

## TEST REPORT

<b>Reg. No.</b> : 403100829	<b>Reg. Date</b> : 23-Mar-2024 14:12	<b>Ref.No</b> :	<b>Approved On</b> : 23-Mar-2024 14:53
<b>Name</b> : Mr. DHAVAL PANCHAL			<b>Collected On</b> : 23-Mar-2024 14:27
<b>Age</b> : 30 Years	<b>Gender:</b> Male	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test	Results	Unit	Bio. Ref. Interval
<b>Complete Blood Count</b>			
Hemoglobin(SLS method)	16.0	g/dL	13.0 - 17.0
RBC Count(Ele.Impedence)	5.19	X 10 <sup>12</sup> /L	4.5 - 5.5
Hematocrit (calculated)	46.0	%	40 - 50
MCV (Calculated)	88.6	fL	83 - 101
MCH (Calculated)	30.8	pg	27 - 32
MCHC (Calculated)	H <b>34.8</b>	g/dL	31.5 - 34.5
RDW-SD(calculated)	43.30	fL	36 - 46
Total WBC count	9000	/μL	4000 - 10000
<b>DIFFERENTIAL WBC COUNT</b>			
	[ % ]	EXPECTED VALUES	[ Abs ]      EXPECTED VALUES
Neutrophils	48	38 - 70	4320 /cmm 1800 - 7700
Lymphocytes	42	21 - 49	3780 /cmm 1000 - 3900
Eosinophils	02	0 - 7	180 /cmm 20 - 500
Monocytes	08	3 - 11	720 /cmm 200 - 800
Basophils	00	0 - 1	0 /cmm 0 - 100
NLR (Neutrophil: Lymphocyte Ratio)	1.14	Ratio	1.1 - 3.5
Platelet Count (Ele.Impedence)	257000	/cmm	150000 - 410000
PCT	0.26	ng/mL	< 0.5
MPV	10.10	fL	6.5 - 12.0
<b>Peripheral Smear</b>			
RBCs	Normocytic normochromic.		
WBCs	Normal morphology		
Platelets	Adequate on Smear		
Malarial Parasites	Not Detected		

Test done from collected sample.

This is an electronically authenticated report.



**Approved by: Dr. Keyur Patel**

M.B.B.S.,D.C.P(Patho) Page 1 of 16  
G- 22475

**Generated On :** 23-Mar-2024 23:08

**Approved On:** 23-Mar-2024 14:53



**TEST REPORT**

Reg. No. : 403100829 Reg. Date : 23-Mar-2024 14:12 Ref.No : Approved On : 23-Mar-2024 15:19  
Name : Mr. DHAVAL PANCHAL Collected On : 23-Mar-2024 14:27  
Age : 30 Years Gender: Male Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. :  
Location :

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

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Keyur Patel

M.B.B.S.,D.C.P(Patho) Page 3 of 16  
G- 22475

Generated On : 23-Mar-2024 23:08

Approved On: 23-Mar-2024 15:19

## TEST REPORT

Reg. No. : 403100829	Reg. Date : 23-Mar-2024 14:12	Ref.No :	Approved On : 23-Mar-2024 17:15
Name : Mr. DHAVAL PANCHAL			Collected On : 23-Mar-2024 14:27
Age : 30 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<b>PERIPHERAL BLOOD SMEAR EXAMINATION</b>			
<u>Specimen: Peripheral blood smear &amp; EDTA blood, Method:Microscopy</u>			
RBC Morphology	RBCs are normocytic normochromic.		
WBC Morphology	Total WBC and differential count is within normal limit. No abnormal cells or blasts are seen.		
Differential Count	.		
Neutrophils	42	%	38 - 70
Lymphocytes	<b>50</b>	%	21 - 49
Monocytes	05	%	3 - 11
Eosinophils	03	%	0 - 7
Basophils	00	%	0 - 2
Platelets	Platelets are adequate with normal morphology.		
Parasite	Malarial parasite is not detected.		
<b>Sample Type:</b> EDTA Whole Blood			

Test done from collected sample.

This is an electronically authenticated report.



**Approved by: Dr. Rina Prajapati**

D.C.P. DNB (Path) Page 4 of 16  
G-21793

**Generated On :** 23-Mar-2024 23:08

**Approved On:** 23-Mar-2024 17:15

## TEST REPORT

<b>Reg. No.</b> : 403100829	<b>Reg. Date</b> : 23-Mar-2024 14:12	<b>Ref.No</b> :	<b>Approved On</b> : 23-Mar-2024 16:11
<b>Name</b> : Mr. DHAVAL PANCHAL			<b>Collected On</b> : 23-Mar-2024 14:27
<b>Age</b> : 30 Years	<b>Gender</b> : Male	<b>Pass. No.</b> :	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

**FASTING PLASMA GLUCOSE**  
**Specimen: Fluoride plasma**

Fasting Plasma Glucose <small>Hexokinase</small>	107.66	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126
---	--------	-------	---

**Flouride 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.

This is an electronically authenticated report.



**Approved by: Dr. Keyur Patel**

M.B.B.S.,D.C.P(Patho) Page 5 of 16  
G- 22475

**Approved On:** 23-Mar-2024 16:11

**Generated On :** 23-Mar-2024 23:08

### TEST REPORT

Reg. No. : 403100829 Reg. Date : 23-Mar-2024 14:12 Ref.No : Approved On : 23-Mar-2024 20:06  
Name : Mr. DHAVAL PANCHAL Collected On : 23-Mar-2024 19:13  
Age : 30 Years Gender: Male Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. :  
Location :

Test Name	Results	Units	Bio. Ref. Interval
<b>POST PRANDIAL PLASMA GLUCOSE</b> <b>Specimen: Fluoride plasma</b>			
Post Prandial Plasma Glucose <i>Hexokinase</i>	L 122.03	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Keyur Patel

M.B.B.S.,D.C.P(Patho) Page 6 of 16  
G- 22475

Generated On : 23-Mar-2024 23:08

Approved On: 23-Mar-2024 20:06

## TEST REPORT

<b>Reg. No.</b> : 403100829	<b>Reg. Date</b> : 23-Mar-2024 14:12	<b>Ref.No</b> :	<b>Approved On</b> : 23-Mar-2024 15:59
<b>Name</b> : Mr. DHAVAL PANCHAL			<b>Collected On</b> : 23-Mar-2024 14:27
<b>Age</b> : 30 Years	<b>Gender:</b> Male	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

GGT	25	U/L	10 - 71
-----	----	-----	---------

*L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric*

Serum

**Uses:**

- Diagnosing and monitoring hepatobiliary disease.
- To ascertain whether the elevated ALP levels are due to skeletal disease or due to presence of hepatobiliary disease.
- A screening test for occult alcoholism.

**Increased in:**

- Intra hepatic biliary obstruction.
- Post hepatic biliary obstruction
- Alcoholic cirrhosis
- Drugs such as phenytoin and phenobarbital.
- Infectious hepatitis (modest elevation)
- Primary/ Secondary neoplasms of liver.

Test done from collected sample.

This is an electronically authenticated report.




**Approved by: Dr. Keyur Patel**

M.B.B.S.,D.C.P(Patho) Page 7 of 16  
G- 22475

**Generated On :** 23-Mar-2024 23:08

**Approved On:** 23-Mar-2024 15:59

## TEST REPORT

<b>Reg. No.</b> : 403100829	<b>Reg. Date</b> : 23-Mar-2024 14:12	<b>Ref.No</b> :	<b>Approved On</b> : 23-Mar-2024 16:00
<b>Name</b> : Mr. DHAVAL PANCHAL			<b>Collected On</b> : 23-Mar-2024 14:27
<b>Age</b> : 30 Years	<b>Gender</b> : Male	<b>Pass. No.</b> :	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b>LIPID PROFILE</b>			
CHOLESTEROL	189.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride <i>Enzymatic Colorimetric Method</i>	72.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <i>Calculated</i>	14	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <i>Calculated Method</i>	126.84	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	48.16	mg/dL	<40 >60
CHOL/HDL RATIO <i>Calculated</i>	H <b>3.92</b>		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	2.63		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	482.00	mg/dL	400 - 1000
Serum			

As a routine test to determine if your cholesterol level is normal or falls into a borderline-, intermediate- or high-risk category.  
 To monitor your cholesterol level if you had abnormal results on a previous test or if you have other risk factors for heart disease.  
 To monitor your body's response to treatment, such as cholesterol medications or lifestyle changes.  
 To help diagnose other medical conditions, such as liver disease.  
 Note : biological reference intervals are according to the national cholesterol education program ( NCEP) guidelines.

Test done from collected sample.

This is an electronically authenticated report.



**Approved by: Dr. Keyur Patel**

M.B.B.S.,D.C.P(Patho) Page 8 of 16  
G- 22475

**Generated On :** 23-Mar-2024 23:08

**Approved On:** 23-Mar-2024 16:00



## TEST REPORT

<b>Reg. No.</b> : 403100829	<b>Reg. Date</b> : 23-Mar-2024 14:12	<b>Ref.No</b> :	<b>Approved On</b> : 23-Mar-2024 16:01
<b>Name</b> : Mr. DHAVAL PANCHAL			<b>Collected On</b> : 23-Mar-2024 14:27
<b>Age</b> : 30 Years	<b>Gender</b> : Male	<b>Pass. No.</b> :	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>LIVER FUNCTION TEST</u></b>			
TOTAL PROTEIN <i>Biuret Colorimetric</i>	6.9	g/dL	6.4 - 8.3
ALBUMIN <i>Bromocresol Green(BCG)</i>	4.1	g/dL	3.2 - 5.0
GLOBULIN <i>Calculated</i>	2.80	g/dL	2.4 - 3.5
ALB/GLB <i>Calculated</i>	1.46		1.2 - 2.2
SGOT <i>Pyridoxal 5 Phosphate Activation, IFCC</i>	32.5	U/L	0 - 40
SGPT <i>Pyridoxal 5 Phosphate Activation, Ifcc</i>	36.5	U/L	0 - 41
Alkaline Phosphatase <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	56.2	U/L	40 - 130
TOTAL BILIRUBIN <i>Diazo</i>	0.89	mg/dL	0.0 - 1.2
DIRECT BILIRUBIN <i>Diazo Reaction</i>	0.12	mg/dL	0 - 0.3
INDIRECT BILIRUBIN <i>Calculated</i>	0.77	mg/dL	0.0 - 1.00
Serum			

Test done from collected sample.

This is an electronically authenticated report.



**Approved by: Dr. Keyur Patel**

M.B.B.S.,D.C.P(Patho)  
G- 22475

Page 9 of 16

**Generated On :** 23-Mar-2024 23:08

**Approved On:** 23-Mar-2024 16:01

## TEST REPORT

**Reg. No. :** 403100829    **Reg. Date :** 23-Mar-2024 14:12    **Ref.No :**    **Approved On :** 23-Mar-2024 17:49  
**Name :** Mr. DHAVAL PANCHAL    **Collected On :** 23-Mar-2024 14:27  
**Age :** 30 Years    **Gender:** Male    **Pass. No. :**    **Dispatch At :**  
**Ref. By :** APOLLO    **Tele No. :**  
**Location :**

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C) <i>High Performance Liquid Chromatography (HPLC)</i>	5.10	%	Normal: $\leq 5.6$ Prediabetes: 5.7-6.4 Diabetes: $\geq 6.5$ 6-7 : Near Normal Glycemia, <7 : Goal , 7-8 : Good Control , >8 : Action Suggested.
Mean Blood Glucose <i>( Calculated )</i>	100	mg/dL	

**Sample Type:** EDTA Whole Blood

#### 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  $\geq 200$ 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  $\geq 200$  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.

#### 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 Glycohaemoglobin Standardization Program - NGSP)
- Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Hiral Arora

M.D. Biochemistry    Page 10 of 16  
Reg. No.: G-32999

Generated On : 23-Mar-2024 23:08

Approved On: 23-Mar-2024 17:49

## TEST REPORT

Reg. No. : 403100829	Reg. Date : 23-Mar-2024 14:12	Ref.No :	Approved On : 23-Mar-2024 17:49
Name : Mr. DHAVAL PANCHAL			Collected On : 23-Mar-2024 14:27
Age : 30 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

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

**PATIENT REPORT**  
V2TURBO\_A1c\_2.0

**Patient Data**

Sample ID: 140303500654  
 Patient ID:  
 Name:  
 Physician:  
 Sex:  
 DOB:

**Analysis Data**

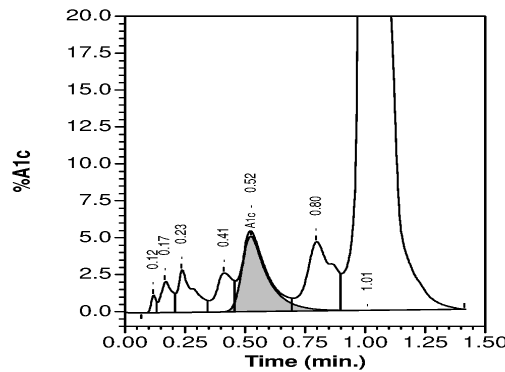
Analysis Performed: 23/03/2024 17:25:22  
 Injection Number: 12692  
 Run Number: 546  
 Rack ID:  
 Tube Number: 9  
 Report Generated: 23/03/2024 17:34:35  
 Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.2	0.116	3299
A1a	---	0.8	0.166	12639
A1b	---	1.5	0.234	24819
LA1c	---	1.6	0.412	26551
A1c	5.1	---	0.524	72603
P3	---	3.9	0.795	66040
Ao	---	87.7	1.008	1469045

Total Area: 1,674,997

**HbA1c (NGSP) = 5.1 %**



Test done from collected sample.

This is an electronically authenticated report.



*Hiral*  
**Approved by: Dr. Hiral Arora**

M.D. Biochemistry   Page 11 of 16  
Reg. No.: G-32999

**Generated On :** 23-Mar-2024 23:08

**Approved On:** 23-Mar-2024 17:49

### TEST REPORT

**Reg. No. :** 403100829 **Reg. Date :** 23-Mar-2024 14:12 **Ref.No :** **Approved On :** 23-Mar-2024 23:08  
**Name :** Mr. DHAVAL PANCHAL **Collected On :** 23-Mar-2024 14:27  
**Age :** 30 Years **Gender:** Male **Pass. No. :** **Dispatch At :**  
**Ref. By :** APOLLO **Tele No. :**  
**Location :**

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine), Total <small>CMIA</small>	1.14	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	8.18	µg/dL	4.6 - 10.5
TSH (Thyroid stimulating hormone) <small>CMIA</small>	1.224	µIU/mL	0.35 - 4.94

**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.



Vijay

**Approved by:** Dr. Vijay Prajapati

**M.D. (Path)**  
**G - 12976**

Page 12 of 16

**Generated On :** 23-Mar-2024 23:08

**Approved On:** 23-Mar-2024 23:08

## TEST REPORT

Reg. No. : 403100829	Reg. Date : 23-Mar-2024 14:12	Ref.No :	Approved On : 23-Mar-2024 15:58
Name : Mr. DHAVAL PANCHAL			Collected On : 23-Mar-2024 14:27
Age : 30 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>URINE ROUTINE EXAMINATION</u>			
<b><u>Physical Examination</u></b>			
Colour	Pale Yellow		
Clarity	Clear		
<b><u>CHEMICAL EXAMINATION (by strip test)</u></b>			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.005		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Negative		Nil
Leucocytes	Nil		Nil
Blood	Absent		Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	Nil		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Nil		Nil
Monilia	Nil		Nil
T. Vaginalis	Nil		Nil
Urine			

Test done from collected sample.

This is an electronically authenticated report.



**Approved by: Dr. Keyur Patel**

M.B.B.S.,D.C.P(Patho) Page 13 of 16  
G- 22475

**Generated On :** 23-Mar-2024 23:08

**Approved On:** 23-Mar-2024 15:58

## TEST REPORT

Reg. No. : 403100829 Reg. Date : 23-Mar-2024 14:12 Ref.No : Approved On : 23-Mar-2024 16:01  
Name : Mr. DHAVAL PANCHAL Collected On : 23-Mar-2024 14:27  
Age : 30 Years Gender: Male Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. :  
Location :

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.86	mg/dL	0.67 - 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.

This is an electronically authenticated report.



Approved by: Dr. Keyur Patel

M.B.B.S.,D.C.P(Patho) Page 14 of 16  
G- 22475

Generated On : 23-Mar-2024 23:08

Approved On: 23-Mar-2024 16:01

## TEST REPORT

Reg. No. : 403100829 Reg. Date : 23-Mar-2024 14:12 Ref.No : Approved On : 23-Mar-2024 16:01  
Name : Mr. DHAVAL PANCHAL Collected On : 23-Mar-2024 14:27  
Age : 30 Years Gender: Male Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. :  
Location :

Test Name	Results	Units	Bio. Ref. Interval
Urea	24.6	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.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Keyur Patel

M.B.B.S.,D.C.P(Patho) Page 15 of 16  
G- 22475

Generated On : 23-Mar-2024 23:08

Approved On: 23-Mar-2024 16:01

## TEST REPORT

<b>Reg. No.</b> : 403100829	<b>Reg. Date</b> : 23-Mar-2024 14:12	<b>Ref.No</b> :	<b>Approved On</b> : 23-Mar-2024 22:43
<b>Name</b> : Mr. DHAVAL PANCHAL			<b>Collected On</b> : 23-Mar-2024 14:27
<b>Age</b> : 30 Years	<b>Gender:</b> Male	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>ELECTROLYTES</u></b>			
Sodium (Na+) <small>Method:ISE</small>	142.00	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	3.9	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>Method:ISE</small>	101.00	mmol/L	98 - 107

**Sample Type:** 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. Vijay Prajapati

M.D. (Path)  
G - 12976

Page 16 of 16

**Generated On :** 23-Mar-2024 23:08

**Approved On:** 23-Mar-2024 22:43





<b>NAME</b>	PANCHAL DHAVAL SANJAYKUMAR		
<b>AGE/ SEX</b>	30 yrs /M	<b>DATE</b>	23.03.2024
<b>REF. BY</b>	HEATH CHECKUP	<b>DONE BY</b>	Dr. Parth Thakkar Dr. Abhimanyu Kothari

## 2D ECHO CARDIOGRAPHY & COLOR DOPPLER STUDY

### FINDINGS:-

- Normal LV systolic function, LVEF= 60%.
- No RWMA at rest.
- Normal LV Compliance.
- LV & LA are of normal size.
- RA & RV are of normal size.
- Intact IAS & IVS.
- All valves are structurally normal.
- Trivial MR, No AR, No PR.
- Trivial TR, No PAH, RVSP=25 mmHg.
- No Clots or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size and preserved respiratory variation.

### MEASUREMENTS:-

LVIDD	33 (mm)	LA	26 (mm)
LVIDS	21 (mm)	AO	22 (mm)
LVEF	60%	AV cusp	
IVSD / LVPWD	10/10 (mm)	EPSS	

### DOPPLER STUDY:-

Valve	Velocity (M/sec)	Max gradient (MmHg)	Mean gradient (Mm Hg)	Valve area Cm <sup>2</sup>
Aortic	0.9	5		
Mitral	E:0.5 A:0.7			
Pulmonary	0.8	3.0		
Tricuspid	1.1	20		

### 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/PS.
- Trivial TR, No PAH, RVSP=25 mmHg.
- Normal IVC

**DR. PARTH THAKKAR**  
 MD (Med.) DNB (Cardiology)  
 Interventional Cardiologist  
 DR-32946  
 MD (Med.), Dr NB (Cardiology)  
 Interventional Cardiologist  
 7990179258

**DR. ABHIMANYU D. KOTHARI**  
 MD (Med.), DM (Cardiology)  
 Interventional Cardiologist  
 9714675115

# CONCEPT DIAGNOSTICS

Sahajanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaraunt, Prahlanadnagar, Ahmedabad Email:

Report



1225 / PANCHAL DHAVAL SANJAYKUMAR / 30 Yrs / M / 185 Cms / 91 Kg / NonSmoker  
 Date: 23 / 03 / 2024 12:11:48 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	085	45 %	120/80	102	00	
Standing	00:07	0:03	00.0	00.0	01.0	085	45 %	120/80	102	00	
HV	00:13	0:06	00.0	00.0	01.0	085	45 %	120/80	102	00	
ExStart	00:19	0:06	01.7	10.0	01.1	085	45 %	120/80	102	00	
BRUCE Stage 1	03:19	3:00	01.7	10.0	04.7	128	67 %	128/86	163	00	
BRUCE Stage 2	06:19	3:00	02.5	12.0	07.1	155	82 %	138/90	213	00	
PeakEx	07:29	1:10	03.4	14.0	08.3	181	95 %	138/90	249	00	
Recovery	07:59	0:30	01.1	00.0	04.1	165	87 %	138/90	227	00	
Recovery	08:29	1:00	01.1	00.0	01.1	152	80 %	138/90	209	00	
Recovery	09:29	2:00	00.0	00.0	01.0	132	69 %	134/80	176	00	
Recovery	10:29	3:00	00.0	00.0	01.0	132	69 %	132/80	174	00	
Recovery	10:51				00.0	000	0 %	---/---	000	00	

## FINDINGS :

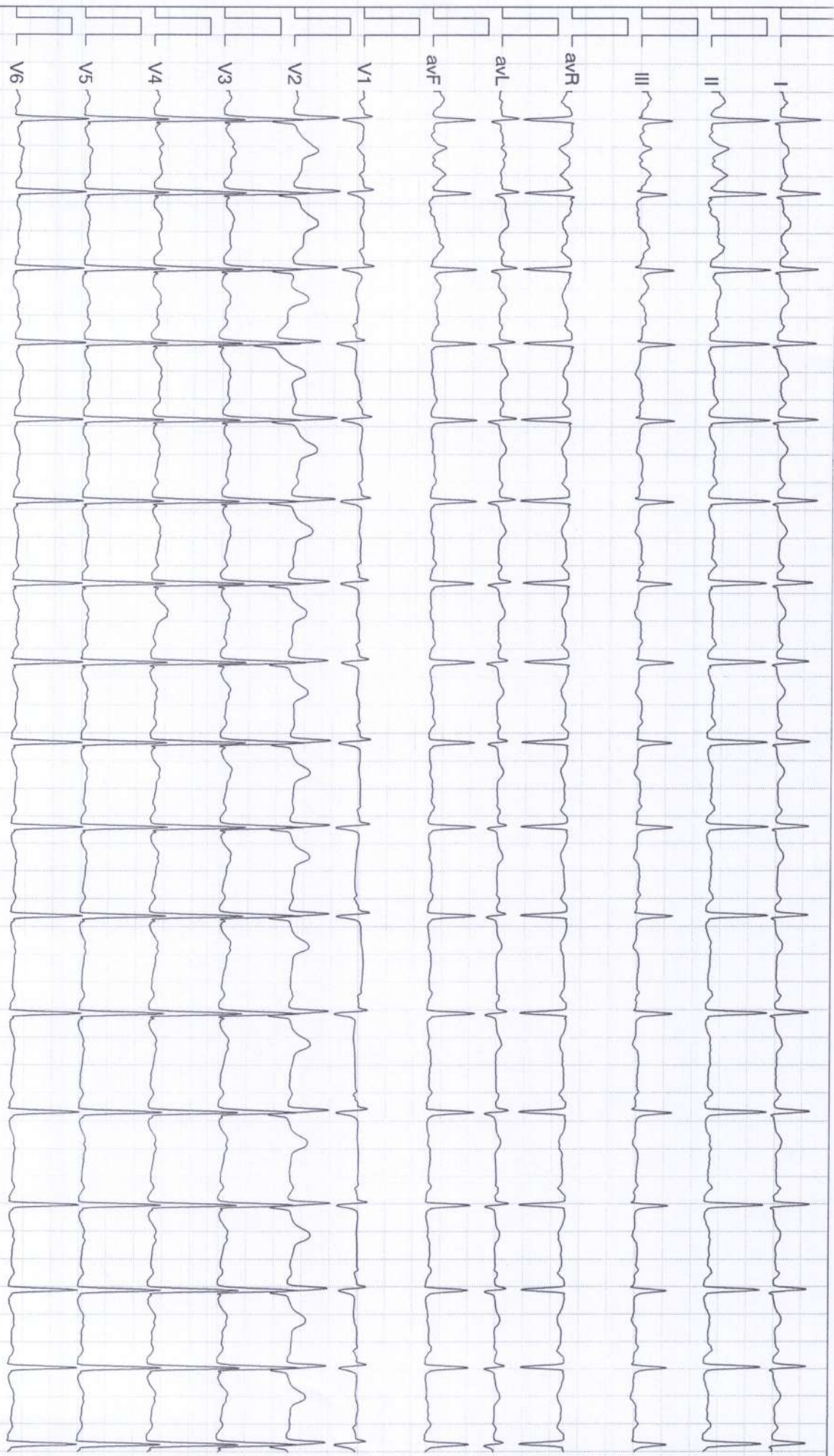
**Exercise Time** : 07:10  
**Initial HR (ExStrt)** : 85 bpm 45% of Target 190  
**Initial BP (ExStrt)** : 120/80 (mm/Hg)  
**Max Workload Attained** : 8.3 Fair response to induced stress  
**Duke Treadmill Score** : 05.8  
**Test End Reasons** : Fatigue, Heart Rate Achieved , Test Complete, Heart Rate Achieved  
**REPORT :**

TEST IS MILD POSITIVE TO INDUCED ISCHEMIA.

**Max HR Attained** 181 bpm 95% of Target 190  
**Max BP Attained** 138/90 (mm/Hg)  
**VO2Max** : 29.1 ml/Kg/min (Very Poor)



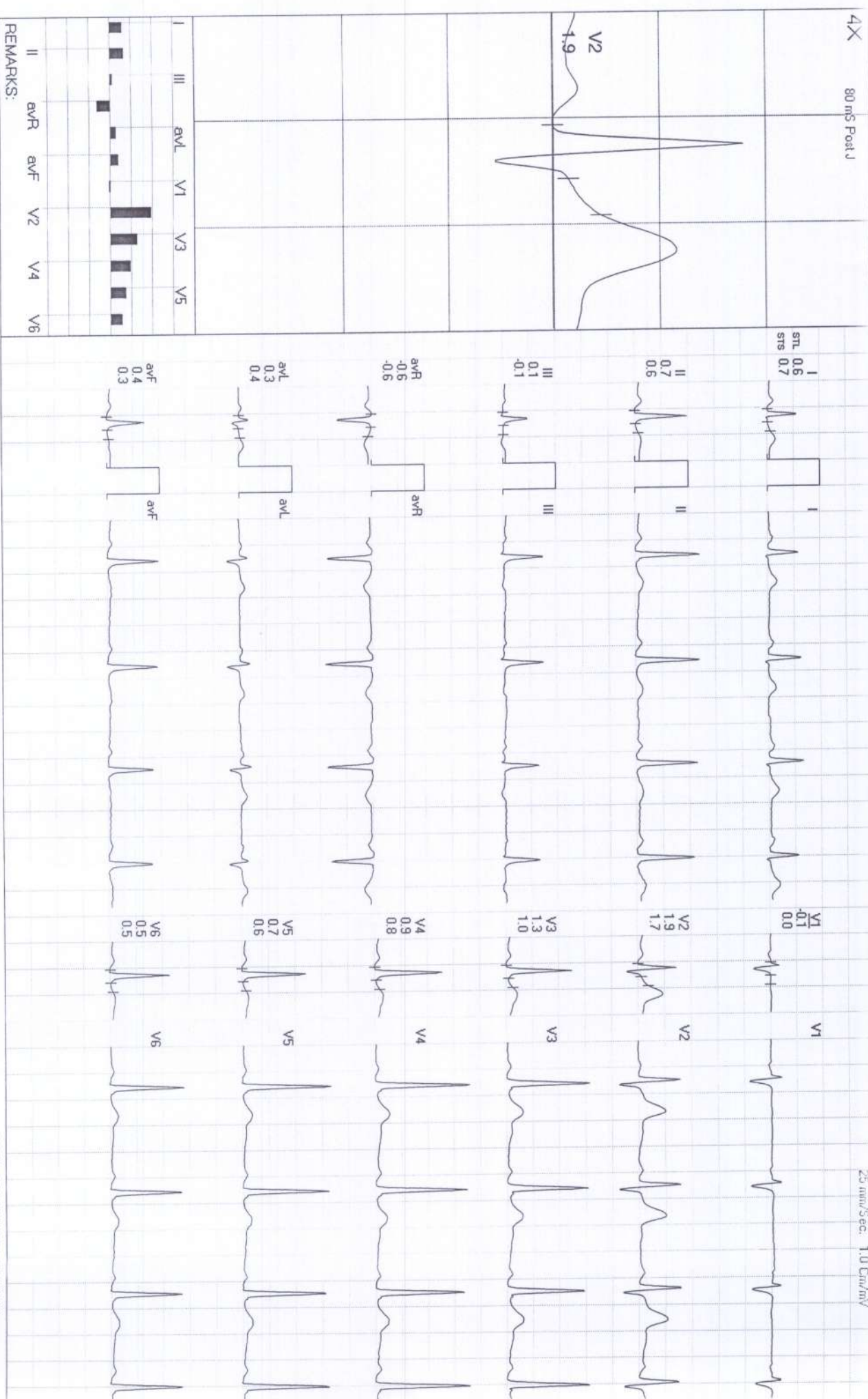
12/25/2024 12:11:45 PM BRP / ECG On Notch On HF 0.05 Hz LF 100 Hz



ECG: 4X 80 ms Post J

STL 0.6 STS 0.7  
I 0.6 II 0.7 III 0.1  
aVR -0.6 aVL 0.3 aVF 0.4  
V1 -0.1 V2 1.7 V3 1.0 V4 0.9 V5 0.7 V6 0.5

Raw ECG, D12C On/Notch On/ HF 0.05 Hz/LF 100 Hz  
25 mm/Sec. 1.0 Cm/mV  
EXTime: 00:00 0.0 mpr. 0.0%



REMARKS:

(ADX\_GEM217220330)(A)Allengers

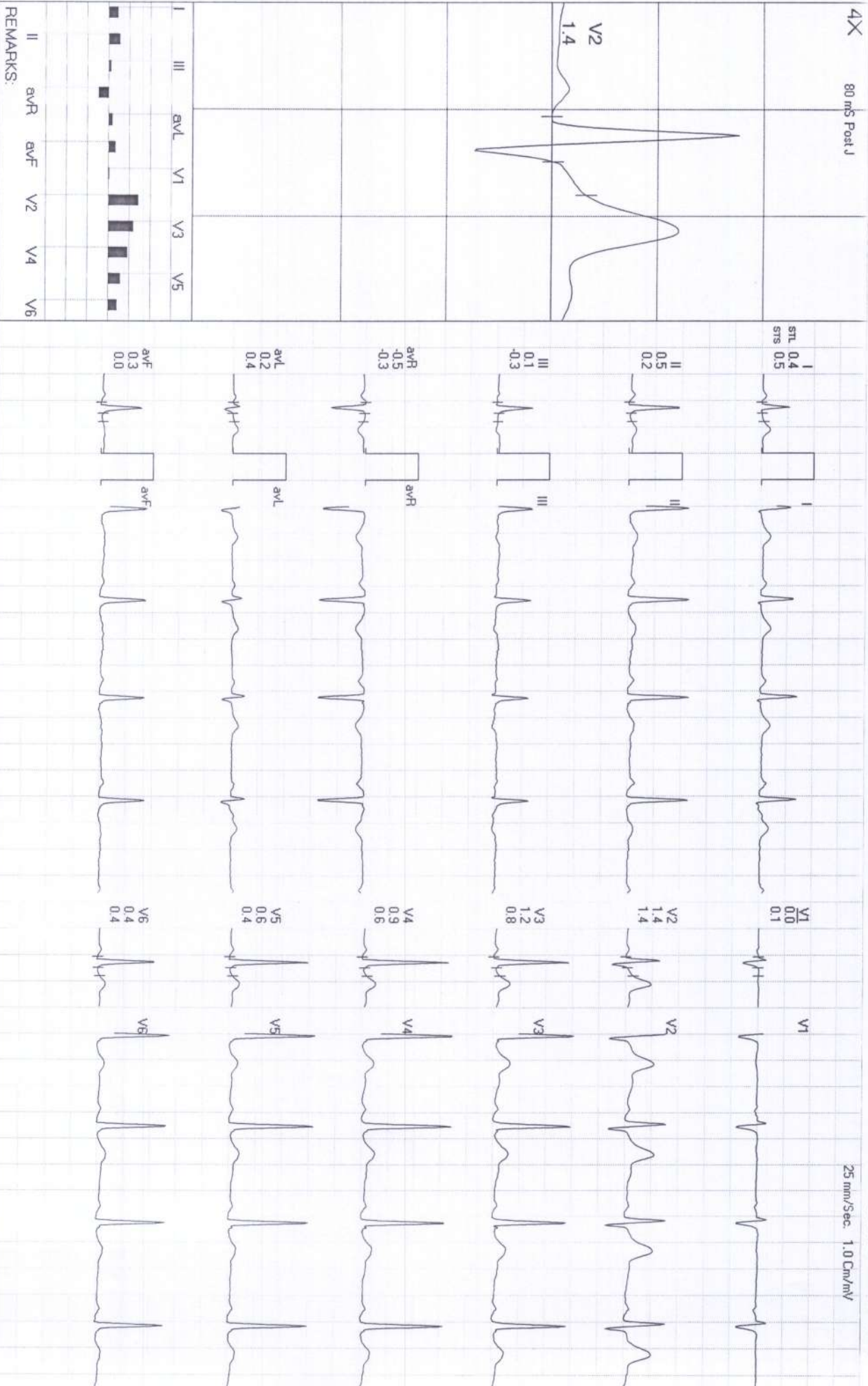
12207203300 (A) ALLIENGERS / 30 YRS / M / 185 Cms / 91 Kg / HR : 71

P: 99 ms PR: 160 ms QRS: 87ms QT: 370ms QTc: 410ms ST-T: 0.0mV STc: 0.0mV

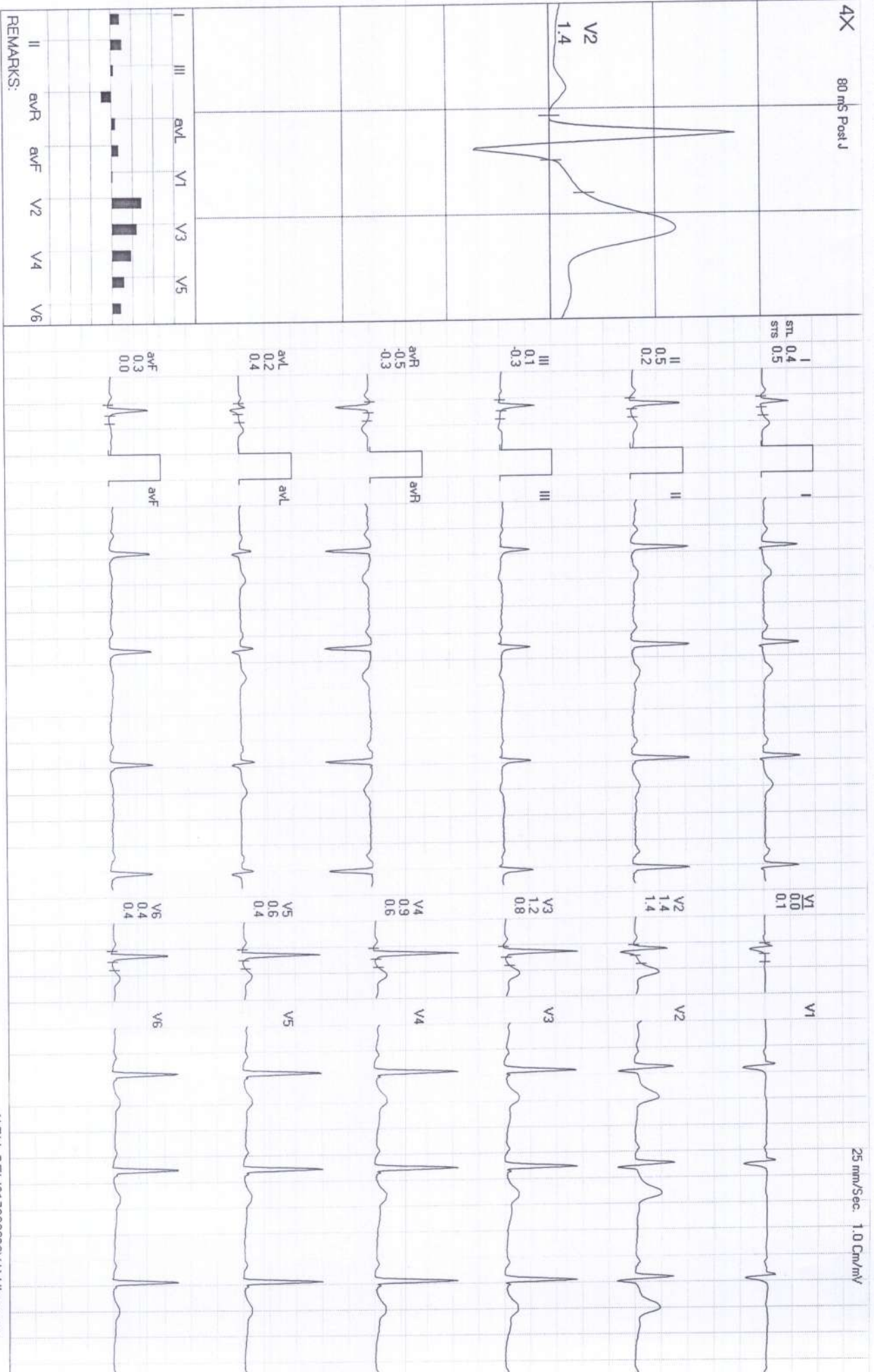
ECG Time: 00:00:00 mmh 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



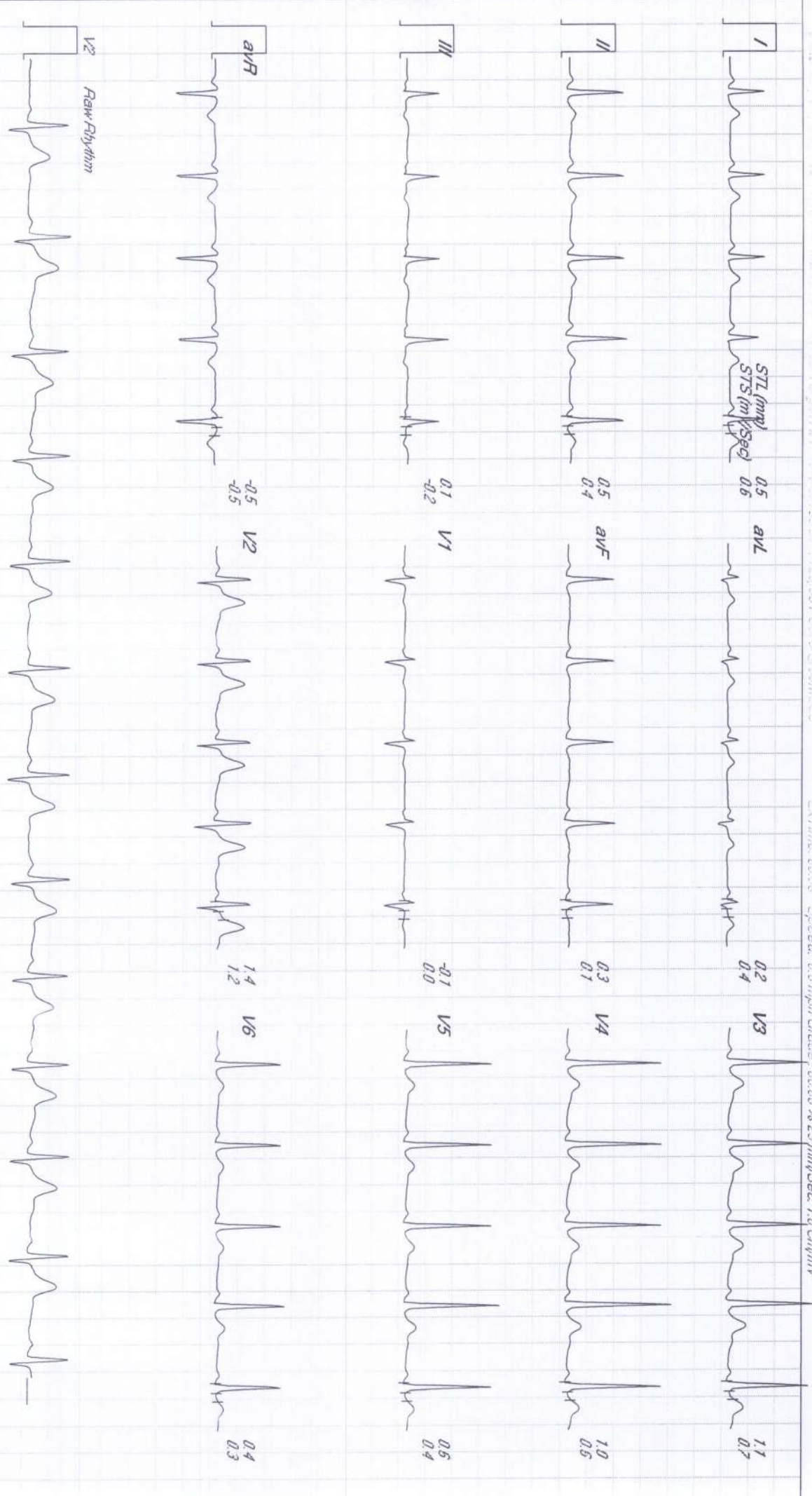
REMARKS:



REMARKS:

(ADX\_GEM217220330)(A)Allengers

Examine level speed 40mm/Sec. width 2.5mm/Sec. 14cm/10V





I  
STL (mm) 0.5  
STV (mV/sec) 0.8

aVL 0.7  
1.0

V3 0.7  
1.5

II  
-0.6  
-0.3

aVF -0.7  
-0.8

V4 0.4  
1.1

III  
-0.9  
-1.2

V1 -0.2  
0.1

V5 0.3  
1.0

aVR  
0.1  
-0.3

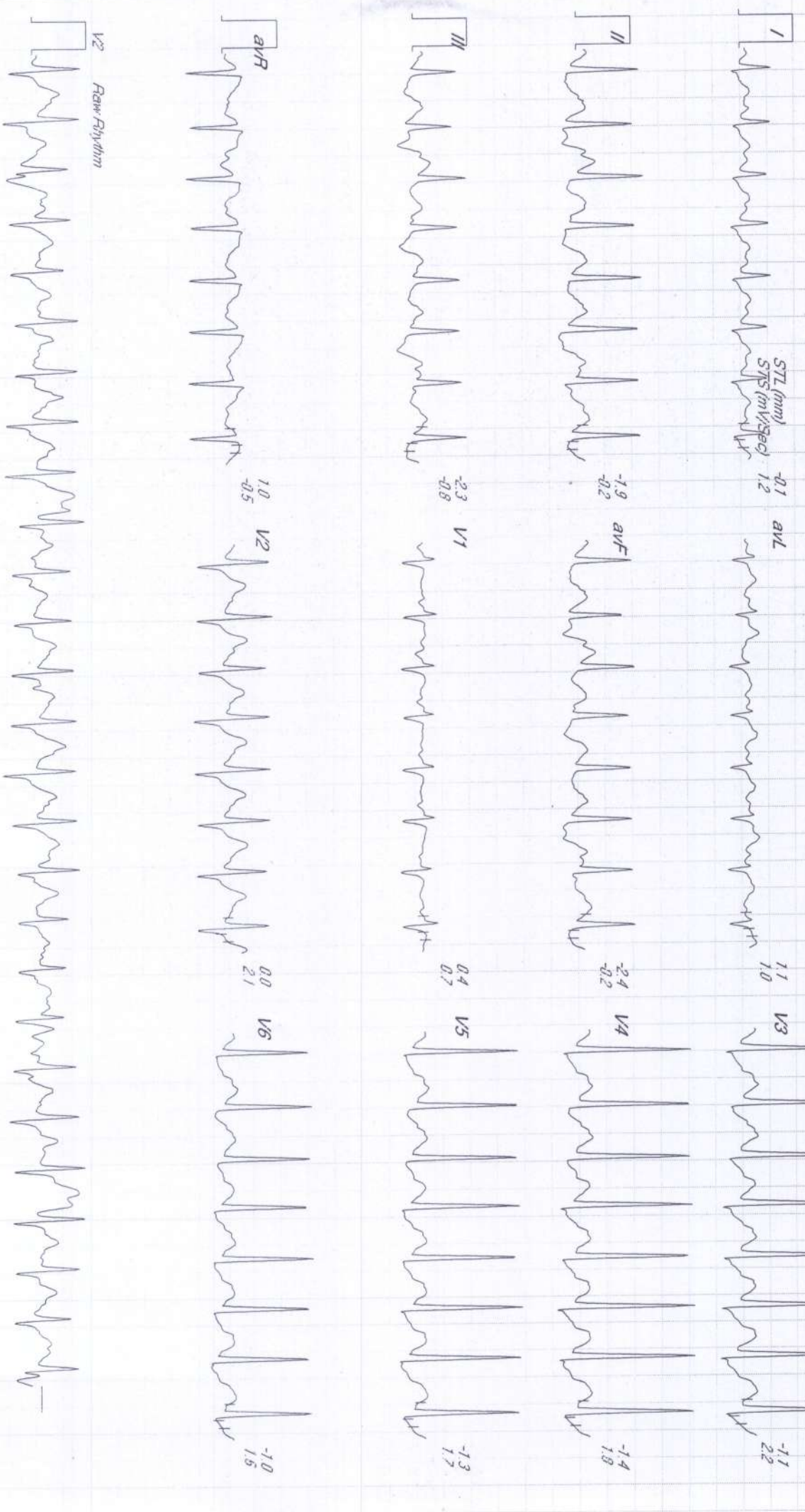
V2 0.9  
1.9

V6 0.3  
0.9

V2 Raw Rhythm

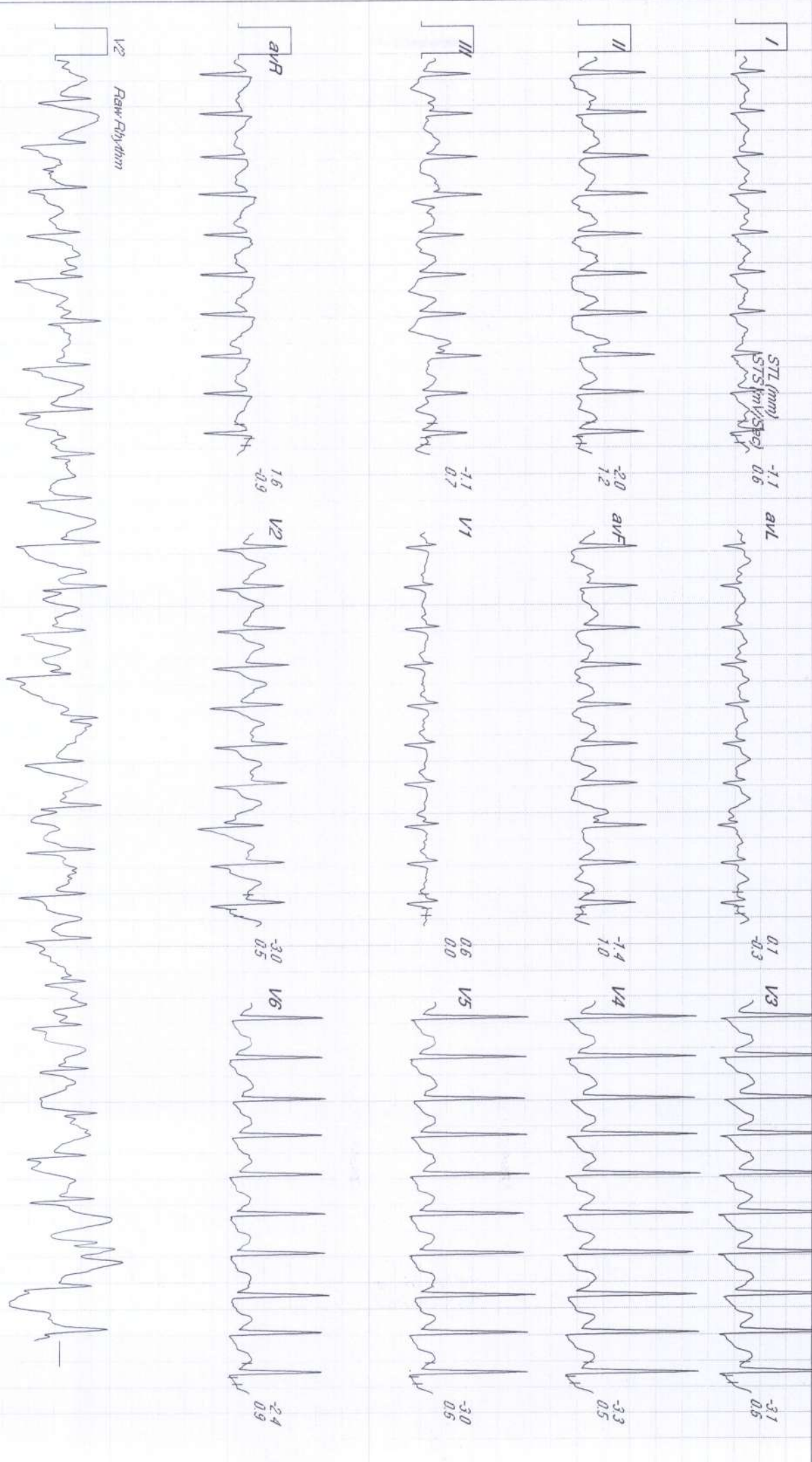


Date: 23/03/2024 12:11:48 PM METS : 7.1 HR : 155 Target HR : 82% of 190 BP : 138/80 Post J @60mSec  
 ExTime: 06:00 Speed: 2.5 mph Grade : 12.0% 25 mm/Sec 1.0 Cm/mV



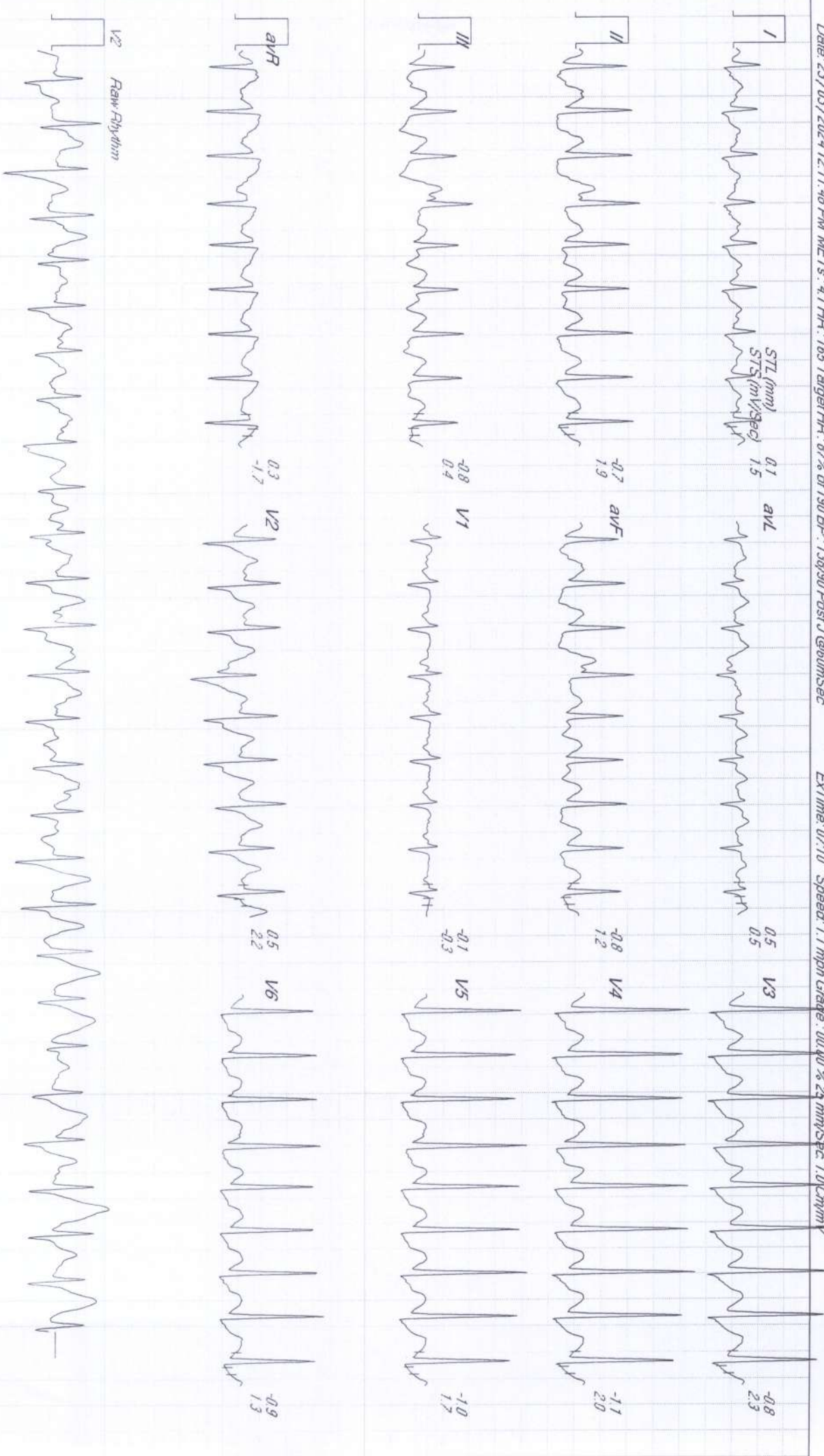


Date: 23/03/2024 12:11:48 PM METs: 8.3 HR: 181 Target HR: 95% of 190 BP: 138/90 Post J @60mSec EXTime: 07:10 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec 1.0 Cm/mV



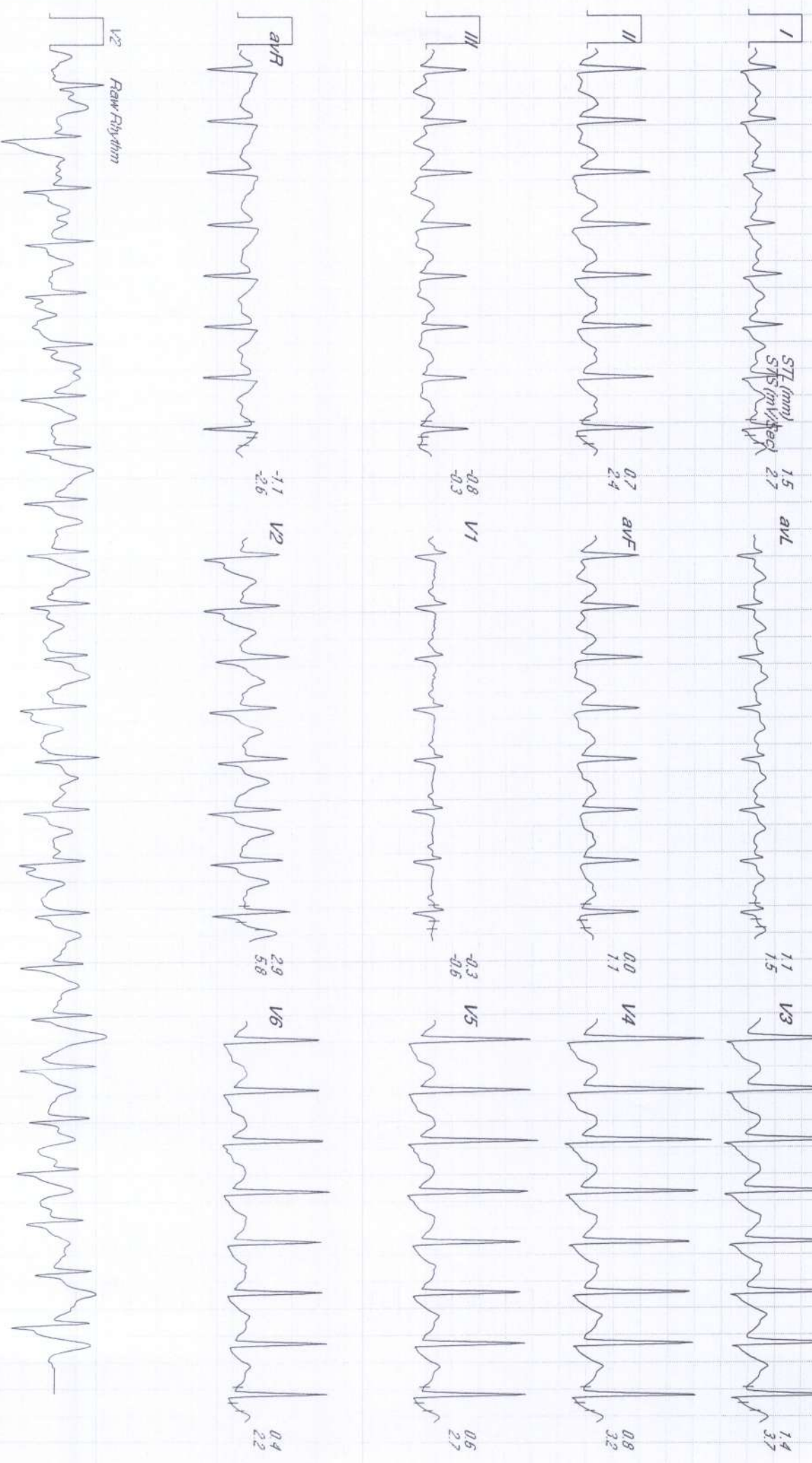


Date: 23/03/2024 12:11:48 PM METs: 4.1 HR: 165 Target HR: 87% at 190 BP: 138/90 Post J @60mSec ExtTime: 07:10 Speed: 1.1 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



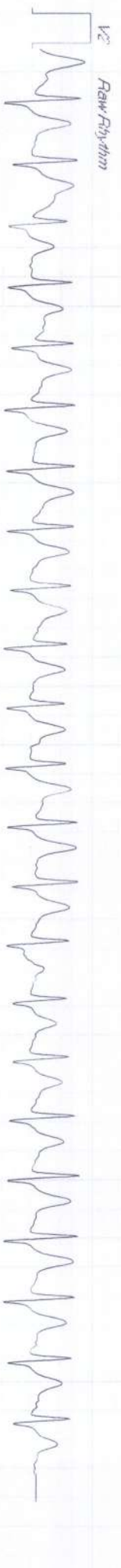
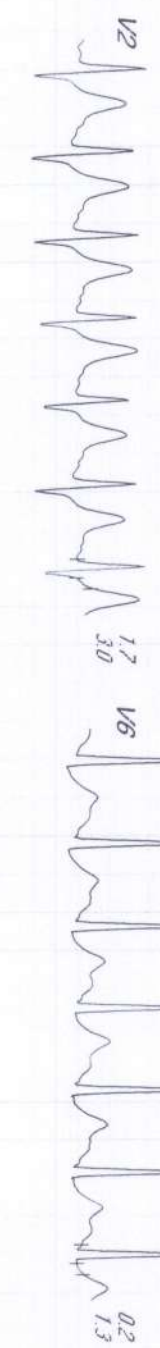
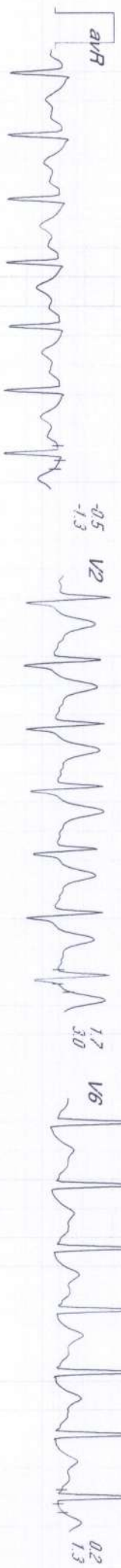
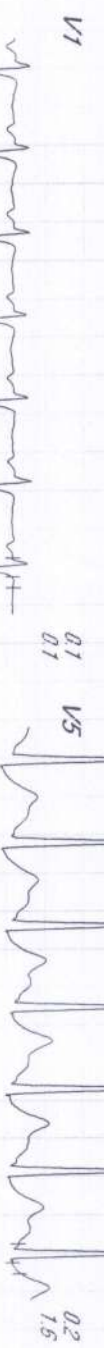
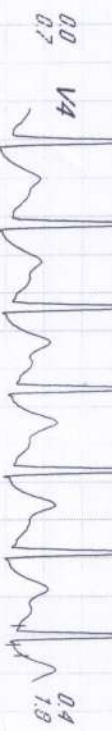
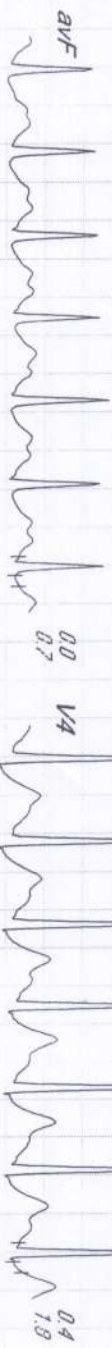
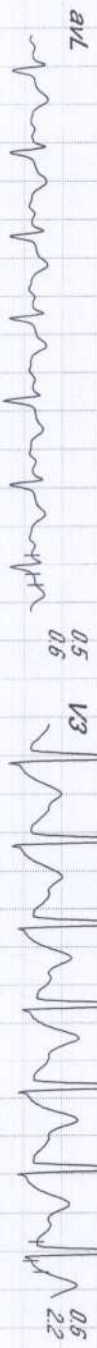


Date: 23/03/2024 12:11:48 PM METs : 1.1 HR : 152 Target HR : 80% of 190 BP : 138/90 Post J @ 60mSec ExTime: 07:10 Speed: 1.1 mph Grade : 00.00 % 25 rpm/Sec 1.0 Cm/mV





Date: 23/03/2024 12:11:48 PM METS: 1.0 HR: 132 Target HR: 69% of 190 BP: 134/80 Post J @60mSec EXTime: 07:10 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV





Date: 23/03/2024 12:11:48 PM METs : 1.0 HR : 132 Target HR : 69% of 190 BP : 132/80 Post J @60mSec  
 ExTime: 07:10 Speed: 0.0 mph Grade : 00.00 % 25 min/Sec 1.0 Cm/mV



V2 Raw Rhythm



Date: 23/03/2024 12:11:48 PM METS: 1.0 HR: 124 Target HR: 65% of 190 BP: 128/80 Post J @80mSec ExtTime: 07:10 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



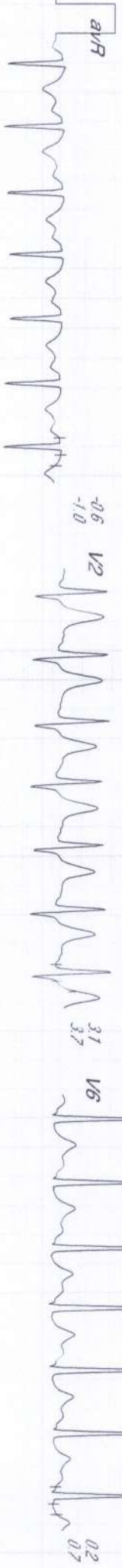
I avL 0.8 0.8 V3 0.8 1.4



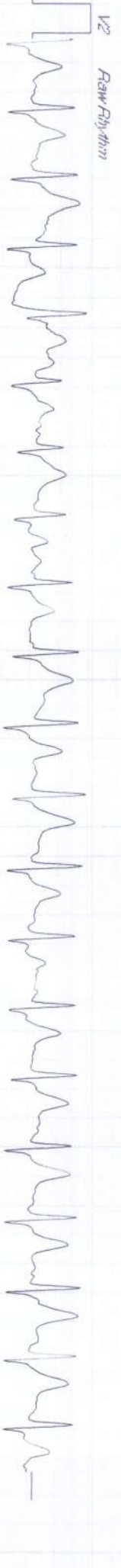
II avF 0.4 0.2 V4 0.4 1.7



III V1 0.5 0.1 V5 0.3 0.9



aVR 0.6 0.6 V2 0.6 3.7 V6 0.2 0.7







<b>NAME :</b>	<b>DHAVAL PANCHAL</b>	<b>DATE :</b>	<b>23/03/2024</b>
<b>AGE/SEX:</b>	<b>30Y/M</b>	<b>REG.NO :</b>	<b>00</b>
<b>REFERRED BY: HEALTH CHECK UP</b>			

## USG ABDOMEN

**LIVER:** normal in size & bright in echotexture s/o fatty liver grade I. No evidence of dilated IHBR. No evidence of focal or diffuse lesion. CBD & Portal vein appears normal.

**GALL-BLADDER:** normal, No evidence of Gall Bladder calculi.

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

**SPLEEN:** normal in size & shows normal echogenicity.

**KIDNEYS:** Right kidney measures 119 x 53 mm. Left kidney measures 125 x 52 mm. Both kidneys appear normal in size & echotexture. No evidence of calculus or hydronephrosis on either side.

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

**PROSTATE:** normal in size & echotexture.

No evidence of Ascites.

No evidence of significant lymphadenopathy.

### **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.

### **CONCLUSION:**

- Fatty liver grade I.

Dr. Vidhi Shah  
M.D. Radiologist  
41469

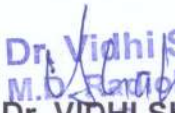
Dr. VIDHI SHAH  
MD RADIODIAGNOSIS



NAME :	PANCHAL DHAVAL S	DATE :	23/03/2024
AGE/SEX:	30Y/M	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  
M.D. Radiologist  
Dr. VIDHI SHAH  
MD RADIODIAGNOSIS

