

TEST REPORT

Reg. No. : 309100780	Reg. Date : 29-Sep-2023 08:49	Ref.No :	Approved On : 29-Sep-2023 10:10
Name : Mrs. YELLA PINKI			Collected On : 29-Sep-2023 09:39
Age : 35 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 7667454542
Location :			

Test Name	Results	Units	Bio. Ref. Interval
Complete Blood Count Specimen: EDTA blood			
Hemoglobin			
Hemoglobin(SLS method)	12.0	g/dL	12.0 - 15.0
Hematocrit (calculated)	L 34.7	%	36 - 46
RBC Count(Ele.Impedence)	4.74	X 10 ¹² /L	3.8 - 4.8
MCV (Calculated)	L 73.2	fL	83 - 101
MCH (Calculated)	L 25.3	pg	27 - 32
MCHC (Calculated)	H 34.6	g/dL	31.5 - 34.5
RDW (Calculated)	12.1	%	11.5 - 14.5
Differential WBC count (Impedance and flow)			
Total WBC count	6500	/μL	4000 - 10000
Neutrophils	64	%	38 - 70
Lymphocytes	29	%	21 - 49
Monocytes	04	%	3 - 11
Eosinophils	03	%	0 - 7
Basophils	00		
Hypochromia	+		
Microcytosis	+		
Platelet			
Platelet Count (Ele.Impedence)	321000	/cmm	150000 - 410000
MPV	9.20	fL	6.5 - 12.0

EDTA Whole Blood

Note: All abnormal hemograms are reviewed and confirmed microscopically. Peripheral blood smear and malarial parasite examination are not part of CBC report.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Swati Shah

M.B.D.C.P.
G-5456

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Approved On: 29-Sep-2023 10:10

TEST REPORT

Reg. No. : 309100780 Reg. Date : 29-Sep-2023 08:49 Ref.No : Approved On : 29-Sep-2023 13:02
Name : Mrs. YELLA PINKI Collected On : 29-Sep-2023 09:39
Age : 35 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 7667454542
Location :

Test Name	Results	Units	Bio. Ref. Interval
ESR	19	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs : <30

Method: Modified Westergren

Sample Type: EDTA Whole Blood

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Avinash B Panchal

MBBS, DCP
G-44623

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Approved On: 29-Sep-2023 13:02

TEST REPORT

Reg. No. : 309100780 Reg. Date : 29-Sep-2023 08:49 Ref.No : Approved On : 29-Sep-2023 11:19
Name : Mrs. YELLA PINKI Collected On : 29-Sep-2023 09:39
Age : 35 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 7667454542
Location :

Test Name	Results	Units	Bio. Ref. Interval
BLOODGROUP & RH			
<u>Specimen: EDTA and Serum; Method: Gel card system</u>			
Blood Group "ABO" <i>Agglutination</i>	"B"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

Test done from collected sample.

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Generated On : 30-Sep-2023 11:48

Approved On: 29-Sep-2023 11:19

TEST REPORT

Reg. No. : 309100780	Reg. Date : 29-Sep-2023 08:49	Ref.No. :	Approved On : 29-Sep-2023 12:03
Name : Mrs. YELLA PINKI			Collected On : 29-Sep-2023 09:39
Age : 35 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 7667454542
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>PERIPHERAL BLOOD SMEAR EXAMINATION</u>			
<u>Specimen: Peripheral blood smear & EDTA blood</u>			
RBC Morphology	Mild hypochromic (+) microcytic (+) RBCS.		
WBC Morphology	WBCs are normal in count, morphology & distribution.		
Differential Count	.		
Platelets	Platelets are adequate with normal morphology.		
Parasite	Malarial parasite is not detected.		
EDTA Whole Blood			

Test done from collected sample.

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Approved On: 29-Sep-2023 12:03

TEST REPORT

Reg. No. : 309100780	Reg. Date : 29-Sep-2023 08:49	Ref.No :	Approved On : 29-Sep-2023 12:00
Name : Mrs. YELLA PINKI			Collected On : 29-Sep-2023 09:39
Age : 35 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 7667454542
Location :			

Test Name	Results	Units	Bio. Ref. Interval
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FASTING PLASMA GLUCOSE
Specimen: Fluoride plasma

FASTING PLASMA GLUCOSE <i>Hexokinase</i>	H 110.48	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126
---	-----------------	-------	---

Plasma

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 >= 200mg/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.

Test done from collected sample.

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Approved On: 29-Sep-2023 12:00

TEST REPORT

Reg. No. : 309100780 Reg. Date : 29-Sep-2023 08:49 Ref.No : Approved On : 29-Sep-2023 13:26
Name : Mrs. YELLA PINKI Collected On : 29-Sep-2023 13:06
Age : 35 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 7667454542
Location :

Test Name	Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE <u>Specimen: Fluoride plasma</u>			
POST PRANDIAL PLASMA GLUCOSE <i>Hexokinase</i>	L 105.70	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Plasma			

Test done from collected sample.

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Approved by: Dr. Keyur Patel

M.B.B.S.,D.C.P(Patho) Page 6 of 17
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TEST REPORT

Reg. No. : 309100780 **Reg. Date** : 29-Sep-2023 08:49 **Ref.No** : **Approved On** : 29-Sep-2023 11:59
Name : Mrs. YELLA PINKI **Collected On** : 29-Sep-2023 09:39
Age : 35 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 7667454542
Location :

Test Name	Results	Units	Bio. Ref. Interval
GGT	14.74	U/L	6 - 42
<i>L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric</i>			
Serum			

Test done from collected sample.

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**Approved by: Dr. Swati Shah**M.B.D.C.P.
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Generated On : 30-Sep-2023 11:48**Approved On:** 29-Sep-2023 11:59

TEST REPORT

Reg. No. : 309100780	Reg. Date : 29-Sep-2023 08:49	Ref.No :	Approved On : 29-Sep-2023 11:41
Name : Mrs. YELLA PINKI			Collected On : 29-Sep-2023 09:39
Age : 35 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 7667454542
Location :			

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE			
CHOLESTEROL <i>Enzymatic Colorimetric Method, CHOD-POD</i>	191.00	mg/dL	<200 : Desirable, 200-239 : Borderline High, >=240 : High
TRIGLYCERIDE <i>Enzymatic Colorimetric Method</i>	115.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
VLDL	23	mg/dL	0 - 30
LDL CHOLESTEROL <i>Calculated Method</i>	100.14	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
HDL-CHOLESTEROL <i>Method:Homogeneous Enzymatic Colorimetric</i>	67.86	mg/dL	<40 Low (High Risk), >=60 High(Low Risk)
CHOL/HDL RATIO	2.81		0.0 - 3.5
LDL/HDL RATIO	1.48		1.0 - 3.4
TOTAL LIPID	572.00	mg/dL	400 - 1000
Serum			

Test done from collected sample.

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TEST REPORT

Reg. No. : 309100780	Reg. Date : 29-Sep-2023 08:49	Ref.No :	Approved On : 29-Sep-2023 11:41
Name : Mrs. YELLA PINKI			Collected On : 29-Sep-2023 09:39
Age : 35 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 7667454542
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>LIVER FUNCTION TEST</u>			
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.71	g/dL	6.4 - 8.3
ALBUMIN <i>Bromocresol Green(BCG)</i>	4.30	g/dL	3.2 - 5.0
GLOBULIN <i>(Calculated)</i>	2.41	g/dL	2.4 - 3.5
ALB/GLB <i>(Calculated)</i>	1.78		1.2 - 2.2
SGOT <i>Pyridoxal 5 Phosphate Activation, IFCC</i>	13.90	U/L	0 - 32
SGPT <i>Pyridoxal 5 Phosphate Activation, Ifcc</i>	11.70	U/L	0 - 33
ALK. PHOSPHATASE <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	65.80	U/L	40 - 130
TOTAL BILIRUBIN <i>Diazo</i>	0.45	mg/dL	0.0 - 1.2
DIRECT BILIRUBIN <i>Diazo</i>	0.16	mg/dL	0 - 0.3
INDIRECT BILIRUBIN <i>Calculated.</i>	0.29	mg/dL	0.0 - 1.00
Serum			

Test done from collected sample.

This is an electronically authenticated report.



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M.B.D.C.P.
G-5456

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TEST REPORT

Reg. No. : 309100780 **Reg. Date :** 29-Sep-2023 08:49 **Ref.No :** **Approved On :** 29-Sep-2023 13:44
Name : Mrs. YELLA PINKI **Collected On :** 29-Sep-2023 09:39
Age : 35 Years **Gender:** Female **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :** 7667454542
Location :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1 C ESTIMATION			
Specimen: Blood EDTA			
HbA1c	5.90	%	Normal: ≤ 5.6 Prediabetes: 5.7-6.4 Diabetes: ≥ 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose (Calculated)	123	mg/dL	
Sample Type: EDTA Whole Blood			

Criteria for the diagnosis of diabetes

- HbA1c ≥ 6.5 * Or Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two hour plasma glucose ≥ 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
- 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

- 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.
 - 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.
 - Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus
- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
 - HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination.
 - HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
 - Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
 - Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohemoglobin Standardization Program - NGSP)

Test done from collected sample.

This is an electronically authenticated report.



Approved by: **Dr. Hiral Arora**

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Reg. No.:- G-32999

Approved On: 29-Sep-2023 13:44

Generated On : 30-Sep-2023 11:48

TEST REPORT

Reg. No. : 309100780	Reg. Date : 29-Sep-2023 08:49	Ref.No. :	Approved On : 29-Sep-2023 13:44
Name : Mrs. YELLA PINKI			Collected On : 29-Sep-2023 09:39
Age : 35 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 7667454542
Location :			

Bio-Rad CDM System
Bio-Rad Variant V-II Instrument #1

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID: 130903500612
 Patient ID:
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

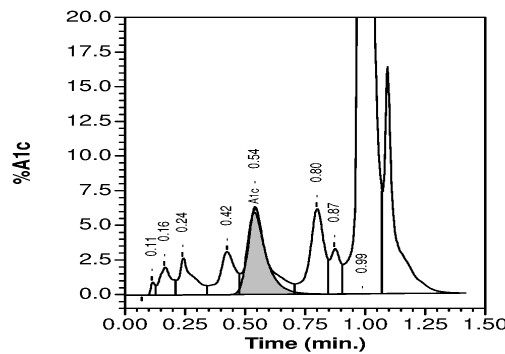
Analysis Performed: 29/09/2023 13:21:53
 Injection Number: 7989
 Run Number: 315
 Rack ID:
 Tube Number: 2
 Report Generated: 29/09/2023 13:39:51
 Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.2	0.112	2067
A1a	---	1.0	0.164	11931
A1b	---	1.6	0.239	18456
LA1c	---	1.8	0.423	21428
A1c	5.9	---	0.539	56994
P3	---	3.8	0.797	44835
P4	---	1.4	0.872	16231
Ao	---	85.4	0.987	1004432

Total Area: 1,176,374

HbA1c (NGSP) = 5.9 %



Test done from collected sample.

This is an electronically authenticated report.



Approved by: *Hiral Arora*
Dr. Hiral Arora

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 Reg. No.: G-32999

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Approved On: 29-Sep-2023 13:44

TEST REPORT

Reg. No. : 309100780 **Reg. Date :** 29-Sep-2023 08:49 **Ref.No :** **Approved On :** 29-Sep-2023 13:42
Name : Mrs. YELLA PINKI **Collected On :** 29-Sep-2023 09:39
Age : 35 Years **Gender:** Female **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :** 7667454542
Location :

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine) <small>CHEMILUMINESCENCE</small>	0.92	ng/mL	0.6 - 1.81
T4 (Thyroxine) <small>CHEMILUMINESCENCE</small>	7.20	µg/dL	4.5 - 12.6
TSH (ultra sensitive) <small>CHEMILUMINESCENCE</small>	2.122	µIU/mL	0.55 - 4.78

Sample Type: Serum

Comments:

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 stimulate 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

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Hiral Arora

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Reg. No.:- G-32999

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- 3D/4D Sonography
- Liver Elastography
- ECHO
- Dental & Eye Checkup
- Mammography
- Treadmill Test
- PFT
- Full Body Health Checkup
- X-Ray
- ECG
- Audiometry
- Nutrition Consultation

□ RADIOLOGY
□ HEALTH CHECK UP
□ PATHLOGY
□ CARDIO DIAGNOSTIC

LABORATORY REPORT



Reg. No : 30903500612	Histo / Cyto No : C23105127	Reg. Date : 29-Sep-2023 08:49	
Name : Mrs. YELLA PINKI		Collected on : 29-Sep-2023 11:48	
Sex/Age : Female / 35 Years		Report Date : 30-Sep-2023	
Ref. By : APOLLO		Tele. No : 7667454542	
Location :		Dispatch At :	

CYTOPATHOLOGY REPORT

Specimen :

Liquid based cervical smear.

Grossing Description :

1 liquid based container is received, 1 smear is prepared, 1 PAP stain done.

Microscopic Description :

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

Diagnosis :

Liquid based cervical smear - **Moderate inflammation and negative for intraepithelial lesion or malignancy.**

(The Bethesda System for the reporting of cervical cytology, 2014).

Note - The PAP test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP tests are recommended.

Cervical cancer screening guideline for average risk woman.

American Cancer Society (ACS) /American Cancer Society for Colposcopy and Cervical pathology/American Society for Clinical Pathology (ASCP) Guidelines, 2012.

Population	ACS/ASCCP/ASCP
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DR. SAAISHTA BAKSHI
 M.D. Pathology
 G-20622

Approved On: 30-Sep-2023 11:48 Generated On : 30-Sep-2023 11:48

- 📞 For Appointment : 7567 000 750
- 🌐 www.conceptdiagnostics.com
- ✉ conceptdiaghealthcare@gmail.com

This is an electronically authenticated report.

1st Floor, Sanjivani Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.





- 3D/4D Sonography
- Liver Elastography
- ECHO
- Dental & Eye Checkup
- Mammography
- Treadmill Test
- PFT
- Full Body Health Checkup
- X-Ray
- ECG
- Audiometry
- Nutrition Consultation

□ RADIOLOGY □ HEALTH CHECK UP □ PATHLOGY □ CARDIO DIAGNOSTIC

LABORATORY REPORT



Reg. No : 30903500612	Histo / Cyto No : C23105127	Reg. Date : 29-Sep-2023 08:49	
Name : Mrs. YELLA PINKI		Collected on : 29-Sep-2023 11:48	
Sex/Age : Female / 35 Years		Report Date : 30-Sep-2023	
Ref. By : APOLLO		Tele. No : 7667454542	
Location :		Dispatch At :	

Younger than 21 years	No screening.
21-29 years	Screening with cytology alone every 3 years is recommended.
30-65 years	Cytology and HPV testing (“ co-testing ”) every 5 years (preferred) or Cytology alone every 3 years (acceptable) is recommended.
Older than 65 years	Stop screening with adequate screening history.

Note - Women who have a history of cervical cancer, HIV infection, weakened immune system should not follow these routine guidelines.

If you have an abnormal cervical cancer screening test result, you may have additional testing/treatment. Your doctor will recommend when you can resume routine screening.

All stained slides and/or paraffin blocks labeled Histo/Cyto No: C23105127 returned along with report. Please preserve them Carefully.

DR. SAAISHTA BAKSHI
M.D. Pathology
G-20622

Approved On: 30-Sep-2023 11:48 Generated On : 30-Sep-2023 11:48

For Appointment : 7567 000 750
www.conceptdiagnostics.com
conceptdiaghealthcare@gmail.com

This is an electronically authenticated report.

1st Floor, Sanjand Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.

TEST REPORT

Reg. No. : 309100780 **Reg. Date** : 29-Sep-2023 08:49 **Ref.No** : **Approved On** : 29-Sep-2023 11:41
Name : Mrs. YELLA PINKI **Collected On** : 29-Sep-2023 09:39
Age : 35 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 7667454542
Location :

Test Name	Results	Units	Bio. Ref. Interval
CREATININE	0.80	mg/dL	0.51 - 1.5

Serum

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

Test done from collected sample.

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Name : Mrs. YELLA PINKI **Collected On** : 29-Sep-2023 09:39
Age : 35 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 7667454542
Location :

Test Name	Results	Units	Bio. Ref. Interval
UREA	24.7	mg/dL	<= 65 YEARS AGE: <50 mg/dL; >65 YEARS AGE: <71 mg/dL

UREASE/GLDH**Serum**

Useful screening test for evaluation of kidney function. Urea is the final degradation product of protein and amino acid metabolism. In protein catabolism, the proteins are broken down to amino acids and deaminated. The ammonia formed in this process is synthesized to urea in the liver. This is the most important catabolic pathway for eliminating excess nitrogen in the human body. Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function. The test is frequently requested along with the serum creatinine test since simultaneous determination of these 2 compounds appears to aid in the differential diagnosis of prerenal, renal and postrenal hyperuremia.

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TEST REPORT

Reg. No. : 309100780	Reg. Date : 29-Sep-2023 08:49	Ref.No :	Approved On : 29-Sep-2023 10:52
Name : Mrs. YELLA PINKI			Collected On : 29-Sep-2023 09:39
Age : 35 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 7667454542
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>ELECTROLYTES</u>			
Sodium (Na+) <small>ISE</small>	141.5	mmol/L	136 - 145
Potassium (K+) <small>ISE</small>	4.4	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>ISE</small>	101.5	mmol/L	98 - 107
Serum			

Comments

The electrolyte panel is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions. Repeat testing of the electrolyte or its components may be used to monitor the patient's response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.

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

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Swati Shah

M.B.D.C.P.
G-5456

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Approved On: 29-Sep-2023 10:52

NAME :	PINKI YELLA	DATE :	29/09/2023
AGE/SEX:	35Y/F	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

USG ABDOMEN

LIVER: normal in size & shows normal echotexture. No evidence of dilated IHBR. No evidence of focal or diffuse lesion. CBD & Portal vein appears normal.

GALL-BLADDER: appears distended and shows approx. 6-7 mm sized calculus within. No evidence of changes of acute cholecystitis seen. CBD appears prominent (measures 7 mm) with smooth tapering at its distal end. No definite e/o calculus seen on present study.

PANCREAS: appears normal in size & echotexture, No evidence of peri-pancreatic fluid collection.

SPLEEN: normal in size & shows normal echogenicity.

KIDNEYS: Right kidney measures 86 x 39 mm. Left kidney measures 95 x 35 mm. Both kidneys appear normal in size & echotexture. No evidence of calculus or hydronephrosis on either side.

URINARY BLADDER: appears normal and shows minimal distension & normal wall thickness. No evidence of calculus or mass lesion.

UTERUS: normal in size and echopattern. No e/o adnexal mass seen on either side.

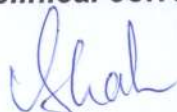
USG WITH HIGH FREQUENCY SOFT TISSUE PROBE:

Visualized bowel loops appears normal in caliber. No evidence of focal or diffuse wall thickening. No collection in RIF. No evidence of Ascites.

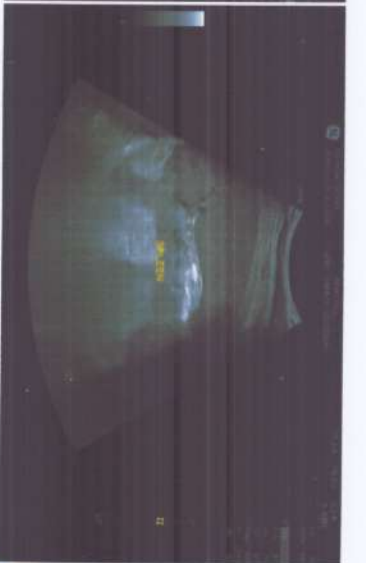
CONCLUSION:

- Gb calculus.
- Prominent CBD with smooth tapering at its distal end. No definite e/o calculus seen on present study.

Adv: clinical correlation and further evaluation.



Dr. VIDHI SHAH
MD, RADIODIAGNOSIS





NAME	Mrs. Pinky Yalla		
AGE/ SEX	34yrs / F	DATE	29/09/2023
REF. BY	Health Check Up	DONE BY	Dr. Parth Thakkar Dr. Abhimanyu Kothari

2D ECHO CARDIOGRAPHY & COLOR DOPPLER STUDY

FINDINGS:-

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest
- LV and LA are of normal size.
- RA & RV are of normal size.
- Normal LV Compliance
- Intact IAS & IVS.
- All Valves Are structurally Normal
- Trivial MR, No AR, No PR
- Trivial TR, No PAH, RVSP-28mmHg
- No clot or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size with preserved respiratory variation.

MEASUREMENTS:-

LVIDD	45(mm)	LA	34(mm)
LVIDS	27(mm)	AO	25(mm)
LVEF	60%	AV cusp	
IVSD / LVPWD	11/11(mm)	EPSS	

DOPPLER STUDY:-

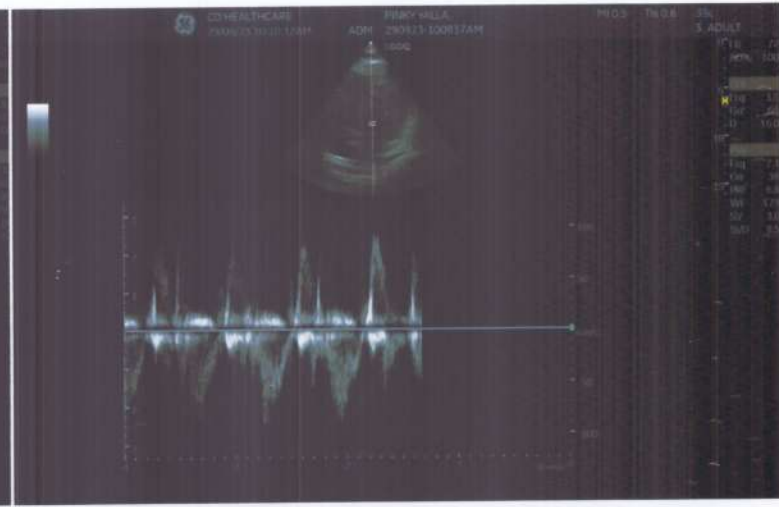
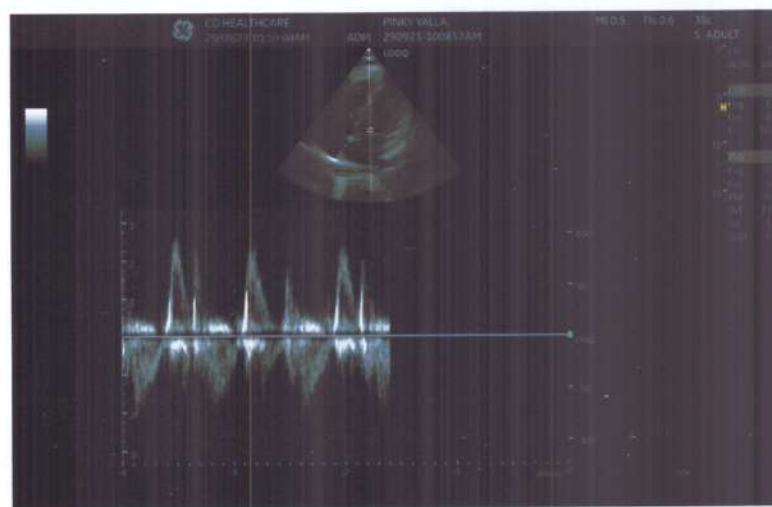
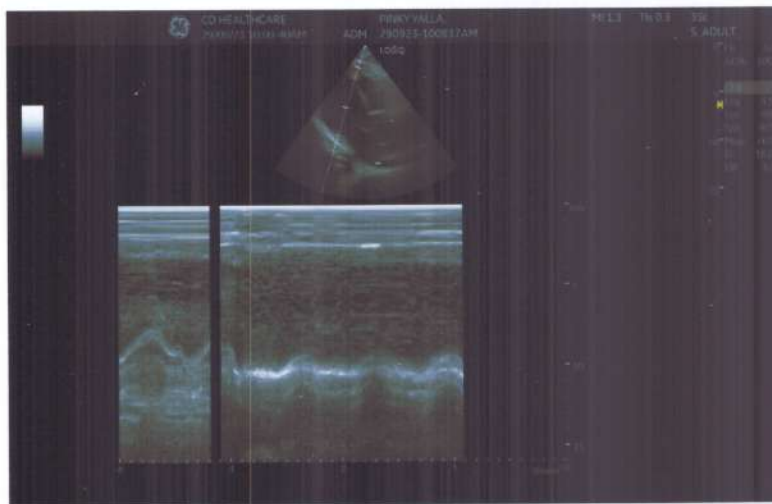
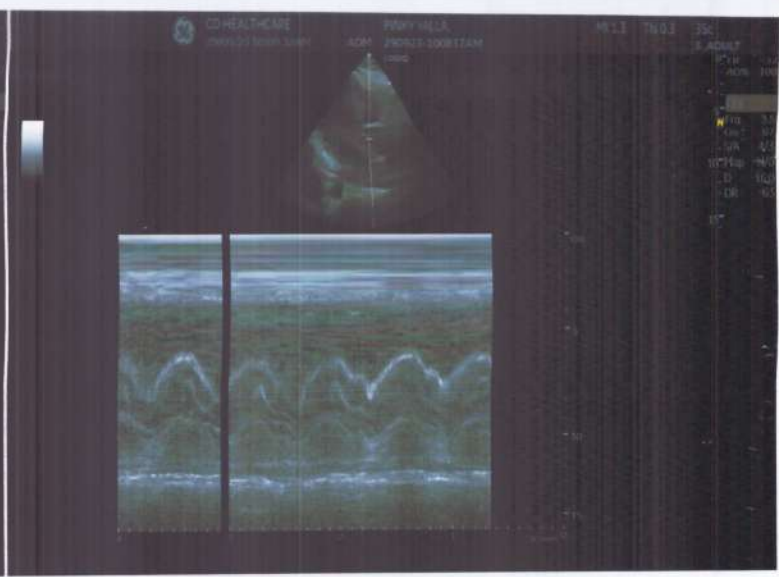
Valve	Velocity (M/sec)	Max gradient (MmHg)	Mean gradient (Mm Hg)	Valve area Cm ²
Aortic	1.2	6.0		
Mitral	E: 0.8 A: 0.6			
Pulmonary	0.9	4.0		
Tricuspid	2.2	19		

CONCLUSION:-

- **Normal LV systolic function, LVEF=60%.**
- **No RWMA at rest**
- Normal LV Compliance
- All Valves Are structurally Normal
- Trivial MR, No AR, No PR
- Trivial TR, No PAH, RVSP-28mmHg
- IVC is normal in size with preserved respiratory variation.

Dr. Parth Thakkar
 MD (Med.), DrNB (Cardiology)
 Interventional Cardiologist
 79901-79258

Dr. Abhimanyu D Kothari
 MD (Med.), DM (Cardiology)
 Interventional Cardiologist
 9714675115



Concept Diagnostics

1167 / YELLA PINKI / 35 Yrs / M / 145Cms. / 53Kgs / Non Smoker
Heart Rate : 76 bpm / Tested On : 29-Sep-23 12:00:02 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ECG



Reported By: DR PARTH THAKKAR

NAME :	YELLA PINKI	DATE :	29/09/2023
AGE/SEX:	35Y/F	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

X-RAY CHEST PA VIEW

- Both lung fields are clear.
- No evidence of consolidation or Koch's lesion seen.
- Heart size is within normal limit.
- Both CP angles are clear.
- Both dome of diaphragm appear normal.
- Bony thorax under vision appears normal.



Dr. VIDHI SHAH
MD RADIODIAGNOSIS