

**CERTIFICATE OF MEDICAL FITNESS**

NAME: Mr. Rajesh Dandela.

AGE/ GENDER: 34yr. /m.

HEIGHT: 165cm

WEIGHT: 76 Kg

IDENTIFICATION MARK: \_\_\_\_\_

BLOOD PRESSURE: 120/80 mm/Hg.

PULSE: 80 /min

CVS: } Normal  
RS:P }

ANY OTHER DISEASE DIAGNOSED IN THE PAST: Nil

ALLERGIES, IF ANY: Nil

LIST OF PRESCRIBED MEDICINES: Nil

ANY OTHER REMARKS: Nil

I Certify that I have carefully examined Mr/Mrs. Rajesh Dandela son/daughter of Ms. Venkatarao Rao who has signed in my presence. He/ she has no physical disease and is fit for employment.

**Dr. BINDURAJ. R**  
MBBS, MD  
Internal Medicine  
Reg. No. 12806

[Signature]  
Signature of candidate

Signature of Medical Officer

Place: Spectrum diagnostic & health care.

Date: 23/09/23

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



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

DATE: 23/09/23

**EYE EXAMINATION**

NAME: RAJESH DANDELA

AGE: 34

GENDER: F / M

	RIGHT EYE	LEFT EYE
Vision	6/6	6/6
Vision With glass	6/6	6/6
Color Vision	Normal	Normal
Anterior segment examination	Normal	Normal
Fundus Examination	Normal	Normal
Any other abnormality	Nil	Nil
Diagnosis/ impression	Normal	Normal

**Dr. ASHOK SARODHE**

B.Sc., M.B.B.S., D.O.M.S.

Eye Consultant & Surgeon

KMC 31827

*Rajesh*  
Consultant (Ophthalmologist)

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NAME	AGE	GENDER
Mr. Rajesh Bhandale	24 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 → chipped 2/; Prolly / Crown to be considered.

ADVISED:

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

REMARKS:

SIGNATURE OF THE DENTAL SURGEON

SEAL

DATE

*[Signature]*  
 23/09/23  
**Dr. SACHDEV NAGARKAR**  
 B.D.S., F.A.G.E., F.P.F.A. (USA)  
 Reg. No : 2247/A

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ID: 0033

23-09-2023 10:23:03

For BP

RAJESH DANDELA

Male 34Years

Diagnosis Information:

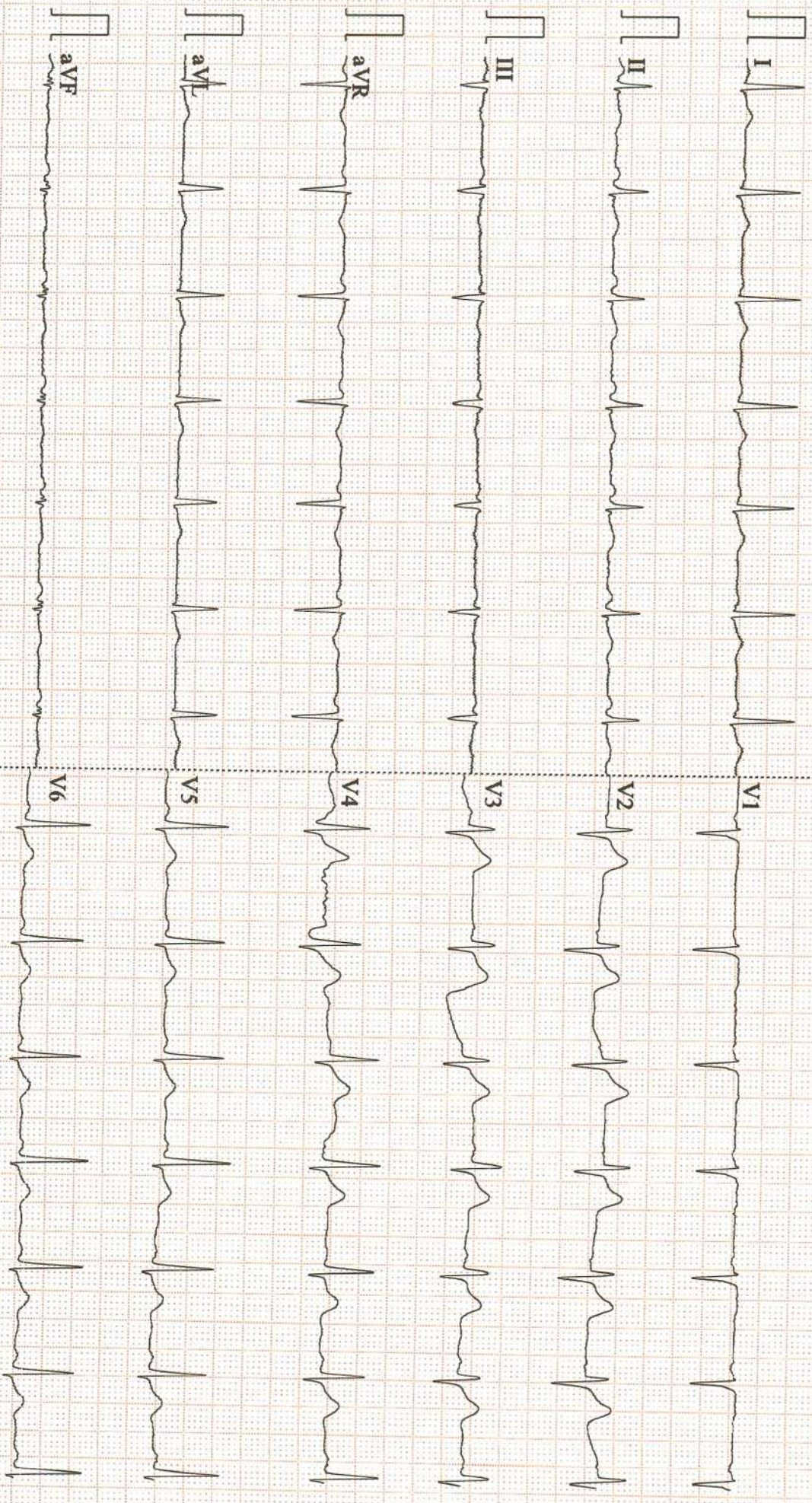
Sinus Rhythm

Abnormal Q Wave(III,aVF)

Possible Inferior Myocardial Infarction

HR	: 80	bpm
P	: 103	ms
PR	: 132	ms
QRS	: 89	ms
QT/QTc	: 352/406	ms
P/QRS/T	: 65/1/16	°
RV5/SV1	: 1.045/0.724	mV

Report Confirmed by:



0.15~35Hz AC50 25mm/s 10mm/mV 2\*5.0s 80 V2.2 SEMIP V1.81 SPECTRUM DIAGNOSTICS & HEALTH CARE



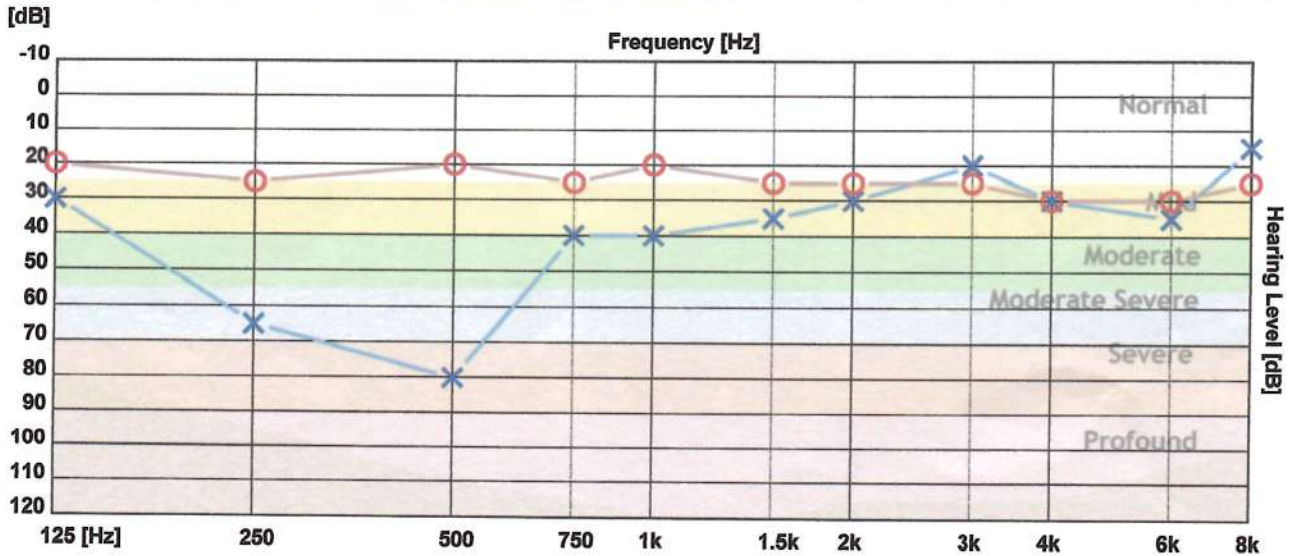
# SPECTRUM DIAGNOSTICS & HEALTH CARE

#9/1 TEJAS ARCADE, DR. RAJKUMAR ROAD, RAJAJINAGAR-560010 AUDIOGRAM



Patient ID : 0870  
 Name : MR RAJESH DANDELA  
 CR Number : 20230923114118  
 Registration Date : 23-Sep-2023

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	30	65	80	40	40	35	30	20	30	35	15
O - Air Right	20	25	20	25	20	25	25	25	30	30	25
> - Bone Left											
< - Bone Right											

Clinical Notes :

Not Found



<b>NAME : MR.RAJESH DANDELA</b>	<b>DATE :23/09/2023</b>
<b>AGE/SEX : 34 YEARS/MALE</b>	<b>REG NO:2309230033</b>
<b>REF BY : APOLO CLINIC</b>	

***CHEST PA VIEW***

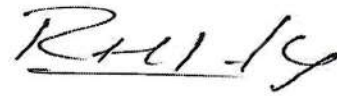
Lung fields are clear.

Cardiovascular shadows are within normal limits.

Both CP angles are free.

Domes of diaphragm and bony thoracic cage are normal.

**IMPRESSION: NORMAL CHEST RADIOGRAPH.**



**DR.RAM PRAKASH G MDRD  
CONSULTANT RADIOLOGIST**

*Your suggestion / feedback is a valuable input for improving our services*

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PATIENT NAME	MR RAJESH DANDELA	ID NO	2309230033
AGE	34YEARS	SEX	MALE
REF BY	DR APOLO CLINIC	DATE	23.09.2023

**2D ECHO CARDIOGRAHIC STUDY**

**M-MODE**

AORTA	33mm
LEFT ATRIUM	26mm
RIGHT VENTRICLE	18mm
LEFT VENTRICLE (DIASTOLE )	34mm
LEFT VENTRICLE(SYSTOLE)	27mm
VENTRICULAR SEPTUM (DIASTOLE)	12mm
VENTRICULAR SEPTUM (SYSTOLE)	11mm
POSTERIOR WALL (DIASTOLE)	09mm
POSTERIOR WALL (SYSTOLE)	10mm
FRACTIONAL SHORTENING	30%
EJECTION FRACTION	60%

**DOPPLER /COLOUR FLOW**

MITRAL VALVE	E-0.45 m/sec	A-0.62m/sec	MILD MR
AORTIC VALVE	1.12 m/sec		NO AR
PULMONARY VALVE	1.20 m/sec		NO PR
TRISCUSPID VALVE		24mmHg	MILD TR

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PATIENT NAME	MR RAJESH DANDELA	ID NO	2309230033
AGE	34YEARS	SEX	MALE
REF BY	DR APOLO CLINIC	DATE	23.09.2023

### 2D ECHO CARDIOGRAHIC STUDY

LEFT VENTRICLE	SIZE& THICKNESS	NORMAL
CONTRACTILITY	REGIONAL GLOBAL	NO RWMA

RIGHT VENTRICLE : NORMAL
LEFT ATRIUM : NORMAL
RIGHT ATRIUM : NORMAL
MITRAL VALVE : NORMAL
AORTIC VALVE : NORMAL
PULMONARY VALVE: NORMAL
TRICUSPID VALVE : NORMAL
INTER ATRIAL SEPTUM :INTACT
INTER VENTRICULAR SEPTUM: INTACT
PERICARDIUM : NORMAL
OTHERS : - NIL

### IMPRESSION

- NORMAL CARDIAC CHAMBER DIMENSIONS
- NO RWMA OF LV AT REST
- NORMAL CARDIAC VALVES
- NORMAL LV SYSTOLIC FUNCTION, LVEF-60%
- LVH WITH GRDAE I LVDD
- MILD MR /MILD TR/NO PAH
- NO CLOT / PERICARDIAL EFFUSION



**V. DURGA**  
**ECHO TECHNICIAN**

*The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correction.*

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NAME AND LAB NO	MR RAJESH DANDELA	REG-30033
AGE & SEX	34 YRS	MALE
DATE AND AREA OF INTEREST	23.09.2023	ABDOMEN & PELVIS
REF BY	C/O APOLO CLINIC	

**USG ABDOMEN AND PELVIS**

- LIVER:** Measures 13.5 cm. Normal in size with increased echotexture. No e/o IHBR dilatation. No evidence of SOL. Portal vein appears normal. CBD appears normal. . No e/o calculus / SOL
- GALL BLADDER:** Collapsed.
- SPLEEN:** Measures 10.3 cm. Normal in size and echotexture. No e/o SOL/ calcification.
- PANCREAS:** Normal in size and echotexture. Pancreatic duct appears normal. No e/o calculus / calcifications.
- RETROPERITONEUM:** Poor window.
- RIGHT KIDNEY:** Right kidney measures 9.6 X4.6 cm ,is normal in size & echotexture. No evidence of calculus/ hydronephrosis. No solid / cystic lesions.
- LEFT KIDNEY:** Left kidney measures 10.2 X4.8 cm ,is normal in size & echotexture. No evidence of calculus/ hydronephrosis. No solid / cystic lesions.
- URETERS:** Bilateral ureters are not dilated.
- URINARY BLADDER:** Well distended. No wall thickening/ calculi.
- PROSTATE:** Normal in size and echotexture.
- No evidence of ascites/pleural effusion.

**IMPRESSION:**

- Grade II fatty liver.



**DR.AKSHATHA R BHAT**  
MDRD DNB FRCR

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<b>Age / Gender</b> : 34 years / Male		<b>Sample Col. Date</b> : 23-Sep-2023 08:48 AM
<b>Ref. By Dr.</b> : Dr. APOLO CLINIC	2309230033	<b>Result Date</b> : 23-Sep-2023 02:16 PM
<b>Reg. No.</b> : 2309230033		<b>Report Status</b> : Final
<b>C/o</b> : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
<b>Complete Haemogram-Whole Blood EDTA</b>				
<b>Haemoglobin (HB)</b>	14.90	g/dL	Male: 14.0 - 17.0	Spectrophotometer
<b>Red Blood Cell (RBC)</b>	5.17	million/cumm	3.50 - 5.50	Volumetric Impedance
<b>Packed Cell Volume (PCV)</b>	43.50	%	Male: 42.0 - 51.0	Electronic Pulse
<b>Mean corpuscular volume (MCV)</b>	84.10	fL	78.0- 94.0	Calculated
<b>Mean corpuscular hemoglobin (MCH)</b>	28.90	pg	27.50-32.20	Calculated
<b>Mean corpuscular hemoglobin concentration (MCHC)</b>	34.40	%	33.00-35.50	Calculated
<b>Red Blood Cell Distribution Width SD (RDW-SD)</b>	38.60	fL	40.0-55.0	Volumetric Impedance
<b>Red Blood Cell Distribution CV (RDW-CV)</b>	14.70	%	Male: 11.80 - 14.50	Volumetric Impedance
<b>Mean Platelet Volume (MPV)</b>	11.90	fL	8.0-15.0	Volumetric Impedance
<b>Platelet</b>	1.63	lakh/cumm	1.50-4.50	Volumetric Impedance
<b>Platelet Distribution Width (PDW)</b>	23.10	%	8.30 - 56.60	Volumetric Impedance
<b>White Blood cell Count (WBC)</b>	7110.00	cells/cumm	Male: 4000.0 - 11000.0	Volumetric Impedance
<b>Neutrophils</b>	63.40	%	40.0-75.0	Light scattering/Manual
<b>Lymphocytes</b>	27.00	%	20.0-40.0	Light scattering/Manual
<b>Eosinophils</b>	4.80	%	0.0-8.0	Light scattering/Manual
<b>Monocytes</b>	4.60	%	0.0-10.0	Light scattering/Manual
<b>Basophils</b>	0.20	%	0.0-1.0	Light scattering/Manual
<b>Absolute Neutrophil Count</b>	4.51	10 <sup>3</sup> /uL	2.0- 7.0	Calculated





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Test Name	Result	Unit	Reference Value	Method
Absolute Lymphocyte Count	1.92	10 <sup>3</sup> /uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.33	10 <sup>3</sup> /uL	0.20-1.00	Calculated
Absolute Eosinophil Count	340.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.01	10 <sup>3</sup> /uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	12	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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Test Name	Result	Unit	Reference Value	Method
<b>Fasting Blood Sugar (FBS)- Plasma</b>	88	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.

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.

<b>Post prandial Blood Glucose (PPBS)-Plasma</b>	92	mg/dL	70-140	Hexo Kinase
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**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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Dr. Nithun Reddy C,MD,Consultant Pathologist

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Test Name	Result	Unit	Reference Value	Method
<b>Thyroid function tests (TFT)- Serum</b>				
<b>Tri-Iodo Thyronine (T3)-Serum</b>	1.16	ng/mL	Male: 0.60 - 1.81	Chemiluminescence Immunoassay (CLIA)
<b>Thyroxine (T4)-Serum</b>	10.4	µg/dL	Male: 5.50 - 12.10	Chemiluminescence Immunoassay (CLIA)
<b>Thyroid Stimulating Hormone (TSH)-Serum</b>	3.56	µIU/mL	Male: 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

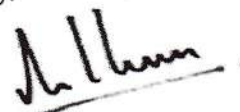
Reference range in Newborns: 0-4 days: 1.0-39.0; 2-20 Weeks: 1.7-9.1

**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
<b>Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA</b>				
<b>Glycosylated Haemoglobin (HbA1c)</b>	5.20	%	Non diabetic adults : <5.7 At risk (Prediabetes) : 5.7 - 6.4 Diagnosing Diabetes : >= 6.5 Diabetes Excellent Control : 6-7 Fair to good Control : 7-8 Unsatisfactory Control : 8-10 Poor Control : >10	HPLC
<b>Estimated Average Glucose(eAG)</b>	102.53	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
<b>KFT ( Kidney Function Test ) :</b>				
Blood Urea Nitrogen (BUN)-Serum	8.00	mg/dL	7.0-18.0	GLDH,Kinetic Assay
Creatinine-Serum	1.06	mg/dL	Male: 0.70-1.30 Female: 0.55-1.02	Modified kinetic Jaffe
Uric Acid-Serum	6.30	mg/dL	Male: 3.50-7.20 Female: 2.60-6.00	Uricase PAP
Sodium (Na+)-Serum	140.9	mmol/L	135.0-145.0	Ion-Selective Electrodes (ISE)
Potassium (K+)-Serum	4.55	mmol/L	3.5 to 5.5	Ion-Selective Electrodes (ISE)
Chloride(Cl)-Serum	101.40	mmol/L	94.0-110.0	Ion-Selective Electrodes (ISE)



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Dr.,Nithun Reddy C,MD,Consultant Pathologist



<b>Name</b> : MR. RAJESH DANDELA	<b>UHID</b> : 2309230033	<b>Bill Date</b> : 23-Sep-2023 08:48 AM
<b>Age / Gender</b> : 34 years / Male		<b>Sample Col. Date</b> : 23-Sep-2023 08:48 AM
<b>Ref. By Dr.</b> : Dr. APOLO CLINIC	2309230033	<b>Result Date</b> : 23-Sep-2023 02:16 PM
<b>Reg. No.</b> : 2309230033		<b>Report Status</b> : Final
<b>C/o</b> : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
<b>Lipid Profile-Serum</b>				
Cholesterol Total-Serum	202.00	mg/dL	Male: 0.0 - 200	Cholesterol Oxidase/Peroxidase
Triglycerides-Serum	84.00	mg/dL	Male: 0.0 - 150	Lipase/Glycerol Dehydrogenase
High-density lipoprotein (HDL) Cholesterol-Serum	57.00	mg/dL	Male: 40.0 - 60.0	Accelerator/Selective Detergent
Non-HDL cholesterol-Serum	145	mg/dL	Male: 0.0 - 130	Calculated
Low-density lipoprotein (LDL) Cholesterol-Serum	136.00	mg/dL	Male: 0.0 - 100.0	Cholesterol esterase and cholesterol oxidase
Very-low-density lipoprotein (VLDL) cholesterol-Serum	17	mg/dL	Male: 0.0 - 40	Calculated
Cholesterol/HDL Ratio-Serum	3.54	Ratio	Male: 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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Test Name	Result	Unit	Reference Value	Method
<b>LFT-Liver Function Test -Serum</b>				
Bilirubin Total-Serum	1.00	mg/dL	0.2-1.0	Caffeine Benzoate
Bilirubin Direct-Serum	0.20	mg/dL	0.0-0.2	Diazotised Sulphanilic Acid
Bilirubin Indirect-Serum	0.80	mg/dL	Male: 0.0 - 1.10	Direct Measure
Aspartate Aminotransferase (AST/SGOT)-Serum	59.00	U/L	Male: 15.0 - 37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	137.00	U/L	Male: 16.0 - 63.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)-Serum	93.00	U/L	Male: 45.0 - 117.0	PNPP,AMP-Buffer
Protein, Total-Serum	8.05	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
Albumin-Serum	4.68	g/dL	Male: 3.40 - 5.50	Bromocresol Purple
Globulin-Serum	3.37	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	1.39	Ratio	0.80-1.20	Calculated



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Test Name	Result	Unit	Reference Value	Method
Post Prandial Urine Sugar	Negative		Negative	Dipstick/Benedicts(Man
Fasting Urine Glucose-Urine	Negative		Negative	Dipstick/Benedicts (Manual)



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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)
<b>Blood Group &amp; Rh Typing-Whole Blood EDTA</b>				
Blood Group	A			Slide/Tube agglutination
Rh Type	Positive			Slide/Tube agglutination

Note: Confirm by tube or gel method.

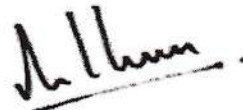
Comments: ABO blood group system, the classification of human blood based on the inherited properties of red blood cells (erythrocytes) as determined by the presence or absence of the antigens A and B, which are carried on the surface of the red cells. Persons may thus have type A, type B, type O, or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

<b>Gamma-Glutamyl Transferase (GGT)-Serum</b>	60.00	U/L	Male: 15.0 - 85.0	Other g-Glut-3-carboxy-4 nitro
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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
<b>Urine Routine Examination-Urine</b>				
<b>Physical Examination</b>				
Colour	Pale Yellow		Pale Yellow	Visual
Appearance	Clear		Clear	Visual
Reaction (pH)	6.50		5.0-7.5	Dipstick
Specific Gravity	1.025		1.000-1.030	Dipstick
<b>Biochemical Examination</b>				
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
<b>Microscopic Examination</b>				
Pus Cells	2-4	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	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 by identifying 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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