

PANCHMUKHI HOSPITAL

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639,8320711901

Dr CP Dadhaniya

Dr R C Dadhaniya

MBBS, Dip.G.O, Diabetologist

policy number :
full name : Solanki sangitaben HIRAJI
identity proof : Aadhar card
identity proof no : 7917
gender : female / 46
height : 155
weight : 72
B P : 120/80
pluse : 62/min
blood sample : yes
fasting mode : yes
non fasting mode : yes

past history : L.S.G. on dm 11-02-2006

Dental : Healthy

Colour vision : normal

J S. M. SOLANKI

DR. C. P. DADHANIYA

M.B. Diabetologist

Ind. Physician (G.O)

Regd. No. G.O. 3

Code No. 378-3

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.



NAME: Solanki Sunjitaben
AGE/GENDER: 46 / female

DATE: 13-04-24

PATIENT'S REFRACTION DEATILES

		SPHE	CYL	AXIS	VN
R	D	2	2	2	6/6
	N	2			6/6
L	D	2	2	2	6/6
	N	2			6/6

REMARKS:

CHECKED BY: DR. C. P. DEDHANIA

DR. C. P. DEDHANIA
M.B. Diabetologist
Ind. Physician (CIH)
Regd. No. G19798
Code No. 378943

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

Site. SOLANKI

gender

: female / 46

10mm/mV AUTO

10mm/mV

I

aVR

II

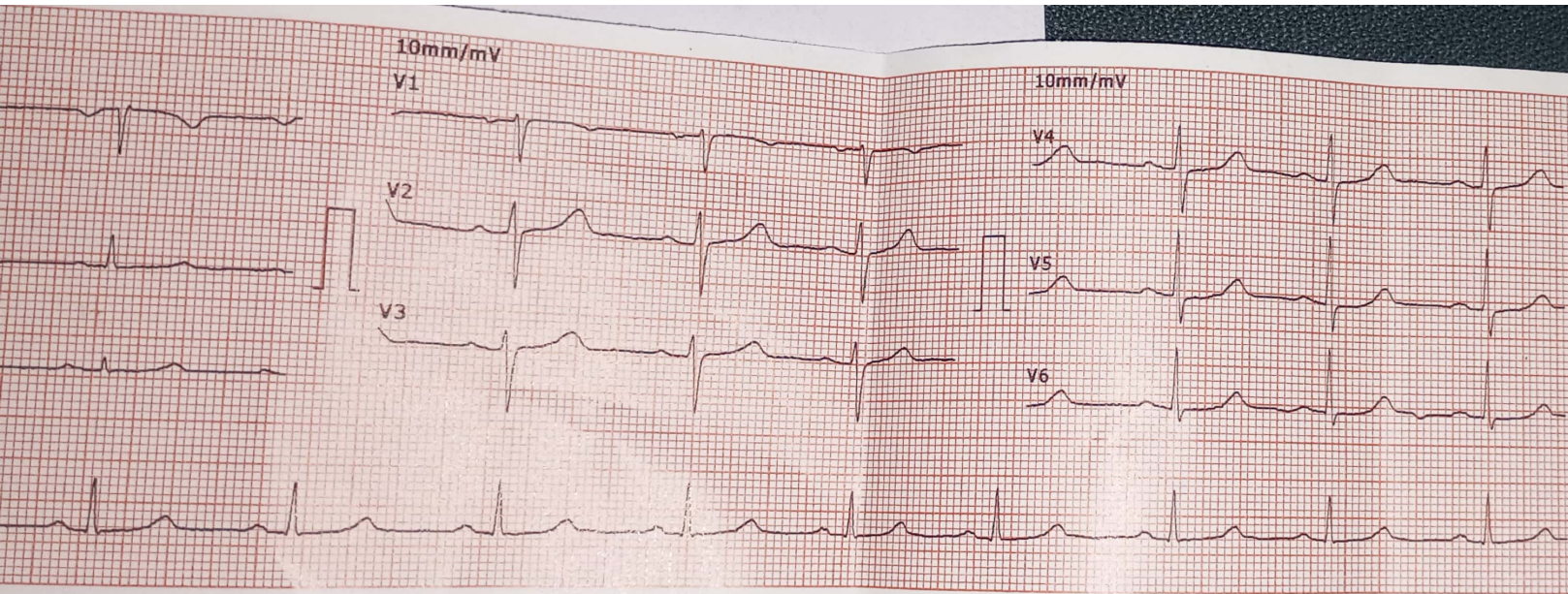
aVL

III

aVF

I 10mm/mV

25mm/s AC:ON 0.05-35Hz



S. HOSKOTI

2024-4-13 9:53:37 ID:00003947
 ID Card:
 Name: Sangitabe ~~Prerna~~ female
 Age:
 Weight (kg):
 Height (cm):
 HR: 82 bpm
 P-R:
 Q-R-S:
 QT/QTc:
 P/QRS/T:
 RVS/SV1: 0.84/0.48 mV
 RVS+SV1: 1.32 mV

*The result must be confirmed by doctor!
 Report Confirmed by:

DR. C. K. DADHANI
 M.B. Diabetologist
 ind. Physician (CIH)
 Regd. No. G19798
 Code No. 378943
 Panchmukhi Hospital
 150 Ft. Ring Road. RAJKOT

3094 6411 7917

મારો આધાર, મારી ઓળખ



ભારત સરકાર

Government of India



Issue Date: 20/01/2014

સોલંકી સંગીતાબેન હરસુખ

Solanki Sangitaben Harsukh

જન્મ તારીખ / DOB: 19/06/1979

સ્ત્રી / Female

3094 6411 7917

મારો આધાર, મારી ઓળખ

ensure security.

- Entities seeking **Aadhaar** are obligated to seek due consent.

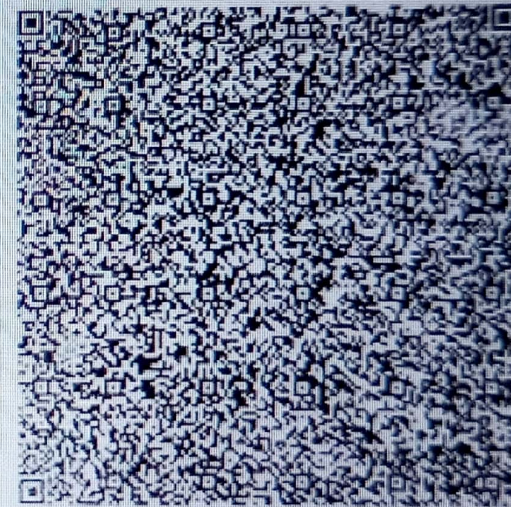


भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India



सरनामुं: नीलकंठ नगर, प्लोट नंबर-13/14, खलीलपुर रोड,
जोशीपरा, जुनागढ, गुजरात, 362002

Address: nilkanth nagar, plot number-13/14,
khalilpur road, Joshipura (m), Junagadh,
Gujarat, 362002



3094 6411 7917



1947



help@uidai.gov.in



www.uidai.gov.in





 **GPS Map**
Camera Lite

1-R, Ring Rd, near Mahiraj Hotel, Poonam Society, Om
Nagar, Rajkot, Gujarat 360004, India

Latitude

22.2656389°

Longitude

70.7845712°

Local 10:05:44 AM

GMT 04:35:44 AM

Altitude 145 meters

Saturday, 13.04.2024



Scanned with OKEN Scanner

Pt.'s. Name: SOLANKI SANGITABEN

Date: 13 April 2024

SONO MAMMOGRAPHY OF BOTH BREAST

Done by using 6-15 MHz High frequency transducer.

- Both breast parenchyma appear normal.
- No evidence of focal solid and cystic lesion seen.
- No evidence of abnormal calcification.
- No evidence of enlarged axillary lymph node.

CONCLUSION:

- **No significant abnormality seen in present study.**

Thanks for reference.



DR PRATIK KAGATHARA
MD

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

SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS

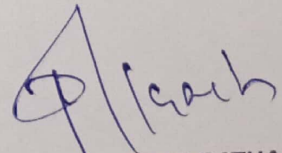
Pt.'s Name: SOLANKI SANGITABEN

Date: 13 April, 2024

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

ULTRASOUND | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS

PATIENT NAME : SOLANKI SANGITABEN

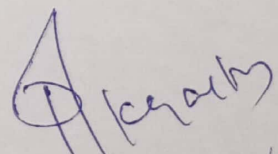
DATE: 13 April 2024

USG ABDOMEN AND PELVIS

- **LIVER:** is normal in size and shows normal parenchymal echotexture. No focal or diffuse lesions are seen. The intra hepatic biliary and portal radicles are normal. The portal vein and CBD are normal.
- **GALL BLADDER:** Well distended and appears unremarkable. No evidence of calculus or cholecystitis is seen. Gall bladder wall thickness appears normal.
- **PANCREAS:** appears normal in size and echotexture. No focal lesion seen. No evidence of peripancreatic inflammatory changes.
- **SPLEEN:** is normal in size and echotexture. No evidence of focal or diffuse lesion seen.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No evidence of calculus or hydronephrosis on either side.
- **URINARY BLADDER:** well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **UTERUS:** is normal in size, shape and position. Endometrial thickness measures 4.0 mm. Endometrial & myometrial echotexture is normal. **intra muscular fibroid of size about 19.0 x 13.0 mm is seen in posterior uterine wall. 12.0 x 11.0 mm sized intra muscular fibroid is seen in anterior uterine wall**
- **BOTH OVARIES** are normal in size & echotexture. No focal solid or cystic lesions are seen. No adnexal mass is seen
- No free fluid is seen in the POD. Visualized bowel loops appears unremarkable, No evidence of necrotic lymphadenopathy is seen. RIF/ LIF clear. Bilateral C-P angel clear.

CONCLUSION:

- **intra muscular fibroids in anterior and posterior uterine wall**


DR PRATIK KAGATHARA
MD

Thanks for reference.

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



ECHOCARDIOGRAPHY & COLOR DOPPLER

Patient Name : Solanki Sangitaben
Ref.By : Dr Dadhaniya Sir

Age/Sex : 46/F
Date : 13/4/24

SUMMARY OF 2D ECHO

LA, LV size Normal

Concentric LVH (IVSd – 1.37 cm, LVIDd-4.04cm, LVPWd-1.33cm, IVSs-1.72cm, LVIDs-2.59cm, LVPWs-1.11cm)

No RWMA at rest

Overall LVEF –60 %.

RA , RV size and function Normal

All valves appear Normal in structure

No E/O Vegetation / clot /Pericardial effusion

IAS / IVS intact

No shunt across great vessels

IVC Size Normal 14 mm and collapsing > 50% on deep inspiration

Colour Doppler

Mitral Valve: E/A ratio 1.2 , TDI s/o E*>A*
No MR

Tricuspid Valve: Trivial TR , CW TR jet 30xmmHg
Estimated PASP 35 mm Hg

Aortic Valve: No AR
No significant LVOT gradient - AV PG Max 9 mm Hg

Pulmonary Valve : No PR , PV Max PG 8mm Hg

FINAL IMPRESSION

Good LV systolic function at rest
Concentric LVH

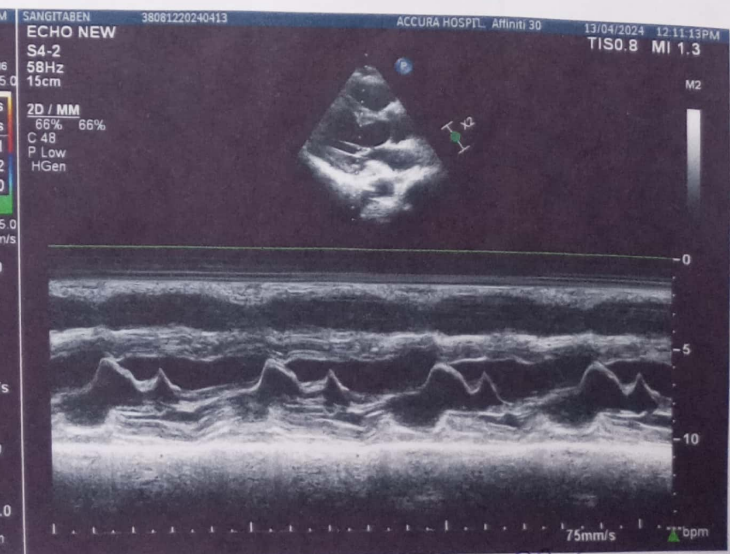
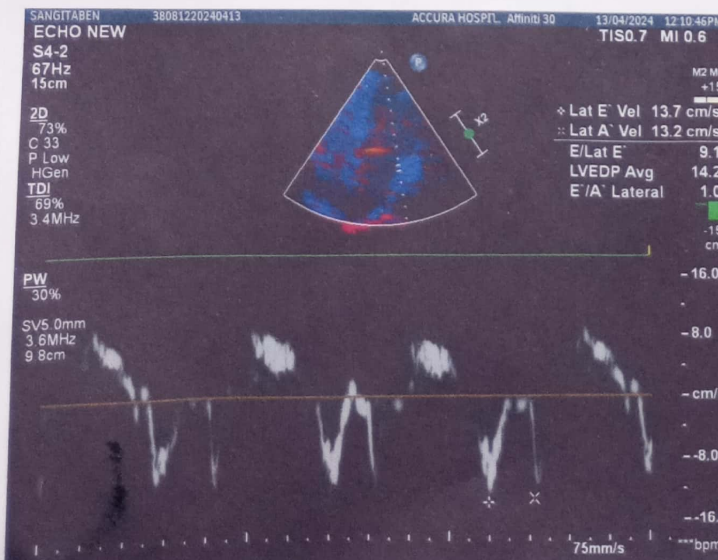
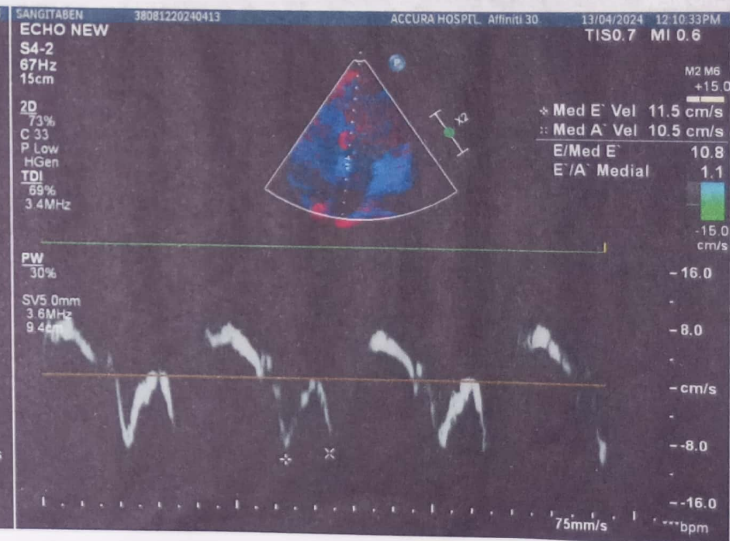
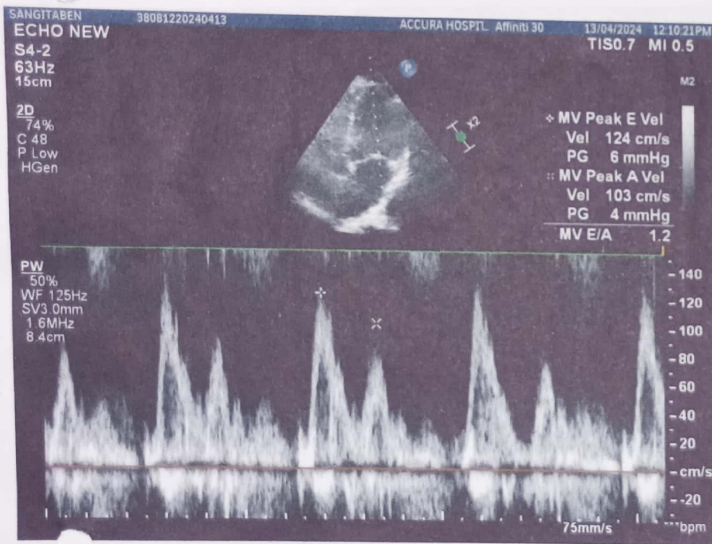
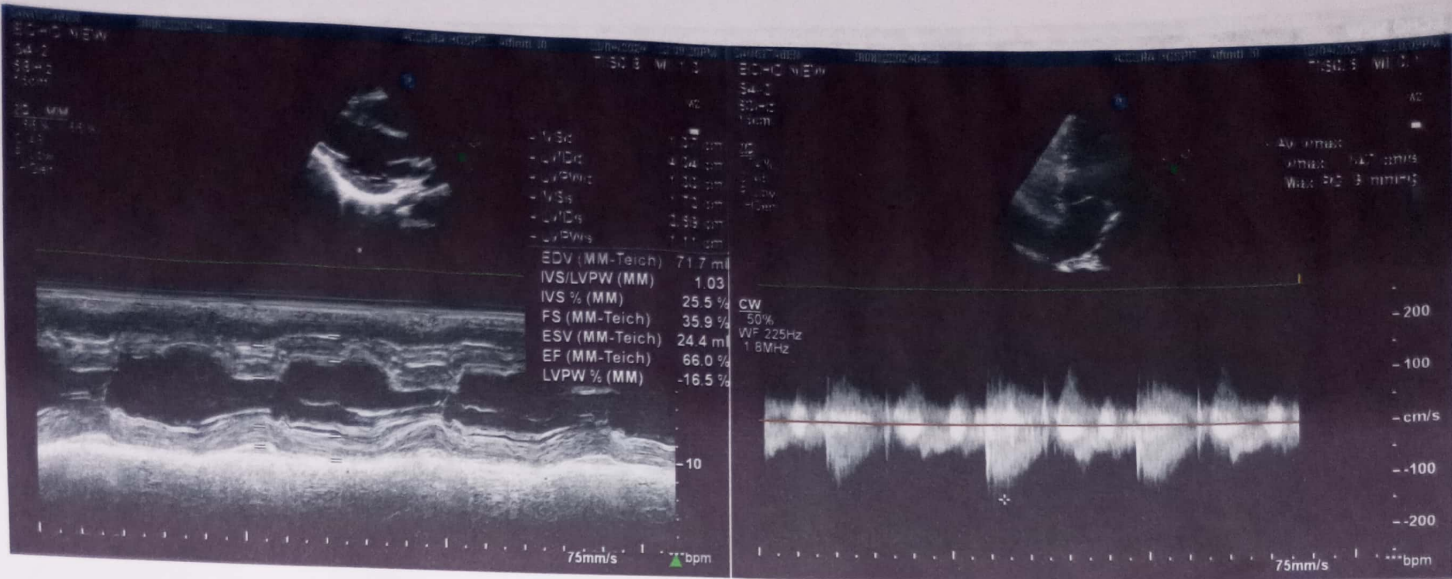
Dr V H Maniyar

M.D., FNIC (Lilavati Hospital , Mumbai)

For Appointment

7 60 60 60 577

First Floor, Nilkanth Plaza, J. K. Park, Bapa Sitaram Chowk, Mavdi Main Road, RAJKOT- 360004.




TEST REPORT

Name : Solanki Sangitaben	Reg. No : 404100650
Age/Sex : 46 Years / Female	Reg. Date : 13-Apr-2024 05:04 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Apr-2024 05:05 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Apr-2024 06:15 PM

COMPLETE BLOOD COUNT (CBC)
 Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
RBC Parameters			
Hemoglobin (SLS method)	13.1	g/dL	12.5 - 16.0
Hematocrit (Electrical Impedance)	38.60	%	37 - 47
RBC Count (Electrical Impedance)	4.86	million/cmm	4.2 - 5.4
MCV (Calculated)	78.8	fL	78 - 100
MCH (Calculated)	28.5	Pg	27 - 31
MCHC (Calculated)	31.8	%	30 - 35
RDW (Calculated)	12.3	%	11.5 - 14.0
WBC Parameters			
WBC Count (Flowcytometry)	5610	/cmm	4000 - 10500
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	66 %	% Range 42.02 - 75.2	Abs. Value 3703 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	27 %	20 - 45	1515 /cmm 1000 - 3900
Eosinophils (%)	03 %	1 - 4	168 /cmm 0 - 450
Monocytes (%)	04 %	2 - 8	224 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm 20 - 100
Platelete Parameter			
Platelet Count	289000	/cmm	150000 - 450000
MPV	8.1	fL	7.4 - 10.4
P-LCR	13.6	%	11.9 - 66.9
PDW	15.9	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.26	%	0.2 - 0.5

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 1 of 11

Dr. Viral R. Jethava

M.D. (Path, PDCC)



TEST REPORT

Name	: Solanki Sangitaben	Reg. No	: 404100650
Age/Sex	: 46 Years / Female	Reg. Date	: 13-Apr-2024 05:04 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 13-Apr-2024 05:05 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 13-Apr-2024 06:15 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 Jethava

This is an Electronically Authenticated Report.

Page 2 of 11

Dr. Viral R. Jethava

M.D. (Path, PDCC)


TEST REPORT

Name : Solanki Sangitaben	Reg. No : 404100650
Age/Sex : 46 Years / Female	Reg. Date : 13-Apr-2024 05:04 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Apr-2024 05:05 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Apr-2024 06:15 PM

Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate			
Sample, EDTA whole blood			
ESR (After 1 hour)	08	mm/hr	3 - 12

towards the healthiness...

Dr. Viral R. Jethava

This is an Electronically Authenticated Report.

Page 3 of 11

Dr. Viral R. Jethava

M.D. (Path, PDCC)




TEST REPORT

Name : Solanki Sangitaben	Reg. No : 404100650
Age/Sex : 46 Years / Female	Reg. Date : 13-Apr-2024 05:04 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Apr-2024 05:05 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Apr-2024 06:15 PM

FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	84.30	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) ≥126 :Diabetic
Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone -F	Nil		

Criteria for the diagnosis of diabetes :

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

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

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 4 of 11

Dr. Viral R. Jethava

M.D. (Path, PDCC)


TEST REPORT

Name : Solanki Sangitaben	Reg. No : 404100650
Age/Sex : 46 Years / Female	Reg. Date : 13-Apr-2024 05:04 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Apr-2024 05:05 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Apr-2024 06:15 PM

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	113.80	mg/dL	70 - 140
Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone- PP	Nil		

Criteria for the diagnosis of diabetes :

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

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.

American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34: S11.

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 5 of 11

Dr. Viral R. Jethava

M.D. (Path, PDCC)


TEST REPORT

Name : Solanki Sangitaben	Reg. No : 404100650
Age/Sex : 46 Years / Female	Reg. Date : 13-Apr-2024 05:04 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Apr-2024 05:05 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Apr-2024 06:15 PM

LIPID PROFILE

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	170.3	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	120.55	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	42.50	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <i>Siemens ALDL</i>	81.33	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <i>Calculated</i>	24.11	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.91		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	4.01		0 - 5.0

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 6 of 11

Dr. Viral R. Jethava

M.D. (Path, PDCC)



TEST REPORT

Name	: Solanki Sangitaben	Reg. No	: 404100650
Age/Sex	: 46 Years / Female	Reg. Date	: 13-Apr-2024 05:04 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 13-Apr-2024 05:05 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 13-Apr-2024 06:15 PM

RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.78	mg/dL	0.55 - 1.02
eGFR	113.39	ml/min/1.73 sq m	Normal or High: ≥ 90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: < 15
Urea <small>Calculated</small>	20.20	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small>	9.43	mg/dL	7.0 - 18.0
Uric Acid <small>Uricase</small>	3.21	mg/dL	2.6 - 6.2
Sodium <small>Direct ion selective electrode</small>	140.23	mmol/L	137 - 145
Potassium <small>Direct ion selective electrode</small>	4.23	mmol/L	3.5 - 5.1
Chloride <small>Direct ion selective electrode</small>	99.20	mmol/L	98 - 107
Calcium <small>Cresolphthalein Complexone</small>	9.33	mg/dL	8.5 - 10.1

towards the healthiness...

DR. J.

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 7 of 11

Dr. Viral R. Jethava

M.D. (Path, PDCC)




TEST REPORT

Name : Solanki Sangitaben	Reg. No : 404100650
Age/Sex : 46 Years / Female	Reg. Date : 13-Apr-2024 05:04 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Apr-2024 05:05 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Apr-2024 06:15 PM

THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) <small>CLIA</small>	1.22	μIU/ml	0.35 - 5.50

Remarks:

- Thyroid-stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulates the thyroid gland to synthesize and secrete T3 and T4.
- Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism.
- In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 μIU/mL
- Second Trimester : 0.2 to 3.0 μIU/mL
- Third trimester : 0.3 to 3.0 μIU/mL
- Reference: Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

Triiodothyronine (T3) <small>CLIA</small>	1.30	ng/mL	0.6 - 1.81
---	------	-------	------------

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.


Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 8 of 11

Dr. Viral R. Jethava

M.D. (Path, PDCC)

towards the healthiness...



TEST REPORT

Name : Solanki Sangitaben	Reg. No : 404100650
Age/Sex : 46 Years / Female	Reg. Date : 13-Apr-2024 05:04 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Apr-2024 05:05 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Apr-2024 06:15 PM

Thyroxine (T4) 6.23 µg/dL 4.5 - 12.6
CLIA

Clinical Significance :

- Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus. In the circulation, 99.95% of T4 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to T3.
- In hypothyroidism and hyperthyroidism, FT4 levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

towards the healthiness...



Dr. Viral R. Jethava

This is an Electronically Authenticated Report.

Page 9 of 11

Dr. Viral R. Jethava

M.D. (Path, PDCC)




TEST REPORT

Name : Solanki Sangitaben	Reg. No : 404100650
Age/Sex : 46 Years / Female	Reg. Date : 13-Apr-2024 05:04 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Apr-2024 05:05 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Apr-2024 06:15 PM

URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

PHYSICAL EXAMINATION

Quantity	20 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.0		4.6 - 8.0
Sp. Gravity	1.010		1.001 - 1.035
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urobilinogen	Normal Present		
Bile salts:	Absent		Absent
Bile Pigments:	Absent		Absent
Nitrite	Nil		

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	2 - 3/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 10 of 11

Dr. Viral R. Jethava

M.D. (Path, PDCC)


TEST REPORT

Name : Solanki Sangitaben	Reg. No : 404100650
Age/Sex : 46 Years / Female	Reg. Date : 13-Apr-2024 05:04 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Apr-2024 05:05 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Apr-2024 06:15 PM

LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.10	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.12	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	2.98	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.38		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	22.20	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	31.03	U/L	14 - 59
Alakaline Phosphatase <i>Siemens/37C</i>	55.02	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.34	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.10	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caif-benz</i>	0.24	mg/dL	0.0 - 1.1

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

towards the healthiness...

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 11 of 11

Dr. Viral R. Jethava

M.D. (Path, PDCC)

BACK TO TOP

PORT TRAIT

Save DICOM

Save

Print

Close



SANGITABEN SOLANKI 40Y/F CHEST PA 13-Apr-24
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)