TEST REPORT

Reg. No.	: 403100818 **Reg. Date** : 23-Mar-2024 13:13 **Ref.No** :	**Approved On**	: 23-Mar-2024 14:47
Name	: Ms. AMANPREET KOUR	**Collected On**	: 23-Mar-2024 13:40
Age	: 24 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test		Results	Unit	Bio. Ref. Interval
Complete Blood Count				
Hemoglobin(SLS method)		12.4	g/dL	12.0 - 15.0
RBC Count(Ele.Impedence)	H	**4.83**	X 10^12/L	3.8 - 4.8
Hematocrit (calculated)		37.9	%	36 - 46
MCV (Calculated)	L	**78.5**	fL	83 - 101
MCH (Calculated)	L	**25.7**	pg	27 - 32
MCHC (Calculated)		32.7	g/dL	31.5 - 34.5
RDW-SD(calculated)		41.40	fL	36 - 46
Total WBC count		5800	/µL	4000 - 10000

DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutrophils	67	38 - 70	3886	/cmm	1800 - 7700
Lymphocytes	25	21 - 49	1450	/cmm	1000 - 3900
Eosinophils	03	0 - 7	174	/cmm	20 - 500
Monocytes	05	3 - 11	290	/cmm	200 - 800
Basophils	00	0 - 1	0	/cmm	0 - 100

NLR (Neutrophil: Lymphocyte Ratio)	2.68	Ratio	1.1 - 3.5
Platelet Count (Ele.Impedence)	180000	/cmm	150000 - 410000
PCT	0.23	ng/mL	< 0.5
MPV	H **12.80**	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**
M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 26-Mar-2024 11:09

Approved On: 23-Mar-2024 14:47

For Appointment : 7567 000 750
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TEST REPORT

Reg. No.	: 403100818 **Reg. Date** : 23-Mar-2024 13:13 **Ref.No** :	**Approved On**	: 23-Mar-2024 14:47
Name	: Ms. AMANPREET KOUR	**Collected On**	: 23-Mar-2024 13:40
Age	: 24 Years **Gender:** Female **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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TEST REPORT

Reg. No.	: 403100818	**Reg. Date** : 23-Mar-2024 13:13	**Ref.No** :	**Approved On**	: 23-Mar-2024 15:18
Name	: Ms. AMANPREET KOUR			**Collected On**	: 23-Mar-2024 13:40
Age	: 24 Years	**Gender:** Female	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	:
Location	:				

Test Name	Results	Units	Bio. Ref. Interval

BLOODGROUP & RH

Specimen: EDTA and Serum; Method: Gel card system

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

EDTA Whole Blood

Test done from collected sample.

This is an electronically authenticated report.

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M.B.B.S,D.C.P(Patho)
G- 22475

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TEST REPORT

Reg. No.	: 403100818 **Reg. Date** : 23-Mar-2024 13:13 **Ref.No** :	**Approved On**	: 23-Mar-2024 16:09
Name	: Ms. AMANPREET KOUR	**Collected On**	: 23-Mar-2024 13:40
Age	: 24 Years **Gender:** Female **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 *Hexokinase*	81.24	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126
Flouride Plasma			

Criteria for the diagnosis of diabetes:

1. HbA1c >/= 6.5 *

Or

2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Test done from collected sample.

This is an electronically authenticated report.

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TEST REPORT

Reg. No.	: 403100818 **Reg. Date** : 23-Mar-2024 13:13 **Ref.No** :	**Approved On**	: 26-Mar-2024 11:09
Name	: Ms. AMANPREET KOUR	**Collected On**	: 26-Mar-2024 09:17
Age	: 24 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE **Specimen: Fluoride plasma**			
Post Prandial Plasma Glucose *Hexokinase*	L **129.21**	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
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Approved On: 26-Mar-2024 11:09

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TEST REPORT

Reg. No.	: 403100818 **Reg. Date** : 23-Mar-2024 13:13 **Ref.No** :	**Approved On**	: 23-Mar-2024 14:56
Name	: Ms. AMANPREET KOUR	**Collected On**	: 23-Mar-2024 13:40
Age	: 24 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
GGT	36	U/L	6 - 42

L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric

Serum

Uses:

- Diagnosing and monitoring hepatobilliary 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.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**

M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 26-Mar-2024 11:09

Approved On: 23-Mar-2024 14:56

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TEST REPORT

Reg. No.	: 403100818 **Reg. Date** : 23-Mar-2024 13:13 **Ref.No** :	**Approved On**	: 23-Mar-2024 14:51
Name	: Ms. AMANPREET KOUR	**Collected On**	: 23-Mar-2024 13:40
Age	: 24 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
	LIPID PROFILE		
CHOLESTEROL	204.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride *Enzymatic Colorimetric Method*	92.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) *Calculated*	18	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) *Calculated Method*	116.01	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	69.99	mg/dL	<40 >60
CHOL/HDL RATIO *Calculated*	2.91		0.0 - 3.5
LDL/HDL RATIO *Calculated*	1.66		1.0 - 3.4
TOTAL LIPID *Calculated*	552.00	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**
M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 26-Mar-2024 11:09

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TEST REPORT

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Name	: Ms. AMANPREET KOUR	**Collected On**	: 23-Mar-2024 13:40
Age	: 24 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name		Results	Units	Bio. Ref. Interval
		LIVER FUNCTION TEST		
TOTAL PROTEIN *Biuret Colorimetric*		6.5	g/dL	6.4 - 8.3
ALBUMIN *Bromcresol Green(BCG)*		3.5	g/dL	3.2 - 5.0
GLOBULIN *Calculated*		3.00	g/dL	2.4 - 3.5
ALB/GLB *Calculated*	L	**1.17**		1.2 - 2.2
SGOT *Pyridoxal 5 Phosphate Activation, IFCC*		15.60	U/L	0 - 32
SGPT *Pyridoxal 5 Phosphate Activation, Ifcc*		16.50	U/L	0 - 33
Alkaline Phosphatase *ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER*		56.20	U/L	40 - 130
TOTAL BILIRUBIN *Diazo*		0.98	mg/dL	0.0 - 1.2
DIRECT BILIRUBIN *Diazo Reaction*		0.12	mg/dL	0 - 0.3
INDIRECT BILIRUBIN *Calculated*		0.86	mg/dL	0.0 - 1.00

Serum

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 26-Mar-2024 11:09

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TEST REPORT

Reg. No.	: 403100818 **Reg. Date** : 23-Mar-2024 13:13 **Ref.No** :	**Approved On**	: 23-Mar-2024 17:48
Name	: Ms. AMANPREET KOUR	**Collected On**	: 23-Mar-2024 13:40
Age	: 24 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C) *High Performance Liquid Chromatographty (HPLC)*	5.20	%	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 *(Calculated)*	103	mg/dL	

Sample Type: EDTA Whole Blood

Criteria for the diagnosis of diabetes

1. HbA1c >/= 6.5 * Or Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
2. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
3. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011:34:S11.

Limitation of HbA1c

1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
3) Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%)may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus

- HbA1C, also known as glycated heamoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)

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**
M.D. Biochemistry
Reg. No.:- G-32999

Approved On: 23-Mar-2024 17:48

Generated On : 26-Mar-2024 11:09

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TEST REPORT

Reg. No.	: 403100818 **Reg. Date** : 23-Mar-2024 13:13 **Ref.No** :	**Approved On**	: 23-Mar-2024 17:48
Name	: Ms. AMANPREET KOUR	**Collected On**	: 23-Mar-2024 13:40
Age	: 24 Years **Gender:** Female **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: 140303500644
Patient ID:
Name:
Physician:
Sex:
DOB:

Comments:

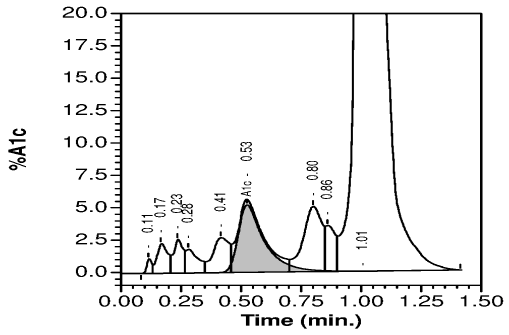
Analysis Data

Analysis Performed: 23/03/2024 17:12:20
Injection Number: 12684
Run Number: 546
Rack ID:
Tube Number: 7
Report Generated: 23/03/2024 17:33:41
Operator ID:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.2	0.114	2851
A1a	---	0.8	0.166	12192
A1b	---	0.8	0.234	12180
F	---	0.7	0.279	10991
LA1c	---	1.6	0.415	24607
A1c	5.2	---	0.525	67533
P3	---	3.1	0.798	47013
P4	---	1.1	0.859	16932
Ao	---	87.3	1.006	1339197

Total Area: 1,533,498

HbA1c (NGSP) = 5.2 %



Test done from collected sample.

This is an electronically authenticated report.

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M.D. Biochemistry
Reg. No.:- G-32999

Generated On : 26-Mar-2024 11:09

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TEST REPORT

Reg. No.	: 403100818 **Reg. Date** : 23-Mar-2024 13:13 **Ref.No** :	**Approved On**	: 23-Mar-2024 18:41
Name	: Ms. AMANPREET KOUR	**Collected On**	: 23-Mar-2024 13:40
Age	: 24 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
	THYROID FUNCTION TEST		
T3 (triiodothyronine), Total *CMIA*	1.11	ng/mL	0.70 - 2.04
T4 (Thyroxine),Total *CMIA*	8.16	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) *CMIA*	1.684	µIU/mL	0.35 - 4.94

Sample Type: Serum

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

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders,2012:2170

Test done from collected sample.

This is an electronically authenticated report.

Approved by: Dr. Hiral Arora
M.D. Biochemistry
Reg. No.:- G-32999

Approved On: 23-Mar-2024 18:41

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TEST REPORT

Reg. No.	: 403100818 **Reg. Date** : 23-Mar-2024 13:13 **Ref.No** :	**Approved On**	: 23-Mar-2024 15:20
Name	: Ms. AMANPREET KOUR	**Collected On**	: 23-Mar-2024 13:40
Age	: 24 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
	URINE ROUTINE EXAMINATION		
Physical Examination			
Colour	Pale Yellow		
Clarity	Clear		
CHEMICAL EXAMINATION (by strip test)			
pH	6.5		4.6 - 8.0
Sp. Gravity	1.025		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Negative		Nil
MICROSCOPIC EXAMINATION			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	2-3		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Nil		Nil
Monilia	Nil		Nil
T. Vaginalis	Nil		Nil
Bacteria	Nil		Absent

Urine

Test done from collected sample.

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M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 26-Mar-2024 11:09

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TEST REPORT

Reg. No.	: 403100818 **Reg. Date** : 23-Mar-2024 13:13 **Ref.No** :	**Approved On**	: 23-Mar-2024 14:52
Name	: Ms. AMANPREET KOUR	**Collected On**	: 23-Mar-2024 13:40
Age	: 24 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.68	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.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 26-Mar-2024 11:09

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TEST REPORT

Reg. No.	: 403100818 **Reg. Date** : 23-Mar-2024 13:13 **Ref.No** :	**Approved On**	: 23-Mar-2024 14:56
Name	: Ms. AMANPREET KOUR	**Collected On**	: 23-Mar-2024 13:40
Age	: 24 Years **Gender:** Female **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.

This is an electronically authenticated report.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 26-Mar-2024 11:09

Approved On: 23-Mar-2024 14:56

For Appointment : 7567 000 750
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conceptdiaghealthcare@gmail.com
1st Floor, Sahajand Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.
Unipath SPECIALITY LABORATORY Ltd. PRAHLADNAGAR BRANCH

TEST REPORT

Reg. No.	: 403100818 **Reg. Date** : 23-Mar-2024 13:13 **Ref.No** :	**Approved On**	: 23-Mar-2024 18:20
Name	: Ms. AMANPREET KOUR	**Collected On**	: 23-Mar-2024 13:40
Age	: 24 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
	ELECTROLYTES		
Sodium (Na+) *Method:ISE*	142.00	mmol/L	136 - 145
Potassium (K+) *Method:ISE*	4.0	mmol/L	3.5 - 5.1
Chloride(Cl-) *Method:ISE*	106.00	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.

Report To Follow:
LBC PAP SMEAR (Cytology)

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

Test done from collected sample.

This is an electronically authenticated report.

Approved by: **Dr. Hiral Arora**
M.D. Biochemistry
Reg. No.:- G-32999

Approved On: 23-Mar-2024 18:20

Generated On : 26-Mar-2024 11:09

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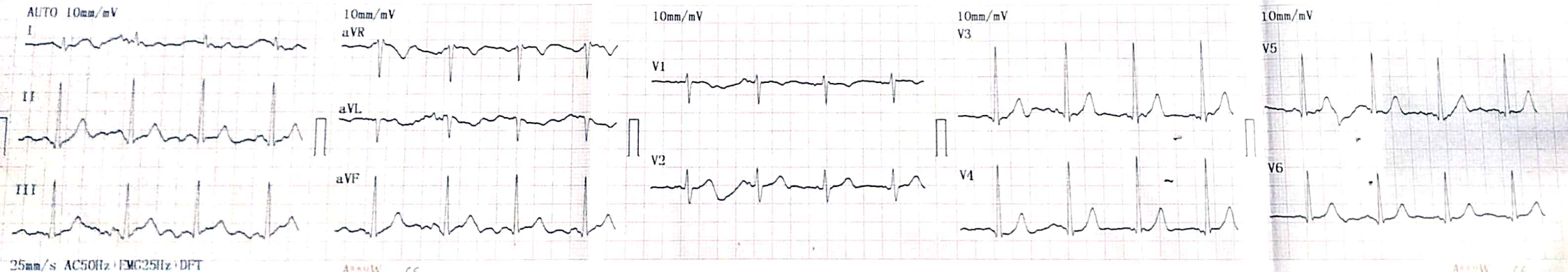
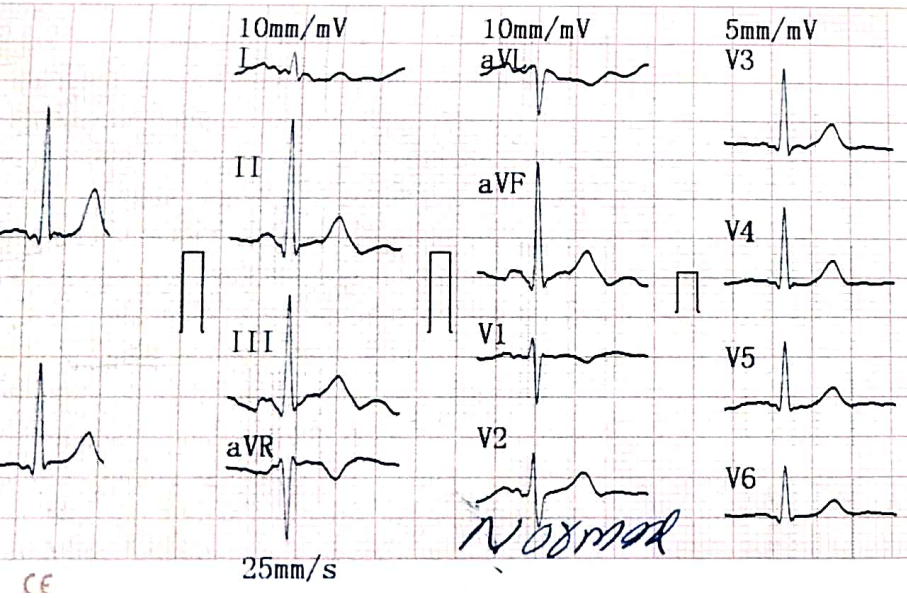

AUTO 10mm/mV
I
II
III
10mm/mV
aVR
aVL
aVF
10mm/mV
V1
V2
10mm/mV
V3
V4
10mm/mV
V5
V6
25mm/s AC50Hz EMG25Hz DFT



1970-01-25 20:34

ID :_____
Name :_____
Sex :_____ Age :_____
Height:_____ Weight:___ kg
SYS :_____
DIA :_____

HR	[bpm]	:80
PR Interval	[ms]	:159
P Duration	[ms]	:120
QRS Duration	[ms]	:89
T Duration	[ms]	:182
QT/QTc	[ms]	:389/448
P/QRS/T Axis	[deg]	:66.6/89.0/109.5
R(V5)/S(V1)	[mV]	:1.54/0.56
R(V5)+S(V1)	[mV]	:2.10

<< Conclusions >>

Normal Sinus Rhythm,
Cardiac electric axis normal,
ST depression, high lateral myocardial ischemia,

Report need physician confirm

DR. PARTH THAKKAR
MD (Med.) DrNB (Cardiolo)
Interventional cardiologi
G - 32946

Physician _____

NAME :	AMRIT KOUR SAINI	DATE :	23/03/2024
AGE/SEX:	29Y/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.

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

SPLEEN: normal in size & shows normal echogenicity.

KIDNEYS: Right kidney measures 100 x 43 mm. Left kidney measures 97 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: normal in size and echopattern. No e/o adnexal mass seen on either side.

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:

- **NORMAL USG ABDOMEN.**

Dr. Vidhi Shah
M.D. Radiologist
41469

Dr. VIDHI SHAH
MD, RADIODIAGNOSIS

NAME :	AMRIT KOUR SAINI	DATE :	23/03/2024
AGE/SEX:	29Y/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
M.D. Radiologist
G - 41469

Dr. VIDHI SHAH
MD RADIODIAGNOSIS

NAME	AMRIT KOUR SAINI		
AGE/ SEX	29 yrs /F	**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=24 mmHg.
- No Clots or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size and preserved respiratory variation.

MEASUREMENTS:-

LVIDD	32 (mm)	LA	32 (mm)
LVIDS	20 (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	1.0	5		
Mitral	E:0.5 A:0.7			
Pulmonary	0.9	3.0		
Tricuspid	1.0	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=24 mmHg.**
- **Normal IVC,**

DR. PARTH THAKKAR
MD (Med.) DrNB (Cardiology)
Interventional cardiologist

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

DR. ABHIMANYU D. KOTHARI
MD (Med.), DM (Cardiology)
Interventional Cardiologist
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ADM 230324-011611PM
S ADULT

ADM 230324-011611PM
S ADULT

CD HEALTHCARE
AMRIT KOUR SAINI 29/F
ADM 230324-011611PM
MI 1.3 TIs 0.8
S ADULT

CD HEALTHCARE
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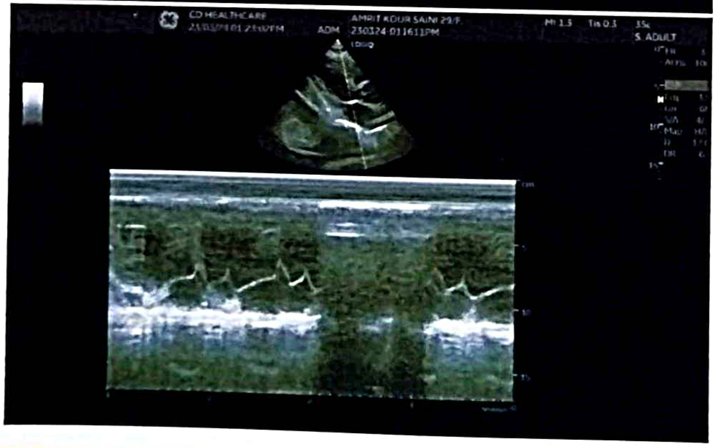
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GALLBLADDER


LIVER


PANCREAS


RT KIDNEY


SPLEEN


LT KIDNEY