

SHALBY HOSPITAL
NR. NAVYUG COLLAGE, RANDEK ROAD
SURAT

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: PRIYA ANAND,
Patient ID: 10161
Height:
Weight:

DOB: 15.12.1987
Age: 36yrs
Gender: Female
Race: Asian

Study Date: 29.03.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:07	0.00	0.00	88	120/80	
	STANDING	00:12	0.80	0.00	92	120/80	
EXERCISE	STAGE 1	03:00	2.70	10.00	141	120/80	
	STAGE 2	03:00	4.00	12.00	169	140/80	
	STAGE 3	01:01	5.40	14.00	176	170/80	
RECOVERY		02:55	0.00	0.00	110	140/80	

The patient exercised according to the BRUCE for 7:00 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 86 bpm rose to a maximal heart rate of 176 bpm. This value represents 95% of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 170/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician

Technician

PRIYA ANAND,

Patient ID 10161

29.03.2024

Female

11:22:30

36yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Total Exercise Time 07:00

Max HR: 176 bpm 95% of max predicted 184 bpm HR at rest: 86

Max BP: 170/80 mmHg BP at rest: 120/80 Max RPP: 28220 mmHg*bpm

Maximum Workload: 10.00 METS

Max. ST: -1.80 mm, 0.00 mV/s in III; EXERCISE STAGE 2 05:30

Arrhythmia: A:202, PAU1:1

ST/HR index: 1.12 μ V/bpm

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to

Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate

response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall

impression: Normal stress test.

Conclusion: TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (III mm)	Comment
PRETEST	SUPINE	00:07	0.00	0.00	1.0	88	120/80	10560	0	-0.05	
	STANDING	00:12	0.80	0.00	1.0	92			0	-0.30	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	141	120/80	16920	0	-0.60	
	STAGE 2	03:00	4.00	12.00	7.0	169	140/80	23660	0	-1.00	
	STAGE 3	01:01	5.40	14.00	10.0	176	170/80	29920	0	-1.05	
RECOVERY		02:55	0.00	0.00	1.0	110	140/80	15400	0	0.90	

PRIYA ANAND,
Patient ID 10161
29.03.2024
11:22:43

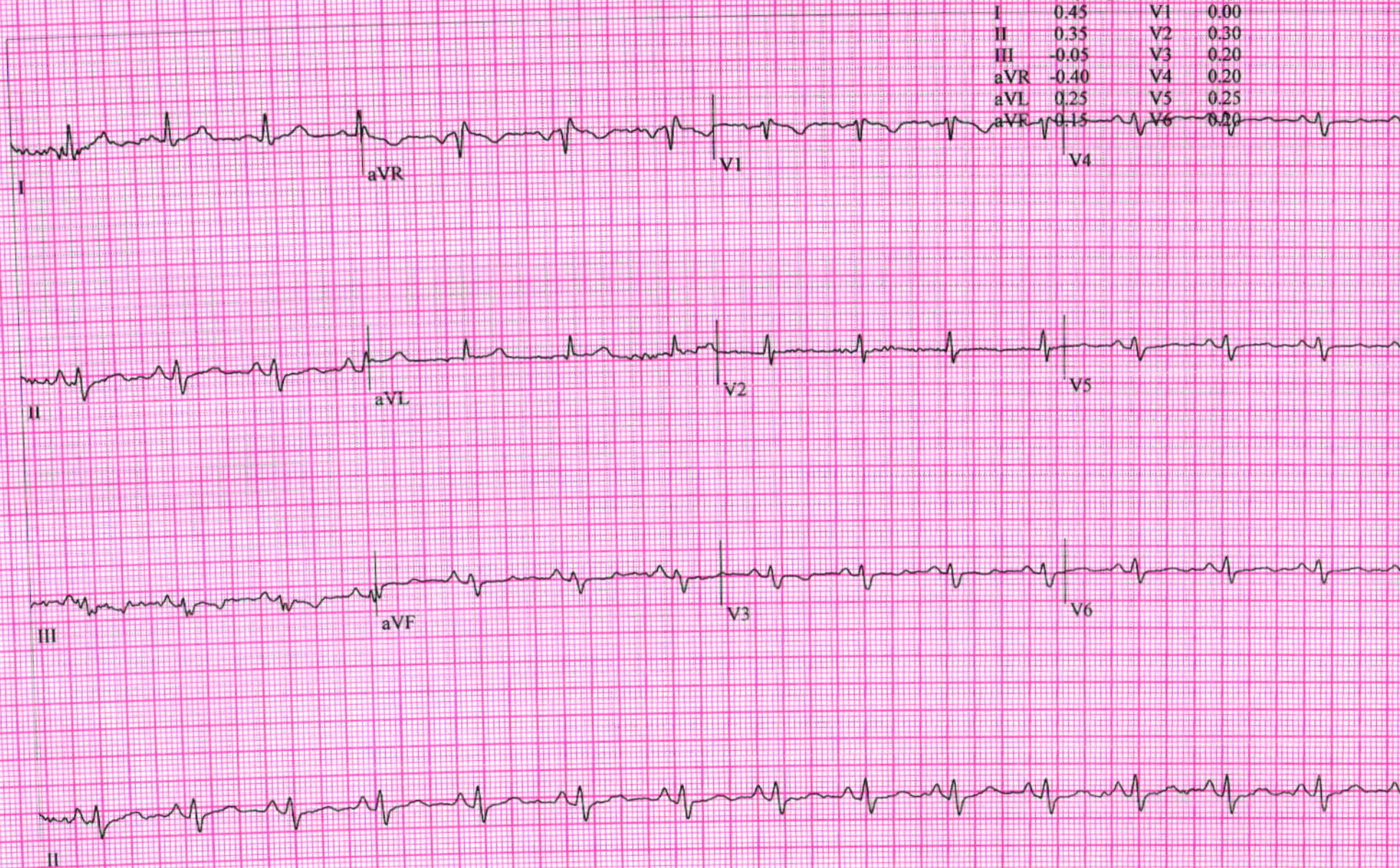
87 bpm
120/80 mmHg

PRETEST
STANDING
00:08

BRUCE
0.0 km/h
0.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.45	V1	0.00
II	0.35	V2	0.30
III	-0.05	V3	0.20
aVR	-0.40	V4	0.20
aVL	0.25	V5	0.25
aVF	0.15	V6	0.20



12-Lead Report

PRIYA ANAND,
Patient ID 10161
29.03.2024
11:25:42

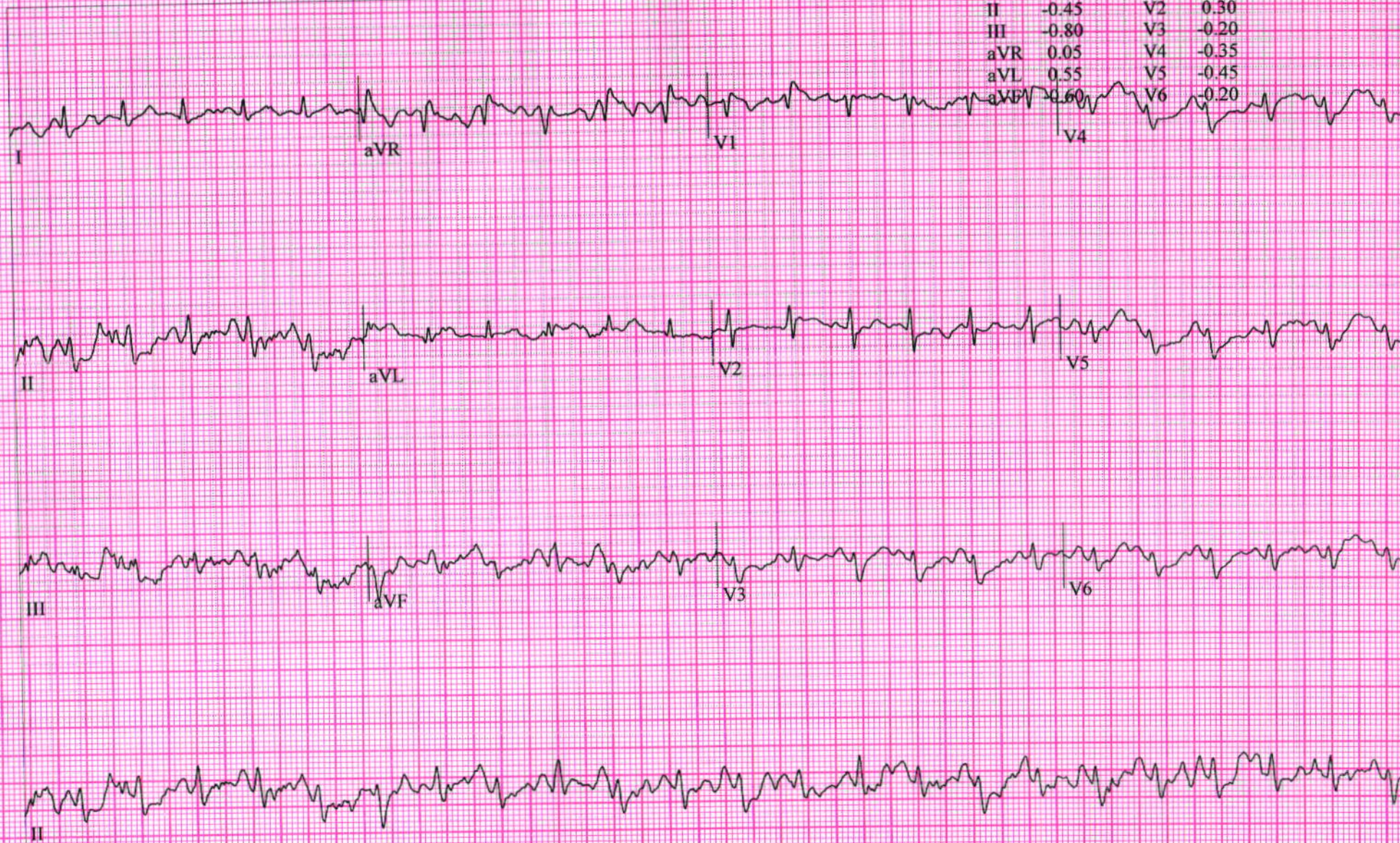
139 bpm
120/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
2.7 km/h
10.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.35	V1	0.05
II	-0.45	V2	0.30
III	-0.80	V3	-0.20
aVR	0.05	V4	-0.35
aVL	0.55	V5	-0.45
aVF	0.60	V6	-0.20



PRIYA ANAND,
Patient ID 10161
29.03.2024
11:28:42

166 bpm
140/80 mmHg

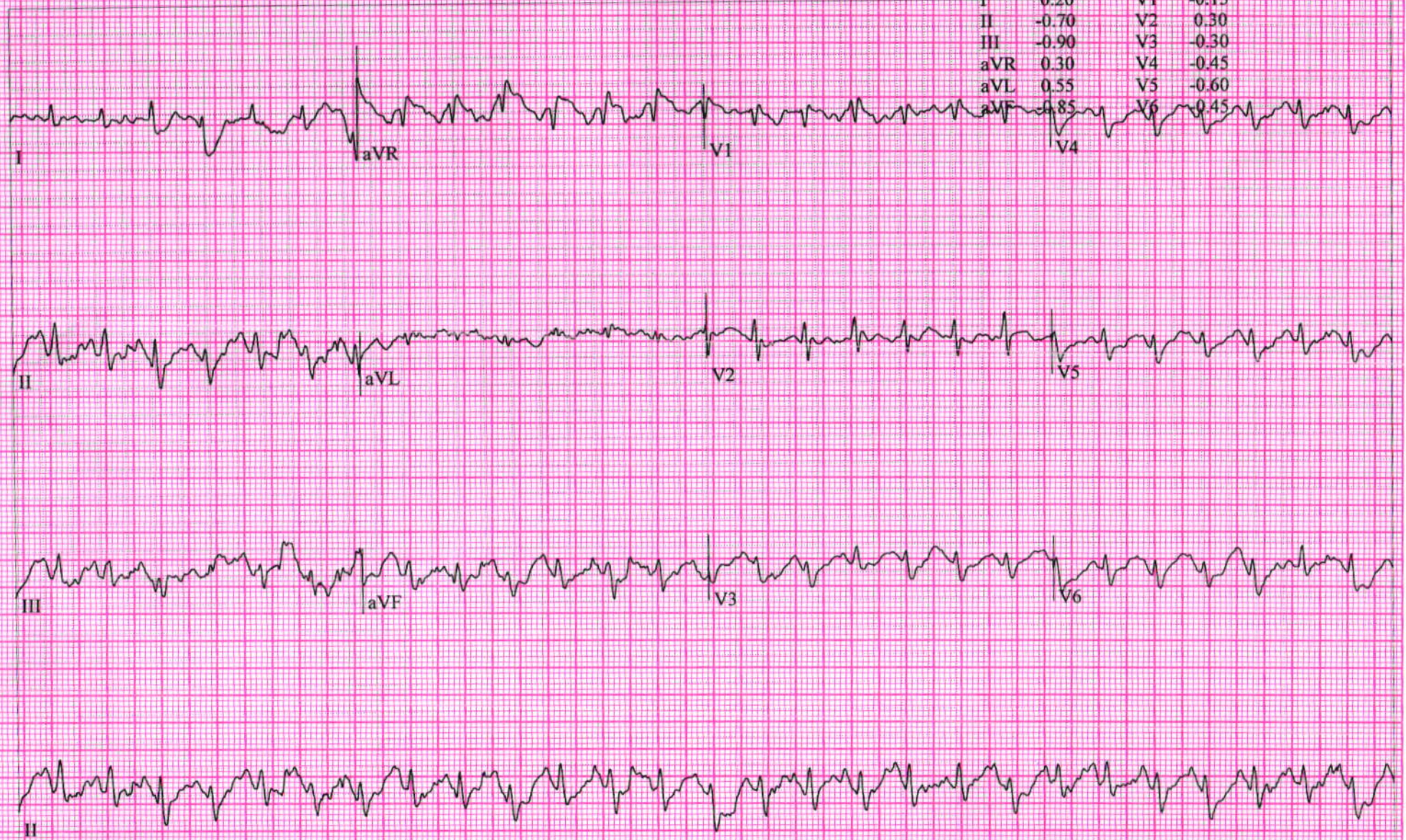
12-Lead Report
EXERCISE
STAGE 2
05:50

BRUCE
4.0 km/h
12.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.20	V1	-0.15
II	-0.70	V2	0.30
III	-0.90	V3	-0.30
aVR	0.30	V4	-0.45
aVL	0.55	V5	-0.60
aVF	-0.85	V6	-0.45



12-Lead Report (PEAK EXERCISE)

SHALBY HOSPITAL

PRIYA ANAND,
Patient ID 10161
29.03.2024
11:29:53

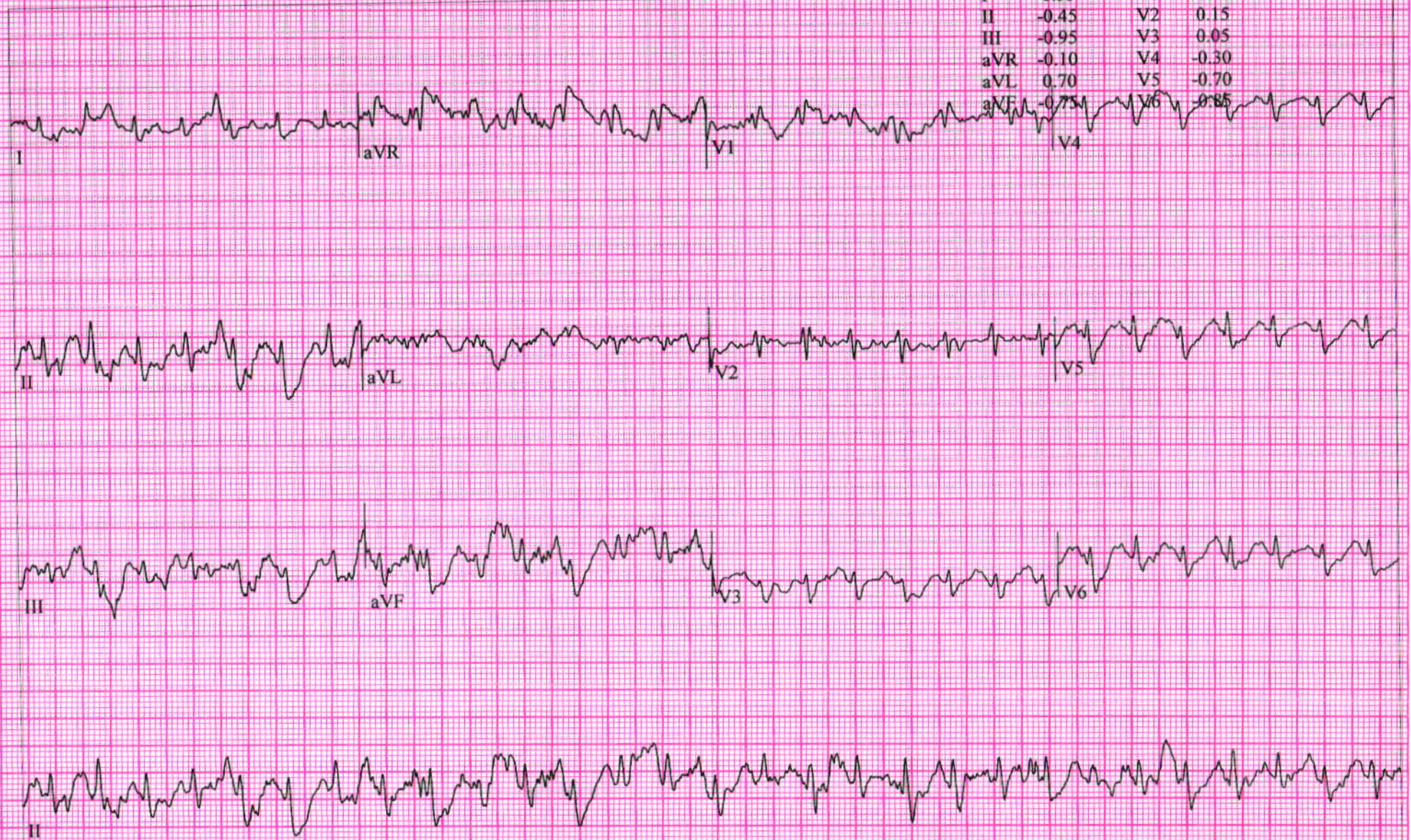
176 bpm
170/80 mmHg

EXERCISE
STAGE 3
07:01

BRUCE
5.4 km/h
14.0%

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.55	V1	-0.35
II	-0.45	V2	0.15
III	-0.95	V3	0.05
aVR	-0.10	V4	-0.30
aVL	0.70	V5	-0.70
aVF	-0.75	V6	-0.85



PRIYA ANAND,
Patient ID 10161
29.03.2024
11:30:42

146 bpm

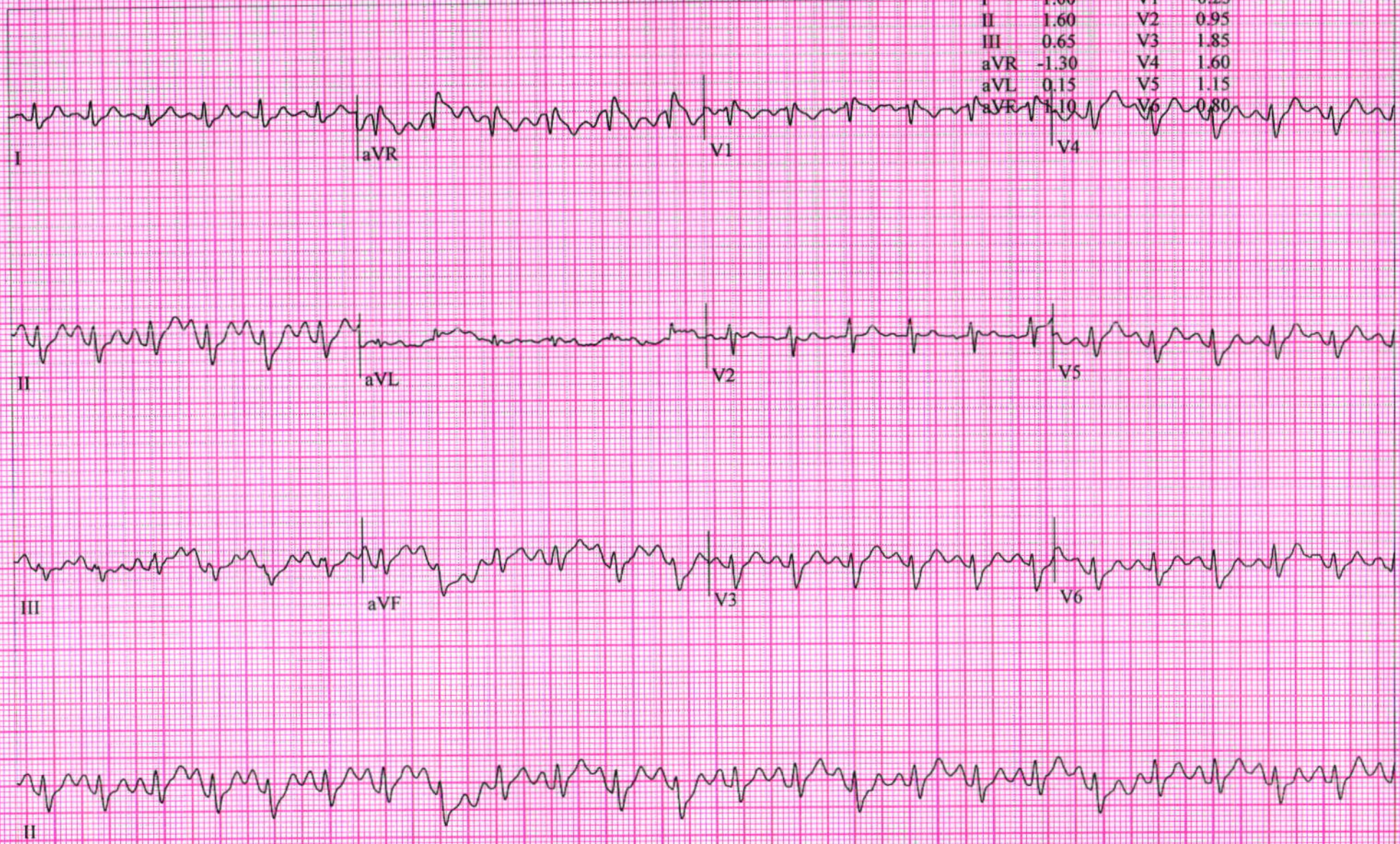
12-Lead Report
RECOVERY
#1
00:50

BRUCE
0.0 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	1.00	V1	-0.25
II	1.60	V2	0.95
III	0.65	V3	1.85
aVR	-1.30	V4	1.60
aVL	0.15	V5	1.15
aVF	1.10	V6	0.80



PRIYA ANAND,
Patient ID 10161
29.03.2024
11:31:42

118 bpm
170/80 mmHg

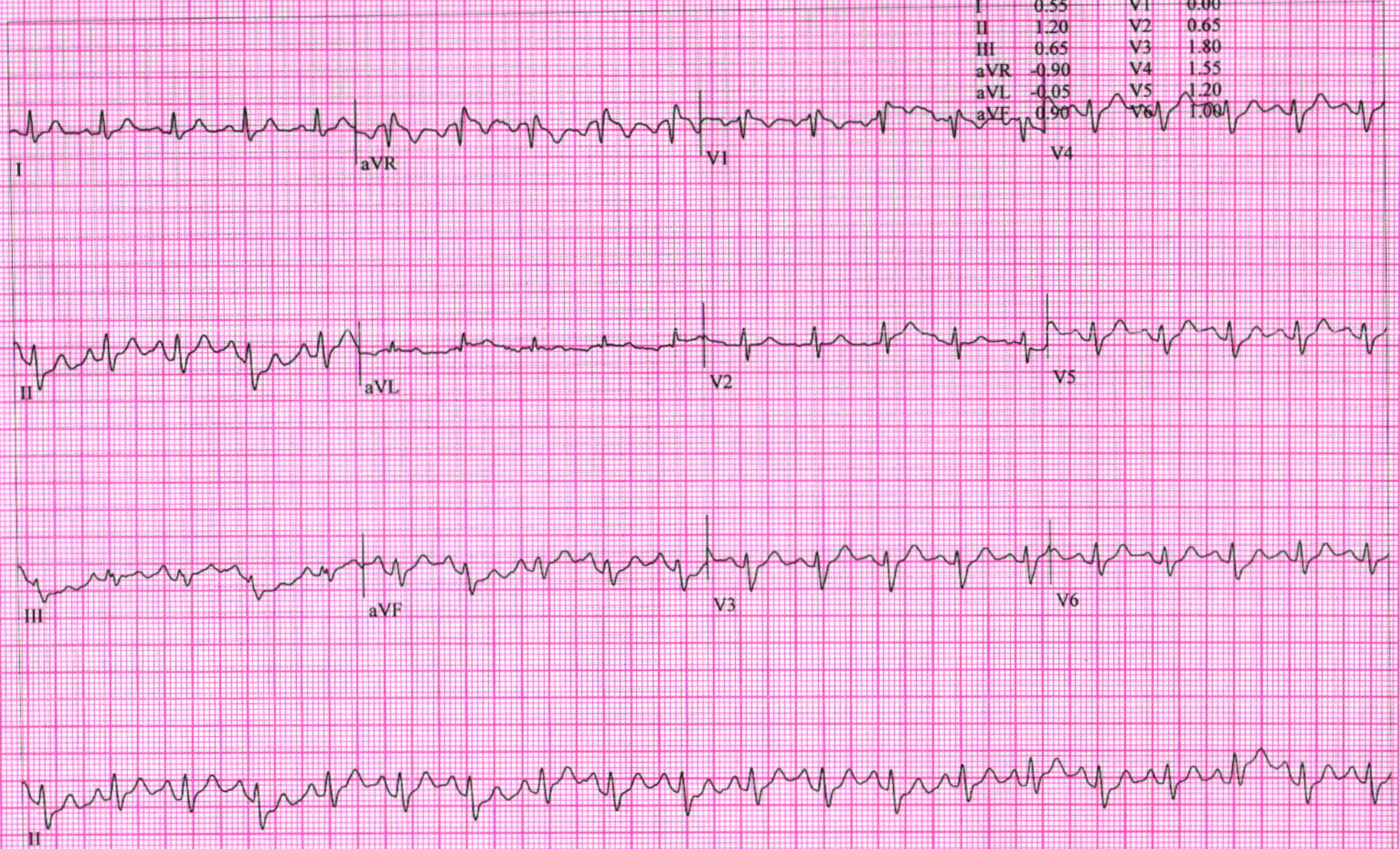
12-Lead Report
RECOVERY
#1
01:50

BRUCE
0.0 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.55	V1	0.00
II	1.20	V2	0.65
III	0.65	V3	1.80
aVR	-0.90	V4	1.55
aVL	-0.05	V5	1.20
aVF	0.90	V6	1.00



PRIYA ANAND,
Patient ID 10161
29.03.2024
11:32:42

12-Lead Report

SHALBY HOSPITAL

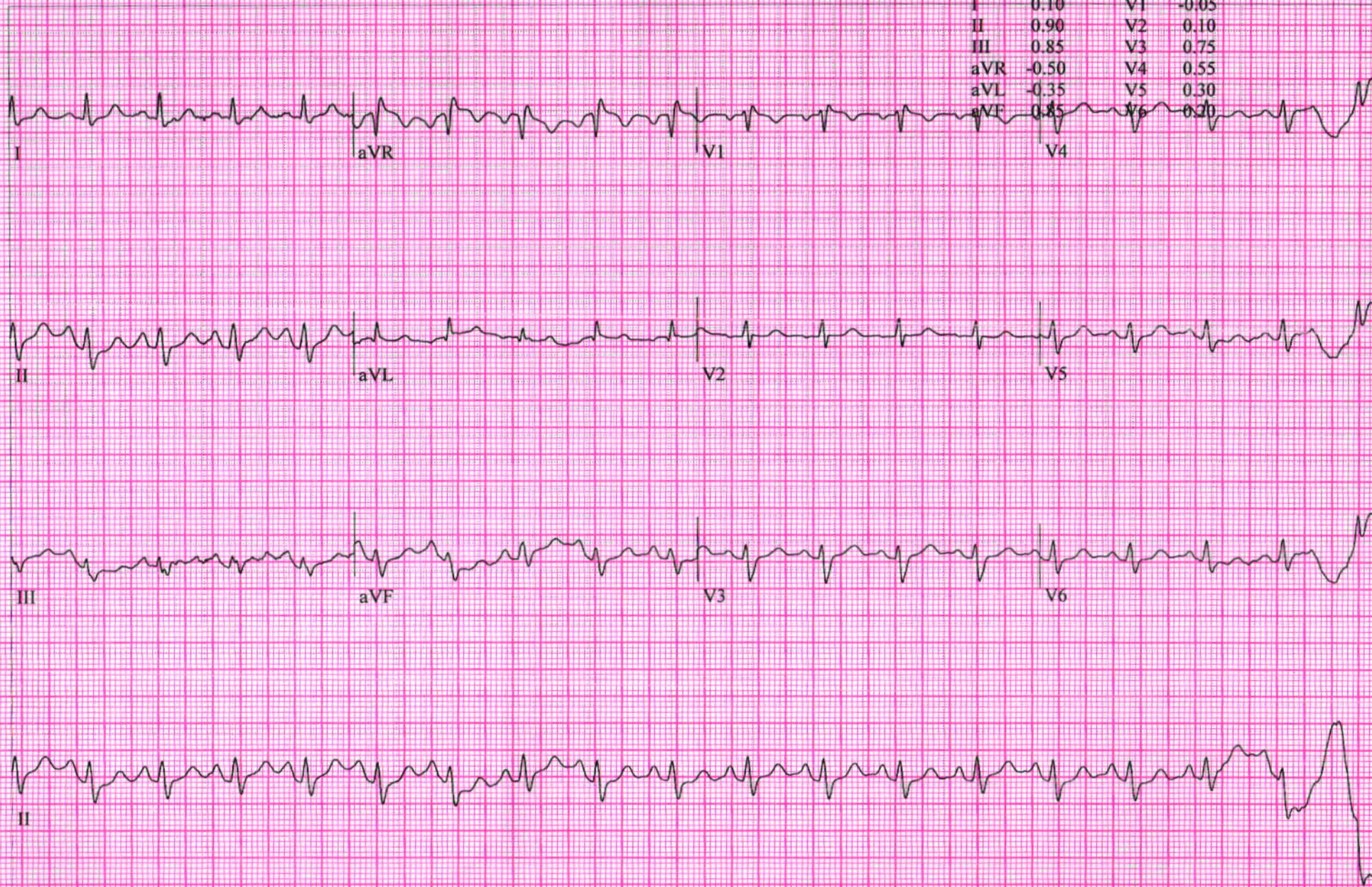
112 bpm
140/80 mmHg

RECOVERY
#1
02:50

BRUCE
0.0 km/h
0.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.10	V1	-0.05
II	0.90	V2	0.10
III	0.85	V3	0.75
aVR	-0.50	V4	0.55
aVL	-0.35	V5	0.30
aVF	0.85	V6	-0.20



Patient Name: PRIYA ANAND		UHID:	
Age / Sex: 36 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby hospital	Date: 29/03/2024	

ULTRASOUND OF ABDOMEN AND PELVIS (TAS)

Liver is normal in size and appearance. It shows normal parenchymal reflectivity. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R.
Portal vein appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. CBD appears normal.

Pancreas appears normal in size and echotexture.
Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Uterus appears mild bulky in size 63 x 48 x 48 mm, Et: 10 mm. The uterine myometrial echotexture is in homogenous. No focal lesion is seen. There is no evidence of any ovarian or adnexal mass lesion.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- Mild bulky uterus with changes of adenomyosis. ✓
- No other significant abnormality detected.

Thanks for referrals.



DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)
G-14916

SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat. Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India.
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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org
CIN: L85110GJ2004PLC044667



Pre - op

Post-op

Health Check-up

Date : 20/10/2017

Patient Reg. No. : _____

Patient Name : Poity Anand

Age / Sex : 36 / F

Address : Surat

Complaints : routine dental check up.

Pain : _____

Bleeding gums : _____

Swelling : _____

Sensitivity : _____

Pus Discharge : _____

Medical History :

Hypertension : _____

DM

Acidity

Pregnancy : _____

Bleeding Disorders : _____

Asthma : _____

Allergy : _____

Past Surgical Intervention : _____

Any Medication :

On Examination :

Abscess : _____

Food lodgement : _____

Periodontitis : _____

Gingivitis : _____

Missing Teeth : _____

Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep

Perio Surgery : _____

Restoration : _____

Class V Fillings : _____

RCT : _____

Extraction : _____

Dentures : _____

Partial Denture : _____

Implants : _____

Crown & Bridge : _____

Present : _____

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :

Some Golden Rules :

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be per formed in an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

DR. RUJUTA SHELAT

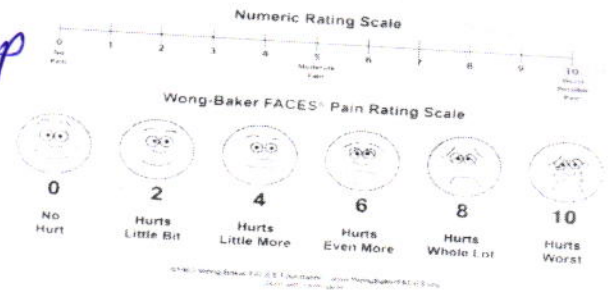
Consultant Ophthalmologist

Reg. No.:- G-48712

Name :- *Priya Anand*

Date:- *29/03/24*

Chief Complaints:- *Routine Eye checkup*



Pain Assessment:-

Past History:-

Family History:-

Personal History:- **Habits**:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

Allergy:- *No drugs allergy*

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

HT:- WT:- *Arurvedic*

Visual Acuity:- *6/12*
6/9

PH Vision:- *6/12*
6/6

NCT *18*
18

SP ±0.00/-1.50x156/6

ON Examination

Ant. Segment *-0.50*

Both Eye *6/6*

WMM

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CIN: L85110GJ2004PLC044667

NAME
MAR 30 2023 12:22

D=10
R>

	SPH	CYL	AX
+	1.50	-2.50	10
+	1.00	-2.00	16
+	1.50	-2.25	18
+	1.50	-2.00	16

Anterior Chamber

L>

	SPH	CYL	AX
-	0.50	-0.25	78
-	0.75	0.00	76
-	0.25	-0.50	76
-	0.50	0.00	

Rt. EYE

Lt. EYE

D= 62
 irandSeiko.com
 IR-3300K S/N:76EE0963

Investigation:-

will come

Macula:-

Diagnosis:-

Refractive Error, Presbyopia

Treatment:-

- 1) Glasses*
- 2) Refractive laser eye etc.*

Nutritional Assessment:-



Preventive Care & Counsellings:-

Follow Up ON:-

2 months / 502

Signature of the Consultant

R. Khan

Shalby Women's Health Clinic

Name:-

Chief Complaints:-

for ya

Date:

Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

- Obese
- Well Nourished
- Mild-Moderate Nourished
- Severely Mal-Nourished

LMP:- *20/3/24*

M/H:-

*Period - 34 days then
30*

O/H :-

OH - R/L

P/H:-

F/H

Examination:-

*2 mscs | ♀ | mps |
04 | bms | 2
→ not done*

Provisional Diagnosis:-

PlA - soft

Pls - healthy

PAP taken

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CIN: L85110GJ2004PLC044667

Patient ID:	SUR0000 3547 MHC	Patient Name:	PRIYA ANAND
Age:	36 Years	Sex:	F
Accession Number:	3547 OP	Modality:	DX
Referring Physician:	DR.SHALBY	Study:	CHEST PA
Study Date:	29-Mar-2024		

CHEST X-RAY (PA)

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- No significant abnormality seen.

Thanks for referral.



DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)

G-14916

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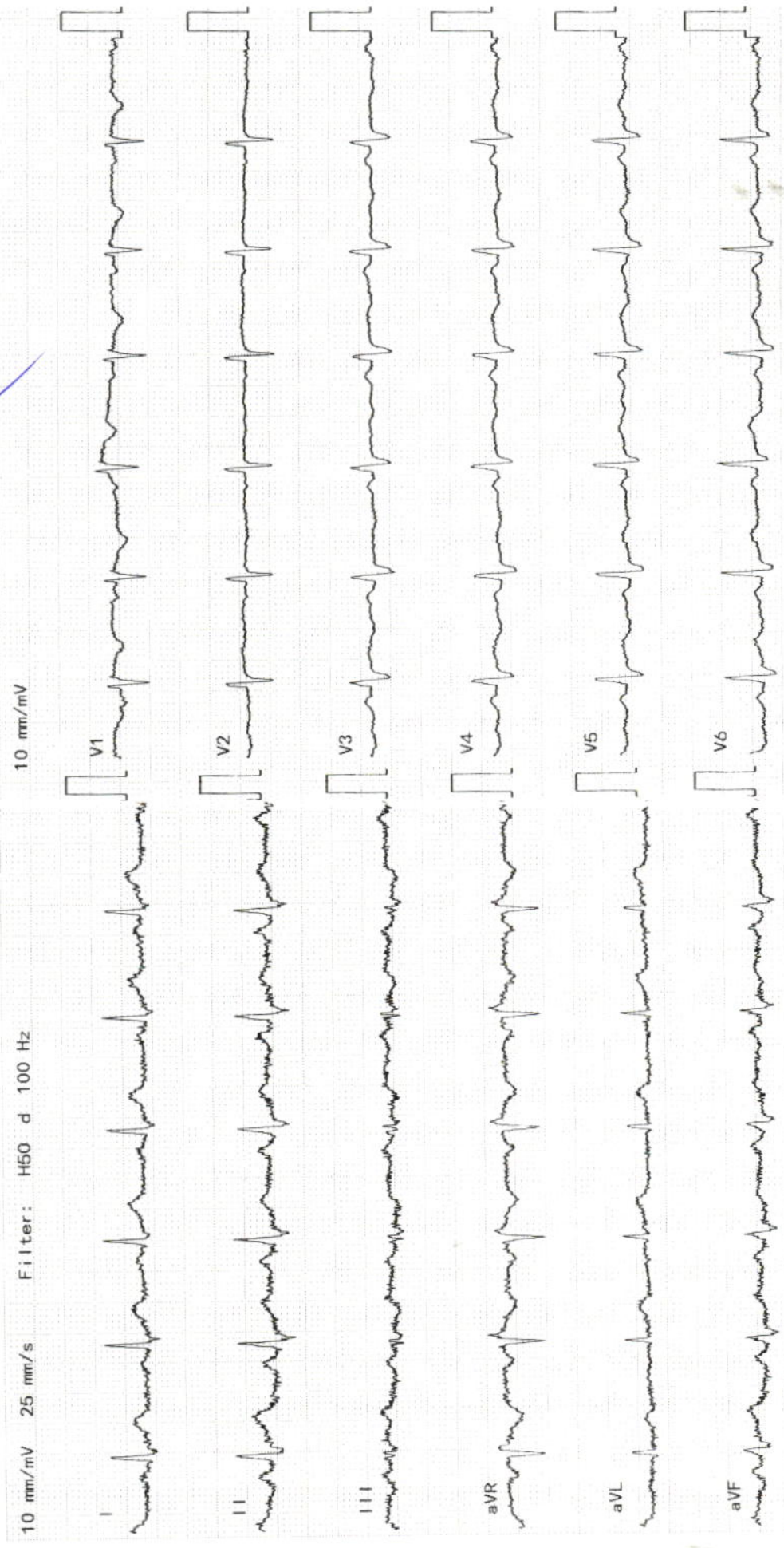
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CIN: L85110GJ2004PLC044667

1100 Sinus rhythm.
8102 Low QRS voltage in chest leads
9120 ** atypical ECG **

Prigla Acmeed

Unconfirmed Report
Reviewed by: *PR*



Sex: *F* Birth date: / / years

cm kg mmHg

Indication:

Symptoms:

History:

Heart rate: 83 bpm

PR interval: 154 ms

QRS duration: 104 ms

QT/QTc (E) interval: 360/400 ms

QT/QTc (T) interval: 62/18/32 ms

RV5/SV1 amplitude: 0.55/0.50 mV

RV5+SV1 amplitude: 1.06 mV

Consultant Physician Clinic

Patient Name:- *Priya Anand*
Age / Sex :- *36yrs / Female*
Chief Complaints:-

p Pr uan
- wa @ hand
(numbness (antflg))
-> hngng

Drug / Food Allergy:-

Past History :-

- wa

Family History:-

Systemic Examination:-

c B
h hngng

Provisional Diagnosis:

OPR NO:

Date: *29/10/24*

Weight: *74*

Height: *162*

BMI: *28.3*

Nutritional assessment:-

- Obese
- Well nourished
- Mild-moderate nourished
- Severely mal-nourished

Pulse:- *88*

BP:- *120/80*

SpO2:- *100%*



Certificate No. : MC-5200

Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat. India.
Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000362329 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Priya Anand / Registered On : 29-Mar-2024 10:08 AM
 Lab ID : 403902283 Collected On : 29-Mar-2024 10:10 AM
 Gender/Age : Female / 36 Years DOB : 15-Dec-1987 Received On : 29-Mar-2024 10:15 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	10.8 ✓	g/dL	12.0 - 15.0
RBC COUNT <i>Electrical Impedance</i>	4.30	mill/cmm	3.8 - 4.8
HCT <i>Calculated</i>	35.0	%	36 - 46
MCV <i>Calculated based on the RBC histogram</i>	81.4	fL	83 - 101
MCH <i>Calculated</i>	25.1	pg	27 - 32
MCHC <i>Calculated</i>	30.9	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	14.3	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count <i>Electrical Impedance</i>	6090	cells/cmm	4000 - 10000
---	------	-----------	--------------

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	58	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	35	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	2	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	5	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	214000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	10.4	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs

Hypochromic microcytic with anisopoikilocytosis.

WBCs

Total and differential leucocyte counts are within normal limit

PLATELETs

Adequate in number and normal in morphology.

MALARIAL PARASITE

Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

This is an Electronically Authenticated Report.

Generated On : 29-Mar-2024 02:21 PM

Approved On : 29-Mar-2024 12:18 PM

Dr Pankaj Agrawal

M.B., D.C.P
Consulting Pathologist

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Certificate No.: MC-5200

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PID : SUR0000362329 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Priya Anand /

Registered On : 29-Mar-2024 10:08 AM

Lab ID : 403902283

Collected On : 29-Mar-2024 10:10 AM

Gender/Age : Female / 36 Years

DOB : 15-Dec-1987

Received On : 29-Mar-2024 10:15 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : EDTA Whole Blood

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

BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type

"B" ✓

RH Type

POSITIVE

This is an Electronically Authenticated Report.

Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist

Generated On : 29-Mar-2024 02:21 PM

Approved On : 29-Mar-2024 12:57 PM

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REPORT STATUS : Interim



Patient Name : Mrs. Priya Anand	/	Registered On : 29-Mar-2024 10:08 AM
Lab ID : 403902283		Collected On : 29-Mar-2024 10:10 AM
Gender/Age : Female / 36 Years	DOB : 15-Dec-1987	Received On : 29-Mar-2024 10:15 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	41	mm in 1 hour	0 - 20
HBA1C			
HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	5.4 ✓	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5
Estimated Average Glucose (eAG) (mg/dL) * <i>Calculated</i>	108 ✓	mg/dL	

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PID : SUR0000362329 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Priya Anand	/	Registered On : 29-Mar-2024 10:08 AM
Lab ID : 403902283		Collected On : 29-Mar-2024 10:10 AM
Gender/Age : Female / 36 Years	DOB : 15-Dec-1987	Received On : 29-Mar-2024 10:24 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Fluoride F, Urine (PP), Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL**FASTING PLASMA GLUCOSE**

Plasma Glucose (F)	86	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	Absent
------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	83	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
----------------------------	----	-------	---

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	ABSENT	mg/dL	Absent
-------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

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Gender/Age : Female / 36 Years	DOB : 15-Dec-1987	Received On : 29-Mar-2024 10:36 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	170	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	75	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	47	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	123	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	108	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	15	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.3		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	3.6	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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DOB : 15-Dec-1987

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Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST**RENAL FUNCTION TEST****Urea Nitrogen (BUN)**

Urease, colorimetric

4

mg/dL

7 - 17

UREA

Calculated

9

mg/dL

15 - 36

Creatinine

Enzymatic - Creatinine amidohydrolase

0.63

mg/dL

0.52 - 1.04

S. URIC ACID

Uricase/Peroxidase, Colorimetric

3.7

mg/dL

2.5 - 6.2

Calcium

Arsenazo III dye

9.2

mg/dL

8.4 - 10.2

Phosphorus *

Phosphomolybdate reduction (PMA Phenol)

3.1

mg/dL

2.5 - 4.5

Sodium

Direct Ion Selective Electrode

141

mmol/L

137 - 145

S. POTASSIUM

Direct Ion Selective Electrode

4.51

mmol/L

3.5 - 5.1

Chloride

Direct Ion Selective Electrode

104

mmol/L

98 - 107

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DOB : 15-Dec-1987

Received On : 29-Mar-2024 10:36 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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THYROID PROFILE (TFT)**Total T3 ***

107

ng/dL

87 - 178

Chemiluminescence immunoassay (CLIA)

Total T4 *

10.81

µg/dL

99% Reference Interval (µg/dL)
4.82 - 15.65

Chemiluminescence immunoassay (CLIA)

TSH *

2.372

µIU/mL

Non Pregnant Females: 0.38-
5.33 µIU/mL
Pregnant Females (1st trimester):
0.05-3.70 µIU/mL
Pregnant Females (2nd
trimester): 0.31-4.35 µIU/mL
Pregnant Females (3rd
trimester): 0.41-5.18 µIU/mL

Chemiluminescence immunoassay (CLIA)

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Gender/Age : Female / 36 Years	DOB : 15-Dec-1987	Received On : 29-Mar-2024 10:22 AM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour *	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	<i>Glucose-oxidase/oxidase reaction</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reaction</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.005	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 6.0	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen *	<i>Modified Ehrlich reaction</i> 0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite *	<i>Diazotization reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Negative		Negative
Microscopic Examination			
Pus cells	2-3/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	6-8/hpf	/hpf	NA
Crystals	Nil		Nil
Cast *	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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Parameter	Result	Unit	Biological Ref. Interval
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Liver Function Test**Liver Function Test**

SGPT (ALT) <i>Multi Point Rate with P-5-P</i>	16	U/L	9 - 52
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	26	U/L	14 - 36
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	96	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic</i>	12	U/L	12 - 43
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	7.5	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.0	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	3.5	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.1	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.7	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0 Adult : 0.2 - 1.3
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.5	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.2	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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