

Respected Sir/Madam,

Please find enclosed all investigation reports submitted on 20-12-2023 at your AMRISHM MEDICAL CENTRE LLP - Pune Centre
 I assure you that all reports are correct & true to the best of my knowledge & belief.
 In case of any discrepancy, please contact our office at 020-26111234 or 020-26111235.
 Thank you for your cooperation.

Sl. No.	Ref. No.	Age	Sex	Height	Weight	Temp	Pulse	BP	HR	RR	SpO2	Remarks	Reported By	Date	Signature
1	AMRISHM/2023/11234	45	Male	175	75	37.5	72	120/80	98	18	95	General Examination, Blood, Urine, X-Ray, USG, ECG, Dental, etc.	Dr. X. May	2023-12-09	



Blood -
 BSL ✓
 ECG ✓
 Urine ✓
 X-Ray ✓
 USG ✓
 Phy ✓
 Dental ✓
 20Gct ✓
 X. may



ANANDRISHIJI
ANANDRISHIJI
MEDICAL CENTRE

PATIENT NAME:	Mr Ravi Pratap.	DATE:	09/12/2023		
AGE	YRS 29-	SEX-	Male.		
HEIGHT- cms	170	WEIGHT- KG	76.6	BP- mmhg	140/90
RIGHT EYE	LEFT EYE-		color vision - (N)		
vision - 0.4, farightedness		ID		external app - (N)	
PAST HISTORY-	hx - anal fissure - 5yrs ago. hx - Dengue tbc Nov 2023, Hospitalised				
PRESENT COMPLAINTS- COMPLAINT	- no major complaints.		- recovered - no complaints.		

CNS }
CVS }
R.S. }
P.A } (N)

F/H :

F - Healthy
M -

Fit -

UNFIT

FIT WITH RECOMMANDATION



Dr. Pushpalakshmi Challa
MD Physician
Reg. No. 60450
Per. Reg. No. 1811070037

Doctors Stamp & Signature

red tooth $\approx \frac{S}{+}$

Stains - +++
Calculus - ++

ANANDRISHIJI MEDICAL CENTRE
DENTAL DEPARTMENT

Date: 09/12/23

Patient's Name: RAVI IRATAP

Age: 29 Sex: Male Female Date of Birth: _____

Address: KHANDALA

8103099952

Occupation: _____ Phone: Resi: _____ Mob: _____ Mob 2: _____

Email: _____ Blood Group: B+ve

Medical History: I have / Had following:

Nil

- | | | |
|---------------------------------------|---|---|
| Drug Allergy <input type="checkbox"/> | Heart Attack <input type="checkbox"/> | Abnormal bleeding <input type="checkbox"/> |
| Diabetes <input type="checkbox"/> | Jaundice <input type="checkbox"/> | Pregnancy/Breast feeding <input type="checkbox"/> |
| Anaemia <input type="checkbox"/> | Fits/epilepsy <input type="checkbox"/> | Rheumatic Fever <input type="checkbox"/> |
| Medication <input type="checkbox"/> | Blood pressure <input type="checkbox"/> | Kidney Disease <input type="checkbox"/> |

If age of patient is below 18 years Name of guardian: _____

CHIEF COMPLAINT: _____

Preferred Mode of Payment

Cash Card Net Banking Cheque



WhatsApp

You
toda...



Ravi pratap

Ravi Pratap



Patient name: Ravi Pratap / 28y
 Patient ID: 23ec904e-1abb-4e9c-8d03-53be3920a05

09.12.2023 09:58:08
 Standard 12-Lead

ANAND RISHI MEDICAL CENTER
 PUNE

Age: Male
 Gender: Male
 Height: Unkown
 Weight: Unkown
 Past medical history: Unkown
 Medication: Unkown
 Other ID: Unkown
 Dr. pres: Unkown
 Dr. pres: Unkown

HR: 73 bpm
 P axis: 27°
 QRS axis: 43°
 T axis: 17°

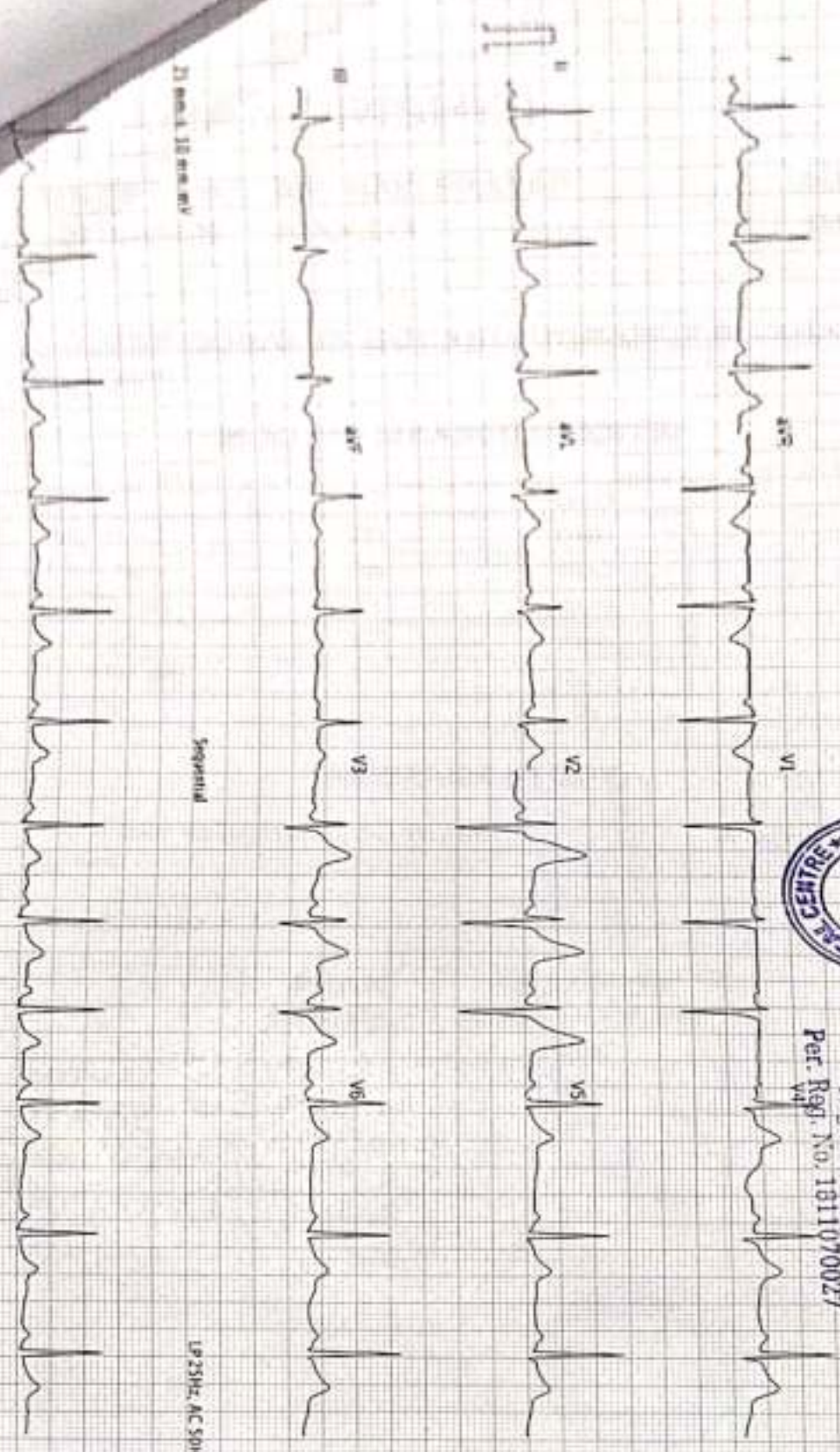
RR: 820 ms
 P: 94 ms
 PR: 139 ms
 QRS: 89 ms
 QT: 181 ms
 QTc: 421 ms

Sinus rhythm
 Normal electrical axis
 Normal ECG
 Unconfirmed report



Dr. Puspafalgsimi Chafra
 MD Physician
 Reg. No. 67450
 Perf. Reg. No. 1811070027

Handwritten notes:
 - sinus rhythm
 - sinus - (circle)
 - 9T wave - von speckle
 TP aVF (circle)
 (circle)



25 mm/s, 10 mm/mV

Sequential

LP 25Hz AC SPHz

LP 25Hz AC SPHz

Printed on 09.12.2023 09:58:25

ANANDRISHIJI

MEDICAL CENTRE

PATIENT'S NAME: MR. RAVI PRATAP
REF. CLINICIAN : APOLLO

AGE : 29

DATE : 9-Dec-23

2 DIMENSIONAL ECHOCARDIOGRAPHY & COLOUR DOPPLER REPORT

M-MODE MEASUREMENTS:

LA	27	mm
AO root	26	mm
LVID(d)	36	mm
LVID (s)	21	mm
IVS (d)	13	mm
LVPW (d)	12	mm
LVEF	60	%

DOPPLER STUDY:

E wave velocity: 0.53 m/sec
m/sec

A wave velocity: 0.47

E/A ratio > 1

	PEAK (mmHg)	GRADE OF REGURGITATI ON
MITRAL	N	Trivial
AORTIC	12	NIL
TRICUSPID	N	Trivial
PULMONAR Y	N	Nil



P.T.O

**2 DIMENSIONAL ECHOCARDIOGRAPHY & COLOUR DOPPLER
REPORT**

COMMENTS:

- No LV regional wall motion abnormality at rest.
- Normal resting LV systolic function. LVEF = 60%.
- Normal LV diastolic function.
- Normal chamber dimensions. No LA/LV enlargement.
- Mitral valve normal. Trivial mitral regurgitation.
- Annulo-papillary apparatus appears intact.
- Aortic valve - is trileaflet.
- Structurally normal tricuspid valve. Trivial TR.
PASP by TR jet 28 mmHg. No pulmonary hypertension.
- Normal RV systolic function. IVC normal. IAS & IVS are intact.
- No LV clot/thrombus/pericardial effusion/ vegetation.

SUMMARY:

- Normal LV systolic function. LVEF=60%
- No Regional wall motion abnormality at rest.
- Normal LV diastolic function.
- No pulmonary hypertension. IVC- normal



Dr. Nikhil Raut
M.D(Medicine). D.M(Cardiology)

Dr. Nikhil Raut
M.D. (MED), DM Cardiology
Reg. No. 2008/04/1568







ANANDRISHIJI
MEDICAL CENTRE

PATIENT'S NAME: MR.RAVI PRATAP
REF. CLINICIAN : APOLLO

AGE : 29Yrs.
DATE : 9-Dec-23

Ultrasound Abdomen and Pelvis

Liver: Normal in position shape and echotexture.
Hepatic and portal venous radicles are normal.
No IHBR dilatation seen. No focal lesion seen

Spleen: Normal position & echopattern.

Pancreas: Head, body and tail well visualized, normal echo texture and size. No dilatation of main pancreatic duct or focal lesion seen.

Gall bladder: contracted (post prandial status)
Common duct and Portal vein: Normal.

Kidneys: Size:Right kidney: 8.4 x 4.6 cms **Left kidney:** 9 x 4.7 cms
Normal position, shape, echo pattern and corticomedullary differentiation seen. No calculi, hydronephrosis or focal parenchymal lesion seen. Moves freely with respiration.

Retroperitoneum: not visualized due to bowel gas.

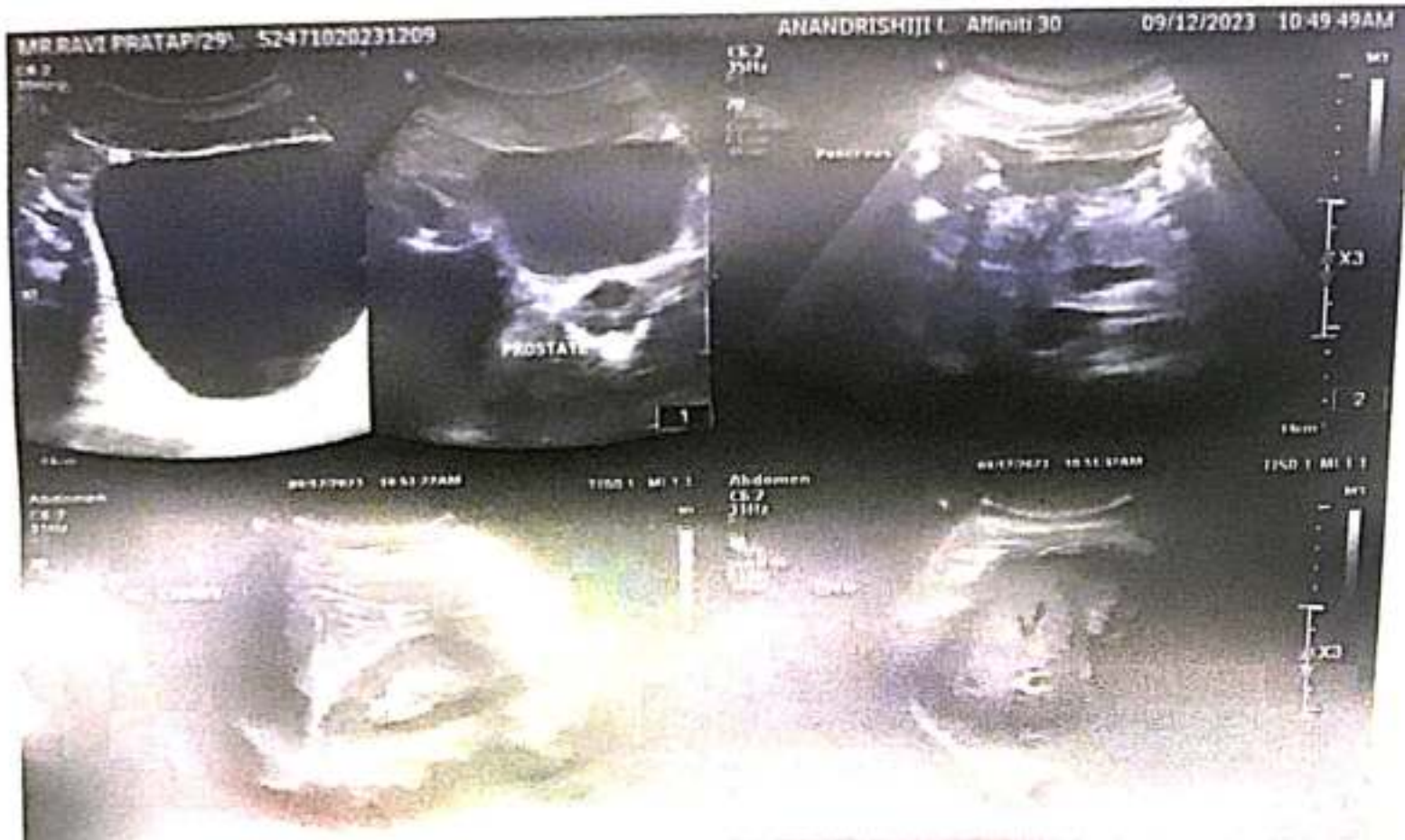
Urinary bladder: Well distended and normal in shape. Wall thickness is within normal limits. No calculus, mural lesion or diverticulum seen.

Prostate: Normal in echopattern and shape. No focal lesion seen.

IMPRESSION: Normal Scan of abdomen and pelvis.


Dr. Trupti Jagdale
Consultant Radiologist





PATIENT'S NAME	MR. RAVI PRATAP	AGE/SEX	29Y/ MALE
REF BY	APOLLO	DATE :	9-Dec-23

X-RAY CHEST PA VIEW

Both the lung fields appear normal.

Both costophrenic angles are normal.
The hila, mediastinal and diaphragmatic outlines appear normal.

The cardiac shadow appears normal.
The bony thoracic cage and soft tissues appear normal.

IMPRESSION:- No abnormality detected.

*Kindly correlate clinically.



DR. RUTUJA DOSHI.
MBBS, DMRE.
Consultant Radiologist.



Respected Sir/Madam,

Please find enclosed all measurement reports submitted on 28-12-2023 at your AMRISHAM MEDICAL CENTRE LLP - Pune Centre.

Kindly note that the reports are generated on the basis of information provided by the patient and the doctor. We do not guarantee the accuracy of the results. We request you to verify the results with your doctor and take necessary action.

Sl. No.	Test Name	Result	Reference Range	Remarks
1	Diabetes (Fasting) (FPG)	108	70-100	
2	Post Prandial (PPG)	145	140	
3	HbA1c	5.8	4.0-5.6	
4	Urea Nitrogen	12	8-20	
5	Creatinine	1.2	0.7-1.3	
6	BUN	20	7-20	
7	Cr	1.2	0.7-1.3	
8	ALT	25	10-40	
9	AST	35	10-40	
10	ALP	150	40-130	
11	GOT	25	10-40	
12	GPT	35	10-40	
13	Gamma-GT	15	10-30	
14	TP	7.5	6.5-8.5	
15	Albumin	4.5	3.5-5.5	
16	Bilirubin	1.2	0.2-1.2	
17	Hemoglobin	14	12-16	
18	Hematocrit	42	37-47	
19	Hemoglobin A1c	5.8	4.0-5.6	
20	Hemoglobin A1c (HbA1c)	5.8	4.0-5.6	
21	Urea Nitrogen	12	8-20	
22	Creatinine	1.2	0.7-1.3	
23	BUN	20	7-20	
24	Cr	1.2	0.7-1.3	
25	ALT	25	10-40	
26	AST	35	10-40	
27	ALP	150	40-130	
28	GOT	25	10-40	
29	GPT	35	10-40	
30	Gamma-GT	15	10-30	
31	TP	7.5	6.5-8.5	
32	Albumin	4.5	3.5-5.5	
33	Bilirubin	1.2	0.2-1.2	
34	Hemoglobin	14	12-16	
35	Hematocrit	42	37-47	
36	Hemoglobin A1c	5.8	4.0-5.6	
37	Hemoglobin A1c (HbA1c)	5.8	4.0-5.6	
38	Urea Nitrogen	12	8-20	
39	Creatinine	1.2	0.7-1.3	
40	BUN	20	7-20	
41	Cr	1.2	0.7-1.3	
42	ALT	25	10-40	
43	AST	35	10-40	
44	ALP	150	40-130	
45	GOT	25	10-40	
46	GPT	35	10-40	
47	Gamma-GT	15	10-30	
48	TP	7.5	6.5-8.5	
49	Albumin	4.5	3.5-5.5	
50	Bilirubin	1.2	0.2-1.2	



Blood -
 BSL < F ✓
 ECG ✓
 Urine ✓
 X-Ray ✓
 USG ✓
 Phy ✓
 Dental ✓
 2-DG ✓
 X-ray ✓



ANANDRISHIJI
ANANDRISHIJI
MEDICAL CENTRE

PATIENT NAME:	Mr Ravi Pratap.	DATE:	09/12/2023		
AGE	YRS 29-	SEX-	Male.		
HEIGHT- cms	170	WEIGHT- KG	76.6	BP- mmhg	140/90
RIGHT EYE	LEFT EYE-		color vision - (N)		
vision - 0.4, farightedness		external app - (N)		ID	
PAST HISTORY-	hx - anal fissure - 5yrs ago.				
	hx - Dengue tbc Nov 2023, Hospitalised				
PRESENT COMPLAINTS- COMPLAINT	- no major complaints.		- recovered		- no complaints.

CNS }
CVS }
R.S. }
P.A } @

F/H :

F - Healthy
M -

Fit -

UNFIT

FIT WITH RECOMMANDATION



Dr. Pushpalakshmi Challa
MD Physician
Reg. No. 60450
Per. Reg. No. 1811070037

Doctors Stamp & Signature

red tooth $\approx \frac{S}{+}$

Stains - +++
Calculus - ++

ANANDRISHIJI MEDICAL CENTRE
DENTAL DEPARTMENT

Date: 09/12/23

Patient's Name: RAVI IRATAP

Age: 29 Sex: Male Female Date of Birth: _____

Address: KHANDALA

8103099952

Occupation: _____ Phone: Resi: _____ Mob: _____ Mob 2: _____

Email: _____ Blood Group: B+ve

Medical History: I have / Had following:

Nil

- | | | | | | | |
|--------------------------|--------------|--------------------------|----------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Drug Allergy | <input type="checkbox"/> | Heart Attack | <input type="checkbox"/> | <input type="checkbox"/> | Abnormal bleeding |
| <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | Jaundice | <input type="checkbox"/> | <input type="checkbox"/> | Pregnancy/Breast feeding |
| <input type="checkbox"/> | Anaemia | <input type="checkbox"/> | Fits/epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatic Fever |
| <input type="checkbox"/> | Medication | <input type="checkbox"/> | Blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | Kidney Disease |

If age of patient is below 18 years Name of guardian: _____

CHIEF COMPLAINT: _____

Preferred Mode of Payment

Cash Card Net Banking Cheque



WhatsApp

You
toda...



Ravi pratap

Ravi Pratap



Patient name: Ravi Pratap / 28y
 Patient ID: 23ec904e-1abb-4e9c-8d03-53be3920a05

09.12.2023 09:58:08
 Standard 12-Lead

ANAND RISHI MEDICAL CENTER
 PUNE

Age: Male
 Gender: Male
 Height: Unkown
 Weight: Unkown
 Past medical: Unkown
 Medication: Unkown
 Order ID: Unkown
 Dr. pres: Unkown
 Dr. print: Unkown

HR: 73 bpm
 P axis: 27°
 QRS axis: 43°
 T axis: 17°

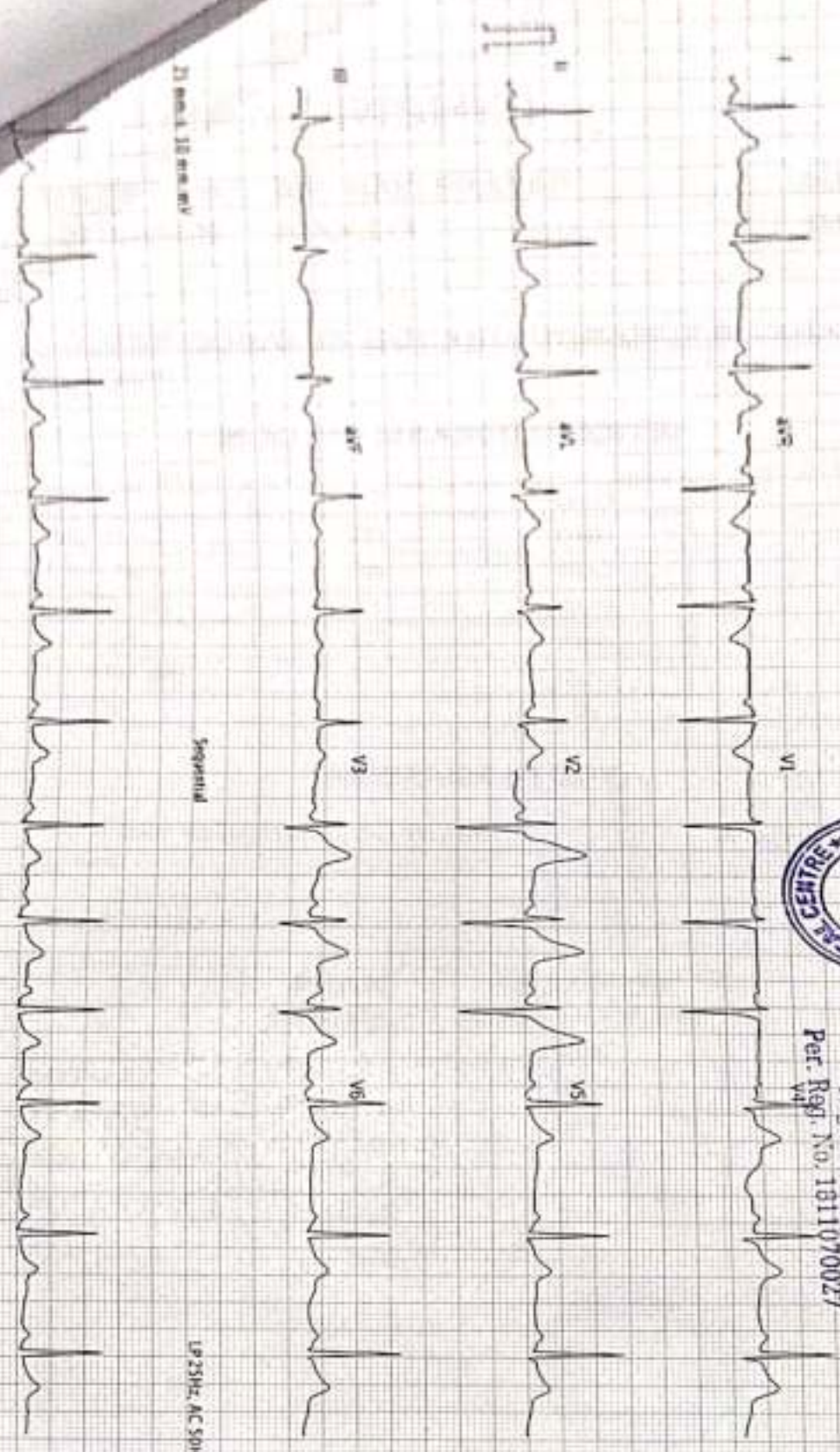
RR: 820 ms
 P: 94 ms
 PR: 139 ms
 QRS: 89 ms
 QT: 381 ms
 QTc: 421 ms

Sinus rhythm
 Normal electrical axis
 Normal ECG
 Unconfirmed report



Dr. Puspafalgsimi Chafra
 MD Physician
 Reg. No. 67450
 Per. Reg. No. 1811070027

Handwritten notes:
 - sinus rhythm
 - sinus - (circle)
 - 9T wave - von speckle
 TP aVF (circle)
 (circle)



25 mm/s, 10 mm/mV

Sequential

LP 25Hz AC SPHz

LP 25Hz AC SPHz

Printed on 09.12.2023 09:58:25

Page 1 of 1

ANANDRISHIJI

MEDICAL CENTRE

PATIENT'S NAME: MR. RAVI PRATAP
REF. CLINICIAN : APOLLO

AGE : 29

DATE : 9-Dec-23

2 DIMENSIONAL ECHOCARDIOGRAPHY & COLOUR DOPPLER REPORT

M-MODE MEASUREMENTS:

LA	27	mm
AO root	26	mm
LVID(d)	36	mm
LVID (s)	21	mm
IVS (d)	13	mm
LVPW (d)	12	mm
LVEF	60	%

DOPPLER STUDY:

E wave velocity: 0.53 m/sec
m/sec

A wave velocity: 0.47

E/A ratio > 1

	PEAK (mmHg)	GRADE OF REGURGITATI ON
MITRAL	N	Trivial
AORTIC	12	NIL
TRICUSPID	N	Trivial
PULMONAR Y	N	Nil



P.T.O

**2 DIMENSIONAL ECHOCARDIOGRAPHY & COLOUR DOPPLER
REPORT**

COMMENTS:

- No LV regional wall motion abnormality at rest.
- Normal resting LV systolic function. LVEF = 60%.
- Normal LV diastolic function.
- Normal chamber dimensions. No LA/LV enlargement.
- Mitral valve normal. Trivial mitral regurgitation.
- Annulo-papillary apparatus appears intact.
- Aortic valve - is trileaflet.
- Structurally normal tricuspid valve. Trivial TR.
PASP by TR jet 28 mmHg. No pulmonary hypertension.
- Normal RV systolic function. IVC normal. IAS & IVS are intact.
- No LV clot/thrombus/pericardial effusion/ vegetation.

SUMMARY:

- Normal LV systolic function. LVEF=60%
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- Normal LV diastolic function.
- No pulmonary hypertension. IVC- normal



Dr. Nikhil Raut
M.D(Medicine). D.M(Cardiology)

Dr. Nikhil Raut
M.D. (MED), DM Cardiology
Reg. No. 2008/04/1568







ANANDRISHIJI
MEDICAL CENTRE

PATIENT'S NAME: MR.RAVI PRATAP
REF. CLINICIAN : APOLLO

AGE : 29Yrs.
DATE : 9-Dec-23

Ultrasound Abdomen and Pelvis

Liver: Normal in position shape and echotexture.
Hepatic and portal venous radicles are normal.
No IHBR dilatation seen. No focal lesion seen

Spleen: Normal position & echopattern.

Pancreas: Head, body and tail well visualized, normal echo texture and size. No dilatation of main pancreatic duct or focal lesion seen.

Gall bladder: contracted (post prandial status)
Common duct and Portal vein: Normal.

Kidneys: Size: Right kidney: 8.4 x 4.6 cms Left kidney: 9 x 4.7 cms
Normal position, shape, echo pattern and corticomedullary differentiation seen. No calculi, hydronephrosis or focal parenchymal lesion seen. Moves freely with respiration.

Retroperitoneum: not visualized due to bowel gas.

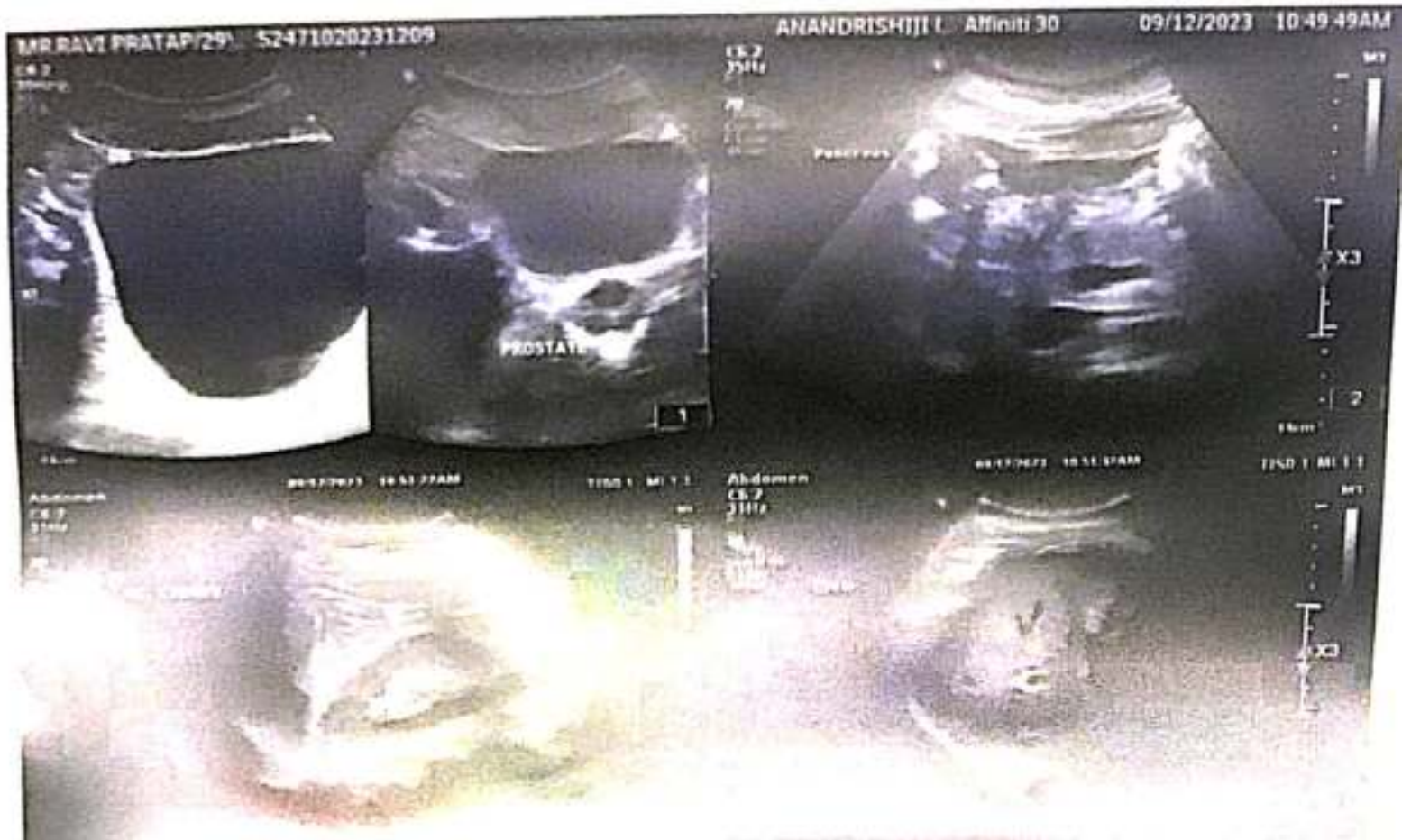
Urinary bladder: Well distended and normal in shape. Wall thickness is within normal limits. No calculus, mural lesion or diverticulum seen.

Prostate: Normal in echopattern and shape. No focal lesion seen.

IMPRESSION: Normal Scan of abdomen and pelvis.


Dr. Trupti Jagdale
Consultant Radiologist





PATIENT'S NAME	MR. RAVI PRATAP	AGE/SEX	29Y/ MALE
REF BY	APOLLO	DATE :	9-Dec-23

X-RAY CHEST PA VIEW


Both the lung fields appear normal.

Both costophrenic angles are normal.
The hila, mediastinal and diaphragmatic outlines appear normal.

The cardiac shadow appears normal.
The bony thoracic cage and soft tissues appear normal.

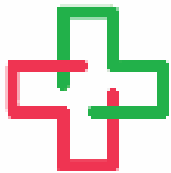
IMPRESSION:- No abnormality detected.

*Kindly correlate clinically.



DR. RUTUJA DOSHI.
MBBS, DMRE.
Consultant Radiologist.





Patient Name : MR. RAVI PRATAP
Age / Gender : 28 Years / Male
Ref. By Dr : SELF
Patient ID : 122309007
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 09-Dec-2023 9:05 AM
Sample Coll. Date : 09-Dec-2023 9:05 AM
Authentication Date : 09-Dec-2023 5:34 PM
Report Date : 09-Dec-2023 12:19 PM



LIPID PROFILE REPORT

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL CHOLESTEROL	202.2	mg/dL	Desirable (< 200) Borderline high (200 - 239) High (> 240)
HDL CHOLESTEROL - DIRECT	48.7	mg/dL	Adult High Risk >60 Moderate Risk 40 - 60 No Risk <40
TRIGLYCERIDES	121.6	mg/dL	50-200
LDL CHOLESTEROL	129.2	mg/dL	Optimal (< 100) Near optimal/above optimal (100-129) Borderline high (130-159) High (160-189) Very high (≥ 190)
VLDL CHOLESTEROL	24.3	mg/dL	5-40
TC/HDL CHOLESTEROL RATIO	4.2	Ratio	3.0-5.0
LDL / HDL RATIO	2.7	Ratio	1.5-3.5
NON HDL CHOLESTEROL	154	ng/ml	
HDL / LDL CHOLESTEROL RATIO	3	Ratio	1.5-3.5

Interpretation :

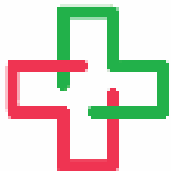
The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease and to help make decisions about what treatment may be best if there is borderline or high risk. Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. A lipid profile typically includes: 1. Total cholesterol — this test measures all of the cholesterol in all the lipoprotein particles. 2. High-density lipoprotein cholesterol (HDL-C) — measures the cholesterol in HDL particles; often called "good cholesterol" because it removes excess cholesterol and carries it to the liver for removal. 3. Low-density lipoprotein cholesterol (LDL-C) — calculates the cholesterol in LDL particles; often called "bad cholesterol".

Comment : Please correlate with clinical condition

----- END OF REPORT -----



Dr. Jitendra Suru
MD Pathology



Patient Name : MR. RAVI PRATAP
Age / Gender : 28 Years / Male
Ref. By Dr : SELF
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Report Date : 09-Dec-2023 12:19 PM



RENAL FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
RFT (RENAL FUNCTION TEST)			
BLOOD UREA LEVEL	17.7	mg/dL	15-45
S. CREATININE	0.83	mg/dL	0.5-1.5
URIC ACID	4.93	mg/dL	2.5-7.5
ELECTROLYTES			
SODIUM, SERUM	138	mmol/L	136-146
POTASSIUM, SERUM	3.70	mmol/L	3.40-5.10
CHLORIDE, SERUM	100	mmol/L	98.0-106.0
CALCIUM	9.72	mg/dL	8.6 - 10.3

Interpretation :

Renal function tests (RFT) are performed for evaluation of kidney function. The blood urea nitrogen or BUN test is primarily used, along with the creatinine test, to evaluate kidney function in a wide range of circumstances, to help diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. 1. Blood Urea Nitrogen (BUN) - Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. 2. Creatinine - Creatinine is a waste product produced by muscles from the breakdown of a compound called creatine. Almost all creatinine is filtered from the blood by the kidneys and released into the urine, so blood levels are usually a good indicator of how well the kidneys are working. 3. Uric acid - The uric acid blood test is used to detect high levels of this compound in the blood in order to help diagnose recurrent kidney stones and gout. The test is also used to monitor uric acid levels in people undergoing chemotherapy or radiation treatment for cancer.

Comment : Please correlate with clinical condition

Technology : Spectrophotometry

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

----- END OF REPORT -----



Dr. Jitendra Suru
MD Pathology



Patient Name : MR. RAVI PRATAP
Age / Gender : 28 Years / Male
Ref. By Dr : SELF
Patient ID : 122309007
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 09-Dec-2023 9:05 AM
Sample Coll. Date : 09-Dec-2023 9:05 AM
Authentication Date : 09-Dec-2023 5:33 PM
Report Date : 09-Dec-2023 5:26 PM



BLOOD GROUP

Investigation	Result
BLOOD GROUP	
ABO GROUPING	B
RH GROUPING	Positive

Interpretation :

Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.
- Determine the blood group of potential blood donors at a collection facility.
- Determine the blood group of potential donors and recipients of organs, tissues, or bone marrow, as part of a workup for a transplant procedure.

Comment : Please correlate with clinical condition

Technology : Agglutination

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

----- END OF REPORT -----



Dr. Jitendra Suru
MD Pathology



Patient Name : MR. RAVI PRATAP
Age / Gender : 28 Years / Male
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Report Date : 09-Dec-2023 11:58 AM



CLINICAL PATHOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
URINE EXAMINATION			
PHYSICAL EXAMINATION			
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Clear		Clear
PH	6.0		5.0-7.5
SPECIFIC GRAVITY	1.015		1.002-1.030
CHEMICAL EXAMINATION			
PROTEINS	Absent		Negative
GLUCOSE	Absent		Negative
KETONE BODIES	Absent		Negative
BILLIRUBIN	Absent		Negative
BLOOD	Absent		Negative
NITRITE	Absent		Negative
MICROSCOPIC EXAMINATION			
PUS CELLS	Occasional	/ HPF	0-5
RED BLOOD CELLS	Absent	/ HPF	Nil
EPITHELIAL CELLS	Occasional	/ HPF	< 10
CASTS	Absent		Absent
CRYSTALS	Absent		Absent
YEAST CELLS	Absent		Absent
BACTERIA	Absent		Absent
MUCUS THREADS	Absent		Absent
TRICHOMONAS VAGINALIS	Absent		Absent
SPERMATOZA	Absent		Absent
LEUKOCYTES	Absent	ng/ml	
DEPOSIT	Absent		Absent

----- END OF REPORT -----



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MD Pathology



Patient Name : MR. RAVI PRATAP
Age / Gender : 28 Years / Male
Ref. By Dr : SELF
Patient ID : 122309007
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 09-Dec-2023 9:05 AM
Sample Coll. Date : 09-Dec-2023 9:05 AM
Authentication Date : 09-Dec-2023 5:34 PM
Report Date : 09-Dec-2023 12:51 PM



GLUCOSE - POST PRANDIAL(PP)

Investigation	Result	Unit	Bio. Ref. Interval
GLUCOSE - POST PRANDIAL(PP)			
GLUCOSE - POST PRANDIAL	95.4	mg/dL	70-140

Interpretation :

A postprandial (PP) glucose test is a blood glucose test that determines the amount of a type of sugar, called glucose, in the blood after a meal. A 2-hour postprandial blood glucose test measures blood glucose exactly 2 hours after eating a meal, timed from the start of the meal. By this point blood sugar has usually gone back down in healthy people, but it may still be elevated in people with diabetes.

COMMENT

Please correlate with clinical condition

TECHNOLOGY

Spectrophotometry

NOTES

Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

----- **END OF REPORT** -----



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GLUCOSE FASTING, PLASMA

Investigation	Result	Unit	Bio. Ref. Interval
BLOOD SUGAR FASTING	104.4	mg/dL	74-106
METHOD	Hexokinase		

Interpretation :

The fasting (F) blood glucose test is the test most commonly used to diagnose diabetes. It measures blood glucose levels after a period of fasting, usually at least eight hours without food or liquid (except water). This test is more definitive than a random test, because there is no chance that it has been influenced by recent food intake

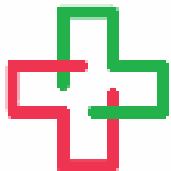
COMMENT

Please correlate with clinical condition

----- **END OF REPORT** -----



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Report Date : 09-Dec-2023 10:38 AM



THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL TRIIODOTHYRONINE (T3)	1.44	ng/ml	0.69-2.15
TOTAL THYROXINE (T4)	9.55	ug/dl	5.2-12.7
TSH	4.42	uIU/mL	0.3-4.5

T3/T4/TSH

Normal T3 concentrations do not necessarily reflect a normal – thyroid state. Certain thyroid disorders (such as latent hypo – or hyperthyroidism , compensatory T3 over secretion in iodine deficiency , TBG over secretion) may also be associated with euthyroid T3 levels

In pregnancy , the Total T4 result may be incorrect , i.e., falsely –low .This assay should not be used as the only marker for thyroid disease evaluation during pregnancy. To ensure maximum diagnostic accuracy , thyroid status in pregnant women should be determined using thyroid function tests such as TSH , Free T4 , and clinical evaluation by the physician. Whether high or low , an abnormal TSH result indicates an excess or deficiency in the amount of thyroid hormone available to the body , but it does not indicate the reason . An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.

Many medications – including aspirin and thyroid hormone replacement therapy – may affect thyroid gland function the result and their use should be discussed with the doctor prior to testing.

When a doctor adjusts a person’s thyroid hormone replacement dosage, it is important to wait at least one to two months before checking the TSH again so that the new dose can have its full effect.

Extreme stress and acute illness may also affect TSH test result . Results may be low during the first trimester pregnancy. Serum TSH levels alone give no evidence of the presence or absence of thyroid disease. They must always be interpreted in context with the clinical picture and other diagnostic procedure.

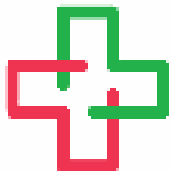
A high TSH result often means an underactive thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. Rarely, a high TSH result can indicate a problem with the pituitary gland ,such as tumour producing unregulated levels of TSH.A high TSH can also occur when someone with a known thyroid disorder or who has their thyroid gland removed is receiving too little thyroid hormone medication.

A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an underactive (or removed) thyroid gland. Rarely, a low TSH result may indicate damage to the pituitary gland that prevents it from producing adequate amounts of TSH.

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Report Date : 09-Dec-2023 12:52 PM



HbA1C (GLYCOSYLATED HAEMOGLOBIN)

Investigation	Value	Unit	
HbA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD	6.1	%	Below 6.0 : Normal Value 6.0-7.0 : Good Control 7.0-8.0 : Fair Control 8.0-10.0 : Unsatisfactory Control Above 10 : Poor Control
AVERAGE BLOOD GLUCOSE (ABG)	139.86	mg/dL	Below 136 : Normal Value 137 - 172 : Good Control 173 - 208 : Fair Control 208 - 279 : Unsatisfactory Control Above 279 : Poor Control

INTERPRETATION & REMARK

Interpretation

HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Comment Please correlate with with Clinical condition

Technology HPLC

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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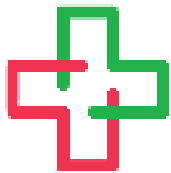
Liver Function Test

Investigation	Result	Unit	Bio. Ref. Interval
ALKALINE PHOSPHATASE	167.3	U/L	53 - 128
SGOT (AST)	27.8	U/L	0 - 35
SGPT (ALT)	31.2	U/L	0 - 45
GGTP	60.8	U/L	0 - 55
BILIRUBIN	0.61	mg/dL	0 - 1.2
BILIRUBIN DIRECT	0.17	mg/dL	0 - 0.4
BILIRUBIN INDIRECT	0.44	mg/dL	0 - 1.0
TOTAL PROTEIN	7.06	g/dl	6.4 - 8.3
ALBUMIN	4.17	gm/dl	3.5 - 5.2
GLOBULIN	3	gm/dl	1.8 - 3.6
A/G RATIO	1		
SGOT/SGPT RATIO	1	Ratio	

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Report Date : 09-Dec-2023 4:43 PM

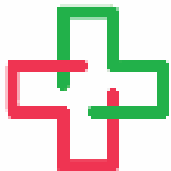


CBC-ESR

Investigation	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN	14.4	g/dl	13 --18
TOTAL WBC COUNT	5000	/ cumm	4000-10000
RED BLOOD CELL COUNT	4.41	/cumm	4.32-5.72
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	52	%	50 --70
LYMPHOCYTES	36	%	20 --40
EOSINOPHILS	04	%	0 --6
MONOCYTES	08	%	0-10
BASOPHILS	00	%	0 --1
RBC INDICES			
HEMATOCRIT	41.4	%	37 --54
MEAN CORPUSCULAR VOLUME	93.9	fl	78-92
MEAN CORPUSCULAR HEMOGLOBIN	32.6	pg	28 --32
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	34.7	g/dl	32 --37
RDW_CV	14	/ cumm	11.5-14.5
PLATELET COUNT	151000	/ cumm	150000-400000
MEAN PLATELET VOLUME	13.1	fl	7.4-10.4
PDW	20.9	fl	10-14
PCT	0.19	%	0.10-0.28
RED CELL DISTRIBUTION WIDTH (RDW-SD)	54.6	fl	
P-LCR	52.9	%	
PERIPHERAL BLOOD SMEAR			
ERYTHROCYTES	Normocytic Normochromic		



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CBC-ESR

Investigation	Result	Unit	Bio. Ref. Interval
LEUCOCYTES	Within Normal Limits		
THROMBOCYTES	Adequate on smear		
ESR	28	mm/1hr.	

----- END OF REPORT -----



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