

TEST REPORT

Reg. No. : 405100041 **Reg. Date :** 02-May-2024 13:06 **Ref.No :** **Approved On :** 02-May-2024 16:19
Name : Mr. SHAH HIMANSHU GIRISHBHAI **Collected On :** 02-May-2024 13:23
Age : 29 Years **Gender:** Male **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :**
Location :

Test	Results	Unit	Bio. Ref. Interval
Complete Blood Count			
Hemoglobin(SLS method)	15.6	g/dL	13.0 - 17.0
RBC Count(Ele.Impedence)	5.34	X 10 ¹² /L	4.5 - 5.5
Hematocrit (calculated)	45.0	%	40 - 50
MCV (Calculated)	84.3	fL	83 - 101
MCH (Calculated)	29.2	pg	27 - 32
MCHC (Calculated)	H 34.7	g/dL	31.5 - 34.5
RDW-SD(calculated)	43.00	fL	36 - 46
Total WBC count	8600	/μL	4000 - 10000
DIFFERENTIAL WBC COUNT			
	[%]	EXPECTED VALUES	[Abs] EXPECTED VALUES
Neutrophils	54	38 - 70	4644 /cmm 1800 - 7700
Lymphocytes	39	21 - 49	3354 /cmm 1000 - 3900
Eosinophils	03	0 - 7	258 /cmm 20 - 500
Monocytes	04	3 - 11	344 /cmm 200 - 800
Basophils	00	0 - 1	0 /cmm 0 - 100
NLR (Neutrophil: Lymphocyte Ratio)	1.38	Ratio	1.1 - 3.5
Platelet Count (Ele.Impedence)	196000	/cmm	150000 - 410000
PCT	0.23	ng/mL	< 0.5
MPV	11.80	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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For Appointment : 7567 000 750
 www.conceptdiagnostics.com
 conceptdiaghealthcare@gmail.com

1st Floor, Sahajand Palace, Near Gopal 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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ESR 02 mm/hr 17-50 Yrs : <12,
51-60 Yrs : <19,
61-70 Yrs : <20,
>70 Yrs: <30

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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>	"B"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

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Test Name	Results	Units	Bio. Ref. Interval
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FASTING PLASMA GLUCOSE

Specimen: Fluoride plasma

Fasting Plasma Glucose
Hexokinase

80.98

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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Age : 29 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

Test Name	Results	Units	Bio. Ref. Interval
POST PRANDIAL PLASMA GLUCOSE Specimen: Fluoride plasma			
Post Prandial Plasma Glucose <i>Hexokinase</i>	L 87.92	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

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Age : 29 Years	Gender : Male	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.78	mg/dL	0.67 - 1.5
SGPT	36.10	U/L	<41
BUN/CREATININE RATIO			
Urea <small>UREASE/GLDH</small>	21.5	mg/dL	<= 65 YEARS AGE: <50 mg/dL; >65 YEARS AGE: <71 mg/dL
Blood Urea Nitrogen (BUN) <small>Calculated</small>	10.0	mg/dL	8.9 - 20.6
Creatinine	0.78	mg/dL	0.67 - 1.5
BUN/Creatinine Ratio <small>Calculated</small>	12.82		12.0 - 16.0
Serum			

Causes of high BUN to creatinine levels include:
 Dehydration
 Intestinal bleeding
 Hyperthyroidism
 Congestive heart failure
 Kidney diseases
 Medications such as tetracycline and corticosteroids

Causes of low BUN to creatinine levels include:
 Malnutrition, with low protein intake
 Hyperthyroidism
 Advanced liver diseases (the liver cannot produce enough urea)
 Sickle cell anemia (kidneys absorb too little urea)
 Rhabdomyolysis (muscles break down rapidly)
 Kidney damage
 Medications such as acetazolamide and diuretics for conditions such as glaucoma, altitude sickness, and heart failure

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Location :

Test Name	Results	Units	Bio. Ref. Interval
SERUM BILIRUBIN ESTIMATION			
Specimen: Serum			
TOTAL BILIRUBIN	0.89	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.34	mg/dL	<0.2
INDIRECT BILIRUBIN <i>Calculated</i>	0.55	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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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	1.030		1.002 - 1.030
Protein	Absent		Absent
Glucose	Absent		Absent
Ketone	Absent		Absent
Bilirubin	Absent		Nil
Nitrite	Absent		Nil
Leucocytes	Nil		Nil
Blood	Nil		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Leucocytes (Pus Cells)	2-3		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			

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

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MER- MEDICAL EXAMINATION REPORT

Date of Examination	02-05-2024		
NAME	HIMANSHU G SHAH		
AGE	29YRS	Gender	MALE
HEIGHT(cm)	166	WEIGHT (kg)	79Kgs
B.P.	120/80/94		
ECG	REPORTS ATTACHED		
X Ray	REPORTS ATTACHED		
Vision Checkup	Color Vision : NORMAL Far Vision Ratio : 6/6 NORMAL Near Vision Ratio : 6/6 NORMAL		
PPresent Ailments	NA		
Details of Past ailments (If Any)	NA		
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



NAME :	HIMANSHU SHAH	DATE :	2-May-24
AGE/SEX:	29Y/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.

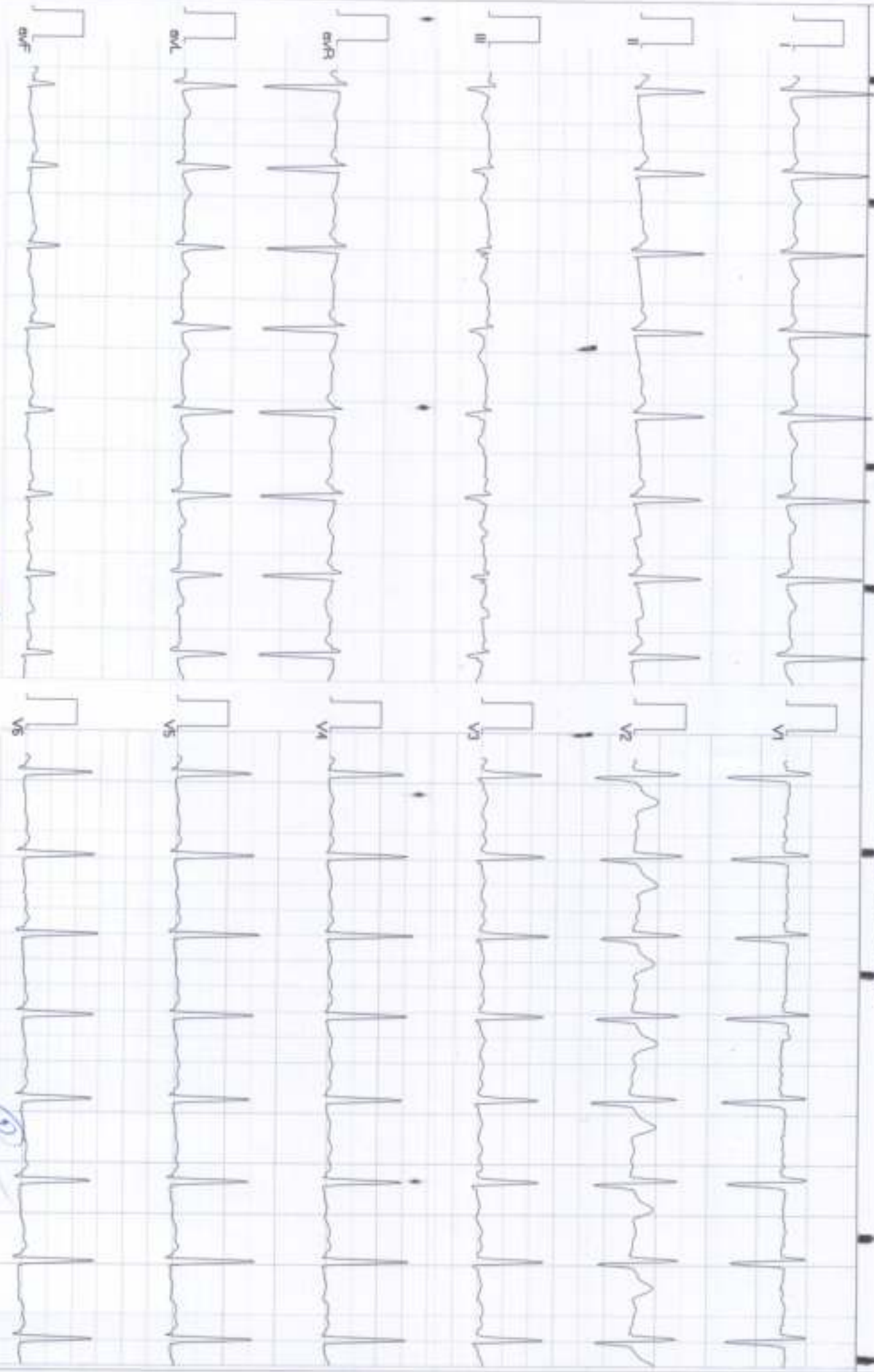

DR. TEJAS PATEL (DNB)
CONSULTANT RADIOLOGIST

CONCEPT DIAGNOSTIC

2221 / HIMANSHU G SHAH / 29 Yrs / M / 166Cms. / 79Kgs. / Non Smoker

Heart Rate : 94 bpm / Tested On : 02-May-24 13:35:47 / HF 0.05 Hz - LF 95 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ECG



Normal

Reported By: DR PARIKH THAKKAR