# TEST REPORT

| | | | |
|---|---|---|---|
| **Reg. No.** | : 403100803 **Reg. Date** : 23-Mar-2024 10:52 **Ref.No** : | **Approved On** | : 23-Mar-2024 14:46 |
| **Name** | : Mr. SANJIV SOLANKI | **Collected On** | : 23-Mar-2024 13:41 |
| **Age** | : 48 Years **Gender:** Male **Pass. No. :** | **Dispatch At** | : |
| **Ref. By** | : APOLLO | **Tele No.** | : |
| **Location** | : | | |

| Test Name | | Results | Units | Bio. Ref. Interval |
|---|---|---|---|---|
| | | **Complete Blood Count** Specimen: EDTA blood | | |
| **Hemoglobin** | | | | |
| Hemoglobin(SLS method) | | 13.0 | g/dL | 13.0 - 17.0 |
| Hematocrit (calculated) | L | **37.4** | % | 40 - 50 |
| RBC Count(Ele.Impedence) | | 4.67 | X 10^12/L | 4.5 - 5.5 |
| MCV (Calculated) | L | **80.1** | fL | 83 - 101 |
| MCH (Calculated) | | 27.8 | pg | 27 - 32 |
| MCHC (Calculated) | H | **34.8** | g/dL | 31.5 - 34.5 |
| RDW (Calculated) | | 12.4 | % | 11.5 - 14.5 |
| **Differential WBC count (Impedance and flow)** | | | | |
| Total WBC count | | 9800 | /µL | 4000 - 10000 |
| Neutrophils | | 62 | % | 38 - 70 |
| Lymphocytes | | 28 | % | 21 - 49 |
| Monocytes | | 08 | % | 3 - 11 |
| Eosinophils | | 02 | % | 0 - 7 |
| Basophils | | 00 | % | 0 - 1 |
| **Platelet** | | | | |
| Platelet Count (Ele.Impedence) | | 262000 | /cmm | 150000 - 410000 |
| MPV | | 9.90 | fL | 6.5 - 12.0 |
| Platelets appear on the smear | | Adequate | | |
| Malarial Parasites | | Not Detected | | |

EDTA Whole Blood

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

Test done from collected sample.

This is an electronically authenticated report.

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



**Generated On :** 23-Mar-2024 18:32

**Approved On:** 23-Mar-2024 14:46

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Unipath SPECIALITY LABORATORY Ltd. PRAHLADNAGAR BRANCH

# TEST REPORT

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|---|---|---|---|---|---|
| **Reg. No.** | : 403100803 | **Reg. Date** : 23-Mar-2024 10:52 | **Ref.No** : | **Approved On** | : 23-Mar-2024 15:18 |
| **Name** | : Mr. SANJIV SOLANKI | | | **Collected On** | : 23-Mar-2024 13:41 |
| **Age** | : 48 Years | **Gender:** Male | **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"<br>*Agglutination* | "B" | | |
| Blood Group "Rh"<br>*Agglutination* | Positive | | |

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)
G- 22475



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| **Reg. No.** | : 403100803 **Reg. Date** : 23-Mar-2024 10:52 **Ref.No** : | **Approved On** | : 23-Mar-2024 17:13 |
| **Name** | : Mr. SANJIV SOLANKI | **Collected On** | : 23-Mar-2024 13:41 |
| **Age** | : 48 Years **Gender:** Male **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 | 62 | % | 38 - 70 |
| Lymphocytes | 28 | % | 21 - 49 |
| Monocytes | 08 | % | 3 - 11 |
| Eosinophils | 02 | % | 0 - 7 |
| Basophils | 00 | % | 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. Rina Prajapati**
D.C.P. DNB (Path)
G-21793

**Approved On:** 23-Mar-2024 17:13

**Generated On :** 23-Mar-2024 18:32



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# TEST REPORT

| | | | |
|---|---|---|---|
| **Reg. No.** | : 403100803 **Reg. Date** : 23-Mar-2024 10:52 **Ref.No** : | **Approved On** | : 23-Mar-2024 16:08 |
| **Name** | : Mr. SANJIV SOLANKI | **Collected On** | : 23-Mar-2024 13:41 |
| **Age** | : 48 Years **Gender:** Male **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<br>*Hexokinase* | 89.35 | mg/dL | Normal: <=99.0<br>Prediabetes: 100-125<br>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.

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



**Generated On :** 23-Mar-2024 18:32

**Approved On:** 23-Mar-2024 16:08

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# TEST REPORT

| | | | |
|---|---|---|---|
| **Reg. No.** | : 403100803 **Reg. Date** : 23-Mar-2024 10:52 **Ref.No** : | **Approved On** | : 23-Mar-2024 14:55 |
| **Name** | : Mr. SANJIV SOLANKI | **Collected On** | : 23-Mar-2024 13:41 |
| **Age** | : 48 Years **Gender:** Male **Pass. No. :** | **Dispatch At** | : |
| **Ref. By** | : APOLLO | **Tele No.** | : |
| **Location** | : | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| GGT | 30.1 | U/L | 10 - 71 |

*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 :** 23-Mar-2024 18:32

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|---|---|---|---|---|---|
| **Reg. No.** | : 403100803 | **Reg. Date** : 23-Mar-2024 10:52 | **Ref.No** : | **Approved On** | : 23-Mar-2024 14:50 |
| **Name** | : Mr. SANJIV SOLANKI | | | **Collected On** | : 23-Mar-2024 13:41 |
| **Age** | : 48 Years | **Gender:** Male | **Pass. No. :** | **Dispatch At** | : |
| **Ref. By** | : APOLLO | | | **Tele No.** | : |
| **Location** | : | | | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| | **LIPID PROFILE** | | |
| CHOLESTEROL | 193.00 | mg/dL | Desirable <=200 Borderline high risk 200 - 240 High Risk >240 |
| Triglyceride<br>*Enzymatic Colorimetric Method* | 74.00 | mg/dL | <150 : Normal,<br>150-199 : Border Line High,<br>200-499 : High,<br>>=500 : Very High |
| Very Low Density Lipoprotein(VLDL)<br>*Calculated* | 15 | mg/dL | 0 - 30 |
| Low-Density Lipoprotein (LDL)<br>*Calculated Method* | 121.50 | mg/dL | < 100 : Optimal,<br>100-129 : Near Optimal/above optimal,<br>130-159 : Borderline High,<br>160-189 : High,<br>>=190 : Very High |
| High-Density Lipoprotein(HDL) | 56.50 | mg/dL | <40 >60 |
| CHOL/HDL RATIO<br>*Calculated* | 3.42 | | 0.0 - 3.5 |
| LDL/HDL RATIO<br>*Calculated* | 2.15 | | 1.0 - 3.4 |
| TOTAL LIPID<br>*Calculated* | 494.00 | 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



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| **Age** | : 48 Years **Gender:** Male **Pass. No. :** | **Dispatch At** | : |
| **Ref. By** | : APOLLO | **Tele No.** | : |
| **Location** | : | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| | **LIVER FUNCTION TEST** | | |
| TOTAL PROTEIN<br>*Biuret Colorimetric* | 7.6 | g/dL | 6.4 - 8.3 |
| ALBUMIN<br>*Bromcresol Green(BCG)* | 4.5 | g/dL | 3.2 - 5.0 |
| GLOBULIN<br>*Calculated* | 3.10 | g/dL | 2.4 - 3.5 |
| ALB/GLB<br>*Calculated* | 1.45 | | 1.2 - 2.2 |
| SGOT<br>*Pyridoxal 5 Phosphate Activation, IFCC* | 12.9 | U/L | 0 - 40 |
| SGPT<br>*Pyridoxal 5 Phosphate Activation, Ifcc* | 16.1 | U/L | 0 - 41 |
| Alkaline Phosphatase<br>*ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER* | 78.9 | U/L | 40 - 130 |
| TOTAL BILIRUBIN<br>*Diazo* | 0.69 | mg/dL | 0.0 - 1.2 |
| DIRECT BILIRUBIN<br>*Diazo Reaction* | 0.12 | mg/dL | 0 - 0.3 |
| INDIRECT BILIRUBIN<br>*Calculated* | 0.57 | 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



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| **Reg. No.** | : 403100803 **Reg. Date** : 23-Mar-2024 10:52 **Ref.No** : | **Approved On** | : 23-Mar-2024 17:46 |
| **Name** | : Mr. SANJIV SOLANKI | **Collected On** | : 23-Mar-2024 13:41 |
| **Age** | : 48 Years **Gender:** Male **Pass. No. :** | **Dispatch At** | : |
| **Ref. By** | : APOLLO | **Tele No.** | : |
| **Location** | : | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| HEMOGLOBIN A1C (HBA1C)<br>*High Performance Liquid Chromatographty (HPLC)* | 5.60 | % | Normal: <= 5.6<br>Prediabetes:5.7-6.4<br>Diabetes: >= 6.5<br>6-7 : Near Normal Glycemia, <7 : Goal ,7-8 : Good Control ,>8 : Action Suggested. |
| Mean Blood Glucose<br>*( Calculated )* | 114 | 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 17:46

**Generated On :** 23-Mar-2024 18:32



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| **Age** | : 48 Years | **Gender:** Male | **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: 140303500633
Patient ID:
Name:
Physician:
Sex:
DOB:

Comments:

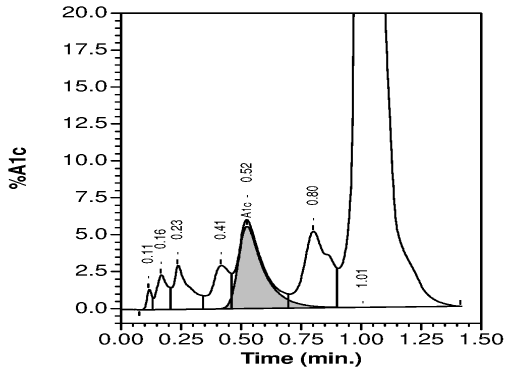
**Analysis Data**

Analysis Performed: 23/03/2024 17:30:18
Injection Number: 12695
Run Number: 546
Rack ID:
Tube Number: 8
Report Generated: 23/03/2024 17:34:48
Operator ID:

| Peak Name | NGSP % | Area % | Retention Time (min) | Peak Area |
|---|---|---|---|---|
| Unknown | --- | 0.2 | 0.115 | 2823 |
| A1a | --- | 0.8 | 0.164 | 10613 |
| A1b | --- | 1.5 | 0.234 | 19011 |
| LA1c | --- | 1.8 | 0.415 | 22034 |
| A1c | 5.6 | --- | 0.525 | 59237 |
| P3 | --- | 4.3 | 0.798 | 54374 |
| Ao | --- | 86.6 | 1.006 | 1083450 |

Total Area: 1,251,541

**HbA1c (NGSP) = 5.6 %**




Test done from collected sample.

This is an electronically authenticated report.

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

**Generated On :** 23-Mar-2024 18:32

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| **Reg. No.** | : 403100803 **Reg. Date** : 23-Mar-2024 10:52 **Ref.No** : | **Approved On** | : 23-Mar-2024 18:31 |
| **Name** | : Mr. SANJIV SOLANKI | **Collected On** | : 23-Mar-2024 13:41 |
| **Age** | : 48 Years **Gender:** Male **Pass. No. :** | **Dispatch At** | : |
| **Ref. By** | : APOLLO | **Tele No.** | : |
| **Location** | : | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| | **THYROID FUNCTION TEST** | | |
| T3 (triiodothyronine), Total *CMIA* | 1.18 | ng/mL | 0.70 - 2.04 |
| T4 (Thyroxine),Total *CMIA* | 6.70 | µg/dL | 4.6 - 10.5 |
| TSH (Thyroid stimulating hormone) *CMIA* | 1.285 | 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 18:31

**Generated On :** 23-Mar-2024 18:32



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| **Age** | : 48 Years | **Gender:** Male | **Pass. No. :** | **Dispatch At** | : |
| **Ref. By** | : APOLLO | | | **Tele No.** | : |
| **Location** | : | | | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| Prostate Specific Antigen (PSA),Total | 0.233 | ng/mL | 0 - 4 |
| *CMIA* | | | |

**Sample Type:** Serum

**Useful For**

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to reatment.
3.Prostate cancer screening.

**Comments**

-Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

-Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

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 18:32

**Generated On :** 23-Mar-2024 18:32



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| **Name** | : Mr. SANJIV SOLANKI | **Collected On** | : 23-Mar-2024 13:41 |
| **Age** | : 48 Years **Gender:** Male **Pass. No. :** | **Dispatch At** | : |
| **Ref. By** | : APOLLO | **Tele No.** | : |
| **Location** | : | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| Creatinine | 1.06 | mg/dL | 0.67 - 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 :** 23-Mar-2024 18:32

**Approved On:** 23-Mar-2024 14:52

For Appointment : 7567 000 750
www.conceptdiagnostics.com
conceptdiaghealthcare@gmail.com
1st Floor, Sahajand Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.

# TEST REPORT

| | | | | | |
|---|---|---|---|---|---|
| **Reg. No.** | : 403100803 | **Reg. Date** : 23-Mar-2024 10:52 | **Ref.No** : | **Approved On** | : 23-Mar-2024 14:55 |
| **Name** | : Mr. SANJIV SOLANKI | | | **Collected On** | : 23-Mar-2024 13:41 |
| **Age** | : 48 Years | **Gender:** Male | **Pass. No. :** | **Dispatch At** | : |
| **Ref. By** | : APOLLO | | | **Tele No.** | : |
| **Location** | : | | | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---|---|---|
| Urea | 33.9 | mg/dL | <= 65 YEARS AGE: <50 mg/dL;<br>>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.

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



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Unipath SPECIALITY LABORATORY Ltd. PRAHLADNAGAR BRANCH

# TEST REPORT

| | | | | | |
|---|---|---|---|---|---|
| **Reg. No.** | : 403100803 | **Reg. Date** : 23-Mar-2024 10:52 | **Ref.No** : | **Approved On** | : 23-Mar-2024 18:12 |
| **Name** | : Mr. SANJIV SOLANKI | | | **Collected On** | : 23-Mar-2024 13:41 |
| **Age** | : 48 Years | **Gender:** Male | **Pass. No. :** | **Dispatch At** | : |
| **Ref. By** | : APOLLO | | | **Tele No.** | : |
| **Location** | : | | | | |

| Test Name | | Results | Units | Bio. Ref. Interval |
|---|---|---|---|---|
| **ELECTROLYTES** | | | | |
| Sodium (Na+)<br>*Method:ISE* | | 143.00 | mmol/L | 136 - 145 |
| Potassium (K+)<br>*Method:ISE* | | 4.5 | mmol/L | 3.5 - 5.1 |
| Chloride(Cl-)<br>*Method:ISE* | H | **108.00** | mmol/L | 98 - 107 |

**Sample Type:** Serum

**Comments**

The electrolyte panel is ordered to identify electrolyte, fluid, or pH imbalance. Electrolyte concentrations are evaluated to assist in investigating conditions that cause electrolyte imbalances such as dehydration, kidney disease, lung diseases, or heart conditions. Repeat testing of the electrolyte or its components may be used to monitor the patient's response to treatment of any condition that may be causing the electrolyte, fluid or pH imbalance.

Report To Follow:
PPBS

---------- 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 18:12

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