

CERTIFICATE OF MEDICAL FITNESS

NAME: Devarajathi varma Raju Swamy

AGE/ GENDER: 32 y / m.

HEIGHT: 164 cm

WEIGHT: 71.8 kg

IDENTIFICATION MARK: _____

BLOOD PRESSURE: 120 / 80 mm Hg

PULSE: 100/min

CVS: Normal

RS:P

ANY OTHER DISEASE DIAGNOSED IN THE PAST: Nil

ALLERGIES, IF ANY: Nil

LIST OF PRESCRIBED MEDICINES: Nil

ANY OTHER REMARKS: Nil

I Certify that I have carefully examined Mr/Mrs Devarajathi varma Raju Swamy son/daughter of Ms. D. Veeraj Swamy who has signed in my presence. He/ she has no physical disease and is fit for employment.



Signature of candidate

Dr. BINDURA J. R
MEDICID
Internal Medicine

Signature of Medical Officer

Place: Spectrum Diagnostics

Date: 13/1/24

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



DATE: 13.04.24.

EYE EXAMINATION

NAME: *Ms. Harani V.S.* AGE: *32y* GENDER: *F / M*

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

Dr. ASHOK SARODHE
 B.Sc., M.B.B.S., D.O.M.S.
 Eye Consultant & Surgeon
 KMC No: 31827
 Consultant (Ophthalmologist)



NAME	AGE	GENDER
Mr. D.V. Suresh	32yrs	Male

DENTAL EXAMINATION REPORT:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

C: CAVITY → NONE

M: MISSING → NONE

O: OTHERS

ADVISED:

CLEANING / SCALING / ROOTS PLANNING / FLOSSING & POLISHING / OTHERS

REMARKS:

SIGNATURE OF THE DENTAL SURGEON

SEAL

DATE

Dr. SACHDEV NAGARKAR
B.D.S., F.A.G.E., F.P.F.A. (USA)
Reg. No : 2247/A

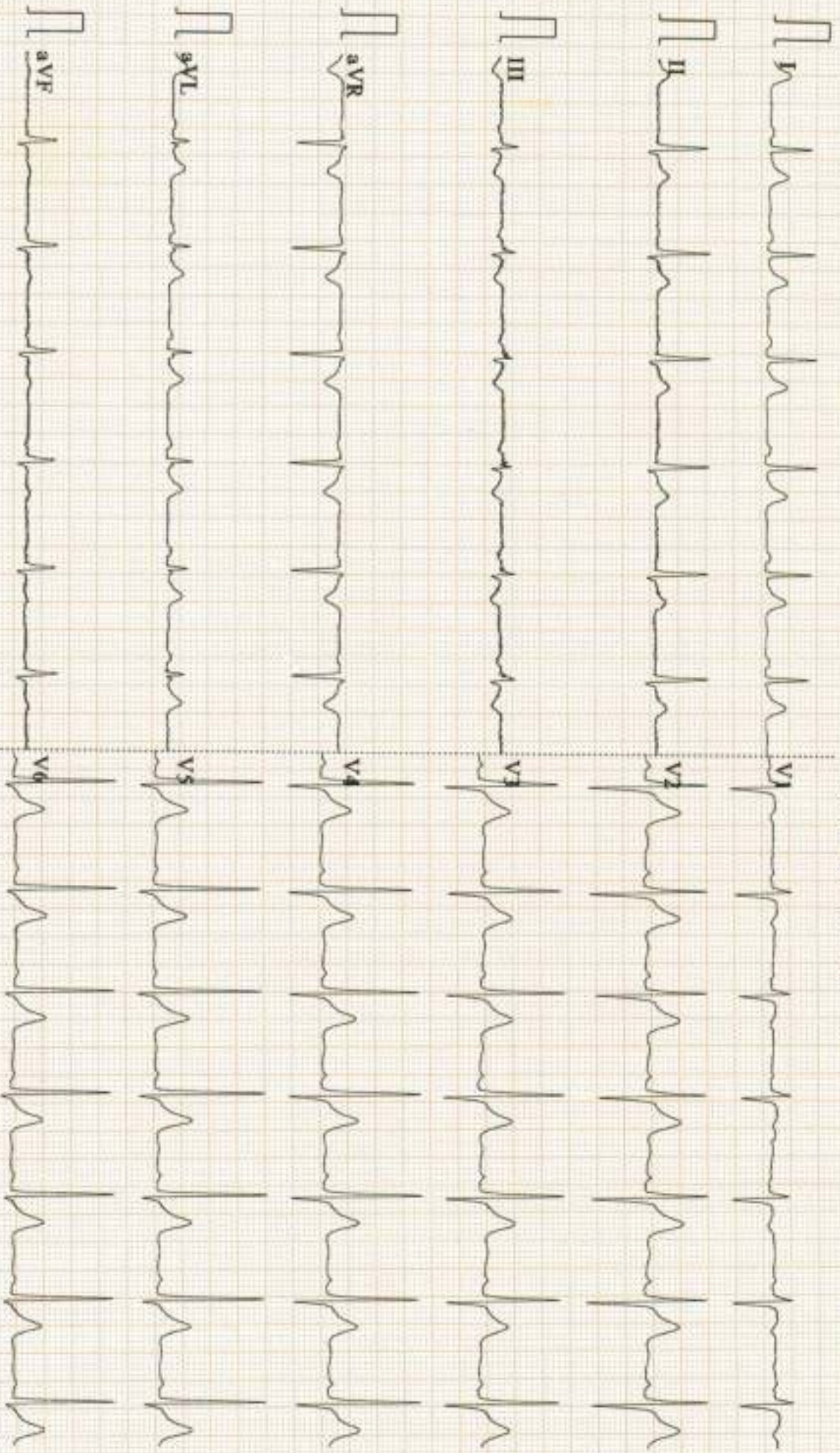


ID: 1201240020 13-01-2024 11:53:31
MR DEVARINTI VANNURU SWAMYR
Male 32Years

HR : 79 bpm
P : 89 ms
PR : 135 ms
QRS : 92 ms
QT/QTc : 328/377 ms
PQRST : -41/31/4 °
RV5/SV1 : 1912/0.662 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:



0.15-35Hz AC50 25mm/s 10mm/mV 2*5.0s 79 V2.2 SEMIP V1.81 SPECTRUM DIAGNOSTICS & HEALTH CARE



NAME : MR.DEVARINTI VANNURU SWAMY	DATE : 13/01/2024
AGE/SEX : 32YEARS/MALE	REG NO: 1301240020
REF BY : APOLLO CLINIC	

CHEST PA VIEW

Lung fields are clear.

Cardiovascular shadows are within normal limits.

Both CP angles are free.

Domes of diaphragm and bony thoracic cage are normal.

IMPRESSION: NORMAL CHEST RADIOGRAPH.



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

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



PATIENT NAME	MR DEVARINTI VANNURU SWAMY	ID NO	1301240020
AGE	32YEARS	SEX	MALE
REF BY	DR.APOLO CLINIC	DATE	13.01.2024

2D ECHO CARDIOGRAHIC STUDY

M-MODE

AORTA	28mm
LEFT ATRIUM	35mm
RIGHT VENTRICLE	20mm
LEFT VENTRICLE (DIASTOLE)	44mm
LEFT VENTRICLE(SYSTOLE)	32mm
VENTRICULAR SEPTUM (DIASTOLE)	08mm
VENTRICULAR SEPTUM (SYSTOLE)	09mm
POSTERIOR WALL (DIASTOLE)	10mm
POSTERIOR WALL (SYSTOLE)	11mm
FRACTIONAL SHORTENING	30%
EJECTION FRACTION	58%

DOPPLER /COLOUR FLOW

Mitral Valve Velocity : MVE- 0.75m/s MVA – 0.56m/s E/A-1.32

Tissue Doppler : e' (Septal) -10cm/s E/e'(Septal) -7

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 : 2.36/s 25mmHg



PATIENT NAME	MR DEVARINTI VANNURU SWAMY	ID NO	1301240020
AGE	32YEARS	SEX	MALE
REF BY	DR.APOLO CLINIC	DATE	13.01.2024

2D ECHO CARDIOGRAHIC STUDY

LEFT VENTRICLE	SIZE& THICKNESS	NORMAL
CONTRACTILITY	REGIONAL GLOBAL	NO RWMA

RIGHT VENTRICLE	: NORMAL
LEFT ATRIUM	: NORMAL
RIGHT ATRIUM	: NORMAL
MITRAL VALVE	: NORMAL
AORTIC VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
INTER ATRIAL SEPTUM	: INTACT
INTER VENTRICULAR SEPTUM	: INTACT
PERICARDIUM	: NORMAL
OTHERS	: - NIL

IMPRESSION

- NO REGIONAL WALL MOTION ABNORMALITY PRESENT
- NORMAL VALVES AND DIMENSIONS
- NORMAL LV FUNCTION, LVEF- 58%
- MILD TR / MILD PAH
- NO CLOT / VEGETATION / EFFUSION



DURGA V
ECHO TECHNICIAN

The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correction.



NAME AND LAB NO	MR DEVARINTI VANNURU SWAMY	REG-40020
AGE & SEX	32YRS	MALE
DATE AND AREA OF INTEREST	13.01.2024	ABDOMEN & PELVIS
REF BY	C/ O APOLO CLINIC	

USG ABDOMEN AND PELVIS

LIVER: Measures 12.0 cm. Normal in size and echotexture. No e/o IHBR dilatation. No evidence of SOL. Portal vein appears normal. CBD appears normal. . No e/o calculus / SOL

GALL BLADDER: Well distended. Wall appears normal.No e/o calculus/ neoplasm.

SPLEEN: Measures 9.0 cm. Normal in size and echotexture. No e/o SOL/ calcification.

PANCREAS: Normal in size and echotexture. Pancreatic duct appears normal. No e/o calculus / calcifications.

RETROPERITONEUM: Poor window.

RIGHT KIDNEY: Right kidney measures 10.0X4.0 cm ,is normal in size & echotexture. No evidence of calculus/ hydronephrosis. No solid / cystic lesions.

LEFT KIDNEY: Left kidney measures 10.5X4.5 cm ,is normal in size & echotexture. No evidence of calculus/ hydronephrosis. No solid / cystic lesions.

URETERS: Bilateral ureters are not dilated.

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

PROSTATE: Normal in size volume 12 cc and echotexture.

- No evidence of ascites/pleural effusion.

IMPRESSION:

- No significant sonological abnormality detected in the abdomen and pelvis.



DR. PURNIMA PUJAR
MBBS MDRD



Name	: MR. DEVARINTI VANNURU SWAMY	UHID	: 1301240020	Bill Date	: 13-Jan-2024 08:28 AM
Age / Gender	: 32 years / Male			Sample Col. Date	: 13-Jan-2024 08:28 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 13-Jan-2024 12:06 PM
Reg. No.	: 1301240020			Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
CBC-Complete Blood Count -Whole Blood EDTA				
Haemoglobin (HB)	14.10	g/dL	Male: 14.0 - 17.0	Spectrophotometer
Red Blood Cell (RBC)	4.99	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	39.40	%	Male: 42.0 - 51.0	Electronic Pulse
Mean corpuscular volume (MCV)	79.00	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	28.20	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	35.70	%	33.00-35.50	Calculated
White Blood cell Count (WBC)	6630.00	cells/cumm	Male: 4000.0 - 11000.0	Volumetric Impedance
Differential Leukocyte Count (DLC)				
Neutrophils	60.00	%	40.0-75.0	Light scattering/Manual
Lymphocytes	35.70	%	20.0-40.0	Light scattering/Manual
Eosinophils	0.90	%	0.0-8.0	Light scattering/Manual
Monocytes	3.40	%	0.0-10.0	Light scattering/Manual
Basophils	0.00	%	0.0-1.0	Light scattering/Manual
Platelet	2.60	lakh/cumm	1.50-4.5	Volumetric Impedance



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Dr. Nithan Reddy C., MD, Consultant Pathologist

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Name : MR. DEVARINTI VANNURU SWAMY	Bill Date : 13-Jan-2024 08:28 AM
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Test Name	Result	Unit	Reference Value	Method
Fasting Blood Sugar (FBS)- Plasma	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 C₆H₁₂O₆. 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)	5.40	%	Non diabetic adults : <5.7 At risk (Prediabetes) : 5.7 - 6.4 Diagnosing Diabetes : ≥ 6.5 Diabetes Excellent Control : 6-7 Fair to good Control : 7-8 Unsatisfactory Control : 8-10 Poor Control : >10	HPLC
Estimated Average Glucose(eAG)	108.28	mg/dL		Calculated



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Test Name	Result	Unit	Reference Value	Method
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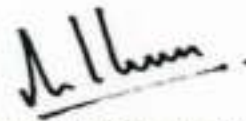
Note: 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

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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C/o	: Apollo Clinic	Report Status	: Final

Test Name	Result	Unit	Reference Value	Method
KFT (Kidney Function Test) :				
Blood Urea Nitrogen (BUN)-Serum	13.20	mg/dL	7.0-18.0	GLDH,Kinetic Assay
Creatinine-Serum	0.82	mg/dL	Male: 0.70-1.30 Female: 0.55-1.02	Modified kinetic Jaffe
Uric Acid-Serum	4.85	mg/dL	Male: 3.50-7.20 Female: 2.60-6.00	Uricase PAP
Sodium (Na ⁺)-Serum	140.4	mmol/L	135.0-145.0	Ion-Selective Electrodes (ISE)
Potassium (K ⁺)-Serum	4.41	mmol/L	3.5 to 5.5	Ion-Selective Electrodes (ISE)
Chloride(Cl ⁻)-Serum	98.60	mmol/L	94.0-110.0	Ion-Selective Electrodes (ISE)



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 1301240020

Test Name	Result	Unit	Reference Value	Method
LFT-Liver Function Test -Serum				
Bilirubin Total-Serum	0.63	mg/dL	0.2-1.0	Caffeine Benzoate
Bilirubin Direct-Serum	0.12	mg/dL	0.0-0.2	Diazotised Sulphanilic Acid
Bilirubin Indirect-Serum	0.51	mg/dL	0.0-1.10	Direct Measure
Aspartate Aminotransferase (AST/SGOT)-Serum	19.00	U/L	15.0-37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	21.00	U/L	Male:16.0-63.0 Female:14.0-59.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)-Serum	73.00	U/L	Adult: 45.0-117.0 Children: 48.0-445.0 Infants: 81.90-350.30	PNPP,AMP-Buffer
Protein, Total-Serum	7.40	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
Albumin-Serum	4.81	g/dL	3.40-5.00	Bromocresol Purple
Globulin-Serum	2.59	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	1.86	Ratio	0.80-1.20	Calculated
Gamma-Glutamyl Transferase (GGT)-Serum	29.00	U/L	Male: 15.0-85.0 Female: 5.0-55.0	Other g-Glut-3-carboxy-4 nitro



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



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Test Name	Result	Unit	Reference Value	Method
Lipid Profile-Serum				
Cholesterol Total-Serum	183.00	mg/dL	Male: 0.0 - 200	Cholesterol Oxidase/Peroxidase
Triglycerides-Serum	190.00	mg/dL	Male: 0.0 - 150	Lipase/Glycerol Dehydrogenase
High-density lipoprotein (HDL) Cholesterol-Serum	45.00	mg/dL	Male: 40.0 - 60.0	Accelerator/Selective Detergent
Non-HDL cholesterol-Serum	138	mg/dL	Male: 0.0 - 130	Calculated
Low-density lipoprotein (LDL) Cholesterol-Serum	117.00	mg/dL	Male: 0.0 - 100.0	Cholesterol esterase and cholesterol oxidase
Very-low-density lipoprotein (VLDL) cholesterol-Serum	38	mg/dL	Male: 0.0 - 40	Calculated
Cholesterol/HDL Ratio-Serum	4.07	Ratio	Male: 0.0 - 5.0	Calculated

Interpretation:

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

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



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Test Name	Result	Unit	Reference Value	Method
Calcium,Total- Serum	9.50	mg/dL	8.50-10.10	Spectrophotometry (O-Cresolphthalein complexone)
Prostate-Specific Antigen(PSA)-0.47 Serum		ng/mL	0.0-4.0	CLIA

Note: 1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age.
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
 3. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations
 6. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized /sedentary patients either due to supine position or suspended sexual activity.
 Recommended Testing Intervals: Pre-operatively (Baseline), 2-4 days post-operatively,Prior to discharge from hospital,Monthly followup if levels are high or show a rising trend.

Clinical Use: -An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
 -Followup and management of Prostate cancer patients
 -Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.
 Increased Levels : Prostate cancer,Benign Prostatic Hyperplasia,Prostatitis,Genitourinary infections.



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Test Name	Result	Unit	Reference Value	Method
Thyroid function tests (TFT)-Serum				
Tri-Iodo Thyronine (T3)-Serum	1.13	ng/mL	Male: 0.60 - 1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine (T4)-Serum	9.50	µg/dL	Male: 5.50 - 12.10	Chemiluminescence Immunoassay (CLIA)
Thyroid Stimulating Hormone (TSH)-Serum	7.81	µIU/mL	Male: 0.35 - 5.50	Chemiluminescence Immunoassay (CLIA)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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




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Dr. Nithun Reddy C, MD, Consultant Pathologist



Name : MR. DEVARINTI VANNURU SWAMY	UHID : 1301240020	Bill Date : 13-Jan-2024 08:28 AM
Age / Gender : 32 years / Male	 1301240020	Sample Col. Date : 13-Jan-2024 08:28 AM
Ref. By Dr. : Dr. APOLO CLINIC		Result Date : 13-Jan-2024 01:26 PM
Reg. No. : 1301240020		Report Status : Final
C/o : Apollo Clinic		

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



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Dr. Nithin Reddy C, MD, Consultant Pathologist

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SCAN FOR LOCATOR



Other Branch: #466/A, Ideal Homes Township, 80 Feet Road, Kenchanahalli, Rajarajeshwari Nagar, Bengaluru-560098 +91 8361 253 097 | 080-2991 6944 | 080-4951985

Name	: MR. DEVARINTI VANNURU SWAMY	UHID	: 1301240020	Bill Date	: 13-Jan-2024 08:28 AM
Age / Gender	: 32 years / Male			Sample Col. Date	: 13-Jan-2024 08:28 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 13-Jan-2024 01:26 PM
Reg. No.	: 1301240020			Report Status	: Final
C/o	: Apollo Clinic				

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)	6.0		5.0-7.5	Dipstick
Specific Gravity	1.025		1.000-1.030	Dipstick
Biochemical Examination				
Albumin	Negative		Negative	Dipstick/Precipitation
Glucose	Negative		Negative	Dipstick/Benedicts
Bilirubin	Negative		Negative	Dipstick/Fouchets
Ketone Bodies	Negative		Negative	Dipstick/Rotheras
Urobilinogen	Normal		Normal	Dipstick/Ehrlichs
Nitrite	Negative		Negative	Dipstick
Microscopic Examination				
Pus Cells	1-2	hpf	0.0-5.0	Microscopy
Epithelial Cells	2-4	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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Dr. Nitin Reddy C.MD.Consultant Pathologist



Name	: MR. DEVARINTI VANNURU SWAMY	Bill Date	: 13-Jan-2024 08:28 AM
Age / Gender	: 32 years / Male	UHID	: 1301240020
Ref. By Dr.	: Dr. APOLO CLINIC	Sample Col. Date	: 13-Jan-2024 08:28 AM
Reg. No.	: 1301240020	Result Date	: 13-Jan-2024 03:46 PM
C/o	: Apollo Clinic	Report Status	: Final

Test Name	Result	Unit	Reference Value	Method
Erythrocyte Sedimentation Rate (ESR)-Whole Blood EDTA	4.0	mm/hr	Female : 0.0-20.0 Male : 0.0-10.0	Westergren

Comments: ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders, autoimmune diseases and renal diseases.

Post prandial Blood Glucose (PPBS)-Plasma	97	mg/dL	70-140	Hexo Kinase
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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



Name : MR. DEVARINTI VANNURU SWAMY	UHID : 1301240020	Bill Date : 13-Jan-2024 08:28 AM
Age / Gender : 32 years / Male	 1301240020	Sample Col. Date : 13-Jan-2024 08:28 AM
Ref. By Dr. : Dr. APOLO CLINIC		Result Date : 13-Jan-2024 03:51 PM
Reg. No. : 1301240020		Report Status : Final
C/o : Apollo Clinic		

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



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Dr. Nithan Reddy C,MD,Consultant Pathologist



Name	: MR. DEVARINTI VANNURU SWAMY	Bill Date	: 13-Jan-2024 08:28 AM
Age / Gender	: 32 years / Male	Sample Col. Date	: 13-Jan-2024 08:28 AM
Ref. By Dr.	: Dr. APOLO CLINIC	Result Date	: 13-Jan-2024 04:33 PM
Reg. No.	: 1301240020	Report Status	: Final
C/o	: Apollo Clinic		

UHID : 1301240020

 1301240020

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

Note: Confirm by tube or gel method.

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



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