SPECTRUM
DIAGNOSTICS & HEALTH CARE

# CERTIFICATE OF MEDICAL FITNESS

NAME: K B Sumitha

AGE/ GENDER: 61 Y/ F-l

HEIGHT: 174cm WEIGHT: 79 8 kg

IDENTIFICATION MARK: —

BLOOD PRESSURE: 120/80 mm/Hg

PULSE: 80/min

CVS:
RS:P } Normal

ANY OTHER DISEASE DIAGNOSED IN THE PAST: Nill

ALLERGIES, IF ANY: Nill

LIST OF PRESCRIBED MEDICINES: Nill

ANY OTHER REMARKS: Nill

I Certify that I have carefully examined Mr/Mrs. K.B Sumitha son/daughter of Ms K.M Byamma who has signed in my presence. He/ she has no physical disease and is fit for employment.

Sumitha
Signature of candidate

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

Place: Spectrum Diagnostics & Health care

Date: 13/1/24

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

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

SPECTRUM DIAGNOSTICS & HEALTH CARE

DATE: 18

## EYE EXAMINATION

NAME: Miss. K. B. [illegible] AGE: 31Y. GENDER : F / M

| | RIGHT EYE | LEFT EYE |
|---|---|---|
| Vision | 6/18 : N/10 | 6/18 : N/10 |
| Vision With glass | 6/6 : N/8 | 6/9 : N/8 |
| Color Vision | Normal | Normal |
| Anterior segment examination | Normal | Normal |
| Fundus Examination | Normal | Normal |
| Any other abnormality | Nill | Nill |
| Diagnosis/ impression | Normal | Normal |

Dr. ASHOK SARODHE
B.Sc., M.B.B.S., D.O.M.S.
Eye Consultant & Surgeon
KMC 31827
Consultant (Opthalmologist)

SPECTRUM
DIAGNOSTICS & HEALTH CARE

| NAME | AGE | GENDER |
|---|---|---|
| Mrs. K. S. Smitha | 57 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 → 64|567 ; needs replacement.

O: OTHERS

ADVISED:

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

REMARKS:

13/01/24.

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

ID: 1201240009
MRS K B SUNITHA
Female 51Years

13-01-2024 10:07:02

For BPL

| | | |
|---|---|---|
| HR | : 75 | bpm |
| P | : 102 | ms |
| PR | : 179 | ms |
| QRS | : 86 | ms |
| QT/QTc | : 414/463 | ms |
| P/QRS/T | : 58/-24/75 | ° |
| RV5/SV1 | : 1.279/0.774 | mV |

Diagnosis Information:
Sinus Rhythm
Low T Wave(V5)

Report Confirmed by:

I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

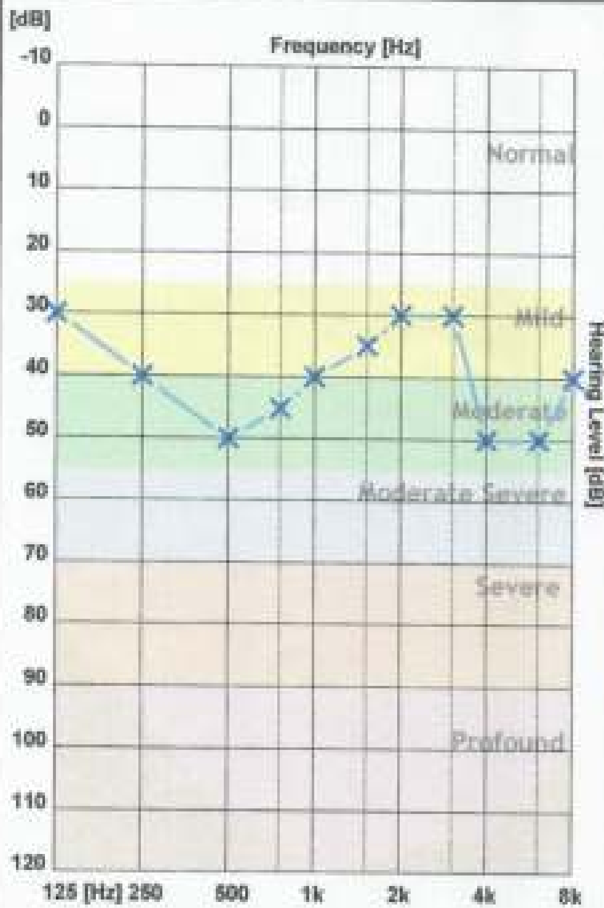
0.15~35Hz AC50 25mm/s 10mm/mV 2*5.0s ♥75 V2.2 SEMIP V1.81 SPECTRUM DIAGNOSTICS & HEALTH CARE

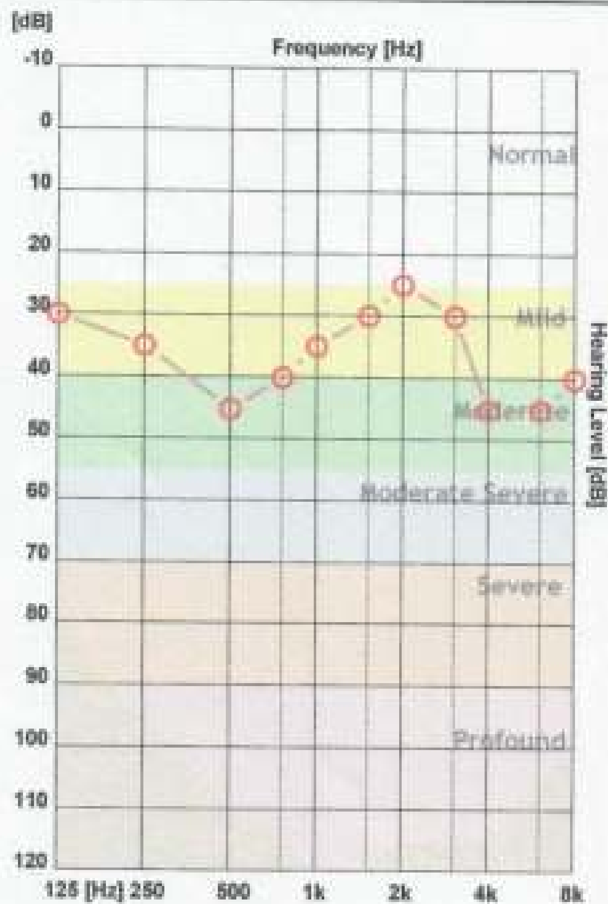
# SPECTRUM DIAGNOSTICS

Bangalore

Patient ID : 0066
Name : K B SUNITHA
CR Number : 20240113123012
Registration Date : 13-Jan-2024

Age : 51
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 | 30 | 40 | 50 | 45 | 40 | 35 | 30 | 30 | 50 | 50 | 40 |
| O - Air Right | 30 | 35 | 45 | 40 | 35 | 30 | 25 | 30 | 45 | 45 | 40 |
| > - Bone Left | | | | | | | | | | | |
| < - Bone Right | | | | | | | | | | | |

| | Average | High | Mid | Low |
|---|---|---|---|---|
| AIR Left | 40.00 dB | 42.50 dB | 35.00 dB | 41.25 dB |
| AIR Right | 36.36 dB | 40.00 dB | 30.00 dB | 37.50 dB |

**Clinical Notes :**

Right Ear:Mild
Left Ear:Mild

**SPECTRUM**
DIAGNOSTICS & HEALTH CARE

| NAME : MRS.SUNITHA K B | DATE : 13/01/2024 |
|---|---|
| AGE/SEX : 51YEARS/FEMALE | REG NO: 1301240009 |
| REF BY : APOLLO CLINIC | |

# CHEST PA VIEW

Lung fields are clear.

Cardiovascular shadows are within normal limits.

Both CP angles are free.

Domes of diaphragm and bony thoracic cage are normal.

**IMPRESSION**: **NORMAL CHEST RADIOGRAPH.**

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

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

SPECTRUM
DIAGNOSTICS & HEALTH CARE

| PATIENT NAME | MRS K B SUNITHA | ID NO | 1301240009 |
|---|---|---|---|
| AGE | 51YEARS | SEX | FEMALE |
| REF BY | DR.APOLO CLINIC | DATE | 13.01.2024 |

## 2D ECHO CARDIOGRAHIC STUDY

### M-MODE

| AORTA | 36mm |
|---|---|
| LEFT ATRIUM | 38mm |
| RIGHT VENTRICLE | 20mm |
| LEFT VENTRICLE (DIASTOLE ) | 48mm |
| LEFT VENTRICLE(SYSTOLE) | 34mm |
| VENTRICULAR SEPTUM (DIASTOLE) | 11mm |
| VENTRICULAR SEPTUM (SYSTOLE) | 11mm |
| POSTERIOR WALL (DIASTOLE) | 09mm |
| POSTERIOR WALL (SYSTOLE) | 11mm |
| FRACTIONAL SHORTENING | 30% |
| EJECTION FRACTION | 58% |

## DOPPLER /COLOUR FLOW

Mitral Valve Velocity : MVE- 0.57m/s MVA – 0.63m/s E/A-0.66

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 : 2.27 m/s 27mmHg

**SPECTRUM**
DIAGNOSTICS & HEALTH CARE

| PATIENT NAME | MRS K B SUNITHA | ID NO | 1301240009 |
|---|---|---|---|
| AGE | 51YEARS | SEX | FEMALE |
| REF BY | DR.APOLO CLINIC | DATE | 13.01.2024 |

## 2D ECHO CARDIOGRAHIC STUDY

| LEFT VENTRICLE | SIZE& THICKNESS | NORMAL |
|---|---|---|
| CONTRACTILITY | REGIONAL GLOBAL | NO RWMA |

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

## IMPRESSION

- NO REGIONAL WALL MOTION ABNORMALITY PRESENT
- NORMAL VALVES AND DIMENSIONS
- NORMAL LV SYSTOLIC FUNCTION, LVEF- 58%
- GRADE I LV DIASTOLIC DYSFUNCTION
- TRIVIAL AR / MILD TR / MILD PAH
- NO CLOT / VEGETATION / EFFUSION

DURGA V.
ECHO TECHNICIAN

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

SPECTRUM
DIAGNOSTICS & HEALTH CARE

| NAME AND LAB NO | MRS SUNITHA K B | REG -40009 |
|---|---|---|
| AGE & SEX | 51YRS | FEMALE |
| DATE AND AREA OF INTEREST | 13.01.2024 | BREAST SCAN |
| REF BY | C/ O APOLO CLINIC | |

## USG BILATERAL BREASTS AND AXILLAE

**RIGHT BREAST :**

- Homogenous - fibroglandular tissue.
- **Mixed echogenic lesion noted at 9 o clock position measuring 17 X 10 mm .**
- Subareolar tissue appears normal..
- No e/o dilated ducts/ focal collections.

**LEFT BREAST :**

- Homogenous - fibroglandular tissue.
- Subareolar tissue appears normal.
- No e/o focal solid/ cystic lesions.
- No e/o dilated ducts/ focal collections.

**AXILLA**

- Few axillary lymph nodes with benign morphology– likely reactive.

**IMPRESSION:**

- **RIGHT BREAST :Peri intramammary lymphnode – suggested FNAC for further evalution – BIRADS 1.**
- **LEFT BREAST : No significant sonological abnormality detected**
  **BIRADS 1 .**
  **-Advice interval follow up/screening.**

**DR PURNIMA PUJAR**
**MBBS MDRD**

# SPECTRUM
DIAGNOSTICS & HEALTH CARE

| NAME AND LAB NO | MRS SUNITHA K B | REG -40009 |
| --- | --- | --- |
| AGE & SEX | 51YRS | FEMALE |
| DATE AND AREA OF INTEREST | 13 .01.2024 | ABDOMEN & PELVIS |
| REF BY | C/ O APOLO CLINIC | |

## USG ABDOMEN AND PELVIS

**LIVER:** **Measures 14.0 cm. Normal in size with increased echotexture.**
No e/o IHBR dilatation. No evidence of SOL.
Portal vein appears normal.
CBD appears normal. . No e/o calculus / SOL

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

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

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

**RETROPERITONEUM:** Poor window.

**RIGHT KIDNEY:** Measures 10.2 x4.0 cm. Right kidney is normal in size & echotexture
No evidence of calculus/ hydronephrosis.

**LEFT KIDNEY:** Measures 10.5 x4.5 cm .Left kidney is normal in size & echotexture
No evidence of calculus/ hydronephrosis.

**URETERS:** Bilateral ureters are not dilated.

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

**UTERUS:** Post menopausal status
**OVARIES:** Not visualised ? atrophic

- No evidence of ascites/pleural effusion.

**IMPRESSION:**

➤ **Grade I fatty liver.**

**DR PURNIMA PUJAR**
**MBBS MDRD**

SPECTRUM
DIAGNOSTICS & HEALTH CARE

| **Name:** MRS. K B SUNITHA | **Age/Sex:** 51Y/Female | **Date of receipt:** 13.01.2024<br>**Date of report:** 13.01.2024 |
|---|---|---|
| **Ref DR.** Dr. APOLO CLINIC | **LABREFNO:** 1301240009 | **PAP No:** 11 /24 |

## CERVICAL PAP SMEAR REPORT

**Clinical history** : Health check

**Specimen** : 2 Conventional PAP smears.

**Specimen Adequacy** : Adequate for evaluation.

**Description** : Seen are mixture of intermediate squamous cells, superficial squamous cells and endocervical cells.

**Inflammation** : Neutrophilic exudate is noted.

**Organism** : Dodderlein bacilli are seen.

**Reactive changes** : Nil

**Dysplastic changes** : Nil

**Impression** : **Negative for Squamous Intraepithelial Lesion/Malignancy.**

**Note:** Enclosed: 2slides: preserve them carefully.

---End of report---

Dr. Nithun Reddy C, MD
Consultant Pathologist



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

| | | | | |
|---|---|---|---|---|
| **Name** | : MRS. K B SUNITHA | | **Bill Date** | : 13-Jan-2024 07:54 AM |
| **Age / Gender** | : 51 years / Female | **UHID** : 1301240009 | **Sample Col. Date** | : 13-Jan-2024 07:54 AM |
| **Ref. By Dr.** | : Dr. APOLO CLINIC | 1301240009 | **Result Date** | : 13-Jan-2024 11:22 AM |
| **Reg. No.** | : 1301240009 | | **Report Status** | : Final |
| **C/o** | : Apollo Clinic | | | |

| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Fasting Blood Sugar (FBS)-Plasma** | 108 | 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.

**Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA**

| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Glycosylated Haemoglobin (HbA1c)** | 6.40 | % | Non diabetic adults :<5.7<br>At risk (Prediabetes) : 5.7 - 6.4<br>Diagnosing Diabetes :>= 6.5<br>Diabetes<br>Excellent Control : 6-7<br>Fair to good Control : 7-8<br>Unsatisfactory Control :8-10<br>Poor Control :>10 | HPLC |
| **Estimated Average Glucose(eAG)** | 136.98 | mg/dL | | Calculated |



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|---|---|---|---|---|

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

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

**Comments:** HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

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Printed On : 13 Jan, 2024 03:15 pm

Dr. Nithun Reddy C,MD,Consultant Pathologist

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| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Lipid Profile-Serum** | | | | |
| **Cholesterol Total-Serum** | 237.00 | mg/dL | Female: 0.0 - 200 | Cholesterol Oxidase/Peroxidase |
| **Triglycerides-Serum** | 128.00 | mg/dL | Female: 0.0 - 150 | Lipase/Glycerol Dehydrogenase |
| **High-density lipoprotein (HDL) Cholesterol-Serum** | 58.00 | mg/dL | Female: 40.0 - 60.0 | Accelerator/Selective Detergent |
| **Non-HDL cholesterol-Serum** | 179 | mg/dL | Female: 0.0 - 130 | Calculated |
| **Low-density lipoprotein (LDL) Cholesterol-Serum** | 156.00 | mg/dL | Female: 0.0 - 100.0 | Cholesterol esterase and cholesterol oxidase |
| **Very-low-density lipoprotein (VLDL) cholesterol-Serum** | 26 | mg/dL | Female: 0.0 - 40 | Calculated |
| **Cholesterol/HDL Ratio-Serum** | 4.09 | Ratio | Female: 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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Printed On : 13 Jan, 2024 03:15 pm

Dr. Nithin Reddy C,MD,Consultant Pathologist

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| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **KFT ( Kidney Function Test ) :** | | | | |
| **Blood Urea Nitrogen (BUN)-Serum** | 13.00 | mg/dL | 7.0-18.0 | GLDH,Kinetic Assay |
| **Creatinine-Serum** | 0.72 | mg/dL | Male: 0.70-1.30<br>Female: 0.55-1.02 | Modified kinetic Jaffe |
| **Uric Acid-Serum** | 4.99 | mg/dL | Male: 3.50-7.20<br>Female: 2.60-6.00 | Uricase PAP |
| **Sodium (Na+)-Serum** | 141.5 | mmol/L | 135.0-145.0 | Ion-Selective Electrodes (ISE) |
| **Potassium (K+)-Serum** | 4.20 | mmol/L | 3.5 to 5.5 | Ion-Selective Electrodes (ISE) |
| **Chloride(Cl-)-Serum** | 98.60 | mmol/L | 94.0-110.0 | Ion-Selective Electrodes (ISE) |
| **Fasting Urine Glucose-Urine** | Negative | | Negative | Dipstick/Benedicts (Manual) |

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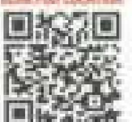

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| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| Gamma-Glutamyl Transferase (GGT)-Serum | 40.00 | U/L | Male: 15.0-85.0<br>Female: 5.0-55.0 | Other g-Glut-3-carboxy-4 nitro |

**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.

**LFT-Liver Function Test -Serum**

| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| Bilirubin Total-Serum | 0.57 | mg/dL | 0.2-1.0 | Caffeine Benzoate |
| Bilirubin Direct-Serum | 0.09 | mg/dL | 0.0-0.2 | Diazotised Sulphanilic Acid |
| Bilirubin Indirect-Serum | 0.48 | mg/dL | 0.0-1.10 | Direct Measure |
| Aspartate Aminotransferase (AST/SGOT)-Serum | 19.00 | U/L | 15.0-37.0 | UV with Pyridoxal - 5 - Phosphate |
| Alanine Aminotransferase (ALT/SGPT)-Serum | 21.00 | U/L | Male:16.0-63.0<br>Female:14.0-59.0 | UV with Pyridoxal - 5 - Phosphate |
| Alkaline Phosphatase (ALP)-Serum | 68.00 | U/L | Adult: 45.0-117.0<br>Children: 48.0-445.0<br>Infants: 81.90-350.30 | PNPP,AMP-Buffer |
| Protein, Total-Serum | 7.15 | g/dL | 6.40-8.20 | Biuret/Endpoint-With Blank |
| Albumin-Serum | 3.91 | g/dL | 3.40-5.00 | Bromocresol Purple |

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SPECTRUM
DIAGNOSTICS & HEALTH CARE

| | | | | |
|---|---|---|---|---|
| Name | : MRS. K.B SUNITHA | | Bill Date | : 13-Jan-2024 07:54 AM |
| Age / Gender | : 51 years / Female | UHID : 1301240009 | Sample Col. Date | : 13-Jan-2024 07:54 AM |
| Ref. By Dr. | : Dr. APOLO CLINIC | 1301240009 | Result Date | : 13-Jan-2024 11:22 AM |
| Reg. No. | : 1301240009 | | Report Status | : Final |
| C/o | : Apollo Clinic | | | |

| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Globulin-Serum** | 3.24 | g/dL | 2.0-3.50 | Calculated |
| **Albumin/Globulin Ratio-Serum** | 1.21 | Ratio | 0.80-1.20 | Calculated |

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| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Thyroid function tests (TFT)-Serum** | | | | |
| **Tri-Iodo Thyronine (T3)-Serum** | 1.72 | ng/mL | Female: 0.60 - 1.81 | Chemiluminescence Immunoassay (CLIA) |
| **Thyroxine (T4)-Serum** | 11.70 | µg/dL | Female: 5.50 - 12.10 | Chemiluminescence Immunoassay (CLIA) |
| **Thyroid Stimulating Hormone (TSH)-Serum** | 3.63 | µIU/mL | Female: 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 |
|---|---|---|---|---|
| **Calcium,Total- Serum** | 9.10 | mg/dL | 8.50-10.10 | Spectrophotometry (O-Cresolphthalein complexone) |

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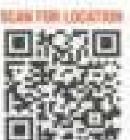


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| Reg. No. | : 1301240009 | | | Report Status | : Final |
| C/o | : Apollo Clinic | | | | |

| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Urine Routine Examination-Urine** | | | | |
| **Physical Examination** | | | | |
| **Colour** | Pale Yellow | | Pale Yellow | Visual |
| **Appearance** | Clear | | Clear | Visual |
| **Reaction (pH)** | 6.0 | | 5.0-7.5 | Dipstick |
| **Specific Gravity** | 1.025 | | 1.000-1.030 | Dipstick |
| **Biochemical Examination** | | | | |
| **Albumin** | Traces | | 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** | 2-4 | hpf | 0.0-5.0 | Microscopy |
| **Epithelial Cells** | 4-6 | 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 byidentifying 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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| Ref. By Dr. | : Dr. APOLO CLINIC | 1301240009 | Result Date | : 13-Jan-2024 01:29 PM |
| Reg. No. | : 1301240009 | | Report Status | : Final |
| C/o | : Apollo Clinic | | | |

| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Complete Haemogram-Whole Blood EDTA** | | | | |
| **Haemoglobin (HB)** | 14.50 | g/dL | Male: 14.0-17.0<br>Female:12.0-15.0<br>Newborn:16.50 - 19.50 | Spectrophotmeter |
| **Red Blood Cell (RBC)** | 4.81 | million/cumm | 3.50 - 5.50 | Volumetric Impedance |
| **Packed Cell Volume (PCV)** | 41.30 | % | Male: 42.0-51.0<br>Female: 36.0-45.0 | Electronic Pulse |
| **Mean corpuscular volume (MCV)** | 85.80 | fL | 78.0- 94.0 | Calculated |
| **Mean corpuscular hemoglobin (MCH)** | 30.00 | pg | 27.50-32.20 | Calculated |
| **Mean corpuscular hemoglobin concentration (MCHC)** | 35.00 | % | 33.00-35.50 | Calculated |
| **Red Blood Cell Distribution Width SD (RDW-SD)** | 45.30 | fL | 40.0-55.0 | Volumetric Impedance |
| **Red Blood Cell Distribution CV (RDW-CV)** | 15.90 | % | Male: 11.80-14.50<br>Female:12.20-16.10 | Volumetric Impedance |
| **Mean Platelet Volume (MPV)** | 8.10 | fL | 8.0-15.0 | Volumetric Impedance |
| **Platelet** | 2.24 | lakh/cumm | 1.50-4.50 | Volumetric Impedance |
| **Platelet Distribution Width (PDW)** | 8.80 | % | 8.30 - 56.60 | Volumetric Impedance |
| **White Blood cell Count (WBC)** | 4860.00 | cells/cumm | Male: 4000.0-11000.0<br>Female 4000.0-11000.0<br>Children: 6000.0-17500.0<br>Infants : 9000.0-30000.0 | Volumetric Impedance |



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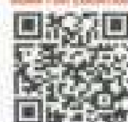

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| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Neutrophils** | 50.0 | % | 40.0-75.0 | Light scattering/Manual |
| **Lymphocytes** | 40.0 | % | 20.0-40.0 | Light scattering/Manual |
| **Eosinophils** | 4.0 | % | 0.0-8.0 | Light scattering/Manual |
| **Monocytes** | 5.0 | % | 0.0-10.0 | Light scattering/Manual |
| **Basophils** | 1.0 | % | 0.0-1.0 | Light scattering/Manual |
| **Absolute Neutrophil Count** | 2.43 | 10^3/uL | 2.0- 7.0 | Calculated |
| **Absolute Lymphocyte Count** | 2.02 | 10^3/uL | 1.0-3.0 | Calculated |
| **Absolute Monocyte Count** | 0.23 | 10^3/uL | 0.20-1.00 | Calculated |
| **Absolute Eosinophil Count** | 170.00 | cells/cumm | 40-440 | Calculated |
| **Absolute Basophil Count** | 0.01 | 10^3/uL | 0.0-0.10 | Calculated |
| **Erythrocyte Sedimentation Rate (ESR)** | 12 | mm/hr | Female : 0.0-20.0<br>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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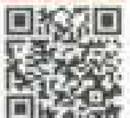


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| C/o | : Apollo Clinic | | | | |

| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Postprandial blood sugar (PPBS)-2Hrs-Plasma** | 112 | mg/dL | 70-140 | Hexokinase |

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

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

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

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| Ref. By Dr. | : Dr. APOLO CLINIC | | 1301240009 | Result Date | : 13-Jan-2024 02:26 PM |
| Reg. No. | : 1301240009 | | | Report Status | : Final |
| C/o | : Apollo Clinic | | | | |

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

Note: Confirm by tube or gel method.

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

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| Test Name | Result | Unit | Reference Value | Method |
|---|---|---|---|---|
| **Post prandial Blood Glucose (PPBS)-Plasma** | 150 | 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.

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