

CERTIFICATE OF MEDICAL FITNESS

NAME: Dr. Vinod Kumar Kuse

AGE/ GENDER: 34 yrs

HEIGHT: 165cm

WEIGHT: 72-9kg

IDENTIFICATION MARK: -

BLOOD PRESSURE: 130/80 mmHg

PULSE: 110 /min

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. Vinod Kumar Kuse son/daughter of Mr. Shrinath Kuse who has signed in my presence. He/ she has no physical disease and is fit for employment.

K. Vinod Kuse

Signature of candidate

Dr. BINDURAJ. R
MBBS, MD

Signature of Medical Officer

Internal Medicine
Reg. No. 62300

Place: Spectrum diagnostic & health care

Date: 11/11/23

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



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

DATE: 11.11.23

EYE EXAMINATION

NAME: *ms. Vinod Kamesh K...* AGE: *36y*

GENDER: F / M

| | RIGHT EYE | LEFT EYE |
|------------------------------|------------|------------|
| Vision | <i>6/6</i> | <i>6/6</i> |
| Vision With glass | | |
| Color Vision | Normal | Normal |
| Anterior segment examination | Normal | Normal |
| Fundus Examination | Normal | Normal |
| Any other abnormality | Nil | Nil |
| Diagnosis/ impression | Normal | Normal |

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



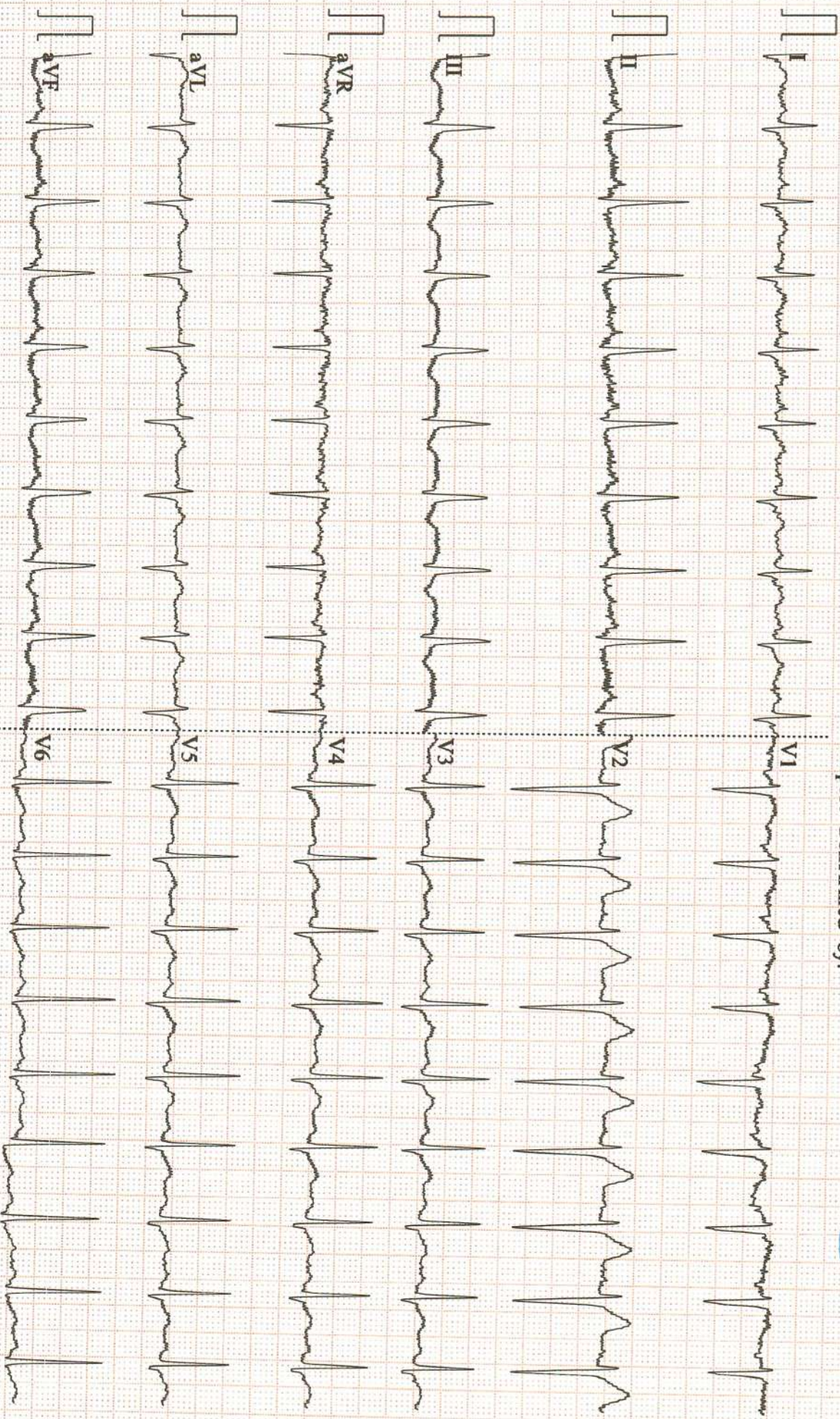
VINOD KUMAR KUSU
Male 34Years

| | | |
|---------|---------------|-----|
| HR | : 111 | bpm |
| P | : 92 | ms |
| PR | : 133 | ms |
| QRS | : 97 | ms |
| QT/QTc | : 301/411 | ms |
| P/QRS/T | : 46/72/-27 | ° |
| RV5/SV1 | : 1.335/1.033 | mV |

Diagnosis Information:

Sinus Tachycardia
 Larged PtfV1
 T Wave Abnormality(III,aVF,V6)

Report Confirmed by:



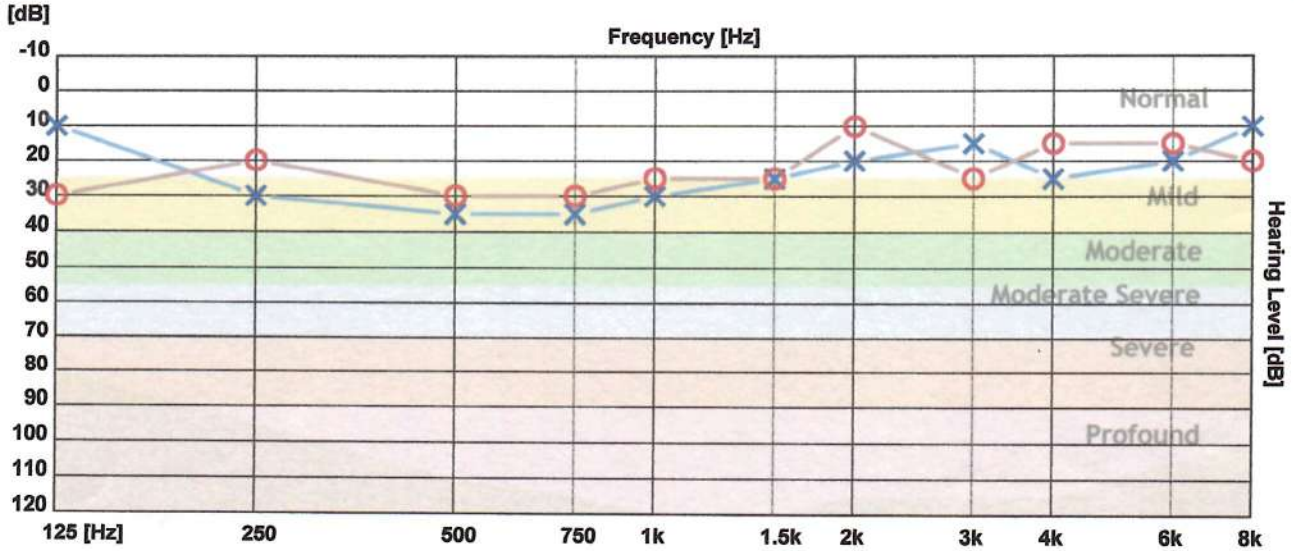
SPECTRUM DIAGNOSTICS & HEALTH CARE

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



Patient ID : 0986
 Name : MR VINOD KUMAR KUSU
 CR Number : 20231111140604
 Registration Date : 11-Nov-2023

Age : 34
 Gender : Male
 Operator : spectrum diagnostics



| | 125 Hz | 250 Hz | 500 Hz | 750 Hz | 1000 Hz | 1500 Hz | 2000 Hz | 3000 Hz | 4000 Hz | 6000 Hz | 8000 Hz |
|----------------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|
| X - Air Left | 10 | 30 | 35 | 35 | 30 | 25 | 20 | 15 | 25 | 20 | 10 |
| O - Air Right | 30 | 20 | 30 | 30 | 25 | 25 | 10 | 25 | 15 | 15 | 20 |
| > - Bone Left | | | | | | | | | | | |
| < - Bone Right | | | | | | | | | | | |

Clinical Notes :

Not Found



| | |
|-----------------------------------|--------------------------|
| NAME : MR.VINOD KUMAR KUSU | DATE :11/11/2023 |
| AGE/SEX : 34YEARS/MALE | REG NO:1111230057 |
| REF BY : APOLO CLINIC | |

CHEST PA VIEW

Lung fields are clear.

Cardiovascular shadows are within normal limits.

Both CP angles are free.

Domes of diaphragm and bony thoracic cage are normal.

IMPRESSION: NORMAL CHEST RADIOGRAPH.



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

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



| | | | |
|--------------|---------------------|-------|------------|
| PATIENT NAME | MR VINOD KUMAR KUSU | ID NO | 1111230057 |
| AGE | 34YEARS | SEX | MALE |
| REF BY | DR.APOLO CLINIC | DATE | 11.11.2023 |

2D ECHO CARDIOGRAHIC STUDY

M-MODE

| | |
|-------------------------------|------|
| AORTA | 32mm |
| LEFT ATRIUM | 24mm |
| RIGHT VENTRICLE | 20mm |
| LEFT VENTRICLE (DIASTOLE) | 40mm |
| LEFT VENTRICLE(SYSTOLE) | 25mm |
| VENTRICULAR SEPTUM (DIASTOLE) | 11mm |
| VENTRICULAR SEPTUM (SYSTOLE) | 10mm |
| POSTERIOR WALL (DIASTOLE) | 09mm |
| POSTERIOR WALL (SYSTOLE) | 10mm |
| FRACTIONAL SHORTENING | 30% |
| EJECTION FRACTION | 60% |

DOPPLER /COLOUR FLOW

Mitral Valve Velocity : MVE- 0.68m/s MVA – 0.83m/s E/A-0.82

Tissue Doppler : e' (Septal) -7cm/s E/e'(Septal) -9

Velocity/ Gradient across the Pulmonic valve :0.95 m/s 4mmHg

Max. Velocity / Gradient across the Aortic valve :1.07 m/s 4 mmHg

Velocity / Gradient across the Tricuspid valve :2.61 m/s 27mmHg

SCAN FOR LOCATION



| | | | |
|--------------|---------------------|-------|------------|
| PATIENT NAME | MR VINOD KUMAR KUSU | ID NO | 1111230057 |
| AGE | 34YEARS | SEX | MALE |
| REF BY | DR.APOLO CLINIC | DATE | 11.11.2023 |

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

- TACHYCARDIA NOTED DURING STUDY HR-104bpm
- NO REGIONAL WALL MOTION ABNORMALITY PRESENT
- NORMAL VALVES AND DIMENSIONS
- NORMAL LV SYSTOLIC FUNCTION, LVEF- 60%
- GRADE I LV DIASTOLIC DYSFUNCTION
- MILD TR / NO PAH
- NO CLOT / VEGETATION / EFFUSION
- NO ASD / VSD / PDA / CoA SEEN



DURGANY
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.

SCAN FOR LOCATION



| | | |
|---------------------------|---------------------|------------------|
| NAME AND LAB NO | MR VINOD KUMAR KUSU | REG-30057 |
| AGE & SEX | 34 YRS | MALE |
| DATE AND AREA OF INTEREST | 11.11.2023 | ABDOMEN & PELVIS |
| REF BY | C/O APOLO CLINIC | |

USG ABDOMEN AND PELVIS

LIVER: Measures 16.5 cm. Enlarged in size with normal 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 12.6 cm. Mildly enlarged in size and normal echotexture. No e/o SOL/ calcification.

PANCREAS: Head and body appears normal in size and echotexture. Tail obscured by bowel gas shadows
Pancreatic duct appears normal. No e/o calculus / calcifications.

RETROPERITONEUM: Poor window.

RIGHT KIDNEY: Right kidney measures 11.5 X4.6 cm ,is normal in size & echotexture. No evidence of calculus/ hydronephrosis. No solid / cystic lesions.

LEFT KIDNEY: Left kidney measures 10.9 X5.5 cm ,is normal in size & echotexture. No evidence of calculus/ hydronephrosis. No solid / cystic lesions.

URETERS: Bilateral ureters are not dilated.

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

PROSTATE: Normal in size and echotexture.

- No evidence of ascites/pleural effusion.

IMPRESSION:


- Mild Hepato- Splenomegaly .



DR.AKSHATHA R BHAT
MDRD DNB FRCR

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| Age / Gender : 34 years / Male |  | Sample Col. Date : 11-Nov-2023 09:54 AM |
| Ref. By Dr. : Dr. APOLO CLINIC | 1111230057 | Result Date : 11-Nov-2023 04:58 PM |
| Reg. No. : 1111230057 | | Report Status : Final |
| C/o : Apollo Clinic | | |

| Test Name | Result | Unit | Reference Value | Method |
|--------------------------------------------------|--------|--------------|-------------------------------------------------------------------------------------------------------|-------------------------|
| Complete Haemogram-Whole Blood EDTA | | | | |
| Haemoglobin (HB) | 15.5 | g/dL | Male: 14.0-17.0 Female:12.0-15.0 Newborn:16.50 - 19.50 | Spectrophotometer |
| Red Blood Cell (RBC) | 6.06 | million/cumm | 3.50 - 5.50 | Volumetric Impedance |
| Packed Cell Volume (PCV) | 46.4 | % | Male: 42.0-51.0 Female: 36.0-45.0 | Electronic Pulse |
| Mean corpuscular volume (MCV) | 80.6 | fL | 78.0- 94.0 | Calculated |
| Mean corpuscular hemoglobin (MCH) | 27.2 | pg | 27.50-32.20 | Calculated |
| Mean corpuscular hemoglobin concentration (MCHC) | 34.2 | % | 33.00-35.50 | Calculated |
| Red Blood Cell Distribution Width SD (RDW-SD) | 26.2 | fL | 40.0-55.0 | Volumetric Impedance |
| Red Blood Cell Distribution CV (RDW-CV) | 13.3 | % | Male: 11.80-14.50 Female:12.20-16.10 | Volumetric Impedance |
| Mean Platelet Volume (MPV) | 7.3 | fL | 8.0-15.0 | Volumetric Impedance |
| Platelet | 1.92 | lakh/cumm | 1.50-4.50 | Volumetric Impedance |
| Platelet Distribution Width (PDW) | 19.0 | % | 8.30 - 56.60 | Volumetric Impedance |
| White Blood cell Count (WBC) | 4680 | cells/cumm | Male: 4000.0-11000.0 Female 4000.0-11000.0 Children: 6000.0-17500.0 Infants : 9000.0-30000.0 | Volumetric Impedance |
| Neutrophils | 51.0 | % | 40.0-75.0 | Light scattering/Manual |
| Lymphocytes | 36.7 | % | 20.0-40.0 | Light scattering/Manual |
| Eosinophils | 5.1 | % | 0.0-8.0 | Light scattering/Manual |



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| Test Name | Result | Unit | Reference Value | Method |
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| Monocytes | 6.2 | % | 0.0-10.0 | Light scattering/Manual |
| Basophils | 1.0 | % | 0.0-1.0 | Light scattering/Manual |
| Absolute Neutrophil Count | 2.39 | 10 ³ /uL | 2.0- 7.0 | Calculated |
| Absolute Lymphocyte Count | 1.72 | 10 ³ /uL | 1.0-3.0 | Calculated |
| Absolute Monocyte Count | 0.23 | 10 ³ /uL | 0.20-1.00 | Calculated |
| Absolute Eosinophil Count | 240 | cells/cumm | 40-440 | Calculated |
| Absolute Basophil Count | 0.10 | 10 ³ /uL | 0.0-0.10 | Calculated |
| Erythrocyte Sedimentation Rate (ESR) | 08 | mm/hr | Female : 0.0-20.0 Male : 0.0-10.0 | Westergren |

Peripheral Smear Examination-Whole Blood EDTA

Method: (Microscopy-Manual)

RBC'S : Are closely placed and are predominantly Normocytic Normochromic.

WBC'S : Are normal in total number, morphology and distribution.

Platelets : Adequate in number and normal in morphology.

No abnormal cells or hemoparasites are present.

Impression : Normocytic Normochromic Blood picture.

Note : Erythrocytosis noted. Kindly rule out haemoconcentration/Dehydration.

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Dr. Nithun Reddy C, MD, Consultant Pathologist

SCAN FOR LOCATION

Tejas Arcade, #9/1, 1st Main Road, Dr. Rajkumar Road, Rajajinagar, Opp. St. Theresa Hospital, Bengaluru - 560010

+91 77604 97644 | 080 2337 1555

info@spectrumdiagnostics.org

www.spectrumdiagnostics.org

Other Branch: #466/A, Ideal Homes Township, 80 Feet Road, Kenchanahalli, Rajarajeshwari Nagar, Bengaluru-560098 +91 6361 253 097 | 080-2991 6944 | 080-49511985



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| Age / Gender : 34 years / Male | Sample Col. Date : 11-Nov-2023 09:54 AM |
| Ref. By Dr. : Dr. APOLO CLINIC | Result Date : 11-Nov-2023 02:06 PM |
| Reg. No. : 1111230057 | Report Status : Final |
| C/o : Apollo Clinic | |

UHID : 1111230057

 1111230057

| Test Name | Result | Unit | Reference Value | Method |
|------------------------------------------------|--------|--------|--------------------|--------------------------------------|
| Thyroid function tests (TFT)-Serum | | | | |
| Tri-Iodo Thyronine (T3)-Serum | 0.66 | ng/mL | Male: 0.60 - 1.81 | Chemiluminescence Immunoassay (CLIA) |
| Thyroxine (T4)-Serum | 6.10 | µg/dL | Male: 5.50 - 12.10 | Chemiluminescence Immunoassay (CLIA) |
| Thyroid Stimulating Hormone (TSH)-Serum | 4.14 | µIU/mL | Male: 0.35 - 5.50 | Chemiluminescence Immunoassay (CLIA) |

Comments:Triiodothyronine (T3) assay is a useful test for hyperthyroidism in patients with low TSH and normal T4 levels. It is also used for the diagnosis of T3 toxicosis. It is not a reliable marker for Hypothyroidism. This test is not recommended for general screening of the population without a clinical suspicion of hyperthyroidism.

Reference range: Cord: (37 Weeks): 0.5-1.41, Children:1-3 Days: 1.0-7.40,1-11 Months: 1.05-2.45,1-5 Years: 1.05-2.69,6-10 Years: 0.94-2.41,11-15 Years: 0.82-2.13,Adolescents (16-20 Years): 0.80-2.10

Reference range: Adults: 20-50 Years: 0.70-2.04, 50-90 Years: 0.40-1.81,

Reference range in Pregnancy: First Trimester : 0.81-1.90,Second Trimester : 1.0-2.60

Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, increased Thyroid-binding globulin (TBG).

Decreased Levels: Nonthyroidal illness, hypothyroidism , nutritional deficiency, systemic illness, decreased Thyroid-binding globulin (TBG).

Comments:Total T4 levels offer a good index of thyroid function when TBG is normal and non-thyroidal illness is not present. This assay is useful for monitoring treatment with synthetic hormones (synthetic T3 will cause low total T4).It also helps to monitor treatment of Hyperthyroidism with Thiouracil or other anti-thyroid drugs.

Reference Range: Males : 4.6-10.5,Females : 5.5-11.0,> 60 Years: 5.0-10.70,Cord :7.40-13.10,Children:1-3 Days :11.80-22.60,1-2 Weeks : 9.90-16.60,1-4 Months: 7.20-14.40,1-5 Years : 7.30-15.0,5-10 Years: 6.4-13.3

1-15 Years: 5.60-11.70,Newborn Screen:1-5 Days :>7.5,6 Days :>6.5

Increased Levels: Hyperthyroidism, increased TBG, familial dysalbuminemic hyperthyroxinemia,Increased transthyretin, estrogen therapy, pregnancy.

Decreased Levels: Primary hypothyroidism, pituitary TSH deficiency, hypothalamic TRH deficiency, non thyroidal illness, decreased TBG.

Comments:TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH is a labile hormone & is secreted in a pulsatile manner throughout the day and is subject to several non-thyroidal pituitary influences. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, caloric intake, medication & circulating antibodies. It is important to confirm any TSH abnormality in a fresh specimen drawn after ~ 3 weeks before assigning a diagnosis, as the cause of an isolated TSH abnormality.

Reference range in Pregnancy: I- trimester:0.1-2.5; II -trimester:0.2-3.0; III- trimester:0.3-3.0

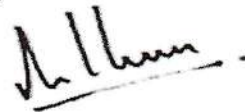
Reference range in Newborns: 0-4 days: 1.0-39.0; 2-20 Weeks:1.7-9.1

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism and Thyroid hormone resistance.

Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH deficiency.



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| C/o | : Apollo Clinic | Report Status | : Final |

| Test Name | Result | Unit | Reference Value | Method |
|-------------------------------------------------------|--------|-------|-------------------|----------------------------------------------|
| Lipid Profile-Serum | | | | |
| Cholesterol Total-Serum | 293.00 | mg/dL | Male: 0.0 - 200 | Cholesterol Oxidase/Peroxidase |
| Triglycerides-Serum | 239.00 | mg/dL | Male: 0.0 - 150 | Lipase/Glycerol Dehydrogenase |
| High-density lipoprotein (HDL) Cholesterol-Serum | 60.00 | mg/dL | Male: 40.0 - 60.0 | Accelerator/Selective Detergent |
| Non-HDL cholesterol-Serum | 233 | mg/dL | Male: 0.0 - 130 | Calculated |
| Low-density lipoprotein (LDL) Cholesterol-Serum | 156.00 | mg/dL | Male: 0.0 - 100.0 | Cholesterol esterase and cholesterol oxidase |
| Very-low-density lipoprotein (VLDL) cholesterol-Serum | 48 | mg/dL | Male: 0.0 - 40 | Calculated |
| Cholesterol/HDL Ratio-Serum | 4.88 | Ratio | Male: 0.0 - 5.0 | Calculated |

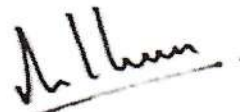
Interpretation:

| Parameter | Desirable | Borderline High | High | Very High |
|-------------------------------------------|-----------|-----------------|---------|-----------|
| Total Cholesterol | <200 | 200-239 | >240 | |
| Triglycerides | <150 | 150-199 | 200-499 | >500 |
| Non-HDL cholesterol | <130 | 160-189 | 190-219 | >220 |
| Low-density lipoprotein (LDL) Cholesterol | <100 | 100-129 | 160-189 | >190 |

Comments: As per Lipid Association of India (LAI), for routine screening, overnight fasting preferred but not mandatory. Indians are at very high risk of developing Atherosclerotic Cardiovascular (ASCVD). Among the various risk factors for ASCVD such as dyslipidemia, Diabetes Mellitus, sedentary lifestyle, Hypertension, smoking etc., dyslipidemia has the highest population attributable risk for MI both because of direct association with disease pathogenesis and very high prevalence in Indian population. Hence monitoring lipid profile regularly for effective management of dyslipidemia remains one of the most important healthcare targets for prevention of ASCVD. In addition, estimation of ASCVD risk is an essential, initial step in the management of individuals requiring primary prevention of ASCVD. In the context of lipid management, such a risk estimate forms the basis for several key therapeutic decisions, such as the need for and aggressiveness of statin therapy.



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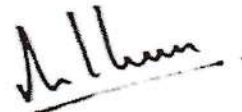
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| Test Name | Result | Unit | Reference Value | Method |
|----------------------------------------|--------|--------|--------------------------------------|--------------------------------|
| KFT (Kidney Function Test) : | | | | |
| Blood Urea Nitrogen (BUN)-Serum | 13.00 | mg/dL | 7.0-18.0 | GLDH,Kinetic Assay |
| Creatinine-Serum | 0.77 | mg/dL | Male: 0.70-1.30 Female: 0.55-1.02 | Modified kinetic Jaffe |
| Uric Acid-Serum | 6.35 | mg/dL | Male: 3.50-7.20 Female: 2.60-6.00 | Uricase PAP |
| Sodium (Na+)-Serum | 139.6 | mmol/L | 135.0-145.0 | Ion-Selective Electrodes (ISE) |
| Potassium (K+)-Serum | 4.22 | mmol/L | 3.5 to 5.5 | Ion-Selective Electrodes (ISE) |
| Chloride(Cl-)-Serum | 102.00 | mmol/L | 94.0-110.0 | Ion-Selective Electrodes (ISE) |



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| Calcium, Total- Serum | 9.90 | mg/dL | 8.50-10.10 | Spectrophotometry (O-Cresolphthalein complexone) |
| Gamma-Glutamyl Transferase (GGT)-Serum | 113.00 | U/L | Male: 15.0-85.0 Female: 5.0-55.0 | Other g-Glut-3-carboxy-4 nitro |

Comments: Gamma-glutamyltransferase (GGT) is primarily present in kidney, liver, and pancreatic cells. Small amounts are present in other tissues. Even though renal tissue has the highest level of GGT, the enzyme present in the serum appears to originate primarily from the hepatobiliary system, and GGT activity is elevated in any and all forms of liver disease. It is highest in cases of intra- or posthepatic biliary obstruction, reaching levels some 5 to 30 times normal. GGT is more sensitive than alkaline phosphatase (ALP), leucine aminopeptidase, aspartate transaminase, and alanine aminotransferase in detecting obstructive jaundice, cholangitis, and cholecystitis; its rise occurs earlier than with these other enzymes and persists longer. Only modest elevations (2-5 times normal) occur in infectious hepatitis, and in this condition, GGT determinations are less useful diagnostically than are measurements of the transaminases. High elevations of GGT are also observed in patients with either primary or secondary (metastatic) neoplasms. Elevated levels of GGT are noted not only in the sera of patients with alcoholic cirrhosis but also in the majority of sera from persons who are heavy drinkers. Studies have emphasized the value of serum GGT levels in detecting alcohol-induced liver disease. Elevated serum values are also seen in patients receiving drugs such as phenytoin and phenobarbital, and this is thought to reflect induction of new enzyme activity.




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| Test Name | Result | Unit | Reference Value | Method |
|-----------------------------------|----------|-------|-----------------|-----------------------------|
| Fasting Urine Glucose-Urine | Negative | | Negative | Dipstick/Benedicts (Manual) |
| Fasting Blood Sugar (FBS)- Plasma | 63 | mg/dL | 60.0-110.0 | Hexo Kinase |

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

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

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

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



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| Name | : MR. VINOD KUMAR KUSU | Bill Date | : 11-Nov-2023 09:54 AM |
| Age / Gender | : 34 years / Male | UHD | : 1111230057 |
| Ref. By Dr. | : Dr. APOLO CLINIC | Sample Col. Date | : 11-Nov-2023 09:54 AM |
| Reg. No. | : 1111230057 | Result Date | : 11-Nov-2023 04:58 PM |
| C/o | : Apollo Clinic | Report Status | : Final |

| Test Name | Result | Unit | Reference Value | Method |
|-------------------------------------------|--------|-------|-----------------|-------------|
| Post prandial Blood Glucose (PPBS)-Plasma | 102 | 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.

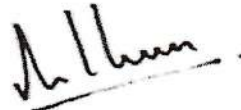
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SCAN FOR LOCATION



Tejas Arcade, #9/1, 1st Main Road, Dr. Rajkumar Road, Rajajinagar, Opp. St. Theresa Hospital, Bengaluru - 560010
+91 77604 97644 | 080 2337 1555 | info@spectrumdiagnostics.org | www.spectrumdiagnostics.org

Other Branch: #466/A, Ideal Homes Township, 80 Feet Road, Kenchanahalli, Rajarajeshwari Nagar, Bengaluru-560098 | +91 6361 253 097 | 080-2991 6944 | 080-49511985

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| Test Name | Result | Unit | Reference Value | Method |
|----------------------------------------------------------|--------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA | | | | |
| Glycosylated Haemoglobin (HbA1c) | 5.1 | % | 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) | 99.6 | 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 |
|---------------------------------------------|--------|-------|--------------------------------------------------------------------|-----------------------------------|
| LFT-Liver Function Test -Serum | | | | |
| Bilirubin Total-Serum | 0.80 | mg/dL | 0.2-1.0 | Caffeine Benzoate |
| Bilirubin Direct-Serum | 0.15 | mg/dL | 0.0-0.2 | Diazotised Sulphanilic Acid |
| Bilirubin Indirect-Serum | 0.65 | mg/dL | 0.0-1.10 | Direct Measure |
| Aspartate Aminotransferase (AST/SGOT)-Serum | 64.00 | U/L | 15.0-37.0 | UV with Pyridoxal - 5 - Phosphate |
| Alanine Aminotransferase (ALT/SGPT)-Serum | 93.00 | U/L | Male:16.0-63.0 Female:14.0-59.0 | UV with Pyridoxal - 5 - Phosphate |
| Alkaline Phosphatase (ALP)-Serum | 97.00 | U/L | Adult: 45.0-117.0 Children: 48.0-445.0 Infants: 81.90-350.30 | PNPP,AMP-Buffer |
| Protein, Total-Serum | 7.47 | g/dL | 6.40-8.20 | Biuret/Endpoint-With Blank |
| Albumin-Serum | 4.91 | g/dL | 3.40-5.00 | Bromocresol Purple |
| Globulin-Serum | 2.56 | g/dL | 2.0-3.50 | Calculated |
| Albumin/Globulin Ratio-Serum | 1.92 | Ratio | 0.80-1.20 | Calculated |



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| Test Name | Result | Unit | Reference Value | Method |
|-----------------------------------------------------|----------|------|-----------------|--------------------------|
| Blood Group & Rh Typing-Whole Blood EDTA | | | | |
| Blood Group | B | | | Slide/Tube agglutination |
| Rh Type | Positive | | | Slide/Tube agglutination |

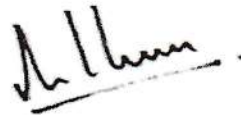
Note: Confirm by tube or gel method.

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.

| | | | |
|---------------------------|----------|----------|------------------------|
| Post Prandial Urine Sugar | Negative | Negative | Dipstick/Benedicts(Mar |
|---------------------------|----------|----------|------------------------|



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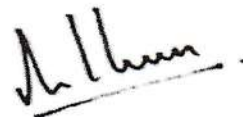
 1111230057

| 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) | 7.5 | | 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 | 2-3 | 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 by identifying and measuring the levels of such substances. Blood cells, bilirubin, bacteria, pus cells, epithelial cells may be present in urine due to kidney disease or infection. Routine urine examination helps to diagnose kidney diseases, urinary tract infections, diabetes and other metabolic disorders.



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