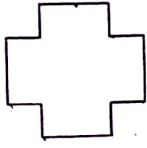


26/08/23

mediwheel



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 : Sami's Hasmukhlal madhani
identity proof : Adhar
identity proof no : 2071
gender : male
height : 170
weight : 109
BP : 114/70
pulse : 68/min Regular
blood sample : YES
fasting mode : YES
non fasting mode : YES

past history : cigarette - 1/week since - 170

dental : Healthy

Gynaec : -

General : Healthy

Dr. C. P. DADHANIYA

M.B.B.S., C.I.B.

Regd. No. G19798

PANCHMUKHI HOSPITAL,

MAVADI CHOKADI

150' RING ROAD, RAJKOT



NAME: Samir H. Madhani
AGE/GENDER: Male / 37

DIAG. DATE: 26/08/23

PATIENT'S REFRACTION DETAILS

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

REMARKS :

CHECKED BY: Dr. C.P. Dadhaniya



Dr. C. P. DADHANIYA
M.B.B.S. C.I.H
Regd. No. G19798
PANCHMUKHI HOSPITAL
MAVADI CHOKADI.
150' RING ROAD. RAJKOT

Fwd: Health Check up Booking Confirmed Request(bobS44284),Package Code-
PKG10000227, Beneficiary Code-41997

sweta majithiya <sweta.majithiya@gmail.com>

Fri 25-Aug-23 11:30 AM

To:RMC CHOWK BRANCH, RAJKOT <DHEBAR@bankofbaroda.com>

You don't often get email from sweta.majithiya@gmail.com. [Learn why this is important](#)

****सावधान:** यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लि
****CAUTION:** THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Wed, 16 Aug, 2023, 15:17

Subject: Health Check up Booking Confirmed Request(bobS44284),Package Code-PKG10000227,
Beneficiary Code-41997

To: <sweta.majithiya@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

[Email:wellness@mediwheel.in](mailto:wellness@mediwheel.in)

Dear Sameer ,

Please find the confirmation for following request.

Booking Date : 16-08-2023

Package Name : Medi-wheel Full Body Health Checkup Male Below 40

Name of
Diagnostic/Hospital : Panchmukhi Hospital

Address of
Diagnostic/Hospital : Poonam Society, Mavdi , Chokadi ,150 Ring Road, Oppo. BRT Bus
Stand - 360005

Contact Details : 9925333639

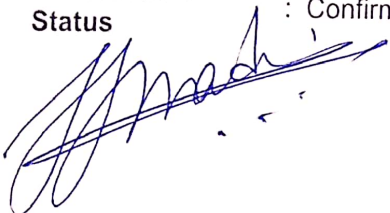
City : Rajkot

State : Gujarat

Pincode : 360005

Appointment Date : 26-08-2023

Confirmation
Status : Confirmed



Dr. C. P. DADHANIYA

M.B.B.S., C.I.H

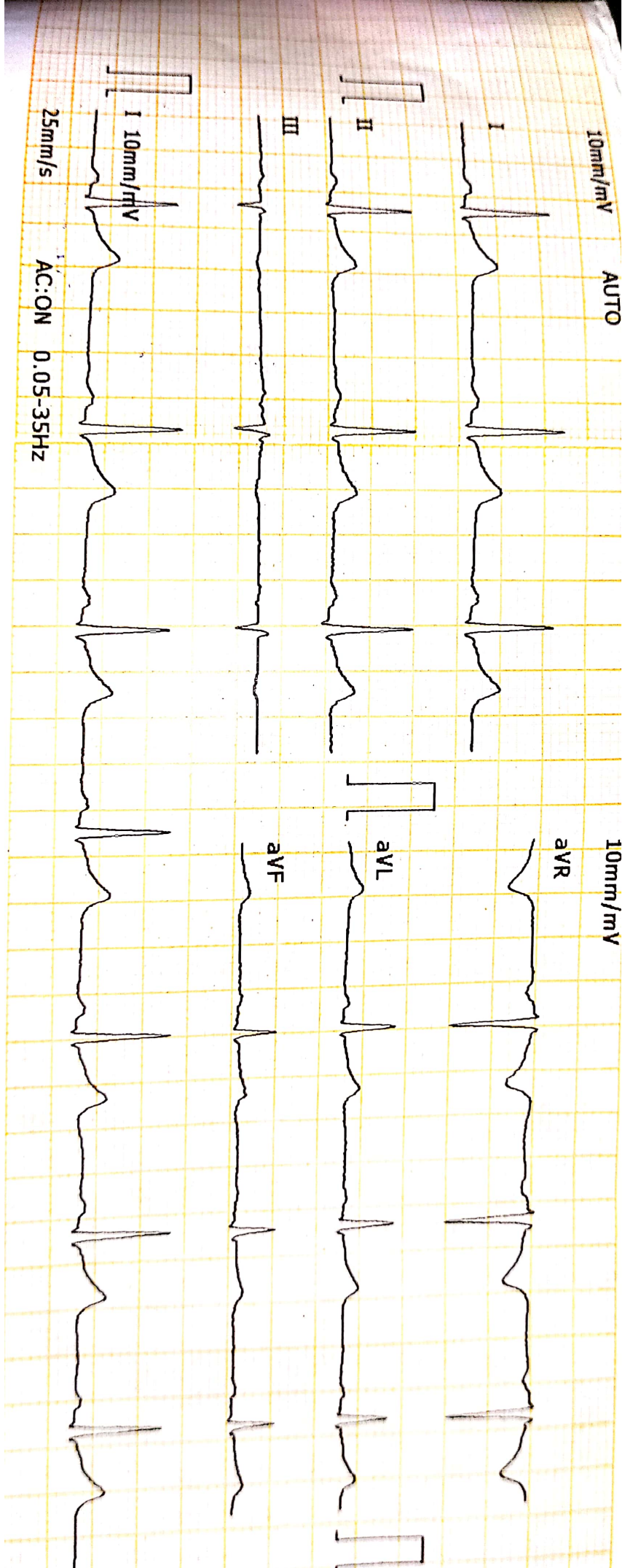
Regd. No. 19798

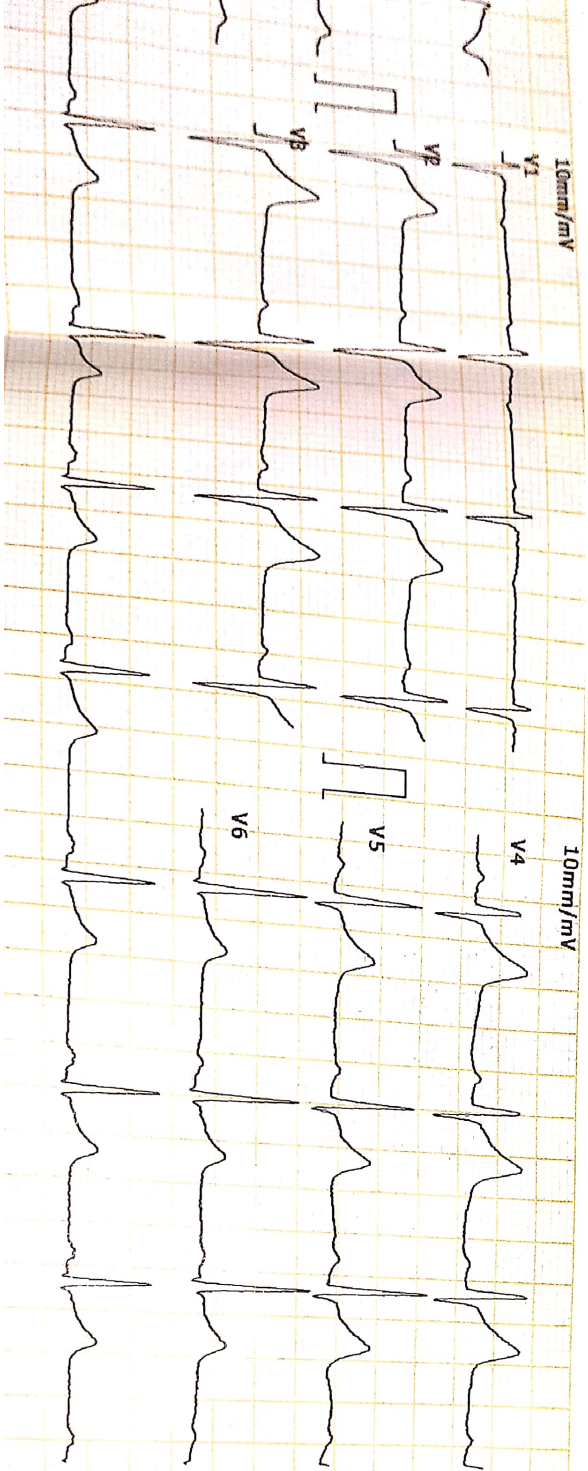
PANCHMUKHI HOSPITAL

MAVADI CHOKADI.

150' RING ROAD, RAJKOT.







2023-8-26 9:13:56

ID: 00003396

ID Card:

Name: Samin

Gender: male

Age: 87

Height(cm):

Weight(Kg): 1

BP(mmHg): 1

HR:

bpm 67

P-R:

ms 140

Q-R-S:

ms 106

QT/QTc:

ms 400/420

P/QRS/T AXES:

M: B: S: C: T: deg 49/15/36

RV5/SV1:

mV 1.07/0.61

RV5+SV1:

mV 1.68

Regd. No.:

619798

Report Confirmed by:

MAVADI CHAKKABARI
150 RING ROAD, RAJKOT

*The result must be confirmed by doctor

(Handwritten signature)
DR. C. B. BADDHANIYA



भारत सरकार
GOVERNMENT OF INDIA



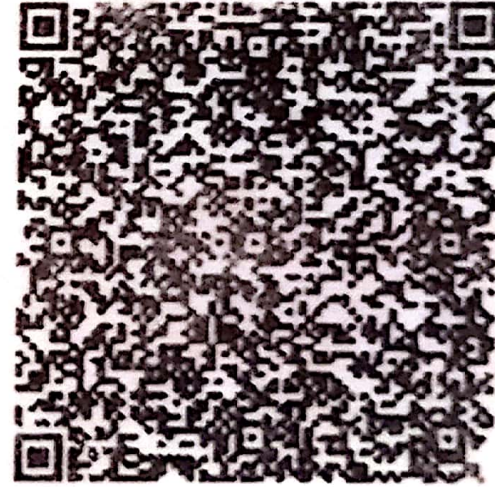
समीर हसमुजलाल मद्दलानी

Samir Hasmukhlal Madlani

जन्म तारीख/ DOB: 23/10/1985

पुरुष / MALE

7845 9347 2071



भारो आधार, भारी ओजण



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

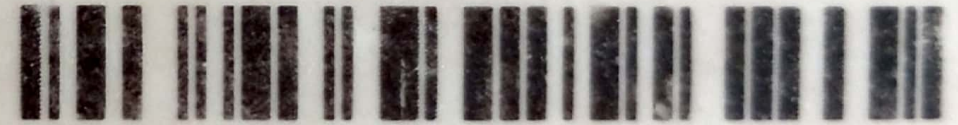
सरनामु :

पितानु/मातानु नामः
हसमुजलाल, मातृ छाया,
मीरानगर-2, ज.आर्.डी.सी
कोर्नर पास, टीपीअस शोरुम
स्ट्रीट, पोरबंदर, पोरबंदर,
गुजरात - 360577

Address

S/C: Hasmukhlal, matru
chhaya, miranagar 2, near
G.I.D.C corner, TVS
showroom street,
Porbandar, Porbandar,
Gujarat - 360577

7845 9347 2071



1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in

P.O Box No.1947,
Bengaluru-560 001



Pat.s' Name: SAMIR MADLANI

DATE: 26 August 2023

U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows bright 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:

- Grade II fatty changes in liver.

Thanks for reference.



DR PRATIK KAGATHARA
MD

Pt.'s Name: SAMIR MADLANI

Date: 26 August, 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.*

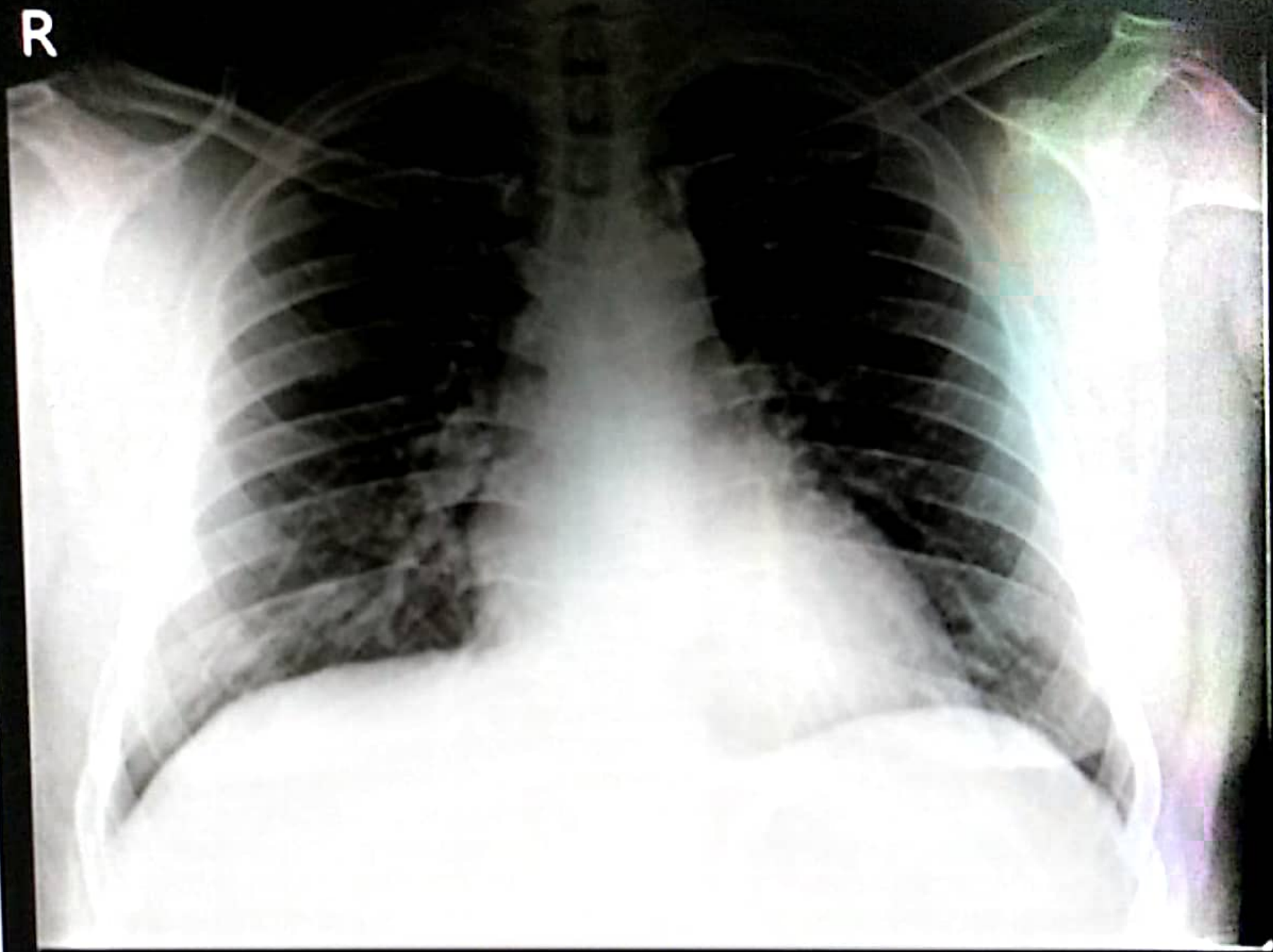
Thanks for reference.



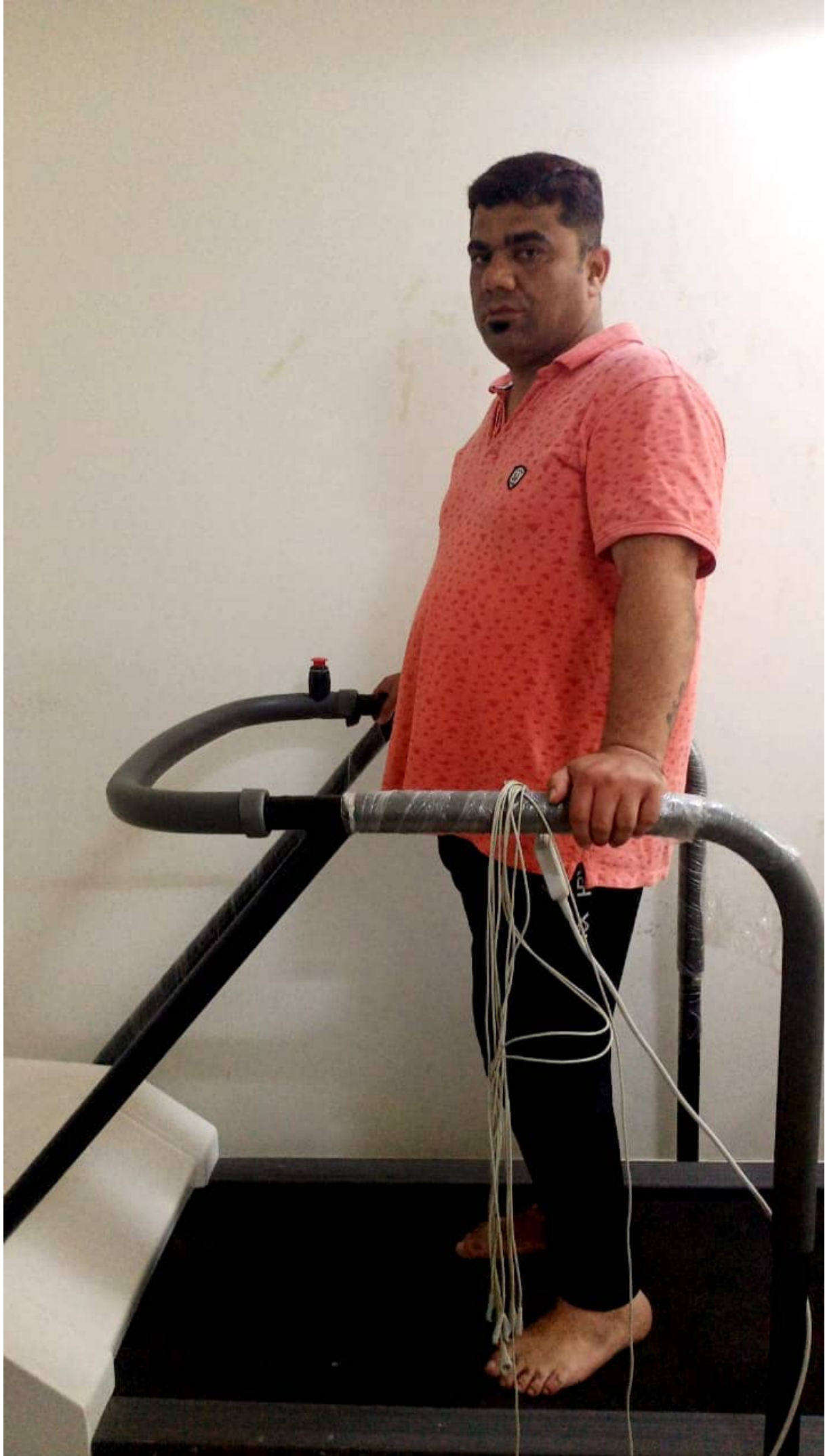
DR PRATIK KAGATHARA
MD

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

R



SAMIR MADLANI 37 Y/M CHEST PA 26-Aug-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)



Tread Mill Test

Patient Name	:	Samir Madlani	Age	:	37yrs/M
Ref. By	:	Dr. C.P.Dadhaniya	Resting BP	:	130/80
Report Date	:	26/08/2023	Max. BP	:	160/80

Patient Reaches exercise limit at 9.40 METS.

No signs of ischemia at the exercise level.

Adequate increase of HR & BP.

No significant Arrhythmia.

The stress test was terminated after 8:15 minutes as patient complained of Fatigue.
Patient achieved 87% THR without chest pain.

The recovery was uneventful.

Good 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.
Ph.. 0281-2483799

CURE CARDIOLOGY CLINIC

2nd floor, Kansagra Hospital, Astron Chowk, Sardarnagar main road, RAJKOT - 360 001. Ph. 0281-2483799, M. 93 13 12 19 87

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

273/SAMIR MADDANI 37 Yrs/Male 0 Kg/0 Cms

Date: 26-Aug-2023 11:31:25 AM

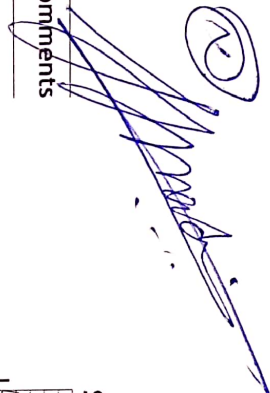
Ref. By : DR C.P.DADHANIYA

Medication :

Objective :

Summary

Protocol : BRUCE
 History :

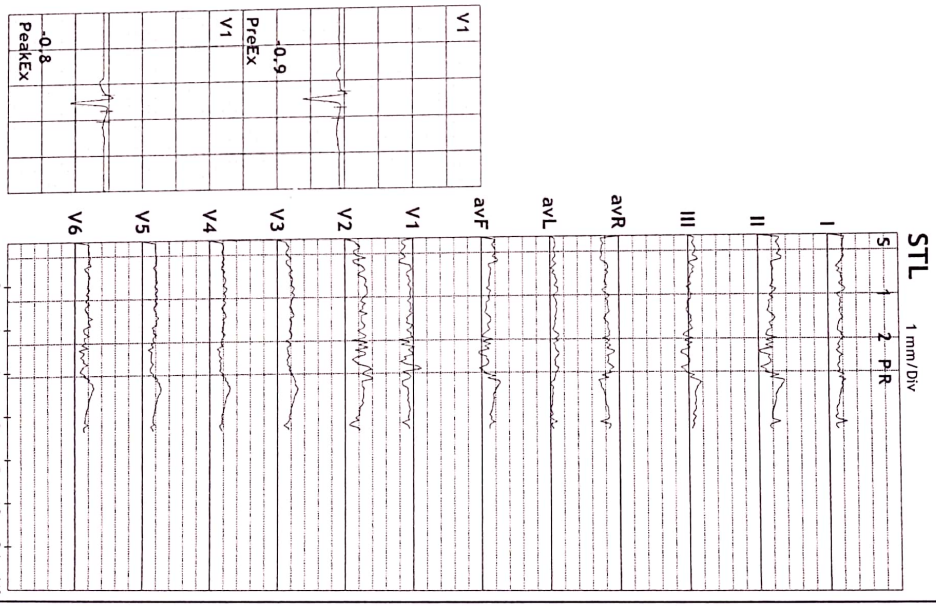



Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (kmph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine	0:01	0:52	0.0	0.0	1.0	83	130/80	107	-	
Standing	0:01	0:55	0.0	0.0	1.0	83	130/80	107	-	
HV	0:01	0:59	0.0	0.0	1.0	87	130/80	113	-	
ExStart	0:01	1:02	0.0	0.0	1.0	85	130/80	110	-	
Stage 1	3:00	3:00	2.7	10.0	4.6	120	140/80	168	-	
Stage 2	3:00	6:00	4.0	12.0	7.0	136	160/80	217	-	
PeakEx	2:13	8:14	5.5	14.0	9.4	159	160/80	254	-	
Recovery	1:00	8:16	0.0	0.0	1.2	128	160/80	204	-	
Recovery	2:00	8:16	0.0	0.0	1.0	115	160/80	184	-	
Recovery	3:00	8:16	0.0	0.0	1.0	109	150/80	163	-	
Recovery	4:00	8:16	0.0	0.0	1.0	105	140/80	147	-	

Findings :

Exercise Time : 8:15 minutes
 Max HR attained : 159 bpm 87% of Max Predictable HR 183
 Max BP : 160/80(mmHg)
 Workload attained : 9.4 (Good 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: 6:48
 Test Complete

Advice/Comments:



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
273 / SAMIR MADLANI
37 Yrs / Male
0 Kg / 0 Cm
Date: 26-Aug-2023 11:31:25 AM

HR: 83 bpm
METS: 1.0
BP: 130/80

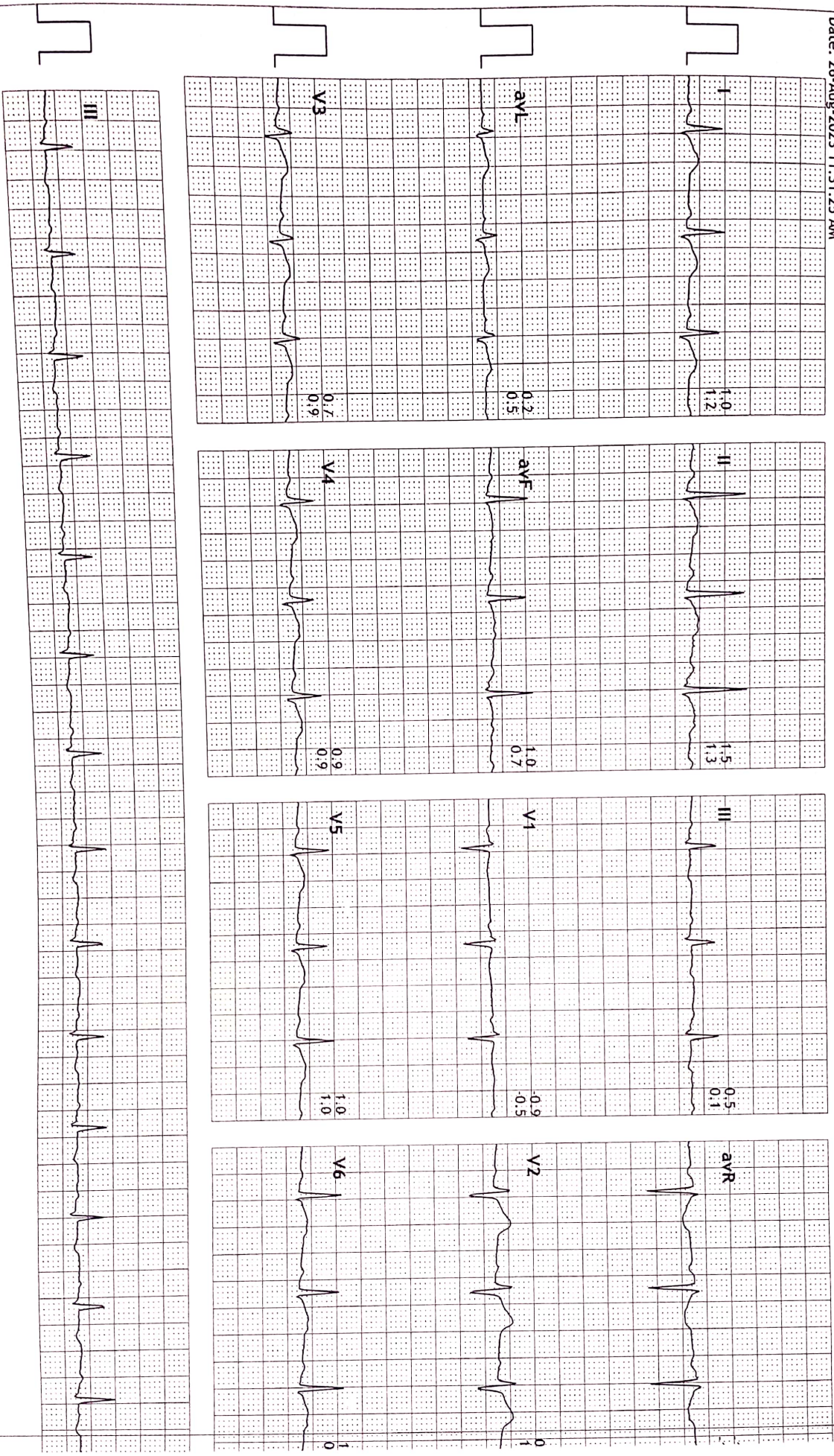
MpHR: 45% of 183
Speed: 0.0 kmph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:51
BLC : On
Notch : On

Supine
10.0 mm/mv
25 mm/Sec.

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
273 / SAMIR MADLANI
 37 Yrs / Male
 0 Kg / 0 Cm
 Date: 26-Aug-2023 11:31:25 AM

HR: 83 bpm
 METS: 1.0
 BP: 130/80

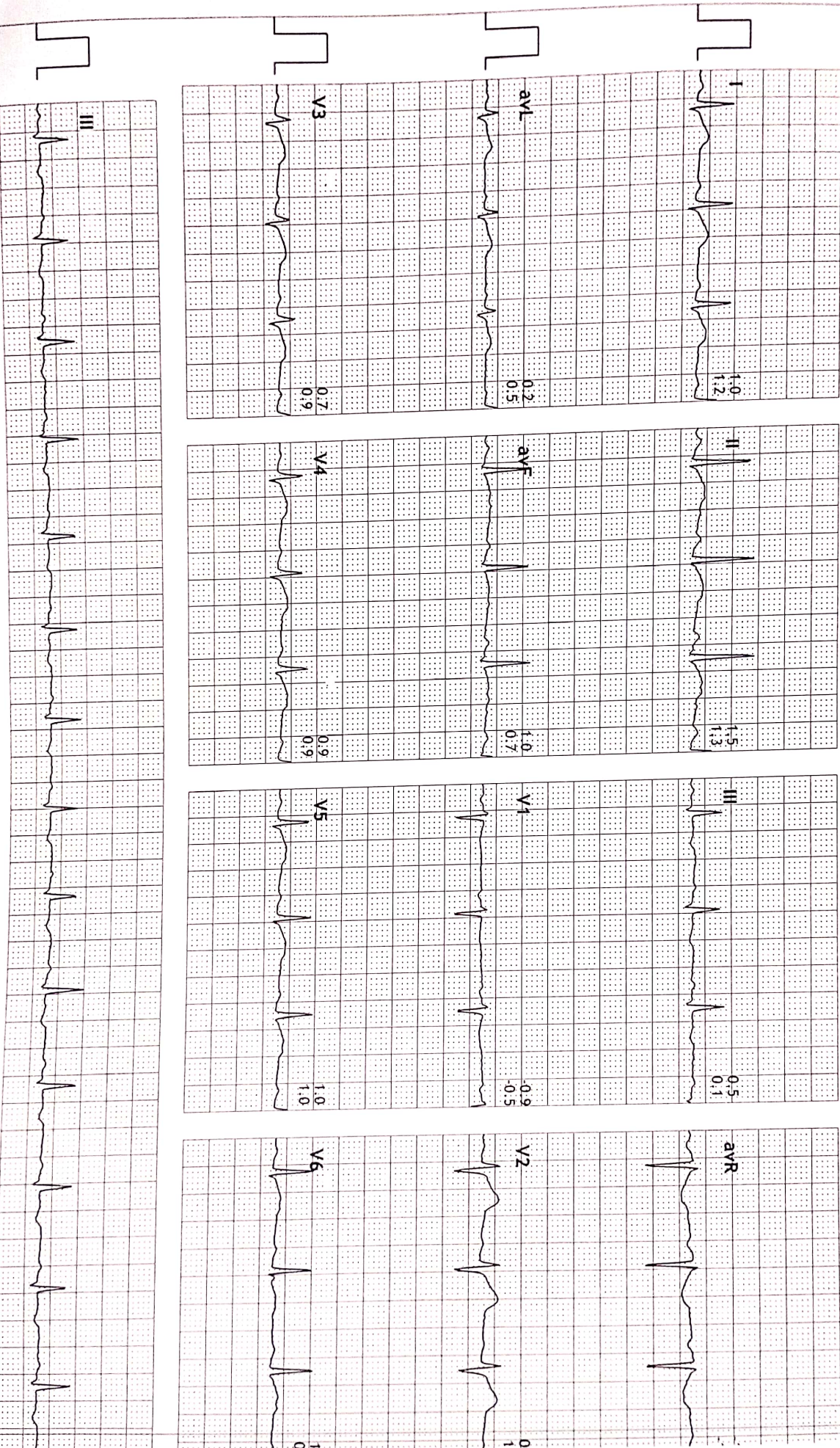
MpHR: 45% of 183
 Speed: 0.0 kmph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 00:54
 BLC : On
 Notch : On

Standing
 10.0 mm/mV
 25 mm/Sec.

3x4+1 Rhythm Lead



HR: 87 bpm
 METS: 1.0
 BP: 130/80

MPPHR: 47% of 183
 Speed: 0.0 kmph
 Grade: 0.0%

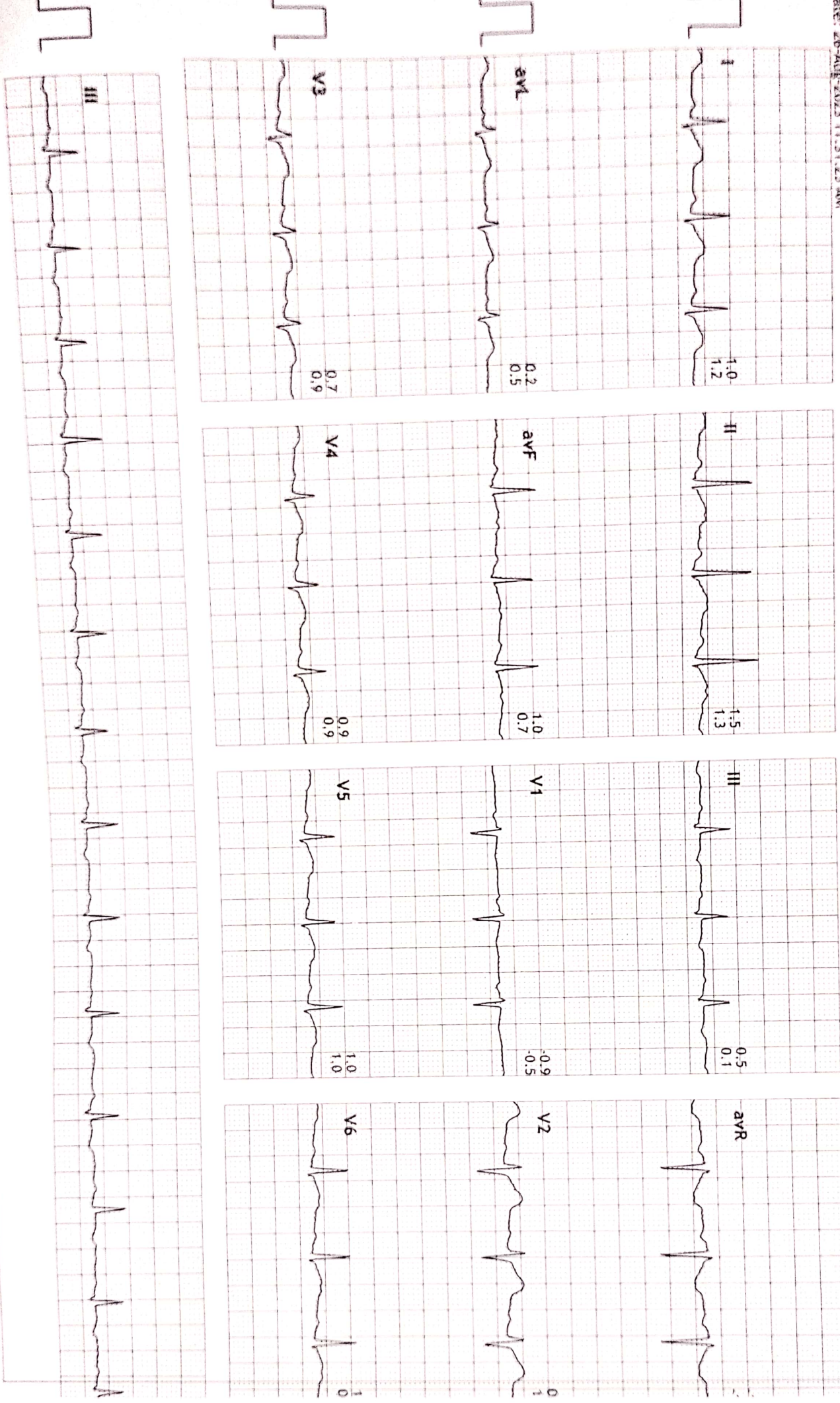
Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 00:58
 BLC : On
 Notch : On

HV
 10.0 mm/mV
 25 mm/Sec.



3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 273 / SAMIR MADLANI
 37 Yrs / Male
 0 Kg / 0 Cm
 Date: 26-Aug-2023 11:31:25 AM

HR: 85 bpm
 METS: 1.0
 BP: 130/80

MPHR: 46% of 183
 Speed: 0.0 kmph
 Grade: 0.0%

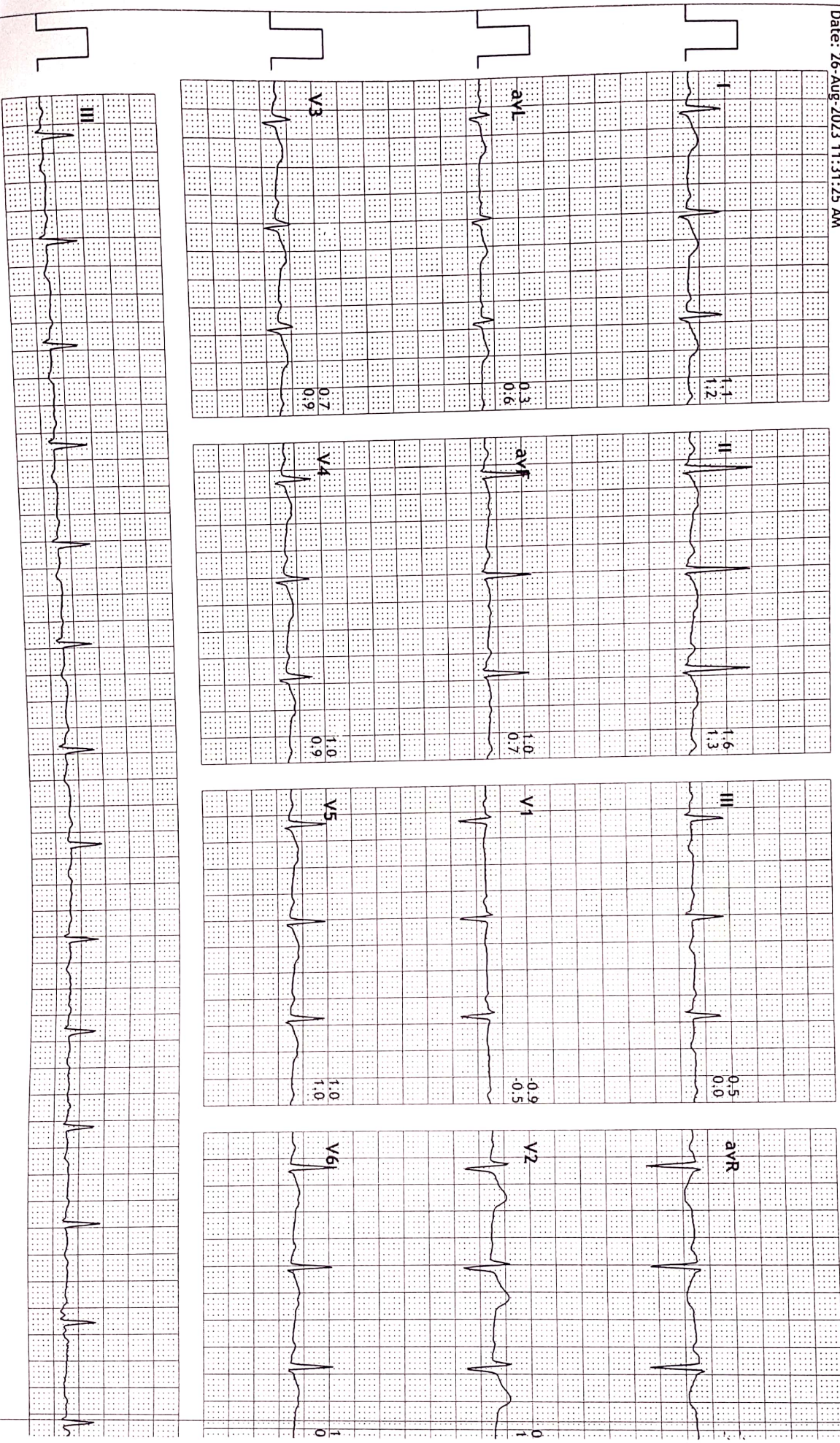
Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 01:01
 BLC : On
 Notch : On

ExStart
 10.0 mm/mV
 25 mm/Sec.



3x4+1 Rhythm Lead



HR: 120 bpm
 METS: 4.6
 BP: 140/80

MPHR: 65% of 183
 Speed: 2.7 kmph
 Grade: 10.0%

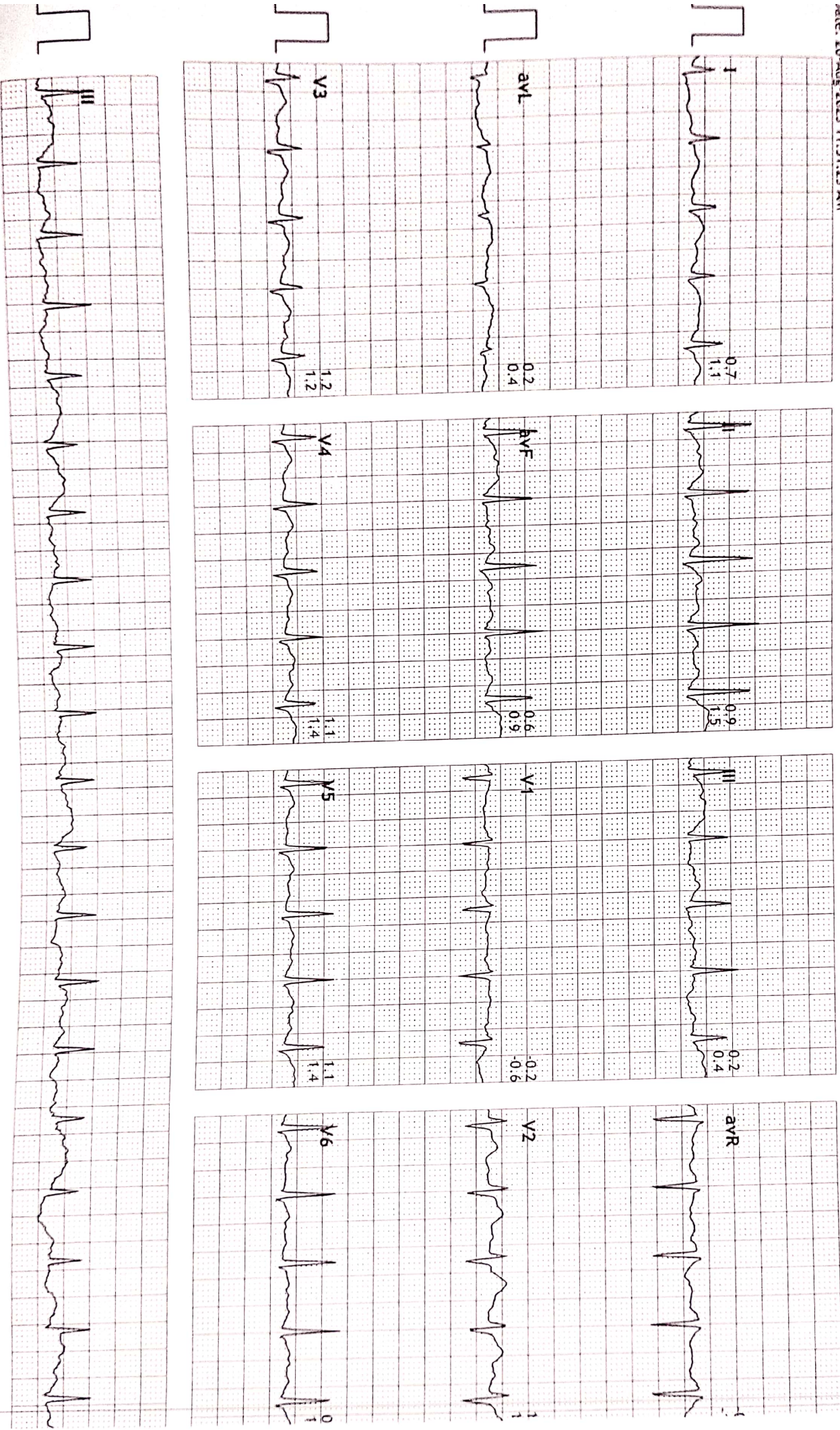
Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 02:59
 BLC : On
 Notch : On

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



3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 273 / SAMIR MADANI
 37 Yrs / Male
 70 Kg / 0 Cm
 Date: 26-Aug-2023 11:31:25 AM

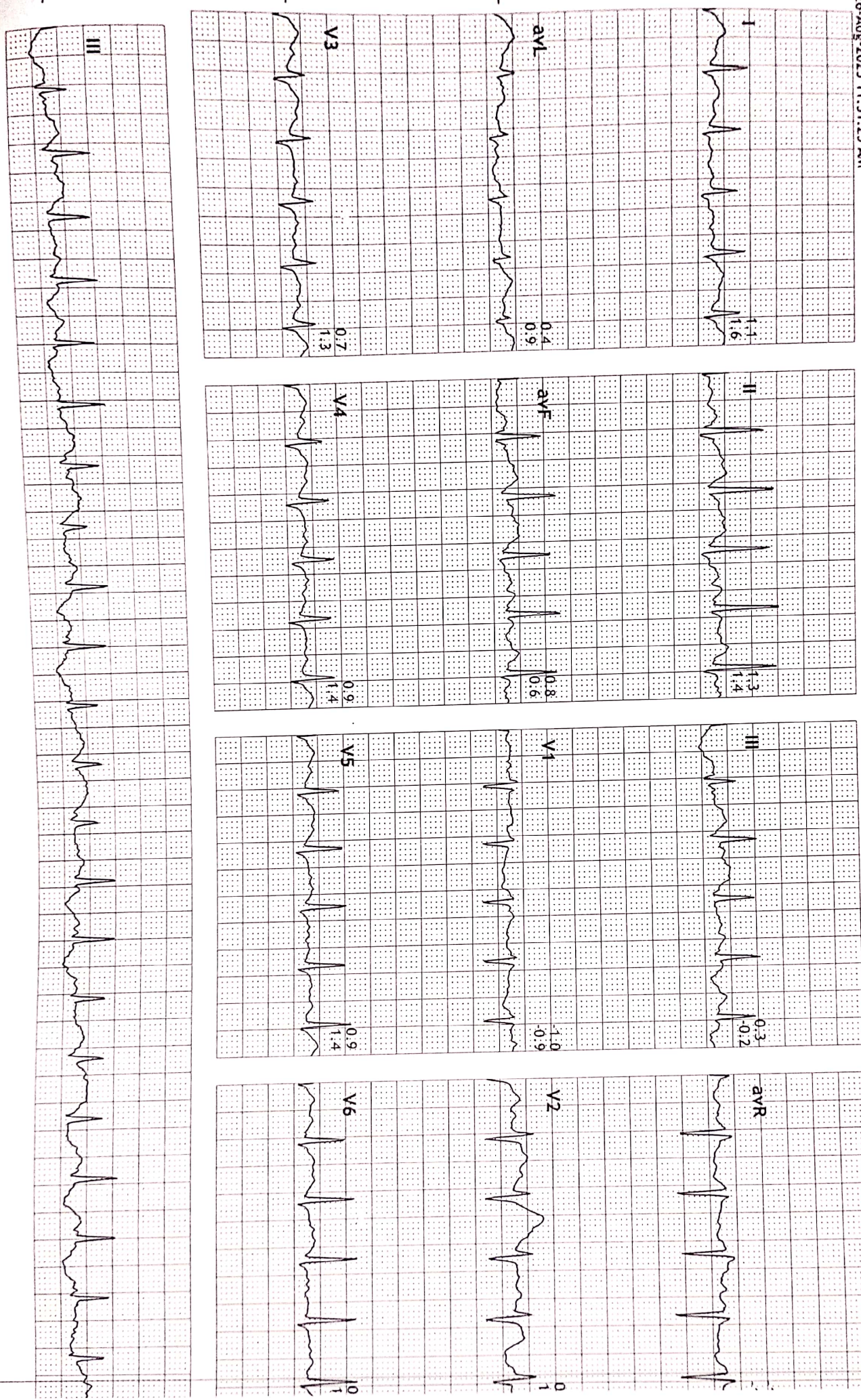
HR: 136 bpm
 METS: 7.0
 BP: 160/80

MPHR: 74% of 183
 Speed: 4.0 kmph
 Grade: 12.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

BRUCE: Stage 2
 10.0 mm/mV
 25 mm/Sec.

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
 2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 273 / SAMIR MADLANI
 37 YRS / Male
 0 Kg / 0 Cm
 Date: 26-Aug-2023 11:31:25 AM

HR: 159 bpm
 METS: 9.4
 BP: 160/80

MpHR: 86% of 183
 Speed: 5.5 kmph
 Grade: 14.0%

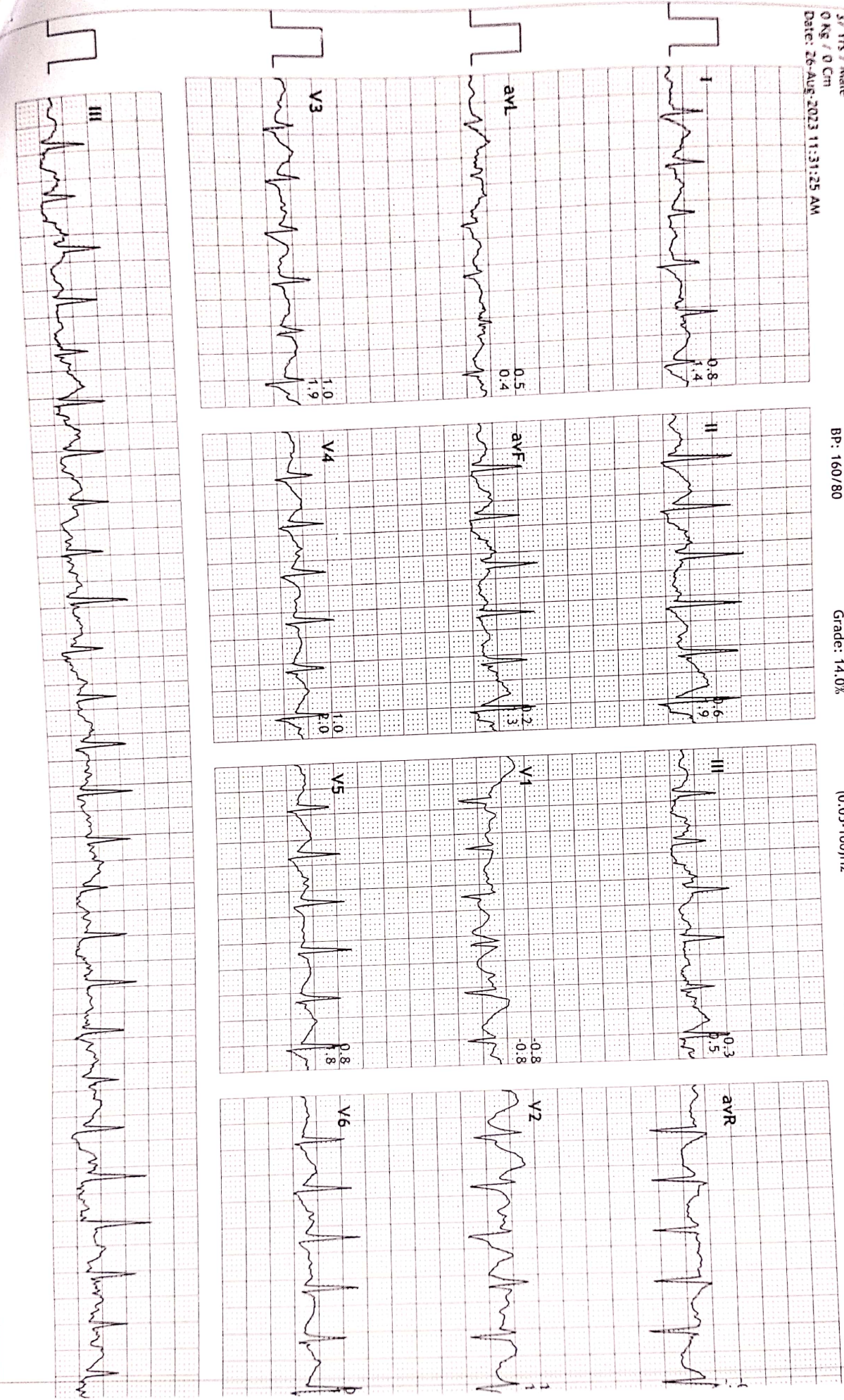
Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 08:13
 BLC : On
 Notch : On

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



3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
 273 / SAMIR MADLANI
 37 Yrs / Male
 0 Kg / 0 Cm
 Date: 26-Aug-2023 11:31:25 AM

HR: 128 bpm
 METS: 1.2
 BP: 160/80

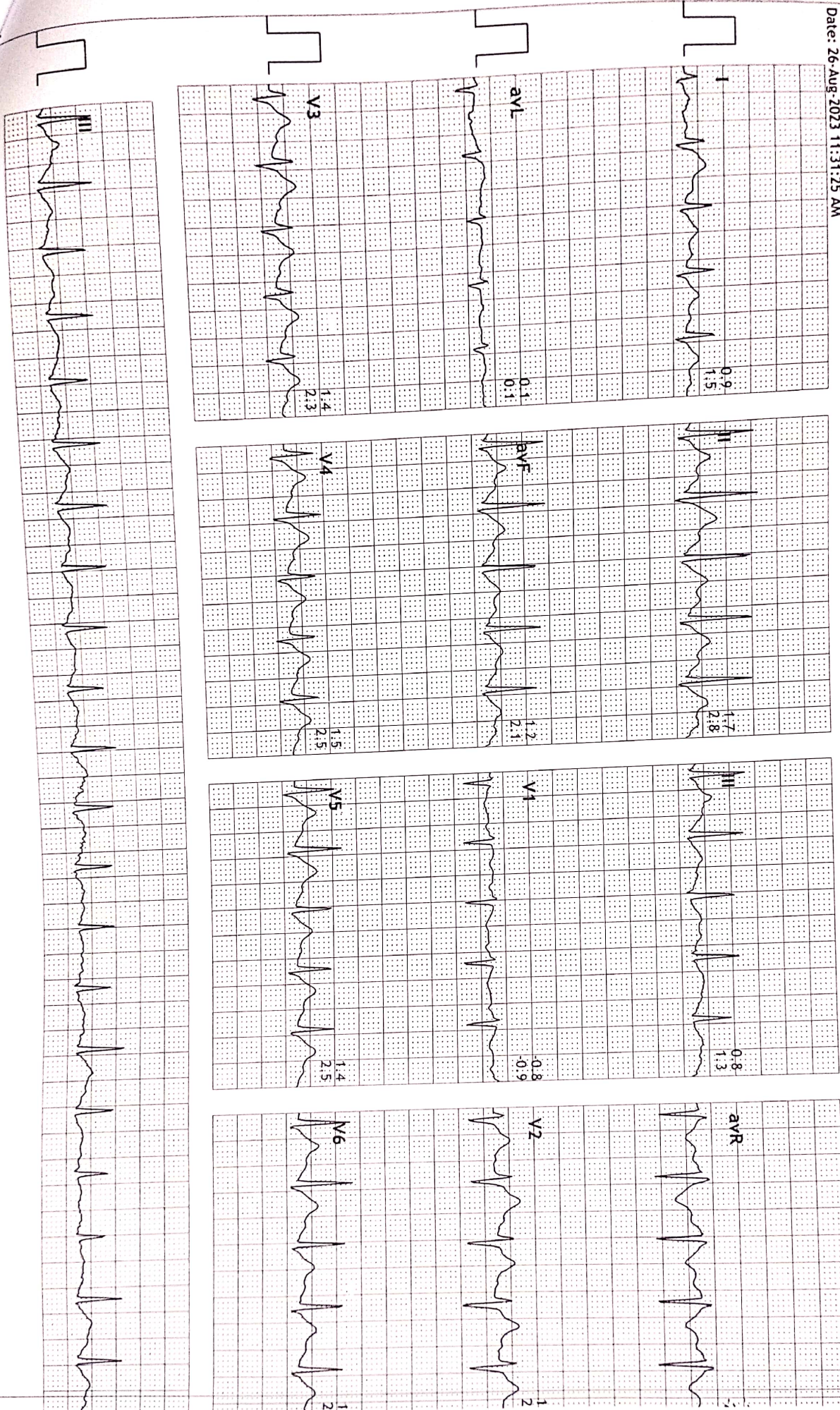
MpHR: 69% of 183
 Speed: 0.0 kmph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 08:15
 BLC : On
 Notch : On

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

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
273 / SAMIR MADDANI
37 Yrs / Male
0 Kg / 0 Cm
Date: 26-Aug-2023 11:31:25 AM

HR: 115 bpm
METS: 1.0
BP: 160/80

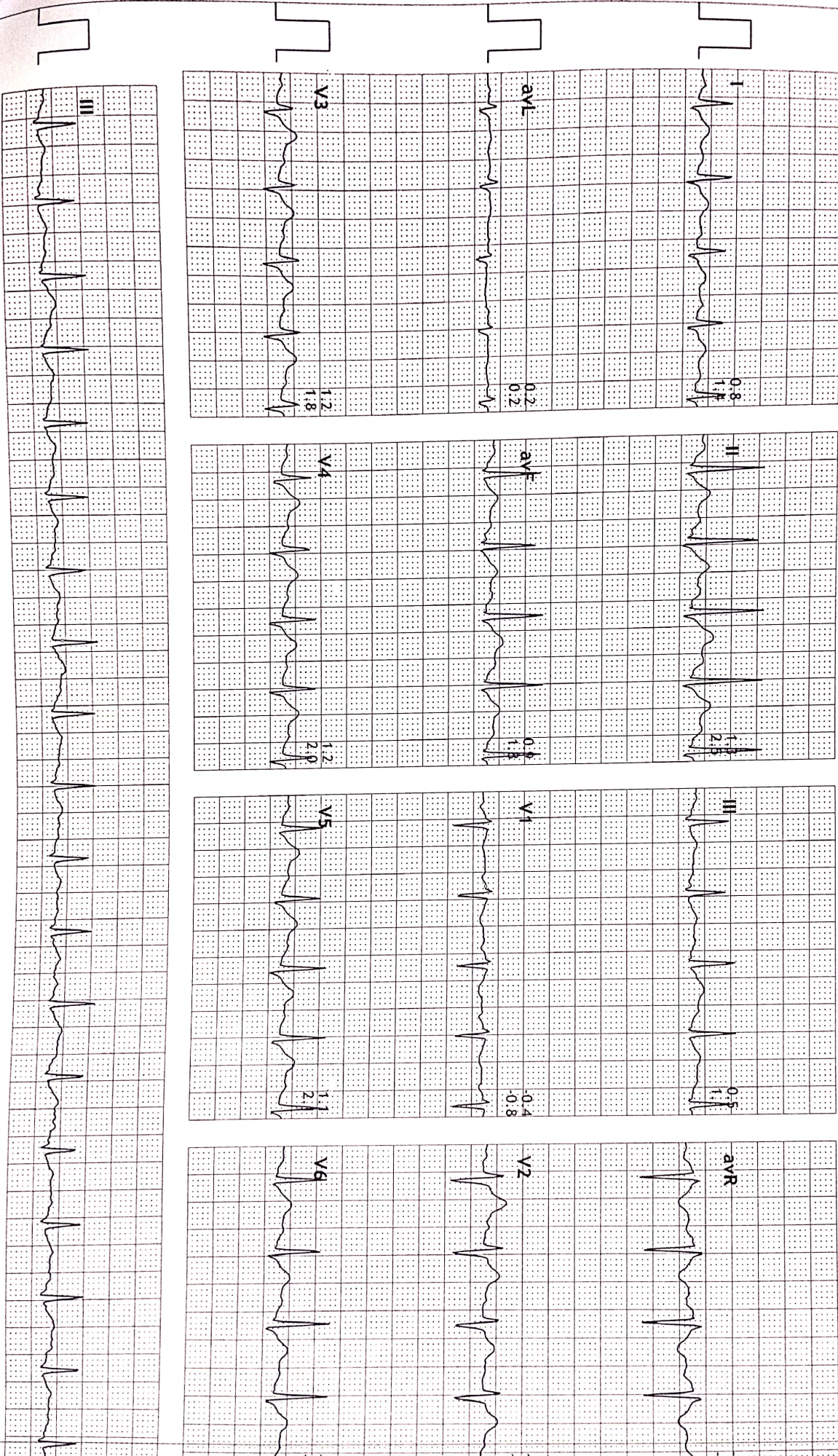
MPHR: 62% of 183
Speed: 0.0 kmph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 08:15
BLC : On
Notch : On

Recovery(2:00)
10.0 mm/mV
25 mm/Sec.

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

Z23 / SAMIR MAADLANI

37 Yrs / Male

0 Kg / 0 Cm

Date: 26-Aug-2023 11:31:25 AM

HR: 109 bpm
METTS: 1.0
BP: 150/80

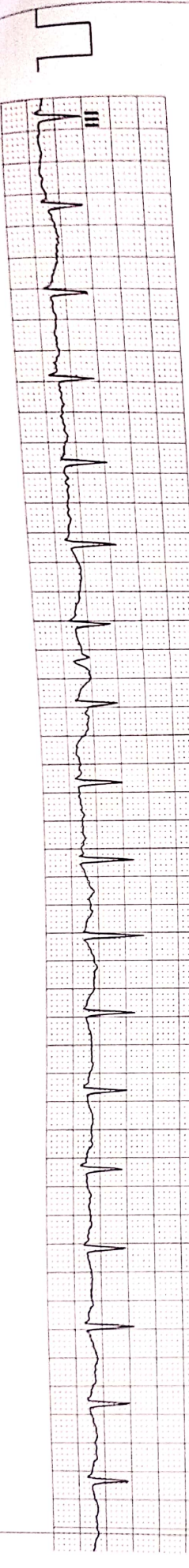
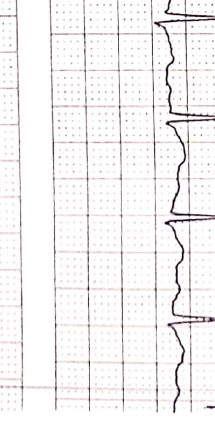
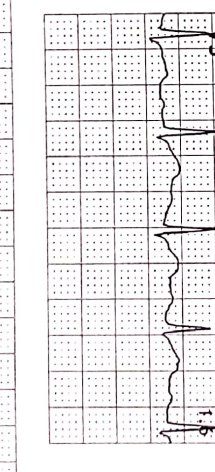
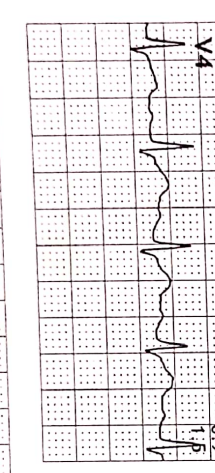
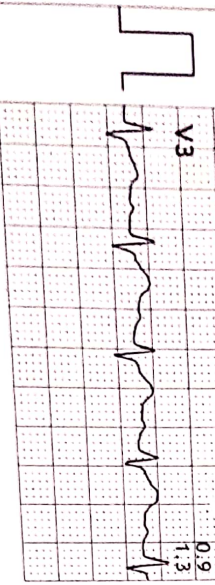
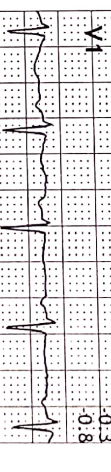
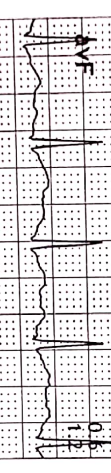
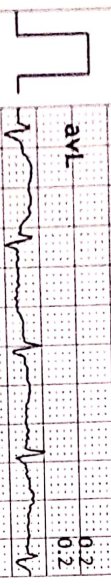
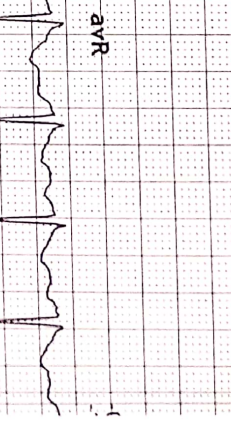
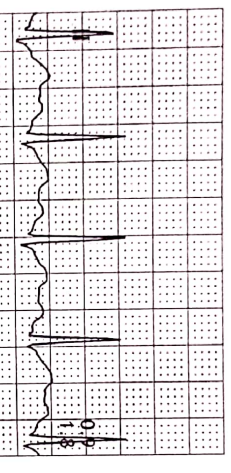
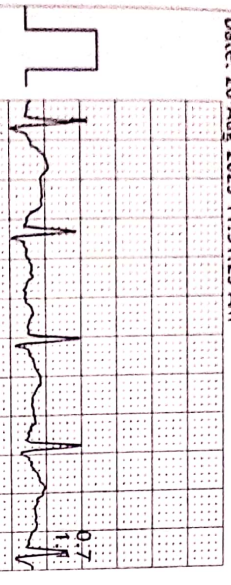
MPPHR: 59% of 183
Speed: 0.0 kmph
Grade: 0.0%

3x4+1 Rhythm Lead

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 08:15
BLC : On
Notch : On

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



CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
273 / SAMIR MADLANI
37 Yrs / Male
0 Kg / 0 Cm
Date: 26-Aug-2023 11:31:25 AM

HR: 105 bpm
METS: 1.0
Bp: 140/80

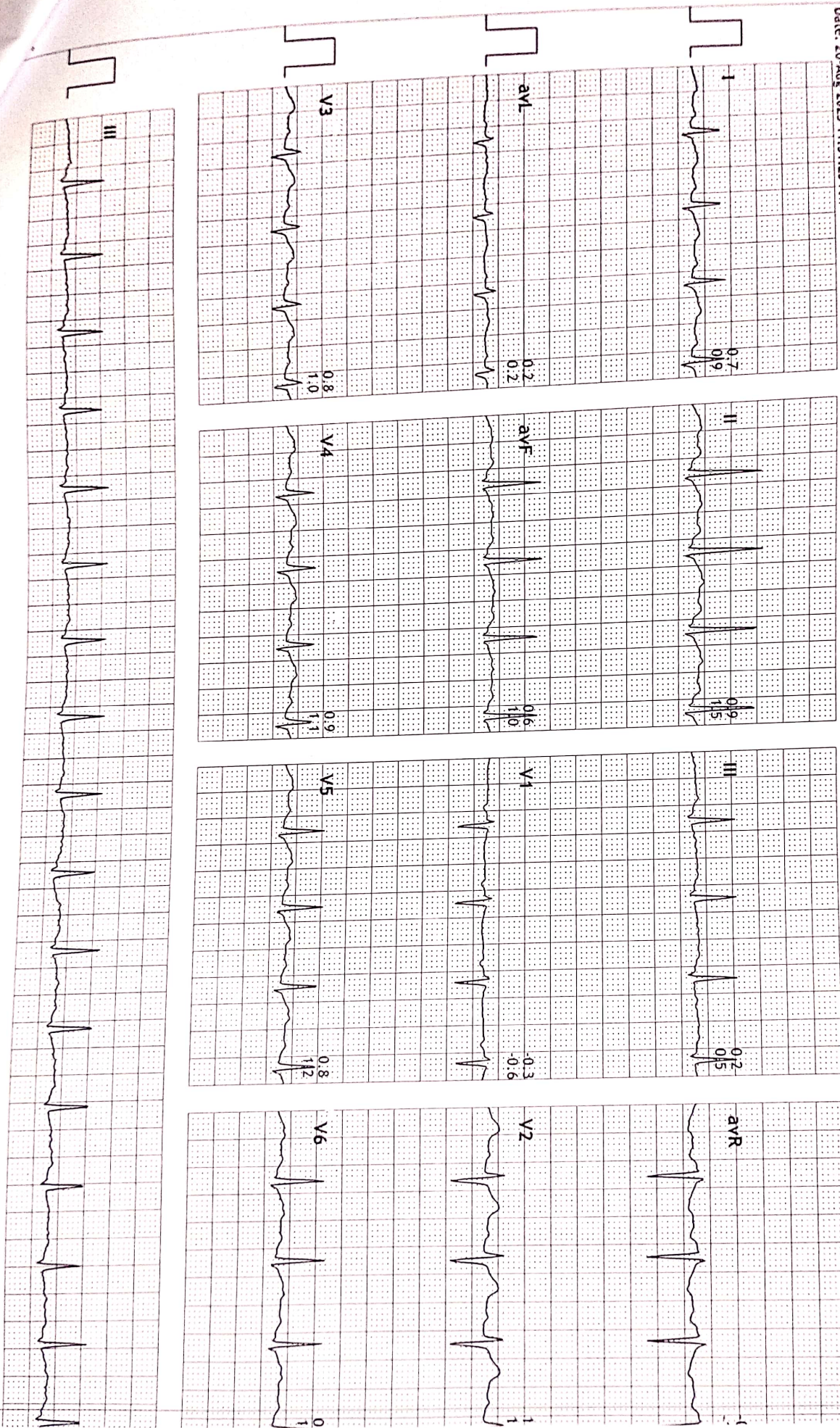
MpHR: 57% of 183
Speed: 0.0 kmph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 08:15
BLC : On
Notch : On

Recovery(4:00)
10.0 mm/mV
25 mm/Sec.

3x4+1 Rhythm Lead




TEST REPORT

Name : Samir H Madlani	Reg. No : 308101480
Age/Sex : 37 Years / Male	Reg. Date : 26-Aug-2023 02:56 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 26-Aug-2023 02:56 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 26-Aug-2023 07:46 PM

COMPLETE BLOOD COUNT (CBC)
 Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
RBC Parameters			
Hemoglobin (SLS method)	14.1	g/dL	13.0 - 18.0
Hematocrit (Electrical Impedance)	40.0	%	47 - 52
RBC Count (Electrical Impedance)	4.91	million/cmm	4.7 - 6.0
MCV (Calculated)	81.5	fL	78 - 110
MCH (Calculated)	28.7	Pg	27 - 31
MCHC (Calculated)	35.2	%	30 - 35
RDW (Calculated)	13.6	%	11.5 - 14.0
WBC Parameters			
WBC Count (Flowcytometry)	5300	/cmm	4000 - 10500
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	55 %	% Range 42.0 - 75.2	Abs. Value 2915 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	36 %	20 - 45	1908 /cmm 1000 - 3900
Eosinophils (%)	03 %	1 - 4	159 /cmm 0 - 450
Monocytes (%)	06 %	2 - 8	318 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm 20 - 100
Platelete Parameter			
Platelet Count	324000	/cmm	150000 - 450000
MPV	7.6	fL	7.4 - 10.4
PDW	15.2	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.24	%	0.2 - 0.5

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TEST REPORT

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BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

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

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)	02	mm/hr	1 - 7

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FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	87.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic
Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i>	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; 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>	102.00	mg/dL	70 - 140
Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i>	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
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LIPID PROFILE

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	176.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	105.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	69.00	mg/dL	High Risk : < 40 Low Risk : \geq 60
LDL Cholesterol <i>Siemens ALDL</i>	86.00	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : \geq 190
VLDL Cholesterol <i>Calculated</i>	21.00	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.25		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.55		0 - 5.0

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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <i>ALKALINE PICRATE, COLORIMETRIC KINETIC</i>	1.10	mg/dL	0.7 - 1.3
eGFR	67.31	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 <i>Calculated</i>	23.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <i>UREASE/GLDH</i>	10.74	mg/dL	7.0 - 18.0
Uric Acid <i>Uricase</i>	4.20	mg/dL	3.5 - 7.2
Sodium <i>Direct ion selective electrode</i>	138.00	mmol/L	137 - 145
Potassium <i>Direct ion selective electrode</i>	4.20	mmol/L	3.5 - 5.1
Chloride <i>Direct ion selective electrode</i>	101.00	mmol/L	98 - 107
Calcium <i>Cresolphthalein Complexone</i>	9.40	mg/dL	8.5 - 10.1

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	4.90	%	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>	93.93	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>	2.310	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>	1.02	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) 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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VITAMIN B12

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Vitamin B12 <small>CLIA</small>	325	pg/mL	211 - 911

Clinical Significance:

- Vitamin B-12 also called cobalamin, is a water-soluble vitamin with a key role in the normal functioning of the brain and nervous system, and for the formation of blood. It is normally involved in the metabolism of every cell of the human body, especially affecting DNA synthesis and regulation, but also fatty acid metabolism and amino acid metabolism.
- Vitamin B12 deficiency is most commonly caused by low intakes, but can also result from malabsorption, certain intestinal disorders, low presence of binding proteins, and use of certain medications. Vitamin B12 is rare from plant sources, so vegetarians will be the vulnerable population most likely to suffer from vitamin B12 deficiency.
- Infants are at a higher risk of vitamin B12 deficiency if they were born to vegetarian mothers. The elderly who have diets with limited meat or animal products are vulnerable populations as well.
- Vitamin B12 deficiency can manifest itself as anemia and in some cases cause permanent neurological damage.
- At levels only slightly lower than normal, a range of symptoms such as fatigue, depression, and poor memory may be experienced

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STOOL EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Colour	Yellow		
Consistency	Liquid		
CHEMICAL EXAMINATION			
Occult Blood	Negative		
<i>Peroxidase Reaction with o-Dianisidine</i>			
Reaction	Alkaline		
<i>pH Strip Method</i>			
Reducing Substance	Absent		
MICROSCOPIC EXAMINATION			
Mucus	Absent		
Pus Cells	1 - 5/hpf		
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, brocoli, 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	30 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.5		4.6 - 8.0
Sp. Gravity	1.015		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)	Occasional/hpf
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>	7.20	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.30	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	2.90	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.48		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	29.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	33.00	U/L	16 - 63
Alakaline Phosphatase <i>Siemens/37C</i>	68.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.60	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.10	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caif-benz</i>	0.50	mg/dL	0.0 - 1.1

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