

TEST REPORT

Reg. No. : 402100700 **Reg. Date** : 24-Feb-2024 09:07 **Ref.No** : **Approved On** : 24-Feb-2024 11:07
Name : Mrs. VIDHIBEN BHAVIKKUMAR BAROT **Collected On** : 24-Feb-2024 09:35
Age : 33 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 8264222432
Location :

Test Name	Results	Units	Bio. Ref. Interval
Complete Blood Count			
Specimen: EDTA blood			
Hemoglobin			
Hemoglobin(SLS method)	L 9.0	g/dL	12.0 - 15.0
Hematocrit (calculated)	L 29.5	%	36 - 46
RBC Count(Ele.Impedence)	4.24	X 10 ¹² /L	3.8 - 4.8
MCV (Calculated)	L 69.6	fL	83 - 101
MCH (Calculated)	L 21.2	pg	27 - 32
MCHC (Calculated)	L 30.5	g/dL	31.5 - 34.5
RDW (Calculated)	H 16.8	%	11.5 - 14.5
Differential WBC count (Impedance and flow)			
Total WBC count	4200	/μL	4000 - 10000
Neutrophils	47	%	38 - 70
Lymphocytes	45	%	21 - 49
Monocytes	05	%	3 - 11
Eosinophils	03	%	0 - 7
Basophils	00	%	0 - 1
Hypochromia	(+)		
Microcytosis	(+)		
Platelet			
Platelet Count (Ele.Impedence)	392000	/cmm	150000 - 410000
MPV	9.20	fL	6.5 - 12.0
Platelets appear on the smear	Adequate		
Malarial Parasites	Not Detected		
EDTA Whole Blood			

Note: All abnormal hemograms are reviewed and confirmed microscopically. Peripheral blood smear and malarial parasite examination are not part of CBC report.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Keyur Patel

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TEST REPORT

Reg. No. : 402100700 **Reg. Date** : 24-Feb-2024 09:07 **Ref.No** : **Approved On** : 24-Feb-2024 13:15
Name : Mrs. VIDHIBEN BHAVIKKUMAR BAROT **Collected On** : 24-Feb-2024 09:35
Age : 33 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 8264222432
Location :

Test Name	Results	Units	Bio. Ref. Interval
ESR	38	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs : <30

Capillary Microphotometry

Sample Type: EDTA Whole Blood

Test done from collected sample.

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Approved by: Dr. Avinash B Panchal

MBBS,DCP
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TEST REPORT

Reg. No. : 402100700 Reg. Date : 24-Feb-2024 09:07 Ref.No : Approved On : 24-Feb-2024 11:11
Name : Mrs. VIDHIBEN BHAVIKKUMAR BAROT Collected On : 24-Feb-2024 09:35
Age : 33 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 8264222432
Location :

Test Name	Results	Units	Bio. Ref. Interval
BLOODGROUP & RH			
<u>Specimen: EDTA and Serum; Method: Gel card system</u>			
Blood Group "ABO" <i>Agglutination</i>	"B"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

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**Approved by: Dr. Keyur Patel**M.B.B.S.,D.C.P(Patho) Page 3 of 15
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TEST REPORT

Reg. No. : 402100700 Reg. Date : 24-Feb-2024 09:07 Ref.No : Approved On : 24-Feb-2024 13:59
Name : Mrs. VIDHIBEN BHAVIKKUMAR BAROT Collected On : 24-Feb-2024 09:35
Age : 33 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 8264222432
Location :

Test Name	Results	Units	Bio. Ref. Interval
PERIPHERAL BLOOD SMEAR EXAMINATION Specimen: Peripheral blood smear & EDTA blood, Method:Microscopy			
RBC Morphology	Mild anisopoikilocytosis with hypochromic (++) microcytic (+++). Few elliptocytes and target cells are seen.		
WBC Morphology	Total WBC and differential count is within normal limit. No abnormal cells or blasts are seen.		
Differential Count	.		
Neutrophils	48	%	38 - 70
Lymphocytes	44	%	21 - 49
Monocytes	07	%	3 - 11
Eosinophils	01	%	
Basophils	00	%	0 - 2
Platelets	Platelets are increased on smear with normal morphology		
Parasite	Malarial parasite is not detected.		
Comment	Microcytic anemia. S. Iron profile and Hb electrophoresis are required for confirmation.		

Sample Type: EDTA Whole Blood

Test done from collected sample.

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Approved by: **Dr. Avinash B Panchal**MBBS,DCP
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TEST REPORT

Reg. No. : 402100700 **Reg. Date** : 24-Feb-2024 09:07 **Ref.No** : **Approved On** : 24-Feb-2024 11:15
Name : Mrs. VIDHIBEN BHAVIKKUMAR BAROT **Collected On** : 24-Feb-2024 09:35
Age : 33 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 8264222432
Location :

Test Name	Results	Units	Bio. Ref. Interval
<u>FASTING PLASMA GLUCOSE</u> <u>Specimen: Fluoride plasma</u>			
Fasting Plasma Glucose <i>Hexokinase</i>	97.64	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126

Flouride Plasma

Criteria for the diagnosis of diabetes:

1. HbA1c >= 6.5 *

Or

2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose >= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >= 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.

Test done from collected sample.

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**Approved by: Dr. Keyur Patel**M.B.B.S.,D.C.P(Patho) Page 5 of 15
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TEST REPORT

Reg. No. : 402100700 Reg. Date : 24-Feb-2024 09:07 Ref.No : Approved On : 24-Feb-2024 13:25
Name : Mrs. VIDHIBEN BHAVIKKUMAR BAROT Collected On : 24-Feb-2024 12:09
Age : 33 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 8264222432
Location :

Test Name	Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE Specimen: Fluoride plasma			
Post Prandial Plasma Glucose <i>Hexokinase</i>	L 100.43	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

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TEST REPORT

Reg. No. : 402100700 **Reg. Date** : 24-Feb-2024 09:07 **Ref.No** : **Approved On** : 24-Feb-2024 12:29
Name : Mrs. VIDHIBEN BHAVIKKUMAR BAROT **Collected On** : 24-Feb-2024 09:35
Age : 33 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 8264222432
Location :

Test Name	Results	Units	Bio. Ref. Interval
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GGT	8.5	U/L	6 - 42
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L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric

Serum

Uses:

- Diagnosing and monitoring hepatobiliary disease.
- To ascertain whether the elevated ALP levels are due to skeletal disease or due to presence of hepatobiliary disease.
- A screening test for occult alcoholism.

Increased in:

- Intra hepatic biliary obstruction.
- Post hepatic biliary obstruction
- Alcoholic cirrhosis
- Drugs such as phenytoin and phenobarbital.
- Infectious hepatitis (modest elevation)
- Primary/ Secondary neoplasms of liver.

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TEST REPORT

Reg. No. : 402100700 **Reg. Date** : 24-Feb-2024 09:07 **Ref.No** : **Approved On** : 24-Feb-2024 11:38
Name : Mrs. VIDHIBEN BHAVIKKUMAR BAROT **Collected On** : 24-Feb-2024 09:35
Age : 33 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 8264222432
Location :

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE			
CHOLESTEROL	177.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride <i>Enzymatic Colorimetric Method</i>	93.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <i>Calculated</i>	19	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <i>Calculated Method</i>	106.59	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	51.41	mg/dL	<40 >60
CHOL/HDL RATIO <i>Calculated</i>	3.44		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	2.07		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	500.00	mg/dL	400 - 1000
Serum			

As a routine test to determine if your cholesterol level is normal or falls into a borderline-, intermediate- or high-risk category.
 To monitor your cholesterol level if you had abnormal results on a previous test or if you have other risk factors for heart disease.
 To monitor your body's response to treatment, such as cholesterol medications or lifestyle changes.
 To help diagnose other medical conditions, such as liver disease.
 Note : biological reference intervals are according to the national cholesterol education program (NCEP) guidelines.

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Name : Mrs. VIDHIBEN BHAVIKKUMAR BAROT **Collected On** : 24-Feb-2024 09:35
Age : 33 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 8264222432
Location :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C) <i>High Performance Liquid Chromatography (HPLC)</i>	5.10	%	Normal: ≤ 5.6 Prediabetes: 5.7-6.4 Diabetes: ≥ 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose <i>(Calculated)</i>	100	mg/dL	

Sample Type: EDTA Whole Blood

Criteria for the diagnosis of diabetes

- HbA1c ≥ 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 ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing 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 ≥ 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.

Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
 - Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
 - Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus
- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
 - HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
 - HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
 - Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
 - Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)
- Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.

Test done from collected sample.

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TEST REPORT

Reg. No. : 402100700 **Reg. Date :** 24-Feb-2024 09:07 **Ref.No :** **Approved On :** 24-Feb-2024 16:22
Name : Mrs. VIDHIBEN BHAVIKKUMAR BAROT **Collected On :** 24-Feb-2024 09:35
Age : 33 Years **Gender:** Female **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :** 8264222432
Location :

Bio-Rad CDM System
Bio-Rad Variant V-II Instrument #1

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID: 140203500534
Patient ID:
Name:
Physician:
Sex:
DOB:

Analysis Data

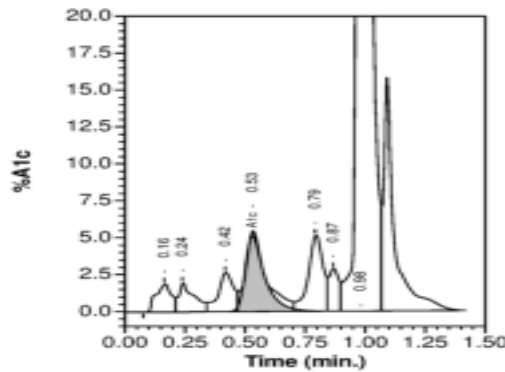
Analysis Performed: 24/02/2024 14:25:12
Injection Number: 7968U
Run Number: 324
Rack ID:
Tube Number: 4
Report Generated: 24/02/2024 14:32:08
Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.3	0.163	16392
A1b	---	1.3	0.238	16794
LA1c	---	1.6	0.418	20688
A1c	5.1	---	0.531	55937
P3	---	3.3	0.793	42554
P4	---	1.2	0.865	16128
Ac	---	87.0	0.980	1125674

Total Area: 1,294,166

HbA1c (NGSP) = 5.1 %



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M.D BIOCHEMISTRY
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TEST REPORT

Reg. No. : 402100700 **Reg. Date** : 24-Feb-2024 09:07 **Ref.No** : **Approved On** : 24-Feb-2024 14:20
Name : Mrs. VIDHIBEN BHAVIKKUMAR BAROT **Collected On** : 24-Feb-2024 09:35
Age : 33 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 8264222432
Location :

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CMIA</small>	1.19	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	8.99	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	3.790	µIU/mL	0.35 - 4.94

Sample Type: Serum

Comments:

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 stimulate 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

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TEST REPORT

Reg. No. : 402100700 **Reg. Date** : 24-Feb-2024 09:07 **Ref.No** : **Approved On** : 24-Feb-2024 12:22
Name : Mrs. VIDHIBEN BHAVIKKUMAR BAROT **Collected On** : 24-Feb-2024 09:35
Age : 33 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 8264222432
Location :

Test Name	Results	Units	Bio. Ref. Interval
<u>URINE ROUTINE EXAMINATION</u>			
<u>Physical Examination</u>			
Colour	Pale Yellow		
Clarity	Clear		
<u>CHEMICAL EXAMINATION (by strip test)</u>			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.005		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Absent		Nil
Leucocytes	Nil		Nil
Blood	Nil		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Leucocytes (Pus Cells)	2-3		0 - 5/hpf
Erythrocytes (RBC)	Nil		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Nil		Nil
Monilia	Nil		Nil
T. Vaginalis	Nil		Nil
Urine			

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TEST REPORT

Reg. No. : 402100700 **Reg. Date** : 24-Feb-2024 09:07 **Ref.No** : **Approved On** : 24-Feb-2024 11:38
Name : Mrs. VIDHIBEN BHAVIKKUMAR BAROT **Collected On** : 24-Feb-2024 09:35
Age : 33 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 8264222432
Location :

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.65	mg/dL	0.51 - 1.5

Serum

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

Test done from collected sample.

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**Approved by: Dr. Keyur Patel**M.B.B.S.,D.C.P(Patho) Page 13 of 15
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TEST REPORT

Reg. No. : 402100700 **Reg. Date** : 24-Feb-2024 09:07 **Ref.No** : **Approved On** : 24-Feb-2024 13:08
Name : Mrs. VIDHIBEN BHAVIKKUMAR BAROT **Collected On** : 24-Feb-2024 09:35
Age : 33 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 8264222432
Location :

Test Name	Results	Units	Bio. Ref. Interval
Urea	17.0	mg/dL	15 - 40.1

*Method:Urease***Sample Type:** Serum

Urea/ BUN is screening test for evaluation of kidney function. Urea is the final degradation product of protein and amino acid metabolism. In protein catabolism, the proteins are broken down to amino acids and deaminated. The ammonia formed in this process is synthesized to urea in the liver. This is the most important catabolic pathway for eliminating excess nitrogen in the human body. Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function. The test is frequently requested along with the serum creatinine test since simultaneous determination of these 2 compounds appears to aid in the differential diagnosis of prerenal, renal and postrenal hyperuremia.

Test done from collected sample.

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TEST REPORT

Reg. No. : 402100700	Reg. Date : 24-Feb-2024 09:07	Ref.No :	Approved On : 24-Feb-2024 13:03
Name : Mrs. VIDHIBEN BHAVIKKUMAR BAROT			Collected On : 24-Feb-2024 09:35
Age : 33 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 8264222432
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>ELECTROLYTES</u>			
Sodium (Na+) <small>Method:ISE</small>	141.00	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	4.5	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>Method:ISE</small>	107.00	mmol/L	98 - 107

Sample Type: Serum

Comments

The electrolyte panel is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions. Repeat testing of the electrolyte or its components may be used to monitor the patient's response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.

Report To Follow:
LBC PAP SMEAR (Cytology)

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

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Reg. No.:G-34739

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CONCEPT DAIGNOSTICS

Report



Sahjanand Palace, First Floor, 100 Feet Anand Nagar Road Above Gopi Restaraunt, Prahladnagar, Ahmedabad Email:

1115 / VIDHIBEN BHAVIKKUMAR BAROT / 33 Yrs / F / 0 Cms / 0 Kg / NonSmoker
Date: 24 / 02 / 2024 11:06:37 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	PP	PVC	Comments
Supine	00:53	0:53	00.0	00.0	01.0	116	62 %	124/80	143	00	
Standing	00:56	0:03	00.0	00.0	01.0	116	62 %	124/80	143	00	
HV	00:58	0:02	00.0	00.0	01.0	104	56 %	124/80	128	00	
ExStart	01:11	0:13	00.0	00.0	01.0	114	61 %	124/80	141	00	
BRUCE Stage 1	04:11	3:00	01.7	10.0	04.7	159	85 %	126/80	200	00	
BRUCE Stage 2	07:11	3:00	02.5	12.0	07.1	180	96 %	138/88	248	00	
PeakEx	07:53	0:42	03.4	14.0	07.8	185	99 %	142/94	262	00	
Recovery	08:23	0:30	01.1	00.0	04.1	184	98 %	142/94	261	00	
Recovery	08:53	1:00	01.1	00.0	01.1	174	93 %	140/90	243	00	
Recovery	09:53	2:00	00.0	00.0	01.0	144	77 %	138/80	198	00	
Recovery	10:37	2:45	00.0	00.0	01.0	141	75 %	138/80	194	00	

FINDINGS :

Exercise Time : 06:42
 Initial HR (ExStrt) : 114 bpm 61% of Target 187
 Initial BP (ExStrt) : 124/80 (mm/Hg)
 Max Workload Attained : 7.8 Fair response to induced stress
 Duke Treadmill Score : 04.9
 Test End Reasons : Fatigue, Heart Rate Achieved , Test Complete, Heart Rate Achieved
 Max HR Attained 185 bpm 99% of Target 187
 Max BP Attained 142/94 (mm/Hg)
 VO2Max : 27.3 ml/Kg/min (Fair)

REPORT :

TEST IS NEGATIVE TO INDUCED ISCHEMIA.

Doctor : DR. PARTH THAKKAR

CONCEPT DAIGNOSTICS

BRUCE:Supine(0:54)



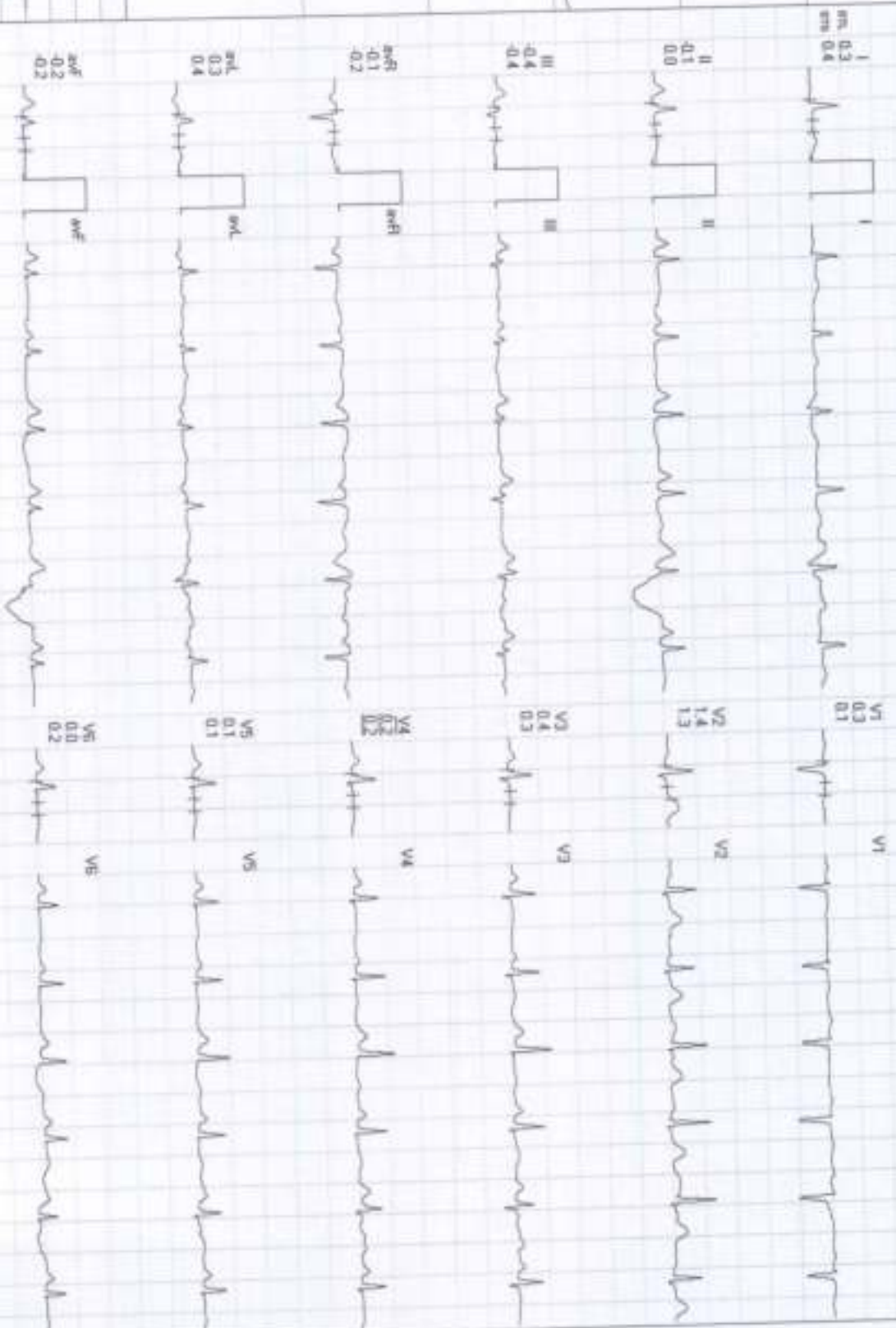
1115 / VIDHIBEN BHAVIKUMAR BAROT / 33 Yrs / F / 0 Cms / 0 Kg / HR : 116

Date: 24 / 02 / 2024 11:08:37 AM METS: 1.0/116 bpm 62% of THR BP: 124/80 mmHg Combined Medians/BLC Oh/Neck Oh/HF 0.05 Hz/LF 100 Hz

EXTIME: 00:00 0.0 mph 0.0%

25 mm/5sec 1.0 Cm/Div

4X 80 ms Pmax 1



REMARKS: I II aVR aVL V1 V2 V3 V4 V5 V6

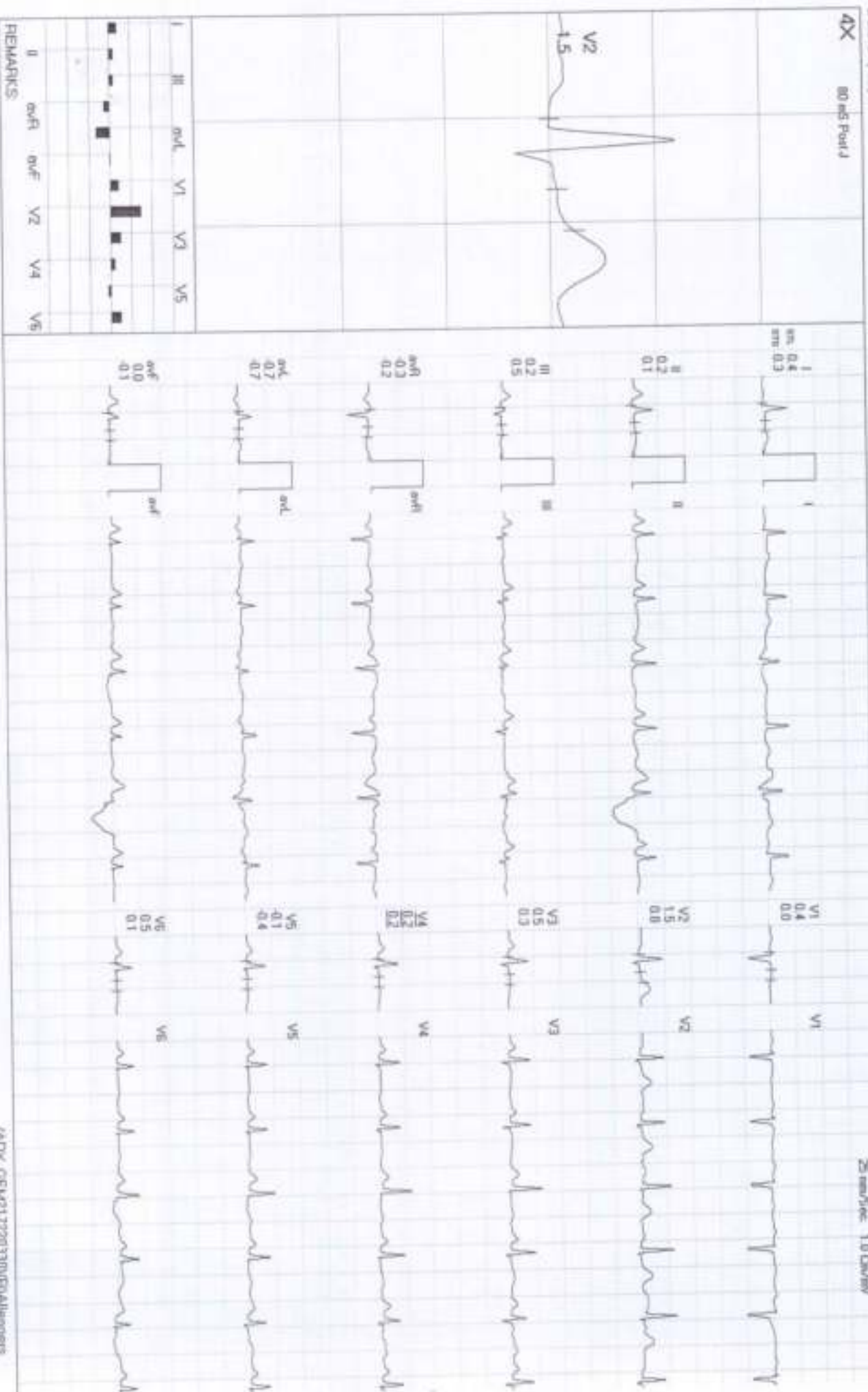


1115 / VIDHIBEN BHAVIKKUMAR BAROT / 33 Yrs / F / 0 Cms / 0 Kg / HR : 116

Date: 24 / 02 / 2024 11:06:37 AM METS: 1.0 / 116 bpm 62% of THR BP: 124/80 mmHg Combined Medicines/ BLD Qty Month Qty/HF 0.05 H2ALF 100 Hz

EXTime: 00:00 0.0 mph 0.0%

25 mm/Sec 1.0 Cm/mV



CONCEPT DAIGNOSTICS

BRUCE:HV(0:07)



1115 / VIDHIBEN BHAVIKUMAR BAROT / 33 Yrs / F / 0 Gms / 0 Kg / HR : 104

Date: 24 / 02 / 2024 11:05:37 AM METS: 1.0/104 bpm 55% of TFR BP: 124/80 mmHg Combined Medication/BLC Ov/Noct Ov/HF 0.05 Hz/LF 100 Hz

EXTIME: 00:00 0.0 mph 0.0%

25 mm/Sec. 1.0 Cal/cmV

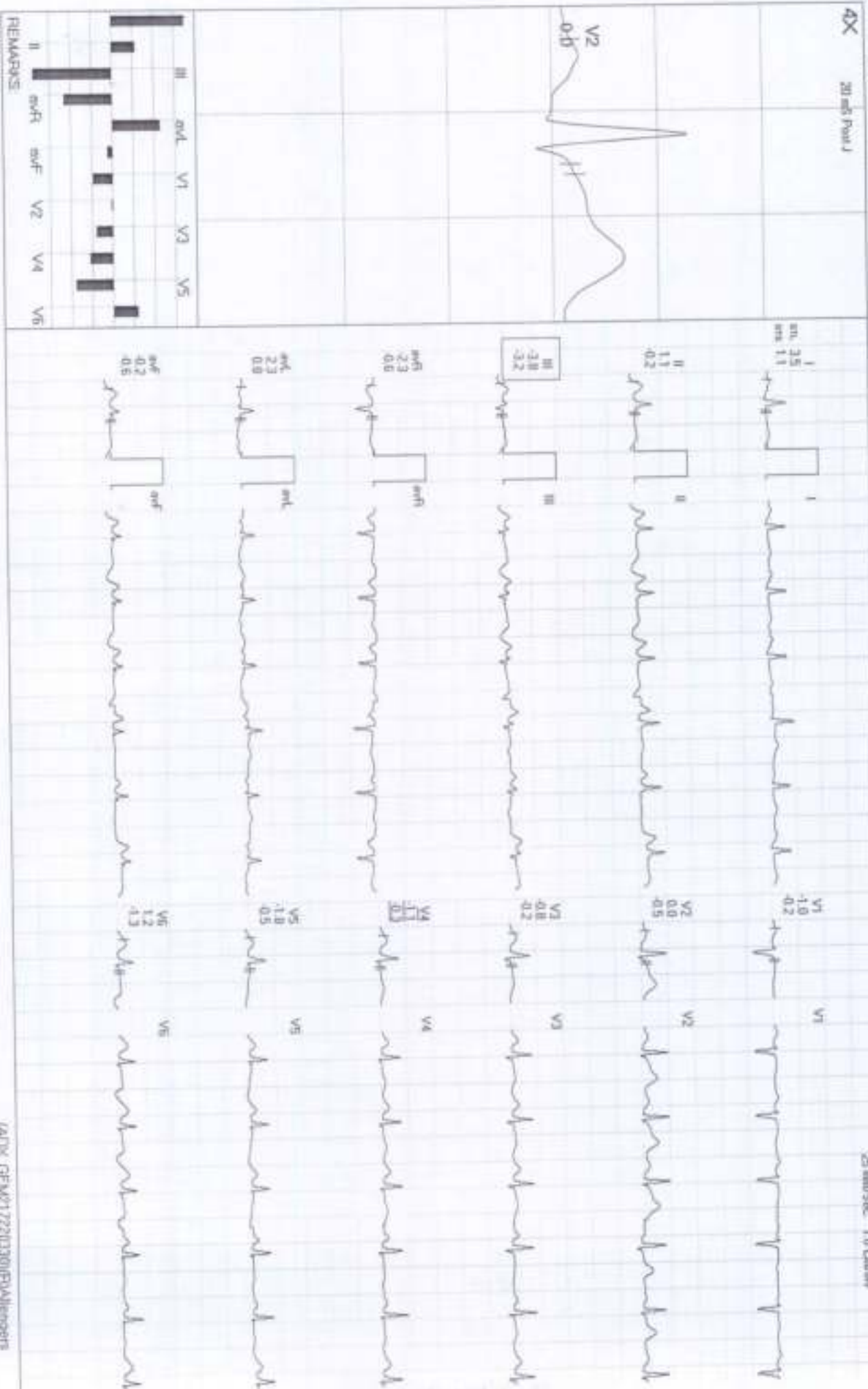
4X 90 ms PwV J



1115 / VIDHIBEN BHAIKUMAR BAROT / 33 Yrs / F / 0 Cms / 0 Kg / HR : 114

Date: 24 / 02 / 2024 11:05:37 AM METS: 1.0/11.4 bpm 61% of THR BP: 124/80 mmHg Combined Meds: BLC Ovt Nsch Ovt HR 0.05 Hz LF 100 Hz

EXTIME: 00:00 0.0 mph 0.0%
25 mm/Sec 1.0 Cm/mV



CONCEPT DAIGNOSTICS

BRUCE: Stage 1(3:00)



1115 / VIDHIBEN BHAVKULKAR BAROT / 33 Yrs / F / 0 Cms / 0 Kg / HR : 159

Date: 24 / 02 / 2024 11:06:37 AM METS: 4.7 / 159 bpm 85% of THR EP: 126/80 mmHg Combined Medians/BLC Qw/Noch Qw/HR: 0.05 Hz/LF 100 Hz

EXTime: 03:00 1.7 mph 10.0%
25 min/Sec 1.0 Cal/Min

4X 60 ms Pouch



PATID: GENM217220310(PJ)Alemgms

CONCEPT DIAGNOSTICS

BRUCE: Stage 2(3:00)



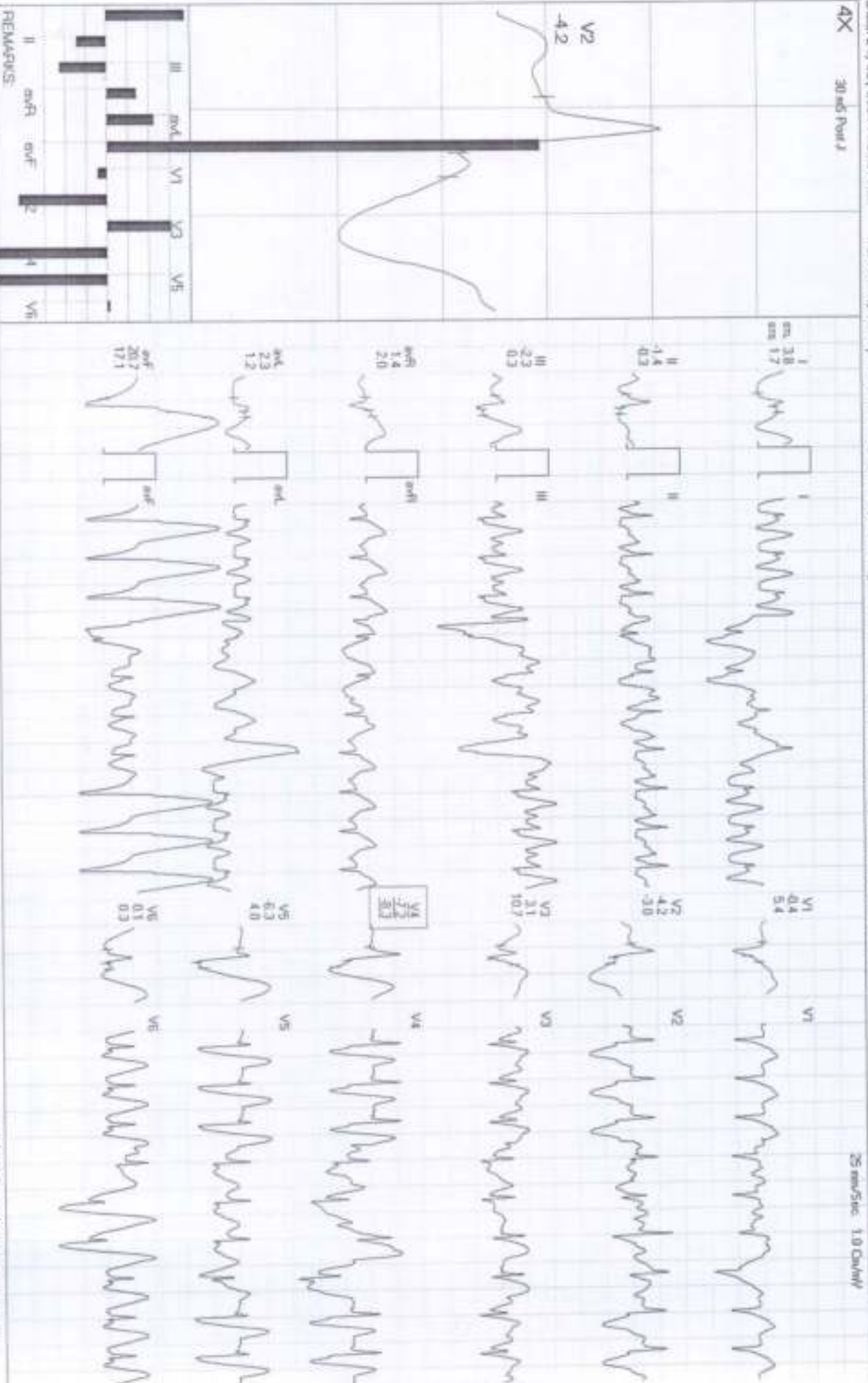
1115 / VIKHIBEN BHAWIKKUNAR BAROT / 33 Yrs / F / 0 Cms / 0 Kg / HR : 180

Date: 24/02/2024 11:08:37 AM METS: 7.1 / 100 bpm 95% of THR EP: 138/88 mmHg Combined Meds: BLD On / Natch On / HF 0.05 H/L/F 100 Hz

ETime: 06:00 2.5 mph, 12.0%

25 mm/5 sec 1.0 Cm/mV

AX 30 sec Post J



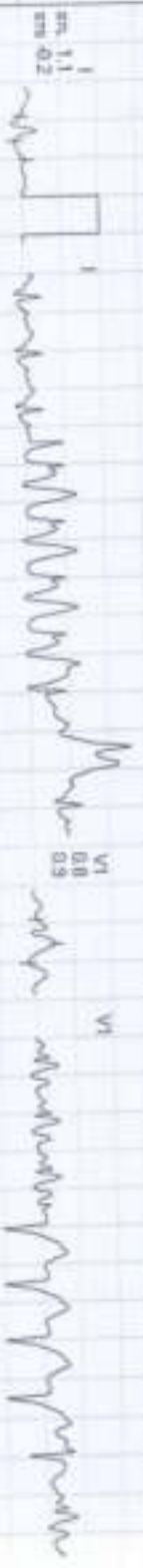
CONCEPT DAIGNOSTICS

1115 / VIDHIBEN BHAIKUNJIKAR BAROT / 33 Yrs / F / 10 Cms / 10 Kg / HR : 165

Date: 24 / 02 / 2024 11:06:37 AM METS: 7.8 / 165 bpm 99% of THR BP: 142/94 mmHg Combined Medienu/EKG On/Notch On/HR 0.05 Hz/ALF 100 Hz

ETime: 06:42 3.4 mph 14.0%
25 mm/Sec 1.0 Cm/Div

4X 60 sec Post



CONCEPT DAIGNOSTICS

Recovery(0:30)



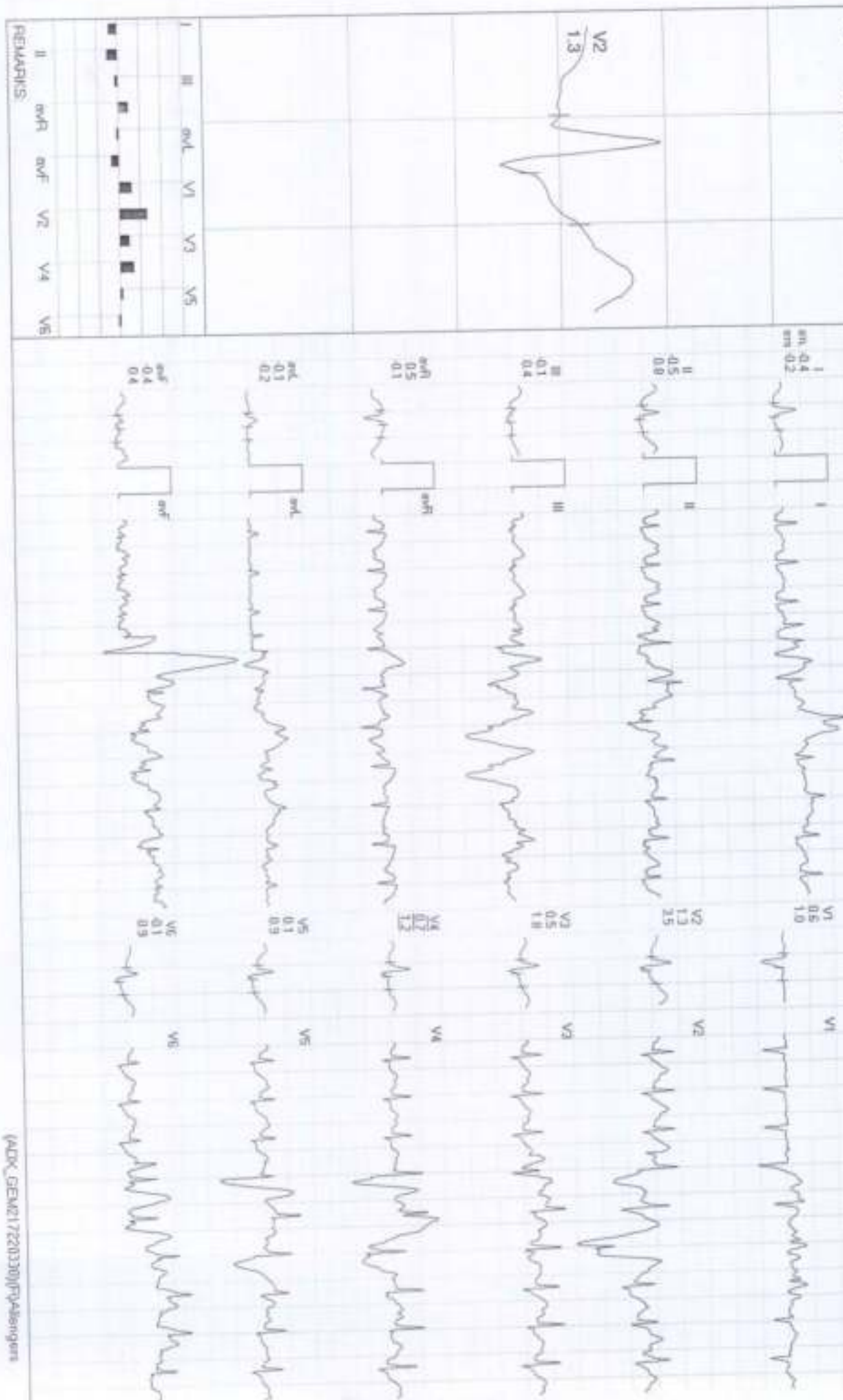
1115 / VIDHISEN BHAIKUMAR BAROT / 33 Yrs / F / 0 Cms / 0 Kg / HR : 184

Date: 24/02/2024 11:06:37 AM METS: 4.1/104 bpm 98% of THR BP: 142/94 mmHg Combined Mediana/SIC On/Noch On/HF: 0.05 Hz/LF 100 Hz

EXTime: 06:42 1.1 mph 0.0%

25 sec/Sec 1.0 Data/

4X 60 sec Pave 1



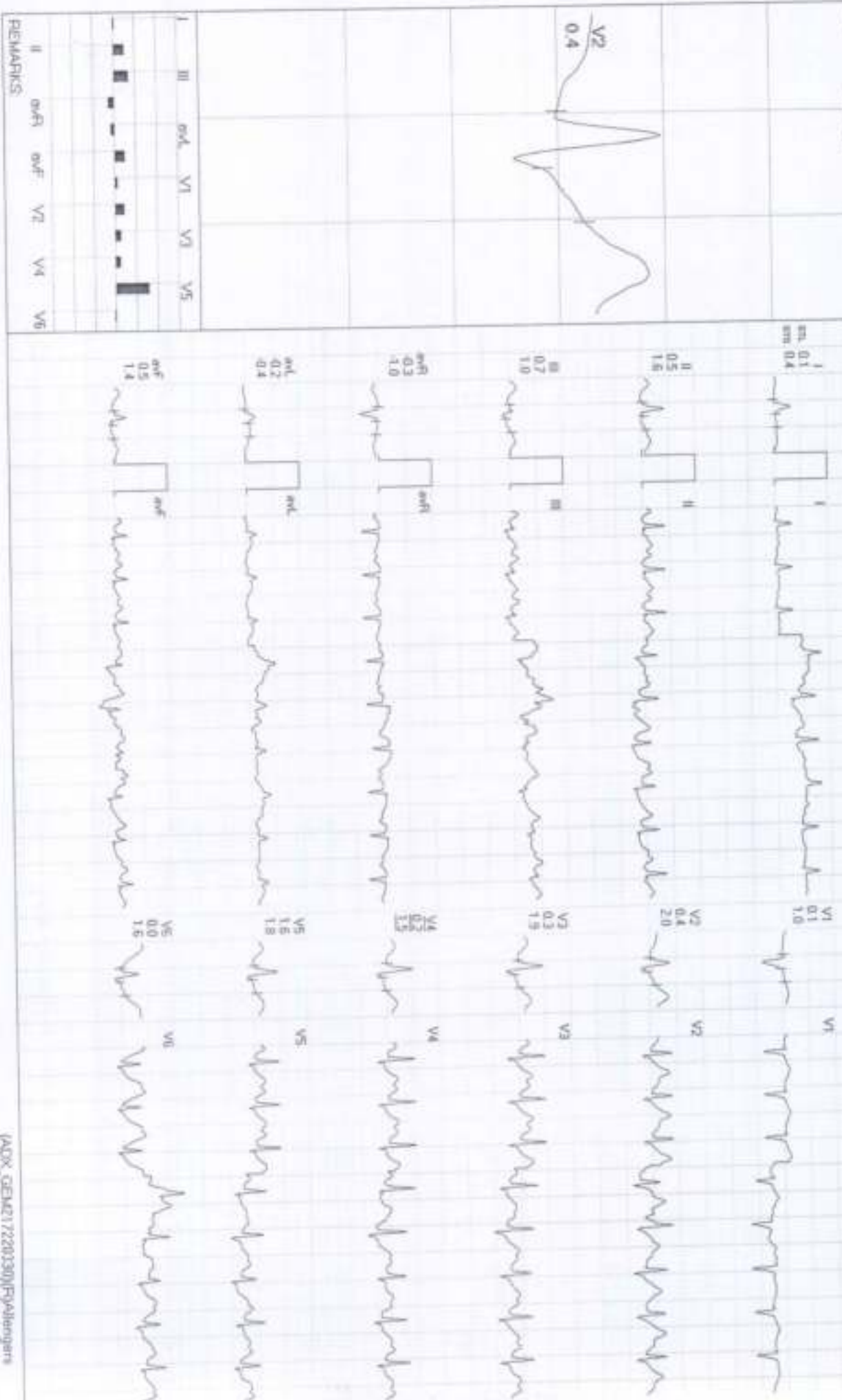


1115 / VIDHIBEN BHAIWIKUMAR BAROT / 33 Yrs / F / 10 Cms / 10 Kg / HR : 174

Date: 24 / 02 / 2024 11:08:37 AM METS: 1.1 / 174 bpm 93% of THR BP: 140/90 mmHg Combined Medicin/ BLC Ov/ Nocth Ov/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:42 1.1 mph, 0.0%

4X 60 ms Ppr J



REMARKS

CONCEPT DAIGNOSTICS

Recovery(2:00)



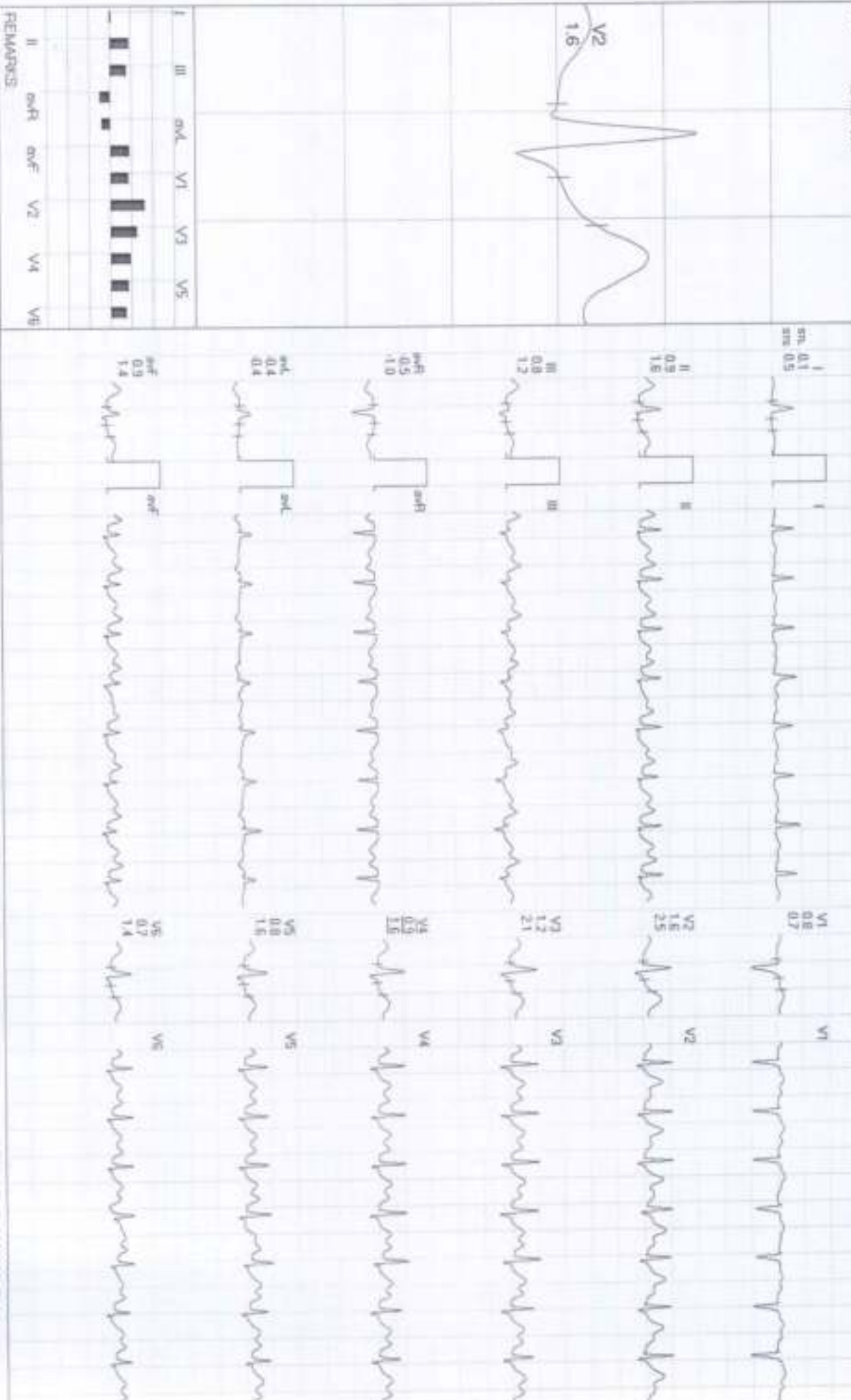
1115 / VIDHIBEN BHAVIKRUMAR BAROT / 33 Yrs / F / 0 Cms / 0 Kg / HR : 144

Date: 24 / 02 / 2024 11:06:37 AM METS: 1.0V/144 bpm 77% of THR BP: 139/80 mmHg Combined Meds: B/C Ov/Noct Ov/HF 0.05 Hz/LF 100 Hz

EXTime: 06:42 0.0 mph 0.0%

25 mm/Sec 1.0 Cm/mV

4X 60 ml Pow J



REMARKS



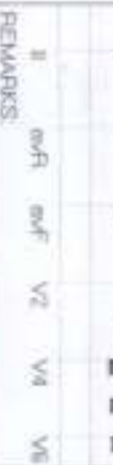
1115 / VIDHIBEN BHAVINKUMAR BAROT / 33 Yrs / F / 0 Cms / 0 Kg / HR : 141

Date: 24/02/2024 11:06:37 AM METS: 1.0/141 bpm 75% of THR BP: 130/80 mmHg Combined Mediansy/BLC Cw/Noch Cw/HF 0.05 Hz/LF 100 Hz

EXTime: 06:42 0.0 mph, 0.0%

25 mm/Sec 1.0 Cm/mV

4X 60 sec Post J



REMARKS:



NAME :	VIDHI BAROT	DATE :	24/02/2024
AGE/SEX:	33Y/F	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

X-RAY CHEST PA VIEW

- Both lung fields are clear.
- No evidence of consolidation or Koch's lesion seen.
- Heart size is within normal limit.
- Both CP angles are clear.
- Both dome of diaphragm appear normal.
- Bony thorax under vision appears normal.

Dr. VIDHI SHAH
MD RADIODIAGNOSIS



NAME :	VIDHI BAROT	DATE :	24/02/2024
AGE/SEX:	33Y/F	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

USG ABDOMEN

LIVER: normal in size & shows normal echotexture. No evidence of dilated IHBR. No evidence of focal or diffuse lesion. CBD & Portal vein appears normal.

GALL-BLADDER: normal, No evidence of Gall Bladder calculi.

PANCREAS: appears normal in size & echotexture, No evidence of peri-pancreatic fluid collection.

SPLEEN: normal in size & shows normal echogenicity.

KIDNEYS: Right kidney measures 107 x 41 mm. Left kidney measures 110 x 43 mm. Both kidneys appear normal in size & echotexture. No evidence of calculus or hydronephrosis on either side.

URINARY

BLADDER: appears normal and shows minimal distension & normal wall thickness. No evidence of calculus or mass lesion.

UTERUS: normal in size and echopattern. No e/o adnexal mass seen on either side.

USG WITH HIGH FREQUENCY SOFT TISSUE PROBE:

Visualized bowel loops appears normal in caliber. No evidence of focal or diffuse wall thickening. No collection in RIF. No evidence of Ascites.

CONCLUSION:

- **NORMAL USG ABDOMEN.**

Dr. VIDHI SHAH
MD, RADIODIAGNOSIS



NAME	VIDHIBEN B. BAROT		
AGE/ SEX	33 yrs / F	DATE	24.2.2024
REF. BY	Health Checkup	DONE BY	Dr. Parth Thakkar Dr. Abhimanyu Kothari

2D ECHO CARDIOGRAPHY & COLOR DOPPLER STUDY

FINDINGS:-

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest.
- Normal LV Compliance.
- LV & LA are of normal size.
- RA & RV are of normal size.
- Intact IAS & IVS.
- All valves are structurally normal.
- No MR, No AR, No PR.
- No TR, No PAH, RVSP=25mmHg.
- No Clots or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size and preserved respiratory variation.

MEASUREMENTS:-


LVIDD	34 (mm)	LA	30 (mm)
LVIDS	17 (mm)	AO	26 (mm)
LVEF	60%	AV cusp	
IVSD / LVPWD	10/10 (mm)	EPSS	

DOPPLER STUDY:-

Valve	Velocity (M/sec)	Max gradient (MmHg)	Mean gradient (Mm Hg)	Valve area Cm ²
Aortic	0.8	5		
Mitral	E:0.5 A:0.7			
Pulmonary	0.7	3.0		
Tricuspid	1.7	20		

CONCLUSION:-

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest.
- Normal LV Compliance.
- All valves are structurally normal.
- No MR, No AR, No PR.
- No TR, No PAH, RVSP=25mmHg.
- Normal IVC.


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