TEST REPORT

Reg. No.	: 401100343 Reg. Date : 13-Jan-2024 08:45 Ref.No :	Approved On	: 13-Jan-2024 15:22
Name	: Mr.SANJAY SOLANKI	Collected On	: 13-Jan-2024 09:53
Age	: 40 Years Gender: Male Pass. No. :	Dispatch At	:
Ref. By	: APOLLO	Tele No.	9724504156
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C)	4.80	%	Normal: <= 5.6 Prediabetes:5.7-6.4 Diabetes: >= 6.5 6-7 : Near Normal Glycemia, <7 : Goal ,7-8 : Good Control ,>8 : Action Suggested.
Mean Blood Glucose (Calculated)	91	mg/dL	

Sample Type: EDTA Whole Blood

Criteria for the diagnosis of diabetes

1. HbA1c >/= 6.5 * Or Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
2. Two hose plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
3. In a patient with classic symptoms of hyperglycaemia or hyperglycaemic crisis, a random plasma glucose >/= 200 mg/dL. *In the absence of unequivocal hyperglycaemia, 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

1) 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.
2) 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.
3) 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 haemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm 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. Hiral Arora
M.D. Biochemistry
Reg. No.:- G-32999

Approved On: 13-Jan-2024 15:22

Generated On : 13-Jan-2024 15:22

For Appointment : 756 7000 750/850
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TEST REPORT

Reg. No.	: 401100343 Reg. Date : 13-Jan-2024 08:45 Ref.No :	Approved On	: 13-Jan-2024 15:22
Name	: Mr.SANJAY SOLANKI	Collected On	: 13-Jan-2024 09:53
Age	: 40 Years Gender: Male Pass. No. :	Dispatch At	:
Ref. By	: APOLLO	Tele No.	9724504156
Location	:		

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

PATIENT REPORT
V2TURBO_A1c_2.0

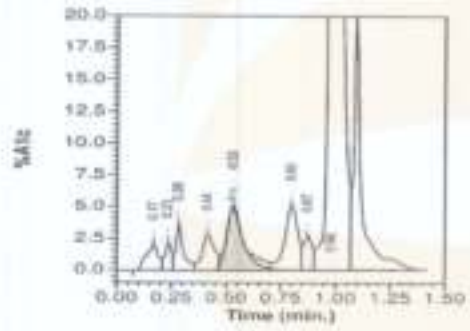
Patient Data
Sample ID: 140103500068
Patient ID:
Name:
Physician:
Sex:
DOB:
Comments:

Analysis Data
Analysis Performed: 13/01/2024 13:11:17
Injection Number: 824
Run Number: 22
Rack ID:
Tube Number: 8
Report Generated: 13/01/2024 13:40:10
Operator ID:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.2	0.167	20443
A1b	---	0.7	0.253	12239
F	---	1.4	0.281	23068
LA1c	---	1.7	0.414	28611
A1c	4.8	---	0.529	50338
P3	---	3.3	0.707	56482
P4	---	1.2	0.871	19726
A0	---	88.5	0.979	1468786

Total Area: 1,698,689

HbA1c (NGSP) = 4.8 %



End Of Report

Test done from collected sample.

This is an electronically authenticated report.

Approved by: Dr. Hiral Arora
M.D. Biochemistry
Reg. No.:- G-32999

Approved On: 13-Jan-2024 15:22

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TEST REPORT

Reg. No.	: 401100343 Reg. Date : 13-Jan-2024 08:46 Ref.No :	Approved On	: 15-Jan-2024 15:22
Name	: Mr. SANJAY SOLANKI	Collected On	: 13-Jan-2024 09:05
Age	: 40 Years Gender: Male Pass. No. :	Dispatch At	:
Ref. By	: APOLLO	Tele No.	: 9724504156
Location	:		

Prostate Specific Antigen (PSA),Total *CMIA*	0.3	ng/mL	0 - 4

Sample Type: Serum

Useful For

1. Tvaluating 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 reatment.
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.

Test done from collected sample.

This is an electronically authenticated report.

Approved by: Dr. Hiral Arora
M.D. Biochemistry
Reg. No.:- G-32999

Approved On: 15-Jan-2024 15:22

Generated On : 16-Jan-2024 10:23

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TEST REPORT

Reg. No.	: 401100343 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** :	**Approved On**	: 13-Jan-2024 11:14
Name	: Mr. SANJAYBHAI SOLANKI	**Collected On**	: 13-Jan-2024 10:44
Age	: 40 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	: 9724504156
Location	:		

Test Name		Results	Units	Bio. Ref. Interval
		Complete Blood Count Specimen: EDTA blood		
Hemoglobin				
Hemoglobin(SLS method)		14.3	g/dL	13.0 - 17.0
Hematocrit (calculated)		43.8	%	40 - 50
RBC Count(Ele.Impedence)		5.37	X 10^12/L	4.5 - 5.5
MCV (Calculated)	L	**81.6**	fL	83 - 101
MCH (Calculated)	L	**26.6**	pg	27 - 32
MCHC (Calculated)		32.6	g/dL	31.5 - 34.5
RDW (Calculated)		12.9	%	11.5 - 14.5
Differential WBC count (Impedance and flow)				
Total WBC count		5400	/µL	4000 - 10000
Neutrophils		52	%	38 - 70
Lymphocytes		41	%	21 - 49
Monocytes		04	%	3 - 11
Eosinophils		03	%	0 - 7
Basophils		00	%	0 - 1
Platelet				
Platelet Count (Ele.Impedence)		316000	/cmm	150000 - 410000
MPV		9.60	fL	6.5 - 12.0

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. Swati Shah**
M.B.D.C.P.
G-5456

Approved On: 13-Jan-2024 11:14

Generated On : 16-Jan-2024 13:23

For Appointment : 7567 000 750
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TEST REPORT

Reg. No.	: 401100343 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** :	**Approved On**	: 13-Jan-2024 13:08
Name	: Mr. SANJAYBHAI SOLANKI	**Collected On**	: 13-Jan-2024 10:44
Age	: 40 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	: 9724504156
Location	:		

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

Capillary Microphotometery

Sample Type: EDTA Whole Blood

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Avinash B Panchal**
MBBS,DCP
G-44623

Generated On : 16-Jan-2024 13:23

Approved On: 13-Jan-2024 13:08

For Appointment : 7567 000 750
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TEST REPORT

Reg. No.	: 401100343	**Reg. Date** : 13-Jan-2024 08:46	**Ref.No** :	**Approved On**	: 13-Jan-2024 11:23
Name	: Mr. SANJAYBHAI SOLANKI			**Collected On**	: 13-Jan-2024 10:44
Age	: 40 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	: 9724504156
Location	:				

Test Name	Results	Units	Bio. Ref. Interval
BLOODGROUP & RH			
Specimen: EDTA and Serum; Method: Gel card system			
Blood Group "ABO" *Agglutination*	"O"		
Blood Group "Rh" *Agglutination*	Positive		
EDTA Whole Blood			

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Swati Shah**
M.B.D.C.P.
G-5456

Approved On: 13-Jan-2024 11:23

Generated On : 16-Jan-2024 13:23

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TEST REPORT

Reg. No.	: 401100343 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** :	**Approved On**	: 13-Jan-2024 13:30
Name	: Mr. SANJAYBHAI SOLANKI	**Collected On**	: 13-Jan-2024 10:44
Age	: 40 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	: 9724504156
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
PERIPHERAL BLOOD SMEAR EXAMINATION			
Specimen: Peripheral blood smear & EDTA blood, Method:Microscopy			
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	52	%	38 - 70
Lymphocytes	39	%	21 - 49
Monocytes	06	%	3 - 11
Eosinophils	02	%	0 - 7
Basophils	01	%	0 - 2
Platelets	Platelets are adequate with normal morphology.		
Parasite	Malarial parasite is not detected.		

Sample Type: EDTA Whole Blood

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **DR. PARIMAL SARDA**
Haematopathologist
PDF, CMC vellore
Reg No.:- G-13598

Generated On : 16-Jan-2024 13:23

Approved On: 13-Jan-2024 13:30

For Appointment : 7567 000 750
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TEST REPORT

Reg. No.	: 401100343 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** :	**Approved On**	: 13-Jan-2024 15:56
Name	: Mr. SANJAYBHAI SOLANKI	**Collected On**	: 13-Jan-2024 10:44
Age	: 40 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	: 9724504156
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
FASTING PLASMA GLUCOSE			
Specimen: Fluoride plasma			
Fasting Plasma Glucose *Hexokinase*	77.01	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126
Flouride Plasma			

Criteria for the diagnosis of diabetes:

1. HbA1c >/= 6.5 *

Or

2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. 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.

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 16-Jan-2024 13:23

Approved On: 13-Jan-2024 15:56

For Appointment : 7567 000 750
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Unipath SPECIALITY LABORATORY Ltd. PRAHLADNAGAR BRANCH

TEST REPORT

Reg. No.	: 401100343 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** :			**Approved On**	: 13-Jan-2024 16:56
Name	: Mr. SANJAYBHAI SOLANKI			**Collected On**	: 13-Jan-2024 12:59
Age	: 40 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	: 9724504156
Location	:				

Test Name	Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE **Specimen: Fluoride plasma**			
Post Prandial Plasma Glucose *Hexokinase*	L **77.00**	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Approved On: 13-Jan-2024 16:56

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TEST REPORT

Reg. No.	: 401100343 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** :	**Approved On**	: 13-Jan-2024 16:56
Name	: Mr. SANJAYBHAI SOLANKI	**Collected On**	: 13-Jan-2024 10:44
Age	: 40 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	: 9724504156
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
GGT	16.7	U/L	10 - 71

L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric

Serum

Uses:

- Diagnosing and monitoring hepatobilliary 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.

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 16-Jan-2024 13:23

Approved On: 13-Jan-2024 16:56

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TEST REPORT

Reg. No.	: 401100343 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** :	**Approved On**	: 13-Jan-2024 16:00
Name	: Mr. SANJAYBHAI SOLANKI	**Collected On**	: 13-Jan-2024 10:44
Age	: 40 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	: 9724504156
Location	:		

Test Name		Results	Units	Bio. Ref. Interval
		LIPID PROFILE		
CHOLESTEROL		215.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride *Enzymatic Colorimetric Method*		138.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) *Calculated*		28	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) *Calculated Method*	H	**142.50**	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)		44.50	mg/dL	<40 >60
CHOL/HDL RATIO *Calculated*	H	**4.83**		0.0 - 3.5
LDL/HDL RATIO *Calculated*		3.20		1.0 - 3.4
TOTAL LIPID *Calculated*		666.00	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.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 16-Jan-2024 13:23

Approved On: 13-Jan-2024 16:00

For Appointment : 7567 000 750
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Unipath SPECIALITY LABORATORY Ltd. PRAHLADNAGAR BRANCH

TEST REPORT

Reg. No.	: 401100343 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** :	**Approved On**	: 13-Jan-2024 16:03
Name	: Mr. SANJAYBHAI SOLANKI	**Collected On**	: 13-Jan-2024 10:44
Age	: 40 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	: 9724504156
Location	:		

Test Name		Results	Units	Bio. Ref. Interval
		LIVER FUNCTION TEST		
TOTAL PROTEIN		6.37	g/dL	6.6 - 8.8
ALBUMIN		4.63	g/dL	3.5 - 5.2
GLOBULIN *Calculated*	L	**1.74**	g/dL	2.4 - 3.5
ALB/GLB *Calculated*	H	**2.66**		1.2 - 2.2
SGOT		23.30	U/L	<35
SGPT		25.20	U/L	<41
Alkaline Phosphatase *ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER*		54.00	U/L	40 - 130
TOTAL BILIRUBIN		0.64	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN		0.14	mg/dL	<0.2
INDIRECT BILIRUBIN *Calculated*		0.50	mg/dL	0.0 - 1.00

Serum

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 16-Jan-2024 13:23

Approved On: 13-Jan-2024 16:03

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Unipath SPECIALITY LABORATORY Ltd. PRAHLADNAGAR BRANCH

TEST REPORT

Reg. No.	: 401100343 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** :	**Approved On**	: 13-Jan-2024 18:49
Name	: Mr. SANJAYBHAI SOLANKI	**Collected On**	: 13-Jan-2024 10:44
Age	: 40 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	: 9724504156
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
	THYROID FUNCTION TEST		
T3 (triiodothyronine), Total *CMIA*	1.19	ng/mL	0.70 - 2.04
T4 (Thyroxine),Total *CMIA*	9.95	µg/dL	4.6 - 10.5
TSH (Thyroid stimulating hormone) *CMIA*	2.167	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-relasing 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

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders,2012:2170

Test done from collected sample.

This is an electronically authenticated report.

Approved by: Dr. Rina Prajapati
D.C.P. DNB (Path)
G-21793

Generated On : 16-Jan-2024 13:23

Approved On: 13-Jan-2024 18:49

For Appointment : 7567 000 750
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TEST REPORT

Reg. No.	: 401100343 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** :	**Approved On**	: 13-Jan-2024 16:56
Name	: Mr. SANJAYBHAI SOLANKI	**Collected On**	: 13-Jan-2024 10:44
Age	: 40 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	: 9724504156
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Colour	Pale Yellow		
Clarity	Clear		
CHEMICAL EXAMINATION (by strip test)			
pH	7.0		4.6 - 8.0
Sp. Gravity	1.010		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Absent		Nil
Leucocytes	Nil		Nil
Blood	Absent		Absent
MICROSCOPIC EXAMINATION			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	Nil		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Nil		Nil
Monilia	Nil		Nil
T. Vaginalis	Nil		Nil

Urine

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Approved On: 13-Jan-2024 16:56

Generated On : 16-Jan-2024 13:23

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Unipath SPECIALITY LABORATORY Ltd. PRAHLADNAGAR BRANCH

TEST REPORT

Reg. No.	: 401100343 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** :	**Approved On**	: 13-Jan-2024 16:05
Name	: Mr. SANJAYBHAI SOLANKI	**Collected On**	: 13-Jan-2024 10:44
Age	: 40 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	: 9724504156
Location	:		

Test Name		Results	Units	Bio. Ref. Interval
Creatinine	L	**0.46**	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.

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 16-Jan-2024 13:23

Approved On: 13-Jan-2024 16:05

For Appointment : 7567 000 750
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conceptdiaghealthcare@gmail.com
1st Floor, Sahajand Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.

TEST REPORT

Reg. No.	: 401100343 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** :	**Approved On**	: 13-Jan-2024 16:06
Name	: Mr. SANJAYBHAI SOLANKI	**Collected On**	: 13-Jan-2024 10:44
Age	: 40 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	: 9724504156
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
Urea	24.8	mg/dL	17 - 43

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)
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Generated On : 16-Jan-2024 13:23

Approved On: 13-Jan-2024 16:06

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TEST REPORT

Reg. No.	: 401100343 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** :	**Approved On**	: 13-Jan-2024 16:08
Name	: Mr. SANJAYBHAI SOLANKI	**Collected On**	: 13-Jan-2024 10:44
Age	: 40 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	: 9724504156
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
	ELECTROLYTES		
Sodium (Na+) *Method:ISE*	140.1	mmol/L	136 - 145
Potassium (K+) *Method:ISE*	4.4	mmol/L	3.5 - 5.1
Chloride(Cl-) *Method:ISE*	100.1	mmol/L	98 - 107
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. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 16-Jan-2024 13:23

Approved On: 13-Jan-2024 16:08

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Unipath SPECIALITY LABORATORY Ltd. PRAHLADNAGAR BRANCH

Concept Diagnostics

ECG

1609 / SANJAYKUMAR SOLANKI / 40 Yrs / M / 160Cms. / 72Kgs./ Non Smoker

Heart Rate : 80 bpm / Tested On : 13-Jan-24 11:43:35 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

AGHPL

Neenal

DR. PARTH THAKKAR
MD (Med.) DrNB (Cardiology)
Interventional cardiol...
G - 32948

Reported By DR. PARTH THAKKAR

Allengers ECG (Pisces)(PtS210210312)

NAME :	Sanjay Solanki	DATE :	13.01.2024
AGE/SEX:	40Y/ M	REG.NO :	00
REFERRED BY: health check up			

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

NAME :	Sanjay Solanki	DATE :	13/01/2024
AGE/SEX:	40 Y/M	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

USG ABDOMEN

LIVER: normal in size & shows normal in echotexture. No evidence of dilated IHBR. No evidence of focal or diffuse lesion. CBD & Portal vein appears normal.

GALL-BLADDER: normal, No evidence of Gall Bladder calculi.

PANCREAS: appears normal in size & echotexture, No evidence of peri-pancreatic fluid collection.

SPLEEN: normal in size & shows normal echogenicity.

KIDNEYS: Right kidney measures 92 x 44 mm. Left kidney measures 104 x 54 mm. Both kidneys appear normal in size & echotexture. No evidence of calculus or hydronephrosis on either side.

URINARY BLADDER: appears normal and shows normal distension & normal wall thickness. No evidence of calculus or mass lesion.

PROSTATE: normal in size & echotexture.

No evidence of Ascites.
No evidence of significant lymphadenopathy.

USG WITH HIGH FREQUENCY SOFT TISSUE PROBE:
Visualized bowel loops appears normal in caliber. No evidence of focal or diffuse wall thickening. No collection in RIF.

CONCLUSION:

- **No significant abnormality**

Dr. KRUTI DAVE
CONSULATANT RADIOLOGIST

NAME	SANJAYKUMAR SOLANKI		
AGE/ SEX	40 yrs / M	**DATE**	13.1.2024
REF. BY	Health Checkup	**DONE BY**	Dr. Parth Thakkar Dr. Abhimanyu Kothari

2D ECHO CARDIOGRAPHY & COLOR DOPPLER STUDY

FINDINGS:-

- **Normal LV systolic function, LVEF=60%.**
- **No RWMA at rest.**
- Normal LV Compliance.
- LV & LA are of normal size.
- RA & RV are of normal size.
- Intact IAS & IVS.
- All valves are structurally normal.
- Trivial MR, Trivial AR, No PR.
- Trivial TR, No PAH, RVSP=25mmHg.
- No Clots or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size and preserved respiratory variation.

MEASUREMENTS:-

LVIDD	36 (mm)	LA	28 (mm)
LVIDS	19 (mm)	AO	26 (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^2
Aortic	0.9	5		
Mitral	E:0.7 A:0.5			
Pulmonary	0.8	3.1		
Tricuspid	1.7	20		

CONCLUSION:-

- **Normal LV systolic function, LVEF=60%.**
- **No RWMA at rest.**
- Normal LV Compliance.
- All valves are structurally normal.
- Trivial MR, Trivial AR, No PR.
- Trivial TR, No PAH, RVSP=25mmHg.
- Normal IVC.

DR. PARTH THAKKAR
MD (Med.), DrNB (Cardiology)
Interventional cardiologist

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