



PANCHMUKHI HOSPITAL

Dr C P Dadhaniya

Dr R C Dadhaniya

MBBS, Dip.G.O, Diabetologist

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639,8320711901

policy number :
full name : Chhaya Hiteshbhai
identity proof : Aadhar card
identity proof no : 8922
gender : male & 56
height : 175
weight : 91
B P : 118/88
pulse : 66/min Regular
blood sample : Yes
fasting mode : Yes
non fasting mode : Yes

past history : No

Dental : Healthy

Colour vision : Normal

* (15/14)

DR. C. P. DADHANIYA
M.B. Diabetologist
Int. Physician (CIH)
Reg. No. G-2798
CO. NO. 376.13
Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT.

NAME: Chatur, Hitosh Bhai
 AGE/ GENDER: 56 / male

DATE: 23/03/24

PATIENT'S REFRACTION DEATILES

		SPHE	CYL	AXIS	VN
R	D	n	n	n	6/g
	N	n			6/g
L	D	n	n	n	6/g
	N	n			6/g

REMARKS:

CHECKED BY: DR. C. P. DADHANIYA
 M.B. Diabetologist
 Regd. No. G19748
 Code No. 370943

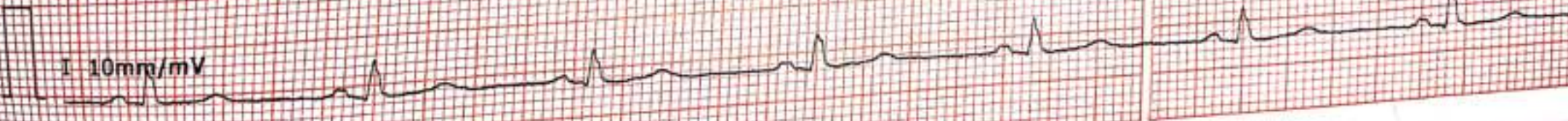
Panchmukhi Hospital
 Mavdi Chowki,
 150 Ft. Ring Road, RAJKOT.

X *[Signature]*

PATIENT'S REF...

10mm/mV AUTO

10mm/mV



I 10mm/mV

25mm/s AC ON 0.05-35Hz

0 b1k

2024-3-23 8:43:44 ID:00003870

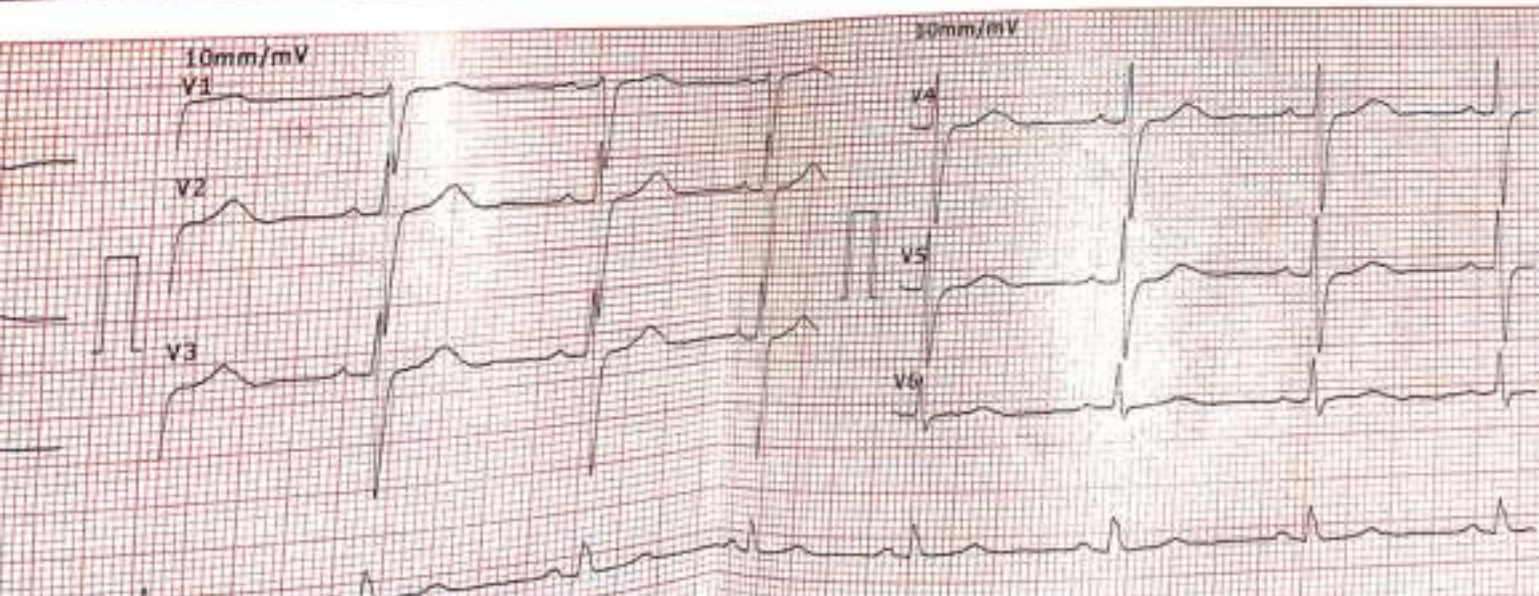
ID Card
Name: *Chhappu Kizakanni* Gender: *male*
Age: *56* Height(cm):
Weight(Kg): BP(mmHg): *A*

DR. C. P. DADHANIYA
M.D. Diabetologist
HR: *65*
P-R: *133* ms
Q-R-S: *106* ms
QT/QTc: *410/426* ms
Rajeshwari Hospital deg 54/8/43
Ward: Chowki, mV 0.67/0.39
d/s/d/s/vi. R. Road RAJKOT, mV 1.56

(Signature)

*The result must be confirmed by doctor

Report Confirmed by



મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date :

સુવિધાઓ

- જનરલ પ્રેક્ટીસ
- સ્ત્રીરોગ વિભાગ
- સોનોગ્રાફી
- સર્જરી વિભાગ
- મેડીસીન વિભાગ
- ઓર્થોપેડીક વિભાગ
- બાળરોગ વિભાગ
- એનોરેક્ટલ સર્જરી
- યુરોલોજી
- લેપ્રોસ્કોપી સર્જરી
- આર.એસ.બી.વાય તથા ચિરંજીવી યોજના
- દરેક જાતની રસી (વેક્સીન) દરરોજ આપવામા આવે છે

રિપોર્ટ કનક્રેટીય ઓપી

Stool Report કનક્રેટીય નવ

રિપોર્ટ
૨૩/૩/૨૫.

Dr. C. P. DADRANIYA
M.B.B.S., C.I.H
Regd. No. G19798
PANCHMUKHI HOSPITAL
MAVADI CHOKADI,
150' RING ROAD. RAJKOT



भारत सरकार
Government of India



छाया हीतेशभाई
Chhaya Hiteshbhai
लिंग/दीर्घ/DOB: 22/11/1967
पुंशु/ MALE

4474 4622 8922

VID : 9192 4166 3720 5364

भारत सरकार, भारत सरकार



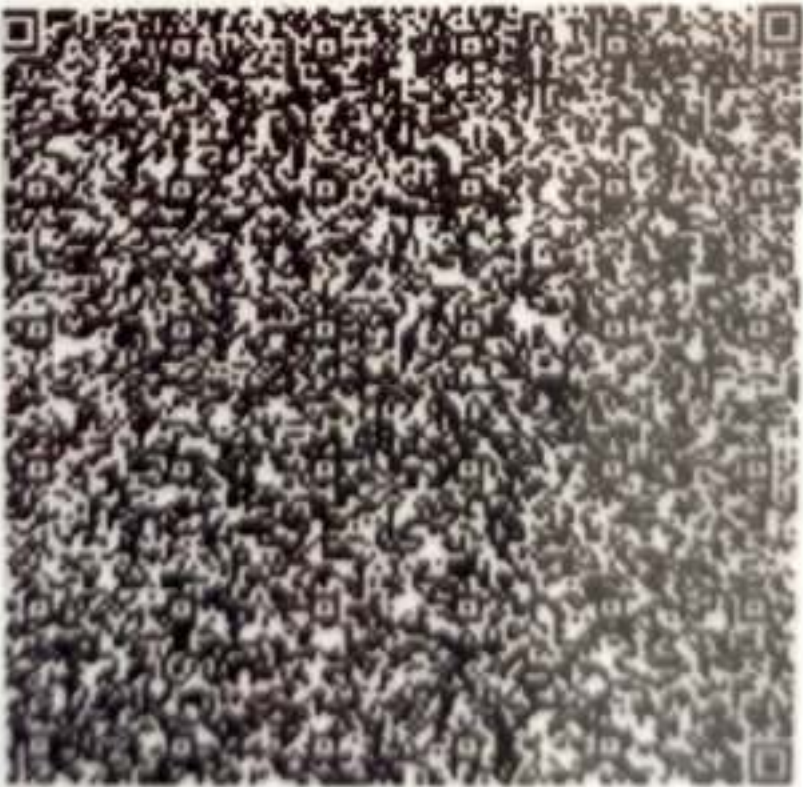
ભારતીય વિશિષ્ટ ઓળખણાઈ પ્રાધિકારણ

Unique Identification Authority of India



સંસ્થાનું :
બી યુએ: સોલસરાય, ઓશ્વાલ સોસાયટી, જામનગર, જામનગર,
ગુજરાત - 361006

Address:
S/O: Kanaray, oshval society, jamnagar,
Jamnagar (M.corp + Og), Jamnagar,
Gujarat - 361006

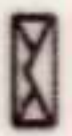


4474 4622 8922

VID : 9192 4166 3720 5364



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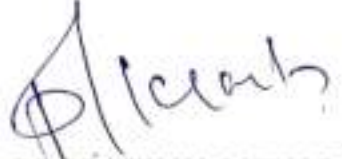
Date: 23 March, 2024

Pt.'s Name: CHHAY HITESHBHAI

Radiograph of chest (PA view)

- Both the lung fields are clear.
- No e/o consolidation, cavitations or collapse.
- Both the hila appears normal
- Both costophrenic angles appear clear.
- Both domes of diaphragm appear normal.
- Cardiac size is within normal limit.
- Bones underview reveals no evident abnormality.

Thanks for reference.


DR PRATIK KAGATHARA
MD



Patient's Name: CHHAY HITESHBHAI

DATE: 23 March 2024

U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows bright parenchymal echotexture. No focal lesion noted. Intrahepatic biliary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** collapsed
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No e/o calculi or hydronephrosis on either side.
- **URINARY BLADDER:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angles clear.

CONCLUSION:

- Grade II fatty changes in liver.

Thanks for reference.

DR. PRATIK KAGATHARA
MD

ECHOCARDIOGRAPHY & COLOR DOPPLER

Patient Name : Hiteshbhai Chhaya
Ref.By : Dr Dadhaniya Sir

Age/Sex : 56/M
Date : 23/3/24

SUMMARY OF 2D ECHO

LA, LV size Normal

Concentric LVH (IVSd - 1.41cm, LVIDd-4.5cm, LVPWd-1.18cm, IVSs-2cm,
LVIDs-3cm, LVPWs-1.33cm)

No RWMA at rest

Overall LVEF -60 %.

RA , RV size and function Normal

All valves appear Normal in structure

No E/O Vegetation / clot /Pericardial effusion

IAS / IVS intact

No shunt across great vessels

IVC Size Normal 13 mm and collapsing > 50% on deep inspiration

Colour Doppler

Mitral Valve: E/A ratio 0.7 , TDI s/o E* < A*

No MR

Tricuspid Valve: Trivial TR , CW TR jet 30 mmHg

Estimated PASP 35 mm Hg (RAP 5mmHg)

Aortic Valve: No AR

No significant LVOT gradient - AV PG Max 6mm Hg

Pulmonary Valve : No PR , PV Max PG 8 mm Hg

FINAL IMPRESSION

Good LV systolic function at rest

Concentric LVH

LV Diastolic Dysfunction

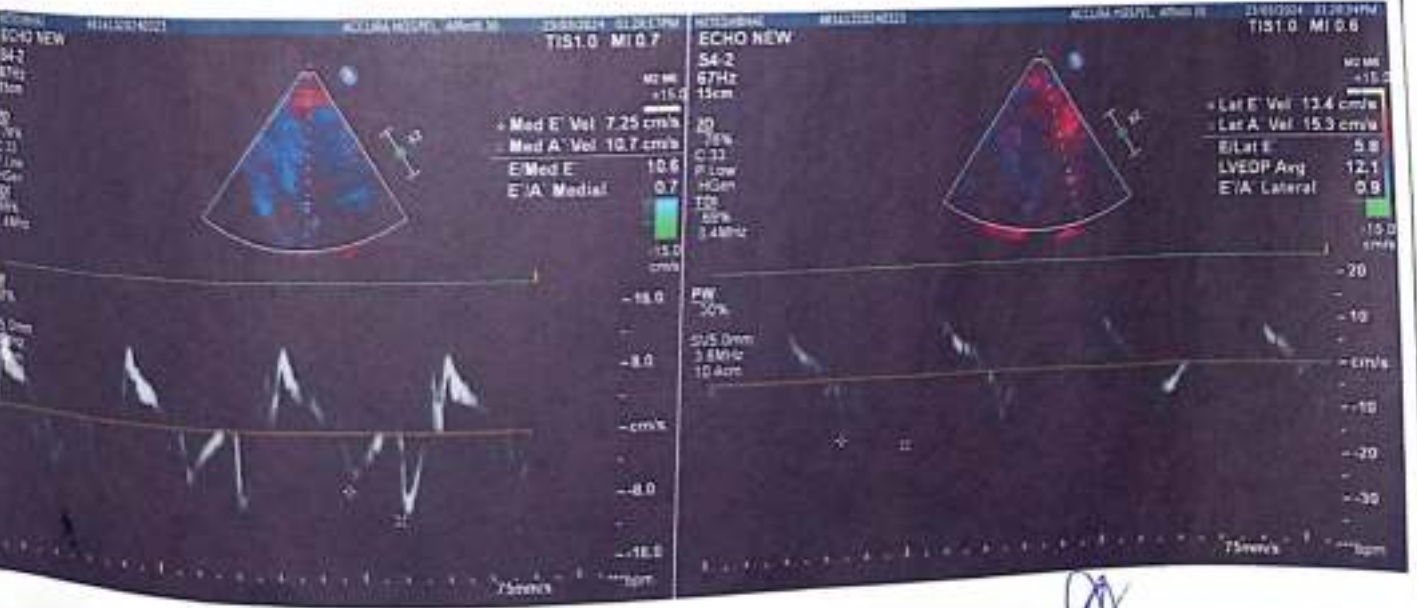
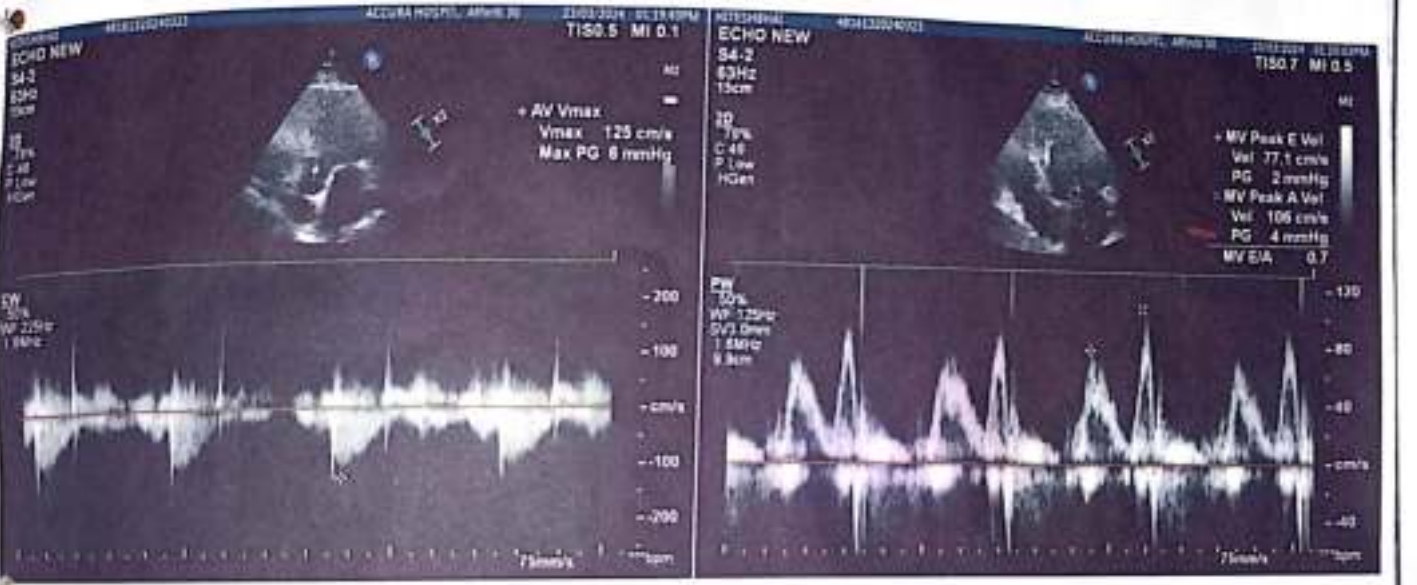
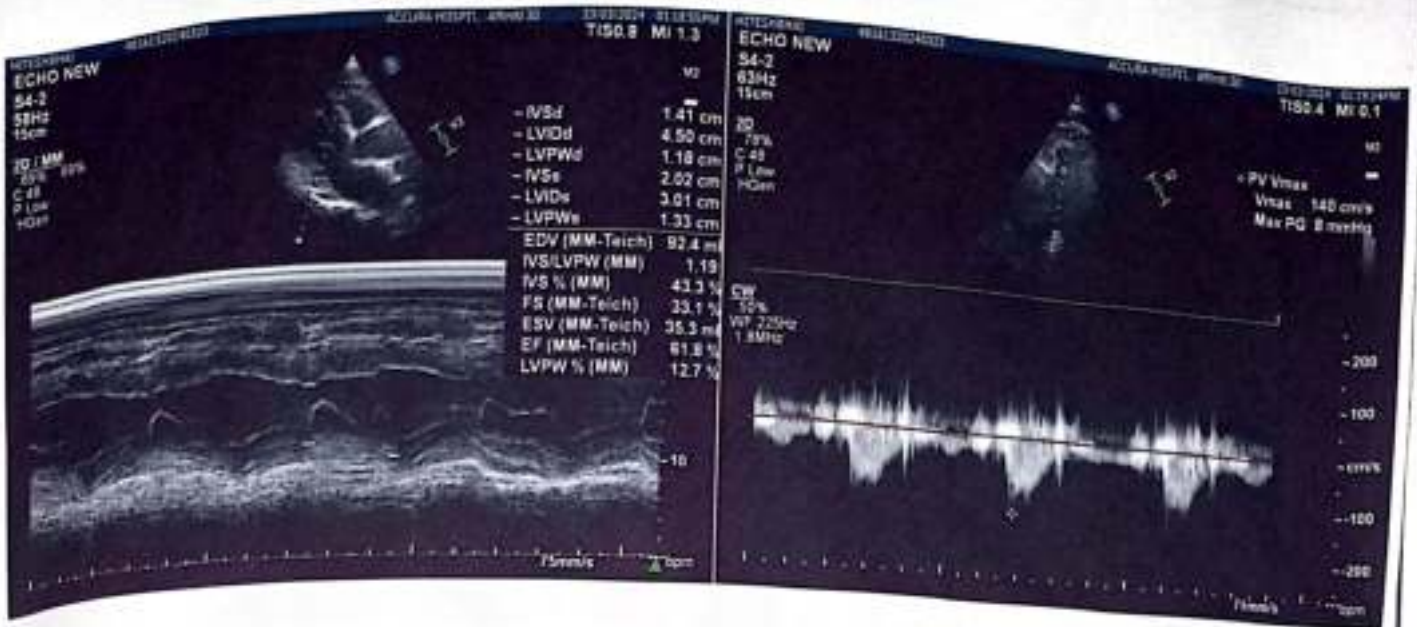

Dr V H Maniyar

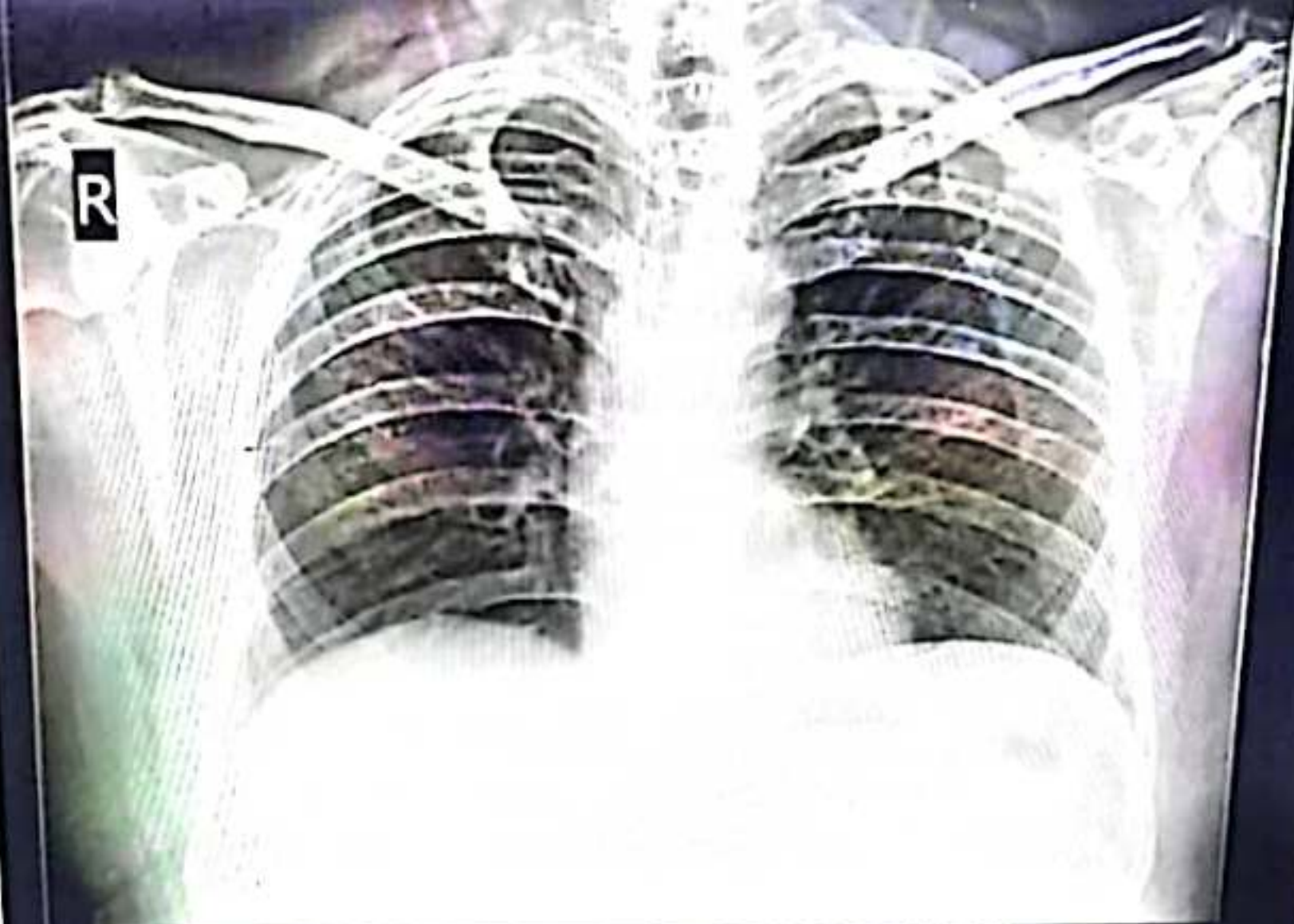
M.D., FNIC (Lilavati Hospital , Mumbai)

For Appointment

7 60 60 60 577

📍 First Floor, Nilkanth Plaza, J. K. Park, Bapa Sitaram Chowk, Mavdi Main Road, RAJKOT- 360004.





CHHAYA HITESHBHAI 56Y/M CHEST AP 23-Mar-24
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)



medi wheel chhaya
Hitesh

GPS Map
Camera Lite

150-R, Ring Rd, Poonam Society, Om Nagar, Rajkot, Gujarat
360004, India

Latitude

22.2656628°

Local 08:58:09 AM

GMT 03:28:09 AM

Longitude

70.7839359°

Altitude 144 meters

Saturday, 23.03.2024



Scanned with OKEN Scanner



TEST REPORT

Name : Chhaya Hieshbhai	Reg. No : 403101119
Age/Sex : 56 Years / Male	Reg. Date : 23-Mar-2024 01:51 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 23-Mar-2024 01:51 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Mar-2024 05:29 PM

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
RBC Parameters				
Hemoglobin (SLS method)	15.2	g/dL	13.0 - 18.0	
Hematocrit (Electrical Impedance)	41.90	%	47 - 52	
RBC Count (Electrical Impedance)	5.36	million/cmm	4.7 - 6.0	
MCV (Calculated)	78.1	fL	78 - 110	
MCH (Calculated)	28.4	Pg	27 - 31	
MCHC (Calculated)	36.4	%	30 - 35	
RDW (Calculated)	13.2	%	11.5 - 14.0	
WBC Parameters				
WBC Count (Flowcytometry)	5880	/cmm	4000 - 10500	
DIFFERENTIAL WBC COUNT				
Neutrophils (%)	56 %	% Range 42.0 - 75.2	Abs. Value 3293 /cmm	Abs. Range 1800 - 7700
Lymphocytes (%)	32 %	% Range 20 - 45	Abs. Value 1882 /cmm	Abs. Range 1000 - 3900
Eosinophils (%)	3 %	% Range 1 - 4	Abs. Value 176 /cmm	Abs. Range 0 - 450
Monocytes (%)	9 %	% Range 2 - 8	Abs. Value 529 /cmm	Abs. Range 200 - 1000
Basophils (%)	0 %	% Range 0 - 1	Abs. Value 0 /cmm	Abs. Range 20 - 100
Platelete Parameter				
Platelet Count	270000	/cmm	150000 - 450000	
MPV	10.4	fL	7.4 - 10.4	
PDW	58.0	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.18	%	0.2 - 0.5	

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M.D. (Path, PDCC)




TEST REPORT

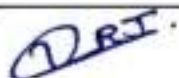
Name	: Chhaya Hieshbhai	Reg. No	: 403101119
Age/Sex	: 56 Years / Male	Reg. Date	: 23-Mar-2024 01:51 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Mar-2024 01:51 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Mar-2024 06:41 PM

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	'O'		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

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Dr. Viral R. Jethava
 M.D. (Path, PDCC)

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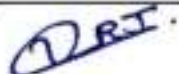




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Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Mar-2024 05:20 PM

Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate Sample, EDTA whole blood			
ESR (After 1 hour)	05	mm/hr	1 - 7



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Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Mar-2024 01:51 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Mar-2024 05:48 PM

FASTING PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	91.0	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic
Urine Glucose -F <small>Glucose Oxidase-Peroxidase</small>	Nil		
Urine Acetone -F	Nil		

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 %Or
- Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34: S11.

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D.R.I.

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Dr. Viral R. Jethava
M.D. (Path, PDCC)





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Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Mar-2024 05:48 PM

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <small>HEXOKINASE</small>	125.0	mg/dL	70 - 140
Urine Glucose- PP <small>Glucose Oxidase- Peroxidase</small>	Nil		
Urine Acetone- PP	Nil		

Criteria for the diagnosis of diabetes:

- HbA1c \geq 6.5 % Or
- Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

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American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34: S11.

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M.D. (Path, PDCC)





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Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Mar-2024 05:20 PM

LIPID PROFILE
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <small>Cholesterol Oxidase</small>	187.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic Reaction With Glycerol Kinase</small>	142.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <small>Siemens HDL</small>	55.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <small>Siemens ALDL</small>	74.00	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <small>Calculated</small>	28.40	mg/dL	15 - 35
LDL / HDL RATIO <small>Calculated</small>	1.35		0 - 3.5
Cholesterol /HDL Ratio <small>Calculated</small>	3.40		0 - 5.0

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M.D. (Path, PDCC)





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Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Mar-2024 05:20 PM

RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.99	mg/dL	0.7 - 1.3
eGFR	67.86	ml/min/1.73 sq m	Normal or High: ≥ 90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: < 15
Urea <small>Calculated</small>	23.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small>	10.74	mg/dL	7.0 - 18.0
Uric Acid <small>Uricase</small>	4.36	mg/dL	3.5 - 7.2
Sodium <small>Direct ion selective electrode</small>	143.1	mmol/L	137 - 145
Potassium <small>Direct ion selective electrode</small>	4.63	mmol/L	3.5 - 5.1
Chloride <small>Direct ion selective electrode</small>	104.1	mmol/L	98 - 107
Calcium <small>Cresolphthalein Complexone</small>	8.96	mg/dL	8.5 - 10.1

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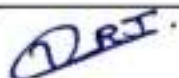


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Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Mar-2024 05:20 PM

Parameter	Result	Unit	Biological Ref. Interval
GGT <small>Siemens/37C</small>	72.00	U/L	15 - 85

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <small>Siemens Dimension</small>	5.40	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 % Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <small>Calculated</small>	108.28	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

Explanation : Total hemoglobin A1c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters. The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels. The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months. It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences : Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1c result does not correlate with the patient's blood glucose levels.

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Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Mar-2024 05:20 PM

THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) CLM	4.520	µIU/ml	0.35 - 5.50

Remarks:

- 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 stimulates 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

Triiodothyronine (T3) CLM	0.82	ng/mL	0.6 - 1.81
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Clinical Significance:

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.
- In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.
- In hypothyroidism and hyperthyroidism, FT3 levels parallel changes in total T3 levels. Measuring FT3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

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Dr. Viral R. Jethava
M.D. (Path, PDCC)




TEST REPORT

Name	: Chhaya Hieshbhai	Reg. No	: 403101119
Age/Sex	: 56 Years / Male	Reg. Date	: 23-Mar-2024 01:51 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Mar-2024 01:51 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Mar-2024 05:20 PM

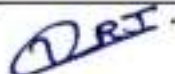
Thyroxine (T4) 9.20 µg/dL 4.5 - 12.6
CLM

Clinical Significance:

- Thyroxine (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus. In the circulation, 99.95% of T4 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to T3.
- In hypothyroidism and hyperthyroidism, FT4 levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

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Dr. Viral R. Jethava
 M.D. (Path, PDCC)



TEST REPORT

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Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Mar-2024 01:51 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Mar-2024 05:20 PM

STOOL EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Colour	Brown		
Consistency	Solid		
CHEMICAL EXAMINATION			
Occult Blood	Negative		
<small>Peroxidase Reaction with o-Diaminidine</small>			
Reaction	Alkaline		
<small>pH Strip Method</small>			
Reducing Substance	Absent		
MICROSCOPIC EXAMINATION			
Mucus	Absent		
Pus Cells	Absent		
Red Cells	Absent		
Epithelial Cells	Absent		
Vegetable Cells	Absent		
Trophozoites	Absent		
Cysts	Absent		
Ova	Absent		
Neutral Fat	Absent		
Monilia	Absent		
Bacteria	Absent		

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.

False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occasional unruptured RBCs.

False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, broccoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.


Dr. Viral R. Jethava

M.D. (Path, PDCC)

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TEST REPORT

Name : Chhaya Hieshbhai	Reg. No : 403101119
Age/Sex : 56 Years / Male	Reg. Date : 23-Mar-2024 01:51 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 23-Mar-2024 01:51 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Mar-2024 05:19 PM

URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
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PHYSICAL EXAMINATION

Quantity	20 cc		
Colour	Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	7.0		4.6 - 8.0
Sp. Gravity	1.030		1.001 - 1.035
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urobilinogen	Normal Present		
Bile salts:	Absent		Absent
Bile Pigments:	Absent		Absent
Nitrite	Nil		

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Absent
Erythrocytes (Red Cells)	Absent
Epithelial Cells	Absent
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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Dr. Viral R. Jethava
M.D. (Path, PDCC)



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TEST REPORT

Name : Chhaya Hieshbhai	Reg. No : 403101119
Age/Sex : 56 Years / Male	Reg. Date : 23-Mar-2024 01:51 PM
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Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Mar-2024 05:20 PM

LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <small>BIURET</small>	7.32	g/dL	6.4 - 8.2
Albumin <small>Dye Binding - Bromocresol Purple (BCP)</small>	4.28	g/dL	3.40 - 5.00
Globulin <small>Calculated</small>	3.04	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	1.41		0.8 - 3.1
SGOT (AST) <small>Siemens/37C</small>	21.00	U/L	15 - 37
SGPT (ALT) <small>Siemens/37C</small>	45.00	U/L	16 - 63
Alakaline Phosphatase <small>Siemens/37C</small>	110.00	U/L	46 - 116
Total Bilirubin <small>Diaz-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.33	mg/dL	0.2 - 1
Conjugated Bilirubin <small>Diaz-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.12	mg/dL	0 - 0.20
Unconjugated Bilirubin <small>Suph acid ip/calf-benz</small>	0.21	mg/dL	0.0 - 1.1

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

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