

**TEST REPORT**

**Reg. No :** 2503100180      **UHID :** UHID30067      **Reg. Date :** 12-Mar-2025  
**Name :** NEETA B TRIVEDI      **Collected On :** 12-Mar-2025 08:53  
**Age/Sex:** 42 Years / Female      **Report Date :** 12-Mar-2025  
**Ref. By :** MEDIWHEEL


<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**PHYSICAL EXAMINATION**

Height	154.00	cm	
Weight	60.00	kg	
Blood Pressure	121/73	mmHg	
Pulse Rate	82	/min	

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

This is an electronically authenticated report.

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

  
Mr. Akshay Parmar  
M.Sc(Biochemistry)


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**COMPLETE BLOOD COUNT (CBC)**

Hemoglobin (SLS method)	12.2	g/dL	12.0 - 15.0
Hematocrit (Electrical Impedance)	<b>37.2</b>	%	40 - 54
RBC Count (Electrical Impedance)	4.21	million/cmm	3.8 - 4.8
WBC Count (Flowcytometry)	6250	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	393000	/cmm	150000 - 410000
MCV (Calculated)	88.4	fL	83 - 101
MCH (Calculated)	29.0	Pg	27 - 32
MCHC (Calculated)	32.8	%	31.5 - 34.5
RDW (Calculated)	12.6	%	11.5 - 14.5

**DIFFERENTIAL WBC COUNT**

Neutrophils (%)	50	%	38 - 70
Lymphocytes (%)	40	%	20 - 45
Monocytes (%)	05	%	2 - 8
Eosinophils (%)	<b>05</b>	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	3125	/cmm	1800 - 7700
Lymphocytes (Absolute)	2500	/cmm	1000 - 3900
Monocytes (Absolute)	313	/cmm	200 - 800
Eosinophils (Absolute)	313	/cmm	20 - 500
Basophils (Absolute)	0	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	1.24	/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**

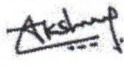
ESR (After 1 hour)	15	mm/hr	0 - 21
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----- End Of Report -----

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**BLOOD GROUP & RH**

SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

ABO      'AB'  
Rh (D)      Positive

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Parameter	Result	Unit	Reference Interval
<b>FBS</b>			
Fasting Blood Sugar (FBS) <i>Glucose Oxidase-Peroxidase</i>	105.3	mg/dL	70 - 110
<b>PPBS</b>			
Post Prandial Blood Sugar (PPBS) <i>Glucose Oxidase-Peroxidase</i>	124.0	mg/dL	110 - 140

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**HEMOGLOBIN A1 C 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
Mean Blood Glucose <i>Calculated</i>	119.76	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:**

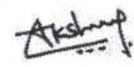
- HbA1C, also known as glycated heamoglobin, is the most important test for the assessment of long term blood glucose control( also called glycemc control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemc control than blood glucose 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.- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD ) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

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<b>LIVER FUNCTION TEST</b>			
SGPT <i>Optimized UV-IFCC</i>	14.9	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	9.2	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.48	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.21	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.27	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	54	U/L	53 - 128
Total Protein	<b>5.93</b>	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.54	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.39	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.48		0.8 - 2.0

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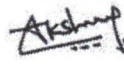
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Parameter	Result	Unit	Reference Interval
<b>RENAL FUNCTION TEST</b>			
Creatinine <i>Enzymatic ,IDMS Traceable</i>	0.76	mg/dL	0.6 - 1.1
Urea <i>Urease-GLDH, enzymatic UV</i>	14.3	mg/dL	13.0 - 40.0
BUN <i>Calculated</i>	<b>6.68</b>	mg/dL	7 - 23
Uric Acid <i>Enzymatic using TBHBA</i>	3.5	mg/dL	2.6 - 6.2
Sodium <i>Direct ISE</i>	139.3	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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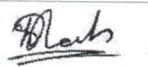
**LIPID PROFILE**

Cholesterol <i>CHOD-PAP method</i>	213	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	70.0	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	14.00	mg/dL	15 - 35
LDL CHOLESTEROL	156.60	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>	42.4	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	5.02		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	3.69		0 - 3.5
Total Lipids <i>Calculated</i>	526.00		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) <i>CMIA</i>	0.97	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>CMIA</i>	7.13	µg/dL	4.5 - 12.5
TSH <i>ELFA-Enzyme Linked Fluorescent Assay</i>	2.917	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

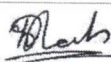
Third trimester : 0.3 to 3.0 µIU/mL

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

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

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M.Sc(Biochemistry)



*(Signature)*

443

42 Yrs/F

Date: 12-03-2025 Time: 09:36 AM

NEETA TRIVEDI

Kg / Ht-

cms Ref. No.:

DHS MULTI SPECIALITY HOSPITAL

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

DR. ARCHIT PARIKH

Gain: 10 mm/mV

BP: /- mmHg

Sweep: 25 mm/s

Notch On

Filter: 0.1 - 35 Hz

Hr: 73

P Int: 100

PR Int: 116

QRS Int: 130

QT Int: 386

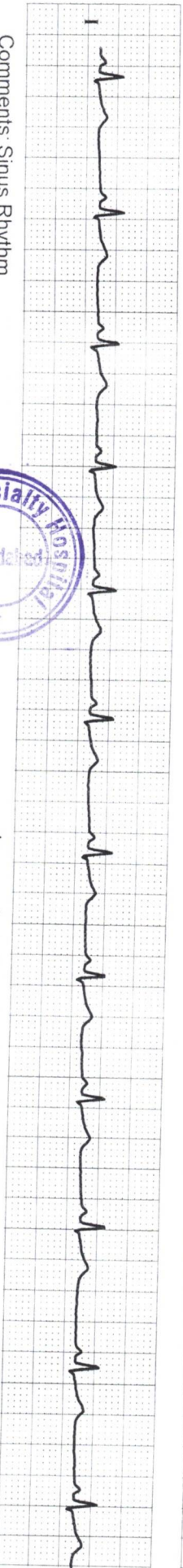
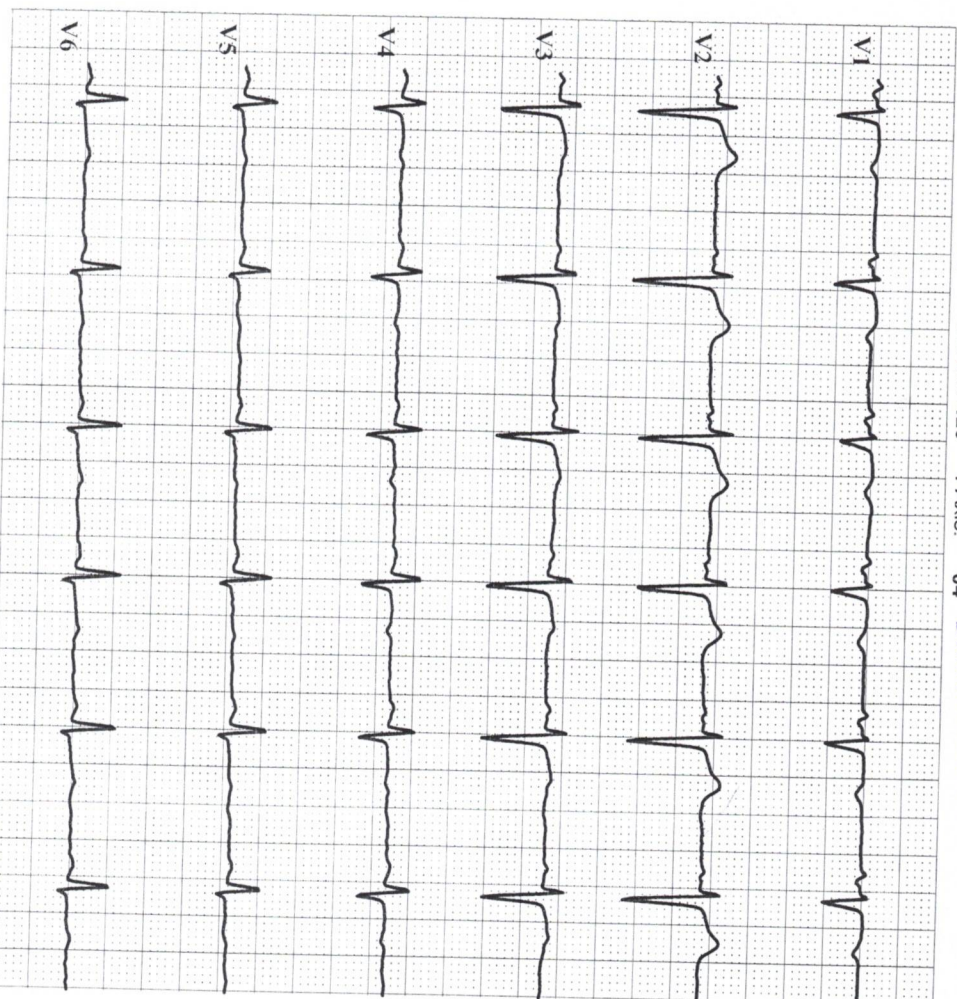
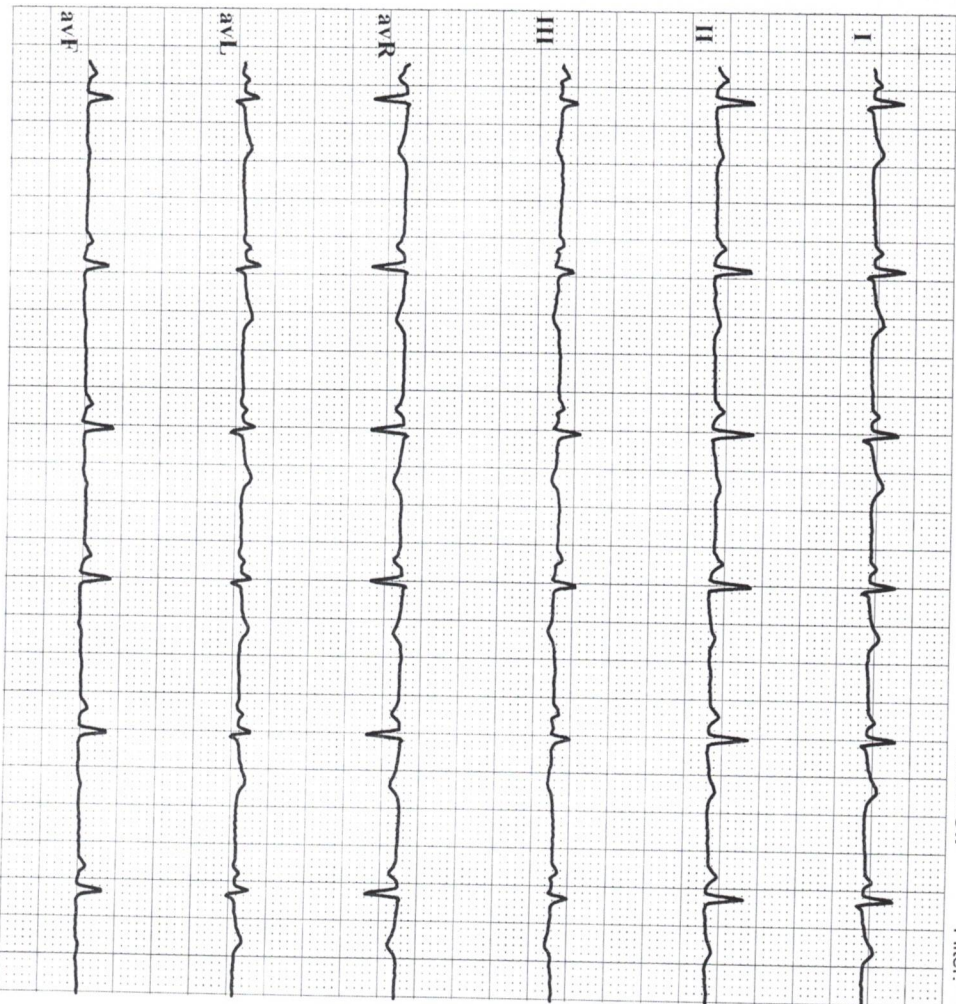
QTc Int: 426

P Axis: 46

QRS Axis: 36

T Axis: 04

G-30352  
Ref. By: M. D. (General Medicine)  
Tech: DHS MULTISPECIALITY HOSPITAL



Comments: Sinus Rhythm

Left bundle branch block

Impression: Normal ECG



# DHS HOSPITAL

VASTRAPUR, AHMEDABAD

## Computerised Stress Test Report

NAME: NEETA TRIVEDI  
AGE/GENDER: 42 yrs/FEMALE

ID: 547  
HEIGHT: 154 cm.

Summary report  
WEIGHT: 60 Kg.

PROTOCOL: Bruce  
DATE/TIME: 12-03-2025 09:43

REF. BY:  
SMOKER: Non Smoker

### Test Results

Protocol	: Bruce	Max Work load	: 8.61	BMI	: 25
Target HR	: 178(151)bpm	Exer. Time	: 7:36min	Max RPP(1000)	: 22.776
Maximum HR	: 156(88 %) bpm	Recov. Time	: 2:54min	Max BP	: 146/90 mmHg

Reason for termination :  
Target heart rate achieved

Indication :  
To assess the exercise tolerance capacity

HR Response to Exercise :  
Normal appropriate response

BP Response to Exercise :  
Resting normal BP - normal response

Overall Impression :  
Normal stress test

Comment : Normal TMT Test

Resting ECG :  
Normal

Chest Pain :  
None

ST Changes :  
None

Arrhythmias :  
None

History : None

Medication :  
None



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

# DHS HOSPITAL

VASTRAPUR, AHMEDABAD

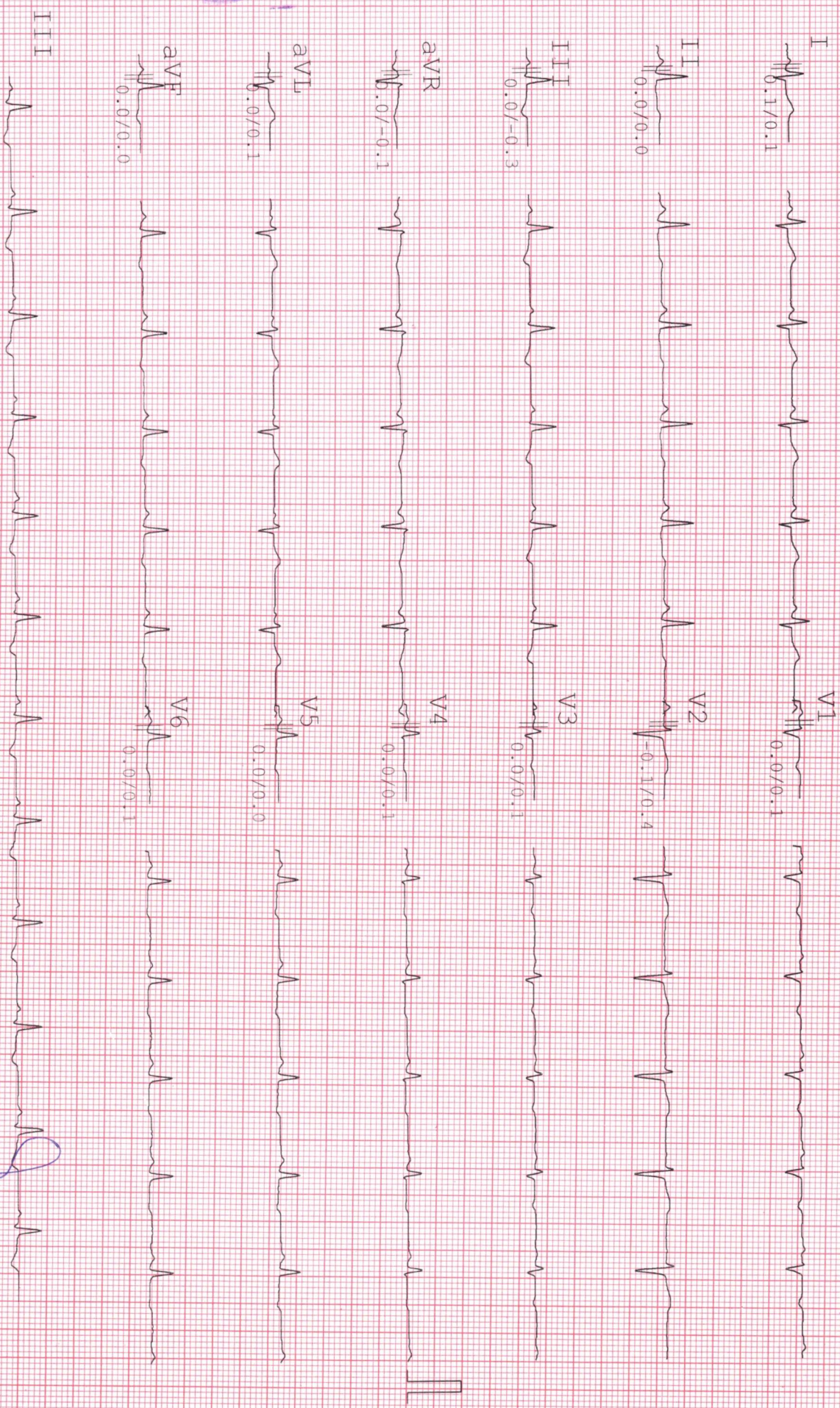
NAME : NEETA TRIVEDI  
AGE/GENDER : 42 yrs/FEMALE  
DATE/TIME : 12-03-2025 09:43

ID : 547  
BP : 120/72mmHg  
HR : 82bpm

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



*Handwritten signature*

# DHS HOSPITAL

VASTRAPUR, AHMEDABAD

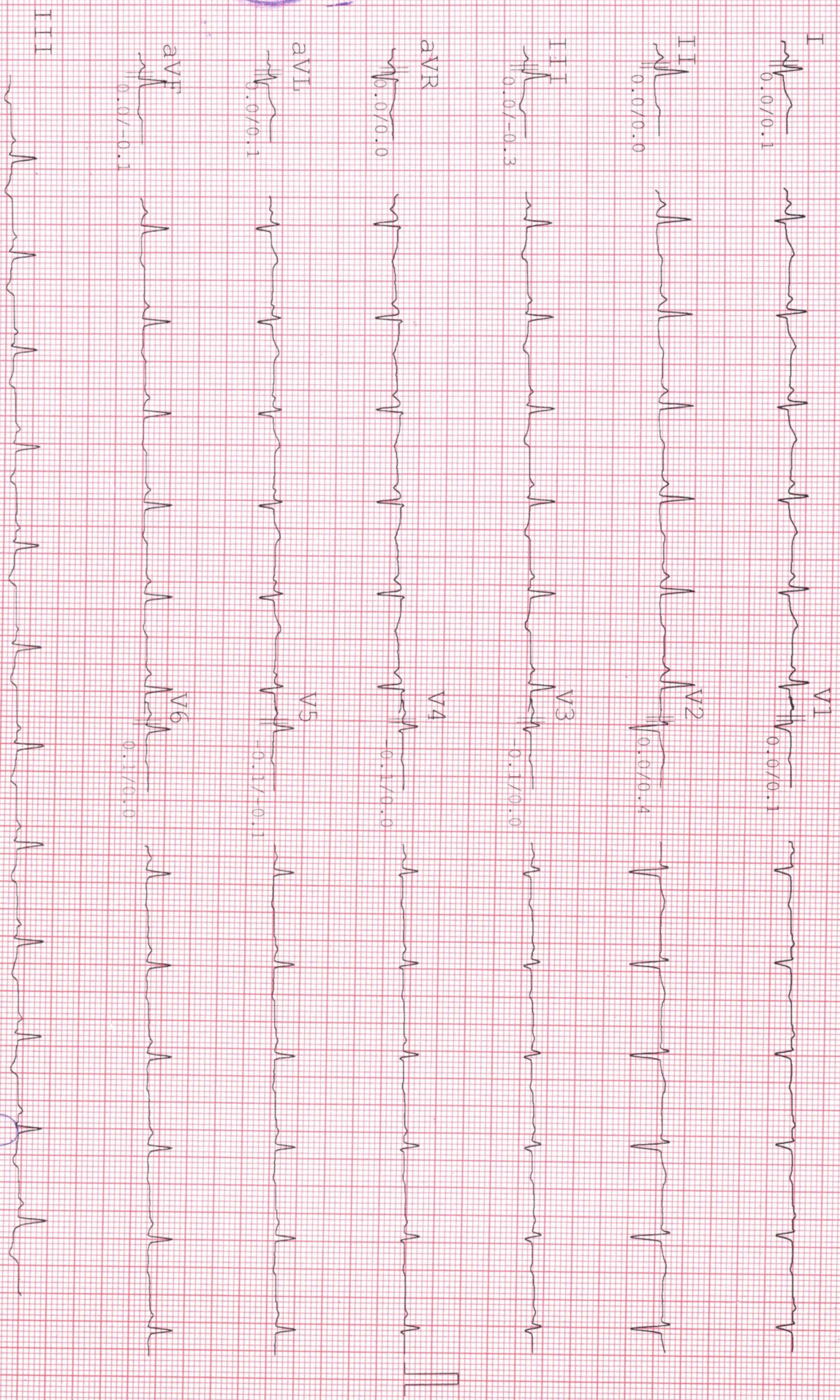
NAME : NEETA TRIVEDI  
 AGE/GENDER : 42 yrs/FEMALE  
 DATE/TIME : 12-03-2025 09:43

ID : 547  
 BP : 120/72mmHg  
 HR : 87bpm

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



*[Handwritten Signature]*

# DHS HOSPITAL

VASTRAPUR, AHMEDABAD

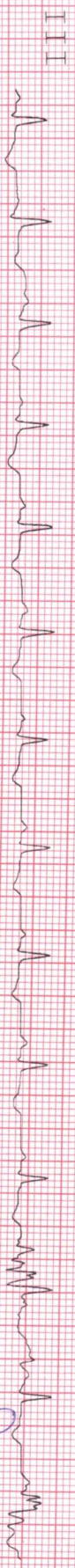
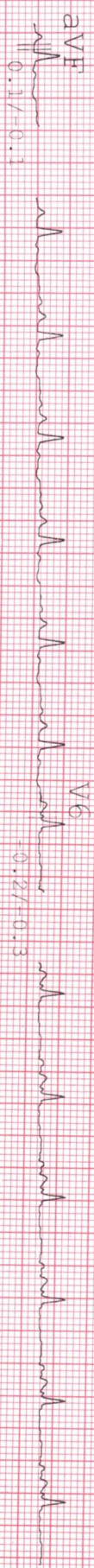
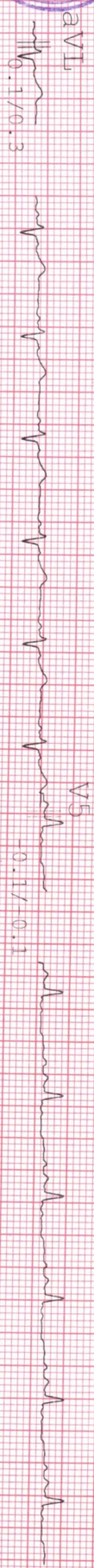
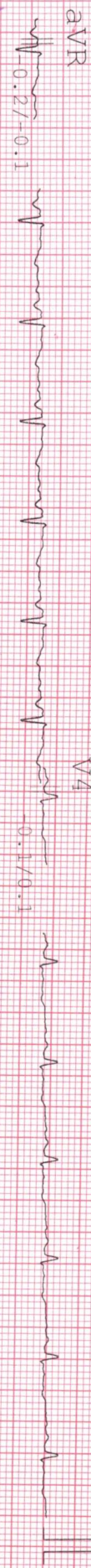
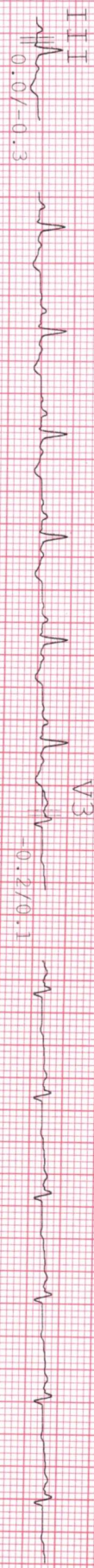
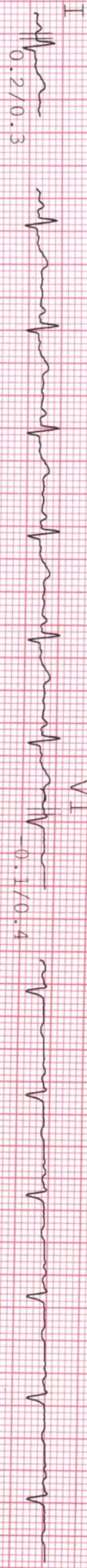
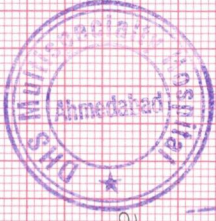
NAME : NEETA TRIVEDI  
AGE/GENDER : 42 Yrs/FEMALE  
DATE/TIME : 12-03-2025 09:43

ID : 547  
BP : 120/72mmHg  
HR : 93bpm

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



*Neeta*

# DHS HOSPITAL

VASTRAPUR, AHMEDABAD

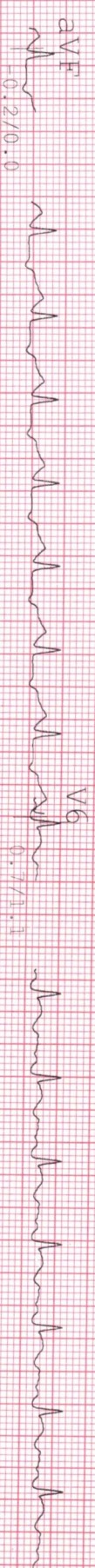
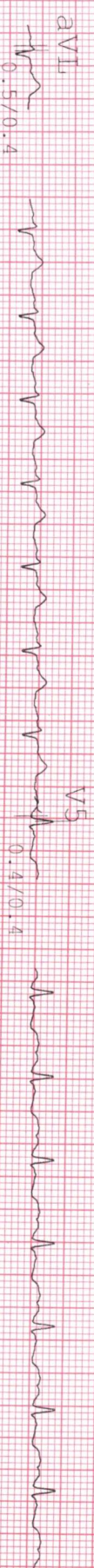
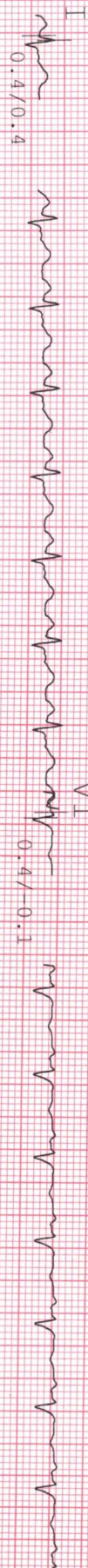
NAME : NETA TRIVEDI  
AGE/GENDER : 42 Yrs/FEMALE  
DATE/TIME : 12-03-2025 09:43

ID : 547  
BP : 128/80mmHg  
HR : 114bpm

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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VASTRAPUR, AHMEDABAD

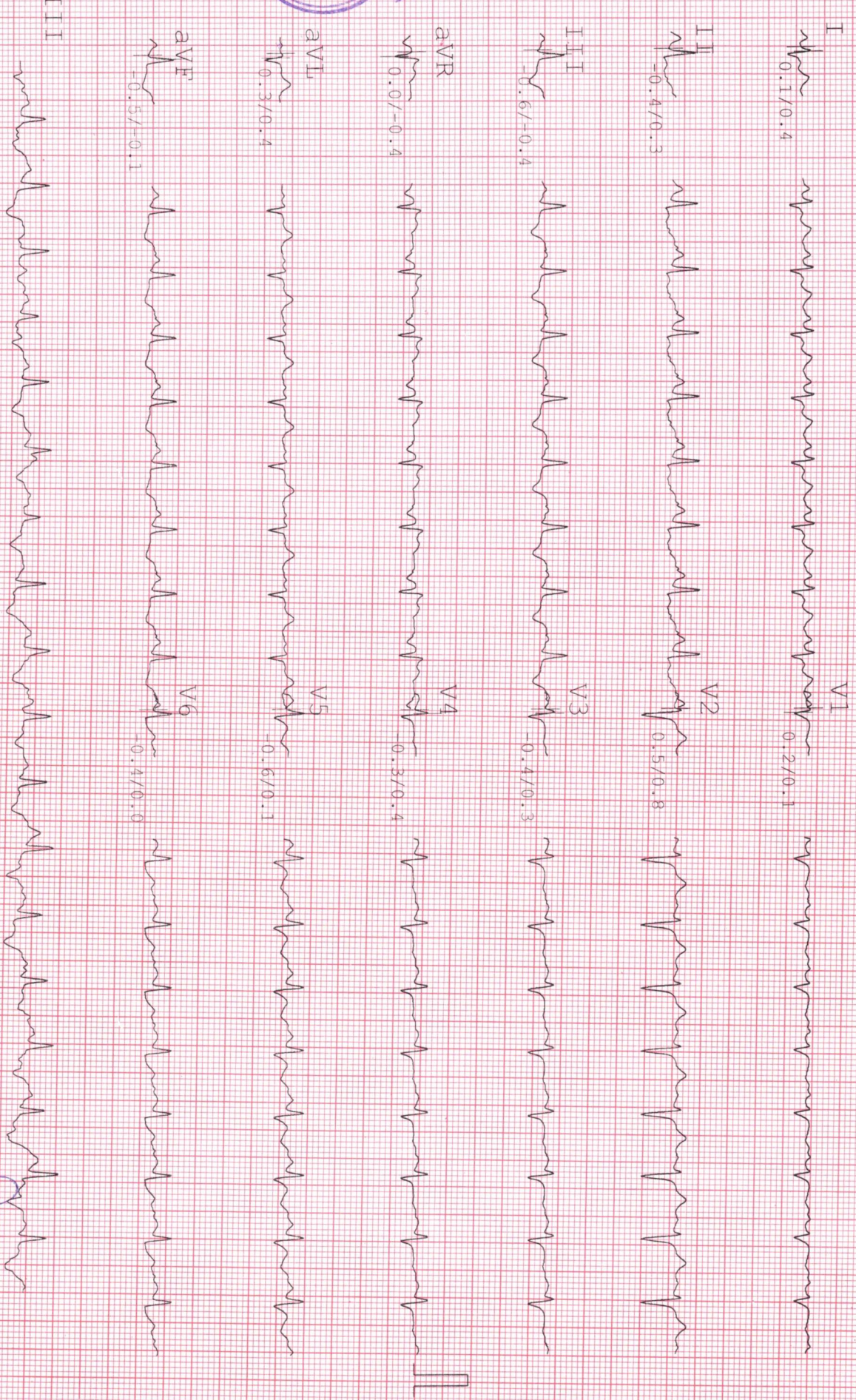
NAME : NETA TRIVEDI  
AGE/GENDER : 42 yrs/FEMALE  
DATE/TIME : 12-03-2025 09:43

ID : 547  
BP : 138/90mmHg  
HR : 127bpm

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



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NAME : NEETA TRIVEDI  
 AGE/GENDER : 42 Yrs/FEMALE  
 DATE/TIME : 12-03-2025 09:43

ID : 547  
 BP : 146/98mmHg  
 HR : 158bpm

PROTOCOL : Bruce  
 STAGE : Exer : 3/7  
 STAGE TIME : 01:36

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

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



I  
1.3/3.4



V1  
0.2/-1.2



II  
-1.3/3.1



V2  
1.4/0.7



III  
-2.5/-0.5



V3  
-1.1/1.1



aVR  
.1/-3.2



V4  
-2.0/0.4



aVL  
1.9/2.0



V5  
-3.4/+0.1



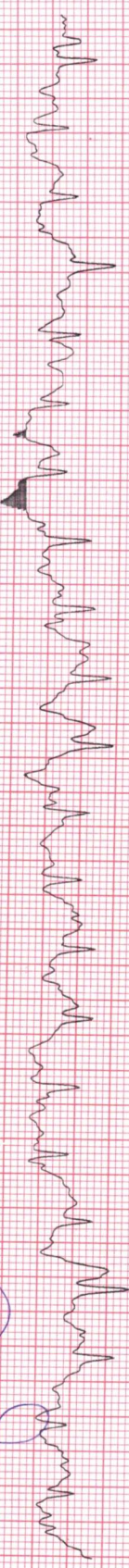
aVF  
-2.0/1.2



V6  
-1.0/0.9



III



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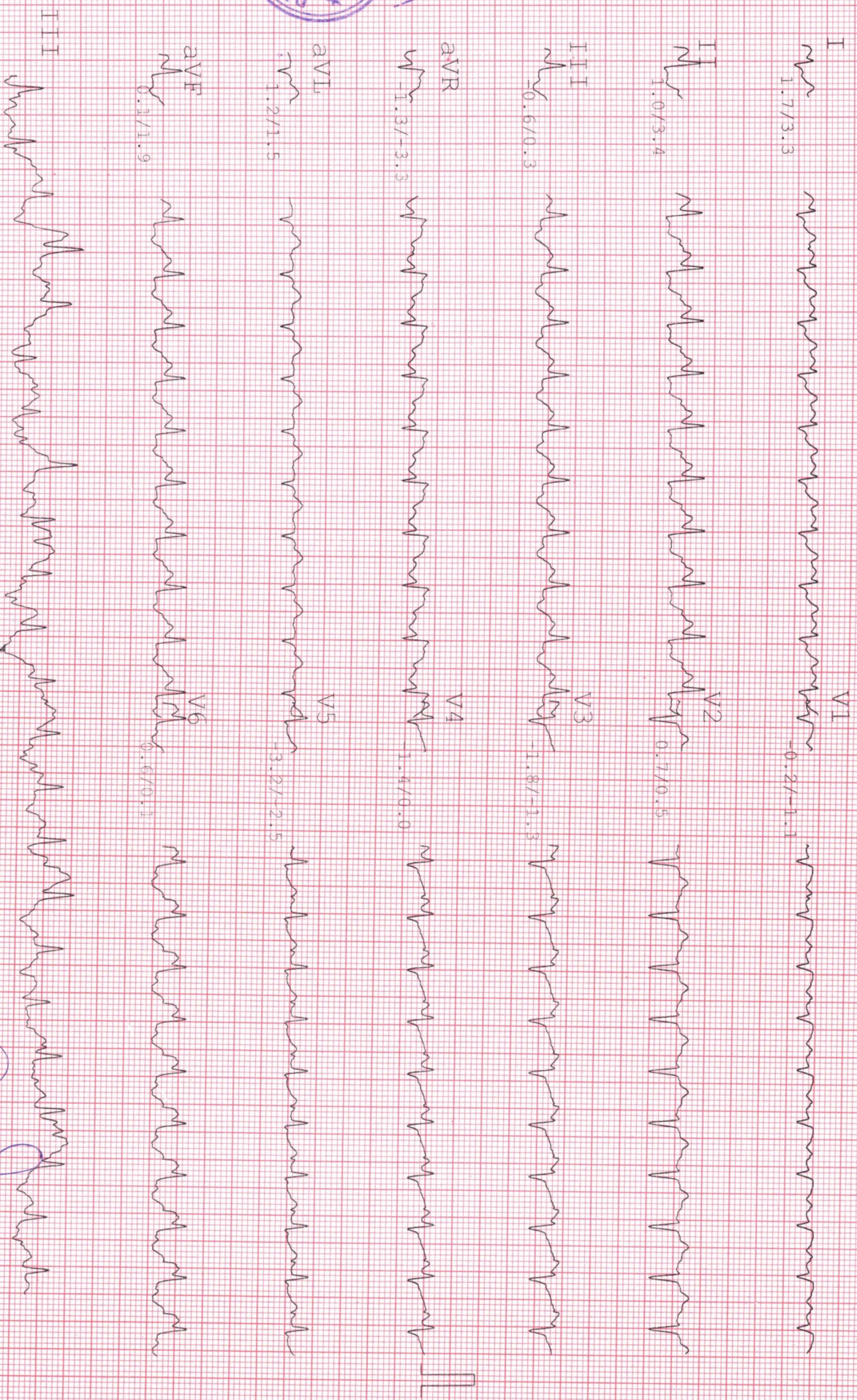
NAME : NETA TRIVEDI  
 AGE/GENDER : 42 Yrs/FEMALE  
 DATE/TIME : 12-03-2025 09:43

ID : 547  
 BP : 146/98mmHg  
 HR : 154bpm

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



*[Handwritten signature]*

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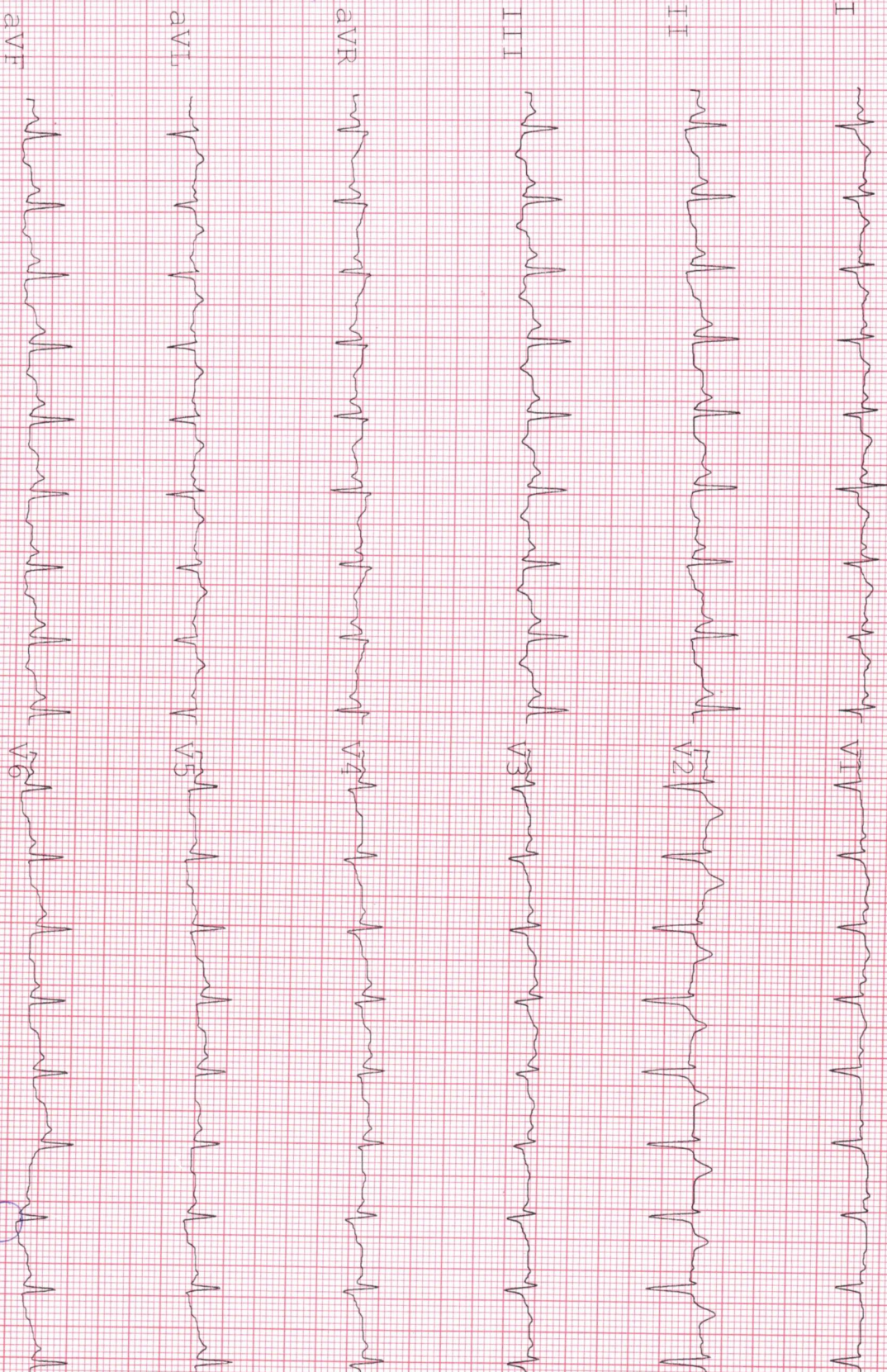
NAME : NETA TRIVEDI  
AGE/GENDER : 42 yrs/FEMALE  
DATE/TIME : 12-03-2025 09:43

ID : 547  
BP : 140/92mmHg  
HR : 124bpm

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



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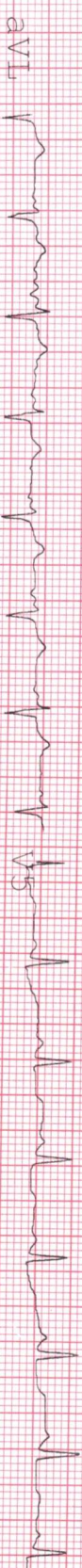
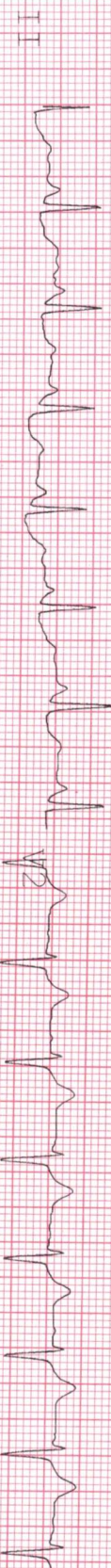
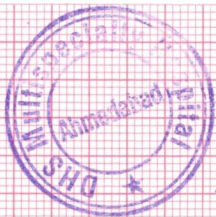
NAME : NEETA TRIVEDI  
AGE/GENDER : 42 yrs/FEMALE  
DATE/TIME : 12-03-2025 09:43

ID : 547  
BP : 134/86mmHg  
HR : 105bpm

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



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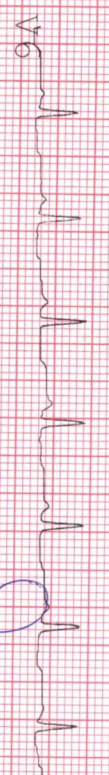
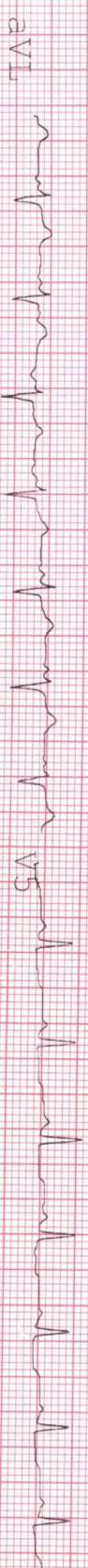
NAME : NEETA TRIVEDI  
AGE/GENDER : 42 yrs/FEMALE  
DATE/TIME : 12-03-2025 09:43

ID : 547  
BP : 128/80mmHg  
HR : 105bpm

PROTOCOL : Bruce  
STAGE : Recovery  
STAGE TIME : 02:48

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

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



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## Computerised Stress Test Report

NAME: NEETA TRIVEDI  
AGE/GENDER: 42 yrs/FEMALE

ID: 547  
HEIGHT: 154 cm.

Summary report  
WEIGHT: 60 Kg.

PROTOCOL: Bruce  
DATE/TIME: 12-03-2025 09:43

REF. BY:  
SMOKER: Non Smoker

Stage	Time Mini:Sec	HR bpm	BP mmHg	Speed (mph) / G rate (%)	Load METS	RPP 1000	II	V2	V5
Supine	00:18	80	120/72	0.00/0.0	1.0	9.6	0.0/0.0	-0.1/0.4	0.0/0.0
Standing	00:18	87	120/72	0.00/0.0	1.0	10.44	0.0/0.0	0.0/0.4	-0.1/+0.1
HyperIV	00:18	92	120/72	0.00/0.0	1.0	11.04	0.2/0.1	0.1/0.7	-0.1/+0.1
Exer : 1/7	03:00	113	128/80	1.70/10.0	4.5	14.464	-0.1/0.1	0.7/0.5	0.4/0.4
Exer : 2/7	03:00	126	138/90	2.50/12.0	7.0	17.388	-0.4/0.3	0.5/0.8	-0.6/0.1
Exer : 3/7	01:36	152	146/98	3.40/14.0	8.6	22.192	-1.3/3.1	1.4/0.7	-3.4/-0.1
Peak	07:36	156	146/98	3.40/14.0	8.6	22.776	1.0/3.4	0.7/0.5	-3.2/-2.5
Recovery	01:00	125	140/92	0.00/0.0	1.0	17.5	0.0/0.4	1.6/1.6	-0.2/0.3
Recovery	02:00	104	134/86	0.00/0.0	1.0	13.936	-0.3/0.4	0.4/0.9	-0.2/0.3
Recovery	02:54	104	128/80	0.00/0.0	1.0	13.312	-0.4/0.0	0.3/0.8	-0.2/0.3



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

**PATIENT NAME** NEETA TREIVEDI  
**AGE / SEX** 42 Y/ F  
**REF. DOCTOR** HEALTH CHECK UP  
**DATE** 12-Mar-25

**ULTRASOUND WHOLE ABDOMEN - PELVIS**

**LIVER :** Liver is normal in size and shows normal echotexture.

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 and appears normal. No calculus or mass lesion seen.

**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 :**

**No significant abnormality.**

  
**DR. JAY THAKKAR, MD**



<b>Patient Name</b>	NEETA B TRIVEDI	<b>Patient ID</b>	UHID30067
<b>Age/Gender</b>	42 Years / F	<b>Study Date</b>	12-Mar-2025
<b>Referred By</b>		<b>Reported Date</b>	12-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 Shrivani  
MD Radiology REG G-33548

**Date Reported: 12-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