



SPECTRUM

DIAGNOSTICS & HEALTH CARE

CERTIFICATE OF MEDICAL FITNESS

NAME: Mr. Srinivas Rao. A

AGE/ GENDER: 60y/ male.

HEIGHT: 172cm.

WEIGHT: 77.6kg

IDENTIFICATION MARK: Black mole in left Neck.

BLOOD PRESSURE: 120/90mmHg

PULSE: 76/min

CVS: } Normal.

RS:P

ANY OTHER DISEASE DIAGNOSED IN THE PAST: Hypertension T. Cilidipine.

ALLERGIES, IF ANY: Nil

LIST OF PRESCRIBED MEDICINES: Nil

ANY OTHER REMARKS: NO

I Certify that I have carefully examined Mr/Mrs. Srinivas Rao. A son/daughter of Ms A. Babu. R. O who has signed in my presence. He/ she has no physical disease and is fit for employment.

Signature of candidate

Dr. SATISH KINI
(M.D. MEDICINE)
Consultant Physician
REG. No. 24012(K.M.C.)

Signature of Medical Officer

Place: SPECTRUM Diagnostic healthcare

Date: 27/6/23.

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



Tejas Arcade, #9/1, 1st Main Road, Dr. Rajkumar Road, Rajaji Nagar, Opp. St. Theresa Hospital, Bangalore - 10

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

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

DATE: 27.06.23

EYE EXAMINATION

NAME: *ms. Srinivas Rao* AGE: *60y* GENDER: F / M

| | RIGHT EYE | LEFT EYE |
|------------------------------|----------------------------------|-------------|
| Vision | <i>6/30</i> | <i>6/30</i> |
| Vision With glass | <i>6/6</i> | <i>6/6</i> |
| Color Vision | Normal <i>Color Blindness</i> | Normal |
| Anterior segment examination | Normal | Normal |
| Fundus Examination | Normal | Normal |
| Any other abnormality | Nil | Nil |
| Diagnosis/ impression | <i>? Amblyopia</i> Normal | Normal |

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

Consultant (Ophthalmologist)

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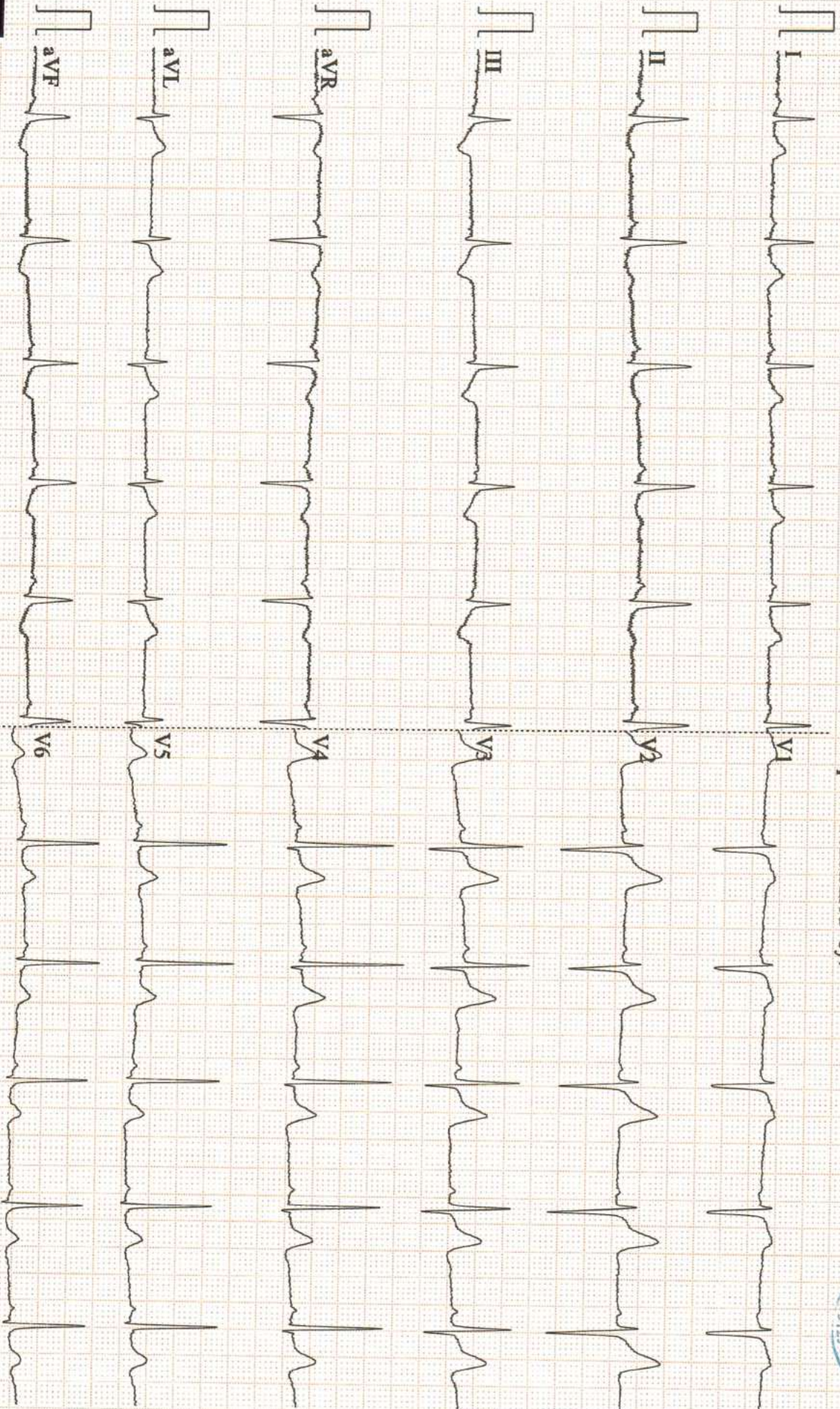
MR SRINIVAS RAO A
Male 60Y ears

| | | |
|---------|---------------|-----|
| HR | : 67 | bpm |
| P | : 87 | ms |
| PR | : 128 | ms |
| QRS | : 89 | ms |
| QT/QTc | : 375/397 | ms |
| P/QRS/T | : 39/57/-35 | ° |
| RV5/SV1 | : 1.607/0.920 | mV |

Diagnosis Information:

Sinus Rhythm
Inverted T Wave(III,aVF)

Report Confirmed by:



SPECTRUM DIAGNOSTICS & HEALTH CARE

#9/1 TEJAS ARCADE, DR. RAJKUMAR ROAD, RAJAJINAGAR-560010 AUDIOGRA



Patient ID : 0644

Name : SRINIVASA RAO A

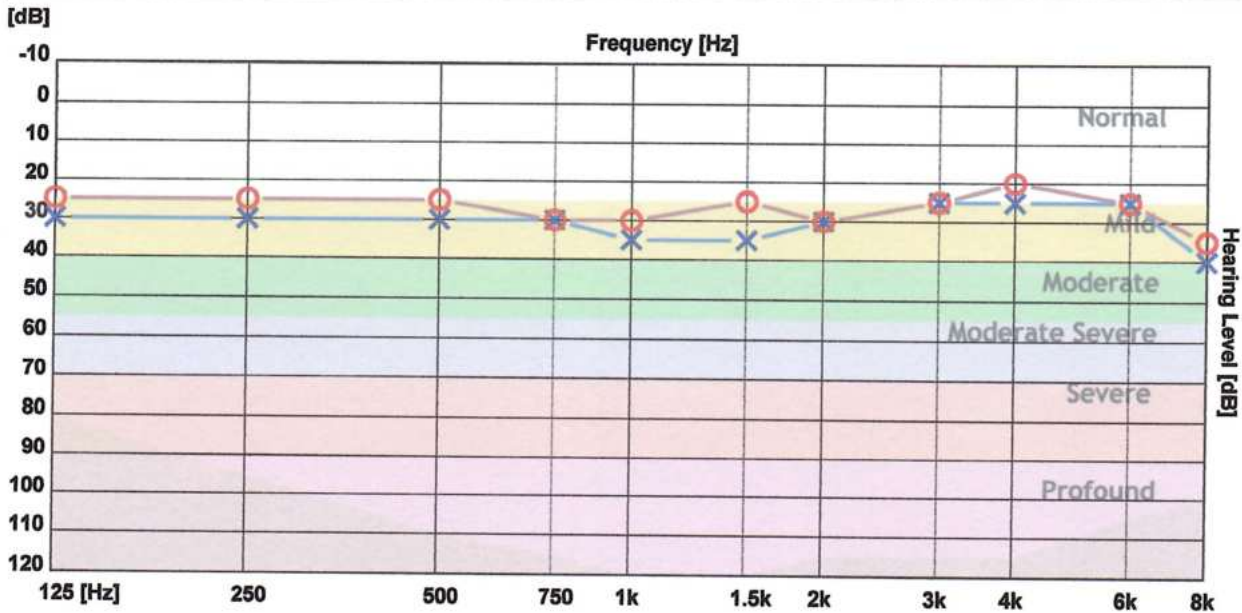
CR Number : 20230627104508

Registration Date : 27-Jun-2023

Age : 60

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 | 30 | 30 | 35 | 35 | 30 | 25 | 25 | 25 | 40 |
| O - Air Right | 25 | 25 | 25 | 30 | 30 | 25 | 30 | 25 | 20 | 25 | 35 |
| > - Bone Left | | | | | | | | | | | |
| < - Bone Right | | | | | | | | | | | |

Clinical Notes :

Not Found



| | |
|----------------------------------|-------------------------|
| NAME : MR.SRINIVASA RAO A | DATE :27/06/2023 |
| AGE/SEX : 60 YEARS/MALE | REG NO: 0011 |
| REF BY :APOLO CLINIC | |

CHEST PA VIEW


Both lung fields are clear.

Both costo-phrenic angles are free.

Cardiovascular shadows are within normal limits.

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

PRINTED BY :RISHAL



| | | | |
|--------------|---------------------|-------|------------|
| PATIENT NAME | MR. SRINIVASA RAO A | ID NO | 2706230011 |
| AGE | 60YEARS | SEX | MALE |
| REF BY | DR. APOLO CLINIC | DATE | 27/06/2023 |

2D ECHO CARDIOGRAHIC STUDY

M-MODE

| | |
|-------------------------------|------|
| AORTA | 30mm |
| LEFT ATRIUM | 39mm |
| RIGHT VENTRICLE | 18mm |
| LEFT VENTRICLE (DIASTOLE) | 39mm |
| LEFT VENTRICLE(SYSTOLE) | 26mm |
| VENTRICULAR SEPTUM (DIASTOLE) | 12mm |
| VENTRICULAR SEPTUM (SYSTOLE) | 11mm |
| POSTERIOR WALL (DIASTOLE) | 10mm |
| POSTERIOR WALL (SYSTOLE) | 11mm |
| FRACTIONAL SHORTENING | 27% |
| EJECTION FRACTION | 59% |

DOPPLER /COLOUR FLOW

| | | | |
|------------------|--------------|--------------|------------|
| MITRAL VALVE | E-0.52 m/sec | A-0.80 m/sec | TRIVIAL MR |
| AORTIC VALVE | 1.12 m/sec | | NO AR |
| PULMONARY VALVE | 1.20 m/sec | | NO PR |
| TRISCUSPID VALVE | | 32mmHg | MILD TR |



| | | | |
|--------------|---------------------|-------|------------|
| PATIENT NAME | MR. SRINIVASA RAO A | ID NO | 2706230011 |
| AGE | 60YEARS | SEX | MALE |
| REF BY | DR. APOLO CLINIC | DATE | 27/06/2023 |

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

- NORMAL CARDIAC CHAMBER DIMENSIONS
- NO RWMA OF LV AT REST
- NORMAL LV SYSTOLIC FUNCTION LVEF-59%
- LVH + / GRADE I LVDD
- MILD TR / MILD PAH
- TRIVIAL MR
- AV SCLEROTIC / NO AS
- NO CLOT / PERICARDIAL EFFUSION


V. DURGA
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. This is a professional opinion

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| | | |
|---|----------------------------|-----------------------------|
| NAME AND LAB NO <small>Accredited Laboratory ISO 15189 - 2012</small> | MR. SRINIVASA RAO A | REG-30011 |
| AGE & SEX | 60 YRS | MALE |
| DATE AND AREA OF INTEREST | 27.06.2023 | ABDOMEN & PELVIS |
| REF BY | C/O APOLO CLINIC | |

USG ABDOMEN AND PELVIS

LIVER: Measures **13.0** cm. Normal in size an 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 **9.3** 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: Right kidney measures **9.0 X5.4** cm ,is normal in size & echotexture.
No evidence of calculus/ hydronephrosis.
No solid / cystic lesions.

LEFT KIDNEY: Left kidney measures **10.0 X5.4** cm ,is normal in size & echotexture.
No evidence of calculus/ hydronephrosis.
No solid / cystic lesions.

URETERS: Bilateral ureters are not dilated.

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

PROSTATE: Normal in size (- vol -13 cc) and echotexture.

- No evidence of ascites/pleural effusion.

IMPRESSION:

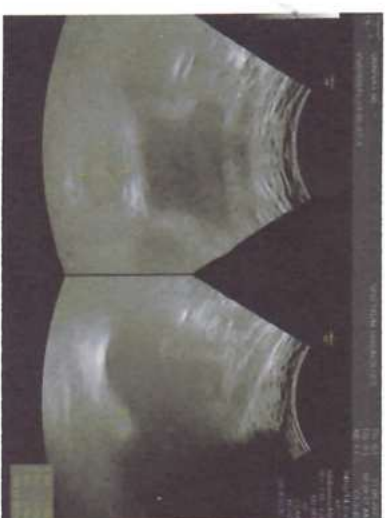
- No significant sonological abnormality detected in the abdomen and pelvis.



DR AKSHATHA R BHAT
MDRD DNB FRCR

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| Ref. By Dr. | : Dr. APOLO CLINIC | | | Result Date | : 27-Jun-2023 01:55 PM |
| Reg. No. | : 2706230011 | | | 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.

Complete Haemogram-Whole Blood EDTA

| | | | | |
|--|---------|--------------|----------------------|----------------------|
| Haemoglobin (HB) | 14.5 | g/dL | Male:14.0-17.0 | Spectrophotometer |
| Red Blood Cell (RBC) | 5.01 | million/cumm | 3.50 - 5.50 | Volumetric Impedance |
| Packed Cell Volume (PCV) | 43.9 | % | Male: 42.0-51.0 | Electronic Pulse |
| Mean corpuscular volume (MCV) | 87.5 | fL | 78.0- 94.0 | Calculated |
| Mean corpuscular hemoglobin (MCH) | 29.0 | pg | 27.50-32.20 | Calculated |
| Mean corpuscular hemoglobin concentration (MCHC) | 33.1 | % | 33.00-35.50 | Calculated |
| Red Blood Cell Distribution Width SD (RDW-SD) | 45.0 | fL | 40.0-55.0 | Volumetric Impedance |
| Red Blood Cell Distribution CV (RDW-CV) | 13.6 | % | Male: 11.80-14.50 | Volumetric Impedance |
| Mean Platelet Volume (MPV) | 9.4 | fL | 8.0-15.0 | Volumetric Impedance |
| Platelet | 2.77 | lakh/cumm | 1.50-4.50 | Volumetric Impedance |
| Platelet Distribution Width (PDW) | 18.2 | % | 8.30 - 56.60 | Volumetric Impedance |
| White Blood cell Count (WBC) | 5700.00 | cells/cumm | Male: 4000.0-11000.0 | Volumetric Impedance |

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| Test Name | Result | Unit | Reference Value | Method |
|--------------------------------------|--------|---------------------|-----------------|-------------------------|
| Neutrophils | 52.0 | % | 40.0-75.0 | Light scattering/Manual |
| Lymphocytes | 40.0 | % | 20.0-40.0 | Light scattering/Manual |
| Eosinophils | 1.0 | % | 0.0-6.0 | Light scattering/Manual |
| Monocytes | 6.0 | % | 0.0-8.0 | Light scattering/Manual |
| Basophils | 1.0 | % | 0.0-1.0 | Light scattering/Manual |
| Absolute Neutrophil Count | 2.61 | 10 ³ /uL | 2.0- 7.0 | Calculated |
| Absolute Lymphocyte Count | 2.42 | 10 ³ /uL | 1.0-3.0 | Calculated |
| Absolute Monocyte Count | 0.56 | 10 ³ /uL | 0.20-1.00 | Calculated |
| Absolute Eosinophil Count | 50 | cells/cumm | 40-440 | Calculated |
| Absolute Basophil Count | 0.04 | 10 ³ /uL | 0.0-0.10 | Calculated |
| Erythrocyte Sedimentation Rate (ESR) | 09 | mm/hr | 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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Dr. Nithun Reddy C,MD,Consultant Pathologist

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| Test Name | Result | Unit | Reference Value | Method |
|--|--------|-------|---|------------|
| Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA | | | | |
| Glycosylated Haemoglobin (HbA1c) | 5.60 | % | Non diabetic adults : <5.7 At risk (Prediabetes) : 5.7 - 6.4 Diagnosing Diabetes : >= 6.5 Diabetes Excellent Control : 6-7 Fair to good Control : 7-8 Unsatisfactory Control : 8-10 Poor Control : >10 | HPLC |
| Estimated Average Glucose(eAG) | 114.01 | 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 glyceimic control as compared to blood and urinary glucose determinations.



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Dr. Nithun Reddy C,MD,Consultant Pathologist

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| Test Name | Result | Unit | Reference Value | Method |
|--|--------|--------|-----------------|--------------------------------------|
| Thyroid function tests (TFT)- Serum | | | | |
| Tri-Iodo Thyronine (T3)-Serum 1.11 | | ng/mL | 0.60-1.81 | Chemiluminescence Immunoassay (CLIA) |
| Thyroxine (T4)-Serum 9.6 | | µg/dL | 5.50-12.10 | Chemiluminescence Immunoassay (CLIA) |
| Thyroid Stimulating Hormone (TSH)-Serum 3.24 | | µIU/mL | 0.35-5.50 | Chemiluminescence Immunoassay (CLIA) |

Comments: Triiodothyronine (T3) assay is a useful test for hyperthyroidism in patients with low TSH and normal T4 levels. It is also used for the diagnosis of T3 toxicosis. It is not a reliable marker for Hypothyroidism. This test is not recommended for general screening of the population without a clinical suspicion of hyperthyroidism.

Reference range: Cord: (37 Weeks): 0.5-1.41, Children:1-3 Days: 1.0-7.40,1-11 Months: 1.05-2.45,1-5 Years: 1.05-2.69,6-10 Years: 0.94-2.41,11-15 Years: 0.82-2.13,Adolescents (16-20 Years): 0.80-2.10

Reference range: Adults: 20-50 Years: 0.70-2.04, 50-90 Years: 0.40-1.81,

Reference range in Pregnancy: First Trimester : 0.81-1.90,Second Trimester : 1.0-2.60

Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, increased Thyroid-binding globulin (TBG).
Decreased Levels: Nonthyroidal illness, hypothyroidism , nutritional deficiency, systemic illness, decreased Thyroid-binding globulin (TBG).

Comments:Total T4 levels offer a good index of thyroid function when TBG is normal and non-thyroidal illness is not present. This assay is useful for monitoring treatment with synthetic hormones (synthetic T3 will cause low total T4).It also helps to monitor treatment of Hyperthyroidism with Thiouracil or other anti-thyroid drugs.

Reference Range: Males : 4.6-10.5,Females : 5.5-11.0,> 60 Years: 5.0-10.70,Cord :7.40-13.10,Children:1-3 Days :11.80-22.60,1-2 Weeks : 9.90-16.60,1-4 Months: 7.20-14.40,1-5 Years : 7.30-15.0,5-10 Years: 6.4-13.3

1-15 Years: 5.60-11.70,Newborn Screen:1-5 Days: >7.5,6 Days : >6.5

Increased Levels: Hyperthyroidism, increased TBG, familial dysalbuminemic hyperthyroxinemia,Increased transthyretin, estrogen therapy, pregnancy.
Decreased Levels: Primary hypothyroidism, pituitary TSH deficiency, hypothalamic TRH deficiency, non thyroidal illness, decreased TBG.

Comments:TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH is a labile hormone & is secreted in a pulsatile manner throughout the day and is subject to several non-thyroidal pituitary influences. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, caloric intake, medication & circulating antibodies. It is important to confirm any TSH abnormality in a fresh specimen drawn after ~ 3 weeks before assigning a diagnosis, as the cause of an isolated TSH abnormality.

Reference range in Pregnancy: I- trimester:0.1-2.5; II -trimester:0.2-3.0; III- trimester:0.3-3.0

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

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism and Thyroid hormone resistance.
Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH deficiency.



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| 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) | 6.00 | | 5.0-7.5 | Dipstick |
| Specific Gravity | 1.020 | | 1.000-1.030 | Dipstick |
| Biochemical Examination | | | | |
| Albumin | Negative | | Negative | Dipstick/Precipitation |
| Glucose | Negative | | Negative | Dipstick/Benedicts |
| Bilirubin | Negative | | Negative | Dipstick/Fouchets |
| Ketone Bodies | Negative | | Negative | Dipstick/Rotheras |
| Urobilinogen | Normal | | Normal | Dipstick/Ehrlichs |
| Nitrite | Negative | | Negative | Dipstick |
| Microscopic Examination | | | | |
| Pus Cells | 1-2 | hpf | 0.0-5.0 | Microscopy |
| Epithelial Cells | 1-2 | 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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| Test Name | Result | Unit | Reference Value | Method |
|-----------------------------------|--------|-------|-----------------|-------------|
| Fasting Blood Sugar (FBS)- Plasma | 89 | 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.

| | | | |
|-----------------------------|----------|----------|-----------------------------|
| Fasting Urine Glucose-Urine | Negative | Negative | Dipstick/Benedicts (Manual) |
|-----------------------------|----------|----------|-----------------------------|



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UHID : 2706230011

 2706230011

| Test Name | Result | Unit | Reference Value | Method |
|---|----------|-------|-----------------|----------------------------|
| Post Prandial Urine Sugar | Negative | | Negative | Dipstick/Benedicts(Manual) |
| Post prandial Blood Glucose (PPBS)-Plasma | 102 | 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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