



Chavada Dayalal11 <chavadadayalal11@gmail.com>

**Fwd: Health Check up Booking Request(bobS31834), Beneficiary Code-34446**

1 message

Chetan Dadhaniya <cpdadhaniya@gmail.com>  
To: chavadadayalal11@gmail.com, sindhavaradhika@gmail.com

Sat, Mar 4, 2023 at 12:09 PM

Forwarded message

From: Mediwheel <wellness@mediwheel.in>  
Date: Sat, Mar 4, 2023, 12:09 PM  
Subject: Health Check up Booking Request(bobS31834), Beneficiary Code-34446  
To: <cpdadhaniya@gmail.com>  
Cc: <mediwheelwellness@gmail.com>



**Mediwheel**  
—Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear Panchmukhi Hospital,

City : Rajkot . Address : Poonam Society, Mavdi , Chokadi ,150 Ring Road, Oppo. BRT Bus Stand - 360005,

We have received the confirmation for the following booking .

Name : Vasundhara  
Age : 32  
Gender : Female  
Package Name : Medi-Wheel Full Body Health Checkup Female Below 40/Pap Smear  
Contact Details : 9989011758  
Booking Date : 04-03-2023  
Appointment Date : 11-03-2023

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
Vasundhara	34	Female	Cashless
Total amount to be paid			Cashless

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name : Medi-Wheel Full Body Health Checkup Female Below 40/Pap Smear - Includes (37 )Tests

Tests included in this Package : Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein

*Vasundhara*


**C. P. DADHANIYA**  
M.B.B.S., D.G.O.  
C.I.H., Diabetologist  
3/11/2023, 9:12 AM  
Regd. No. G19798  
**PANCHMUKHI HOSPITAL**  
MAVADI CHOKADI,  
150' RING ROAD, RAJKOT



CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4,  
Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total &  
Direct and Indirect, Albumin, Globulin

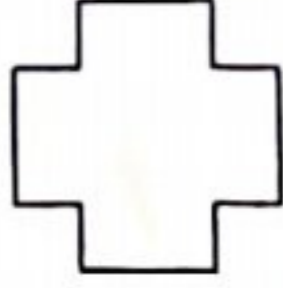
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*Vasundara,*

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



Date :- 11/03/23



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 : BANE VASUNDARA  
identity proof : PAN card  
identity proof no : BCUPV8375C  
gender : female  
height : 167cm  
weight : 62 kg  
BP : 106/70  
pulse : 74/min  
blood sample : Yes  
fasting mode : Yes  
non fasting mode : NO

past history : NO H/O DM, HT, Thyroid  
NO operative H/O

Vasundara:

Dental : Healthy

Gynaec : Healthy

General : Healthy

RS }  
CVS } NAD  
CNS }

**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 : Bane Vasundhara  
AGE/GENDER: female / 25

DIAG. DATE: 11/03/23

**PATIENT'S REFRACTION DETAILS**

		<u>SPHE</u>	<u>CYL</u>	<u>AXIS</u>	<u>VN</u>
<u>R</u>	<u>D</u>	-1.5			6/9
	<u>N</u>	2	-	60	-
<u>L</u>	<u>D</u>	-1.0			6/9
	<u>N</u>	2	-	80	-

**REMARKS :**

**CHECKED BY :** DR. C.P. Daddhaniya

Vasundhara

**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



10mm/mV AUTO

10mm/mV

I

aVR

II

aVL

III

aVF

II 10mm/mV

25mm/s

AC:ON 0.05-35Hz







**Bank of Baroda**  
बैंक ऑफ बरोडा

नाम

Name **KANDURU RAMESH**

कर्मचारी कूट कं.

E.C. No. **127525**



JAGJEET KUMAR  
DY.REGIONAL MANAGER(AGM)  
REGIONAL OFFICE, RAJKOT

जारीकर्ता प्राधिकारी

Issuing Authority



धारक के हस्ताक्षर

Signature of Holder



भारत सरकार  
GOVT. OF INDIA



आयकर विभाग  
INCOME TAX DEPARTMENT



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

BCUPV8375C



नाम / Name

BANE VASUNDARA

पिता का नाम / Father's Name

BANE CHINNA VENKATARAMANA

जन्म की तारीख / Date of Birth

14/07/1997

B Vasundara.

हस्ताक्षर / Signature



09022017





Medi wheel Bane vasundara



SJ Patel Notary & Advocate 1st Floor, Shaneshwar Complex, Poonam Society, Chandreshnagar, Rajkot, Gujarat 360004, India

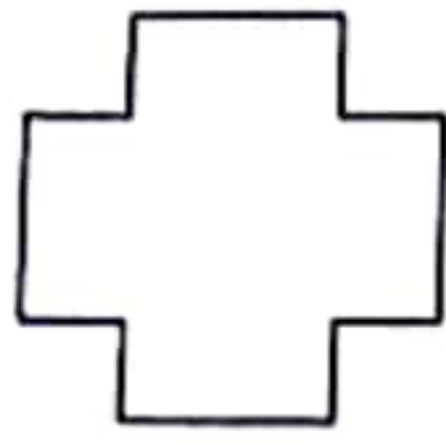
Latitude  
22.2654663°

Longitude  
70.7844069°

Local 11:06:20 AM  
GMT 05:36:20 AM

Altitude 146 meters  
Saturday, 11.03.2023





**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

## *Tread Mill Test*

Patient Name	:	Vasundara Bane	Age	:	24yrs/F
OPD/IPD	:	OPD	ID. No.	:	
Ref. By	:	Dr. C.P Dadhaniya	Resting BP	:	120/80
Report Date	:	11/03/2023	Max. BP	:	150/80

Patient Reaches exercise limit at 7.00 METS.

No signs of ischemia at the exercise level.

Adequate increase of HR & BP.

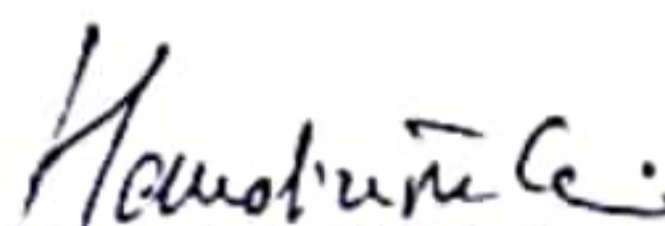
No significant Arrhythmia.

The stress test was terminated after 6:00 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



*Vasundara*

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	1:00	0.0	0.0	1.0	107	120/80	128	-	
Standing	0:01	1:05	0.0	0.0	1.0	105	120/80	125	-	
HV	0:01	1:09	0.0	0.0	1.0	109	120/80	130	-	
ExStart	0:01	1:14	0.0	0.0	1.0	107	120/80	128	-	
Stage 1	3:00	3:01	2.7	10.0	4.6	154	130/80	200	-	
PeakEx	3:00	6:00	4.0	12.0	7.0	182	150/80	273	-	
Recovery	1:00	6:01	0.0	0.0	1.0	145	150/80	217	-	
Recovery	3:00	6:01	0.0	0.0	1.0	117	120/80	140	-	

**Medication :**

**History :**

**Test End Reason : Test Complete, Fatigue**

**Findings :**

The patient exercised according to BRUCE for 6:0, achieving a work level of Max METS:7. Resting heart rate initially 107 bpm, rose to a max. heart rate of 182 bpm which represents 93% of maximum age predicted heart rate. Resting blood pressure 120/80 mmhg, rose to a maximum blood pressure of 150/80 mmhg. The exercise stress test was stopped due to Test Complete, Fatigue

**Parameters :**

Exercise Time : 6:00 minutes

Max HR attained : 182 bpm 93% of Max Predictable HR 196

Max BP : 150/80(mmHg)

Workload attained : 7 (Fair Effort Tolerance )

significant ST segment changes noted during exercise or recovery.

Angina/Arrhythmia/S3/murmur

Final Impression : Test is negative for inducible ischaemia.

Advice/Comments:





PANCHMUKHI HOSPITAL  
MAVADI CHOWK, 150 RING ROAD, RAJKOT

123 / VASUNDARA BANE  
24 Yrs / Female  
0 Kg / 0 Cm  
Date: 11-Mar-2023 07:01:42 PM

HR: 107 bpm  
METS: 1.0  
BP: 120/80

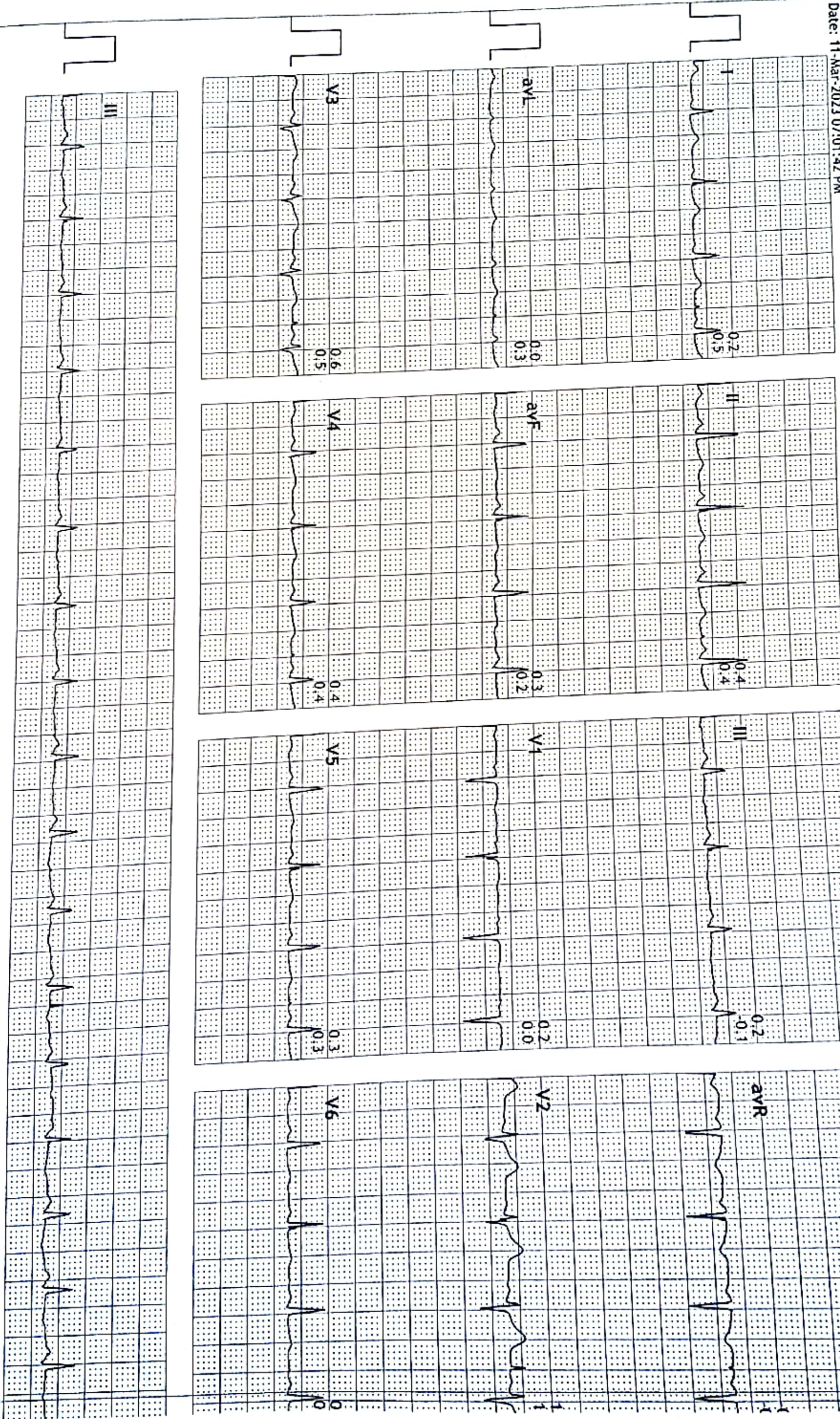
MPHR: 54% of 196  
Speed: 0.0 kmph  
Grade: 0.0%

Raw ECG  
BRUCE  
(0.05-100)Hz

3x4+1 Rhythm Lead

Ex Time 00:59  
BLC: On  
Notch: On

Supine  
10.0 mm/mV  
25 mm/Sec.





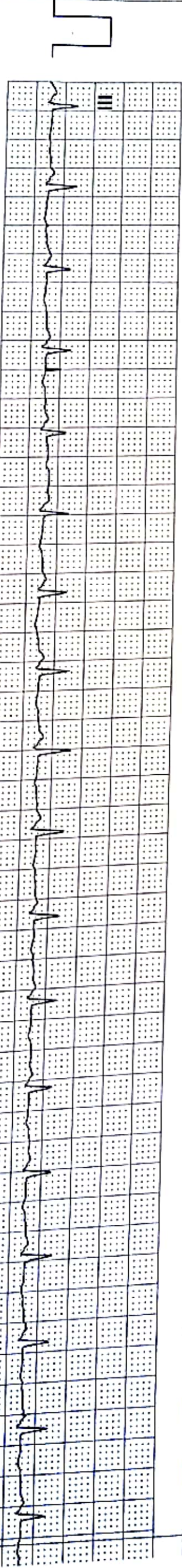
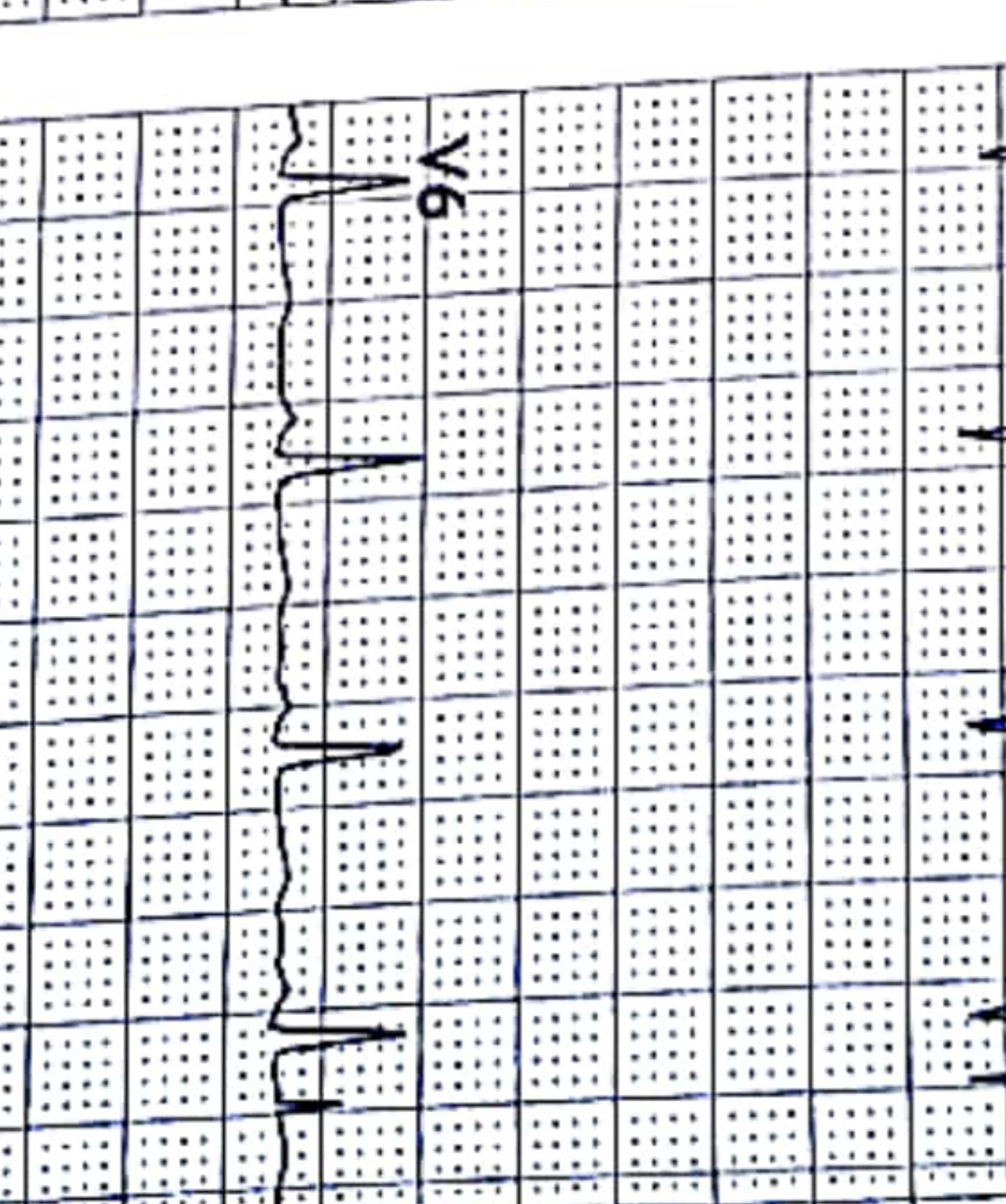
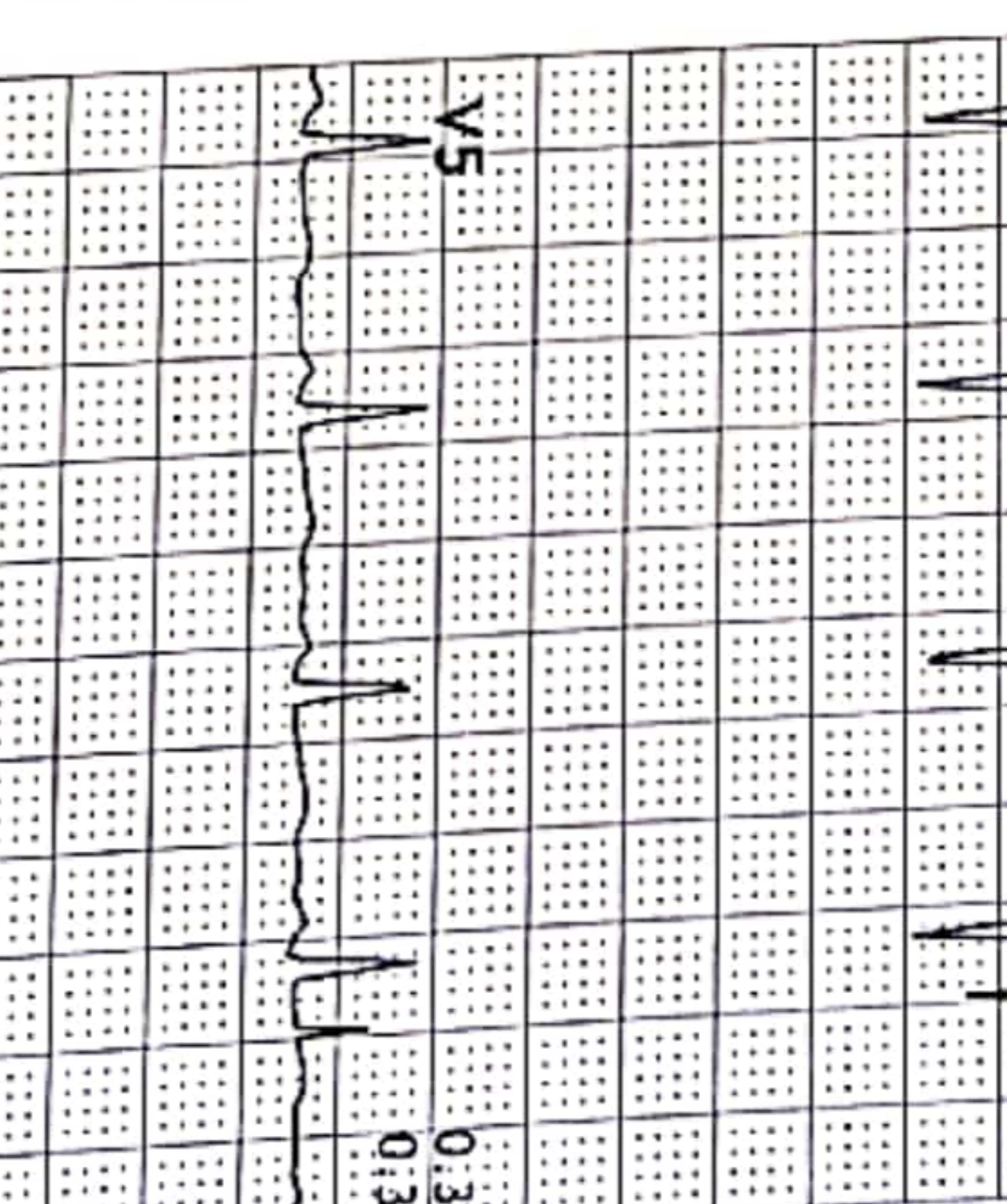
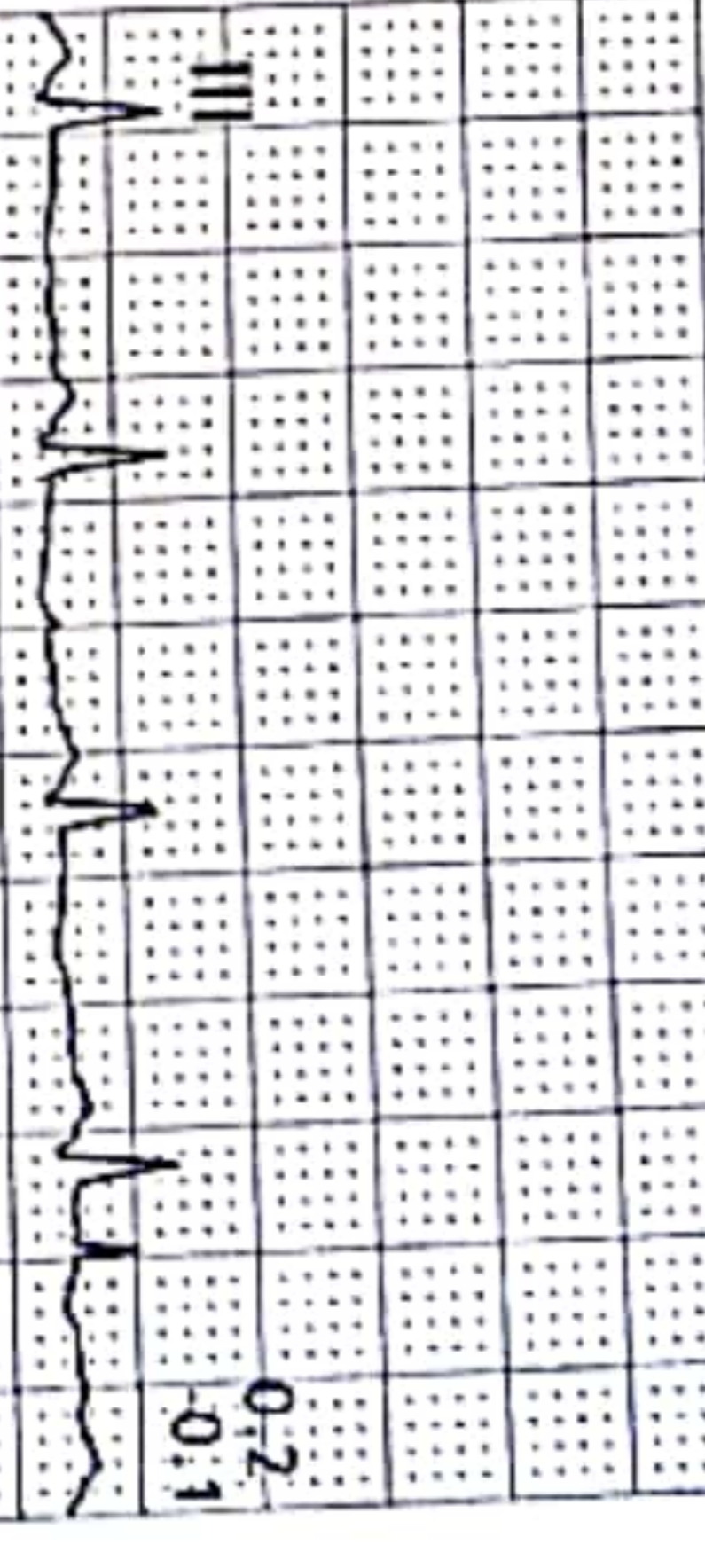
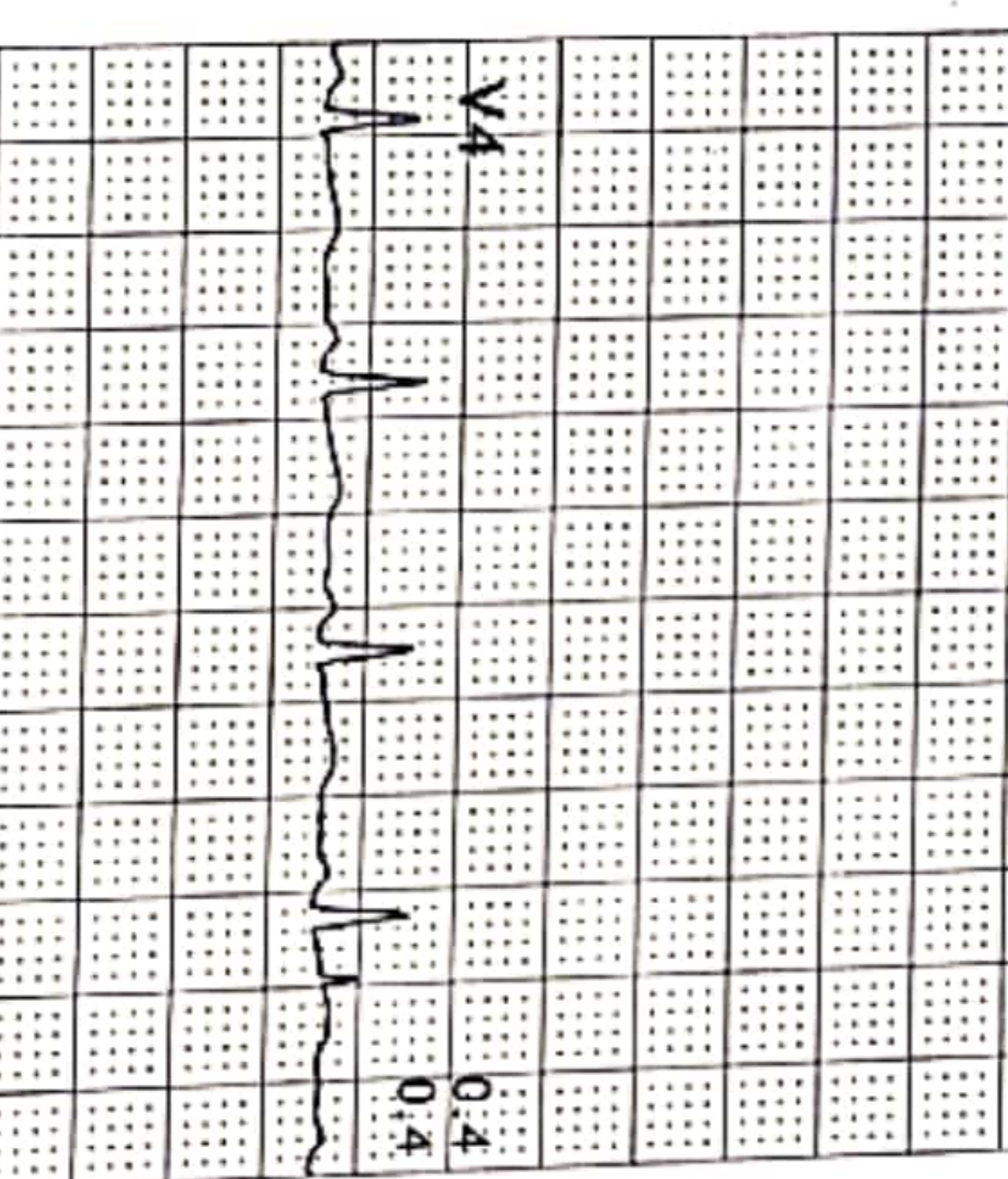
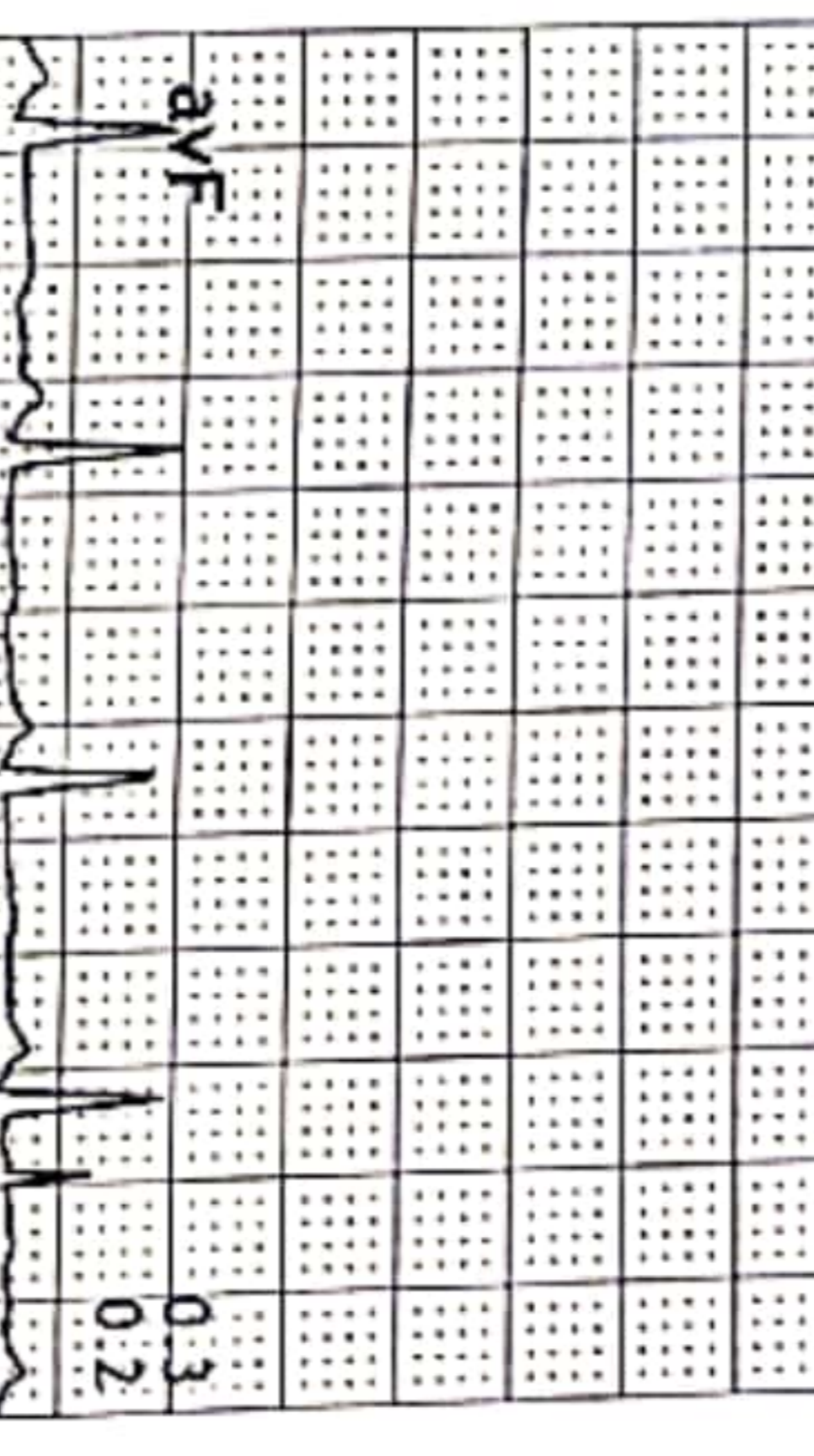
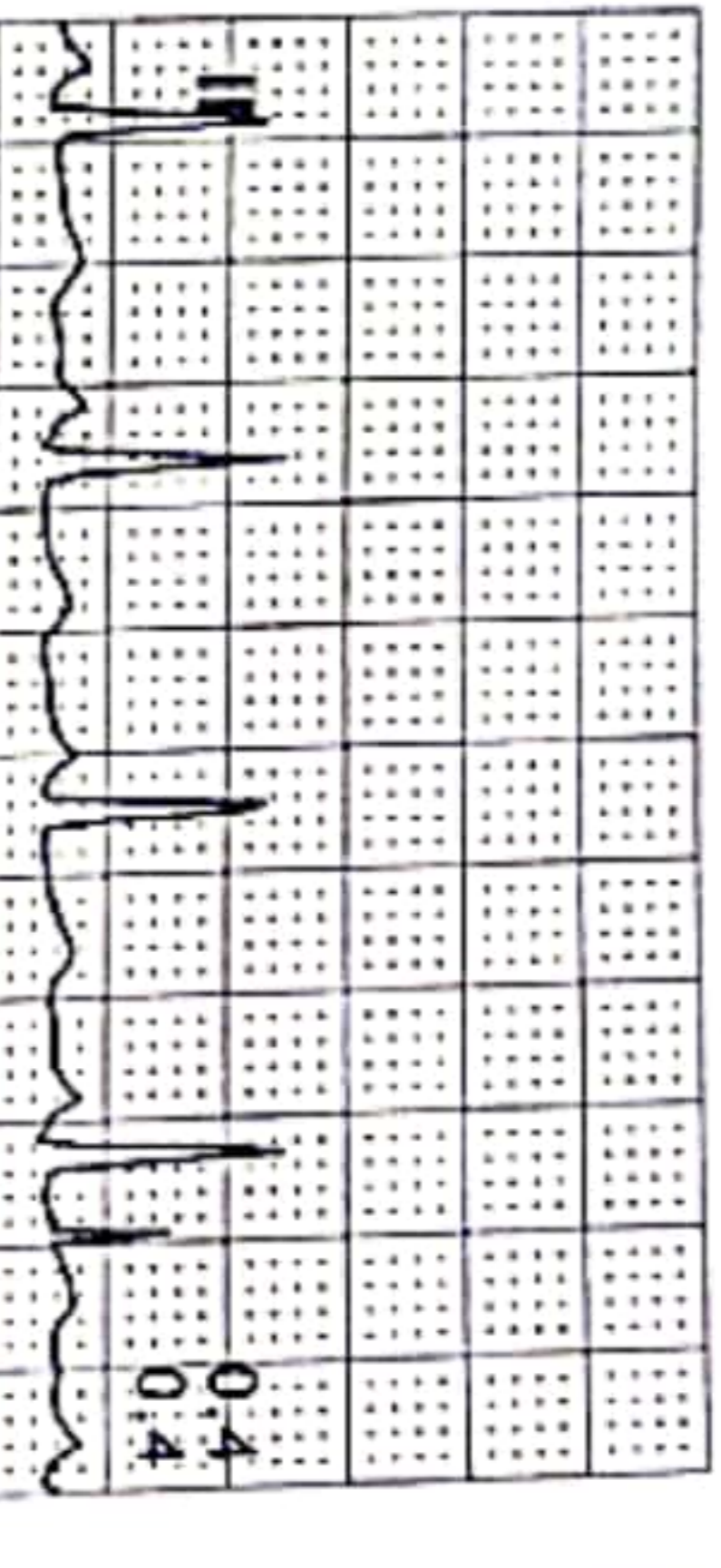
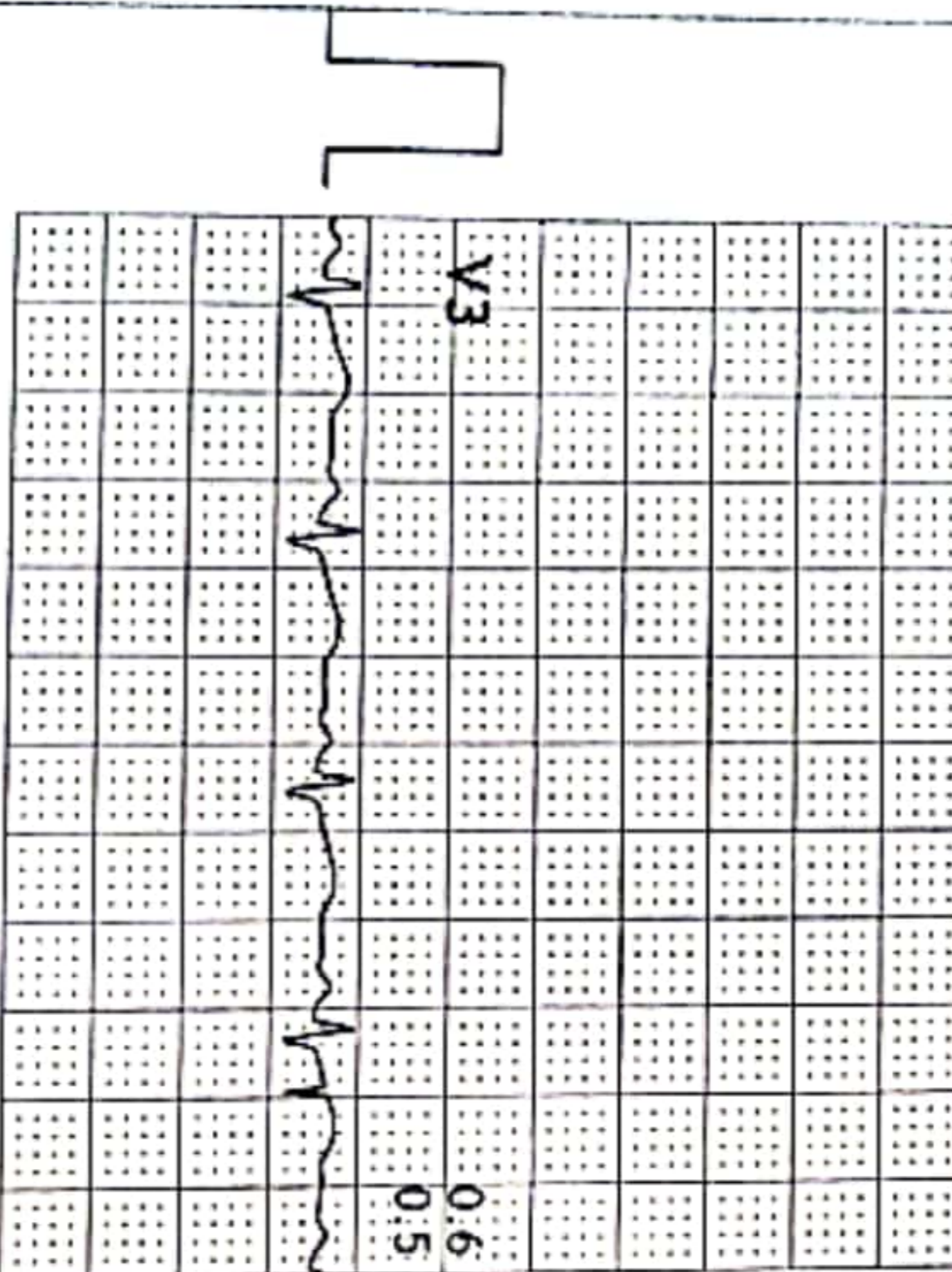
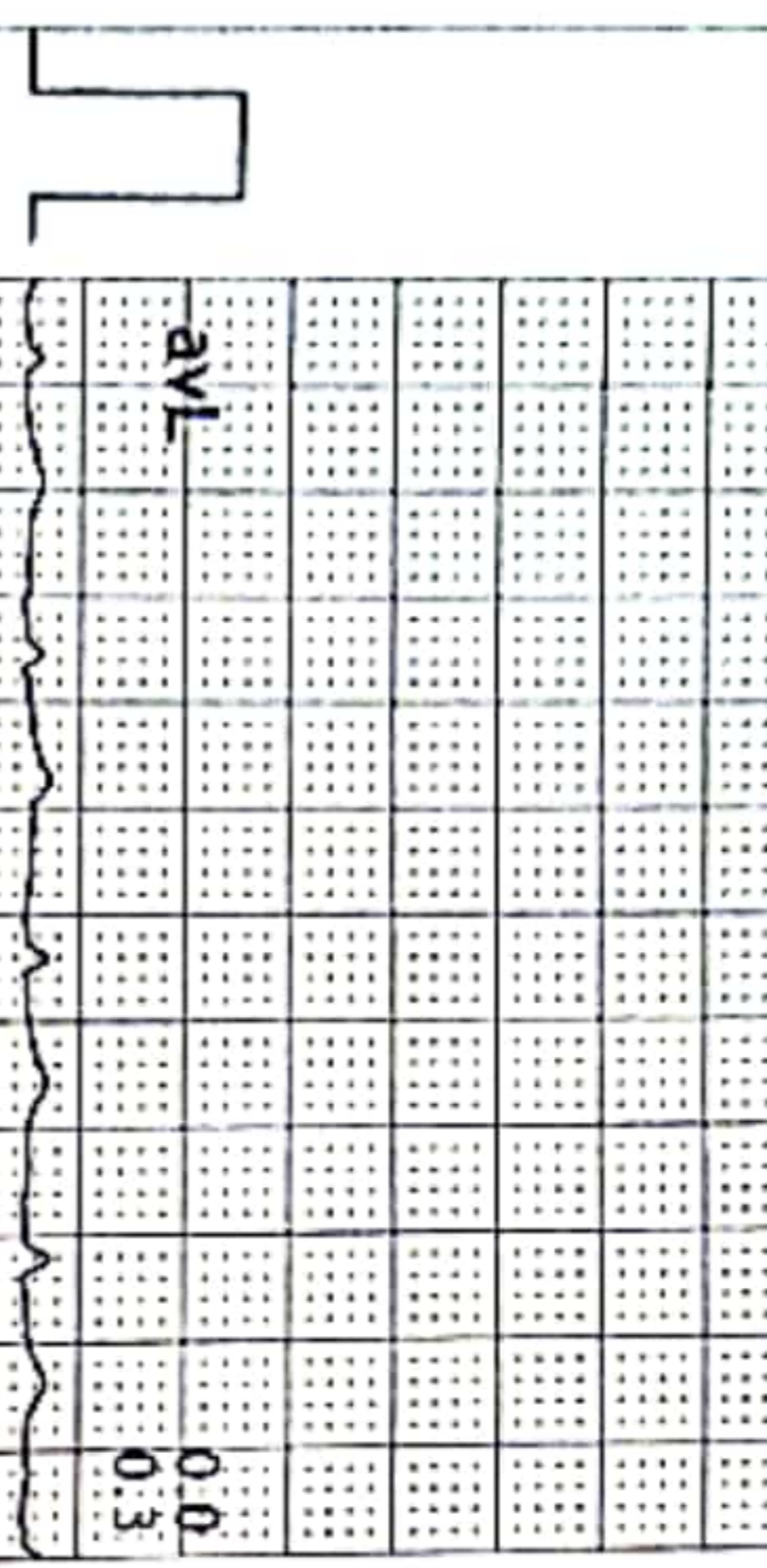
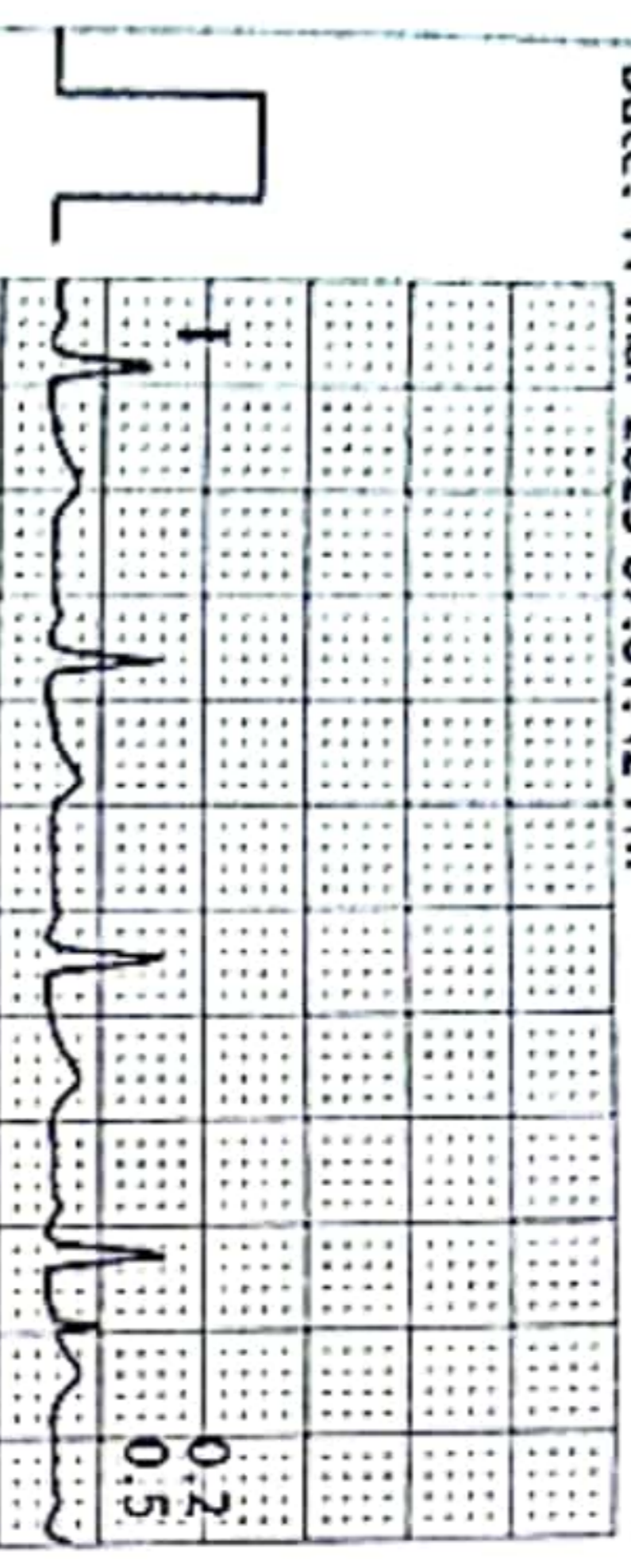
HR: 105 bpm  
METS: 1.0  
BP: 120/80

MPHR: 53% of 196  
Speed: 0.0 kmph  
Grade: 0.0%

Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 01:04  
BLC : On  
Notch : On

Standing  
10.0 mm/mV  
25 mm/Sec.





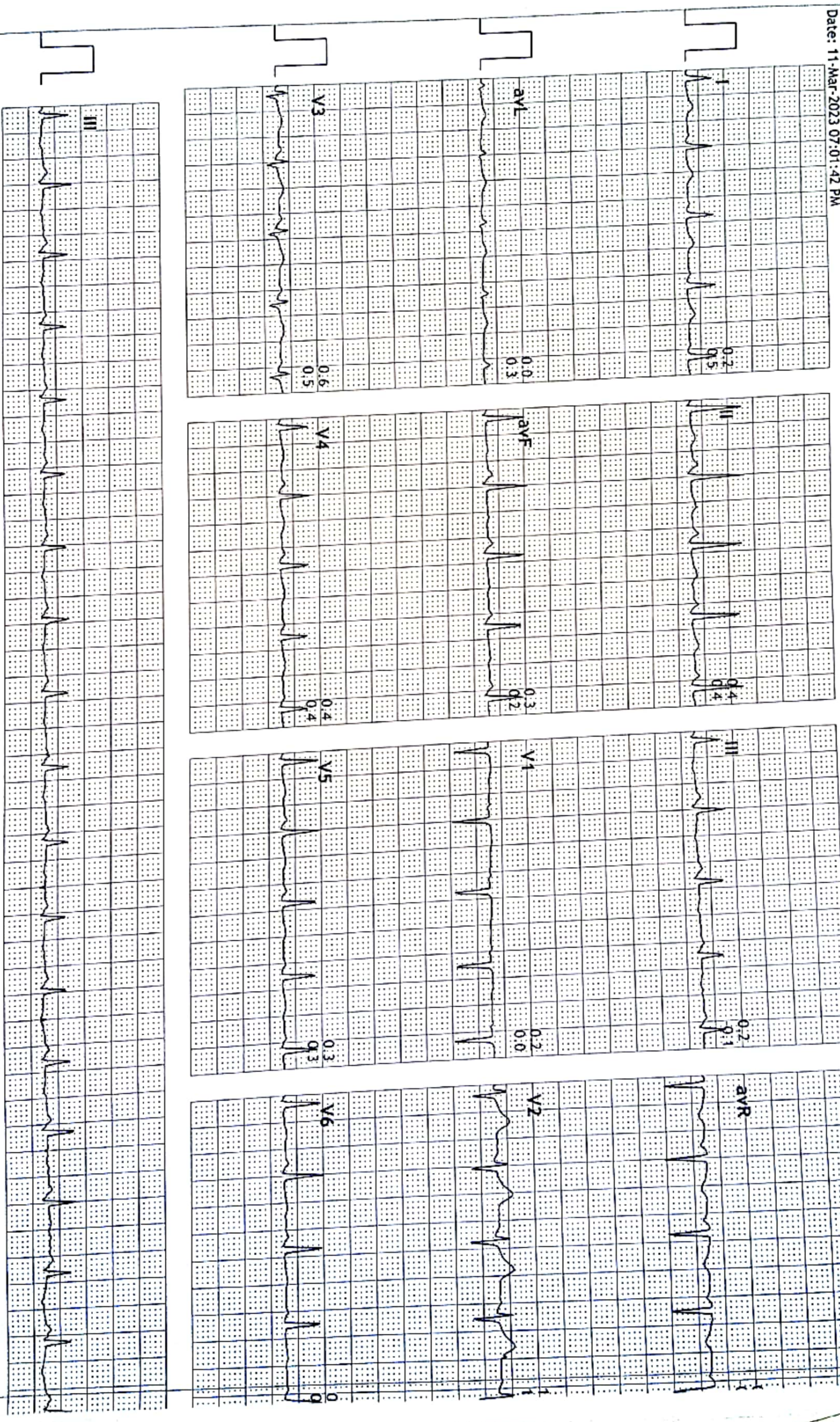
**PANCHMUKHI HOSPITAL**  
**MAVADI CHOWK, 150 RING ROAD, RAJKOT**  
 123 / VASUNDARA BANE  
 24 Yrs / Female  
 0 Kg / 0 Cm  
 Date: 11-Mar-2023 07:01:42 PM

HR: 109 bpm  
 METS: 1.0  
 BP: 120/80  
 MPPHR: 55% of 196  
 Speed: 0.0 kmph  
 Grade: 0.0%

Raw ECG  
 BRUCE  
 (0.05-100)Hz  
 Ex Time 01:08  
 BLC : On  
 Notch : On

HV  
 10.0 mm/mV  
 25 mm/Sec.

**3x4+1 Rhythm Lead**









123 / VASUNDARA BANE  
24 Yrs / Female  
0 Kg / 0 Cm  
Date: 11-Mar-2023 07:01:42 PM

HR: 154 bpm  
METs: 4.6  
BP: 130/80

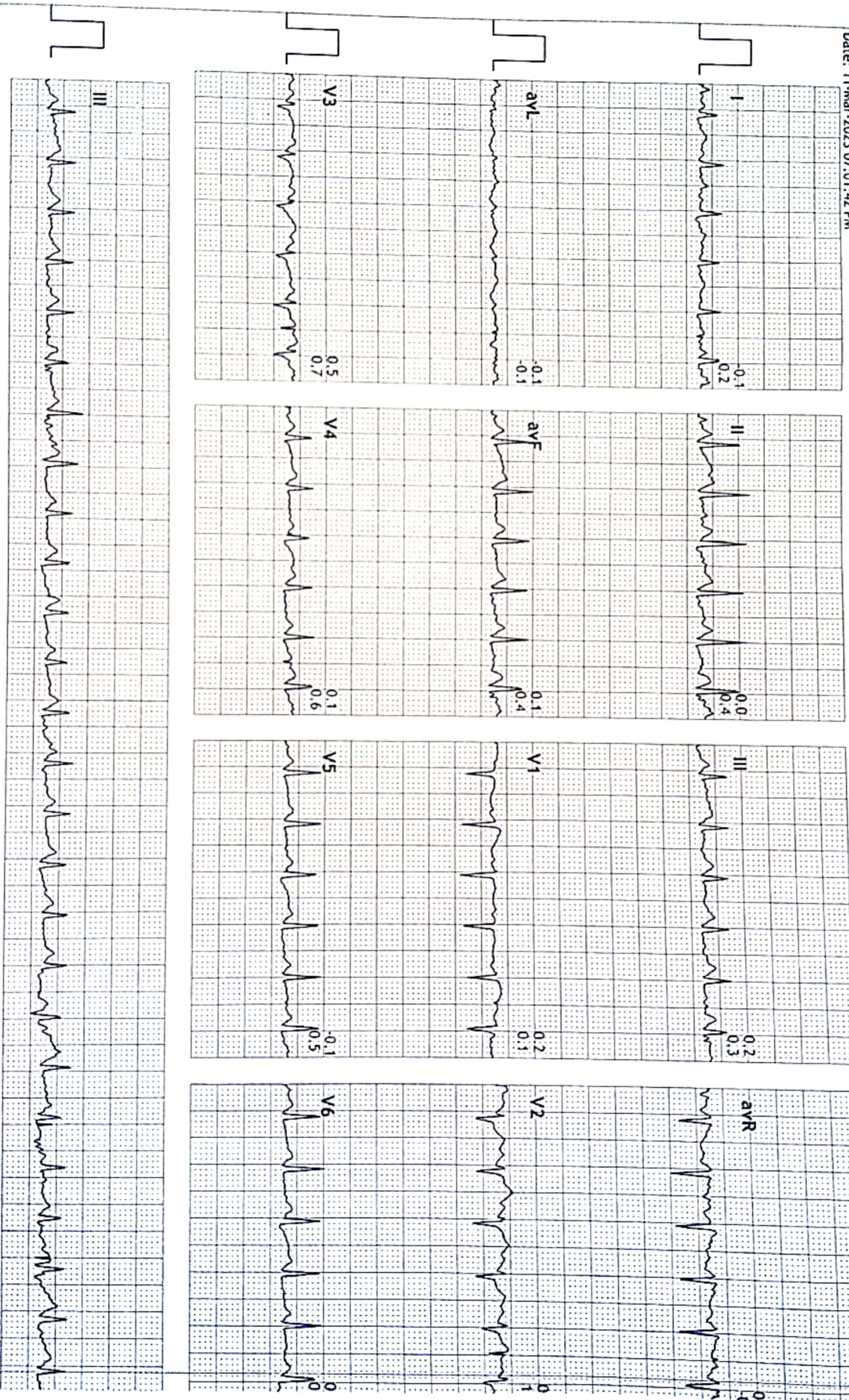
MPHR: 78% of 196  
Speed: 2.7 kmph  
Grade: 10.0%

Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 03:00  
BLC : On  
Notch : On

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

3x4+1 Rhythm Lead





**PANCHMUKHI HOSPITAL**  
**MAVADI CHOWK, 150 RING ROAD, RAJKOT**  
 123 / VASUNDARA BANE  
 24 Yrs / Female  
 0 Kg / 0 Cm  
 Date: 11-Mar-2023 07:01:42 PM

HR: 182 bpm  
 METS: 7.0  
 BP: 150/80

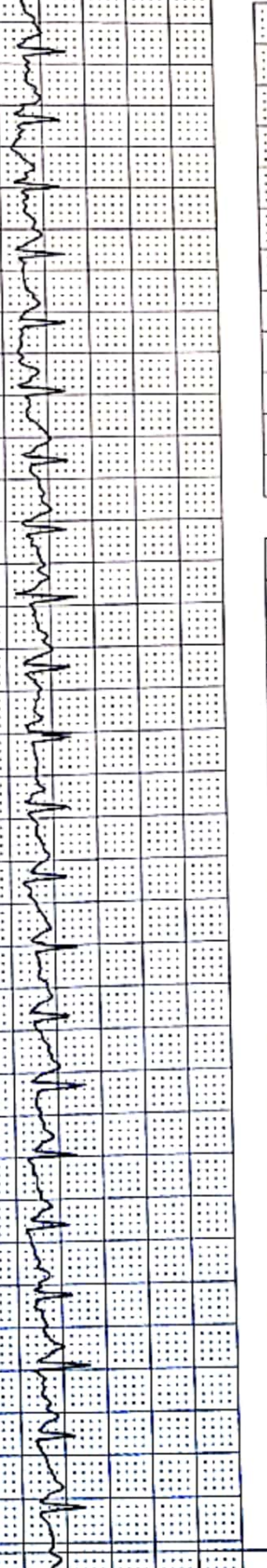
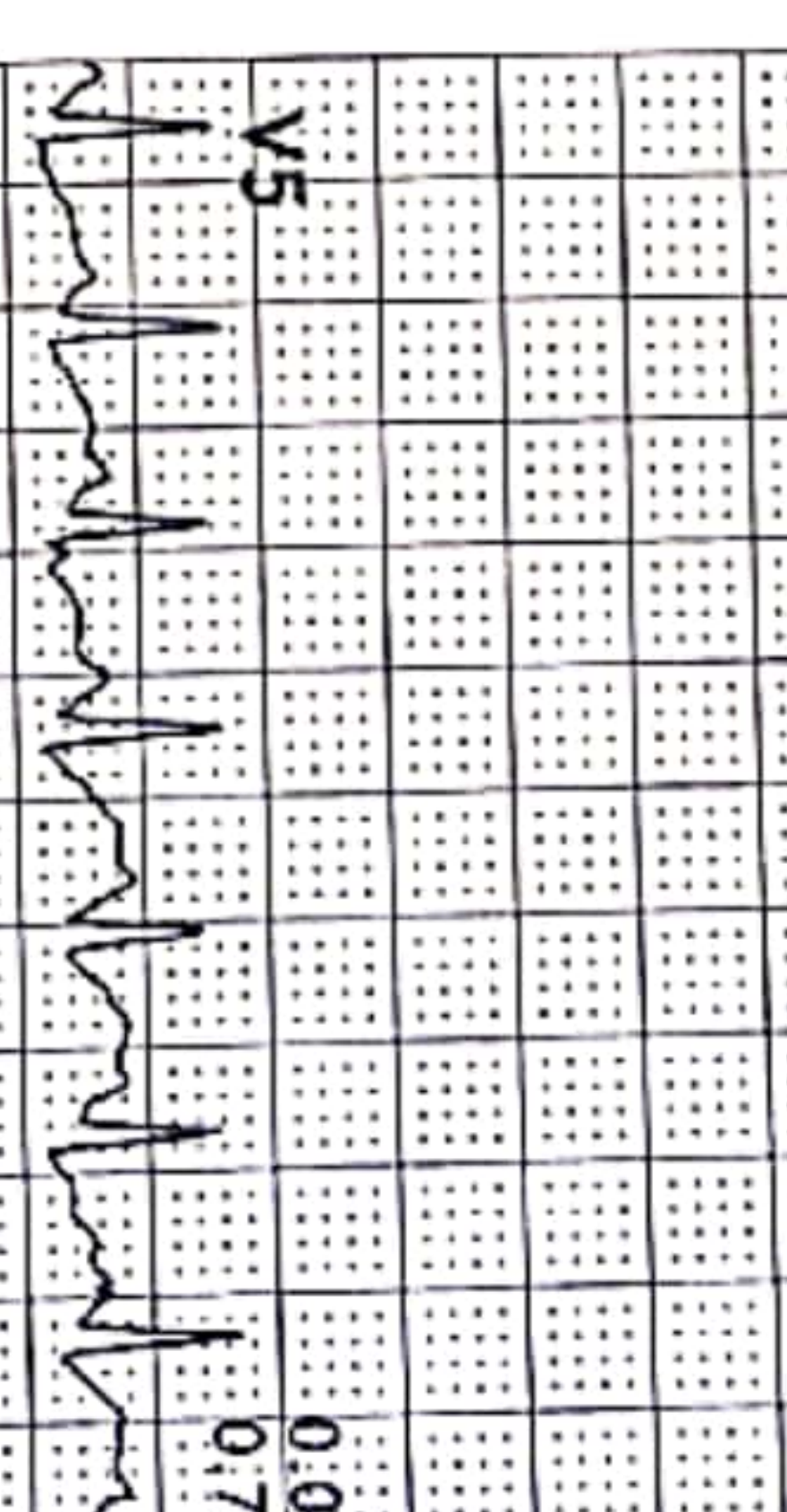
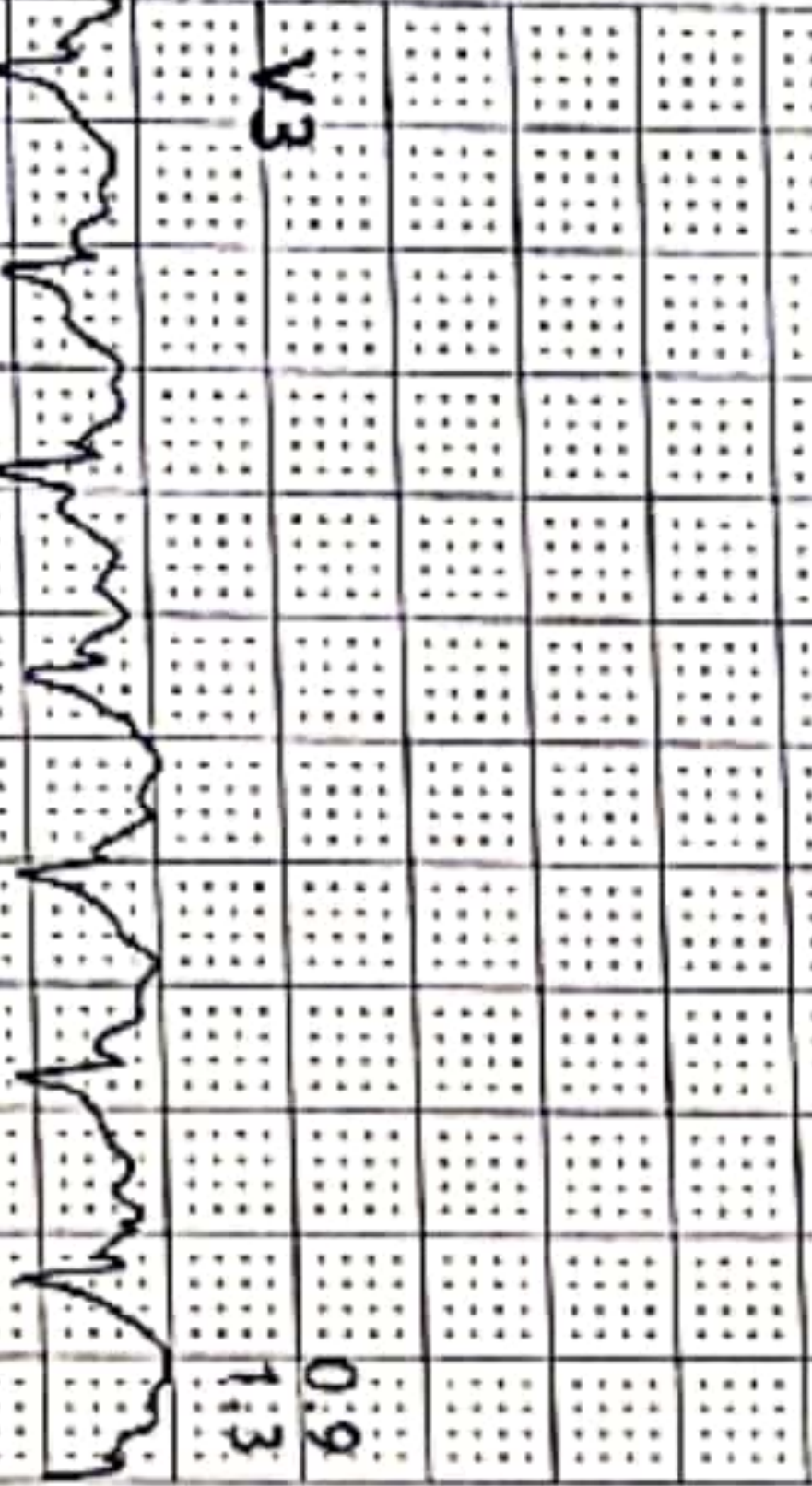
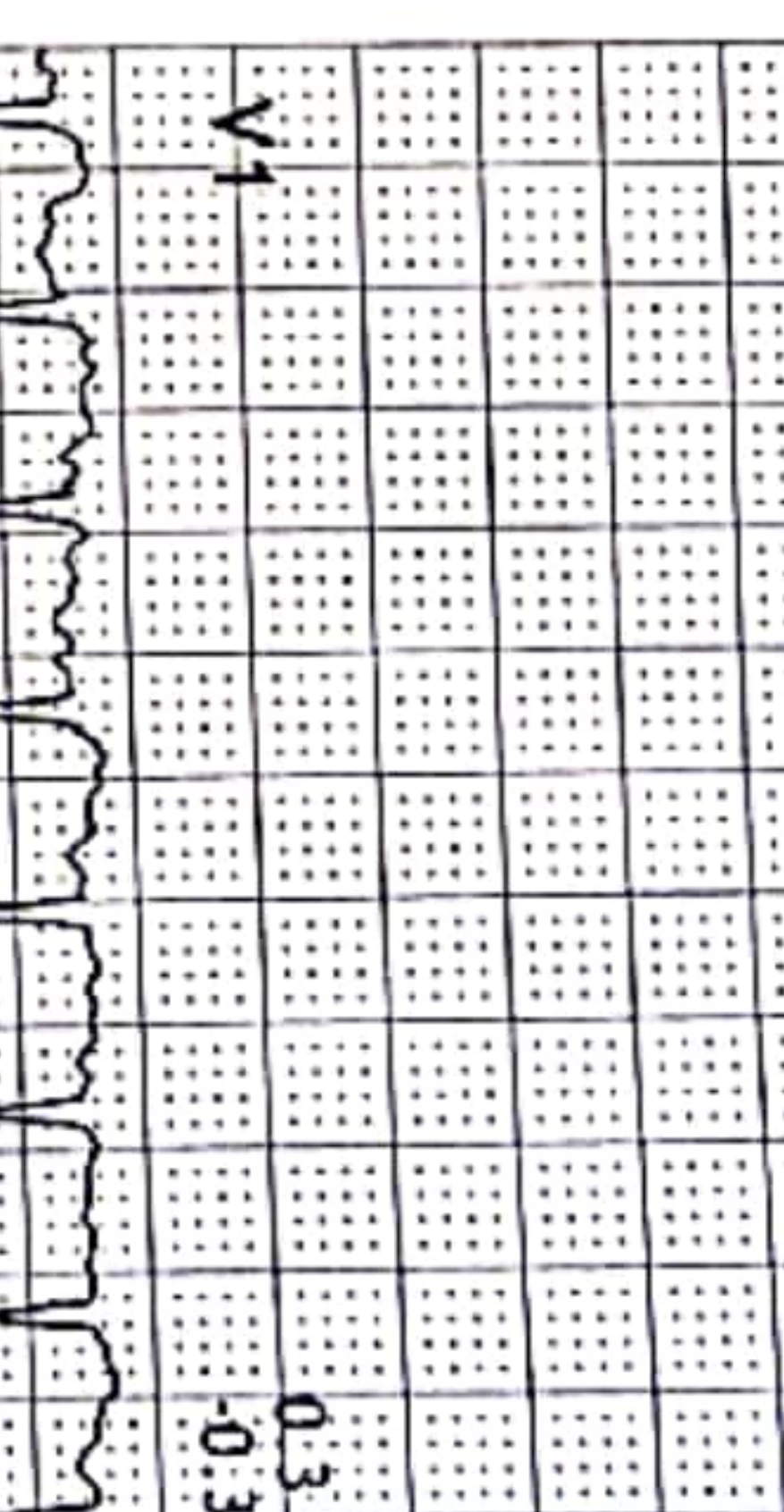
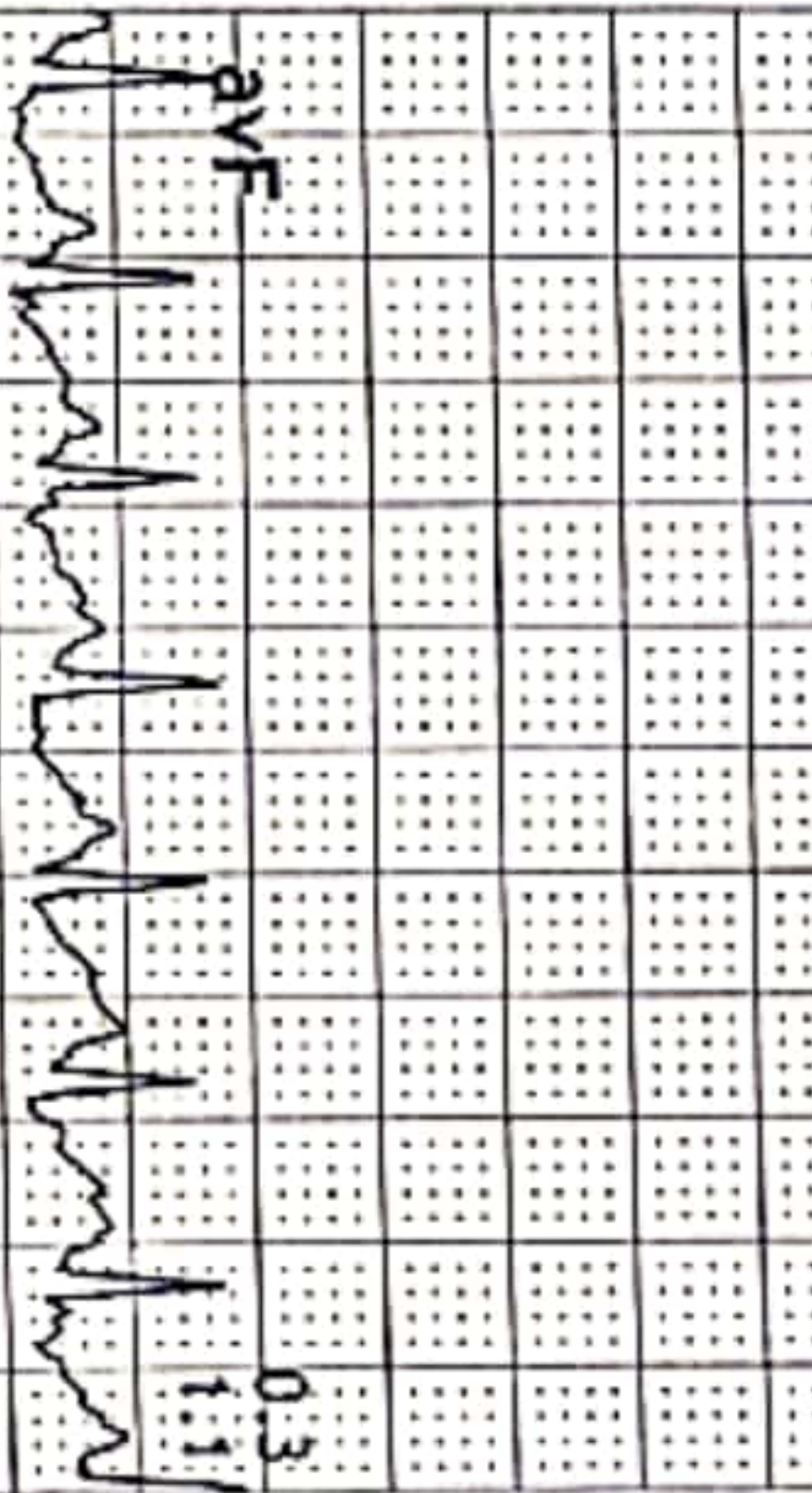
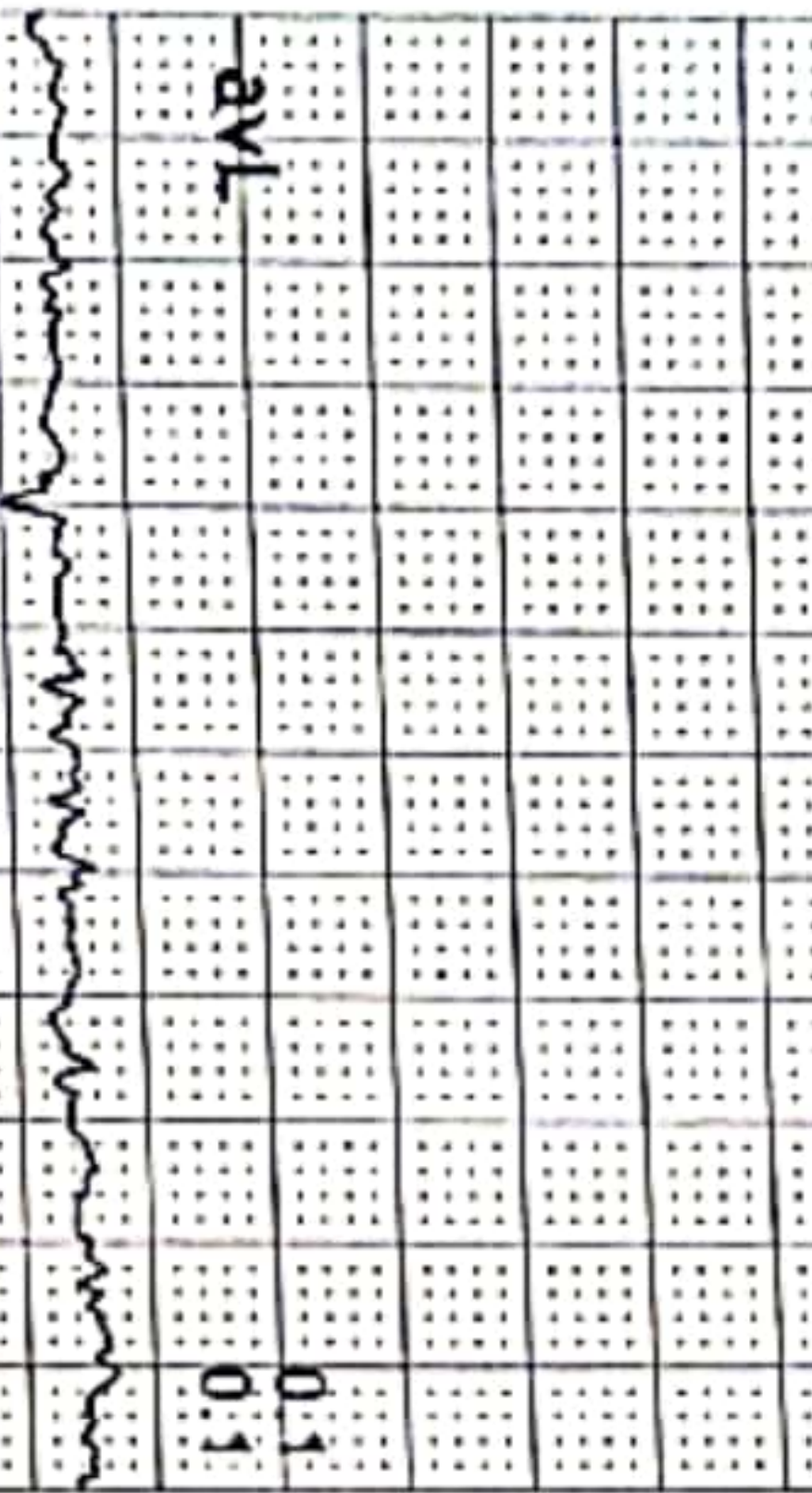
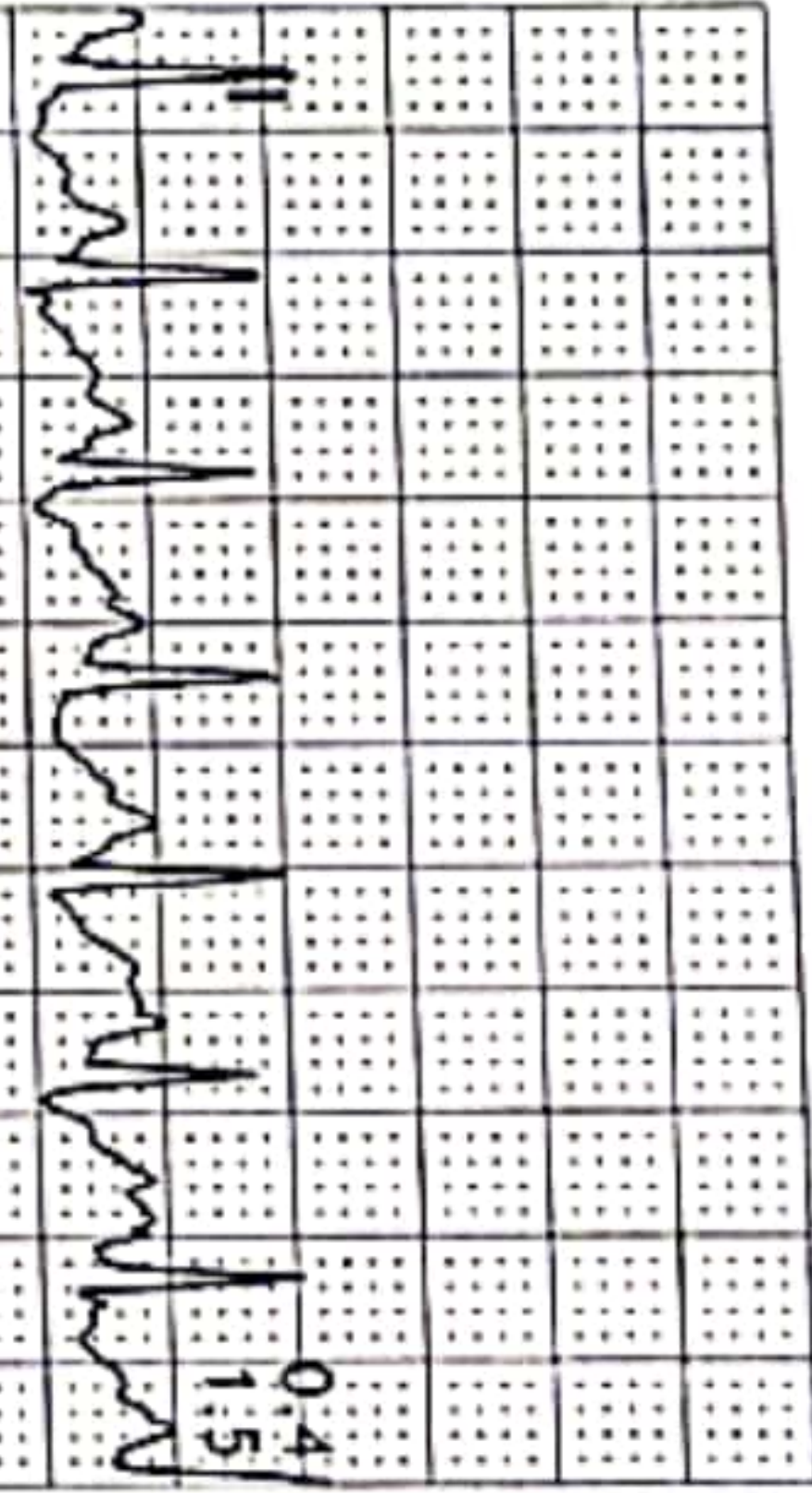
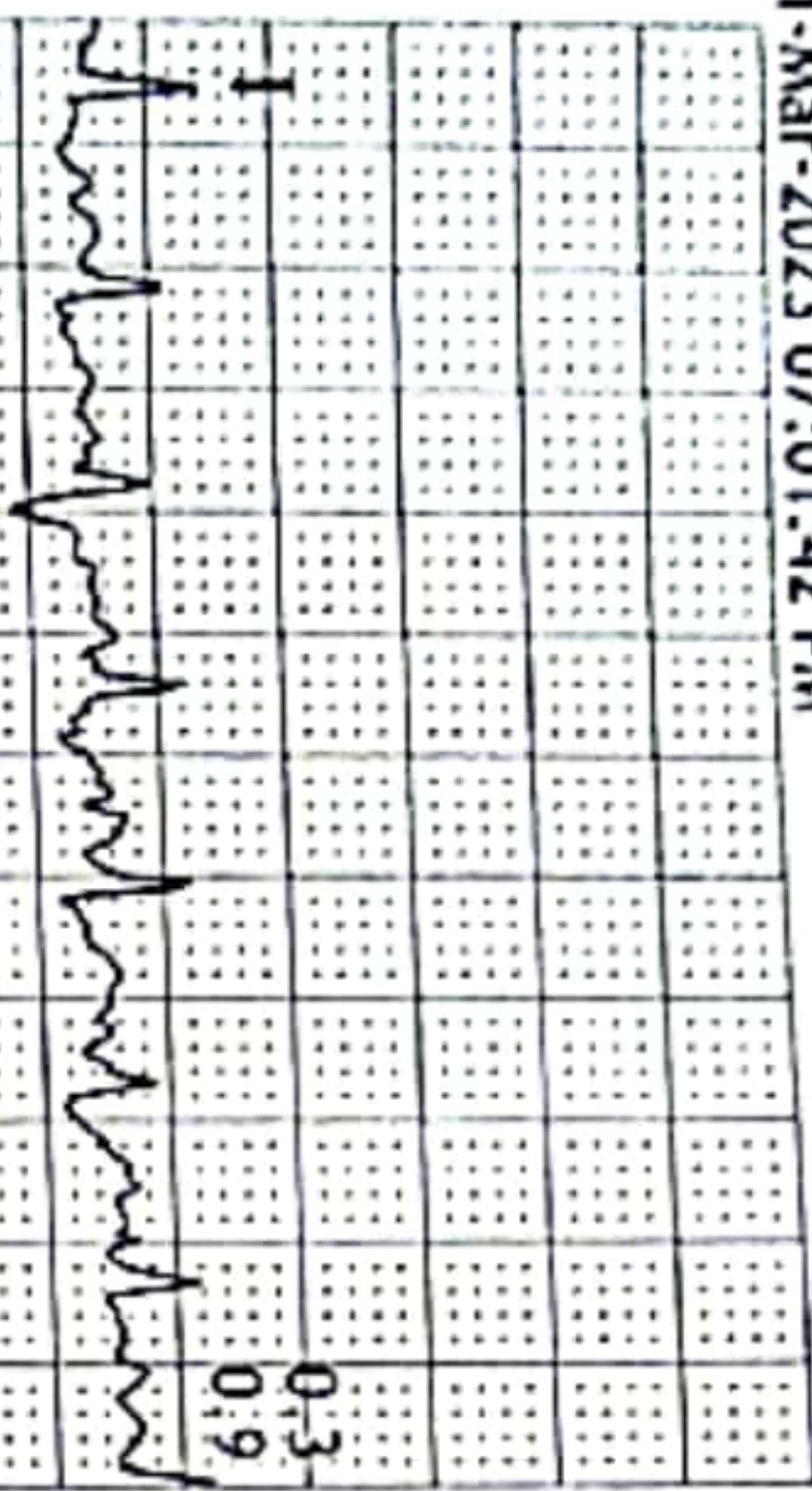
MPHR: 92% of 196  
 Speed: 4.0 kmph  
 Grade: 12.0%

Raw ECG  
 BRUCE  
 (0.05-100)HZ

Ex Time 05:59  
 BLC: On  
 Notch: On

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

3x4+1 Rhythm Lead





**PANCHMUKHI HOSPITAL**  
**MAYADI CHOWK, 150 RING ROAD, RAJKOT**  
 123 / VASUNDARA BANE  
 24 Yrs / Female  
 0 Kg / 0 Cm

Date: 11-Mar-2023 07:01:42 PM

HR: 145 bpm  
 METS: 1.0  
 BP: 150/80

MPHR: 73% of 196  
 Speed: 0.0 kmph  
 Grade: 0.0%

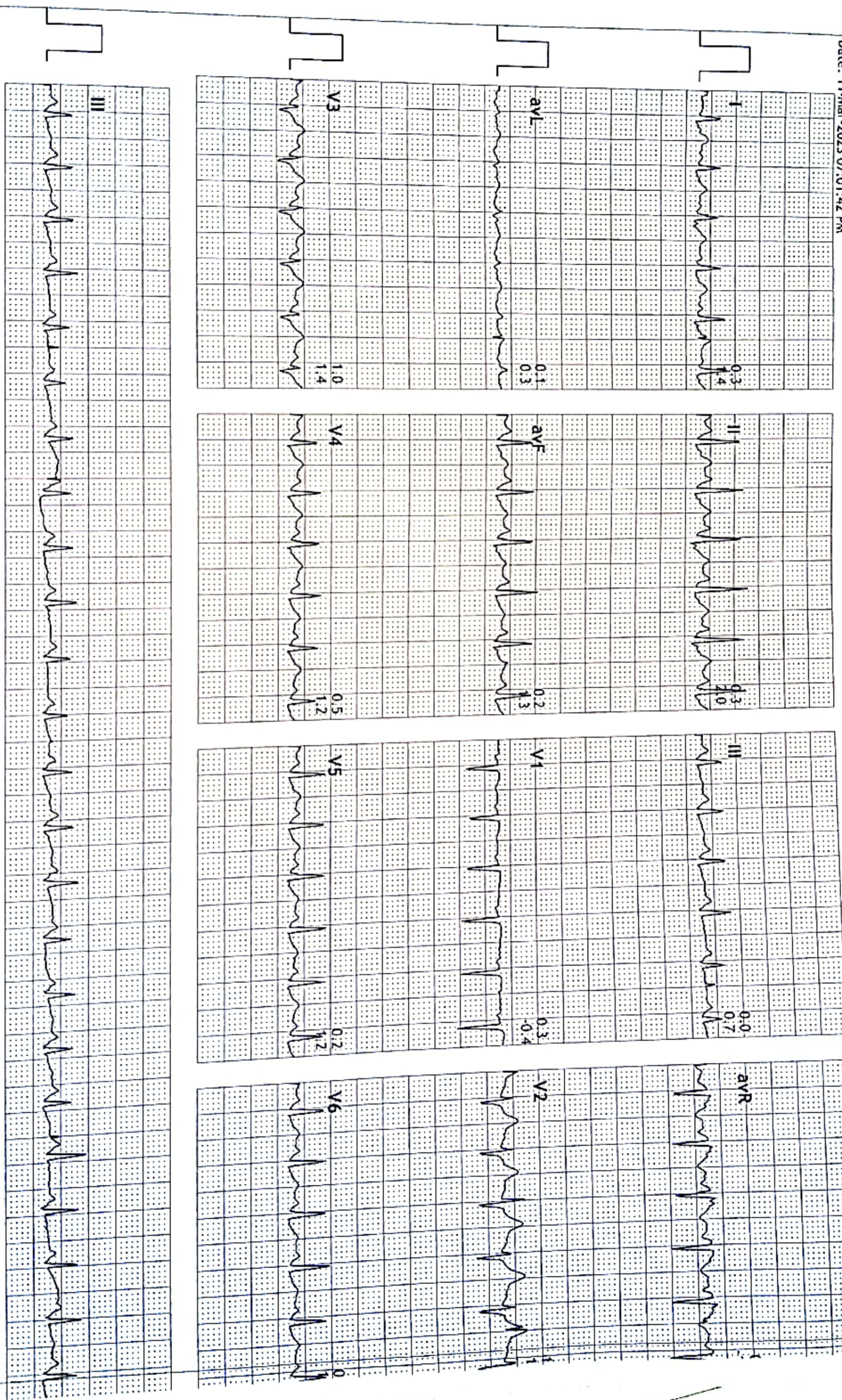
Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 06:00  
 BLC : On  
 Notch : On

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



3x4+1 Rhythm Lead





3x4+1 Rhythm Lead

HR: 117 bpm  
METS: 1.0  
BP: 120/80

MPPHR: 59% of 196  
Speed: 0.0 kmph  
Grade: 0.0%

Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 06:00  
BLC : On  
Notch : On

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







2023/3/11 19:13





PATIENT NAME : BANE VASUNDARA

DATE: 11 March 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 normal in size, shape and position. Endometrial thickness measures 6.0 mm. Endometrial & myometrial echotexture is normal. No focal lesion is seen
- **BOTH OVARIES** are normal in size & echotexture. No focal solid or cystic lesions are seen. 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:

- No significant abnormality seen in present study.

Thanks for reference

DR PRATIK KAGATHARA  
MD

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





Pt.'s Name: BANE VASUNDARA

Date: 11 March, 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 under view 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





BANE VASUNDARA 25 Y/F CHEST PA 11-Mar-23  
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)





TEST REPORT

<b>Name</b> : Bane Vasundra	<b>Reg. No</b> : 303100749
<b>Age/Sex</b> : 25 Years / Female	<b>Reg. Date</b> : 11-Mar-2023 02:05 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 11-Mar-2023 12:00 AM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 11-Mar-2023 07:26 PM

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

Parameter	Result	Unit	Biological Ref. Interval
<b>RBC Parameters</b>			
Hemoglobin (SLS method)	11.7	g/dL	12.5 - 16.0
Hematocrit (Electrical Impedance)	36.70	%	37 - 47
RBC Count (Electrical Impedance)	4.68	million/cmm	4.2 - 5.4
MCV (Calculated)	78.5	fL	78 - 100
MCH (Calculated)	25.0	Pg	27 - 31
MCHC (Calculated)	31.9	%	30 - 35
RDW (Calculated)	17.4	%	11.5 - 14.0
<b>WBC Parameters</b>			
WBC Count (Flowcytometry)	8080	/cmm	4000 - 10500
<b>DIFFERENTIAL WBC COUNT</b>			
Neutrophils (%)	65 %	% Range 42.02 - 75.2	Abs. Value 5252 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	28 %	20 - 45	2262 /cmm 1000 - 3900
Eosinophils (%)	03 %	1 - 4	242 /cmm 0 - 450
Monocytes (%)	04 %	2 - 8	323 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm 20 - 100
<b>Platelete Parameter</b>			
Platelet Count	201000	/cmm	150000 - 450000
MPV	14.4	fL	7.4 - 10.4
PDW	48.4	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.29	%	0.2 - 0.5

*DRI.*

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

This is an Electronically Authenticated Report.

Page 1 of 16



towards the healthiness...





**TEST REPORT**

<b>Name</b>	: Bane Vasundra	<b>Reg. No</b>	: 303100749
<b>Age/Sex</b>	: 25 Years / Female	<b>Reg. Date</b>	: 11-Mar-2023 02:05 PM
<b>Ref. By</b>	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b>	: 11-Mar-2023 12:00 AM
<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 11-Mar-2023 07:26 PM

**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Haemagglutination

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

*D.R.I.*

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

This is an Electronically Authenticated Report.

Page 2 of 16



towards the healthiness...





TEST REPORT

<b>Name</b> : Bane Vasundra	<b>Reg. No</b> : 303100749
<b>Age/Sex</b> : 25 Years / Female	<b>Reg. Date</b> : 11-Mar-2023 02:05 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 11-Mar-2023 12:00 AM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 11-Mar-2023 07:26 PM

Test	Result	Unit	Biological Ref. Interval
<b>Erythrocyte sedimentation rate</b> Sample, EDTA whole blood			
ESR (After 1 hour)	8	mm/hr	3 - 12

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M.D. (Path, PDCC)







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**FASTING PLASMA GLUCOSE**  
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	81.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) ≥126 :Diabetic

**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 ≥/ = 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 ≥/ = 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>	105.3	mg/dL	70 - 140

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.

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American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34; S11.

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**LIPID PROFILE**  
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Cholesterol</b> <i>Cholesterol Oxidase</i>	115.2	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
<b>Triglyceride</b> <i>Enzymatic Reaction With Glycerol Kinase</i>	100.3	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
<b>HDL Cholesterol</b> <i>Siemens AHDL</i>	49.6	mg/dL	High Risk : < 40 Low Risk : >= 60
<b>LDL Cholesterol</b> <i>Siemens ALDL</i>	79.1	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
<b>VLDL Cholesterol</b> <i>Calculated</i>	20.06	mg/dL	15 - 35
<b>LDL / HDL RATIO</b> <i>Calculated</i>	1.59		0 - 3.5
<b>Cholesterol /HDL Ratio</b> <i>Calculated</i>	2.32		0 - 5.0

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**UREA & BLOOD UREA NITROGEN**

Spicimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Urea</b> <i>Calculated</i>	31.5	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <i>UREASE/GLDH</i>	14.71	mg/dL	7.0 - 18.0
<b>Uric Acid</b> <i>Uricase</i>	3.4	mg/dL	2.6 - 6.2
<b>GGT</b> <i>Siemens/37C</i>	48.1	U/L	5 - 55

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**Creatinine With eGFR**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.78	mg/dL	0.55 - 1.02
eGFR	90	ml/min/1.73 sq m	Normal or High: $\geq 90$ Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: $< 15$

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HEMOGLOBIN A1 C (HBA1C)  
Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.4	%	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>	108.28	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
<b>Thyroid Stimulating Hormone (TSH)</b> CLIA	2.03	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

<b>Triiodothyronine (T3)</b> CLIA	0.89	ng/mL	0.6 - 1.81
--------------------------------------	------	-------	------------

**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)** 8.04 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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**STOOL EXAMINATION**

Parameter	Result	Unit	Biological Ref. Interval
Colour	Brown		
Consistency	Semi Solid		
<b>CHEMICAL EXAMINATION</b>			
Occult Blood <i>Peroxidase Reaction with o-Dianisidine</i>	Negative		
Reaction <i>pH Strip Method</i>	Neutral		
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
<b>PHYSICAL EXAMINATION</b>			
Quantity	30 cc		
Colour	Pale Yellow		
Clarity	Clear		
<b>CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)</b>			
pH	5.5		4.6 - 8.0
Sp. Gravity	1.005		1.001 - 1.035
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urobilinogen	Normal Present		
Bile salts:	Absent		Absent
Bile Pigments:	Absent		Absent
Nitrite	Nil		
<b>MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)</b>			
Leucocytes (Pus Cells)	Absent		
Erythrocytes (Red Cells)	Absent		
Epithelial Cells	Absent		
Amorphous Material	Absent		
Casts	Absent		
Crystals	Absent		
Bacteria	Absent		

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LABORATORY REPORT

Name	: Bane Vasundra	Reg. No	: 303100749
Sex/Age	: Female/25 Years	Histo / Cyto No	: C3H00023
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Reg. Date	: 11-Mar-2023 02:05 PM
Client Name	: PANCHMUKHI HOSPITAL	Collected On	: 11-Mar-2023 02:05 PM
		Report Date	: 11-Mar-2023 07:02 PM

**CYTOPATHOLOGY REPORT**

**Specimen :**

Liquid Based Cervical Cytology Material.

**Grossing Description :**

C3H00023/23 - 1 [H & E]

**Microscopic Description :**

Specimen Adequacy : Satisfactory for evaluation.

Endocervical cells (Transformation Zone Component) : Seen.

Partially obscuring component like inflammation : Seen.

General Categorization : Negative for Intraepithelial Lesion and Malignancy.

**Non Neoplastic cellular variation like :**

Squamous metaplasia : Not seen.

Keratotic changes : Not seen.

Tubal metaplasia : Not seen.

Atrophic changes : Not seen.

Pregnancy associated changes : Not seen.

**Reactive cellular changes associated with :**

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Inflammation : Absent.

Radiation : Absent.

Intrauterine Contraceptive Device (IUD) : Absent.

**Organism :**

Normal vaginal flora preserved.

Shift in flora suggestive of bacterial vaginosis : Not seen.

Trichomonas Vaginalis : Not seen.

Fungal organism morphologically consistent with Candida species : Not seen.

Bacteria morphologically consistent with Actinomyces species : Not seen.

Cellular changes consistent with Herpes Simplex Virus : Not seen.

Cellular changes consistent with Cytomegalovirus : Not seen.

**Impression :**

**Negative for Intraepithelial Lesion or Malignancy.**

Slides are given with report. Preserve them carefully.

Clinical and Radiological correlation and SOS further work up is advised.

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**LIVER FUNCTION TEST**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.5	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.45	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	3.05	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.46		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	28.4	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	45.9	U/L	14 - 59
Alkaline Phosphatase <i>Siemens/37C</i>	98.1	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.51	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.13	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.38	mg/dL	0.0 - 1.1

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

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