TEST REPORT

Reg. No.	: 408100051 **Reg. Date** : 03-Aug-2024 08:30 **Ref.No** :	**Approved On**	: 03-Aug-2024 11:22
Name	: Mr. JOSHI RAJ PIYUSH	**Collected On**	: 03-Aug-2024 09:34
Age	: 20 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)	L	**11.8**	g/dL	13.0 - 17.0
RBC Count(Ele.Impedence)	L	**3.64**	X 10^12/L	4.5 - 5.5
Hematocrit (calculated)	L	**32.7**	%	40 - 50
MCV (Calculated)		89.8	fL	83 - 101
MCH (Calculated)	H	**32.4**	pg	27 - 32
MCHC (Calculated)	H	**36.1**	g/dL	31.5 - 34.5
RDW-SD(calculated)	H	**52.70**	fL	36 - 46
Total WBC count		7200	/µL	4000 - 10000

DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutrophils	63	38 - 70	4536	/cmm	1800 - 7700
Lymphocytes	27	21 - 49	1944	/cmm	1000 - 3900
Eosinophils	03	0 - 7	216	/cmm	20 - 500
Monocytes	07	3 - 11	504	/cmm	200 - 800
Basophils	00	0 - 1	0	/cmm	0 - 100

NLR (Neutrophil: Lymphocyte Ratio)	2.33	Ratio	1.1 - 3.5
Platelet Count (Ele.Impedence)	217000	/cmm	150000 - 410000
PCT	0.18	ng/mL	< 0.5
MPV	8.20	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.

Approved by: **Dr. Keyur Patel**
M.B.B.S,D.C.P(Patho)
G- 22475

Generated On : 03-Aug-2024 14:40

Approved On: 03-Aug-2024 11:22

For Appointment : 7567 000 750
www.conceptdiagnostics.com
conceptdiaghealthcare@gmail.com
1st Floor, Sahajand Palace, Near Gopi Restaurant, Anandnagar Cross Road, Prahladnagar, Ahmedabad-15.

Unipath SPECIALITY LABORATORY Ltd. PRAHLADNAGAR BRANCH

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ESR	06	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs: <30

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Age	: 20 Years	**Gender:** Male	**Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO			**Tele No.**	:
Location	:				

Test Name	Results	Units	Bio. Ref. Interval
BLOODGROUP & RH			
Specimen: EDTA and Serum; Method: Gel card system			
Blood Group "ABO" *Agglutination*	"O"		
Blood Group "Rh" *Agglutination*	Positive		
EDTA Whole Blood			

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Age	: 20 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
FASTING PLASMA GLUCOSE			
Specimen: Fluoride plasma			
Fasting Plasma Glucose *Hexokinase*	83.87	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 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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Name	: Mr. JOSHI RAJ PIYUSH	**Collected On**	: 03-Aug-2024 11:29
Age	: 20 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 *Hexokinase*	L **109.23**	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

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Age	: 20 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.99	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	4.80	U/L	<41

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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Age	: 20 Years **Gender:** Male **Pass. No. :**	**Dispatch At**	:
Ref. By	: APOLLO	**Tele No.**	:
Location	:		

Test Name	Results	Units	Bio. Ref. Interval
BLOOD UREA NITROGEN			
Urea	31.5	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) *Calculated*	14.7	mg/dL	8.9 - 20.6
Serum			

Useful screening test for evaluation of kidney function.

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Location	:		

Test Name	Results	Units	Bio. Ref. Interval
SERUM BILIRUBIN ESTIMATION			
Specimen: Serum			
TOTAL BILIRUBIN	0.99	mg/dL	0.1 - 1.2
DIRECT BILIRUBIN	0.45	mg/dL	<0.2
INDIRECT BILIRUBIN	0.54	mg/dL	0.0 - 1.00
Calculated			
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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Ref. By	: APOLLO			**Tele No.**	:
Location	:				

Test Name	Results	Units	Bio. Ref. Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Colour	**Dark Yellow**		
Clarity	Clear		
CHEMICAL EXAMINATION (by strip test)			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.030		1.002 - 1.030
Protein	Present(Trace)		Absent
Glucose	Absent		Absent
Ketone	Absent		Absent
Bilirubin	Absent		Nil
Nitrite	Absent		Nil
Leucocytes	Nil		Nil
Blood	Nil		Absent
MICROSCOPIC EXAMINATION			
Leucocytes (Pus Cells)	12-14		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	03-08-2024		
NAME	JOSHI RAJ PIYUSH		
AGE	20	Gender	MALE
HEIGHT(cm)	176	WEIGHT (kg)	68
B.P.	124/75/68		
BMI	22		
ECG	REPORT ATTACHED		
X Ray	REPORT ATTACHED		
Vision Checkup	Color Vision : NORMAL Far Vision Ratio : 6/6 Near Vision Ratio : 6/6		
Present Ailments	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

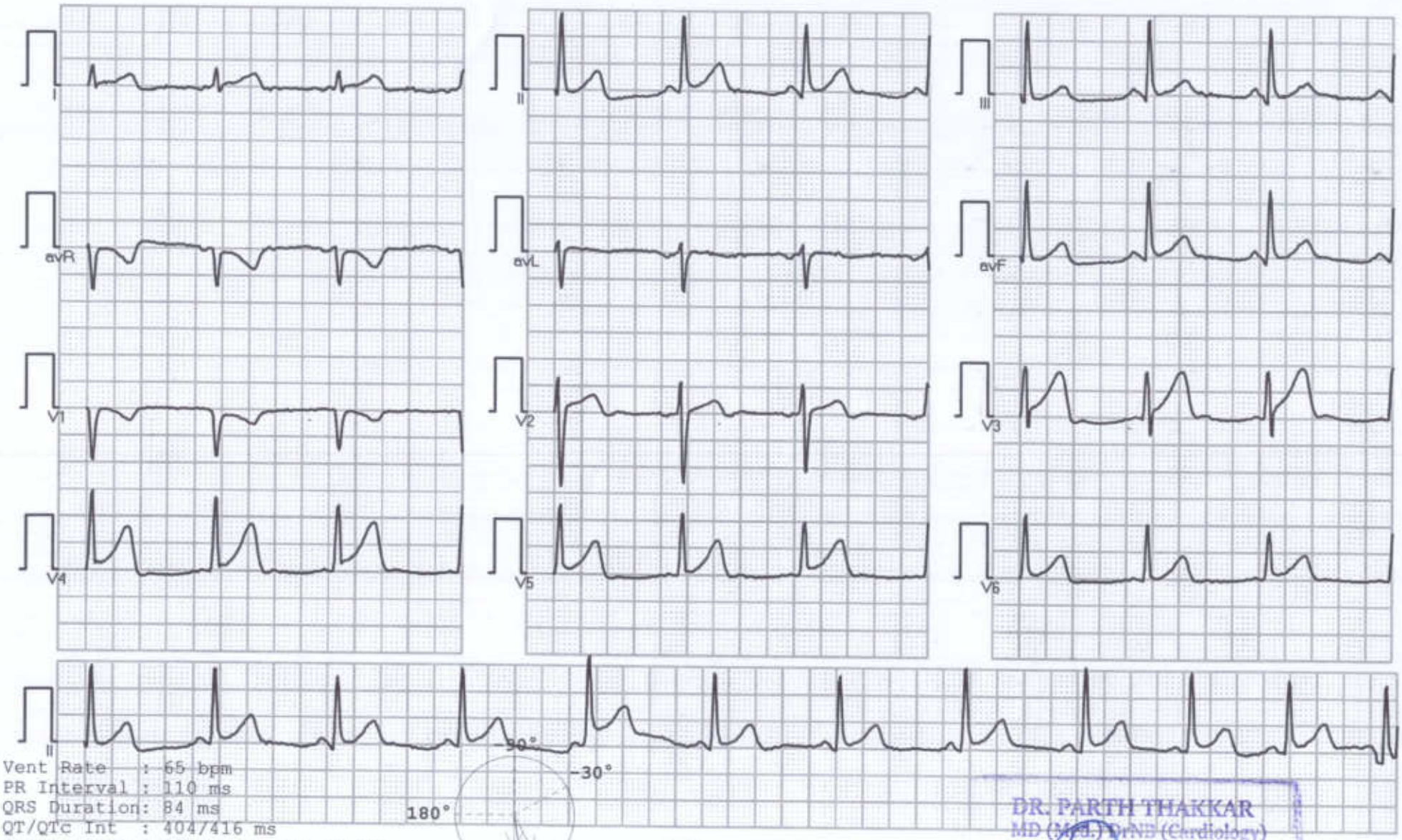
Signature with Stamp of Medical Examiner

CONCEPT DIAGNOSTIC

ECG

2692 / JOSHI RAJ PIYUSH / 30 Yrs / M / 176Cms. / 68Kgs./ Non Smoker

Heart Rate : 65 bpm / Tested On : 03-Aug-24 12:43:14 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s



Vent Rate : 65 bpm
PR Interval : 110 ms
QRS Duration: 84 ms
QT/QTc Int : 404/416 ms
P-QRS-T axis: 90.00• 81.00• 63.00•

Axis
90° R 81.00° T 63.00° P 90.00°

DR. PARTH THAKKAR
MD (Med.) DrNB (Cardiology)
Interventional cardiologist
G - 32[illegible]

Reported By:DR PARTH THAKKAR

NAME :	RAJ JOSHI	AGE/SEX:	20 Y/M
REF. BY:	HEALTH CHECK UP	DATE :	3-Aug-24

X-RAY CHEST - PA VIEW

- **Patchy reticulonodular opacity in bilateral upper and mid zones (R>L) with pulled up bilateral hila – s/o Infective etiology – p/o Acute on chronic Tuberculosis.**
- 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
Diplomate N. B.
G-33659

Dr. TEJAS PATEL
DNB RADIODIAGNOSIS