

# PANCHMUKHI HOSPITAL

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

Dr C P Dadhaniya

Dr R C Dadhaniya  
MBBS, Dip.G.O, Diabetologist

policy number :  
full name : meesha meet Ruchchh  
identity proof : Aadhar card  
identity proof no : 4439  
gender : female 127 yr  
height : 152  
weight : 64  
B P : 120/80  
pluse : 92/min Regular  
blood sample : yes  
fasting mode : yes  
non fasting mode : yes  
  
past history : NO  
  
Dental : Health  
  
Romberg Test :  
  
Colour vision : Normal

DR. C. P. DADHANIYA  
M.B. Diabetologist  
Ind. Physician (C14)  
Reg. No. G19  
Code No. 378.  
Panchmukhi Hospital  
Mavdi Chowki,  
150 Ft. Ring Road, RAJKOT.

NAME: Meet Meet Ratchh  
 AGE/GENDER: 27/male  
 DIAG. DATE: 08-10-23

PATIENT'S REFRACTION DETAILS

		SPHE	CYL	AXIS	VN
R	D	-1.25	N	80°	6/6
	N	N			6/6
L	D	-1.75	N	12°	6/6
	N	N			6/6

REMARKS:

CHECKED BY: Dr. C.P. Dadhaniya

*J. Dadhaniya*

DR. C. P. DADHANIYA

M.B. Diabetologist

Ind. Physician (CIH)

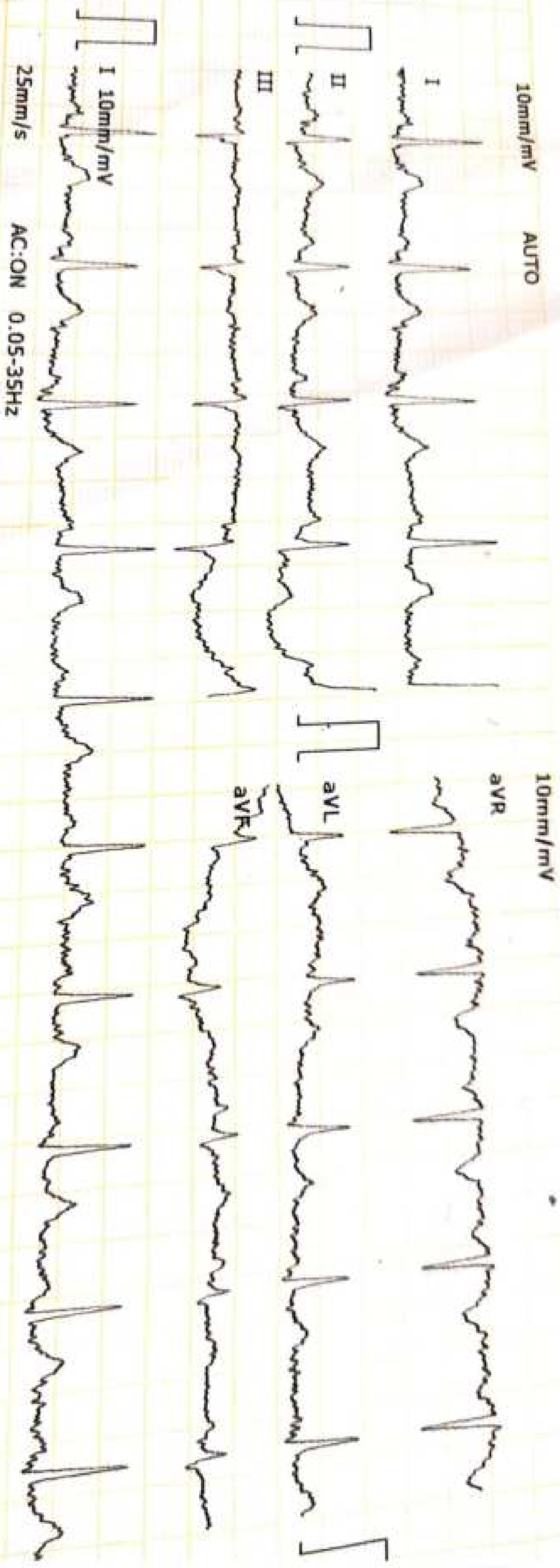
Reg. No. 61113

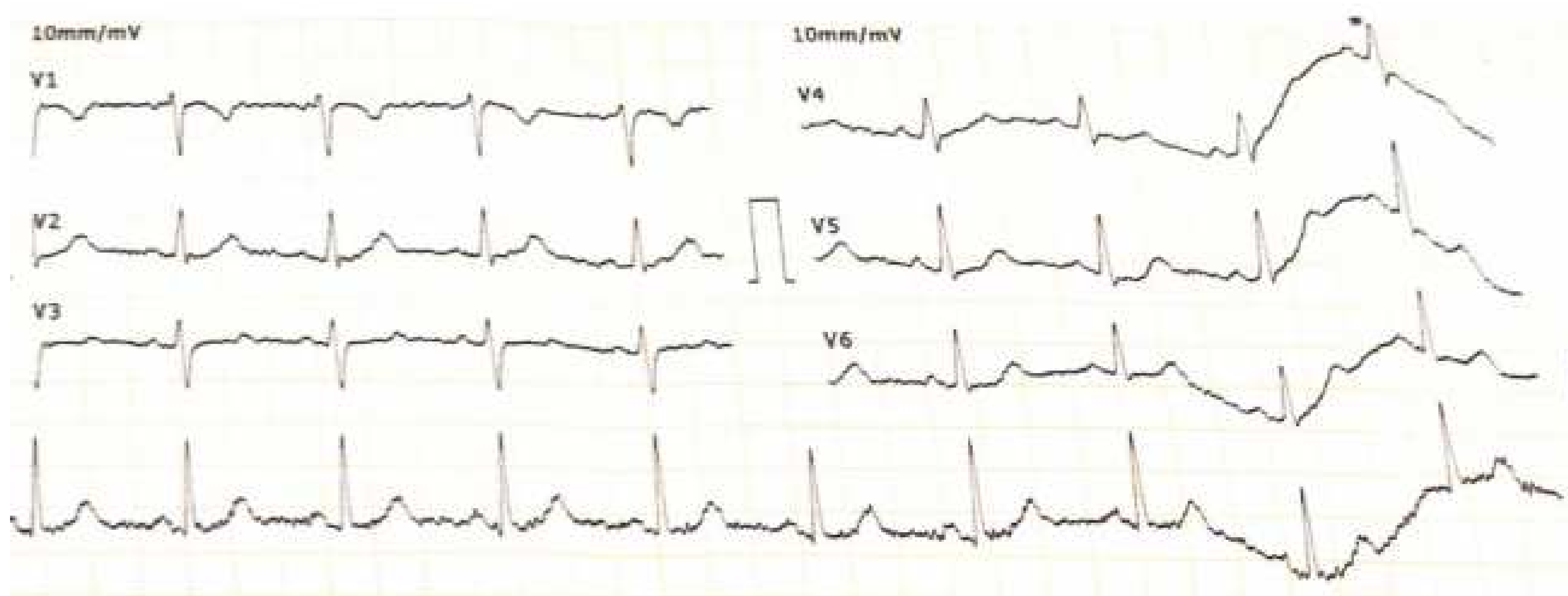
Code No. 3143

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.





2023-10-28 9:16:50 ID:00003547

ID Card: \_\_\_\_\_

Name: meeta Rachchhai Gender: female

Age: \_\_\_\_\_ Height(cm): \_\_\_\_\_

Weight(Kg): 27 BP(mmHg): 1

HR.....bpm 92

P-R.....DR. C. P. DADANI 23

Q-R-S.....W. Y. @ Diabetologist 100

QT/QTc.....Ind. Physician.....ms 330/406

P/QRS/T AXES.....Regd. No. G.....deg 60/9/51

RV5/SV1.....Code No. 370.....mV 0.76/0.64

RV5+SV1.....Panchmukhi Hospital.....mV 1.40

Mavdi Chowki

150 Ft. Ring Road, RAJKOT.

\*The result must be confirmed by doctor!

Report Confirmed by:



# પંચમુખી હોસ્પિટલ

ડૉ. રાજ પ્રમોદ  
ડૉ. સી. પી. ડાહ્યાણી  
MBBS, Dip.G.O, Diabetologist

૧૫૦ રિંગ રોડ, મવડી ચોકડી, શહેર આર્કેડ, રાજકોટ. ફોન : ૦૨૮૧-૨૩૭૧૯૩૨

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date : ૨૪-૧૦-૨૩

સુવિધાઓ

- જનરલ પ્રેક્ટીસ
- સ્ત્રીરોગ વિભાગ
- સોનોગ્રાફી
- સર્જરી વિભાગ
- મેડીસીન વિભાગ
- ઓર્થોપેડીક વિભાગ
- બાળરોગ વિભાગ
- એનોરેક્ટલ સર્જરી
- યુરોલોજી
- લેપ્રોસ્કોપી સર્જરી
- આર.એસ.બી.વાય તથા ચિરંજીવી યોજના
- દરેક જાતની રસી (વેક્સીન) દરરોજ આપવામાં આવે છે

હું મીરાં વસંત

Pap Smear ની રિપોર્ટ કાઢવા  
દરજી નથી. ઉપરાંત સ્ક્રીનીંગ  
રિપોર્ટ કાઢવાને પણ દરજી નથી.

~~Patient~~

Dr. C. P. DADHANIYA

M.B.B.S., C.I.H.

Regd. No. G19798

PANCHMUKHI HOSPITAL

MAVADI CHOKADI.

150' RING ROAD, RAJKOT

દવાનું રિએક્શન આવે તે દર્દીની તાસીર ઉપર આધાર રાખે છે • ફરી આવો ત્યારે આ કાગળ સાથે લાવવો



भारत सरकार

Government of India



Issue Date: 25/02/2014



मीरा मीत राख्छ  
Meera Meet Rachchh  
जन्म तारीख / DOB : 16/11/1995  
स्त्री / Female



3533 9545 4439



3533 9545 4439

मेरा आधार, मेरी पहचान



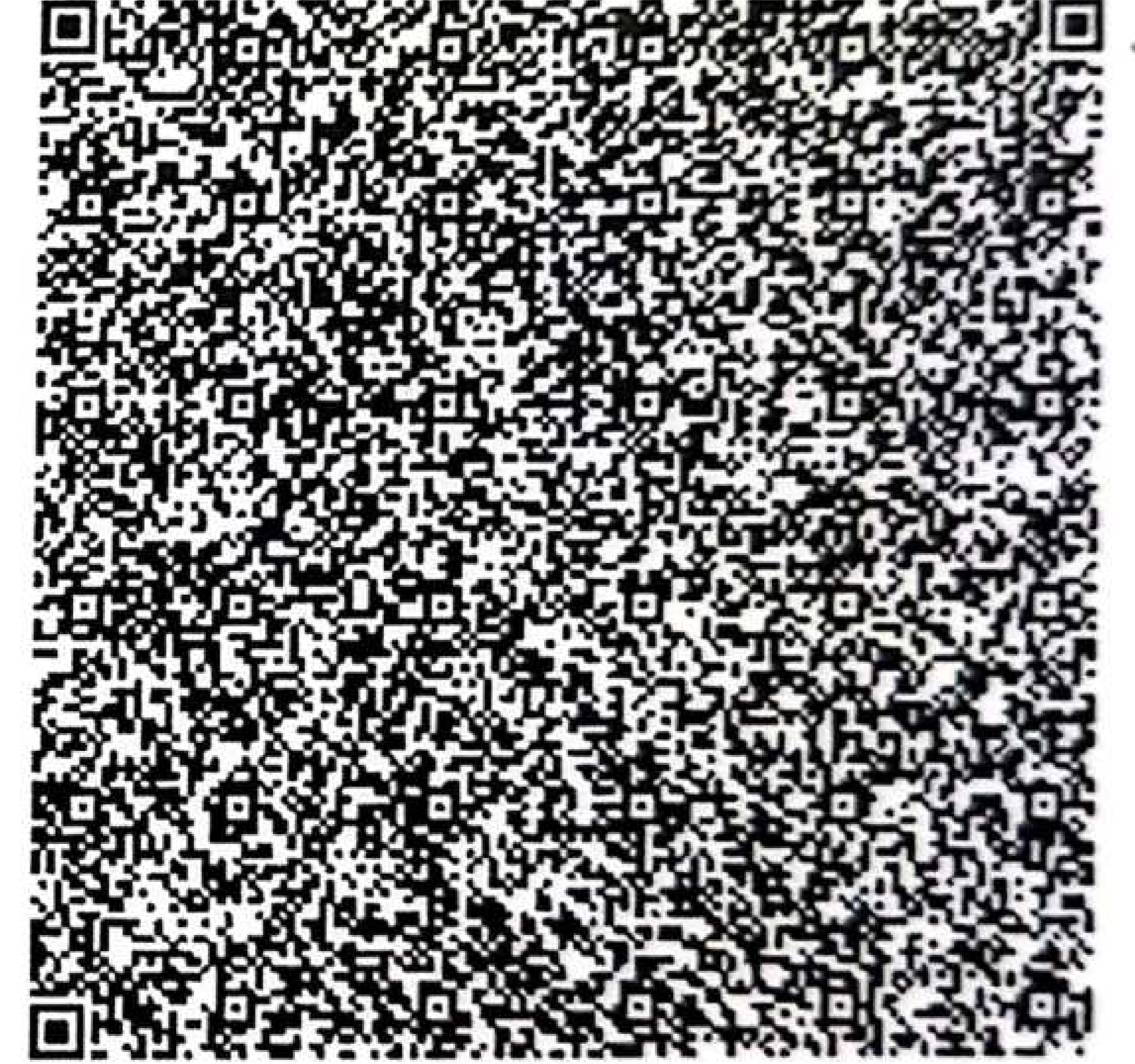
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



सरनाभुं : 165, गेट नं-4, अवंती पार्क, 150  
फ़ीट रिंग रोड, शीतल पार्क पास, राजकोट,  
राजकोट, गुजरात, 360006

Address: 165, Gate No-4, Avanti Park, 150  
Feet Ring Road, Near Shital Park, Rajkot,  
Rajkot, Gujarat, 360006



**3533 9545 4439**



1947



help@uidai.gov.in



www.uidai.gov.in

Print Date: 08/12/2022



Mediwheel Rachchh  
meera

GPS Map  
Camera Lite

At mavdi chokdi, 150 Feet Ring Rd, opposite Mahiraj  
Hotel, Mavdi, Rajkot, Gujarat 360004, India

Latitude  
22.2647846°

Longitude  
70.7842447°

Local 09:29:35 AM  
GMT 03:59:35 AM

Altitude 143 meters  
Saturday, 28.10.2023



Pt.'s Name: MEERA RACHCHH

Date: 28 October, 2023

**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



PATIENT NAME : MEERA RACHCHH

DATE: 28 October 2023


## USG ABDOMEN AND PELVIS

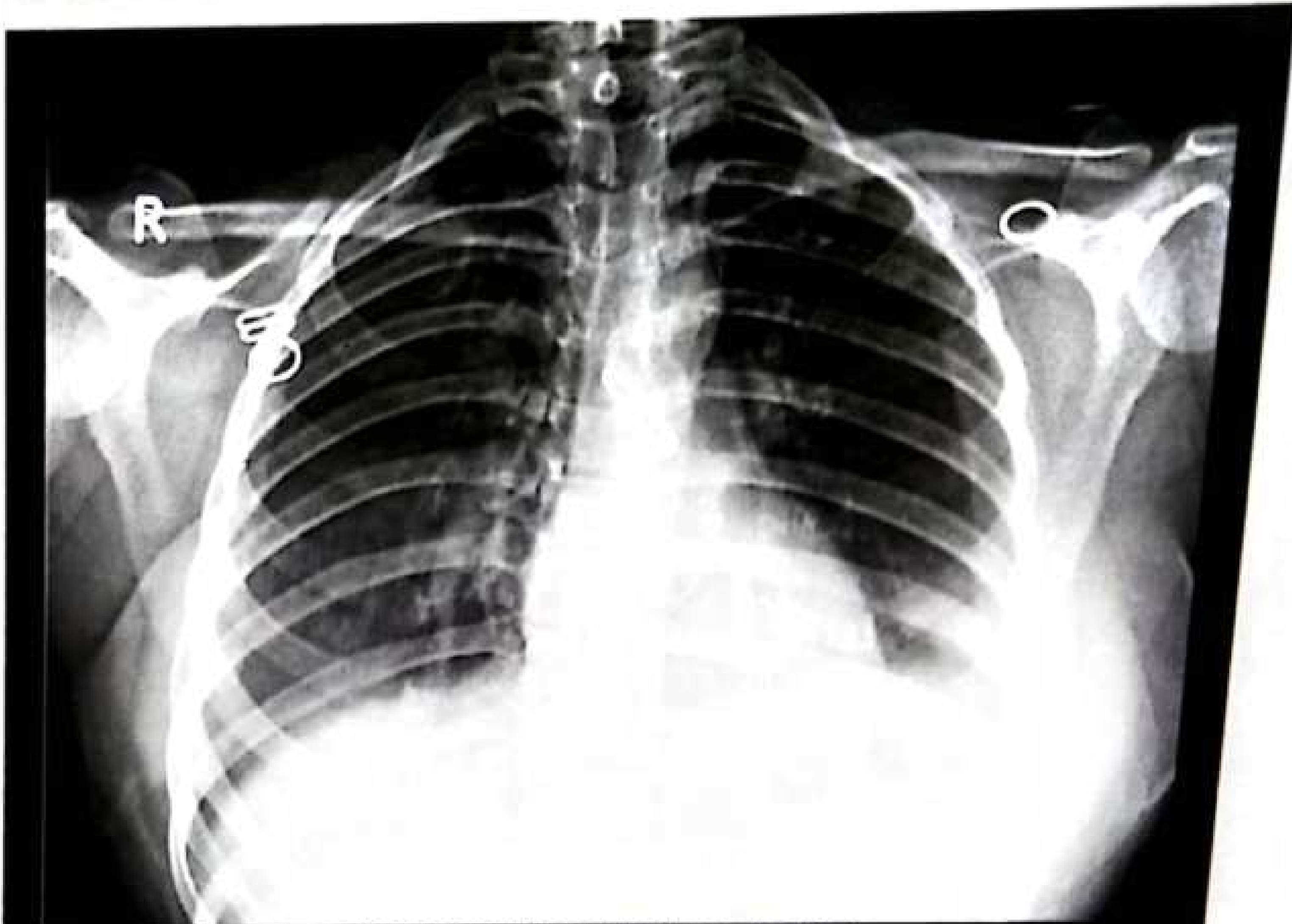
- **LIVER:** is normal in size and shows normal parenchymal echotexture. No focal or diffuse lesions are seen. The intra hepatic biliary and portal radicles are normal. The portal vein and CBD are normal.
- **GALL BLADDER:** Well distended and appears unremarkable. No evidence of calculus or cholecystitis 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 9.0 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 angels clear

### CONCLUSION:

- No significant abnormality seen in present study.

Thanks for reference.

  
DR PRATIK KAGATHARA  
MD



MEERA RACHCHH/F CHEST PA 28-Oct-23  
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)

## Tread Mill Test

Patient Name	: Meera Rachchh	Age	: 27yrs/F
OPD/IPD	: OPD	ID. No.	:
Ref. By	: Dr. C.P.Dadhaniya	Resting BP	: 130/80
Report Date	: 28/10/2023	Max. BP	: 170/80

Patient Reaches exercise limit at 8.10 METS.

No signs of ischemia at the exercise level and during recovery phase.

Adequate increase of HR & BP.

No significant Arrhythmia.

The stress test was terminated after 7:00 minutes as patient complained of Fatigue.  
Patient achieved 96% THR without chest pain.

The recovery was uneventful.

Good effort tolerance.

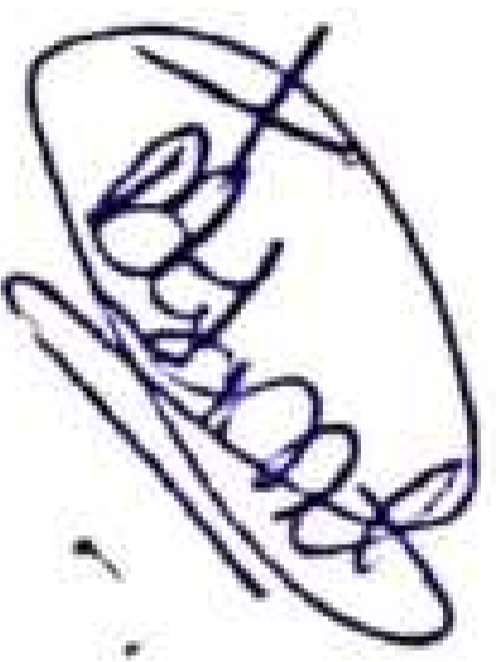
**Conclusion: - The stress test is NEGATIVE for exercise induced myocardial ischaemia.**

*Hansalia M.K.*  
**DR. MAULIK HANSALIA**  
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

**DR. NISHANT SIRODARIYA**  
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

# CURE CARDIOLOGY CLINIC

3232384 / MEERA RACHCHH  
27 Yrs / Female  
28-Oct-2023 06:03:34 PM



## Summary

Protocol : BRUCE

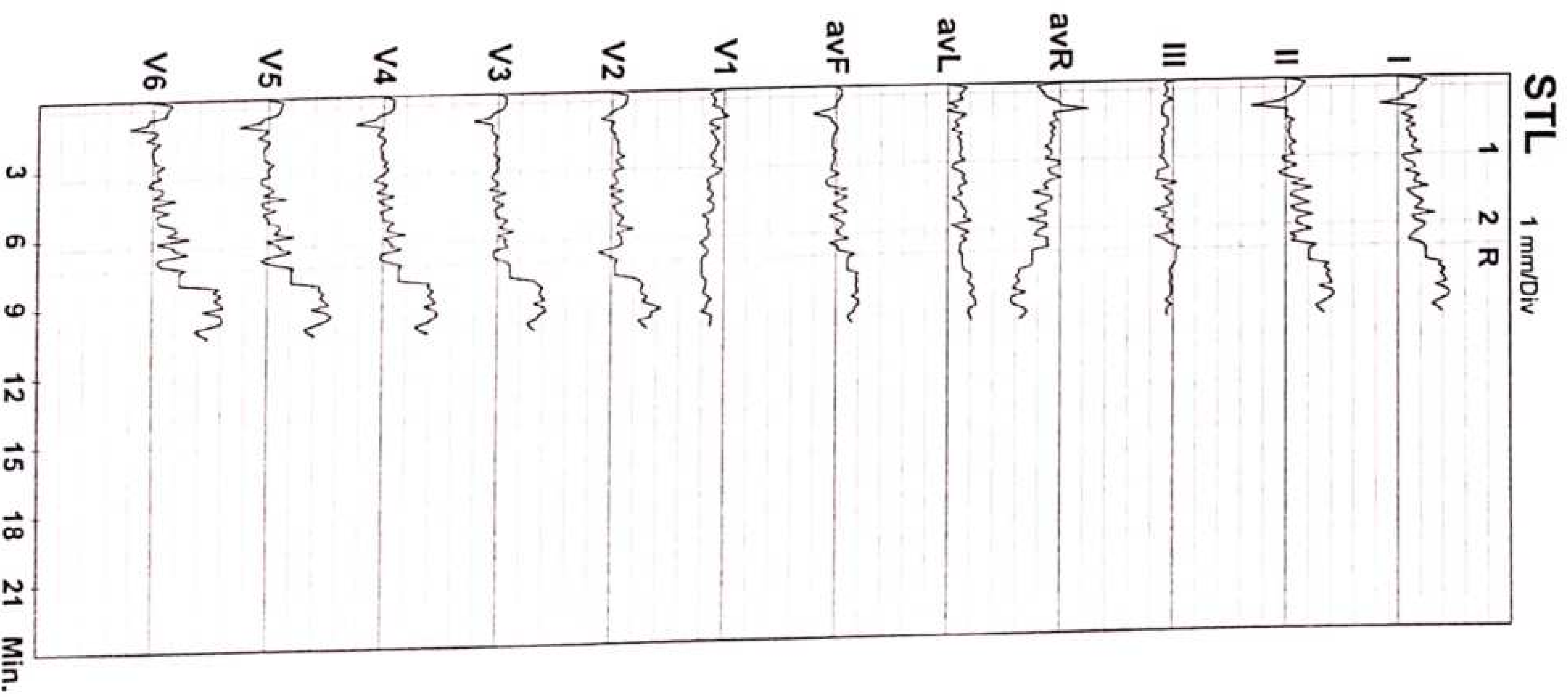
Medication :  
Ref. By :  
Objective :  
History :

Stage	Stage Time (Min:Sec)	Phase Time (Min:Sec)	Speed (kmph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	114	130/80	148	-	
Standing					1.0	112	130/80	145	-	
HV					1.0	115	130/80	149	-	
ExStart					1.0	100	130/80	130	-	
Stage 1	3:00	3:01	4.3	10.0	4.6	151	150/80	226	-	
Stage 2	3:00	6:01	6.4	12.0	7.0	171	170/80	290	1	
PeakEx	1:00	7:00	8.8	14.0	8.1	186	170/80	316	-	
Recovery	1:00		0.0	0.0	1.1	164	170/80	278	-	
Recovery	2:00		0.0	0.0	1.0	143	150/80	214	-	
Recovery	3:00		0.0	0.0	1.0	130	130/80	169	-	
Recovery	3:01		0.0	0.0	1.0	132	130/80	171	-	

### Findings :

Exercise Time : 7:00 minutes  
Max HR attained : 186 bpm 96% of Target 193  
Max BP : 170/80(mmHg)  
Max Workload attained : 8.1 (Fair Effort Tolerance )  
No significant ST segment changes noted during exercise or recovery.  
No Anginal/Arrhythmia/S3/murmur  
Final Impression : Test is negative for inducible ischaemia.

Advice/Comments:



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
3232384 / MEERA RACHCHH  
27 Yrs / Female  
0 Kg / 0 Cm/  
Date: 28-Oct-2023 06:03:34 PM

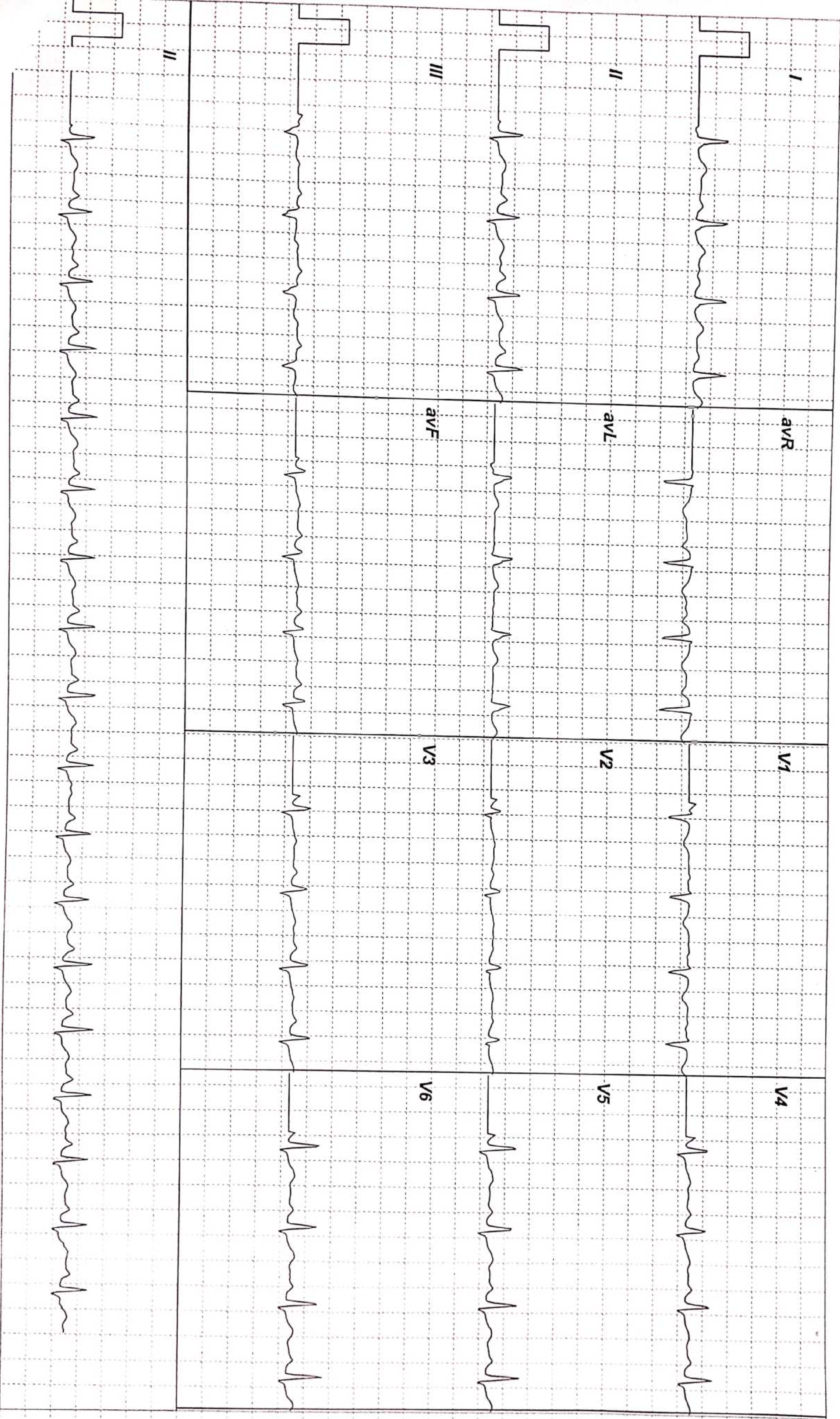
HR: 110 bpm  
METs: 1.0  
BP: -/-  
Trgt HR: 56% of 193  
Speed: 0.0 mph,  
Grade: 0.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz

Ex Time 00:01  
BLC: On  
Notch: On

1.0 Cm/mV  
25 mm/Sec.

**3x4+1 Rhythm Lead**



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
3232384 / MEERA RACHCHH  
27 Yrs / Female  
0 Kg / 0 Cm/  
Date: 28-Oct-2023 06:03:34 PM

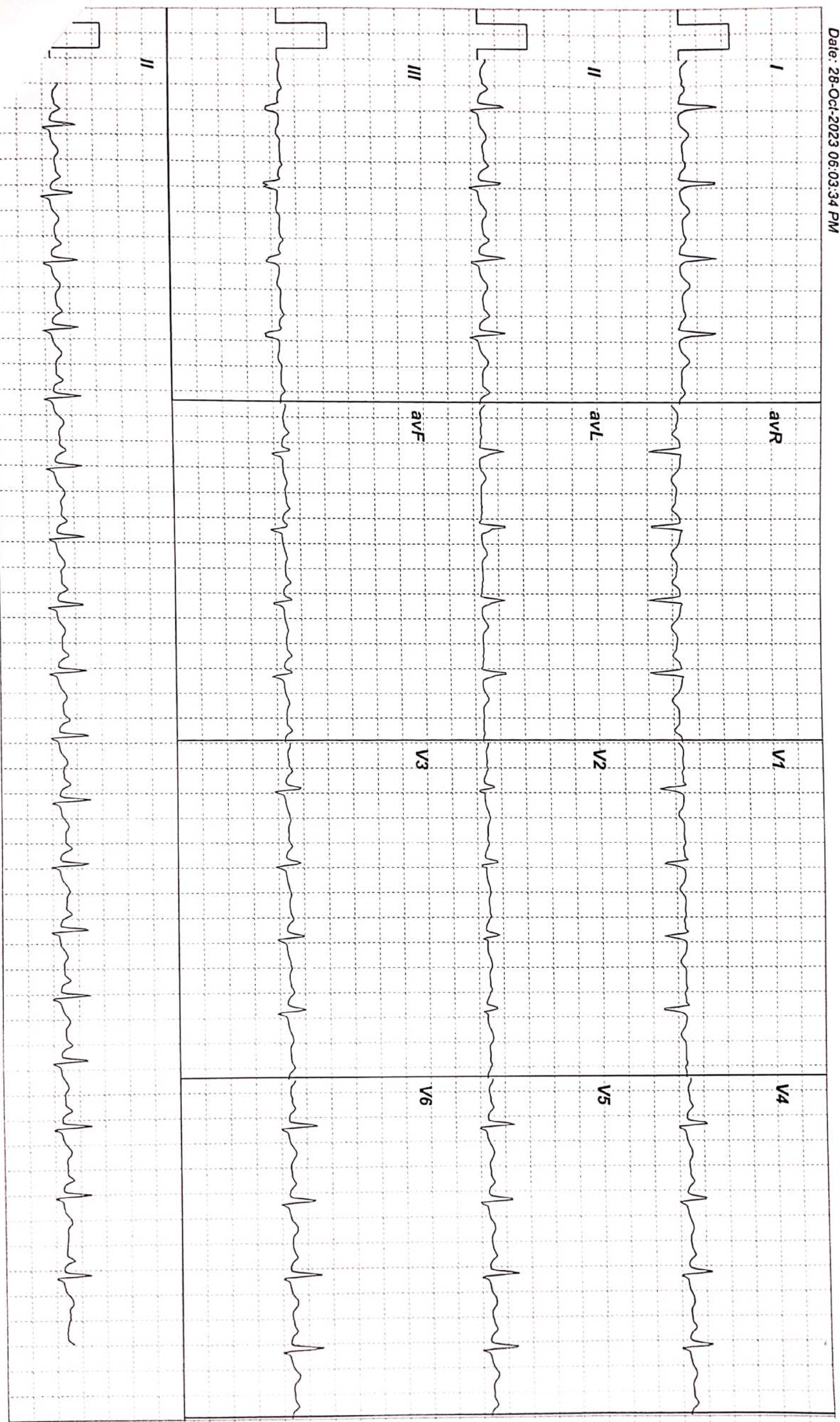
HR: 114 bpm  
METS: 1.0  
BP: 130/80  
Tgt HR: 59% of 193  
Speed: 0.0 mph,  
Grade: 0.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz

Ex Time 00:13  
BLC: On  
Notch: On

Supine  
1.0 Cm/mV  
25 mm/Sec.

**3x4+1 Rhythm Lead**

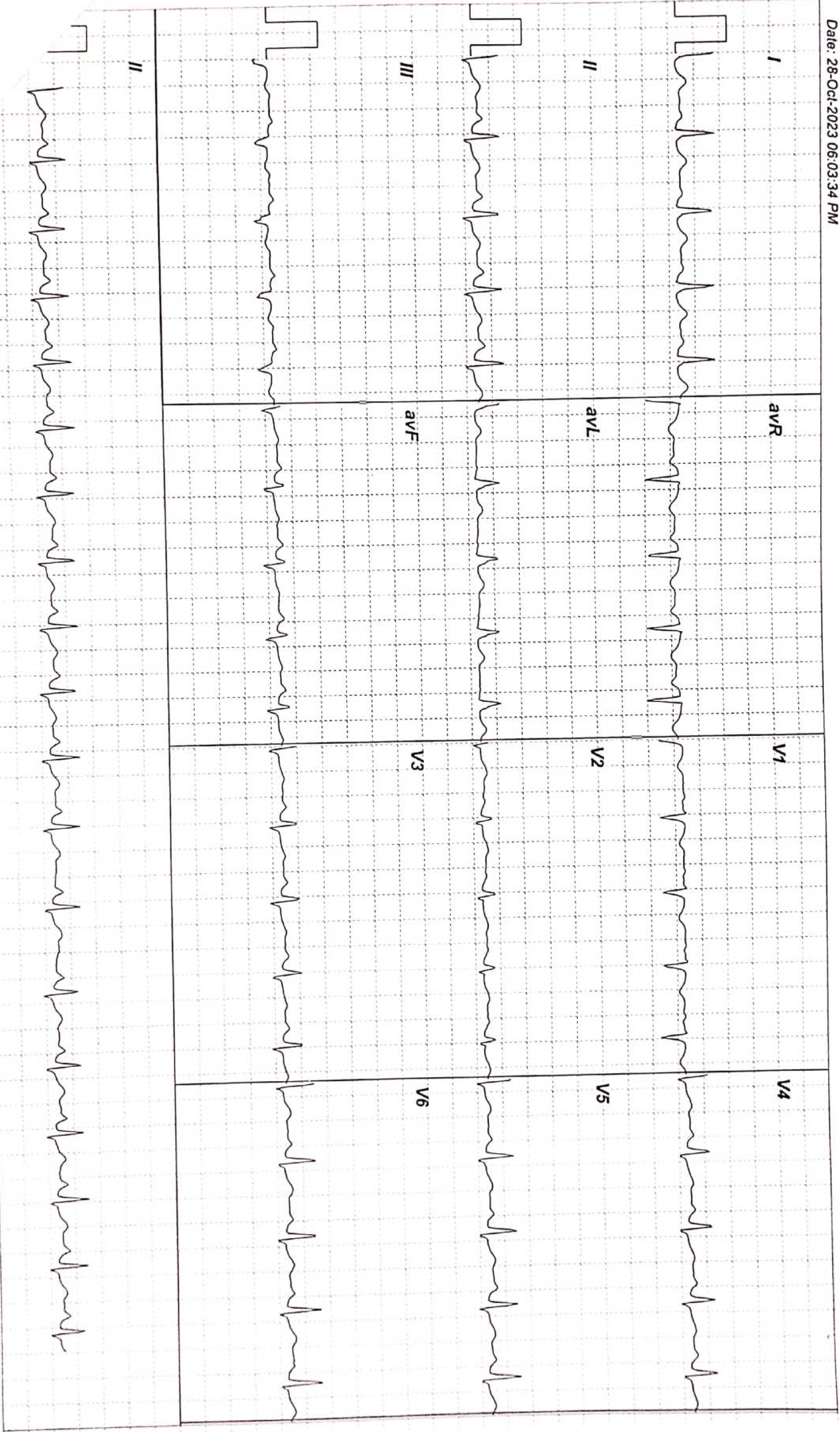


CURE CARDIOLOGY CLINIC  
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
3232384 / MEERA RACHCHH  
27 YRS / Female  
0 Kg / 0 Cm/  
Date: 28-Oct-2023 06:03:34 PM

HR: 112 bpm  
METs: 1.0  
Trgt HR: 58% of 193  
Speed: 0.0 mph,  
Grade: 0.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz

3x4+1 Rhythm Lead  
Ex Time 00:16  
BLC: On  
Notch: On  
Standing  
1.0 Cm/mV  
25 mm/Sec.





**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
3232384 / MEERA RACHCHH  
27 Yrs / Female  
0 Kg / 0 Cm/  
Date: 28-Oct-2023 06:03:34 PM

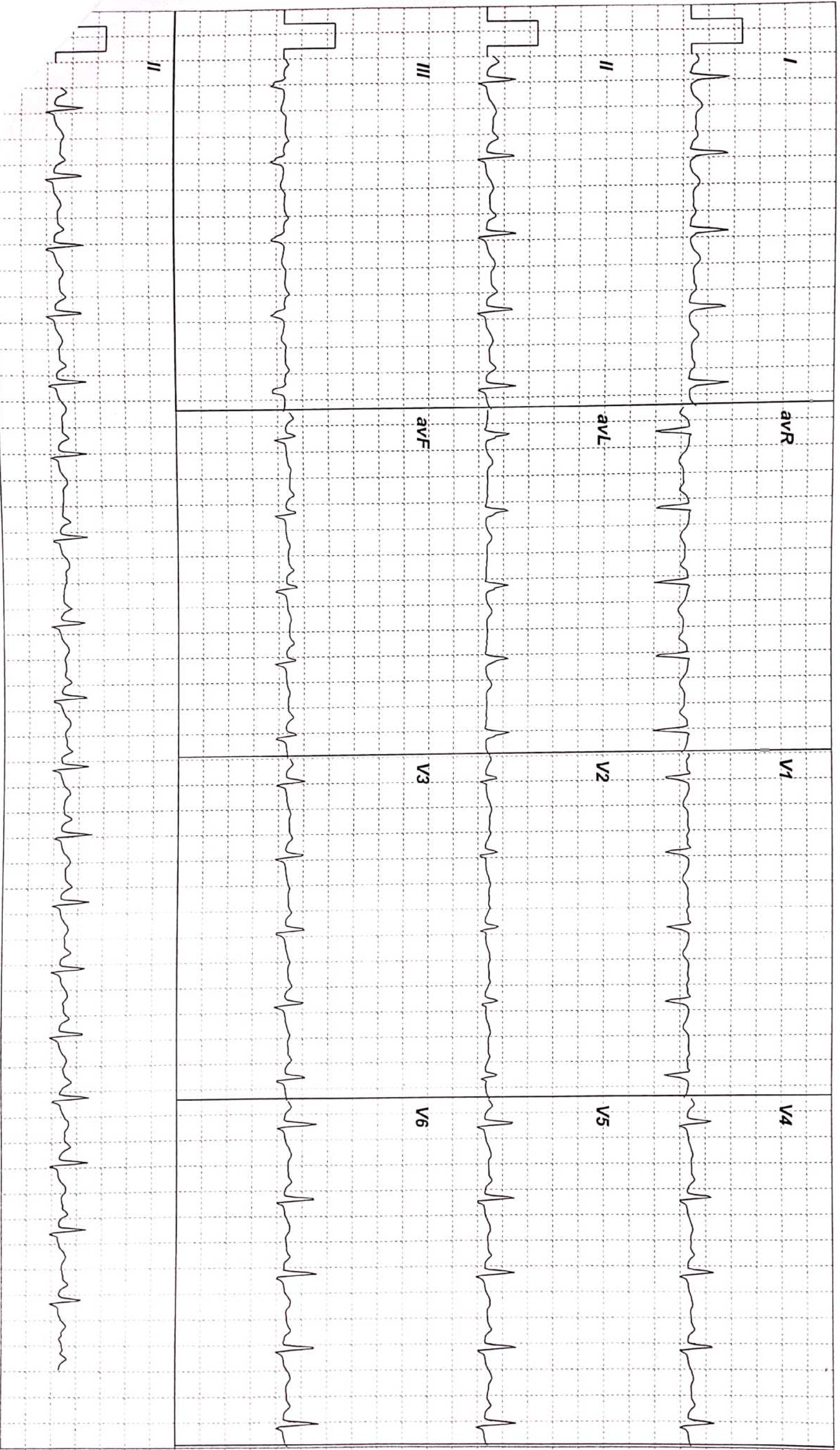
HR: 115 bpm  
METs: 1.0  
BP: 130/80  
Tgt HR: 59% of 193  
Speed: 0.0 mph,  
Grade: 0.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz

Ex Time 00:19  
BLC: On  
Notch: On

**3x4+1 Rhythm Lead**

HV  
1.0 Cm/mV  
25 mm/Sec.



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
3232384 / MEERA RACHCHH  
27 Yrs / Female  
0 Kg / 0 Cm/  
Date: 26-Oct-2023 06:03:34 PM

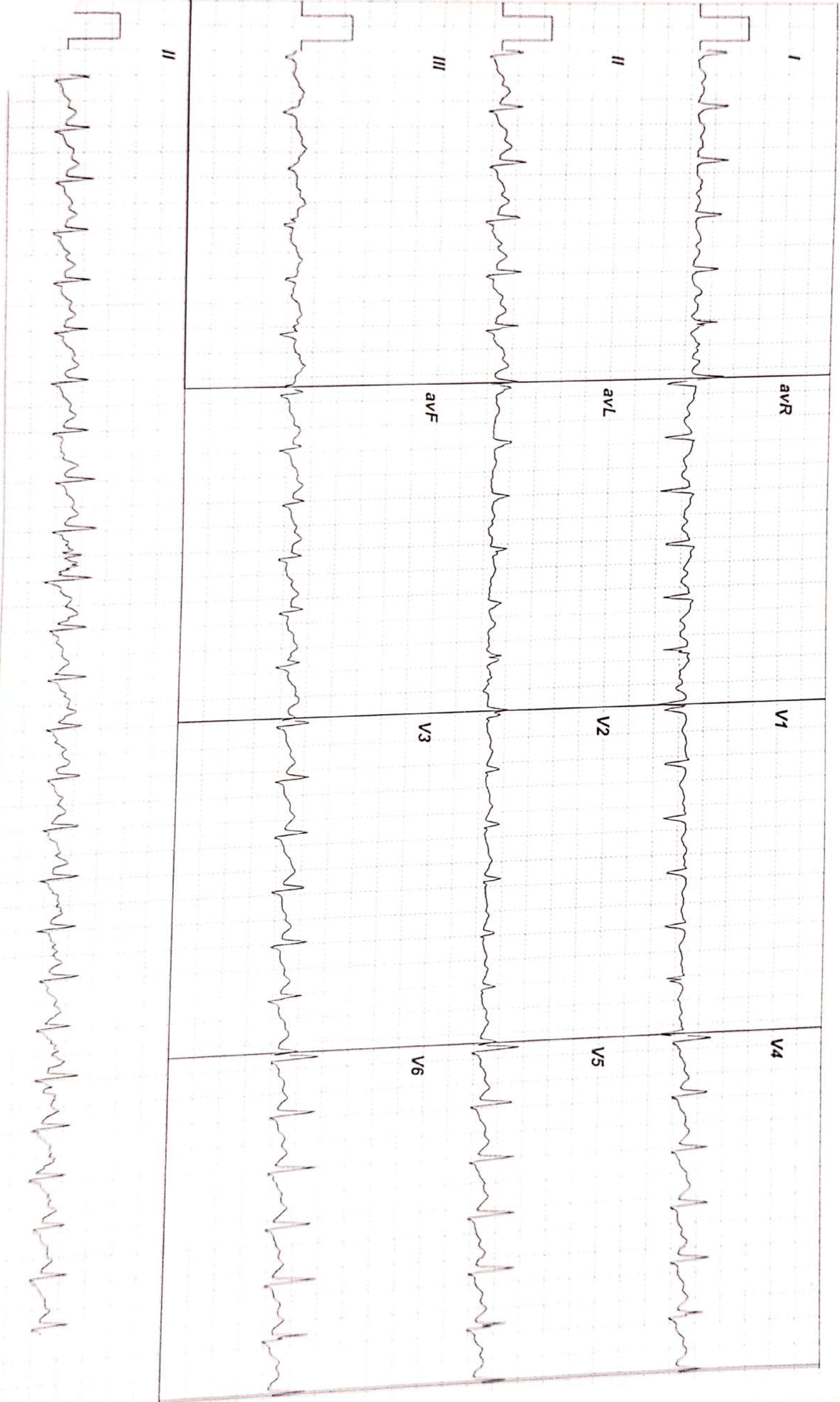
HR: 151 bpm  
METs: 4.6  
BP: 150/80

Tgt HR: 78% of 193  
Speed: 2.7 mph,  
Grade: 10.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz

Ex Time 03:00  
BLC: On  
Notch: On

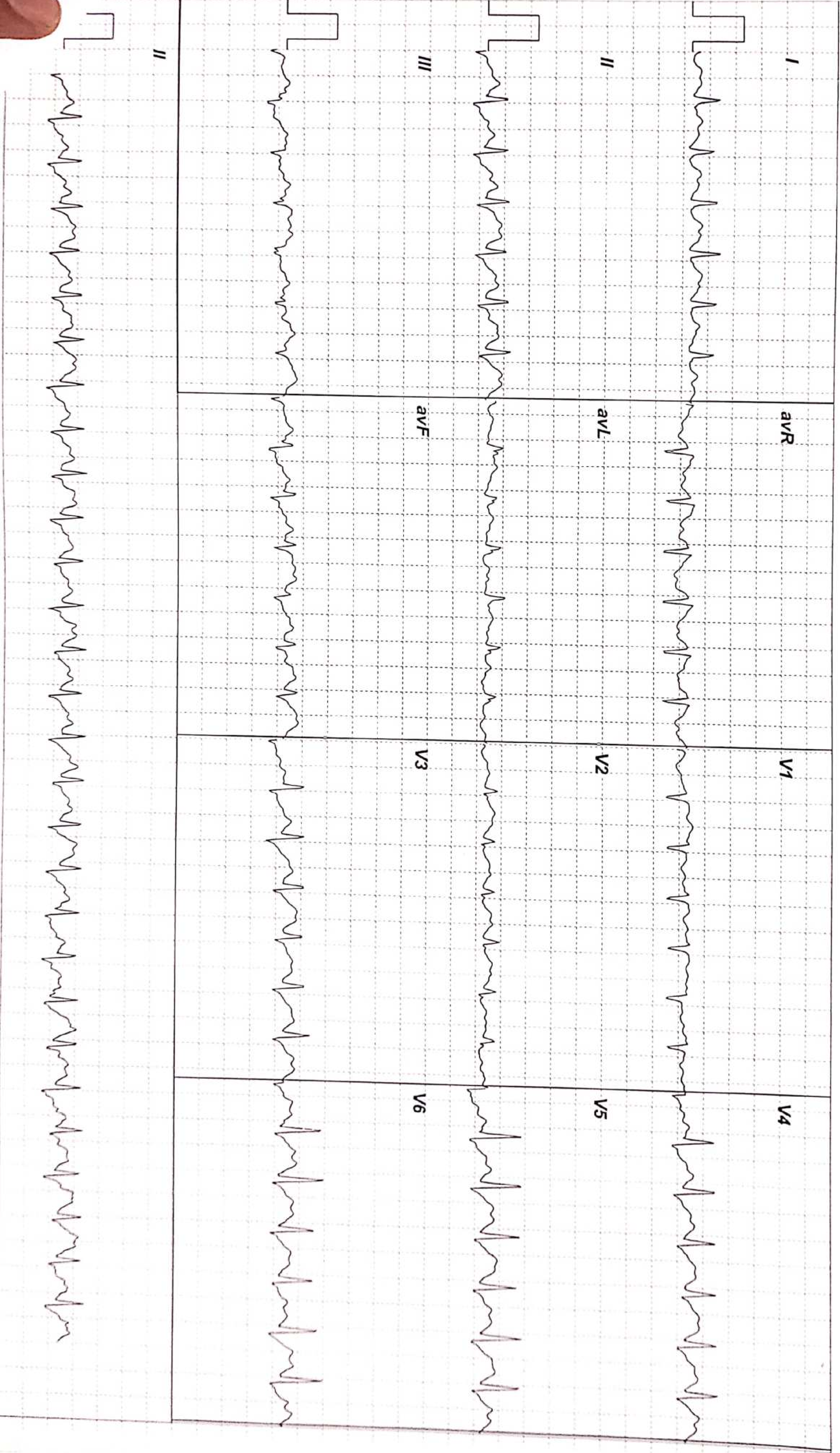
**3x4+1 Rhythm Lead**  
BRUCE: Stage 1 (3:00)  
1.0 Cm/mV  
25 mm/Sec.



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
3232384 / MEERA RACHCHH  
27 Yrs / Female  
0 Kg / 0 Cm/  
Date: 28-Oct-2023 06:03:34 PM

HR: 171 bpm  
METs: 7.0  
BP: 170/80  
Trgt HR: 88% of 193  
Speed: 4.0 mph,  
Grade: 12.0%

**3x4+1 Rhythm Lead**  
BRUCE: Stage 2(3:00)  
1.0 Cm/mV  
25 mm/Sec.

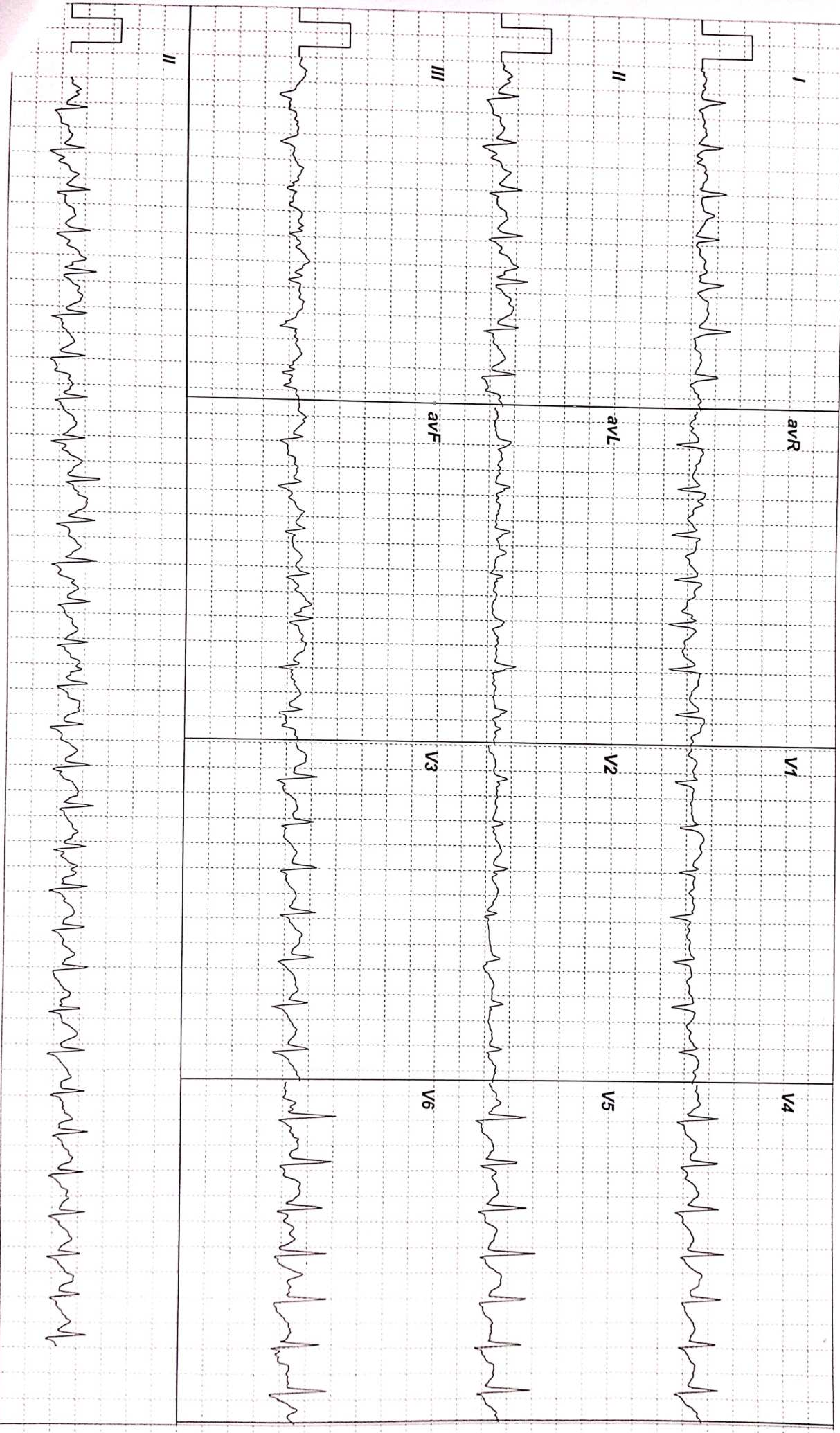


CURE CARDIOLOGY CLINIC  
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
3232384 / MEERA RACHCHH  
27 Yrs / Female  
0 Kg / 0 Cm/  
Date: 28-Oct-2023 06:03:34 PM

HR: 186 bpm  
METs: 8.1  
Tgt HR: 96% of 193  
Speed: 5.5 mph,  
Grade: 14.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz  
Ex Time 06:59  
BLC: On  
Notch: On

3x4+1 R:J 4m Lead  
BRUCE: PeakEx(1:00)  
1.0 Cm/mV  
25 mm/Sec.



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
3232384 / MEERA RACHCHH  
27 Yrs / Female  
0 Kg / 0 Cm/  
Date: 28-Oct-2023 06:03:34 PM

HR: 164 bpm  
METS: 1.1  
BP: 170/80

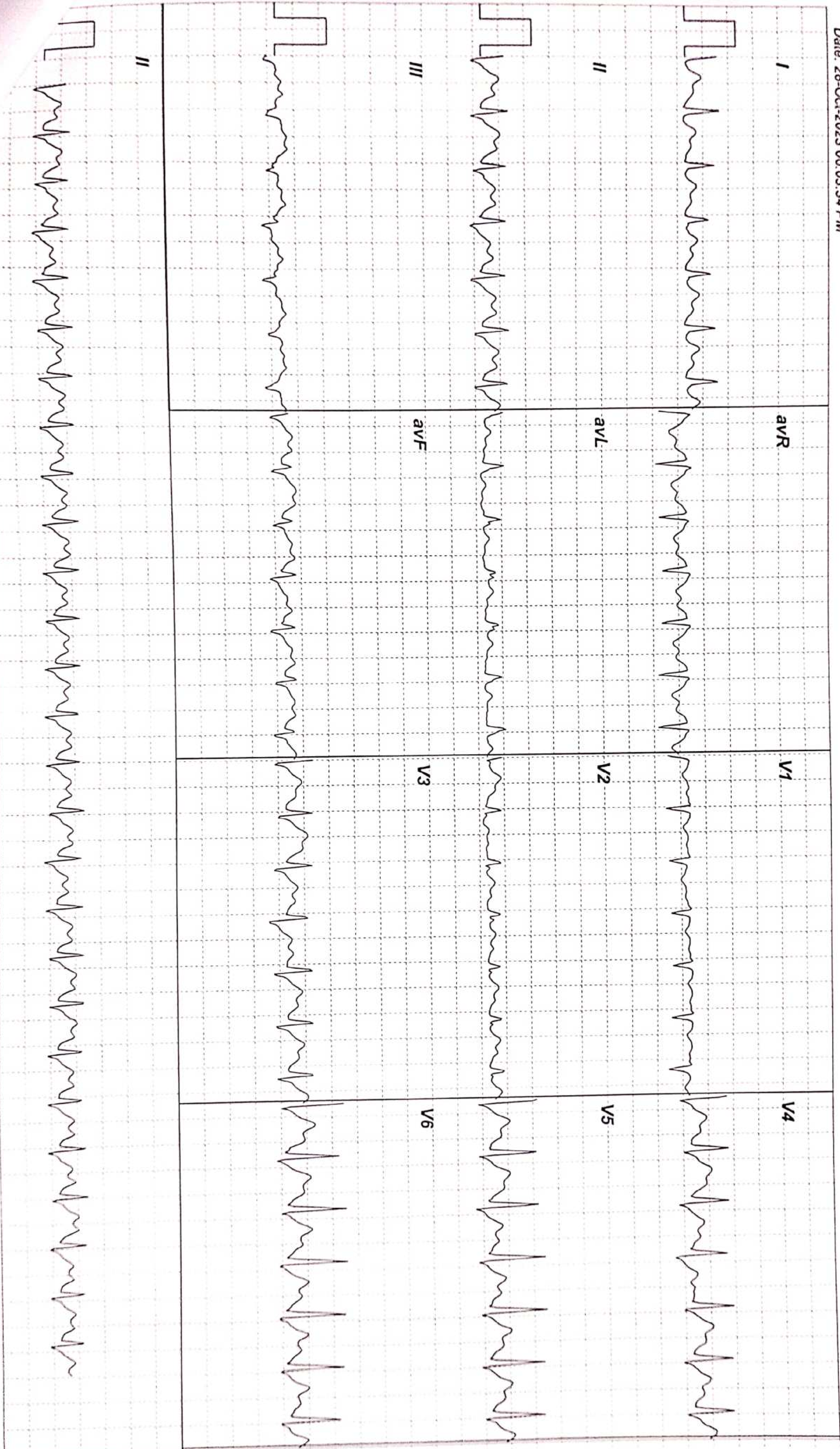
Tgt HR: 84% of 193  
Speed: 0.0 mph.  
Grade: 0.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz

Ex Time 07:00  
BLC: On  
Notch: On

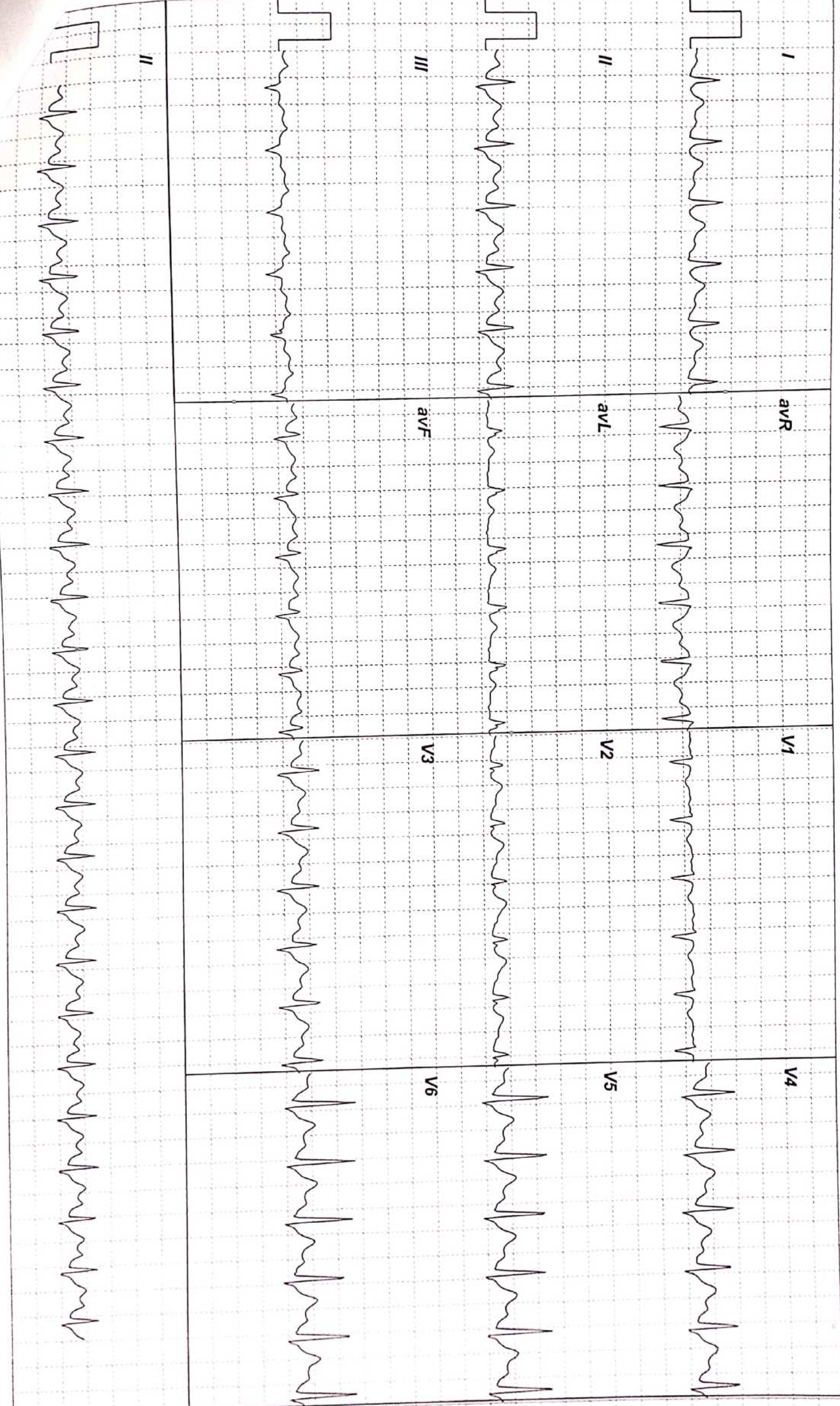
**3x4+1 Rhythm Lead**

Recovery(1:00)  
1.0 Cm/mV  
25 mm/Sec.



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
3232384 / MEERA RACHCHH  
27 Yrs / Female  
0 Kg / 0 Cm/  
Date: 28-Oct-2023 06:03:34 PM

**3x4+1 Rhythm Lead**  
HR: 143 bpm  
METs: 1.0  
BP: 150/80  
Tgt HR: 74% of 193  
Speed: 0.0 mph,  
Grade: 0.0%  
Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz  
Ex Time 07:00  
BLC: On  
Notch: On  
Recovery(2:00)  
1.0 Cm/mV  
25 mm/Sec.

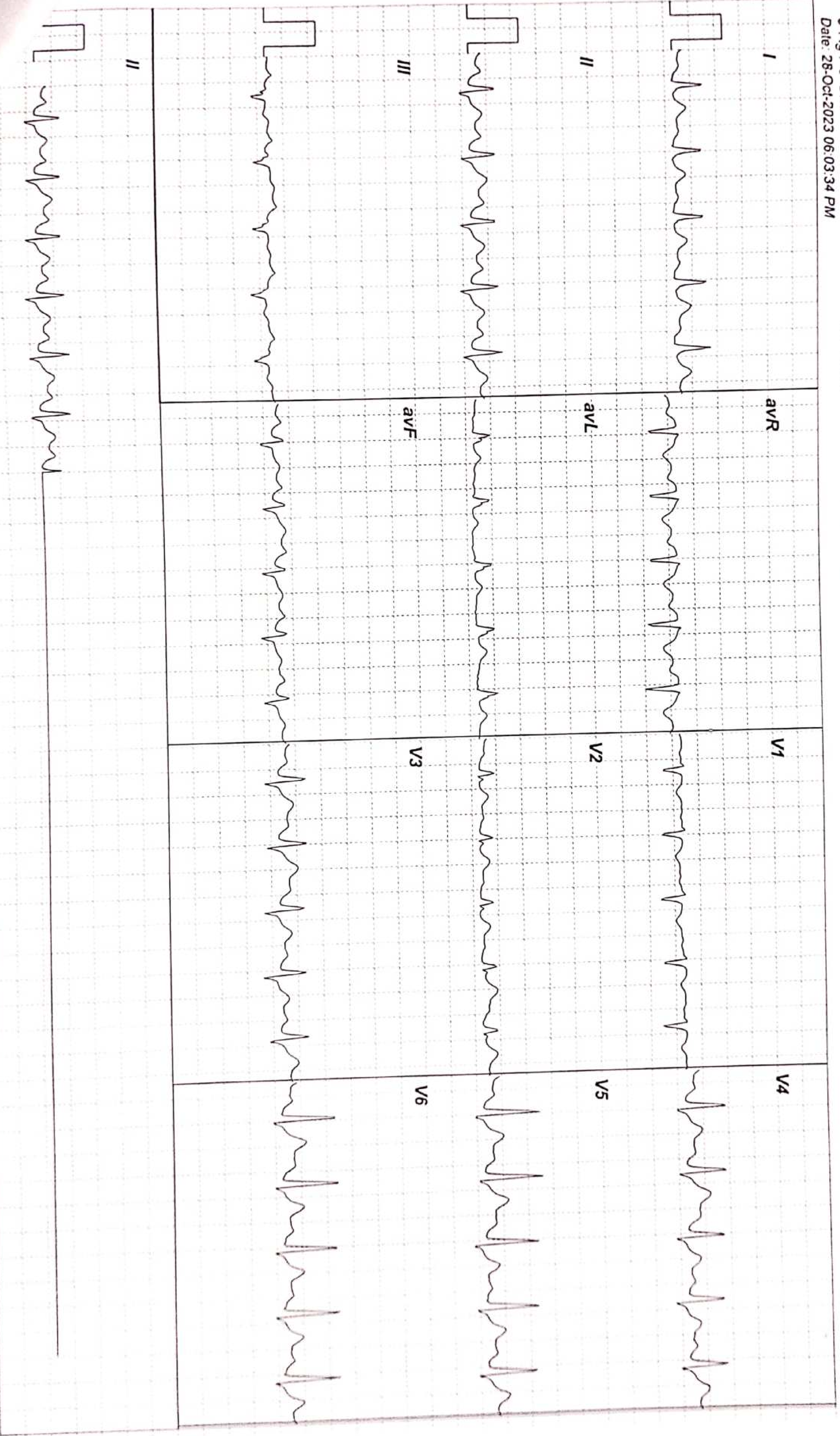


**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
3232384 / MEERA RACHCHH  
27 Yrs / Female  
0 Kg / 0 Cm/  
Date: 28-Oct-2023 06:03:34 PM

HR: 130 bpm  
METs: 1.0  
BP: 130/80  
Tgt HR: 67% of 193  
Speed: 0.0 mph,  
Grade: 0.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz

**3x4+1 Rhythm Lead**  
Ex Time 07:00  
Recovery(3:00)  
BLC: On  
1.0 Cm/mV  
Notch: On  
25 mm/Sec.



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
3232384 / MEERA RACHCHH  
27 Yrs / Female  
0 Kg / 0 Cm/  
Date: 28-Oct-2023 06:03:34 PM

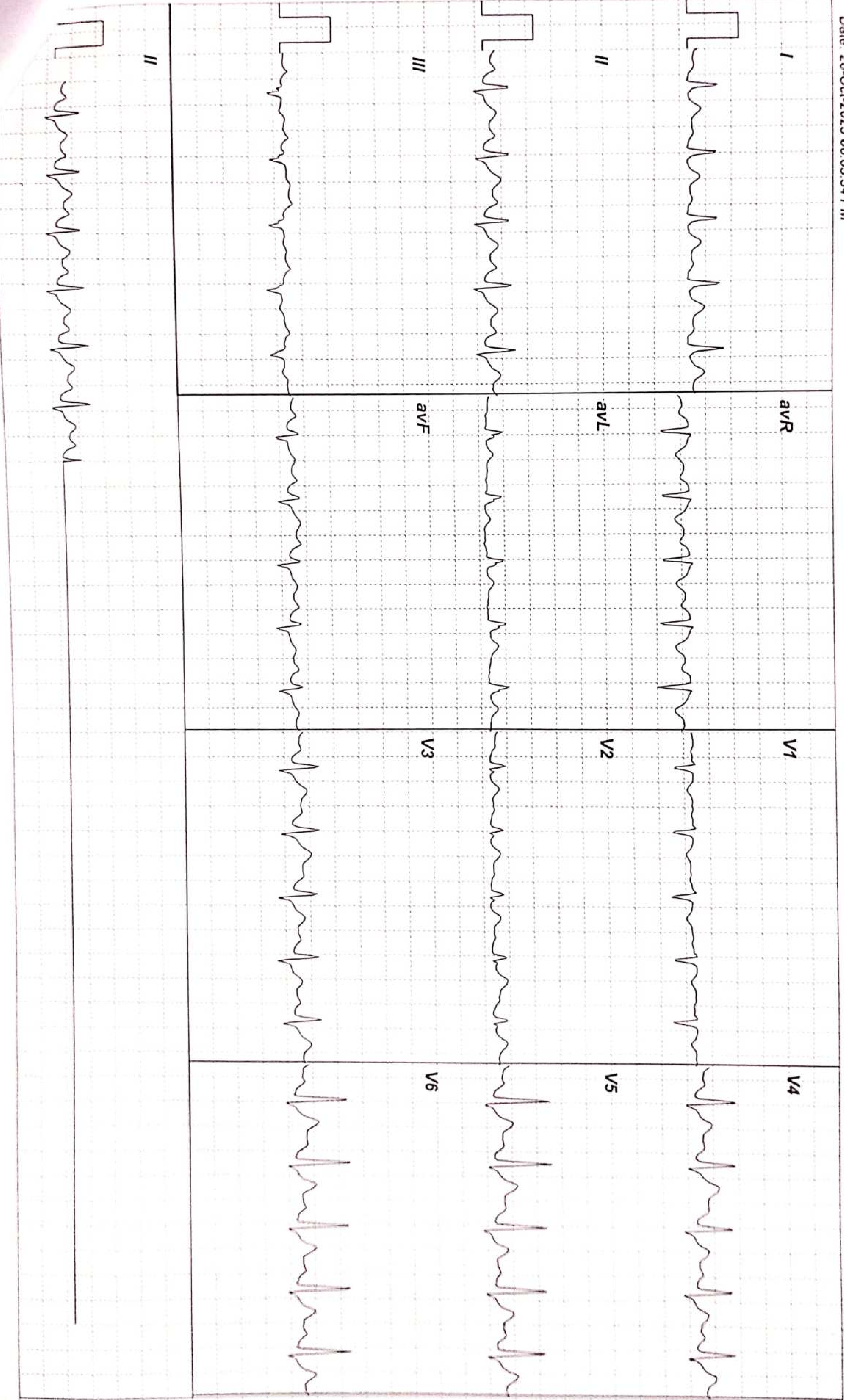
HR: 132 bpm  
METS: 1.0  
BP: 130/80  
Trgt HR: 68% of 193  
Speed: 0.0 mph,  
Grade: 0.0%

Raw ECG  
Protocol: BRUCE  
(0.05-100)Hz

Ex Time 07:00  
BLC : On  
Notch : On

Recovery(3:01)  
1.0 Cm/mV  
25 mm/Sec

**3X4+1 Rhythm Lead**







**TEST REPORT**

<b>Name</b>	: Meera Rachchh	<b>Reg. No</b>	: 310101632
<b>Age/Sex</b>	: 27 Years / Female	<b>Reg. Date</b>	: 28-Oct-2023 12:45 PM
<b>Ref. By</b>	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b>	: 28-Oct-2023 12:45 PM
<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 28-Oct-2023 04:27 PM

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

Parameter	Result	Unit	Biological Ref. Interval
<b>RBC Parameters</b>			
Hemoglobin (SLS method)	13.0	g/dL	12.5 - 16.0
Hematocrit (Electrical Impedance)	37.20	%	37 - 47
RBC Count (Electrical Impedance)	5.30	million/cmm	4.2 - 5.4
MCV (Calculated)	<b>70.2</b>	fL	78 - 100
MCH (Calculated)	<b>24.5</b>	Pg	27 - 31
MCHC (Calculated)	34.9	%	30 - 35
RDW (Calculated)	13.3	%	11.5 - 14.0
<b>WBC Parameters</b>			
WBC Count (Flowcytometry)	4820	/cmm	4000 - 10500
<b>DIFFERENTIAL WBC COUNT</b>			
Neutrophils (%)	45 %	% Range 42.02 - 75.2	Abs. Value 2169 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	<b>46</b> %	20 - 45	2217 /cmm 1000 - 3900
Eosinophils (%)	03 %	1 - 4	145 /cmm 0 - 450
Monocytes (%)	06 %	2 - 8	289 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	<b>0</b> /cmm 20 - 100
<b>Platelete Parameter</b>			
Platelet Count	393000	/cmm	150000 - 450000
MPV	8.5	fL	7.4 - 10.4
P-LCR	13.10	%	11.9 - 66.9
PDW	8.4	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.34	%	0.2 - 0.5

*DRJ*

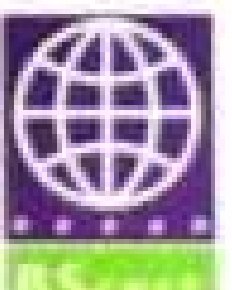
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**TEST REPORT**

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<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 28-Oct-2023 04:27 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.

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Test	Result	Unit	Biological Ref. Interval
<b>Erythrocyte sedimentation rate</b> Sample, EDTA whole blood			
ESR (After 1 hour)	11	mm/hr	3 - 12

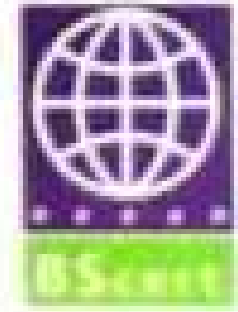
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**FASTING PLASMA GLUCOSE**  
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	81.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic
Urine Glucose -F <small>Glucose Oxidase-Peroxidase</small>	Nil		
Urine Acetone -F	Nil		

Criteria for the diagnosis of diabetes :

- HbA1c  $\geq$  6.5 %Or
- Fasting plasma glucose  $\geq$ 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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<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 28-Oct-2023 06:54 PM

**POST PRANDIAL PLASMA GLUCOSE**

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <small>HEXOKINASE</small>	95.00	mg/dL	70 - 140
Urine Glucose- PP <small>Glucose Oxidase-Peroxidase</small>	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: 511.


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**LIPID PROFILE**  
 Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <small>Cholesterol Oxidase</small>	141.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic Reaction With Glycerol Kinase</small>	88.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <small>Siemens AHDL</small>	50.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <small>Siemens ALDL</small>	73.40	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <small>Calculated</small>	17.60	mg/dL	15 - 35
LDL / HDL RATIO <small>Calculated</small>	1.47		0 - 3.5
Cholesterol /HDL Ratio <small>Calculated</small>	2.82		0 - 5.0


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**RENAL FUNCTION TEST**

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Creatinine</b> <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.98	mg/dL	0.55 - 1.02
<b>eGFR</b>	109.91	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
<b>Urea</b> <small>Calculated</small>	29.00	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <small>UREASE/GLDH</small>	13.54	mg/dL	7.0 - 18.0
<b>Uric Acid</b> <small>Uricase</small>	4.78	mg/dL	2.6 - 6.2
<b>Sodium</b> <small>Direct ion selective electrode</small>	140.3	mmol/L	137 - 145
<b>Potassium</b> <small>Direct ion selective electrode</small>	4.51	mmol/L	3.5 - 5.1
<b>Chloride</b> <small>Direct ion selective electrode</small>	101.9	mmol/L	98 - 107
<b>Calcium</b> <small>Cresolphthalein Complexone</small>	8.90	mg/dL	8.5 - 10.1

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Parameter	Result	Unit	Biological Ref. Interval
<b>GGT</b> <small>Siemens/37C</small>	39.00	U/L	5 - 55

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**HEMOGLOBIN A1 C (HBA1C)**  
Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.10	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 %  Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <i>Calculated</i>	99.67	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

**Explanation :**

- Total hemoglobin A1 c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HBA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is sixty days, HBA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures

**HbA1c assay Interferences :**

- Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

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**THYROID FUNCTION TEST**

Parameter	Result	Unit	Biological Ref. Interval
<b>Thyroid Stimulating Hormone (TSH)</b> <small>CLIA</small>	3.140	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> <small>CLIA</small>	1.24	ng/mL	0.6 - 1.81
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**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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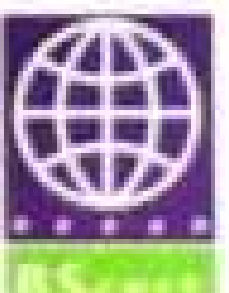
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**Thyroxine (T4)** 11.38 µg/dL 4.5 - 12.6  
CLIA

**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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**URINE ROUTINE EXAMINATION**

Parameter	Result	Unit	Biological Ref. Interval
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**PHYSICAL EXAMINATION**

Quantity	20 cc		
Colour	Pale Yellow		
Clarity	Clear		

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	6.5		4.6 - 8.0
Sp. Gravity	1.025		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	5 - 6/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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**LIVER FUNCTION TEST**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Total Protein</b> <i>BIURET</i>	7.20	g/dL	6.4 - 8.2
<b>Albumin</b> <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.10	g/dL	3.40 - 5.00
<b>Globulin</b> <i>Calculated</i>	3.10	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	1.32		0.8 - 3.1
<b>SGOT (AST)</b> <i>Siemens/37C</i>	29.00	U/L	15 - 37
<b>SGPT (ALT)</b> <i>Siemens/37C</i>	49.00	U/L	14 - 59
<b>Alkaline Phosphatase</b> <i>Siemens/37C</i>	94.00	U/L	46 - 116
<b>Total Bilirubin</b> <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.34	mg/dL	0.2 - 1
<b>Conjugated Bilirubin</b> <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.12	mg/dL	0 - 0.20
<b>Unconjugated Bilirubin</b> <i>Sulph acid diazo-calf-benz</i>	0.22	mg/dL	0.0 - 1.1

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