

OPR NO:

Shalby MD Physician Clinic

Patient Name:-

Jignesh K. Vaghela

Date: 30/9/23

Age / Sex :-

37 M

Weight:- 71.5 kg

Chief Complaints:-

Ht
Taking Telmisartan
100

Height:- 176 cm

Nutritional assessment:-

- Obese
 Well nourished
 Mild-moderate nourished
 Severely mal-nourished

Drug / Food Allergy:-

Past History :-

NAD

Pulse:- 82/min

BP:- 120/

SpO2:- 98%

BP 150/100

Family History:-

Systemic Examination:-

CRS
CURS
PA
CRS / NAD

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org

CIN: L85110GJ2004PLC044667

Treatment and further advices:-
(Write in Capital Letters)

T. Telecture AM (30)
- 1 - daily

Rx

T. ~~Casidase~~ 10mg
T. Lipitab 10mg (30)

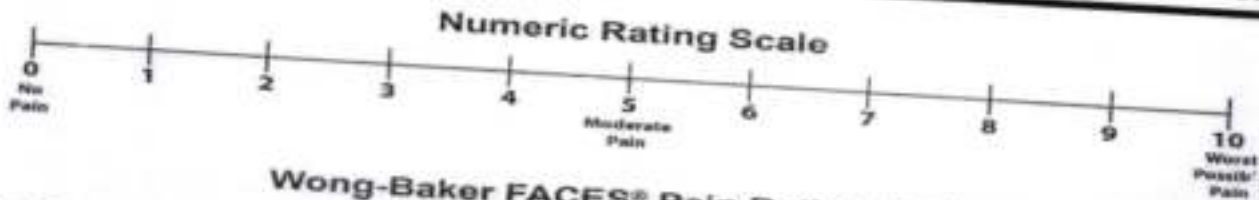
Quente 1 - 2 x 100 mg
360k (4)
1 - tab
on Sunday

Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Date: _____

Incase of emergency please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096





DEPARTMENT OF PATHOLOGY

For Laboratory Use only

Urgent (Within 2 hrs.)

Routine

Date _____ Time of Request _____

Request Written by _____

Patient's Details :

Name Signesh Vaghela

Test Ordered :

Age _____ Sex Male / Female

IP / OP No. _____ Word _____

Room No. _____ Coat No. _____

Ref. By (1) _____

(2) _____

(3) _____

Semen Analysis.

Clinical Details :

(Relevant Physical, Laboratory & radiological details, clinical diagnosis etc...)

Sign of Dr. _____

* Please Preserve sample for hrs.

* Inform Report to.....

| | | | |
|----------------------|-----------------|---------------|-------------------|
| Patient ID: | SUR0000350305 | Patient Name: | JIGNESH K VAGHELA |
| Age: | 37 Years | Sex: | M |
| Accession Number: | 11765 | Modality: | DX |
| Referring Physician: | SHALBY HOSPITAL | Study: | CHEST PA |
| Study Date: | 30-Sep-2023 | | |

CHEST X-RAY (PA)

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- No significant abnormality seen.

Thanks for referral.

**DR. ASHUTOSH GANDHI**

DMRD (Radiodiagnosis)

G-14916

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CIN: L85110GJ2004PLC044667

Name :- *Jegadesh K Vaghela*

Date:- *30/09/2023*

Chief Complaints:- *medical check up*



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *NO DRUGS ALLERGY*

Personal History:- Habits:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:-

Visual Acuity:- *6/6, N6*
6/6, N6

NCT *12*
12

ON Examination Ant. Segmenet

Systemic Examination:-

HT:- WT:-

PH Vision:- *6/6*
6/6

Both Eye

W.M.

NOME
SEP 30 2023 11:3

VD=10
<R>
SPH CYL AX
+ 0.50 +0.25 151
+ 0.50 +0.25 156
+ 0.25 +0.50 163
+ 0.50 +0.25 156

Anterior Chamber

Rt. EYE

Lt. EYE

<L>
SPH CYL AX
+ 0.50 -0.50 147
0.00 +0.50 57
+ 0.25 +0.50 57
0.00 +0.50 57

PD= 68

GrandSeiko.com
GR-3300K S/N:768B09E

Investigation:-

Background:-

Macula:-

Diagnosis:-

gwm

Treatment:-

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months

Signature of the Consultant

gwm

Patient's Name: Jignesh Vaghela**UHID:350305****Age: 37 yrs/ male****Date: 30 / 09 / 2023****ECHOCARDIOGRAPHY REPORT****Valves:-****Mitral valve :Normal, No MR****Aortic valve :Normal, No AR****Tricuspid valve :Normal, No TR****Pulmonary valve:Normal, No PR****Chambers:-****Left Atrium:Normal****Right Atrium:Normal****Right Ventricle:Normal size cavity,Good RV systolic function With TAPSE:22****Left Ventricle: Normal size cardiac chambers, No Regional wall Motion abnormality.****Normal LV systolic function
with Ejection Fraction 60 %.****Normal Diastolic Flow Pattern.****Septae:-****IVS: Intact. No residual VSD.****IAS :Intact.****Pericardium:Normal.****IVC:11 mm with more than 50% collapsibility.****OTHER FINDINGS :- Bilateral lung angle clear****CONCLUSION:-**

- Normal LV Systolic function
- No RWMA
- EF 60 %

**DR.SUSHIL YADAV**
Consultant Clinical cardiologist**Note : Normal echo study does not rule out underlying Coronary artery disease****SHALBY HOSPITAL, SURAT**

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CIN: L85110GJ2004PLC044667

| | | | |
|----------------------------------|-----------------------|------------------|----------------------|
| Patient Name: JIGNESH K. VAGHELA | | UHID: 350305 | |
| Age / Sex: 37 Yrs. / Male | | Study: | USG Abdomen + Pelvis |
| Referred By: | DR at shalby hospital | Date: 30/09/2023 | |

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size shows grade II fatty changes. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R. **Portal vein** appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

Pancreas appears normal in size and echotexture.

Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder Partially distended and appears normal. No evidence of any intraluminal mass or calculi.

Prostate is normal in size 28 x 39 x 34 mm, volume 20 cc. It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- Grade II fatty liver.
- No other significant abnormality is seen.

Thanks for referral.



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DMRD (Radiodiagnosis)

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CIN: L85110GJ2004PLC044667

ID:

Name:

Sex: M

Birth date:

years

1100 Sinus rhythm

9110 ** normal ECG **

cm

kg

mmHg

Medication:

Symptoms:

History:

| | | |
|----------------|------------|-----|
| Heart rate | 69 | bpm |
| PR int | 146 | ms |
| QRS dur | 88 | ms |
| QT/QTc(E) int | 366/ 386 | ms |
| QT/QTc(T) axis | 32/ 2/ 36 | ° |
| RV5/SV1 amp | 0.90/ 0.94 | mV |
| RV5+SV1 amp | 1.84 | mV |

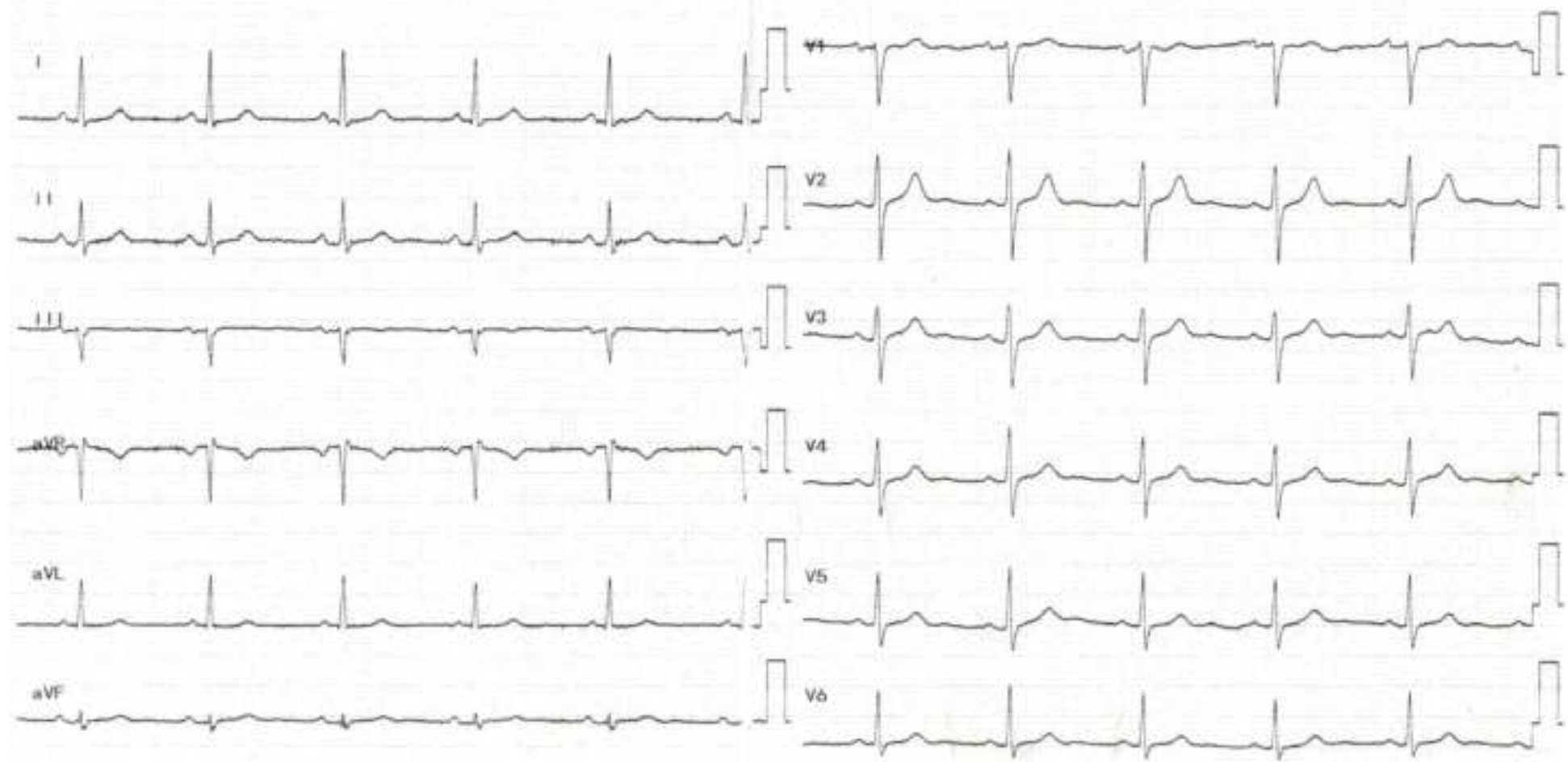
signesh blew

Unconfirmed Report
Reviewed by:

WNT

10 mm/mV 25 mm/s Filter: H50 d 100 Hz

10 mm/mV





Pre - op

Post-op

Health Check-up

Date : 30-9-23

Patient Reg. No. : _____

Patient Name : Ignesh Vaghela

Age / Sex : 37 / M

Address : Surat

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History :

Hypertension : DM Acidity Pregnancy :

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication :

On Examination :

Abscess : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep

Restoration : _____ Perio Surgery : _____

RCT : _____ Class V Fillings : _____

Dentures : _____ Extraction : 14

Implants : Implant 14 Partial Denture : _____

Crown & Bridge Present : _____

ridge Replacement :

rown / Bridge :

- Ray / O.P.G. :

| | |
|--|--|
| | |
| | |
| | |
| | |

Iden Rules :

our teeth twice a day.

ur teeth daily.

orcefully after each meal.

ir dentist twice a year.

tal treatment should be per formed in an well maintained.

: setup using "autoclaved" instruments & "sterilized pouch" facility.

ee replacement any treatment should be done under "Antibiotic Coverage"

u : Scaling.

ident taste pite

①

90

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

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PID : SUR0000350305 OP-001

REPORT STATUS : Interim



| | |
|--|--------------------------------------|
| Patient Name : Mr Jignesh Kantilal Vaghela / | Registered On : 30-Sep-2023 09:04 AM |
| Lab ID : 309902338 | Collected On : 30-Sep-2023 08:22 AM |
| Gender/Age : Male / 37 Years | DOB : 11-Sep-1986 |
| Received On : 30-Sep-2023 09:26 AM | Sample Type : EDTA Whole Blood |
| Ref. By : Dr. Health Check Up . Shalby | |

| Parameter | Result | Unit | Biological Ref. Interval |
|-----------|--------|------|--------------------------|
|-----------|--------|------|--------------------------|

BLOOD COUNT AND INDICIES

| | | | | |
|-------------|---------------------------------------|------|----------|-------------|
| HAEMOGLOBIN | Colorimetric Non Cyanide | 14.6 | g/dL | 13.0 - 17.0 |
| RBC COUNT | Electrical Impedance | 5.17 | mill/cmm | 4.5 - 5.5 |
| HCT | Calculated | 45.3 | % | 40 - 50 |
| MCV | Calculated based on the RBC histogram | 87.7 | fL | 83 - 101 |
| MCH | Calculated | 28.2 | pg | 27 - 32 |
| MCHC | Calculated | 32.2 | g/dL | 31.5 - 34.5 |
| RDW | Calculated | 12.3 | % | 13.3 - 18.3 |

TOTAL LEUCOCYTE COUNT

| | | | | |
|-----------------|----------------------|------|-----------|--------------|
| Total WBC Count | Electrical Impedance | 5730 | cells/cmm | 4000 - 10000 |
|-----------------|----------------------|------|-----------|--------------|

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

| | | | | |
|-------------|----------------|----|---|---------|
| NEUTROPHILS | Flow Cytometry | 50 | % | 40 - 80 |
| LYMPHOCYTES | Flow Cytometry | 41 | % | 20 - 40 |
| EOSINOPHILS | Flow Cytometry | 3 | % | 1 - 6 |
| MONOCYTES | Flow Cytometry | 6 | % | 2 - 10 |
| BASOPHIL | Flow Cytometry | 0 | % | 0 - 2 |

PLATELET INDICES

| | | | | |
|----------------|-----------------------------------|--------|------|-----------------|
| PLATELET COUNT | Electrical Impedance | 320000 | /cmm | 150000 - 410000 |
| MPV | Calculated based on PLT Histogram | 7.7 | fL | 7.5 - 12.0 |

PERIPHERAL SMEAR EXAMINATION

RBCs Normochromic and Normocytic.

WBCs Total and differential leucocyte counts are within normal limit

PLATELETs Adequate in number and normal in morphology.

MALARIAL PARASITE Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Dr Pankaj AgrawalM.B., D.C.P
Consulting PathologistRegd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad, Gujarat, India.
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 Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

| Parameter | Result | Unit | Biological Ref. Interval |
|---|----------|------|--------------------------|
| BLOOD GROUP | | | |
| (Tube agglutination: Forward & reverse) | | | |
| ABO Type | "O" | | |
| RH Type | POSITIVE | | |

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Dr Pankaj Agrawal
Dr Pankaj Agrawal
 M.B., D.C.P
 Consulting Pathologist

Regd. Office: Shalby Limited, Opp. Karnavali Club, S.G. Road, Ahmedabad, Gujarat, India.
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|-----------|--------|------|--------------------------|

HEMATOLOGY

ESR 1st hour *

6

mm in 1 hour 0 - 15

Modified Westergren Method

Comments / Interpretation :

- ESR is a nonspecific phenomenon, clinically useful in disorders associated with an increased production of acute phase proteins.
- Elevated in acute and chronic infections and malignancies.
- Extremely high ESR values are seen in multiple myeloma, leukemias, lymphomas, breast and lung carcinomas, rheumatoid arthritis, Systemic Lupus Erythematosus and pulmonary infarction.

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Ref. By : Dr. Health Check Up, Shalby

Sample Type : EDTA Whole
Blood, Serum, Urine (PP)

| Parameter | Result | Unit | Biological Ref. Interval |
|--|--------|------|---|
| HBA1C | | | |
| HbA1c - Glycated Haemoglobin * | 5.8 | % | Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: < 7.5 |
| <small>Boronate Affinity Assay</small> | | | |

Estimated Average Glucose (eAG) (mg/dL) * 120 mg/dL

Calculated
Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
 - To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 - Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
 - In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 %.
- Note: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

BIOCHEMISTRY
PLASMA GLUCOSE LEVEL
FASTING PLASMA GLUCOSE
Plasma Glucose (F)

99 mg/dL 74 - 106

GOD/POD (Glucose Oxidase/ Peroxidase), Colorimetric
Urine Sugar (F)

ABSENT mg/dL Absent

Glucose-oxidase/peroxidase reaction

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Sample Type : EDTA Whole

Blood, Serum, Urine

BIOCHEMISTRY

PLASMA GLUCOSE LEVEL

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)

Glucose-oxidase/oxidase reactor

131 mg/dL

Normal: 100-140 Impaired: 140-199 Diabetic :=>200

PRESENT [TRACE] hg/dL

Absent

Liver Function Test

Liver Function Test

SGPT (ALT)

Multi Point Rate with P-S-P

SGOT (AST)

Multi Point Rate with P-S-P

Alkaline Phosphatase

PNPP, AMP Buffer

GGT *

L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic

S. PROTEIN

Buret (Alkaline cupric sulfate), End Point

Albumin

Bromocresol Green (BCG), Colorimetric

S. GLOBULIN

Calculated

A/G Ratio

Calculated

Bilirubin Total

Azobilirubin/Diaphenylmethane Diazonium Salt

37 U/L

21 - 72

27 U/L

17 - 59

116 U/L

20-50 yrs : 53 - 128
4-19 yr : 54 - 369
>=51 yr : 56 - 119

37 U/L

15 - 73

6.9 g/dL

6.3 - 8.2

4.2 g/dL

3.5 - 5.0

2.7 g/dL

2.3 - 3.6

1.6 Ratio

1.0 - 2.3

1.1 mg/dL

0-1 day (premature) 1.0 - 8.0
0-1 day (full term) : 2.0 - 6.0
1-2 day (premature) : 6.0 - 12.0
1-2 day (full term) : 6.0 - 10.0
3-5 day (premature) : 10.0 - 14.0
3-5 day (full term) : 4.0 - 8.0

Adult : 0.2 - 1.3

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BIOCHEMISTRY**Liver Function Test****Bilirubin Unconjugated**

0.8 mg/dL

Unconjugated bilirubin

End-point Colorimetric (Dual wavelength spectrophotometric)

Adults: 0.0-1.1

Neonates: 0.6-10.5

BILIRUBIN DIRECT

0.3 mg/dL

Conjugated bilirubin and

*Calculated*Delta bilirubin (Bilirubin covalently bound to albumin)
0.0-0.4

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DOB : 11-Sep-1986

Received On : 30-Sep-2023 09:26 AM

Ref. By : Dr. Health Check Up, Shalby

Sample Type : Serum

| Parameter | Result | Unit | Biological Ref. Interval |
|--|--------|-------|--|
| LIPID PROFILE | | | |
| LIPID PROFILE | | | |
| Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i> | 170 | mg/dL | Desirable: <200 Borderline High: 200 - 239 High >=240 |
| SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i> | 138 | mg/dL | Normal: <150 Borderline High: 150-199 High: 200-499 Very High: > 500 |
| HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/MgCl2 - Enzymatic</i> | 53 | mg/dL | Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60 |
| Non HDL Cholesterol <i>Calculated</i> | 117 | mg/dL | Optimal: <130 Desirable: 130-159 Borderline high: 159-189 High: 189-220 Very High: >=220 |
| S.LDL <i>Calculated</i> | 89 | mg/dL | Optimal: <100 Near to above Optimal: 100 - 129 |
| VLDL <i>Calculated</i> | 28 | mg/dL | Borderline High: 130 - 159 High: 160 - 189 Very High: > 190 |
| LDL/dHDL * <i>Calculated</i> | 1.7 | | 6 - 38 |
| Chol/dHDL * <i>Calculated</i> | 3.2 | Ratio | 2.5 - 3.5 |
| | | | 3.5 - 5.0 |

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Dr Pankaj Agrawal
 M.B., D.C.P.
 Consulting Pathologist

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PID : SUR0000350305 OP-001

REPORT STATUS : Interim



Patient Name : **Mr Jignesh Kantilal Vaghela** / Registered On : 30-Sep-2023 09:04 AM
 Lab ID : 309902338 Collected On : 30-Sep-2023 08:22 AM
 Gender/Age : Male / 37 Years DOB : 11-Sep-1986 Received On : 30-Sep-2023 09:26 AM
 Ref. By : Dr. Health Check Up - Shalby Sample Type : Serum

| Parameter | Result | Unit | Biological Ref. Interval |
|-----------|--------|------|--------------------------|
|-----------|--------|------|--------------------------|

RENAL FUNCTION TEST**RENAL FUNCTION TEST**

| | | | |
|--|------|--------|-------------|
| Urea Nitrogen (BUN) <i>Urease, colorimetric</i> | 12 | mg/dL | 9 - 20 |
| UREA <i>Calculated</i> | 26 | mg/dL | 19 - 43 |
| S. CREATININE <i>Enzymatic - Creatinine amidohydrolase</i> | 0.77 | mg/dL | 0.66 - 1.25 |
| S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i> | 6.4 | mg/dL | 3.5 - 8.5 |
| Calcium <i>Arsenazo III dye</i> | 9.4 | mg/dL | 8.4 - 10.2 |
| S. PHOSPHORUS * <i>Phosphomolybdate reduction (PMA Phenol)</i> | 4.0 | mg/dL | 2.5 - 4.5 |
| Sodium <i>Direct Ion Selective Electrode</i> | 141 | mmol/L | 137 - 145 |
| S. POTASSIUM <i>Direct Ion Selective Electrode</i> | 4.66 | mmol/L | 3.5 - 5.1 |
| Chloride <i>Direct Ion Selective Electrode</i> | 104 | mmol/L | 98 - 107 |

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PID : SUR0000350305 OP-001

REPORT STATUS : Interim



| | |
|--|--------------------------------------|
| Patient Name : Mr Jignesh Kantilal Vaghela / | Registered On : 30-Sep-2023 09:04 AM |
| Lab ID : 309902338 | Collected On : 30-Sep-2023 08:22 AM |
| Gender/Age : Male / 37 Years | DOB : 11-Sep-1986 |
| Ref. By : Dr. Health Check Up . Shalby | Received On : 30-Sep-2023 09:26 AM |
| | Sample Type : Serum |

| Parameter | Result | Unit | Biological Ref. Interval |
|--|--------|--------|--|
| THYROID PROFILE (TFT) | | | |
| Total T3 * <small>Chemiluminescence immunoassay (CLIA)</small> | 146 | ng/dL | 87 - 178 |
| Total T4 * <small>Chemiluminescence immunoassay (CLIA)</small> | 12.28 | µg/dL | 99% Reference Interval (µg/dL) 4.82 - 15.65 |
| TSH * <small>Chemiluminescence immunoassay (CLIA)</small> | 4.570 | µIU/mL | 0.38 - 5.33 |

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PID : SUR0000350305 OP-001

REPORT STATUS : Interim



Patient Name : Mr Jignesh Kantilal Vaghela /

Registered On : 30-Sep-2023 09:04 AM

Lab ID : 309902338

Collected On : 30-Sep-2023 08:22 AM

Gender/Age : Male / 37 Years

DOB : 11-Sep-1986

Received On : 30-Sep-2023 09:28 AM

Ref. By : Dr. Health Check Up, Shalby

Sample Type : Urine

URINE EXAMINATION

| Parameter | Result | Unit | Biological Ref. Interval |
|--------------------------------|---|------------|--------------------------|
| Physical Examination | | | |
| Colour * | Pale yellow | | Pale yellow |
| Transparency | Clear | | Clear |
| Chemical Examination | | | |
| Glucose | <i>Glucose-oxidase/peroxidase reaction</i> Negative | | Negative |
| Bilirubin | <i>Azo coupling Reaction with diazonium</i> Negative | | Negative |
| Ketone | <i>Sodium Nitroprusside reaction</i> Negative | | Negative |
| Specific Gravity | <i>Refractometric Method - Bromthymol blue</i> ≥1.030 | S.G. value | 1.001 - 1.035 |
| Blood | <i>Peroxidase like activity of hemoglobin</i> Negative | | Negative |
| pH | <i>Double Indicator principle</i> 5.0 | PH value | 4.6 - 8.0 |
| Protein | <i>Protein Error of Indicator Principle</i> Negative | | Negative |
| Urobilinogen * | <i>Modified Ehrlich reaction</i> 0.2 | EU/dL | Upto 1.0 mg/dL (EU/dL) |
| Nitrite * | <i>Diazotization reaction of nitrite with an aromatic amine</i> Negative | | Negative |
| Leucocyte | <i>Leucocyte Esterase Test</i> Negative | | Negative |
| Microscopic Examination | | | |
| Pus cells | 2-3/hpf | /hpf | 0-5/hpf |
| Red blood cells | NIL | /hpf | 0-2/hpf |
| Epithelial cells | 0-2/hpf | /hpf | NA |
| Crystals | Calcium oxalate | | Nil |
| Cast * | Nil | | Nil |
| Bacteria | NIL | | Nil |
| Amorphous | NIL | | Nil |
| Yeast | NIL | | Nil |

End of Report

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