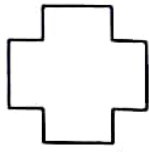


08107123



PANCHMUKHI HOSPITAL

Dr CP Dadhaniya

Dr R C Dadhaniya

MBBS, Dip.G.O, Diabetologist

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639, 8320711901

policy number :
full name : AJMIRA JAYAMMA
identity proof : Aadhar card
identity proof no : 9334
gender : female
height : 157
weight : 51 kg
BP : 110/70
pulse : 64/min Regular
blood sample : yes
fasting mode : yes
non fasting mode : yes

past history : NO

dental : Healthy

Gynac : Healthy

General : Healthy

* A. Jayamma

DADHANIYA
M.B.B.S., D.G.O.
C.I.N., Diabetologist
Regd. No. G19798
PANCHMUKHI HOSPITAL
MAVADI CHOKDI
150' RING ROAD

x

NAME : Admisha Jayamma
AGE/GENDER: female / 20

DIAG. DATE: 08/07/23

PATIENT'S REFRACTION DETAILS

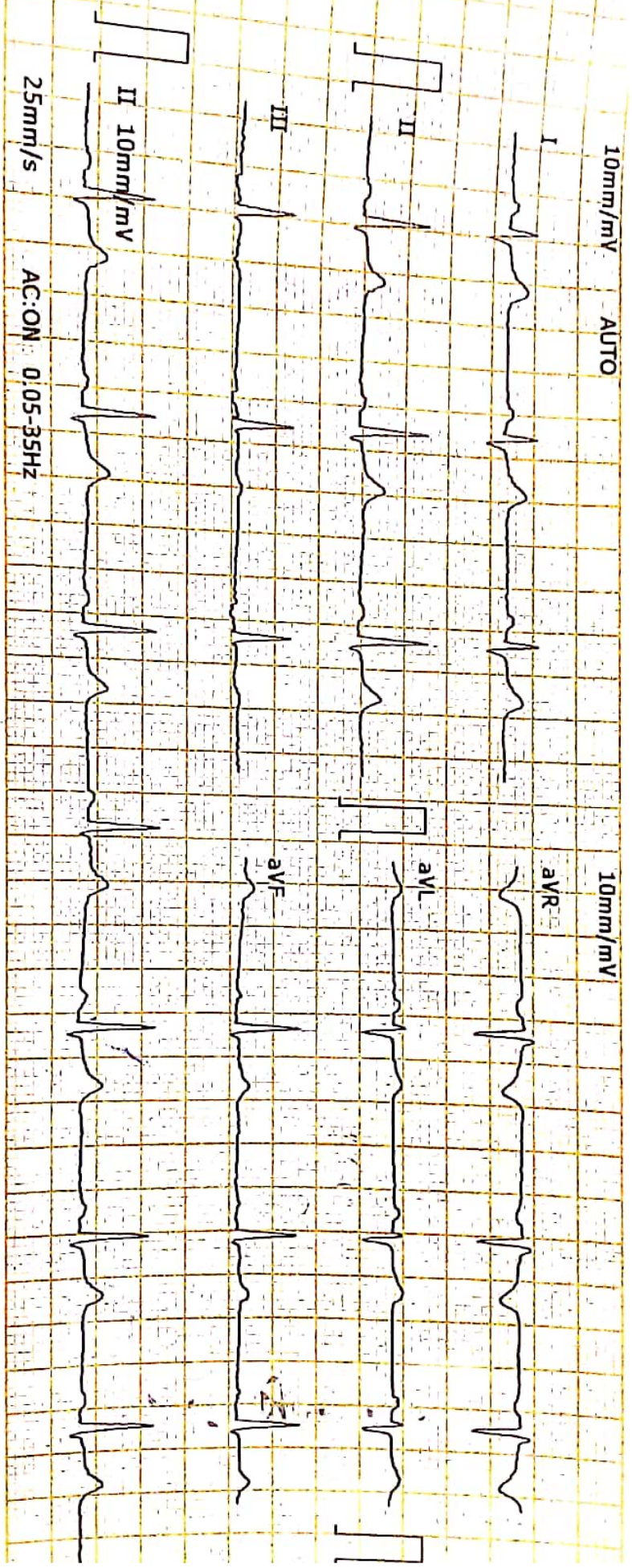
		SPHE	CYL	AXIS	VN
R	D	N	N	N	6/6
	N	N			6/6
L	D	N	N	N	6/6
	N	N			6/6

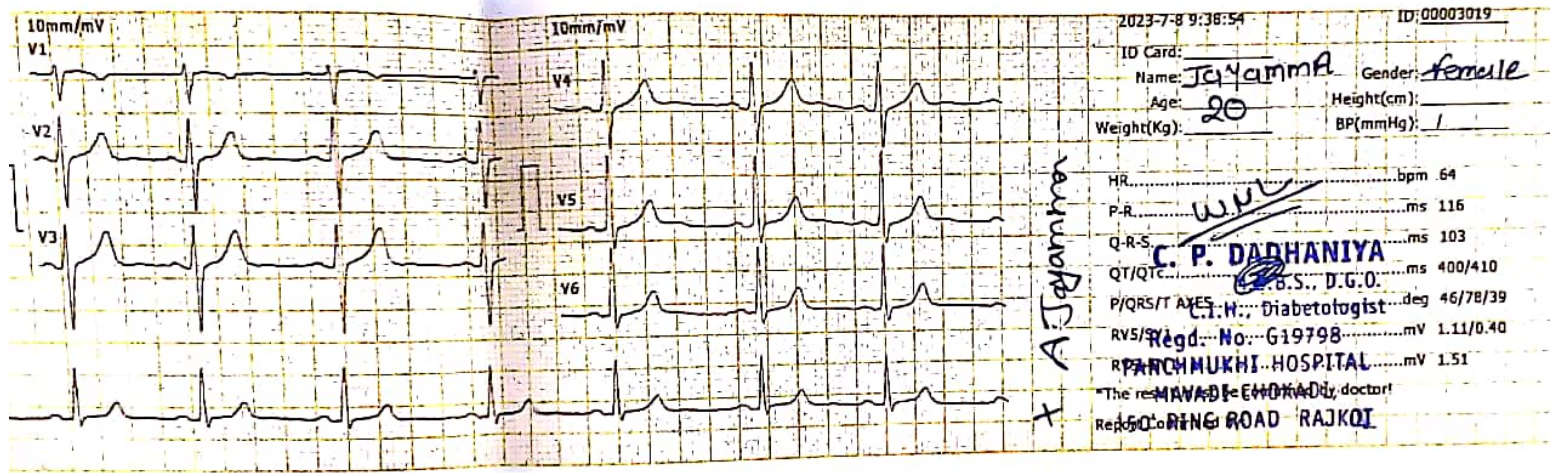
REMARKS :

CHECKED BY: Dr. C.P. Dadhaniya

+ A. Jayamma

C. P. DADHANIYA
M.B.B.S., D.G.O.
C.I.H., Diabetologist
Regd. No. G19798
PANCHMUKHI HOSPITAL
MAVADI CHOKADI,
150' RING ROAD RAJKOT.





2023-7-8 9:38:54 ID: 00003019

ID Card: _____
 Name: Jayamma Gender: female
 Age: 20 Height(cm): _____
 Weight(Kg): _____ BP(mmHg): 1

HR..... bpm 64
 P-R.....ms 116
 Q-R-S.....ms 103
 QT/QTc.....ms 400/410
 P/QRS/T AXES.....deg 46/78/39
 R/S/T.....mV 1.11/0.40
 R/P.....mV 1.51

C. P. DABHANIYA
 B.S., D.G.O.
 C.I.W., Diabetologist
 Regd. No.: G19798
 PANCHMUKHI HOSPITAL
 The res. MAVADE ENDKADY doctor!
 150 RING ROAD RAJKOI

A. Jayamma

Tread Mill Test

Patient Name : Ajmira Jayamma Age : 20yrs/F
Ref. By : Dr. C.P Dadhaniya Resting BP : 120/80
Report Date : 08/07/2023 Max. BP : 160/80

Patient Reaches exercise limit at 7.70 METS.

No signs of ischemia at the exercise level.

Adequate increase of HR & BP.

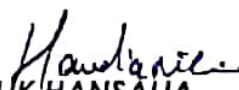
No significant Arrhythmia.

The stress test was terminated after 6:41 minutes as patient complained of Fatigue.
Patient achieved 85% THR without chest pain.

The recovery was uneventful.

Fair effort tolerance.

Conclusion: - The stress test is NEGATIVE for exercise induced myocardial ischaemia.


DR. MAULIK HANSALIA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

DR. NISHANT SIRODARIYA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

PANCHMUKHI HOSPITAL
 MAYADI CHOWK, 150 RING ROAD, RAJKOT
 229/AJIVIRA JAYANWA 20 Yrs/Female 0 Kg/0 Cms
 Date: 08-Jul-2023 12:23:23 PM

Ref. By :
 Medication :
 Objective :

Protocol : BRUCE
 History :

Summary

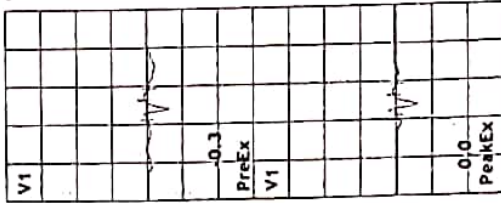
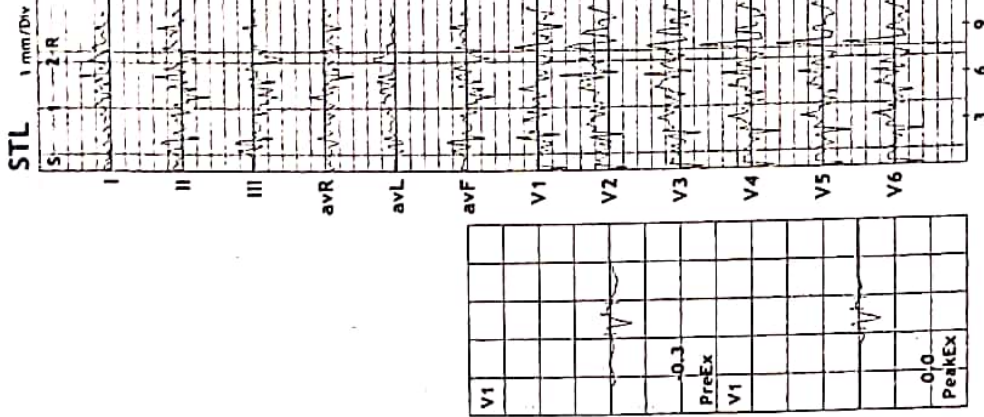
A. Tejammek

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (kmph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. %100	PVC	Comments
Supine	0:01	0:51	0.0	0.0	1.0	69	120/80	82	-	
Standing	0:01	0:54	0.0	0.0	1.0	97	120/80	116	-	
HV	0:01	0:58	0.0	0.0	1.0	95	120/80	114	-	
ExStart	0:01	1:04	0.0	0.0	1.0	81	120/80	97	-	
Stage 1	3:00	3:01	2.7	10.0	4.6	143	130/80	185	-	
Stage 2	3:00	6:01	4.0	12.0	7.0	161	150/80	241	-	
PeakEx	0:39	6:40	5.5	14.0	7.7	167	160/80	267	-	
Recovery	1:00	6:42	0.0	0.0	1.1	122	160/80	195	-	
Recovery	3:00	6:42	0.0	0.0	1.0	95	120/80	114	-	

Findings :

Exercise Time : 6:41 minutes
 Max HR attained : 169bpm 85% of Max Predictable HR 200
 Max BP : 160/80(mmHg)
 WorkLoad attained : 7.7 (Fair Effort Tolerance)
 No significant ST segment changes noted during exercise or recovery.
 No Angina/Arrhythmia/S3/murmur
 Final Impression : Test is negative for inducible ischaemia.
 Maximum Depression: 6:16

Advice/Comments:



PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
 229 / AJMIRA JAYANMA
 20 Yrs / Female
 0 Kg / 0 Cm
 Date: 08-Jul-2023 12:23:23 PM

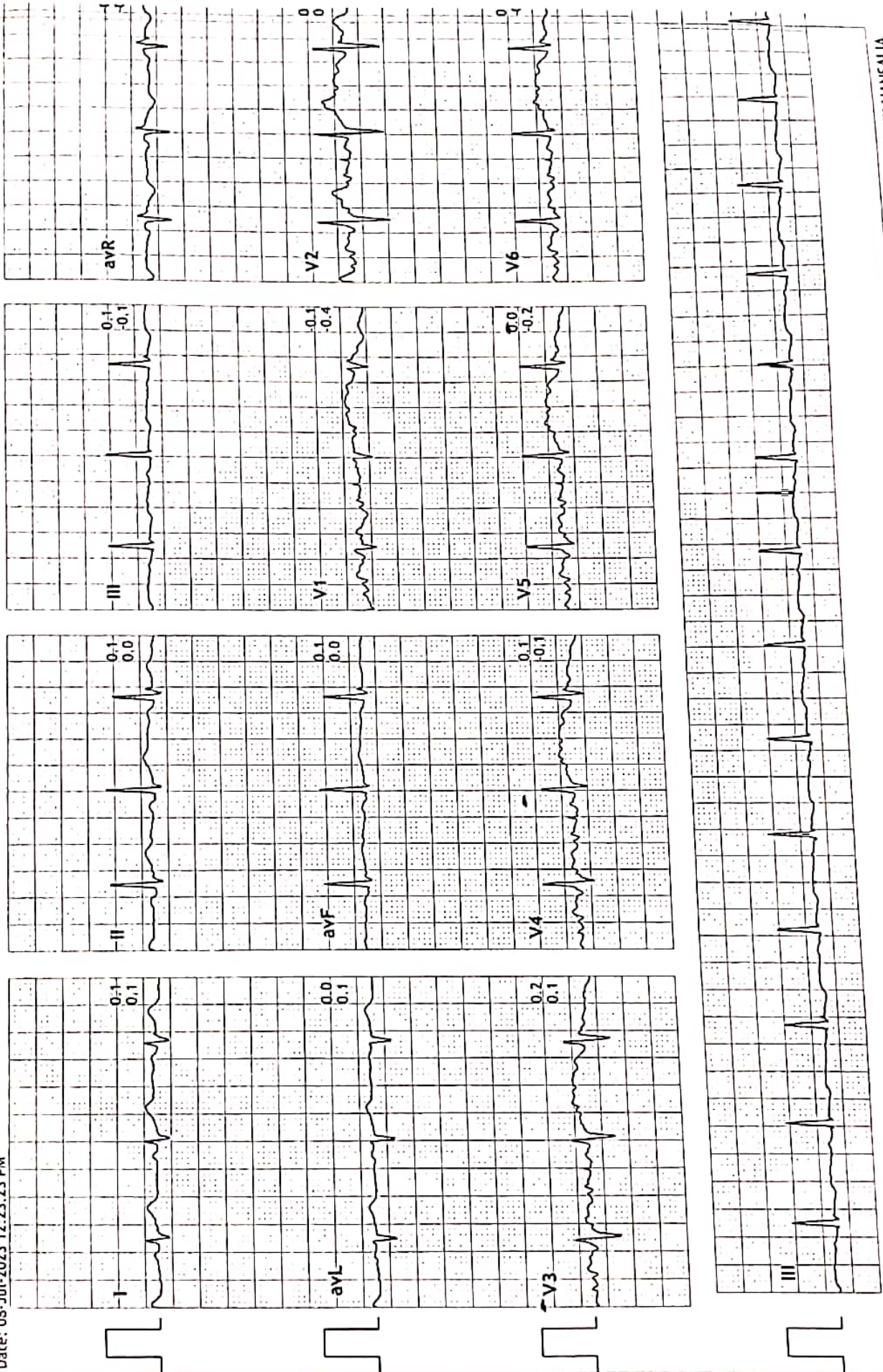
3x4+1 Rhythm Lead

HR: 69 bpm
 METS: 1.0
 BP: 120/80

MPHR: 34% of 200
 Speed: 0.0 kmph
 Grade: 0.0%

Ex Time 00:50
 BLC : On
 Notch : On

Supine
 10.0 mm/mv
 25 mm/Sec.



DR MAULIK HANSALIA

Paper Date: 08 Jul 2023

Paper Date: 08 Jul 2023

PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
 229 / AJMIRA JAYANMA
 20 Yrs / Female
 0 Kg / 0 Cm
 Date: 08-Jul-2023 12:23:23 PM

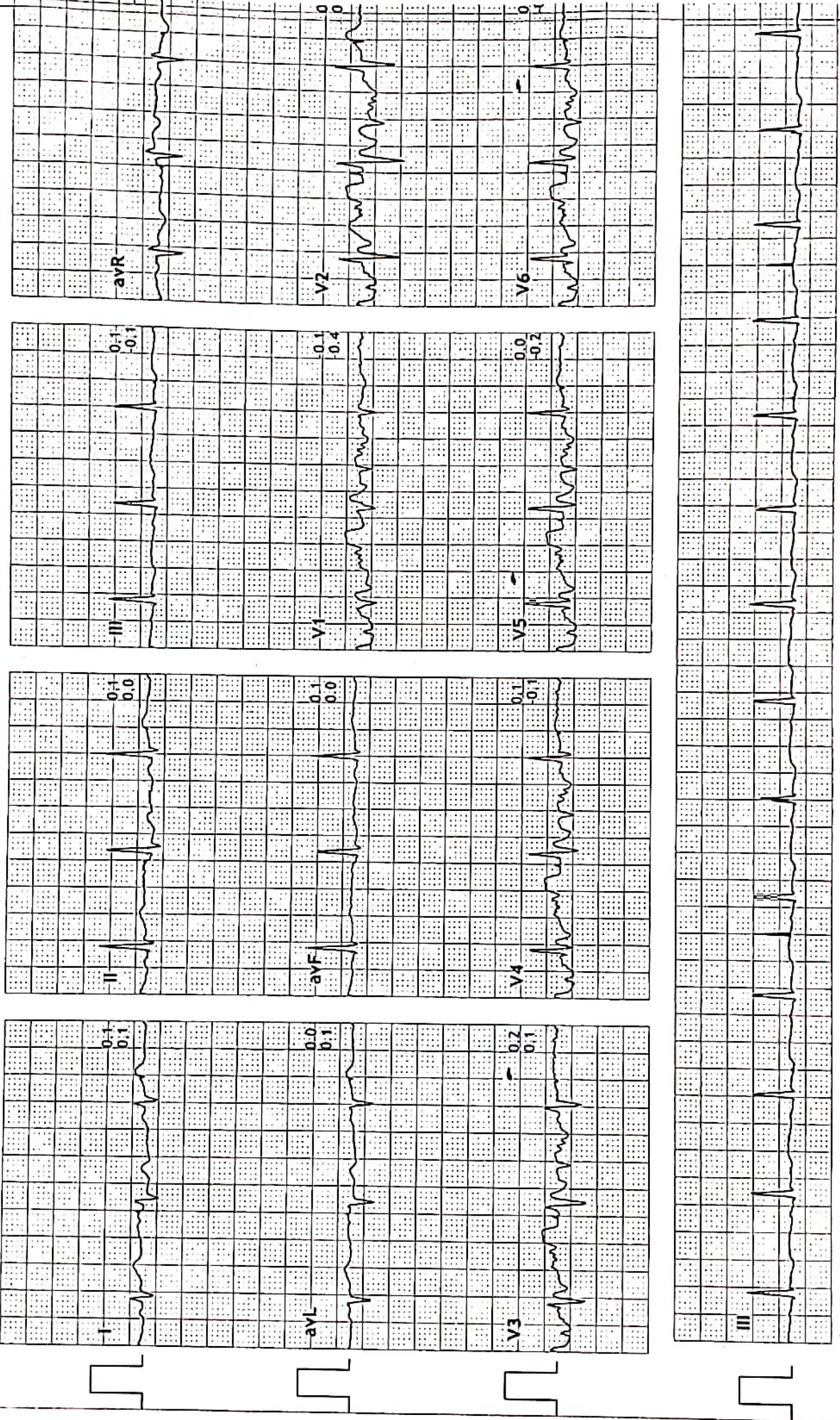
HR: 97 bpm
 METS: 1.0
 BP: 120/80

MPHR: 48% of 200
 Speed: 0.0 kmph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 00:53
 BLC :On
 Notch :On

Standing
 10.0 mm/mv
 25 mm/Sec.



PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
 229 / AJMIRA JAYAMMA
 20 Yrs / Female
 0 Kg / 0 Cm
 Date: 08-Jul-2023 12:23:23 PM

3x4+1 Rhythm Lead

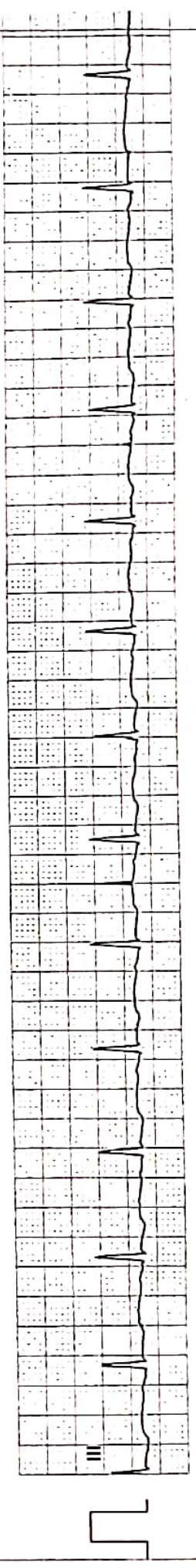
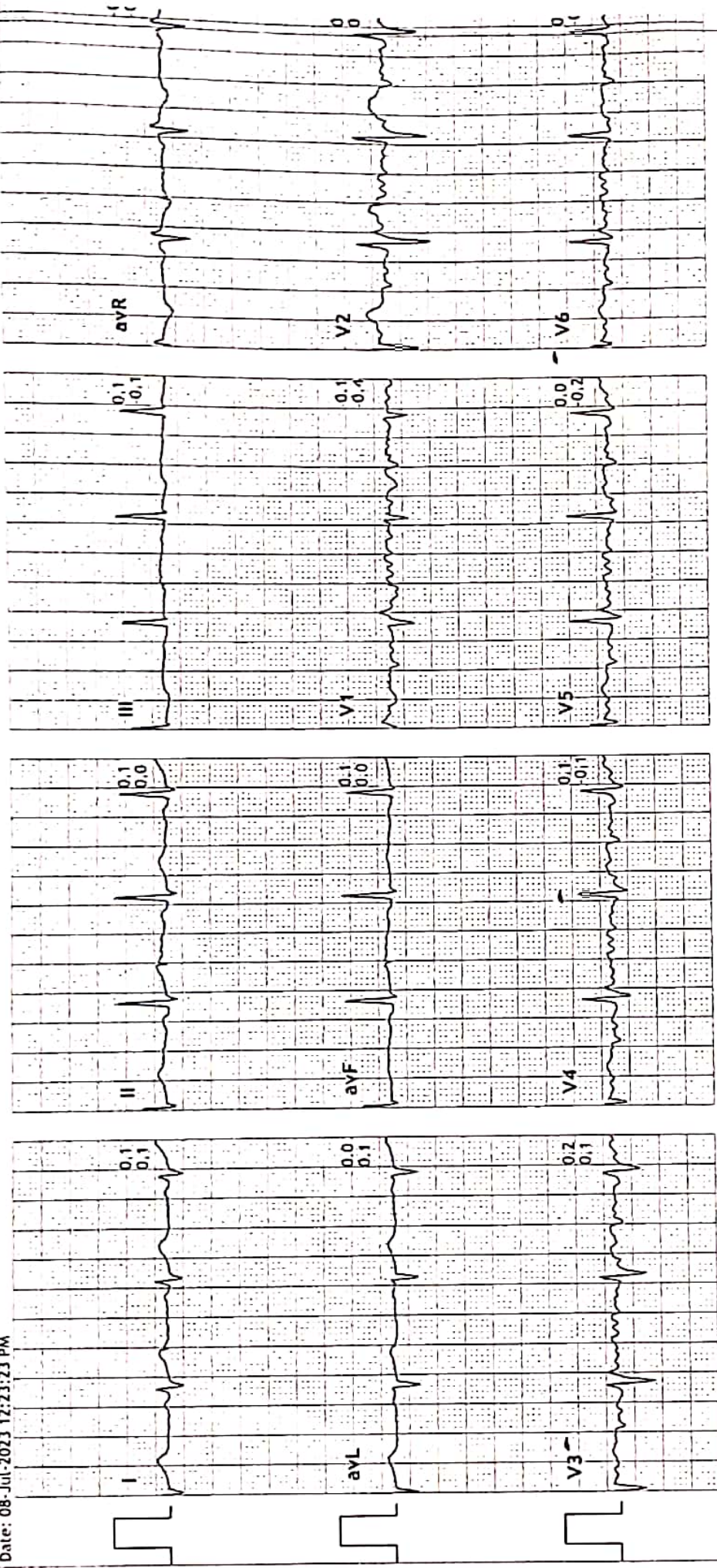
HR: 95 bpm
 METS: 1.0
 BP: 120/80

MPHR: 47% of 200
 Speed: 0.0 kmph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 00:57
 DLC :On
 Natch :On

HV
 10.0 mm/mV
 25 mm/Sec.



3x4+1 Rhythm Lead

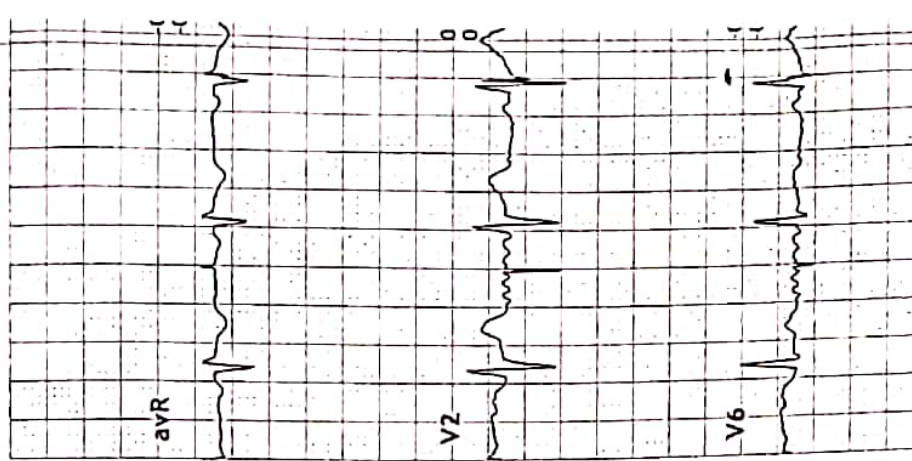
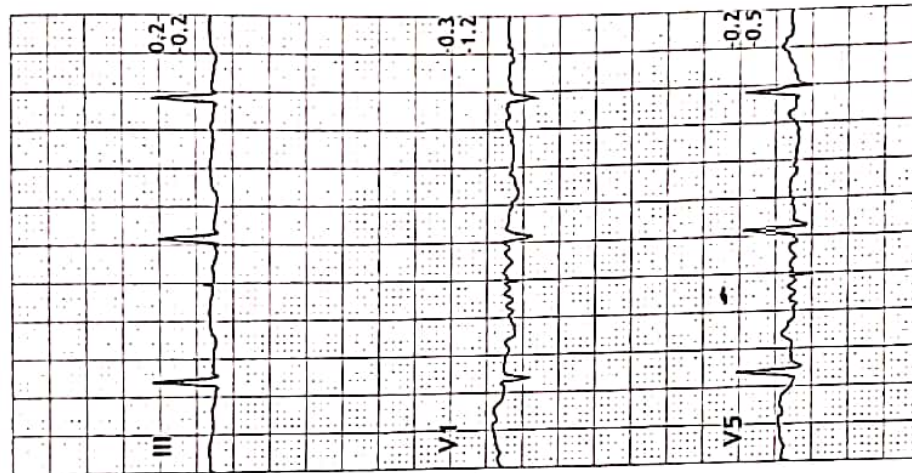
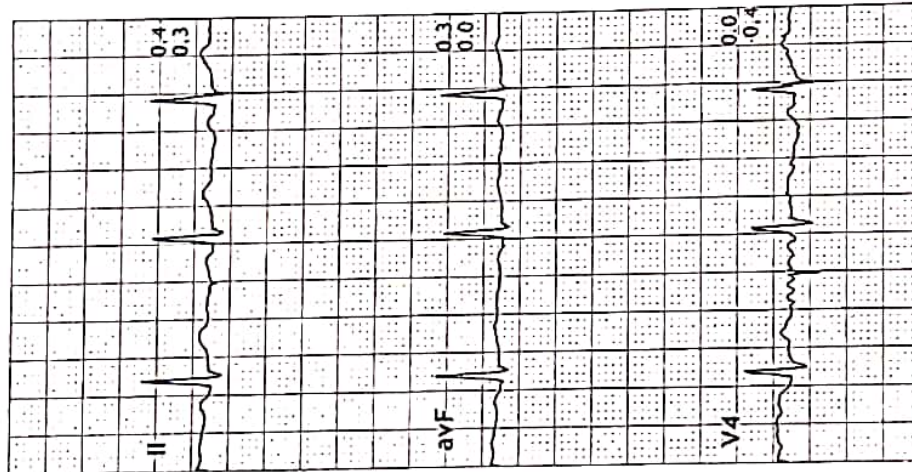
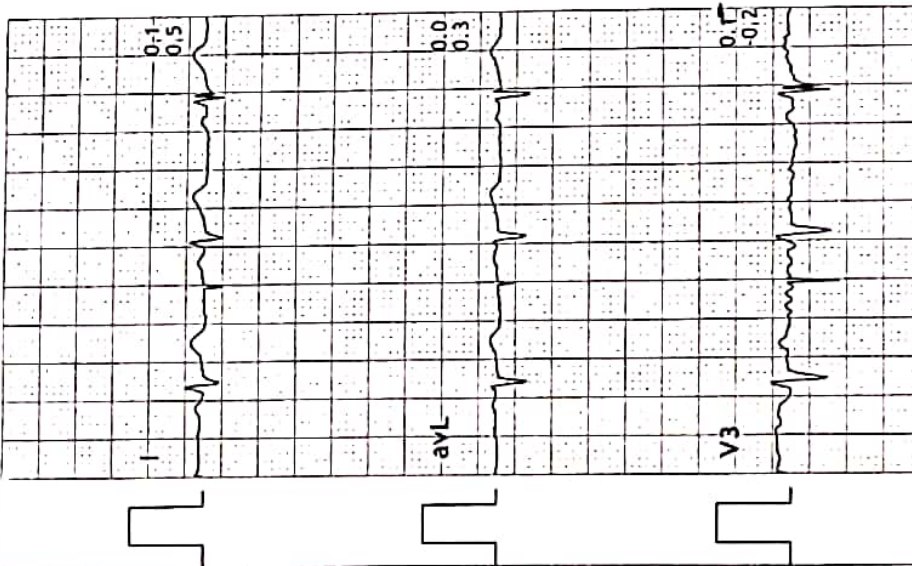
HR: 81 bpm
METS: 1.0
BP: 120/80

MPHR: 40% of 200
Speed: 0.0 kmph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 01:03
BLC :On
Notch :On

ExStart
10.0 mm/mV
25 mm/Sec.



PANCHMUKHI HOSPITAL
 MAVADI CHOWK, 150 RING ROAD, RAJKOT
 229 / AJMIRA JAYAMMA
 20 Yrs / Female
 0 Kg / 0 Cm
 Date: 08-Jul-2023 12:23:23 PM

3x4+1 Rhythm Lead

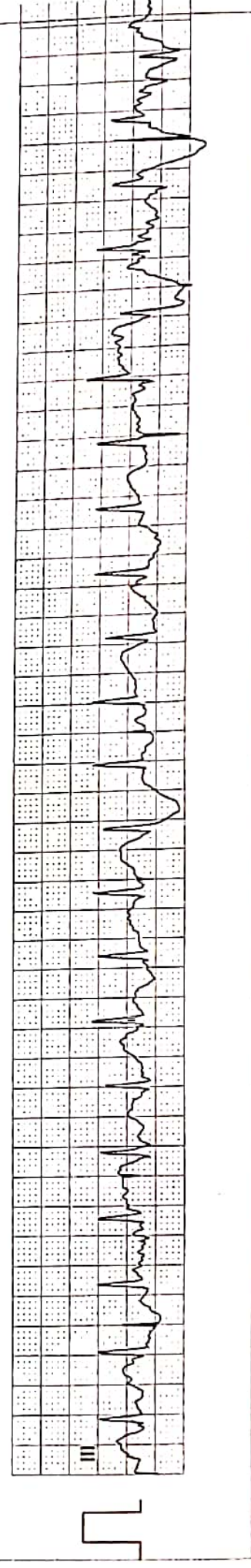
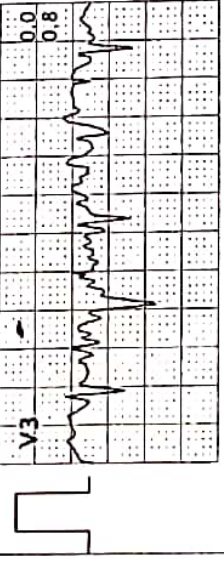
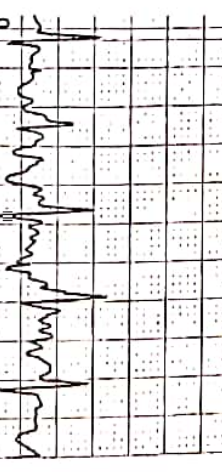
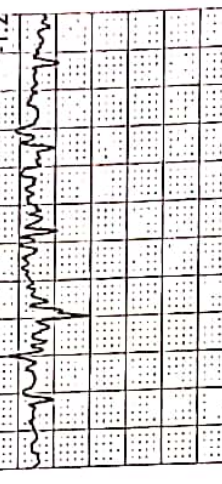
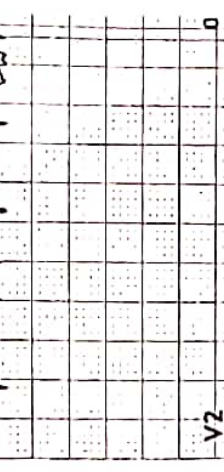
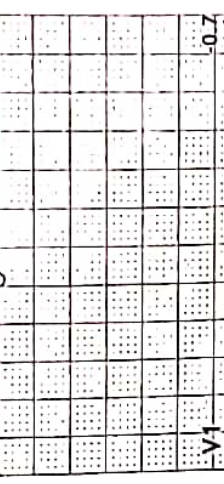
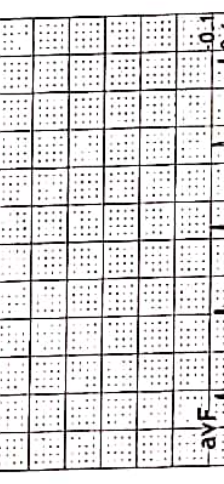
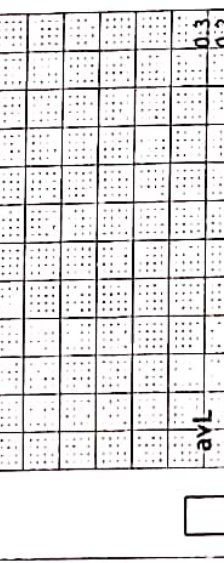
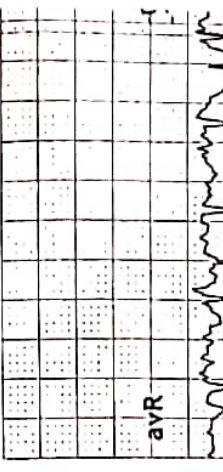
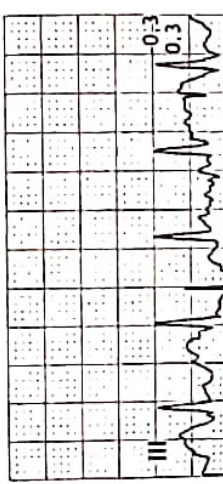
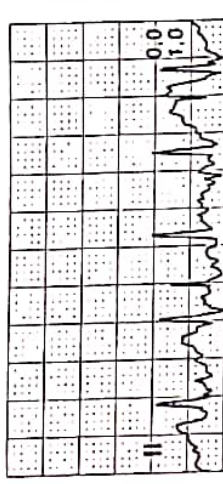
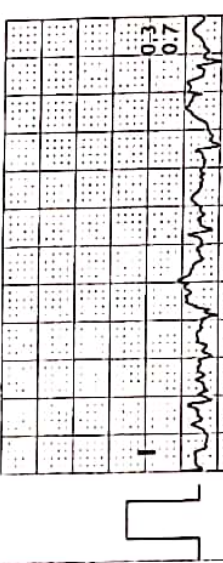
HR: 143 bpm
 METS: 4.6
 BP: 130/80

AMPHR: 71% of 200
 Speed: 2.7 kmph
 Grade: 10.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 03:00
 BLC : On
 Notch : On

BRUCE: Stage 1
 10.0 mm/mV
 25 mm/Sec.



PANCHMUKHI HOSPITAL

MAVADI CHOWK, 150 RING ROAD, RAJKOT

229 / AJMIRA JAYAMMA

20 Yrs / Female

0 Kg / 0 Cm

Date: 08-Jul-2023 12:23:23 PM

3x4+1 Rhythm Lead

HR: 161 bpm

METS: 7.0

BP: 150/80

MPHR: 80% of 200

Speed: 4.0 kmph

Grade: 12.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 06:00

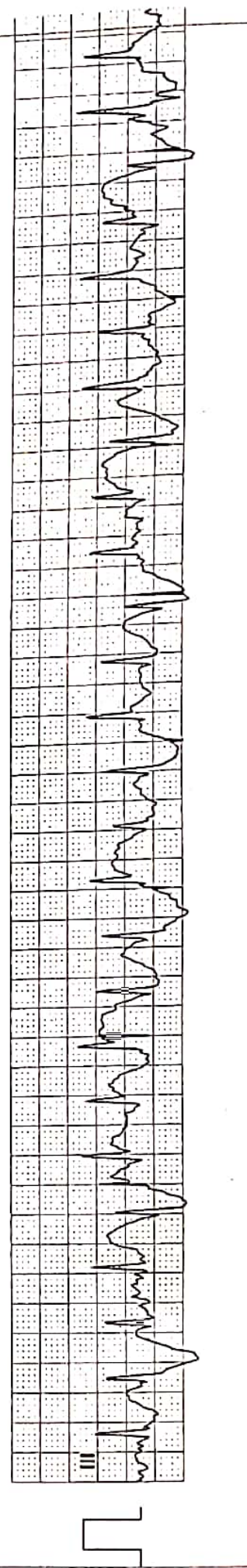
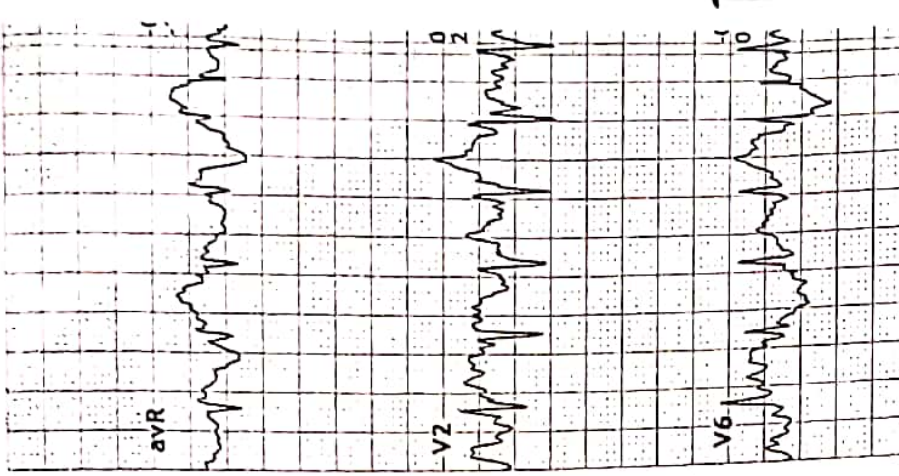
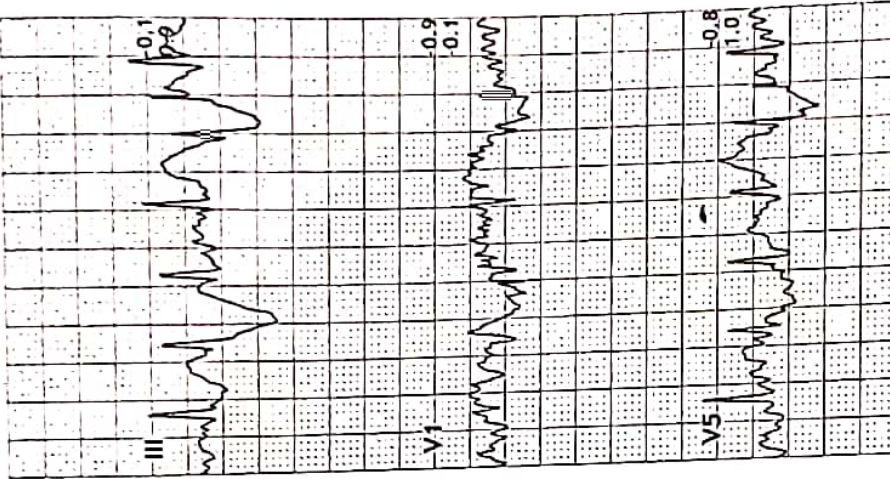
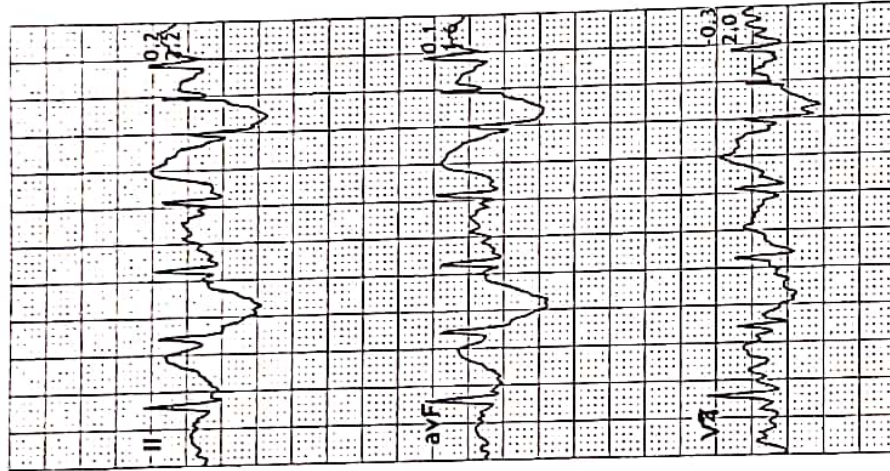
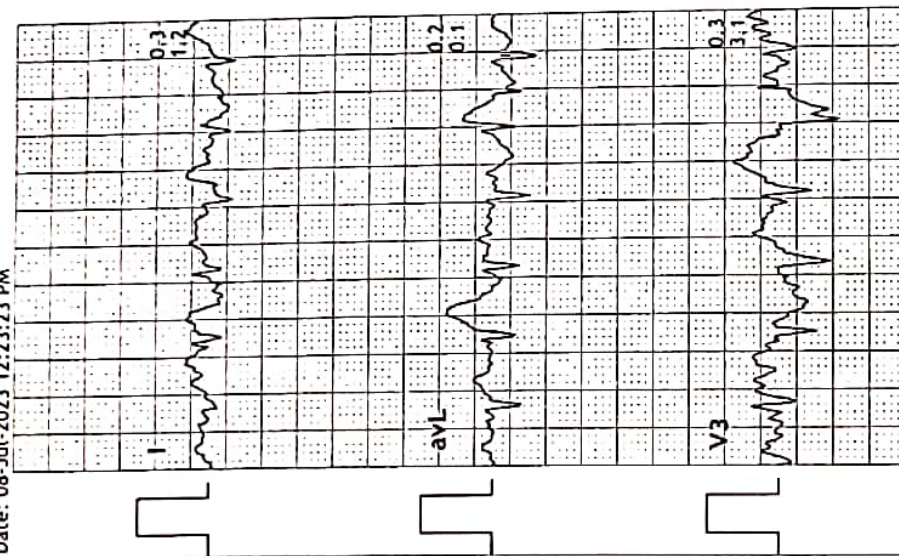
BLC : On

Hotch : On

BRUCE: Stage 2

10.0 mm/mV

25 mm/Sec.



PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
 229 / AJMIRA JAYAWMA
 20 Yrs / Female
 0 Kg / 0 Cm
 Date: 08-Jul-2023 12:23:23 PM

3x4+1 Rhythm Lead

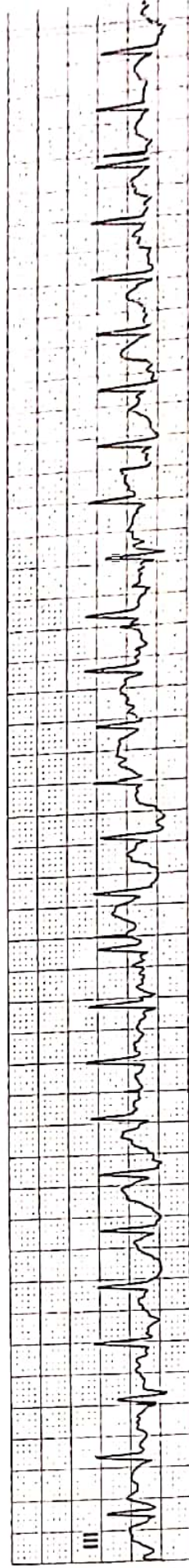
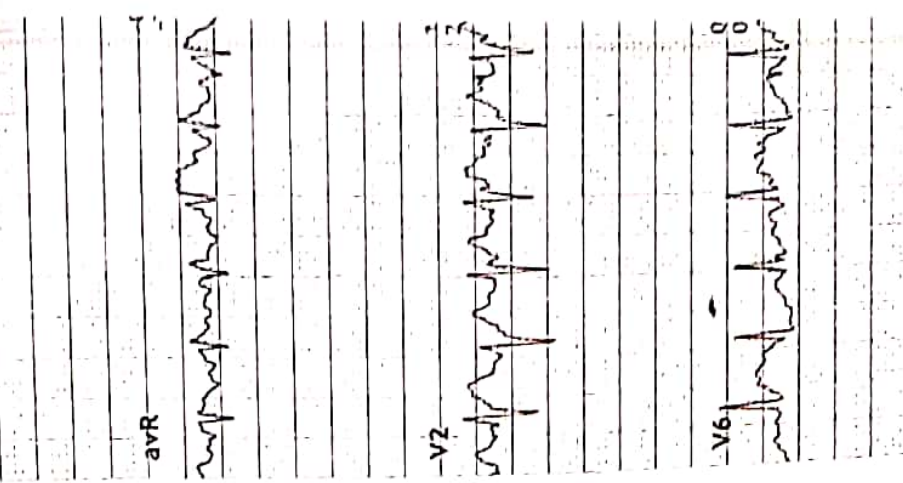
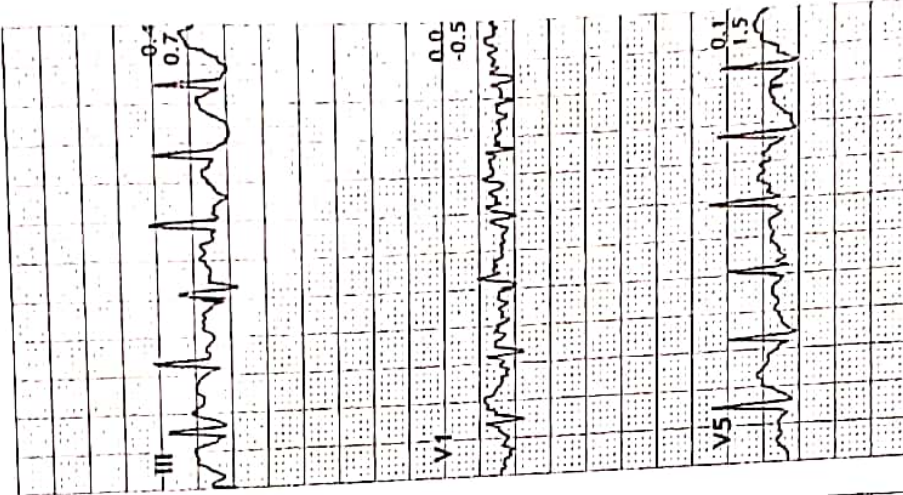
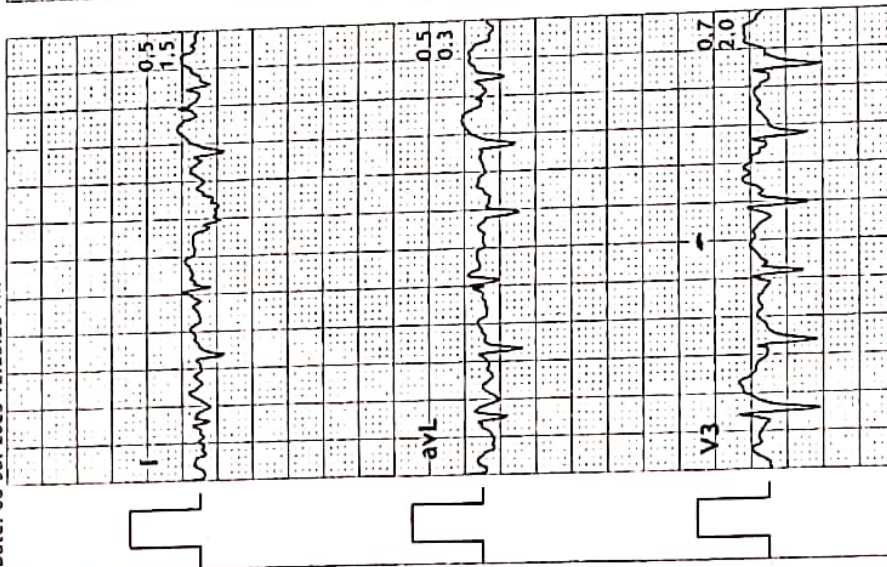
HR: 167 bpm
 METS: 7.7
 BP: 160/80

MPHR: 83% of 200
 Speed: 5.5 kmph
 Grade: 14.0%

Raw ECG
 BRUCE
 (0.05-100)HZ

Ex Time 06:39
 BLC : On
 Notch : On

BRUCE: PeakEx
 10.0 mm/mV
 25 mm/Sec



PANCHMUKHI HOSPITAL

MAVADI CHOWK, 150 RING ROAD, RAJKOT

229 / AJMIRA JAYAMMA

20 Yrs / Female

0 Kg / 0 Cm

Date: 08-Jul-2023 12:23:23 PM

3x4+1 Rhythm Lead

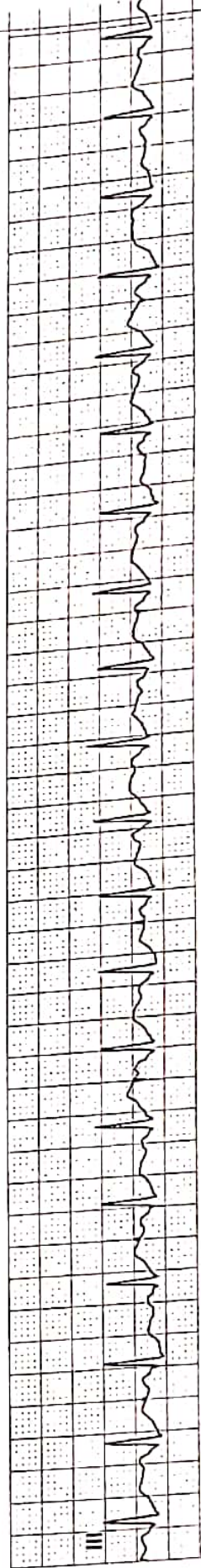
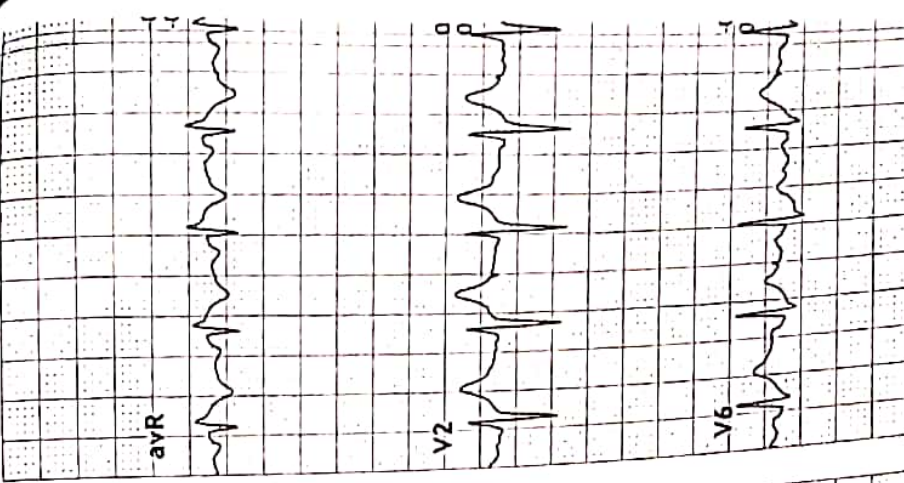
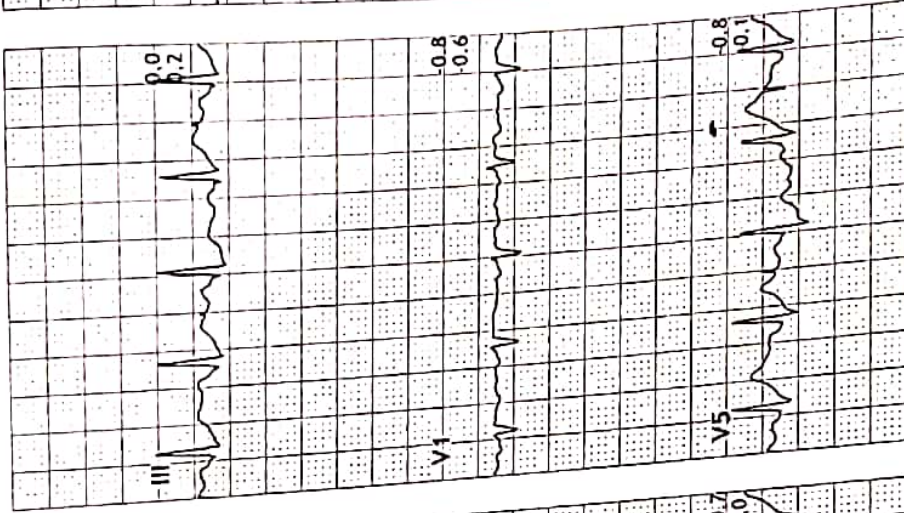
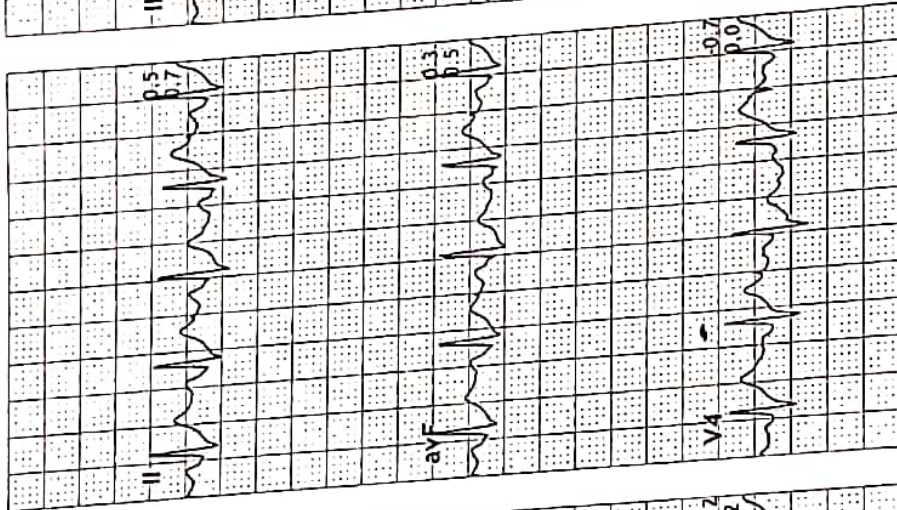
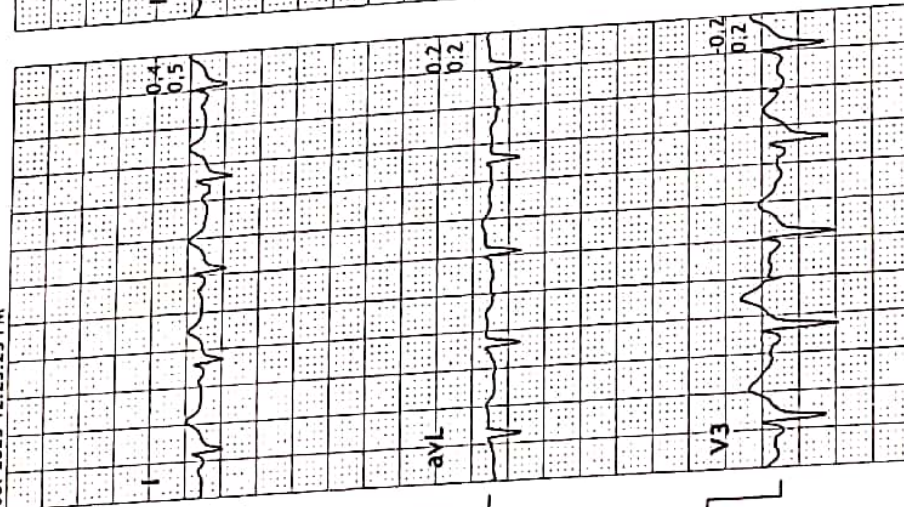
HR: 122 bpm
METS: 1.1
BP: 160/80

MPHR: 61% of 200
Speed: 0.0 kmph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 06:41
BLC : On
Notch : On

Recovery (1:00)
10.0 mm/mV
25 mm/Sec.



PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
 229 / AJMIRA JAYANMA
 20 Yrs / Female
 0 Kg / 0 Cm
 Date: 08-Jul-2023 12:23:23 PM

3x4+1 Rhythm Lead

HR: 95 bpm
 METS: 1.0
 BP: 120/80

MPHR: 47% of 200
 Speed: 0.0 kmph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 06:41
 BLC : On
 Notch : On

Recovery(3:00)
 10.0 mm/mV
 25 mm/Sec.



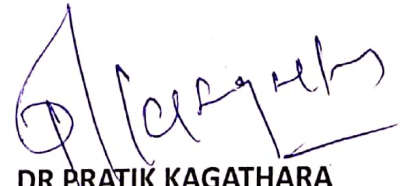
Pt.'s Name: AJMIRA JAYAMMA

Date: 8 July, 2023

Radiograph of chest (PA view)

- Both the lung fields are clear.
- No e/o consolidation, cavitations or collapse.
- Both the hila appears normal
- Both costophrenic angles appear clear.
- Both domes of diaphragm appear normal.
- Cardiac size is within normal limit.
- Bones underview reveals no evident abnormality.

Thanks for reference.



DR PRATIK KAGATHARA
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020

PATIENT NAME: AJMIRA JAYAMMA

DATE: 08 July 2023


USG ABDOMEN AND PELVIS

- **LIVER:** is normal in size and shows normal parenchymal echotexture. No focal or diffuse lesions are seen. The intra hepatic biliary and portal radicles are normal. The portal vein and CBD are normal.
- **GALL BLADDER:** Well distended and appears unremarkable. No evidence of calculus or cholecystitis is seen. Gall bladder wall thickness appears normal.
- **PANCREAS:** appears normal in size and echotexture. No focal lesion seen. No evidence of peripancreatic inflammatory changes.
- **SPLEEN:** is normal in size and echotexture. No evidence of focal or diffuse lesion seen.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No evidence of calculus or hydronephrosis on either side.
- **URINARY BLADDER:** well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **UTERUS:** is normal in size, shape and position. Endometrial thickness measures 4.0 mm. Endometrial & myometrial echotexture is normal. No focal lesion is seen
- **BOTH OVARIES** are normal in size & echotexture. No focal solid or cystic lesions are seen. No adnexal mass is seen
- No free fluid is seen in the POD. Visualized bowel loops appears unremarkable, No evidence of necrotic lymphadenopathy is seen. RIF/ LIF clear. Bilateral C-P angel is clear.

CONCLUSION:

- No significant abnormality seen in present study.

Thanks for reference.



DR PRATIK KAGATHARA
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020

R



AJMIRA JAYAMMAF CHEST PA 08-Jul-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)



Medi ajmira jayamma

GPS Map
Camera Lite

21-22, Ring Rd, near Mahiraj Hotel, Poonam Society, Om Nagar,
Rajkot, Gujarat 360004, India

Latitude
22.2653962°

Longitude
70.7846792°

Local 10:04:35 AM
GMT 04:34:35 AM

Altitude 145 meters
Saturday, 08.07.2023



2023/7/8 10:05



TEST REPORT

Name : Ajmira Jayamma	Reg. No : 307100441
Age/Sex : 20 Years / Female	Reg. Date : 08-Jul-2023 04:28 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 08-Jul-2023 12:00 AM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 08-Jul-2023 06:50 PM

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
RBC Parameters				
Hemoglobin (SLS method)	13.0	g/dL	12.5 - 16.0	
Hematocrit (Electrical Impedance)	40.0	%	37 - 47	
RBC Count (Electrical Impedance)	4.74	million/cmm	4.2 - 5.4	
MCV (Calculated)	84.4	fL	78 - 100	
MCH (Calculated)	27.5	Pg	27 - 31	
MCHC (Calculated)	32.6	%	30 - 35	
RDW (Calculated)	13.3	%	11.5 - 14.0	
WBC Parameters				
WBC Count (Flowcytometry)	7800	/cmm	4000 - 10500	
DIFFERENTIAL WBC COUNT				
Neutrophils (%)	51 %	% Range 42.02 - 75.2	Abs. Value 3978 /cmm	Abs. Range 1800 - 7700
Lymphocytes (%)	40 %	20 - 45	3120 /cmm	1000 - 3900
Eosinophils (%)	03 %	1 - 4	234 /cmm	0 - 450
Monocytes (%)	06 %	2 - 8	468 /cmm	200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm	20 - 100
Platelete Parameter				
Platelet Count	202000	/cmm	150000 - 450000	
MPV	10.0	fL	7.4 - 10.4	
P-LCR	26.6	%	11.9 - 66.9	
PDW	13.2	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.20	%	0.2 - 0.5	

towards the healthiness...

DRI.

This is an Electronically Authenticated Report.

Page 1 of 19

Dr. Viral Jethava
M.D. (Path, PDCC)

Dr. Viral R. Jethava
M.D. (Path, PDCC)





TEST REPORT

Name : Ajmira Jayamma	Reg. No : 307100441
Age/Sex : 20 Years / Female	Reg. Date : 08-Jul-2023 04:28 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 08-Jul-2023 12:00 AM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 08-Jul-2023 06:50 PM

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"O"		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

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Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate			
Sample, EDTA whole blood			
ESR (After 1 hour)	10	mm/hr	3 - 12

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Client Name : PANCHMUKHI HOSPITAL	Report Date : 08-Jul-2023 07:52 PM

FASTING PLASMA GLUCOSE
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	83.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic
Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone -F	Nil		

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 %Or
- Fasting plasma glucose \geq 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the 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 \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.

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POST PRANDIAL PLASMA GLUCOSE
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	96.00	mg/dL	70 - 140
Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone- PP	Nil		

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 200mg/dL during an oral glucose tolerance test by using a glucose load containing the 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 \geq 200 mg/dL.

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LIPID PROFILE
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	183.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	101.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	46.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <i>Siemens ALDL</i>	81.00	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <i>Calculated</i>	20.20	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.76		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	3.98		0 - 5.0

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BILIRUBIN

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.84	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.19	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.65	mg/dL	0.0 - 1.1

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Parameter	Result	Unit	Biological Ref. Interval
SGPT (ALT) <i>Siemens/37C</i>	39.00	U/L	14 - 59
SGOT (AST) <i>Siemens/37C</i>	28.00	U/L	15 - 37
Uric Acid <i>Uricase</i>	6.10	mg/dL	2.6 - 6.2
Alakaline Phosphatase <i>Siemens/37C</i>	102.00	U/L	46 - 116
GGT <i>Siemens/37C</i>	46.00	U/L	5 - 55

UREA & BLOOD UREA NITROGEN

Spcimen : Serum

Urea <i>Calculated</i>	38.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <i>UREASE/GLDH</i>	17.75	mg/dL	7.0 - 18.0

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Creatinine With eGFR

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.94	mg/dL	0.55 - 1.02
eGFR	120.69	ml/min/1.73 sq m	Normal or High: >=90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15

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HEMOGLOBIN A1 C (HBA1C)
Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.40	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 % Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <i>Calculated</i>	108.28	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

Explanation :

- Total hemoglobin A1c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures

HbA1c assay Interferences :

- Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) <small>CLIA</small>	3.210	µIU/ml	0.35 - 5.50

Remarks:

- 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 stimulates 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

Triiodothyronine (T3) <small>CLIA</small>	1.42	ng/mL	0.6 - 1.81
---	------	-------	------------

Clinical Significance:

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.
- In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.
- In hypothyroidism and hyperthyroidism, FT3 levels parallel changes in total T3 levels. Measuring FT3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

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Thyroxine (T4) 8.20 µg/dL 4.5 - 12.6
CLIA

Clinical Significance :

- Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus. In the circulation, 99.95% of T4 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to T3.
- In hypothyroidism and hyperthyroidism, FT4 levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

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STOOL EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
PHYSICAL EXAMINATION			
Quantity	5 gms		
Colour	Brown		
Consistency	Solid		
CHEMICAL EXAMINATION			
Occult Blood <i>Peroxidase Reaction with o-Dianisidine</i>	Negative		
Reaction <i>pH Strip Method</i>	Alkaline		
Reducing Substance	Absent		
MICROSCOPIC EXAMINATION			
Mucus	Absent		
Pus Cells	Absent		
Red Cells	Absent		
Epithelial Cells	Absent		
Vegetable Cells	Absent		
Trophozoites	Absent		
Cysts	Absent		
Ova	Absent		
Neutral Fat	Absent		
Monilia	Absent		
Bacteria	Absent		

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.
False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occassinal unruptured RBCs.
False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, broccoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

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URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
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PHYSICAL EXAMINATION

Quantity	20 cc
Colour	Yellow
Clarity	Hazy

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	7.0	4.6 - 8.0
Sp. Gravity	1.010	1.001 - 1.035
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Normal Present	
Bile salts:	Absent	Absent
Bile Pigments:	Absent	Absent
Nitrite	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Absent
Erythrocytes (Red Cells)	Absent
Epithelial Cells	Absent
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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LABORATORY REPORT

Name :	Ajmira Jayamma	Reg. No :	307100441
Sex/Age :	Female/20 Years	Histo / Cyto No :	C3H00100
Ref. By :	Dr. PANCHMUKHI HOSPITAL / INSURANCE	Reg. Date :	08-Jul-2023 04:28 PM
Client Name :	PANCHMUKHI HOSPITAL	Collected On :	08-Jul-2023 04:29 PM
		Report Date :	09-Jul-2023 06:00 PM

CYTOPATHOLOGY REPORT

Specimen :

Liquid Based Cervical Cytology Material.

Grossing Description :

C3H00100/23

Microscopic Description :

Specimen Adequacy : Satisfactory for evaluation.

Endocervical cells (Transformation Zone Component) : Seen.

Partially obscuring component like inflammation : Seen.

General Categorization : Negative for Intraepithelial Lesion and Malignancy.

Squamous Cell Abnormalities :

Squamous cell : Normal superficial & Intermediate squamous cells are seen.

Few glandular normal endocervical cells present.

No evidence of malignancy in studied smear.

Non Neoplastic cellular variation like :

Squamous metaplasia : Not seen.

Keratotic changes : Not seen.

Tubal metaplasia : Not seen.

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Atrophic changes : Not seen.

Pregnancy associated changes : Not seen.

Reactive cellular changes associated with :

Inflammation : Absent.

Radiation : Absent.

Intrauterine Contraceptive Device (IUD) : Absent.

Organism :

Normal vaginal flora preserved.

Shift in flora suggestive of bacterial vaginosis : Not seen.

Trichomonas Vaginalis : Not seen.

Fungal organism morphologically consistent with Candida species : Not seen.

Bacteria morphologically consistent with Actinomyces species : Not seen.

Cellular changes consistent with Herpes Simplex Virus : Not seen.

Cellular changes consistent with Cytomegalovirus : Not seen.

Impression :**Negative for Intraepithelial Lesion or Malignancy.**

Clinical and Radiological correlation and SOS further work up is advised.

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SERUM PROTEIN WITH A/G RATIO

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.52	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.21	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	3.31	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.27		0.8 - 3.1

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