

DR. DILIP B GHEEWALA

M.D. (Medicine)

Reg No: G 17770,

Mo: 9825338408

Consultant Physician & Ex. Professor Of Medicine

OPD Days: Monday, Saturday

Shalby MD Physician Clinic

OPR NO:

Patient Name:- *Rutik Kaddai*

Age / Sex :- *54 M*

Chief Complaints:-

Date: *7-11-24*

Weight:- *78.2 kg*

Height:- *173 cm*

DM +

*T. Istamaac sk
50:500*

Allergic rhinitis +

MA2

Nutritional assessment:-

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

Drug / Food Allergy:-

Past History :-

Pulse:- *84 b/min*

BP:- *100/60 mm/hg*

SpO2:- *98.1*

Family History:-

Systemic Examination:-

*RT
LFT
PA
CNS* } *MA2*

Provisional Diagnosis:-

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

CIN: L85110GJ2004PLC044667

Investigation :-

Treatment and further advices:-
(Write in Capital Letters)

Rx (1) Tab. VILANSON M (30)
50:500
M.B.F.

Tab. GLIMISON M (60)
BL | — | BD

Tab. TORVOSON 10mg (30)
after 1 month
1 tab. daily
after dinner

Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Date:- _____

Incase of emergency please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660098



DR. RUJUTA SHELAT

Consultant Ophthalmologists

Reg. No.:- G-48712

Name:-

Ranjit Dargad

Date:-

7/09/2024

Chief Complaints:-

*(2r) upper lid styes
ga adams*

no other specific complaints

Numeric Rating Scale



Wong-Baker FACES[®] Pain Rating Scale



Pain Assessment:-

Past History:-

Family History:-

Allergy:- *no drugs allergies*

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

General Examination:-

BP:- Pulse:- Temp:-

Visual Acuity:- *6/12
6/18*

NCT *18
19*

ON Examination

Ant. Segment

Systemic Examination:-

HT:- WT:- *80kg eyes*

PH Vision:- *6/10
6/12*

Both Eye

orifices plugged out

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CIN: L85110GJ2004PLC044667

Cornea
Lens
Fundus

Yellow

Anterior Chamber

Rt. EYE

Lt. EYE

Media:-
Disc: -
Blood Vessel:-
Background:-
Macula:-
Diagnosis:-

pt. corneal lesion
Lathi

Investigation:-

① External hordeolum

Treatment:-

- Adv ①) ocular Eye ointment
- 2) milflex 1-1-1-1
- 3) WARM compression

Nutritional Assessment:-

Preventive Care & Counselling:-

Follow Up ON:-

2/3 days

Signature of the Consultant

Dr. Rakesh Sharma

Pre - op

Post - op

Health Check-up

Date : 7/9/24

Patient Reg. No. : _____

Patient Name : Raail saired Age / Sex : 59 / M

Address : Surat

Complaints :

Pain : _____

Bleeding gums : _____

Swelling : _____

Sensitivity : _____

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 : 7 Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep Perio Surgery : _____

Restoration : 16 Class V Fillings : _____

RCT : 1 Extraction : _____

Dentures : _____ Partial Denture : _____

Implants : _____ 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 a well maintained.

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

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

Adv: Scaling
 Restoration +6
 RCT +1

Jadav N.
Dr. Darshini V. Shah
 (Consultant Dental Surgeon)

7-Sep-2024 AM8:36:11

1100 Sinus rhythm
3633 Inferior myocardial infarction, probably old
9150 ** abnormal ECG **

Rafik Saïyed

Unconfirmed Report
Reviewed by:

years

ID:

Name:

Birth date: / / mm/yy

Sex: M

kg

indications:

symptoms:

history:

heart rate

PR int

QRS dur

QT/QTc (E) int

QT/QTc (T) axis

MS/SV1 amp

MS+SV1 amp

76 bpm

168 ms

102 ms

368/398 ms

33/ -6/ 8 °

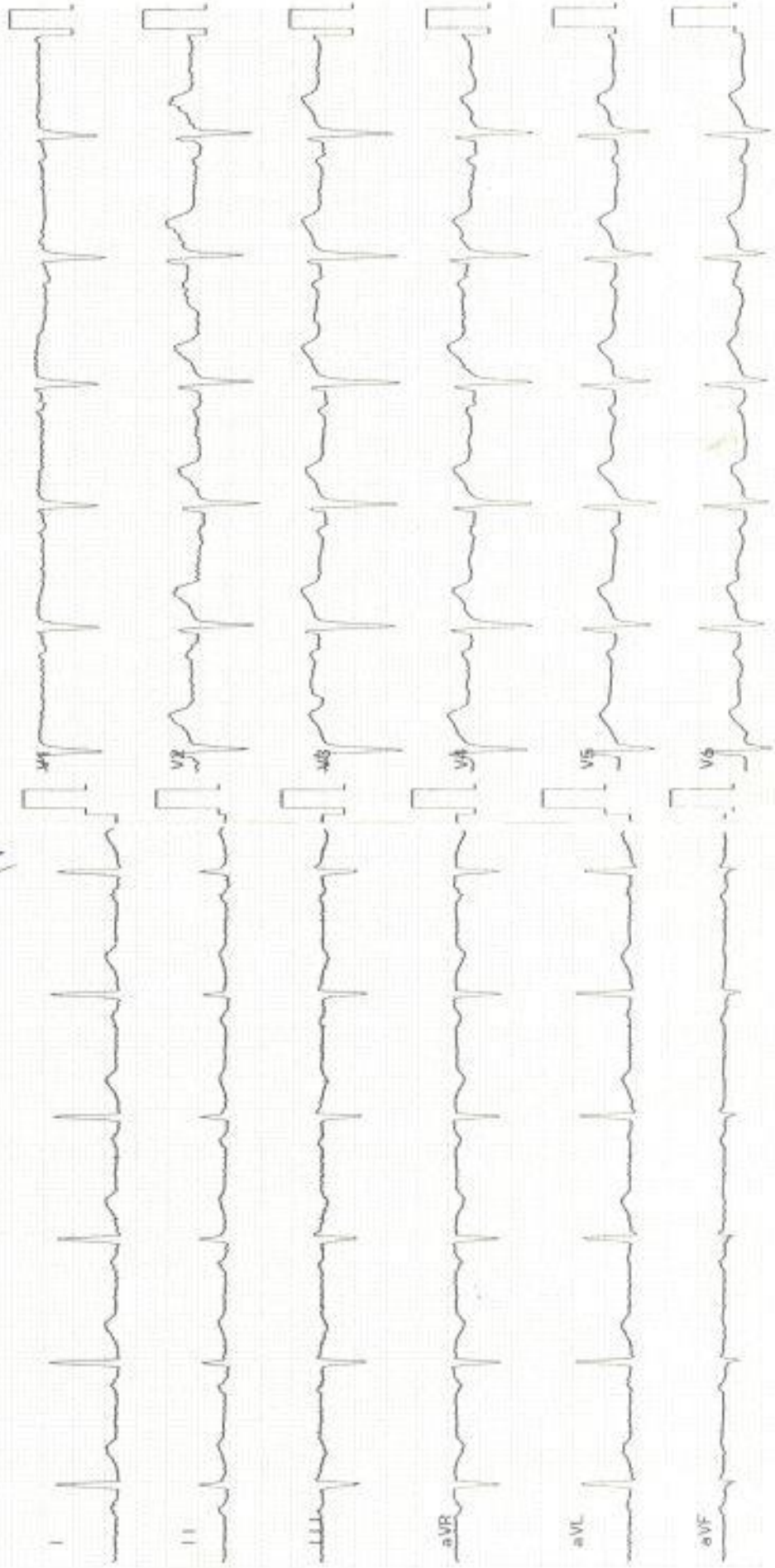
0.55/ 0.93 mV

1.48 mV

~~ENT~~

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

10 mm/mV



Patient's Name: Rafik Saiyed Hasan Kadari

UHID:370967

Age: 68 yrs / male

Date: 07 / 09 / 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:19

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

Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:11 mm with more than 50% collapsibility.

OTHER FINDINGS :- Bilateral lung angle clear

CONCLUSION:-

- Normal LV Systolic function
- No RWMA
- Grade I LVDD
- EF 60 %



DR.SUSHIL YADAV
Consultant Clinical cardiologist

Note : Normal echo study does not rule out underlying Coronary artery disease

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CIN: L85110GJ2004PLC044667

Patient Name: RAFIK SAIYED HASAN KADARI	UHID:370967
Age / Sex: 59 Yrs. / Male	Study: USG Abdomen + Pelvis
Referred By: Dr. at shalby Hospital	Date: 07.09.2024

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size shows grade I fatty changes. 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.

Prostate is normal in size. It has smooth outlines and normal reflectivity.

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

IMPRESSION:

- **Grade I fatty liver.**

Thanks for referral.

DR.NITIN DESAI
(CONSULTANT RADIOLOGIST)

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CIN: L85110GJ2004PLC044667

RAFIQ
24.09.07-10:18:48-OST-1.3.12.2.1107

19:19:58 AM 07-Sep-04 RAFIQ
24.09.07-10:18:48-OST-1.3.12.2.1107

10:20:38 AM 07-Sep-04 RAFIQ
24.09.07-10:18:48-OST-1.3.12.2.1107

10:00:13 AM 07-Sep-04



RAFIQ
24.09.07-10:18:48-OST-1.3.12.2.1107

10:20:18 AM 07-Sep-04 RAFIQ
24.09.07-10:18:48-OST-1.3.12.2.1107

10:20:38 AM 07-Sep-04 RAFIQ
24.09.07-10:18:48-OST-1.3.12.2.1107

10:00:31 AM 07-Sep-04



RAFIQ
24.09.07-10:18:48-OST-1.3.12.2.1107

10:20:38 AM 07-Sep-04 RAFIQ
24.09.07-10:18:48-OST-1.3.12.2.1107

10:21:07 AM 07-Sep-04 RAFIQ
24.09.07-10:18:48-OST-1.3.12.2.1107

10:00:10 AM 07-Sep-04



Patient ID:	<i>SUR0000370967</i>	Patient Name:	<i>RAFIQ SAIYED HASAN KADARI</i>
Age:	<i>59 Years</i>	Sex:	<i>F</i>
Accession Number:	<i>9016 MHC</i>	Modality:	<i>DX</i>
Referring Physician:	<i>DR SHALBY</i>	Study:	<i>CHEST PA</i>
Study Date:	<i>7-Sep-2024</i>		

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
(CONSULTANTRADIOLOGIST)

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CIN: L85110GJ2004PLC044667



Certificate No.: MC-529


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PID : SUR0000370967 OP-001

REPORT STATUS : Interim



Patient Name : Mr Rafik Saiyed Hasan Kadri	/	Registered On : 07-Sep-2024 08:43 AM
Lab ID : 409900509		Collected On : 07-Sep-2024 08:51 AM
Gender/Age : Male / 59 Years	DOB : 24-Mar-1965	Received On : 07-Sep-2024 08:54 AM
Ref. By : Health Check Up Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <small>Colorimetric Non Cyanide</small>	13.1	g/dL	13.0 - 17.0
RBC COUNT <small>Electrical Impedance</small>	5.30	mill/cmm	4.5 - 5.5
HCT <small>Calculated</small>	40.7	%	40 - 50
MCV <small>Calculated based on the RBC histogram</small>	76.7	fL	83 - 101
MCH <small>Calculated</small>	24.7	pg	27 - 32
MCHC <small>Calculated</small>	32.2	g/dL	31.5 - 34.5
RDW <small>Calculated</small>	13.1	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count <small>Electrical Impedance</small>	7840	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <small>Flow Cytometry</small>	56	%	40 - 80
LYMPHOCYTES <small>Flow Cytometry</small>	35	%	20 - 40
EOSINOPHILS <small>Flow Cytometry</small>	3	%	1 - 6
MONOCYTES <small>Flow Cytometry</small>	6	%	2 - 10
BASOPHIL <small>Flow Cytometry</small>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT <small>Electrical Impedance</small>	378000	/cmm	150000 - 410000
MPV <small>Calculated based on PLT Histogram</small>	8.0	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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Dr Pankaj Agrawal
Dr Pankaj Agrawal
 M.B., D.C.P.
 Consulting Pathologist


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Patient Name : Mr Rafik Saiyed Hasan Kadri /	Registered On : 07-Sep-2024 08:43 AM
Lab ID : 409900509	Collected On : 07-Sep-2024 08:51 AM
Gender/Age : Male / 59 Years	DOB : 24-Mar-1965
Received On : 07-Sep-2024 08:54 AM	Sample Type : EDTA Whole Blood
Ref. By : Health Check Up Shalby	

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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	Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour <i>Modified Westergren Method</i>	19	mm in 1 hour	0 - 20
HBA1C HbA1c - Glycated Haemoglobin <i>Boronate Affinity Assay</i>	9.4	%	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>	223	mg/dL	

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 Lab ID : 409900509 Collected On : 07-Sep-2024 08:51 AM
 Gender/Age : Male / 59 Years DOB : 24-Mar-1965 Received On : 07-Sep-2024 10:37 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)	213	mg/dL	74 - 106
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	PRESENT[++]	mg/dL	Absent
------------------------	--------------------	-------	--------

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	318	mg/dL	Normal: 100-140 Impaired: 140-199 Diabetic :=>200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	PRESENT[+++]	mg/dL	Absent
-------------------------	---------------------	-------	--------

Glucose-oxidase/oxidase reaction

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Lab ID : 409900509	Collected On : 07-Sep-2024 08:51 AM
Gender/Age : Male / 59 Years	DOB : 24-Mar-1965
Ref. By : Health Check Up Shalby	Received On : 07-Sep-2024 08:55 AM
	Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	188	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	196	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT <i>Phosphotungstic Acid/MgCl₂ - Enzymatic</i>	63	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	125	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	86	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	39	mg/dL	6 - 38
LDL/dHDL <i>Calculated</i>	1.4		2.5 - 3.5
Chol/dHDL <i>Calculated</i>	3.0	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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 Lab ID : 409900509 Collected On : 07-Sep-2024 08:51 AM
 Gender/Age : Male / 59 Years DOB : 24-Mar-1965 Received On : 07-Sep-2024 11:16 AM
 Ref. By : Health Check Up Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID PROFILE (TFT)

Total T3	114	ng/dL	87 - 178
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Chemiluminescence immunoassay (CLIA)

T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	1-11 months	1.05-2.45
	1-5 years	1.05 - 2.69
	6-10 years	0.94-2.41
	11-15 years	0.82-2.13
	16-20 years	0.80-2.10

Total T4	15.51	µg/dL	99% Reference Interval (µg/dL) 4.82 - 15.65
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Chemiluminescence immunoassay (CLIA)

T4 Total in µg/dL	1-3 days	11.80-22.60
	4-7 days	Not Established
	1-2 weeks	9.80-16.60
	15-30 days	Not Established
	1-4 months	7.20-14.40
	4-12 months	7.80-16.50
	1-5 years	7.30-15.00
	5-10 years	6.40-13.30
	10-15 years	5.60-11.70

TSH	2.853	µIU/mL	0.38 - 5.33
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Chemiluminescence immunoassay (CLIA)

INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
 - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
 - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
 - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter, and
 - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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Ref. By : Health Check Up Shalby	Received On : 07-Sep-2024 11:16 AM
	Sample Type : Serum

PROSTATE SPECIFIC ANTIGEN 1.5 ng/mL 0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

Clinical Use:

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

Recommended Testing Intervals:

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

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



Certificate No. - MC-028


 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 : SUR0000370967 OP-001

REPORT STATUS : Interim



Patient Name : Mr Rafik Saiyed Hasan Kadri /	Registered On : 07-Sep-2024 08:43 AM
Lab ID : 409900509	Collected On : 07-Sep-2024 08:51 AM
Gender/Age : Male / 59 Years	DOB : 24-Mar-1965
Received On : 07-Sep-2024 08:55 AM	Sample Type : Serum
Ref. By : Health Check Up Shalby	

Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST

NABL Accredited Parameters

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	17	mg/dL	9 - 20
UREA <i>Calculated</i>	36	mg/dL	19 - 43
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.64	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	4.3	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	9.6	mg/dL	8.4 - 10.2
Sodium <i>Direct Ion Selective Electrode</i>	141	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.3	mmol/L	3.5 - 5.1
Chloride	103	mmol/L	98 - 107

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BIOCHEMISTRY

Phosphorus (Not in NABL Scope)

3.8

mg/dL

2.5 - 4.5

Phosphomolybdate reduction (PMA Phenol)

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Ref. By : Health Check Up Shalby	Received On : 07-Sep-2024 08:55 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/oxidase reaction</i> Present (++)		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> ≥1.030	S.G. value	1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i> Negative		Negative
pH	<i>Double Indicator principle</i> 5.0	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> Negative		Negative
Microscopic Examination			
Pus cells	3-4/hpf	/hpf	0-5/hpf
Red blood cells	Nil	/hpf	NIL/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Calcium oxalate		Nil
Cast	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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Parameter	Result	Unit	Biological Ref. Interval
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Liver Function Test**Liver Function Test****SGPT (ALTV)**

Multi Point Rate with P-5-P

18

U/L

21 - 72

SGOT (AST)

Multi Point Rate with P-5-P

18

U/L

17 - 59

Alkaline Phosphatase

Pi-PP, AMP Buffer

112

U/L

20-50 yrs : 53 - 128
4-19 yr : 54 - 369
>=51 yr : 56 - 119**GGT**

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

20

U/L

15 - 73

S. PROTEIN

Buret (Alkaline cupric sulfate), End Point

7.2

g/dL

6.3 - 8.2

Albumin

Bromocresol Green (BCG), Colorimetric

4.2

g/dL

3.5 - 5.0

S. GLOBULIN

Calculated

3.0

g/dL

2.3 - 3.6

A/G Ratio

Calculated

1.4

Ratio

1.0 - 2.3

Bilirubin Total

Azobilirubin/Diaphysine-Diazonium Salt

0.4

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**Bilirubin Unconjugated**

End-point Colorimetric (Dual wavelength spectrophotometric)

0.4

mg/dL

Adult : 0.2 - 1.3

Unconjugated bilirubin

Adults: 0.0-1.1

Neonates: 0.6-10.5

Bilirubin Direct

Calculated

0.0

mg/dL

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

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

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