

Patient Name : Mr.ANAND H	Collected : 09/Dec/2023 09:23AM
Age/Gender : 44 Y 6 M 0 D/M	Received : 09/Dec/2023 11:44AM
UHID/MR No : CBAS.0000090611	Reported : 09/Dec/2023 01:02PM
Visit ID : CBASOPV97831	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : BAJAJ FINSERV HEALTH LIMITED
Emp/Auth/TPA ID : 282670	

DEPARTMENT OF HAEMATOLOGY

BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	15.5	g/dL	13-17	Spectrophotometer
PCV	44.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.8	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93.3	fL	83-101	Calculated
MCH	<b>32.4</b>	pg	27-32	Calculated
MCHC	<b>34.7</b>	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,930	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	49.5	%	40-80	Electrical Impedance
LYMPHOCYTES	34.7	%	20-40	Electrical Impedance
EOSINOPHILS	<b>7.3</b>	%	1-6	Electrical Impedance
MONOCYTES	7.8	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4420.35	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3098.71</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>651.89</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	696.54	Cells/cu.mm	200-1000	Calculated
BASOPHILS	62.51	Cells/cu.mm	0-100	Calculated
PLATELET COUNT	256000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic

WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate, normal morphology.

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APOLLO CLINICS NETWORK

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**DEPARTMENT OF HAEMATOLOGY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

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HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.**



SIN No:BED230303901

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**DEPARTMENT OF BIOCHEMISTRY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



SIN No:PLF02068234

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DEPARTMENT OF BIOCHEMISTRY

BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	114	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - HbF >25%
  - Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



SIN No:EDT230111808

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DEPARTMENT OF BIOCHEMISTRY

BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	217	mg/dL	<200	CHO-POD
TRIGLYCERIDES	151	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	172	mg/dL	<130	Calculated
LDL CHOLESTEROL	142.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	30.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.83		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.68	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.57	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	82.00	U/L	30-120	IFCC
PROTEIN, TOTAL	<b>6.28</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>1.86</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.38</b>		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

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**DEPARTMENT OF BIOCHEMISTRY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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DEPARTMENT OF BIOCHEMISTRY

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Test Name	Result	Unit	Bio. Ref. Range	Method
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CALCIUM , SERUM	9.20	mg/dL	8.8-10.6	Arsenazo III
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**Comments:-**

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

UREA , SERUM	18.40	mg/dL	17-43	GLDH, Kinetic Assay
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CREATININE , SERUM	0.99	mg/dL	0.72 – 1.18	JAFFE METHOD
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PHOSPHORUS, INORGANIC , SERUM	2.68	mg/dL	2.5-4.5	Phosphomolybdate Complex
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URIC ACID , SERUM	5.39	mg/dL	3.5–7.2	Uricase PAP
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**Comments:-**

Uric acid is an end product of purine catabolism. Most uric acid is synthesised in the liver & from the intestine. Two thirds of uric acid is excreted by the kidneys.



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**DEPARTMENT OF IMMUNOLOGY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-iodothyronine (T3, TOTAL)	0.98	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.66	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.490	µIU/mL	0.35-4.94	CMIA

**Comment:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



SIN No:SPL23178196

NABL renewal accreditation under process

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**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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Address:  
 323/100/123, Doddathangur Village, Neeladri Main Road,  
 Neeladri Nagar, Electronic city, Bengaluru,  
 Karnataka - 560034



Patient Name : Mr.ANAND H	Collected : 09/Dec/2023 09:23AM
Age/Gender : 44 Y 6 M 0 D/M	Received : 09/Dec/2023 12:02PM
UHID/MR No : CBAS.000090611	Reported : 09/Dec/2023 02:26PM
Visit ID : CBASOPV97831	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : BAJAJ FINSERV HEALTH LIMITED
Emp/Auth/TPA ID : 282670	

**DEPARTMENT OF IMMUNOLOGY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 - OH VITAMIN D) , SERUM	9.2	ng/mL		CMIA

**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

**Increased levels:**

- Vitamin D intoxication.



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Patient Name : Mr.ANAND H	Collected : 09/Dec/2023 09:23AM
Age/Gender : 44 Y 6 M 0 D/M	Received : 09/Dec/2023 12:02PM
UHID/MR No : CBAS.0000090611	Reported : 09/Dec/2023 01:57PM
Visit ID : CBASOPV97831	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : BAJAJ FINSERV HEALTH LIMITED
Emp/Auth/TPA ID : 282670	

**DEPARTMENT OF IMMUNOLOGY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	226	pg/mL	187 - 883	CMIA

**Comment:**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



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**DEPARTMENT OF IMMUNOLOGY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.309	ng/mL	<4	CMIA



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Patient Name : Mr.ANAND H	Collected : 09/Dec/2023 09:22AM
Age/Gender : 44 Y 6 M 0 D/M	Received : 09/Dec/2023 12:38PM
UHID/MR No : CBAS.0000090611	Reported : 09/Dec/2023 02:58PM
Visit ID : CBASOPV97831	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : BAJAJ FINSERV HEALTH LIMITED
Emp/Auth/TPA ID : 282670	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue

**BIOCHEMICAL EXAMINATION**

URINE PROTEIN	POSITIVE +		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	6-8	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Result Rechecked

\*\*\* End Of Report \*\*\*

Result/s to Follow:  
PERIPHERAL SMEAR

Page 13 of 14

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**1860 500 7788**  
[www.apolloclinic.com](http://www.apolloclinic.com)

Patient Name	: Mr.ANAND H	Collected	: 09/Dec/2023 09:22AM
Age/Gender	: 44 Y 6 M 0 D/M	Received	: 09/Dec/2023 12:38PM
UHID/MR No	: CBAS.0000090611	Reported	: 09/Dec/2023 02:58PM
Visit ID	: CBASOPV97831	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: BAJAJ FINSERV HEALTH LIMITED
Emp/Auth/TPA ID	: 282670		

**DEPARTMENT OF CLINICAL PATHOLOGY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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DR.SHIVARAJA SHETTY  
M.B.B.S,M.D(Biochemistry)  
CONSULTANT BIOCHEMIST



Dr.Shobha Emmanuel  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



SIN No:UR2237496

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**Patient Name** : Mr. Anand H

**Age/Gender** : 44 Y/M

**UHID/MR No.** : CBAS.0000090611

**OP Visit No** : CBASOPV97831

**Sample Collected on** :

**Reported on** : 11-12-2023 08:50

**LRN#** : RAD2173354

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 282670

---

**DEPARTMENT OF RADIOLOGY**

---

**X-RAY CHEST PA**

Both lungs fields appears normal and shows normal bronchovascular markings.

Bilateral hila appears normal.

Cardiac silhouette appears normal.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

**IMPRESSION:**

**No obvious abnormality seen in the present study.**



**Dr. V K PRANAV VENKATESH**  
**MBBS,MD**  
Radiology

<b>Patient Name</b>	: Mr. Anand H	<b>Age/Gender</b>	: 44 Y/M
<b>UHID/MR No.</b>	: CBAS.0000090611	<b>OP Visit No</b>	: CBASOPV97831
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 11-12-2023 08:29
<b>LRN#</b>	: RAD2173354	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 282670		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**Liver:** appears enlarged in size (15.8 cm) and increased in echotexture. No focal lesion is seen. Portal vein and Common Bile Duct appear normal. No dilatation of the intrahepatic biliary radicals.

**Gall bladder** is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

**Spleen** appears normal measuring 10.8x3.9 cm. No focal lesion seen. Splenic vein appears normal.

**Pancreas** appears normal in echo-pattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

**Right kidney** appear normal in size 10.4x1.6 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Left kidney** appear normal in size 9.7x1.3 cm, shape and echopattern. Cortical thickness and Cortico-medullary differentiation are maintained.

**Urinary Bladder** is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

**Prostate** is normal in size measuring 3.6x3.4x3.5 cm (volume 23 cc) and echo texture.

- No thickened or tender bowel loops. No mass lesion. No ascites / pleural effusion.

**Others:** Few small to prominent reactive peri-umbilical mesenteric lymph nodes, largest measuring 0.8 cm in short axis diameter. No neurosis / calcification / matting.

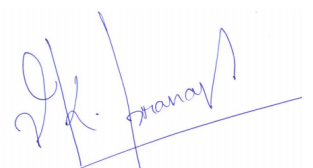
### **IMPRESSION:-**

**Fatty Hepatomegaly.**

**Mesenteric Lymphadenopathy.**

### **Suggested clinical correlation.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.







**Patient Name** : Mr. Anand H


**Age/Gender** : 44 Y/M

---

**Dr. V K PRANAV VENKATESH**

MBBS,MD

Radiology

<b>Name</b> : Mr. Anand H  <b>Address</b> : blr  <b>Plan</b> : BAJAJ FINSERV EPIROC AHC CREDIT PAN INDIA OP AGREEMENT	<b>Age</b> : 44 Y  <b>Sex</b> : M	<b>UHID</b> :CBAS.0000090611  <b>OP Number</b> :CBASOPV97831 <b>Bill No</b> :CBAS-OCR-59549 <b>Date</b> : 09.12.2023 09:06
---	---	--

Sno	Service Type/ServiceName	Department
1	BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324	
<del>1</del>	<del>PHOSPHORUS, INORGANIC - SERUM</del>	
<del>2</del>	<del>PROSTATIC SPECIFIC ANTIGEN (PSA TOTAL)</del>	
<del>3</del>	<del>HbA1c, GLYCATED HEMOGLOBIN</del>	
<del>4</del>	<del>2 D ECHO</del>	
<del>5</del>	<del>CALCIUM, SERUM</del>	
<del>6</del>	<del>LIVER FUNCTION TEST (LFT)</del>	
<del>7</del>	<del>X-RAY CHEST PA</del>	
<del>8</del>	<del>GLUCOSE, FASTING</del>	
<del>9</del>	<del>HEMOGRAM + PERIPHERAL SMEAR</del>	
<del>10</del>	<del>MEDICAL EXAMINATION REPORTS</del>	
<del>11</del>	<del>HEIGHT</del>	
<del>12</del>	<del>BP SCREENING</del>	
<del>13</del>	<del>COMPLETE URINE EXAMINATION</del>	
<del>14</del>	<del>PERIPHERAL SMEAR</del>	
<del>15</del>	<del>ECG</del>	
<del>16</del>	<del>CREATININE, SERUM</del>	
<del>17</del>	<del>VITAMIN B12</del>	
<del>18</del>	<del>LIPID PROFILE</del>	
<del>19</del>	<del>BODY MASS INDEX (BMI)</del>	
<del>20</del>	<del>WEIGHT</del>	
<del>21</del>	<del>OPHTHAL SCREENING</del>	
<del>22</del>	<del>ULTRASOUND - WHOLE ABDOMEN</del>	
<del>23</del>	<del>THYROID PROFILE (TOTAL T3, TOTAL T4, TSH)</del>	
<del>24</del>	<del>UREA - SERUM / PLASMA</del>	
<del>25</del>	<del>VITAMIN D - 25 HYDROXY (D2+D3)</del>	
<del>26</del>	<del>URIC ACID - SERUM</del>	

Ht - 170  
 wt - 74.5  
 BP - 156/99  
 PR - 87  
 w.d - 95  
 H.P - 98

**ECHOCARDIOGRAPHY REPORT**

**Name: MR ANAND H      Age: 44 YEARS      GENDER: MALE**

**Consultant: Dr.VISHAL KUMAR.H.      Date : 09/12/2023**

**Findings**

**2D Echo cardiography**

**Chambers**

- Left Ventricle: Normal, No RWMA'S,
- Left Atrium: Normal
- Right Ventricle: Normal
- Right Atrium: Normal

**Septa**

- IVS: Intact
- IAS: Intact

**Valves**

- Mitral Valve: Normal
- Tricuspid Valve: Normal
- Aortic Valve: Tricuspid, Normal Mobility
- Pulmonary Valve: Normal

**Great Vessels**

- Aorta: Normal
- Pulmonary Artery: Normal

**Pericardium: Normal**

**Doppler echocardiography**

Mitral Valve	E	0.61	m/sec	A	0.48	m/sec	No MR
Tricuspid Valve	E	0.43	m/sec	A	0.31	m/sec	No TR
Aortic Valve	Vmax	1.16	m/sec				No AR
Pulmonary Valve	Vmax	0.83	m/sec				No PR
Diastolic Dysfunction							

**MULTIPLI MEASUREMENTS**

P	Parameter	Observed Value	Normal Range	
A	Aorta	2.8	2.6-3.6	cm
LI	left Atrium	3.0	2.7-3.8	cm
A	Aortic Cusp Separation	1.5	1.4-1.7	cm
II	IVS - Diastole	1.0	0.9-1.1	cm
L	left Ventricle-Diastole	4.8	4.2-5.9	cm
P	Posterior wall-Diastole	0.9	0.9-1.1	cm
I	IVS-Systole	1.2	1.3-1.5	cm
LL	left Ventricle-Systole	3.3	2.1-4.0	cm
P	Posterior wall-Systole	1.1	1.3-1.5	cm
E	Ejection Fraction	60	≥ 50	%
F	Fractional shortening	30	≥ 20	%
R	Right Ventricle	2.6	2.0-3.3	cm

**Impression -**

- Normal Sized Cardiac Chambers
- No RWMA,S
- normal LV and RV Systolic Function, LVEF 60%
- Normal valves
- No Pericardial Effusion/Vegetation/Clot

**DR. VISHAL KUMAR .H**

**CLINICAL CARDIOLOGIST**

Author: *Yes*

Dr. Yogesh MD, DNB, J Reg No- K

Date: IST: 2023-12-09 11:30:17

Personal Details UHID: 01P3FGAT6QW0VXV PatientID: 90611 Name: anand h Age: 44 Gender: Male Mobile: 959994949491

Interpretation

Sinus Rhythm Regular No Significant ST-T Changes Normal Axis

Measurements

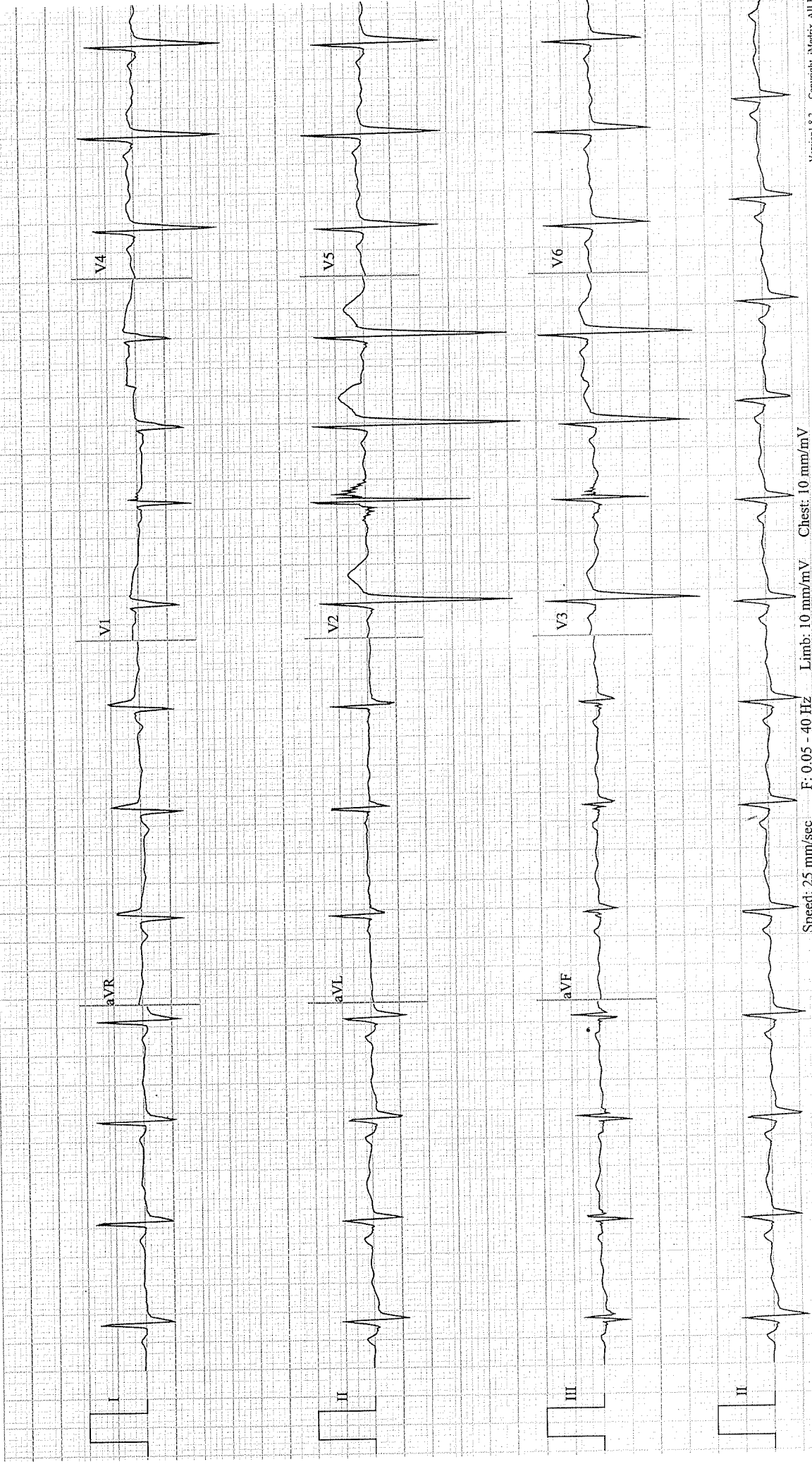
HR : 83 BPM PR: 150 ms PD: 114 ms QRS: 104 ms QRS Axis: 0 deg QT/QTc: 351/413 ms

Vitals

Pre-Existing Medical-Conditions

Symptoms

This trace is generated by KardioScreen; Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from IMEDRIX



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

Disclaimer: This analysis is based on ECG alone and should be used as an adjunct to clinical history, symptoms and results of other non-invasive tests and must be interpreted by a qualified physician. Normal ECG does not rule out heart disease. Abnormal ECG does not always mean severe heart disease. Comments & report is based on available data, clinical correlation is important.

## Anand Hanumantharayappa

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**From:** noreply@apolloclinics.info  
**Sent:** 30 November 2023 12:47  
**To:** Anand Hanumantharayappa  
**Cc:** basavanagudi@apolloclinic.com; lrfanali.s@apolloclinic.com;  
syamsunder.m@apollohl.com  
**Subject:** Your appointment is confirmed

Warning: External sender, exercise caution



Dear Anand H ,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed at **BASAVANAGUDI** clinic on **2023-12-09** at **08:30-08:45**.

Payment Mode	Credit
Corporate Name	BAJAJ FINSERV HEALTH LIMITED
Agreement Name	BAJAJ FINSERV EPIROC AHC CREDIT PAN INDIA OP AGREEMENT
Package Name	[BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324]

"Kindly carry with you relevant documents such as HR issued authorization letter and or appointment confirmation mail and or valid government ID proof and or company ID card and or voucher as per our agreement with your company or sponsor." Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences."

Note: Video recording or taking photos inside the clinic premises or during camps is not allowed and would attract legal consequences.

Note: Also once appointment is booked, based on availability of doctors at clinics tests will happen, any pending test will happen based on doctor availability and clinics will be updating the same to customers.



ಭಾರತ ಸರ್ಕಾರ  
GOVERNMENT OF INDIA



ಆನಂದ್ ಹೆಚ್

Anand H

ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1979

ಪುರುಷ / Male



4949 4096 9650

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

**Anand Hanumantharayappa**

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**From:** Bajaj Finserv Health <providersupport@bajajfinservhealth.in>  
**Sent:** 30 November 2023 12:54  
**To:** Anand Hanumantharayappa  
**Subject:** Appointment confirmed | SR03511834 | Apollo Clinic

**Warning:** External sender, exercise caution



**Bajaj Finserv Health Ltd**

**Dear Anand,**

Your booking request for **Lab Package 8**, order ID - **SR03511834** has been confirmed by **Apollo Clinic**.

**Please find the booking details below -**

Lab test partner	Apollo Clinic
Appointment type	Lab Visit
Lab Centre Location	Apollo Clinic, Shipping Address- Apollo Clinic, Bull Temple Rd, next to Ramakrishna mutt, Mahantara Lay Out, Basavanagudi Bangalore Karnataka India 560019    Location- Basavanagudi
Date and Time of Appointment	09 December 2023 - 10:00 AM
Tests included	Health Check-Up Male Above 40

**Regards,**  
**Bajaj Finserv Health Ltd**

\*T&C  
Apply



Patient Name	: Mr.ANAND H	Collected	: 09/Dec/2023 09:23AM
Age/Gender	: 44 Y 6 M 0 D/M	Received	: 09/Dec/2023 11:44AM
UHID/MR No	: CBAS.0000090611	Reported	: 09/Dec/2023 01:02PM
Visit ID	: CBASOPV97831	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: BAJAJ FINSERV HEALTH LIMITED
Emp/Auth/TPA ID	: 282670		

**DEPARTMENT OF HAEMATOLOGY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**HEMOGRAM , WHOLE BLOOD EDTA**

<b>HAEMOGLOBIN</b>	15.5	g/dL	13-17	Spectrophotometer
PCV	44.80	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.8	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	93.3	fL	83-101	Calculated
MCH	<b>32.4</b>	pg	27-32	Calculated
MCHC	<b>34.7</b>	g/dL	31.5-34.5	Calculated
R.D.W	12.8	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,930	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	49.5	%	40-80	Electrical Impedance
LYMPHOCYTES	34.7	%	20-40	Electrical Impedance
EOSINOPHILS	<b>7.3</b>	%	1-6	Electrical Impedance
MONOCYTES	7.8	%	2-10	Electrical Impedance
BASOPHILS	0.7	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	4420.35	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	<b>3098.71</b>	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	<b>651.89</b>	Cells/cu.mm	20-500	Calculated
MONOCYTES	696.54	Cells/cu.mm	200-1000	Calculated
BASOPHILS	62.51	Cells/cu.mm	0-100	Calculated
<b>PLATELET COUNT</b>	256000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	6	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

RBCs: are normocytic normochromic

WBCs: are normal in total number with relative increase in eosinophils.

PLATELETS: appear adequate, normal morphology.

Patient Name	: Mr.ANAND H	Collected	: 09/Dec/2023 09:23AM
Age/Gender	: 44 Y 6 M 0 D/M	Received	: 09/Dec/2023 11:44AM
UHID/MR No	: CBAS.0000090611	Reported	: 09/Dec/2023 01:02PM
Visit ID	: CBASOPV97831	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: BAJAJ FINSERV HEALTH LIMITED
Emp/Auth/TPA ID	: 282670		

**DEPARTMENT OF HAEMATOLOGY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOPARASITES: negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH RELATIVE EOSINOPHILIA.**



Patient Name : Mr.ANAND H	Collected : 09/Dec/2023 09:23AM
Age/Gender : 44 Y 6 M 0 D/M	Received : 09/Dec/2023 01:02PM
UHID/MR No : CBAS.0000090611	Reported : 09/Dec/2023 01:51PM
Visit ID : CBASOPV97831	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : BAJAJ FINSERV HEALTH LIMITED
Emp/Auth/TPA ID : 282670	

**DEPARTMENT OF BIOCHEMISTRY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	91	mg/dL	70-100	HEXOKINASE

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



Patient Name : Mr.ANAND H	Collected : 09/Dec/2023 09:23AM
Age/Gender : 44 Y 6 M 0 D/M	Received : 09/Dec/2023 12:13PM
UHID/MR No : CBAS.0000090611	Reported : 09/Dec/2023 02:39PM
Visit ID : CBASOPV97831	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : BAJAJ FINSERV HEALTH LIMITED
Emp/Auth/TPA ID : 282670	

**DEPARTMENT OF BIOCHEMISTRY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	5.6	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	114	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Patient Name : Mr.ANAND H	Collected : 09/Dec/2023 09:23AM
Age/Gender : 44 Y 6 M 0 D/M	Received : 09/Dec/2023 12:02PM
UHID/MR No : CBAS.0000090611	Reported : 09/Dec/2023 12:40PM
Visit ID : CBASOPV97831	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : BAJAJ FINSERV HEALTH LIMITED
Emp/Auth/TPA ID : 282670	

**DEPARTMENT OF BIOCHEMISTRY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>217</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>151</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	45	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>172</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>142.1</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>30.2</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.83		0-4.97	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



Patient Name	: Mr.ANAND H	Collected	: 09/Dec/2023 09:23AM
Age/Gender	: 44 Y 6 M 0 D/M	Received	: 09/Dec/2023 12:02PM
UHID/MR No	: CBAS.0000090611	Reported	: 09/Dec/2023 12:40PM
Visit ID	: CBASOPV97831	Status	: Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.68	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.57	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	18	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	82.00	U/L	30-120	IFCC
PROTEIN, TOTAL	<b>6.28</b>	g/dL	6.6-8.3	Biuret
ALBUMIN	4.42	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	<b>1.86</b>	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.38</b>		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

Patient Name	: Mr.ANAND H	Collected	: 09/Dec/2023 09:23AM
Age/Gender	: 44 Y 6 M 0 D/M	Received	: 09/Dec/2023 12:02PM
UHID/MR No	: CBAS.0000090611	Reported	: 09/Dec/2023 12:40PM
Visit ID	: CBASOPV97831	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: BAJAJ FINSERV HEALTH LIMITED
Emp/Auth/TPA ID	: 282670		

**DEPARTMENT OF BIOCHEMISTRY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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Patient Name	: Mr.ANAND H	Collected	: 09/Dec/2023 09:23AM
Age/Gender	: 44 Y 6 M 0 D/M	Received	: 09/Dec/2023 12:02PM
UHID/MR No	: CBAS.0000090611	Reported	: 09/Dec/2023 12:40PM
Visit ID	: CBASOPV97831	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: BAJAJ FINSERV HEALTH LIMITED
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**DEPARTMENT OF BIOCHEMISTRY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>CALCIUM , SERUM</b>	9.20	mg/dL	8.8-10.6	Arsenazo III
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**Comments:-**

Serum calcium measurements are done to monitor and diagnose disorders of skeletal system, parathyroid gland, kidney, muscular disorders, and abnormal vitamin D and protein levels.

<b>UREA , SERUM</b>	18.40	mg/dL	17-43	GLDH, Kinetic Assay
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<b>CREATININE , SERUM</b>	0.99	mg/dL	0.72 – 1.18	JAFFE METHOD
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<b>PHOSPHORUS, INORGANIC , SERUM</b>	2.68	mg/dL	2.5-4.5	Phosphomolybdate Complex
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<b>URIC ACID , SERUM</b>	5.39	mg/dL	3.5–7.2	Uricase PAP
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**Comments:-**

Uric acid is an end product of purine catabolism. Most uric acid is synthesised in the liver & from the intestine. Two thirds of uric acid is excreted by the kidneys.





Patient Name : Mr.ANAND H	Collected : 09/Dec/2023 09:23AM
Age/Gender : 44 Y 6 M 0 D/M	Received : 09/Dec/2023 12:02PM
UHID/MR No : CBAS.0000090611	Reported : 09/Dec/2023 02:26PM
Visit ID : CBASOPV97831	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : BAJAJ FINSERV HEALTH LIMITED
Emp/Auth/TPA ID : 282670	

**DEPARTMENT OF IMMUNOLOGY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-IODOTHYRONINE (T3, TOTAL)	0.98	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	6.66	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	1.490	µIU/mL	0.35-4.94	CMIA

**Comment:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Patient Name : Mr.ANAND H	Collected : 09/Dec/2023 09:23AM
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Visit ID : CBASOPV97831	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : BAJAJ FINSERV HEALTH LIMITED
Emp/Auth/TPA ID : 282670	

**DEPARTMENT OF IMMUNOLOGY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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VITAMIN D (25 - OH VITAMIN D) , SERUM	9.2	ng/mL		CMIA
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**Comment:**

**BIOLOGICAL REFERENCE RANGES**

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

**Decreased Levels:**

Inadequate exposure to sunlight.

Dietary deficiency.

Vitamin D malabsorption.

Severe Hepatocellular disease.

Drugs like Anticonvulsants.

Nephrotic syndrome.

**Increased levels:**

Vitamin D intoxication.



Patient Name	: Mr.ANAND H	Collected	: 09/Dec/2023 09:23AM
Age/Gender	: 44 Y 6 M 0 D/M	Received	: 09/Dec/2023 12:02PM
UHID/MR No	: CBAS.0000090611	Reported	: 09/Dec/2023 01:57PM
Visit ID	: CBASOPV97831	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: BAJAJ FINSERV HEALTH LIMITED
Emp/Auth/TPA ID	: 282670		

**DEPARTMENT OF IMMUNOLOGY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	226	pg/mL	187 - 883	CMIA

**Comment:**

Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency.

Patients taking vitamin B12 supplementation may have misleading results. A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 . The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.



Patient Name	: Mr.ANAND H	Collected	: 09/Dec/2023 09:23AM
Age/Gender	: 44 Y 6 M 0 D/M	Received	: 09/Dec/2023 12:02PM
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**DEPARTMENT OF IMMUNOLOGY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.309	ng/mL	<4	CMIA



Patient Name : Mr.ANAND H	Collected : 09/Dec/2023 09:22AM
Age/Gender : 44 Y 6 M 0 D/M	Received : 09/Dec/2023 12:38PM
UHID/MR No : CBAS.0000090611	Reported : 09/Dec/2023 02:58PM
Visit ID : CBASOPV97831	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : BAJAJ FINSERV HEALTH LIMITED
Emp/Auth/TPA ID : 282670	

**DEPARTMENT OF CLINICAL PATHOLOGY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE URINE EXAMINATION (CUE) , URINE**

<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	HAZY		CLEAR	Visual
pH	6.0		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	POSITIVE +		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	POSITIVE +		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	6-8	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
Result Rechecked				

\*\*\* End Of Report \*\*\*

Result/s to Follow:  
PERIPHERAL SMEAR

Patient Name	: Mr.ANAND H	Collected	: 09/Dec/2023 09:22AM
Age/Gender	: 44 Y 6 M 0 D/M	Received	: 09/Dec/2023 12:38PM
UHID/MR No	: CBAS.0000090611	Reported	: 09/Dec/2023 02:58PM
Visit ID	: CBASOPV97831	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: BAJAJ FINSERV HEALTH LIMITED
Emp/Auth/TPA ID	: 282670		

**DEPARTMENT OF CLINICAL PATHOLOGY**

**BAJAJ FINSERVE - EIPROC - AHC ABOVE 40Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
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