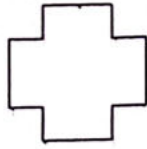


12/08/23



mediwheel
PANCHMUKHI HOSPITAL

Dr CP 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 : JYOTI KUMARI MODI
identity proof : Aadhar Card
identity proof no : 6533
gender : female
height : 155
weight : 67
B P : 110/70
pulse : 88/min Regular
blood sample : Yes
fasting mode : Yes
non fasting mode : Yes

past history : NO

dental : Healthy

Gynac : Healthy

General : Healthy

† Jyoti Kumari Modi

DR. C. P. DADHANIYA
M.B. Diabetologist
Ind. Physician (CIH)
Regd. No. 619798
Code No. 378943
Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT.



NAME : Jyoti Kumari modi
AGE/GENDER: 28 Female

DIAG. DATE: 12/08/23

PATIENT'S REFRACTION DETAILS

		SPHE	CYL	AXIS	VN
R	D		N	N	6/6
	N	N			6/6
L	D	N	N	N	6/6
	N	N			6/6

REMARKS :

CHECKED BY : Dr. C.P. Dadhaniya

+ Jyoti Kumari Modi

DR. C. P. DADHANIYA

M.B. Diabetologist
Ind. Physician (CIH)
Regd. No. G19798
Code No. 378943

Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT.





Unique Identification Authority of India

Address:

D/O Nand Kishor Modi, GOUR
MANDIR ROAD, Asansol,
Asansol (m Corp.), Barddhaman,
West Bengal - 713301

7030 6888 6533



1947



help@uidai.gov.in



www.uidai.gov.in



भारत सरकार

Government of India

Jyoti Kumari Modi



DOB: 27/12/1994

FEMALE



DR. C. P. DADHANE

M.B. Bachelors

Physician (C/M)

Regd. No. G19798

Code No. 378943

7030 6888 6533

मेरा आधार, मेरी पहचान

Panchmukhi Hospital
Mavdi Chowk,
150 Ft. Ring Road, RAJKOT.

X Jyoti Kumari Modi



Jyoti Kumari Modi

DR. C. P. DADHANIYA
M.B. Diabetologist
Ind. Physician (CIH)
Regd. No. G19798
Code No. 378943
Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT.

आयकर विभाग

INCOME TAX DEPARTMENT

JYOTI KUMARI MODI

AND KISHOR MODI

27/12/1994

Permanent Account Number

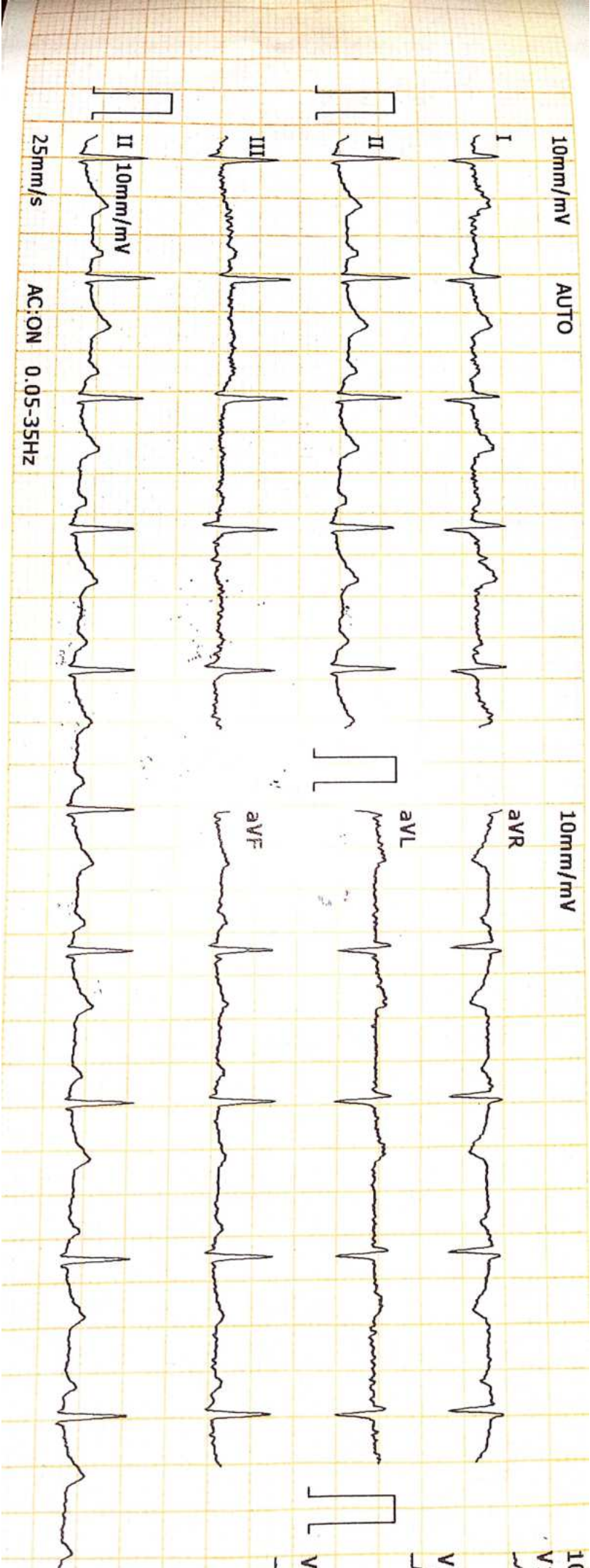
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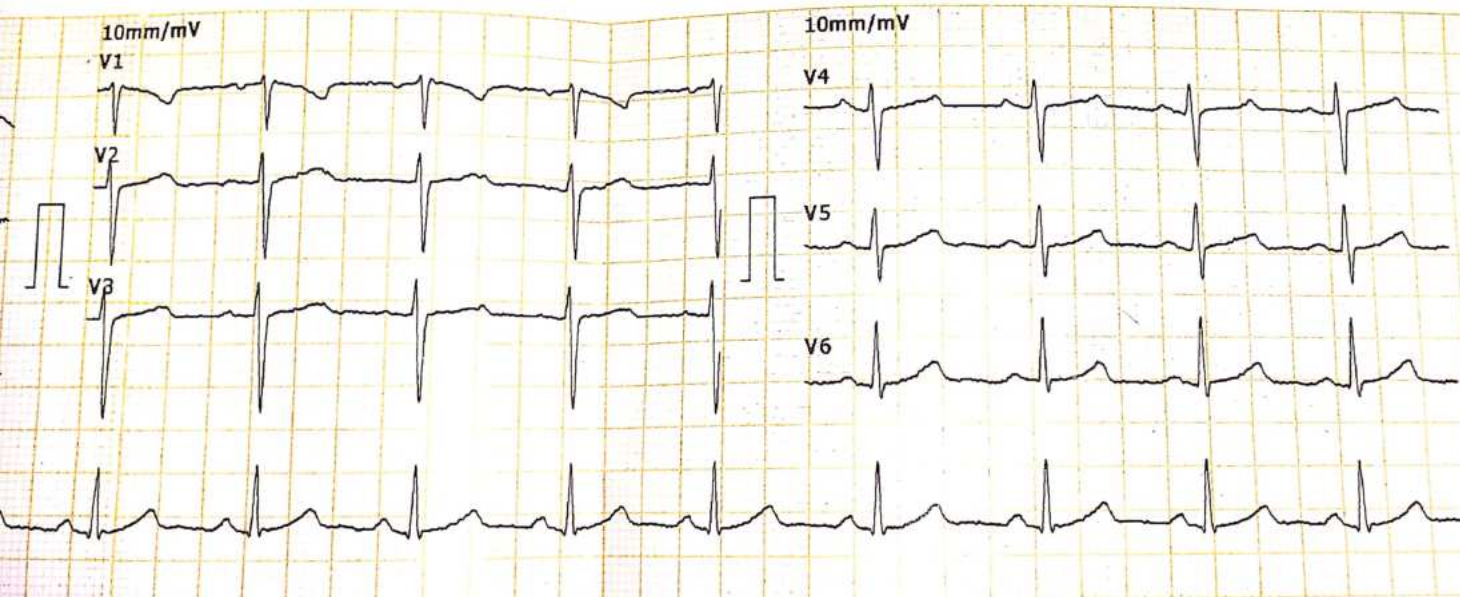
Jyoti Kumari Modi
Signature



भारत सरकार
GOVT. OF INDIA







Jyoti Kumari Modi

2023-8-12 9:18:17 ID: 00003373
 ID Card: _____
 Name: Jyoti Kumari Modi Gender: Female
 Age: 28 Height(cm): _____
 Weight(Kg): _____ BP(mmHg): 1

HR.....bpm 88
 P-R.....ms 150
 Q-R-S.....ms 80
 QT/QTc.....ms 353/426
 P/QRS/T AXES.....deg 57/84/40
 RV5/SV1.....mV 0.49/0.57
 RV6/SV6.....mV 1.06

*The result must be confirmed by doctor!
 Report Confirmed by: Dr. C. P. Dabhaniya
150 Ft. Ring Road, RAJKOT.

Tread Mill Test

Patient Name	:	Jyotikumari Modi	Age	:	28yrs/F
Ref. By	:	Dr. C.P Dadhaniya	Resting BP	:	120/80
Report Date	:	12/08/2023	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 5:57 minutes as patient complained of Fatigue.
Patient achieved 92% 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



Summary

PANCHMUKHI HOSPITAL
 MAVADI CHOWK, 150 RING ROAD, RAJKOT
 249/JYOTIKUMARI MODI 28 Yrs/Female 0 Kg/0 Cms
 Date: 12-Aug-2023 12:17:49 PM
 Ref.By : DR. C.P DADHANIYA
 Medication :
 Objective :

Jyoti Kumari Mehta

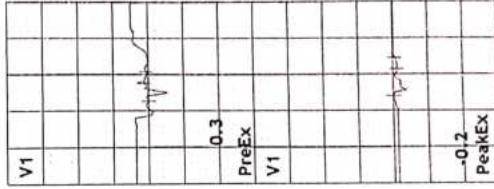
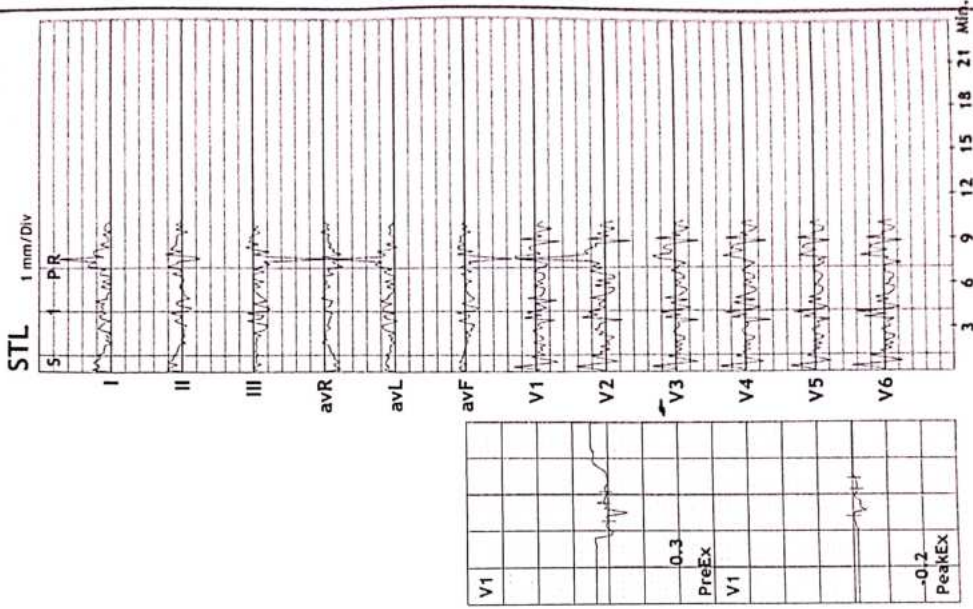
Protocol : BRUCE
 History :

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	0:54	0.0	0.0	1.0	120	120/80	144	-	
Standing	0:01	0:58	0.0	0.0	1.0	103	120/80	123	-	
HV	0:01	1:02	0.0	0.0	1.0	99	120/80	118	-	
ExStart	0:01	1:07	0.0	0.0	1.0	112	120/80	134	-	
Stage 1	3:00	3:01	2.7	10.0	4.6	115	130/80	149	-	
PeakEx	2:56	5:57	4.0	12.0	7.0	89	150/80	133	-	
Recovery	1:00	5:58	0.0	0.0	1.0	144	150/80	216	-	
Recovery	3:00	5:58	0.0	0.0	1.0	75	120/80	90	-	

Findings :

Exercise Time : 5:57 minutes
 Max HR attained : 178 bpm 92% of Max Predictable HR 192
 Max BP : 150/80(mmHg)
 WorkLoad attained : 7 (Fair Effort Tolerance)
 No significant ST segment changes noted during exercise or recovery.
 No Angina/Arrhythmia/S3/murmur
 Final Impression : Test is negative for inducible ischaemia.
 Maximum Depression: 2:24

Advice/Comments:





3x4+1 Rhythm Lead

Supine
10.0 mm/mV
25 mm/Sec.

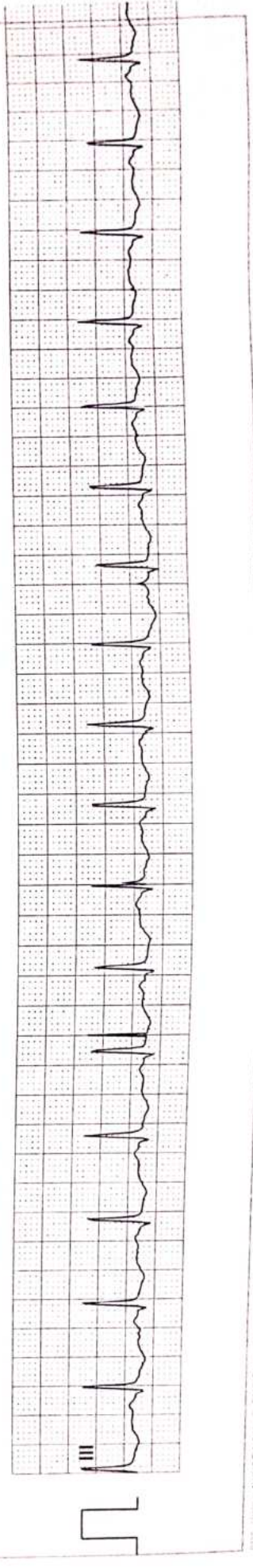
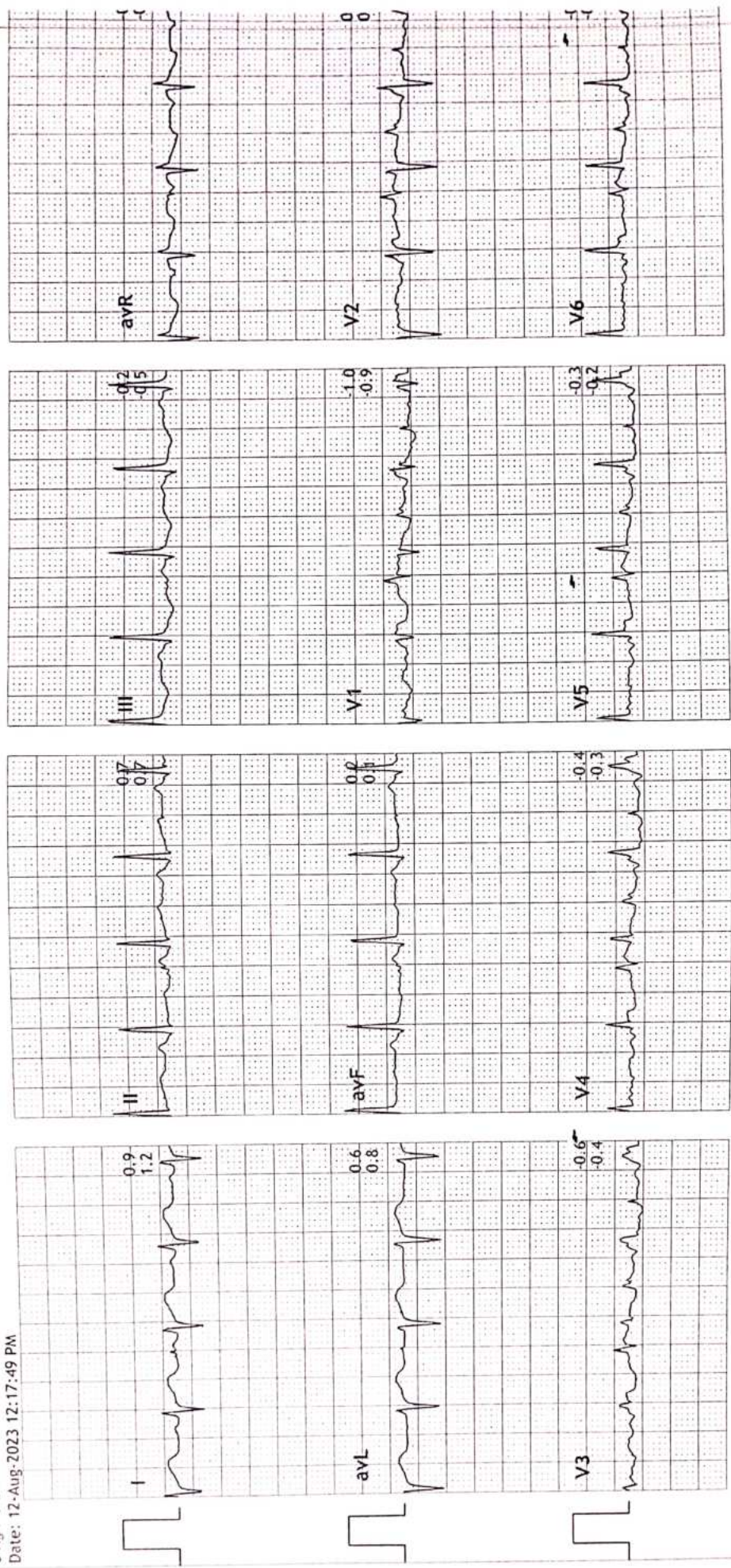
Ex Time 00:53
BLC : On
Notch : 0n

Raw ECG
BRUCE
(0.05-100)Hz

MPHR: 62% of 192
Speed: 0.0 kmph
Grade: 0.0%

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

PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
249 / JYOTIKUMARI MODI
28 Yrs / Female
0 Kg / 0 Cm
Date: 12-Aug-2023 12:17:49 PM





3x4+1 Rhythm Lead

Standing
10.0 mm/mV
25 mm/Sec.

Ex Time 00:57
BLC : On
Notch : On

Raw ECG
BRUCE
(0.05-100)Hz

MPHR: 53% of 192
Speed: 0.0 kmph
Grade: 0.0%

HR: 103 bpm
METS: 1.0
BP: 120/80

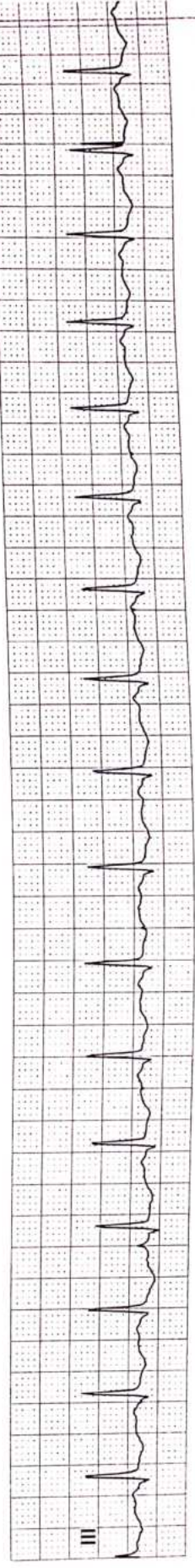
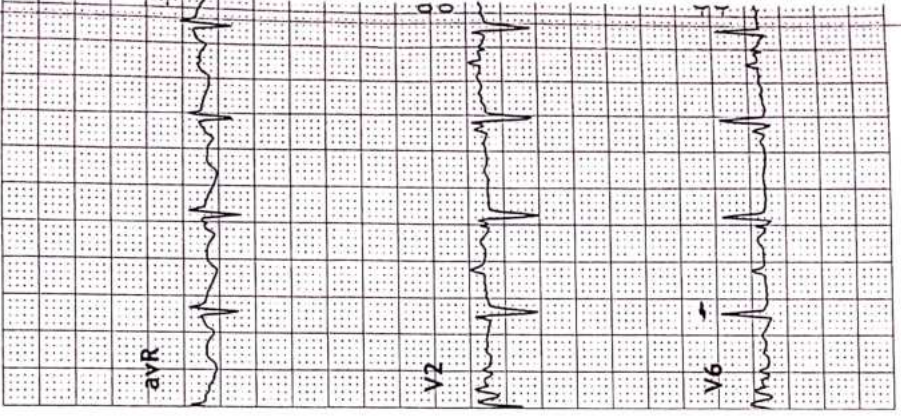
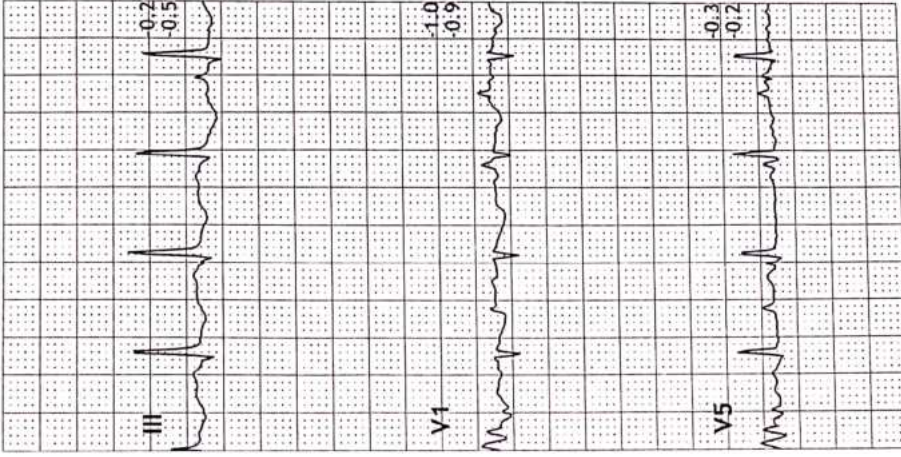
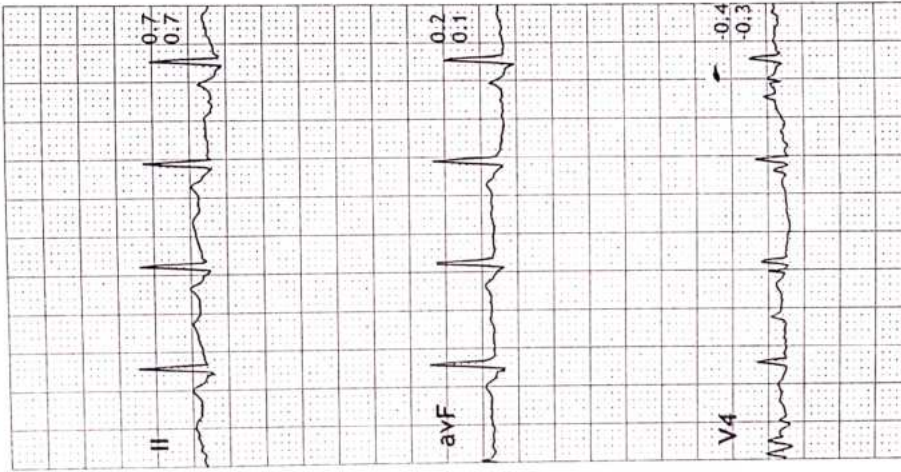
PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT

249 / JYOTIKUMARI MODI

28 Yrs / Female

0 Kg / 0 Cm

Date: 12-Aug-2023 12:17:49 PM





HV
10.0 mm/mV
25 mm/Sec.

3x4+1 Rhythm Lead

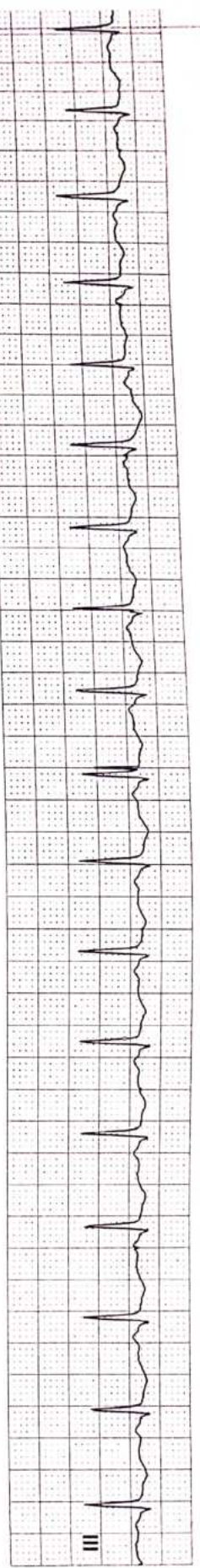
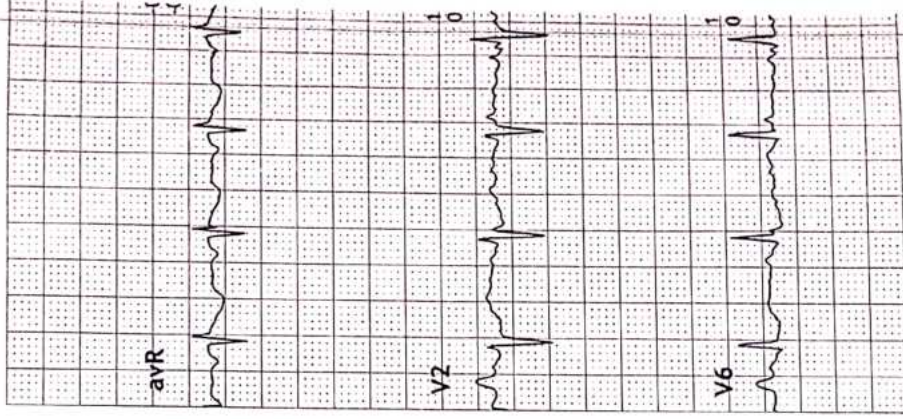
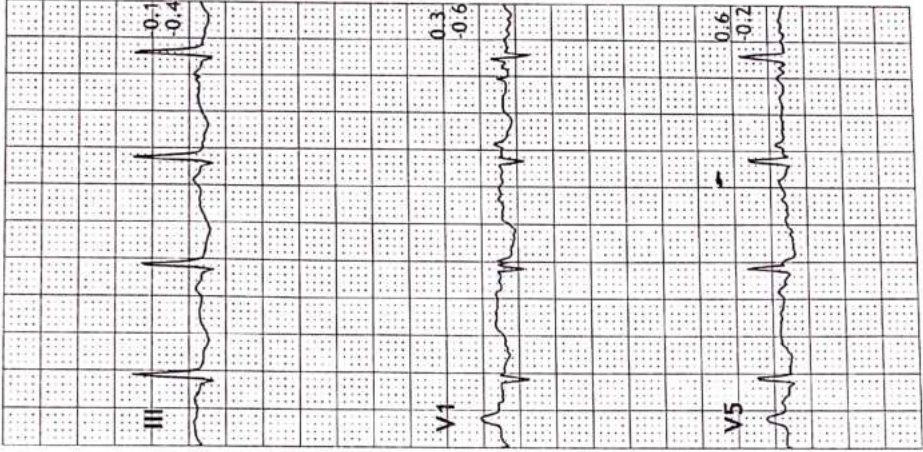
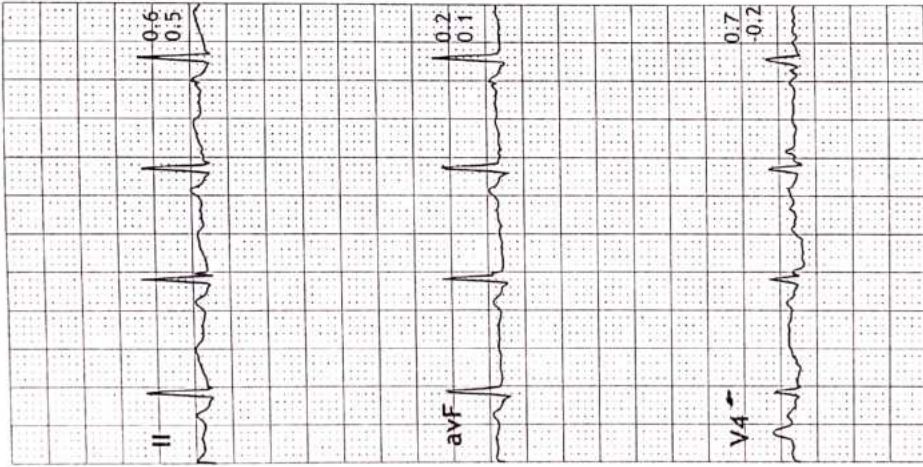
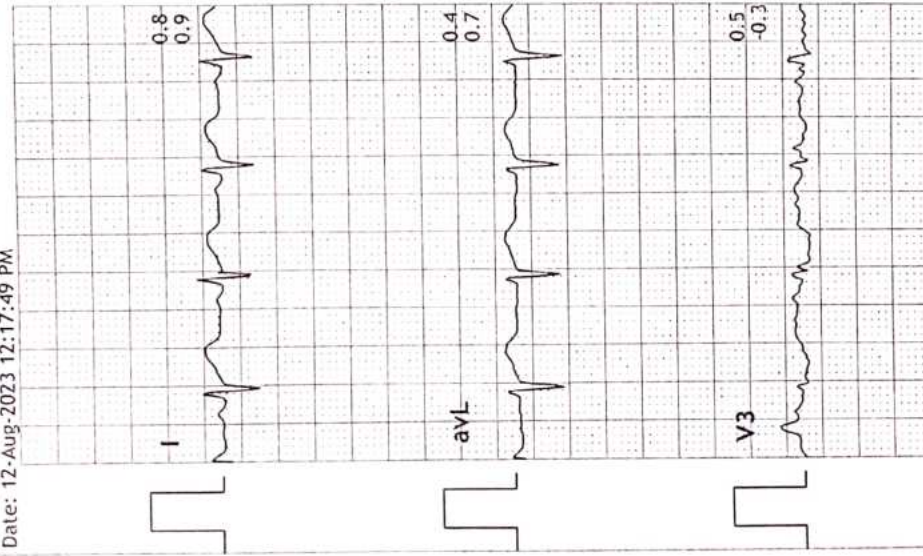
Ex Time 01:01
BLC :On
Notch :On

Raw ECG
BRUCE
(0.05-100)HZ

MPHR:51% of 192
Speed: 0.0 kmph
Grade: 0.0%

HR: 99 bpm
METS: 1.0
BP: 120/80

PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
249 / JYOTIKUMARI MODI
28 Yrs / Female
0 Kg / 0 Cm
Date: 12-Aug-2023 12:17:49 PM





3x4+1 Rhythm Lead

PANCHMUKHI HOSPITAL
 MAVADI CHOWK, 150 RING ROAD, RAJKOT
 249 / JYOTIKUMARI MODI
 28 Yrs / Female
 0 Kg / 0 Cm
 Date: 12-Aug-2023 12:17:49 PM

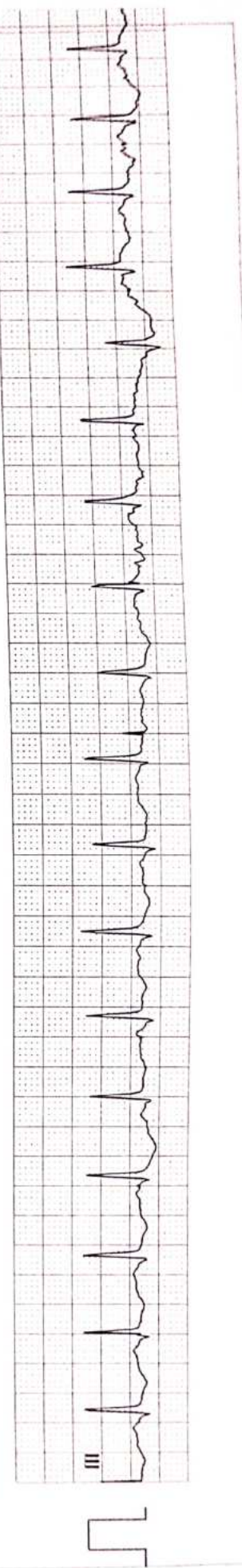
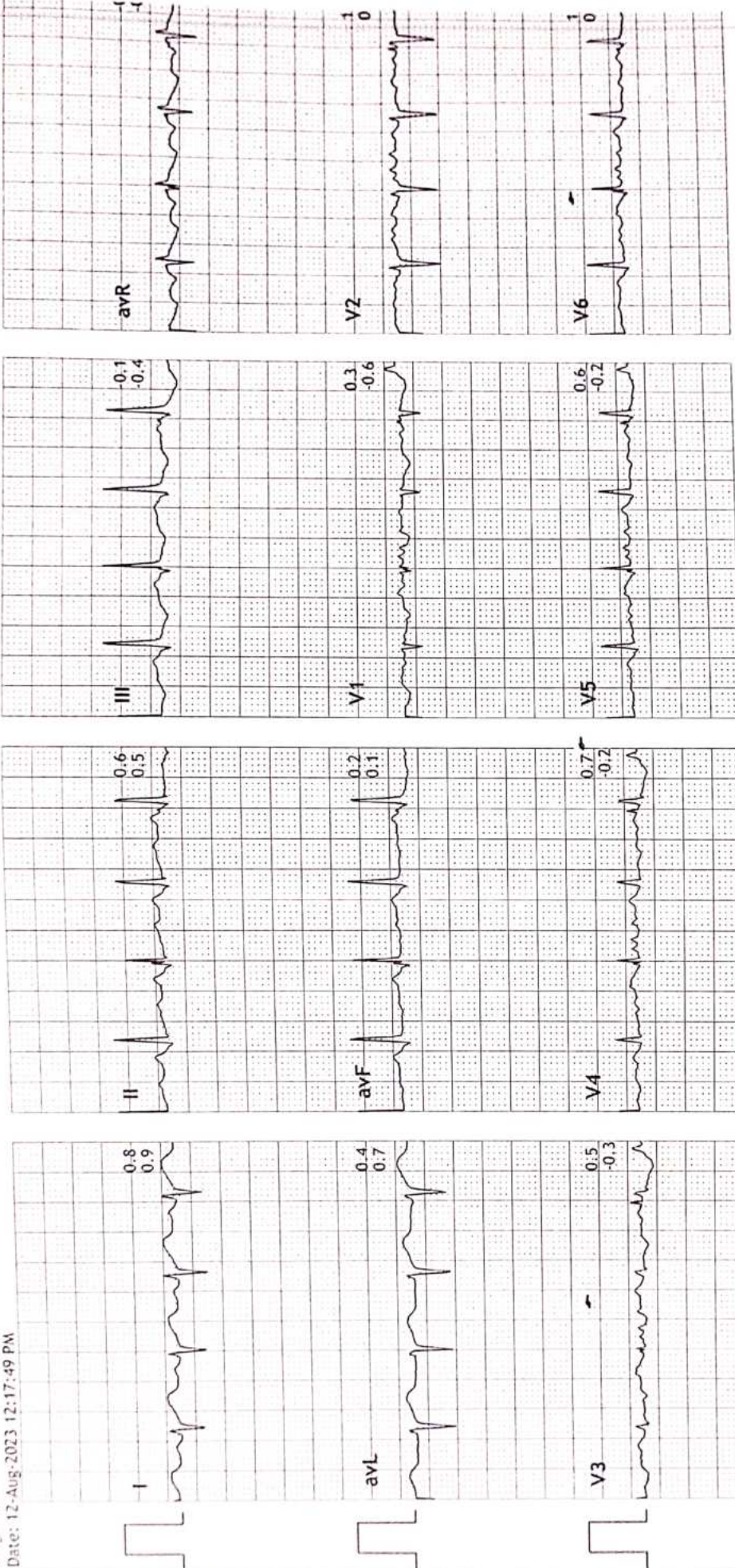
ExStart
 10.0 mm/mV
 25 mm/Sec.

Ex Time 01:06
 BLC :On
 Notch :On

Raw ECG
 BRUCE
 (0.05-100)HZ

NPHR:58% of 192
 Speed: 0.0 kmph
 Grade: 0.0%

HR: 112 bpm
 METS: 1.0
 BP: 120/80



PANCHMUKHI HOSPITAL
 MAVADI CHOWK, 150 RING ROAD, RAJKOT
 249 / JYOTIKUMARI MODI
 28 Yrs / Female
 0 Kg / 0 Cm
 Date: 12-Aug-2023 12:17:49 PM

3x4+1 Rhythm Lead



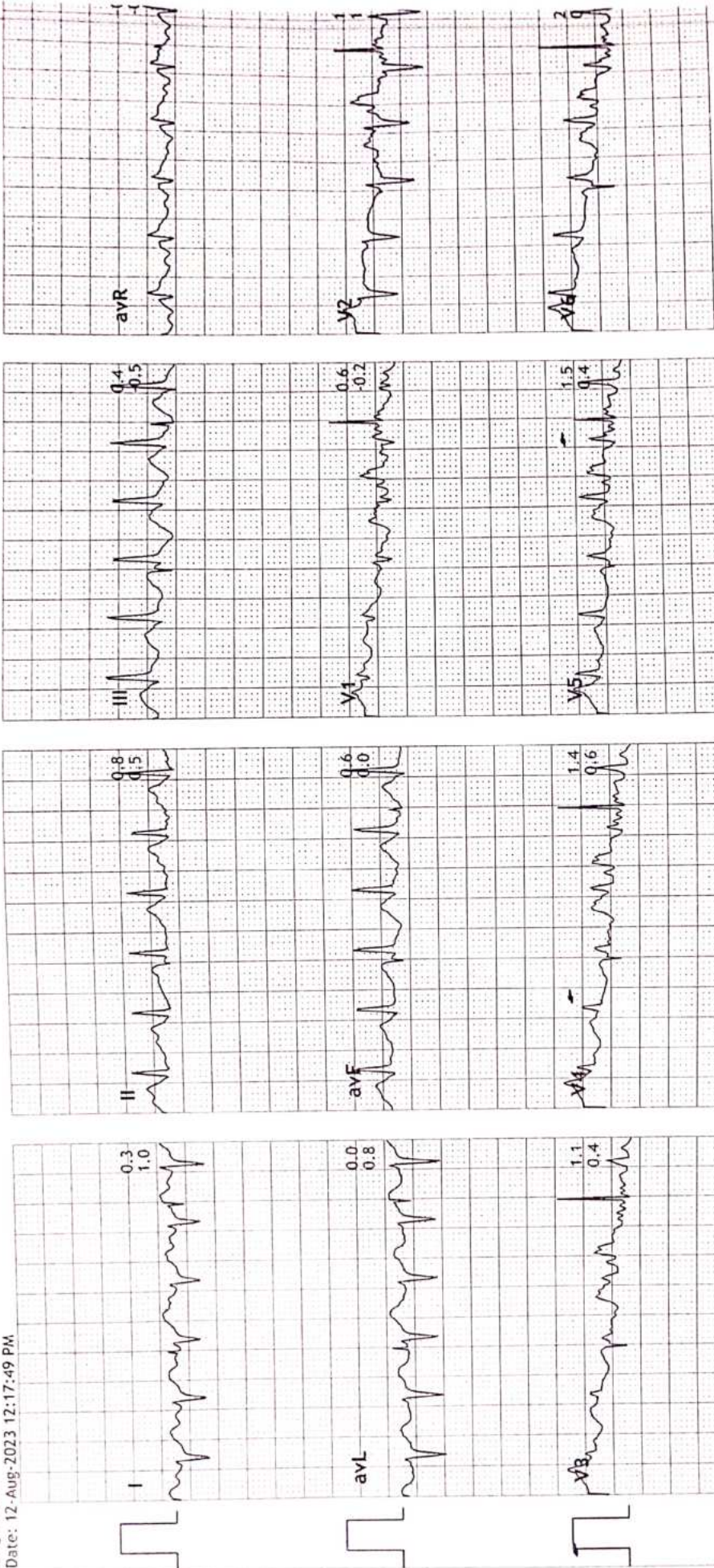
BRUCE: Stage 1
 10.0 mm/mV
 25 mm/Sec.

Ex Time 03:00
 BLC : On
 Notch : On

Raw ECG
 BRUCE
 (0.05-100)Hz

MPHR: 59% of 192
 Speed: 2.7 kmph
 Grade: 10.0%

HR: 115 bpm
 METS: 4.6
 BP: 130/80





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

3x4+1 Rhythm Lead

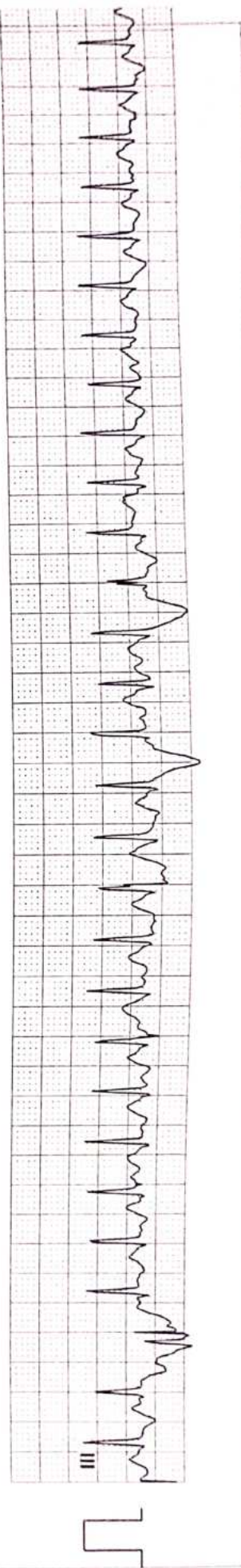
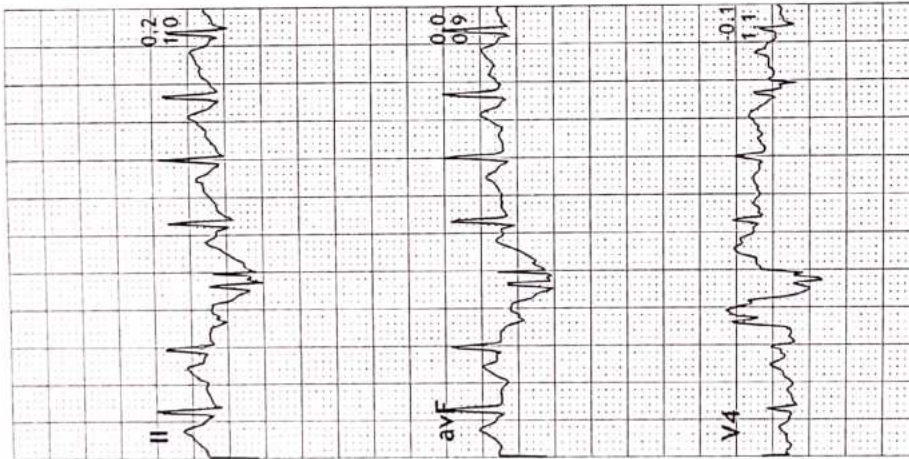
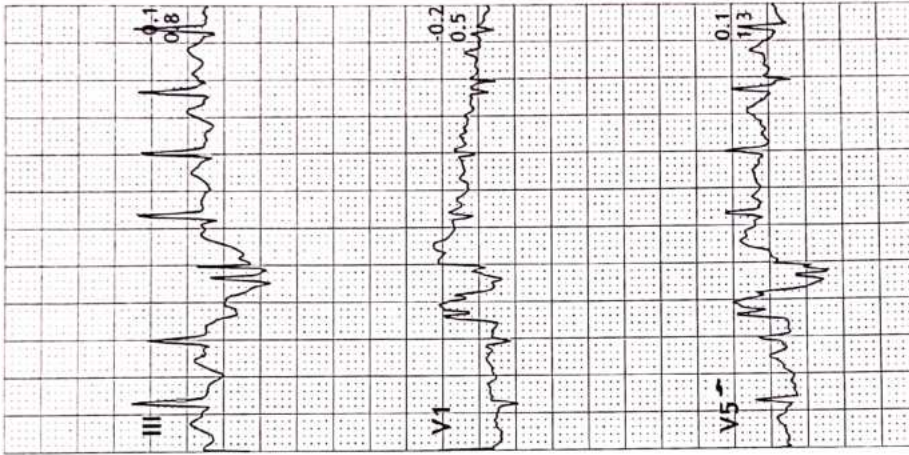
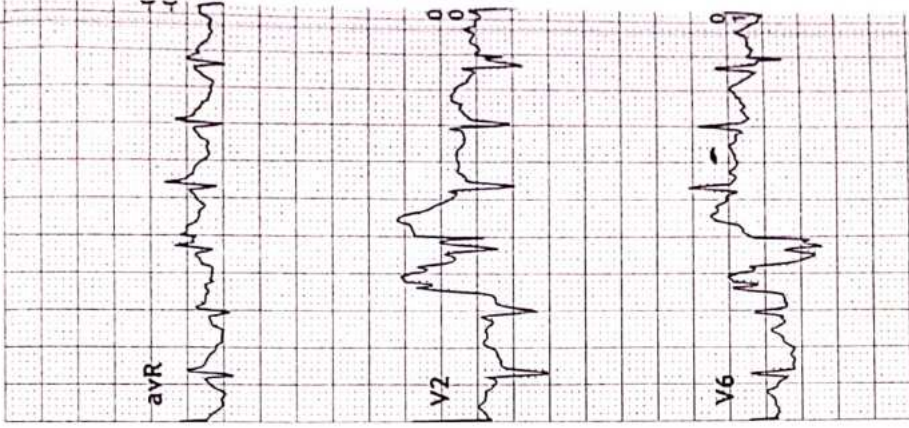
Ex Time 05:56
BLC : On
Notch : On

Raw ECG
BRUCE
(0.05-100)Hz

MPHR: 46% of 192
Speed: 4.0 kmph
Grade: 12.0%

HR: 89 bpm
METS: 7.0
BP: 150/80

PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
249 / JYOTIKUMARI MODI
28 Yrs / Female
0 kg / 0 Cm
Date: 12-Aug-2023 12:17:49 PM



PANCHMUKHI HOSPITAL
 MAVADI CHOWK, 150 RING ROAD, RAJKOT
 249 / JYOTIKUNARI WADI
 28 Yrs / Female
 0 Kg / 0 Cm
 Date: 12-Aug-2023 12:17:49 PM.

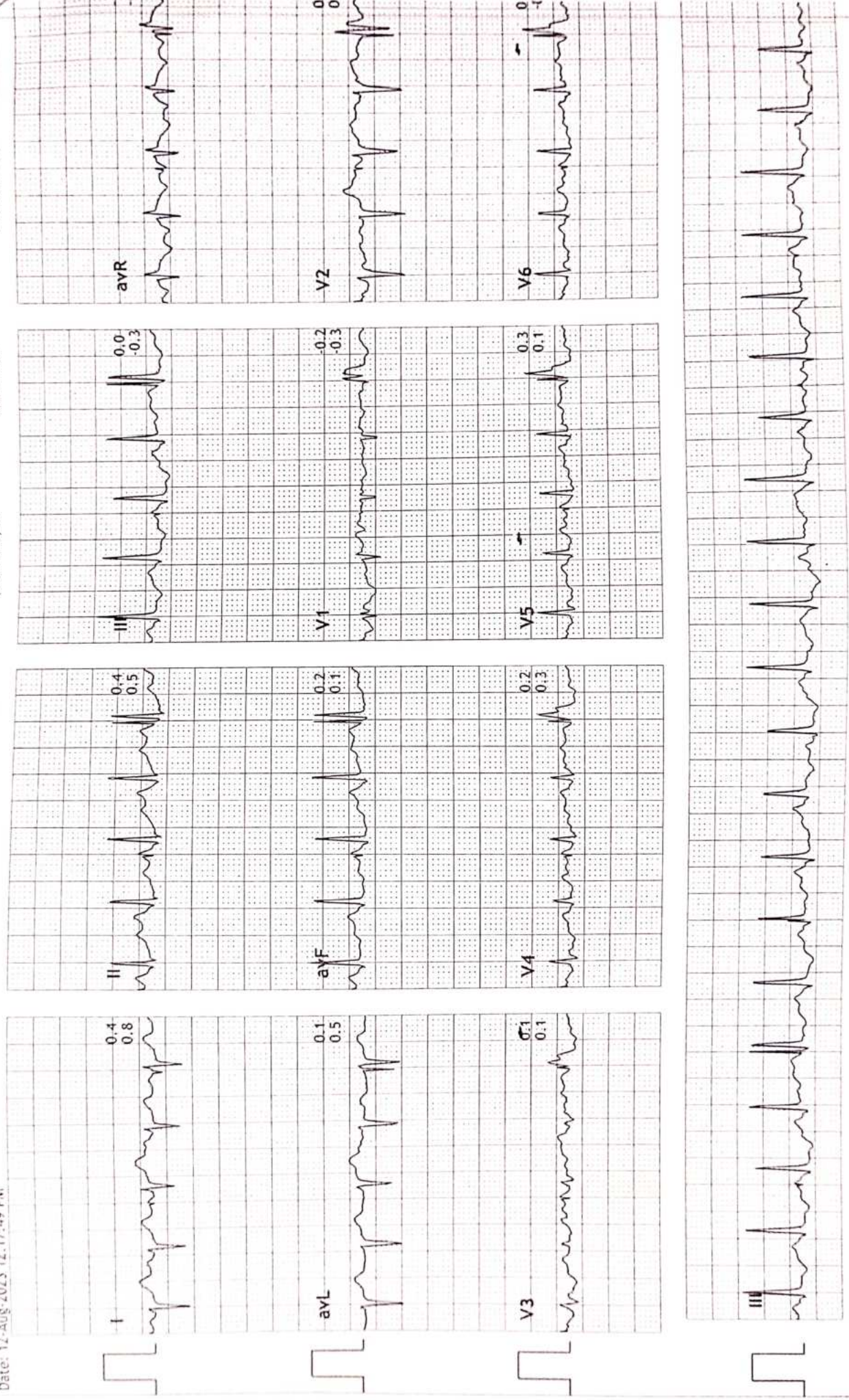
3x4+1 Rhythm Lead

HR: 75 bpm
 METS: 1.0
 BP: 120/80

MPHR: 39% of 192
 Speed: 0.0 kmph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

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





*Mediwheel jyotikumari
modi*



GPS Map
Camera Lite

150-2, Ring Rd, near Mahiraj Hotel, Poonam Society, Om
Nagar, Rajkot, Gujarat 360004, India

Latitude

22.2650642°

Longitude

70.7844861°

Local 09:11:36 AM

GMT 03:41:36 AM

Altitude 145 meters

Saturday, 12.08.2023



Scanned with OKEN Scanner



PATIENT NAME: JYOTIKUMARI MODI

DATE: 12 August 2023

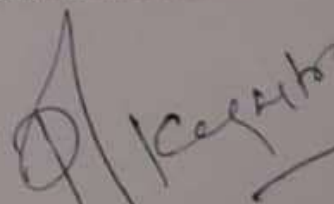
USG ABDOMEN AND PELVIS

- **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 posterior uterine wall appears bulky and shows coarsened myometrial echotexture, normal in shape and position. Endometrial thickness measures 7.0 mm. Endometrial 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:

- Posterior uterine wall appears bulky and shows coarsened myometrial echotexture ----- changes of adenomyosis.

Thanks for reference.



DR PRATIK KAGATHARA
MD

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

22 SLICE CT SCAN | 3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTION



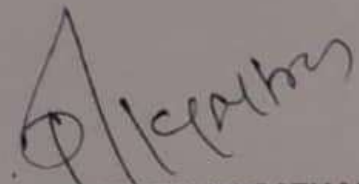
Pt.'s Name: JYOTIKUMARI MODI

Date: 12 August, 2023

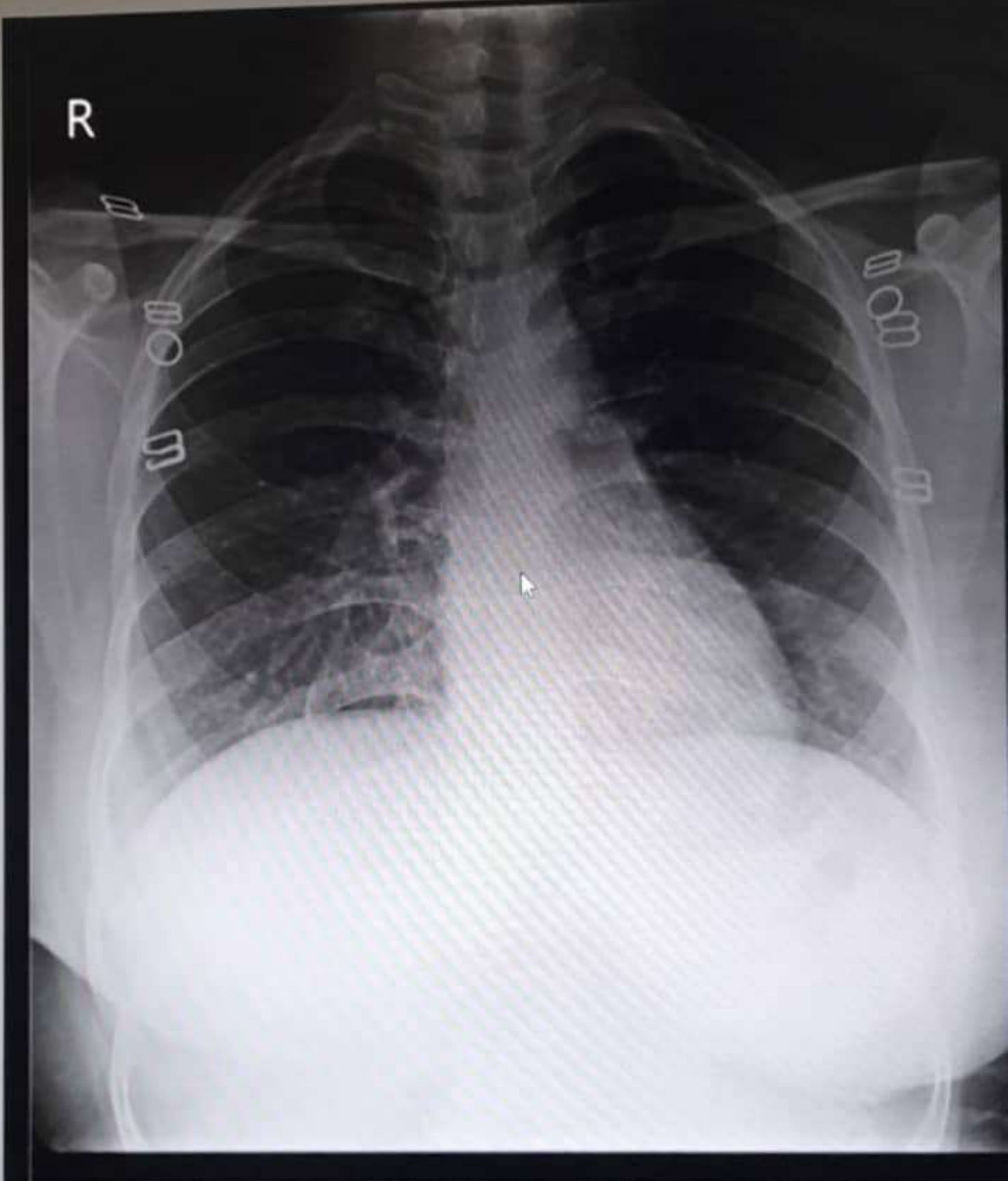
Radiograph of chest (PA view)

- Both the lung fields are clear.
- No e/o consolidation, cavitations or collapse.
- Both the hila appears normal
- Both costophrenic angles appear clear.
- Both domes of diaphragm appear normal.
- Cardiac size is within normal limit.
- Bones underview reveals no evident abnormality.

Thanks for reference.


DR PRATIK KAGATHARA
MD

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



JYOTIKUMARI MODI 28 Y/F CHEST PA 12-Aug-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)


TEST REPORT

Name : Jyoti Kumari Modi	Reg. No : 308100685
Age/Sex : 28 Years / Female	Reg. Date : 12-Aug-2023 01:54 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Aug-2023 01:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Aug-2023 04:53 PM

COMPLETE BLOOD COUNT (CBC)
 Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
RBC Parameters			
Hemoglobin (SLS method)	12.3	g/dL	12.5 - 16.0
Hematocrit (Electrical Impedance)	36.80	%	37 - 47
RBC Count (Electrical Impedance)	4.51	million/cmm	4.2 - 5.4
MCV (Calculated)	81.6	fL	78 - 100
MCH (Calculated)	27.3	Pg	27 - 31
MCHC (Calculated)	33.4	%	30 - 35
RDW (Calculated)	13.9	%	11.5 - 14.0
WBC Parameters			
WBC Count (Flowcytometry)	10120	/cmm	4000 - 10500
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	63 %	% Range 42.02 - 75.2	Abs. Value 6376 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	29 %	20 - 45	2935 /cmm 1000 - 3900
Eosinophils (%)	03 %	1 - 4	304 /cmm 0 - 450
Monocytes (%)	05 %	2 - 8	506 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm 20 - 100
Platelete Parameter			
Platelet Count	221000	/cmm	150000 - 450000
MPV	14.4	fL	7.4 - 10.4
P-LCR	57.70	%	11.9 - 66.9
PDW	25.9	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.32	%	0.2 - 0.5

towards the healthiness...


This is an Electronically Authenticated Report.

Page 1 of 17

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



TEST REPORT

Name : Jyoti Kumari Modi	Reg. No : 308100685
Age/Sex : 28 Years / Female	Reg. Date : 12-Aug-2023 01:54 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Aug-2023 01:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Aug-2023 04:53 PM

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"O"		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

towards the healthiness...



This is an Electronically Authenticated Report.

Page 2 of 17

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





TEST REPORT

Name : Jyoti Kumari Modi	Reg. No : 308100685
Age/Sex : 28 Years / Female	Reg. Date : 12-Aug-2023 01:54 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Aug-2023 01:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Aug-2023 04:53 PM

Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate			
Sample, EDTA whole blood			
ESR (After 1 hour)	07	mm/hr	3 - 12

towards the healthiness...

D.R.I.

This is an Electronically Authenticated Report.

Page 3 of 17

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




TEST REPORT

Name : Jyoti Kumari Modi	Reg. No : 308100685
Age/Sex : 28 Years / Female	Reg. Date : 12-Aug-2023 01:54 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Aug-2023 01:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Aug-2023 04:53 PM

FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	82.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic
Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i>	Nil		

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 %Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
 American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34: S11.

towards the healthiness...


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Page 4 of 17

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


TEST REPORT

Name	: Jyoti Kumari Modi	Reg. No	: 308100685
Age/Sex	: 28 Years / Female	Reg. Date	: 12-Aug-2023 01:54 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 12-Aug-2023 01:54 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 12-Aug-2023 04:53 PM

POST PRANDIAL PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	98.00	mg/dL	70 - 140
Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i>	Nil		

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 %Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
 American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34: S11.

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 M.D. (Path, PDCC)



TEST REPORT

Name : Jyoti Kumari Modi	Reg. No : 308100685
Age/Sex : 28 Years / Female	Reg. Date : 12-Aug-2023 01:54 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 12-Aug-2023 01:54 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 12-Aug-2023 04:53 PM

LIPID PROFILE

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	182.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	128.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	76.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <i>Siemens ALDL</i>	80.00	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <i>Calculated</i>	25.60	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.05		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.39		0 - 5.0

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BILIRUBIN

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.80	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.20	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.60	mg/dL	0.0 - 1.1

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Helpline No. : 70965 77000 www.neutropath.com neutropath@gmail.com

The test results are subject to variations due to technical limitations hence to correlate with clinical findings and other investigations should be done.





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Parameter	Result	Unit	Biological Ref. Interval
SGPT (ALT) <i>Siemens/37C</i>	34.00	U/L	14 - 59
SGOT (AST) <i>Siemens/37C</i>	27.00	U/L	15 - 37
Uric Acid <i>Uricase</i>	5.90	mg/dL	2.6 - 6.2
Alakaline Phosphatase <i>Siemens/37C</i>	78.00	U/L	46 - 116
GGT <i>Siemens/37C</i>	42.00	U/L	5 - 55

UREA & BLOOD UREA NITROGEN

Spccimen : Serum

Urea <i>Calculated</i>	24.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <i>UREASE/GLDH</i>	11.21	mg/dL	7.0 - 18.0

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Creatinine With eGFR

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.60	mg/dL	0.55 - 1.02
eGFR	138.25	ml/min/1.73 sq m	Normal or High: ≥ 90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: < 15

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.30	%	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>	105.41	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
Thyroid Stimulating Hormone (TSH) <small>CLIA</small>	2.840	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

Triiodothyronine (T3) <small>CLIA</small>	0.90	ng/mL	0.6 - 1.81
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Clinical Significance:

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.
- In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.
- In hypothyroidism and hyperthyroidism, FT3 levels parallel changes in total T3 levels. Measuring FT3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.



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Thyroxine (T4) 6.10 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
PHYSICAL EXAMINATION			
Quantity	20 gms		
Colour	Brown		
Consistency	Solid		
CHEMICAL EXAMINATION			
Occult Blood <i>Peroxidase Reaction with o-Dianisidine</i>	Negative		
Reaction <i>pH Strip Method</i>	Alkaline		
Reducing Substance	Absent		
MICROSCOPIC EXAMINATION			
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 occasional unruptured RBCs.

False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, broccoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.



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Helpline No. : 70965 77000  www.neutropath.com  neutropath@gmail.com

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URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
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PHYSICAL EXAMINATION

Quantity	30 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.5		4.6 - 8.0
Sp. Gravity	1.010		1.001 - 1.035
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urobilinogen	Normal Present		
Bile salts:	Absent		Absent
Bile Pigments:	Absent		Absent
Nitrite	Nil		

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	5 - 6/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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LABORATORY REPORT

Name :	Jyoti Kumari Modi	Reg. No :	308100685
Sex/Age :	Female/28 Years	Histo / Cyto No :	C3H00111
Reg. Date :		Reg. Date :	12-Aug-2023 01:54 PM
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CYTOPATHOLOGY REPORT
Specimen :

Liquid based cervical PAP smear

Grossing Description :

1 Liquid based bottle is received, 1 smear is prepared- PAP stain done.

Microscopic Description :

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

Impression :

Negative for Intraepithelial Lesion or Malignancy with severe inflammation.

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SERUM PROTEIN WITH A/G RATIO

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.50	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.27	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	3.23	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.32		0.8 - 3.1

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

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