


TEST REPORT

Reg. No : 2409100173	UHID : UHID26714	Reg. Date : 07-Sep-2024
Name : AMI R HINGLOKWALA		Collected On : 07-Sep-2024 10:49
Age/Sex : 32 Years / Female		Report Date : 07-Sep-2024
Ref. By : MEDIWHEEL		

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (SLS method)	12.0	g/dL	12.0 - 15.0
Hematocrit (Electrical Impedance)	36.1	%	40 - 54
RBC Count (Electrical Impedance)	4.28	million/cmm	3.8 - 4.8
WBC Count (Flowcytometry)	7220	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	330000	/cmm	150000 - 410000
MCV (Calculated)	84.3	fL	83 - 101
MCH (Calculated)	28.0	Pg	27 - 32
MCHC (Calculated)	33.2	%	31.5 - 34.5
RDW (Calculated)	12.6	%	11.5 - 14.5

DIFFERENTIAL WBC COUNT

Neutrophils (%)	59	%	38 - 70
Lymphocytes (%)	33	%	20 - 45
Monocytes (%)	06	%	2 - 8
Eosinophils (%)	02	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	4260	/cmm	1800 - 7700
Lymphocytes (Absolute)	2383	/cmm	1000 - 3900
Monocytes (Absolute)	433	/cmm	200 - 800
Eosinophils (Absolute)	144	/cmm	20 - 500
Basophils (Absolute)	0	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	1.76	/cmm	0.7 - 4.0

PERIPHERAL SMEAR EXAMINATION

RBC Morphology	RBCs are Normochromic Normocytic.
WBC Morphology	Total WBC and differential count is within normal.
Platelets	Platelets are adequate with normal morphology.
Parasites	Malarial parasite is not detected.

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	15	mm/hr	0 - 21
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End Of Report -----

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Approved by: Dr. Yesha H. Shah
(MD.Pathology)

 Mr. Akshay Parmar
M.Sc(Biochemistry)

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DHS Properties and Hospitals LLP | CIN : AAA-7816



DHS

MULTI SPECIALTY HOSPITAL

WHERE CARE MEETS COMFORT



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Parameter	Result	Unit	Reference Interval
FBS			
Fasting Blood Sugar (FBS) Glucose Oxidase-Peroxidase	97.6	mg/dL	70 - 110
PPBS			
Post Prandial Blood Sugar (PPBS) Glucose Oxidase-Peroxidase	124.3	mg/dL	110 - 140

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HEMOGLOBIN A1C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>HPLC, NGSP Certified</i>	5.3	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
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Mean Blood Glucose <i>Calculated</i>	105.41	mg/dL	
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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 glucosedissolved 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.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:

- HbA1C, also known as glycated heamoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 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).

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LIVER FUNCTION TEST

SGPT <i>Optimized UV-IFCC</i>	39.0	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	34.3	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.97	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.34	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.63	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	59.3	U/L	53 - 128
Total Protein	6.95	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.68	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.27	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.62		0.8 - 2.0
GGT	45.3	U/L	1 - 55
HBsAg <i>Immunochromatography</i>	Non - Reactive		

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RENAL FUNCTION TEST			
Creatinine <i>Enzymatic ,IDMS Traceable</i>	0.66	mg/dL	0.6 - 1.1
Urea <i>Urease-GLDH, enzymatic UV</i>	25.1	mg/dL	13.0 - 40.0
BUN <i>Calculated</i>	11.73	mg/dL	7 - 23
Uric Acid <i>Enzymatic using TBHBA</i>	4.9	mg/dL	2.6 - 6.2
Sodium <i>Direct ISE</i>	138.3	mmol/L	137 - 145
Potassium <i>Direct ISE</i>	4.52	mmol/L	3.6 - 5.0
Chloride <i>Direct ISE</i>	95.3	mmol/L	94 - 110
Ionized Calcium <i>Direct ISE</i>	4.89	mg/dL	4.4 - 5.4

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LIPID PROFILE

Cholesterol <i>CHOD-PAP method</i>	129	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	99.7	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	19.94	mg/dL	15 - 35
LDL CHOLESTEROL	64.36	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Magnetic Cholesterol Oxidase</i>	44.7	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	2.89		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	1.44		0 - 3.5
Total Lipids <i>Calculated</i>	417.40		400 - 1000

- Pre-analytical requirements for given tests are -Fasting status anywhere between 10-12 hours before collection. Avoid alcohol beverages before lipid panel - minimum 24 hrs.
- Lipid profile results can be erroneous if pre-analytical requirements are not met properly.
- Any medical decision based on test results is to be taken with 2 or more consecutive results suggesting pattern.
- Please note that any lipid lowering drug may interfere in results estimation.
- Sudden commencement or sudden withdrawal of Lipid lowering drug will interfere with test result.

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THYROID FUNCTION TEST

T3 (Triiodothyronine) CMIA	1.36	ng/mL	0.6 - 1.81
T4 (Thyroxine) CMIA	4.85	µg/dL	4.5 - 12.5
TSH ELFA-Enzyme Linked Fluorescent Assay	1.030	µIU/ml	0.35 - 4.94

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL

Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition.

Philadelphia: WB Saunders, 2012:2170

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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity 10 cc
Colour Pale Yellow
Clarity Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

pH 7.0 4.6 - 8.0
Sp. Gravity 1.015 1.002 - 1.03
Protein Nil
Glucose Nil
Ketone Bodies Nil
Urobilinogen Nil
Bilirubin Nil
Nitrite Nil
Leucocytes Nil
Blood Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells) 1 - 5/hpf
Erythrocytes (Red Cells) Nil
Epithelial Cells 1-2/hpf
Amorphous Material Nil
Casts Nil
Crystals Nil
Bacteria Nil
Yeast Nil
T. Vaginalis Nil
Spermatozoa Nil

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Mr. Akshay Parmar
M.Sc(Biochemistry)

Name: AMI HINGLOKWALA

Sex: Female

Clinic No.:

Age: 32Y

Bed No.:

SN: 0000943

Section:

Date: 07/09/2024 11:28:13

Case No.:

bpm

ms

62

964

63

944

62

960

65

910

65

912

64

936

63

952

62

964

64

936

63

964

Frequency:

1000 Hz

142 ms

PR Interval:

Sample Time:

13 s

414 ms

QT Interval:

425 ms

QTc Interval:

40.70°

P Interval:

68 ms

P Axis:

38.55°

QRS Interval:

88 ms

QRS Axis:

57.82°

T Interval:

200 ms

T Axis:

40.70°

Phy Sign:

PA 0.97mV

RA -0.03mV

SA 0.46mV

TA 0.01mV

EA 0.17mV

QA 0.08mV

SA 0.64mV

TA 0.95mV

STM -

TA 0.20mV

PA 0.02mV

RA -0.04mV

SA 0.49mV

TA 0.02mV

EA 0.01mV

QA 0.05mV

SA 0.72mV

TA 0.19mV

STM -

TA 0.03mV

PA 0.04mV

RA -0.03mV

SA 0.01mV

TA 0.07mV

EA 0.05mV

QA 0.05mV

SA 0.73mV

TA -

STM -

TA 0.13mV

PA 0.04mV

RA -0.27mV

SA -0.89mV

TA 0.03mV

EA 0.07mV

QA 0.09mV

SA 0.39mV

TA -0.77mV

STM 0.06mV

TA 0.23mV

PA 0.10mV

RA 0.34mV

SA 0.56mV

TA 0.08mV

EA 0.42mV

QA 0.09mV

SA 1.15mV

TA -0.31mV

STM 0.05mV

0.35mV

25mm/s 10mm/mV

00:00



Signature of Dr. A. Hinglokwala

Prompt: Total Beats 12, Normal Beats 12, SVE 0, VE 0, Normal Heart Rate (HR between 60 and 100 bpm), Normal cardiac electric axis (QRS axis between 30 degree and 90 degree).

PATIENT NAME

MRS. AMI HINGLOKWALA

AGE / SEX

32 YRS/FEMALE

REF. DOCTOR

DR. DHS DOCTOR TEAM

DATE

07/09/2024

2D ECHO CARDIOGRAPHY REPORT**Observation:**

1. Normal LV size with Normal LV systolic function. LVEF: 65%.
2. No RWMA at rest.
3. Normal LV compliance.
4. Normal sized LA, RA and RV. Normal RV function.
5. All valves are normal in structure.
6. IAS and IVS are intact.
7. No PAH. RVSP = 22 mmHg.
8. No clot/ vegetation / pericardial effusion.
9. Doppler: Trivial MR, Trivial TR, No AR, No PR.
10. IVC is normal in size and well collapse on inspiration.

Conclusion:

Normal LV systolic function.

No RWMA.

No PAH.

Measurements :

LVIDD	43.0 mm	AO	26.0mm
LVIDS	26.0 mm	LA	30.0mm
LVEF	65%		
IVSD/LVPWD	0.8.0mm/0.8.0mm		

DOPPLER STUDY:

Valves	velocity	Max gradient	Mean gradient	Area	Regurgitation
Aortic	1.2	5.8			No AR
Mitral	E:0.4 A: 0.6				Trivial MR
Pulmonary	0.8	3.8			No PR
Tricuspid	0.5	1.1			Trivial TR



DR. ARCHIT PARIKH
G - 30352
M. D. (General Medicine)
DHS MULTI-SPECIALTY HOSPITAL

AMI HINGLOKWALA
33 Y/F
HEALTH CHECK UP
07/09/2024

U.S.G. OF ABDOMEN AND PELVIS

Liver: appears mild enlarged in size (16.2 cm) & shows **grade 1 fatty changes**. No focal lesion is seen. No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

Gall bladder: is moderately distended & appears normal. No calculus, sludge or mass is seen. Gall bladder wall thickness appears normal.

Pancreas: appears normal in size & echopattern. No focal lesion is seen.

Spleen: appears normal in size and shows normal echotexture. No focal lesion is seen.

Both Kidneys appear normal in size, position and echopattern.

C-M differentiation is well preserved on either side.

No calculus or hydronephrosis on either side.

Cortical thickness appears normal on both sides.

No focal lesion is seen on either side.

Urinary bladder is moderately distended & appears normal. No calculus, internal echoes or mass is seen. Urinary bladder wall thickness appears normal.

Uterus appears normal in size & echopattern. No focal lesion is seen
No adnexal mass is seen on either side.

Para-aortic region appears normal. No abdominal lymphadenopathy is seen.

Bowel loops appear normal in caliber & show normal peristalsis.

No abnormal dilatation of bowel loops or wall thickening is seen.

No fluid collection or lump formation is seen in RIF. No ascites is seen.

IMPRESSION:

Mild hepatomegaly with grade 1 fatty changes

Clinical correlation suggested. Thanks for reference.


DR. BHADRESH CHUDASAMA
MD RADIOLOGY

