

CERTIFICATE OF MEDICAL FITNESS

NAME: Rama prasad
AGE/ GENDER: 32 yrs / male
HEIGHT: 172 WEIGHT: 78.6kg
IDENTIFICATION MARK: Black mole on the Right Hand
BLOOD PRESSURE: 130/80 mm Hg
PULSE: 82/min
CVS: Normal
RS:P Normal
ANY OTHER DISEASE DIAGNOSED IN THE PAST: Nil
ALLERGIES, IF ANY: Nil
LIST OF PRESCRIBED MEDICINES: Nil
ANY OTHER REMARKS: NO

I Certify that I have carefully examined Mr/Mrs. Rama prasad son/daughter of Ms Jaya prasad 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
Internal Medicine
Reg. No. 2806
Signature of Medical Officer

Place: Spectrum Diagnostics Health care
Date: 30/11/23

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



DATE: 30/11/23

EYE EXAMINATION

NAME: DAMA PRASAD

AGE: 32

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
Consultant (Ophthalmologist)

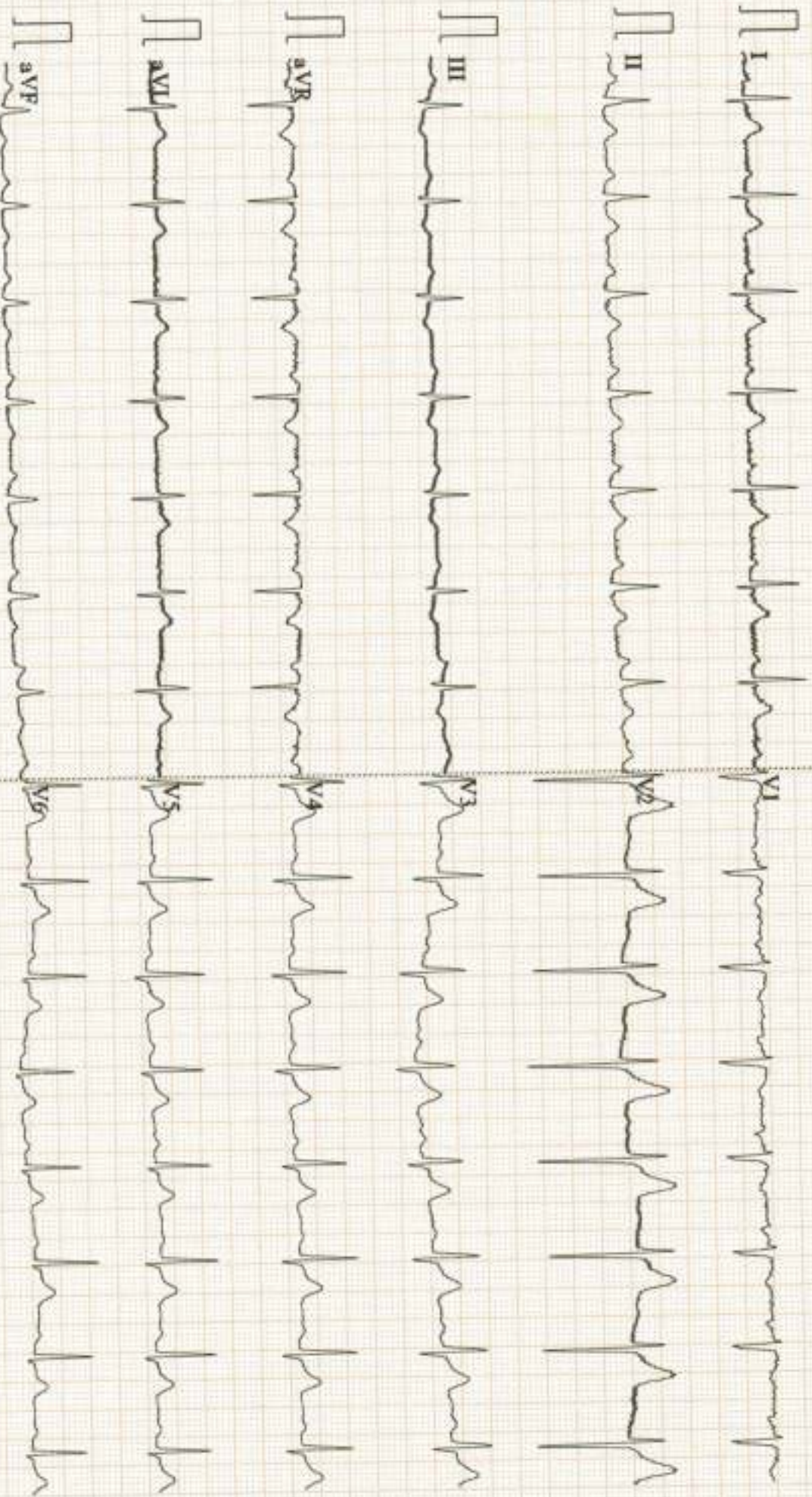


ID: 230023
MR RAMA PRASAD
Male 32Years

30-11-2023 11:47:00
HR : 89 bpm
P : 103 ms
PR : 172 ms
QRS : 84 ms
QT/QTc : 316/386 ms
P/QRS/T : 57/52/13 °
RV5/SV1 : 0.99/10.702 mV

Diagnosis Information:
Sinus Rhythm
Largcd PtT/V1

Report Confirmed by:



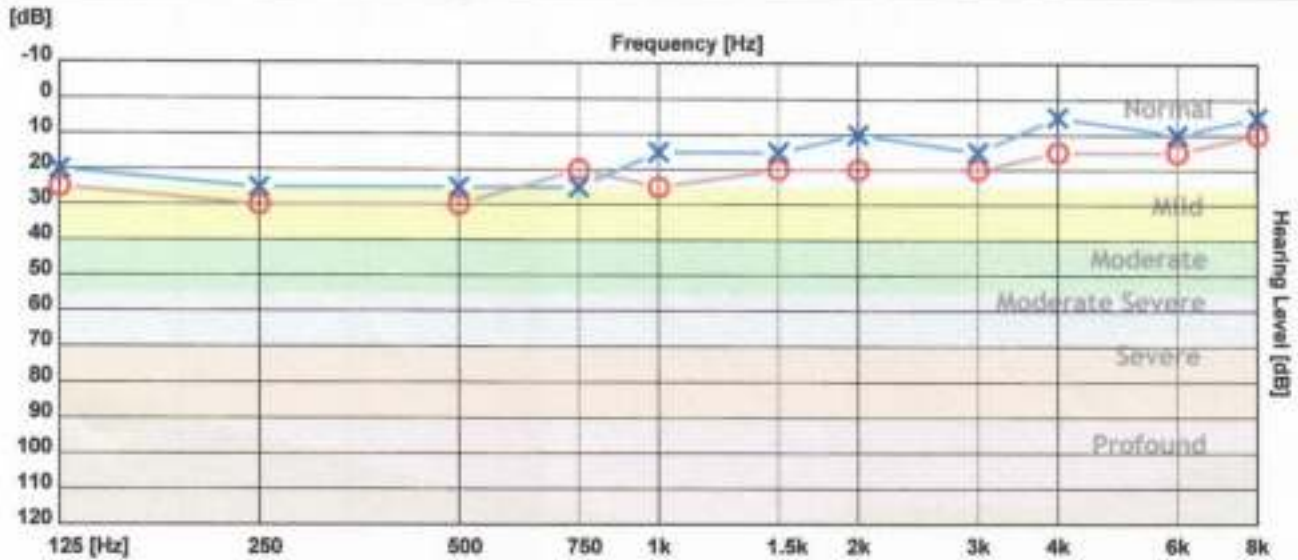
SPECTRUM DIAGNOSTICS & HEALTH CARE

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



Patient ID : 1012
 Name : MR RAMA PRASAD
 CR Number : 20231130124650
 Registration Date : 30-Nov-2023

Age : 32
 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	20	25	25	25	15	15	10	15	5	10	5
O - Air Right	25	30	30	20	25	20	20	20	15	15	10
> - Bone Left											
< - Bone Right											

Clinical Notes :

Not Found



NAME : MR.RAM PRASAD	DATE 30/11/2023
AGE/SEX : 32 YEARS/MALE	REG NO: 0023
REF BY : APOLO CLINIC	

CHEST PA VIEW

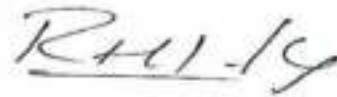
Lung fields are clear.

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



Summary Report SPECTRUM DIAGNOSTICS & HEALTH CARE

Phone: 7760497644/ 08023371555

Name : MR RAMA PRASAD Doctor : Dr. APOLO CLINIC
 ID : 3011230023 Tested on : 30-11-2023, 12:28 PM
 Age, Wt, Ht : 32years(Male), 78Kg, 173cm BPL DYNATRAC NEO

Test Summary Report

Target HR = 188 Total time = 16:34 Protocol = BRUCE
 HR achieved = 164 (87%) Excercise time = 11:01 Max ST(mm)=4.99(Lead V2)
 Peak Ex = Exercise 4 Recovery time = 03:00 Min ST(mm)=---(Lead ---)

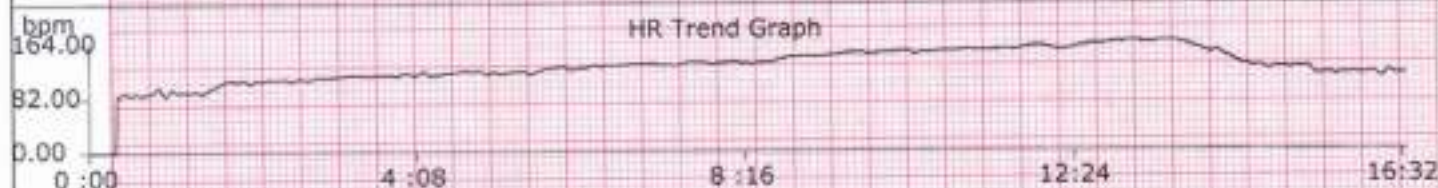
Stagewise Summary

Stage Name	Duration (mm:ss)	Max HR	Max ST (mm)	Min ST (mm)	Speed km/hr	Slope (%)	METS	sys/dia (map)
Supine	00:49	91	4.99(V2)	---	0.0	0.0	0.00	120/80(93)
Standing	00:24	97	3.06(V2)	-0.78(AVR)	0.0	0.0	0.00	120/80(93)
Hyperventilation	00:54	108	3.06(V2)	-0.78(AVR)	0.0	0.0	0.00	120/80(93)
Waiting for Exercise	00:26	110	2.58(V2)	-1.06(AVR)	0.0	0.0	0.00	120/80(93)
Exercise 1	03:00	122	2.76(II)	-1.90(AVF)	2.7	10.0	5.10	120/80(93)
Exercise 2	03:00	136	4.12(II)	-2.01(AVR)	4.0	12.0	7.10	130/80(96)
Exercise 3	03:00	153	4.74(II)	-3.04(AVR)	5.5	14.0	10.00	140/80(100)
Peak Exercise 4	02:01	164	4.53(V3)	-2.24(II)	6.8	16.0	14.00	150/80(103)
Recovery 1	01:00	164	4.94(V4)	-2.24(AVR)	0.0	0.0	0.00	140/80(100)
Recovery 2	01:00	129	4.99(V2)	-1.63(AVR)	0.0	0.0	0.00	130/80(96)
Recovery 3	01:00	118	4.77(V2)	-1.71(III)	0.0	0.0	0.00	120/80(93)
Recovery 4	00:00	---	---	---	0.0	0.0	0.00	---/---(---)

Rpp: 10920(Supine) ,11640(Standing) ,12960(Hyperventilation) ,13200(Waiting for Exercise) ,14640(Exercise 1) ,17680(Exercise 2) ,21420(Exercise 3) ,24600(Peak Exercise 4) ,22960(Recovery 1) ,16770(Recovery 2) ,14160(Recovery 3)

Stage comments: none

Object of test : IHD screening
 Risk factor : Smoker
 Activity : Very active
 Other Investigation : Lab Investigation, ECG
 Ex tolerance : Good (> 10 mets)
 Ex Arrhythmia : No
 Hemo Response : Normal
 Chrono response : Normal
 Reason for Termination : Target Heart Rate Achieved



Medication: NIL

History: NIL

Observations: TARGET HEART RATE ACHIEVED
 GOOD EFFORT TOLERANCE
 NO ANGINA / NO ARRYTHMIAS
 NO SIGNIFICANT ST- T CHANGES DURING PEAK EXERCISE & RECOVERY

Final Impression: Stress test negative for inducible Ischemia



Technician: DADAR GA V Done By: Confirmed by -

Rhythm Report

SPECTRUM DIAGNOSTICS & HEALTH CARE

Phone: 7760497644 / 08023371555

ID : 3011230023

Stage : Supine

Protocol : BRUCE

NAME : MR RAMA PRASAD

Pre Test Time : 00:45

Speed(Km/h) : 0.0

Doctor : DR. APOLO CLINIC

AGE : 32

Stage Time : 00:45

Grade(%) : 0.00

Tested on : 30-11-2023, 12:28 PM

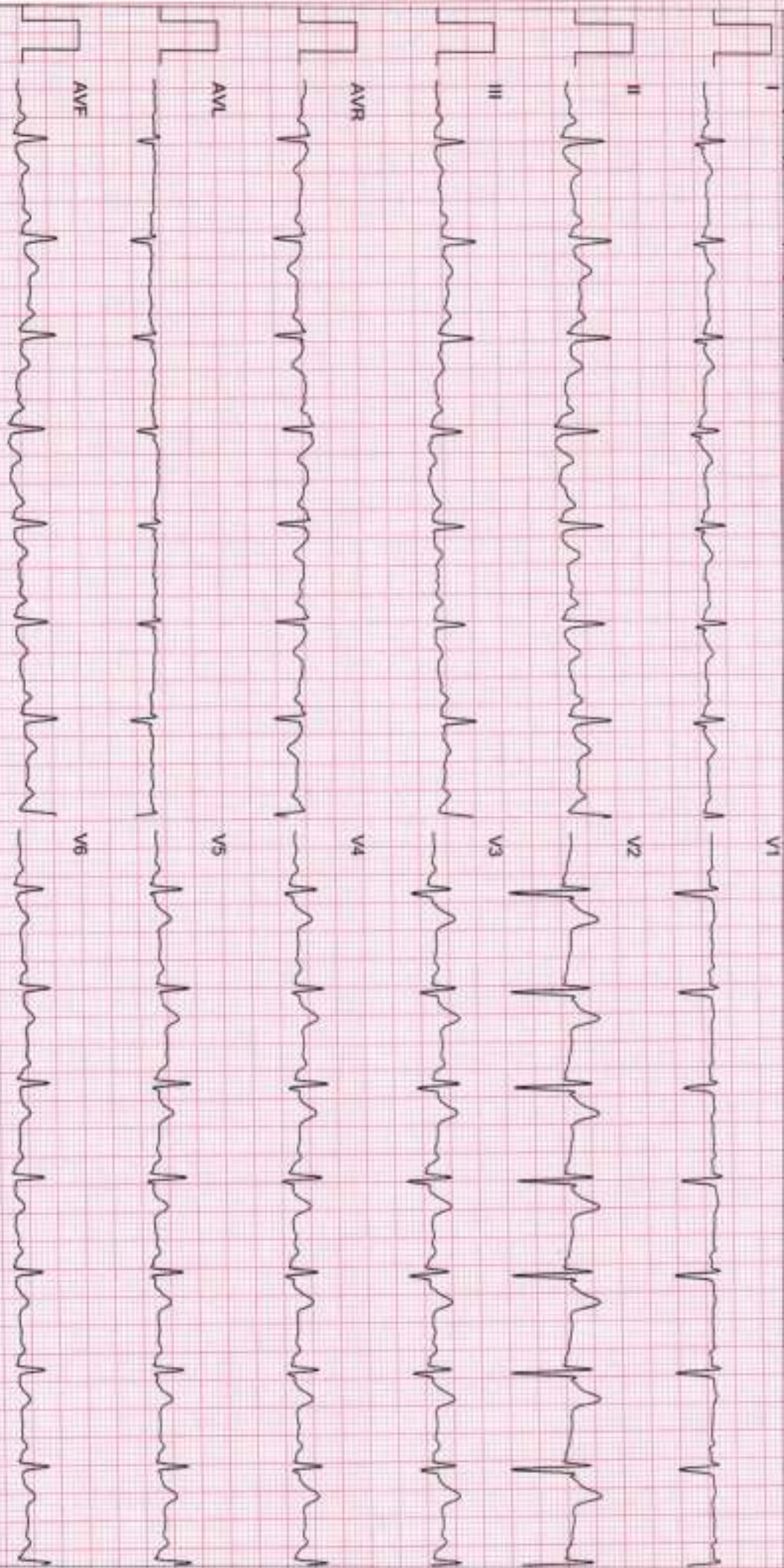
NIBP : 120/80(93)

HR : 89 (47%)

METS : 0.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 80ms PJ



ID : 3011230023

Stage : Supine

Protocol : BRUCE

NAME : MR RAMA PRASAD

Pre Test Time : 00:49

Speed(Km/h) : 0.0

Doctor : Dr. APOLO CLINIC

AGE : 32

Stage Time : 00:49

Grade(%) : 0.00

Tested on : 30-11-2023, 12:28 PM

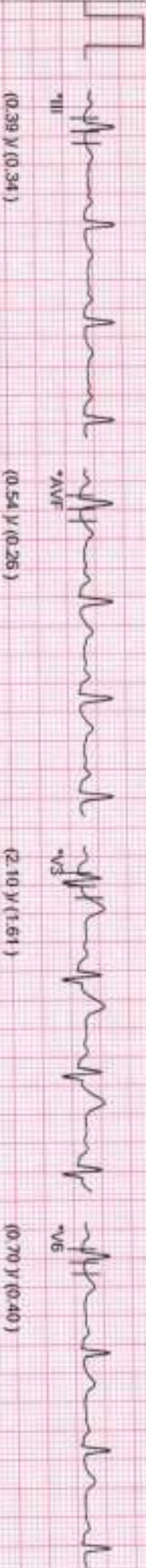
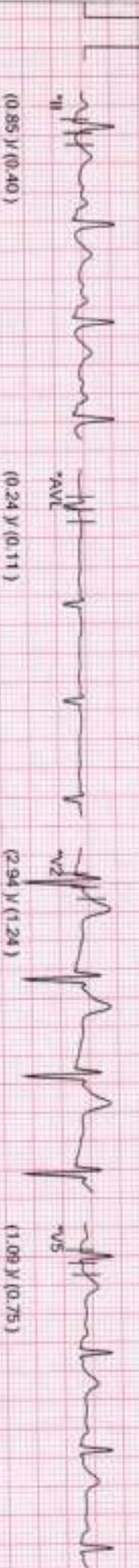
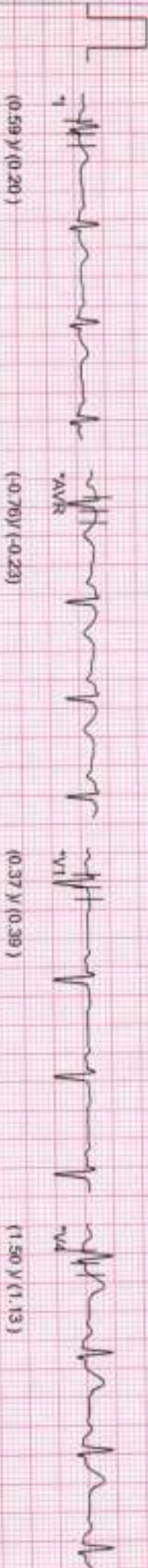
NIBP : 120/80(93)

HR : 91 (48%)

METS : 0.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 80ms PJ



ID : 3011230023

Stage : Standing

Protocol : BRUCE

NAME : MR RAMA PRASAD

Pre Test Time : 01:13

Speed(Km/h) : 0.0

Doctor : DR. APOLO CLINIC

AGE : 32

Stage Time : 00:24

Grade(%) : 0.00

Tested on : 30-11-2023, 12:28 PM

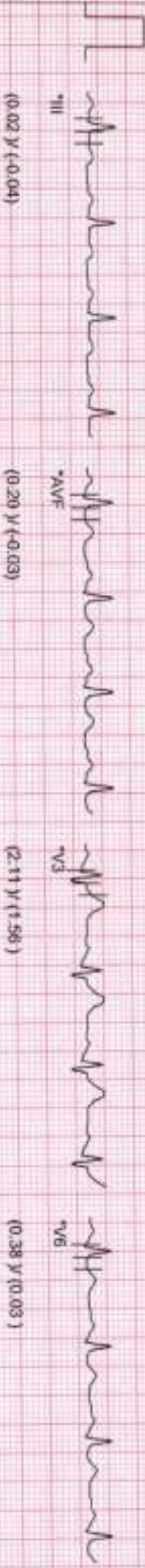
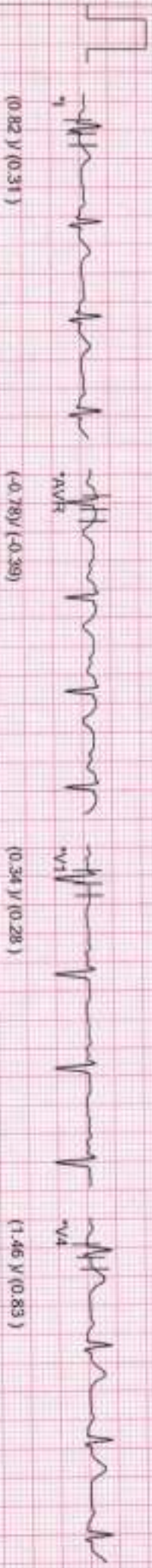
NIBP : 120/80(93)

HR : 92 (48%)

METS : 0.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 80ms P)



SPECTRUM DIAGNOSTICS & HEALTH CARE

Phone: 7760497644 / 08023371555

ID : 3011230023

Stage : Hyperventilation Protocol : BRUCE

NAME : MR RAMA PRASAD

Pre-Test Time : 02:07

Speed(Km/h) : 0.0 Doctor : DR. APOLO CLINIC

AGE : 32

Stage Time : 00:54

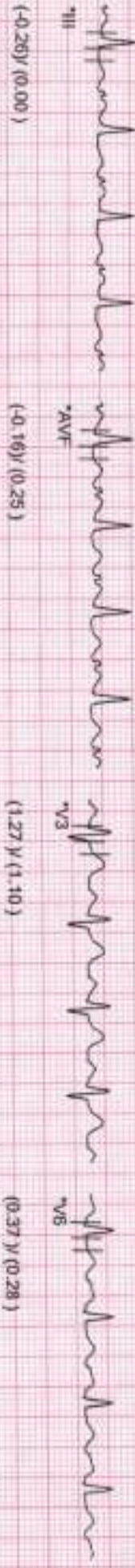
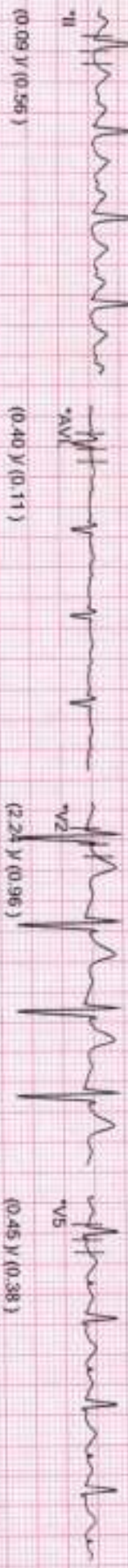
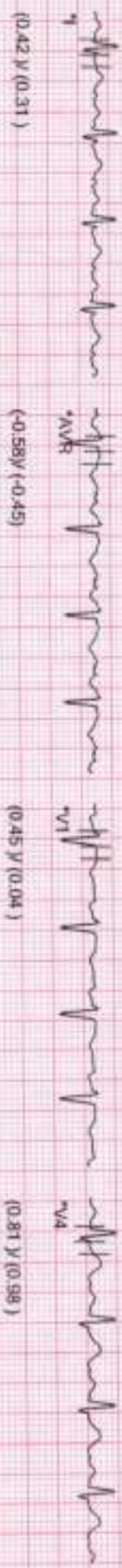
Grade(%) : 0.00 Tested on : 30-11-2023,12:28 PM

NIBP : 120/80(93)

HR : 107 (56%)

METS : 0.00 BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 80ms PJ



ID : 3011230023

Stage : Waiting for Exe .. Protocol : BRUCE

NAME : MR RAMA PRASAD

Pre Test Time : 02:33

Speed(Km/h) : 0.0

Doctor : DR. APOLO CLINIC

AGE : 32

Stage Time : 00:26

Grade(%) : 0.00

Tested on : 30-11-2023,12:28 PM

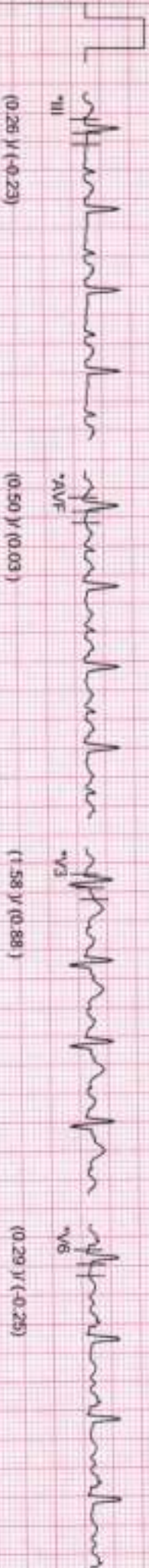
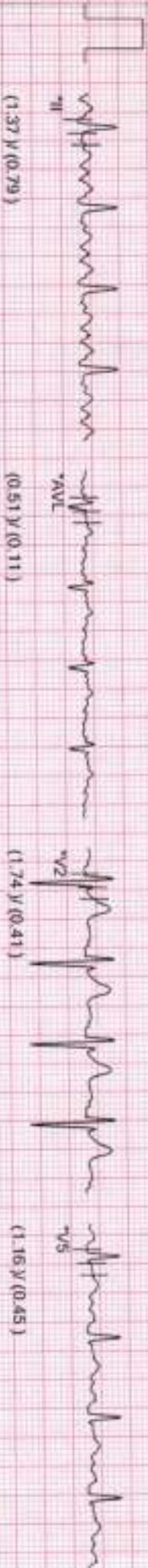
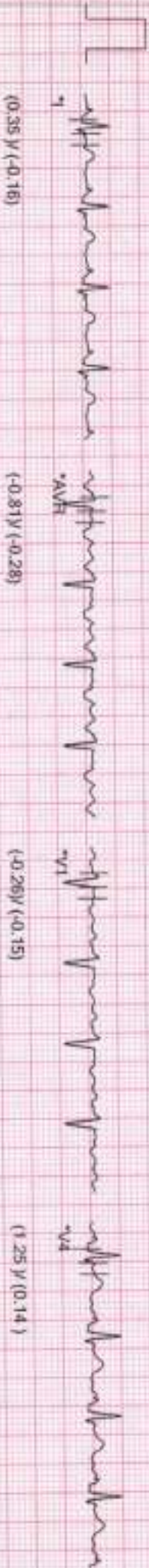
NIBP : 120/80(93)

HR : 106 (56%)

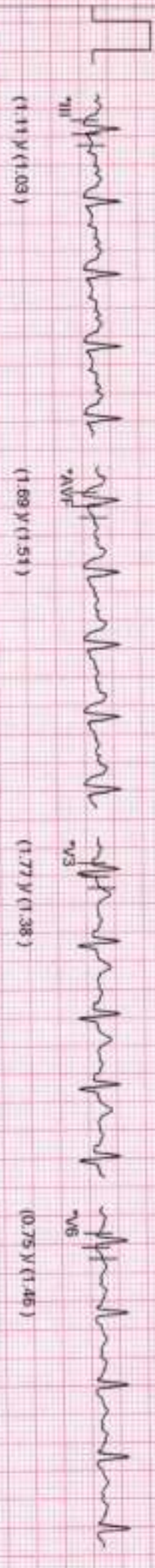
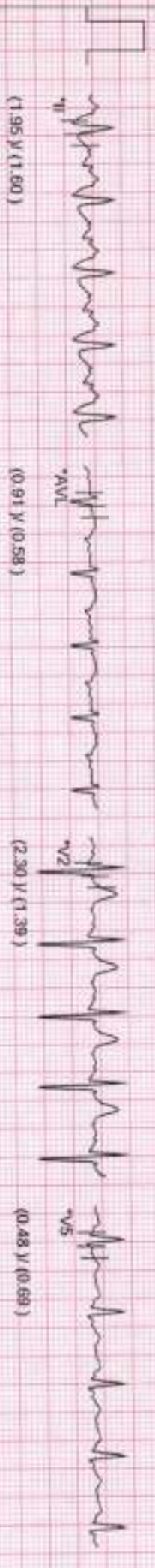
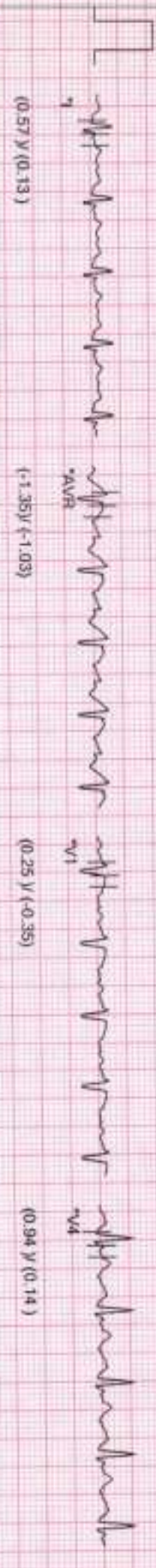
METS : 0.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 80ms PJ



ID : 3011230023 Stage : Exercise 1 Protocol : BRUCE
NAME : MR RAMA PRASAD Exercise Time : 03:00 Speed (Km/h) : 2.7 Doctor : Dr. APOLO CLINIC
AGE : 32 Stage Time : 03:00 Grade(%) : 10.00 Tested on : 30-11-2023, 12:28 PM
NIBP : 120/80(93) HR : 117 (62%) METS : 5.10 BPL DYNATRAC NEO
 ST Level(mm), ST Slope (mV/sec) at 80ms P1



ID : 3011230023 Stage : Exercise 2 Protocol : BRUCE Doctor : DR. APOLO CLINIC
 NAME : MR RAMA PRASAD Exercise Time : 06:00 Speed(Km/h) : 4.0 Tested on : 30-11-2023,12:28 PM
 AGE : 32 Stage Time : 03:00 Grade(%) : 12.00
 NIBP : 130/80(96) HR : 134 (71%) METS : 7.10 BPL DYNATRAC NEO
 ST Level(mm), ST Slope (mV/sec) at 60ms PJ



(-0.35) V (-1.05)

(-0.59) V (-0.58)

(-0.08) V (-1.75)

(0.89) V (1.35)

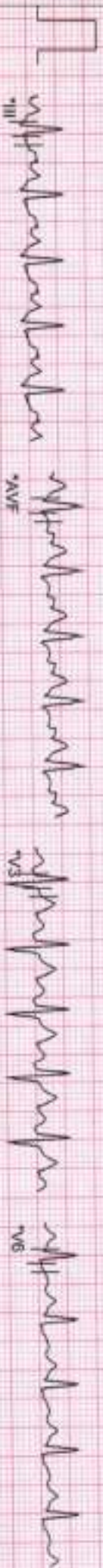


(0.03) V (1.27)

(-0.12) V (-1.28)

(2.26) V (1.15)

(0.73) V (0.95)



(0.86) V (0.57)

(0.49) V (1.62)

(1.60) V (1.75)

(-0.05) V (0.98)



ID : 3011230023

Stage : Exercise 3

Protocol : BRUCE

NAME : MR RAMA PRASAD

Exercise Time : 09:00

Speed(Km/h) : 5.5

Doctor : DR. APOLO CLINIC

AGE : 32

Stage Time : 03:00

Grade(%) : 14.00

Tested on : 30-11-2023,12:28 PM

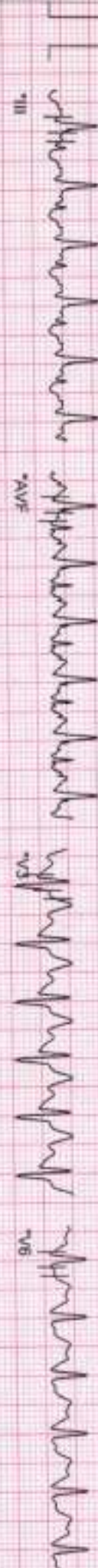
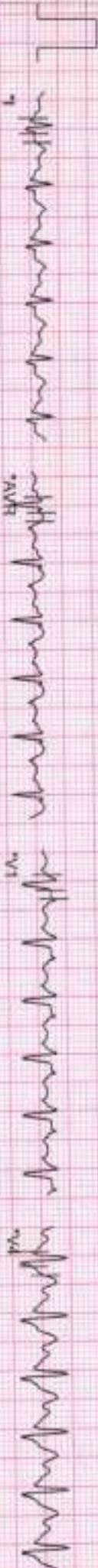
NIBP : 140/80(100)

HR : 153 (81%)

METS : 10.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 60ms P)



Linked Median Report

SPECTRUM DIAGNOSTICS & HEALTH CARE

Phone: 7760497644 / 08023371555

ID : 3011230023

Stage

: Peak Exercise 4

Protocol

: BRUCE

NAME : MR RAMA PRASAD

Exercise Time : 11:01

Speed(Km/h) : 6.8

Doctor

: Dr. APOLO CLINIC

AGE : 32

Stage Time : 02:01

Grade(%) : 16.00

Tested on : 30-11-2023, 12:28 PM

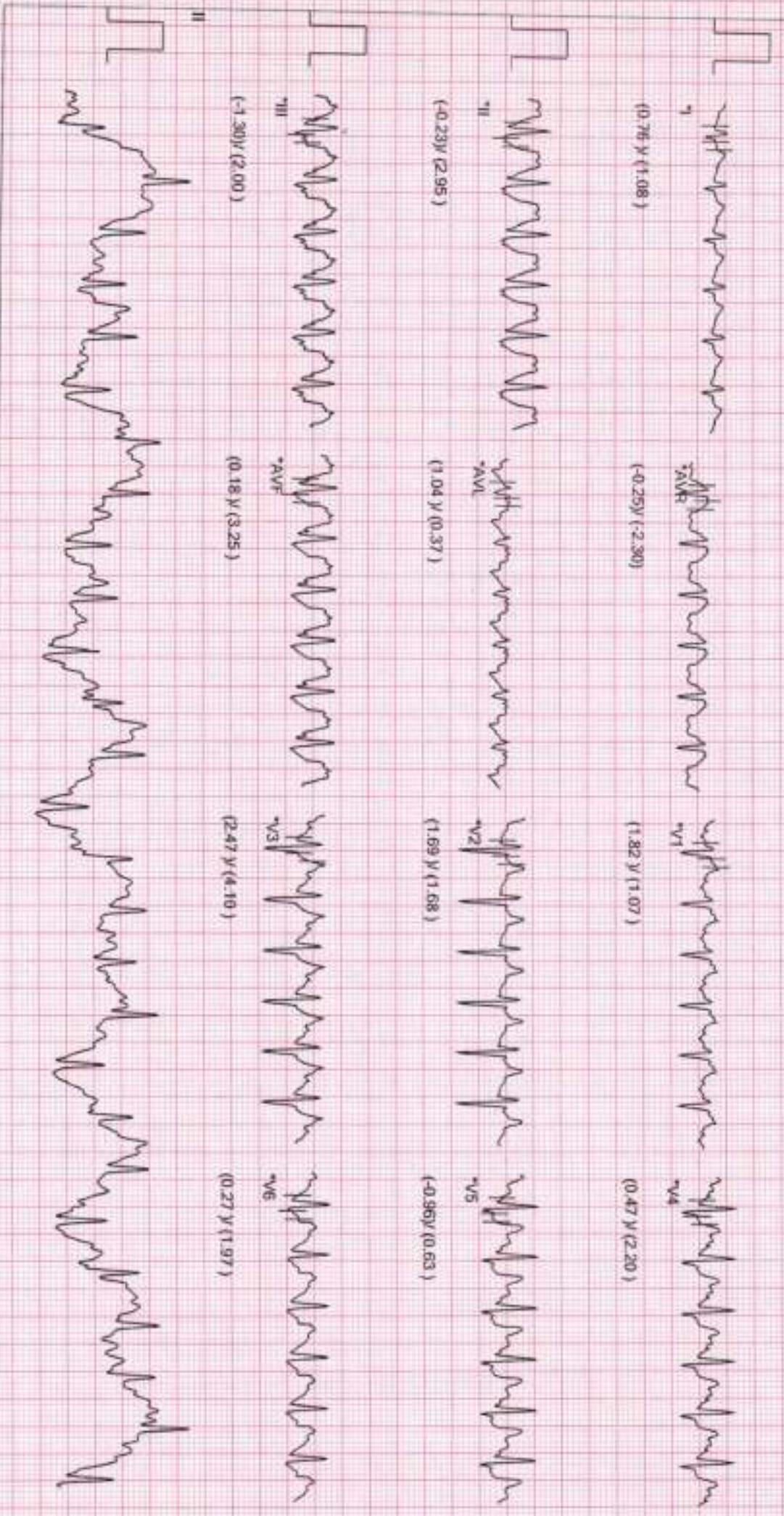
NIBP : 150/80(103)

HR : 164 (87%)

METS : 13.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 60ms P)



SPECTRUM DIAGNOSTICS & HEALTH CARE

Phone: 7760497644 / 08023371555

ID : 3011230023

Stage

: Recovery 1

Protocol

: BRUCE

NAME : MR RAMA PRASAD

Recovery Time : 01:00

Speed(Km/h) : 0.0

Doctor : Dr. APOLO CLINIC

AGE : 32

Stage Time : 01:00

Grade(%) : 0.00

Tested on : 30-11-2023, 12:28 PM

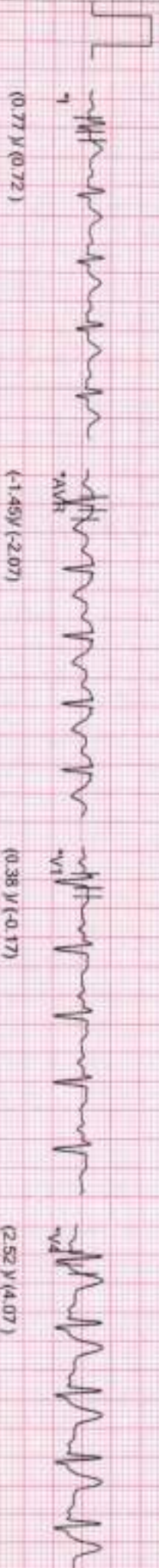
NIBP : 140/80(100)

HR : 130 (69%)

METS : 0.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 60ms P1



SPECTRUM DIAGNOSTICS & HEALTH CARE

Phone: 7760497644 / 08023371555

ID : 3011230023

Stage

: Recovery 2

Protocol

: BRUCE

NAME : MR RAMA PRASAD

Recovery Time : 02:00

Speed(Km/h) : 0.0

Doctor

: Dr. APOLO CLINIC

AGE : 32

Stage Time

: 01:00

Grade(%)

: 0.00

Tested on

: 30-11-2023, 12:28 PM

NIBP : 130/80(96)

HR

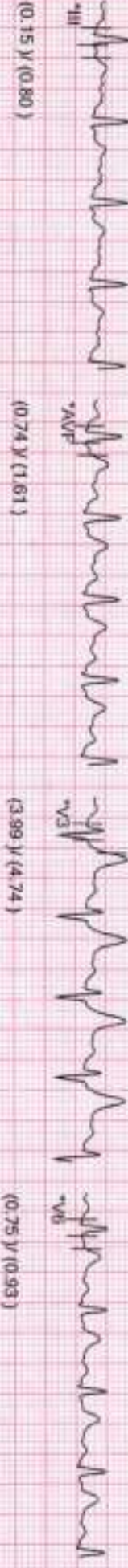
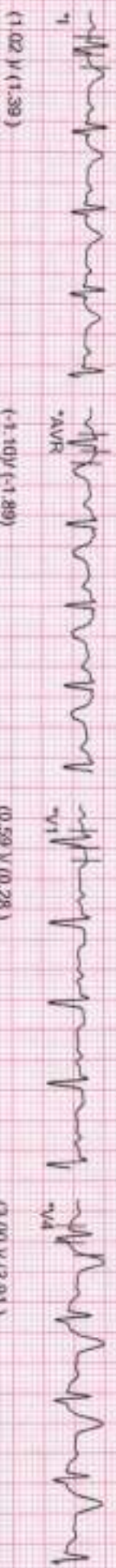
: 115 (61%)

METS

: 0.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 80ms PJ



ID : 3011230023

Stage

: Recovery 3

Protocol

: BRUCE

NAME : MR RAMA PRASAD

Recovery Time

: 03:00

Speed(Km/h) : 0.0

Doctor

: Dr. APOLO CLINIC

AGE : 32

Stage Time

: 01:00

Grade(%) : 0.00

Tested on

: 30-11-2023,12:28 PM

NIBP : 120/80(93)

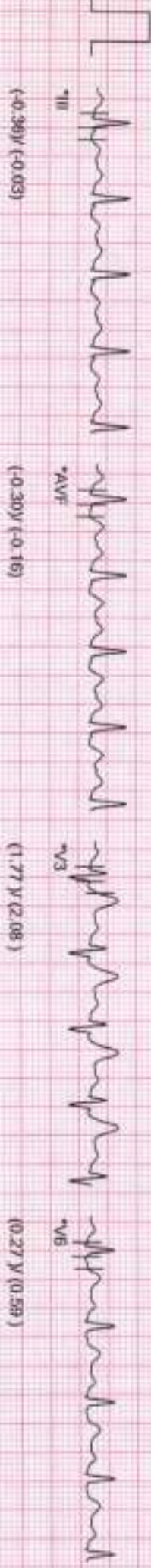
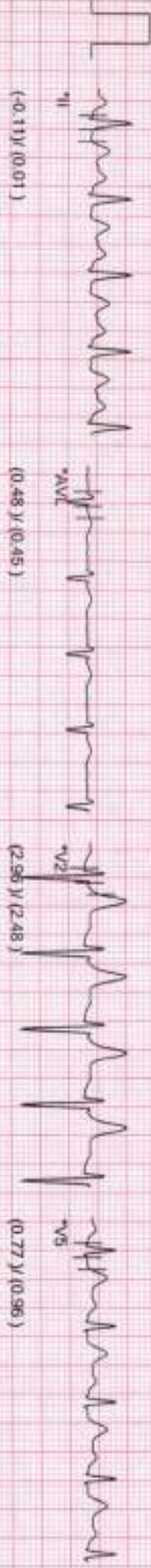
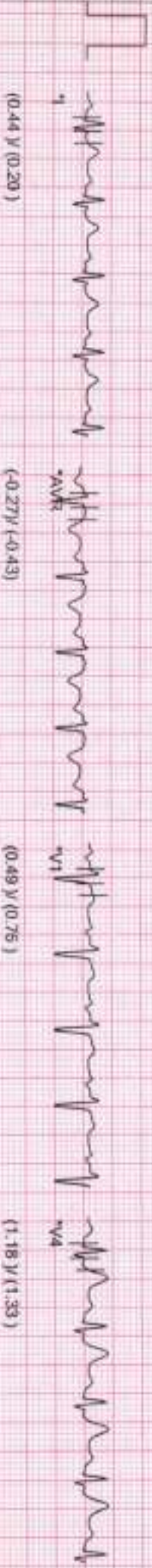
HR

: 114 (60%)

METS : 0.00

BPL DYNATRAC NEO

ST Level(mm), ST Slope (mV/sec) at 80ms PJ



PATIENT NAME	MR. RAMA PRASAD	ID NO	REG -30023
AGE	32 YRS	SEX	MALE
REF BY	C/O APOLO CLINIC	DATE	30.11.2023

ULTRASONOGRAM OF ABDOMEN & PELVIS

LIVER: Normal in size, measures 13.3 cms. Parenchymal echogenicity is normal. No focal lesion. CBD and IHBR are not dilated. Portal vein appears normal.

GALL BLADDER: Adequately distended. Wall thickness appears normal.
Multiple polyps seen in the gall bladder measuring 3.5 x 5.2 mm

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

SPLEEN: Normal in size and echo pattern, measures 10.2 cms. No focal lesion.

KIDNEYS: Right kidney measures 9.8 x 1.3cms. Left kidney measures 9.9 x1.5 cms.. Both kidneys are normal in size. Cortical echogenicity and parenchymal thickness are normal. No pelvicalyceal or ureteric dilatation. No intra renal calculus seen.

URINARY BLADDER: Adequately distended. No calculus. Wall thickness appears normal.

PROSTATE: Normal in size and echogenicity. Volume 19.0 cc .

No free fluid seen in abdomen and pelvis. No pleural effusion.
No obvious para aortic nodal enlargement seen.

Impression:

- Gall bladder polyps as described.
- Recommended clinical / biochemical correlation and follow up for GB polyps .



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

Thank you for the courtesy of this referral.

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. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes.



Name	: MR. RAMA PRASAD	UHID	: 3011230023	Bill Date	: 30-Nov-2023 09:30 AM
Age / Gender	: 32 years / Male			Sample Col. Date	: 30-Nov-2023 09:30 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 30-Nov-2023 12:00 PM
Reg. No.	: 3011230023			Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Complete Haemogram-Whole Blood EDTA				
Haemoglobin (HB)	15.40	g/dL	Male: 14.0-17.0 Female: 12.0-15.0 Newborn: 16.50 - 19.50	Spectrophotometer
Red Blood Cell (RBC)	5.44	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	44.20	%	Male: 42.0-51.0 Female: 36.0-45.0	Electronic Pulse
Mean corpuscular volume (MCV)	81.20	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	28.30	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	34.90	%	33.00-35.50	Calculated
Red Blood Cell Distribution Width SD (RDW-SD)	36.30	fL	40.0-55.0	Volumetric Impedance
Red Blood Cell Distribution CV (RDW-CV)	14.10	%	Male: 11.80-14.50 Female: 12.20-16.10	Volumetric Impedance
Mean Platelet Volume (MPV)	9.70	fL	8.0-15.0	Volumetric Impedance
Platelet	2.28	lakh/cumm	1.50-4.50	Volumetric Impedance
Platelet Distribution Width (PDW)	14.20	%	8.30 - 56.60	Volumetric Impedance
White Blood cell Count (WBC)	5680.00	cells/cumm	Male: 4000.0-11000.0 Female: 4000.0-11000.0 Children: 6000.0-17500.0 Infants : 9000.0-30000.0	Volumetric Impedance
Neutrophils	52.00	%	40.0-75.0	Light scattering/Manual
Lymphocytes	40.00	%	20.0-40.0	Light scattering/Manual
Eosinophils	4.00	%	0.0-8.0	Light scattering/Manual



Name	: MR. RAMA PRASAD	UHID	: 3011230023	Bill Date	: 30-Nov-2023 09:30 AM
Age / Gender	: 32 years / Male		3011230023	Sample Col. Date	: 30-Nov-2023 09:30 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 30-Nov-2023 12:00 PM
Reg. No.	: 3011230023			Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Monocytes	3.00	%	0.0-10.0	Light scattering/Manual
Basophils	1.00	%	0.0-1.0	Light scattering/Manual
Absolute Neutrophil Count	2.92	10 ³ /uL	2.0- 7.0	Calculated
Absolute Lymphocyte Count	2.39	10 ³ /uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.17	10 ³ /uL	0.20-1.00	Calculated
Absolute Eosinophil Count	200.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.00	10 ³ /uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	02	mm/hr	Female : 0.0-20.0 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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SCAN FOR LOCATION



Other Branch: #466/A, Ideal Homes Township, 80 Feet Road, Kenchanahalli, Rajarajeshwari Nagar, Bengaluru-560098 +91 6361 263 067 | 080-2991 8944 | 080-4951985

Name	: MR. RAMA PRASAD	UHID	: 3011230023	Bill Date	: 30-Nov-2023 09:30 AM
Age / Gender	: 32 years / Male			Sample Col. Date	: 30-Nov-2023 09:30 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 30-Nov-2023 12:00 PM
Reg. No.	: 3011230023			Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Fasting Urine Glucose-Urine	Negative		Negative	Dipstick/Benedicts (Manual)
Fasting Blood Sugar (FBS)- Plasma	86	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.



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2146 PDR LOCATION



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Name	: MR. RAMA PRASAD	UHID	: 3011230023	Bill Date	: 30-Nov-2023 09:30 AM
Age / Gender	: 32 years / Male	 3011230023	Sample Col. Date	: 30-Nov-2023 09:30 AM	
Ref. By Dr.	: Dr. APOLO CLINIC		Result Date	: 30-Nov-2023 12:00 PM	
Reg. No.	: 3011230023	Report Status	: Final		
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
LFT-Liver Function Test -Serum				
Bilirubin Total-Serum	1.74	mg/dL	0.2-1.0	Caffeine Benzoate
Bilirubin Direct-Serum	0.32	mg/dL	0.0-0.2	Diazotised Sulphanilic Acid
Bilirubin Indirect-Serum	1.42	mg/dL	0.0-1.10	Direct Measure
Aspartate Aminotransferase (AST/SGOT)-Serum	27.00	U/L	15.0-37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	37.00	U/L	Male:16.0-63.0 Female:14.0-59.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)- Serum	50.00	U/L	Adult: 45.0-117.0 Children: 48.0-445.0 Infants: 81.90-350.30	PNPP,AMP- Buffer
Protein, Total-Serum	6.68	g/dL	6.40-8.20	Biuret/Endpoint- With Blank
Albumin-Serum	4.49	g/dL	3.40-5.00	Bromocresol Purple
Globulin-Serum	2.19	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	2.05	Ratio	0.80-1.20	Calculated



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C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Gamma-Glutamyl Transferase (GGT)-Serum	21.00	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.

Calcium,Total- Serum	8.90	mg/dL	8.50-10.10	Spectrophotometry (O-Cresolphthalein complexone)
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Name	: MR. RAMA PRASAD	UHID	: 3011230023	Bill Date	: 30-Nov-2023 09:30 AM
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Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 30-Nov-2023 12:00 PM
Reg. No.	: 3011230023			Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Lipid Profile-Serum				
Cholesterol Total-Serum	154.00	mg/dL	Male: 0.0 - 200	Cholesterol Oxidase/Peroxidase
Triglycerides-Serum	71.00	mg/dL	Male: 0.0 - 150	Lipase/Glycerol Dehydrogenase
High-density lipoprotein (HDL) Cholesterol-Serum	40.00	mg/dL	Male: 40.0 - 60.0	Accelerator/Selective Detergent
Non-HDL cholesterol-Serum	114	mg/dL	Male: 0.0 - 130	Calculated
Low-density lipoprotein (LDL) Cholesterol-Serum	98.00	mg/dL	Male: 0.0 - 100.0	Cholesterol esterase and cholesterol oxidase
Very-low-density lipoprotein (VLDL) cholesterol-Serum	14	mg/dL	Male: 0.0 - 40	Calculated
Cholesterol/HDL Ratio-Serum	3.85	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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IF-48 FOR LOCATION



Name	: MR. RAMA PRASAD	UHID	: 3011230023	Bill Date	: 30-Nov-2023 09:30 AM
Age / Gender	: 32 years / Male			Sample Col. Date	: 30-Nov-2023 09:30 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 30-Nov-2023 12:00 PM
Reg. No.	: 3011230023			Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
KFT (Kidney Function Test) :				
Blood Urea Nitrogen (BUN)-Serum	8.00	mg/dL	7.0-18.0	GLDH,Kinetic Assay
Creatinine-Serum	0.90	mg/dL	Male: 0.70-1.30 Female: 0.55-1.02	Modified kinetic Jaffe
Uric Acid-Serum	5.80	mg/dL	Male: 3.50-7.20 Female: 2.60-6.00	Uricase PAP
Sodium (Na ⁺)-Serum	140.2	mmol/L	135.0-145.0	Ion-Selective Electrodes (ISE)
Potassium (K ⁺)-Serum	4.32	mmol/L	3.5 to 5.5	Ion-Selective Electrodes (ISE)
Chloride(Cl ⁻)-Serum	102.30	mmol/L	94.0-110.0	Ion-Selective Electrodes (ISE)



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37 49 FOR LEGATION



Name : MR. RAMA PRASAD	UHID : 3011230023	Bill Date : 30-Nov-2023 09:30 AM
Age / Gender : 32 years / Male	 3011230023	Sample Col. Date : 30-Nov-2023 09:30 AM
Ref. By Dr. : Dr. APOLO CLINIC		Result Date : 30-Nov-2023 12:00 PM
Reg. No. : 3011230023		Report Status : Final
C/o : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
Thyroid function tests (TFT)- Serum				
Tri-Iodo Thyronine (T3)-Serum	1.10	ng/mL	Male: 0.60 - 1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine (T4)-Serum	9.60	µg/dL	Male: 5.50 - 12.10	Chemiluminescence Immunoassay (CLIA)
Thyroid Stimulating Hormone (TSH)-Serum	0.64	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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Name : MR. RAMA PRASAD	UHTD : 3011230023	Bill Date : 30-Nov-2023 09:30 AM
Age / Gender : 32 years / Male	 3011230023	Sample Col. Date : 30-Nov-2023 09:30 AM
Ref. By Dr. : Dr. APOLO CLINIC		Result Date : 30-Nov-2023 02:18 PM
Reg. No. : 3011230023		Report Status : Final
C/o : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
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.

Urine Routine Examination-Urine

Physical Examination

Colour	Pale Yellow		Pale Yellow	Visual
Appearance	Clear		Clear	Visual
Reaction (pH)	6.0		5.0-7.5	Dipstick
Specific Gravity	1.020		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

QR FOR LOCATION



Name : MR. RAMA PRASAD	UHID : 3011230023	Bill Date : 30-Nov-2023 09:30 AM
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C/o : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
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Comments: The kidneys help filtration 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.

Post prandial Blood Glucose (PPBS)-Plasma	101	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.

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	O	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.

Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA



Name	: MR. RAMA PRASAD	UHID	: 3011230023	Bill Date	: 30-Nov-2023 09:30 AM
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C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Glycosylated Haemoglobin (HbA1c)	4.80	%	Non diabetic adults : <5.7 At risk (Prediabetes) : 5.7 - 6.4 Diagnosing Diabetes : \geq 6.5 Diabetes Excellent Control : 6-7 Fair to good Control : 7-8 Unsatisfactory Control : 8-10 Poor Control : >10	HPLC
Estimated Average Glucose(eAG)	91.06	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 glycaemic control as compared to blood and urinary glucose determinations.



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