

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 26-Dec-2022 9:18 AM

Customer Name : MR.YASHASS JAIN R

DOB : 08 Jul 1987

Ref Dr Name : MediWheel

Age : 35Y/MALE

Customer Id : MED111424402



Visit ID : 712239197

MED111424402

H - 175  
W - 90  
BP - 120/80  
Pw - 66  
H.P - 69  
WST - 58

Email Id :

Phone No : 9964585817

Corp Name : MediWheel

Address :

Package Name : Mediwheel Full Body Health Checkup Male Above 40

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	LAB	LIPID PROFILE				
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID				
8	LAB	URINE GLUCOSE - FASTING				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
10	LAB	COMPLETE BLOOD COUNT WITH ESR				
11	LAB	THYROID PROFILE/ TFT (T3, T4, TSH)				
12	LAB	TOTAL PROSTATE SPECIFIC ANTIGEN - PSA	2-3 days			

## Patient Details Print Page

		STOOL ANALYSIS - ROUTINE			
	LAB	URINE ROUTINE			
	LAB	CREATININE			
16	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)			
17	LAB	BUN/CREATININE RATIO			
18	OTHERS	physical examination	MYS2751018102651		
19	US	ULTRASOUND ABDOMEN	MYS2751018103462		
20	OTHERS	<del>Treadmill</del> 2D Echo <i>done</i>	MYS2751018127528		4:30 PM
21	OTHERS	Dental Consultation	MYS2751018134969		
22	OTHERS	EYE CHECKUP	MYS2751018135592		
23	X-RAY	X RAY CHEST	MYS2751018145199		
24	OTHERS	Consultation Physician	MYS2751018148004		
25	ECHO	ELECTROCARDIOGRAM ECG	MYS2751018149333		

Registered By

(SOWMYA.RAJU)

CONSULTANT PHYSICIAN



## FITNESS CERTIFICATE

NAME: Mr Yashraj Jain - R	AGE: 35	
Ht: 179 CMS	Wt: 90 KGS	SEX: Male

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	68 / mt / /mmHg 120/80
INSPIRATION	34
EXPIRATION	36
CHEST CIRCUMFERENCE	-
PREVIOUS ILLNESS	None
VISION	-
FAMILY HISTORY	FATHER: / MOTHER: /

REPORTS: Within normal limits  
Dyslipidemia

DATE: 26/12/2022

PLACE: 26/12/2022

  
**Dr. NIKHIL B.**  
 CONSULTANT (Cardiologist)  
 M.D., Interventional Cardiologist  
 KMC Reg. No.: 9911



Customer Name	MR.YASHASS JAIN R	Customer ID	MED111424402
Age & Gender	35Y/MALE	Visit Date	26/12/2022
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### 2 D ECHOCARDIOGRAPHIC STUDY

#### M mode measurement:

AORTA	:	3.0cms
LEFT ATRIUM	:	3.1cms
LEFT VENTRICLE (DIASTOLE)	:	4.8cms
(SYSTOLE)	:	2.9cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
EDV	:	81ml
ESV	:	31ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	63%
RVID	:	1.5cms

#### DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.95m/s	'A' - 0.39 m/s	NO MR
AORTIC VALVE	:	1.01m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.79m/s	'A' - 0.48 m/s	NO TR
PULMONARY VALVE	:	0.81m/s		NO PR





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### 2D ECHOCARDIOGRAPHY FINDINGS:

Left ventricle : Normal size, Normal systolic function.  
No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

### IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 63 %.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

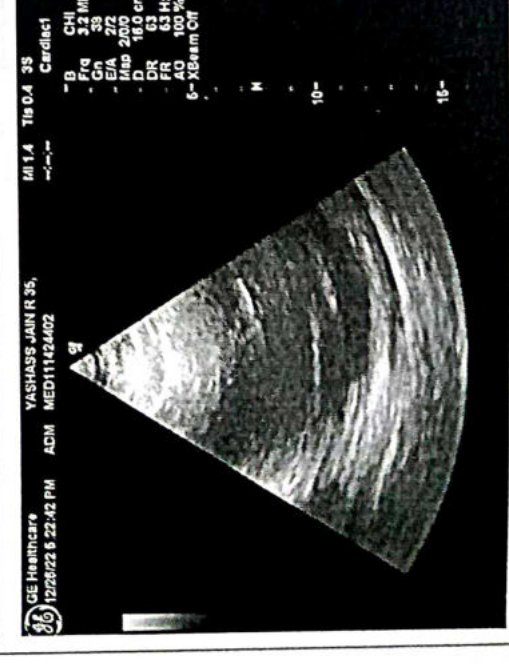
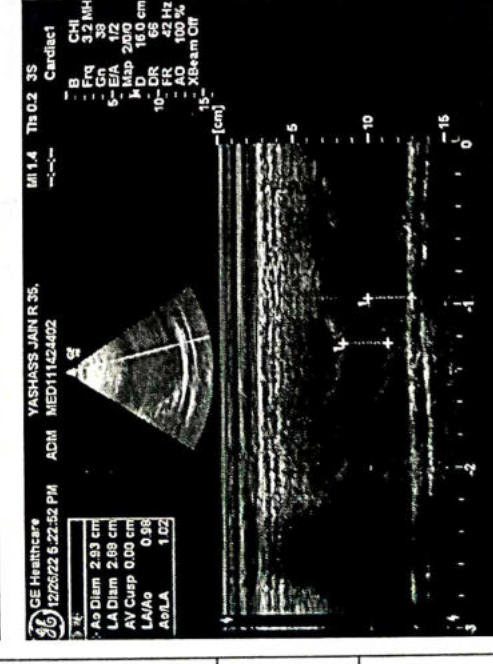
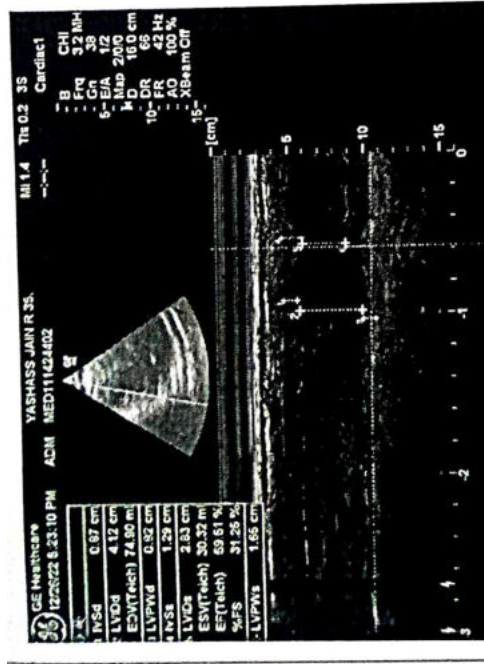
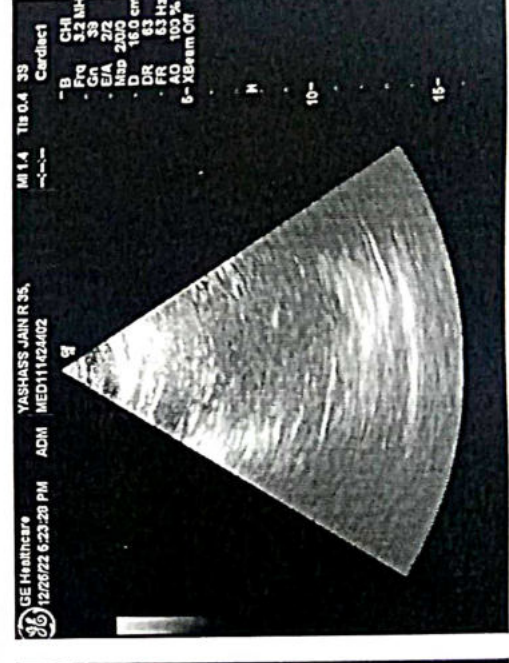
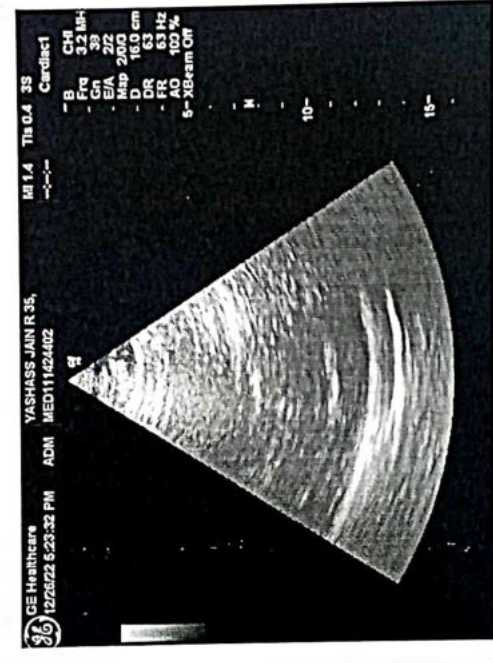
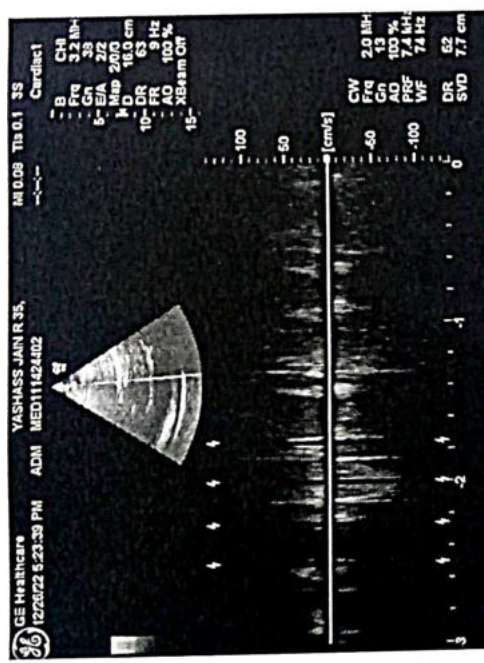
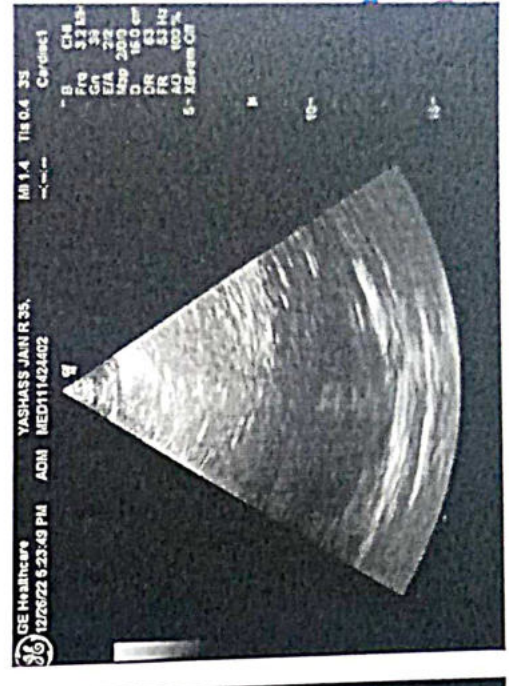
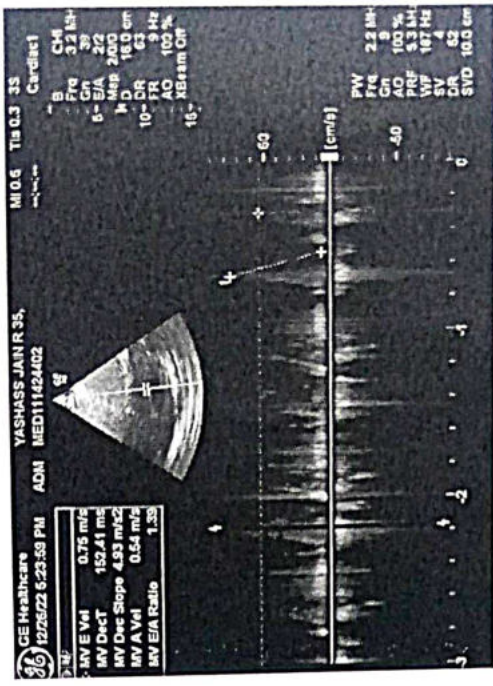
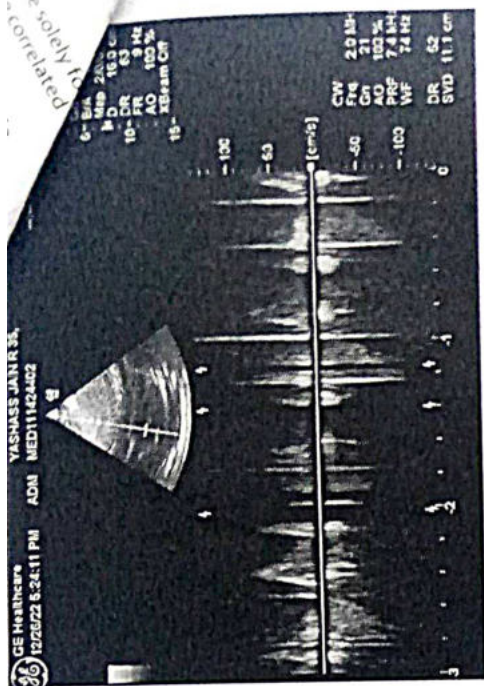


**DR. NIKHIL B**  
**INTERVENTIONAL CARDIOLOGIST**  
NB/SA





are solely for  
correlated



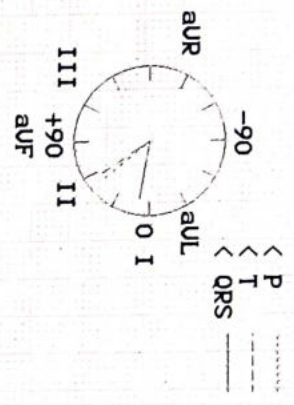
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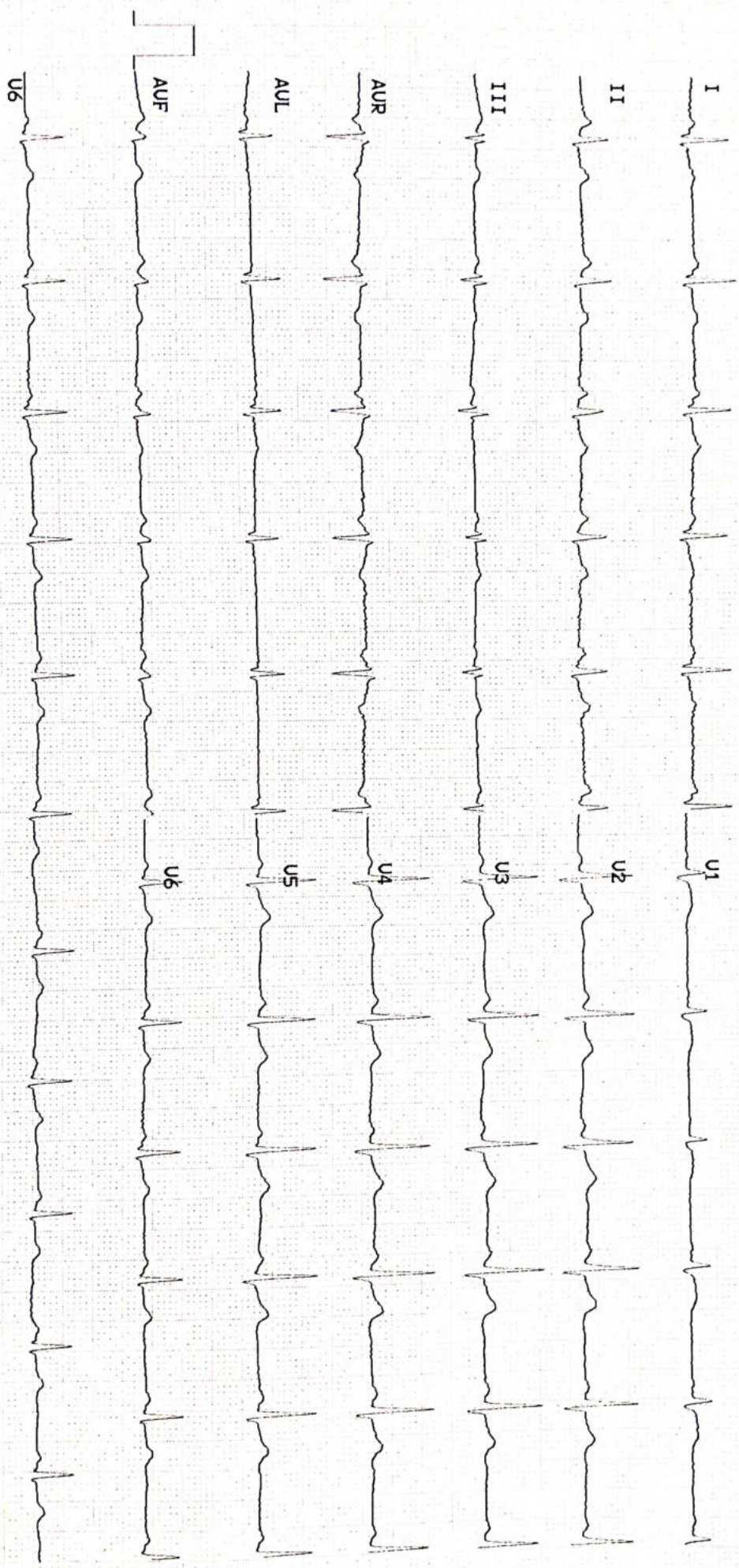
AGE: 35  
 Measurement Results:  
 QRS : 100 ms  
 QT/QTcB : 374 / 394 ms  
 PR : 136 ms  
 P : 112 ms  
 RR/PP : 900 / 855 ms  
 P/QRS/T : 50 / 10 / 55 degrees  
 QTd/QTcBD : 54 / 57 ms  
 Sokolow : 1.0 mV  
 NK : 9



Interpretation:  
 normal ECG

*Normal sinus rhythm*  
*[Signature]*

Unconfirmed report.





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### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER is normal in size and shows slightly increased echotexture.**

No evidence of focal lesion or intrahepatic biliary ductal dilatation.

Hepatic and portal vein radicals are normal.

**GALL BLADDER** partially distended.

**PANCREAS** has normal shape, size and uniform echopattern.

No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern.

Cortico- medullary differentiations are well madeout.

No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.7	1.7
Left Kidney	9.5	1.8

**URINARY BLADDER** show normal shape and wall thickness.

It has clear contents. No evidence of diverticula.

**PROSTATE** shows normal shape, size and echopattern.

No evidence of ascites.

#### IMPRESSION:

➤ **GRADE I FATTY CHANGES IN LIVER.**

#### CONSULTANT RADIOLOGISTS

**DR. ANITHA ADARSH**  
MB/SV

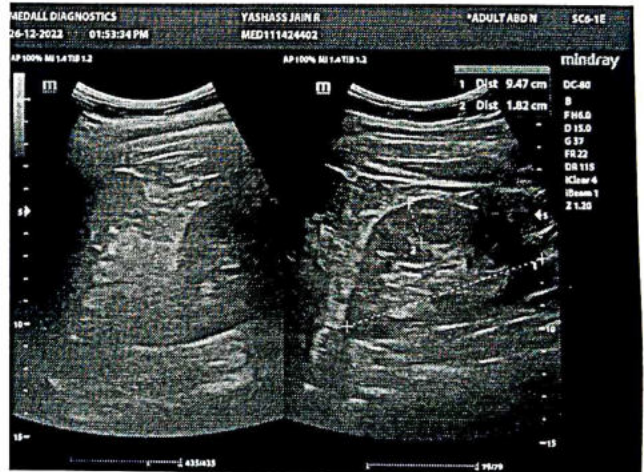
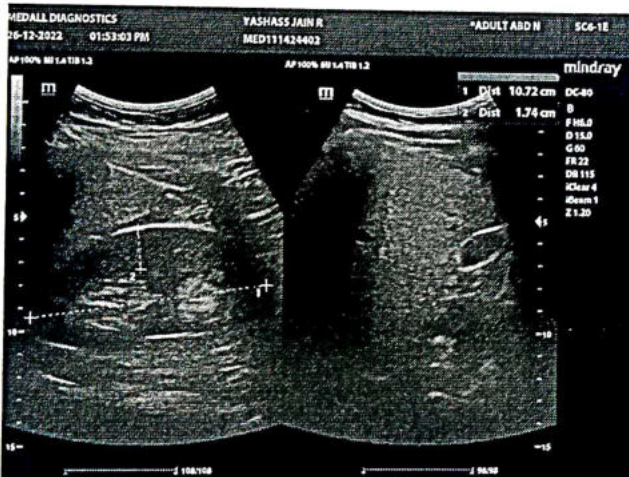
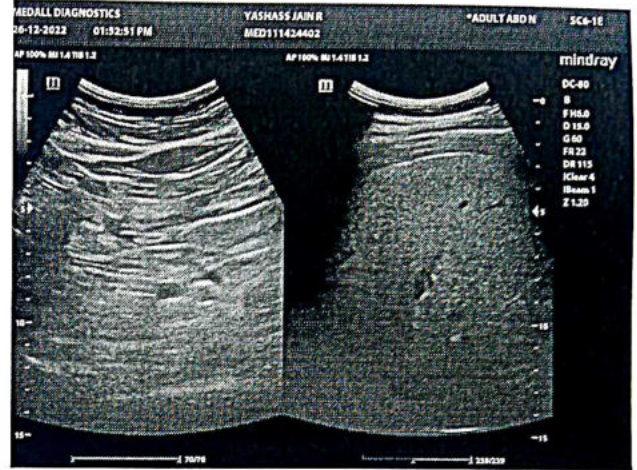
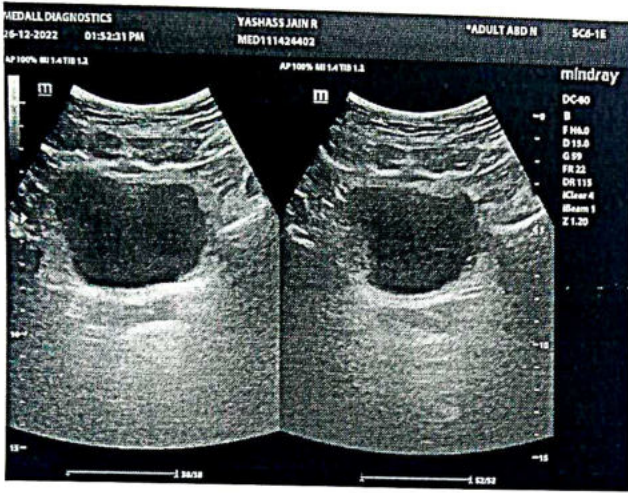


**DR. MOHAN B**





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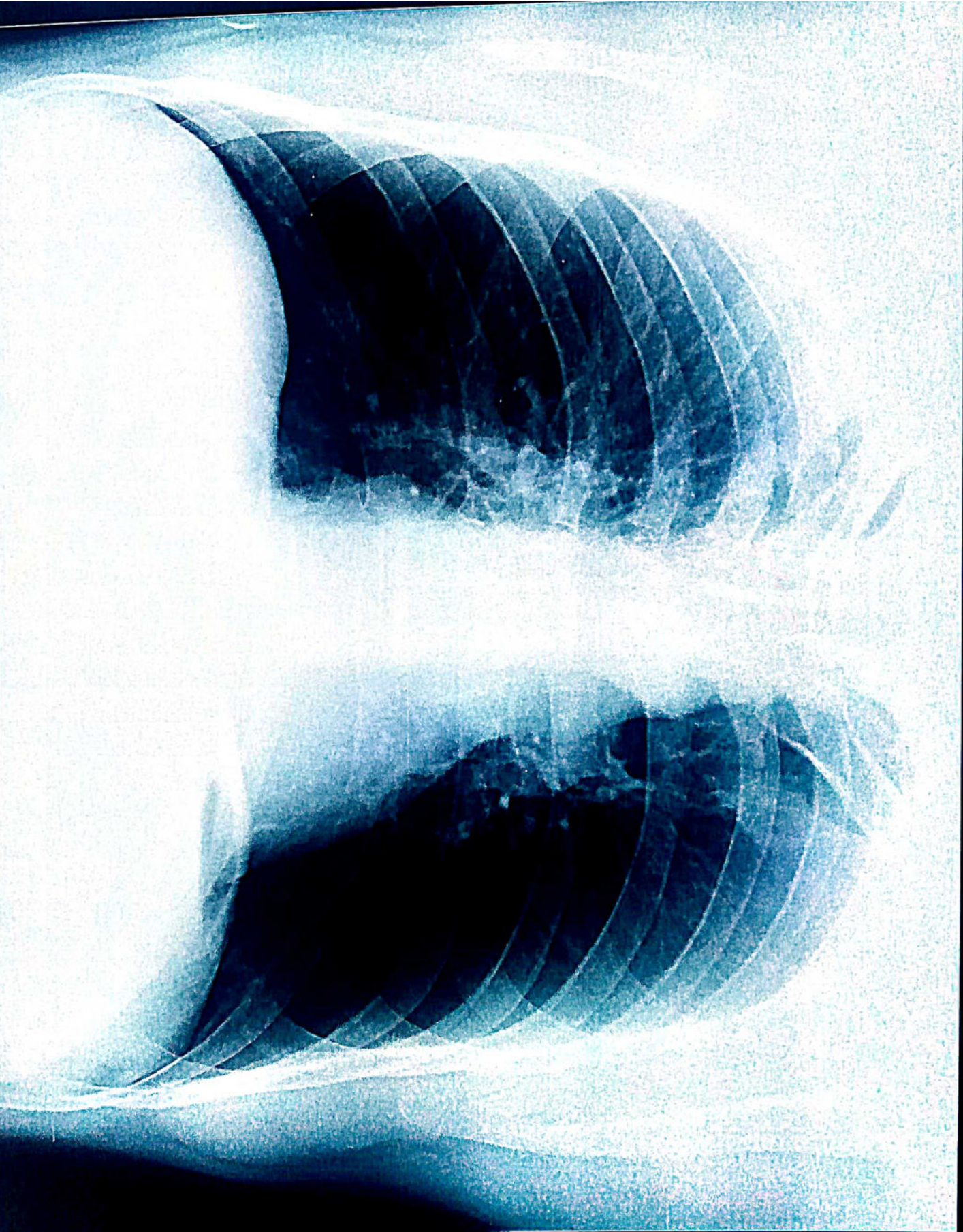


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YASHASS JAIN R 35 MED111424402 M CHEST PA 12/26/2022 11:31 AM  
MEDALL CLUMAX DIAGNOSTIC



Name	YASHASS JAIN R	ID	MED111424402
Age & Gender	35Y/M	Visit Date	Dec 26 2022 9:18AM
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**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

**Impression:**

- *No significant abnormality detected.*



DR. MOHAN. B  
(DMRD, DNB, EDIR, FELLOW IN CARDIAC  
MRI)  
CONSULTANT RADIOLOGIST



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MB/SV

**DR. MOHAN B**

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SID No. : 712239197

Age / Sex : 35 Year(s) / Male

Type : OP

Ref. Dr : MediWheel

Register On : 26/12/2022 9:18 AM

Collection On : 26/12/2022 11:25 AM

Report On : 26/12/2022 9:14 PM

Printed On : 30/12/2022 2:04 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	15.3	g/dL	13.5 - 18.0
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**INTERPRETATION:** Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	45.4	%	42 - 52
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RBC Count (EDTA Blood/Automated Blood cell Counter)	4.98	mill/cu.mm	4.7 - 6.0
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MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	91.0	fL	78 - 100
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MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	30.8	pg	27 - 32
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MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	33.8	g/dL	32 - 36
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RDW-CV (Derived)	<b>16.2</b>	%	11.5 - 16.0
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RDW-SD (Derived)	<b>51.60</b>	fL	39 - 46
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Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	7610	cells/cu.mm	4000 - 11000
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Neutrophils (Blood/Impedance Variation & Flow Cytometry)	54	%	40 - 75
---	----	---	---------

Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	26	%	20 - 45
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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	<b>14</b>	%	01 - 06
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Monocytes (Blood/Impedance Variation & Flow Cytometry)	06	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.11	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.98	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>1.07</b>	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.46	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	271	10 <sup>3</sup> / µl	150 - 450
MPV (Blood/Derived)	11.6	fL	7.9 - 13.7
PCT	<b>0.31</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood/Automated ESR analyser)	04	mm/hr	< 15



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## **BIOCHEMISTRY**

### **Liver Function Test**

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.20	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.8	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.4	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.40	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.29		1.1 - 2.2

**INTERPRETATION:** Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	<b>50</b>	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	<b>42</b>	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	79	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	22	U/L	< 55



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**Lipid Profile**

Cholesterol Total (Serum/Oxidase / Peroxidase method)	222	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
--	-----	-------	--

**Remark:** Kindly correlate clinically

Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	113	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
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**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual\_ circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	38	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	161.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
---------------------------------------	-------	-------	---

VLDL Cholesterol (Serum/Calculated)	22.6	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	184.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
---	-------	-------	--



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**Investigation**

**Observed Value**

**Unit**

**Biological Reference Interval**

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.8	Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
--	---	--

LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.2	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose 105.41 mg/dL  
(Whole Blood)

**INTERPRETATION: 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.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



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## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.24	ng/ml	0.7 - 2.04
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#### **INTERPRETATION:**

##### **Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	10.81	Microg/dl	4.2 - 12.0
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#### **INTERPRETATION:**

##### **Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	3.419	µIU/mL	0.35 - 5.50
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#### **INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

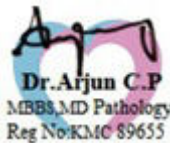
(Indian Thyroid Society Guidelines)

##### **Comment :**

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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Name : Mr. YASHASS JAIN R  
PID No. : MED111424402  
SID No. : 712239197  
Age / Sex : 35 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/12/2022 9:18 AM  
Collection On : 26/12/2022 11:25 AM  
Report On : 26/12/2022 9:14 PM  
Printed On : 30/12/2022 2:04 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**CLINICAL PATHOLOGY**

**PHYSICAL EXAMINATION**

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	20		ml
Appearance (Urine)	Clear		

**CHEMICAL EXAMINATION**

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.015		1.002 - 1.035
Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<b><u>Urine Microscopy Pictures</u></b>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	1-2	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	4-5	/hpf	No ranges
Others (Urine)	Nil		Nil



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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'A' 'Positive'

**Remark:** Kindly correlate clinically



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## BIOCHEMISTRY

BUN / Creatinine Ratio	6.8		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	80	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	117	mg/dL	70 - 140

### **INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.5	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	1.1	mg/dL	0.9 - 1.3

**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	7.1	mg/dL	3.5 - 7.2
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**IMMUNOASSAY**

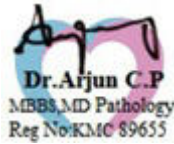
Prostate specific antigen - Total(PSA)  
(Serum/*Manometric method*)

0.552

ng/ml

Normal: 0.0 - 4.0  
Inflammatory & Non Malignant  
conditions of Prostate & genitourinary  
system: 4.01 - 10.0  
Suspicious of Malignant disease of  
Prostate: > 10.0

**INTERPRETATION:REMARK** : PSA alone should not be used as an absolute indicator of malignancy.



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-- End of Report --