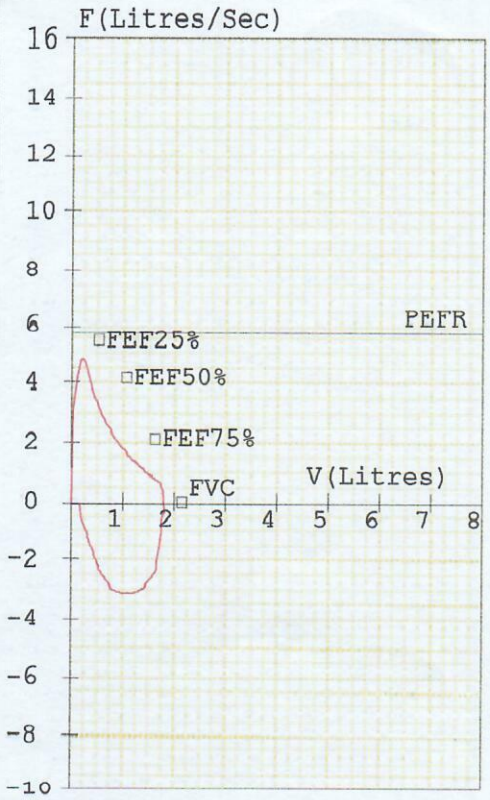
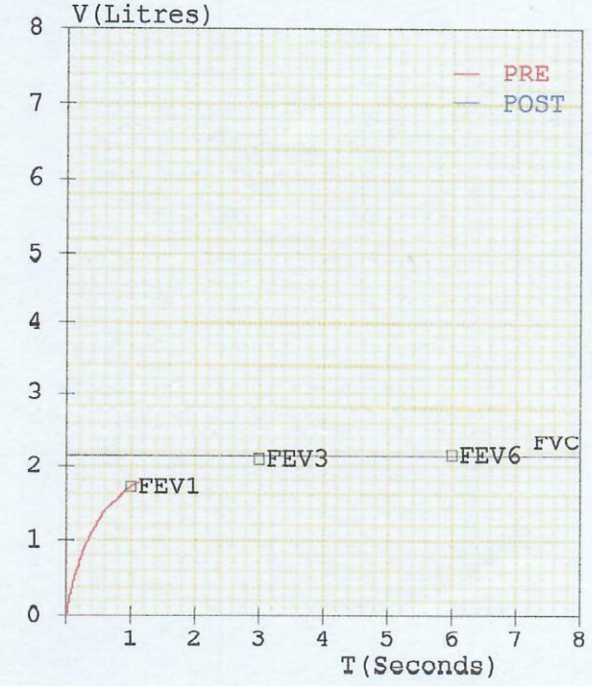
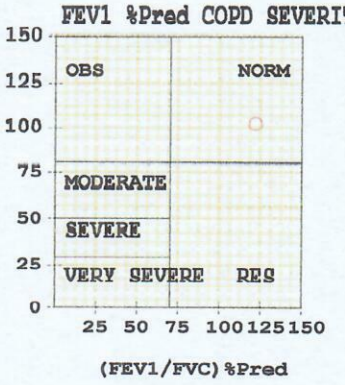
SPECTRUM DIAGNOSTICS & HEALTH CARE

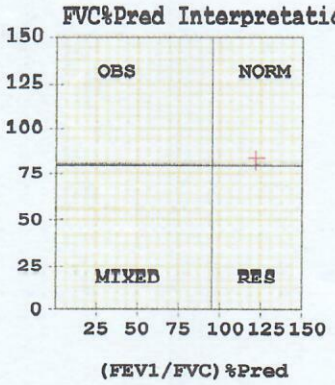
Tejas Arcade, #9/1, 1st Main Road, Dr. Rajkumar Road Rajajinagar Bangalore-10

Patient: MRS LIZA RANI DALAI		Age	: 42 Yrs	Gender	: Female
Refd.By: APOLO CLINIC		Height	: 152 Cms	Smoker	: No
Pred.Eqns: RECORDERS		Weight	: 74 Kgs	Eth. Corr	: 100
Date : 12-Nov-2024 12:09 PM		ID	: 1211240017	Temp	:









FVC Results

Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	02.15	01.79	083	-----	---	---
FEV1	(L)	01.69	01.72	102	-----	---	---
FEV1/FVC	(%)	78.60	96.09	122	-----	---	---
FEF25-75	(L/s)	02.36	01.89	080	-----	---	---
PEFR	(L/s)	05.71	04.77	084	-----	---	---
FIVC	(L)	-----	01.63	---	-----	---	---
FEV.5	(L)	-----	01.26	---	-----	---	---
FEV3	(L)	02.09	01.79	086	-----	---	---
PIFR	(L/s)	-----	03.13	---	-----	---	---
FEF75-85	(L/s)	-----	00.98	---	-----	---	---
FEF.2-1.2	(L/s)	04.43	02.38	054	-----	---	---
FEF 25%	(L/s)	05.46	03.52	064	-----	---	---
FEF 50%	(L/s)	04.14	02.00	048	-----	---	---
FEF 75%	(L/s)	02.12	01.17	055	-----	---	---
FEV.5/FVC	(%)	-----	70.39	---	-----	---	---
FEV3/FVC	(%)	97.21	100.00	103	-----	---	---
FET	(Sec)	-----	01.15	---	-----	---	---
ExplTime	(Sec)	-----	00.04	---	-----	---	---
Lung Age	(Yrs)	042	041	098	-----	---	---
FEV6	(L)	02.15	-----	---	-----	---	---
FIF25%	(L/s)	-----	02.60	---	-----	---	---
FIF50%	(L/s)	-----	03.10	---	-----	---	---
FIF75%	(L/s)	-----	02.83	---	-----	---	---

Pre Test COPD Severity

Test within normal limits

Pre Medication Report Indicates

Spirometry within normal limits as (FEV1/FVC) %Pred >95 and FVC%Pred >80

SPECTRUM DIAGNOSTICS AND HEALTH CARE BENGALURU

APOLO

SPECTRUM
DIAGNOSTICS & HEALTH CARE

MC-5722

Name	: MRS. LIZA RANI DALAI			**Bill Date**	: 12-Nov-2024 09:02 AM
Age / Gender	: 42 years / Female	**UHID**	: 1211240017	**Sample Col. Date**	: 12-Nov-2024 09:02 AM
Ref. By Dr.	: C/O APOLO CLINIC	1211240017		**Result Date**	: 12-Nov-2024 03:19 PM
Reg. No.	: 1211240017			**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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DR PRAVEEN B,MBBS,DMRD,DNB Consultant Radiologist

Tejas Arcade, #9/1, 1st Main Road, Dr. Rajkumar Road, Rajajinagar, Opp. St. Theresa Hospital, Bengaluru - 560010
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SCAN FOR LOCATION

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Ref. By Dr.	: C/O APOLO CLINIC			Result Date	: 12-Nov-2024 11:32 AM
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Test Name	Result	Unit	Reference Value	Method

2D ECHO

2D ECHO CARDIOGRAHIC STUDY M-MODE

Cardiograhic Study	Size	
Aorta	25	mm
Left Atrium	34	mm
Right Ventricle	29	mm
Left ventricle (Diastole)	52	mm
Left ventricle(Systole)	30	mm
Ventricular Septum (Diastole)	08	mm
Ventricular septum (Systole)	11	mm
Posterior Wall (Diastole)	09	mm
Posterior Wall (Systole)	11	mm
Fractional Shortening	30	%
Ejection fraction	60	%

DOPPLER /COLOUR FLOW

Mitral Valve Velocity	MVE- 0.89m/s	MVA – 0.60m/s	E/A-1.40
Tissue Doppler	e' (Septal) 10cm/s	E/e'(Septal) -8	
Velocity/ Gradient across the Pulmonic valve		0.83m/s	3mmHg
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-1.5<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**
- **ADEQUATE RIGHT VENTRICLE SYSTOLIC FUNCTION**
- **NO PAH**

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Ms.Durga V., ECHO Technician

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SPECTRUM
DIAGNOSTICS & HEALTH CARE

NAME AND LAB NO	MRS LIZA RANI DALAI	REG -0017
AGE & SEX	42 YRS	FEMALE
DATE AND AREA OF INTEREST	12.11.2024	
REF BY	C/O APOLO CLINIC	

USG ABDOMEN AND PELVIS

LIVER: Normal in size and echogenicity
No e/o IHBR dilatation. No evidence of focal lesion
Portal vein appears normal. CBD appears normal.

GALL BLADDER: Partially distended .No obvious calculus in the visualised luminal portion.

SPLEEN: Normal in size and echotexture. No 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.

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

URINARY BLADDER: Moderately distended. **Mild diffuse bladder wall thickening measuring 4.8mm with free floating internal echoes .**

UTERUS Anteverted, Normal in size 7.0 x3.2 x4.4 cm and echotexture .
No obvious mass lesion
Endometrium is normal.ET – 4.3 mm.

OVARIES **RO - 8.5 x5.6 cm bulky and shows biloculated ovarian cyst measuring 7.2 x5.1 cm ,septation is thick measuring 4.4 mm and shows vascularity on color .doppler study , LO - Not visualized**

No evidence of ascites.

IMPRESSION:

- ***Bulky right ovary with biloculated ovarian cyst as described above.***
- ***Mild diffuse urinary bladder wall thickening*** **with free floating internal echoes -** ***suggested urine analysis correlation to rule out cystitis .***

(suggested CA-125 levels and MRI pelvis with contrast study for further evaluation .)

DR PRAVEEN B , DMRD , DNB
CONSULTANT RADIOLOGIST

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C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
LFT-Liver Function Test -Serum				
Bilirubin Total-Serum	0.33	mg/dL	0.2-1.0	Caffeine Benzoate Diazotised Sulphanilic Acid
Bilirubin Direct-Serum	0.06	mg/dL	0.0-0.2	Direct Measure
Bilirubin Indirect-Serum	0.27	mg/dL	0.0-1.10	
Aspartate Aminotransferase (AST/SGOT)-Serum	16.00	U/L	15.0-37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	18.00	U/L	Male:16.0-63.0 Female:14.0-59.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)-Serum	90.00	U/L	Adult: 45.0-117.0 Children: 48.0-445.0 Infants: 81.90-350.30	PNPP,AMP-Buffer
Protein, Total-Serum	8.17	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
Albumin-Serum	4.17	g/dL	3.40-5.00	Bromocresol Purple
Globulin-Serum	4.00	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	1.04	Ratio	0.80-2.0	Calculated

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Test Name	Result	Unit	Reference Value	Method
Gamma-Glutamyl Transferase (GGT)-Serum	15.00	U/L	Male: 15.0-85.0 Female: 5.0-55.0	Other g-Glut-3-carboxy-4 nitro

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.

Phosphorus,Inorganic-Serum	3.40	mg/dL	2.50 - 4.80	Phosphomolybdate Complex
CRP (C-Reactive Protein) Quantitative-Serum	2.57	mg/L	0.0-6.0	Latex enhanced immunoturbidimetry

Comments: CRP is an acute phase reactant which is used in inflammatory disorders for monitoring course and effect of therapy. It is most useful as an indicator of activity in Rheumatoid arthritis, Rheumatic fever, tissue injury or necrosis and infections. As compared to ESR, CRP shows an earlier rise in inflammatory disorders which begins in 4-6 hrs, the intensity of the rise being higher than ESR and the recovery being earlier than ESR. Unlike ESR, CRP levels are not influenced by hematologic conditions like Anemia, Polycythemia etc.,

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Test Name	Result	Unit	Reference Value	Method
Calcium,Total- Serum	9.50	mg/dL	8.50-10.10	Spectrophotometry (O-Cresolphthalein complexone)
Fasting Urine Glucose-Urine	Negative		Negative	Dipstick/Benedicts (Manual)
Electrolytes (Na+,K+,Cl-)-Serum				
Sodium (Na+)-Serum	139.3	mmol/L	135.0-145.0	Ion-Selective Electrodes (ISE)-Direct
Potassium (K+)-Serum	4.80	mmol/L	3.50-5.50	Ion-Selective Electrodes (ISE)-Direct
Chloride (Cl-)-Serum	101.80	mmol/L	96.0-108.0	Ion-Selective Electrodes (ISE)-Direct

Comments: Many medication states the cause of temporary imbalance of the body's electrolyte, requires necessary treatment to the patient. Drugs for hypertension act as diuretics, causing the body to excrete high levels of potassium in the urine. Imbalances in the body's potassium level affect the neurological and muscular activity of the body. Drugs that influence sodium concentration include all diuretics, chloropropamide, vasopressin,antihypertensive agents and corticosteroids. Sodium imbalance is often associated with dehydration and edema. Chloride values are seen in metabolic acidotic states and in salt losing renal diseases.

Fasting Blood Sugar (FBS)-Plasma	66	mg/dL	60.0-110.0	Hexo Kinase

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Test Name	Result	Unit	Reference Value	Method

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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Test Name	Result	Unit	Reference Value	Method
Lipid Profile-Serum				
Cholesterol Total-Serum	201.00	mg/dL	0.0-200	Cholesterol Oxidase/Peroxidase
Triglycerides-Serum	99.00	mg/dL	0.0-150	Lipase/Glycerol Dehydrogenase
High-density lipoprotein (HDL) Cholesterol-Serum	54.00	mg/dL	40.0-60.0	Accelerator/Selective Detergent
Non-HDL cholesterol-Serum	147	mg/dL	0.0.-130	Calculated
Low-density lipoprotein (LDL) Cholesterol-Serum	127	mg/dL	0.0-100.0	Cholesterol esterase and cholesterol oxidase
Very-low-density lipoprotein (YLDL) cholesterol-Serum	20	mg/dL	0.0-40	Calculated
Cholesterol/HDL Ratio-Serum	3.72	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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SCAN FOR LOCATION

SPECTRUM
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MC-5788

Name	: MRS. LIZA RANI DALAI			**Bill Date**	: 12-Nov-2024 09:02 AM
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C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
Complete Haemogram-Whole Blood EDTA				
Haemoglobin (HB)	12.40	g/dL	Female: 12.0 - 15.0	Spectrophotmeter
Red Blood Cell (RBC)	3.97	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	37.50	%	Female: 36.0 - 45.0	Electronic Pulse
Mean corpuscular volume (MCV)	94.60	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	31.20	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	33.00	%	33.00-35.50	Calculated
Red Blood Cell Distribution Width SD (RDW-SD)	53.20	fL	40.0-55.0	Volumetric Impedance
Red Blood Cell Distribution CV (RDW-CV)	16.90	%	Female: 12.20 - 16.10	Volumetric Impedance
Mean Platelet Volume (MPV)	9.60	fL	8.0-15.0	Volumetric Impedance
Platelet	4.59	lakh/cumm	1.50-4.50	Volumetric Impedance
Platelet Distribution Width (PDW)	10.70	%	8.30 - 56.60	Volumetric Impedance
White Blood cell Count (WBC)	8130.00	cells/cumm	Female: 4000.0 - 11000.0	Volumetric Impedance
Neutrophils	65.70	%	40.0-75.0	Light scattering/Manual
Lymphocytes	29.30	%	20.0-45.0	Light scattering/Manual
Eosinophils	2.00	%	0.0-8.0	Light scattering/Manual
Monocytes	2.70	%	0.0-10.0	Light scattering/Manual
Basophils	0.30	%	0.0-1.0	Light scattering/Manual
Absolute Neutrophil Count	5.35	10^3/uL	2.0- 7.0	Calculated

SPECTRUM
DIAGNOSTICS & HEALTH CARE

MC-5722

Name	: MRS. LIZA RANI DALAI			**Bill Date**	: 12-Nov-2024 09:02 AM
Age / Gender	: 42 years / Female	**UHID**	: 1211240017	**Sample Col. Date**	: 12-Nov-2024 09:02 AM
Ref. By Dr.	: C/O APOLO CLINIC			**Result Date**	: 12-Nov-2024 11:42 AM
Reg. No.	: 1211240017	1211240017		**Report Status**	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
Absolute Lymphocyte Count	2.38	10^3/uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.22	10^3/uL	0.20-1.00	Calculated
Absolute Eosinophil Count	160.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.02	10^3/uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	23	mm/hr	Female: 0.0 - 20.0	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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Ref. By Dr.	: C/O APOLO CLINIC			Result Date	: 12-Nov-2024 11:43 AM
Reg. No.	: 1211240017	1211240017		Report Status	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
Urine Routine Examination-Urine				
Physical Examination				
Colour	Pale Yellow		Pale Yellow	Visual
Appearance	Clear		Clear	Visual
Reaction (pH)	5.5		5.0-7.5	Dipstick
Specific Gravity	1.025		1.000-1.030	Dipstick
Biochemical Examination				
Albumin	Negative		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	1-2	hpf	0.0-5.0	Microscopy
Epithelial Cells	1-2	hpf	0.0-10.0	Microscopy
RBCs	Absent	hpf	Absent	Microscopy
Casts	Absent		Absent	Microscopy
Crystals	Absent		Absent	Microscopy
Others	Absent		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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Reg. No.	: 1211240017		1211240017	**Report Status**	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
Vitamin D Total (25 Hydroxy Cholecalciferol)	12.8	ng/mL	30.0 - 100.0	CLIA

Interpretation: Deficiency :<10, Insufficiency:10-30, Sufficiency:30-100, Toxicity:>100

Note: The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.25 (OH)D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.It shows seasonal variation, with values being 40-50% lower in winter than in summer.Levels vary with age and are increased in pregnancy.A new test Vitamin D, Ultrasensitive by LC-MS/MS is also available.

Comments: Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major
circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

Decreased Levels:Inadequate exposure to sunlight,Dietary deficiency,Vitamin D malabsorption,Severe Hepatocellular disease,Drugs like Anticonvulsants,Nephrotic syndrome

Increased levels: Vitamin D intoxication.

Vitamin B12-Serum	212.4	pg/mL	211.0-911.0	CLIA

Comments: Vitamin B12 performs many important functions in the body, but the most significant function is to act as coenzyme for reducing ribonucleotides to deoxyribonucleotides, a step in the formation of genes. Inadequate dietary intake is not the commonest cause for cobalamine deficiency. The most common cause is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Cobalamine deficiency leads to Megaloblastic anemia and demyelination of large nerve fibres of spinal cord. Normal body stores are sufficient to last for 3-6 years. Sources of Vitamin B12 are liver, shellfish, fish, meat, eggs, milk, cheese & yogurt.

Decreased Levels: Lack of Intrinsic factor: Total or partial gastrectomy, Atrophic gastritis, Intrinsic factor antibodies,Malabsorption: Regional ileitis, resected bowel, Tropical Sprue, Celiac disease, pancreatic insufficiency, bacterial overgrowth & achlorhydria, Loss of ingested vitamin B12: fish tapeworm,Dietary deficiency: Vegetarians,Congenital disorders: Orotic aciduria & transcobalamine deficiency,Increased demand: Pregnancy specially last trimester.

Increased Levels: Chronic renal failure, Congestive heart failure, Acute & Chronic Myeloid Leukemia, Polycythemia vera, Carcinomas with liver metastasis, Liver disease, Drug induced cholestasis & Protein malnutrition.

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Reg. No.	: 1211240017			**Report Status**	: Final
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)	7.80	mg/dL	7.0-18.0	GLDH,Kinetic Assay
Creatinine-Serum	0.72	mg/dL	Male: 0.70-1.30 Female: 0.55-1.02	Modified kinetic Jaffe
Uric Acid-Serum	4.57	mg/dL	Male: 3.50-7.20 Female: 2.60-6.0	
Electrolytes				
Sodium (Na+)-Serum	139.3	mmol/L	135.0-145.0	ISE-Direct
Potassium (K+)-Serum	4.80	mmol/L	3.50-5.50	ISE-Direct
Chloride (Cl-)-Serum	101.80	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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C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
Thyroid function tests (TFT)-Serum				
Tri-Iodo Thyronine (T3)-Serum	0.85	ng/mL	0.60-1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine (T4)-Serum	9.5	µg/dL	5.50-12.10	Chemiluminescence Immunoassay (CLIA)
Thyroid Stimulating Hormone (TSH)-Serum	8.25	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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Ref. By Dr.	: C/O APOLO CLINIC			**Result Date**	: 12-Nov-2024 02:29 PM
Reg. No.	: 1211240017	1211240017		**Report Status**	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
Post prandial Blood Glucose (PPBS)-Plasma	76	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.

Blood Group & Rh Typing-Whole Blood EDTA

Blood Group	A		Slide/Tube agglutinatior
Rh Type	Positive		Slide/Tube agglutinatior

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.

Post Prandial Urine Sugar	Negative	Negative	Dipstick/Benedicts(Man

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