CORPORATE CARE

ISO 9001:2015 Quality Management System

EQAS
External Quality Assurance Services

O- 5,6,10 Maruti Tower, Shivranjani Cross Road, Satellite, Ahmedabad.
Ph : 079 4800 7051 M. : 98986 76445
E-mail : corporatecare0120@gmail.com

PHYSICIAN CONSULTATION

DATE:- 19-04-2022

NAME:- Chaitali Lokhande

DOB:- 25-05-1995

AGE:- 26 Yrs **SEX:-** Female

HEIGHT:- 153 cms

WEIGHT:- 53 kgs

BMI : - 22 kg/m^2

BP READING:- 110/70 mm Hg

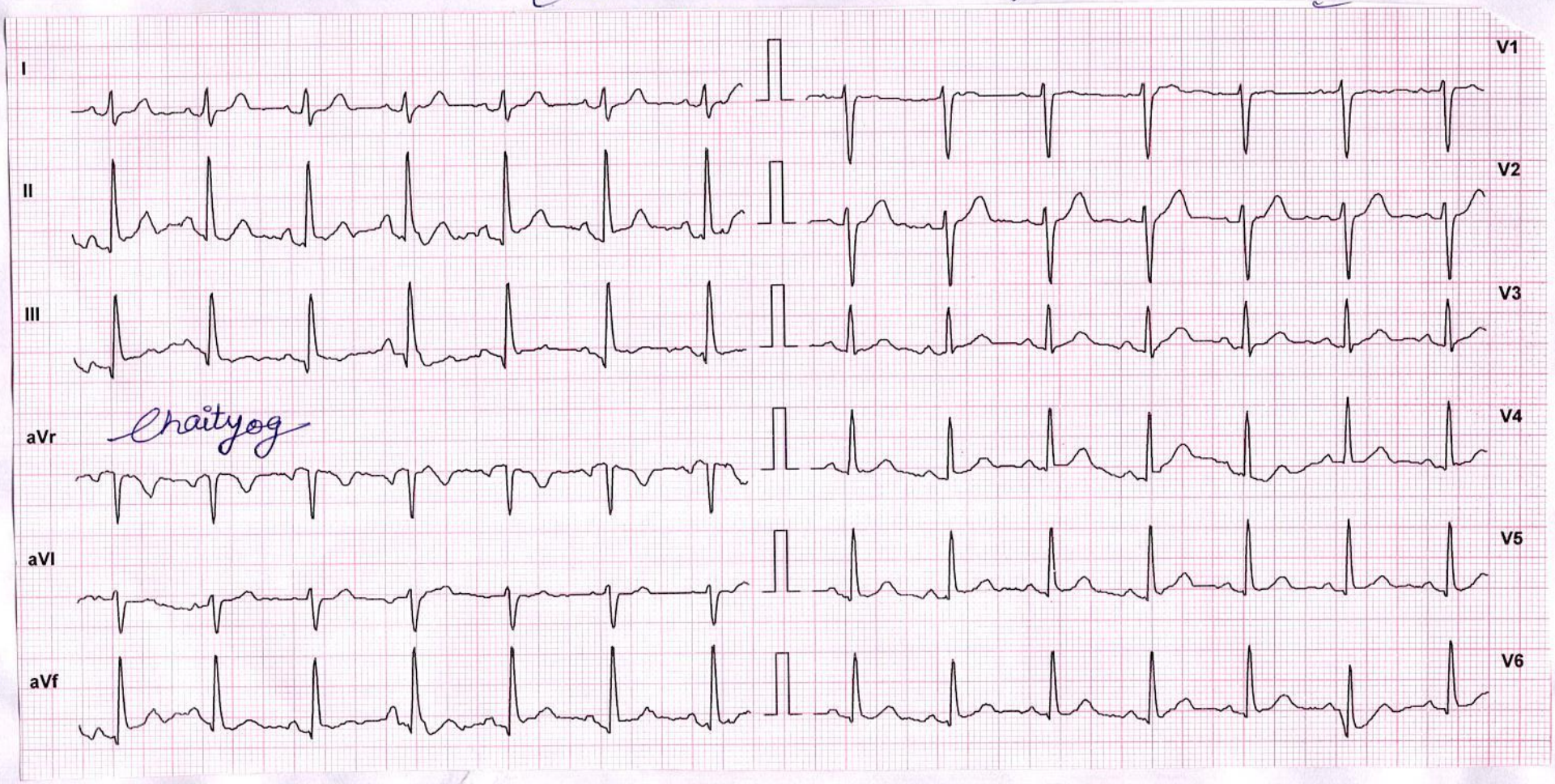
PULSE:- 94/-min

MEDICATION:- NO

Dr. Narendra Shah
G-4383 M.D.

CORPORATE CARE * AHMEDABAD *

Chaitali Lokhande 19/9/22

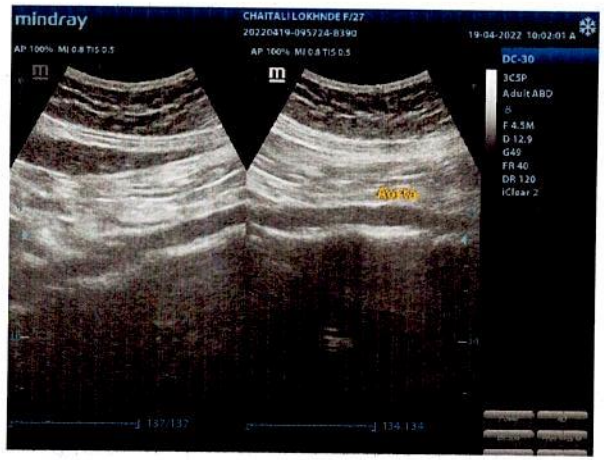


NISR WNL

P. 96


mindray
CHAITALI LOKHNDE F/27
20220419-095724-8390
19-04-2022 10:00:49 A
DC-30
UT
R OV
Dist 7.00 cm
Dist 5.75 cm
Dist 3.75 cm
Dist 0.54 cm


mindray
CHAITALI LOKHNDE F/27
20220419-095724-8390
19-04-2022 10:01:43 A
DC-30
UB


mindray
CHAITALI LOKHNDE F/27
20220419-095724-8390
19-04-2022 10:02:01 A
DC-30
Aorta


mindray
CHAITALI LOKHNDE F/27
20220419-095724-8390
19-04-2022 10:02:21 A
DC-30
Pancreas


mindray
CHAITALI LOKHNDE F/27
20220419-095724-8390
19-04-2022 10:03:17 A
DC-30
Liver


mindray
CHAITALI LOKHNDE F/27
20220419-095724-8390
19-04-2022 10:03:55 A
DC-30
GB


mindray
CHAITALI LOKHNDE F/27
20220419-095724-8390
19-04-2022 10:04:38 A
DC-30
RT KID
Dist 8.95 cm
Dist 3.38 cm


mindray
CHAITALI LOKHNDE F/27
20220419-095724-8390
19-04-2022 10:05:13 A
DC-30
LT KID
Dist 10.01 cm
Dist 4.00 cm


mindray
CHAITALI LOKHNDE F/27
20220419-095724-8390
19-04-2022 10:05:39 A
DC-30
Spleen
Dist 7.23 cm

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O- 5,6,10 Maruti Tower, Shivranjani Cross Road, Satellite, Ahmedabad.
Ph : 079 4800 7051 M. : 98986 76445
E-mail : corporatecare0120@gmail.com

Patient Name : Chaitali Lokhande
Sample No.. : 1705
Reffered : Bank Of Baroda

Age/Sex : 26 Years/Female
Registration On:19/04/2022/09:20
Approved On :19/04/2022 09:59

USG WHOLE ABDOMEN :

Liver is normal in size, shows homogenous parenchymal echoes and normal intrahepatic radicles. No focal lesion seen. Portal vein is normal in calibre(8.5 mm) and shows normal colour flow.

Gallbladder is physiologically distended. No calculus or wall thickening seen.
CBD appears normal in calibre.

Pancreas is normal in size and echo texture. No diffuse or focal lesion seen.
Spleen is normal in size (7.2 cm) and homogenous in echo texture.

Kidneys are normally placed, normal in size, show normal thickness cortical tissue and normal sinus echoes. Corticomedullary differentiation is well seen. No calculus, hydronephrosis or renal mass seen.
Rt. Kidney is 9.0 x 3.4 cm. Lt. Kidney is 10.0 x 4.0 cm.

Aorta is normal in calibre. No para-aortic or mesenteric lymph nodes seen.

Urinary bladder is adequately distended. No evident calculus, wall thickening or mass seen.

Uterus is normal in size(7.0 x 5.7 x 3.7 cm). Myometrial echoes are homogenous.
Endometrial thickness is 5.4 mm. No fibroid or adenomyotic changes are seen.
Ovaries are normal in size and echotexture. No adnexal mass seen.

Bowel loops are unremarkable.

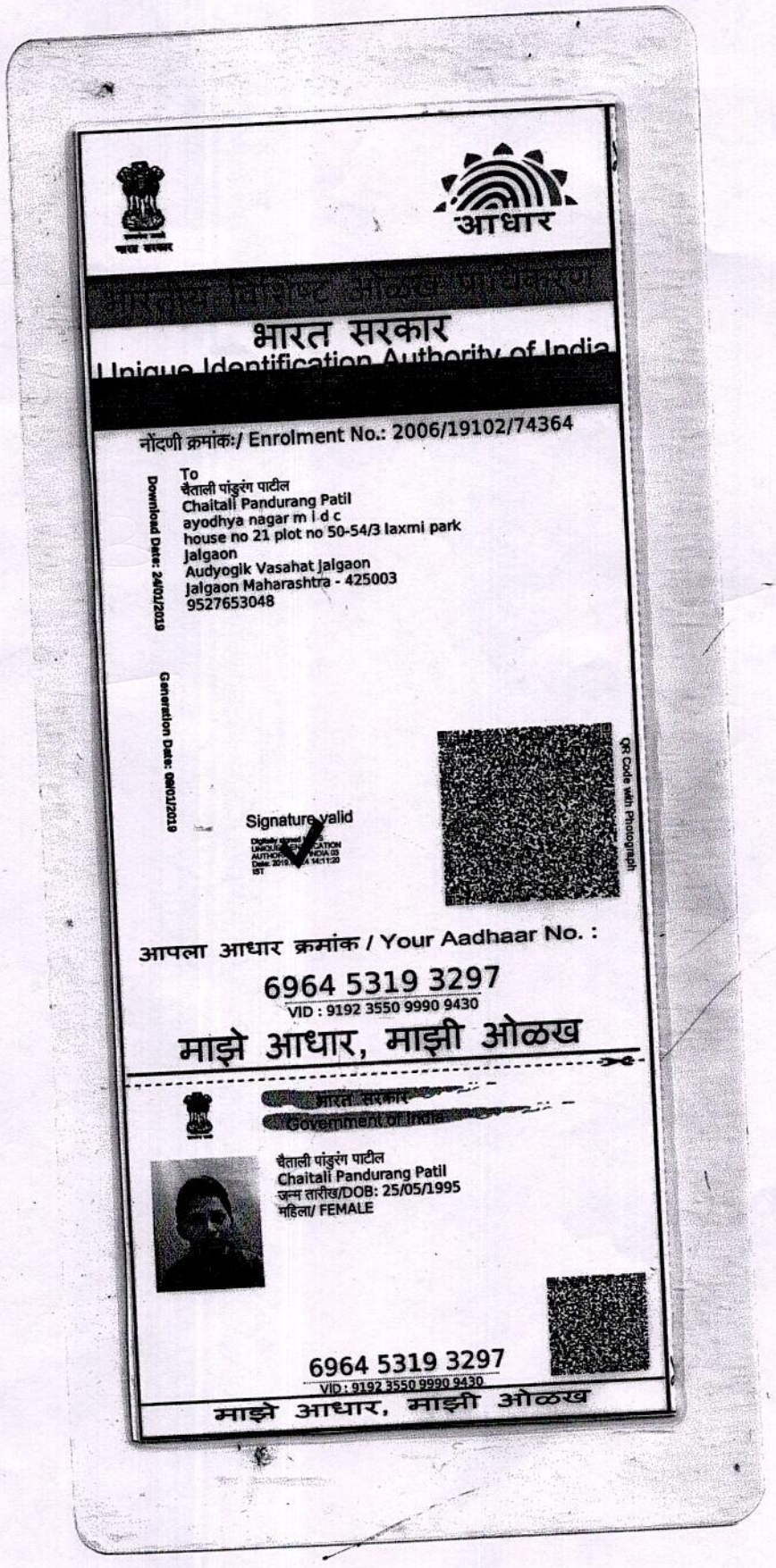
No ascites is seen.

Impression:

No significant abnormality is seen.

CORPORATE CARE * AHMEDABAD *

Dr BHARAT GANDHI (M.D.)
CONSULTANT RADIOLOGIST



आधार

भारत सरकार
Unique Identification Authority of India

नोंदणी क्रमांक:/ Enrolment No.: 2006/19102/74364

To
चैताली पांडुरंग पाटील
Chaitali Pandurang Patil
ayodhya nagar m i d c
house no 21 plot no 50-54/3 laxmi park
Jalgaon
Audyogik Vasahat Jalgaon
Jalgaon Maharashtra - 425003
9527653048

Download Date: 24/01/2019

Generation Date: 08/01/2019

Signature valid

QR Code with Photograph

आपला आधार क्रमांक / Your Aadhaar No. :

6964 5319 3297

VID : 9192 3550 9990 9430

माझे आधार, माझी ओळख

भारत सरकार
Government of India

चैताली पांडुरंग पाटील
Chaitali Pandurang Patil
जन्म तारीख/DOB: 25/05/1995
महिला/ FEMALE

6964 5319 3297

VID : 9192 3550 9990 9430

माझे आधार, माझी ओळख

Chaityog

Patient Details

Date: 4/19/2022 **Time:** 8:37:43 AM

Name: CHAITALI LOKHANDE **Age:** 26 y **Sex:** F **Height:** 153 cms. **Weight:** 53 Kg.

Clinical History: None

Medications: None

Test Details

Protocol: Bruce **Pr.MHR:** 194 bpm **THR:** 164 (85 % of Pr.MHR) bpm

Total Exec. Time: 5 m 24 s **Max. HR:** 165 (85% of Pr.MHR) bpm **Max. Mets:** 7.00

Max. BP: 134 / 76 mmHg **Max. BP x HR:** 22110 mmHg/min **Min. BP x HR:** 6370 mmHg/min

End Point Criteria: Target Heart Rate Achieved / Fatigue

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mm/s)
Supine	1 : 36	1.0	0	0	94	110 / 70	-1.06 aVr	0.85 II
Standing	0 : 18	1.0	0	0	91	110 / 70	-1.06 aVr	0.64 II
Hyperventilation	0 : 12	1.0	0	0	92	110 / 70	-0.85 aVr	0.64 II
1	3 : 0	4.6	1.7	10	141	122 / 72	-1.91 aVr	2.55 V2
Peak Ex	2 : 24	7.0	2.5	12	165	134 / 76	-1.70 aVr	3.40 V2
Recovery(1)	3 : 0	1.0	0	0	102	130 / 76	-2.34 aVr	3.82 V2
Recovery(2)	3 : 0	1.0	0	0	99	118 / 72	-1.06 aVr	1.06 II
Recovery(3)	0 : 48	1.0	0	0	100	118 / 72	-0.85 aVr	0.85 II

Interpretation

Normal Haemodynamic Response.
Normal Chronotropic Response.
Moderate Exercise Tolerance.
Normal HR and BP Response.
No Angina. No Arrhythmias.
No ST-T changes. Recovery Uneventful.
Test Negative For Exercise Inducible Ischemia.

AHMEDABAD * CORPORATE CARE *

Dr. Narendra Shah
G-4383 M.D

Ref. Doctor: BOB

(Summary Report edited by user)

Chaityeog

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Test Report

CHAITALI LOKHANDE (26 F) ID: 4177 Date: 4/19/2022 Exec Time : 0 m 0 s Stage Time : 1 m 30 s **HR: 94 bpm**

Protocol: Bruce Stage: Supine Speed: 0 mph Grade: 0 % (THR: 164 bpm) B.P: 110 / 70

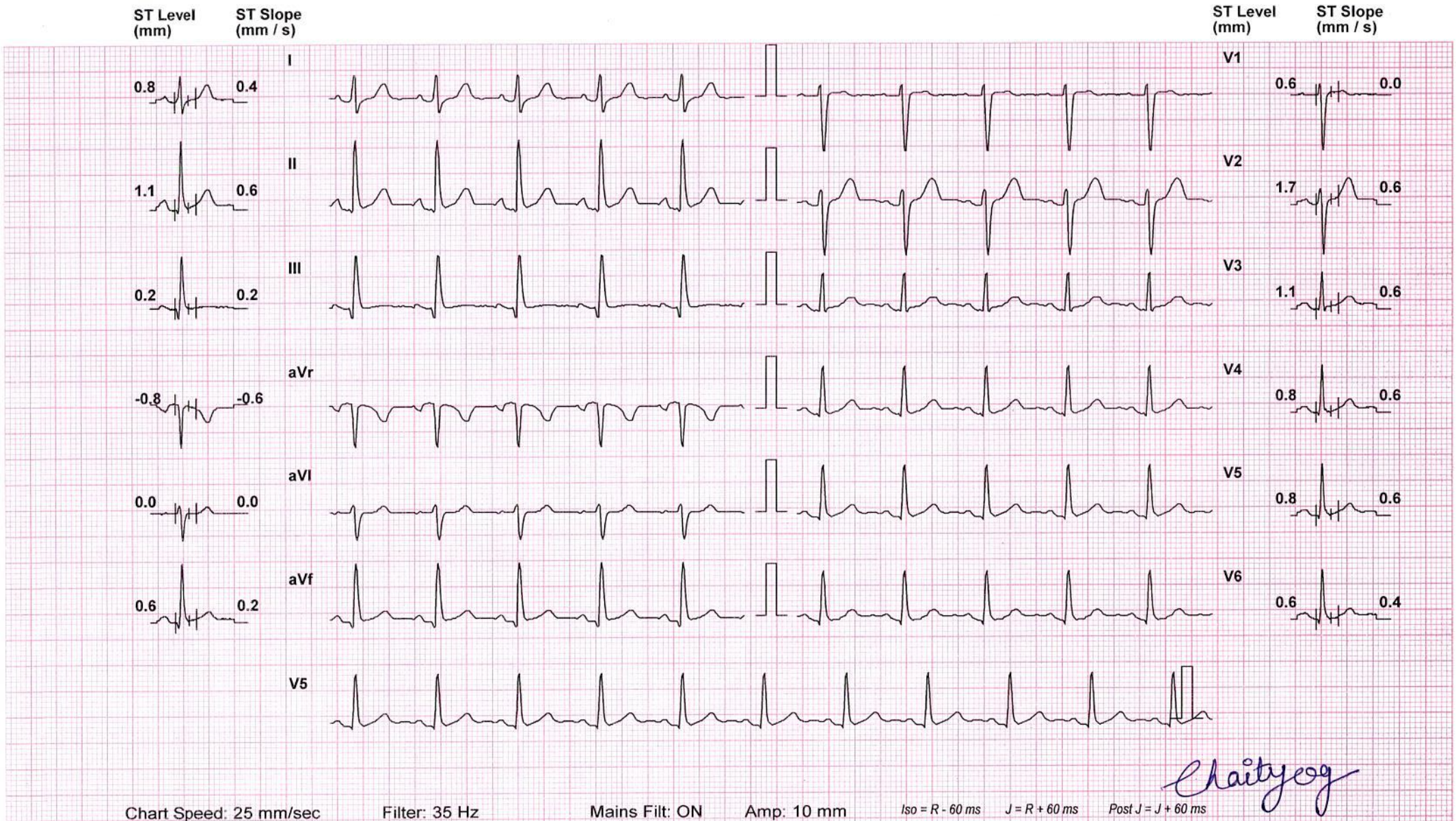

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Chaityog

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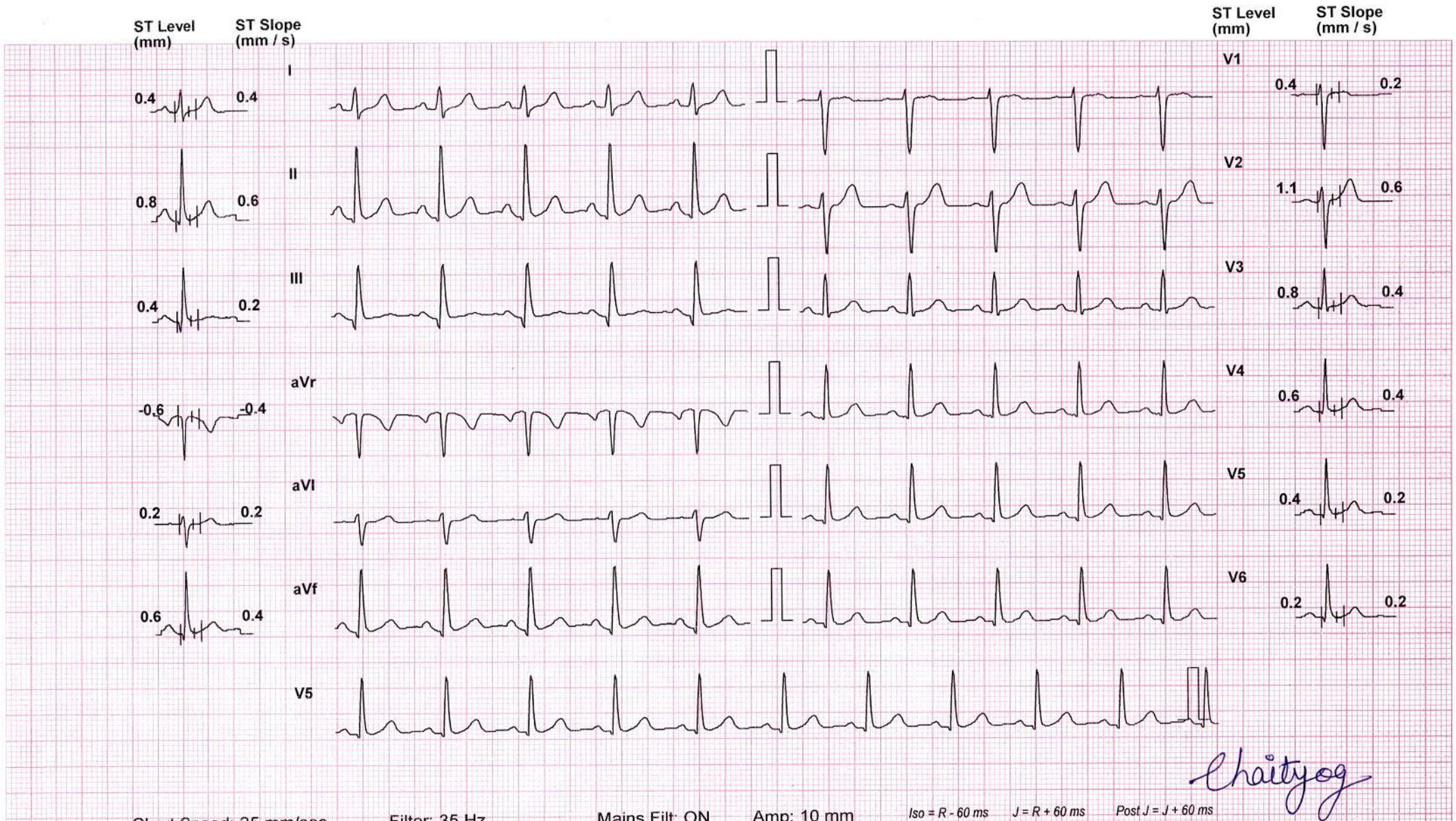
Test Report

CHAITALI LOKHANDE (26 F) ID: 4177 Date: 4/19/2022 Exec Time : 0 m 0 s Stage Time : 0 m 12 s ***HR: 91 bpm***

Protocol: Bruce Stage: Standing Speed: 0 mph Grade: 0 % (THR: 164 bpm) B.P: 110 / 70



Chaityog

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

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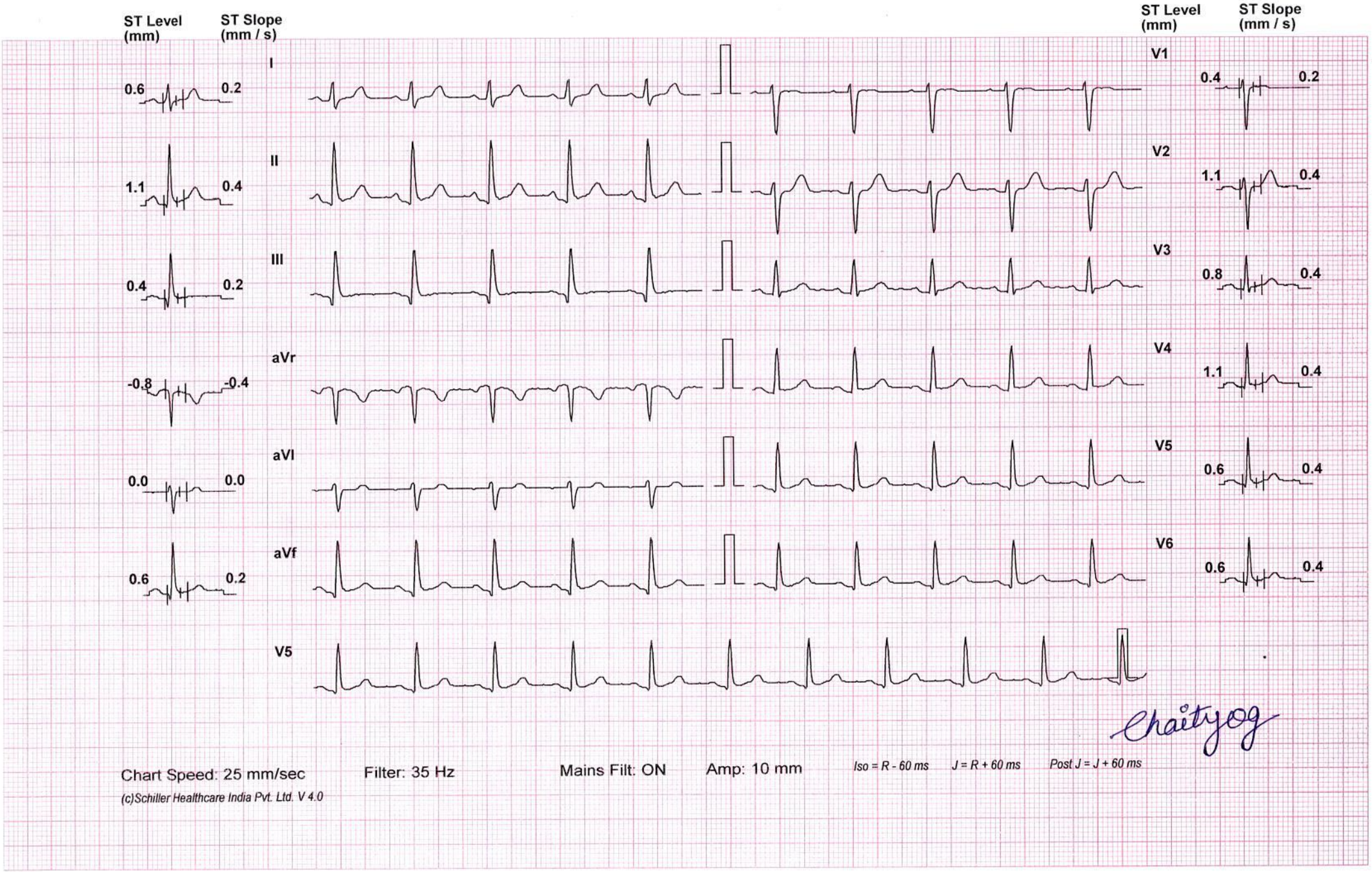
Test Report

CHAITALI LOKHANDE (26 F) ID: 4177 Date: 4/19/2022 Exec Time : 0 m 0 s Stage Time : 0 m 6 s **HR: 92 bpm**

Protocol: Bruce Stage: Hyperventilation Speed: 0 mph Grade: 0 % (THR: 164 bpm) B.P: 110 / 70



Chaityog

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

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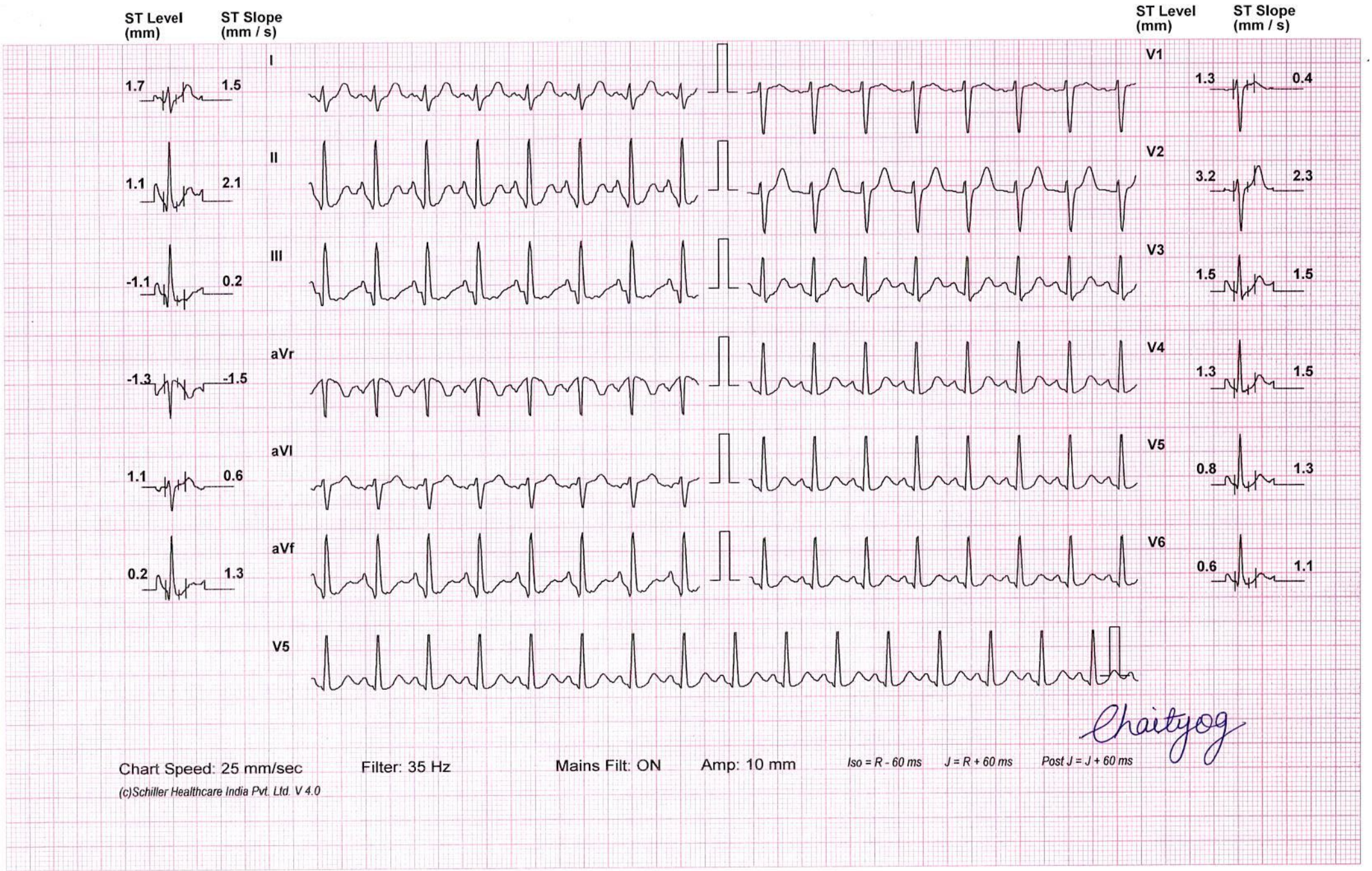
Test Report

CHAITALI LOKHANDE (26 F) ID: 4177 Date: 4/19/2022 Exec Time : 2 m 54 s Stage Time : 2 m 54 s **HR: 141 bpm**

Protocol: Bruce Stage: 1 Speed: 1.7 mph Grade: 10 % (THR: 164 bpm) B.P: 122 / 72



Chaityog

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

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Test Report

CHAITALI LOKHANDE (26 F) ID: 4177 Date: 4/19/2022 Exec Time : 5 m 18 s Stage Time : 2 m 18 s **HR: 165 bpm**

Protocol: Bruce Stage: Peak Ex Speed: 2.5 mph Grade: 12 % (THR: 164 bpm) B.P: 134 / 76

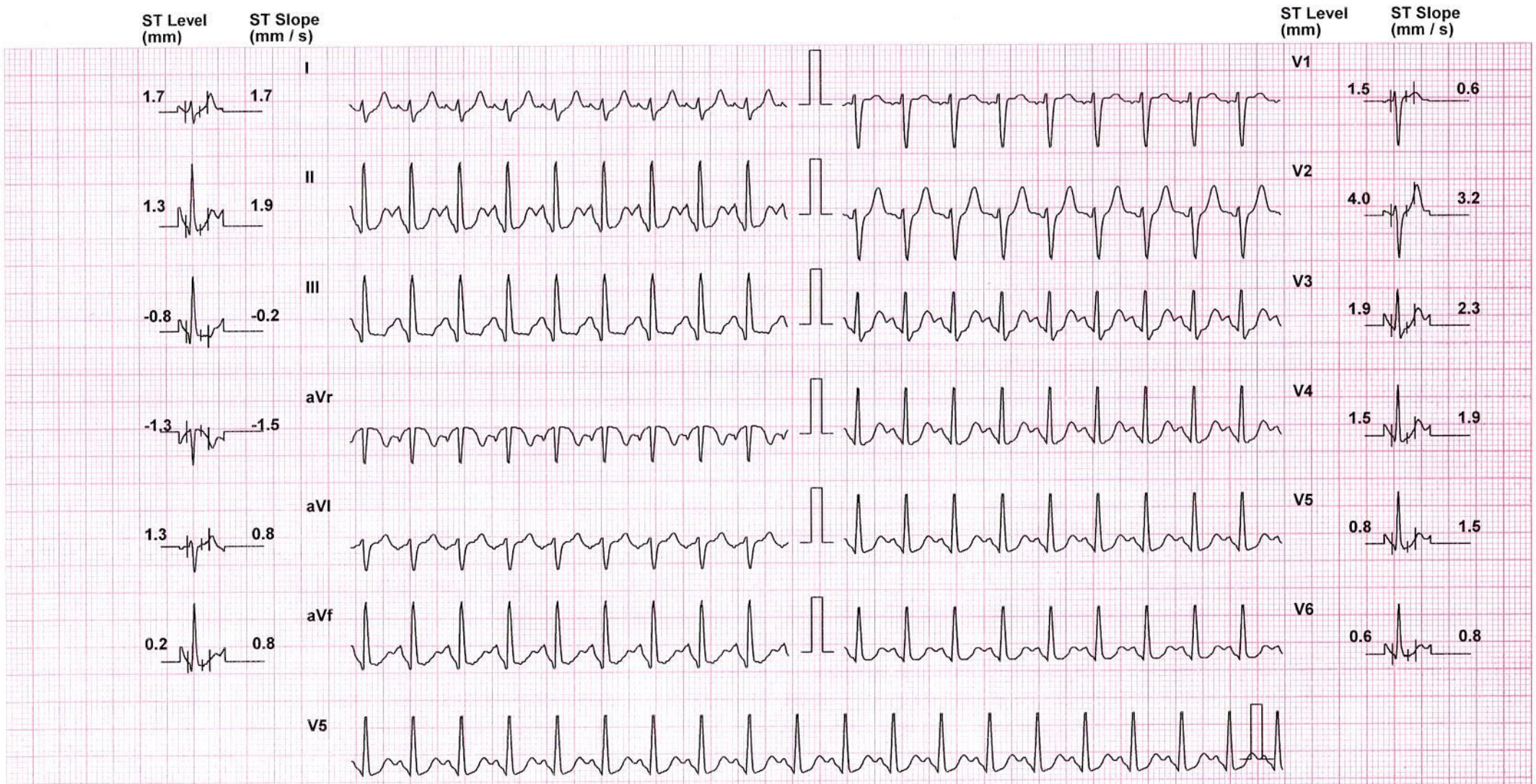

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

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Test Report

CHAITALI LOKHANDE (26 F) ID: 4177 Date: 4/19/2022 Exec Time : 5 m 24 s Stage Time : 2 m 54 s **HR: 102 bpm**

Protocol: Bruce Stage: Recovery(1) Speed: 0 mph Grade: 0 % (THR: 164 bpm) B.P: 130 / 76

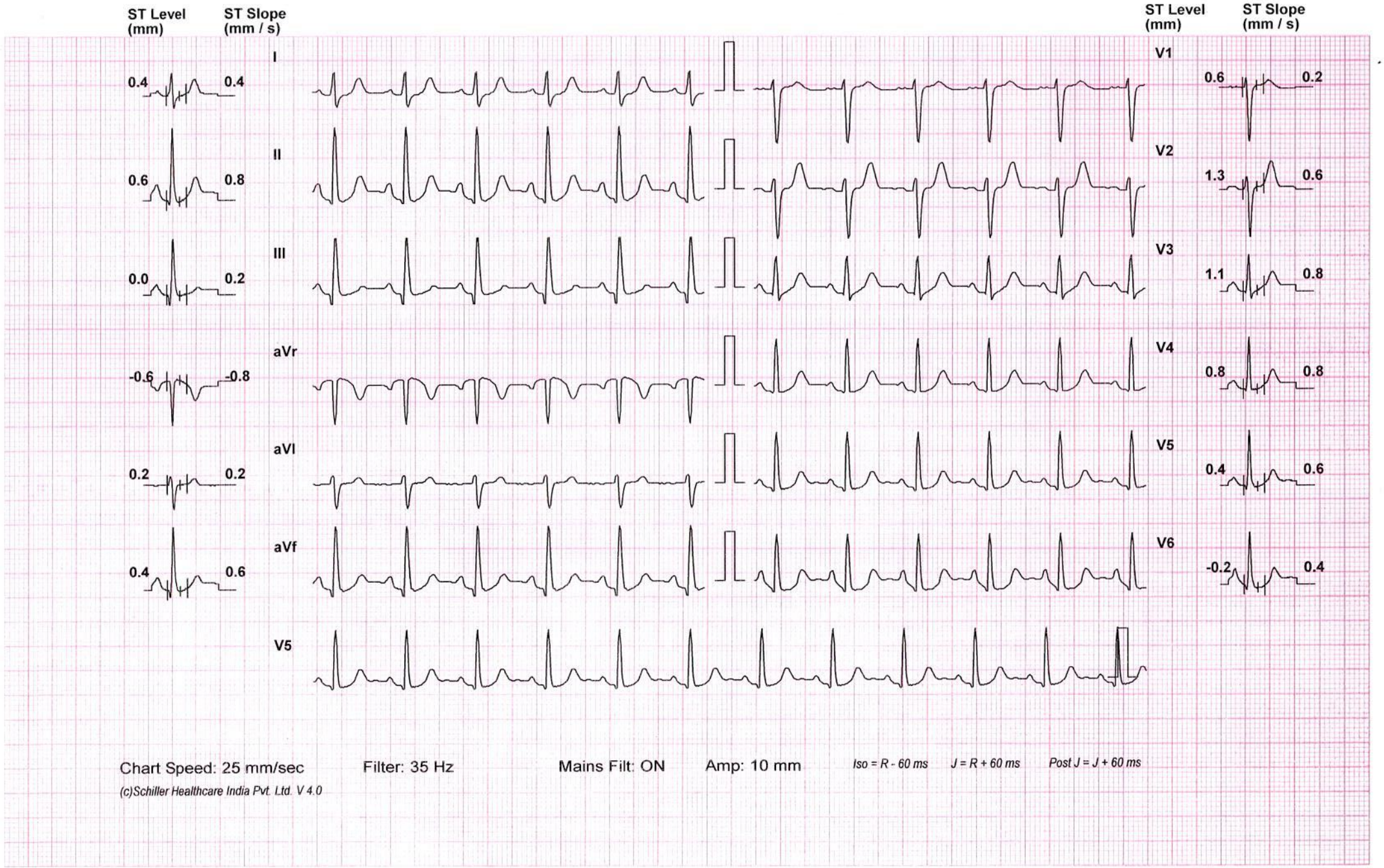

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

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Test Report

CHAITALI LOKHANDE (26 F) ID: 4177 Date: 4/19/2022 Exec Time : 5 m 24 s Stage Time : 2 m 54 s **HR: 99 bpm**

Protocol: Bruce Stage: Recovery(2) Speed: 0 mph Grade: 0 % (THR: 164 bpm) B.P: 118 / 72

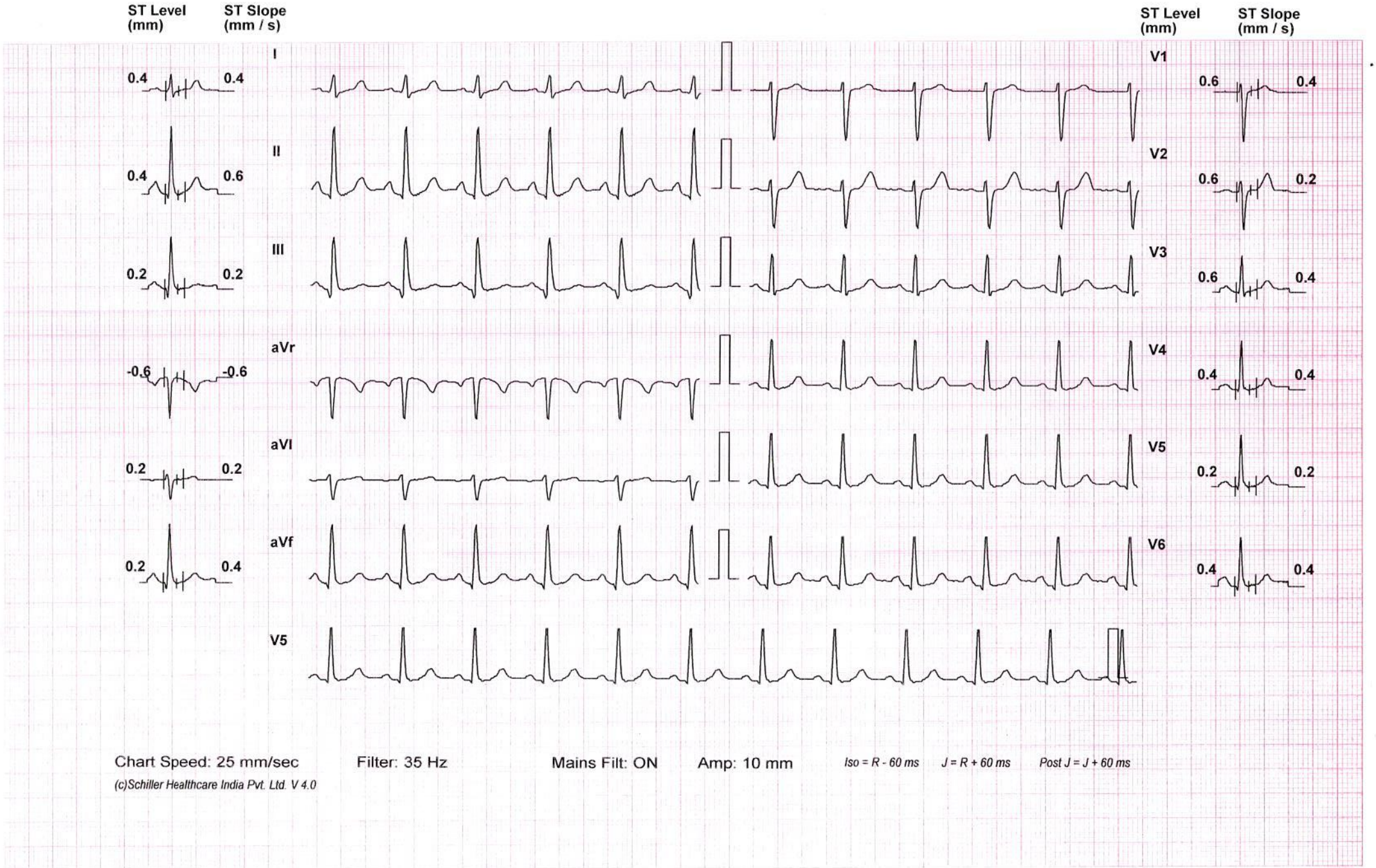

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

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Test Report

CHAITALI LOKHANDE (26 F) ID: 4177 Date: 4/19/2022 Exec Time : 5 m 24 s Stage Time : 0 m 42 s **HR: 100 bpm**

Protocol: Bruce Stage: Recovery(3) Speed: 0 mph Grade: 0 % (THR: 164 bpm) B.P: 118 / 72

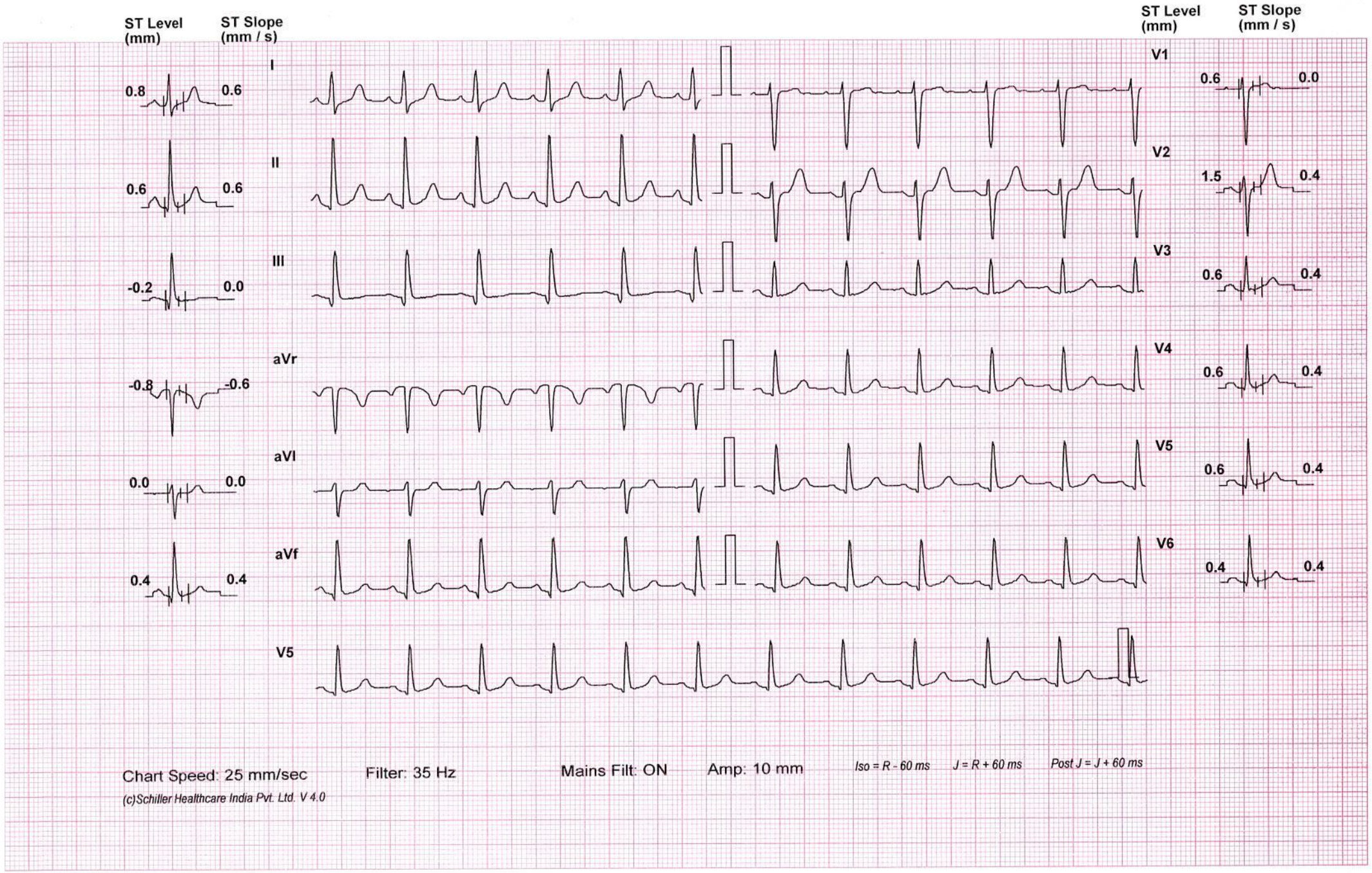

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

(c)Schiller Healthcare India Pvt. Ltd. V 4.0

suryam
THE WORLD OF IMAGING

DT: April 19, 2022

NAME: CHAITALI LOKHANDE F/26 YRS.

REF. BY: CORPORATE CARE

X-RAY CHEST PA VIEW

Bilateral lung fields are clear. No evidence of consolidation, cavity or mass lesion. Bilateral costophrenic angles are clear. Cardiac shadow appears normal. Domes of diaphragm appear normal. Visualized bony thorax appears normal.

DR. NITIN PATEL
(M.D.)
CONSULTANT RADIOLOGIST
G-12854

2 & 3, Ground Floor, Sheetal Varsha Complex, Opposite Tanishq Jewellers, Shivranjni Cross Roads, Satellite, Ahmedabad 380 015, INDIA
+91 79 2676 1185 / +91 79 4005 8333 / 81539 13013 suryam.shivrajni@gmail.com

DIAGNOSIS IS MUST FOR CURE WE ARE COMMITED TO MAKE IT SURE

આપની દ્રષ્ટીની સલામતી માટે

કલીઅર વિઝન
આંખની હોસ્પીટલ પ્રા. લી.

સર્વોતમ માટે કટીબદ્ધ

ડૉ. આનંદ દેસાઇ
MS. આંખના સર્જન
M: 99241 07510

ડૉ. નિકી દેસાઇ
M: 92768 73588

ડૉ. કે. એમ. રાજયગુરૂ
DOMS. આંખના સર્જન

સેટેલાઇટ : 411, શીતલ વર્ષા, પીસી જવેલર્સની સામે, શિવરંજની ચાર રસ્તા, સેટેલાઇટ. Ph. 9276873588, 07940081316

બોપલ : 5-6, ત્રીજો માળ, આમ્રપાલી એક્ષીઓમ, સંકલ્પની ઉપર, એસ.પી. રીંગ રોડ, બોપલ-આંબલી. Ph. 9924107510, 02717402431

ઇન્જેક્શન વગરના, ટાંકા વગરના મોતીયાના તેમજ ફોલ્ડેબલ નેત્રમણીના નિષ્ણાંત

તારીખ -૨૦૨

Cheitali Lokhande

19/4/22

V^n (BE) Plano 6/6] N6

Add

SLE (BE) kl clear
conj (N)
Scla (N)
Lens clear
Pupil (M) R+L

Aqueous clear
2 times

Fundus (BE) = WNL

(BE) colour V^n = Normal


GPS Map Camera
Ahmedabad, Gujarat, India
1, Surendra Mangaldas Rd, Shivranjani, Bimanagar, Ambawadi, Ahmedabad, Gujarat 380015, India
Lat 23.023962°
Long 72.531284°
19/04/22 08:35 AM
228
Google

भारत सरकार

Government of India

आधार

चैताली योगेश लोखंडे

Chaitali Yogesh Lokhande

जन्म तारीख / DOB: 25/05/1995

स्त्री / Female

Issue Date: 28/10/2011

6964 5319 3297

माझे आधार, माझी ओळख

CORPORATE CARE
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Ph : 079 4800 7051 M. : 98986 76445
E-mail : corporatecare0120@gmail.com

1705

Patient Name : Chaitali Lokhande
Sample No.. : 1705
Reffered : Bank Of Baroda

Age/Sex : 26 Years/Female
Registration On:19/04/2022/09:20
Approved On : 19/04/2022 17:00

BLOOD SUGAR LEVEL

Specimen : FLOURIDE

Test	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar: (GOD-POD)	**79.0**	**mg/dl**	**70-110**
Post Prandial Blood Glucose: (GOD-POD)	**107.85**	**mg/dl**	**100 - 150**

American Diabetes Association Reference Range :
Normal : < 100 mg/dl
Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl
Diabetes : >= 126 mg/dl

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack,and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism,Pancreatitis A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with:Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478

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Ph : 079 4800 7051 M. : 98986 76445
E-mail : corporatecare0120@gmail.com

1705

Patient Name : Chaitali Lokhande
Sample No.. : 1705
Reffered : Bank Of Baroda

Age/Sex : 26 Years/Female
Registration On:19/04/2022/09:20
Approved On : 19/04/2022 13:42

Lipid Profile

Specimen :SERUM

Test	Result	Unit	Biological Ref. Interval
S. Cholesterol: (CHOD-POD)	**189.28**	**mg/dl**	**Normal :< 200 Borderline : 200 - 240 High : > 240**
Serum Triglycerides: (GPO-POD)	**159.02**	**mg/dl**	**Normal :Normal < 150 Borderline : 150 - 199 High : > 200**
HDL Cholesterol: (Direct-Cholesterol Esterase HSDA)	***34.58***	**mg/dl**	**40 - 60 mg/dl**
Serum LDL Cholesterol: (Calculated)	**122.896**	**mg/dl**	**Up to 150**
Serum VLDL Chlesterol: (Calculated)	**31.804**	**mg/dl**	**Up to 35**
LDLC/HDLC Ratio: (Calculated)	***3.55***	**mg/dl**	**Up to 3.4**
Cholesterol/HDLC Ratio: (Calculated)	***5.47***	**mg/dl**	**Up to 5.0**
Total Lipid: (Calculated)	**655.776**	**mg/dl**	**400 - 1000 mg/dl**

Dyslipidemia is a disorder of fat or lipoprotein metabolism in the body and includes lipoprotein overproduction or deficiency. Dyslipidemias means increase in the level of one or more of the following:Total Cholesterol The "bad" cholesterol or low density lipoprotein (LDL) and/or triglyceride concentrations. Dyslipidemia also includes a decrease in the "good" cholesterol or high- density lipoprotein (HDL) concentration in the blood.Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation.Healthians labs report biological reference intervals (normal ranges) in accordance to the recommendations of The National Cholesterol Education Program (NCEP) & Adult Treatment Panel IV (ATP IV) Guidelines providing the most desirable targets of various circulating lipid fractions in the blood. NCEP recommends that all adults above 20 years of age must be screened for abnormal lipid levels.*NCEP recommends the assessment of 3 different samples drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays. Hence a single result of Lipid Profile may not be adequate for clinical decision making. Healthians' counselling team will reach you shortly to explain implications of your report. You may reach out to customer support helpline as well.*NCEP recommends lowering of LDL Cholesterol as the primary therapeutic target with lipid lowering agents, however, if triglycerides remain >200 mg/dL after LDLgoal is reached, set secondary goal for non-HDL cholesterol (total minus HDL) 30 mg/dL higher than LDL goal. *High Triglyceride and low HDL levels are independent risk factors for Coronary Heart disease and requires further clinical consultatiTriglyceride and low HDL levels *Healthians lab performs direct LDL measurement which is more appropriate and may vary from other lab reports which provide calculated LDL values.

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E-mail : corporatecare0120@gmail.com

1705

Patient Name	: Chaitali Lokhande	Age/Sex	: 26 Years/Female
Sample No..	: 1705	Registration On	:19/04/2022/09:20
Reffered	: Bank Of Baroda	Approved On	: 19/04/2022 13:42

Pathologist
Dr.Pravin Shah
(M.D.Path) G-15478

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E-mail : corporatecare0120@gmail.com

1705

Patient Name : Chaitali Lokhande
Sample No.. : 1705
Reffered : Bank Of Baroda

Age/Sex : 26 Years/Female
Registration On:19/04/2022/09:20
Approved On : 19/04/2022 15:24

Glycosylated HB - (HBAIC)

Test	Result	Unit	Biological Ref Interval
HBA1C: (Immunoturbidimetric)	4.9	%	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:	93.93	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 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 repeattesting. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Limitation of HbA1c

1) 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. 2) 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. 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%) may result in lower HbA1c values than expected.

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1705

Patient Name : Chaitali Lokhande
Sample No.. : 1705
Reffered : Bank Of Baroda

Age/Sex : 26 Years/Female
Registration On:19/04/2022/09:20
Approved On : 19/04/2022 16:59

RENAL FUNCTION

Specimen :SERUM

Test	Result	Unit	Biological Ref. Interval
Sr. Creatinine: (Modified Jaffe's)	0.70	mg/dl	0.5 - 1.1 mg/dl
Urea: (GLDH)	12.34	mg/dl	10 - 50 mg/dl
S. Uric Acid: (Uricase-POD)	3.70	mg/dl	2.4 - 6.2 mg/dl
Blood Urea Nitrogen: (Calculated)	*5.77*	mg/dl	08 - 23 mg/dl
Bun/Creat Ratio: (Calculated)	8.24		

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LIVER FUNCTION TESTS

Specimen: SERUM

Test	Result	Unit	Biological Ref Interval
S. Bilirubin (Total): (Photometric DC Diazo)	0.89	mg/dl	up to 1.2
S. Bilirubin (Direct): (Photometric DC Diazo)	0.14	mg/dl	up to 0.2
S. Bilirubin (Indirect): (Calculated)	0.75	mg/dl	up to 1.0
SGPT(ALT) (UV Kinetic)	*47.02*	U/L	up to 42
SGOT (AST) (UV Kinetic)	30.48	U/L	up to 40
GGT (Optimized kinetic colortest IFCC)	19.24	U/L	09 - 36
Total Proteins: (Biuret)	6.66	g/dl	6.0 - 8.3
Albumin (BCG)	4.18	g/dl	3.5 - 5.2
Globulins: (Calculated)	2.48	g/dl	2.4 - 3.7
AGRATIO: **(Calculated)**	1.685		
S.Alkaline Phosphatase: (Colorimetric Optimized Kinetic IFCC)	76.2	U/L	40 - 129

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis; drug reactions, alcoholic liver disease conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia,transfusion reaction & a common metabolic condition termed Gilbert syndrome.AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis.Ast levels may also increase after a heart attck or strenuous activity. ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyriodism, Leukemia,Lymphoma, paget`s disease, Rickets, Sarcoidosis etc. Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease,

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COMPLETE BLOOD COUNT

Sample :EDTA

Test		Result	Unit	Biological Ref. Interval
BLOOD COUNT				
Hemoglobin	colorimetric	***11.5***	g/dL	12 - 15
R.B.C Count	Electrical impedance	***4.93***	mill/cmm	3.8 - 4.8
W.B.C Count	Electrical impedance	8	10^3/uL	4.0 - 10.0
Platelet Count	Electrical impedance	375	10^3/uL	150 - 450
DIFFERENTIAL COUNT				
Polymorphs	Microscopic	67	%	60 - 70
Lymphocytes	Microscopic	29	%	20 - 40
Eosinophils	Microscopic	02	%	1 - 6
Monocytes	Microscopic	02	%	2 - 10
Basophils	Microscopic	00	%	0 - 2
BLOOD INDISES				
HCT	Rbc Histogram	37.1	%	36 - 46
MCV	Calculated	***75.3***	fl	80 - 100
MCH	Calculated	***23.3***	pg	27 - 32
MCHC	Calculated	***31***	g/dl	32 - 36
RDW-CV	Calculated	14.7	%	10 - 16.5

PERIPHERAL SMEAR EXAMINATION

SMEAR RBC Line 1: Normochromic normocytic red cells.

SMEAR Platelets: Adequate

Erythrocyte sedimentation rate

ESR AT 1 hour	westergren	06	mm/Hour	00 - 20

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Thyroid Functions

Test	Result	Normal Range
T3-Triodothyronine	: **1.22** ng/ml	0.6 - 1.80 ng/ml
T4-Thyroxine	: **8.0** mcg/dl	4.5 - 10.9 mcg/dl
TSH Thyroid Stimulating Hormone	: **3.34** microIU/ml	0.35 - 5.55 microIU/ml
Comments	:	

COMMENTS :

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.
Low or undetectable TSH is suggestive of Grave~s disease
TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.
TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 ,FT4 is important.
FreeT3 is first hormone to increase in early Hyperthyroidism.
Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.
During pregnancy clinically T3 T4 can be high and TSH can be slightly low

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BLOOD GROUP

Test	Result
BLOOD GROUP	: "A"
RH GROUP	: POSITIVE.

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URINE EXAMINATION

PHYSICAL :

Colour	-	**Pale Yellow**
Deposits	-	**Absent**
Transparency	-	**Clear**
Reaction	-	**Acidic**
Sp. Gravity	-	**1.010**

CHEMICAL :

Albumin	-	**Absent**
Sugar	-	**Absent**
Bile Salts	-	**Absent**
Bile Pigments	-	**Absent**

MICROSCOPIC: (After centrifugation at 2000 r.p.m. for 5 minutes)

Pus Cells	-	**0 -1** /h.p.f.
Red Cells	-	**Not seen** /h.p.f.
Epithelial Cells	-	**Occasional** /h.p.f.
Casts	-	**Not seen**/l.p.f.
Crystals	-	**Not seen**
Amorphous	-	**Not seen**

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