

CERTIFICATE OF MEDICAL FITNESS

NAME: Mr. madhupati Nayak

AGE/ GENDER: 57yr.

HEIGHT: 158cm.

WEIGHT: 77.2kg.

IDENTIFICATION MARK: —

BLOOD PRESSURE: 160/90 mm/Hg.

PULSE: 100/mt

CVS: }
RS:P } Normal.

ANY OTHER DISEASE DIAGNOSED IN THE PAST: Hypertension, Diabetes.

ALLERGIES, IF ANY: Nil

LIST OF PRESCRIBED MEDICINES:

ANY OTHER REMARKS:

I Certify that I have carefully examined Mr/Mrs. Madhupati Nayak, son/daughter of Ms Madhav nayak, who has signed in my presence. He/ she has no physical disease and is fit for employment.

Madhav nayak

Signature of candidate

Dr. BINDURAJ. R
MD, BS, MD

Signature of Medical Officer

Place: Spectrum diagnostics & health care.

Date: 24/08/24.

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

SCAN FOR LOCATION



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

DATE: 26.08.24

EYE EXAMINATION

NAME: *Ms. Madhuma Devi N.* AGE: *57 yrs* GENDER: F / M

	RIGHT EYE	LEFT EYE
Vision	<i>6/18:ND</i>	<i>6/18:ND</i>
Vision With glass	<i>6/6:NB</i>	<i>6/6:NB</i>
Color Vision	Normal	Normal
Anterior segment examination	Normal	Normal
Fundus Examination	Normal	Normal
Any other abnormality	Nil	Nil
Diagnosis/ impression	Normal	Normal

To wear spectacles.

Dr. ASHOK SARODHE
B.Sc., M.B.B.S., D.O.M.S.
Eye Consultant & Surgeon
Consultant (Ophthalmologist)



MADHUMATHI
Female 57Years

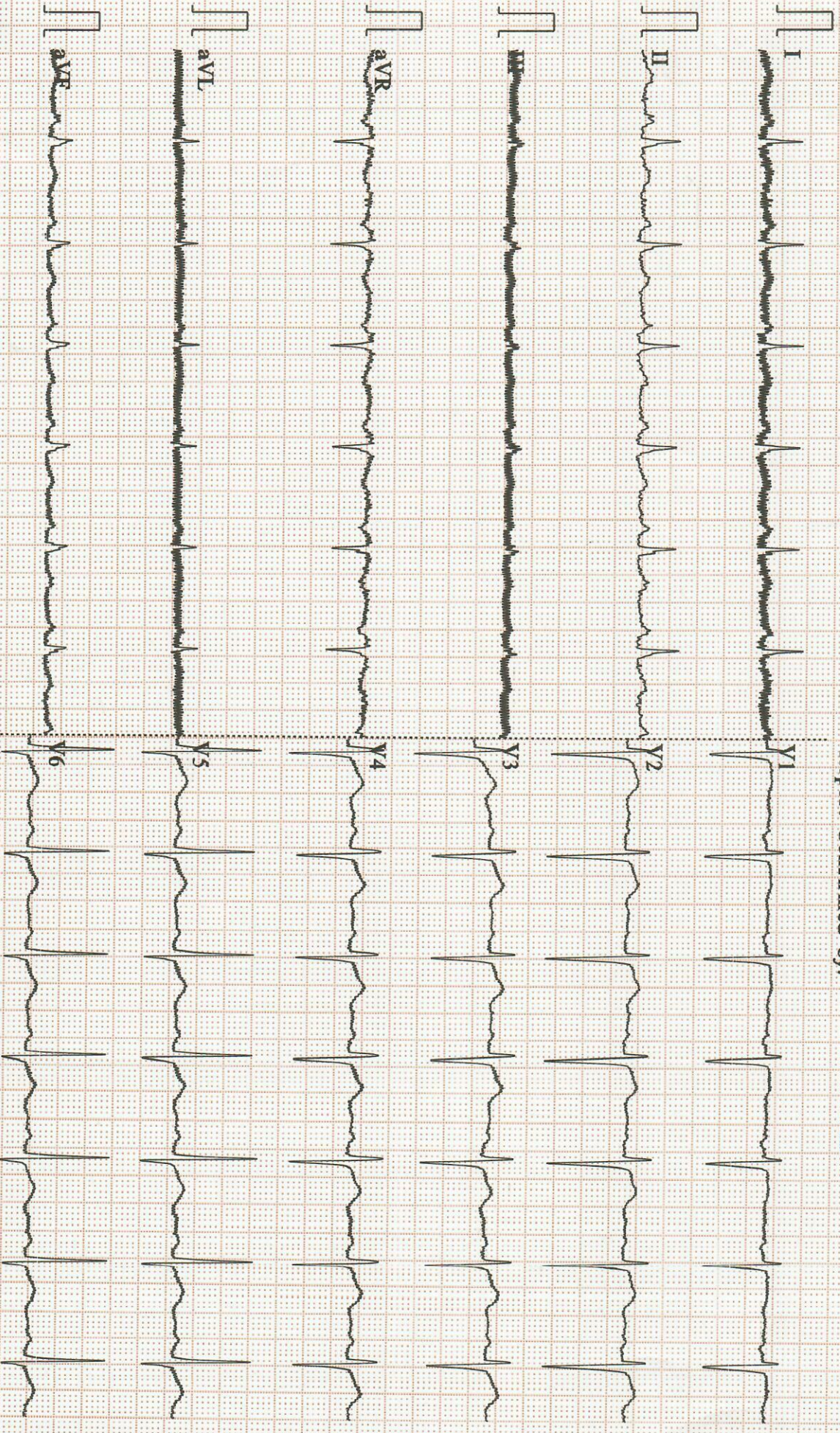
HR	: 80	bpm
P	: 118	ms
PR	: 171	ms
QRS	: 90	ms
QT/QTc	: 379/440	ms
P/QRS/T	: 64/42/54	°
RV5/SV1	: 1.443/1.066	mV

Diagnosis Information:

Sinus Rhythm

Prolonged P-wave

Report Confirmed by:



0.15~35Hz AC50 25mm/s 10mm/mV 2*5.0s 80

V2.2 SEMIP V1.81 SPECTRUM DIAGNOSTICS & HEALTH CARE



SPECTRUM DIAGNOSTICS

Bangalore

Patient ID : 0581

Name : MADHUMATHI NAYAK

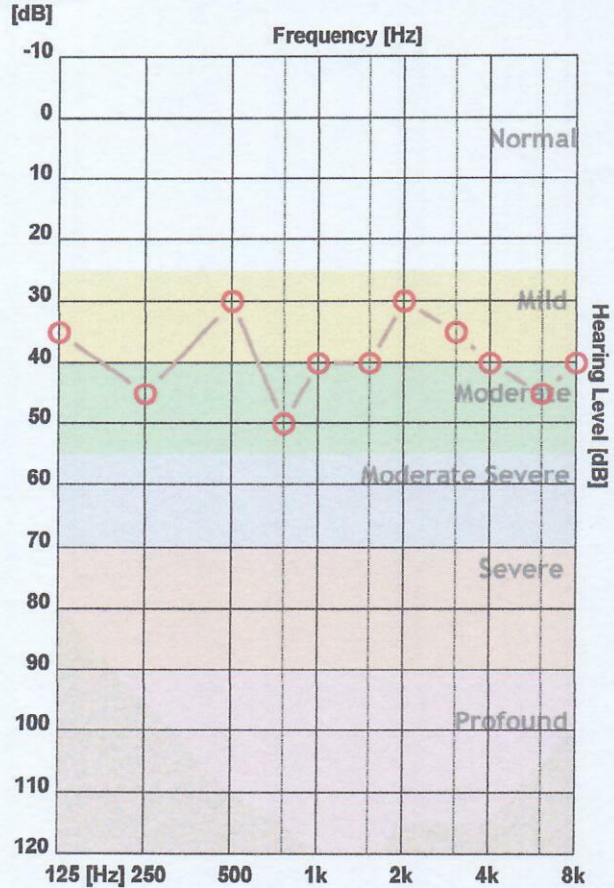
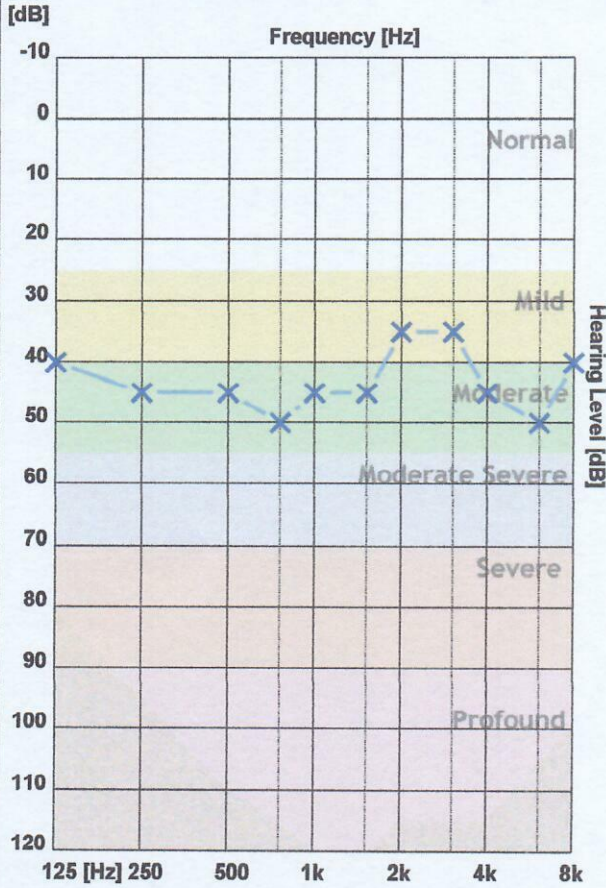
CR Number : 20240824111624

Registration Date : 24-Aug-2024

Age : 57

Gender : Female

Operator : spectrum diagnostics

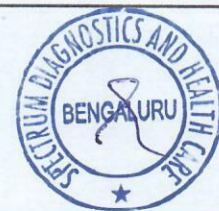


	125 Hz	250 Hz	500 Hz	750 Hz	1000 H	1500 H	2000 H	3000 H	4000 H	6000 H	8000 H
X - Air Left	40	45	45	50	45	45	35	35	45	50	40
O - Air Right	35	45	30	50	40	40	30	35	40	45	40
> - Bone Left											
< - Bone Right											

	Average	High	Mid	Low
AIR Left	43.18 dB	42.50 dB	41.67 dB	45.00 dB
AIR Right	39.09 dB	40.00 dB	36.67 dB	40.00 dB

Clinical Notes :

Not Found



Name	: MRS. MADHUMATHI NAYAK	Bill Date	: 24-Aug-2024 08:55 AM
Age / Gender	: 57 Years / Female	UHID	: 2408240021
Ref. By Dr.	: Dr. APOLO CLINIC	Sample Col. Date	: 24-Aug-2024 08:55 AM
Reg. No.	: 2408240021	Result Date	: 24-Aug-2024 03:07 PM
C/o	: Apollo Clinic	Report Status	: Final

Test Name	Result	Unit	Reference Value	Method
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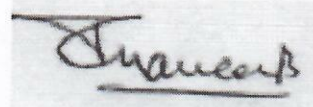
CHEST PA VIEW

- Visualised lungs are clear.
- Bilateral hila appears normal.
- Cardia is normal in size.
- No pleural effusion.

IMPRESSION: No significant abnormality.



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DR PRAVEEN B, MBBS, DMRD, DNB Consultant
Radiologist

SCAN FOR LOCATION



Name : MRS. MADHUMATHI NAYAK	Bill Date : 24-Aug-2024 08:55 AM
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Ref. By Dr. : Dr. APOLO CLINIC	Sample Col. Date : 24-Aug-2024 08:55 AM
Reg. No. : 2408240021	Result Date : 24-Aug-2024 03:26 PM
C/o : Apollo Clinic	Report Status : Final

Test Name	Result	Unit	Reference Value	Method
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2D ECHO

2D ECHO CARDIOGRAHIC STUDY M-MODE

Cardiographic Study	Size	
Aorta	30	mm
Left Atrium	35	mm
Right Ventricle	20	mm
Left ventricle (Diastole)	45	mm
Left ventricle(Systole)	24	mm
Ventricular Septum (Diastole)	13	mm
Ventricular septum (Systole)	12	mm
Posterior Wall (Diastole)	12	mm
Posterior Wall (Systole)	11	mm
Fractional Shortening	30	%
Ejection fraction	60	%

DOPLER /COLOUR FLOW

Mitral Valve Velocity	MVE- 0.43m/s	MVA – 0.69m/s	E/A-0.67
Tissue Doppler	e' (Septal) 10cm/s	E/e'(Septal) -4	
Velocity/ Gradient across the Pulmonic valve	0.83m/s	3mmHg	
Max. Velocity / Gradient across the Aortic valve	1.19m/s	3mmHg	
Velocity / Gradient across the Tricuspid valve	1.87 m/s	19mmHg	

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2DECHO Cardiographic Study

Left Ventricle	Size and Thickness	Con. LVH
Contractility	Regional Global	Normal
Right ventricle		Normal
Left Atrium		Normal
Right Atrium		Normal
Mitral Valve		Trivial MR
Aortic Valve		Normal
Pulmonary Valve		Normal
Tricuspid Valve		Trivial TR
Inter Atrial Septum		Intact
Inter Ventricular Septum		Intact
Pericardium		Normal
Others		Nil

Impression:

- No regional wall motion abnormality present
- Normal valves and dimensions
- Normal LV function, LVEF- 60%
- Con. LVH with Grade I LVDD
- Trivial MR / TR
- Normal RV function
- No clot / vegetation / effusion



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Printed On : 24 Aug, 2024 03:26 pm



Ms.Durga V., ECHO Technician

SCAN FOR LOCATION



NAME AND LAB NO	MRS MADHUMATHI NAYAK	REG -0021
AGE & SEX	57 YRS	FEMALE
DATE AND AREA OF INTEREST	24.08.2024	BREAST
REF BY	C/O APOLO CLINIC	

USG BILATERAL BREASTS AND AXILLAE

RIGHT BREAST :

- Fibro fatty breast parenchyma .
- Subareolar tissue appears normal.
- No e/o focal solid/cystic lesions.
- No e/o dilated ducts/ focal collections.

LEFT BREAST :

- Fibro fatty breast parenchyma .
- Subareolar tissue appears normal.
- No e/o focal solid/ cystic lesions.
- No e/o dilated ducts/ focal collections.

AXILLA

- Few axillary lymph nodes with benign morphology– likely reactive.

IMPRESSION:

- **RIGHT BREAST :** No significant sonological abnormality detected– BIRADS 1.
 - **LEFT BREAST :** No significant sonological abnormality detected– BIRADS 1.
- Suggested routine screening.



**DR PRAVEEN B , DMRD , DNB
CONSULTANT RADIOLOGIST**

SCAN FOR LOCATION



NAME AND LAB NO	MRS MADHUMATHI NAYAK	REG -0021
AGE & SEX	57 YRS	FEMALE
DATE AND AREA OF INTEREST	24.08.2024	ABDOMEN & PELVIS
REF BY	C/O APOLO CLINIC	

USG ABDOMEN AND PELVIS

Note: Suboptimal visualised due to patient body habitus and excessive bowel gases

LIVER: Measures 17.2cm, Mildly enlarged in size with increased echogenicity
No e/o IHBR dilatation. No evidence of focal lesion
Portal vein appears normal. CBD appears normal.

GALL BLADDER: Partially distended. No obvious calculus in the visualised luminal portion.

SPLEEN: Normal in size and echotexture. No focal lesion

PANCREAS: Head appears normal. body and Tail obscured by bowel gas shadows

RETROPERITONEUM: Suboptimal visualised due to bowel gas.

RIGHT KIDNEY: Right kidney is normal in size & echotexture
No evidence of calculus/ hydronephrosis.

LEFT KIDNEY: Left kidney is normal in size & echotexture
No evidence of calculus/ hydronephrosis.

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

UTERUS & OVARIES: Post hysterectomy status.
No obvious adnexal mass lesions

No evidence of ascites.

IMPRESSION:

- Mild hepatomegaly with grade I fatty liver.
- Suggested clinical / lab correlation



DR PRAVEEN B, DMRD, DNB
CONSULTANT RADIOLOGIST



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Age / Gender : 57 Years / Female		Sample Col. Date : 24-Aug-2024 08:55 AM
Ref. By Dr. : Dr. APOLO CLINIC		Result Date : 24-Aug-2024 10:52 AM
Reg. No. : 2408240021	Report Status : Final	
C/o : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
Complete Haemogram-Whole Blood EDTA				
Haemoglobin (HB)	14.50	g/dL	Male: 14.0-17.0 Female: 12.0-15.0 Newborn: 16.50 - 19.50	Spectrophotometer
Red Blood Cell (RBC)	4.92	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	42.50	%	Male: 42.0-51.0 Female: 36.0-45.0	Electronic Pulse
Mean corpuscular volume (MCV)	86.30	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	29.40	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	34.00	%	33.00-35.50	Calculated
Red Blood Cell Distribution Width SD (RDW-SD)	44.80	fL	40.0-55.0	Volumetric Impedance
Red Blood Cell Distribution CV (RDW-CV)	16.40	%	Male: 11.80-14.50 Female: 12.20-16.10	Volumetric Impedance
Mean Platelet Volume (MPV)	12.40	fL	8.0-15.0	Volumetric Impedance
Platelet	1.73	lakh/cumm	1.50-4.50	Volumetric Impedance
Platelet Distribution Width (PDW)	19.60	%	8.30 - 56.60	Volumetric Impedance
White Blood cell Count (WBC)	6790.00	cells/cumm	Male: 4000-11000 Female: 4000-11000 Children: 6000-17500 Infants : 9000-30000	Volumetric Impedance
Neutrophils	58.60	%	40.0-75.0	Light scattering/Manual
Lymphocytes	35.50	%	20.0-40.0	Light scattering/Manual
Eosinophils	1.70	%	0.0-8.0	Light scattering/Manual



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Test Name	Result	Unit	Reference Value	Method
Monocytes	3.90	%	0.0-10.0	Light scattering/Manual
Basophils	0.30	%	0.0-1.0	Light scattering/Manual
Absolute Neutrophil Count	3.97	10 ³ /uL	2.0- 7.0	Calculated
Absolute Lymphocyte Count	2.41	10 ³ /uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.27	10 ³ /uL	0.20-1.00	Calculated
Absolute Eosinophil Count	120.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.02	10 ³ /uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	16	mm/hr	Female : 0.0-20.0 Male : 0.0-10.0	Westergren

Peripheral Smear Examination-Whole Blood EDTA

Method: (Microscopy-Manual)

RBC'S : 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.



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Age / Gender : 57 Years / Female		Sample Col. Date : 24-Aug-2024 08:55 AM
Ref. By Dr. : Dr. APOLO CLINIC		Result Date : 24-Aug-2024 11:58 AM
Reg. No. : 2408240021	2408240021	Report Status : Final
C/o : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
RFT (Urea, Creatinine, BUN, Na+, K+, Cl-, RBS Uric acid,HB)				
RFT (Renal Function Test)- Serum				
Urea-Serum	22.90	mg/dL	11.0 - 43.0	Urease
Creatinine-Serum	0.61	mg/dL	Female: 0.5 - 1.1	Modified kinetic Jaffe
Blood Urea Nitrogen (BUN)-Serum	10.7	mg/dL	7.0-18.0	:GLDH,Kinetic Assay
Sodium (Na+)-Serum	138.00	mmol/L	135-145	ISE
Potassium (K+)-Serum	4.69	mmol/L	3.5-5.5	ISE
Chloride (Cl-)-Serum	103.10	mmol/L	94.0-110.0	ISE
Random Blood Sugar (RBS)-Plasma	185.00	mg/dL	70.0 - 140.0	Hexokinase
Uric Acid-Serum	2.44	mg/dL	Female: 2.60 - 6.00	Uricase PAP



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Dr. Nithun Reddy C,MD,Consultant Pathologist

SCAN FOR LOCATION



Page 3 of 12

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

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

Name : MRS. MADHUMATHI NAYAK	UHIP : 2408240021	Bill Date : 24-Aug-2024 08:55 AM
Age / Gender : 57 Years / Female	 2408240021	Sample Col. Date : 24-Aug-2024 08:55 AM
Ref. By Dr. : Dr. APOLO CLINIC		Result Date : 24-Aug-2024 11:58 AM
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Test Name	Result	Unit	Reference Value	Method
Lipid Profile-Serum				
Cholesterol Total-Serum	163.00	mg/dL	0.0-200	Cholesterol Oxidase/Peroxidase
Triglycerides-Serum	244.00	mg/dL	0.0-150	Lipase/Glycerol Dehydrogenase
High-density lipoprotein (HDL) Cholesterol-Serum	41.00	mg/dL	40.0-60.0	Accelerator/Selective Detergent
Non-HDL cholesterol-Serum	122	mg/dL	0.0-130	Calculated
Low-density lipoprotein (LDL) Cholesterol-Serum	73	mg/dL	0.0-100.0	Cholesterol esterase and cholesterol oxidase
Very-low-density lipoprotein (VLDL) cholesterol-Serum	49	mg/dL	0.0-40	Calculated
Cholesterol/HDL Ratio-Serum	3.98	Ratio	0.0-5.0	Calculated

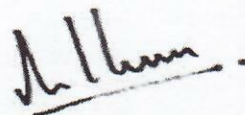
Interpretation:

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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Page 4 of 12

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Test Name	Result	Unit	Reference Value	Method
LFT-Liver Function Test -Serum				
Bilirubin Total-Serum	0.51	mg/dL	0.2-1.0	Caffeine Benzoate
Bilirubin Direct-Serum	0.09	mg/dL	0.0-0.2	Diazotised Sulphanilic Acid
Bilirubin Indirect-Serum	0.42	mg/dL	0.0-1.10	Direct Measure
Aspartate Aminotransferase (AST/SGOT)-Serum	24.00	U/L	15.0-37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	31.00	U/L	Male:16.0-63.0 Female:14.0-59.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)-Serum	103.00	U/L	Adult: 45.0-117.0 Children: 48.0-445.0 Infants: 81.90-350.30	PNPP,AMP-Buffer
Protein, Total-Serum	7.00	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
Albumin-Serum	4.29	g/dL	3.40-5.00	Bromocresol Purple
Globulin-Serum	2.71	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	1.58	Ratio	0.80-2.0	Calculated



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Test Name	Result	Unit	Reference Value	Method
Fasting Blood Sugar (FBS)- Plasma	185	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.

Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA

Glycosylated Haemoglobin (HbA1c)	9.10	%	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
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Estimated Average Glucose(eAG)	214.47	mg/dL	Calculated
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Note: 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments: HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.



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Test Name	Result	Unit	Reference Value	Method
Thyroid function tests (TFT)- Serum				
Tri-Iodo Thyronine (T3)-Serum	0.91	ng/mL	0.60-1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine (T4)-Serum	5.60	µg/dL	5.50-12.10	Chemiluminescence Immunoassay (CLIA)
Thyroid Stimulating Hormone (TSH)-Serum	3.00	µIU/mL	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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Dr. Nithun Reddy C, MD, Consultant Pathologist

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Name : MRS. MADHUMATHI NAYAK	Bill Date : 24-Aug-2024 08:55 AM
Age / Gender : 57 Years / Female	UHID : 2408240021
Ref. By Dr. : Dr. APOLO CLINIC	Sample Col. Date : 24-Aug-2024 08:55 AM
Reg. No. : 2408240021	Result Date : 24-Aug-2024 12:08 PM
C/o : Apollo Clinic	Report Status : Final

Test Name	Result	Unit	Reference Value	Method
Fasting Urine Glucose-Urine	Positive(+++)		Negative	Dipstick/Benedicts (Manual)



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Age / Gender : 57 Years / Female	UHID : 2408240021
Ref. By Dr. : Dr. APOLO CLINIC	Sample Col. Date : 24-Aug-2024 08:55 AM
Reg. No. : 2408240021	Result Date : 24-Aug-2024 12:09 PM
C/o : Apollo Clinic	Report Status : Final

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)	5.5		5.0-7.5	Dipstick
Specific Gravity	1.025		1.000-1.030	Dipstick
Biochemical Examination				
Albumin	Negative		Negative	Dipstick/Precipitation
Glucose	Positive (++)		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	1-2	hpf	0.0-5.0	Microscopy
Epithelial Cells	1-2	hpf	0.0-10.0	Microscopy
RBCs	Absent	hpf	Absent	Microscopy
Casts	Absent		Absent	Microscopy
Crystals	Absent		Absent	Microscopy
Others	Absent		Absent	Microscopy

Comments: The kidneys help infiltration of the blood by eliminating waste out of the body through urine. They also regulate water in the body by conserving electrolytes, proteins, and other compounds. But due to some conditions and abnormalities in kidney function, the urine may encompass some abnormal constituents, which are not normally present. A complete urine examination helps in detecting such abnormal constituents in urine. Several disorders can be detected 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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Other Branch: #466/A, Ideal Homes Township, 80 Feet Road, Kenchanahalli, Rajarajeshwari Nagar, Bengaluru-560098 +91 6361 253 097 | 080-2991 6944 | 080-49511985

Name : MRS. MADHUMATHI NAYAK	Bill Date : 24-Aug-2024 08:55 AM
Age / Gender : 57 Years / Female	UHIP : 2408240021
Ref. By Dr. : Dr. APOLO CLINIC	Sample Col. Date : 24-Aug-2024 08:55 AM
Reg. No. : 2408240021	Result Date : 24-Aug-2024 12:47 PM
C/o : Apollo Clinic	Report Status : Final

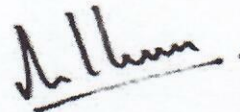
Test Name	Result	Unit	Reference Value	Method
Blood Group & Rh Typing-Whole Blood EDTA				
Blood Group	O			Slide/Tube agglutination
Rh Type	Positive			Slide/Tube agglutination

Note: Confirm by tube or gel method.

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



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Name : MRS. MADHUMATHI NAYAK	Bill Date : 24-Aug-2024 08:55 AM
Age / Gender : 57 Years / Female	Sample Col. Date : 24-Aug-2024 08:55 AM
Ref. By Dr. : Dr. APOLO CLINIC	Result Date : 24-Aug-2024 12:59 PM
Reg. No. : 2408240021	Report Status : Final
C/o : Apollo Clinic	

UHID : 2408240021



Test Name	Result	Unit	Reference Value	Method
Post Prandial Urine Sugar	Positive(+++)		Negative	Dipstick/Benedicts(Mar
Post prandial Blood Glucose (PPBS)-Plasma	239	mg/dL	70-140	Hexo Kinase

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

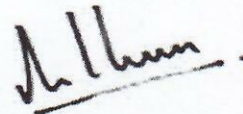
Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

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

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



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