

Himanshu Nema 36 (m).

Casuals \bar{c} $6+8$

BP- 130/90
P- 100/100
H- 166 C.M
wt- 72 kg

Dr. Bueha
7828251782



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Apollo Clinic

LICENSEE : SAMRIDDHI AROGYAM PVT. LTD

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

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0771 403334

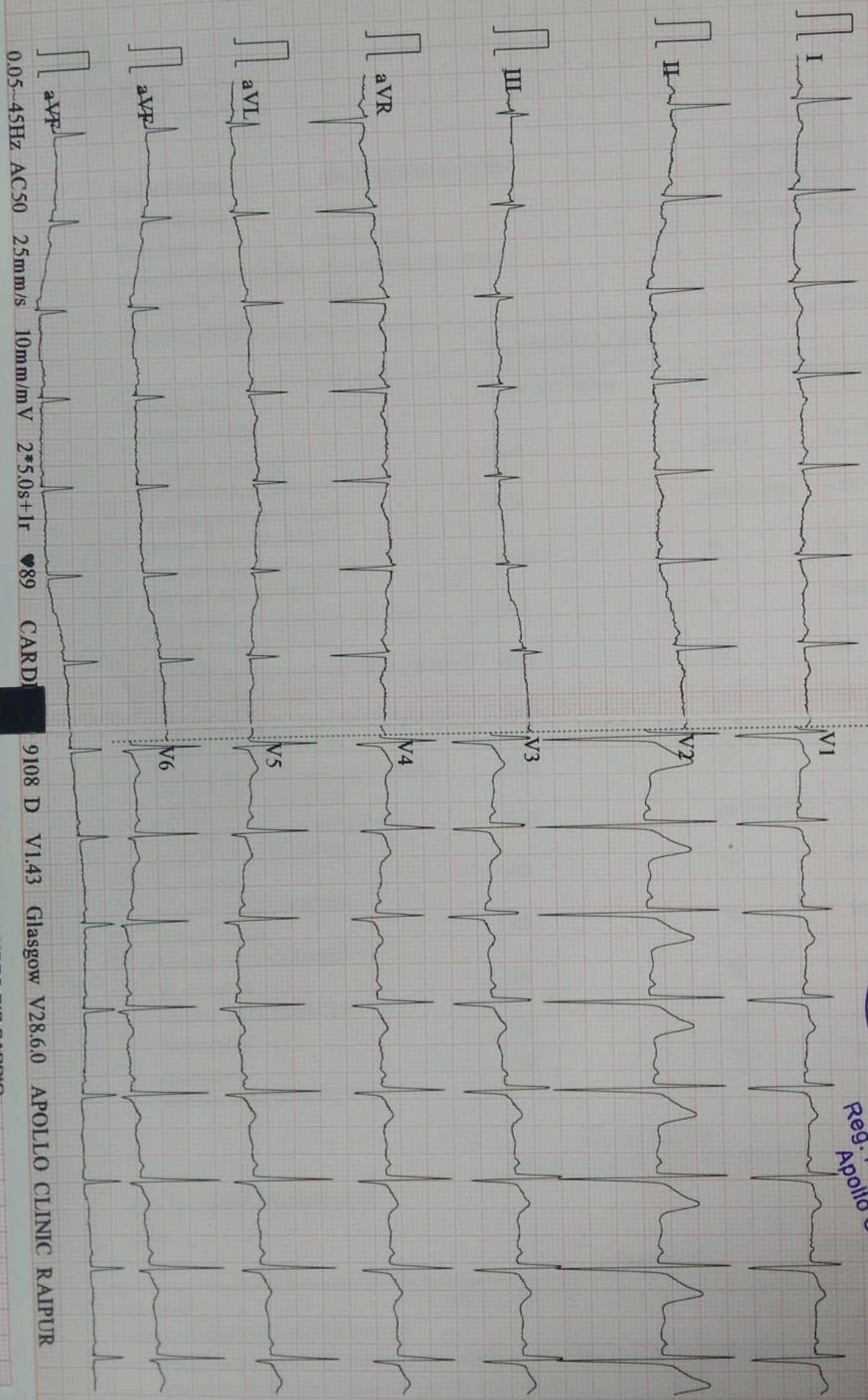
ID: 164
MR HIMANSHU NEMMA
Male 36Years

13-04-2024 10:42:24 AM
HR : 89 bpm
P : 96 ms
PR : 120 ms
QRS : 88 ms
QT/QTc : 326/397 ms
P/QRS/T : 19/34/13 °
RV5/SV1 : 1.283/1.076 mV

Diagnosis Information:
Sinus rhythm
Normal ECG



Report Confirmed by
Dr. Ankit Sharma
MD Medicine
Reg. No. - CGMC 7971/2018
Apollo Clinic, Raipur



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 89 CARDI

9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

Doctor : DR DEEPAN DAS MBBS DFP CARDIO

NAME OF PATIENT; MR. HIMANSHU NEMA
REFERRED BY: BOB

AGE: 36YRS/MALE
DATE: 13/04/2024

CHEST X - RAY PA VIEW


FINDINGS:

- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY SEEN.

Advised: Clinical correlation and further evaluation if clinically indicated.

 Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant
Re. No. 6611/3/12004
DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.

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0771 4033341/42

PATIENT NAME:- MR. HIMANSHU NEMA
REF BY :- BOB

AGE/SEX: 36 YRS/M
DATE:- 13.04.2024

USG ABDOMEN

Liver : Liver is normal in size cm, smooth in outline with echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

Gall bladder : Distended & normal.

Pancreas & Paraaortic Region : Normal.

Spleen : Is normal size measures cc cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.72X4.32cm	9.71X4.48cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil
Urinary bladder.-	Distended & normal	

Prostate: is normal in size measures weight gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- GRADE - II FATTY LIVER

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
R.D. No. CGMC-2324/20
DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

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EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Himanchy Nema

Date 13/04/24

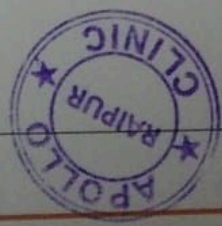
Sex/Age M/36y

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT		NIO		
NYSTAGMUS				
COLOUR VISION		NORMAL		
FUNDUS:(RE):-	WNL	(LE):- WNL		
INDIVIDUAL COLOUR IDENTIFICATION		Good		
DISTANT VISION:(RE):-	6/60 etc 6/6	(LE):- 6/60 etc 6/6		
NEAR VISION:(RE):-	N6	(LE):- N6		
NIGHT BLINDNESS		NAD		
	SPH	CYL	AXIS	ADD
RIGHT	-4.50			
LEFT	-4.0			
REMARKS :-				

Dr. Vikas Mishra
MBBS, MS(Ophthalmology)
Reg. No. CGMC 624, 2008



*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Patient Name : MR HIMANSHU NEMA
 UHID/ MR No : 10225
 Visit Date : 13/04/2024
 Sample Collected On : 13/04/2024 05:18PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 36 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 14/04/2024 11:07AM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.000		1.001 - 1.030
Reaction (pH)	6.0		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	1 - 2	/hpf	0 - 5
Epithelial Cell	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	Not Seen

End of Report

Results are to be corelated clinically

Lab Technician / Technologist
 path

(Signature)

Patient Name : MR HIMANSHU NEMA
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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.5	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.1	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.40	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	28	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	37	U/L	0 - 41
ALKALINE PHOSPHATASE	71	U/L	25-147
Total Proteins Method: Spectrophotometric	6.6	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.86	%	1.1 - 2.2

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
 path

Ramesh

Patient Name : MR HIMANSHU NEMA
 UHID/ MR No : 10225
 Visit Date : 13/04/2024
 Sample Collected On : 13/04/2024 05:18PM
 Ref. Doctor : SELF
 Sponsor Name :

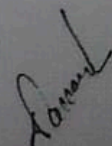
Age/Gender : 36 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 14/04/2024 11:07AM


BIO CHEMISTRY


Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	162.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	98.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	44.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	98.40	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	19.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.68		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



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 **0771 4033341/42**

Patient Name : Mr.HIMANSHU NEMA	Collected : 13/Apr/2024 01:58PM
Age/Gender : 36 Y 0 M 0 D /M	Received : 13/Apr/2024 02:26PM
UHID/MR No : DSUS.0000007208	Reported : 13/Apr/2024 04:47PM
Visit ID : DSUSOPV8396	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 - (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



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Ref. Doctor : SELF
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Reported On : 14/04/2024 11:07AM

HAEMATOLOGY

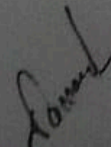
Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	297	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	08	mm /HR	0 - 10

Blood Group (ABO Typing)

Blood Group (ABO Typing) : B
RhD factor (Rh Typing) : POSITIVE

End of Report

Results are to be correlated clinically



DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY



RAIPUR Email:

185 / MR HIMANSHU / 36 Yrs / M / 166 Cms / 72 Kg

Date: 13 / 04 / 2024

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Standing	00:11	0:11	00.0	00.0	01.0	094	51 %	130/80	122	00	
ExStart	00:19	0:08	00.0	00.0	01.0	100	54 %	130/80	130	00	
BRUCE Stage 1	03:19	3:00	02.7	10.0	04.7	164	89 %	132/82	216	00	
PeakEX	06:13	2:54	04.0	12.0	07.0	180	98 %	134/84	241	00	
Recovery	06:43	0:30	00.8	00.0	01.7	174	95 %	134/84	233	00	
Recovery	07:13	1:00	00.8	00.0	01.0	163	89 %	134/84	218	00	
Recovery	08:04	1:52	00.0	00.0	01.0	147	80 %	132/82	194	00	

FINDINGS :

- Exercise Time : 05:54
- Max HR Attained : 180 bpm 98% of Target 184
- Max BP Attained : 134/84 (mm/Hg)
- Max Workload Attained : 7 Fair response to induced stress
- Test Objective : GHDFEW/ASFSAFD ASSAS
- Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

STRESS TEST IS NEGATIVE FOR REVERSIBLE MAYOCARDIAL ISCHEMIA WITH FAIR FUNCTION CAPACITY



Doctor : DR DEEPAN DAS MBBS DFP CARDIO

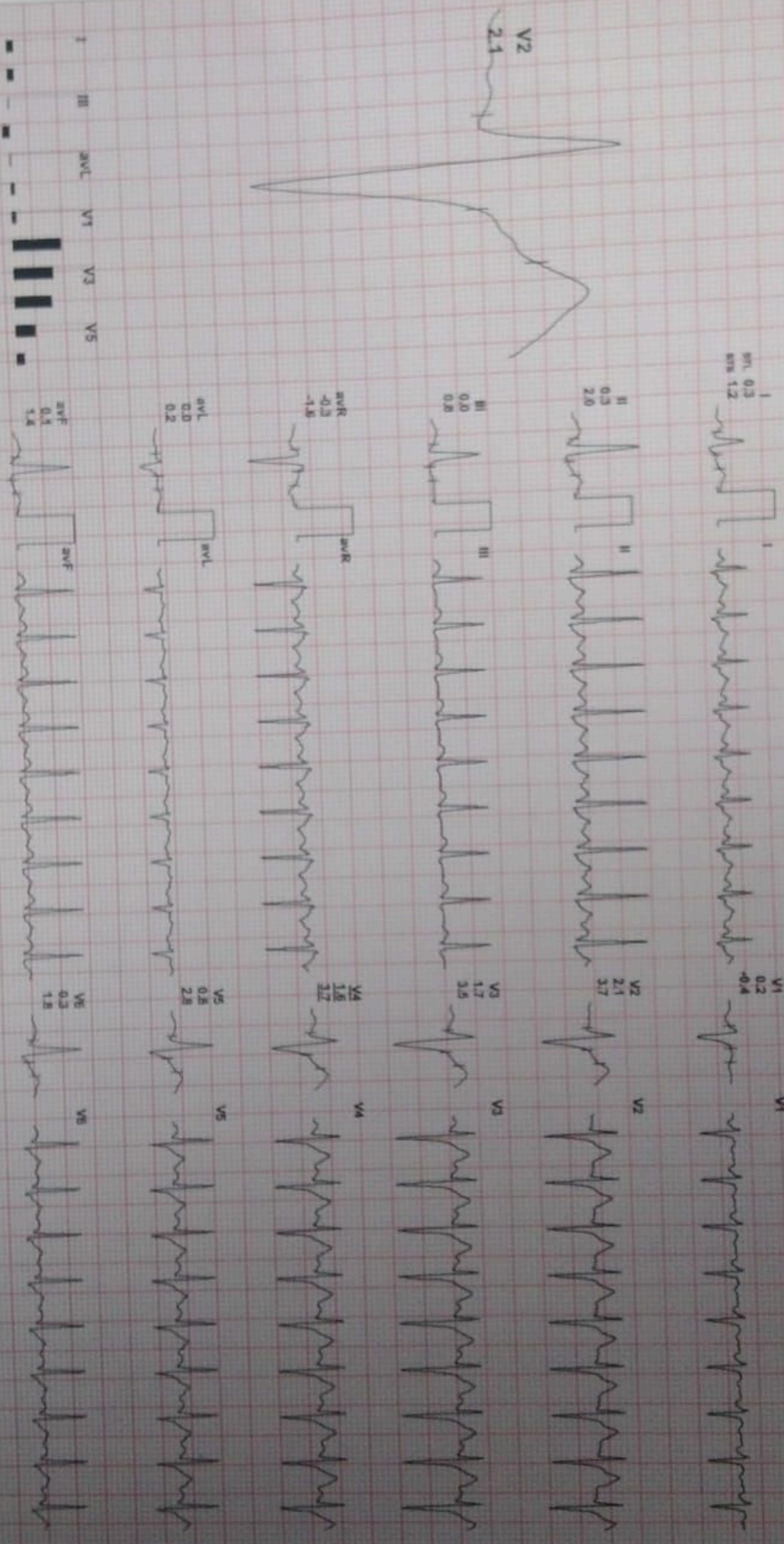
MR HIMANSHU / 36 Yrs / M / 166 Cms / 72 Kg / HR : 164

13 / 04 / 2024

METS: 4.7 / 164 bpm 89% of THR BP: 132/82 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 HZ/LF 35 HZ

EXTime: 03:00 2.7 Kmph, 10.0%
25 mm/Sec. 1.0 Cm/mV

4X 50 mls Post J



REMARKS:

BRUCE: Stage 1(3:00)



// MR HIMANSHU / 36 Yrs / M / 166 Cms / 72 Kg / HR : 100

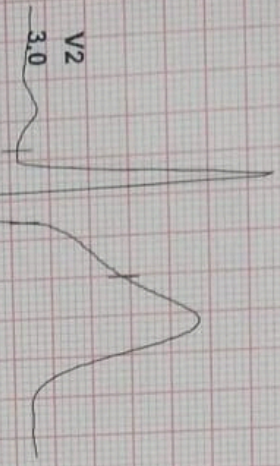
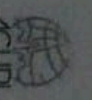
rate: 13 / 04 / 2024

METS: 1.0/ 100 bpm 54% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

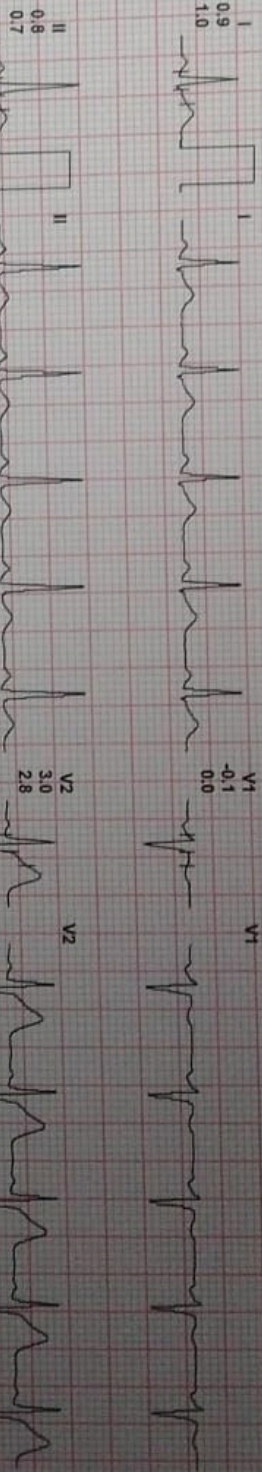
4X 80 ms Post J

ExTime: 00:00 0.0 Km/h 0.0%
25 mm/Sec. 1.0 Cm/mV

ExStart

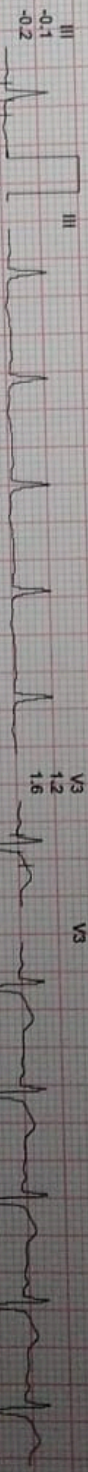


STL 0.9
STS 1.0



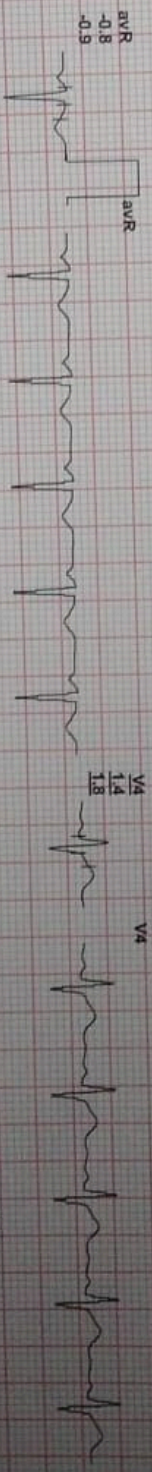
I 0.9
II 0.8
III 0.7

V1 -0.1
V2 3.0
V3 2.8



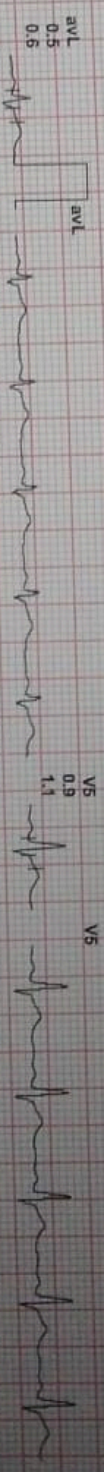
III -0.1
-0.2

V3 1.2
V4 1.6



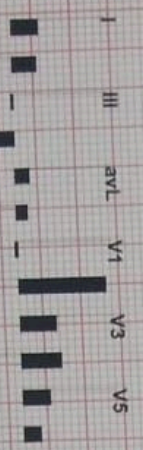
aVR -0.8
-0.9

V5 1.4
V6 1.8



aVL 0.5
0.6

V1 -0.1
0.0



I 0.4
II 0.3

V6 0.6
0.5

REMARKS:

/ MR HIMANSHU / 36 Yrs / M / 166 Cms / 72 Kg / HR : 94

BRUCE: Standing(0:12)



e: 13 / 04 / 2024

METS: 1.0/ 94 bpm 51% of THR

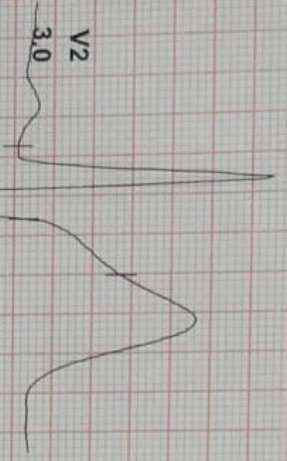
BP: 130/80 mmHg

Combined Medians/ BLC Or/ Notch Or/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Km/h, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



STL 0.9
STTS 1.0

II 0.8
0.7

III -0.1
-0.2

aVR -0.8
-0.9

aVL 0.5
0.6

aVF 0.4
0.3

V1 -0.1
0.0

V2 3.0
2.8

V3 1.2
1.6

V4 1.4
1.8

V5 0.9
1.1

V6 0.6
0.6

I III aVL V1 V3 V5
II aVR aVF V2 V4 V6

REMARKS:

MR HIMANSHU / 36 Yrs / M / 166 Cms / 72 Kg / HR : 147

13/04/2024

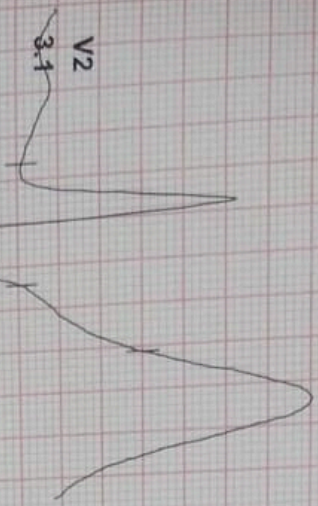
4X 60 ms Post J

METS: 1.0/ 147 bpm 80% of THR BP: 132/82 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

Recovery(1:52)

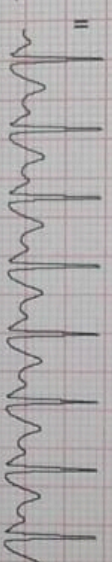


ExTime: 05:54 0.0 Km/h, 0.0% 25 mm/Sec. 1.0 Cm/mV



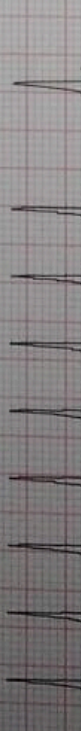
STL 0.7
STs 2.1

I 1.2
II 1.2
III 3.2

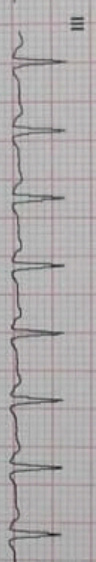


V1 -0.1
V2 -0.7

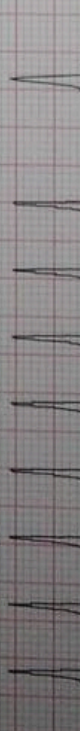
V2 3.1
V3 5.0



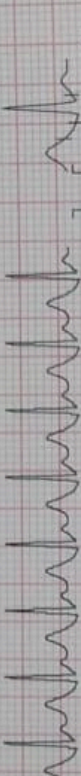
III 0.5
aVR 1.1
aVL 2.6



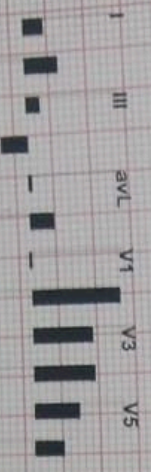
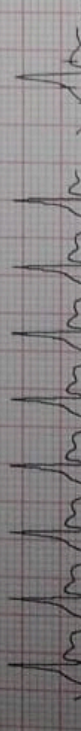
V3 2.1
V4 3.8



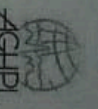
aVR -0.9
aVL 0.1
aVF 2.1



V4 2.1
V5 1.6
V6 2.4



REMARKS:

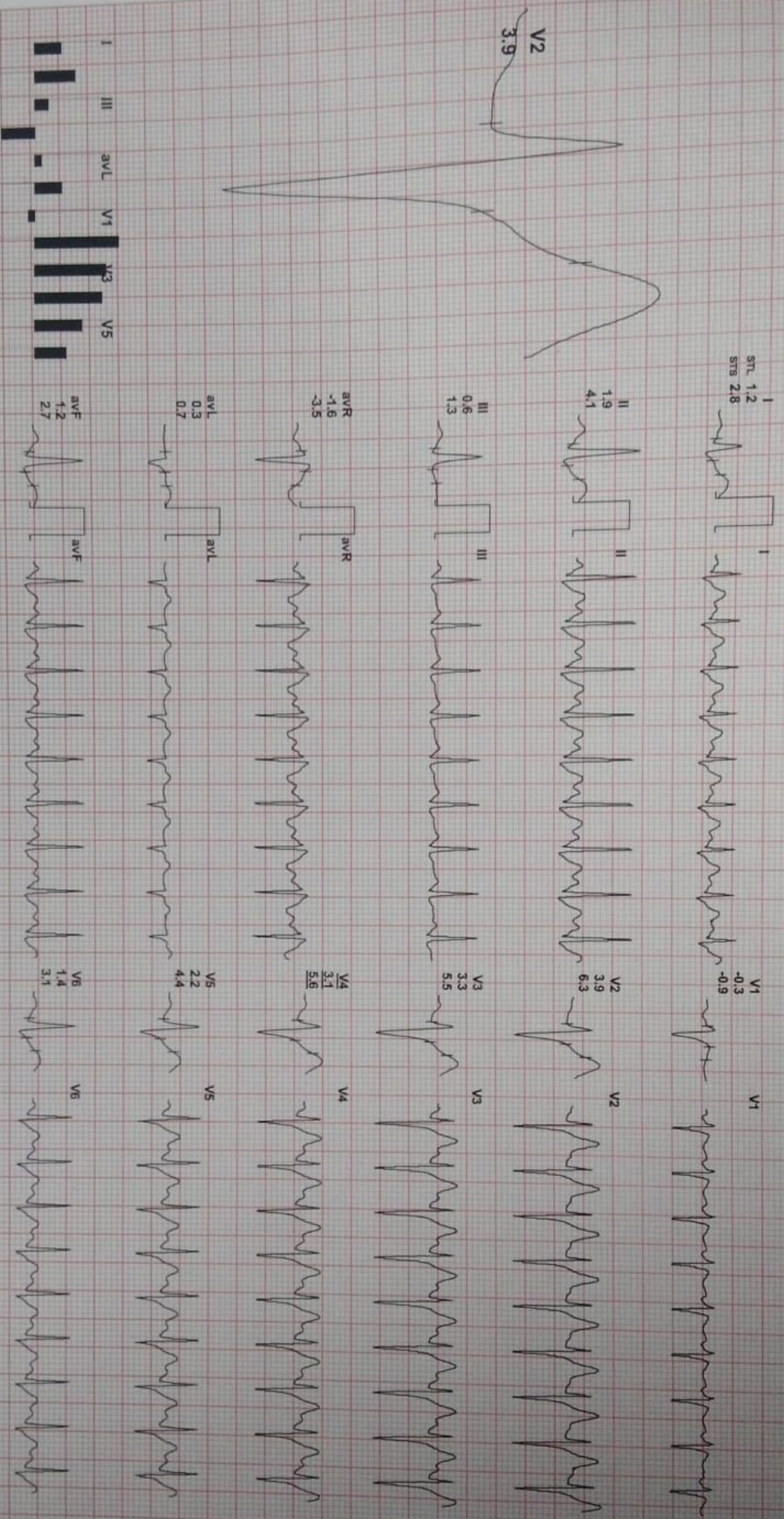


Age: 13 / 04 / 2024

METS: 1.0/ 163 bpm 89% of THR BP: 134/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 35 HZ

4X 60 mS Post J

ExTime: 05:54 0.8 KmPh, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

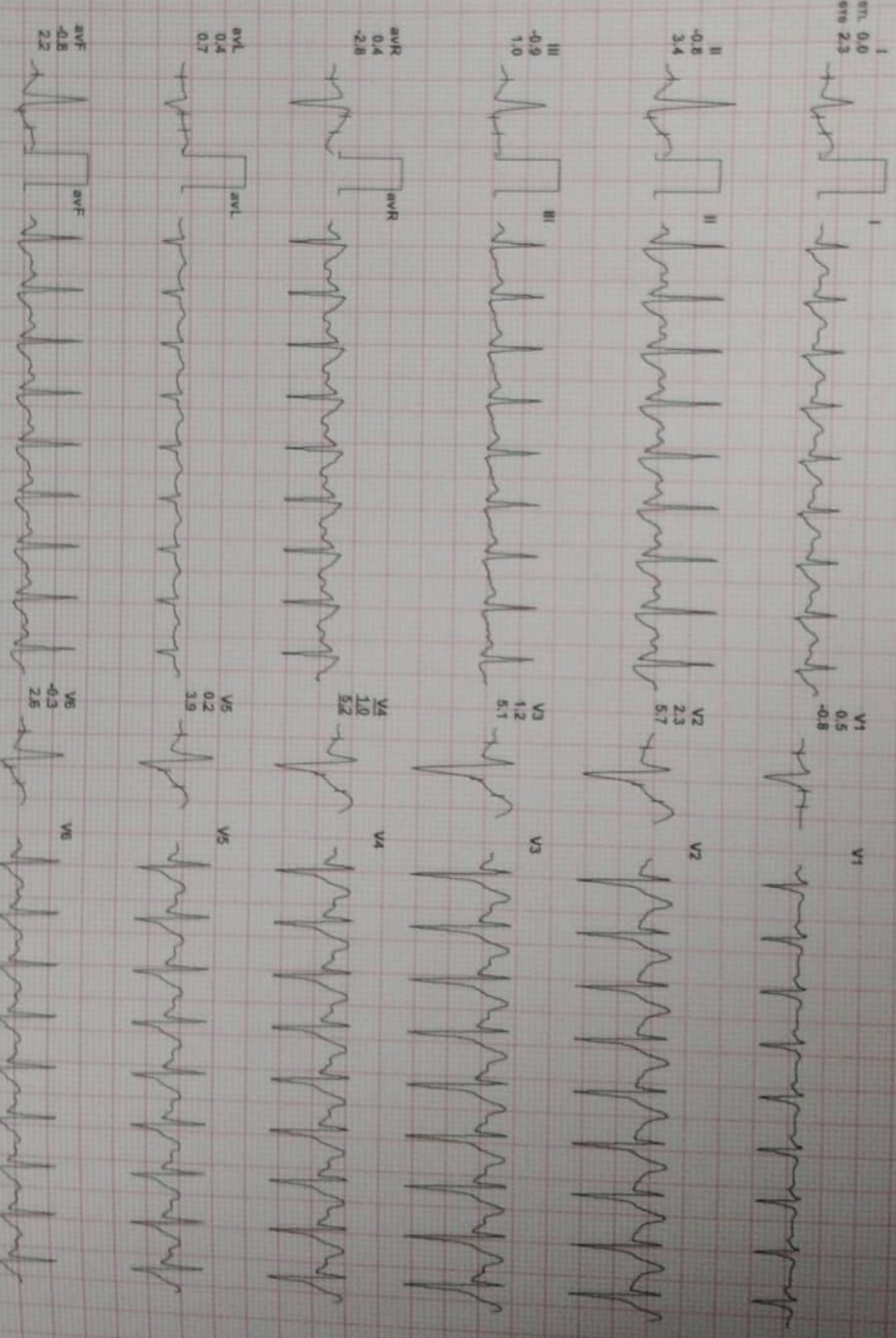
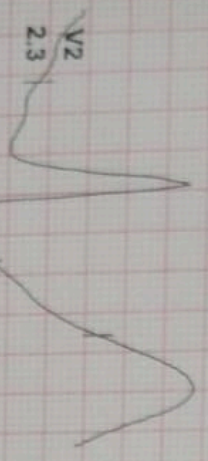
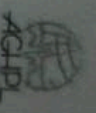
/ MR HIMANSHU / 36 Yrs / M / 166 Cms / 72 Kg / HR : 174

4X 60 ms Paper J

MEETS: 1.71 174 bpm 95% of THR BP: 134/84 mmHg Combined Medians/ BLC Or/ Nidch Or/ HF 0.05 Hz/LF 35 Hz

ExTime: 05:54 0.8 Kmph, 0.0%

Recovery(0:30)



REMARKS: II aVR aVF V2 V4 V6

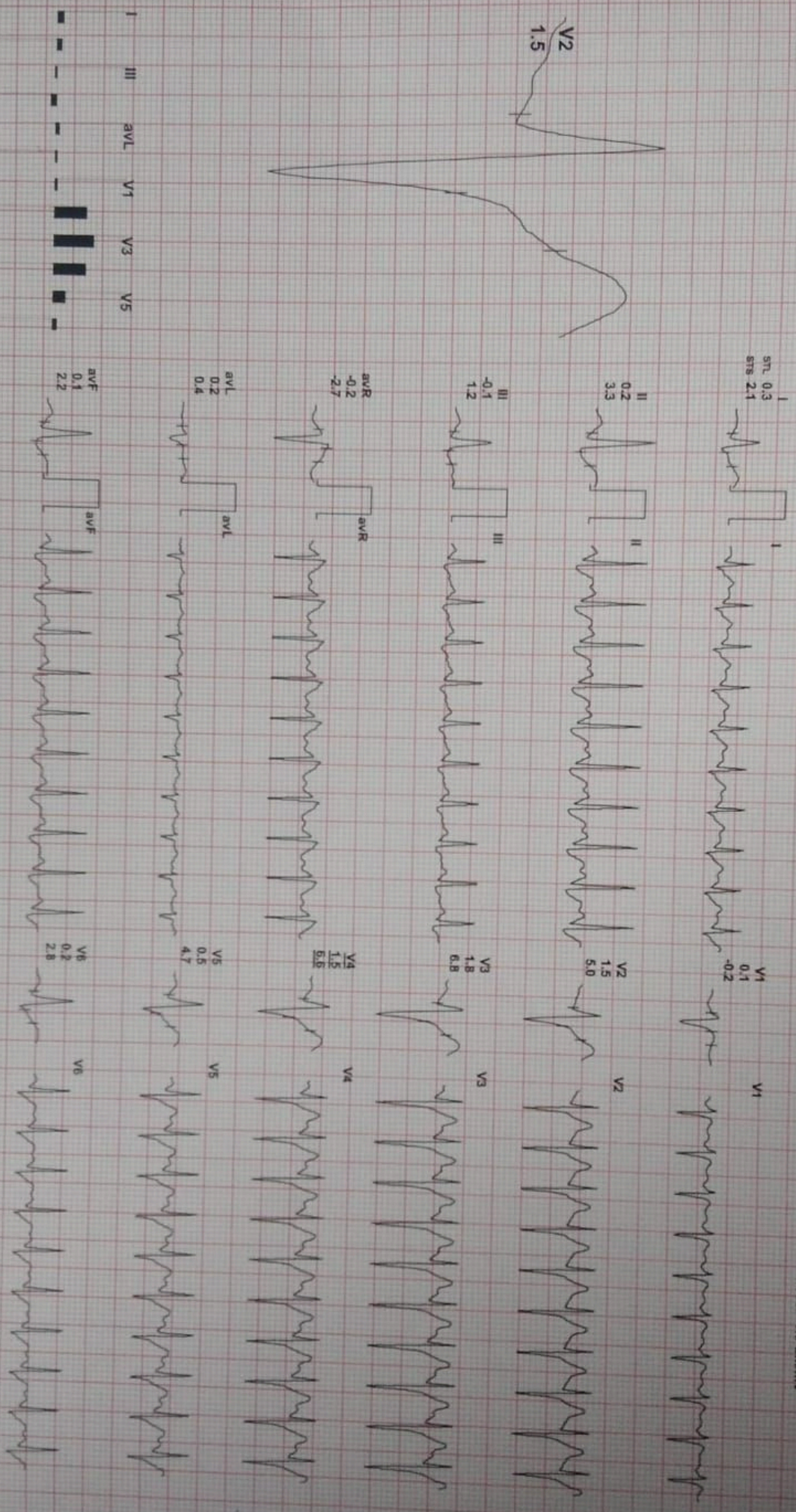
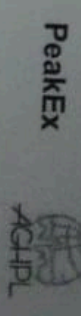
MR HIMANSHU / 36 Yrs / M / 166 Cms / 72 Kg / HR : 180

et: 13 / 04 / 2024

4X 60 mS Post J

METS: 7.0 / 180 bpm 98% of THR BP: 134/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 05:55 4.0 Kmph, 12.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:
I II aVR aVL aVF V1 V2 V3 V4 V5 V6

/ MR HIMANSHU / 36 Yrs / M / 166 Cms / 72 Kg / HR : 174

Age: 13 / 04 / 2024

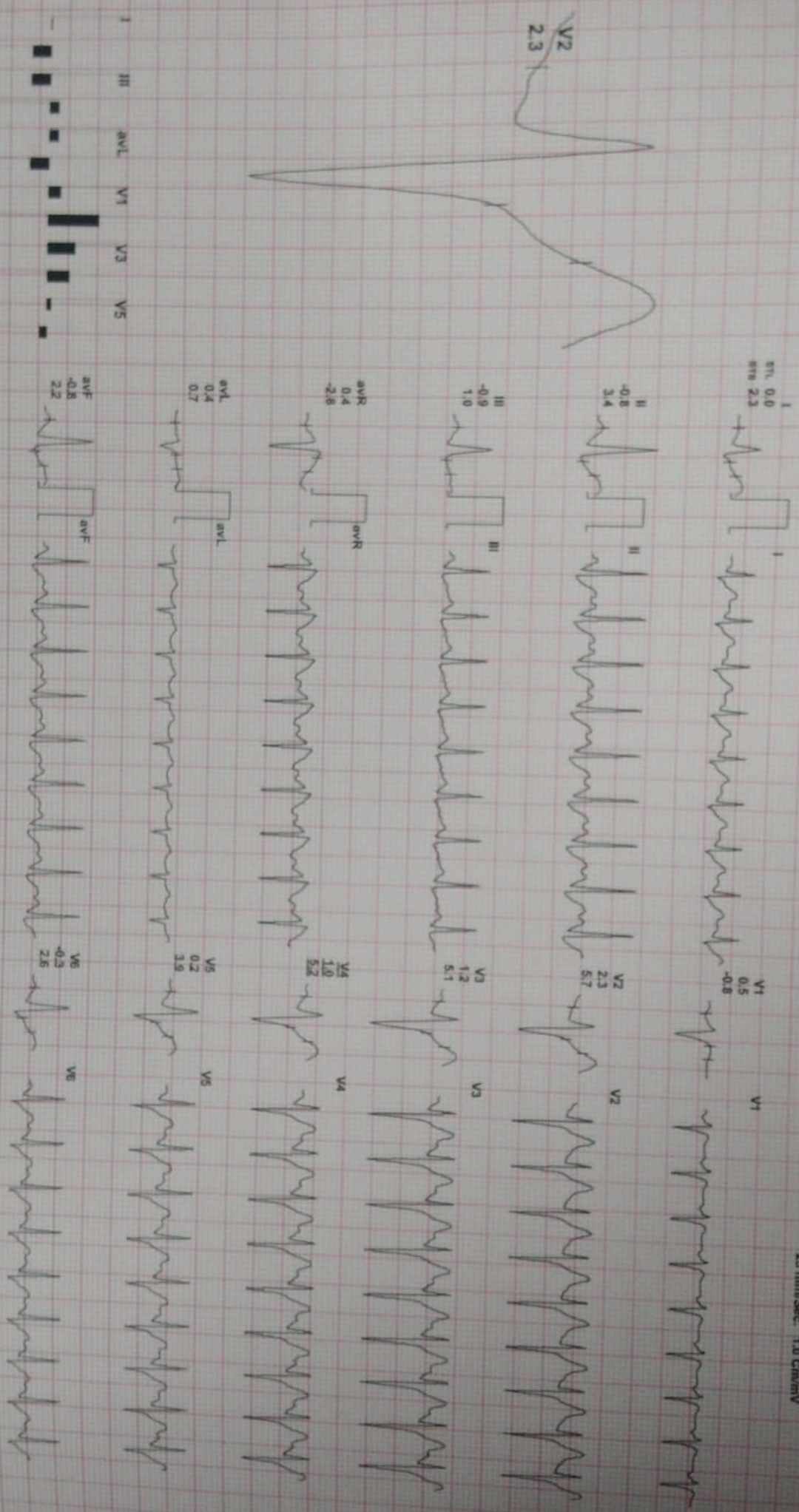
4X 40 ms Post J

METS: 1.71 / 174 bpm 95% of THR BP: 134/84 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HzLFL 35 Hz

Recovery(0:30)



EXTime: 05:54 0.8 Kmph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS: II aVR aVF V1 V2 V3 V4 V5 V6

Patient Name : MR HIMANSHU NEMA
 UHID/ MR No : 10225
 Visit Date : 13/04/2024
 Sample Collected On : 13/04/2024 05:18PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 36 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 14/04/2024 11:07AM

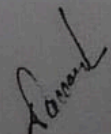
HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	13.8	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.74	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	41.40	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	87.3	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	29.1	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	12.9	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.74	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	43	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	45	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Monocytes	10	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



Patient Name : Mr.HIMANSHU NEMA
 Age/Gender : 36 Y 0 M 0 D /M
 UHID/MR No : DSUS.0000007208
 Visit ID : DSUSOPV8396
 Ref Doctor : APOLLO CLINIC
 IP/OP NO :

Collected : 13/Apr/2024 01:58PM
 Received : 13/Apr/2024 02:27PM
 Reported : 13/Apr/2024 03:21PM
 Status : Final Report
 Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
 Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.1	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	11	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	4.310	µIU/mL	0.35-5.5	CLIA

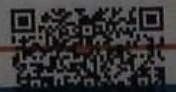
Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

*** End Of Report ***



+91 99138 33363

0771 4033341/42

Patient Name : MR HIMANSHU NEMA
UHID/ MR No : 10225
Visit Date : 13/04/2024
Sample Collected On : 13/04/2024 05:18PM
Ref. Doctor : SELF
Sponsor Name :

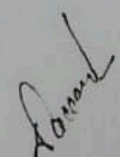
Age/Gender : 36 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 14/04/2024 11:07AM

BIO CHEMISTRY


Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	153.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	96.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.89	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.62	mg/dL	2.6 - 7.2


End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



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M.D. PATHOLOGY

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 **0771 4033341/42**