

TEST REPORT

Reg. No. : 503100535 **Reg. Date** : 08-Mar-2025 08:31 **Ref.No** : **Approved On** : 08-Mar-2025 14:59
Name : Mrs. DINKALBEN SHAH **Collected On** : 08-Mar-2025 10:15
Age : 37 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test	Results	Unit	Bio. Ref. Interval
Complete Blood Count			
Hemoglobin(SLS method)	12.2	g/dL	12.0 - 15.0
RBC Count(Ele.Impedence)	4.44	X 10 ¹² /L	3.8 - 4.8
Hematocrit (calculated)	36.2	%	36 - 46
MCV (Calculated)	L 81.5	fL	83 - 101
MCH (Calculated)	27.5	pg	27 - 32
MCHC (Calculated)	33.7	g/dL	31.5 - 34.5
RDW-SD(calculated)	40.90	fL	36 - 46
Total WBC count	7500	/μL	4000 - 10000
DIFFERENTIAL WBC COUNT			
	[%]	EXPECTED VALUES	[Abs] EXPECTED VALUES
Neutrophils	59	38 - 70	4425 /cmm 1800 - 7700
Lymphocytes	31	21 - 49	2325 /cmm 1000 - 3900
Eosinophils	02	0 - 7	150 /cmm 20 - 500
Monocytes	08	3 - 11	600 /cmm 200 - 800
Basophils	00	0 - 1	0 /cmm 0 - 100
NLR (Neutrophil: Lymphocyte Ratio)	1.90	Ratio	1.1 - 3.5
Platelet Count (Manual)	395000	/cmm	150000 - 410000
PCT	0.33	ng/mL	< 0.5
MPV	8.40	fL	6.5 - 12.0
Peripheral Smear			
RBCs	Normocytic normochromic.		
WBCs	Normal morphology		
Platelets	Adequate on Smear		
Malarial Parasites	Not Detected		

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Test done from collected sample.



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Approved by: **Dr. Keyur Patel**

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

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For Appointment : 7567 000 750

www.conceptdiagnostics.com

conceptdiaghealthcare@gmail.com

 1st Floor, Sahajand Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.
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 SPECIALITY LABORATORY LM-
 PRAHLADNAGAR BRANCH

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Location :			

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

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Age : 37 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
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Test Name	Results	Units	Bio. Ref. Interval
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FASTING PLASMA GLUCOSE
Specimen: Fluoride plasma

Fasting Plasma Glucose <small>Hexokinase</small>	94.57	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 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.

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Test Name	Results	Units	Bio. Ref. Interval
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GGT	20.20	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.

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Age : 37 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
LIPID PROFILE			
CHOLESTEROL	133.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride <small>Enzymatic Colorimetric Method</small>	93.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <small>Calculated</small>	19	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <small>Calculated</small>	70.43	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	43.57	mg/dL	<40 >60
CHOL/HDL RATIO <small>Calculated</small>	3.05		0.0 - 3.5
LDL/HDL RATIO <small>Calculated</small>	1.62		1.0 - 3.4
TOTAL LIPID <small>Calculated</small>	412.00	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.

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Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>LIVER FUNCTION TEST</u>			
TOTAL PROTEIN <small>Biuret Colorimetric</small>	6.89	g/dL	6.4 - 8.3
ALBUMIN	3.96	g/dL	3.5 - 5.2
GLOBULIN <small>Calculated</small>	2.93	g/dL	2.4 - 3.5
ALB/GLB <small>Calculated</small>	1.35		1.2 - 2.2
SGOT <small>Pyridoxal 5 Phosphate Activation, IFCC</small>	25.32	U/L	0 - 32
SGPT	21.10	U/L	<31
Alkaline Phosphatase <small>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</small>	80.80	U/L	40 - 130
TOTAL BILIRUBIN	0.50	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.26	mg/dL	<0.2
INDIRECT BILIRUBIN <small>Calculated</small>	0.24	mg/dL	0.0 - 1.00
Serum			

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Age : 37 Years **Gender:** Female **Pass. No. :** **Dispatch At** :
Ref. By : APOLLO **Tele No.** :
Location :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C)	5.30	%	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)	105	mg/dL	

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 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.

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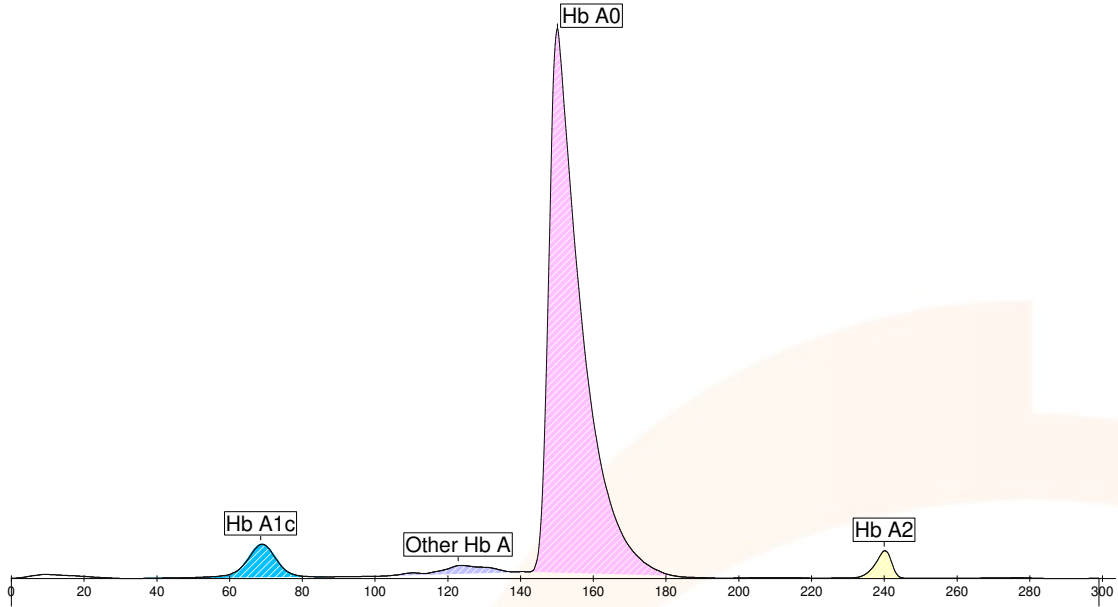
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M.D. Pathology
 Reg. No. :- G-51211
Approved On: 08-Mar-2025 18:54
 1st Floor, Sahajand Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.

Sample num.: **244** Date : **03/08/2025**

ID : **150303500469**

Method : HbA1c by capillary Electrophoresis



Fractions	%	Cal. %
Hb A1c	-	5.3
Other Hb A	2.0	
Hb A0	91.0	
Hb A2	2.4	

HbA1c % cal : **5.3 %**

Comments

TEST REPORT

Reg. No. : 503100535 **Reg. Date** : 08-Mar-2025 08:31 **Ref.No** : **Approved On** : 08-Mar-2025 16:38
Name : Mrs. DINKALBEN SHAH **Collected On** : 08-Mar-2025 10:15
Age : 37 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 <small>CMA</small>	1.33	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMA</small>	5.65	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMA</small>	2.040	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 Eddition. Philadelphia: WB Saunders,2012:2170

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M.D. Pathology
Reg. No. G-51211

TEST REPORT

Reg. No. : 503100535	Reg. Date : 08-Mar-2025 08:31	Ref.No :	Approved On : 08-Mar-2025 17:02
Name : Mrs. DINKALBEN SHAH			Collected On : 08-Mar-2025 10:15
Age : 37 Years	Gender : Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
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	6.0		4.6 - 8.0
Sp. Gravity	1.015		1.002 - 1.030
Protein	Absent		Absent
Glucose	Absent		Absent
Ketone	Absent		Absent
Bilirubin	Absent		Nil
Nitrite	Absent		Nil
Blood	Nil		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	Nil		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Occasional		Nil
Monilia	Absent		Nil
T. Vaginalis	Absent		Nil
Bacteria	Absent		Absent
Urine			

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Age : 37 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.66	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.




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Location :			

Test Name	Results	Units	Bio. Ref. Interval
Urea	33.2	mg/dL	17 - 43

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.

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Age : 37 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>ELECTROLYTES</u>			
Sodium (Na+) <small>Method:ISE</small>	138.2	mmol/L	136 - 145
Potassium (K+) <small>Method:ISE</small>	4.5	mmol/L	3.5 - 5.1
Chloride(Cl-) <small>Method:ISE</small>	102	mmol/L	98 - 107
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 -----

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Approved by: Dr. Keyur Patel



MER- MEDICAL EXAMINATION REPORT

Date of Examination	08-03-2025		
NAME	DINKALBEN SHAH		
AGE	37	Gender	FEMALE
HEIGHT(cm)	156	WEIGHT (kg)	68
B.P.	126/76/80		
BMI	27.9		
ECG/TMT	NORMAL		
X RAY	N/A		
PAST AILMENT:	N/A		
DETAILS OF PAST AILMENTS (IF ANY):	N/A		
COMMENTS/ ADVICE: SHE/HE IS PHYSICALLY FIT	PHYSICALLY FIT		

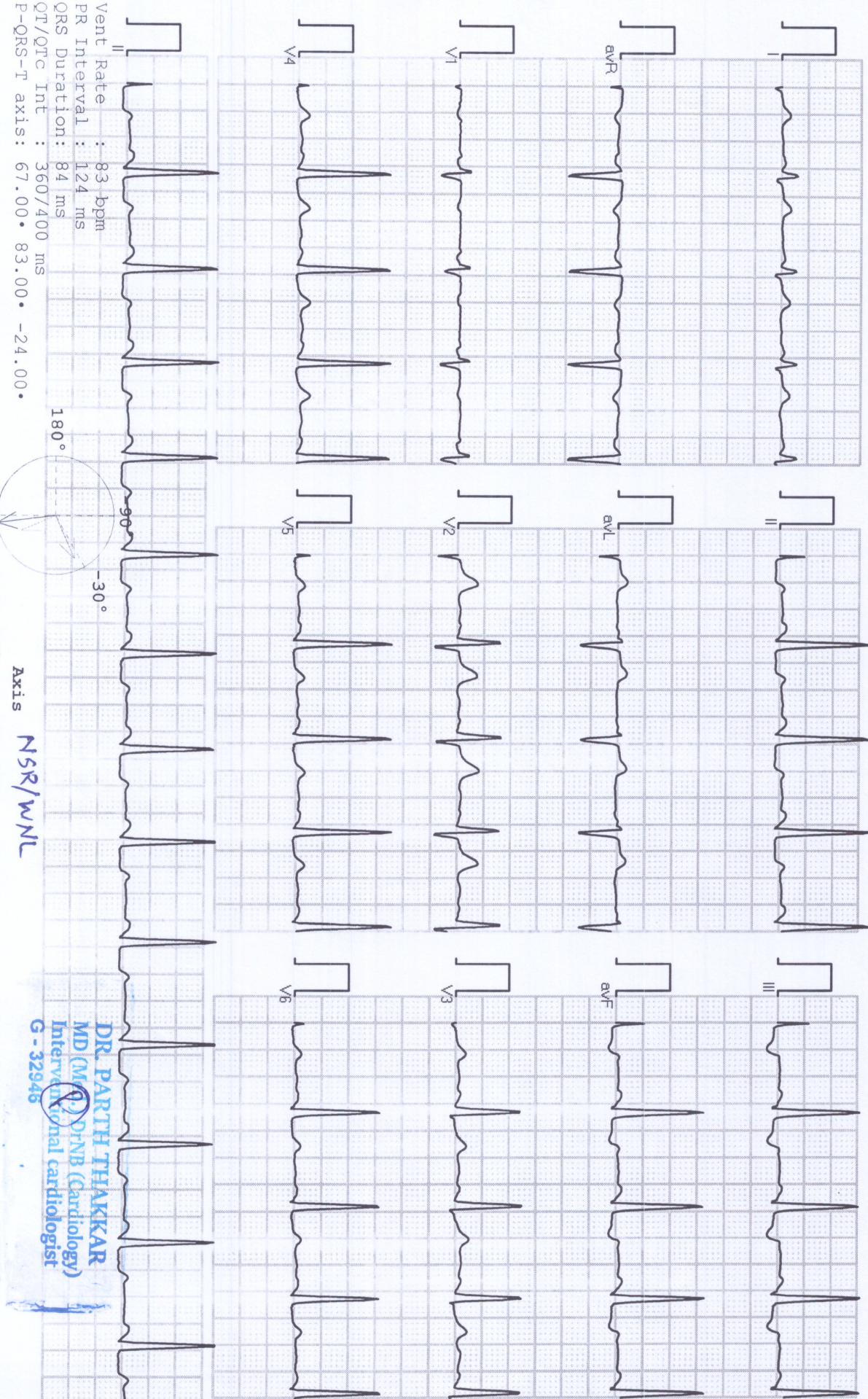
Dr. Vipul Chavda
MD (Internal Medicine)
Reg.No. G-18004

Signature with Stamp of Medical Examiner

CONCEPT DIAGNOSTIC

3868 / DINKALBEN SHAH / 37 Yrs / F / 156Cms. / 68Kgs. / Non Smoker
Heart Rate : 83 bpm / Tested On : 08-Mar-25 12:27:24 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ECG



DR. PARTH THAKKAR
MD (M.D.) DNB (Cardiology)
Interventional cardiologist
G - 32946

Reported By: DR. PARTH THAKKAR

NAME :	DINKL BEN SHAH	AGE/SEX:	37 Y/ F
REF BY:	HEALTH CHECK UP	DATE:	8-Mar-25

USG ABDOMEN & PELVIS

LIVER: normal in size & shows normal echogenicity. No e/o focal or diffuse lesion. No e/o dilated IHBR. CBD & Portal vein normal.

GALL-BLADDER: distended, No evidence of Gall Bladder calculi.

PANCREAS: normal in size & echotexture, No e/o peri-pancreatic fluid collection.

SPLEEN: normal in size & shows normal echogenicity.

KIDNEYS: Both kidneys appear normal in size & echotexture. No evidence of calculus or hydronephrosis on either side.

URINARY BLADDER: shows partial distension. No e/o 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.

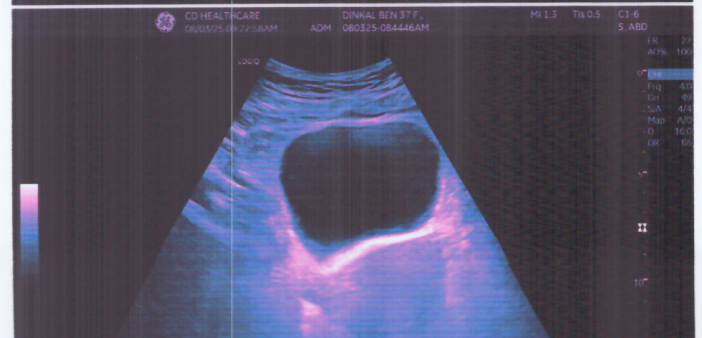
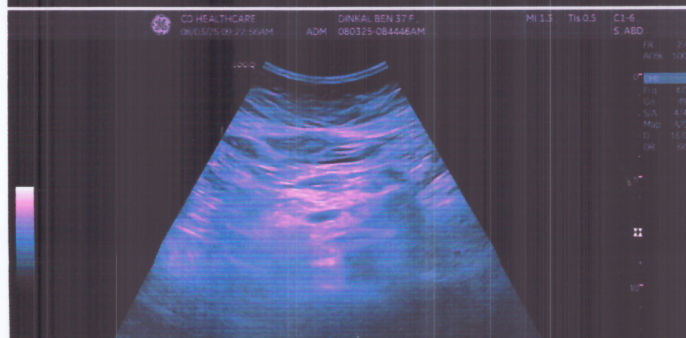
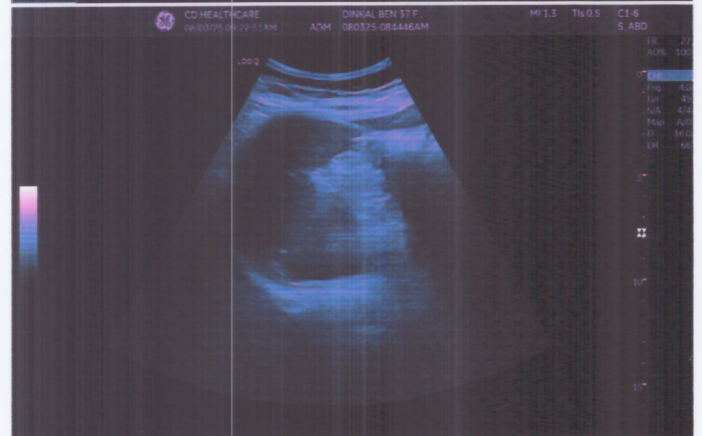
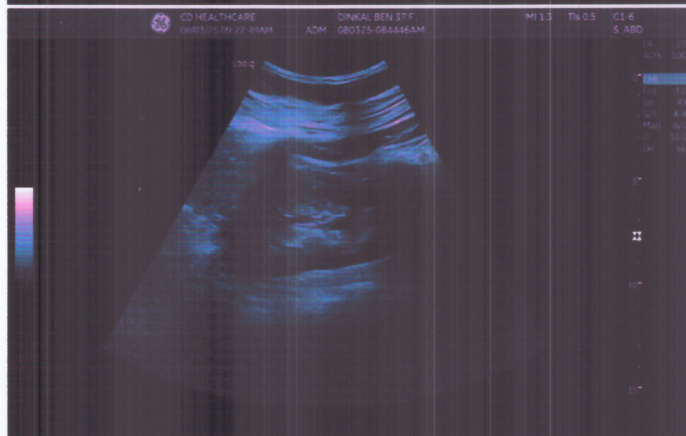
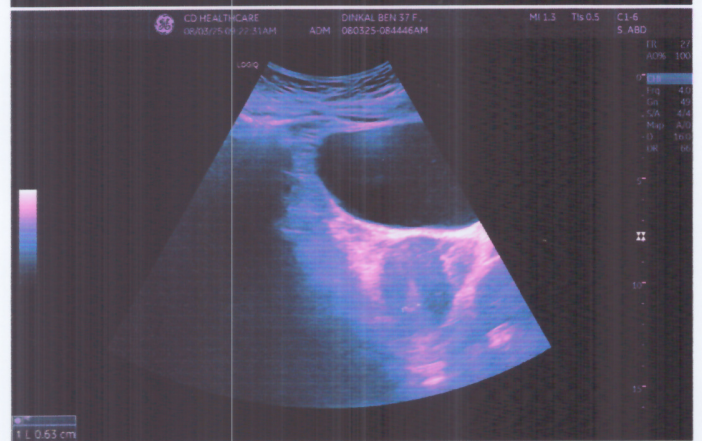
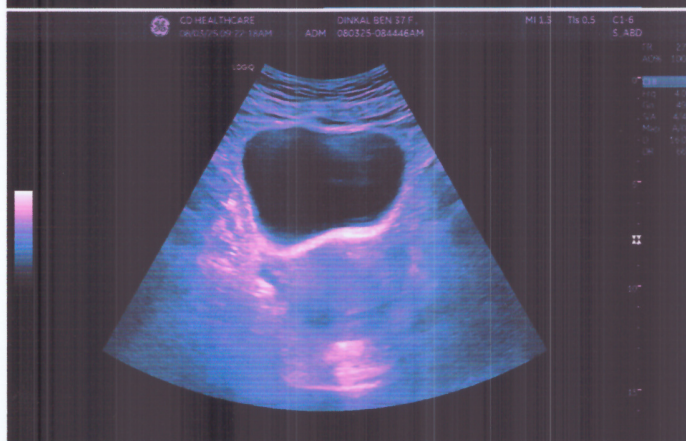
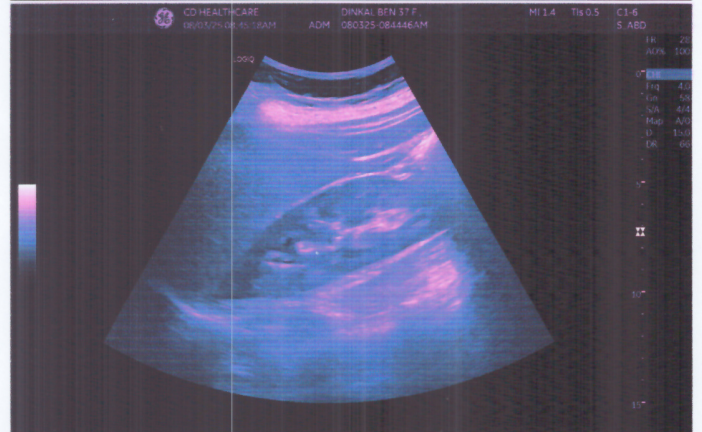
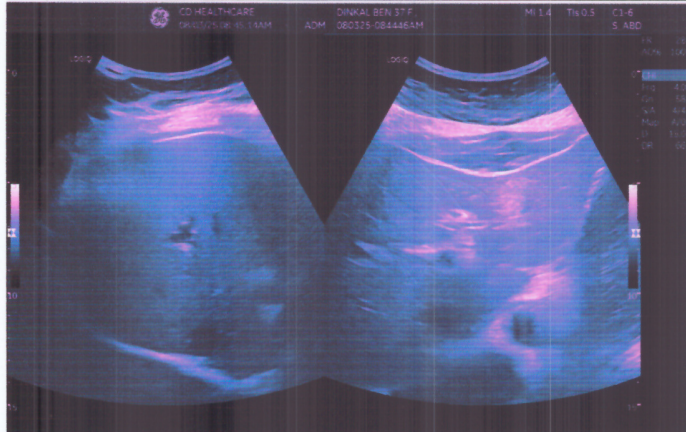
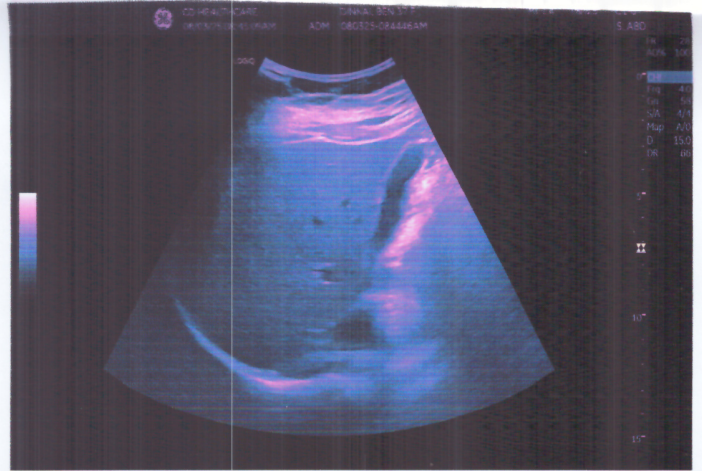
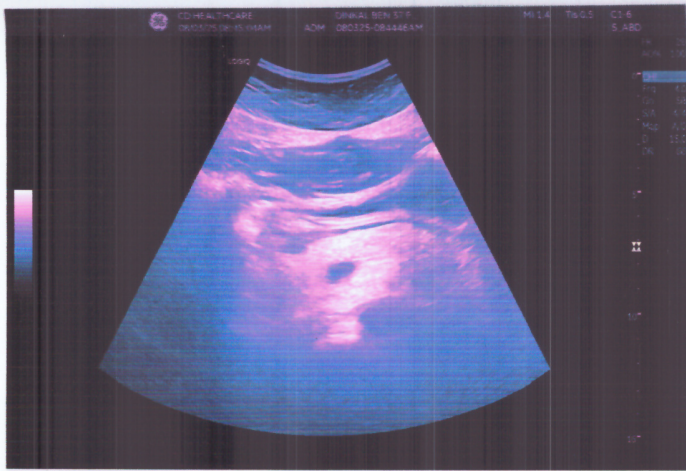
IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY AT PRESENT SCAN.**

Dr. Kruti Dave

G-48337

Dr. KRUTI DAVE
 CONSULTANT RADIODIAGNOSIS



8/3/2025

37 ten

Dinkelsen Shah

At care for Routine check up

No Gynee Complents

Lmp - 20/2/2025

menss reguler

30-31 days

reguler

4-5 days bleedng

P/L

1 wscd ♀ / 3.5 yrs

Ad

- clinger forte
vaginal pessary

Pls oral + Peds

Pls Contraception

& Healthy

MARS taber



Mrs. Dinkalben Shah - 37 Years / Female

08/03/2025

→ Good Oral Hygiene

[Handwritten signature]

