Name: ANTO JOEMON   Date :11.03.2023

Age   :   45Yrs   Sex :Male

X-RAY CHEST PA VIEW

X-ray of the chest in P.A. projection reveals that the bony thorax is normal.

Lung fields and pleural spaces are clear on both sides.

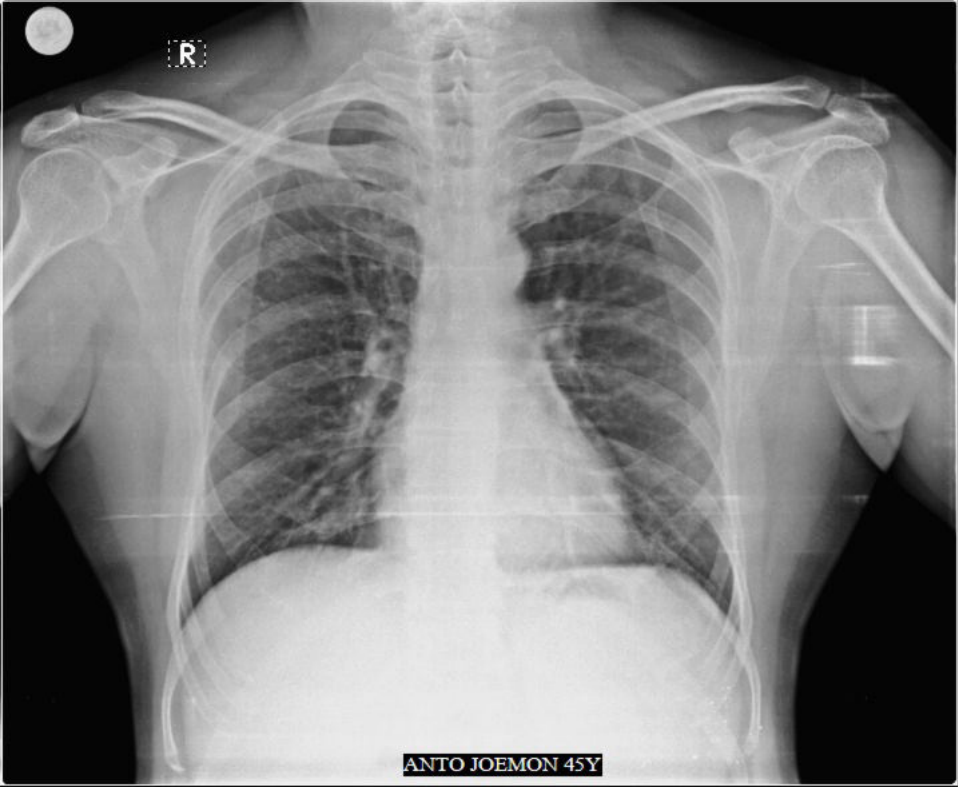The silhouettes of the heart and aorta are normal in size and configuration.

Both domes of the diaphragm are normal in position, contour and outline.

IMPRESSION: NO EVIDENCE OF ANY DISEASE IS SEEN IN
             THE CHEST.
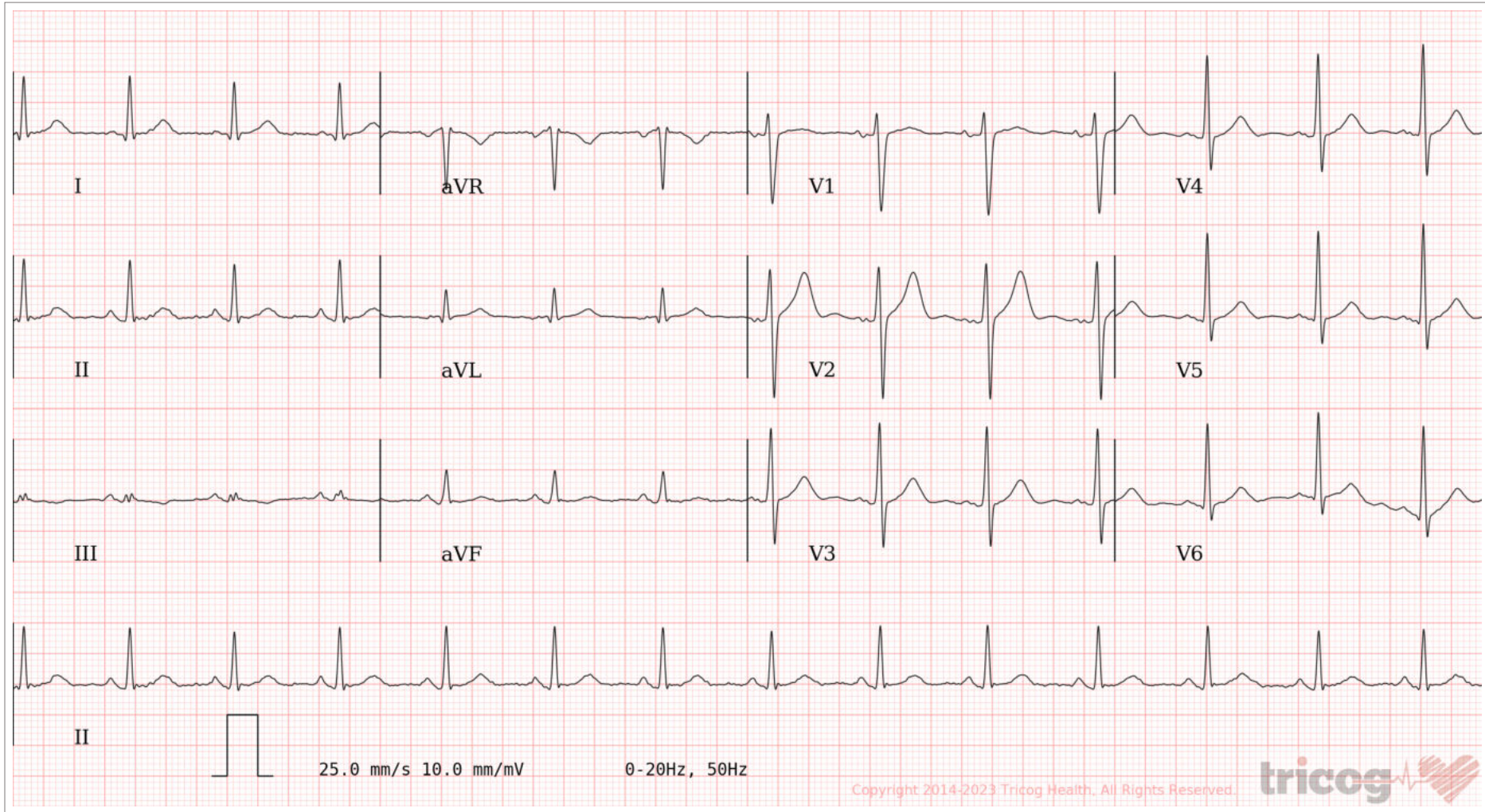
Dr. Nitish Kotwal
MBBS, DMRD (Bom)
Consulting Radiologist

ANTO JOEMON 45Y

Healthspring Cuffe Parade, Mumbai

Age / Gender: 45/Male

Date and Time: 11th Mar 23 10:17 AM

Patient ID: 1328952

Patient Name: Anto Joemon

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

25.0 mm/s 10.0 mm/mV   0-20Hz, 50Hz
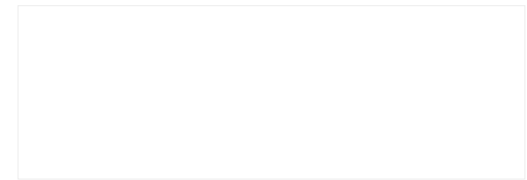
AR: NA   VR: 85bpm   QRSD: 102ms   QT: 358ms   QTc: 426ms   PRI: 116ms   P-R-T: 71° NA 30°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr Arunkumar Kakhandaki

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I				V1
II				V2
III				V3
aVR				V4
aVL				V5
aVF				V6

V5

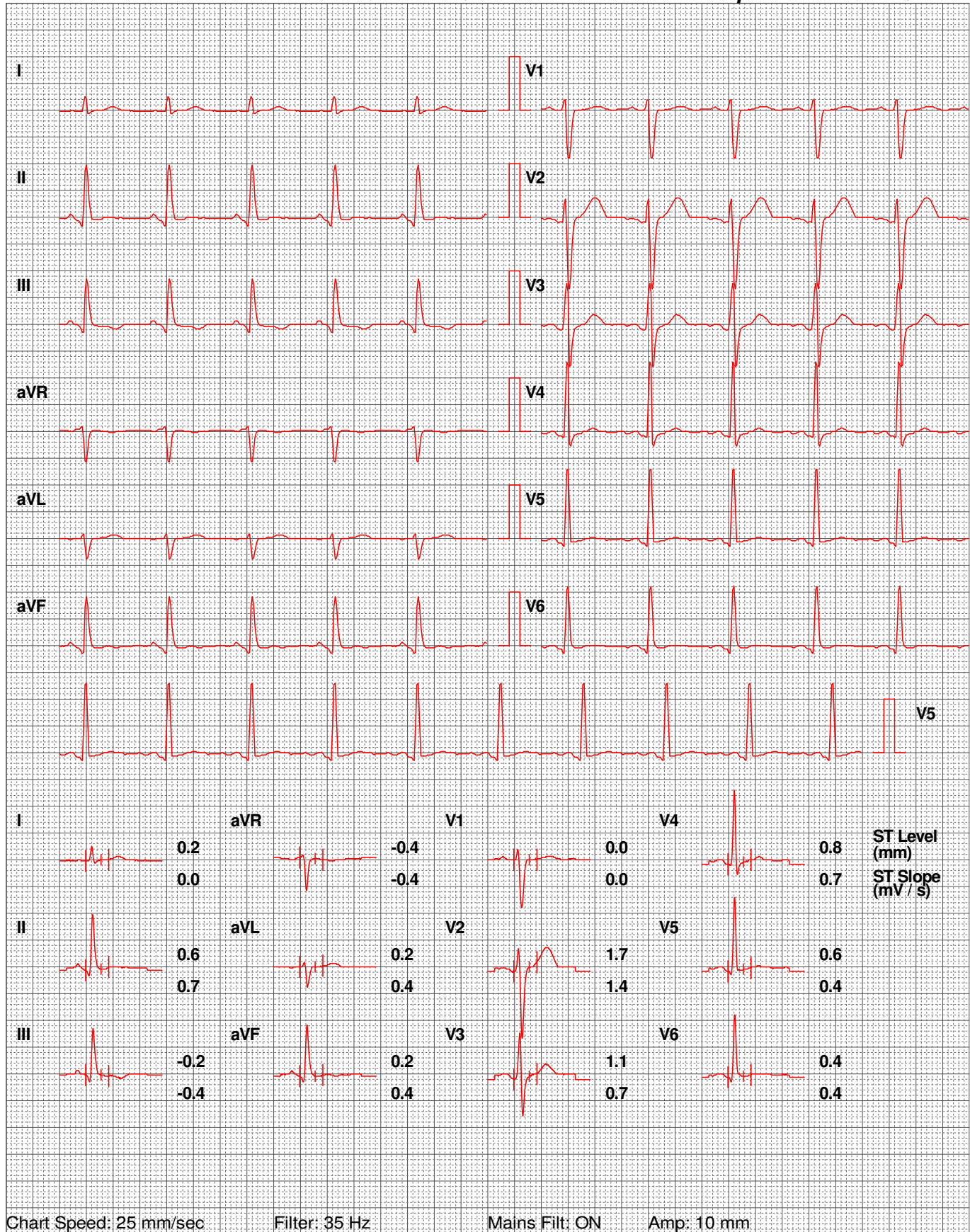| Lead	ST Level (mm)	ST Slope (mV / s)	Lead	ST Level	ST Slope	Lead	ST Level	ST Slope	Lead	ST Level	ST Slope
I	0.2	0.0	aVR	-0.4	-0.4	V1	0.0	0.0	V4	0.8	0.7
II	0.6	0.7	aVL	0.2	0.4	V2	1.7	1.4	V5	0.6	0.4
III	-0.2	-0.4	aVF	0.2	0.4	V3	1.1	0.7	V6	0.4	0.4

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm

Schiller CS-20 V 1.4   *Iso = R - 60 ms*   *J = R + 60 ms*   *Post J = J + 60 ms*   Linked Median

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I		aVR		V1		V4		
	0.2		-0.4		0.0		0.8	ST Level (mm)
	0.0		-0.4		0.0		0.7	ST Slope (mV / s)
II		aVL		V2		V5		
	0.6				0.2		1.7	0.6
	0.7				0.4		1.4	0.4
III		aVF		V3		V6		
	-0.2		0.2		1.1		0.4	
	-0.4		0.4		0.7		0.4	

ANTO JOEMON (44 M)

Protocol: Bruce	ID: 437	Date: 11-Mar-23	B.P: 120 / 80
Exec Time : 0 m 0 s	Stage: Hyperventilation	Speed: 0 Km/h	Grade: 0 %
	Stage Time : 0 m 3 s	*HR: 88 bpm*	(THR: 149 bpm)

I

V1

II

V2

III

V3

aVR

V4

aVL

V5

aVF

V6

V5

I		aVR		V1		V4		
	0.2		-0.4		0.2		0.8	ST Level (mm)
	0.0		-0.4		0.4		1.1	ST Slope (mV / s)
II		aVL		V2		V5		
	0.4		0.2		1.9		0.8	
	0.4		0.4		1.8		0.7	
III		aVF		V3		V6		
	-0.2		0.2		1.1		0.6	
	-0.4		0.4		1.1		0.4	

Chart Speed: 25 mm/sec	Filter: 35 Hz	Mains Filt: ON	Amp: 10 mm

Schiller CS-20 V 1.4   *Iso = R - 60 ms*   *J = R + 60 ms*   *Post J = J + 60 ms*   Linked Median

ANTO JOEMON (44 M)

ID: 437	Date: 11-Mar-23	B.P: 130 / 80
Stage: 1	Speed: 2.7 Km/h	Grade: 10 %
Stage Time : 2 m 54 s	**HR: 105 bpm**	(THR: 149 bpm)

Protocol: Bruce

Exec Time : 2 m 54 s

I V1
II V2
III V3
aVR V4
aVL V5
aVF V6

V5

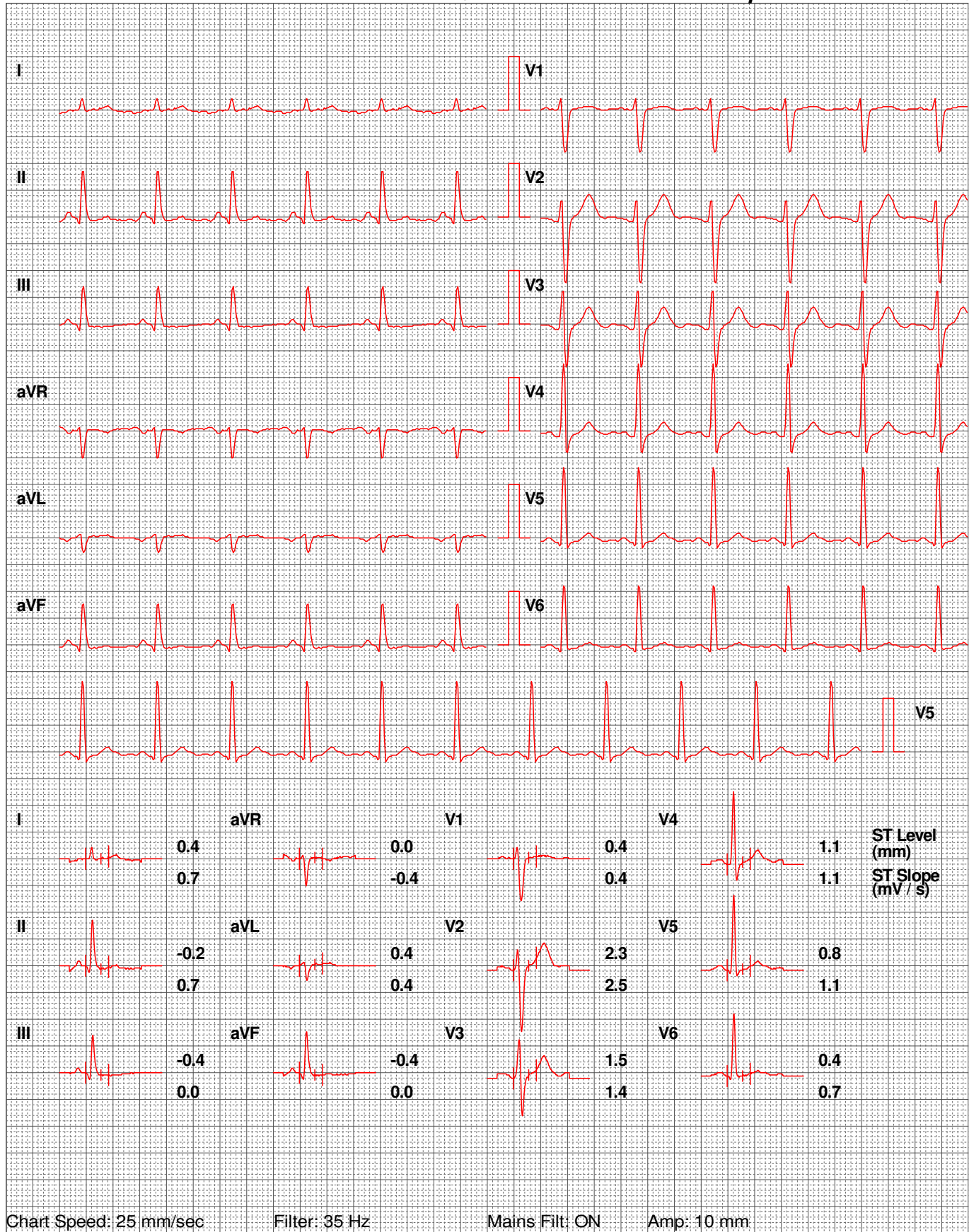| Lead	ST Level (mm)	ST Slope (mV / s)
I	0.4	0.7
aVR	0.0	-0.4
V1	0.4	0.4
V4	1.1	1.1
II	-0.2	0.7
aVL	0.4	0.4
V2	2.3	2.5
V5	0.8	1.1
III	-0.4	0.0
aVF	-0.4	0.0
V3	1.5	1.4
V6	0.4	0.7

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm

Schiller CS-20 V 1.4   *Iso = R - 60 ms*   *J = R + 60 ms*   *Post J = J + 60 ms*   Linked Median

ANTO JOEMON (44 M)

Protocol: Bruce	ID: 437	Date: 11-Mar-23	B.P: 150 / 80
Exec Time : 5 m 54 s	Stage: 2	Speed: 4 Km/h	Grade: 12 %
	Stage Time : 2 m 54 s	**HR: 127 bpm**	(THR: 149 bpm)
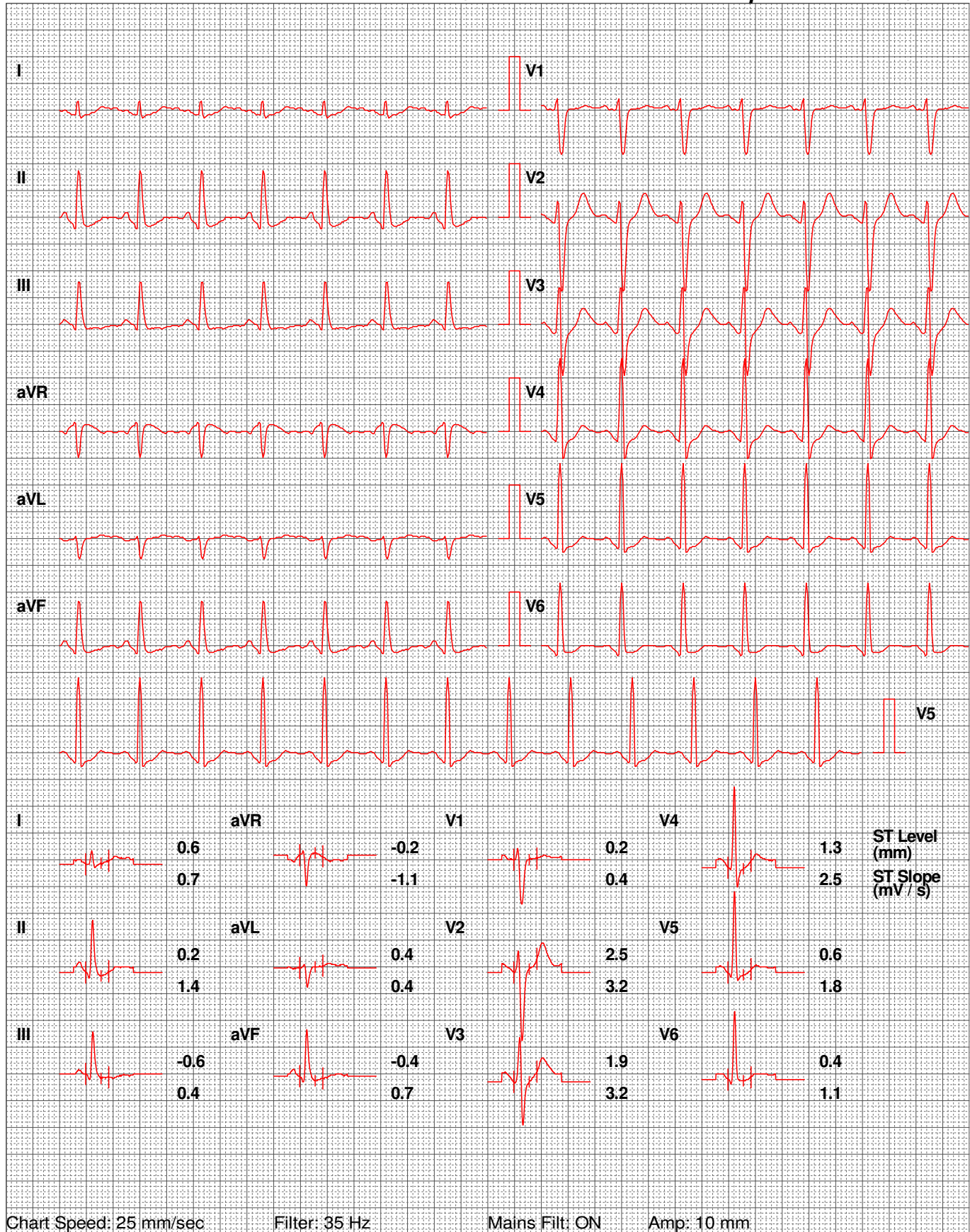
Lead	ST Level (mm)	ST Slope (mV / s)	Lead	ST Level (mm)	ST Slope (mV / s)	Lead	ST Level (mm)	ST Slope (mV / s)	Lead	ST Level (mm)	ST Slope (mV / s)
I	0.6	0.7	aVR	-0.2	-1.1	V1	0.2	0.4	V4	1.3	2.5
II	0.2	1.4	aVL	0.4	0.4	V2	2.5	3.2	V5	0.6	1.8
III	-0.6	0.4	aVF	-0.4	0.7	V3	1.9	3.2	V6	0.4	1.1

Chart Speed: 25 mm/sec	Filter: 35 Hz	Mains Filt: ON	Amp: 10 mm

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ANTO JOEMON (44 M)

ID: 437	Date: 11-Mar-23	B.P: 170 / 80
Protocol: Bruce	Stage: Peak Ex	Speed: 5.4 Km/h	Grade: 14 %
Exec Time : 8 m 42 s	Stage Time : 2 m 42 s	**HR: 151 bpm**	(THR: 149 bpm)

	I		aVR		V1		V4		
I		aVR		V1		V4			
	0.4		-0.4		0.4		0.8		ST Level (mm)
	0.7		-0.7		0.7		3.2		ST Slope (mV / s)
II		aVL		V2		V5			
	0.4		0.4		0.4		0.4		
	1.1		0.7		2.5		2.5		
III		aVF		V3		V6			
	-0.4		0.2		2.8		0.2		
	-0.7		0.4		2.8		1.8		

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm

Schiller CS-20 V 1.4   *Iso = R - 60 ms*   *J = R + 60 ms*   *Post J = J + 60 ms*   Linked Median

ANTO JOEMON (44 M)

Protocol: Bruce

Exec Time : 8 m 48 s

ID: 437

Stage: Recovery(1)

Stage Time : 0 m 54 s

Date: 11-Mar-23

Speed: 1.6 Km/h

HR: 123 bpm

B.P: 170 / 80

Grade: 0 %

(THR: 149 bpm)

I   V1

II   V2

III   V3

aVR   V4

aVL   V5

aVF   V6

V5

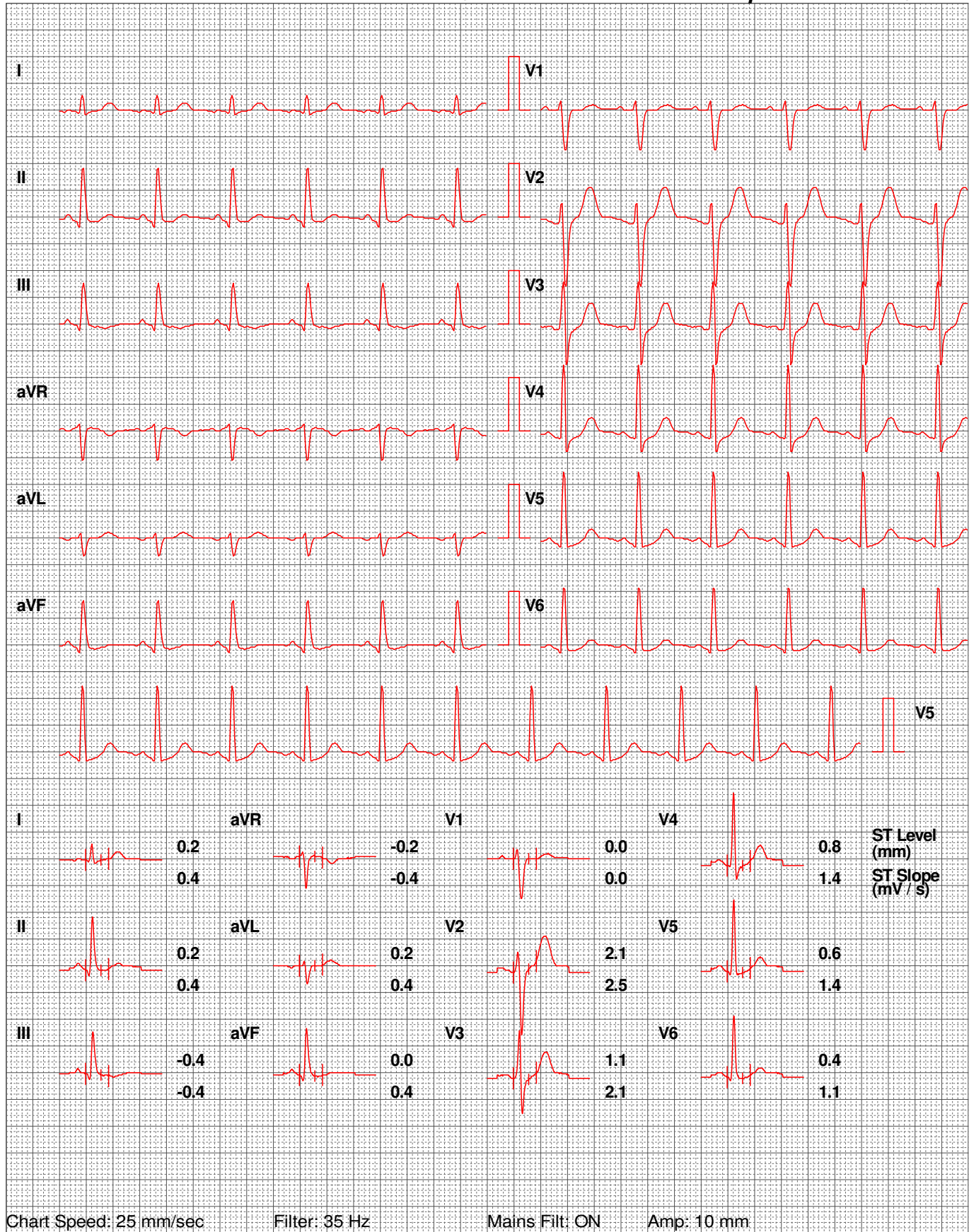|				ST Level (mm) / ST Slope (mV / s)
I	aVR	V1	V4	
0.4	-0.6	0.4	1.3	ST Level (mm)
0.4	-1.1	0.7	2.5	ST Slope (mV / s)
II	aVL	V2	V5	
0.4	0.4	3.6	0.8	
1.4	0.7	4.6	2.1	
III	aVF	V3	V6	
-0.6	-0.2	2.1	0.6	
-0.4	0.4	3.2	1.4	

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm

Schiller CS-20 V 1.4   *Iso = R - 60 ms*   *J = R + 60 ms*   *Post J = J + 60 ms*   Linked Median

ANTO JOEMON (44 M)

Protocol: Bruce	ID: 437	Date: 11-Mar-23	B.P: 170 / 80
Exec Time : 8 m 48 s	Stage: Recovery(2)	Speed: 0 Km/h	Grade: 0 %
	Stage Time : 0 m 54 s	**HR: 106 bpm**	(THR: 149 bpm)

Leads displayed: I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6, rhythm strip V5

		ST Level (mm)	ST Slope (mV / s)
I	0.2 / 0.4		
aVR	-0.2 / -0.4		
V1	0.0 / 0.0		
V4	0.8 / 1.4		
II	0.2 / 0.4		
aVL	0.2 / 0.4		
V2	2.1 / 2.5		
V5	0.6 / 1.4		
III	-0.4 / -0.4		
aVF	0.0 / 0.4		
V3	1.1 / 2.1		
V6	0.4 / 1.1		

Chart Speed: 25 mm/sec	Filter: 35 Hz	Mains Filt: ON	Amp: 10 mm

Schiller CS-20 V 1.4   *Iso = R - 60 ms*   *J = R + 60 ms*   *Post J = J + 60 ms*   Linked Median

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I	aVR	V1	V4	
0.2	-0.2	0.0	0.4	ST Level (mm)
0.4	-0.7	0.0	1.4	ST Slope (mV / s)
II	aVL	V2	V5	
0.0	0.0	1.5	0.2	
0.4	0.0	1.4	0.7	
III	aVF	V3	V6	
-0.4	0.0	1.1	0.0	
0.0	0.4	1.4	0.4	

ANTO JOEMON (44 M)

ID: 437

Date: 11-Mar-23

B.P: 130 / 80

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 Km/h

Grade: 0 %

Exec Time : 8 m 48 s

Stage Time : 0 m 54 s

HR: 94 bpm

(THR: 149 bpm)

				ST Level (mm)	ST Slope (mV / s)
I	aVR	V1	V4		
0.2	-0.2	0.0	0.4	ST Level (mm)	
0.4	-0.4	0.0	1.1	ST Slope (mV / s)	
II	aVL	V2	V5		
0.4	0.0	1.1	0.4		
0.4	0.0	1.1	0.7		
III	aVF	V3	V6		
-0.2	0.0	1.1	0.2		
-0.4	0.0	1.4	0.7		

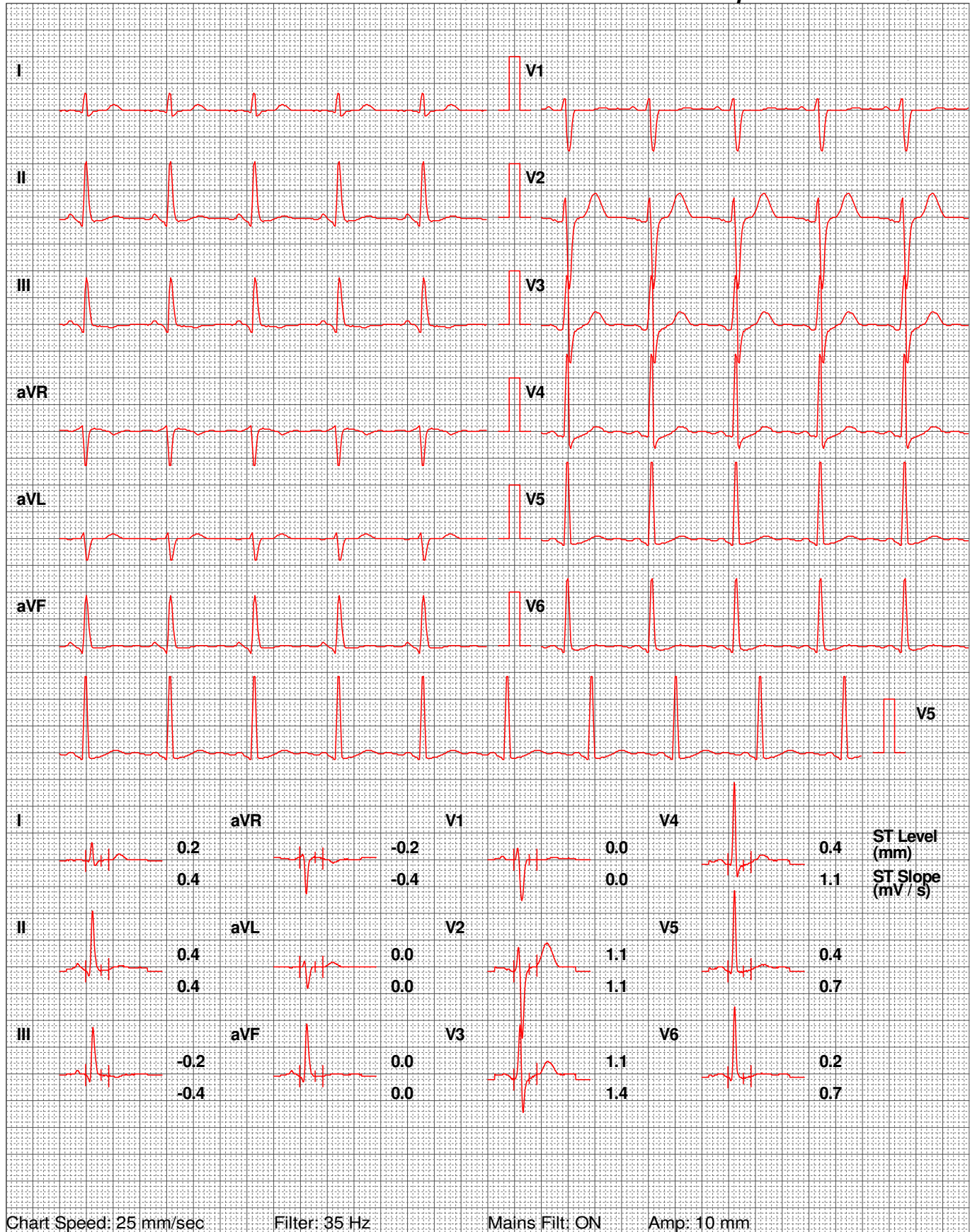Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm

Schiller CS-20 V 1.4   *Iso = R - 60 ms   J = R + 60 ms   Post J = J + 60 ms*   Linked Median

ANTO JOEMON (44 M)

ID: 437

Protocol: Bruce

Exec Time : 8 m 48 s

Stage: Recovery(5)

Stage Time : 0 m 32 s

HR: 93 bpm

Date: 11-Mar-23

Speed: 0 Km/h

B.P: 130 / 80

Grade: 0 %

(THR: 149 bpm)

	I	aVR	V1	V4	
	0.2	-0.2	0.0	0.4	ST Level (mm)
	0.4	-0.4	0.0	0.7	ST Slope (mV / s)
	II	aVL	V2	V5	
	0.2	0.0	1.3	0.2	
	0.4	0.0	1.1	0.7	
	III	aVF	V3	V6	
	-0.2	0.0	0.8	0.2	
	-0.4	0.0	1.1	0.4	

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm

Schiller CS-20 V 1.4   *Iso = R - 60 ms*   *J = R + 60 ms*   *Post J = J + 60 ms*   Linked Median

healthspring

Patient Details   Date: 11-Mar-23   Time: 10:52:27 AM

Name: ANTO JOEMON   ID: 437

Age: 44 y   Sex: **M**   Height: **166 cms.**   Weight: **67 Kg.**

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce   **Pr.MHR:**   176 bpm   **THR:** 149 (85 % of Pr.MHR) bpm
Total Exec. Time: 8 m 48 s   **Max. HR:** 151 (86% of Pr.MHR)bpm   **Max. Mets:**   10.20
Max. BP: 170 / 80 mmHg   **Max. BP x HR:**   25670 mmHg/min   **Min. BP x HR:**   7200 mmHg/min
Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 42	1.0	0	0	95	120 / 80	-1.49 aVR	2.12 V2
Standing	0 : 4	1.0	0	0	95	120 / 80	-0.42 aVR	1.42 V2
Hyperventilation	0 : 5	1.0	0	0	90	120 / 80	-0.42 aVR	1.77 V2
1	3 : 0	4.6	2.7	10	105	130 / 80	-0.85 aVR	3.89 V3
2	3 : 0	7.0	4	12	128	150 / 80	-1.06 aVR	3.54 V3
Peak Ex	2 : 48	10.2	5.4	14	151	170 / 80	-1.27 I	4.60 V3
Recovery(1)	1 : 0	1.8	1.6	0	123	170 / 80	-0.64 III	4.95 V2
Recovery(2)	1 : 0	1.0	0	0	109	170 / 80	-0.64 III	4.95 V2
Recovery(3)	1 : 0	1.0	0	0	97	130 / 80	-0.42 III	3.18 V2
Recovery(4)	1 : 0	1.0	0	0	95	130 / 80	-0.64 aVR	1.77 V2
Recovery(5)	0 : 38	1.0	0	0	94	130 / 80	-0.42 aVR	1.77 V2

Interpretation

The patient exercised according to the Bruce protocol for 8 m 48 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 95 bpm, rose to a max. heart rate of 151 (86% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 170 / 80 mmHg.

Ref. Doctor: ------   **Doctor: ------**
(Summary Report edited by user)   *Schiller CS-20 V 1.4*

HEALTHSPRING

TREADMILL STRESS TEST REPORT

DATE: 11/03/2023

NAME:	ANTO JOEMON	**AGE**:(years)	44	**SEX**:	M

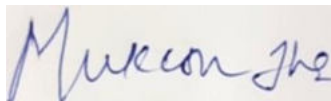| PROTOCOL USED	**BRUCE PROTOCOL**		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	10.2	DOUBLE PRODUCT	25670 mm Hg/Min
DUKES SCORE (High Risk Score ≤ -11, Low Risk Score ≥ 5)	8		

CONCLUSION:

NORMAL INOTROPIC & CHRONOTROPIC RESPONSE

BASELINE ECG SHOWS NO SIGNIFICANT ST-T CHANGES

NO SYMPTOMS SEEN DURING EXERCISE & RECOVERY

NO SIGNIFICANT ST-T CHANGES SEEN DURING EXERCISE & RECOVERY

GOOD EFFORT TOLERANCE AND FUNCTIONAL CAPACITY.

TARGET HEART RATE ACHIEVED

STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD

IMPRESSION:

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD

ADVISED- CLINICAL CORRELATION

DR. MUKESH JHA

MD (MEDICINE), DM (CARDIOLOGY)

REG NO- 2010/09/2935

PATIENT'S NAME - Mr. Anto Joemon

AGE/GENDER - 42 / Male.

DOCTOR'S NAME -

DATE - 11/3/2023.

VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT		6/5		6/5
NEAR		N.6		N.6
COLOUR		Normal		
Recommendations				

VITALS

Pulse - 84/min	B.P- 120/70 mmhy	SpO2 99%
Height 166	Weight - 67.1	BMI- 24.4
Waist - 88	Hip - 94	Waist/Hip Ratio- 0.94
Chest - 86/89	Inspiration-	Expiration-

CENTRE NAME -

SIGN & STAMP-

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Department of Pathology
Wellspring Healthcare Pvt. Ltd.
NABL Accredited

Certificate No. : MC-3200

Patient Name : **Mr. Anto Joemon**		**Reg.Date / Time**	: 11/03/2023 / 12:56:30
Age / Gender : 45 Y / Male		**Report Date / Time**	: 11/03/2023 / 19:22:51
Referred By : Dr. Irfan Mamawala		**MR No.**	: **1328952**
SID No. : **15010961**		Page 1 of 14	

Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
HAEMATOLOGY				
CBC-Haemogram & ESR, blood				
EDTA WHOLE BLOOD				
	HAEMOGLOBIN, RED CELL COUNT & INDICES			
	HAEMOGLOBIN (Spectrophotometry)	14.7	gm%	13-17
	PCV (Electrical Impedance)	41.5	%	40 - 50
	MCV (Calculated)	85.5	fL	83-101
	MCH (Calculated)	30.3	pg	27.0 - 32.0
	MCHC (Calculated)	**35.4**	g/dl	31.5-34.5
	RDW-CV (Calculated)	**15**	%	11.6-14.0
	RDW-SD (Calculated)	**50**	fL	36 - 46
	TOTAL RBC COUNT (Electrical Impedance)	4.86	Million/cmm	4.5-5.5
	TOTAL WBC COUNT (Electrical Impedance)	5710	/cumm	4000-10000
	DIFFERENTIAL WBC COUNT			
	NEUTROPHILS (Flow cell)	63.9	%	40-80
	LYMPHOCYTES (Flow cell)	29.0	%	20-40
	EOSINOPHILS (Flow cell)	2.2	%	1-6
	MONOCYTES (Flow cell)	3.8	%	2-10
	BASOPHILS (Flow cell)	1.1	%	1-2
	ABSOLUTE WBC COUNT			
	ABSOLUTE NEUTROPHIL COUNT (Calculated)	3640	/cumm	2000-7000
	ABSOLUTE LYMPHOCYTE COUNT (Calculated)	1650	/cumm	1000-3000

Contd ...

*Tests not included in NABL accredited scope

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Patient Name : **Mr. Anto Joemon**	**Reg.Date / Time** : 11/03/2023 / 12:56:30
Age / Gender : 45 Y / Male	**Report Date / Time** : 11/03/2023 / 19:22:51
Referred By : Dr. Irfan Mamawala	**MR No.** : **1328952**
SID No. : **15010961**	Page 2 of 14

Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
HAEMATOLOGY				
	ABSOLUTE WBC COUNT			
	ABSOLUTE EOSINOPHIL COUNT (Calculated)	**120**	/cumm	200-500
	ABSOLUTE MONOCYTE COUNT (Calculated)	220	/cumm	200-1000
	ABSOLUTE BASOPHIL COUNT (Calculated)	60	/cumm	0-220
	PLATELET COUNT (Electrical Impedance)	301000	/cumm	150000-410000
	MPV (Calculated)	8.3	fL	6.78-13.46
	PDW (Calculated)	12.2	%	11-18
	PCT (Calculated)	0.250	%	0.15-0.50
	PERIPHERAL BLOOD SMEAR			
	COMMENTS (Microscopic)	Normocytic Normochromic RBCs		

Sample Collected at : Cuffe Parade

Sample Collected on : 11 Mar 2023 13:38

Sample Received on : 11 Mar 2023 16:02

Barcode :

Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

Family Doctor | Diagnostics | Diet & Nutrition | Physiotherapy | Comprehensive Chronic Care | Home Care | Dental Service | Mental Health | Vaccination | Pharmacy | 24x7 Emergency* | *Members only

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Certificate No. : MC-3200

Patient Name : Mr. Anto Joemon		**Reg.Date / Time** : 11/03/2023 / 12:56:30	
Age / Gender : 45 Y / Male		**Report Date / Time** : 11/03/2023 / 19:22:51	
Referred By : Dr. Irfan Mamawala		**MR No.** : 1328952	
SID No. : 15010961		Page 3 of 14	

Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
HAEMATOLOGY				
EDTA Blood	**ABO BLOOD GROUP***			
	BLOOD GROUP (Erythrocyte-Magnetized Technology)	B		
	Rh TYPE (Erythrocyte-Magnetized Technology)	NEGATIVE		

Sample Collected at : Cuffe Parade

Sample Collected on : 11 Mar 2023 13:38

Sample Received on : 11 Mar 2023 16:02

Barcode :

Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Family Doctor   Diagnostics   Diet & Nutrition   Physiotherapy   Comprehensive Chronic Care   Home Care   Dental Service   Mental Health   Vaccination   Pharmacy   24x7 Emergency*   *Members only

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Department of Pathology
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Certificate No. : MC-3200

Patient Name : **Mr. Anto Joemon**	**Reg.Date / Time** : 11/03/2023 / 12:56:30
Age / Gender : 45 Y / Male	**Report Date / Time** : 11/03/2023 / 19:22:51
Referred By : Dr. Irfan Mamawala	**MR No.** : **1328952**
SID No. : **15010961**	Page 4 of 14

Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
HAEMATOLOGY				
CBC-Haemogram & ESR, blood				
EDTA WHOLE BLOOD				
	ESR(ERYTHROCYTE SEDIMENTATION RATE) (Photometric Capillary)	2	mm / 1 hr	0-15

Notes :   The given result is measured at the end of first hour.

Sample Collected at   **:** Cuffe Parade

Sample Collected on   **:** 11 Mar 2023 13:38

Sample Received on   **:** 11 Mar 2023 16:02

Dr.Rahul Jain

MD,PATHOLOGY

Barcode   **:**

Consultant Pathologist

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Contd ...

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Certificate No. : MC-3200

Patient Name : **Mr. Anto Joemon**

Age / Gender : 45 Y / Male

Referred By : Dr. Irfan Mamawala

SID No. : **15010961**

Reg.Date / Time : 11/03/2023 / 12:56:30

Report Date / Time : 11/03/2023 / 19:22:51

MR No. : **1328952**

Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
COMPREHENSIVE LIVER PROFILE				
SERUM				
	BILIRUBIN TOTAL (Diazotization)	1.04	mg/dl	0.2 - 1.3
	BILIRUBIN DIRECT (Diazotization)	0.29	mg/dl	0.1-0.4
	BILIRUBIN INDIRECT (Calculation)	**0.75**	mg/dl	0.2 - 0.7
	ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	17	U/L	<40
	ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	22	U/L	<41
	ALKALINE PHOSPHATASE (Colorimetric IFCC)	73	U/L	40-129
	GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	23	U/L	<70
	TOTAL PROTEIN (Colorimetric)	6.80	gm/dl	6.6-8.7
	ALBUMIN (Bromocresol Green)	4.70	gm/dl	3.5 - 5.2
	GLOBULIN (Calculation)	2.10	gm/dl	2.0-3.5
	A/G RATIO (Calculation)	**2.2**		1-2

Sample Collected at : Cuffe Parade

Sample Collected on : 11 Mar 2023 13:38

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MD,PATHOLOGY

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Referred By : Dr. Irfan Mamawala		**MR No.** : **1328952**
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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
COMPREHENSIVE RENAL PROFILE				
SERUM				
	CREATININE (Jaffe Method)	0.8	mg/dl	0.6 - 1.3
	BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	6.7	mg/dl	6 - 20
	BUN/CREATININE RATIO (Calculation)	**8.4**		10 - 20
	URIC ACID (Uricase Enzyme)	4.2	mg/dl	3.7 - 7.7
	CALCIUM (Bapta Method)	8.9	mg/dl	8.6-10
	PHOSPHORUS (Phosphomolybdate)	3.5	mg/dl	2.5-4.5

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
LIPID PROFILE				
SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	162	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239

Notes : Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.
Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.
Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	**161**	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	41	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	89	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	32	mg/dl	15-40
SERUM	CHOL / HDL RATIO	4.0		3-5
SERUM	LDL /HDL RATIO (Calculation)	2.0		0 - 3.5

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	90	mg/dl	70 - 110

Notes : An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.
References:
http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf, Understanding Diabetes.

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	133	mg/dl	70 - 140
EDTA WHOLE BLOOD	**GLYCOSYLATED HAEMOGLOBIN (HbA1C)**			
	HbA1C (High Performance Liquid Chromatography)	**6.1**	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
	ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	128	mg/dl	

Notes : HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations.
HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required.
HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, https://www.who.int/diabetes/publications/report-hba1c_2011.pdf) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria.
References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
Urine	URINE GLUCOSE FASTING (Urodip)	ABSENT		

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
Urine	URINE GLUCOSE POST PRANDIAL (Urodip)	ABSENT		

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
IMMUNOLOGY				
THYROID PROFILE - TOTAL				
SERUM				
	TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.26	ng/ml	0.7-2.04
	TOTAL THYROXINE (T4) (ECLIA)	9.20	ug/dl	4.6 - 10.5
	THYROID STIMULATING HORMONE (TSH) (ECLIA)	1.850	uIU/ml	0.27 - 4.20

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Specimen	Test Name / Method	Result	Units	Biological Reference Interval

IMMUNOLOGY

Notes :   TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level.The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)
-Low TSH, Low   FT4 - Central hypothyroidism.
-Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
-Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter,Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
-Normal TSH,Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism,Medications.
-Normal TSH, High FT4-   Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbumineic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
-High TSH, Low   FT4- Primary hypothyroidism.
-High TSH, Normal FT4-   Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
-High TSH, High FT4- TSH mediated hyperthyroidism

Note:
1.   Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2.   Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3.   Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:
1.   Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2.   "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3.   Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4.   Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

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Specimen	Test Name / Method	Result	Units	Biological Reference Interval
CLINICAL PATHOLOGY				
Urine	**URINE ANALYSIS**			
	PHYSICAL EXAMINATION			
	VOLUME (Volumetric)	30		
	COLOR (Visual Examination)	PALE YELLOW		
	APPEARANCE (Visual Examination)	CLEAR		
	CHEMICAL EXAMINATION			
	SP.GRAVITY (Indicator System)	1.015		1.005 - 1.030
	REACTION(pH) (Double indicator)	ACIDIC		
	PROTEIN (Protein-error-of-Indicators)	ABSENT		
	GLUCOSE (GOD-POD)	ABSENT		Absent
	KETONES (Legal's Test)	ABSENT		Absent
	OCCULT BLOOD (Peroxidase activity)	ABSENT		Absent
	BILIRUBIN (Fouchets Test)	ABSENT		Absent
	UROBILINOGEN (Ehrlich Reaction)	NORMAL		
	NITRITE (Griess Test)	ABSENT		
	MICROSCOPIC EXAMINATION			
	ERYTHROCYTES (Microscopy)	ABSENT	/hpf	0-2
	PUS CELLS (Microscopy)	2-3	/hpf	0-5
	EPITHELIAL CELLS (Microscopy)	1-2	/hpf	0-5
	CASTS (Microscopy)	ABSENT		
	CRYSTALS (Microscopy)	ABSENT		
	ANY OTHER FINDINGS	NIL		

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