SPECTRUM
DIAGNOSTICS & HEALTH CARE

CERTIFICATE OF MEDICAL FITNESS

NAME: Chaithra. m

AGE/ GENDER: 26y / F

HEIGHT: 159cm WEIGHT: 80.3kg

IDENTIFICATION MARK: -

BLOOD PRESSURE: 110/70 mmHg

PULSE: 84/min

CVS: } Normal

RS:P }

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. Chaithra m son/daughter of Ms Lt mahadeva who has signed in my presence. He/ she has no physical disease and is fit for employment.

Dr. BINDURAJ. R
MBBS, MD
Internal Medicine
Reg. No. 62306

Signature of candidate Chaithra.M

Signature of Medical Officer

Place: Spectrum diagnostic & health care

Date: 29/08/24

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

SPECTRUM
DIAGNOSTICS & HEALTH CARE

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

DATE: 29-08-24.

EYE EXAMINATION

NAME: M. Chaitra AGE: 26yrs GENDER : F / M

	RIGHT EYE	LEFT EYE
Vision	6/6 : N6	6/6 : N6
Vision With glass		
Color Vision	Normal	Normal
Anterior segment examination	Normal	Normal
Fundus Examination	Normal	Normal
Any other abnormality	Nill	Nill
Diagnosis/ impression	Normal	Normal

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

Consultant (Opthalmologist)

ID: 0006
MRS CHAITRA M
Female 26Years

29-08-2024 08:44:27 For BPL

HR	: 80	bpm
P	: 118	ms
PR	: 196	ms
QRS	: 75	ms
QT/QTc	: 363/419	ms
P/QRS/T	: 49/49/42	°
RV5/SV1	: 0.892/0.622	mV

Diagnosis Information:
Sinus Rhythm
Prolonged P-wave
Low Voltage(Chest Leads)

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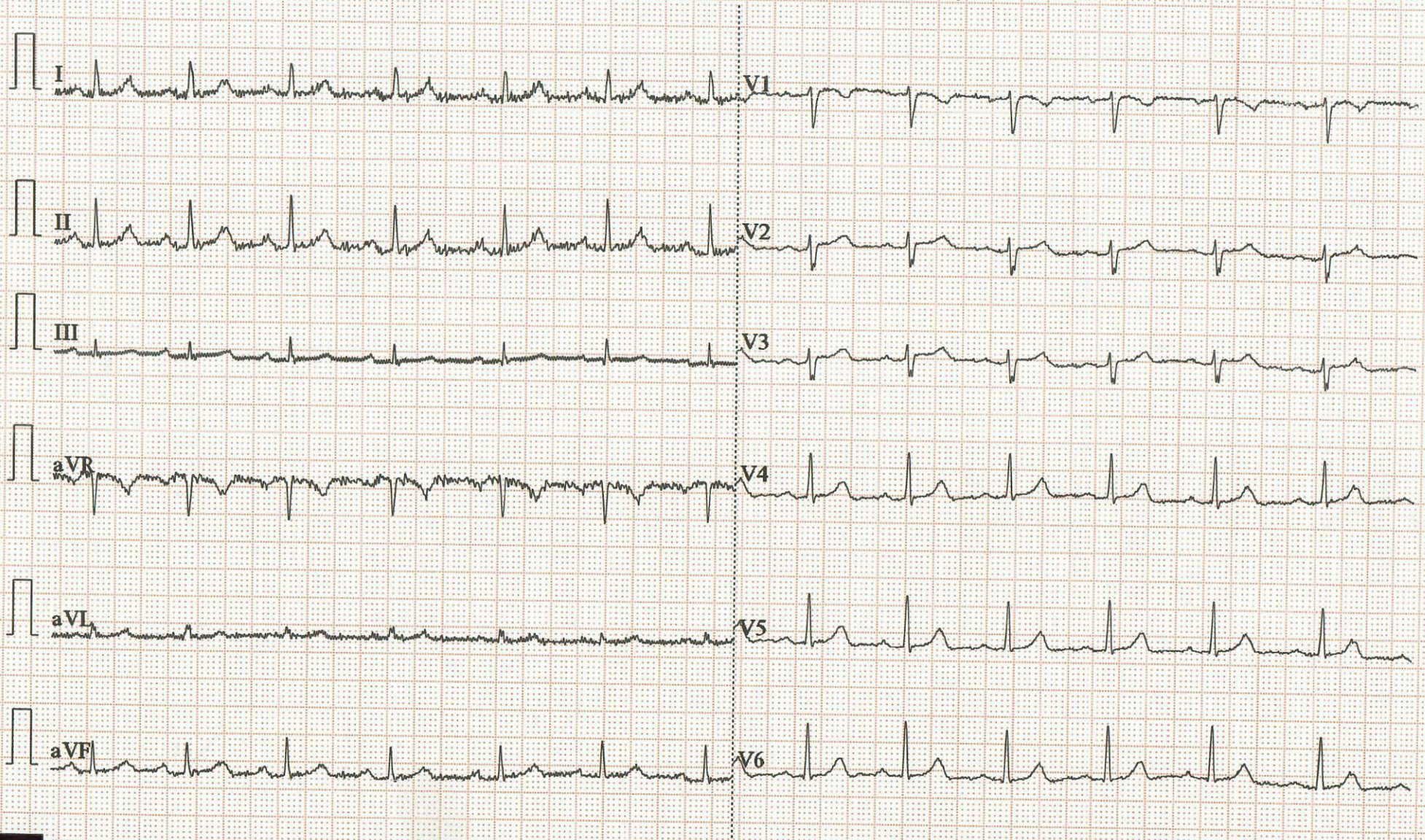
BENGALURU

Report Confirmed by:



0.15~35Hz AC50 25mm/s 10mm/mV 2*5.0s ♥80 V2.2 SEMIP V1.81 SPECTRUM DIAGNOSTICS & HEALTH CARE

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MC-5722

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Ref. By Dr.	: Dr. APOLO CLINIC	2908240006		**Result Date**	: 29-Aug-2024 10:16 AM
Reg. No.	: 2908240006			**Report Status**	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method

CHEST PA VIEW

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

IMPRESSION: No significant abnormality.

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DR PRAVEEN B,MBBS,DMRD,DNB Consultant Radiologist

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Ref. By Dr.	: Dr. APOLO CLINIC			**Result Date**	: 29-Aug-2024 09:57 AM
Reg. No.	: 2908240006	2908240006		**Report Status**	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Complete Haemogram-Whole Blood EDTA				
Haemoglobin (HB)	13.20	g/dL	Male: 14.0-17.0 Female:12.0-15.0 Newborn:16.50 - 19.50	Spectrophotmeter
Red Blood Cell (RBC)	4.47	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	39.20	%	Male: 42.0-51.0 Female: 36.0-45.0	Electronic Pulse
Mean corpuscular volume (MCV)	87.80	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	29.50	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	33.60	%	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)	**16.50**	%	Male: 11.80-14.50 Female:12.20-16.10	Volumetric Impedance
Mean Platelet Volume (MPV)	10.20	fL	8.0-15.0	Volumetric Impedance
Platelet	2.30	lakh/cumm	1.50-4.50	Volumetric Impedance
Platelet Distribution Width (PDW)	10.70	%	8.30 - 56.60	Volumetric Impedance
White Blood cell Count (WBC)	7870	cells/cumm	Male: 4000-11000 Female 4000-11000 Children: 6000-17500 Infants : 9000-30000	Volumetric Impedance
Neutrophils	56.50	%	40.0-75.0	Light scattering/Manual
Lymphocytes	37.80	%	20.0-40.0	Light scattering/Manual
Eosinophils	1.90	%	0.0-8.0	Light scattering/Manual

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Test Name	Result	Unit	Reference Value	Method
Monocytes	3.60	%	0.0-10.0	Light scattering/Manual
Basophils	0.20	%	0.0-1.0	Light scattering/Manual
Absolute Neutrophil Count	4.46	10^3/uL	2.0- 7.0	Calculated
Absolute Lymphocyte Count	2.97	10^3/uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.28	10^3/uL	0.20-1.00	Calculated
Absolute Eosinophil Count	150.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.01	10^3/uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	35	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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Test Name	Result	Unit	Reference Value	Method
Fasting Blood Sugar (FBS)-Plasma	90	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.

Alanine Aminotransferase (ALT/SGPT)-Serum	26.00	U/L	Male:16.0-63.0 Female:14.0-59.0	UV with Pyridoxal - 5 - Phosphate

Comments: Alanine Aminotransferase (ALT/SGPT) is an enzyme found mainly in liver tissue and to a lesser extent in heart, kidney and skeletal muscle. It's measurement is clinically useful in the diagnosis of liver and biliary disease.Normal ranges in Adult male:<45 and Adult female:<34 U/L.

Bilirubin Total-Serum	**1.15**	mg/dL	0.2-1.0	Caffeine Benzoate

Comments: Bilirubin is a yellowish waste product of red cell breakdown in the blood. High levels in the blood indicate inability of the liver to excrete bilirubin leading to jaundice.

Normal ranges in premature: Cord:<2.0,0-1 Day:1.0-8.0,1-2 Days:6.0-12.0,3-5 Days:10.0-14.0. Normal ranges in full term: Cord: <2.0,0-1 Day:2.0-6.0,1-2 Days:6.0-10.0,3-5 Days:4.0-8.0.Adult :0.0-2.0.

Creatinine, Serum	0.76	mg/dL	Male: 0.70-1.30 Female: 0.55-1.02	Modified kinetic Jaffe

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Test Name	Result	Unit	Reference Value	Method

Comments: Creatinine is the product of creatine metabolism.Creatinine is a chemical compound left over from energy-producing processes in your muscles. Healthy kidneys filter creatinine out of the blood. Creatinine exits your body as a waste product in urine It is a measure of renal function and elevated levels are observed in patients typically with 50% or greater impairment of renal function.

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C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Blood Group & Rh Typing-Whole Blood EDTA				
Blood Group	O			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.

Blood Urea Nitrogen (BUN)-Serum	10.2	mg/dL	7.0-18.0	GLDH,Kinetic Assay

Comments: Blood urea nitrogen (BUN) or serum urea nitrogen is the end product of the hepatic detoxification of ammonia. It is this parameter that is sometimes also used to assess liver function. Urea nitrogen concentration in blood may decrease with impaired conversion of ammonia to urea by the liver. Low serum urea concentrations are, however, not specific for liver disease. Low urea nitrogen concentration is also seen in anorectic patients consuming less protein. In ruminants that are anorectic or on a low-protein diet, rumen microbes recur to Blood urea nitrogen as a nitrogen source for their own protein synthesis, decreasing the Blood urea nitrogen concentration.It is one of the oldest prognostic biomarkers in heart failure. Urea is formed by the liver and carried by the blood to the kidneys for excretion. Diseased or damaged kidneys cause Blood urea nitrogen to accumulate in the blood as glomerular filtration rate (GFR) drops. Conditions such as shock, heart failure, a high protein diet, and bleeding into the gastrointestinal tract can cause Blood urea nitrogen elevations.

Usage: Urea nitrogen is a renal function test that is often interpreted with creatinine. It is useful when measured before and after dialysis treatments.

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C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Urine Routine Examination-Urine				
Physical Examination				
Colour	Pale Yellow		Pale Yellow	Visual
Appearance	Slightly Turbid		Clear	Visual
Reaction (pH)	5.5		5.0-7.5	Dipstick
Specific Gravity	1.025		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	4-6	hpf	0.0-5.0	Microscopy
Epithelial Cells	10-12	hpf	0.0-10.0	Microscopy
RBCs	1-2	hpf	Absent	Microscopy
Casts	Absent		Absent	Microscopy
Crystals	Absent		Absent	Microscopy
Others	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 byidentifying 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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Ref. By Dr.	: Dr. APOLO CLINIC	2908240006		**Result Date**	: 29-Aug-2024 11:15 AM
Reg. No.	: 2908240006			**Report Status**	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
Post prandial Blood Glucose (PPBS)-Plasma	92	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

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