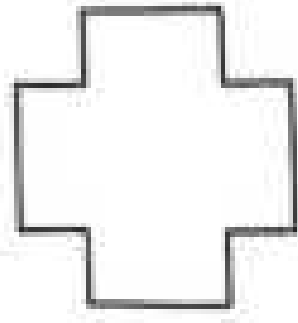


Date 28/10/23



PANCHMUKHI HOSPITAL

Dr CP Dadhaniya

Dr RC Dadhaniya

MBBS, Dip.G.O, Diabetologist

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

policy number :
full name : Bhagatbhushan Devidas Hivme
identity proof : Aadhar card
identity proof no : 3084
gender : Male / 37 yrs
height : 165cm
weight : 79kg
BP : 110/72
pulse : 70/min Regular
blood sample : Yes
fasting mode : Yes
non fasting mode : Yes
past history : No

+Boni

DR. C. P. DADHANIYA

M.B. Diabetologist

Ind. Physician (CIN)

Reg. No. 618

Code No. 376

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT



Scanned with OKEN Scanner

NAME : Bhasit bhushan Nivare DIAG. DATE: 28-10-23
 AGE/GENDER: male / 37

PATIENT'S REFRACTION DETAILS

		<u>SPHE</u>	<u>CYL</u>	<u>AXIS</u>	<u>VN</u>
<u>R</u>	<u>D</u>	N	N	N	6/6
	<u>N</u>	N			6/6
<u>L</u>	<u>D</u>	N	N	N	6/6
	<u>N</u>	N			6/6

REMARKS : Colour Blindness Normal

CHECKED BY : Dr. C.P. Dadhaniya

A. Somi

DR. C. P. DADHANIYA
 M.B. Diabetologist
 Ind. Physician (C14)
 Reg. No. 619798
 License No. 378943
 Panchmukhi Hospital
 Mavdi Chowki,
 150 Ft. Ring Road, PUNE-400001

10mm/mV AUTO

I

II

III

I 10mm/mV

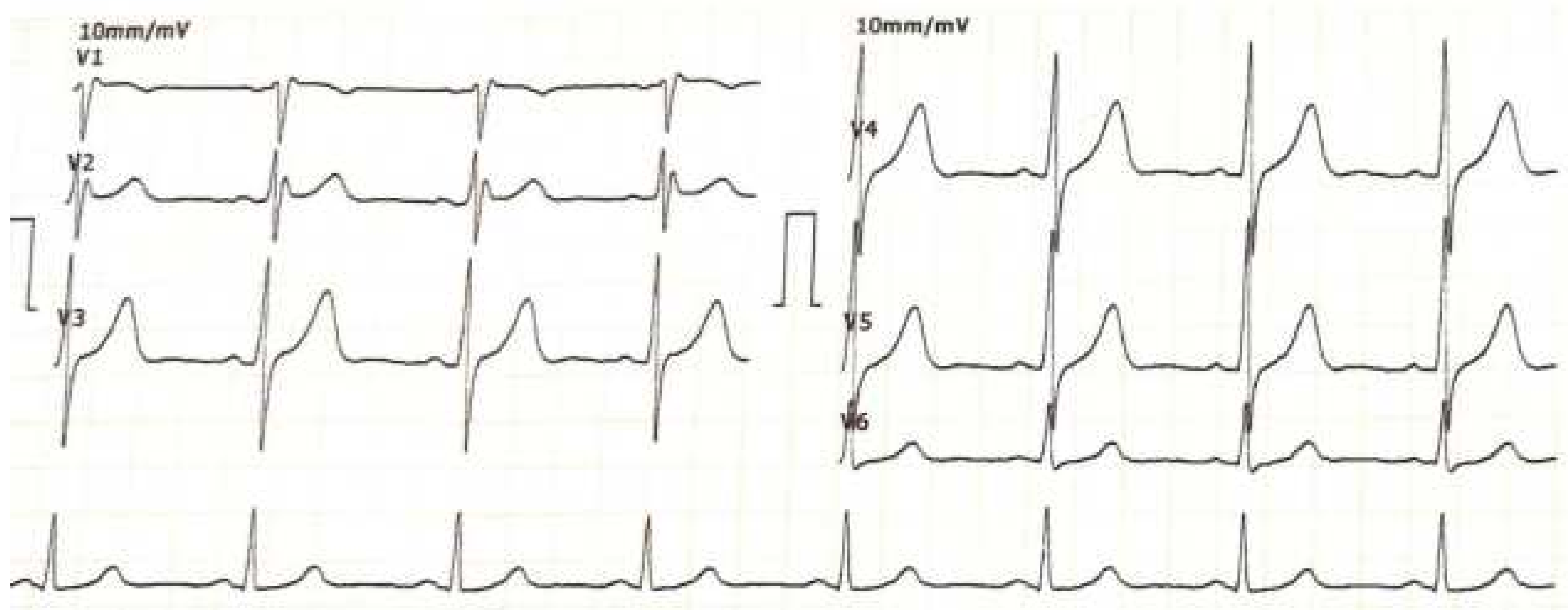
25mm/s

AC:ON 0.05-35Hz

aVR

aVL

aVF



2023-10-28 8:32:53 ID:00003544
 ID Card: _____
 Name: Bhaskar bhushan Hivse Gender: male
 Age: _____ Height(cm): _____
 Weight(Kg): 37 BP(mmHg): 1

DR. C. P. DADHANIYA
 U.S. Diabetologist
 HR..... bpm 70
 P-R..... ms 126
 Q-R-S..... ms 100
 QT/QTc..... ms 406/436
 P/QRS/T AXES..... deg 49/17/44
 RV5/SV1..... mV 1.48/0.55
 RV5+SV1..... mV 2.03
 *The result must be confirmed by doctor!
 Report Confirmed by: _____



भारत सरकार

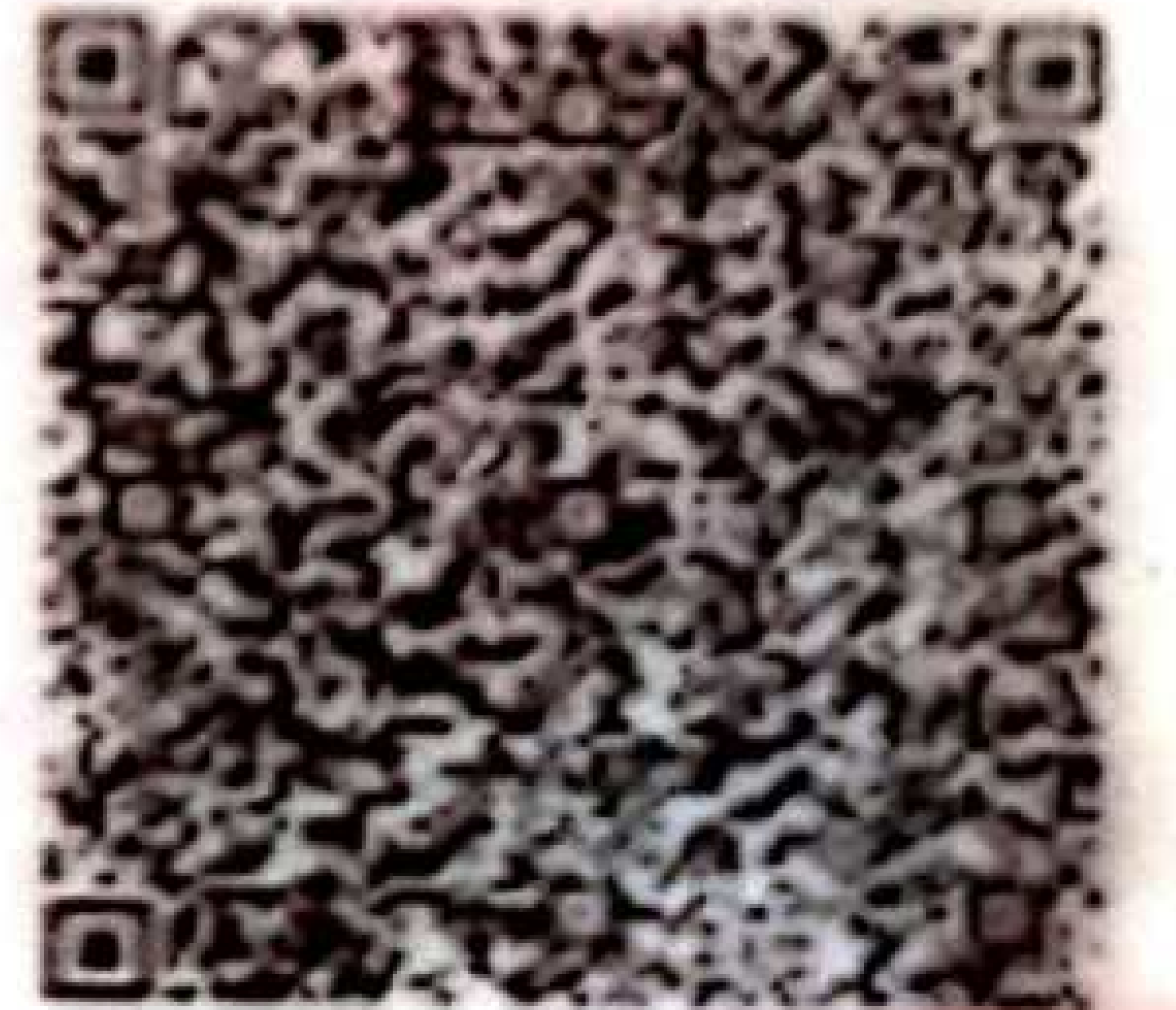
Government of India

भारतभूषण देविदास हिवरे

Bharatbhushan Devidas Hivre

जन्म तारीख/DOB: 25/09/1986

पुरुष/ MALE



8279 9628 3084

माझे आधार, माझी ओळख



भारतीय विशिष्ट ओळख प्राधिकरण

Unique Identification Authority of India

Address:

S/O: Devidas Baliram Hivre, Vaykole
Vada, Varad Seem, Jalgaon,
Maharashtra - 425311

पत्ता:

S/O: देविदास बळीराम हिवरे, वायकोळे वडा,
वरड सीम, जळगाव,
महाराष्ट्र - 425311

8279 9628 3084



At mavdi chokdi, 150 Feet Ring Rd, opposite Mahiraj Hotel, Mavdi, Rajkot, Gujarat 360004, India

Latitude
22.2647846°

Longitude
70.7842447°

Local 08:58:31 AM
GMT 03:28:31 AM

Altitude 143 meters
Saturday, 28.10.2023



बक आफ़ बड़ोदा
Bank of Baroda



नाम **MR. BHARATBHUSHAN DEVIDAS**

Name : **HIVRE**

कर्मचारी कूट क्र.

E.C. No. : **108752**

जारीकर्ता प्राधिकारी
Issuing Authority
DGM (Regional Head)
Aurangabad Region

धारक के हस्ताक्षर
Signature of Holder

Pt.'s Name: BHARATBHUSHAN HIVRE

Date: 28 October, 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

Pat.s' Name: BHARATBHUSHAN HIVRE

DATE: 28 October 2023


U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows normal parenchymal echotexture. No focal lesion noted. Intrahepatic biliary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone or changes of cholecystitis.
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No e/o calculi or hydronephrosis on either side.
- **URINARY BLADDER:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angels clear.

CONCLUSION:

- No significant abnormality seen in present study.

Thanks for reference.


DR PRATIK KAGATHARA
MD



BHARATBHUSHAN HIRREM CHEST PA 28-Oct-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)

Tread Mill Test

Patient Name	:	Bharatbhushan Hivre	Age	:	37yrs/M
Ref. By	:	Dr. C.P.Dadhaniya	Resting BP	:	130/80
Report Date	:	28/10/2023	Max. BP	:	160/80

Patient Reaches exercise limit at 7.00 METS.

No signs of ischemia at the exercise level and during recovery.

Adequate increase of HR & BP.

No significant Arrhythmia.

The stress test was terminated after 6:00 minutes as patient complained of Fatigue.
Patient achieved 88% 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

CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

357/BHARATBHUSHAN HIVRE 37 Yrs/Male 0 Kg/0 Cms

Date: 28-Oct-2023 05:47:39 PM

Ref.By :
Medication :
Objective :

Summary

Protocol : BRUCE
History :

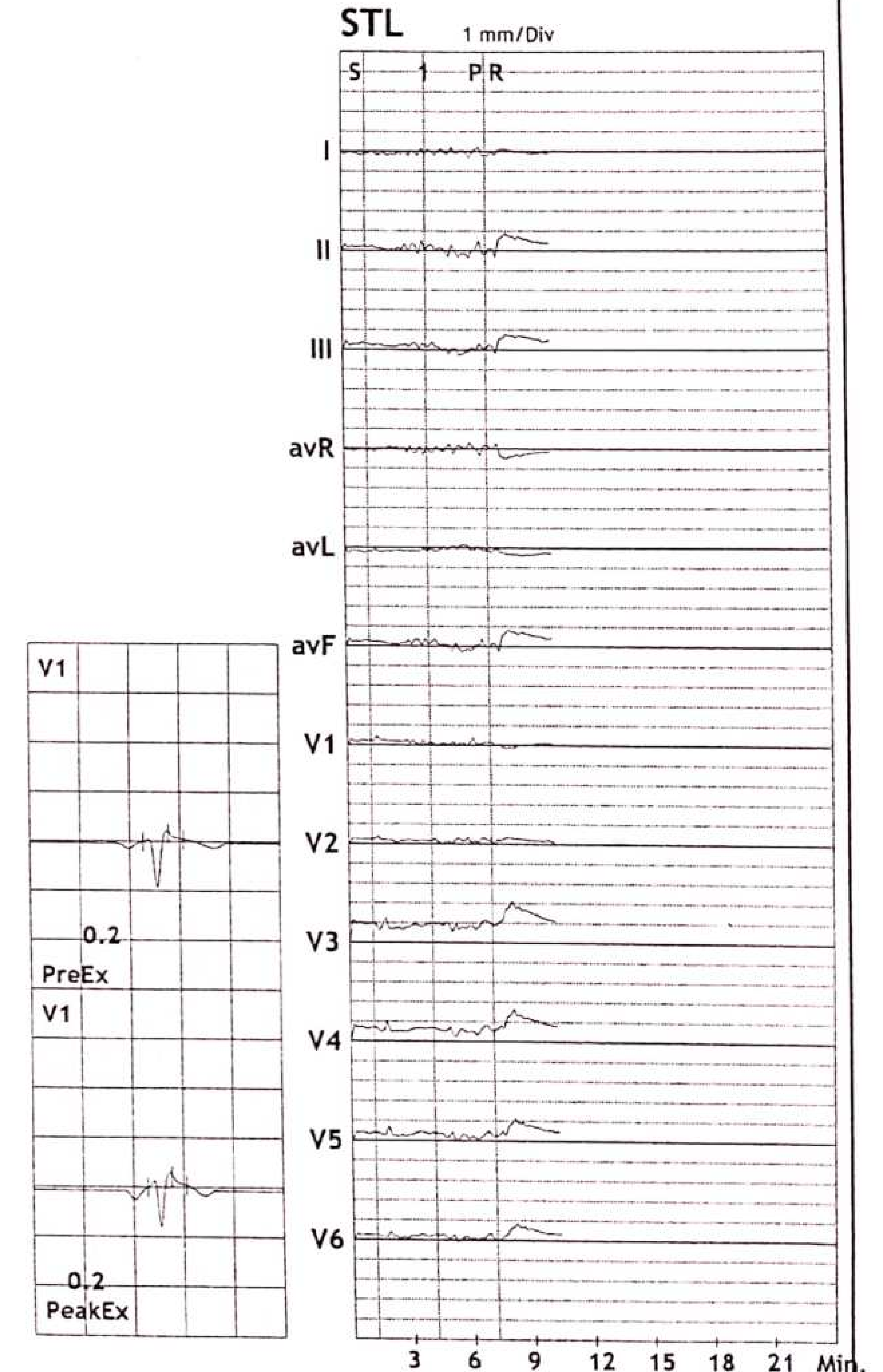


Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (kmph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine	0:01	0:53	0.0	0.0	1.0	100	130/80	130	-	
Standing	0:01	0:59	0.0	0.0	1.0	102	130/80	132	-	
HV	0:01	1:05	0.0	0.0	1.0	99	130/80	128	-	
ExStart	0:01	1:10	0.0	0.0	1.0	101	130/80	131	-	
Stage 1	3:00	3:00	2.7	10.0	4.6	130	140/80	182	-	
PeakEx	3:00	5:59	4.0	12.0	7.0	161	160/80	257	-	
Recovery	1:00	6:01	0.0	0.0	1.0	130	160/80	208	-	
Recovery	2:00	6:01	0.0	0.0	1.0	112	150/80	168	-	
Recovery	3:00	6:01	0.0	0.0	1.0	108	130/80	140	-	

Findings :

Exercise Time : 6:00 minutes
 Max HR attained : 161 bpm · 88% of Max Predictable HR 183
 Max BP : 160/80(mmHg)
 WorkLoad attained : 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.
 Maxmum Depression: 0:00
 Test Complete

Advice/Comments:



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

357 / BHARATBHUSHAN HIVRE

37 Yrs / Male

0 Kg / 0 Cm

Date: 28-Oct-2023 05:47:39 PM

HR: 100 bpm

METS: 1.0

BP: 130/80

MpHR: 54% of 183

Speed: 0.0 kmph

Grade: 0.0%

3x4+1 Rhythm Lead

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 00:52

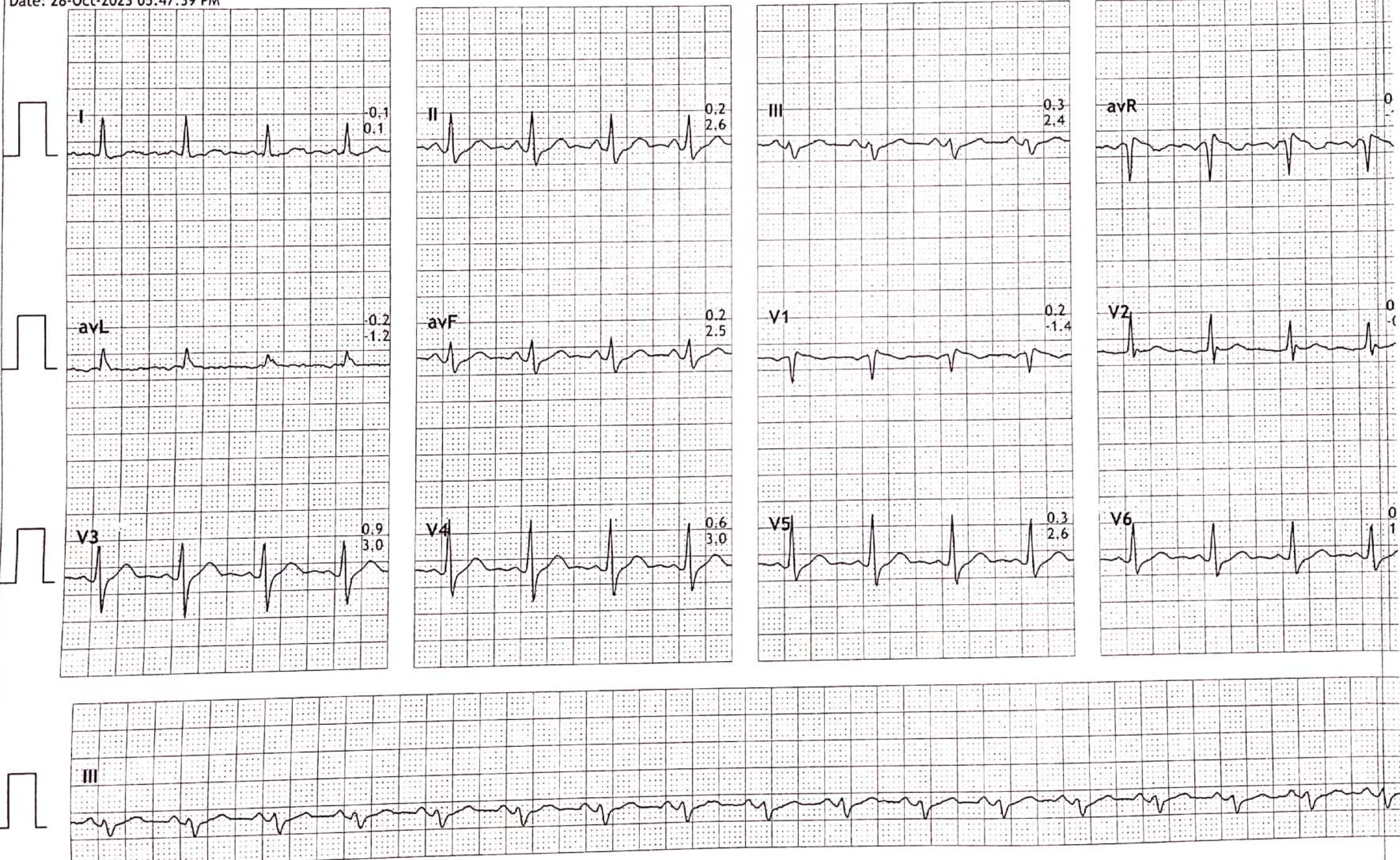
BLC :On

Notch :On

Supine

10.0 mm/mV

25 mm/Sec.



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 357 / BHARATBHUSHAN HIVRE
 37 Yrs / Male
 0 Kg / 0 Cm
 Date: 28-Oct-2023 05:47:39 PM

3x4+1 Rhythm Lead



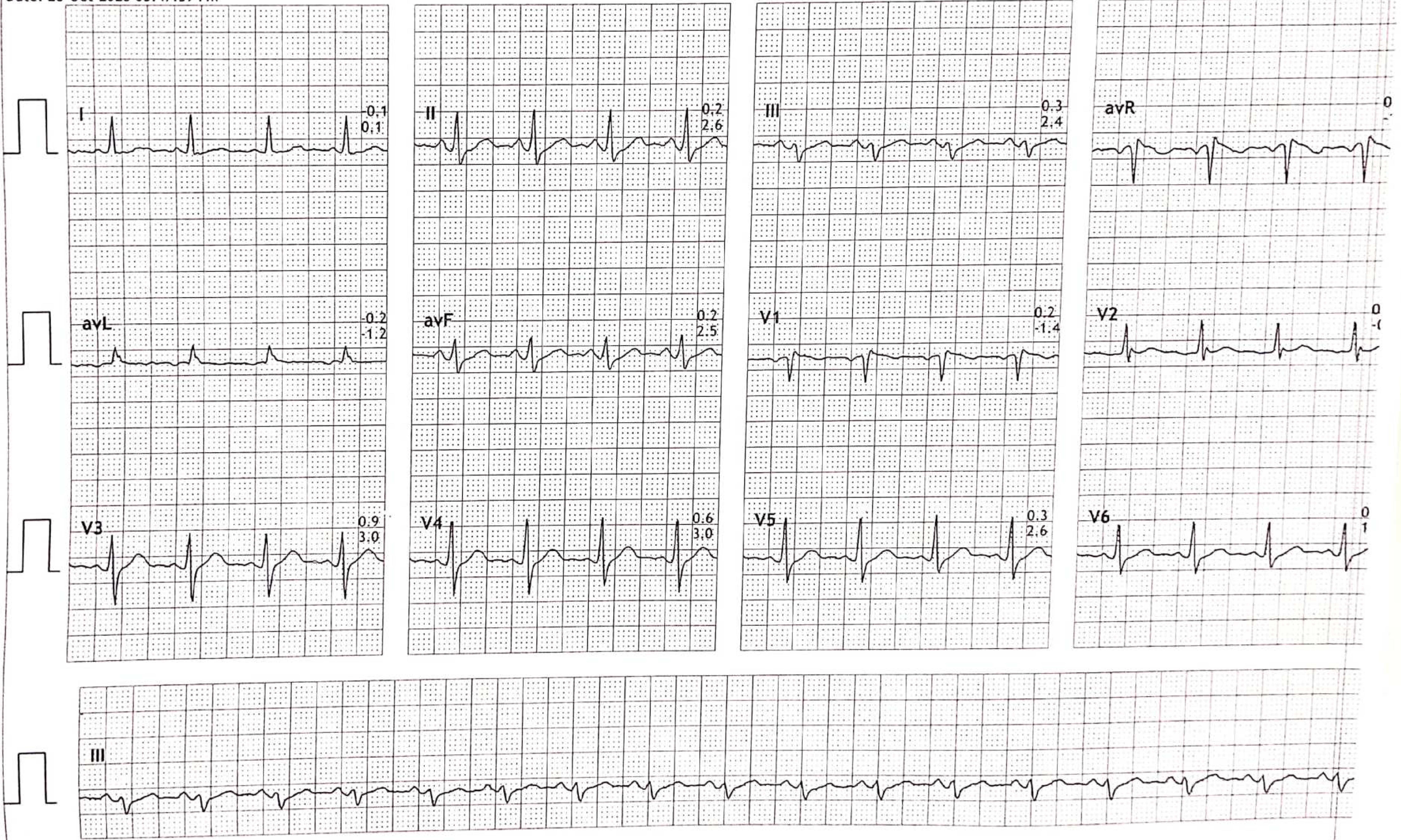
HR: 102 bpm
 METS: 1.0
 BP: 130/80

MPHR: 55% of 183
 Speed: 0.0 kmph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 00:58
 BLC :On
 Notch :On

Standing
 10.0 mm/mV
 25 mm/Sec.



357 / BHARATBHUSHAN HIVRE
 37 Yrs / Male
 0 Kg / 0 Cm
 Date: 28-Oct-2023 05:47:39 PM

HR: 99 bpm
 METS: 1.0
 BP: 130/80

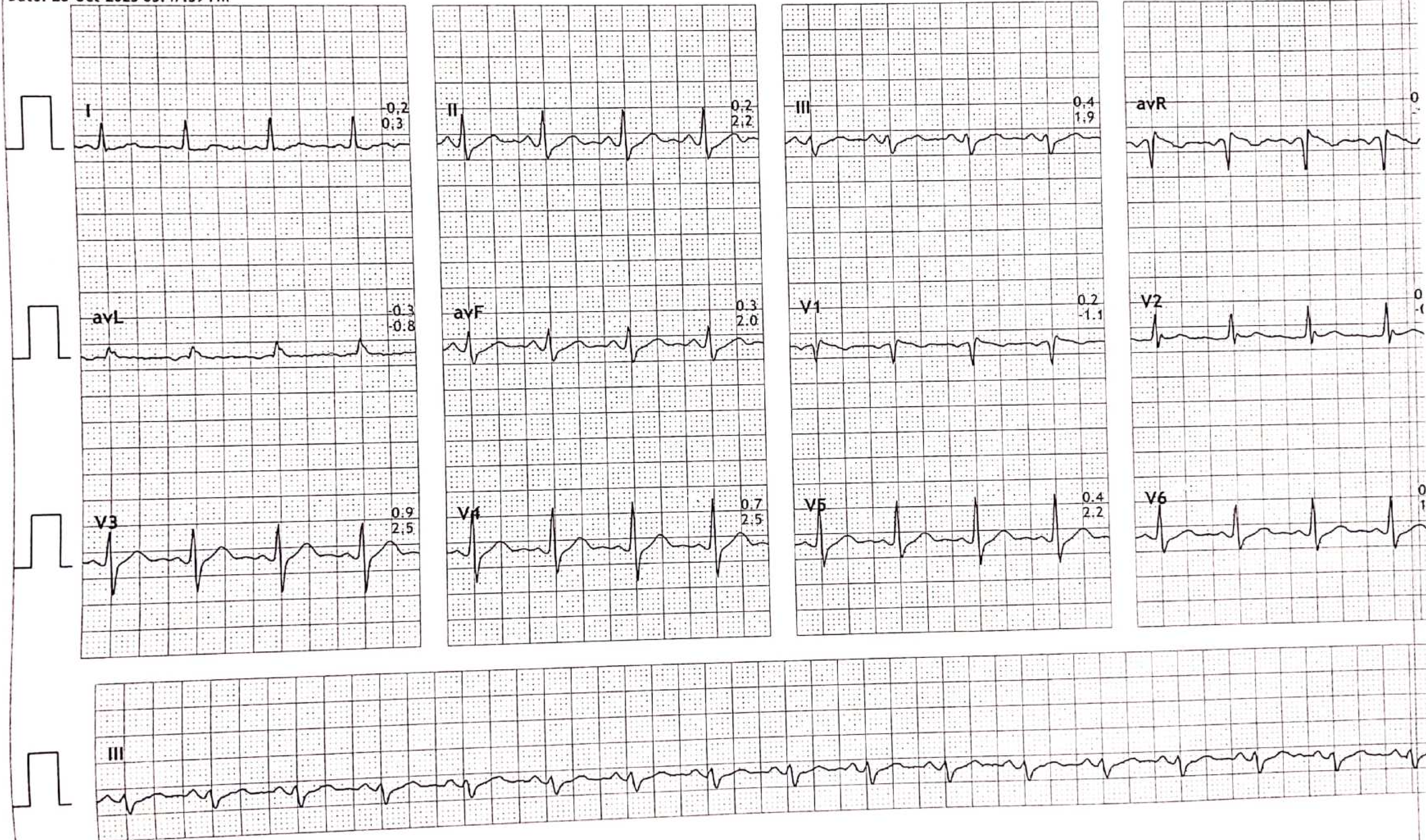
MpHR: 54% of 183
 Speed: 0.0 kmph
 Grade: 0.0%

3x4+1 Rhythm Lead

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 01:04
 BLC :On
 Notch :On

HV
 10.0 mm/mV
 25 mm/Sec.



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

357 / BHARATBHUSHAN HIVRE
37 Yrs / Male
0 Kg / 0 Cm
Date: 28-Oct-2023 05:47:39 PM

HR: 101 bpm
METS: 1.0
BP: 130/80

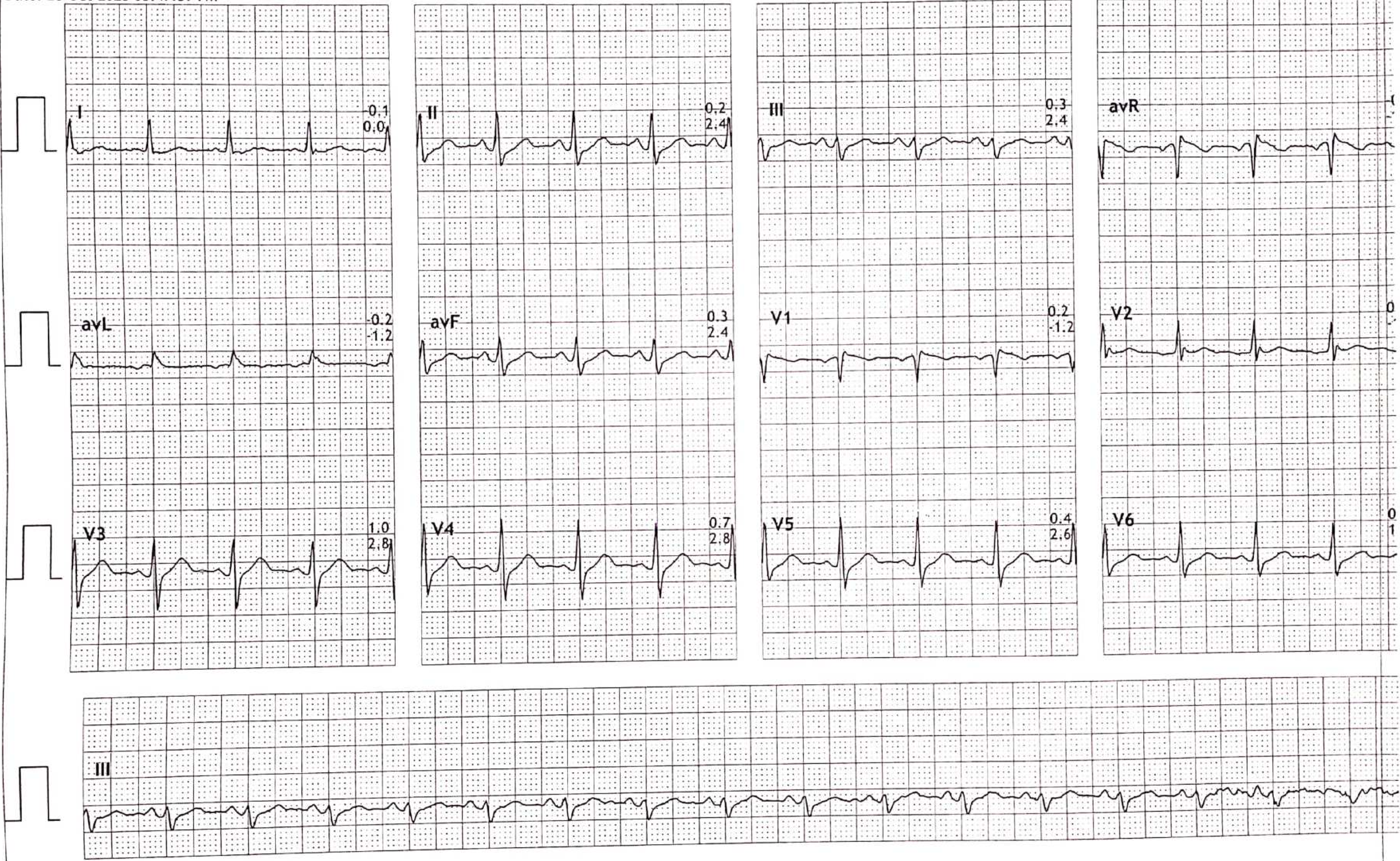
MPHR:55% of 183
Speed: 0.0 kmph
Grade: 0.0%

3x4+1 Rhythm Lead

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 01:09
BLC :On
Notch :On

ExStart
10.0 mm/mV
25 mm/Sec.



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 357 / BHARATBHUSHAN HIVRE
 37 Yrs / Male
 0 Kg / 0 Cm
 Date: 28-Oct-2023 05:47:39 PM

HR: 130 bpm
 METS: 4.6
 BP: 140/80

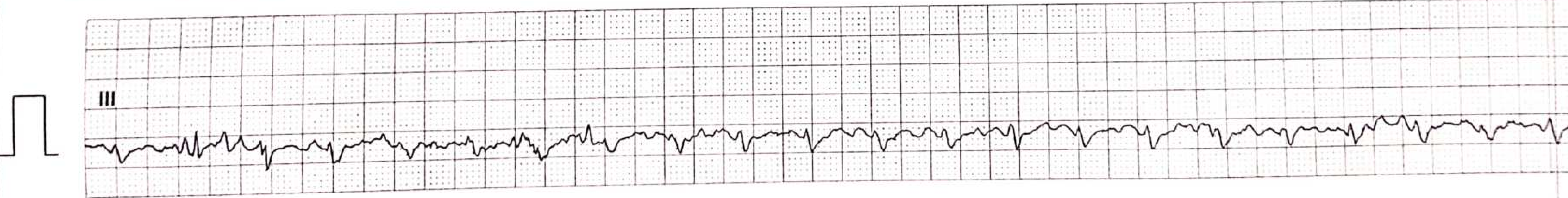
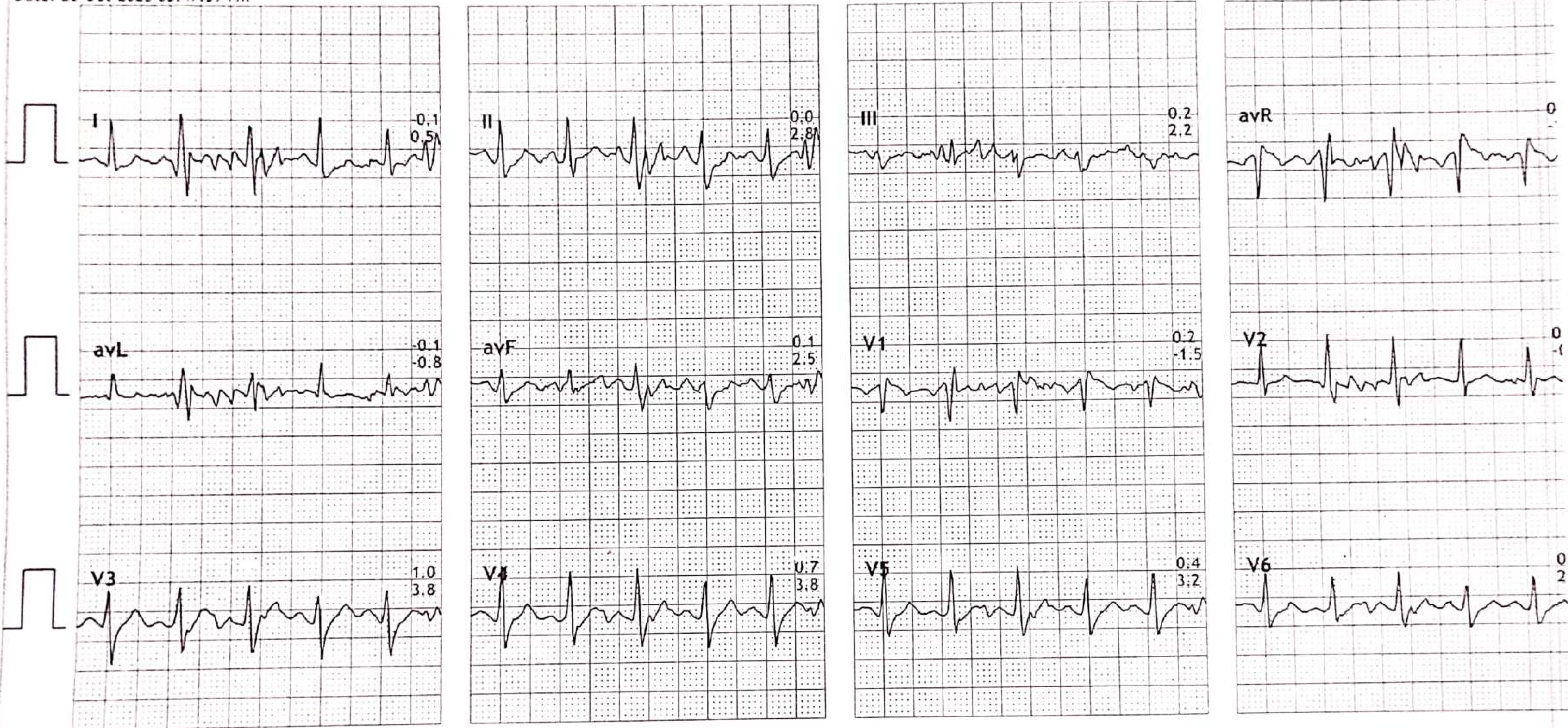
MPHR: 71% of 183
 Speed: 2.7 kmph
 Grade: 10.0%

3x4+1 Rhythm Lead

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 02:59
 BLC :On
 Notch :On

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



357 / BHARATBHUSHAN HIVRE
37 Yrs / Male
0 Kg / 0 Cm
Date: 28-Oct-2023 05:47:39 PM

HR: 161 bpm
METS: 7.0
BP: 160/80

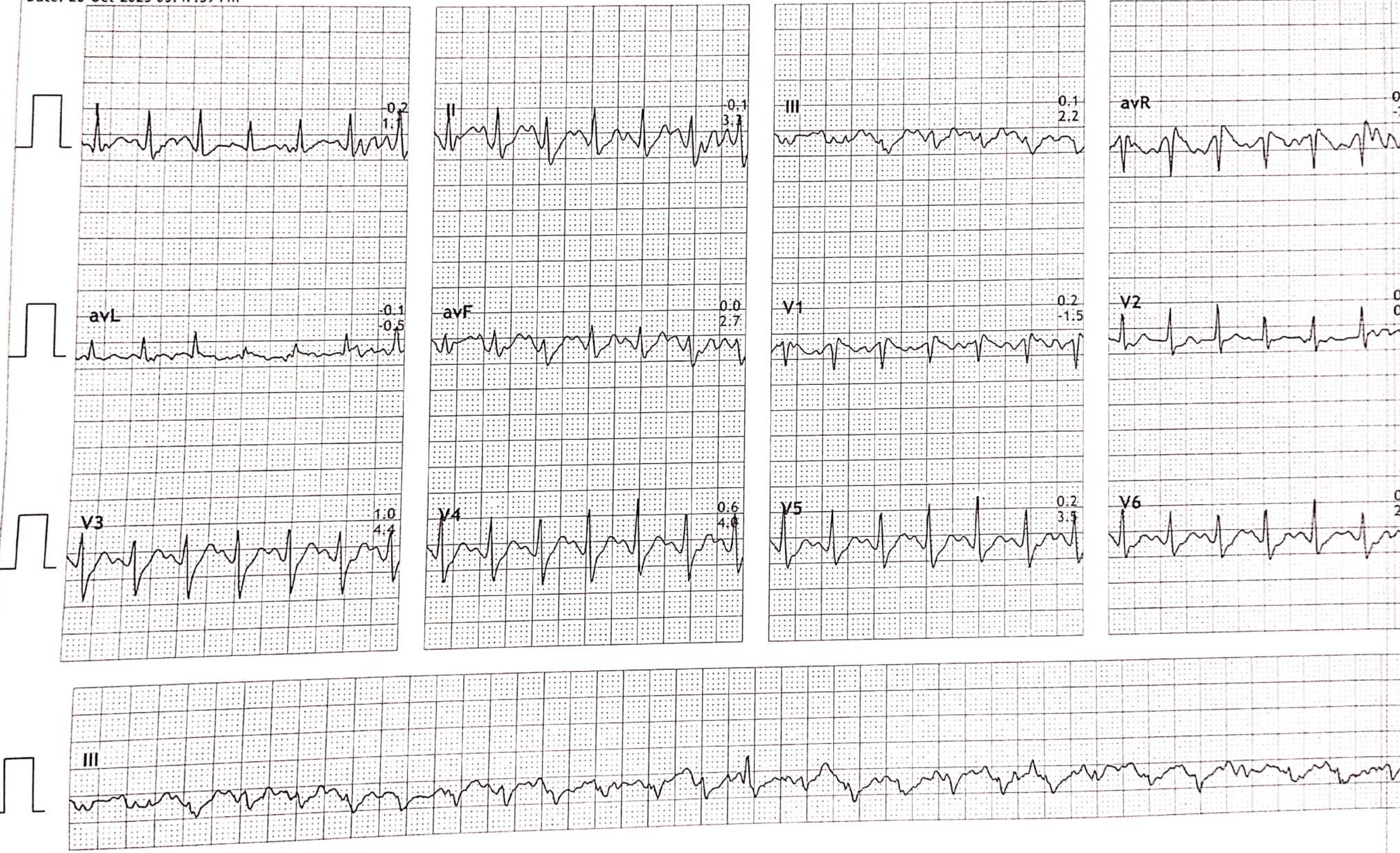
MpHR: 87% of 183
Speed: 4.0 kmph
Grade: 12.0%

3x4+1 Rhythm Lead

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 05:58
BLC :On
Notch :On

BRUCE:PeakEx
10.0 mm/mV
25 mm/Sec.



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 357 / BHARATBHUSHAN HIVRE
 37 Yrs / Male
 0 Kg / 0 Cm
 Date: 28-Oct-2023 05:47:39 PM

3x4+1 Rhythm Lead

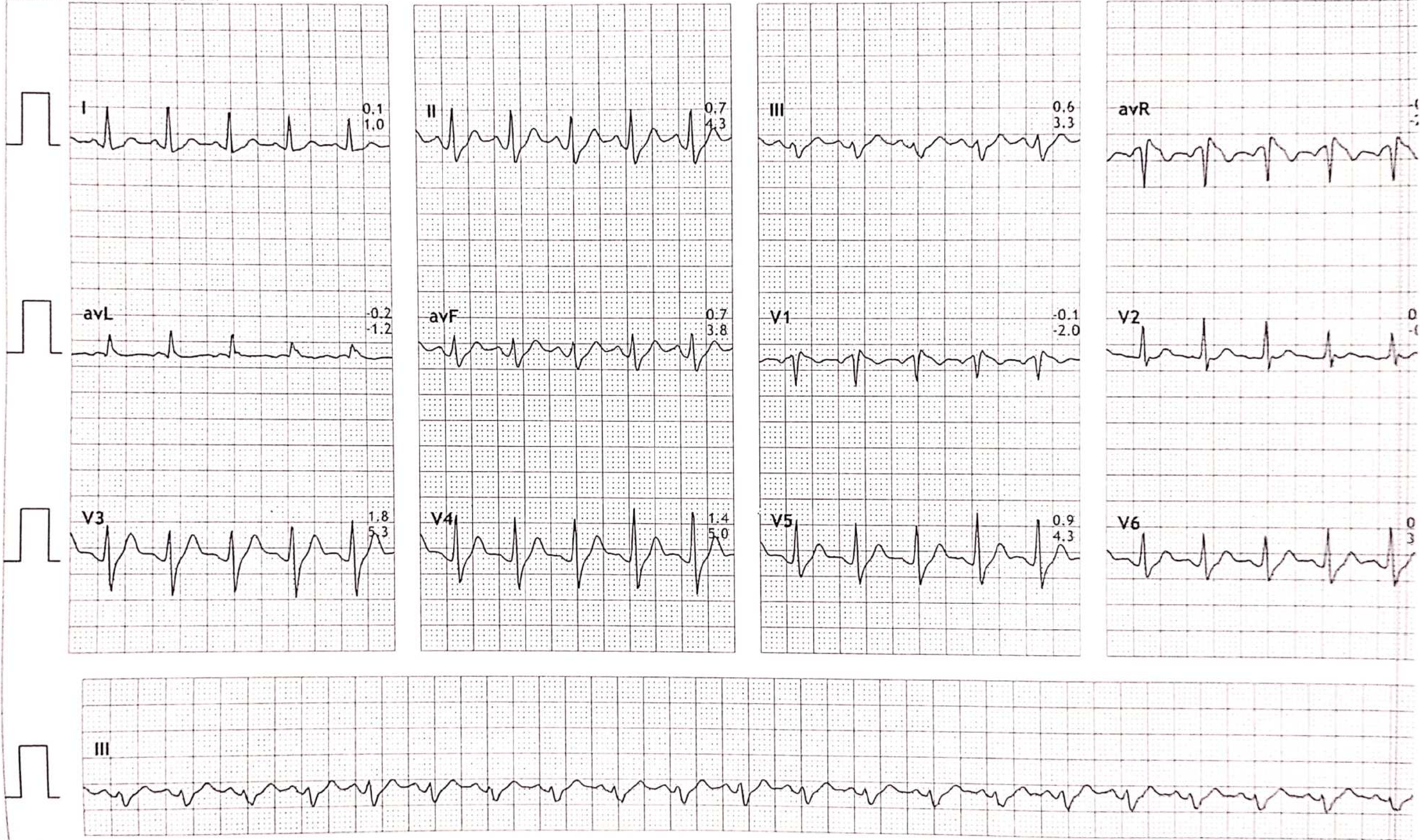
HR: 130 bpm
 METS: 1.0
 BP: 160/80

MpHR: 71% of 183
 Speed: 0.0 kmph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 06:00
 BLC :On
 Notch :On

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





CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

357 / BHARATBHUSHAN HIVRE

37 Yrs / Male

0 Kg / 0 Cm

Date: 28-Oct-2023 05:47:39 PM

HR: 112 bpm

METS: 1.0

BP: 150/80

MpHR: 61% of 183

Speed: 0.0 kmph

Grade: 0.0%

3x4+1 Rhythm Lead

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 06:00

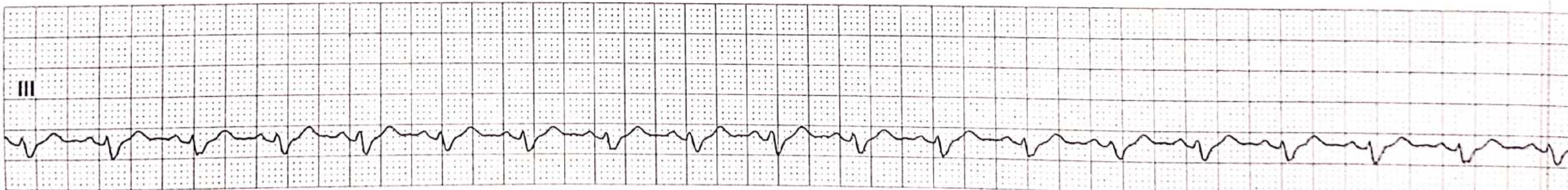
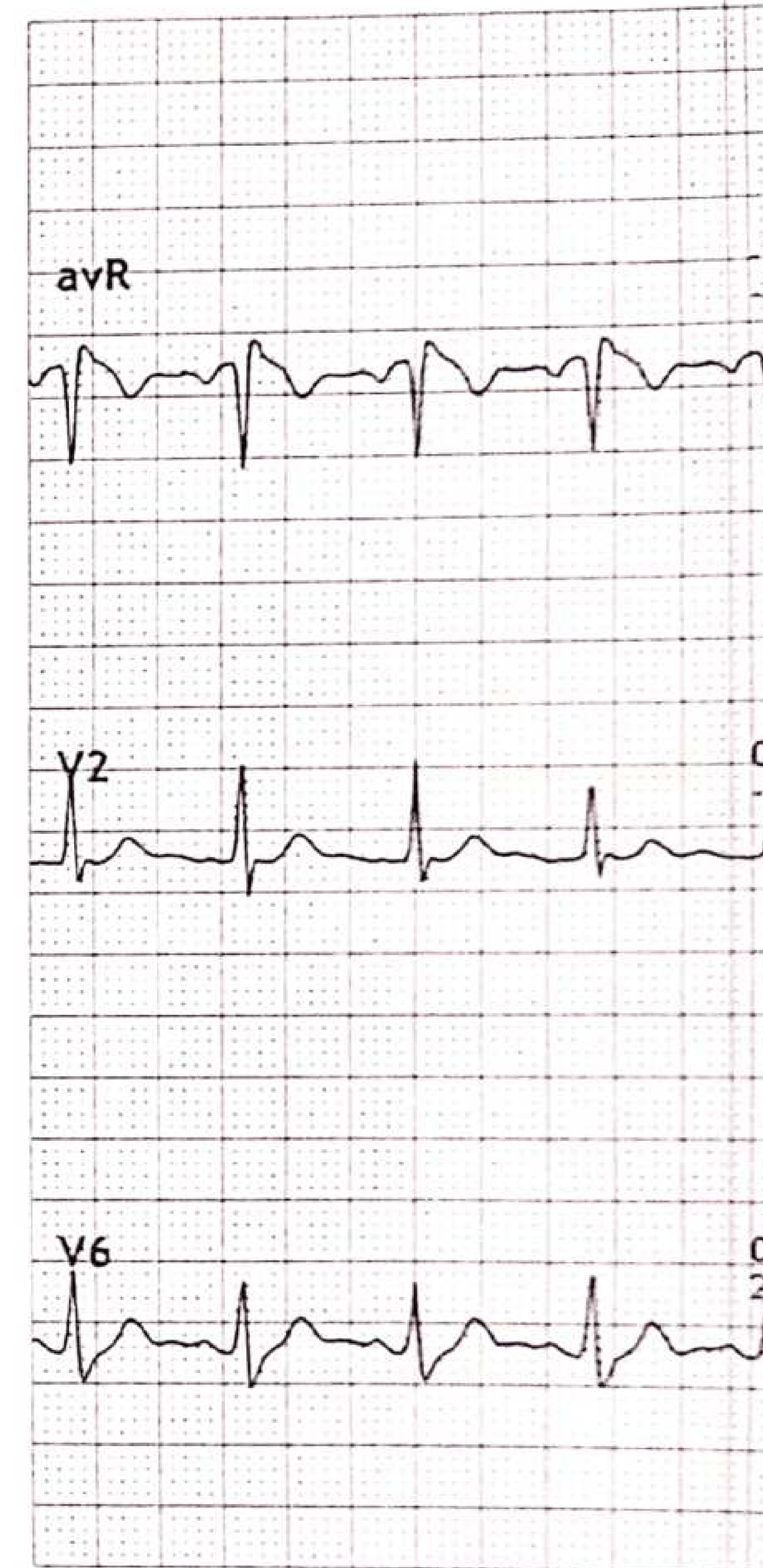
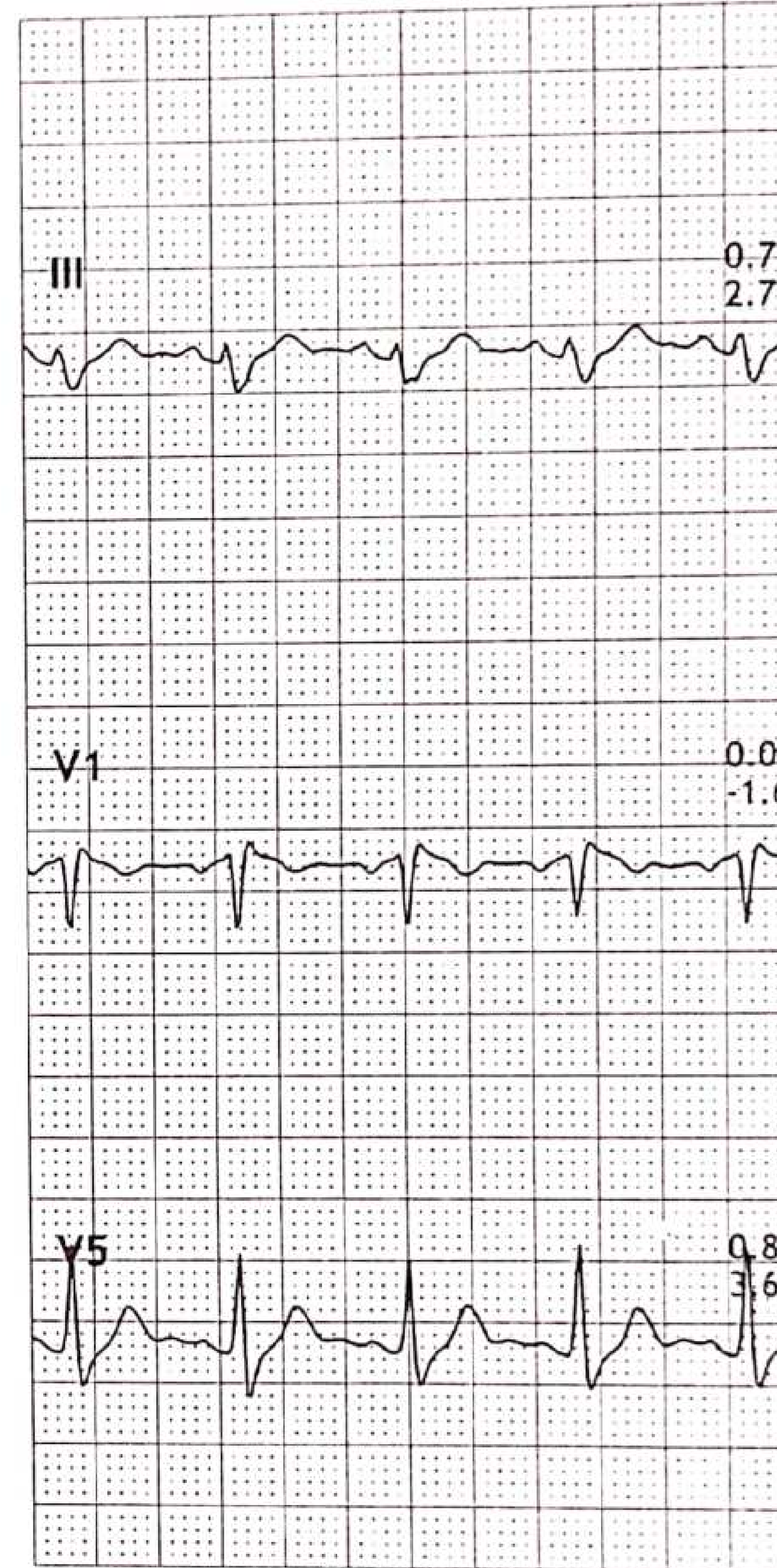
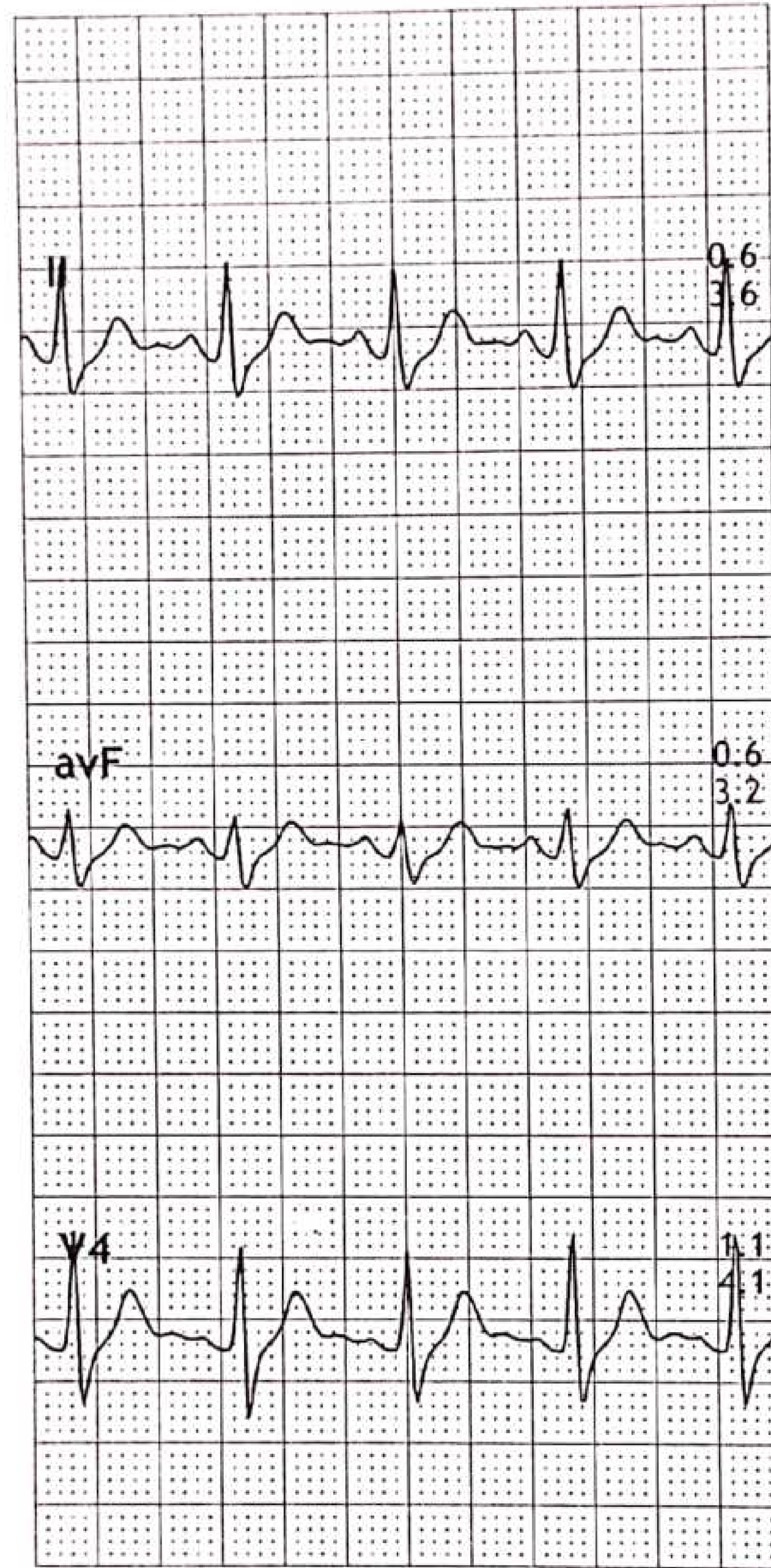
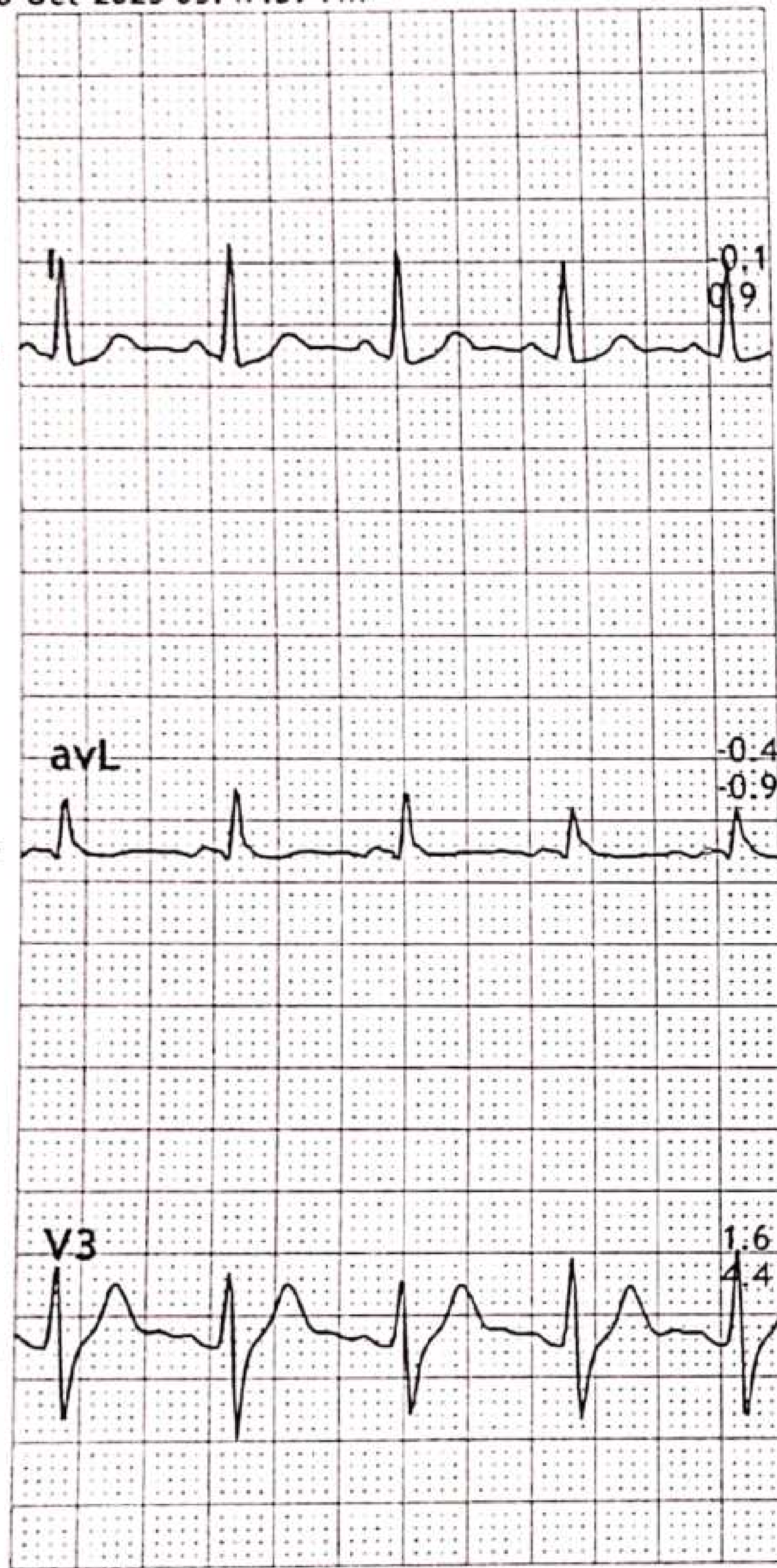
BLC :On

Notch :On

Recovery(2:00)

10.0 mm/mV

25 mm/Sec.



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

357 / BHARATBHUSHAN HIVRE

37 Yrs / Male

0 Kg / 0 Cm

Date: 28-Oct-2023 05:47:39 PM

HR: 108 bpm

METS: 1.0

BP: 130/80

MpHR: 59% of 183

Speed: 0.0 kmph

Grade: 0.0%

3x4+1 Rhythm Lead

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 06:00

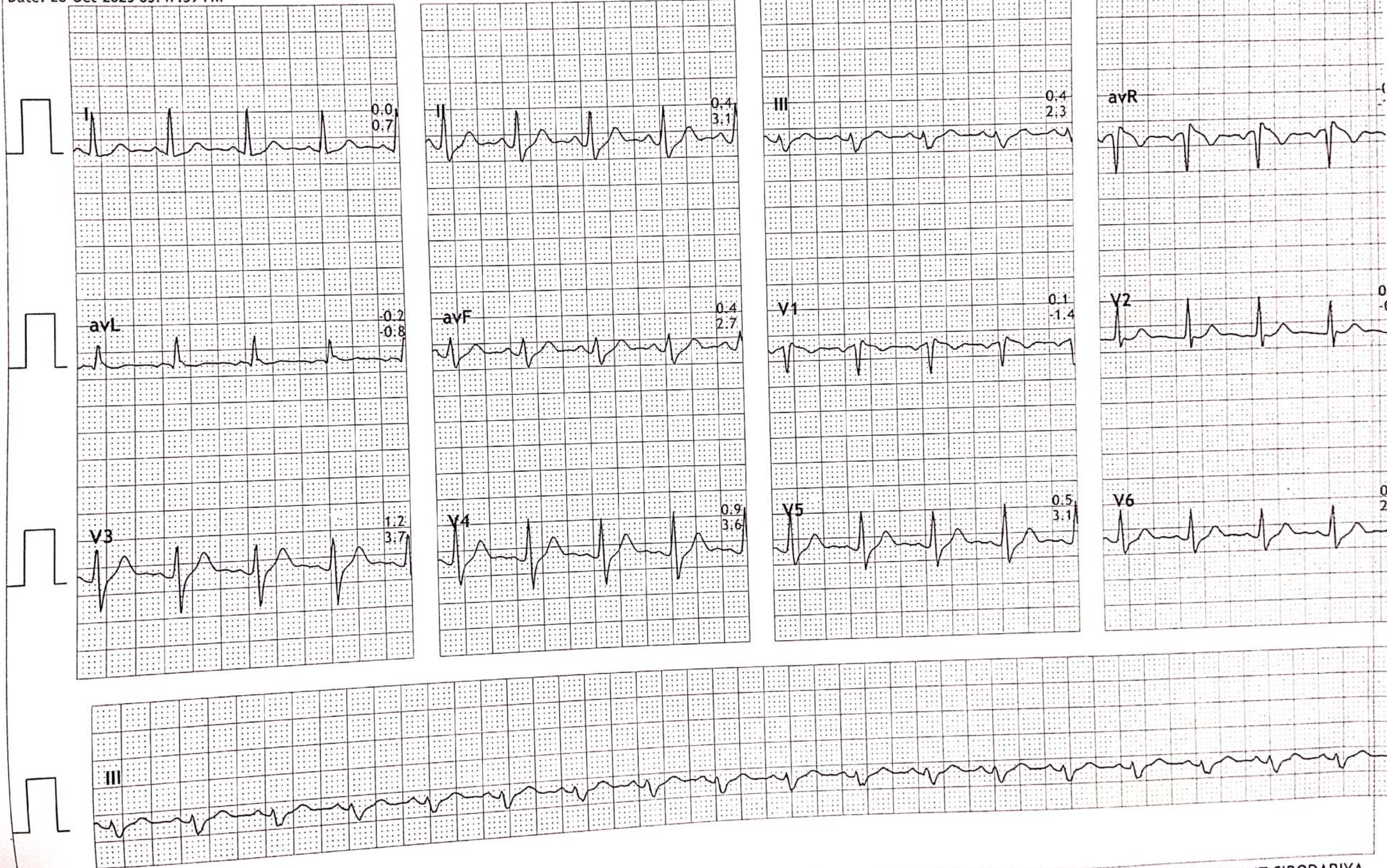
BLC :On

Notch :On

Recovery(3:00)

10.0 mm/mV

25 mm/Sec.



Print Date: 28-Oct-2023

DR MAULIK HANSALIA/DR NISHANT SIRODARIYA



TEST REPORT

Name	: Bharatbhusan Hivre	Reg. No	: 310101631
Age/Sex	: 37 Years / Male	Reg. Date	: 28-Oct-2023 12:41 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 28-Oct-2023 12:41 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 28-Oct-2023 04:27 PM

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
RBC Parameters			
Hemoglobin (SLS method)	14.8	g/dL	13.0 - 18.0
Hematocrit (Electrical Impedance)	40.50	%	47 - 52
RBC Count (Electrical Impedance)	5.10	million/cmm	4.7 - 6.0
MCV (Calculated)	79.4	fL	78 - 110
MCH (Calculated)	29.0	Pg	27 - 31
MCHC (Calculated)	36.5	%	30 - 35
RDW (Calculated)	11.6	%	11.5 - 14.0
WBC Parameters			
WBC Count (Flowcytometry)	6050	/cmm	4000 - 10500
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	69 %	% Range 42.0 - 75.2	Abs. Value 4175 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	24 %	20 - 45	1452 /cmm 1000 - 3900
Eosinophils (%)	02 %	1 - 4	121 /cmm 0 - 450
Monocytes (%)	05 %	2 - 8	303 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm 20 - 100
Platelete Parameter			
Platelet Count	225000	/cmm	150000 - 450000
MPV	10.1	fL	7.4 - 10.4
P-LCR	25.40	%	11.9 - 66.9
PDW	11.5	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.23	%	0.2 - 0.5

DRJ

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Page 1 of 13

Dr. Viral Jethava

Dr. Viral R. Jethava

M.D. (Path, PDCC)



towards the healthiness...


TEST REPORT

Name	: Bharatbhusan Hivre	Reg. No	: 310101631
Age/Sex	: 37 Years / Male	Reg. Date	: 28-Oct-2023 12:41 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 28-Oct-2023 12:41 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 28-Oct-2023 04:27 PM

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"A"		
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.

towards the healthiness...

Dr. Viral Jethava

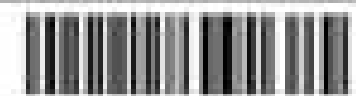
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Page 2 of 13

Dr. Viral R. Jethava

M.D. (Path, PDCC)





TEST REPORT

Name	: Bharatbhusan Hivre	Reg. No	: 310101631
Age/Sex	: 37 Years / Male	Reg. Date	: 28-Oct-2023 12:41 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 28-Oct-2023 12:41 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 28-Oct-2023 04:27 PM

Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate Sample, EDTA whole blood			
ESR (After 1 hour)	07	mm/hr	1 - 7

D.R.J.

This is an Electronically Authenticated Report.

Dr. Viral Jethava

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

towards the healthiness...





TEST REPORT

Name : Bharatbhusan Hivre	Reg. No : 310101631
Age/Sex : 37 Years / Male	Reg. Date : 28-Oct-2023 12:41 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 28-Oct-2023 12:42 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 28-Oct-2023 04:27 PM

FASTING PLASMA GLUCOSE
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	85.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic
Urine Glucose -F <small>Glucose Oxidase-Peroxidase</small>	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; 511.

towards the healthiness...

D.R.J.

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Page 4 of 13

Dr. Viral Jethava

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





TEST REPORT

Name	: Bharatbhusan Hivre	Reg. No	: 310101631
Age/Sex	: 37 Years / Male	Reg. Date	: 28-Oct-2023 12:41 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 28-Oct-2023 05:54 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 28-Oct-2023 06:54 PM

POST PRANDIAL PLASMA GLUCOSE
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <small>HEXOKINASE</small>	98.00	mg/dL	70 - 140
Urine Glucose- PP <small>Glucose Oxidase-Peroxidase</small>	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.

*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: 511.

towards the healthiness...

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Dr. Viral Jethava

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





TEST REPORT

Name : Bharatbhusan Hivre	Reg. No : 310101631
Age/Sex : 37 Years / Male	Reg. Date : 28-Oct-2023 12:41 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 28-Oct-2023 12:41 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 28-Oct-2023 04:27 PM

LIPID PROFILE
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	157.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	108.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	54.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <i>Siemens ALDL</i>	81.40	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>	21.60	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.51		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.91		0 - 5.0

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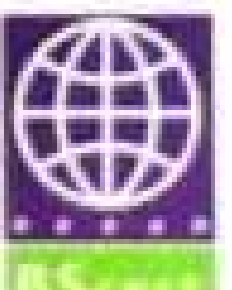
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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.78	mg/dL	0.7 - 1.3
eGFR	101.67	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
Urea <small>Calculated</small>	18.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small>	8.41	mg/dL	7.0 - 18.0
Uric Acid <small>Uricase</small>	4.20	mg/dL	3.5 - 7.2
Sodium <small>Direct ion selective electrode</small>	139.2	mmol/L	137 - 145
Potassium <small>Direct ion selective electrode</small>	4.21	mmol/L	3.5 - 5.1
Chloride <small>Direct ion selective electrode</small>	104.2	mmol/L	98 - 107
Calcium <small>Cresolphthalein Complexone</small>	9.20	mg/dL	8.5 - 10.1

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Parameter	Result	Unit	Biological Ref. Interval
GGT <small>Siemens/37C</small>	75.00	U/L	15 - 85

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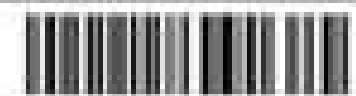
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HEMOGLOBIN A1 C (HBA1C)
Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	4.98	%	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>	96.23	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 A1 c 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>	4.210	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>	1.20	ng/mL	0.6 - 1.81
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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.

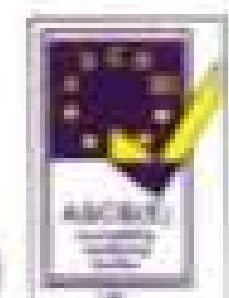

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Thyroxine (T4) 10.24 µg/dL 4.5 - 12.6
CLIA

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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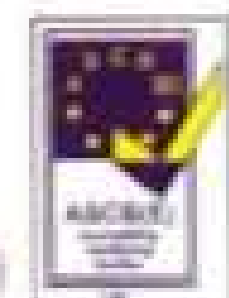
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Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 28-Oct-2023 04:27 PM

URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
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PHYSICAL EXAMINATION

Quantity	40 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.5		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)	1 - 3/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	3 - 4/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.30	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.15	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	3.15	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.32		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	33.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	21.00	U/L	16 - 63
Alakaline Phosphatase <i>Siemens/37C</i>	106.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.39	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.14	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid diazo-calf-benz</i>	0.25	mg/dL	0.0 - 1.1

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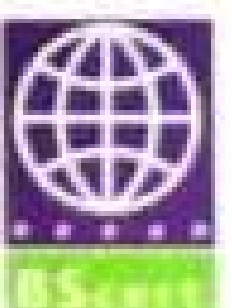
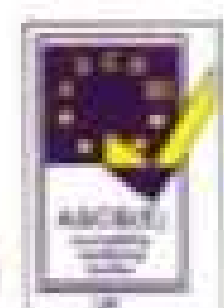
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Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 30-Oct-2023 12:35 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 30-Oct-2023 12:49 PM

STOOL EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Colour	Yellow		
Consistency	Solid		
CHEMICAL EXAMINATION			
Occult Blood <small>Peroxidase Reaction with o-Dianisidine</small>	Negative		
Reaction <small>pH Strip Method</small>	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 occasional 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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