



# 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 : *Sunita. Anilbhai Bhosale*  
identity proof : *Adhaar card*  
identity proof no : *3848*  
gender : *Male & 27*  
height : *179*  
weight : *84*  
B P : *114 / 82*  
pulse : *84/min Regular*  
blood sample : *yes*  
fasting mode : *yes*  
non fasting mode : ~~no~~ *yes*  
  
past history : *no*  
  
Dental : *normal*  
  
~~Random test~~ :  
  
Colour vision : *normal*

*[Signature]*

**DR. C. P. DADHANIYA**  
MBBS Diabetologist  
Ins. Physician (CIH)  
Regd. No. 61198  
Code No. 370243  
Panchmukhi Hospital  
Mavdi Chowki,  
150 Ft. Ring Road, RAJKOT.

NAME: Sunit Gulabao Bhoisale  
 AGE/GENDER: Male 27  
 DIAG. DATE: 23-12-23

**PATIENT'S REFRACTION DETAILS**

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

REMARKS: normal

CHECKED BY: B.P. Dadhaniya

*Sunit Gulabao*

**DR. C. P. DADHANIYA**

M.D. Diabetologist  
 Ind. Specialist (CIH)

Regd. No. G19798

Code No. 378943

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

10mm/mV AUTO

10mm/mV

I

aVR

II

aVL

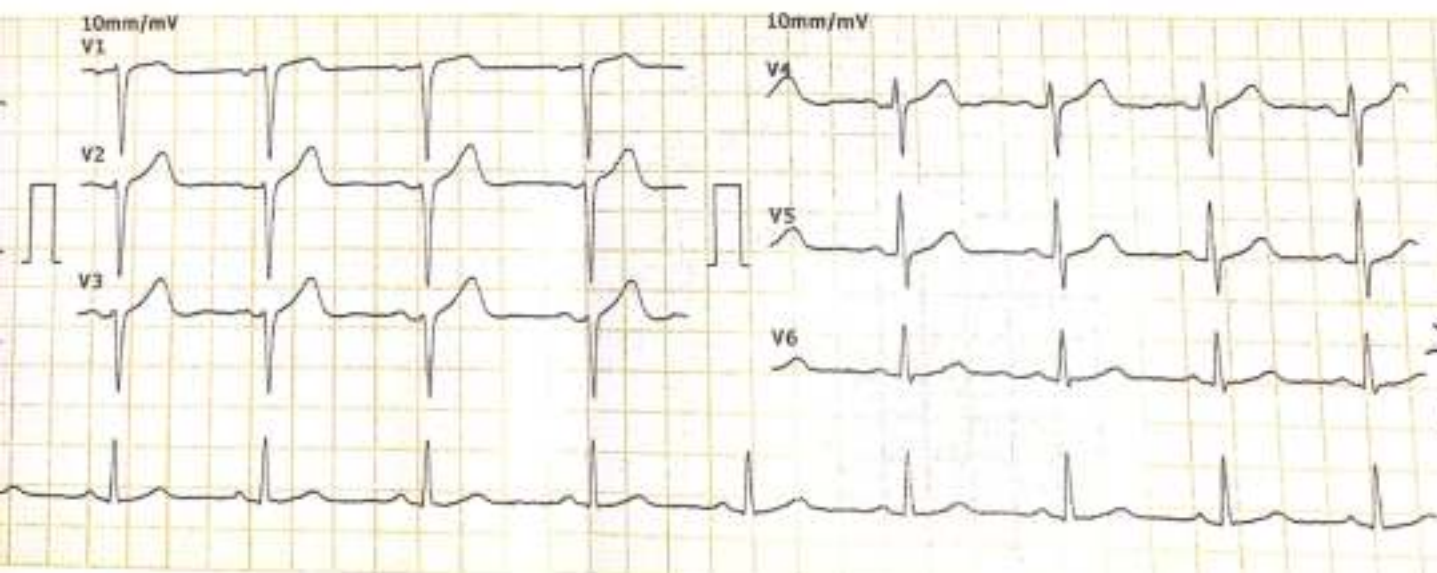
III

aVF

I 10mm/mV

25mm/s

AC:ON 0.05-35Hz



2023-12-23 8:59:02 ID: 00003663  
 ID Card: \_\_\_\_\_  
 Name: Sujit Bhosale Gender: male  
 Age: 27 Height(cm): \_\_\_\_\_  
 Weight(Kg): 27 BP(mmHg): 1

HR..... 84  
 P-R..... 120  
 Q-R-S.....  
 QT/QTc.....  
 P/QRS/T AXES.....  
 RV5/SV1..... mV 0.70/1.10  
 RV5+SV1..... mV 1.80  
 \*The result should be confirmed by doctor.  
 Report Corrected By: \_\_\_\_\_

*Sujit*

**DR. C. P. DADHANIYA**  
 MD Diabetologist  
 MD Physician (CM)  
 Regd. No. 619798  
 Code No. 378943

Panchmukhi Hospital  
 Mandi Chowki  
 Ring Road, RAJKOT.

MAHARAJA



# પંચમુખી હોસ્પિટલ

ડૉ. રાજેશ્રીબેન ડાહ્યાણીયા  
ડૉ. સી. પી. ડાહ્યાણીયા  
MBBS, Dip.G.O, Diabetologist

૧૫૦ ફુટ રીંગ રોડ, મવડી ચોકડી, શાનેશ્વર આર્કેડ, રાજકોટ. ફોન : ૦૨૮૧-૨૩૭૧૬૩૨

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date: 23-12-23

## સુવિધાઓ

- જનરલ પ્રેક્ટીસ
- સ્ત્રીરોગ વિભાગ
- સોનોગ્રાફી
- સર્જરી વિભાગ
- મેડીસીન વિભાગ
- ઓર્થોપેડીક વિભાગ
- બાળરોગ વિભાગ
- એનોરેક્ટલ સર્જરી
- યુરોલોજી
- લેપ્રોસ્કોપી સર્જરી
- આર.એસ.બી.વાય તથા ચિરંજીવી યોજના
- દરેક જાતની રસી (વેક્સીન) દરરોજ આપવામાં આવે છે

We o

I Sujit Bhosale  
Declaring that i dont  
want to test stool  
report.

Sujit

Dr. C. P. DADHANIYA  
M.B.B.S., C.I.H  
Regd. No. G19798  
PANCHMUKHI HOSPITAL  
MAVADI CHOKADI.  
150' RING ROAD, RAJKOT.  
ફરી આપો ત્યારે આ કાગળ સાથે લાવવો

દવાનું રિએક્શન આવે તે દર્દીની તાસીર ઉપર આધાર રાખે છે



भारत सरकार

Government of India



Issue Date : 22/11/2013



Sujit Gulabrao Bhosale

DOB : 04/10/1996

Male



9574 3800 3848



9574 3800 3848

शेरा आधार, शेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



Address: S/O: Gulabrao Bhosale,  
plot no-1, survey no-985/1, Tulajai  
Niwas, siddhivinayak colony,  
khande mala, savata nagar, cidco,  
Nashik, Nashik, Maharashtra,  
422008



Print Date : 16/11/2022

9574 3800 3848



1947



help@uidai.gov.in



www.uidai.gov.in



Scanned with OKEN Scanner



Mediwheel sujit  
bhosale

GPS Map  
Camera Lite

At mavdi chokdi, 150 Feet Ring Rd, opposite Mahiraj Hotel, Mavdi, Rajkot, Gujarat 360004, India

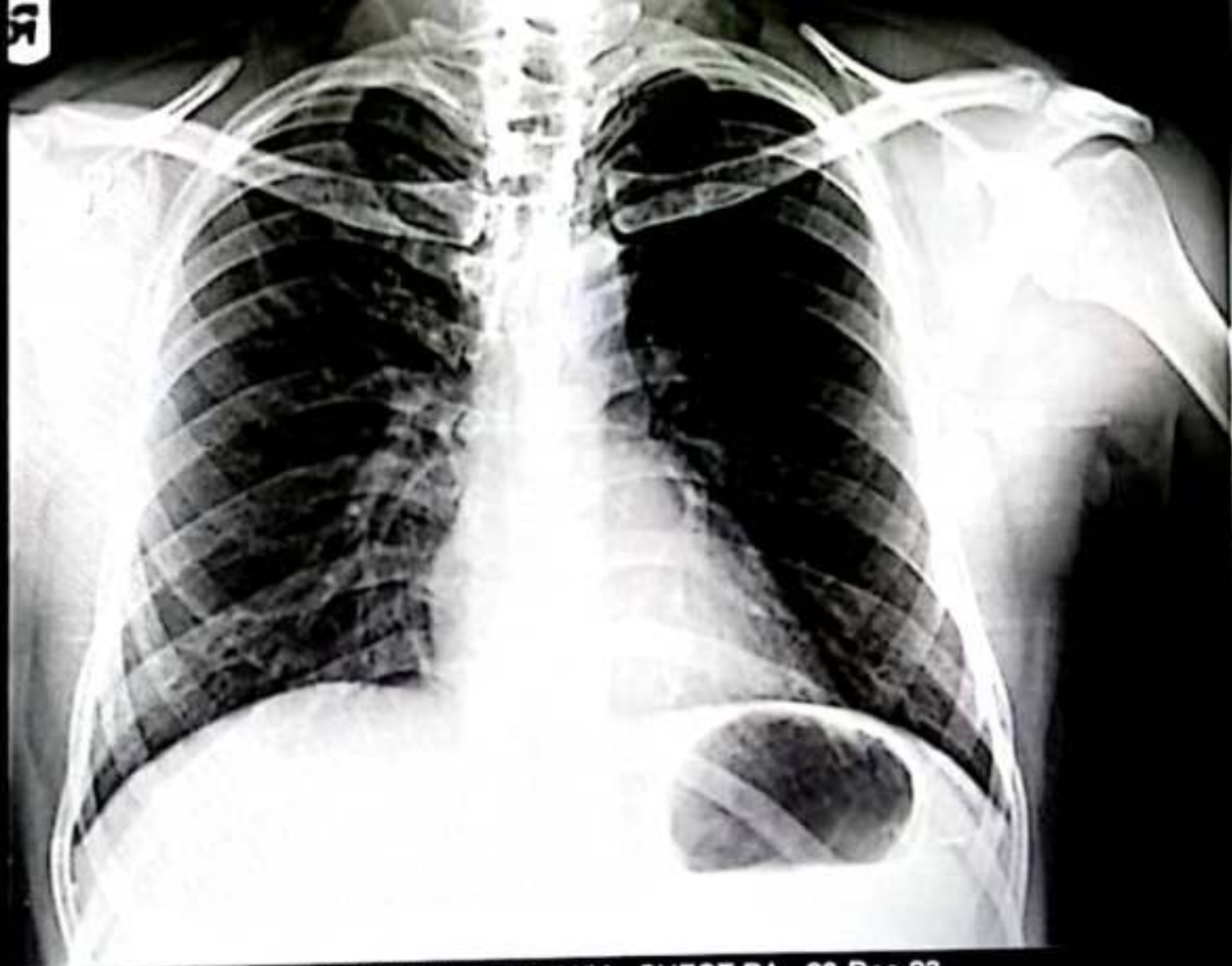
Latitude  
22.2647784°

Longitude  
70.7842466°

Local 09:28:53 AM  
GMT 03:58:53 AM

Altitude 143 meters  
Saturday, 23.12.2023





BHOSALE SUJIT 27Y/M CHEST PA 23-Dec-23  
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)

Pat.s' Name: BHOSALE SUJIT

DATE: 23 December 2023

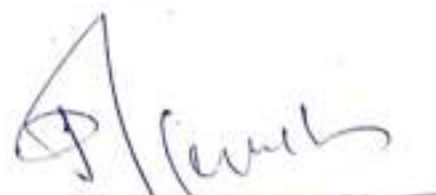
### U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows bright parenchymal echotexture. No focal lesion noted. Intrahepatic biliary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone or changes of cholecystitis.
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No e/o calculi or hydronephrosis on either side.
- **URINARY BLADDER:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angels clear.

### CONCLUSION:

- Grade I fatty changes in liver.

Thanks for reference.



DR PRATIK KAGATHARA  
MD

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

32 SLICE CT SCAN | 3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS

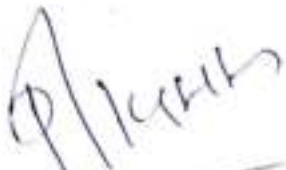
Pt.'s Name: BHOSALE SUJIT

Date: 23 December, 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

## Tread Mill Test

Patient Name	: Sujit Bhosale	Age	: 27yrs/M
Ref. By	: Dr. C.P.Dadhaniya	Resting BP	: 120/80
Report Date	: 23/12/2023	Max. BP	: 150/80

Patient Reaches exercise limit at 7.30 METS.

No signs of ischemia at the exercise level and during recovery.

Adequate increase of HR & BP.

No significant Arrhythmia.

The stress test was terminated after 6:15 minutes as patient complained of Fatigue.  
Patient achieved 91% 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

# CURE CARDIOLOGY CLINIC

2nd floor, Kansagra Hospital, Astron Chowk, Sardamagar main road, RAJKOT - 360 001. Ph. 0281-2483799, M. 93 13 12 19 87

Summary

CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4610/SUJIT BHOSALE 27 Yrs/Male 0 Kg/0 Cms

Date: 23-Dec-2023 10:38:00 AM

Ref. By : DR C P DADHMARIYA

Medication :

Objective :

*Sujit*

Protocol : BRUCE

History :

Stage	StageTime (mm:SS)	PhaseTime (mm:SS)	Speed (kmph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine	0:01	2:10	0.0	0.0	1.0	111	120/80	133	-	
Standing	0:01	2:18	0.0	0.0	1.0	107	120/80	128	-	
HV	0:01	2:25	0.0	0.0	1.0	108	120/80	129	-	
ExStart	0:01	2:28	0.0	0.0	1.0	107	120/80	128	-	
Stage 1	3:00	3:00	2.7	10.0	4.6	146	130/80	189	-	
Stage 2	3:00	6:00	4.0	12.0	7.0	175	150/80	262	-	
PeakEx	0:13	6:14	5.5	14.0	7.3	176	150/80	264	-	
Recovery	1:00	6:16	0.0	0.0	1.2	157	150/80	235	-	
Recovery	2:00	6:16	0.0	0.0	1.0	134	140/80	187	-	
Recovery	3:00	6:16	0.0	0.0	1.0	122	130/80	158	-	

Findings :

Exercise Time : 6:15 minutes  
 Max HR attained : 176 bpm 91% of Max Predictable HR 193  
 Max BP : 150/80(mmHg)  
 Workload attained : 7.3 (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: 5:02

Advice/Comments:



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

MAYO / SUJAT BHAGAL

27 yrs / male

58 Kg / 5 Cm

Date: 23-Dec-2023 10:18:00 Am

HR: 111 bpm

RR: 12

BP: 120/80

shows 3% of ST

Segment 0.5 mm/h

Grade: 0.2%

Rate ECG

BRUCE

60.95-100bpm

Ex Time 02:05

BLK On

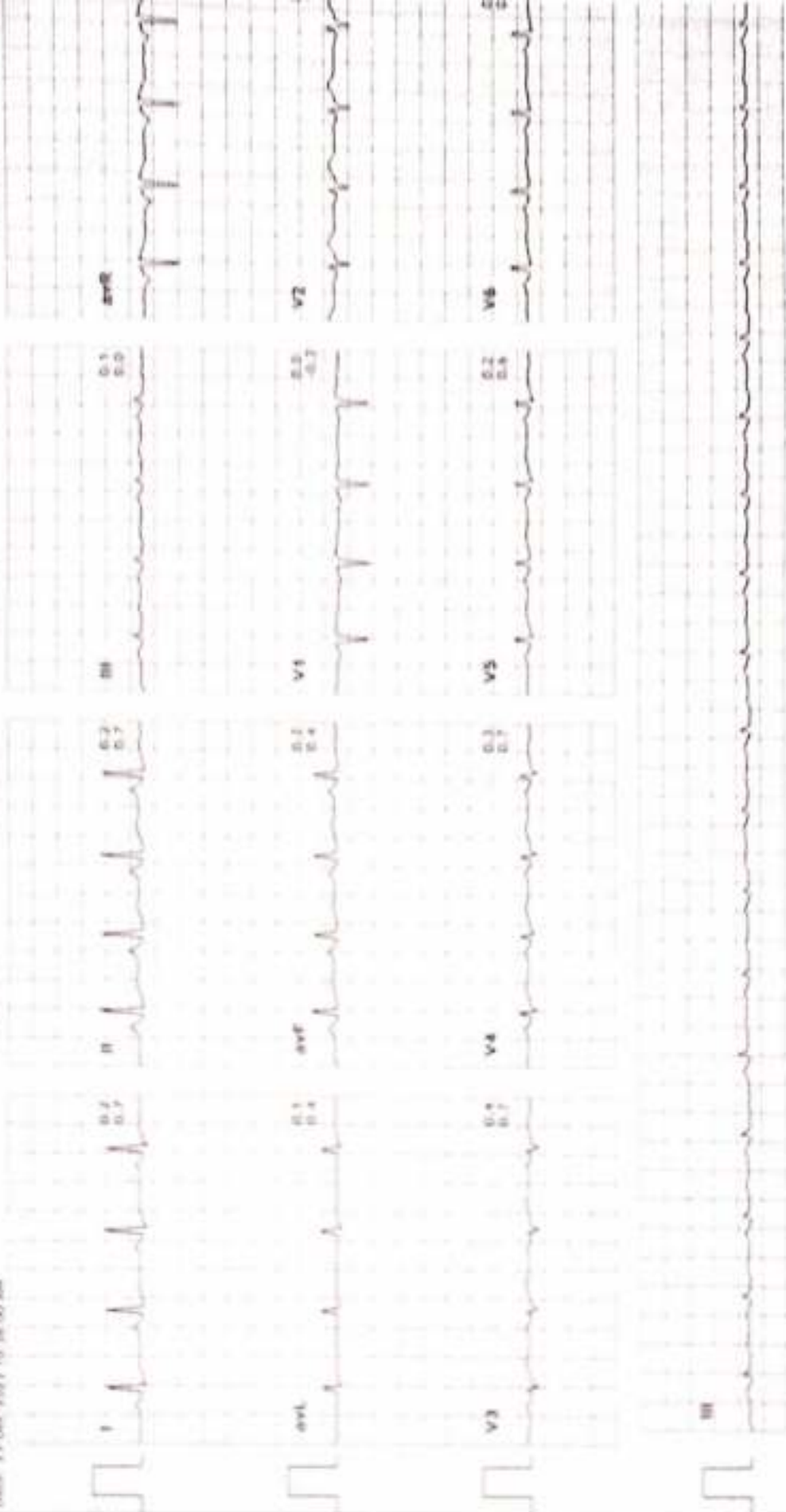
Notch On

Supine

12.0 mm/sec

25 mm/Sec

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4610 / SUJIT BHOSALE

27 Yrs / Male

0 Kg / 0 Cm

Date: 23-Dec-2023 10:18:00 AM

HR: 107 bpm

MEETS: 1 D

BP: 120/80

MPHR-55% of 193

Speed: 0.0 kmph

Grade: 0.0%

Raw ECG

BIRUICE

#0.05-100Hz

E+ Time 02:17

RLC :On

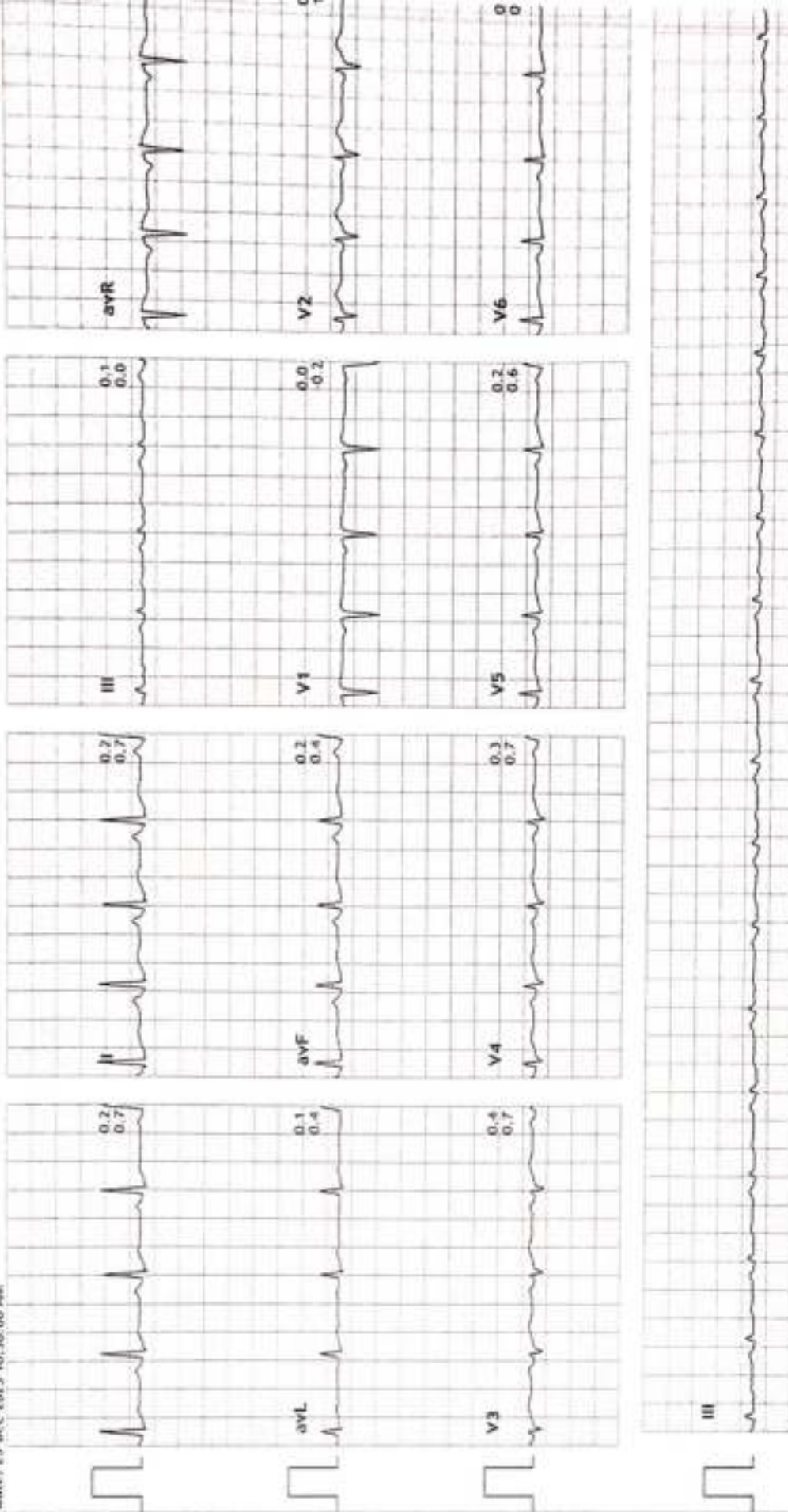
Match :On

Standing

10.0 mm/mV

25 mm/Sec.

3x4+1 Rhythm Lead



File: \\msb\patients\4610 - 4610\_Male\Raw\BIRUICE\_4610\_23\_12\_23

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SURE VARJULUUT LLINIL  
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4610 / SUJIT RHOSALE  
27 Yrs / Male  
0 Kg / 0 Cm  
Date: 23-Dec-2023 10:38:00 AM

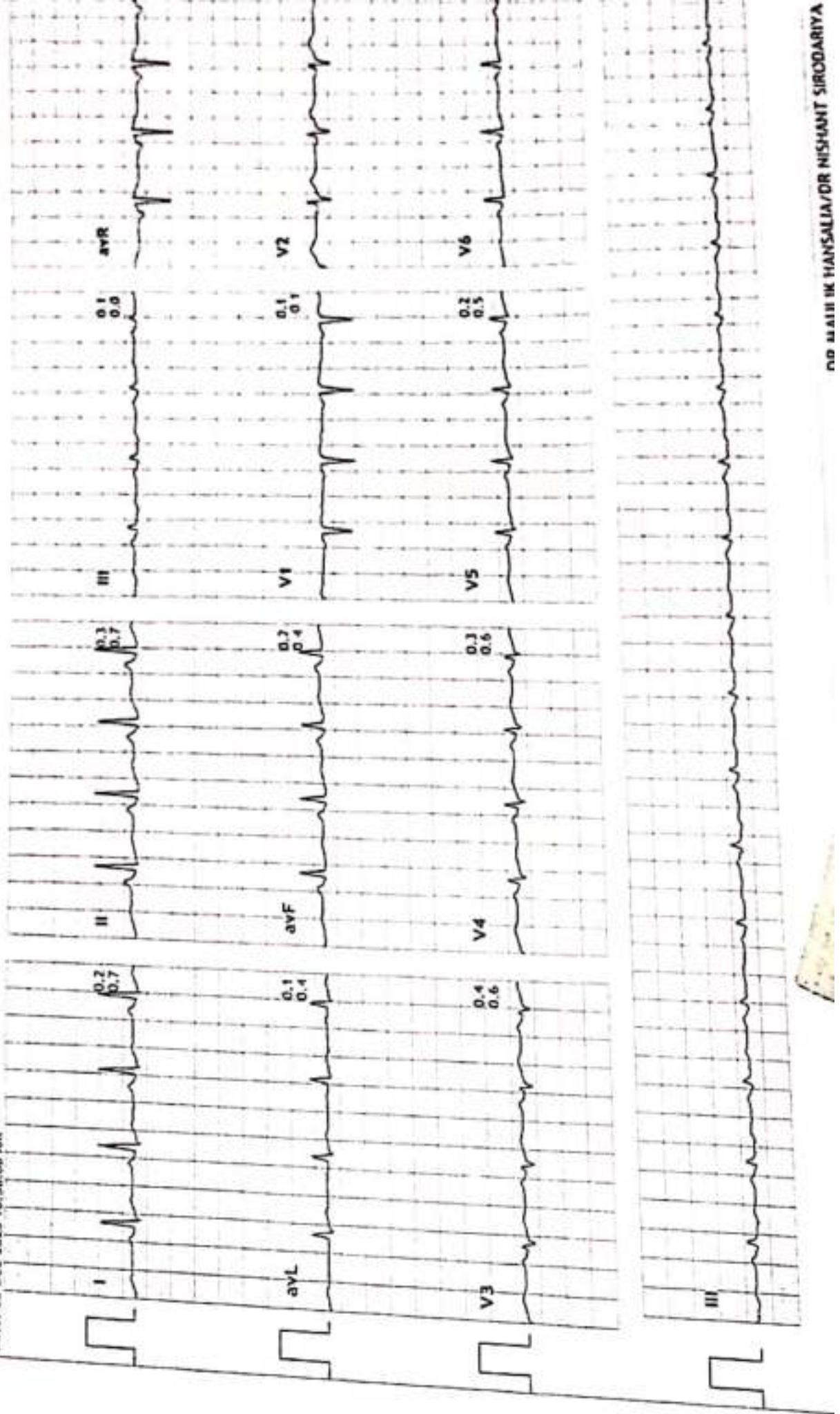
MPHR 55% of 103  
Speed: 0.0 kmph  
Grade: 0.0%

New ECG  
RRRICE  
60 05 100Hz

Ex Time 03:34  
RLC On  
Touch On

1KV  
10.0 mm/mV  
25 mm/Sec.

3x4+1 Rhythm Lead





CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4630 / SURBT BHOSALE

27 Yrs / Male

0 Kg / 0 Cm

Date: 23-Dec-2023 10:38:09 AM

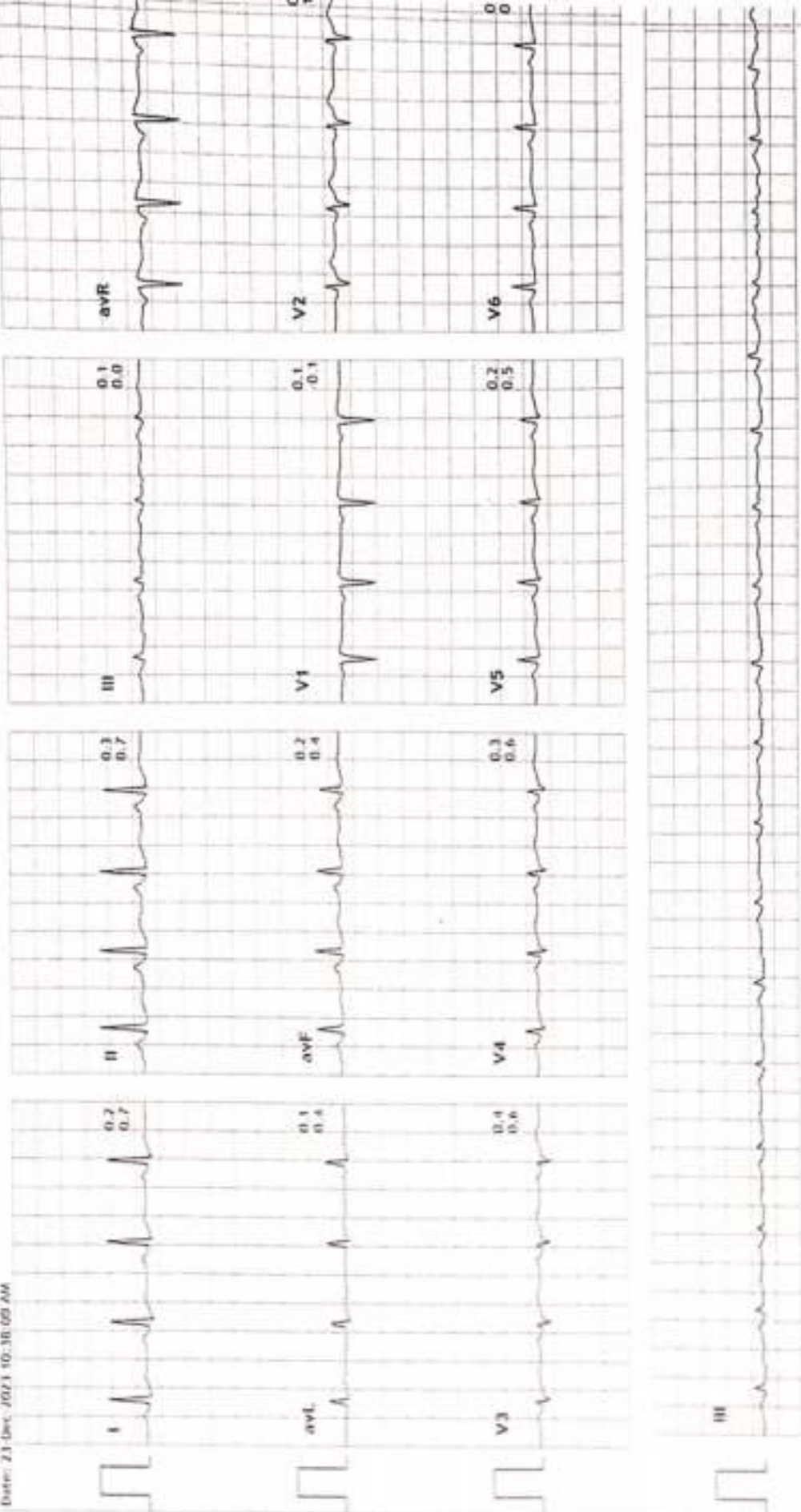
APHR-55% of 193  
Speed: 0.0 kmph  
Grade: 0.0%

Raw ECG  
BRUCE  
10.05-100/Hz

Ex Time 02:27  
BLC On  
Notch On

ExStart  
10.0 mm/mV  
25 mm/Sec.

3x4+1 Rhythm Lead



**CURE CARDIOLOGY CLINIC**

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4610 / SUJIT BHOSALE

27 Yrs / Male

0 Kg / 0 Cm

Date: 23-Dec-2023 10:38:00 AM

HR: 146 bpm  
METs: 4.6  
BP: 130/80

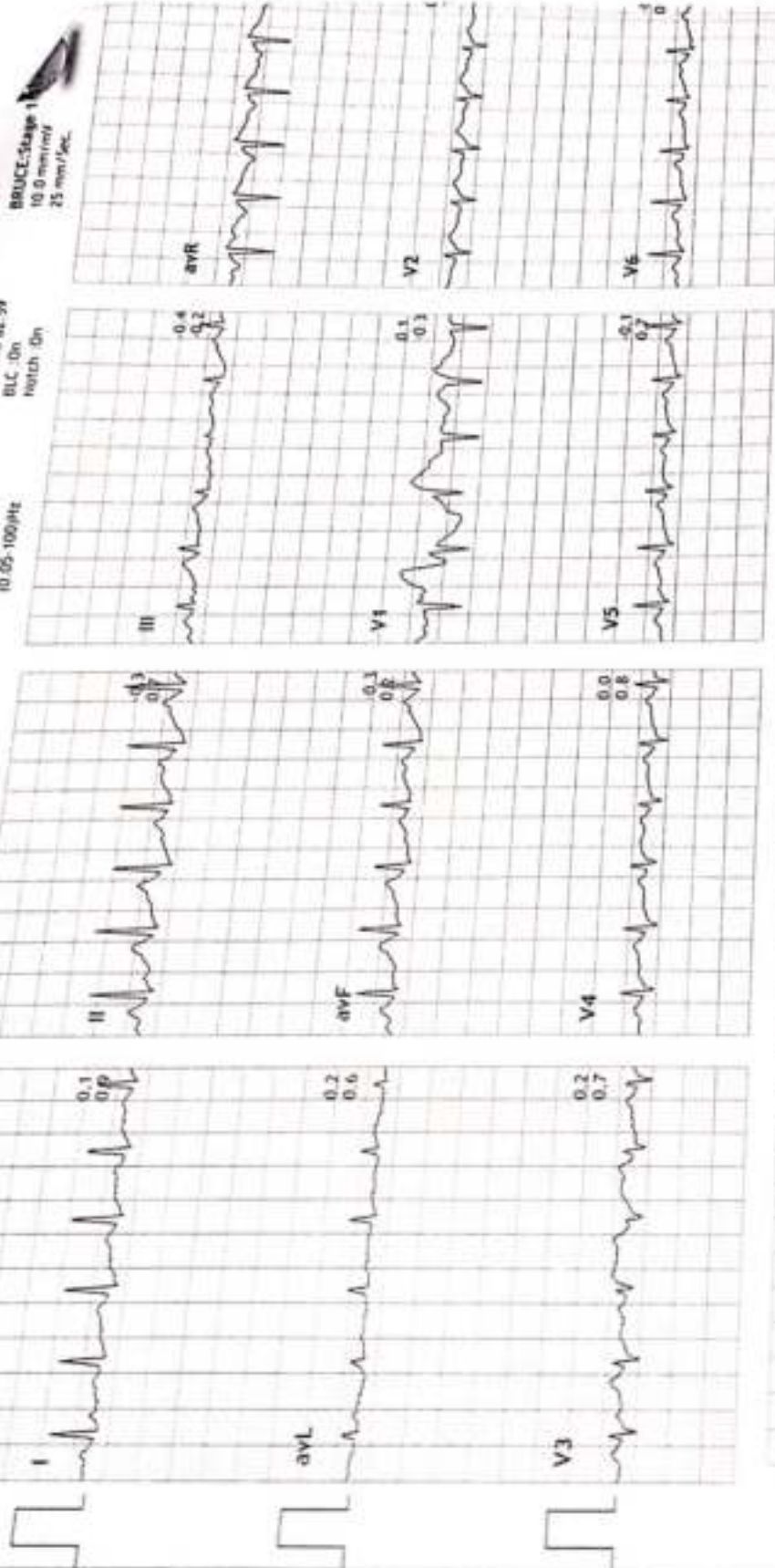
APHR: 75% of 193  
Speed: 2.7 kmph  
Grade: 10.0%

3x4+1 Rhythm Lead

Raw ECG  
BRUCE  
10.05-10.09 AM

Ex Time 02:59  
BLC : On  
Notch : On

BRUCE Stage 1  
10.0 min/mph  
25 mm/sec





CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4610 / SUJIT BHOSALE

27 Yrs / Male

0 Kg / 0 Cm

Date: 23-Dec-2023 10:18:00 AM

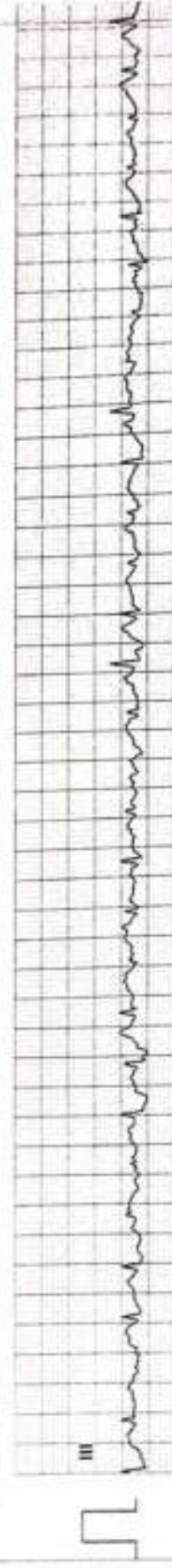
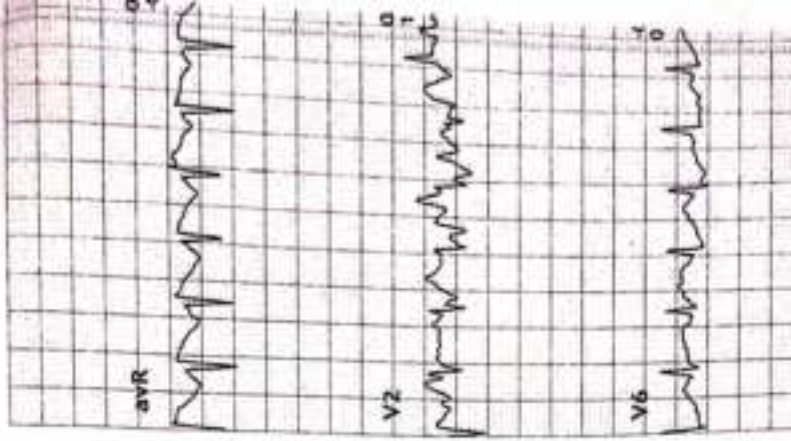
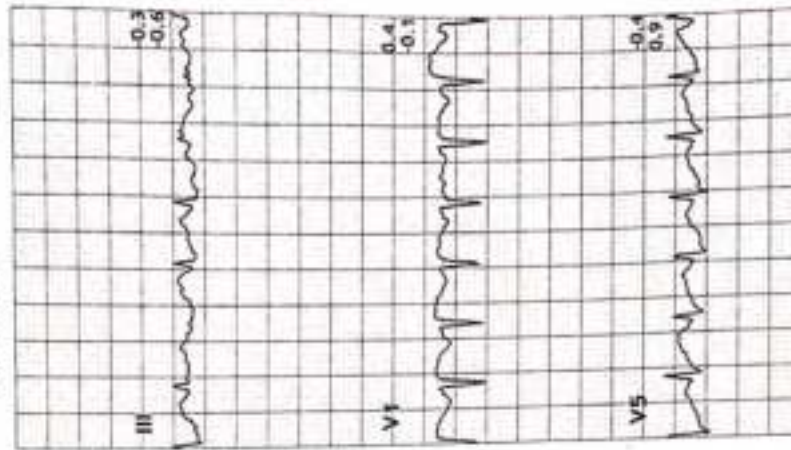
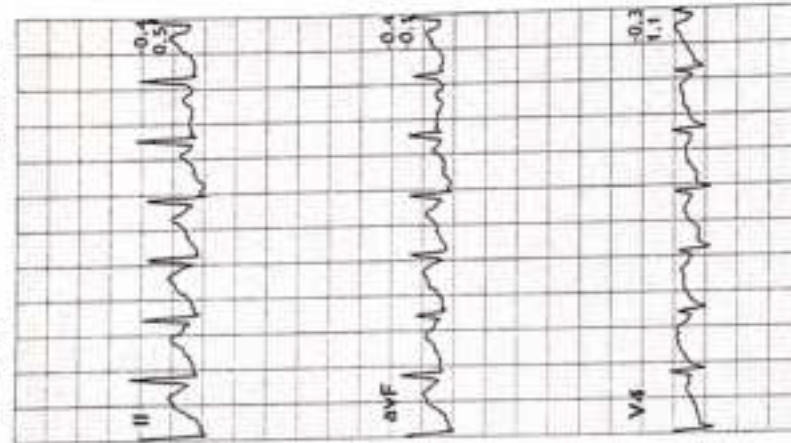
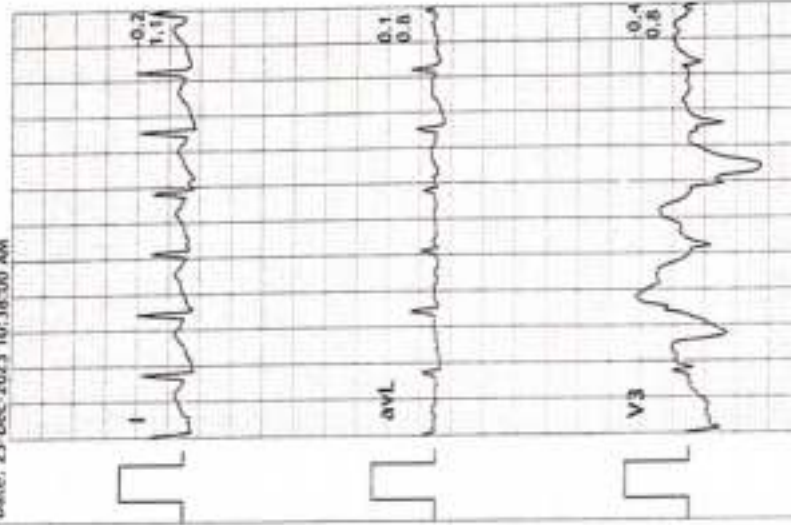
MPHR: 91% of 193  
Speed: 5.5 kmph  
Grade: 14.0%

Raw ECG  
BRUCE  
10.05-100Hz

Ex Time 06:13  
BLC : On  
Notch : On

BRUCE: PeakEx  
10.0 mm/mV  
25 mm/Sec

3x4+1 Rhythm Lead



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
 4610 / SUJIT BHOSALE  
 27 Yrs / Male  
 60 Kg / 0 Cm  
 Date: 23-Dec-2023 10:38:00 AM

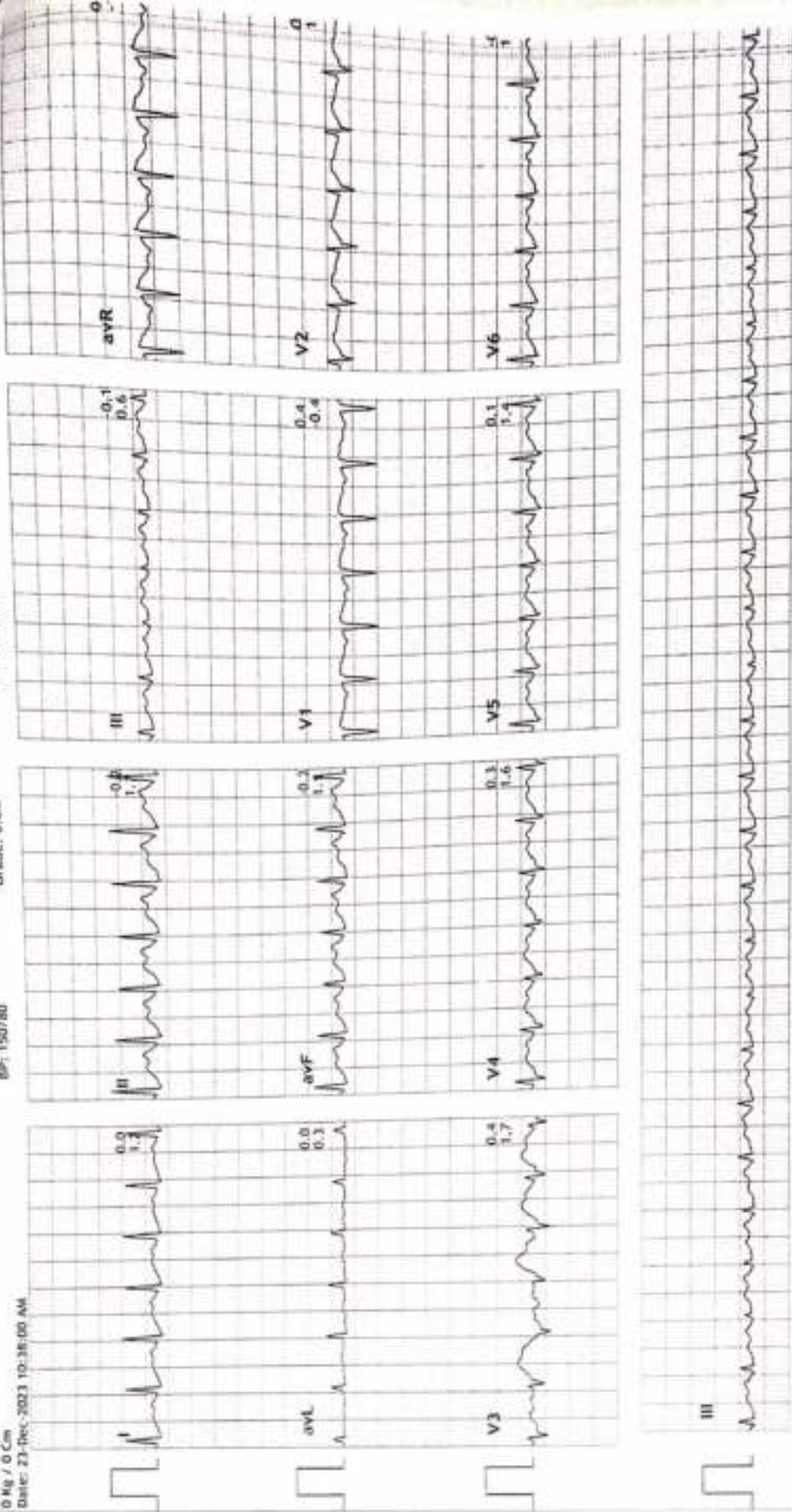
MPHR: 81% of 193  
 Speed: 0.0 kmph  
 Grade: 0.0%

Raw ECG  
 BRUCE  
 10.05-100Hz

Ex Time 06:15  
 BLC :On  
 Notch :On

Recovery Voltage  
 10.0 mm/mV  
 25 mm/Sec.

**3x4+1 Rhythm Lead**



Print Date: 23-Dec-2023

DR MAULIK HANSALIA/DR NISHANT SIRODARIYA



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
4630 / 50 BT HINDSALE  
27 Yrs / Male  
0 Kg / 0 Cm  
Date: 23 Dec 2023 10:38:09 AM

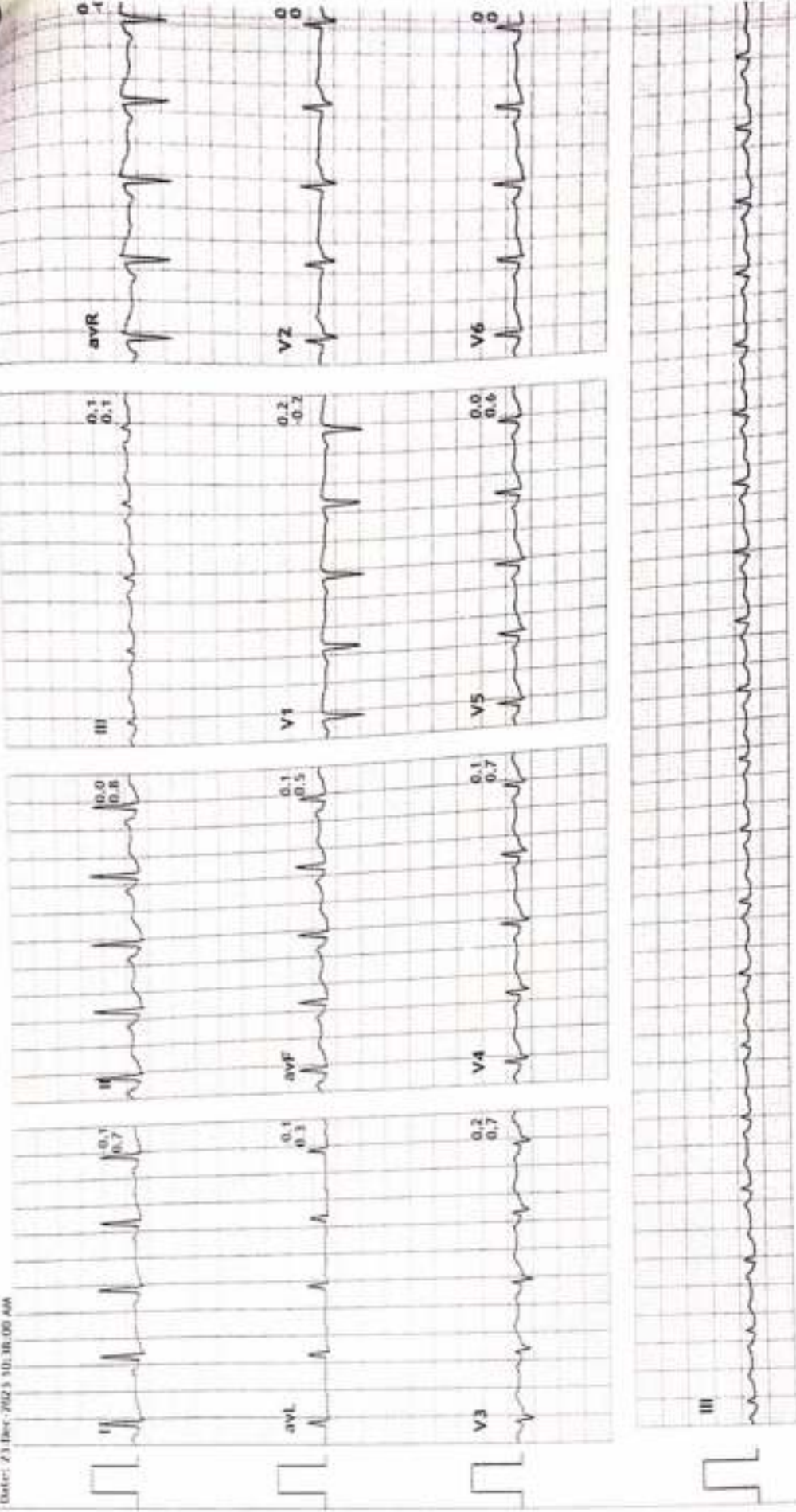
3x4+1 Rhythm Lead

AVRIB: 63% of 191  
Speed: 0.0 cmph  
Gain: 0.0%

Raw ECG  
BIUCLE  
10.05-100µHz

Ex Time 06:15  
M.C: On  
Hatch: On

Recording at  
10.0 mm/sec  
25 mm/sec





TEST REPORT

<b>Name</b> : Bhosale Sujit	<b>Reg. No</b> : 312101184
<b>Age/Sex</b> : 27 Years / Male	<b>Reg. Date</b> : 23-Dec-2023 02:53 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 23-Dec-2023 02:53 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 23-Dec-2023 05:58 PM

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

Parameter	Result	Unit	Biological Ref. Interval	
<b>RBC Parameters</b>				
Hemoglobin (SLS method)	16.8	g/dL	13.0 - 18.0	
Hematocrit (Electrical Impedance)	<b>46.70</b>	%	47 - 52	
RBC Count (Electrical Impedance)	<b>6.03</b>	million/cmm	4.7 - 6.0	
MCV (Calculated)	<b>77.4</b>	fL	78 - 110	
MCH (Calculated)	27.9	Pg	27 - 31	
MCHC (Calculated)	<b>36.0</b>	%	30 - 35	
RDW (Calculated)	12.2	%	11.5 - 14.0	
<b>WBC Parameters</b>				
WBC Count (Flowcytometry)	7730	/cmm	4000 - 10500	
<b>DIFFERENTIAL WBC COUNT</b>				
Neutrophils (%)	62 %	% Range 42.0 - 75.2	Abs. Value 4793 /cmm	Abs. Range 1800 - 7700
Lymphocytes (%)	31 %	20 - 45	2396 /cmm	1000 - 3900
Eosinophils (%)	02 %	1 - 4	155 /cmm	0 - 450
Monocytes (%)	05 %	2 - 8	387 /cmm	200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm	20 - 100
<b>Platelete Parameter</b>				
Platelet Count	304000	/cmm	150000 - 450000	
MPV	<b>11.3</b>	fL	7.4 - 10.4	
P-LCR	35.70	%	11.9 - 66.9	
PDW	13.9	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.34	%	0.2 - 0.5	

towards the healthiness...

*D.R.I.*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 1 of 13

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






**TEST REPORT**

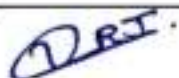
<b>Name</b> : Bhosale Sujit	<b>Reg. No</b> : 312101184
<b>Age/Sex</b> : 27 Years / Male	<b>Reg. Date</b> : 23-Dec-2023 02:53 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 23-Dec-2023 02:53 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 23-Dec-2023 05:58 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.

*towards the healthiness...*

**Dr. Viral R. Jethava**

This is an Electronically Authenticated Report.

Page 2 of 13

**Dr. Viral R. Jethava**

M.D. (Path. PDCC)





TEST REPORT

<b>Name</b> : Bhosale Sujit	<b>Reg. No</b> : 312101184
<b>Age/Sex</b> : 27 Years / Male	<b>Reg. Date</b> : 23-Dec-2023 02:53 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 23-Dec-2023 02:53 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 23-Dec-2023 05:58 PM

Test	Result	Unit	Biological Ref. Interval
<b>Erythrocyte sedimentation rate</b> Sample, EDTA whole blood			
ESR (After 1 hour)	06	mm/hr	1 - 7

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**FASTING PLASMA GLUCOSE**  
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	90.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic
Urine Glucose -F <small>Glucose Oxidase-Peroxidase</small>	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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POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <small>HEXOKINASE</small>	117.00	mg/dL	70 - 140
Urine Glucose- PP <small>Glucose Oxidase- Peroxidase</small>	Nil		

Criteria for the diagnosis of diabetes :

- HbA1c  $\geq$  6.5 %Or
- Fasting plasma glucose  $\geq$  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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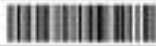
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LIPID PROFILE  
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <small>Cholesterol Oxidase</small>	152.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic Reaction With Glycerol Kinase</small>	120.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <small>Siemens HDL</small>	69.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <small>Siemens ALDL</small>	68.00	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <small>Calculated</small>	24.00	mg/dL	15 - 35
LDL / HDL RATIO <small>Calculated</small>	0.99		0 - 3.5
Cholesterol /HDL Ratio <small>Calculated</small>	2.20		0 - 5.0

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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Creatinine</b> <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.94	mg/dL	0.7 - 1.3
<b>eGFR</b>	<b>86.49</b>	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: $< 15$
<b>Urea</b> <small>Calculated</small>	23.00	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <small>UREASE/GLDH</small>	10.74	mg/dL	7.0 - 18.0
<b>Uric Acid</b> <small>Uricase</small>	6.41	mg/dL	3.5 - 7.2
<b>Sodium</b> <small>Direct ion selective electrode</small>	138.2	mmol/L	137 - 145
<b>Potassium</b> <small>Direct ion selective electrode</small>	4.21	mmol/L	3.5 - 5.1
<b>Chloride</b> <small>Direct ion selective electrode</small>	99.20	mmol/L	98 - 107
<b>Calcium</b> <small>Cresolphthalein Complexone</small>	9.21	mg/dL	8.5 - 10.1

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Parameter	Result	Unit	Biological Ref. Interval
<b>GGT</b> <small>Siemens/37C</small>	75.00	U/L	15 - 85

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <small>Siemens Dimension</small>	4.93	%	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 <small>Calculated</small>	94.79	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 A1c 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> CLM	4.230	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> CLM	1.26	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)** 11.24 µg/dL 4.5 - 12.6  
CLM

**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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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	1.025		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	2 - 3/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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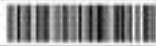
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**LIVER FUNCTION TEST**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <small>BIURET</small>	7.21	g/dL	6.4 - 8.2
Albumin <small>Dye Binding - Bromocresol Purple (BCP)</small>	4.29	g/dL	3.40 - 5.00
Globulin <small>Calculated</small>	2.92	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	1.47		0.8 - 3.1
SGOT (AST) <small>Siemens/37C</small>	28.00	U/L	15 - 37
SGPT (ALT) <small>Siemens/37C</small>	45.00	U/L	16 - 63
Alakaline Phosphatase <small>Siemens/37C</small>	68.00	U/L	46 - 116
Total Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.29	mg/dL	0.2 - 1
Conjugated Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.10	mg/dL	0 - 0.20
Unconjugated Bilirubin <small>Suph acid ip/calf-benz</small>	0.19	mg/dL	0.0 - 1.1

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