

mediwheel  
**PANCHMUKHI HOSPITAL**

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

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

policy number :  
full name : Solanki Sundeeep Kumar  
identity proof : Adhar card  
identity proof no : 2156  
gender : male  
height : 1.85 cm  
weight : 90 kg  
BP : 114/74  
pulse : 64/min regular  
blood sample : YES  
fasting mode : YES  
non fasting mode : YES

past history : NO

dental : Healthy

~~Gynae~~ :

General : Healthy

*Jandy*

Dr. C. P. DADHANIYA  
M.B.B.S. I.H.  
Regd. No. G19798  
PANCHMUKHI HOSPITAL  
MAVADI CHOKADI.  
150' RING ROAD. RAJKOT.

NAME : Sandip Kumar Solanki  
AGE/GENDER: male / 27

DIAG. DATE: 26/08/23

PATIENT'S REFRACTION DETAILS

		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 :

CHECKED BY : Dr. C.P. Dadhaniya



Dr. C. P. DADHANIYA  
M.B.B.S., C.I.H.  
Regd. No. G19798  
PANCHMUKHI HOSPITAL  
MAVADI CHOKADI,  
150' RING ROAD, RAJKOT

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SOLANKI SANDIPKUMAR VINODBHAI
EC NO.	181968
DESIGNATION	BRANCH HEAD
PLACE OF WORK	DOLIYA
BIRTHDATE	11-05-1996
PROPOSED DATE OF HEALTH CHECKUP	26-08-2023
BOOKING REFERENCE NO.	23S181968100066986E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **21-08-2023** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless** facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

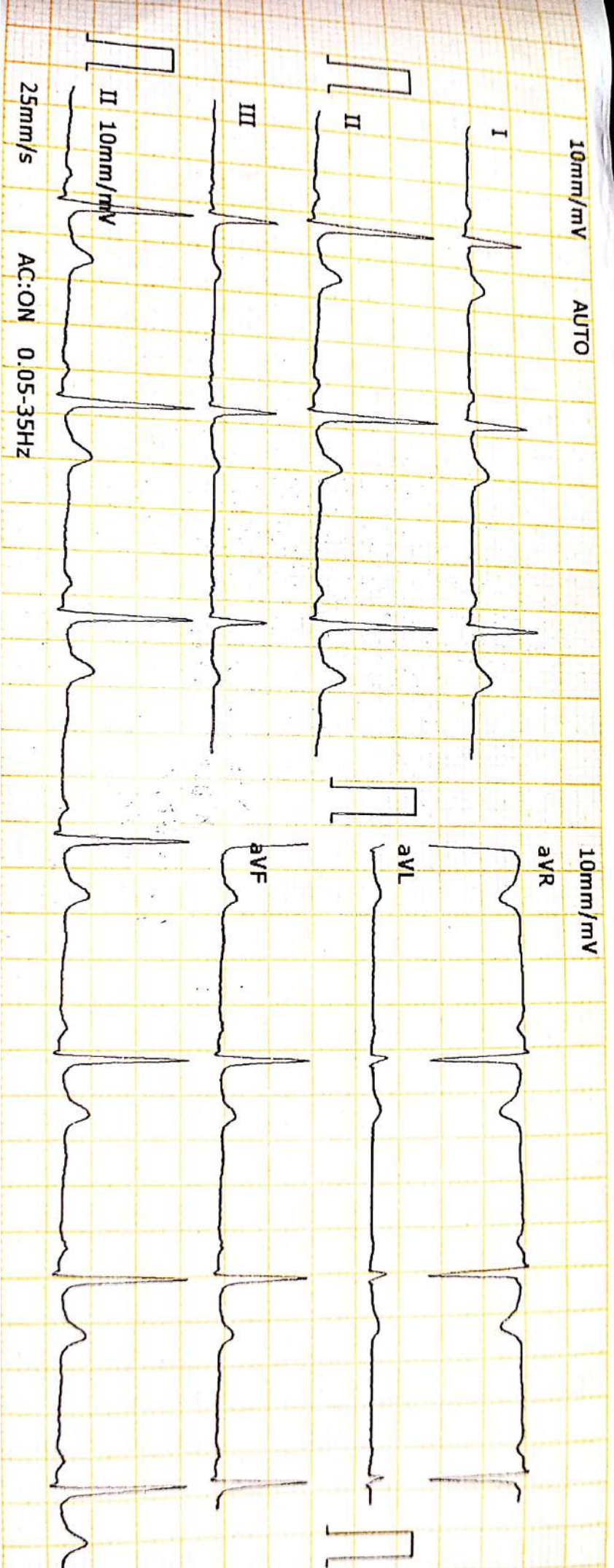
We solicit your co-operation in this regard.

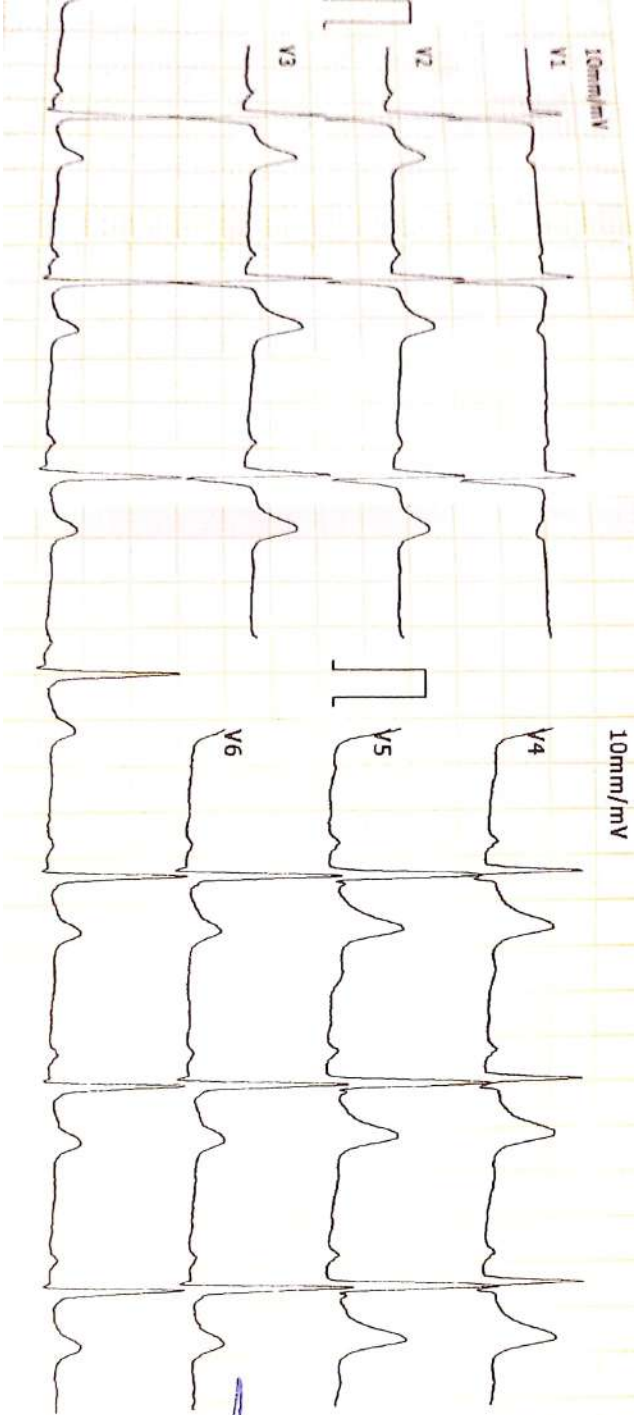
Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))





2023-8-26 8:59:20

ID: 00003392

ID Card:

Name: Sahajikumar Solanki

Gender: male

Age:

24

Height(cm):

1

Weight(Kg):

70

BP(mmHg):

1

HR..... bpm 63

P-R..... ms 123

Q-R-S..... ms 90

QT/QTc..... ms 373/38

P/QRS/T AXES..... deg 46/55/

R/S/SVL..... mV 1.72/0.

RV5+SVL..... mV 2.63

\*The result must be confirmed by doctor

Report Confirmed B'ING ROAD, RAJKOT

*[Signature]*  
**DR. C. P. DAHANAYYA**  
 M.B.B.S., C.T.H.



Issue Date: 15/12/2012



भारत सरकार

Government of India



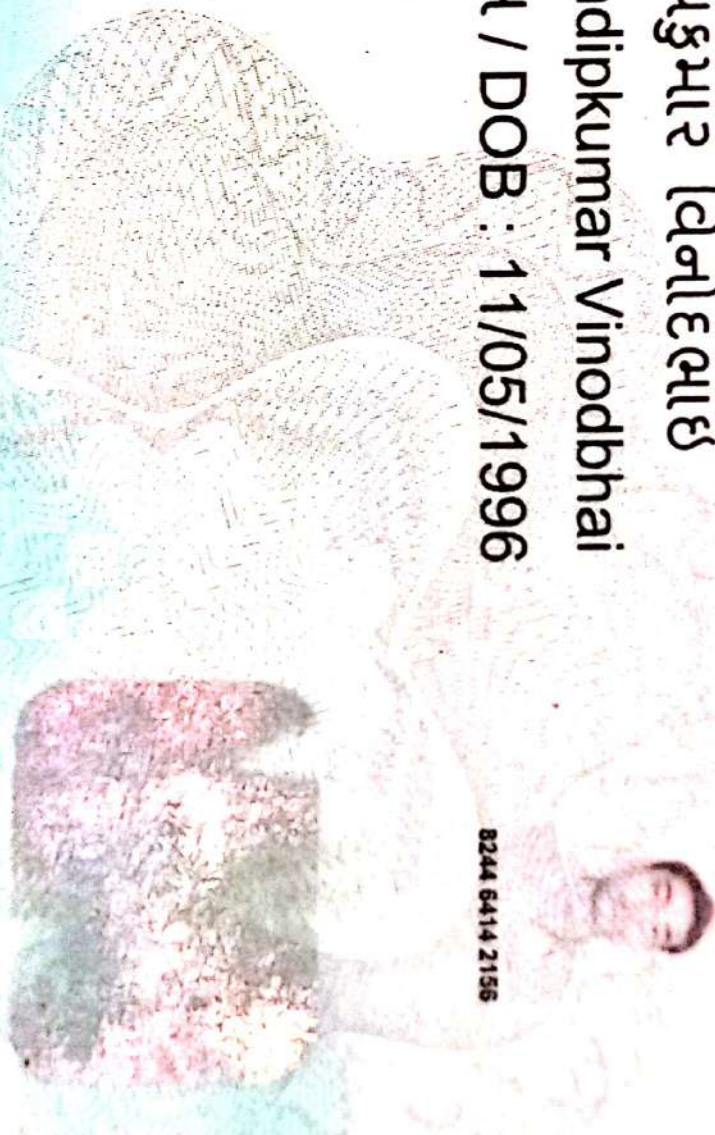
सोदंकी संदिपकुमार विनोदबाई

Solanki Sandipkumar Vinodbhai

जन्म तारीख / DOB : 11/05/1996

पुरुष / Male

8244 6414 2156



8244 6414 2156

मेरा आधार, मेरी पहचान





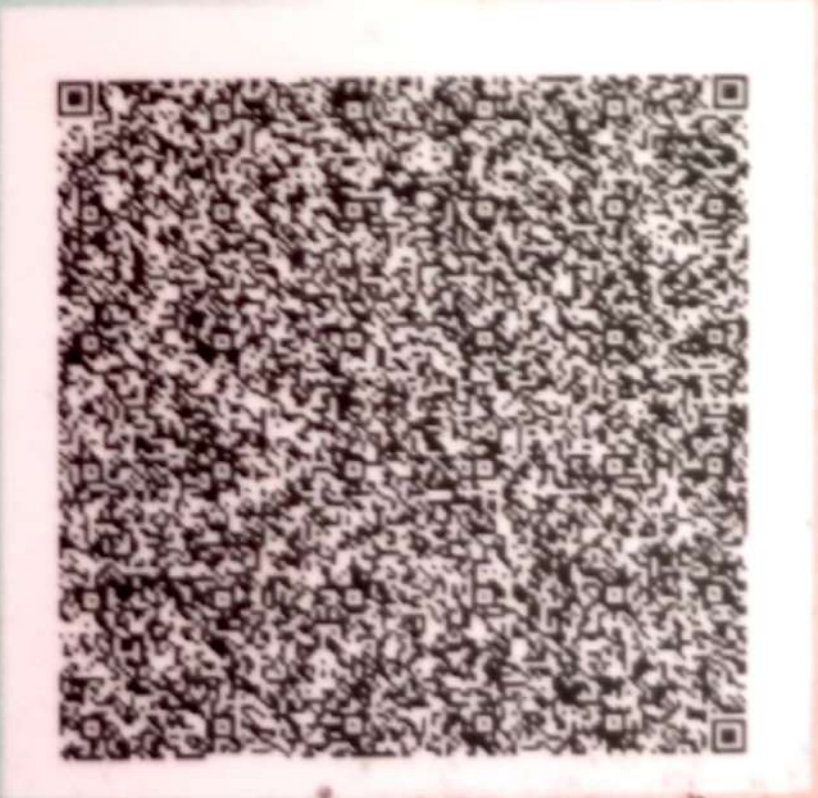
भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



Print Date: 14/01/2022

સરનામું : ધરશાળા રોડ, સર્વોદય ખાદી કેન્દ્ર,  
જોરાવરનગર, ચંપાર, સુરેન્દ્ર નગર, ગુજરાત,  
363020  
Address: gharshala road, sarvoday khadi  
kendra, joravarannagar, Chanpar, Surendra  
Nagar, Gujarat, 363020



8244 6414 2156



1947



help@uidai.gov.in



www.uidai.gov.in



Mediwheel sandipkumar  
solanki

GPS Map  
Camera Lite

1/13 udaynagar B/h indraprashth hall, Mavdi Main  
Road, Poonam Society, Chandreshnagar, Rajkot, Gujarat  
360004, India

Latitude

22.2661111°

Longitude

70.7846792°

Local 08:52:14 AM

GMT 03:22:14 AM

Altitude 146 meters

Saturday, 26.08.2023



Scanned with OKEN Scanner



Pat.s' Name: SOLANKI SANDIPKUMAR

DATE: 26 August 2023

### U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows bright parenchymal echotexture. No focal lesion noted. Intrahepatic biliary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone or changes of cholecystitis.
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No e/o calculi or hydronephrosis on either side.
- **URINARY BLADDER:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angles clear.

#### CONCLUSION:

- Grade II fatty changes in liver.

Thanks for reference.



DR PRATIK KAGATHARA  
MD

Krishna Arcade, 150 Feet Ring Road, ...

Pt.'s Name: SOLANKI SANDIP KUMAR

Date: 26 August, 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.*

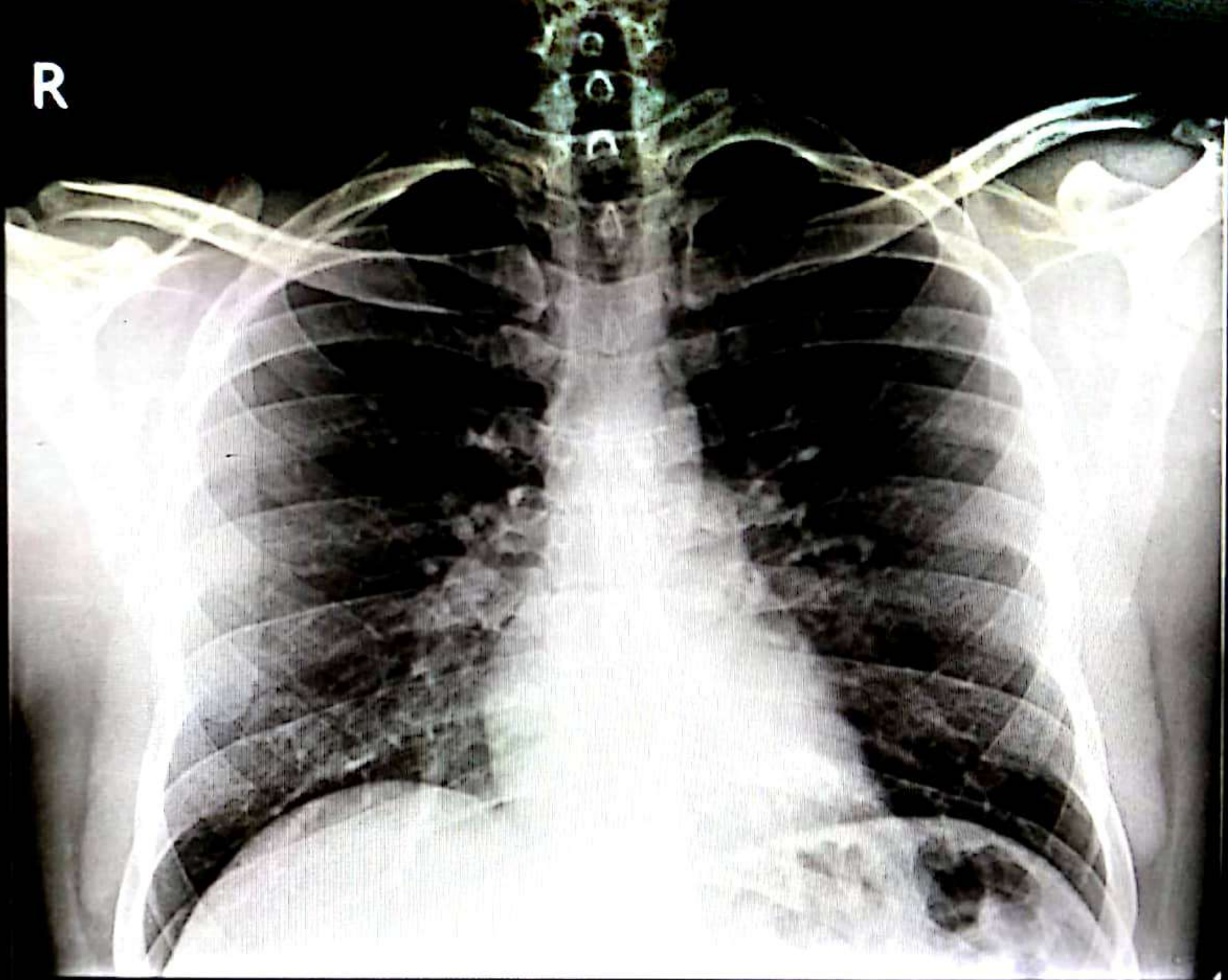
Thanks for reference.

DR PRATIK KAGATHARA  
MD

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



R



SOLANKI SANDIP KUMAR/M CHEST PA 26-Aug-23  
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)

## Tread Mill Test

Patient Name : Sandipkumar Solanki Age : 27yrs/M  
Ref. By : Dr. C.P.Dadhaniya Resting BP : 120/80  
Report Date : 26/08/2023 Max. BP : 150/80

Patient Reaches exercise limit at 7.00 METS.

No signs of ischemia at the exercise level.

Adequate increase of HR & BP.

No significant Arrhythmia.

The stress test was terminated after 6:00 minutes as patient complained of Fatigue.  
Patient achieved 93% THR without chest pain.

The recovery was uneventful.

Fair effort tolerance.

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

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**  
2nd Floor, Kansagra Hospital,  
Astron Chowk, RAJKOT.  
Ph.. 0281-2483799

# CURE CARDIOLOGY CLINIC

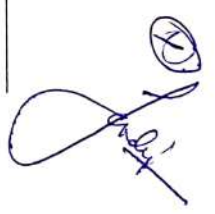
2nd floor, Kansagra Hospital, Astron Chowk, Sardarnagar main road, RAJKOT - 360 001. Ph. 0281-2483799, M. 93 13 12 19 87



**CURE CARDIOLOGY CLINIC**  
**ZND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
 277/SANDIPKUMAR SOLANKI 27 Yrs/Male 0 Kg/0 Cms  
 Date: 26-Aug-2023 11:15:33 AM  
 Ref.By : DR C.P.DADHANIYA  
 Medication :  
 Objective :

**Summary**

Protocol : BRUCE  
 History :

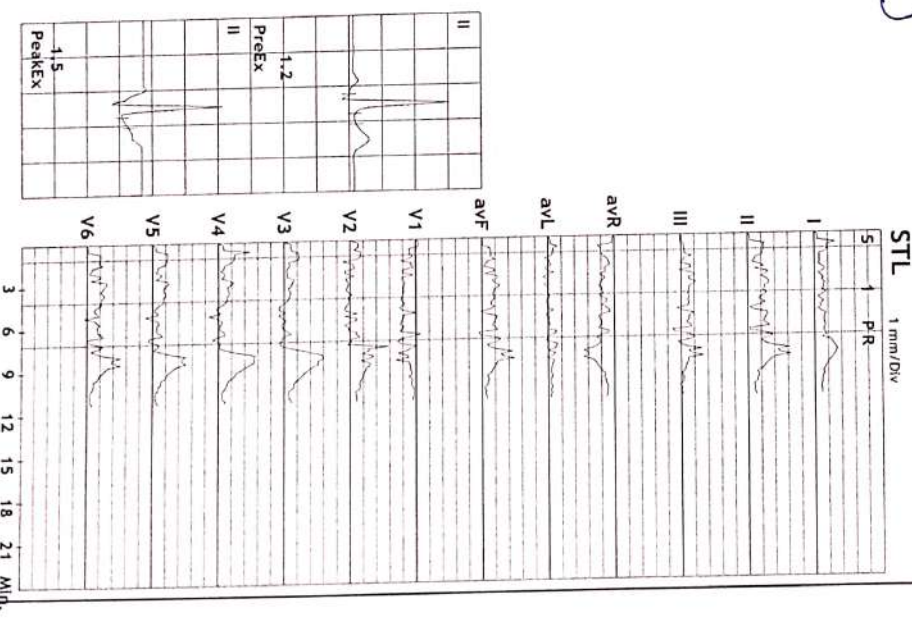



Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (kmph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine	0:01	0:54	0.0	0.0	1.0	81	120/80	97	-	
Standing	0:01	0:58	0.0	0.0	1.0	85	120/80	102	-	
HV	0:01	1:02	0.0	0.0	1.0	87	120/80	104	-	
ExStart	0:01	1:05	0.0	0.0	1.0	90	120/80	108	-	
Stage 1	3:00	3:00	2.7	10.0	4.6	141	130/80	183	-	
PeakEx	3:00	5:59	4.0	12.0	7.0	179	150/80	268	-	
Recovery	1:00	6:01	0.0	0.0	1.0	134	150/80	201	-	
Recovery	2:00	6:01	0.0	0.0	1.0	114	140/80	159	-	
Recovery	3:00	6:01	0.0	0.0	1.0	111	130/80	144	-	
Recovery	4:00	6:01	0.0	0.0	1.0	105	130/80	136	-	

**Findings :**

Exercise Time : 6:00 minutes  
 Max HR attained : 179 bpm 93% of Max Predictable HR 193  
 Max BP : 150/80(mmHg)  
 Workload attained : 7 (Fair Effort Tolerance )  
 No significant ST segment changes noted during exercise or recovery.  
 No Angina/Arrhythmia/S3/murmur  
 Final Impression : Test is negative for inducible ischaemia.  
 Maximum Depression: 4:05  
 Test Complete

Advice/Comments:



CURE CARDIOLOGY CLINIC  
 2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
 27 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 26-Aug-2023 11:15:33 AM

HR: 81 bpm  
 METS: 1.0  
 BP: 120/80

MpHR: 41% of 193  
 Speed: 0.0 kmph  
 Grade: 0.0%

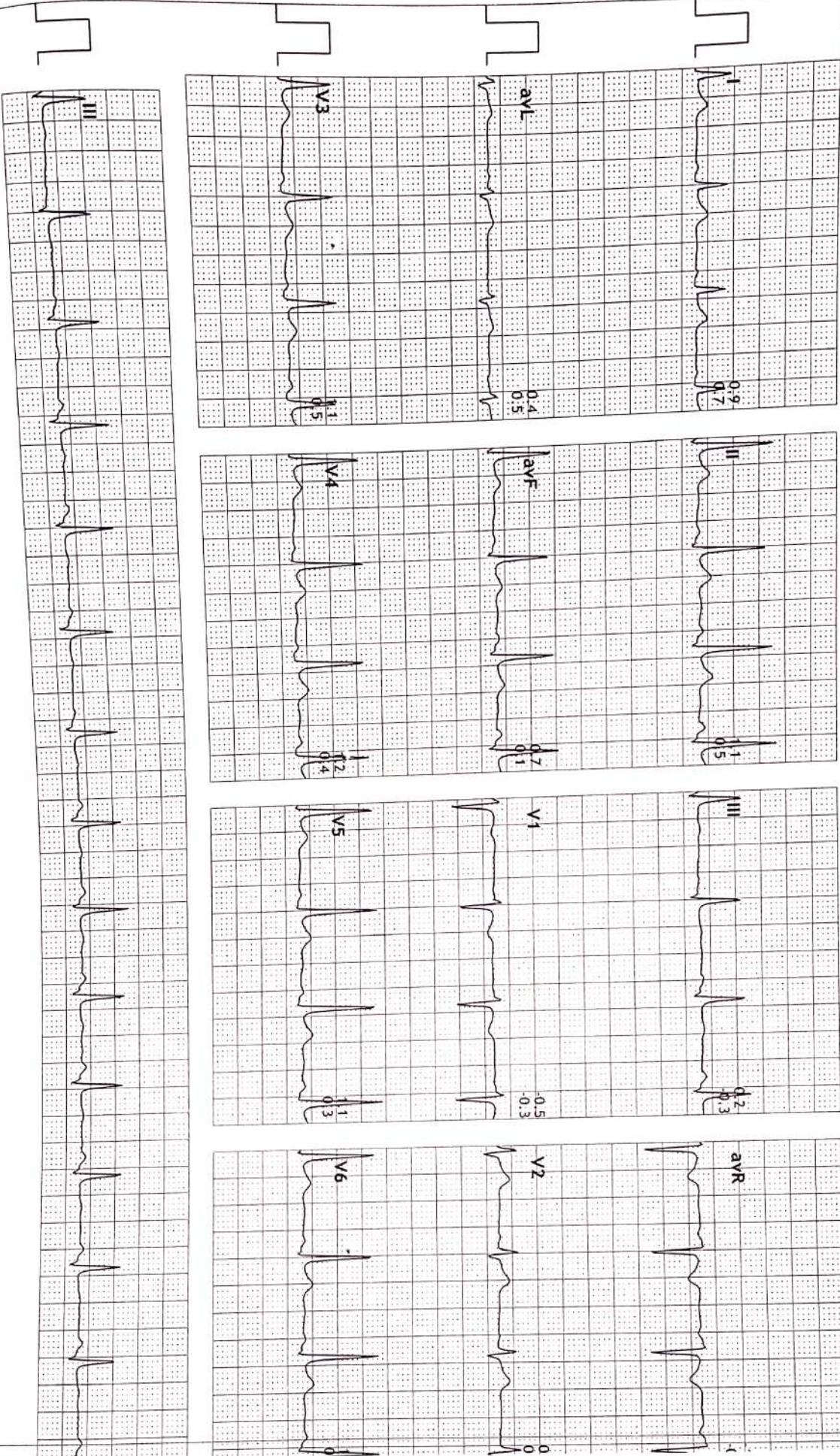
Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 00:53  
 BLC : On  
 Notch : On

Supine  
 10.0 mm/mV  
 25 mm/Sec.



3x4+1 Rhythm Lead



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
 27 Yrs / Male  
 27 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 26-Aug-2023 11:15:33 AM

HR: 85 bpm  
 METS: 1.0  
 BP: 120/80

MPPHR: 44% of 193  
 Speed: 0.0 kmph  
 Grade: 0.0%

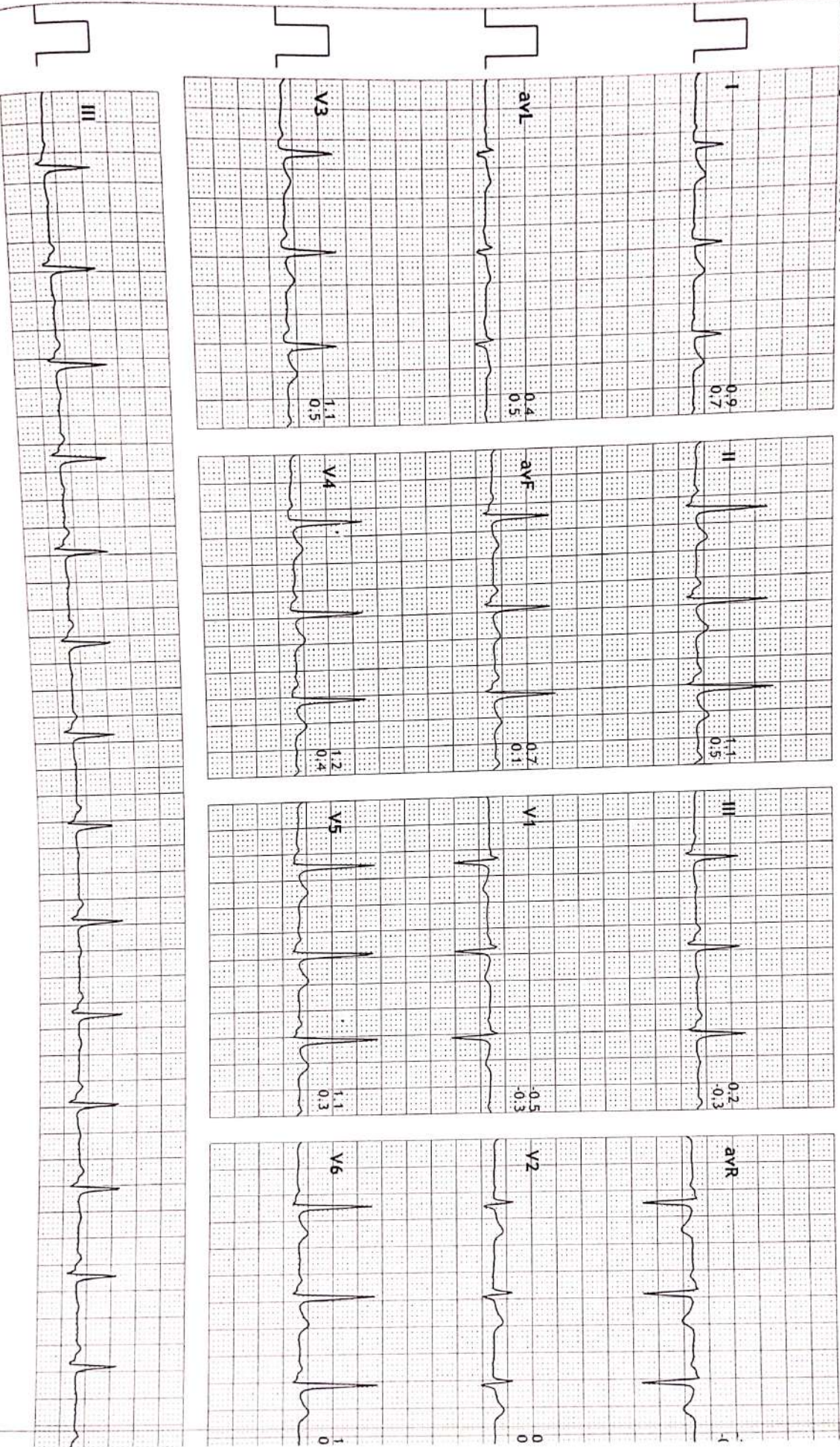
Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 00:57  
 BLC :On  
 Notch :On

Standing  
 10.0 mm/mV  
 25 mm/Sec.



3x4+1 Rhythm Lead



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
**27 Yrs / Male**  
**0 Kg / 0 Cm**  
**Date: 26-Aug-2023 11:15:33 AM**

**HR: 87 bpm**  
**METS: 1.0**  
**BP: 120/80**

**MpHR: 45% of 193**  
**Speed: 0.0 kmph**  
**Grade: 0.0%**

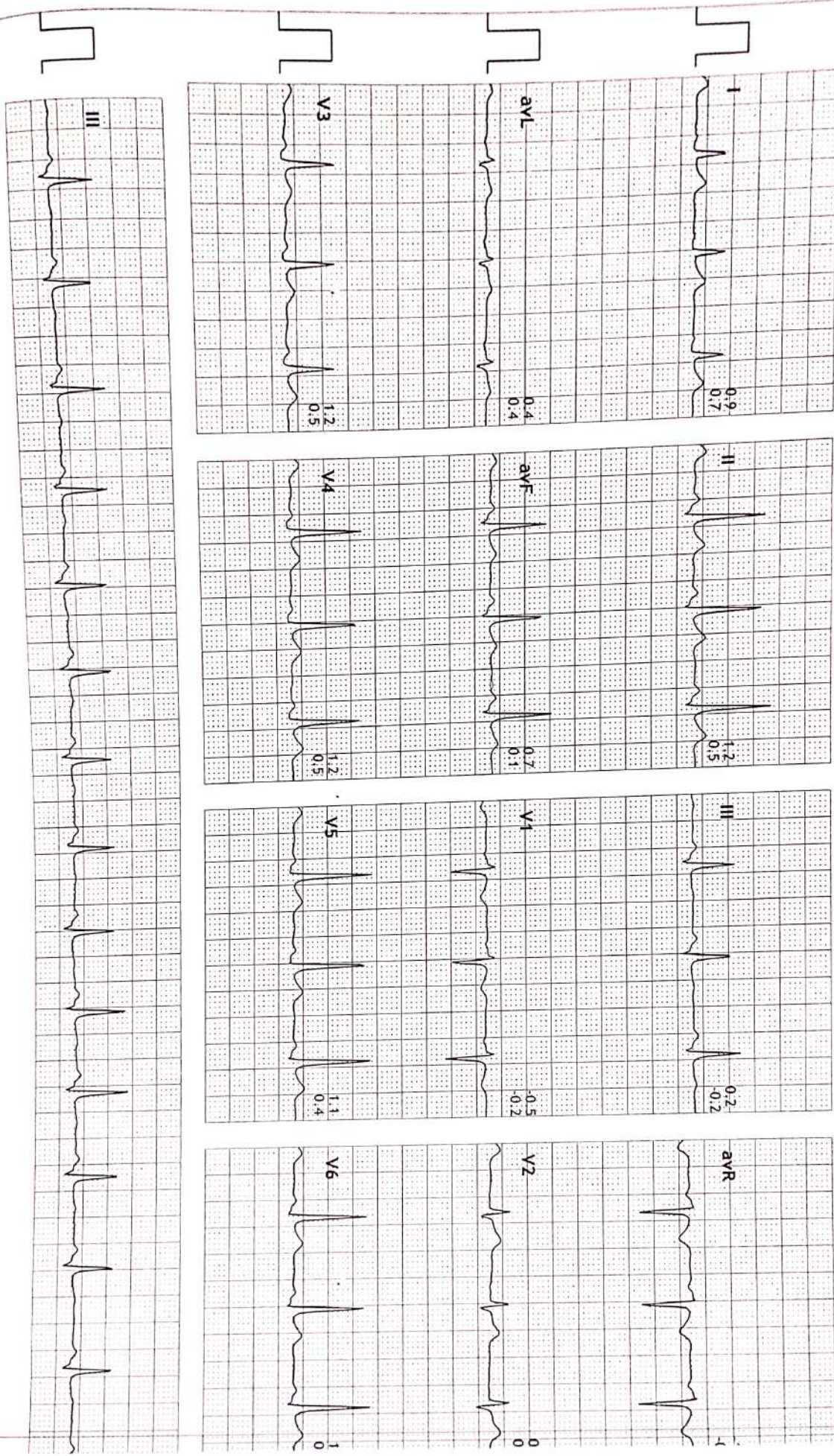
**Raw ECG**  
**BRUCE**  
**(0.05-100)Hz**

**EX Time 01:01**  
**BLC :On**  
**Notch :On**

**HV**  
**10.0 mm/mV**  
**25 mm/Sec.**



**3x4+1 Rhythm Lead**



DR MAULIK HANSALIA/DR NISHANT SIRODARIYA

Print Date: 26 Aug 2023

DR MAULIK HANSALIA/DR NISHANT SIRODARIYA



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
**277 / SANDIPKUMAR SOLANKI**  
 27 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 26-Aug-2023 11:15:33 AM

HR: 90 bpm  
 METS: 1.0  
 BP: 120/80

MPHR: 46% of 193  
 Speed: 0.0 kmph  
 Grade: 0.0%

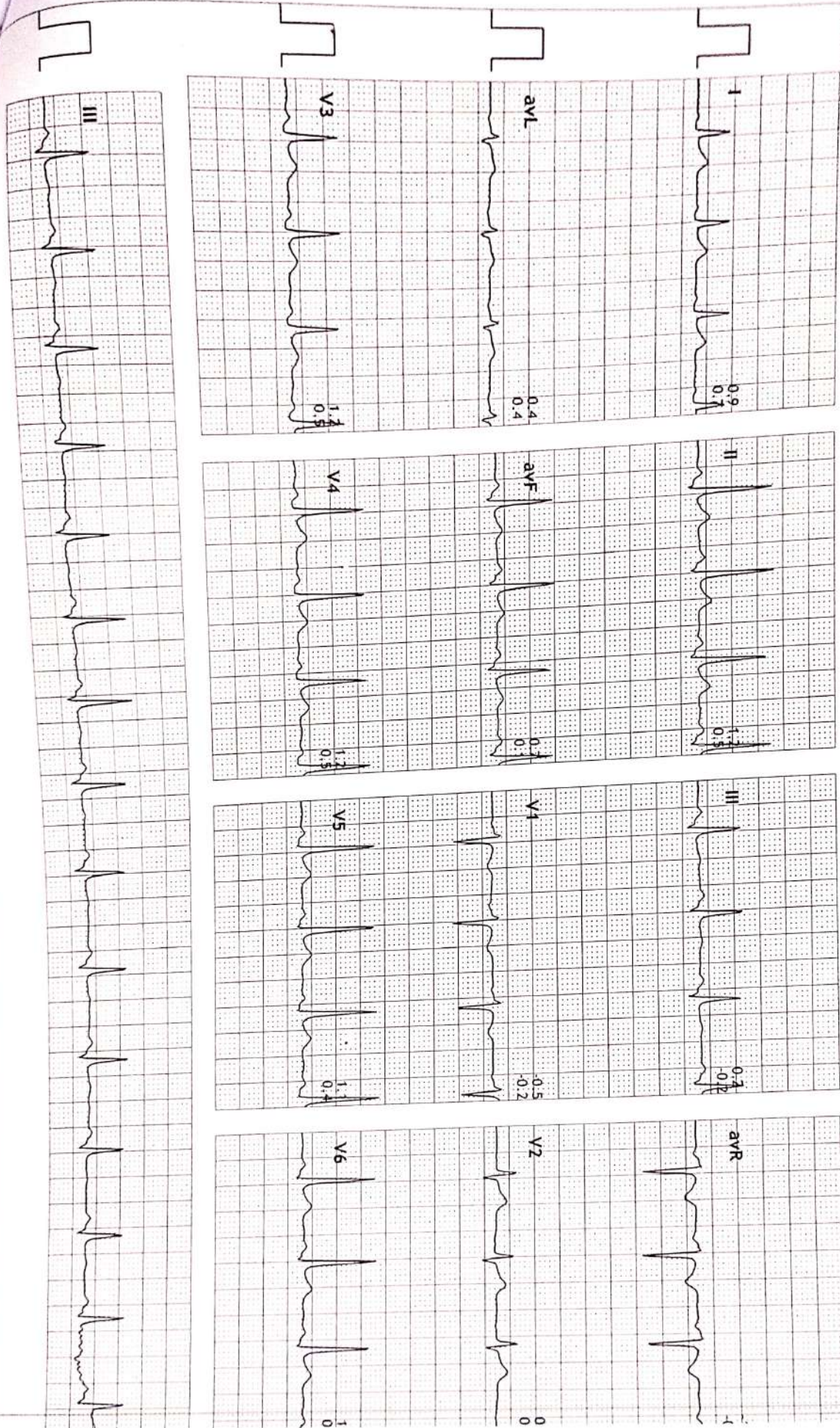
Raw ECG  
 BRUCE  
 (0.05-100)/Hz

Ex Time 01:04  
 BLC : On  
 Notch : On

ExStart  
 10.0 mm/mV  
 25 mm/Sec.



3x4+1 Rhythm Lead



DR MAULIK HANSALIA/DR NISHANT SIRODARIYA

Print Date: 26 Aug 2023

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**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
 27 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 26-AUG-2023 11:15:33 AM

HR: 141 bpm  
 METS: 4.6  
 BP: 130/80

MpHR: 73% of 193  
 Speed: 2.7 kmph  
 Grade: 10.0%

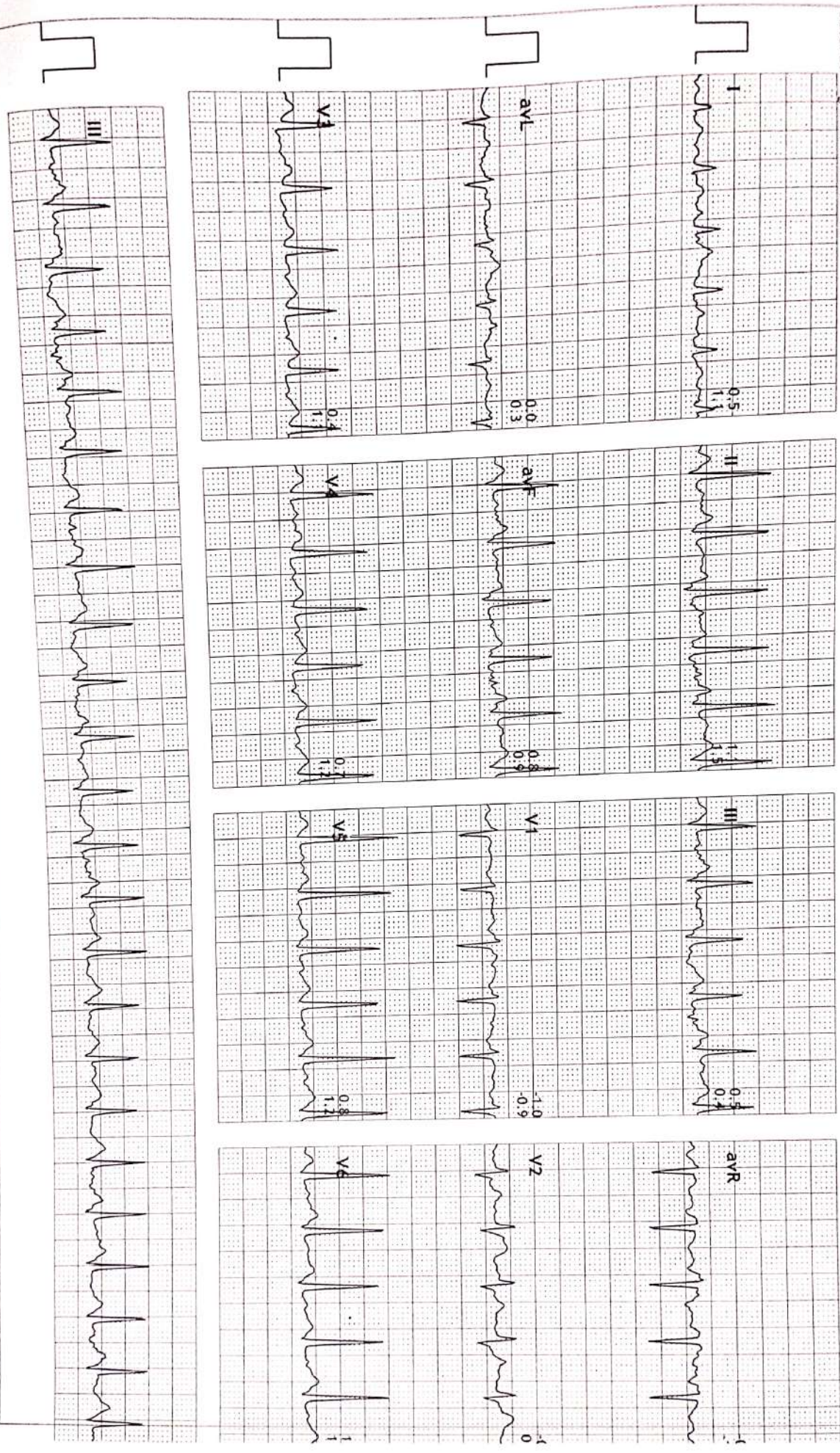
Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 02:59  
 BLC :On  
 Notch :On

BRUCE: Stage 1  
 10.0 mm/mV  
 25 mm/Sec.



3x4+1 Rhythm Lead



Print Date: 26-Aug-2023

DR MAULIK HANSALIA/DR NISHANT SIRODARIYA

**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
 272 / SANDIPKUMAR SOLANKI  
 27 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 26-Aug-2023 11:15:33 AM

HR: 179 bpm  
 METS: 7.0  
 BP: 150/80

MPHR: 92% of 193  
 Speed: 4.0 kmph  
 Grade: 12.0%

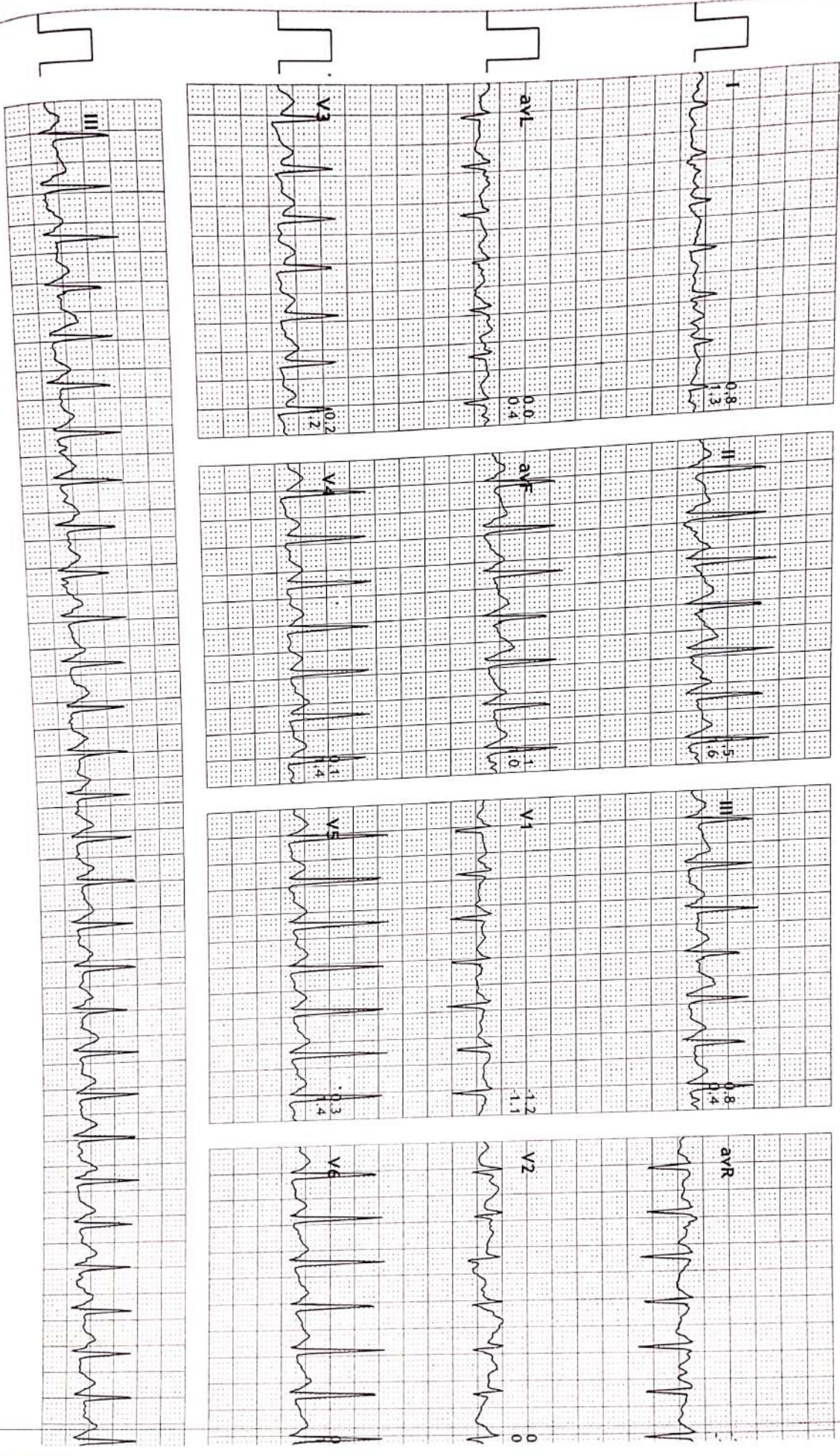
Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 05:58  
 BLC :On  
 Notch :On

BRUCE:PeakEx  
 10.0 mm/mV  
 25 mm/Sec.



3x4+1 Rhythm Lead



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
 27 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 26-Aug-2023 11:15:33 AM

HR: 134 bpm  
 METS: 1.0  
 BP: 150/80

MPHR: 69% of 193  
 Speed: 0.0 kmph  
 Grade: 0.0%

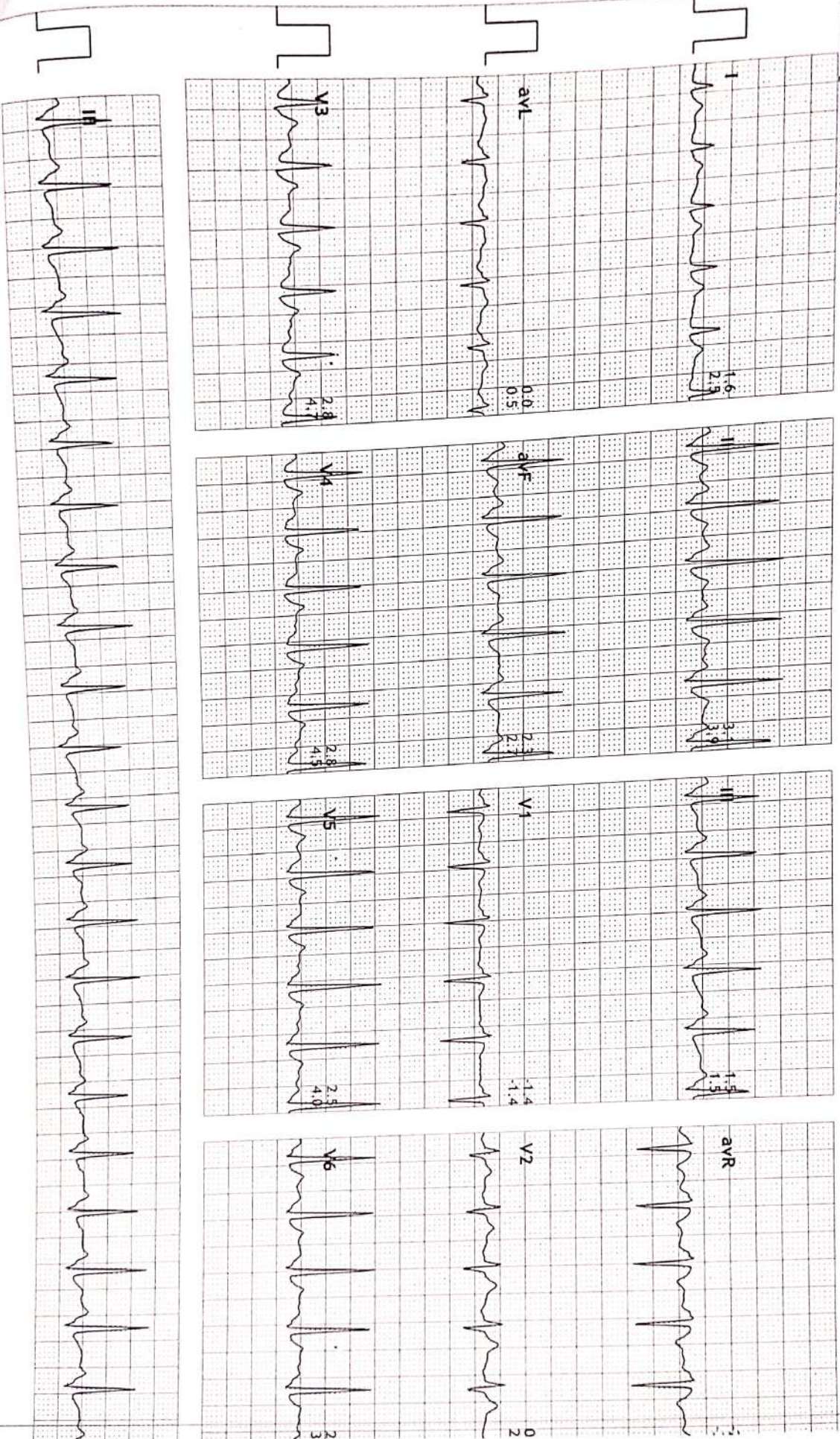
Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 06:00  
 BLC : On  
 Notch : On

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



3x4+1 Rhythm Lead



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
 277 / SANDIPKUMAR SOLANKI  
 27 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 26-Aug-2023 11:15:33 AM

HR: 114 bpm  
 METS: 1.0  
 BP: 140/80

MPHR: 59% of 193  
 Speed: 0.0 kmph  
 Grade: 0.0%

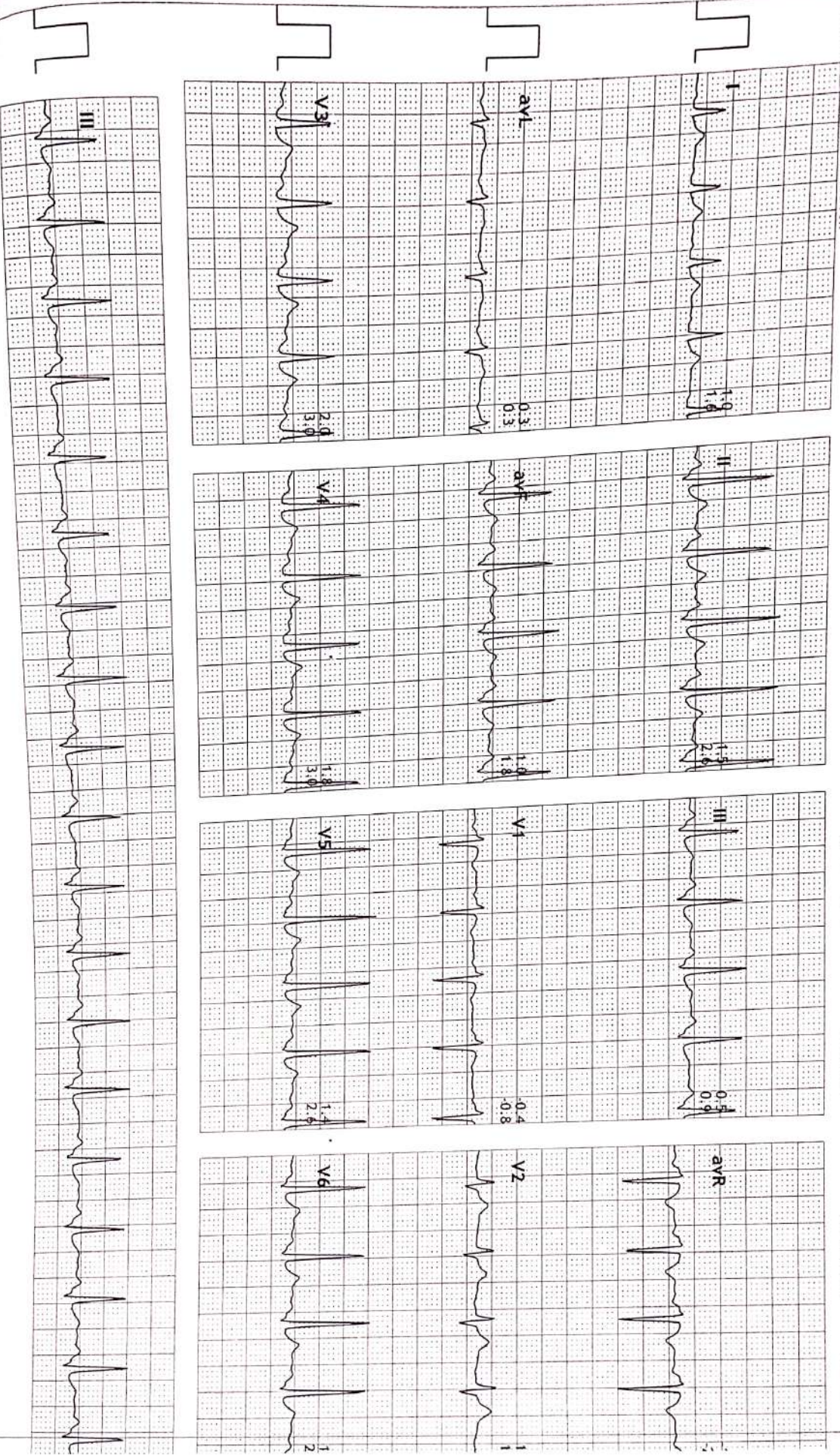
Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 06:00  
 BLC : On  
 Notch : On

Recovery(2:00)  
 10.0 mm/mV  
 25 mm/Sec.



3x4+1 Rhythm Lead



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
 27 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 26-Aug-2023 11:15:33 AM

HR: 111 bpm  
 METS: 1.0  
 BP: 130/80

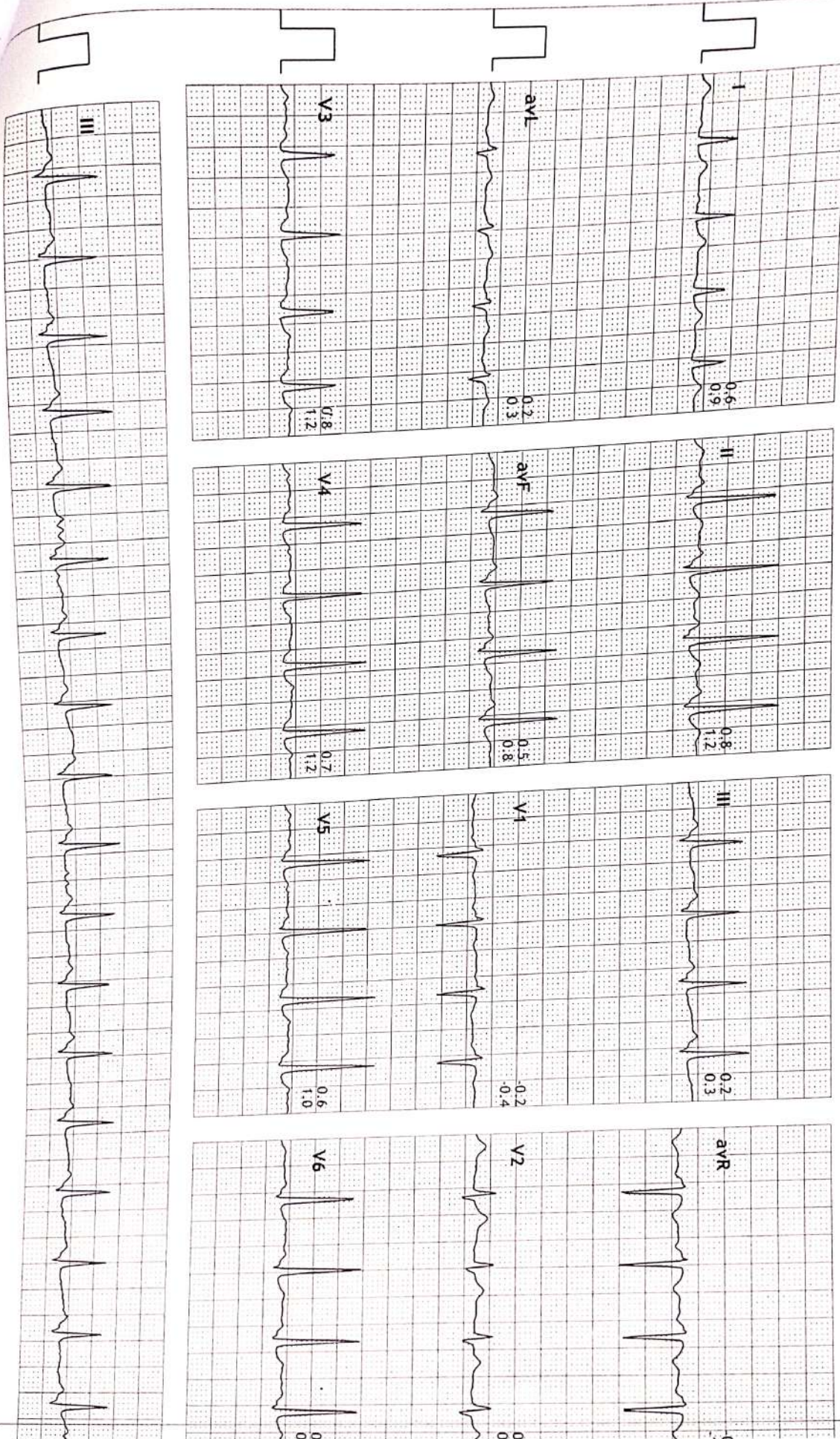
MPHR: 57% of 193  
 Speed: 0.0 kmph  
 Grade: 0.0%

Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 06:00  
 BLC : On  
 Notch : On

Recovery(3:00)  
 10.0 mm/mV  
 25 mm/Sec.

3x4+1 Rhythm Lead



Model No. (V6142A203 v10.0 1)

Print Date: 26-Aug-2023

DR MAULIK HANSALIA/DR NISHANT SIRODARIYA

**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
 27 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 26-Aug-2023 11:15:33 AM

HR: 105 bpm  
 METS: 1.0  
 BP: 130/80

MPHR: 54% of 193  
 Speed: 0.0 kmph  
 Grade: 0.0%

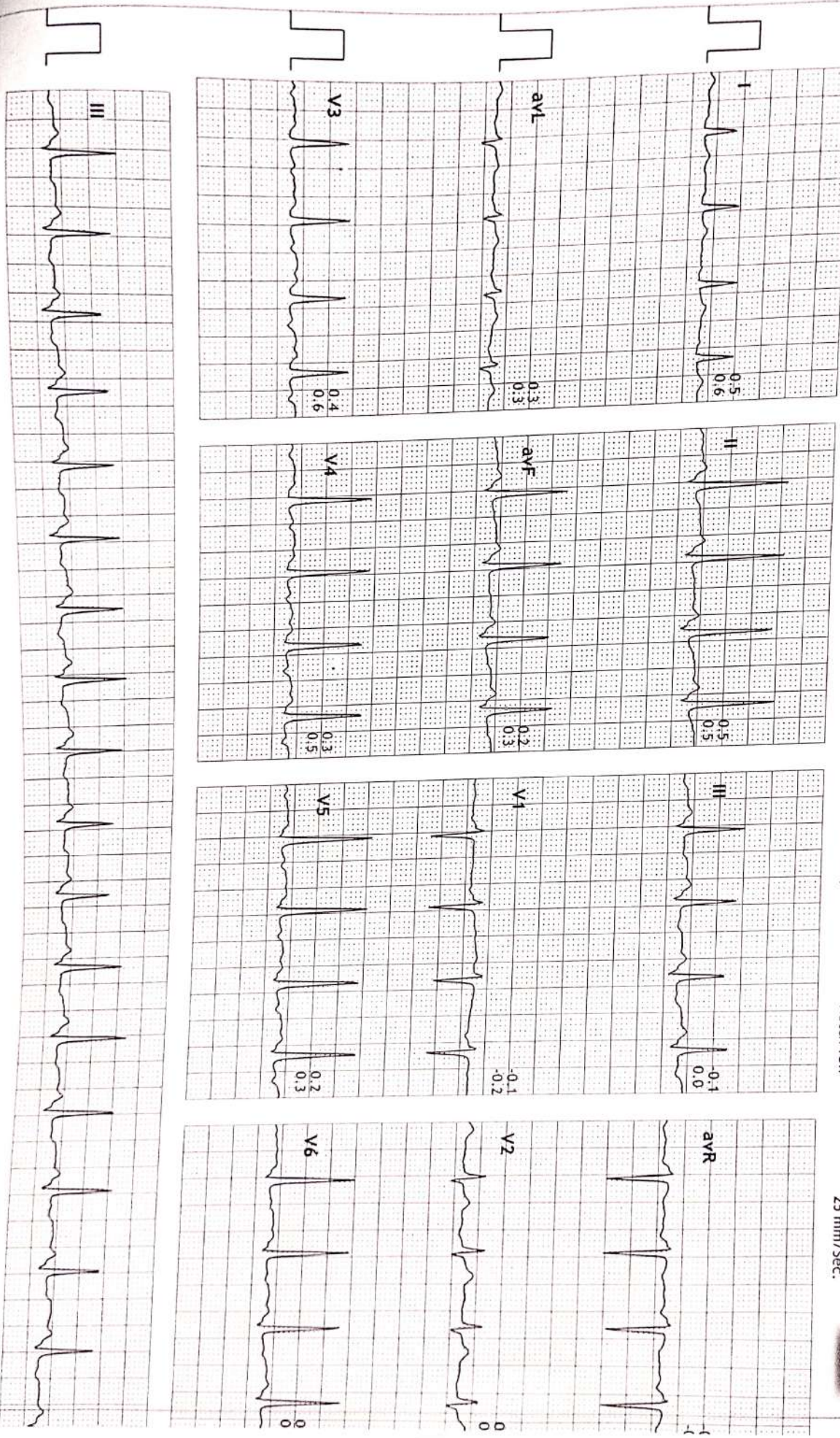
Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 06:00  
 BLC : On  
 Notch : On

Recovery(4:00)  
 10.0 mm/mV  
 25 mm/Sec.



3x4+1 Rhythm Lead








**TEST REPORT**

<b>Name</b> : Solanki Sandipkumar	<b>Reg. No</b> : 308101482
<b>Age/Sex</b> : 27 Years / Male	<b>Reg. Date</b> : 26-Aug-2023 03:11 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 26-Aug-2023 03:12 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 26-Aug-2023 07:48 PM

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

Parameter	Result	Unit	Biological Ref. Interval
<b>RBC Parameters</b>			
Hemoglobin (SLS method)	14.7	g/dL	13.0 - 18.0
Hematocrit (Electrical Impedance)	<b>41.5</b>	%	47 - 52
RBC Count (Electrical Impedance)	5.01	million/cmm	4.7 - 6.0
MCV (Calculated)	82.9	fL	78 - 110
MCH (Calculated)	29.3	Pg	27 - 31
MCHC (Calculated)	<b>35.4</b>	%	30 - 35
RDW (Calculated)	<b>14.8</b>	%	11.5 - 14.0
<b>WBC Parameters</b>			
WBC Count (Flowcytometry)	8800	/cmm	4000 - 10500
<b>DIFFERENTIAL WBC COUNT</b>			
Neutrophils (%)	55 %	% Range 42.0 - 75.2	Abs. Value 4840 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	38 %	20 - 45	3344 /cmm 1000 - 3900
Eosinophils (%)	02 %	1 - 4	176 /cmm 0 - 450
Monocytes (%)	05 %	2 - 8	440 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	<b>0</b> /cmm 20 - 100
<b>Platelete Parameter</b>			
Platelet Count	359000	/cmm	150000 - 450000
MPV	8.0	fL	7.4 - 10.4
PDW	15.3	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.28	%	0.2 - 0.5

*towards the healthiness...*

**Dr. Viral Jethava**  
 M.D. (Path, PDCC)

This is an Electronically Authenticated Report.

Page 1 of 13

**Dr. Viral R. Jethava**  
 M.D. (Path, PDCC)




## TEST REPORT

<b>Name</b>	: Solanki Sandipkumar	<b>Reg. No</b>	: 308101482
<b>Age/Sex</b>	: 27 Years / Male	<b>Reg. Date</b>	: 26-Aug-2023 03:11 PM
<b>Ref. By</b>	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b>	: 26-Aug-2023 03:12 PM
<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 26-Aug-2023 07:48 PM

**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"O"		
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.

**Dr. Viral Jethava**  
M.D. (Path, PDCC)

This is an Electronically Authenticated Report.

Page 2 of 13

**Dr. Viral R. Jethava**  
M.D. (Path, PDCC)



TEST REPORT

<b>Name</b> : Solanki Sandipkumar	<b>Reg. No</b> : 308101482
<b>Age/Sex</b> : 27 Years / Male	<b>Reg. Date</b> : 26-Aug-2023 03:11 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 26-Aug-2023 03:12 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 26-Aug-2023 07:48 PM

Test	Result	Unit	Biological Ref. Interval
<b>Erythrocyte sedimentation rate</b> Sample, EDTA whole blood			
ESR (After 1 hour)	05	mm/hr	1 - 7

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*DRJ*


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Helpline No. : 70965 77000  [www.neutropath.com](http://www.neutropath.com)  [neutropath@gmail.com](mailto:neutropath@gmail.com)

The test results are subject to variations due to technical limitations. Hence co-relation with clinical findings and other investigations should be done.




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**FASTING PLASMA GLUCOSE**  
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	78.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic
Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i>	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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**POST PRANDIAL PLASMA GLUCOSE**  
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	97.00	mg/dL	70 - 140
Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i>	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.

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**LIPID PROFILE**  
 Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	185.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	109.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	68.00	mg/dL	High Risk : < 40 Low Risk : $\geq$ 60
LDL Cholesterol <i>Siemens ALDL</i>	95.20	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : $\geq$ 190
VLDL Cholesterol <i>Calculated</i>	21.80	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.40		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.72		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>	1.20	mg/dL	0.7 - 1.3
<b>eGFR</b>	<b>64.52</b>	ml/min/1.73 sq m	Normal or High: $\geq 90$ 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>	25.00	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <small>UREASE/GLDH</small>	11.68	mg/dL	7.0 - 18.0
<b>Uric Acid</b> <small>Uricase</small>	6.20	mg/dL	3.5 - 7.2
<b>Sodium</b> <small>Direct ion selective electrode</small>	139.00	mmol/L	137 - 145
<b>Potassium</b> <small>Direct ion selective electrode</small>	4.20	mmol/L	3.5 - 5.1
<b>Chloride</b> <small>Direct ion selective electrode</small>	101.00	mmol/L	98 - 107
<b>Calcium</b> <small>Cresolphthalein Complexone</small>	9.30	mg/dL	8.5 - 10.1

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

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	4.80	%	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>	91.06	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 A1c 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>	4.230	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>	0.90	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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**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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**STOOL EXAMINATION**

Parameter	Result	Unit	Biological Ref. Interval
Colour	Yellow		
Consistency	Semi Solid		
<b>CHEMICAL EXAMINATION</b>			
Occult Blood	Negative		
<i>Peroxidase Reaction with o-Dianisidine</i>			
Reaction	Neutral		
<i>pH Strip Method</i>			
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, brocoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.



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**URINE ROUTINE EXAMINATION**

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

Quantity	30 cc		
Colour	Pale Yellow		
Clarity	Clear		

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	6.0		4.6 - 8.0
Sp. Gravity	1.005		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

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**LIVER FUNCTION TEST**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.20	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.20	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	3.00	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.40		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	25.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	53.00	U/L	16 - 63
Alakaline Phosphatase <i>Siemens/37C</i>	59.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.50	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/caff-benz</i>	0.40	mg/dL	0.0 - 1.1

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