


Patient's Name:-	HONEY BAJAJ	DATE	26/11/2022
Age & Sex :-	29Y F		
Referred By :-	HEALTH CHECKUP		

X-RAY CHEST PA

- Both Lung fields appear normal.
No evidence of any collapse / consolidation.
- Both Hila appear normal.
No evidence of any enlarged Hilar lymphnodes.
- Both CP angle clear.
- Cardiac size appear normal.
- Both hemi diaphragm appears normal
- Bony cage appear normal

COMMENTS :

- **No Significant abnormality detected.**


DR. NIKITA PATEL
CONSULTANT RADIOLOGIST

Thanks for reference. Please co-relate clinically.

Note: This report is not valid for medico-legal purpose. There can be typing error, which can be correctable.

Patient Name : MRS. HONEY BAJAJ

Age / Gender : 29 years / Female

Patient ID : 15950

Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 27/11/2022, 09:00 AM

Reporting Time : 27/11/2022, 10:26 AM

Sample ID :



001733122

Test Description	Value(s)	Reference Range	Unit(s)
CBC			
Hemoglobin (Hb)*	12.6	12.0 - 15.0	gm/dL
Method : Cynmeth Photometric Measurement			
Erythrocyte (RBC) Count*	4.52	3.8 - 4.8	mil/cu.mm
Method : Electrical Impedence			
Packed Cell Volume (PCV)*	36.5	36 - 46	%
Method : Calculated			
Mean Cell Volume (MCV)*	80.75	83 - 101	fL
Method : Electrical Impedence			
Mean Cell Haemoglobin (MCH)*	27.88	27 - 32	pg
Method : Calculated			
Mean Corpuscular Hb Conc. (MCHC)*	34.52	31.5 - 34.5	gm/dL
Method : Calculated			
Red Cell Distribution Width (RDW)*	13.1	11.6 - 14.0	%
Method : Electrical Impedence			
Total Leucocytes (WBC) Count*	4670	4000-10000	cell/cu.mm
Method : Electrical Impedence			
Neutrophils*	58	40 - 80	%
Method : VCSn Technology			
Lymphocytes*	33	20 - 40	%
Method : VCSn Technology			
Monocytes*	08	2 - 10	%
Method : VCSn Technology			
Eosinophils*	01	1 - 6	%
Method : VCSn Technology			
Basophils	00	0 - 4	%
Method : VCSn Technology			
Platelet Count*	259	150 - 410	10 ³ /ul
Method : Electrical Impedence			

E.S.R

Erythrocyte Sedimentation Rate	22	<20	mm/hr
Method : EDTA Whole blood, modified westergren			

Interpretation:


It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

END OF REPORT

Bholiya

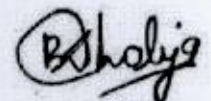
Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

Patient Name : MRS. HONEY BAJAJ
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Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup
Collection Time : 27/11/2022, 09:00 AM
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Sample ID : 
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Test Description	Value(s)	Reference Range	Unit(s)
<u>BLOOD GROUP & RH (D) FACTOR, EDTA WHOLE BLOOD</u>			
Blood Group	"AB"		
Method : Forward and Reverse By Tube Method			
RH Factor	Positive		
Methodology			
This is done by forward and reverse grouping by tube Agglutination method.			
Interpretation			
Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).			
<u>CREATININE</u>			
Creatinine	0.63	0.6 - 1.2 mg/dl	mg/dL
Method : Enzymatic			
<u>BUN CREATININE RATIO</u>			
Urea	18.9	17 - 43	mg/dL
Blood urea nitrogen	8.82	7 - 25	mg/dL
Creatinine	0.63	0.6 - 1.2	mg/dL
BUN/Creatinine ratio	14.0	6 - 22	Ratio
<u>BLOOD UREA NITROGEN</u>			
Urea *	18.9	17 - 43	mg/dL
Method : Serum			
Blood Urea Nitrogen-BUN*	8.82	7 - 25 mg/dL	mg/dL
Method : Serum, Urease			
<u>URIC ACID</u>			
Uric Acid*	2.8	2.5 - 6.8 mg/dL	mg/dL
Method : Uricase, POD			

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Test Description	Value(s)	Reference Range	Unit(s)
<u>BLOOD GLUCOSE FASTING (FBS)</u>			
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	105.2	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126 (on more than one occassion) (American diabetes association guidelines 2018)	mg/dL
Urine Fasting	Absent		
<u>BLOOD GLUCOSE POST PRANDIAL (PP2BS)</u>			
Blood Glucose-Post Prandial Method : Hexokinase	118.5	70 - 140	mg/dL
Urine Post Prandial	Absent		
<u>GLYCOSYLATED HB (HBA1C)</u>			
Glyco Hb (HbA1C)	4.8	Non-Diabetic: <=5.6 Pre Diabetic:5.7-6.4 Diabetic: >=6.5	%
Estimated Average Glucose :	91.06		mg/dL
Interpretations			
<ol style="list-style-type: none"> HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5% Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested. In known diabetic patients, following values can be considered as a tool for monitoring the glycemc control. Excellent control-6-7 % Fair to Good control – 7-8 % Unsatisfactory control – 8 to 10 % Poor Control – More than 10 % 			

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Test Description	Value(s)	Reference Range	Unit(s)
LIVER FUNCTION TEST-1			
Bilirubin - Total Method : Serum, Jendrassik Grof	0.53	0.3 - 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.24	Adults and Children: 0.0 - 0.4	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.29		
SGOT Method : Serum, UV with P5P, IFCC 37 degree	33.6	< 50	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	47.7	< 50	U/L
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	82	30-120	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	7.32	6.6 - 8.3	g/dL
Albumin Method : Serum, Bromocresol purple	3.98	Adults: 3.5 - 5.2	g/dL
Globulin Method : Calculated	3.34	1.8 - 3.6	g/dL
A/G Ratio Method : Calculated	1.19	1.2 - 2.2	ratio

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Test Description	Value(s)	Reference Range	Unit(s)
LIPID PROFILE (D)			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	187	Desirable: <= 200 Borderline High: 201-239 High: > 239	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	76.6	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	56.8	Normal: > 40 Major Heart Risk: < 40	mg/dL
LDL Cholesterol Method : Calculated	114.88	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190	mg/dL
Non - HDL Cholesterol, Serum Method : calculated	130.20	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL	mg/dL
VLDL Cholesterol Method : calculated	15.32	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	3.29	3.5 - 5.0	ratio
LDL/HDL RATIO Method : calculated	2.02	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio
HDL/LDL RATIO Method : calculated	0.49	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

Note: 8-10 hours fasting sample is required. Test results may show interferences due to pregnancy, certain drugs such as estrogens and other drugs (such as androgenic and related steroids), and insulin therapy etc. 12 hours fast is recommended prior to the test as non fasting status may result in falsely elevated test values. Alcohol should not be consumed for atleast 24 hours before the test. Values may be increased in acute illness, colds or flu. Obesity, stress, physical inactivity, cigarette smoking may lead to increase test values. If possible all medications should be withheld for atleast 24 hours before testing (On Doctors Advice). Intraindividual variations, seasonal as well as positional variations (levels lower when sitting compared to standing etc.) have been observed. Cholesterol and HDL-C should not be measured immediately after MI, and 3 months wait is suggested.

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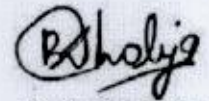
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Test Description	Value(s)	Reference Range	Unit(s)
THYROID FUNCTION TEST 1			
T3-Total Method : Serum, CLIA	1.77	0.69 - 2.15 ng/mL	ng/mL
T4-Total Method : Serum, CLIA	111.0	52 - 127 ng/mL	ng/mL
TSH Method : Serum, CLIA	1.22	0.3 - 4.5 uIU/mL	uIU/mL

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Test Description	Value(s)	Reference Range	Unit(s)
URINE ROUTINE			
Volume*	20	ml -	ml
Colour*	Pale Yellow	Pale Yellow	
Transparency (Appearance)*	Clear	Clear	
Deposit*	Absent	Absent	
Reaction (pH)*	6.0	4.5 - 8	
Specific Gravity*	1.015	1.010 - 1.030	
Chemical Examination (Automated Dipstick Method) Urine			
Urine Glucose (sugar)*	Absent	Absent	
Urine Protein (Albumin)*	Absent	Absent	
Urine Ketones (Acetone)*	Absent	Absent	
Blood*	Absent	Absent	
Bile pigments*	Absent	Absent	
Nitrite*	Absent	Absent	
Microscopic Examination Urine			
Pus Cells (WBCs)*	Occasional	0 - 5	/hpf
Epithelial Cells*	1-2	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Trichomonas Vaginalis*	Absent	Absent	
Yeast Cells*	Absent	Absent	
Amorphous deposits*	Absent	Absent	
Bacteria*	Absent	Absent	

****END OF REPORT****

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Registration No: G-32571

26/11/2022 11:45:38
SARI PATEL HOSPITAL
CHIKUWADI
ANKLESHWAR

Location:
Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

66 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 80 ms
QT / QTcBaz : 386 / 404 ms
PR : 162 ms
P : 86 ms
RR / PP : 902 / 909 ms
P / QRS / T : 31 / 27 / 26 degrees

Normal sinus rhythm
Normal ECG

Honey Badaj

