

**CERTIFICATE OF MEDICAL FITNESS**

NAME: Paawan kumar k.H

AGE/ GENDER: 42 y / m

HEIGHT: 178 cm

WEIGHT: 79.9 kg

IDENTIFICATION MARK: -

BLOOD PRESSURE: 141 / 89 mmHg

PULSE: 84 / min

CVS: } Normal  
RS:P }


ANY OTHER DISEASE DIAGNOSED IN THE PAST: - None

ALLERGIES, IF ANY: - None

LIST OF PRESCRIBED MEDICINES: - None

ANY OTHER REMARKS: - No

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



Signature of candidate

Dr. BINDURAJ. R  
MBBS MD

Signature of Medical Officer

Place: Spectrum Diagnostics & health care

Date: 09/03/24

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

SCAN FOR LOCATION



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

DATE:

**EYE EXAMINATION**

NAME: *Ms. Pawan Kumar*      AGE: *42y*      GENDER: *F / M*

	RIGHT EYE	LEFT EYE
Vision	<u><i>6/6:08</i></u>	<u><i>6/6:08</i></u>
Vision With glass	_____	_____
Color Vision	<u>Normal</u>	<u>Normal</u>
Anterior segment examination	<u>Normal</u>	<u>Normal</u>
Fundus Examination	<u>Normal</u>	<u>Normal</u>
Any other abnormality	<u>Nil</u>	<u>Nil</u>
Diagnosis/ impression	<u>Normal</u>	<u>Normal <i>e</i></u>

*amblyopia of 7/100*

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



NAME	AGE	GENDER
Mr. Jagan Kumar K.H.	42 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.

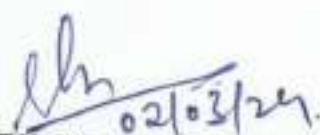
M: MISSING → None.

O: OTHERS → ITI Non-vital ; RCT Recommended.  
→ Generalized cement abrasions; Restorations Recommended.

ADVISED:

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

REM. RKS:

  
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





MR PAWAN KUMAR K H  
Male 42 Years

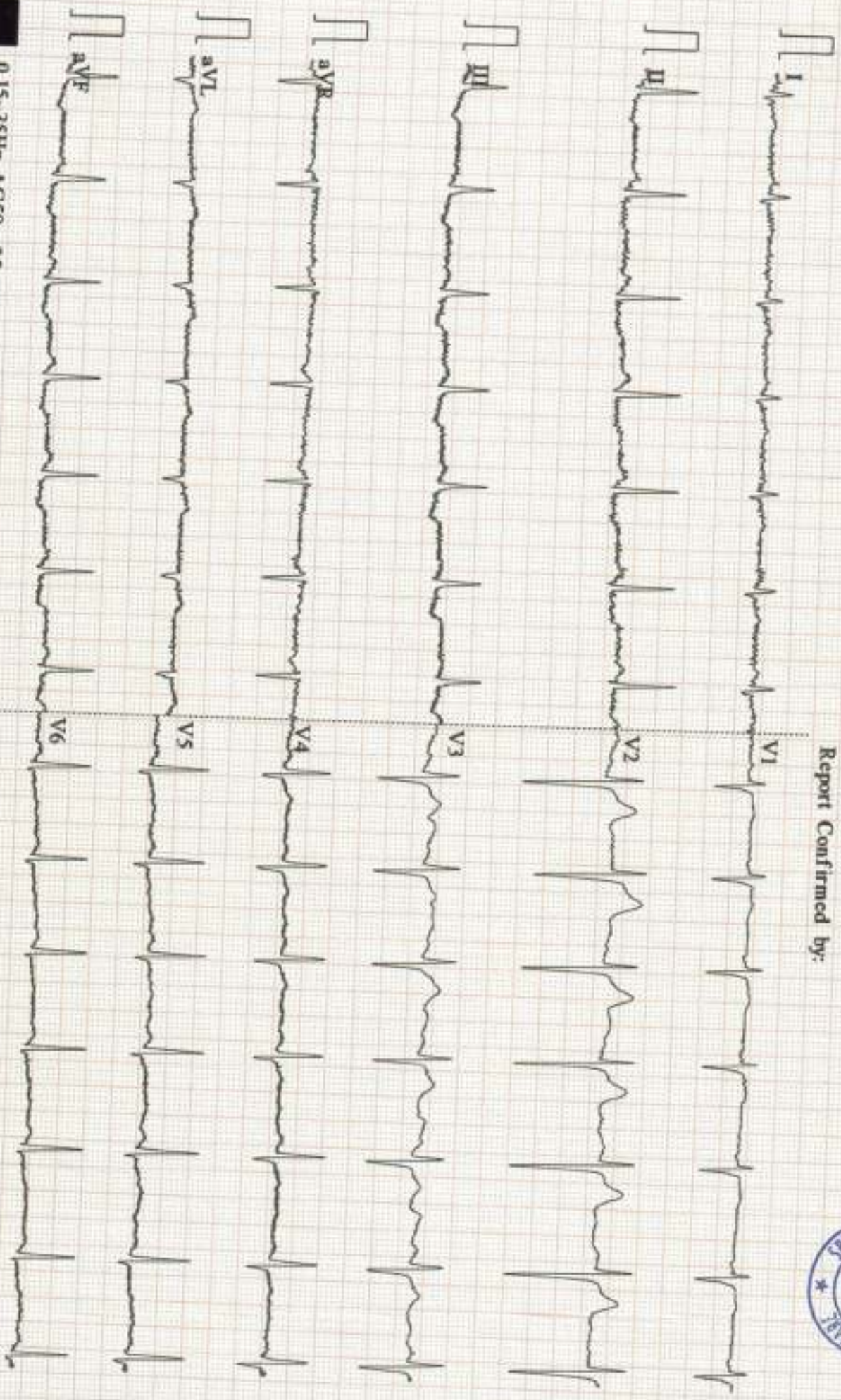
02-03-2024 09:08:08

HR : 80 bpm  
P : 111 ms  
PR : 142 ms  
QRS : 88 ms  
QT/QTc : 365/422 ms  
P/QRS/T : 55/79/-61 °  
RV5/SV1 : 1.083/0.708 mV

Diagnosis Information:

Sinus Rhythm  
Prolonged P-wave  
T Wave Abnormality (II,III,aVF,V4,V5,V6)

Report Confirmed by:



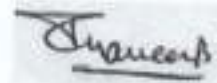
0.15-35Hz AC50 25mm/s 10mm/mV 2\*5.0s 80

V2.2 SEMIP V1.81 SPECTRUM DIAGNOSTICS & HEALTH CARE

NAME : MR.PAWAN KUMAR K H	DATE : 02/03/2024
AGE/SEX :42/MALE	REG NO: 0203240012
REF BY : APOLLO CLINIC	

## ***CHEST PA VIEW***

- Visualised lungs are clear .
  - Bilateral hila appears normal .
  - Cardia is normal in size
  - No pleural effusion
- 
- **IMPRESSION: No significant abnormality .**



**DR PRAVEEN B,DMRD ,DNB**  
**Consultant Radiologist**







# SPECTRUM DIAGNOSTICS

Bangalore

Patient ID : 0201

Name : PAWAN KUMAR K H

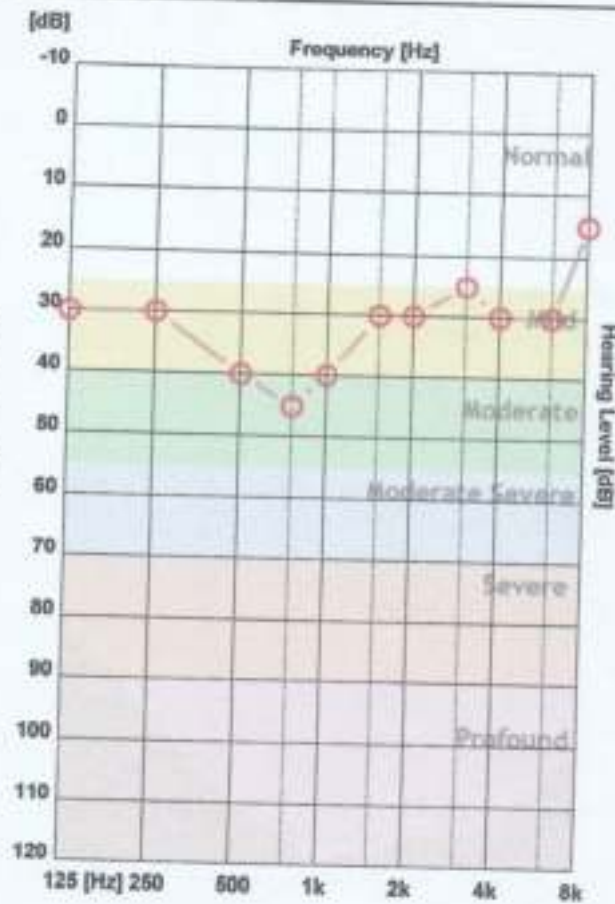
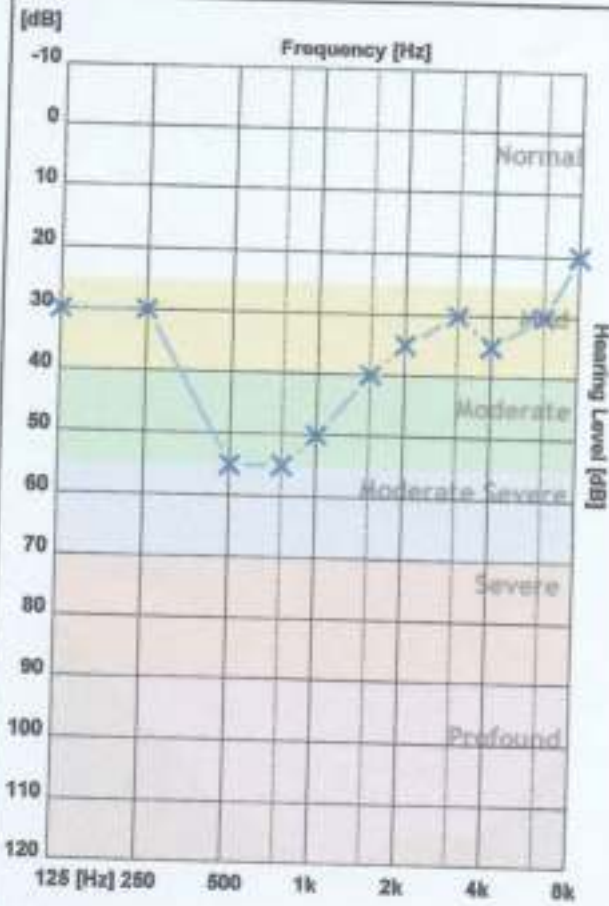
CR Number : 20240302115924

Registration Date : 02-Mar-2024

Age : 42

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	30	30	55	55	50	40	35	30	35	30	20
O - Air Right	30	30	40	45	40	30	30	25	30	30	15
> - Bone Left											
< - Bone Right											

	Average	High	Mid	Low
AIR Left	37.27 dB	28.75 dB	41.67 dB	42.50 dB
AIR Right	31.38 dB	25.00 dB	33.33 dB	36.25 dB

Clinical Notes :

Not Found





# Summary Report SPECTRUM DIAGNOSTICS & HEALTH CARE

Phone: 7760497644/ 08023371555

Name : MR PAWAN KUMAR K H  
 ID : 0203240012  
 Age, Wt, Ht : 42years(Male), 79Kg, 178cm

Doctor : Dr. APOLO CLINIC  
 Tested on : 02-03-2024, 09:19 AM  
 BPL DYNATRAC NEO

## Test Summary Report

Target HR = 178 Total time = 17:07 Protocol = BRUCE  
 HR achieved = 162 (91%) Exercise time = 11:11 Max ST(mm)=4.54(Lead V2)  
 Peak Ex = Exercise 4 Recovery time = 04:07 Min ST(mm)=-3.74(Lead III)

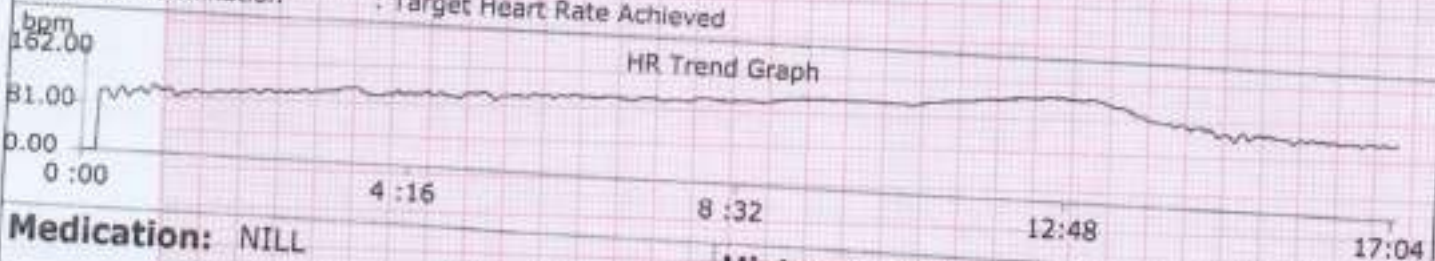
## Stagewise Summary

Stage Name	Duration (mm:ss)	Max HR	Max ST (mm)	Min ST (mm)	Speed km/hr	Slope (%)	METS	sys/dia (map)
Supine	00:32	102	4.54(V2)	-3.74(III)	0.0	0.0	0.00	130/80(96)
Standing	00:24	104	1.58(V2)	-1.48(III)	0.0	0.0	0.00	130/80(96)
Hyperventilation	00:26	109	1.55(V2)	-2.05(III)	0.0	0.0	0.00	130/80(96)
Waiting for Exercise	00:27	106	2.11(V2)	-1.37(V5)	0.0	0.0	0.00	130/80(96)
Exercise 1	03:00	122	2.00(V2)	-1.97(V1)	2.7	10.0	5.10	140/80(100)
Exercise 2	03:00	130	2.22(V2)	-1.36(III)	4.0	12.0	7.10	150/80(103)
Exercise 3	03:00	142	3.42(V3)	-3.29(AVF)	5.5	14.0	10.00	155/80(105)
Peak Exercise 4	02:11	162	3.34(V3)	-3.24(V5)	6.8	16.0	14.00	160/80(106)
Recovery 1	01:00	162	4.33(V2)	-3.74(III)	0.0	0.0	0.00	---/---(---)
Recovery 2	01:00	129	4.54(V2)	-1.49(V1)	0.0	0.0	0.00	160/90(113)
Recovery 3	01:00	116	2.91(V2)	-1.93(III)	0.0	0.0	0.00	156/90(112)
Recovery 4	01:00	112	2.31(V2)	-2.06(II)	0.0	0.0	0.00	---/---(---)
Recovery 5	00:07	110	2.08(V2)	-1.11(II)	0.0	0.0	0.00	---/---(---)

Rpp: 13260(Supine), 13520(Standing), 14170(Hyperventilation), 13780(Waiting for Exercise), 17080(Exercise 1), 19500(Exercise 2), 22010(Exercise 3), 25920(Peak Exercise 4), 20640(Recovery 2), 18096(Recovery 3)

Stage comments: none

Object of test : IHD screening  
 Risk factor : None  
 Activity : Very active  
 Other Investigation : X-RAY, Lab Investigation, ECG  
 Ex tolerance : Good (> 10 mets)  
 Ex Arrhythmia : No  
 Hemo Response : Normal  
 Chrono response : Normal  
 Reason for Termination : Target Heart Rate Achieved



Medication: NIL

History: NIL

**Observations:** TARGET HEART RATE ACHIEVED  
 GOOD EFFORT TOLERANCE  
 NO ANGINA / NO ARRHYTHMIAS  
 NO SIGNIFICANT ST - T CHANGES DURING PEAK EXERCISE & RECOVERY

**Final Impression:** Stress test negative for inducible Ischemia



Technician: DURGA V Done By: Confirmed by -



Rhythm Report

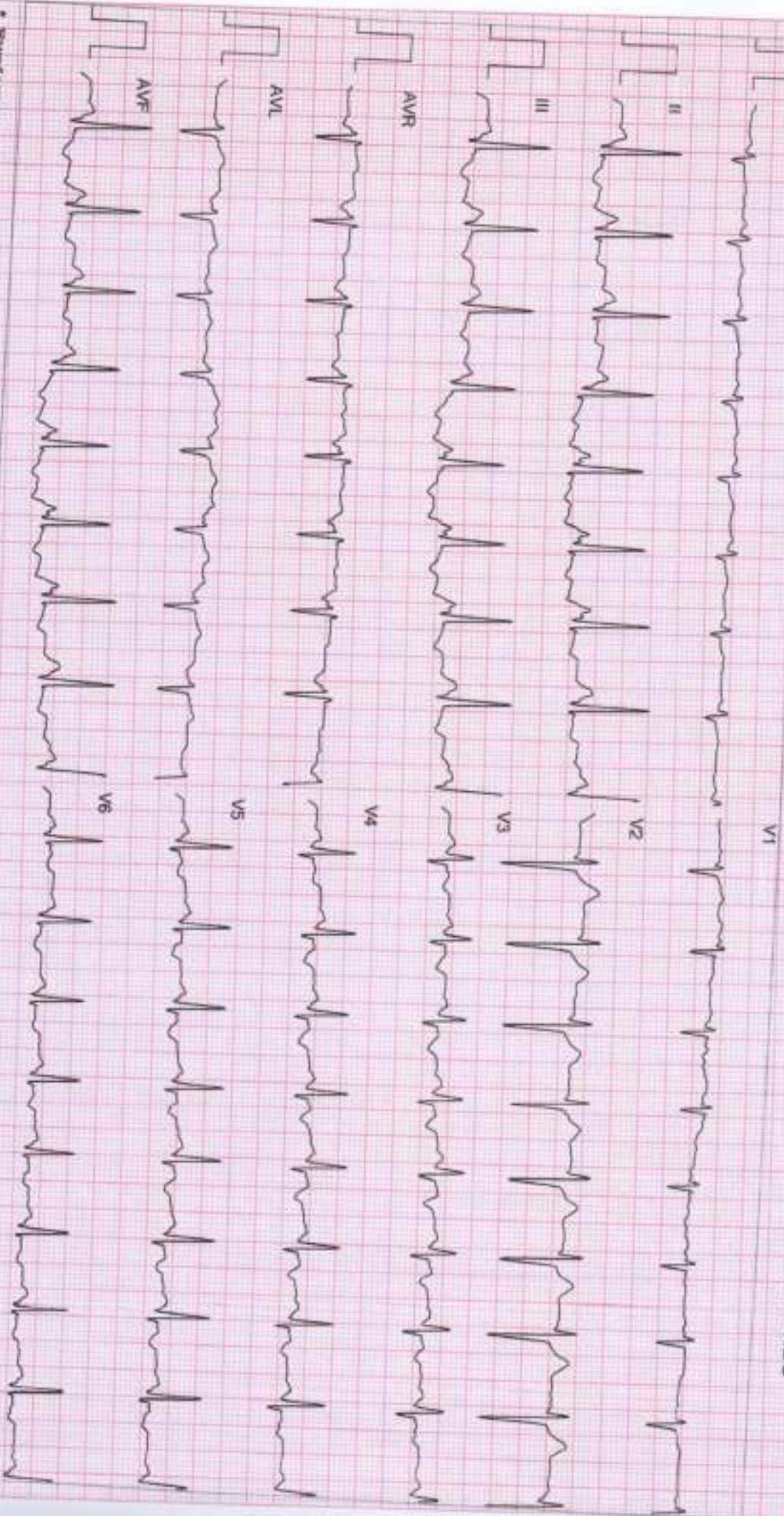
**SPECTRUM DIAGNOSTICS & HEALTH CARE**  
Phone: 7760497644 / 08023371555

ID : 0203240012  
NAME : MR PAWAN KUMAR  
AGE : 42

Stage : Supine  
Pre Test Time : 00:31

NIBP : 130/80(96)  
ST Level(mm), ST Slope (mV/sec) at 80ms PJ  
Stage Time : 00:31  
HR : 104 (58%)

Protocol : BRUCE  
Speed(Km/h) : 0.0  
Grade(%) : 0.00  
METS : 0.00  
Doctor : Dr. APOLO CLINIC  
Tested on : 02-03-2024,09:19 AM  
BPL DYNATRAC NEO



\* Waveforms are computer synthesized.

Technician: DURGAM V

20Hz Filter

Gain: 10mm/mV

Speed: 25mm/sec



# SPECTRUM DIAGNOSTICS & HEALTH CARE

Phone: 7760497644 / 08023371555

ID : 0203240012  
NAME : MR PAWAN KUMAR  
AGE : 42

Stage : Supine  
Pre Test Time : 00:32

Protocol : BRUCE  
Speed(Km/h) : 0.0

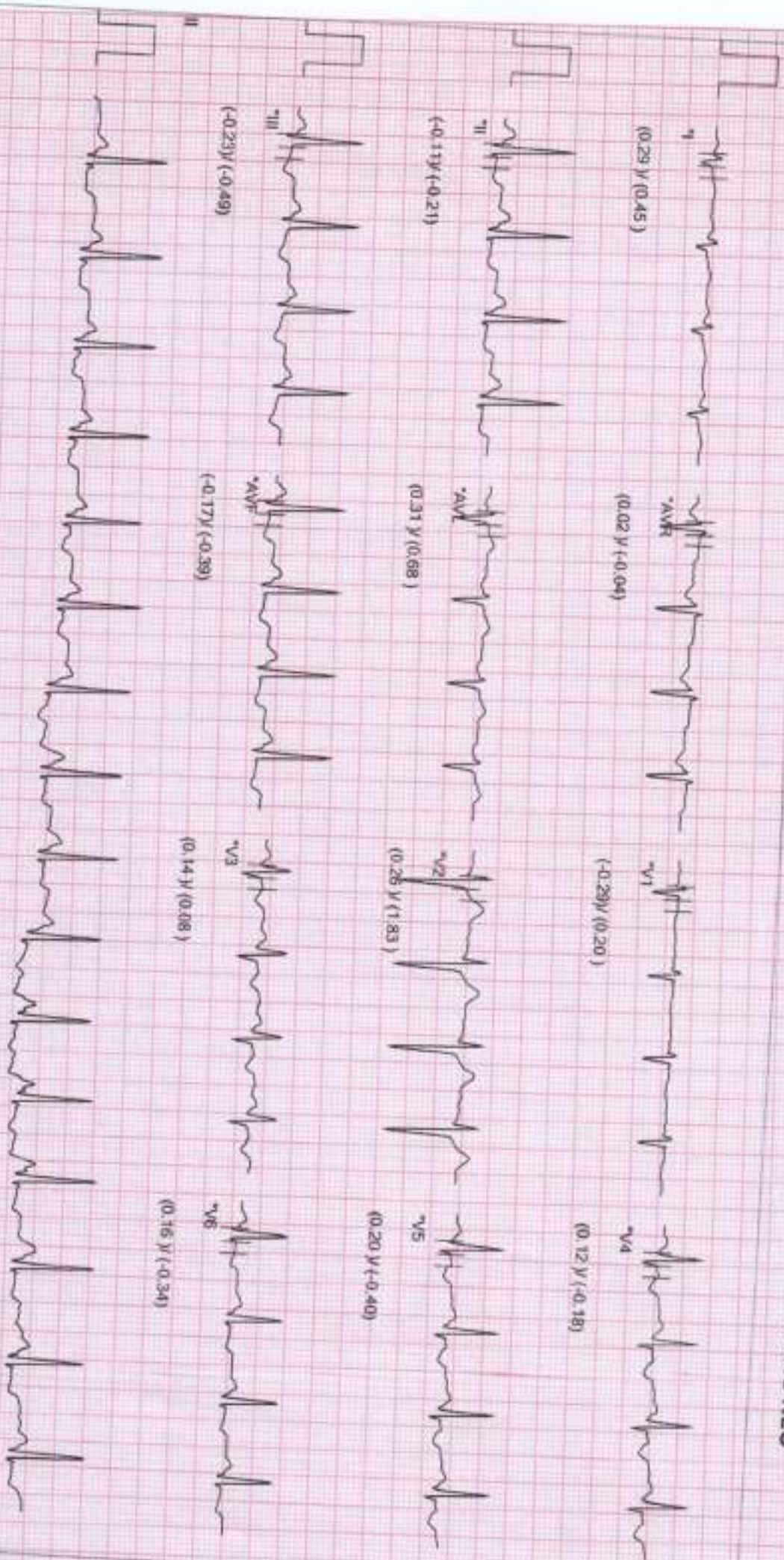
NIBP : 130/80(96)

Stage Time : 00:32  
HR : 100 (56%)

ST Level(mm), ST Slope (mV/sec) at 80ms P1

Grade(%) : 0.00  
METs : 0.00

Doctor : Dr. APOLO CLINIC  
Tested on : 02-03-2024, 09:19 AM  
BPL DYNATRAC NEO



\* Waveforms are computer synthesized.

Technician: DR RA V

20Hz Filter

Gain: 10mm/mV

Speed: 25mm/sec



# SPECTRUM DIAGNOSTICS & HEALTH CARE

ID : 0203240012  
NAME : MR PAWAN KUMAR

AGE : 42

Phone: 7760497644 / 08023371555  
Stage : Standing  
Pre Test Time : 00:56

Stage Time : 00:24

HR : 109 (61%)

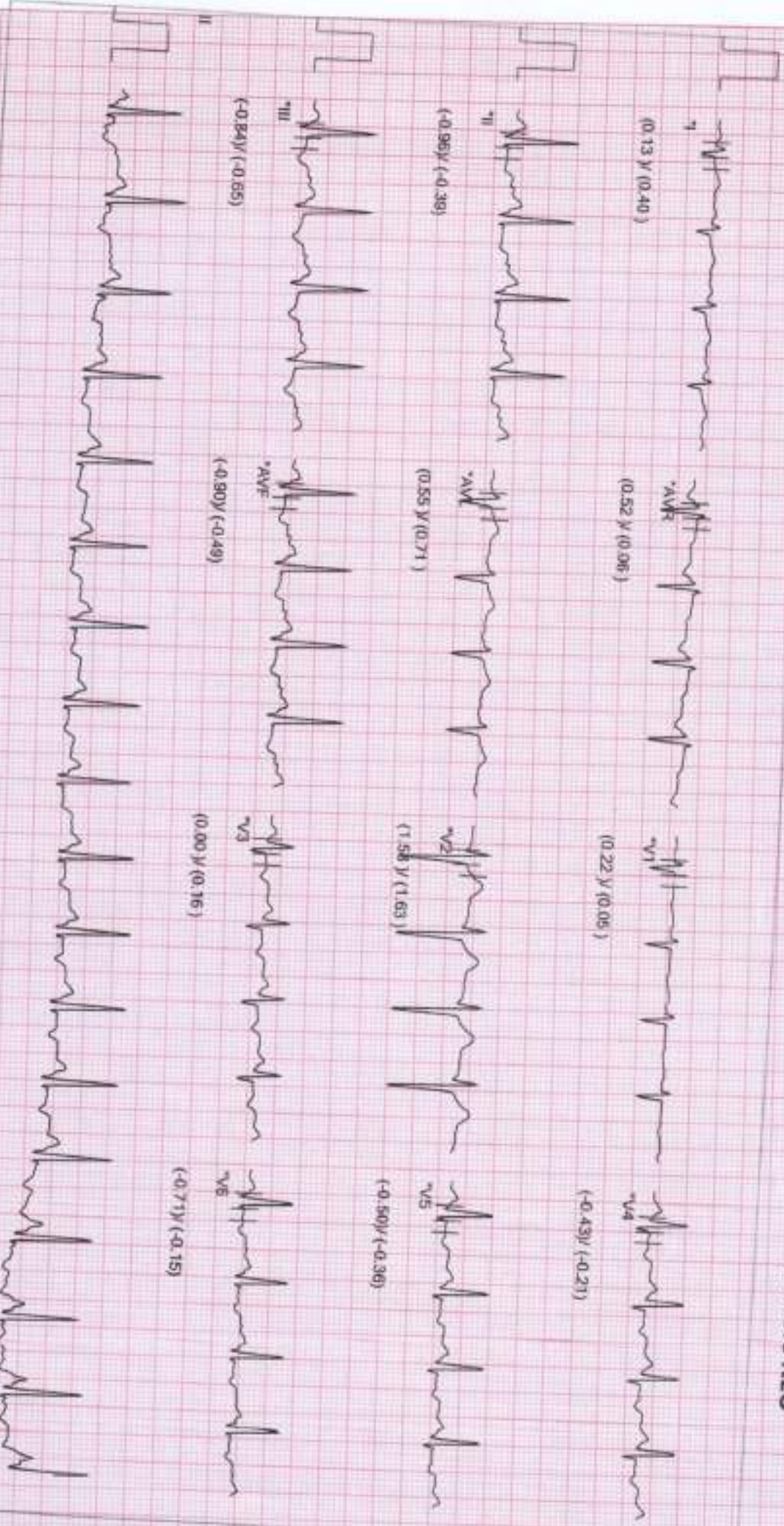
Protocol : BRUCE  
Speed(Km/h) : 0.0

Grade(%) : 0.00  
METS : 0.00

Doctor : Dr. APOLO CLINIC

Tested on : 02-03-2024,09:19 AM  
BPL DYNATRAC NEO

NIBP : 130/80(96)  
ST Level(mm), ST Slope (mV/sec) at 80ms P1



Waveforms are computer synthesized. Technician: PUNGA V. 20Hz Filter. Gain: 10mm/mV. Speed: 25mm/sec.



# SPECTRUM DIAGNOSTICS & HEALTH CARE

ID : 0203240012  
NAME : MR PAWAN KUMAR  
AGE : 42

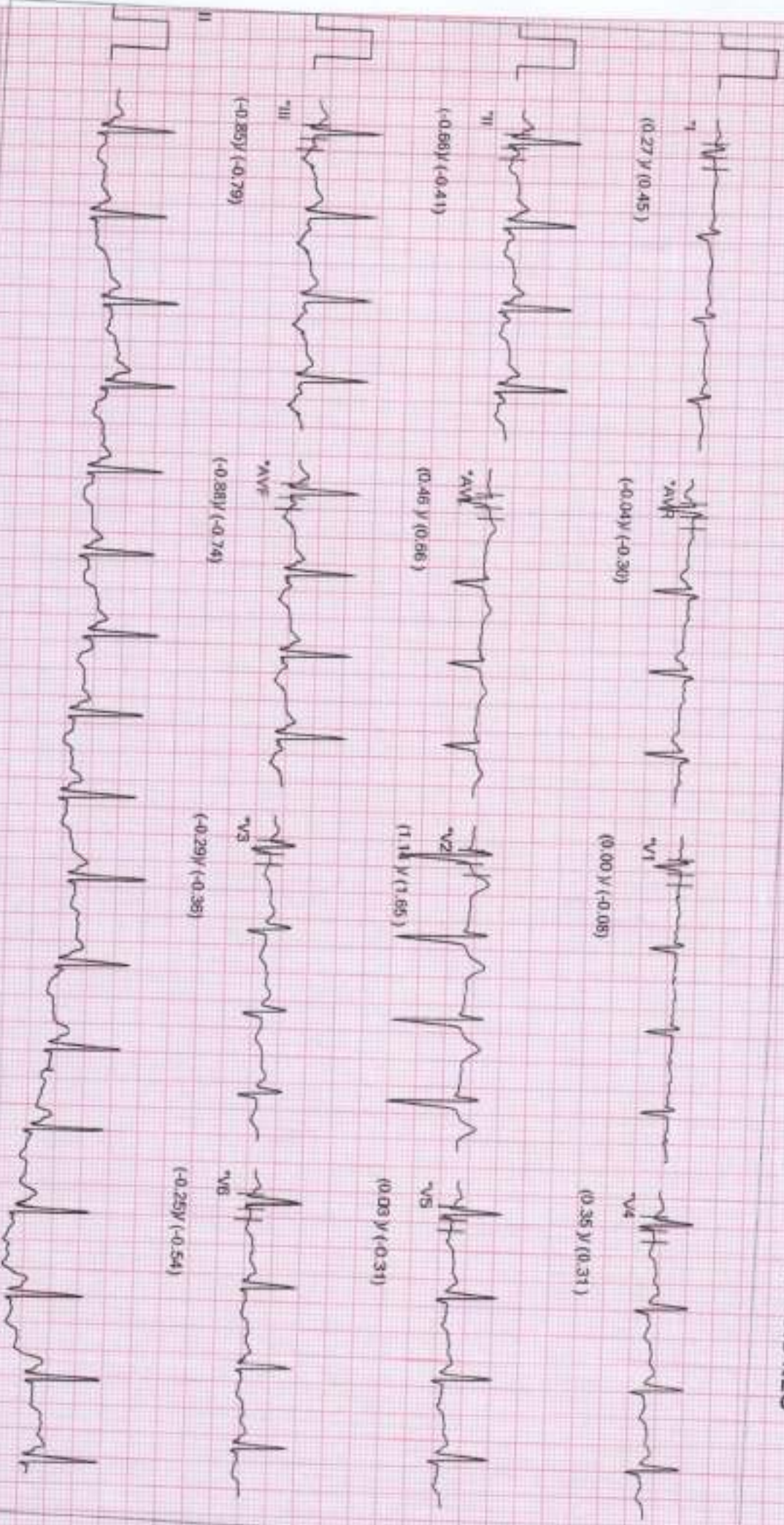
Phone: 7760497644 / 08023371555  
Stage : Hyperventilation  
Pre Test Time : 01:22

Protocol : BRUCE  
Speed(Km/h) : 0.0

NIBP : 130/80(96)  
ST Level(mm), ST Slope (mV/sec) at 80ms P)  
HR : 100 (56%)

Grade(%) : 0.00  
METS : 0.00

Doctor : Dr. APOLO CLINIC  
Tested on : 02-03-2024, 09:19 AM  
BPL DYNATRAC NEO



Waveforms are computer synthesized.

Technician: RONCA V

20Hz filter

Gain: 10mm/mV

Speed: 25mm/sec



# SPECTRUM DIAGNOSTICS & HEALTH CARE

Phone: 7760497644 / 08023371555

ID : 0203240012  
NAME : MR PAWAN KUMAR  
AGE : 42

Stage : Waiting for Exe .. Protocol  
Pre Test Time : 01:49

Stage Time : 00:27

Speed(Km/h) : 0.0

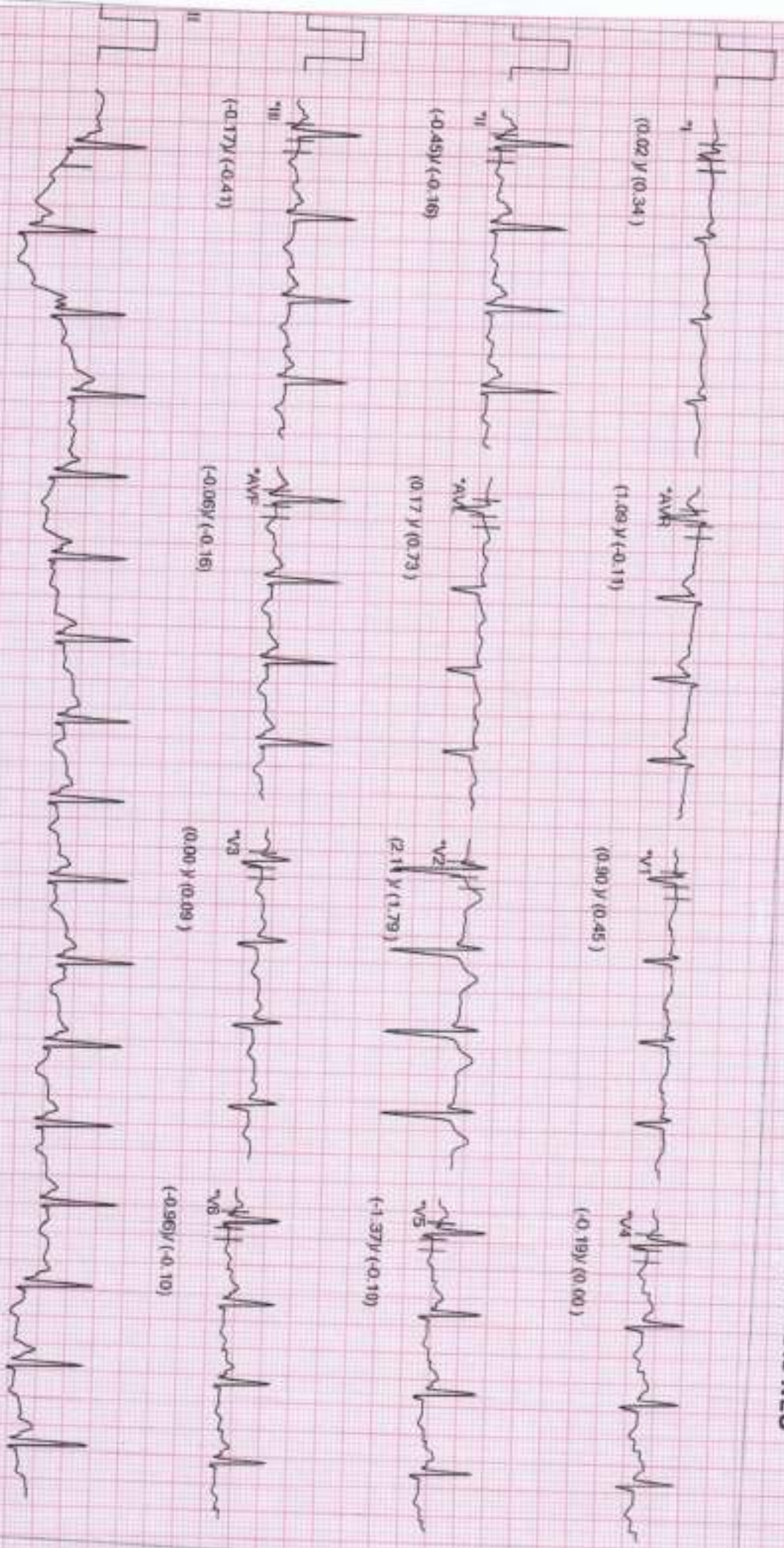
Doctor : Dr. APOLLO CLINIC

NIBP : 130/80(96)  
ST Level(mm), ST Slope (mV/sec) at 80ms pJ

HR : 105 (58%)

Grade(%) : 0.00  
METS : 0.00

Tested on : 02-03-2024,09:19 AM  
BPL DYNATRAC NEO





# SPECTRUM DIAGNOSTICS & HEALTH CARE

Phone: 7760497644 / 08023371555

ID : 0203240012  
NAME : MR PAWAN KUMAR  
AGE : 42

Stage : Exercise 1  
Stage Time : 03:00

Protocol : BRUCE  
Speed(Km/h) : 2.7

NIBP : 140/80(100)

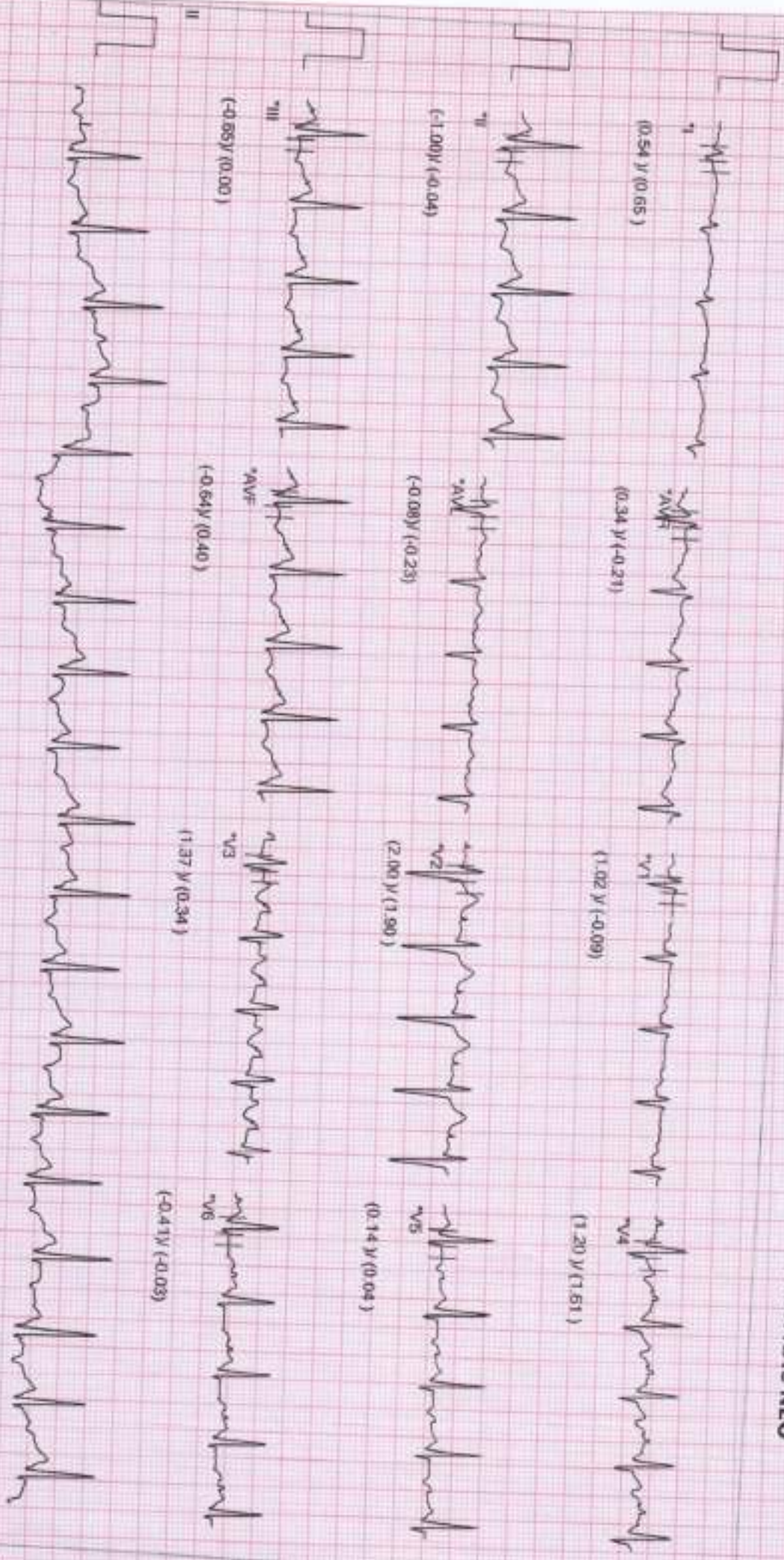
HR : 117 (65%)

Grade(%) : 10.00  
METS : 5.10

Doctor : Dr. APOLO CLINIC  
Tested on : 02-03-2024,09:19 AM

ST Level(mm), ST Slope (mV/sec) at 80ms PJ

BPL DYNATRAC NEO



\* Measurements are computer synthesized

Technician: PUNNA V

20Hz filter

Gain: 10mm/mV

Speed: 25mm/sec



# SPECTRUM DIAGNOSTICS & HEALTH CARE

ID : 0203240012  
NAME : MR PAWAN KUMAR  
AGE : 42

Phone: 7760497644 / 08023371555  
Stage : Exercise 2  
Exercise Time : 06:00

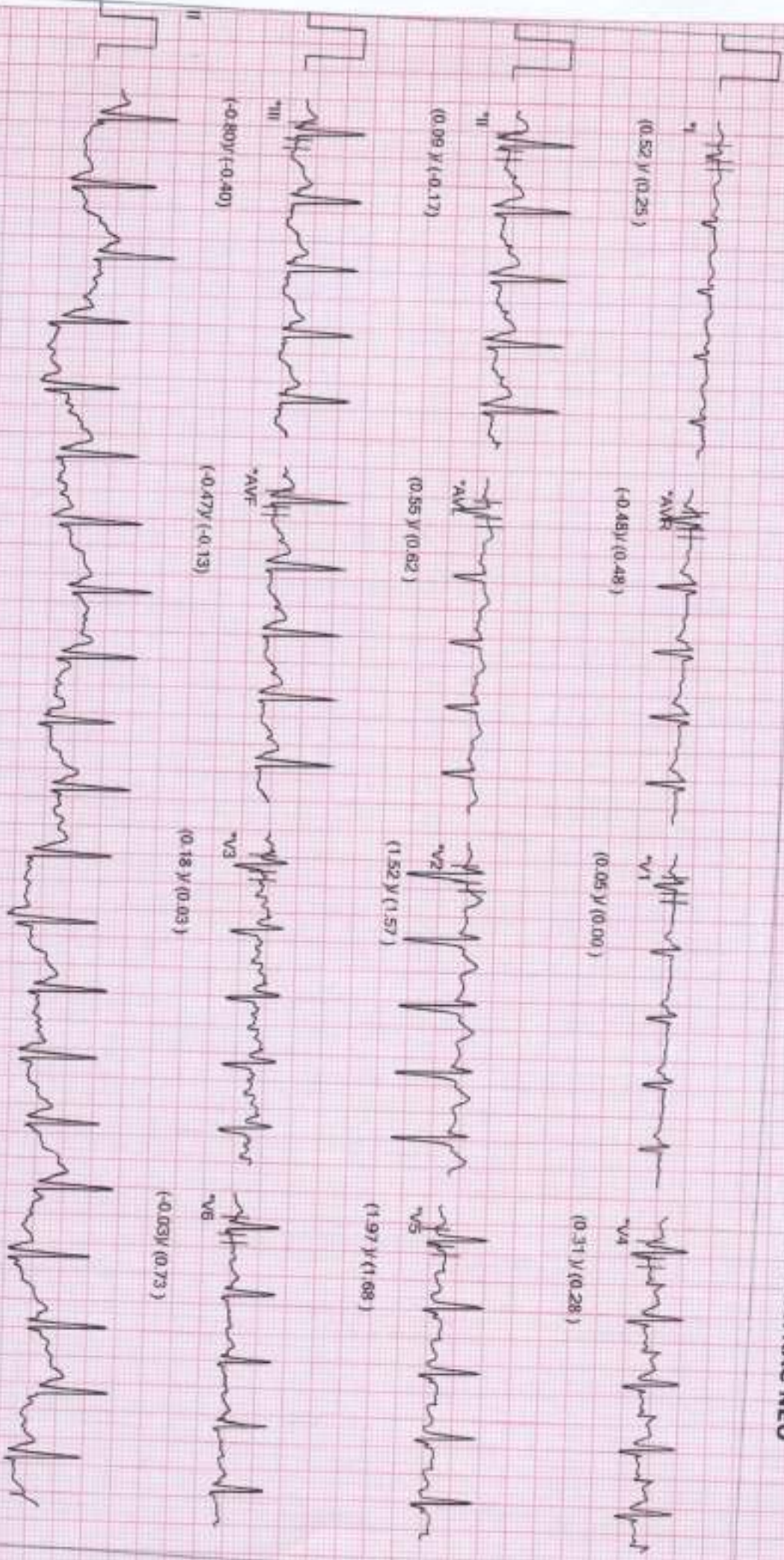
Stage Time : 03:00

HR : 129 (72%)

NIBP : 150/80(103)  
ST Level(mm), ST Slope (mV/sec) at 60ms pJ

Protocol : BRUCE  
Speed(Km/h) : 4.0  
Grade(%) : 12.00  
METS : 7.10

Doctor : Dr. APOLO CLINIC  
Tested on : 02-03-2024,09:19 AM  
BPL DYNATRAC NEO



Waveforms are computer synthesized.

Technician: DUMICA V

20Hz filter

Gain: 10mm/mV

Speed: 25mm/sec



# SPECTRUM DIAGNOSTICS & HEALTH CARE

ID : 0203240012  
NAME : MR PAWAN KUMAR  
AGE : 42

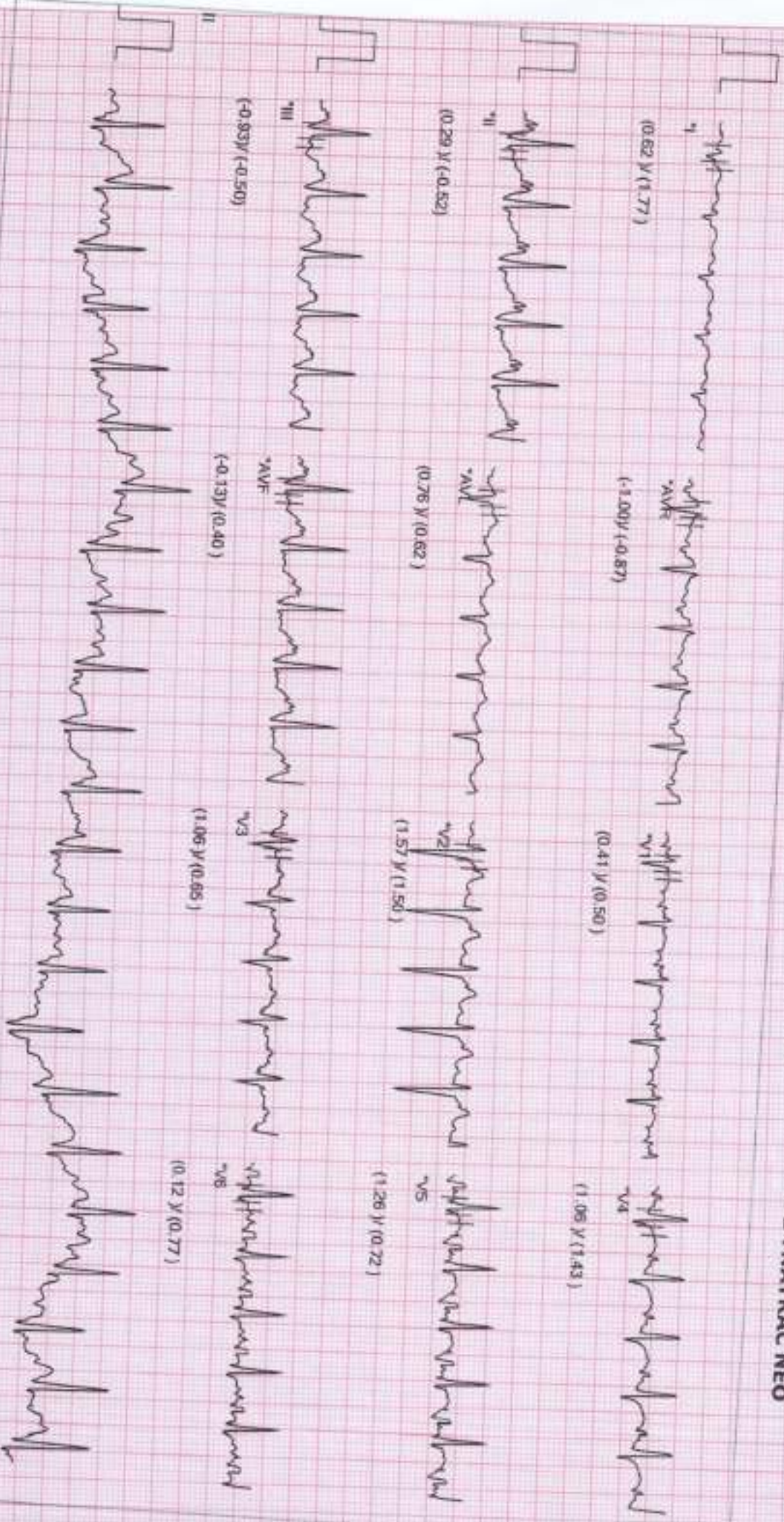
Phone: 7760497644 / 08023371555  
Stage : Exercise 3  
Exercise Time : 09:00

Protocol : BRUCE  
Speed(Km/h) : 5.5

Doctor : Dr. APOLO CLINIC  
Tested on : 02-03-2024, 09:19 AM  
BPL DYNATRAC NEO

NIBP : 155/80(105)  
ST Level(mm), ST Slope (mV/sec) at 60ms Pj  
HR : 139 (78%)  
Stage Time : 03:00

Graded(%) : 14.00  
METS : 10.00



MAVERFORMS AND COMPUTER SYNTHESIZED.  
Technician: DURGA V  
20Hz Filter  
Gain: 10mm/mV  
Speed: 25mm/sec



# SPECTRUM DIAGNOSTICS & HEALTH CARE

ID : 0203240012  
NAME : MR PAWAN KUMAR  
AGE : 42

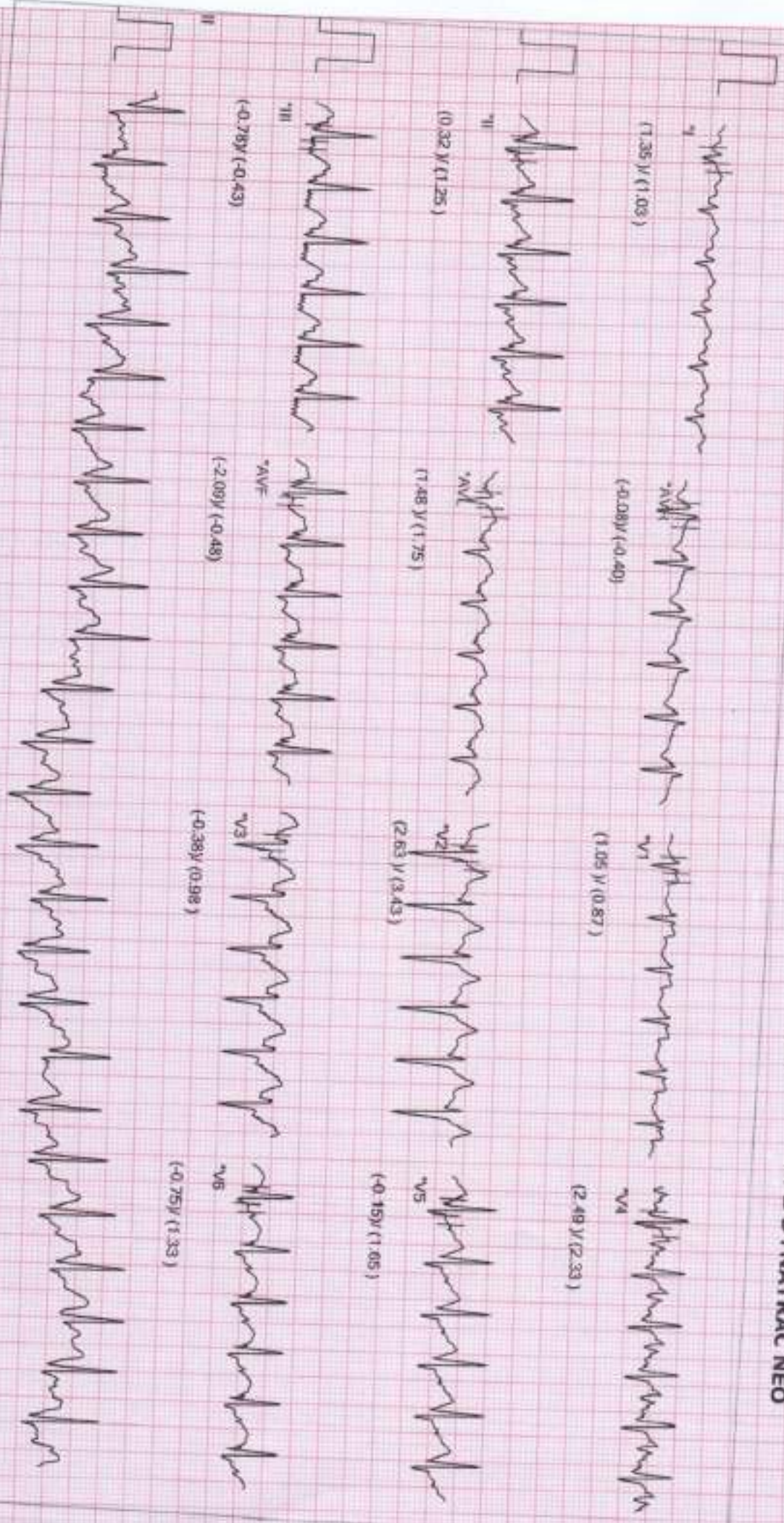
Phone: 7760497644 / 08023371555  
Stage : Peak Exercise 4  
Exercise Time : 11:11

Protocol : BRUCE  
Speed(Km/h) : 6.8

NIBP : 160/80(106)  
ST Level(mm), ST Slope (mV/sec) at 60ms pJ  
Stage Time : 02:11  
HR : 160 (89%)

Grade(%) : 16.00  
METS : 14.00

Doctor : Dr. APOLO CLINIC  
Tested on : 02-03-2024,09:19 AM  
BPL DYNATRAC NEO



\* Waveforms are computer synthesized.

Technician: DORCA V.

20Hz Filter

Gain: 10mm/mV

Speed: 25mm/sec



# SPECTRUM DIAGNOSTICS & HEALTH CARE

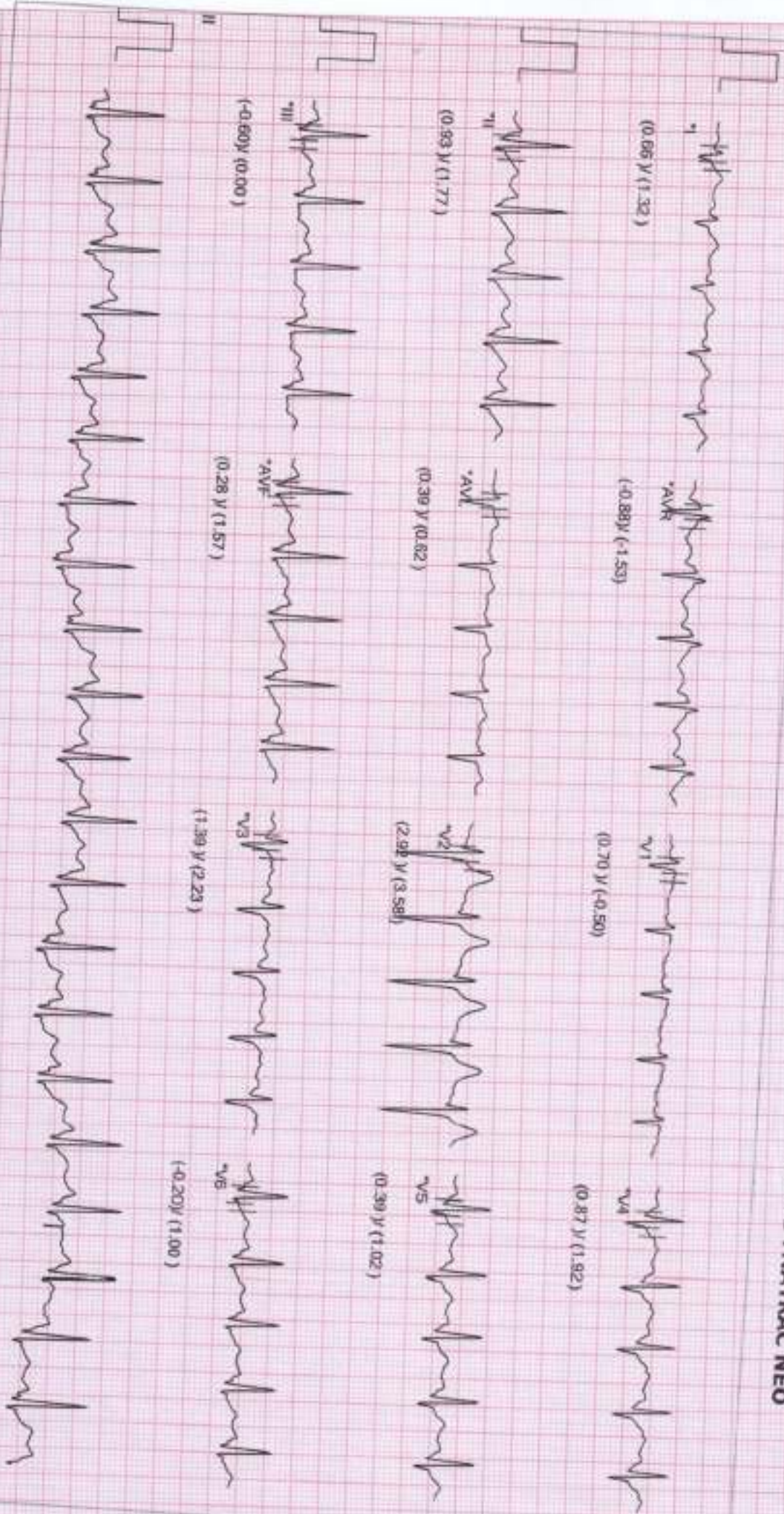
Phone: 7760497644 / 08023371555

ID : 0203240012  
NAME : MR PAWAN KUMAR  
AGE : 42

Stage : Recovery Time : 01:00  
Recovery Time : 01:00

NIBP : ---/---(---)  
ST Level(mm), ST Slope (mV/sec) at 60ms P1  
Stage Time : 01:00  
HR : 127 (71%)

Protocol : BRUCE  
Speed(Km/h) : 0.0  
Gradel(%) : 0.00  
METS : 0.00  
Doctor : Dr. APOLO CLINIC  
Tested on : 02-03-2024,09:19 AM  
BPL DYNATRAC NEO



Waveforms are computer synthesized. Technician: DURGA V. 20Hz Filter. Gain: 10mm/mV. Speed: 25mm/sec.



# SPECTRUM DIAGNOSTICS & HEALTH CARE

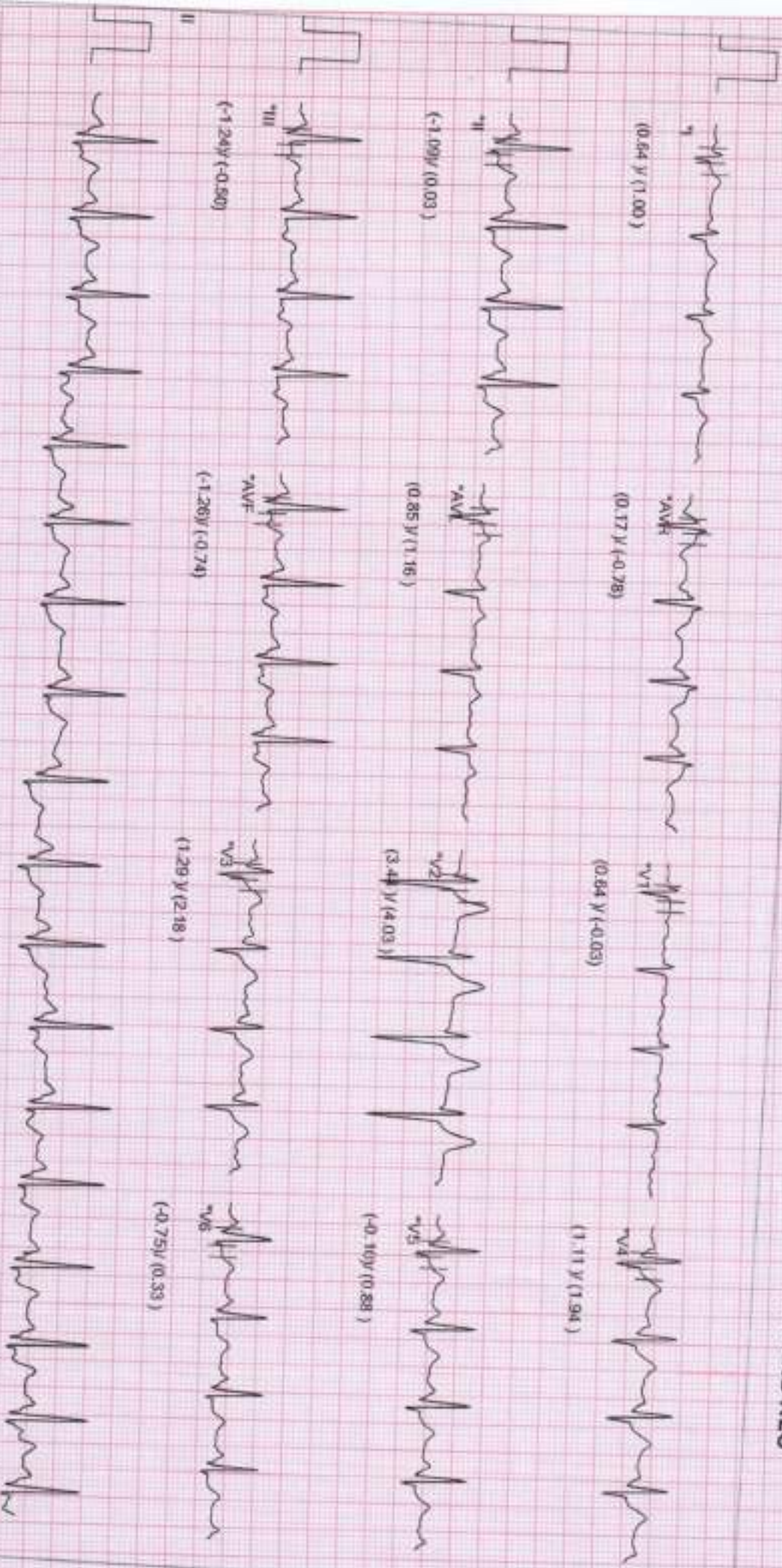
ID : 0203240012  
NAME : MR PAWAN KUMAR  
AGE : 42

Phone: 7760497644 / 08023371555  
Stage : Recovery 2  
Recovery Time : 02:00

Protocol : BRUCE  
Speed(km/h) : 0.0

NIBP : 160/90(113)  
ST Level(mm), ST Slope (mV/sec) at 80ms pJ  
HR : 108 (60%)

Doctor : Dr. APOLO CLINIC  
Tested on : 02-03-2024,09:19 AM  
BPL DYNATRAC NEO



\* Waveforms are computer synthesized.  
Technician: DORGA V  
20Hz Filter  
Gain: 10mm/mV  
Speed: 25mm/sec



# SPECTRUM DIAGNOSTICS & HEALTH CARE

ID : 0203240012  
NAME : MR PAWAN KUMAR  
AGE : 42

Phone: 7760497644 / 08023371555  
Stage : Recovery 3  
Recovery Time : 03:00

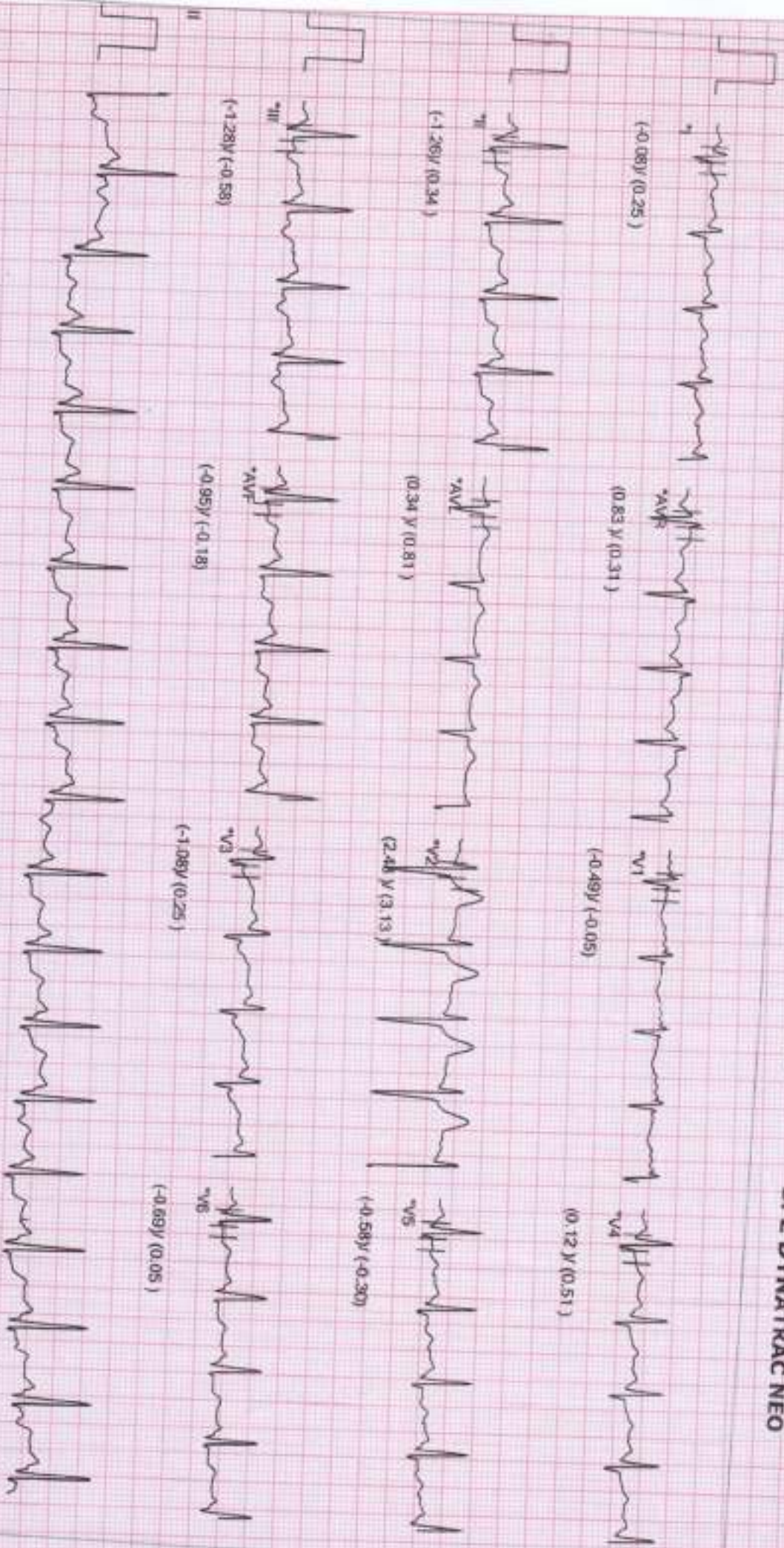
Protocol : BRUCE  
Speed(Km/h) : 0.0

NTBP : 156/90(112)  
ST Level(mm), ST Slope (mV/sec) at 90ms pJ

Stage Time : 01:00  
HR : 113 (63%)

Grade(%) : 0.00  
METS : 0.00

Doctor : Dr. APOLO CLINIC  
Tested on : 02-03-2024,09:19 AM  
BPL DYNATRAC NEO



\* Waveforms are computer synthesized.

Technician: DINKA V

20Hz Filter

Gain: 10mm/mV

Speed: 25mm/sec



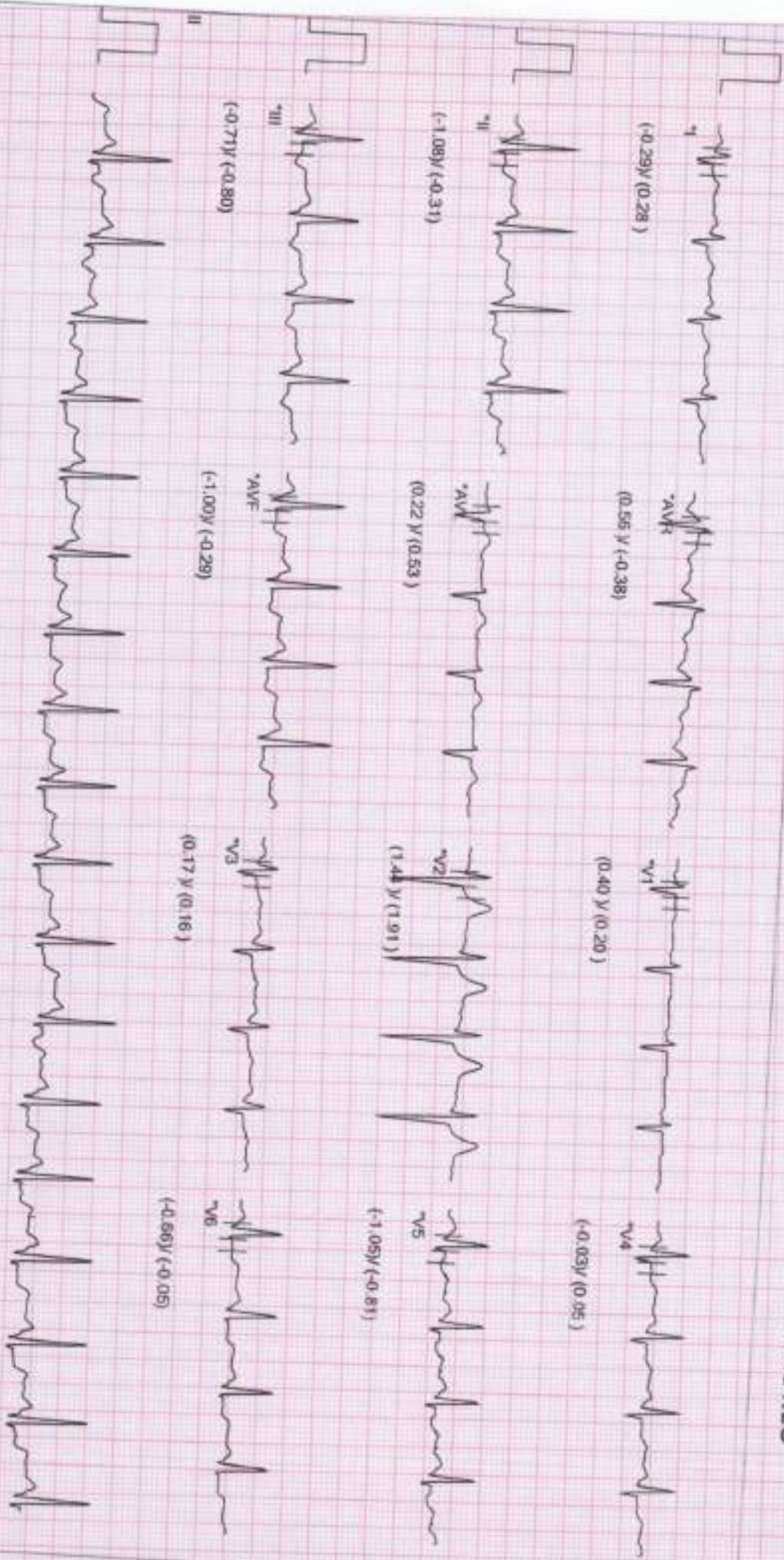
# SPECTRUM DIAGNOSTICS & HEALTH CARE

ID : 0203240012  
NAME : MR PAWAN KUMAR  
AGE : 42

Phone: 7760497644 / 08023371555  
Stage : Recovery 4  
Recovery Time : 04:00

NIBP : ---/---(---)  
ST Level(mm), ST Slope (mV/sec) at 80ms pJ  
Stage Time : 01:00  
HR : 108 (60%)

Protocol : BRUCE  
Speed(Km/h) : 0.0  
Grade(%) : 0.00  
METS : 0.00  
Doctor : Dr. APOLO CLINIC  
Tested on : 02-03-2024,09:19 AM  
BPL DYNATRAC NEO



\* Waveforms are computer synthesized.

Technician: DUTTA V

20Hz Filter

Gain: 10mm/mV

Speed: 25mm/sec



NAME AND LAB NO	MR PAWAN KUMAR K H	REG-40012
AGE & SEX	42 YRS	MALE
DATE AND AREA OF INTEREST	02.03.2024	ABDOMEN & PELVIS
REF BY	C/O APOLO CLINIC	

**USG ABDOMEN AND PELVIS**

- LIVER:** Normal in size and shows diffuse increased echogenicity  
No e/o IHBR dilatation. No evidence of focal lesion.  
Portal vein appears normal.  
CBD appears normal.
- GALL BLADDER:** Well distended. Wall appears normal.No e/o calculus.
- 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:** Mildly distended. No wall thickening/ calculi.
- PROSTATE:** Normal in size and echotexture.
- No evidence of ascites/pleural effusion.

**IMPRESSION:**

➤ *Grade I fatty liver.*

- *Suggested clinical / lab correlation.*



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





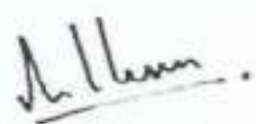
Name	: MR. PAWAN KUMAR K.H	UHID	: 0203240012	Bill Date	: 02-Mar-2024 08:02 AM
Age / Gender	: 42 Years / Male			Sample Col. Date	: 02-Mar-2024 08:02 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 02-Mar-2024 11:21 AM
Reg. No.	: 0203240012			Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Prostate-Specific Antigen(PSA)-0.64 Serum	0.64	ng/mL	0.0-4.0	CLIA

Note: 1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age.  
 2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.  
 3. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.  
 4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels  
 5. PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations  
 6. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk  
 7. Physiological decrease in PSA level by 18% has been observed in hospitalized /sedentary patients either due to supine position or suspended sexual activity.  
 Recommended Testing Intervals: Pre-operatively ( Baseline), 2-4 days post-operatively,Prior to discharge from hospital,Monthly followup if levels are high or show a rising trend.  
 Clinical Use: -An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.  
 -Followup and management of Prostate cancer patients  
 -Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.  
 Increased Levels : Prostate cancer,Benign Prostatic Hyperplasia,Prostatitis,Genitourinary infections.



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Dr. Nithus Reddy C,MD,Consultant Pathologist





Name	: MR. PAWAN KUMAR K.H	UHID	: 0203240012	Bill Date	: 02-Mar-2024 08:02 AM
Age / Gender	: 42 Years / Male			Sample Col. Date	: 02-Mar-2024 08:02 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 02-Mar-2024 11:21 AM
Reg. No.	: 0203240012			Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
<b>Thyroid function tests (TFT)-Serum</b>				
Tri-Iodo Thyronine (T3)-Serum	1.12	ng/mL	Male: 0.60 - 1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine (T4)-Serum	7.80	µg/dL	Male: 5.50 - 12.10	Chemiluminescence Immunoassay (CLIA)
Thyroid Stimulating Hormone (TSH)-Serum	3.16	µIU/mL	Male: 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
Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA	8.50	%	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
Glycosylated Haemoglobin (HbA1c)				
Estimated Average Glucose(eAG)	197.25	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 glycaemic control as compared to blood and urinary glucose determinations.



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**Age / Gender** : 42 Years / Male  
**Ref. By Dr.** : Dr. APOLO CLINIC  
**Reg. No.** : 0203240012  
**C/o** : Apollo Clinic

**UHID** : 0203240012  
  
 0203240012

**Bill Date** : 02-Mar-2024 08:02 AM  
**Sample Col. Date** : 02-Mar-2024 08:02 AM  
**Result Date** : 02-Mar-2024 11:46 AM  
**Report Status** : Final

Test Name	Result	Unit	Reference Value	Method
<b>Lipid Profile-Serum</b>				
Cholesterol Total-Serum	199.00	mg/dL	Male: 0.0 - 200	Cholesterol Oxidase/Peroxidase
Triglycerides-Serum	117.00	mg/dL	Male: 0.0 - 150	Lipase/Glycerol Dehydrogenase
High-density lipoprotein (HDL) Cholesterol-Serum	53.00	mg/dL	Male: 40.0 - 60.0	Accelerator/Selective Detergent
Non-HDL cholesterol-Serum	146	mg/dL	Male: 0.0 - 130	Calculated
Low-density lipoprotein (LDL) Cholesterol-Serum	138.00	mg/dL	Male: 0.0 - 100.0	Cholesterol esterase and cholesterol oxidase
Very-low-density lipoprotein (VLDL) cholesterol-Serum	23	mg/dL	Male: 0.0 - 40	Calculated
Cholesterol/HDL Ratio-Serum	3.75	Ratio	Male: 0.0 - 5.0	Calculated

**Interpretation:**

Parameter	Desirable	Borderline High	High	Very High
Total Cholesterol	<200	200-239	>240	
Triglycerides	<150	150-199	200-499	>500
Non-HDL cholesterol	<130	160-189	190-219	>220
Low-density lipoprotein (LDL) Cholesterol	<100	100-129	160-189	>190

**Comments:** As per Lipid Association of India (LAI), for routine screening, overnight fasting preferred but not mandatory. Indians are at very high risk of developing Atherosclerotic Cardiovascular (ASCVD). Among the various risk factors for ASCVD such as dyslipidemia, Diabetes Mellitus, sedentary lifestyle, Hypertension, smoking etc., dyslipidemia has the highest population attributable risk for MI both because of direct association with disease pathogenesis and very high prevalence in Indian population. Hence monitoring lipid profile regularly for effective management of dyslipidemia remains one of the most important healthcare targets for prevention of ASCVD. In addition, estimation of ASCVD risk is an essential, initial step in the management of individuals requiring primary prevention of ASCVD. In the context of lipid management, such a risk estimate forms the basis for several key therapeutic decisions, such as the need for and aggressiveness of statin therapy.



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Test Name	Result	Unit	Reference Value	Method
Fasting Urine Glucose-Urine	Positive(++)		Negative	Dipstick/Benedicts (Manual)
Fasting Blood Sugar (FBS)- Plasma	157	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.

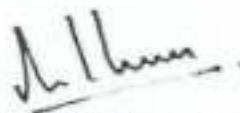
**Note:** Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

**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 glycaemic index ? Exercise in between samples ? Family history of Diabetes, Idiopathic, Partial / Total Gastrectomy.



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<b>Reg. No.</b> : 0203240012		<b>Report Status</b> : Final
<b>C/o</b> : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
<b>KFT ( Kidney Function Test ) :</b>				
Blood Urea Nitrogen (BUN)-Serum	13.20	mg/dL	7.0-18.0	GLDH,Kinetic Assay
Creatinine-Serum	0.86	mg/dL	Male: 0.70-1.30 Female: 0.55-1.02	Modified kinetic Jaffe
Uric Acid-Serum	6.59	mg/dL	Male: 3.50-7.20 Female: 2.60-6.00	Uricase PAP
Sodium (Na+)-Serum	144.1	mmol/L	135.0-145.0	Ion-Selective Electrodes (ISE)
Potassium (K+)-Serum	4.13	mmol/L	3.5 to 5.5	Ion-Selective Electrodes (ISE)
Chloride(Cl-)-Serum	97.00	mmol/L	96.0-108.0	Ion-Selective Electrodes (ISE)

**Comments:** Renal Function Test (RFT), also called kidney function tests, are a group of tests performed to evaluate the functions of the kidneys. The kidneys play a vital role in removing waste, toxins, and extra water from the body. They are responsible for maintaining a healthy balance of water, salts, and minerals such as calcium, sodium, potassium, and phosphorus. They are also essential for blood pressure control, maintenance of the body's pH balance, making red blood cell production hormones, and promoting bone health. Hence, keeping your kidneys healthy is essential for maintaining overall health. It helps diagnose inflammation, infection or damage in the kidneys. The test measures Uric Acid, Creatinine, BUN and electrolytes in the blood to determine the health of the kidneys. Risk factors for kidney dysfunction such as hypertension, diabetes, cardiovascular disease, obesity, elevated cholesterol or a family history of kidney disease. It may also be when has signs and symptoms of kidney disease, though in early stage often no noticeable symptoms are observed. Kidney panel is useful for general health screening; screening patients at risk of developing kidney disease; management of patients with known kidney disease. Estimated GFR is especially important in CKD patients CKD for monitoring, it helps to identify disease at early stage in those with risk factors for CKD (diabetes, hypertension, cardiovascular disease, and family history of kidney disease). Early recognition and intervention are important in slowing the progression of CKD and preventing its complications.

Calcium,Total- Serum	9.50	mg/dL	8.50-10.10	Spectrophotometry (O-Cresolphthalein complexone)
Gamma-Glutamyl Transferase (GGT)-Serum	42.00	U/L	Male: 15.0-85.0 Female: 5.0-55.0	Other g-Glut-3-carboxy-4 nitro





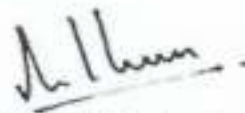
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Test Name	Result	Unit	Reference Value	Method
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**Comments:** Gamma-glutamyltransferase (GGT) is primarily present in kidney, liver, and pancreatic cells. Small amounts are present in other tissues. 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.



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C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
<b>LFT-Liver Function Test -Serum</b>				
Bilirubin Total-Serum	0.77	mg/dL	0.2-1.0	Caffeine Benzoate
Bilirubin Direct-Serum	0.16	mg/dL	0.0-0.2	Diazotised Sulphanilic Acid
Bilirubin Indirect-Serum	0.61	mg/dL	Male: 0.0 - 1.10	Direct Measure
Aspartate Aminotransferase (AST/SGOT)-Serum	30.00	U/L	Male: 15.0 - 37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	51.00	U/L	Male: 16.0 - 63.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)-Serum	52.00	U/L	Male: 45.0 - 117.0	PNPP,AMP-Buffer
Protein, Total-Serum	7.06	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
Albumin-Serum	4.64	g/dL	Male: 3.40 - 5.50	Bromocresol Purple
Globulin-Serum	2.42	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	1.92	Ratio	0.80-2.0	Calculated



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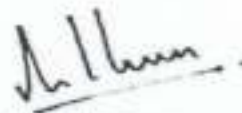
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Ref. By Dr. : Dr. APOLO CLINIC		Result Date : 02-Mar-2024 12:19 PM
Reg. No. : 0203240012	0203240012	Report Status : Final
C/o : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
<b>Urine Routine Examination-Urine</b>				
<b>Physical Examination</b>				
Colour	Pale Yellow		Pale Yellow	Visual
Appearance	Clear		Clear	Visual
Reaction (pH)	5.5		5.0-7.5	Dipstick
Specific Gravity	1.025		1.000-1.030	Dipstick
<b>Biochemical Examination</b>				
Albumin	Negative		Negative	Dipstick/Precipitation
Glucose	Positive (++)		Negative	Dipstick/Benedicts
Bilirubin	Negative		Negative	Dipstick/Fouchets
Ketone Bodies	Negative		Negative	Dipstick/Rotheras
Urobilinogen	Normal		Normal	Dipstick/Ehrlichs
Nitrite	Negative		Negative	Dipstick
<b>Microscopic Examination</b>				
Pus Cells	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.



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Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 02-Mar-2024 12:47 PM
Reg. No.	: 0203240012			Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Post Prandial Urine Sugar	Negative		Negative	Dipstick/Benedicts(Man)
<b>Blood Group &amp; Rh Typing-Whole Blood EDTA</b>				
Blood Group	O			Slide/Tube agglutinator
Rh Type	Positive			Slide/Tube agglutinator

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
<b>Complete Haemogram-Whole Blood EDTA</b>				
Haemoglobin (HB)	14.70	g/dL	Male: 14.0-17.0 Female: 12.0-15.0 Newborn: 16.50 - 19.50	Spectrophotometer
Red Blood Cell (RBC)	4.94	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	43.10	%	Male: 42.0-51.0 Female: 36.0-45.0	Electronic Pulse
Mean corpuscular volume (MCV)	87.30	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	29.70	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	34.10	%	33.00-35.50	Calculated
Red Blood Cell Distribution Width SD (RDW-SD)	42.70	fL	40.0-55.0	Volumetric Impedance
Red Blood Cell Distribution CV (RDW-CV)	15.40	%	Male: 11.80-14.50 Female: 12.20-16.10	Volumetric Impedance
Mean Platelet Volume (MPV)	8.00	fL	8.0-15.0	Volumetric Impedance
Platelet	2.83	lakh/cumm	1.50-4.50	Volumetric Impedance
Platelet Distribution Width (PDW)	9.70	%	8.30 - 56.60	Volumetric Impedance
White Blood cell Count (WBC)	6600.00	cells/cumm	Male: 4000-11000 Female: 4000-11000 Children: 6000-17500 Infants : 9000-30000	Volumetric Impedance
Neutrophils	55.00	%	40.0-75.0	Light scattering/Manual
Lymphocytes	40.00	%	20.0-40.0	Light scattering/Manual
Eosinophils	2.00	%	0.0-8.0	Light scattering/Manual

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Test Name	Result	Unit	Reference Value	Method
Monocytes	3.00	%	0.0-10.0	Light scattering/Manual
Basophils	0.00	%	0.0-1.0	Light scattering/Manual
Absolute Neutrophil Count	3.43	10 <sup>3</sup> /uL	2.0- 7.0	Calculated
Absolute Lymphocyte Count	2.79	10 <sup>3</sup> /uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.26	10 <sup>3</sup> /uL	0.20-1.00	Calculated
Absolute Eosinophil Count	120.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.00	10 <sup>3</sup> /uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	03	mm/hr	Female : 0.0-20.0 Male : 0.0-10.0	Westergren

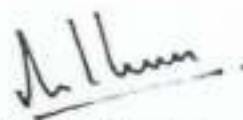
### Peripheral Smear Examination-Whole Blood EDTA

Method: (Microscopy-Manual)

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



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Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 02-Mar-2024 01:04 PM
Reg. No.	: 0203240012			Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Post prandial Blood Glucose (PPBS)-Plasma	174	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.

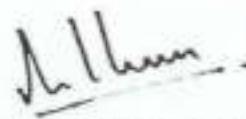
**Note:** Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

**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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Dr. Nithin Reddy C.MD, Consultant Pathologist

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