

TEST REPORT

Reg. No. : 403100827 **Reg. Date** : 23-Mar-2024 14:01 **Ref.No** : **Approved On** : 23-Mar-2024 14:48
Name : Mr. PRAKASH JAGTANI **Collected On** : 23-Mar-2024 14:26
Age : 64 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test	Results	Unit	Bio. Ref. Interval
Complete Blood Count			
Hemoglobin(SLS method)	14.1	g/dL	13.0 - 17.0
RBC Count(Ele.Impedence)	4.70	X 10 ¹² /L	4.5 - 5.5
Hematocrit (calculated)	40.6	%	40 - 50
MCV (Calculated)	86.4	fL	83 - 101
MCH (Calculated)	30.0	pg	27 - 32
MCHC (Calculated)	H 34.7	g/dL	31.5 - 34.5
RDW-SD(calculated)	44.20	fL	36 - 46
Total WBC count	6800	/μL	4000 - 10000
DIFFERENTIAL WBC COUNT			
	[%]	EXPECTED VALUES	[Abs] EXPECTED VALUES
Neutrophils	62	38 - 70	4216 /cmm 1800 - 7700
Lymphocytes	29	21 - 49	1972 /cmm 1000 - 3900
Eosinophils	02	0 - 7	136 /cmm 20 - 500
Monocytes	07	3 - 11	476 /cmm 200 - 800
Basophils	00	0 - 1	0 /cmm 0 - 100
NLR (Neutrophil: Lymphocyte Ratio)	2.14	Ratio	1.1 - 3.5
Platelet Count (Ele.Impedence)	202000	/cmm	150000 - 410000
PCT	0.20	ng/mL	< 0.5
MPV	9.90	fL	6.5 - 12.0
Peripheral Smear			
RBCs	Normocytic normochromic.		
WBCs	Normal morphology		
Platelets	Adequate on Smear		
Malarial Parasites	Not Detected		

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Keyur Patel

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TEST REPORT

Reg. No. : 403100827 Reg. Date : 23-Mar-2024 14:01 Ref.No : Approved On : 23-Mar-2024 14:48
Name : Mr. PRAKASH JAGTANI Collected On : 23-Mar-2024 14:26
Age : 64 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

ESR 04 mm/hr
17-50 Yrs : <12,
51-60 Yrs : <19,
61-70 Yrs : <20,
>70 Yrs: <30

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**Approved by: Dr. Keyur Patel**M.B.B.S.,D.C.P(Patho) Page 2 of 15
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TEST REPORT

Reg. No. : 403100827 Reg. Date : 23-Mar-2024 14:01 Ref.No : Approved On : 23-Mar-2024 15:18
Name : Mr. PRAKASH JAGTANI Collected On : 23-Mar-2024 14:26
Age : 64 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
BLOODGROUP & RH			
<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 15
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TEST REPORT

Reg. No. : 403100827 Reg. Date : 23-Mar-2024 14:01 Ref.No : Approved On : 23-Mar-2024 16:11
Name : Mr. PRAKASH JAGTANI Collected On : 23-Mar-2024 14:26
Age : 64 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
FASTING PLASMA GLUCOSE Specimen: Fluoride plasma			
Fasting Plasma Glucose <i>Hexokinase</i>	97.23	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.

Test done from collected sample.

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Approved by: Dr. Keyur Patel

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Generated On : 23-Mar-2024 23:22

Approved On: 23-Mar-2024 16:11

TEST REPORT

Reg. No. : 403100827 Reg. Date : 23-Mar-2024 14:01 Ref.No : Approved On : 23-Mar-2024 20:06
Name : Mr. PRAKASH JAGTANI Collected On : 23-Mar-2024 19:13
Age : 64 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE <u>Specimen: Fluoride plasma</u>			
Post Prandial Plasma Glucose <i>Hexokinase</i>	L 120.12	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

Test done from collected sample.

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Approved by: Dr. Keyur Patel

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TEST REPORT

Reg. No. : 403100827 **Reg. Date** : 23-Mar-2024 14:01 **Ref.No** : **Approved On** : 23-Mar-2024 15:59
Name : Mr. PRAKASH JAGTANI **Collected On** : 23-Mar-2024 14:26
Age : 64 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
-----------	---------	-------	--------------------

GGT	32.5	U/L	10 - 71
-----	------	-----	---------

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.

Test done from collected sample.

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Approved by: Dr. Keyur Patel

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TEST REPORT

Reg. No. : 403100827 **Reg. Date** : 23-Mar-2024 14:01 **Ref.No** : **Approved On** : 23-Mar-2024 18:29
Name : Mr. PRAKASH JAGTANI **Collected On** : 23-Mar-2024 14:26
Age : 64 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE			
CHOLESTEROL	248.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride <i>Enzymatic Colorimetric Method</i>	156.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <i>Calculated</i>	H 31	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <i>Calculated Method</i>	H 163.10	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL) <i>Method:Homogeneous Enzymatic Colorimetric</i>	53.9	mg/dL	<40 Low (High Risk), >=60 High(Low Risk)
CHOL/HDL RATIO <i>Calculated</i>	H 4.60		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	3.03		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	768.00	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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TEST REPORT

Reg. No. : 403100827	Reg. Date : 23-Mar-2024 14:01	Ref.No :	Approved On : 23-Mar-2024 16:01
Name : Mr. PRAKASH JAGTANI			Collected On : 23-Mar-2024 14:26
Age : 64 Years	Gender : Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>LIVER FUNCTION TEST</u>			
TOTAL PROTEIN	7.60	g/dL	6.6 - 8.8
ALBUMIN <i>Bromcresol Green(BCG)</i>	4.20	g/dL	3.2 - 5.0
GLOBULIN <i>Calculated</i>	3.40	g/dL	2.4 - 3.5
ALB/GLB <i>Calculated</i>	1.24		1.2 - 2.2
SGOT <i>Pyridoxal 5 Phosphate Activation, IFCC</i>	32.5	U/L	0 - 40
SGPT <i>Pyridoxal 5 Phosphate Activation, Ifcc</i>	31.5	U/L	0 - 41
Alkaline Phosphatase <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	89.5	U/L	40 - 130
TOTAL BILIRUBIN <i>Diazo</i>	0.65	mg/dL	0.0 - 1.2
DIRECT BILIRUBIN <i>Diazo Reaction</i>	0.22	mg/dL	0 - 0.3
INDIRECT BILIRUBIN <i>Calculated</i>	0.43	mg/dL	0.0 - 1.00
Serum			

Test done from collected sample.

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Approved by: Dr. Keyur Patel

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TEST REPORT

Reg. No. : 403100827 **Reg. Date :** 23-Mar-2024 14:01 **Ref.No :** **Approved On :** 23-Mar-2024 17:49
Name : Mr. PRAKASH JAGTANI **Collected On :** 23-Mar-2024 14:26
Age : 64 Years **Gender:** Male **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :**
Location :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C) <i>High Performance Liquid Chromatography (HPLC)</i>	5.50	%	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 <i>(Calculated)</i>	111	mg/dL	

Sample Type: EDTA Whole Blood

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 ≥ 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 ≥ 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. Hiral Arora

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Reg. No.: G-32999

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TEST REPORT

Reg. No. : 403100827	Reg. Date : 23-Mar-2024 14:01	Ref.No :	Approved On : 23-Mar-2024 17:49
Name : Mr. PRAKASH JAGTANI			Collected On : 23-Mar-2024 14:26
Age : 64 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

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

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID: 140303500652
 Patient ID:
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

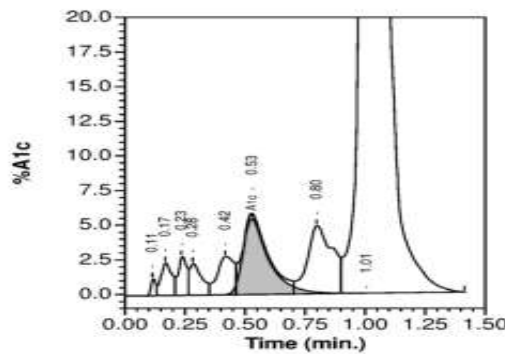
Analysis Performed: 23/03/2024 17:13:57
 Injection Number: 12685
 Run Number: 546
 Rack ID:
 Tube Number: 8
 Report Generated: 23/03/2024 17:33:47
 Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.2	0.115	2448
A1a	---	0.8	0.166	10476
A1b	---	0.8	0.235	9791
F	---	0.9	0.281	11019
LA1c	---	1.6	0.418	20299
A1c	5.5	---	0.528	56866
P3	---	4.0	0.797	49462
Ao	---	87.0	1.007	1076548

Total Area: 1,236,909

HbA1c (NGSP) = 5.5 %



Test done from collected sample.

This is an electronically authenticated report.



Approved by: *Hiral Arora*
Dr. Hiral Arora

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Reg. No.: G-32999

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TEST REPORT

Reg. No. : 403100827 **Reg. Date** : 23-Mar-2024 14:01 **Ref.No** : **Approved On** : 23-Mar-2024 23:22
Name : Mr. PRAKASH JAGTANI **Collected On** : 23-Mar-2024 14:26
Age : 64 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CMIA</small>	1.12	ng/mL	0.40 - 1.81
T4 (Thyroxine), Total <small>CMIA</small>	7.45	µg/dL	5.0 - 11.70
TSH (Thyroid stimulating hormone) <small>CMIA</small>	3.257	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

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Vijay Prajapati

M.D. (Path)
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TEST REPORT

Reg. No. : 403100827	Reg. Date : 23-Mar-2024 14:01	Ref.No :	Approved On : 23-Mar-2024 15:58
Name : Mr. PRAKASH JAGTANI			Collected On : 23-Mar-2024 14:26
Age : 64 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>URINE ROUTINE EXAMINATION</u>			
<u>Physical Examination</u>			
Colour	Pale Yellow		
Clarity	Clear		
<u>CHEMICAL EXAMINATION (by strip test)</u>			
pH	6.5		4.6 - 8.0
Sp. Gravity	1.030		1.002 - 1.030
Protein	Present(Trace)		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Negative		Nil
Leucocytes	Nil		Nil
Blood	Absent		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Leucocytes (Pus Cells)	2-3		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.

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TEST REPORT

Reg. No. : 403100827 Reg. Date : 23-Mar-2024 14:01 Ref.No : Approved On : 23-Mar-2024 16:02
Name : Mr. PRAKASH JAGTANI Collected On : 23-Mar-2024 14:26
Age : 64 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	1.00	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.

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**Approved by: Dr. Keyur Patel**M.B.B.S.,D.C.P(Patho) Page 13 of 15
G- 22475**Generated On :** 23-Mar-2024 23:22**Approved On:** 23-Mar-2024 16:02

TEST REPORT

Reg. No. : 403100827 **Reg. Date :** 23-Mar-2024 14:01 **Ref.No :** **Approved On :** 23-Mar-2024 16:02
Name : Mr. PRAKASH JAGTANI **Collected On :** 23-Mar-2024 14:26
Age : 64 Years **Gender:** Male **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :**
Location :

Test Name	Results	Units	Bio. Ref. Interval
Urea	25.6	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.

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**Approved by: Dr. Keyur Patel**M.B.B.S.,D.C.P(Patho) Page 14 of 15
G- 22475**Generated On :** 23-Mar-2024 23:22**Approved On:** 23-Mar-2024 16:02

TEST REPORT

Reg. No. : 403100827	Reg. Date : 23-Mar-2024 14:01	Ref.No :	Approved On : 23-Mar-2024 22:39
Name : Mr. PRAKASH JAGTANI			Collected On : 23-Mar-2024 14:26
Age : 64 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>ELECTROLYTES</u>			
Sodium (Na+) <small>Method:ISE</small>	140.00	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	3.5	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>Method:ISE</small>	101.00	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.

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M.D. (Path)
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AUTO 1 0mm/mV

10mm/mV

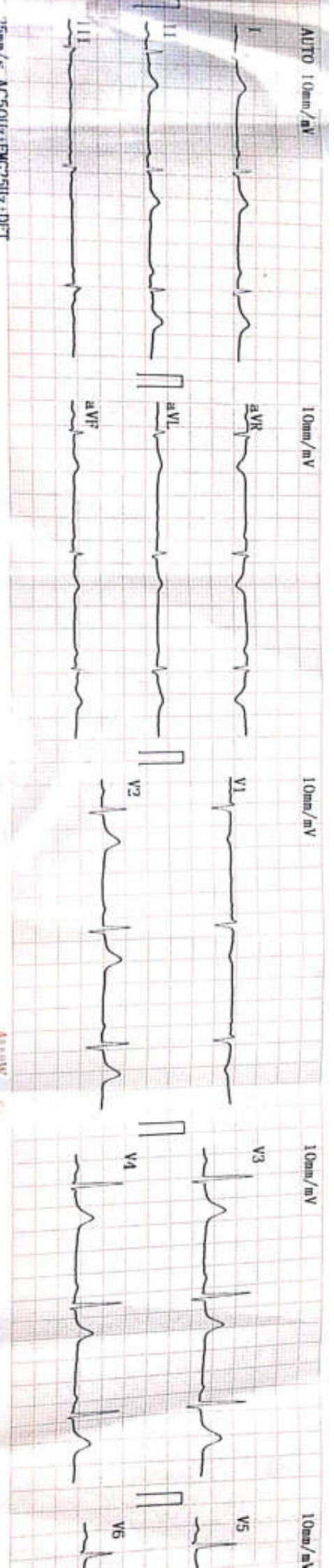
10mm/mV

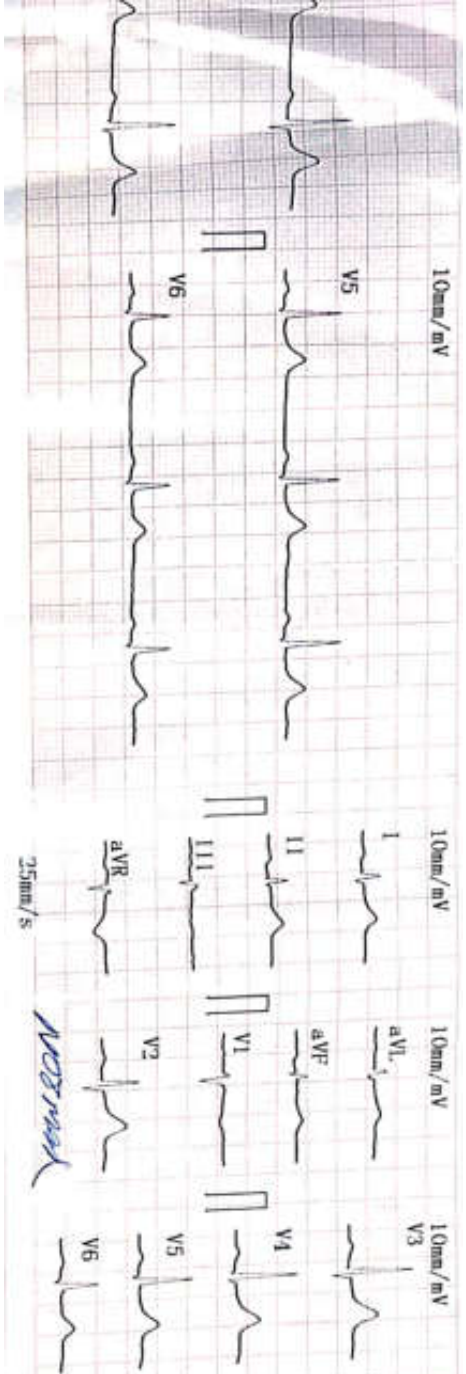
10mm/mV

10mm/mV

25mm/s AC50Hz EMC25Hz DFT

AssuW 61





1970-01-25 21:36
 ID :
 Name : **PROKASH THAKUR**
 Sex :
 Height :
 SYS :
 DIA :
 HR : 57 bpm
 PR Interval : 196 ms
 P Duration : 111 ms
 QRS Duration : 61 ms
 T Duration : 305 ms
 QT/QTc : 398/387 ms
 P/QRS/T Axis : 14.6/33.5/28.5 deg
 R(V5)/S(V1) : 0.89/0.38
 R(V5)/S(V1) : 1.28

Age :
 Weight : kg
 Report need physician confirm

<< Conclusions >>
 Sinus node Bradycardia,
 Cardiac electric axis normal.

DR. PARESH THAKKAR
 MD (Med) (CC) (Interventional Cardiology)
 G - 32546
 Physician



NAME :	PRAKASH JAGTANI	DATE :	23/03/2024
AGE/SEX:	64Y/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

M.D. Radiologist

Reg. No. 41469

Dr. VIDHI SHAH

MD RADIODIAGNOSIS-



NAME	PRAKASH BHULCHAND JAGTANI		
AGE/ SEX	64 yrs /M	DATE	23.03.2024
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, No AR, No PR.
- No TR, No PAH, RVSP=26 mmHg.
- No Clots or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size and preserved respiratory variation.

MEASUREMENTS:-

LVIDD	33 (mm)	LA	30 (mm)
LVIDS	18 (mm)	AO	20 (mm)
LVEF	60%	AV cusp	
IVSD / LVPWD	10/10 (mm)	EPSS	

DOPPLER STUDY:-

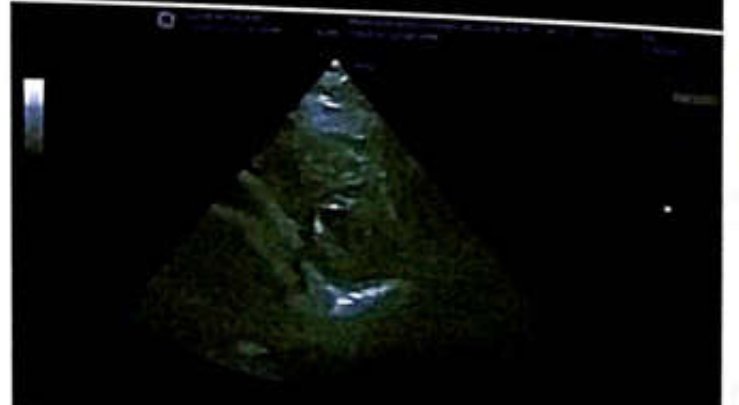
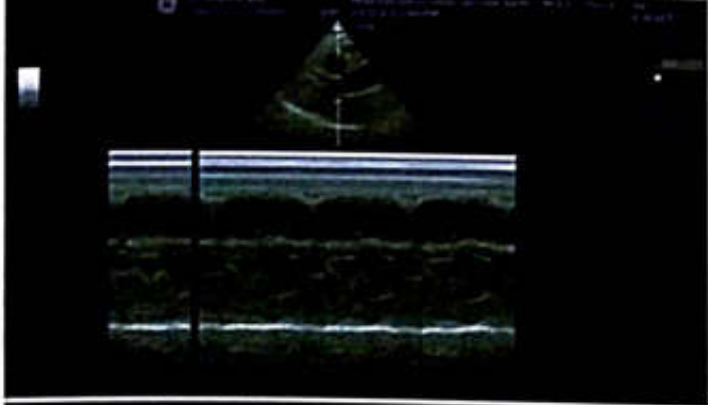
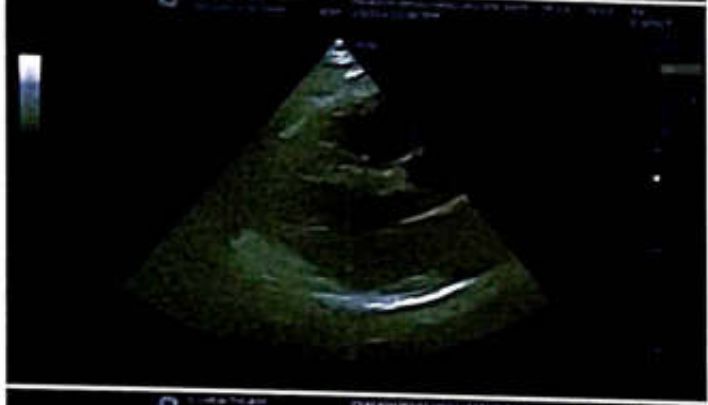
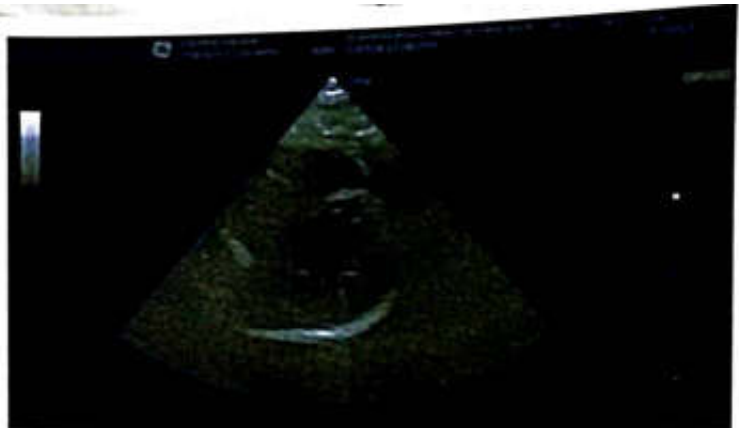
Valve	Velocity (M/sec)	Max gradient (MmHg)	Mean gradient (Mm Hg)	Valve area Cm ²
Aortic	0.9	5		
Mitral	E:0.5 A:0.7			
Pulmonary	0.8	3.0		
Tricuspid	1.1	20		

CONCLUSION:-

- Normal LV systolic function, LVEF= 60%.
- No RWMA at rest.
- Normal LV Compliance.
- All valves are structurally normal.
- Trivial MR, No AR, No PR/PS.
- No TR, No PAH, RVSP=26 mmHg.
- Normal IVC,

DR. PARTH THAKKAR
MD (Med.), Dr NB (Cardiology)
Interventional cardiologist
DR. PARTH THAKKAR
MD (Med.), Dr NB (Cardiology)
Interventional Cardiologist
7990179258

DR. ABHIMANYU D. KOTHARI
MD (Med.), DM (Cardiology)
Interventional Cardiologist
9714675115





NAME :	PRAKASH JAGTANI	DATE :	23/03/2024
AGE/SEX:	64Y/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 109 x 47 mm. Left kidney measures 115 x 54mm. Both kidneys appear normal in size & echotexture. No evidence of calculus or hydronephrosis on either side.

URINARY

BLADDER: appears distended and shows mild wall thickening. No evidence of calculus or mass lesion.

PROSTATE: mildly enlarged in size (24 cc) & echotexture.

Pre-void volume measures 400 cc and post void volume measures 250 cc.

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.

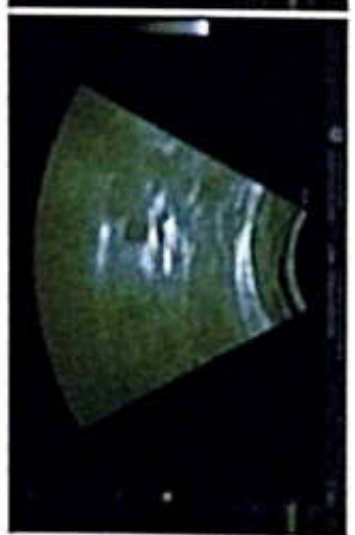
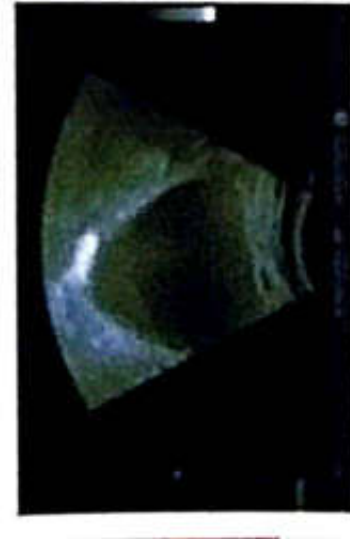
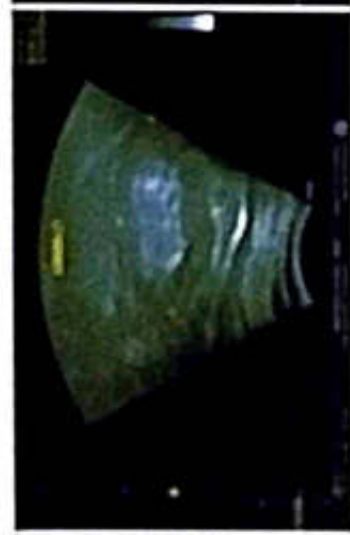
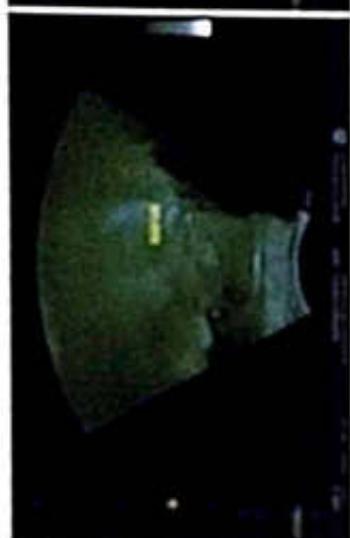
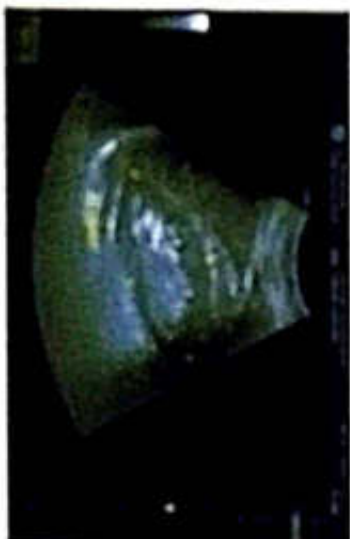
Approx. 22 mm sized defect noted in right inguinal region with herniation of small bowel loop and mesentery.

Weakness noted in left inguinal region with bulging of fat on coughing.

CONCLUSION:

- Mild urinary bladder wall thickening.
- Mildly enlarged prostate with significant post void residue.
- Inguinal hernia as mentioned.

Dr. Vidhi Shah
M.D. Radiologist
Dr. VIDHI SHAH
MD RADIODIAGNOSIS



TEST REPORT

Reg. No. : 403100844 **Reg. Date** : 23-Mar-2024 15:47 **Ref.No** : **Approved On** : 23-Mar-2024 18:21
Name : Mr. SUNITA JAGTANI **Collected On** : 23-Mar-2024 16:47
Age : 52 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
Complete Blood Count			
<u>Specimen: EDTA blood</u>			
Hemoglobin			
Hemoglobin(SLS method)	L 12.2	g/dL	13.0 - 17.0
Hematocrit (calculated)	L 38.1	%	40 - 50
RBC Count(Ele.Impedence)	4.63	X 10 ¹² /L	4.5 - 5.5
MCV (Calculated)	L 82.3	fL	83 - 101
MCH (Calculated)	L 26.3	pg	27 - 32
MCHC (Calculated)	32.0	g/dL	31.5 - 34.5
RDW (Calculated)	14.0	%	11.5 - 14.5
Differential WBC count (Impedance and flow)			
Total WBC count	8500	/μL	4000 - 10000
Neutrophils	57	%	38 - 70
Lymphocytes	36	%	21 - 49
Monocytes	04	%	3 - 11
Eosinophils	03	%	0 - 7
Basophils	00	%	0 - 1
Platelet			
Platelet Count (Ele.Impedence)	310000	/cmm	150000 - 410000
MPV	11.00	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

M.B.B.S.,D.C.P(Patho) Page 1 of 14
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Generated On : 25-Mar-2024 16:26

Approved On: 23-Mar-2024 18:21

TEST REPORT

Reg. No. : 403100844 **Reg. Date** : 23-Mar-2024 15:47 **Ref.No** : **Approved On** : 23-Mar-2024 18:34
Name : Mr. SUNITA JAGTANI **Collected On** : 23-Mar-2024 16:47
Age : 52 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
ESR	02	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs : <30

Method:Modified Westergren

EDTA Whole Blood

Test done from collected sample.

This is an electronically authenticated report.



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M.B.B.S.,D.C.P(Patho) Page 2 of 14
G- 22475

Generated On : 25-Mar-2024 16:26

Approved On: 23-Mar-2024 18:34

TEST REPORT

Reg. No. : 403100844 Reg. Date : 23-Mar-2024 15:47 Ref.No : Approved On : 23-Mar-2024 18:12
Name : Mr. SUNITA JAGTANI Collected On : 23-Mar-2024 16:47
Age : 52 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

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

Test done from collected sample.

This is an electronically authenticated report.



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M.B.B.S.,D.C.P(Patho) Page 3 of 14
G- 22475

Generated On : 25-Mar-2024 16:26

Approved On: 23-Mar-2024 18:12

TEST REPORT

Reg. No. : 403100844 **Reg. Date** : 23-Mar-2024 15:47 **Ref.No** : **Approved On** : 23-Mar-2024 18:24
Name : Mr. SUNITA JAGTANI **Collected On** : 23-Mar-2024 16:47
Age : 52 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
FASTING PLASMA GLUCOSE Specimen: Fluoride plasma			
Fasting Plasma Glucose <i>Hexokinase</i>	104.73	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.

Test done from collected sample.

This is an electronically authenticated report.

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G- 22475**Generated On :** 25-Mar-2024 16:26**Approved On:** 23-Mar-2024 18:24

TEST REPORT

Reg. No. : 403100844 **Reg. Date** : 23-Mar-2024 15:47 **Ref.No** : **Approved On** : 23-Mar-2024 18:31
Name : Mr. SUNITA JAGTANI **Collected On** : 23-Mar-2024 16:47
Age : 52 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE			
CHOLESTEROL	213.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride <i>Enzymatic Colorimetric Method</i>	142.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <i>Calculated</i>	28	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <i>Calculated Method</i>	117.96	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	67.04	mg/dL	<40 >60
CHOL/HDL RATIO <i>Calculated</i>	3.18		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	1.76		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	670.00	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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M.B.B.S.,D.C.P(Patho) Page 5 of 14
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Generated On : 25-Mar-2024 16:26

Approved On: 23-Mar-2024 18:31

TEST REPORT

Reg. No. : 403100844	Reg. Date : 23-Mar-2024 15:47	Ref.No :	Approved On : 23-Mar-2024 18:33
Name : Mr. SUNITA JAGTANI			Collected On : 23-Mar-2024 16:47
Age : 52 Years	Gender : Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>LIVER FUNCTION TEST</u>			
TOTAL PROTEIN <small>Biuret Colorimetric</small>	7.9	g/dL	6.4 - 8.3
ALBUMIN <small>Bromocresol Green(BCG)</small>	4.1	g/dL	3.2 - 5.0
GLOBULIN <small>Calculated</small>	H 3.80	g/dL	2.4 - 3.5
ALB/GLB <small>Calculated</small>	L 1.08		1.2 - 2.2
SGOT <small>Pyridoxal 5 Phosphate Activation, IFCC</small>	23.6	U/L	0 - 40
SGPT <small>Pyridoxal 5 Phosphate Activation, Ifcc</small>	23.5	U/L	0 - 41
Alkaline Phosphatase <small>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</small>	69.6	U/L	40 - 130
TOTAL BILIRUBIN <small>Diazo</small>	0.88	mg/dL	0.0 - 1.2
DIRECT BILIRUBIN <small>Diazo Reaction</small>	0.11	mg/dL	0 - 0.3
INDIRECT BILIRUBIN <small>Calculated</small>	0.77	mg/dL	0.0 - 1.00
Serum			

Test done from collected sample.

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M.B.B.S.,D.C.P(Patho) Page 6 of 14
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Generated On : 25-Mar-2024 16:26

Approved On: 23-Mar-2024 18:33

TEST REPORT

Reg. No. : 403100844 **Reg. Date :** 23-Mar-2024 15:47 **Ref.No :** **Approved On :** 23-Mar-2024 23:55
Name : Mr. SUNITA JAGTANI **Collected On :** 23-Mar-2024 16:47
Age : 52 Years **Gender:** Male **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :**
Location :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C) <i>High Performance Liquid Chromatography (HPLC)</i>	6.30	%	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 <i>(Calculated)</i>	134	mg/dL	

Sample Type: EDTA Whole Blood

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 ≥ 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 ≥ 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. Vijay Prajapati

M.D. (Path)
G - 12976

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Generated On : 25-Mar-2024 16:26

Approved On: 23-Mar-2024 23:55

TEST REPORT

Reg. No. : 403100844	Reg. Date : 23-Mar-2024 15:47	Ref.No. :	Approved On : 23-Mar-2024 23:55
Name : Mr. SUNITA JAGTANI			Collected On : 23-Mar-2024 16:47
Age : 52 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

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

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID: 140303500669
 Patient ID:
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

Analysis Performed: 23/03/2024 23:08:52
 Injection Number: 12748
 Run Number: 551
 Rack ID:
 Tube Number: 8
 Report Generated: 23/03/2024 23:12:05
 Operator ID:

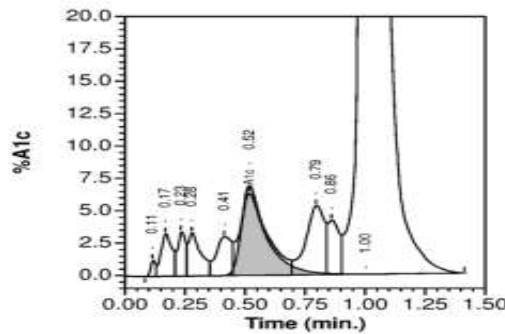
Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.2	0.114	2652
A1a	---	1.2	0.167	15602
A1b	---	0.9	0.232	11884
F	---	1.3	0.277	17674
LA1c	---	1.8	0.413	23596
A1c	6.3*	---	0.518	70910
P3	---	3.2	0.795	42511
P4	---	1.5	0.859	20498
Ao	---	84.5	1.003	1119081

*Values outside of expected ranges

Total Area: 1,324,406

HbA1c (NGSP) = 6.3* %



Test done from collected sample.

This is an electronically authenticated report.



Vijay

Approved by: Dr. Vijay Prajapati

**M.D. (Path)
G - 12976**

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Generated On : 25-Mar-2024 16:26

Approved On: 23-Mar-2024 23:55

TEST REPORT

Reg. No. : 403100844 **Reg. Date** : 23-Mar-2024 15:47 **Ref.No** : **Approved On** : 23-Mar-2024 23:18
Name : Mr. SUNITA JAGTANI **Collected On** : 23-Mar-2024 16:47
Age : 52 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CMIA</small>	1.05	ng/mL	0.40 - 1.81
T4 (Thyroxine), Total <small>CMIA</small>	8.83	µg/dL	4.6 - 10.5
TSH (Thyroid stimulating hormone) <small>CMIA</small>	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-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

Test done from collected sample.

This is an electronically authenticated report.



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M.D. (Path)
G - 12976

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Generated On : 25-Mar-2024 16:26

Approved On: 23-Mar-2024 23:18



- 3D/4D Sonography
- Liver Elastography
- ECHO
- Dental & Eye Checkup
- Mammography
- Treadmill Test
- PFT
- Full Body Health Checkup
- X-Ray
- ECG
- Audiometry
- Nutrition Consultation

☐ RADIOLOGY ☐ HEALTH CHECK UP ☐ PATHLOGY ☐ RADIO DIAGNOSTIC

MC-2024

LABORATORY REPORT



Reg. No : 40303500669	Histo / Cyto No : C24101936	Reg. Date : 23-Mar-2024 15:47
Name : Mr. SUNITA JAGTANI		Collected on : 23-Mar-2024 18:15
Sex/Age : Male / 52 Years		Report Date : 25-Mar-2024
Ref. By : APOLLO		Tele. No :
Location :		Dispatch At :

CYTOPATHOLOGY REPORT

Specimen :

Liquid based cervical smear.

Grossing Description :

1 Liquid based container received, 1 smear is prepared, PAP stain done.

Microscopic Description :

Smear is satisfactory for evaluation.

Few metaplastic squamous cells are seen.

Many parabasal cells, few superficial and intermediate cells seen.

No significant inflammation. Few lactobacilli are seen. No parasites/ fungi.

No evidence of intraepithelial lesion or malignancy.

Diagnosis :

Liquid based cervical smear - **Features of atrophy and negative for intraepithelial lesion or malignancy.**

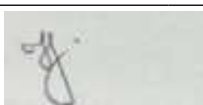
(The Bethesda System for the reporting of cervical cytology, 2014).

Note - The PAP test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP tests are recommended.

Cervical cancer screening guideline for average risk woman.

American Cancer Society (ACS) /American Cancer Society for Colposcopy and Cervical pathology/American Society for Clinical Pathology (ASCP) Guidelines, 2012.

Population	ACS/ASCCP/ASCPs
Younger than 21 years	No screening.



DR TORSHA JANA

MD Pathology

Reg. No.- G-71716

Approved On: 25-Mar-2024 16:26

Generated On : 25-Mar-2024 16:26

This is an electronically authenticated report.

- For Appointment : 7567 000 750
- www.conceptdiagnostics.com
- conceptdiaghealthcare@gmail.com

1st Floor, Sanjanta Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.





- 3D/4D Sonography
- Mammography
- X-Ray
- Liver Elastography
- Treadmill Test
- ECG
- ECHO
- PFT
- Audiometry
- Dental & Eye Checkup
- Full Body Health Checkup
- Nutrition Consultation

☐ RADIOLOGY ☐ HEALTH CHECK UP ☐ PATHLOGY ☐ CARDIO DIAGNOSTIC

MC-2024

LABORATORY REPORT



Reg. No : 40303500669 Histo / Cyto No : C24101936 Reg. Date : 23-Mar-2024 15:47
 Name : Mr. SUNITA JAGTANI Collected on : 23-Mar-2024 18:15
 Sex/Age : Male / 52 Years Report Date : 25-Mar-2024
 Ref. By : APOLLO Tele. No :
 Location : Dispatch At :

21-29 years	Screening with cytology alone every 3 years is recommended.
30-65 years	Cytology and HPV testing (" co-testing ") every 5 years (preferred) or Cytology alone every 3 years (acceptable) is recommended.
Older than 65 years	Stop screening with adequate screening history.

Note - Women who have a history of cervical cancer, HIV infection, weakened immune system should not follow these routine guidelines.

If you have an abnormal cervical cancer screening test result, you may have additional testing/treatment. Your doctor will recommend when you can resume routine screening.

All stained slides and/or paraffin blocks labeled Histo/Cyto No: C24101936 returned along with report. Please preserve them Carefully.



DR TORSHA JANA

MD Pathology

Reg. No.:- G-71716

Approved On: 25-Mar-2024 16:26

Generated On : 25-Mar-2024 16:26

For Appointment : 7567 000 750

www.conceptdiagnostics.com

conceptdiaghealthcare@gmail.com

This is an electronically authenticated report.

1st Floor, Sanjanta Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.

TEST REPORT

Reg. No. : 403100844 **Reg. Date** : 23-Mar-2024 15:47 **Ref.No** : **Approved On** : 23-Mar-2024 18:27
Name : Mr. SUNITA JAGTANI **Collected On** : 23-Mar-2024 16:47
Age : 52 Years **Gender:** Male **Pass. No.** : **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.77	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) Page 12 of 14
G- 22475**Generated On** : 25-Mar-2024 16:26**Approved On:** 23-Mar-2024 18:27

TEST REPORT

Reg. No. : 403100844 **Reg. Date** : 23-Mar-2024 15:47 **Ref.No** : **Approved On** : 23-Mar-2024 18:40
Name : Mr. SUNITA JAGTANI **Collected On** : 23-Mar-2024 16:47
Age : 52 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
Urea	18.6	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 13 of 14
G- 22475**Generated On :** 25-Mar-2024 16:26**Approved On:** 23-Mar-2024 18:40

TEST REPORT

Reg. No. : 403100844	Reg. Date : 23-Mar-2024 15:47	Ref.No :	Approved On : 23-Mar-2024 23:14
Name : Mr. SUNITA JAGTANI			Collected On : 23-Mar-2024 16:47
Age : 52 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>ELECTROLYTES</u>			
Sodium (Na+) <small>Method:ISE</small>	145.00	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	5.0	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>Method:ISE</small>	105.00	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.



Vijay

Approved by: Dr. Vijay Prajapati

M.D. (Path)
G - 12976

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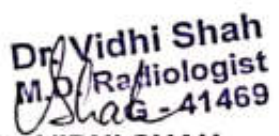


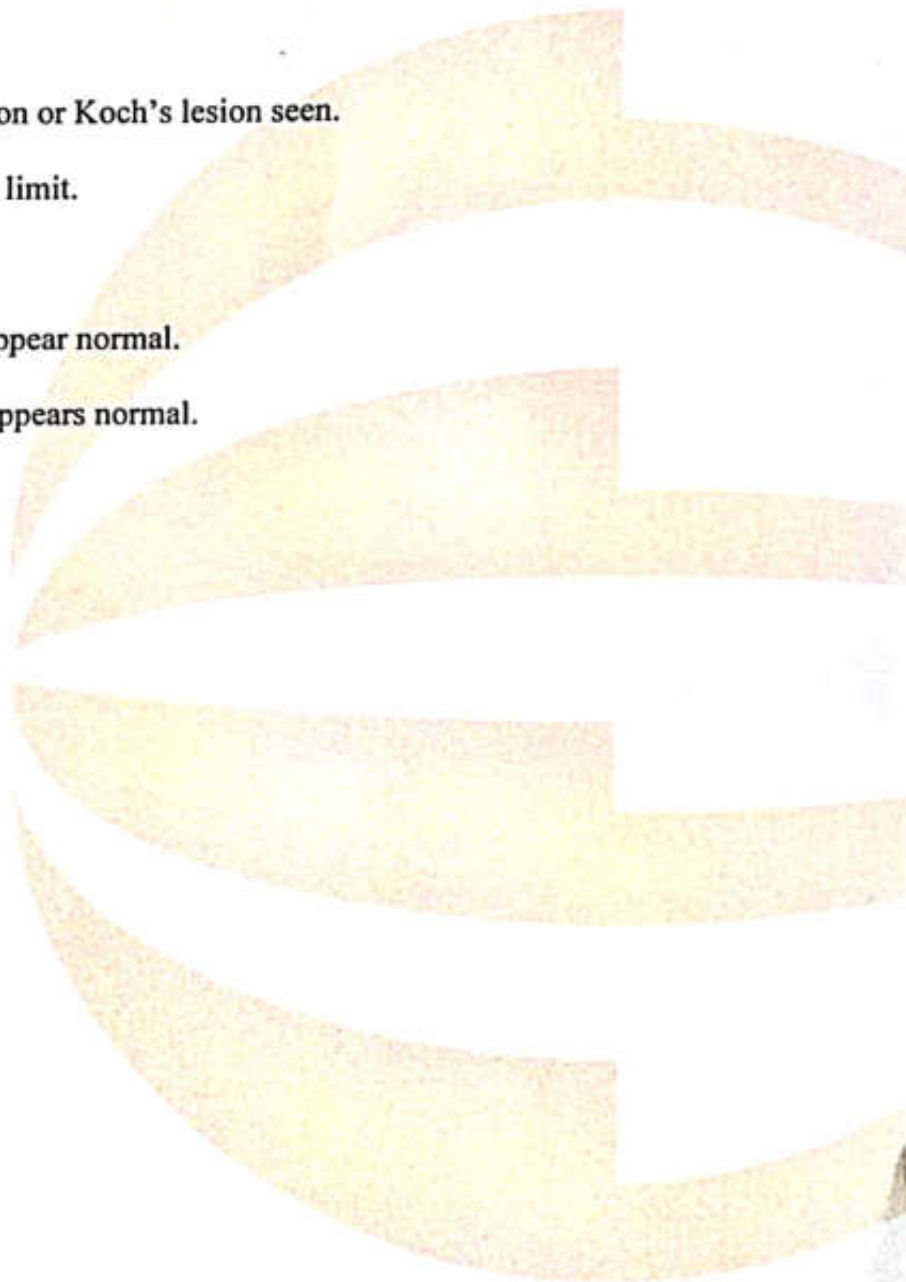
□ RADIOLOGY □ HEALTH CHECK UP □ PATHLOGY □ CARDIO DIAGNOSTIC

NAME :	SUNITA JAGTANI	DATE :	23/03/2024
AGE/SEX:	58Y/F	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	SUNITA PRAKASH JAGTANI		
AGE/ SEX	58 yrs /F	DATE	23.03.2024
REF. BY	HEATH 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, No AR, No PR.
- No TR, No PAH, RVSP=27 mmHg.
- No Clots or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size and preserved respiratory variation.



MEASUREMENTS:-

LVIDD	33 (mm)	LA	28 (mm)
LVIDS	21 (mm)	AO	24(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:0.5 A:0.7			
Pulmonary	0.8	3.0		
Tricuspid	1.1	20		

CONCLUSION:-

- > Normal LV systolic function, LVEF= 60%.
- > No RWMA at rest.
- > Normal LV Compliance.
- > All valves are structurally normal.
- > Trivial MR, No AR, No PR/PS.
- > No TR, No PAH, RVSP=27 mmHg.

> Normal IVC

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