


MER- MEDICAL EXAMINATION REPORT

Date of Examination	04/12/2023		
NAME	Rishabh Kumar		
AGE	37	Gender	Male
HEIGHT(cm)	176	WEIGHT (kg)	88
B.P.	108/82		
ECG	Normal		
X Ray	Normal		
Vision Checkup	Color Vision :		
	Far Vision Ratio :		
	Near Vision Ratio :		
Present Ailments	KOA		
Details of Past ailments (If Any)	KOA		
Comments / Advice : She /He is Physically Fit	7		

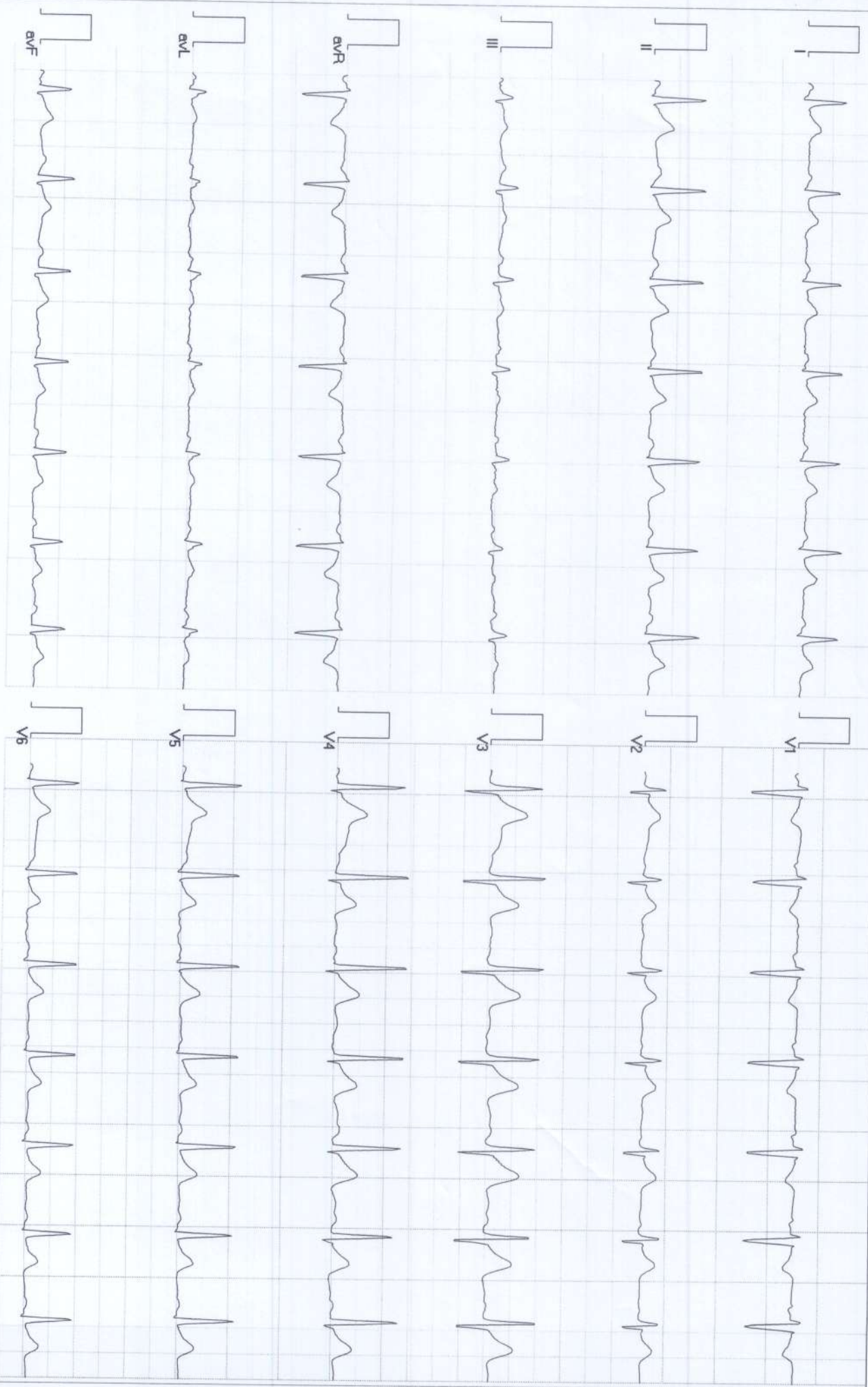

 Dr. Vipul Ghavda
 MD (Internal Medicine)
 Reg.No. G-18004

Signature with Stamp of Medical Examiner

Concept Diagnostics

1447 / PRABHAT KUMAR / 37 Yrs / M / 176Cms. / 88Kgs. / Non Smoker
Heart Rate : 83 bpm / Tested On : 09-Dec-23 11:32:47 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ECG



Babhat, ~~di~~

01/12/23

$\frac{8}{8} \mid \frac{8}{8}$ class I caries

Stains + = 1st $\frac{1}{321} \mid 123$
Calculus +

→ fillings & cleaning required in the above findings.

Jayoo
F.

NAME :	PRABHAT KUMAR	DATE :	09/12/2023
AGE/SEX:	37Y/M	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 :	PRABHAT KUMAR	DATE :	09/12/2023
AGE/SEX:	37Y/M	REG.NO :	00
REFERRED BY: HEALTH CHECK UP			

USG ABDOMEN

LIVER: normal in size & bright in echotexture s/o fatty liver grade I. 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 108 x 45 mm. Left kidney measures 111 x 50 mm. Both kidneys appear normal in size & echotexture. No evidence of calculus or hydronephrosis on either side.

URINARY

BLADDER: appears normal and shows normal distension & normal wall thickness. No evidence of calculus or mass lesion.

PROSTATE: normal in size & echotexture.

No evidence of Ascites.

No evidence of significant lymphadenopathy.

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.

CONCLUSION:

- Fatty liver grade I.



Dr. VIDHI SHAH
MD RADIODIAGNOSIS

NAME	MR Prabhat Kymar		
AGE/ SEX	37yrs /M	DATE	09/12/2023
REF. BY	HEALTH CHECK UP	DONE BY	Dr. Abhimanyu Kothari

2D ECHO CARDIOGRAPHY & COLOR DOPPLER STUDY

FINDINGS:-

- **Normal LV systolic function, LVEF=60%.**
- **No RWMA at rest.**
- LV and LA are of normal size.
- RA & RV are of normal size.
- Normal LV Compliance
- Intact IAS & IVS.
- All Valves Are structurally Normal
- Trivial MR, No AR, No PR
- Trivial TR, No PAH, RVSP-30mmHg
- No clot or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size with preserved respiratory variation.

MEASUREMENTS:-

LVIDD	42 (mm)	LA	34(mm)
LVIDS	26 (mm)	AO	28(mm)
LVEF	60%	AV cusp	
IVSD / LVPWD	10/10(mm)	EPSS	


DOPPLER STUDY:-

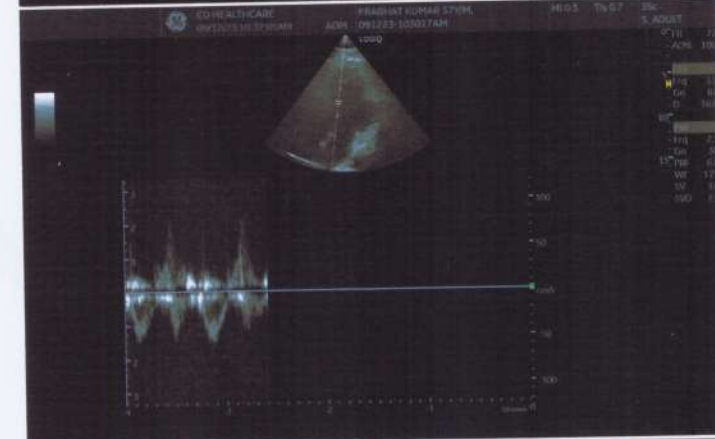
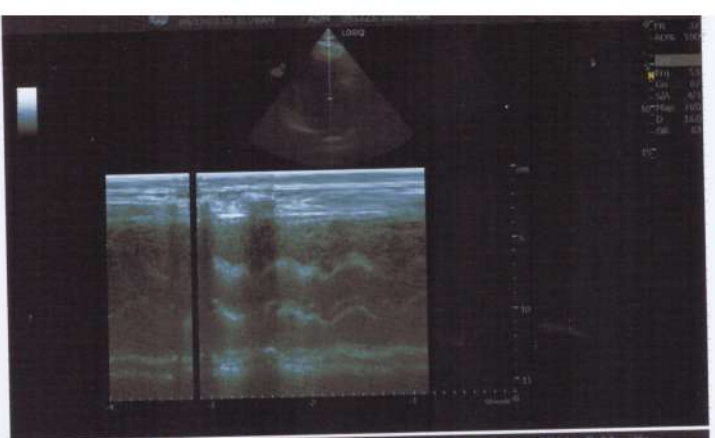
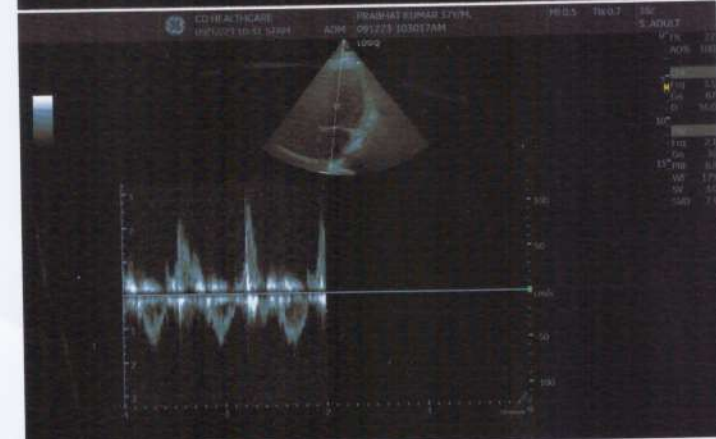
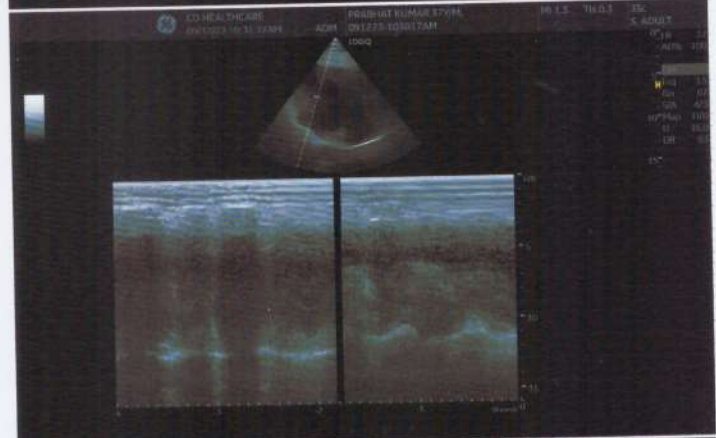
Valve	Velocity (M/sec)	Max gradient (MmHg)	Mean gradient (Mm Hg)	Valve area Cm ²
Aortic	1.1	5		
Mitral	E: 0.5 A: 0.7			
Pulmonary	0.8	3.6		
Tricuspid	2.1	20		

CONCLUSION:-

- **Normal LV systolic function, LVEF=60%.**
- **No RWMA at rest.**
- Normal LV Compliance.
- All Valves Are structurally Normal
- Trivial MR, No AR, No PR.
- Trivial TR, No PAH, RVSP-30mmHg.
- IVC is normal in size with preserved respiratory variation.

Dr. Parth Thakkar
 MD (Med.), DrNB (Cardiology)
 Interventional Cardiologist
 79901-79258


Dr. Abhimanyu D Kothari
 MD (Med.), DM (Cardiology)
 Interventional Cardiologist
 9714675115





TEST REPORT

Reg. No. : 312100234	Reg. Date : 09-Dec-2023 08:30	Ref.No :	Approved On : 09-Dec-2023 10:11
Name : Mr. PRABHATKUMAR			Collected On : 09-Dec-2023 09:00
Age : 37 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9674811259
Location :			

Test Name	Results	Units	Bio. Ref. Interval
Complete Blood Count			
<u>Specimen: EDTA blood</u>			
Hemoglobin			
Hemoglobin(SLS method)	13.8	g/dL	13.0 - 17.0
Hematocrit (calculated)	40.9	%	40 - 50
RBC Count(Ele.Impedence)	4.86	X 10 ¹² /L	4.5 - 5.5
MCV (Calculated)	84.2	fL	83 - 101
MCH (Calculated)	28.4	pg	27 - 32
MCHC (Calculated)	33.7	g/dL	31.5 - 34.5
RDW (Calculated)	12.5	%	11.5 - 14.5
Differential WBC count (Impedance and flow)			
Total WBC count	8300	/μL	4000 - 10000
Neutrophils	40	%	38 - 70
Lymphocytes	H 51	%	21 - 49
Monocytes	06	%	3 - 11
Eosinophils	03	%	0 - 7
Basophils	00		
Platelet			
Platelet Count (Ele.Impedence)	218000	/cmm	150000 - 410000
MPV	H 13.20	fL	6.5 - 12.0
EDTA Whole Blood			

Note: All abnormal hemograms are reviewed and confirmed microscopically. Peripheral blood smear and malarial parasite examination are not part of CBC report.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Swati Shah

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

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TEST REPORT

Reg. No. : 312100234 Reg. Date : 09-Dec-2023 08:30 Ref.No : Approved On : 09-Dec-2023 12:57
Name : Mr. PRABHATKUMAR Collected On : 09-Dec-2023 09:00
Age : 37 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9674811259
Location :

Test Name	Results	Units	Bio. Ref. Interval
ESR	10	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

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Approved On: 09-Dec-2023 12:57

TEST REPORT

Reg. No. : 312100234 Reg. Date : 09-Dec-2023 08:30 Ref.No : Approved On : 09-Dec-2023 10:51
Name : Mr. PRABHATKUMAR Collected On : 09-Dec-2023 09:00
Age : 37 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9674811259
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>	"O"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

Test done from collected sample.

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TEST REPORT

Reg. No. : 312100234	Reg. Date : 09-Dec-2023 08:30	Ref.No :	Approved On : 09-Dec-2023 10:14
Name : Mr. PRABHATKUMAR			Collected On : 09-Dec-2023 09:00
Age : 37 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9674811259
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	.		
Platelets	Platelets are adequate with normal morphology.		
Parasite	Malarial parasite is not detected.		
EDTA Whole Blood			

Test done from collected sample.

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TEST REPORT

Reg. No. : 312100234 Reg. Date : 09-Dec-2023 08:30 Ref.No : Approved On : 09-Dec-2023 13:45
Name : Mr. PRABHATKUMAR Collected On : 09-Dec-2023 09:00
Age : 37 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9674811259
Location :

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

FASTING PLASMA GLUCOSE
Specimen: Fluoride plasma

Fasting Plasma Glucose <i>Hexokinase</i>	87.12	mg/dL	Normal: ≤ 99.0 Prediabetes: 100-125 Diabetes: ≥ 126
---------------------------------------------	-------	-------	---------------------------------------------------------------------

Fluoride Plasma

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.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Keyur Patel

M.B.B.S.,D.C.P(Patho) Page 5 of 15
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Approved On: 09-Dec-2023 13:45

TEST REPORT

Reg. No. : 312100234 Reg. Date : 09-Dec-2023 08:30 Ref.No : Approved On : 09-Dec-2023 13:45
Name : Mr. PRABHATKUMAR Collected On : 09-Dec-2023 12:19
Age : 37 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9674811259
Location :

Test Name	Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE Specimen: Fluoride plasma			
Post Prandial Plasma Glucose <i>Hexokinase</i>	L 89.25	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Fluoride Plasma			

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Keyur Patel

M.B.B.S.,D.C.P(Patho) Page 6 of 15
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TEST REPORT

Reg. No. : 312100234	Reg. Date : 09-Dec-2023 08:30	Ref.No :	Approved On : 09-Dec-2023 11:44
Name : Mr. PRABHATKUMAR			Collected On : 09-Dec-2023 09:00
Age : 37 Years	Gender : Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9674811259
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>BLOOD UREA NITROGEN</u>			
	-		
Urea	30.8	mg/dL	17 - 43
Blood Urea Nitrogen <i>Calculated</i>	14.4	mg/dL	8.9 - 20.6
Serum			

Useful screening test for evaluation of kidney function.

Urea is a nitrogenous end product of protein and amino acid metabolism. The process of urea synthesis in the liver is known as the urea cycle. In this process, carbon dioxide, ammonia, and aspartate are converted to urea. The rate of urea synthesis is directly proportional to the amount of protein and amino acids in the diet. Blood urea nitrogen (BUN) is a measure of the amount of urea in the blood. It is used to evaluate kidney function. Increased BUN levels may indicate kidney disease, dehydration, and other conditions. The determination of BUN in the serum is a common laboratory test. It is used to evaluate kidney function and to monitor the progress of kidney disease. High levels of BUN in the serum may indicate kidney failure, while low levels may indicate liver disease or malnutrition.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Swati Shah

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

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TEST REPORT

Reg. No. : 312100234 Reg. Date : 09-Dec-2023 08:30 Ref.No : Approved On : 09-Dec-2023 12:28
Name : Mr. PRABHATKUMAR Collected On : 09-Dec-2023 09:00
Age : 37 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9674811259
Location :

Test Name	Results	Units	Bio. Ref. Interval
GGT	33.6	U/L	10 - 71
<i>L-Y-Glutamyl-3 Carboxy-4-Nitroanilide, Enzymetic Colorimetric</i>			
Serum			

Test done from collected sample.

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TEST REPORT

Reg. No. : 312100234	Reg. Date : 09-Dec-2023 08:30	Ref.No :	Approved On : 09-Dec-2023 11:44
Name : Mr. PRABHATKUMAR			Collected On : 09-Dec-2023 09:00
Age : 37 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9674811259
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>LIPID PROFILE</u>			
CHOLESTEROL	194.00	mg/dL	Desirable <=200 Borderline high risk 200 - 240 High Risk >240
Triglyceride <i>Enzymatic Colorimetric Method</i>	93.00	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
Very Low Density Lipoprotein(VLDL) <i>Calculated</i>	19	mg/dL	0 - 30
Low-Density Lipoprotein (LDL) <i>Calculated Method</i>	115.40	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
High-Density Lipoprotein(HDL)	59.60	mg/dL	<40 >60
CHOL/HDL RATIO <i>Calculated</i>	3.26		0.0 - 3.5
LDL/HDL RATIO <i>Calculated</i>	1.94		1.0 - 3.4
TOTAL LIPID <i>Calculated</i>	534.00	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.

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M.B.D.C.P.
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TEST REPORT

Reg. No. : 312100234	Reg. Date : 09-Dec-2023 08:30	Ref.No :	Approved On : 09-Dec-2023 11:44
Name : Mr. PRABHATKUMAR			Collected On : 09-Dec-2023 09:00
Age : 37 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9674811259
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>LIVER FUNCTION TEST</u>			
TOTAL PROTEIN	7.57	g/dL	6.6 - 8.8
ALBUMIN	H 5.23	g/dL	3.5 - 5.2
GLOBULIN <i>Calculated</i>	L 2.34	g/dL	2.4 - 3.5
ALB/GLB <i>Calculated</i>	H 2.24		1.2 - 2.2
SGOT	18.20	U/L	<35
SGPT	32.90	U/L	<41
Alkaline Phosphatase <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i>	59.90	U/L	40 - 130
TOTAL BILIRUBIN	0.70	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.18	mg/dL	<0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.52	mg/dL	0.0 - 1.00
Serum			

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TEST REPORT

Reg. No. : 312100234 Reg. Date : 09-Dec-2023 08:30 Ref.No : Approved On : 09-Dec-2023 11:44
Name : Mr. PRABHATKUMAR Collected On : 09-Dec-2023 09:00
Age : 37 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. : 9674811259
Location :

Test Name	Results	Units	Bio. Ref. Interval
KIDNEY FUNCTION TEST			
Urea	30.8	mg/dL	17 - 43
Uric Acid (UA) <i>Uricase</i>	5.01	mg/dL	3.4 - 7.0
Creatinine	1.08	mg/dL	0.67 - 1.5
Serum			

Test done from collected sample.

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TEST REPORT

Reg. No. : 312100234 **Reg. Date :** 09-Dec-2023 08:30 **Ref.No :** **Approved On :** 09-Dec-2023 15:53
Name : Mr. PRABHATKUMAR **Collected On :** 09-Dec-2023 09:00
Age : 37 Years **Gender:** Male **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :** 9674811259
Location :

Test Name	Results	Units	Bio. Ref. Interval
HEMOGLOBIN A1C (HBA1C) <i>High Performance Liquid Chromatography (HPLC)</i>	5.50	%	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 <i>(Calculated)</i>	111	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 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 Glycohemoglobin 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. Avani Patel

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Reg No.- G-34103

Generated On : 09-Dec-2023 15:53

Approved On: 09-Dec-2023 15:53

TEST REPORT

Reg. No. : 312100234	Reg. Date : 09-Dec-2023 08:30	Ref.No :	Approved On : 09-Dec-2023 15:53
Name : Mr. PRABHATKUMAR			Collected On : 09-Dec-2023 09:00
Age : 37 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9674811259
Location :			

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

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID: 131203500187
 Patient ID:
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

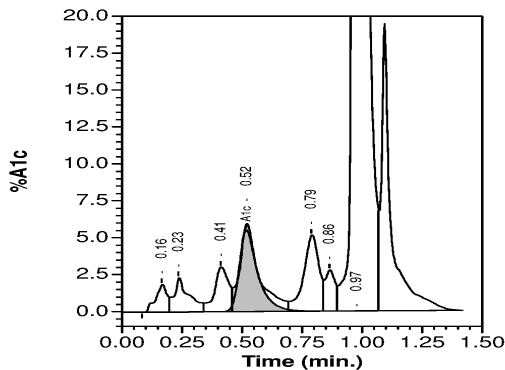
Analysis Performed: 09/12/2023 15:05:48
 Injection Number: 7162
 Run Number: 311
 Rack ID:
 Tube Number: 1
 Report Generated: 09/12/2023 15:20:37
 Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	0.9	0.165	18186
A1b	---	1.4	0.235	29378
LA1c	---	1.7	0.412	34646
A1c	5.5	---	0.518	88510
P3	---	3.3	0.789	68402
P4	---	1.1	0.863	23731
Ao	---	87.5	0.975	1835756

Total Area: 2,098,609

HbA1c (NGSP) = 5.5 %



Test done from collected sample.

This is an electronically authenticated report.



Approved by: *Dr. Avani Patel*

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Approved On: 09-Dec-2023 15:53

TEST REPORT

Reg. No. : 312100234	Reg. Date : 09-Dec-2023 08:30	Ref.No :	Approved On : 09-Dec-2023 14:48
Name : Mr. PRABHATKUMAR			Collected On : 09-Dec-2023 09:00
Age : 37 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9674811259
Location :			

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <small>CMIA</small>	1.01	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	6.65	µg/dL	4.6 - 10.5
TSH (Thyroid stimulating hormone) <small>CMIA</small>	3.517	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. Avani PatelM.D. Biochemistry Page 14 of 15
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TEST REPORT

Reg. No. : 312100234	Reg. Date : 09-Dec-2023 08:30	Ref.No :	Approved On : 09-Dec-2023 11:28
Name : Mr. PRABHATKUMAR			Collected On : 09-Dec-2023 09:00
Age : 37 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. : 9674811259
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	1.025		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Negative		Nil
Leucocytes	Nil		Nil
Blood	Absent		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
Urine			

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

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Swati Shah

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

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