SPECTRUM
DIAGNOSTICS & HEALTH CARE

CERTIFICATE OF MEDICAL FITNESS

NAME: Mrs. S. Gargi

AGE/ GENDER: 30yr | F.

HEIGHT: 151 cm WEIGHT: 58.2 Kg.

IDENTIFICATION MARK: —

BLOOD PRESSURE: 120 | 80 mm | Hg

PULSE: 94 | mt

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. S. Gargi son/daughter of Mr. Shashidharan 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. 92806

Signature of candidate

Signature of Medical Officer

Place: Spectrum diagnostics & health care.

Date: 25 | 11 | 23

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

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DIAGNOSTICS & HEALTH CARE

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

DATE: 25.6.23

EYE EXAMINATION

NAME: Mrs. S. Gadagi AGE: 30s GENDER : F / M

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

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

Consultant (Opthalmologist)

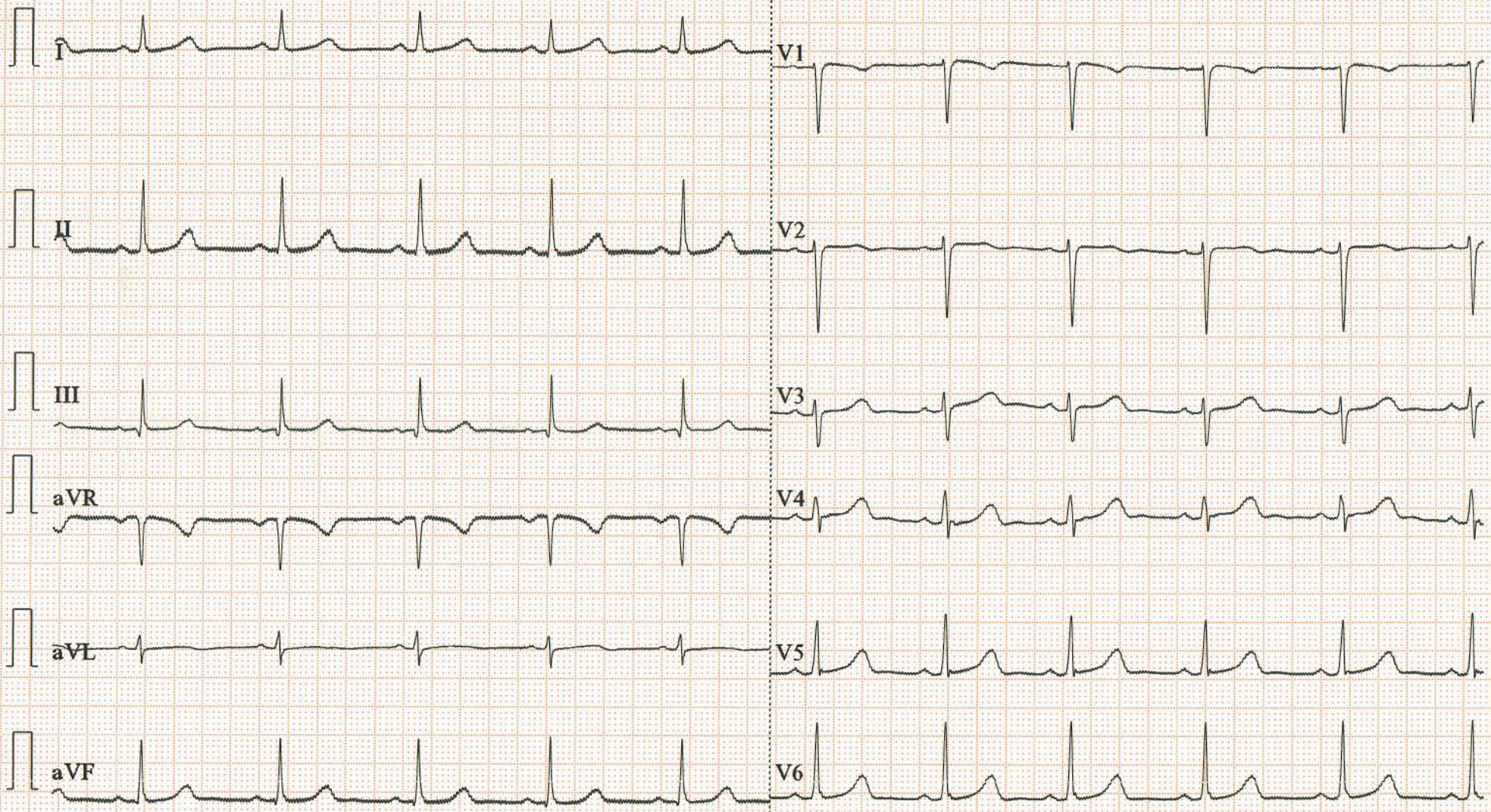
ID: 230018
MRS GARGI
Female 30Years

25-11-2023 10:02:23 For BPL

HR	: 64	bpm
P	: 109	ms
PR	: 163	ms
QRS	: 81	ms
QT/QTc	: 441/457	ms
P/QRS/T	: 29/64/54	°
RV5/SV1	: 0.992/1.103	mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



0.15~35Hz AC50 25mm/s 10mm/mV 2*5.0s ♥64 V2.2 SEMIP V1.81 SPECTRUM DIAGNOSTICS & HEALTH CARE

SPECTRUM
DIAGNOSTICS & HEALTH CARE

NAME : MRS.S GARGI	**DATE : 25/11/2023**
AGE/SEX : 30 YEARS /FEMALE	**REG NO: 0018**
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 RIKHIT MAGANLAL
CONSULTANT RADIOLOGIST

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

SPECTRUM
DIAGNOSTICS & HEALTH CARE

PATIENT NAME	MRS S GARGI	ID NO	2511230018
AGE	30YEARS	SEX	FEMALE
REF BY	DR. APOLO CLINIC	DATE	25.11.2023

2D ECHO CARDIOGRAHIC STUDY

M-MODE

AORTA	23mm
LEFT ATRIUM	22mm
RIGHT VENTRICLE	20mm
LEFT VENTRICLE (DIASTOLE)	41mm
LEFT VENTRICLE(SYSTOLE)	25mm
VENTRICULAR SEPTUM (DIASTOLE)	09mm
VENTRICULAR SEPTUM (SYSTOLE)	10mm
POSTERIOR WALL (DIASTOLE)	09mm
POSTERIOR WALL (SYSTOLE)	11mm
FRACTIONAL SHORTENING	30%
EJECTION FRACTION	60%

DOPPLER /COLOUR FLOW

Mitral Valve Velocity : MVE- 0.94m/s MVA – 0.54m/s E/A-1.75

Tissue Doppler : e' (Septal) -10cm/s E/e'(Septal) -9

Velocity/ Gradient across the Pulmonic valve : 0.83m/s 3mmHg

Max. Velocity / Gradient across the Aortic valve : 1.19m/s 4mmHg

Velocity / Gradient across the Tricuspid valve : 2.27 m/s 18mmHg

SPECTRUM
DIAGNOSTICS & HEALTH CARE

PATIENT NAME	MRS S GARGI	ID NO	2511230018
AGE	30YEARS	SEX	FEMALE
REF BY	DR. APOLO CLINIC	DATE	25.11.2023

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

- BRADYCARDIA NOTED DURING STUDY HR-58bpm
- NO REGIONAL WALL MOTION ABNORMALITY PRESENT
- NORMAL VALVES AND DIMENSIONS
- NORMAL LV FUNCTION, LVEF- 60%
- TRIVIAL MR / TRIVIAL TR
- NO CLOT / VEGETATION / EFFUSION

SPECTRUM DIAGNOSTICS AND BENGALURU

DURGA V
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.

SPECTRUM
DIAGNOSTICS & HEALTH CARE

NAME AND LAB NO	MRS GARGI S	REG -30018
AGE & SEX	30YRS	FEMALE
DATE AND AREA OF INTEREST	25.11.2023	ABDOMEN & PELVIS
REF BY	C/ O APOLO CLINIC	

USG ABDOMEN AND PELVIS

LIVER: Measures 14.6 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: Well distended. Wall appears normal.No e/o calculus/ neoplasm.

SPLEEN: Measures 10.4 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: Measures 10.0 x3.6 cm. Right kidney is normal in size & echotexture
No evidence of calculus/ hydronephrosis.

LEFT KIDNEY: Measures 10.5 x3.6 cm .Left kidney is normal in size & echotexture
No evidence of calculus/ hydronephrosis.

URETERS: Bilateral ureters are not dilated.

URINARY BLADDER: Partially distended. No wall thickening/ calculi.

UTERUS: Anteverted, Normal in size and echotexture
Anterior and posterior wall fibroids with rim calcification measuring 1.0 x1.4 cm and 2.1 x2.5 cm respectively .
Endometrium is normal.ET -4mm.

OVARIES: **Right ovary is normal in size and echotexture.**
Left ovary is obscured by bowel gas shadows .

No evidence of ascites/pleural effusion.

IMPRESSION:

- **Grade I fatty liver.**
- **Uterine fibroids as described**

DR.AKSHATHA R BHAT
MDRD DNB FRCR

SPECTRUM
DIAGNOSTICS & HEALTH CARE

MC-4196

Name	: MRS. S GARGI			**Bill Date**	: 25-Nov-2023 08:46 AM
Age / Gender	: 30 years / Female	**UHID**	: 2511230018	**Sample Col. Date**	: 25-Nov-2023 08:46 AM
Ref. By Dr.	: Dr. APOLO CLINIC			**Result Date**	: 25-Nov-2023 03:09 PM
Reg. No.	: 2511230018	2511230018		**Report Status**	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
CBC-Complete Blood Count -Whole Blood EDTA				
Haemoglobin (HB)	13.60	g/dL	Male: 14.0-17.0 Female:12.0-15.0 Newborn:16.50 - 19.50	Spectrophotmeter
Red Blood Cell (RBC)	5.41	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	40.20	%	Male: 42.0-51.0 Female: 36.0-45.0	Electronic Pulse
Mean corpuscular volume (MCV)	74.20	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	25.20	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	33.90	%	33.00-35.50	Calculated
White Blood cell Count (WBC)	10630.00	cells/cumm	Male: 4000.0-11000.0 Female : 4000.0-11000.0 Children: 6000.0-17500.0 Infants : 9000.0-30000.0	Volumetric Impedance
Deferential Leukocyte Count (DLC)				
Neutrophils	56.30	%	40.0-75.0	Light scattering/Manual
Lymphocytes	36.20	%	20.0-40.0	Light scattering/Manual
Eosinophils	3.70	%	0.0-8.0	Light scattering/Manual
Monocytes	3.80	%	0.0-10.0	Light scattering/Manual
Basophils	0.00	%	0.0-1.0	Light scattering/Manual
Platelet	3.21	lakh/cumm	1.50-4.5	Volumetric Impedance

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Dr. Nithun Reddy C,MD,Consultant Pathologist

SCAN FOR LOCATION

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Test Name	Result	Unit	Reference Value	Method
Erythrocyte Sedimentation Rate (ESR)-Whole Blood EDTA	16	mm/hr	Female : 0.0-20.0 Male : 0.0-10.0	Westergren

Comments: ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process.It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders,autoimmune diseases and renal diseases.

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Blood Group & Rh Typing-Whole Blood EDTA

Blood Group	B	Slide/Tube agglutination
Rh Type	Positive	Slide/Tube agglutination

Note: Confirm by tube or gel method.

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

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C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Fasting Blood Sugar (FBS)-Plasma	89	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.

Fasting Urine Glucose-Urine	Negative		Negative	Dipstick/Benedicts (Manual)

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Test Name	Result	Unit	Reference Value	Method
Lipid Profile-Serum				
Cholesterol Total-Serum	198.00	mg/dL	Female: 0.0 - 200	Cholesterol Oxidase/Peroxidase
Triglycerides-Serum	134.00	mg/dL	Female: 0.0 - 150	Lipase/Glycerol Dehydrogenase
High-density lipoprotein (HDL) Cholesterol-Serum	**37.00**	mg/dL	Female: 40.0 - 60.0	Accelerator/Selective Detergent
Non-HDL cholesterol-Serum	**161**	mg/dL	Female: 0.0 - 130	Calculated
Low-density lipoprotein (LDL) Cholesterol-Serum	**130.00**	mg/dL	Female: 0.0 - 100.0	Cholesterol esterase and cholesterol oxidase
Very-low-density lipoprotein (VLDL) cholesterol-Serum	27	mg/dL	Female: 0.0 - 40	Calculated
Cholesterol/HDL Ratio-Serum	**5.35**	Ratio	Female: 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
LFT-Liver Function Test -Serum				
Bilirubin Total-Serum	0.78	mg/dL	0.2-1.0	Caffeine Benzoate
Bilirubin Direct-Serum	0.12	mg/dL	0.0-0.2	Diazotised Sulphanilic Acid
Bilirubin Indirect-Serum	0.66	mg/dL	0.0-1.10	Direct Measure
Aspartate Aminotransferase (AST/SGOT)-Serum	19.00	U/L	15.0-37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	25.00	U/L	Male:16.0-63.0 Female:14.0-59.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)-Serum	76.00	U/L	Adult: 45.0-117.0 Children: 48.0-445.0 Infants: 81.90-350.30	PNPP,AMP-Buffer
Protein, Total-Serum	6.63	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
Albumin-Serum	4.15	g/dL	3.40-5.00	Bromocresol Purple
Globulin-Serum	2.48	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	**1.67**	Ratio	0.80-1.20	Calculated

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Test Name	Result	Unit	Reference Value	Method
Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA				
Glycosylated Haemoglobin (HbA1c)	4.80	%	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
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 glycemic control as compared to blood and urinary glucose determinations.

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Test Name	Result	Unit	Reference Value	Method
Thyroid function tests (TFT)-Serum				
Tri-Iodo Thyronine (T3)-Serum	0.88	ng/mL	Female: 0.60 - 1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine (T4)-Serum	9.60	µg/dL	Female: 5.50 - 12.10	Chemiluminescence Immunoassay (CLIA)
Thyroid Stimulating Hormone (TSH)-Serum	2.35	µIU/mL	Female: 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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SPECTRUM
DIAGNOSTICS & HEALTH CARE

MC-4196

Name	: MRS. S GARGI			**Bill Date**	: 25-Nov-2023 08:46 AM
Age / Gender	: 30 years / Female	**UHID**	: 2511230018	**Sample Col. Date**	: 25-Nov-2023 08:46 AM
Ref. By Dr.	: Dr. APOLO CLINIC	2511230018		**Result Date**	: 25-Nov-2023 03:09 PM
Reg. No.	: 2511230018			**Report Status**	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Creatinine, Serum	0.69	mg/dL	Male: 0.70-1.30 Female: 0.55-1.02	Modified kinetic Jaffe

Comments: Creatinine is the product of creatine metabolism.Creatinine is a chemical compound left over from energy-producing processes in your muscles. Healthy kidneys filter creatinine out of the blood. Creatinine exits your body as a waste product in urine It is a measure of renal function and elevated levels are observed in patients typically with 50% or greater impairment of renal function.

Blood Urea Nitrogen (BUN)-Serum	13.00	mg/dL	7.0-18.0	GLDH,Kinetic Assay

Comments: Blood urea nitrogen (BUN) or serum urea nitrogen is the end product of the hepatic detoxification of ammonia. It is this parameter that is sometimes also used to assess liver function. Urea nitrogen concentration in blood may decrease with impaired conversion of ammonia to urea by the liver. Low serum urea concentrations are, however, not specific for liver disease. Low urea nitrogen concentration is also seen in anorectic patients consuming less protein. In ruminants that are anorectic or on a low-protein diet, rumen microbes recur to Blood urea nitrogen as a nitrogen source for their own protein synthesis, decreasing the Blood urea nitrogen concentration.It is one of the oldest prognostic biomarkers in heart failure. Urea is formed by the liver and carried by the blood to the kidneys for excretion. Diseased or damaged kidneys cause Blood urea nitrogen to accumulate in the blood as glomerular filtration rate (GFR) drops. Conditions such as shock, heart failure, a high protein diet, and bleeding into the gastrointestinal tract can cause Blood urea nitrogen elevations.

Usage: Urea nitrogen is a renal function test that is often interpreted with creatinine. It is useful when measured before and after dialysis treatments.

Uric Acid-Serum	4.86	mg/dL	Male: 3.50-7.20 Female: 2.60-6.00	Uricase PAP

Comments: Uric acid is a heterocyclic compound of carbon, nitrogen, oxygen, and hydrogen with the formula C?H?N?O?. It forms ions and salts known as urates and acid urates, such as ammonium acid urate. Uric acid is a product of the metabolic breakdown of purine nucleotides, Purines are a natural substance found in the body. They are also found in many foods such as liver, shellfish, and alcohol. They can also be formed in the body when DNA is broken down and it is a normal component of urine.Uric Acid is the end product of protein metabolism. High levels are seen with Gout, inherited metabolic disorders of purine metabolism, excessive purine dietary intake and increased cell turnover. Only 10-15% patients with hyperuricemia have Gout.

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MC-4196

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Ref. By Dr.	: Dr. APOLO CLINIC			**Result Date**	: 25-Nov-2023 03:52 PM
Reg. No.	: 2511230018	2511230018		**Report Status**	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Post prandial Blood Glucose (PPBS)-Plasma	95.0	mg/dL	70-140	Hexo Kinase

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

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

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

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

Post Prandial Urine Sugar	Negative		Negative	Dipstick/Benedicts(Manual

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Test Name	Result	Unit	Reference Value	Method
Urine Routine Examination-Urine				
Physical Examination				
Colour	Pale Yellow		Pale Yellow	Visual
Appearance	Clear		Clear	Visual
Reaction (pH)	7.0		5.0-7.5	Dipstick
Specific Gravity	1.010		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	2-3	hpf	0.0-5.0	Microscopy
Epithelial Cells	1-2	hpf	0.0-10.0	Microscopy
RBCs	Absent	hpf	Absent	Microscopy
Casts	Absent		Absent	Microscopy
Crystals	Absent		Absent	Microscopy
Others	Absent		Absent	Microscopy

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

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