



UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



10914 080824

Name : MR. ANKUR AYYA

LABID : 10914

Sample Collection : 08/08/2024 15:19

Age : 49 Yrs. Sex : M

Sample Received : 08/08/2024 15:19

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 08/08/2024 18:37

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

THYROID FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
T3	: 1.2	ng/dl	0.60-2.0 ng/dl
T4	: 8.70	µg/dl	5.0-13.0 µg/dl
TSH	: 2.78	µU/ml	0.4 - 6.0 µU/ml

Method:ELISA METHOD

Interpretation

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, subclinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis ,estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age ,marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:37:05)



Checked By -


Preeti Jaiswar
Senior Technician
ADMLT



Dr. Shobha Shetty
M.D. (PATH.)
Reg No : MMC89971

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FASTING AND POSTPRANDIAL PLASMA GLUCOSE

Test	Result	Unit	Biological Ref. Range
Fasting Plasma Glucose Method: Hexokinase	: 98.08	mg/dl	70-110 mg/dl
Fasting Urine Glucose	: Absent		Absent
Fasting Urine Ketone	: Absent		Absent
Post Prandial Plasma Glucose (2 Hrs.after lunch)	: 111.21	mg/dl	70 to 140 mg/dl
PP Urine Glucose	: Absent		
PP Urine Ketone	: Absent		
Method : Glucose Oxidase Peroxidase (GOD/POD)			

AS PER AMERICAN DIABETES ASSOCIATION 2010 UPDATE

FASTING GLUCOSE LEVEL-

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : ≥ 126 mg/dl POSTPRANDIAL/POST GLUCOSE (75 grams)
- Normal glucose tolerance : 70-139 mg/dl - Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : ≥ 200 mg/dl CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS - Fasting plasma glucose ≥ 126 mg/dl - Classical symptoms +Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin $> 6.5\%$ ***Any positive criteria should be tested on subsequent day with same or other criteria.

BIOCHEMISRTY TEST DONE ON MERILYZER CLINIQUANT BIOCHEMISRTY ANALYZER

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:36:42)



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COMPLETE BLOOD COUNT

Test	Result	Unit	Reference Range
Haemoglobin	13.2	gm/dl	14.0-18.0 gm/dl
<u>RBC PARAMETERS</u>			
Total R.B.C. Count	3.32	mill/cumm	4.5-6.5 mill/cumm
PCV	32.9	%	40-54 %
MCV	99.1	fl	76-90 fl
MCH	39.8	Pg	27-32 Pg
MCHC	40.1	gm/dl	30-35 gm/dl
RDW	14.4	%	11-14.5 %
<u>WBC PARAMETERS</u>			
Total W.B.C. Count	4900	per cumm	4000-11000 per cumm
Neutrophils	44	%	40-75 %
Lymphocytes	44	%	20-40 %
Monocytes	08	%	0 - 10 %
Eosoniphils	04	%	0 - 6 %
Basophils	00	%	0-1 %
Band Forms	00	%	0 - 0 %
<u>PLATELET PARAMETERS</u>			
Platelet Count	185000	per cu.mm.	150000 - 450000 per cu.mm.
MPV	9.0	fL	3-12 fL

PERIPHERIAL SMEAR FINDINGS:

WBC Morphology	:	Normal
RBC Morphology	:	Normocytic, Normochromic
Platelets on Smear	:	Adequate on smear.

EDTA Sample Procesed On a Fully Automated 3-Part Analyzer H-360

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:43:45)



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Sent By : UNIVERSAL DIAGNOSTIC CENTRE

GLYCOSYLATED-HAEMOGLOBIN (GHb)/ HbA1C BY HPLC

Test	Result	Unit	Reference Range
HbA1C	5.8	%	Normal : 4 - 6.2% Prediabetic : < 7 % Diabetes : > 8 %
Estimated average Glucose: (eAG)	119.76	mg / dl	70-140 mg / dl

Method: Particle enhanced immunoturbidimetric test

NOTE:

CLINICAL SIGNIFICANCE

Hemoglobin A1c (HbA1c) is a glycosylated hemoglobin which is formed by the non enzymatic reaction of glucose with native hemoglobin. This process runs continuously throughout the circulatory life of the red cell (average life time 100 - 120 days).

The rate of glycation is directly proportional to the concentration of glucose in the blood. The blood level of HbA1c represents the average blood glucose level over the preceding 6 to 8 weeks (due to the kinetics of erythrocyte turnover this period is more affected by the blood glucose level than the preceding weeks).

Therefore, HbA1c is suitable for retrospective long term monitoring of blood glucose concentration in individuals with diabetes mellitus. Clinical studies have shown that lowering of HbA1c level can help to prevent or delay the incidence of late diabetic complications. As the amount of HbA1c also depends on the total quantity of hemoglobin, the reported HbA1c value is indicated as a percentage of the total hemoglobin concentration. Falsely low values (low HbA1c despite high blood glucose) may occur in people with conditions with shortened red blood cell survival (hemolytic diseases) or significant recent blood loss (higher fraction of young erythrocytes). Falsely high values (high HbA1c despite normal blood glucose) have been reported in iron deficiency anemia (high proportion of old erythrocytes). These circumstances have to be considered in clinical interpretation of HbA1c values

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EXAMINATION OF URINE

Test	Result	Biological Ref. Range
PHYSICAL EXAMINATION		
QUANTITY (URINE) :	20 ML	
Colour :	Pale Yellow	
Appearance :	Clear	
Reaction (pH) :	6.5	4.5 - 8.0
Specific Gravity :	1.020	1.010 - 1.030
CHEMICAL EXAMINATION		
Protein :	Absent	Absent
Glucose :	Absent	Absent
Ketone :	Absent	Absent
Occult Blood :	Absent	Absent
Bilirubin :	Absent	Absent
Urobilinogen :	Absent	Normal
MICROSCOPIC EXAMINATION		
Epithelial Cells :	4 - 5 / hpf	
Pus cells :	1 - 2 / hpf	
Red Blood Cells :	Absent / hpf	
Casts :	Absent / lpf	Absent / lpf
Crystals :	Absent	Absent
OTHER FINDINGS		
Amorphous Deposits :	Absent	Absent
Yeast Cells :	Absent	Absent
Bacteria :	Absent	Absent
Mucus Threads :	Absent	
Spermatozoa :	Absent	

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Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 08/08/2024 18:48

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

BLOOD GROUP

Test	Result	Unit	Biological Ref. Range
ABO Group	: O		
RH Factor	: POSITIVE		

Slide agglutination test

Slide Agglutination Test

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:48:49)

RENAL FUNCTION TESTS

Test	Result	Unit	Biological Ref. Range
Blood Urea Method: Urease UV/GLDH	: 32.50	mg/dl	10-50 mg/dl
Blood Urea Nitrogen	: 15.15	mg/dl	5-18 mg/dl
S. Creatinine Method: Modified Jaffe's	: 0.86	mg/dl	0.7-1.3 mg/dl
S. Uric Acid	: 5.2	mg/dl	3.5-7.2 mg/dl
Total Proteins	: 7.0	gm/dl	6.0-8.0 gm/dl
S. Albumin	: 3.9	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.1	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.26		0.90-2.00
Calcium	: 9.46	mg/dl	8.5-11.0 mg/dl
S. Phosphorus	: 3.8	mg/dl	2.5-5.0 mg/dl
S. Sodium	: 139.50	mmol/L	135-155 mmol/L
S. Potassium	: 3.87	mmol/L	3.5-5.0 mmol/L
S. Chloride	: 102.30	mmol/L	98-110 mmol/L

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

ELECTROLYTE TEST DONE ON EL-120 ANALYZER

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Vitamin - B12

Test	Result	Unit	Biological Ref. Range
Serum B12	: 236.5	pg/ml	183 - 822 pg/ml

Method:ELISA method

Interpretation:-

Vitamin B12 deficiency impacts red blood cell synthesis, resulting in megaloblastic anemia due to abnormal DNA synthesis.

In addition it impairs neurological function, in particular de-myelination of nerves in part due to abnormal methylation, leading to peripheral neuropathy, dementia, poor cognitive performance and depression.

Other effects of Vitamin B12 deficiency or depletion are increased risk of neural tubular defects , osteoporosis, cerebro-vascular and cardiovascular diseases.

Vit B12 levels are decreased in megalobstic anemia,partial/total gastrectomy,perniciuos anemia,peripheral neuropathies,chronic alcoholism,senile dementia and treated epilepsy.

An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.

Holo Transcobalamin II levels are more accurate marker of active Vitamin B12 component.

High levels of Vitamin B12 may be due to exogenous supplementation.

Note :-

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Heterophilic antibodies and rheumatoid factors in samples may interfere with the test results. Patients routinely exposed to animal and animal serum products can be prone to this interference and anomolous values may be observed.

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:30:41)

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ERYTHROCYTE SEDIMENTATION RATE (WESTERGREN'S)

Test	Result	Unit	Biological Ref. Range
E.S.R (Westergren)	: 17	mm at 1hr	0-20 mm at 1hr

Method : Westergren's

Done with: ErySed Random Access ESR analyzer

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:30:42)

VITAMIN D3

Test	Result	Unit	Biological Ref. Range
25 (OH) VIT D	: 14.2	ng/ml	Deficiency: < 20 Insufficiency: 20-30 Sufficiency: 30-100 Hypervitaminosis: > 100

ELISA method

Interpretation:

- Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) which is taken up with fortified food or given by supplements. 2. Vitamin D is biologically inert and must undergo two successive hydroxylations in the liver and kidney to become biologically active 1,25-dihydroxyvitamin D.
- Testing for 25(OH) Vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake.
- For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH) Vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.
- Deficiency causes: • Bone malformation, known as rickets. • Reduced efficiency in utilization of dietary calcium. • Muscle weakness: • Secondary hyperparathyroidism. • Lower bone mineral density.
- An inverse relationship exists between PTH and 25(OH)D levels, Parathyroid hormone levels start to rise at 25(OH)D levels below 31 ng/mL & usually decrease after the correction of vitamin D insufficiency. Thus, restoration of PTH and 25 (OH)D levels to normalcy after adequate vitamin D replacement therapy is a useful monitoring strategy.

Note

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Vitamin D toxicity is known, but rare. Heterophilic antibodies and rheumatoid factors in the samples may interfere with the test results. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous values may be observed. Kindly correlate clinically and repeat with fresh sample if indicated.

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:31:29)

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Sent By : UNIVERSAL DIAGNOSTIC CENTRE

REPORT ON PROSTATE SPECIFIC ANTIGEN

Test	Result	Unit	Biological Ref. Range
PSA IN PATIENT'S SERUM ECLIA	: 1.02	ng/ml	0.00-4.00 ng/ml
TEST DONE WITH	: ELISA METHOD		

NOTE :

Prostate specific antigen is a seminal fluid protein produced by normal and malignant epithelial cells of prostate gland and is recognized as a tumour marker for evaluation of prostate cancer activity.

In normal individuals, S.PSA levels do not exceed 4.0 ng/ml.

S.PSA level is useful in detection of cancer of prostate gland and in detection of recurrence of prostate cancer after radical prostatectomy. Serum PSA levels may also be elevated in conditions like BPH, UTI, Digital rectal examination, Transurethral ultrasonography. Confirmation of prostate cancer can be done by transrectal ultrasonography and prostate biopsy.


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LIPID PROFILE

Test	Result	Unit	Reference Range
Total Cholesterol	: 198.6	mg/dl	Desirable <200 Borderline high 200 - 239 High >240
S. Triglyceride	: 254.10	mg/dl	Desirable <150 Borderline high 150 - 199 High 200 - 499 Very high >500
HDL Cholesterol	: 45.60	mg/dl	Desirable >60 Borderline 40 - 60 Low <40
LDL Cholesterol	: 102.18	mg/dl	Optimal <100 Near optimal 100 - 129 Borderline high 130 - 159 High 160 - 189 Very high >190
VLDL Cholesterol	: 50.8	mg/dl	5 - 30 mg/dl
TC/HDL Ratio	: 4.4		0 - 4.5
LDL/HDL Ratio	: 2.2		0-3.5

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120.

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:31:54)

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REPORT OF GAMMA GT

Test	Result	Unit	Biological Ref. Range
SERUM GAMMA GT	: 17.6	IU/L	11-50 IU/L

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LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total)	: 0.47	mg/dl	0-1.2 mg/dl
S. Bilirubin (Direct)	: 0.15	mg/dl	0-0.40 mg/dl
S. Bilirubin (Indirect)	: 0.32	mg/dl	0-0.55 mg/dl
S. G. O.T	: 23.50	IU/L	0-42 IU/L
S. G. P. T	: 40.20	IU/L	0-42 IU/L
S. Alkaline Phosphatase	: 156.30	IU/L	40-306 IU/L
Total Proteins	: 7.00	gm/dl	6.-8 gm/dl
S. Albumin	: 3.5	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.5	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.00		0.90-2.00

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120


(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:32:57)

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Reg. No. _____
 Date: 8/8/24

Blood
 Urine
 Stool
 Vaccine
 ECG
 2D Echo
 TMT
 X-Ray
 PFT
 Audio
 USG
 OPT
 Dr.

Employee's Name: Ankur Aiyar
 Blood Group: O+ve
 Age/Sex: M-49+
 Contact No.: 9592800918

With Glass / Without Glasses

	Rt.	Lt.
NEAR	6/6	N/8
DISTANT	6/12	6/6
COLOUR VISION	(N)	(N)

PHYSIOLOGIC PARAMETERS:
 Ht. (Cms.) Wt. (Kgs.) BMI
152cm 53.85kg

COMPLAINTS: (Specify if any)
→ No specific complaints.
- No H/O chest pain.

PAST HISTORY: NO specific.

FAMILY HISTORY: Mother / DM &
Father / HTN.

SURGICAL HISTORY: No

PERSONAL HISTORY (Addiction if any)
 Chronic / Frequent / Occasional: _____
 Smoker / Tobacco Chewer / Alcoholic: _____

GENERAL EXAMINATION
 Pulse (Min): 80/m BP (mm Hg): 120/70
 R.R. (Min): 100/1 Temp.: 97.8°
 Pallor: NO Icterus: NO
 Clubbing: NO

ENT EXAMINATION (Specify if Abnormal)
 Ear Nose Tongue
 Teeth Tonsils Gums

SYSTEMIC EXAMINATION
 LOCOMOTOR SYSTEM _____
 RESPIRATORY SYSTEM AEBE Clear
 CARDIOVASCULAR SYSTEM S/S20+
 CENTRAL NERVOUS SYSTEM Com. ment
 ABDOMEN Soft.
 GENITAL SYSTEM _____
 MUSCULOSKELETAL SYSTEM _____

PFT MEANS PRED % PRED

SVC
 FVC
 FEV1 / FVC
 Remark

Audiometry

	500	1000	2000	4000	6000	8000
Right Ear						
Left Ear						
Remark						

Adulal
DOCTOR SIGNATURE

 Reg. No. _____
 THANE WEST

- He is clinically fit at present to believe regular duties.

ID: 1613

08-08-2024

10:01:47 AM

Diagnosis Information:

Sinus Rhythm

Normal ECG

Female Ankur Aliq

Years 49

Req. No. :

HR : 64 bpm
P : 96 ms
PR : 159 ms
QRS : 86 ms

P/QTcBz : 360/373 ms

P/QRST : 477/224 ms

R/S/SV1 : 1.178/0.761 mV

HT- 152 cm

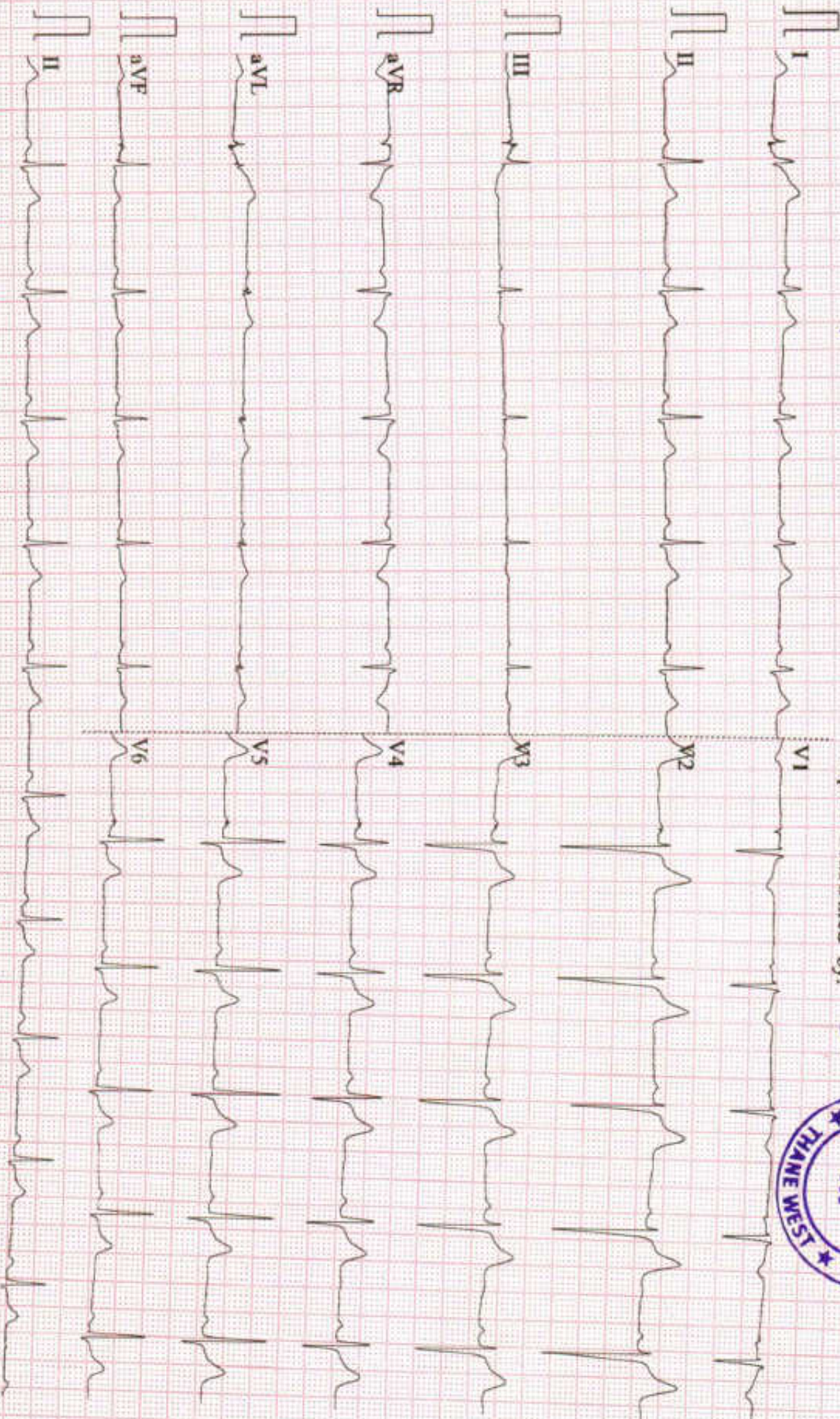
WT- 53.85 kg

B.P- 120/80

PP- 500

20/m/1001

Report Confirmed by:

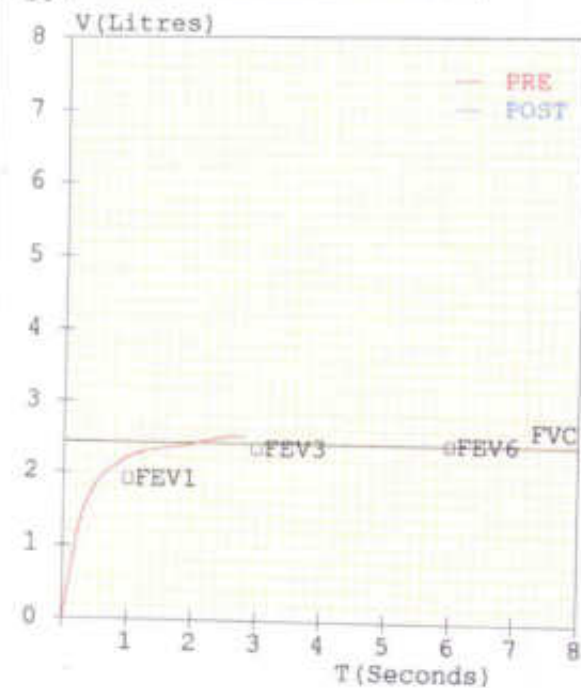
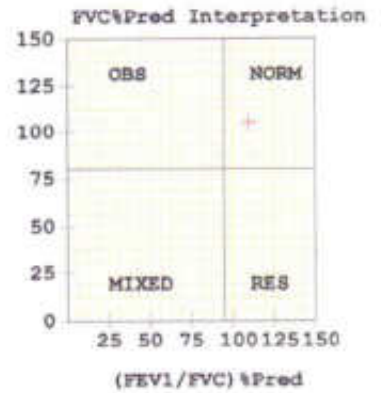
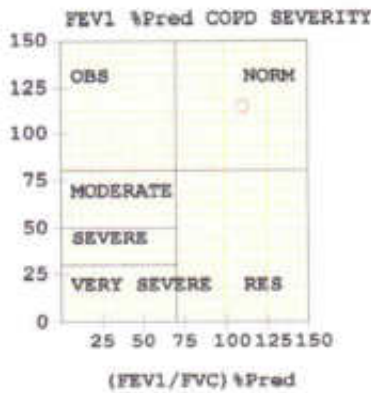
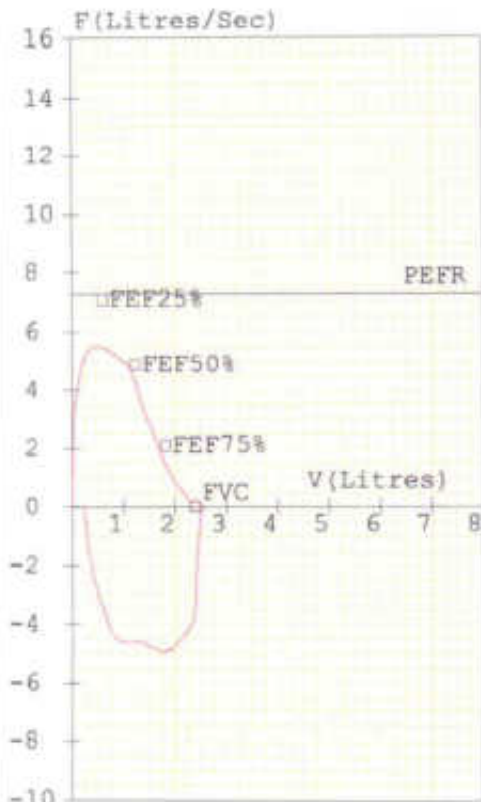


PULMONARY FUNCTION TEST

Patient: ANKUR AYYA
 Refd. By: DR ABHIJEET PANCHOLI
 Pred. Eqns: RECORDERS
 Date : 08-Aug-2024 12:42 PM

Age : 49 Yrs
 Height : 152 Cms
 Weight : 53 Kgs
 ID : 373

Gender : Male
 Smoker : No
 Eth. Corr: 100
 Temp :



FVC Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC (L)	02.42	02.54	105	---	---	---
FEV1 (L)	01.92	02.21	115	---	---	---
FEV1/FVC (%)	79.34	87.01	110	---	---	---
FEF25-75 (L/s)	03.19	02.97	093	---	---	---
PEFR (L/s)	07.26	05.49	076	---	---	---
FIVC (L)	---	02.33	---	---	---	---
FEV.5 (L)	---	01.85	---	---	---	---
FEV3 (L)	02.35	02.54	108	---	---	---
PIFR (L/s)	---	04.90	---	---	---	---
FEF75-85 (L/s)	---	00.73	---	---	---	---
FEF.2-1.2 (L/s)	05.36	05.10	095	---	---	---
FEF 25% (L/s)	07.07	05.39	076	---	---	---
FEF 50% (L/s)	04.88	03.98	082	---	---	---
FEF 75% (L/s)	02.10	01.13	054	---	---	---
FEV.5/FVC (%)	---	72.83	---	---	---	---
FEV3/FVC (%)	97.11	100.00	103	---	---	---
FET (Sec)	---	02.95	---	---	---	---
ExptTime (Sec)	---	00.07	---	---	---	---
Lung Age (Yrs)	049	042	086	---	---	---
FEV6 (L)	02.42	---	---	---	---	---
FIF25% (L/s)	---	04.26	---	---	---	---
FIF50% (L/s)	---	04.78	---	---	---	---
FIF75% (L/s)	---	04.62	---	---	---	---

Pre Test COPD Severity

Test within normal limits

Pre Medication Report Indicates

Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80





Name - Mr. Ankur Ayya	Age - 49 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date - 08/08/2024

USG ABDOMEN & PELVIS

FINDINGS: -

The **liver** dimension is normal in size (14.7 cm) It appears normal in morphology with raised echogenicity. No evidence of intrahepatic ductal dilatation.

The **GB**-gallbladder is distended normally. Wall thickness is normal.

The **CBD**- common bile duct is normal. The portal vein is normal.

The **pancreas** appears normal in morphology.

The **spleen** is normal in size (10.6 cm) and show normal morphology.

Both **kidneys** demonstrate normal morphology.

Both kidneys show normal cortical echogenicity.

The right kidney measures 8.3 x 4.1 cm

The left kidney measures 9.3 x 4.3 cm.

Urinary bladder: -normally distended. Wall thickness - normal.

Prostate is normal in size and morphology Size:20.9 grams.

No **free fluid** is seen.

IMPRESSION:-

- **Fatty liver (Grade I)**

DR. AMOL BENDRE
MBBS; DMRE
CONSULTANT RADIOLOGIST





Patient ID.	PAT000277	Name	ANKUR AYYA	Sex/Age	M/049Y
Date	08-08-2024	Ref by	SIDDHIVINAYAK HOSPITAL	CHEST PA	

RADIOGRAPH OF CHEST PA VIEW

FINDINGS :-

The lungs on either side show equal translucency.
The peripheral pulmonary vasculature is normal.
No focal lung lesion is seen.
Bilateral CP angles are normal.
Both hila are normal in size, have equal density, and bear normal relationships.
The heart and trachea are central in position and no mediastinal abnormality is visible.
The cardiac size is normal.
The domes of the diaphragms are normal in position and show a smooth outline.

IMPRESSION :-

- No significant abnormality detected.

ADVICT :- Clinical correlation and follow up.



Dr. MANISH JOSHI
MBBS, DMRE
CONSULTANT RADIOLOGIST
Reg.no.2018041145

Disclaimer - It is an online interpretation of medical imaging based on clinical data. All modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patients identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose. Any error in typing should be corrected immediately.

SHLOKA DIAGNOSTIC CENTRE

Venture of Vedant Multi-speciality Hospital and Institute

📍 Gate No, S-2, Vedant Commercial Complex, Vartak Nagar, Thane (W), 400 606.

☎ 022-6848 4848 📞 8097370719 📧 info@sholkahospital.com



Summary

Ref. By : DR.ANANT MUNDE Protocol : M.BRUCE

Objective :

SIDDHIVINAYAK HOSPITAL
S-1, VEDANT COMPLEX, VARTAK NAGAR, THINAE(W)-400606
561 / ANKUR ATVA 49 Yrs/Male 53 Kg/152 Cms
Date: 08-Aug-2024 12:51:36 PM

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (mph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	87	120/70	104	-	
Standing					1.0	86	120/70	103	-	
HV					1.0	85	120/70	102	-	
ExStart					1.0	90	120/70	108	-	
Stage 1	3:01	3:02	1.7	0.0	2.3	132	120/70	158	-	
Stage 2	3:01	6:02	1.7	5.0	3.5	133	122/72	162	-	
Stage 3	3:01	9:02	1.7	10.0	4.7	147	124/74	182	-	
PeakEx	1:03	10:04	2.5	12.0	5.5	168	126/76	211	-	
Recovery	1:00		1.1	0.0	1.0	145	126/76	182	-	
Recovery	2:00		1.1	0.0	1.0	131	126/76	165	-	
Recovery	3:00		1.1	0.0	1.0	123	124/74	152	-	
Recovery	4:00		1.1	0.0	1.0	116	122/72	141	-	

Medication :

History :

Test End Reason :

Findings :

The patient exercised according to M.BRUCE for 10:3, achieving a work level of Max METS:5.5. Resting heart rate initially 87 bpm, rose to a max. heart rate of 168 bpm which represents 98% of maximum age predicted heart rate. Resting blood pressure 120/70 mmhg, rose to a maximum blood pressure of 126/76 mmhg. The exercise stress test was stopped due to

Parameters :

Exercise Time :10:03

Max HR Attained :168 bpm 98% of Max Predictable HR 171

Max BP : 126/76(mmHg)

Max Workload attained :5.5(Fair Effort Tolerance)

Advice/Comments:

The test is negative for inducible ischemia.





12 Lead + Median

561/ANKUR AJYA
49 Yrs/Male
53 Kg/152 Cms
Date: 08-Aug-2024 12:51:36 PM

HR: 124 bpm
METs: 1.0
BP: 124/74

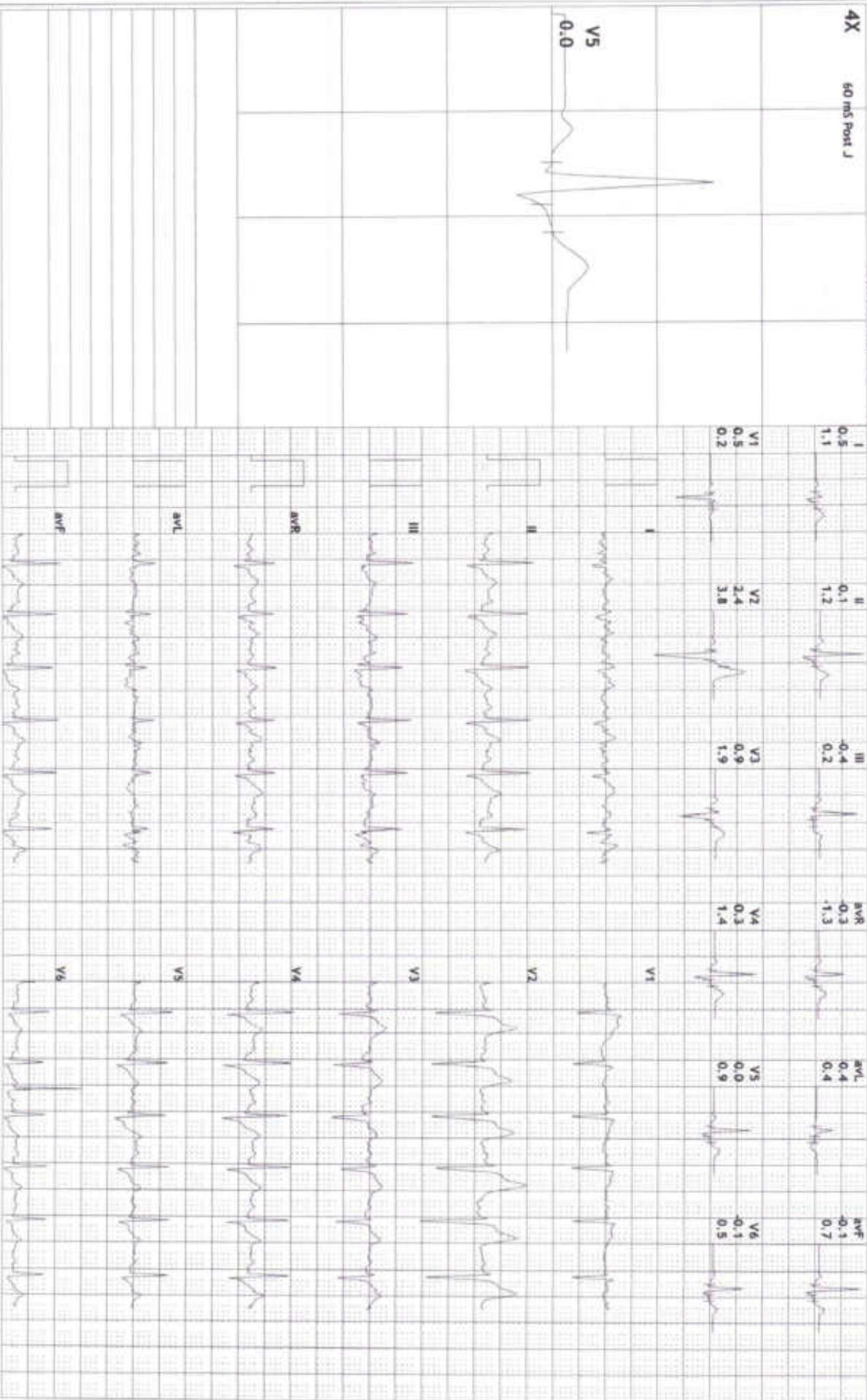
MPHR: 72% of 171
Speed: 1.1 mph
Grade: 0.0%

SIDDHIVINAYAK HOSPITAL
S-1, VEDANT COMPLEX, VARTAK NAGAR, THINAE(W)-400606

Raw ECG
M. BRUCE
(1.0-100)Hz

Ex Time 10:03
BLC : On
Notch : On

Recovery(3:00)
10.0 mm/mV
25 mm/Sec.





12 Lead + Median

561/ANKUR AJVA
49 Yrs/Male
53 Kg/152 Cms
Date: 08-Aug-2024 12:51:36 PM

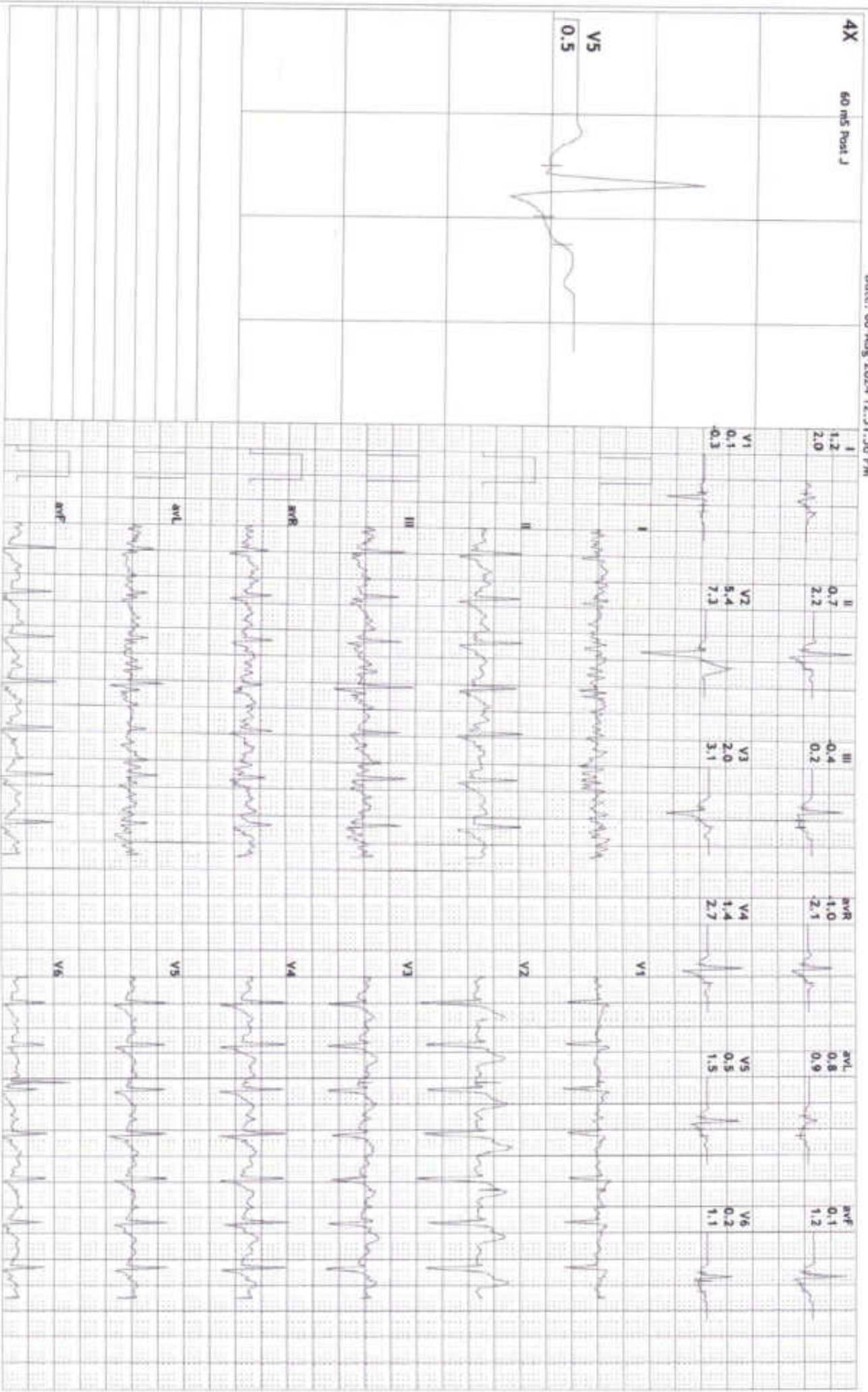
HR: 145 bpm
METs: 1.0
BP: 126/76

MPHR: 84% of 171
Speed: 1.1 mph
Grade: 0.0%

SIDDHIVINAYAK HOSPITAL
S-1, VEDANT COMPLEX, VARTAK NAGAR, THINAE(W)-400606

Raw ECG
M. BRUCE
(1.0-100)Hz

Ex Time 10:03
BLC: 07
Notch On
Recovery(1:00)
10.0 mm/mV
25 mm/Sec.





12 Lead + Median

561/ANKUR AIYA
49 Yrs/Male
53 Kg/152 Cms
Date: 08-Aug-2024 12:51:36 PM

HR: 168 bpm
METs: 5.5
BP: 126/76

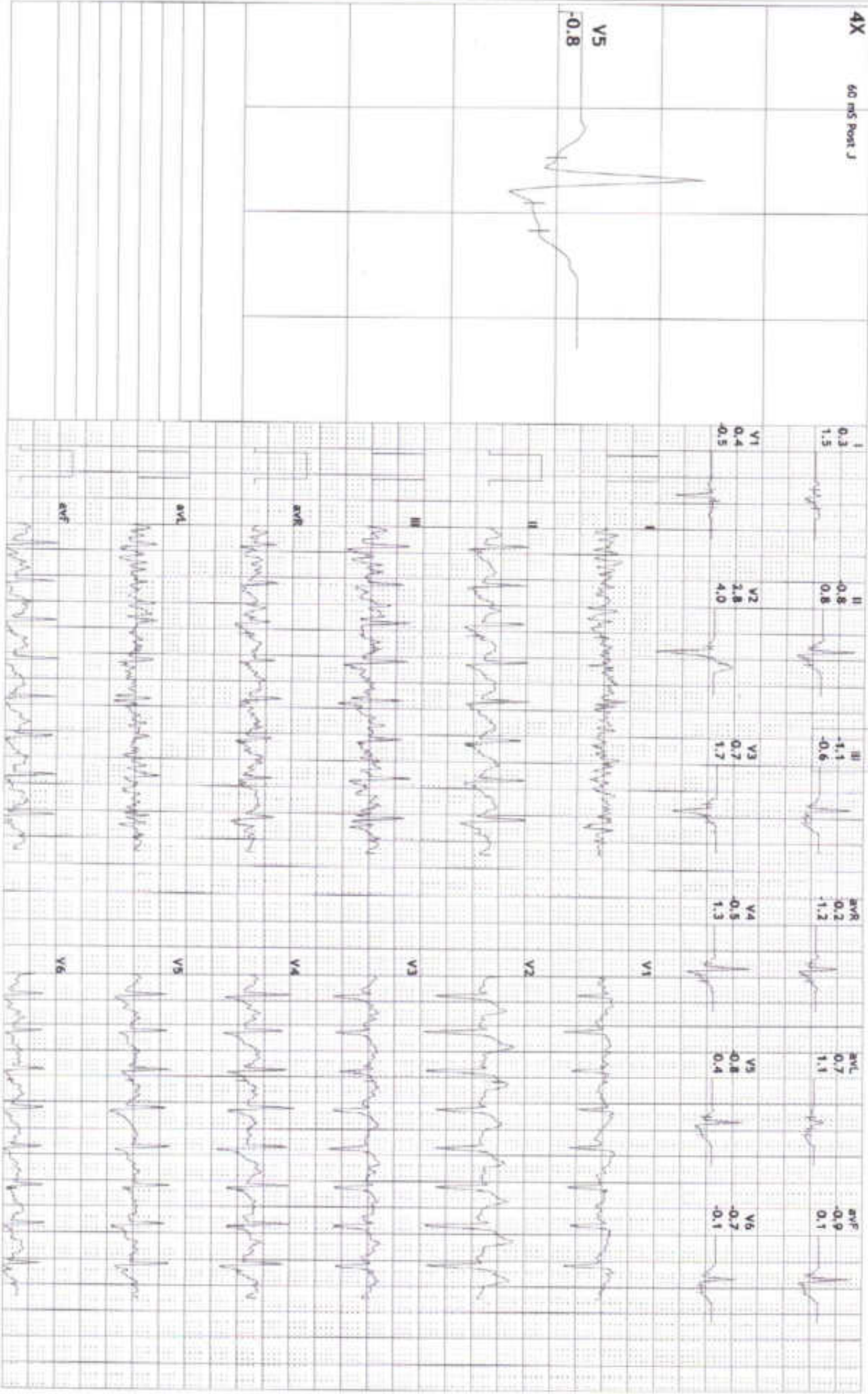
MPHR: 98% of 171
Speed: 2.5 mph
Grade: 12.0%

SIDDHIVINAYAK HOSPITAL
S-1, VEDANT COMPLEX, VARTAK NAGAR, THINAE(W)-400606

Raw ECG
M. BRUCE
(1.0-100)HZ

Ex Time 10:01
RLC :On
Notch :On

M. BRUCE: PeakEx(1:01)
10.0 mm/mV
25 mmr/Sec.





12 Lead + Median

561/ANNUR AIYA
49 Yrs/Male
53 Kg/152 Cms
Date: 08-Aug-2024 12:51:36 PM

HR: 147 bpm
METs: 4.7
BP: 124/74

MPHR: 85% of 171
Speed: 1.7 mph
Grade: 10.0%

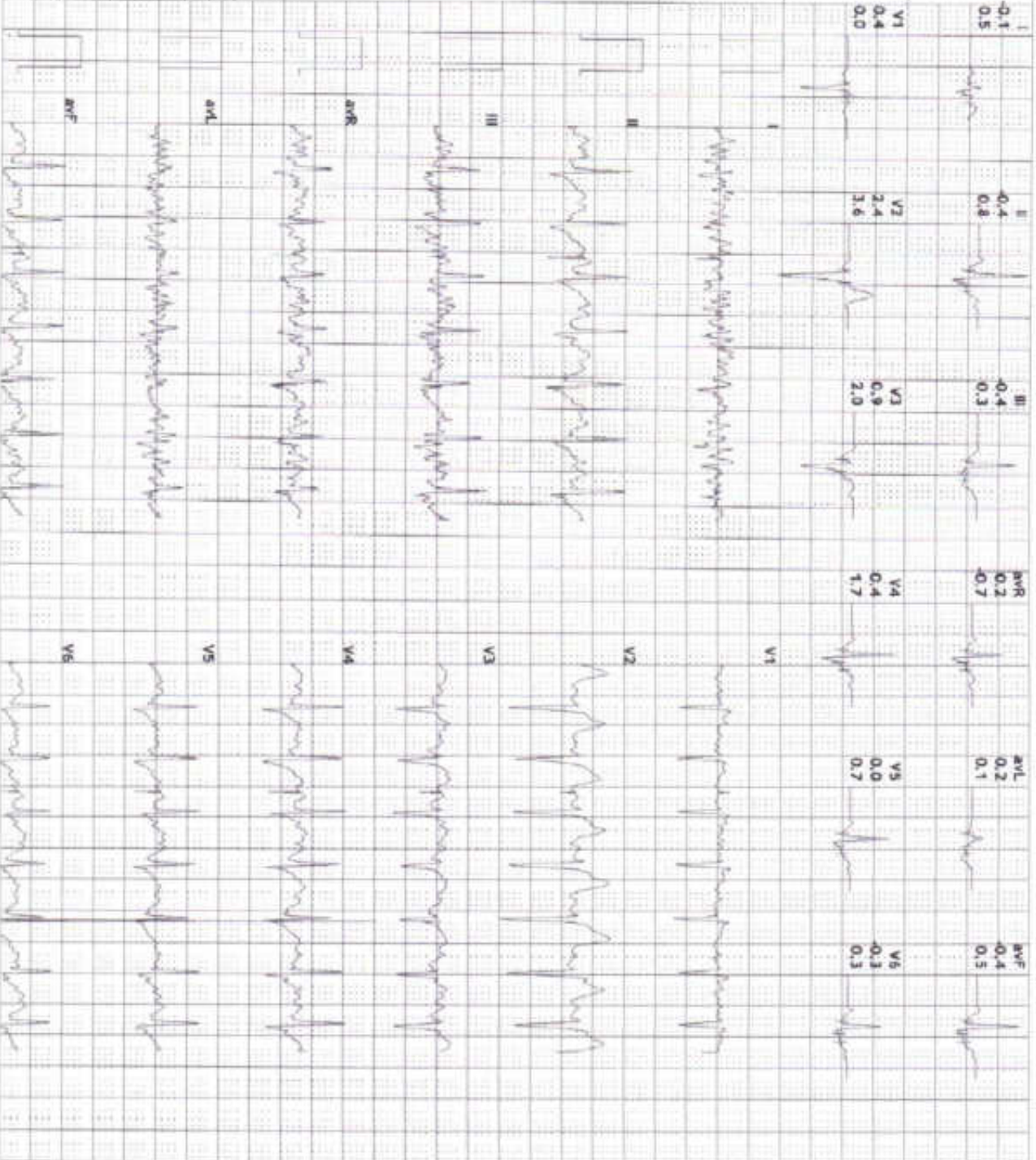
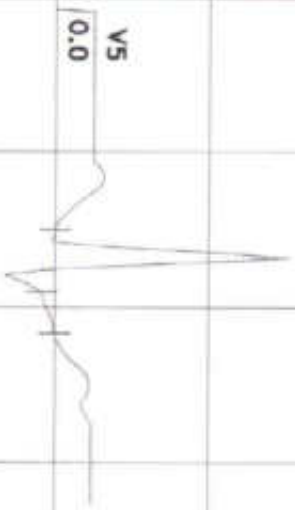
SIDDHIVINAYAK HOSPITAL
S-1, VEDANT COMPLEX, VARTAK NAGAR, THINAE(W)-400606
Raw ECG
M. BRUCE
(1.0-100HZ)

Ex Time 09:00
BLC :On
Natch :On

M. BRUCE: Stage 3(3:00)
10.0 mm/mV
25 mm/Sec.

4X 60 ms Post J

V5 0.0





12 Lead + Median

561/ANKUR AIYA
49 Yrs/Male
53 Kg/152 Cms
Date: 08-Aug-2024 12:51:36 PM

HR: 133 bpm
METS: 3.5
BP: 122/72

MPHR: 77% of 171
Speed: 1.7 mph
Grade: 5.0%

SIDDHIVINAYAK HOSPITAL

S-1, VEDANT COMPLEX, VARTAK NAGAR, THINAE(W)-400606

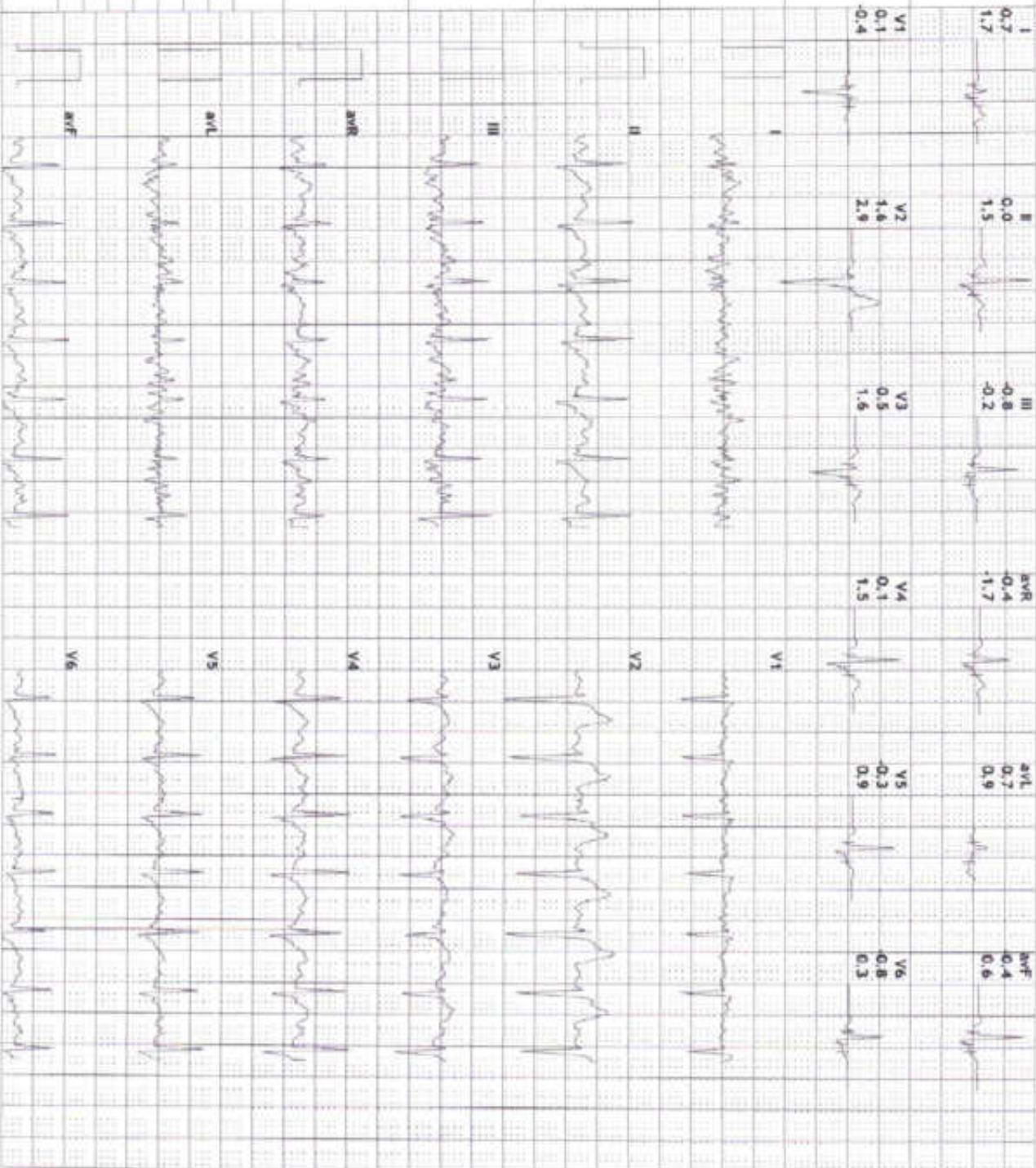
Raw ECG
M. BRUCE
(1.0-100)Hz

Ex Time 06:00
BLC : On
Notch : On

M. BRUCE: Stage 2(3:00)
10.0 mm/mV
25 mm/Sec.

4X 50 ms Post J

V5
-0.3





12 Lead + Median

561 / ANKUR A/V/A
49 Yrs / Male
53 Kg / 152 Cms
Date: 08-Aug-2024 12:51:36 PM

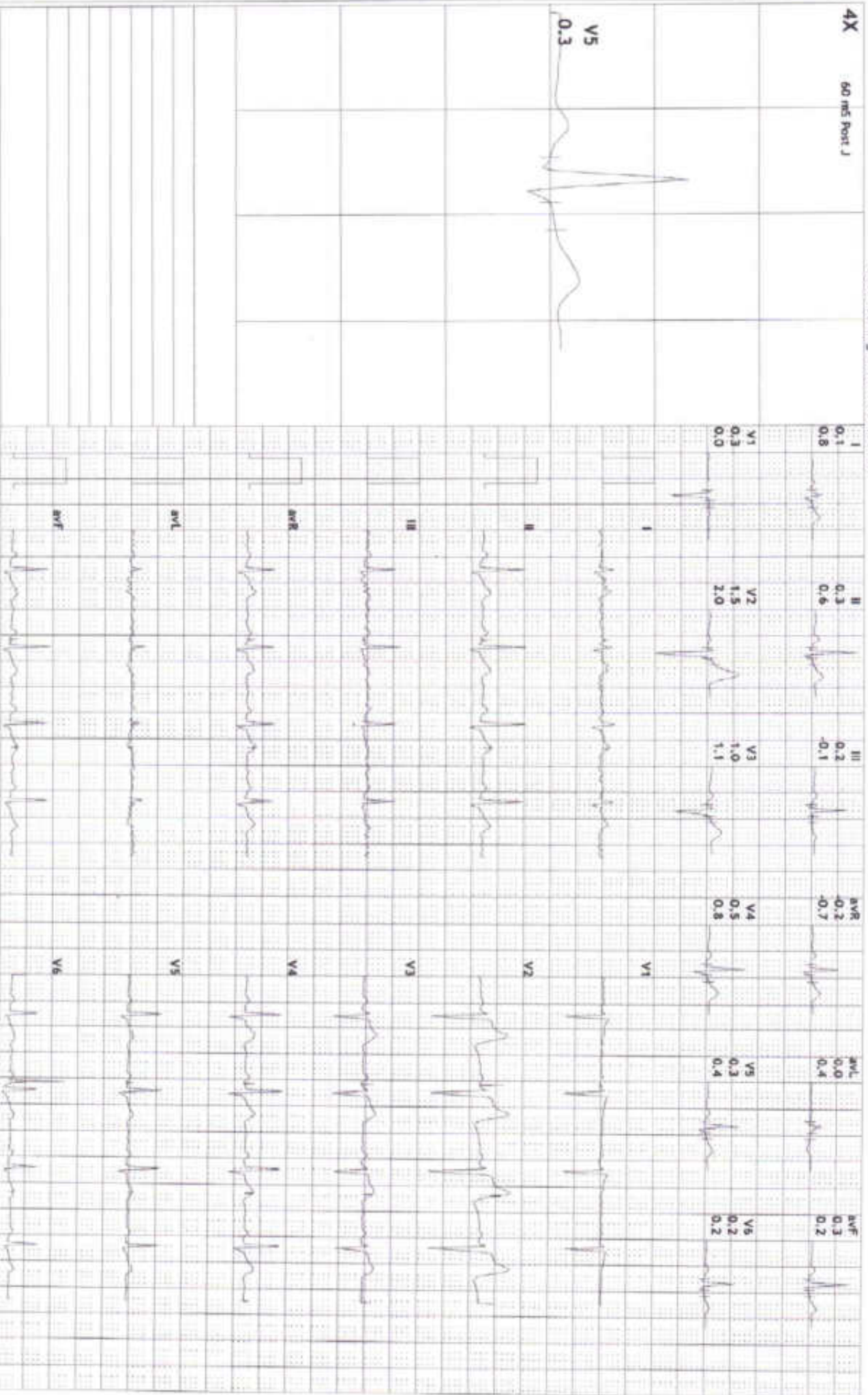
HR: 85 bpm
METs: 1.0
BP: 120/70

MPHR: 49% of 171
Speed: 0.0 mph
Grade: 0.0%

SIDDHIVINAYAK HOSPITAL
S-1, VEDANT COMPLEX, VARTAK NAGAR, THNAE(W)-400606
Raw ECG
M.BRUCE
(1.0-100)HZ

Ex Time 00:52
BLC :On
Notch :On

HV
10.0 mm/mV
25 mm/Sec.





12 Lead + Median

S61/ANKUR ATYA
49 Yrs/Male
53 Kg/152 Cms
Date: 08-Aug-2024 12:51:36 PM

HR: 86 bpm
METS: 1.0
BP: 120/70

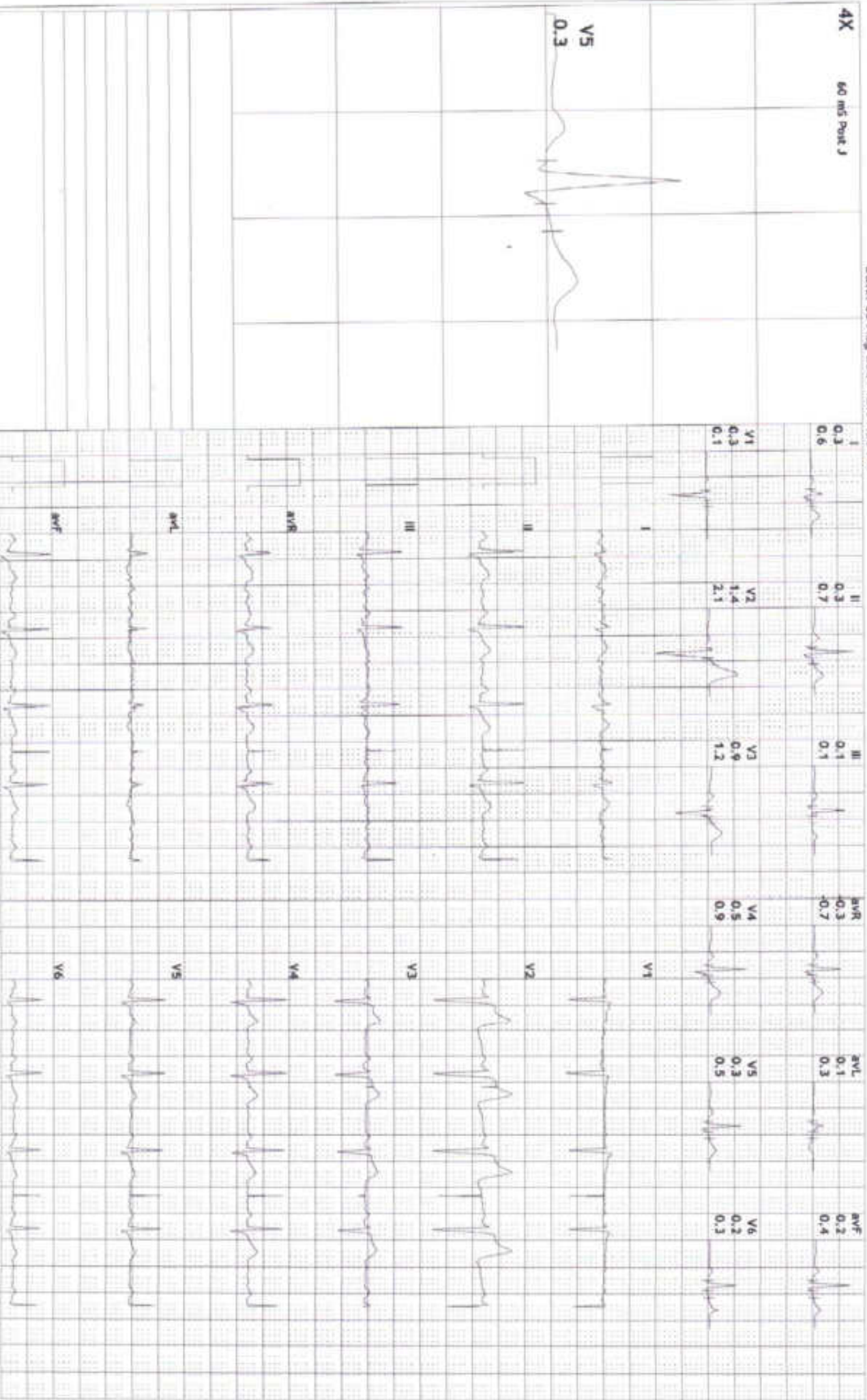
MPHR: 50% of 171
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
M.BRUCE
(1.0-100)Hz

Ex Time 00:43
BLC : On
Notch : On

Standing
10.0 mm/mv
25 mm/Sec.

SIDDHIVINAYAK HOSPITAL
S-1, VEDANT COMPLEX, VARTAK NAGAR, THINAE(W)-400606





12 Lead + Median

561/ANKUR AIYA
49 Yrs/Male
53 Kg/152 Cms
Date: 08-Aug-2024 12:51:36 PM

HR: 87 bpm
METs: 1.0
BP: 120/70

MpHR: 50% of 171
Speed: 0.0 mph
Grade: 0.0%

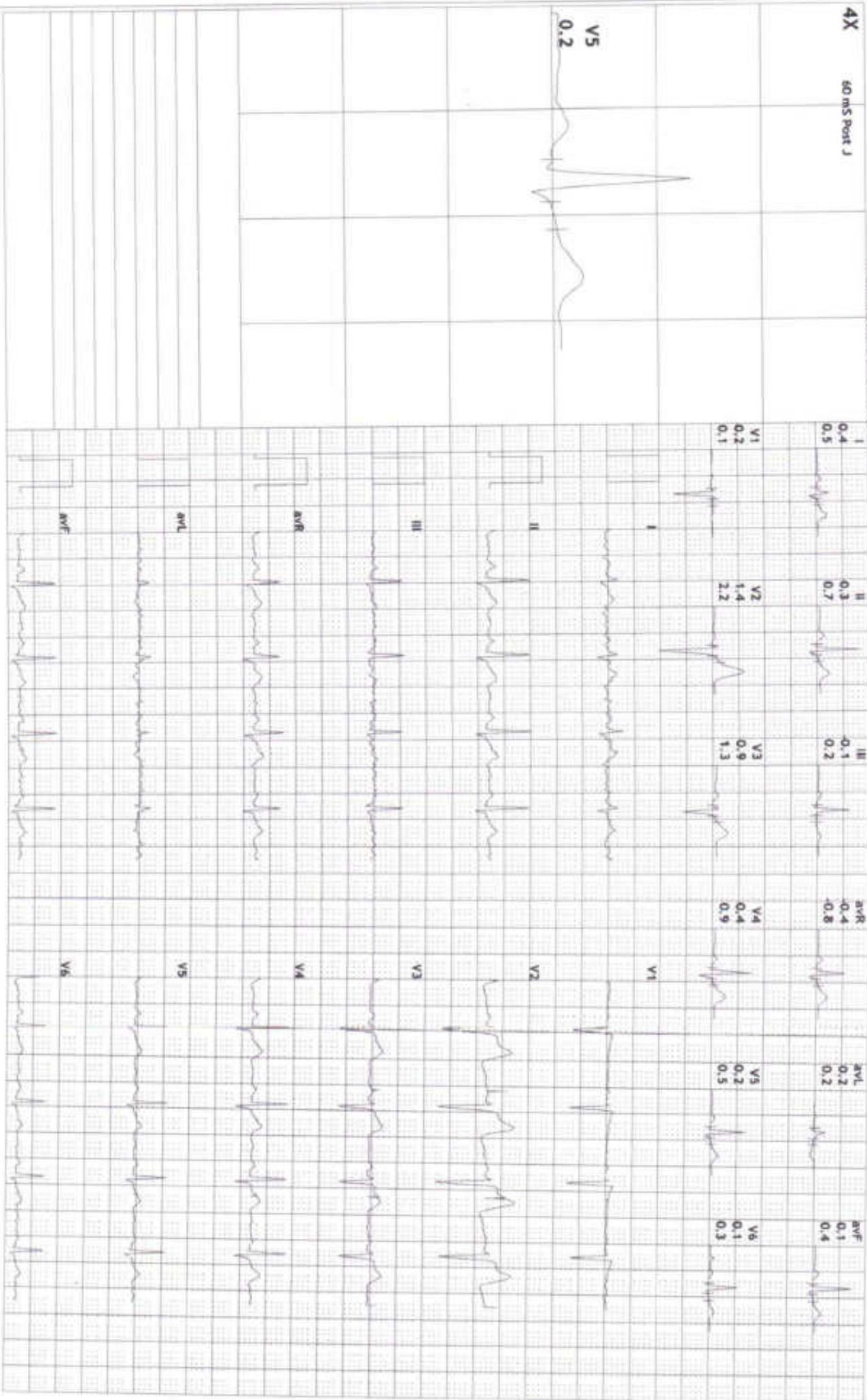
SIDDHIVINAYAK HOSPITAL

S-1, VEDANT COMPLEX, VARTAK NAGAR, THINAE(W)-400606

Raw ECG
M. BRUCE
(1.0-100)HZ

Ex Time 00:33
BLC: On
Notch: On

Supine
10.0 mm/mV
25 mm/Sec.





UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



10914 080824

Name : MR. ANKUR AYYA

LABID : 10914

Sample Collection : 08/08/2024 15:19

Age : 49 Yrs. Sex : M

Sample Received : 08/08/2024 15:19

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 08/08/2024 18:37

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

THYROID FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
T3	: 1.2	ng/dl	0.60-2.0 ng/dl
T4	: 8.70	µg/dl	5.0-13.0 µg/dl
TSH	: 2.78	µU/ml	0.4 - 6.0 µU/ml

Method:ELISA METHOD

Interpretation

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, subclinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis ,estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age ,marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:37:05)



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Shobha Shetty
M.D. (PATH.)
Reg No : MMC89971

**Sample has been collected outside the laboratory. The results pertain to the sample received.



UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



10914 080824

Name : MR. ANKUR AYYA

LABID : 10914

Sample Collection : 08/08/2024 15:19

Age : 49 Yrs. Sex : M

Sample Received : 08/08/2024 15:19

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 08/08/2024 18:37

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

FASTING AND POSTPRANDIAL PLASMA GLUCOSE

Test	Result	Unit	Biological Ref. Range
Fasting Plasma Glucose Method: Hexokinase	: 98.08	mg/dl	70-110 mg/dl
Fasting Urine Glucose	: Absent		Absent
Fasting Urine Ketone	: Absent		Absent
Post Prandial Plasma Glucose (2 Hrs.after lunch)	: 111.21	mg/dl	70 to 140 mg/dl
PP Urine Glucose	: Absent		
PP Urine Ketone	: Absent		
Method : Glucose Oxidase Peroxidase (GOD/POD)			

AS PER AMERICAN DIABETES ASSOCIATION 2010 UPDATE

FASTING GLUCOSE LEVEL-

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : ≥ 126 mg/dl POSTPRANDIAL/POST GLUCOSE (75 grams)
- Normal glucose tolerance : 70-139 mg/dl - Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : ≥ 200 mg/dl CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS - Fasting plasma glucose ≥ 126 mg/dl - Classical symptoms +Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin $> 6.5\%$ ***Any positive criteria should be tested on subsequent day with same or other criteria.


BIOCHEMISTRY TEST DONE ON MERILYZER CLINIQUANT BIOCHEMISTRY ANALYZER

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:36:42)



Checked By -


Preeti Jaiswar
Senior Technician
ADMLT


Dr. Shobha Shetty
M.D. (PATH.)
Reg No : MMC89971

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UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



10914 080824

Name : MR. ANKUR AYYA

LABID : 10914

Sample Collection : 08/08/2024 15:19

Age : 49 Yrs. Sex : M

Sample Received : 08/08/2024 15:19

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 08/08/2024 18:37

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

COMPLETE BLOOD COUNT

Test	Result	Unit	Reference Range
Haemoglobin	13.2	gm/dl	14.0-18.0 gm/dl
<u>RBC PARAMETERS</u>			
Total R.B.C. Count	3.32	mill/cumm	4.5-6.5 mill/cumm
PCV	32.9	%	40-54 %
MCV	99.1	fl	76-90 fl
MCH	39.8	Pg	27-32 Pg
MCHC	40.1	gm/dl	30-35 gm/dl
RDW	14.4	%	11-14.5 %
<u>WBC PARAMETERS</u>			
Total W.B.C. Count	4900	per cumm	4000-11000 per cumm
Neutrophils	44	%	40-75 %
Lymphocytes	44	%	20-40 %
Monocytes	08	%	0 - 10 %
Eosoniphils	04	%	0 - 6 %
Basophils	00	%	0-1 %
Band Forms	00	%	0 - 0 %
<u>PLATELET PARAMETERS</u>			
Platelet Count	185000	per cu.mm.	150000 - 450000 per cu.mm.
MPV	9.0	fL	3-12 fL

PERIPHERIAL SMEAR FINDINGS:

WBC Morphology	:	Normal
RBC Morphology	:	Normocytic, Normochromic
Platelets on Smear	:	Adequate on smear.

EDTA Sample Procesed On a Fully Automated 3-Part Analyzer H-360

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:43:45)



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Shobha Shetty
M.D. (PATH.)
Reg No : MMC89971

**Sample has been collected outside the laboratory. The results pertain to the sample received.



UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



10914 080824

Name : MR. ANKUR AYYA

LABID : 10914

Sample Collection : 08/08/2024 15:19

Age : 49 Yrs. Sex : M

Sample Received : 08/08/2024 15:19

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 08/08/2024 18:37

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

GLYCOSYLATED-HAEMOGLOBIN (GHb)/ HbA1C BY HPLC

Test	Result	Unit	Reference Range
HbA1C	5.8	%	Normal : 4 - 6.2% Prediabetic : < 7 % Diabetes : > 8 %
Estimated average Glucose: (eAG)	119.76	mg / dl	70-140 mg / dl

Method: Particle enhanced immunoturbidimetric test

NOTE:

CLINICAL SIGNIFICANCE

Hemoglobin A1c (HbA1c) is a glycosylated hemoglobin which is formed by the non enzymatic reaction of glucose with native hemoglobin. This process runs continuously throughout the circulatory life of the red cell (average life time 100 - 120 days).

The rate of glycation is directly proportional to the concentration of glucose in the blood. The blood level of HbA1c represents the average blood glucose level over the preceding 6 to 8 weeks (due to the kinetics of erythrocyte turnover this period is more affected by the blood glucose level than the preceding weeks).

Therefore, HbA1c is suitable for retrospective long term monitoring of blood glucose concentration in individuals with diabetes mellitus. Clinical studies have shown that lowering of HbA1c level can help to prevent or delay the incidence of late diabetic complications. As the amount of HbA1c also depends on the total quantity of hemoglobin, the reported HbA1c value is indicated as a percentage of the total hemoglobin concentration. Falsely low values (low HbA1c despite high blood glucose) may occur in people with conditions with shortened red blood cell survival (hemolytic diseases) or significant recent blood loss (higher fraction of young erythrocytes). Falsely high values (high HbA1c despite normal blood glucose) have been reported in iron deficiency anemia (high proportion of old erythrocytes). These circumstances have to be considered in clinical interpretation of HbA1c values

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:36:14)

----- End Of Report -----



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Shobha Shetty
M.D. (PATH.)
Reg No : MMC89971

**Sample has been collected outside the laboratory. The results pertain to the sample received.



UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



10914 080824

Name : MR. ANKUR AYYA

LABID : 10914

Sample Collection : 08/08/2024 15:19

Age : 49 Yrs. Sex : M

Sample Received : 08/08/2024 15:19

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 08/08/2024 18:36

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

EXAMINATION OF URINE

Test	Result	Biological Ref. Range
PHYSICAL EXAMINATION		
QUANTITY (URINE) :	20 ML	
Colour :	Pale Yellow	
Appearance :	Clear	
Reaction (pH) :	6.5	4.5 - 8.0
Specific Gravity :	1.020	1.010 - 1.030
CHEMICAL EXAMINATION		
Protein :	Absent	Absent
Glucose :	Absent	Absent
Ketone :	Absent	Absent
Occult Blood :	Absent	Absent
Bilirubin :	Absent	Absent
Urobilinogen :	Absent	Normal
MICROSCOPIC EXAMINATION		
Epithelial Cells :	4 - 5 / hpf	
Pus cells :	1 - 2 / hpf	
Red Blood Cells :	Absent / hpf	
Casts :	Absent / lpf	Absent / lpf
Crystals :	Absent	Absent
OTHER FINDINGS		
Amorphous Deposits :	Absent	Absent
Yeast Cells :	Absent	Absent
Bacteria :	Absent	Absent
Mucus Threads :	Absent	
Spermatozoa :	Absent	

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:36:06)

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10914 080824

Name : MR. ANKUR AYYA

LABID : 10914

Sample Collection : 08/08/2024 15:19

Age : 49 Yrs. Sex : M

Sample Received : 08/08/2024 15:19

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 08/08/2024 18:48

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

BLOOD GROUP

Test	Result	Unit	Biological Ref. Range
ABO Group	: O		
RH Factor	: POSITIVE		

Slide agglutination test

Slide Agglutination Test

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:48:49)

RENAL FUNCTION TESTS

Test	Result	Unit	Biological Ref. Range
Blood Urea Method: Urease UV/GLDH	: 32.50	mg/dl	10-50 mg/dl
Blood Urea Nitrogen	: 15.15	mg/dl	5-18 mg/dl
S. Creatinine Method: Modified Jaffe's	: 0.86	mg/dl	0.7-1.3 mg/dl
S. Uric Acid	: 5.2	mg/dl	3.5-7.2 mg/dl
Total Proteins	: 7.0	gm/dl	6.0-8.0 gm/dl
S. Albumin	: 3.9	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.1	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.26		0.90-2.00
Calcium	: 9.46	mg/dl	8.5-11.0 mg/dl
S. Phosphorus	: 3.8	mg/dl	2.5-5.0 mg/dl
S. Sodium	: 139.50	mmol/L	135-155 mmol/L
S. Potassium	: 3.87	mmol/L	3.5-5.0 mmol/L
S. Chloride	: 102.30	mmol/L	98-110 mmol/L

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

ELECTROLYTE TEST DONE ON EL-120 ANALYZER

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:35:30)



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Name : MR. ANKUR AYYA

LABID : 10914

Sample Collection : 08/08/2024 15:19

Age : 49 Yrs. Sex : M

Sample Received : 08/08/2024 15:19

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 08/08/2024 18:48

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

Vitamin - B12

Test	Result	Unit	Biological Ref. Range
Serum B12	: 236.5	pg/ml	183 - 822 pg/ml

Method:ELISA method

Interpretation:-

Vitamin B12 deficiency impacts red blood cell synthesis, resulting in megaloblastic anemia due to abnormal DNA synthesis.

In addition it impairs neurological function, in particular de-myelination of nerves in part due to abnormal methylation, leading to peripheral neuropathy, dementia, poor cognitive performance and depression.

Other effects of Vitamin B12 deficiency or depletion are increased risk of neural tubular defects , osteoporosis, cerebro-vascular and cardiovascular diseases.

Vit B12 levels are decreased in megalobstic anemia,partial/total gastrectomy,perniciuos anemia,peripheral neuropathies,chronic alcoholism,senile dementia and treated epilepsy.

An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.

Holo Transcobalamin II levels are more accurate marker of active Vitamin B12 component.

High levels of Vitamin B12 may be due to exogenous supplementation.

Note :-

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Heterophilic antibodies and rheumatoid factors in samples may interfere with the test results. Patients routinely exposed to animal and animal serum products can be prone to this interference and anomolous values may be observed.

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:30:41)

----- End Of Report -----



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Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



10914 080824

Name : MR. ANKUR AYYA

LABID : 10914

Sample Collection : 08/08/2024 15:19

Age : 49 Yrs. Sex : M

Sample Received : 08/08/2024 15:19

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 08/08/2024 18:30

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

ERYTHROCYTE SEDIMENTATION RATE (WESTERGREN'S)

Test	Result	Unit	Biological Ref. Range
E.S.R (Westergren)	: 17	mm at 1hr	0-20 mm at 1hr

Method : Westergren's

Done with: ErySed Random Access ESR analyzer

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:30:42)

VITAMIN D3

Test	Result	Unit	Biological Ref. Range
25 (OH) VIT D	: 14.2	ng/ml	Deficiency: < 20 Insufficiency: 20-30 Sufficiency:30-100 Hypervitaminosis: > 100
ELISA method			

Interpretation:

- Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) which is taken up with fortified food or given by supplements. 2. Vitamin D is biologically inert and must undergo two successive hydroxylations in the liver and kidney to become biologically active 1,25-dihydroxyvitamin D.
- Testing for 25(OH) Vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake.
- For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH) Vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.
- Deficiency causes: • Bone malformation, known as rickets. • Reduced efficiency in utilization of dietary calcium. • Muscle weakness: • Secondary hyperparathyroidism. • Lower bone mineral density.
- An inverse relationship exists between PTH and 25(OH)D levels, Parathyroid hormone levels start to rise at 25(OH)D levels below 31 ng/mL & usually decrease after the correction of vitamin D insufficiency. Thus, restoration of PTH and 25 (OH)D levels to normalcy after adequate vitamin D replacement therapy is a useful monitoring strategy.

Note

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Vitamin D toxicity is known, but rare. Heterophilic antibodies and rheumatoid factors in the samples may interfere with the test results. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous values may be observed. Kindly correlate clinically and repeat with fresh sample if indicated.

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:31:29)

----- End Of Report -----



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Reg No : MMC89971

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10914 080824

Name : MR. ANKUR AYYA

LABID : 10914

Sample Collection : 08/08/2024 15:19

Age : 49 Yrs. Sex : M

Sample Received : 08/08/2024 15:19

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 08/08/2024 18:31

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

REPORT ON PROSTATE SPECIFIC ANTIGEN

Test	Result	Unit	Biological Ref. Range
PSA IN PATIENT'S SERUM ECLIA	: 1.02	ng/ml	0.00-4.00 ng/ml
TEST DONE WITH	: ELISA METHOD		

NOTE :

Prostate specific antigen is a seminal fluid protein produced by normal and malignant epithelial cells of prostate gland and is recognized as a tumour marker for evaluation of prostate cancer activity.

In normal individuals, S.PSA levels do not exceed 4.0 ng/ml.

S.PSA level is useful in detection of cancer of prostate gland and in detection of recurrence of prostate cancer after radical prostatectomy. Serum PSA levels may also be elevated in conditions like BPH, UTI, Digital rectal examination, Transurethral ultrasonography. Confirmation of prostate cancer can be done by transrectal ultrasonography and prostate biopsy.


(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:31:31)

----- End Of Report -----



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Report Released : 08/08/2024 18:31

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LIPID PROFILE

Test	Result	Unit	Reference Range
Total Cholesterol	: 198.6	mg/dl	Desirable <200 Borderline high 200 - 239 High >240
S. Triglyceride	: 254.10	mg/dl	Desirable <150 Borderline high 150 - 199 High 200 - 499 Very high >500
HDL Cholesterol	: 45.60	mg/dl	Desirable >60 Borderline 40 - 60 Low <40
LDL Cholesterol	: 102.18	mg/dl	Optimal <100 Near optimal 100 - 129 Borderline high 130 - 159 High 160 - 189 Very high >190
VLDL Cholesterol	: 50.8	mg/dl	5 - 30 mg/dl
TC/HDL Ratio	: 4.4		0 - 4.5
LDL/HDL Ratio	: 2.2		0-3.5

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120.

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:31:54)

----- End Of Report -----



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Name : MR. ANKUR AYYA

LABID : 10914

Sample Collection : 08/08/2024 15:19

Age : 49 Yrs. Sex : M

Sample Received : 08/08/2024 15:19

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 08/08/2024 18:32

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

REPORT OF GAMMA GT

Test	Result	Unit	Biological Ref. Range
SERUM GAMMA GT	: 17.6	IU/L	11-50 IU/L

(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:32:00)

----- End Of Report -----



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10914 080824

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LABID : 10914

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Age : 49 Yrs. Sex : M

Sample Received : 08/08/2024 15:19

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 08/08/2024 18:32

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total)	: 0.47	mg/dl	0-1.2 mg/dl
S. Bilirubin (Direct)	: 0.15	mg/dl	0-0.40 mg/dl
S. Bilirubin (Indirect)	: 0.32	mg/dl	0-0.55 mg/dl
S. G. O.T	: 23.50	IU/L	0-42 IU/L
S. G. P. T	: 40.20	IU/L	0-42 IU/L
S. Alkaline Phosphatase	: 156.30	IU/L	40-306 IU/L
Total Proteins	: 7.00	gm/dl	6.-8 gm/dl
S. Albumin	: 3.5	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.5	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.00		0.90-2.00

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120


(Collected At: 08/08/2024 15:19:25, Received At: 08/08/2024 15:19:25, Reported At: 08/08/2024 18:32:57)

----- End Of Report -----



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