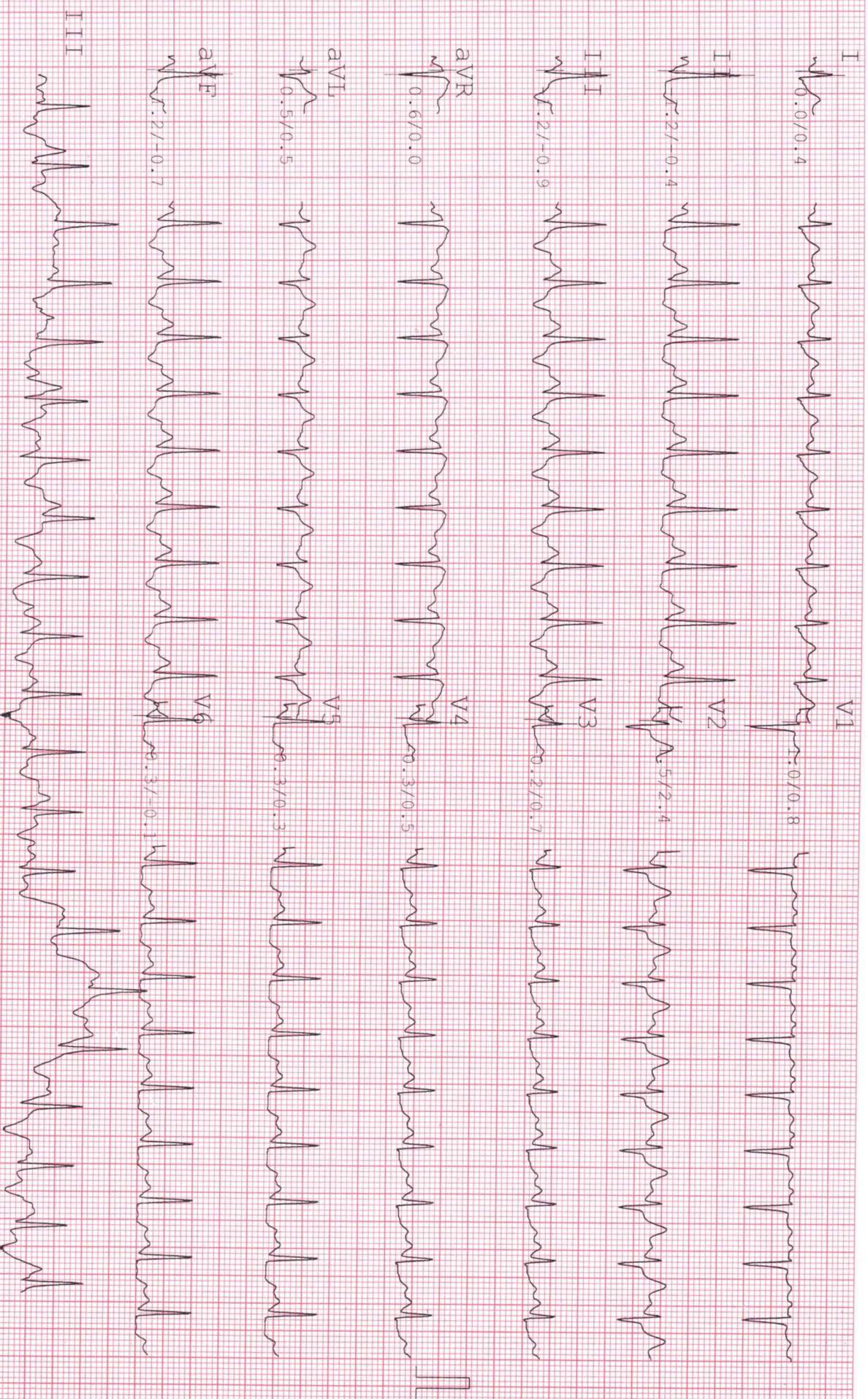
NAME : FORAM BANKER  
AGE/GENDER : 33 yrs/FEMALE  
DATE/TIME : 08-03-2025 16:22

ID : 541  
BP : 132/98mmHg  
HR : 141bpm

PROTOCOL : Bruce  
STAGE : Exer : 2/7  
STAGE TIME : 03:00

Linked Median Report  
SPEED/GRADE : 2.50/12.0  
POST J at 80 msec

GAIN : 1X  
STL in mm  
STS in mm/sec



Admit Form 2



# DHS HOSPITAL

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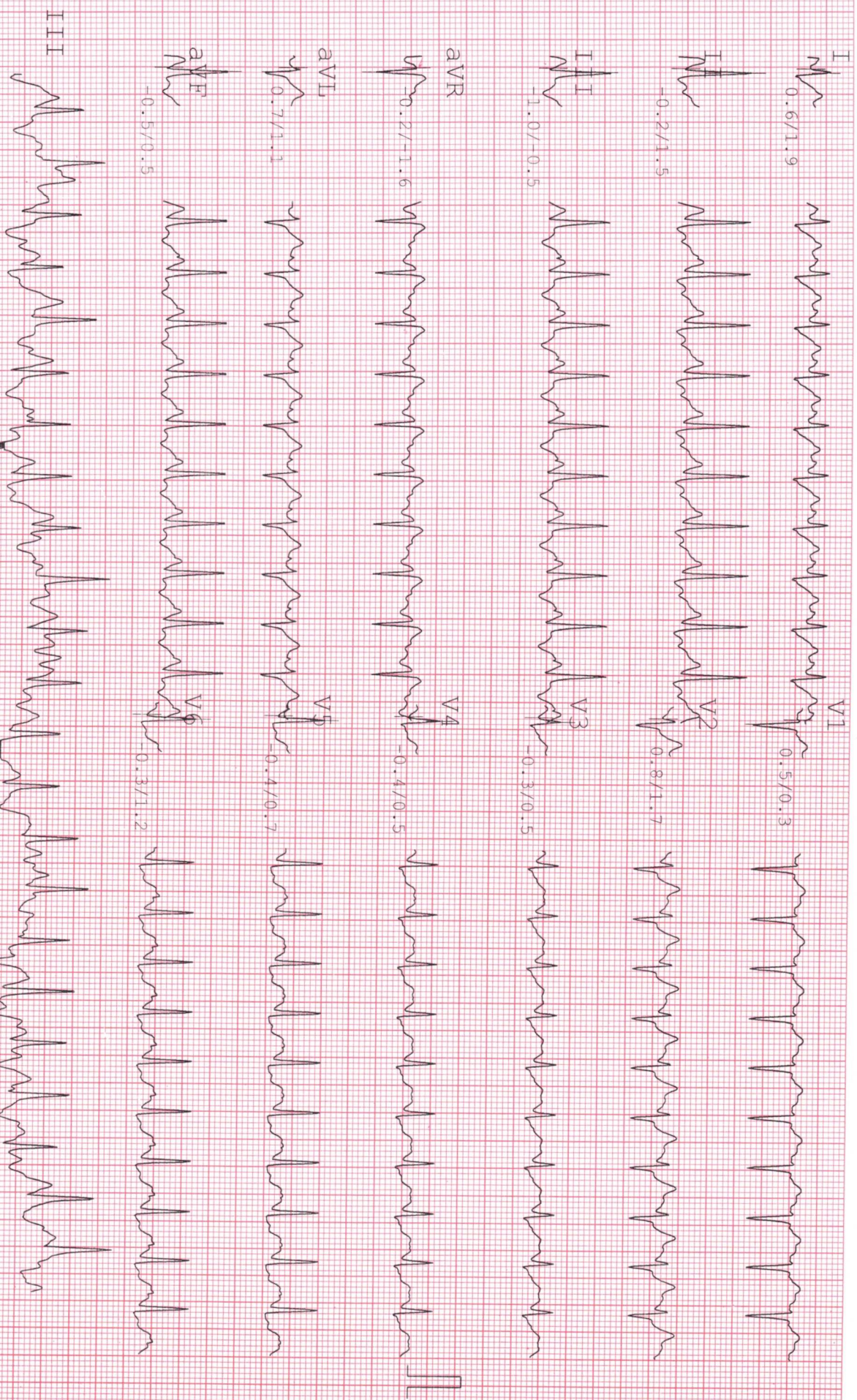
NAME : FORAM BANKER  
 AGE/GENDER : 33 yrs/FEMALE  
 DATE/TIME : 08-03-2025 16:22

ID: 541  
 BP: 142/106mmHg  
 HR: 160bpm

PROTOCOL : Bruce  
 STAGE : Exer : 3/7  
 STAGE TIME: 01:42

Linked Median Report  
 SPEED/GRADE: 3.40/14.0  
 POST J at 80 msec

GAIN: 1X  
 STL in mm  
 STS in mm/sec



*Adhi form 2*



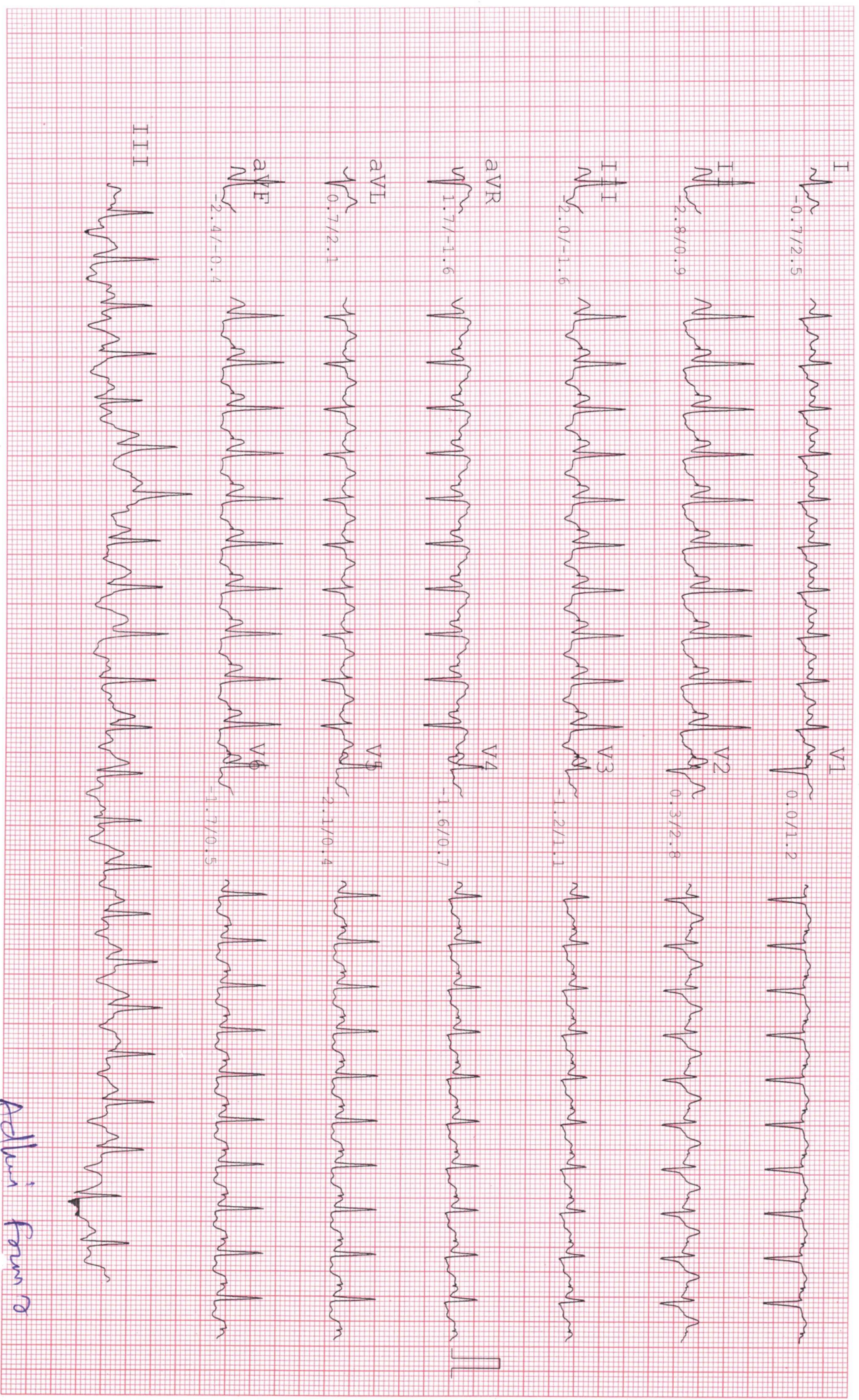
NAME : FORAM BANKER  
AGE/GENDER: 33 yrs/FEMALE  
DATE/TIME : 08-03-2025 16:22

ID : 541  
BP: 142/106mmHg  
HR: 159bpm

PROTOCOL : Bruce  
STAGE : Peak  
STAGE TIME: 00:06

Linked Median Report  
SPEED/GRADE: 3.40/14.0  
POST J at 80 msec

GAIN: 1X  
STL in mm  
STS in mm/sec



Adhvi Foram



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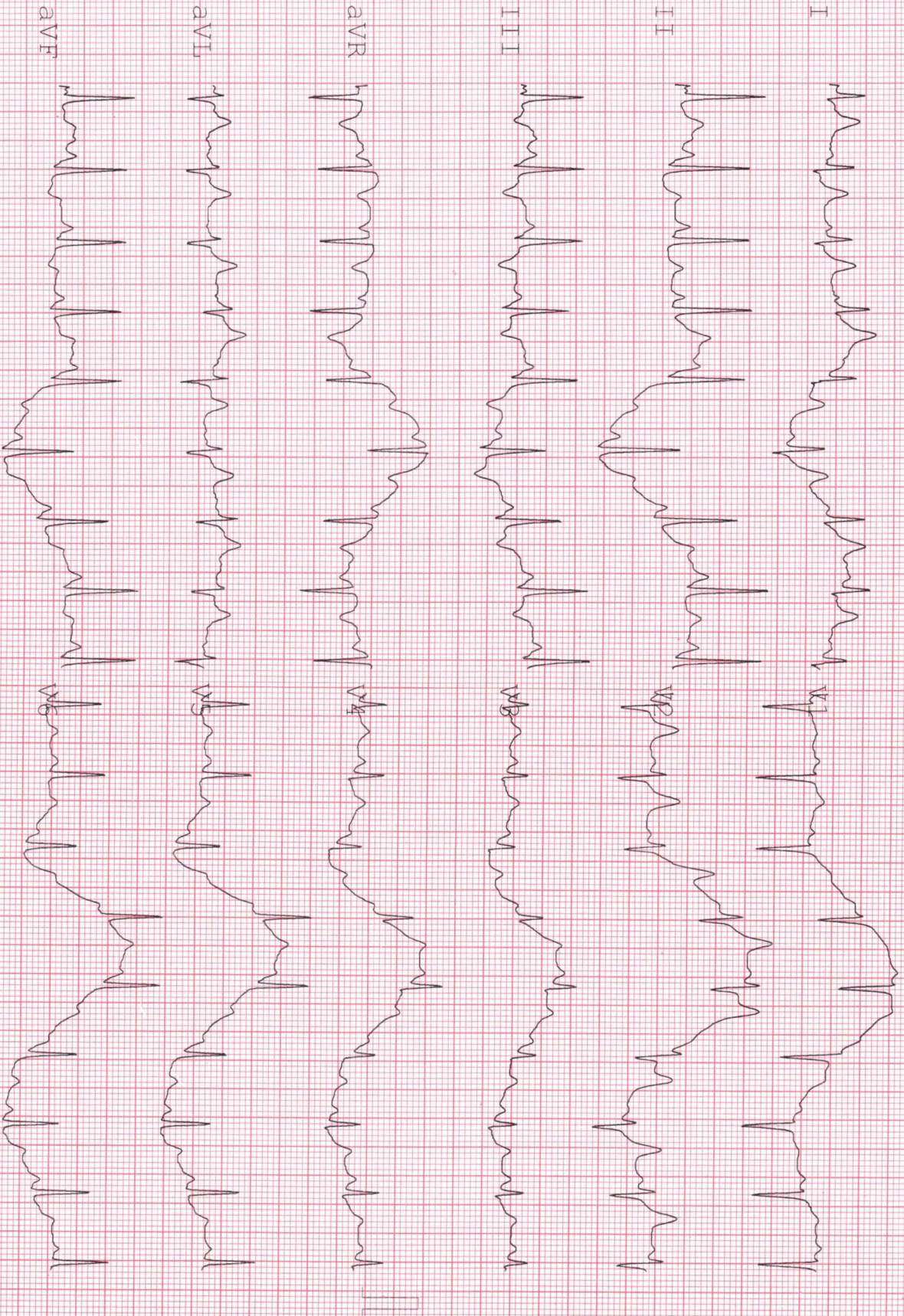
NAME : FORAM BANKER  
AGE/GENDER : 33 yrs/FEMALE  
DATE/TIME : 08-03-2025 16:22

ID : 541  
BP : 136/100mmHg  
HR : 116bpm

PROTOCOL : Bruce  
STAGE : Recovery  
STAGE TIME : 01:00

12 Lead ECG Report  
SPEED/GRADE : 0.00/0.0  
POST J at 80 msec

GAIN : 1X  
STL in mm  
STS in mm/sec



*Adhuri Foram R*



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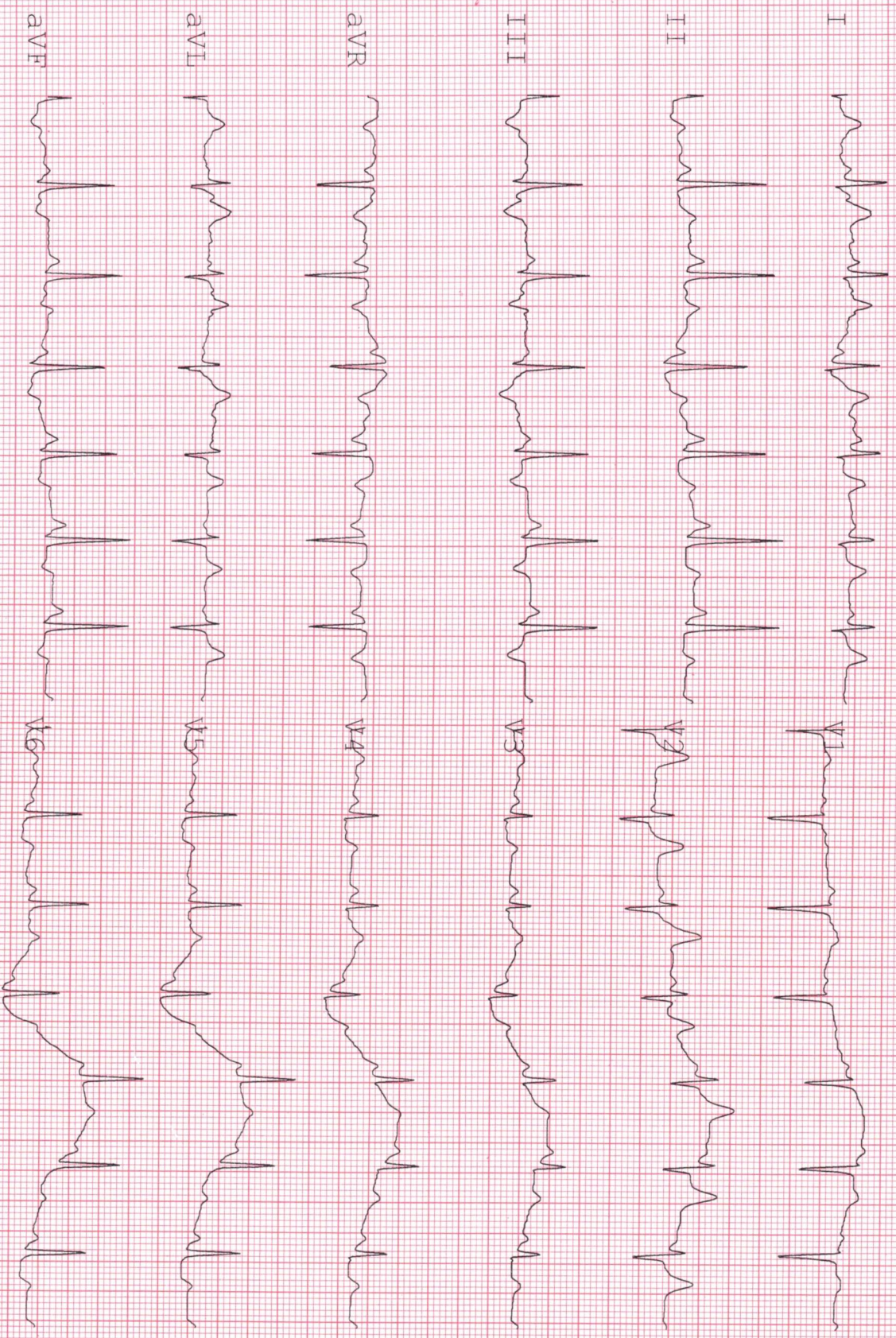
NAME : FORAM BANKER  
AGE/GENDER : 33 yrs/FEMALE  
DATE/TIME : 08-03-2025 16:22

ID : 541  
BP : 130/94mmHg  
HR : 99bpm

PROTOCOL : Bruce  
STAGE : Recovery  
STAGE TIME : 02:12

12 Lead ECG Report  
SPEED/GRADE : 0.00/0.0  
POST J at 80 msec

GAIN : 1X  
STL in mm  
STS in mm/sec



*Adhvi Foram*



# DHS HOSPITAL

VASTRAPUR, AHMEDABAD

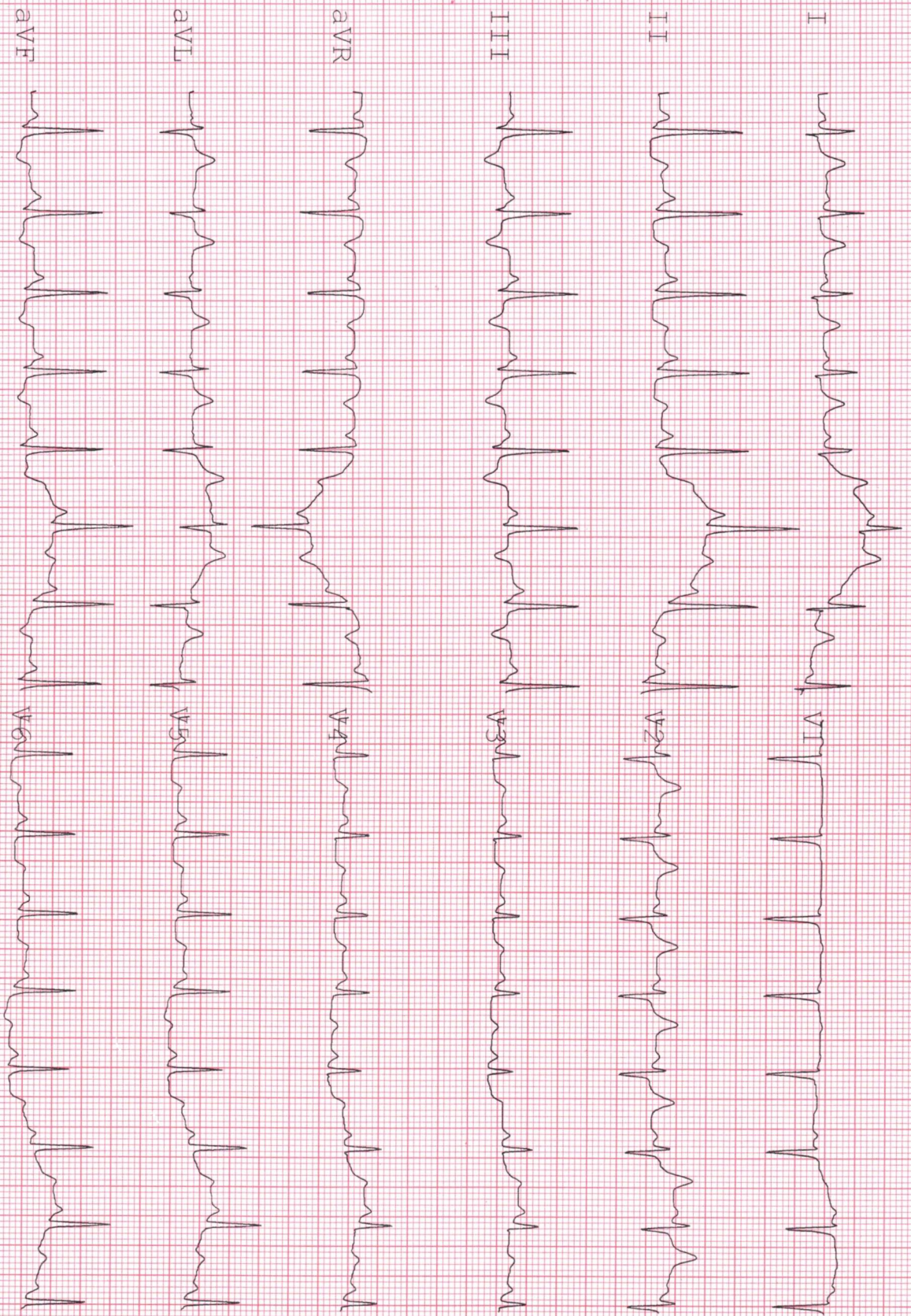
NAME : FORAM BANKER  
AGE/GENDER : 33 yrs/FEMALE  
DATE/TIME : 08-03-2025 16:22

ID : 541  
BP : 126/88mmHg  
HR : 109bpm

PROTOCOL : Bruce  
STAGE : Recovery  
STAGE TIME : 02:54

12 Lead ECG Report  
SPEED/GRADE : 0.00/0.0  
POST J at 80 msec

GAIN : 1X  
STL in mm  
STS in mm/sec



Adhuri Foram



# DHS HOSPITAL

VASTRAPUR, AHMEDABAD

## Computerised Stress Test Report

NAME: FORAM BANKER  
AGE/GENDER: 33 yrs/FEMALE

ID: 541  
HEIGHT: 146 cm.

Summary report  
WEIGHT: 55 Kg.

PROTOCOL: Bruce  
DATE/TIME: 08-03-2025 16:22

REF. BY:  
SMOKER: Non Smoker

Stage	Time Min:Sec	HR bpm	BP mmHg	Speed (mph)/G	Load METS	RPP 1000	TI	V2	V5
Supine	00:18	79	114/80	0.00/0.0	1.0	9.006	0.3/-0.3	0.2/0.1	0.2/0.0
Standing	00:18	80	114/80	0.00/0.0	1.0	9.12	0.4/0.3	0.3/0.1	0.2/0.1
HyperV	00:18	83	114/80	0.00/0.0	1.0	9.462	0.4/0.1	0.3/0.3	0.2/0.0
Exer : 1/7	03:00	127	122/88	1.70/10.0	4.5	15.494	-0.4/0.4	1.3/1.5	0.8/1.1
Exer : 2/7	03:00	140	132/98	2.50/12.0	7.0	18.48	-1.2/-0.4	1.5/2.4	-0.3/0.3
Exer : 3/7	01:42	160	142/106	3.40/14.0	8.7	22.72	-0.2/1.5	0.8/1.7	-0.4/0.7
Peak	07:42	160	142/106	3.40/14.0	8.7	22.72	-2.8/0.9	0.3/2.8	-2.1/0.4
Recovery	01:00	117	136/100	0.00/0.0	1.0	15.912	0.4/1.1	2.0/2.7	-0.1/0.5
Recovery	02:00	105	130/94	0.00/0.0	1.0	13.65	0.3/0.4	1.0/1.3	0.0/0.4
Recovery	03:00	109	126/88	0.00/0.0	1.0	13.734	-0.2/0.1	0.1/0.8	-0.4/-0.1

*Foram Banker*



**PATIENT NAME** FORAM BANKER  
**AGE / SEX** 33 Y/ F  
**REF. DOCTOR** HEALTH CHECK UP  
**DATE** 8-Mar-25

**ULTRASOUND WHOLE ABDOMEN - PELVIS**

**LIVER :** Liver is normal in size and shows **grade 1 fatty changes**.

No focal lesion is seen. Intra-hepatic biliary radicals are not dilated.

**PORTAL VEIN:** appears normal in course and caliber. PV- 10 mm

**GALL BLADDER :** is distended & normal. **CBD:** appears normal, 5mm.

**PANCREAS :** Pancreas appears normal in size and echo pattern.

**SPLEEN :** Spleen is normal in size and shows normal echo pattern.

**KIDNEYS :** Both kidneys are normal in size, shape & echotexture.

No calculus or hydronephrosis seen in either kidney.

**Small cortical cyst noted in right renal lower pole.**

**URINARY BLADDER :** minimally full.

**UTERUS:** normal in size, no focal lesion.

No adnexal mass lesion.

Bowel loops appear normal. No any inflammatory wall thickening or mass lesion is seen.

No lymphadenopathy seen.

No evidence of collection or mass lesion seen in RIF.

No free fluid.

**IMPRESSION :**

**Fatty liver.**

**No other significant abnormality.**

  
**DR. JAY THAKKAR, MD**



<b>Patient Name</b>	<b>FORAM B BANKER</b>	<b>Patient ID</b>	<b>UHID29981</b>
<b>Age/Gender</b>	<b>33 Years / F</b>	<b>Study Date</b>	<b>08-Mar-2025</b>
<b>Referred By</b>		<b>Reported Date</b>	<b>08-Mar-2025</b>

**X – RAY CHEST PA VIEW:**

Both lung fields under vision appear normal.  
Cardiac size appears normal.  
Both costophrenic angles are clear.  
Hilar regions are normal.  
Both domes appear normal in position.  
Bony thorax under vision appears normal.



Dr.Sunny Shivilani  
MD Radiology REG G-33548

**Date Reported: 08-Mar-2025**

This Report is done and digitally signed via Tele Radiology Done at Radiscan Diagnostic Ahmedabad. For any clinical discrepancy, please discuss with the Radiologist. This report is not valid for any medico-legal purposes