


**TEST REPORT**

<b>Reg. No :</b> 2411100318	<b>UHID :</b> UHID28083	<b>Reg. Date :</b> 20-Nov-2024
<b>Name :</b> SAGAR BHARAT KARWA		<b>Collected On :</b> 20-Nov-2024 08:52
<b>Age/Sex :</b> 24 Years / Male		<b>Report Date :</b> 20-Nov-2024
<b>Ref. By :</b> MEDIWHEEL		

Parameter	Result	Unit	Reference Interval
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**COMPLETE BLOOD COUNT (CBC)**

Hemoglobin (SLS method)	11.8	g/dL	13.0 - 17.0
Hematocrit (Electrical Impedance)	36.9	%	40 - 54
RBC Count (Electrical Impedance)	5.13	million/cmm	4.5 - 5.5
WBC Count (Flowcytometry)	6360	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	224000	/cmm	150000 - 410000
MCV (Calculated)	72.0	fL	83 - 101
MCH (Calculated)	23.0	Pg	27 - 32
MCHC (Calculated)	32.0	%	31.5 - 34.5
RDW (Calculated)	15.3	%	11.5 - 14.5

**DIFFERENTIAL WBC COUNT**

Neutrophils (%)	82	%	38 - 70
Lymphocytes (%)	30	%	20 - 45
Monocytes (%)	05	%	2 - 8
Eosinophils (%)	03	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	3943	/cmm	1800 - 7700
Lymphocytes (Absolute)	1908	/cmm	1000 - 3900
Monocytes (Absolute)	318	/cmm	200 - 800
Eosinophils (Absolute)	191	/cmm	20 - 500
Basophils (Absolute)	0	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	2.08	/cmm	0.7 - 4.0

**PERIPHERAL SMEAR EXAMINATION**

RBC Morphology	<b>RBCs are Hypochromic and Microcytic.</b>
WBC Morphology	Total WBC and differential count is within normal.
Platelets	Platelets are adequate with normal morphology.
Parasites	Malarial parasite is not detected.


**ERYTHROCYTE SEDIMENTATION RATE**


ESR (After 1 hour)	10	mm/hr	0 - 14
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----- End Of Report -----

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 Dr. Yesha H. Shah  
 (MD.Pathology)

  
 Mr. Akshay Parmar  
 M.Sc(Biochemistry)


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<b>LIVER FUNCTION TEST</b>			
SGPT <i>Optimized UV-IFCC</i>	11.0	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	13.2	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.68	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.20	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.48	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	58.0	U/L	53 - 128
Total Protein	6.21	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.60	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.61	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.38		0.8 - 2.0
GGT	36	U/L	1 - 55

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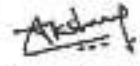
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Creatinine <small>Enzymatic, JCMS, Traceable</small>	0.85	mg/dL	0.7 - 1.3
Urea <small>Urease-GLO, Enzymatic UV</small>	22.0	mg/dL	19.0 - 45.0
Uric Acid <small>Enzymatic using TBHA</small>	3.62	mg/dL	3.5 - 7.2

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Reg. No : 2411100318      UHID : UHID29083      Reg. Date : 20-Nov-2024  
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**BLOOD GROUP & RH**

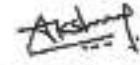
SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION

ABO	'B'
Rh (D)	Positive

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**FASTING BLOOD SUGAR**  
SPECIMEN: FLUORIDE PLASMA/ SERUM**FBS**

Fasting Blood Sugar (FBS)	86.2	mg/dL	70 - 110
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Glucose Oxidase-Peroxidase

Criteria for the diagnosis of diabetes<sup>1</sup>. HbA1c  $\geq$  6.5<sup>\*</sup>

Or

2. Fasting plasma glucose  $\geq$ 126 mg/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

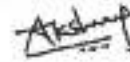
Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  200 mg/dL.<sup>\*</sup>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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**HEMOGLOBIN A1C ESTIMATION**

Specimen: Blood EDTA

Hb A1C <small>HPLC, NGSP Certified</small>	5.2	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
Mean Blood Glucose <small>Calculated</small>	102.54	mg/dL	

**Criteria for the diagnosis of diabetes:**

- HbA1c  $\geq$  6.5 %Or
  - Fasting plasma glucose  $\geq$ 126 mg/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
  - Two hour plasma glucose  $\geq$  200mg/dL. during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucosedissolved in water.Or
  - In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  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.


**Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:**

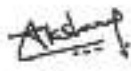
- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control( also called glyemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glyemic control than blood glucose 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.- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD ) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

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**LIPID PROFILE**


Cholesterol <i>CHOD-PAP method</i>	143	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic with GPO method</i>	60.8	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <i>Calculated</i>	12.16	mg/dL	15 - 35
LDL CHOLESTEROL	95.84	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <i>Magnetic Cholesterol Oxidase</i>	35.0	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <i>Calculated</i>	4.09		0 - 5.0
LDL / HDL RATIO <i>Calculated</i>	2.74		0 - 3.5
Total Lipids <i>Calculated</i>	367.60		400 - 1000

- Pre-analytical requirements for given tests are -Fasting status anywhere between 10-12 hours before collection. Avoid alcohol beverages before lipid panel - minimum 24 hrs.
- Lipid profile results can be erroneous if pre-analytical requirements are not met properly.
- Any medical decision based on test results is to be taken with 2 or more consecutive results suggesting pattern.
- Please note that any lipid lowering drug may interfere in results estimation.
- Sudden commencement or sudden withdrawal of Lipid lowering drug will interfere with test result.

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**THYROID FUNCTION TEST**

T3 (Triiodothyronine) <small>CMA</small>	0.66	ng/mL	0.6 - 1.81
T4 (Thyroxine) <small>CMA</small>	5.41	µg/dL	4.5 - 12.5
TSH <small>ELFA-Enzyme Linked Fluorescent Assay</small>	2.690	µIU/ml	0.35 - 4.94

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

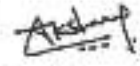
Reference : Carl A. Buffis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, 5th Edition.

Philadelphia: WB Saunders, 2012:2173

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DHS Properties and Hospitals LLP | CIN : AAA-7816







<b>Patient Name</b>	<b>SAGAR B KARWA</b>	<b>Patient ID</b>	<b>UHID28083</b>
<b>Age/Gender</b>	<b>24 Years / M</b>	<b>Study Date</b>	<b>20-Nov-2024</b>
<b>Referred By</b>		<b>Reported Date</b>	<b>20-Nov-2024</b>

**X – RAY CHEST PA VIEW:**

Both lung fields under vision appear normal.  
Cardiac size appears normal.  
Both costophrenic angles are clear.  
Hilar regions are normal.  
Both domes appear normal in position.  
Bony thorax under vision appears normal.



Dr. Sunny Shrivani  
MD Radiology REG-33548

Date Reported: 20-Nov-2024

This Report is done and digitally signed via Tele Radiology Done at Radiscan Diagnostic Ahmedabad. For any clinical discrepancy, please discuss with the Radiologist. This report is not valid for any medico-legal purposes



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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. Sagar Bharat Karwa aged, 24yr. Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: Ahmedabad

Date: 20/11/2024

*Dr. Aitesh Kumar*  
MBBS  
RCMR 47093

Name & Signature of

Medical officer