

PANCHMUKHI HOSPITAL

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639,8320711901

Dr C P Dadhaniya

Dr R C Dadhaniya

MBBS, Dip.G.O, Diabetologist

policy number :
full name : Sujata Beheria
identity proof : Pan card
identity proof no : CD&PB043IH
gender : female / 42 year
height : 157
weight : 65
B P : 112/86
pulse : 86 / min Regular
blood sample : yes
fasting mode : yes
non fasting mode : yes

past history : thyroid - 8 year Tab - Thyroline - 75mg

Dental : healthy

~~Romberg Test~~ :

Colour vision : Normal

DR. C. P. DADHANIYA

M.B. Diabetologist

Ind. Physician (CIH)

Regd. No. G19798

Code No. 378943

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.

Sujata



NAME : Sujata Behara
AGE/GENDER: female / 12

DIAG. DATE: 23-03-24

PATIENT'S REFRACTION DETAILS

		SPHE	CYL	AXIS	VN
R	D	N	N	N	G/G
	N	N			G/G
L	D	N	N	N	G/G
	N	N			G/G

REMARKS :

CHECKED BY: DR. C.P. Dadhaniya

DR. C. P. DADHANIYA
M.B. Diabetologist
Ind. Physician (CIH)
Regd. No. G19798
Code No. 378243
Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT.

Sujata

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date :

સુવિધાઓ

- જનરલ પ્રેક્ટીસ
- સ્ત્રીરોગ વિભાગ
- સોનોગ્રાફી
- સર્જરી વિભાગ
- મેડીસીન વિભાગ
- ઓર્થોપેડીક વિભાગ
- બાળરોગ વિભાગ
- એનોરેક્ટલ સર્જરી
- યુરોલોજી
- લેપ્રોસ્કોપી સર્જરી
- આર.એસ.બી.વાચ તથા ચિરંજીવી યોજના
- દરેક જાતની રસી (વેક્સીન) દરરોજ આપવામા આવે છે

Sujata Belera
Stool test not required.

Sujata

Dr. C. P. DADHANIYA
M.B.B.S., C.I.M
Regd. No. G19798
PANCHMUKHI HOSPITAL
MAVADI CHOKADI.
150' RING ROAD, RAJKOT

10mm/mV

AUTO

10mm/mV

aVR

aVL

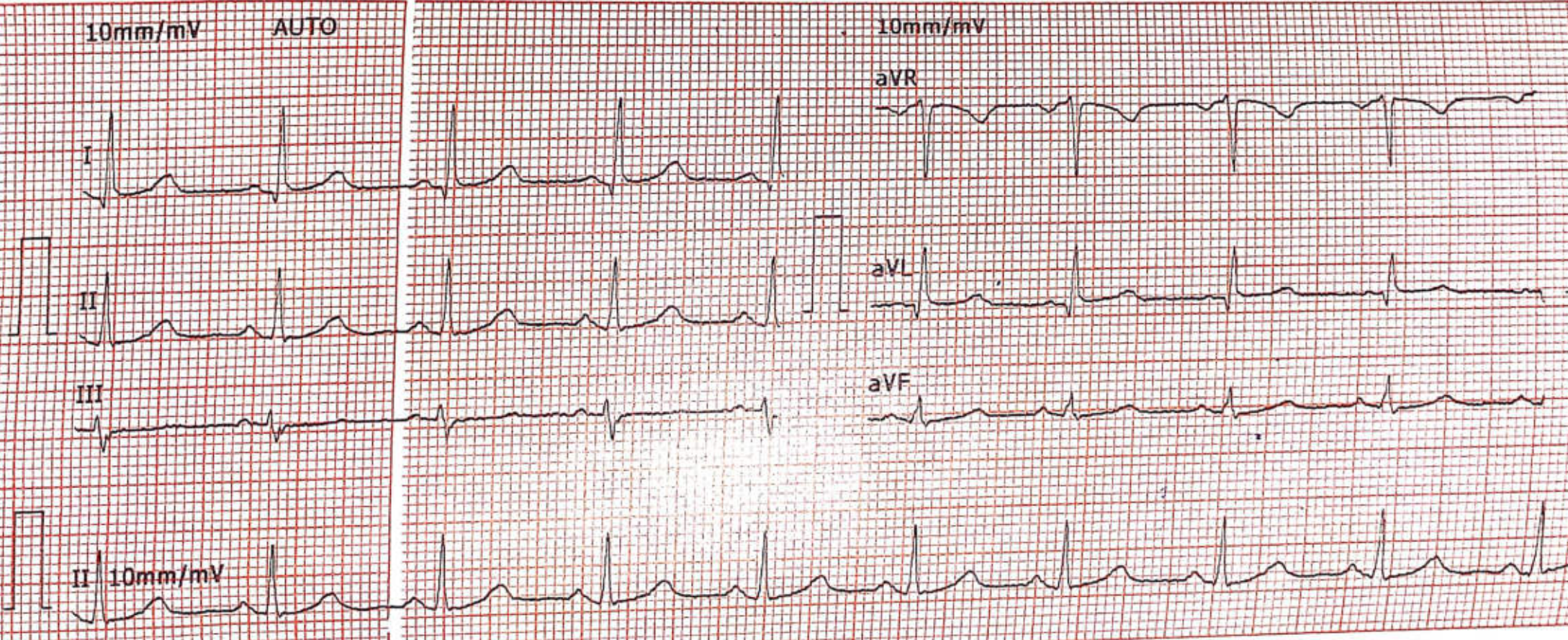
aVF

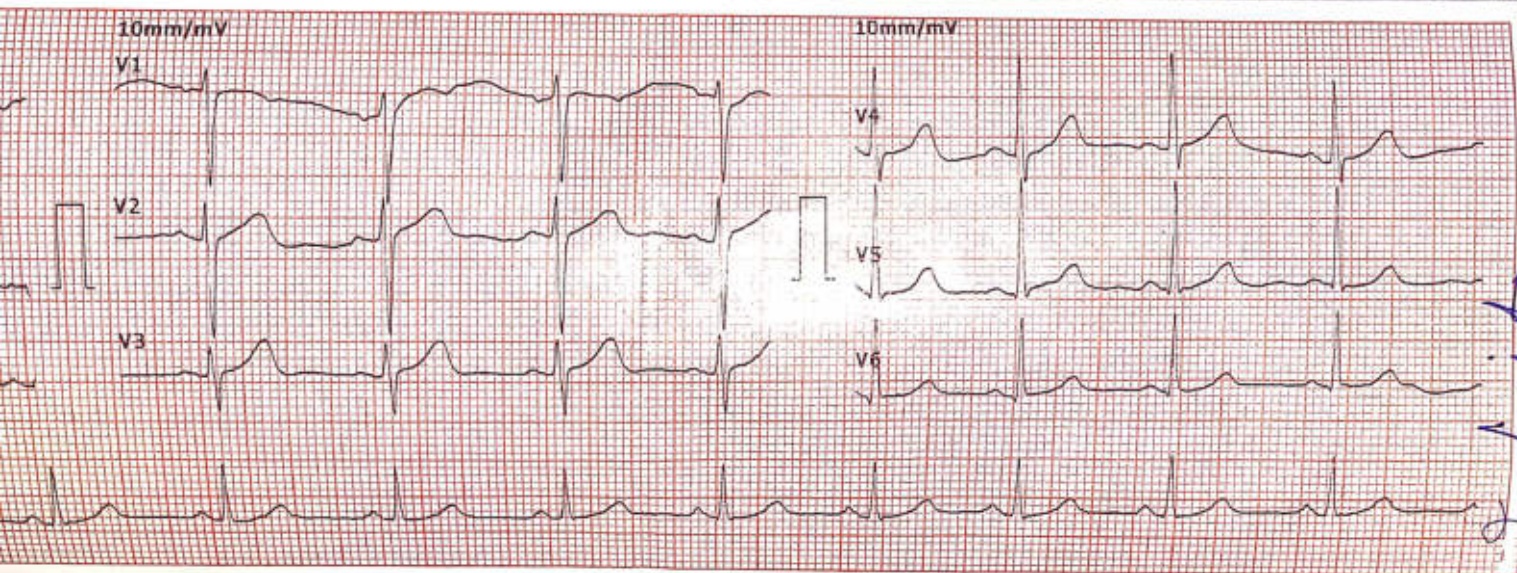
I

II

III

II 10mm/mV





2024-3-23 10:50:50 ID-00003881

ID Card:
 Name: Suyata Behera Gender: female
 Age: 42 Height(cm):
 Weight(Kg): BP(mmHg): /

DR. C. P. DADHANTA

HR: 85 bpm
 P-R: 116 ms
 Q-R-S: 93 ms
 QT/QTc: 370/440 ms
 P/QRS/T AXES: kkt
 RV5/SV1: 1.18/0.98 mV
 RV5/SV6: 2.15 mV

*The result must be confirmed by doctor!

Report Confirmed by:

...ING ROAD, RAJKOT

आयकर विभाग

INCOME TAX DEPARTMENT

SUJATA BEHERA

MANDARDHAR JENA

01/07/1980

Permanent Account Number

CDQPB0431H



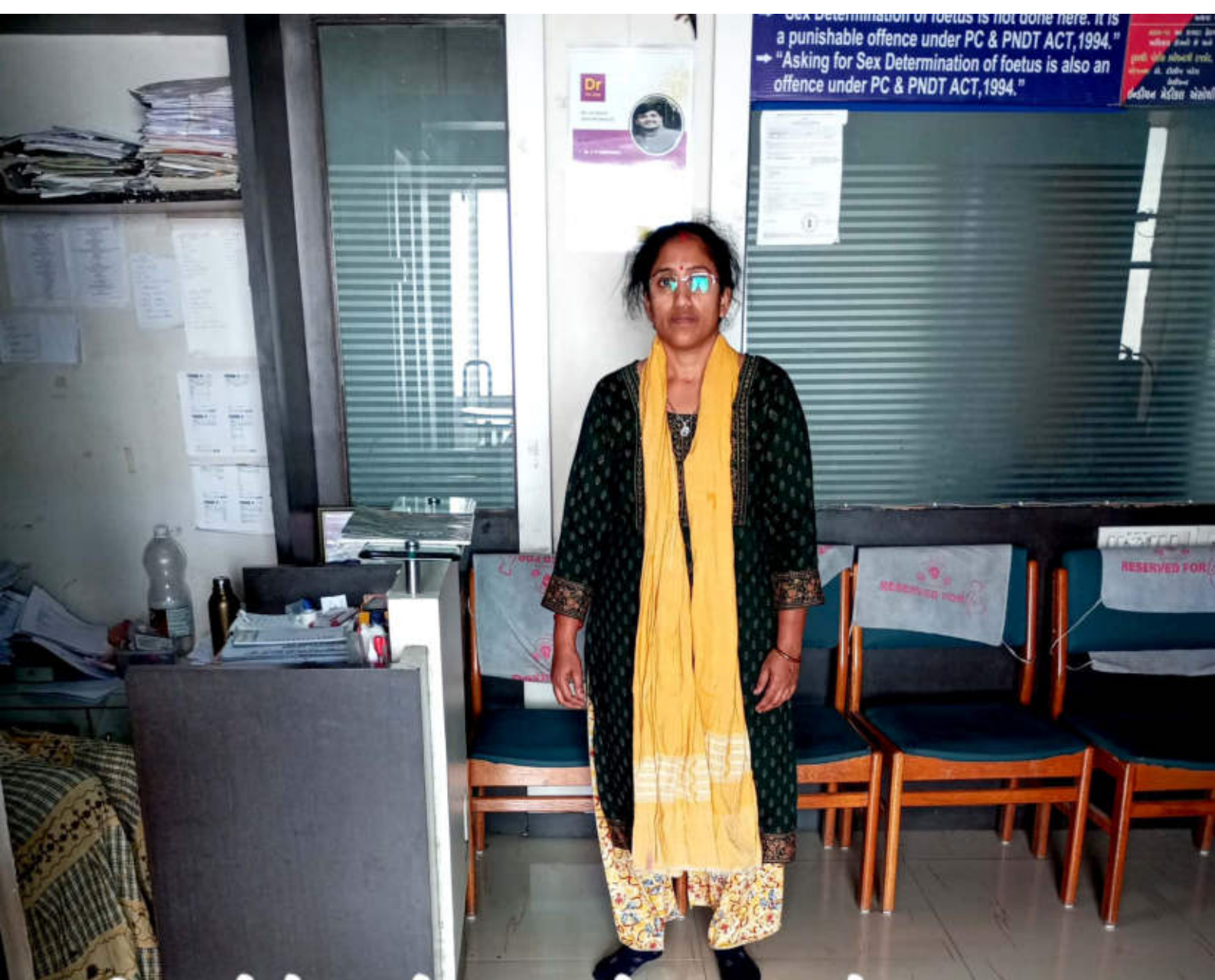
Signature



भारत सरकार

GOVT. OF INDIA





Mediwheel sujata behera

 GPS Map
Camera Lite

7Q8M+5RV, Poonam Society, Mavdi, Chokdi, Rajkot,
Gujarat 360004, India

Latitude
22.2656002°

Longitude
70.7845573°

Local 10:58:59 AM
GMT 05:28:59 AM

Altitude 145 meters
Saturday, 23.03.2024

PATIENT NAME : SUJATA BEHERA

DATE: 23 March 2024

USG ABDOMEN AND PELVIS

- **LIVER:** is normal in size and shows normal parenchymal echotexture. No focal or diffuse lesions are seen. The intra hepatic biliary and portal radicles are normal. The portal vein and CBD are normal.
- **GALL BLADDER:** Well distended and appears unremarkable. No evidence of calculus or cholecystitis is seen. Gall bladder wall thickness appears normal.
- **PANCREAS:** appears normal in size and echotexture. No focal lesion seen. No evidence of peripancreatic inflammatory changes.
- **SPLEEN:** is normal in size and echotexture. No evidence of focal or diffuse lesion seen.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No evidence of calculus or hydronephrosis on either side.
- **URINARY BLADDER:** well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **UTERUS:** is normal in size, shape and position. Endometrial thickness measures 4.0 mm. Endometrial & myometrial echotexture is normal. No focal lesion is seen
- **BOTH OVARIES** are normal in size & echotexture. No focal solid or cystic lesions are seen. No adnexal mass is seen
- No free fluid is seen in the POD. Visualized bowel loops appears unremarkable, No evidence of necrotic lymphadenopathy is seen. RIF/ LIF clear. Bilateral C-P angel clear.

CONCLUSION:

- No significant abnormality seen in present study.
- Bilateral inguinal region is normal.

Thanks for reference.

DR PRATIK KAGATHARA
MD

Krishna Arcade, 150 Feet Ring Road Opp Om Nagar (BRTS) Raikot Mo. 79929 40000

Pt.'s Name: SUJATA BEHERA

Date: 23 March, 2024

Radiograph of chest (PA view)

- *Both the lung fields are clear.*
- *No e/o consolidation, cavitations or collapse.*
- *Both the hila appears normal*
- *Both costophrenic angles appear clear.*
- *Both domes of diaphragm appear normal.*
- *Cardiac size is within normal limit.*
- *Bones underview reveals no evident abnormality.*

Thanks for reference.

DR PRATIK KAGATHARA
MD

Pt.'s. Name: SUJATA BEHERA

Date: 23 March 2024

USG BOTH BREAST & AXILLARY REGION

Done by using 6-15 MHz High frequency transducer.

- Bilateral breast parenchyma appear normal.
- No evidence of focal solid and cystic lesion seen.
- No evidence of abnormal calcification.
- No evidence of enlarged axillary lymph node.

CONCLUSION:

- No significant abnormality seen in present study.

Thanks for reference.

DR PRATIK KAGATHARA
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020

ECHOCARDIOGRAPHY & COLOR DOPPLER

Patient Name : Sujata Behera
Ref.By : Dr Dadhaniya Sir

Age/Sex : 42/F
Date : 23/3/24

SUMMARY OF 2D ECHO

LA, LV size Normal
No LVH
No RWMA at rest
Overall LVEF -60 %.

RA , RV size and function Normal
All valves appear Normal in structure

No E/O Vegetation / clot/Pericardial effusion
IAS / IVS intact
No shunt across great vessels
IVC Size Normal 14 mm and collapsing > 50% on deep inspiration

Colour Doppler

Mitral Valve: E/A ratio 0.9 , TDI s/o E* < A*
Trivial MR

Tricuspid Valve: Trivial TR CW TR jet 30 mmHg
Estimated PASP 35 mm Hg

Aortic Valve: No AR
No significant LVOT gradient - AV PG Max 18 mm Hg

Pulmonary Valve : No PR , PV Max PG 12 mm Hg

FINAL IMPRESSION

Good LV systolic function at rest
LV Diastolic Dysfunction Noted

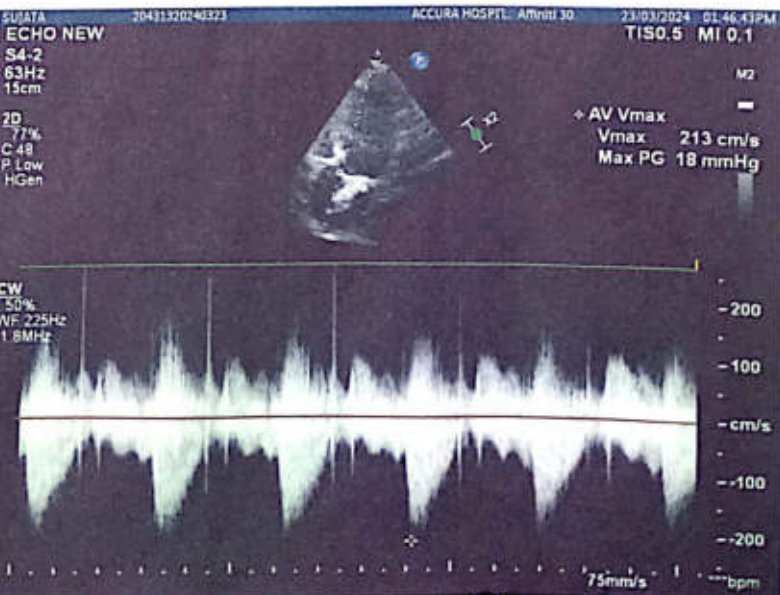
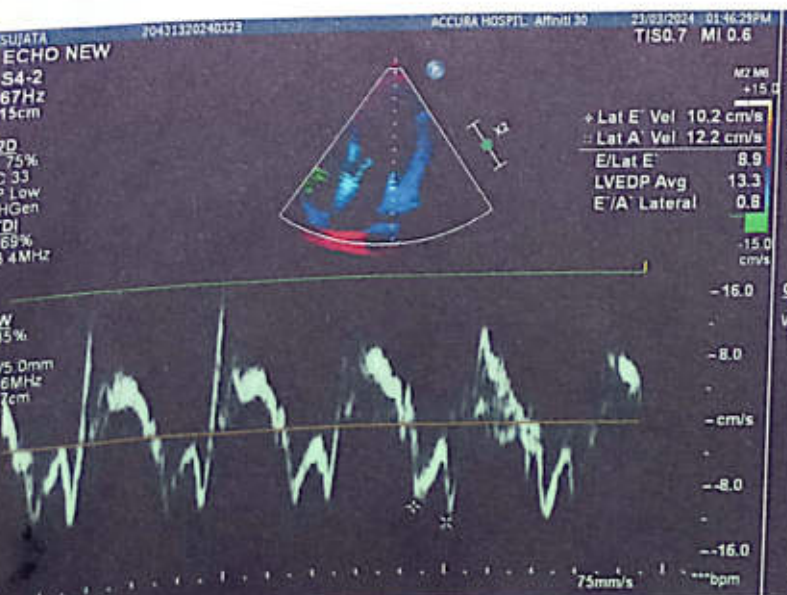
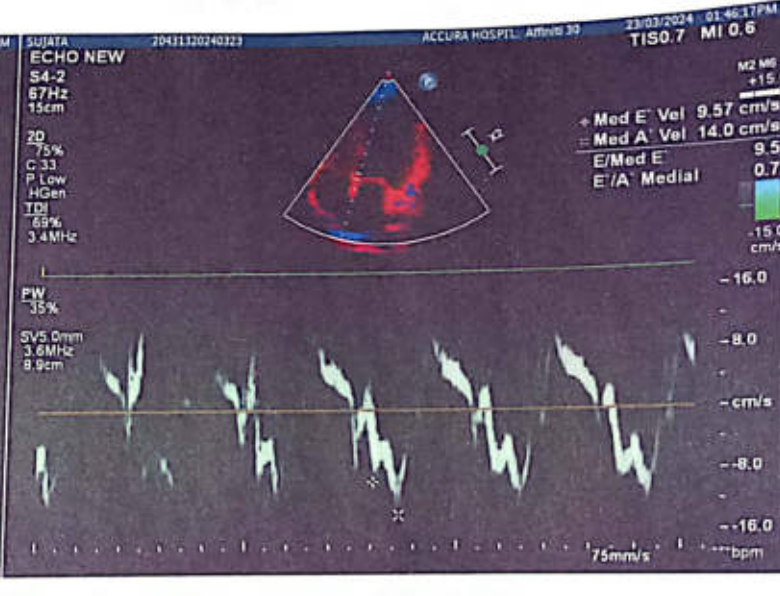
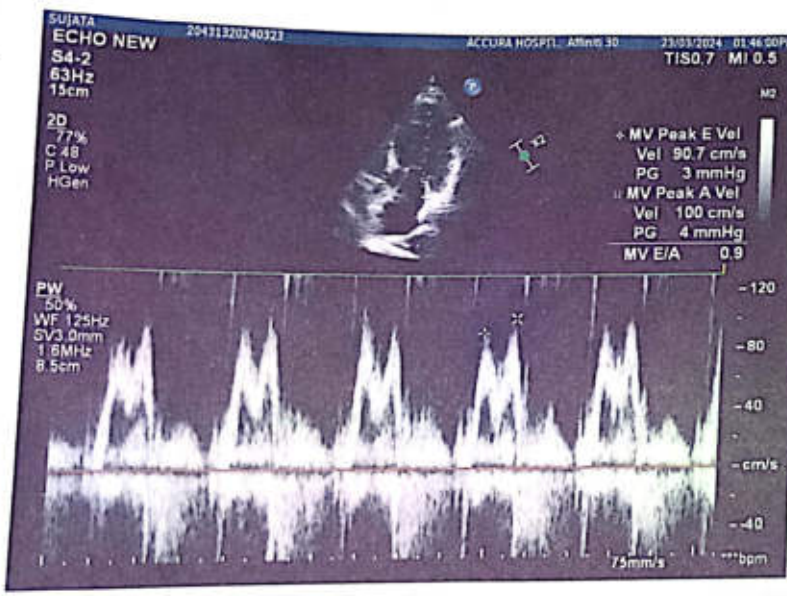
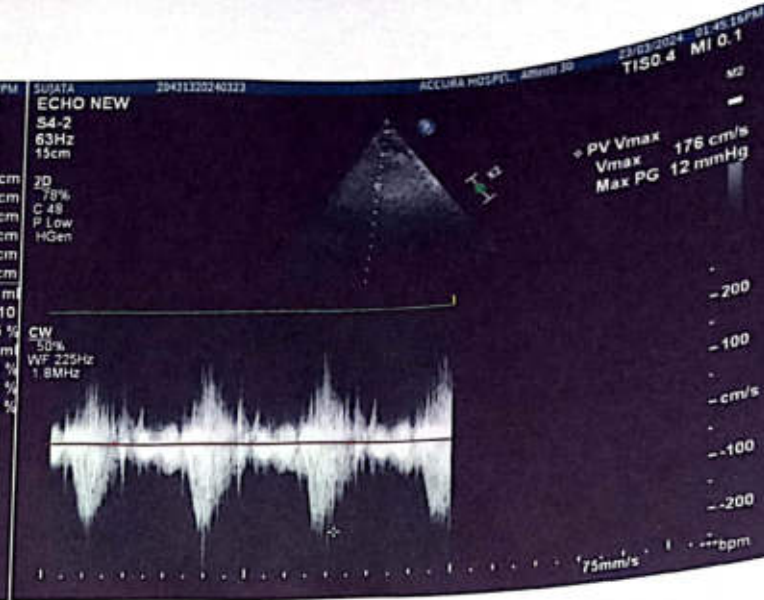
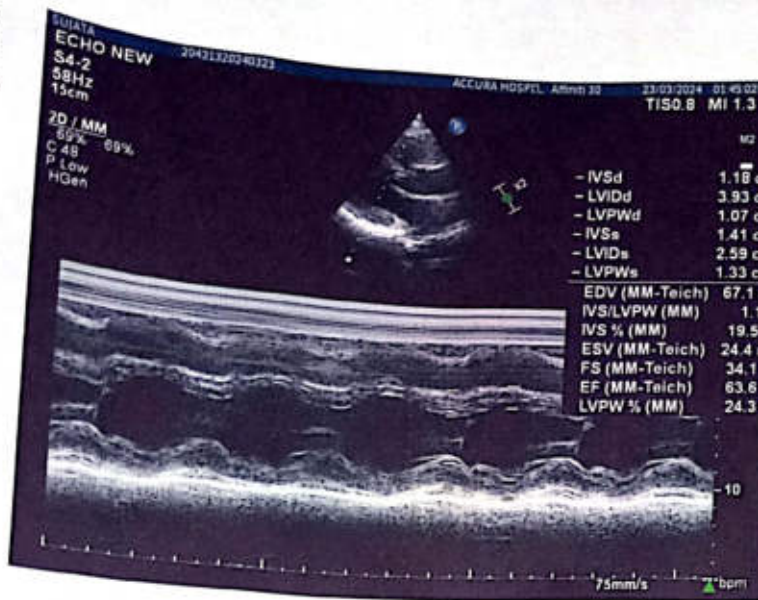

Dr V H Maniyar

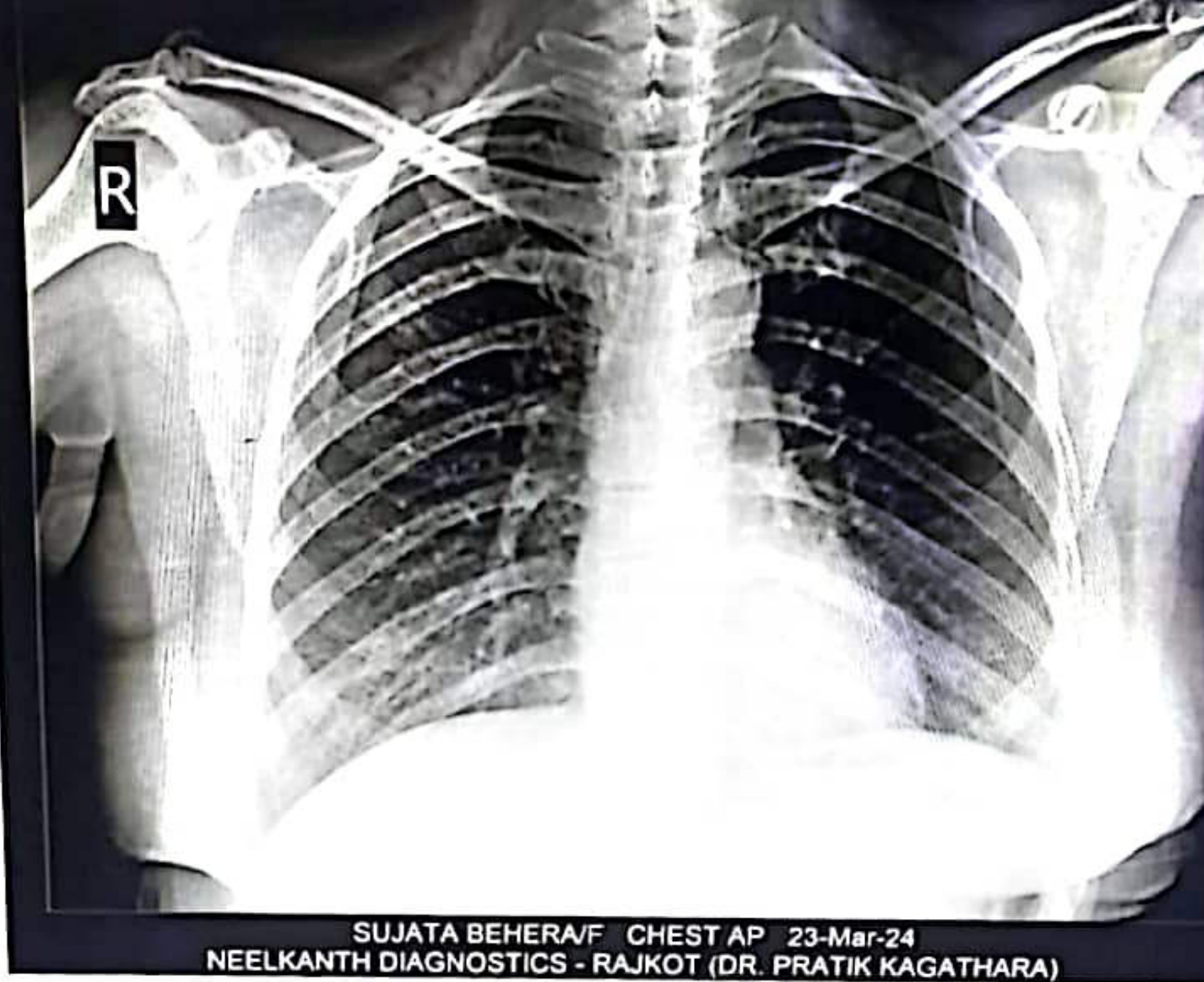
M.D., FNIC (Lilavati Hospital , Mumbai)

For Appointment

7 60 60 60 577

📍 First Floor, Nilkanth Plaza, J. K. Park, Bapa Sitaram Chowk, Mavdi Main Road, RAJKOT- 360004.







TEST REPORT

Name	: Sujata Behera	Reg. No	: 403101111
Age/Sex	: 42 Years / Female	Reg. Date	: 23-Mar-2024 01:24 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Mar-2024 01:24 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Mar-2024 07:31 PM

COMPLETE BLOOD COUNT (CBC) Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
RBC Parameters			
Hemoglobin (SLS method)	11.0	g/dL	12.5 - 16.0
Hematocrit (Electrical Impedance)	33.10	%	37 - 47
RBC Count (Electrical Impedance)	4.91	million/cmm	4.2 - 5.4
MCV (Calculated)	67.4	fL	78 - 100
MCH (Calculated)	22.4	Pg	27 - 31
MCHC (Calculated)	33.2	%	30 - 35
RDW (Calculated)	16.8	%	11.5 - 14.0
WBC Parameters			
WBC Count (Flowcytometry)	8670	/cmm	4000 - 10500
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	71 %	% Range 42.02 - 75.2	Abs. Value 6156 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	22 %	20 - 45	1907 /cmm 1000 - 3900
Eosinophils (%)	2 %	1 - 4	173 /cmm 0 - 450
Monocytes (%)	4 %	2 - 8	347 /cmm 200 - 1000
Basophils (%)	1 %	0 - 1	87 /cmm 20 - 100
Immature Granulocyte %	0	%	
Platelete Parameter			
Platelet Count	236000	/cmm	150000 - 450000
MPV	11.7	fL	7.4 - 10.4
P-LCR	40.70	%	11.9 - 66.9
PDW	15.6	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.28	%	0.2 - 0.5

towards the healthiness...

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Dr. Viral R. Jethava
M.D. (Path, PDCC)





TEST REPORT

Name	: Sujata Behera	Reg. No	: 403101111
Age/Sex	: 42 Years / Female	Reg. Date	: 23-Mar-2024 01:24 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Mar-2024 01:24 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Mar-2024 06:42 PM

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"A"		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

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M.D. (Path, PDCC)

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TEST REPORT

Name : Sujata Behera	Reg. No : 403101111
Age/Sex : 42 Years / Female	Reg. Date : 23-Mar-2024 01:24 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 23-Mar-2024 01:24 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Mar-2024 05:16 PM

Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate			
Sample, EDTA whole blood			
ESR (After 1 hour)	08	mm/hr	3 - 12

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 M.D. (Path, PDCC)

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Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Mar-2024 01:24 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Mar-2024 05:49 PM

FASTING PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	84.0	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) ≥126 :Diabetic
Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone -F	Nil		

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 200mg/dL during an oral glucose tolerance test by using a glucose load containing the 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: 511.

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 M.D. (Path, PDCC)

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TEST REPORT

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Age/Sex	: 42 Years / Female	Reg. Date	: 23-Mar-2024 01:24 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Mar-2024 01:24 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Mar-2024 05:49 PM

POST PRANDIAL PLASMA GLUCOSE
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	136.0	mg/dL	70 - 140
Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone- PP	Nil		

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 200mg/dL during an oral glucose tolerance test by using a glucose load containing the 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: 511.

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M.D. (Path, PDCC)





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LIPID PROFILE

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	155.60	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	132.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	45.10	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <i>Siemens ALDL</i>	87.00	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <i>Calculated</i>	26.40	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.93		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	3.45		0 - 5.0

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M.D. (Path, PDCC)





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Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Mar-2024 05:16 PM

RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.89	mg/dL	0.55 - 1.02
eGFR	111.31	ml/min/1.73 sq m	Normal or High: >=90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15
Urea <small>Calculated</small>	32.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small>	14.94	mg/dL	7.0 - 18.0
Uric Acid <small>Uricase</small>	5.20	mg/dL	2.6 - 6.2
Sodium <small>Direct ion selective electrode</small>	140.4	mmol/L	137 - 145
Potassium <small>Direct ion selective electrode</small>	4.12	mmol/L	3.5 - 5.1
Chloride <small>Direct ion selective electrode</small>	103.2	mmol/L	98 - 107
Calcium <small>Cresolphthalein Complexone</small>	9.23	mg/dL	8.5 - 10.1

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Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Mar-2024 05:16 PM

Parameter	Result	Unit	Biological Ref. Interval
GGT <small>Siemens/37C</small>	35.00	U/L	5 - 55

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D.R.I.

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Dr. Viral R. Jethava

M.D. (Path, PDCC)

Mangla Road Branch: 3rd Floor, Smile Building, 5 Manhar Plot Corner, Mangla Main Road, Rajkot. Ph. 0281 - 247 33 77

Sadhu Vasvani Road Branch: Ground Floor, Office no. 3, Nakshtra-VIII, Nr. Sun City Apt., Sadhu Vasvani Road, Rajkot - 1

Helpline No. : 70965 77000  www.neutropath.com  neutropath@gmail.com

Our test results are subject to variations due to technical situations. Hence to correlate with clinical findings and other investigations should be done.




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HEMOGLOBIN A1 C (HBA1C)
 Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	5.12	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 % Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <i>Calculated</i>	100.24	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

Explanation : Total hemoglobin A1 c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters. The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels. The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months. It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures

HbA1c assay Interferences : Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.



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Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Mar-2024 05:16 PM

URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

PHYSICAL EXAMINATION

Quantity	30 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.5		4.6 - 8.0
Sp. Gravity	1.010		1.001 - 1.035
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urobilinogen	Normal Present		
Bile salts:	Absent		Absent
Bile Pigments:	Absent		Absent
Nitrite	Nil		

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Absent
Erythrocytes (Red Cells)	Absent
Epithelial Cells	Absent
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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M.D. (Path, PDCC)





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Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Mar-2024 05:16 PM

LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	8.10	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.89	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	3.21	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.52		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	29.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	55.00	U/L	14 - 59
Alakaline Phosphatase <i>Siemens/37C</i>	77.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.25	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.12	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/calf-benz</i>	0.13	mg/dL	0.0 - 1.1

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

DRJ

Dr. Viral R. Jethava
M.D. (Path, PDCC)

This is an Electronically Authenticated Report.

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towards the healthiness...