


TEST REPORT

Reg. No : 2410100554	UHID : UHID27689	Reg. Date : 26-Oct-2024
Name : VAGHELA PRATITI KAMLESHKUMAR		Collected On : 26-Oct-2024 09:22
Age/Sex : 26 Years / Female		Report Date : 26-Oct-2024
Ref. By : MEDIWHEEL		

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (SLS method)	11.3	g/dL	12.0 - 15.0
Hematocrit (Electrical Impedance)	35.5	%	40 - 54
RBC Count (Electrical Impedance)	4.89	million/cmm	3.8 - 4.8
WBC Count (Flowcytometry)	4600	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	385000	/cmm	150000 - 410000
MCV (Calculated)	72.7	fL	83 - 101
MCH (Calculated)	23.2	Pg	27 - 32
MCHC (Calculated)	31.9	%	31.5 - 34.5
RDW (Calculated)	15.5	%	11.5 - 14.5

DIFFERENTIAL WBC COUNT

Neutrophils (%)	62	%	38 - 70
Lymphocytes (%)	29	%	20 - 45
Monocytes (%)	08	%	2 - 8
Eosinophils (%)	01	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	2852	/cmm	1800 - 7700
Lymphocytes (Absolute)	1334	/cmm	1000 - 3900
Monocytes (Absolute)	368	/cmm	200 - 800
Eosinophils (Absolute)	46	/cmm	20 - 500
Basophils (Absolute)	0	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	2.11	/cmm	0.7 - 4.0

PERIPHERAL SMEAR EXAMINATION

RBC Morphology	Hypochromic and Microcytic with Anisocytosis
WBC Morphology	Total WBC and differential count is within normal.
Platelets	Platelets are adequate with normal morphology.
Parasites	Malarial parasite is not detected.

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	18	mm/hr	0 - 21
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----- End Of Report -----

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Approved by:

Dr. Yesha H. Shah
(MD.Pathology)

Mr. Akshay Parmar
M.Sc(Biochemistry)


**TEST REPORT**

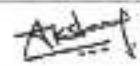
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Parameter	Result	Unit	Reference Interval
FBS			
Fasting Blood Sugar (FBS) Glucose Oxidase-Peroxidase	91.8	mg/dL	70 - 110
PPBS			
Post Prandial Blood Sugar (PPBS) Glucose Oxidase-Peroxidase	124.3	mg/dL	110 - 140

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DHS Properties and Hospitals LLP | CIN : AAA-7816


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HEMOGLOBIN A1C ESTIMATION

Specimen: Blood EDTA

Hb A1C <small>HPLC, NGSP Certified</small>	5.2	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
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Mean Blood Glucose <small>Calculated</small>	102.54	mg/dL
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Criteria for the diagnosis of diabetes:

- HbA1c \geq 6.5 %Or
 - Fasting plasma glucose \geq 126 mg/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 equivalent of 75 gm anhydrous glucosedissolved 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.

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

- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control (also called glyceemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glyceemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.- Glyceemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

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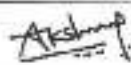
LIVER FUNCTION TEST

SGPT <i>Optimized UV-IFCC</i>	6.3	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	12.8	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.38	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.12	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.26	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	68	U/L	53 - 128
Total Protein	6.75	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.79	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.96	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.28		0.8 - 2.0
GGT	27.3	U/L	1 - 55
HBsAg <i>Immunochromatography</i>	Non - Reactive		

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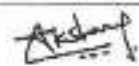
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RENAL FUNCTION TEST			
Creatinine <i>Enzymatic IDMS, Traceable</i>	0.73	mg/dL	0.6 - 1.1
Urea <i>Urease-GLDH, enzymatic UV</i>	15.3	mg/dL	13.0 - 40.0
BUN <i>Calculated</i>	7.15	mg/dL	7 - 23
Uric Acid <i>Enzymatic using TBHBA</i>	3.7	mg/dL	2.6 - 6.2
Sodium <i>Direct ISE</i>	139.6	mmol/L	137 - 145
Potassium <i>Direct ISE</i>	4.95	mmol/L	3.8 - 5.0
Chloride <i>Direct ISE</i>	95.3	mmol/L	94 - 110
Ionized Calcium <i>Direct ISE</i>	4.79	mg/dL	4.4 - 5.4

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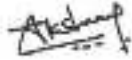
LIPID PROFILE

Cholesterol <small>CHOD-PAP method</small>	122	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic with GPO method</small>	49.1	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <small>Calculated</small>	9.82	mg/dL	15 - 35
LDL CHOLESTEROL	70.58	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <small>Magnetic Cholesterol Oxidase</small>	41.6	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <small>Calculated</small>	2.93		0 - 5.0
LDL / HDL RATIO <small>Calculated</small>	1.70		0 - 3.5
Total Lipids <small>Calculated</small>	302.20		400 - 1000

- Pre-analytical requirements for given tests are -Fasting status anywhere between 10-12 hours before collection. Avoid alcohol beverages before lipid panel - minimum 24 hrs.
- Lipid profile results can be erroneous if pre-analytical requirements are not met properly.
- Any medical decision based on test results is to be taken with 2 or more consecutive results suggesting pattern.
- Please note that any lipid lowering drug may interfere in results estimation.
- Sudden commencement or sudden withdrawal of Lipid lowering drug will interfere with test result.

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THYROID FUNCTION TEST

T3 (Triiodothyronine) <small>CMA</small>	1.07	ng/mL	0.6 - 1.81
T4 (Thyroxine) <small>CMA</small>	7.46	µg/dL	4.5 - 12.5
TSH <small>ELFA-Enzyme Linked Fluorescent Assay</small>	2.320	µIU/ml	0.35 - 4.94

ELFA-Enzyme Linked Fluorescent Assay

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 tripartite, thyrotrophin-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

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URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION**

Quantity	10 cc
Colour	Pale Yellow
Clarity	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)


pH	7.0	4.6 - 8.0
Sp. Gravity	1.015	1.002 - 1.03
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Leucocytes	Nil	
Blood	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	1 - 5/hpf
Erythrocytes (Red Cells)	Nil
Epithelial Cells	1-2/hpf
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Yeast	Nil
T. Vaginalis	Nil
Spermatozoa	Nil

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BLOOD GROUP & RH

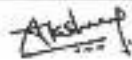
SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

ABO	'B'
Rh (D)	Positive

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ECG report

ID : 3
Name : PRAJITI VAGHELA
Gender : F
Age : 26 Years
Dept :
Bed No:

HR : 58 bpm
PR : 136 ms
QRS : 84 ms
QT/QTc : 406/403 ms
p/QRS/T : 39/77/45 °
RV5/SV1 : 1.83/0.620 mV
RV6/SV1 : 2.515 mV

<<Interpretations >>
Sinus bradycardia with sinus arrhythmia
Normal ECG except for rate

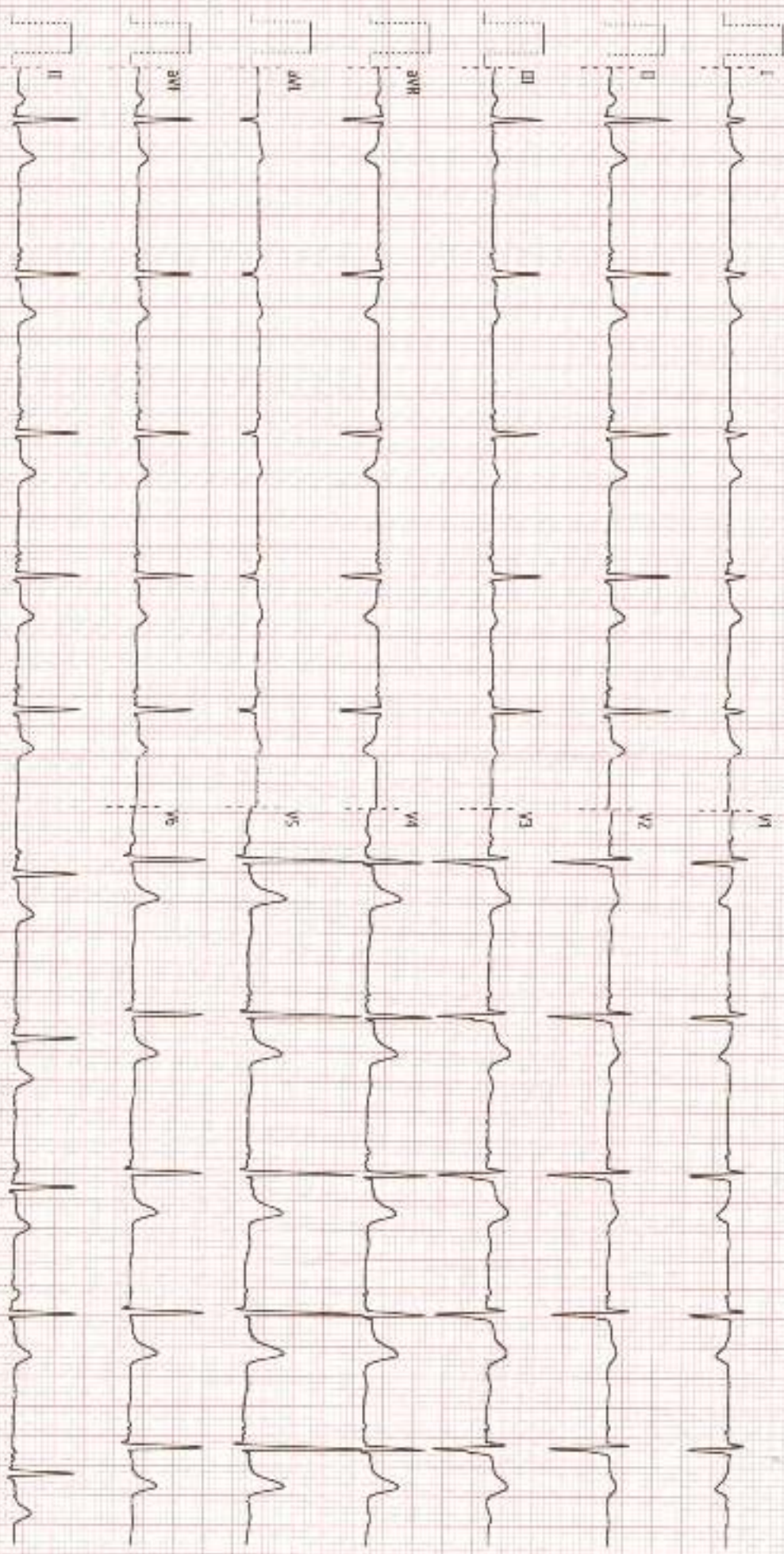
Confirm and sign:

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

Normal ECG



P. Vaghela



Patient Name	PRATITI K VAGHELA	Patient ID	UHID27689
Age/Gender	26 Years / F	Study Date	26-Oct-2024
Referred By		Reported Date	26-Oct-2024

X – RAY CHEST PA VIEW:

Both lung fields under vision appear normal.
Cardiac size appears normal.
Both costophrenic angles are clear.
Hilar regions are normal.
Both domes appear normal in position.
Bony thorax under vision appears normal.



Dr Hiren Patel
MD Radiology REG-21502

Date Reported: 26-Oct-2024

This Report is done and digitally signed via Tele Radiology Done at Radiscan Diagnostic Ahmedabad. For any clinical discrepancy, please discuss with the Radiologist. This report is not valid for any medico-legal purposes

PRATITI K. VAGHELA
26Y/F
HEALTH CHECK UP
26/10/2024

U.S.G. OF ABDOMEN AND PELVIS

Liver: appears normal in size & shows normal echotexture. No focal lesion is seen. No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

Gall bladder: is moderately distended & appears normal. No calculus, sludge or mass is seen. Gall bladder wall thickness appears normal.

Pancreas: appears normal in size & echopattern. No focal lesion is seen.

Spleen: appears normal in size and shows normal echotexture. No focal lesion is seen.

Both Kidneys appear normal in size, position and echopattern. C-M differentiation is well preserved on either side. No calculus or hydronephrosis on either side. Cortical thickness appears normal on both sides. No focal lesion is seen on either side.

Urinary bladder is moderately distended & appears normal. No calculus, internal echoes or mass is seen. Urinary bladder wall thickness appears normal.

Uterus and ovaries appears normal in size and echopattern.

Para-aortic region appears normal.
No abdominal lymphadenopathy is seen.
Bowel loops appear normal in caliber & show normal peristalsis.
No abnormal dilatation of bowel loops or wall thickening is seen.
No fluid collection or lump formation is seen in RIF.
No ascites is seen.

IMPRESSION:

NORMAL USG

Clinical correlation suggested. Thanks for reference.


DR. BHADRASH CHUDASAMA
MD RADIOLOGY



PATIENT NAME

MISS. PRATITI K. VAGHELA

AGE / SEX

26 YRS/FEMALE

REF. DOCTOR

DR. DHS DOCTOR TEAM

DATE

26/10/2024

2D ECHO CARDIOGRAPHY REPORT**Observation:**

1. Normal LV size with normal LV systolic function. LVEF: 65%.
2. No RWMA at rest.
3. Normal LV compliance.
4. Normal sized LA, RA and RV. Normal RV function.
5. All valves are normal in structure.
6. IAS and IVS are intact.
7. No PAH. RVSP = 30 mmHg.
8. No clot/ vegetation / pericardial effusion.
9. Doppler: Trivial MR, Trivial TR, No AR, No PR.
10. IVC is normal in size and well collapse on inspiration.

Conclusion:

Normal LV systolic function.
No RWMA.
No PAH.

Measurements :

LVIDD	42.0 mm	AO	23.0mm
LVIDS	24.0 mm	LA	28.0mm
LVEF	65%		
IVSD/LVPWD	09.0mm/09.0mm		

DOPPLER STUDY:

Valves	velocity	Max gradient	Mean gradient	Area	Regurgitation
Aortic	1.2	5.2			No AR
Mitral	E:0.4 A: 0.1				Trivial MR
Pulmonary	0.4	3.2			No PR
Tricuspid	0.5	1.1			Trivial TR



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