

**TEST REPORT**

Reg. No : 2409100169 **UHID :** UHID26712 **Reg. Date :** 07-Sep-2024
Name : MRS. SNEHAL PRATIK MACWAN **Collected On :** 07-Sep-2024 09:37
Age/Sex : 34 Years / Female **Report Date :** 07-Sep-2024
Ref. By : MEDIWHEEL

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (SLS method)	10.8	g/dL	12.0 - 15.0
Hematocrit (Electrical Impedance)	33.7	%	40 - 54
RBC Count (Electrical Impedance)	4.24	million/cmm	3.8 - 4.8
WBC Count (Flowcytometry)	5950	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	296000	/cmm	150000 - 410000
MCV (Calculated)	79.6	fL	83 - 101
MCH (Calculated)	25.4	Pg	27 - 32
MCHC (Calculated)	31.9	%	31.5 - 34.5
RDW (Calculated)	12.5	%	11.5 - 14.5

DIFFERENTIAL WBC COUNT

Neutrophils (%)	55	%	38 - 70
Lymphocytes (%)	37	%	20 - 45
Monocytes (%)	05	%	2 - 8
Eosinophils (%)	03	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	3250	/cmm	1800 - 7700
Lymphocytes (Absolute)	2220	/cmm	1000 - 3900
Monocytes (Absolute)	310	/cmm	200 - 800
Eosinophils (Absolute)	150	/cmm	20 - 500
Basophils (Absolute)	20	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	1.46	/cmm	0.7 - 4.0

PERIPHERAL SMEAR EXAMINATION

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


ERYTHROCYTE SEDIMENTATION RATE

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

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Approved by: 
Dr. Yesha H. Shah
(MD.Pathology)


Mr. Akshay Parmar
M.Sc(Biochemistry)



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Parameter	Result	Unit	Reference Interval
FBS Fasting Blood Sugar (FBS) Glucose Oxidase-Peroxidase	104.3	mg/dL	70 - 110
PPBS Post Prandial Blood Sugar (PPBS) Glucose Oxidase-Peroxidase	124.0	mg/dL	110 - 140


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HEMOGLOBIN A1C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>HPLC, NGSP Certified</i>	5.6	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose <i>Calculated</i>	114.02	mg/dL	

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 glucosedissolved 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.

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).


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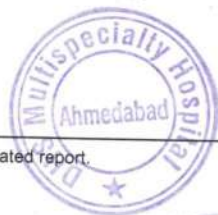


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<u>LIVER FUNCTION TEST</u>			
SGPT <i>Optimized UV-IFCC</i>	39.0	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	20.9	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.26	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.12	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.14	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	54.3	U/L	53 - 128
Total Protein	5.84	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.00	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.84	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.06		0.8 - 2.0
GGT	21.3	U/L	1 - 55
HBsAg <i>Immunochromatography</i>	Non - Reactive		

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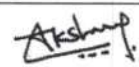
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RENAL FUNCTION TEST			
Creatinine <i>Enzymatic ,IDMS Traceable</i>	0.67	mg/dL	0.6 - 1.1
Urea <i>Urease-GLDH, enzymatic UV</i>	14.3	mg/dL	13.0 - 40.0
BUN <i>Calculated</i>	6.68	mg/dL	7 - 23
Uric Acid <i>Enzymatic using TBHBA</i>	4.5	mg/dL	2.6 - 6.2
Sodium <i>Direct ISE</i>	139.1	mmol/L	137 - 145
Potassium <i>Direct ISE</i>	4.52	mmol/L	3.6 - 5.0
Chloride <i>Direct ISE</i>	95.3	mmol/L	94 - 110
Ionized Calcium <i>Direct ISE</i>	4.78	mg/dL	4.4 - 5.4

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LIPID PROFILE


Cholesterol <i>CHOD-PAP method</i>	168	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	116.9	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	23.38	mg/dL	15 - 35
LDL CHOLESTEROL	95.72	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Magnetic Cholesterol Oxidase</i>	48.9	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	3.44		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	1.96		0 - 3.5
Total Lipids <i>Calculated</i>	529.80		400 - 1000

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

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THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>CMIA</i>	2.75	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>CMIA</i>	8.9	µg/dL	4.5 - 12.5
TSH <i>ELFA-Enzyme Linked Fluorescent Assay</i>	1.730	µIU/ml	0.35 - 4.94

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL

Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition.

Philadelphia: WB Saunders, 2012:2170

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DHS Properties and Hospitals LLP. | CIN : AAA-7816



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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity 20 cc
Colour Pale Yellow
Clarity Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

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



MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

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

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Name: SNEHAL MACWAN

Sex: Female

Clinic No.:

Age: 34Y

Bed No.:

SN: 0000940

Section:

Date: 07/09/2024 11:10:18

Case No.:

bpm 70 72 72 69 69 71 73 75 74 70

ms 856 826 824 858 862 838 812 796 802 850

ms 856 826 824 858 862 838 812 796 802 850

ms 856 826 824 858 862 838 812 796 802 850

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ms 856 826 824 858 862 838 812 796 802 850

ms 856 826 824 858 862 838 812 796 802 850

Frequency: 1000 Hz
 Sample Time: 13s
 HR: 72 bpm
 P Interval: 66 ms
 QRS Interval: 78 ms
 T Interval: 218 ms
 PR Interval: 154 ms
 QT Interval: 406 ms
 QTc Interval: 445 ms
 P Axis: 43.17°
 QRS Axis: 32.03°
 T Axis: 15.54°

Prompt:
 Total Beats 13, Normal Beats 13, SVE 0, VE 0.
 Normal Heart Rate (HR between 60 and 100 bpm).
 Normal cardiac electric axis (QRS axis between 30 degree and 90 degree).



Phys Sign:

PA	0.98mV
RA	-0.13mV
SA	0.54mV
STM	-
TA	0.01mV
PA	0.23mV
RA	0.08mV
SA	-
STM	-
TA	-
PA	0.17mV
RA	0.03mV
SA	-
STM	-
TA	-
PA	0.15mV
RA	-0.16mV
SA	-0.01mV
STM	-
TA	-
PA	-0.06mV
RA	-0.08mV
SA	-
STM	-
TA	-
PA	0.06mV
RA	-0.58mV
SA	-0.07mV
STM	-
TA	-
PA	0.69mV
RA	-0.14mV
SA	0.37mV
STM	-
TA	-
PA	-0.04mV
RA	0.14mV
SA	0.05mV
STM	-
TA	-
PA	0.21mV
RA	-
SA	-
STM	-
TA	-
PA	0.06mV
RA	0.02mV
SA	-
STM	-
TA	-
PA	-
RA	-
SA	-
STM	-
TA	-
PA	0.39mV
RA	-0.59mV
SA	0.02mV
STM	-
TA	-
PA	-0.10mV
RA	0.04mV
SA	-
STM	-
TA	-
PA	0.36mV
RA	-1.10mV
SA	0.09mV
STM	-
TA	-
PA	0.21mV
RA	0.05mV
SA	-
STM	-
TA	-
PA	0.60mV
RA	-0.76mV
SA	0.06mV
STM	-
TA	-
PA	-
RA	-
SA	-
STM	-
TA	-
PA	0.58mV
RA	-0.45mV
SA	0.04mV
STM	-
TA	-
PA	0.17mV
RA	0.05mV
SA	-
STM	-
TA	-
PA	0.72mV
RA	-0.20mV
SA	0.02mV
STM	-
TA	-
PA	0.05mV
RA	-0.02mV
SA	-0.05mV
STM	-
TA	-
PA	0.22mV

25mm/s 10mm/mV

Patient Name	SNEHAL P MACWAN	Patient ID	UHID26712
Age/Gender	34 Years / F	Study Date	07-Sep-2024
Referred By		Reported Date	07-Sept-2024

X – RAY CHEST PA VIEW:

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



Dr.Sunny Shivilani
MD Radiology REG-33548

Date Reported: 07-Sept-2024



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

PATIENT NAME**MRS. SNEHAL MACWANA****AGE / SEX****34 YRS/FEMALE****REF. DOCTOR****DR. DHS DOCTOR TEAM****DATE****07/09/2024****2D ECHO CARDIOGRAPHY REPORT****Observation:**

1. Normal LV size with Normal LV systolic function. LVEF: 65%.
2. No RWMA at rest.
3. Normal LV compliance.
4. Normal sized LA, RA and RV. Normal RV function.
5. All valves are normal in structure.
6. IAS and IVS are intact.
7. No PAH. RVSP = 29 mmHg.
8. No clot/ vegetation / pericardial effusion.
9. Doppler: Trivial MR, No TR, No AR, No PR.
10. IVC is normal in size and well collapse on inspiration.

Conclusion:

Normal LV systolic function.
No RWMA.
No PAH.

Measurements :

LVIDD	42.0 mm	AO	27.0mm
LVIDS	26.0 mm	LA	32.0mm
LVEF	65%		
IVSD/LVPWD	0.9.0mm/0.8.0mm		

DOPPLER STUDY:

Valves	velocity	Max gradient	Mean gradient	Area	Regurgitation
Aortic	1.1	5.8			No AR
Mitral	E:0.3 A: 0.5				Trivial MR
Pulmonary	0.8	3.5			No PR
Tricuspid	0.5	1.1			No PR



DR. ARCHIT PARIKH
3052 (Gen. Medicine)
DHS MULTISPECIALTY HOSPITAL

SNEHAL MACWAN
34 Y/F
HEALTH CHECK UP
07/09/2024

U.S.G. OF ABDOMEN AND PELVIS

Liver: appears normal in size & shows **grade 2 fatty changes**. No focal lesion is seen. No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

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

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

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

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

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

Uterus appears normal in size & echopattern. No focal lesion is seen
Both ovaries appear normal. No adnexal mass is seen on either side.

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

IMPRESSION:

Grade 2 fatty liver

Clinical correlation suggested. Thanks for reference.



DR. BHADRESH CHUDASAMA
MD RADIOLOGY

