Sea Bird
Sea Bird Medicare Centre

PID NO.	: CJA0351	Reference :	Reg. Date
Name	: NITIN SHIVAJI SAIL	Sample Collected At : Sea Bird Medicare A-101-102, Heritage Plaza, Telli Cross Lane, Andheri East (Nr.Station). Processing Location: - Seabird Medicare Pvt Ltd Office no A/302, Vertex Vikas, Opposite Andheri Station, Near Madhavbag Bldg, Andheri (East). Mumbai - 400069	05-Oct-2024 /10:44 am
Sex / Age	: Male / 39 Years		Coll Date 05-Oct-2024 /10:49 am
Ref By	: APOLLO HEALTH AND LIFESTYLE LIMITED		Report Date 05-Oct-2024 / 3:02 pm

REPORT

BIOCHEMISTRY

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Sr. Calcium (Serum, BAPTA)	8.82	mg/dl	8.6 - 10.0
Gamma GT, (GGTP) serum (Serum, Method - IFCC)	32.95	U/L	8 - 61

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser

---------- End of Report ----------

SONALI ADELKAR
Lab Technician

DR.RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
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REPORT

BLOOD GLUCOSE

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Blood Glucose (Fasting), plasma (Plasma,Method- Hexokinase) Interpretation: NORMAL : 70 - 100 mg/dl Pre-Diabetic : 100 - 125 mg/dl Diabetic : >125 mg/dl (ON MORE THAN ONE OCCASION) Reference : American diabetes association guidelines 2022	95.59	mg/dl	70.00 - 100.00 mg/dl
Urine Glucose (Fasting)	Absent		Absent
Urine Ketones (Fasting)	Absent		Absent
Blood Glucose (PP) plasma (Plasma,Method- Hexokinase) Interpretation: Non-Diabetic : 70 - 140 mg/dl Pre-Diabetic : 140 - 199 mg/dl Diabetic : >200 mg/dl (ON MORE THAN ONE OCCASION) Reference : American diabetes association guidelines 2022	128.71	mg/dl	70.00 - 140.00
Urine Glucose (PP)	Absent		Absent
Urine Ketones (PP)	Absent		Absent

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

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Ref By	: APOLLO HEALTH AND LIFESTYLE LIMITED		Report Date 05-Oct-2024 / 4:32 pm

REPORT

BLOOD GLUCOSE

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL

---------- End of Report ----------

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REPORT

Blood Group

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
BLOOD GROUP			
ABO Group	"B"		
RH (D)	Positive		

Method : Cell (Forward) grouping by Manual Slide Method.
Sample: Whole Blood (EDTA)

---------- End of Report ----------

SUPARNA DAREKAR
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REPORT

Complete Blood Count

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Hemoglobin	13.7	gm/dl	13.0 -17.0
RED BLOOD CELLS			
R.B.C. Count	5.37	million / cumm	4.5- 5.5
HCT	41.7	%	40- 50
MCV	**77.7**	fL	83 - 101
MCH	**25.6**	pg	27 - 32
MCHC	32.9	gm / dl	31.5 - 34.5
RDW (CV)	**14.4**	%	11.6- 14.0
Total W.B.C. Count	**10230**	/cu.mm.	4000 - 10000
DIFFERENTIAL COUNT			
Neutrophils	70	%	40 - 80
Lymphocytes	25	%	20 - 40
Eosinophils	02	%	1 - 6

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REPORT

Complete Blood Count

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Monocytes	03	%	2 - 10
Basophils	00	%	0 - 1
Platelet Count	279000	/cumm	150000 - 410000

MORPHOLOGY

RBC Morphology	Predominantly Normocytic and Normochromic.
WBC Morphology	Normal Morphology.
Platelets on Smear	Adequate on smear

(EDTA Whole Blood - Tests done Automated Three part cell counter (RBC, WBC, Platelets count by impedance, Haemoglobin by colorimetric Cyanmeth free method. Rest are calculated parameters. Microscopy and DLC is done manually by the Pathologist.)

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REPORT

Erythrocyte Sedimentation Rate (ESR)

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
E.S.R	05	mm at 1hr	0 - 15

Method: Westergren.
Sample: Whole Blood (EDTA)

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REPORT

Glycosylated Haemoglobin (HbA1c)

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
HbA1c Pre-Diabetic : 5.7 - 6.4 % Diabetic : > = 6.5 (EDTA Whole Blood, Turbidimetric)	**6.18**	%	4 - 5.69
Mean Blood Glucose (MBG)	**142.71**	mg/dl	

Interpretation & Remark:

1. HbA1c is used for mointoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association guideline 2022, for diagnosis of diabetes using a cut-off points of 6.5 %.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation sugested.
5. To estimate the eAG from the HbA1C value, the following equation is used : eAg(mg/dl)=28.7*A1c-46.7.
6. Interference of Haemoglobinopathies in HbA1c estimation.
   A. For HbF> 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
   B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
   C. Heterozygous state detected.
7. In known diabetic patients, following values can be considered as a guide for monitoring the glycemic control.
   Excellent Control - 6 to 7 %
   Fair to Good Control - 7 to 8 %
   Unsatisfactory Control - 8 to 10 %
   and Poor Control - More than 10 %
8. Test done on Mispa i3 Automated Cartridge Based Specific Protein Analyser.

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REPORT

LIPID PROFILE

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Total Cholesterol Serum, Method: CHOD-PAP	184.13	mg/dl	CHILD Desirable - Less than : 170 CHILD Borderline High : 170 - 199 CHILD High - More than : 200 ADULT Desirable - Less than : 200 ADULT Borderline High : 200 - 239 ADULT High - More than : 240
Triglycerides Serum, Method: GPO-PAP	101.57	mg/dl	NORMAL : <150 Borderline High : 150 - 199 High : 200 - 499 Very High : >500
HDL Cholesterol-Direct Serum, Method: Cholesterol-esterase-Direct	**36.76**	mg/dl	Desirable - Above : 60 Borderline Risk : 40 - 59 Undesirable - Below : 40
LDL Cholesterol Calculated	127.06	mg/dl	Desirable - Below : 130 Borderline Risk : 130 - 159 Undesirable - Above : 160
VLDL-Cholesterol Calculated	20.31	mg/dl	5 - 51
T.CHOL/HDLC Ratio Calculated	**5.01**		Acceptable for Male : < 5.00 Acceptable for Female : <4.50

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REPORT

LIPID PROFILE

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
LDLC/HDLC Ratio Calculated	3.46		Acceptable for Males : < 3.60 Acceptable for Females : < 3.20

NOTE:
1) Biological Reference Intervals are as per ATP III, NCEP Guidelines and National Lipid Association (NLA) 2014 Recommendations.
2) Tests done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.
3) The LDL-Cholesterol is calculated by the Friedewald equation which provides a reliable LDL-Cholesterol value estimate when triglyceride levels are below 400 mg/dL. A direct measurement is advised if the triglyceride levels are >400mg/dL.

---------- End of Report ----------

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REPORT

LIVER FUNCTION TEST

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Sr. Alkaline Phosphatase (Serum, Kinetic Method by IFCC)	118.05	U/L	40 - 129
S.G.O.T. (Serum ,Method-IFCC / UV without P5P)	24.41	U/L	0 - 40
S.G.P.T. (Serum,Method- IFCC / UV without P5P)	29.83	U/L	0 - 41
GGT (Serum ,Method- IFCC Method)	32.95	U/L	8 - 61
Bilirubin (Total) (Serum ,Method-Diazo- End point)	0.85	mg/dl	0.0 - 1.20
Bilirubin (Direct) (Serum,Method-Diazo-End point)	0.22	mg/dl	0.0 - 0.40
Bilirubin (Indirect) Calculated	0.63	mg/dl	0.0 - 0.90
Total Proteins (serum,Method-Biuret)	**6.46**	g/dl	6.6 - 8.7
Albumin (Serum,Method-Bromocresol Green)	4.16	g/dl	3.5 - 5.2
Globulin Calculated	2.30	g/dl	1.90 - 3.70
A/G ratio Calculated	1.81		

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

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REPORT

LIVER FUNCTION TEST

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL

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REPORT

RENAL PROFILE

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Blood Urea Serum, Method-Urease	19.94	mg/dl	16.6- 48.5 mg/dl
Blood Urea Nitrogen Serum, Method-Urease	9.31	mg/dl	06 - 20 mg/dl
Creatinine Serum, Method-Kinetic Jaffes	0.7	mg/dL	0.62 - 1.17 mg/dl
Uric Acid Serum, Method: Uricase-POD	4.97	mg/dl	3.4 - 7.0

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

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REPORT

URINE ANALYSIS

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
PHYSICAL EXAMINATION			
Colour	Pale Yellow		Pale Yellow
Quantity	30 ml	ml	20 - 50
Appearance	Clear		Clear
Reaction (pH)	6.5		5.0 - 9.0
Specific Gravity	1.015		1.000 - 1.030
CHEMICAL EXAMINATION			
Proteins	Absent		Absent
Sugar	Absent		Absent
Ketone Bodies	Absent		Absent
Bilirubin	Absent		Absent
Nitrite	Absent		Absent
Urobilinogen	Normal	mg/dl	Normal (0.1 - 1.0 mg/dl)

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	Mumbai - 400069	05-Oct-2024 / 3:03 pm

REPORT

URINE ANALYSIS

Test	Result	Units	BIOLOGICAL REFERENCE INTERVAL
Ocult Blood	Absent		Absent
MICROSCOPIC EXAMINATION			
Pus Cells	1 - 2 / hpf		2 - 3 / hpf
Red Blood Cells	Absent		Absent
Epithelial cells	1 - 2 / hpf		2 - 3 / hpf
Casts	Absent		Absent
Crystals	Absent		Absent
Other Findings	Absent		

METHOD:
Physical Examination : Visual Strip Method.
Chemical Examination : Bilirubin(Azo-coupling), Blood(Peroxidase), Glucose(Specific glucose-oxidase/peroxidase reaction), Ketone(Rothera's test), Leukocytes(Reflectance Photometer(Leucocyte esterase)), Nitrite(Diazotization), pH(Double Indicator), Protein(Protein Error of Indicators), Specific Gravity(Refractometric method), Urobilinogen(Ehrlich).
Microscopy Examination : Automation/Manual Microscopy.

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SEA BIRD
MEDICARE CENTRE

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of
Nitin Sail on 5/10/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
• Medically Fit	✓
• Fit with restrictions/recommendations Though following restrictions have been revealed, in my opinion, these are not impediments to the job. 1. Vit D3 - R (157 - 883) - Treat 2. Monitor FBS / PPBS (HbA1c ↑) 3. ________ However, the employee should follow the advice/medication that has been communicated to him/her. Review after ________	
• Currently Unfit. Review after ________ recommended	
• Unfit	

Dr. ________

Medical Officer

MBBS, DNB
Regn. No: 44293 (MMC)
Approved By ...
Consultant In ... & Aviation Medicine
A-101-102, ... Plaza, Teli Cross Lane,
Andheri East, Mumbai-400 069
SEA BIRD MEDICARE CENTRE

This certificate is not meant for medico-legal purposes.

SEA BIRD MEDICARE CENTRE

MER- MEDICAL EXAMINATION REPORT

DATE OF EXAMINATION	5/10/2024		
NAME	Mr. Nitin Sail.		
AGE	40 yrs.	GENDER	Male
HEIGHT (CM)	171 cm	WEIGHT (KG)	84 kg.
B.P.	130/80 mmHg.		
ECG	WNL		
X Ray	NAD		
Vision Checkup	Color Vision: Normal. Far Vision Ratio: 6/6 – corrected Near Vision Ratio: N6 – Uncorrected		
Present Ailments	Nil.		
Details of Past ailments (If Any)	Opted for fistula in ano in Nov 2024.		
Comments / Advice:	NAD		

Signature with Stamp of Medical Examiner

Dr. MUKUL ARTE MBBS, DNB
Regn. No. [illegible] (MMC)
Approved [illegible] Shipping
Consultant [illegible] Medicine
A-101 [illegible], Heritage Cross Lane,
Andheri East, Mumbai-400 069
SEA BIRD MEDICARE CENTRE

SEA BIRD MEDICARE CENTRE

Report ID	: **NSSM510144712**	Reg.	: **05-Oct-2024**
Patient Name	: **Mr. NITIN SHIVAJI SAIL**	Report Date	: **07-Oct-2024**
Rank	:	Company Name	: **M/S. APOLLO HEALTH AND LIFESTYLE**
Ref By	: **DR. MUKUL ARTE**	Age/Sex	: **40 Year / Male**

CHEST X RAY REPORT

X-Ray No : 8685

Investigation : Chest PA View.

Bony thoracic cage is normal.

Cardiac silhouette appears normal in size and configuration.

Both lungs shows equal translucency and normal vasculature.

Both Hemidiaphragm visualised normal.

No evidence of any active parenchymal lesion seen.

Impression :

Normal Chest X-Ray.

Dr. Jacob
Mathew MD

HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704
Powai: 022-25701053 / 25704157
Kochi: 0484- 2322022 / 4032022
Website: www.seabirdhf.com | Email: seabird@seabirdhf.com

SEA BIRD MEDICARE CENTRE

Report ID	: **NSSM510144712**	Reg.	: **05-Oct-2024**
Patient Name	: **Mr. NITIN SHIVAJI SAIL**	Report Date	: **07-Oct-2024**
Rank	:	Company Name	: **M/S. APOLLO HEALTH AND LIFESTYLE**
Ref By	: **DR. MUKUL ARTE**	Age/Sex	: **40 Year / Male**

SONOGRAPHY (ABDOMEN)

Ref No : 05/10/2024

Investigation : Abdomen Sonography

The real-time Sonography using 3.5 MHZ transducer shows:

Liver normal in size and echotexture.

The GB,Pancreas & Spleen are within normal limits.

Both Kidneys are normal in size, position and echogenicity; CM differentiation normal .
No hydronephrosis or calculi noted.

Bladder normal in contour, capacity and wall thickness; No vesical calculi noted.

Prostate reveals normal stromal texture, volume is 17.65 ml.

This sonography study does not rule out intestinal lesions or mucosal lesions of other Viscera.

Impression :

No Significant abnormality noted on the study.

Dr. Jacob Mathew MD | Dr. Jagmohan L Chopra MD | Dr.Asghar Majeed

SEA BIRD MEDICARE CENTRE

Report ID	: **NSSM510144712**	Reg.	: **05-Oct-2024**
Patient Name	: **Mr. NITIN SHIVAJI SAIL**	Report Date	: **07-Oct-2024**
Rank	:	Company Name	: **M/S. APOLLO HEALTH AND LIFESTYLE**
Ref By	: **DR. MUKUL ARTE**	Age/Sex	: **40 Year / Male**

DENTAL REPORT

Name: Mr. Nitin Shivaji Sail Age 40 Yrs.

Company: Apollo

Sub: Dental Check up

Dental examination of the above mentioned candidate reveals satisfactory condition.

His oral hygiene is fair.

He is Fit for Duty.

Dr. Jacob Mathew MD

HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

Powai: 022-25701053 / 25704157 Kochi: 0484- 2322022 / 4032022

Website: www.seabirdhf.com | Email: seabird@seabirdhf.com

Sea Bird

Sea Bird Medicare

ECHOCARDIOGRAPHIC EVALUTION

NAME: NITIN SAIL **AGE/SEX: 40 YRS/ M**

REF: APOLLO **DATE: 05/10/2024**

IMPRESSION:-

1) All chambers normal in size.
2) Normal LV function.
3) No regional wall motion abnormality.
4) LV ejection fraction = 60 %
5) Great vessels are normal in size, relation & position.
6) IVS & IAS are intact.
7) Pericardium appears normal.
8) IVC normal in size and well collapsing with respiration.
9) No pulmonary hypertension present. RVSP by TR jet velocity = 23mmHG
10) No evidence of clot in la & left ventricle.

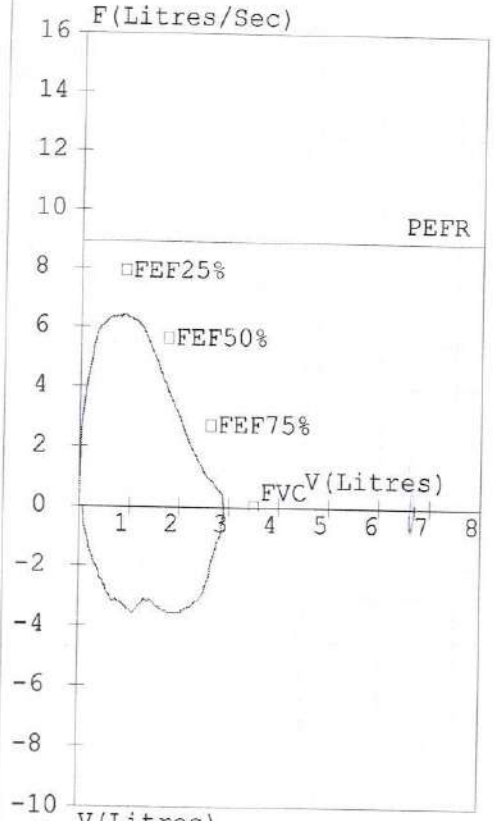
DR. JACOB MATHEW MD,DMM,DTCD

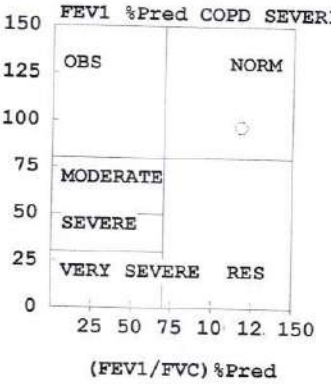
PHYSICIAN MARINE MEDICINE

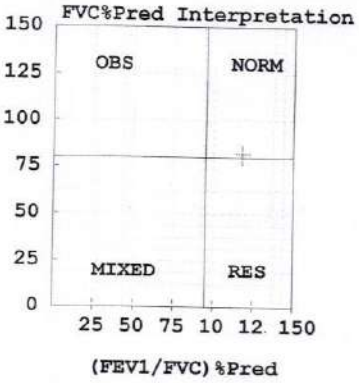
Seabird Medicare Center

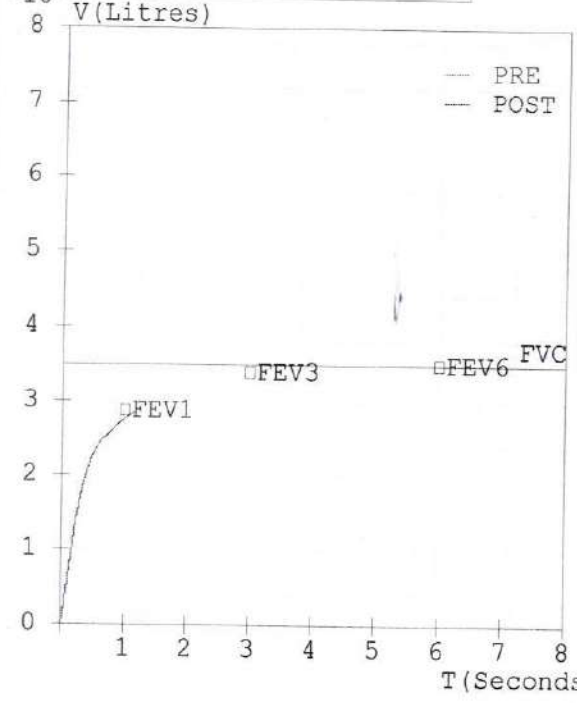
A-101-102,Heritage Plaza ,Telli cross Lane

Patient: NTIN SAIL	Age : 40 Years	Gender : Male	
Refd. By:	Height : 171 Cms	Smoker : No	
Pred.Eqns: RECORDERS	Weight : 84 Kgs	Eth. Corr: 100	
Date : 05-Oct-2024 02:18 PM	ID: 3275	Temp :	









Spirometry(FVC Results)

Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	03.50	02.88	082	-----	---	---
FEV1	(L)	02.87	02.79	097	-----	---	---
FEV1/FVC	(%)	82.00	96.88	118	-----	---	---
FEF25-75	(L/s)	03.96	04.39	111	-----	---	---
PEFR	(L/s)	08.92	06.39	072	-----	---	---
FIVC	(L)	-----	02.81	---	-----	---	---
FEV.5	(L)	-----	02.28	---	-----	---	---
FEV3	(L)	03.40	02.88	085	-----	---	---
PIFR	(L/s)	-----	03.55	---	-----	---	---
FEF75-85	(L/s)	-----	01.70	---	-----	---	---
FEF.2-1.2	(L/s)	06.94	05.99	086	-----	---	---
FEF 25%	(L/s)	07.92	06.24	079	-----	---	---
FEF 50%	(L/s)	05.65	05.20	092	-----	---	---
FEF 75%	(L/s)	02.73	02.25	082	-----	---	---
FEV.5/FVC	(%)	-----	79.17	---	-----	---	---
FEV3/FVC	(%)	97.14	100.00	103	-----	---	---
FET	(Sec)	-----	01.20	---	-----	---	---
ExplTime	(Sec)	-----	00.10	---	-----	---	---
Lung Age	(Yrs)	040	041	102	-----	---	---
FEV6	(L)	03.50	-----	---	-----	---	---
FIF25%	(L/s)	-----	03.29	---	-----	---	---
FIF50%	(L/s)	-----	03.31	---	-----	---	---
FIF75%	(L/s)	-----	03.20	---	-----	---	---

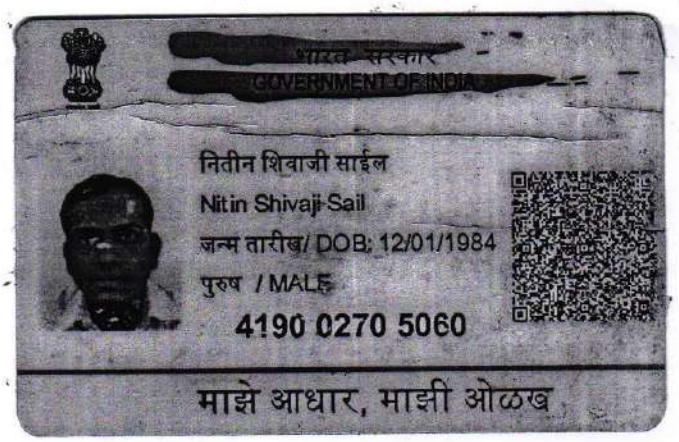
Pre Test COPD Severity

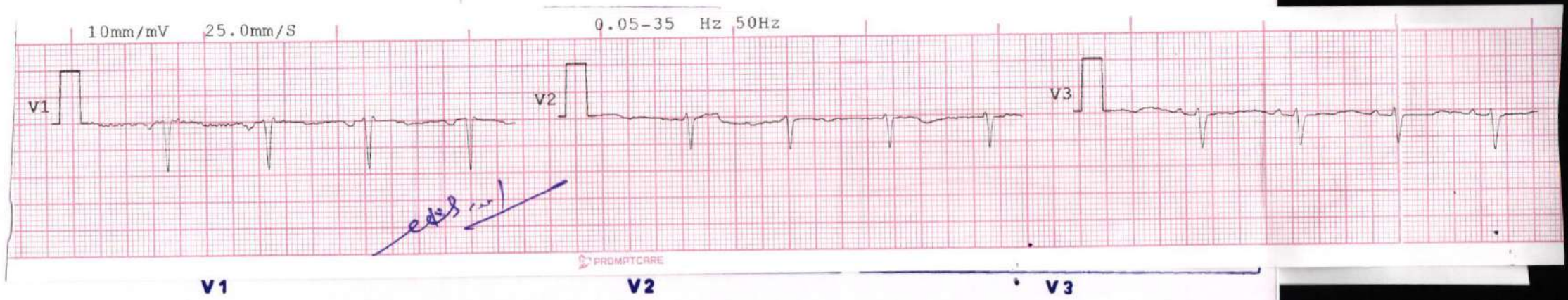
Test within normal limits

Pre Medication Report Indicates
Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80.

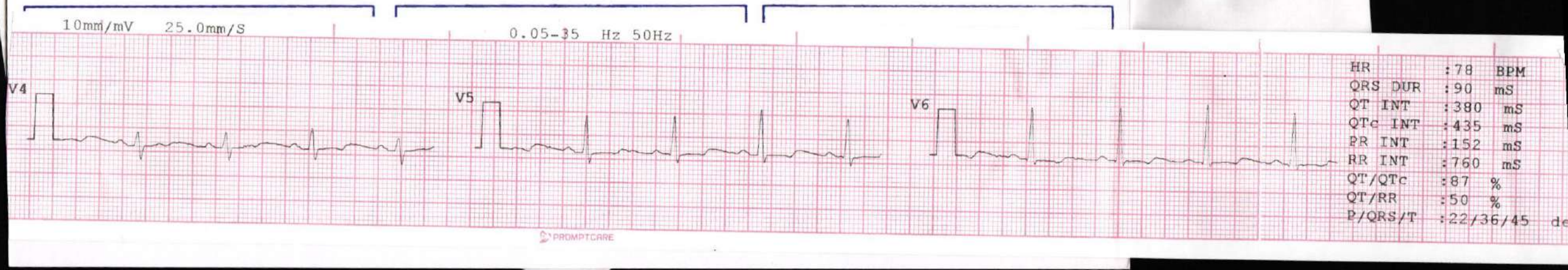
SEABIRD MEDICARE CENTRE MUMBAI

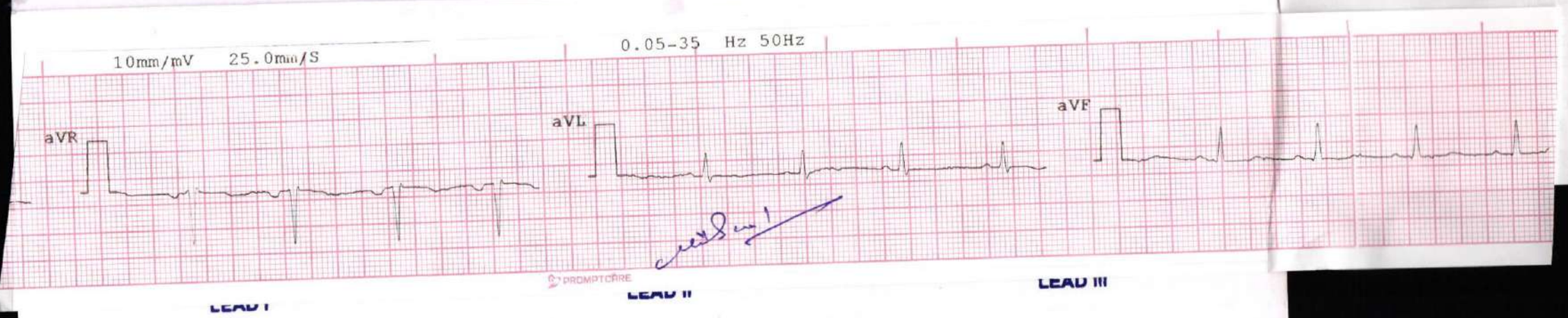
DR SANJEEVANI


भारत सरकार
GOVERNMENT OF INDIA
नितीन शिवाजी साईल
Nitin Shivaji Sail
जन्म तारीख/ DOB: 12/01/1984
पुरुष / MALE
4190 0270 5060
माझे आधार, माझी ओळख

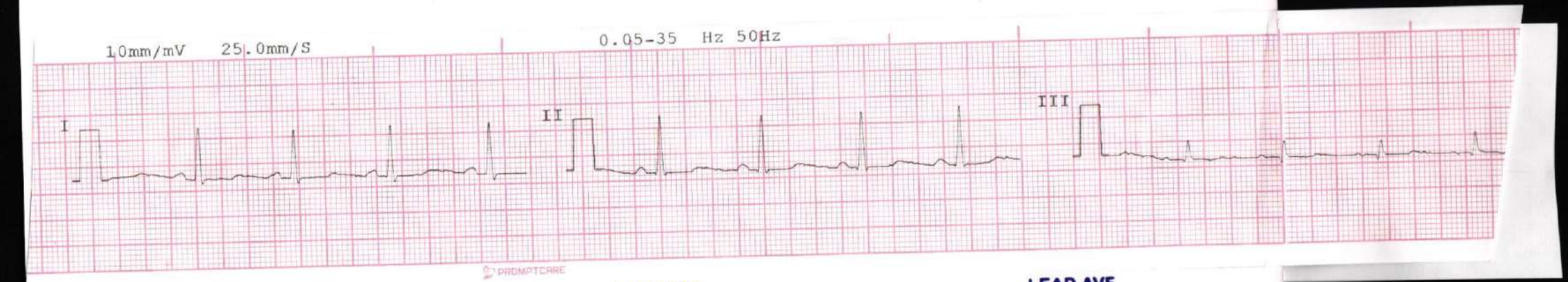

10mm/mV 25.0mm/S
0.05-35 Hz 50Hz
V1
V2
V3
edds (-)
PROMPTCARE

V1 V2 V3


10mm/mV 25.0mm/S
0.05-35 Hz 50Hz
V4
V5
V6
PROMPTCARE
HR :78 BPM
QRS DUR :90 mS
QT INT :380 mS
QTc INT :435 mS
PR INT :152 mS
RR INT :760 mS
QT/QTc :87 %
QT/RR :50 %
P/QRS/T :22/36/45 de



LEAD I LEAD II LEAD III



LEAD AVR LEAD AVL LEAD AVF

Sea Bird Medicare Centre
(ISO: 9001 - 2015)

101-102, Heritage Plaza, Telli Cross Lane, Andheri East (Nr. Station),
Mumbai - 400069. Tel.: 022-4603 2704 / 8104 6 0681 3

102-103-104, Gateway Plaza, Central Avenue Road, Hiranandani Gardens,
Powai, Mumbai - 400076. Tel.: 2570 4157 / 2570 1053

Website: www.seabirdhf.com / Email: seabird@seabirdhf.com

ELECTROCARDIOGRAPHIC REPORT

NAME Nitin Soni AGE 40 DATE 05/10/24

E. C. G. REPORT

RATE 78 bpm RHYTHM Regular VOLTAGE N

P.WAVE N PR. INTERVAL N Q. WAVE —

QRS COMPLEX N ST. SEGMENT isoelectric T. WAVE

REMARKS Normal

Dr. MUKUL ARTE MBBS, DNB
Regn. No: 44293 (MMC)
Approved By DG Shipping (GOI)
Consultant in Marine Medicine & Aviation Medicine
A-101-102, Heritage Plaza, Telli Cross Lane,
Andheri East, Mumbai-400 069
SEA BIRD MEDICARE CENTRE

BPM	: 78	
DUR	: 90	mS
INT	: 380	mS
INT	: 435	mS
INT	: 152	mS
INT	: 760	mS
QTc	: 87	%
QT/RR	: 50	%
P/QRS/T	: 22/36/45	

Neuberg DIAGNOSTICS
India • UAE • South Africa • USA

TEST REPORT

Laboratory Report

Lab ID : **41033802370**

Patient : **Mr. NITIN SAIL**	**Ref. By** :		Registered On:
DOB :			05-Oct-2024 17:21
	Client : Sea Bird Medicare Pvt Ltd - Powai		Collected On:
Tel No :	102-104, Gateway Plaza, Central Avenue, Hiranandani Gardens Powai - 400076		05-Oct-2024 17:21
PID No :			Reported On:
Sex/Age : **Male** / **40 Years**	**Processing Location :**		05-Oct-2024 19:39
Ref Id :	NDPL - Vidyavihar		
Specimen : Serum			

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
25 OH Cholecalciferol (D2+D3) *CMIA*	L	**12.0**	ng/mL	Deficiency:- Below 10; Insufficiency :- 10-30; Sufficiency :- 30-100; Hypervitaminosis :- Above 100	

25-OH-VitD plays a primary role in the maintenance of calcium homeostasis. It promotes intestinal calcium absorption and, in concert with PTH, skeletal calcium deposition, or less commonly, calcium mobilization. Modest 25-OH-VitD deficiency is common; in institutionalised elderly, its prevalence may be >50%. Although much less common, severe deficiency is not rare either. Reasons for suboptimal 25-OH-VitD levels include lack of sunshine exposure, a particular problem in Northern latitudes during winter; inadequate intake; malabsorption (e.g, due to Celiac disease); depressed hepatic vitamin D 25-hydroxylase activity, secondary to advanced liver disease; and enzyme-inducing drugs, in particular many antiepileptic drugs, including phenytoin, phenobarbital, and carbamazepine, that increase 25-OH-VitD metabolism. Hypervitaminosis D is rare, and is only seen after prolonged exposure to extremely high doses of vitamin D. When it occurs, it can result in severe hypercalcemia and hyperphosphatemia.

INTERPRETATION

- Levels <10 ng/mL may be associated with more severe abnormalities and can lead to inadequate mineralization of newly formed osteoid, resulting in rickets in children and osteomalacia in adults. In these individuals, serum calcium levels may be marginally low, and parathyroid hormone (PTH) and serum alkaline phosphatase are usually elevated. Definitive diagnosis rests on the typical radiographic findings or bone biopsy/histomorphometry.
- Patients who present with hypercalcemia, hyperphosphatemia, and low PTH may suffer either from ectopic, unregulated conversion of 25-OH-VitD to 1,25 (OH)2-VitD, as can occur in granulomatous diseases, particularly sarcoidosis, or from nutritionally-induced hypervitaminosis D. Serum 1,25 (OH)2-VitD levels will be high in both groups, but only patients with hypervitaminosis D will have serum 25-OH-VitD concentrations of >80 ng/mL, typically >150 ng/mL.
- Patients with CKD have an exceptionally high rate of severe vitamin D deficiency that is further exacerbated by the reduced ability to convert 25-OH- VitD into the active form, 1,25 (OH)2-VitD. Emerging evidence also suggests that the progression of CKD & many of the cardiovascular complications may be linked to hypovitaminosis D.
- Approximately half of Stage 2 and 3 CKD patients are nutritional vitamin D deficient (25-OH-VitD, less than 30 ng/mL), and this deficiency is more common among stage 4 CKD patients. Additionally, calcitriol (1,25 (OH)2-VitD) levels are also overtly low (less than 22 pg/mL) in CKD patients. Similarly, vast majority of dialysis patients are found to be deficient in nutritional vitamin D and have low calcitriol levels. Recent data suggest an elevated PTH is a poor indicator of deficiencies of nutritional vitamin D and calcitriol in CKD patients.CAUTIONS Long term use of anticonvulsant medications may result in vitamin D deficiency that could lead to bone disease; the anticonvulsants most implicated are phenytoin, phenobarbital, carbamazepine, and valproic acid.

Remarks: Kindly correlate clinically.

Verified by
SRG.

Dr Nilesh Bhamare.
M.D.Pathology
MMC Reg.No.2005/9/3404

MC-6563

Laboratory Report

Lab ID : **41033802370**

Patient : **Mr. NITIN SAIL** DOB : Tel No : PID No : Sex/Age : **Male** / **40 Years** Ref Id : Specimen : Serum	**Ref. By** : **Client** : Sea Bird Medicare Pvt Ltd - Powai 102-104, Gateway Plaza, Central Avenue, Hiranandani Gardens Powai - 400076 **Processing Location :** NDPL - Vidyavihar	Registered On: 05-Oct-2024 17:21 Collected On: 05-Oct-2024 17:21 Reported On: 05-Oct-2024 19:39

VITAMIN B - 12

Vitamin B - 12 Level *CMIA*	L	**186.0**	pg/mL	187-883

Remarks: Kindly correlate clinically.

Introduction :

Vitamin B12, a member of the corrin family, s a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with B12 deficiency induced hematological or neurological disease.

Clinical Significance :

Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, malabsorption syndromes and gastrointestinal causes. B12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating.

The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA.

Decreased in:

Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

Increased in:

Renal failure, liver disease and myeloproliferative diseases.

Variations due to age Increases: with age.

Temporarily Increased after Drug.

Falsely high in Deteriorated sample.

Verified by
SRG.

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M.D.Pathology
MMC Reg.No.2005/9/3404

MC-6563

Laboratory Report **Lab ID : 41033802370**

Patient : **Mr. NITIN SAIL** DOB : Tel No : PID No : Sex/Age : **Male / 40 Years** Ref Id : Specimen : Serum	**Ref. By** : **Client** : Sea Bird Medicare Pvt Ltd - Powai 102-104, Gateway Plaza, Central Avenue, Hiranandani Gardens Powai - 400076 **Processing Location :** NDPL - Vidyavihar	Registered On: 05-Oct-2024 17:21 Collected On: 05-Oct-2024 17:21 Reported On: 05-Oct-2024 19:39

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) *CMIA*	133.41	ng/dL	70-204	
Thyroxine (T4) *CMIA*	6.10	µg/dL	4.87-11.72	
TSH *CMIA*	2.131	µIU/mL	0.45-4.5	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipent hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a supressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone.
Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy	**Reference range (microIU/ml)**
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

Verified by
SRG.

Dr Nilesh Bhamare.
M.D.Pathology
MMC Reg.No.2005/9/3404

MC-6563

Laboratory Report

Lab ID : **41033802370**

Patient : **Mr. NITIN SAIL**	**Ref. By** :	Registered On:
DOB :		05-Oct-2024 17:21
	Client : Sea Bird Medicare Pvt Ltd - Powai	Collected On:
Tel No :	102-104, Gateway Plaza, Central Avenue, Hiranandani Gardens Powai - 400076	05-Oct-2024 17:21
PID No :		Reported On:
Sex/Age : **Male** / **40 Years**	**Processing Location :**	05-Oct-2024 19:39
Ref Id :	NDPL - Vidyavihar	
Specimen : Serum		

Interpretation Note:

Ultra sensitive-thyroid–stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone.Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormons vary according trimesper in pregnancy.

TSH ref range in Pregnacy	**Reference range (microIU/ml)**
First triemester	0.24 - 2.00
Second triemester	0.43-2.2
Third triemester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Verified by
SRG.

Dr Nilesh Bhamare.
M.D.Pathology
MMC Reg.No.2005/9/3404

MC-6563

Laboratory Report **Lab ID : 41033802370**

Patient : **Mr. NITIN SAIL** DOB : Tel No : PID No : Sex/Age : **Male** / **40 Years** Ref Id : Specimen : Serum	**Ref. By** : **Client** : Sea Bird Medicare Pvt Ltd - Powai 102-104, Gateway Plaza, Central Avenue, Hiranandani Gardens Powai - 400076 **Processing Location :** NDPL - Vidyavihar	Registered On: 05-Oct-2024 17:21 Collected On: 05-Oct-2024 17:21 Reported On: 05-Oct-2024 19:39

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS

Prostate Specific Antigen (PSA)

Prostate Specific Antigen *CMIA*	0.422	ng/mL	Upto 2.5

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

*% of population

Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

	Probability of cancer		
Free PSA/total PSA ratio	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

---------- End Of Report ----------

Verified by
SRG.

Dr Nilesh Bhamare.
M.D.Pathology
MMC Reg.No.2005/9/3404

MC-6563