

TEST REPORT

Reg. No. : 401100344 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** : **Approved On** : 13-Jan-2024 11:14
Name : Mrs. HEMANGINEE SOLANKI **Collected On** : 13-Jan-2024 10:42
Age : 39 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9724504156
Location :

Test Name	Results	Units	Bio. Ref. Interval
Complete Blood Count			
Specimen: EDTA blood			
Hemoglobin			
Hemoglobin(SLS method)	L 11.7	g/dL	12.0 - 15.0
Hematocrit (calculated)	37.5	%	36 - 46
RBC Count(Ele.Impedence)	H 5.32	X 10 ¹² /L	3.8 - 4.8
MCV (Calculated)	L 70.5	fL	83 - 101
MCH (Calculated)	L 22.0	pg	27 - 32
MCHC (Calculated)	L 31.2	g/dL	31.5 - 34.5
RDW (Calculated)	H 17.1	%	11.5 - 14.5
Differential WBC count (Impedance and flow)			
Total WBC count	H 10300	/μL	4000 - 10000
Neutrophils	H 74	%	38 - 70
Lymphocytes	L 20	%	21 - 49
Monocytes	04	%	3 - 11
Eosinophils	02	%	0 - 7
Basophils	00	%	0 - 1
Platelet			
Platelet Count (Ele.Impedence)	H 413000	/cmm	150000 - 410000
MPV	9.40	fL	6.5 - 12.0
EDTA Whole Blood			

Note: All abnormal hemograms are reviewed and confirmed microscopically. Peripheral blood smear and malarial parasite examination are not part of CBC report.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Swati Shah

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

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TEST REPORT

Reg. No. : 401100344 Reg. Date : 13-Jan-2024 08:46 Ref.No : Approved On : 13-Jan-2024 13:20
Name : Mrs. HEMANGINEE SOLANKI Collected On : 13-Jan-2024 10:42
Age : 39 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9724504156
Location :

Test Name	Results	Units	Bio. Ref. Interval
ESR	43	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs : <30

Capillary Microphotometry

Sample Type: EDTA Whole Blood

Test done from collected sample.

This is an electronically authenticated report.



Approved by: DR. PARIMAL SARDA

Haematopathologist
PDF, CMC vellore
Reg No.:- G-13598

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TEST REPORT

Reg. No. : 401100344 Reg. Date : 13-Jan-2024 08:46 Ref.No : Approved On : 13-Jan-2024 11:24
Name : Mrs. HEMANGINEE SOLANKI Collected On : 13-Jan-2024 10:42
Age : 39 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9724504156
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>	"A"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

Test done from collected sample.

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Approved by: Dr. Swati Shah

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

Reg. No. : 401100344	Reg. Date : 13-Jan-2024 08:46	Ref.No :	Approved On : 13-Jan-2024 13:33
Name : Mrs. HEMANGINEE SOLANKI			Collected On : 13-Jan-2024 10:42
Age : 39 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9724504156
Location :			

Test Name	Results	Units	Bio. Ref. Interval
PERIPHERAL BLOOD SMEAR EXAMINATION			
<u>Specimen: Peripheral blood smear & EDTA blood. Method:Microscopy</u>			
RBC Morphology	Mild anisopoikilocytosis with hypochromic (++) microcytic (+++). Few eliptocytes are seen.		
WBC Morphology	Total WBC and differential count is within normal limit. No abnormal cells or blasts are seen.		
Differential Count	.		
Neutrophils	76	%	38 - 70
Lymphocytes	19	%	21 - 49
Monocytes	05	%	3 - 11
Eosinophils	00	%	
Basophils	00	%	0 - 2
Platelets	Platelets are increased on smear with normal morphology		
Parasite	Malarial parasite is not detected.		
Sample Type: EDTA Whole Blood			

Test done from collected sample.

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P. S. Sarada
Approved by: DR. PARIMAL SARDA

Haematopathologist
PDF, CMC vellore
Reg No.:- G-13598

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TEST REPORT

Reg. No. : 401100344 Reg. Date : 13-Jan-2024 08:46 Ref.No : Approved On : 13-Jan-2024 15:57
Name : Mrs. HEMANGINEE SOLANKI Collected On : 13-Jan-2024 10:42
Age : 39 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9724504156
Location :

Test Name	Results	Units	Bio. Ref. Interval
<u>FASTING PLASMA GLUCOSE</u> <u>Specimen: Fluoride plasma</u>			
Fasting Plasma Glucose <i>Hexokinase</i>	H 117.89	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126

Fluoride 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 ≥ 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.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Keyur Patel

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Generated On : 13-Jan-2024 19:24

Approved On: 13-Jan-2024 15:57

TEST REPORT

Reg. No. : 401100344 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** : **Approved On** : 13-Jan-2024 18:34
Name : Mrs. HEMANGINEE SOLANKI **Collected On** : 13-Jan-2024 12:57
Age : 39 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9724504156
Location :

Test Name	Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE Specimen: Fluoride plasma			
Post Prandial Plasma Glucose <i>Hexokinase</i>	146.37	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

Test done from collected sample.

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TEST REPORT

Reg. No. : 401100344 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** : **Approved On** : 13-Jan-2024 18:31
Name : Mrs. HEMANGINEE SOLANKI **Collected On** : 13-Jan-2024 10:42
Age : 39 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9724504156
Location :

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

GGT	21.8	U/L	6 - 42
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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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Approved On: 13-Jan-2024 18:31

TEST REPORT

Reg. No. : 401100344	Reg. Date : 13-Jan-2024 08:46	Ref.No :	Approved On : 13-Jan-2024 16:01
Name : Mrs. HEMANGINEE SOLANKI			Collected On : 13-Jan-2024 10:42
Age : 39 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9724504156
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>LIPID PROFILE</u>			
CHOLESTEROL	199.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride <i>Enzymatic Colorimetric Method</i>	102.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <i>Calculated</i>	20	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <i>Calculated Method</i>	H 130.42	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	48.58	mg/dL	<40 >60
CHOL/HDL RATIO <i>Calculated</i>	H 4.10		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	2.68		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	562.00	mg/dL	400 - 1000
Serum			

As a routine test to determine if your cholesterol level is normal or falls into a borderline-, intermediate- or high-risk category.
 To monitor your cholesterol level if you had abnormal results on a previous test or if you have other risk factors for heart disease.
 To monitor your body's response to treatment, such as cholesterol medications or lifestyle changes.
 To help diagnose other medical conditions, such as liver disease.
 Note : biological reference intervals are according to the national cholesterol education program (NCEP) guidelines.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Keyur Patel

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Approved On: 13-Jan-2024 16:01

TEST REPORT

Reg. No. : 401100344 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** : **Approved On** : 13-Jan-2024 16:03
Name : Mrs. HEMANGINEE SOLANKI **Collected On** : 13-Jan-2024 10:42
Age : 39 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9724504156
Location :

Test Name	Results	Units	Bio. Ref. Interval
LIVER FUNCTION TEST			
TOTAL PROTEIN	6.43	g/dL	6.6 - 8.8
ALBUMIN	4.50	g/dL	3.5 - 5.2
GLOBULIN <i>Calculated</i>	L 1.93	g/dL	2.4 - 3.5
ALB/GLB <i>Calculated</i>	H 2.33		1.2 - 2.2
SGOT	11.40	U/L	<31
SGPT	13.00	U/L	<31
Alkaline Phosphatase <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	87.10	U/L	40 - 130
TOTAL BILIRUBIN	0.43	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.10	mg/dL	<0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.33	mg/dL	0.0 - 1.00
Serum			

Test done from collected sample.

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TEST REPORT

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Name : Mrs. HEMANGINEE SOLANKI **Collected On** : 13-Jan-2024 10:42
Age : 39 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9724504156
Location :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C) <i>High Performance Liquid Chromatography (HPLC)</i>	7.40	%	Normal: ≤ 5.6 Prediabetes: 5.7-6.4 Diabetes: ≥ 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose <i>(Calculated)</i>	166	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 longterm glycemic control than blood glucose determination.
 - HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
 - Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
 - Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)
- Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: **Dr. Hiral Arora**

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Reg. No.: G-32999

Generated On : 13-Jan-2024 19:24

Approved On: 13-Jan-2024 15:16

TEST REPORT

Reg. No. : 401100344 **Reg. Date :** 13-Jan-2024 08:46 **Ref.No :** **Approved On :** 13-Jan-2024 15:16
Name : Mrs. HEMANGINEE SOLANKI **Collected On :** 13-Jan-2024 10:42
Age : 39 Years **Gender:** Female **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :** 9724504156
Location :

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

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID: 140103500261
Patient ID:
Name:
Physician:
Sex:
DOB:

Analysis Data

Analysis Performed: 13/01/2024 13:44:29
Injection Number: 643
Run Number: 22
Rack ID:
Tube Number: 7
Report Generated: 13/01/2024 13:46:48
Operator ID:

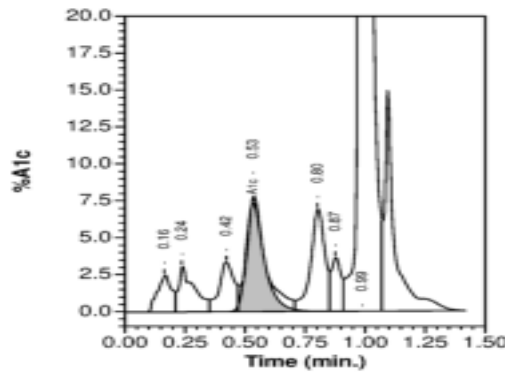
Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.7	0.164	20351
A1b	---	2.3	0.236	27380
LA1c	---	2.1	0.421	25546
A1c	7.4*	---	0.535	77653
P3	---	4.7	0.801	57120
P4	---	1.7	0.875	20488
Ac	---	81.1	0.986	980864

*Values outside of expected ranges

Total Area: 1,209,401

HbA1c (NGSP) = 7.4* %



Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Hiral Arora

M.D. Biochemistry Page 11 of 18
Reg. No.:- G-32999

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TEST REPORT

Reg. No. : 401100344 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** : **Approved On** : 13-Jan-2024 19:06
Name : Mrs. HEMANGINEE SOLANKI **Collected On** : 13-Jan-2024 10:42
Age : 39 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9724504156
Location :

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CMIA</small>	L 0.59	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	7.83	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	0.621	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. Rina Prajapati

D.C.P. DNB (Path) Page 12 of 18
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Generated On : 13-Jan-2024 19:24

Approved On: 13-Jan-2024 19:06

TEST REPORT

Reg. No. : 401100344 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** : **Approved On** : 13-Jan-2024 18:32
Name : Mrs. HEMANGINEE SOLANKI **Collected On** : 13-Jan-2024 10:42
Age : 39 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9724504156
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	6.0		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	Absent		Nil
Leucocytes	Nil		Nil
Blood	Absent		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	Nil		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Nil		Nil
Monilia	Nil		Nil
T. Vaginalis	Nil		Nil
Urine			

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Keyur Patel

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LABORATORY REPORT



Reg. No	: 40103500261	Histo / Cyto No	: C24100277	Reg. Date	: 13-Jan-2024 08:46
Name	: Mrs. HEMANGINEE SOLANKI	Collected on	: 13-Jan-2024 12:44	Report Date	: 13-Jan-2024
Sex/Age	: Female / 39 Years	Tele. No	: 9724504156	Dispatch At	:
Ref. By	: APOLLO				
Location	:				

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.
 Endocervical cells and metaplastic squamous cells are seen.
 Many superficial, intermediate cells and parabasal cells seen.
 Mild inflammation with predominance of neutrophils and many RBCs seen.
 Many coccobacilli & clue cells are seen. No fungi/parasite seen.
 No evidence of intraepithelial lesion or malignancy.

Diagnosis :

Liquid based cervical smear - **Mild inflammation, shift in bacterial flora suggestive of bacterial vaginosis and negative for intraepithelial lesion or malignancy.**

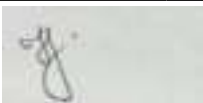
(The Bethesda System for the reporting of cervical cytology, 2014).

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.
21-29 years	Screening with cytology alone every 3 years is recommended.

**DR TORSHA JANA**

MD Pathology

Reg. No.:- G-71716

Approved On: 13-Jan-2024 19:24

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LABORATORY REPORT



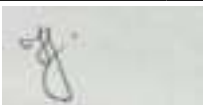
Reg. No	: 40103500261	Histo / Cyto No :	: C24100277	Reg. Date	: 13-Jan-2024 08:46
Name	: Mrs. HEMANGINEE SOLANKI	Collected on	: 13-Jan-2024 12:44	Report Date	: 13-Jan-2024
Sex/Age	: Female / 39 Years	Tele. No	: 9724504156	Dispatch At	:
Ref. By	: APOLLO				
Location	:				

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: C24100277 returned along with report. Please preserve them Carefully.



DR TORSHA JANA

MD Pathology

Reg. No.:- G-71716

Approved On: 13-Jan-2024 19:24

Generated On : 13-Jan-2024 19:24

For Appointment : 7567 000 750

www.conceptdiagnostics.com

conceptdiaghealthcare@gmail.com

This is an electronically authenticated report.

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



TEST REPORT

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Name : Mrs. HEMANGINEE SOLANKI **Collected On** : 13-Jan-2024 10:42
Age : 39 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9724504156
Location :

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.95	mg/dL	0.51 - 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 16 of 18
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TEST REPORT

Reg. No. : 401100344 **Reg. Date** : 13-Jan-2024 08:46 **Ref.No** : **Approved On** : 13-Jan-2024 16:06
Name : Mrs. HEMANGINEE SOLANKI **Collected On** : 13-Jan-2024 10:42
Age : 39 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9724504156
Location :

Test Name	Results	Units	Bio. Ref. Interval
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Urea	40.9	mg/dL	
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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 17 of 18
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TEST REPORT

Reg. No. : 401100344	Reg. Date : 13-Jan-2024 08:46	Ref.No :	Approved On : 13-Jan-2024 19:24
Name : Mrs. HEMANGINEE SOLANKI			Collected On : 13-Jan-2024 10:42
Age : 39 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9724504156
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>ELECTROLYTES</u>			
Sodium (Na+) <small>Method:ISE</small>	H 146.00	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	4.6	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>Method:ISE</small>	H 108.00	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.



Approved by: Dr. Rina Prajapati

D.C.P. DNB (Path) Page 18 of 18
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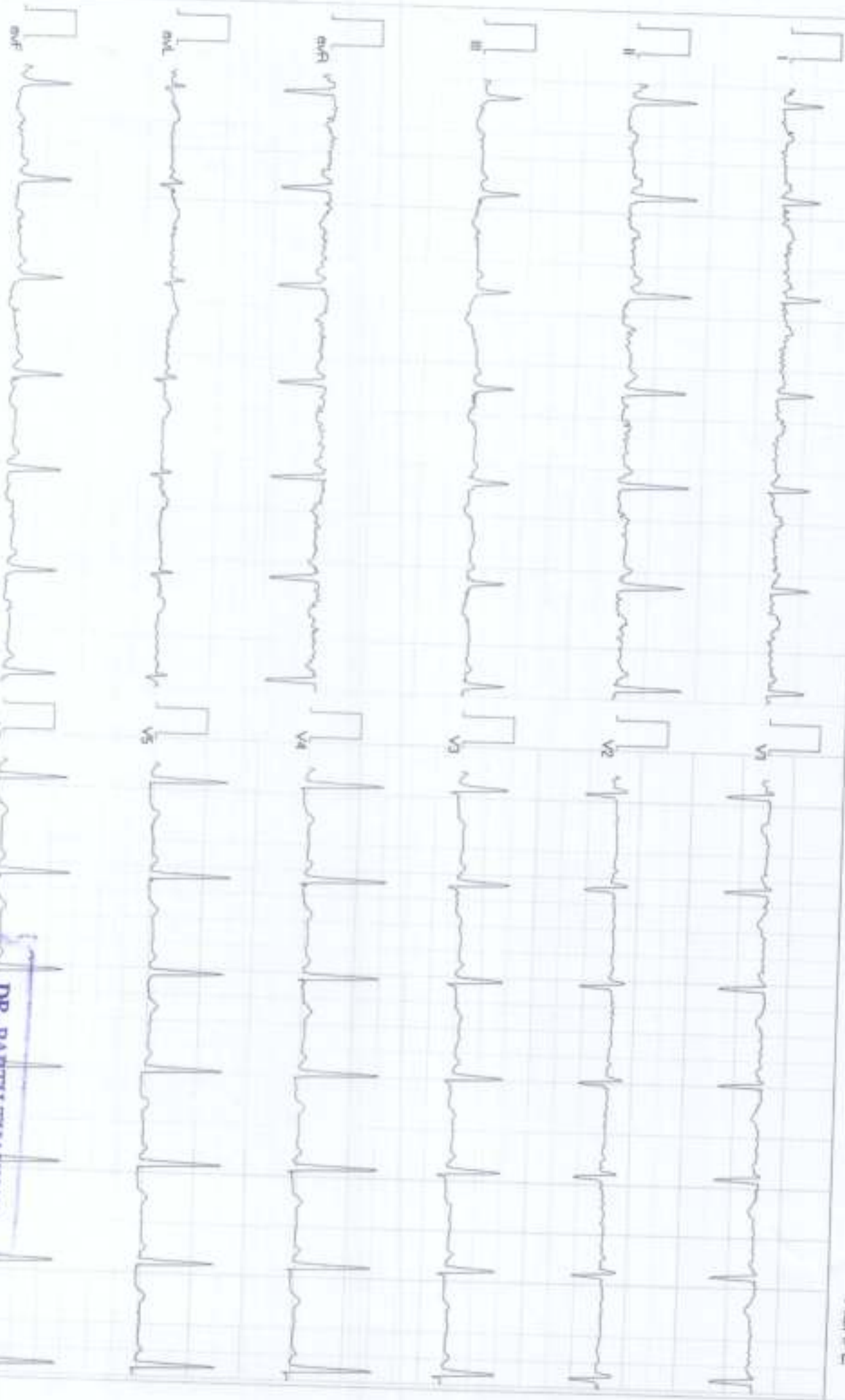
Approved On: 13-Jan-2024 19:24

Concept Diagnostics

1612 / HEMANGINE SANJAYKUMAR SOLANKI / 39 Yrs / F / 159Cms. / 76kgs / Non Smoker

Heart Rate : 78 bpm / Tested On : 13-Jan-24 11:57:45 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ECG



Allegers ECG (Physcs)/PIS21B210312)

Normal

DR. PARTH THAKKAR
MD (Med.) DNB (Cardiology)
Rajshree Byculla Hospital, Fort, Mumbai
G - 32946

NAME	HEMANGINEE S. SOLANKI		
AGE/ SEX	39 yrs / F	DATE	13.1.2024
REF. BY	Health Checkup	DONE BY	Dr. Parth Thakkar Dr. Abhimanyu Kothari

2D ECHO CARDIOGRAPHY & COLOR DOPPLER STUDY

FINDINGS:-

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

MEASUREMENTS:-

LVIDD	38 (mm)	LA	28 (mm)
LVIDS	19 (mm)	AO	23 (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	0.8	5		
Mitral	E:0.5 A:0.7			
Pulmonary	0.7	3.1		
Tricuspid	1.7	20		

CONCLUSION:-

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

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

DR. PARTH THAKKAR
 MD (Med.), DrNB (Cardiology)
 Interventional Cardiologist
 7990179258

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

NAME :	HEMANGINI SOLANKI	DATE :	13.01.2024
AGE/SEX:	39Y/ 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. KRUTI DAVE
CONSULTANT RADIOLOGIST



NAME :	HEMANGINI SOLANKI	DATE :	13.01.2024
AGE/SEX:	39Y/ F	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. CBD appears normal.

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

SPLEEN: normal in size & shows normal echogenicity.

KIDNEYS: Right kidney measures 104 x 37 mm. Left kidney measures 94 x 48 mm. Both kidneys appear normal in size & echotexture. No evidence of calculus or hydronephrosis on either side.

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


UTERUS: appears normal. **A small follicular cyst is noted in left ovary.**

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. No evidence of Ascites.

CONCLUSION:

NO SIGNIFICANT ABNORMALITY


Dr. KRUTI DAVE
CONSULTANT RADIOLOGIST

