

# 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 : Prince ATTSHI  
identity proof : Pan card / 29437  
identity proof no : BDJPA6995F  
gender : male la eg  
height : 165  
weight : 68  
B P : 110/74  
pulse : 62/min Reg 14  
blood sample : yes  
fasting mode : yes  
non fasting mode : yes

past history : NO

Dental : normal

~~Romberg Test~~ :

Colour vision : normal

vision normal since 6 yr.

**DR. C. P. DADHANIYA**

M.B. Diabetologist

Ind. Physician (CIH)

Regd. No. G19798

Code No. 378943

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.



NAME: Prince ATTRI  
AGE/GENDER: male 29

DIAG. DATE: 03-10-23

PATIENT'S REFRACTION DETAILS

		SPHE	CYL	AXIS	VN
R	D	N	N	N	6/9
	N	N			6/9
L	D	N	N	N	6/9
	N	N			6/9

REMARKS: normal

CHECKED BY: C.P. Dadhaniya

DR. C. P. DADHANIYA

M.B. Ophthalmologist

Ind. Physician (CIH)

Regd. No. G19798

Code No. 378943

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.



10mm/mV AUTO

10mm/mV

10m



10mm/mV

25mm/s

AC:ON 0.05-35Hz



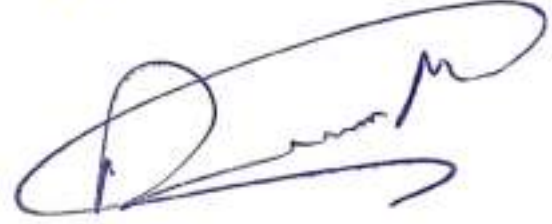
મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

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 આપવામાં આવે છે

I Purna Khatu, hereby declare  
that, I do not want  
to get the



Dr. C. P. DADHANIYA  
M.B.B.S., C.I.H.

Regd. No. G19798  
PANCHMUKHI HOSPITAL  
MAVADI CHOKADI,  
150' RING ROAD, RAJKOT

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

PRINCE ATTRI

JOGINDER LAL

29/04/1994

Permanent Account Number

BDJPA6995F

Prince Attari

Signature



22092012





Opp Radhika Restaurant, Mavdi Chwk, 7Q8M+5QC, 150 Feet Ring Rd, Poonam Society, Chandreshnagar, Rajkot, Gujarat 360004, India

Latitude

22.2654418°

Longitude

70.7843543°

Local 09:29:07 AM

GMT 03:59:07 AM

Altitude 145 meters

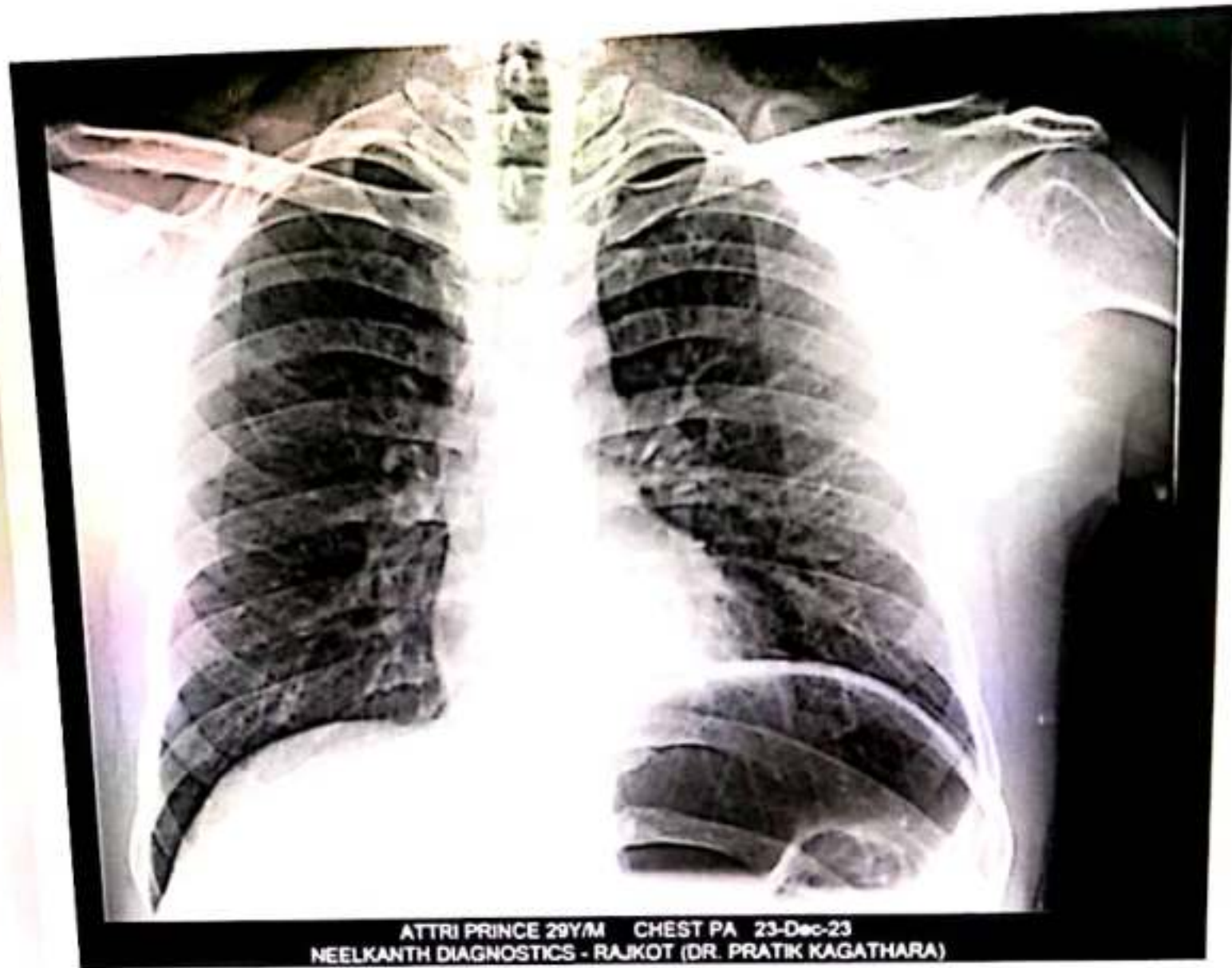
Saturday, 23.12.2023

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Save

Print

Close





Pat.s' Name: ATTRI PRINCE

DATE: 23 December 2023

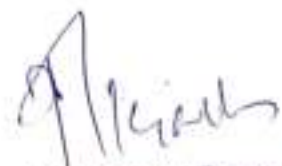
## U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows normal parenchymal echotexture. No focal lesion noted. Intrahepatic billiary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone or changes of cholecystitis.
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No e/o hydronephrosis on either side. **concretion is seen at mid pole calyx of right kidney.**
- **URINARY BLADDER:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angels clear.

### CONCLUSION:

- No significant abnormality seen in present study.

Thanks for reference.



DR PRATIK KAGATHARA  
MD

Pt.'s Name: ATTRI PRINCE

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**

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Bopal, Mo. 72229 42000

## Tread Mill Test

Patient Name	: Prince Atri	Age	: 29yrs/M
Ref. By	: Dr. C.P. Dadhaniya	Resting BP	: 130/80
Report Date	: 23/12/2023	Max. BP	: 160/80

Patient Reaches exercise limit at 7.00 METS.

No signs of ischemia at the exercise level and during recovery.

Adequate increase of HR & BP.

No significant Arrhythmia.

The stress test was terminated after 6:01 minutes as patient complained of Fatigue.  
Patient achieved 94% THIR without chest pain.

The recovery was uneventful.

Fair effort tolerance.

**Conclusion:** - The stress test is **NEGATIVE** for exercise induced myocardial ischaemia.

  
**DR. MAULIK HANSALIA**  
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

**DR. NISHANT SIRODARIYA**  
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

# CURE CARDIOLOGY CLINIC

2nd floor, Kansagra Hospital, Astron Chowk, Sardarnagar main road, RAJKOT - 360 001. Ph. 0281-2483799, M. 93 13 12 19 87

**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
 4612/PRINCE ATTRI 29 Yrs/Male 0 Kg/0 Cms  
 Date: 23-Dec-2023 11:06:27 AM  
 Ref. By : DR C P DADHANIYA  
 Medication :  
 Objective :

**Summary**

Protocol : BRUCE  
 History :

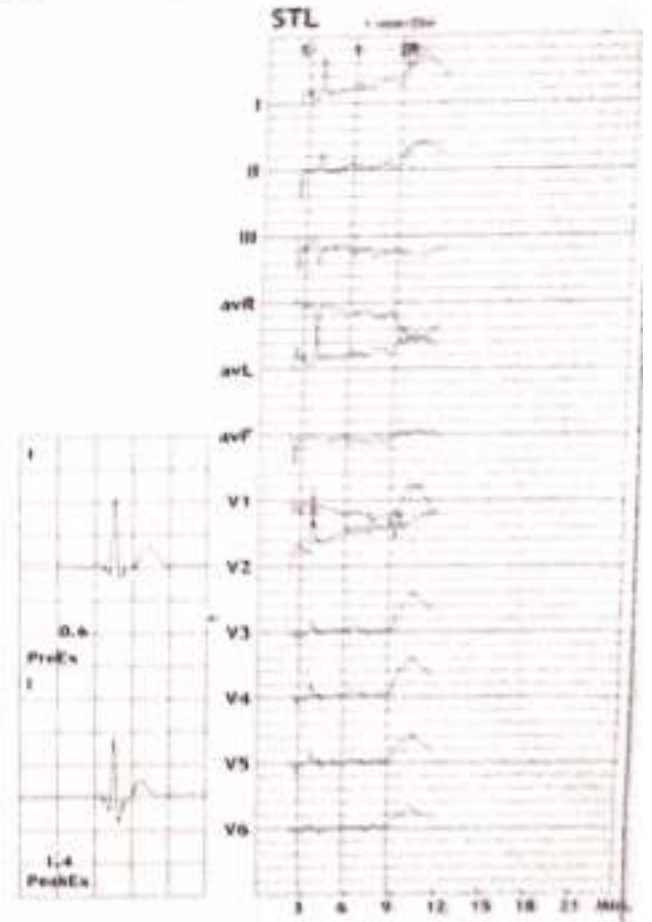


Stage	StageTime (Min Sec)	PhaseTime (Min Sec)	Speed (kmph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. (100)	PVC	Comments
Supine	0:01	2:21	0.0	0.0	1.0	100	130/80	130	-	
Standing	0:01	2:27	0.0	0.0	1.0	96	130/80	124	-	
HV	0:01	2:32	0.0	0.0	1.0	95	130/80	123	1	
ExStart	0:01	2:48	0.0	0.0	1.0	94	130/80	122	-	
Stage 1	3:00	3:00	2.7	10.0	4.6	140	140/80	196	34	
Stage 2	3:00	6:00	4.0	12.0	7.0	180	160/80	288	9	
PeakEx	3:00	6:00	4.0	12.0	7.0	180	160/80	288	-	
Recovery	1:00	6:02	0.0	0.0	1.2	138	160/80	220	-	
Recovery	2:00	6:02	0.0	0.0	1.0	116	150/80	174	-	
Recovery	3:00	6:02	0.0	0.0	1.0	114	130/80	148	-	

**Findings :**

Exercise Time : 6:01 minutes  
 Max HR attained : 180 bpm 94% of Max Predictable HR 191  
 Max BP : 160/80(mmHg)  
 WorkLoad attained : 7 (Fair Effort Tolerance )  
 No significant ST segment changes noted during exercise or recovery.  
 No Angina/Arrhythmia/S3/murmur  
 Final Impression : Test is negative for inducible ischaemia.  
 Maximum Depression: 6:01  
 Test Complete

Advice/Comments:



**CURE CARDIOLOGY CLINIC**  
**2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.**  
 4612 / PRINCE ATTRI  
 29 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 23-Dec-2023 11:06:27 AM

HR: 100 bpm  
 METS: 1.0  
 BP: 130/80

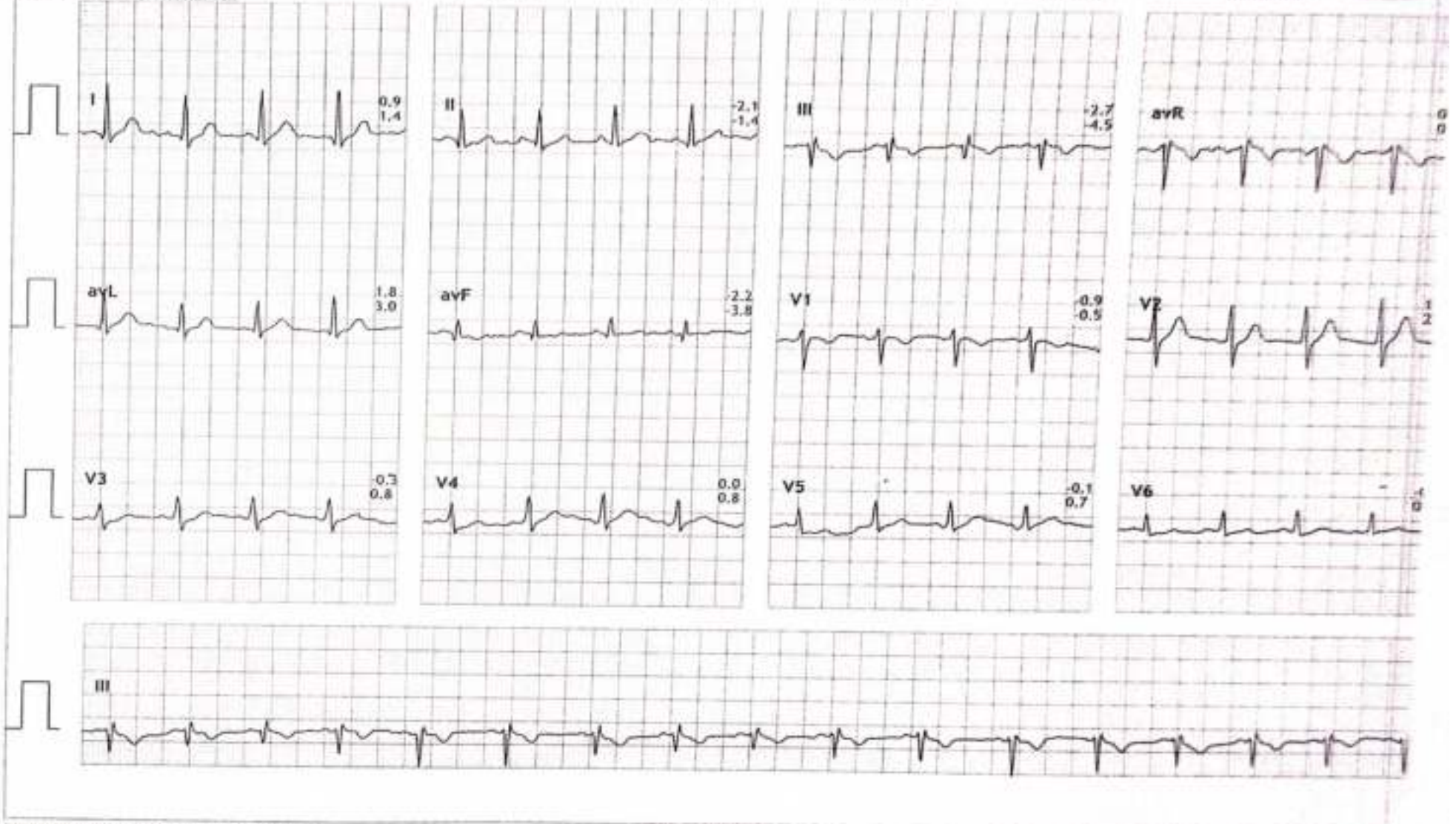
MPHR: 52% of 191  
 Speed: 0.0 kmph  
 Grade: 0.0%

**3x4+1 Rhythm Lead**

Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 02:20  
 BLC :On  
 Notch :On

Supine  
 10.0 mm/mV  
 25 mm/Sec.



HEALTHCARE INFORMATION SYSTEMS (HIS) (PVT) LTD. (INDIA) PVT. LTD.

Print Date: 23/12/2023

DR MAULIK HANSALIA/DR NISHANT SIRODARIYA

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Scanned with OKEN Scanner



Standing  
10.0 mm/mV  
25 mm/Sec

Ex Time 02:26  
BLC :On  
Norch :On

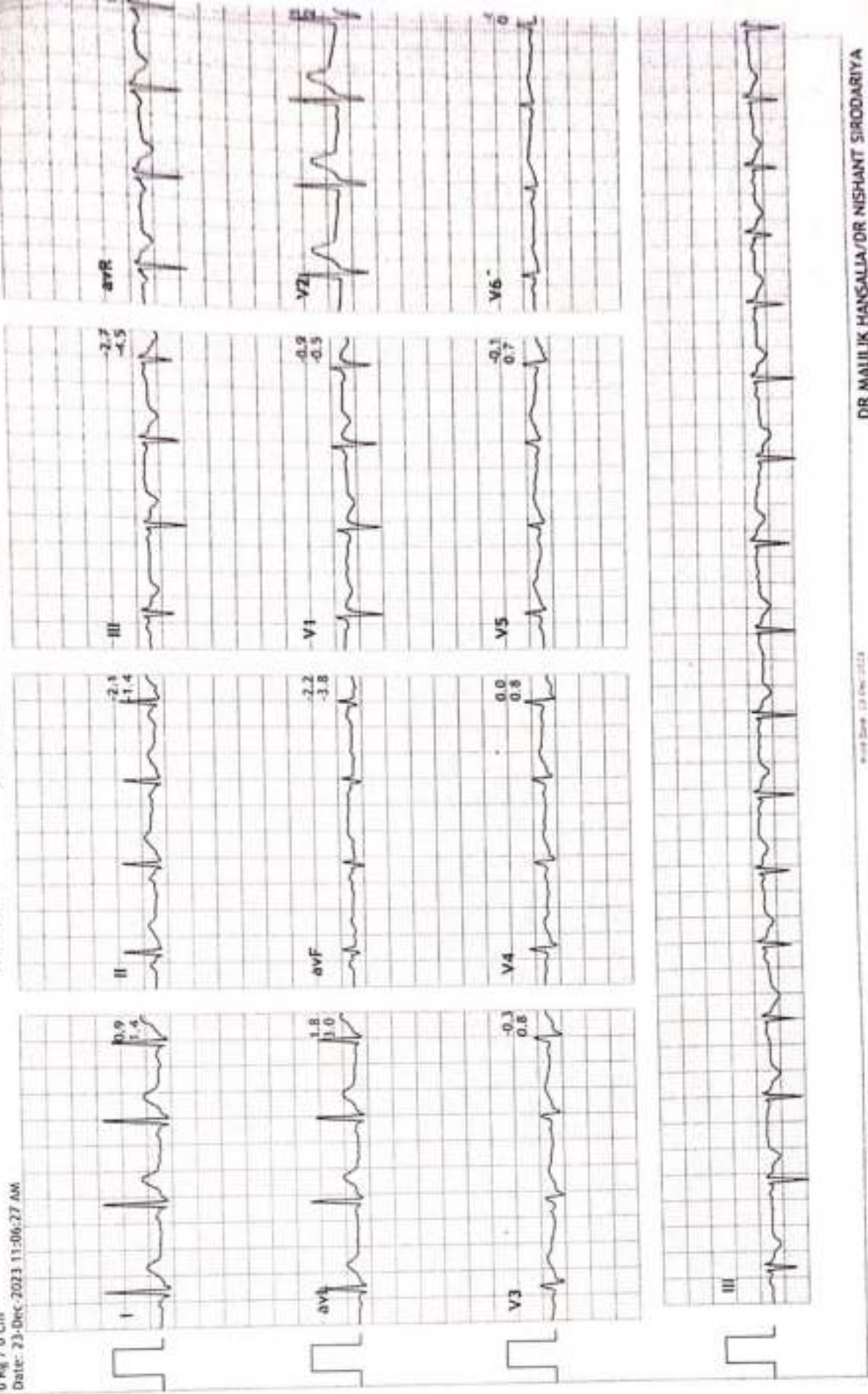
Raw ECG  
BRUCE  
(0.05-100)Hz

APHR: 50% of 191  
Speed: 0.0 kmph  
Grade: 0.0%

HR: 96 bpm  
METS: 1.0  
BP: 130/80

CURE CARDIOLOGY CLINIC  
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
4612 / PRINCE ATTRI  
29 Yrs / Male  
0 Kg / 0 Cm  
Date: 23-Dec-2023 11:06:27 AM

3x4+1 Rhythm Lead



DR MAULIK HANGALLA/DR NISHANT SIRODARIYA

Print Date: 23-Dec-2023

Path: C:\Users\atri\Documents\2023\12\23\110627\110627\_0226\_011







CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTROM CHOWK, RAJKOT.

4612 / PRINCE ATTRI

29 Yrs / Male

0 Kg / 0 Cm

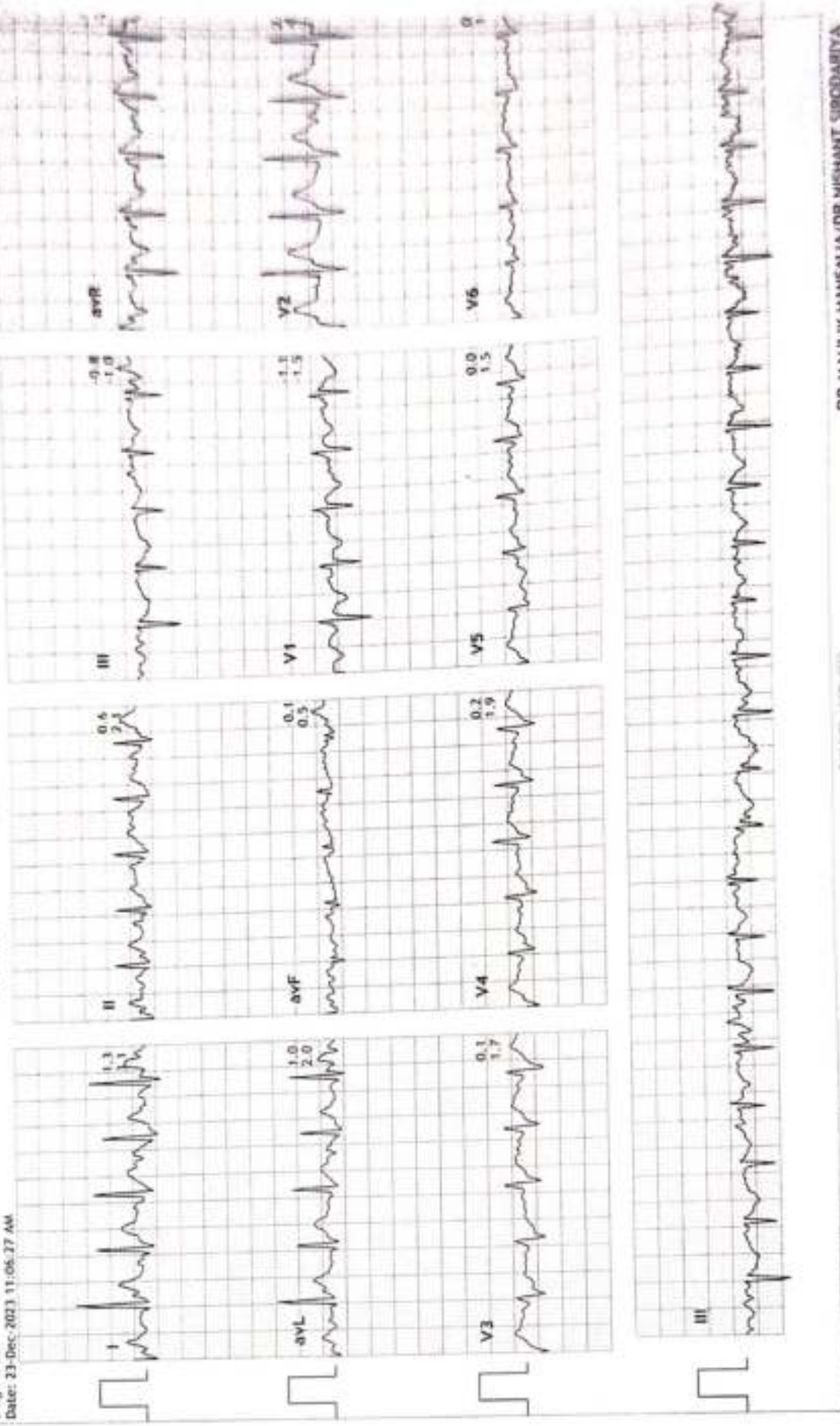
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HR: 73% of 191  
Speed: 2.7 mmph  
Grade: 10.0%

Base ECG  
BBUCE  
10.05 100/149

Ex Time 01:39  
BLE On  
Motion On

3X4+1 rhythm



DR MAULIK HANSALIA/DR NISHANT SIRODARIYA

3x4+1 Rhythm Lead

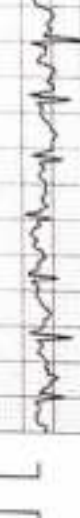
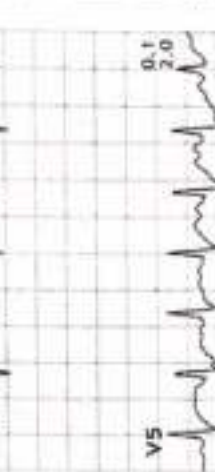
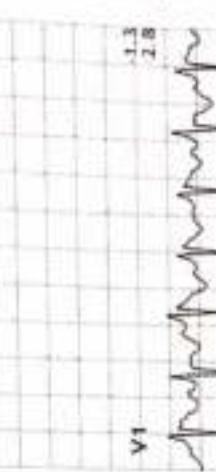
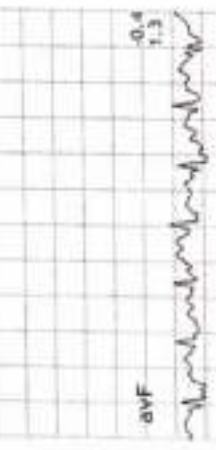
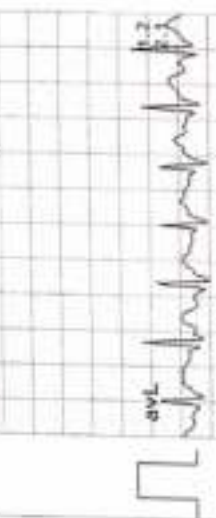
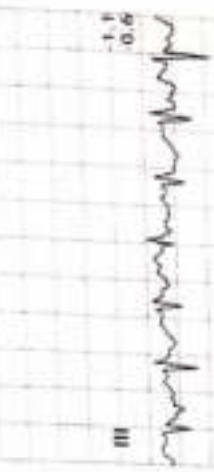
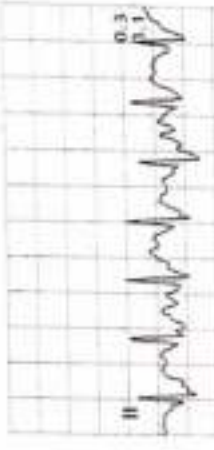
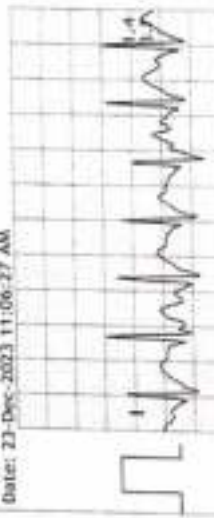
CURE CARDIOLOGY CLINIC  
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.  
4612 / PRINCE ATTRI  
29 Yrs / Male  
0 Kg / 0 Cm  
Date: 23-Dec-2023 11:06:27 AM

APRIS: 943 of 191  
Speed: 4.0 mmph  
Gain: 12.0%

Raw ECG  
BRUCE  
00.05-1000117

Ev Time 05:39  
RLC :On  
Notch :On

BRUCE: Stage 1  
15.0 mm/mV  
25 mm/Sec



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4612 / PRINCE ATTRI

29 Yrs / Male

0 Kg / 0 Cm

Date: 23-Dec-2023 11:06:27 AM

HR: 180 bpm

METS: 7.0

BP: 160/80

MPHR: 94% of 191

Speed: 4.0 kmph

Grade: 12.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 05:59

BLC : On

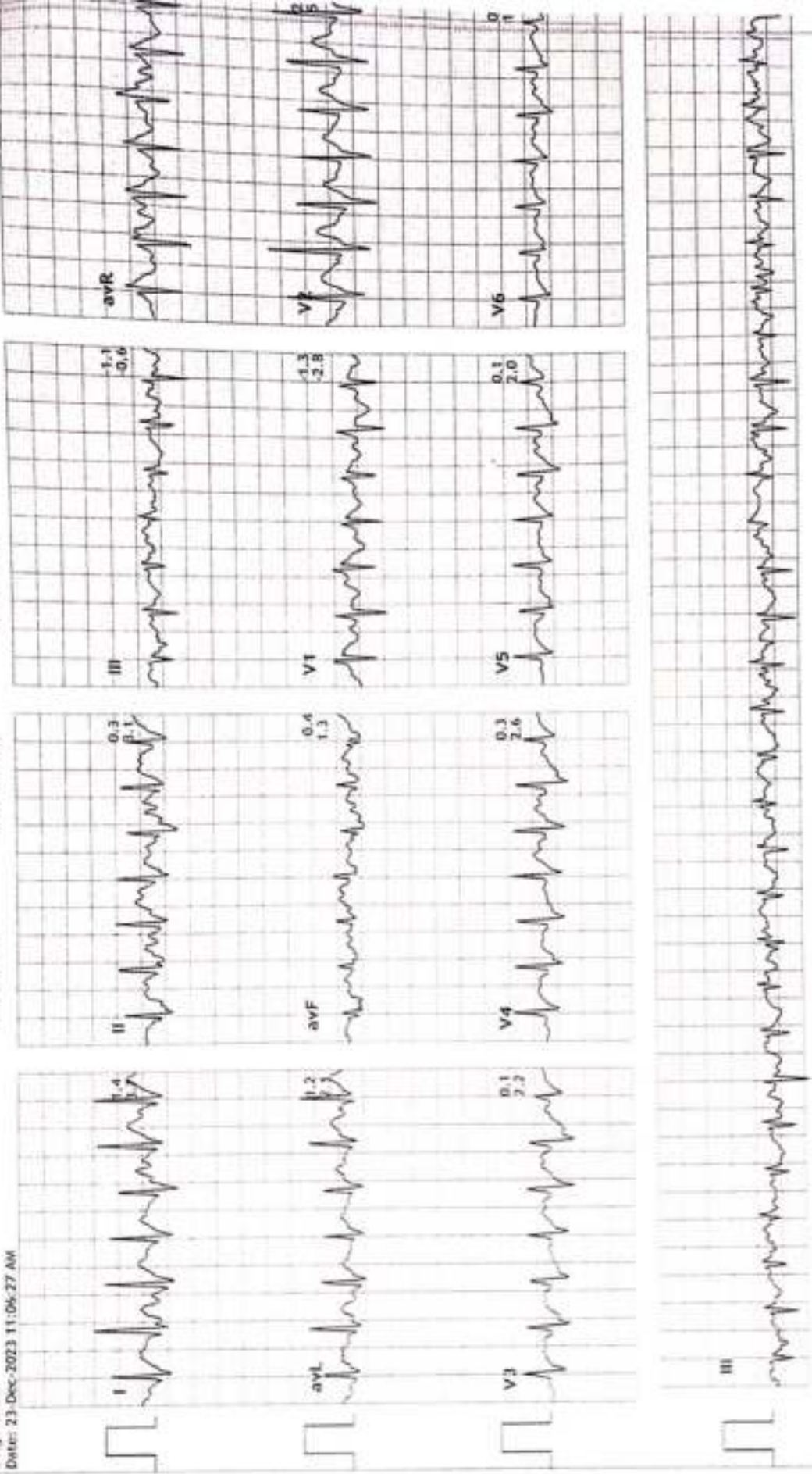
Notch : On

BRUCE: PeakEx

10.0 mm/mV

25 mm/Sec.

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4612 / PRINCE ATTI

29 Yrs / Male

0 Kg / 0 Cm

Date: 23 Dec, 2023 11:06:27 AM

HR: 138 bpm

METS: 1.2

BP: 160/80

MPHR: 72% of 191

Speed: 0.0 kmph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 06:01

BLC : On

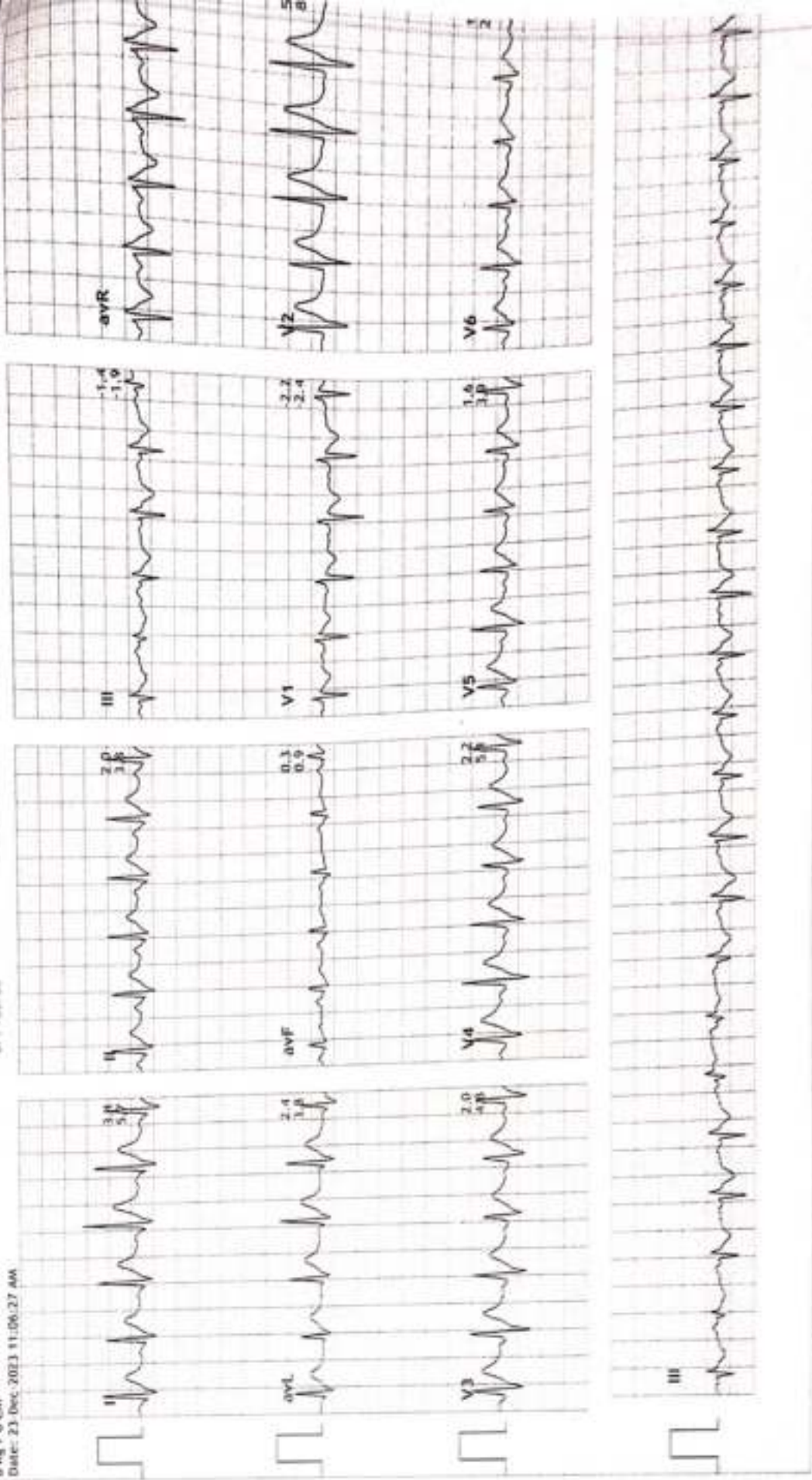
Notch : On

Recovery(1:00)

10.0 mm/mv

25 mm/Sec.

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4612 / PRINCE ATTRI  
29 Yrs / Male  
0 Kg / 0 Cm

Date: 23-Dec-2023 11:06:27 AM

HR: 116 bpm  
METs: 3.0  
BP: 150/80

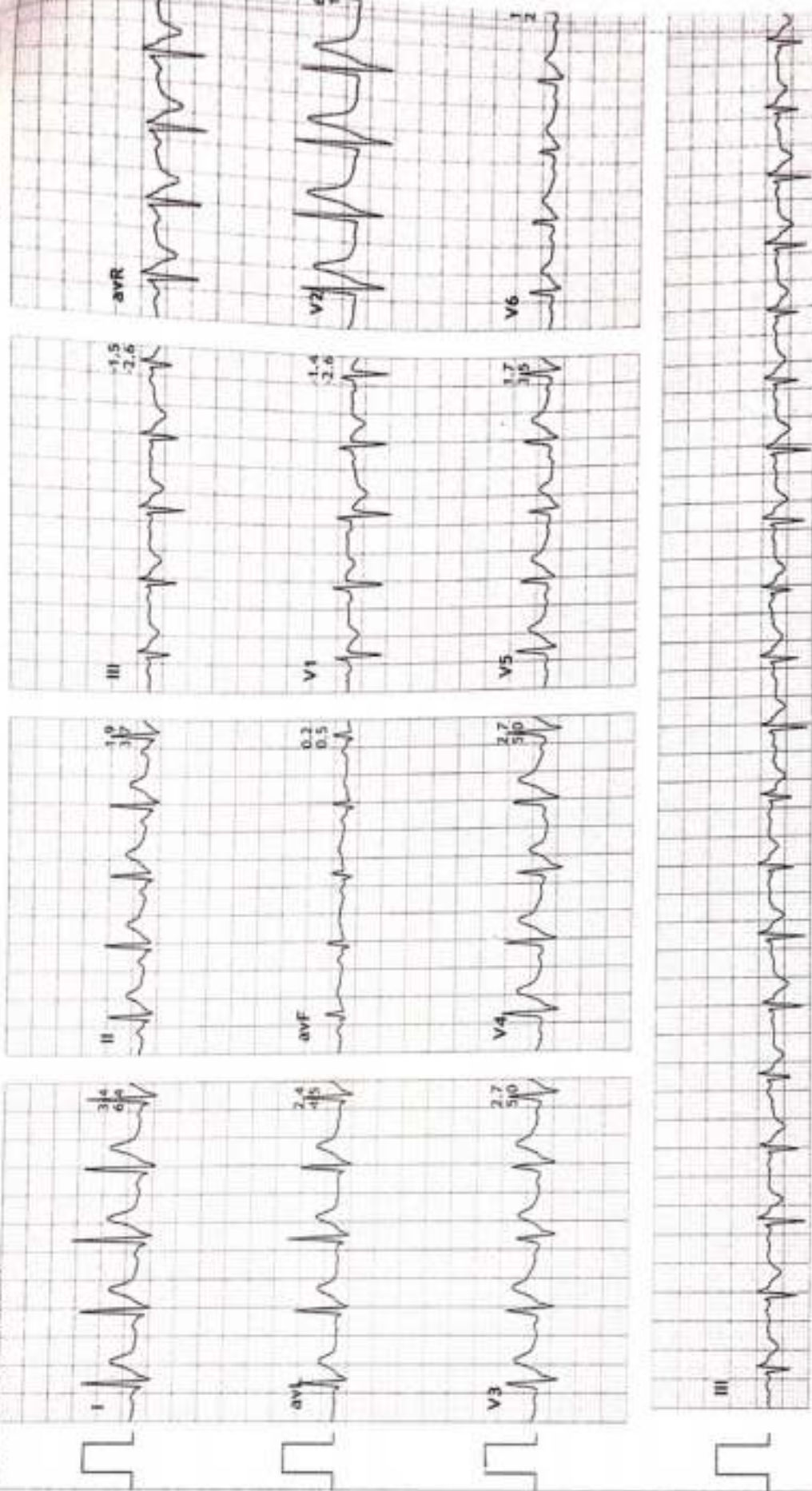
MPHR: 60% of 191  
Speed: 0.0 kmph  
Grade: 0.0%

Raw ECG  
BRUCE  
0.05-100Hz

Ex Time 06:01  
RLC :On  
Notch :On

Recovery 12:00  
10.0 mm/mV  
25 mm/Sec.

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4612 / PRINCE ATTRI

29 Yrs / Male

0 Kg / 0 Cm

Date: 23-Dec-2023 11:06:27 AM

HR: 114 bpm

METS: 1.0

BP: 130/80

MPH: 59% of 191

Speed: 0.0 kmph

Grade: 0.0%

Raw ECG

BRUCE

10.05-100Hz

Ex Time 06:01

BLC :On

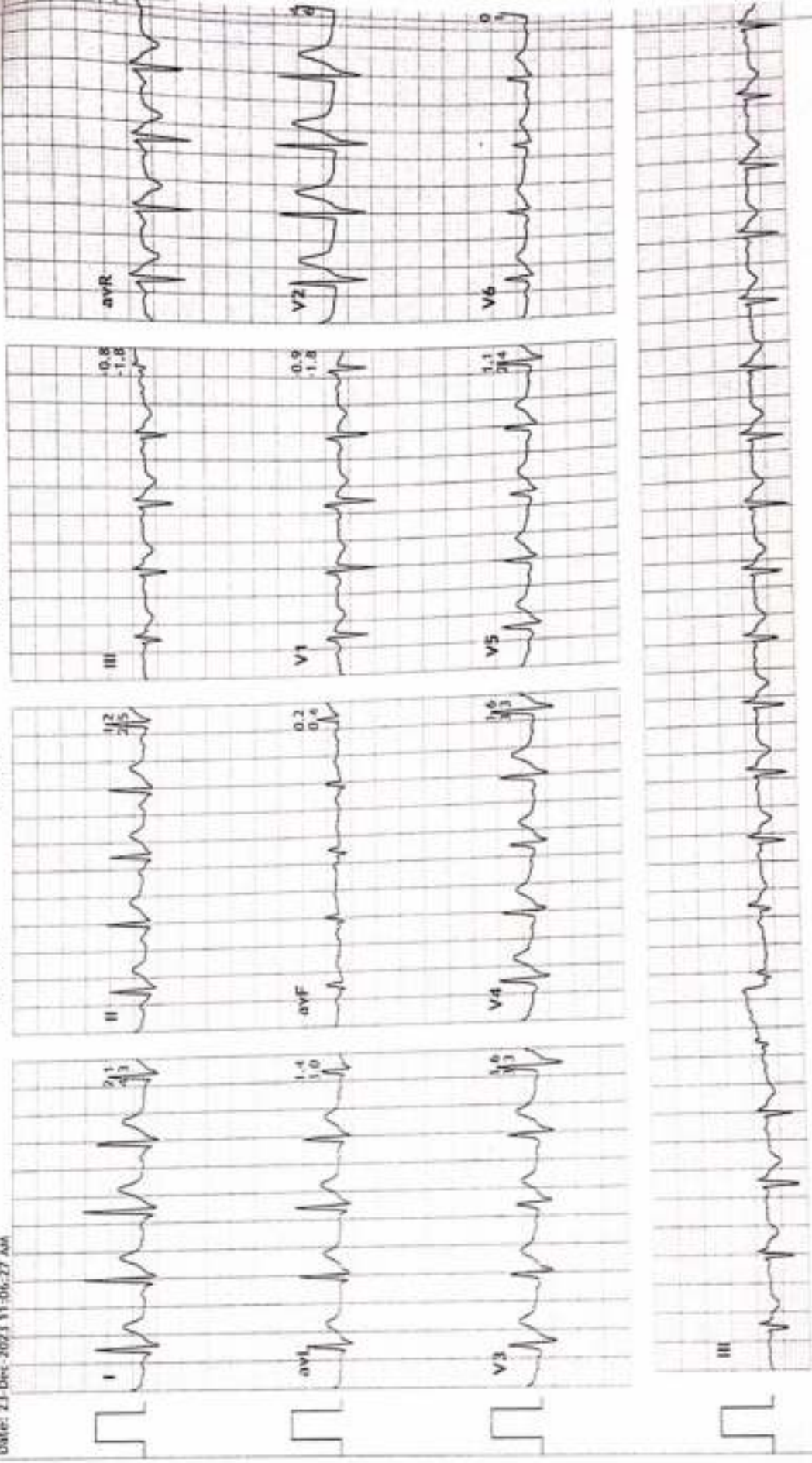
Noach :On

Recovery(3:00)

10.0 mm/mV

25 mm/Sec.

3x4+1 Rhythm Lead



DR MAJLIK HANSALIA/DR NISHANT SIRODARIYA

Page Date: 23/12/2023

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TEST REPORT

<b>Name</b> : Attri Prince	<b>Reg. No</b> : 312101185
<b>Age/Sex</b> : 29 Years / Female	<b>Reg. Date</b> : 23-Dec-2023 02:55 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 23-Dec-2023 02:55 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 23-Dec-2023 05:54 PM

**COMPLETE BLOOD COUNT (CBC)**  
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
<b>RBC Parameters</b>				
Hemoglobin (SLS method)	17.5	g/dL	12.5 - 16.0	
Hematocrit (Electrical Impedance)	48.30	%	37 - 47	
RBC Count (Electrical Impedance)	6.09	million/cmm	4.2 - 5.4	
MCV (Calculated)	79.3	fL	78 - 100	
MCH (Calculated)	28.7	Pg	27 - 31	
MCHC (Calculated)	36.2	%	30 - 35	
RDW (Calculated)	11.9	%	11.5 - 14.0	
<b>WBC Parameters</b>				
WBC Count (Flowcytometry)	5940	/cmm	4000 - 10500	
<b>DIFFERENTIAL WBC COUNT</b>				
Neutrophils (%)	55 %	% Range 42.02 - 75.2	Abs. Value 3267 /cmm	Abs. Range 1800 - 7700
Lymphocytes (%)	37 %	% Range 20 - 45	Abs. Value 2198 /cmm	Abs. Range 1000 - 3900
Eosinophils (%)	03 %	% Range 1 - 4	Abs. Value 178 /cmm	Abs. Range 0 - 450
Monocytes (%)	05 %	% Range 2 - 8	Abs. Value 297 /cmm	Abs. Range 200 - 1000
Basophils (%)	00 %	% Range 0 - 1	Abs. Value 0 /cmm	Abs. Range 20 - 100
<b>Platelete Parameter</b>				
Platelet Count	228000	/cmm	150000 - 450000	
MPV	10.2	fL	7.4 - 10.4	
P-LCR	26.40	%	11.9 - 66.9	
PDW	12.2	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.23	%	0.2 - 0.5	

towards the healthiness...

*D.R.I.*

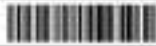
Dr. Viral Jethava

This is an Electronically Authenticated Report.

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Dr. Viral R. Jethava  
M.D. (Path. PDCC)




**TEST REPORT**

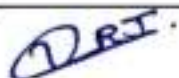
<b>Name</b>	: Atri Prince	<b>Reg. No</b>	: 312101185
<b>Age/Sex</b>	: 29 Years / Female	<b>Reg. Date</b>	: 23-Dec-2023 02:55 PM
<b>Ref. By</b>	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b>	: 23-Dec-2023 02:55 PM
<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 23-Dec-2023 05:54 PM

**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.

*towards the healthiness...*

**Dr. Viral Jethava**

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Page 2 of 13

**Dr. Viral R. Jethava**

M.D. (Path. PDCC)





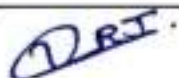


TEST REPORT

<b>Name</b> : Attri Prince	<b>Reg. No</b> : 312101185
<b>Age/Sex</b> : 29 Years / Female	<b>Reg. Date</b> : 23-Dec-2023 02:55 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 23-Dec-2023 02:55 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 23-Dec-2023 05:54 PM

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

*towards the healthiness...*



Dr. Viral Jethava

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Page 3 of 13

**Dr. Viral R. Jethava**  
M.D. (Path. PDCC)





TEST REPORT

<b>Name</b> : Attri Prince	<b>Reg. No</b> : 312101185
<b>Age/Sex</b> : 29 Years / Female	<b>Reg. Date</b> : 23-Dec-2023 02:55 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 23-Dec-2023 02:55 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 23-Dec-2023 05:54 PM

FASTING PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	92.00	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>	109.00	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
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LIPID PROFILE  
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <small>Cholesterol Oxidase</small>	165.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic Reaction With Glycerol Kinase</small>	106.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <small>Siemens HDL</small>	63.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <small>Siemens ALDL</small>	80.80	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>	21.20	mg/dL	15 - 35
LDL / HDL RATIO <small>Calculated</small>	1.28		0 - 3.5
Cholesterol /HDL Ratio <small>Calculated</small>	2.62		0 - 5.0

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**RENAL FUNCTION TEST**

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Creatinine</b> <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.95	mg/dL	0.55 - 1.02
<b>eGFR</b>	112.68	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
<b>Urea</b> <small>Calculated</small>	28.00	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <small>UREASE/GLDH</small>	13.08	mg/dL	7.0 - 18.0
<b>Uric Acid</b> <small>Uricase</small>	5.21	mg/dL	2.6 - 6.2
<b>Sodium</b> <small>Direct ion selective electrode</small>	138.2	mmol/L	137 - 145
<b>Potassium</b> <small>Direct ion selective electrode</small>	4.52	mmol/L	3.5 - 5.1
<b>Chloride</b> <small>Direct ion selective electrode</small>	105.0	mmol/L	98 - 107
<b>Calcium</b> <small>Cresolphthalein Complexone</small>	9.18	mg/dL	8.5 - 10.1

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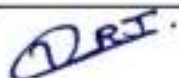
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Parameter	Result	Unit	Biological Ref. Interval
<b>GGT</b> <small>Siemens/3TC</small>	48.00	U/L	5 - 55

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <small>Siemens Dimension</small>	5.23	%	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>	103.40	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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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
<b>Thyroid Stimulating Hormone (TSH)</b> CLM	4.210	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

<b>Triiodothyronine (T3)</b> CLM	1.25	ng/mL	0.6 - 1.81
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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.

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**Thyroxine (T4)** 11.48 µg/dL 4.5 - 12.6  
CLM

**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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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	6.5		4.6 - 8.0
Sp. Gravity	1.005		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

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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>	4.21	g/dL	3.40 - 5.00
Globulin <small>Calculated</small>	2.99	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	1.41		0.8 - 3.1
SGOT (AST) <small>Siemens/37C</small>	26.00	U/L	15 - 37
SGPT (ALT) <small>Siemens/37C</small>	48.00	U/L	14 - 59
Alakaline Phosphatase <small>Siemens/37C</small>	102.00	U/L	46 - 116
Total Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.89	mg/dL	0.2 - 1
Conjugated Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.07	mg/dL	0 - 0.20
Unconjugated Bilirubin <small>Suph acid ip/calf-benz</small>	0.82	mg/dL	0.0 - 1.1

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