



PRAMUKH
MULTI SPECIALITY

HOSPITAL

Above Punjab National Bank,
Nr. Railway Crossing, Maninagar (E)
Ahmedabad - 380 008.

MEDICAL EXAMINATION

DATE :- 14th MAY 2022

NAME :- NIMESHKUMAR A. PATIL

AGE / GENDER :- 31 Yrs / male

O/E :

T: Normal

BP: 126/80 mmHg.

RS: BAEff

SPO2: 98% on R.A.

CNS: Control.

CVS: S1+S2

P/A: Soft.

ADV: -

Height : 164 cm,

Weight : 69 kg

BMI : 25.7

Eye Exam. : Vision Normal

Ear Exam. : Hearing Normal.

Pulse Rate - 75/min.



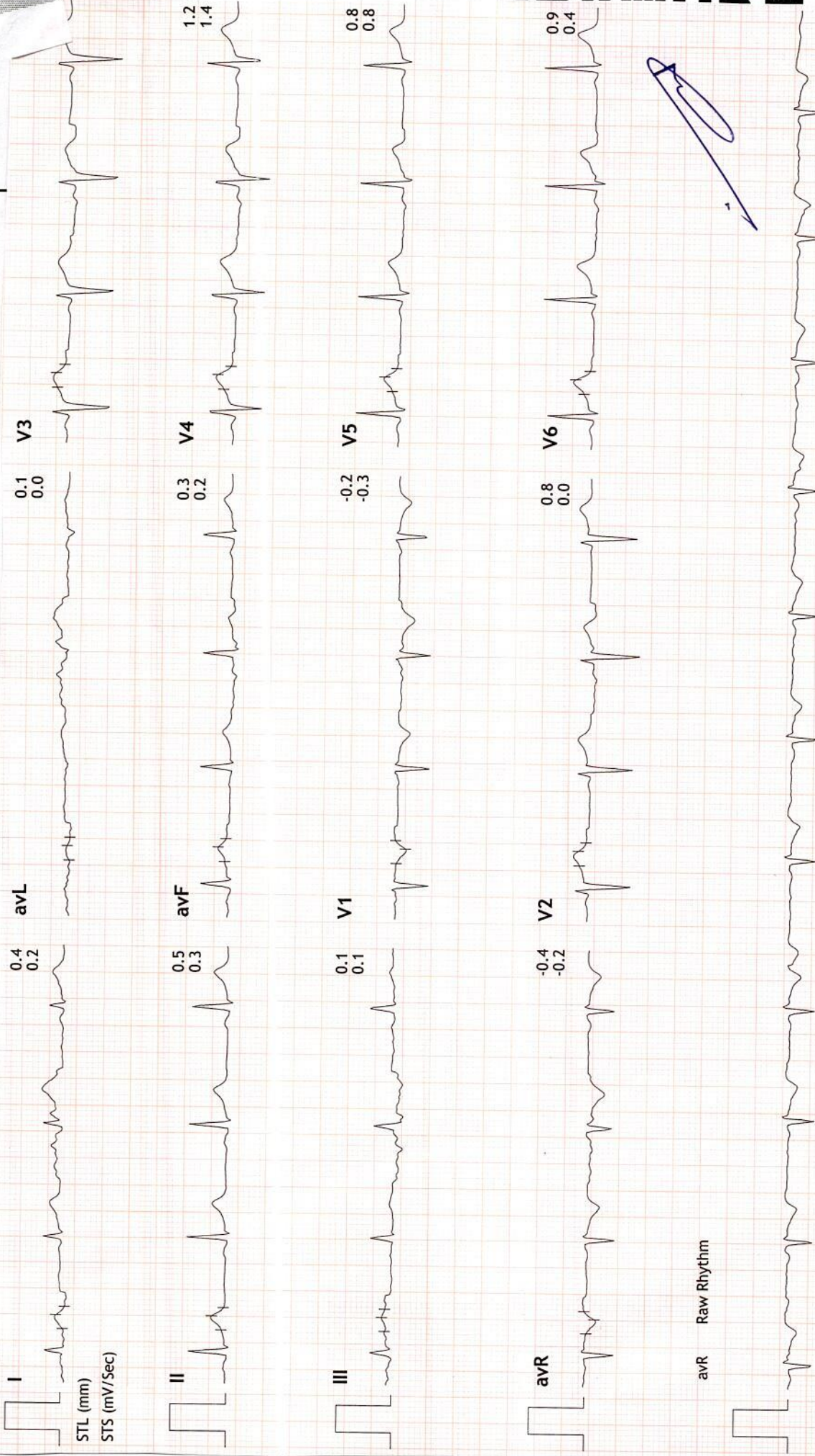
Dr. Brijesh Panchal
MEDS

Regd. No. G-28095
PRAMUKH MULTISPECIALITY HOSPITAL
Maninagar, Ahmedabad-8.

H/O:- Renal Stone Surgery in the year 2019.



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sing,
ad-8.
il.com



Normal ECG

Rate 75/min

K. N. S. W.

DR. KAMLESH N. SHAH
M.D. (FICA-USA)
PRAMUKH MULTISPECIALTY HOSPITAL
MANINAGAR



Summary

PRAMUKH MULTI SPECIALITY HOSPITAL
MR. RAILWAY CROSSING, MANINAGAR (E), Ahm. 08.

1016/NIMESHKUMAR A PATEL, 31 Yrs/Male 69 Kg/164 Cms
Date: 14-May-2022 09:20:23 AM

Ref. By : BOB
Medication : NO
Objective : NO

Protocol : BRUCE
History : SURGERY OF RENAL STONE.

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	72	126/80	90	-	
Supine					1.0	74	126/80	93	-	
Standing					1.0	76	126/80	95	-	
HV					1.0	79	126/80	99	-	
ExStart					1.0	80	126/80	100	-	
Stage 1	3:01	3:02	1.7	10.0	4.7	114	134/86	152	-	
Stage 2	3:01	6:02	2.5	12.0	7.1	138	142/92	195	-	
Stage 3	3:01	9:02	3.4	14.0	10.2	162	154/98	249	-	
PeakEx	1:05	10:06	4.2	16.0	11.4	171	154/98	263	-	
Recovery	1:00		0.0	0.0	4.2	136	154/98	209	-	
Recovery	4:00		0.0	0.0	1.0	101	134/84	135	-	
Recovery	7:00		0.0	0.0	1.0	103	134/84	138	-	

Findings :

Exercise Time : 10:05 minutes
Max HR attained : 170 bpm 90% of Max Predictable HR 189
Max BP : 154/98(mmHg)
Workload attained : 11.4 (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 ischemia.
Maximum Depression: 10:05
TARGET HR ACHIEVED.

Advice/Remarks:

*Normal TMT
TMT is negative*



DR. KAMLESH N. SHAH
M.D. (FICP-USA)
PRAMUKH MULTISPECIALITY HOSPITAL
MANINAGAR, AHMEDABAD
DR. KAMLESH N. SHAH

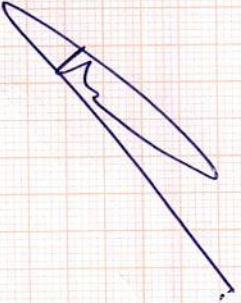


ST Summary

Protocol : BRUCE

STL (mm) 60 mSecs Post J	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Supine	1.5	0.9	-0.6	-1.1	1.0	0.1	-1.0	0.5	0.8	1.2	0.9	1.2
Supine	0.3	0.6	0.2	-0.4	0.1	0.4	-0.3	0.6	1.0	1.2	0.9	1.1
Standing	0.3	0.6	0.2	-0.4	0.1	0.4	-0.3	0.6	1.0	1.2	0.9	1.1
HV	0.3	0.6	0.2	-0.4	0.1	0.4	-0.3	0.6	1.0	1.2	0.9	1.1
EXStart	0.8	0.9	0.0	-0.8	0.4	0.5	-0.7	0.8	1.4	1.6	1.1	1.4
Stage 1	0.4	0.4	0.0	-0.4	0.2	0.2	-0.2	0.9	1.5	1.3	0.7	1.0
Stage 2	0.6	0.3	-0.2	-0.5	0.4	0.1	-0.1	0.8	1.4	1.1	0.4	0.6
Stage 3	0.4	0.3	-0.1	-0.4	0.2	0.1	0.0	1.2	2.2	1.4	0.8	0.9
PeakX	1.1	0.0	-1.2	-0.5	1.2	-0.6	-0.6	1.6	2.0	1.8	1.0	1.7
Recovery	1.2	1.2	0.0	-1.2	0.6	0.6	-0.7	1.2	3.4	2.3	1.2	1.3
Recovery	0.2	0.3	0.0	-0.2	0.1	0.1	0.1	0.9	1.5	0.9	0.4	0.5
Recovery	-0.3	0.2	0.5	0.0	-0.4	0.3	0.2	0.9	1.4	1.0	0.5	0.6
STS mV/Sec.												
Supine	0.4	0.6	0.1	-0.5	0.1	0.3	-0.5	0.8	1.1	1.1	0.8	1.1
Supine	0.1	0.2	0.1	-0.1	0.0	0.2	0.0	0.3	1.7	1.3	0.6	0.5
Standing	0.1	0.2	0.1	-0.1	0.0	0.2	0.0	0.3	1.7	1.3	0.6	0.5
HV	0.1	0.2	0.1	-0.1	0.0	0.2	0.0	0.3	1.7	1.3	0.6	0.5
EXStart	0.3	0.6	0.3	-0.4	0.0	0.5	-0.4	0.8	1.2	1.1	0.8	0.9
Stage 1	0.7	0.8	0.1	-0.8	0.3	0.5	-0.6	0.1	1.9	1.7	1.2	1.1
Stage 2	0.6	1.3	0.6	-1.1	0.0	1.0	-0.7	0.4	2.6	2.3	1.8	1.5
Stage 3	0.9	2.6	1.7	-1.8	-0.4	2.2	-1.5	0.7	4.3	4.2	3.2	2.9
PeakX	2.0	0.3	-1.7	-1.2	1.9	-0.7	-1.2	2.3	4.0	4.0	2.8	3.3
Recovery	1.2	3.3	2.1	-2.2	-0.5	2.7	-1.7	1.3	5.3	4.5	3.4	3.0
Recovery	0.1	0.7	0.6	-0.5	-0.3	0.6	-0.4	0.3	2.0	1.6	1.2	0.8
Recovery	0.5	0.5	0.0	-0.6	0.3	0.3	-0.7	-0.2	1.7	1.3	0.8	0.4

STI on Next Page





STI	μ Vs	I	II	III	avR	avL	avF	V1	V2	V3	V4	V5	V6
	Supine	7.6	4.2	-3.4	-5.7	5.5	0.4	-4.6	1.1	3.1	5.2	3.7	5.5
	Supine	1.8	2.7	0.9	-2.3	0.5	2.0	-1.7	2.6	3.4	5.2	3.9	5.2
	Standing	1.8	2.7	0.9	-2.3	0.5	2.0	-1.7	2.6	3.4	5.2	3.9	5.2
	HV	1.8	2.7	0.9	-2.3	0.5	2.0	-1.7	2.6	3.4	5.2	3.9	5.2
	ExStart	4.2	4.0	-0.3	-4.0	2.2	1.9	-3.0	3.3	6.2	7.2	4.8	6.2
	Stage 1	0.2	0.9	0.7	-0.5	-0.3	0.8	0.5	4.4	6.1	5.0	2.7	3.8
	Stage 2	2.0	-0.3	-2.2	-0.8	2.1	-1.2	0.5	3.3	3.9	2.1	-0.6	0.5
	Stage 3	-0.2	-2.5	-2.5	1.3	1.2	-2.6	2.6	5.2	5.5	0.7	-0.5	-0.6
	PeakEx	2.8	-1.8	-4.6	-0.4	3.7	-3.2	-1.0	3.6	3.1	2.3	0.1	3.0
	Recovery	5.1	1.1	-4.0	-3.0	4.5	-1.4	-0.5	3.7	8.9	3.9	0.4	0.8
	Recovery	1.9	0.7	-1.3	-1.2	1.6	-0.4	1.2	4.1	5.9	3.0	0.5	1.2
	Recovery	-3.6	0.4	3.8	1.6	-3.6	2.0	2.2	5.2	6.3	4.7	2.4	3.1



Linked Medians Report

PRAMUKH MULTI SPECIALITY HOSPITAL
NR. RAILWAY CROSSING, MANINAGAR (E) Ahm. 08.

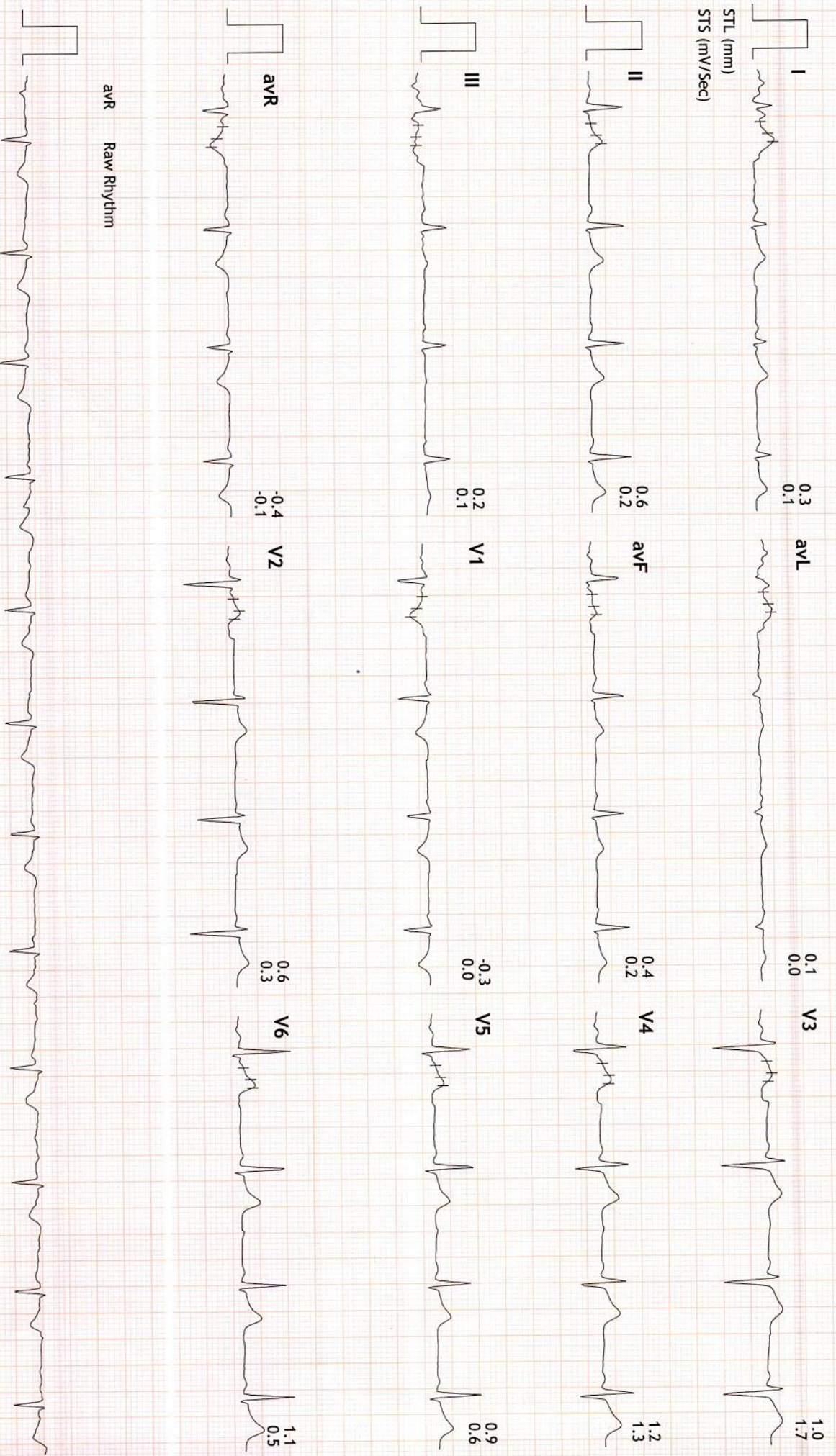
1016/NIMESHKUMAR A PAREZ/4 bpm
31 Yrs/Male METS: 1.0
69 Kg/164 Cms BP: 126/80
Date: 14-May-2022 09:20:23 AM

MPHR: 39% of 189
Speed: 0.0 mph
Grade: 0.0%

BRUCE
(1.0-100)Hz

Ex Time 01:11
BLC : On
Notch : On

SUPINE
10.0 mm/mV
25 mm/Sec.





Linked Medians Report

PRAMUKH MULTI SPECIALITY HOSPITAL
NR. RAILWAY CROSSING, MAINNAGAR (E) Amn. 08.

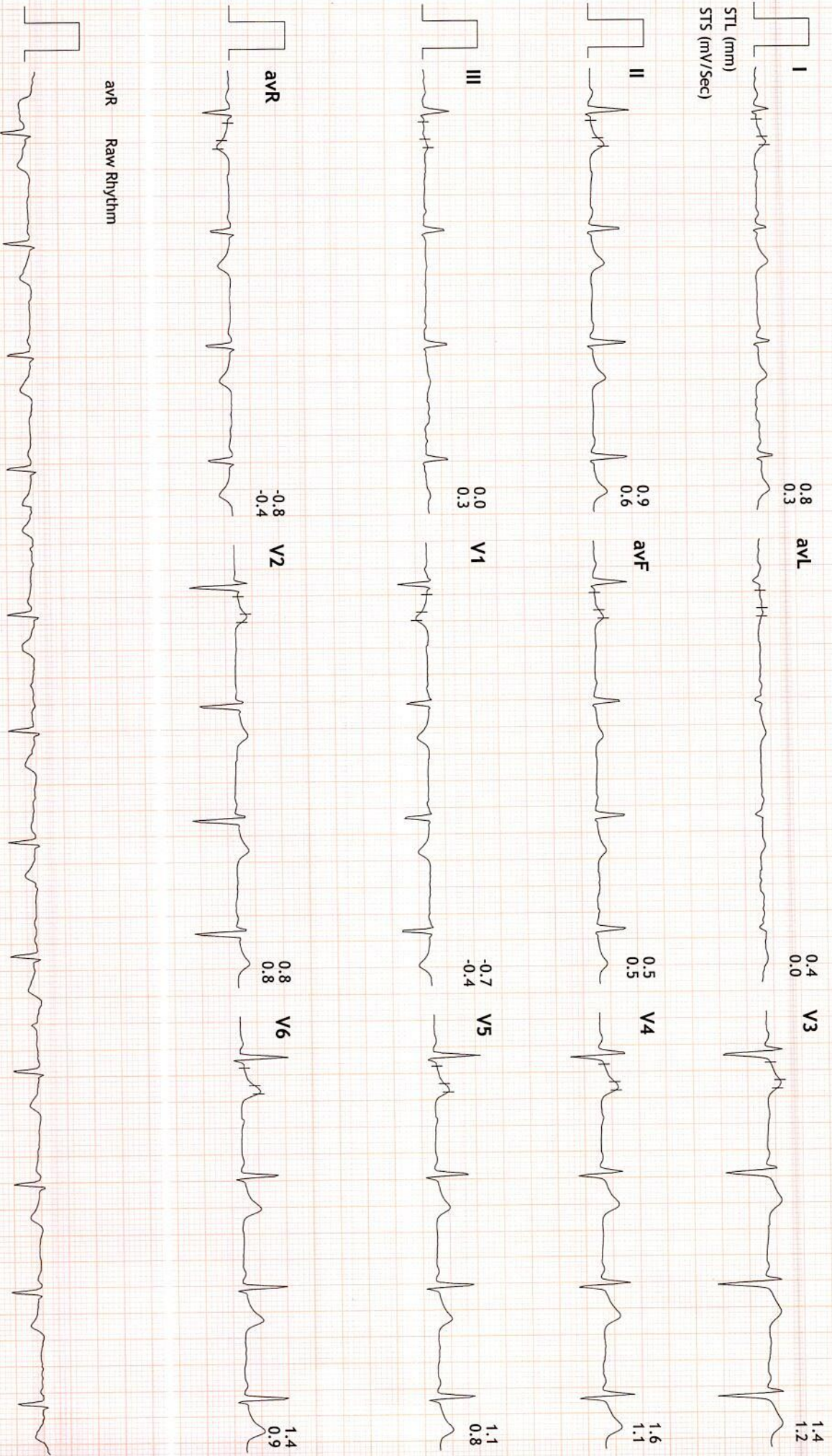
1016/NIMESHKUMAR A PAREL77 bpm
31 Yrs/Male METS: 1.0
69 Kg/164 Cms BP: 126/80
Date: 14-May-2022 09:20:23 AM

MHR: 40% of 189
Speed: 0.0 mph
Grade: 0.0%

BRUCE
(1.0-100)Hz

Ex Time 01:14
BLC : On
Notch : On

STANDING
10.0 mm/mV
25 mm/Sec.





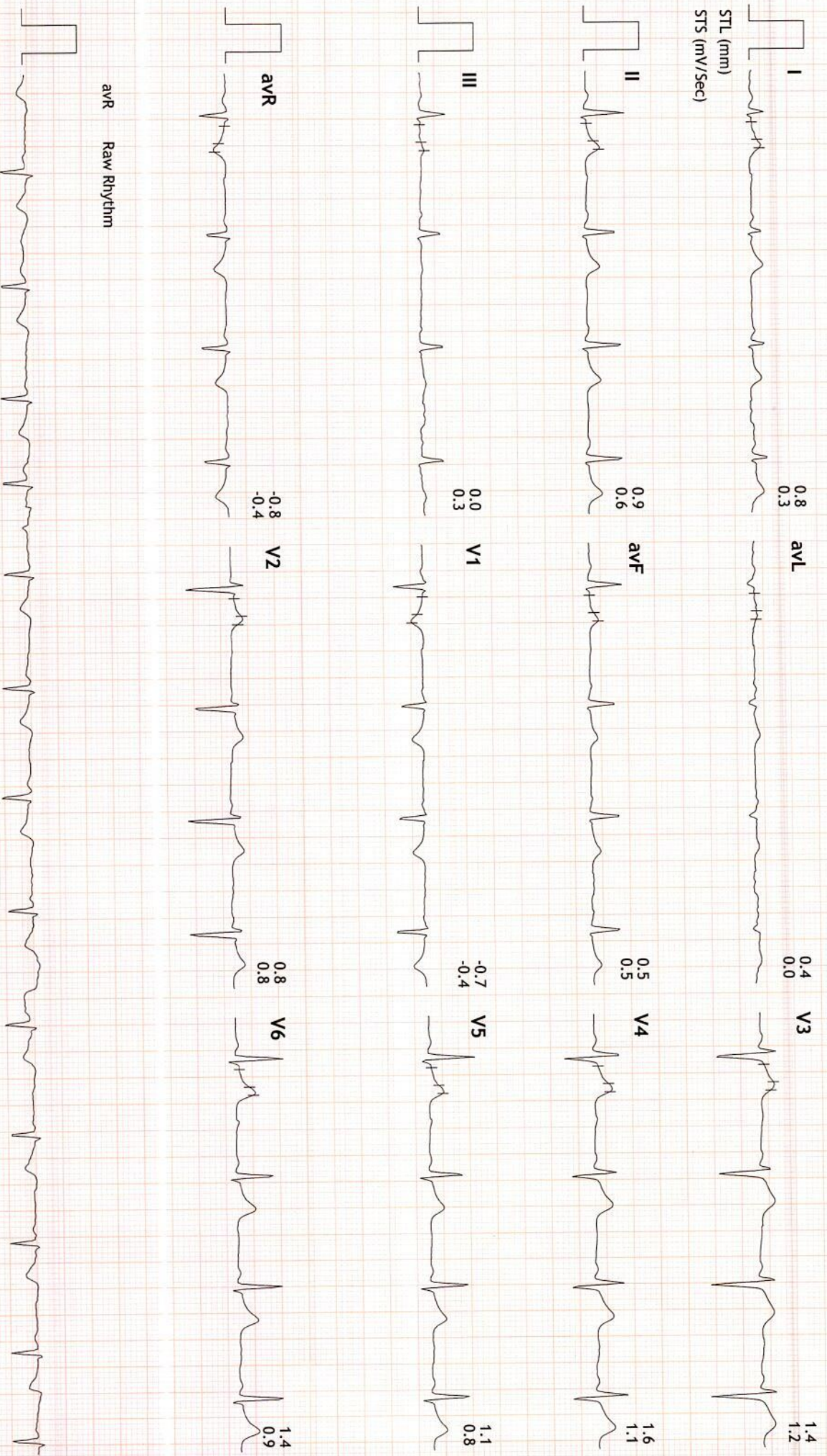
1016/NIMESHKUMAR A PARETZ9 bpm
31 Yrs/Male METS: 1.0
69 Kg/164 Cms BP: 126/80
Date: 14-May-2022 09:20:23 AM

MPHR: 41% of 189
Speed: 0.0 mph
Grade: 0.0%

BRUCE
(1.0-100)Hz

Ex Time 01:18
BLC : On
Notch : On

HV
10.0 mm/mV
25 mm/Sec.





Linked Medians Report

PRAMUKH MULTI SPECIALITY HOSPITAL
NR. RAILWAY CROSSING, MAINNAGAR (E) Ahm. 08.

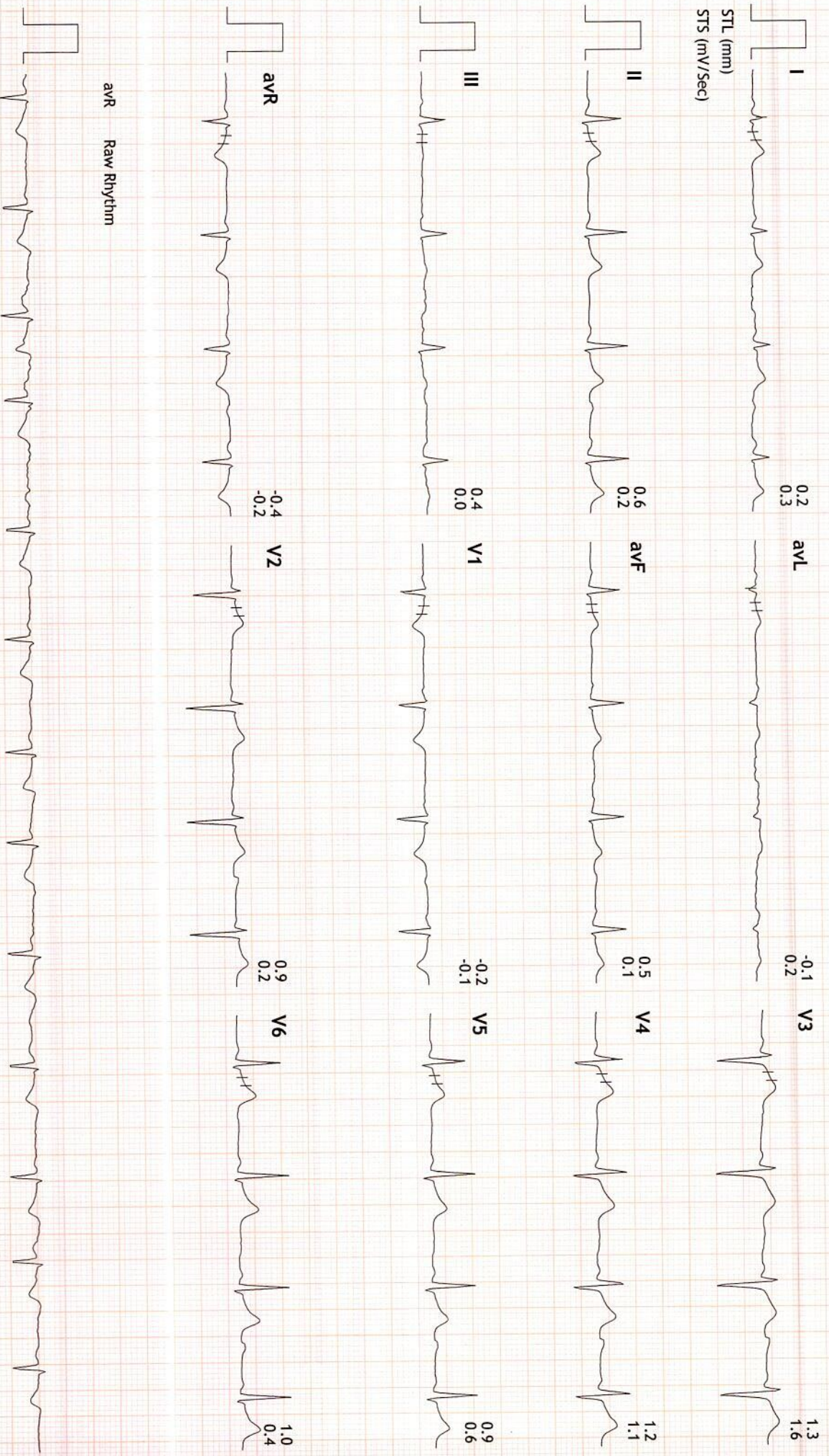
1016/NIMESHKUMAR A PAREIBO bpm
31 Yrs/Male
69 Kg/164 Cms
Date: 14-May-2022 09:20:23 AM

MPHR: 42% of 189
Speed: 0.0 mph
Grade: 0.0%

BRUCE
(1.0-100)Hz

Ex Time 00:00
BLC : On
Notch : On

ExStart
10.0 mm/mV
25 mm/Sec.





Linked Medians Report

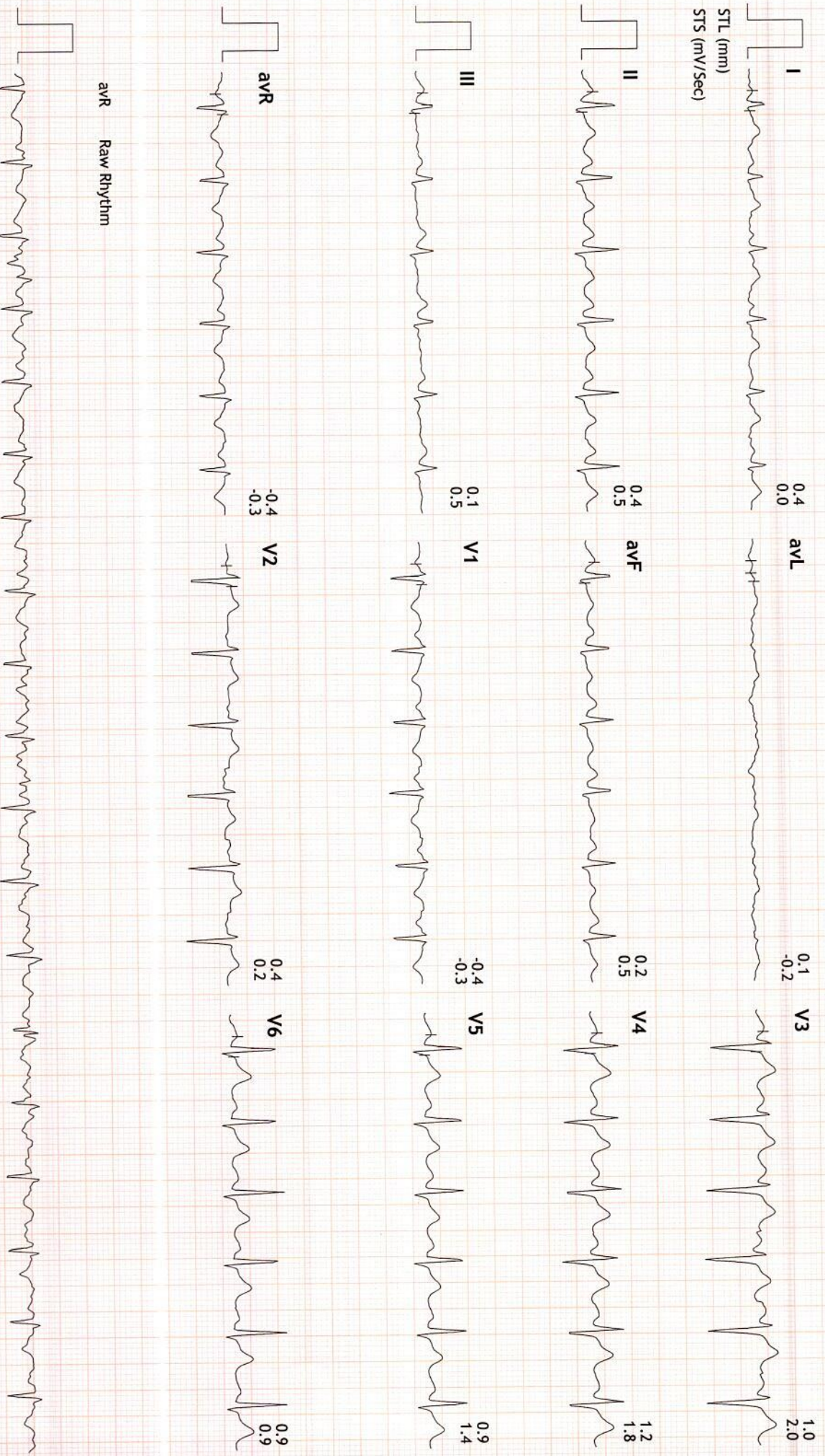
PRAMUKH MULTI SPECIALITY HOSPITAL
NR. RAILWAY CROSSING, MANINAGAR (E) Ahm. 08.

1016/NIMESHKUMAR A PAREJI 14 bpm
31 Yrs/Male METS: 4.7
69 Kg/164 Cms BP: 134/86
Date: 14-May-2022 09:20:23 AM

MPHR: 60% of 189 BRUCE
Speed: 1.7 mph (1.0-100)Hz
Grade: 10.0%

Ex Time 03:00
BLC : On
Notch : On

Stage 1 (03:00)
10.0 mm/mV
25 mm/Sec.





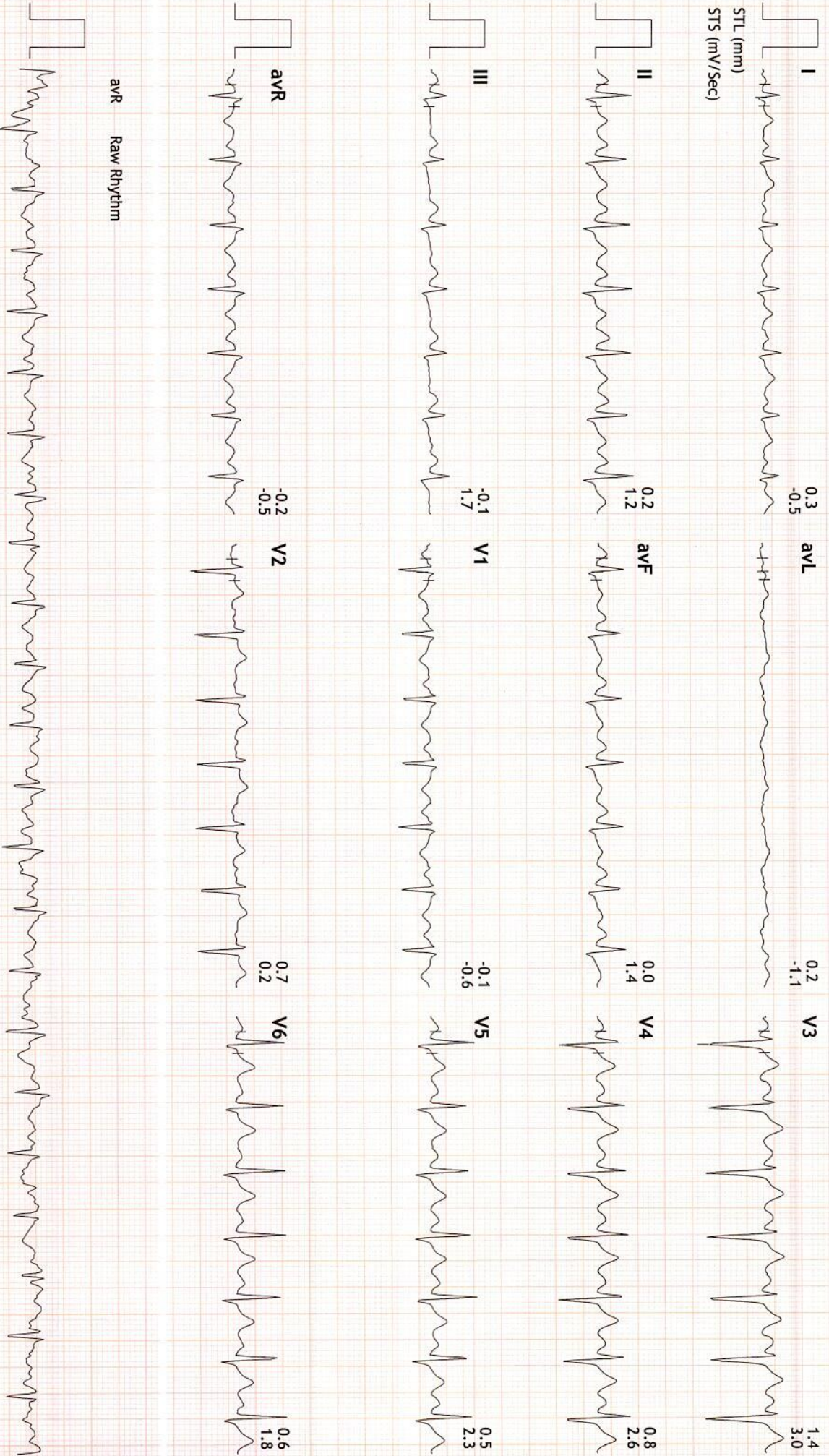
1016/NIMESHKUMAR A PARELJ 38 bpm
31 Yrs/Male
69 Kg/164 Cms
Date: 14-May-2022 09:20:23 AM

MPHR: 73% of 189
Speed: 2.5 mph
Grade: 12.0%

BRUCE
(1.0-100)Hz

Ex Time 06:00
BLC : On
Notch : On

Stage 2 (03:00)
10.0 mm/mV
25 mm/Sec.





Linked Medians Report

PRAMUKH MULTI SPECIALITY HOSPITAL
NR. RAILWAY CROSSING, MANINAGAR (E) Ahm. 08.

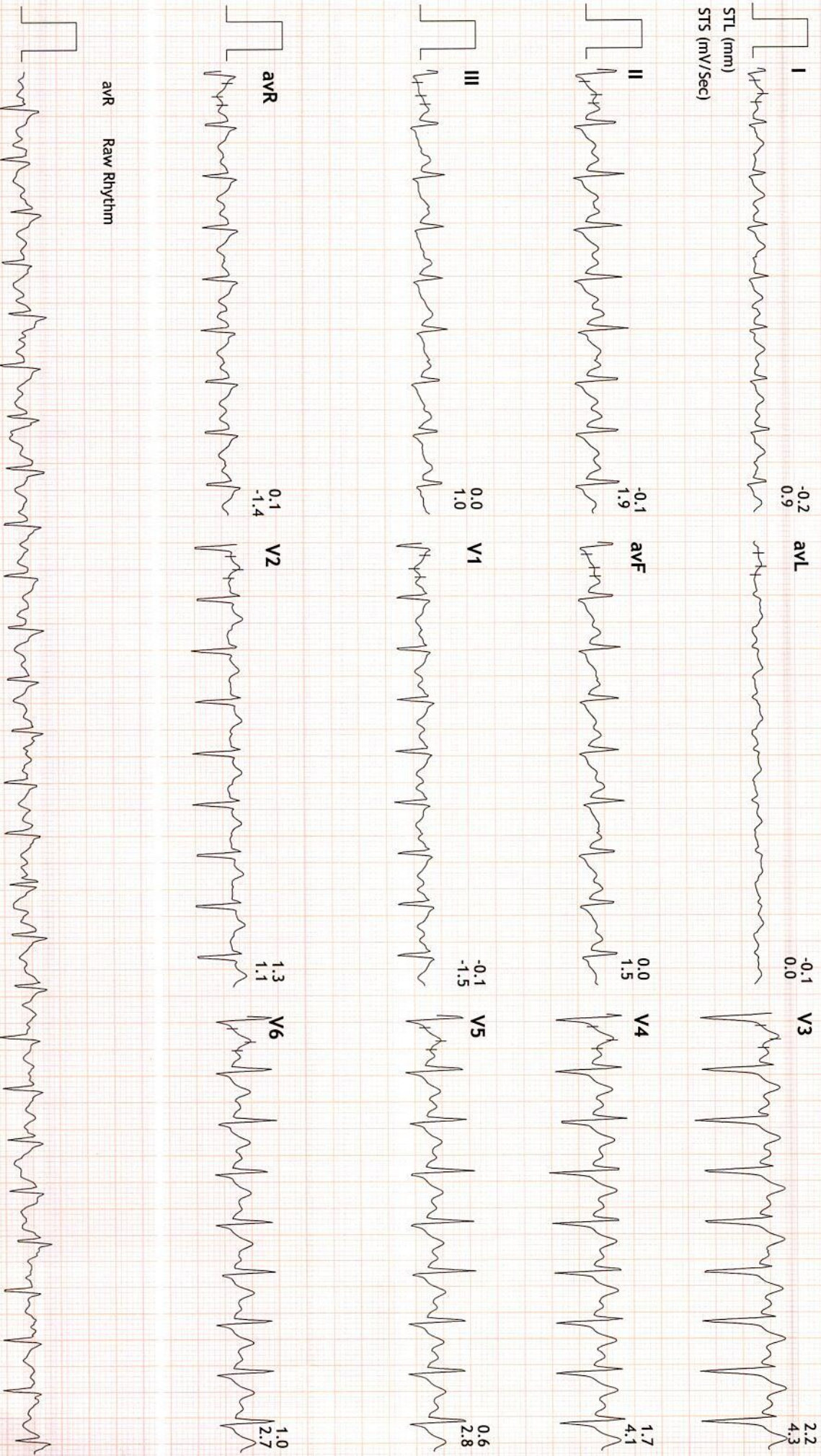
1016/NIMESHKUMAR A PAREL 62 bpm
31 Yrs/Male
69 Kg/164 Cms
Date: 14-May-2022 09:20:23 AM

MPHR: 85% of 189
Speed: 3.4 mph
Grade: 14.0%

BRUCE
(1.0-100)Hz

Ex Time 09:00
BLC : On
Notch : On

Stage 3 (03:00)
10.0 mm/mV
25 mm/Sec.



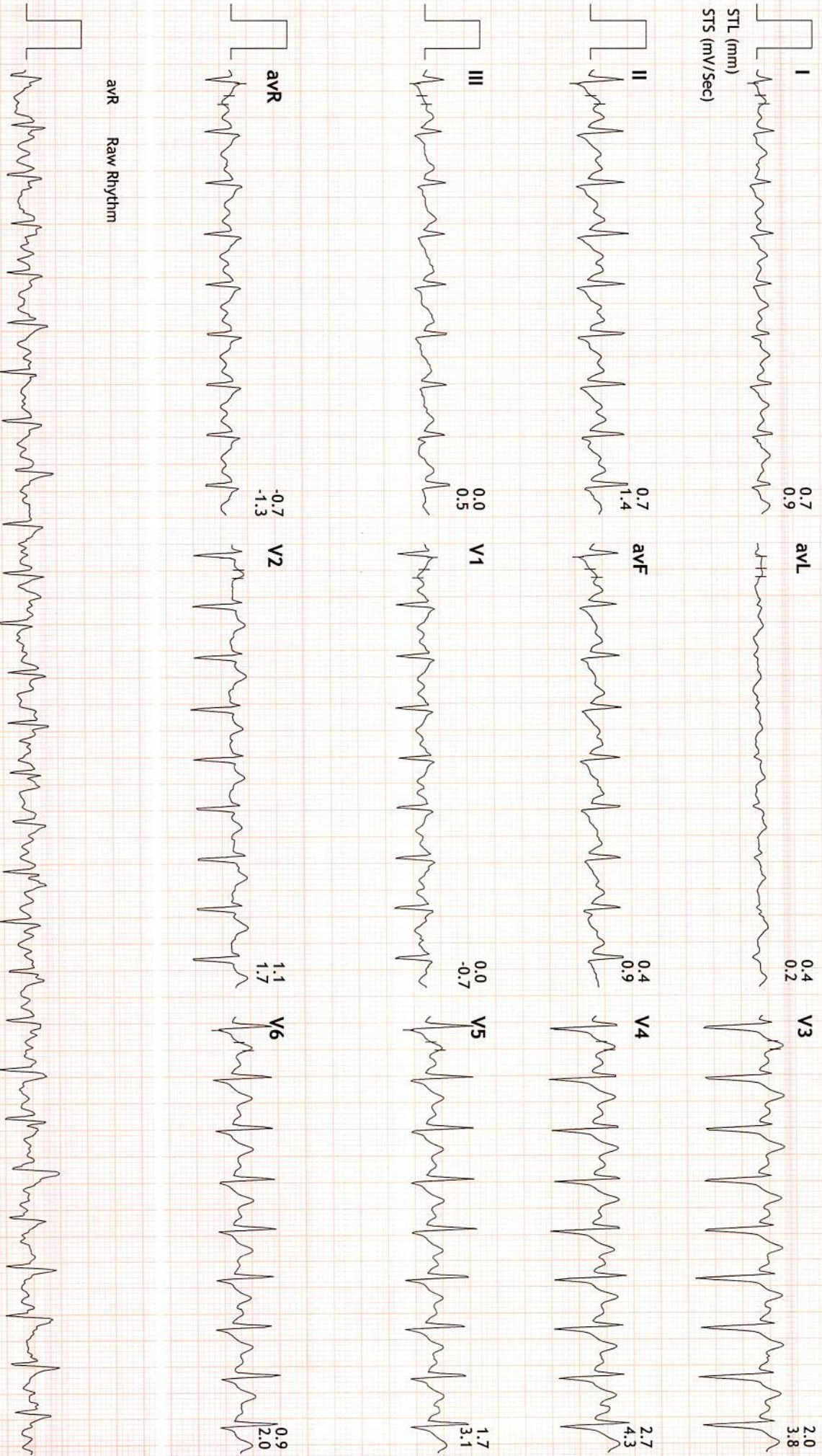


1016/NIMESHKUMAR A PAREJI 71 bpm
31 Yrs/Male
69 Kg/164 Cms
Date: 14-May-2022 09:20:23 AM

MPHR:90% of 189
Speed: 4.2 mph
Grade: 16.0%

BRUCE
(1.0-100)Hz
Ex Time 10:04
BLC :On
Notch :On

PeakEx
10.0 mm/mV
25 mm/Sec.





Linked Medians Report

PRAMUKH MULTI SPECIALITY HOSPITAL
NR. RAILWAY CROSSING, MAINNAGAR (E) Ahm. 08.

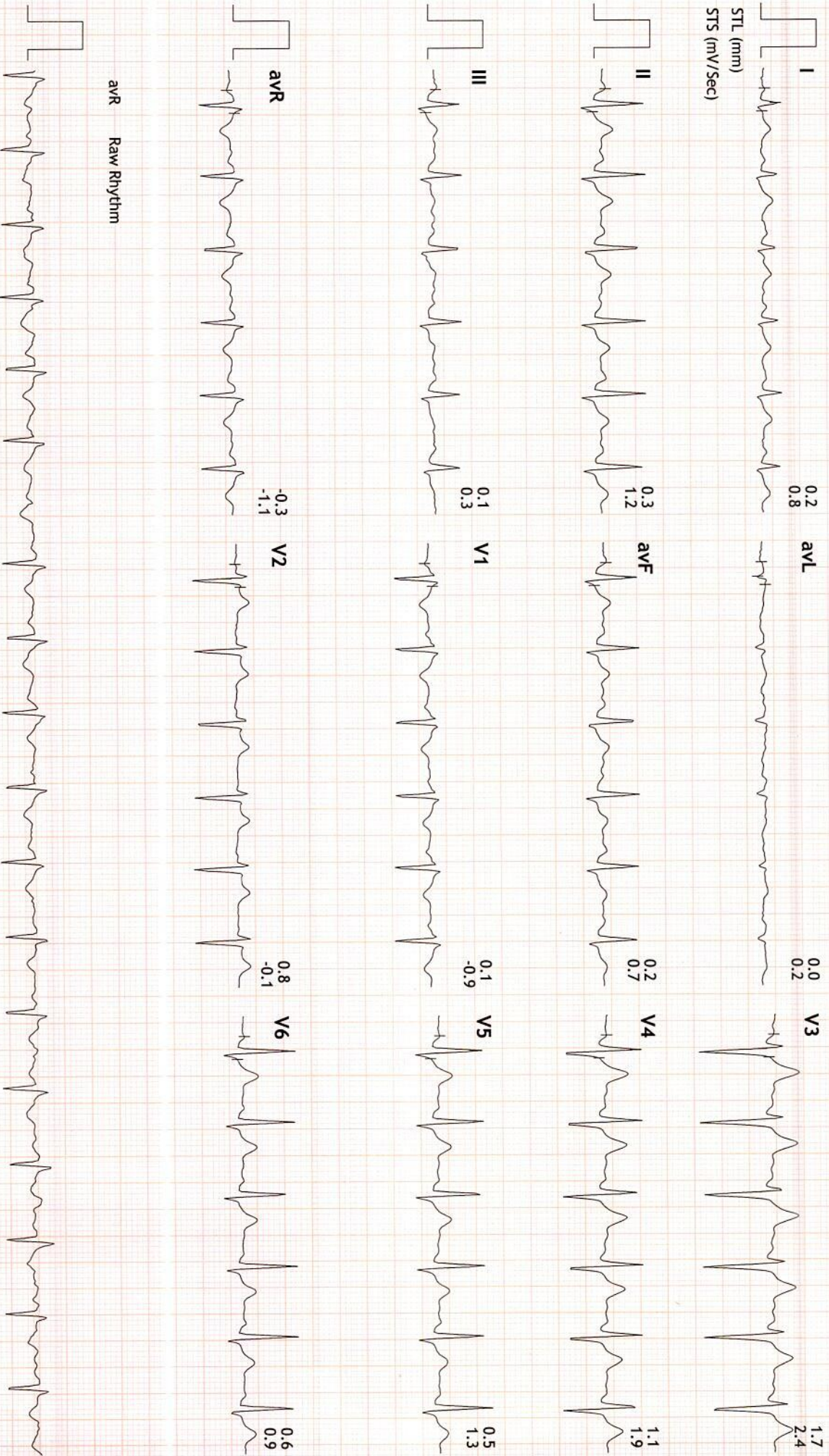
1016/NIMESHKUMAR A PAREJA 15 bpm
31 Yrs/Male
69 Kg/164 Cms
Date: 14-May-2022 09:20:23 AM

MPHR: 60% of 189
Speed: 0.0 mph
Grade: 0.0%

BRUCE
(1.0-100)Hz

Ex Time 10:04
BLC :On
Notch :On

Recovery : (02:59)
10.0 mm/mV
25 mm/Sec.



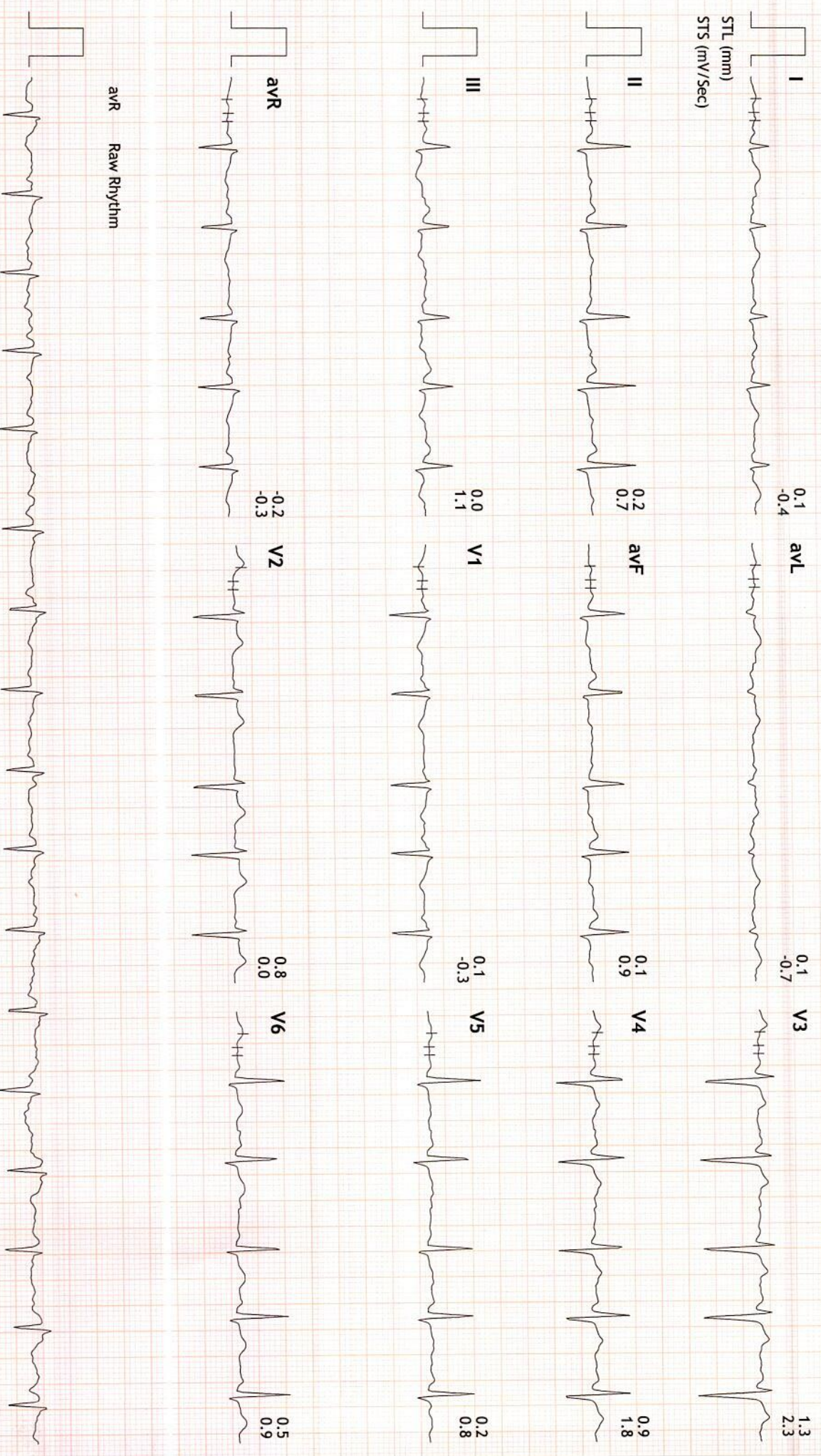


1016/NIMESHKUMAR A PARELJOS bpm
31 Yrs/Male
69 Kg/164 Cms
Date: 14-May-2022 09:20:23 AM

MPHR:55% of 189
Speed: 0.0 mph
Grade: 0.0%

BRUCE (1.0-100)Hz
Ex Time 10:04
BLC :On
Notch :On

Recovery : (05:59)
10.0 mm/mV
25 mm/Sec.





Linked Medians Report

PRAMUKH MULTI SPECIALITY HOSPITAL
NR. RAILWAY CROSSING, MANINAGAR (E) Ahm. 08.

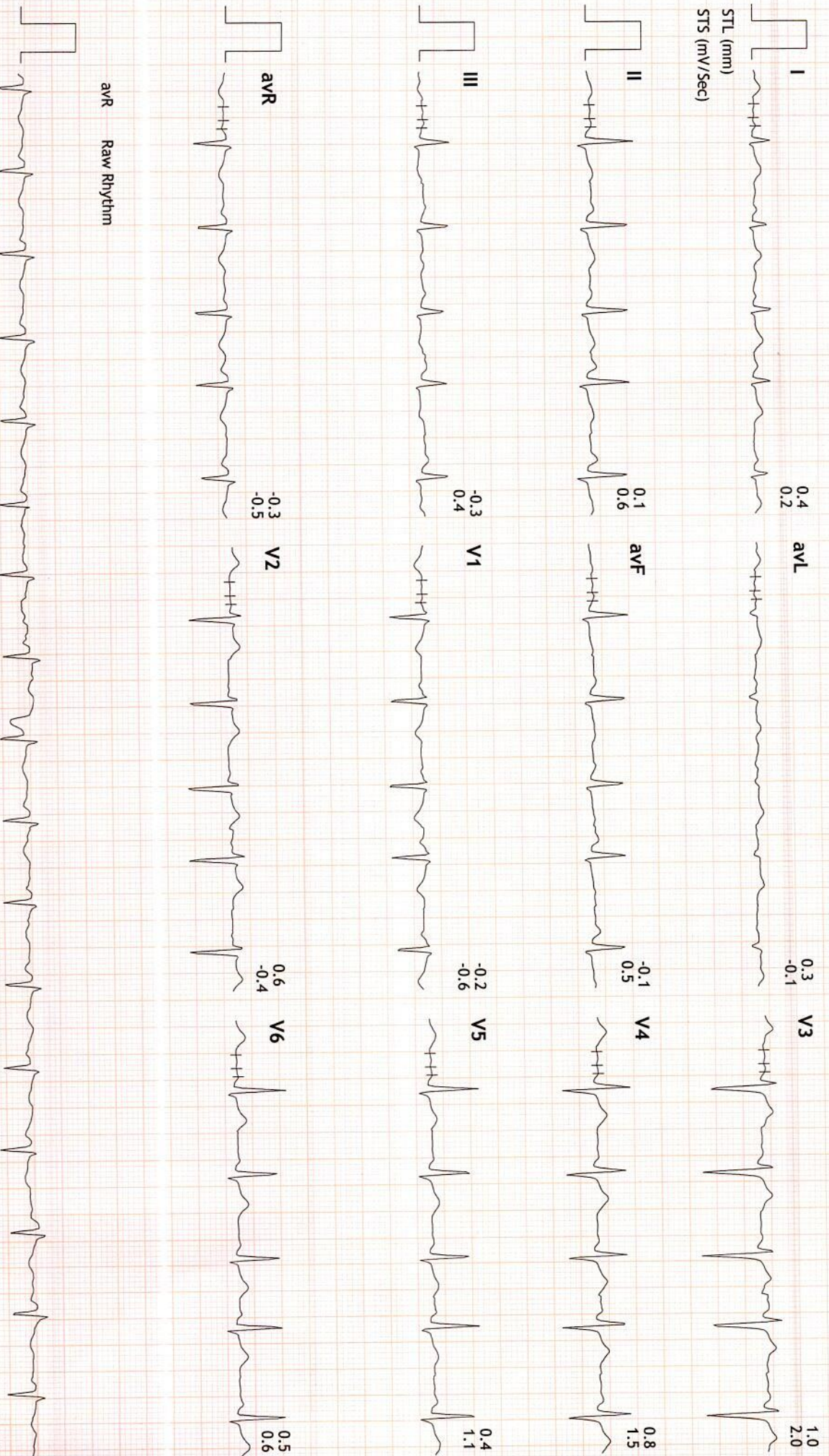
1016/NIMESHKUMAR A PAREJI 00 bpm
31 Yrs/Male METS: 1.0
69 Kg/164 Cms BP: 134/84
Date: 14-May-2022 09:20:23 AM

MHR: 52% of 189
Speed: 0.0 mph
Grade: 0.0%

BRUCE
(1.0-100)Hz

Ex Time 10:04
BLC : On
Notch : On

Recovery : (08:59)
10.0 mm/mV
25 mm/Sec.





बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम

पटेल निमेषकुमार अमृतलाल

Name

PATEL NIMESHKUMAR AMRUTLAL

कर्मचारी कूट क्र.

E.C. No.

116702




जारीकर्ता प्राधिकारी

Issuing Authority

धारक के हस्ताक्षर

Signature of Holder



 GPS Map Camera



Ahmedabad, Gujarat, India

10-N, Kashiwala Complex, Opposite Muktajivan X-Ray Lab, Bhairavnath Rd, near Old Railway Crossing, Maninagar, Ahmedabad, Gujarat 380008, India

Lat 22.995162°

Long 72.613664°

14/05/22 09:25 AM



NAME: NIMESHKUMAR PATEL

M/32YRS.

DATE: 14/05/2022

REF.BY: PRAMUKH HOSPITAL

U.S.G. OF ABDOMEN PELVIS

Liver: appears enlarged in size (17 cm) & shows bright echopattern. No focal lesion is seen. No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

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

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

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

Both Kidneys appear normal in size, position and echopattern.

C-M differentiation is well preserved on either side.

No calculus or hydronephrosis on either side.

Cortical thickness appears normal on both sides.

No focal lesion is seen on either side.

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

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

Para-aortic region appears normal.

No abdominal lymphadenopathy is seen.

Bowel loops appear normal in caliber & show normal peristalsis.

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

No fluid collection or lump formation is seen in RIF.

No ascites is seen.

IMPRESSION:

- Hepatomegaly with grade I fatty changes in liver.

DR. SANDIP MEVADA
M.D.

DR. ANIRUDDHSINH RAHEVAR
DMRD DNB

DR. RUCHIT SHAH
M.D.

DR. AMISHA PATEL
M.D.

DR. POOJAY P.
M.D.



NAME: NIMESHKUMAR PATEL

M/32YRS.

DATE: 14/05/2022

REF.BY: PRAMUKH HOSPITAL

X RAY CHEST PA VIEW

Both lung fields under vision appears normal.

No evidence of koch's lesion or consolidation is seen.

Both CP angles are clear.

Cardiac size is within normal limits.

Bony thoracic cage and both domes of diaphragm appears normal.

DR. SANDIP MEVADA
M.D.

DR. ANIRUDDHSINH RAHEVAR
DMRD DNB

DR. RUCHIT SHAH
M.D.

DR. AMISHA PATEL
M.D.


DR. PRANAY
M.D.



Patient Name : Nimeshkumar Patel
Sample No.. : 3531
Referred : Bank Of Baroda

Age/Sex : 31 Years/Male
Registration On:14/05/2022/13:50
Approved On :14/05/2022 16:58

BLOOD SUGAR LEVEL

Specimen : FLOURIDE

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
Fasting Blood Sugar: (GOD-POD)	71.2	mg/dl	70-110
Post Prandial Blood Glucose: <u>98.2</u> (GOD-POD)		mg/dl	100 - 150

American Diabetes Association Reference Range :
Normal : < 100 mg/dl
Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl
Diabetes : >= 126 mg/dl

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis. A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

Page 1 of 11

PATHOLOGIST
Dr. Satishkumar Patel
M.D., Patho
Reg No : G-6486



PRAMUKH
MULTI SPECIALITY
HOSPITAL

Above ilage Medical Store,
Nr. Railway Crossing, Maninagar (E)
Ahmedabad - 380 008.

Patient Name : Nimeshkumar Patel
Sample No.. : 3531
Reffered : Bank Of Baroda

Age/Sex : 31 Years/Male
Registration On:14/05/2022/13:50
Approved On :14/05/2022 16:59

BLOOD GROUP

<u>Test</u>	<u>Result</u>
BLOOD GROUP	: " B "
RH GROUP	: POSITIVE.

PATHOLOGIST
Dr.Satishkumar Patel
M.D.,Patho
Reg No :G-6486



Patient Name : Nimeshkumar Patel
Sample No.. : 3531
Referred : Bank Of Baroda

Age/Sex : 31 Years/Male
Registration On:14/05/2022/13:50
Approved On :14/05/2022 16:58

Lipid Profile

Specimen :SERUM

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
S. Cholesterol: (CHOD-POD)	166.34	mg/dl	Normal : < 200 Borderline : 200 - 240 High : > 240
Serum Triglycerides: (GPO-POD)	155.88	mg/dl	Normal : Normal < 150 Borderline : 150 - 199 High : > 200
HDL Cholesterol: (Direct-Cholesterol Esterase HSDA)	45.68	mg/dl	40 - 60 mg/dl
Serum LDL Cholesterol: (Calculated)	89.48	mg/dl	Up to 150
Serum VLDL Cholesterol: (Calculated)	31.17	mg/dl	Up to 35
LDLC/HDLC Ratio: (Calculated)	1.96	mg/dl	Up to 3.4
Cholesterol/HDLC Ratio: (Calculated)	3.64	mg/dl	Up to 5.0
Total Lipid: (Calculated)	607.38	mg/dl	400 - 1000 mg/dl

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Dyslipidemia is a disorder of fat or lipoprotein metabolism in the body and includes lipoprotein overproduction or deficiency. Dyslipidemias means increase in the level of one or more of the following: Total Cholesterol The "bad" cholesterol or low density lipoprotein (LDL) and/or triglyceride concentrations. Dyslipidemia also includes a decrease in the "good" cholesterol or high-density lipoprotein (HDL) concentration in the blood. Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. Healthians labs report biological reference intervals (normal ranges) in accordance to the recommendations of The National Cholesterol Education Program (NCEP) & Adult Treatment Panel IV (ATP IV) Guidelines providing the most desirable targets of various circulating lipid fractions in the blood. NCEP recommends that all adults above 20 years of age must be screened for abnormal lipid levels. *NCEP recommends the assessment of 3 different samples drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays. Hence a single result of Lipid Profile may not be adequate for clinical decision making. Healthians' counselling team will reach you shortly to explain implications of your report. You may reach out to customer support helpline as well. *NCEP recommends lowering of LDL Cholesterol as the primary therapeutic target with lipid lowering agents, however, if triglycerides remain >200 mg/dL after LDL goal is reached, set secondary goal for non-HDL cholesterol (total minus HDL) 30 mg/dL higher than LDL goal. *High Triglyceride and low HDL levels are independent risk factors for Coronary Heart disease and requires further clinical consultation. Triglyceride and low HDL *Healthians lab performs direct LDL measurement which is more appropriate and may vary from other lab reports which provide calculated LDL values.



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Reffered : Bank Of Baroda

Age/Sex : 31 Years/Male
Registration On:14/05/2022/13:50
Approved On :14/05/2022 16:58

PATHOLOGIST
Dr.Satishkumar Patel
M.D.,Patho
Reg No :G-6486



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Glycosylated HB - (HBA1C)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
HBA1C: (Immunoturbidimetric)	4.8	%	Normal : ≤ 5.6 Prediabetes : 5.7 - 6.4 Diabetes : ≥ 6.5 <u>DIABETES CONTROL CRITERIA</u> 6 - 7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested
Mean Blood Glucose:	91.06	mg/dl	

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 ≥ 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.
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.

Limitation of HbA1c

- 1) 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. 2) 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. 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected.

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URINE EXAMINATION

PHYSICAL :

Colour - **Pale Yellow**
Deposits - **Absent**
Transparency - **Clear**
Reaction - **Acidic**
Sp. Gravity - **1.010**

CHEMICAL :

Albumin - **Absent**
Sugar - **Absent**
Bile Salts - **Absent**
Bile Pigments - **Absent**

MICROSCOPIC: (After centrifugation at 2000 r.p.m. for 5 minutes)

Pus Cells - **0 - 1** /h.p.f.
Red Cells - **Not seen** /h.p.f.
Epithelial Cells - **1 - 2** /h.p.f.
Casts - **Not seen**/l.p.f.
Crystals - **Not seen**
Amorphous - **Not seen**



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LIVER FUNCTION TESTS

Specimen: SERUM

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
S. Bilirubin (Total): <small>(Photometric DC Diazo)</small>	0.85	mg/dl	up to 1.2
S. Bilirubin (Direct): <small>(Photometric DC Diazo)</small>	0.16	mg/dl	up to 0.2
S. Bilirubin (Indirect): <small>(Calculated)</small>	0.69	mg/dl	up to 1.0
SGPT(ALT) <small>(UV Kinetic)</small>	64.73	U/L	up to 42
SGOT (AST) <small>(UV Kinetic)</small>	69.66	U/L	up to 40
GGT <small>(Optimized kinetic color test IFCC)</small>	27.71	U/L	12 - 64
Total Proteins: <small>(Biuret)</small>	7.36	g/dl	6.0 - 8.3
Albumin <small>(BCG)</small>	4.52	g/dl	3.5 - 5.2
Globulins: <small>(Calculated)</small>	2.84	g/dl	2.4 - 3.7
AGRATIO: <small>(Calculated)</small>	1.592		
S.Alkaline Phosphatase: <small>(Colorimetric Optimized Kinetic IFCC)</small>	81.4	U/L	40 - 129

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Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis; drug reactions, alcoholic liver disease conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia,transfusion reaction & a common metabolic condition termed Gilbert syndrome.AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis.Ast levels may also increase after a heart atck or strenuous activity. ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyroidism, Leukemia,Lymphoma, paget's disease, Rickets, Sarcoidosis etc. Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease,



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RENAL FUNCTION

Specimen :SERUM

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
Sr. Creatinine: <small>(Modified Jaffe's)</small>	0.62	mg/dl	0.6 - 1.2 mg/dl
Urea: <small>(GLDH)</small>	24.87	mg/dl	10 - 50 mg/dl
S. Uric Acid: <small>(Uricase-POD)</small>	5.33	mg/dl	3.2 - 7.2 mg/dl
Blood Urea Nitrogen: <small>(Calculated)</small>	11.62	mg/dl	08 - 23 mg/dl
Bun/Creat Ratio: <small>(Calculated)</small>	18.74		

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COMPLETE BLOOD COUNT

Sample :EDTA

Test		Result	Unit	Biological Ref. Interval
<u>BLOOD COUNT</u>				
Hemoglobin	colorimetric	14.8	g/dL	13 - 17
R.B.C Count	Electrical impedance	5.49	mill/cmm	4.5 - 5.5
W.B.C Count	Electrical impedance	7.6	10 ³ /uL	4.0 - 10.0
Platelet Count	Electrical impedance	187	10 ³ /uL	150 - 450
<u>DIFFERENTIAL COUNT</u>				
Polymorphs	Microscopic	58	%	60 - 70
Lymphocytes	Microscopic	39	%	20 - 40
Eosinophils	Microscopic	01	%	1 - 6
Monocytes	Microscopic	02	%	2 - 10
Basophils	Microscopic	00	%	0 - 2
<u>BLOOD INDISES</u>				
HCT	Rbc Histogram	45.5	%	40 - 50
MCV	Calculated	82.9	fl	80 - 100
MCH	Calculated	27	pg	27 - 32
MCHC	Calculated	32.5	g/dl	32 - 36
RDW-CV	Calculated	14.2	%	10 - 16.5

PERIPHERAL SMEAR EXAMINATION

SMEAR RBC Line 1: Normochromic normocytic red cells.

SMEAR Platelets: Adequate

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Erythrocyte sedimentation rate

ESR AT 1 hour westergren 08 mm/Hour 00 - 15

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Thyroid Functions

<u>Test</u>	<u>Result</u>	<u>Normal Range</u>
T3-Triodothyronine	: 1.25 ng/ml	0.6 - 1.80 ng/ml
T4-Thyroxine	: 8.6 mcg/dl	4.5 - 10.9 mcg/dl
TSH Thyroid Stimulating Hormone	: 4.49 microIU/ml	0.35 - 5.55 microIU/ml

Comments :

COMMENTS :

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.
Low or undetectable TSH is suggestive of Grave~s disease
TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.
TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 ,FT4 is important.
FreeT3 is first hormone to increase in early Hyperthyroidism.
Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.
During pregnancy clinically T3 T4 can be high and TSH can be slightly low