SPECTRUM
DIAGNOSTICS & HEALTH CARE

## CERTIFICATE OF MEDICAL FITNESS

NAME: Mr. Manjunatha D J

AGE/ GENDER: 34yrs / m

HEIGHT: 169 cms WEIGHT: 70 kgs

IDENTIFICATION MARK: —

BLOOD PRESSURE: 140/90 mmHg

PULSE: 104/min

CVS: Normal.

RS:P

ANY OTHER DISEASE DIAGNOSED IN THE PAST: Nill

ALLERGIES, IF ANY: Nil.

LIST OF PRESCRIBED MEDICINES: Nil

ANY OTHER REMARKS: NO.

I Certify that I have carefully examined Mr/Mrs. Manjunatha D.J son/daughter of Ms S/o Jaya Ramaiah who has signed in my presence. He/ she has no physical disease and is fit for employment.

Signature of candidate

Dr. BINDURAJ. R
MBBS, MD
Reg. No. 62306

Signature of Medical Officer

Place: Spectrum Diagnostics & health care

Date: 09/11/24

***Disclaimer: The patient has not been checked for COVID. This certificate does not relate to the covid status of the patient examined***

SPECTRUM
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Dr.Ashok S
Bsc.,MBBS., D.O.M.S
Consultant Opthalmologist
KMC No: 31827

DATE: 09-11-24

## EYE EXAMINATION

NAME: Ms. Manjunatha D.J. AGE: 34 Yrs GENDER : F / M

| | RIGHT EYE | LEFT EYE |
|---|---|---|
| Vision | 6/6 p NO | 6/6 p NO |
| Vision With glass | | |
| Color Vision | Normal | Normal |
| Anterior segment examination | Normal | Normal |
| Fundus Examination | Normal | Normal |
| Any other abnormality | Nill | Nill |
| Diagnosis/ impression | Normal | Normal |

Dr. ASHOK SARODHE
B.Sc., M.B.B.S., D.O.M.S.
Eye Consultant & Surgeon
KMC-31827

Consultant (Opthalmologist)

SPECTRUM
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| NAME | AGE | GENDER |
|---|---|---|
| MR. MANJUNATH.D.J. | 34 yrs | Male. |

# DENTAL EXAMINATION REPORT:

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

**C: CAVITY** → none.

**M: MISSING** → none.

**O: OTHERS**

**ADVISED:**

**CLEANING / SCALING / ROOTS PLANNING / FLOSSING & POLISHING / OTHERS**

**REMARKS:**

09/11/24.

**SIGNATURE OF THE DENTAL SURGEON**

**SEAL**

**DATE**

Dr. SACHDEV NAGARKAR
B.D.S., F.A.G.E., F.P.F.A. (USA)
Reg. No : 2247/A

ID: 0056
MANJUNATHA D J
Male 34Years

09-11-2024 11:50:39

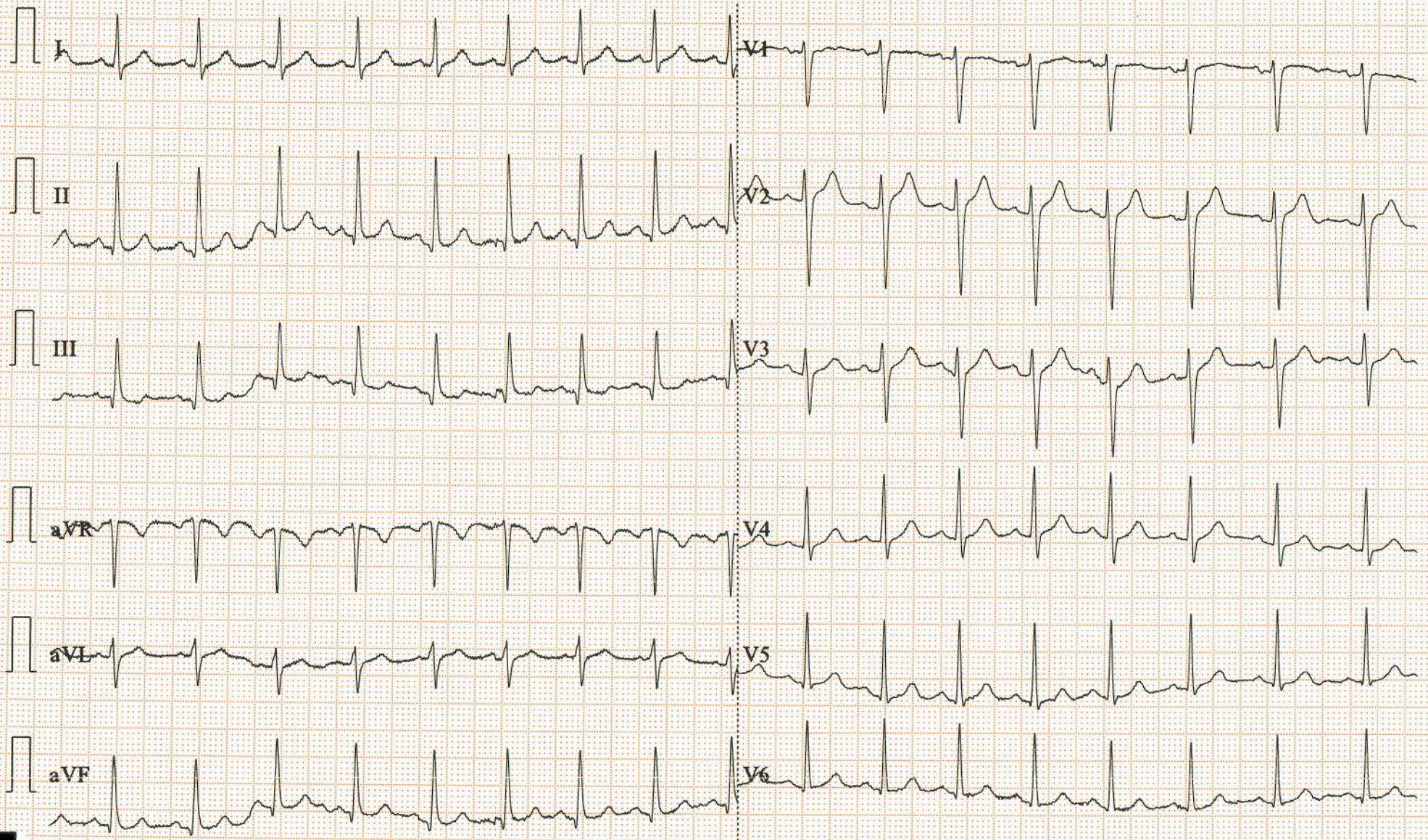
For BPL

| | | | |
|---|---|---|---|
| HR | : 106 | bpm | |
| P | : 101 | ms | |
| PR | : 141 | ms | |
| QRS | : 94 | ms | |
| QT/QTc | : 323/430 | ms | |
| P/QRS/T | : 55/69/47 | ° | |
| RV5/SV1 | : 1.292/1.066 | mV | |

Diagnosis Information:
Sinus Tachycardia

SPECTRUM DIAGNOSTICS AND HEALTH CARE BENGALURU

Report Confirmed by:



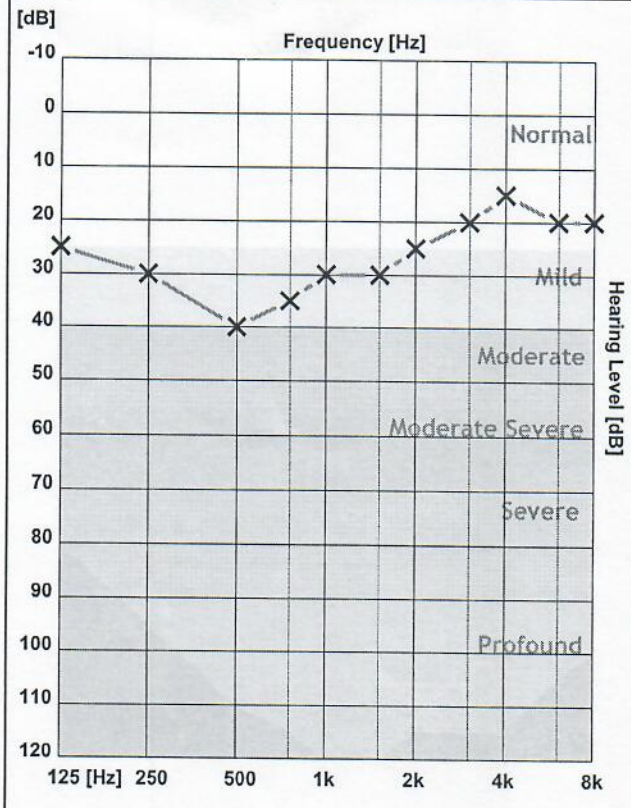

0.15~35Hz AC50 25mm/s 10mm/mV 2*5.0s ♥106 V2.2 SEMIP V1.81 SPECTRUM DIAGNOSTICS & HEALTH CARE

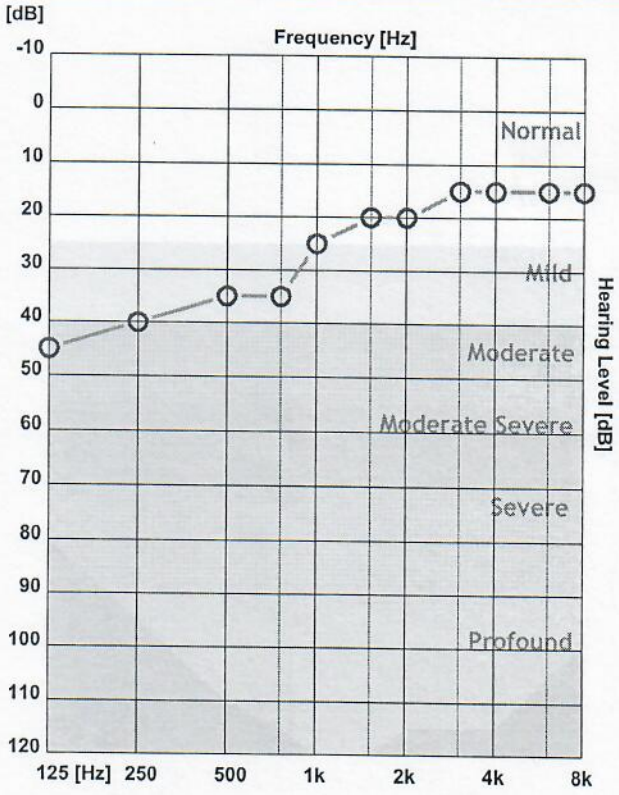
# SPECTRUM DIAGNOSTCIS

Bangalore

Patient ID : 0045
Name : MANJUNATH D J
CR Number : 20241109104134
Registration Date : 09-Nov-2024

Age : 34
Gender : Male
Operator : spectrum diagnostics




| | 125 Hz | 250 Hz | 500 Hz | 750 Hz | 1000 Hz | 1500 Hz | 2000 Hz | 3000 Hz | 4000 Hz | 6000 Hz | 8000 Hz |
|---|---|---|---|---|---|---|---|---|---|---|---|
| X - Air Left | 25 | 30 | 40 | 35 | 30 | 30 | 25 | 20 | 15 | 20 | 20 |
| O - Air Right | 45 | 40 | 35 | 35 | 25 | 20 | 20 | 15 | 15 | 15 | 15 |
| > - Bone Left | | | | | | | | | | | |
| < - Bone Right | | | | | | | | | | | |

| | Average | High | Mid | Low |
|---|---|---|---|---|
| AIR Left | 26.36 dB | 18.75 dB | 28.33 dB | 32.50 dB |
| AIR Right | 25.45 dB | 15.00 dB | 21.67 dB | 38.75 dB |

**Clinical Notes :**

RIGHT EAR=NORMAL
LEFT EAR= NORMAL

SPECTRUM DIAGNOSTICS AND HEALTH CARE BENGALURU

SPECTRUM
DIAGNOSTICS & HEALTH CARE

MC-5722

| | | | | | |
|---|---|---|---|---|---|
| **Name** | : MR. MANJUNATHA D J | | | **Bill Date** | : 09-Nov-2024 09:34 AM |
| **Age / Gender** | : 34 years / Male | **UHID** | : 0911240056 | **Sample Col. Date** | : 09-Nov-2024 09:34 AM |
| **Ref. By Dr.** | : C/O APOLO CLINIC | 0911240056 | | **Result Date** | : 09-Nov-2024 12:50 PM |
| **Reg. No.** | : 0911240056 | | | **Report Status** | : Final |
| **C/o** | : APOLLO CLINIC | | | | |

| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|

## *CHEST PA VIEW*

- Visualised lungs are clear.
- Bilateral hila appears normal.
- Cardia is normal in size.
- No pleural effusion.

**IMPRESSION: No significant abnormality.**

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Printed On : 09 Nov, 2024 04:33 pm

Dr.Raghu R Patil,MBBS,DMRD,DNB,Chief Consultant Radiologist



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SCAN FOR LOCATION

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| **Ref. By Dr.** | : C/O APOLO CLINIC | 0911240056 | | **Result Date** | : 09-Nov-2024 01:26 PM |
| **Reg. No.** | : 0911240056 | | | **Report Status** | : Final |
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| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|

**2D ECHO**

## 2D ECHO CARDIOGRAHIC STUDY M-MODE

| Cardiograhic Study | Size | |
|---|---|---|
| Aorta | 28 | mm |
| Left Atrium | 33 | mm |
| Right Ventricle | 28 | mm |
| Left ventricle (Diastole) | 45 | mm |
| Left ventricle(Systole) | 29 | mm |
| Ventricular Septum (Diastole) | 09 | mm |
| Ventricular septum (Systole) | 10 | mm |
| Posterior Wall (Diastole) | 09 | mm |
| Posterior Wall (Systole) | 11 | mm |
| Fractional Shortening | 30 | % |
| Ejection fraction | 60 | % |

## DOPPLER /COLOUR FLOW

| | | | |
|---|---|---|---|
| Mitral Valve Velocity | MVE- 0.52m/s | MVA – 0.59m/s | E/A-0.89 |
| Tissue Doppler | e' ( Septal) 10cm/s | E/e'(Septal) -5 | |
| Velocity/ Gradient across the Pulmonic valve | | 1.13m/s | 5mmHg |
| Max. Velocity / Gradient across the Aortic valve | | 1.19m/s | 4mmHg |
| Velocity / Gradient across the Tricuspid valve | | 1.87 m/s | 19mmHg |



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## 2DECHO Cardiographic Study

- **SITUS SOLITUS, LEVOCARDIA**
- **SYSTEMIC VEINS**: Normal drainage. IVC-1.2>50% collapse with inspiration.
- **PULMONARY VEINS:** Normal drainage.
- **RIGHT ATRIUM:** Normal size, LEFT ATRIUM: Normal size.
- **RIGHT VENTRICLE:** Normal size & Adequate function.
- **LEFT VENTRICLE:** Normal size; No RWMA; LV Systolic function adequate.
- **IAS:** INTACT; **IVS:** INTACT.
- **MITRAL VALVE :** No stenosis; No regurgitation
- **TRICUSPID VALVE:** No stenosis; No regurgitation
- **AORTIC VALVE :** No stenosis; No regurgitation
- **PULMONIC VALVE:** No stenosis; No regurgitation
- **GREAT ARTERIES:** Normally related.
- **AORTA:** Left aortic arch. No aortic dissection
- **PULMONARY ARTERY :** Confluent branch pulmonary arteries
- **NO PDA.**
- **No pericardial effusion.**

**IMPRESSION:**

- **ADEQUATE LEFT VENTRICLE SYSTOLIC FUNCTION**
- **NO REGIONAL WALL MOTION ABNORMALITY**
- **LEFT VENTRICLE DIASTOLIC DYSFUNCTION -GRADE I**
- **ADEQUATE RIGHT VENTRICLE SYSTOLIC FUNCTION**
- **NO PAH**

Printed By : Durga
Printed On : 09 Nov, 2024 01:26 pm

Ms.Durga V., ECHO Technician



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SPECTRUM
DIAGNOSTICS & HEALTH CARE

| | | |
|---|---|---|
| NAME AND LAB NO | MR MANJUNATH D J | REG-0056 |
| AGE & SEX | 34 YRS | MALE |
| DATE AND AREA OF INTEREST | 09.11.2024 | |
| REF BY | C/O APOLO CLINIC | |

## USG ABDOMEN AND PELVIS

**LIVER:** **Measures 16.0cm ,Mildly enlarged in size with increased echogenicity**
No e/o IHBR dilatation. No evidence of focal lesion.
Portal vein appears normal. CBD appears normal.

**GALL BLADDER:** **Well distended and shows multiple calculi largest measuring 5.0 mm . Wall appears normal.**

**SPLEEN:** **Measures 13.7 cm , enlarged in size. No e/o focal lesion.**

**PANCREAS:** Head and body appears normal . Tail obscured by bowel gas shadows .

**RETROPERITONEUM:** Suboptimal visualised due to bowel gas

**RIGHT KIDNEY:** Right kidney is normal in size & echotexture.
No evidence of calculus/ hydronephrosis.
No solid lesions.

**LEFT KIDNEY:** Left kidney is normal in size & echotexture.
No evidence of calculus/ hydronephrosis.
No solid lesions.

**URINARY BLADDER:** Well distended. No wall thickening/ calculi.

**PROSTATE:** Normal in size and echotexture.

- ***No evidence of ascites.***

**IMPRESSION:**

- ***Mild hepatomegaly with grade I fatty changes***
- ***Mild Splenomegaly***
- ***Cholelithiasis .No signs of cholecystitis***

  - ***Suggested clinical correlation .***

**DR PRAVEEN B , DMRD , DNB**
**CONSULTANT RADIOLOGIST**

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| **C/o** | : APOLLO CLINIC | | | | |

| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Complete Haemogram-Whole Blood EDTA** | | | | |
| **Haemoglobin (HB)** | **17.10** | g/dL | Male: 14.0 - 17.0 | Spectrophotmeter |
| **Red Blood Cell (RBC)** | 5.48 | million/cumm | 3.50 - 5.50 | Volumetric Impedance |
| **Packed Cell Volume (PCV)** | 48.50 | % | Male: 42.0 - 51.0 | Electronic Pulse |
| **Mean corpuscular volume (MCV)** | 88.60 | fL | 78.0- 94.0 | Calculated |
| **Mean corpuscular hemoglobin (MCH)** | 31.20 | pg | 27.50-32.20 | Calculated |
| **Mean corpuscular hemoglobin concentration (MCHC)** | 35.20 | % | 33.00-35.50 | Calculated |
| **Red Blood Cell Distribution Width SD (RDW-SD)** | **39.20** | fL | 40.0-55.0 | Volumetric Impedance |
| **Red Blood Cell Distribution CV (RDW-CV)** | 14.50 | % | Male: 11.80 - 14.50 | Volumetric Impedance |
| **Mean Platelet Volume (MPV)** | 9.20 | fL | 8.0-15.0 | Volumetric Impedance |
| **Platelet** | 2.27 | lakh/cumm | 1.50-4.50 | Volumetric Impedance |
| **Platelet Distribution Width (PDW)** | 9.50 | % | 8.30 - 56.60 | Volumetric Impedance |
| **White Blood cell Count (WBC)** | 7560 | cells/cumm | Male: 4000.0 - 11000.0 | Volumetric Impedance |
| **Neutrophils** | 61.10 | % | 40.0-75.0 | Light scattering/Manual |
| **Lymphocytes** | 32.40 | % | 20.0-45.0 | Light scattering/Manual |
| **Eosinophils** | 3.30 | % | 0.0-8.0 | Light scattering/Manual |
| **Monocytes** | 3.10 | % | 0.0-10.0 | Light scattering/Manual |
| **Basophils** | 0.10 | % | 0.0-1.0 | Light scattering/Manual |
| **Absolute Neutrophil Count** | 4.62 | 10^3/uL | 2.0- 7.0 | Calculated |



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| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Absolute Lymphocyte Count** | 2.45 | 10^3/uL | 1.0-3.0 | Calculated |
| **Absolute Monocyte Count** | 0.23 | 10^3/uL | 0.20-1.00 | Calculated |
| **Absolute Eosinophil Count** | 250.00 | cells/cumm | 40-440 | Calculated |
| **Absolute Basophil Count** | 0.01 | 10^3/uL | 0.0-0.10 | Calculated |
| **Erythrocyte Sedimentation Rate (ESR)** | 10 | mm/hr | Male: 0.0 - 10.0 | Westergren |

## Peripheral Smear Examination-Whole Blood EDTA

Method : (Microscopy-Manual)

RBC'S : Normocytic Normochromic.
WBC'S : Are normal in total number, morphology and distribution.
Platelets : Adequate in number and normal in morphology.
No abnormal cells or hemoparasites are present.
Impression : Normocytic Normochromic Blood Picture.

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| **C/o** | : APOLLO CLINIC | | | | |

| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Blood Group & Rh Typing-Whole Blood EDTA** | | | | |
| **Blood Group** | B | | | Slide/Tube agglutination |
| **Rh Type** | Positive | | | Slide/Tube agglutination |

Note: Confirm by tube or gel method.

Comments: ABO blood group system, the classification of human blood based on the inherited properties of red blood cells (erythrocytes) as determined by the presence or absence of the antigens A and B, which are carried on the surface of the red cells. Persons may thus have type A, type B, type O, or type AB blood.

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Dr. Nithun Reddy C,MD,Consultant Pathologist



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| **Ref. By Dr.** | : C/O APOLO CLINIC | 0911240056 | | **Result Date** | : 09-Nov-2024 12:46 PM |
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| **C/o** | : APOLLO CLINIC | | | | |

| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Urine Routine Examination-Urine** | | | | |
| **Physical Examination** | | | | |
| **Colour** | Pale Yellow | | Pale Yellow | Visual |
| **Appearance** | Slightly Turbid | | Clear | Visual |
| **Reaction (pH)** | 5.5 | | 5.0-7.5 | Dipstick |
| **Specific Gravity** | 1.015 | | 1.000-1.030 | Dipstick |
| **Biochemical Examination** | | | | |
| **Albumin** | Positive (++) | | Negative | Dipstick/Precipitation |
| **Glucose** | Negative | | Negative | Dipstick/Benedicts |
| **Bilirubin** | Negative | | Negative | Dipstick/Fouchets |
| **Ketone Bodies** | Negative | | Negative | Dipstick/Rotheras |
| **Urobilinogen** | Normal | | Normal | Dipstick/Ehrlichs |
| **Nitrite** | Negative | | Negative | Dipstick |
| **Microscopic Examination** | | | | |
| **Pus Cells** | 4-6 | hpf | 0.0-5.0 | Microscopy |
| **Epithelial Cells** | 2-3 | hpf | 0.0-10.0 | Microscopy |
| **RBCs** | Absent | hpf | Absent | Microscopy |
| **Casts** | Absent | | Absent | Microscopy |
| **Crystals** | Absent | | Absent | Microscopy |
| **Others** | Bacteria Present | | Absent | Microscopy |

**Comments:** The kidneys help infiltration of the blood by eliminating waste out of the body through urine.They also regulate water in the body by conserving electrolytes, proteins, and other compounds. But due to some conditions and abnormalities in kidney function, the urine may encompass some abnormal constituents, which are not normally present.A complete urine examination helps in detecting such abnormal constituents in urine. Several disorders can be detected byidentifying and measuring the levels of such substances. Blood cells, bilirubin, bacteria, pus cells, epithelial cells may be present in urine due to kidney disease or infection. Routine urine examination helps to diagnose kidney diseases, urinary tract infections, diabetes and other metabolic disorders.

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Printed On : 09 Nov, 2024 04:33 pm

Dr. Nithun Reddy C,MD,Consultant Pathologist



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| **Reg. No.** | : 0911240056 | | | **Report Status** | : Final |
| **C/o** | : APOLLO CLINIC | | | | |

| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **LFT-Liver Function Test -Serum** | | | | |
| **Bilirubin Total-Serum** | 1.08 | mg/dL | 0.2-1.0 | Caffeine Benzoate Diazotised Sulphanilic Acid |
| **Bilirubin Direct-Serum** | 0.24 | mg/dL | 0.0-0.2 | Direct Measure |
| **Bilirubin Indirect-Serum** | 0.84 | mg/dL | 0.0-1.10 | |
| **Aspartate Aminotransferase (AST/SGOT)-Serum** | 78.00 | U/L | 15.0-37.0 | UV with Pyridoxal - 5 - Phosphate |
| **Alanine Aminotransferase (ALT/SGPT)-Serum** | 73.00 | U/L | Male:16.0-63.0<br>Female:14.0-59.0 | UV with Pyridoxal - 5 - Phosphate |
| **Alkaline Phosphatase (ALP)-Serum** | 75.00 | U/L | Adult: 45.0-117.0<br>Children: 48.0-445.0<br>Infants: 81.90-350.30 | PNPP,AMP-Buffer |
| **Protein, Total-Serum** | 9.44 | g/dL | 6.40-8.20 | Biuret/Endpoint-With Blank |
| **Albumin-Serum** | 4.74 | g/dL | 3.40-5.00 | Bromocresol Purple |
| **Globulin-Serum** | 4.70 | g/dL | 2.0-3.50 | Calculated |
| **Albumin/Globulin Ratio-Serum** | 1.01 | Ratio | 0.80-2.0 | Calculated |

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SPECTRUM
DIAGNOSTICS & HEALTH CARE

MC-5722

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|---|---|---|---|---|---|
| **Name** | : MR. MANJUNATHA D J | | | **Bill Date** | : 09-Nov-2024 09:34 AM |
| **Age / Gender** | : 34 years / Male | **UHID** | : 0911240056 | **Sample Col. Date** | : 09-Nov-2024 09:34 AM |
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| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Lipid Profile-Serum** | | | | |
| **Cholesterol Total-Serum** | 165.00 | mg/dL | 0.0-200 | Cholesterol Oxidase/Peroxidase |
| **Triglycerides-Serum** | 172.00 | mg/dL | 0.0-150 | Lipase/Glycerol Dehydrogenase |
| **High-density lipoprotein (HDL) Cholesterol-Serum** | 35.00 | mg/dL | 40.0-60.0 | Accelerator/Selective Detergent |
| **Non-HDL cholesterol-Serum** | 130 | mg/dL | 0.0.-130 | Calculated |
| **Low-density lipoprotein (LDL) Cholesterol-Serum** | 96 | mg/dL | 0.0-100.0 | Cholesterol esterase and cholesterol oxidase |
| **Very-low-density lipoprotein (VLDL) cholesterol-Serum** | 34 | mg/dL | 0.0-40 | Calculated |
| **Cholesterol/HDL Ratio-Serum** | 4.71 | Ratio | 0.0-5.0 | Calculated |

**Interpretation:**

| Parameter | Desirable | Borderline High | High | Very High |
|---|---|---|---|---|
| Total Cholesterol | <200 | 200-239 | >240 | |
| Triglycerides | <150 | 150-199 | 200-499 | >500 |
| Non-HDL cholesterol | <130 | 160-189 | 190-219 | >220 |
| Low-density lipoprotein (LDL) Cholesterol | <100 | 100-129 | 160-189 | >190 |

**Comments:** As per Lipid Association of India (LAI), for routine screening, overnight fasting preferred but not mandatory. Indians are at very high risk of developing Atherosclerotic Cardiovascular (ASCVD). Among the various risk factors for ASCVD such as dyslipidemia, Diabetes Mellitus, sedentary lifestyle, Hypertension, smoking etc., dyslipidemia has the highest population attributable risk for MI both because of direct association with disease pathogenesis and very high prevalence in Indian population. Hence monitoring lipid profile regularly for effective management of dyslipidemia remains one of the most important healthcare targets for prevention of ASCVD. In addition, estimation of ASCVD risk is an essential, initial step in the management of individuals requiring primary prevention of ASCVD. In the context of lipid management, such a risk estimate forms the basis for several key therapeutic decisions, such as the need for and aggressiveness of statin therapy.

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| **C/o** | : APOLLO CLINIC | | | | |

| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Kidney Function Test (KFT)-BUN,CREA,Uric Acid,Na,K,Cl-Serum** | | | | |
| **Kidney Function Test (KFT)-Serum** | | | | |
| **Blood Urea Nitrogen (BUN)** | 8.20 | mg/dL | 7.0-18.0 | GLDH,Kinetic Assay |
| **Creatinine-Serum** | 0.71 | mg/dL | Male: 0.70-1.30<br>Female: 0.55-1.02 | Modified kinetic Jaffe |
| **Uric Acid-Serum** | 6.60 | mg/dL | Male: 3.50-7.20<br>Female: 2.60-6.0 | |
| **Electrolytes** | | | | |
| **Sodium (Na+)-Serum** | 135.8 | mmol/L | 135.0-145.0 | ISE-Direct |
| **Potassium (K+)-Serum** | 3.87 | mmol/L | 3.50-5.50 | ISE-Direct |
| **Chloride (Cl-)-Serum** | 99.40 | mmol/L | 96.0-108.0 | ISE-Direct |

**Comments:** Renal Function Test (RFT), also called kidney function tests, are a group of tests performed to evaluate the functions of the kidneys. The kidneys play a vital role in removing waste, toxins, and extra water from the body. They are responsible for maintaining a healthy balance of water, salts, and minerals such as calcium, sodium, potassium, and phosphorus. They are also essential for blood pressure control, maintenance of the body's pH balance, making red blood cell production hormones, and promoting bone health. Hence, keeping your kidneys healthy is essential for maintaining overall health. It helps diagnose inflammation, infection or damage in the kidneys. The test measures Uric Acid, Creatinine, BUN and electrolytes in the blood to determine the health of the kidneys. Risk factors for kidney dysfunction such as hypertension, diabetes, cardiovascular disease, obesity, elevated cholesterol or a family history of kidney disease. It may also be when has signs and symptoms of kidney disease, though in early stage often no noticeable symptoms are observed. Kidney panel is useful for general health screening; screening patients at risk of developing kidney disease; management of patients with known kidney disease. Estimated GFR is especially important in CKD patients CKD for monitoring, it helps to identify disease at early stage in those with risk factors for CKD (diabetes, hypertension, cardiovascular disease, and family history of kidney disease). Early recognition and intervention are important in slowing the progression of CKD and preventing its complications.

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| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA** | | | | |
| **Glycosylated Haemoglobin (HbA1c)** | 5.40 | % | Non diabetic adults :<5.7<br>At risk (Prediabetes) : 5.7 - 6.4<br>Diagnosing Diabetes :>= 6.5<br>Diabetes<br>Excellent Control : 6-7<br>Fair to good Control : 7-8<br>Unsatisfactory Control :8-10<br>Poor Control :>10 | HPLC |
| **Estimated Average Glucose(eAG)** | 108.28 | mg/dL | | Calculated |

**Note:** 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

**Comments:** HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

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| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Calcium,Total- Serum** | 10.00 | mg/dL | 8.50-10.10 | Spectrophotometry (O-Cresolphthalein complexone) |
| **Fasting Urine Glucose-Urine** | Negative | | Negative | Dipstick/Benedicts (Manual) |
| **Postprandial Urine glucose-Urine** | Negative | | Negative | Dipstick/Benedicts (Manual) |

Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

Probable causes : Early Type II Diabetes / Glucose intolerance, Drugs like Salicylates, Beta blockers, Pentamidine etc.,Alcohol ,Dietary – Intake of excessive carbohydrates and foods with high glycemic index ? Exercise in between samples ? Family history of Diabetes, Idiopathic, Partial / Total Gastrectomy.

| | | | | |
|---|---|---|---|---|
| **Fasting Blood Sugar (FBS)-Plasma** | 85 | mg/dL | 60.0-110.0 | Hexo Kinase |

**Comments:** Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula $C_6H_{12}O_6$. It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high.Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

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| | | | | |
|---|---|---|---|---|
| **Gamma-Glutamyl Transferase (GGT)-Serum** | 58.00 | U/L | Male: 15.0-85.0<br>Female: 5.0-55.0 | Other g-Glut-3-carboxy-4 nitro |



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| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|

**Comments:** Gamma-glutamyltransferase (GGT) is primarily present in kidney, liver, and pancreatic cells. Small amounts are present in other tissues. Even though renal tissue has the highest level of GGT, the enzyme present in the serum appears to originate primarily from the hepatobiliary system, and GGT activity is elevated in any and all forms of liver disease. It is highest in cases of intra- or posthepatic biliary obstruction, reaching levels some 5 to 30 times normal. GGT is more sensitive than alkaline phosphatase (ALP), leucine aminopeptidase, aspartate transaminase, and alanine aminotransferase in detecting obstructive jaundice, cholangitis, and cholecystitis; its rise occurs earlier than with these other enzymes and persists longer. Only modest elevations (2-5 times normal) occur in infectious hepatitis, and in this condition, GGT determinations are less useful diagnostically than are measurements of the transaminases. High elevations of GGT are also observed in patients with either primary or secondary (metastatic) neoplasms. Elevated levels of GGT are noted not only in the sera of patients with alcoholic cirrhosis but also in the majority of sera from persons who are heavy drinkers. Studies have emphasized the value of serum GGT levels in detecting alcohol-induced liver disease. Elevated serum values are also seen in patients receiving drugs such as phenytoin and phenobarbital, and this is thought to reflect induction of new enzyme activity.

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| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Thyroid function tests (TFT)-Serum** | | | | |
| **Tri-Iodo Thyronine (T3)-Serum** | 1.31 | ng/mL | 0.60-1.81 | Chemiluminescence Immunoassay (CLIA) |
| **Thyroxine (T4)-Serum** | 12.8 | µg/dL | 5.50-12.10 | Chemiluminescence Immunoassay (CLIA) |
| **Thyroid Stimulating Hormone (TSH)-Serum** | 8.92 | µIU/mL | 0.35-5.50 | Chemiluminescence Immunoassay (CLIA) |

**Comments:**Triiodothyronine (T3) assay is a useful test for hyperthyroidism in patients with low TSH and normal T4 levels. It is also used for the diagnosis of T3 toxicosis. It is not a reliable marker for Hypothyroidism. This test is not recommended for general screening of the population without a clinical suspicion of hyperthyroidism.
Reference range: Cord: (37 Weeks): 0.5-1.41, Children:1-3 Days: 1.0-7.40,1-11 Months: 1.05-2.45,1-5 Years: 1.05-2.69,6-10 Years: 0.94-2.41,11-15 Years: 0.82-2.13,Adolescents (16-20 Years): 0.80-2.10
Reference range: Adults: 20-50 Years: 0.70-2.04, 50-90 Years: 0.40-1.81,
Reference range in Pregnancy: First Trimester : 0.81-1.90,Second Trimester : 1.0-2.60
**Increased Levels:** Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, increased Thyroid-binding globulin (TBG).
**Decreased Levels:** Nonthyroidal illness, hypothyroidism , nutritional deficiency, systemic illness, decreased Thyroid-binding globulin (TBG).

**Comments:**Total T4 levels offer a good index of thyroid function when TBG is normal and non-thyroidal illness is not present. This assay is useful for monitoring treatment with synthetic hormones (synthetic T3 will cause low total T4).It also helps to monitor treatment of Hyperthyroidism with Thiouracil or other anti-thyroid drugs.
Reference Range: Males : 4.6-10.5,Females : 5.5-11.0,> 60 Years: 5.0-10.70,Cord :7.40-13.10,Children:1-3 Days :11.80-22.60,1-2 Weeks : 9.90-16.60,1-4 Months: 7.20-14.40,1-5 Years : 7.30-15.0,5-10 Years: 6.4-13.3
1-15 Years: 5.60-11.70,Newborn Screen:1-5 Days: >7.5,6 Days : >6.5
**Increased Levels:** Hyperthyroidism, increased TBG, familial dysalbuminemic hyperthyroxinemia,Increased transthyretin, estrogen therapy, pregnancy.
**Decreased Levels:** Primary hypothyroidism, pituitary TSH deficiency, hypothalamic TRH deficiency, non thyroidal illness, decreased TBG.

**Comments:**TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH is a labile hormone & is secreted in a pulsatile manner throughout the day and is subject to several non-thyroidal pituitary influences. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, caloric intake, medication & circulating antibodies. It is important to confirm any TSH abnormality in a fresh specimen drawn after ~ 3 weeks before assigning a diagnosis, as the cause of an isolated TSH abnormality.
Reference range in Pregnancy: I- trimester:0.1-2.5; II -trimester:0.2-3.0; III- trimester:0.3-3.0
Reference range in Newborns: 0-4 days: 1.0-39.0; 2-20 Weeks:1.7-9.1
**Increased Levels:** Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism and Thyroid hormone resistance.
**Decreased Levels:** Graves disease, Autonomous thyroid hormone secretion, TSH deficiency.

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| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Post prandial Blood Glucose (PPBS)-Plasma** | 117 | mg/dL | 70-140 | Hexo Kinase |

**Comments:** Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula $C_6H_{12}O_6$. It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high.Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

Probable causes : Early Type II Diabetes / Glucose intolerance, Drugs like Salicylates, Beta blockers, Pentamidine etc.,Alcohol ,Dietary – Intake of excessive carbohydrates and foods with high glycemic index ? Exercise in between samples ? Family history of Diabetes, Idiopathic, Partial / Total Gastrectomy.

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