

TEST REPORT

Reg. No. : 307100148	Reg. Date : 08-Jul-2023 08:19	Ref.No :	Approved On : 08-Jul-2023 11:22
Name : Mr. JANI PRAKASHKUMAR			Collected On : 08-Jul-2023 08:51
Age : 42 Years	Gender : Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9904756063
Location :			

Test Name	Results	Units	Bio. Ref. Interval
Complete Blood Count			
<u>Specimen: EDTA blood</u>			
Hemoglobin			
Hemoglobin(SLS method)	14.7	g/dL	13.0 - 17.0
Hematocrit (calculated)	41.4	%	40 - 50
RBC Count(Ele.Impedence)	L 4.29	X 10 ¹² /L	4.5 - 5.5
MCV (Calculated)	96.5	fL	83 - 101
MCH (Calculated)	H 34.3	pg	27 - 32
MCHC (Calculated)	H 35.5	g/dL	31.5 - 34.5
RDW (Calculated)	H 14.9	%	11.5 - 14.5
Differential WBC count (Impedance and flow)			
Total WBC count	6200	/μL	4000 - 10000
Neutrophils	60	%	38 - 70
Lymphocytes	32	%	21 - 49
Monocytes	06	%	3 - 11
Eosinophils	02	%	0 - 7
Basophils	00		
Platelet			
Platelet Count (Ele.Impedence)	353000	/cmm	150000 - 410000
MPV	8.20	fL	6.5 - 12.0
Platelets appear on the smear	Adequate		
Malarial Parasites	Not Detected		
EDTA Whole Blood			

Note: All abnormal hemograms are reviewed and confirmed microscopically. Peripheral blood smear and malarial parasite examination are not part of CBC report.

Test done from collected sample.

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Approved by: Dr. Keyur Patel

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Approved On: 08-Jul-2023 11:22

TEST REPORT

Reg. No. : 307100148 Reg. Date : 08-Jul-2023 08:19 Ref.No : Approved On : 08-Jul-2023 13:03
Name : Mr. JANI PRAKASHKUMAR Collected On : 08-Jul-2023 08:51
Age : 42 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9904756063
Location :

Test Name	Results	Units	Bio. Ref. Interval
ESR	11	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs : <30

Capillary Microphotometry

Sample Type: EDTA Whole Blood

Test done from collected sample.

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Approved by: **Dr. Avinash B Panchal**

MBBS,DCP
G-44623

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Approved On: 08-Jul-2023 13:03

TEST REPORT

Reg. No. : 307100148 Reg. Date : 08-Jul-2023 08:19 Ref.No : Approved On : 08-Jul-2023 15:59
Name : Mr. JANI PRAKASHKUMAR Collected On : 08-Jul-2023 08:51
Age : 42 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9904756063
Location :

Test Name	Results	Units	Bio. Ref. Interval
BLOODGROUP & RH			
<u>Specimen: EDTA and Serum; Method: Gel card system</u>			
Blood Group "ABO" <i>Agglutination</i>	"A"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

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Generated On : 08-Jul-2023 16:44

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TEST REPORT

Reg. No. : 307100148 **Reg. Date** : 08-Jul-2023 08:19 **Ref.No** : **Approved On** : 08-Jul-2023 14:53
Name : Mr. JANI PRAKASHKUMAR **Collected On** : 08-Jul-2023 08:51
Age : 42 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9904756063
Location :

Test Name	Results	Units	Bio. Ref. Interval
FASTING PLASMA GLUCOSE Specimen: Fluoride plasma			
FASTING PLASMA GLUCOSE <i>Hexokinase</i>	103.12	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126

Plasma

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 >= 200mg/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.

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TEST REPORT

Reg. No. : 307100148	Reg. Date : 08-Jul-2023 08:19	Ref.No :	Approved On : 08-Jul-2023 14:52
Name : Mr. JANI PRAKASHKUMAR			Collected On : 08-Jul-2023 11:26
Age : 42 Years	Gender : Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9904756063
Location :			

Test Name	Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE			
Specimen: Fluoride plasma			
POST PRANDIAL PLASMA GLUCOSE <i>Hexokinase</i>	165.37	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Plasma			

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Name : Mr. JANI PRAKASHKUMAR **Collected On** : 08-Jul-2023 08:51
Age : 42 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9904756063
Location :

Test Name	Results	Units	Bio. Ref. Interval
GGT	30.8	U/L	10 - 71
<i>L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric</i>			
Serum			

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Name : Mr. JANI PRAKASHKUMAR			Collected On : 08-Jul-2023 08:51
Age : 42 Years	Gender : Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9904756063
Location :			

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE			
CHOLESTEROL	216.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
TRIGLYCERIDE <i>Enzymatic Colorimetric Method</i>	163.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
VLDL	H 33	mg/dL	0 - 30
LDL CHOLESTEROL <i>Calculated Method</i>	113.92	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
HDL-CHOLESTEROL	69.08	mg/dL	<40 >60
CHOL/HDL RATIO	3.13		0.0 - 3.5
LDL/HDL RATIO	1.65		1.0 - 3.4
TOTAL LIPID	718.00	mg/dL	400 - 1000
Serum			

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Age : 42 Years	Gender : Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9904756063
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>LIVER FUNCTION TEST</u>			
TOTAL PROTEIN	6.85	g/dL	6.6 - 8.8
ALBUMIN	4.68	g/dL	3.5 - 5.2
GLOBULIN <i>(Calculated)</i>	L 2.17	g/dL	2.4 - 3.5
ALB/GLB <i>(Calculated)</i>	2.16		1.2 - 2.2
SGOT	24.00	U/L	<35
SGPT	31.90	U/L	<41
ALK. PHOSPHATASE <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	77.10	U/L	40 - 130
TOTAL BILIRUBIN	0.61	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.20	mg/dL	<0.2
INDIRECT BILIRUBIN <i>Calculated.</i>	0.41	mg/dL	0.0 - 1.00
Serum			

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TEST REPORT

Reg. No. : 307100148 **Reg. Date** : 08-Jul-2023 08:19 **Ref.No** : **Approved On** : 08-Jul-2023 15:46
Name : Mr. JANI PRAKASHKUMAR **Collected On** : 08-Jul-2023 08:51
Age : 42 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9904756063
Location :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1 C ESTIMATION			
Specimen: Blood EDTA			
HbA1c <i>High Performance Liquid Chromatography (HPLC)</i>	5.90	%	Normal: <= 5.6 Prediabetes: 5.7-6.4 Diabetes: >= 6.5 6-7 : Near Normal Glycemia, <7 : Goal , 7-8 : Good Control , >8 : Action Suggested.
Mean Blood Glucose <i>(Calculated)</i>	123	mg/dL	
Sample Type: EDTA Whole Blood			

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.
 - 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.
 - Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected. 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)

Test done from collected sample.

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TEST REPORT

Reg. No. : 307100148	Reg. Date : 08-Jul-2023 08:19	Ref.No :	Approved On : 08-Jul-2023 15:46
Name : Mr. JANI PRAKASHKUMAR			Collected On : 08-Jul-2023 08:51
Age : 42 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9904756063
Location :			

Bio-Rad CDM System
Bio-Rad Variant V-II Instrument #1

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID: 130703500109
 Patient ID:
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

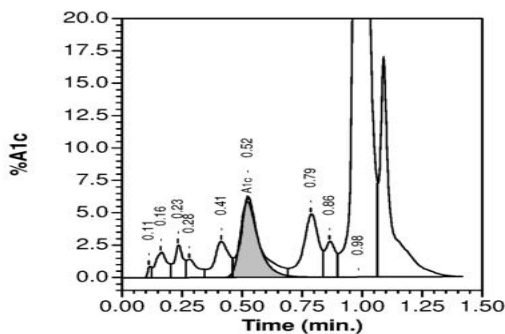
Analysis Performed: 08/07/2023 14:54:43
 Injection Number: 8157
 Run Number: 330
 Rack ID:
 Tube Number: 1
 Report Generated: 08/07/2023 15:08:03
 Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.2	0.113	2476
A1a	---	1.1	0.161	15874
A1b	---	1.0	0.231	14906
F	---	0.7	0.278	10968
LA1c	---	1.7	0.412	25622
A1c	5.9	---	0.522	74766
P3	---	3.5	0.786	52437
P4	---	1.3	0.863	19831
Ao	---	85.4	0.982	1267108

Total Area: 1,483,988

HbA1c (NGSP) = 5.9 %



Test done from collected sample.

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TEST REPORT

Reg. No. : 307100148 **Reg. Date** : 08-Jul-2023 08:19 **Ref.No** : **Approved On** : 08-Jul-2023 16:45
Name : Mr. JANI PRAKASHKUMAR **Collected On** : 08-Jul-2023 08:51
Age : 42 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9904756063
Location :

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine)	1.21	ng/mL	0.6 - 1.52
T4 (Thyroxine) <small>CMIA</small>	6.68	µg/dL	5.5 - 11.0
TSH (ultra sensitive) <small>CMIA</small>	2.996	µIU/mL	0.35 - 4.94

Sample Type: Serum

Comments:

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

Test done from collected sample.

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TEST REPORT

Reg. No. : 307100148 **Reg. Date** : 08-Jul-2023 08:19 **Ref.No** : **Approved On** : 08-Jul-2023 16:25
Name : Mr. JANI PRAKASHKUMAR **Collected On** : 08-Jul-2023 08:51
Age : 42 Years **Gender**: Male **Pass. No.** : **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9904756063
Location :

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

PSA	0.461	ng/mL	0 - 4
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CMIA

Sample Type: Serum

Useful For

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
3. Prostate cancer screening.

Comments

-Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

-Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

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TEST REPORT

Reg. No. : 307100148	Reg. Date : 08-Jul-2023 08:19	Ref.No :	Approved On : 08-Jul-2023 14:39
Name : Mr. JANI PRAKASHKUMAR			Collected On : 08-Jul-2023 08:51
Age : 42 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9904756063
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>URINE ROUTINE EXAMINATION</u>			
<u>Physical Examination</u>			
Colour	Pale Yellow		
Clarity	Clear		
<u>CHEMICAL EXAMINATION (by strip test)</u>			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.025		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Negative		Nil
Leucocytes	Nil		Nil
Blood	Absent		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Leucocytes (Pus Cells)	Nil		0 - 5/hpf
Erythrocytes (RBC)	Nil		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	1-2		Nil
Monilia	Nil		Nil
T. Vaginalis	Nil		Nil
Urine			

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TEST REPORT

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Name : Mr. JANI PRAKASHKUMAR **Collected On** : 08-Jul-2023 08:51
Age : 42 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9904756063
Location :

Test Name	Results	Units	Bio. Ref. Interval
CREATININE	1.02	mg/dL	0.67 - 1.5

Serum

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

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Age : 42 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9904756063
Location :

Test Name	Results	Units	Bio. Ref. Interval
UREA	19.4	mg/dL	17 - 43

Serum

Useful screening test for evaluation of kidney function. Urea is the final degradation product of protein and amino acid metabolism. In protein catabolism, the proteins are broken down to amino acids and deaminated. The ammonia formed in this process is synthesized to urea in the liver. This is the most important catabolic pathway for eliminating excess nitrogen in the human body. Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function. The test is frequently requested along with the serum creatinine test since simultaneous determination of these 2 compounds appears to aid in the differential diagnosis of prerenal, renal and postrenal hyperuremia.

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Age : 42 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9904756063
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>ELECTROLYTES</u>			
Sodium (Na+) <small>ISE</small>	141.9	mmol/L	136 - 145
Potassium (K+) <small>ISE</small>	3.8	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>ISE</small>	101.9	mmol/L	98 - 107
Serum			

Comments

The electrolyte panel is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions. Repeat testing of the electrolyte or its components may be used to monitor the patient's response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.

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

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