

**CERTIFICATE OF MEDICAL FITNESS**

NAME: Sudha . B

AGE/ GENDER: 51 y / female

HEIGHT: 165 cm

WEIGHT: 77 kg

IDENTIFICATION MARK: -

BLOOD PRESSURE: 130/80 mmHg

PULSE: 96 bpm

CVS: Normal

RS:P

ANY OTHER DISEASE DIAGNOSED IN THE PAST: Hypertension - Fab. Almond song

ALLERGIES, IF ANY: Nil

LIST OF PRESCRIBED MEDICINES: Nil

ANY OTHER REMARKS: NO

I Certify that I have carefully examined Mr/Mrs. Sudha . B son/daughter of Mr V. B. Murthy who has signed in my presence. He/ she has no physical disease and is fit for employment.

BSudh

Signature of candidate

**Dr. BINDURAJ. R**  
MBBS, MD  
Internal Medicine

Signature of Medical Officer

Place: Spectrum diagnostics & health care

Date: 17/10/24

**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: 17.10.24

**EYE EXAMINATION**

NAME: Mrs. B. Sudha

AGE: 51yrs

GENDER: F / M

RIGHT EYE

LEFT EYE

Vision

6/18 20/10

6/18 20/10

Vision With glass

6/6 5/6

6/6 5/6

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)





ID: 0007

17-10-2024 10:47:58

For BP

B SUDHA

Female 51 years

Diagnosis Information:

Sinus Rhythm

Low T Wave(V6)

HR : 91 bpm

P : 106 ms

PR : 139 ms

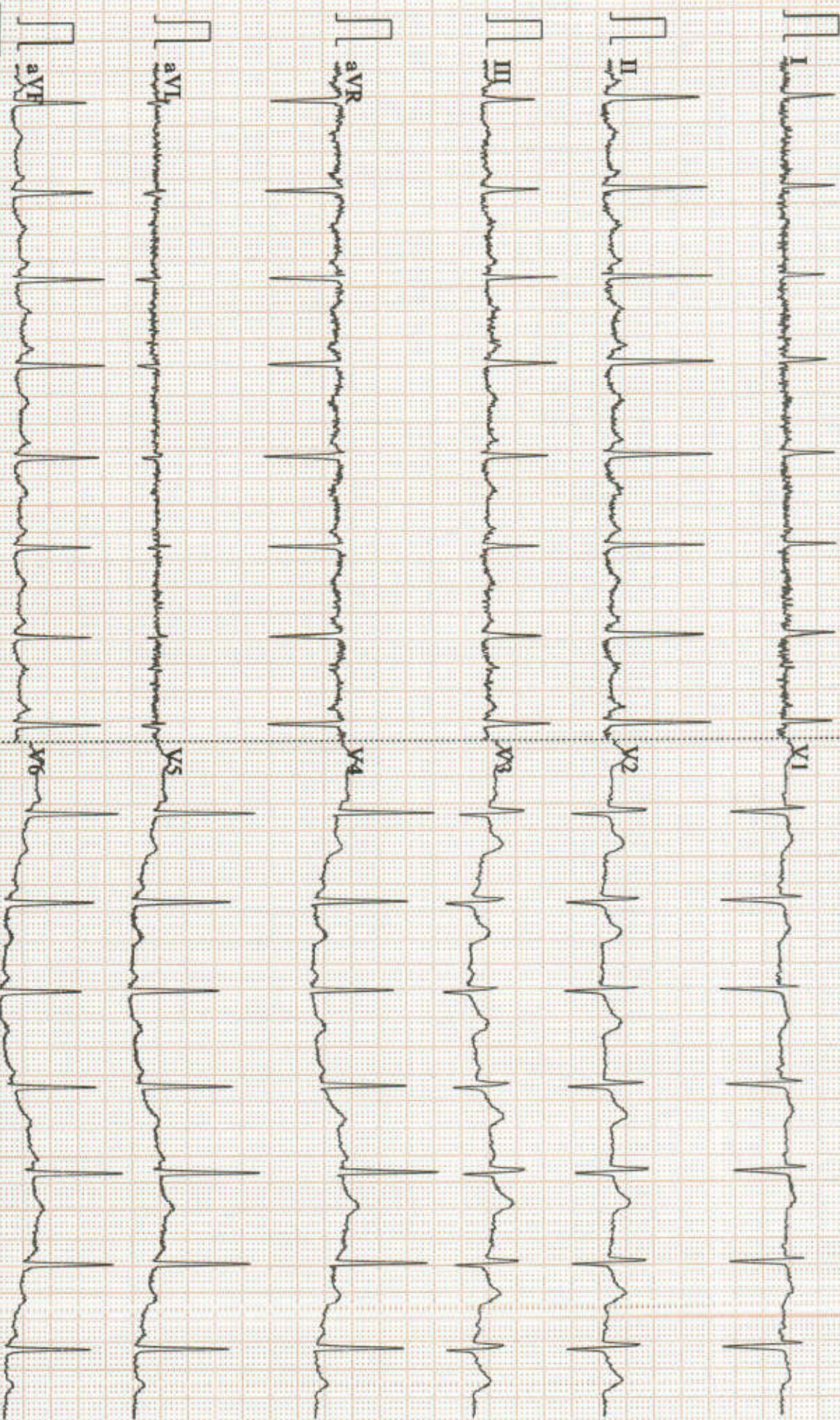
QRS : 85 ms

QT/QTc : 367/452 ms

P/QRS/T : 67/63/66 °

RV5/SV1 : 1.690/1.001 mV

Report Confirmed by:



0.15-35Hz AC50 25mm/s 10mm/mV 2\*5.0s 91 V2.2 SEMIP V181 SPECTRUM DIAGNOSTICS & HEALTH CARE



Name	: MRS. B SUDHA	UHID	: 1710240007	Bill Date	: 17-Oct-2024 08:15 AM
Age / Gender	: 51 Years / Female			Sample Col. Date	: 17-Oct-2024 08:15 AM
Ref. By Dr.	: C/O APOLO CLINIC			Result Date	: 17-Oct-2024 10:26 AM
Reg. No.	: 1710240007			Report Status	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
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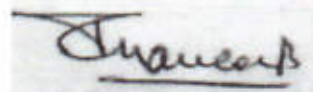
**CHEST PA VIEW**

- 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

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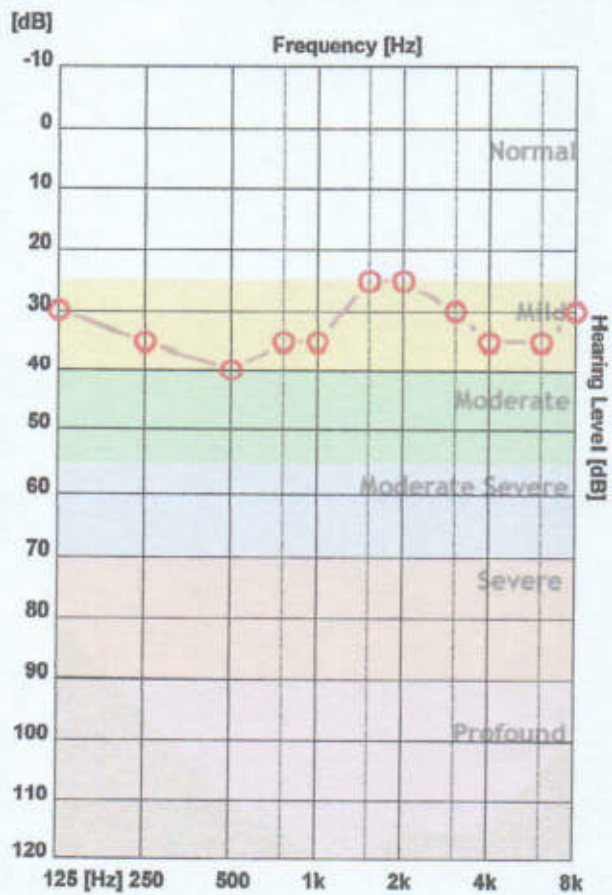
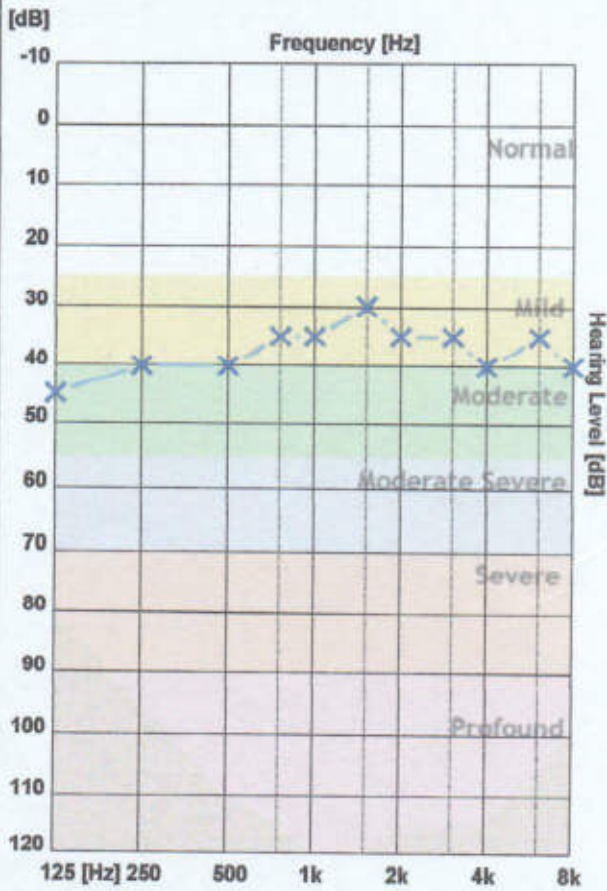


# SPECTRUM DIAGNOSTICS

Bangalore

Patient ID : 0695  
Name : B SUDHA  
CR Number : 20241017115715  
Registration Date : 17-Oct-2024

Age : 51  
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	45	40	40	35	35	30	35	35	40	35	40
O - Air Right	30	35	40	35	35	25	25	30	35	35	30
> - Bone Left											
< - Bone Right											

	Average	High	Mid	Low
AIR Left	37.27 dB	37.50 dB	33.33 dB	40.00 dB
AIR Right	32.27 dB	32.50 dB	28.33 dB	35.00 dB

### Clinical Notes :

Not Found





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**2D ECHO**

**2D ECHO CARDIOGRAHIC STUDY M-MODE**

Cardiographic Study	Size
Aorta	23 mm
Left Atrium	23 mm
Right Ventricle	24 mm
Left ventricle (Diastole)	43 mm
Left ventricle(Systole)	27 mm
Ventricular Septum (Diastole)	14 mm
Ventricular septum (Systole)	12 mm
Posterior Wall (Diastole)	10 mm
Posterior Wall (Systole)	09 mm
Fractional Shortening	30 %
Ejection fraction	60 %

**DOPPLER /COLOUR FLOW**

Mitral Valve Velocity	MVE- 0.62m/s	MVA – 0.80m/s	E/A-0.77
Tissue Doppler	e' ( Septal) 7cm/s	E/e'(Septal) -8	
Velocity/ Gradient across the Pulmonic valve	0.83m/s	3mmHg	
Max. Velocity / Gradient across the Aortic valve	1.19m/s	4mmHg	
Velocity / Gradient across the Tricuspid valve	1.87 m/s	19mmHg	



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**2DECHO Cardiographic Study**

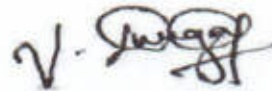
- **SITUS SOLITUS, LEVOCARDIA**
- **SYSTEMIC VEINS:** Normal drainage. IVC-1.4>50% collapse with inspiration.
- **PULMONARY VEINS:** Normal drainage.
- **RIGHT ATRIUM:** Normal size, **LEFT ATRIUM:** Normal size.
- **RIGHT VENTRICLE:** Normal size & Adequate function.
- **LEFT VENTRICLE:** Con. LVH ; No RWMA; LV Systolic function adequate.
- **IAS:** INTACT; **IVS:** INTACT.
- **MITRAL VALVE :** No stenosis; No regurgitation
- **TRICUSPID VALVE:** No stenosis; Trivial regurgitation
- **AORTIC VALVE :** No stenosis; No regurgitation
- **PULMONIC VALVE:** No stenosis; No regurgitation
- **GREAT ARTERIES:** Normally related.
- **AORTA:** Left aortic arch. No aortic dissection
- **PULMONARY ARTERY :** Confluent branch pulmonary arteries
- **NO PDA.**
- **No pericardial effusion.**

**IMPRESSION:**

- **ADEQUATE LEFT VENTRICLE SYSTOLIC FUNCTION**
- **LEFT VENTRICLE DIASTOLIC DYSFUNCTION-GRADE I**
- **NO REGIONAL WALL MOTION ABNORMALITY**
- **ADEQUATE RIGHT VENTRICLE SYSTOLIC FUNCTION**
- **NO PAH**



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Printed On : 17 Oct, 2024 12:24 pm



Ms. Durga V.. ECHO Technician

SCAN FOR LOCATION





NAME AND LAB NO	MRS SUDHA B	REG-007
AGE & SEX	51 YRS	FEMALE
DATE AND AREA OF INTEREST	17.10.2024	
REF BY	C/O APOLO CLINIC	

**USG ABDOMEN AND PELVIS**

**LIVER:** Normal 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 and body appears normal . 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 menopausal status.  
No obvious adnexal mass lesions

No evidence of ascites.

**IMPRESSION:**

- *Grade I fatty liver .*
- *Suggested clinical correlation*



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





NAME AND LAB NO	MRS SUDHA B	REG -007
AGE & SEX	51 YRS	FEMALE
DATE AND AREA OF INTEREST	17.10.2024	
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**



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Test Name	Result	Unit	Reference Value	Method
<b>Complete Haemogram-Whole Blood EDTA</b>				
Haemoglobin (HB)	9.50	g/dL	Female: 12.0 - 15.0	Spectrophotometer
Red Blood Cell (RBC)	3.91	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	27.50	%	Female: 36.0 - 45.0	Electronic Pulse
Mean corpuscular volume (MCV)	70.10	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	24.20	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	34.50	%	33.00-35.50	Calculated
Red Blood Cell Distribution Width SD (RDW-SD)	35.00	fL	40.0-55.0	Volumetric Impedance
Red Blood Cell Distribution CV (RDW-CV)	17.00	%	Female: 12.20 - 16.10	Volumetric Impedance
Mean Platelet Volume (MPV)	11.00	fL	8.0-15.0	Volumetric Impedance
Platelet	2.58	lakh/cumm	1.50-4.50	Volumetric Impedance
Platelet Distribution Width (PDW)	20.30	%	8.30 - 56.60	Volumetric Impedance
White Blood cell Count (WBC)	4610.00	cells/cumm	Female: 4000.0 - 11000.0	Volumetric Impedance
Neutrophils	65.90	%	40.0-75.0	Light scattering/Manual
Lymphocytes	28.10	%	20.0-45.0	Light scattering/Manual
Eosinophils	1.90	%	0.0-8.0	Light scattering/Manual
Monocytes	4.10	%	0.0-10.0	Light scattering/Manual
Basophils	0.00	%	0.0-1.0	Light scattering/Manual
Absolute Neutrophil Count	3.04	10 <sup>3</sup> /uL	2.0- 7.0	Calculated





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Test Name	Result	Unit	Reference Value	Method
Absolute Lymphocyte Count	1.29	10 <sup>3</sup> /uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.19	10 <sup>3</sup> /uL	0.20-1.00	Calculated
Absolute Eosinophil Count	90.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.00	10 <sup>3</sup> /uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	16	mm/hr	Female: 0.0 - 20.0	Westergren

### Peripheral Smear Examination-Whole Blood EDTA

Method : (Microscopy-Manual)

RBC'S : Are microcytic hypochromic. Poikilocytes like tear drop cells and pencil shaped cells are seen.  
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 : Mild degree of microcytic hypochromic anaemia.



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Test Name	Result	Unit	Reference Value	Method
<b>Blood Group &amp; Rh Typing-Whole Blood EDTA</b>				
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.



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Test Name	Result	Unit	Reference Value	Method
<b>LFT-Liver Function Test -Serum</b>				
Bilirubin Total-Serum	1.03	mg/dL	0.2-1.0	Caffeine Benzoate
Bilirubin Direct-Serum	0.27	mg/dL	0.0-0.2	Diazotised Sulphanilic Acid
Bilirubin Indirect-Serum	0.76	mg/dL	0.0-1.10	Direct Measure
Aspartate Aminotransferase (AST/SGOT)-Serum	16.00	U/L	15.0-37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	16.00	U/L	Male:16.0-63.0 Female:14.0-59.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)-Serum	53.00	U/L	Adult: 45.0-117.0 Children: 48.0-445.0 Infants: 81.90-350.30	PNPP,AMP-Buffer
Protein, Total-Serum	6.98	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
Albumin-Serum	4.63	g/dL	3.40-5.00	Bromocresol Purple
Globulin-Serum	2.35	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	1.97	Ratio	0.80-2.0	Calculated



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Dr. Nithun Reddy C,MD,Consultant Pathologist

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SCAN FOR LOCATION



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Test Name	Result	Unit	Reference Value	Method
<b>Lipid Profile-Serum</b>				
Cholesterol Total-Serum	207.00	mg/dL	0.0-200	Cholesterol Oxidase/Peroxidase
Triglycerides-Serum	114.00	mg/dL	0.0-150	Lipase/Glycerol Dehydrogenase
High-density lipoprotein (HDL) Cholesterol-Serum	59.00	mg/dL	40.0-60.0	Accelerator/Selective Detergent
Non-HDL cholesterol-Serum	148	mg/dL	0.0.-130	Calculated
Low-density lipoprotein (LDL) Cholesterol-Serum	125	mg/dL	0.0-100.0	Cholesterol esterase and cholesterol oxidase
Very-low-density lipoprotein (VLDL) cholesterol-Serum	23	mg/dL	0.0-40	Calculated
Cholesterol/HDL Ratio-Serum	3.51	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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Test Name	Result	Unit	Reference Value	Method
<b>Kidney Function Test (KFT)-BUN,CREA,Uric Acid,Na,K,Cl-Serum</b>				
<b>Kidney Function Test (KFT)-Serum</b>				
Blood Urea Nitrogen (BUN)	7.70	mg/dL	7.0-18.0	GLDH,Kinetic Assay
Creatinine-Serum	1.38	mg/dL	Male: 0.70-1.30 Female: 0.55-1.02	Modified kinetic Jaffe
Uric Acid-Serum	4.24	mg/dL	Male: 3.50-7.20 Female: 2.60-6.0	
<b>Electrolytes</b>				
Sodium (Na+)-Serum	141.2	mmol/L	135.0-145.0	ISE-Direct
Potassium (K+)-Serum	4.39	mmol/L	3.50-5.50	ISE-Direct
Chloride (Cl-)-Serum	103.60	mmol/L	96.0-108.0	ISE-Direct

**Comments:** Renal Function Test (RFT), also called kidney function tests, are a group of tests performed to evaluate the functions of the kidneys. The kidneys play a vital role in removing waste, toxins, and extra water from the body. They are responsible for maintaining a healthy balance of water, salts, and minerals such as calcium, sodium, potassium, and phosphorus. They are also essential for blood pressure control, maintenance of the body's pH balance, making red blood cell production hormones, and promoting bone health. Hence, keeping your kidneys healthy is essential for maintaining overall health. It helps diagnose inflammation, infection or damage in the kidneys. The test measures Uric Acid, Creatinine, BUN and electrolytes in the blood to determine the health of the kidneys. Risk factors for kidney dysfunction such as hypertension, diabetes, cardiovascular disease, obesity, elevated cholesterol or a family history of kidney disease. It may also be when has signs and symptoms of kidney disease, though in early stage often no noticeable symptoms are observed. Kidney panel is useful for general health screening; screening patients at risk of developing kidney disease; management of patients with known kidney disease. Estimated GFR is especially important in CKD patients CKD for monitoring, it helps to identify disease at early stage in those with risk factors for CKD (diabetes, hypertension, cardiovascular disease, and family history of kidney disease). Early recognition and intervention are important in slowing the progression of CKD and preventing its complications.



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Test Name	Result	Unit	Reference Value	Method
<b>Gamma-Glutamyl Transferase (GGT)-Serum</b>	13.00	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.

<b>Fasting Urine Glucose-Urine</b>	Negative		Negative	Dipstick/Benedicts (Manual)
<b>Fasting Blood Sugar (FBS)-Plasma</b>	91	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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SCAN FOR LOCATION



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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



<b>Name</b> : MRS. B SUDHA	<b>UHID</b> : 1710240007	<b>Bill Date</b> : 17-Oct-2024 08:15 AM
<b>Age / Gender</b> : 51 Years / Female		<b>Sample Col. Date</b> : 17-Oct-2024 08:15 AM
<b>Ref. By Dr.</b> : C/O APOLO CLINIC		<b>Result Date</b> : 17-Oct-2024 11:37 AM
<b>Reg. No.</b> : 1710240007		<b>Report Status</b> : Final
<b>C/o</b> : APOLLO CLINIC		

Test Name	Result	Unit	Reference Value	Method
<b>Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA</b>	4.70	%	Non diabetic adults : <5.7 At risk (Prediabetes) : 5.7 - 6.4 Diagnosing Diabetes : $\geq$ 6.5 Diabetes Excellent Control : 6-7 Fair to good Control : 7-8 Unsatisfactory Control : 8-10 Poor Control : $>$ 10	HPLC
<b>Glycosylated Haemoglobin (HbA1c)</b>				
<b>Estimated Average Glucose(eAG)</b>	88.18	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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Reg. No.	: 1710240007			Report Status	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
<b>Thyroid function tests (TFT)- Serum</b>				
Tri-Iodo Thyronine (T3)-Serum	0.61	ng/mL	0.60-1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine (T4)-Serum	11.2	µg/dL	5.50-12.10	Chemiluminescence Immunoassay (CLIA)
Thyroid Stimulating Hormone (TSH)-Serum	4.38	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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Reg. No.	: 1710240007			Report Status	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
<b>Urine Routine Examination-Urine</b>				
<b>Physical Examination</b>				
Colour	Pale Yellow		Pale Yellow	Visual
Appearance	Clear		Clear	Visual
Reaction (pH)	6.5		5.0-7.5	Dipstick
Specific Gravity	1.025		1.000-1.030	Dipstick
<b>Biochemical Examination</b>				
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
<b>Microscopic Examination</b>				
Pus Cells	1-2	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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<b>Ref. By Dr.</b> : C/O APOLO CLINIC		<b>Result Date</b> : 17-Oct-2024 01:30 PM
<b>Reg. No.</b> : 1710240007		<b>Report Status</b> : Final
<b>C/o</b> : APOLLO CLINIC		

Test Name	Result	Unit	Reference Value	Method
<b>Post prandial Blood Glucose (PPBS)-Plasma</b>	107	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.

<b>Calcium, Total- Serum</b>	9.50	mg/dL	8.50-10.10	Spectrophotometry (O-Cresolphthalein complexone)
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<b>Ref. By Dr.</b> : C/O APOLO CLINIC		<b>Result Date</b> : 17-Oct-2024 03:02 PM
<b>Reg. No.</b> : 1710240007		<b>Report Status</b> : Final
<b>C/o</b> : APOLLO CLINIC		

Test Name	Result	Unit	Reference Value	Method
Post Prandial Urine Sugar	Negative		Negative	Dipstick/Benedicts(Man



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Ref. By Dr.	: C/O APOLO CLINIC			Result Date	: 17-Oct-2024 05:07 PM
Reg. No.	: 1710240007			Report Status	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
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**PAP SMEAR REPORT**

**PAP No** : 677/24

**Clinical history** : Health check

**Specimen** : 2 Conventional PAP smears.

**Specimen Adequacy** : Adequate for evaluation.

**Description** : Seen are mixture of intermediate squamous cells, superficial squamous cells and a few endocervical cells.

**Inflammation** : Neutrophilic exudate is noted.

**Organism** : Nil

**Reactive changes** : Nil

**Dysplastic changes** : Nil

**Impression** : **Negative for Squamous Intraepithelial Lesion/Malignancy.**

Note: Enclosed: 2 slides: preserve them carefully.



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