

## TEST REPORT

**Reg. No.** : 403100124 **Reg. Date** : 05-Mar-2024 08:29 **Ref.No** : **Approved On** : 05-Mar-2024 11:13  
**Name** : Mr. MEHTA KAUNAL **Collected On** : 05-Mar-2024 09:35  
**Age** : 45 Years **Gender:** Male **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9879204529  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
<b>Complete Blood Count</b>			
<u>Specimen: EDTA blood</u>			
<b>Hemoglobin</b>			
Hemoglobin(SLS method)	14.3	g/dL	13.0 - 17.0
Hematocrit (calculated)	43.9	%	40 - 50
RBC Count(Ele.Impedence)	H <b>5.77</b>	X 10 <sup>12</sup> /L	4.5 - 5.5
MCV (Calculated)	L <b>76.1</b>	fL	83 - 101
MCH (Calculated)	L <b>24.8</b>	pg	27 - 32
MCHC (Calculated)	32.6	g/dL	31.5 - 34.5
RDW (Calculated)	12.2	%	11.5 - 14.5
<b>Differential WBC count (Impedance and flow)</b>			
Total WBC count	7900	/μL	4000 - 10000
Neutrophils	61	%	38 - 70
Lymphocytes	29	%	21 - 49
Monocytes	08	%	3 - 11
Eosinophils	02	%	0 - 7
Basophils	00	%	0 - 1
<b>Platelet</b>			
Platelet Count (Ele.Impedence)	253000	/cmm	150000 - 410000
MPV	9.60	fL	6.5 - 12.0
Platelets appear on the smear	Adequate		
Malarial Parasites	Not Detected		
EDTA Whole Blood			

**Note:** All abnormal hemograms are reviewed and confirmed microscopically. Peripheral blood smear and malarial parasite examination are not part of CBC report.

Test done from collected sample.

This is an electronically authenticated report.



**Approved by: Dr. Keyur Patel**

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**Generated On :** 05-Mar-2024 14:37

**Approved On:** 05-Mar-2024 11:13

**TEST REPORT**

Reg. No. : 403100124 Reg. Date : 05-Mar-2024 08:29 Ref.No : Approved On : 05-Mar-2024 12:02  
Name : Mr. MEHTA KAUNAL Collected On : 05-Mar-2024 09:35  
Age : 45 Years Gender: Male Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. : 9879204529  
Location :

Test Name	Results	Units	Bio. Ref. Interval
ESR	06	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs : <30

Method:Modified Westergren

EDTA Whole Blood

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**TEST REPORT**

Reg. No. : 403100124 Reg. Date : 05-Mar-2024 08:29 Ref.No : Approved On : 05-Mar-2024 11:15  
Name : Mr. MEHTA KAUNAL Collected On : 05-Mar-2024 09:35  
Age : 45 Years Gender: Male Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. : 9879204529  
Location :

Test Name	Results	Units	Bio. Ref. Interval
<b>BLOODGROUP &amp; RH</b>			
<u>Specimen: EDTA and Serum; Method: Gel card system</u>			
Blood Group "ABO" <i>Agglutination</i>	"B"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

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**Approved by: Dr. Keyur Patel**M.B.B.S.,D.C.P(Patho) Page 3 of 17  
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## TEST REPORT

Reg. No. : 403100124	Reg. Date : 05-Mar-2024 08:29	Ref.No :	Approved On : 05-Mar-2024 11:50
Name : Mr. MEHTA KAUNAL			Collected On : 05-Mar-2024 09:35
Age : 45 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9879204529
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<b>PERIPHERAL BLOOD SMEAR EXAMINATION</b>			
<u>Specimen: Peripheral blood smear &amp; EDTA blood, Method:Microscopy</u>			
RBC Morphology	RBCs are normocytic normochromic.		
WBC Morphology	Total WBC and differential count is within normal limit. No abnormal cells or blasts are seen.		
Differential Count	.		
Neutrophils	63	%	38 - 70
Lymphocytes	25	%	21 - 49
Monocytes	07	%	3 - 11
Eosinophils	04	%	0 - 7
Basophils	01	%	0 - 2
Platelets	Platelets are adequate with normal morphology.		
Parasite	Malarial parasite is not detected.		
<b>Sample Type:</b> EDTA Whole Blood			

Test done from collected sample.

This is an electronically authenticated report.



*P. S. Sarada*  
**Approved by: DR. PARIMAL SARDA**

Haematopathologist  
PDF, CMC vellore  
Reg No.:- G-13598

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## TEST REPORT

<b>Reg. No.</b> : 403100124	<b>Reg. Date</b> : 05-Mar-2024 08:29	<b>Ref.No</b> :	<b>Approved On</b> : 05-Mar-2024 11:15
<b>Name</b> : Mr. MEHTA KAUNAL			<b>Collected On</b> : 05-Mar-2024 09:35
<b>Age</b> : 45 Years	<b>Gender</b> : Male	<b>Pass. No.</b> :	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> : 9879204529
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>FASTING PLASMA GLUCOSE</u></b>			
<b><u>Specimen: Fluoride plasma</u></b>			
Fasting Plasma Glucose <i>Hexokinase</i>	H 133.47	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126

### Flouride Plasma

Criteria for the diagnosis of diabetes:

- HbA1c >= 6.5 \*
- Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.  
Or
- Two hour plasma glucose >= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.  
Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >= 200 mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

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**TEST REPORT**

Reg. No. : 403100124 Reg. Date : 05-Mar-2024 08:29 Ref.No : Approved On : 05-Mar-2024 14:37  
Name : Mr. MEHTA KAUNAL Collected On : 05-Mar-2024 12:38  
Age : 45 Years Gender: Male Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. : 9879204529  
Location :

Test Name	Results	Units	Bio. Ref. Interval
<b>POST PRANDIAL PLASMA GLUCOSE</b> <b>Specimen: Fluoride plasma</b>			
Post Prandial Plasma Glucose <i>Hexokinase</i>	190.59	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

Test done from collected sample.

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## TEST REPORT

**Reg. No.** : 403100124    **Reg. Date** : 05-Mar-2024 08:29    **Ref.No** :    **Approved On** : 05-Mar-2024 11:16  
**Name** : Mr. MEHTA KAUNAL    **Collected On** : 05-Mar-2024 09:35  
**Age** : 45 Years    **Gender:** Male    **Pass. No. :**    **Dispatch At** :  
**Ref. By** : APOLLO    **Tele No.** : 9879204529  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
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GGT	24.9	U/L	10 - 71
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*L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric*

Serum

**Uses:**

- Diagnosing and monitoring hepatobiliary disease.
- To ascertain whether the elevated ALP levels are due to skeletal disease or due to presence of hepatobiliary disease.
- A screening test for occult alcoholism.

**Increased in:**

- Intra hepatic biliary obstruction.
- Post hepatic biliary obstruction
- Alcoholic cirrhosis
- Drugs such as phenytoin and phenobarbital.
- Infectious hepatitis (modest elevation)
- Primary/ Secondary neoplasms of liver.

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**Name** : Mr. MEHTA KAUNAL **Collected On** : 05-Mar-2024 09:35  
**Age** : 45 Years **Gender:** Male **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9879204529  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
<b>LIPID PROFILE</b>			
CHOLESTEROL	160.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride <i>Enzymatic Colorimetric Method</i>	H <b>218.00</b>	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <i>Calculated</i>	H <b>44</b>	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <i>Calculated Method</i>	69.07	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	46.93	mg/dL	<40 >60
CHOL/HDL RATIO <i>Calculated</i>	3.41		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	1.47		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	716.00	mg/dL	400 - 1000
Serum			

As a routine test to determine if your cholesterol level is normal or falls into a borderline-, intermediate- or high-risk category.  
 To monitor your cholesterol level if you had abnormal results on a previous test or if you have other risk factors for heart disease.  
 To monitor your body's response to treatment, such as cholesterol medications or lifestyle changes.  
 To help diagnose other medical conditions, such as liver disease.  
 Note : biological reference intervals are according to the national cholesterol education program ( NCEP) guidelines.

Test done from collected sample.

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**Age** : 45 Years    **Gender**: Male    **Pass. No.** :    **Dispatch At** :  
**Ref. By** : APOLLO    **Tele No.** : 9879204529  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
<b>LIVER FUNCTION TEST</b>			
TOTAL PROTEIN	7.60	g/dL	6.6 - 8.8
ALBUMIN	4.37	g/dL	3.5 - 5.2
GLOBULIN <i>Calculated</i>	3.23	g/dL	2.4 - 3.5
ALB/GLB <i>Calculated</i>	1.35		1.2 - 2.2
SGOT	13.70	U/L	<35
SGPT	18.00	U/L	<41
Alkaline Phosphatase <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	61.40	U/L	40 - 130
TOTAL BILIRUBIN	0.84	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.12	mg/dL	<0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.72	mg/dL	0.0 - 1.00
Serum			

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## TEST REPORT

**Reg. No.** : 403100124 **Reg. Date** : 05-Mar-2024 08:29 **Ref.No** : **Approved On** : 05-Mar-2024 11:54  
**Name** : Mr. MEHTA KAUNAL **Collected On** : 05-Mar-2024 09:35  
**Age** : 45 Years **Gender:** Male **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9879204529  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C) <i>High Performance Liquid Chromatography (HPLC)</i>	6.60	%	Normal: $\leq 5.6$ Prediabetes: 5.7-6.4 Diabetes: $\geq 6.5$ 6-7 : Near Normal Glycemia, <7 : Goal , 7-8 : Good Control ,>8 : Action Suggested.
Mean Blood Glucose <i>( Calculated )</i>	143	mg/dL	

**Sample Type:** EDTA Whole Blood

### Criteria for the diagnosis of diabetes

- HbA1c  $\geq 6.5$  \* Or Fasting plasma glucose  $>126$  gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two hour plasma glucose  $\geq 200$ mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq 200$  mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

### Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
  - Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
  - Glycated HbF is not detected by this assay and hence specimens containing high HbF ( $>10\%$ ) may result in lower HbA1c values than expected. 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 glycemic control).
  - HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic 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.
  - Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD ) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)
- Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: **Dr. Vidhi Patel**

M.D BIOCHEMISTRY  
Reg. No.: G-34739

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### TEST REPORT

**Reg. No. :** 403100124 **Reg. Date :** 05-Mar-2024 08:29 **Ref.No :** **Approved On :** 05-Mar-2024 11:54  
**Name :** Mr. MEHTA KAUNAL **Collected On :** 05-Mar-2024 09:35  
**Age :** 45 Years **Gender:** Male **Pass. No. :** **Dispatch At :**  
**Ref. By :** APOLLO **Tele No. :** 9879204529  
**Location :**

**Bio-Rad CDM System**  
**Bio-Rad Variant V-II Instrument #1**

**PATIENT REPORT**  
**V2TURBO\_A1c\_2.0**

**Patient Data**

**Sample ID:** 140303500094  
**Patient ID:**  
**Name:**  
**Physician:**  
**Sex:**  
**DOB:**

**Analysis Data**

**Analysis Performed:** 05/03/2024 11:47:30  
**Injection Number:** 9677  
**Run Number:** 414  
**Rack ID:**  
**Tube Number:** 2  
**Report Generated:** 05/03/2024 11:51:17  
**Operator ID:**

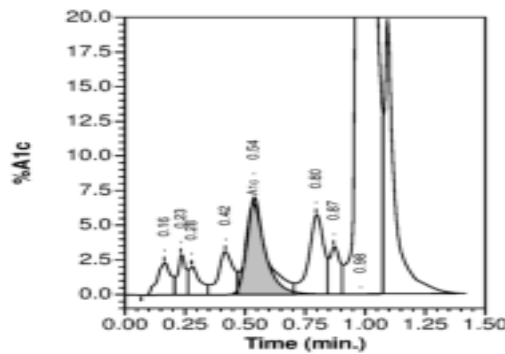
Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.4	0.162	23731
A1b	---	1.0	0.232	17703
F	---	1.0	0.277	17150
LA1c	---	1.9	0.417	32585
A1c	6.6*	---	0.535	95792
P3	---	3.7	0.796	65298
P4	---	1.5	0.869	26613
Ao	---	84.1	0.979	1475317

\*Values outside of expected ranges

Total Area: 1,754,187

**HbA1c (NGSP) = 6.6\* %**



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## TEST REPORT

**Reg. No.** : 403100124 **Reg. Date** : 05-Mar-2024 08:29 **Ref.No** : **Approved On** : 05-Mar-2024 12:00  
**Name** : Mr. MEHTA KAUNAL **Collected On** : 05-Mar-2024 09:35  
**Age** : 45 Years **Gender:** Male **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9879204529  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine), Total <small>CMIA</small>	1.18	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	7.72	µg/dL	4.6 - 10.5
TSH (Thyroid stimulating hormone) <small>CMIA</small>	1.771	µIU/mL	0.35 - 4.94

**Sample Type:** Serum

**Comments:**

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate 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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## TEST REPORT

**Reg. No.** : 403100124    **Reg. Date** : 05-Mar-2024 08:29    **Ref.No** :    **Approved On** : 05-Mar-2024 12:01  
**Name** : Mr. MEHTA KAUNAL    **Collected On** : 05-Mar-2024 09:35  
**Age** : 45 Years    **Gender**: Male    **Pass. No.** :    **Dispatch At** :  
**Ref. By** : APOLLO    **Tele No.** : 9879204529  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
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Prostate Specific Antigen (PSA), Total	0.665	ng/mL	0 - 4
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CMIA

**Sample Type:** Serum

**Useful For**

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
3. Prostate cancer screening.

**Comments**

-Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

-Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

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## TEST REPORT

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**Name** : Mr. MEHTA KAUNAL **Collected On** : 05-Mar-2024 09:35  
**Age** : 45 Years **Gender**: Male **Pass. No.** : **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9879204529  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Colour	Pale Yellow		
Clarity	Clear		
<b>CHEMICAL EXAMINATION (by strip test)</b>			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.030		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Negative		Nil
<b>MICROSCOPIC EXAMINATION</b>			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	3-4		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	1-2		Nil
Monilia	Nil		Nil
T. Vaginalis	Nil		Nil
Urine			

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**TEST REPORT**

Reg. No. : 403100124 Reg. Date : 05-Mar-2024 08:29 Ref.No : Approved On : 05-Mar-2024 11:18  
Name : Mr. MEHTA KAUNAL Collected On : 05-Mar-2024 09:35  
Age : 45 Years Gender: Male Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. : 9879204529  
Location :

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.81	mg/dL	0.67 - 1.5

**Serum**

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

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**TEST REPORT**

**Reg. No.** : 403100124 **Reg. Date** : 05-Mar-2024 08:29 **Ref.No** : **Approved On** : 05-Mar-2024 11:19  
**Name** : Mr. MEHTA KAUNAL **Collected On** : 05-Mar-2024 09:35  
**Age** : 45 Years **Gender:** Male **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9879204529  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
Urea	19.6	mg/dL	<= 65 YEARS AGE: <50 mg/dL; >65 YEARS AGE: <71 mg/dL

**UREASE/GLDH****Serum**

Useful screening test for evaluation of kidney function. Urea is the final degradation product of protein and amino acid metabolism. In protein catabolism, the proteins are broken down to amino acids and deaminated. The ammonia formed in this process is synthesized to urea in the liver. This is the most important catabolic pathway for eliminating excess nitrogen in the human body. Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function. The test is frequently requested along with the serum creatinine test since simultaneous determination of these 2 compounds appears to aid in the differential diagnosis of prerenal, renal and postrenal hyperuremia.

Test done from collected sample.

This is an electronically authenticated report.

**Approved by: Dr. Keyur Patel**M.B.B.S.,D.C.P(Patho) Page 16 of 17  
G- 22475**Generated On :** 05-Mar-2024 14:37**Approved On:** 05-Mar-2024 11:19



## TEST REPORT

<b>Reg. No.</b> : 403100124	<b>Reg. Date</b> : 05-Mar-2024 08:29	<b>Ref.No</b> :	<b>Approved On</b> : 05-Mar-2024 11:24
<b>Name</b> : Mr. MEHTA KAUNAL			<b>Collected On</b> : 05-Mar-2024 09:35
<b>Age</b> : 45 Years	<b>Gender:</b> Male	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> : 9879204529
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>ELECTROLYTES</u></b>			
Sodium (Na+) <small>Method:ISE</small>	139.00	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	4.5	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>Method:ISE</small>	106.00	mmol/L	98 - 107

**Sample Type:** Serum

**Comments**

The electrolyte panel is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions. Repeat testing of the electrolyte or its components may be used to monitor the patient's response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.

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

Test done from collected sample.

This is an electronically authenticated report.



**Approved by: Dr. Vidhi Patel**

M.D BIOCHEMISTRY  
Reg. No.:G-34739

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**Generated On :** 05-Mar-2024 14:37

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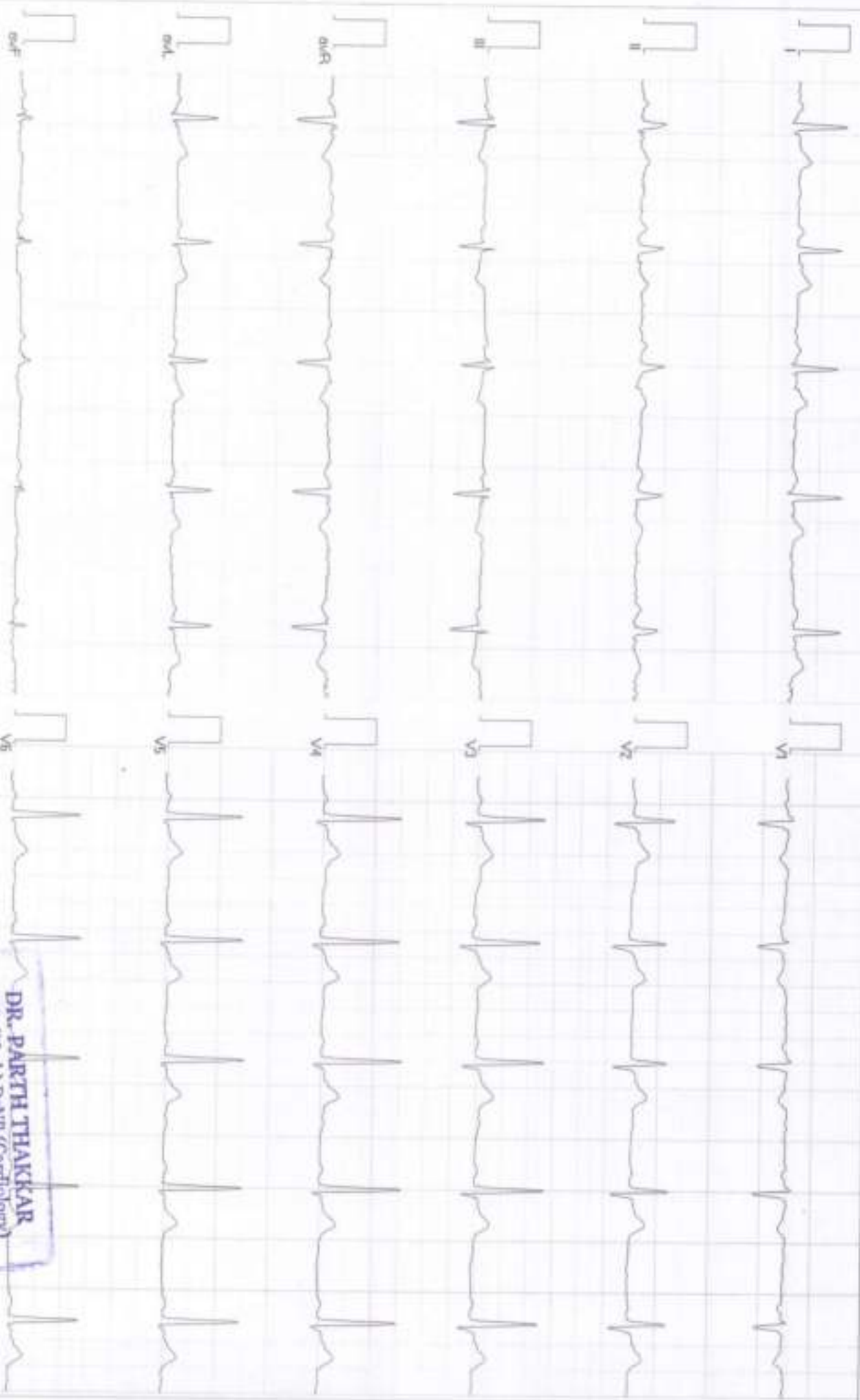
**CONCEPT DIAGNOSTIC**

1828

/ KAUNAL MEHTA / 45 Yrs / M / 165Cms. / 93Kgs / Non Smoker

Heart Rate : 118 bpm / Tested On : 05-Mar-24 09:54:43 / HF 0.05 Hz . LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

**ECG**



*Normal*

**DR. PARTH THAKKAR**  
MD (Med.) DNB (Cardiology)  
Fellowship in Interventional Cardiology  
G - 32346

Adventum ECG (Pace) (PSS) 182110170



<b>NAME</b>	Mr Kaunal Mehta		
<b>AGE/ SEX</b>	45yrs / M	<b>DATE</b>	05/03/2024
<b>REF. BY</b>	HC	<b>DONE BY</b>	Dr. Parth Thakkar

## 2D ECHO CARDIOGRAPHY & COLOR DOPPLER STUDY

### FINDINGS:-

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest.
- LV and LA are of normal size.
- RA & RV are of normal size.
- Normal LV Compliance
- Intact IAS & IVS.
- All Valves Are structurally Normal
- Mild MR, No AR, No PR
- Mild TR, No PAH, RVSP-30mmHg
- No clot or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size with preserved respiratory variation.



### MEASUREMENTS:-


LVIDD	45 (mm)	LA	34(mm)
LVIDS	27 (mm)	AO	29(mm)
LVEF	60%	AV cusp	
IVSD / LVPWD	10/10(mm)	EPSS	

### DOPPLER STUDY:-

Valve	Velocity (M/sec)	Max gradient (MmHg)	Mean gradient (Mm Hg)	Valve area Cm <sup>2</sup>
Aortic	1.1	5		
Mitral	E: 0.7 A: 0.5			
Pulmonary	0.8	3.6		
Tricuspid	2.2	25		

### CONCLUSION:-

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest.
- Normal LV Compliance.
- All Valves Are structurally Normal
- Mild MR, No AR, No PR.
- Mild TR, No PAH, RVSP-30mmHg.
- IVC is normal in size with preserved respiratory variation.

  
**Dr. Parth Thakkar**  
 MD (Med.), DrNB (Cardiology)  
 Interventional Cardiologist  
 79901-79258

**Dr. Abhimanyu D Kothari**  
 MD (Med.), DM (Cardiology)  
 Interventional Cardiologist  
 9714675115

NAME :	MEHTA KAUNAL	AGE/SEX:	45 Y/M
REF. BY:	HEALTH CHECK UP	DATE :	5-Mar-24

### X-RAY CHEST PA VIEW

- Both lung fields are clear.
- No evidence of consolidation or Koch's lesion seen.
- Heart size is within normal limit.
- Both CP angles are clear.
- Both dome of diaphragm appear normal.
- Bony thorax under vision appears normal.



Dr. KRUTI DAVE  
CONSULTANT RADIOLOGIST





Mr. Kameel Mehta M/45  
yr.

R. -3.75-1.00 x 40°

L. -2.75-1.75 x 180°

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Add +1.50

### Dental Examination Report:

- Anerualized stains +
- overall oral hygiene is normal.

*[Signature]*

