TEST REPORT

Reg. No.	: 402100704 **Reg. Date** : 24-Feb-2024 09:27 **Ref.No** :	**Approved On**	: 24-Feb-2024 11:08
Name	: Mrs. VANDNA VIJAYWARGIYA	**Collected On**	: 24-Feb-2024 09:40
Age	: 45 Years **Gender:** Female **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)		14.1	g/dL	12.0 - 15.0
Hematocrit (calculated)		38.4	%	36 - 46
RBC Count(Ele.Impedence)		4.65	X 10^12/L	3.8 - 4.8
MCV (Calculated)	L	**82.6**	fL	83 - 101
MCH (Calculated)		30.3	pg	27 - 32
MCHC (Calculated)	H	**36.7**	g/dL	31.5 - 34.5
RDW (Calculated)		12.6	%	11.5 - 14.5
Differential WBC count (Impedance and flow)				
Total WBC count		5900	/µL	4000 - 10000
Neutrophils		62	%	38 - 70
Lymphocytes		29	%	21 - 49
Monocytes		06	%	3 - 11
Eosinophils		03	%	0 - 7
Basophils		00	%	0 - 1
Platelet				
Platelet Count (Ele.Impedence)		344000	/cmm	150000 - 410000
MPV		8.70	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 : 24-Feb-2024 14:25

Approved On: 24-Feb-2024 11:08

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Unipath SPECIALITY LABORATORY Ltd. PRAHLADNAGAR BRANCH

TEST REPORT

Reg. No.	: 402100704 **Reg. Date** : 24-Feb-2024 09:27 **Ref.No** :	**Approved On**	: 24-Feb-2024 13:05
Name	: Mrs. VANDNA VIJAYWARGIYA	**Collected On**	: 24-Feb-2024 09:40
Age	: 45 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
ESR	13	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs: <30

Capillary Microphotometery

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

Generated On : 24-Feb-2024 14:25

Approved On: 24-Feb-2024 13:05

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TEST REPORT

Reg. No.	: 402100704 **Reg. Date** : 24-Feb-2024 09:27 **Ref.No** :	**Approved On**	: 24-Feb-2024 11:11
Name	: Mrs. VANDNA VIJAYWARGIYA	**Collected On**	: 24-Feb-2024 09:40
Age	: 45 Years **Gender:** Female **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" *Agglutination*	"B"		
Blood Group "Rh" *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

Generated On : 24-Feb-2024 14:25

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TEST REPORT

Reg. No.	: 402100704 **Reg. Date** : 24-Feb-2024 09:27 **Ref.No** :	**Approved On**	: 24-Feb-2024 14:00
Name	: Mrs. VANDNA VIJAYWARGIYA	**Collected On**	: 24-Feb-2024 09:40
Age	: 45 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	62	%	38 - 70
Lymphocytes	29	%	21 - 49
Monocytes	06	%	3 - 11
Eosinophils	02	%	
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

Generated On : 24-Feb-2024 14:25

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TEST REPORT

Reg. No.	: 402100704 **Reg. Date** : 24-Feb-2024 09:27 **Ref.No** :	**Approved On**	: 24-Feb-2024 13:26
Name	: Mrs. VANDNA VIJAYWARGIYA	**Collected On**	: 24-Feb-2024 09:40
Age	: 45 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 *Hexokinase*	85.35	mg/dL	Normal: <=99.0 Prediabetes: 100-125 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 : 24-Feb-2024 14:25

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TEST REPORT

Reg. No.	: 402100704 **Reg. Date** : 24-Feb-2024 09:27 **Ref.No** :	**Approved On**	: 24-Feb-2024 12:28
Name	: Mrs. VANDNA VIJAYWARGIYA	**Collected On**	: 24-Feb-2024 09:40
Age	: 45 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
GGT	18.8	U/L	6 - 42

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 : 24-Feb-2024 14:25

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TEST REPORT

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Name	: Mrs. VANDNA VIJAYWARGIYA	**Collected On**	: 24-Feb-2024 09:40
Age	: 45 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name		Results	Units	Bio. Ref. Interval
		LIPID PROFILE		
CHOLESTEROL		171.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride *Enzymatic Colorimetric Method*		97.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) *Calculated*		19	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) *Calculated Method*		105.26	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)		46.74	mg/dL	<40 >60
CHOL/HDL RATIO *Calculated*	H	**3.66**		0.0 - 3.5
LDL/HDL RATIO *Calculated*		2.25		1.0 - 3.4
TOTAL LIPID *Calculated*		496.00	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.

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

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TEST REPORT

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Name	: Mrs. VANDNA VIJAYWARGIYA	**Collected On**	: 24-Feb-2024 09:40
Age	: 45 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
	LIVER FUNCTION TEST		
TOTAL PROTEIN	7.08	g/dL	6.6 - 8.8
ALBUMIN	4.32	g/dL	3.5 - 5.2
GLOBULIN *Calculated*	2.76	g/dL	2.4 - 3.5
ALB/GLB *Calculated*	1.57		1.2 - 2.2
SGOT	18.30	U/L	<31
SGPT	7.90	U/L	<31
Alkaline Phosphatase *ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER*	42.60	U/L	40 - 130
TOTAL BILIRUBIN	1.11	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.28	mg/dL	<0.2
INDIRECT BILIRUBIN *Calculated*	0.83	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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TEST REPORT

Reg. No.	: 402100704 **Reg. Date** : 24-Feb-2024 09:27 **Ref.No** :	**Approved On**	: 24-Feb-2024 14:04
Name	: Mrs. VANDNA VIJAYWARGIYA	**Collected On**	: 24-Feb-2024 09:40
Age	: 45 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C) *High Performance Liquid Chromatographty (HPLC)*	4.40	%	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 *(Calculated)*	80	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.Vidhi Patel**
M.D BIOCHEMISTRY
Reg. No.:-G-34739

Generated On : 24-Feb-2024 14:25

Approved On: 24-Feb-2024 14:04

For Appointment : 7567 000 750
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Unipath SPECIALITY LABORATORY Ltd. PRAHLADNAGAR BRANCH

TEST REPORT

Reg. No.	: 402100704 **Reg. Date** : 24-Feb-2024 09:27 **Ref.No** :	**Approved On**	: 24-Feb-2024 14:04
Name	: Mrs. VANDNA VIJAYWARGIYA	**Collected On**	: 24-Feb-2024 09:40
Age	: 45 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: 140203500538
Patient ID:
Name:
Physician:
Sex:
DOB:

Comments:

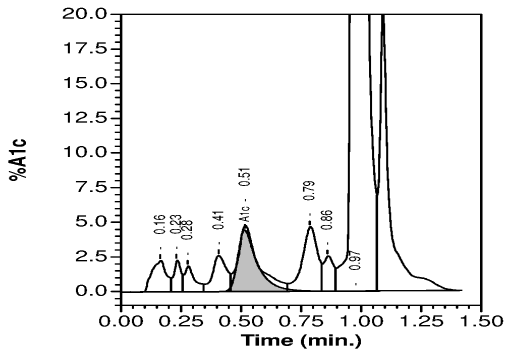
Analysis Data

Analysis Performed: 24/02/2024 13:44:18
Injection Number: 7944
Run Number: 324
Rack ID:
Tube Number: 7
Report Generated: 24/02/2024 13:48:24
Operator ID:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.4	0.162	23021
A1b	---	0.7	0.231	11679
F	---	0.8	0.277	13277
LA1c	---	1.5	0.406	25420
A1c	4.4	---	0.515	61104
P3	---	3.1	0.786	50642
P4	---	1.1	0.860	17758
Ao	---	87.7	0.975	1448600

Total Area: 1,651,502

HbA1c (NGSP) = 4.4 %



Test done from collected sample.

This is an electronically authenticated report.

Approved by: Dr.Vidhi Patel
M.D BIOCHEMISTRY
Reg. No.:-G-34739

Generated On : 24-Feb-2024 14:25

Approved On: 24-Feb-2024 14:04

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TEST REPORT

Reg. No.	: 402100704 **Reg. Date :** 24-Feb-2024 09:27 **Ref.No :**	**Approved On**	: 24-Feb-2024 14:25
Name	: Mrs. VANDNA VIJAYWARGIYA	**Collected On**	: 24-Feb-2024 09:40
Age	: 45 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 *CMIA*	1.15	ng/mL	0.70 - 2.04
T4 (Thyroxine),Total *CMIA*	8.68	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) *CMIA*	1.146	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.Vidhi Patel**
M.D BIOCHEMISTRY
Reg. No.:-G-34739

Approved On: 24-Feb-2024 14:25

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TEST REPORT

Reg. No.	: 402100704 **Reg. Date** : 24-Feb-2024 09:27 **Ref.No** :	**Approved On**	: 24-Feb-2024 12:24
Name	: Mrs. VANDNA VIJAYWARGIYA	**Collected On**	: 24-Feb-2024 09:40
Age	: 45 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Colour	Yellow		
Clarity	Clear		
CHEMICAL EXAMINATION (by strip test)			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.030		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Absent		Nil
Leucocytes	Nil		Nil
Blood	Nil		Absent
MICROSCOPIC EXAMINATION			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	Nil		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	1-2		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)
G- 22475

Generated On : 24-Feb-2024 14:25

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TEST REPORT

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Name	: Mrs. VANDNA VIJAYWARGIYA	**Collected On**	: 24-Feb-2024 09:40
Age	: 45 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.61	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.

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

Generated On : 24-Feb-2024 14:25

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TEST REPORT

Reg. No.	: 402100704 **Reg. Date** : 24-Feb-2024 09:27 **Ref.No** :	**Approved On**	: 24-Feb-2024 13:01
Name	: Mrs. VANDNA VIJAYWARGIYA	**Collected On**	: 24-Feb-2024 09:40
Age	: 45 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
Urea	15.0	mg/dL	15 - 40.1

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

Generated On : 24-Feb-2024 14:25

Approved On: 24-Feb-2024 13:01

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.	: 402100704 **Reg. Date** : 24-Feb-2024 09:27 **Ref.No** :	**Approved On**	: 24-Feb-2024 12:57
Name	: Mrs. VANDNA VIJAYWARGIYA	**Collected On**	: 24-Feb-2024 09:40
Age	: 45 Years **Gender:** Female **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
	ELECTROLYTES		
Sodium (Na+) *Method:ISE*	141.00	mmol/L	136 - 145
Potassium (K+) *Method:ISE*	4.6	mmol/L	3.5 - 5.1
Chloride(Cl-) *Method:ISE*	107.00	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)

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

Test done from collected sample.

This is an electronically authenticated report.

Approved by: Dr.Vidhi Patel
M.D BIOCHEMISTRY
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Cardiotrack
listening to your heart

Patient/Customer

Name	Vandana
Gender	Female
Age	44
ID	24220241321946900

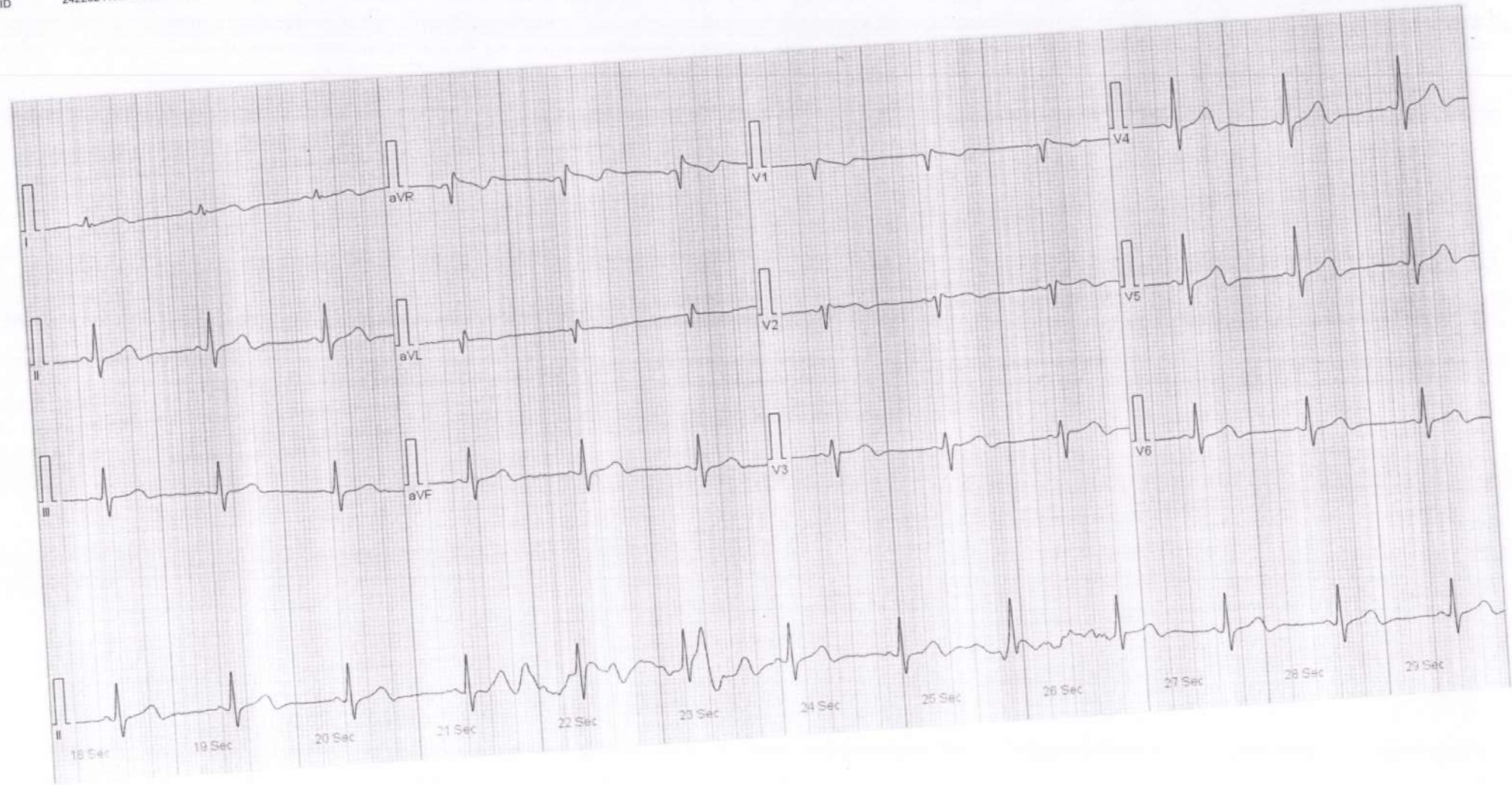
Other Parameters

Average Heart Rate	64 bpm

ECG Details (Lead II)

QRS Complex	61 ms
ST Segment	171 ms
T Wave	209 ms
QT Interval	441 ms
QTc Interval	357 ms
RR Interval	925 ms

Recorded	2024-02-24 13:02:44
Device	CTO06217AK0003
QRS Axis	Normal
X Axis	1 Sec = 25 mm
Y Axis	1 mV = 10 mm



NAME :	VANDANA VIJAYWARGIYA	DATE :	24/02/2024
AGE/SEX:	44 Y/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 :	VANDANA VIJAYWARGIYA	DATE :	24/02/2024
AGE/SEX:	44 Y/F	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

SONOGRAPHY OF BILATERAL BREASTS:

Normal mixed fatty and fibroglandular breast parenchyma is seen bilaterally.

Small approx. 6x 4 mm sized simple cyst noted in left breast (at 3 o' clock position; approx. 2 cm away from nipple)

There is no obvious evidence of a focal spiculated mass lesion, architectural distortion, focal asymmetry or clusters of microcalcifications seen to suggest presence of a malignancy.

No evidence of any dilated ducts seen on either side.

No evidence of any significant axillary adenopathy is seen.

IMPRESSION

- **Small simple cyst noted in left breast. (BIRADS II)**
- **Normal sonomammography of right breast. (BIRADS I)**

Dr. VIDHI SHAH
MD, RADIODIAGNOSIS

NOTE: Investigations are never conclusive but should be co-related along with relevant clinical examination and other investigations to achieve final diagnosis. Not for medico-legal use.

NAME :	VANDANA VIJAYWARGIYA	DATE :	24/02/2024
AGE/SEX:	44 Y/F	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

USG ABDOMEN

LIVER: normal in size & shows normal echotexture. **Small approx. 13 x 8 mm sized echogenic lesion is seen in right lobe of liver posteriorly**. 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 98 x 25 mm. Left kidney measures 105 x 44 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.

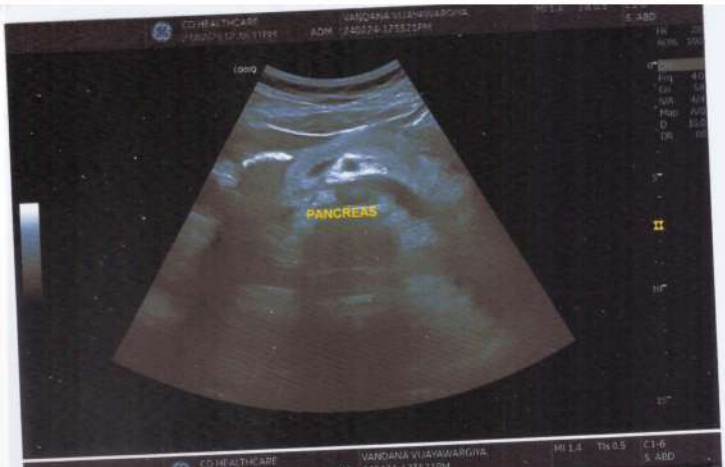
UTERUS: normal in size and echopattern.
No e/o adnexal mass seen on either side.

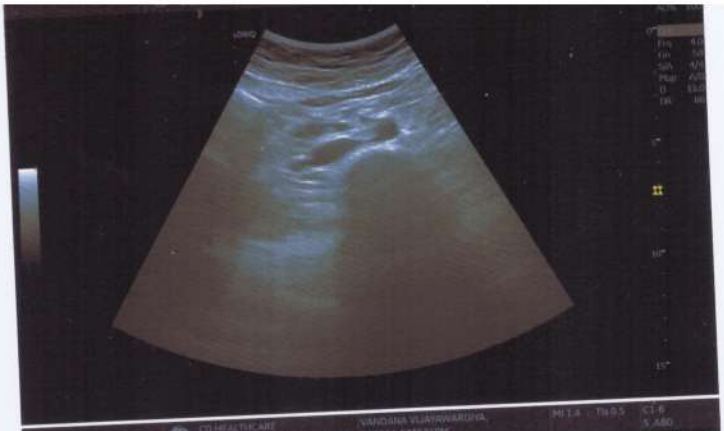
USG WITH HIGH FREQUENCY SOFT TISSUE PROBE:
Visualized bowel loops appears normal in caliber. No evidence of focal or diffuse wall thickening. No collection in RIF. No evidence of Ascites.

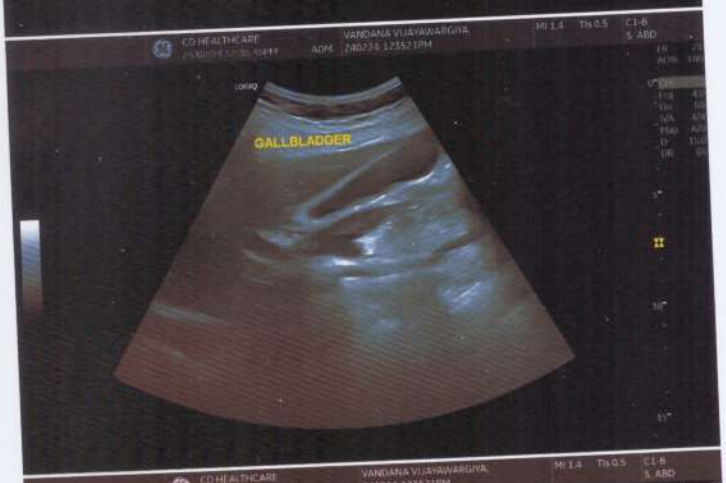
CONCLUSION:

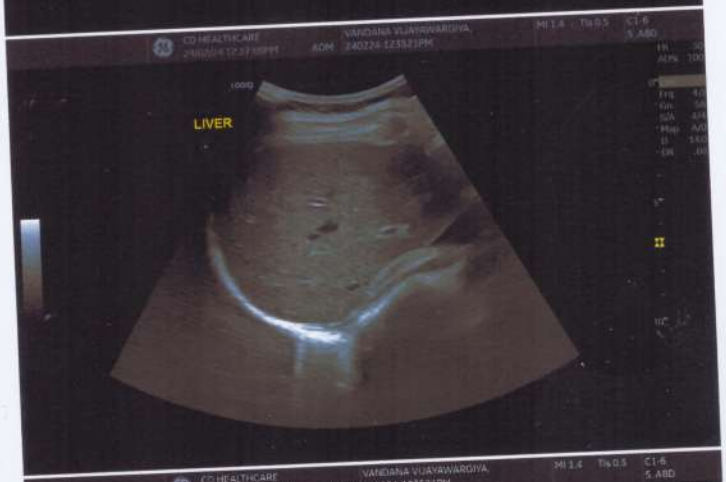
- **Small echogenic lesion in right lobe of liver posteriorly s/o hemangioma most likely.**

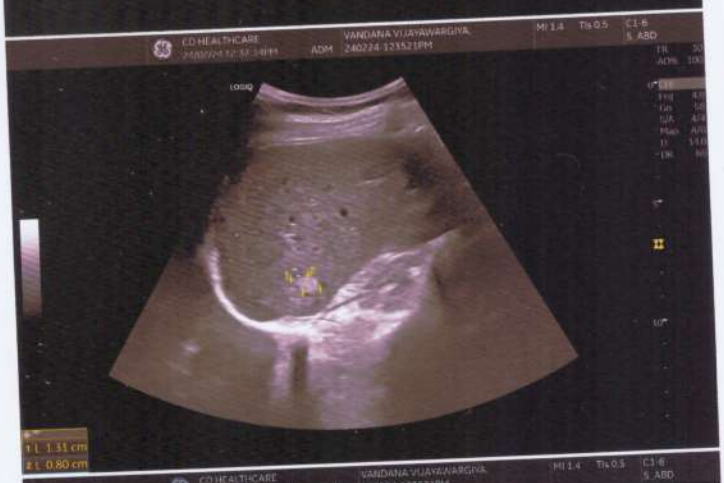
Dr. VIDHI SHAH
MD, RADIODIAGNOSIS

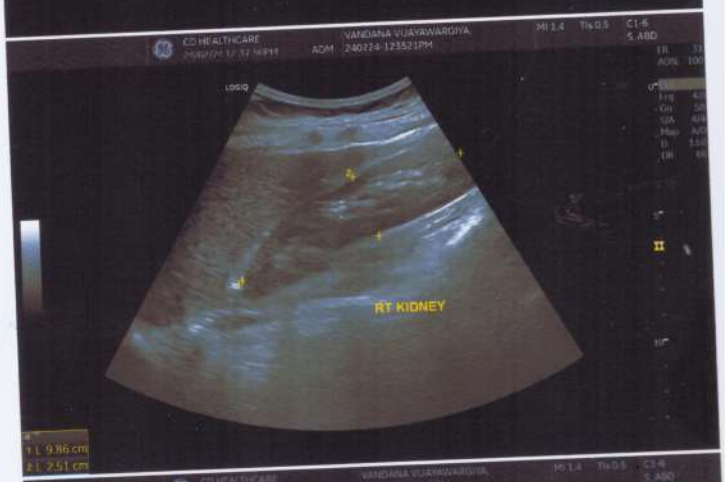

PANCREAS

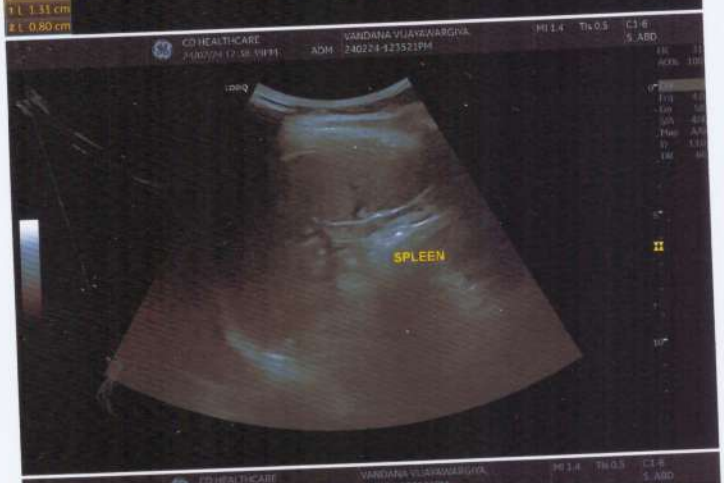


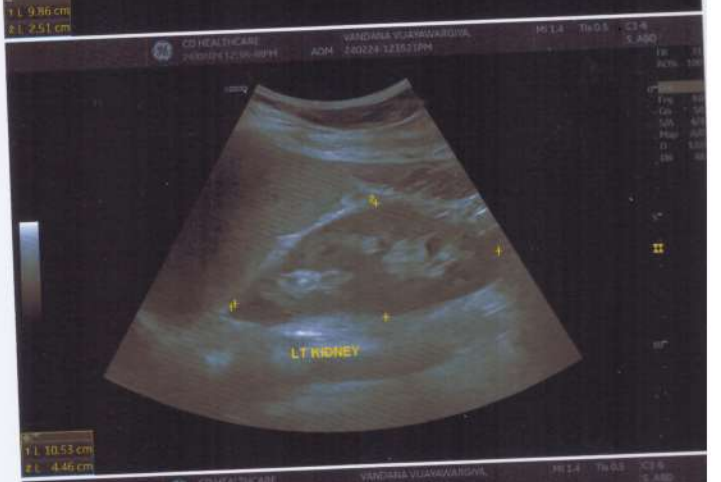

GALLBLADDER


LIVER




RT KIDNEY


SPLEEN


LT KIDNEY