SPECTRUM
DIAGNOSTICS & HEALTH CARE

CERTIFICATE OF MEDICAL FITNESS

NAME: Vijay krishna kam

AGE/ GENDER: 58 y / male

HEIGHT: 157 cm WEIGHT: 76.1 kg

IDENTIFICATION MARK: —

BLOOD PRESSURE: 510/110 mmHg

PULSE: 76 b/m

CVS:
RS-P } Normal

ANY OTHER DISEASE DIAGNOSED IN THE PAST: Nil

ALLERGIES, IF ANY: Nil

LIST OF PRESCRIBED MEDICINES: Nil

ANY OTHER REMARKS: No

I Certify that I have carefully examined Mr/Mrs. Vijay krishna kam son/daughter of Mr. [illegible] who has signed in my presence. He/ she has no physical disease and is fit for employment.

Signature of candidate

Dr. [illegible]
Signature of Medical Officer

Place: Spectrum Diagnostics & health care

Date: 24/2/24

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

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SPECTRUM
DIAGNOSTICS & HEALTH CARE

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

DATE: 26-02-24

EYE EXAMINATION

NAME: Mr. Vijay Krishna K. AGE: 55y GENDER : F / M

	RIGHT EYE	LEFT EYE
Vision	[illegible]	[illegible]
Vision With glass	[illegible]	[illegible]
Color Vision	Normal	Normal
Anterior segment examination	Normal	Normal
Fundus Examination	Normal	Normal
Any other abnormality	Nil	Nil
Diagnosial impression	Normal	Normal

Colour blindness

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

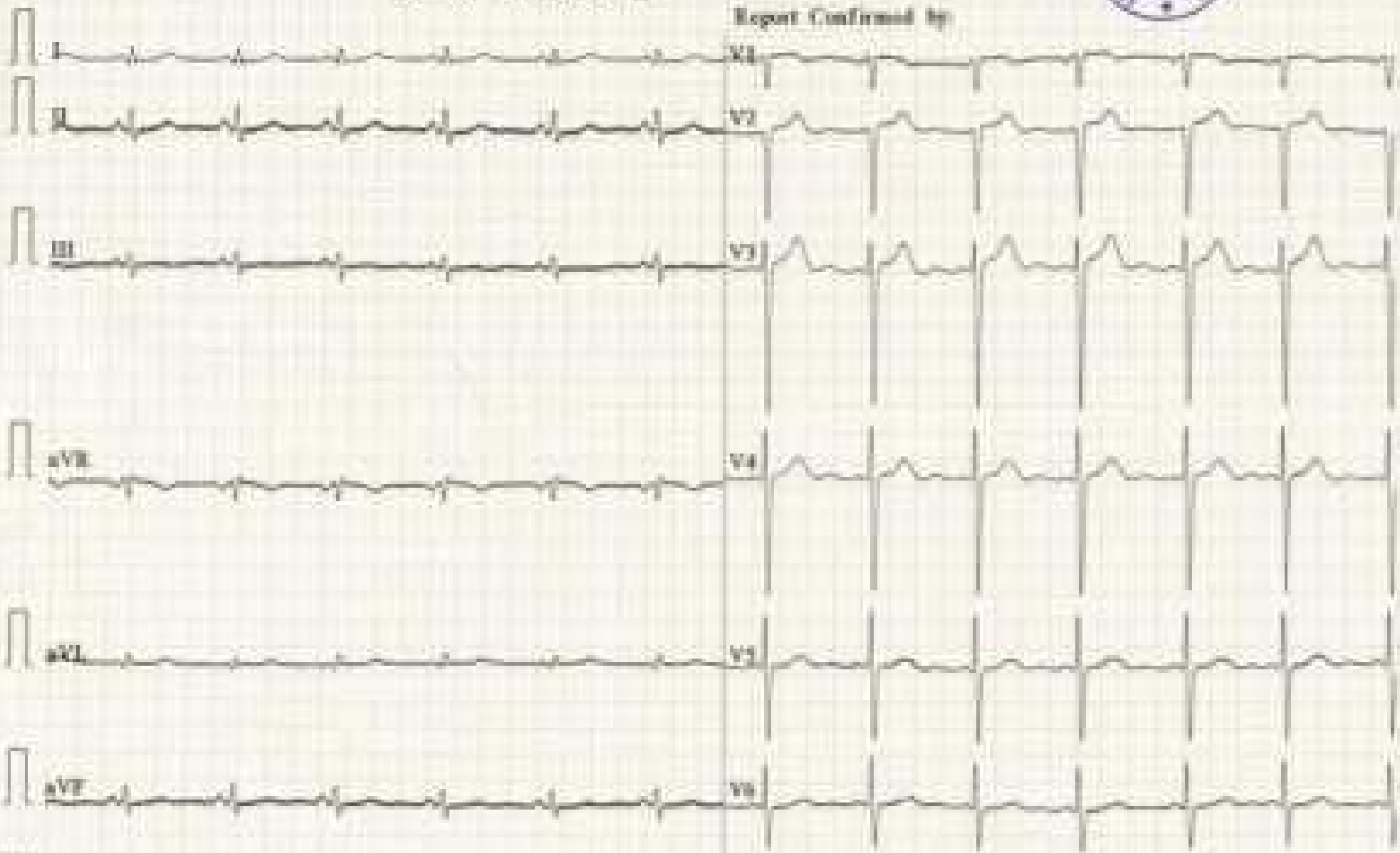
ID: 2240833
MR VIJAY KRISHNA
Male 58Years

24-02-2024 12:09:37

HR	:	77	bpm
P	:	84	ms
PR	:	104	ms
QRS	:	86	ms
QT/QTc	:	392/444	ms
P/QRS/T	:	66/-6/45	°
RV5/SV1	:	1.038/0.528	mV

Diagnosis Information:
Sinus Rhythm
Short PR Interval

Report Confirmed by:



0.35-35Hz AC:50 25mm/s 10mm/mV 2*5.0s ♥77 V2.2 SUMIP V1.01 SPECTRUM DIAGNOSTICS & HEALTH CARE

SPECTRUM
DIAGNOSTICS & HEALTH CARE

NAME : MR.VIJAY KRISHNA KARN	DATE : 24/02/2024
AGE/SEX : 58YEARS/MALE	REG NO: 2402240033
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 Detected

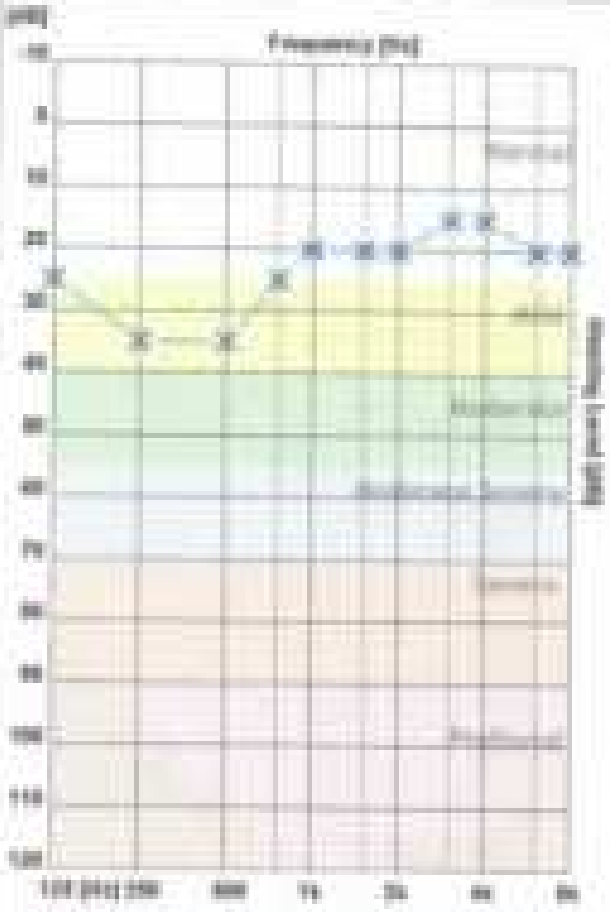
DR. PRAVEEN B,DHRD ,DNB
Consultant Radiologist

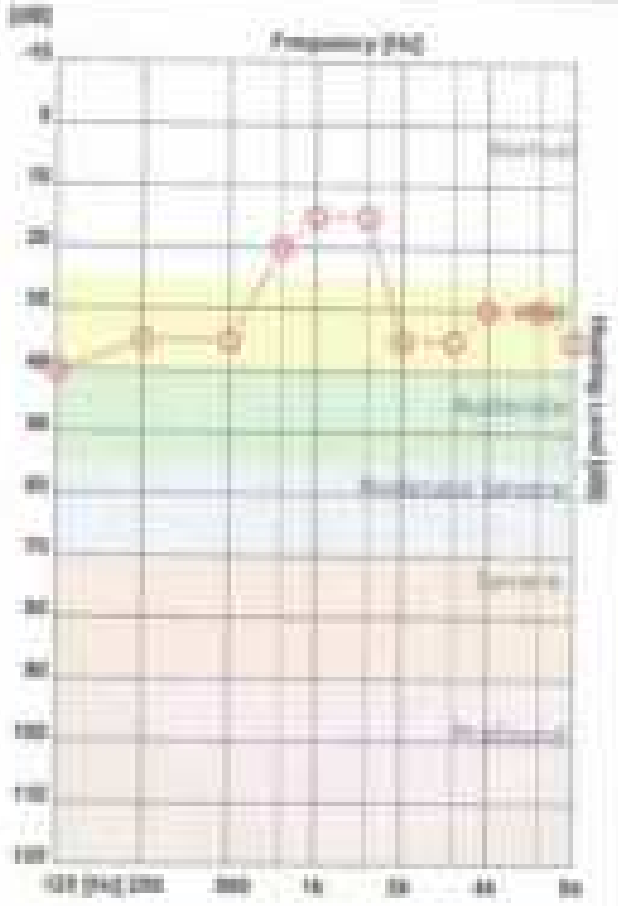
SPECTRUM DIAGNOSTICS

Bangalore

Patient ID : 0162
Name : MR VIJAY KRISHNA BABU
OA Number : 2024022240125052
Registration Date : 24-Feb-2024

Age : 59
Gender : Male
Operator : spectrum diagnostics





	125 Hz	250 Hz	500 Hz	750 Hz	1000 Hz	1500 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz
X - Air Left	30	30	30	30	30	30	30	30	30	30	30
O - Air Right	40	30	30	30	30	30	30	30	30	30	30
> - Bone Left											
< - Bone Right											

	Average	High	Mid	Low
Left	32.71 dB	37.50 dB	25.00 dB	25.00 dB
Right	34.64 dB	40.00 dB	31.67 dB	30.00 dB

Clinical Notes :

Not Found

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NAME AND LAB NO	MR VIJAY KRISHNA KARN	REG-400315
AGE & SEX	58 YRS	MALE
DATE AND AREA OF INTEREST	24.02.2024	ABDOMEN & PELVIS
REF BY	C/O APOLO CLINIC	

USG ABDOMEN AND PELVIS

LIVER: Normal in size and shows diffuse increased echogenicity.
No s/o IHBR dilatation. No evidence of focal lesion.
Portal vein appears normal.
CBD appears normal.

GALL BLADDER: Contracted at the time of scan.

SPLEEN: Normal in size and shows multiple small echogenic lesions noted largest measuring 1.3 x1.5 cm .

PANCREAS: Head appears normal . Body and tail obscured by bowel gas shadows .

RETROPERITONEUM: Suboptimal visualised due to bowel gas

RIGHT KIDNEY: Right kidney measures 10.0 x1.4 cm ,is normal in size & echotexture.
No evidence of calculus/ hydronephrosis.
No solid lesions.

LEFT KIDNEY: Left kidney measures 9.1 X1.4 cm ,is normal in size & echotexture.
No evidence of calculus/ hydronephrosis.
No solid lesions.

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

PROSTATE: Normal in size volume 22.8 cc and echotexture.

- No evidence of ascites/pleural effusion.

IMPRESSION:

- *Grade I fatty liver.*
- *Multiple small echogenic lesions in spleen as described above- likely benign – suggested CECT abdomen for further evaluation.*

Suggested clinical / lab correlation.

DR PRAVEEN B., DMRD., DNB
CONSULTANT RADIOLOGIST

SPECTRUM
DIAGNOSTICS & HEALTH CARE

PATIENT NAME	MR VIJAY KRISHNA KARN	ID NO	[illegible]
AGE	39YEARS	SEX	MALE
REF BY	DR.APOLLO CLINIC	DATE	24.02.2024

2D ECHO CARDIOGRAHIC STUDY

M-MODE

AORTA	30mm
LEFT ATRIUM	31mm
RIGHT VENTRICLE	20mm
LEFT VENTRICLE (DIASTOLE)	44mm
LEFT VENTRICLE(SYSTOLE)	32mm
VENTRICULAR SEPTUM (DIASTOLE)	13mm
VENTRICULAR SEPTUM (SYSTOLE)	12mm
POSTERIOR WALL (DIASTOLE)	12mm
POSTERIOR WALL (SYSTOLE)	11mm
FRACTIONAL SHORTENING	30%
EJECTION FRACTION	55%

DOPPLER /COLOUR FLOW

Mitral Valve Velocity : MVE- 1.12m/s MVA – 0.75m/s E/A-0.84

Tissue Doppler : e' (Septal) -10cm/s E/e'(Septal) -10

Velocity/ Gradient across the Pulmonic valve : 0.83m/s 3mmHg

Max. Velocity / Gradient across the Aortic valve : 1.15m/s 6mmHg

Velocity / Gradient across the Tricuspid valve : 2.27 m/s 22mmHg

SPECTRUM
DIAGNOSTICS & HEALTH CARE

PATIENT NAME	MR VIJAY KRISHNA KARN	ID NO	[illegible]
AGE	59YEARS	SEX	MALE
REF BY	DR.APOLO CLINIC	DATE	24.02.2024

2D ECHO CARDIOGRAHIC STUDY

LEFT VENTRICLE	SIZE& THICKNESS	CON. LVH
CONTRACTILITY	REGIONAL GLOBAL	NO RWMA

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

IMPRESSION

- NO REGIONAL WALL MOTION ABNORMALITY PRESENT
- NORMAL VALVES AND DIMENSIONS
- GOOD LV FUNCTION, LVEF- 55%
- CON. LVH
- MILD MR / MILD TR / NO PAH
- TRACE PERICARDIAL EFFUSION

DURGA V
ECHO TECHNICIAN

[illegible]

SPECTRUM
DIAGNOSTICS & HEALTH CARE

Name	: MR. VIJAY KRISHNA KARN			Bill Date	: 24-Feb-2024 08:33 AM
Age / Gender	: 38 years / Male	UHID	: 2402240033	Sample Col. Date	: 24-Feb-2024 08:33 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 24-Feb-2024 10:57 AM
Reg. No.	: 2402240033			Report Status	: Final
Cln	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA				
Glycosylated Haemoglobin (HbA1c)	5.50	%	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
Estimated Average Glucose(eAG)	111.14	mg/dL		Calculated

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

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

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

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SPECTRUM
DIAGNOSTICS & HEALTH CARE

Name	: MR. VIJAY KRISHNA KARN			Bill Date	: 24-Feb-2024 08:33 AM
Age / Gender	: 59 years / Male	UHID	: 3402240033	Sample Col. Date	: 24-Feb-2024 08:33 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 24-Feb-2024 11:39 AM
Reg. No.	: 3402240033			Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Complete Haemogram-Whole Blood EDTA				
Haemoglobin (HB)	14.80	g/dL	Male: 14.0-17.0 Female:12.0-15.0 Newborn:16.50 - 19.50	Spectrophotometer
Red Blood Cell (RBC)	5.21	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	43.20	%	Male: 42.0-51.0 Female: 36.0-45.0	Electronic Pulse
Mean corpuscular volume (MCV)	82.80	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	28.40	PR	27.30-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	34.30	%	33.00-35.50	Calculated
Red Blood Cell Distribution Width SD (RDW-SD)	44.80	fL	40.0-55.0	Volumetric Impedance
Red Blood Cell Distribution CV (RDW-CV)	16.90	%	Male: 11.80-14.50 Female:12.20-16.10	Volumetric Impedance
Mean Platelet Volume (MPV)	11.40	fL	8.0-15.0	Volumetric Impedance
Platelet	1.54	lakh/cumm	1.50-4.50	Volumetric Impedance
Platelet Distribution Width (PDW)	21.80	%	8.30 - 56.60	Volumetric Impedance
White Blood cell Count (WBC)	7070.00	cells/cumm	Male: 4000-11000 Female 4000-11000 Children: 4000-17500 Infants : 9000-30000	Volumetric Impedance
Neutrophils	71.80	%	40.0-75.0	Light scattering/Manual
Lymphocytes	19.90	%	20.0-40.0	Light scattering/Manual
Eosinophils	3.50	%	0.0-6.0	Light scattering/Manual

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SPECTRUM
DIAGNOSTICS & HEALTH CARE

Name	: MR. VIJAY KRISHNA KARN			**Bill Date**	: 24-Feb-2024 08:33 AM
Age / Gender	: 59 years / Male	**UHID**	: 2402240033	**Sample Col. Date**	: 24-Feb-2024 08:33 AM
Ref. By Dr.	: Dr. APOLO CLINIC			**Result Date**	: 24-Feb-2024 11:59 AM
Reg. No.	: 2402240033	2402240033		**Report Status**	: Final
Clt.	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Monocytes	4.30	%	0.0-10.0	Light scattering/Manual
Basophils	0.30	%	0.0-1.0	Light scattering/Manual
Absolute Neutrophil Count	5.09	10^3/uL	2.0- 7.0	Calculated
Absolute Lymphocyte Count	1.40	10^3/uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.31	10^3/uL	0.20-1.00	Calculated
Absolute Eosinophil Count	250.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.02	10^3/uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	7	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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SPECTRUM
DIAGNOSTICS & HEALTH CARE

Name	: MR. VIJAY KRISHNA KARN			BD Date	: 24-Feb-2024 08:33 AM
Age / Gender	: 39 years / Male	UHID	: 2402240033	Sample Col. Date	: 24-Feb-2024 08:33 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 24-Feb-2024 12:51 PM
Reg. No.	: 2402340033	2402240033		Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
LFT-Liver Function Test -Serum				
Bilirubin Total-Serum	0.81	mg/dL	0.2-1.0	Caffeine Benzoate Diazotized Sulphanilic Acid
Bilirubin Direct-Serum	0.17	mg/dL	0.0-0.2	Diazo Measure
Bilirubin Indirect-Serum	0.64	mg/dL	Male: 0.0 - 1.10	
Aspartate Aminotransferase (AST/SGOT)-Serum	18.00	U/L	Male: 15.0 - 37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	22.00	U/L	Male: 16.0 - 63.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)-Serum	77.00	U/L	Male: 45.0 - 117.0	PNPP,AMP-Buffer
Protein, Total-Serum	6.53	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
Albumin-Serum	4.32	g/dL	Male: 3.40 - 5.50	Bromocresol Purple
Globulin-Serum	2.21	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	1.95	Ratio	0.80-2.0	Calculated

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SPECTRUM
DIAGNOSTICS & HEALTH CARE

Name	: MR. VIJAY KRISHNA KAJOV			**Bill Date**	: 24-Feb-2024 08:53 AM
Age / Gender	: 58 years / Male	**UHID**	: 2402240033	**Sample Col. Date**	: 24-Feb-2024 08:53 AM
Ref. By Dr.	: Dr. APOLO CLINIC			**Result Date**	: 24-Feb-2024 12:31 PM
Reg. No.	: 2402240033			**Report Status**	: Final
Clo	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Lipid Profile-Serum				
Cholesterol Total-Serum	168.00	mg/dL	Male: 0.0 - 200	Cholesterol Oxidase/Peroxidase
Triglycerides-Serum	103.00	mg/dL	Male: 0.0 - 150	Lipase/Glycerol Dehydrogenase
High-density lipoprotein (HDL) Cholesterol-Serum	39.00	mg/dL	Male: 40.0 - 60.0	Accelerator/Selective Detergent
Non-HDL cholesterol-Serum	129	mg/dL	Male: 0.0 - 130	Calculated
Low-density lipoprotein (LDL) Cholesterol-Serum	113.00	mg/dL	Male: 0.0 - 100.0	Cholesterol esterase and cholesterol oxidase
Very-low-density lipoprotein (VLDL) cholesterol-Serum	21	mg/dL	Male: 0.0 - 40	Calculated
Cholesterol/HDL Ratio-Serum	4.31	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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Name	: MR. VIJAY KRISHNA KARN			Bill Date	: 24-Feb-2024 08:33 AM
Age / Gender	: 58 years / Male	UHID	: 2402240033	Sample Col. Date	: 24-Feb-2024 08:33 AM
Ref. By Dr.	: Dr. APOLO CLINIC		2402240033	Result Date	: 24-Feb-2024 12:51 PM
Reg. No.	: 2402240033			Report Status	: Final
Clr.	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
KFT (Kidney Function Test) :				
Blood Urea Nitrogen (BUN)-Serum	9.10	mg/dL	7.0-18.0	GLDH,Kinetic Assay
Creatinine-Serum	1.03	mg/dL	Male: 0.70-1.30 Female: 0.55-1.02	Modified kinetic Jaffe
Uric Acid-Serum	5.83	mg/dL	Male: 3.50-7.20 Female: 2.60-6.00	Uricase PAP
Sodium (Na+)-Serum	141.2	mmol/L	135.0-145.0	Ion-Selective Electrodes (ISE)
Potassium (K+)-Serum	4.03	mmol/L	3.5 to 5.5	Ion-Selective Electrodes (ISE)
Chloride(Cl-)-Serum	98.60	mmol/L	96.0-108.0	Ion-Selective Electrodes (ISE)
Calcium,Total- Serum	9.20	mg/dL	8.50-10.10	Spectrophotometry (O-Cresolphthalein complexone)

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SPECTRUM
DIAGNOSTICS & HEALTH CARE

Name	: MR. VIJAY KRISHNA KABN			**Bill Date**	: 24-Feb-2024 08:53 AM
Age / Gender	: 38 years / Male	**UHID**	: 2402240033	**Sample Col. Date**	: 24-Feb-2024 08:53 AM
Ref. By Dr.	: Dr. APOLO CLINIC			**Result Date**	: 24-Feb-2024 12:31 PM
Reg. No.	: 2402240033			**Report Status**	: Final
Clr	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Fasting Blood Sugar (FBS)-Plasma	86	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 (homeostasis, gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linked glucose units. Another major component compound 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 increased 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.

Gamma-Glutamyl Transferase (GGT)-Serum	21.80	U/L	Male: 15.0-85.0 Female: 5.0-55.0	Other g-Glut-3-carboxy-4 nitro

Comments: Gamma glutamyltransferase (GGT) is primarily present in kidney, liver, and pancreatic cells. Small amounts are present in other tissues. Even though renal tissue has the highest level of GGT, the enzyme present in the serum appears to originate primarily from the hepatobiliary system, and GGT activity is elevated in any and all forms of liver disease. It is highest in cases of intra- or posthepatic biliary obstruction, reaching levels some 5 to 30 times normal. GGT is more sensitive than alkaline phosphatase (ALP), leucine aminopeptidase, aspartate transaminase, and alanine aminotransferase in detecting obstructive jaundice, cholangitis, and cholecystitis, in that serum rises earlier than with these other enzymes and persists longer. Only modest elevations (2-3 times normal) occur in infectious hepatitis, and in this condition, GOT 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. Rankin 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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SPECTRUM
DIAGNOSTICS & HEALTH CARE

Name	: MR. VIJAY KRISHNA RAGN			**Bill Date**	: 24-Feb-2024 08:39 AM
Age / Gender	: 59 years / Male	**UHID**	: 2402240033	**Sample Col. Date**	: 24-Feb-2024 09:53 AM
Ref. By Dr.	: Dr. APOLO CLINIC			**Result Date**	: 24-Feb-2024 12:51 PM
Reg. No.	: 2402240033			**Report Status**	: Final
Clt	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Prostate-Specific Antigen(PSA)- I ,22 Serum		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 10% has been observed in hospitalized /sedentary patients either due to supine position or suspended sexual activity.
Recommended Testing Intervals: Pre-operatively (therefore),2-4 days post-operatively,Prior to discharge from hospital,Monthly following 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.
-Following 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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SPECTRUM
DIAGNOSTICS & HEALTH CARE

Name	: MR. VIJAY KRISHNA KARN			**Bill Date**	: 24-Feb-2024 08:33 AM
Age / Gender	: 59 years / Male	**UHID**	: 2402240033	**Sample Col. Date**	: 24-Feb-2024 08:33 AM
Ref. By Dr.	: Dr. APOLO CLINIC			**Result Date**	: 24-Feb-2024 12:31 PM
Reg. No.	: 2402240033			**Report Status**	: Final
Clo	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Thyroid function tests (TFT)-Serum				
Tri-Iodo Thyronine (T3)-Serum	1.31	ng/mL	Male: 0.60 - 1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine (T4)-Serum	13.0	µg/dL	Male: 5.50 - 12.10	Chemiluminescence Immunoassay (CLIA)
Thyroid Stimulating Hormone (TSH)-Serum	4.24	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): 0.5-1.43, Children:1-3 Days: 1.0-7.40,1-11 Months: 1.05-2.45,1-5 Years: 1.05-2.05,6-10 Years: 0.84-2.42,11-15 Years: 0.62-2.13,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, hyperthyroidism , 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 Hypothyroidism with Thiouracil or other anti-thyroid drugs.
Reference Range: Males : 4.8-10.5,Females : 5.5-11.0,1- 60 Years: 3.9-10.70,Cord: (7.40-11.10),Children:1-3 Days: (11.00-22.60),1-2 Weeks : 9.00-15.90,1-4 Months: 7.20-14.40,1-5 Years : 7.80-13.05,6-10 Years: 6.4-11.5
1-15 Years: 5.69-11.70,Newborn Serum:1-5 Days: >13.0,5 Days : >6.4
Increased Levels: Hyperthyroidism, increased TBG, familial dysalbuminemic hyperthyroxinemia,heredital transthyretin, estrogen therapy, pregnancy.
Decreased Levels: Primary hypothyroidism, pituitary TSH deficiency, hypothalamic TSH deficiency, non thyroidal illness, decreased TBG.

Comments: TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH is a labile hormone & is secreted on 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 : 1- trimester:0.1-2.5, 2- trimester:0.2-3.0, 3- trimester:0.3-3.0
Reference range in Newborns: 1-4 days: 1.0-39.0, 2-20 Weeks:1.7-9.1
Increased Levels: Primary hyperthyroidism, Subclinical hyperthyroidism, TSH dependent Hyperthyroidism and Thyroid hormone resistance.
Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH defic

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Name	: MR. VIJAY KRISHNA KARN			**Bill Date**	: 24-Feb-2024 08:33 AM
Age / Gender	: 58 years / Male	**UHID**	: 2402240033	**Sample Col. Date**	: 24-Feb-2024 08:33 AM
Ref. By Dr.	: Dr. APOLO CLINIC		2402240033	**Result Date**	: 24-Feb-2024 02:40 PM
Reg. No.	: 2402240033			**Report Status**	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Fasting Urine Glucose-Urine	Negative		Negative	Dipstick/Benedicts (Manual)
Blood Group & Rh Typing-Whole Blood EDTA				
Blood Group	A			Slide/Tube agglutination
Rh Type	Positive			Slide/Tube agglutination

Note: Confirm by tube or gel method.

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

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SPECTRUM
DIAGNOSTICS & HEALTH CARE

Name	: MR. VIJAY KRISHNA KARN			Bill Date	: 24-Feb-2024 08:33 AM
Age / Gender	: 38 years / Male	UHID	: 2402240033	Sample Col. Date	: 24-Feb-2024 08:33 AM
Ref. By Dr.	: Dr. APOLO CLINIC		2402240033	Result Date	: 24-Feb-2024 02:40 PM
Reg. No.	: 2402240033			Report Status	: Final
Clt	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Urine Routine Examination-Urine				
Physical Examination				
Colour	Pale Yellow		Pale Yellow	Visual
Appearance	Clear		Clear	Visual
Reaction (pH)	7.0		5.0-7.5	Dipstick
Specific Gravity	1.015		1.000-1.030	Dipstick
Biochemical Examination				
Albumin	Negative		Negative	Dipstick/Precipitation
Glucose	Negative		Negative	Dipstick/Benedicts
Bilirubin	Negative		Negative	Dipstick/Fouchets
Ketone Bodies	Negative		Negative	Dipstick/Rotheras
Urobilinogen	Normal		Normal	Dipstick/Ehrlichs
Nitrite	Negative		Negative	Dipstick
Microscopic Examination				
Pus Cells	2-3	hpf	0.0-5.0	Microscopy
Epithelial Cells	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 in filtration 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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SPECTRUM
DIAGNOSTICS & HEALTH CARE

Name	: MR. VIJAY KRISHNA KADIY			**Bill Date**	: 24-Feb-2024 08:33 AM
Age / Gender	: 58 years / Male	**UHID**	: 2402240033	**Sample Col. Date**	: 24-Feb-2024 08:53 AM
Ref. By Dr.	: Dr. APOLO CLINIC			**Result Date**	: 24-Feb-2024 03:10 PM
Reg. No.	: 2402240033	24022400033		**Report Status**	: Final
Clo	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Post prandial Blood Glucose (PPBS)-Plasma	81	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 (homeostasis; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linked 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, Hospitals, Partial / Total Gastrectomy

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