

CERTIFICATE OF MEDICAL FITNESS

NAME: _____
AGE/ GENDER: koppolu Sangeetha , 40y / F
HEIGHT: 159cm WEIGHT: 80.4 kg

IDENTIFICATION MARK: _____

BLOOD PRESSURE: 130/80 mmHg

PULSE: 88/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: nil

I Certify that I have carefully examined Mr/Mrs. koppolu Sangeetha son/daughter of Ms Subbaramaiah who has signed in my presence. He/she has no physical disease and is fit for employment.


Signature of candidate

Dr. BINDURAJ R.
MBBS, MD
Internal Medicine

Signature of Medical Officer

Place: Spectrum diagnostic & health care

Date: 10/8/24

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





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

DATE: 10.08.24.

EYE EXAMINATION

NAME: Mrs K. Sangeetha AGE: 40yrs GENDER: F / M ✓

	RIGHT EYE	LEFT EYE
Vision	6/9 = 20/30	6/6 = 20/20
Vision With glass		
Color Vision	Normal	Normal
Anterior segment examination	Normal	Normal
Fundus Examination	Normal	Normal
Any other abnormality	Nil	Nil
Diagnosis/ impression	Normal	Normal

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



ID: 240079

10-08-2024 11:57:10

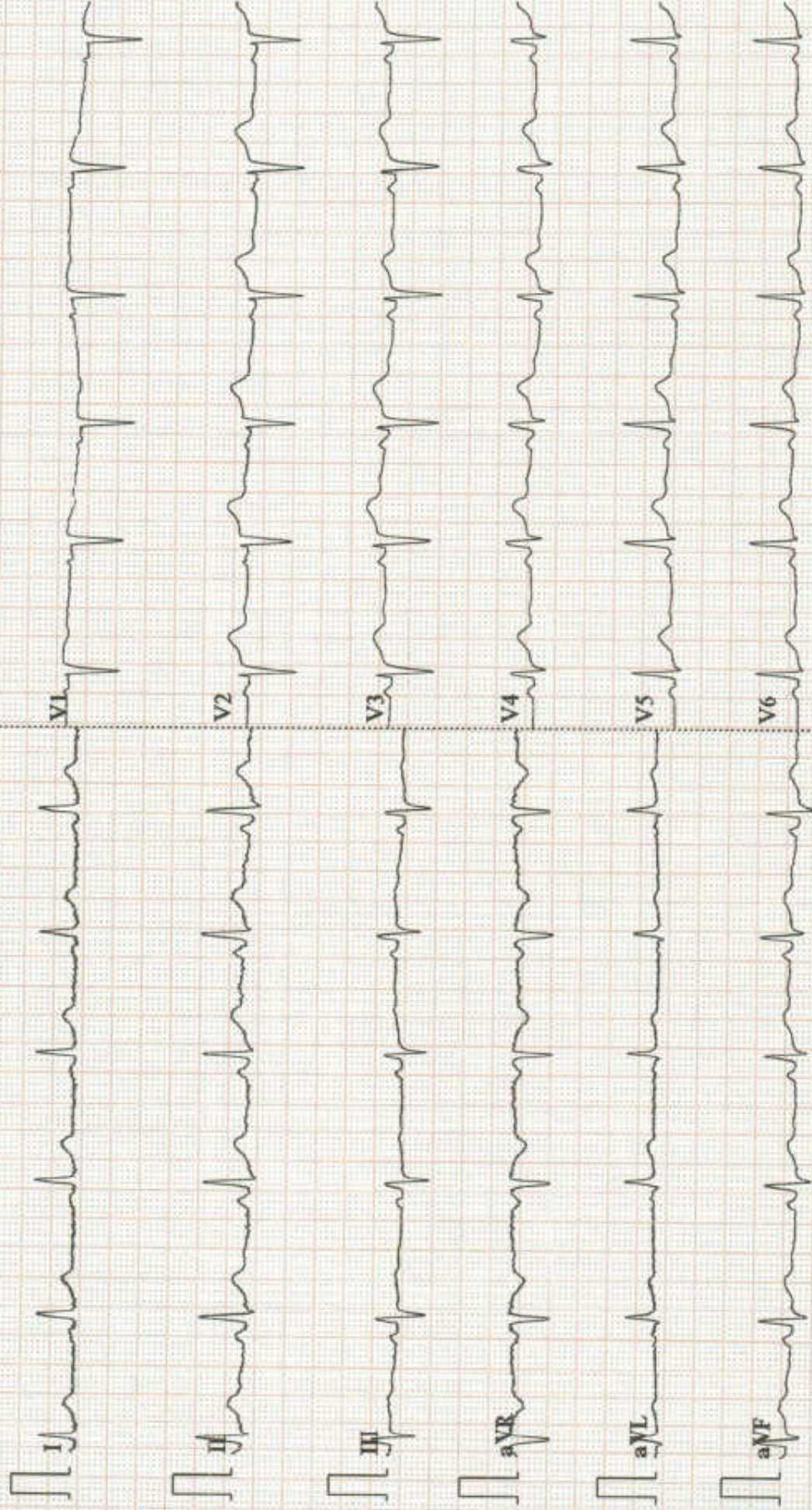
KOPPOLU SANGEETHA
Female 40Years

HR : 68 bpm
P : 97 ms
PR : 137 ms
QRS : 93 ms
QT/QTc : 388/414 ms
P/QRS/T : 66/20/47 °
RV5/SVI : 0.760/0.884 mV

Diagnosis Information:
Sinus Arrhythmia
QS Wave in lead V1
Poor r Wave Progression(V2)
Low Voltage(Chest Leads)



Report Confirmed by:



Name	: MRS. KOPPOLU SANGEETHA	Bill Date	: 10-Aug-2024 09:36 AM
Age / Gender	: 40 Years / Female	UHID	: 1008240079
Ref. By Dr.	: Dr. APOLO CLINIC	Sample Col. Date	: 10-Aug-2024 09:36 AM
Reg. No.	: 1008240079	Result Date	: 10-Aug-2024 03:21 PM
C/o	: Apollo Clinic	Report Status	: Final

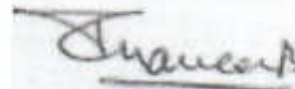
Test Name	Result	Unit	Reference Value	Method
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CHEST PA VIEW

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

IMPRESSION: No significant abnormality.

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Printed On : 10 Aug, 2024 08:39 pm



DR. PRAVEEN B, MBBS, DMRD, DNB Consultant
Radiologist

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+91 77604 97644 | 080 2337 1555 info@spectrumdiagnostics.org www.spectrumdiagnostics.org

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SCAN FOR LOCATION



NAME AND LAB NO	MRS KOPPOLU SANGEETHA	REG -0079
AGE & SEX	40YRS	FEMALE
DATE AND AREA OF INTEREST	10.08.2024	ABDOMEN & PELVIS
REF BY	C/O APOLO CLINIC	

USG ABDOMEN AND PELVIS

- LIVER:** Normal in size and echogenicity.
No e/o IHBR dilatation. No evidence of focal lesion
Portal vein appears normal. CBD appears normal.
- GALL BLADDER:** Partially distended. No obvious calculus in the visualised luminal portion.
- SPLEEN:** Normal in size and echotexture. No focal lesion
- PANCREAS:** Head and body appears normal. Tail obscured by bowel gas shadows
- RETROPERITONEUM:** Suboptimal visualised due to bowel gas.
- RIGHT KIDNEY:** Right kidney measures 11.2 x1.3 cm, is normal in size & echotexture
Simple cortical cyst in the lower pole measuring 3.0 X2.8cm with dependent mild of calcification.
No evidence of calculus/ hydronephrosis.
- LEFT KIDNEY:** Left kidney measures 10.5 x1.5 cm, is normal in size & echotexture
No evidence of calculus/ hydronephrosis.
- URINARY BLADDER:** Well distended. No wall thickening/ calculi.
- UTERUS:** Anteverted, Normal in size 8.0 x3.8 x4.0 cm and echotexture. No focal lesions.
Endometrium is normal. ET -8 mm.
- OVARIES:** B/L ovaries normal in size and echotexture.
RO – 2.9 x1.7 cm,
LO – 3.8 x1.8 cm and shows dominant follicle 23 x17 mm
No obvious adnexal mass lesions

- No evidence of ascites.

IMPRESSION:

- *Grade I fatty liver.*
- *Right renal cortical cyst as described above.*
Suggested clinical / lab correlation


DR PRAVEEN B, DMRD, DNB
CONSULTANT RADIOLOGIST

SCAN FOR LOCATION



NAME AND LAB NO	MRS KOPPOLU SANGEETHA	REG -0079
AGE & SEX	40YRS	FEMALE
DATE AND AREA OF INTEREST	10.08.2024	BREAST
REF BY	C/O APOLO CLINIC	

USG BILATERAL BREASTS AND AXILLAE

RIGHT BREAST :

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

LEFT BREAST :

- Fibroglandular breast parenchyma .
- Few anechoic discrete cysts noted measuring in the range of 3-4 mm
- Subareolar tissue appears normal.
- No e/o focal solid lesions.
- No e/o dilated ducts/ focal collections.

AXILLA

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

IMPRESSION:

- *Few anechoic discrete cysts in bilateral breasts as described above – BIRADS 2- benign (fibrocystic changes).*

-Suggested routine screening.


DR PRAVEEN B , DMRD , DNB
CONSULTANT RADIOLOGIST

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Age / Gender	: 40 Years / Female			Sample Col. Date	: 10-Aug-2024 09:36 AM
Ref. By Dr.	: Dr. APOLO CLINIC			Result Date	: 10-Aug-2024 02:10 PM
Reg. No.	: 1008240079			Report Status	: Final
C/o	: Apollo Clinic				

Test Name	Result	Unit	Reference Value	Method
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2D ECHO

2D ECHO CARDIOGRAHIC STUDY M-MODE

Cardiographic Study	Size	
Aorta	24	mm
Left Atrium	32	mm
Right Ventricle	20	mm
Left ventricle (Diastole)	41	mm
Left ventricle(Systole)	25	mm
Ventricular Septum (Diastole)	07	mm
Ventricular septum (Systole)	09	mm
Posterior Wall (Diastole)	08	mm
Posterior Wall (Systole)	09	mm
Fractional Shortening	30	%
Ejection fraction	60	%

DOPPLER /COLOUR FLOW

Mitral Valve Velocity	MVE- 0.69m/s	MVA – 0.44m/s	E/A-1.59
Tissue Doppler	e' (Septal) 10cm/s	E/e'(Septal) -6	
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	2.43m/s	23mmHg	



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2DECHO Cardiographic Study

Left Ventricle	Size and Thickness	Normal
Contractility	Regional Global	Normal
Right ventricle		Normal
Left Atrium		Normal
Right Atrium		Normal
Mitral Valve		Trivial MR
Aortic Valve		Normal
Pulmonary Valve		Normal
Tricuspid Valve		Mild TR/ PAH
Inter Atrial Septum		Intact
Inter Ventricular Septum		Intact
Pericardium		Normal
Others		Nil

Impression:

- No regional wall motion abnormality present
- Normal valves and dimensions
- Normal LV function, LVEF- 60%
- Trivial MR / Mild TR/ PAH
- Normal RV function
- No clot / vegetation / effusion



Printed By : Durga
Printed On : 10 Aug, 2024 02:10 pm



Ms. Durga V., ECHO Technician

SCAN FOR LOCATION

Page 2 of 2



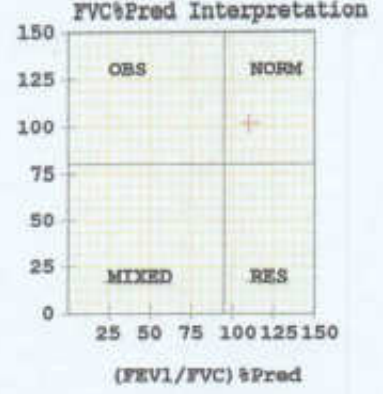
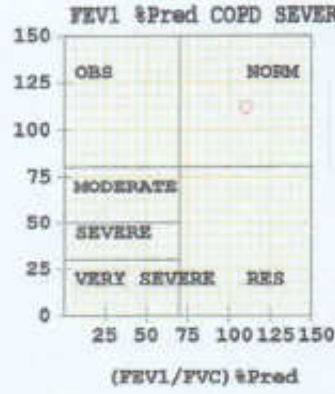
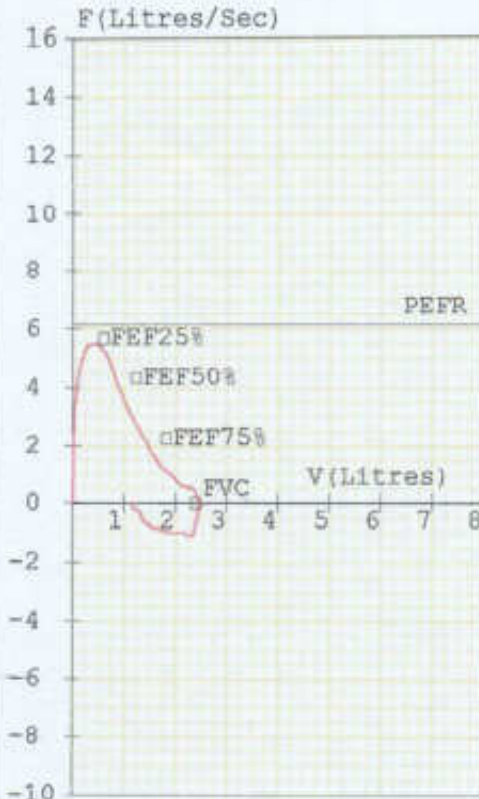
SPECTRUM DIAGNOSTICS & HEALTH CARE

Tejas Arcade, #9/1, 1st Main Road, Dr. Rajkumar Road Rajajinagar Bangalore-10

Patient: MRS KOPPOLU SANGEETHA
 Refd. By: APOLO CLINIC
 Pred. Eqns: RECORDERS
 Date : 10-Aug-2024 11:42 AM

Age : 40 Yrs
 Height : 159 Cms
 Weight : 80 Kgs
 ID : 1008240079

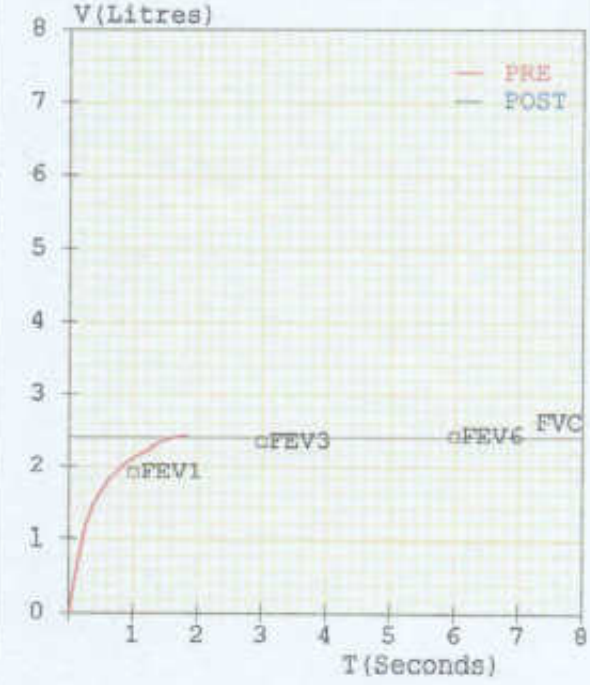
Gender : Female
 Smoker : No
 Eth. Corr: 100
 Temp : 36°C



FVC Results

Parameter	Pred	M. Pre	%Pred	M. Post	%Pred	%Imp
FVC (L)	02.42	02.46	102	---	---	---
FEV1 (L)	01.90	02.13	112	---	---	---
FEV1/FVC (%)	78.51	86.59	110	---	---	---
FEF25-75 (L/s)	02.59	02.25	087	---	---	---
PEFR (L/s)	06.16	05.50	089	---	---	---
FIVC (L)	---	01.33	---	---	---	---
FEV.5 (L)	---	01.67	---	---	---	---
FEV3 (L)	02.35	02.46	105	---	---	---
PIFR (L/s)	---	01.22	---	---	---	---
FEF75-85 (L/s)	---	00.79	---	---	---	---
FEF.2-1.2 (L/s)	04.78	04.30	090	---	---	---
FEF 25% (L/s)	05.68	05.21	092	---	---	---
FEF 50% (L/s)	04.36	02.67	061	---	---	---
FEF 75% (L/s)	02.25	01.07	048	---	---	---
FEV.5/FVC (%)	---	67.89	---	---	---	---
FEV3/FVC (%)	97.11	100.00	103	---	---	---
FET (Sec)	---	01.94	---	---	---	---
ExptTime (Sec)	---	00.07	---	---	---	---
Lung Age (Yrs)	040	035	088	---	---	---
FEV6 (L)	02.42	---	---	---	---	---
FIF25% (L/s)	---	01.37	---	---	---	---
FIF50% (L/s)	---	00.81	---	---	---	---
FIF75% (L/s)	---	00.49	---	---	---	---

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



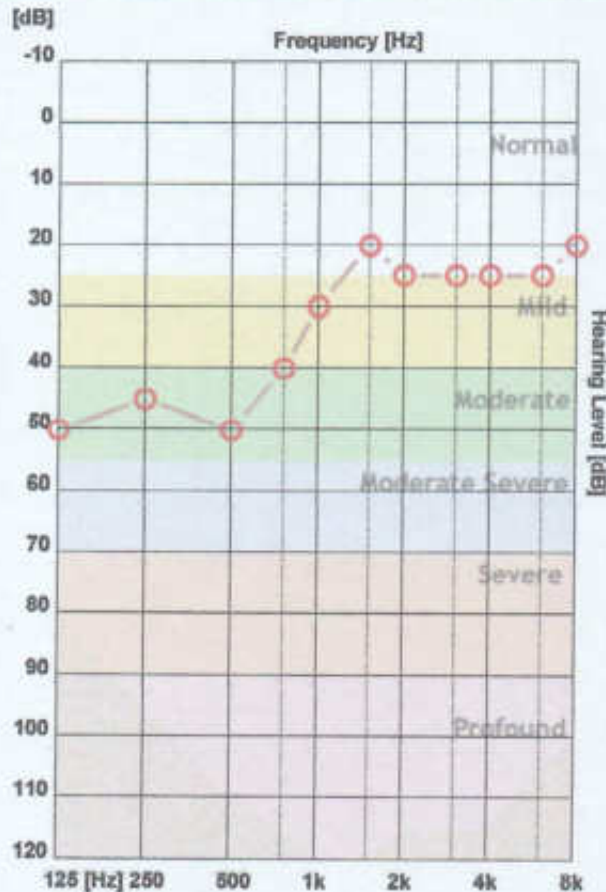
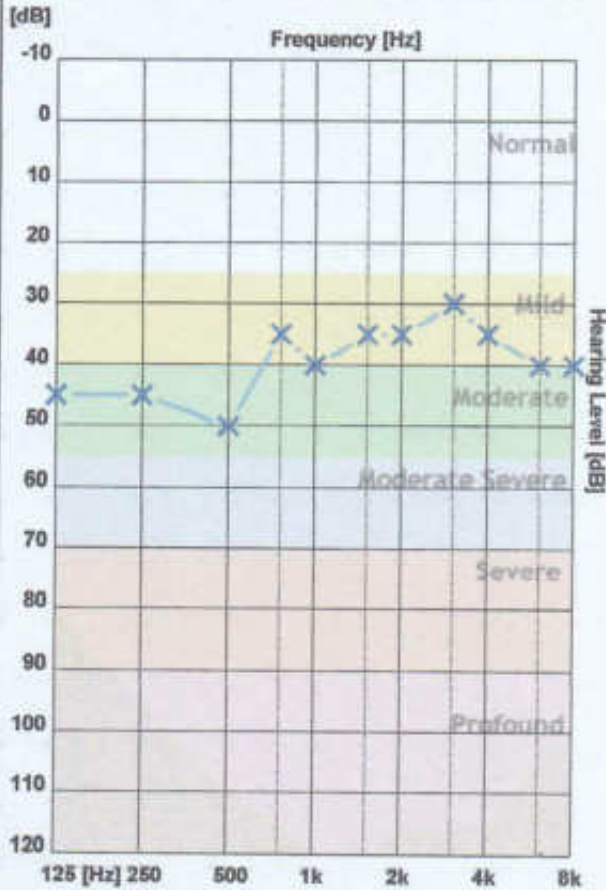


SPECTRUM DIAGNOSTICS

Bangalore

Patient ID : 0558
 Name : KOPPOLU SANGEETHA
 CR Number : 20240810113434
 Registration Date : 10-Aug-2024

Age : 40
 Gender : Female
 Operator : spectrum diagnostics



	125 Hz	250 Hz	500 Hz	750 Hz	1000 H	1500 H	2000 H	3000 H	4000 H	6000 H	8000 H
X - Air Left	45	45	50	35	40	35	35	30	35	40	40
O - Air Right	50	45	50	40	30	20	25	25	25	25	20
> - Bone Left											
< - Bone Right											

	Average	High	Mid	Low
AIR Left	39.09 dB	36.25 dB	36.67 dB	43.75 dB
AIR Right	32.27 dB	23.75 dB	25.00 dB	46.25 dB

Clinical Notes :

Not Found



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Reg. No.	: 1008240079	Result Date	: 10-Aug-2024 12:56 PM
C/o	: Apollo Clinic	Report Status	: Final

Test Name	Result	Unit	Reference Value	Method
Complete Haemogram-Whole Blood EDTA				
Haemoglobin (HB)	13.10	g/dL	Male: 14.0-17.0 Female: 12.0-15.0 Newborn: 16.50 - 19.50	Spectrophotometer
Red Blood Cell (RBC)	4.54	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	39.30	%	Male: 42.0-51.0 Female: 36.0-45.0	Electronic Pulse
Mean corpuscular volume (MCV)	86.60	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	28.90	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	33.30	%	33.00-35.50	Calculated
Red Blood Cell Distribution Width SD (RDW-SD)	40.60	fL	40.0-55.0	Volumetric Impedance
Red Blood Cell Distribution CV (RDW-CV)	15.30	%	Male: 11.80-14.50 Female: 12.20-16.10	Volumetric Impedance
Mean Platelet Volume (MPV)	9.70	fL	8.0-15.0	Volumetric Impedance
Platelet	3.66	lakh/cumm	1.50-4.50	Volumetric Impedance
Platelet Distribution Width (PDW)	10.50	%	8.30 - 56.60	Volumetric Impedance
White Blood cell Count (WBC)	6710.00	cells/cumm	Male: 4000-11000 Female: 4000-11000 Children: 6000-17500 Infants : 9000-30000	Volumetric Impedance
Neutrophils	64.80	%	40.0-75.0	Light scattering/Manual
Lymphocytes	30.60	%	20.0-40.0	Light scattering/Manual
Eosinophils	1.50	%	0.0-8.0	Light scattering/Manual

Name	: MRS. KOPPOLU SANGEETHA	UHID	: 1008240079	Bill Date	: 10-Aug-2024 09:36 AM
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Test Name	Result	Unit	Reference Value	Method
Monocytes	3.10	%	0.0-10.0	Light scattering/Manual
Basophils	0.00	%	0.0-1.0	Light scattering/Manual
Absolute Neutrophil Count	4.35	10 ³ /uL	2.0- 7.0	Calculated
Absolute Lymphocyte Count	2.05	10 ³ /uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.21	10 ³ /uL	0.20-1.00	Calculated
Absolute Eosinophil Count	100.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.00	10 ³ /uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	28	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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C/o	: Apollo Clinic	Report Status	: Final

Test Name	Result	Unit	Reference Value	Method
LFT-Liver Function Test -Serum				
Bilirubin Total-Serum	0.55	mg/dL	0.2-1.0	Caffeine Benzoate
Bilirubin Direct-Serum	0.10	mg/dL	0.0-0.2	Diazotised Sulphanilic Acid
Bilirubin Indirect-Serum	0.45	mg/dL	0.0-1.10	Direct Measure
Aspartate Aminotransferase (AST/SGOT)-Serum	15.00	U/L	15.0-37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	16.00	U/L	Male:16.0-63.0 Female:14.0-59.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)-Serum	109.00	U/L	Adult: 45.0-117.0 Children: 48.0-445.0 Infants: 81.90-350.30	PNPP,AMP-Buffer
Protein, Total-Serum	7.23	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
Albumin-Serum	3.74	g/dL	3.40-5.00	Bromocresol Purple
Globulin-Serum	3.49	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	1.07	Ratio	0.80-2.0	Calculated



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Dr. Nithan Reddy C,MD,Consultant Pathologist



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Test Name	Result	Unit	Reference Value	Method
Lipid Profile-Serum				
Cholesterol Total-Serum	139.00	mg/dL	0.0-200	Cholesterol Oxidase/Peroxidase
Triglycerides-Serum	67.00	mg/dL	0.0-150	Lipase/Glycerol Dehydrogenase
High-density lipoprotein (HDL) Cholesterol-Serum	37.00	mg/dL	40.0-60.0	Accelerator/Selective Detergent
Non-HDL cholesterol-Serum	102	mg/dL	0.0-130	Calculated
Low-density lipoprotein (LDL) Cholesterol-Serum	95	mg/dL	0.0-100.0	Cholesterol esterase and cholesterol oxidase
Very-low-density lipoprotein (VLDL) cholesterol-Serum	13	mg/dL	0.0-40	Calculated
Cholesterol/HDL Ratio-Serum	3.76	Ratio	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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Test Name	Result	Unit	Reference Value	Method
Fasting Blood Sugar (FBS)- Plasma	79	mg/dL	60.0-110.0	Hexo Kinase

Comments: Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula $C_6H_{12}O_6$. It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high. Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

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

Comments: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

Probable causes : Early Type II Diabetes / Glucose intolerance, Drugs like Salicylates, Beta blockers, Pentamidine etc., Alcohol, Dietary - Intake of excessive carbohydrates and foods with high glycemic index ? Exercise in between samples ? Family history of Diabetes, Idiopathic, Partial / Total Gastrectomy.

Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA

Glycosylated Haemoglobin (HbA1c)	5.30	%	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
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Estimated Average Glucose (eAG)	105.41	mg/dL	Calculated
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Note: 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments: HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.



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Dr. Nithua Reddy C, MD, Consultant Pathologist



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Test Name	Result	Unit	Reference Value	Method
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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Name : MRS. KOPPOLU SANGEETHA	UHID : 1008240079	Bill Date : 10-Aug-2024 09:36 AM
Age / Gender : 40 Years / Female	 1008240079	Sample Col. Date : 10-Aug-2024 09:36 AM
Ref. By Dr. : Dr. APOLO CLINIC		Result Date : 10-Aug-2024 12:56 PM
Reg. No. : 1008240079		Report Status : Final
C/o : Apollo Clinic		

Test Name	Result	Unit	Reference Value	Method
KFT (Kidney Function Test) :				
Blood Urea Nitrogen (BUN)-Serum	9.60	mg/dL	7.0-18.0	GLDH,Kinetic Assay
Creatinine-Serum	0.78	mg/dL	Male: 0.70-1.30 Female: 0.55-1.02	Modified kinetic Jaffe
Uric Acid-Serum	2.97	mg/dL	Male: 3.50-7.20 Female: 2.60-6.00	Uricase PAP
Sodium (Na+)-Serum	141.2	mmol/L	135.0-145.0	Ion-Selective Electrodes (ISE)
Potassium (K+)-Serum	4.44	mmol/L	3.5 to 5.5	Ion-Selective Electrodes (ISE)
Chloride(Cl-)-Serum	105.00	mmol/L	96.0-108.0	Ion-Selective Electrodes (ISE)
Random Blood Sugar (RBS)-Plasma	79.00	mg/dL	70.0-140.0	Hexokinase

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 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 after 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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SCAN FOR LOGITION



Name	: MRS. KOPPOLU SANGEETHA	Bill Date	: 10-Aug-2024 09:36 AM
Age / Gender	: 40 Years / Female	UHID	: 1008240079
Ref. By Dr.	: Dr. APOLO CLINIC	Sample Col. Date	: 10-Aug-2024 09:36 AM
Reg. No.	: 1008240079	Result Date	: 10-Aug-2024 02:36 PM
C/o	: Apollo Clinic	Report Status	: Final

Test Name	Result	Unit	Reference Value	Method
Post prandial Blood Glucose (PPBS)-Plasma	96	mg/dL	70-140	Hexo Kinase

Comments: Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula $C_6H_{12}O_6$. It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high. Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

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

Comments: Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

Probable causes : Early Type II Diabetes / Glucose intolerance, Drugs like Salicylates, Beta blockers, Pentamidine etc., Alcohol, Dietary – Intake of excessive carbohydrates and foods with high glycemic index ? Exercise in between samples ? Family history of Diabetes, Idiopathic, Partial / Total Gastrectomy.



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SCAN FOR LOCATION



Name	: MRS. KOPPOLU SANGEETHA	Bill Date	: 10-Aug-2024 09:36 AM
Age / Gender	: 40 Years / Female	UHID	: 1008240079
Ref. By Dr.	: Dr. APOLO CLINIC	Sample Col. Date	: 10-Aug-2024 09:36 AM
Reg. No.	: 1008240079	Result Date	: 10-Aug-2024 02:36 PM
C/o	: Apollo Clinic	Report Status	: Final

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)	6.5		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/Ehrlichs
Nitrite	Negative		Negative	Dipstick
Microscopic Examination				
Pus Cells	6-8	hpf	0.0-5.0	Microscopy
Epithelial Cells	8-10	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 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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Name : MRS. KOPPOLU SANGEETHA	Bill Date : 10-Aug-2024 09:36 AM
Age / Gender : 40 Years / Female	UHID : 1008240079
Ref. By Dr. : Dr. APOLO CLINIC	Sample Col. Date : 10-Aug-2024 09:36 AM
Reg. No. : 1008240079	Result Date : 10-Aug-2024 04:18 PM
C/o : Apollo Clinic	Report Status : Final

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

Fasting Urine Glucose-Urine	Negative	Negative	Dipstick/Benedicts (Manual)
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