

Shalby MD Physician Clinic

OPR NO:

Patient Name:-

Shalby Shafiq

Date: 26/10/24

Age / Sex:-

33/5

Weight:- 71.3kg

Chief Complaints:-

♀ mild back pain

Height:- 1.51cm

Nutritional assessment:-

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

Drug / Food Allergy:-

Family History:-

None
- Father - DM

Pulse:- 76 min

BP:- 110/70

SpO2:- 99%

Physical Examination:-

ok
M
R
W
A
P

Provisional Diagnosis:-

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

CIN: L85110GJ2004PLC044667

OL 217

Lot 133

H&A 5.7

an storage as aspland

l

Fup + 3000

U

S Wood Rattle

H&A 10



Pre - op

Post- op

Health Check-up

Date : 26/10/24

Patient Reg. No. : _____

Patient Name : Shalbet S. Dsouza Age / Sex : 33 / F

Address : _____

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 : to be treated

Missing Teeth : 5/6 Mobility : _____

Treatment Advised :

Scaling : Sittings 1 2 3 Deep

Perio Surgery : _____

Restoration : _____

Class V Fillings : _____

RCT : 5/6

Extraction : _____

Dentures : _____

Partial Denture : _____

Implants : 5/6

Crown & Bridge Present : _____

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :

Some Golden Rules :

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be performed in an well maintained.

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

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

Adv: Intentional RIT 6/

Implant 6/

Jadav P.

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

DR. RUJUTA SHELAT
Consultant Ophthalmologists
Reg. No.: - G-48712

Name:- Shallet D502w

Date:- 26-10-24

Chief Complaints:-

- N/H/O recent eye complaints.
- Came for regular checkup.



Pain Assessment:-

Past History:-

} Nil

Family History:-

Allergy:- Not aware.

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

General Examination:-

BP: - Pulse: - Temp: -

Systemic Examination:-

HT: - Nil WT: - Nil

Visual Acuity: - $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$ NG

PH Vision:-

NCT $\left\{ \begin{array}{l} 12 \\ 12 \end{array} \right.$

ON Examination

Ant. Segment

Both Eye

CoNL

PACO = ICT

CoNL

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CIN: L85110GJ2004PLC044667

Cornea

clear

clear Anterior Chamber

Lens

Fundus

Rt. EYE

Lt. EYE

CONV

Media:-

Disc: -

Blood Vessel:-

Background:-

Macula:-

Diagnosis:-

- BE : Emmetropic

Investigation:-

Treatment:-

Nutritional Assessment:-

Preventive Care & Counselling:-

Follow Up ON:-

1 year

Signature of the Consultant

DR. Deepika Shrivastava

DR. HIMANI THAKER (VYAS)

M.S (Gynec)
Consultant Obstetrician & Gynecologist
Laparoscopic Surgeon
Infertility Specialist
Email-ID:- thaker.himani@gmail.com
Register No. G-31062

Shalby Women's Health Clinic

Name:- *Shelley*

Chief Complaints:-

Date: *28/10/24*

Weight:-

Height:-

OPR NO:-

Nutritional Assessment:-

- Obese
- Well Nourished
- Mild-Moderate Nourished
- Severely Mal-Nourished

LMP:- *22/10/24*

M/H:-

Clonit .
amp - 3-4 days R/O
30

O/H:-

OH - malignancy

P/H:-

F/H

Examination:-

PLA - soft

Provisional Diagnosis:-

PAP not taken as pt is in menses

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CIN: L85110GJ2004PLC044667

Treatment & Further Advices:-
(Write in Capital Letters)

Investigaion Adviced:-

Adv
fup next wk
for
PAL smear
←

[Handwritten mark]

Follow Up: _____ Date:- _____
Incase of emergency Please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



ID:
 Name:
 Sex: M
 Birth date: / /
 Age:
 years

Medications:

Symptoms:

History:

Heart rate

PR int

QRS dur

QT/QTc(E) int

QT/ORS/QT axis

RV5/SV1 amp

RV5+SV1 amp

85 bpm

124 ms

80 ms

346/388 ms

54/50/5

0.98/0.91 mV

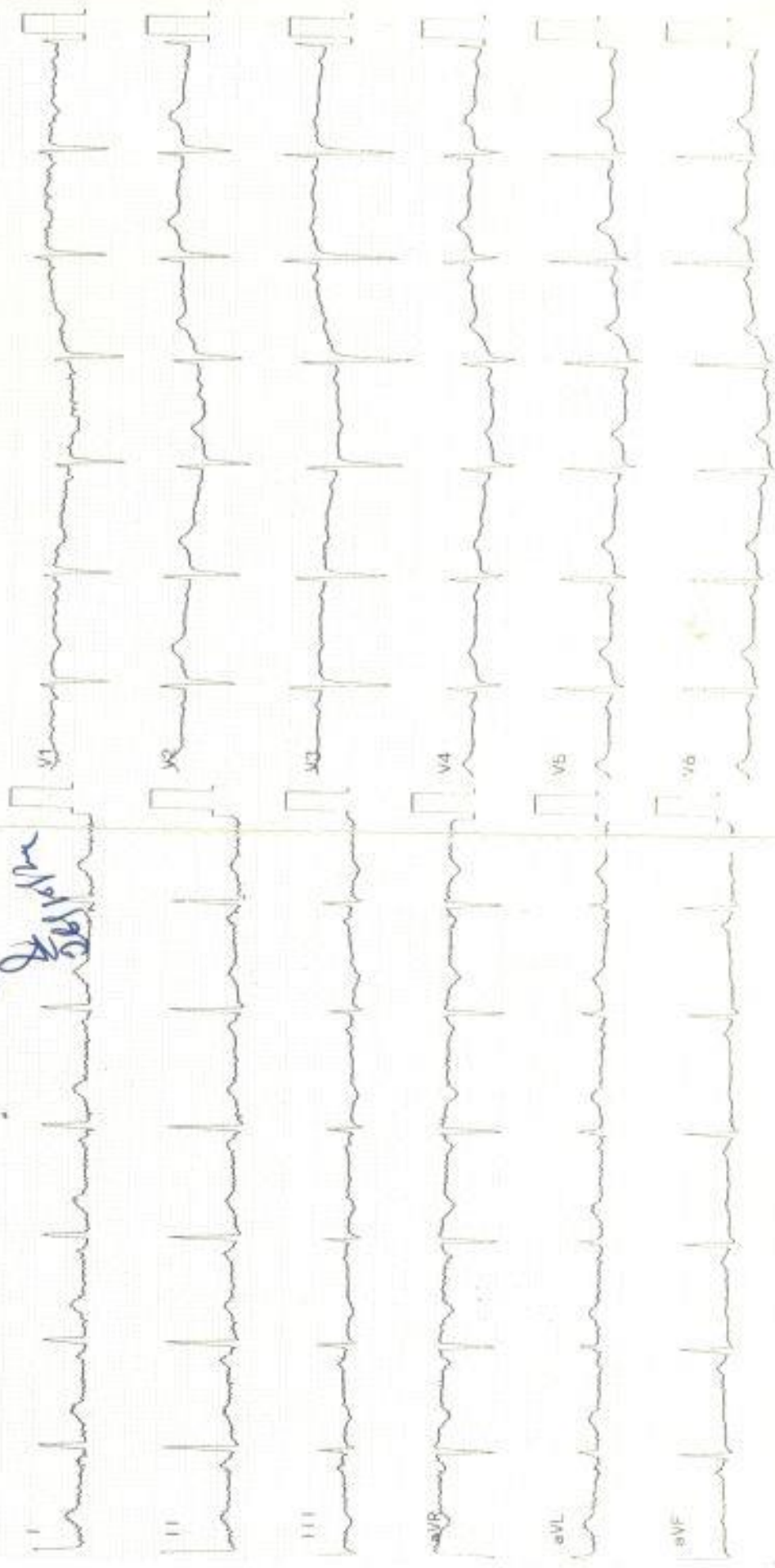
1.89 mV

10 mm/mV 25 mm/s Filter: H60 d 100 Hz

10 mm/mV

Unconfirmed Report
Reviewed by:

33 female
Shallet dsoyza



Patient's Name: Shallet Dsouza

UHID:277640

Age: 36 yrs / female

Date:26 / 10 / 2024

ECHOCARDIOGRAPHY REPORT**Valves:-**

Mitral valve :Normal, No MR

Aortic valve :Normal, No AR

Tricuspid valve :Normal, No TR

Pulmonary valve:Normal, No PR

Chambers:-

Left Atrium:Normal

Right Atrium:Normal

Right Ventricle:Normal size cavity,Good RV systolic function With TAPSE:20

Left Ventricle: Normal size cardiac chambers, No Regional wall Motion abnormality.
Normal LV systolic function
with Ejection Fraction 60 %.
Normal Diastolic Flow Pattern.

Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:13 mm with more than 50% collapsibility.

OTHER FINDINGS :- Bilateral lung angle clear**CONCLUSION:-**

- Normal LV Systolic function
- No RWMA
- EF 60 %

**DR.SUSHIL YADAV**

Consultant Clinical cardiologist

Note : Normal echo study does not rule out underlying Coronary artery disease**SHALBY HOSPITAL, SURAT**

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CIN: L85110GJ2004PLC044667

Patient Name: SHALLET STAJINA DSOUZA		UHID: SUR0000348304	
Age / Sex: 33 Yrs. / Female		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby hospital	Date: 26.10.2024	

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. 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. NITIN DESAI
CONSULTANT RADIOLOGIST

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Certificate No.: MC-529

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Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email: pathology.surat@shalby.in | Web: www.shalby.org

PID : SUR0000348304 OP-001

REPORT STATUS : Interim



Patient Name : **Mrs. Shallet Stajina Dsouza** / Registered On : 26-Oct-2024 09:08 AM
 Lab ID : 410901997 Collected On : 26-Oct-2024 08:28 AM
 Gender/Age : Female / 33 Years DOB : 11-Jan-1991 Received On : 26-Oct-2024 09:39 AM
 Ref. By : Health Check Up Shalby Sample Type : Fluoride F, Urine (PP),
 Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
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PLASMA GLUCOSE LEVEL

FASTING PLASMA GLUCOSE

Plasma Glucose (F)	92	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	Absent
------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	74	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :>=200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	ABSENT	mg/dL	Absent
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Glucose-oxidase/oxidase reaction

----- End of Report -----

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Approved On : 26-Oct-2024 01:03 PM

Dr Pankaj AgrawalM.B., D.C.P.
Consulting Pathologist

Patient ID:	SUR0000348304	Patient Name:	SHALLET S DSOUZA
Age:	33 Years	Sex:	F
Accession Number:	10654 MHC	Modality:	DX
Referring Physician:	DR SHALBY	Study:	CHEST PA
Study Date:	26-Oct-2024		

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. NITIN DESAI
CONSULTANT RADIOLOGIST

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PID : SUR0000348304 OP-001

REPORT STATUS : Interim



Patient Name : **Mrs. Shallet Stajina Dsouza** / Registered On : 26-Oct-2024 09:08 AM
 Lab ID : 410901997 Collected On : 26-Oct-2024 08:28 AM
 Gender/Age : Female / 33 Years DOB : 11-Jan-1991 Received On : 26-Oct-2024 09:35 AM
 Ref. By : Health Check Up Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <i>Colorimetric Non Cyanide</i>	13.9	g/dL	12.0 - 15.0
RBC COUNT <i>Electrical Impedance</i>	4.70	mill/cmm	3.8 - 4.8
HCT <i>Calculated</i>	42.2	%	36 - 46
MCV <i>Calculated based on the RBC histogram</i>	89.8	fL	83 - 101
MCH <i>Calculated</i>	29.6	pg	27 - 32
MCHC <i>Calculated</i>	32.9	g/dL	31.5 - 34.5
RDW <i>Calculated</i>	11.9	%	11.6 - 14.0

TOTAL LEUCOCYTE COUNT

Total WBC Count *Electrical Impedance* 8640 cells/cmm 4000 - 10000

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <i>Flow Cytometry</i>	66	%	40 - 80
LYMPHOCYTES <i>Flow Cytometry</i>	27	%	20 - 40
EOSINOPHILS <i>Flow Cytometry</i>	2	%	1 - 6
MONOCYTES <i>Flow Cytometry</i>	5	%	2 - 10
BASOPHIL <i>Flow Cytometry</i>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT <i>Electrical Impedance</i>	332000	/cmm	150000 - 410000
MPV <i>Calculated based on PLT Histogram</i>	8.2	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs Normochromic and Normocytic.
 WBCs Total and differential leucocyte counts are within normal limit.
 PLATELETs Adequate in number and normal in morphology.
 MALARIAL PARASITE Malarial parasites are not seen on smear examination.

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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Approved On : 26-Oct-2024 10:36 AM

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



Certificate No. : MC-2011

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PID : SUR0000348304 OP-001

REPORT STATUS : Interim



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Lab ID : 410901997	Collected On : 26-Oct-2024 08:28 AM
Gender/Age : Female / 33 Years	DOB : 11-Jan-1991
Ref. By : Health Check Up Shalby	Received On : 26-Oct-2024 09:35 AM
	Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type

"A"

RH Type

POSITIVE

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Dr Pankaj AgrawalM.B., D.C.P.
Consulting Pathologist

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Collected On : 26-Oct-2024 08:28 AM

Gender/Age : Female / 33 Years

DOB : 11-Jan-1991

Received On : 26-Oct-2024 09:35 AM

Ref. By : Health Check Up Shalby

Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour <i>Modified Westergren Method</i>	26	mm in 1 hour	0 - 20
HBA1C			
HbA1c - Glycated Haemoglobin <i>Boronate Affinity Assay</i>	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
Estimated Average Glucose (eAG) (mg/dL) <i>Calculated</i>	117	mg/dL	

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Consulting Pathologist


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Lab ID : 410901997	Collected On : 26-Oct-2024 08:28 AM
Gender/Age : Female / 33 Years	DOB : 11-Jan-1991
Ref. By : Health Check Up Shalby	Received On : 26-Oct-2024 09:38 AM
	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	217	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	134	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT <i>Phosphotungstic Acid/Mgo2 - Enzymatic</i>	57	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	160	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	133	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	27	mg/dL	6 - 38
LDL/dHDL <i>Calculated</i>	2.3		2.5 - 3.5
Chol/dHDL <i>Calculated</i>	3.8	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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 Ref. By : Health Check Up Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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THYROID PROFILE (TFT)

Total T3 <i>Chemiluminescence immunoassay (CLIA)</i>	108	ng/dL	87 - 178
Total T4 <i>Chemiluminescence immunoassay (CLIA)</i>	10.05	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
TSH <i>Chemiluminescence immunoassay (CLIA)</i>	4.097	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

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.

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

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BIOCHEMISTRY

Phosphorus (Not in NABL Scope) <i>Phosphomolybdate reduction (PMA Phenol)</i>	3.5	mg/dL	2.5 - 4.5
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Gender/Age : Female / 33 Years	DOB : 11-Jan-1991
Ref. By : Health Check Up Shalby	Received On : 26-Oct-2024 09:46 AM
	Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	<i>Glucose-oxidase/peroxidase reaction</i> Nil		Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i> Negative		Negative
Ketone	<i>Sodium Nitroprusside reaction</i> Nil		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> 6.0	PH value	4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i> Negative		Negative
Urobilinogen	<i>Modified Ehrlich reaction</i> Normal	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> Negative		Negative
Microscopic Examination			
Pus cells	4-5/hpf	/hpf	0-5/hpf
Red blood cells	2-3/hpf	/hpf	NIL/hpf
Epithelial cells	15-20/hpf	/hpf	NA
Crystals	Nil		Nil
Cast	Nil		Nil
Bacteria	Present		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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Dr Pankaj Agrawal

M.B., D.C.P.
Consulting Pathologist



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PID : SUR0000348304 OP-001

REPORT STATUS : Interim



Patient Name : Mrs. Shallet Stajina Dsouza / Registered On : 26-Oct-2024 09:08 AM
Lab ID : 410901997 Collected On : 26-Oct-2024 08:28 AM
Gender/Age : Female / 33 Years DOB : 11-Jan-1991 Received On : 26-Oct-2024 09:38 AM
Ref. By : Health Check Up Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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Liver Function Test**Liver Function Test**

SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	13	U/L	9 - 52
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	22	U/L	14 - 36
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	76	U/L	20-50 yrs.: 42 - 98 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT <i>L-gamma-glutamyl-4-methoxyaldehyglycylglycine Kinetic</i>	19	U/L	12 - 43
S. PROTEIN <i>Buret (Alkaline cupric sulfate), End Point</i>	7.9	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.0	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	3.9	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.0	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dipyridine/Diazonium Salt</i>	0.5	mg/dL	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 Adult : 0.2 - 1.3
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.2	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.3	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

----- End of Report -----

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