


TEST REPORT

| | | |
|------------------------------------|-------------------------|-----------------------------------------|
| Reg. No : 2503100101 | UHID : UHID29966 | Reg. Date : 08-Mar-2025 |
| Name : PARULBEN M DESAI | | Collected On : 08-Mar-2025 08:39 |
| Age/Sex : 41 Years / Female | | Report Date : 08-Mar-2025 |
| Ref. By : MEDIWHEEL | | |

| Parameter | Result | Unit | Reference Interval |
|-----------|--------|------|--------------------|
|-----------|--------|------|--------------------|

COMPLETE BLOOD COUNT (CBC)

| | | | |
|---------------------------------------|--------|-------------|-----------------|
| Hemoglobin (SLS method) | 11.9 | g/dL | 12.0 - 15.0 |
| Hematocrit (Electrical Impedance) | 37.4 | % | 40 - 54 |
| RBC Count (Electrical Impedance) | 4.55 | million/cmm | 3.8 - 4.8 |
| WBC Count (Flowcytometry) | 6540 | /cmm | 4000 - 10000 |
| Platelet Count (Electrical Impedance) | 390000 | /cmm | 150000 - 410000 |
| MCV (Calculated) | 82.3 | fL | 83 - 101 |
| MCH (Calculated) | 26.3 | Pg | 27 - 32 |
| MCHC (Calculated) | 31.9 | % | 31.5 - 34.5 |
| RDW (Calculated) | 12.9 | % | 11.5 - 14.5 |

DIFFERENTIAL WBC COUNT

| | | | |
|----------------------------------|------|------|-------------|
| Neutrophils (%) | 50 | % | 38 - 70 |
| Lymphocytes (%) | 44 | % | 20 - 45 |
| Monocytes (%) | 04 | % | 2 - 8 |
| Eosinophils (%) | 02 | % | 1 - 4 |
| Basophils (%) | 00 | % | 0 - 1 |
| Neutrophils (Absolute) | 3270 | /cmm | 1800 - 7700 |
| Lymphocytes (Absolute) | 2878 | /cmm | 1000 - 3900 |
| Monocytes (Absolute) | 262 | /cmm | 200 - 800 |
| Eosinophils (Absolute) | 131 | /cmm | 20 - 500 |
| Basophils (Absolute) | 0 | /cmm | 0 - 100 |
| Neutrophil-Lymphocyte Ratio(NLR) | 1.15 | /cmm | 0.7 - 4.0 |

PERIPHERAL SMEAR EXAMINATION

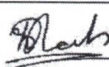
| | |
|----------------|----------------------------------------------------|
| RBC Morphology | RBCs are Normochromic Normocytic. |
| WBC Morphology | Total WBC and differential count is within normal. |
| Platelets | Platelets are adequate with normal morphology. |
| Parasites | Malarial parasite is not detected. |

ERYTHROCYTE SEDIMENTATION RATE

| | | | |
|--------------------|----|-------|--------|
| ESR (After 1 hour) | 12 | mm/hr | 0 - 21 |
|--------------------|----|-------|--------|

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

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(MD.Pathology)

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

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| FBS Fasting Blood Sugar (FBS) <i>Glucose Oxidase-Peroxidase</i> | 105.3 | mg/dL | 70 - 110 |
| PPBS Post Prandial Blood Sugar (PPBS) <i>Glucose Oxidase-Peroxidase</i> | 139.1 | mg/dL | 110 - 140 |

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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

| | | | |
|-----------------------------------------|--------|-------|--------------------------------------------------------------------------------------------------------------------------|
| Hb A1C <i>HPLC, NGSP Certified</i> | 6.4 | % | >8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level |
| Mean Blood Glucose <i>Calculated</i> | 136.98 | mg/dL | |

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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| LIVER FUNCTION TEST | | | |
| SGPT <i>Optimized UV-IFCC</i> | 22.4 | U/L | 1 - 45 |
| SGOT <i>Optimized UV-IFCC</i> | 16.1 | U/L | 1 - 35 |
| Total Bilirubin <i>DCA method</i> | 0.39 | mg/dL | 0 - 2.0 |
| Direct Bilirubin <i>DCA method</i> | 0.25 | mg/dL | 0.0 - 0.4 |
| INDIRECT BILIRUBIN <i>Calculated</i> | 0.14 | mg/dL | 0.0 - 1.6 |
| Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i> | 54 | U/L | 53 - 128 |
| Total Protein | 6.67 | g/dL | 6.4 - 8.2 |
| Albumin <i>By Bromocresol Green</i> | 3.96 | g/dL | 3.5 - 5.2 |
| Globulin <i>Calculated</i> | 2.71 | g/dL | 2.3 - 3.5 |
| A/G Ratio <i>Calculated</i> | 1.46 | | 0.8 - 2.0 |

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| RENAL FUNCTION TEST | | | |
| Creatinine <i>Enzymatic ,IDMS Traceable</i> | 0.67 | mg/dL | 0.6 - 1.1 |
| Urea <i>Urease-GLDH, enzymatic UV</i> | 24.3 | mg/dL | 13.0 - 40.0 |
| BUN <i>Calculated</i> | 11.36 | mg/dL | 7 - 23 |
| Uric Acid <i>Enzymatic using TBHBA</i> | 3.6 | mg/dL | 2.6 - 6.2 |
| Sodium <i>Direct ISE</i> | 138.3 | mmol/L | 137 - 145 |
| Potassium <i>Direct ISE</i> | 4.44 | 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> | 139 | mg/dL | Desirable : < 200.0 Borderline High : 200-239 High : > 240.0 |
| Triglyceride <i>Enzymatic with GPO method</i> | 66.2 | mg/dL | Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0 |
| VLDL <i>Calculated</i> | 13.24 | mg/dL | 15 - 35 |
| LDL CHOLESTEROL | 82.26 | 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> | 43.5 | mg/dL | Low : < 40 High : > 60 |
| Cholesterol /HDL Ratio <i>Calculated</i> | 3.20 | | 0 - 5.0 |
| LDL / HDL RATIO <i>Calculated</i> | 1.89 | | 0 - 3.5 |
| Total Lipids <i>Calculated</i> | 370.40 | | 400 - 1000 |

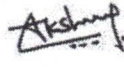
- Pre-analytical requirements for given tests are -Fasting status anywhere between 10-12 hours before collection. Avoid alcohol beverages before lipid panel - minimum 24 hrs.
- Lipid profile results can be erroneous if pre-analytical requirements are not met properly.
- Any medical decision based on 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) <i>CMIA</i> | 0.78 | ng/mL | 0.6 - 1.81 |
| T4 (Thyroxine) <i>CMIA</i> | 13.75 | µg/dL | 4.5 - 12.5 |
| TSH <i>ELFA-Enzyme Linked Fluorescent Assay</i> | 3.095 | 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

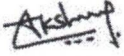
Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition.

Philadelphia: WB Saunders, 2012:2170

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URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION**

Quantity 15 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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DHS Properties and Hospitals LLP | CIN : AAA-7816

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BLOOD GROUP & RH

SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

ABO 'O'
Rh (D) Positive

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DHS MULTI SPECIALITY HOSPITAL

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

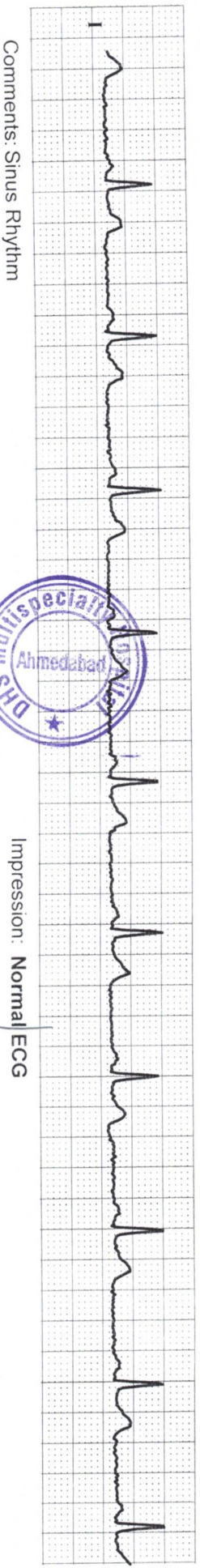
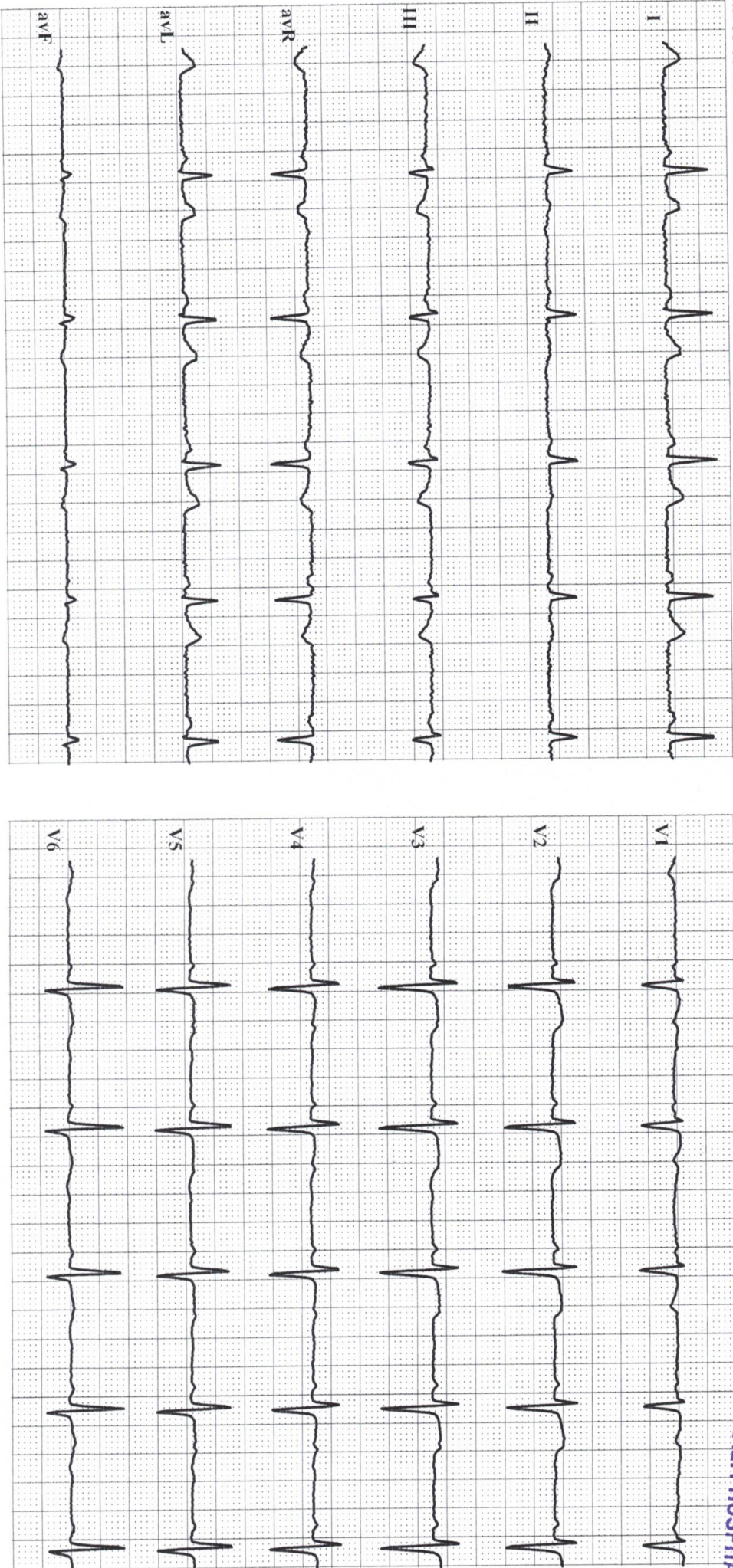
DR. ARCHIT PARIKH
G-130852
M. B.S. (General Medicine)
DHS MULTISPECIALITY HOSPITAL

416 PARULBEN DESAI

41 Yrs/F Kg / Ht cms Ref. No.:

Date: 08-03-2025 Time: 09:05 AM

| | | | | | | | |
|----------------|----------|---------|-------------|-----------|-----|-----------|-----|
| Gain: | 10 mm/mV | Hr: | 62 | QRS Int.: | 108 | P Axis: | 05 |
| BP: - / - mmHg | | P Int.: | 104 | QT Int.: | 374 | QRS Axis: | 20 |
| Notch: On | | Filter: | 0.1 - 35 Hz | PR Int.: | 122 | QTc Int.: | 380 |
| | | | | T Axis: | -18 | | |



Comments: Sinus Rhythm

Impression: Normal ECG



PATIENT NAME**MRS. PARULBEN DESAI****AGE / SEX****41 YRS/FEMALE****REF. DOCTOR****DR. DHS DOCTOR TEAM****DATE****08/03/2025****2D ECHO CARDIOGRAPHY REPORT****Observation:**

1. Normal size LV size with normal LV systolic function. LVEF: 65%.
2. No RWMA.
3. Reduced LV compliance.
4. Normal sized LA, RA and RV. Normal RV function.
5. All valves are normal in structure.
6. IAS and IVS are intact.
7. No PAH.
8. No clot/ vegetation / pericardial effusion.
9. Doppler: Mild MR, Trivial TR, No AR, No PR.
10. IVC is normal in size and well collapse on inspiration.

Conclusion:

Normal LV systolic function.
No RWMA.
No PAH.

Measurements :

| | | | |
|-------------------|----------------------|-----------|---------------|
| LVIDD | 45.0 mm | AO | 30.0mm |
| LVIDS | 36.0 mm | LA | 36.0mm |
| LVEF | 65% | | |
| IVSD/LVPWD | 10.0mm/10.0mm | | |

DOPPLER STUDY:

| Valves | velocity | Max gradient | Mean gradient | Area | Regurgitation |
|------------------|-------------------------|---------------------|----------------------|-------------|----------------------|
| Aortic | 1.2 | 5.2 | | | No AR |
| Mitral | E:0.4 A: 0.2 | | | | Mild MR |
| Pulmonary | 0.2 | 2.0 | | | No PR |
| Tricuspid | 0.4 | 1.0 | | | Trivial TR |

DR. ARCHIT PARIKH
G-30352
M. D. (General Medicine)
DHS MULTISPECIALTY HOSPITAL

PATIENT NAME PARULBEN DESAI
AGE / SEX 41 Y/ F
REF. DOCTOR HEALTH CHECK UP
DATE 8-Mar-25

ULTRASOUND WHOLE ABDOMEN - PELVIS

LIVER : Liver is normal in size and shows **grade 2 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 collapsed. **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.

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

| | | | |
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| Patient Name | PARULBEN M DESAI | Patient ID | UHID29966 |
| Age/Gender | 41 Years / F | Study Date | 08-Mar-2025 |
| Referred By | | Reported Date | 08-Mar-2025 |

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