

CERTIFICATE OF MEDICAL FITNESS

NAME: Mr. PUSALA Anil Kumar.

AGE/ GENDER: 25yr / M

HEIGHT: 176 cm

WEIGHT: 73.8 kg

IDENTIFICATION MARK: _____

BLOOD PRESSURE: 120/80 mm/Hg

PULSE: 82 bpm

ANY OTHER DISEASE DIAGNOSED IN THE PAST: will

ALLERGIES, IF ANY: will

LIST OF PRESCRIBED MEDICINES: will

I Certify that I have carefully examined Mr/Mrs. PUSALA Anil Kumar. son/daughter of Mr P. Jagannadham who has signed in my presence. He/ she has no physical disease and is fit for employment.

P. Anil

Signature of candidate

DR. P. JAGANNADHAM J. R
MBBS, MD
Reg. No. X 2806

Signature of Medical Officer

Place: Spectrum diagnostic & health Care.

Date: 08/03/24

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

SCAN FOR LOCATION





SPECTRUM

DIAGNOSTICS & HEALTH CARE

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

DATE: 08.03.24.

EYE EXAMINATION

NAME: *Ms. P. Anil Kumar* AGE: *25Y* GENDER: F / M

| | RIGHT EYE | LEFT EYE |
|------------------------------|----------------|----------------|
| Vision | <i>6/60:06</i> | <i>6/60:06</i> |
| Vision With glass | <i>6/6:06</i> | <i>6/6:06</i> |
| Color Vision | Normal | Normal |
| Anterior segment examination | Normal | Normal |
| Fundus Examination | Normal | Normal |
| Any other abnormality | Nil | Nil |
| Diagnosis/ impression | Normal | Normal |

To 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 |
|-------------------|--------|--------|
| Mr. P. Anil Kumar | 25 yrs | Male |

DENTAL EXAMINATION REPORT:

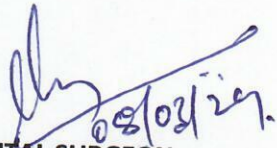
| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

C: CAVITY → Dec on # to be continued on xray.
M: MISSING → none.
O: OTHERS → Impacted # ; Extractions recommended.

ADVISED:

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

REMARKS:



SIGNATURE OF THE DENTAL SURGEON

SEAL

DATE

Dr. SACHDEV NAGARKAR
B.D.S., F.A.G.E., F.P.F.A. (USA)
Reg. No : 2247/A

SCAN FOR LOCATION



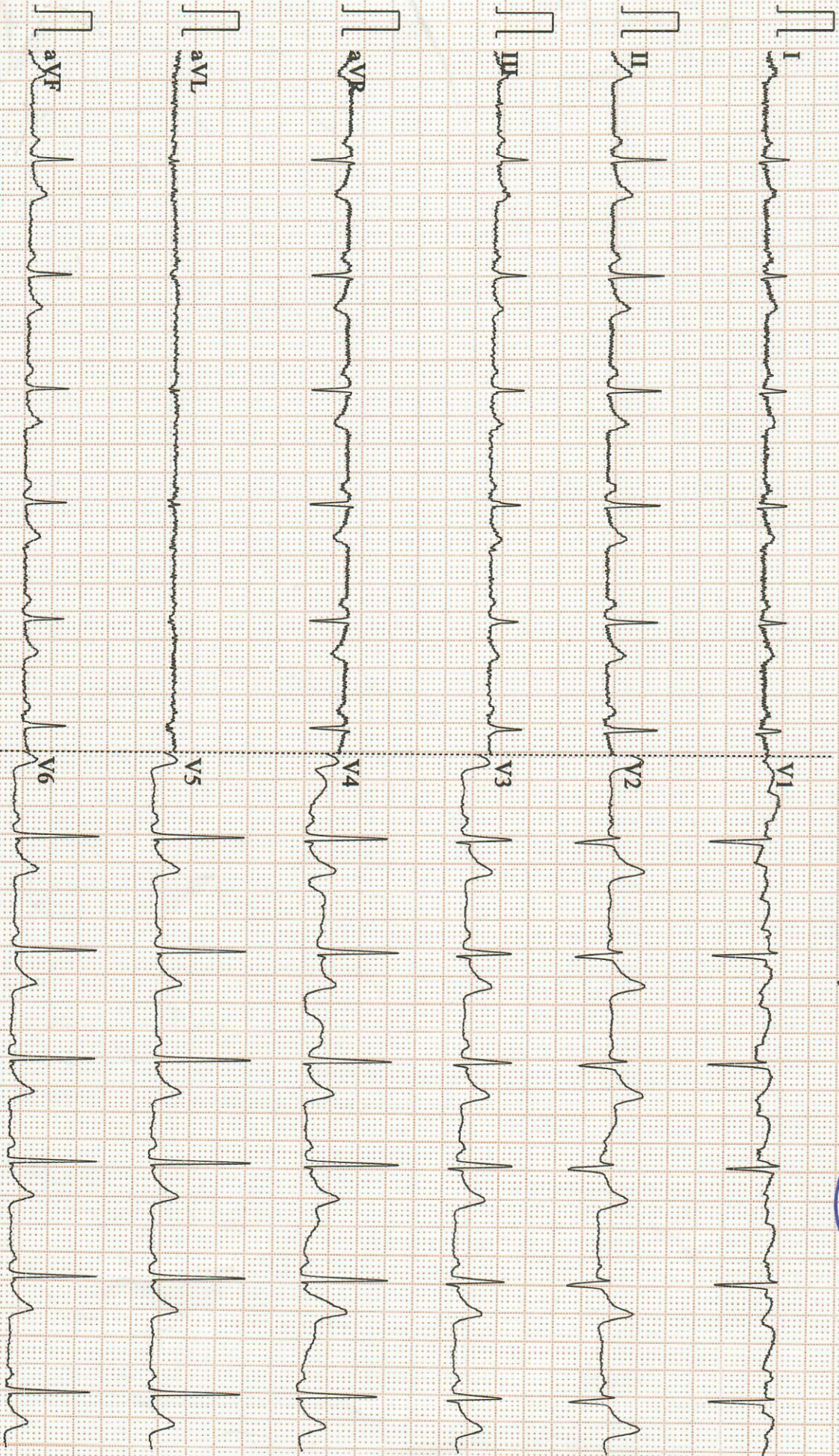
PUSALIA ANIL KUMAR
Male 25Years

| | | |
|---------|---------------|-----|
| HR | : 74 | bpm |
| P | : 101 | ms |
| PR | : 142 | ms |
| QRS | : 83 | ms |
| QT/QTc | : 351/391 | ms |
| P/QRS/T | : 65/69/59 | ° |
| RV5/SV1 | : 1.667/0.892 | mV |

Diagnosis Information:

Sinus Rhythm
Larged PtfV1

Report Confirmed by:



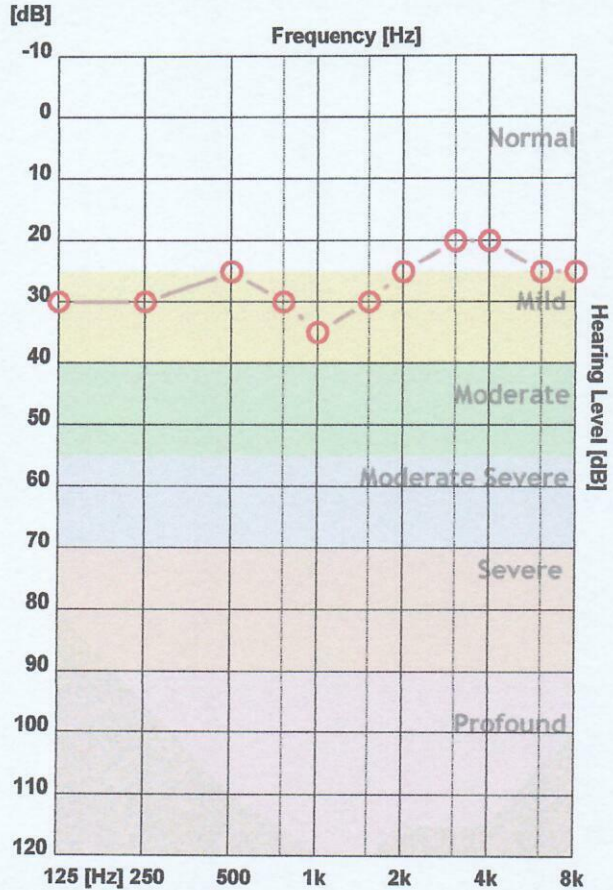
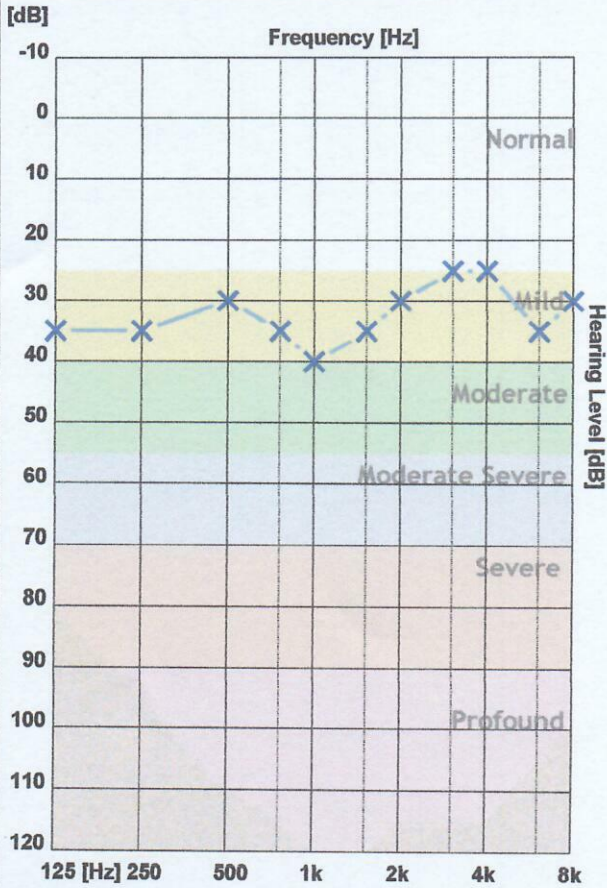


SPECTRUM DIAGNOSTICS

Bangalore

Patient ID : 0214
 Name : PUSALA ANIL KUMAR
 CR Number : 20240308111718
 Registration Date : 08-Mar-2024

Age : 25
 Gender : Male
 Operator : spectrum diagnostics



125 Hz 250 Hz 500 Hz 750 Hz 1000 H 1500 H 2000 H 3000 H 4000 H 6000 H 8000 H

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

| | Average | High | Mid | Low |
|-----------|----------|----------|----------|----------|
| AIR Left | 32.27 dB | 28.75 dB | 35.00 dB | 33.75 dB |
| AIR Right | 26.82 dB | 22.50 dB | 30.00 dB | 28.75 dB |

Clinical Notes :

Not Found



| | | | |
|--------------|----------------------|-------|------------|
| PATIENT NAME | MR PUSALA ANIL KUMAR | ID NO | 0803240012 |
| AGE | 25YEARS | SEX | MALE |
| REF BY | DR.APOLO CLINIC | DATE | 08.03.2024 |

2D ECHO CARDIOGRAHIC STUDY

M-MODE

| | |
|-------------------------------|------|
| AORTA | 30mm |
| LEFT ATRIUM | 30mm |
| RIGHT VENTRICLE | 20mm |
| LEFT VENTRICLE (DIASTOLE) | 48mm |
| LEFT VENTRICLE(SYSTOLE) | 32mm |
| VENTRICULAR SEPTUM (DIASTOLE) | 07mm |
| VENTRICULAR SEPTUM (SYSTOLE) | 10mm |
| POSTERIOR WALL (DIASTOLE) | 08mm |
| POSTERIOR WALL (SYSTOLE) | 08mm |
| FRACTIONAL SHORTENING | 30% |
| EJECTION FRACTION | 60% |

DOPPLER /COLOUR FLOW

Mitral Valve Velocity : MVE- 0.81m/s MVA – 0.45m/s E/A-1.77

Tissue Doppler : e' (Septal) -10cm/s E/e'(Septal) -8

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 : 2.58 m/s 26mmHg

SCAN FOR LOCATION



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|--------------|----------------------|-------|------------|
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| AGE | 25YEARS | SEX | MALE |
| REF BY | DR.APOLO CLINIC | DATE | 08.03.2024 |

2D ECHO CARDIOGRAPHIC 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 BIVENTRICULAR FUNCTION, LVEF- 60%
- MILD MR / MILD TR
- NO CLOT / VEGETATION / EFFUSION


DURGAV
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 the light of clinico-pathological correction.



| | | |
|---------------------------|----------------------|------------------|
| NAME AND LAB NO | MR PUSALA ANIL KUMAR | REG-40012 |
| AGE & SEX | 25 YRS | MALE |
| DATE AND AREA OF INTEREST | 08.03.2024 | ABDOMEN & PELVIS |
| REF BY | C/O APOLO CLINIC | |

USG ABDOMEN AND PELVIS

- LIVER:** Measures **14.0** cm. Normal in size an echotexture. 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 e/o 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 measures 10.5 X4.0 cm ,is normal in size & echotexture. No evidence of calculus/ hydronephrosis. No solid lesions.
- LEFT KIDNEY:** Left kidney measures 10.8 X4.8 cm ,is normal in size & echotexture. No evidence of calculus/ hydronephrosis. No solid lesions.
- URINARY BLADDER:** Well distended. No wall thickening/ calculi.
- PROSTATE:** Normal in size and echotexture.
- No evidence of ascites/pleural effusion.

IMPRESSION:

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



DR PURNIMA PUJAR
MBBS MDRD



| | | | |
|--------------|-------------------------|------------------|------------------------|
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| Ref. By Dr. | : Dr. APOLO CLINIC | Sample Col. Date | : 08-Mar-2024 08:42 AM |
| Reg. No. | : 0803240012 | Result Date | : 08-Mar-2024 02:11 PM |
| C/o | : Apollo Clinic | Report Status | : Final |

| Test Name | Result | Unit | Reference Value | Method |
|-----------------------------------|--------|-------|-----------------|-------------|
| Fasting Blood Sugar (FBS)- Plasma | 78 | 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.

| | | | | |
|---|----|-------|--------|-------------|
| Post prandial Blood Glucose (PPBS)-Plasma | 80 | 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.

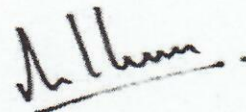
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Dr. Nithun Reddy C, MD, Consultant Pathologist

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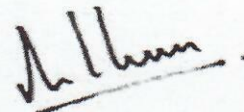
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| Test Name | Result | Unit | Reference Value | Method |
|--|--------|--------|--------------------------------------|--------------------------------|
| KFT (Kidney Function Test) : | | | | |
| Blood Urea Nitrogen (BUN)-Serum | 7.00 | mg/dL | 7.0-18.0 | GLDH,Kinetic Assay |
| Creatinine-Serum | 0.82 | mg/dL | Male: 0.70-1.30 Female: 0.55-1.02 | Modified kinetic Jaffe |
| Uric Acid-Serum | 4.77 | mg/dL | Male: 3.50-7.20 Female: 2.60-6.00 | Uricase PAP |
| Sodium (Na+)-Serum | 137.5 | mmol/L | 135.0-145.0 | Ion-Selective Electrodes (ISE) |
| Potassium (K+)-Serum | 4.05 | mmol/L | 3.5 to 5.5 | Ion-Selective Electrodes (ISE) |
| Chloride(Cl-)-Serum | 96.20 | mmol/L | 96.0-108.0 | Ion-Selective Electrodes (ISE) |

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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UHID : 0803240012

 0803240012

| Test Name | Result | Unit | Reference Value | Method |
|---|--------|-------|-------------------|--|
| Lipid Profile-Serum | | | | |
| Cholesterol Total-Serum | 167.00 | mg/dL | Male: 0.0 - 200 | Cholesterol Oxidase/Peroxidase |
| Triglycerides-Serum | 110.00 | mg/dL | Male: 0.0 - 150 | Lipase/Glycerol Dehydrogenase |
| High-density lipoprotein (HDL) Cholesterol-Serum | 45.00 | mg/dL | Male: 40.0 - 60.0 | Accelerator/Selective Detergent |
| Non-HDL cholesterol-Serum | 122 | mg/dL | Male: 0.0 - 130 | Calculated |
| Low-density lipoprotein (LDL) Cholesterol-Serum | 99.00 | mg/dL | Male: 0.0 - 100.0 | Cholesterol esterase and cholesterol oxidase |
| Very-low-density lipoprotein (VLDL) cholesterol-Serum | 22 | mg/dL | Male: 0.0 - 40 | Calculated |
| Cholesterol/HDL Ratio-Serum | 3.71 | Ratio | Male: 0.0 - 5.0 | Calculated |

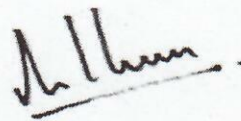
Interpretation:

| 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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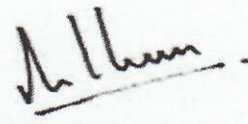
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| C/o : Apollo Clinic | | |

| Test Name | Result | Unit | Reference Value | Method |
|--|-------------|------|-----------------|------------------------|
| Post Prandial Urine Sugar | Negative | | Negative | Dipstick/Benedicts(Man |
| 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/Ehrlachs |
| Nitrite | Negative | | Negative | Dipstick |
| Microscopic Examination | | | | |
| Pus Cells | 1-2 | hpf | 0.0-5.0 | Microscopy |
| Epithelial Cells | 1-2 | hpf | 0.0-10.0 | Microscopy |
| RBCs | Absent | hpf | Absent | Microscopy |
| Casts | Absent | | Absent | Microscopy |
| Crystals | Absent | | Absent | Microscopy |
| Others | Absent | | Absent | Microscopy |

Comments: The kidneys help infiltration of the blood by eliminating waste out of the body through urine. They also regulate water in the body by conserving electrolytes, proteins, and other compounds. But due to some conditions and abnormalities in kidney function, the urine may encompass some abnormal constituents, which are not normally present. A complete urine examination helps in detecting such abnormal constituents in urine. Several disorders can be detected by identifying and measuring the levels of such substances. Blood cells, bilirubin, bacteria, pus cells, epithelial cells may be present in urine due to kidney disease or infection. Routine urine examination helps to diagnose kidney diseases, urinary tract infections, diabetes and other metabolic disorders.



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|--|--------|-------|---|------------|
| Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA | 4.50 | % | 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) | 82.45 | 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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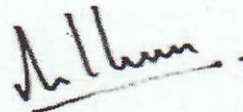


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| Test Name | Result | Unit | Reference Value | Method |
|---|--------|-------|--------------------|-----------------------------------|
| LFT-Liver Function Test -Serum | | | | |
| Bilirubin Total-Serum | 1.00 | mg/dL | 0.2-1.0 | Caffeine Benzoate |
| Bilirubin Direct-Serum | 0.20 | mg/dL | 0.0-0.2 | Diazotised Sulphanilic Acid |
| Bilirubin Indirect-Serum | 0.80 | mg/dL | Male: 0.0 - 1.10 | Direct Measure |
| Aspartate Aminotransferase (AST/SGOT)-Serum | 20.00 | U/L | Male: 15.0 - 37.0 | UV with Pyridoxal - 5 - Phosphate |
| Alanine Aminotransferase (ALT/SGPT)-Serum | 16.00 | U/L | Male: 16.0 - 63.0 | UV with Pyridoxal - 5 - Phosphate |
| Alkaline Phosphatase (ALP)-Serum | 56.00 | U/L | Male: 45.0 - 117.0 | PNPP,AMP-Buffer |
| Protein, Total-Serum | 6.85 | g/dL | 6.40-8.20 | Biuret/Endpoint-With Blank |
| Albumin-Serum | 4.76 | g/dL | Male: 3.40 - 5.50 | Bromocresol Purple |
| Globulin-Serum | 2.09 | g/dL | 2.0-3.50 | Calculated |
| Albumin/Globulin Ratio-Serum | 2.28 | Ratio | 0.80-2.0 | Calculated |



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| Test Name | Result | Unit | Reference Value | Method |
|---|--------|--------|--------------------|--------------------------------------|
| Thyroid function tests (TFT)-Serum | | | | |
| Tri-Iodo Thyronine (T3)-Serum | 0.83 | ng/mL | Male: 0.60 - 1.81 | Chemiluminescence Immunoassay (CLIA) |
| Thyroxine (T4)-Serum | 6.8 | µg/dL | Male: 5.50 - 12.10 | Chemiluminescence Immunoassay (CLIA) |
| Thyroid Stimulating Hormone (TSH)-Serum | 2.60 | 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): 0.5-1.41, Children: 1-3 Days: 1.0-7.40, 1-11 Months: 1.05-2.45, 1-5 Years: 1.05-2.69, 6-10 Years: 0.94-2.41, 11-15 Years: 0.82-2.13, Adolescents (16-20 Years): 0.80-2.10

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

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

Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, increased Thyroid-binding globulin (TBG).

Decreased Levels: Nonthyroidal illness, hypothyroidism, nutritional deficiency, systemic illness, decreased Thyroid-binding globulin (TBG).

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

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

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

Increased Levels: Hyperthyroidism, increased TBG, familial dysalbuminemic hyperthyroxinemia, Increased transthyretin, estrogen therapy, pregnancy.

Decreased Levels: Primary hypothyroidism, pituitary TSH deficiency, hypothalamic TRH deficiency, non thyroidal illness, decreased TBG.

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

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

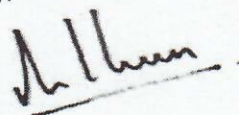
Reference range in Newborns: 0-4 days: 1.0-39.0; 2-20 Weeks: 1.7-9.1

Increased Levels: Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism and Thyroid hormone resistance.

Decreased Levels: Graves disease, Autonomous thyroid hormone secretion, TSH deficiency.



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Dr. Nithun Reddy C, MD, Consultant Pathologist

Tejas Arcade, #9/1, 1st Main Road, Dr. Rajkumar Road, Rajajinagar, Opp. St. Theresa Hospital, Bengaluru 560010

+91 77604 97644 | 080 2337 1555

info@spectrumdiagnostics.org

www.spectrumdiagnostics.org



Other Branch: #466/A, Ideal Homes Township, 80 Feet Road, Kenchanahalli, Rajarajeshwari Nagar, Bengaluru-560098 +91 6361 253 097 | 080-2991 6944 | 080-49511985

| | |
|---------------------------------------|--|
| Name : MR. PUSALA ANIL KUMAR | Bill Date : 08-Mar-2024 08:42 AM |
| Age / Gender : 25 years / Male | UHID : 0803240012 |
| Ref. By Dr. : Dr. APOLO CLINIC | Sample Col. Date : 08-Mar-2024 08:42 AM |
| Reg. No. : 0803240012 | Result Date : 08-Mar-2024 02:11 PM |
| C/o : Apollo Clinic | Report Status : Final |

| Test Name | Result | Unit | Reference Value | Method |
|--|--------|-------|-------------------------------------|--|
| Calcium,Total- Serum | 9.80 | mg/dL | 8.50-10.10 | Spectrophotometry (O-Cresolphthalein complexone) |
| Gamma-Glutamyl Transferase (GGT)-Serum | 15.00 | 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.



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Dr. Nithun Reddy C, MD, Consultant Pathologist

SCAN FOR LOCATION



| | |
|---------------------------------------|--|
| Name : MR. PUSALA ANIL KUMAR | Bill Date : 08-Mar-2024 08:42 AM |
| Age / Gender : 25 years / Male | Sample Col. Date : 08-Mar-2024 08:42 AM |
| Ref. By Dr. : Dr. APOLO CLINIC | Result Date : 08-Mar-2024 02:52 PM |
| Reg. No. : 0803240012 | Report Status : Final |
| C/o : Apollo Clinic | |

| Test Name | Result | Unit | Reference Value | Method |
|---|----------|------|-----------------|--------------------------|
| Blood Group & Rh Typing-Whole Blood EDTA | | | | |
| Blood Group | A | | | Slide/Tube agglutination |
| Rh Type | Negative | | | Slide/Tube agglutination |

Note: Confirm by tube or gel method.

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

Complete Haemogram-Whole Blood EDTA

| | | | | |
|--|-------|--------------|--|----------------------|
| Haemoglobin (HB) | 17.30 | g/dL | Male: 14.0-17.0 Female: 12.0-15.0 Newborn: 16.50 - 19.50 | Spectrophotometer |
| Red Blood Cell (RBC) | 5.62 | million/cumm | 3.50 - 5.50 | Volumetric Impedance |
| Packed Cell Volume (PCV) | 48.60 | % | Male: 42.0-51.0 Female: 36.0-45.0 | Electronic Pulse |
| Mean corpuscular volume (MCV) | 86.50 | fL | 78.0- 94.0 | Calculated |
| Mean corpuscular hemoglobin (MCH) | 30.80 | pg | 27.50-32.20 | Calculated |
| Mean corpuscular hemoglobin concentration (MCHC) | 35.60 | % | 33.00-35.50 | Calculated |
| Red Blood Cell Distribution Width SD (RDW-SD) | 38.30 | fL | 40.0-55.0 | Volumetric Impedance |
| Red Blood Cell Distribution CV (RDW-CV) | 14.20 | % | Male: 11.80-14.50 Female: 12.20-16.10 | Volumetric Impedance |
| Mean Platelet Volume (MPV) | 8.50 | fL | 8.0-15.0 | Volumetric Impedance |
| Platelet | 2.10 | lakh/cumm | 1.50-4.50 | Volumetric Impedance |
| Platelet Distribution Width (PDW) | 10.70 | % | 8.30 - 56.60 | Volumetric Impedance |

SCAN FOR LOCATION



| | |
|---------------------------------------|--|
| Name : MR. PUSALA ANIL KUMAR | Bill Date : 08-Mar-2024 08:42 AM |
| Age / Gender : 25 years / Male | Sample Col. Date : 08-Mar-2024 08:42 AM |
| Ref. By Dr. : Dr. APOLO CLINIC | Result Date : 08-Mar-2024 02:52 PM |
| Reg. No. : 0803240012 | Report Status : Final |
| C/o : Apollo Clinic | |

| Test Name | Result | Unit | Reference Value | Method |
|---|---------|---------------------|---|----------------------------|
| White Blood cell Count (WBC) | 6570.00 | cells/cumm | Male: 4000-11000 Female 4000-11000 Children: 6000-17500 Infants : 9000-30000 | Volumetric Impedance |
| Neutrophils | 59.50 | % | 40.0-75.0 | Light scattering/Manual |
| Lymphocytes | 33.80 | % | 20.0-40.0 | Light scattering/Manual |
| Eosinophils | 2.10 | % | 0.0-8.0 | Light scattering/Manual |
| Monocytes | 4.40 | % | 0.0-10.0 | Light scattering/Manual |
| Basophils | 0.20 | % | 0.0-1.0 | Light scattering/Manual |
| Absolute Neutrophil Count | 3.91 | 10 ³ /uL | 2.0- 7.0 | Calculated |
| Absolute Lymphocyte Count | 2.22 | 10 ³ /uL | 1.0-3.0 | Calculated |
| Absolute Monocyte Count | 0.29 | 10 ³ /uL | 0.20-1.00 | Calculated |
| Absolute Eosinophil Count | 140.00 | cells/cumm | 40-440 | Calculated |
| Absolute Basophil Count | 0.01 | 10 ³ /uL | 0.0-0.10 | Calculated |
| Erythrocyte Sedimentation Rate (ESR) | 02 | mm/hr | Female : 0.0-20.0 Male : 0.0-10.0 | Westergren |

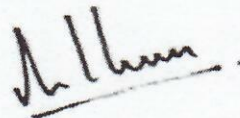
Peripheral Smear Examination-Whole Blood EDTA

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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