

**TEST REPORT**

Reg. No : 2411100381 **UHID :** UHID28146 **Reg. Date :** 23-Nov-2024
Name : MRS.SEEMA **Collected On :** 23-Nov-2024 10:57
Age/Sex : 22 Years / Female **Report Date :** 23-Nov-2024
Ref. By : MEDIWHEEL

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (SLS method)	11.6	g/dL	12.0 - 15.0
Hematocrit (Electrical Impedance)	35.3	%	40 - 54
RBC Count (Electrical Impedance)	4.29	million/cmm	3.8 - 4.8
WBC Count (Flowcytometry)	5490	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	377000	/cmm	150000 - 410000
MCV (Calculated)	82.2	fL	83 - 101
MCH (Calculated)	27.1	Pg	27 - 32
MCHC (Calculated)	32.9	%	31.5 - 34.5
RDW (Calculated)	15.2	%	11.5 - 14.5

DIFFERENTIAL WBC COUNT

Neutrophils (%)	67	%	38 - 70
Lymphocytes (%)	27	%	20 - 45
Monocytes (%)	02	%	2 - 8
Eosinophils (%)	04	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	3678	/cmm	1800 - 7700
Lymphocytes (Absolute)	1482	/cmm	1000 - 3900
Monocytes (Absolute)	110	/cmm	200 - 800
Eosinophils (Absolute)	220	/cmm	20 - 500
Basophils (Absolute)	0	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	2.52	/cmm	0.7 - 4.0

PERIPHERAL SMEAR EXAMINATION

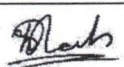
RBC Morphology	Hypochromic and Microcytic with Anisocytosis
WBC Morphology	Total WBC and differential count is within normal.
Platelets	Platelets are adequate with normal morphology.
Parasites	Malarial parasite is not detected.

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	18	mm/hr	0 - 21
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----- End Of Report -----

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(MD.Pathology)
Mr. Akshay Parmar
M.Sc(Biochemistry)

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BLOOD GROUP & RH

SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

ABO 'O'
Rh (D) Negative

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Parameter	Result	Unit	Reference Interval
FBS Fasting Blood Sugar (FBS) <i>Glucose Oxidase-Peroxidase</i>	88.8	mg/dL	70 - 110
PPBS Post Prandial Blood Sugar (PPBS) <i>Glucose Oxidase-Peroxidase</i>	128.3	mg/dL	110 - 140

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HEMOGLOBIN A1C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>HPLC, NGSP Certified</i>	5.8	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
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Mean Blood Glucose <i>Calculated</i>	119.76	mg/dL	
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Criteria for the diagnosis of diabetes:

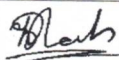
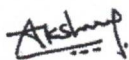
1. HbA1c ≥ 6.5 *Or
 2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
 3. Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucosedissolved in water.Or
 4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 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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**TEST REPORT**

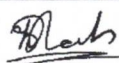
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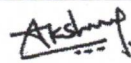
Parameter	Result	Unit	Reference Interval
LIVER FUNCTION TEST			
SGPT <i>Optimized UV-IFCC</i>	18.2	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	13.6	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.37	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.14	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.23	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	58	U/L	53 - 128
Total Protein	6.93	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	4.20	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.73	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.54		0.8 - 2.0
GGT	27.3	U/L	1 - 55

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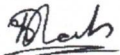
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RENAL FUNCTION TEST			
Creatinine <i>Enzymatic ,IDMS Traceable</i>	0.65	mg/dL	0.6 - 1.1
Urea <i>Urease-GLDH, enzymatic UV</i>	25.3	mg/dL	13.0 - 40.0
BUN <i>Calculated</i>	11.82	mg/dL	7 - 23
Uric Acid <i>Enzymatic using TBHBA</i>	3.2	mg/dL	2.6 - 6.2
Sodium <i>Direct ISE</i>	138.3	mmol/L	137 - 145
Potassium <i>Direct ISE</i>	4.52	mmol/L	3.6 - 5.0
Chloride <i>Direct ISE</i>	95.3	mmol/L	94 - 110
Ionized Calcium <i>Direct ISE</i>	4.78	mg/dL	4.4 - 5.4

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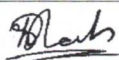
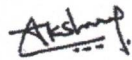
LIPID PROFILE

Cholesterol <i>CHOD-PAP method</i>	207	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	132.5	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	26.50	mg/dL	15 - 35
LDL CHOLESTEROL	144.00	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Magnetic Cholesterol Oxidase</i>	36.5	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	5.67		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	3.95		0 - 3.5
Total Lipids <i>Calculated</i>	639.00		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	1.41	ng/mL	0.6 - 1.81
T4 (Thyroxine) CMIA	6.89	µg/dL	4.5 - 12.5
TSH ELFA-Enzyme Linked Fluorescent Assay	0.702	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

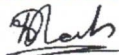
Third trimester : 0.3 to 3.0 µIU/mL

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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URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION**

Quantity	20 cc
Colour	Pale Yellow
Clarity	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

pH	7.0	4.6 - 8.0
Sp. Gravity	1.015	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	1-2/hpf
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Yeast	Nil
T. Vaginalis	Nil
Spermatozoa	Nil

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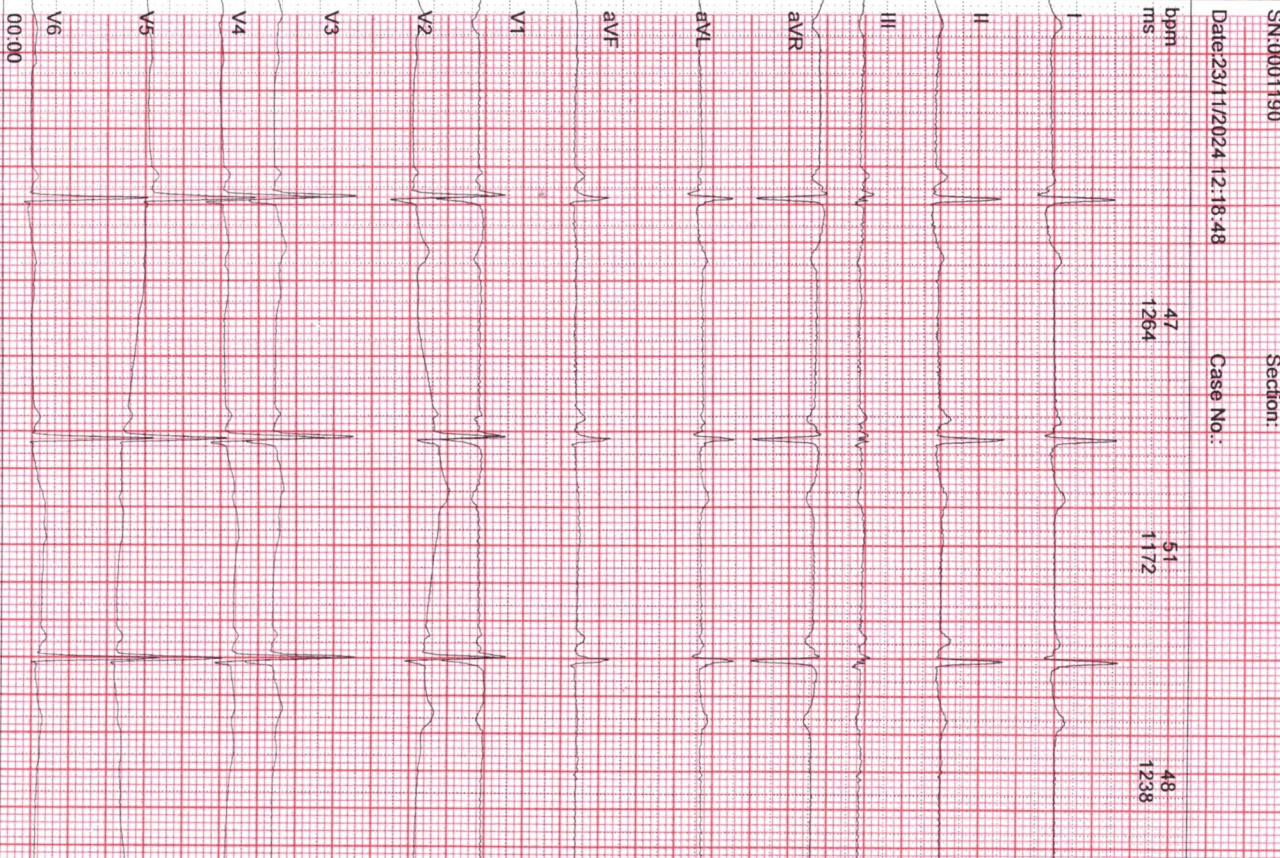
Name: SEEMA
 Sex: Female
 Age: 22Y
Seema

Clinic No.:
 Bed No.:

Frequency: 1000 Hz
 Sample Time: 25 s
 HR: 50 bpm
 P Interval: 92 ms

PR Interval: 134 ms
 QT Interval: 192 ms
 QTc Interval: 175 ms
 P Axis: 49.06°

Prompt:
 Total Beats 20, Normal Beats 20, SVE 0, VE 0.
 Sinus Bradycardia(Sinus P wave, PR duration between 120ms and 200ms, HR < 60 bpm).
 Normal cardiac electric axis(QRS axis between 30 degree and 90 degree);
 Abnormal T, PROBABLY anterior ischemic(-0.1+ mV T wave in lead V3/V4).



Lead	QRS Interval (ms)	T Interval (ms)	QRS Axis (deg)	T Axis (deg)	PR Interval (ms)	QT Interval (ms)	QTc Interval (ms)	P Axis (deg)
I	47	1264	47	1256	134	192	175	49.06
II	51	1172	47	1256	134	192	175	49.06
III	48	1238	47	1256	134	192	175	49.06
aVR	54	1108	47	1256	134	192	175	49.06
aVL	56	138	47	1256	134	192	175	49.06
aVF	138	138	47	1256	134	192	175	49.06
V1	56	138	47	1256	134	192	175	49.06
V2	56	138	47	1256	134	192	175	49.06
V3	56	138	47	1256	134	192	175	49.06
V4	56	138	47	1256	134	192	175	49.06
V5	56	138	47	1256	134	192	175	49.06
V6	56	138	47	1256	134	192	175	49.06

Phy Sign:

Lead	PA	RA	SA	STM	TA
I	0.06mV	-0.12mV	0.74mV	-	-
II	0.05mV	-	-	-	-
III	0.12mV	-	-	-	-
aVR	0.02mV	-	-	-	-
aVL	0.77mV	-	-	-	-
aVF	-	-	-	-	-
V1	0.04mV	-	-	-	-
V2	0.09mV	-	-	-	-
V3	0.11mV	-	-	-	-
V4	-0.05mV	-	-	-	-
V5	-0.08mV	-	-	-	-
V6	-0.09mV	-	-	-	-

DHS HOSPITAL

VASTRAPUR, AHMEDABAD

Computerised Stress Test Report

NAME: SEEMA J ID: 381 Summary report PROTOCOL: Bruce REF. BY:
AGE/GENDER: 22 yrs/FEMALE HEIGHT: 162 cm. WEIGHT: 62 Kg. DATE/TIME: 23-11-2024 12:28 SMOKER: Non Smoker

Test Results

Protocol : Bruce Max Work load : 6.73 BMI : 24
Target HR : 198(168)bpm Exer. Time : 5:42min Max RPP(1000) : 12.772
Maximum HR : 103(52 %) bpm Recov. Time : 3:6min Max BP : 124/44 mmHg

Reason for termination :
Fatigue 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

See mg

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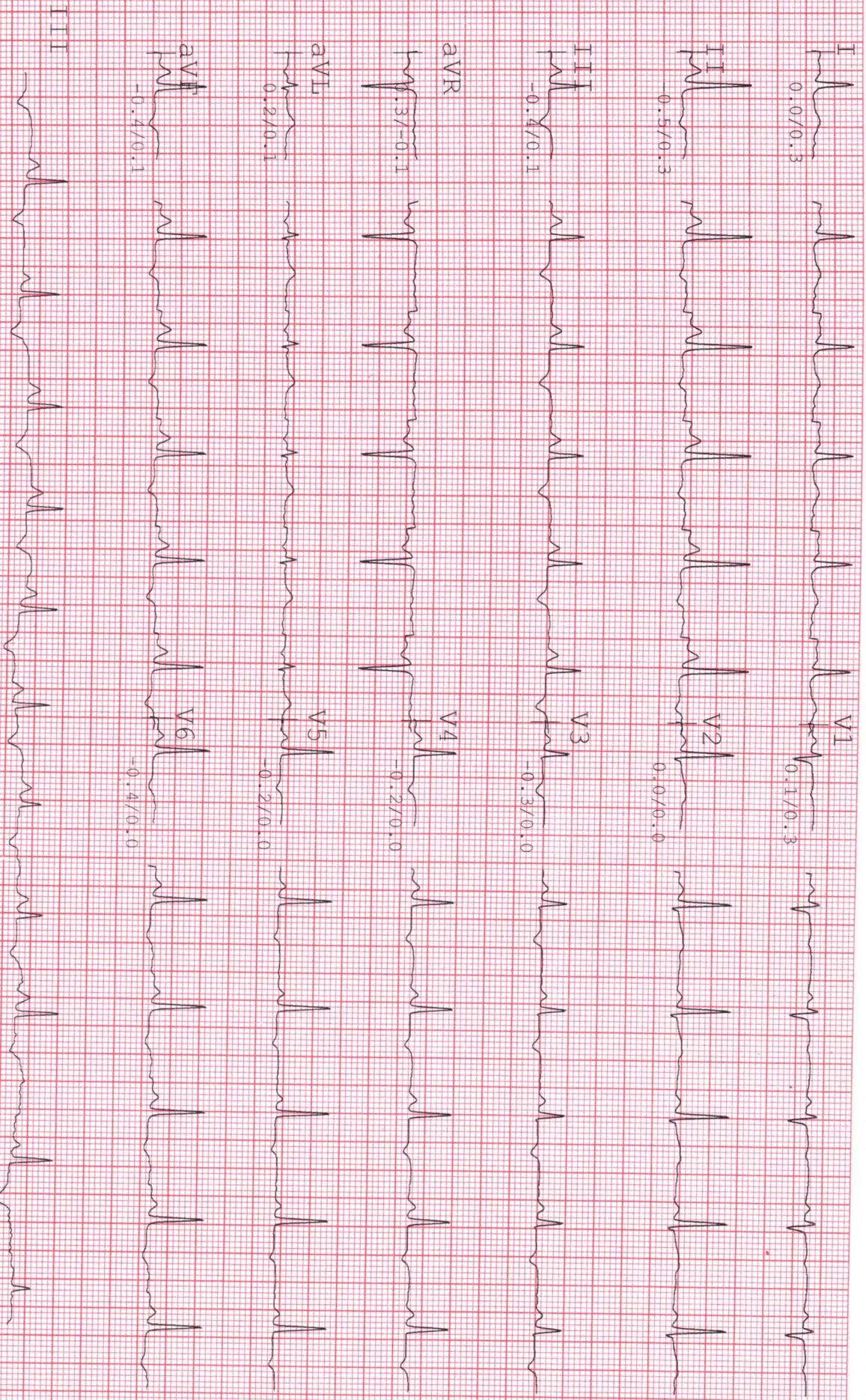
NAME : SEEMA J
AGE/GENDER : 22 yrs/FEMALE
DATE/TIME : 23-11-2024 12:28

ID : 381
BP : 106/76mmHg
HR : 77bpm

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



Seema

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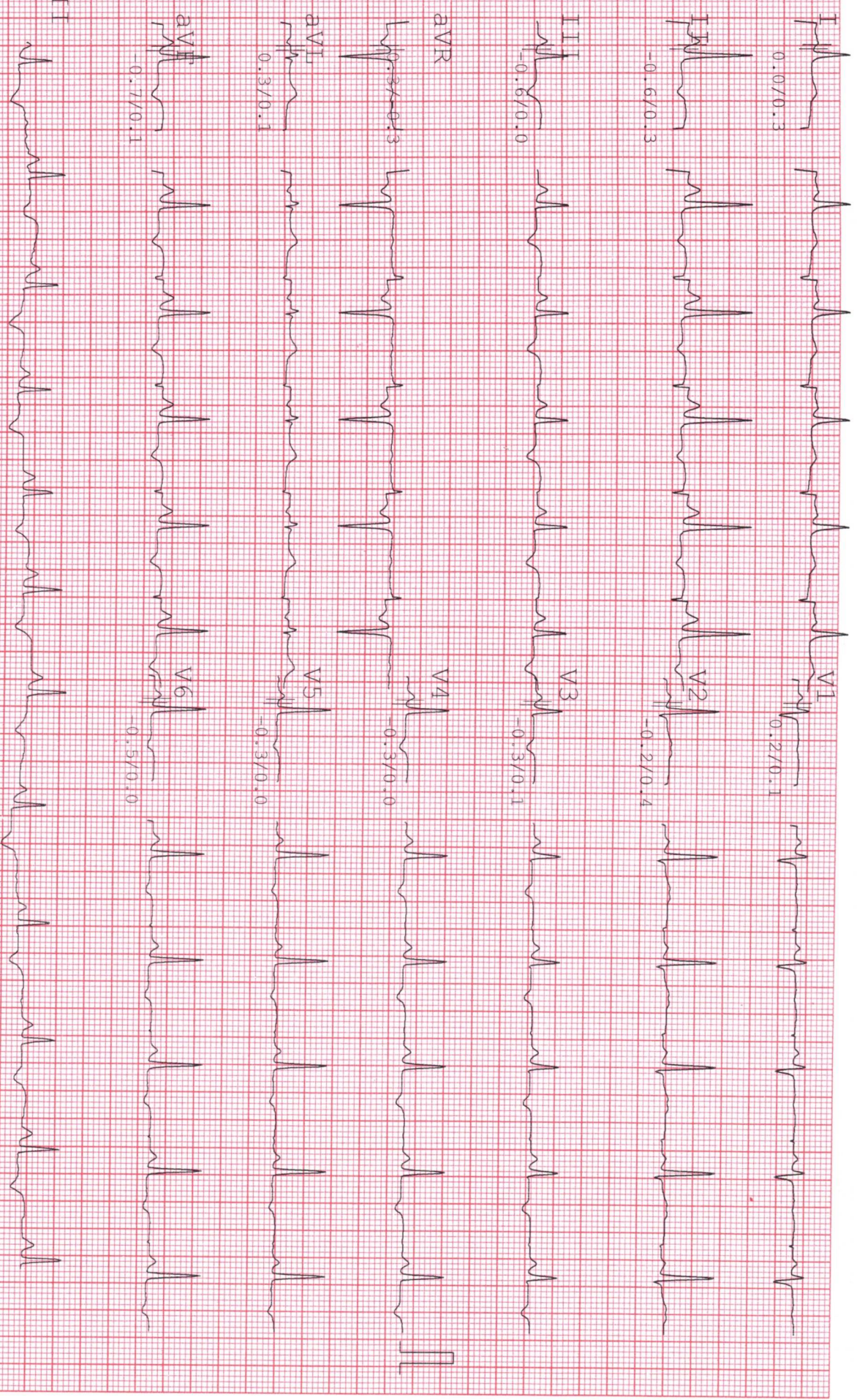
NAME : SEEMA J
AGE/GENDER : 22 yrs/FEMALE
DATE/TIME : 23-11-2024 12:28

ID : 381
BP : 106/76mmHg
HR : 76bpm

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



Seema

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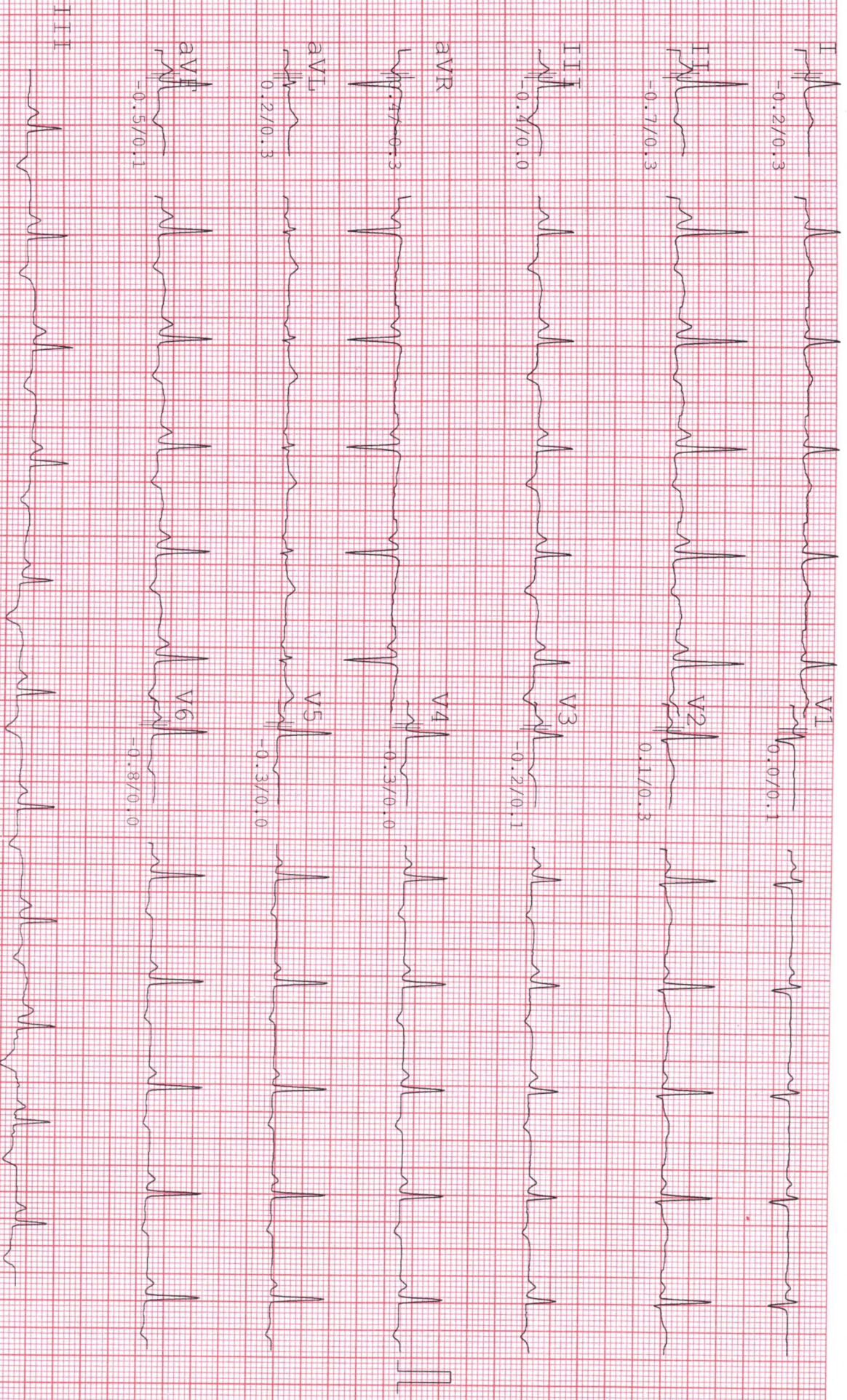
NAME : SEEMA J
AGE/GENDER : 22 Yrs/FEMALE
DATE/TIME : 23-11-2024 12:28

ID : 381
BP : 106/76mmHg
HR : 75bpm

PROTOCOL : Bruce
STAGE : HyperV
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



Seema

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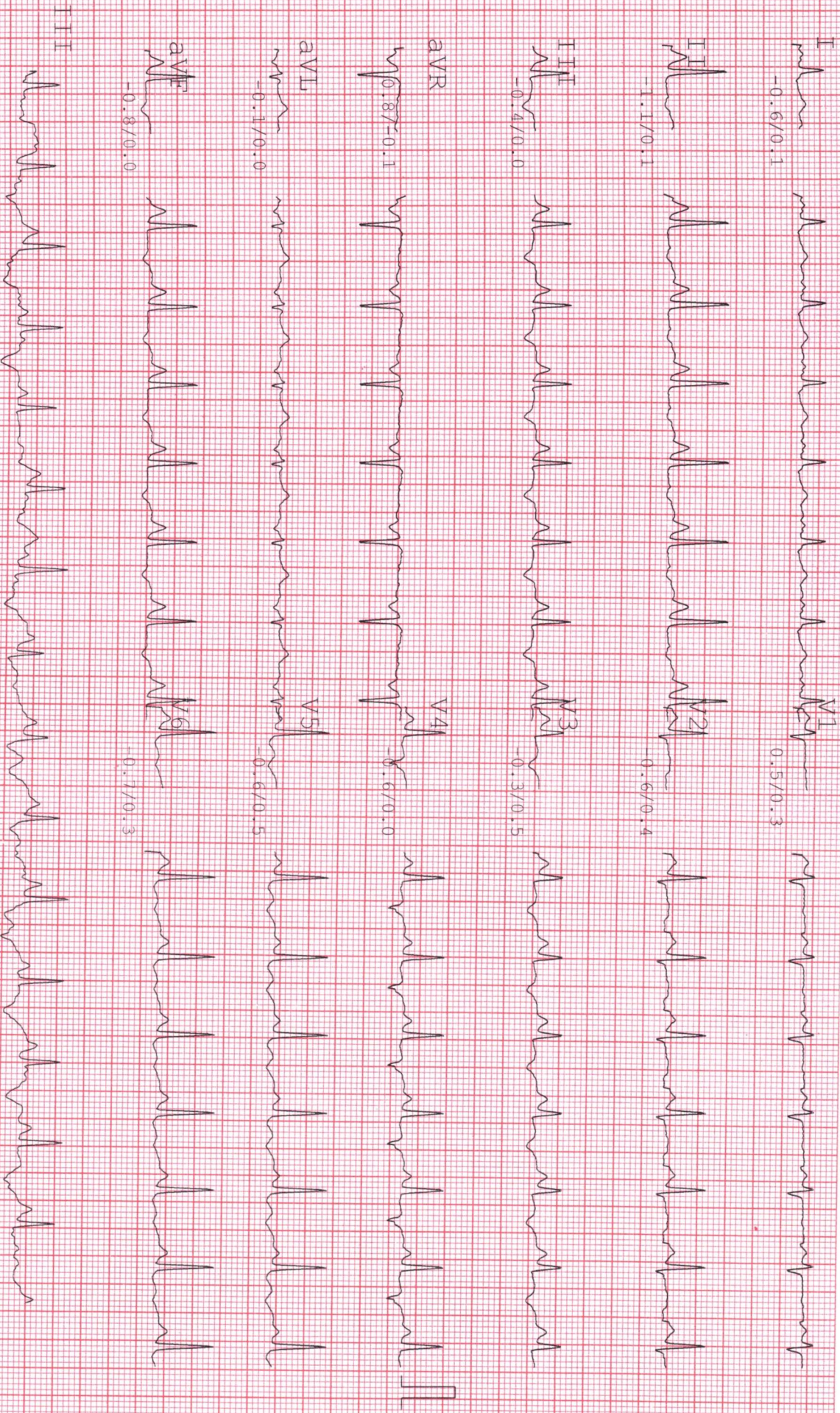
NAME : SEEMA J
AGE/GENDER : 22 YRS/FEMALE
DATE/TIME : 23-11-2024 12:28

ID : 381
BP : 114/84mmHg
HR : 103bpm

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



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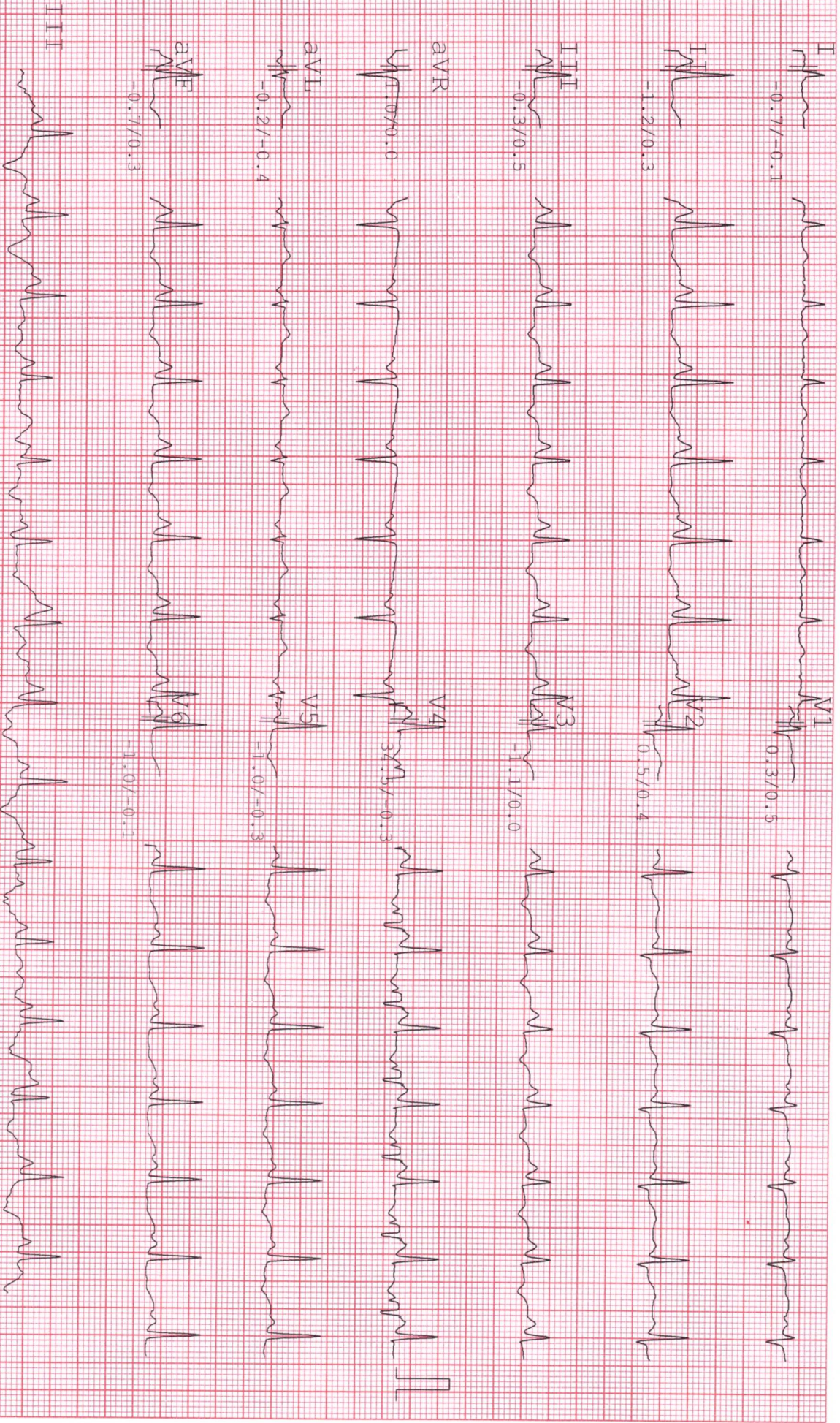
NAME : SEEMA J
AGE/GENDER : 22 Yrs/FEMALE
DATE/TIME : 23-11-2024 12:28

ID : 381
BP : 124/94mmHg
HR : 103bpm

PROTOCOL : Bruce
STAGE : Exer : 2/7
STAGE TIME : 02:42

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

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



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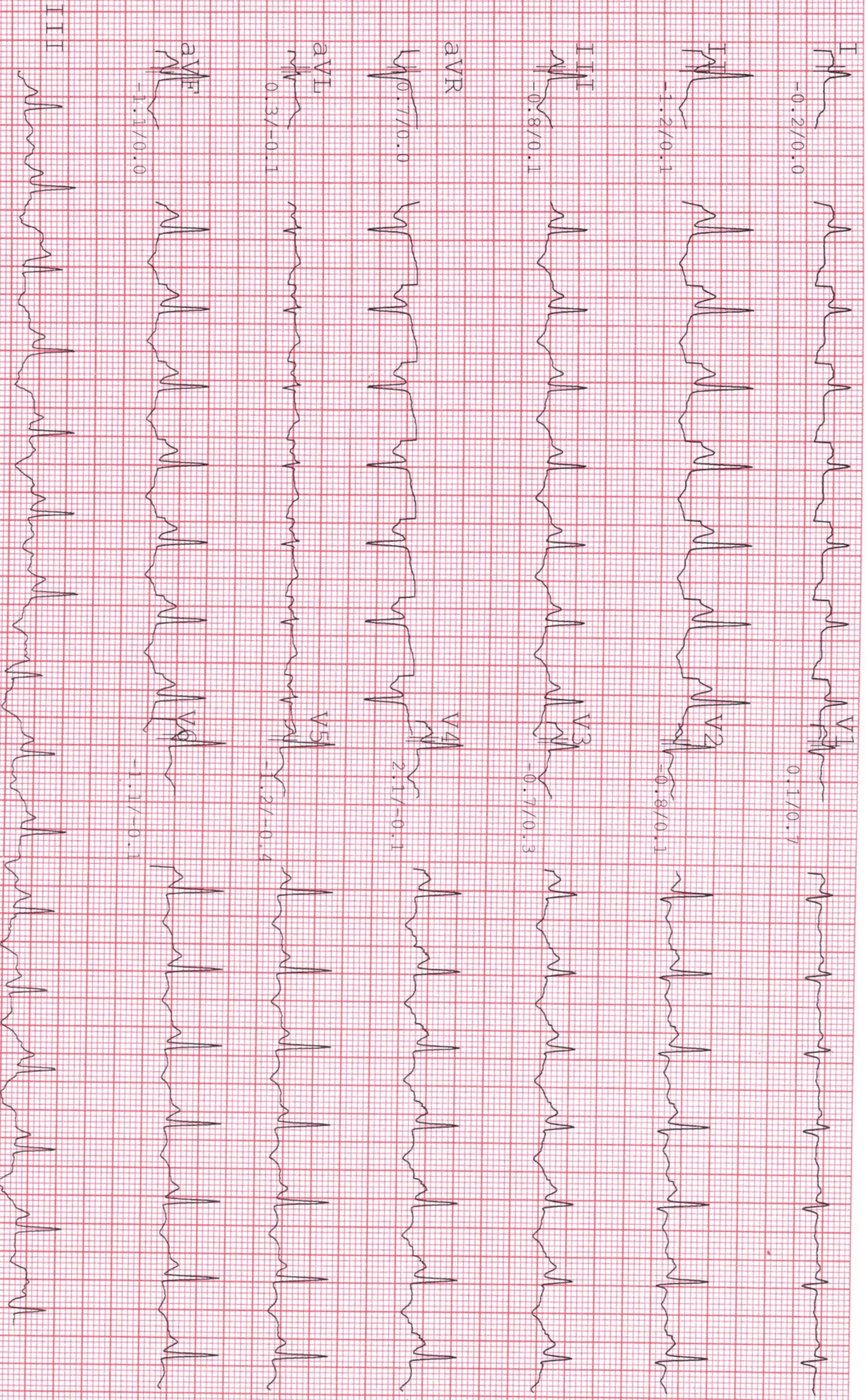
NAME : SEEMA J
AGE/GENDER: 22 yrs/FEMALE
DATE/TIME : 23-11-2024 12:28

ID: 381
BP: 124/94mmHg
HR: 106bpm

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

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

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



Seema

DHS HOSPITAL

VASTRAPUR, AHMEDABAD

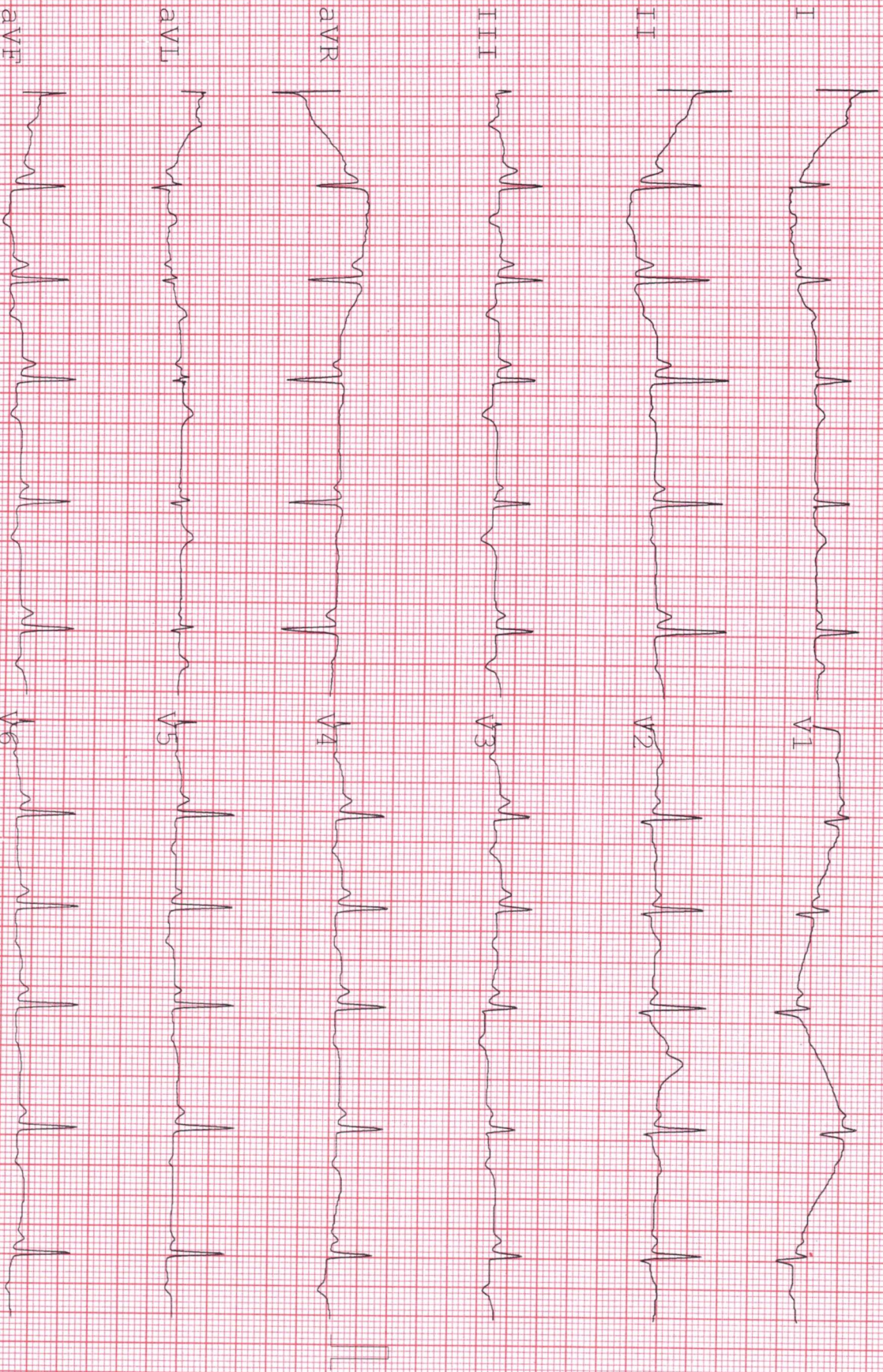
NAME : SEEMA J
AGE/GENDER : 22 yrs/FEMALE
DATE/TIME : 23-11-2024 12:28

ID : 381
BP : 120/90mmHg
HR : 81bpm

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



Seema

DHS HOSPITAL

VASTRAPUR, AHMEDABAD

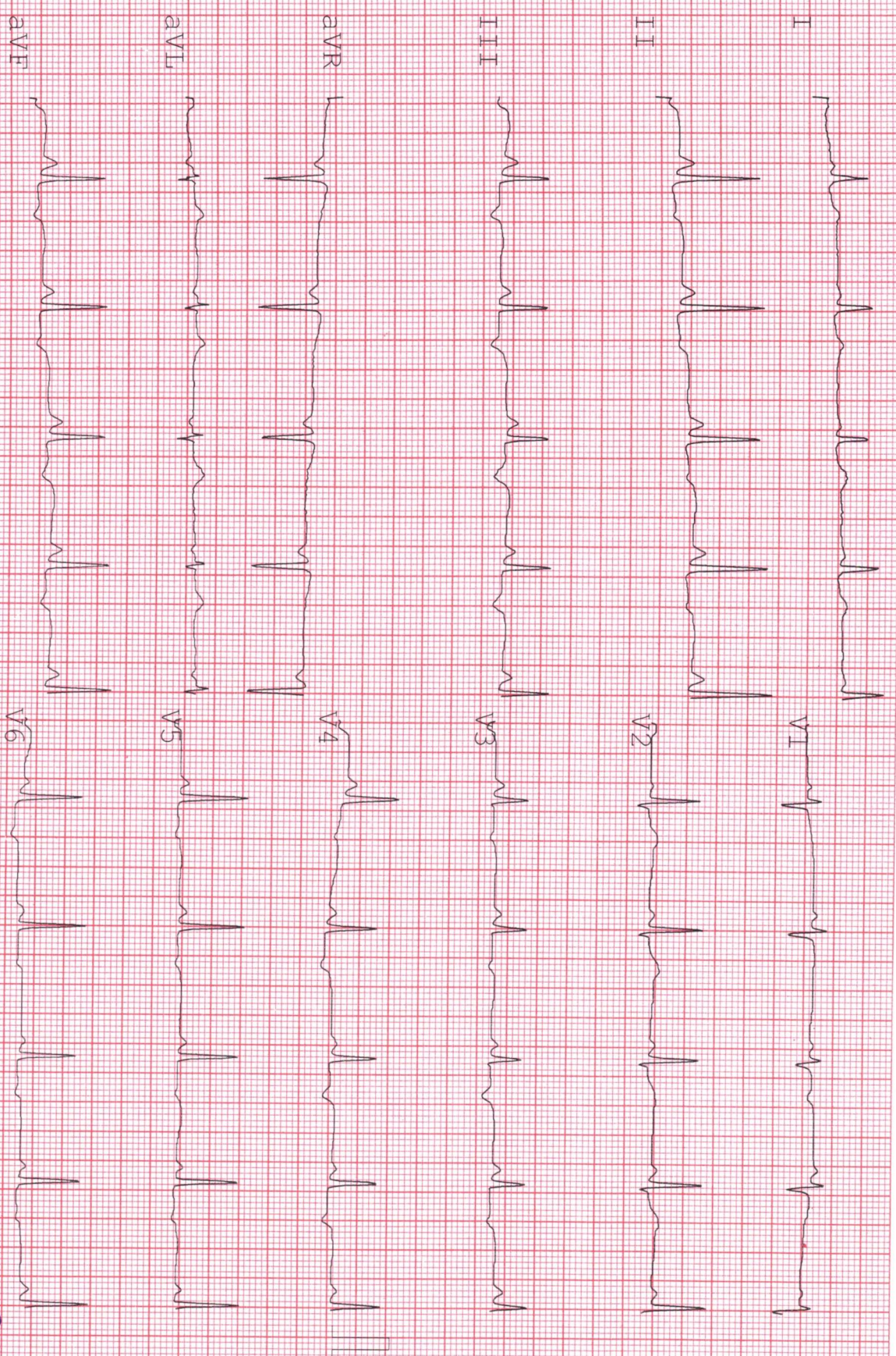
NAME : SEEMA J
AGE/GENDER : 22 yrs/FEMALE
DATE/TIME : 23-11-2024 12:28

ID : 381
BP : 116/86mmHg
HR : 74bpm

PROTOCOL : Bruce
STAGE : Recovery
STAGE TIME : 02:00

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

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



Seema

DHS HOSPITAL

VASTRAPUR, AHMEDABAD

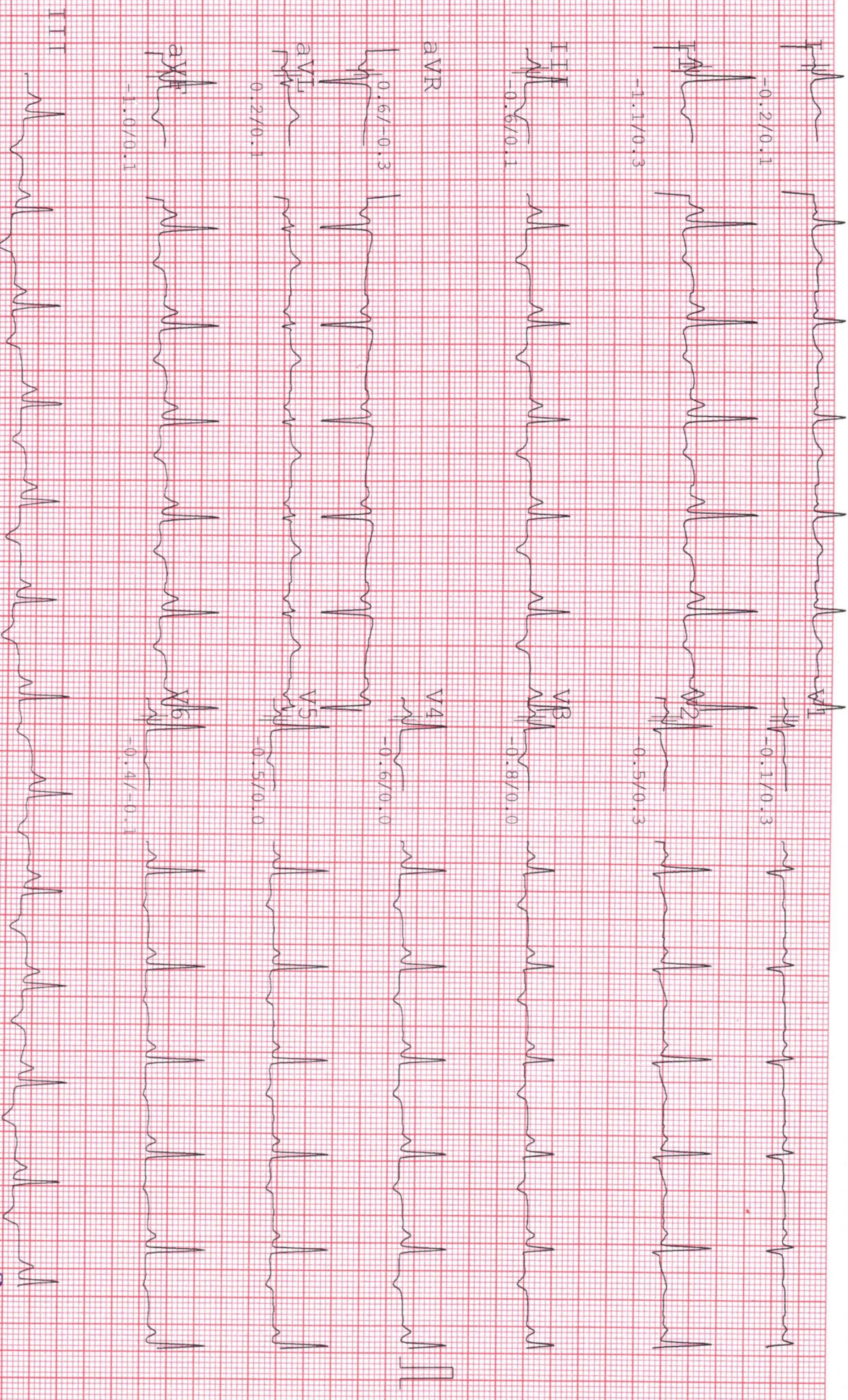
NAME : SEEMA J
AGE/GENDER : 22 yrs/FEMALE
DATE/TIME : 23-11-2024 12:28

ID : 381
BP : 110/80mmHg
HR : 84bpm

PROTOCOL : Bruce
STAGE : Recovery
STAGE TIME : 03:00

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

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



Seema

DHS HOSPITAL

VASTRAPUR, AHMEDABAD

Computerised Stress Test Report

NAME: SEEMA J
AGE/GENDER: 22 yrs/FEMALE

ID: 381
HEIGHT: 162 cm.

Summary report
WEIGHT: 62 Kg.

PROTOCOL: Bruce
DATE/TIME: 23-11-2024 12:28

REF. BY:
SMOKER: Non Smoker

Stage	Time Min:Sec	HR bpm	BP mmHg	Speed (mph) /G rate(%)	Load METS	RPP 1000	II	V2	V5
Supine	00:18	74	106/76	0.00/0.0	1.0	7.844	-0.5/0.3	0.0/0.0	-0.2/0.0
Standing	00:18	75	106/76	0.00/0.0	1.0	7.95	-0.6/0.3	-0.2/0.4	-0.3/0.0
HyperV	00:18	74	106/76	0.00/0.0	1.0	7.844	-0.7/0.3	0.1/0.3	-0.3/0.0
Exer : 1/7	03:00	100	114/84	1.70/10.0	4.5	11.4	-1.1/0.1	-0.6/0.4	-0.6/0.5
Exer : 2/7	02:42	102	124/94	2.50/12.0	6.7	12.648	-1.2/0.3	0.5/0.4	-1.0/-0.3
Peak	05:42	103	124/94	2.50/12.0	6.7	12.772	-1.2/0.1	-0.8/0.1	-1.2/-0.4
Recovery	01:00	82	120/90	0.00/0.0	1.0	9.84	0.0/0.5	0.0/0.3	-0.1/0.1
Recovery	02:00	71	116/86	0.00/0.0	1.0	8.236	-0.8/0.3	-0.1/0.3	-0.4/0.0
Recovery	03:00	80	110/80	0.00/0.0	1.0	8.8	-1.1/0.3	-0.5/0.3	-0.5/0.0
Recovery	03:06	85	110/80	0.00/0.0	1.0	9.35	-1.0/0.4	-0.6/0.3	-0.5/0.0

SEEMA

Patient Name	SEEMA	Patient ID	UHID28146
Age/Gender	22 Years / F	Study Date	23-Nov-2024
Referred By		Reported Date	23-Nov-2024

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-33548

Date Reported: 23-Nov-2024

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