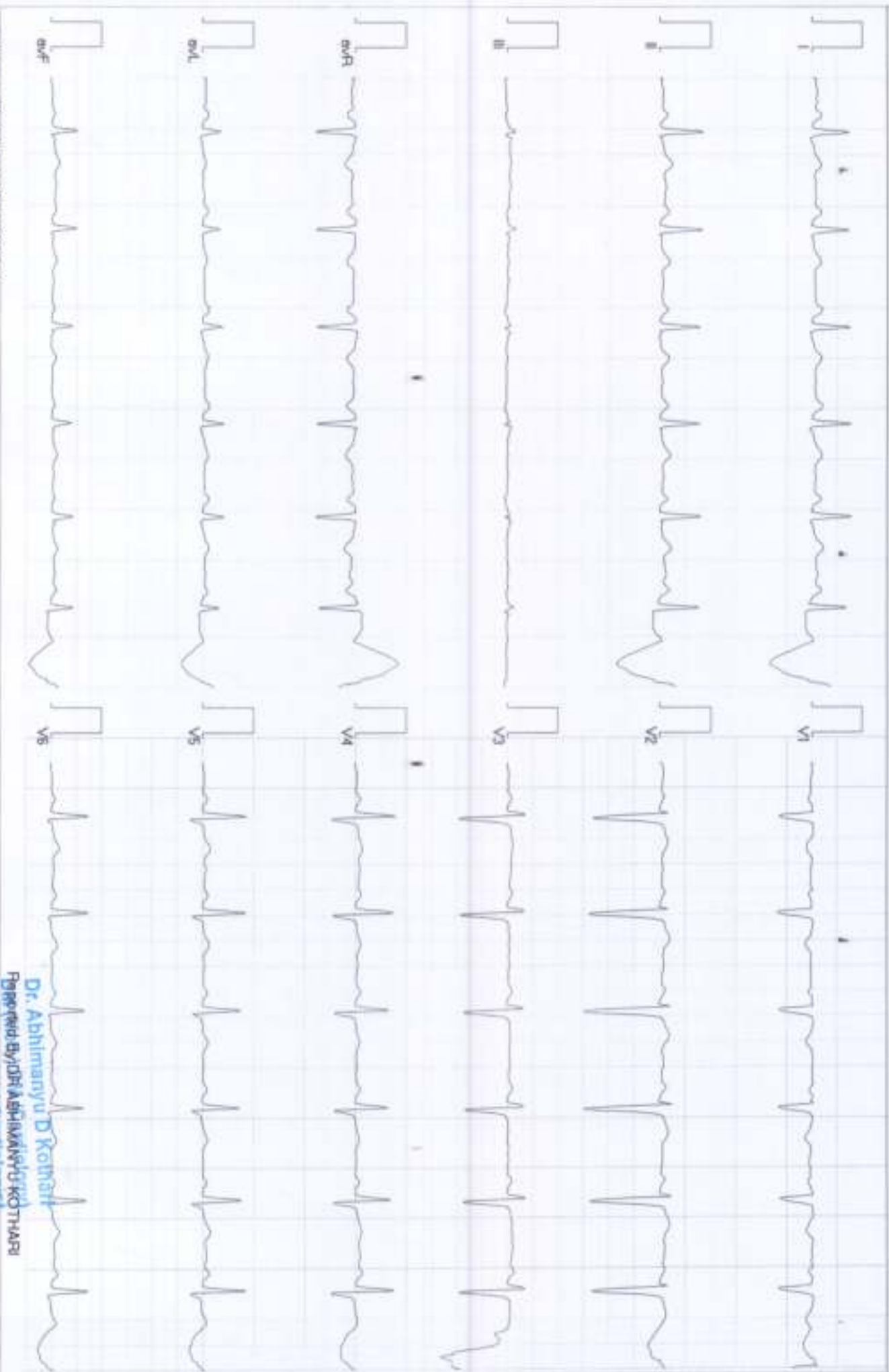


Concept Diagnostics

1213 / SHRIMALI VANDNA / 30 Yrs / F / 147Cms / 57Kgs / Non Smoker
Heart Rate : 80 bpm / Tested On : 14-Oct-23 13:27:03 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ECG




Allengers ECG (P/ceae)/P/SC218210312)

Dr. Abhimanyu D Kotnani
Regd. By/D/Dr. Ashimani D Kotnani
Interventional Cardiologist
Regd. No. G 29383

Vandana Srivimali, 29/F

Dental checkup has been done for Vandana.
oral hygiene is all okay. No cavities are present.


Dr. Sayna Dhanaiya



NAME :	VANDANA SHRIMALI	DATE :	14.10.2023
AGE/SEX:	29Y/F	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

X-RAY CHEST PA VIEW

- Both lung fields are clear.
- No evidence of consolidation or Koch's lesion seen.
- Heart size is within normal limit.
- Both CP angles are clear.
- Both dome of diaphragm appear normal.
- Bony thorax under vision appears normal.



Dr. VIDHI SHAH
MD RADIODIAGNOSIS

NAME :	VANDANA SHRIMALI	DATE :	14.10.2023
AGE/SEX:	29Y/F	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

USG ABDOMEN

- LIVER:** normal in size & shows normal echotexture. No evidence of dilated IHBR. No evidence of focal or diffuse lesion. CBD & Portal vein appears normal.
- GALL-BLADDER:** normal, No evidence of Gall Bladder calculi.
- PANCREAS:** appears normal in size & echotexture, No evidence of peri-pancreatic fluid collection.
- SPLEEN:** normal in size & shows normal echogenicity.
- KIDNEYS:** Right kidney measures 94 x 38 mm. Left kidney measures 95 x 51 mm. Both kidneys appear normal in size & echotexture. No evidence of calculus or hydronephrosis on either side.
- URINARY BLADDER:** appears normal and shows minimal distension & normal wall thickness. No evidence of calculus or mass lesion.
- UTERUS:** normal in size and echopattern. No e/o adnexal mass seen on either side.

USG WITH HIGH FREQUENCY SOFT TISSUE PROBE:

Visualized bowel loops appears normal in caliber. No evidence of focal or diffuse wall thickening. No collection in RIF. No evidence of Ascites.

CONCLUSION:

- **NORMAL USG ABDOMEN.**



Dr. VIDHI SHAH
 MD, RADIODIAGNOSIS

TEST REPORT

Reg. No. : 310100335 **Reg. Date :** 14-Oct-2023 10:28 **Ref.No :** **Approved On :** 14-Oct-2023 10:52
Name : Mrs. VANDANA TUSHAR SHRIMALI **Collected On :** 14-Oct-2023 10:33
Age : 29 Years **Gender:** Female **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :**
Location :

Test Name	Results	Units	Bio. Ref. Interval
Complete Blood Count			
Specimen: EDTA blood			
Hemoglobin			
Hemoglobin(SLS method)	13.0	g/dL	12.0 - 15.0
Hematocrit (calculated)	37.9	%	36 - 46
RBC Count(Ele.Impedence)	4.63	X 10 ¹² /L	3.8 - 4.8
MCV (Calculated)	L 81.9	fL	83 - 101
MCH (Calculated)	28.1	pg	27 - 32
MCHC (Calculated)	34.3	g/dL	31.5 - 34.5
RDW (Calculated)	12.4	%	11.5 - 14.5
Differential WBC count (Impedance and flow)			
Total WBC count	5900	/μL	4000 - 10000
Neutrophils	56	%	38 - 70
Lymphocytes	36	%	21 - 49
Monocytes	05	%	3 - 11
Eosinophils	03	%	0 - 7
Basophils	00		
Platelet			
Platelet Count (Ele.Impedence)	295000	/cmm	150000 - 410000
MPV	9.90	fL	6.5 - 12.0
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.

This is an electronically authenticated report.



Approved by: Dr. Swati Shah

M.B.D.C.P.
G-5456

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Generated On : 14-Oct-2023 17:57

Approved On: 14-Oct-2023 10:52

TEST REPORT

Reg. No. : 310100335 Reg. Date : 14-Oct-2023 10:28 Ref.No : Approved On : 14-Oct-2023 13:16
Name : Mrs. VANDANA TUSHAR SHRIMALI Collected On : 14-Oct-2023 10:33
Age : 29 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
ESR	16	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.

This is an electronically authenticated report.



Approved by: Dr. Avinash B Panchal

MBBS,DCP
G-44623

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Generated On : 14-Oct-2023 17:57

Approved On: 14-Oct-2023 13:16

TEST REPORT

Reg. No. : 310100335 Reg. Date : 14-Oct-2023 10:28 Ref.No : Approved On : 14-Oct-2023 11:01
Name : Mrs. VANDANA TUSHAR SHRIMALI Collected On : 14-Oct-2023 10:33
Age : 29 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
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>	"O"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

Test done from collected sample.

This is an electronically authenticated report.



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G-5456

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Generated On : 14-Oct-2023 17:57

Approved On: 14-Oct-2023 11:01

TEST REPORT

Reg. No. : 310100335 **Reg. Date** : 14-Oct-2023 10:28 **Ref.No** : **Approved On** : 14-Oct-2023 13:32
Name : Mrs. VANDANA TUSHAR SHRIMALI **Collected On** : 14-Oct-2023 10:33
Age : 29 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
PERIPHERAL BLOOD SMEAR EXAMINATION			
Specimen: Peripheral blood smear & EDTA blood			
RBC Morphology	RBCs are normocytic normochromic.		
WBC Morphology	Total WBC and differential count is within normal limit. No abnormal cells or blasts are seen.		
Differential Count	.		
Neutrophils	58	%	38 - 70
Lymphocytes	32	%	21 - 49
Monocytes	07	%	3 - 11
Eosinophils	03	%	
Basophils	00	%	0 - 2
Platelets	Platelets are adequate with normal morphology.		
Parasite	Malarial parasite is not detected.		
Sample Type: EDTA Whole Blood			

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Avinash B Panchal

MBBS,DCP
G-44623

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Generated On : 14-Oct-2023 17:57

Approved On: 14-Oct-2023 13:32

TEST REPORT

Reg. No. : 310100335 **Reg. Date** : 14-Oct-2023 10:28 **Ref.No** : **Approved On** : 14-Oct-2023 11:47
Name : Mrs. VANDANA TUSHAR SHRIMALI **Collected On** : 14-Oct-2023 10:33
Age : 29 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
<u>FASTING PLASMA GLUCOSE</u>			
<u>Specimen: Fluoride plasma</u>			
FASTING PLASMA GLUCOSE <i>Hexokinase</i>	86.80	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 ≥ 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.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Swati Shah

M.B.D.C.P.
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Approved On: 14-Oct-2023 11:47

TEST REPORT

Reg. No. : 310100335 Reg. Date : 14-Oct-2023 10:28 Ref.No : Approved On : 14-Oct-2023 17:58
Name : Mrs. VANDANA TUSHAR SHRIMALI Collected On : 14-Oct-2023 14:22
Age : 29 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE Specimen: Fluoride plasma			
POST PRANDIAL PLASMA GLUCOSE L <i>Hexokinase</i>	110.64	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Plasma			

Test done from collected sample.

This is an electronically authenticated report.

**Approved by: Dr. Keyur Patel**M.B.B.S.,D.C.P(Patho) Page 6 of 17
G- 22475**Generated On :** 14-Oct-2023 17:57**Approved On:** 14-Oct-2023 17:58

TEST REPORT

Reg. No. : 310100335	Reg. Date : 14-Oct-2023 10:28	Ref.No :	Approved On : 14-Oct-2023 11:47
Name : Mrs. VANDANA TUSHAR SHRIMALI			Collected On : 14-Oct-2023 10:33
Age : 29 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>BLOOD UREA NITROGEN</u>			
UREA	15.2	mg/dL	
BUN <i>Calculated</i>	7.1	mg/dL	7.0 - 18.0
Serum			

Useful screening test for evaluation of kidney function.

Urea is a nitrogenous waste product of protein and amino acid metabolism. It is formed in this process in the liver. The main function of urea is to be excreted in the urine. Blood urea nitrogen (BUN) is a blood test that measures the amount of urea in the blood. It is used to evaluate kidney function. Increased protein levels in the blood, increased proteinuria, arteriosclerosis, and tubulointerstitial nephropathy can lead to an increase in BUN. Determination of BUN in the serum is used to evaluate kidney function and hyperuricemia.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Swati Shah

M.B.D.C.P.
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TEST REPORT

Reg. No. : 310100335 Reg. Date : 14-Oct-2023 10:28 Ref.No : Approved On : 14-Oct-2023 11:47
Name : Mrs. VANDANA TUSHAR SHRIMALI Collected On : 14-Oct-2023 10:33
Age : 29 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
GGT	25.7	U/L	6 - 42
<i>L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric</i>			
Serum			

Test done from collected sample.

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TEST REPORT

Reg. No. : 310100335 **Reg. Date** : 14-Oct-2023 10:28 **Ref.No** : **Approved On** : 14-Oct-2023 11:47
Name : Mrs. VANDANA TUSHAR SHRIMALI **Collected On** : 14-Oct-2023 10:33
Age : 29 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE			
CHOLESTEROL	235.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
TRIGLYCERIDE <i>Enzymatic Colorimetric Method</i>	136.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
VLDL	27	mg/dL	0 - 30
LDL CHOLESTEROL <i>Calculated Method</i>	H 163.93	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
HDL-CHOLESTEROL	44.07	mg/dL	<40 >60
CHOL/HDL RATIO	H 5.33		0.0 - 3.5
LDL/HDL RATIO	H 3.72		1.0 - 3.4
TOTAL LIPID	702.00	mg/dL	400 - 1000
Serum			

Test done from collected sample.

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TEST REPORT

Reg. No. : 310100335 **Reg. Date** : 14-Oct-2023 10:28 **Ref.No** : **Approved On** : 14-Oct-2023 11:47
Name : Mrs. VANDANA TUSHAR SHRIMALI **Collected On** : 14-Oct-2023 10:33
Age : 29 Years **Gender**: Female **Pass. No.** : **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
LIVER FUNCTION TEST			
TOTAL PROTEIN	6.74	g/dL	6.6 - 8.8
ALBUMIN	4.56	g/dL	3.5 - 5.2
GLOBULIN <i>(Calculated)</i>	L 2.18	g/dL	2.4 - 3.5
ALB/GLB <i>(Calculated)</i>	2.09		1.2 - 2.2
SGOT	29.20	U/L	<31
SGPT	31.90	U/L	<31
ALK. PHOSPHATASE <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	83.70	U/L	40 - 130
TOTAL BILIRUBIN	0.87	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.16	mg/dL	<0.2
INDIRECT BILIRUBIN <i>Calculated.</i>	0.71	mg/dL	0.0 - 1.00
Serum			

Test done from collected sample.

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TEST REPORT

Reg. No. : 310100335 **Reg. Date** : 14-Oct-2023 10:28 **Ref.No** : **Approved On** : 14-Oct-2023 14:10
Name : Mrs. VANDANA TUSHAR SHRIMALI **Collected On** : 14-Oct-2023 10:33
Age : 29 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

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

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

HbA1c <i>High Performance Liquid Chromatography (HPLC)</i>	5.60	%	Normal: ≤ 5.6 Prediabetes: 5.7-6.4 Diabetes: ≥ 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
---	------	---	---

Mean Blood Glucose <i>(Calculated)</i>	114	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.

This is an electronically authenticated report.



Approved by: Dr. Avani Patel

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Generated On : 14-Oct-2023 17:57

Approved On: 14-Oct-2023 14:10

TEST REPORT

Reg. No. : 310100335 **Reg. Date :** 14-Oct-2023 10:28 **Ref.No :** **Approved On :** 14-Oct-2023 14:10
Name : Mrs. VANDANA TUSHAR SHRIMALI **Collected On :** 14-Oct-2023 10:33
Age : 29 Years **Gender:** Female **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :**
Location :

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

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID: 131003500251
Patient ID:
Name:
Physician:
Sex:
DOB:

Analysis Data

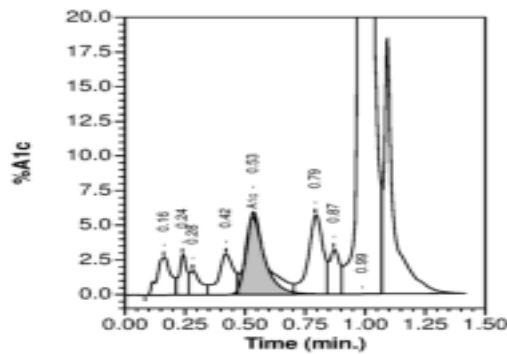
Analysis Performed: 14/10/2023 14:01:57
Injection Number: 10354
Run Number: 409
Rack ID:
Tube Number: 1
Report Generated: 14/10/2023 14:06:55
Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.6	0.161	16072
A1b	---	0.9	0.238	9248
F	---	0.8	0.281	7946
LA1c	---	1.7	0.419	17097
A1c	5.6	---	0.533	45254
P3	---	3.5	0.793	35872
P4	---	1.3	0.868	13762
Ao	---	85.8	0.987	876465

Total Area: 1,021,715

HbA1c (NGSP) = 5.6 %



Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Avani Patel

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Reg No.- G-34103

Generated On : 14-Oct-2023 17:57

Approved On: 14-Oct-2023 14:10

TEST REPORT

Reg. No. : 310100335 **Reg. Date** : 14-Oct-2023 10:28 **Ref.No** : **Approved On** : 14-Oct-2023 16:02
Name : Mrs. VANDANA TUSHAR SHRIMALI **Collected On** : 14-Oct-2023 10:33
Age : 29 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine)	1.22	ng/mL	0.6 - 1.52
T4 (Thyroxine) <small>CMIA</small>	10.54	µg/dL	5.5 - 11.0
TSH (ultra sensitive) <small>CMIA</small>	2.412	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 Eddition. Philadelphia: WB Saunders,2012:2170

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Avani Patel

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Reg No.- G-34103

Generated On : 14-Oct-2023 17:57

Approved On: 14-Oct-2023 16:02

TEST REPORT

Reg. No. : 310100335 **Reg. Date** : 14-Oct-2023 10:28 **Ref.No** : **Approved On** : 14-Oct-2023 12:10
Name : Mrs. VANDANA TUSHAR SHRIMALI **Collected On** : 14-Oct-2023 10:33
Age : 29 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Colour	Pale Yellow		
Clarity	Clear		
CHEMICAL EXAMINATION (by strip test)			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.015		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
MICROSCOPIC EXAMINATION			
Leucocytes (Pus Cells)	Nil		0 - 5/hpf
Erythrocytes (RBC)	Nil		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Nil		Nil
Monilia	Nil		Nil
T. Vaginalis	Nil		Nil
Urine			

Test done from collected sample.

This is an electronically authenticated report.



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M.B.D.C.P.
G-5456

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Approved On: 14-Oct-2023 12:10

TEST REPORT

Reg. No. : 310100335 Reg. Date : 14-Oct-2023 10:28 Ref.No : Approved On : 14-Oct-2023 11:47
Name : Mrs. VANDANA TUSHAR SHRIMALI Collected On : 14-Oct-2023 10:33
Age : 29 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
CREATININE	0.66	mg/dL	0.51 - 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.

Test done from collected sample.

This is an electronically authenticated report.

**Approved by: Dr. Swati Shah**M.B.D.C.P.
G-5456

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Generated On : 14-Oct-2023 17:57**Approved On:** 14-Oct-2023 11:47

TEST REPORT

Reg. No. : 310100335 **Reg. Date** : 14-Oct-2023 10:28 **Ref.No** : **Approved On** : 14-Oct-2023 11:46
Name : Mrs. VANDANA TUSHAR SHRIMALI **Collected On** : 14-Oct-2023 10:33
Age : 29 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
UREA	15.2	mg/dL	

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.

Test done from collected sample.

This is an electronically authenticated report.

**Approved by: Dr. Swati Shah**M.B.D.C.P.
G-5456

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TEST REPORT

Reg. No. : 310100335	Reg. Date : 14-Oct-2023 10:28	Ref.No :	Approved On : 14-Oct-2023 14:28
Name : Mrs. VANDANA TUSHAR SHRIMALI			Collected On : 14-Oct-2023 10:33
Age : 29 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>ELECTROLYTES</u>			
Sodium (Na+) <small>ISE</small>	139.6	mmol/L	136 - 145
Potassium (K+) <small>ISE</small>	4.5	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>ISE</small>	99.6	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.

Report To Follow:
LBC PAP SMEAR (Cytology)

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

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Keyur Patel

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