

**TEST REPORT**

Reg. No. : 404100571    Reg. Date : 19-Apr-2024 08:34    Ref.No :    Approved On : 19-Apr-2024 14:47  
Name : Mr. ANAND SINGH    Collected On : 19-Apr-2024 12:25  
Age : 22 Years    Gender: Male    Pass. No. :    Dispatch At :  
Ref. By : APOLLO    Tele No. :  
Location :

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

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Test done from collected sample.



Approved by: **Dr. Keyur Patel**    Page 1 of 7

Generated On : 19-Apr-2024 18:57  
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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M.B.B.S., D.C.P. (Patho)  
G- 22475

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Test Name	Results	Units	Bio. Ref. Interval
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**FASTING PLASMA GLUCOSE**  
**Specimen: Fluoride plasma**

Fasting Plasma Glucose <i>Hexokinase</i>	85.57	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126
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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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Age : 22 Years	Gender: Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<b>POST PRANDIAL PLASMA GLUCOSE</b>			
<u>Specimen: Fluoride plasma</u>			
Post Prandial Plasma Glucose <i>Hexokinase</i>	L <b>94.97</b>	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

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<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.87	mg/dL	0.67 - 1.5

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.

SGPT	42.40	U/L	<41
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Serum

Alanine aminotransferase (ALT) is present primarily in liver cells. In viral hepatitis and other forms of liver disease associated with hepatic necrosis, serum ALT is elevated even before the clinical signs and symptoms of the disease appear. Although serum levels of both aspartate aminotransferase (AST) and ALT become elevated whenever disease processes affect liver cell integrity, ALT is a more liver-specific enzyme. Serum elevations of ALT are rarely observed in conditions other than parenchymal liver disease. Moreover, the elevation of ALT activity persists longer than does AST activity.




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<b>Name</b> : Mr. ANAND SINGH			<b>Collected On</b> : 19-Apr-2024 12:25
<b>Age</b> : 22 Years	<b>Gender</b> : Male	<b>Pass. No.</b> :	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>BLOOD UREA NITROGEN</u></b>			
Urea <i>UREASE/GLDH</i>	30.8	mg/dL	<= 65 YEARS AGE: <50 mg/dL; >65 YEARS AGE: <71 mg/dL
Blood Urea Nitrogen (BUN) <i>Calculated</i> Serum	14.4	mg/dL	8.9 - 20.6

Useful screening test for evaluation of kidney function.

Urea is a nitrogenous waste product of protein metabolism. The process is synthesized in the liver. Blood urea nitrogen (BUN) may be elevated due to various causes such as high protein diet, renal failure, dehydration, and certain types of drugs. The test is frequently required for the differential diagnosis of prerenal, renal and post renal causes of kidney dysfunction. The test is frequently required for the differential diagnosis of prerenal, renal and post renal causes of kidney dysfunction.

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**Ref. By :** APOLLO **Tele No. :**  
**Location :**

Test Name	Results	Units	Bio. Ref. Interval
<b>SERUM BILIRUBIN ESTIMATION</b>			
<b>Specimen: Serum</b>			
TOTAL BILIRUBIN	0.18	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.15	mg/dL	<0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.03	mg/dL	0.0 - 1.00
Serum			

Bilirubin is one of the most commonly used tests to assess liver function. Approximately 85% of the total bilirubin produced is derived from the heme moiety of hemoglobin, while the remaining 15% is produced from RBC precursors destroyed in the bone marrow and from the catabolism of other heme-containing proteins. After production in peripheral tissues, bilirubin is rapidly taken up by hepatocytes where it is conjugated with glucuronic acid to produce bilirubin mono- and diglucuronide, which are then excreted in the bile. The most commonly occurring form of unconjugated hyperbilirubinemia is that seen in newborns and referred to as physiological jaundice. The increased production of bilirubin, that accompanies the premature breakdown of erythrocytes and ineffective erythropoiesis, results in hyperbilirubinemia in the absence of any liver abnormality. In hepatobiliary diseases of various causes, bilirubin uptake, storage, and excretion are impaired to varying degrees. Thus, both conjugated and unconjugated bilirubin are retained and a wide range of abnormal serum concentrations of each form of bilirubin may be observed. Both conjugated and unconjugated bilirubins are increased in hepatitis and space-occupying lesions of the liver; and obstructive lesions such as carcinoma of the head of the pancreas, common bile duct, or ampulla of Vater.

Reference range For New born:  
 Cord( Premature) : <2.0 mg/dL  
 Cord( full term)) : <2.0 mg/dL  
 0-1 days (Premature) : 1-8 mg/dL  
 0-1 days (Full term) : 2-6 mg/dL  
 1-2 days (Premature) : 6-12 mg/dL  
 1-2 days (Full term) : 6-10 mg/dL  
 3-5 days (Premature) : 10.0-14.0 mg/dL  
 3-5 days (Full term) : 4.0-8.0 mg/dL

**Useful for:**

- Assessing liver function
- Evaluating wide range of diseases affecting the production, uptake, storage, metabolism, excretion of bilirubin.
- Monitoring the efficacy of neonatal phototherapy.

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<b>Name</b> : Mr. ANAND SINGH			<b>Collected On</b> : 19-Apr-2024 12:25
<b>Age</b> : 22 Years	<b>Gender</b> : Male	<b>Pass. No.</b> :	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<u>URINE ROUTINE EXAMINATION</u>			
<b><u>Physical Examination</u></b>			
Colour	Pale Yellow		
Clarity	Clear		
<b><u>CHEMICAL EXAMINATION (by strip test)</u></b>			
pH	7.0		4.6 - 8.0
Sp. Gravity	1.010		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Absent		Nil
Leucocytes	Nil		Nil
Blood	Absent		Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leucocytes (Pus Cells)	2-3		0 - 5/hpf
Erythrocytes (RBC)	Nil		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	2-3		Nil
Monilia	Nil		Nil
T. Vaginalis	Nil		Nil
Urine			

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

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NAME :	ANAND SINGH	DATE :	19-Apr-24
AGE/SEX:	22Y/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.
- Both CP angles are clear.
- Heart size is within normal limit.
- Both dome of diaphragm appear normal.
- Bony thorax under vision appears normal.

**DR. TEJAS PATEL (DNB)  
CONSULTANT RADIOLOGIST**

**Dr. Tejas Patel  
Diplomate N. B.  
G-33659**





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Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

**MEDICAL FITNESS CERTIFICATE**

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr. Anand Singh** aged, **22yrs.** Based on the examination, I certify that he is in good mental and physical health and it is free from any physical defects such as deafness, colour blindness, and any chronic or contagious diseases.

Place: **Ahmedabad**

Date: 19/04/2024

*Dr. Nitesh Kumar*

MBBS

*Nitesh Kumar*  
47093

Name & Signature of

Medical officer



ANAND SINGH 22Y/M M CHEST,FRN PA 19-Apr-24 12:09 PM  
CONCEPT DIAGNOSTIC