

TEST REPORT

Reg. No. : 402100317	Reg. Date : 10-Feb-2024 14:32	Ref.No :	Approved On : 10-Feb-2024 16:37
Name : Mr. BARANDA DHULESHWAR VALJI			Collected On : 10-Feb-2024 15:33
Age : 56 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9537196324
Location :			

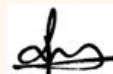
Test Name	Results	Units	Bio. Ref. Interval
Complete Blood Count			
<u>Specimen: EDTA blood</u>			
Hemoglobin			
Hemoglobin(SLS method)	15.0	g/dL	13.0 - 17.0
Hematocrit (calculated)	43.7	%	40 - 50
RBC Count(Ele.Impedence)	H 5.97	X 10 ¹² /L	4.5 - 5.5
MCV (Calculated)	L 73.2	fL	83 - 101
MCH (Calculated)	L 25.2	pg	27 - 32
MCHC (Calculated)	34.4	g/dL	31.5 - 34.5
RDW (Calculated)	14.5	%	
Differential WBC count (Impedance and flow)			
Total WBC count	5580	/μL	4000 - 10000
Neutrophils	49	%	38 - 70
Lymphocytes	35	%	21 - 49
Monocytes	8	%	3 - 11
Eosinophils	H 8	%	0 - 7
Basophils	0		0 - 2
Platelet			
Platelet Count (Ele.Impedence)	309000	/cmm	150000 - 410000
MPV	11.30	fL	6.5 - 12.0
Platelets appear on the smear	Adequate		
Malarial Parasites	Not Detected		

Sample Type: 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. Rina Prajapati

D.C.P. DNB (Path) Page 1 of 17
G-21793

Generated On : 11-Feb-2024 05:48

Approved On: 10-Feb-2024 16:37

TEST REPORT

Reg. No. : 402100317 Reg. Date : 10-Feb-2024 14:32 Ref.No : Approved On : 10-Feb-2024 16:16
Name : Mr. BARANDA DHULESHWAR VALJI Collected On : 10-Feb-2024 15:33
Age : 56 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9537196324
Location :

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

Capillary Microphotometry

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 2 of 17

Generated On : 11-Feb-2024 05:48

Approved On: 10-Feb-2024 16:16

TEST REPORT

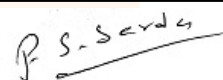
Reg. No. : 402100317 Reg. Date : 10-Feb-2024 14:32 Ref.No : Approved On : 10-Feb-2024 18:47
Name : Mr. BARANDA DHULESHWAR VALJI Collected On : 10-Feb-2024 15:33
Age : 56 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9537196324
Location :

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

Test done from collected sample.

This is an electronically authenticated report.



Approved by:  DR. PARIMAL SARDA

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

Page 3 of 17

Generated On : 11-Feb-2024 05:48

TEST REPORT

Reg. No. : 402100317	Reg. Date : 10-Feb-2024 14:32	Ref.No :	Approved On : 10-Feb-2024 17:51
Name : Mr. BARANDA DHULESHWAR VALJI			Collected On : 10-Feb-2024 15:33
Age : 56 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9537196324
Location :			

Test Name	Results	Units	Bio. Ref. Interval
PERIPHERAL BLOOD SMEAR EXAMINATION			
<u>Specimen: Peripheral blood smear & EDTA blood, Method:Microscopy</u>			
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	49	%	38 - 70
Lymphocytes	35	%	21 - 49
Monocytes	08	%	3 - 11
Eosinophils	08	%	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) Page 4 of 17
G-21793

Generated On : 11-Feb-2024 05:48

Approved On: 10-Feb-2024 17:51

TEST REPORT

Reg. No. : 402100317 Reg. Date : 10-Feb-2024 14:32 Ref.No : Approved On : 10-Feb-2024 17:19
Name : Mr. BARANDA DHULESHWAR VALJI Collected On : 10-Feb-2024 15:33
Age : 56 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9537196324
Location :

Test Name	Results	Units	Bio. Ref. Interval
FASTING PLASMA GLUCOSE Specimen: Fluoride plasma			
Fasting Plasma Glucose <i>Method: Hexokinase</i>	86.00	mg/dL	Normal: <110 mg/dL Prediabetes: 110-125 mg/dL Diabetes : >=126 mg/dL
Urine Glucose -F <i>Strip Test (God Pod)</i>	Not voided		Nil
Urine Acetone -F	Not voided		Negative

Sample Type: Fluoride 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 tolerance 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. Hiral Arora

M.D. Biochemistry Page 5 of 17
Reg. No.: G-32999

Generated On : 11-Feb-2024 05:48

Approved On: 10-Feb-2024 17:19

TEST REPORT

Reg. No. : 402100317 **Reg. Date** : 10-Feb-2024 14:32 **Ref.No** : **Approved On** : 10-Feb-2024 16:57
Name : Mr. BARANDA DHULESHWAR VALJI **Collected On** : 10-Feb-2024 15:33
Age : 56 Years **Gender**: Male **Pass. No.** : **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9537196324
Location :

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

GGT	23.00	U/L	0 - 55
-----	-------	-----	--------

L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric

Sample Type: 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. Vidhi Patel

M.D BIOCHEMISTRY
Reg. No.: G-34739

Page 6 of 17

Generated On : 11-Feb-2024 05:48

Approved On: 10-Feb-2024 16:57

TEST REPORT

Reg. No. : 402100317	Reg. Date : 10-Feb-2024 14:32	Ref.No :	Approved On : 10-Feb-2024 17:19
Name : Mr. BARANDA DHULESHWAR VALJI			Collected On : 10-Feb-2024 15:33
Age : 56 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9537196324
Location :			

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE			
CHOLESTEROL <small>Method:Enzymetic Colorimetric Method, CHOD-POD</small>	228.00	mg/dL	<200 : Desirable, 200-239 : Borderline High, >=240 : High
Triglyceride <small>Glycerol Phosphate Oxidase</small>	192.00	mg/dL	Normal :<150 Borderline High :150-199 High :200-499 Very High >=500
Very Low Density Lipoprotein(VLDL) <small>Calculated</small>	H 38	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <small>Calculated Method</small>	H 137.00	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL) <small>Accelerator Selective Detergent</small>	53.00	mg/dL	<40 : High Risk of cardiovascular events >60 : Low Risk of cardiovascular events
CHOL/HDL RATIO <small>Calculated</small>	H 4.30		0.0 - 3.5
LDL/HDL RATIO <small>Calculated</small>	2.58		1.0 - 3.4
TOTAL LIPID <small>Calculated</small>	800.00	mg/dL	400 - 1000

Sample Type: 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. Hiral Arora

M.D. Biochemistry Page 7 of 17
Reg. No.:- G-32999

Generated On : 11-Feb-2024 05:48

Approved On: 10-Feb-2024 17:19

TEST REPORT

Reg. No. : 402100317 **Reg. Date** : 10-Feb-2024 14:32 **Ref.No** : **Approved On** : 10-Feb-2024 17:19
Name : Mr. BARANDA DHULESHWAR VALJI **Collected On** : 10-Feb-2024 15:33
Age : 56 Years **Gender:** Male **Pass. No.** : **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9537196324
Location :

Test done from collected sample.

This is an electronically authenticated report.

**Approved by: Dr. Hiral Arora**M.D. Biochemistry Page 8 of 17
Reg. No.:- G-32999**Generated On** : 11-Feb-2024 05:48**Approved On:** 10-Feb-2024 17:19

TEST REPORT

Reg. No. : 402100317	Reg. Date : 10-Feb-2024 14:32	Ref.No :	Approved On : 10-Feb-2024 17:41
Name : Mr. BARANDA DHULESHWAR VALJI			Collected On : 10-Feb-2024 15:33
Age : 56 Years	Gender : Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9537196324
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>LIVER FUNCTION TEST</u>			
TOTAL PROTEIN <small>Method:Biuret</small>	7.40	g/dL	6.4 - 8.3
ALBUMIN <small>Bromo-Cresol Green</small>	4.30	g/dL	3.5 - 5.2
GLOBULIN <small>Calculated</small>	3.10	g/dL	2.4 - 3.5
ALB/GLB <small>Calculated</small>	1.39		1.2 - 2.2
SGOT <small>Enzymatic (NADH [without P-5-P])</small>	31.00	U/L	11 - 34
SGPT <small>Enzymatic (NADH [without P-5-P])</small>	38.00	U/L	0 - 45
Alkaline Phosphatase <small>Photometric (Para-nitrophenyl Phosphate)</small>	61.00	U/L	50 - 116
TOTAL BILIRUBIN <small>Diazonium salt</small>	0.36	mg/dL	0.2 - 1.2
DIRECT BILIRUBIN <small>Diazo</small>	0.15	mg/dL	0.0 - 0.5
INDIRECT BILIRUBIN <small>Calculated</small>	0.21	mg/dL	0.0 - 1.00

Sample Type: Serum

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Hiral Arora

M.D. Biochemistry Page 9 of 17
Reg. No.:- G-32999

Generated On : 11-Feb-2024 05:48

Approved On: 10-Feb-2024 17:41

TEST REPORT

Reg. No. : 402100317 Reg. Date : 10-Feb-2024 14:32 Ref.No : Approved On : 11-Feb-2024 05:49
Name : Mr. BARANDA DHULESHWAR VALJI Collected On : 10-Feb-2024 15:33
Age : 56 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9537196324
Location :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C) <i>High Performance Liquid Chromatography (HPLC)</i>	6.00	%	Normal: ≤ 5.6 Prediabetes: 5.7-6.4 Diabetes: ≥ 6.5 6-7 : Near Normal Glycemia, <7 : Goal , 7-8 : Good Control , >8 : Action Suggested.

Mean Blood Glucose 125 mg/dL
(Calculated)

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 long term 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 10 of 17
G-21793

Generated On : 11-Feb-2024 05:48

Approved On: 11-Feb-2024 05:49

TEST REPORT

Reg. No. : 402100317	Reg. Date : 10-Feb-2024 14:32	Ref.No :	Approved On : 11-Feb-2024 05:49
Name : Mr. BARANDA DHULESHWAR VALJI			Collected On : 10-Feb-2024 15:33
Age : 56 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9537196324
Location :			

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

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID: 140203500241
 Patient ID:
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

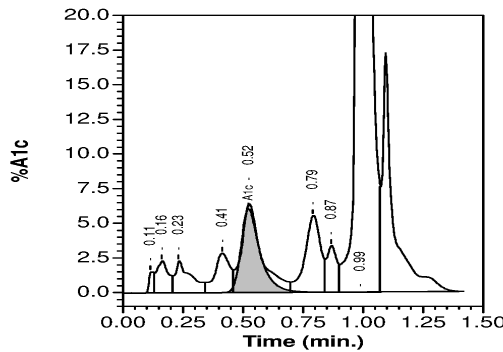
Analysis Performed: 10/02/2024 19:11:48
 Injection Number: 6162
 Run Number: 228
 Rack ID:
 Tube Number: 5
 Report Generated: 10/02/2024 19:43:01
 Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.3	0.114	3624
A1a	---	1.1	0.161	12164
A1b	---	1.5	0.231	16420
LA1c	---	1.6	0.412	17928
A1c	6.0	---	0.523	52715
P3	---	3.6	0.790	39248
P4	---	1.4	0.865	15498
Ao	---	85.7	0.986	943865

Total Area: 1,101,462

HbA1c (NGSP) = 6.0 %



Test done from collected sample.

This is an electronically authenticated report.




Approved by: Dr. Rina Prajapati

D.C.P. DNB (Path) Page 11 of 17
G-21793

Generated On : 11-Feb-2024 05:48

Approved On: 11-Feb-2024 05:49

TEST REPORT

Reg. No. : 402100317 **Reg. Date :** 10-Feb-2024 14:32 **Ref.No :** **Approved On :** 10-Feb-2024 17:24
Name : Mr. BARANDA DHULESHWAR VALJI **Collected On :** 10-Feb-2024 15:33
Age : 56 Years **Gender:** Male **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :** 9537196324
Location :

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CMIA</small>	0.91	ng/mL	0.40 - 1.81
T4 (Thyroxine), Total <small>CMIA</small>	8.14	µg/dL	4.6 - 10.5
TSH (Thyroid stimulating hormone) <small>CMIA</small>	2.453	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. Vidhi Patel

M.D BIOCHEMISTRY
Reg. No.:G-34739

Page 12 of 17

Generated On : 11-Feb-2024 05:48

Approved On: 10-Feb-2024 17:24

TEST REPORT

Reg. No. : 402100317 **Reg. Date** : 10-Feb-2024 14:32 **Ref.No** : **Approved On** : 10-Feb-2024 17:25
Name : Mr. BARANDA DHULESHWAR VALJI **Collected On** : 10-Feb-2024 15:33
Age : 56 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9537196324
Location :

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

Prostate Specific Antigen (PSA), Total	0.563	ng/mL	0 - 4
--	-------	-------	-------

CMIA

Sample Type: Serum**Useful For**

- Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- 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. Vidhi Patel**M.D BIOCHEMISTRY
Reg. No.: G-34739

Page 13 of 17

Generated On : 11-Feb-2024 05:48**Approved On:** 10-Feb-2024 17:25

TEST REPORT

Reg. No. : 402100317	Reg. Date : 10-Feb-2024 14:32	Ref.No :	Approved On : 10-Feb-2024 17:37
Name : Mr. BARANDA DHULESHWAR VALJI			Collected On : 10-Feb-2024 15:33
Age : 56 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9537196324
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	5.00		4.6 - 8.0
Sp. Gravity	1.011		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Nil		Nil
Leucocytes	Nil		Nil
Blood	Nil		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Leucocytes (Pus Cells)	Nil		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
Bacteria	Nil		Absent
Sample Type: Urine			

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Rina Prajapati

D.C.P. DNB (Path) Page 14 of 17
G-21793

Generated On : 11-Feb-2024 05:48

Approved On: 10-Feb-2024 17:37

TEST REPORT

Reg. No. : 402100317 **Reg. Date** : 10-Feb-2024 14:32 **Ref.No** : **Approved On** : 10-Feb-2024 16:55
Name : Mr. BARANDA DHULESHWAR VALJI **Collected On** : 10-Feb-2024 15:33
Age : 56 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9537196324
Location :

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.74	mg/dL	0.60 - 1.30

*Kinetic Alkaline Picrate***Sample Type:** 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. Vidhi Patel**M.D BIOCHEMISTRY
Reg. No.:G-34739

Page 15 of 17

Generated On : 11-Feb-2024 05:48**Approved On:** 10-Feb-2024 16:55

TEST REPORT

Reg. No. : 402100317 **Reg. Date** : 10-Feb-2024 14:32 **Ref.No** : **Approved On** : 10-Feb-2024 16:55
Name : Mr. BARANDA DHULESHWAR VALJI **Collected On** : 10-Feb-2024 15:33
Age : 56 Years **Gender:** Male **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** : 9537196324
Location :

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

Urea	24.0	mg/dL	18 - 55
------	------	-------	---------

Method:Urease


Sample Type: Serum

Urea/ BUN is 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. Vidhi Patel

M.D BIOCHEMISTRY
Reg. No.:G-34739

Page 16 of 17

Generated On : 11-Feb-2024 05:48

Approved On: 10-Feb-2024 16:55

TEST REPORT

Reg. No. : 402100317	Reg. Date : 10-Feb-2024 14:32	Ref.No :	Approved On : 10-Feb-2024 16:50
Name : Mr. BARANDA DHULESHWAR VALJI			Collected On : 10-Feb-2024 15:33
Age : 56 Years	Gender : Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9537196324
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>ELECTROLYTES</u>			
Sodium (Na+) <small>Method:ISE</small>	142.00	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	3.9	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.



Approved by: Dr. Vidhi Patel

M.D BIOCHEMISTRY
Reg. No.:G-34739

Page 17 of 17

Generated On : 11-Feb-2024 05:48

Approved On: 10-Feb-2024 16:50

MER- MEDICAL EXAMINATION REPORT

Date of Examination	10/2/24		
NAME	Dhuleshwar Bananda		
AGE	56	Gender	Male
HEIGHT(cm)	156	WEIGHT (kg)	65
B.P.	110/82		
ECG	Normal		
X Ray	Normal		
Vision Checkup	Color Vision :		
	Far Vision Ratio :		
	Near Vision Ratio :		
	} Normal		
Present Ailments	No		
Details of Past ailments (If Any)	No		
Comments / Advice : She /He is Physically Fit	Fit		

Dr. Vipul Chavda
 MD (Internal Medicine)
 Reg.No. G-18004

Signature with Stamp of Medical Examiner

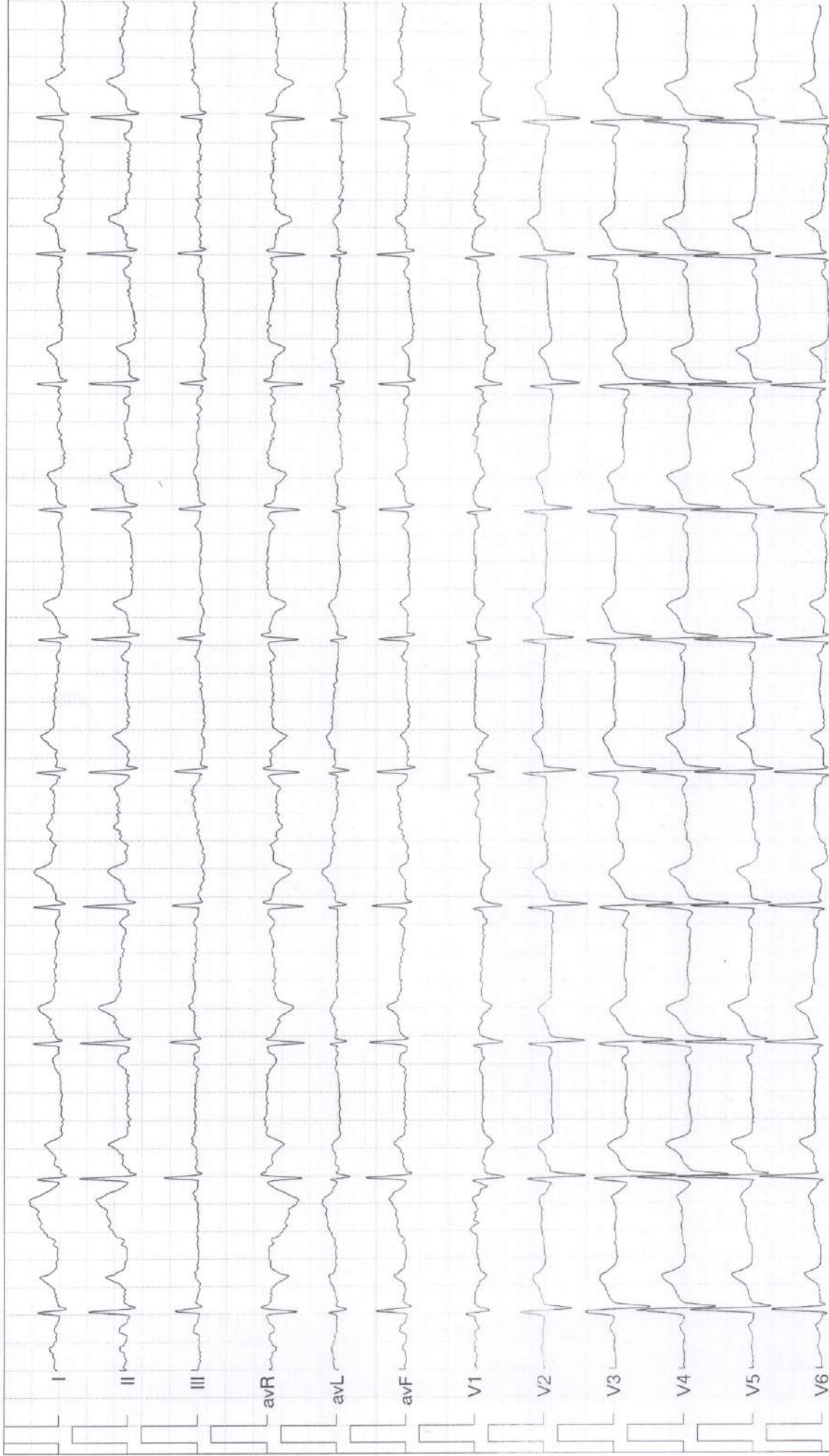
CONCEPT DAIGNOSTICS

Pre Test ECG



1075 / DHULESHAWAR BARANDA / 56 Yrs / M / 156 Cms / 65 Kg / HR 91

Date: 10/02/2024 12:14:12 PM BP: ___ BLC On Notch On HF 0.05 Hz LF 100 Hz



Normal

DR. PARTH THAKKAR
MD (Med.) DrNB (Cardiology)
Interventional cardiologist
G - 329/18

(DOC_GEM217220330)(A)Allengers



NAME :	DHULESHWAR BARUNDA	DATE :	10/02/2024
AGE/SEX:	56Y/M	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

X-RAY CHEST PA VIEW

- Prominent bronchovascular markings noted in both lungs.
- 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
M.D. Radiologist
G-41469

Dr. VIDHI SHAH
MD RADIODIAGNOSIS

NAME	DHULESHWAR BARANDA		
AGE/ SEX	56 yrs / M	DATE	10.2.2024
REF. BY	Health Checkup	DONE BY	Dr. Parth Thakkar Dr. Abhimanyu Kothari

2D ECHO CARDIOGRAPHY & COLOR DOPPLER STUDY

FINDINGS:-

- Normal LV systolic function, LVEF= 55%.
- No RWMA at rest.
- Reduced LV compliance.
- LV & LA are of normal size.
- RA & RV are of normal size.
- Intact IAS & IVS.
- All valves are structurally normal.
- Mild 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	40 (mm)	LA	32 (mm)
LVIDS	20 (mm)	AO	29 (mm)
LVEF	55%	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	0.8	5		
Mitral	E:0.5 A:0.7			
Pulmonary	0.7	3.0		
Tricuspid	1.7	20		

CONCLUSION:-

- **Normal LV systolic function, LVEF=55%.**
- **No RWMA at rest.**
- **Reduced LV compliance.**
- All valves are structurally normal.
- Mild 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

