MEDICAL EXAMINATION REPORT

Date of Examination	30/3/23		
NAME	Abhishek Paul		
AGE 27		Gender	Male
HEIGHT(cm) 168		WEIGHT (kg)	67
B.P.	118/80		
ECG	Normal		
X Ray	Normal		
Vision Checkup	Color Vision : Normal Far Vision Ratio : 6/6 Near Vision Ratio : 6/6		
Present Ailments	NA		
Details of Past ailments (If Any)	NA -		
Comments / Advice : She /He is Physically Fit	Fit		

Dental :- No cavity
Normal

Dr. Vipul Chavda
MD (Internal Medicine)
Reg.No. G- 18004

Signature with Stamp of Medical Examiner

NAME	Mr. ABHISHEK PAL		
AGE/ SEX	27yrs / M	**DATE**	30/03/2023
REF. BY	Health Check Up	**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**
- 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, Mild PAH, RVSP-45mmHg
- No clot or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size with preserved respiratory variation.

MEASUREMENTS:-

LVIDD	46(mm)	LA	34(mm)
LVIDS	28(mm)	AO	25(mm)
LVEF	60%	AV cusp	
IVSD / LVPWD	10/09(mm)	EPSS	

DOPPLER STUDY:-

Valve	Velocity (M/sec)	Max gradient (MmHg)	Mean gradient (Mm Hg)	Valve area Cm^2
Aortic	1.5	10.0		
Mitral	E: 1.0 A: 0.6			
Pulmonary	0.9	4.0		
Tricuspid	2.9	35		

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, Mild PAH, RVSP-45mmHg
- 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 :	ABHISHEK PAL	DATE :	30/03/2023
AGE/SEX:	27Y/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. VIDHI SHAH
MD RADIODIAGNOSIS

NAME :	ABHISHEK PAL	DATE :	30/03/2023
AGE/SEX:	27Y/M	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

USG ABDOMEN

LIVER: normal in size & shows normal 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 94 x 42 mm. Left kidney measures 90 x 46 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:

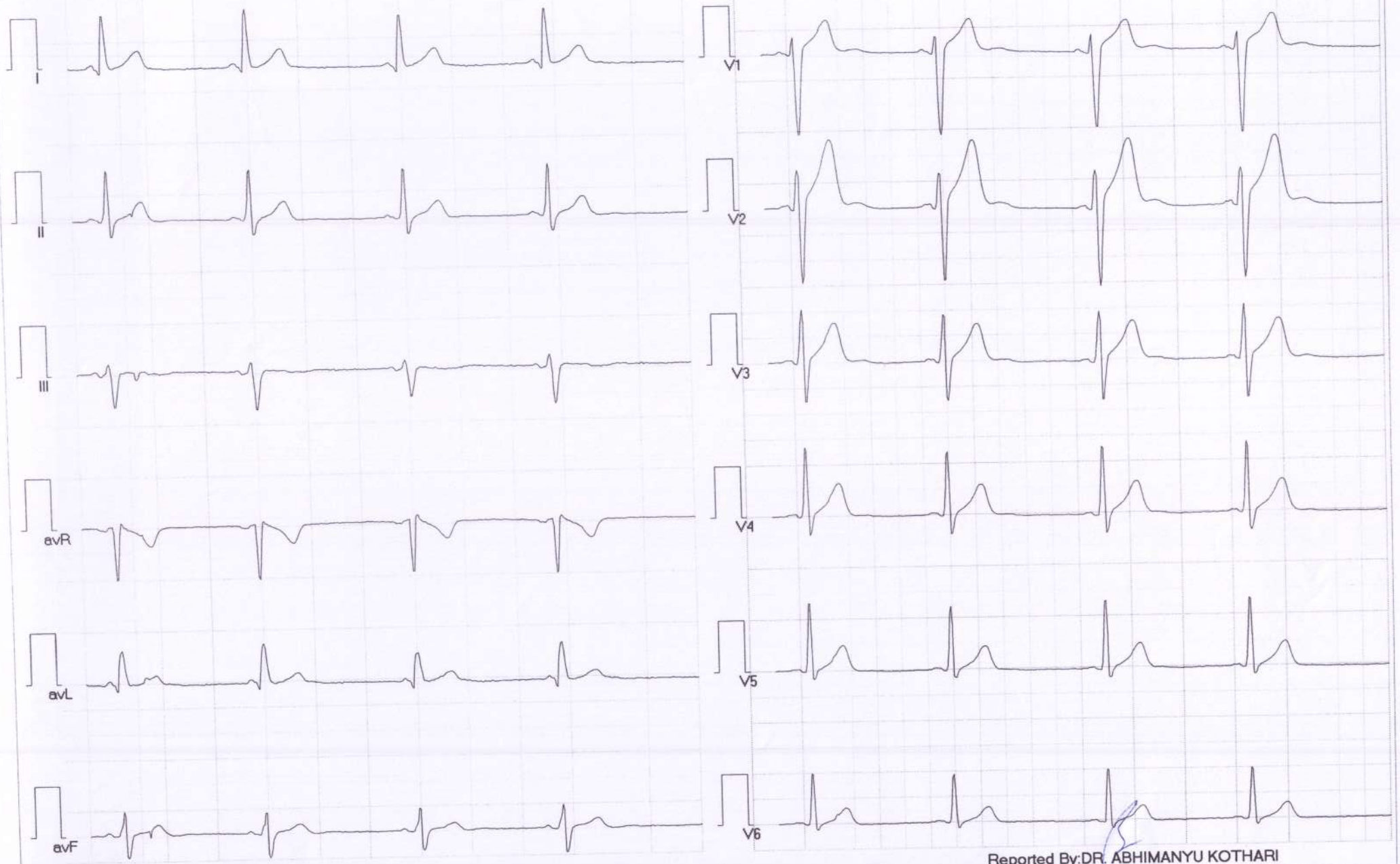
- **Normal USG abdomen.**

Dr. VIDHI SHAH
MD RADIODIAGNOSIS

ECG

144 / PAL ABHISHEK / 27 Yrs / M / 168Cms. / 67Kgs./ Non Smoker
Heart Rate : 51 bpm / Tested On : 30-Mar-23 11:52:00 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By.: CONCEPT

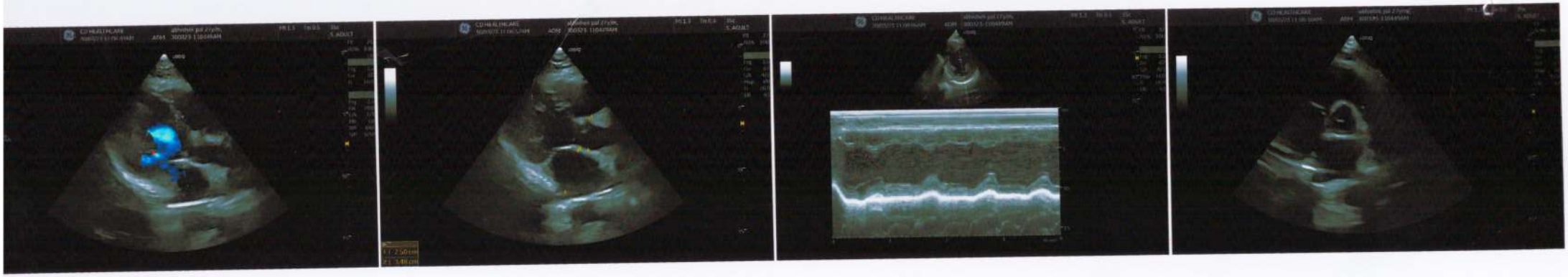
AGHPL

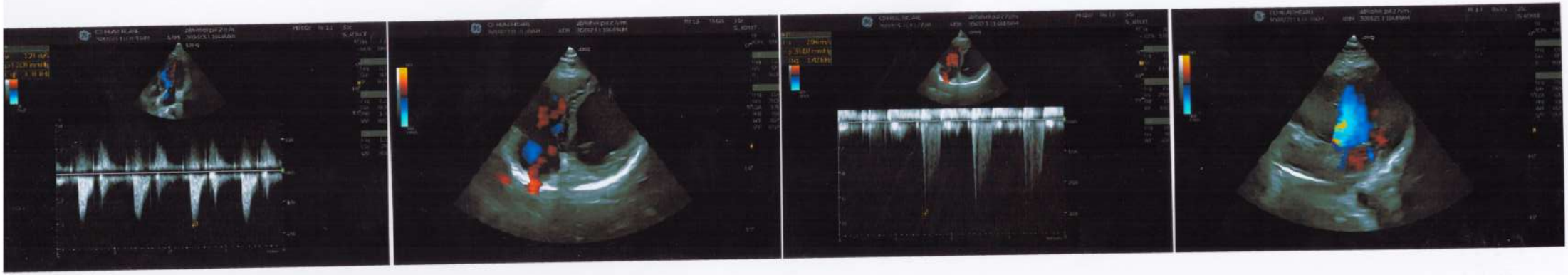


Reported By:DR. ABHIMANYU KOTHARI

Allengers ECG (Pisces)(PIS218210312)


R
ABHISHEK PAI 27Y/M 30032302 M CHEST,FRN PA 30-Mar-23 10:42 AM
CONCEPT DIAGNOSTIC






GALLBLADDER


RT KIDNEY


SPLEEN


LT KIDNEY

TEST REPORT

Reg. No.	: 303101296 **Reg. Date** : 30-Mar-2023 10:54 **Ref.No** :			**Approved On**	: 30-Mar-2023 12:15
Name	: Mr. PAL ABHISHEK			**Collected On**	: 30-Mar-2023 10:58
Age	: 27 Years **Gender:** Male **Pass. No. :**			**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	: 9265107056
Location	:				

Test		Results	Unit	Bio. Ref. Interval
Complete Blood Count				
Hemoglobin(SLS method)		17.0	g/dL	13.0 - 17.0
RBC Count(Ele.Impedence)		5.39	X 10^12/L	4.5 - 5.5
Hematocrit (calculated)		49.8	%	40 - 50
MCV (Calculated)		92.4	fL	83 - 101
MCH (Calculated)	H	**32.1**	pg	27 - 32
MCHC (Calculated)	H	**34.7**	g/dL	31.5 - 34.5
RDW-SD(calculated)	H	**47.40**	fL	36 - 46
Total WBC count		5700	/µL	4000 - 10000

DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutrophils	57	38 - 70	3249	/cmm	1800 - 7700
Lymphocytes	32	21 - 49	1824	/cmm	1000 - 3900
Eosinophils	05	0 - 7	285	/cmm	20 - 500
Monocytes	06	3 - 11	342	/cmm	200 - 800
Basophils	00		0	/cmm	0 - 100

NLR (Neutrophil: Lymphocyte Ratio)		1.78	Ratio	1.1 - 3.5
Platelet Count (Ele.Impedence)	L	**146000**	/cmm	150000 - 410000
PCT		0.21	ng/mL	< 0.5
MPV	H	**14.60**	fL	6.5 - 12.0
ESR		08	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs: <30

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: 30-Mar-2023 12:15

Generated On : 30-Mar-2023 18:41

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

TEST REPORT

Reg. No.	: 303101296	**Reg. Date** : 30-Mar-2023 10:54	**Ref.No** :	**Approved On**	: 30-Mar-2023 11:56
Name	: Mr. PAL ABHISHEK			**Collected On**	: 30-Mar-2023 10:58
Age	: 27 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	: 9265107056
Location	:				

Test Name	Results	Units	Bio. Ref. Interval

BLOODGROUP & RH

Specimen: EDTA and Serum; Method: Gel card system

Blood Group "ABO" *Agglutination*	"AB"		
Blood Group "Rh" *Agglutination*	Positive		

EDTA Whole Blood

Test done from collected sample.

This is an electronically authenticated report.

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M.B.D.C.P.
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TEST REPORT

Reg. No.	: 303101296 **Reg. Date** : 30-Mar-2023 10:54 **Ref.No** :			**Approved On**	: 30-Mar-2023 12:18
Name	: Mr. PAL ABHISHEK			**Collected On**	: 30-Mar-2023 10:58
Age	: 27 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	: 9265107056
Location	:				

Test Name		Results	Units	Bio. Ref. Interval
FASTING PLASMA GLUCOSE **Specimen: Fluoride plasma**				
FASTING PLASMA GLUCOSE		90.11	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126
Hexokinase				
Plasma				
GGT		23.8	U/L	10 - 71
L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric				
Serum				

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.

POST PRANDIAL PLASMA GLUCOSE Specimen: Fluoride plasma				
POST PRANDIAL PLASMA GLUCOSE	L	**87.75**	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Hexokinase				
Plasma				

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: 30-Mar-2023 12:18

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TEST REPORT

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Age	: 27 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	: 9265107056
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
	LIPID PROFILE		
CHOLESTEROL	194.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
TRIGLYCERIDE *Enzymatic Colorimetric Method*	106.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
VLDL	21	mg/dL	0 - 30
LDL CHOLESTEROL *Calculated Method*	96.43	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
HDL-CHOLESTEROL	76.57	mg/dL	<40 >60
CHOL/HDL RATIO	2.53		0.0 - 3.5
LDL/HDL RATIO	1.26		1.0 - 3.4
TOTAL LIPID	560.00	mg/dL	400 - 1000
Serum			

Test done from collected sample.

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Name	: Mr. PAL ABHISHEK	**Collected On**	: 30-Mar-2023 10:58
Age	: 27 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	: 9265107056
Location	:		

Test Name		Results	Units	Bio. Ref. Interval
		LIVER FUNCTION TEST		
TOTAL PROTEIN		7.15	g/dL	6.6 - 8.8
ALBUMIN	H	**5.32**	g/dL	3.5 - 5.2
GLOBULIN *(Calculated)*	L	**1.83**	g/dL	2.4 - 3.5
ALB/GLB *(Calculated)*	H	**2.91**		1.2 - 2.2
SGOT		43.40	U/L	<35
SGPT		78.70	U/L	<41
ALK. PHOSPHATASE *ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER*		105.10	U/L	40 - 130
TOTAL BILIRUBIN		1.16	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN		0.42	mg/dL	<0.2
INDIRECT BILIRUBIN *Calculated.*		0.74	mg/dL	0.0 - 1.00

Serum

Test done from collected sample.

This is an electronically authenticated report.

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M.B.D.C.P.
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TEST REPORT

Reg. No.	: 303101296 **Reg. Date** : 30-Mar-2023 10:54 **Ref.No** :	**Approved On**	: 30-Mar-2023 14:22
Name	: Mr. PAL ABHISHEK	**Collected On**	: 30-Mar-2023 10:58
Age	: 27 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	: 9265107056
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1 C ESTIMATION			
Specimen: Blood EDTA			
HbA1c *High Performance Liquid Chromatographty (HPLC)*	4.90	%	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)*	94	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 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
3. 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.

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 heamoglobin, 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.
- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)

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 : 30-Mar-2023 18:41

Approved On: 30-Mar-2023 14:22

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

TEST REPORT

Reg. No.	: 303101296 **Reg. Date** : 30-Mar-2023 10:54 **Ref.No** :			**Approved On**	: 30-Mar-2023 14:22
Name	: Mr. PAL ABHISHEK			**Collected On**	: 30-Mar-2023 10:58
Age	: 27 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	: 9265107056
Location	:				

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

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID:	130303501017
Patient ID:	
Name:	
Physician:	
Sex:	
DOB:	
Comments:	

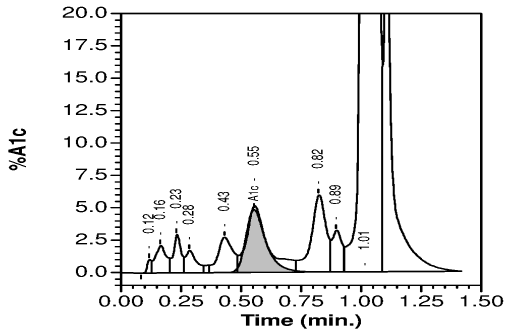
Analysis Data

Analysis Performed:	30/03/2023 14:10:14
Injection Number:	4565
Run Number:	209
Rack ID:	0008
Tube Number:	7
Report Generated:	30/03/2023 14:17:17
Operator ID:	

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.2	0.115	2308
A1a	---	0.9	0.163	11790
A1b	---	0.8	0.230	11444
F	---	0.7	0.283	9178
LA1c	---	1.5	0.431	19932
A1c	4.9	---	0.554	49016
P3	---	3.3	0.822	44348
P4	---	1.2	0.895	16052
Ao	---	87.9	1.014	1190733

Total Area: 1,354,801

HbA1c (NGSP) = 4.9 %



Test done from collected sample.

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TEST REPORT

Reg. No.	: 303101296	**Reg. Date** : 30-Mar-2023 10:54	**Ref.No** :	**Approved On**	: 30-Mar-2023 15:09
Name	: Mr. PAL ABHISHEK			**Collected On**	: 30-Mar-2023 10:58
Age	: 27 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	: 9265107056
Location	:				

Test Name	Results	Units	Bio. Ref. Interval
	THYROID FUNCTION TEST		
T3 (triiodothyronine)	1.18	ng/mL	0.6 - 1.52
T4 (Thyroxine) *CMIA*	9.83	µg/dL	5.5 - 11.0
TSH (ultra sensitive) *CMIA*	1.387	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 : 30-Mar-2023 18:41

Approved On: 30-Mar-2023 15:09

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TEST REPORT

Reg. No.	: 303101296	**Reg. Date** : 30-Mar-2023 10:54	**Ref.No** :	**Approved On**	: 30-Mar-2023 11:44
Name	: Mr. PAL ABHISHEK			**Collected On**	: 30-Mar-2023 10:58
Age	: 27 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	: 9265107056
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	1.015		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Negative		Nil
Leucocytes	Nil		Nil
Blood	Absent		Absent
MICROSCOPIC EXAMINATION			
Leucocytes (Pus Cells)	Nil		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. Swati Shah**
M.B.D.C.P.
G-5456

Approved On: 30-Mar-2023 11:44

Generated On : 30-Mar-2023 18:41

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TEST REPORT

Reg. No.	: 303101296	**Reg. Date** : 30-Mar-2023 10:54	**Ref.No** :	**Approved On**	: 30-Mar-2023 12:15
Name	: Mr. PAL ABHISHEK			**Collected On**	: 30-Mar-2023 10:58
Age	: 27 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	: 9265107056
Location	:				

Test Name	Results	Units	Bio. Ref. Interval
CREATININE	1.15	mg/dL	0.67 - 1.17

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

Approved On: 30-Mar-2023 12:15

Generated On : 30-Mar-2023 18:41

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

TEST REPORT

Reg. No.	: 303101296	**Reg. Date** : 30-Mar-2023 10:54	**Ref.No** :	**Approved On**	: 30-Mar-2023 12:15
Name	: Mr. PAL ABHISHEK			**Collected On**	: 30-Mar-2023 10:58
Age	: 27 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	: 9265107056
Location	:				

Test Name	Results	Units	Bio. Ref. Interval
UREA	25.1	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.

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M.B.D.C.P.
G-5456

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TEST REPORT

Reg. No.	: 303101296 **Reg. Date** : 30-Mar-2023 10:54 **Ref.No** :	**Approved On**	: 30-Mar-2023 15:00
Name	: Mr. PAL ABHISHEK	**Collected On**	: 30-Mar-2023 10:58
Age	: 27 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	: 9265107056
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
	ELECTROLYTES		
Sodium (Na+) *ISE*	142.0	mmol/L	136 - 145
Potassium (K+) *ISE*	4.6	mmol/L	3.5 - 5.1
Chloride(Cl-) *ISE*	102.0	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 : 30-Mar-2023 18:41

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