



* 8 6 4 1 *

Patient Name : Nilam Nitinkumar Parmar
Sample No.. : 8641
Referred : Bank Of Baroda

Age/Sex : 33 Years/Female
Registration On:09/12/2022/08:48
Approved On : 09/12/2022 19:28

BLOOD SUGAR LEVEL

Specimen :

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
Fasting Blood Sugar: (GOD-POD)	85.5	mg/dl	70-110
Post Prandial Blood Glucose: 108.3 (GOD-POD)		mg/dl	100 - 150

American Diabetes Association Reference Range :

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

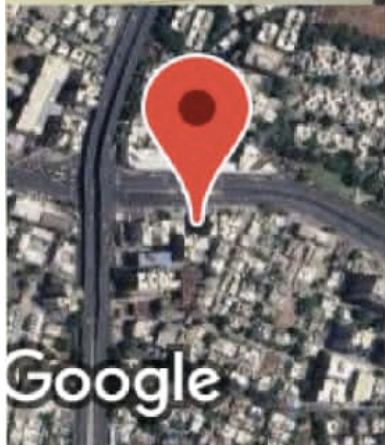
Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis. A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.



Pathologist
Dr. Pravin Shah
(M.D.Path) G-15478



GPS Map Camera



Google

Ahmedabad, Gujarat, India

O-5, Maruti Tower Shivranjani Cross road, Opp-Shivranjani BRTS Stop Sattelite, Ambawadi, Ahmedabad, Gujarat 380015, India
Lat 23.023951°
Long 72.531317°
09/12/22 08:47 AM GMT +05:30

આપની આધાર નંબર / Your Aadhaar No. :

7554 5811 4461

મારો આધાર, મારી ઓળખ



ભારત સરકાર

Government of India



નીલમ નીતિનકુમાર પરમાર
Nilam Nitinkumar Parmar
જન્મ તારીખ / DOB : 06/10/1989
સ્ત્રી / Female

Issue Date : 13/12/2011

7554 5811 4461

મારો આધાર, મારી ઓળખ

PHYSICIAN CONSULTATION

DATE:- 09-12-2022

NAME:- Nilam. N. Parmar

DOB: 06-10-1989

AGE:- 33y

SEX: Female

HEIGHT:- 158 cms

WEIGHT:- 72 kgs

BMI:- 28.84 kg/m²

BP READING:- 116/78 mmHg

PULSE:- 96/min

MEDICINE:- No

J.R. Shah
DR. N. R. SHAH
G-4383 M.D.



8641

Patient Name : Nilam Nitinkumar Parmar
Sample No.. : 8641
Referred : Bank Of Baroda

Age/Sex : 33 Years/Female
Registration On:09/12/2022/08:48
Approved On : 09/12/2022 09:21

USG WHOLE ABDOMEN :

Liver is normal in size, shows homogenous parenchymal echoes and normal intrahepatic radicles. No focal lesion seen. Portal vein is normal in calibre and shows normal colour flow.

Gallbladder is physiologically distended. No calculus or wall thickening seen. CBD appears normal in calibre.

Pancreas is normal in size and echo texture. No diffuse or focal lesion seen.
Spleen is normal in size and homogenous in echo texture.

Kidneys are normally placed, normal in size, show normal thickness cortical tissue and normal sinus echoes. Corticomedullary differentiation is well seen. No calculus, hydronephrosis or renal mass seen.

Rt. Kidney is 8.8 x3.9 cm. Lt. Kidney is 10 x 5 cm.

Aorta is normal in calibre. No para-aortic or mesenteric lymph nodes seen.

Urinary bladder is adequately distended. No evident calculus, wall thickening or mass seen.

Uterus is normal in size. Myometrial echoes are homogenous. Endometrial thickness is mm. No fibroid or adenomyotic changes are seen. Cu-T nolted within the uterine cavity. Ovaries are normal in size and echotexture. No adnexal mass seen.

Bowel loops are unremarkable.

No ascites is seen.

Impression:

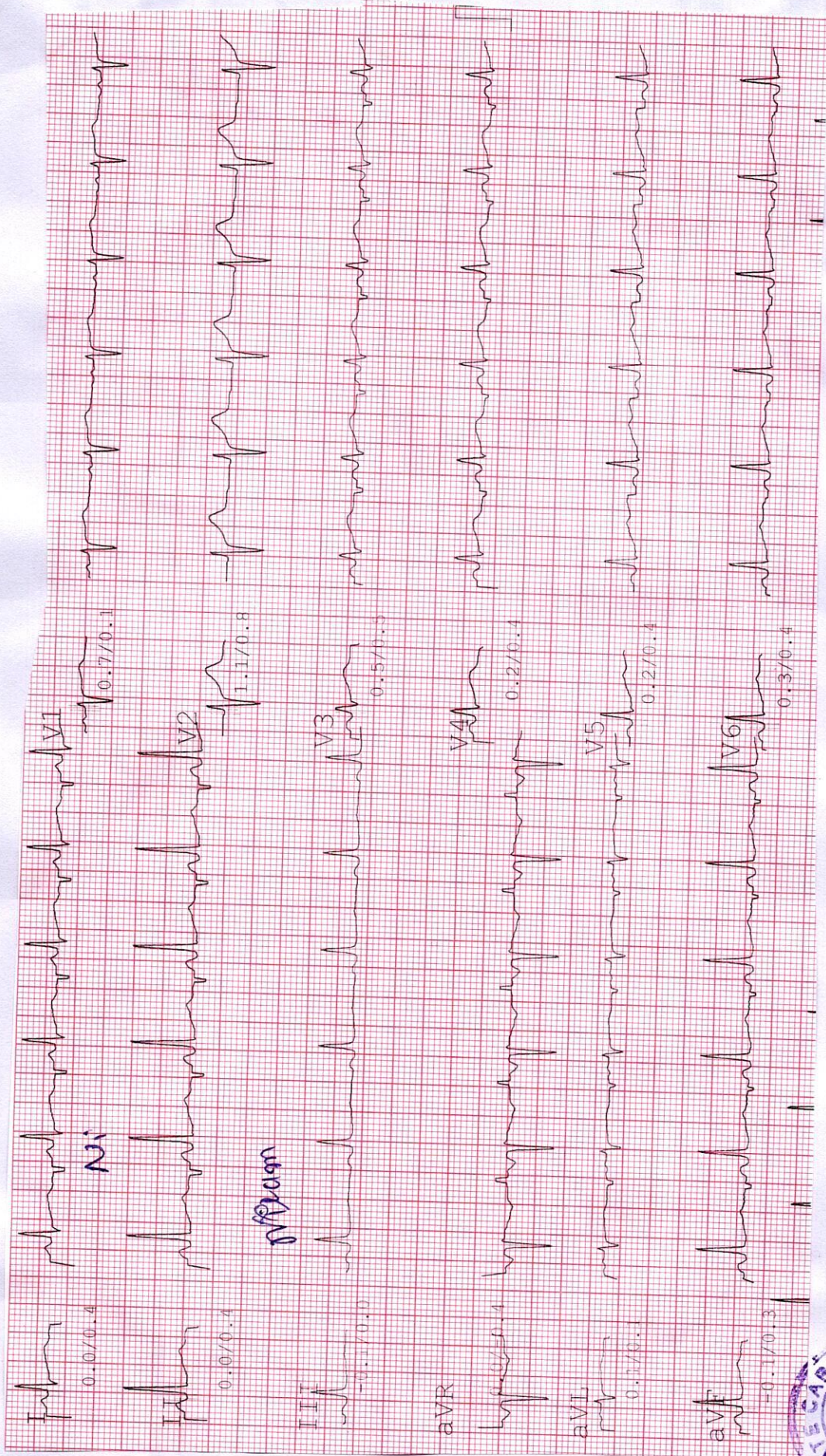
No significant abnormality is seen.

Dr. Parag Sheth. (M.D.)
Consultant Radiologist.



9/12/22

William N. Palmer



NRony
 DR. N. R. SHAH
 G-4383 M.D.

HSA Wsc P. 96
 Ashford D. etc

DT: December 9, 2022

NAME: NILAM NITINKUMAR PARMAR F/33YRS.

REF. BY: CORPORATE CARE

X-RAY CHEST PA VIEW

Bilateral lung fields are clear. No evidence of consolidation, cavity or mass lesion. Bilateral costophrenic angles are clear. Cardiac shadow appears normal. Domes of diaphragm appear normal. Visualized bony thorax appears normal.



DR. GAURAV AGRAWAL
(M.D.)
CONSULTANT RADIOLOGIST
G-14672

Computerised Stress Test Report

NAME: NIJAM PARMAR
AGE/GENDER: 33 yrs/FEMALE

ID: 1470
HEIGHT: 158 cm.

Summary report
WEIGHT: 72 Kg.

PROTOCOL: Bruce
DATE/TIME: 09-12-2022 09:30

REF. BY:
SMOKER: Non Smoker

Test Results

Protocol	: Bruce	Max Work Load	: 8.4	BMI	: 29
Target HR	: 187 (159) bpm	Exer. Time	: 7:24min	Max RPP (1000)	: 25.2
Maximum HR	: 168 (90 %) bpm	Recov. Time	: 6:54min	Max BP	: 150/88 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 :
Test Negative For Exercise Inducible Ischemia.

Resting ECG :
Normal

Chest Pain :
None

ST Changes :
None

Arrhythmias :
None

History : None

Medication :
None



DR. N. R. SHAH
G-4383
M.D.

N. R. Shah

N. R. Shah

Computerised Stress Test Report

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AGE/GENDER: 33 yrs/FEMALE

ID: 1470
HEIGHT: 158 cm.

Summary report
WEIGHT: 72 Kg.

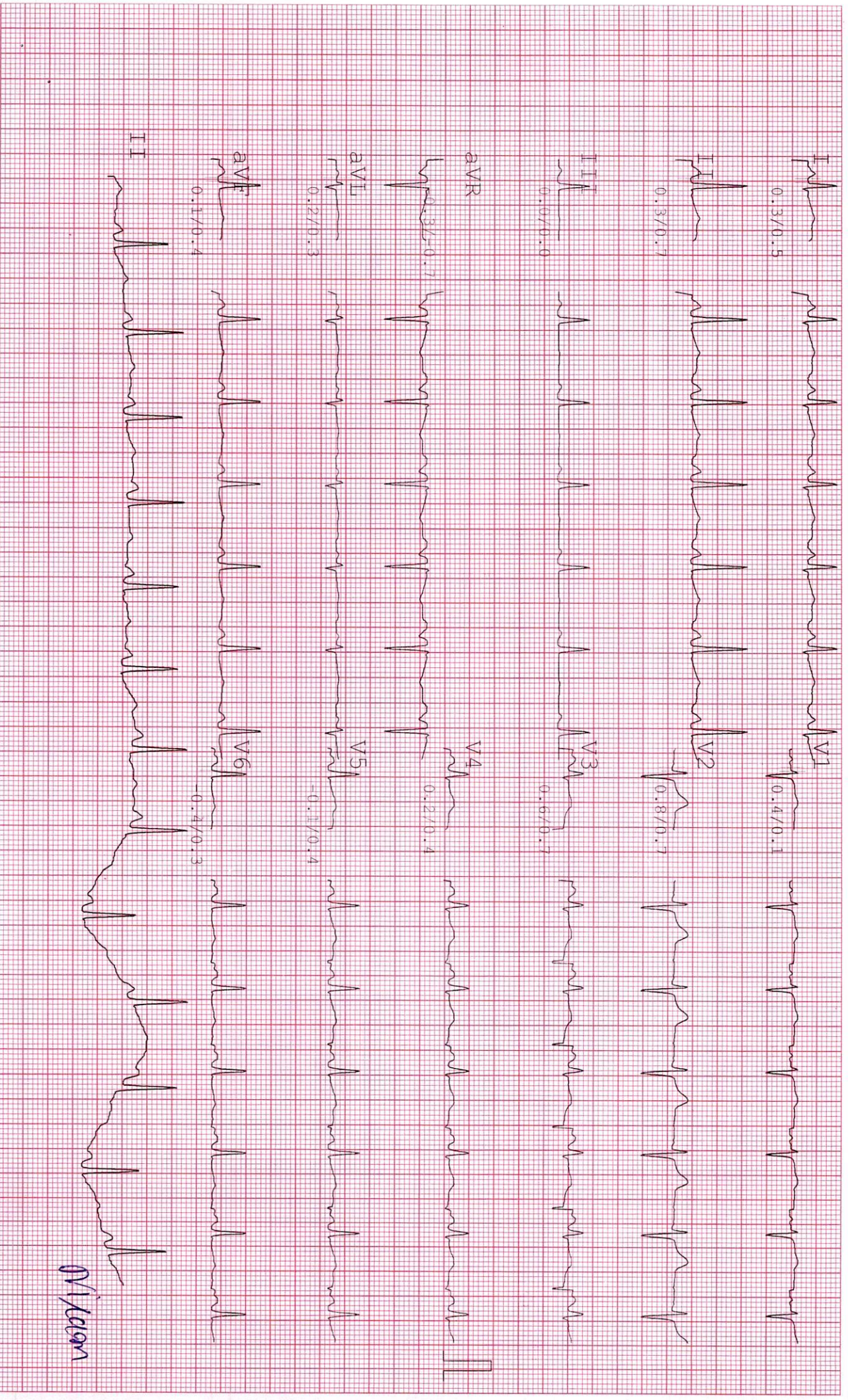
PROTOCOL: Bruce
DATE/TIME: 09-12-2022 09:30

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	00:12	89	116/78	0.00/0.0	1.0	10.324	0.3/0.7	0.8/0.7	-0.1/0.4
Standing	00:48	96	116/78	0.00/0.0	1.0	11.136	0.5/-0.1	1.3/0.5	0.2/0.0
HyperV	00:12	95	116/78	0.00/0.0	1.0	11.02	0.4/0.5	1.6/1.1	0.6/0.7
Exer : 1/7	03:00	143	130/80	1.70/10.0	4.5	18.59	0.2/1.3	0.7/0.9	0.5/1.3
Exer : 2/7	03:00	155	142/82	2.50/12.0	7.0	22.01	-3.6/1.3	1.1/1.1	-1.8/1.3
Exer : 3/7	01:24	167	150/86	3.40/14.0	8.4	25.05	1.1/1.9	0.1/0.5	1.4/1.9
Peak	07:24	168	150/86	3.40/14.0	8.4	25.2	-0.3/1.1	0.1/0.7	0.1/1.3
Recovery	01:00	141	150/86	0.00/0.0	1.0	21.15	1.2/2.1	0.6/0.9	1.1/1.7
Recovery	02:00	122	150/86	0.00/0.0	1.0	18.3	1.2/1.9	1.9/2.1	1.6/2.0
Recovery	03:00	113	142/84	0.00/0.0	1.0	16.046	0.6/0.9	1.5/1.6	0.5/0.8
Recovery	04:00	111	134/82	0.00/0.0	1.0	14.874	0.2/0.8	0.3/0.4	0.0/0.3
Recovery	05:00	109	134/82	0.00/0.0	1.0	14.606	0.0/0.3	1.1/1.2	0.3/0.5
Recovery	06:00	111	134/82	0.00/0.0	1.0	14.874	0.1/0.3	0.7/0.8	0.2/0.4
Recovery	06:54	100	120/80	0.00/0.0	1.0	12	-0.1/0.3	0.3/0.4	0.0/0.3

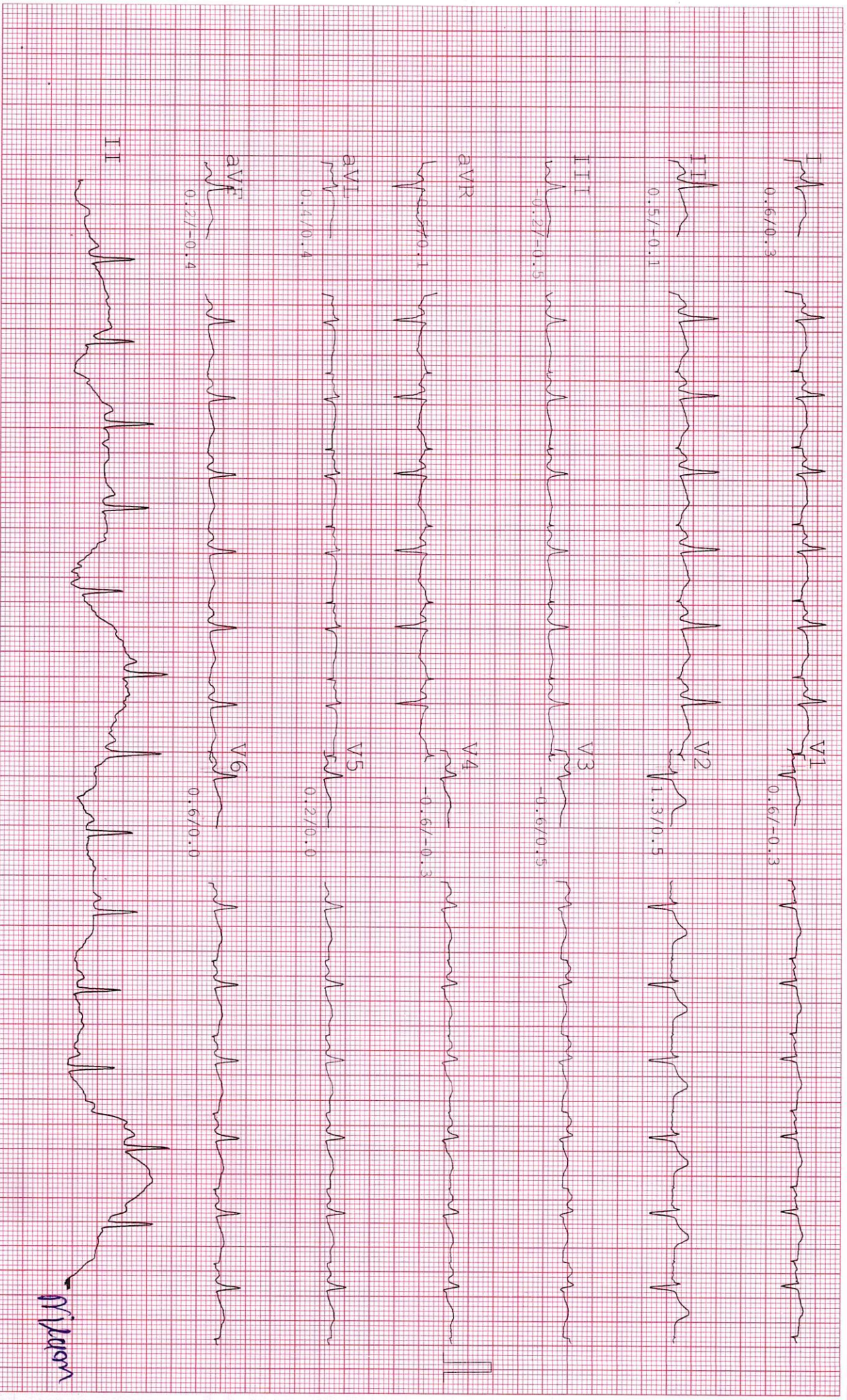
Nilam

NAME : NILAM PARMAR	ID : 1470	PROTOCOL : Bruce	Linked Median Report	GAIN : 1X
AGE/GENDER : 33 yrs/FEMALE	BP : 116/78mmHg	STAGE : Supine	SPEED/GRADE : 0.00/0.0	STL in mm
DATE/TIME : 09-12-2022 09:30	HR : 89bpm	STAGE TIME : 00:12	POST J at 80 msec	STS in mm/sec



Nilam

NAME : NITIAM PARMAR	ID : 1470	PROTOCOL : Bruce	Linked Median Report	GAIN : 1X
AGE/GENDER : 33 yrs/FEMALE	BP : 116/78mmHg	STAGE : Standing	SPEED/GRADE : 0.00/0.0	STL in mm
DATE/TIME : 09-12-2022 09:30	HR : 95bpm	STAGE TIME : 00:48	POST J at 80 msec	STS in mm/sec



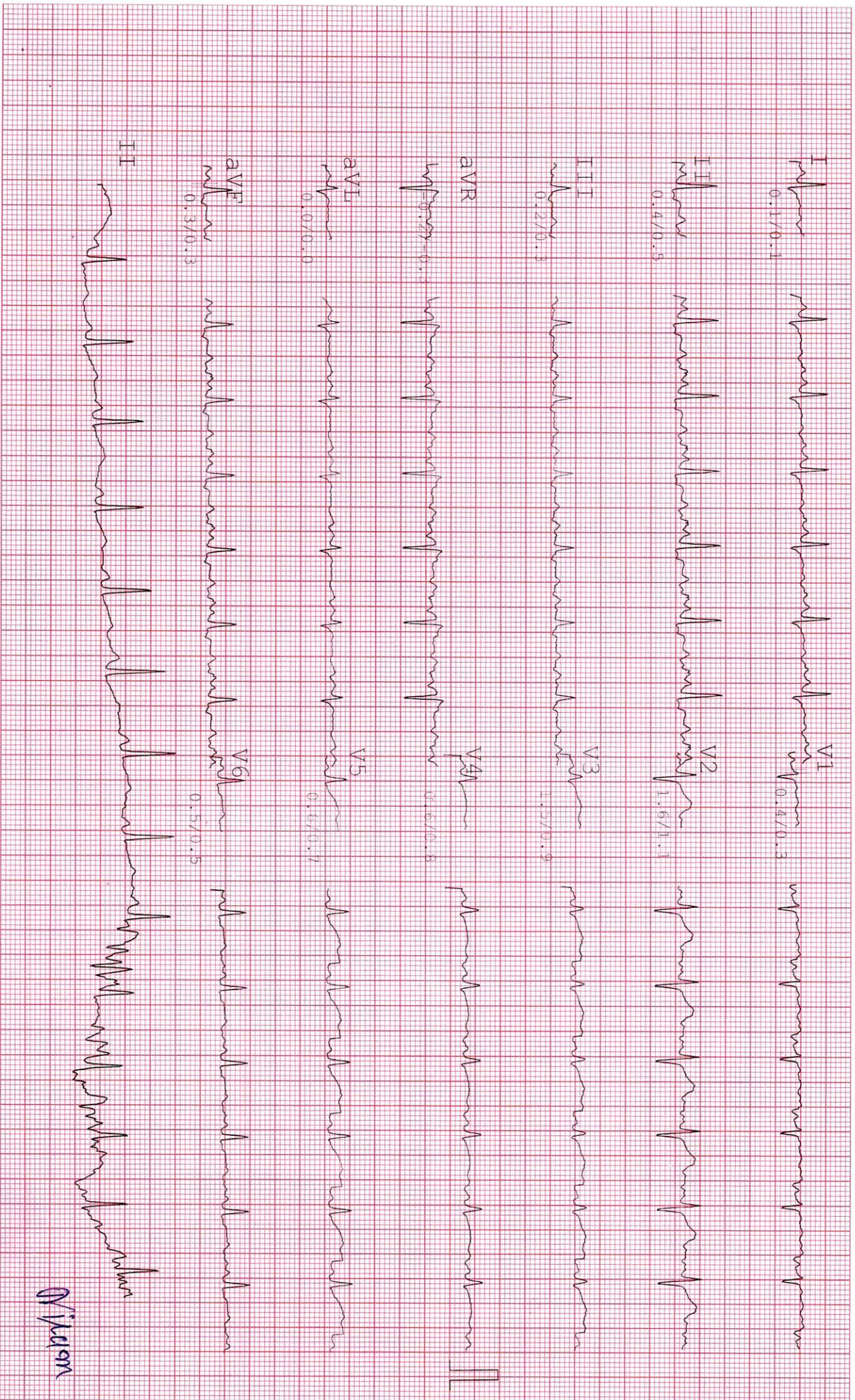
NAME : NILAM PARMAR
AGE/GENDER : 33 yrs/FEMALE
DATE/TIME : 09-12-2022 09:30

ID: 1470
BP: 116/78mmHg
HR: 98bpm

PROTOCOL : Bruce
STAGE : HypertV
STAGE TIME : 00:12

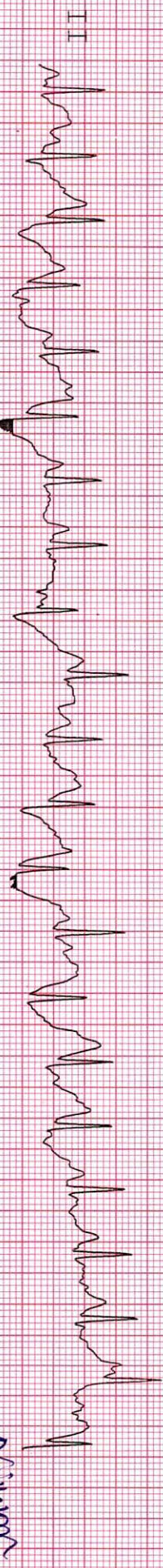
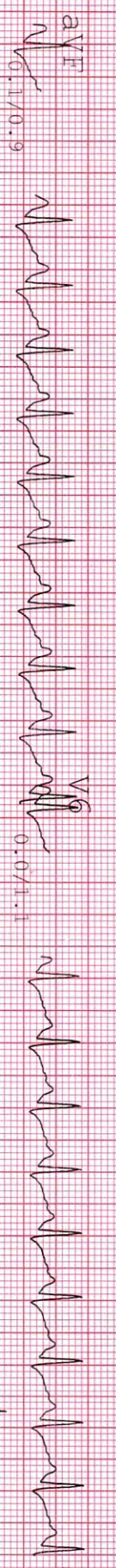
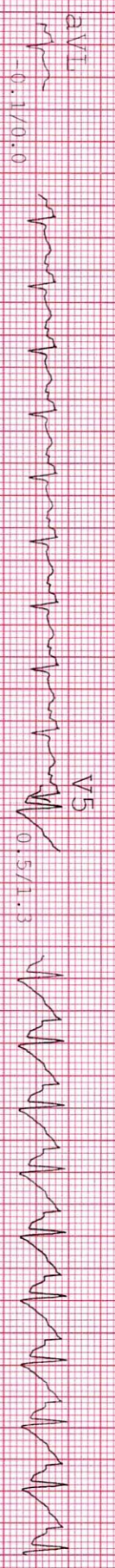
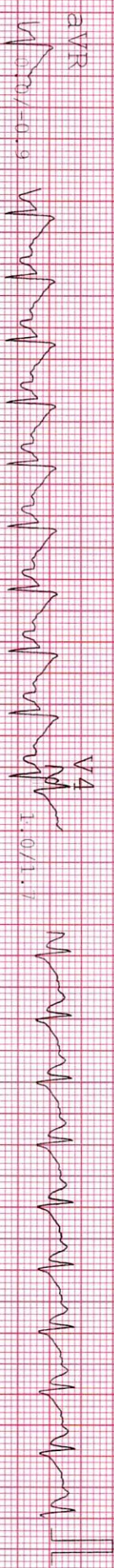
Linked Median Report
SPEED/GRADE: 0.00/0.0
POST J at 80 msec

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



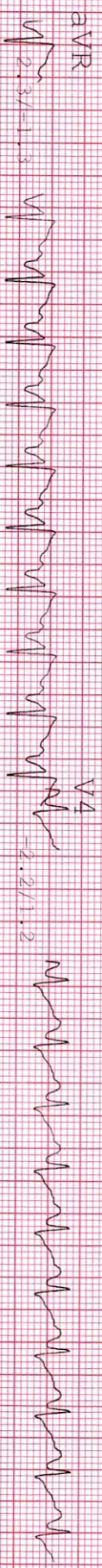
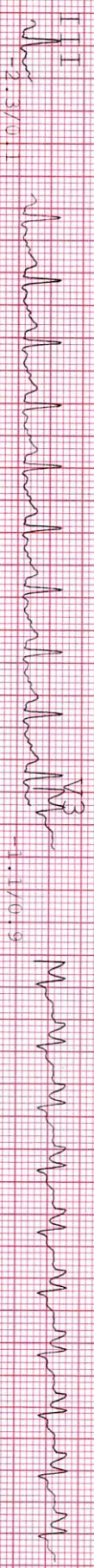
Nilam

NAME : NIJAM PARMAR	ID : 1470	PROTOCOL : Bruce	Linked Median Report	GAIN : 1X
AGE/GENDER : 33 yrs/FEMALE	BP : 130/80mmHg	STAGE : Exer : 1/7	SPEED/GRADE : 1.70/10.0	STL in mm
DATE/TIME : 09-12-2022 09:30	HR : 147bpm	STAGE TIME : 03:00	POST J at 80 msec	STS in mm/sec



NIJAM

NAME : NILAM PARMAR	ID : 1470	PROTOCOL : Bruce	Linked Median Report	GAIN : 1X
AGE/GENDER : 33 yrs/FEMALE	BP : 142/82mmHg	STAGE : Exer : 2/7	SPEED/GRADE : 2.50/12.0	STL in mm
DATE/TIME : 09-12-2022 09:30	HR : 155bpm	STAGE TIME : 03:00	POST J at 80 msec	STS in mm/sec



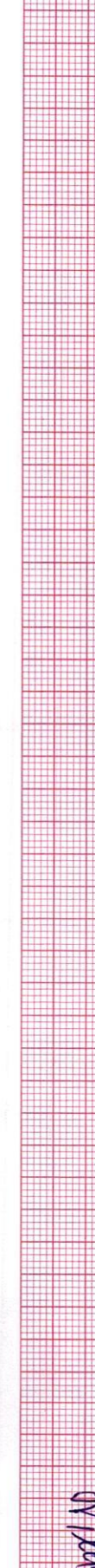
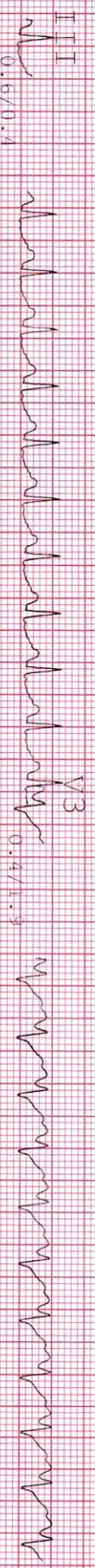
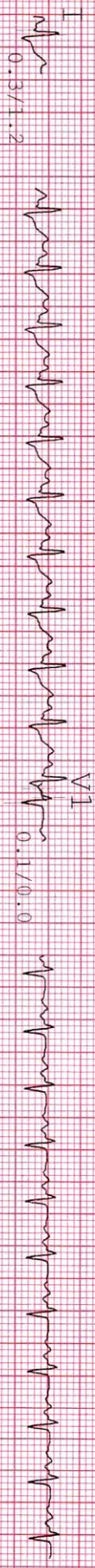
NAME : NILAM PARMAR
 AGE/GENDER : 33 yrs/FEMALE
 DATE/TIME : 09-12-2022 09:30

ID : 1470
 BP : 150/86mmHg
 HR : 168bpm

PROTOCOL : Bruce
 STAGE : Exer : 3/7
 STAGE TIME : 01:24

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

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



AV/2022

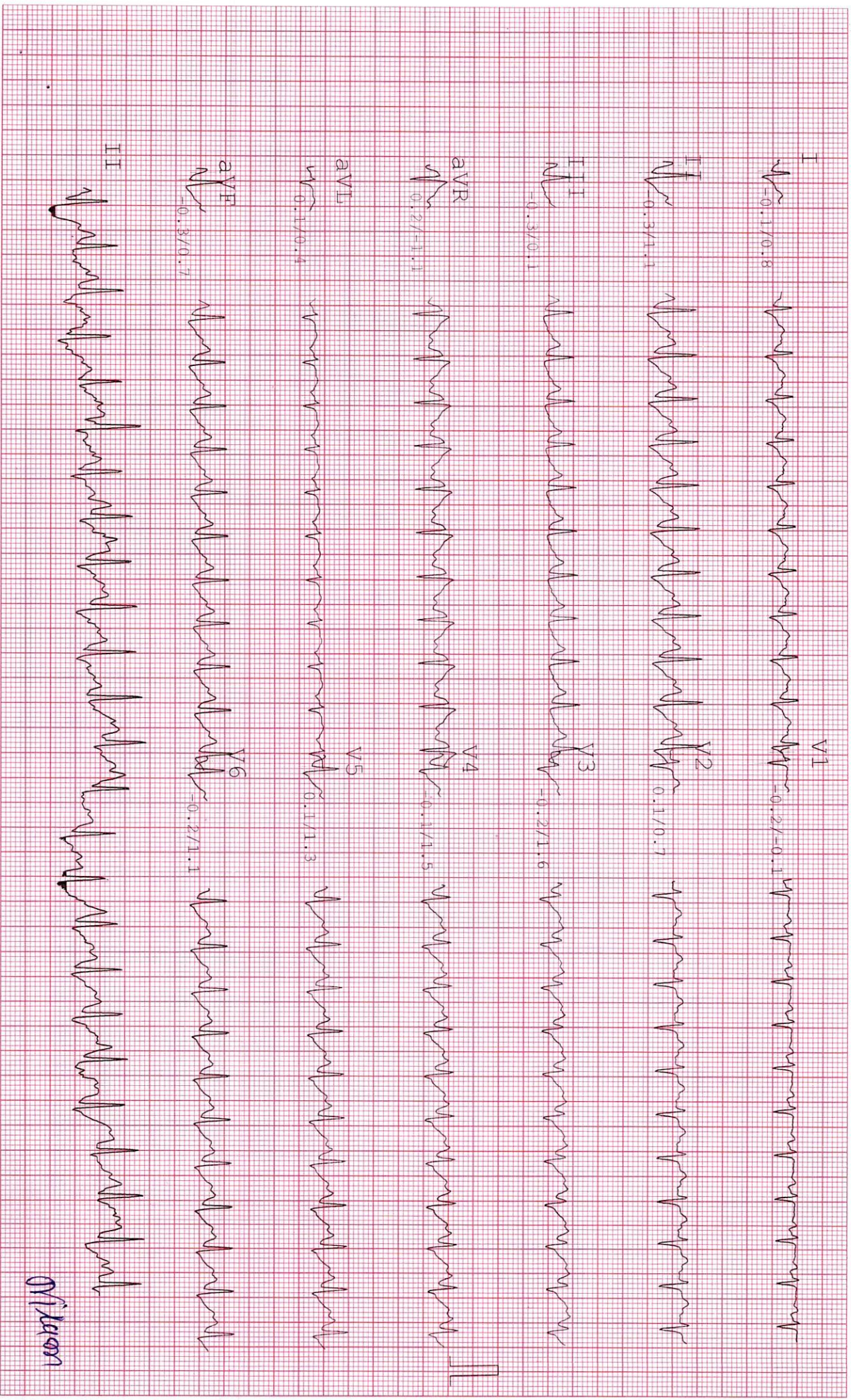
NAME : NILAM PARMAR
AGE/GENDER : 33 yrs/FEMALE
DATE/TIME : 09-12-2022 09:30

ID : 1470
BP : 150/86mmHg
HR : 167bpm

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

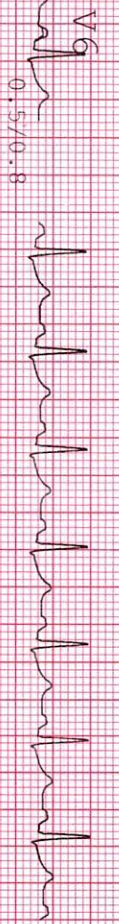
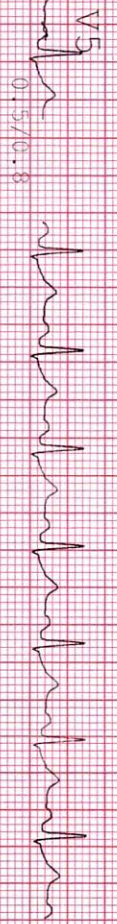
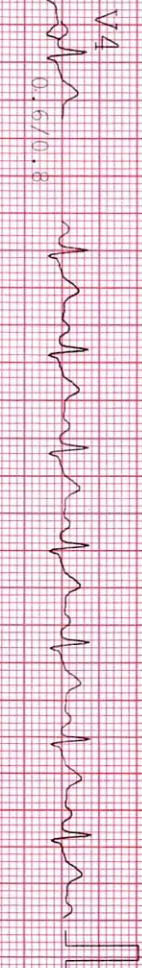
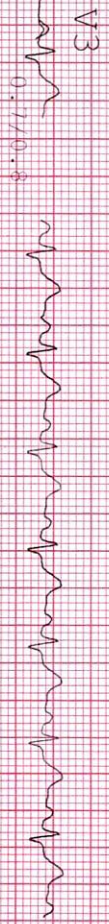
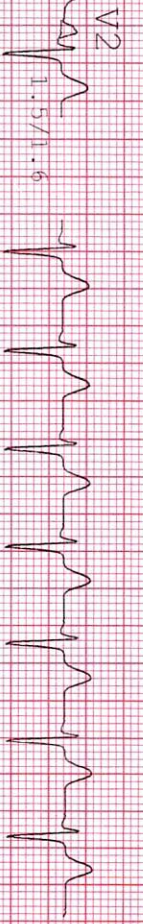
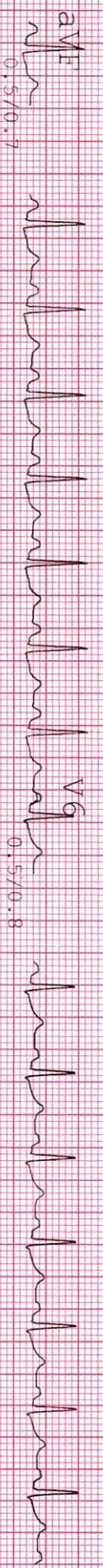
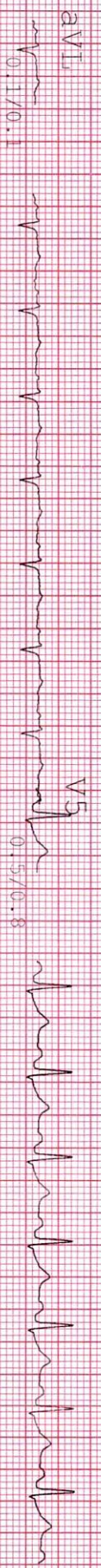
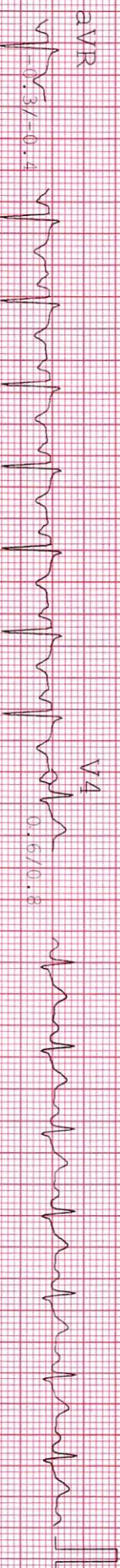
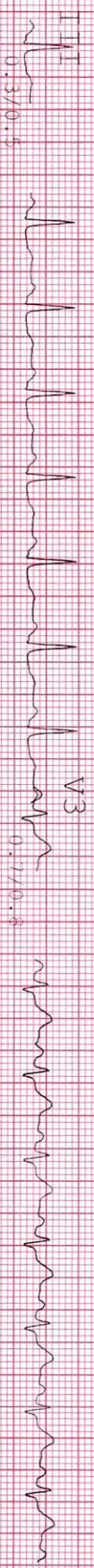
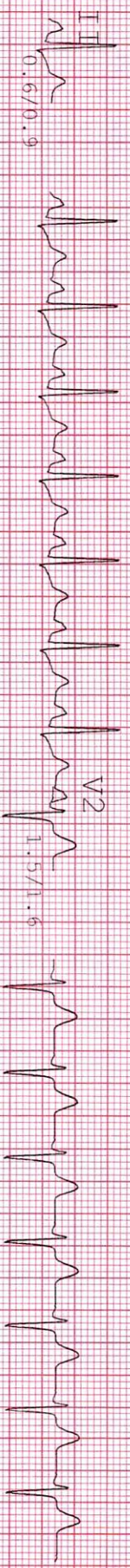
Linked Median Report
SPEED/GRADE : 3.40/14.0
POST J at 80 msec

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



09/12/2022

NAME : NILAM PARMAR	ID : 1470	PROTOCOL : Bruce	Linked Median Report	GAIN: 1X
AGE/GENDER: 33 yrs/FEMALE	BP: 142/84mmHg	STAGE : Recovery	SPEED/GRADE: 0.00/0.0	STL in mm
DATE/TIME : 09-12-2022 09:30	HR: 112bpm	STAGE TIME: 03:00	POST J at 80 msec	STS in mm/sec



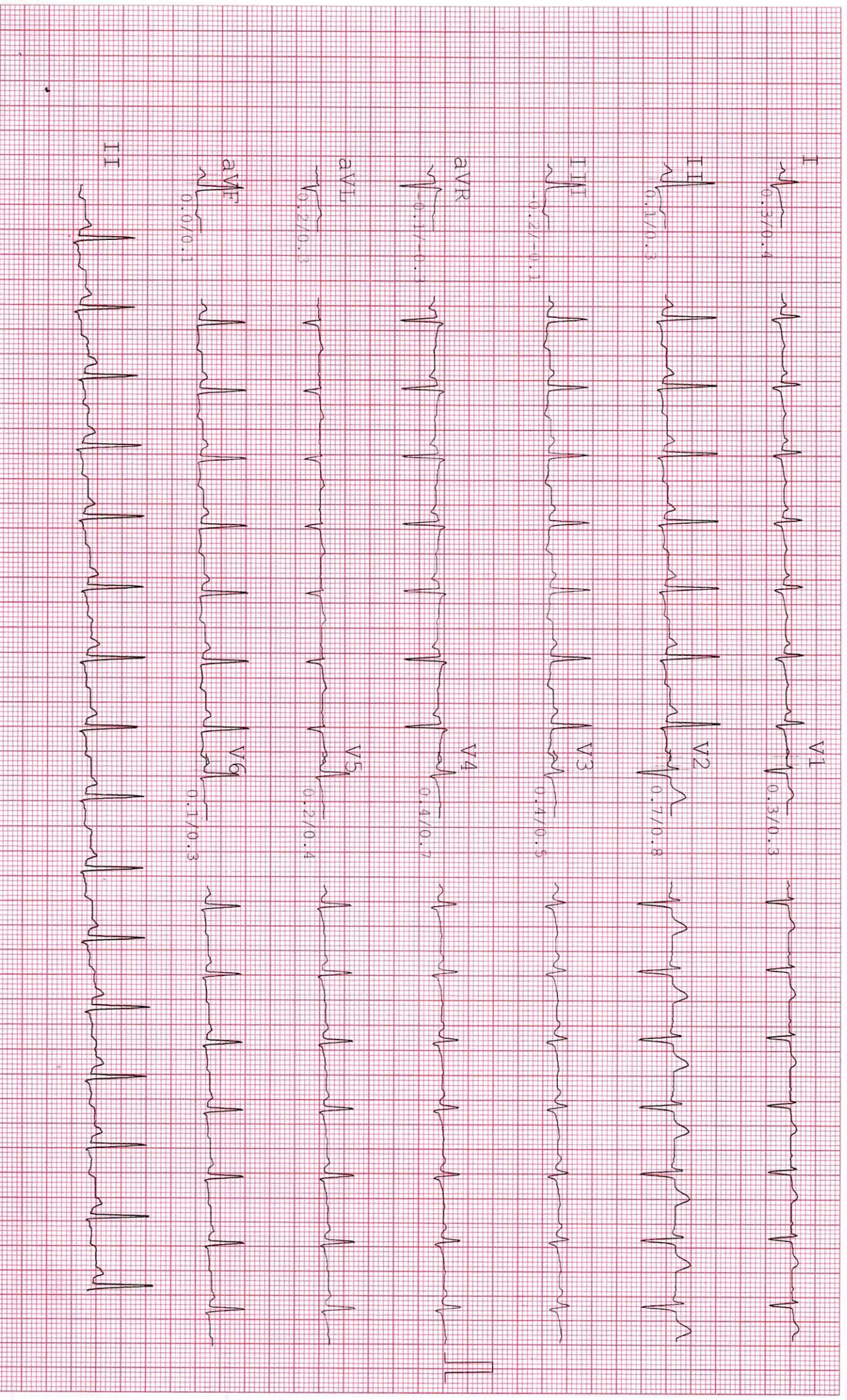
NAME : NIILAM PARRMAR
 AGE/GENDER : 33 yrs/FEMALE
 DATE/TIME : 09-12-2022 09:30

ID : 1470
 BP : 134/82mmHg
 HR : 108bpm

PROTOCOL : Bruce
 STAGE : Recovery
 STAGE TIME : 06:00

Linked Median 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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Registration On:09/12/2022/08:48
Approved On : 09/12/2022 12:54

RENAL FUNCTION

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
Sr. Creatinine:	0.68	mg/dl	0.5 - 1.1 mg/dl
Urea:	22.5	mg/dl	10 - 50 mg/dl
S. Uric Acid:	3.1	mg/dl	2.4 - 6.2 mg/dl
Blood Urea Nitrogen:	<u>5.84</u>	mg/dl	08 - 23 mg/dl
Bun/Creat Ratio:	8.59		



Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



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COMPLETE BLOOD CHEMISTRY

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
S. Cholesterol	: 161.2	mg/dl	Desirable : < 200 Borderline High : 200 - 239 High : > 240
Serum Triglycerides	: 210.8	mg/dl	Normal : Normal < 150 Borderline : 150 - 199 High : > 200
HDL Cholesterol	: 33.1	mg/dl	40 - 60 mg/dl
Serum LDL Cholesterol (Calculated)	: 85.94	mg/dl	Up to 150
Cholesterol/HDLC Ratio (Calculated)	: 4.87	mg/dl	Up to 5.0
Serum VLDL Cholesterol (Calculated)	: 42.16	mg/dl	Up to 35
LDLC/HDLC Ratio (Calculated)	: 2.6	mg/dl	Up to 3.4
Total Lipid (Calculated)	: 641.04	mg/dl	400 - 1000 mg/dl
S. Bilirubin (Total)	: 0.75	mg/dl	up to 1.2
S. Bilirubin (Direct)	: 0.12	mg/dl	up to 0.2
S. Bilirubin (Indirect)	: 0.63	mg/dl	up to 1.0
SGOT	: 14.6	U/L	up to 40
SGPT	: 25.6	U/L	up to 42
GGT	: 27.9	U/L	09 - 36
S. Alkaline Phosphatase	: 78.21	U/L	40 - 129
Total Proteins	: 6.89	g/dl	6.0 - 8.3
Albumin	: 3.85	g/dl	3.5 - 5.2
Globulins	: 3.04	g/dl	2.4 - 3.7
AGRATIO	: 1.266		

Prathy



ISO CERTIFIED

O- 5,6,10 Maruti Tower, Shivranjani Cross Road,
Satellite, Ahmedabad. 
Ph : 079 4800 7051 M. : 98986 76445 
E-mail : corporatecare0120@gmail.com 



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Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



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Glycosylated HB - (HBA1C)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
HBA1C: (Immunoturbidimetric)	4.88	%	Normal : ≤ 5.6 Prediabetes : 5.7 - 6.4 Diabetes : ≥ 6.5 <u>DIABETES CONTROL CRITERIA</u> 6 - 7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested

Mean Blood Glucose: 93.356 mg/dl

Criteria for the diagnosis of diabetes

- HbA1c ≥ 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 ≥ 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.
- 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.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population. 2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values. 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected.

Page 4 of 6



Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478



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BLOOD SUGAR LEVEL

Specimen :

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Fasting Blood Sugar: (GOD-POD)	85.5	mg/dl	70-110

American Diabetes Association Reference Range :

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Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

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**Pathologist**Dr. Pravin Patel
(M.D.Path) G-15478

Page 5 of 6



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Reffered : Bank Of Baroda

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Registration On:09/12/2022/08:48
Approved On : 09/12/2022 12:56

kidney function test

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Normal Range</u>
S. Uric Acid:	3.5	mg/dl	2.4 - 6.2 mg/dl
Sr. Creatinine:	0.68	mg/dl	0.5 - 1.1 mg/dl
Urea:	24.5	mg/dl	10 - 50 mg/dl

Intrinsic renal damage (< 40: 1)



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(M.D.Path) G-15478



Patient Name : Nilam Nitinkumar Parmar
Sample No.. : 8641
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Age/Sex : 33 Years/Female
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THYROID FUNCTIONS

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>NORMAL VALUE</u>
Serum T3 :	1.1	ng/dl	0.69 - 2.15 ng/dl
Serum T4 :	8.4	microgm/dl	5.2 - 12.7 microgm/dl
Serum T.S.H :	2.790	microU/ml	0.3 - 4.5 microU/ml

COMMENTS :

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.
Low or undetectable TSH is suggestive of Grave~s disease
TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.
TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 ,FT4 is important.
FreeT3 is first hormone to increase in early Hyperthyroidism.
Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.
During pregnancy clinically T3 T4 can be high and TSH can be slightly low



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COMPLETE BLOOD COUNT

<u>Test</u>		<u>Sample :</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
<u>BLOOD COUNT</u>					
Hemoglobin	colorimetric		12.11	g/dL	12 - 15
R.B.C Count	Electrical impedance		4.88	mill/cmm	3.8 - 4.8
W.B.C Count	Electrical impedance		7.86	10 ³ /uL	4.0 - 10.0
Platelet Count	Electrical impedance		322.2	10 ³ /uL	150 - 350 10 ³ /uL
<u>DIFFERENTIAL COUNT</u>					
Polymorphs	Microscopic		70	%	60 - 70
Lymphocytes	Microscopic		26	%	20 - 40
Eosinophils	Microscopic		01	%	1 - 6
Monocytes	Microscopic		03	%	2 - 10
Basophils	Microscopic		00	%	0 - 2
<u>BLOOD INDISES</u>					
HCT	Rbc Histogram		39.2	%	33.5 - 52.0 %
MCV	Calculated		80.3	fl	80 - 100
MCH	Calculated		24.8	pg	28.0 - 32.0 pg
MCHC	Calculated		30.9	g/dl	31.0 - 35.0 g/dl
RDW-CV	Calculated		8.1	%	11.6 - 14.0 %

PERIPHERAL SMEAR EXAMINATION

SMEAR RBC Line 1: Normochromic normocytic red cells.

SMEAR WBC LINE 1: Are within normal limits.

SMEAR Platelets: Adequate

Page 2 of 4

Erythrocyte sedimentation rate

ESR AT 1 hour westergren 12 mm/Hour 00 - 20



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BLOOD GROUP

<u>Test</u>	<u>Result</u>
BLOOD GROUP	: " B "
RH GROUP	: POSITIVE.



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URINE EXAMINATION

PHYSICAL :

Colour - **Pale Yellow**
Deposits - **Absent**
Transparency - **Clear**
Reaction - **Acidic**
Sp. Gravity - **1.005**

CHEMICAL :

Albumin - **Absent**
Sugar - **Absent**
Bile Salts - **Absent**
Bile Pigments - **Absent**

MICROSCOPIC: (After centrifugation at 2000 r.p.m. for 5 minutes)

Pus Cells - **0-2** /h.p.f.
Red Cells - **Not seen** /h.p.f.
Epithelial Cells - **2-4** /h.p.f.
Casts - **Not seen**/l.p.f.
Crystals - **Not seen**
Amorphous - **Not seen**


Page 4 of 4

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