



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 : Rindhe Amruta mahesh
identity proof : rdhadcard
identity proof no : 4996
gender : female Qv 27
height : 157
weight : 50
BP : 100/70
pulse : 67 min Regular
blood sample : yes
fasting mode : yes
non fasting mode : no

past history : L.S.C.S is done on 12-05-2022

Dental : normal

Romberg Test :

Colour vision : normal

Amruta

DR. C. P. DADHANIYA

M.B. Diabetologist

Inv. Physician (CIH)

Reg. No. G19798

Code No. 378943

Panchmukhi Hospital

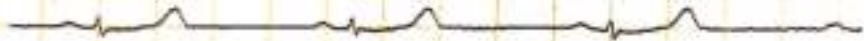
Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.



10mm/mV AUTO

I



II



III



II 10mm/mV



25mm/s

AC:ON 0.05-35Hz

10mm/mV

aVR

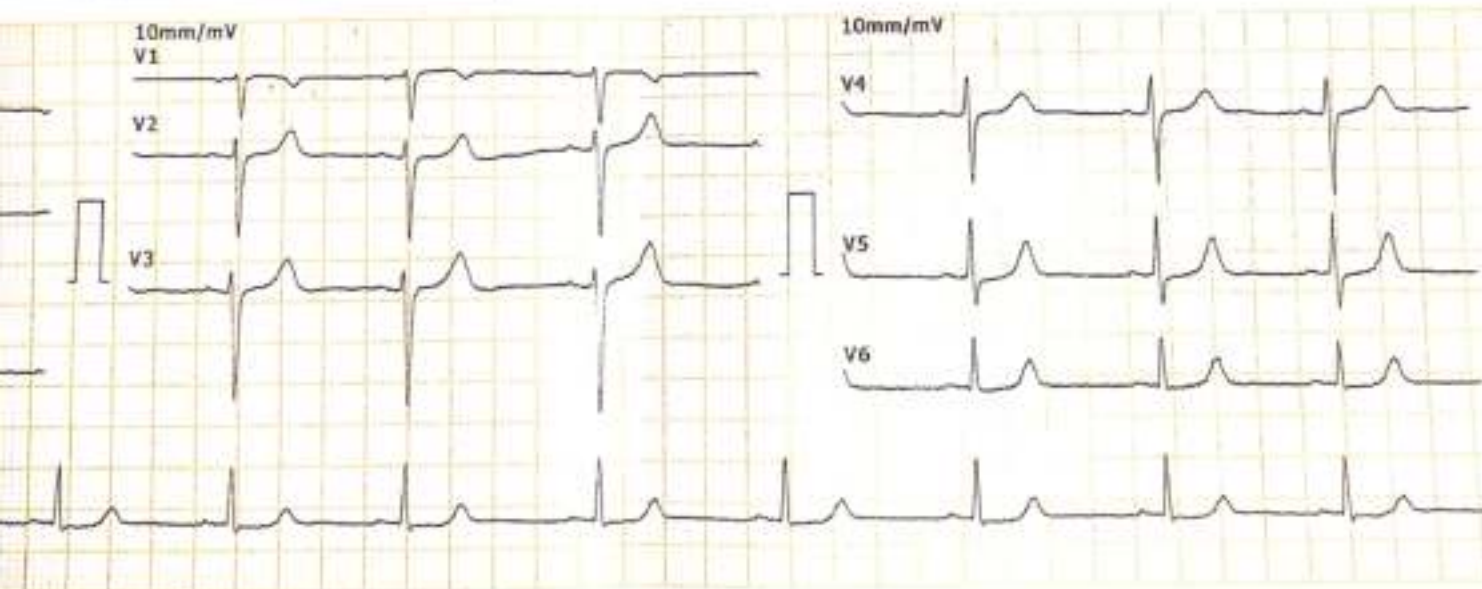


aVL



aVF





2023-12-23 9:23:17 ID: 00003666
 ID Card: Amruta Rinde
 Name: Amruta Rinde Gender: Female
 Age: 27 Height(cm): _____
 Weight(Kg): 27 BP(mmHg): 1

HR.....bpm 68
 P-R.....103
 Q-R-S.....90
 QT/QTc.....356/376
 P/QRS/T AXES.....Rego. No.: G19798 53/87/39
 RVS/SV1.....Code No.: 378943 30.70/0.53
 RVS/SV1.....mV 1.23
 *The report is confirmed by doctor!
 Report 150ft Ring Road, RAJKOT

Amruta Rinde



ગુજરાત સરકાર

Government of India



રિંદે અમૃતા મહેશ

Rindhe Amruta Mahesh

જન્મ તારીખ/DOB: 05/05/1996

સ્ત્રી/ FEMALE

5871 4132 7396

VTD : 9124 6396 1821 3014

મહિલા સહાયક, મહિલા સેલ



भारतीय विभिन्न औद्योगिक प्राधिकरण

Unique Identification Authority of India



Download Date: 03/12/2022

संख्या :

जेर हैबती, जेर, अहमदनगर,

महाराष्ट्र - 414604

Address:

jeur haibati, Jeur, Ahmदनगर,

Maharashtra - 414604



5871 4132 7396

VID : 9124 6396 1821 3014



1947

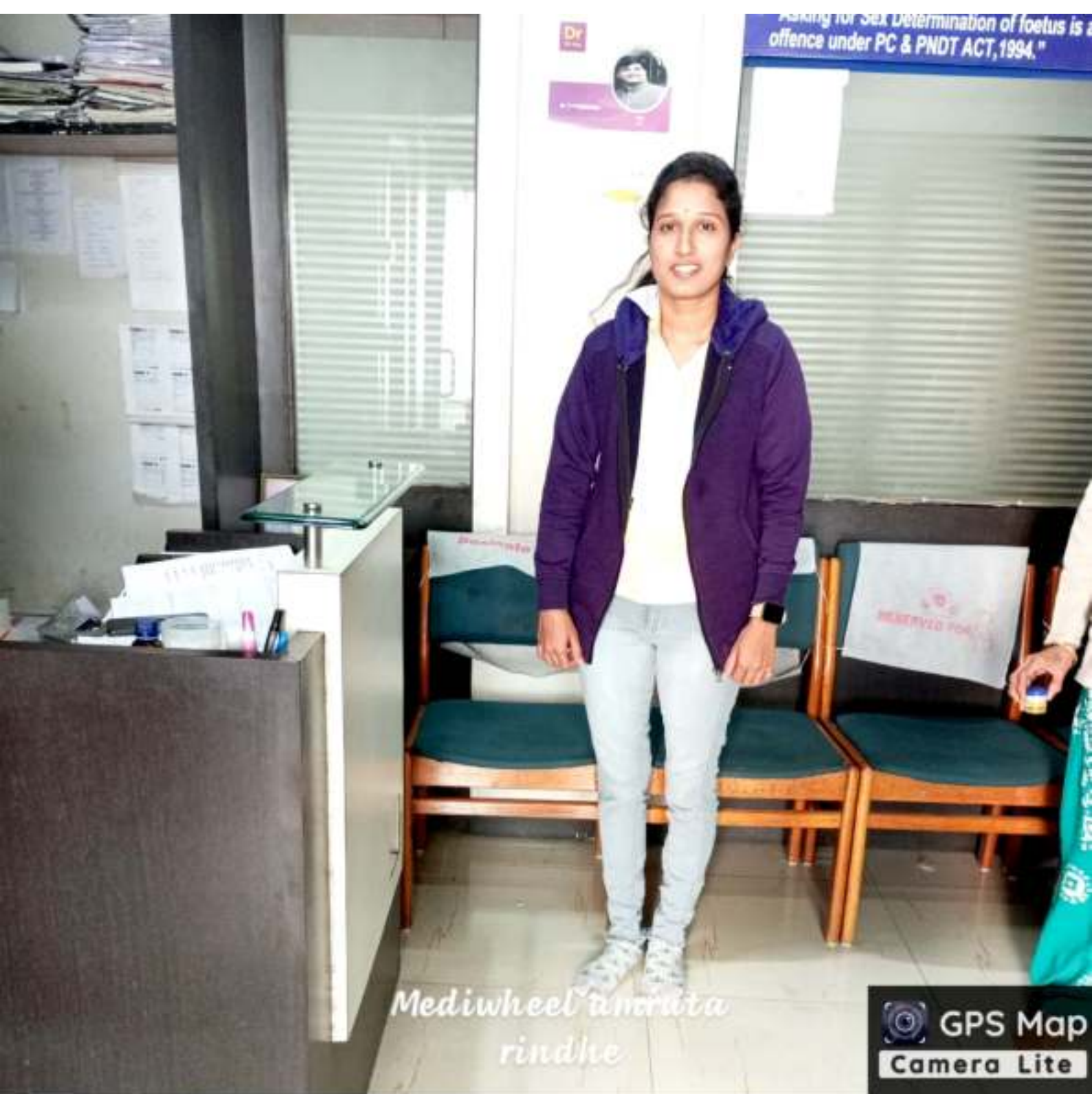


help@uidai.gov.in




www.uidai.gov.in





*Mediwheel anurita
rindhe*

 **GPS Map**
Camera Lite

7Q8M+5PP, Poonam Society, Mavdi, Rajkot, Gujarat
360004, India

Latitude

22.2654334°

Longitude

70.7843475°

Local 09:29:37 AM

GMT 03:59:37 AM

Altitude 145 meters

Saturday, 23.12.2023



પંચમુખી હોસ્પિટલ

ડૉ. રાજેશ્રીબેન ડાહીયા
ડૉ. સી. પી. ડાહીયા
MBBS, Dip.G.O, Diabetologist

૧૫૦ ફુટ રીંગ રોડ, મવડી ચોકડી, શનેશ્વર આર્કેડ, રાજકોટ. ફોન : ૦૨૮૧-૨૩૭૧૬૩૨

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date: 23-12-23

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 આપવામા આવે છે

I am Annata Pundhe
and I am declare that
I donot want to test
my stool report

Annata Pundhe

Annata

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 તારીર ઉપર આધાર રાખે છે

• ફરી આવો ત્યારે આ કાગળ સાથે લાવવો





AMRUTA RINDHE 27Y/F CHEST PA 23-Dec-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)

PATIENT NAME : AMRUTA RINDHE

DATE: 23 December 2023

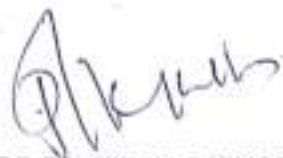
USG ABDOMEN AND PELVIS

- **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 4.0 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 angel clear.

CONCLUSION:

- No significant abnormality seen in present study.

Thanks for reference.



DR PRATIK KAGATHARA
MD

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

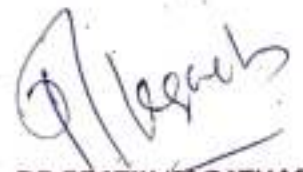
Pt.'s Name: AMRUTA RINDHE

Date: 23 December, 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

ECHOCARDIOGRAPHY & COLOR DOPPLER

Patient Name : Amruta Rinde
Ref.By : Dr Dadhaniya Sir

Age/Sex : 27/F
Date : 23/12/23

SUMMARY OF 2D ECHO

LA, LV size Normal
No LVH
No RWMA at rest
Overall LVEF -60 %.

RA , RV size and function Normal
All valves appear Normal in structure

No E/O Vegetation / clot /Pericardial effusion
IAS / IVS intact
No shunt across great vessels
IVC Size Normal 13 mm and collapsing > 50% on deep inspiration

Colour Doppler

Mitral Valve: E/A ratio 1.3 , TDI s/o E*>A*
No MR

Tricuspid Valve: Trivial TR CW TR jet 22 mmHg
Estimated PASP 27 mm Hg

Aortic Valve: No AR
No significant LVOT gradient - AV PG Max 8 mm Hg

Pulmonary Valve : No PR , PV Max PG 4 mm Hg

FINAL IMPRESSION

Good LV systolic function at rest

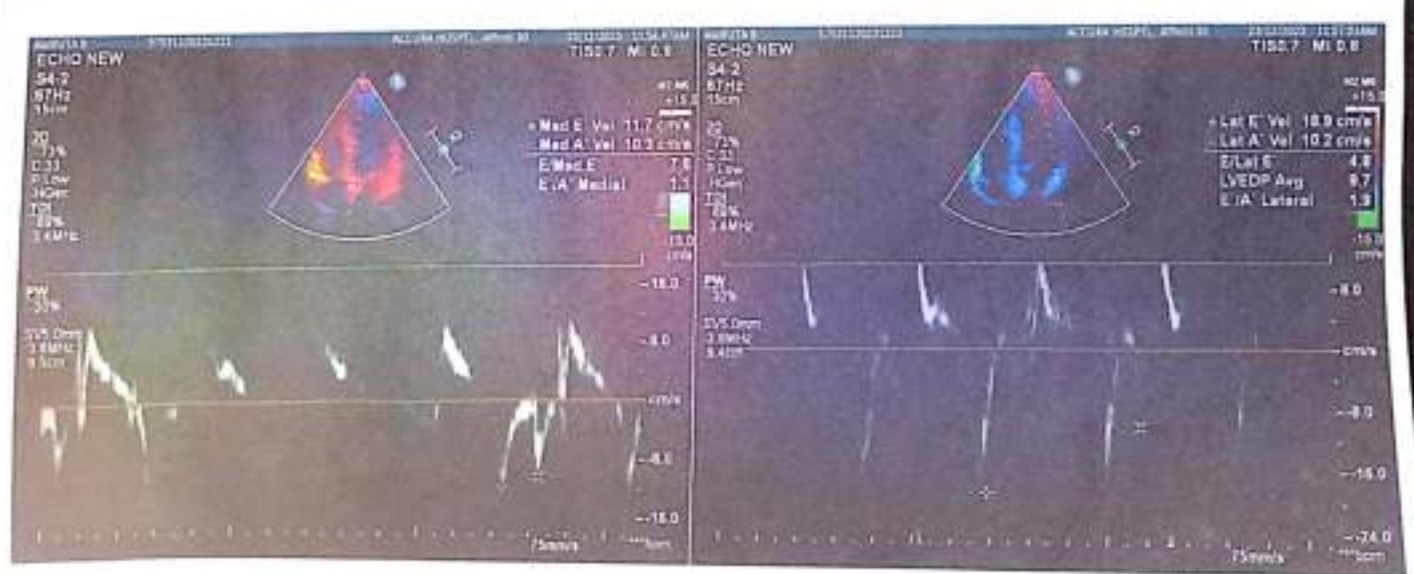
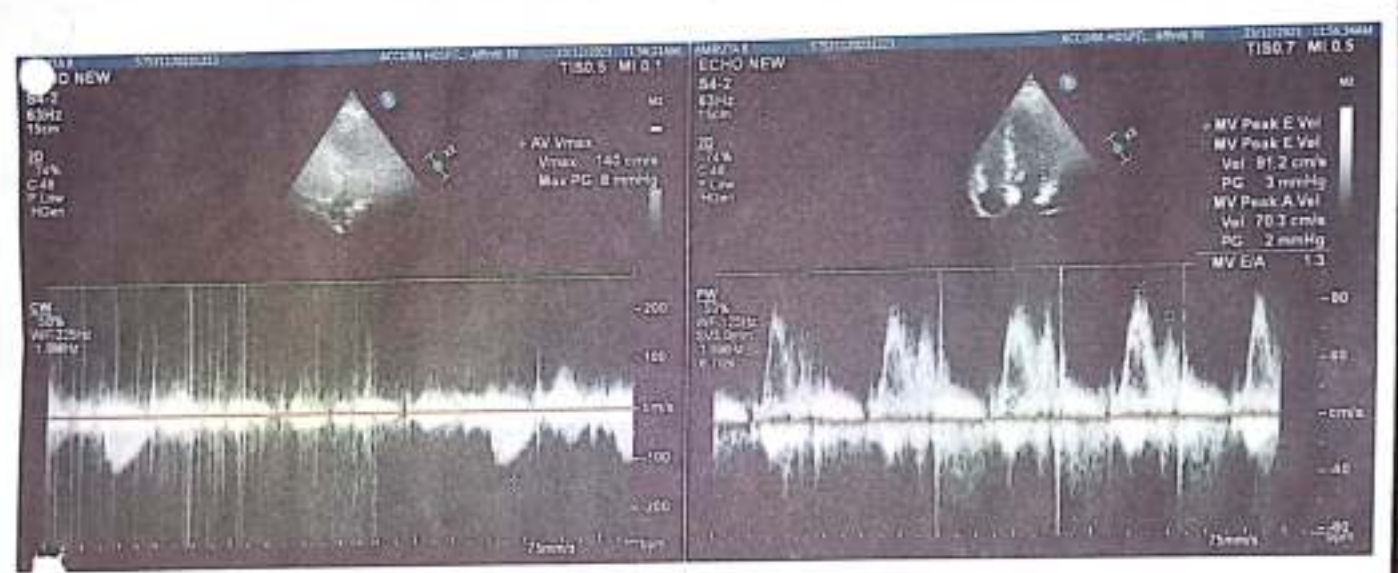

Dr. Vijay Maniyar

M.D., FNIC (Lilavati Hospital , Mumbai)

For Appointment

7 60 60 60 577

First Floor, Nilkanth Plaza, J. K. Park, Bapa Sitaram Chowk, Mavdi Main Road, RAJKOT- 360004.



(Handwritten signature)



TEST REPORT

Name : Amruta Rindhe	Reg. No : 312101176
Age/Sex : 27 Years / Female	Reg. Date : 23-Dec-2023 02:34 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 23-Dec-2023 02:35 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Dec-2023 05:51 PM

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
RBC Parameters				
Hemoglobin (SLS method)	13.0	g/dL	12.5 - 16.0	
Hematocrit (Electrical Impedance)	43.60	%	37 - 47	
RBC Count (Electrical Impedance)	4.82	million/cmm	4.2 - 5.4	
MCV (Calculated)	90.5	fL	78 - 100	
MCH (Calculated)	27.0	Pg	27 - 31	
MCHC (Calculated)	29.8	%	30 - 35	
RDW (Calculated)	14.7	%	11.5 - 14.0	
WBC Parameters				
WBC Count (Flowcytometry)	6940	/cmm	4000 - 10500	
DIFFERENTIAL WBC COUNT				
Neutrophils (%)	53 %	42.02 - 75.2	3678 /cmm	1800 - 7700
Lymphocytes (%)	39 %	20 - 45	2707 /cmm	1000 - 3900
Eosinophils (%)	04 %	1 - 4	278 /cmm	0 - 450
Monocytes (%)	04 %	2 - 8	278 /cmm	200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm	20 - 100
Platelete Parameter				
Platelet Count	222000	/cmm	150000 - 450000	
MPV	9.9	fL	7.4 - 10.4	
P-LCR	24.30	%	11.9 - 66.9	
PDW	12.3	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.22	%	0.2 - 0.5	

towards the healthiness...

D.R.I.

Dr. Viral Jethava

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M.D. (Path. PDCC)





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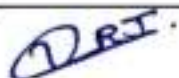
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Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate			
Sample, EDTA whole blood			
ESR (After 1 hour)	11	mm/hr	3 - 12

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FASTING PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	94.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic
Urine Glucose -F <small>Glucose Oxidase-Peroxidase</small>	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) <small>HEXOKINASE</small>	95.00	mg/dL	70 - 140
Urine Glucose- PP <small>Glucose Oxidase- Peroxidase</small>	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.

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LIPID PROFILE
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <small>Cholesterol Oxidase</small>	156.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic Reaction With Glycerol Kinase</small>	134.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <small>Siemens AHDL</small>	53.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <small>Siemens ALDL</small>	76.00	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>	26.80	mg/dL	15 - 35
LDL / HDL RATIO <small>Calculated</small>	1.43		0 - 3.5
Cholesterol /HDL Ratio <small>Calculated</small>	2.94		0 - 5.0

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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.74	mg/dL	0.55 - 1.02
eGFR	129.84	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
Urea <small>Calculated</small>	25.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small>	11.68	mg/dL	7.0 - 18.0
Uric Acid <small>Uricase</small>	5.29	mg/dL	2.6 - 6.2
Sodium <small>Direct ion selective electrode</small>	138.5	mmol/L	137 - 145
Potassium <small>Direct ion selective electrode</small>	4.21	mmol/L	3.5 - 5.1
Chloride <small>Direct ion selective electrode</small>	102.3	mmol/L	98 - 107
Calcium <small>Cresolphthalein Complexone</small>	8.5	mg/dL	8.5 - 10.1

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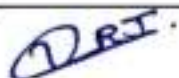
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Parameter	Result	Unit	Biological Ref. Interval
GGT <small>Siemens/3TC</small>	47.00	U/L	5 - 55

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <small>Siemens Dimension</small>	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 <small>Calculated</small>	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 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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Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Dec-2023 05:52 PM

THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) CLM	3.650	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

Triiodothyronine (T3) CLM	0.96	ng/mL	0.6 - 1.81
-------------------------------------	------	-------	------------

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.

D.R.I.

Dr. Viral Jethava

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Dr. Viral R. Jethava

M.D. (Path. PDCC)




TEST REPORT

Name : Amruta Rindhe	Reg. No : 312101176
Age/Sex : 27 Years / Female	Reg. Date : 23-Dec-2023 02:34 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 23-Dec-2023 02:35 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Dec-2023 05:52 PM

Thyroxine (T4) <small>CLM</small>	11.24	µg/dL	4.5 - 12.6
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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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Dr. Viral R. Jethava

M.D. (Path. PDCC)





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Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Dec-2023 05:51 PM

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	5.5		4.6 - 8.0
Sp. Gravity	1.020		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	3 - 4/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

DRJ

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Dr. Viral R. Jethava

M.D. (Path. PDCC)





LABORATORY REPORT

Name :	Amruta Rindhe	Reg. No :	312101176
Sex/Age :	Female/27 Years	Histo / Cyto No :	C3H00173
Ref. By :	Dr. PANCHMUKHI HOSPITAL / INSURANCE	Reg. Date :	23-Dec-2023 02:34 PM
Client Name :	PANCHMUKHI HOSPITAL	Collected On :	23-Dec-2023 02:35 PM
		Report Date :	23-Dec-2023 06:05 PM

CYTOPATHOLOGY REPORT

Specimen :

Liquid Based Cervical Cytology Material.

Grossing Description :

C3H00173/23

Microscopic Description :

Specimen Adequacy : Satisfactory for evaluation.

Endocervical cells (Transformation Zone Component) : Seen.

Partially obscuring component like inflammation : Seen.

General Categorization : Negative for Intraepithelial Lesion and Malignancy.

Squamous Cell Abnormalities :

Squamous cell : Normal superficial & Intermediate squamous cells are seen.

Few glandular normal endocervical cells present.

No evidence of malignancy in studied smear.

Non Neoplastic cellular variation like :

Squamous metaplasia : Not seen.

Keratotic changes : Not seen.

Tubal metaplasia : Not seen.

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LABORATORY REPORT

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Ref. By :	Dr. PANCHMUKHI HOSPITAL / INSURANCE		
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Atrophic changes : Not seen.

Pregnancy associated changes : Not seen.

Reactive cellular changes associated with :

Inflammation : Absent.

Radiation : Absent.

Intrauterine Contraceptive Device (IUD) : Absent.

Organism :

Normal vaginal flora preserved.

Shift in flora suggestible of bacterial vaginosis : Not seen.

Trichomonas Vaginalis : Not seen.

Fungal organism morphologically consistent with Candida species : Not seen.

Bacteria morphologically consistent with Actinomyces species : Not seen.

Cellular changes consistent with Herpes Simplex Virus : Not seen.

Cellular changes consistent with Cytomegalovirus : Not seen.

Impression :

Negative for Intraepithelial Lesion or Malignancy.

Clinical and Radiological correlation and SOS further work up is advised.

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LABORATORY REPORT

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TEST REPORT

Name : Amruta Rindhe	Reg. No : 312101176
Age/Sex : 27 Years / Female	Reg. Date : 23-Dec-2023 02:34 PM
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LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <small>BIURET</small>	7.20	g/dL	6.4 - 8.2
Albumin <small>Dye Binding - Bromocresol Purple (BCP)</small>	4.58	g/dL	3.40 - 5.00
Globulin <small>Calculated</small>	2.62	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	1.75		0.8 - 3.1
SGOT (AST) <small>Siemens/37C</small>	34.00	U/L	15 - 37
SGPT (ALT) <small>Siemens/37C</small>	49.00	U/L	14 - 59
Alakaline Phosphatase <small>Siemens/37C</small>	92.00	U/L	46 - 116
Total Bilirubin <small>Diaz-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</small>	0.64	mg/dL	0.2 - 1
Conjugated Bilirubin <small>Diaz-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</small>	0.18	mg/dL	0 - 0.20
Unconjugated Bilirubin <small>Suph acid ip/calf-benz</small>	0.46	mg/dL	0.0 - 1.1

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

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