

# PANCHMUKHI HOSPITAL

Dr C P 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 : TRIVEDI TRUPTIBEN  
identity proof : Pan card  
identity proof no : AKNPT6890L  
gender : female  
height : 147  
weight : 52  
BP : 122/84  
pulse : 74/min Regular  
blood sample : yes  
fasting mode : yes  
non fasting mode : yes

past history : NO

dental : Healthy

Gynac : Healthy

General : Healthy

\* T. D. Trivedi

DR. C. P. DADHANIYA  
M.B.B.S., D.G.O.  
C.I.H., Diabetologist  
Regd. No. G19798  
PANCHMUKHI HOSPITAL  
MAVADI CHOKADI,  
150' RING ROAD RAJKOT.



NAME : *Taivedi Tarpiben*  
AGE/GENDER: *female / 55*

DIAG. DATE: *23/09/23*

PATIENT'S REFRACTION DETAILS

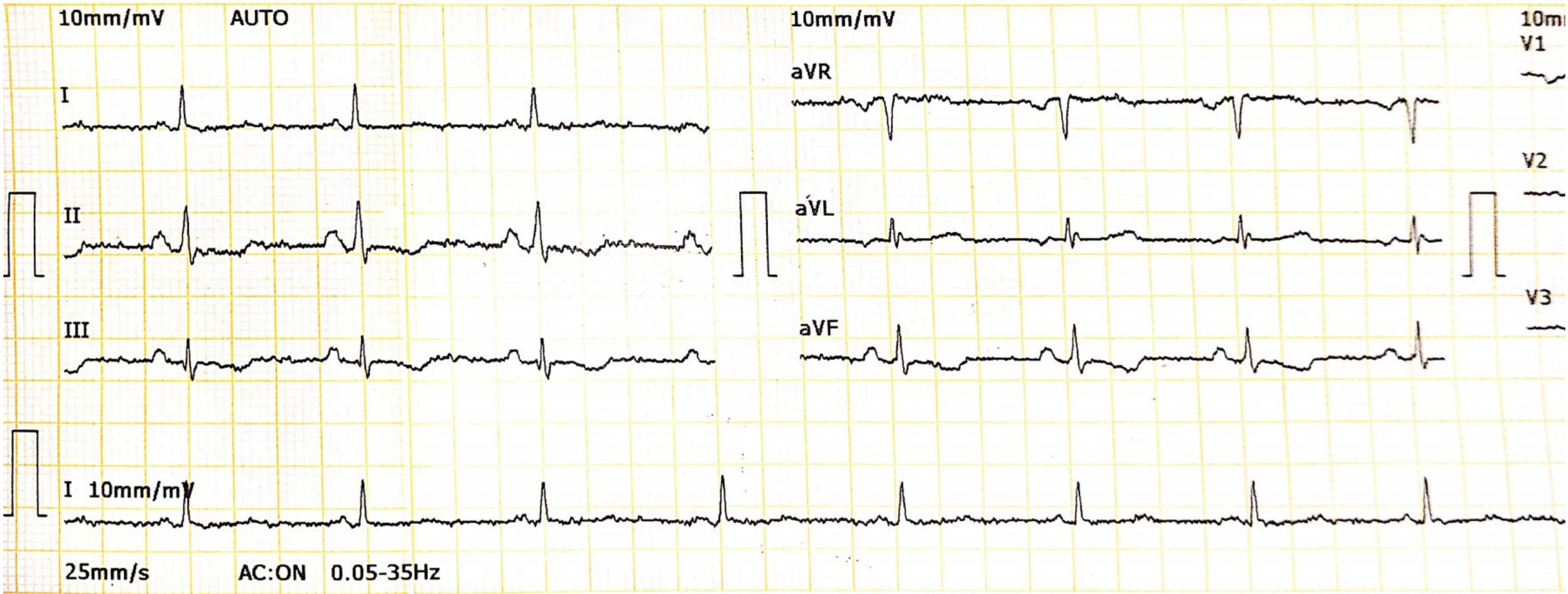
		SPHE	CYL	AXIS	VN
R	D	<i>N</i>	<i>N</i>	<i>N</i>	<i>6/6</i>
	N	<i>N</i>			<i>6/6</i>
L	D	<i>N</i>	<i>N</i>	<i>N</i>	<i>6/6</i>
	N	<i>N</i>			<i>6/6</i>

REMARKS :

CHECKED BY : *Dr. C.P. Dadhaniya*

*T. P. Taivedi*

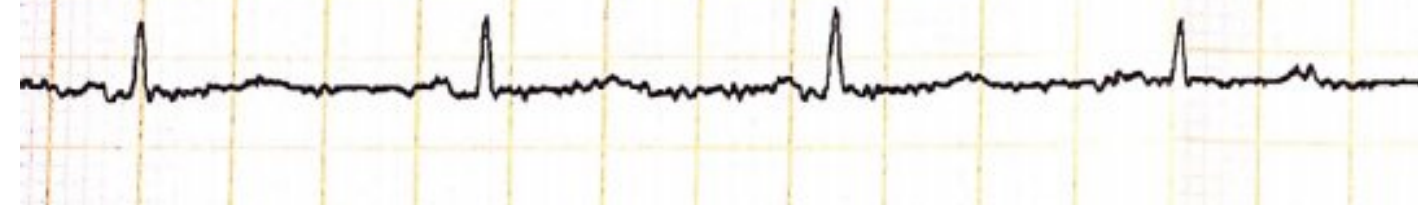
**DR. C. P. DADHANIYA**  
M.B.B.S., D.G.O.  
C.I.B. Diabetologist  
Regd. No. *G19798*  
PANCHMUKHI HOSPITAL  
MAVADI CHOKADI,  
150' RING ROAD RAJKOT.



10mm/mV  
V1



V2



V3



10mm/mV



V4



V5



V6



T. D. Tsivechi

2023-9-23 10:39:21 ID: 00003438  
 ID Card: \_\_\_\_\_  
 Name: Tsivedi Tsuptiben Gender: female  
 Age: 55 Height(cm): \_\_\_\_\_  
 Weight(Kg): \_\_\_\_\_ BP(mmHg): 1

HR..... bpm 74  
 P-R..... ms 116  
 Q-R-S..... ms 86  
 QT/QTc..... ms 396/440  
 P/QRS/T AXES..... C.I.H. deg 67/37/63  
 RV5/SV1..... Regd. No. 514798 0.79/0.39  
 RV5+SV1..... PANCHMUKHI HOSPITAL mV 1.18  
 \*The result must be confirmed by doctor  
 Report Confirmed by: \_\_\_\_\_

आयकर विभाग

INCOME TAX DEPARTMENT



भारत

सरकार

GOVT. OF INDIA

TRIVEDI TRUPTIBEN D

KANIYALAL BHANUSHANKAR JOSHI

10/09/1968

Permanent Account Number

AKNPT6890L

T. D. Trivedi

Signature





*Mediwheel trivedi  
Truptiben*

 **GPS Map  
Camera Lite**

1/13 udaynagar B/h indraprashth hall, Mavdi Main  
Road, Poonam Society, Chandreshnagar, Rajkot, Gujarat  
360004, India

Latitude

22.2661111°

Longitude

70.7846792°

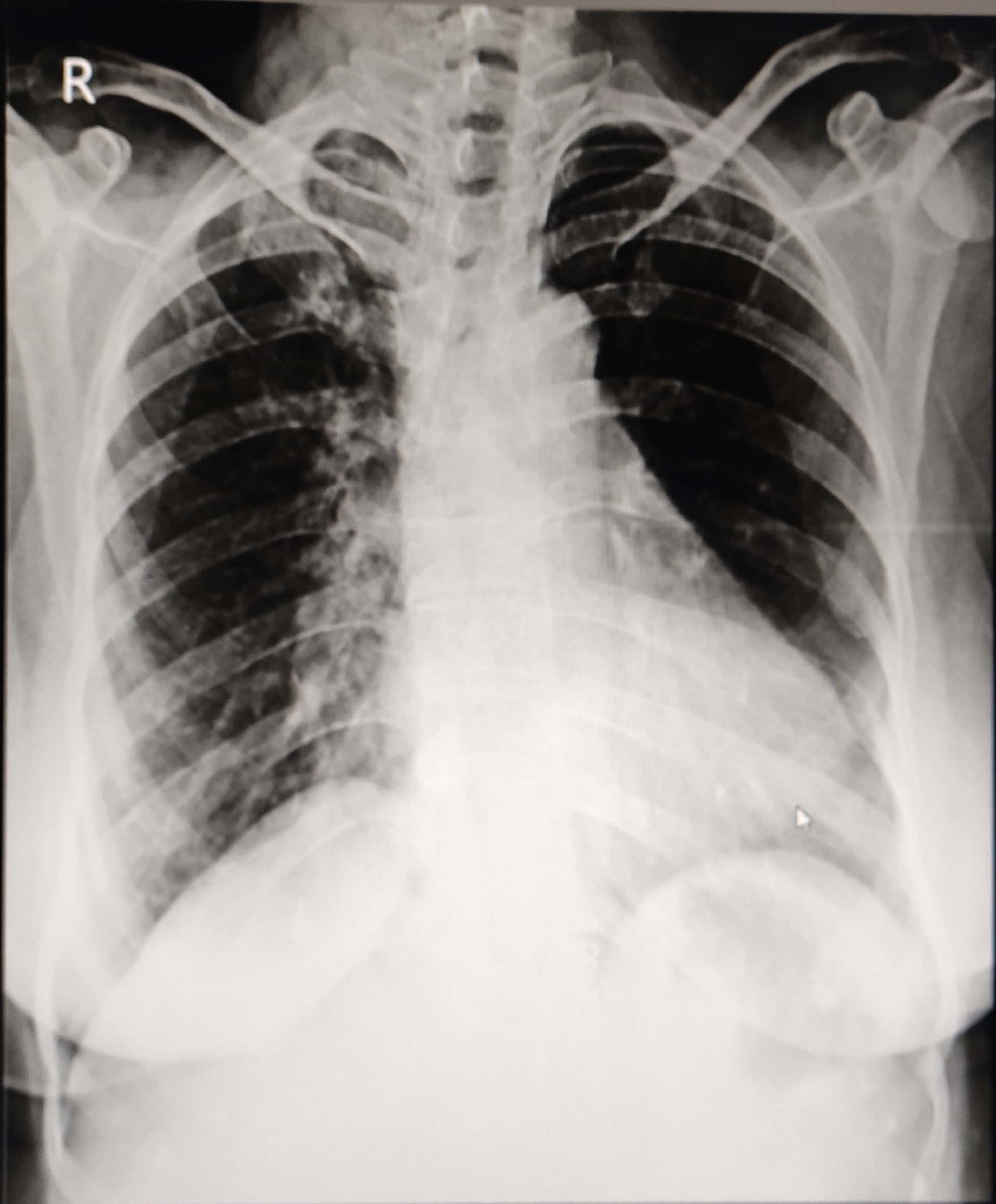
Local 05:02:50 PM

GMT 11:32:50 AM

Altitude 146 meters

Saturday, 23.09.2023





**TRIVEDI TRUPTIBEN 55Y/F CHEST PA 23-Sep-23  
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)**



PATIENT NAME: TRIVEDI TRUPTIBEN

DATE: 23 September 2023

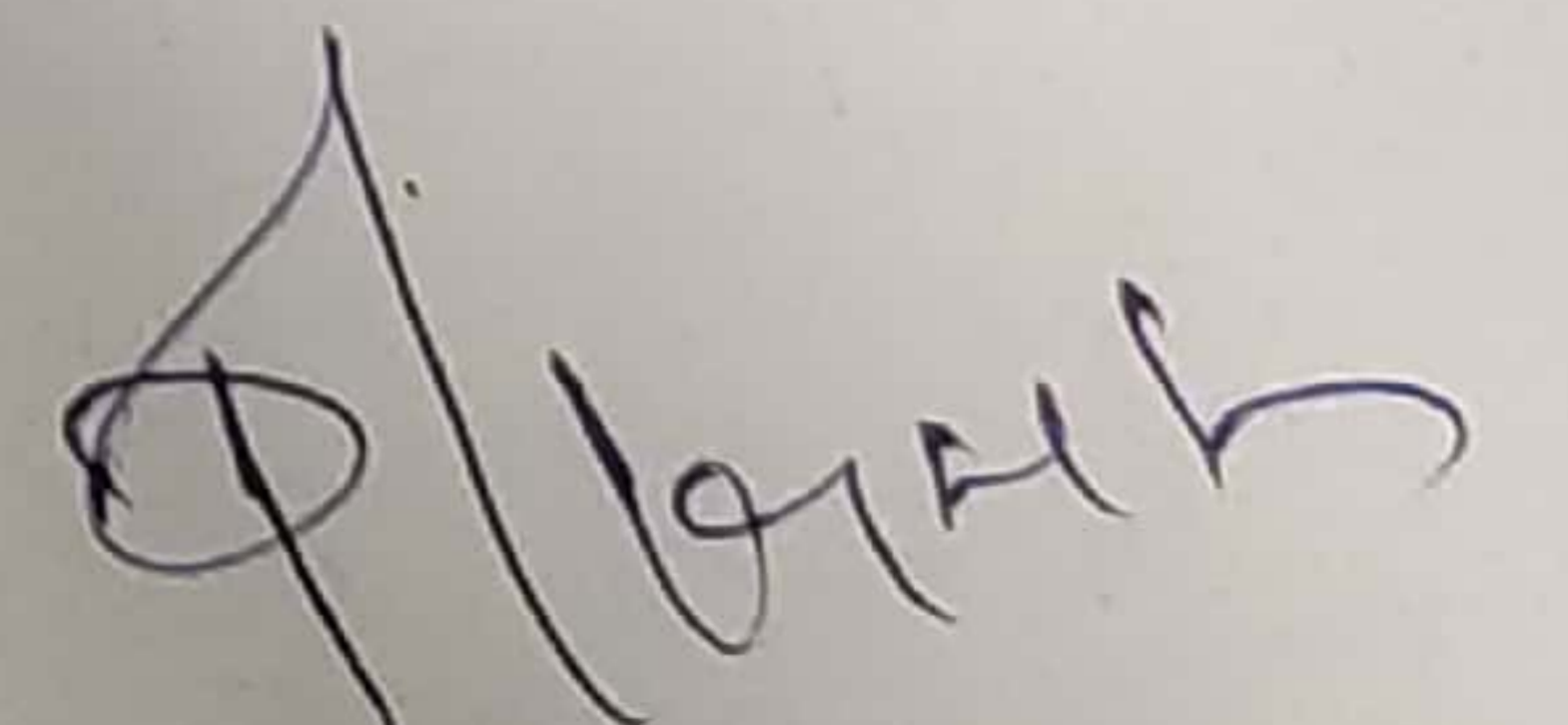
## USG ABDOMEN AND PELVIS

- **LIVER:** is normal in size and shows normal parenchymal echotexture. No focal or diffuse lesions are seen. The intra hepatic biliary and portal radicles are normal. The portal vein and CBD are normal.
- **GALL BLADDER:** Well distended and appears unremarkable. No evidence of calculus or cholecystitis is seen. Gall bladder wall thickness appears normal.
- **PANCREAS:** appears normal in size and echotexture. No focal lesion seen. No evidence of peripancreatic inflammatory changes.
- **SPLEEN:** is normal in size and echotexture. No evidence of focal or diffuse lesion seen.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No evidence of calculus or hydronephrosis on either side.
- **URINARY BLADDER:** well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **UTERUS:** is post menopausal atrophic. **intra muscular fibroid of size about 24.0 x 20.0 mm is seen in anterior uterine wall.** No adnexal mass is seen
- No free fluid is seen in the POD. Visualized bowel loops appears unremarkable, No evidence of necrotic lymphadenopathy is seen. RIF/ LIF clear. Bilateral C-P angel is clear.

### CONCLUSION:

- **Intra muscular fibroid in anterior uterine wall.**

Thanks for reference.



**DR PRATIK KAGATHARA**  
MD

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

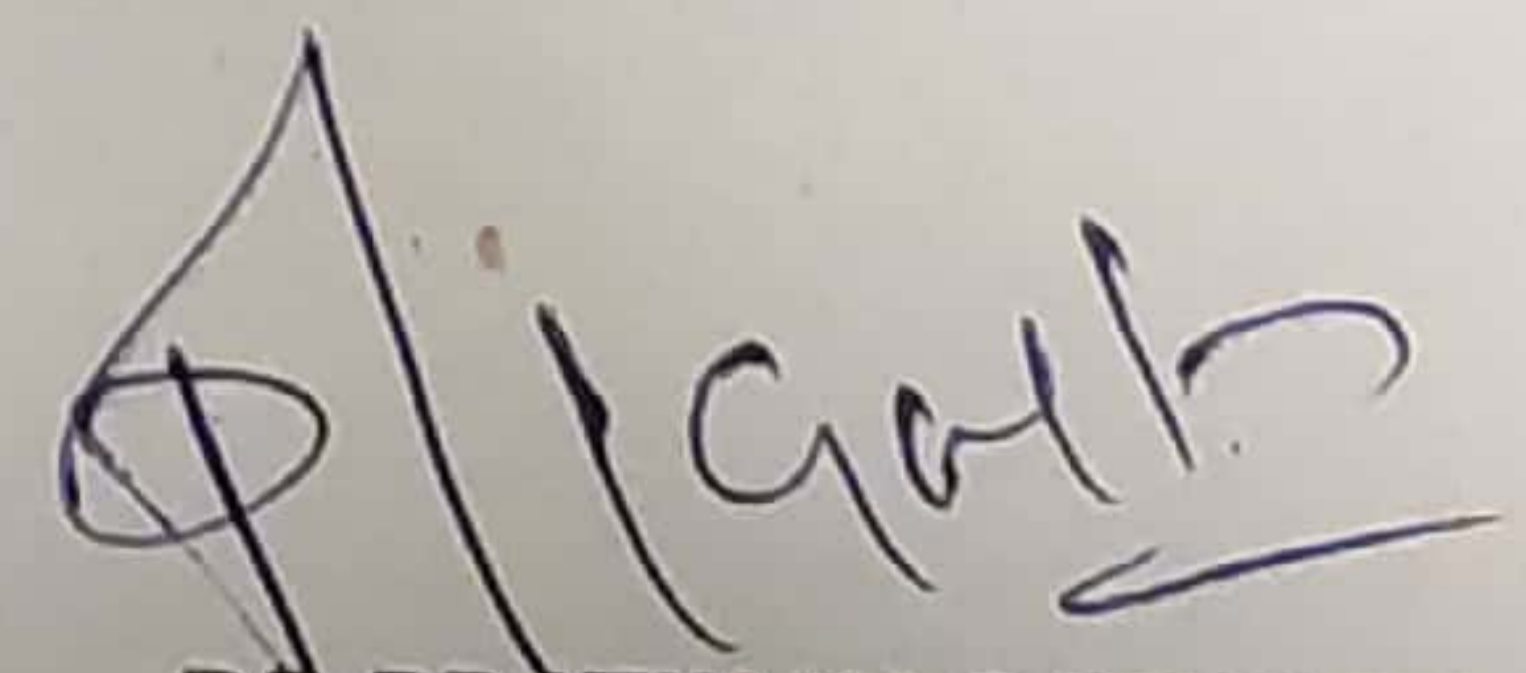
Pt.'s Name: TRIVEDI TRUPTIBEN

Date: 23 September, 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

## Tread Mill Test

Patient Name	: Truptiben Trivedi	Age	: 55yrs/F
OPD/IPD	: OPD	ID. No.	:
Ref. By	: Dr. C.P.Dadhaniya	Resting BP	: 130/80
Report Date	: 23/09/2023	Max. BP	: 160/80

Patient Reaches exercise limit at 8.10 METS.

Baseline ECG shows ST-T changes, same changes persisted during test.

Adequate increase of HR & BP.


No significant Arrhythmia.

The stress test was terminated after 7:03 minutes as patient complained of Fatigue.  
Patient achieved 93% 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**

**Partner**

# 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

24176 / TRUPTIBEN TRIVEDI

55 Yrs / Female

23-Sep-2023 12:59:35 PM

*(Signature)* T. D. Trivedi

## Summary

Medication :  
Ref By : DR C P DADHANIVA

Objective :  
History :

Protocol : BRUCE

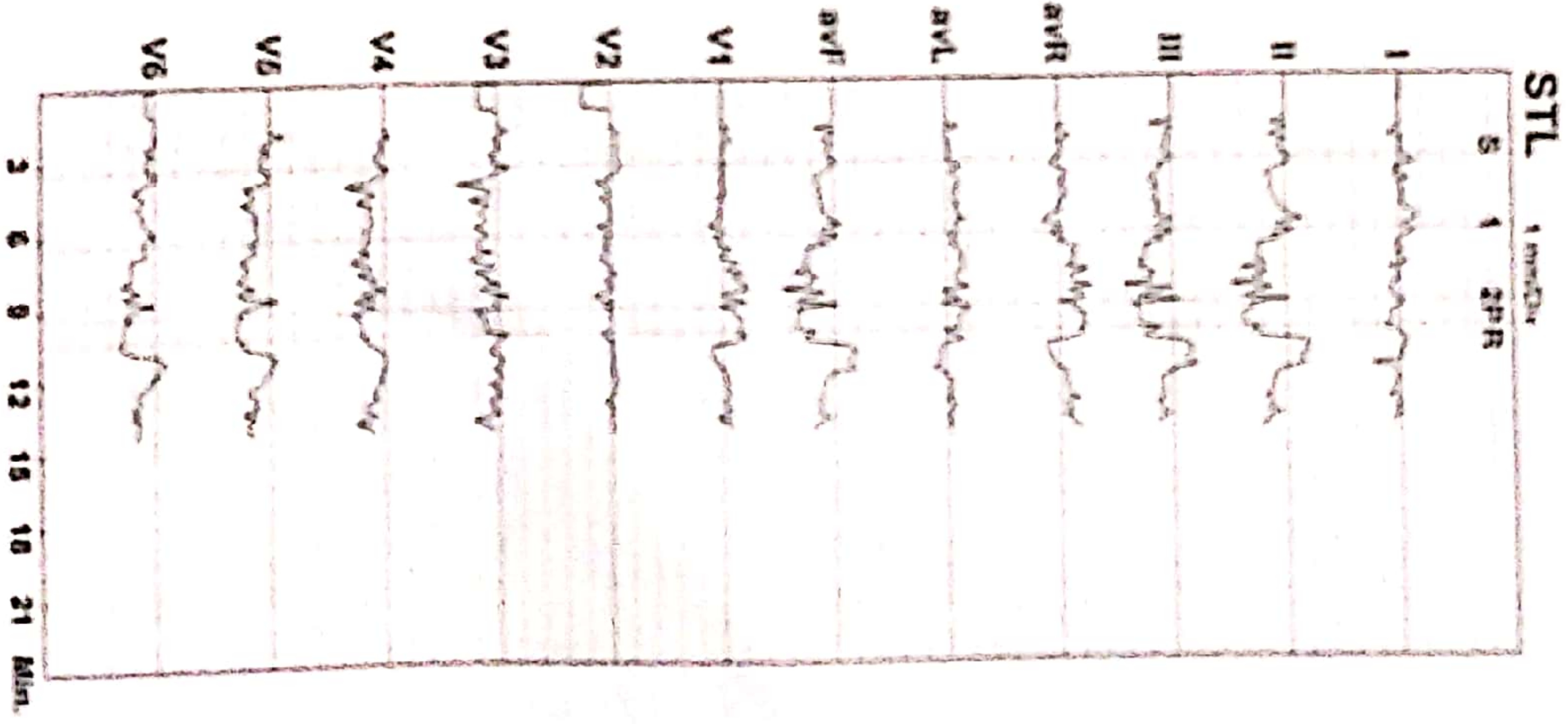
Stage	StageTime	PhaseTime	Speed	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. (%)	PVC	Comments
Supine					1.0	69	130/80	89	-	
Standing					1.0	66	130/80	85	-	
HV					1.0	67	130/80	87	-	
ExStart					1.0	75	130/80	97	-	
Stage 1	3:00	3:01	4.3	10.0	4.6	118	140/80	165	-	
Stage 2	3:00	6:01	6.4	12.0	7.0	132	160/80	211	-	
PeakEx	1:02	7:03	8.8	14.0	8.1	143	160/80	228	1	
Recovery	1:00		0.0	0.0	1.1	103	160/80	164	-	
Recovery	2:00		0.0	0.0	1.0	86	150/80	129	2	
Recovery	3:00		0.0	0.0	1.0	78	140/80	109	-	
Recovery	4:00		0.0	0.0	1.0	70	130/80	91	-	
Recovery	4:09		0.0	0.0	1.0	72	130/80	93	-	

### Findings :

Exercise Time : 7:03 minutes  
 Max HR attained : 153 bpm 93% of Target 165  
 Max BP : 160/80(mmHg)  
 Max Workload attained : 8.1 (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.

### Advice/Comments:

7RECORDERS AND MEDICARE SYSTEMS, CHANDIGARH



DR. NISHANT SIRODARIYA / DR. MAULIK HANSALI,

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

24176 / TRUPTIBEN TRIVEDI

55 Yrs / Female

0 Kg / 0 Cm/

Date: 23-Sep-2023 12:59:35 PM

HR: 69 bpm

METS: 1.0

BP: 130/80

Trgt HR: 41% of 165

Speed: 0.0 mph,

Grade: 0.0%

Raw ECG

Protocol: BRUCE

(0.05-100)Hz

⊗ T. D. Trivedi  
**3x4+1 Rhythm Lead**

Ex Time 02:38

BLC :On

Notch :On

Supine

1.0 Cm/mV

25 mm/Sec.



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

24176 / TRUPTIBEN TRIVEDI

55 Yrs / Female

0 Kg / 0 Cm/

Date: 23-Sep-2023 12:59:35 PM

HR: 66 bpm

METS: 1.0

BP: 130/80

Trgt HR: 40% of 165

Speed: 0.0 mph,

Grade: 0.0%

Raw ECG

Protocol: BRUCE

(0.05-100)Hz

Ex Time 02:43

BLC : On

Notch : On

**3x4+1 Rhythm Lead**

Standing

1.0 Cm/mV

25 mm/Sec.



24176 / TRUPTIBEN TRIVEDI  
55 Yrs / Female

0 Kg / 0 Cm/

Date: 23-Sep-2023 12:59:35 PM

HR: 67 bpm

METS: 1.0

BP: 130/80

Trgt HR: 40% of 165

Speed: 0.0 mph,

Grade: 0.0%

Raw ECG

Protocol: BRUCE

(0.05-100)Hz

Ex Time 02:49

BLC :On

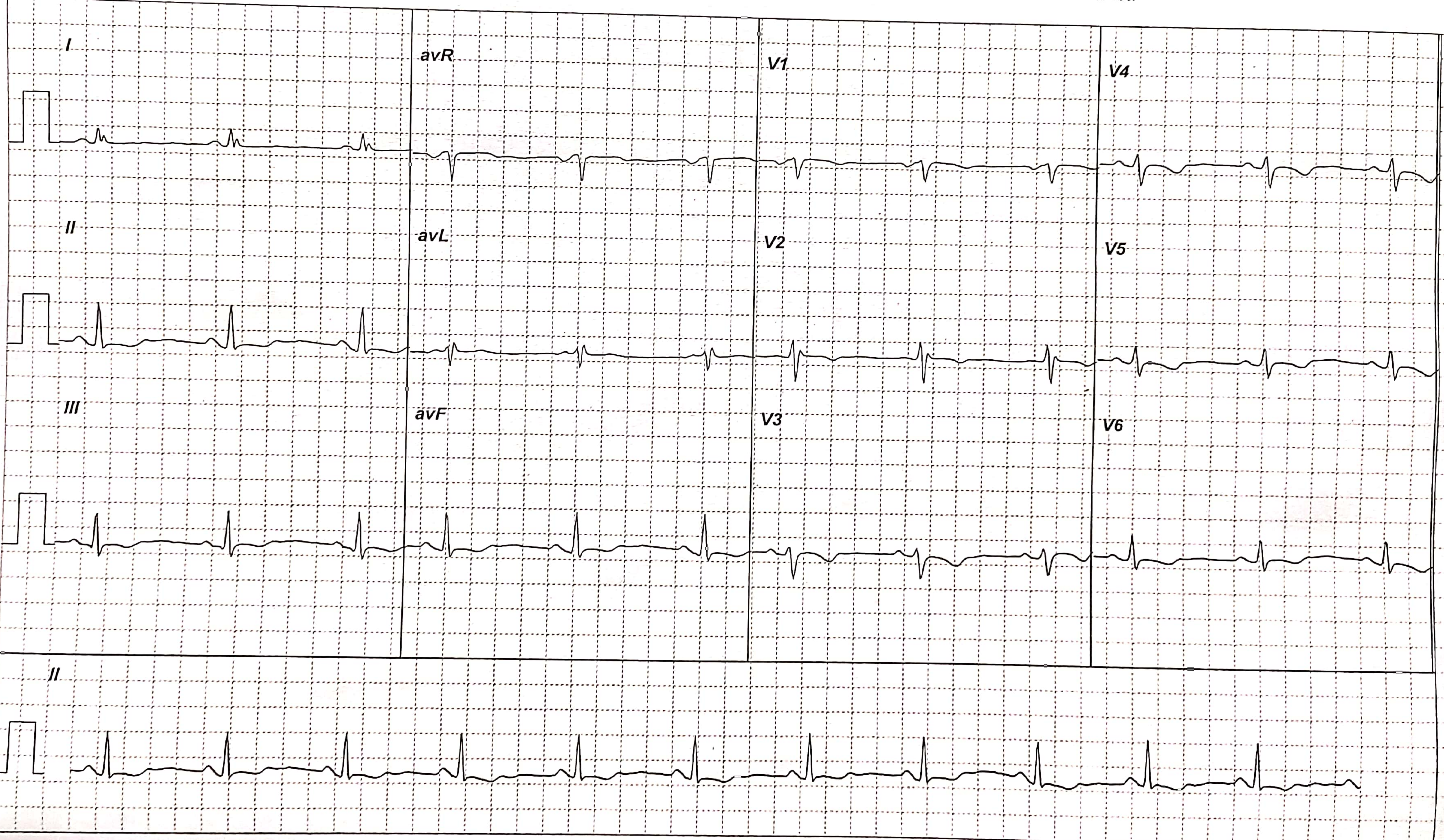
Notch :On

**3x4+1 Rhythm Lead**

HV

1.0 Cm/mV

25 mm/Sec.



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

24176 / TRUPTIBEN TRIVEDI

55 Yrs / Female

0 Kg / 0 Cm/

Date: 23-Sep-2023 12:59:35 PM

HR: 118 bpm

METS: 4.6

BP: 140/80

Trgt HR: 71% of 165

Speed: 2.7 mph,

Grade: 10.0%

Raw ECG

Protocol: BRUCE

(0.05-100)Hz

Ex Time 03:00

BLC : On

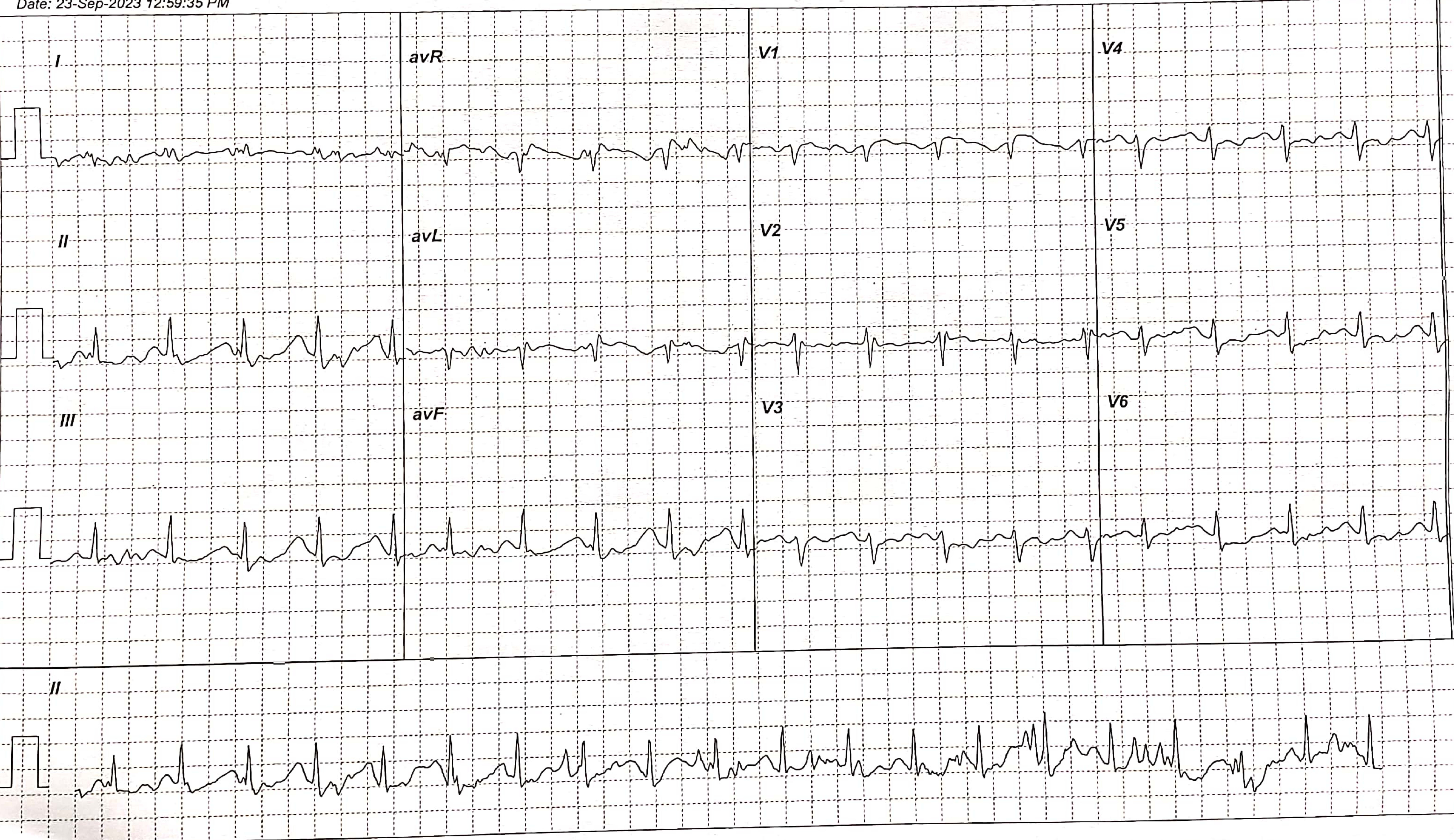
Notch : On

**3x4+1 Rhythm Lead**

BRUCE: Stage 1(3:00)

1.0 Cm/mV

25 mm/Sec.





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

24176 / TRUPTIBEN TRIVEDI

55 Yrs / Female

0 Kg / 0 Cm/

Date: 23-Sep-2023 12:59:35 PM

HR: 132 bpm

METS: 7.0

BP: 160/80

Trgt HR: 80% of 165

Speed: 6.4 mph,

Grade: 12.0%

Raw ECG

Protocol: BRUCE

(0.05-100)Hz

Ex Time 05:58

BLC : On

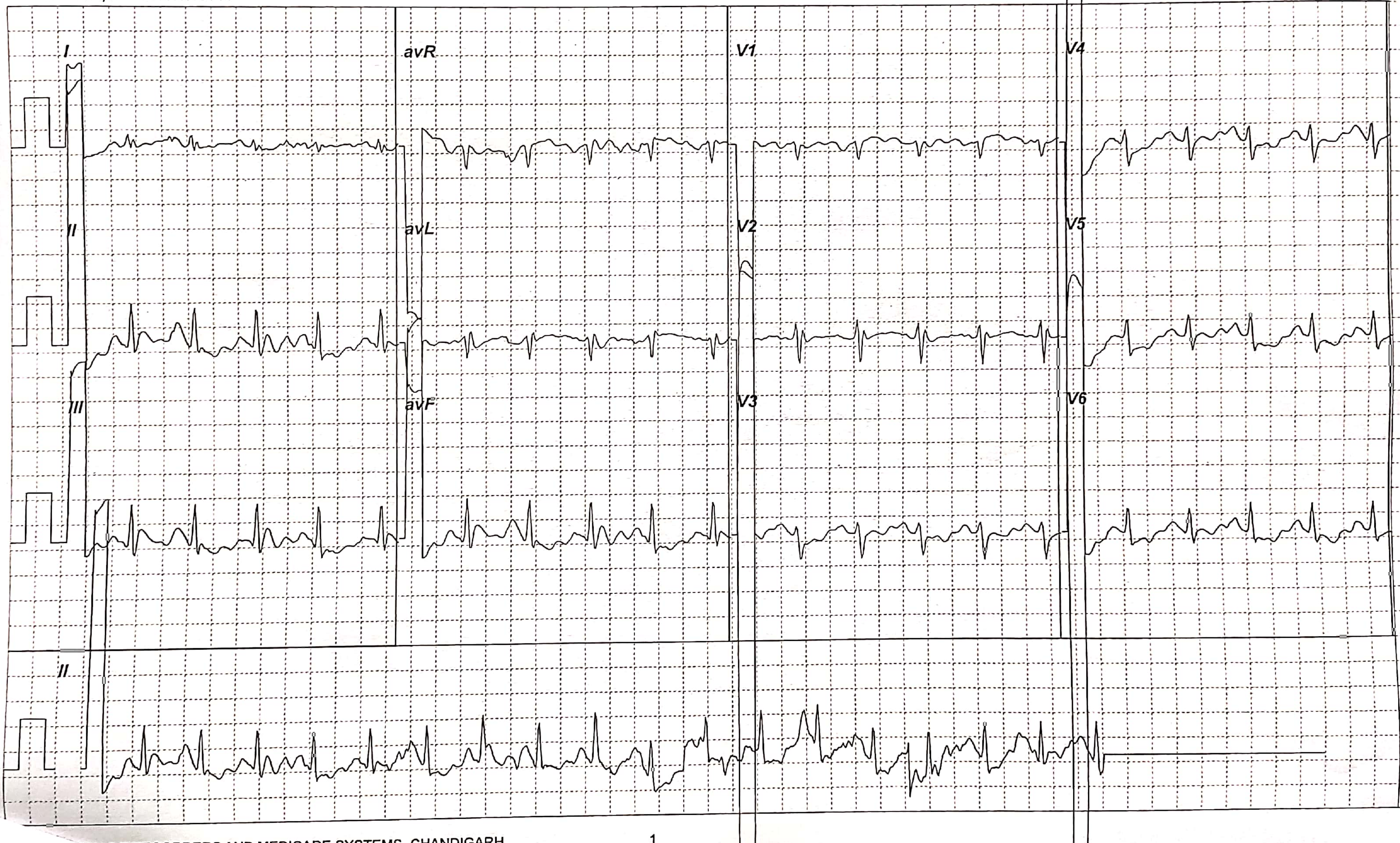
Notch : On

**3x4+1 Rhythm Lead**

Stage 2 ( 03:00 )

1.0 Cm/mV

25 mm/Sec.



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

24176 / TRUPTIBEN TRIVEDI

55 Yrs / Female

0 Kg / 0 Cm/

Date: 23-Sep-2023 12:59:35 PM

HR: 143 bpm

METS: 8.1

BP: 160/80

Trgt HR: 86% of 165

Speed: 5.5 mph,

Grade: 14.0%

Raw ECG

Protocol: BRUCE

(0.05-100)Hz

Ex Time 07:02

BLC :On

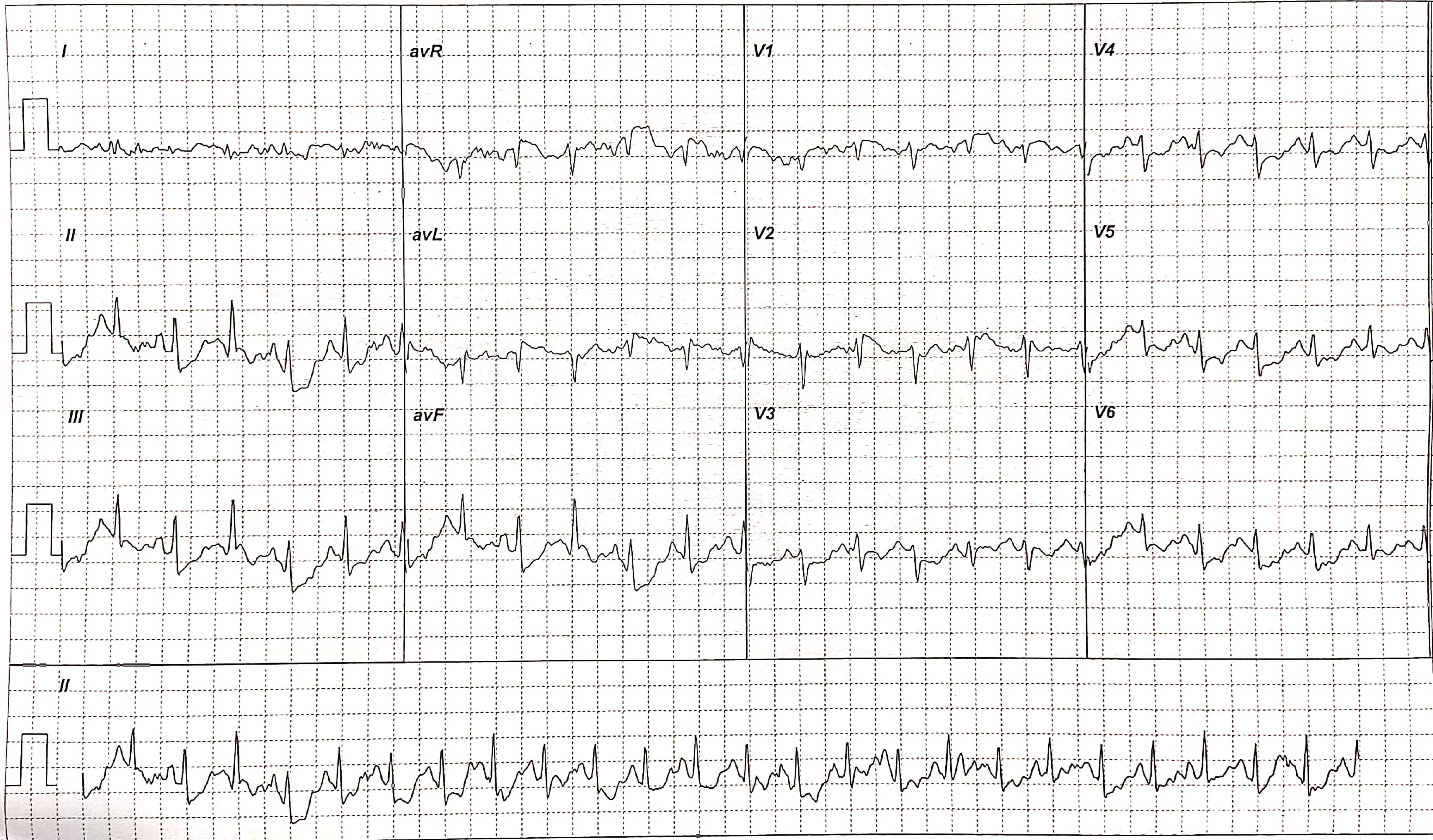
Notch :On

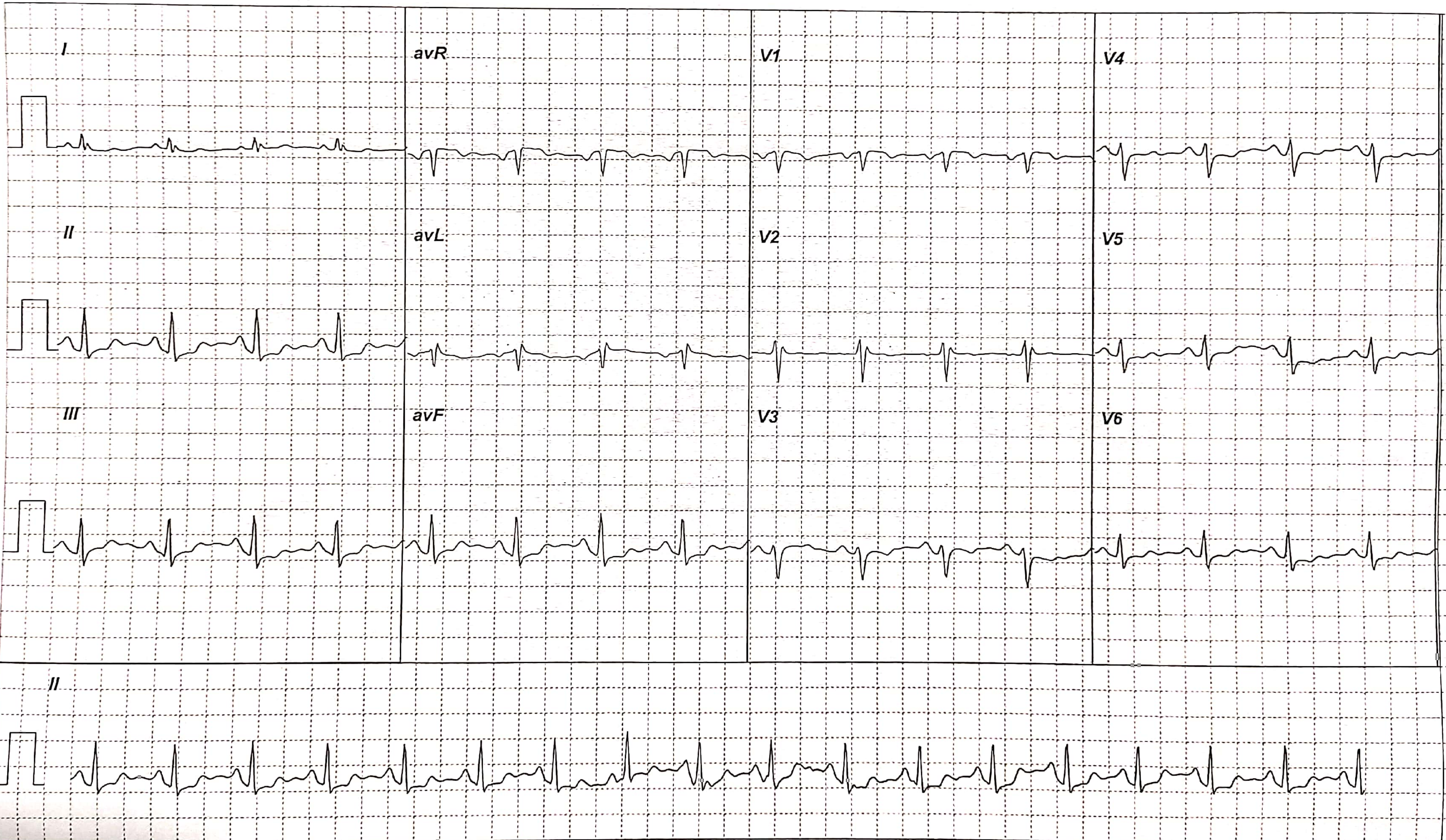
**3x4+1 Rhythm Lead**

BRUCE: PeakEx(1:02)

1.0 Cm/mV

25 mm/Sec.





24176 / TRUPTIBEN TRIVEDI  
55 Yrs / Female  
0 Kg / 0 Cm/  
Date: 23-Sep-2023 12:59:35 PM

HR: 86 bpm  
METS: 1.0  
BP: 150/80

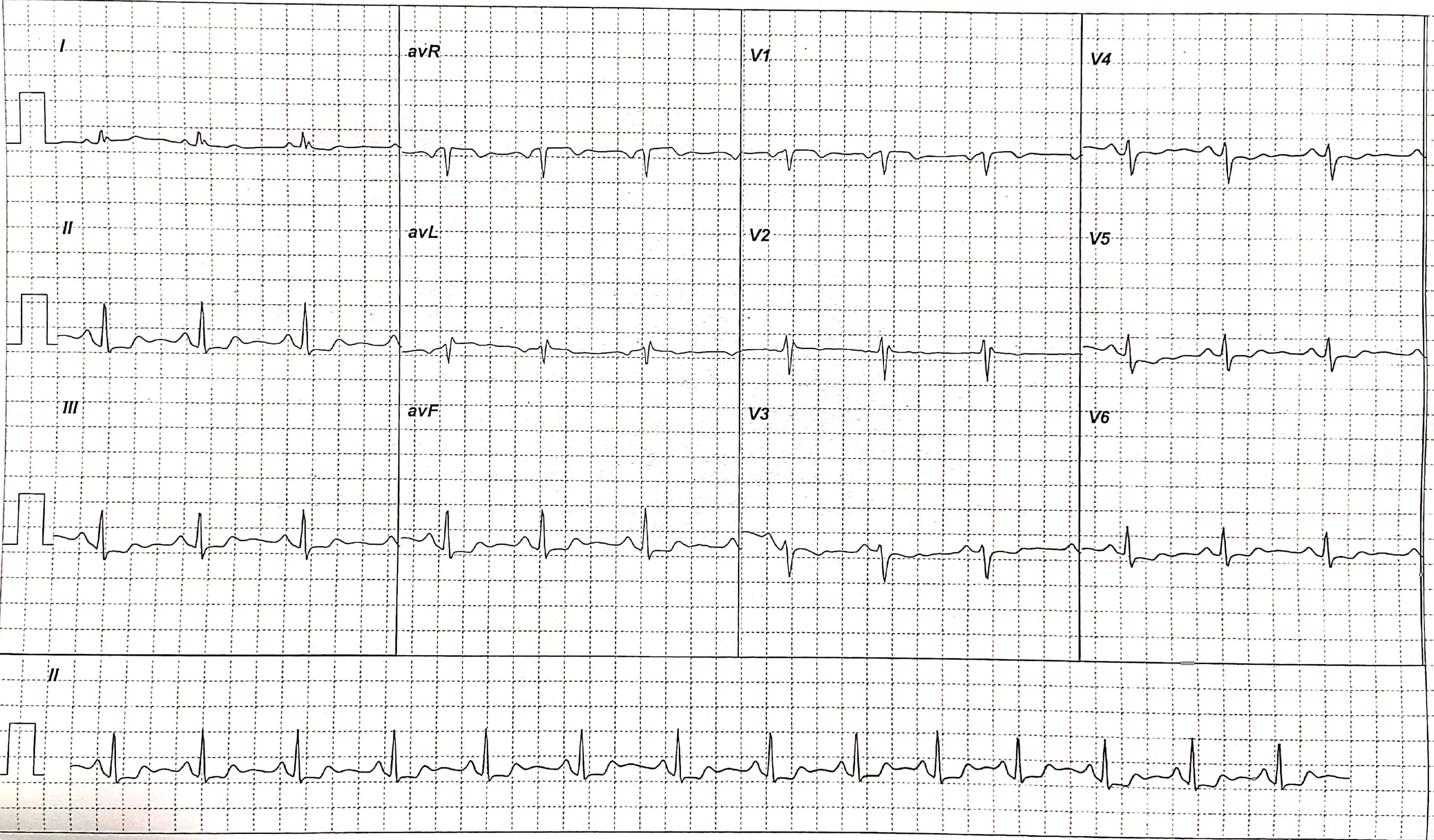
Trgt HR: 52% of 165  
Speed: 0.0 mph,  
Grade: 0.0%

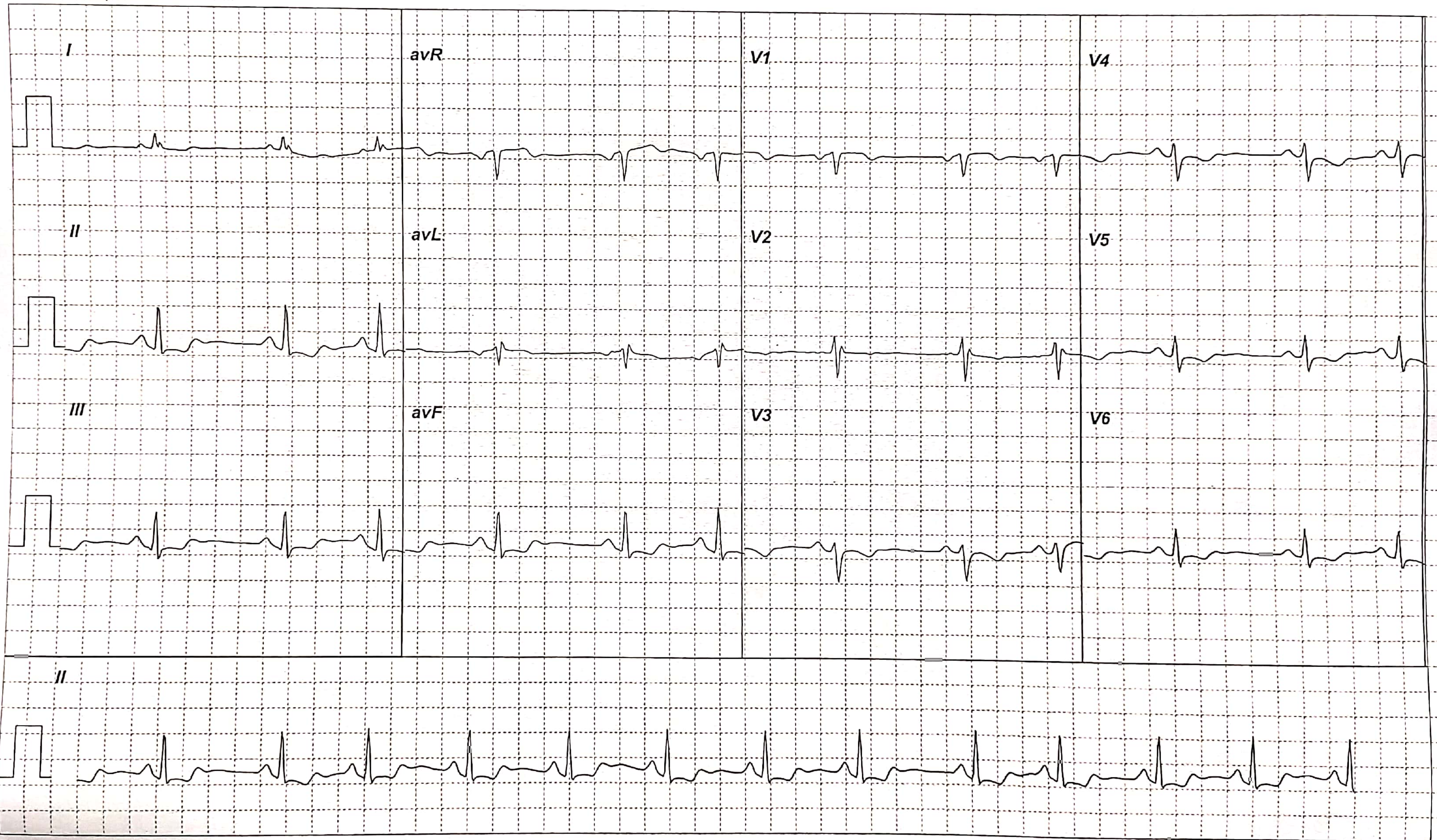
Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz

Ex Time 07:03  
BLC : On  
Notch : On

**3x4+1 Rhythm Lead**

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





**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
24176 / TRUPTIBEN TRIVEDI  
55 Yrs / Female  
0 Kg / 0 Cm/  
Date: 23-Sep-2023 12:59:35 PM

HR: 70 bpm  
METS: 1.0  
BP: 130/80

Trgt HR: 42% of 165  
Speed: 0.0 mph,  
Grade: 0.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz

Ex Time 07:03  
BLC : On  
Notch : On

**3x4+1 Rhythm Lead**

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



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

24176 / TRUPTIBEN TRIVEDI

55 Yrs / Female

0 Kg / 0 Cm/

Date: 23-Sep-2023 12:59:35 PM

HR: 72 bpm

METS: 1.0

BP: 130/80

Trgt HR: 43% of 165

Speed: 0.0 mph,

Grade: 0.0%

Raw ECG

Protocol: BRUCE

(0.05-100)Hz

Ex Time 07:03

BLC : On

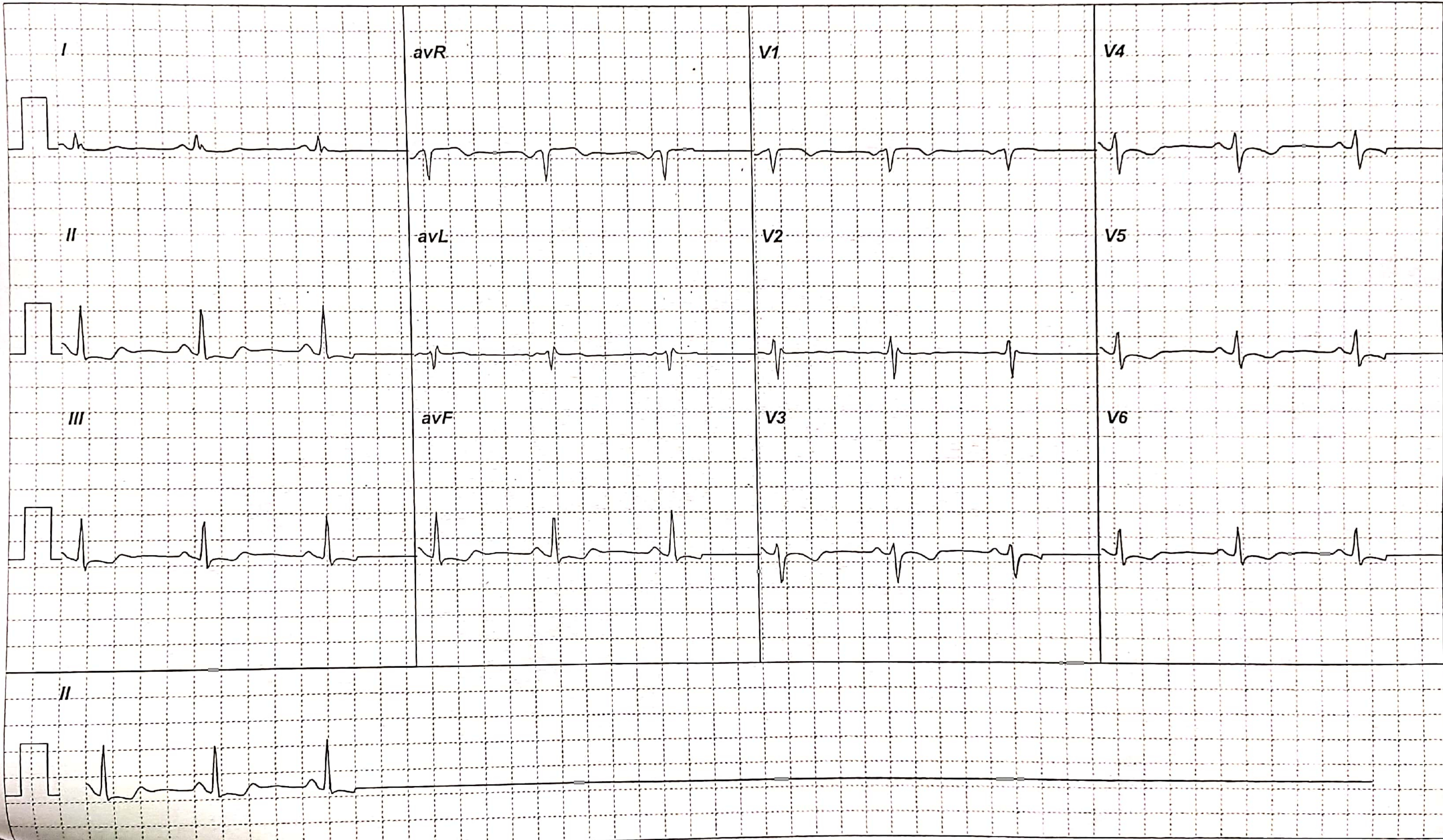
Notch : On

**3x4+1 Rhythm Lead**

Recovery(4:09)

1.0 Cm/mV

25 mm/Sec.





TEST REPORT

<b>Name</b> : Trivedi Truptiben	<b>Reg. No</b> : 309101286
<b>Age/Sex</b> : 55 Years / Female	<b>Reg. Date</b> : 23-Sep-2023 03:46 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 23-Sep-2023 03:46 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 23-Sep-2023 06:13 PM

**COMPLETE BLOOD COUNT (CBC)**  
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
<b>RBC Parameters</b>			
Hemoglobin (SLS method)	11.6	g/dL	12.5 - 16.0
Hematocrit (Electrical Impedance)	34.10	%	37 - 47
RBC Count (Electrical Impedance)	4.30	million/cmm	4.2 - 5.4
MCV (Calculated)	79.3	fL	78 - 100
MCH (Calculated)	27.0	Pg	27 - 31
MCHC (Calculated)	34.0	%	30 - 35
RDW (Calculated)	11.9	%	11.5 - 14.0
<b>WBC Parameters</b>			
WBC Count (Flowcytometry)	6080	/cmm	4000 - 10500
<b>DIFFERENTIAL WBC COUNT</b>			
Neutrophils (%)	58 %	% Range 42.02 - 75.2	Abs. Value 3526 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	31 %	20 - 45	1885 /cmm 1000 - 3900
Eosinophils (%)	04 %	1 - 4	243 /cmm 0 - 450
Monocytes (%)	07 %	2 - 8	426 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm 20 - 100
<b>Platelete Parameter</b>			
Platelet Count	173000	/cmm	150000 - 450000
MPV	9.9	fL	7.4 - 10.4
P-LCR	23.70	%	11.9 - 66.9
PDW	9.5	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.17	%	0.2 - 0.5

*DRJ*

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Page 1 of 12

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

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







**TEST REPORT**

<b>Name</b>	: Trivedi Truptiben	<b>Reg. No</b>	: 309101286
<b>Age/Sex</b>	: 55 Years / Female	<b>Reg. Date</b>	: 23-Sep-2023 03:46 PM
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<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 23-Sep-2023 06:13 PM

**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Haemagglutination

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

*DRJ*

This is an Electronically Authenticated Report.

Page 2 of 12

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

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





TEST REPORT

<b>Name</b> : Trivedi Truptiben	<b>Reg. No</b> : 309101286
<b>Age/Sex</b> : 55 Years / Female	<b>Reg. Date</b> : 23-Sep-2023 03:46 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 23-Sep-2023 03:46 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 23-Sep-2023 06:13 PM

Test	Result	Unit	Biological Ref. Interval
<b>Erythrocyte sedimentation rate</b> Sample, EDTA whole blood			
ESR (After 1 hour)	10	mm/hr	3 - 12

*DRJ.*

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Page 3 of 12

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

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

towards the healthiness...





TEST REPORT

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<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 23-Sep-2023 06:13 PM

**RANDOM PLASMA GLUCOSE**

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Random Blood Sugar (RBS)	80.00		70 - 160
Urine Glucose - R <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone - R	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.

*D.R.J.*

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Page 4 of 12

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

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



towards the healthiness...



TEST REPORT

<b>Name</b>	: Trivedi Truptiben	<b>Reg. No</b>	: 309101286
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<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 23-Sep-2023 06:13 PM

LIPID PROFILE  
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	165.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	106.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	63.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <i>Siemens ALDL</i>	80.80	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>	21.20	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.28		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.62		0 - 5.0

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

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



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TEST REPORT

<b>Name</b>	: Trivedi Truptiben	<b>Reg. No</b>	: 309101286
<b>Age/Sex</b>	: 55 Years / Female	<b>Reg. Date</b>	: 23-Sep-2023 03:46 PM
<b>Ref. By</b>	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b>	: 23-Sep-2023 03:46 PM
<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 23-Sep-2023 06:13 PM

RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Creatinine</b> <i>ALKALINE PICRATE, COLORIMETRIC KINETIC</i>	0.89	mg/dL	0.55 - 1.02
<b>eGFR</b>	102.66	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
<b>Urea</b> <i>Calculated</i>	34.00	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <i>UREASE/GLDH</i>	15.88	mg/dL	7.0 - 18.0
<b>Uric Acid</b> <i>Uricase</i>	3.41	mg/dL	2.6 - 6.2
<b>Sodium</b> <i>Direct ion selective electrode</i>	138.20	mmol/L	137 - 145
<b>Potassium</b> <i>Direct ion selective electrode</i>	4.62	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct ion selective electrode</i>	102.00	mmol/L	98 - 107
<b>Calcium</b> <i>Cresolphthalein Complexone</i>	9.20	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>	5.14	%	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>	100.82	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
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<b>Thyroid Stimulating Hormone (TSH)</b> <small>CLIA</small>	3.470	µIU/ml	0.35 - 5.50
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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

<b>Triiodothyronine (T3)</b> <small>CLIA</small>	1.42	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)** 5.62 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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M.D. (Path, PDCC)

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**STOOL EXAMINATION**

Parameter	Result	Unit	Biological Ref. Interval
Colour	Yellow		
Consistency	Semi Solid		
<b>CHEMICAL EXAMINATION</b>			
Occult Blood <i>Peroxidase Reaction with o-Dianisidine</i>	Negative		
Reaction <i>pH Strip Method</i>	Alkaline		
Reducing Substance	Absent		
<b>MICROSCOPIC EXAMINATION</b>			
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 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	1.020		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>	4.32	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	2.98	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.45		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	34.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	48.00	U/L	14 - 59
Alakaline Phosphatase <i>Siemens/37C</i>	112.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.47	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.19	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.28	mg/dL	0.0 - 1.1

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

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M.D. (Path, PDCC)

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