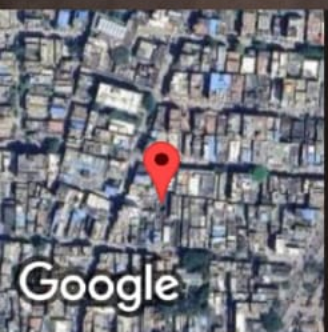
 **GPS Map Camera**



Tirupati, Andhra Pradesh, India

10-13-561, Tilak St, Prameela Hospitals Area, Ward 32, Tirupati, Andhra Pradesh
517501, India

Lat 13.635093°

Long 79.420186°

23/03/24 09:26 AM GMT +05:30

Google



SAI MAHESH
Cardiac & Maternity Care

Dr. Gajjala Mahesh Reddy
MBBS., MD., DNB Cardiology
Kasturba Medical College (MAHE)
Consultant Interventional Cardiologist
Reg.No. APMC 80533

Dr. D. Krishna Sai Sushma
MS OBG., DNB OBG., FMAS., DMAS.,
Fellowship In ART (Infertility)
Consultant Obstetrician & Gynecologist
Reg.No. APMC 121638

Patient Name: S. Premamma Age: 44y Date: 23/3/24

B.P. 118/76
Pulse ab/normal
SpO2 99%

Dm ⊙
Htn ⊙
Tlc ⊙
Acho ⊙
CVA ⊙

cos ⊙
chest pain ⊙
pain ⊙

DL

cos sub ⊙
R/AS ⊙

MD-9-8
wt-162

ASW

① T. Tazog 60 Ronce
a week x 12 weeks

② T. Rosobay 20 mg
od

Repeat lipid
after
1 month

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Ph: 0877-2227774, Cell: 97003 010111





| | | | | | |
|---------|----------------|-------|-------------|------|---|
| Name: | S.S.PREMUNNISA | Age: | 41 Yrs | SEX: | F |
| Ref BY: | INSURANCE | Date: | 223/03/2024 | | |

ULTRASONOGRAPHY OF ABDOMEN

| | | |
|---|---|----------------------------|
| LIVER: | Normal in Size (14.8 Cms) and echotexture. No Focal Lesions noted. Hepatic Veins are Normal in Caliber. Intra Hepatic Biliary Radicles are normal in Caliber. | |
| PORTAL VEIN: | Normal in Caliber. | |
| GALL BLADDER: | Contracted. Wall Thickness is normal. No e/o Calculi / Pericholecystic Fluid Collection. | |
| CBD: | Normal in Caliber. | |
| PANCREAS: | Visualized part of head and body appears normal in Size and echotexture. No e/o Focal Lesions / Ductal Dilations / Calcifications. | |
| SPLEEN: | Normal in Size (10.9 Cms) and echotexture. No e/o focal Lesions. | |
| RIGHT KIDNEY: | Normal in Size (10.3 x 5.2 Cms) and echotexture. Corticomedullary Differentiation Maintained. No e/o Calculi / Hydronephrosis. | |
| LEFT KIDNEY: | Normal in Size (10.4 x 4.8 Cms) and echotexture. Corticomedullary Differentiation Maintained. No e/o Calculi / Hydronephrosis. | |
| URINARY BLADDER: | Partially distended. No e/o Calculi. Wall thickness is normal. | |
| UTERUS(TAS) | Normal to extent visualized. | |
| OVARIES(TAS) | Right Ovary: Not adequately visualized. No obvious adnexal masses. | Left Ovary: 3.7 x 2.4 Cms. |
| No evidence of free fluid in the Peritoneal Cavity. | | |
| Visualized Bowel Loops Appears normal in Caliber, Wall thickness and Peristalsis. | | |
| IMPRESSION | NO OBVIOUS SONOLOGICAL ABNORMALITY DETECTED | |

Suggested Correlation with clinical and Lab Findings.

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DR. O.SRIDHAR BABU, M.D.,(R.D.,)



| | | | | | |
|---------|--------------|-------|------------|------|---|
| Name: | A.PREMUNNISA | Age: | 41 Yrs | SEX: | F |
| Ref BY: | INSURANCE | Date: | 23/03/2024 | | |

CHEST X RAY (PA VIEW)

Findings:

- Trachea is in midline.
- Both the lung fields are clear. No focal lesions.
- The costo-phrenic angles are clear.
- No hilar or mediastinal mass.
- Domes of diaphragm are normal in position and contour.
- The cardiac outlines are normal.
- Visualized bones and soft tissues are normal.

IMPRESSION:

No obvious abnormality noted.

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DR. O.SRIDHAR BABU MD, RD.,

STS Summary Report

Sai Mahesh Cardiac & Maternity care

7794990412

Name : S PREMUNNISA Tested on : 23-03-2024,06:01 PM
 ID : 516 Doctor : Dr.G. Mahesh Reddy
 Age,Wt,Ht : 41years(Female), Kg,cm

BPL DYNATRAC ULTRA

Test Summary Report

Target HR = 179 Total time = 16:17 Protocol = BRUCE
 HR achieved = 171 (95%) Excercise time = 06:53 Max ST(mm)=3.32(Lead II)
 Peak Ex = Exercise 3 Recovery time = 03:03 Min ST(mm)=-3.60(Lead AVF)

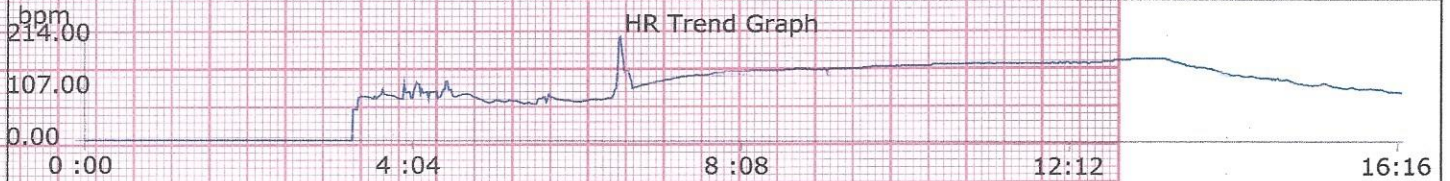
Stagewise Summary

| Stage Name | Duration (mm:ss) | Max HR (bpm) | Max ST (mm) | Min ST (mm) | Speed km/hr | Slope (%) | METS | sys/dia (map) |
|----------------------|------------------|--------------|-------------|-------------|-------------|-----------|------|---------------|
| Supine | 04:52 | 101 | 3.32(II) | -3.60(AVF) | 0.0 | 0.0 | 0.00 | 110/80(90) |
| Waiting for Exercise | 01:29 | 90 | 2.16(V2) | -1.76(V5) | 0.0 | 0.0 | 0.00 | 110/80(90) |
| Exercise 1 | 03:00 | 150 | 2.51(V3) | -3.60(AVF) | 2.7 | 10.0 | 5.10 | 120/90(100) |
| Exercise 2 | 03:00 | 164 | 3.16(V3) | -2.87(II) | 4.0 | 12.0 | 7.10 | 130/100(110) |
| Peak Exercise 3 | 00:53 | 171 | 1.94(V2) | -1.41(II) | 5.5 | 14.0 | 8.00 | 140/110(120) |
| Recovery 1 | 01:00 | 171 | 1.75(V3) | -1.50(III) | 5.5 | 14.0 | 0.00 | 130/100(110) |
| Recovery 2 | 01:00 | 137 | 1.94(V2) | -0.78(AVR) | 5.5 | 14.0 | 0.00 | 120/100(106) |
| Recovery 3 | 01:00 | 120 | 1.68(V2) | -0.82(AVR) | 5.5 | 14.0 | 0.00 | 110/90(96) |
| Recovery 4 | 00:03 | 101 | 0.69(V2) | -0.63(II) | 5.5 | 14.0 | 0.00 | ---/---(---) |

Rpp: 11110(Supine) ,9900(Waiting for Exercise) ,18000(Exercise 1) ,21320(Exercise 2) ,23940(Peak Exercise 3) ,22230(Recovery 1) ,16440(Recovery 2) ,13200(Recovery 3)

Stage comments: none

Object of test : TO RULE OUT CAD
 Risk factor : None
 Activity : Moderate active
 Other Investigation :
 Ex tolerance : Moderate
 Ex Arrhythmia : No
 Hemo Response : Normal
 Chrono response : Normal
 Reason for Termination :



Medication:

History:

Observations: NO ST T CHANGES
 TARGET HR ACHIEVED
 MODERATE EFFORT TOLERANCE

Final Impression: TMT NEGATIVE

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 M.S., MD, Gen. Medicine, DNB Cardiology
 APMC - 80533
 Interventional Cardiologist
AI MAHESH CARDIAC & MATERNITY CARE
 # 10-3-206M, Ground Floor
 Reddy & Reddy Colony
 TIRUPATI - 517301, A.P.

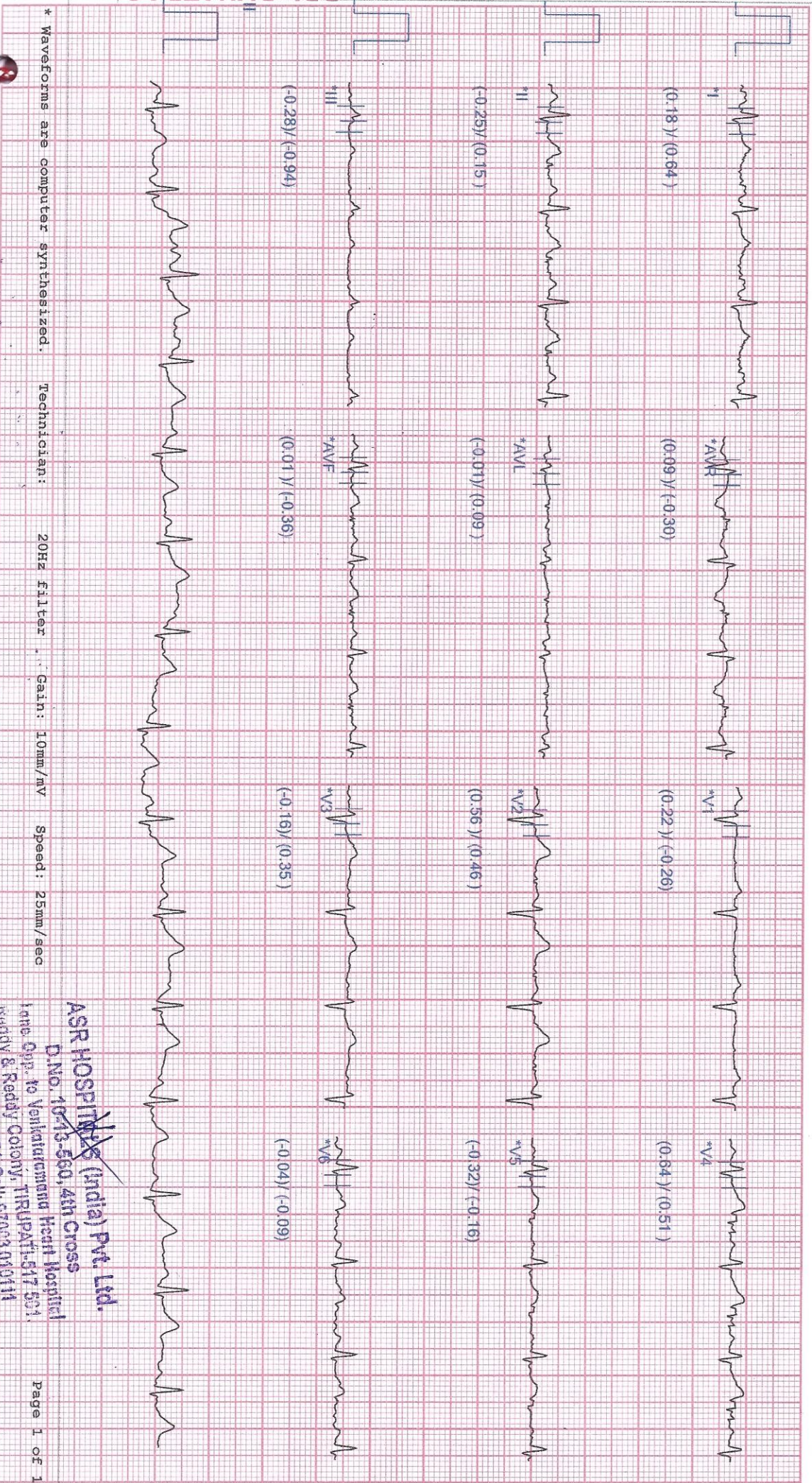
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 Ph. 0877-227774, Cell: 97003 010114

Technician: Done By: Dr.G. Mahesh Reddy Confirmed by -

Sai Mahesh Cardiac & Maternity care

77949990412

ID : 516 **Stage : Supine** **Protocol : BRUCE**
NAME : S PREMUNNISA **Pre Test Time : 04:52** **Speed(Km/h) : 0.0** **Test on : 23-03-2024,06:01 PM**
AGE : 41 **Stage Time : 04:52** **Grade(%) : 0.00** **Doctor : Dr.G. Mahesh Reddy**
NIBP : 110/80(90) **HR : 87 (48%)** **METS : 0.00**
ST Level(mm), ST Slope (mV/sec) at 80ms PJ **BPL DYNATRAC ULTRA**



* Waveforms are computer synthesized. Technician: 20Hz filter Gain: 10mm/mV Speed: 25mm/sec

BPL-DYNATRAC

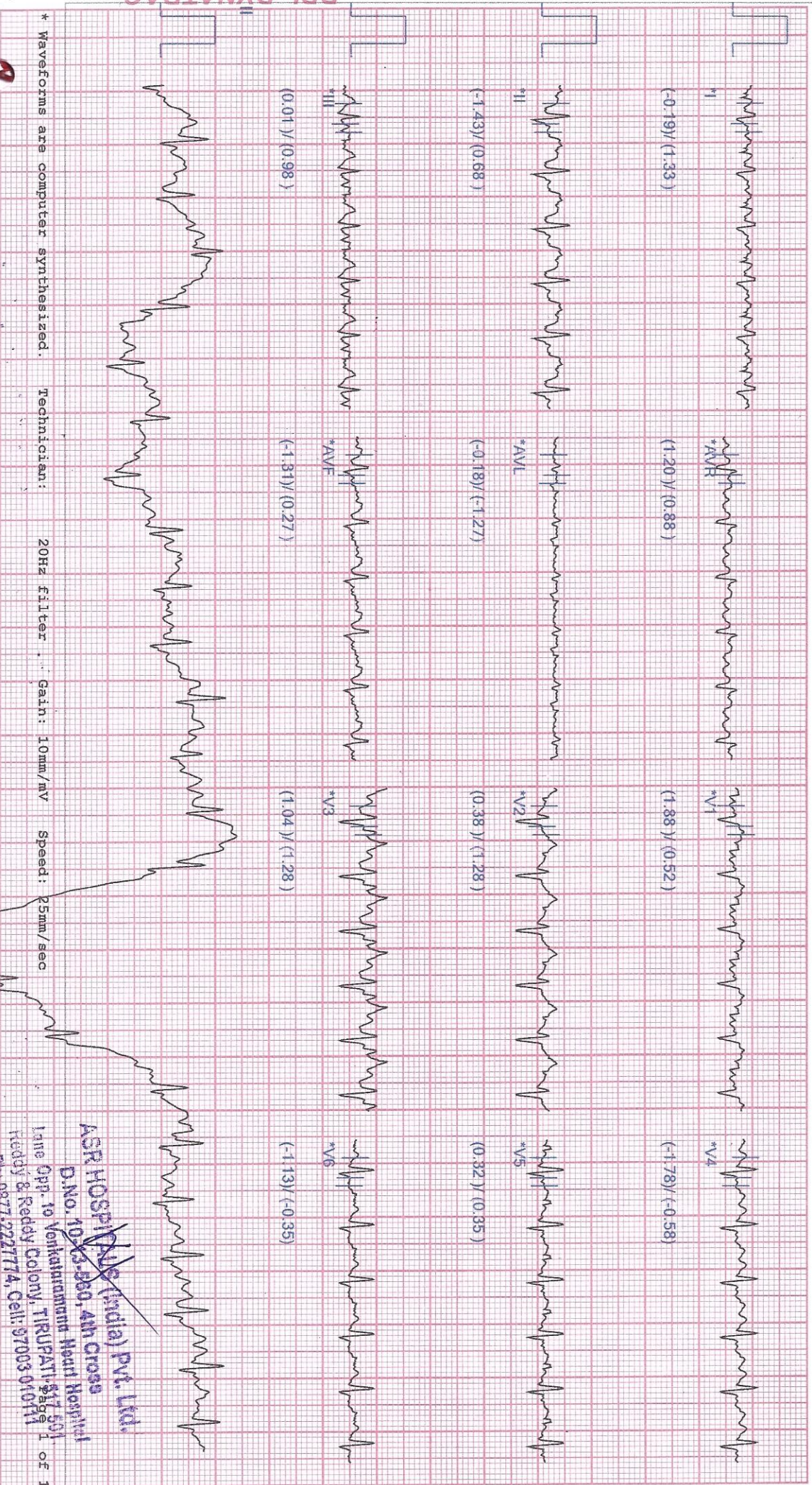
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 Kaddu & Reddy Colony, TRIPPATHI-517 501
 Ph: 0877-2221774, Cell: 97003 010111

Linked Median Report

Sai Mahesh Cardiac & Maternity care

7794990412

ID : 516 Stage : Exercise 1 Protocol : BRUCE
 NAME : S PREMUNNISA Exercise Time : 03:00 Speed(Km/h) : 2.7 Test on : 23-03-2024,06:01 PM
 AGE : 41 Stage Time : 03:00 Grade(%) : 10.00 Doctor : Dr.G. Mahesh Reddy
 NIBP : 120/90(100) HR : 150 (83%) METS : 5.10
 ST Level(mm), ST Slope (mv/sec) at 60ms PJ



* Waveforms are computer synthesized.

Technician:

20Hz filter

Gain: 10mm/mV

Speed: 25mm/sec

BPL-DYNATRAC

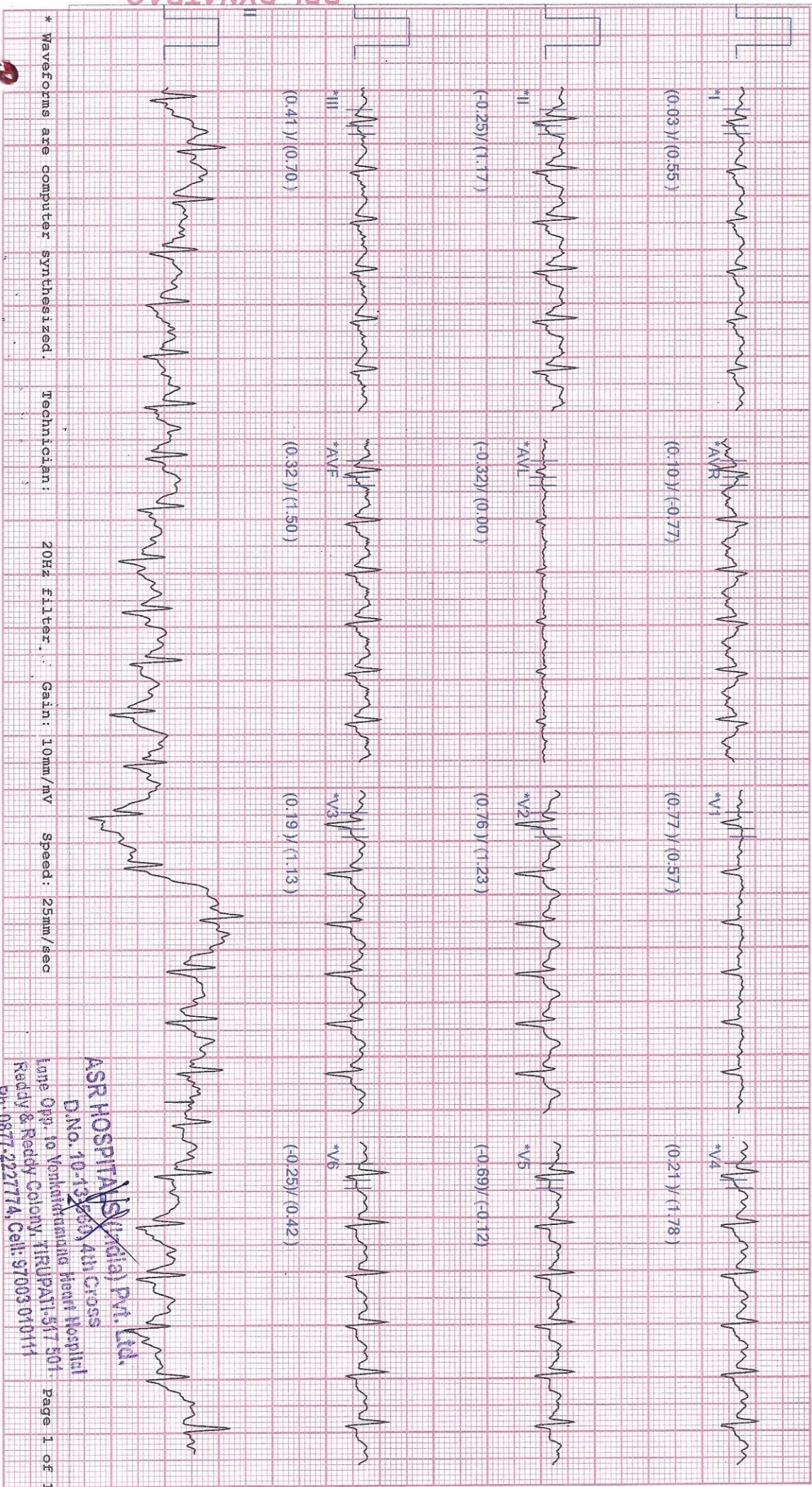
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Linked Median Report

Sai Mahesh Cardiac & Maternity care

7794990412

ID : 516 Stage : Exercise 2 Protocol : BRUCE
 NAME : S PREMUNNISA Exercise Time : 06:00 Speed(Km/h) : 4.0 Test on : 23-03-2024,06:01 PM
 AGE : 41 Stage Time : 03:00 Grade(%) : 12.00 Doctor : Dr.G. Mahesh Reddy
 NIBP : 130/100(110) HR : 164 (91%) METS : 7.10
 ST Level(mm), ST Slope (mV/sec) at 60ms PJ



BPL-DYNATRAC

* Waveforms are computer synthesized.

Technician:

20Hz Filter

Gain: 10mm/mV

Speed: 25mm/sec

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Sai Mahesh Cardiac & Maternity care

7794990412

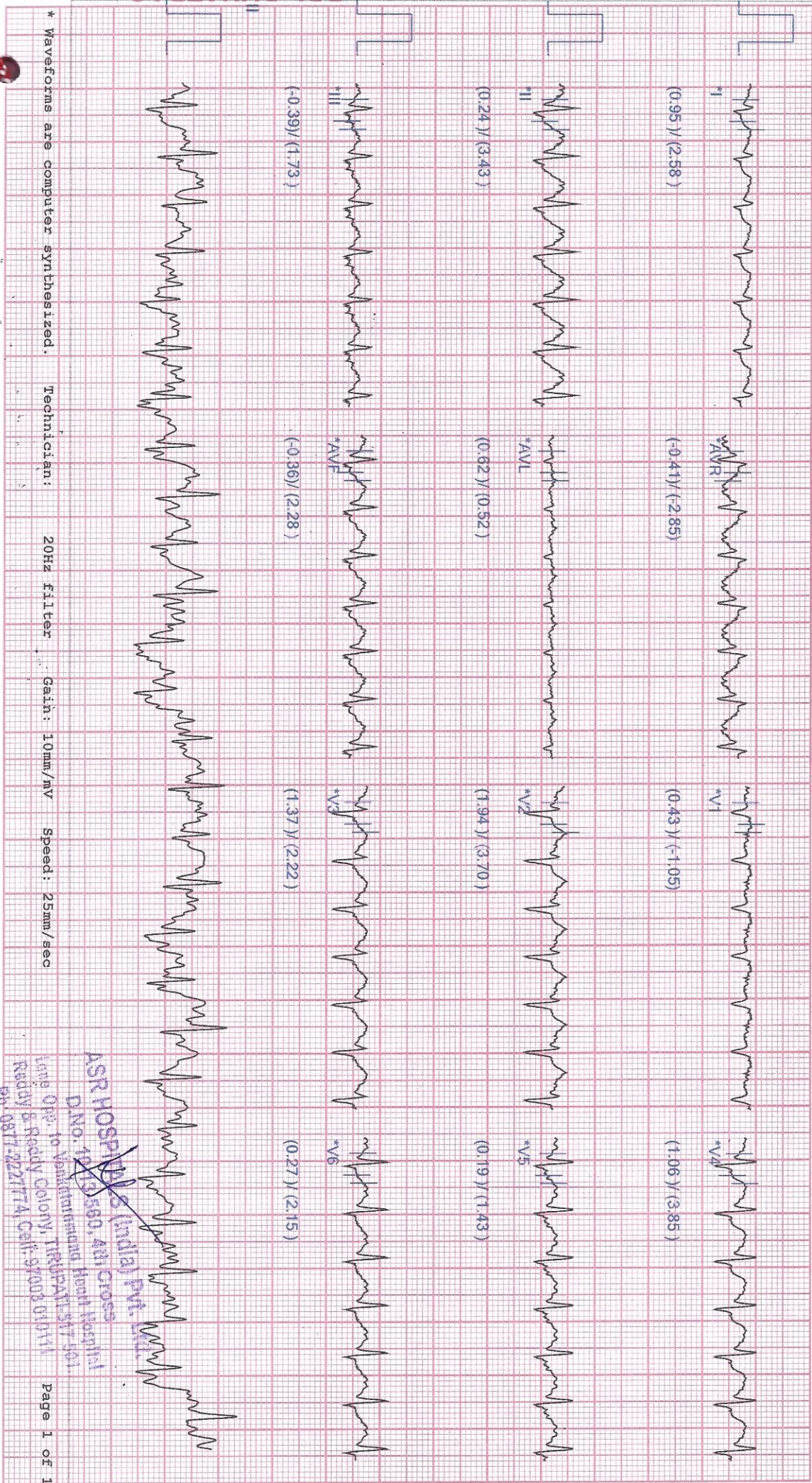
ID : 516 Stage : Peak Exercise 3 Protocol : BRUCE

NAME : S PREMUNNISA Exercise Time : 06:53 Speed(Km/h) : 5.5 Test on : 23-03-2024,06:01 PM

AGE : 41 Stage Time : 00:53 Grade(%) : 14.00 Doctor : Dr.G. Mahesh Reddy

NIBP : 140/110(120) HR : 171 (95%) METS : 8.00

ST Level(mm), ST Slope (mv/sec) at 60ms PJ



BPL-DYNATRAC

* Waveforms are computer synthesized.

Technician:

20Hz filter

Gain: 10mm/mV

Speed: 25mm/sec

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Sai Mahesh Cardiac & Maternity care

7794990412

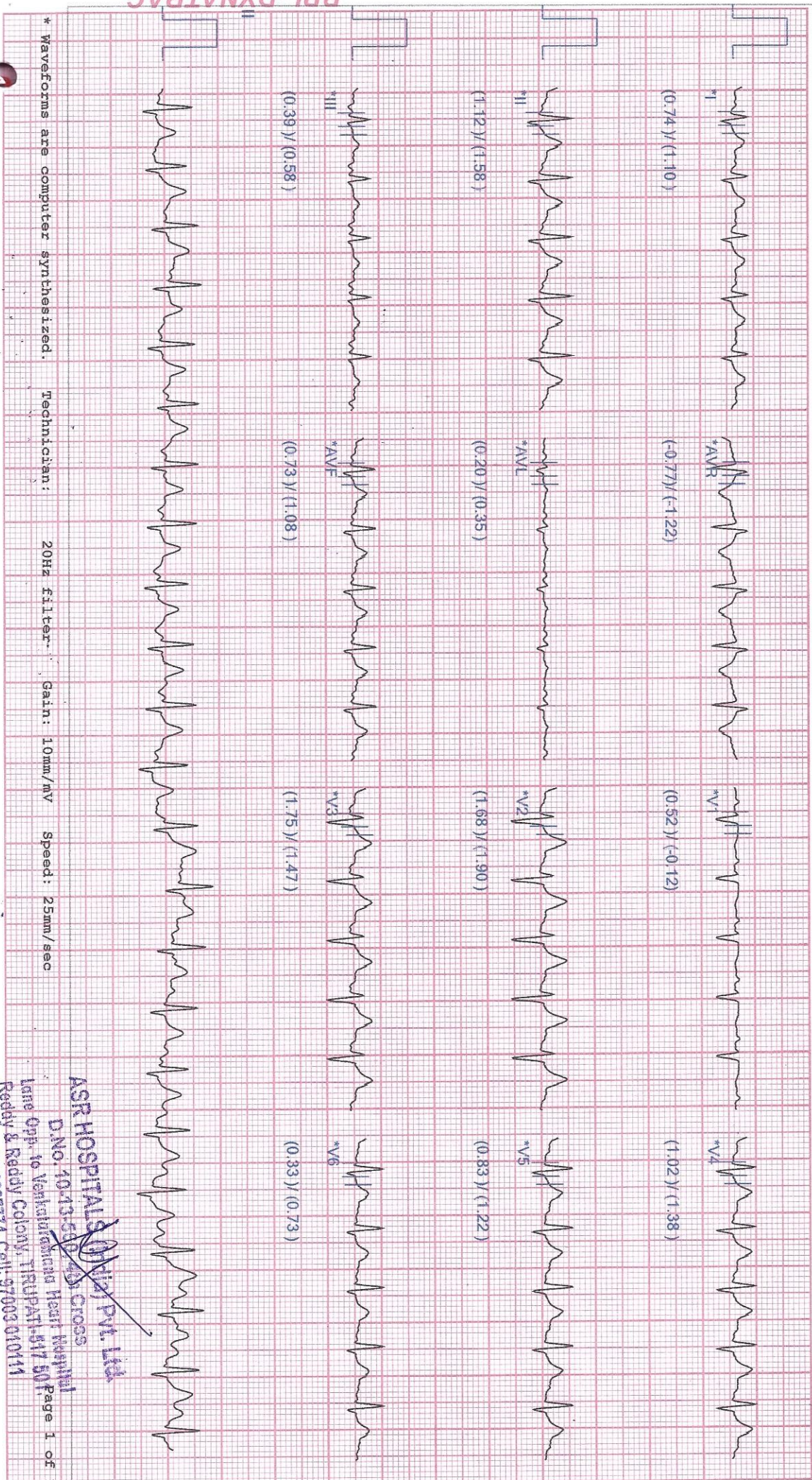
ID : 516 Stage : Recovery 1 Protocol : BRUCE

NAME : S PREMUNNISA Recovery Time : 01:00 Speed(Km/h) : 5.5 Test on : 23-03-2024,06:01 PM

AGE : 41 Stage Time : 01:00 Grade(%) : 14.00 Doctor : Dr.G. Mahesh Reddy

NIBP : 130/100(110) HR : 137 (76%) METS : 0.00

ST Level(mm), ST Slope (mV/sec) at 60ms PJ



* Waveforms are computer synthesized. Technician: 20Hz filter Gain: 10mm/mV Speed: 25mm/sec

BPL-DYNATRAC

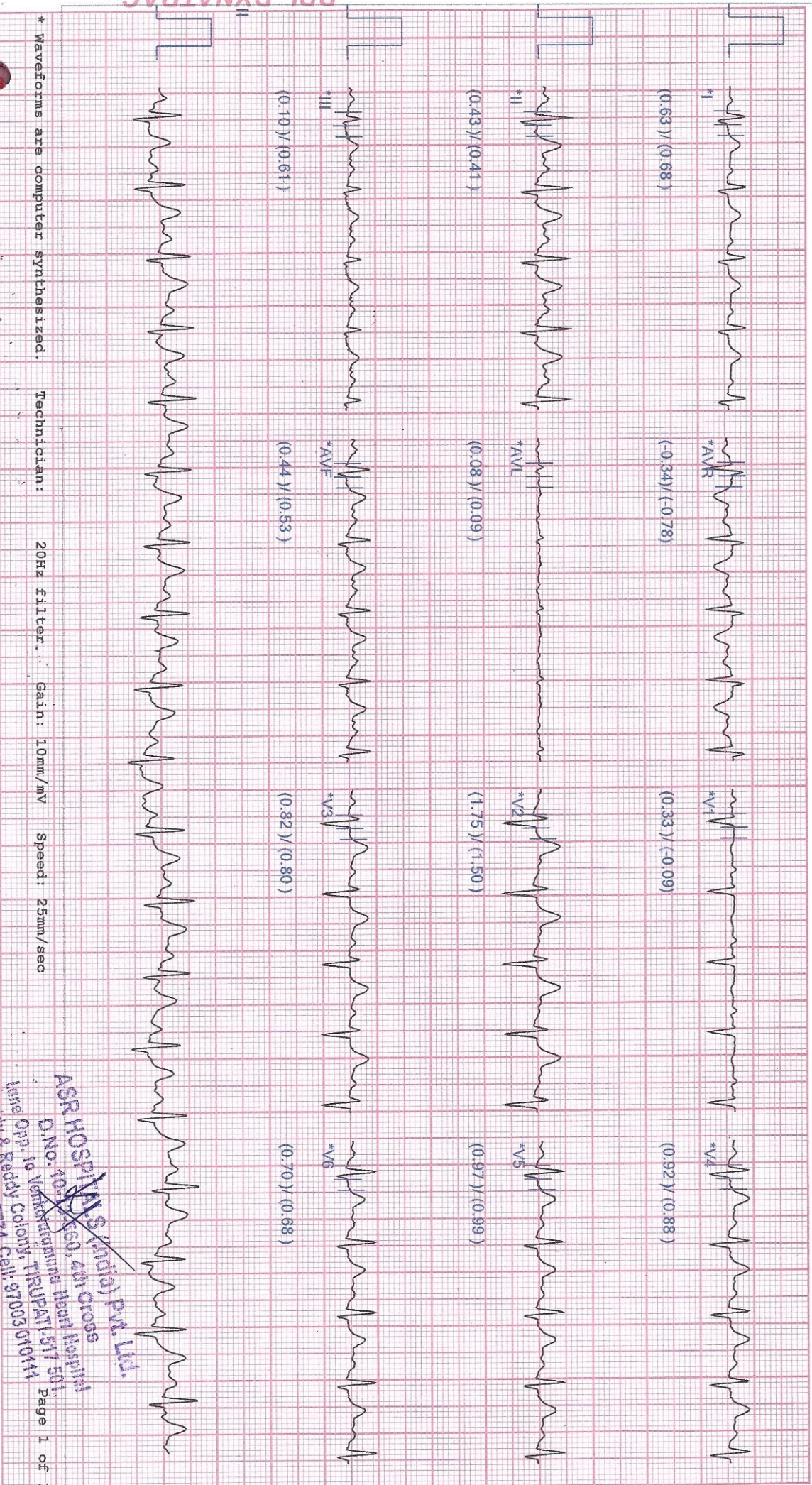
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Linked Median Report

Sai Mahesh Cardiac & Maternity care

7794990412

ID : 516 Stage : Recovery 2 Protocol : BRUCE
 NAME : S PREMUNNISA Recovery Time : 02:00 Speed(Km/h) : 5.5 Test on : 23-03-2024,06:01 PM
 AGE : 41 Stage Time : 01:00 Grade(%) : 14.00 Doctor : Dr.G. Mahesh Reddy
 NIBP : 120/100(106) HR : 116 (64%) METS : 0.00
 ST Level(mm), ST Slope (mV/sec) at 80ms PJ



* Waveforms are computer synthesized. Technician: 20Hz filter. Gain: 10mm/mV Speed: 25mm/sec

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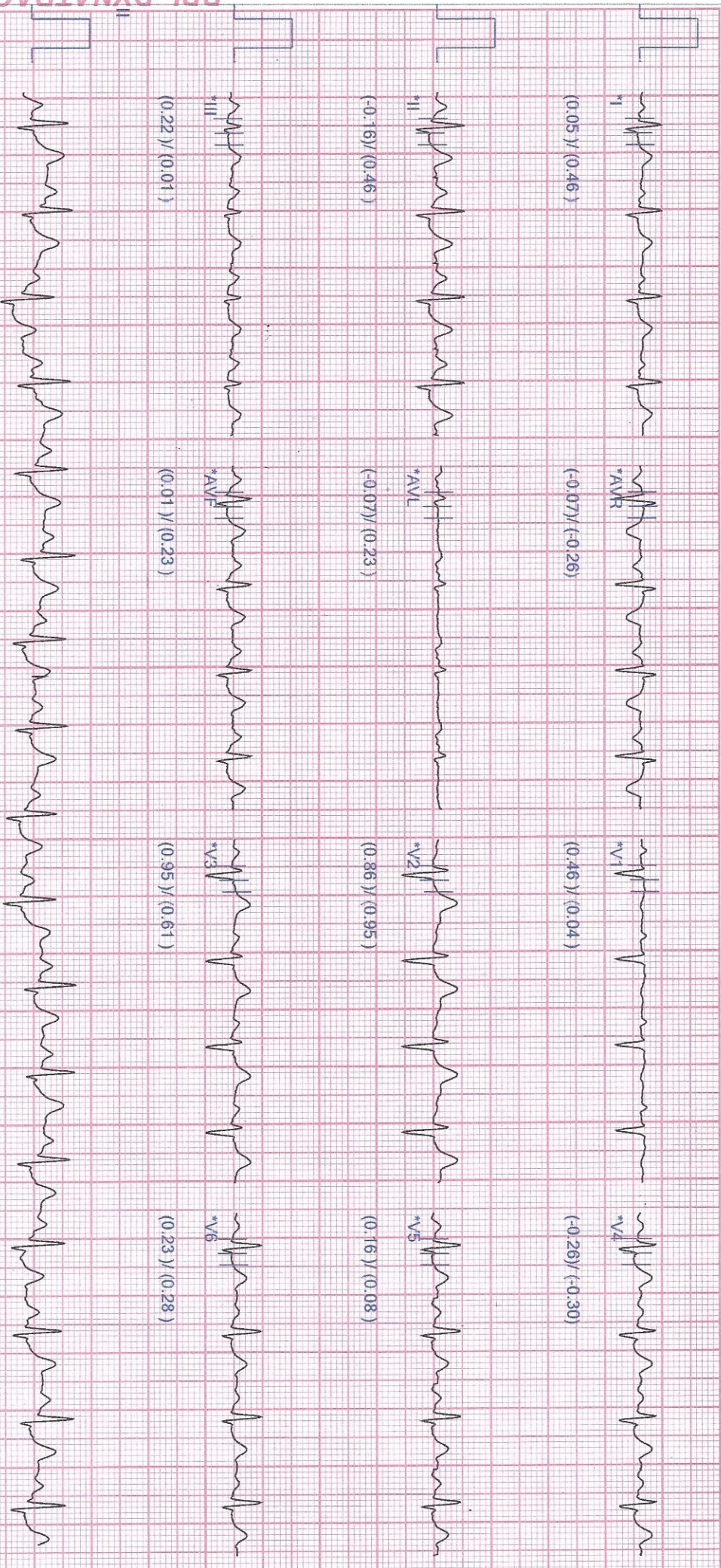
BPL-DYNATRAC

Sai Mahesh Cardiac & Maternity care

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ID : 516 Stage : Recovery 3 Protocol : BRUCE
 NAME : S PREMUNNISA Recovery Time : 03:00 Speed(Km/h) : 5.5 Test on : 23-03-2024,06:01 PM
 AGE : 41 Stage Time : 01:00 Grade(%) : 14.00 Doctor : Dr.G. Mahesh Reddy
 NIBP : 110/90(96) HR : 101 (56%) METS : 0.00
 ST Level(mm), ST Slope (mV/sec) at 80ms PJ

BPL-DYNATRAC



* Waveforms are computer synthesized.

Technician:

20Hz filter

Gain: 10mm/mV

Speed: 25mm/sec

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 Ph: 0877-2227774, Cell: 97003 070111



Patient Name : **MRS. SUNKESULA PREMUNNISA** Sample ID : 004608324
Age / Sex : 41 YEARS / FEMALE Collected On : Mar 23, 2024, 01:24 p.m.
Patient ID : 10711 Received On : Mar 23, 2024, 01:24 p.m.
Organization : INSURANCE Reported On : Mar 23, 2024, 02:57 p.m.
Referral : MEDIWHEEL FULL BODY CHECK Report Status : **Final**

| Test Description | Value(s) | Reference Range | Unit(s) |
|------------------------------|----------|-----------------|---------|
| Glucose-Fasting (FBS) | | | |
| Glucose fasting | 73.6 | 70 - 110 | mg/dL |
| Method : GOD-POD | | | |

****END OF REPORT****

Reported By : G.S.NEERAJA (LAB TECHNICIAN)



Consultant Pathologist

DR PRAVEEN C.S.
(MBBS, MD pathology.
APMC/FMR/77347)



| | | | |
|--------------|-----------------------------|---------------|----------------------------|
| Patient Name | : MRS. SUNKESULA PREMUNNISA | Sample ID | : 004608324 |
| Age / Sex | : 41 YEARS / FEMALE | Collected On | : Mar 23, 2024, 01:24 p.m. |
| Patient ID | : 10711 | Received On | : Mar 23, 2024, 01:24 p.m. |
| Organization | : INSURANCE | Reported On | : Mar 23, 2024, 02:57 p.m. |
| Referral | : MEDIWHEEL FULL BODY CHECK | Report Status | : Final |

| Test Description | Value(s) | Reference Range | Unit(s) |
|------------------|----------|-----------------|---------|
|------------------|----------|-----------------|---------|

HbA1c (Glycated Haemoglobin)

| | | | |
|--|-----|---|---|
| HBA1C, GLYCATED HEMOGLOBIN WHOLE BLOOD-EDTA | 5.4 | Non-Diabetic: <=5.90 Pre Diabetic:5.90 -6.40 Diabetic: >=6.50 | % |
|--|-----|---|---|

Method : HPLC

| | | | |
|---|--------|---|-------|
| Estimated Average Glucose WHOLE BLOOD-EDTA | 108.28 | Good Control : 90 - 120 Fair Control : 121 - 150 Unsatisfactory Control : 151 - 180 Poor Control : > 180 | mg/dL |
|---|--------|---|-------|

Method : Calculated

Comments

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring out of before glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy

Guidance For Known Diabetic

| | |
|------------------------|-------------|
| Good Control | Below 6.5% |
| Fair Control | 6.5% - 7.0% |
| Unsatisfactory Control | 7.0% - 8.0% |
| Poor Control | > 8.0% |

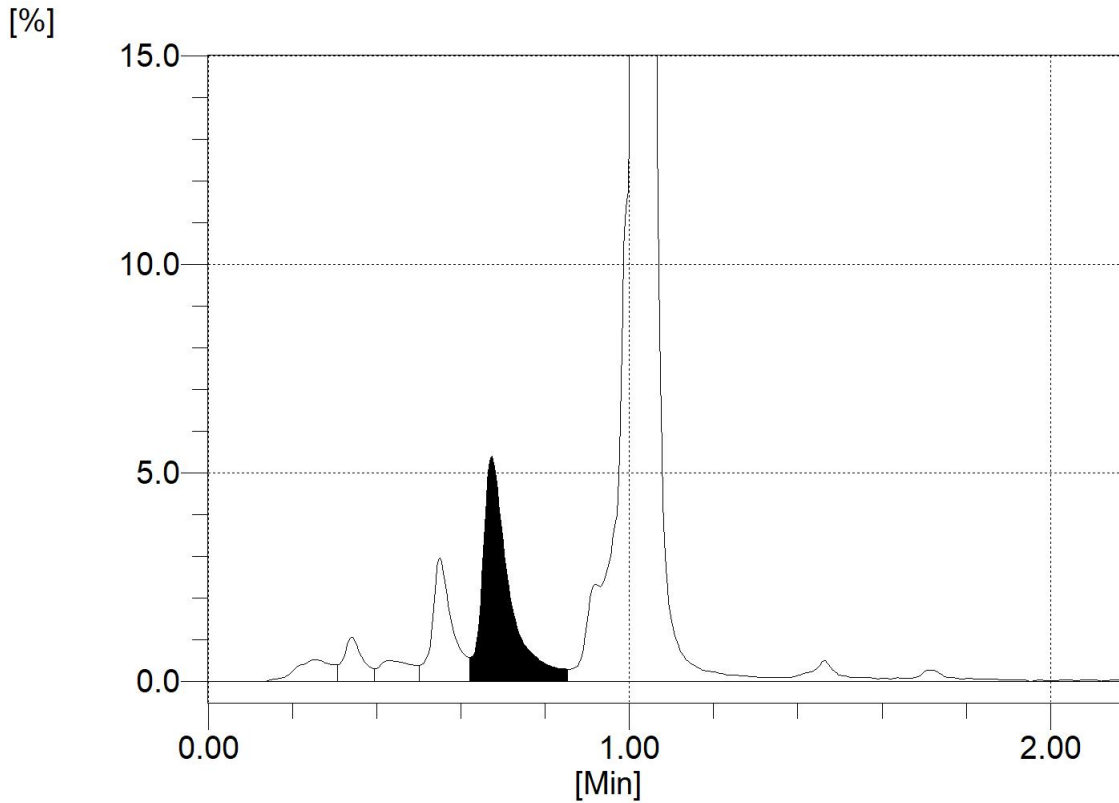
HPLC Graph



Patient Name : **MRS. SUNKESULA PREMUNNISA**
Age / Sex : 41 YEARS / FEMALE
Patient ID : 10711
Organization : INSURANCE
Referral : MEDIWHEEL FULL BODY CHECK

Sample ID : 004608324
Collected On : Mar 23, 2024, 01:24 p.m.
Received On : Mar 23, 2024, 01:24 p.m.
Reported On : Mar 23, 2024, 02:57 p.m.
Report Status : **Final**

| Test Description | Value(s) | Reference Range | Unit(s) |
|------------------|----------|-----------------|---------|
|------------------|----------|-----------------|---------|



****END OF REPORT****

Reported By : G.S.NEERAJA (LAB TECHNICIAN)



Consultant Pathologist

DR PRAVEEN C.S.
(MBBS, MD pathology.
APMC/FMR/77347)



| | | | |
|--------------|-----------------------------|---------------|----------------------------|
| Patient Name | : MRS. SUNKESULA PREMUNNISA | Sample ID | : 004608324 |
| Age / Sex | : 41 YEARS / FEMALE | Collected On | : Mar 23, 2024, 01:24 p.m. |
| Patient ID | : 10711 | Received On | : Mar 23, 2024, 01:24 p.m. |
| Organization | : INSURANCE | Reported On | : Mar 23, 2024, 02:57 p.m. |
| Referral | : MEDIWHEEL FULL BODY CHECK | Report Status | : Final |

| Test Description | Value(s) | Reference Range | Unit(s) |
|-------------------------|----------|-----------------|---------|
| Uric Acid, Serum | | | |
| Uric Acid | 4.0 | 2.6 - 6.0 | mg/dL |
| Method : Uricase, PAP | | | |


Comments:

- Causes of high uric acid in serum:
- Some genetic inborn errors.
- Cancer that has spread from its original location (metastatic), multiple myeloma, leukemias, and cancer chemotherapy.
- Chronic renal disease, acidosis, toxemia of pregnancy, and alcoholism.
- Increased concentrations of uric acid can cause crystals to form in the joints, which can lead to the joint inflammation and pain characteristic of gout. Uric acid can also form crystals or kidney stones that can damage the kidneys.
- Low levels of uric acid in the blood are seen much less commonly than high levels and are seldom considered cause for concern.

****END OF REPORT****

Reported By : G.S.NEERAJA (LAB TECHNICIAN)



Consultant Pathologist

 DR PRAVEEN C.S.
 (MBBS, MD pathology.
 APMC/FMR/77347)



Patient Name : **MRS. SUNKESULA PREMUNNISA** Sample ID : 004608324
Age / Sex : 41 YEARS / FEMALE Collected On : Mar 23, 2024, 01:24 p.m.
Patient ID : 10711 Received On : Mar 23, 2024, 01:24 p.m.
Organization : INSURANCE Reported On : Mar 23, 2024, 02:57 p.m.
Referral : MEDIWHEEL FULL BODY CHECK Report Status : **Final**

| Test Description | Value(s) | Reference Range | Unit(s) |
|----------------------------------|----------|-----------------|---------|
| Blood Urea Nitrogen (BUN) | | | |
| UREA* | 23.54 | 17 - 43 | mg/dL |
| Method : Serum,Urease | | | |
| BUN* | 11.0 | 7 - 18.0 | mg/dL |
| Method : Serum,Calculated | | | |

****END OF REPORT****

Reported By : G.S.NEERAJA (LAB TECHNICIAN)



Consultant Pathologist

DR PRAVEEN C.S.
(MBBS, MD pathology.
APMC/FMR/77347)



| | | | |
|--------------|-----------------------------|---------------|----------------------------|
| Patient Name | : MRS. SUNKESULA PREMUNNISA | Sample ID | : 004608324 |
| Age / Sex | : 41 YEARS / FEMALE | Collected On | : Mar 23, 2024, 01:24 p.m. |
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| Organization | : INSURANCE | Reported On | : Mar 23, 2024, 02:57 p.m. |
| Referral | : MEDIWHEEL FULL BODY CHECK | Report Status | : Final |

| Test Description | Value(s) | Reference Range | Unit(s) |
|------------------|----------|-----------------|---------|
|------------------|----------|-----------------|---------|

Creatinine, Serum

| | | | |
|--------------------|------|----------------------|-------|
| Creatinine, Serum | 0.79 | MALES ; 0.7 - 1.3 | mg/dL |
| Method : Enzymatic | | FEMALES ; 0.6 - 1.1 | |
| | | NEW BORN ; 0.3 - 1.0 | |
| | | INFANTS ; 0.2 - 0.4 | |
| | | CHILD ; 0.3 - 0.7 | |

Interpretation :

Creatinine levels that are within the ranges established by the laboratory performing the test suggest that your kidneys are functioning as they should.

Increased creatinine levels in the blood may mean that your kidneys are not working as they should. Some examples of conditions that can increase creatinine levels include:

- Damage to or swelling of blood vessels in the kidneys (glomerulonephritis) caused by, for example, infections and autoimmune diseases.
- Bacterial infection of the kidneys (pyelonephritis)
- Death of cells in the kidneys' small tubes (acute tubular necrosis) caused by, for example, drugs or toxins.
- Conditions that can block the flow of urine in the urinary tract, such as prostate disease or kidney stones.
- Reduced blood flow to the kidney due to shock, dehydration, congestive heart failure, atherosclerosis, or complications of diabetes.

****END OF REPORT****

Reported By : G.S.NEERAJA (LAB TECHNICIAN)



Consultant Pathologist

DR PRAVEEN C.S.

(MBBS, MD pathology.

APMC/FMR/77347)



Patient Name : **MRS. SUNKESULA PREMUNNISA** Sample ID : 004608324
Age / Sex : 41 YEARS / FEMALE Collected On : Mar 23, 2024, 01:24 p.m.
Patient ID : 10711 Received On : Mar 23, 2024, 01:24 p.m.
Organization : INSURANCE Reported On : Mar 23, 2024, 02:57 p.m.
Referral : MEDIWHEEL FULL BODY CHECK Report Status : **Final**

| Test Description | Value(s) | Reference Range | Unit(s) |
|---|----------|--|---------|
| Lipid Profile | | | |
| Cholesterol-Total Method : Cholesterol oxidase, esterase, peroxidase | 170.0 | < 200 | mg/dL |
| Triglycerides Method : Enzymatic, endpoint | 66.0 | Normal : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : > 500 | mg/dL |
| Cholesterol-HDL Direct Method : Direct measure-PEG | 37.0 | Normal: > 40 Major Heart Risk: < 40 | mg/dL |
| LDL Cholesterol Method : Selective detergent method | 162.6 | Optimal : < 10 Near or above optimal : 100 -129 Borderline High : 130 - 159 High : 160 - 189 Very High : > 190 | mg/dL |
| VLDL Cholesterol Method : calculated | 13.20 | 6 - 38 | mg/dL |
| CHOL/HDL RATIO Method : calculated | 4.59 | 3.5 - 5.0 | ratio |

Note: 8-10 hours fasting sample is required.

****END OF REPORT****

Reported By : G.S.NEERAJA (LAB TECHNICIAN)



Consultant Pathologist

DR PRAVEEN C.S.
(MBBS, MD pathology,
APMC/FMR/77347)



| | | | |
|--------------|-----------------------------|---------------|----------------------------|
| Patient Name | : MRS. SUNKESULA PREMUNNISA | Sample ID | : 004608324 |
| Age / Sex | : 41 YEARS / FEMALE | Collected On | : Mar 23, 2024, 01:24 p.m. |
| Patient ID | : 10711 | Received On | : Mar 23, 2024, 01:24 p.m. |
| Organization | : INSURANCE | Reported On | : Mar 23, 2024, 02:57 p.m. |
| Referral | : MEDIWHEEL FULL BODY CHECK | Report Status | : Final |

| Test Description | Value(s) | Reference Range | Unit(s) |
|------------------|----------|-----------------|---------|
|------------------|----------|-----------------|---------|

Gamma Glutamyl Transferase (GGT)

| | | | |
|----------------------------------|------|------|-----|
| Gamma Glutamyl Transferase (GGT) | 17.3 | < 32 | U/L |
|----------------------------------|------|------|-----|

Method : G-Glutamyl-Carboxy-Nitoanilide

Comments

GGT is an enzyme present in liver, kidney, and pancreas. It is induced by alcohol intake and is a sensitive indicator of liver disease, particularly alcoholic liver disease.

Clinical utility

Follow-up of alcoholics undergoing treatment since the test is sensitive to modest alcohol Intake -confirmation of hepatic origin of elevated serum alkaline phosphatase.

Increased In

Liver disease: acute viral or toxic hepatitis, chronic or subacute hepatitis, alcoholic hepatitis, cirrhosis, biliary tract obstruction (intrahepatic or extrahepatic), primary or metastatic liver neoplasm, and mononucleosis -Drugs (by enzymeinduction): phenytoin, carbamazepine, barbiturates, alcohol.

****END OF REPORT****

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Complete Urine Analysis (CUE)

| | | |
|---------------------------|-------------|-------------|
| Colour | Pale Yellow | Pale Yellow |
| Transparency (Appearance) | Clear | Clear |

Chemical Examination (AUTOMATED URINEANALYSER)

| | | |
|-----------------------|----------|---------------|
| Reaction (pH) | 6.0 | 4.7 - 7.5 |
| Specific Gravity | 1.010 | 1.010 - 1.030 |
| Urine Glucose (sugar) | Negative | Negative |
| Urine Protein | Negative | Negative |
| Urine Bilirubin | Negative | Negative |
| Urine Ketones | Negative | Negative |
| Urobilinogen | Normal | Normal |
| Blood | Negative | Negative |
| Nitrite | Negative | Negative |
| Leucocyte Esterase | Negative | Negative |

Microscopic Examination Urine

| | | | |
|------------------|--------|--------|------|
| Pus Cells | 2-4 | 0 - 2 | /hpf |
| Epithelial Cells | 4-5 | 0 - 5 | /hpf |
| Red blood Cells | 0-1 | 0 - 2 | /hpf |
| Crystals | Absent | Absent | |
| Cast | Absent | Absent | |
| Bacteria | Absent | Absent | |

END OF REPORT

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Thyroid Profile

| | | | |
|-----------------------------------|------|-------------|--------|
| TRI-IODOTHYRONINE (T3, TOTAL) | 0.88 | 0.58 - 1.62 | ng/mL |
| Method : CLIA | | | |
| THYROXINE (T4, TOTAL) | 8.14 | 5.0 - 14.5 | ng/mL |
| Method : CLIA | | | |
| THYROID STIMULATING HORMONE (TSH) | 2.42 | 0.35 - 5.1 | mIU/mL |
| Method : CLIA | | | |

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
|----------------------|---|
| First trimester | 0.05 - 4.73 |
| Second trimester | 0.30 - 4.79 |
| Third trimester | 0.50 - 6.02 |

END OF REPORT

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Vitamin D Total-25 Hydroxy

| | | | |
|--------------------------|-------------|---|-------|
| Vitamin D (25 - Hydroxy) | 9.82 | Deficiency: < 20 Insufficiency: 20 - 30 Sufficiency: 30 - 100 | ng/mL |
| Method : CLIA | | | |

Comments:

The main role of vitamin D is to help regulate blood levels of calcium, phosphorus, and (to a lesser extent) magnesium. Vitamin D is vital for the growth and health of bone; without it, bones will be soft, malformed, and unable to repair themselves normally, resulting in diseases called rickets in children and osteomalacia in adults. Vitamin D has also been shown to influence the growth and differentiation of many other tissues and to help regulate the immune system. These other functions have implicated vitamin D in other disorders, such as autoimmunity and cancer.

People at higher risk of deficiency include the elderly or obese people, people who don't get enough sun exposure, people with darker skin, and people who take certain medications for long periods of time. Adequate sun exposure is typically estimated to be two periods per week of 5-20 minutes. People who do not have adequate sun exposure may obtain the vitamin D that they need from food sources or supplements.

This test is done when:

- The serum calcium is low.
- The person has symptoms of vitamin D deficiency, such as bone malformation in children (rickets) and bone weakness, softness, or fracture in adults (osteomalacia).
- The individual is known to be at risk of vitamin D deficiency. Older adults, people who are institutionalized or homebound and/or have limited sun exposure, those who are obese, who have undergone gastric bypass surgery, and/or who have fat malabsorption are at an increased risk of a vitamin D deficiency. Also included in this group are people with darker skin and breastfed infants.
- The individual begins drug therapy for osteoporosis.

A low blood level of 25-hydroxyvitamin D may mean that a person is not getting enough exposure to sunlight or enough dietary vitamin D to meet his or her body's demand or that there is a problem with its absorption from the intestines. Occasionally, drugs used to treat seizures, particularly phenytoin (Dilantin), can interfere with the production of 25-hydroxyvitamin D in the liver. There is some evidence that vitamin D deficiency may increase the risk of some cancers, immune diseases, and cardiovascular disease.

A high level of 25-hydroxyvitamin D usually reflects excess supplementation from vitamin pills or other nutritional supplements.

****END OF REPORT****

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Vitamin B12 Cyanocobalamin

| | | | |
|----------------------------|--------|-----------|-------|
| Vitamin B12-Cyanocobalamin | 283.70 | 180 - 916 | pg/ml |
|----------------------------|--------|-----------|-------|

Method : CLIA

Comments

Some important causes of Vitamin B12 deficiency are:

- Dietary deficiency of B12. It may be seen with general malnutrition and in vegans who do not consume any animal products.

Malabsorption. The causes are:

1. Pernicious anemia, the most common cause of B12 deficiency
2. Celiac disease
3. Inflammatory bowel disease, including Crohns disease and ulcerative colitis
4. Bacterial overgrowth or the presence of parasites, such as tapeworms, in the intestines
5. Reduced stomach acid production from long-term use of antacids or H2 proton pump inhibitors
6. Surgery that removes part of the stomach, such as gastric bypass, or the intestines may greatly decrease absorption.

- Heavy drinking or chronic alcoholism

- Use of some drugs such as metformin, omeprazole, methotrexate or anti-seizure medications such as phenytoin

High levels of B12 are uncommon and not usually clinically monitored. However, if someone has a condition such as chronic myeloproliferative neoplasm, diabetes, heart failure, obesity, AIDS, or severe liver disease, then that person may have an increased vitamin B12 level. Ingesting estrogens, vitamin C or vitamin A can also cause high B12 levels.

****END OF REPORT****

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| Glucose-Postprandial(PPBS) | | | |
| Blood Glucose-Postprandial Method : GOD-POD | 114.8 | 70 - 160 | mg/dL |

****END OF REPORT****

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| <u>Liver Function Test</u> | | | |
| Bilirubin - Total Method : DIAZO | 0.58 | 0.3 - 1.2 | mg/dL |
| Bilirubin - Direct Method : DIAZO | 0.29 | Adults and Children: < 0.4 | mg/dL |
| Bilirubin - Indirect Method : Calculated | 0.29 | < 0.8 | mg/dL |
| SGOT Method : IFCC | 12.0 | < 31 | U/L |
| SGPT Method : IFCC | 9.0 | < 34 | U/L |
| Alkaline Phosphatase-ALP Method : AMP | 98.0 | 42 - 98 | U/L |
| Total Protein Method : Biuret | 6.77 | 6.6 - 8.7 | g/dL |
| Albumin Method : BCG | 3.54 | 3.5- 5.2 | g/dL |
| Globulin Method : Calculated | 3.23 | 1.8 - 3.6 | g/dL |
| A/G Ratio Method : Calculated | 1.10 | 1.2 - 2.2 | ratio |

****END OF REPORT****

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भारत सरकार

Government of India



Issue Date: 13/02/2013



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స్త్రీ / FEMALE



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मेरा आधार, मेरी पहचान



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