

# 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 : Niguben Dhyadabhai Chauhan  
identity proof : Aadhar card  
identity proof no : 0590  
gender : female / 47  
height : 147  
weight : 42  
B P : 110/70  
pluse : 78 bpm  
blood sample : Yes  
fasting mode : Yes  
non fasting mode : Yes  
  
past history : NO  
  
Dental : Healthy  
  
Colour vision : normal

T NIZRO

**DR. C. P. DADHANIYA**

M.B. Diabetologist

Ind. Physician (CIH)

Regd. No. G19793

Code No. 378543

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.



NAME: Niguben Chauhan  
 AGE/ GENDER: 47 / Female

DATE: 18-04-24

PATIENT'S REFRACTION DEATILES

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

REMARKS:

CHECHED BY:  
**DR. C. P. DADHANIYA**  
 M.B. Diabetologist  
 Ind. Physician (CIH)  
 Regd. No. G19798  
 Code No. 378943  
 Panchmukhi Hospital  
 Mavdi Chowki,  
 150 Ft. Ring Road, RAJKOT.

9 N2RC

10mm/mV

AUTO

10mm/mV

I

aVR

II

aVL

III

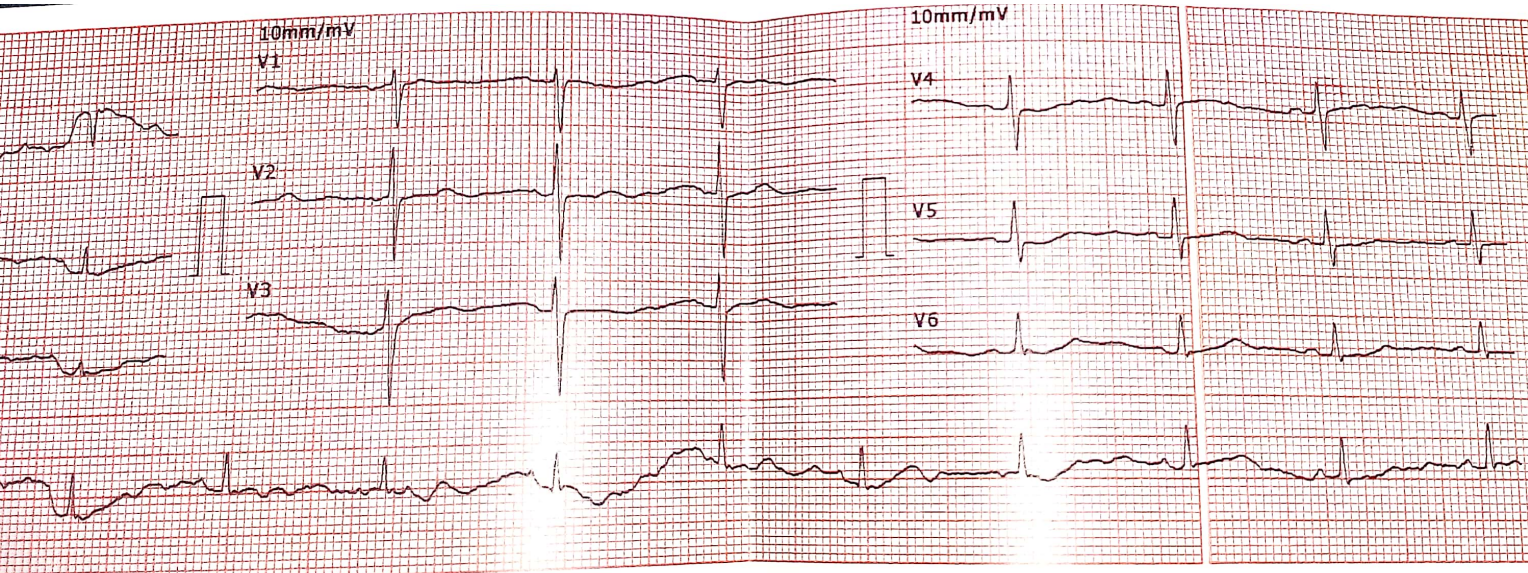
aVF

I 10mm/mV

25mm/s

AC:ON 0.05-35Hz





2024-4-13 10:22:05 ID:00003949  
 ID Card:   
 Name: Nisuben Chauhan Gender: female  
 Age: 47 Height(cm): /  
 Weight(Kg): / BP(mmHg): /  
 DR. C.P. DADHANIYA  
 M.B. Diabetologist  
 P-R: 230  
 Q-R-S: No. 619768 86  
 QT/QTc: No. 37896 336/380  
 P/QRS/T AXES: deg 37/27/37  
 RV5/SV1: mV 0.45/0.56  
 RV5+SV1: Ring Road, RAJKOT mV 1.01

NIPRO

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

**ECHOCARDIOGRAPHY & COLOR DOPPLER**

Patient Name : Niruben Chauhan  
Ref.By : Dr Dadhaniya Sir

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

**SUMMARY OF 2D ECHO**

LA, LV size Normal  
No LVH  
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 1.1 , TDI s/o E\*>A\*  
No MR

**Tricuspid Valve:** Trivial TR CW TR jet 25 mmHg  
Estimated PASP 30 mm Hg

**Aortic Valve:** No AR  
No significant LVOT gradient - AV PG Max 6 mm Hg

**Pulmonary Valve :** No PR , PV Max PG 5 mm Hg

**FINAL IMPRESSION**

Good LV systolic function at rest

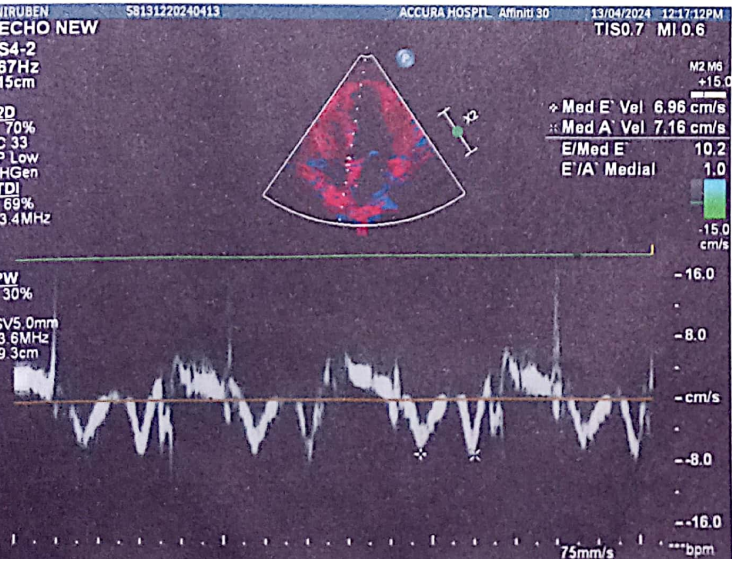
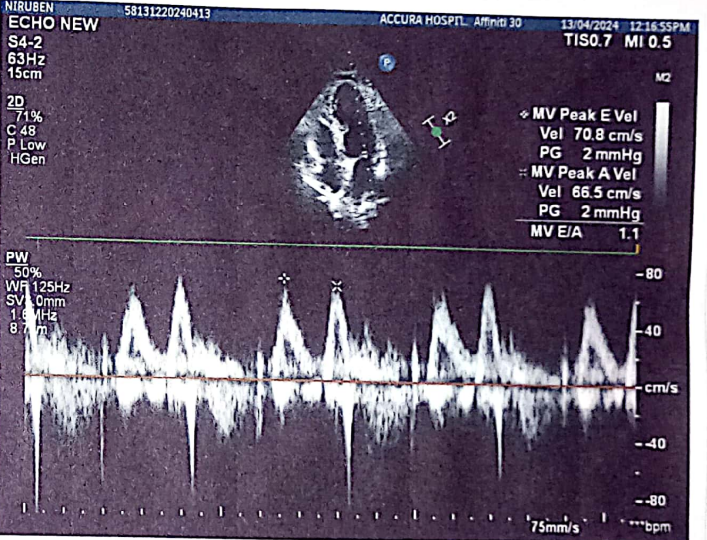
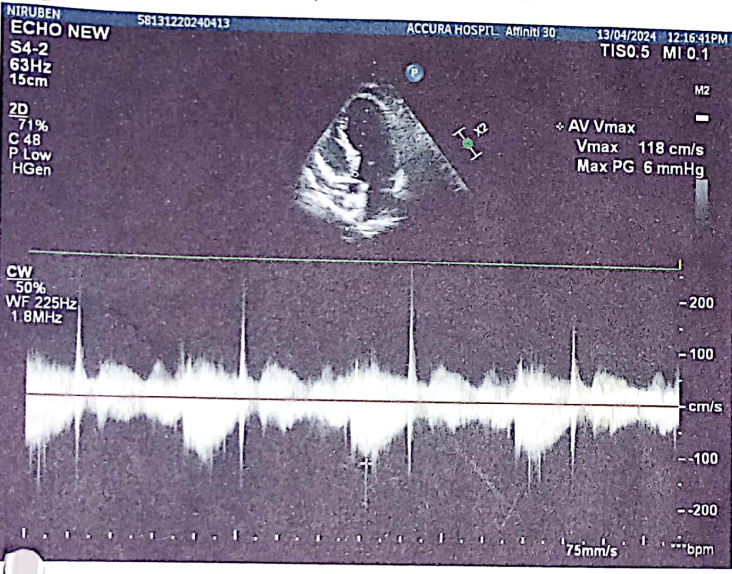
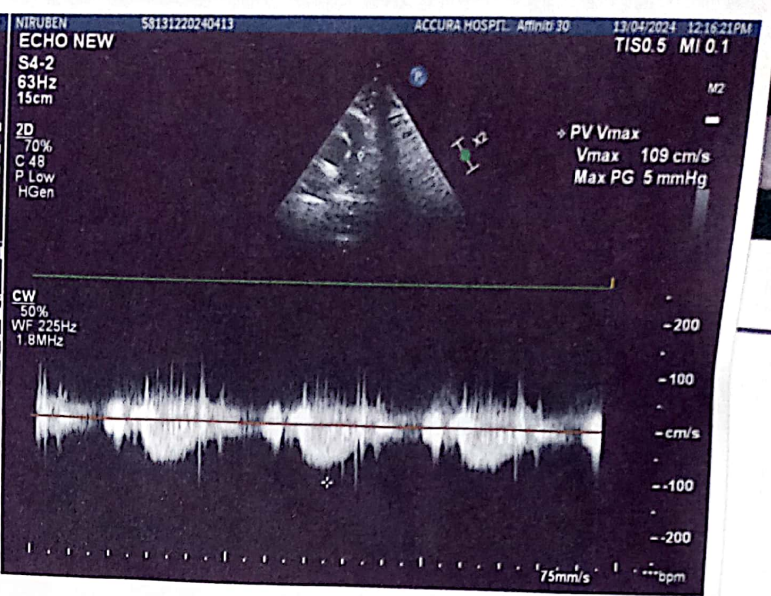
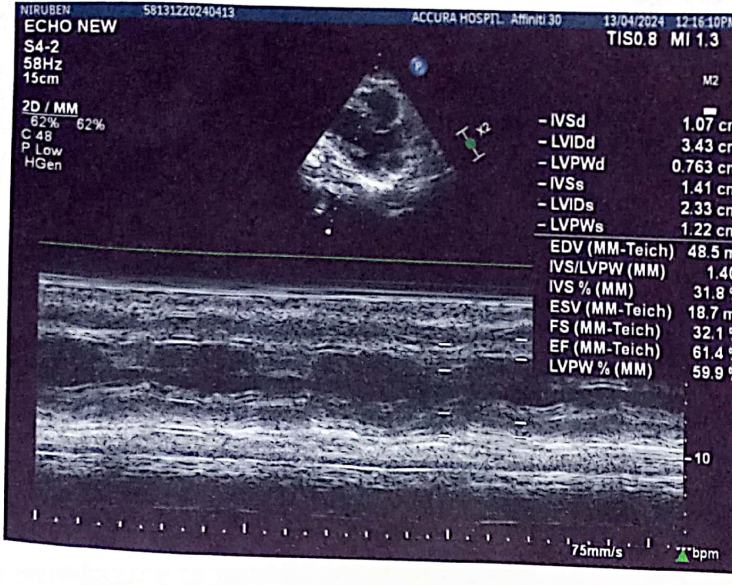
  
Dr V H Maniyar

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.



PATIENT NAME : NIRUBEN CHAUHAN

DATE: 13 April 2024

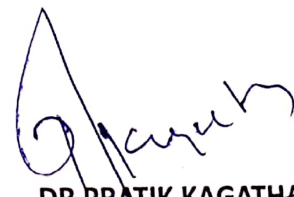
### USG ABDOMEN AND PELVIS

- **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 5.0 mm. Endometrial & myometrial echotexture is normal. No focal lesion is seen
- **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:

- No significant abnormality seen in present study.

Thanks for reference.



DR PRATIK KAGATHARA  
MD

Pt.'s Name: NIRUBEN CHAUHAN

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

360004.





भारत सरकार

Government of India

नीरुबेन धुडाबाई चौधरी

Niruben Dhudabhai Chauhan

जन्म तारीख / DOB : 09/09/1976

स्त्री / Female

अधार अयोग्यनी पुरावो छे, नागरिकता अथवा जन्म तारीखनी नई।  
तेनो उपयोग मात्र यकसिधरी (भीनवाइन प्रमाणीकरष अथवा क्रुअर  
कीड/योइवाइन अक्सभोभरोवनु स्केनींग) साथे ज थवो जीईअ.  
**Aadhaar is proof of identity, not of citizenship**  
or date of birth. It should be used with verification (online  
authentication or scanning of QR code / offline XML).

8060 1946 0590



8060 1946 0590

मेरा आधार, मेरी पहचान



सत्यमेव जयते

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



Details as on 04/01/2024

सरनाभुं : W/O: धुडाबाई नानजिबाई चौहान,  
महुवा रोड, वाल्मीकि वास, राजुला सिटी,  
राजुला, अमरेली, गुजरात, 365560  
Address: W/O: Dhudabhai Nanjibhai  
Chauhan, mahuva road, valmiki vas, rajula  
city, Rajula, PO:Rajula, DIST:Amreli, Gujarat,  
365560



8060 1946 0590



1947



help@uidai.gov.in



www.uidai.gov.in



बैंक ऑफ़ बड़ौदा  
Bank of Baroda

नाम

नीरुबेन धुडाभाई चौहाण

Name

NIRUBEN DHUDABHAI CHAUHAN

कर्मचारी कूट क्र.

E.C. No. 178437



NIRUB

जारीकर्ता प्राधिकारी

Issuing Authority

धारक के हस्ताक्षर

Signature of Holder



 **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 10:28:01 AM

GMT 04:58:01 AM

Altitude 145 meters

Saturday, 13.04.2024



Scanned with OKEN Scanner


**TEST REPORT**

|  |  |
|--|--|
| <b>Name</b> : Niruben Chauhan                        | <b>Reg. No</b> : 404100648                 |
| <b>Age/Sex</b> : 47 Years / Female                   | <b>Reg. Date</b> : 13-Apr-2024 04:59 PM    |
| <b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE | <b>Collected On</b> : 13-Apr-2024 04:59 PM |
| <b>Client Name</b> : PANCHMUKHI HOSPITAL             | <b>Report Date</b> : 13-Apr-2024 06:15 PM  |

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

| Parameter                         | Result      | Unit                 | Biological Ref. Interval                       |
|-----------------------------------|-------------|----------------------|--|
| <b>RBC Parameters</b>             |             |                      |  |
| Hemoglobin (SLS method)           | 13.6        | g/dL                 | 12.5 - 16.0                                    |
| Hematocrit (Electrical Impedance) | 38.90       | %                    | 37 - 47  |
| RBC Count (Electrical Impedance)  | 5.02        | million/cmm          | 4.2 - 5.4                                      |
| MCV (Calculated)                  | <b>77.5</b> | fL                   | 78 - 100                                       |
| MCH (Calculated)                  | 27.1        | Pg                   | 27 - 31  |
| MCHC (Calculated)                 | 35.0        | %                    | 30 - 35  |
| RDW (Calculated)                  | 13.1        | %                    | 11.5 - 14.0                                    |
| <b>WBC Parameters</b>             |             |                      |  |
| WBC Count (Flowcytometry)         | 5260        | /cmm                 | 4000 - 10500                                   |
| <b>DIFFERENTIAL WBC COUNT</b>     |             |                      |  |
| Neutrophils (%)                   | 52 %        | % Range 42.02 - 75.2 | Abs. Value 2735 /cmm<br>Abs. Range 1800 - 7700 |
| Lymphocytes (%)                   | 39 %        | 20 - 45              | 2051 /cmm<br>1000 - 3900                       |
| Eosinophils (%)                   | 03 %        | 1 - 4                | 158 /cmm<br>0 - 450                            |
| Monocytes (%)                     | 06 %        | 2 - 8                | 316 /cmm<br>200 - 1000                         |
| Basophils (%)                     | 00 %        | 0 - 1                | <b>0</b> /cmm<br>20 - 100                      |
| <b>Platelete Parameter</b>        |             |                      |  |
| Platelet Count                    | 376000      | /cmm                 | 150000 - 450000                                |
| MPV                               | 9.9         | fL                   | 7.4 - 10.4                                     |
| P-LCR                             | 23.60       | %                    | 11.9 - 66.9                                    |
| PDW                               | 10.7        | %                    | 8.3 - 56.6                                     |
| PCT (Platelet Haematocrit)        | 0.37        | %                    | 0.2 - 0.5                                      |

*towards the healthiness...*

**Dr. Viral Jethava**

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Page 1 of 13

**Dr. Viral R. Jethava**

M.D. (Path, PDCC)





TEST REPORT

|                    |                                       |                     |                        |
|--------------------|---------------------------------------|---------------------|------------------------|
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**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.

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Page 2 of 13

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TEST REPORT

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| <b>Client Name</b> : PANCHMUKHI HOSPITAL             | <b>Report Date</b> : 13-Apr-2024 06:15 PM  |

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

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*D.R.I.*

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Page 3 of 13

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**TEST REPORT**

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**FASTING PLASMA GLUCOSE**

Specimen: Flouride plasma

| Parameter   | Result | Unit  | Biological Ref. Interval  |
|---|--------|-------|---|
| Fasting Blood Sugar (FBS)<br><i>HEXOKINASE</i>        | 91.30  | mg/dL | <100 :Non-Diabetic<br>100-125 :Impaired Fasting Glucose (IFG)<br>≥126 :Diabetic |
| Urine Glucose -F<br><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  $\geq 200$ mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq 200$  mg/dL.

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

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Page 4 of 13

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**POST PRANDIAL PLASMA GLUCOSE**

Specimen: Flouride plasma

| Parameter  | Result | Unit  | Biological Ref. Interval |
|--|--------|-------|--------------------------|
| Post Prandial Blood Sugar (PPBS)<br><i>HEXOKINASE</i>  | 101.30 | mg/dL | 70 - 140                 |
| Urine Glucose- PP<br><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.

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Page 5 of 13

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**LIPID PROFILE**

Specimen: Serum

| Parameter  | Result | Unit  | Biological Ref. Interval   |
|--|--------|-------|--|
| Cholesterol<br><i>Cholesterol Oxidase</i>                      | 160.26 | mg/dL | Desirable : < 200.0<br>Borderline High : 200-239<br>High : > 240.0   |
| Triglyceride<br><i>Enzymatic Reaction With Glycerol Kinase</i> | 90.11  | mg/dL | Normal : < 150.0<br>Borderline : 150-199<br>High : 200-499<br>Very High : > 500.0  |
| HDL Cholesterol<br><i>Siemens AHDL</i>                         | 43.26  | mg/dL | High Risk : < 40<br>Low Risk : $\geq$ 60   |
| LDL Cholesterol<br><i>Siemens ALDL</i>                         | 74.32  | mg/dL | Optimal : < 100<br>Near Optimal/above optimal : 100-129<br>Borderline High : 130-159<br>High : 160-189<br>Very High : $\geq$ 190 |
| VLDL Cholesterol<br><i>Calculated</i>                          | 18.02  | mg/dL | 15 - 35  |
| LDL / HDL RATIO<br><i>Calculated</i>                           | 1.72   |       | 0 - 3.5  |
| Cholesterol /HDL Ratio<br><i>Calculated</i>                    | 3.70   |       | 0 - 5.0  |

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Page 6 of 13

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**RENAL FUNCTION TEST**

Specimen: Serum

| Parameter  | Result | Unit             | Biological Ref. Interval   |
|--|--------|------------------|--|
| <b>Creatinine</b><br><small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small> | 0.89   | mg/dL            | 0.55 - 1.02  |
| <b>eGFR</b>  | 107.90 | ml/min/1.73 sq m | Normal or High: $\geq 90$<br>Mild decrease: 60-89<br>Mild moderate decrease: 45-59<br>Moderate to severe decrease: 30-44<br>Severe decrease: 15-29<br>Kidney failure: $< 15$ |
| <b>Urea</b><br><small>Calculated</small>                                   | 20.00  | mg/dL            | 17 - 43  |
| <b>Blood Urea Nitrogen (BUN)</b><br><small>UREASE/GLDH</small>             | 9.34   | mg/dL            | 7.0 - 18.0   |
| <b>Uric Acid</b><br><small>Uricase</small>                                 | 3.21   | mg/dL            | 2.6 - 6.2  |
| <b>Sodium</b><br><small>Direct ion selective electrode</small>             | 140.23 | mmol/L           | 137 - 145  |
| <b>Potassium</b><br><small>Direct ion selective electrode</small>          | 4.22   | mmol/L           | 3.5 - 5.1  |
| <b>Chloride</b><br><small>Direct ion selective electrode</small>           | 99.02  | mmol/L           | 98 - 107   |
| <b>Calcium</b><br><small>Cresolphthalein Complexone</small>                | 9.25   | mg/dL            | 8.5 - 10.1   |

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Page 7 of 13

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**THYROID FUNCTION TEST**

| Parameter   | Result | Unit   | Biological Ref. Interval |
|---|--------|--------|--------------------------|
| <b>Thyroid Stimulating Hormone (TSH)</b><br><small>CLIA</small> | 2.15   | μIU/ml | 0.35 - 5.50              |

**Remarks:**

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

**TSH levels During Pregnancy :**

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

|   |      |       |            |
|---|------|-------|------------|
| <b>Triiodothyronine (T3)</b><br><small>CLIA</small> | 1.22 | 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.


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Page 8 of 13

**Dr. Viral R. Jethava**

M.D. (Path, PDCC)

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TEST REPORT

|  |  |
|--|--|
| <b>Name</b> : Niruben Chauhan                        | <b>Reg. No</b> : 404100648                 |
| <b>Age/Sex</b> : 47 Years / Female                   | <b>Reg. Date</b> : 13-Apr-2024 04:59 PM    |
| <b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE | <b>Collected On</b> : 13-Apr-2024 04:59 PM |
| <b>Client Name</b> : PANCHMUKHI HOSPITAL             | <b>Report Date</b> : 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.

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Dr. Viral R. Jethava

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Page 9 of 13

Dr. Viral R. Jethava

M.D. (Path, PDCC)




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**STOOL EXAMINATION**

| Parameter   | Result     | Unit | Biological Ref. Interval |
|---|------------|------|--------------------------|
| <b>PHYSICAL EXAMINATION</b>                                   |            |      |                          |
| Quantity  | 30 gms     |      |                          |
| Colour  | Yellow     |      |                          |
| Consistency   | Semi Solid |      |                          |
| <b>CHEMICAL EXAMINATION</b>                                   |            |      |                          |
| Occult Blood<br><i>Peroxidase Reaction with o-Dianisidine</i> | Negative   |      |                          |
| Reaction<br><i>pH Strip Method</i>                            | Alkaline   |      |                          |
| Reducing Substance  | Absent     |      |                          |
| <b>MICROSCOPIC EXAMINATION</b>                                |            |      |                          |
| Mucus   | Absent     |      |                          |
| Pus Cells   | Absent     |      |                          |
| Red Cells   | Absent     |      |                          |
| Epithelial Cells  | Absent     |      |                          |
| Vegetable Cells   | Absent     |      |                          |
| Trophozoites  | Absent     |      |                          |
| Cysts   | Absent     |      |                          |
| Ova   | Absent     |      |                          |
| Neutral Fat   | Absent     |      |                          |
| Monilia   | Absent     |      |                          |
| Bacteria  | Absent     |      |                          |

**Note:** Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.

**False negative:** False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occassinal unruptured RBCs.

**False positive:** False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, broccoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.



Dr. Viral Jethava

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Page 10 of 13

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Dr. Viral Jethava

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Page 11 of 13


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**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             | 6.5            |  | 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)   | 1 - 3/hpf |
| Erythrocytes (Red Cells) | Absent    |
| Epithelial Cells         | 2 - 3/hpf |
| Amorphous Material       | Absent    |
| Casts                    | Absent    |
| Crystals                 | Absent    |
| Bacteria                 | Absent    |

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**Dr. Viral Jethava**

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Page 12 of 13

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M.D. (Path, PDCC)




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**LIVER FUNCTION TEST**

Specimen : Serum

| Parameter   | Result | Unit  | Biological Ref. Interval |
|---|--------|-------|--------------------------|
| Total Protein<br><i>BIURET</i>  | 7.22   | g/dL  | 6.4 - 8.2                |
| Albumin<br><i>Dye Binding - Bromocresol Purple (BCP)</i>                                  | 4.23   | g/dL  | 3.40 - 5.00              |
| Globulin<br><i>Calculated</i>   | 2.99   | g/dL  | 2.3 - 3.5                |
| A/G Ratio<br><i>Calculated</i>  | 1.41   |       | 0.8 - 3.1                |
| SGOT (AST)<br><i>Siemens/37C</i>  | 20.23  | U/L   | 15 - 37                  |
| SGPT (ALT)<br><i>Siemens/37C</i>  | 26.02  | U/L   | 14 - 59                  |
| Alakaline Phosphatase<br><i>Siemens/37C</i>   | 65.22  | U/L   | 46 - 116                 |
| Total Bilirubin<br><i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>      | 0.88   | mg/dL | 0.2 - 1                  |
| Conjugated Bilirubin<br><i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i> | 0.18   | mg/dL | 0 - 0.20                 |
| Unconjugated Bilirubin<br><i>Sulph acid dpl/caif-benz</i>                                 | 0.70   | mg/dL | 0.0 - 1.1                |

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Page 13 of 13

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