


TEST REPORT

Reg. No : 2410100462	UHID : UHID27584	Reg. Date : 21-Oct-2024
Name : SHANOO KUMARI		Collected On : 21-Oct-2024 09:53
Age/Sex : 32 Years / Female		Report Date : 21-Oct-2024
Ref. By : MEDIWHEEL		

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (SLS method)	10.8	g/dL	12.0 - 15.0
Hematocrit (Electrical Impedance)	34.0	%	40 - 54
RBC Count (Electrical Impedance)	4.09	million/cmm	3.8 - 4.8
WBC Count (Flowcytometry)	4700	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	226000	/cmm	150000 - 410000
MCV (Calculated)	83.1	fL	83 - 101
MCH (Calculated)	26.5	Pg	27 - 32
MCHC (Calculated)	31.9	%	31.5 - 34.5
RDW (Calculated)	13.3	%	11.5 - 14.5

DIFFERENTIAL WBC COUNT

Neutrophils (%)	54	%	38 - 70
Lymphocytes (%)	37	%	20 - 45
Monocytes (%)	05	%	2 - 8
Eosinophils (%)	04	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	2520	/cmm	1800 - 7700
Lymphocytes (Absolute)	1740	/cmm	1000 - 3900
Monocytes (Absolute)	230	/cmm	200 - 800
Eosinophils (Absolute)	190	/cmm	20 - 500
Basophils (Absolute)	20	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	1.45	/cmm	0.7 - 4.0

PERIPHERAL SMEAR EXAMINATION

RBC Morphology	RBCs are Normochromic Normocytic.
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)	15	mm/hr	0 - 21
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----- End Of Report -----

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Approved by:


Dr. Yesha H. Shah
(MD.Pathology)


Mr. Akshay Parmar
M.Sc(Biochemistry)

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FBS

Fasting Blood Sugar (FBS)	86.1	mg/dL	70 - 110
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Glucose Oxidase-Peroxidase

Criteria for the diagnosis of diabetes¹. HbA1c \geq 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 \geq 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 \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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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>HPLC, NGSP Certified</i>	5.3	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose <i>Calculated</i>	105.41	mg/dL	

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 glucosedissolved 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.

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

- HbA1C, also known as glycated haemoglobin, 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.- Glycemic 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 <i>Optimized UV-IFCC</i>	24.0	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	21.2	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.41	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.16	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.25	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	49	U/L	53 - 128
Total Protein	6.82	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	4.02	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.80	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.44		0.8 - 2.0
GGT	10.1	U/L	1 - 55
HBsAg <i>Immunochromatography</i>	Non - Reactive		

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Parameter	Result	Unit	Reference Interval
RENAL FUNCTION TEST			
Creatinine <i>Enzymatic ,IDMS Traceable</i>	0.64	mg/dL	0.6 - 1.1
Urea <i>Urease-GLDH, enzymatic UV</i>	34.5	mg/dL	13.0 - 40.0
BUN <i>Calculated</i>	16.12	mg/dL	7 - 23
Uric Acid <i>Enzymatic using TBHBA</i>	4.0	mg/dL	2.6 - 6.2
Sodium <i>Direct ISE</i>	138.3	mmol/L	137 - 145
Potassium <i>Direct ISE</i>	4.52	mmol/L	3.6 - 5.0
Chloride <i>Direct ISE</i>	95.3	mmol/L	94 - 110
Ionized Calcium <i>Direct ISE</i>	4.89	mg/dL	4.4 - 5.4

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Parameter	Result	Unit	Biological Reference Interval
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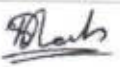
LIPID PROFILE

Cholesterol <i>CHOD-PAP method</i>	132	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	63.5	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	12.70	mg/dL	15 - 35
LDL CHOLESTEROL	115.7	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Magnetic Cholesterol Oxidase</i>	46.7	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	2.83		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.48		0 - 3.5
Total Lipids <i>Calculated</i>	351.00		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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THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>CMIA</i>	1.03	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>CMIA</i>	5.82	µg/dL	4.5 - 12.5
TSH <i>ELFA-Enzyme Linked Fluorescent Assay</i>	3.870	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-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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URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION**

Quantity 15 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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BLOOD GROUP & RH


SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

ABO 'B'
Rh (D) Positive

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(MD.Pathology)


Mr. Akshay Parmar
M.Sc(Biochemistry)

Name: SHANOO KUMARI

Shanoo Kumari

Sex: Female

Clinic No.:

Age: 32Y

Bed No.:

SN: 0001143

Section:

Date: 21/10/2024 11:17:53

Case No.:

bpm 68
ms 880

71
838

65
922

61
972

62
966

60
938

48.33°
61
980

65
914

62
960



Frequency:

1000 Hz

PR Interval:

122 ms

Prompt:

Sample Time:

13 s

QT Interval:

406 ms

HR:

64 bpm

QTc Interval:

418 ms

P Interval:

72 ms

P Axis:

31.00°

Total Beats 12, Normal Beats 12, SVE 0, VE 0.
Normal Heart Rate (HR between 60 and 100 bpm).
Normal cardiac electric axis (QRS axis between 30 degree and 90 degree).

DR. ARCHIT PARIKH

M.D. (General Medicine)

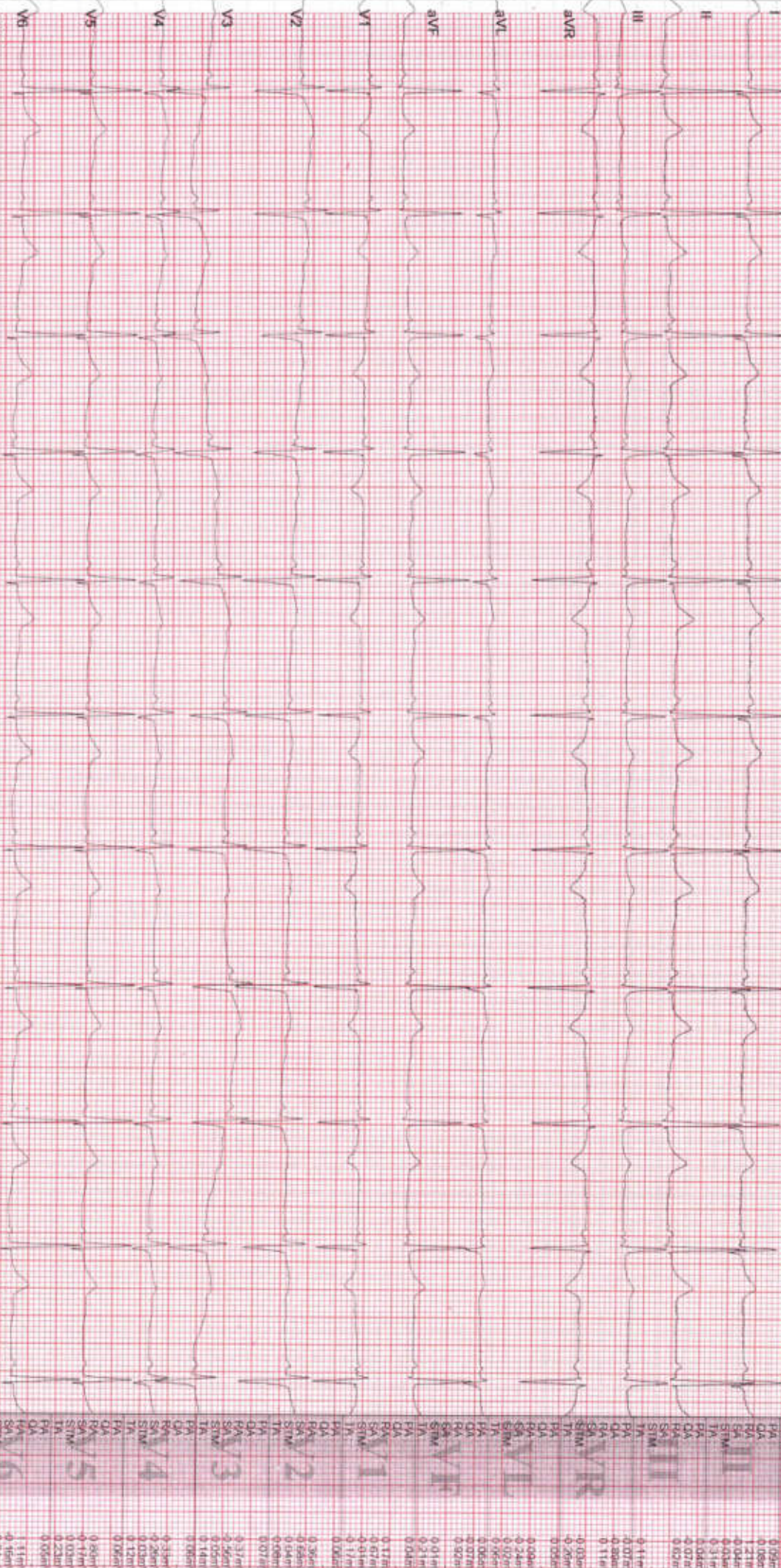
DHS MULTISPECIALTY HOSPITAL

Normal

65

62

960



25mm/s, 10mm/mV

DHS HOSPITAL

VASTRAPUR, AHMEDABAD

Computerised Stress Test Report

NAME: SHANOO KUMARI
AGE/GENDER: 32 yrs/FEMALE

ID: 332
HEIGHT: 156 cm.

Summary report
WEIGHT: 54 Kg.

PROTOCOL: Bruce
DATE/TIME: 21-10-2024 11:25

REF. BY:
SMOKER: Non Smoker

Test Results

Protocol	: Bruce	Max Work load	: 6.89	BMI	: 22
Target HR	: 188(160)bpm	Exer. Time	: 5:54min	Max RPP(1000)	: 14.592
Maximum HR	: 114(61 %) bpm	Recov. Time	: 3:12min	Max BP	: 128/85 mmHg

Reason for termination :
Fatigue

Indication :
To assess the exercise tolerance capacity

HR Response to Exercise :
Normal appropriate response

BP Response to Exercise :
Resting normal BP - normal response

Overall Impression :
Normal stress test

Comment : Normal TMT Test

Resting ECG :
Normal

Chest Pain :
None

ST Changes :
None

Arrhythmias :
None

History : None

Medication :
None

DR. ARCHIT PARIKH
G - 30352
M. D.(General Medicine)
DHS MULTISPECIALTY HOSPITAL



DHS HOSPITAL

VASTRAPUR, AHMEDABAD

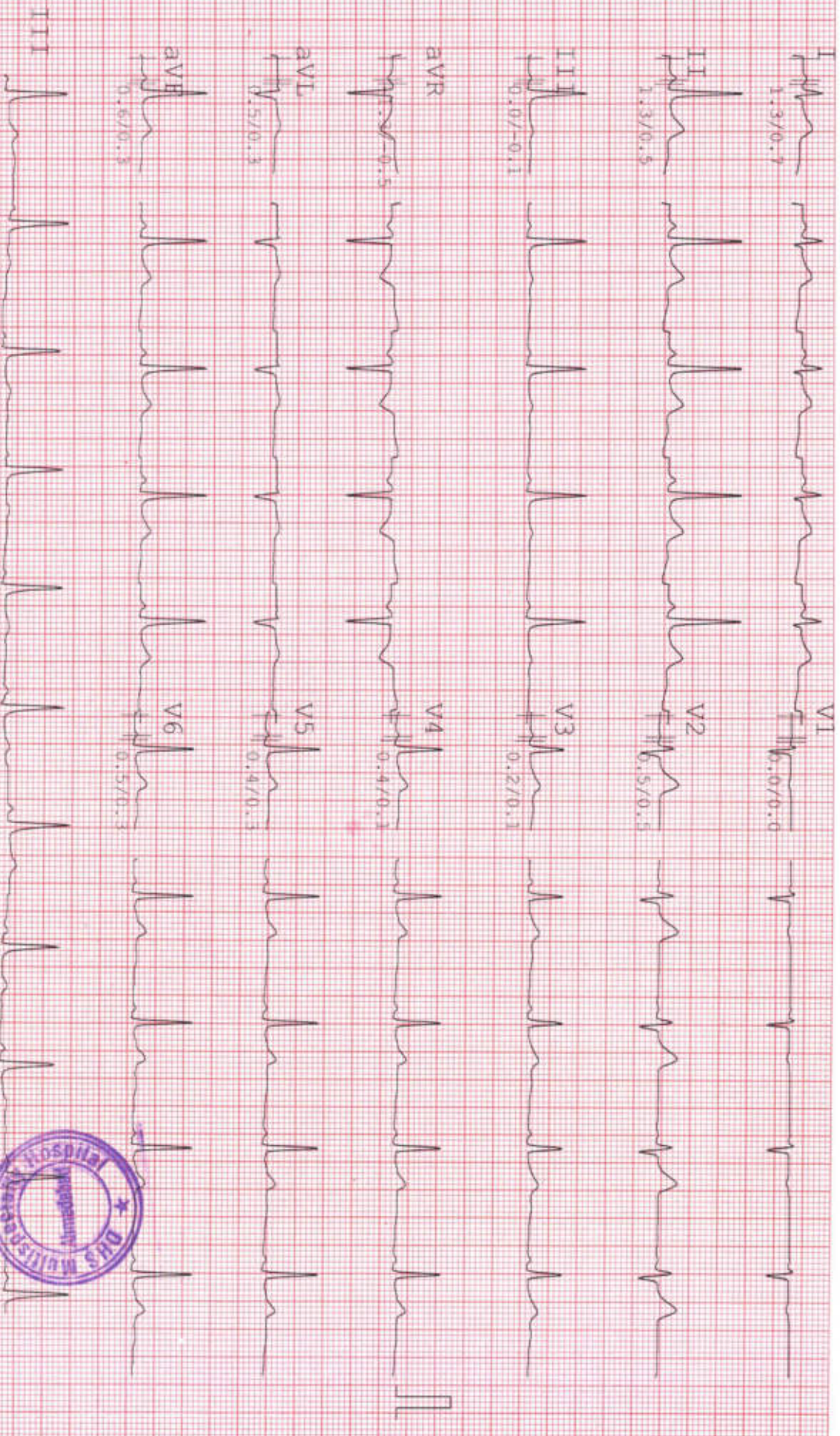
NAME : SHANOO KUMARI
AGE/GENDER : 32 yrs/FEMALE
DATE/TIME : 21-10-2024 11:25

ID : 332
BP : 110/80mmHg
HR : 68bpm

PROTOCOL : Bruce
STAGE : Supine
STAGE TIME : 00:18

Linked Median Report
SPEED/GRADE : 0.00/0.0
POST J at 80 msec

GAIN : 1X
STL in mm
STS in mm/sec



DHS HOSPITAL

VASTRAPUR, AHMEDABAD

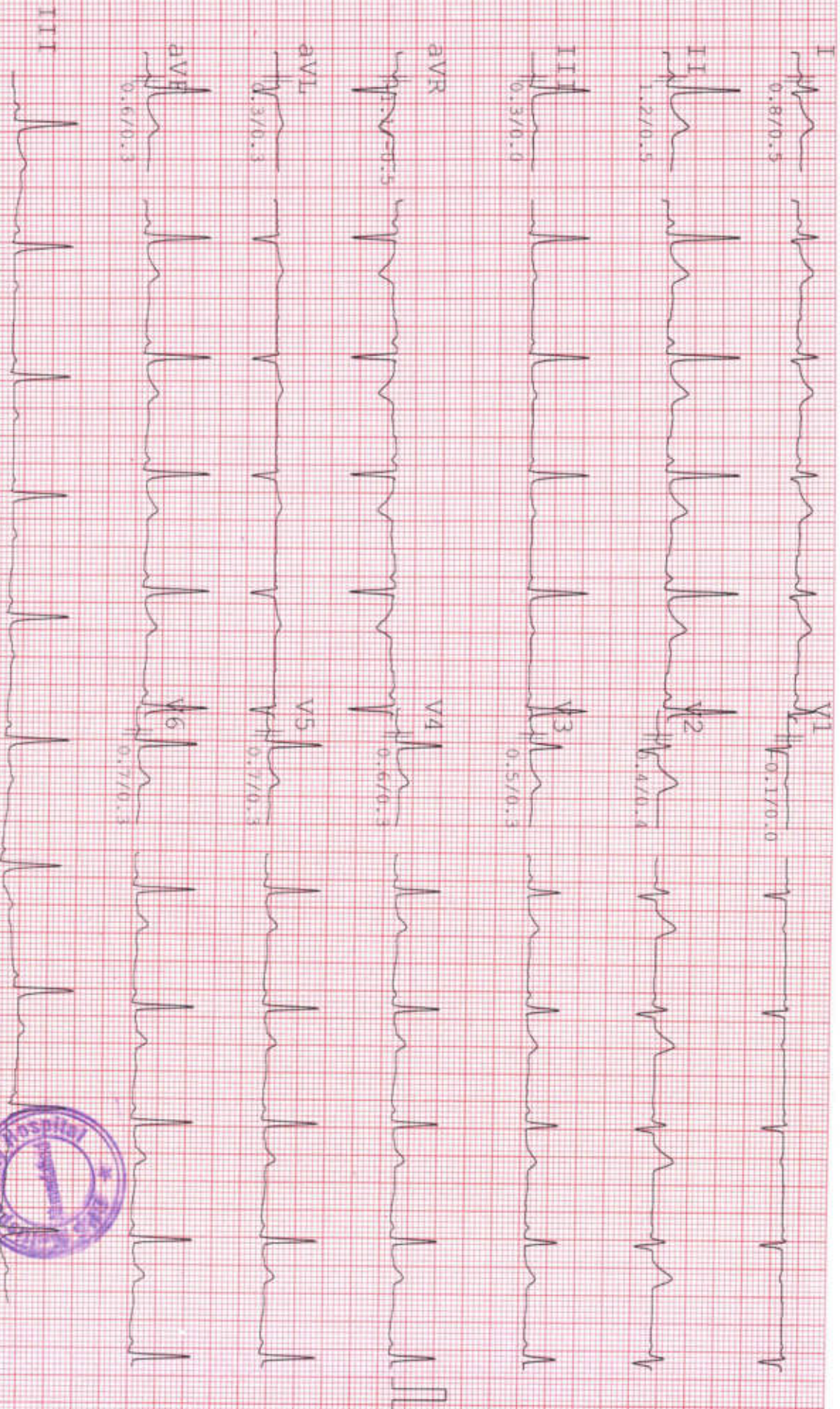
NAME : SHANOO KUMARI
AGE/GENDER : 32 yrs/FEMALE
DATE/TIME : 21-10-2024 11:25

ID : 332
BP : 110/80mmHg
HR : 69bpm

PROTOCOL : Bruce
STAGE : Standing
STAGE TIME : 00:18

Linked Median Report
SPEED/GRADE : 0.00/0.0
POST J at 80 msec

GAIN : 1X
STL in mm
STS in mm/sec



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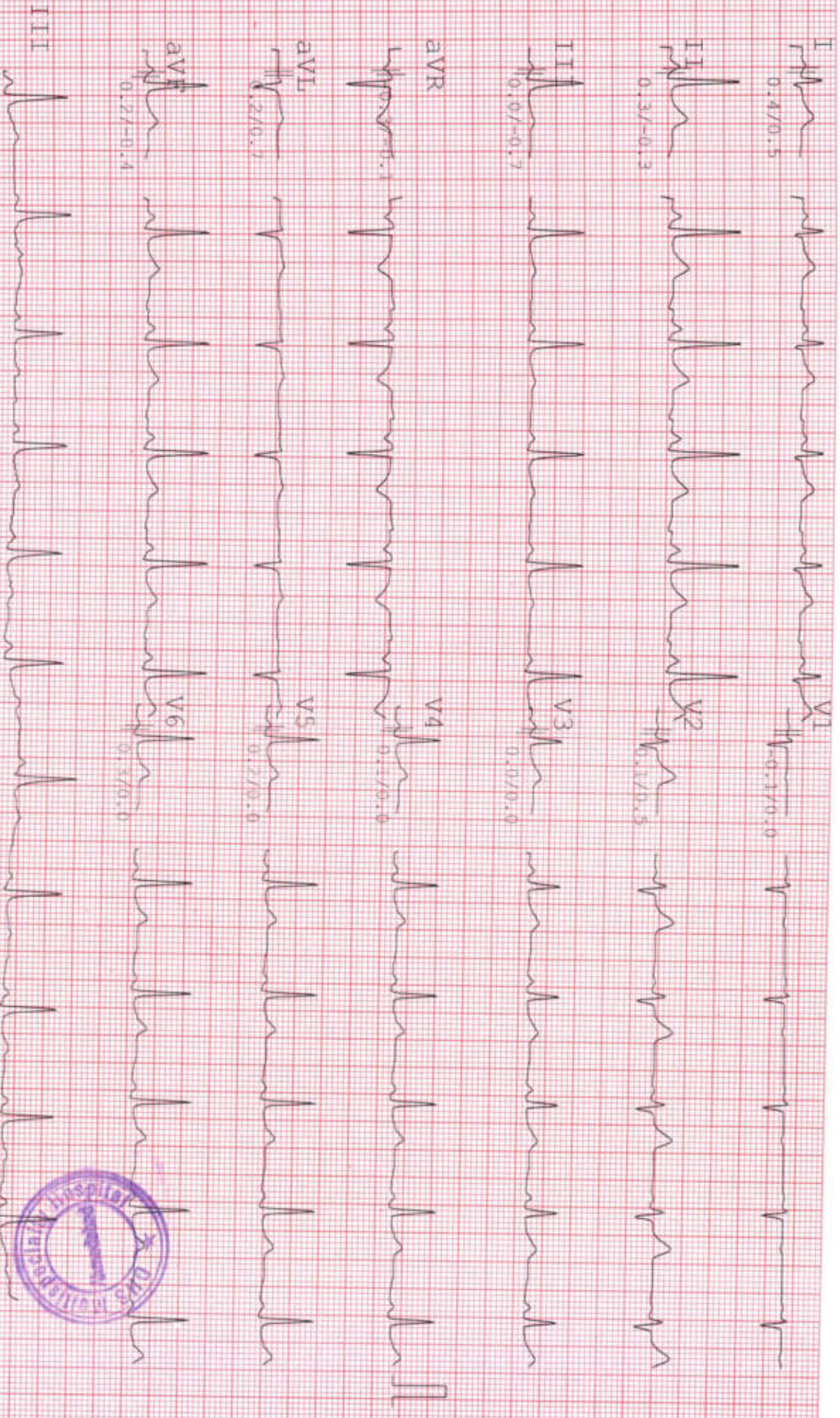
NAME : SHANOO KUMARI
AGE/GENDER : 32 Yrs/FEMALE
DATE/TIME : 21-10-2024 11:25

ID : 332
BP : 110/80mmHg
HR : 74bpm

PROTOCOL : Bruce
STAGE : Hyperv
STAGE TIME : 00:18

Linked Median Report
SPEED/GRADE : 0.00/0.0
POST J at 80 msec

GAIN : 1X
STL in mm
STS in mm/sec



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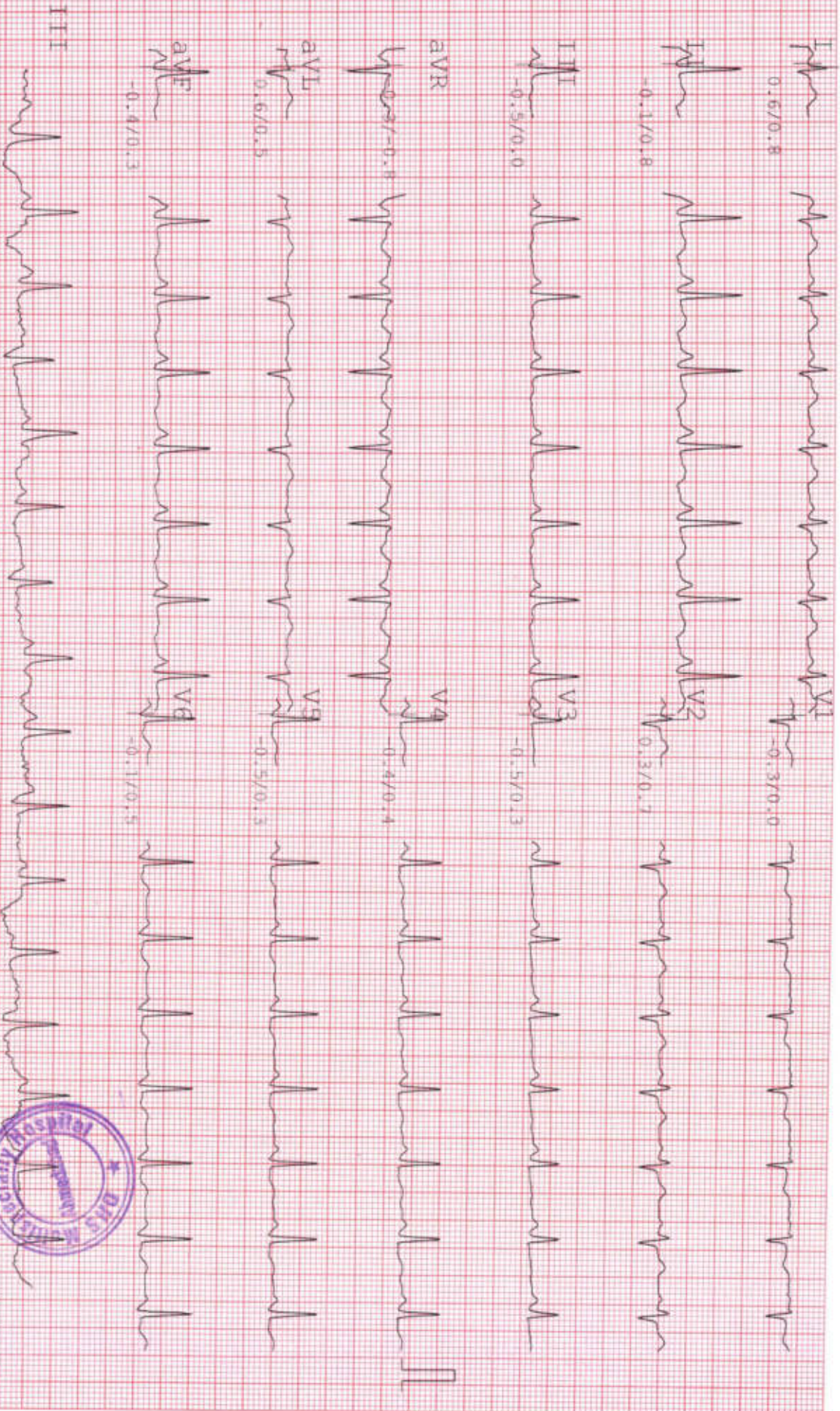
NAME : SHANOO KUMARI
AGE/GENDER : 32 yrs/FEMALE
DATE/TIME : 21-10-2024 11:25

ID : 332
BP : 118/86mmHg
HR : 113bpm

PROTOCOL : Bruce
STAGE : Exer : 1/7
STAGE TIME : 03:00

Linked Median Report
SPEED/GRADE : 1.70/10.0
POST J at 80 msec

GAIN : 1X
STL in mm
STS in mm/sec



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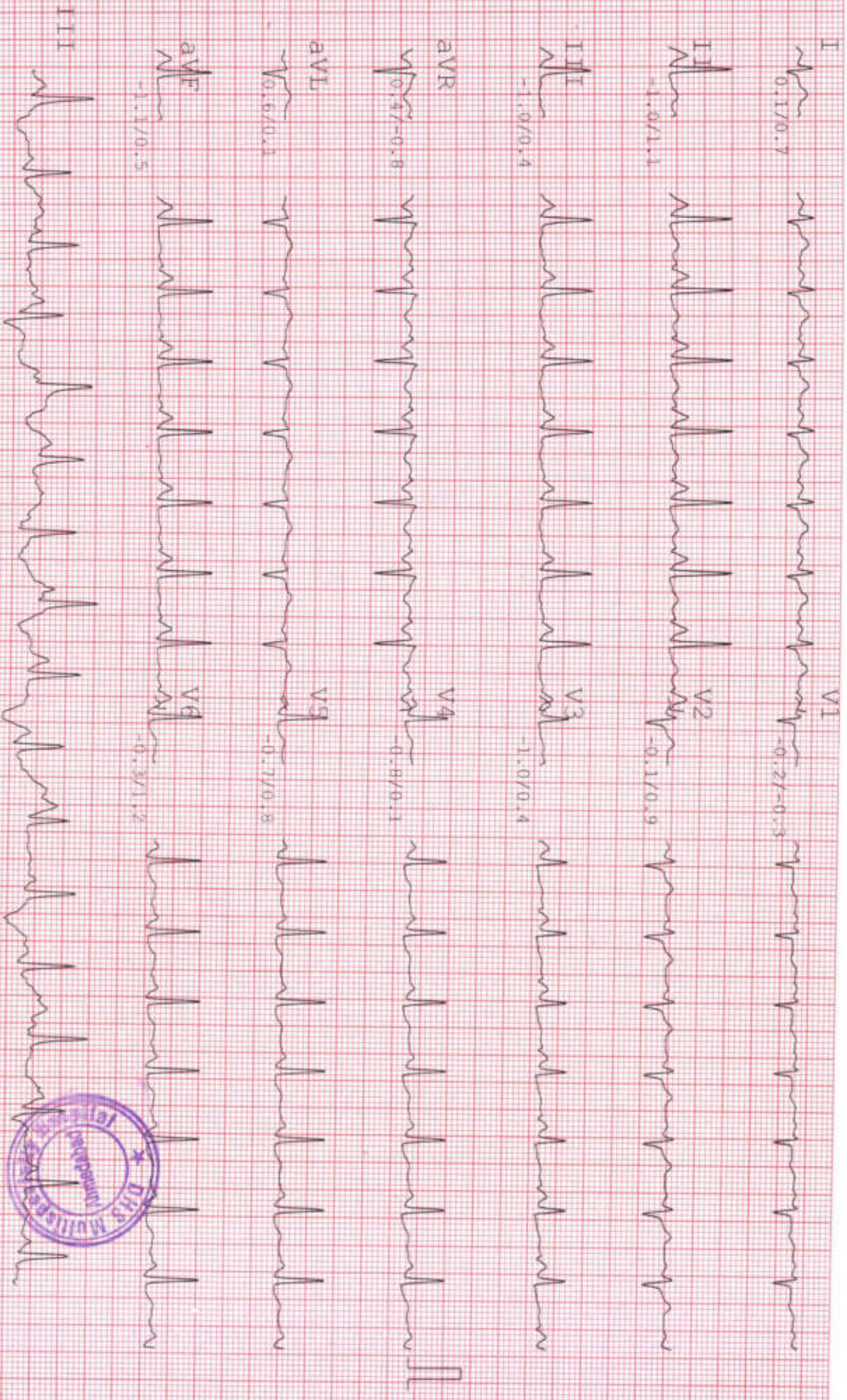
NAME : SHANOO KUMARI
 AGE/GENDER : 32 YRS/FEMALE
 DATE/TIME : 21-10-2024 11:25

ID : 332
 BP : 128/96mmHg
 HR : 114bpm

PROTOCOL : Bruce
 STAGE : Exer : 2/7
 STAGE TIME : 02:54

Linked Median Report
 SPEED/GRADE : 2.50/12.0
 POST J at 80 msec

GAIN : 1X
 STL in mm
 STS in mm/sec



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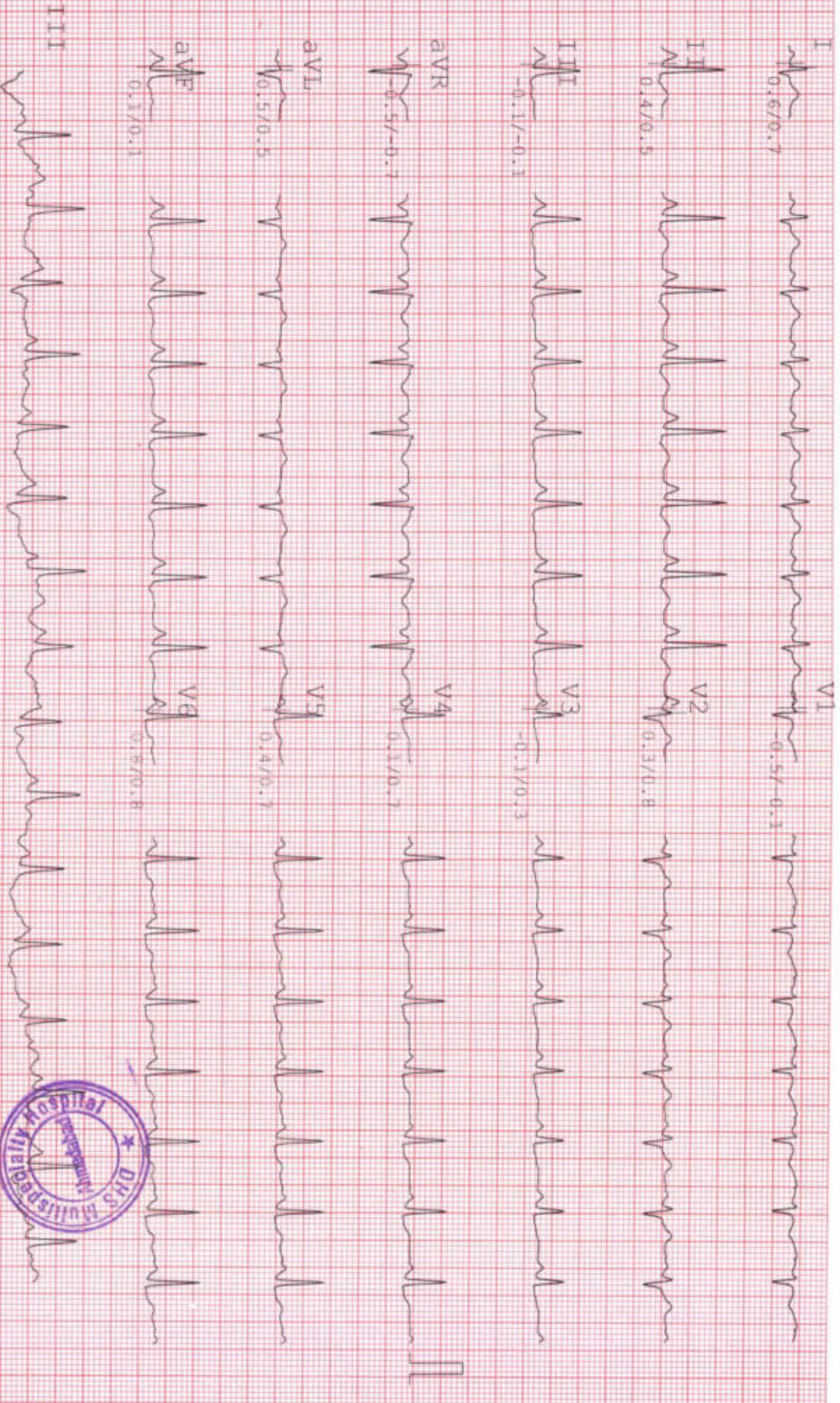
NAME : SHANOO KUMARI
AGE/GENDER : 32 yrs/FEMALE
DATE/TIME : 21-10-2024 11:25

ID : 332
BP : 128/96mmHg
HR : 112bpm

PROTOCOL : Bruce
STAGE : Peak
STAGE TIME : 00:06

Linked Median Report
SPEED/GRADE : 2.50/12.0
POST J at 80 msec

GAIN : 1X
STL in mm
STS in mm/sec



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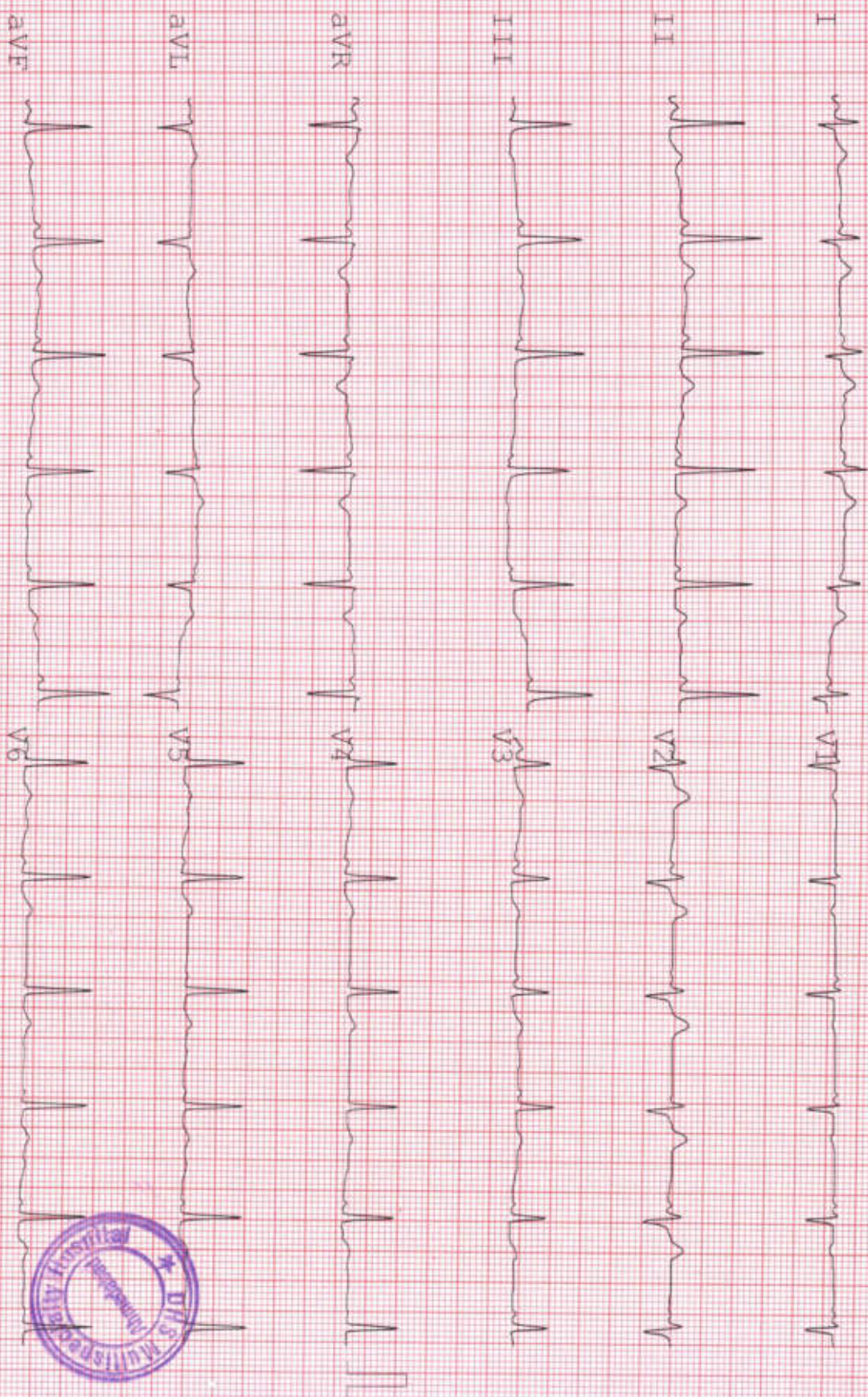
NAME : SHANOO KUMARI
AGE/GENDER : 32 yrs/FEMALE
DATE/TIME : 21-10-2024 11:25

ID : 332
BP : 124/94mmHg
HR : 78bpm

PROTOCOL : Bruce
STAGE : Recovery
STAGE TIME : 01:00

12 Lead ECG Report
SPEED/GRADE : 0.00/0.0
POST J at 80 msec

GAIN : 1X
STL in mm
STS in mm/sec



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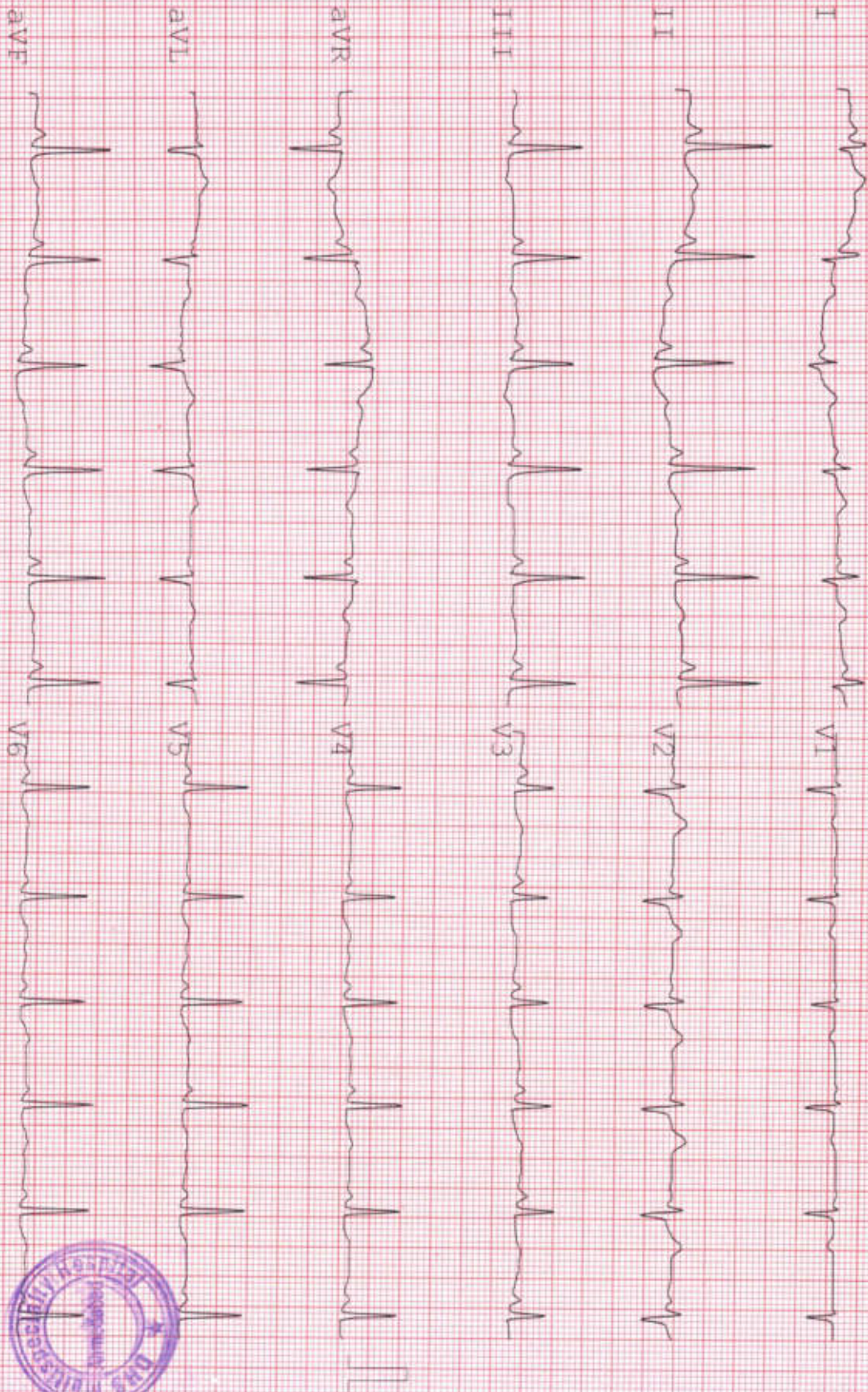
NAME : SHANOO KUMARI
AGE/GENDER : 32 YRS/FEMALE
DATE/TIME : 21-10-2024 11:25

ID : 332
BP : 120/90mmHg
HR : 84bpm

PROTOCOL : Bruce
STAGE : Recovery
STAGE TIME : 02:00

12 Lead ECG Report
SPEED/GRADE : 0.00/0.0
POST J at 80 msec

GAIN : 1X
STL in mm
STS in mm/sec



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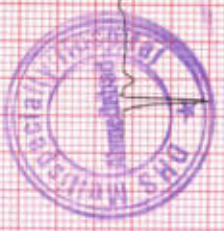
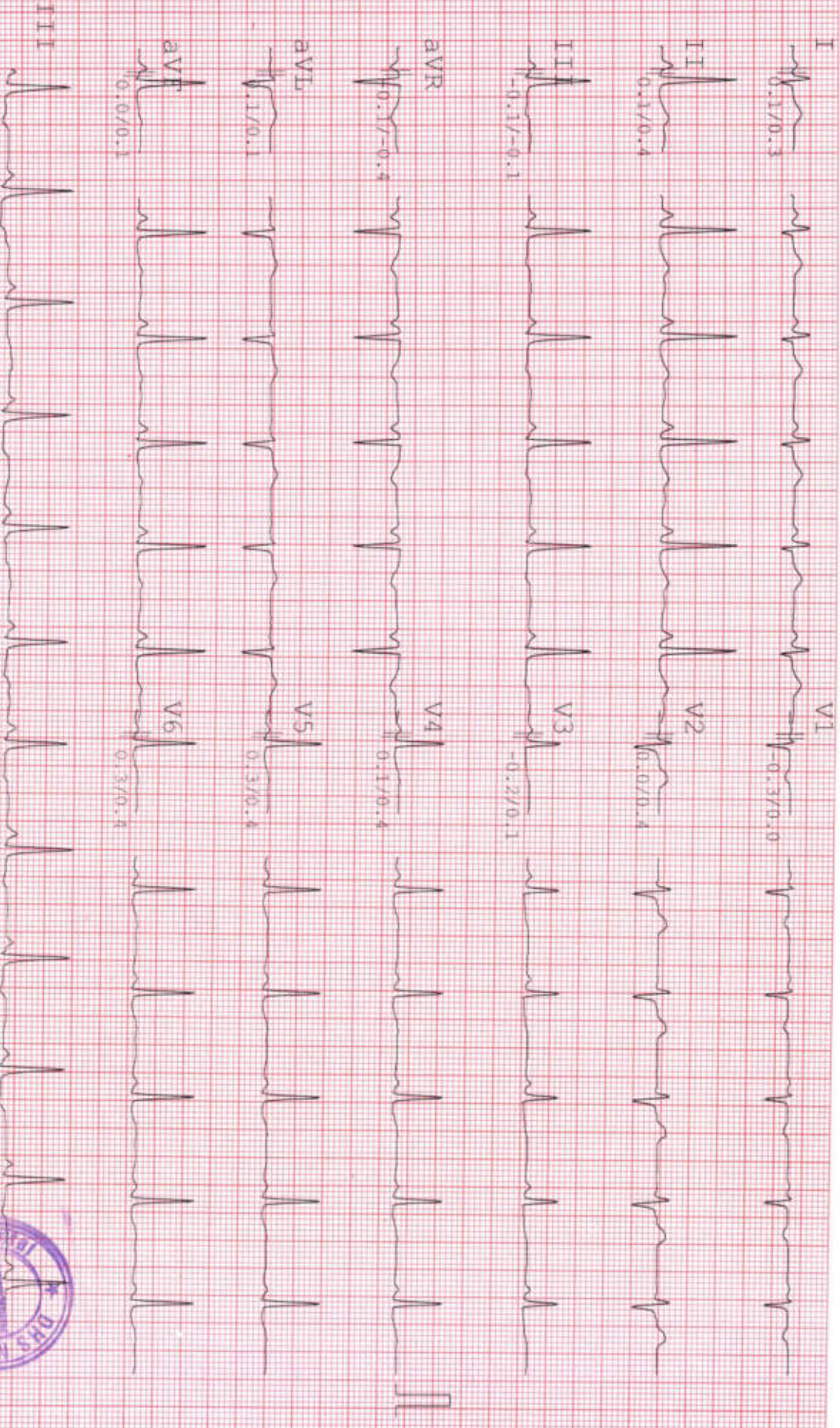
NAME : SHANOO KUMARI
AGE/GENDER : 32 Yrs/FEMALE
DATE/TIME : 21-10-2024 11:25

ID : 332
BP : 116/86mmHg
HR : 78bpm

PROTOCOL : Bruce
STAGE : Recovery
STAGE TIME : 03:00

Linked Median Report
SPEED/GRADE : 0.00/0.0
POST J at 80 msec

GAIN : 1X
STL in mm
STS in mm/sec



DHS HOSPITAL

VASTRAPUR, AHMEDABAD

Computerised Stress Test Report

NAME: SHANOO KUMARI
AGE/GENDER: 32 yrs/FEMALE

ID: 332
HEIGHT: 156 cm.

Summary Report
WEIGHT: 54 Kg.

PROTOCOL: Bruce
DATE/TIME: 21-10-2024 11:25

REF. BY:
SMOKER: Non Smoker

Stage	Time Min:Sec	HR bpm	BP mmHg	Speed (mph) /G rate(%)	Load METS	RPP 1000	TI	V2	V5
Supine	00:18	68	110/80	0.00/0.0	1.0	7.48	1.3/0.5	0.5/0.5	0.4/0.3
Standing	00:18	68	110/80	0.00/0.0	1.0	7.48	1.2/0.5	0.4/0.4	0.7/0.3
Hypertv	00:18	72	110/80	0.00/0.0	1.0	7.92	0.3/-0.3	0.1/0.5	0.2/0.0
Exer : 1/7	03:00	111	118/86	1.70/10.0	4.5	13.098	-0.1/0.6	0.3/0.7	-0.5/0.3
Exer : 2/7	02:54	120	128/96	2.50/12.0	6.9	15.36	-1.0/1.1	-0.1/0.9	-0.7/0.8
Peak	05:54	114	128/96	2.50/12.0	6.9	14.592	0.4/0.5	0.3/0.8	0.4/0.7
Recovery	01:00	79	124/94	0.00/0.0	1.0	9.796	-0.2/-0.1	0.1/1.1	-0.2/-0.1
Recovery	02:00	80	120/90	0.00/0.0	1.0	9.6	0.0/0.3	0.0/0.8	0.2/0.4
Recovery	03:00	76	116/86	0.00/0.0	1.0	8.816	0.1/0.4	0.0/0.4	0.3/0.4
Recovery	03:12	75	116/86	0.00/0.0	1.0	8.7	0.1/0.1	0.1/0.5	0.1/0.1



PATIENT NAME SHANOO KUMARI
AGE / SEX 32 Y/ F
REF. DOCTOR HEALTH CHECK UP
DATE 21-Oct-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.
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



Patient Name	SHANOO KUMARI	Patient ID	UHID27584
Age/Gender	32Years / F	Study Date	21-Oct-2024
Referred By		Reported Date	21-Oct-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 Shivilani
MD Radiology REG-33548

Date Reported: 21-Oct-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