

TEST REPORT

| | | | |
|---------------------------|-------------------------------|-------------|----------------------------------|
| Reg. No. : 403100860 | Reg. Date : 23-Mar-2024 17:57 | Ref.No : | Approved On : 23-Mar-2024 20:08 |
| Name : Mrs. CHANCHAL ARYA | | | Collected On : 23-Mar-2024 18:12 |
| Age : 31 Years | Gender: Female | Pass. No. : | Dispatch At : |
| Ref. By : APOLLO | | | Tele No. : |
| Location : | | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|--|--------------|-----------------------|--------------------|
| Complete Blood Count | | | |
| <u>Specimen: EDTA blood</u> | | | |
| Hemoglobin | | | |
| Hemoglobin(SLS method) | L 11.2 | g/dL | 12.0 - 15.0 |
| Hematocrit (calculated) | L 35.1 | % | 36 - 46 |
| RBC Count(Ele.Impedence) | 4.21 | X 10 ¹² /L | 3.8 - 4.8 |
| MCV (Calculated) | 83.4 | fL | 83 - 101 |
| MCH (Calculated) | L 26.6 | pg | 27 - 32 |
| MCHC (Calculated) | 31.9 | g/dL | 31.5 - 34.5 |
| RDW (Calculated) | H 15.7 | % | 11.5 - 14.5 |
| Differential WBC count (Impedance and flow) | | | |
| Total WBC count | 8900 | /μL | 4000 - 10000 |
| Neutrophils | 55 | % | 38 - 70 |
| Lymphocytes | 36 | % | 21 - 49 |
| Monocytes | 06 | % | 3 - 11 |
| Eosinophils | 03 | % | 0 - 7 |
| Basophils | 00 | % | 0 - 1 |
| Platelet | | | |
| Platelet Count (Ele.Impedence) | 160000 | /cmm | 150000 - 410000 |
| Platelets appear on the smear | Adequate | | |
| Malarial Parasites | Not Detected | | |
| <small>EDTA Whole Blood</small> | | | |

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. Keyur Patel

M.B.B.S.,D.C.P(Patho) Page 1 of 17
G- 22475

Generated On : 25-Mar-2024 17:19

Approved On: 23-Mar-2024 20:08

TEST REPORT

Reg. No. : 403100860 Reg. Date : 23-Mar-2024 17:57 Ref.No : Approved On : 23-Mar-2024 18:59
Name : Mrs. CHANCHAL ARYA Collected On : 23-Mar-2024 18:12
Age : 31 Years Gender: Female Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

| Test Name | Results | Units | Bio. Ref. Interval |
|-----------|---------|-------|---|
| ESR | 05 | mm/hr | 17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs : <30 |

Method: Modified Westergren

EDTA Whole Blood

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 2 of 17
G- 22475

Generated On : 25-Mar-2024 17:19

Approved On: 23-Mar-2024 18:59

TEST REPORT

| | | | |
|---------------------------|-------------------------------|-------------|----------------------------------|
| Reg. No. : 403100860 | Reg. Date : 23-Mar-2024 17:57 | Ref.No : | Approved On : 24-Mar-2024 10:46 |
| Name : Mrs. CHANCHAL ARYA | | | Collected On : 23-Mar-2024 18:12 |
| Age : 31 Years | Gender: Female | Pass. No. : | Dispatch At : |
| Ref. By : APOLLO | | | Tele No. : |
| Location : | | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|-------|--------------------|
| PERIPHERAL BLOOD SMEAR EXAMINATION | | | |
| Specimen: Peripheral blood smear & EDTA blood, Method:Microscopy | | | |
| RBC Morphology | RBCs are normocytic normochromic. | | |
| WBC Morphology | Total WBC and differential count is within normal limit. No abnormal cells or blasts are seen. | | |
| Differential Count | . | | |
| Neutrophils | 54 | % | 38 - 70 |
| Lymphocytes | 37 | % | 21 - 49 |
| Monocytes | 05 | % | 3 - 11 |
| Eosinophils | 03 | % | |
| Basophils | 01 | % | 0 - 2 |
| Platelets | Platelets are adequate with normal morphology. | | |
| Parasite | Malarial parasite is not detected. | | |
| Sample Type: EDTA Whole Blood | | | |

Test done from collected sample.

This is an electronically authenticated report.




Approved by: Dr. Avinash B Panchal

MBBS,DCP
G-44623

Page 3 of 17

Generated On : 25-Mar-2024 17:19

Approved On: 24-Mar-2024 10:46

TEST REPORT

Reg. No. : 403100860 Reg. Date : 23-Mar-2024 17:57 Ref.No : Approved On : 23-Mar-2024 20:09
Name : Mrs. CHANCHAL ARYA Collected On : 23-Mar-2024 18:12
Age : 31 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 <i>Hexokinase</i> | 78.58 | mg/dL | Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126 |

Flouride 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 >= 200mg/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

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

Page 4 of 17

Generated On : 25-Mar-2024 17:19

Approved On: 23-Mar-2024 20:09

TEST REPORT

| | | | |
|----------------------------------|--------------------------------------|--------------------|---|
| Reg. No. : 403100860 | Reg. Date : 23-Mar-2024 17:57 | Ref.No : | Approved On : 23-Mar-2024 20:08 |
| Name : Mrs. CHANCHAL ARYA | | | Collected On : 23-Mar-2024 18:12 |
| Age : 31 Years | Gender: Female | Pass. No. : | Dispatch At : |
| Ref. By : APOLLO | | | Tele No. : |
| Location : | | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---------|-------|---|
| POST PRANDIAL PLASMA GLUCOSE | | | |
| <u>Specimen: Fluoride plasma</u> | | | |
| Post Prandial Plasma Glucose <i>Hexokinase</i> | L 89.6 | 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) Page 5 of 17
G- 22475

Generated On : 25-Mar-2024 17:19

Approved On: 23-Mar-2024 20:08

TEST REPORT

Reg. No. : 403100860 **Reg. Date** : 23-Mar-2024 17:57 **Ref.No** : **Approved On** : 23-Mar-2024 18:59
Name : Mrs. CHANCHAL ARYA **Collected On** : 23-Mar-2024 18:12
Age : 31 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

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

| | | | |
|-----|------|-----|--------|
| GGT | 23.6 | U/L | 6 - 42 |
|-----|------|-----|--------|

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.

This is an electronically authenticated report.



Approved by: Dr. Keyur Patel

M.B.B.S.,D.C.P(Patho) Page 6 of 17
G- 22475

Generated On : 25-Mar-2024 17:19

Approved On: 23-Mar-2024 18:59

TEST REPORT

| | | | |
|----------------------------------|--------------------------------------|--------------------|---|
| Reg. No. : 403100860 | Reg. Date : 23-Mar-2024 17:57 | Ref.No : | Approved On : 23-Mar-2024 18:53 |
| Name : Mrs. CHANCHAL ARYA | | | Collected On : 23-Mar-2024 18:12 |
| Age : 31 Years | Gender: Female | Pass. No. : | Dispatch At : |
| Ref. By : APOLLO | | | Tele No. : |
| Location : | | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---------|-------|---|
| LIPID PROFILE | | | |
| CHOLESTEROL | 183.00 | mg/dL | Desirable <=200 Borderline high risk 200 - 240 High Risk >240 |
| Triglyceride <i>Enzymatic Colorimetric Method</i> | 98.00 | 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> | 96.56 | mg/dL | < 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High |
| High-Density Lipoprotein(HDL) | 66.44 | mg/dL | <40 >60 |
| CHOL/HDL RATIO <i>Calculated</i> | 2.75 | | 0.0 - 3.5 |
| LDL/HDL RATIO <i>Calculated</i> | 1.45 | | 1.0 - 3.4 |
| TOTAL LIPID <i>Calculated</i> | 522.00 | 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) Page 7 of 17
G- 22475

Generated On : 25-Mar-2024 17:19

Approved On: 23-Mar-2024 18:53

TEST REPORT

| | | | |
|----------------------------------|--------------------------------------|--------------------|---|
| Reg. No. : 403100860 | Reg. Date : 23-Mar-2024 17:57 | Ref.No : | Approved On : 23-Mar-2024 18:38 |
| Name : Mrs. CHANCHAL ARYA | | | Collected On : 23-Mar-2024 18:12 |
| Age : 31 Years | Gender: Female | Pass. No. : | Dispatch At : |
| Ref. By : APOLLO | | | Tele No. : |
| Location : | | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---------|-------|--------------------|
| <u>LIVER FUNCTION TEST</u> | | | |
| TOTAL PROTEIN <small>Biuret Colorimetric</small> | 7.9 | g/dL | 6.4 - 8.3 |
| ALBUMIN <small>Bromocresol Green(BCG)</small> | 4.5 | g/dL | 3.2 - 5.0 |
| GLOBULIN <small>Calculated</small> | 3.40 | g/dL | 2.4 - 3.5 |
| ALB/GLB <small>Calculated</small> | 1.32 | | 1.2 - 2.2 |
| SGOT <small>Pyridoxal 5 Phosphate Activation, IFCC</small> | 26.3 | U/L | 0 - 32 |
| SGPT <small>Pyridoxal 5 Phosphate Activation, Ifcc</small> | 24.5 | U/L | 0 - 33 |
| Alkaline Phosphatase <small>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</small> | 89.6 | U/L | 40 - 130 |
| TOTAL BILIRUBIN <small>Diazo</small> | 0.66 | mg/dL | 0.0 - 1.2 |
| DIRECT BILIRUBIN <small>Diazo Reaction</small> | 0.12 | mg/dL | 0 - 0.3 |
| INDIRECT BILIRUBIN <small>Calculated</small> | 0.54 | 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

Page 8 of 17

Generated On : 25-Mar-2024 17:19

Approved On: 23-Mar-2024 18:38

TEST REPORT

Reg. No. : 403100860 **Reg. Date** : 23-Mar-2024 17:57 **Ref.No** : **Approved On** : 23-Mar-2024 23:57
Name : Mrs. CHANCHAL ARYA **Collected On** : 23-Mar-2024 18:12
Age : 31 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---------|-------|---|
| HEMOGLOBIN A1C (HBA1C) <i>High Performance Liquid Chromatography (HPLC)</i> | 5.40 | % | 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> | 108 | 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. Vijay Prajapati

M.D. (Path)
G - 12976

Page 9 of 17

Generated On : 25-Mar-2024 17:19

Approved On: 23-Mar-2024 23:57

TEST REPORT

| | | | |
|---------------------------|-------------------------------|-------------|----------------------------------|
| Reg. No. : 403100860 | Reg. Date : 23-Mar-2024 17:57 | Ref.No. : | Approved On : 23-Mar-2024 23:57 |
| Name : Mrs. CHANCHAL ARYA | | | Collected On : 23-Mar-2024 18:12 |
| Age : 31 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: 140303500679
 Patient ID:
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

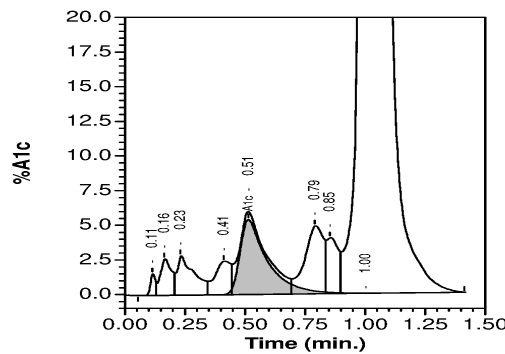
Analysis Performed: 23/03/2024 23:20:25
 Injection Number: 12755
 Run Number: 551
 Rack ID:
 Tube Number: 5
 Report Generated: 23/03/2024 23:23:35
 Operator ID:

Comments:

| Peak Name | NGSP % | Area % | Retention Time (min) | Peak Area |
|-----------|--------|--------|----------------------|-----------|
| Unknown | --- | 0.2 | 0.113 | 2575 |
| A1a | --- | 0.9 | 0.163 | 9531 |
| A1b | --- | 1.5 | 0.231 | 15575 |
| LA1c | --- | 1.4 | 0.410 | 14958 |
| A1c | 5.4 | --- | 0.513 | 47986 |
| P3 | --- | 2.8 | 0.790 | 29873 |
| P4 | --- | 1.5 | 0.854 | 15285 |
| Ao | --- | 87.1 | 1.001 | 913705 |

Total Area: 1,049,488

HbA1c (NGSP) = 5.4 %



Test done from collected sample.

This is an electronically authenticated report.



Vijay

Approved by: Dr. Vijay Prajapati

**M.D. (Path)
G - 12976**

Page 10 of 17

Generated On : 25-Mar-2024 17:19

Approved On: 23-Mar-2024 23:57

TEST REPORT

Reg. No. : 403100860 Reg. Date : 23-Mar-2024 17:57 Ref.No : Approved On : 23-Mar-2024 23:08
Name : Mrs. CHANCHAL ARYA Collected On : 23-Mar-2024 18:12
Age : 31 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 <small>CMIA</small> | 1.08 | ng/mL | 0.70 - 2.04 |
| T4 (Thyroxine), Total <small>CMIA</small> | 8.85 | µg/dL | 5.5 - 11.0 |
| TSH (Thyroid stimulating hormone) <small>CMIA</small> | 1.476 | 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. Vijay Prajapati

M.D. (Path)
G - 12976

Page 11 of 17

Generated On : 25-Mar-2024 17:19

Approved On: 23-Mar-2024 23:08

TEST REPORT

| | | | |
|----------------------------------|--------------------------------------|--------------------|---|
| Reg. No. : 403100860 | Reg. Date : 23-Mar-2024 17:57 | Ref.No : | Approved On : 23-Mar-2024 18:59 |
| Name : Mrs. CHANCHAL ARYA | | | Collected On : 23-Mar-2024 18:12 |
| Age : 31 Years | Gender: Female | Pass. No. : | Dispatch At : |
| Ref. By : APOLLO | | | Tele No. : |
| 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 | 1.025 | | 1.002 - 1.030 |
| Protein | Nil | | Absent |
| Glucose | Nil | | Absent |
| Ketone | Nil | | Absent |
| Bilirubin | Nil | | Nil |
| Nitrite | Negative | | 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

M.B.B.S.,D.C.P(Patho) Page 12 of 17
G- 22475

Generated On : 25-Mar-2024 17:19

Approved On: 23-Mar-2024 18:59



- 3D/4D Sonography
- Liver Elastography
- ECHO
- Dental & Eye Checkup
- Mammography
- Treadmill Test
- PFT
- Full Body Health Checkup
- X-Ray
- ECG
- Audiometry
- Nutrition Consultation

□ RADIOLOGY □ HEALTH CHECK UP □ PATHLOGY □ CARDIO DIAGNOSTIC

MC-2024

LABORATORY REPORT



| | | | |
|-----------------------------|-----------------------------|----------------------------------|--|
| Reg. No : 40303500679 | Histo / Cyto No : C24101937 | Reg. Date : 23-Mar-2024 17:57 | |
| Name : Mrs. CHANCHAL ARYA | | Collected on : 23-Mar-2024 18:12 | |
| Sex/Age : Female / 31 Years | | Report Date : 25-Mar-2024 | |
| Ref. By : APOLLO | | Tele. No : | |
| Location : | | Dispatch At : | |

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 few parabasal cells seen.
 Moderate inflammation with predominance of neutrophils are seen.
 Many lactobacilli are seen.
 No parasites/ fungi.
 No evidence of intraepithelial lesion or malignancy.

Diagnosis :

Liquid based cervical smear - **Moderate inflammation and negative for intraepithelial lesion or malignancy.**

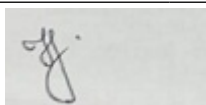
(The Bethesda System for the reporting of cervical cytology, 2014).

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/ASCP |
|-------------------|-----------------------|



DR TORSHA JANA

MD Pathology

Reg. No.:- G-71716

Approved On: 25-Mar-2024 17:19

Generated On : 25-Mar-2024 17:19

For Appointment : 7567 000 750

This is an electronically authenticated report.

www.conceptdiagnostics.com

conceptdiaghealthcare@gmail.com

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



- 3D/4D Sonography
- Liver Elastography
- ECHO
- Dental & Eye Checkup
- Mammography
- Treadmill Test
- PFT
- Full Body Health Checkup
- X-Ray
- ECG
- Audiometry
- Nutrition Consultation

□ RADIOLOGY □ HEALTH CHECK UP □ PATHLOGY □ CARDIO DIAGNOSTIC

MC-2024

LABORATORY REPORT

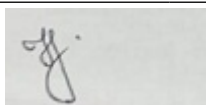


| | | | |
|------------------------------------|------------------------------------|----------------------------------|--|
| Reg. No : 40303500679 | Histo / Cyto No : C24101937 | Reg. Date : 23-Mar-2024 17:57 | |
| Name : Mrs. CHANCHAL ARYA | | Collected on : 23-Mar-2024 18:12 | |
| Sex/Age : Female / 31 Years | | Report Date : 25-Mar-2024 | |
| Ref. By : APOLLO | | Tele. No : | |
| Location : | | Dispatch At : | |

| | |
|-----------------------|---|
| Younger than 21 years | No screening. |
| 21-29 years | Screening with cytology alone every 3 years is recommended. |
| 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: C24101937 returned along with report.
 Please preserve them Carefully.



DR TORSHA JANA

MD Pathology

Reg. No.:- G-71716

Approved On: 25-Mar-2024 17:19

Generated On : 25-Mar-2024 17:19

For Appointment : 7567 000 750

This is an electronically authenticated report.

www.conceptdiagnostics.com

conceptdiaghealthcare@gmail.com

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

TEST REPORT

Reg. No. : 403100860 **Reg. Date** : 23-Mar-2024 17:57 **Ref.No** : **Approved On** : 23-Mar-2024 18:53
Name : Mrs. CHANCHAL ARYA **Collected On** : 23-Mar-2024 18:12
Age : 31 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

| Test Name | Results | Units | Bio. Ref. Interval |
|------------|---------|-------|--------------------|
| Creatinine | 0.85 | 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) Page 15 of 17
G- 22475

Generated On : 25-Mar-2024 17:19

Approved On: 23-Mar-2024 18:53

TEST REPORT

Reg. No. : 403100860 **Reg. Date** : 23-Mar-2024 17:57 **Ref.No** : **Approved On** : 23-Mar-2024 18:59
Name : Mrs. CHANCHAL ARYA **Collected On** : 23-Mar-2024 18:12
Age : 31 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

| Test Name | Results | Units | Bio. Ref. Interval |
|-----------|---------|-------|---|
| Urea | 22.1 | 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) Page 16 of 17
G- 22475

Generated On : 25-Mar-2024 17:19

Approved On: 23-Mar-2024 18:59

TEST REPORT

| | | | |
|---------------------------|-------------------------------|-------------|----------------------------------|
| Reg. No. : 403100860 | Reg. Date : 23-Mar-2024 17:57 | Ref.No. : | Approved On : 23-Mar-2024 23:16 |
| Name : Mrs. CHANCHAL ARYA | | | Collected On : 23-Mar-2024 18:12 |
| Age : 31 Years | Gender: Female | Pass. No. : | Dispatch At : |
| Ref. By : APOLLO | | | Tele No. : |
| Location : | | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---------|--------|--------------------|
| <u>ELECTROLYTES</u> | | | |
| Sodium (Na+) <small>Method:ISE</small> | 141.00 | mmol/L | 136 - 145 |
| Potassium (K+) <small>Method:ISE</small> | 4.6 | mmol/L | 3.5 - 5.1 |
| Chloride(Cl-) <small>Method:ISE</small> | 105.00 | 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.



Vijay
Approved by: Dr. Vijay Prajapati

**M.D. (Path)
G - 12976**

Page 17 of 17

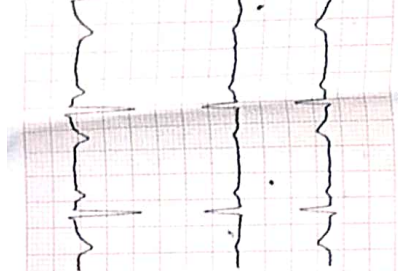
Generated On : 25-Mar-2024 17:19

Approved On: 23-Mar-2024 23:16

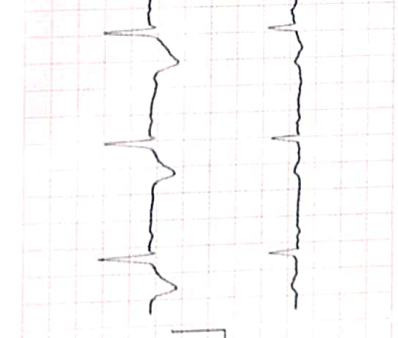
ALTO 10mm/mV
I
II
III



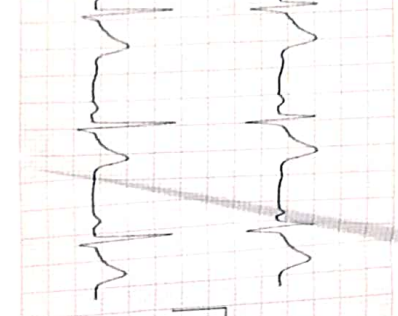
10mm/mV
aVR
aVL
aVF



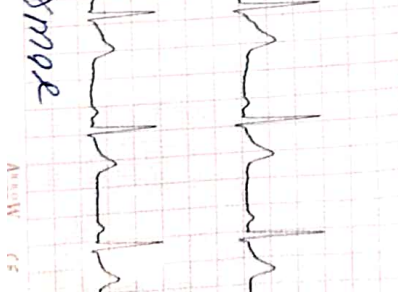
10mm/mV
V1
V2



10mm/mV
V3
V4



10mm/mV
V5
V6



75mm/s AC250HZ EMF25HZ-DFT

Asson W C2

Asson W C2

Asson W C2

Normal



| | | | |
|------------------------------|---------------|----------|------------|
| NAME : | CHANCHAL ARYA | DATE : | 23/03/2024 |
| AGE/SEX: | 34Y/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
MD RADIODIAGNOSIS



| | | | |
|-----------------|---------------|----------------|--|
| NAME | CHANCHAL ARYA | | |
| AGE/ SEX | 31 yrs /F | DATE | 23.03.2024 |
| REF. BY | HEATH 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=28 mmHg.
- No Clots or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size and preserved respiratory variation.



MEASUREMENTS:-


| | | | |
|--------------|------------|---------|---------|
| LVIDD | 33 (mm) | LA | 28 (mm) |
| LVIDS | 21 (mm) | AO | 24(mm) |
| LVEF | 60% | AV cusp | |
| IVSD / LVPWD | 10/10 (mm) | EPSS | |

DOPPLER STUDY:-

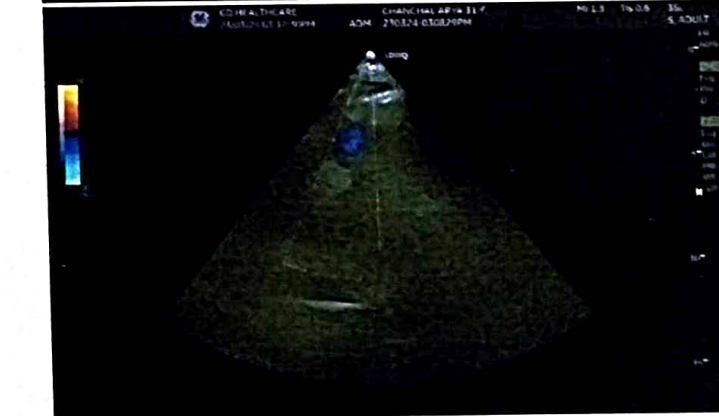
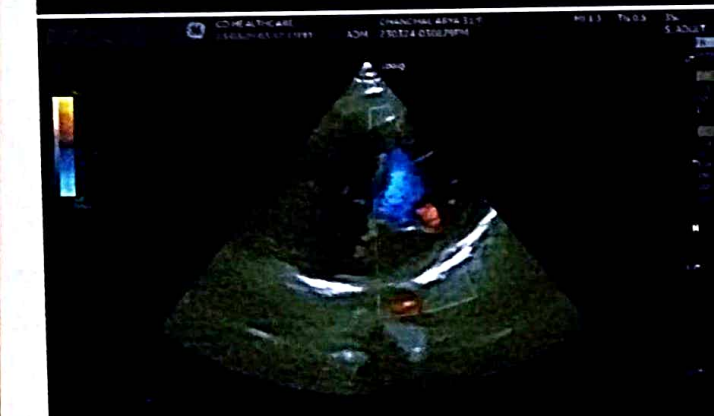
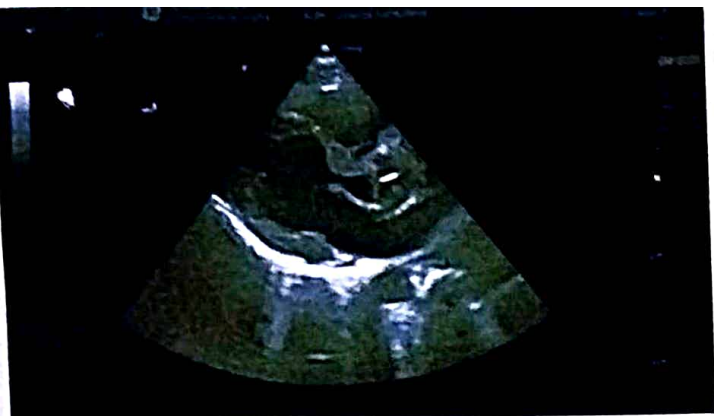
| Valve | Velocity (M/sec) | Max gradient (MmHg) | Mean gradient (Mm Hg) | Valve area Cm ² |
|-----------|------------------|---------------------|-----------------------|----------------------------|
| Aortic | 0.9 | 5 | | |
| Mitral | E:0.5 A:0.7 | | | |
| Pulmonary | 0.8 | 3.0 | | |
| Tricuspid | 1.1 | 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=28 mmHg.
- Normal IVC


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

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





| | | | |
|------------------------------|---------------|----------|------------|
| NAME : | CHANCHAL ARYA | DATE : | 23/03/2024 |
| AGE/SEX: | 31 Y/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 85 X 33 mm. Left kidney measures 99 X 59 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. ET – 7 mm. Both ovaries are normal in size and shows multiple small follicles within. 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:

- NO SIGNIFICANT ABNORMALITY AT PRESENT SCAN


Dr. KRUTI DAVE
Consultant Radiologist

