



Laboratory Report

Lab ID : 41033808827

Patient : Mr. SUDHAKAR PRAJAPATI DOB : Tel No : PID No : Sex/Age : Male / 44 Years Ref Id : Specimen : Serum		Ref. By : Client : Sea Bird Medicare Pvt Ltd - Powai 102-104, Gateway Plaza, Central Avenue, Hiranandani Gardens Powai - 400076 Processing Location : NDPL - Vidyavihar	Registered On: 19-Oct-2024 18:26 Collected On: 19-Oct-2024 18:26 Reported On: 19-Oct-2024 20:20
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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
VITAMIN B - 12				
Vitamin B - 12 Level <i>CMIA</i>	339.0	pg/mL	187-883	

Introduction :

Vitamin B12, a member of the corrin family, is a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with B12 deficiency induced hematological or neurological disease.

Clinical Significance :

Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, malabsorption syndromes and gastrointestinal causes. B12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating.

The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA.

Decreased in:

Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

Increased in:

Renal failure, liver disease and myeloproliferative diseases.

Variations due to age Increases: with age.

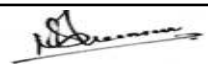
Temporarily Increased after Drug.

Falsely high in Deteriorated sample.

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

Verified by
SRG.




Dr Nilesh Bhamare.
 M.D.Pathology
 MMC Reg.No.2005/9/3404



MC-6563
Page 1 of 1

Name: Mr SUDHAKAR PRAJAPATI Age : 44 Y Sex : Male
Date : 19/10/2024 Ref Dr : APOLLO

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size 12.2 cm and shows normal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus. Portal vein is normal. CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

SPLEEN: Spleen is normal in size , shape and echotexture. No focal lesion is seen.

KIDNEYS: Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

Right kidney measures 9.3 x 4.2cm. Left kidney measure 9.6 x 4.4cm.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits. No obvious calculus seen within.

PROSTATE: Prostate is normal in size 2.5 x 3.2 x 2.6 cm vol-11.2gms and echo texture. No evidence of any focal lesion.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION : No significant abnormality detected.

Advice: Clinical co-relation and further evaluation.



DR. PRIYANKA NERULKAR
CONSULTANT RADIOLOGIST

Thanks For Reference: Note the above report represents interpretation of various radiographic shadows, and has its own limitations. This report has to be co-related clinico-pathologically by the referring physician and it does not represent the sole diagnosis.

Proudly... Caring For You

SEABIRD MEDICARE CENTRE POWAI

Patient Details **Date:** 19-Oct-24 **Time:** 11:07:10
Name: SUDHAKAR PRAJAPATI ID: 4345
Age: 44 y **Sex:** M **Height:** 171 cms. **Weight:** 70 Kg.
Clinical History: NIL
Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 176 bpm **THR:** 149 (85 % of Pr.MHR) bpm
Total Exec. Time: 7 m 1 s **Max. HR:** 153 (87% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 160 / 100 mmHg **Max. BP x HR:** 24480 mmHg/min **Min. BP x HR:** 6800 mmHg/min
Test Termination Criteria: THR ACHIEVED

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 17	1.0	0	0	85	120 / 80	-0.64 aVR	0.71 II
Standing	0 : 1	1.0	0	0	85	120 / 80	-0.64 aVR	0.71 II
Hyperventilation	0 : 1	1.0	0	0	85	120 / 80	-0.64 aVR	0.71 II
1	3 : 0	4.6	1.7	10	118	130 / 80	-0.85 aVR	1.77 II
2	3 : 0	7.0	2.5	12	130	140 / 90	-1.27 III	1.42 II
Peak Ex	1 : 1	10.2	3.4	14	153	150 / 100	-1.70 II	2.48 V3
Recovery(1)	1 : 0	1.8	1	0	133	160 / 100	-1.70 III	2.12 II
Recovery(2)	1 : 0	1.0	0	0	103	140 / 90	-0.85 aVR	2.48 II
Recovery(3)	0 : 56	1.0	0	0	98	120 / 80	-0.64 III	1.77 II
Recovery(4)	0 : 17	1.0	0	0	99	120 / 80	-1.27 I	1.42 II

Interpretation

The patient exercised according to the Bruce protocol for 7 m 1 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 85 bpm, rose to a max. heart rate of 153 (87% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 160 / 100 mmHg., No significant ST-T changes, TMT negative for inducible ischemia for the workload achieved



Dr. Minislini Singh
 Consultant Physician
 MBBS, DNB, DGP (D), EDIC
 Reg. No. 2018020032

Ref. Doctor: APOLLO
 (Summary Report edited by user)

Doctor: -
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7

SEABIRD MEDICARE CENTRE POWAI

SUDHAKAR PRAJAPATI (44 M)

ID: 4345

Date: 19-Oct-24

Time: 11:04:20

BP: 120 / 80 mmHg

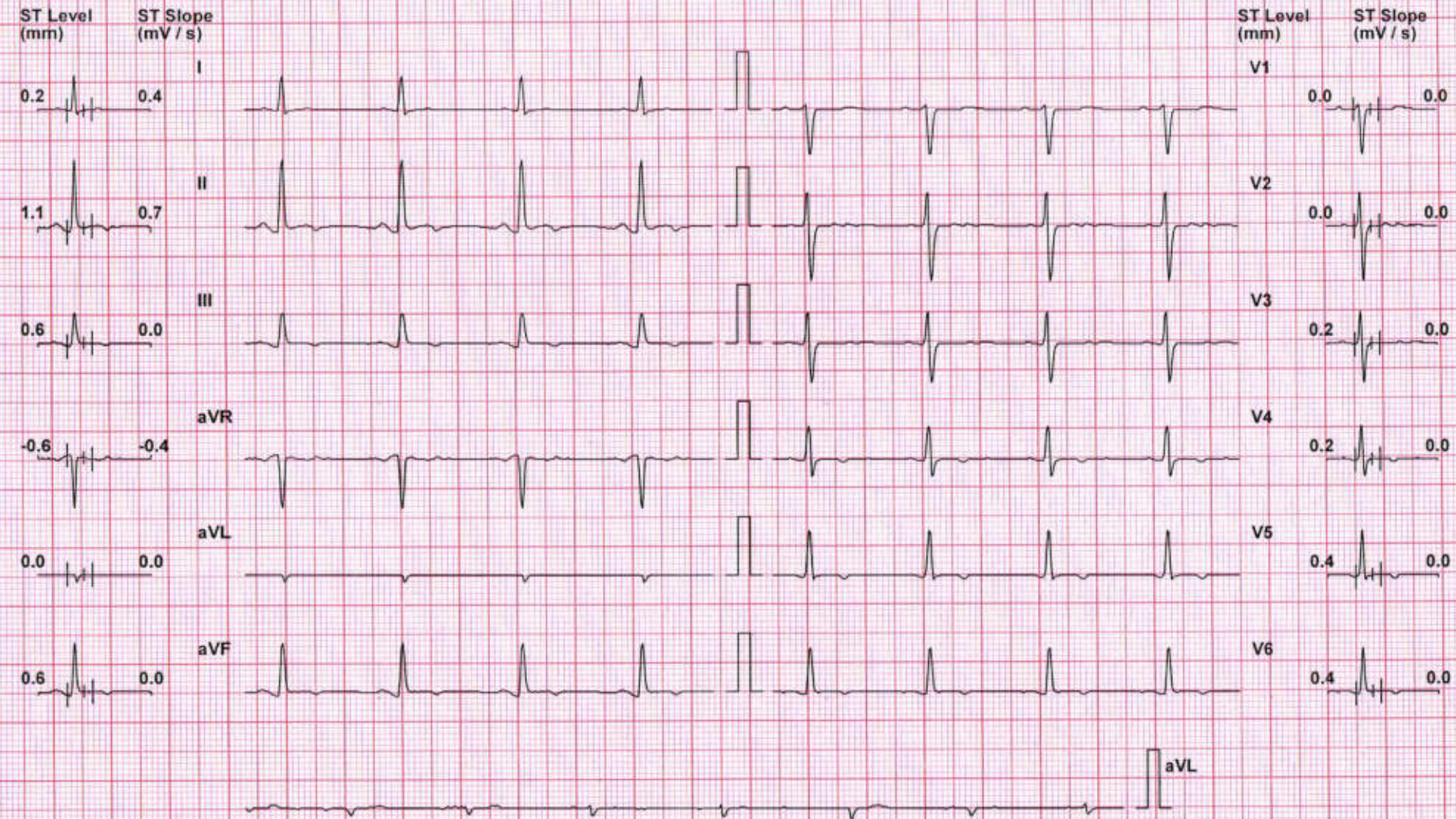
Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

HR: 71 bpm



Linked Median Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Interpretation:

SEABIRD MEDICARE CENTRE POWAI

SUDHAKAR PRAJAPATI (44 M)

ID: 4345

Date: 19-Oct-24

Exec Time : 0 m 0 s

Stage Time : 0 m 17 s

HR: 85 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 149 bpm)

B.P: 120 / 80

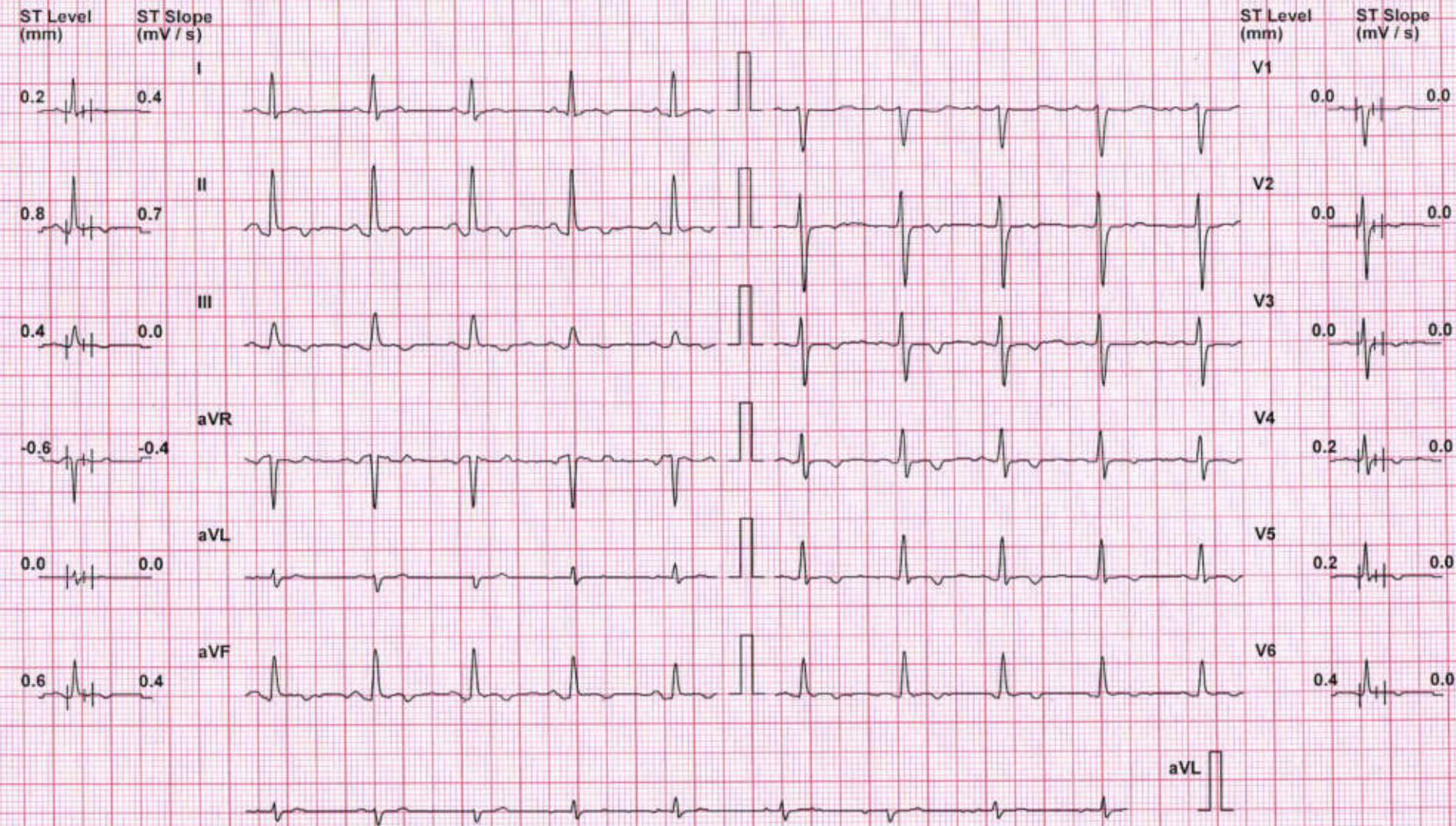


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

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SEABIRD MEDICARE CENTRE POWAI

SUDHAKAR PRAJAPATI (44 M)

ID: 4345

Date: 19-Oct-24

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 85 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 149 bpm)

B.P: 120 / 80

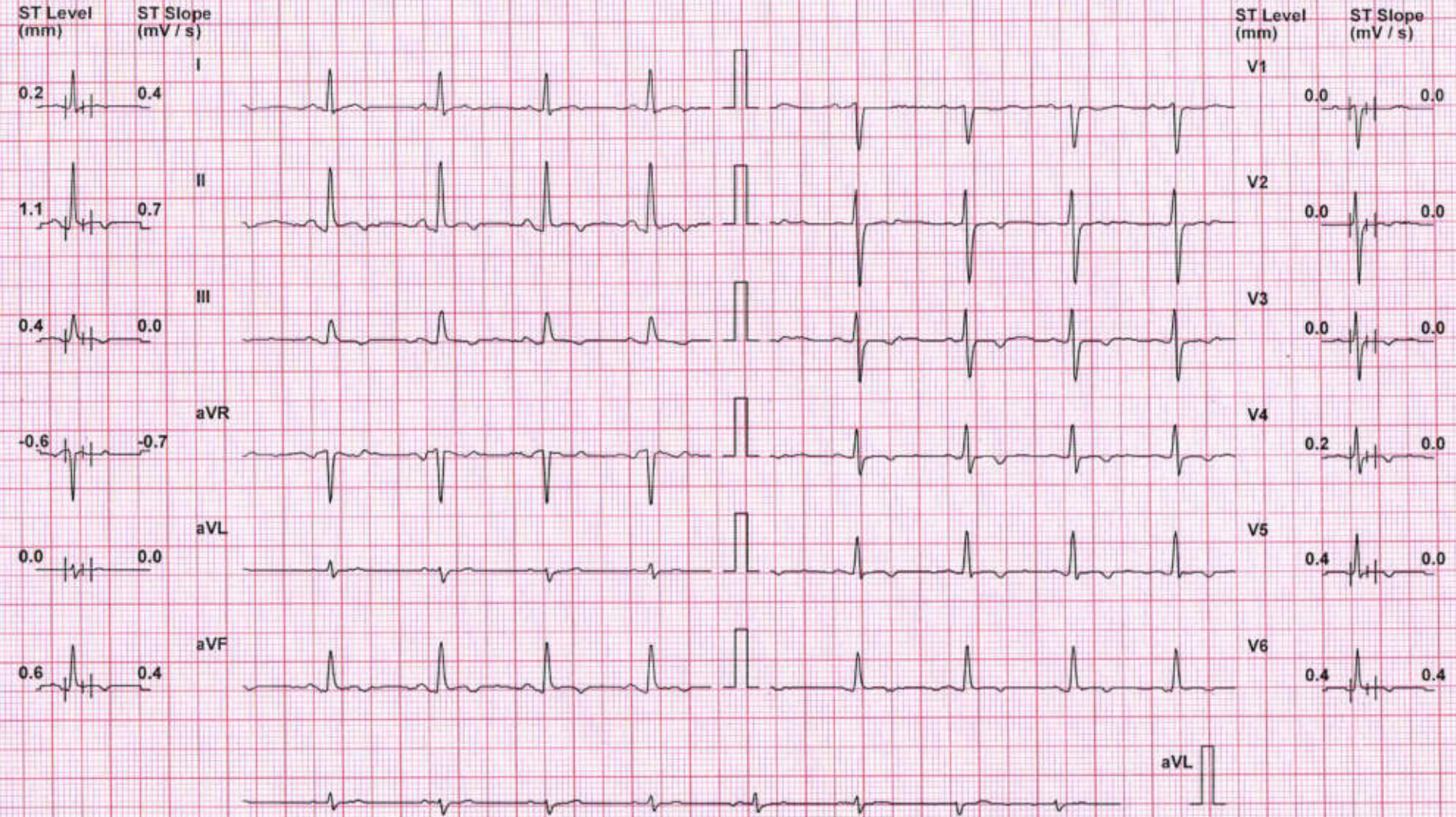


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandian V 4.7

SEABIRD MEDICARE CENTRE POWAI

SUDHAKAR PRAJAPATI (44 M)

ID: 4345

Date: 19-Oct-24

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 85 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 149 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

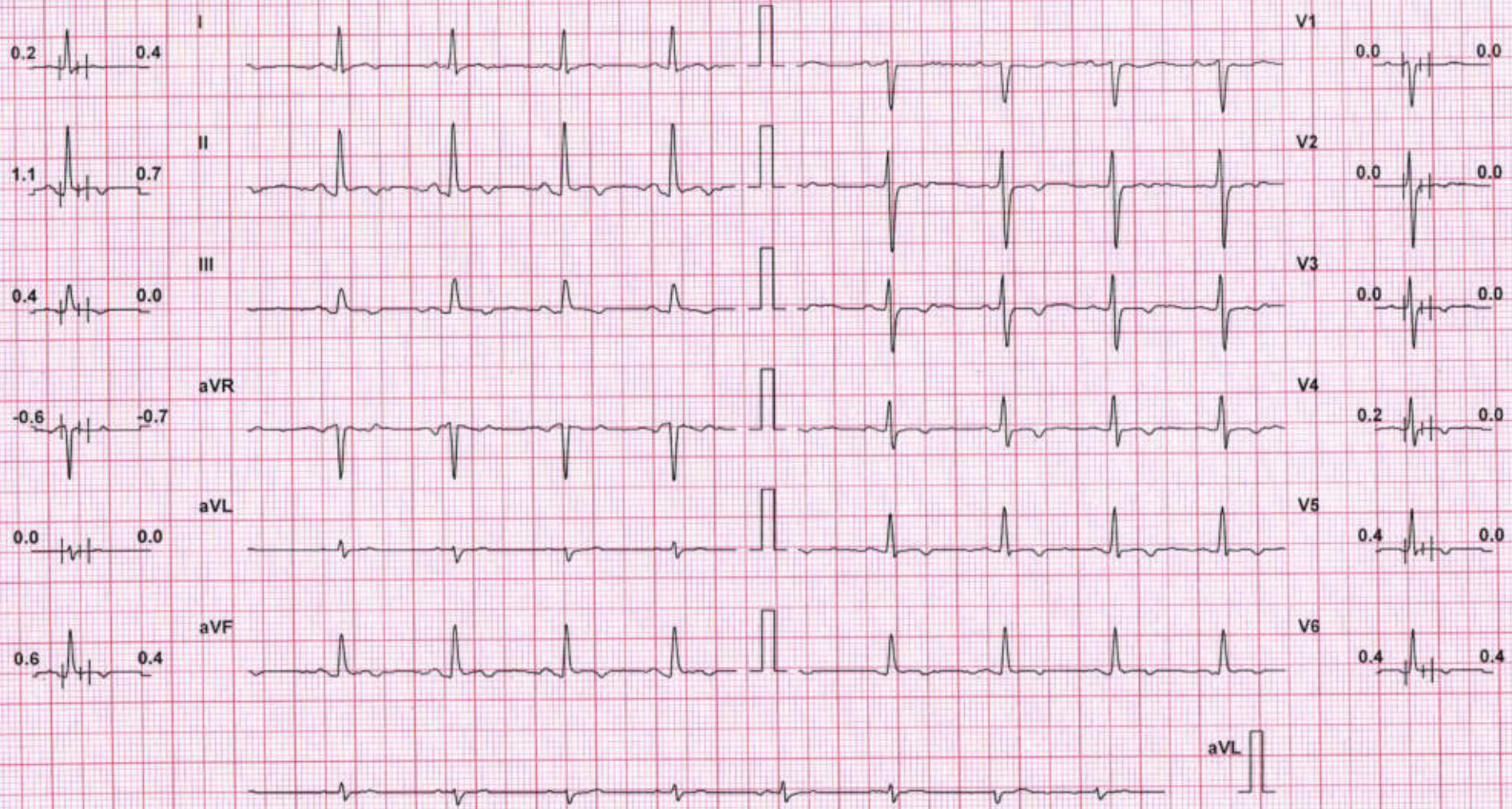


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

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SEABIRD MEDICARE CENTRE POWAI

SUDHAKAR PRAJAPATI (44 M)

ID: 4345

Date: 19-Oct-24

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 118 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 149 bpm)

B.P: 130 / 80

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

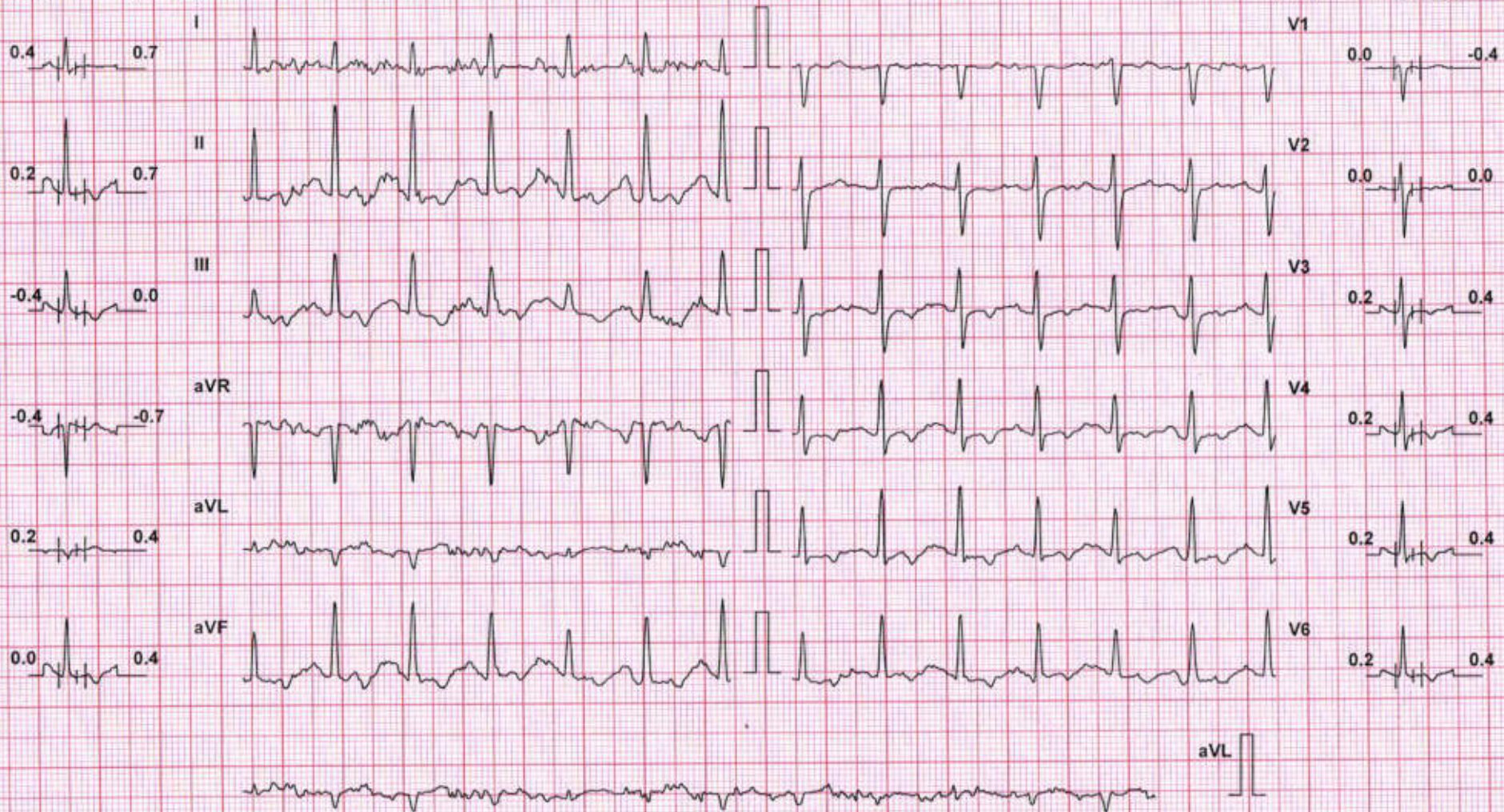


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

SEABIRD MEDICARE CENTRE POWAI

SUDHAKAR PRAJAPATI (44 M)

ID: 4345

Date: 19-Oct-24

Exec Time : 7 m 1 s

Stage Time : 1 m 1 s

HR: 153 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 149 bpm)

B.P: 150 / 100

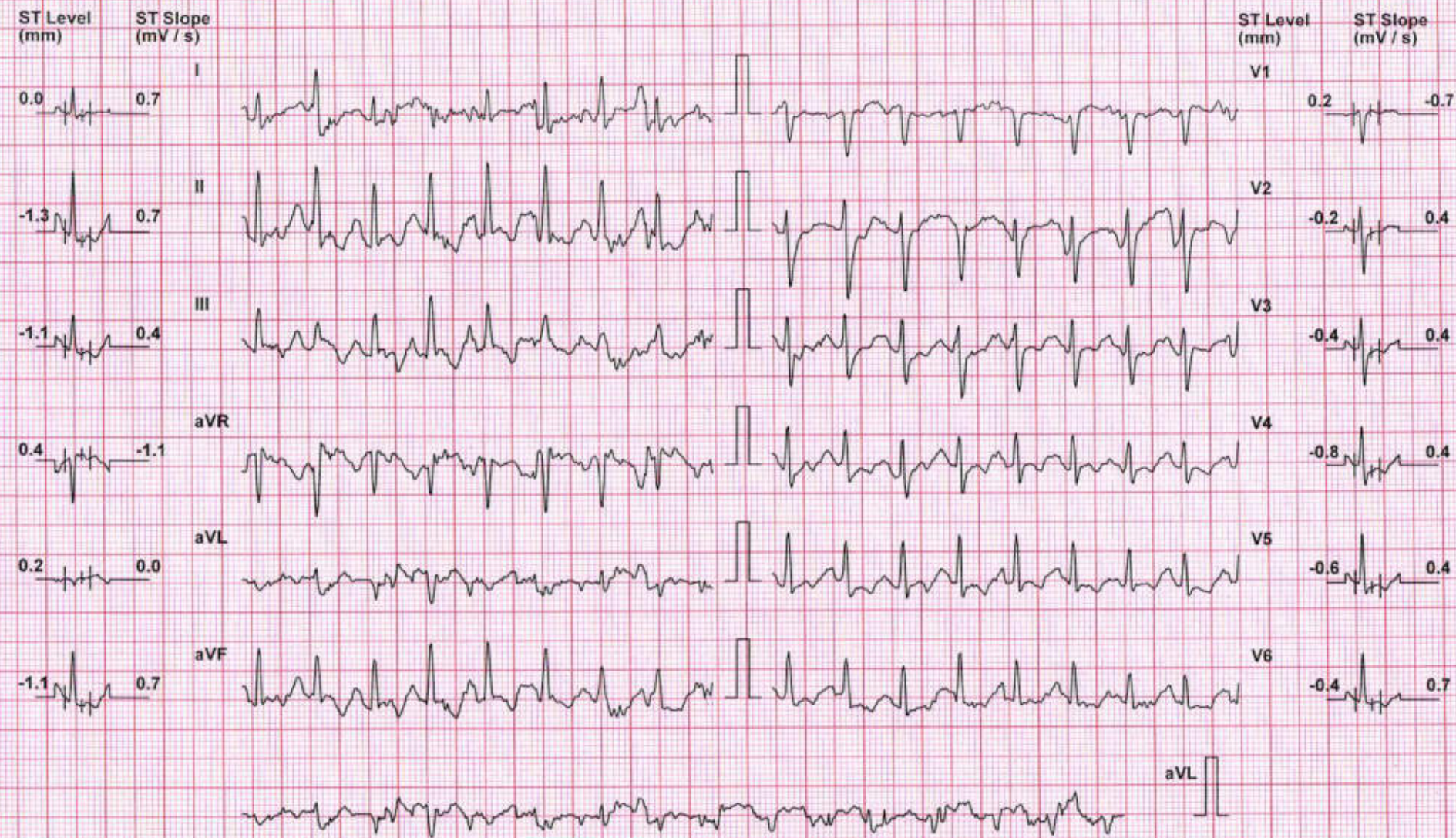


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

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SEABIRD MEDICARE CENTRE POWAI

SUDHAKAR PRAJAPATI (44 M)

ID: 4345

Date: 19-Oct-24

Exec Time : 7 m 1 s

Stage Time : 1 m 0 s

HR: 133 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 149 bpm)

B.P: 160 / 100

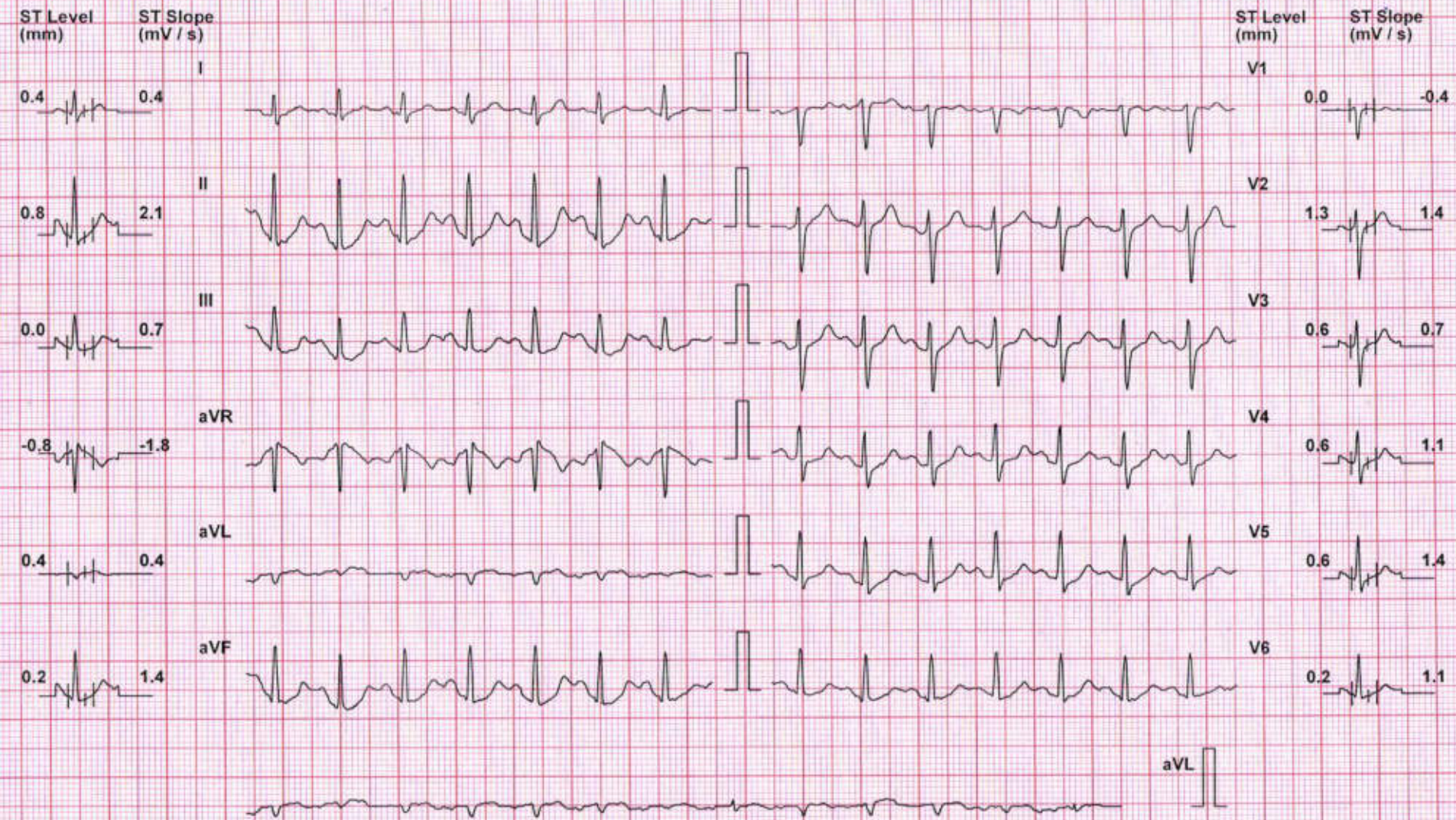


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

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SEABIRD MEDICARE CENTRE POWAI

SUDHAKAR PRAJAPATI (44 M)

ID: 4345

Date: 19-Oct-24

Exec Time : 7 m 1 s

Stage Time : 1 m 0 s

HR: 103 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 149 bpm)

B.P: 140 / 90

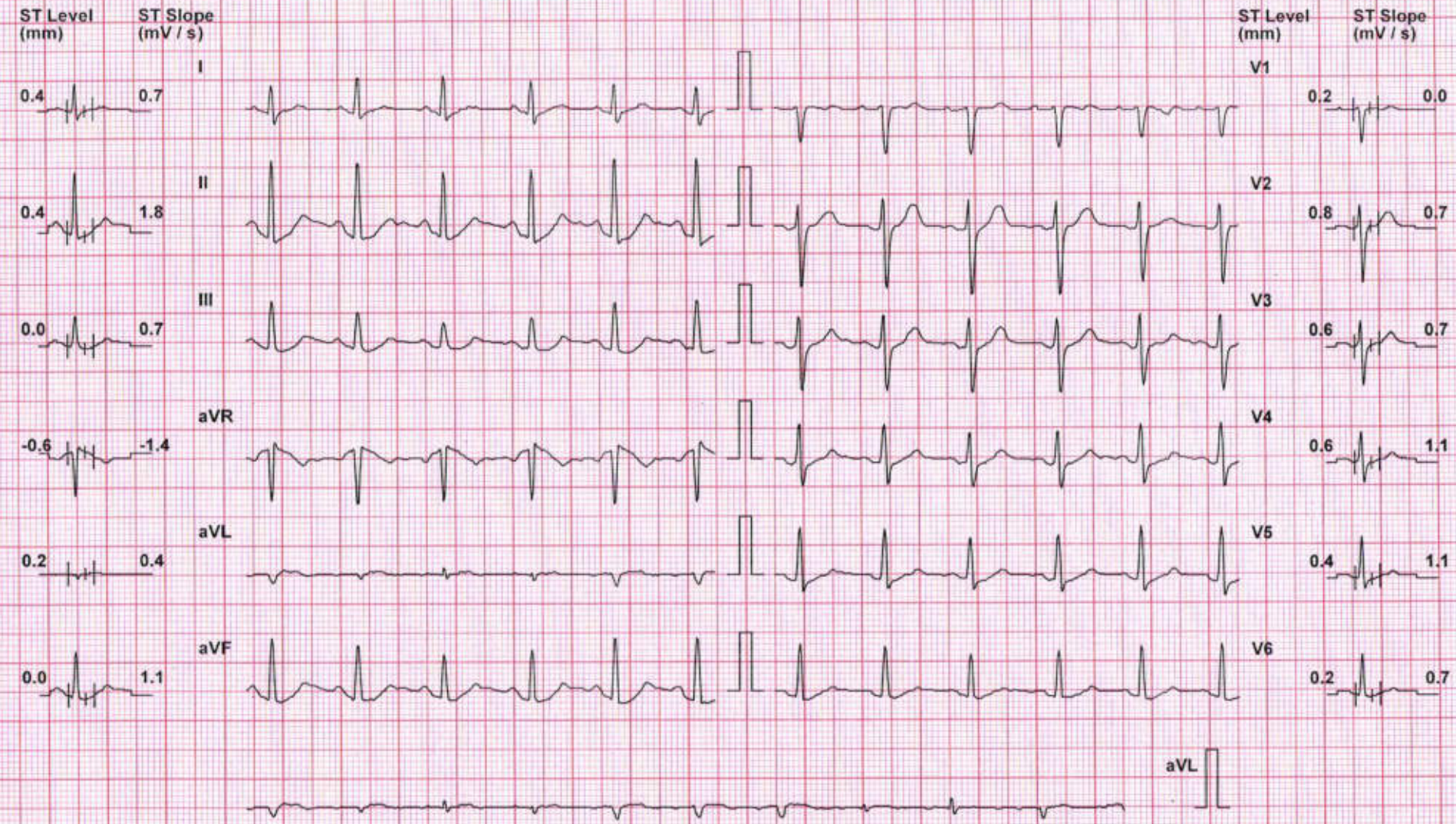


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

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SEABIRD MEDICARE CENTRE POWAI

SUDHAKAR PRAJAPATI (44 M)

ID: 4345

Date: 19-Oct-24

Exec Time : 7 m 1 s

Stage Time : 0 m 56 s **HR: 98 bpm**

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 149 bpm)

B.P: 120 / 80

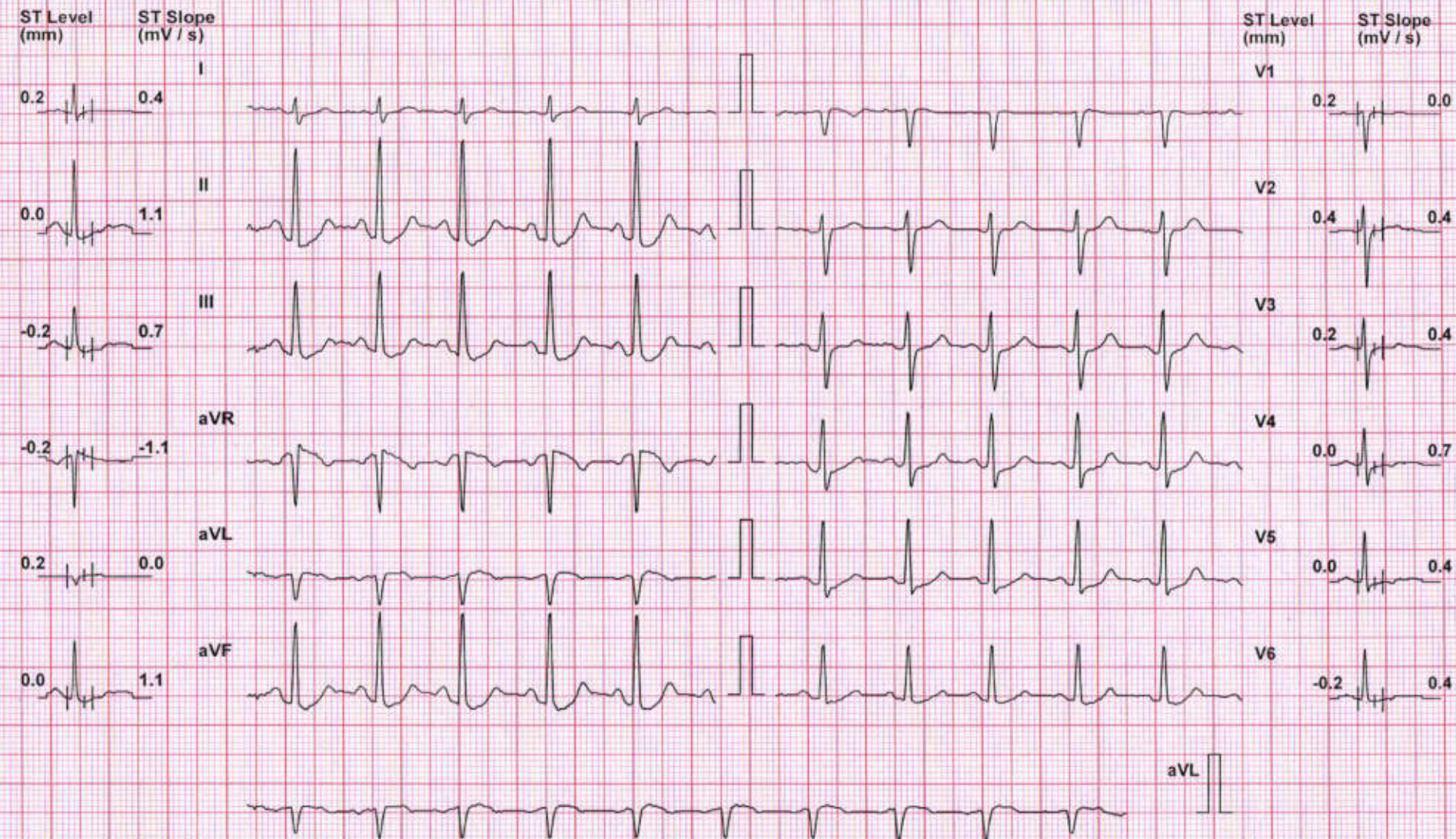


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7



PID NO. : CJA1251

Name : SUDHAKAR PRAJAPATI

Sex / Age : Male / 44 Years

Ref By : APOLLO HEALTH AND LIFESTYLE
LIMITED

Reference :

Sample Collected At :

Sea Bird Medicare
102-103-104, Gateway Plaza, Central Avenue Road,
Hiranandani Gardens, Powai.

Processing Location: - Seabird Medicare Pvt Ltd
Office no A/302, Vertex Vikas, Opposite Andheri
Station, Near Madhavbag Bldg, Andheri (East).
Mumbai - 400069

Reg. Date

19-Oct-2024 / 9:32 am

Coll Date

19-Oct-2024 / 9:37 am

Report Date

19-Oct-2024 / 2:57 pm

REPORT

BIOCHEMISTRY

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Sr. Calcium (Serum, BAPTA)	8.9	mg/dl	8.6 - 10.0

Test Done on Fully Automated Mispal CXL PRO PLUS Biochemistry Analyser.

----- End of Report -----

Pritam Dhanawade
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680



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REPORT

BLOOD GLUCOSE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Blood Glucose (Fasting), plasma (Plasma, Method- Hexokinase) Interpretation: NORMAL : 70 - 100 mg/dl Pre-Diabetic : 100 - 125 mg/dl Diabetic : >125 mg/dl (ON MORE THAN ONE OCCASION) Reference : American diabetes association guidelines 2022	96	mg/dl	70.00 - 100.00 mg/dl
Urine Glucose (Fasting)	Absent		Absent
Urine Ketones (Fasting)	Absent		Absent
Blood Glucose (PP) plasma (Plasma, Method- Hexokinase) Interpretation: Non-Diabetic : 70 - 140 mg/dl Pre-Diabetic : 140 - 199 mg/dl Diabetic : >200 mg/dl (ON MORE THAN ONE OCCASION) Reference : American diabetes association guidelines 2022	112.10	mg/dl	70.00 - 140.00
Urine Glucose (PP)	Absent		Absent
Urine Ketones (PP)	Absent		Absent

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

Pritam Dhanawade
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680



PID NO. : CJA1251

Name : SUDHAKAR PRAJAPATI

Sex / Age : Male / 44 Years

Ref By : APOLLO HEALTH AND LIFESTYLE
LIMITED

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Coll Date

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Report Date

19-Oct-2024 / 3:41 pm

REPORT

BLOOD GLUCOSE

Test

Result

Units

BIOLOGICAL REFERENCE INTERVAL

----- End of Report -----

Pritam Dhanawade
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REPORT

Blood Group

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<u>BLOOD GROUP</u>			
ABO Group	"AB"		
RH (D)	Positive		

Method : Cell (Forward) grouping by Manual Slide Method.
Sample: Whole Blood (EDTA)

----- End of Report -----

PRIYA PANDEY
Lab Technician

DR.RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680



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REPORT

Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Hemoglobin	15.6	gm/dl	13.0 -17.0
<u>RED BLOOD CELLS</u>			
R.B.C. Count	5.4	million / cumm	4.5- 5.5
HCT	45.9	%	40- 50
MCV	85	fL	83 - 101
MCH	28.9	pg	27 - 32
MCHC	34	gm / dl	31.5 - 34.5
RDW (CV)	13.1	%	11.6- 14.0
Total W.B.C. Count	5320	/cu.mm.	4000 - 10000
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	66	%	40 - 80
Lymphocytes	29	%	20 - 40
Eosinophils	02	%	1 - 6

LATHA SONAWANE
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REPORT

Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Monocytes	03	%	2 - 10
Basophils	00	%	0 - 1
Platelet Count	105000	/cumm	150000 - 410000

MORPHOLOGY

RBC Morphology Predominantly Normocytic and Normochromic.
WBC Morphology Normal Morphology.
Platelets on Smear Reduced on smear

(EDTA Whole Blood - Tests done Automated Three part cell counter (RBC, WBC, Platelets count by impedance, Haemoglobin by colorimetric Cyanmeth free method. Rest are calculated parameters. Microscopy and DLC is done manually by the Pathologist.)

----- End of Report -----

LATHA SONAWANE
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680



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REPORT

Erythrocyte Sedimentation Rate (ESR)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
E.S.R	7	mm at 1hr	0 - 15

Method: Westergren.
Sample: Whole Blood (EDTA)

----- End of Report -----

PRIYA PANDEY
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Glycosylated Haemoglobin (HbA1c)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
HbA1c Pre-Diabetic : 5.7 - 6.4 % Diabetic : > = 6.5 (EDTA Whole Blood, Turbidimetric)	5.36	%	4 - 5.69
Mean Blood Glucose (MBG)	113.52	mg/dl	

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association guideline 2022, for diagnosis of diabetes using a cut-off points of 6.5 %.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used : $eAg(mg/dl) = 28.7 * A1c - 46.7$.
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
 - Heterozygous state detected.
- In known diabetic patients, following values can be considered as a guide for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %
 - Fair to Good Control - 7 to 8 %
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %
- Test done on Mispas i3 Automated Cartridge Based Specific Protein Analyser.

----- End of Report -----

LATHA SONAWANE
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REPORT

LIPID PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Total Cholesterol Serum, Method: CHOD-PAP	148.69	mg/dl	CHILD Desirable - Less than : 170 CHILD Borderline High : 170 - 199 CHILD High - More than : 200 ADULT Desirable - Less than : 200 ADULT Borderline High : 200 - 239 ADULT High - More than : 240
Triglycerides Serum, Method: GPO-PAP	88.4	mg/dl	NORMAL : <150 Borderline High : 150 - 199 High : 200 - 499 Very High : >500
HDL Cholesterol-Direct Serum, Method: Cholesterol-esterase-Direct	53.47	mg/dl	Desirable - Above : 60 Borderline Risk : 40 - 59 Undesirable - Below : 40
LDL Cholesterol Calculated	77.54	mg/dl	Desirable - Below : 130 Borderline Risk : 130 - 159 Undesirable - Above : 160
VLDL-Cholesterol Calculated	17.68	mg/dl	5 - 51
T.CHOL/HDLC Ratio Calculated	2.78		Acceptable for Male : < 5.00 Acceptable for Female : <4.50

LATHA SONAWANE
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680



PID NO. : CJA1251
Name : SUDHAKAR PRAJAPATI
Sex / Age : Male / 44 Years
Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :
Sample Collected At :
Sea Bird Medicare
102-103-104, Gateway Plaza, Central Avenue Road,
Hiranandani Gardens, Powai.
Processing Location: - Seabird Medicare Pvt Ltd
Office no A/302, Vertex Vikas, Opposite Andheri
Station, Near Madhavbag Bldg, Andheri (East).
Mumbai - 400069

Reg. Date
19-Oct-2024 / 9:32 am
Coll Date
19-Oct-2024 / 9:37 am
Report Date
19-Oct-2024 / 2:57 pm

REPORT

LIPID PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
LDLC/HDLC Ratio Calculated	1.45		Acceptable for Males : < 3.60 Acceptable for Females : < 3.20

NOTE:

- 1) Biological Reference Intervals are as per ATP III, NCEP Guidelines and National Lipid Association (NLA) 2014 Recommendations.
- 2) Tests done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.
- 3) The LDL-Cholesterol is calculated by the Friedewald equation which provides a reliable LDL-Cholesterol value estimate when triglyceride levels are below 400 mg/dL. A direct measurement is advised if the triglyceride levels are >400mg/dL.

----- End of Report -----

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Proudly... Caring For You

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HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022



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LIVER FUNCTION TEST

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
S.G.O.T. (Serum ,Method-IFCC / UV without P5P)	14.75	U/L	0 - 40
Sr. Alkaline Phosphatase (Serum, Kinetic Method by IFCC)	75.27	U/L	40 - 129
S.G.P.T. (Serum,Method- IFCC / UV without P5P)	17.08	U/L	0 - 41
GGT (Serum ,Method- IFCC Method)	14.58	U/L	8 - 61
Bilirubin (Total) (Serum ,Method-Diazo- End point)	0.71	mg/dl	0.0 - 1.20
Bilirubin (Direct) (Serum,Method-Diazo-End point)	0.22	mg/dl	0.0 - 0.40
Bilirubin (Indirect) Calculated	0.49	mg/dl	0.0 - 0.90
Total Proteins (serum,Method-Biuret)	7.57	g/dl	6.6 - 8.7
Albumin (Serum,Method-Bromocresol Green)	4.09	g/dl	3.5 - 5.2
Globulin Calculated	3.48	g/dl	1.90 - 3.70
A/G ratio Calculated	1.18		

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

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REPORT

LIVER FUNCTION TEST

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
----- End of Report -----			

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REPORT

Prostate-Specific Antigen Test

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
TOTAL PSA Serum, Method-ELFA	0.59	ng/ml	Please refer to 'NOTES' below.

METHOD: Two-step enzyme immunoassay sandwich method with a final fluorescent detection (ELFA) on MINI VIDAS automated immunoassay system.

NOTES:

REFERENCE RANGE AS PER AGE:

Age PSA Concentration
<40 Years 0.21 to 1.72 ng/ml
40-49 0.27 to 2.19 ng/ml
50-59 0.27 to 3.42 ng/ml
60-69 0.22 to 6.16 ng/ml
>60 0.21 to 6.77 ng/ml

INTERPRETATION: PSA is used as a tumor marker to screen for and to monitor prostate cancer. Elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia. PSA levels tend to increase in all men as they age. If prostate cancer is diagnosed, the total PSA test may be used as a monitoring tool to help determine the effectiveness of treatment. It may also be ordered at regular intervals after treatment to detect recurrence of the cancer. Concentrations of total PSA between 4.0 ng/ml and 10.0 ng/ml are often referred to as the gray zone. It is in this range that the free PSA is the most useful. When men in the gray zone have decreased levels of free PSA, they have a higher probability of prostate cancer; when they have elevated levels of free PSA, the risk is diminished. The ratio of free to total PSA can help the doctor decide whether or not a prostate biopsy should be performed.

----- End of Report -----

Pritam Dhanawade
Lab Technician

DR. RITESH KHARCHE
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REPORT

RENAL PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Blood Urea Serum, Method-Urease	18.72	mg/dl	16.6- 48.5 mg/dl
Blood Urea Nitrogen Serum, Method-Urease	8.74	mg/dl	06 - 20 mg/dl
Creatinine Serum, Method-Kinetic Jaffes	0.93	mg/dL	0.62 - 1.17 mg/dl
Uric Acid Serum, Method: Uricase-POD	5.27	mg/dl	3.4 - 7.0

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

----- End of Report -----

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REPORT

THYROID FUNCTION TEST

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
TSH	1.93	µIU/ml	0.25-5 µIU/ml
T3	1.44	nmol/l	0.92-2.33 nmol/l
T4	83.51	nmol/l	60-120 nmol/l

The assay principle combines an enzyme immunoassay competition method with a final fluorescent detection (ELFA).

INTERPRETATION

TSH : A high TSH result often means an under active thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. A high TSH value can also occur when someone with a known thyroid disorder or who has had their thyroid gland removed is receiving too little thyroid hormone medication. A low TSH result can indicate an over active thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an under active (or removed) thyroid gland. An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.

T3: Triiodothyronine T3 contributes significantly to the maintenance of the euthyroid state, and the total T3 concentration has a role in screening for thyroid disease in conjunction with other tests. T3 alone cannot diagnose hypothyroidism, but it may be more sensitive than thyroxine (T4) for hyperthyroidism.

T4 :Thyroxine accounts for at least 90% of circulating protein-bound iodine. While >99.9% of T4 is protein-bound, primarily to thyroglobulin (TBG), it is the free fraction that is biologically active. In most patients the total T4 level is a good indicator of thyroid status, however it can sometimes be inadequate, and diagnostic efficiency may be improved by use of a total T4 test in conjunction with other tests.

----- End of Report -----

Pritam Dhanawade
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680



PID NO. : CJA1251
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REPORT

URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Pale Yellow		Pale Yellow
Quantity	30 ml	ml	20 - 50
Appearance	Clear		Clear
Reaction (pH)	5.0		5.0 - 9.0
Specific Gravity	1.010		1.000 - 1.030
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent		Absent
Sugar	Absent		Absent
Ketone Bodies	Absent		Absent
Bilirubin	Absent		Absent
Nitrite	Absent		Absent
Urobilinogen	Normal	mg/dl	Normal (0.1 - 1.0 mg/dl)

PRIYA PANDEY
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680



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REPORT

URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Ocult Blood	Absent		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	1 - 2 / hpf		2 - 3 / hpf
Red Blood Cells	Absent		Absent
Epithelial cells	1 - 2 / hpf		2 - 3 / hpf
Casts	Absent		Absent
Crystals	Absent		Absent
Other Findings	Absent		

METHOD:

Physical Examination : Visual Strip Method.

Chemical Examination : Bilirubin(Azo-coupling), Blood(Peroxidase), Glucose(Specific glucose-oxidase/oxidase reaction), Ketone(Rothera's test), Leukocytes(Reflectance Photometer(Leucocyte esterase)), Nitrite(Diazotization), pH(Double Indicator), Protein(Protein Error of Indicators), Specific Gravity(Refractometric method), Urobilinogen(Ehrlich).

Microscopy Examination : Automation/Manual Microscopy.

----- End of Report -----

PRIYA PANDEY
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19-Oct-2024 / 2:59 pm

REPORT

VITAMIN D TOTAL 25-OH (D2 + D3)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
VITAMIN D TOTAL Serum, Method-ELFA	48.7	ng/ml	Interpretation mentioned below

METHOD: Enzyme immunoassay competition method with a final fluorescent detection (ELFA) on MINI VIDAS automated immunoassay system.

INTERPRETATION:

Deficiency: <20 ng/ml

Insufficiency: 20-29 ng/ml

Sufficiency: 30-100 ng/ml

Toxicity: >100 ng/ml

-Levels <20 ng/ml may be associated with more severe abnormalities and can lead to inadequate mineralization of newly formed osteoid resulting in rickets in children and osteomalacia in adults.

-Patients who present with hypercalcemia, hyperphosphatemia and low PTH may suffer either from ectopic, unregulated conversion of 25-OH-VitD to 1,25(OH)₂-VitD as an occur in granulomatous diseases, particularly sarcoidosis or from nutritionally- induced hypervitaminosis D. Serum 1,25 (OH)₂-VitD level will be high in both groups, but only patients with hypervitaminosis D will have serum 25-OH-VitD concentrations of >100 ng/ml.

----- End of Report -----

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MER- MEDICAL EXAMINATION REPORT

DATE OF EXAMINATION	19/10/2024		
NAME	Sudhaker Bajaj		
AGE	44	GENDER	male
HEIGHT (CM)	171	WEIGHT (KG)	70
B.P.	130/80 mmHg.		
ECG	Normal		
X Ray	Normal		
Vision Checkup	Color Vision: \odot Far Vision Ratio: 6/6 \odot Near Vision Ratio: 2/5 \odot		
Present Ailments	-		
Details of Past ailments (If Any)	-		
Comments / Advice:			



Signature with Stamp of Medical Examiner

Dr. Mrinalini Singh
 Consultant Physician
 MBBS, DNB, MRCP (UK), EDIC
 Reg. No. 2019/02/0392



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of
Sudhakar Brajapati on 19/10/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p style="text-align: center;">Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1. <u>Thrombocytopenia = 105K</u></p> <p>2. _____</p> <p>3. _____</p> <p style="text-align: center;">However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p style="text-align: center;">Review after _____</p>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Unfit 	<input type="checkbox"/>

Dr. Mrinalni Singh
 Consultant Physician
 MBBS, DNB, MRCP (UK), EDIC
 Reg. No. 2019/02/0392 Medical Officer

This certificate is not meant for medico-legal purposes

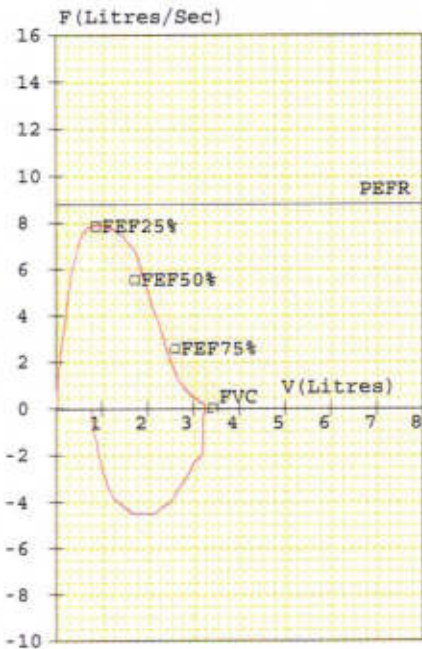
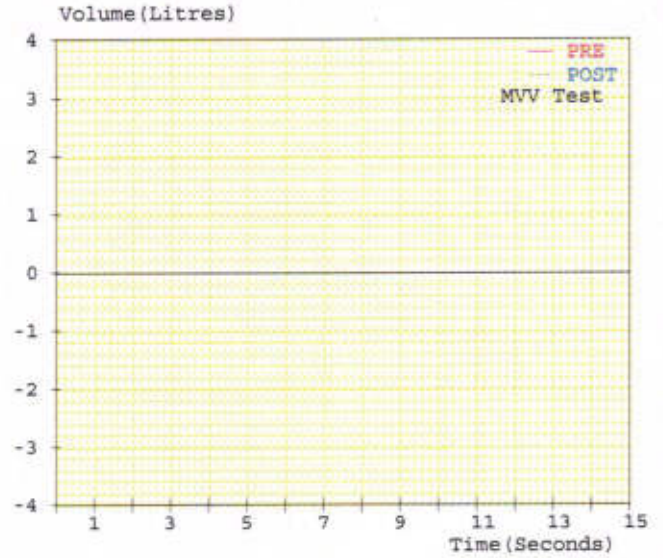
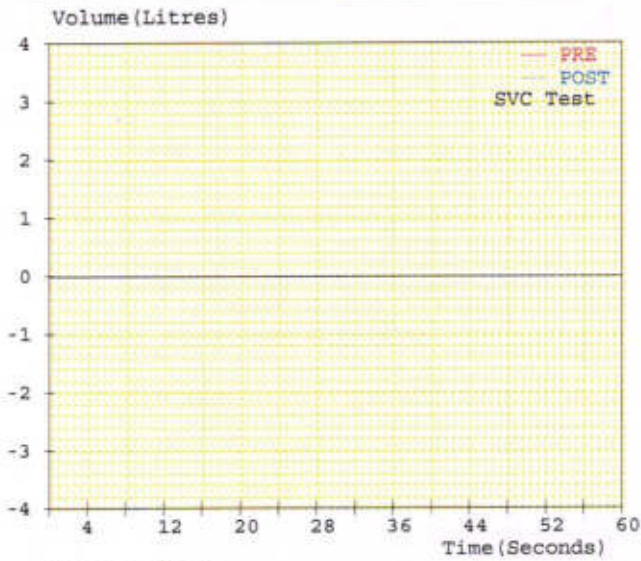
SEABIRD MEDICARE CENTRE

A 103 GATEWAY PLAZA CENTRAL AVENUE ROAD POWAI MUM-400076

Patient: SUDHAKAR PRAJAPATI
 Refd. By: APOLLO
 Pred.Eqns: RECORDERS
 Date : 19-Oct-2024 10:28 AM

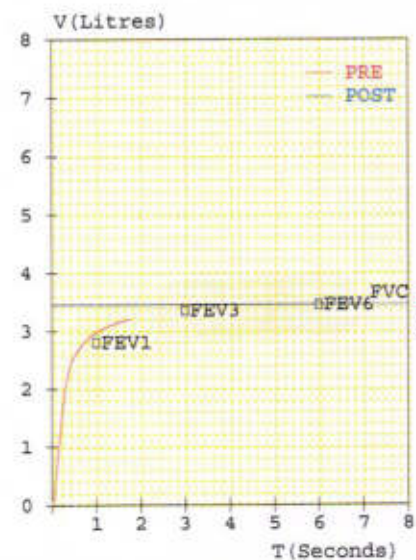
Age : 44 Years
 Height : 171 Cms
 Weight : 70 Kgs
 ID: 3699

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



Spirometry Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC (L)	03.44	03.22	094	---	---	---
FEV1 (L)	02.79	03.00	108	---	---	---
FEV1/FVC (%)	81.10	93.17	115	---	---	---
FEF25-75 (L/s)	03.78	05.54	147	---	---	---
PEFR (L/s)	08.78	07.86	090	---	---	---
FIVC (L)	---	02.48	---	---	---	---
FEV.5 (L)	---	02.61	---	---	---	---
FEV3 (L)	03.34	03.22	096	---	---	---
PIFR (L/s)	---	04.51	---	---	---	---
FEF75-85 (L/s)	---	01.43	---	---	---	---
FEF.2-1.2 (L/s)	06.67	06.91	104	---	---	---
FEF 25% (L/s)	07.84	07.81	100	---	---	---
FEF 50% (L/s)	05.53	06.95	126	---	---	---
FEF 75% (L/s)	02.57	02.43	095	---	---	---
FEV.5/FVC (%)	---	81.06	---	---	---	---
FEV3/FVC (%)	97.09	100.00	103	---	---	---
FET (Sec)	---	01.81	---	---	---	---
ExptTime (Sec)	---	00.09	---	---	---	---
Lung Age (Yrs)	044	040	091	---	---	---
FEV6 (L)	03.44	---	---	---	---	---
FIF 25% (L/s)	---	00.31	---	---	---	---
FIF 50% (L/s)	---	03.14	---	---	---	---
FIF 75% (L/s)	---	04.44	---	---	---	---
SVC (L)	---	---	---	---	---	---
ERV (L)	01.33	---	---	---	---	---
IRV (L)	---	---	---	---	---	---
VE (L/min)	---	---	---	---	---	---
Rf (l/min)	---	---	---	---	---	---
Ti (sec)	---	---	---	---	---	---
Te (sec)	---	---	---	---	---	---
VT (L)	---	---	---	---	---	---
VT/Ti	---	---	---	---	---	---
Ti/Ttot	---	---	---	---	---	---
IC (L)	---	---	---	---	---	---
MVV (L/min)	131	---	---	---	---	---
MRf (l/min)	---	---	---	---	---	---
MVT (L)	---	---	---	---	---	---



Pre Medication Report Indicates
 Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80.

Dr. Mrinalini Singh
 Consultant Physician
 MBBS, DNB, DFCP (UK), EDIC
 Reg. No. 2019/02/0392
DR MRINALINI



भारत सरकार
GOVERNMENT OF INDIA

Download Date: 13/01/2021



सुधाकर इंद्रदेव प्रजापती
Sudhakar Indradev Prajapati
जन्म तारीख/DOB: 10/08/1980
पुरुष/ MALE
Mobile No: 9833609095

2301 1292 0306

VID : 9102 5799 6956 7786

Sanam
19/10/24

माझ आधार, माझी ओळख

Issue Date: 24/09/2014



Report ID : **SPM1910124015** Reg. : **19-Oct-2024**
Patient Name : **Mr. SUDHAKAR PRAJAPATI** Report Date : **19-Oct-2024**
Rank : Company Name : **M/S. APOLLO HEALTH AND LIFESTYLE**
Ref By : **DR.PARAG ARVIND PRADHAN** Age/Sex : **44 Year / Male**

CHEST X RAY REPORT

X-Ray No : 6071

Investigation : Chest PA View.

Bony thoracic cage is normal.

Cardiac silhouette appears normal in size and configuration.

Both lungs shows equal translucency and normal vasculature.

Both Hemidiaphragm visualised normal.

No evidence of any active parenchymal lesion seen.

Impression :

Normal Chest X-Ray.


Dr. Jacob
Mathew MD

Proudly... Caring For You

HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

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Kochi: 0484- 2322022 / 4032022

Website: www.seabirdhf.com | Email: seabird@seabirdhf.com

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B. Enquiry and Home Visit Booking
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SUDHAKAR

44 Years (/ /)

HR : 80 bpm
 P : 110 ms
 PR : 146 ms
 QRS : 90 ms
 QT/QTcBz : 342/395 ms
 P/QRS/T : 60/45/43 °
 RV5/SV1 : 1.118/0.524 mV

Diagnosis Information:

NOR



Dr. Minalini Singh
 Consultant Physician
 MBBS, MRCP (UK), EDIC
 Reg. No. 2010/020392

Unconfirmed Report.

