

DR. DILIP B. CHEVOLA

M.D. (Medicine)

Reg No: G 17770,

Mo: 9825338408

Consultant Physician & Ex. Professor Of Medicine

OPD Days: Monday, Saturday

OPR NO:

Shalby MD Physician Clinic

Patient Name:-

Nita J. Vaghela
38 F

Date: 30/9/23

Age / Sex :-

Weight:- 65.6 kg

Chief Complaints:-

..W..

Height: 170cm

Nutritional assessment:-

No c/o

- Obese
- Well nourished
- Mild-moderate nourished
- Severely mal-nourished

Drug / Food Allergy:-

Past History :-

NAD

Pulse:- 71/min

BP:- 118/63

SpO2:- 97%

Family History:-

Systemic Examination:-

RS		NAD
CS		
PA		
CNS		

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org

CIN: L85110GJ2004PLC044667

Patient ID:	SUR0000350942	Patient Name:	NITA J VAGHELA
Age:	38 Years	Sex:	F
Accession Number:	11766	Modality:	DX
Referring Physician:	SHALBY HOSPITAL	Study:	CHEST PA
Study Date:	30-Sep-2023		

CHEST X-RAY (PA)

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- No significant abnormality seen.

Thanks for referral.



DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)

G-14916

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CIN: L85110GJ2004PLC044667



DEPARTMENT OF PATHOLOGY

For Laboratory Use only

Urgent (Within 2 hrs.)

Routine

_____ Date _____ Time of Request

Request Written by _____

Patient's Details :

Test Ordered :

Name Jignesh Vaghela

Age _____ Sex Male Female

IP / OP No. _____ Word _____

Room No. _____ Coat No. _____

Ref. By (1) _____

(2) _____

(3) _____

Clinical Details :

(Relevant Physical, Laboratory &
radiological details, clinical diagnosis etc...)

Semen Analysis.

Sign of Dr. _____

* Please Preserve sample forhrs.

* Inform Report to.....

DR. RUJUTA SHELAT

Consultant Ophthalmologist

Reg. No.:- G-48712

Name :-

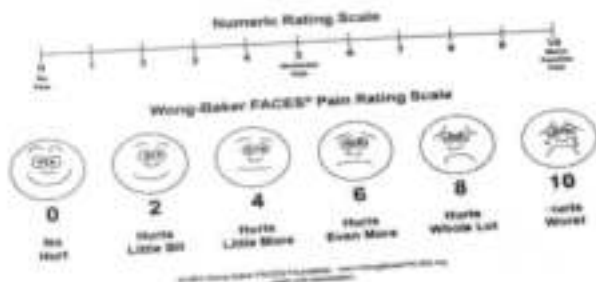
NITA J Vaghela

Date:-

30/03/23

Chief Complaints:-

Headache
Since 12 Months



Main Assessment:-

Past History:-

Allergy:- No Drugs Allergy

Family History:-

Personal History:- Habits:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:-
Visual Acuity:- 6/6, NB
6/6, NB

Systemic Examination:-

HT:- WT:-
PH Vision:- 6/c
6/6

NCT < 12
ON Examination < 12

Ant. Segment S/R ± 0.00 6/6, NB
Both Eye

WNL

NAME
SEP 30 2023

12:1

VD=10

(R)	SPH	CYL	AX
-	-0.25	-0.25	9
-	-0.25	0.00	1
-	0.00	-0.25	1
-	-0.25	-0.25	1

(L)	SPH	CYL	AX
0.00	-0.25	155	
0.00	-0.25	152	
0.00	-0.25	147	
0.00	-0.25	152	

PD= 64

GrandSeiko.com
GF-3300K S/N: 76550096

Anterior Chamber

Rt. EYE

Lt. EYE

Investigation:-

Background

Macula:-

Diagnosis:-

J. wal

Treatment:-

—

Nutritional Assessment:-

Preventive Care & Counsellings:-

—

Follow Up ON:-

2 months

Signature of the Consultant

R. Pr

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: NITA VAGHELA,
Patient ID: 350942
Height:
Weight:

DOB: 17.01.1985
Age: 38yrs
Gender: Female
Race: Asian

Study Date: 30.09.2023
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: --
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	01:05	0.00	0.00	95	120/80	
	STANDING	00:09	0.80	0.00	88		
EXERCISE	STAGE 1	03:00	2.70	0.00	96		
	STAGE 2	01:23	4.00	12.00	118	130/80	
	STAGE 3	01:51	5.40	14.00	155	140/80	
	STAGE 4	00:04	6.90	16.00	155		
RECOVERY		02:36	0.00	0.00	88	120/80	

The patient exercised according to the BRUCE for 6:18 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 84 bpm rose to a maximal heart rate of 157 bpm. This value represents 86 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

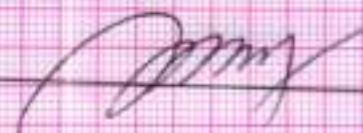
ST Changes: none.

Overall impression: Normal stress test.

Conclusions

TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician



Technician

Patient ID 350942

30.07.2023

11:31:50

Female

38yrs Asian

Meds:

Test Reason:

Medical History:

Ref. MD: Ordering MD:

Technician: Test Type:

Comment:

BRUCE: Total Exercise Time 06:18

Max HR: 157 bpm 86% of max predicted 182 bpm HR at rest: 84

Max BP: 140/80 mmHg BP at rest: 120/80 Max RPP: 20440 mmHg*bpm

Maximum Workload: 10.10 METS

Max. ST: -1.40 mm, 0.00 mV/s in II; EXERCISE STAGE 3 04:29

Arrhythmia: A:18, VBIG:1, PVC:4

ST/HR index: 0.50 μ V/bpm**Reasons for Termination:** Target heart rate achieved**Summary:** Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.**Conclusion:** TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (l mm)	Comment
PRETEST	SUPINE	01:05	0.00	0.00	1.0	95	120/80	11400	0	-0.70	
	STANDING	00:09	0.80	0.00	1.0	88			0	-0.65	
EXERCISE	STAGE 1	03:00	2.70	0.00	2.2	96			0	-0.50	
	STAGE 2	01:23	4.00	12.00	7.0	118	130/80	15340	3	-1.15	
	STAGE 3	01:51	5.40	14.00	10.0	155	140/80	21700	0	-0.15	
	STAGE 4	00:04	6.90	16.00	10.1	155			0	-0.10	
RECOVERY		02:56	0.00	0.00	1.0	88	120/80	10560	0	-0.75	

NITA VAGHELA,
Patient ID: 350942
30.09.2023
11:33:02

94 bpm
120/80 mmHg

12-Lead Report
PRETEST
STANDING
01:06

BF CE
0.0 km/h
0.0 %

SHALBY HOSPITAL

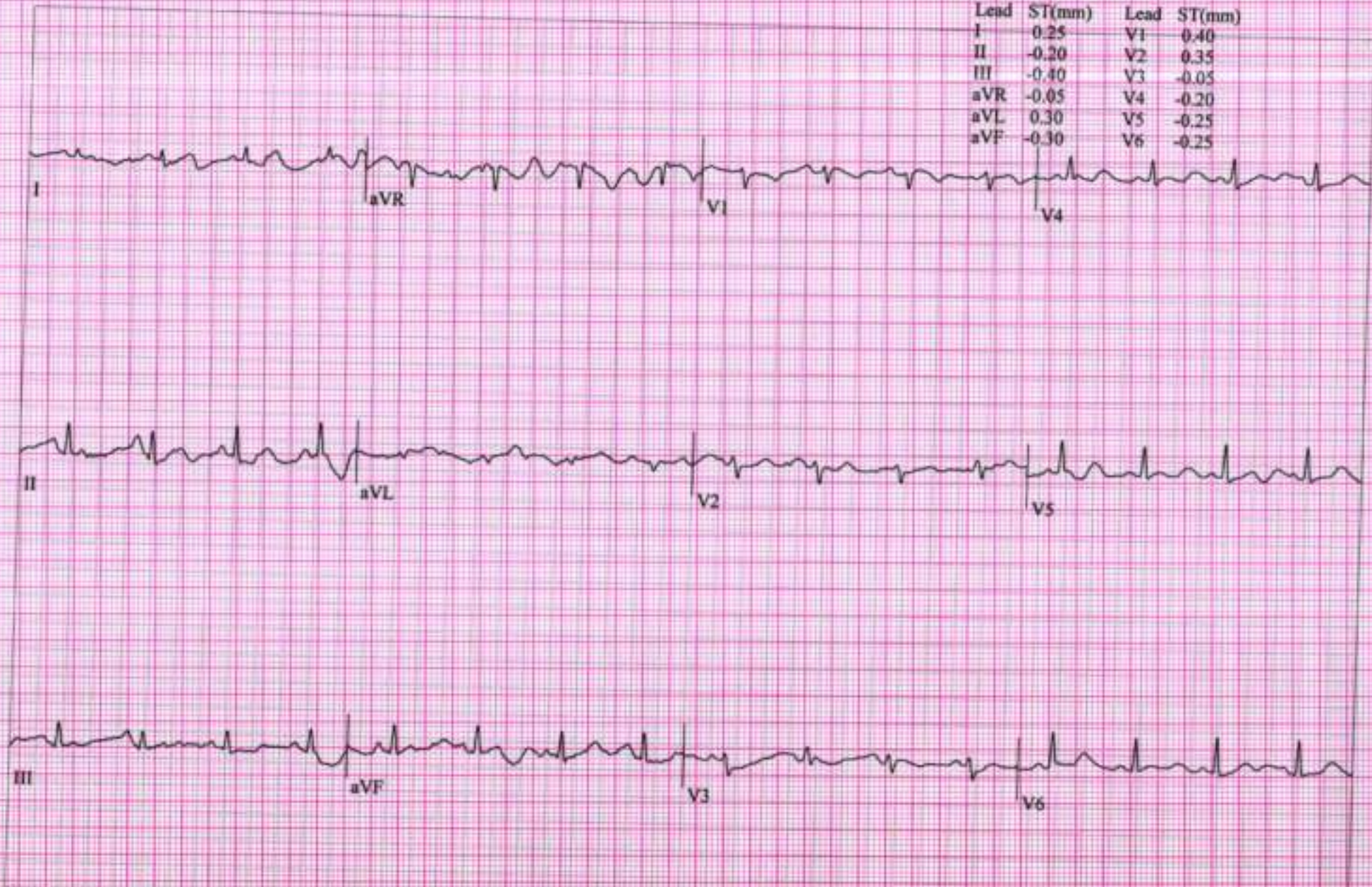
Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.25	V1	0.15
II	-0.70	V2	0.00
III	-0.50	V3	-0.20
aVR	0.50	V4	-0.30
aVL	0.15	V5	-0.35
aVF	-0.65	V6	-0.30



Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.25	V1	0.40
II	-0.20	V2	0.35
III	-0.40	V3	-0.05
aVR	-0.05	V4	-0.20
aVL	0.30	V5	-0.25
aVF	-0.30	V6	-0.25



NITA VAGHELA

12-Lead Report

SHALBY HOSPITAL

Patient ID: 350942
30.09.2023
11:37:32

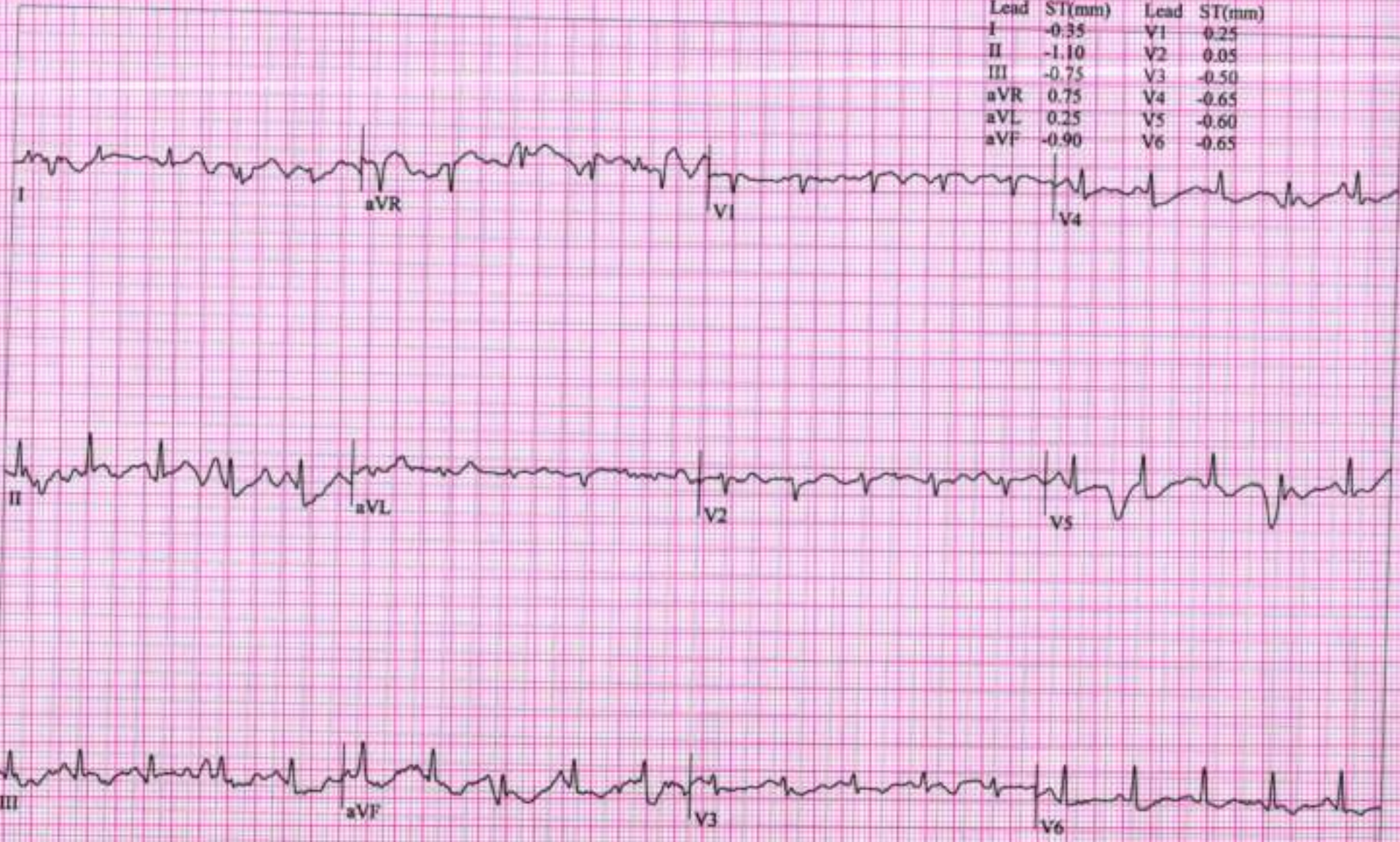
118 bpm
130/80 mmHg

EXERCISE
STAGE 2
04:22

BICE
4.0 km/h
12.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.35	V1	0.25
II	-1.10	V2	0.05
III	-0.75	V3	-0.50
aVR	0.75	V4	-0.65
aVL	0.25	V5	-0.60
aVF	-0.90	V6	-0.65



NITA VAGHELA,
Patient ID 350942
30.09.2023
11:39:28

12-Lead Report (PEAK EXERCISE)

SHALBY HOSPITAL

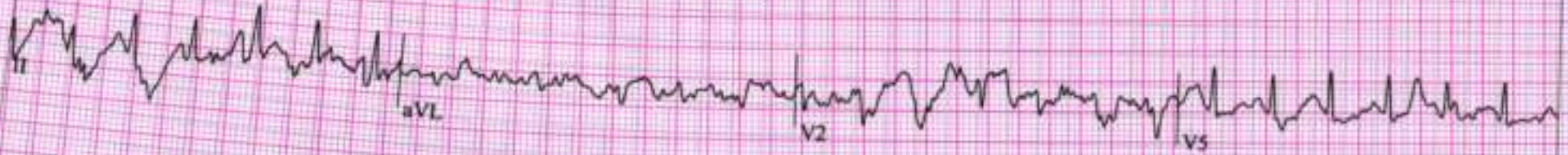
155 bpm
140/80 mmHg

EXERCISE
STAGE 4
06:18

B* CE
6.9 km/h
16.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.25	V1	0.30
II	-0.50	V2	0.20
III	-0.40	V3	-0.45
aVR	0.40	V4	-0.60
aVL	0.10	V5	-0.75
aVF	-0.45	V6	-0.65



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V5, V6)

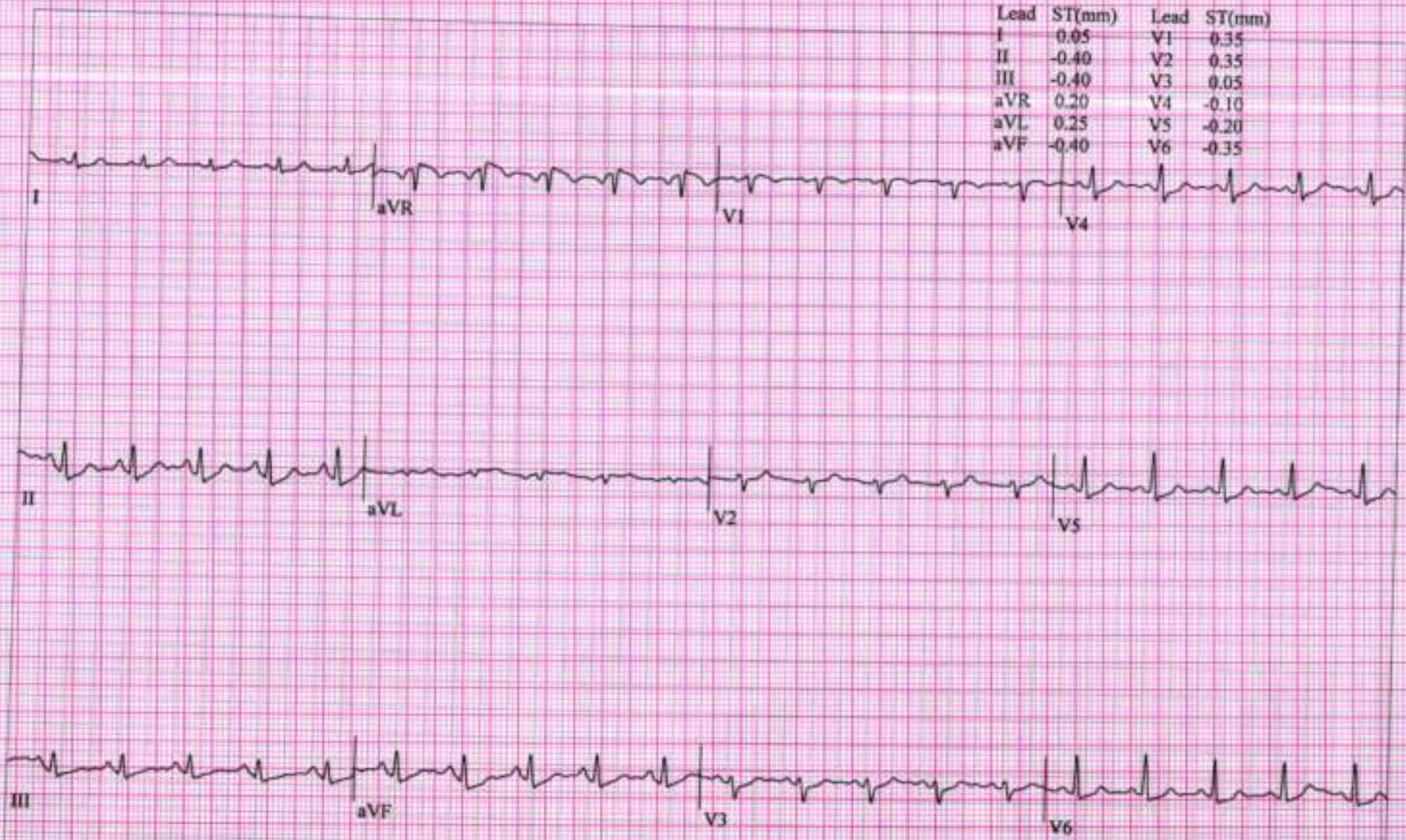
Start of Test: 11:31:50

123 bpm

Measured at 60ms Post J (10mm/mV)

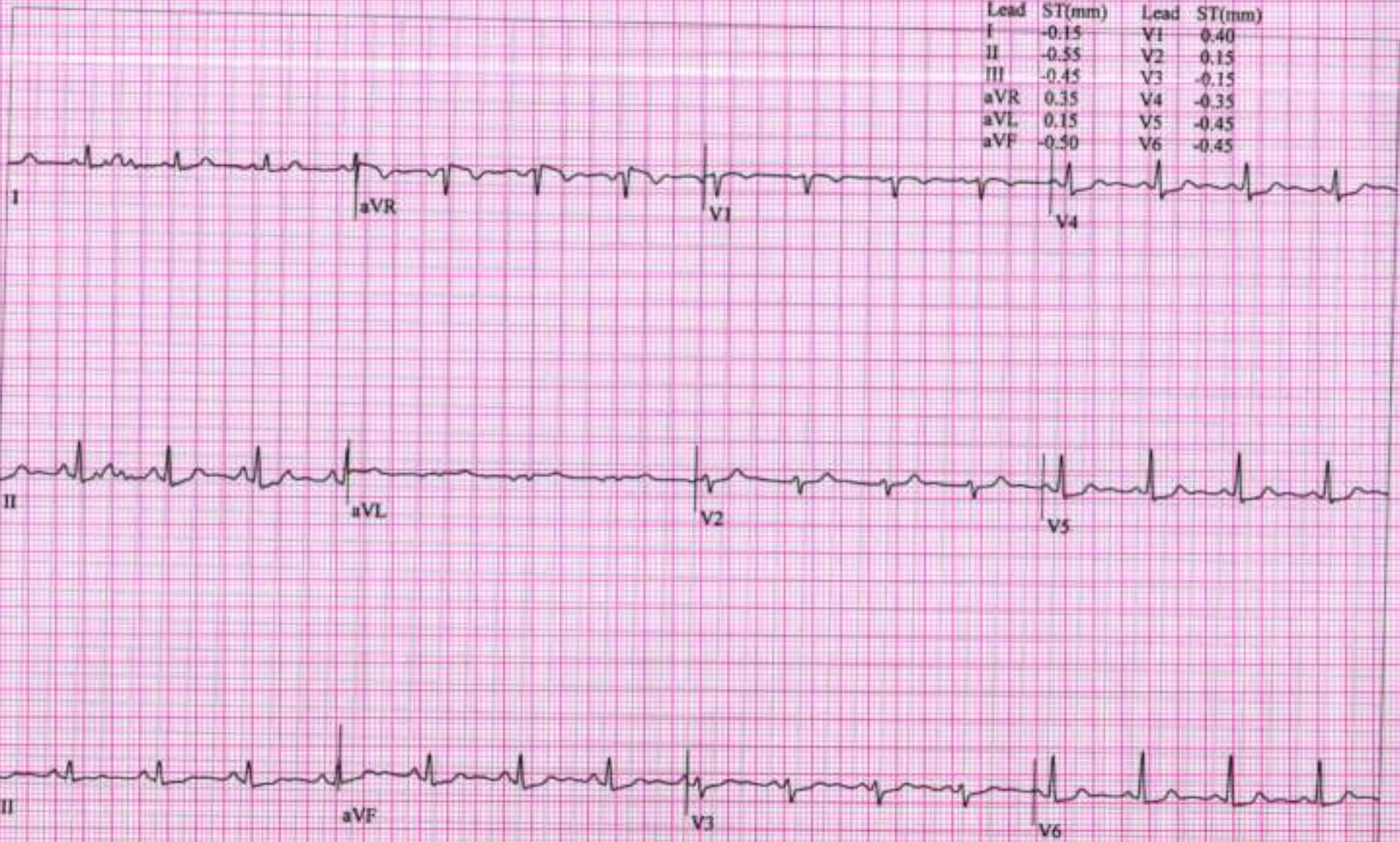
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	0.35
II	-0.40	V2	0.35
III	-0.40	V3	0.05
aVR	0.20	V4	-0.10
aVL	0.25	V5	-0.20
aVF	-0.40	V6	-0.35



Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.15	V1	0.40
II	-0.55	V2	0.15
III	-0.45	V3	-0.15
aVR	0.35	V4	-0.35
aVL	0.15	V5	-0.45
aVF	-0.50	V6	-0.45



NITA VAGHELA,
Patient ID 350942
30.09.2023
11:42:18

12-Lead Report

88 bpm
120/80 mmHg

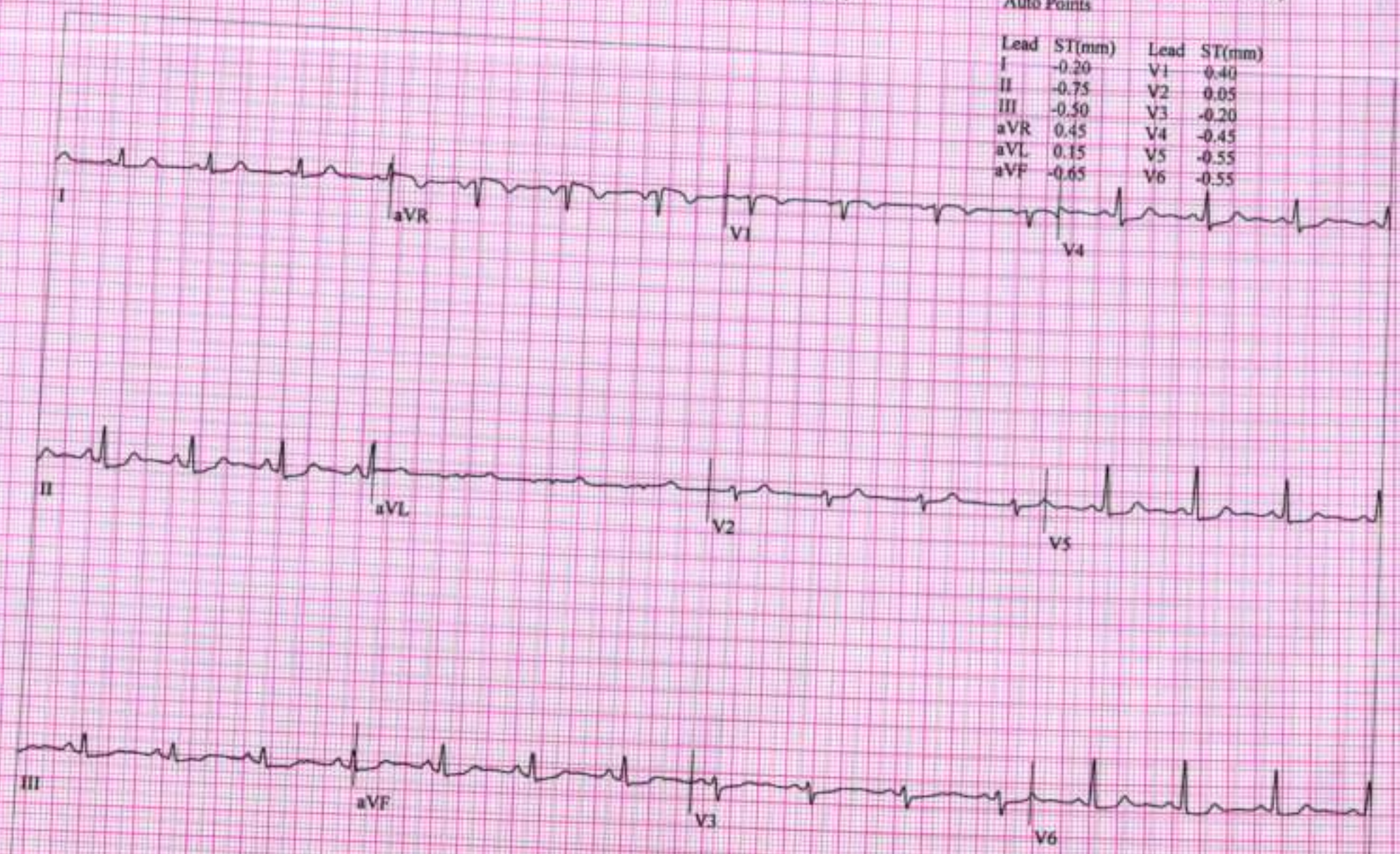
RECOVERY
#1
02:50

P CE
0.0 km/h
0.0 %

SHALBY HOSPITAL

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.20	V1	0.40
II	-0.75	V2	0.05
III	-0.50	V3	-0.20
aVR	0.45	V4	-0.45
aVL	0.15	V5	-0.55
aVF	-0.65	V6	-0.55



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V5,V6)

Start of Test: 11:31:50

Patient Name: NITA VAGHELA		UHID: 350942	
Age / Sex: 38 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	DR. at shalby hospital	Date: 30/09/2023	

ULTRASOUND OF ABDOMEN AND PELVIS (TAS)

Liver is normal in size and appearance. It shows normal parenchymal reflectivity. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R. **Portal vein** appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

Pancreas appears normal in size and echotexture.

Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney it shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Uterus appears normal in size 47 x 37 x 46 mm, Et: 5 mm. The uterine myometrial echotexture is homogenous. No focal lesion is seen. There is no evidence of any ovarian or adnexal mass lesion.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- No significant abnormality detected.

Thanks for referrals.

**DR. ASHUTOSH GANDHI**DMRD (Radiodiagnosis)
G-14916**SHALBY HOSPITAL, SURAT**

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CIN: L85110GJ2004PLC044667

ID:

Name:

Sex: M

Birth date:

years

cm

kg

mmHg

Medication:

Symptoms:

History:

Heart rate

71

bpm

PR int

128

ms

QRS dur

76

ms

QT/QTc(E) int

368/ 391

ms

P/QRS/T axis

56/ 41/ 1

°

RV5/SV1 amp

0.82/ 0.43

mV

RV5+SV1 amp

1.26

mV

1100 Sinus rhythm

8102 Low QRS voltage in chest leads

9120 ** atypical ECG **

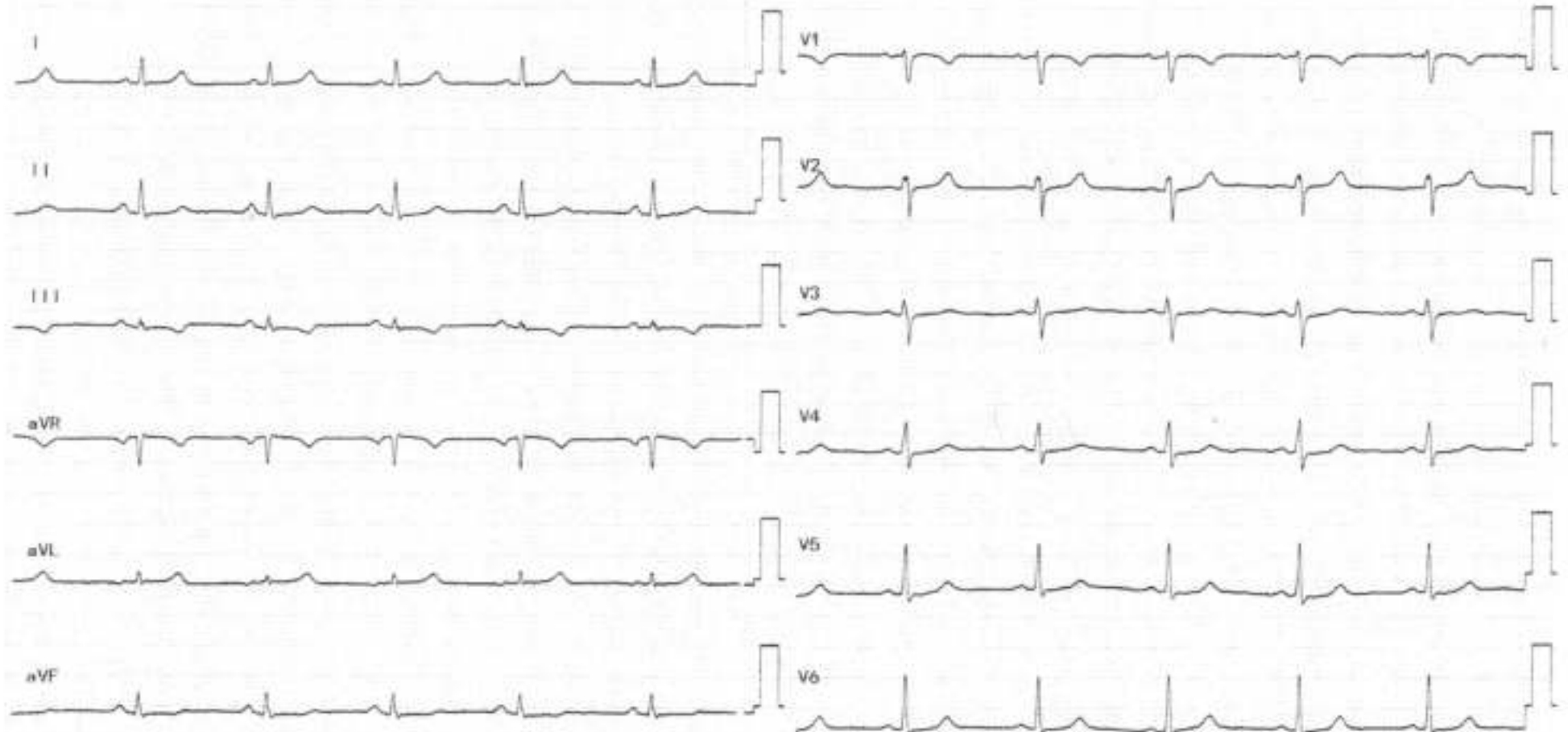
Nitro Es. Vaghela

Unconfirmed Report

Reviewed by:

10 mm/mV 25 mm/s Filter: H50 d 100 Hz

10 mm/mV





Pre - op

Post- op

Health Check-up

Date : 20-9-23

Patient Reg. No. : _____

Patient Name : Nita Vaghole

Age / Sex : 35 / F

Address : Sunar

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History :

Hypertension : DM Acidity Pregnancy : _____

Bleeding Disorders : _____ Asthma : Allergy :

Past Surgical Intervention : _____

Any Medication :

On Examination :

Abscess : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep Perio Surgery : _____

Restoration : G/G Class V Fillings : _____

RCT : _____ Extraction : _____

Dentures : _____ Partial Denture : _____

Implants : _____ Crown & Bridge Present : _____

Crown / Bridge Replacement :
Divided Crown / Bridge :
Divided X - Ray / O.P.G. :

Some Golden Rules :

Brush your teeth twice a day.

Floss your teeth daily.

Gargle forcefully after each meal.

Visit your dentist twice a year.

Any dental treatment should be performed in a well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Adv : Penetration $\frac{6}{6}$

Dr. Darshini V. Shah
(Consultant Dental Surgeon)


 Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India.
 Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000350942 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Nita Jignesh Vaghela	/	Registered On : 30-Sep-2023 09:04 AM
Lab ID : 309902337		Collected On : 30-Sep-2023 08:20 AM
Gender/Age : Female / 38 Years	DOB : 17-Jan-1985	Received On : 30-Sep-2023 09:27 AM
Ref. By : Dr. Health Check Up, Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

HEMATOLOGY

BLOOD COUNT AND INDICIES

HAEMOGLOBIN	12.6	g/dL	12.0 - 15.0
--------------------	------	------	-------------

Colorimetric Non Cyanide

RBC COUNT	4.89	mill/cmm	3.8 - 4.8
------------------	------	----------	-----------

Electrical Impedance

Electrical Impedance

HCT	40.4	%	36 - 46
------------	------	---	---------

Calculated

Calculated method

MCV	82.7	fL	83 - 101
------------	------	----	----------

Calculated based on the RBC histogram

Electrical Impedance

MCH	25.8	pg	27 - 32
------------	------	----	---------

Calculated

MCHC	31.2	g/dL	31.5 - 34.5
-------------	------	------	-------------

Calculated

Calculated method

RDW	13.2	%	11.6 - 14.0
------------	------	---	-------------

Calculated

Calculated method

This is an Electronically Authenticated Report.

Generated On : 30-Sep-2023 12:44 PM

Approved On : 30-Sep-2023 12:38 PM

Dr Pankaj Agrawal

M.B., D.C.P.
Consulting Pathologist
 Regd. Office: Shalby Limited, Opp. Kamavati Club, S.G. Road, Ahmedabad, Gujarat, India.
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Lab ID : 309902337

Collected On : 30-Sep-2023 08:20 AM

Gender/Age : Female / 38 Years

DOB : 17-Jan-1985

Received On : 30-Sep-2023 09:27 AM

Ref. By : Dr. Health Check Up : Shalby

Sample Type : EDTA Whole Blood

TOTAL LEUCOCYTE COUNT

Total WBC Count

8100

cells/cmm

4000 - 10000

Electrical Impedance

Electrical Impedance

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS

53

%

40 - 80

Flow Cytometry

LYMPHOCYTES

36

%

20 - 40

Flow Cytometry

EOSINOPHILS

6

%

1 - 6

Flow Cytometry

MONOCYTES

5

%

2 - 10

Flow Cytometry

BASOPHIL

0

%

0 - 2

Flow Cytometry

PLATELET INDICES

PLATELET COUNT

276000

/cmm

150000 - 410000

Electrical Impedance

Electrical Impenance

MPV

9.2

fL

7.5 - 12.0

Calculated based on PLT Histogram

PERIPHERAL SMEAR EXAMINATION

WBCs

Total and differential leucocyte counts are within normal limit

PLATELETs

Adequate in number and normal in morphology.

This is an Electronically Authenticated Report.

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Dr Pankaj Agrawal

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Consulting Pathologist
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Ref. By : Dr. Health Check Up - Shalby		Sample Type : EDTA Whole Blood	

MALARIAL PARASITE

Malarial parasites are not seen on smear examination.

ESR 1st hour *

17 mm in 1 hour 0 - 20

Modified Westergren Method

Comments / Interpretation :

- ESR is a nonspecific phenomenon, clinically useful in disorders associated with an increased production of acute phase proteins.
- Elevated in acute and chronic infections and malignancies.
- Extremely high ESR values are seen in multiple myeloma, leukemias, lymphomas, breast and lung carcinomas, rheumatoid arthritis, Systemic Lupus Erythematosus and pulmonary infarction.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Dr Pankaj Agrawal
 M.B., D.C.P
 Consulting Pathologist

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Received On : 30-Sep-2023 09:27 AM

Ref. By : Dr. Health Check Up, Shalby

Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type

"B"

RH Type

POSITIVE

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Consulting Pathologist

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PID : SUR0000350942 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Nita Jignesh Vaghela /

Registered On : 30-Sep-2023 09:04 AM

Lab ID : 309902337

Collected On : 30-Sep-2023 08:20 AM

Gender/Age : Female / 38 Years

DOB : 17-Jan-1985

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Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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HBA1C**HbA1c - Glycated Haemoglobin ***

5.7

%

Non-diabetic: <= 5.6

Pre-diabetic: 5.7-6.4

Diabetic: >= 6.5

Therapeutic goals for glycemic control

Age > 19 years Goal of therapy:

< 7.0 Action suggested: > 8.0

Age < 19 years Goal of therapy:

<7.5

Boronate Affinity Assay

Estimated Average Glucose (eAG) (mg/dL) * 117 mg/dL

Calculated

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
 - To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 - Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
 - In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 %.
- Note: Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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Sample Type : Serum, Urine (PP),
Fluoride PP, Urine (F),S

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE**Plasma Glucose (F)**

98

mg/dL

74 - 106

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)

ABSENT

mg/dL

Absent

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE**Plasma Glucose (PP)**

92

mg/dL

Normal: 100-140 Impaired: 140
-199 Diabetic :=>200

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)

ABSENT

mg/dL

Absent

Glucose-oxidase/oxidase reaction

Liver Function Test**Liver Function Test****SGPT (ALTV)**

21

U/L

9 - 52

Multi Point Rate with P-S-P

SGOT (AST)

21

U/L

14 - 36

Multi Point Rate with P-S-P

Alkaline Phosphatase

65

U/L

20-50 yrs.: 42 - 98
4-19 yr : 54 - 369
>=51 yr : 58 - 119

PNPP, AMP Buffer

GGT *

17

U/L

12 - 43

L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic

S. PROTEIN

7.4

g/dL

6.3 - 8.2

Biuret (Alkaline cupric sulfate), End Point

Albumin

4.6

g/dL

3.5 - 5.0

Bromocresol Green (BCG), Colorimetric

S. GLOBULIN

2.8

g/dL

2.3 - 3.6

Calculated

A/G Ratio

1.6

Ratio

1.0 - 2.3

Calculated

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Ref. By : Dr. Health Check Up , Shalby

Sample Type : Serum, Urine (PP),
Fluoride PP, Urine (F).S**Liver Function Test****Bilirubin Total**

0.7 mg/dL

Azobilirubin/Diaphenylmethane Diazonium Salt

 0-1 day (premature) 1.0 - 8.0
 0-1 day (full term) : 2.0 - 6.0
 1-2 day (premature) : 6.0 - 12.0
 1-2 day (full term) : 6.0 - 10.0
 3-5 day (premature) : 10.0 - 14.0
 3-5 day (full term) : 4.0 - 8.0
Bilirubin Unconjugated

0.6 mg/dL

End-point Colorimetric (Dual wavelength spectrophotometric)

Adult : 0.2 - 1.3

Unconjugated bilirubin

Adults: 0.0-1.1

Neonates: 0.6-10.5

BILIRUBIN DIRECT

0.1 mg/dL

Calculated

 Conjugated bilirubin and
 Delta bilirubin (Bilirubin
 covalently bound to albumin)
 0.0-0.4

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 Lab ID : 309902337 Collected On : 30-Sep-2023 08:20 AM
 Gender/Age : Female / 38 Years DOB : 17-Jan-1985 Received On : 30-Sep-2023 09:27 AM
 Ref. By : Dr. Health Check Up . Shaiby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	207	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPG/PCD</i>	111	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	50	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	157	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	135	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	22	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	2.7		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	4.1	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
RENAL FUNCTION TEST			
Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	9	mg/dL	7 - 17
UREA <i>Calculated</i>	19	mg/dL	15 - 36
S. CREATININE <i>Enzymatic - Creatinine amidohydrolase</i>	0.61	mg/dL	0.52 - 1.04
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	4.8	mg/dL	2.5 - 6.2
Calcium <i>Arsenazo III dye</i>	9.5	mg/dL	8.4 - 10.2
S. PHOSPHORUS * <i>Phosphomolybdate reduction (PMA Phenol)</i>	4.1	mg/dL	2.5 - 4.5
Sodium <i>Direct Ion Selective Electrode</i>	140	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.70	mmol/L	3.5 - 5.1
Chloride <i>Direct Ion Selective Electrode</i>	106	mmol/L	98 - 107

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Ref. By : Dr. Health Check Up : Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
THYROID PROFILE (TFT)			
Total T3 * <i>Chemiluminescence immunoassay (CLIA)</i>	132	ng/dL	87 - 178
Total T4 * <i>Chemiluminescence immunoassay (CLIA)</i>	9.64	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH * <i>Chemiluminescence immunoassay (CLIA)</i>	3.255	µIU/mL	Non Pregnant Females: 0.38-5.33 µIU/mL Pregnant Females (1st trimester): 0.05-3.70 µIU/mL Pregnant Females (2nd trimester): 0.31-4.35 µIU/mL Pregnant Females (3rd trimester): 0.41-5.18 µIU/mL

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Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour *	Pale yellow		Pale yellow
Transparency	Slightly Turbid		Clear
Chemical Examination			
Glucose	<i>Glucose-oxidase/peroxidase reaction</i> Negative		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reaction</i> Negative		Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i> 1.025	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Trace (+/-)		Negative
pH	<i>Double Indicator principle</i> 5.5	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen *	<i>Modified Ehrlich reaction</i> 0.2	EU/dL	Upto 1.0 mg/dL (EU/dL)
Nitrite *	<i>Diazotization reaction of nitrite with an aromatic amine</i> Negative		Negative
Leucocyte	<i>Leucocyte Esterase Test</i> Trace (+/-)		Negative
Microscopic Examination			
Pus cells	6-8/hpf	/hpf	0-5/hpf
Red blood cells	2-3/hpf	/hpf	0-2/hpf
Epithelial cells	20-25/hpf	/hpf	NA
Crystals	NIL		Nil
Cast *	Nil		Nil
Bacteria	PRESENT		Nil
Amorphous	NIL		Nil
Yeast	NIL		Nil

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