

**CERTIFICATE OF MEDICAL FITNESS**

NAME: Rajeshwari. H

AGE/ GENDER: 52y / Female

HEIGHT: 157cm

WEIGHT: 87kg

IDENTIFICATION MARK: —

BLOOD PRESSURE: 130/90 mmHg

PULSE: 82 bpm

CVS: Normal

RS:P

ANY OTHER DISEASE DIAGNOSED IN THE PAST: Nil

ALLERGIES, IF ANY: Nil

LIST OF PRESCRIBED MEDICINES: Nil

ANY OTHER REMARKS: NO

I Certify that I have carefully examined Mr/Mrs. Rajeshwari. H son/daughter of Ms Vivekiah. who has signed in my presence. He/ she has no physical disease and is fit for employment.

. H. H. H. H.  
Signature of candidate

**Dr. BINDURAJ. R**  
MPBS MD  
Internal Medicine  
Reg. No. 12345  
Signature of Medical Officer

Place: Spectrum Diagnostics & Health Care

Date: 14/09/24

**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: 14-08-24

**EYE EXAMINATION**

NAME: *Ms. Rajeswari R.*      AGE: *52yrs*      GENDER: F / M

	RIGHT EYE	LEFT EYE
Vision	<i>6/6, 10/10</i>	<i>6/6, 10/10</i>
Vision With glass	<i>6/6! 06</i>	<i>6/6! 06</i>
Color Vision	Normal	Normal
Anterior segment examination	Normal	Normal
Fundus Examination	Normal	Normal
Any other abnormality	Nil	Nil
Diagnosis/ impression	Normal	Normal

*to wear glasses.*

*[Signature]*  
Consultant (Ophthalmologist)



NAME	AGE	GENDER
Mrs. Rajeshwari	52 yrs	Female.

**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 → 7/6/67 ; needs replacement.  
 O: OTHERS → Periodontally affected lower anterior

ADVISED:

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

REMARKS:

*[Signature]* 14/09/24.

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: 0064

14-09-2024 11:02:47

For BPL

MRS RAJESHWARI H

Female 52 Years

HR : 81 bpm

P : 110 ms

PR : 168 ms

QRS : 94 ms

QT/QTc : 382/446 ms

P/QRS/T : 51/36/18 °

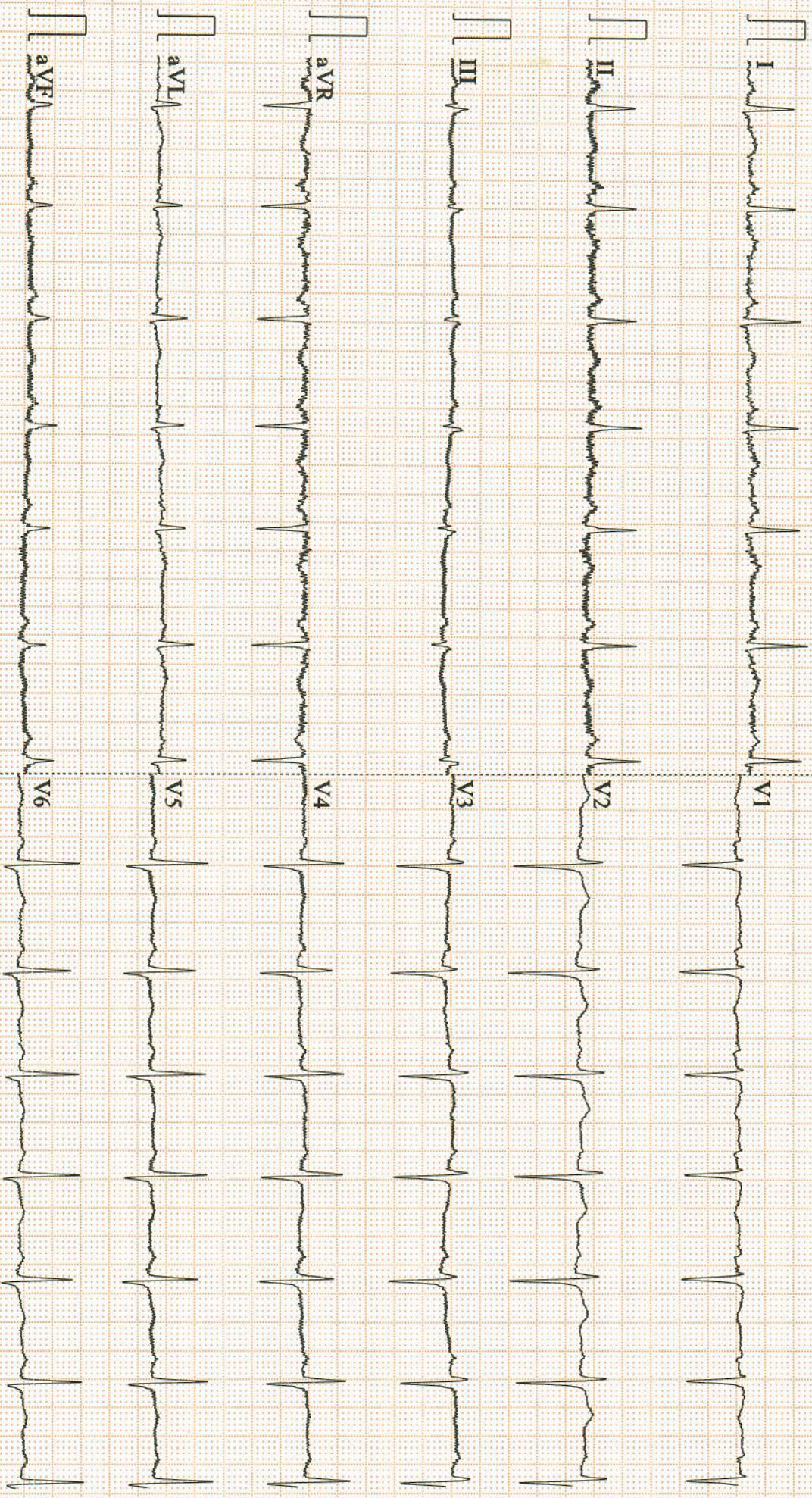
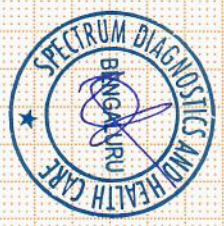
RV5/SV1 : 0.927/0.940 mV

Diagnosis Information:

Sinus Rhythm

Low T Wave(V5,V6)

Report Confirmed by:



0.15-35Hz AC50 25mm/s 10mm/mV 2\*5.0s 81 V2.2 SEMIP V181 SPECTRUM DIAGNOSTICS & HEALTH CARE

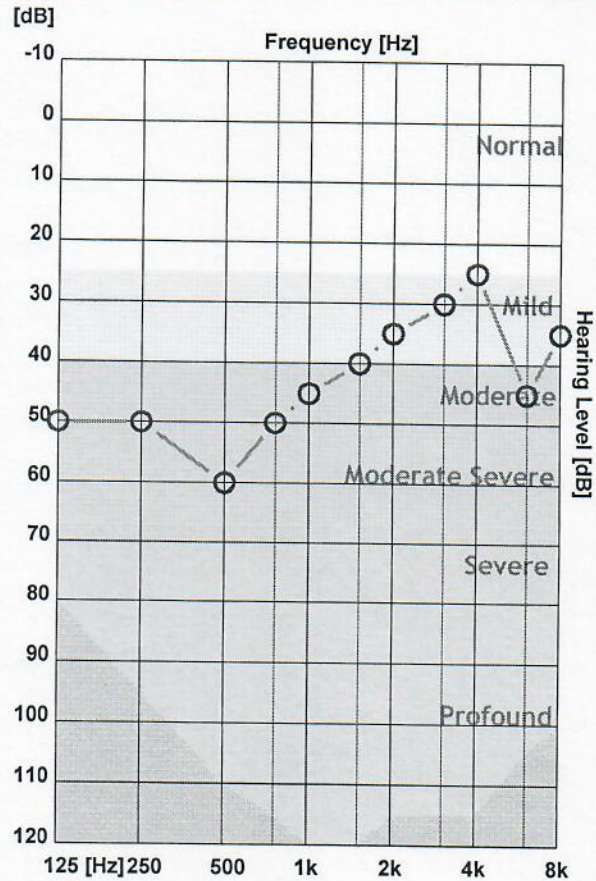
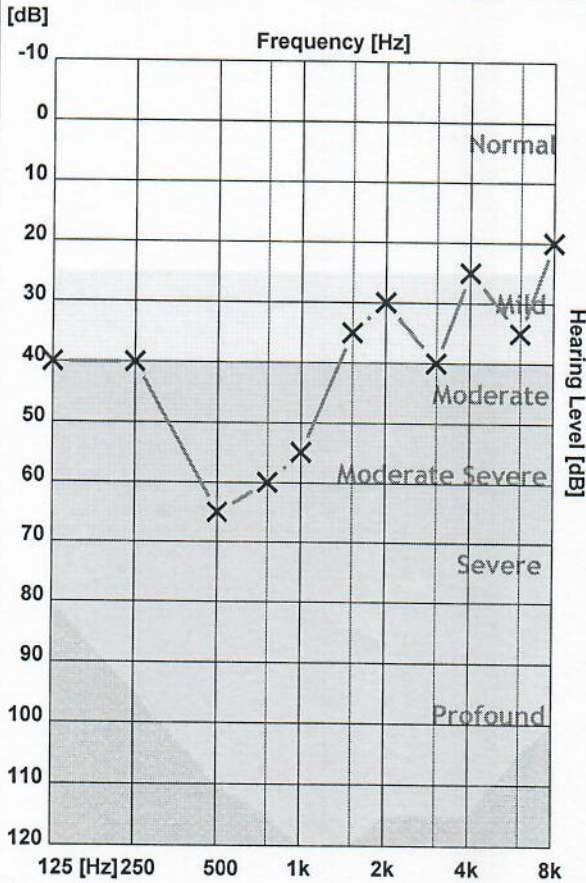


# SPECTRUM DIAGNOSTICS

Bangalore

Patient ID : 0027  
 Name : MRS RAJESHWARI H  
 CR Number : 20240914113613  
 Registration Date : 14-Sep-2024

Age : 52  
 Gender : Female  
 Operator : spectrum diagnostics

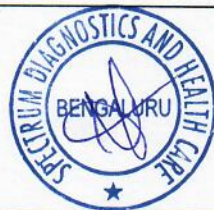


	125 Hz	250 Hz	500 Hz	750 Hz	1000 H	1500 H	2000 H	3000 H	4000 H	6000 H	8000 H
X - Air Left	40	40	65	60	55	35	30	40	25	35	20
O - Air Right	50	50	60	50	45	40	35	30	25	45	35
> - Bone Left											
< - Bone Right											

	Average	High	Mid	Low
AIR Left	40.45 dB	30.00 dB	40.00 dB	51.25 dB
AIR Right	42.27 dB	33.75 dB	40.00 dB	52.50 dB

Clinical Notes :

Not Found



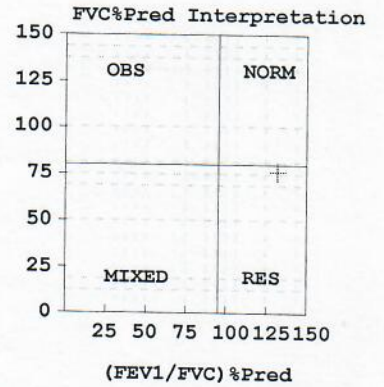
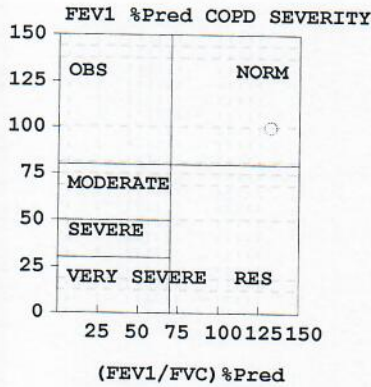
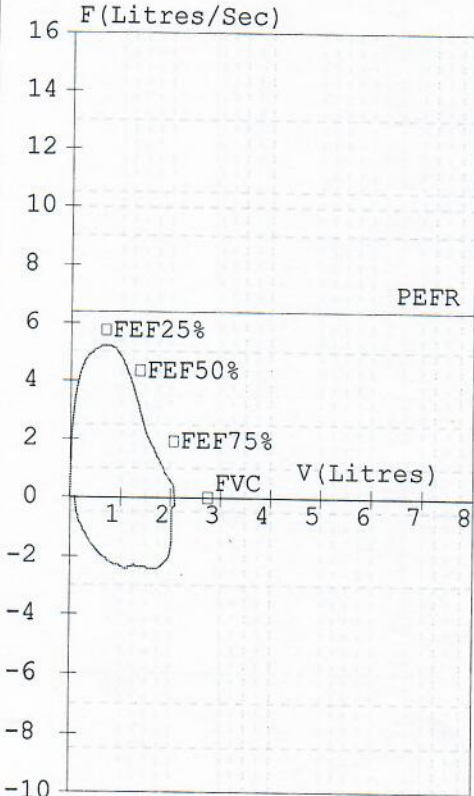
# Spectrum Diagnostics

Bangalore

Patient: MRS RAJESHWARI H  
 Refd.By: APOLO  
 Pred.Eqns: RECORDERS  
 Date : 14-Sep-2024 11:35 AM

Age : 52 Yrs  
 Height : 170 Cms  
 Weight : 87 Kgs  
 ID : 1409240064

Gender : Female  
 Smoker : No  
 Eth. Corr: 100  
 Temp : 36°C

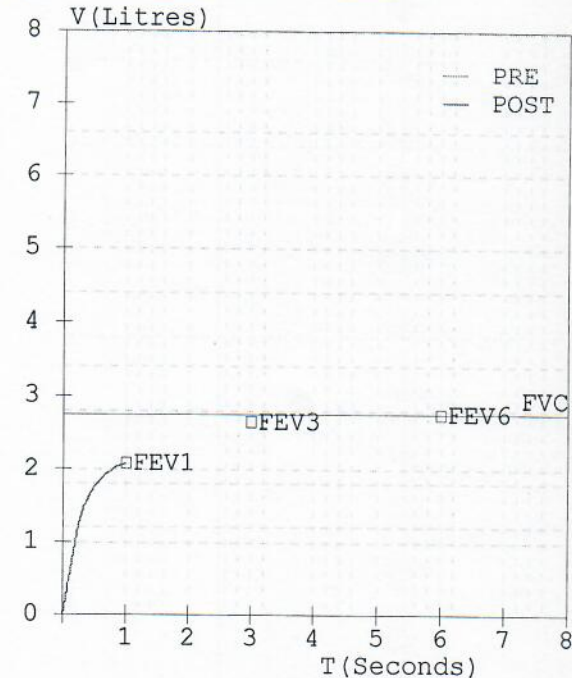


### FVC Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L) 02.75	02.08	076	-----	---	---
FEV1	(L) 02.08	02.08	100	-----	---	---
FEV1/FVC	(%) 75.64	100.00	132	-----	---	---
FEF25-75	(L/s) 02.47	03.86	156	-----	---	---
PEFR	(L/s) 06.39	05.14	080	-----	---	---
FIVC	(L) -----	01.98	---	-----	---	---
FEV.5	(L) -----	01.76	---	-----	---	---
FEV3	(L) 02.66	02.08	078	-----	---	---
PIFR	(L/s) -----	02.44	---	-----	---	---
FEF75-85	(L/s) -----	01.51	---	-----	---	---
FEF.2-1.2	(L/s) 04.57	04.76	104	-----	---	---
FEF 25%	(L/s) 05.75	05.02	087	-----	---	---
FEF 50%	(L/s) 04.34	04.66	107	-----	---	---
FEF 75%	(L/s) 01.93	01.97	102	-----	---	---
FEV.5/FVC	(%) -----	84.62	---	-----	---	---
FEV3/FVC	(%) 96.73	100.00	103	-----	---	---
FET	(Sec) -----	00.99	---	-----	---	---
ExplTime	(Sec) -----	00.10	---	-----	---	---
Lung Age	(Yrs) 052	052	100	-----	---	---
FEV6	(L) 02.75	-----	---	-----	---	---
FIF25%	(L/s) -----	02.43	---	-----	---	---
FIF50%	(L/s) -----	02.34	---	-----	---	---
FIF75%	(L/s) -----	02.09	---	-----	---	---

### Pre Test COPD Severity

Test within normal limits



Pre Medication Report Indicates  
 Mild Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <80



Name	: MRS. RAJESHWARI H	Uhid	: 1409240064	Bill Date	: 14-Sep-2024 09:46 AM
Age / Gender	: 52 Years / Female			Sample Col. Date	: 14-Sep-2024 09:46 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 14-Sep-2024 01:25 PM
Reg. No.	: 1409240064			Report Status	: Final
C/o	: Apollo Clinic				

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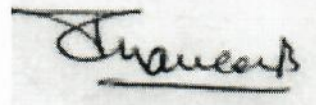
**CHEST PA VIEW**

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

**IMPRESSION: No significant abnormality.**



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Printed On : 14 Sep, 2024 05:15 pm



DR PRAVEEN B, MBBS, DMRD, DNB Consultant  
Radiologist


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

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SCAN FOR LOCATION



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. RAJESHWARI H	<b>UHID</b> : 1409240064	<b>Bill Date</b> : 14-Sep-2024 09:46 AM
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<b>Ref. By Dr.</b> : Dr. APOLO CLINIC	1409240064	<b>Result Date</b> : 14-Sep-2024 02:18 PM
<b>Reg. No.</b> : 1409240064		<b>Report Status</b> : Final
<b>C/o</b> : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
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**2D ECHO**

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

Cardiographic Study	Size	
Aorta	26	mm
Left Atrium	36	mm
Right Ventricle	20	mm
Left ventricle (Diastole)	46	mm
Left ventricle(Systole)	29	mm
Ventricular Septum (Diastole)	09	mm
Ventricular septum (Systole)	09	mm
Posterior Wall (Diastole)	09	mm
Posterior Wall (Systole)	11	mm
Fractional Shortening	30	%
Ejection fraction	58	%

**DOPPLER /COLOUR FLOW**

Mitral Valve Velocity	MVE- 1.01m/s	MVA – 0.76m/s	E/A-1.33
Tissue Doppler	e' ( Septal) 13cm/s	E/e'(Septal) -9	
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	2.47 m/s	24mmHg	





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Test Name	Result	Unit	Reference Value	Method
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**2DECHO Cardiographic Study**

Left Ventricle	Size and Thickness	Normal
Contractility	Regional Global	Normal
Right ventricle		Normal
Left Atrium		Normal
Right Atrium		Normal
Mitral Valve		<b>Trivial MR</b>
Aortic Valve		Normal
Pulmonary Valve		Normal
Tricuspid Valve		<b>Mild TR / PAH</b>
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 Systolic function, LVEF- 58%
- Grade II LVDD
- Trivial MR / Mild TR / PAH
- Normal RV function
- No clot / vegetation / effusion



Printed By : Durga  
Printed On : 14 Sep, 2024 02:18 pm



Ms.Durga V., ECHO Technician



NAME AND LAB NO	MRS RAJESHWARI H	REG -0064
AGE & SEX	52 YRS	FEMALE
DATE AND AREA OF INTEREST	14.09.2024	ABDOMEN & PELVIS
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:** Post cholecystectomy status .

**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** Anteverted, Normal in size 7.4 x3.8 x3.6 cm and echotexture .  
No obvious mass lesion  
Endometrium is normal. ET – 5.0 mm.

**OVARIES** RO – 2.9 x1.4 - normal in size and echotexture.  
LO –Obscured by bowel gases  
No obvious adnexal mass lesions.

No evidence of ascites.

**IMPRESSION:**


➤ *Grade I fatty liver .*

- *Suggested clinical correlation*




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



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<b>Ref. By Dr.</b> : Dr. APOLO CLINIC	1409240064	<b>Result Date</b> : 14-Sep-2024 01:31 PM
<b>Reg. No.</b> : 1409240064		<b>Report Status</b> : Final
<b>C/o</b> : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
<b>Complete Haemogram-Whole Blood EDTA</b>				
Haemoglobin (HB)	12.20	g/dL	Male: 14.0-17.0 Female:12.0-15.0 Newborn:16.50 - 19.50	Spectrophotometer
Red Blood Cell (RBC)	4.30	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	35.70	%	Male: 42.0-51.0 Female: 36.0-45.0	Electronic Pulse
Mean corpuscular volume (MCV)	83.00	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	28.40	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	34.20	%	33.00-35.50	Calculated
Red Blood Cell Distribution Width SD (RDW-SD)	37.80	fL	40.0-55.0	Volumetric Impedance
Red Blood Cell Distribution CV (RDW-CV)	15.30	%	Male: 11.80-14.50 Female:12.20-16.10	Volumetric Impedance
Mean Platelet Volume (MPV)	9.20	fL	8.0-15.0	Volumetric Impedance
Platelet	3.14	lakh/cumm	1.50-4.50	Volumetric Impedance
Platelet Distribution Width (PDW)	8.70	%	8.30 - 56.60	Volumetric Impedance
White Blood cell Count (WBC)	8430.00	cells/cumm	Male: 4000-11000 Female 4000-11000 Children: 6000-17500 Infants : 9000-30000	Volumetric Impedance
Neutrophils	58.20	%	40.0-75.0	Light scattering/Manual
Lymphocytes	36.00	%	20.0-40.0	Light scattering/Manual
Eosinophils	1.70	%	0.0-8.0	Light scattering/Manual



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Test Name	Result	Unit	Reference Value	Method
Monocytes	4.10	%	0.0-10.0	Light scattering/Manual
Basophils	0.00	%	0.0-1.0	Light scattering/Manual
Absolute Neutrophil Count	4.92	10 <sup>3</sup> /uL	2.0- 7.0	Calculated
Absolute Lymphocyte Count	3.03	10 <sup>3</sup> /uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.34	10 <sup>3</sup> /uL	0.20-1.00	Calculated
Absolute Eosinophil Count	140.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.00	10 <sup>3</sup> /uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	33	mm/hr	Female : 0.0-20.0 Male : 0.0-10.0	Westergren

### Peripheral Smear Examination-Whole Blood EDTA


Method: (Microscopy-Manual)

RBC'S : Normocytic Normochromic.  
WBC'S : Are normal in total number, morphology and distribution.  
Platelets : Adequate in number and normal in morphology.  
No abnormal cells or hemoparasites are present.  
Impression : Normocytic Normochromic Blood picture.



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Test Name	Result	Unit	Reference Value	Method
<b>Blood Group &amp; Rh Typing-Whole Blood EDTA</b>				
<b>Blood Group</b>	O			Slide/Tube agglutination
<b>Rh Type</b>	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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Dr. Nithun Reddy C.,MD,Consultant Pathologist

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Test Name	Result	Unit	Reference Value	Method
<b>Fasting Blood Sugar (FBS)- Plasma</b>	96	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.

<b>Post prandial Blood Glucose (PPBS)-Plasma</b>	113	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.


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Dr. Nithun Reddy C,MD,Consultant Pathologist



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Test Name	Result	Unit	Reference Value	Method
<b>Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA</b>				
<b>Glycosylated Haemoglobin (HbA1c)</b>	5.90	%	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
<b>Estimated Average Glucose(eAG)</b>	122.63	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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<b>Name</b> : MRS. RAJESHWARI H	<b>UHID</b> : 1409240064	<b>Bill Date</b> : 14-Sep-2024 09:46 AM
<b>Age / Gender</b> : 52 Years / Female		<b>Sample Col. Date</b> : 14-Sep-2024 09:46 AM
<b>Ref. By Dr.</b> : Dr. APOLO CLINIC	1409240064	<b>Result Date</b> : 14-Sep-2024 01:31 PM
<b>Reg. No.</b> : 1409240064		<b>Report Status</b> : Final
<b>C/o</b> : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
<b>Lipid Profile-Serum</b>				
<b>Cholesterol Total-Serum</b>	183.00	mg/dL	0.0-200	Cholesterol Oxidase/Peroxidase
<b>Triglycerides-Serum</b>	65.00	mg/dL	0.0-150	Lipase/Glycerol Dehydrogenase
<b>High-density lipoprotein (HDL) Cholesterol-Serum</b>	45.00	mg/dL	40.0-60.0	Accelerator/Selective Detergent
<b>Non-HDL cholesterol-Serum</b>	138	mg/dL	0.0.-130	Calculated
<b>Low-density lipoprotein (LDL) Cholesterol-Serum</b>	125	mg/dL	0.0-100.0	Cholesterol esterase and cholesterol oxidase
<b>Very-low-density lipoprotein (VLDL) cholesterol-Serum</b>	13	mg/dL	0.0-40	Calculated
<b>Cholesterol/HDL Ratio-Serum</b>	4.07	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>LFT-Liver Function Test -Serum</b>				
Bilirubin Total-Serum	0.61	mg/dL	0.2-1.0	Caffeine Benzoate
Bilirubin Direct-Serum	0.11	mg/dL	0.0-0.2	Diazotised Sulphanilic Acid
Bilirubin Indirect-Serum	0.50	mg/dL	0.0-1.10	Direct Measure
Aspartate Aminotransferase (AST/SGOT)-Serum	15.00	U/L	15.0-37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	17.00	U/L	Male:16.0-63.0 Female:14.0-59.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)-Serum	69.00	U/L	Adult: 45.0-117.0 Children: 48.0-445.0 Infants: 81.90-350.30	PNPP,AMP-Buffer
Protein, Total-Serum	7.31	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
Albumin-Serum	4.17	g/dL	3.40-5.00	Bromocresol Purple
Globulin-Serum	3.14	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	1.33	Ratio	0.80-2.0	Calculated



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C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
<b>KFT ( Kidney Function Test ) :</b>				
Blood Urea Nitrogen (BUN)-Serum	8.50	mg/dL	7.0-18.0	GLDH,Kinetic Assay
Creatinine-Serum	0.74	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: 2.60-6.00	Uricase PAP
Sodium (Na+)-Serum	139.6	mmol/L	135.0-145.0	Ion-Selective Electrodes (ISE)
Potassium (K+)-Serum	4.74	mmol/L	3.5 to 5.5	Ion-Selective Electrodes (ISE)
Chloride(Cl-)-Serum	101.60	mmol/L	96.0-108.0	Ion-Selective Electrodes (ISE)

**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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<b>Reg. No.</b> : 1409240064		<b>Report Status</b> : Final
<b>C/o</b> : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
Vitamin B12-Serum	249.2	pg/mL	211.0-911.0	CLIA

**Comments:** Vitamin B12 performs many important functions in the body, but the most significant function is to act as coenzyme for reducing ribonucleotides to deoxyribonucleotides, a step in the formation of genes. Inadequate dietary intake is not the commonest cause for cobalamine deficiency. The most common cause is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Cobalamine deficiency leads to Megaloblastic anemia and demyelination of large nerve fibres of spinal cord. Normal body stores are sufficient to last for 3-6 years. Sources of Vitamin B12 are liver, shellfish, fish, meat, eggs, milk, cheese & yogurt.

**Decreased Levels:** Lack of Intrinsic factor: Total or partial gastrectomy, Atrophic gastritis, Intrinsic factor antibodies, Malabsorption: Regional ileitis, resected bowel, Tropical Sprue, Celiac disease, pancreatic insufficiency, bacterial overgrowth & achlorhydria, Loss of ingested vitamin B12: fish tapeworm, Dietary deficiency: Vegetarians, Congenital disorders: Orotic aciduria & transcobalamine deficiency, Increased demand: Pregnancy specially last trimester.

**Increased Levels:** Chronic renal failure, Congestive heart failure, Acute & Chronic Myeloid Leukemia, Polycythemia vera, Carcinomas with liver metastasis, Liver disease, Drug induced cholestasis & Protein malnutrition.

<b>Vitamin D Total (25 Hydroxy Cholecalciferol)</b>	<b>9.50</b>	<b>ng/mL</b>	<b>30.0 - 100.0</b>	<b>CLIA</b>
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Interpretation: Deficiency :<10, Insufficiency:10-30, Sufficiency:30-100, Toxicity:>100

Note: The assay measures both D2 (Ergocalciferol) and 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. A new test Vitamin D, Ultrasensitive by LC-MS/MS is also available.

Comments: Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany. 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).

**Decreased Levels:** Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease, Drugs like Anticonvulsants, Nephrotic syndrome

**Increased levels:** Vitamin D intoxication.



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Test Name	Result	Unit	Reference Value	Method
<b>Thyroid function tests (TFT)- Serum</b>				
Tri-Iodo Thyronine (T3)-Serum	1.52	ng/mL	0.60-1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine (T4)-Serum	11.20	µg/dL	5.50-12.10	Chemiluminescence Immunoassay (CLIA)
Thyroid Stimulating Hormone (TSH)-Serum	3.94	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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Test Name	Result	Unit	Reference Value	Method
Fasting Urine Glucose-Urine	Negative		Negative	Dipstick/Benedicts (Manual)



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<b>Reg. No.</b> : 1409240064		<b>Report Status</b> : Final
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Test Name	Result	Unit	Reference Value	Method
Alkaline Phosphatase (ALP)- Serum	69.00	U/L	Adult: 45.0-117.0 Children: 48.0-445.0 Infants: 81.90-350.30	PNPP,AMP-Buffer

**Comments:** Alkaline phosphatases are a group of isoenzymes, located on the outer layer of the cell membrane; they catalyze the hydrolysis of organic phosphate esters present in the extracellular space. Zinc and magnesium are important co-factors of this enzyme. Although alkaline phosphatases are present in different body tissues and have different physiochemical properties, they are true isoenzymes because they catalyze the same reaction. In the liver, alkaline phosphatase is cytosolic and present in the canalicular membrane of the hepatocyte. Alkaline phosphatase is present in decreasing concentrations in the placenta, ileal mucosa, kidney, bone, and liver. The majority of alkaline phosphatase in serum (more than 80%) is released from liver and bone, and in small amounts from the intestine. Concentrations are increased in patients with biliary obstructive disorders, tumors of liver and bone etc.



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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)	5.5		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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