

# PANCHMUKHI HOSPITAL

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

Dr C P Dadhaniya

Dr R C Dadhaniya

MBBS, Dip.G.O, Diabetologist

policy number :  
full name : Bkuniya motibhai  
identity proof : Puzha car  
identity proof no : 1333  
gender : male / Age 56  
height : 165  
weight : 71  
B P : 130/90  
pluse : 66/min  
blood sample : Yes  
fasting mode : Yes  
non fasting mode : Yes

past history : DM - 2 & 3 Year HT - 25 & 30 Year  
Tab - LOGFMEI - 2/56 (OD) ACIYU AT - (OD)

Dental : Healthy

~~Romberg Test~~ :

Colour vision : No sumee

q m m m

Dr. C. P. DADHANIYA

M.B.B.S.. C.I.H.

Regd. No. G19798

PANCHMUKHI HOSPITAL

MAVADI CHOKADI.

150' RING ROAD. RAJKOT



NAME: Bamuniya motibhai  
AGE/ GENDER: male 156

DATE: 29-05-17

PATIENT'S REFRACTION DEATILES

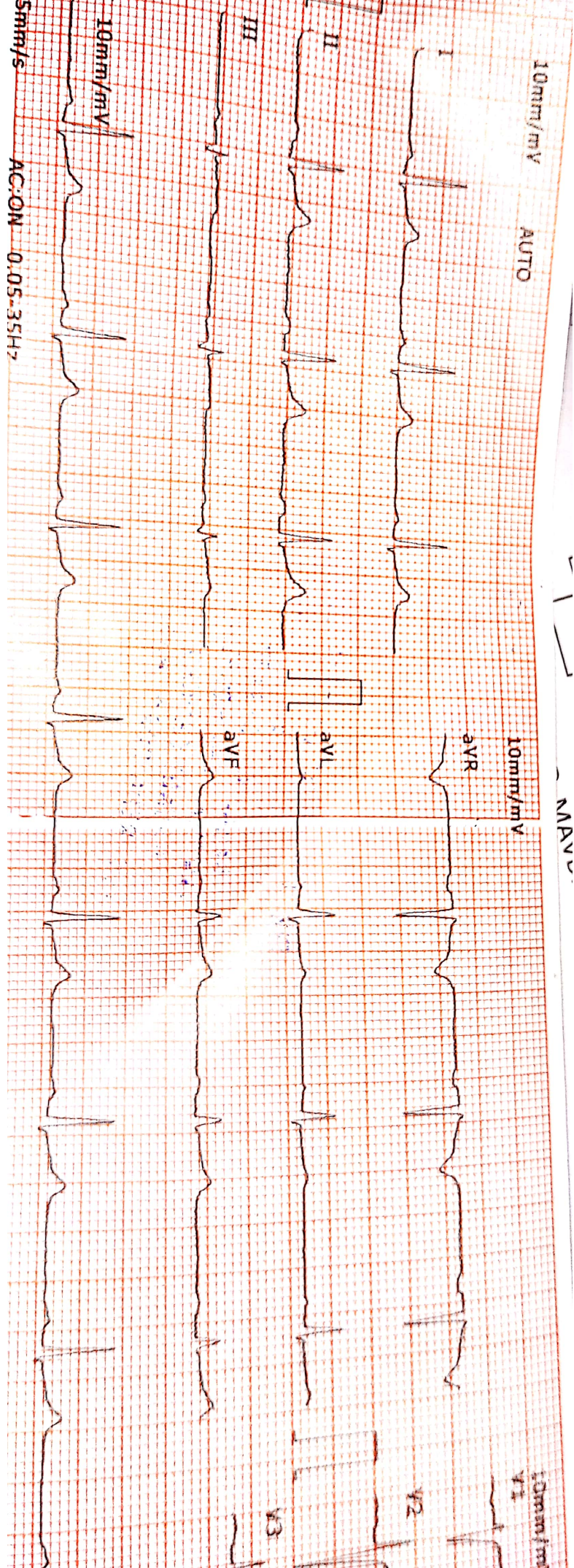
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R	D	2	2	2	6/9
	N	2			6/9
L	D	2	2	2	6/9
	N	2			6/9

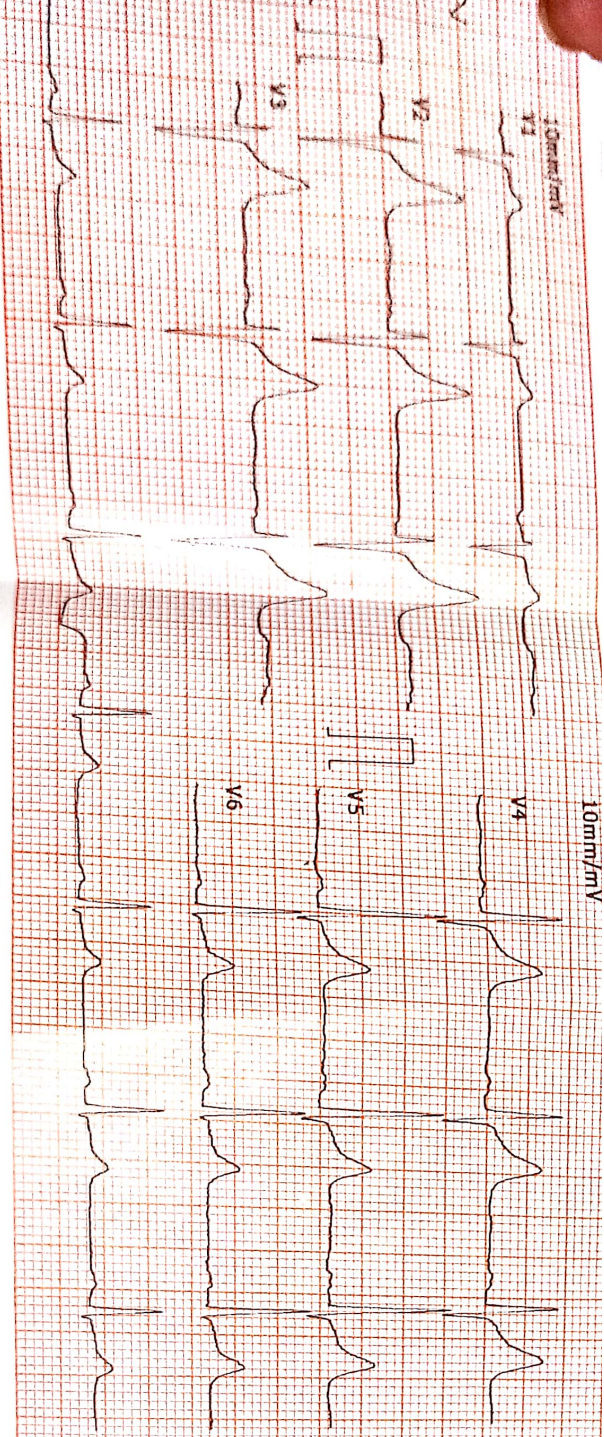
REMARKS:

CHECKED BY: Dr CP Dadhaniya

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DR. C. P. DADHANIYA  
M.D., B.S., C.I.H.  
Regd. No. G19798  
PANCHMUKHI HOSPITAL  
MAVADI CHOKADI.  
RING ROAD, RAJKOT





2874-3-27 2023 10:00:30

ID Card: **Bananiya moti Sai**

Name: **Bananiya moti Sai**

Age: **56**

Weight (Kg): **56**

HR: **85**

P-R: **116**

QRS: **100**

QT/QTc: **385/400**

p/QRS/T: **49/54/44**

RV5+SV1: **1.44/0.59**

RV5+SV1: **1.03**

Report Confirmed by: **[Signature]**

\*The result must be confirmed by doctor.  
**PANCHMUKHI HOSPITAL**  
**MAVADI CHOKADI**  
**RING ROAD RAJKOT**





# પંચમુખી હોસ્પિટલ

ડૉ. રાજેશ્રીબેન ડાહાણીયા  
ડૉ. સી. પી. ડાહાણીયા  
MBBS, Dip.G.O, Diabetologist

૧૫૦ ફુટ રીંગ રોડ, મવડી ચોકડી, શનેશ્વર આર્કેડ, રાજકોટ. ફોન : ૦૨૮૧-૨૩૭૧૬૩૨

## મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date: ૨૯/૦૩/૨૦૨૪

### સુવિધાઓ

- જનરલ પ્રેક્ટીસ
- સ્ત્રીરોગ વિભાગ
- સોનોગ્રાફી
- સર્જરી વિભાગ
- મેડીસીન વિભાગ
- ઓર્થોપેડીક વિભાગ
- બાળરોગ વિભાગ

કન્ટ્રી સર્જરી

### યુરોલોજી

- લેપ્રોસ્કોપી સર્જરી
- આર.એસ.બી.વાય તથા ચિરંજીવી યોજના
- દરેક જાતની રસી (વેક્સીન) દરરોજ આપવામા આવે છે

સ્ત્રીની દામ નવજનન બાબતોમાં

વિષય - સ્ટુલ ના રીપોર્ટ વિશે.

ઉપરોક્ત વિષયમાં મુખ્ય  
જંઘાવણનું કો મારો સ્ટુલ નો  
રીપોર્ટ કરવાની જરૂર નથી.

મુખ્ય ડૉક્ટર

*(Signature)*

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

દવાનું રિએક્શન આવે તે દર્દીની તાસીર ઉપર આધાર રાખે છે • ફરી આવો ત્યારે આ ડાગળ સાથે લાવવો



**ECHOCARDIOGRAPHY & COLOR DOPPLER**

Patient Name : Motidas Bamaniya  
Ref.By : Dr Dadhaniya Sir

Age/Sex : 56/M  
Date : 29/3/24

**SUMMARY OF 2D ECHO**

LA, LV size Normal

**Concentric LVH (IVSd -1.33cm, LVIDd-4.6cm, LVPWd-1.26cm, IVSs-1.53cm, LVIDs-3cm, LVPWs-1.37cm)**

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 1 , TDI s/o E\* < A\*  
Grade 1 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 11 mm Hg

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

**FINAL IMPRESSION**

Good LV systolic function at rest

Concentric LVH

LV Diastolic Dysfunction

Mild MR

Dr V H Maniyar

For Appointment

**7 60 60 60 577**

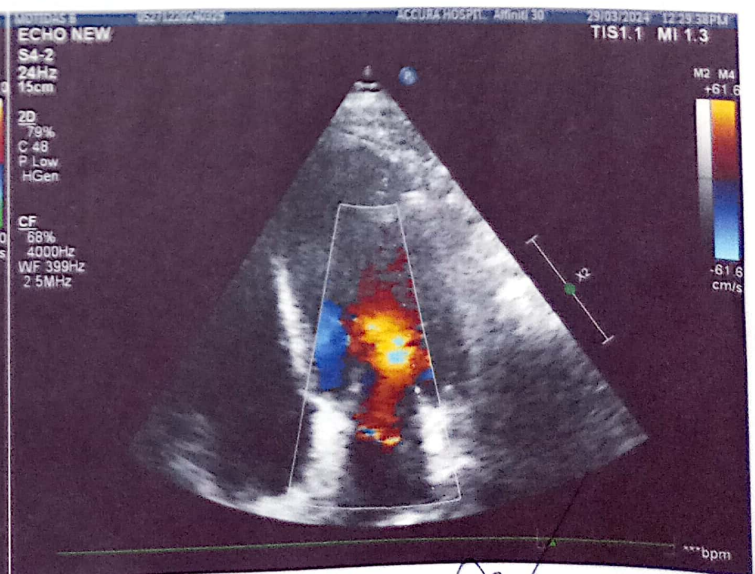
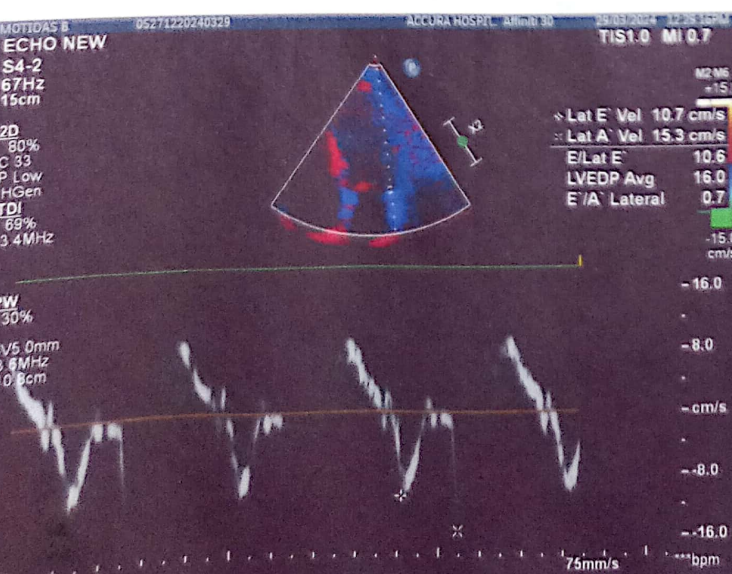
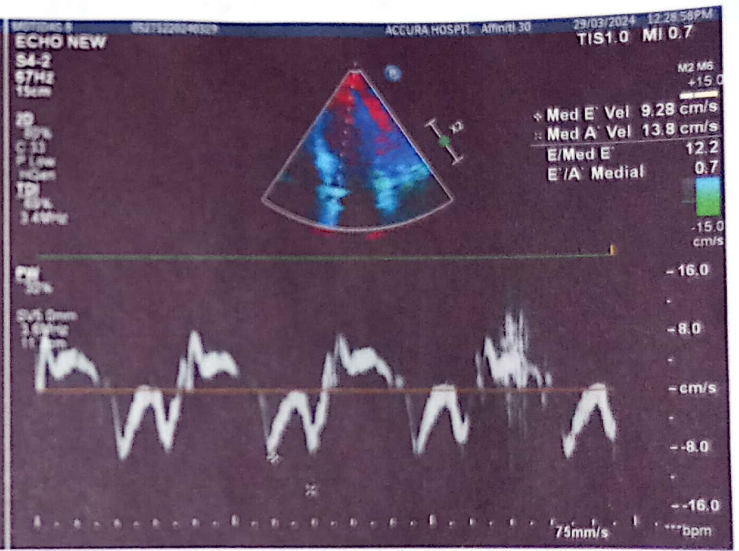
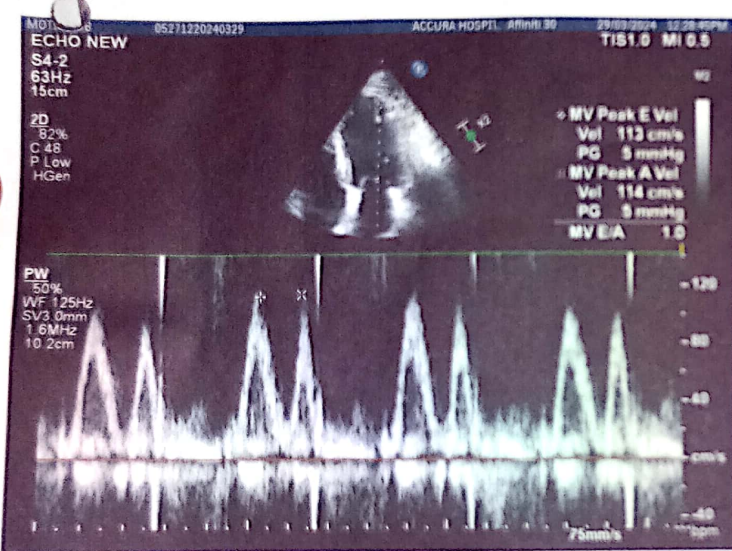
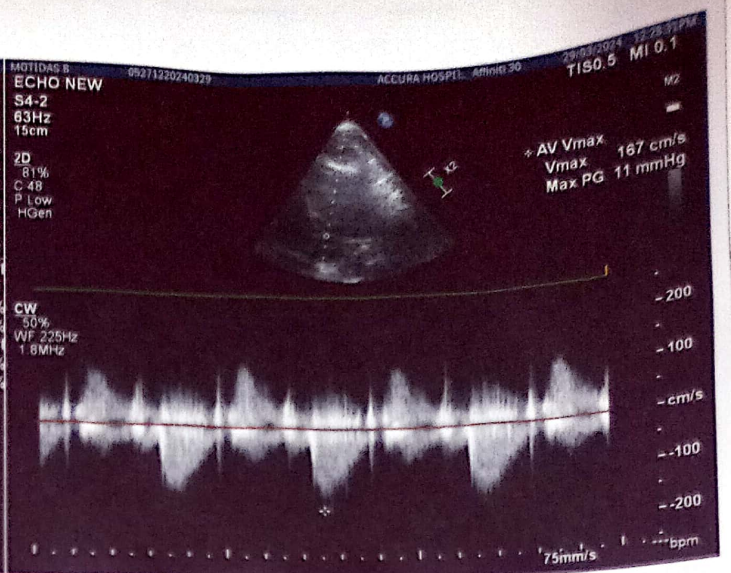
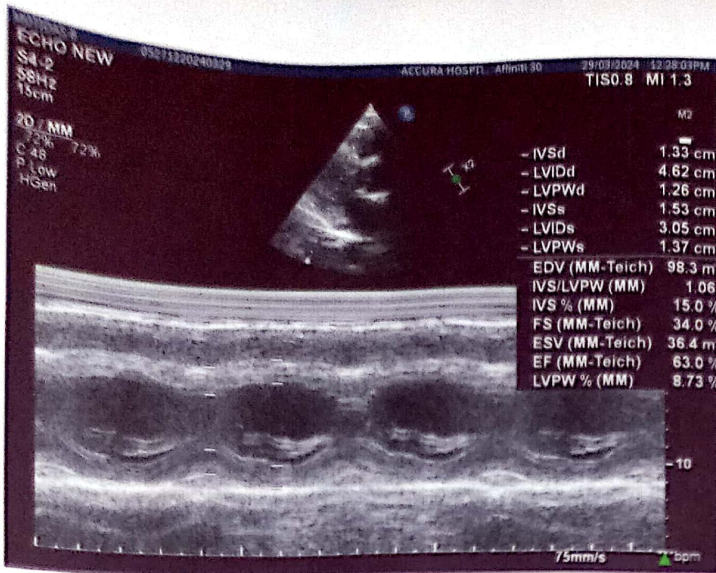


First Floor, Nilkanth Plaza, J. K. Park, Bapa Sitaram Chowk, Mavdi Main Road, RAJKOT- 36000

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



Scanned with OKEN Scanner



Pt.'s Name: BAMANIYA MOTIBHAI

Date: 29 March, 2024

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



Pat.s' Name: BAMANIYA MOTIBHAI

DATE: 29 March 2024

**U.S.G. OF ABDOMEN AND PELVIS**

- **LIVER:** is normal size and shows normal parenchymal echotexture. No focal lesion noted. Intrahepatic billiary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone or changes of cholecystitis.
- **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 angels clear.

**CONCLUSION:**

- No significant abnormality seen in present study.
- Bilateral inguinal region is normal.

Thanks for reference.



**DR PRATIK KAGATHARA**  
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020



ભારત સરકાર

Government of India

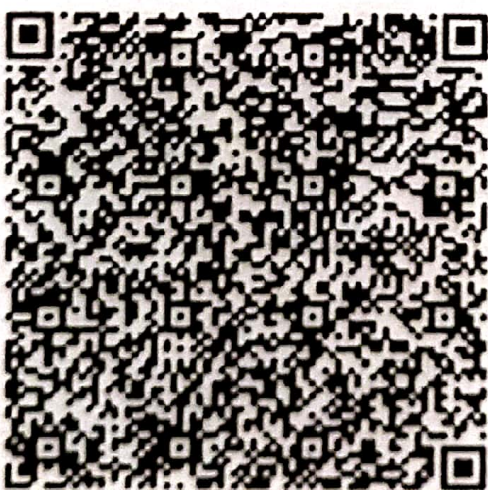


બામણીયા મોતીબાઈ નારજીબાઈ  
Bamaniya Motibhai Narjibhai

જન્મ તારીખ / DOB : 01/10/1968

પુરુષ / Male

3023 6812 1333



અધાર – સામાજ્ય માણસનો અધિકાર



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

Unique Identification Authority of India

સરનામું: S/O: બામણીયા નારજીભાઈ  
વીરાભાઈ, સત્યપ્રકાશ સોસાયટી, સંતરામપુર,  
સંતરામપુર, સંતરામપુર, પંચમહાલ, ગુજરાત,  
389260

Address: S/O: Bamaniya Narjibhai  
Virabhai, satyaprakash sosayti,  
santrampur, Santrampur, Santrampur,  
Panchmahals, Gujarat, 389260

3023 6812 1333



1947

1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in





बैंक ऑफ बरोडा  
Bank of Baroda

नाम

मोतीदास नारजीभाई बामनीया

Name

MOTIDAS NARJIBHAI BAMANIA

कर्जकारी क्र.क.

E.C. No. 49978



*Motidas*

जारीकर्ता प्राधिकारी  
Issuing Authority

एअरक के रखरख  
Signature of Holder



 **GPS Map**  
**Camera Lite**

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

Latitude  
22.2656628°

Longitude  
70.7839359°

Local 09:50:55 AM  
GMT 04:20:55 AM

Altitude 144 meters  
Friday, 29.03.2024




**TEST REPORT**

<b>Name</b> : Bamaniya Motibhai	<b>Reg. No</b> : 403101398
<b>Age/Sex</b> : 56 Years / Male	<b>Reg. Date</b> : 29-Mar-2024 03:05 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 29-Mar-2024 03:06 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 29-Mar-2024 06:56 PM

**COMPLETE BLOOD COUNT (CBC)**  
 Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
<b>RBC Parameters</b>			
Hemoglobin (SLS method)	13.3	g/dL	13.0 - 18.0
Hematocrit (Electrical Impedance)	<b>39.00</b>	%	47 - 52
RBC Count (Electrical Impedance)	<b>4.45</b>	million/cmm	4.7 - 6.0
MCV (Calculated)	87.6	fL	78 - 110
MCH (Calculated)	29.8	Pg	27 - 31
MCHC (Calculated)	34.1	%	30 - 35
RDW (Calculated)	13.2	%	11.5 - 14.0
<b>WBC Parameters</b>			
WBC Count (Flowcytometry)	8550	/cmm	4000 - 10500
<b>DIFFERENTIAL WBC COUNT</b>			
Neutrophils (%)	72 %	% Range 42.0 - 75.2	Abs. Value 6156 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	19 %	20 - 45	1625 /cmm 1000 - 3900
Eosinophils (%)	3 %	1 - 4	257 /cmm 0 - 450
Monocytes (%)	6 %	2 - 8	513 /cmm 200 - 1000
Basophils (%)	0 %	0 - 1	0 /cmm 20 - 100
<b>Platelete Parameter</b>			
Platelet Count	230000	/cmm	150000 - 450000
MPV	6.6	fL	7.4 - 10.4
PDW	37.9	%	8.3 - 56.6

*towards the healthiness...*

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

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TEST REPORT

<b>Name</b> : Bamaniya Motibhai	<b>Reg. No</b> : 403101398
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<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 29-Mar-2024 06:46 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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<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 29-Mar-2024 06:46 PM

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

towards the healthiness...

*D.R.I.*

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<b>Ref. By</b>	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b>	: 29-Mar-2024 03:06 PM
<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 29-Mar-2024 06:46 PM

**FASTING PLASMA GLUCOSE**  
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	86.10	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) ≥126 :Diabetic
Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i>	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  $\geq 200$ mg/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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<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 29-Mar-2024 04:12 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 29-Mar-2024 06:46 PM

**POST PRANDIAL PLASMA GLUCOSE**

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	135.10	mg/dL	70 - 140
Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i>	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.

\*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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<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 29-Mar-2024 06:46 PM

**LIPID PROFILE**

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	176.20	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	127.30	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	42.50	mg/dL	High Risk : < 40 Low Risk : $\geq$ 60
LDL Cholesterol <i>Siemens ALDL</i>	87.90	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : $\geq$ 190
VLDL Cholesterol <i>Calculated</i>	25.46	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	2.07		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	4.15		0 - 5.0


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<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 29-Mar-2024 06:46 PM

**RENAL FUNCTION TEST**

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Creatinine</b> <i>ALKALINE PICRATE, COLORIMETRIC KINETIC</i>	0.83	mg/dL	0.7 - 1.3
<b>eGFR</b>	<b>83.85</b>	ml/min/1.73 sq m	Normal or High: $\geq 90$ Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: $< 15$
<b>Urea</b> <i>Calculated</i>	34.20	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <i>UREASE/GLDH</i>	15.97	mg/dL	7.0 - 18.0
<b>Uric Acid</b> <i>Uricase</i>	4.30	mg/dL	3.5 - 7.2
<b>Sodium</b> <i>Direct ion selective electrode</i>	139.40	mmol/L	137 - 145
<b>Potassium</b> <i>Direct ion selective electrode</i>	4.58	mmol/L	3.5 - 5.1
<b>Chloride</b> <i>Direct ion selective electrode</i>	102.30	mmol/L	98 - 107
<b>Calcium</b> <i>Cresolphthalein Complexone</i>	9.57	mg/dL	8.5 - 10.1


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 M.D. (Path, PDCC)

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Parameter	Result	Unit	Biological Ref. Interval
<b>GGT</b> <small>Siemens/37C</small>	74.69	U/L	15 - 85

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*DRJ*

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**Dr. Viral R. Jethava**

M.D. (Path, PDCC)

Mangla Road Branch: 3rd Floor, Smile Building, 5 Manhar Plot Corner, Mangla Main Road, Rajkot. Ph. 0281 - 247 33 77

Sadhu Vasvani Road Branch: Ground Floor, Office no. 3, Nakshtra-VIII, Nr. Sun City Apt., Sadhu Vasvani Road, Rajkot - 1

Helpline No. : 70965 77000  [www.neutropath.com](http://www.neutropath.com)  [neutropath@gmail.com](mailto:neutropath@gmail.com)

The test results are subject to variations due to technical situations. Hence co-relation with clinical findings and other investigations should be done.




**TEST REPORT**

<b>Name</b>	: Bamaniya Motibhai	<b>Reg. No</b>	: 403101398
<b>Age/Sex</b>	: 56 Years / Male	<b>Reg. Date</b>	: 29-Mar-2024 03:05 PM
<b>Ref. By</b>	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b>	: 29-Mar-2024 03:06 PM
<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 29-Mar-2024 06:46 PM

**HEMOGLOBIN A1 C (HBA1C)**

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.10	%	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 <i>Calculated</i>	99.67	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 A1 c 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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**THYROID FUNCTION TEST**

Parameter	Result	Unit	Biological Ref. Interval
<b>Thyroid Stimulating Hormone (TSH)</b> <small>CLIA</small>	1.281	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

<b>Triiodothyronine (T3)</b> <small>CLIA</small>	1.10	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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**Thyroxine (T4)** 10.60 µg/dL 4.5 - 12.6  
CLIA

**Clinical Significance :**

- Thyroxin (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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**PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Prostate Specific Antigen (PSA) Total</b> <small>CLIA</small>	1.65	ng/mL	0.27 - 3.42

**Clinical Significance :**

- False low / high results may be observed in patients receiving mouse monoclonal antibodies for diagnosis/therapy or due to interference by heterophilic antibodies & nonspecific protein binding or on high dose Biotin therapy.
- Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels. Elevated levels of PSA can also be seen in Benign Prostatic disease, Prostatitis and/or Urinary tract infection.
- PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations.
- Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.
- Prostate Health Index , OncoPro Prostate Screen are other recommended assay for PSA levels between 4-10 ng/mL (gray zone). It helps physicians to decide if biopsy is necessary.
- DRE not suspicious and PSA total of < 3.6 ng/ml : probability of positive biopsy result is 27.2%.
- DRE suspicious and PSA total of < 3.6 ng/ml : probability of positive biopsy result is 52.9%.

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**URINE ROUTINE EXAMINATION**

Parameter	Result	Unit	Biological Ref. Interval
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**PHYSICAL EXAMINATION**

Quantity	15 cc		
Colour	Pale Yellow		
Clarity	Clear		

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	6.0		4.6 - 8.0
Sp. Gravity	1.015		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)	1 - 3/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	2 - 3/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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**LIVER FUNCTION TEST**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.30	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.36	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	2.94	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.48		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	29.81	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	49.84	U/L	16 - 63
Alakaline Phosphatase <i>Siemens/37C</i>	86.71	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.89	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.12	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caif-benz</i>	0.77	mg/dL	0.0 - 1.1

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


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