



बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम
Name

वेटी रवि कुमार
Vetti Ravi Kumar


E.C. No.

177844



V. Ravi Kumar

धारक के हस्ताक्षर
Signature of Holder


जारीकर्ता प्राधिकारी
Issuing Authority

PATIENT SUMMARY

Page 1 of 1

Patient : VETTI RAVI KUMAR - 28/Years
Address : CLUMAX
Phone : +919704824297

OP Number : KA-PEC2022/344837

11/02/2022

OPTOMETRIST FINDINGS (-10:24:56)

WITH PH 6/9 RE
WITH EXISTING GLASS DIST 6/9 RE 6/6 LE
WITH EXISTING GLASS NEAR N6 RE N6 LE
COLOR VISION RE Normal LE Normal

Sleeping with Contact Lens NO

DOCTOR ADVICE (DR.DR.SYEDA FAYEQA AMBREEN - 10:26:37)

PRESENTING COMPLAINTS clumax screening
LIDS & ADNEXA RE: N; LE: N
PUPIL RE: RRR; LE: RRR
CORNEA RERE: CLEAR; LE: CLEAR
LENS RERE: N; LE: N
CONJUNCTIVA RERE: N; LE: N
ANTERIOR CHAMBER RE:N; LE: N

Printed On 11/2/22 10:34:28 AM

***** END *****

Thanking you for giving us an opportunity to provide you eye care services.



Sign-up & Health Assessment Form

To be filled by Customer

Name: Mr/Ms/Mrs **Ra Vi Ku mar · V eht i**

Gender: Male Female Age: **28** years DOB: **08 / 05 / 1993**

Mobile: **9704824297** Pincode:

Email: **VRAVIKUMAR240@GMAIL.COM**

To be filled by Customer

Medical History

Have you been previously diagnosed with?

Diabetes (Sugar)	<input type="radio"/> Yes	<input type="radio"/> No
Hypertension (BP)	<input type="radio"/> Yes	<input type="radio"/> No
Cardiovascular Disease (Heart)	<input type="radio"/> Yes	<input type="radio"/> No
Asthma/Allergies (Dust, Pollen, Food, Animals, etc.)	<input type="radio"/> Yes	<input type="radio"/> No
Neurological Problems (Nerve)	<input type="radio"/> Yes	<input type="radio"/> No

Are you currently taking medications for?

Diabetes (Sugar)	<input type="radio"/> Yes	<input type="radio"/> No
Hypertension (BP)	<input type="radio"/> Yes	<input type="radio"/> No
Cardiovascular Disease (Heart)	<input type="radio"/> Yes	<input type="radio"/> No
Liver Disease	<input type="radio"/> Yes	<input type="radio"/> No
Cancer	<input type="radio"/> Yes	<input type="radio"/> No
Tuberculosis (TB)	<input type="radio"/> Yes	<input type="radio"/> No

Family History

Is there a history of below diseases in your family?

Diabetes (Sugar)	<input type="radio"/> Yes	<input type="radio"/> No
Hypertension (BP)	<input type="radio"/> Yes	<input type="radio"/> No
Cardiovascular Disease (Heart)	<input type="radio"/> Yes	<input type="radio"/> No
Cancer	<input type="radio"/> Yes	<input type="radio"/> No

Lifestyle

Do you exercise regularly?	<input type="radio"/> Yes	<input type="radio"/> No
Do you consume alcohol more than 2 times a week?	<input type="radio"/> Yes	<input type="radio"/> No
Do you smoke/chew tobacco?	<input type="radio"/> Yes	<input type="radio"/> No
Are you vegetarian?	<input type="radio"/> Yes	<input type="radio"/> No

General

Do you see a doctor at least once in 6 months?	<input type="radio"/> Yes	<input type="radio"/> No			
Do you undergo a health checkup every year?	<input type="radio"/> Yes	<input type="radio"/> No			
How would you rate your overall Health?	<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Normal	<input type="radio"/> Poor	<input type="radio"/> Very Poor

Women's Health

Is there a family history of Breast Cancer?	<input type="radio"/> Yes	<input type="radio"/> No
Is there a family history of Endometrial (Uterus) Cancer?	<input type="radio"/> Yes	<input type="radio"/> No
Is there a family history of Ovarian Cancer?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have irregular periods?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have heavy bleeding during periods?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have scanty periods?	<input type="radio"/> Yes	<input type="radio"/> No
Have you attained Menopause?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have children?	<input type="radio"/> Yes	<input type="radio"/> No
Was it a normal delivery?	<input type="radio"/> Yes	<input type="radio"/> No

Bar code

Vitals

To be filled by Technician

Height: **168** . cms

Waist: **33** . in.

Hip: **34** . in.

Weight: **72** . **9** kg

Fat: **27** . **1** %

Visc. Fat: **10** . %

RM: **1630** cal

BMI: **25** . **8** kg/m²

Body Age: **42** years

Sys. BP: **198** mmHg

Dia. BP: **132** mmHg

91 plus.

Name	VETTI RAVI KUMAR	Customer ID	MED110939749
Age & Gender	28Y/M	Visit Date	Feb 11 2022 8:43AM
Ref Doctor	MediWheel		

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: *Essentially normal study.*

DR. H.K. ANAND

DR. SHWETHA S

DR. PRAJNA SHENOY


DR. MAHESH M S

CONSULTANT RADIOLOGISTS

Name	MR.VETTI RAVI KUMAR	ID	MED110939749
Age & Gender	28Y/MALE	Visit Date	11/02/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has increased echopattern.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.
Gall bladder wall is of normal thickness.
CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.
No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout.
Left kidney shows a cyst with clear contents measuring 6.2 x 5.8cms in the mid pole.
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.5	1.8
Left Kidney	9.9	1.9

URINARY BLADDER show normal shape and wall thickness.
It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape and size (wt – 20gms). Calcification noted within

No evidence of ascites.

Name	MR.VETTI RAVI KUMAR	ID	MED110939749
Age & Gender	28Y/MALE	Visit Date	11/02/2022
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Impression:

- *Left renal cyst.*
- *Increased hepatic echopattern suggestive of fatty infiltration.*

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY


DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Ms/pu

Name	MR.VETTI RAVI KUMAR	ID	MED110939749
Age & Gender	28Y/MALE	Visit Date	11/02/2022
Ref Doctor	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.57	cms
LEFT ATRIUM	:	3.06	cms
AVS	:	1.63	cms
LEFT VENTRICLE (DIASTOLE)	:	3.84	cms
(SYSTOLE)	:	2.49	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.27	cms
(SYSTOLE)	:	2.08	cms
POSTERIOR WALL (DIASTOLE)	:	1.14	cms
(SYSTOLE)	:	2.69	cms
EDV	:	63	ml
ESV	:	22	ml
FRACTIONAL SHORTENING	:	35	%
EJECTION FRACTION	:	65	%
EPSS	:		cms
RVID	:	2.24	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -1.09m/s 'A' -0.92m/s	NO MR .
AORTIC VALVE	:1.23 m/s	NO AR .
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84 m/s	NO PR

Name	MR.VETTI RAVI KUMAR	ID	MED110939749
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:2:

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: 65 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST

Ls/ml

Dr. SRIDHAR .L

MD,(Med), DM(Cardio), FICC
Interventional Cardiologist

K.M.C. No.: 32248

Male

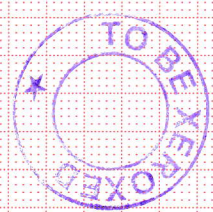
28 Years

11 02 2022 9:32:38
CLUMAX DIAGNOSTICS
JAYANAGAR
BANGALORE

QRS: 78 ms
QT / QTcBaz: 362 / 417 ms
PR: 142 ms
P: 120 ms
RR / PP: 746 / 750 ms
P / QRS / T: 64 / 43 / 23 degrees

(Needs Clinical Correlation
for further management)

Dr. SPINDY J.
MD (Medical) / Interventional Cardiology
Interventional Cardiologist
K.M.C. No.: 32248



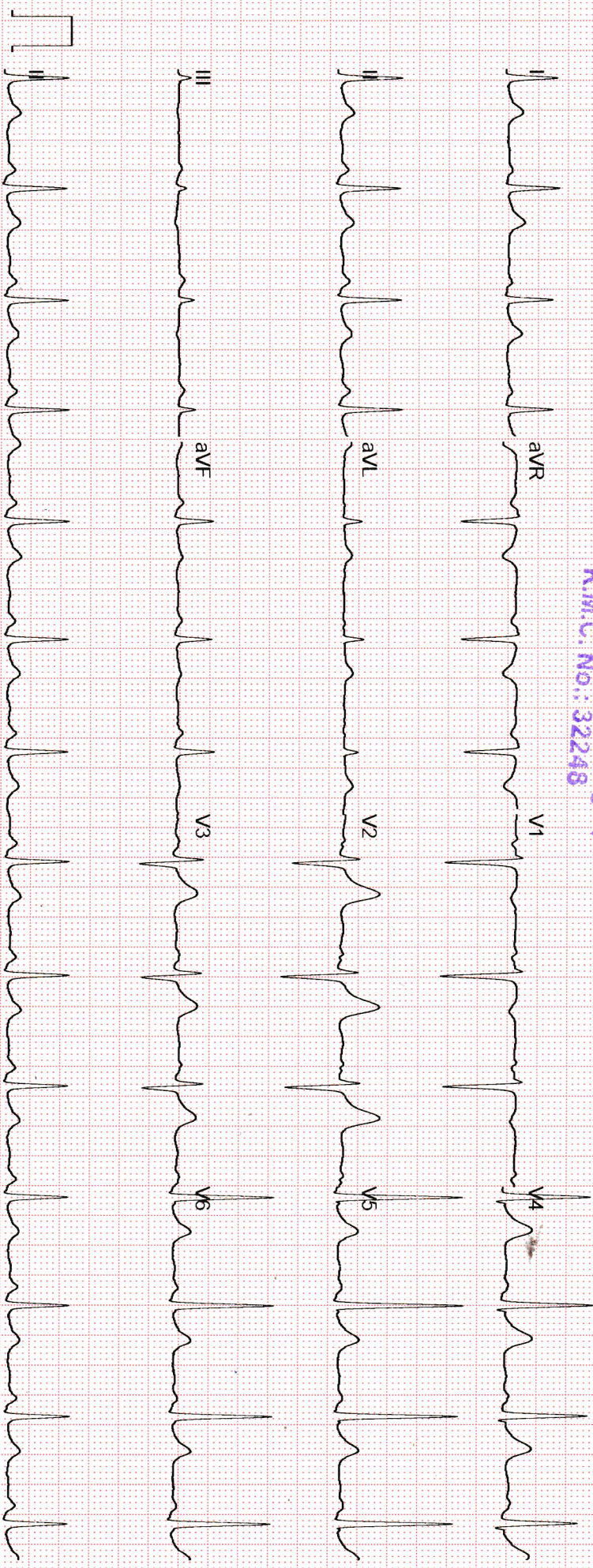
HR-80b/min

WNL

QW +40°

Normal ECG

Technician: koms
Ordering Ph: MEDIWHEEL
Referring Ph: MEDIWHEEL
Attending Ph:



Name : Mr. VETTI RAVI KUMAR
PID No. : MED110939749
SID No. : 922010967
Age / Sex : 28 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 11/02/2022 8:44 AM
Collection On : 11/02/2022 11:04 AM
Report On : 12/02/2022 9:17 AM
Printed On : 12/02/2022 12:03 PM




Investigation **Observed Value** **Unit** **Biological Reference Interval**


HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	18.0	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	52.4	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.88	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	89.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	30.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.3	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.8	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	42.99	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	8260	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	58.21	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	30.86	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	4.41	%	01 - 06


Dr. Arjun C.P
MBBS, MD Pathology
Reg No:KMC 89655

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

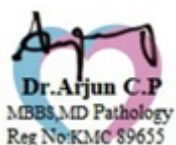
APPROVED BY

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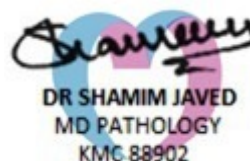
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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.23	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.29	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.81	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.55	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.36	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.51	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.02	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	256.3	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.69	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	2	mm/hr	< 15



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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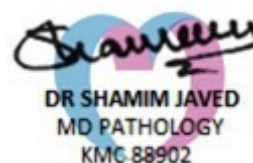
BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.8	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.6	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.4	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.8	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.6	g/dL	2.3 - 3.5
A : G Ratio (Serum/Derived)	1.8		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	27	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	20	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	108	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	22	U/L	< 55



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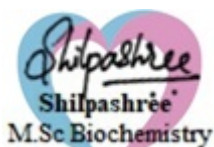


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	155	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	238	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

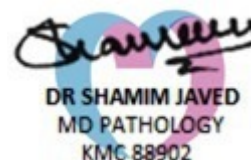
INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence 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/Immuno-inhibition)	30	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	77.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	47.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	125.0	mg/dL	Optimal: <130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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.



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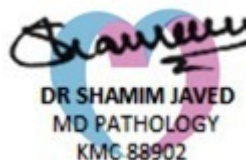
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.2		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	7.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.8	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

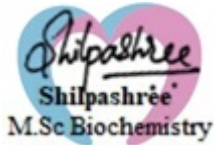
Estimated Average Glucose 119.76 mg/dL
(Whole Blood)

INTERPRETATION: Comments

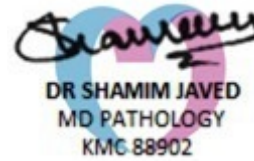
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

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/CMIA)	1.14	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/CMIA)	7.27	µg/dL	4.2 - 12.0
--	------	-------	------------

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 Microparticle Immunoassay(CMIA))	2.01	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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine)	Pale yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	10	mL	

CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.025		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative

Dr. Arjun C.P
MBBS, MD Pathology
Reg No:KMC 89655

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

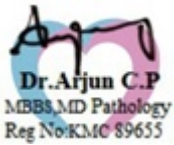
APPROVED BY

Name : Mr. VETTI RAVI KUMAR
PID No. : MED110939749
SID No. : 922010967
Age / Sex : 28 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

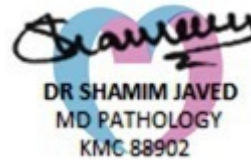
Register On : 11/02/2022 8:44 AM
Collection On : 11/02/2022 11:04 AM
Report On : 12/02/2022 9:17 AM
Printed On : 12/02/2022 12:03 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Leukocytes (Urine)	Negative	leuco/uL	Negative
<u>MICROSCOPY(URINE DEPOSITS)</u>			
Pus Cells (Urine/Flow cytometry)	4-5	/hpf	3-5
Epithelial Cells (Urine)	4-6	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BIOCHEMISTRY

BUN / Creatinine Ratio	12.2		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	85	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.

Glucose Fasting - Urine (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	83	mg/dL	70 - 140

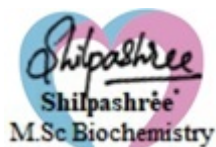
INTERPRETATION:

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.

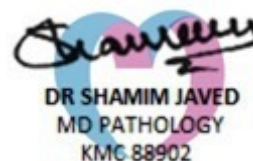
Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	11	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.9	mg/dL	0.9 - 1.3

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)	7.3	mg/dL	3.5 - 7.2
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'A' 'Positive'

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-- End of Report --