

Patient's Name	MR JAGTAR SINGH	Date	05-06-2024
Referred By	SELF	Age/Sex	51YRS/M

ULTRASOUND OF THE ABDOMEN

Clinical profile: -General health check up

Liver: , is normal in size, outline shows increase in parenchymal echotexture . No focal lesion is seen. There is no evidence of intrahepatic biliary dilatation. The hepatic veins are normal. The portal vein shows normal flow and appears normal in calibre.

GALL BLADDER: is well distended. **Tiny echogenic foci with reverberation artefacts are seen along the anterior wall- cholesterolosis.** No obvious calculus or mass is seen. The wall appears smooth. Visualized portion of CBD is normal in calibre.

PANCREAS: Normal in size, shape and echo pattern. Main pancreatic diameter is normal.

SPLEEN: Normal in size shape and echopattern. No focal lesion is seen.

KIDNEYS- Both the kidneys are normal in, shape, position, axis. The corticomedullary differentiation is well maintained.. No, calculus, hydronephrosis or any other abnormality is seen on either side.

URINARY BLADDER: is normal in outline. No calculus/mass seen.

PROSTATE: is not enlarged.

No free fluid is seen in abdominal cavity. No e/o any lymphadenopathy.

IMPRESSION; THE STUDY REVEALS

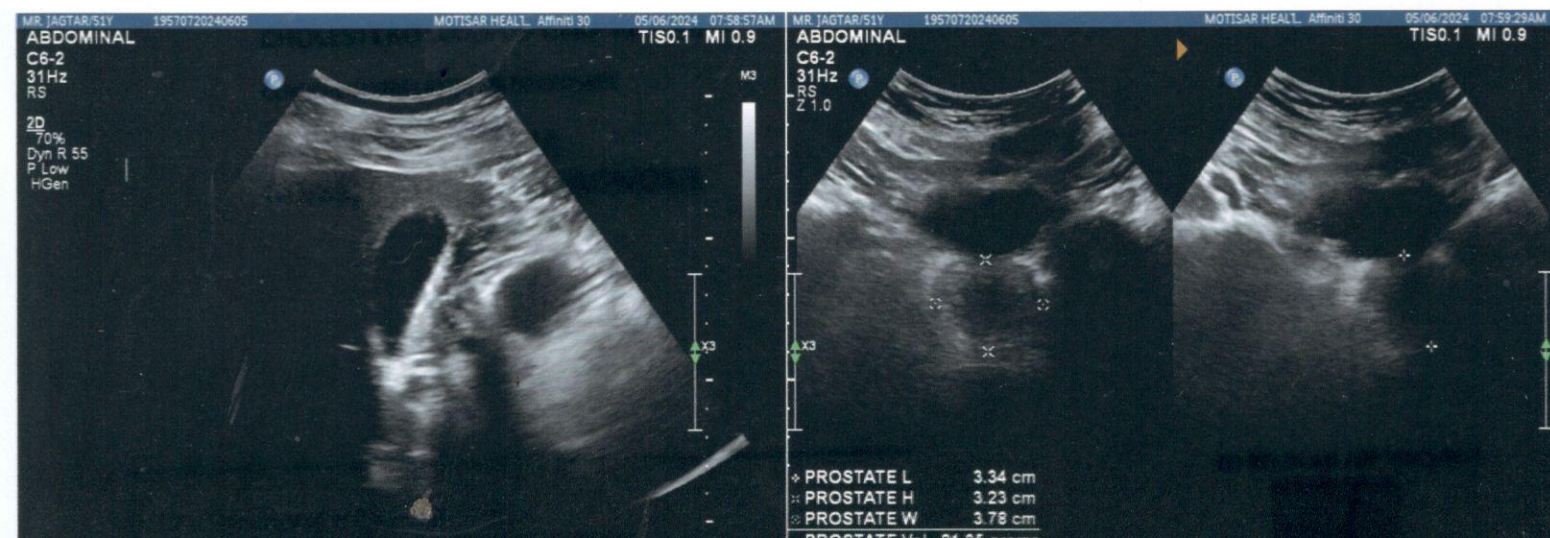
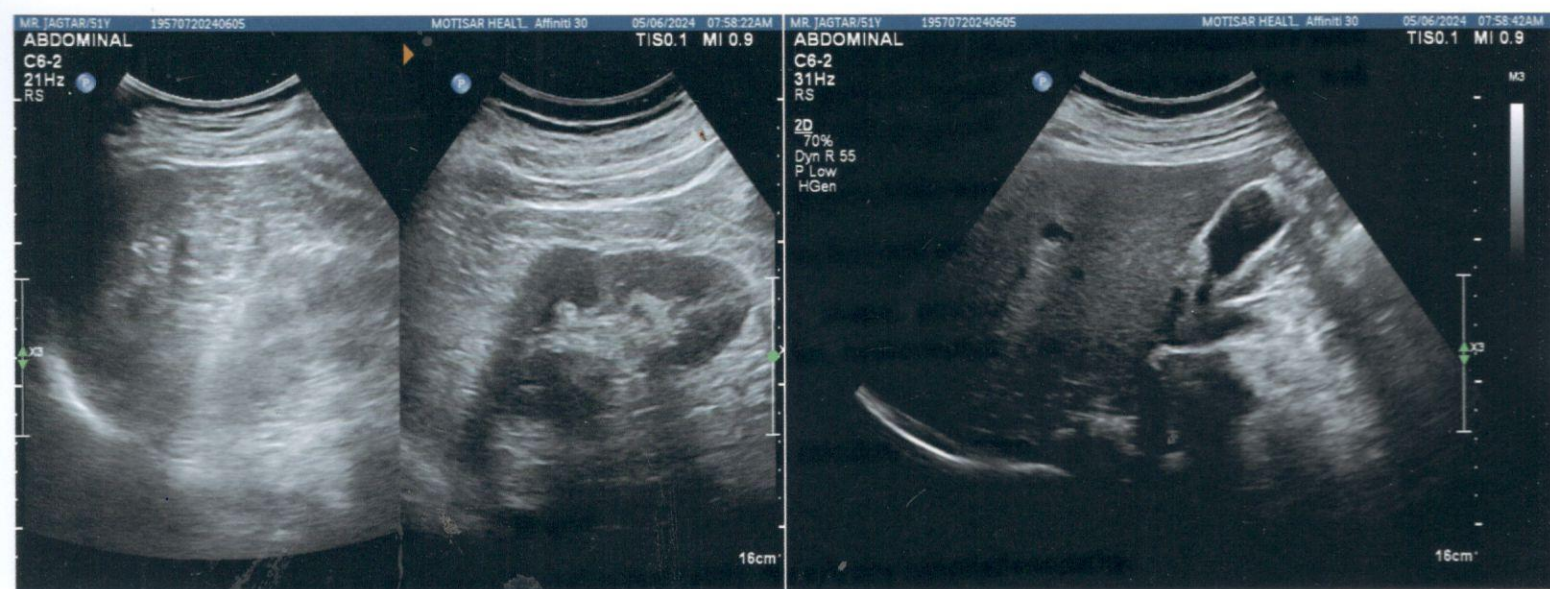
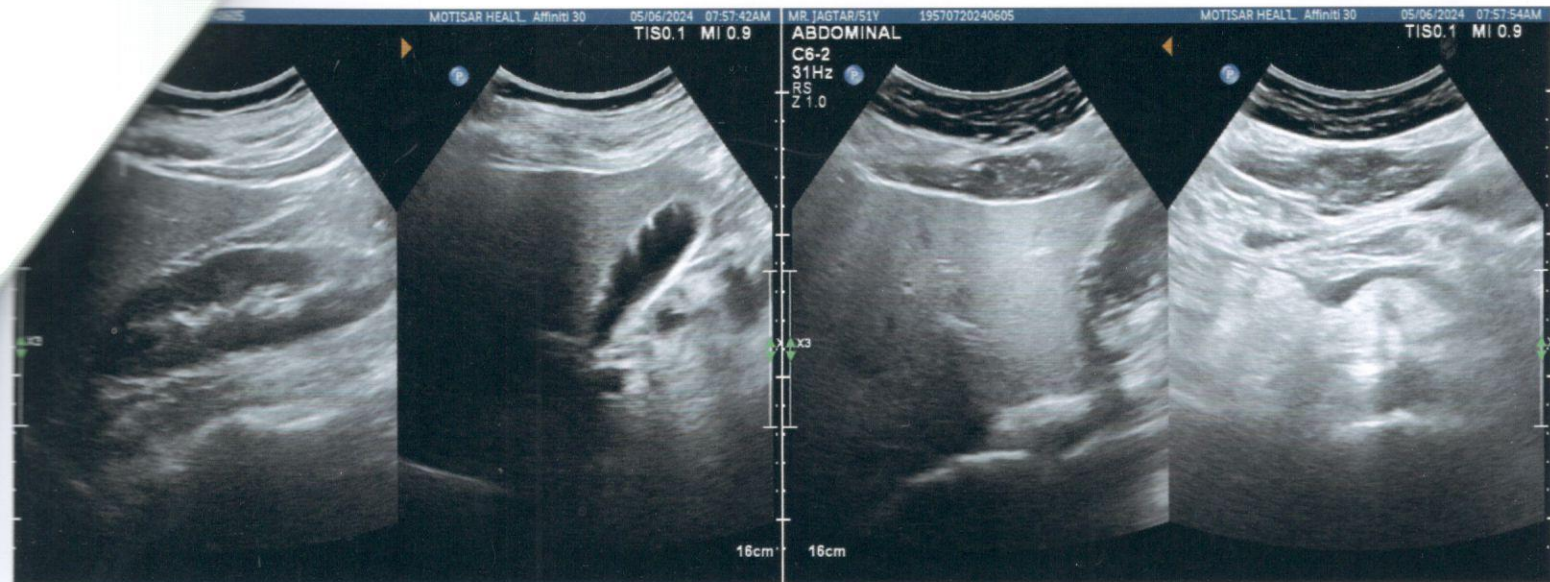
GRADE I FATTY INFILTRATION OF LIVER

CHOLESTEROLYSIS OF GALL BLADDER.

CLINICAL CORRELATION IS NECESSARY


DR. RAJNISH JUNEJA

MBBS, DNB RADIODIAGNOSIS



ECHOCARDIOGRAPHY REPORT

Patient's Name	Mr. JAGTAR SINGH	Date	05-06-2024
REF. BY	HEALTH CHECK UP	Age & Sex	51yrs/M

MITRAL VALVE

Morphology **AML** - Normal / **Thickening**/ Calcification/ Flutter/ Vegetation/ Prolapse/ SAM/ **Doming**
PML - Normal/ Thickening/ Calcification/ Mild Prolapse/ Paradoxical motion/ **fixed**.
 Sub valvular deformity Present/ **Absent** Score:

Doppler **Normal**/ Abnormal **E>A** A>E
 Mitral Stenosis **Present**/ Absent RR interval.....msec
 EDG.....**24**.....mmHg MDG.....**13**.....mmHg MVA..**1.5**.....cm²
 Mitral Regurgitation **Absent** / Trivial/ Mild/ Moderate/ Severe

TRICUSPID VALVE

Morphology **Normal**/ Atresia/ Thickening/ Calcification/ Prolapse/ Vegetation/ Doming
 Doppler **Normal**/ Abnormal Present/ **Absent** RR interval.....
 Tricuspid Stenosis MDG.....mmHg
 EDG.....mmHg
Tricuspid Regurgitation: Absent/ Trivial/ **Mild**/ Moderate/ Severe Fragmented signals
 Velocity.....m/sec Pred. PASP = RAP + **34** mmHg

PULMONARY VALVE

Morphology **Normal**/ Atresia/ Thickening/ Doming/ Vegetation
 Doppler **Normal**/ Abnormal Present/ **Absent** Level Valvular and Sub valvular
 Pulmonary Stenosis PSG.....mmHg Pulmonary annulus.....mm
 PV Max = ___ m/sec
 Pulmonary Regurgitation Present/ **Absent**
 Early diastolic gradient.....mmHg. End Diastolic Gradient.....mmHg

AORTIC VALVE

Morphology Normal/ **Thickening**/ Calcification/ Restricted Opening/ Flutter vegetation
 No. of cusps 1/2/**3**/4
 Doppler **Normal**/ Abnormal Present/ **Absent** Level
 Aortic Stenosis Aortic Annulus.....mm
 AV Max = ___ m/sec **Absent** / Trivial/ Mild/ Moderate/ Severe
 Aortic Regurgitation

<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal Values</u>
Aorta- 2.6	(2.0-3.7 cm)	LAes- 4.3	(1.9-4.0 cm)
LVes- 2.9	(2.2-4.0 cm)	LVed- 4.2	(3.7-5.6 cm)
IVSed-0.9	(0.6-1.1 cm)	PW (LV)-1.0	(0.6-1.1 cm)
RV ed	(0.7-2.6 cm)	RV anterior wall	(up to 5 mm)
LVVd (ml)		LVVs (ml)	
EF 60 %	(54%-76%)	IVS motion	<u>Normal</u> / Flat/ Paradoxical

CHAMBERS:

LV Normal / Enlarged/ Clear/ Thrombus/hypertrophy
Contraction Normal / Reduced

No Regional wall motion abnormality seen

LA Normal/ Enlarged/ Clear/ Thrombus

RA Normal/ Enlarged/ Clear/ Thrombus

RV Normal/ Enlarged/ Clear/ Thrombus

Pericardium Normal/ Thickening/ Calcification/ Effusion

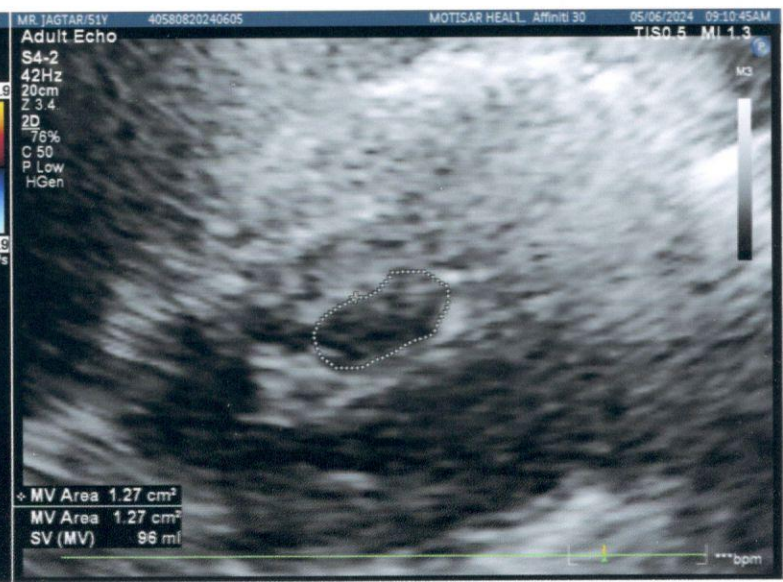
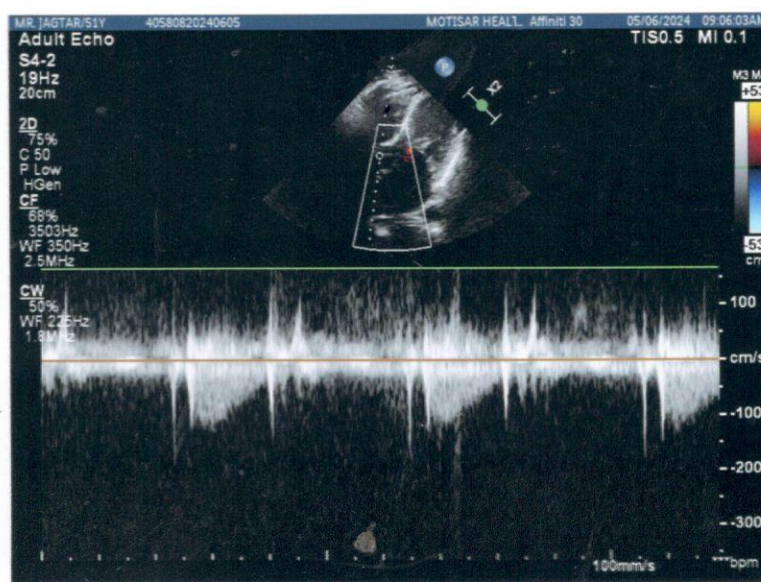
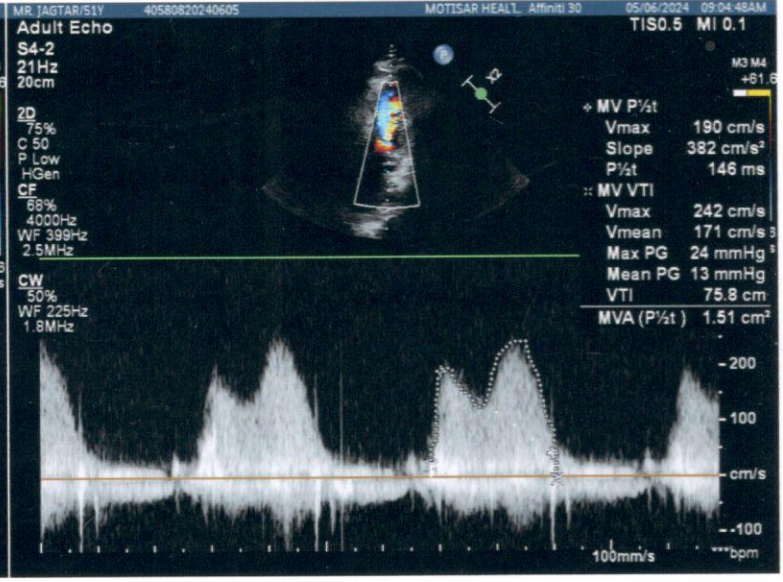
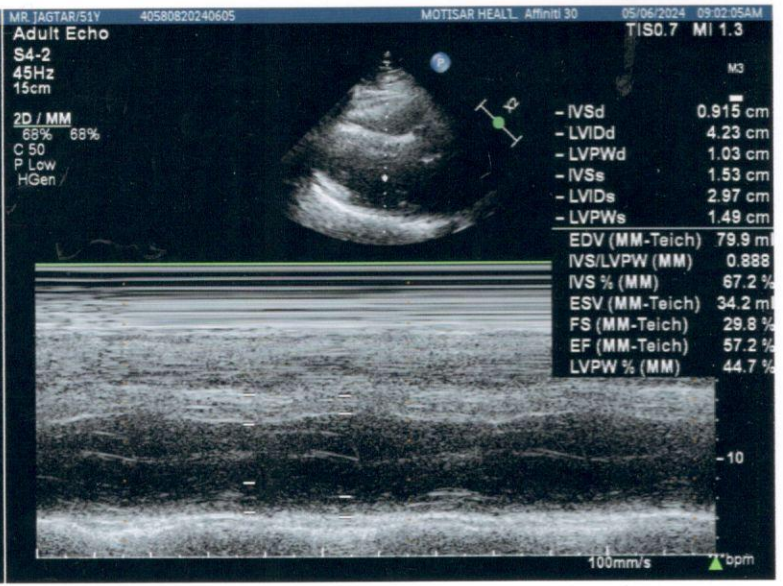
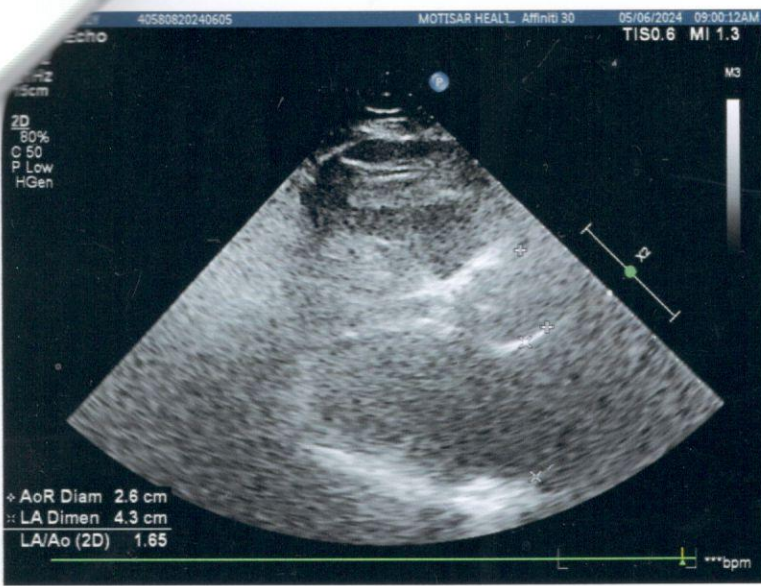
COMMENTS AND SUMMARY

- RHEUMATIC HEART DISEASE
- NORMAL SIZED ALL CARDIAC CHAMBERS
- NO RWMA SEEN
- NORMAL LV SYSTOLIC FUNCTION, LVEF – 60%
- MODEATE MS/MILD MR
- MILD TR
- MILD PAH
- IAS/IVS INTACT
- NO CLOT/MASS/PE SEEN

Kindly correlate clinically



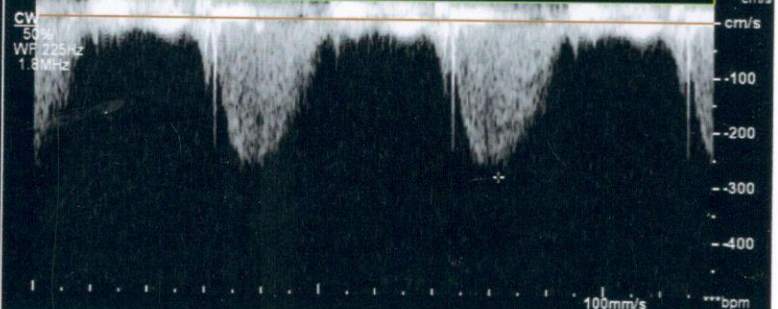
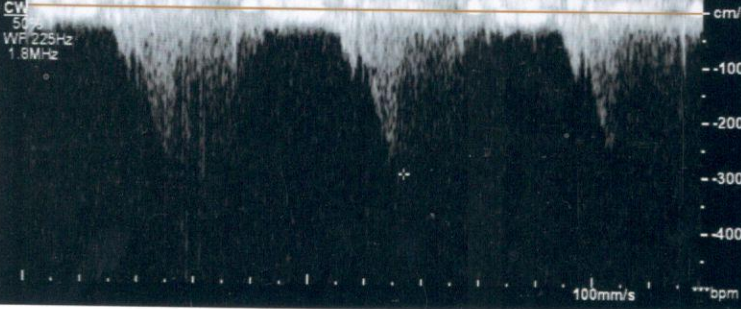
DR. MUKUL BHARGAVA
MBBS, MD Medicine
DM CARDIOLOGY



TISO.5 MI 0.1

Adult Echo

TISO.5 MI 0.1



DR. BINDU BISHT
B.D.S, MIDA, MISDT
(General Dentist)



NAME:- Jagtar Singh AGE/SEX: 51/M DATE: June 5/21

→ thorough health checkup.

O/E → D. crown 8/7
R.C.T treated 7/7
Broken 8/7
Calculus + +
Staining +.

Advice → crown 7/7
→ scaling & polishing
→ dental filling 8/7
[x-ray advice]

DATE -

NAME - JAGTAJ SINGH

PHONE -

AGE/GENDER - 51

ADDRESS -

EMAIL - jsgill2209@gmail.com

CORPORATE NAME - UNION BANK OF INDIA

jsgill2209@gmail.com

1. Past medical history & medications:-

2. Any existing disease: -

hypertension

3. Current medications :-

4. VITALS - (To be filled by medical personnel)

- BLOOD PRESSURE - 140/92 mmHg (Raised)
- PULSE RATE - 86/min
- TEMPERATURE - 97.2 F
- SPO2 - 98%
- BLOOD SUGAR (RANDOM) -
- HEIGHT -
- WEIGHT -
- BMI -

VISION - RE - 6/6

LE - 6/6

Colour vision - Normal.

5. FINDINGS: -

LAB INVESTIGATION:- LDL cholesterol - 111.02 mg/dl.
(above optimal).

- Glucose - 112.7 (Borderline Raised)
Fasting

- Rest blood & urine analysis -
Normal.

CARDIOLOGY INVESTIGATIONS:- ECG - Abnormal.

RADIOLOGY INVESTIGATIONS:- CXR - Bil Prominent
BVM.

6. DOCTOR REMARKS: - Cardiologist's opinion.

M. S. M.

Name: **Jagtar Singh**
Patient ID: **Jagtar Singh**

03.06.2024 14:22:56
Standard 12-Lead

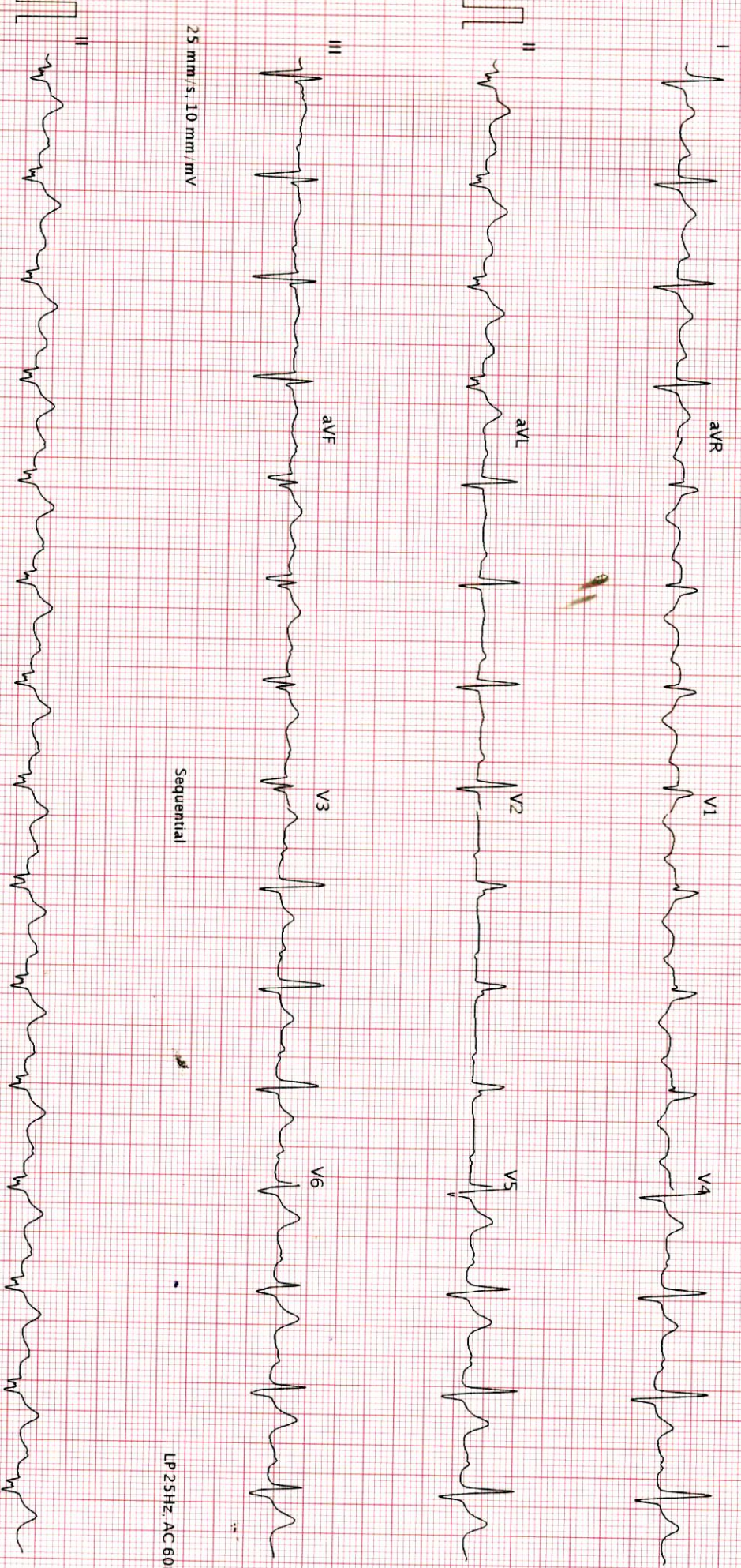
Date of birth: **Male**
Gender: **Male**
Height: **Unknown**
Weight: **Unknown**
Ethnicity: **Unknown**
Facemaker: **Unknown**
Indication: **Unknown**
Remark: **Unknown**

Visit ID: **Unknown**
Room: **Unknown**
Medication: **Unknown**
Order ID: **Unknown**
Ord. prov.: **Unknown**
Ord. prot.: **Unknown**

HR **89 bpm**
P axis **32°**
QRS axis **-60°**
T axis **39°**
RR **672 ms**
P **129 ms**
PR **224 ms**
QRS **119 ms**
QT **364 ms**
QTc **444 ms**

Abnormal

Interpretation too long to fit, please see separate page
Unconfirmed report



25 mm/s, 10 mm/mV
AT-102 G2 I.2.0 (1080-009830)

Printed on 03.06.2024 14:23:10

SCHILLER

PATIENT'S NAME:- MR. JAGTAR SINGH	DATE :- 03/06/2024
REFERRED BY :- HEALTH CHECKUP	AGE/SEX :- 51Y/M

Radiograph of Chest (PA View)

Prominent bronchovascular markings seen in bilateral lung fields

Both hila appear normal

Both CP Angle are clear.

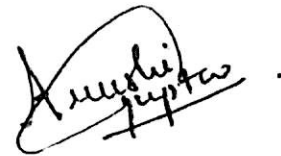
Domes are normally placed.

Cardiac size is mildly enlarged

Trachea and mediastinum are normal.

Degenerative changes in visualised spine.

Please correlate clinically



Dr Arushi Gupta
MBBS, DNB (Radio - Diagnosis)
Radiologist

Patient Name : Mr.JAGTAR SINGH	Barcode NO : 10062552
Age/Gender : 51 Y 0 M 0 D /M	Registration Date : 03/Jun/2024 11:11AM
LabNo : ITS3557	Sample Collected Date : 03/Jun/2024 11:11AM
Ref Doctor : SELF	Report Generated Date : 03/Jun/2024 04:23PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	15.4	gm/dl	13.00-17.00	spectrophotometer
RBC COUNT(RED BLOOD CELL COUNT)	5.7	million/cmm	4.50 - 5.50	Electrical impedance
PCV/HAEMATOCRIT	44.9	%	40-50	Electronic Pulse & calculation
MCV	78.9	fL	81 - 101	Calculated
MCH	27	pg	27-32	Calculated
MCHC	34.3	g/dl	31.5 - 34.5	Calculated
RDW-CV	13.8	%	11.5-14.5	Calculated
RDW-SD	43.8	fL	39-46	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,920	cell/cmm	4000 - 10000	Electrical impedance
PLATELET COUNT	2.5	lac/mm3	1.50 - 4.50	Optical Flowcytometry
MPV	9.9	fL	8.60-15.50	Calculated
PCT	0.2	%	0.15-0.62	Calculated
PDW-CV	17.10	%	10.0 - 17.9	Calculated
PDW-SD	15	fL	9.0 - 17.0	Calculated
DLC(by Flow cytometry/ Microscopy)				
NEUTROPHIL	53	%	40 - 80	Electrical impedance
LYMPHOCYTE	35.8	%	20 - 40	Electrical impedance
MONOCYTE	7.5	%	2 - 10	Electrical impedance
EOSINOPHIL	3.4	%	01 - 06	Electrical impedance
BASOPHIL	0.3	%	00 - 02	Electrical impedance
ABSOLUTE NEUTROPHIL COUNT	3.1	x10 ³ Cells/uL	1.5-7.8	Electrical impedance
ABSOLUTE LYMPHOCYTE COUNT	2.1	x10 ³ Cells/uL	2.0-3.9	Electrical impedance
ABSOLUTE MONOCYTE COUNT	0.4	x10 ³ Cells/uL	0.2-0.95	Electrical impedance
ABSOLUTE EOSINOPHIL COUNT	0.2	x10 ³ Cells/uL	0.2-0.5	Electrical impedance
ABSOLUTE BASOPHIL COUNT	0	x10 ³ Cells/uL	0.02-0.2	Electrical impedance



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TO BOOK AN APPOINTMENT



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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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ERYTHROCYTE SEDIMENTATION RATE

Sample Type : WHOLE BLOOD EDTA

ERYTHROCYTE SEDIMENTATION RATE	15	mm/1st hr	1-12	Westergren
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COMMENTS: ESR is an acute phase reactant that indicates the 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, and renal diseases. Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency). Falsely decreased levels may indicate Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.



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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO & RH

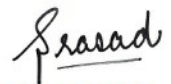
Sample Type : WHOLE BLOOD EDTA

ABO	O			Gel Columns agglutination
Rh Typing	POSITIVE			Gel agglutination

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c	5.3	%	Normal Glucose tolerance (non-diabetic): <5.6%~Pre-diabetic: 5.7-6.4%~Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	105.41	mg/dl		

INCREASED IN

1. Chronic renal failure with or without hemodialysis.
2. Iron deficiency anemia. Increased serum triglycerides.
3. Alcohol.
4. Salicylate treatment.

DECREASED IN

1. Shortened RBC life span (hemolytic anemia, blood loss), Pregnancy.
2. Ingestion of large amounts (>1g/day) of vitamin C or E.
3. Hemoglobinopathies (e.g.: spherocytes) produce variable increase or decrease.
4. Results of %HbA1c are not reliable in patients with chronic blood loss and consequent variable erythrocyte life span.



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.70	mg/dl	0.1-1.2	Diazotized, Sulfanilic
CONJUGATED (D. Bilirubin)	0.30	mg/dl	0.00-0.30	Jendrassik & Groff
UNCONJUGATED (I.D. Bilirubin)	0.40	mg/dl	0.1-1.0	Calculated
S.G.P.T	49.70	U/L	10.00-35.00	Enzymatic,IFFC
SGOT	25.90	U/L	8.00-35.00	Enzymatic,IFFC
GGT	36.90	U/L	8.00-55.00	Colorimetric Method
ALKALINE PHOSPHATASE	109.00	U/l	30.00-120.00	P-Nitrophenyl phosphate
TOTAL PROTEINS	6.40	gm/dl	6.40-8.30	Biuret
ALBUMIN	4.30	gm/dl	3.50-5.00	BCG
GLOBULIN	2.10	gm/dl	2.00-4.10	Calculated
A/G RATIO	2.05		1.00-2.00	Calculated



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	177	mg/dl	<200~Borderline: 200 – 239~High : >=240	Cholesterol oxidase/peroxidase
TRIGLYCERIDES	82.9	mg/dl	<150~BorderLine : 150-199~High : 200-499~Very High : >=500	Glycerol phosphate oxidase/peroxidase
H D L CHOLESTEROL	49.4	mg/dl	Normal: > 40~Major Heart Risk : < 40	Phosphotungstate/Mg-Cholesterol oxidase/ peroxidase
L D L CHOLESTEROL	111.02	mg/dl	70-106~Above Optimal : 100-129~Borderline High : 130-159~High : 160-189~Very High : >=190	Calculated
NON HDL CHOLESTEROL	127.6	mg/dl	Desirable: <130~BorderLine : 150-199~High : 200-499~Very High : >=500	Calculated
VLDL	16.58	mg/dl	15-30	Calculated
T. CHOLESTEROL/ HDL RATIO	3.58			Calculated
LDL / HDL RATIO	2.25			Calculated



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
PLASMA GLUCOSE - FASTING				
Sample Type : FLOURIDE PLASMA				
Plasma Glucose Fasting	112.7	mg/dl	70 - 100	Glucose Oxidase/Peroxidase

PLASMA GLUCOSE - PP				
Sample Type : FLOURIDE PLASMA (PP)				
Plasma Glucose PP	124.5	mg/dl	80-140	Glucose Oxidase/Peroxidase

INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders



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KIDNEY FUNCTION TEST				
Sample Type : SERUM				
SERUM UREA	22.2	mg/dL	15-39	Urease GLDH
SERUM URIC ACID	6.4	mg/dl	3.5-7.20	URICASE
SERUM CREATININE	1.0	mg/dl	0.60-1.30	Jafees
Estimated Glomerular Filtration Rate (eGFR)	83.73	mL/min/1.73m ²	REFER INTERPRETAION	
SERUM TOTAL CALCIUM	9.9	mg/dl	8.3-10.3	Arsenazo III
SERUM SODIUM	136.8	mmol/L	136.0-149.0	ISE
SERUM POTASSIUM	4.21	mmol/L	3.5-5.0	ISE
SERUM CHLORIDE	103.8	mmol/L	98.0-109.0	ISE



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DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

T3	0.98	ng/ml	0.61-1.81	ELISA
T4	6.75	ug/dl	4.80-11.60	ELISA
TSH	1.35	uIU/mL	0.40-4.20	ELISA

INTERPRETATION:

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, mainutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/ mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

Age	TSH in uIU/ mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs.	0.70 - 6.40
>55 Yrs.	0.50 - 8.90

(References range recommended by the American Thyroid Association)

Comments:

- During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.



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TO BOOK AN APPOINTMENT



Patient Name : Mr.JAGTAR SINGH	Barcode NO : 10062552
Age/Gender : 51 Y 0 M 0 D /M	Registration Date : 03/Jun/2024 11:11AM
LabNo : ITS3557	Sample Collected Date : 03/Jun/2024 11:11AM
Ref Doctor : SELF	Report Generated Date : 03/Jun/2024 04:22PM

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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25 HYDROXY VITAMIN D

Sample Type : SERUM

VITAMIN D	32.68	ng/ml		ELISA
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INTERPRETATION:

LEVEL	REFERENCE RANGE
Deficiency (serious deficient)	< 10 ng/ml
Insufficiency (Deficient)	10-30 ng/ml
Sufficient (adequate)	30-100 ng/ml
Toxicity	> 100 ng/ml

DECREASED LEVELS:

- Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany.
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

INCREASED LEVELS:

- Vitamin D intoxication.

COMMENTS:

- Vitamin D (Cholecalciferol) promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1, 25 Dihydroxy vitamin D (5-8 hrs).
- The assay measures D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH) D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.
- Levels vary with age and are increased in pregnancy.
- This is the recommended test for evaluation of vitamin D intoxication.



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PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN	0.25	ng/mL	0-4	ELISA
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INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertatation (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.

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DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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VITAMIN B12

Sample Type : SERUM

VITAMIN B12	412.7	pg/mL	200-835 pg/mL	ELISA
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COMMENTS:

Results may differ between laboratories due to variation in population and test method. Vitamin B12 is implicated in the formation of myelin, and along with Folate is required for DNA synthesis. The most prominent source of B12 for humans is meat while untreated fresh water can also be a source.

Megaloblastic anaemia has been found to be due to B12 deficiency, a major cause being Pernicious anemia due to poor B12 uptake resulting in below normal serum levels. Other conditions related to low B12 levels include iron deficiency anemia, pregnancy, vegetarianism, partial gastrectomy, ileal damage, oral contraceptives, parasitic infestations, pancreatic deficiency, treated epilepsy and advancing age. The correlation of serum B12 levels and Megaloblastic anemia however is not always clear - some patients with high MCV may have normal B12 levels, while some individuals with B12 deficiency may not have megaloblastic anemia. Disorders renal failure, liver diseases and myeloproliferative diseases may have elevated vitamin B12 levels.

LIMITATIONS:

For diagnostic purposes, the B12 results should be used in conjunction with other data; e.g.; symptoms results of other testing, clinical impressions, etc.

If the B12 level is inconsistent with clinical evidence, additional testing is suggested to confirm the result.



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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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URINE ROUTINE EXAMINATION

Sample Type : URINE

Complete Urine Analysis (CUE)

COLOUR	PALE YELLOW		PALE YELLOW	VISUAL
TRANSPARENCY	CLEAR		Clear	VISUAL
Reaction (pH)	5.00		5 - 7.5	Bromothymol Blue
SPECIFIC GRAVITY	1.030		1.002 - 1.030	Dipstick

Chemical Examination (Automated Dipstick Method) Urine

Urine Glucose (sugar)*	Negative		NEGATIVE	GOD-POD
Urine Protein	Negative		NEGATIVE	PROTEIN ERROR OF INDICATOR
Urine Ketones	Negative		NEGATIVE	NITROPRUSSIDE
Blood*	Negative		NEGATIVE	Dipstick
Leukocyte esterase*	Negative		Negative	PYRROLE HYDROLYSIS
Nitrite*	Negative		NEGATIVE	Dipstick
Urobilinogen*	NORMAL		Normal	EHRlich

Microscopic Examination Urine

PUS CELLS	1-2	/hpf	0 - 5	Microscopy
Epithelial Cells*	0-1		<10	Microscopy
Red blood Cells*	NIL	/hpf	0 - 2	Microscopy
Cast*	NIL		Absent	Microscopy
Crystals*	NIL		Absent	Microscopy



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URINE FOR SUGAR - POST PRANDIAL

Sample Type : URINE

Result	NIL		Nil	Benedicts test
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*** End Of Report ***




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