

**CERTIFICATE OF MEDICAL FITNESS**

NAME: Mrs. Rajamma .H.

AGE/ GENDER: 57 yr / F

HEIGHT: 155 cm

WEIGHT: 58.6 kg.

IDENTIFICATION MARK: \_\_\_\_\_

BLOOD PRESSURE: 150/90 mm/Hg.

PULSE: 72/min

ANY OTHER DISEASE DIAGNOSED IN THE PAST: Nil

ALLERGIES, IF ANY: Nil

LIST OF PRESCRIBED MEDICINES: Nil

I Certify that I have carefully examined Mr/Mrs. Rajamma .H.K son/daughter of Mr Kariyappa who has signed in my presence. He/ she has no physical disease and is fit for employment.

H.K. Rajamma  
Signature of candidate

**Dr. BINDURAJ. R**  
MBBS, MD  
Internal Medicine  
Reg. No. 62806  
Signature of Medical Officer

Place: Spectrum diagnostic & health care.

Date: 30/03/24

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

DATE: 30-03-24.

**EYE EXAMINATION**

NAME: *Ms. Rajamma H.K.*      AGE: *57y*      GENDER: *F / M*

	RIGHT EYE	LEFT EYE
Vision	<i>6/9 2/10</i>	<i>6/9 2/10</i>
Vision With glass	<i>6/12 2/10</i>	<i>6/12 2/10</i>
Color Vision	Normal	Normal
Anterior segment examination	Normal	Normal
Fundus Examination	Normal	Normal
Any other abnormality	Nil	Nil
Diagnosis/ impression	Normal	Normal

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

SCAN FOR LOCATION





NAME	AGE	GENDER

**DENTAL EXAMINATION REPORT:**

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

C: CAVITY

M: MISSING

O: OTHERS

ADVISED:

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

REMARKS:

SIGNATURE OF THE DENTAL SURGEON

SEAL

DATE





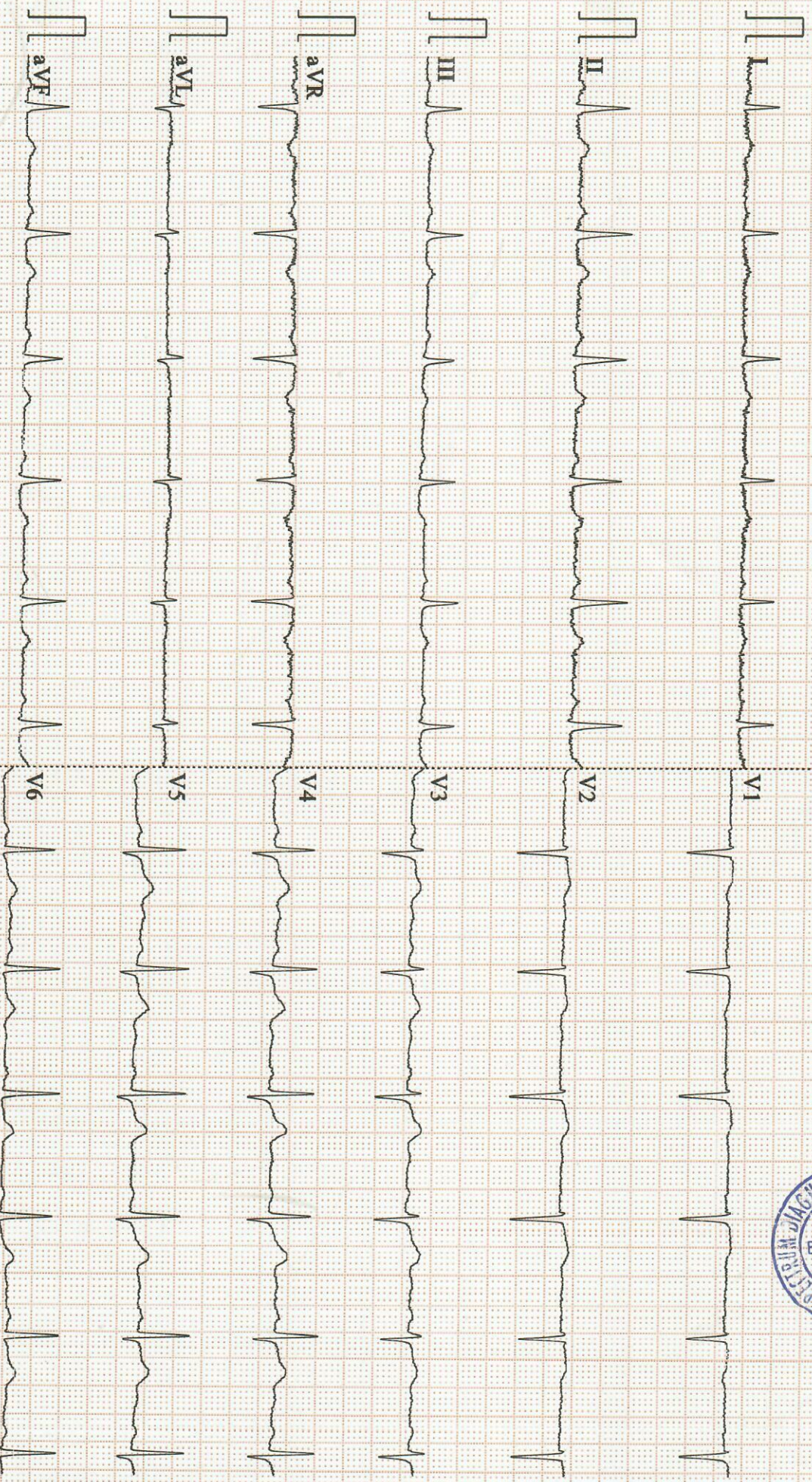
RAJAMMA H K  
Female 57Years

HR	: 69	bpm
P	: 109	ms
PR	: 168	ms
QRS	: 91	ms
QT/QTc	: 400/430	ms
P/QRS/T	: 57/59/55	°
RV5/SV1	: 0.896/0.771	mV

Diagnosis Information:

Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:







# SPECTRUM DIAGNOSTICS

Bangalore

Patient ID : 0294

Name : RAJAMMA H K

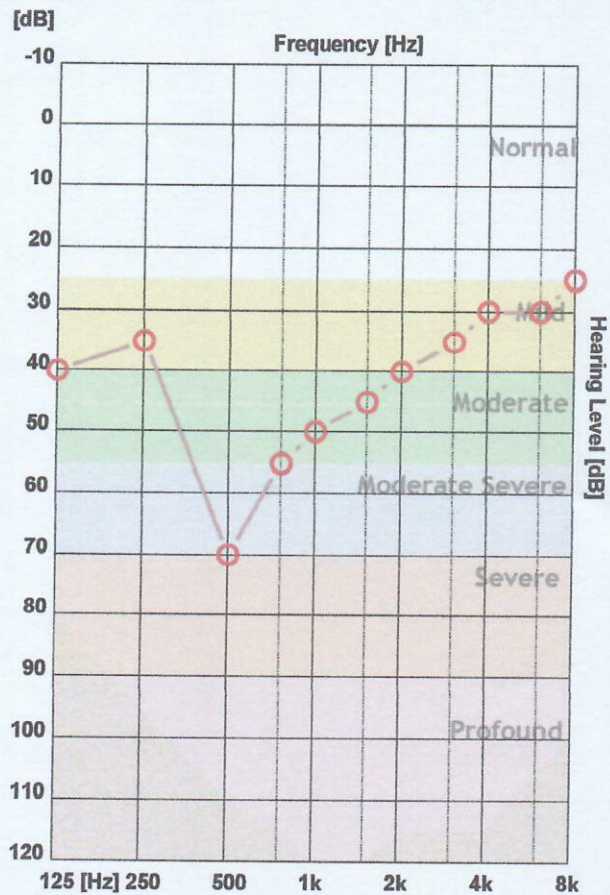
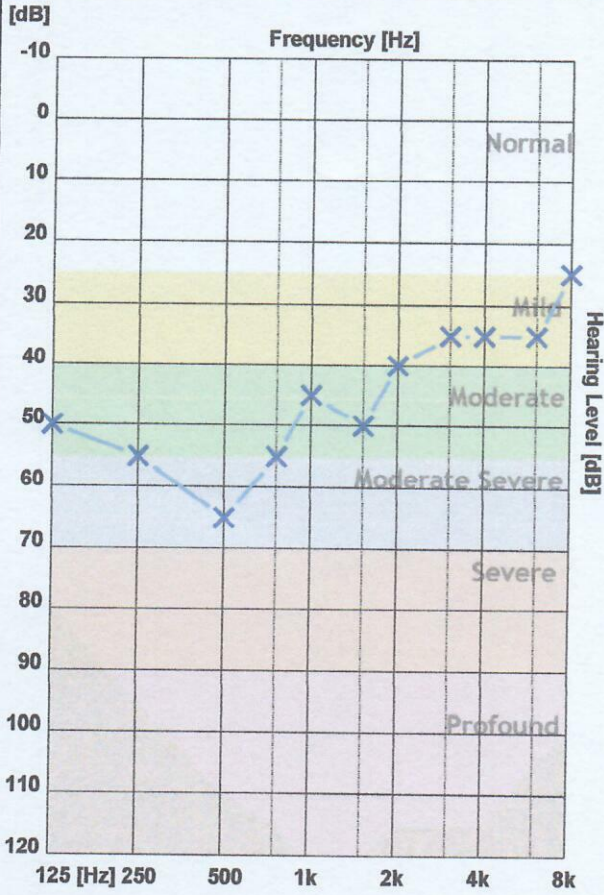
CR Number : 20240330124106

Registration Date : 30-Mar-2024

Age : 57

Gender : Female

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	50	55	65	55	45	50	40	35	35	35	25
O - Air Right	40	35	70	55	50	45	40	35	30	30	25
> - Bone Left											
< - Bone Right											

	Average	High	Mid	Low
AIR Left	44.55 dB	32.50 dB	45.00 dB	56.25 dB
AIR Right	41.36 dB	30.00 dB	45.00 dB	50.00 dB

**Clinical Notes :**

Not Found



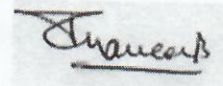


<b>NAME</b> : MRS.RAJAMMA H K	<b>DATE</b> : 30/03/2024
<b>AGE/SEX</b> : 57YEARS/FEMALE	<b>REG NO:</b> 3003240032
<b>REF BY</b> : APOLO CLINIC	

## **CHEST PA VIEW**

- Visualised lungs are clear .
- Bilateral hila appears normal .
- Cardia is normal in size
- No pleural effusion

**IMPRESSION: No significant abnormality .**



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

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PATIENT NAME	MRS RAJAMMA H K	ID NO	3003240032
AGE	57YEARS	SEX	FEMALE
REF BY	DR.APOLO CLINIC	DATE	30.03.2024

### 2D ECHO CARDIOGRAHIC STUDY

#### M-MODE

AORTA	30mm
LEFT ATRIUM	37mm
RIGHT VENTRICLE	20mm
LEFT VENTRICLE (DIASTOLE )	44mm
LEFT VENTRICLE(SYSTOLE)	37mm
VENTRICULAR SEPTUM (DIASTOLE)	10mm
VENTRICULAR SEPTUM (SYSTOLE)	11mm
POSTERIOR WALL (DIASTOLE)	09mm
POSTERIOR WALL (SYSTOLE)	11mm
FRACTIONAL SHORTENING	30%
EJECTION FRACTION	58%

#### DOPPLER /COLOUR FLOW

Mitral Valve Velocity : MVE- 0.94m/s MVA – 0.63m/s E/A-0.64

Tissue Doppler : e' ( Septal) -10cm/s E/e'(Septal) -9

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

Max. Velocity / Gradient across the Aortic valve : 1.19m/s 4mmHg

Velocity / Gradient across the Tricuspid valve : 2.74 m/s 30mmHg





PATIENT NAME	MRS RAJAMMA H K	ID NO	3003240032
AGE	57YEARS	SEX	FEMALE
REF BY	DR.APOLO CLINIC	DATE	30.03.2024

### 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

- NO REGIONAL WALL MOTION ABNORMALITY PRESENT
- NORMAL VALVES AND DIMENSIONS
- NORMAL LV FUNCTION, LVEF- 58%
- MILD MR / MILD TR / NO PAH
- NORMAL RV FUNCTION
- NO CLOT / VEGETATION / EFFUSION

  
**DURGA V**  
**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.*

SCAN FOR LOCATION





NAME AND LAB NO	MRS RAJAMMA H K	REG -40032
AGE & SEX	57 YRS	FEMALE
DATE AND AREA OF INTEREST	30.03.2024	BREAST SCAN
REF BY	C/O APOLO CLINIC	

**USG BILATERAL BREASTS AND AXILLAE**

**RIGHT BREAST :**

- Homogenously dense breast parenchyma
- Few small anechoic discrete cysts noted measuring in range of 3-5 mm
- Subareolar tissue appears normal.
- No e/o dilated ducts/ focal collections.

**LEFT BREAST :**

- Homogenously dense breast parenchyma
- Few small anechoic discrete cysts noted measuring in range of 2-5 mm
- Subareolar tissue appears normal.
- No e/o dilated ducts/ focal collections.

**AXILLA**

- Few axillary lymph nodes with benign morphology– likely reactive.

**IMPRESSION:**

- **RIGHT BREAST :** Few small anechoic discrete cysts as described above – fibro cystic changes  
– BIRADS 2.( benign )
- **LEFT BREAST :** Few small anechoic discrete cysts as described above – fibro cystic changes  
– BIRADS 2.( benign )  
-Suggested routine screening.

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





NAME AND LAB NO	MRS RAJAMMA H K	REG -40032
AGE & SEX	57 YRS	FEMALE
DATE AND AREA OF INTEREST	30.03.2024	ABDOMEN & PELVIS
REF BY	C/O APOLO CLINIC	

**USG ABDOMEN AND PELVIS**

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

**GALL BLADDER:** Well distended. Wall appears normal.No e/o calculus.

**SPLEEN:** Normal in size and echotexture. No focal lesion

**PANCREAS:** Head and body appears normal . Tail obscured by bowel gas shadows

**RETROPERITONEUM:** Suboptimal visualised due to bowel gas.

**RIGHT KIDNEY:** Right kidney is normal in size & echotexture  
No evidence of calculus/ hydronephrosis.

**LEFT KIDNEY:** Left kidney is normal in size & echotexture  
No evidence of calculus/ hydronephrosis.

**URINARY BLADDER:** Minimally distended at the time of scan.

**UTERUS & OVARIES:** Post menopausal status  
No obvious adnexal mass lesions .

- No evidence of ascites/pleural effusion.

**IMPRESSION:**

➤ *Grade I fatty liver.*

- *Suggested clinical / lab correlation.*

DR PRAVEEN B , DMRD , DNB  
CONSULTANT RADIOLOGIST





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<b>Ref. By Dr.</b> : Dr. APOLO CLINIC	3003240032	<b>Result Date</b> : 30-Mar-2024 12:10 PM
<b>Reg. No.</b> : 3003240032		<b>Report Status</b> : Final
<b>C/o</b> : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
<b>Complete Haemogram-Whole Blood EDTA</b>				
<b>Haemoglobin (HB)</b>	13.40	g/dL	Male: 14.0-17.0 Female:12.0-15.0 Newborn:16.50 - 19.50	Spectrophotometer
<b>Red Blood Cell (RBC)</b>	4.46	million/cumm	3.50 - 5.50	Volumetric Impedance
<b>Packed Cell Volume (PCV)</b>	38.10	%	Male: 42.0-51.0 Female: 36.0-45.0	Electronic Pulse
<b>Mean corpuscular volume (MCV)</b>	85.40	fL	78.0- 94.0	Calculated
<b>Mean corpuscular hemoglobin (MCH)</b>	30.00	pg	27.50-32.20	Calculated
<b>Mean corpuscular hemoglobin concentration (MCHC)</b>	35.10	%	33.00-35.50	Calculated
<b>Red Blood Cell Distribution Width SD (RDW-SD)</b>	37.80	fL	40.0-55.0	Volumetric Impedance
<b>Red Blood Cell Distribution CV (RDW-CV)</b>	14.60	%	Male: 11.80-14.50 Female:12.20-16.10	Volumetric Impedance
<b>Mean Platelet Volume (MPV)</b>	9.00	fL	8.0-15.0	Volumetric Impedance
<b>Platelet</b>	3.27	lakh/cumm	1.50-4.50	Volumetric Impedance
<b>Platelet Distribution Width (PDW)</b>	8.80	%	8.30 - 56.60	Volumetric Impedance
<b>White Blood cell Count (WBC)</b>	5520.00	cells/cumm	Male: 4000-11000 Female 4000-11000 Children: 6000-17500 Infants : 9000-30000	Volumetric Impedance
<b>Neutrophils</b>	61.90	%	40.0-75.0	Light scattering/Manual
<b>Lymphocytes</b>	31.50	%	20.0-40.0	Light scattering/Manual
<b>Eosinophils</b>	3.10	%	0.0-8.0	Light scattering/Manual

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Test Name	Result	Unit	Reference Value	Method
<b>Monocytes</b>	3.50	%	0.0-10.0	Light scattering/Manual
<b>Basophils</b>	0.00	%	0.0-1.0	Light scattering/Manual
<b>Absolute Neutrophil Count</b>	3.42	10 <sup>3</sup> /uL	2.0- 7.0	Calculated
<b>Absolute Lymphocyte Count</b>	1.74	10 <sup>3</sup> /uL	1.0-3.0	Calculated
<b>Absolute Monocyte Count</b>	0.19	10 <sup>3</sup> /uL	0.20-1.00	Calculated
<b>Absolute Eosinophil Count</b>	170.00	cells/cumm	40-440	Calculated
<b>Absolute Basophil Count</b>	0.00	10 <sup>3</sup> /uL	0.0-0.10	Calculated
<b>Erythrocyte Sedimentation Rate (ESR)</b>	07	mm/hr	Female : 0.0-20.0 Male : 0.0-10.0	Westergren

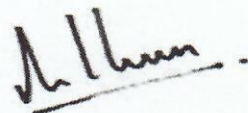
**Peripheral Smear Examination-Whole Blood EDTA**

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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Dr. Nithun Reddy C, MD, Consultant Pathologist

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Test Name	Result	Unit	Reference Value	Method
<b>Fasting Blood Sugar (FBS)- Plasma</b>	120	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.

**Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA**

<b>Glycosylated Haemoglobin (HbA1c)</b>	6.00	%	Non diabetic adults :<5.7	HPLC
			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	
<b>Estimated Average Glucose(eAG)</b>	125.49	mg/dL		Calculated

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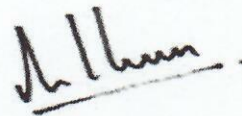
**Note:** 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

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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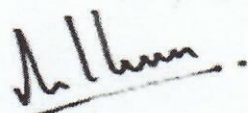
Test Name	Result	Unit	Reference Value	Method
<b>Gamma-Glutamyl Transferase (GGT)-Serum</b>	19.00	U/L	Male: 15.0-85.0 Female: 5.0-55.0	Other g-Glut-3-carboxy-4 nitro

**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; its rise occurs earlier than with these other enzymes and persists longer. Only modest elevations (2-5 times normal) occur in infectious hepatitis, and in this condition, GGT determinations are less useful diagnostically than are measurements of the transaminases. High elevations of GGT are also observed in patients with either primary or secondary (metastatic) neoplasms. Elevated levels of GGT are noted not only in the sera of patients with alcoholic cirrhosis but also in the majority of sera from persons who are heavy drinkers. Studies have emphasized the value of serum GGT levels in detecting alcohol-induced liver disease. Elevated serum values are also seen in patients receiving drugs such as phenytoin and phenobarbital, and this is thought to reflect induction of new enzyme activity.

<b>Fasting Urine Glucose-Urine</b>	Negative		Negative	Dipstick/Benedicts (Manual)
<b>Calcium,Total- Serum</b>	9.10	mg/dL	8.50-10.10	Spectrophotometry (O-Cresolphthalein complexone)



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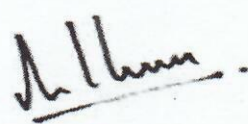


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Test Name	Result	Unit	Reference Value	Method
<b>LFT-Liver Function Test -Serum</b>				
<b>Bilirubin Total-Serum</b>	0.40	mg/dL	0.2-1.0	Caffeine Benzoate
<b>Bilirubin Direct-Serum</b>	0.08	mg/dL	0.0-0.2	Diazotised Sulphanilic Acid
<b>Bilirubin Indirect-Serum</b>	0.32	mg/dL	Female: 0.0 - 1.10	Direct Measure
<b>Aspartate Aminotransferase (AST/SGOT)-Serum</b>	15.00	U/L	Female: 15.0 - 37.0	UV with Pyridoxal - 5 - Phosphate
<b>Alanine Aminotransferase (ALT/SGPT)-Serum</b>	19.00	U/L	Female: 14.0 - 59.0	UV with Pyridoxal - 5 - Phosphate
<b>Alkaline Phosphatase (ALP)-Serum</b>	59.00	U/L	Female: 45.0 - 117.0	PNPP,AMP-Buffer
<b>Protein, Total-Serum</b>	7.09	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
<b>Albumin-Serum</b>	4.51	g/dL	Female: 3.40 - 5.50	Bromocresol Purple
<b>Globulin-Serum</b>	2.58	g/dL	2.0-3.50	Calculated
<b>Albumin/Globulin Ratio-Serum</b>	1.75	Ratio	0.80-2.0	Calculated



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Test Name	Result	Unit	Reference Value	Method
<b>Lipid Profile-Serum</b>				
<b>Cholesterol Total-Serum</b>	243.00	mg/dL	Female: 0.0 - 200	Cholesterol Oxidase/Peroxidase
<b>Triglycerides-Serum</b>	154.00	mg/dL	Female: 0.0 - 150	Lipase/Glycerol Dehydrogenase
<b>High-density lipoprotein (HDL) Cholesterol-Serum</b>	53.00	mg/dL	Female: 40.0 - 60.0	Accelerator/Selective Detergent
<b>Non-HDL cholesterol-Serum</b>	190	mg/dL	Female: 0.0 - 130	Calculated
<b>Low-density lipoprotein (LDL) Cholesterol-Serum</b>	159	mg/dL	Female: 0.0 - 100.0	Cholesterol esterase and cholesterol oxidase
<b>Very-low-density lipoprotein (VLDL) cholesterol-Serum</b>	31	mg/dL	Female: 0.0 - 40	Calculated
<b>Cholesterol/HDL Ratio-Serum</b>	4.58	Ratio	Female: 0.0 - 5.0	Calculated

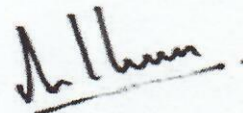
**Interpretation:**

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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Dr. Nithun Reddy C, MD, Consultant Pathologist

SCAN FOR LOCATION





<b>Name</b> : MRS. RAJAMMA H K	<b>Uhid</b> : 3003240032	<b>Bill Date</b> : 30-Mar-2024 08:47 AM
<b>Age / Gender</b> : 57 Years / Female		<b>Sample Col. Date</b> : 30-Mar-2024 08:47 AM
<b>Ref. By Dr.</b> : Dr. APOLO CLINIC	3003240032	<b>Result Date</b> : 30-Mar-2024 12:10 PM
<b>Reg. No.</b> : 3003240032		<b>Report Status</b> : Final
<b>C/o</b> : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
Vitamin B12-Serum	346.9	pg/mL	211.0-911.0	CLIA

**Comments:** Vitamin B12 performs many important functions in the body, but the most significant function is to act as coenzyme for reducing ribonucleotides to deoxyribonucleotides, a step in the formation of genes. Inadequate dietary intake is not the commonest cause for cobalamine deficiency. The most common cause is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum. Cobalamine deficiency leads to Megaloblastic anemia and demyelination of large nerve fibres of spinal cord. Normal body stores are sufficient to last for 3-6 years. Sources of Vitamin B12 are liver, shellfish, fish, meat, eggs, milk, cheese & yogurt.

**Decreased Levels:** Lack of Intrinsic factor: Total or partial gastrectomy, Atrophic gastritis, Intrinsic factor antibodies, Malabsorption: Regional ileitis, resected bowel, Tropical Sprue, Celiac disease, pancreatic insufficiency, bacteria overgrowth & achlorhydria, Loss of ingested vitamin B12: fish tapeworm, Dietary deficiency: Vegetarians, Congenital disorders: Orotic aciduria & transcobalamine deficiency, Increased demand: Pregnancy specially last trimester.

**Increased Levels:** Chronic renal failure, Congestive heart failure, Acute & Chronic Myeloid Leukemia, Polycythemia vera, Carcinomas with liver metastasis, Liver disease, Drug induced cholestasis & Protein malnutrition.

<b>Vitamin D Total (25 Hydroxy Cholecalciferol)</b>	26.9	ng/mL	30.0 -100.0	CLIA
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Interpretation: Deficiency :<10, Insufficiency:10-30, Sufficiency:30-100, Toxicity:>100


**Note:** The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D. 25 (OH)D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function. Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L. It shows seasonal variation, with values being 40-50% lower in winter than in summer. Levels vary with age and are increased in pregnancy. A new test Vitamin D, Ultrasensitive by LC-MS/MS is also available.

**Comments:** Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

**Decreased Levels:** Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease, Drugs like Anticonvulsants, Nephrotic syndrome

**Increased levels:** Vitamin D intoxication.

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Dr. Nithun Reddy C, MD, Consultant Pathologist

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<b>Reg. No.</b> : 3003240032		<b>Report Status</b> : Final
<b>C/o</b> : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
<b>Thyroid function tests (TFT)- Serum</b>				
Tri-Iodo Thyronine (T3)-Serum	1.05	ng/mL	Female: 0.60 - 1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine (T4)-Serum	6.7	µg/dL	Female: 5.50 - 12.10	Chemiluminescence Immunoassay (CLIA)
Thyroid Stimulating Hormone (TSH)-Serum	1.46	µIU/mL	Female: 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, 11-14 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

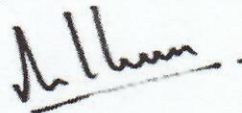
Reference range in Newborns: 0-4 days: 1.0-39.0; 2-20 Weeks: 1.7-9.1

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

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<b>Age / Gender</b> : 57 Years / Female		<b>Sample Col. Date</b> : 30-Mar-2024 08:47 AM
<b>Ref. By Dr.</b> : Dr. APOLO CLINIC	3003240032	<b>Result Date</b> : 30-Mar-2024 01:05 PM
<b>Reg. No.</b> : 3003240032		<b>Report Status</b> : Final
<b>C/o</b> : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
<b>Blood Group &amp; Rh Typing-Whole Blood EDTA</b>				
<b>Blood Group</b>	A			Slide/Tube agglutination
<b>Rh Type</b>	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) a 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.

**KFT ( Kidney Function Test ) :**

<b>Blood Urea Nitrogen (BUN)-Serum</b>	8.00	mg/dL	7.0-18.0	GLDH,Kinetic Assay
<b>Creatinine-Serum</b>	0.64	mg/dL	Male: 0.70-1.30 Female: 0.55-1.02	Modified kinetic Jaffe
<b>Uric Acid-Serum</b>	3.49	mg/dL	Male: 3.50-7.20 Female: 2.60-6.00	Uricase PAP
<b>Sodium (Na+)-Serum</b>	141.4	mmol/L	135.0-145.0	Ion-Selective Electrodes (ISE)
<b>Potassium (K+)-Serum</b>	4.70	mmol/L	3.5 to 5.5	Ion-Selective Electrodes (ISE)
<b>Chloride(Cl-)-Serum</b>	99.20	mmol/L	96.0-108.0	Ion-Selective Electrodes (ISE)

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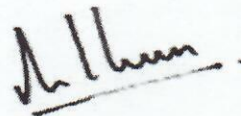
<b>Name</b> : MRS. RAJAMMA H K	<b>UHID</b> : 3003240032	<b>Bill Date</b> : 30-Mar-2024 08:47 AM
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<b>Ref. By Dr.</b> : Dr. APOLO CLINIC	<b>3003240032</b>	<b>Result Date</b> : 30-Mar-2024 01:05 PM
<b>Reg. No.</b> : 3003240032		<b>Report Status</b> : Final
<b>C/o</b> : Apollo Clinic		

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



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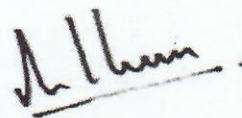
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<b>Age / Gender</b> : 57 Years / Female	 3003240032	<b>Sample Col. Date</b> : 30-Mar-2024 08:47 AM
<b>Ref. By Dr.</b> : Dr. APOLO CLINIC		<b>Result Date</b> : 30-Mar-2024 01:28 PM
<b>Reg. No.</b> : 3003240032		<b>Report Status</b> : Final
<b>C/o</b> : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
<b>Urine Routine Examination-Urine</b>				
<b>Physical Examination</b>				
<b>Colour</b>	Pale Yellow		Pale Yellow	Visual
<b>Appearance</b>	Slightly Turbid		Clear	Visual
<b>Reaction (pH)</b>	5.5		5.0-7.5	Dipstick
<b>Specific Gravity</b>	1.025		1.000-1.030	Dipstick
<b>Biochemical Examination</b>				
<b>Albumin</b>	Negative		Negative	Dipstick/Precipitation
<b>Glucose</b>	Negative		Negative	Dipstick/Benedicts
<b>Bilirubin</b>	Negative		Negative	Dipstick/Fouchets
<b>Ketone Bodies</b>	Negative		Negative	Dipstick/Rotheras
<b>Urobilinogen</b>	Normal		Normal	Dipstick/Ehrlachs
<b>Nitrite</b>	Negative		Negative	Dipstick
<b>Microscopic Examination</b>				
<b>Pus Cells</b>	4-6	hpf	0.0-5.0	Microscopy
<b>Epithelial Cells</b>	8-10	hpf	0.0-10.0	Microscopy
<b>RBCs</b>	Absent	hpf	Absent	Microscopy
<b>Casts</b>	Absent		Absent	Microscopy
<b>Crystals</b>	Absent		Absent	Microscopy
<b>Others</b>	Bacteria Present (+)		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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<b>Ref. By Dr.</b> : Dr. APOLO CLINIC	3003240032	<b>Result Date</b> : 30-Mar-2024 01:35 PM
<b>Reg. No.</b> : 3003240032		<b>Report Status</b> : Final
<b>C/o</b> : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
Post prandial Blood Glucose (PPBS)-Plasma	125	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.

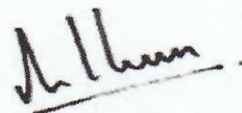
Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

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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<b>Reg. No.</b> : 3003240032		<b>Report Status</b> : Final
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Test Name	Result	Unit	Reference Value	Method
Postprandial Urine glucose-Urine	Negative		Negative	Dipstick/Benedicts (Manual)

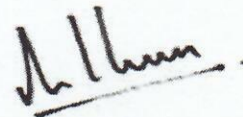
Note: Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

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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<b>Name:</b> MRS. RAJAMMA H K	<b>Age/Sex:</b> 57Y/Female	<b>Date of receipt:</b> 30.03.2024 <b>Date of report:</b> 30.03.2024
<b>Ref DR.</b> APPLLO CLINIC	<b>LABREFNO:</b> 3003240032	<b>PAP No:</b> 201 /24

**CERVICAL PAP SMEAR REPORT**

**Clinical history** : Health check

**Specimen** : 2 Conventional PAP smears.

**Specimen Adequacy** : Adequate for evaluation.

**Description** : Seen are mixture of intermediate squamous cells, parabasal cells and a few endocervical cells.

**Inflammation** : Scattered neutrophils are seen.

**Organism** : Nil


**Reactive changes** : Nil

**Dysplastic changes** : Nil

**Impression** : **Negative for Squamous Intraepithelial Lesion/Malignancy.**

**Note:** Enclosed: 2 slides: preserve them carefully.

---End of report---



Dr. Nithun Reddy C, MD  
Consultant Pathologist

