

Mammography X-Ray

3D/4D Sonography Liver Elastography ECHO

PFT

Dental & Eye Checkup

Full Body Health Checkup

Audiometry Nutrition Consultation

## RADIOLOGY HEALTH CHECK UP PATHLOGY CARDIO DIAGNOSTIC

Reg. No.	: 407100503 <b>R</b>	eg. Date: 17-Jul-2024	09:33 Ref.No :	Approved On	: 17-Jul-2024 10:58
Name	: Mr. PATHAN R	AHILKHAN RASHIDKH/	AN	Collected On	: 17-Jul-2024 10:10
Age	: 32 Years	Gender: Male	Pass. No. :	Dispatch At	:
Ref. By	: APOLLO			Tele No.	:
Location	:				

TEST REPORT

Test	Results	Unit	Bio. Ref. Int	erval
	Comp	plete Blood Count		
Hemoglobin(SLS method)	13.9	g/dL	13.0 - 17.0	
RBC Count(Ele.Impedence)	5.31	X 10^12/L	4.5 - 5.5	
Hematocrit (calculated)	41.4	%	40 - 50	
MCV (Calculated)	L 78.0	fL	83 - 101	
MCH (Calculated)	L 26.2	pg	27 - 32	
MCHC (Calculated)	33.6	g/dL	31.5 - 34.5	
RDW-SD(calculated)	41.60	fL	36 - 46	
Total WBC count	6700	/µL	4000 - 1000	10
DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils	52	38 - 70	3484	/cmm 1800 - 7700
Lymphocytes	40	21 - <mark>49</mark>	2680	/cmm 1000 - 3900
Eosinophils	02	0 - 7	134	/cmm 20 - 500
Monocytes	06	3 - 11	402	/cmm 200 - 800
Basophils	00	0 - 1	0	/cmm 0 - 100
NLR (Neutrophil: Lymphocyte Ratio)	1.30	Ratio	1.1 - 3.5	
Platelet Count (Ele.Impedence)	301000	/cmm	150000 - 41	0000
РСТ	0.25	ng/mL	< 0.5	
MPV	8.40	fL	6.5 - 12.0	
Peripheral Smear				
RBCs	Normocyti	c normochromic.		
WBCs	Normal mo	orp <mark>hology</mark>		
Platelets	Adequate	on S <mark>mear</mark>		
Malarial Parasites	Not Detec	ted		

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- conceptdiaghealthcare@gmail.com

Approved by: Dr. Keyur Patel

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SPECIALITY LABORATORY Ltd.

PRAHLADNAGAR BRANCH

G- 22475 1st Floor, Sahajand Palace, Negr. Gopi 10:58 Unipath Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.



3D/4D Sonography

Mammography Treadmill Test

ECG

X-Ray

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Name	: Mr. PATHAN	I RAHILKHAN RASHIDKHA	٨N	Collected On	: 17-Jul-2024 10:10
Age	: 32 Years	Gender: Male	Pass. No. :	Dispatch At	:
Ref. By	: APOLLO			Tele No.	:
Location	:				

TEGT DEDODT

ESR

06

mm/hr

17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs: <30

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Mammography X-Ray

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### RADIOLOGY HEALTH CHECK UP PATHLOGY CARDIO DIAGNOSTIC

		Т	EST REPORT			
Reg. No.	: 407100503	Reg. Date : 17-Jul-2024	09:33 <b>Ref.No</b> :		Approved On	: 17-Jul-2024 12:27
Name	: Mr. PATHA	N RAHILKHAN RASHIDKHA	٨N		Collected On	: 17-Jul-2024 10:10
Age	: 32 Years	Gender: Male	Pass. No. :		Dispatch At	:
Ref. By	: APOLLO				Tele No.	:
ocation	:					
Test Na	me	Resi	ults	Units	Bio. Ref.	Interval
			LOODGROUP 8 and Serum; Meth		system	
Blood Gro	oup "ABO"	"O"				
Blood Gro	oup "Rh"	Pos	sitive			
EDTA Who	ole Blood					

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Treadmill Test ECG

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		TE	EST REPORT		
Reg. No.	:407100503 <b>R</b>	Reg. Date : 17-Jul-2024 (	09:33 <b>Ref.No</b> :	Approved On	: 17-Jul-2024 12:30
Name	: Mr. PATHAN R	AHILKHAN RASHIDKHA	AN .	Collected On	: 17-Jul-2024 10:10
Age	: 32 Years	Gender: Male	Pass. No. :	Dispatch At	:
Ref. By	: APOLLO			Tele No.	:
Location	:				

Test Name	Results	Units	Bio. Ref. Interval
	<u>FASTING PLASM</u> Specimen: Fluor		
Fasting Plasma Glucose	103.03	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126

#### Flouride Plasma

Criteria for the diagnosis of diabetes:

1. HbA1c >/= 6.5 \*

Or

Or

2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

3. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence 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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		TE	EST REPORT		
Reg. No.	: 407100503 R	eg. Date: 17-Jul-2024	09:33 Ref.No :	Approved On	: 17-Jul-2024 15:38
Name	: Mr. PATHAN RA	AHILKHAN RASHIDKHA	AN	Collected On	: 17-Jul-2024 14:41
Age	: 32 Years	Gender: Male	Pass. No. :	Dispatch At	:
Ref. By	: APOLLO			Tele No.	:
Location	:				

Test Name	Results	Units	Bio. Ref. Interval
	POST PRANDIAL PL Specimen: Fluo		
Post Prandial Plasma Glucose	L 135.72	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200

Flouride Plasma

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		1 6			
Reg. No.	: 407100503 <b>R</b>	eg. Date: 17-Jul-2024	09:33 Ref.No :	Approved On	: 17-Jul-2024 12:32
Name	: Mr. PATHAN R	AHILKHAN RASHIDKH/	AN	Collected On	: 17-Jul-2024 10:10
Age	: 32 Years	Gender: Male	Pass. No. :	Dispatch At	:
Ref. By	: APOLLO			Tele No.	:
Location	:				

TECT DEDODT

Test Name	Results	Units	Bio. Ref. Interval		
SGPT	38.20	U/L	<41		
BUN/CREATININE RATIO					
Urea	31.0	mg/dL	17 - 43		
Blood Urea Nitrogen (BUN)	14.5	mg/dL	8.9 - 20.6		
Creatinine	0.94	mg/dL	0.67 - 1.5		
BUN/Creatinine Ratio	15.43		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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### **TEST REPORT**

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Name	: Mr. PATHAN R	AHILKHAN RASHIDKHA	AN .	Collected On	: 17-Jul-2024 10:10
Age	: 32 Years	Gender: Male	Pass. No. :	Dispatch At	:
Ref. By	: APOLLO			Tele No.	:
Location	:				

Test Name	Results	Units	Bio. Ref. Interval	
SERUM BILIRUBIN ESTIMATION Specimen: Serum				
TOTAL BILIRUBIN	0.64	mg/dL	0.1 - 1.2	
DIRECT BILIRUBIN	0.16	mg/dL	<0.2	
INDIRECT BILIRUBIN	0.48	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 REPORT						
Reg. No.	: 407100503 Reg. Date : 17-Jul-2024 09:33 Ref.No :	Approved On : 17-Jul-2024 12:29					
Name	: Mr. PATHAN RAHILKHAN RASHIDKHAN	Collected On : 17-Jul-2024 10:10					
Age	: 32 Years Gender: Male Pass. No. :	Dispatch At :					
Ref. By	: APOLLO	Tele No.					
Location	:						

Test Name	Results	Units	Bio. Ref. Interval		
URINE ROUTINE EXAMINATION					
Physical Examination					
Colour	Yellow				
Clarity	Clear				
CHEMICAL EXAMINATION (by strip	test)				
рН	6.0		4.6 - 8.0		
Sp. Gravity	1.030		1.002 - 1.030		
Protein	Absent		Absent		
Glucose	Absent		Absent		
Ketone	Abs <mark>ent</mark>		Absent		
Bilirubin	Absent		Nil		
Nitrite	A <mark>bsent</mark>		Nil		
Leucocytes	Nil		Nil		
Blood	Nil		Absent		
MICROSCOPIC EXAMINATION					
Leucocytes (Pus Cells)	2 <mark>-3</mark>		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	A <mark>bse</mark> nt		Absent		
Urine					

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

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RADIOLOGY HEALTH CHECK UP PATHLOGY CARDIO DIAGNOSTIC

## MER- MEDICAL EXAMINATION REPORT

Date of Examination	17-07-20211	
NAME	17-07-2024 Pathan Rahu Khan	Rachid Khan
AGE 32413.	Gender	MALE
HEIGHT(cm) 179 CM	WEIGHT (kg)	103 kgs.
BMI	32.1	73.
B.P.	132/82	ter for the solution of the
ECG	Normal	
X Ray	Normal	
Present Ailments	NA	
Details of Past ailments (If Any)	NA	
Comments / Advice : She /He is Physically Fit	Physically fit.	
Eye checkup	- 6/6	
Colour Vision		
	Mr	and the second second

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

Signature with Stamp of Medical Examiner

www.conceptdiagnostic.com Ø dir.cdh@gmail.com

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  - Full Body Health Checkup
- Nutrition Consultation Audiometry

# RADIOLOGY B HEALTH CHECK UP B PATHLOGY CARDIO DIAGNOSTIC

NAME :	RAHIL KHAN PATHAN	AGE/SEX:	32Y/M
REF. BY:	HEALTH CHECK UP	DATE :	17-Jul-24

## **X-RAY CHEST - PA VIEW**

- Both lung fields are clear.
- Þ No evidence of consolidation or Koch's lesion seen.
- Both CP angles are clear.  $\triangleright$
- Heart size is within normal limit. P
- Both dome of diaphragm appear normal. Þ
- Bony thorax under vision appears normal.  $\triangleright$

Dr. TELAS PATEL DNB RADIODIAGNOSIS

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

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