

CERTIFICATE OF MEDICAL FITNESS

NAME: Mr. Ankush Sharma
 AGE/ GENDER: 32yrs / m
 HEIGHT: 188cm WEIGHT: 91kgs
 IDENTIFICATION MARK: Scars on forehead
 BLOOD PRESSURE: 130/90 mmHg
 PULSE: 85bpm
 CVS: Normal
 RS:P Normal
 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. Ankush Sharma son/daughter of Ms. Slo. Dineesh chandee sharma who has signed in my presence. He/ she has no physical disease and is fit for employment.

Ankush
Signature of candidate

Dr. BINDURAJ. R
MBBS, MD
Internal Medicine
Signature of Medical Officer

Place: Spectrum Diagnostics & Health Care
 Date: 26/10/24

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



Dr. Ashok S
Bsc., MBBS., D.O.M.S
Consultant Ophthalmologist
KMC No: 31827

DATE: 26-10-24,

EYE EXAMINATION

NAME: *Ms. Anurag Sharma* AGE: *32 yrs* GENDER: F / M

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

Dr. ASHOK SARODHE
B.Sc., M.B.B.S., D.O.M.S.
Eye Consultant & Surgeon
Consultant (Ophthalmologist)



NAME	AGE	GENDER
Mr - Ankur Shalma	32 yrs	Male

DENTAL EXAMINATION REPORT:

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

C: CAVITY → none

M: MISSING → none

O: OTHERS

ADVISED:

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

REMARKS:

[Handwritten Signature]
26/01/24

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



Indus Health Plus - General Medical Examination Form

Health Checkup Center	Spectrum Diagnostics & Healthcare	Age	32y	Height	188 cm
Health Checkup Date	26/10/2021	Gender	male	Weight	94 kg
Name of the Company		Blood Group	B ⁺		
Beneficiary Name	Ankush Sharma				

Personal History	
Diet	No
Exercise	No.
Alcohol	No
Smoking	No.

Vital Parameters	
BP (mm of Hg)	130/90 mmHg
Pulse Rate (Min)	84 bpm
Respiratory Rate (Min)	26 bpm
Temperature	98°F

Past History	Diabetes/Hypertension/Asthma/COPD/TB Epilepsy/Bleeding Disorders/History of Trauma/History of Surgery	If Any Past History - (Mention)- - NO -
---------------------	----------------------------------------------------------------------------------------------------------	---------------------------------------------------

Allergy History	No
Family History	Father - H/W . mother. Ovarian Cancer Hunting Chest
Menstrual History	

General Examination -

Sr.No	System Review	Comments/Remarks
1	Pallor	No
2	Icterus	No
3	Clubbing	No
4	Cyanosis	No
5	Edema	No
6	Lymphadenopathy	No
7	Respiratory System (Breath Sound)	Normal
8	Cardiovascular System - S1 S2 _____ Murmurs _____	Normal
9	Central Nervous System	Normal
10	Per Abdomen	Normal
11	Skin (Optional)	Normal
12	Joints (Optional)	Normal
13	Any Other Findings	- NO -

Indus Health Plus (P) Ltd.

Indus House, Pride Port, Model Colony, Pune - 411016

Contact. No - 9226513700 | Corporate Care - 9226513700 | Email: corporatecare@indushealthplus.com

www.indushealthplus.com



SPECTRUM DIAGNOSTICS

Bangalore

Patient ID : 0726

Name : ANKUSH SHARMA

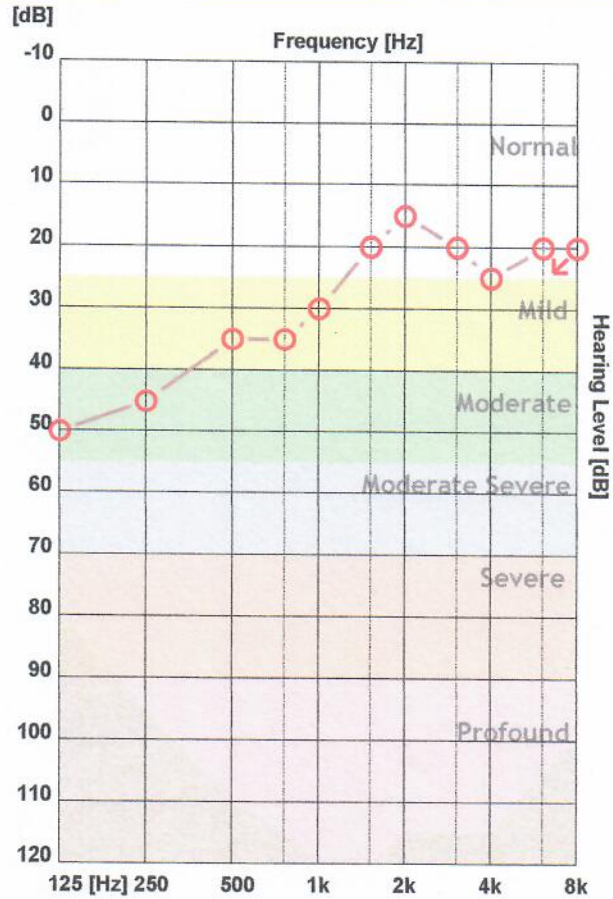
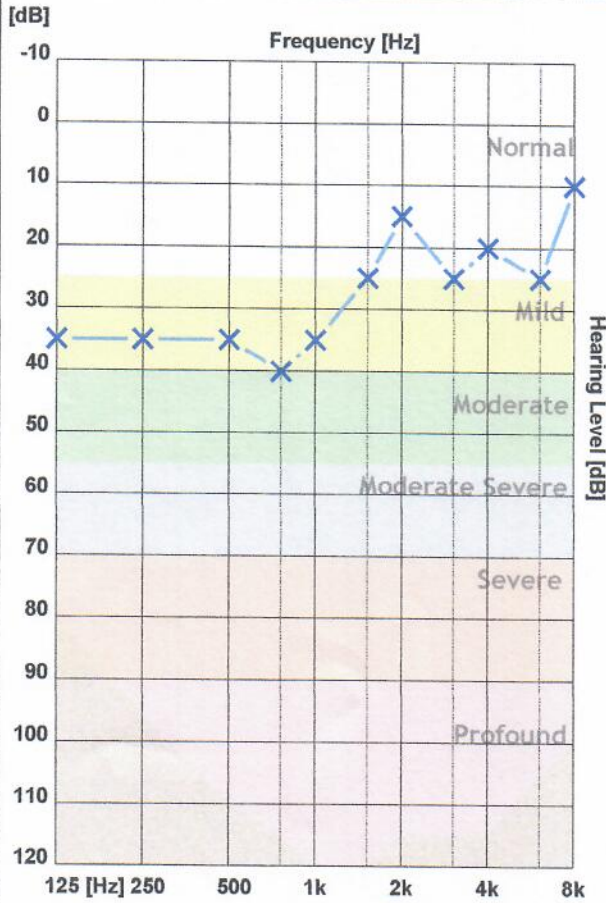
CR Number : 20241026131659

Registration Date : 26-Oct-2024

Age : 32

Gender : Male

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	35	35	35	40	35	25	15	25	20	25	10
O - Air Right	50	45	35	35	30	20	15	20	25	20	(20)
> - Bone Left											
< - Bone Right											

	Average	High	Mid	Low
AIR Left	27.27 dB	20.00 dB	25.00 dB	36.25 dB
AIR Right	28.64 dB	21.25 dB	21.67 dB	41.25 dB

Clinical Notes :

Not Found



ID: 0060
ANKUSH KUMAR
Male 32Years

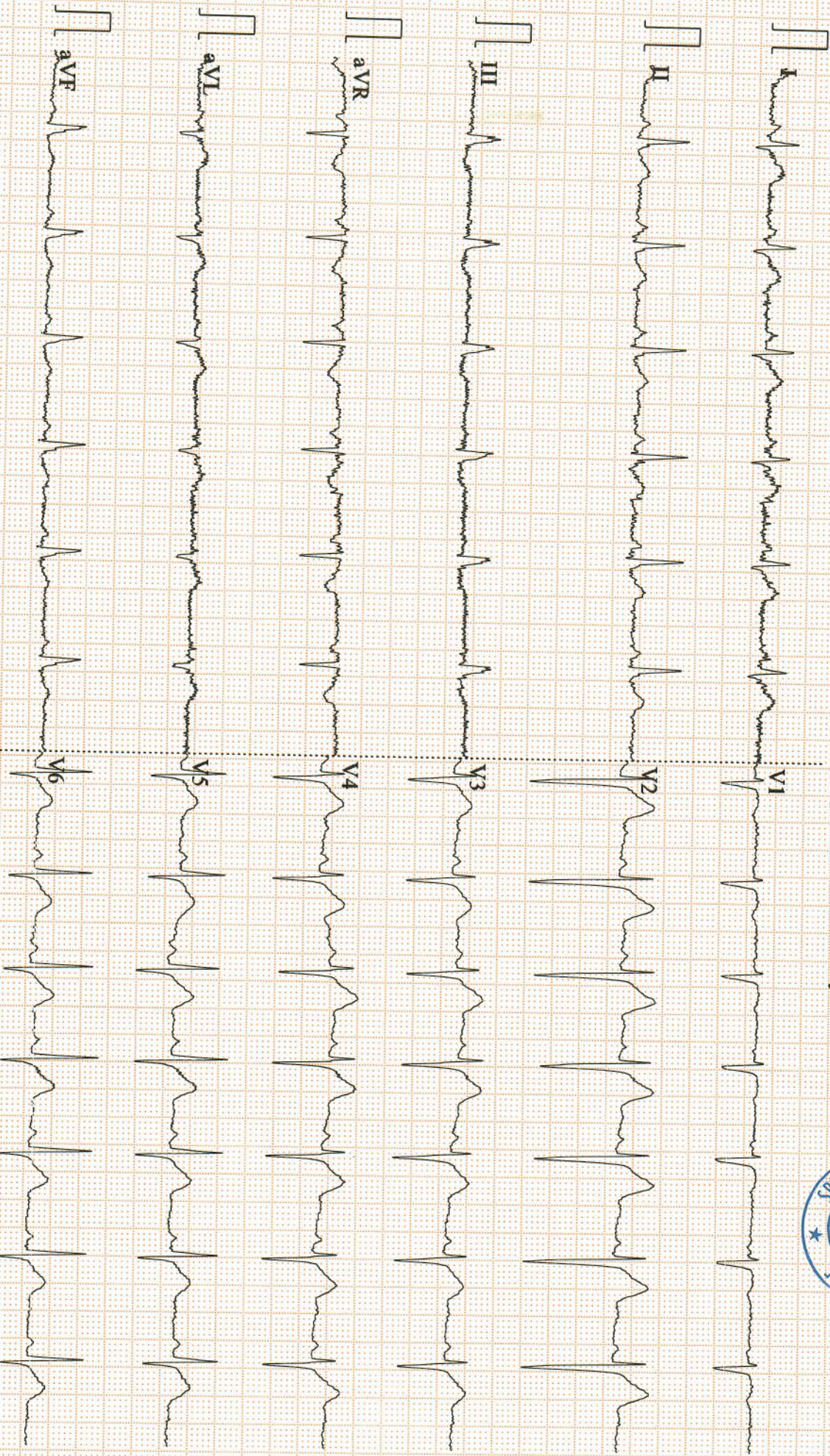
26-10-2024 11:29:22

For BPL

Diagnosis Information:
Sinus Arrhythmia

HR : 80 bpm
P : 86 ms
PR : 131 ms
QRS : 96 ms
QT/QTc : 352/408 ms
P/QRS/T : 35/71/38 °
RV5/SV1 : 0.859/0.599 mV

Report Confirmed by:



0.15~35Hz AC50 25mm/s 10mm/mV 2*5.0s 80 V2.2 SEMIP V1.81 SPECTRUM DIAGNOSTICS & HEALTH CARE

Name	: MR. ANKUSH SHARMA	UHIP	: 2610240060	Bill Date	: 26-Oct-2024 09:52 AM
Age / Gender	: 32 Years / Male			Sample Col. Date	: 26-Oct-2024 09:52 AM
Ref. By Dr.	: C/O APOLO CLINIC			Result Date	: 26-Oct-2024 02:24 PM
Reg. No.	: 2610240060			Report Status	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
-----------	--------	------	-----------------	--------

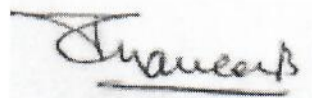
CHEST PA VIEW

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

IMPRESSION: No significant abnormality.



Printed By : spectrum
Printed On : 26 Oct, 2024 04:06 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

+91 77604 97644 | 080 2337 1555 | info@spectrumdiagnostics.org | www.spectrumdiagnostics.org

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

Name : MR. ANKUSH SHARMA	UHID : 2610240060	Bill Date : 26-Oct-2024 09:52 AM
Age / Gender : 32 Years / Male		Sample Col. Date : 26-Oct-2024 09:52 AM
Ref. By Dr. : C/O APOLO CLINIC	2610240060	Result Date : 26-Oct-2024 03:24 PM
Reg. No. : 2610240060		Report Status : Final
C/o : APOLLO CLINIC		

Test Name	Result	Unit	Reference Value	Method
-----------	--------	------	-----------------	--------

2D ECHO

2D ECHO CARDIOGRAHIC STUDY M-MODE

Cardiographic Study	Size	
Aorta	29	mm
Left Atrium	32	mm
Right Ventricle	28	mm
Left ventricle (Diastole)	43	mm
Left ventricle(Systole)	27	mm
Ventricular Septum (Diastole)	09	mm
Ventricular septum (Systole)	11	mm
Posterior Wall (Diastole)	09	mm
Posterior Wall (Systole)	11	mm
Fractional Shortening	30	%
Ejection fraction	60	%

DOPPLER /COLOUR FLOW

Mitral Valve Velocity	MVE- 0.51m/s	MVA – 0.71m/s	E/A-0.72
Tissue Doppler	e' (Septal) 10cm/s	E/e'(Septal) -5	
Velocity/ Gradient across the Pulmonic valve	0.83m/s	3mmHg	
Max. Velocity / Gradient across the Aortic valve	1.19m/s	4mmHg	
Velocity / Gradient across the Tricuspid valve	1.94m/s	16mmHg	



Name	: MR. ANKUSH SHARMA	UHID	: 2610240060	Bill Date	: 26-Oct-2024 09:52 AM
Age / Gender	: 32 Years / Male			Sample Col. Date	: 26-Oct-2024 09:52 AM
Ref. By Dr.	: C/O APOLO CLINIC			Result Date	: 26-Oct-2024 03:24 PM
Reg. No.	: 2610240060	2610240060		Report Status	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
-----------	--------	------	-----------------	--------

2DECHO Cardiographic Study

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

IMPRESSION:

- **ADEQUATE LEFT VENTRICLE SYSTOLIC FUNCTION**
- **NO REGIONAL WALL MOTION ABNORMALITY**
- **ADEQUATE RIGHT VENTRICLE SYSTOLIC FUNCTION**
- **NO PAH**



Printed By : Durga
Printed On : 26 Oct, 2024 03:24 pm



Ms.Durga V., ECHO Technician



NAME AND LAB NO	MR ANKUSH SHARMA	REG-0060
AGE & SEX	29 YRS	MALE
DATE AND AREA OF INTEREST	26.10.2024	
REF BY	C/O APOLO CLINIC	

USG ABDOMEN AND PELVIS


- LIVER:** Normal in size with increased echogenicity
No e/o IHBR dilatation. No evidence of focal lesion.
Portal vein appears normal. CBD appears normal.
- GALL BLADDER:** Partially distended. No obvious calculus in the visualised luminal portion.
- SPLEEN:** Normal in size and echotexture. No e/o 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.
No solid lesions.
- LEFT KIDNEY:** Left kidney is normal in size & echotexture.
No evidence of calculus/ hydronephrosis.
No solid lesions.
- URINARY BLADDER:** Moderately distended. No wall thickening/ calculi.
- PROSTATE:** Normal in size and echotexture.
- No evidence of ascites.
- IMPRESSION:**
- *Grade I fatty liver.*
 - *Suggested clinical correlation*



DR PRAVEEN B, DMRD, DNB
CONSULTANT RADIOLOGIST

SCAN FOR LOCATION

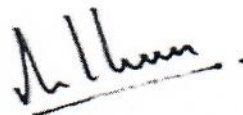


Name : MR. ANKUSH SHARMA	UHID : 2610240060	Bill Date : 26-Oct-2024 09:52 AM
Age / Gender : 32 Years / Male	 2610240060	Sample Col. Date : 26-Oct-2024 09:52 AM
Ref. By Dr. : C/O APOLO CLINIC		Result Date : 26-Oct-2024 12:47 PM
Reg. No. : 2610240060		Report Status : Final
C/o : APOLLO CLINIC		

Test Name	Result	Unit	Reference Value	Method
LFT-Liver Function Test -Serum				
Bilirubin Total-Serum	0.92	mg/dL	0.2-1.0	Caffeine Benzoate
Bilirubin Direct-Serum	0.21	mg/dL	0.0-0.2	Diazotised Sulphanilic Acid
Bilirubin Indirect-Serum	0.71	mg/dL	0.0-1.10	Direct Measure
Aspartate Aminotransferase (AST/SGOT)-Serum	39.00	U/L	15.0-37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	64.00	U/L	Male:16.0-63.0 Female:14.0-59.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)-Serum	43.00	U/L	Adult: 45.0-117.0 Children: 48.0-445.0 Infants: 81.90-350.30	PNPP,AMP-Buffer
Protein, Total-Serum	7.45	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
Albumin-Serum	4.73	g/dL	3.40-5.00	Bromocresol Purple
Globulin-Serum	2.72	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	1.74	Ratio	0.80-2.0	Calculated



Printed By : spectrum
Printed On : 26 Oct, 2024 04:07 pm



Dr. Nithun Reddy C,MD,Consultant Pathologist

Tejas Arcade, #9/1, 1st Main Road, Dr. Rajkumar Road, Rajajinagar, Opp. St. Theresa Hospital, Bengaluru 560018

+91 77604 97644 | 080 2337 1555

info@spectrumdiagnostics.org

www.spectrumdiagnostics.org

SCAN FOR LOCATION



Name	: MR. ANKUSH SHARMA	UHID	: 2610240060	Bill Date	: 26-Oct-2024 09:52 AM
Age / Gender	: 32 Years / Male			Sample Col. Date	: 26-Oct-2024 09:52 AM
Ref. By Dr.	: C/O APOLO CLINIC			Result Date	: 26-Oct-2024 12:47 PM
Reg. No.	: 2610240060			Report Status	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA	4.60	%	Non diabetic adults :<5.7 At risk (Prediabetes) : 5.7 - 6.4 Diagnosing Diabetes :>= 6.5 Diabetes Excellent Control : 6-7 Fair to good Control : 7-8 Unsatisfactory Control :8-10 Poor Control :>10	HPLC
Estimated Average Glucose(eAG)	85.31	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.



Printed By : spectrum
Printed On : 26 Oct, 2024 04:07 pm



Dr. Nithun Reddy C, MD, Consultant Pathologist

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

+91 77604 97644 | 080 2337 1555 info@spectrumdiagnostics.org www.spectrumdiagnostics.org

Other Branch: #466/A, Ideal Homes Township, 80 Feet Road, Kenchanahalli, Rajarajeshwari Nagar, Bengaluru-560098 +91 6361 253 097 | 080-2991 6944 | 080-49511985

SCAN FOR LOCATION



Name	: MR. ANKUSH SHARMA	UHID	: 2610240060	Bill Date	: 26-Oct-2024 09:52 AM
Age / Gender	: 32 Years / Male			Sample Col. Date	: 26-Oct-2024 09:52 AM
Ref. By Dr.	: C/O APOLO CLINIC			Result Date	: 26-Oct-2024 12:47 PM
Reg. No.	: 2610240060			Report Status	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
Thyroid function tests (TFT)-Serum				
Tri-Iodo Thyronine (T3)-Serum	1.01	ng/mL	0.60-1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine (T4)-Serum	6.9	µg/dL	5.50-12.10	Chemiluminescence Immunoassay (CLIA)
Thyroid Stimulating Hormone (TSH)-Serum	2.12	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

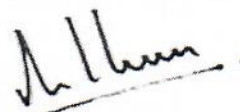
Reference range in Newborns: 0-4 days: 1.0-39.0; 2-20 Weeks:1.7-9.1

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

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



Printed By : spectrum
Printed On : 26 Oct, 2024 04:07 pm



Dr. Nithun Reddy C,MD,Consultant Pathologist

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

+91 77604 97644 | 080 2337 1555

info@spectrumdiagnostics.org

www.spectrumdiagnostics.org

SCAN FOR LOCATION



Name	: MR. ANKUSH SHARMA	UHID	: 2610240060	Bill Date	: 26-Oct-2024 09:52 AM
Age / Gender	: 32 Years / Male			Sample Col. Date	: 26-Oct-2024 09:52 AM
Ref. By Dr.	: C/O APOLO CLINIC			Result Date	: 26-Oct-2024 12:47 PM
Reg. No.	: 2610240060			Report Status	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
Lipid Profile-Serum				
Cholesterol Total-Serum	183.00	mg/dL	0.0-200	Cholesterol Oxidase/Peroxidase
Triglycerides-Serum	118.00	mg/dL	0.0-150	Lipase/Glycerol Dehydrogenase
High-density lipoprotein (HDL) Cholesterol-Serum	48.00	mg/dL	40.0-60.0	Accelerator/Selective Detergent
Non-HDL cholesterol-Serum	135	mg/dL	0.0-130	Calculated
Low-density lipoprotein (LDL) Cholesterol-Serum	111	mg/dL	0.0-100.0	Cholesterol esterase and cholesterol oxidase
Very-low-density lipoprotein (VLDL) cholesterol-Serum	24	mg/dL	0.0-40	Calculated
Cholesterol/HDL Ratio-Serum	3.81	Ratio	0.0-5.0	Calculated

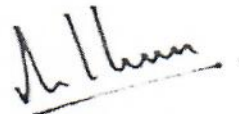
Interpretation:

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.



Printed By : spectrum
Printed On : 26 Oct, 2024 04:07 pm



Dr. Nithun Reddy C, MD, Consultant Pathologist


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

+91 77604 97644 | 080 2337 1555 | info@spectrumdiagnostics.org | www.spectrumdiagnostics.org

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

Name : MR. ANKUSH SHARMA
Age / Gender : 32 Years / Male
Ref. By Dr. : C/O APOLO CLINIC
Reg. No. : 2610240060
C/o : APOLLO CLINIC
UHID : 2610240060

Bill Date : 26-Oct-2024 09:52 AM
Sample Col. Date : 26-Oct-2024 09:52 AM
Result Date : 26-Oct-2024 12:47 PM
Report Status : Final

Test Name	Result	Unit	Reference Value	Method
Gamma-Glutamyl Transferase (GGT)-Serum	36.00	U/L	Male: 15.0-85.0 Female: 5.0-55.0	Other g-Glut-3-carboxy-4 nitro

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

Fasting Blood Sugar (FBS)- Plasma	72	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.



Printed By : spectrum
 Printed On : 26 Oct, 2024 04:07 pm



Dr. Nithun Reddy C,MD,Consultant Pathologist



Name	: MR. ANKUSH SHARMA	UHIP	: 2610240060	Bill Date	: 26-Oct-2024 09:52 AM
Age / Gender	: 32 Years / Male			Sample Col. Date	: 26-Oct-2024 09:52 AM
Ref. By Dr.	: C/O APOLO CLINIC			Result Date	: 26-Oct-2024 12:48 PM
Reg. No.	: 2610240060			Report Status	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
RFT (Urea, Creatinine, BUN, Na+, K+, Cl-, RBS Uric acid,HB)				
RFT (Renal Function Test)- Serum				
Urea-Serum	16.00	mg/dL	11.0 - 43.0	Urease
Creatinine-Serum	1.02	mg/dL	Male: 0.70 - 1.30	Modified kinetic
Blood Urea Nitrogen (BUN)-Serum	7.5	mg/dL	7.0-18.0	Jaffe
Sodium (Na+)-Serum	137.00	mmol/L	135-145	:GLDH,Kinetic Assay
Potassium (K+)-Serum	4.31	mmol/L	3.5-5.5	ISE
Chloride (Cl)-Serum	106.30	mmol/L	94.0-110.0	ISE
Uric Acid-Serum	6.67	mg/dL	Male: 3.50 - 7.20	ISE
Hemoglobin (HB)-Whole Blood	15.70	g/dL	Male: 14.0-17.0 Female:12.0-15.0 Newborn:16.50 - 19.50	Uricase PAP Spectrophotometer




Printed By : spectrum
Printed On : 26 Oct, 2024 04:07 pm



Dr. Nithun Reddy C,MD,Consultant Pathologist



Name : MR. ANKUSH SHARMA	UHID : 2610240060	Bill Date : 26-Oct-2024 09:52 AM
Age / Gender : 32 Years / Male	 2610240060	Sample Col. Date : 26-Oct-2024 09:52 AM
Ref. By Dr. : C/O APOLO CLINIC		Result Date : 26-Oct-2024 01:37 PM
Reg. No. : 2610240060		Report Status : Final
C/o : APOLLO CLINIC		

Test Name	Result	Unit	Reference Value	Method
Complete Haemogram-Whole Blood EDTA				
Haemoglobin (HB)	15.70	g/dL	Male: 14.0 - 17.0	Spectrophotometer
Red Blood Cell (RBC)	4.73	million/cumm	3.50 - 5.50	Volumetric
Packed Cell Volume (PCV)	49.50	%	Male: 42.0 - 51.0	Impedance
Mean corpuscular volume (MCV)	104.70	fL	78.0- 94.0	Electronic Pulse
Mean corpuscular hemoglobin (MCH)	33.10	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	31.60	%	33.00-35.50	Calculated
Red Blood Cell Distribution Width SD (RDW-SD)	67.20	fL	40.0-55.0	Volumetric
Red Blood Cell Distribution CV (RDW-CV)	18.70	%	Male: 11.80 - 14.50	Impedance
Mean Platelet Volume (MPV)	12.40	fL	8.0-15.0	Volumetric
Platelet	2.36	lakh/cumm	1.50-4.50	Impedance
Platelet Distribution Width (PDW)	18.00	%	8.30 - 56.60	Volumetric
White Blood cell Count (WBC)	5050.00	cells/cumm	Male: 4000.0 - 11000.0	Impedance
Neutrophils	58.50	%	40.0-75.0	Volumetric
Lymphocytes	30.70	%	20.0-45.0	Impedance
Eosinophils	7.10	%	0.0-8.0	Light
Monocytes	3.60	%	0.0-10.0	scattering/Manual
Basophils	0.10	%	0.0-1.0	Light
Absolute Neutrophil Count	2.96	10 ³ /uL	2.0- 7.0	scattering/Manual
				Calculated



Name : MR. ANKUSH SHARMA
Age / Gender : 32 Years / Male
Ref. By Dr. : C/O APOLO CLINIC
Reg. No. : 2610240060
C/o : APOLLO CLINIC

UHID : 2610240060

 2610240060

Bill Date : 26-Oct-2024 09:52 AM
Sample Col. Date : 26-Oct-2024 09:52 AM
Result Date : 26-Oct-2024 01:37 PM
Report Status : Final

Test Name	Result	Unit	Reference Value	Method
Absolute Lymphocyte Count	1.55	10 ³ /uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.18	10 ³ /uL	0.20-1.00	Calculated
Absolute Eosinophil Count	360.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.00	10 ³ /uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	3	mm/hr	Male: 0.0 - 10.0	Westergren

Peripheral Smear Examination-Whole Blood EDTA

Method: (Microscopy-Manual)

RBC'S : Show anisopoikilocytosis with mixture of microcytic hypochromic cells, macrocytes, normocytes and poikilocytes.
WBC'S : Are normal in total number, morphology and distribution.
Platelets : Adequate in number and normal in morphology.
 No abnormal cells or hemoparasites are present.
Impression : Mild degree of Dimorphic blood picture.



Printed By : spectrum
 Printed On : 26 Oct, 2024 04:07 pm



Name	: MR. ANKUSH SHARMA	Bill Date	: 26-Oct-2024 09:52 AM
Age / Gender	: 32 Years / Male	Sample Col. Date	: 26-Oct-2024 09:52 AM
Ref. By Dr.	: C/O APOLO CLINIC	Result Date	: 26-Oct-2024 01:56 PM
Reg. No.	: 2610240060	Report Status	: Final
C/o	: APOLLO CLINIC		

UHID : 2610240060

 2610240060

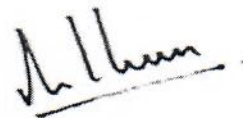
Test Name	Result	Unit	Reference Value	Method
Blood Group & Rh Typing-Whole Blood EDTA				
Blood Group	B			Slide/Tube agglutination
Rh Type	Positive			Slide/Tube agglutination

Note: Confirm by tube or gel method.

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



Printed By : spectrum
 Printed On : 26 Oct, 2024 04:07 pm



Dr. Nithun Reddy C, MD, Consultant Pathologist



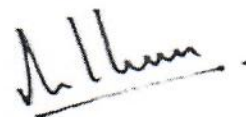
Name	: MR. ANKUSH SHARMA	UHID	: 2610240060	Bill Date	: 26-Oct-2024 09:52 AM
Age / Gender	: 32 Years / Male			Sample Col. Date	: 26-Oct-2024 09:52 AM
Ref. By Dr.	: C/O APOLO CLINIC			Result Date	: 26-Oct-2024 02:41 PM
Reg. No.	: 2610240060			Report Status	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
Urine Routine Examination-Urine				
Physical Examination				
Colour	Pale Yellow		Pale Yellow	Visual
Appearance	Clear		Clear	Visual
Reaction (pH)	6.0		5.0-7.5	Dipstick
Specific Gravity	1.020		1.000-1.030	Dipstick
Biochemical Examination				
Albumin	Negative		Negative	Dipstick/Precipitation
Glucose	Negative		Negative	Dipstick/Benedicts
Bilirubin	Negative		Negative	Dipstick/Fouchets
Ketone Bodies	Negative		Negative	Dipstick/Rotheras
Urobilinogen	Normal		Normal	Dipstick/Ehrlichs
Nitrite	Negative		Negative	Dipstick
Microscopic Examination				
Pus Cells	2-3	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.



Printed By : spectrum
Printed On : 26 Oct, 2024 04:07 pm



Dr. Nithun Reddy C,MD,Consultant Pathologist

SCAN FOR LOCATION




Name	: MR. ANKUSH SHARMA	UHID	: 2610240060	Bill Date	: 26-Oct-2024 09:52 AM
Age / Gender	: 32 Years / Male			Sample Col. Date	: 26-Oct-2024 09:52 AM
Ref. By Dr.	: C/O APOLO CLINIC			Result Date	: 26-Oct-2024 02:41 PM
Reg. No.	: 2610240060			Report Status	: Final
C/o	: APOLLO CLINIC				

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



Printed By : spectrum
Printed On : 26 Oct, 2024 04:07 pm



Dr. Nithun Reddy C, MD, Consultant Pathologist

SCAN FOR LOCATION



Name	: MR. ANKUSH SHARMA	Uhid	: 2610240060	Bill Date	: 26-Oct-2024 09:52 AM
Age / Gender	: 32 Years / Male			Sample Col. Date	: 26-Oct-2024 09:52 AM
Ref. By Dr.	: C/O APOLO CLINIC			Result Date	: 26-Oct-2024 03:28 PM
Reg. No.	: 2610240060			Report Status	: Final
C/o	: APOLLO CLINIC				

Test Name	Result	Unit	Reference Value	Method
Post prandial Blood Glucose (PPBS)-Plasma	79	mg/dL	70-140	Hexo Kinase

Comments: Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula $C_6H_{12}O_6$. It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high. Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

Comments: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

Probable causes : Early Type II Diabetes / Glucose intolerance, Drugs like Salicylates, Beta blockers, Pentamidine etc., Alcohol ,Dietary – Intake of excessive carbohydrates and foods with high glycemic index ? Exercise in between samples ? Family history of Diabetes, Idiopathic, Partial / Total Gastrectomy.

Postprandial Urine glucose-Urine	Negative	Negative	Dipstick/Benedicts (Manual)
----------------------------------	----------	----------	-----------------------------

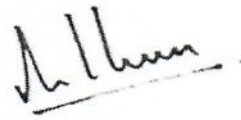
Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

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.



Printed By : spectrum
Printed On : 26 Oct, 2024 04:07 pm



Dr. Nithun Reddy C,MD,Consultant Pathologist

SCAN FOR LOCATION

