

## TEST REPORT

**Reg. No.** : 401100352 **Reg. Date** : 13-Jan-2024 09:46 **Ref.No** : **Approved On** : 13-Jan-2024 11:20  
**Name** : Mrs. SONIKA BAGRECHA **Collected On** : 13-Jan-2024 10:40  
**Age** : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9974153099  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
<b>Complete Blood Count</b>			
<b>Specimen: EDTA blood</b>			
<b>Hemoglobin</b>			
Hemoglobin(SLS method)	12.7	g/dL	12.0 - 15.0
Hematocrit (calculated)	38.5	%	36 - 46
RBC Count(Ele.Impedence)	H <b>4.85</b>	X 10 <sup>12</sup> /L	3.8 - 4.8
MCV (Calculated)	L <b>79.4</b>	fL	83 - 101
MCH (Calculated)	L <b>26.2</b>	pg	27 - 32
MCHC (Calculated)	33.0	g/dL	31.5 - 34.5
RDW (Calculated)	12.6	%	11.5 - 14.5
<b>Differential WBC count (Impedance and flow)</b>			
Total WBC count	7800	/μL	4000 - 10000
Neutrophils	67	%	38 - 70
Lymphocytes	24	%	21 - 49
Monocytes	06	%	3 - 11
Eosinophils	03	%	0 - 7
Basophils	00	%	0 - 1
<b>Platelet</b>			
Platelet Count (Ele.Impedence)	349000	/cmm	150000 - 410000
MPV	9.90	fL	6.5 - 12.0
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. Swati Shah**

M.B.D.C.P.  
G-5456

Page 1 of 15

**Generated On :** 13-Jan-2024 19:49

**Approved On:** 13-Jan-2024 11:20

**TEST REPORT**

Reg. No. : 401100352 Reg. Date : 13-Jan-2024 09:46 Ref.No : Approved On : 13-Jan-2024 18:44  
Name : Mrs. SONIKA BAGRECHA Collected On : 13-Jan-2024 10:40  
Age : 34 Years Gender: Female Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. : 9974153099  
Location :

Test Name	Results	Units	Bio. Ref. Interval
ESR	06	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 15  
G- 22475

Generated On : 13-Jan-2024 19:49

Approved On: 13-Jan-2024 18:44

**TEST REPORT**

Reg. No. : 401100352 Reg. Date : 13-Jan-2024 09:46 Ref.No : Approved On : 13-Jan-2024 11:23  
Name : Mrs. SONIKA BAGRECHA Collected On : 13-Jan-2024 10:40  
Age : 34 Years Gender: Female Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. : 9974153099  
Location :

Test Name	Results	Units	Bio. Ref. Interval
<b>BLOODGROUP &amp; RH</b>			
<u>Specimen: EDTA and Serum; Method: Gel card system</u>			
Blood Group "ABO" <i>Agglutination</i>	"B"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Swati Shah

M.B.D.C.P.  
G-5456

Page 3 of 15

Generated On : 13-Jan-2024 19:49

Approved On: 13-Jan-2024 11:23

## TEST REPORT

<b>Reg. No.</b> : 401100352	<b>Reg. Date</b> : 13-Jan-2024 09:46	<b>Ref.No</b> :	<b>Approved On</b> : 13-Jan-2024 13:45
<b>Name</b> : Mrs. SONIKA BAGRECHA			<b>Collected On</b> : 13-Jan-2024 10:40
<b>Age</b> : 34 Years	<b>Gender:</b> Female	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> : 9974153099
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b>PERIPHERAL BLOOD SMEAR EXAMINATION</b>			
<b>Specimen: Peripheral blood smear &amp; EDTA blood, Method:Microscopy</b>			
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	67	%	38 - 70
Lymphocytes	24	%	21 - 49
Monocytes	06	%	3 - 11
Eosinophils	03	%	
Basophils	00	%	0 - 2
Platelets	Platelets are adequate with normal morphology.		
Parasite	Malarial parasite is not detected.		
<b>Sample Type:</b> EDTA Whole Blood			

Test done from collected sample.

This is an electronically authenticated report.



*P. S. Sarada*  
**Approved by: DR. PARIMAL SARDA**

Haematopathologist  
PDF, CMC vellore  
Reg No.:- G-13598

Page 4 of 15

**Generated On :** 13-Jan-2024 19:49

**Approved On:** 13-Jan-2024 13:45

**TEST REPORT**

**Reg. No.** : 401100352 **Reg. Date** : 13-Jan-2024 09:46 **Ref.No** : **Approved On** : 13-Jan-2024 15:57  
**Name** : Mrs. SONIKA BAGRECHA **Collected On** : 13-Jan-2024 10:40  
**Age** : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9974153099  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
<b><u>FASTING PLASMA GLUCOSE</u></b> <b><u>Specimen: Fluoride plasma</u></b>			
Fasting Plasma Glucose <i>Hexokinase</i>	77.12	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126

## Fluoride Plasma

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 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.

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 15  
G- 22475**Generated On :** 13-Jan-2024 19:49**Approved On:** 13-Jan-2024 15:57

**TEST REPORT**

**Reg. No.** : 401100352 **Reg. Date** : 13-Jan-2024 09:46 **Ref.No** : **Approved On** : 13-Jan-2024 18:31  
**Name** : Mrs. SONIKA BAGRECHA **Collected On** : 13-Jan-2024 10:40  
**Age** : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9974153099  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
GGT	22.0	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 15  
G- 22475

**Generated On :** 13-Jan-2024 19:49

**Approved On:** 13-Jan-2024 18:31

### TEST REPORT

**Reg. No.** : 401100352 **Reg. Date** : 13-Jan-2024 09:46 **Ref.No** : **Approved On** : 13-Jan-2024 16:02  
**Name** : Mrs. SONIKA BAGRECHA **Collected On** : 13-Jan-2024 10:40  
**Age** : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9974153099  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
<b>LIPID PROFILE</b>			
CHOLESTEROL	192.00	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>	116.58	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	55.42	mg/dL	<40 >60
CHOL/HDL RATIO <i>Calculated</i>	3.46		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	2.10		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	540.00	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 15  
G- 22475

**Generated On :** 13-Jan-2024 19:49

**Approved On:** 13-Jan-2024 16:02

## TEST REPORT

**Reg. No.** : 401100352 **Reg. Date** : 13-Jan-2024 09:46 **Ref.No** : **Approved On** : 13-Jan-2024 16:03  
**Name** : Mrs. SONIKA BAGRECHA **Collected On** : 13-Jan-2024 10:40  
**Age** : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9974153099  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
<b>LIVER FUNCTION TEST</b>			
TOTAL PROTEIN	6.30	g/dL	6.6 - 8.8
ALBUMIN	4.39	g/dL	3.5 - 5.2
GLOBULIN <i>Calculated</i>	L <b>1.91</b>	g/dL	2.4 - 3.5
ALB/GLB <i>Calculated</i>	H <b>2.30</b>		1.2 - 2.2
SGOT	25.90	U/L	<31
SGPT	14.70	U/L	<31
Alkaline Phosphatase <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	64.80	U/L	40 - 130
TOTAL BILIRUBIN	0.49	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.15	mg/dL	<0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.34	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) Page 8 of 15  
G- 22475

**Generated On :** 13-Jan-2024 19:49

**Approved On:** 13-Jan-2024 16:03



## TEST REPORT

**Reg. No.** : 401100352 **Reg. Date** : 13-Jan-2024 09:46 **Ref.No** : **Approved On** : 13-Jan-2024 18:20  
**Name** : Mrs. SONIKA BAGRECHA **Collected On** : 13-Jan-2024 10:40  
**Age** : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9974153099  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C) <i>High Performance Liquid Chromatography (HPLC)</i>	4.90	%	Normal: $\leq 5.6$ Prediabetes: 5.7-6.4 Diabetes: $\geq 6.5$ Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose <i>(Calculated)</i>	94	mg/dL	

**Sample Type:** EDTA Whole Blood

### 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 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.

### 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. Rina Prajapati

D.C.P. DNB (Path) Page 9 of 15  
G-21793

Generated On : 13-Jan-2024 19:49

Approved On: 13-Jan-2024 18:20

### TEST REPORT

**Reg. No. :** 401100352 **Reg. Date :** 13-Jan-2024 09:46 **Ref.No :** **Approved On :** 13-Jan-2024 18:20  
**Name :** Mrs. SONIKA BAGRECHA **Collected On :** 13-Jan-2024 10:40  
**Age :** 34 Years **Gender:** Female **Pass. No. :** **Dispatch At :**  
**Ref. By :** APOLLO **Tele No. :** 9974153099  
**Location :**

**Bio-Rad CDM System**  
**Bio-Rad Variant V-II Instrument #1**

**PATIENT REPORT**  
**V2TURBO\_A1c\_2.0**

**Patient Data**

**Sample ID:** 140103500269  
**Patient ID:**  
**Name:**  
**Physician:**  
**Sex:**  
**DOB:**

**Analysis Data**

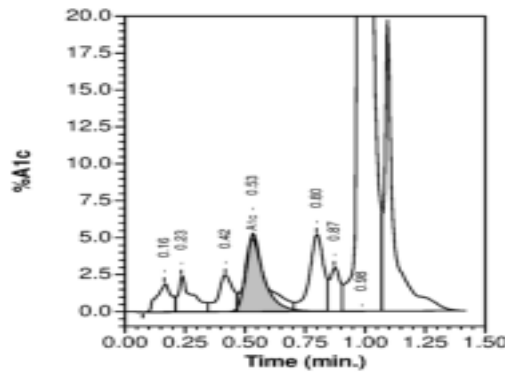
**Analysis Performed:** 13/01/2024 18:00:36  
**Injection Number:** 770  
**Run Number:** 23  
**Rack ID:**  
**Tube Number:** 5  
**Report Generated:** 13/01/2024 18:07:27  
**Operator ID:**

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.2	0.164	15527
A1b	---	1.5	0.234	19165
LA1c	---	1.5	0.416	19423
A1c	4.9	---	0.530	53445
P3	---	3.4	0.797	43148
P4	---	1.3	0.871	16989
Ac	---	86.8	0.983	1107282

Total Area: 1,274,980

**HbA1c (NGSP) = 4.9 %**



Test done from collected sample.

This is an electronically authenticated report.



Approved by: **Dr. Rina Prajapati**

D.C.P. DNB (Path) Page 10 of 15  
G-21793

Generated On : 13-Jan-2024 19:49

Approved On: 13-Jan-2024 18:20

## TEST REPORT

**Reg. No.** : 401100352 **Reg. Date** : 13-Jan-2024 09:46 **Ref.No** : **Approved On** : 13-Jan-2024 18:39  
**Name** : Mrs. SONIKA BAGRECHA **Collected On** : 13-Jan-2024 10:40  
**Age** : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9974153099  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine), Total <small>CMIA</small>	1.19	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	9.79	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	1.384	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. Rina Prajapati

D.C.P. DNB (Path) Page 11 of 15  
G-21793

**Generated On :** 13-Jan-2024 19:49

**Approved On:** 13-Jan-2024 18:39

## TEST REPORT

**Reg. No.** : 401100352 **Reg. Date** : 13-Jan-2024 09:46 **Ref.No** : **Approved On** : 13-Jan-2024 18:32  
**Name** : Mrs. SONIKA BAGRECHA **Collected On** : 13-Jan-2024 10:40  
**Age** : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9974153099  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
<u>URINE ROUTINE EXAMINATION</u>			
<b><u>Physical Examination</u></b>			
Colour	Pale Yellow		
Clarity	Clear		
<b><u>CHEMICAL EXAMINATION (by strip test)</u></b>			
pH	6.5		4.6 - 8.0
Sp. Gravity	1.010		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Absent		Nil
Leucocytes	Nil		Nil
Blood	Absent		Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leucocytes (Pus Cells)	2-3		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 15  
G- 22475

**Generated On :** 13-Jan-2024 19:49

**Approved On:** 13-Jan-2024 18:32

**TEST REPORT**

**Reg. No.** : 401100352 **Reg. Date** : 13-Jan-2024 09:46 **Ref.No** : **Approved On** : 13-Jan-2024 16:05  
**Name** : Mrs. SONIKA BAGRECHA **Collected On** : 13-Jan-2024 10:40  
**Age** : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9974153099  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.90	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 13 of 15  
G- 22475**Generated On :** 13-Jan-2024 19:49**Approved On:** 13-Jan-2024 16:05

**TEST REPORT**

**Reg. No.** : 401100352 **Reg. Date** : 13-Jan-2024 09:46 **Ref.No** : **Approved On** : 13-Jan-2024 16:06  
**Name** : Mrs. SONIKA BAGRECHA **Collected On** : 13-Jan-2024 10:40  
**Age** : 34 Years **Gender:** Female **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** : 9974153099  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
Urea	21.0	mg/dL	

**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 14 of 15  
G- 22475**Generated On :** 13-Jan-2024 19:49**Approved On:** 13-Jan-2024 16:06

## TEST REPORT

<b>Reg. No.</b> : 401100352	<b>Reg. Date</b> : 13-Jan-2024 09:46	<b>Ref.No</b> :	<b>Approved On</b> : 13-Jan-2024 19:49
<b>Name</b> : Mrs. SONIKA BAGRECHA			<b>Collected On</b> : 13-Jan-2024 10:40
<b>Age</b> : 34 Years	<b>Gender:</b> Female	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> : 9974153099
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>ELECTROLYTES</u></b>			
Sodium (Na+) <small>Method:ISE</small>	H 148.00	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	4.5	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>Method:ISE</small>	H 111.00	mmol/L	98 - 107

**Sample Type:** Serum

**Comments**

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

Report To Follow:  
LBC PAP SMEAR (Cytology)  
PPBS

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

Test done from collected sample.

This is an electronically authenticated report.



**Approved by: Dr. Rina Prajapati**

D.C.P. DNB (Path) Page 15 of 15  
G-21793

**Generated On :** 13-Jan-2024 19:49

**Approved On:** 13-Jan-2024 19:49

**Concept Diagnostics**

1614 / BAGRECHA SONIKA DINESHKUMAR / 34 Yrs / F / 162Cms. / 83Kgs / Non Smoker

Heart Rate : 78 bpm / Tested On : 13-Jan-24 12:13:19 / HF 0.05 Hz - LF 35 Hz / Noise 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ECG



*Normal*

Allenjain ECG (Process)PES2182183172

**DR. PAITIA THAKKAR**  
MD (Med) / FRNB (Cardiology)  
Empire ECG Center & Hospital  
G - 52946



13/01/2024.

I Bagnela Louisa doesn't want to go for pep test, as I am in little hurry and can't wait for long time now.

Smiles

PPBS also not done



<b>NAME</b>	BAGRECHA SONIKA D.	<b>DATE</b>	13.1.2024
<b>AGE/ SEX</b>	34 yrs / F	<b>DONE BY</b>	Dr. Parth Thakkar Dr. Abhimanyu Kothari
<b>REF. BY</b>	Health Checkup		

## 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.
- No MR, No AR, No PR.
- No TR, No PAH, RVSP=25mmHg.
- No Clots or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size and preserved respiratory variation.

**MEASUREMENTS:-**

LVIDD	32 (mm)	LA	24 (mm)
LVIDS	15 (mm)	AO	22 (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 <sup>2</sup>
Aortic	0.8	5		
Mitral	E:0.7 A:0.5			
Pulmonary	0.7	3.0		
Tricuspid	1.9	20		

**CONCLUSION:-**

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest.
- Normal LV Compliance.
- All valves are structurally normal.
- No MR, No AR, No PR.
- No TR, No PAH, RVSP=25mmHg.
- Normal IVC.

**DR. PARTH THAKKAR**  
 MD (Med.) DrNB (Cardiology)  
 Interventional cardiologist  
 G - 32946

**DR. PARTH THAKKAR**  
 MD (Med.), DrNB (Cardiology)  
 Interventional Cardiologist  
 7990179258

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



NAME :	SONIKA BAGRECHA	DATE :	13.01.2024
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. KRUTI DAVE  
CONSULTANT RADIOLOGIST

NAME :	SONIKA BAGRECHA	DATE :	13.01.2024
AGE/SEX:	34Y/ 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. CBD appears normal.

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

**SPLEEN:** normal in size & shows normal echogenicity.

**KIDNEYS:** Right kidney measures 102 X 45 mm. Left kidney measures 99 x 47mm. 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:** appears normal.

**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**

  
**Dr. KRUTI DAVE**  
CONSULTANT RADIOLOGIST

