TEST REPORT

Reg. No :	2409100339	**UHID :**	UHID26870	**Reg. Date :**	16-Sep-2024
Name :	MRS.SUMAN			**Collected On :**	16-Sep-2024 09:50
Age/Sex :	30 Years / Female			**Report Date :**	16-Sep-2024
Ref. By :	MEDIWHEEL				

Parameter	Result	Unit	Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Hemoglobin (SLS method)	**10.3**	g/dL	12.0 - 15.0
Hematrocrit (Electrical Impedance)	**32.7**	%	40 - 54
RBC Count (Electrical Impedance)	4.35	million/cmm	3.8 - 4.8
WBC Count (Flowcytometry)	6010	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	245000	/cmm	150000 - 410000
MCV (Calculated)	**75.1**	fL	83 - 101
MCH (Calculated)	**23.8**	Pg	27 - 32
MCHC (Calculated)	31.6	%	31.5 - 34.5
RDW (Calculated)	**16.4**	%	11.5 - 14.5
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	64	%	38 - 70
Lymphocytes (%)	31	%	20 - 45
Monocytes (%)	04	%	2 - 8
Eosinophils (%)	01	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	3830	/cmm	1800 - 7700
Lymphocytes (Absolute)	1890	/cmm	1000 - 3900
Monocytes (Absolute)	240	/cmm	200 - 800
Eosinophils (Absolute)	30	/cmm	20 - 500
Basophils (Absolute)	20	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	2.03	/cmm	0.7 - 4.0
PERIPHERAL SMEAR EXAMINATION			
RBC Morphology	Hypochromic and Microcytic with Anisocytosis		
WBC Morphology	Total WBC and differential count is within normal.		
Platelets	Platelets are adequate with normal morphology.		
Parasites	Malarial parasite is not detected.		
ERYTHROCYTE SEDIMENTATION RATE			
ESR (After 1 hour)	18	mm/hr	0 - 21

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

Multispeciality Hospital Ahmedabad

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Parameter	Result	Unit	Reference Interval
FBS			
Fasting Blood Sugar (FBS) *Glucose Oxidase-Peroxidase*	102.9	mg/dL	70 - 110
PPBS			
Post Prandial Blood Sugar (PPBS) *Glucose Oxidase-Peroxidase*	128.1	mg/dL	110 - 140

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

DHS Multispecialty Hospital Ahmedabad

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Ref. By :	MEDIWHEEL			

Parameter	Result	Unit	Biological Reference Interval
HEMOGLOBIN A1 C ESTIMATION			
Specimen: Blood EDTA			
Hb A1C *HPLC, NGSP Certified*	5.7	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose *Calculated*	116.89	mg/dL	

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 tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucosedissolved 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.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:

- HbA1C, also known as glycated heamoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 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.- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important.

(Ref. National Glycohaemoglobin Standardization Program - NGSP).

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Parameter	Result	Unit	Reference Interval
LIVER FUNCTION TEST			
SGPT *Optimized UV-IFCC*	21.3	U/L	1 - 45
SGOT *Optimized UV-IFCC*	20.3	U/L	1 - 35
Total Bilirubin *DCA method*	1.34	mg/dL	0 - 2.0
Direct Bilirubin *DCA method*	**0.60**	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN *Calculated*	0.74	mg/dL	0.0 - 1.6
Alkaline Phosphatase *PNP-AMP Buffer, Multiple-point rate*	58	U/L	53 - 128
Total Protein	6.62	g/dL	6.4 - 8.2
Albumin *By Bromocresol Green*	3.96	g/dL	3.5 - 5.2
Globulin *Calculated*	2.66	g/dL	2.3 - 3.5
A/G Ratio *Calculated*	1.49		0.8 - 2.0

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Parameter	Result	Unit	Reference Interval
RENAL FUNCTION TEST			
Creatinine *Enzymatic ,IDMS Traceable*	0.60	mg/dL	0.6 - 1.1
Urea *Urease-GLDH, enzmatic UV*	30.4	mg/dL	13.0 - 40.0
BUN *Calculated*	14.21	mg/dL	7 - 23
Uric Acid *Enzymatic using TBHBA*	4.9	mg/dL	2.6 - 6.2
Sodium *Direct ISE*	140.3	mmol/L	137 - 145
Potassium *Direct ISE*	4.52	mmol/L	3.6 - 5.0
Chloride *Direct ISE*	95.3	mmol/L	94 - 110
Ionized Calcium *Direct ISE*	4.78	mg/dL	4.4 - 5.4

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Parameter	Result	Unit	Biological Reference Interval
LIPID PROFILE			
Cholesterol *CHOD-PAP method*	168	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride *Enzymatic with GPO method*	86.9	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL *Calculated*	17.38	mg/dL	15 - 35
LDL CHOLESTEROL	105.32	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol *Magnetic Cholesterol Oxidase*	45.3	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio *Calculated*	3.71		0 - 5.0
LDL / HDL RATIO *Calculated*	2.32		0 - 3.5
Total Lipids *Calculated*	469.80		400 - 1000

- Pre-analytical requirements for given tests are -Fasting status anywhere between 10-12 hours before collection. Avoid alcohol beverages before lipid panel - minimum 24 hrs.
- Lipid profile results can be erroneous if pre-analytical requirements are not met properly.
- Any medical decision based on test results is to be taken with 2 or more consecutive results suggesting pattern.
- Please note that any lipid lowering drug may interfere in results estimation.
- Sudden commencement or sudden withdrawal of Lipid lowering drug will interfere with test result.

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Parameter	Result	Unit	Biological Reference Interval
THYROID FUNCTION TEST			
T3 (Triiodothyronine) *CMIA*	1.00	ng/mL	0.6 - 1.81
T4 (Thyroxine) *CMIA*	8.14	µg/dL	4.5 - 12.5
TSH *ELFA-Enzyme Linked Fluorescent Assay*	3.441	µIU/ml	0.35 - 4.94

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-relasing 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 tertiaryhypothyroidism, 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

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition.
Philadelphia: WB Sounders,2012:2170

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Parameter	Result	Reference Interval
URINE ROUTINE EXAMINATION		
PHYSICAL EXAMINATION		
Quantity	10 cc	
Colour	Pale Yellow	
Clarity	Clear	
CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)		
pH	7.0	4.6 - 8.0
Sp. Gravity	1.015	1.002 - 1.03
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Leucocytes	Nil	
Blood	Nil	
MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)		
Leucocytes (Pus Cells)	1 - 5/hpf	
Erythrocytes (Red Cells)	Nil	
Epithelial Cells	1-2/hpf	
Amorphous Material	Nil	
Casts	Nil	
Crystals	Nil	
Bacteria	Nil	
Yeast	Nil	
T. Vaginalis	Nil	
Spermatozoa	Nil	

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Parameter	Result	Unit	Biological Reference Interval
PHYSICAL EXAMINATION			
Height	154.00	cm	
Weight	56.40	kg	
BMI	23.61	kg / m2	>18.5 – underweight 18.5 and 24.9 – healthy weight 25 and 29.9 – overweight 30 and 39.9 – obese
Blood Pressure	116/74	mmHg	
Pulse Rate	73	/min	

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

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Approved by: **Dr. Yesha H. Shah** (MD.Pathology) **Mr. Akshay Parmar** M.Sc(Biochemistry)

Patient Name	SUMAN	Patient ID	UHID26870
Age/Gender	30 Years / F	Study Date	16-Sep-2024
Referred By		Reported Date	16-Sept-2024

X – RAY CHEST PA VIEW:

Both lung fields under vision appear normal.
Cardiac size appears normal.
Both costophrenic angles are clear.
Hilar regions are normal.
Both domes appear normal in position.
Bony thorax under vision appears normal.

Dr.Sunny Shivlani
MD Radiology REG-33548

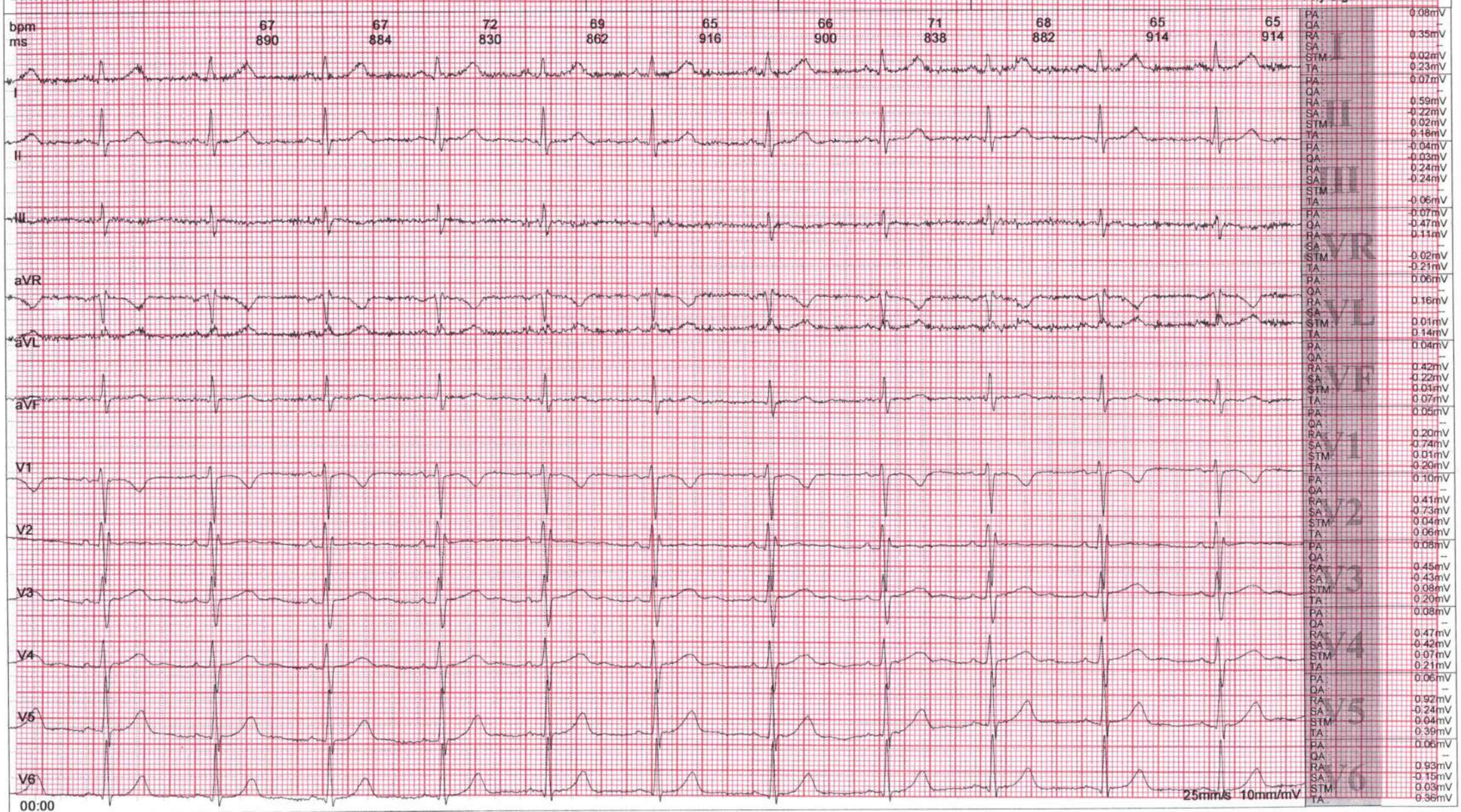
Date Reported: 16-Sept-2024

This Report is done and digitally signed via Tele Radiology Done at Radiscan Diagnostic Ahmedabad. For any clinical discrepancy, please discuss with the Radiologist. This report is not valid for any medico-legal purposes

Name:SUMAN		Frequency:	1000 Hz	PR Interval:	142 ms
Sex:Female	Clinic No.:	Sample Time:	13 s	QT Interval:	398 ms
Age:30Y	Bed No.:	HR:	68 bpm	QTc Interval:	423 ms
SN:0000969	Section:	P Interval:	82 ms	P Axis:	4.45°
Date:16/09/2024 10:46:52	Case No.:	QRS Interval:	80 ms	QRS Axis:	17.93°
		T Interval:	200 ms	T Axis:	15.23°

Prompt:

Total Beats 12 ,Normal Beats 12 ,SVE 0 ,VE 0 .
Normal Heart Rate(HR between 60 and 100 bpm);
Light left cardiac electric axis deviation(QRS axis between 0 degree and 30 degree);



PATIENT NAME	**SUMAN**
AGE / SEX	**30 Y/ F**
REF. DOCTOR	**HEALTH CHECK UP**
DATE	**16-Sep-24**

ULTRASOUND WHOLE ABDOMEN - PELVIS

LIVER : Liver is normal in size and shows normal echotexture.
No focal lesion is seen. Intra-hepatic biliary radicals are not dilated.
PORTAL VEIN: appears normal in course and caliber. PV- 10 mm

GALL BLADDER : is distended and appears normal. No calculus or mass lesion seen.
CBD: appears normal, 5mm.

PANCREAS : Pancreas appears normal in size and echo pattern.

SPLEEN : Spleen is normal in size and shows normal echo pattern.

KIDNEYS : Both kidneys are normal in size, shape & echotexture.
No calculus or hydronephrosis seen in either kidney.

URINARY BLADDER : is minimally distended & normal.

UTERUS: normal in size, no focal lesion. IUCD in situ.
No adnexal mass lesion.

Bowel loops appear normal. No any inflammatory wall thickening or mass lesion is seen.
No lymphadenopathy seen.
No evidence of collection or mass lesion seen in RIF.
No free fluid.

IMPRESSION :
No significant abnormality.

DR. JAY THAKKAR, MD