

## DIABETIC DIET

### BASIC DIETARY INSTRUCTIONS

Foods that should be Avoided [X]	Foods that should be Included [✓]
<p>1) White flour (maida), corn flour, popcorn.                      मैदा, मक्के का आटा, मक्का, चावल</p> <p>2) Potato, Arbi, Tapioca, Corn, sweet potato, sago.                      आलु, अरबी, मूला, मक्का, शकरबंद, आनुदला, अरि, गाजर</p> <p>3) Fruits- Mango, chickoo, Banana, Grapes, Litchi, Custard apple, Dates, Figs., Sugar cane                      आम, चीकू, केला, अंगूर, लीची, सीताफल, खजूर, अंजीर, सिंता)</p> <p>4) Full cream milk, cheese, butter, mayonnaise.                      मखन, चीज, मक्खन, मैमोलाईज</p> <p>5) Sugar : sweets, chocolate, toffees, Jaggery, Honey, Jam, Jelly, Ice-cream., Cold drinks                      शकर, चॉकलेट, टोफी, गुड़, बरफ, आम, जेली, आइसक्रीम</p> <p>6) Fats : Desi ghee ( if pure can be given 1tsp/day ), <u>Vegetable refined oil</u>, vansapati, dalda, peanut oil.                      देसी घी (अगर शुद्ध है तो 1 चम्मच प्रतिदिन दे सकते हैं), <u>पियसफत तेल</u>, दालडा, सिंग तेल।</p> <p>7) Non-veg : Chicken, mutton, egg yolk ( for 1 month )                      चिकन, मटन, अण्डे का पीला भाग</p>	<p>1) Wheat flour, jowar flour, bajra flour, Ragi                      गेहूं, ज्वार, बाजरा, रागी</p> <p>2) Drumsticks, fenugreek leaves, spinach, cauliflower, cucumber, tomato, broccoli, cabbage, scarlet gourd.                      अरंडी, मेथी, पालक, गोभी, ककड़ी, ब्रोकली, हरी टोमटो, पत्तागोभी, टिफिन</p> <p>3) Guava, apple, papaya, pomegranate, orange, sweet lime, pine-apple.                      अमरुद, सेब, पपीता, अनार, संतरा, मोरबब्बा, आम</p> <p>4) Turmeric, fenugreek seeds, cumin seeds, fennel seed.                      हल्दी, मेथी, जीरा, साँफ</p> <p>5) Fat - soyabean oil, sunflower oil, mustard oil, olive oil, Rice bran oil                      सोयाबीन तेल, सूरजमुखी तेल, अरसी तेल, जीरा तेल।</p> <p>6) Non-veg. : egg white, steamed fish.                      डबले अण्डे का सफेद भाग, मछली</p> <p>7) Stevia (साठी तुलसी)</p>

- Daily walk for 45 minutes (Brisk walk)
- weight loss of obese/overweight.

**DR. VIVEK GUPTA**  
 M.D. (Physician)  
 G-56870  
 Consultant Physician  
 9825651234  
 (Delhi)



09/03/2024:-

Su Dr. Vinod -

**SARDAR PATEL HOSPITAL & HEART INSTITUTE**

Name: ADLSTH.

Date: 4/3/24

Age: 32 Sex: F

Pre-diabetic

Hyperuricemia

NG

ADU:-

Tab. febrogooas

①  
P-  
BD 12/180  
SpO<sub>2</sub> 98%

501 ——— (3)  
Atn.

U/m

CHIRNAD





**OPD INITIAL ASSESSMENT FORM**

(To be filled by Nursing Staff)

Patient Name: - Asmita UHID Number: - 023-2117

Consultant Name: - Dr. Nitesh Patel Date: 03-24 Start Time: - \_\_\_\_\_ Age: 37 (Years)

Sex: - f (M/F)

Height: 156 cms, Weight: 76.6 kgs. Temp. \_\_\_\_\_, Pulse: - 92 (Per minute), SPO2 98%

B.P. :- 120/80 mm of Hg, RBS:- \_\_\_\_\_ First Visit / Follow Up

Visit: first visit

Nursing Staff Name & Signature: - Kavisha Patel End Time:- \_\_\_\_\_

**Past History: - (TICK MARK)**

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:-

Family History:-

Psychosocial Assessment:-

Nutritional Screening:-

Immunization Status:-

To be filled by Clinician) Start Time:- \_\_\_\_\_

Clinical Findings:-

Diagnosis:-

Investigations and Advice:-





Patient Name:	ASMITA	Age / Sex:	37YRS/F
Patient ID:	OP-2117	Date:	09/03/2024
Referred By:	HEALTH CHEKUP	USG:	ABD

**USG ABDOMEN & PELVIS**

Liver is normal in size 196 mm and shows increased echotexture. No focal solid/ cystic mass lesion detected in the liver. CBD and intrahepatic biliary radicles show no dilatation.

G.B. : well distended & normal. No stone or inflammation seen.

HEAD AND BODY OF PANCREAS : reveals normal echotexture. No mass, calcification or pancreatitis.

Tail of pancreas : Obscure by bowel gas.

SPLEEN : Normal in size, 99 mm & reveals normal echotexture. No other focal mass seen.

BOTH KIDNEY : RK: 113 X 34 mm. , LK : 108 X 39 mm.

Both kidneys are normal size with normal cortical thickness.

No focal solid or cystic mass seen. No calculus. No hydronephrosis seen.

C.M differentiation is preserved. No parenchymal abnormality seen.

U. BLADDER : well distended. No e/o filling defect or mass lesion.

UTERUS: Anteverted, Normal in size.

The endometrial stripe (ET) measures 3.4 mm in diameter and is normal in echogenicity.

BOTH OVARIES: appears normal size. Multiple small follicles within. No adnexal mass.

BOWEL LOOPS : Peristaltic bowel loops seen in lower abdomen. Bowel loops are normal calibre (Visualized).

No free fluid seen. No enlarged lymphnodes seen.

**IMPRESSION:**

Fatty changes in liver (Grade I)

Suggest clinical correlation.



Dr. HANSA RATHWA  
MD (Radio Diagnosis)

Disclaimer-It is of medical imaging based on the available clinical data., so this report cannot be utilized for any medico legal purpose/ certifications. All modern machines/procedures have their own limitations. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests.

<b>Patient Name:</b>	<b>ASMITA</b>	<b>Age /Sex:</b>	<b>37YRS/F</b>
<b>Patient ID:</b>	<b>OP-2117</b>	<b>Date :</b>	<b>09/03/2024</b>
<b>Referred By:</b>	<b>HEALTH CHEKUP</b>	<b>Modality:</b>	<b>X-RAY</b>

**X-RAY CHEST PA.**

- Both Lung fields appear normal  
No evidence of any collapse / consolidation.
- Both Hila appear normal.  
No evidence of any enlarged Hilar lymphnodes.
- Both CP angle clear.
- Cardiac size appear normal.
- Both hemi diaphragm appears normal
- Bony cage appear normal.

**IMPRESSION:**

**No significant abnormality detected. .**



**Dr. HANSA RATHWA**  
**MD (Radio Diagnosis)**

Disclaimer-It is of medical imaging based on the available clinical data, so this report cannot be utilized for any medico legal purpose/ certifications. All modern machines/procedures have their own limitations. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests.





## LABORATORY REPORT



Name : Mrs ASMITA      Sex/Age : Female / 37 Years      Case ID : 40308000434  
 Ref. By : Mediwheel Full Body Health Checkup      Dis. At :      Pt. ID :  
 Bill. Loc. : Health packages      Mobile No. :  
 Reg Date and Time : 09-Mar-2024 08:34      Sample Type : Whole Blood EDTA      Ref Id1 :  
 Sample Date and Time : 09-Mar-2024 08:34      Sample Coll. By : non      Ref Id2 :  
 Report Date and Time : 09-Mar-2024 10:52      Acc. Remarks :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	L 11.4	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.17	millions/cumm	3.80 - 4.80
PCV(Calc)	36.11	%	36.00 - 46.00
MCV (RBC histogram)	86.6	fL	83.00 - 101.00
MCH (Calc)	27.2	pg	27.00 - 32.00
MCHC (Calc)	L 31.4	gm/dL	31.50 - 34.50
RDW (RBC histogram)	12.30	%	11.00 - 16.00

#### TOTAL AND DIFFERENTIAL WBC COUNT

			EXPECTED VALUES [Abs]	EXPECTED VALUES
Total WBC Count	8410	/μL	4000.00 - 10000.00	/μL 2000.00 - 7000.00
Neutrophil	[%] 62	%	40.00 - 70.00	5214 /μL
Lymphocyte	30	%	20.00 - 40.00	2523 /μL
Eosinophil	01	%	1.00 - 6.00	84 /μL
Monocytes	07	%	2.00 - 10.00	589 /μL
Basophil	00	%	0.00 - 2.00	0 /μL

#### PLATELET COUNT

Platelet Count	159000	/μL	150000.00 - 410000.00
MPV	H 14.80	fL	6.5 - 12
PDW	H 16.2		8 - 13

#### Method:

TLC-SF cube technology(Flow Cytometry+ fluorescence),  
 DC by microscopy.  
 Platelet count by electrical impedance+/-SF cube technology

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh A-Abnormal)

Dr. Shweta Patel  
 Consultant Pathologist

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Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 09-Mar-2024 08:34	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 09-Mar-2024 08:34	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 09-Mar-2024 12:46	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>HAEMATOTOLOGY INVESTIGATIONS</b>				
ESR <i>Westergren Method</i>	H 36		mm after 1hr	3 - 20
<b>BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)</b> (Both Forward and Reverse Group )				
ABO Type	O			
Rh Type	POSITIVE			

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**LABORATORY REPORT**



Name : Mrs ASMITA      Sex/Age : Female / 37 Years      Case ID : 40308000434  
 Ref. By : Mediwheel Full Body Health Checkup      Dis. At :      Pl. ID :  
 Bill. Loc. : Health packages      Mobile No. :  
 Reg Date and Time : 09-Mar-2024 08:34      Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Whole Blood EDTA      Ref Id1 :  
 Sample Date and Time : 09-Mar-2024 08:34      Sample Coll. By : non      Ref Id2 :  
 Report Date and Time : 09-Mar-2024 13:38      Acc. Remarks :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric, Hexokinase</i>	88.0	mg/dL	70.0 - 100	FUS: NIL
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	H 190.82	mg/dL	70 - 140	PPUS: NIL
<b>Glycated Haemoglobin Estimation</b>				
HbA1C <i>Immunoturbidimetric</i>	5.7		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes ≥6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	116.89	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

**Interpretation :**  
 HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.  
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.  
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.  
 Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.  
 In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.  
 The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note: (LL-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

*Shweta Patel*  
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 Consultant Pathologist

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Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 09-Mar-2024 08:34	Sample Type : Serum	Mobile No. :
Sample Date and Time : 09-Mar-2024 08:34	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 09-Mar-2024 11:00	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	7.2	mg/dL	7.00 - 18.70	
Uric Acid <i>Uricase-Peroxidase method</i>	H 6.87	mg/dL	2.6 - 6.2	
Creatinine <i>Jaffe compensated</i>	L 0.44	mg/dL	0.55 - 1.02	

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**LABORATORY REPORT**



Name : **Mrs ASMITA** Sex/Age : **Female / 37 Years** Case ID : **40308000434**  
 Ref. By : **Mediwheel Full Body Health Checkup** Dis. At : Pt. ID :  
 Bill. Loc. : **Health packages** Mobile No. :  
 Reg Date and Time : **09-Mar-2024 08:34** Sample Type : **Serum** Ref Id1 :  
 Sample Date and Time : **09-Mar-2024 08:34** Sample Coll. By : **non** Ref Id2 :  
 Report Date and Time : **09-Mar-2024 10:58** Acc. Remarks :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**BIOCHEMICAL INVESTIGATIONS**

**Lipid Profile**

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	<b>168.23</b>	mg/dL	110 - 200	
<b>HDL Cholesterol</b>	<b>H 67.8</b>	mg/dL	40 - 60	
<b>Triglyceride</b> <i>GPO-POD</i>	<b>105.34</b>	mg/dL	40 - 200	
<b>VLDL</b> <i>Calculated</i>	<b>21.07</b>	mg/dL	10 - 40	
<b>Chol/HDL</b> <i>Calculated</i>	<b>2.48</b>		0 - 4.1	
<b>LDL Cholesterol</b> <i>Calculated</i>	<b>79.36</b>	mg/dL	0.00 - 100.00	

**NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP**

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

**Liver Function Test**

<b>S.G.P.T.</b> <i>IFCC</i>	<b>42.24</b>	U/L	0 - 59
<b>S.G.O.T.</b> <i>IFCC</i>	<b>26.29</b>	U/L	15 - 37
<b>Alkaline Phosphatase</b> <i>Modified IFCC method</i>	<b>146.91</b>	U/L	40 - 150
<b>Proteins (Total)</b> <i>Biuret</i>	<b>6.99</b>	g/dL	6.4 - 8.2

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**LABORATORY REPORT**



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Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 09-Mar-2024 08:34	Sample Type : Serum	Mobile No. :
Sample Date and Time : 09-Mar-2024 08:34	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 09-Mar-2024 10:58	Acc. Remarks :	Ref Id2 :

**Liver Function Test**

<b>Albumin</b> <i>Bromo Cresol Green</i>	4.44	g/dL	3.4 - 5.0
<b>Globulin</b> <i>Calculated</i>	2.55	gm/dL	2 - 4.1
<b>A/G Ratio</b> <i>Calculated</i>	1.7		1.0 - 2.1
<b>Bilirubin Total</b> <i>Diazotized Sulfanilic Acid Method</i>	0.61	mg/dL	0.2 - 1.0
<b>Bilirubin Conjugated</b> <i>Diazotized Sulfanilic Acid Method</i>	0.22	mg/dL	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.39	mg/dL	0 - 0.8

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**LABORATORY REPORT**



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Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 09-Mar-2024 08:34	Sample Type : Serum	Mobile No. :
Sample Date and Time : 09-Mar-2024 08:34	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 09-Mar-2024 13:38	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BIOCHEMICAL INVESTIGATIONS</b>				
<b>Thyroid Function Test</b>				
<b>Triiodothyronine (T3)</b> ECLIA	0.85	ng/mL	0.70 - 2.04	
<b>Thyroxine (T4)</b> ECLIA	7.54	µg/dL	5.5 - 11.0	
<b>TSH</b> CMA	3.48	µIU/mL	0.4 - 4.2	

**INTERPRETATIONS**

Useful for Monitoring patients on thyroid replacement therapy. Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism. The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of 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 or normal. Concentrations of 5.1 mIU/ml to 7.0 mIU/ml are considered borderline hypothyroid

**CAUTIONS**

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Ref. By : Mediwheel Full Body Health Checkup	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		PL Loc. :
Reg Date and Time : 09-Mar-2024 08:34	Sample Type : Spot Urine	Mobile No. :
Sample Date and Time : 09-Mar-2024 08:34	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 09-Mar-2024 12:40	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)</b>				
<u>Physical examination</u>				
Colour	Pale yellow			
Transparency	Clear			
<u>Chemical Examination By Sysmex UC-3500</u>				
Sp.Gravity	1.030		1.003 - 1.035	
pH	6.0		4.6 - 8	
Leucocytes (ESTERASE)	Negative		Negative	
Protein	Negative		Negative	
Glucose	Negative		Negative	
Ketone Bodies Urine	Negative		Negative	
Urobilinogen	Negative		Negative	
Bilirubin	Negative		Negative	
Blood	Negative		Negative	
Nitrite	Negative		Negative	
<u>Flowcytometric Examination By Sysmex UF-5000</u>				
Leucocyte	1-2	/HPF	Nil	
Red Blood Cell	Nil	/HPF	Nil	
Epithelial Cell	10-12	/HPF	Present(+)	
Bacteria	Nil	/µL	Nil	
Yeast	Nil	/µL	Nil	
Cast	Nil	/LPF	Nil	
Crystals	Nil	/HPF	Nil	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)**

Physical examination

Colour : Pale yellow

Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.030		1.003 - 1.035
pH	6.0		4.6 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	1-2	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	10-12	/HPF	Present(+)
Bacteria	Nil	/µL	Nil
Yeast	Nil	/µL	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)

**Dr. Shweta Patel**  
Consultant Pathologist

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**LABORATORY REPORT**



Name : Mrs ASMITA	Sex/Age : Female / 37 Years	Case ID : 40308000434
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Bill. Loc. : Health packages		PL Loc :
Reg Date and Time : 09-Mar-2024 08:34	Sample Type : Spot Urine	Mobile No. :
Sample Date and Time : 09-Mar-2024 08:34	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 09-Mar-2024 12:40	Acc. Remarks :	Ref Id2 :

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

Pending Services  
Stool Examination

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

# For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shweta Patel  
Consultant Pathologist

Printed On : 09-Mar-2024 15:53



97 bpm  
-- / -- mmHg

Room: \_\_\_\_\_

Location: \_\_\_\_\_  
Order Num: \_\_\_\_\_  
Indication: \_\_\_\_\_  
Medication 1: \_\_\_\_\_  
Medication 2: \_\_\_\_\_  
Medication 3: \_\_\_\_\_

09.03.2024 15:40:54  
SARDAR PA HOSPITAL  
CHIKUWADE  
ANKLESHWAR

Technician: \_\_\_\_\_  
Ordering Ph: \_\_\_\_\_  
Referring Ph: \_\_\_\_\_  
Attending Ph: \_\_\_\_\_

Normal sinus rhythm  
Normal ECG

72 ms  
360 / 457 ms  
140 ms  
96 ms  
616 / 618 ms  
59 / 33 / 16 degrees

QRS :  
QT / QTcBaz :  
PR :  
P :  
RR / PP :  
P / QRS / T :



Unconfirmed  
4x2.5x3\_25\_R1 1/1  
AD5 0.56-20 Hz 50 Hz  
25 mm/s 10 mm/mV  
GE MAC2000 1.1 125L<sup>SM</sup> V241