

ID:

Name:

Sex: M

cm

Birth date:

kg

years

1100 Sinus rhythm

9110 ** Normal ECG **

Sauker Bengt

[Signature]

Unconfirmed Report
Reviewed by:

Indication:

Symptoms:

History:

Heart rate 75 bpm

PR int 128 ms

QRS dur 84 ms

QT/QTc(E) int 354/383 ms

1/QRS/T axis 50/60/59 °

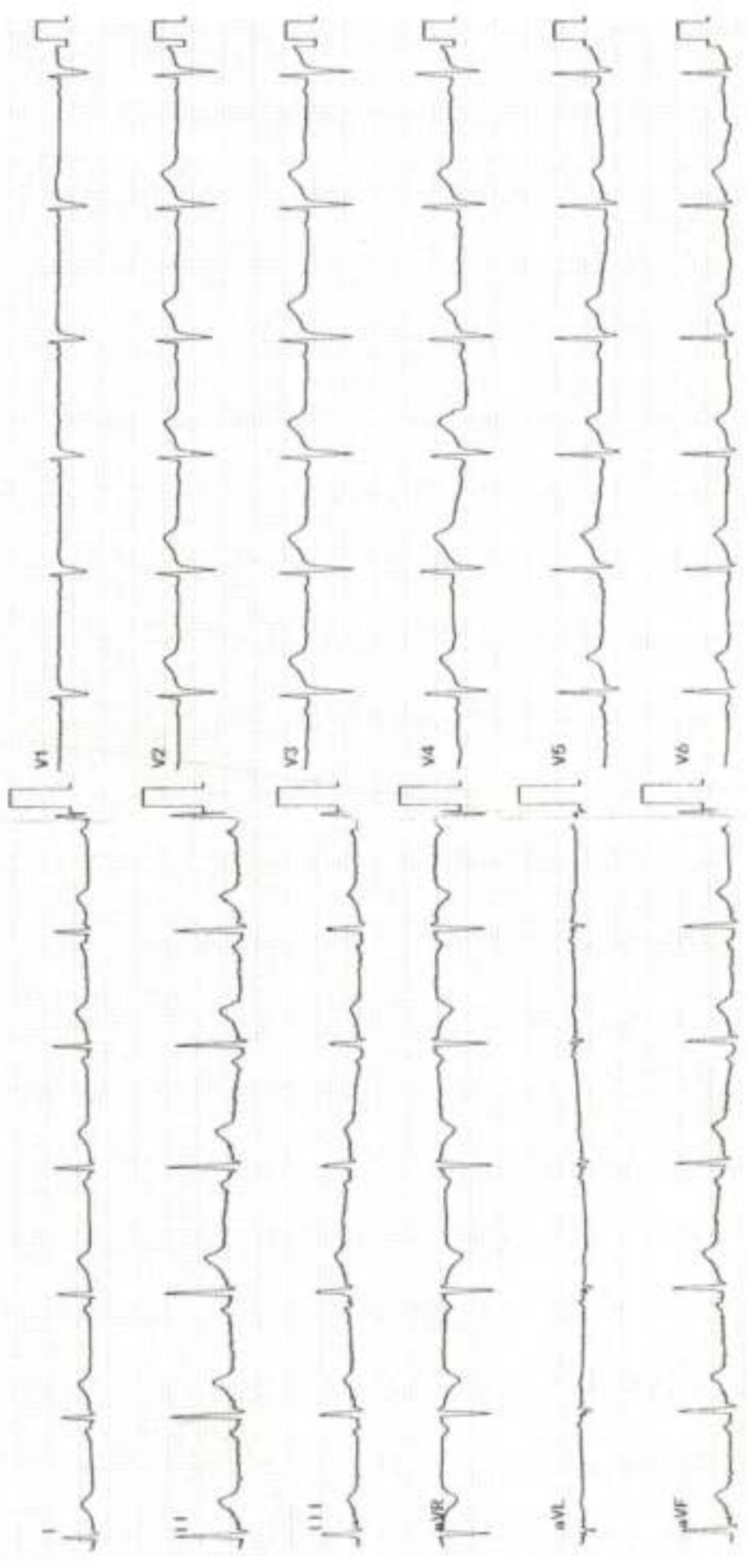
RV5/SV1 amp 1.57/0.93 mV

RV5+SV1 amp 2.51 mV

10 mm/mV 25 mm/s

Filter: H50 d 100 Hz

5 mm/mV



SHALBY HOSPITAL
NR. NAVYUG COLLAGE, RANDEK ROAD
SURAT

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: SHANKAR BANERJEE,
Patient ID: 08857
Height:
Weight:

DOB: 02.10.1988
Age: 35yrs
Gender: Male
Race: Indian

Study Date: 14.10.2023
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:44	0.00	0.00	86	120/80	
EXERCISE	STAGE 1	03:00	2.70	10.00	129		
	STAGE 2	03:00	4.00	12.00	144	130/80	
	STAGE 3	01:32	5.40	14.00	171	150/80	
RECOVERY		03:06	0.00	0.00	104	120/80	

The patient exercised according to the BRUCE for 7:31 mins, achieving a work level of Max. METS: 10.00. The resting heart rate of 83 bpm rose to a maximal heart rate of 171 bpm. This value represents 92 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

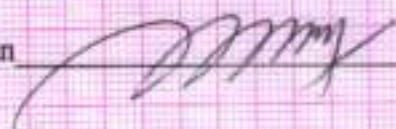
Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician



Technician

BRUCE: Total Exercise Time 07:31

Max HR: 171 bpm 92% of max predicted 185 bpm HR at rest: 83

Max BP: 150/80 mmHg BP at rest: 120/80 Max RPP: 24900 mmHg*bpm

Maximum Workload: 10.00 METS

Max. ST: -1.70 mm, 0.00 mV/s in II; EXERCISE STAGE 3 06:29

Arrhythmia: A:42, PVC:6, PSVC:4, CPLT:1

ST/HR index: 1.23 μ V/bpm**Reasons for Termination:** Target heart rate achieved**Summary:** Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.**Conclusion:** TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Location Number: * 0 *

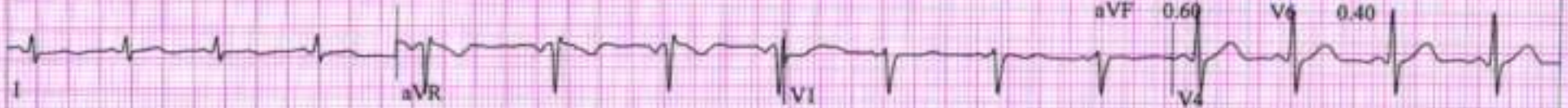
Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (II mm)	Comment
PRETEST	SUPINE	00:44	0.00	0.00	1.0	86	120/80	10320	0	0.85	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	129			0	0.25	
	STAGE 2	03:00	4.00	12.00	7.0	144	130/80	18720	0	0.50	
	STAGE 3	01:32	5.40	14.00	10.0	171	150/80	25650	0	-0.60	
RECOVERY		03:06	0.00	0.00	1.0	104	120/80	12480	0	0.05	

92 bpm
120/80 mmHg

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.30	V1	0.15
II	0.75	V2	0.80
III	0.50	V3	1.40
aVR	-0.45	V4	0.95
aVL	-0.10	V5	0.65
aVF	0.60	V6	0.40



SHANKAR BANERJEE,
Patient ID 08857
14.10.2023
10:04:15

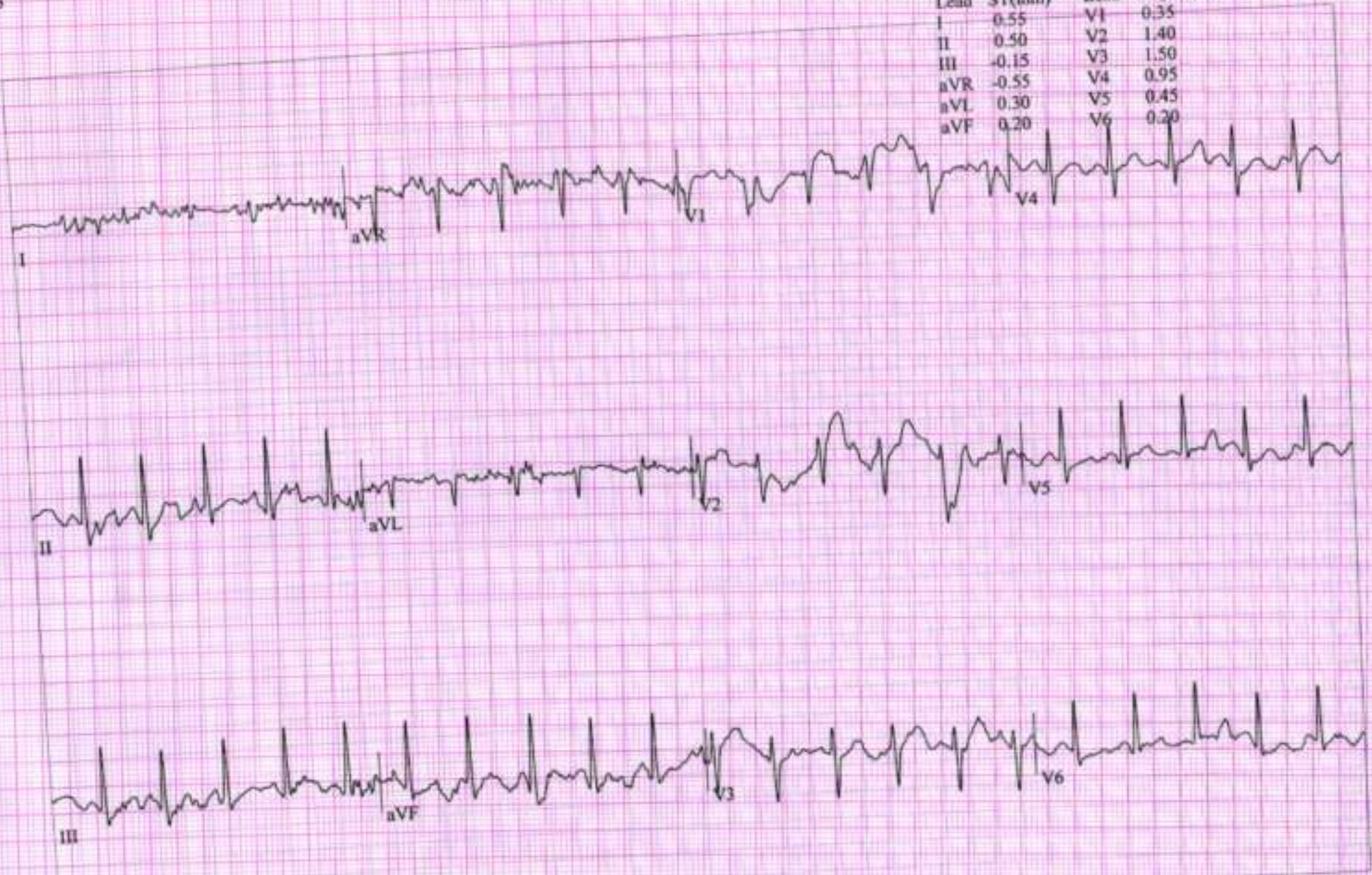
130 bpm

12-Lead Report
EXERCISE
STAGE I
02:50

BRUCE
2.7 km/h
10.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.55	V1	0.35
II	0.50	V2	1.40
III	-0.15	V3	1.50
aVR	-0.55	V4	0.95
aVL	0.30	V5	0.45
aVF	0.20	V6	0.20



Start of Test: 10:00:35

SHANBAR DAVENDE,
Patient ID: 08857
14.10.2023
10:07:15

141 bpm
130/80 mmHg

EXERCISE
STAGE 2
05:50

BRUI
4.0 km/h
12.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.20	V1	1.00
II	0.00	V2	0.80
III	-0.35	V3	1.20
aVR	0.05	V4	0.80
aVL	0.35	V5	0.05
aVF	-0.15	V6	-0.35



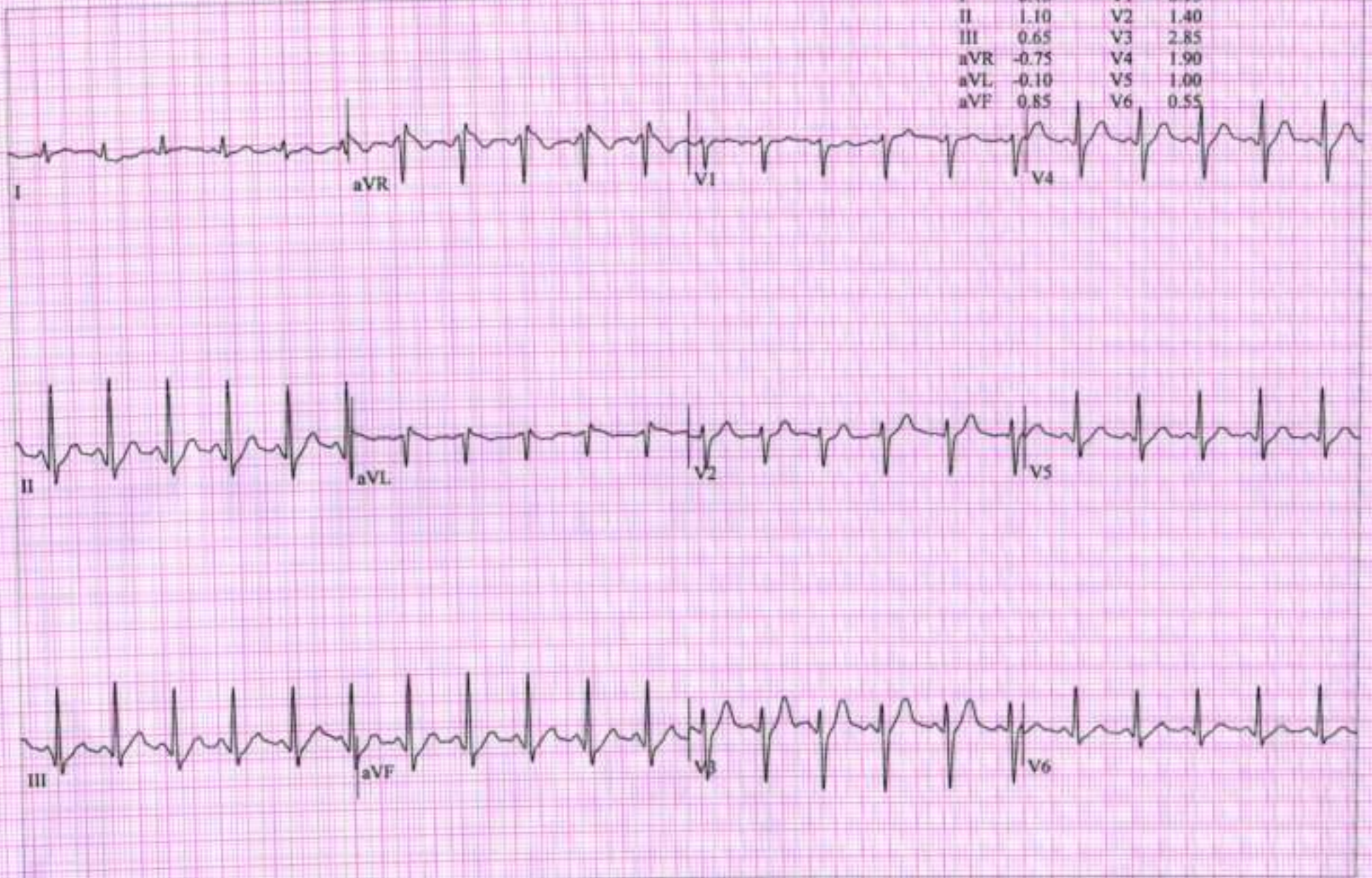
Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.30	V1	-0.05
II	-0.50	V2	0.90
III	-0.85	V3	1.45
aVR	0.15	V4	0.50
aVL	0.65	V5	-0.10
aVF	-0.70	V6	-0.70



Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.45	V1	0.15
II	1.10	V2	1.40
III	0.65	V3	2.85
aVR	-0.75	V4	1.90
aVL	-0.10	V5	1.00
aVF	0.85	V6	0.55

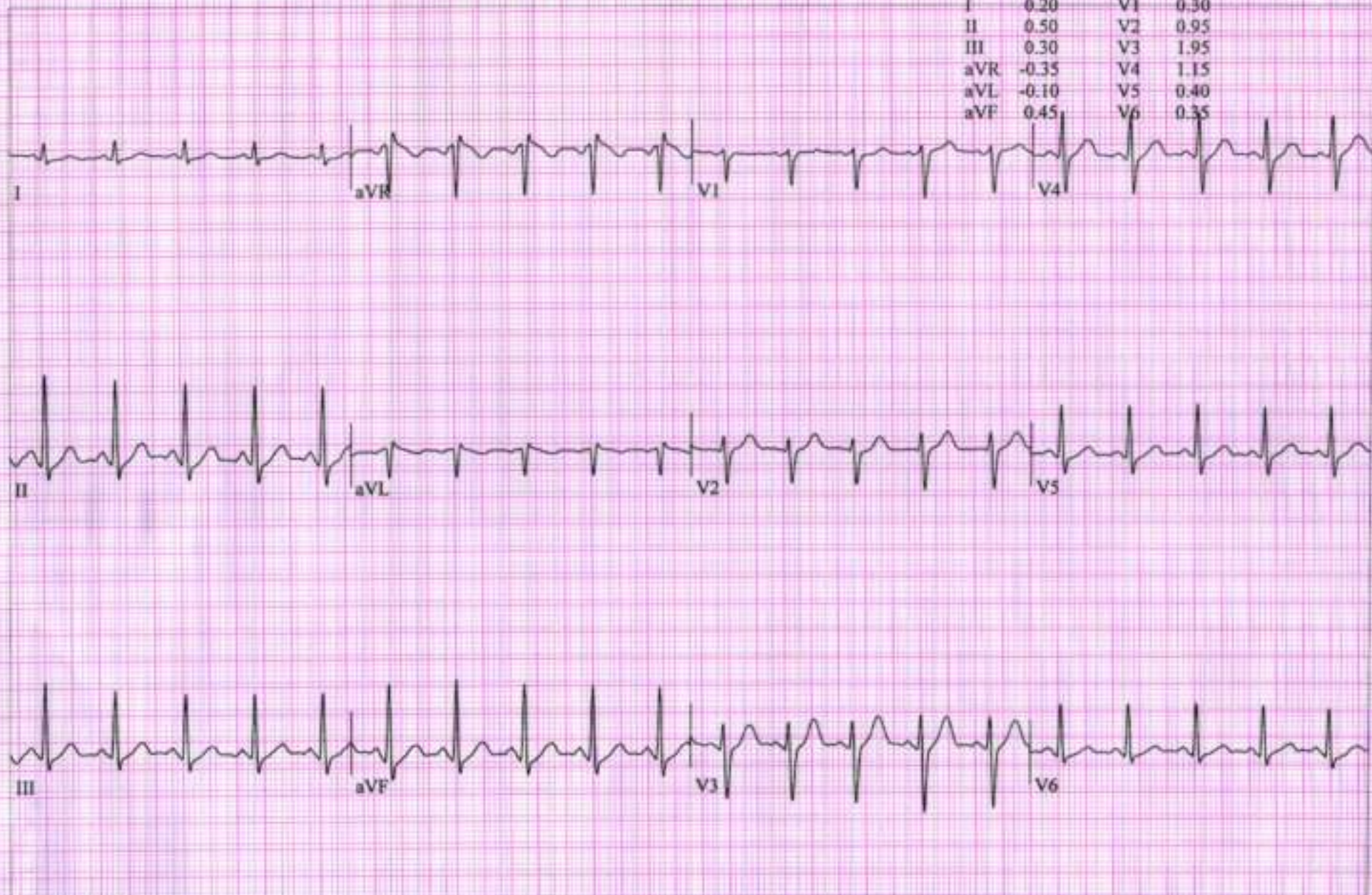


122 bpm

Measured at 60ms Post J (10mm/mV)

Auto Points

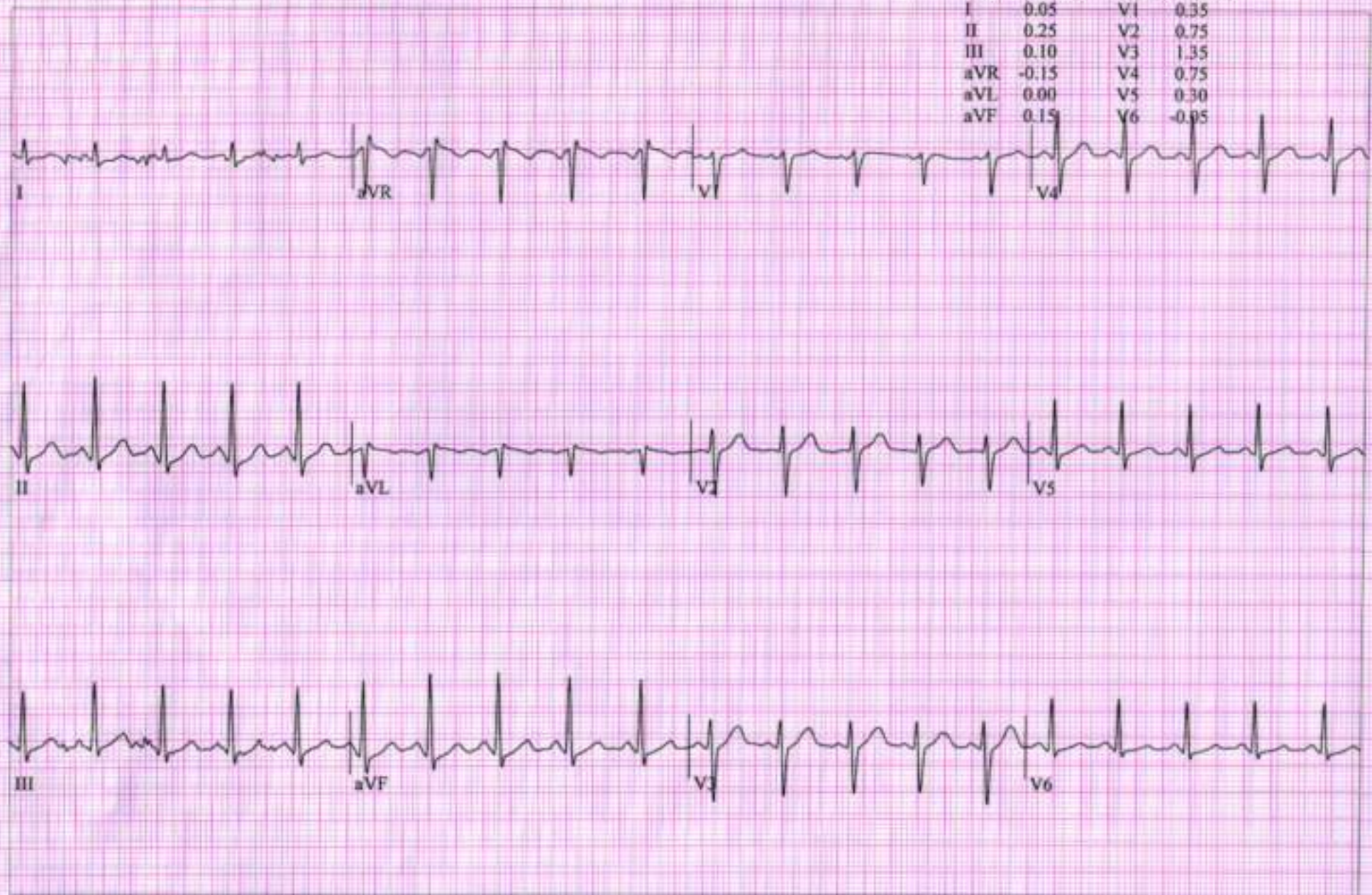
Lead	ST(mm)	Lead	ST(mm)
I	0.20	V1	0.30
II	0.50	V2	0.95
III	0.30	V3	1.95
aVR	-0.35	V4	1.15
aVL	-0.10	V5	0.40
aVF	0.45	V6	0.35



Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	0.35
II	0.25	V2	0.75
III	0.10	V3	1.35
aVR	-0.15	V4	0.75
aVL	0.00	V5	0.30
aVF	0.15	V6	-0.05



Patient Name: SHANKAR BANREJEE		UHID:334847	
Age / Sex: 34 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 31/07/2023	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size and appearance. It shows normal parenchymal reflectivity. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R.
Portal vein appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

Pancreas appears normal in size and echotexture.
Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Prostate is normal in size and measures 26 x 39 x 32 mm (Approx. vol- 18 cc). It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.
Gastritis at epigastric region.

IMPRESSION:

- **Gastritis at epigastric region.**
- **No other significant abnormality is seen.**

Thanks for referral.



DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)
G-14916

SHALBY HOSPITAL, SURAT

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org
CIN: L85110GJ2004PLC044667



Pre - op

Post - op

Health Check-up

Date : 14/10/23

Patient Reg. No. : _____

Patient Name : Shankar, Bhanuwarjee

Age / Sex : 31/M

Address : Patil Street

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication :

On Examination :

Abscess : _____ Food lodgement :

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep

Restoration : _____ Perio Surgery : _____

RCT : _____ Class V Fillings : _____

Dentures : _____ Extraction : _____

Implants : _____ Partial Denture : _____

Crown & Bridge Present : _____

Crown / Bridge Replacement :		
Advised Crown / Bridge :		
Advised X - Ray / O.P.G. :		

Some Golden Rules :

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be performed in an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Dr.
Scaling

Dr. Meharca Patel

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

Name :-

SHANKAR

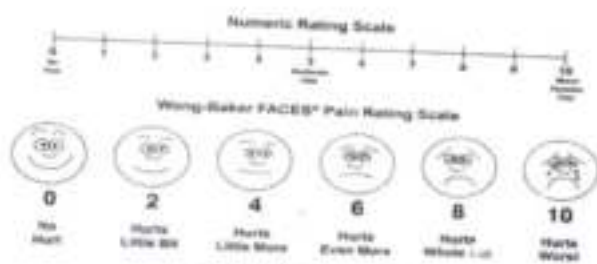
BANERJEE

Date:-

14/10/23

Chief Complaints:-

medical check up



Pain Assessment:-

Past History:-

Family History:-

Allergy:- NO Drugs Allergy

Personal History:- **Habits**:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:-

Visual Acuity:- $\left\{ \begin{array}{l} 6/36 \\ 6/24 \end{array} \right.$

NCT $\left\{ \begin{array}{l} 12 \\ 12 \end{array} \right.$

ON Examination

Temp:-

PCV $\left\{ \begin{array}{l} -1.50 \text{ } -0.75 \times 25 \\ -2.25 \end{array} \right.$

Ant. Segment

SR $\left\{ \begin{array}{l} -1.50 \text{ } -0.75 \times 25 \\ -2.50 \text{ DS} \end{array} \right.$

WAL.

Systemic Examination:-

HT:- WT:-

PH Vision: $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$

6/6, NB
6/6 NB
Both Eye

NAME
OCT 14 2022 10:5

VF=10

R	SPH	CYL	AX
-	-1.50	-1.25	42
-	-1.50	-1.00	38
-	-1.50	-1.00	41
-	-1.50	-1.00	41

L	SPH	CYL	AX
-	-2.75	0.00	
-	-2.75	-0.50	175
-	-2.75	-0.50	154
-	-2.75	0.00	

PD=55

Grandsethko.com
GR-3300K S/N:17688096

Anterior Chamber

Lt. EYE

Rt. EYE

Investigation:-

Date: *WAR*

Macula:-

Diagnosis:-

(a) Compound myopia astigmatism
(c) Simple myopia

Treatment:-

class

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 months

Signature of the Consultant

Rpn

Patient ID:	SUR0000334847	Patient Name:	SHANKAR BANERJEE
Age:	34 Years	Sex:	M
Accession Number:	12322	Modality:	DX
Referring Physician:	SHALBY HOSPITAL	Study:	CHEST PA
Study Date:	14-Oct-2023		

CHEST X-RAY (PA)

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- No significant abnormality seen.

Thanks for referral.



DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)

G-14916

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org
CIN: L85110GJ2004PLC044667

Consultant Physician Clinic

Patient Name:- *Shanba Banerjee*

Age / Sex :- *34yrs / male*

Chief Complaints:-

*→ hicups
→ pain in abd
epigastric pain*

Drug / Food Allergy:-

Past History :-

→ no

Family History:-

Systemic Examination:-

*→ NG
→ mass*

Provisional Diagnosis:

OPR NO:

Date: *12/10/23*

Weight: *54 kg*

Height: *162 cm*

BMI: *20.6*

Nutritional assessment:-

- Obese
 Well nourished
 Mild-moderate nourished
 Severely mal-nourished

Pulse: *82/min*

BP: *120/80*

SpO2: *99%*

Investigation :-

G. P. D.

20/2/19 (11)

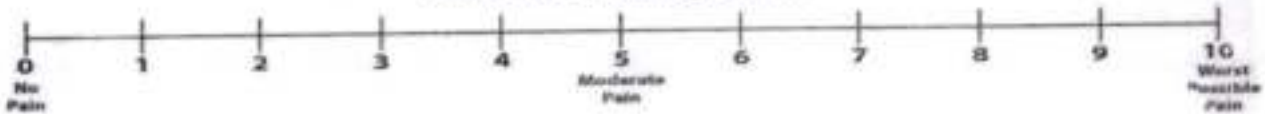
Treatment and further advices:-
(Write in Capital Letters)

Rx

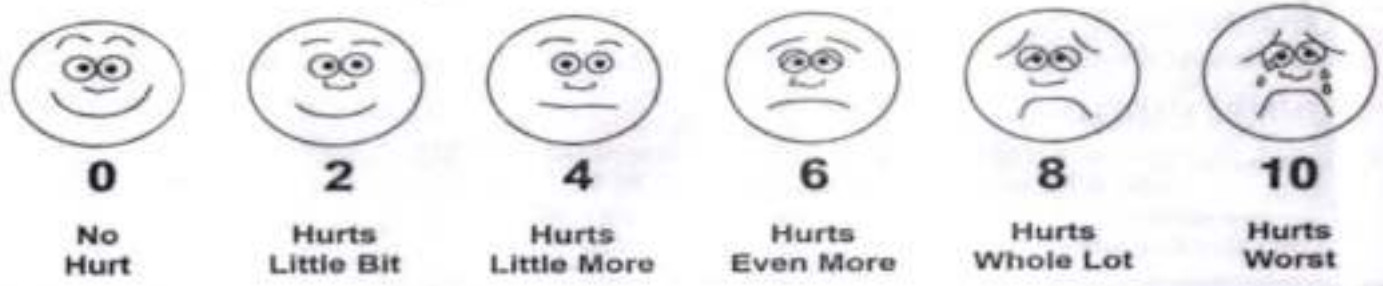
gabris
 1000 - 15 days
 before lunch
 sup. succalbit 0' → 10ml after 20min after lunch
 10ml 15ml
 sup. Diphthalae ✓ 10-15ml
 1000 - 15 days
 Follow Up Date: _____
 બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Incase of emergency Please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale




 Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India.
 Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000334847 OP-003

REPORT STATUS : Interim



Patient Name : Mr Shankar Banerje	/	Registered On : 14-Oct-2023 09:45 AM
Lab ID : 310901101		Collected On : 14-Oct-2023 10:00 AM
Gender/Age : Male / 35 Years	DOB : 02-Oct-1988	Received On : 14-Oct-2023 10:08 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN	Cobrimetric Non Cyanide 15.0 ✓	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance 4.90	mill/cmm	4.5 - 5.5
HCT	Calculated 46.3	%	40 - 50
MCV	Calculated based on the RBC histogram 94.5	fL	83 - 101
MCH	Calculated 30.6	pg	27 - 32
MCHC	Calculated 32.4	g/dL	31.5 - 34.5
RDW	Calculated 13.8	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT
 Total WBC Count Electrical Impedance **4230** ✓ cells/cmm 4000 - 10000
DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry 63	%	40 - 80
LYMPHOCYTES	Flow Cytometry 29	%	20 - 40
EOSINOPHILS	Flow Cytometry 1	%	1 - 6
MONOCYTES	Flow Cytometry 7	%	2 - 10
BASOPHIL	Flow Cytometry 0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance 123000 ✓	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram 13.2	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs	Normochromic and Normocytic.
WBCs	Total and differential leucocyte counts are within normal limit
PLATELETs	Mildly Reduced on smear examination. Occasional large platelets seen.
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.
PLATELET COUNT (MANUAL)	140000 ✓ /cmm 150000 - 500000

This is an Electronically Authenticated Report.

Generated On : 14-Oct-2023 01:12 PM

Approved On : 14-Oct-2023 01:07 PM

Dr Pankaj Agrawal

 M.B., D.C.P
 Consulting Pathologist

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Dr Pankaj Agrawal
Dr Pankaj Agrawal
 M.B., D.C.P.
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Collected On : 14-Oct-2023 10:00 AM

Gender/Age : Male / 35 Years

DOB : 02-Oct-1988

Received On : 14-Oct-2023 10:08 AM

Ref. By : Dr. Health Check Up, Shalby

Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD GROUP (Tube agglutination: Forward & reverse)			
ABO Type	"AB" ✓		
RH Type	POSITIVE ✓		

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Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist

Generated On : 14-Oct-2023 01:12 PM

Approved On : 14-Oct-2023 01:07 PM

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Ref. By : Dr. Health Check Up - Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <small>Modified Westergren Method</small>	3	mm in 1 hour	0 - 15
HBA1C HbA1c - Glycated Haemoglobin * <small>Boronate Affinity Assay</small>	5.1	%	Non-diabetic: <= 5.6 ✓ Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Estimated Average Glucose (eAG) (mg/dL) * 100 mg/dL
Calculated

This is an Electronically Authenticated Report.

 Generated On : 14-Oct-2023 01:12 PM
 Approved On : 14-Oct-2023 01:07 PM

Dr Pankaj Agrawal
 M.B., D.C.P
 Consulting Pathologist

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Collected On : 14-Oct-2023 10:00 AM

Gender/Age : Male / 35 Years

DOB : 02-Oct-1988

Received On : 14-Oct-2023 10:08 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum, Urine (PP),
Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
PLASMA GLUCOSE LEVEL			
FASTING PLASMA GLUCOSE			
Plasma Glucose (F)	87	mg/dL	74 - 106
<small>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</small>			
Urine Sugar (F)	ABSENT	mg/dL	Absent
<small>Glucose-oxidase/oxidase reaction</small>			
POST PRANDIAL PLASMA GLUCOSE			
Plasma Glucose (PP)	89	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
<small>GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric</small>			
Urine Sugar (PP)	ABSENT	mg/dL	Absent
<small>Glucose-oxidase/oxidase reaction</small>			

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Dr Pankaj AgrawalM.B., D.C.P.
Consulting Pathologist

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PID : SUR0000334847 OP-003

REPORT STATUS : Interim



Patient Name : Mr Shankar Banerje /	Registered On : 14-Oct-2023 09:45 AM
Lab ID : 310901101	Collected On : 14-Oct-2023 10:00 AM
Gender/Age : Male / 35 Years	Received On : 14-Oct-2023 10:08 AM
DOB : 02-Oct-1988	Sample Type : Serum
Ref. By : Dr. Health Check Up, Shalby	

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <small>Cholesterol Esterase, Oxidase, Peroxidase</small>	158	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <small>Lipase/GK/GPO/POD</small>	110	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <small>Phosphotungstic Acid/MgCl₂ - Enzymatic</small> (good)	38 ↓	mg/dL	Major risk factor for heart disease : <40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <small>Calculated</small>	120	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol (best) <small>Calculated</small>	98	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <small>Calculated</small>	22	mg/dL	6 - 38
LDL/dHDL * <small>Calculated</small>	2.6		2.5 - 3.5
Chol/dHDL * <small>Calculated</small>	4.2	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST**RENAL FUNCTION TEST****Urea Nitrogen (BUN)**

Urease, colorimetric

6

mg/dL

9 - 20

UREA

Calculated

13

mg/dL

19 - 43

Creatinine

Enzymatic - Creatinine amidohydrolase

0.50

mg/dL

0.66 - 1.25

S. URIC ACID

Uricase/Peroxidase, Colorimetric

5.3

mg/dL

3.5 - 8.5

Calcium

Arsenazo III dye

8.6

mg/dL

8.4 - 10.2

Phosphorus *

Phosphomolybdate reduction (PMA Phenol)

3.6

mg/dL

2.5 - 4.5

Sodium

Direct Ion Selective Electrode

141

mmol/L

137 - 145

S. POTASSIUM

Direct Ion Selective Electrode

4.04

mmol/L

3.5 - 5.1

Chloride

Direct Ion Selective Electrode

105

mmol/L

98 - 107

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Parameter	Result	Unit	Biological Ref. Interval
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THYROID PROFILE (TFT)

Total T3 * Chemiluminescence immunoassay (CLIA)	127 ✓	ng/dL	87 - 178
Total T4 * Chemiluminescence immunoassay (CLIA)	14.29	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH * Chemiluminescence immunoassay (CLIA)	3.347 ✓	µIU/mL	0.38 - 5.33

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 Ref. By : Dr. Health Check Up : Shalby Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	Glucose-oxidase/peroxidase reaction	Negative	Negative
Bilirubin	Azo coupling Reaction with diazonium	Negative	Negative
Ketone	Sodium Nitroprusside reaction	Negative	Negative
Specific Gravity	Refractometric Method - Bromthymol blue	<=1.005	S.G. value 1.001 - 1.035
Blood	Peroxidase like activity of hemoglobin	Negative	Negative
pH	Double Indicator principle	5.0	PH value 4.6 - 8.0
Protein	Protein Error of Indicator Principle	Negative	Negative
Urobilinogen *	Modified Ehrlich reaction	0.2	EU/dL Upto 1.0 mg/dL (EU/dL)
Nitrite *	Diazotization reaction of nitrite with an aromatic amine	Negative	Negative
Leucocyte	Leucocyte Esterase Test	Negative	Negative
Microscopic Examination			
Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	0-2/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil

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Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALTV) <i>Multi Point Rate with P-S-P</i>	33	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-S-P</i>	25	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	69	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</i>	21	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	6.4	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.0	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.4	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.7	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Diaphylins/Diazonium Salt</i>	<u>2.0</u>	mg/dL	0-1 day (premature) : 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	<u>1.8</u>	mg/dL	Adult : 0.2 - 1.3 Unconjugated bilirubin Adults : 0.0-1.1 Neonates : 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.2	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

End of Report

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