



UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



12655 250924

Name : MR. AKHIL MODI

LABID : 12655

Sample Collection : 25/09/2024 13:36

Age : 42 Yrs. Sex : M

Sample Received : 25/09/2024 13:36

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 25/09/2024 16:38

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

THYROID FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
T3	: 1.2	ng/dl	0.60-2.0 ng/dl
T4	: 6.45	µg/dl	5.0-13.0 µg/dl
TSH	: 2.10	µU/ml	0.4 - 6.0 µU/ml

Method:ELISA METHOD

Interpretation

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, subclinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis. Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and FT4 is to be done to determine hyper or hypothyroidism.

(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 16:38:58)



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Dhiraj Hivare
M.D. (PATH.)

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FASTING AND POSTPRANDIAL PLASMA GLUCOSE

Test	Result	Unit	Biological Ref. Range
Fasting Plasma Glucose Method: Hexokinase	: 82.57	mg/dl	70-110 mg/dl
Fasting Urine Glucose	: Absent		Absent
Fasting Urine Ketone	: Absent		Absent
Post Prandial Plasma Glucose (2 Hrs.after lunch)	: 96.50	mg/dl	70 to 140 mg/dl
PP Urine Glucose	: Sample Not Received		
PP Urine Ketone	: Sample Not Received		
Method : Glucose Oxidase Peroxidase (GOD/POD)			

AS PER AMERICAN DIABETES ASSOCIATION 2010 UPDATE

FASTING GLUCOSE LEVEL-

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : ≥ 126 mg/dl POSTPRANDIAL/POST GLUCOSE (75 grams)
- Normal glucose tolerance : 70-139 mg/dl - Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : ≥ 200 mg/dl CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS - Fasting plasma glucose ≥ 126 mg/dl - Classical symptoms +Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin $> 6.5\%$ ***Any positive criteria should be tested on subsequent day with same or other criteria.

BIOCHEMISRTY TEST DONE ON MERILYZER CLINIQUANT BIOCHEMISRTY ANALYZER

(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 19:37:53)



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COMPLETE BLOOD COUNT

Test	Result	Unit	Reference Range
Haemoglobin	14.2	gm/dl	14.0-18.0 gm/dl
<u>RBC PARAMETERS</u>			
Total R.B.C. Count	3.64	mill/cumm	4.5-6.5 mill/cumm
PCV	31.0	%	40-54 %
MCV	85.2	fl	76-90 fl
MCH	39.0	Pg	27-32 Pg
MCHC	45.8	gm/dl	30-35 gm/dl
RDW	12.0	%	11-14.5 %
<u>WBC PARAMETERS</u>			
Total W.B.C. Count	5400	per cumm	4000-11000 per cumm
Neutrophils	61	%	40-75 %
Lymphocytes	30	%	20-40 %
Monocytes	05	%	0 - 10 %
Eosoniphils	04	%	0 - 6 %
Basophils	0	%	0-1 %
Band Forms	0	%	0 - 0 %
<u>PLATELET PARAMETERS</u>			
Platelet Count	215000	per cu.mm.	150000 - 450000 per cu.mm.
MPV	10.5	fL	3-12 fL

PERIPHERIAL SMEAR FINDINGS:

WBC Morphology	:	Normal
RBC Morphology	:	Normocytic, Normochromic
Platelets on Smear	:	Adequate on smear.

EDTA Sample Procesed On a Fully Automated 3-Part Analyzer H-360

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GLYCOSYLATED-HAEMOGLOBIN (GHb)/ HbA1C BY HPLC

Test	Result	Unit	Reference Range
HbA1C	5.9	%	Normal : 4 - 6.2% Prediabetic : < 7 % Diabetes : > 8 %
Estimated average Glucose: (eAG)	122.63	mg / dl	70-140 mg / dl

Method: Particle enhanced immunoturbidimetric test

NOTE:

CLINICAL SIGNIFICANCE

Hemoglobin A1c (HbA1c) is a glycosylated hemoglobin which is formed by the non enzymatic reaction of glucose with native hemoglobin. This process runs continuously throughout the circulatory life of the red cell (average life time 100 - 120 days).

The rate of glycation is directly proportional to the concentration of glucose in the blood. The blood level of HbA1c represents the average blood glucose level over the preceding 6 to 8 weeks (due to the kinetics of erythrocyte turnover this period is more affected by the blood glucose level than the preceding weeks).

Therefore, HbA1c is suitable for retrospective long term monitoring of blood glucose concentration in individuals with diabetes mellitus. Clinical studies have shown that lowering of HbA1c level can help to prevent or delay the incidence of late diabetic complications. As the amount of HbA1c also depends on the total quantity of hemoglobin, the reported HbA1c value is indicated as a percentage of the total hemoglobin concentration. Falsely low values (low HbA1c despite high blood glucose) may occur in people with conditions with shortened red blood cell survival (hemolytic diseases) or significant recent blood loss (higher fraction of young erythrocytes). Falsely high values (high HbA1c despite normal blood glucose) have been reported in iron deficiency anemia (high proportion of old erythrocytes). These circumstances have to be considered in clinical interpretation of HbA1c values

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EXAMINATION OF URINE


Test	Result	Biological Ref. Range
PHYSICAL EXAMINATION		
QUANTITY (URINE) :	20 ML	
Colour :	Pale Yellow	
Appearance :	Clear	
Reaction (pH) :	6.0	4.5 - 8.0
Specific Gravity :	1.020	1.010 - 1.030
CHEMICAL EXAMINATION		
Protein :	Absent	Absent
Glucose :	Absent	Absent
Ketone :	Absent	Absent
Occult Blood :	Absent	Absent
Bilirubin :	Absent	Absent
Urobilinogen :	Absent	Normal
MICROSCOPIC EXAMINATION		
Epithelial Cells :	0 - 1 / hpf	
Pus cells :	1 - 2 / hpf	
Red Blood Cells :	Absent / hpf	
Casts :	Absent / lpf	Absent / lpf
Crystals :	Absent	Absent
OTHER FINDINGS		
Amorphous Deposits :	Absent	Absent
Yeast Cells :	Absent	Absent
Bacteria :	Absent	Absent
Mucus Threads :	Absent	
Spermatozoa :	Absent	

(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 19:38:06)

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Report Released : 25/09/2024 17:01

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BLOOD GROUP

Test	Result	Unit	Biological Ref. Range
ABO Group	: O		
RH Factor	: POSITIVE		

Slide agglutination test
Slide Agglutination Test
(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 17:01:16)

RENAL FUNCTION TESTS

Test	Result	Unit	Biological Ref. Range
Blood Urea Method: Urease UV/GLDH	: 32.10	mg/dl	10-50 mg/dl
Blood Urea Nitrogen	: 14.96	mg/dl	5-18 mg/dl
S. Creatinine Method: Modified Jaffe's	: 0.97	mg/dl	0.7-1.3 mg/dl
S. Uric Acid	: 5.1	mg/dl	3.5-7.2 mg/dl
Total Proteins	: 7.0	gm/dl	6.0-8.0 gm/dl
S. Albumin	: 3.9	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.10	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.26		0.90-2.00
Calcium	: 10.20	mg/dl	8.5-11.0 mg/dl
S. Phosphorus	: 3.6	mg/dl	2.5-5.0 mg/dl
S. Sodium	: 140.20	mmol/L	135-155 mmol/L
S. Potassium	: 3.97	mmol/L	3.5-5.0 mmol/L
S. Chloride	: 99.80	mmol/L	98-110 mmol/L

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

ELECTROLYTE TEST DONE ON EL-120 ANALYZER

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Age : 42 Yrs. Sex : M

Sample Collection : 25/09/2024 13:36

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Report Released : 25/09/2024 17:01

Vitamin - B12

Test	Result	Unit	Biological Ref. Range
Serum B12	: 198.6	pg/ml	183 - 822 pg/ml

Method:ELISA method

Interpretation:-

Vitamin B12 deficiency impacts red blood cell synthesis, resulting in megaloblastic anemia due to abnormal DNA synthesis. In addition it impairs neurological function, in particular de-myelination of nerves in part due to abnormal methylation, leading to peripheral neuropathy, dementia, poor cognitive performance and depression. Other effects of Vitamin B12 deficiency or depletion are increased risk of neural tubular defects , osteoporosis, cerebro-vascular and cardiovascular diseases. Vit B12 levels are decreased in megalobstic anemia,partial/total gastrectomy,perniciuos anemia,peripheral neuropathies,chronic alcoholism,senile dementia and treated epilepsy. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis. Holo Transcobalamin II levels are more accurate marker of active Vitamin B12 component. High levels of Vitamin B12 may be due to exogenous supplementation.

Note :-


Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Heterophilic antibodies and rheumatoid factors in samples may interfere with the test results. Patients routinely exposed to animal and animal serum products can be prone to this interference and anomolous values may be observed.


(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 19:38:47)

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ERYTHROCYTE SEDIMENTATION RATE (WESTERGREN'S)

Test	Result	Unit	Biological Ref. Range
E.S.R (Westergren)	: 19	mm at 1hr	0-20 mm at 1hr

Method : Westergren's

Done with: ErySed Random Access ESR analyzer

(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 19:38:54)

VITAMIN D3

Test	Result	Unit	Biological Ref. Range
25 (OH) VIT D	: 10.6	ng/ml	Deficiency: < 20 Insufficiency: 20-30 Sufficiency: 30-100 Hypervitaminosis: > 100
ELISA method			

Interpretation:

- Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) which is taken up with fortified food or given by supplements. 2. Vitamin D is biologically inert and must undergo two successive hydroxylations in the liver and kidney to become biologically active 1,25-dihydroxyvitamin D.
- Testing for 25(OH) Vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake.
- For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH) Vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.
- Deficiency causes: • Bone malformation, known as rickets. • Reduced efficiency in utilization of dietary calcium. • Muscle weakness: • Secondary hyperparathyroidism. • Lower bone mineral density.
- An inverse relationship exists between PTH and 25(OH)D levels, Parathyroid hormone levels start to rise at 25(OH)D levels below 31 ng/mL & usually decrease after the correction of vitamin D insufficiency. Thus, restoration of PTH and 25 (OH)D levels to normalcy after adequate vitamin D replacement therapy is a useful monitoring strategy.

Note

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Vitamin D toxicity is known, but rare. Heterophilic antibodies and rheumatoid factors in the samples may interfere with the test results. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous values may be observed. Kindly correlate clinically and repeat with fresh sample if indicated.

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Report Released : 25/09/2024 19:39

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

REPORT ON PROSTATE SPECIFIC ANTIGEN

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
PSA IN PATIENT'S SERUM ECLIA	: 1.64	ng/ml	0.00-4.00 ng/ml
TEST DONE WITH	: ELISA METHOD		

NOTE :

Prostate specific antigen is a seminal fluid protein produced by normal and malignant epithelial cells of prostate gland and is recognized as a tumour marker for evaluation of prostate cancer activity.

In normal individuals, S.PSA levels do not exceed 4.0 ng/ml.

S.PSA level is useful in detection of cancer of prostate gland and in detection of recurrence of prostate cancer after radical prostatectomy. Serum PSA levels may also be elevated in conditions like BPH, UTI, Digital rectal examination, Transurethral ultrasonography. Confirmation of prostate cancer can be done by transrectal ultrasonography and prostate biopsy.

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LIPID PROFILE

Test	Result	Unit	Reference Range
Total Cholesterol	: 198.5	mg/dl	Desirable <200 Borderline high 200 - 239 High >240
S. Triglyceride	: 135.60	mg/dl	Desirable <150 Borderline high 150 - 199 High 200 - 499 Very high >500
HDL Cholesterol	: 35.60	mg/dl	Desirable >60 Borderline 40 - 60 Low <40
LDL Cholesterol	: 135.78	mg/dl	Optimal <100 Near optimal 100 - 129 Borderline high 130 - 159 High 160 - 189 Very high >190
VLDL Cholesterol	: 27.1	mg/dl	5 - 30 mg/dl
TC/HDL Ratio	: 5.6		0 - 4.5
LDL/HDL Ratio	: 3.8		0-3.5

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120.

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REPORT OF GAMMA GT

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
SERUM GAMMA GT	: 26.5	IU/L	11-50 IU/L

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LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total)	: 0.64	mg/dl	0-1.2 mg/dl
S. Bilirubin (Direct)	: 0.13	mg/dl	0-0.40 mg/dl
S. Bilirubin (Indirect)	: 0.51	mg/dl	0-0.55 mg/dl
S. G. O.T	: 36.50	IU/L	0-42 IU/L
S. G. P. T	: 28.40	IU/L	0-42 IU/L
S. Alkaline Phosphatase	: 169.80	IU/L	40-306 IU/L
Total Proteins	: 7.00	gm/dl	6.-8 gm/dl
S. Albumin	: 3.9	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.10	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.26		0.90-2.00

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 19:40:05)

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Reg. No.

Date : 25/9/24

Hb Urine Stool Vaccine ECG 2D Echo TMT X-Ray PFT Audio USG OPT Dr.

Employee's Name : ARHLL Modi

Blood Group : O+ve

Age/Sex : 42 / M

Contact No. : 9320107111

With Glass / Without Glasses

	Rt.	Lt.
NEAR	N18	N16
DISTANT	619	616
COLOUR VISION	(N)	(N)

PHYSIOLOGIC PARAMETERS :

Ht. (Cms.) Wt. (Kgs.) BMI
166cms 57.3kg

GENERAL EXAMINATION SpO₂ = 96%
 Pulse (Min) : 82 / m BP (mm Hg) : 120/80 mmHg
 R.R. (Min) : 21 / min Temp. : afebrile
 Pallor : no Icterus : -
 Clubbing : -

COMPLAINTS : (Specify if any)

No any fresh complaints

ENT EXAMINATION (Specify if Abnormal)
 Ear (N) Nose (N) Tongue (N)
 Teeth (N) Tonsils (N) Gums (N)

PAST HISTORY : NIL

SYSTEMIC EXAMINATION
 LOCOMOTOR SYSTEM (N)
 RESPIRATORY SYSTEM clear
 CARDIOVASCULAR SYSTEM S1S2(N)
 CENTRAL NERVOUS SYSTEM conscious
 ABDOMEN soft
 GENITAL SYSTEM (N)
 MUSCULOSKELETAL SYSTEM (N)

FAMILY HISTORY : NIL

SURGICAL HISTORY : NIL

PERSONAL HISTORY (Addiction if any)
 Chronic / Frequent / Occasional : -
 Smoker / Tobacco Chewer / Alcoholic : -

PFT	MEANS	PRED	% PRED
SVC			
FVC			
FEV1 / FVC			
Remark			
Audiometry	Frequency in Hz		
	500	1000	2000 4000 6000 8000
Right Ear			
Left Ear			
Remark			

DOCTOR SIGNATURE

[Handwritten Signature]



Patient is fit for further procedure



Name - Mr. Akhil Modi	Age - 42 Y/M
Ref by dr.- Siddhivinayak Hospital	Date - 25/09/2024

USG ABDOMEN & PELVIS

Findings:-

The **liver** dimension is normal in size (14.5 cm) it appears normal in morphology with normal echogenicity. No evidence of intrahepatic ductal dilatation.

The **gb**-gallbladder is distended normally. Wall thickness is normal.

The **cbd**- common bile duct is normal. The portal vein is normal.

The **pancreas** appears normal in morphology.

The **spleen** is normal in size (11.5 cm) and show normal morphology.

Both **kidneys** demonstrate normal morphology.

Both kidneys show normal cortical echogenicity.

The right kidney measures 9.8 x 5.4 cm

The left kidney measures 9.9 x 4.9 cm.

Urinary bladder: -normally distended. Wall thickness - normal.

Prostate is normal in size .

No **free fluid** is seen.

Impression:-

- No obvious significant abnormality detected.

DR. AMOL BENDRE
MBBS; DMRE
CONSULTANT RADIOLOGIST



male 42 Years BP = 120/80 mmHg HR : 76 bpm

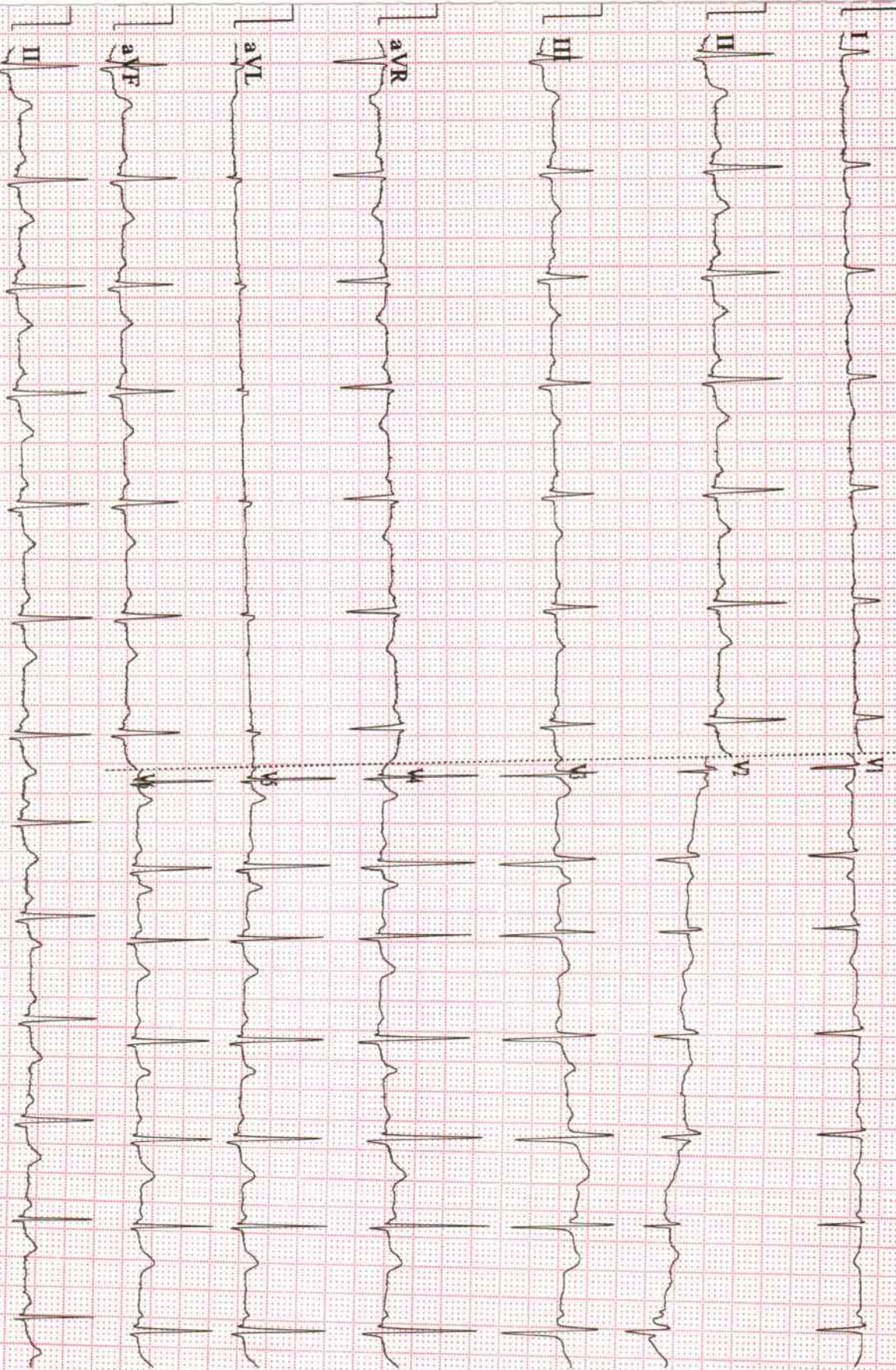
HT = 166 cms = 107 = 54kg P : 114 ms

SP02 = 96% PR = 82 ms QT/QTcBz : 387/435 ms

RV5/SV1 : 1.397/0.758 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



Normal Sinus Rhythm

Normal axis
No significant changes
Date - 7/6/2024
concrete clinically

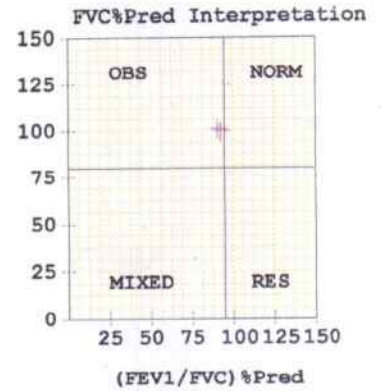
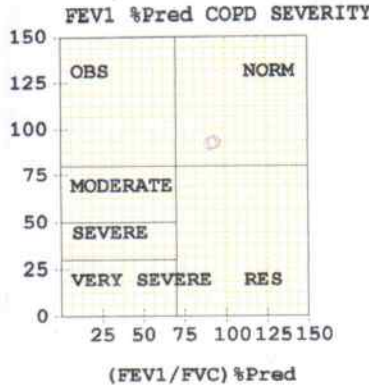
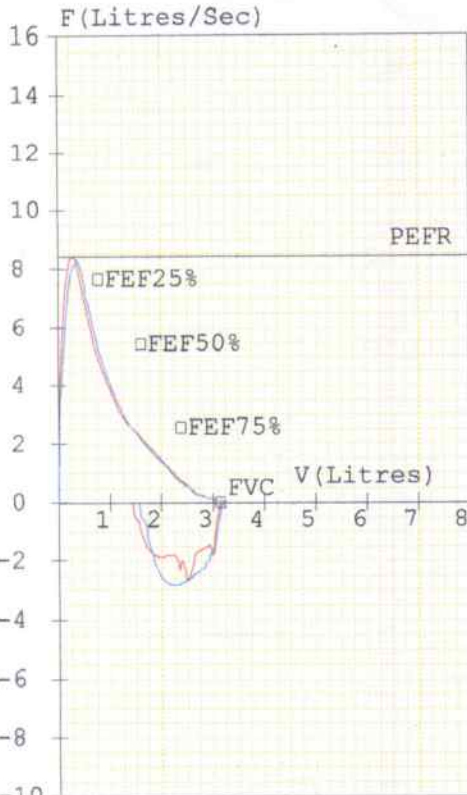
6

PULMONARY FUNCTION TEST

Patient: AKHIL MODI
 Refd. By: DR ABHIJEET PANCHOLI
 Pred. Eqns: RECORDERS
 Date : 25-Sep-2024 11:49 AM

Age : 42 Yrs
 Height : 165 Cms
 Weight : 57 Kgs
 ID : 392

Gender : Male
 Smoker : No
 Eth. Corr: 100
 Temp :



FVC Results

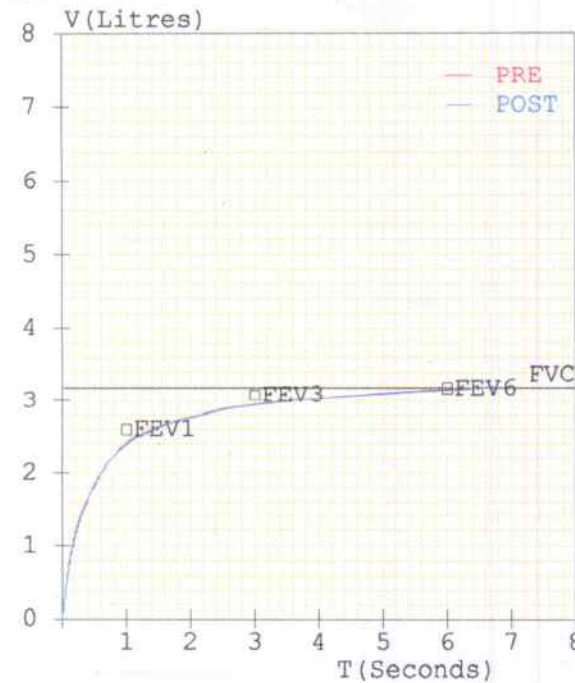
Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC (L)	03.17	03.18	100	03.20	101	+01
FEV1 (L)	02.59	02.41	093	02.39	092	-01
FEV1/FVC (%)	81.70	75.79	093	74.69	091	-01
FEF25-75 (L/s)	03.76	01.83	049	01.77	047	-03
PEFR (L/s)	08.42	08.39	100	08.29	098	-01
FIVC (L)	-----	01.73	---	01.62	---	-06
FEV.5 (L)	-----	01.84	---	01.85	---	+01
FEV3 (L)	03.08	02.96	096	02.95	096	---
PIFR (L/s)	-----	02.63	---	02.80	---	+06
FEF75-85 (L/s)	-----	00.44	---	00.42	---	-05
FEF.2-1.2 (L/s)	06.50	05.01	077	05.27	081	+05
FEF 25% (L/s)	07.66	04.75	062	05.09	066	+07
FEF 50% (L/s)	05.43	02.21	041	02.16	040	-02
FEF 75% (L/s)	02.57	00.74	029	00.66	026	-11
FEV.5/FVC (%)	-----	57.86	---	57.81	---	---
FEV3/FVC (%)	97.16	93.08	096	92.19	095	-01
FET (Sec)	-----	06.35	---	06.70	---	---
ExptTime (Sec)	-----	00.03	---	00.04	---	---
Lung Age (Yrs)	042	045	107	045	107	---
FEV6 (L)	03.17	03.17	100	03.17	100	---
FIF25% (L/s)	-----	01.14	---	01.35	---	+18
FIF50% (L/s)	-----	00.40	---	00.65	---	+62
FIF75% (L/s)	-----	00.08	---	00.20	---	+150

Pre Test COPD Severity

Test within normal limits

Post Test COPD Severity

Test within normal limits



Pre Medication Report Indicates

Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
 Mild Obstruction as (FEV1/FVC)%Pred <95 and FVC%Pred >80

Post Medication Report Indicates

Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
 Mild Obstruction as (FEV1/FVC)%pred <95 and FVC%Pred >80





Patient ID.	PAT000704	StudyDate	25-09-2024
PatientName	AKHIL MODI	Age/Sex	042Y/M
Ref By	SIDDHIVINAYAK HOSPITAL	Study	CHEST

RADIOGRAPH OF CHEST PA VIEW

FINDINGS :-

The lungs on either side show equal translucency.
The peripheral pulmonary vasculature is normal.
No focal lung lesion is seen.
Bilateral CP angles are normal.
Both hila are normal in size, have equal density, and bear normal relationships.
The heart and trachea are central in position and no mediastinal abnormality is visible.
The cardiac size is normal.
The domes of the diaphragms are normal in position and show a smooth outline.

IMPRESSION :-

- No significant abnormality detected.

ADVICE :- Clinical correlation and follow up.



Dr. MANISH JOSHI
MBBS, DMRE
CONSULTANT RADIOLOGIST
Reg.no.2018041145

Disclaimer: It is an online interpretation of medical imaging based on clinical data. All modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patients identification in online reporting is not established, so in no way this report can be utilized for any medico legal purpose. In case of any discrepancy due to typing error or machinery error please get it rectified immediately.



ECHOCARDIOGRAM

NAME	MR. AKHIL MODI
AGE/SEX	42 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	25/09/2024

2D/M-MODE ECHOCARDIOGRAPHY

VALVES: MITRAL VALVE: <ul style="list-style-type: none"> • AML: Normal • PML: Normal • Sub-valvular deformity: Absent AORTIC VALVE: Normal <ul style="list-style-type: none"> • No. of cusps: 3 PULMONARY VALVE: Normal TRICUSPID VALVE: Normal	CHAMBERS: LEFT ATRIUM: Normal <ul style="list-style-type: none"> • Left atrial appendage: Normal LEFT VENTRICLE: Normal <ul style="list-style-type: none"> • RWMA: No • Contraction: Normal RIGHT ATRIUM: Normal RIGHT VENTRICLE: Normal <ul style="list-style-type: none"> • RWMA: No • Contraction: Normal
GREAT VESSELS: <ul style="list-style-type: none"> • AORTA: Normal • PULMONARY ARTERY: Normal 	SEPTAE: <ul style="list-style-type: none"> • IAS: Intact • IVS: Intact
CORONARIES: Proximal coronaries normal CORONARY SINUS: Normal PULMONARY VEINS: Normal	VENACAVAE: <ul style="list-style-type: none"> • SVC: Normal • IVC: Normal and collapsing >20% with respiration PERICARDIUM: Normal

MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	20 mm	Left atrium	33 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	43.7 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	27.0 mm	RVEF	%
Ascending aorta	mm	IVSd	8.1mm	TAPSE	mm
Arch of aorta	mm	LVPWd	8.1 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	68 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	14.0 mm



COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MR. AKHIL MODI
AGE/SEX	42 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	25/092024

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			1.12	0.97
PPG (mmHg)				
MPG (mmHg)				
VALVE AREA (cm ²)				
DVI (ms)				
PR END DIASTOLIC VELOCITY (m/s)				
ACCELERATION/ DECELERATION TIME (ms)				
PHT (ms)				
VENA CONTRACTA (mm)				
REGURGITATION		TRJV= m/s PASP= mmHg		
E/A	1.5			
E/E'	7.2			

FINAL IMPRESSION: NORMAL STUDY

- No RWMA
- Normal LV systolic function (LVEF 68 %)
- Good RV systolic function
- Normal diastolic function
- All cardiac valves are normal
- All cardiac chambers are normal
- IAS/IVS intact
- No pericardial effusion/ clot/vegetations

ADVICE: Nil

ECHOCARDIOGRAPHER:

Dr. ANANT MUNDE

DNB, DM (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST



UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



12655 250924

Name : MR. AKHIL MODI

LABID : 12655

Sample Collection : 25/09/2024 13:36

Age : 42 Yrs. Sex : M

Sample Received : 25/09/2024 13:36

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 25/09/2024 16:38

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

THYROID FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
T3	: 1.2	ng/dl	0.60-2.0 ng/dl
T4	: 6.45	µg/dl	5.0-13.0 µg/dl
TSH	: 2.10	µU/ml	0.4 - 6.0 µU/ml

Method:ELISA METHOD

Interpretation

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, subclinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis. Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and FT4 is to be done to determine hyper or hypothyroidism.

(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 16:38:58)



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Dhiraj Hivare
M.D. (PATH.)

**Sample has been collected outside the laboratory. The results pertain to the sample received.



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Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



12655 250924

Name : MR. AKHIL MODI

LABID : 12655

Sample Collection : 25/09/2024 13:36

Age : 42 Yrs. Sex : M

Sample Received : 25/09/2024 13:36

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 25/09/2024 16:38

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

FASTING AND POSTPRANDIAL PLASMA GLUCOSE

Test	Result	Unit	Biological Ref. Range
Fasting Plasma Glucose Method: Hexokinase	: 82.57	mg/dl	70-110 mg/dl
Fasting Urine Glucose	: Absent		Absent
Fasting Urine Ketone	: Absent		Absent
Post Prandial Plasma Glucose (2 Hrs.after lunch)	: 96.50	mg/dl	70 to 140 mg/dl
PP Urine Glucose	: Sample Not Received		
PP Urine Ketone	: Sample Not Received		
Method : Glucose Oxidase Peroxidase (GOD/POD)			

AS PER AMERICAN DIABETES ASSOCIATION 2010 UPDATE

FASTING GLUCOSE LEVEL-

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : ≥ 126 mg/dl POSTPRANDIAL/POST GLUCOSE (75 grams)
- Normal glucose tolerance : 70-139 mg/dl - Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : ≥ 200 mg/dl CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS - Fasting plasma glucose ≥ 126 mg/dl - Classical symptoms +Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin $> 6.5\%$ ***Any positive criteria should be tested on subsequent day with same or other criteria.

BIOCHEMISRTY TEST DONE ON MERILYZER CLINIQUANT BIOCHEMISRTY ANALYZER

(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 19:37:53)



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Dhiraj Hivare
M.D. (PATH.)

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S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



Name : MR. AKHIL MODI

LABID : 12655

Sample Collection : 25/09/2024 13:36

Age : 42 Yrs. Sex : M

Sample Received : 25/09/2024 13:36

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 25/09/2024 16:38

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

COMPLETE BLOOD COUNT

Test	Result	Unit	Reference Range
Haemoglobin	14.2	gm/dl	14.0-18.0 gm/dl
<u>RBC PARAMETERS</u>			
Total R.B.C. Count	3.64	mill/cumm	4.5-6.5 mill/cumm
PCV	31.0	%	40-54 %
MCV	85.2	fl	76-90 fl
MCH	39.0	Pg	27-32 Pg
MCHC	45.8	gm/dl	30-35 gm/dl
RDW	12.0	%	11-14.5 %
<u>WBC PARAMETERS</u>			
Total W.B.C. Count	5400	per cumm	4000-11000 per cumm
Neutrophils	61	%	40-75 %
Lymphocytes	30	%	20-40 %
Monocytes	05	%	0 - 10 %
Eosoniphils	04	%	0 - 6 %
Basophils	0	%	0-1 %
Band Forms	0	%	0 - 0 %
<u>PLATELET PARAMETERS</u>			
Platelet Count	215000	per cu.mm.	150000 - 450000 per cu.mm.
MPV	10.5	fL	3-12 fL

PERIPHERIAL SMEAR FINDINGS:

WBC Morphology	:	Normal
RBC Morphology	:	Normocytic, Normochromic
Platelets on Smear	:	Adequate on smear.

EDTA Sample Procesed On a Fully Automated 3-Part Analyzer H-360

(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 16:39:46)



Checked By -

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Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



Name : MR. AKHIL MODI

LABID : 12655

Sample Collection : 25/09/2024 13:36

Age : 42 Yrs. Sex : M

Sample Received : 25/09/2024 13:36

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 25/09/2024 16:38

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

GLYCOSYLATED-HAEMOGLOBIN (GHb)/ HbA1C BY HPLC

Test	Result	Unit	Reference Range
HbA1C	5.9	%	Normal : 4 - 6.2% Prediabetic : < 7 % Diabetes : > 8 %
Estimated average Glucose: (eAG)	122.63	mg / dl	70-140 mg / dl

Method: Particle enhanced immunoturbidimetric test

NOTE:

CLINICAL SIGNIFICANCE

Hemoglobin A1c (HbA1c) is a glycosylated hemoglobin which is formed by the non enzymatic reaction of glucose with native hemoglobin. This process runs continuously throughout the circulatory life of the red cell (average life time 100 - 120 days).

The rate of glycation is directly proportional to the concentration of glucose in the blood. The blood level of HbA1c represents the average blood glucose level over the preceding 6 to 8 weeks (due to the kinetics of erythrocyte turnover this period is more affected by the blood glucose level than the preceding weeks).

Therefore, HbA1c is suitable for retrospective long term monitoring of blood glucose concentration in individuals with diabetes mellitus. Clinical studies have shown that lowering of HbA1c level can help to prevent or delay the incidence of late diabetic complications. As the amount of HbA1c also depends on the total quantity of hemoglobin, the reported HbA1c value is indicated as a percentage of the total hemoglobin concentration. Falsely low values (low HbA1c despite high blood glucose) may occur in people with conditions with shortened red blood cell survival (hemolytic diseases) or significant recent blood loss (higher fraction of young erythrocytes). Falsely high values (high HbA1c despite normal blood glucose) have been reported in iron deficiency anemia (high proportion of old erythrocytes). These circumstances have to be considered in clinical interpretation of HbA1c values

(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 19:38:00)

----- End Of Report -----



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Dhiraj Hivare
M.D. (PATH.)

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UNIVERSAL DIAGNOSTIC CENTRE

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Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



Name : MR. AKHIL MODI

LABID : 12655

Sample Collection : 25/09/2024 13:36

Age : 42 Yrs. Sex : M

Sample Received : 25/09/2024 13:36

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 25/09/2024 19:38

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

EXAMINATION OF URINE

Test	Result	Biological Ref. Range
PHYSICAL EXAMINATION		
QUANTITY (URINE) :	20 ML	
Colour :	Pale Yellow	
Appearance :	Clear	
Reaction (pH) :	6.0	4.5 - 8.0
Specific Gravity :	1.020	1.010 - 1.030
CHEMICAL EXAMINATION		
Protein :	Absent	Absent
Glucose :	Absent	Absent
Ketone :	Absent	Absent
Occult Blood :	Absent	Absent
Bilirubin :	Absent	Absent
Urobilinogen :	Absent	Normal
MICROSCOPIC EXAMINATION		
Epithelial Cells :	0 - 1 / hpf	
Pus cells :	1 - 2 / hpf	
Red Blood Cells :	Absent / hpf	
Casts :	Absent / lpf	Absent / lpf
Crystals :	Absent	Absent
OTHER FINDINGS		
Amorphous Deposits :	Absent	Absent
Yeast Cells :	Absent	Absent
Bacteria :	Absent	Absent
Mucus Threads :	Absent	
Spermatozoa :	Absent	

(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 19:38:06)

----- End Of Report -----



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Dhiraj Hivare
M.D. (PATH.)

**Sample has been collected outside the laboratory. The results pertain to the sample received.



UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



Name : MR. AKHIL MODI

LABID : 12655

Sample Collection : 25/09/2024 13:36

Age : 42 Yrs. Sex : M

Sample Received : 25/09/2024 13:36

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 25/09/2024 17:01

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

BLOOD GROUP

Test	Result	Unit	Biological Ref. Range
ABO Group	: O		
RH Factor	: POSITIVE		

Slide agglutination test
Slide Agglutination Test
(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 17:01:16)

RENAL FUNCTION TESTS

Test	Result	Unit	Biological Ref. Range
Blood Urea Method: Urease UV/GLDH	: 32.10	mg/dl	10-50 mg/dl
Blood Urea Nitrogen	: 14.96	mg/dl	5-18 mg/dl
S. Creatinine Method: Modified Jaffe's	: 0.97	mg/dl	0.7-1.3 mg/dl
S. Uric Acid	: 5.1	mg/dl	3.5-7.2 mg/dl
Total Proteins	: 7.0	gm/dl	6.0-8.0 gm/dl
S. Albumin	: 3.9	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.10	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.26		0.90-2.00
Calcium	: 10.20	mg/dl	8.5-11.0 mg/dl
S. Phosphorus	: 3.6	mg/dl	2.5-5.0 mg/dl
S. Sodium	: 140.20	mmol/L	135-155 mmol/L
S. Potassium	: 3.97	mmol/L	3.5-5.0 mmol/L
S. Chloride	: 99.80	mmol/L	98-110 mmol/L

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

ELECTROLYTE TEST DONE ON EL-120 ANALYZER

(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 19:38:31)



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Dhiraj Hivare
M.D. (PATH.)

**Sample has been collected outside the laboratory. The results pertain to the sample received.



UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



Name : MR. AKHIL MODI

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

LABID : 12655

Age : 42 Yrs. Sex : M

Sample Collection : 25/09/2024 13:36

Sample Received : 25/09/2024 13:36

Report Released : 25/09/2024 17:01

Vitamin - B12

Test	Result	Unit	Biological Ref. Range
Serum B12	: 198.6	pg/ml	183 - 822 pg/ml

Method:ELISA method

Interpretation:-

Vitamin B12 deficiency impacts red blood cell synthesis, resulting in megaloblastic anemia due to abnormal DNA synthesis. In addition it impairs neurological function, in particular de-myelination of nerves in part due to abnormal methylation, leading to peripheral neuropathy, dementia, poor cognitive performance and depression. Other effects of Vitamin B12 deficiency or depletion are increased risk of neural tubular defects , osteoporosis, cerebro-vascular and cardiovascular diseases. Vit B12 levels are decreased in megalobstic anemia,partial/total gastrectomy,perniciuos anemia,peripheral neuropathies,chronic alcoholism,senile dementia and treated epilepsy. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis. Holo Transcobalamin II levels are more accurate marker of active Vitamin B12 component. High levels of Vitamin B12 may be due to exogenous supplementation.

Note :-


Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Heterophilic antibodies and rheumatoid factors in samples may interfere with the test results. Patients routinely exposed to animal and animal serum products can be prone to this interference and anomolous values may be observed.


(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 19:38:47)

----- End Of Report -----



Checked By -


Preeti Jaiswar
Senior Technician
ADMLT


Dr. Dhiraj Hivare
M.D. (PATH.)

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UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



Name : MR. AKHIL MODI

LABID : 12655

Sample Collection : 25/09/2024 13:36

Age : 42 Yrs. Sex : M

Sample Received : 25/09/2024 13:36

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 25/09/2024 19:38

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

ERYTHROCYTE SEDIMENTATION RATE (WESTERGREN'S)

Test	Result	Unit	Biological Ref. Range
E.S.R (Westergren)	: 19	mm at 1hr	0-20 mm at 1hr

Method : Westergren's

Done with: ErySed Random Access ESR analyzer

(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 19:38:54)

VITAMIN D3

Test	Result	Unit	Biological Ref. Range
25 (OH) VIT D	: 10.6	ng/ml	Deficiency: < 20 Insufficiency: 20-30 Sufficiency: 30-100 Hypervitaminosis: > 100
ELISA method			

Interpretation:

- Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) which is taken up with fortified food or given by supplements. 2. Vitamin D is biologically inert and must undergo two successive hydroxylations in the liver and kidney to become biologically active 1,25-dihydroxyvitamin D.
- Testing for 25(OH) Vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake.
- For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH) Vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.
- Deficiency causes: • Bone malformation, known as rickets. • Reduced efficiency in utilization of dietary calcium. • Muscle weakness: • Secondary hyperparathyroidism. • Lower bone mineral density.
- An inverse relationship exists between PTH and 25(OH)D levels, Parathyroid hormone levels start to rise at 25(OH)D levels below 31 ng/mL & usually decrease after the correction of vitamin D insufficiency. Thus, restoration of PTH and 25 (OH)D levels to normalcy after adequate vitamin D replacement therapy is a useful monitoring strategy.

Note

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Vitamin D toxicity is known, but rare. Heterophilic antibodies and rheumatoid factors in the samples may interfere with the test results. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous values may be observed. Kindly correlate clinically and repeat with fresh sample if indicated.

(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 19:38:59)

----- End Of Report -----

Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Dhiraj Hivare
M.D. (PATH.)



**Sample has been collected outside the laboratory. The results pertain to the sample received.



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12655 250924

Name : MR. AKHIL MODI

LABID : 12655

Sample Collection : 25/09/2024 13:36

Age : 42 Yrs. Sex : M

Sample Received : 25/09/2024 13:36

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 25/09/2024 19:39

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

REPORT ON PROSTATE SPECIFIC ANTIGEN

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
PSA IN PATIENT'S SERUM ECLIA	: 1.64	ng/ml	0.00-4.00 ng/ml
TEST DONE WITH	: ELISA METHOD		

NOTE :

Prostate specific antigen is a seminal fluid protein produced by normal and malignant epithelial cells of prostate gland and is recognized as a tumour marker for evaluation of prostate cancer activity.

In normal individuals, S.PSA levels do not exceed 4.0 ng/ml.

S.PSA level is useful in detection of cancer of prostate gland and in detection of recurrence of prostate cancer after radical prostatectomy. Serum PSA levels may also be elevated in conditions like BPH, UTI, Digital rectal examination, Transurethral ultrasonography. Confirmation of prostate cancer can be done by transrectal ultrasonography and prostate biopsy.

(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 19:39:06)

----- End Of Report -----



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Name : MR. AKHIL MODI

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Age : 42 Yrs. Sex : M

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LIPID PROFILE

Test	Result	Unit	Reference Range
Total Cholesterol	: 198.5	mg/dl	Desirable <200 Borderline high 200 - 239 High >240
S. Triglyceride	: 135.60	mg/dl	Desirable <150 Borderline high 150 - 199 High 200 - 499 Very high >500
HDL Cholesterol	: 35.60	mg/dl	Desirable >60 Borderline 40 - 60 Low <40
LDL Cholesterol	: 135.78	mg/dl	Optimal <100 Near optimal 100 - 129 Borderline high 130 - 159 High 160 - 189 Very high >190
VLDL Cholesterol	: 27.1	mg/dl	5 - 30 mg/dl
TC/HDL Ratio	: 5.6		0 - 4.5
LDL/HDL Ratio	: 3.8		0-3.5

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120.

(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 19:39:23)

----- End Of Report -----



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Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



12655 250924

Name : MR. AKHIL MODI

LABID : 12655

Sample Collection : 25/09/2024 13:36

Age : 42 Yrs. Sex : M

Sample Received : 25/09/2024 13:36

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 25/09/2024 19:39

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

REPORT OF GAMMA GT

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
SERUM GAMMA GT	: 26.5	IU/L	11-50 IU/L

(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 19:39:31)

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Age : 42 Yrs. Sex : M

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Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 25/09/2024 19:40

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total)	: 0.64	mg/dl	0-1.2 mg/dl
S. Bilirubin (Direct)	: 0.13	mg/dl	0-0.40 mg/dl
S. Bilirubin (Indirect)	: 0.51	mg/dl	0-0.55 mg/dl
S. G. O.T	: 36.50	IU/L	0-42 IU/L
S. G. P. T	: 28.40	IU/L	0-42 IU/L
S. Alkaline Phosphatase	: 169.80	IU/L	40-306 IU/L
Total Proteins	: 7.00	gm/dl	6.-8 gm/dl
S. Albumin	: 3.9	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.10	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.26		0.90-2.00

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

(Collected At: 25/09/2024 13:36:59, Received At: 25/09/2024 13:36:59, Reported At: 25/09/2024 19:40:05)

----- End Of Report -----



Checked By -

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