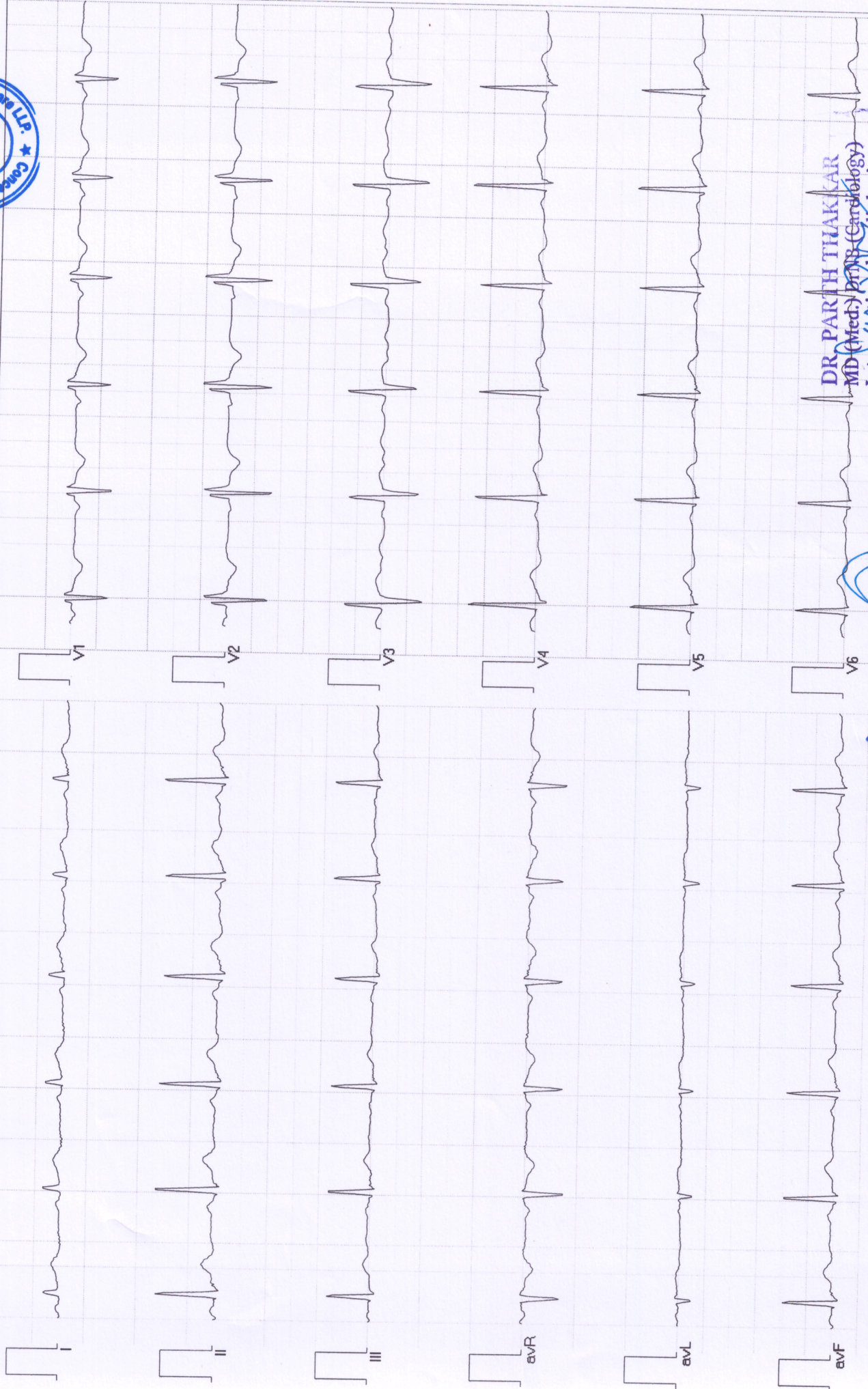


**Concept Diagnostics**

866 / ANITA SAGARA / 35 Yrs / F / 158Cms. / 48Kgs. / Non Smoker

Heart Rate : 75 bpm / Tested On : 08-Jul-23 11:54:42 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

**ECG**



*Normal.*

**DR. PARTH THAKKAR**  
MD (Med.) (Int. Cardiology)  
Interventional Cardiologist  
Reported by **DR. ABHIMANYU KOTHARI**



NAME :	ANITA SAGARA	DATE	08/07/2023
AGE/SEX:	35Y/ F	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

### X-RAY CHEST PA VIEW

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

Dr. VIDHI SHAH  
MD RADIODIAGNOSIS

Dr. Vidhi Shah  
M.D. Radiologist  
G - 41469





NAME :	ANITA SAGARA	DATE	08/07/2023
AGE/SEX:	35Y/ F	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

### USG ABDOMEN

**LIVER:** normal in size & shows normal echotexture. No evidence of dilated IHBR. No evidence of focal or diffuse lesion. CBD & Portal vein appears normal.

**GALL-BLADDER:** normal, No evidence of Gall Bladder calculi.

**PANCREAS:** appears normal in size & echotexture, No evidence of peri-pancreatic fluid collection.

**SPLEEN:** normal in size & shows normal echogenicity.

**KIDNEYS:** Right kidney measures 99 x 36 mm. Left kidney measures 95 x 42mm. Both kidneys appear normal in size & echotexture. No evidence of calculus or hydronephrosis on either side.

**URINARY BLADDER:** appears normal and shows minimal distension & normal wall thickness. No evidence of calculus or mass lesion.

**UTERUS:** normal in size and echopattern. No e/o adnexal mass seen on either side.

### **USG WITH HIGH FREQUENCY SOFT TISSUE PROBE:**

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

### CONCLUSION:

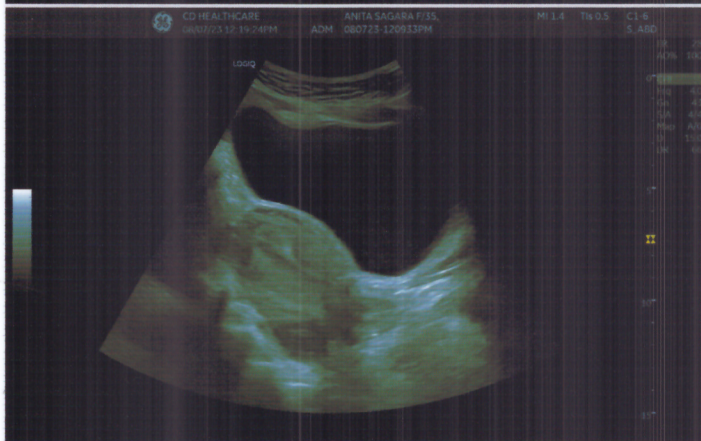
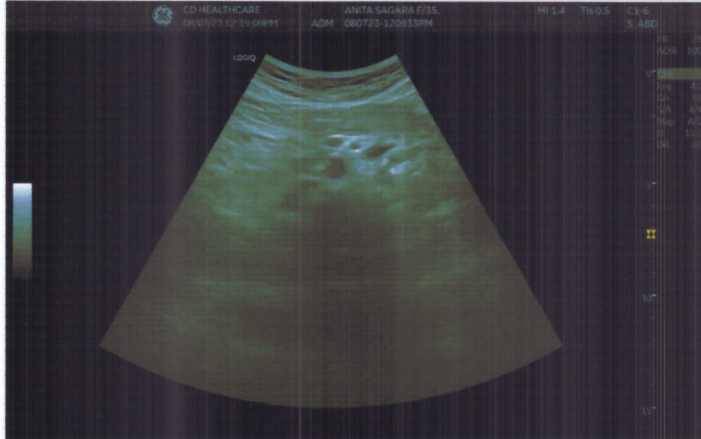
- NORMAL STUDY.

*Vidhi*

Dr. VIDHI SHAH  
MD, RADIODIAGNOSIS

Dr. Vidhi Shah  
M.D. Radiologist  
G - 41469







<b>NAME</b>	Mrs. Anita Sagara		
<b>AGE/ SEX</b>	35yrs / F	<b>DATE</b>	08/07/2023
<b>REF. BY</b>	Health Check Up	<b>DONE BY</b>	Dr. Parth Thakkar Dr. Abhimanyu Kothari

## 2D ECHO CARDIOGRAPHY & COLOR DOPPLER STUDY

### FINDINGS:-

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest
- LV and LA are of normal size.
- RA & RV are of normal size.
- Normal LV Compliance
- Intact IAS & IVS.
- All Valves Are structurally Normal
- Trivial MR, No AR, No PR
- Mild TR, No PAH, RVSP-32mmHg
- No clot or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size with preserved respiratory variation.



### MEASUREMENTS:-

LVIDD	44(mm)	LA	27(mm)
LVIDS	27(mm)	AO	21(mm)
LVEF	60%	AV cusp	
IVSD / LVPWD	10/09(mm)	EPSS	

### DOPPLER STUDY:-

Valve	Velocity (M/sec)	Max gradient (MmHg)	Mean gradient (Mm Hg)	Valve area Cm <sup>2</sup>
Aortic	1.3	7.0		
Mitral	E: 0.7 A: 0.6			
Pulmonary	0.9	4.0		
Tricuspid	2.3	22		

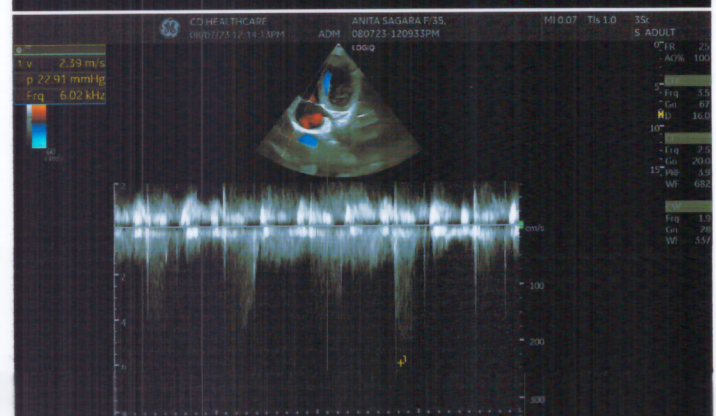
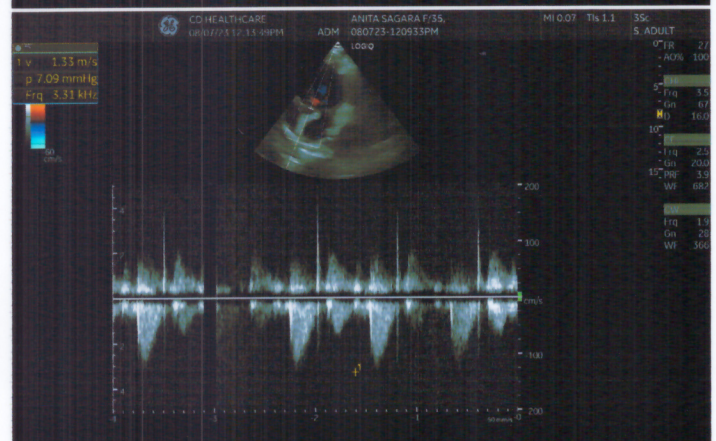
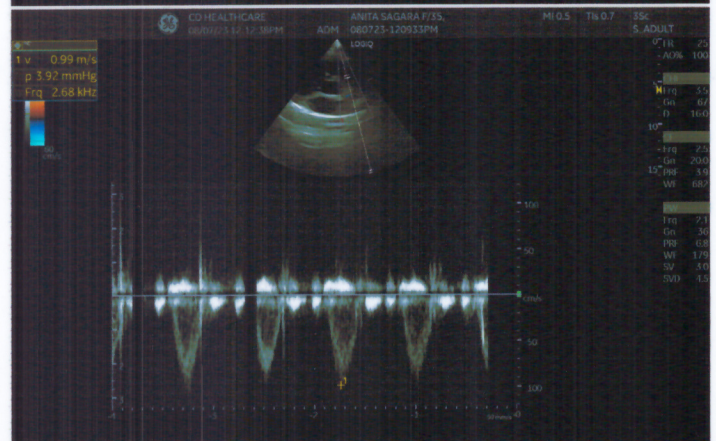
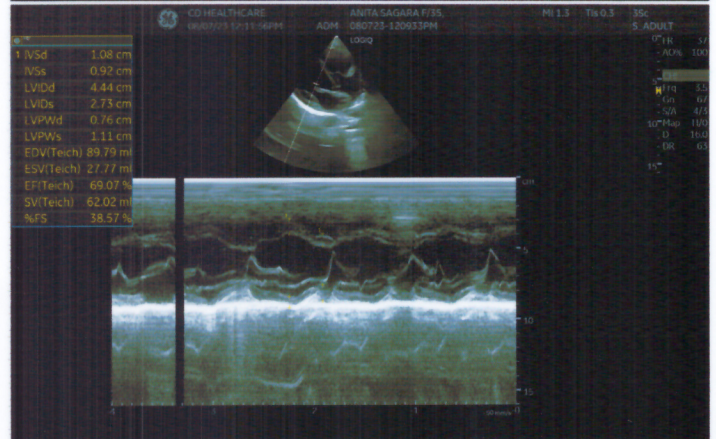
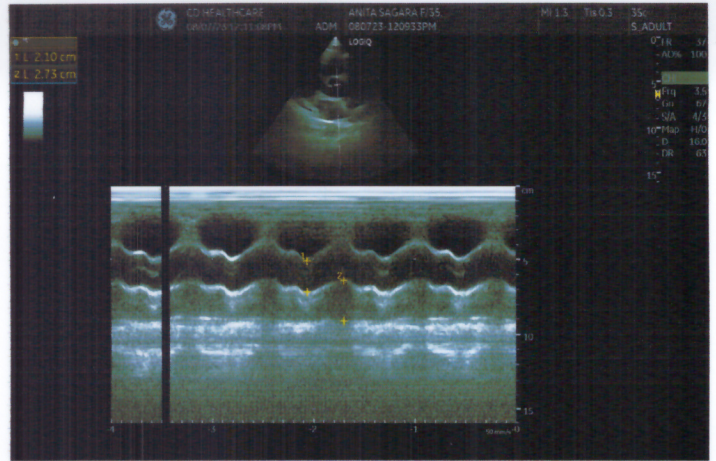
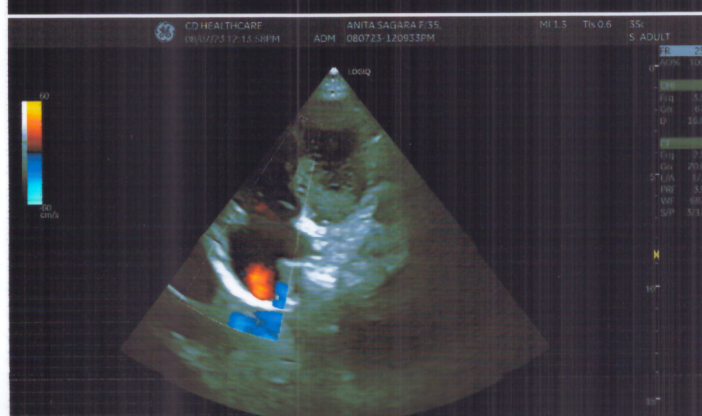
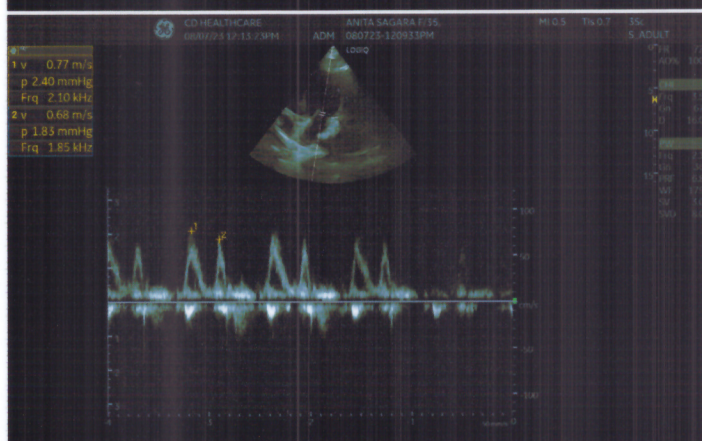
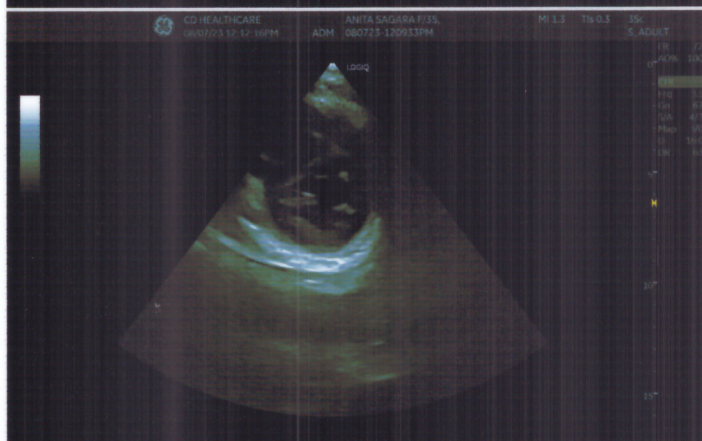
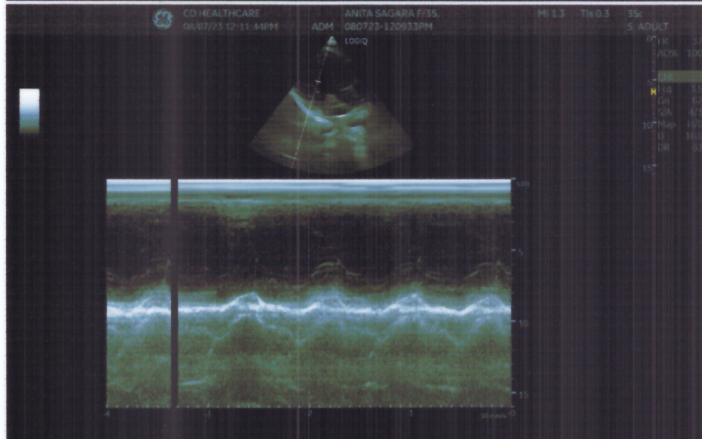
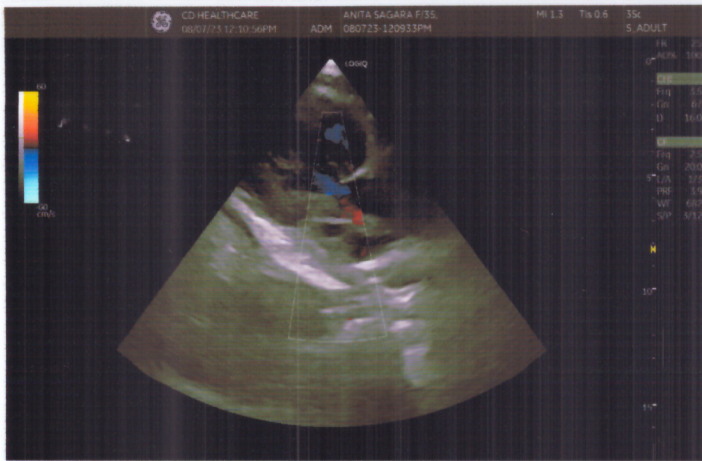
### CONCLUSION:-

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest
- Normal LV Compliance
- All Valves Are structurally Normal
- Trivial MR, No AR, No PR
- Mild TR, No PAH, RVSP-32mmHg
- IVC is normal in size with preserved respiratory variation.

**Dr. Parth Thakkar**  
MD (Med.), DrNB (Cardiology)  
Interventional Cardiologist  
79901-79258

*for Pms*  
**Dr. Abhimanyu D Kothari**  
MD (Med.), DM (Cardiology)  
Interventional Cardiologist  
9714675115





**R**



**ANITA SAGARA 35Y/F F CHEST,FRN PA 08-Jul-23 Acq Tm: 11:09 AM  
CONCEPT DIAGNOSTIC**



## TEST REPORT

Reg. No. : 307100154	Reg. Date : 08-Jul-2023 09:10	Ref.No :	Approved On : 08-Jul-2023 13:53
Name : Mrs. ANITA SAGARA			Collected On : 08-Jul-2023 09:48
Age : 34 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9925505205
Location :			

Test	Results	Unit	Bio. Ref. Interval
<b>Complete Blood Count</b>			
Hemoglobin(SLS method)	12.5	g/dL	12.0 - 15.0
RBC Count(Ele.Impedence)	4.41	X 10 <sup>12</sup> /L	3.8 - 4.8
Hematocrit (calculated)	38.6	%	36 - 46
MCV (Calculated)	87.6	fL	83 - 101
MCH (Calculated)	28.4	pg	27 - 32
MCHC (Calculated)	32.4	g/dL	31.5 - 34.5
RDW-CV	H <b>14.70</b>	%	11.5 - 14.5
RDW-SD(calculated)	H <b>46.90</b>	fL	36 - 46
Total WBC count	7440	/μL	4000 - 10000
<b>DIFFERENTIAL WBC COUNT</b>			
	[ % ]	EXPECTED VALUES	[ Abs ]      EXPECTED VALUES
Neutrophils	63	38 - 70	4687 /cmm 1800 - 7700
Lymphocytes	30	21 - 49	2232 /cmm 1000 - 3900
Eosinophils	2	0 - 7	149 /cmm 20 - 500
Monocytes	5	3 - 11	372 /cmm 200 - 800
Basophils	0	0 - 2	0 /cmm 0 - 100
NLR (Neutrophil: Lymphocyte Ratio)	2.10		1.1 - 3.5
Platelet Count (Ele.Impedence)	237000	/cmm	150000 - 410000
PCT	0.28	ng/mL	< 0.5
MPV	H <b>14.30</b>	fL	6.5 - 12.0
ESR	6	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs : <30

Test done from collected sample.

This is an electronically authenticated report.



*Mohan Galande*  
**Approved by: Dr. Mohan Galande**

M.D. Pathology  
G-10116

Page 1 of 16

**Generated On :** 08-Jul-2023 17:30

**Approved On:** 08-Jul-2023 13:53

**TEST REPORT**

Reg. No. : 307100154 Reg. Date : 08-Jul-2023 09:10 Ref.No : Approved On : 08-Jul-2023 15:59  
Name : Mrs. ANITA SAGARA Collected On : 08-Jul-2023 09:48  
Age : 34 Years Gender: Female Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. : 9925505205  
Location :

Test Name	Results	Units	Bio. Ref. Interval
<b>BLOODGROUP &amp; RH</b>			
<u>Specimen: EDTA and Serum; Method: Gel card system</u>			
Blood Group "ABO" <i>Agglutination</i>	"O"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Keyur Patel

M.B.B.S.,D.C.P(Patho)  
G- 22475

Page 2 of 16

Generated On : 08-Jul-2023 17:30

Approved On: 08-Jul-2023 15:59

## TEST REPORT

<b>Reg. No.</b> : 307100154	<b>Reg. Date</b> : 08-Jul-2023 09:10	<b>Ref.No</b> :	<b>Approved On</b> : 08-Jul-2023 14:48
<b>Name</b> : Mrs. ANITA SAGARA			<b>Collected On</b> : 08-Jul-2023 09:48
<b>Age</b> : 34 Years	<b>Gender</b> : Female	<b>Pass. No.</b> :	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> : 9925505205
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>FASTING PLASMA GLUCOSE</u></b>			
<b><u>Specimen: Fluoride plasma</u></b>			
FASTING PLASMA GLUCOSE <i>Hexokinase</i>	79.56	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126

Plasma

Criteria for the diagnosis of diabetes:

1. HbA1c >= 6.5 \*
- Or
2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
- Or
3. Two hour plasma glucose >= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
- Or
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >= 200 mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Test done from collected sample.

This is an electronically authenticated report.



**Approved by: Dr. Keyur Patel**

M.B.B.S.,D.C.P(Patho)  
G- 22475

Page 3 of 16

**Generated On** : 08-Jul-2023 17:30

**Approved On**: 08-Jul-2023 14:48

**TEST REPORT**

Reg. No. : 307100154 Reg. Date : 08-Jul-2023 09:10 Ref.No : Approved On : 08-Jul-2023 14:48  
Name : Mrs. ANITA SAGARA Collected On : 08-Jul-2023 12:35  
Age : 34 Years Gender: Female Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. : 9925505205  
Location :

Test Name	Results	Units	Bio. Ref. Interval
<b>POST PRANDIAL PLASMA GLUCOSE</b> <b>Specimen: Fluoride plasma</b>			
POST PRANDIAL PLASMA GLUCOSE <i>Hexokinase</i>	L 90.47	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Plasma			

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Keyur Patel

M.B.B.S.,D.C.P(Patho)  
G- 22475

Page 4 of 16

Generated On : 08-Jul-2023 17:30

Approved On: 08-Jul-2023 14:48

## TEST REPORT

**Reg. No.** : 307100154    **Reg. Date** : 08-Jul-2023 09:10    **Ref.No** :    **Approved On** : 08-Jul-2023 14:48  
**Name** : Mrs. ANITA SAGARA    **Collected On** : 08-Jul-2023 09:48  
**Age** : 34 Years    **Gender:** Female    **Pass. No. :**    **Dispatch At** :  
**Ref. By** : APOLLO    **Tele No.** : 9925505205  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
GGT	16.8	U/L	6 - 42
<i>L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric</i>			
Serum			

Test done from collected sample.

This is an electronically authenticated report.



**Approved by: Dr. Keyur Patel**

M.B.B.S.,D.C.P(Patho)  
G- 22475

Page 5 of 16

**Generated On** : 08-Jul-2023 17:30

**Approved On:** 08-Jul-2023 14:48

## TEST REPORT

<b>Reg. No.</b> : 307100154	<b>Reg. Date</b> : 08-Jul-2023 09:10	<b>Ref.No</b> :	<b>Approved On</b> : 08-Jul-2023 14:49
<b>Name</b> : Mrs. ANITA SAGARA			<b>Collected On</b> : 08-Jul-2023 09:48
<b>Age</b> : 34 Years	<b>Gender:</b> Female	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> : 9925505205
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>LIPID PROFILE</u></b>			
CHOLESTEROL	169.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
TRIGLYCERIDE <i>Enzymatic Colorimetric Method</i>	51.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
VLDL	10	mg/dL	0 - 30
LDL CHOLESTEROL <i>Calculated Method</i>	97.14	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
HDL-CHOLESTEROL	61.86	mg/dL	<40 >60
CHOL/HDL RATIO	2.73		0.0 - 3.5
LDL/HDL RATIO	1.57		1.0 - 3.4
TOTAL LIPID	400.00	mg/dL	400 - 1000
Serum			

Test done from collected sample.

This is an electronically authenticated report.



**Approved by: Dr. Keyur Patel**

M.B.B.S,D.C.P(Patho)  
G- 22475

Page 6 of 16

**Generated On :** 08-Jul-2023 17:30

**Approved On:** 08-Jul-2023 14:49

## TEST REPORT

Reg. No. : 307100154	Reg. Date : 08-Jul-2023 09:10	Ref.No :	Approved On : 08-Jul-2023 14:49
Name : Mrs. ANITA SAGARA			Collected On : 08-Jul-2023 09:48
Age : 34 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9925505205
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>LIVER FUNCTION TEST</u></b>			
TOTAL PROTEIN	7.45	g/dL	6.6 - 8.8
ALBUMIN	4.31	g/dL	3.5 - 5.2
GLOBULIN <i>( Calculated )</i>	3.14	g/dL	2.4 - 3.5
ALB/GLB <i>( Calculated )</i>	1.37		1.2 - 2.2
SGOT	23.70	U/L	<31
SGPT	15.90	U/L	<31
ALK. PHOSPHATASE <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	75.40	U/L	40 - 130
TOTAL BILIRUBIN	0.57	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.18	mg/dL	<0.2
INDIRECT BILIRUBIN <i>Calculated.</i>	0.39	mg/dL	0.0 - 1.00
Serum			

Test done from collected sample.

This is an electronically authenticated report.



Approved by: **Dr. Keyur Patel**

M.B.B.S.,D.C.P(Patho)  
G- 22475

Page 7 of 16

Generated On : 08-Jul-2023 17:30

Approved On: 08-Jul-2023 14:49

## TEST REPORT

**Reg. No.** : 307100154 **Reg. Date** : 08-Jul-2023 09:10 **Ref.No** : **Approved On** : 08-Jul-2023 16:48  
**Name** : Mrs. ANITA SAGARA **Collected On** : 08-Jul-2023 09:48  
**Age** : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9925505205  
**Location** :

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

### HEMOGLOBIN A1 C ESTIMATION

#### Specimen: Blood EDTA

HbA1c <i>High Performance Liquid Chromatography (HPLC)</i>	5.40	%	Normal: $\leq 5.6$ Prediabetes: 5.7-6.4 Diabetes: $\geq 6.5$ Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
---	------	---	---

Mean Blood Glucose <i>( Calculated )</i>	108	mg/dL	
---	-----	-------	--

**Sample Type:** EDTA Whole Blood

#### 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  $\geq 200$ mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq 200$  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.

#### Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
  - Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
  - Glycated HbF is not detected by this assay and hence specimens containing high HbF ( $>10\%$ ) may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus
- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control( also called glycemic control).
  - HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
  - HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
  - Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
  - Glycemic control monitored by HbA1C measurement using HPLC method (GOLD STANDARD ) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Avani Patel

M.D. Biochemistry Page 8 of 16  
Reg No.- G-34103

Generated On : 08-Jul-2023 17:30

Approved On: 08-Jul-2023 16:48



## TEST REPORT

Reg. No. : 307100154	Reg. Date : 08-Jul-2023 09:10	Ref.No :	Approved On : 08-Jul-2023 16:48
Name : Mrs. ANITA SAGARA			Collected On : 08-Jul-2023 09:48
Age : 34 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9925505205
Location :			

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

**PATIENT REPORT**  
V2TURBO\_A1c\_2.0

**Patient Data**

Sample ID: 130703500115  
 Patient ID:  
 Name:  
 Physician:  
 Sex:  
 DOB:

**Analysis Data**

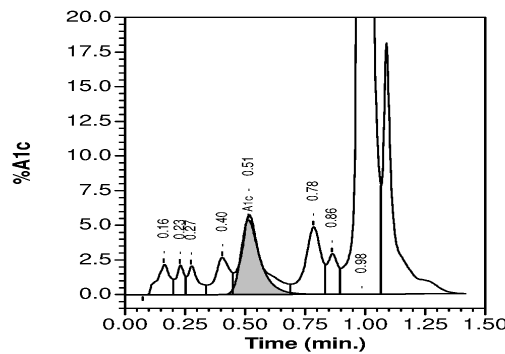
Analysis Performed: 08/07/2023 16:36:30  
 Injection Number: 8202  
 Run Number: 332  
 Rack ID:  
 Tube Number: 8  
 Report Generated: 08/07/2023 16:39:03  
 Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.2	0.161	14245
A1b	---	0.7	0.227	8217
F	---	0.9	0.275	10964
LA1c	---	1.6	0.404	18782
A1c	5.4	---	0.514	52607
P3	---	3.4	0.783	38843
P4	---	1.3	0.861	15351
Ao	---	86.2	0.985	997326

Total Area: 1,156,336

**HbA1c (NGSP) = 5.4 %**



Test done from collected sample.

This is an electronically authenticated report.



*Dr. Avani Patel*  
**Approved by: Dr. Avani Patel**

**Generated On :** 08-Jul-2023 17:30

M.D. Biochemistry Page 9 of 16  
Reg No.- G-34103

**Approved On:** 08-Jul-2023 16:48

## TEST REPORT

**Reg. No. :** 307100154 **Reg. Date :** 08-Jul-2023 09:10 **Ref.No :** **Approved On :** 08-Jul-2023 15:32  
**Name :** Mrs. ANITA SAGARA **Collected On :** 08-Jul-2023 09:48  
**Age :** 34 Years **Gender:** Female **Pass. No. :** **Dispatch At :**  
**Ref. By :** APOLLO **Tele No. :** 9925505205  
**Location :**

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine)	0.91	ng/mL	0.6 - 1.52
T4 (Thyroxine) <small>CMIA</small>	9.47	µg/dL	5.5 - 11.0
TSH ( ultra sensitive) <small>CMIA</small>	1.680	µIU/mL	0.35 - 4.94

**Sample Type:** Serum

**Comments:**

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

**TSH levels During Pregnancy :**

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

Test done from collected sample.

This is an electronically authenticated report.



**Approved by:** Dr. Avani Patel

M.D. Biochemistry Page 10 of 16  
Reg No.- G-34103

**Generated On :** 08-Jul-2023 17:30

**Approved On:** 08-Jul-2023 15:32

## TEST REPORT

Reg. No. : 307100154	Reg. Date : 08-Jul-2023 09:10	Ref.No :	Approved On : 08-Jul-2023 14:38
Name : Mrs. ANITA SAGARA			Collected On : 08-Jul-2023 09:48
Age : 34 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9925505205
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>URINE ROUTINE EXAMINATION</u>			
<b><u>Physical Examination</u></b>			
Colour	Pale Yellow		
Clarity	Clear		
<b><u>CHEMICAL EXAMINATION (by strip test)</u></b>			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.005		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Negative		Nil
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leucocytes (Pus Cells)	12-14		0 - 5/hpf
Erythrocytes (RBC)	5-6		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	1-2		Nil
Monilia	Nil		Nil
T. Vaginalis	Nil		Nil
Urine			

Test done from collected sample.

This is an electronically authenticated report.



**Approved by: Dr. Keyur Patel**

M.B.B.S.,D.C.P(Patho)  
G- 22475

Page 11 of 16

Generated On : 08-Jul-2023 17:30

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**LABORATORY REPORT**



Reg. No : 30703500115 Histo / Cyto No : C23103604 Reg. Date : 08-Jul-2023 09:10  
 Name : Mrs. ANITA SAGARA Collected on : 08-Jul-2023 11:41  
 Sex/Age : Female / 34 Years Report Date : 08-Jul-2023  
 Ref. By : APOLLO Tele. No : 9925505205  
 Location : Dispatch At :

**CYTOPATHOLOGY REPORT**

**Specimen :**

Liquid based cervical smear.

**Grossing Description :**

1 liquid based container is received, 1 smear is prepared, 1 PAP stain done.

**Microscopic Description :**

Smear is satisfactory for evaluation.  
 Endocervical cells and metaplastic squamous cells are seen.  
 Many superficial, intermediate cells and few parabasal cells seen.  
 Mild inflammation with predominance of neutrophils are seen.  
 Many lactobacilli are seen.  
 No parasites/ fungi.  
 No evidence of intraepithelial lesion or malignancy.

**Diagnosis :**

Liquid based cervical smear - **Mild inflammation and negative for intraepithelial lesion or malignancy.**

**(The Bethesda System for the reporting of cervical cytology, 2014).**

Note - The PAP test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP tests are recommended.

Cervical cancer screening guideline for average risk woman.

American Cancer Society (ACS) /American Cancer Society for Colposcopy and Cervical pathology/American Society for Clinical Pathology (ASCP) Guidelines, 2012.

Population	ACS/ASCCP/ASCPS
Younger than 21 years	No screening.
21-29 years	Screening with <b>cytology alone every 3 years</b> is recommended.

*Lira*

**Dr. Lira Bachani**  
M.D. Pathology  
G-16946

Approved On: 08-Jul-2023 17:30 Generated On : 08-Jul-2023 17:30

For Appointment : 7567 000 750  
 www.conceptdiagnostics.com  
 conceptdiaghealthcare@gmail.com

1st Floor, Sanjivani Palace, Near Gopi  
 Restaurant, Anandnagar Cross Road,  
 Prahladnagar, Ahmedabad-15.

**LABORATORY REPORT**



Reg. No : <b>30703500115</b>	Histo / Cyto No : <b>C23103604</b>	Reg. Date : 08-Jul-2023 09:10	
Name : <b>Mrs. ANITA SAGARA</b>		Collected on : 08-Jul-2023 11:41	
Sex/Age : <b>Female / 34 Years</b>		Report Date : 08-Jul-2023	
Ref. By : APOLLO		Tele. No : 9925505205	
Location :		Dispatch At :	

30-65 years	Cytology and HPV testing (“co-testing”) every <b>5 years</b> (preferred) or <b>Cytology alone</b> every <b>3 years</b> (acceptable) is recommended.
Older than 65 years	Stop screening with adequate screening history.

Note - Women who have a history of cervical cancer, HIV infection, weakened immune system should not follow these routine guidelines.

If you have an abnormal cervical cancer screening test result, you may have additional testing/treatment. Your doctor will recommend when you can resume routine screening.

All stained slides and/or paraffin blocks labeled Histo/Cyto No: C23103604 returned along with report. Please preserve them Carefully.



**Dr. Lira Bachani**  
M.D. Pathology  
G-16946

Approved On: 08-Jul-2023 17:30      Generated On : 08-Jul-2023 17:30

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[www.conceptdiagnostics.com](http://www.conceptdiagnostics.com)  
[conceptdiaghealthcare@gmail.com](mailto:conceptdiaghealthcare@gmail.com)

This is an electronically authenticated report.

1st Floor, Sanjand Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.

**TEST REPORT**

**Reg. No.** : 307100154 **Reg. Date** : 08-Jul-2023 09:10 **Ref.No** : **Approved On** : 08-Jul-2023 14:49  
**Name** : Mrs. ANITA SAGARA **Collected On** : 08-Jul-2023 09:48  
**Age** : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9925505205  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
CREATININE	0.67	mg/dL	0.51 - 1.5

**Serum**

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

Test done from collected sample.

This is an electronically authenticated report.

**Approved by: Dr. Keyur Patel**M.B.B.S.,D.C.P(Patho) Page 14 of 16  
G- 22475**Approved On:** 08-Jul-2023 14:49**Generated On :** 08-Jul-2023 17:30

**TEST REPORT**

**Reg. No.** : 307100154 **Reg. Date** : 08-Jul-2023 09:10 **Ref.No** : **Approved On** : 08-Jul-2023 14:49  
**Name** : Mrs. ANITA SAGARA **Collected On** : 08-Jul-2023 09:48  
**Age** : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9925505205  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
UREA	19.1	mg/dL	

**Serum**

Useful screening test for evaluation of kidney function. Urea is the final degradation product of protein and amino acid metabolism. In protein catabolism, the proteins are broken down to amino acids and deaminated. The ammonia formed in this process is synthesized to urea in the liver. This is the most important catabolic pathway for eliminating excess nitrogen in the human body. Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function. The test is frequently requested along with the serum creatinine test since simultaneous determination of these 2 compounds appears to aid in the differential diagnosis of prerenal, renal and postrenal hyperuremia.

Test done from collected sample.

This is an electronically authenticated report.

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G- 22475

Page 15 of 16

**Generated On** : 08-Jul-2023 17:30**Approved On:** 08-Jul-2023 14:49

## TEST REPORT

<b>Reg. No.</b> : 307100154	<b>Reg. Date</b> : 08-Jul-2023 09:10	<b>Ref.No</b> :	<b>Approved On</b> : 08-Jul-2023 11:20
<b>Name</b> : Mrs. ANITA SAGARA			<b>Collected On</b> : 08-Jul-2023 09:48
<b>Age</b> : 34 Years	<b>Gender:</b> Female	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> : 9925505205
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>ELECTROLYTES</u></b>			
Sodium (Na+) <small>ISE</small>	140.3	mmol/L	136 - 145
Potassium (K+) <small>ISE</small>	4.2	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>ISE</small>	100.3	mmol/L	98 - 107
Serum			

**Comments**

The electrolyte panel is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions. Repeat testing of the electrolyte or its components may be used to monitor the patient's response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.

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

Test done from collected sample.

This is an electronically authenticated report.



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M.B.B.S.,D.C.P(Patho) Page 16 of 16  
G- 22475

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