

17/01/24, 9:14 AM

Gmail - Your Apollo order has been confirmed



Anand Rishiji Medical Centre <armmedicalreporting@gmail.com>

Your Apollo order has been confirmed

4 messages
noreply@apolloclinics.info <noreply@apolloclinics.info>
To: armmedicalreporting@gmail.com
Cc: rahul.rao@apolloclinic.com, priyam.padyal@apolloclinic.com, syamsunder.m@apollolh.com, corporate@apolloclinic.com, deepak.gaddam@apolloclinic.com, rani.g@apolloclinic.com, devendra.singh@apolloclinic.com, apsara.bagchi@apollolh.com, dilip.b@apolloclinic.com

Tue, Jan 9, 2024 at 11:00 AM

Greetings from Apollo!!
Respected Sir/Madam,

Please find corporate HC appointment details scheduled for 10-01-2024 at your ANANDRISHIJI MEDICAL CENTRE LLP - Pune Center.

Points to note:-

- Collect photocopy of employee ID proof if health check is through an employer.
Collect photocopy of personal ID proof if health check is for insurance.
Collect MER as per package details & that company's format (already shared).
By 12 noon of appointment date, share Work order number & visit status (Show/No show).
Upload reports in Adhutam portal as per specifications given earlier.

Table with columns: Appointment ID, Appointment Name, Package Name, Package Details, Customer Name, Gender, Age, DOB, Email ID, Mobile No, Date of Appointment, Appointment Time, HC Centre Name, HC Centre Location. Includes handwritten notes: 'Blood Urine ECG X-Ray 2D Echo USG MGR L PPE' and circular stamps for 'ANANDRISHIJI MEDICAL CENTRE PUNE'.

Please login to AHCN Portal for more details.

AHCN Login URL : Click on Link

Regards,
Team Clinic Operations
Apollo Health and Lifestyle Ltd.,

noreply@apolloclinics.info <noreply@apolloclinics.info>
To: armmedicalreporting@gmail.com
Cc: rahul.rao@apolloclinic.com, priyam.padyal@apolloclinic.com, syamsunder.m@apollolh.com, corporate@apolloclinic.com, deepak.gaddam@apolloclinic.com, rani.g@apolloclinic.com, devendra.singh@apolloclinic.com, apsara.bagchi@apollolh.com, dilip.b@apolloclinic.com

Tue, Jan 9, 2024 at 11:00 AM

Quoted text hidden

Table with columns: Appointment ID, Appointment Name, Package Name, Package Details, Customer Name, Gender, Age, DOB, Email ID, Mobile No, Date of Appointment, Appointment Time, HC Centre Name, HC Centre Location. Includes circular stamps for 'ANANDRISHIJI MEDICAL CENTRE PUNE'.



ANANDRISHIJI
MEDICAL CENTRE

PATIENT NAME:	Mr Omvrat Bhivgade		DATE:	10/01/2024
AGE	YRS	SEX-	Male	
HEIGHT-	cms	WEIGHT-	KG	BP- mmhg
	178 cm		77.4 Kg	140/90 mmhg
HEART RATE-		PAST HISTORY-	h/o - # Hairline Ulcer - childhood - no rest medical history.	

PRESENT COMPLAINTS-

- o/- Lactose intolerance
- Pollen allergy

F/H :

- F- CABG
- M- Healthy

SIQ

- CNS
- CVS
- R.S.
- PIA

②

Fit

UNFIT

FIT WITH RECOMMANDATION

- ophthml. - vision $\frac{N}{D}$ 6/6, clear, normal vision
- color vision - ②
- external appearance ②
- no squint.

②

Doctors Stamp & Signature


Dr. Pushpalakshmi Challa

MD Physician

Reg. No. 60450


Per. Reg. No. 1811070027

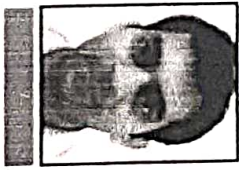
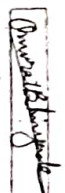



बैंक ऑफ बरोडा
Bank of Baroda

नाम
Name
ओमव्रत अरुण भिवगडे
Omvrat Arun Bhivgade

E.C. No
167545


भारतीय रिजर्व बँक
Issuing Authority



धारक के हस्ताक्षर
Signature of Holder



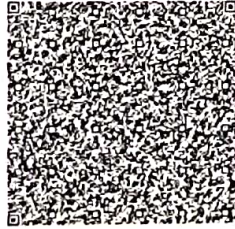


ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 0648/17260/04678

To
ಶ್ರೀಮಠ ಅರುಣ ಭಿವಗಡೆ
Omwrat Arun Bhivgade
C/O: Arun
#10/14 Abhipriya nilaya
Karinanjanapura extetion
Near Deenabandu Aashrama
Chamarajanagar
Chamrajanagar Karnataka - 571313
7276522229

Signature valid



ನಿಮ್ಮ ಸಂಖ್ಯೆ / Your No. :
6096 9486 7770
VID : 9111 9464 6474 0367
ನನ್ನ ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಶ್ರೀಮಠ ಅರುಣ ಭಿವಗಡೆ
Omwrat Arun Bhivgade
ಜನನ ದಿನಾಂಕ/DOB: 02/03/1982
ಪುರುಷ/ MALE



Issue Date: 26/04/2017



ನನ್ನ
6096 9486 7770
VID : 9111 9464 6474 0367
ನನ್ನ ಗುರುತು



Government of India

ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದಲ್ಲ
ಸುರಕ್ಷಿತ ಕ್ಯೂಆರ್ ಕೋಡ್/ಆಫ್ಲೈನ್ XML/ಆನ್ಲೈನ್ ದೃಢೀಕರಣ
ಬಳಸಿ ಗುರುತನ್ನು ಪರಿಶೀಲಿಸಿ
ಎಲೆಕ್ಟ್ರಾನಿಕ್ ಪ್ರಕ್ರಿಯೆ ಮೂಲಕ ಮುದ್ರಿತವಾದ ವಿದ್ಯುನ್ಮಾನ ದಾಖಲೆ
ಇದಾಗಿದೆ

is a proof of identity, not of citizenship.
Verify identity using Secure QR Code/ Offline XML/ Online
Authentication.
This is electronically generated letter.

ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ
ಸುಲಭವಾಗಿ ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು
ಪಡೆಯಲು ಸಹಾಯವಾಗಲಿದೆ
ನಿಮ್ಮ ಮೊಬೈಲ್ ಸಂಖ್ಯೆ ಮತ್ತು ಇ-ಮೇಲ್ ಐಡಿ ಅನ್ನು ನಲ್ಲಿ
ಸವೀಕರಿಸಿಡಿ
ನ್ನು ನಿಮ್ಮ ಸ್ಮಾರ್ಟ್ ಫೋನ್ ನಲ್ಲಿ ತೊಂಚೊಯ್ಯಿರಿ-
mAadhaar ಅಪ್ಲಿಕೇಶನ್ ಬಳಸಿ

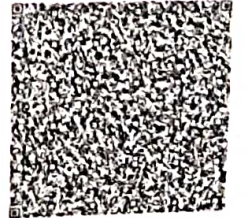
is valid throughout the country.
helps you avail various Government
and non-Government services easily.
Keep your mobile number & email ID updated
in
Carry Aadhaar in your smart phone – use
App.



ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ವಿಳಾಸ:
ಶ್ರೀ ಅರುಣ್, #10/14 ಅಭಿಪ್ರಿಯಾ ನಿಲಯ,
ಕರಿನಾಂಜನಪುರ ಬಡಾವಣೆ, ದೀನಬಂದು ಆಶ್ರಮದ ಹತ್ತಿರ,
ಚಾಮರಾಜನಗರ, ಚಾಮರಾಜನಗರ,
ಕರ್ನಾಟಕ - 571313

Address:
C/O: Arun, #10/14 Abhipriya nilaya,
Karinanjanapura extetion, Near Deenabandu
Aashrama, Chamarajanagar, Chamrajanagar,
Karnataka - 571313

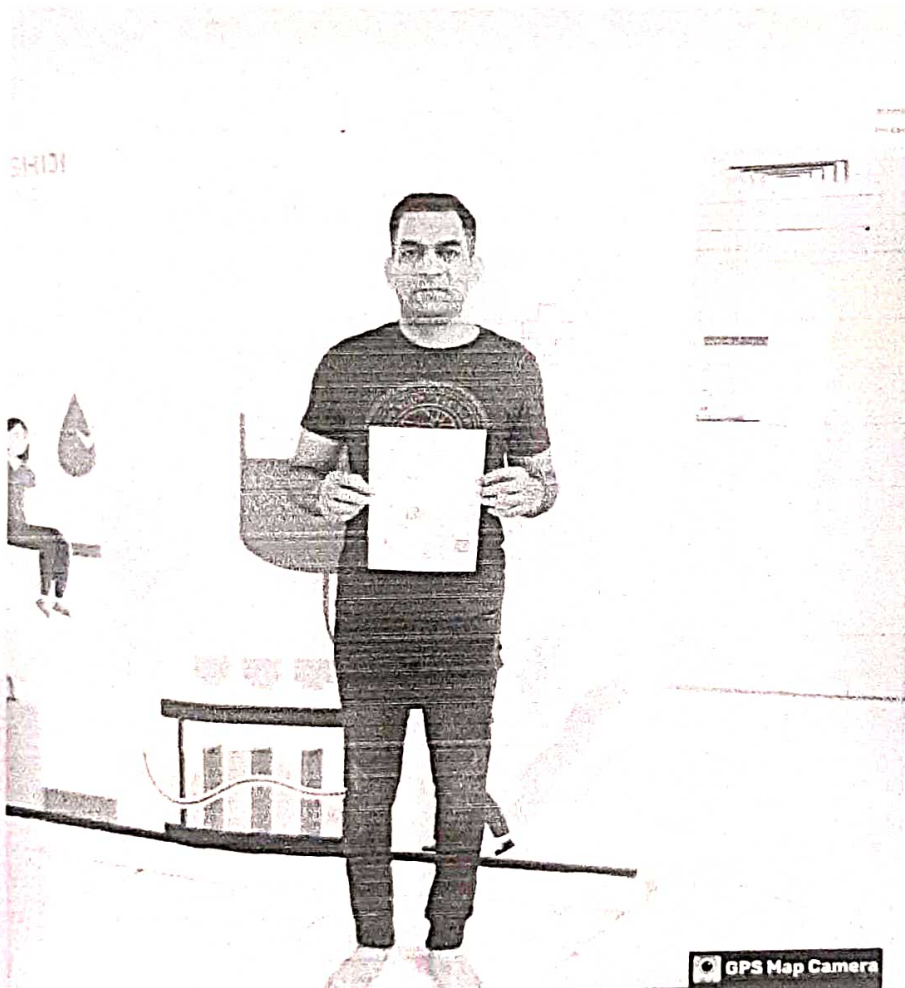


ನನ್ನ
6096 9486 7770
VID : 9111 9464 6474 0367
104 | help@uidai.gov.in | www.uidai.gov.in

Omwrat Arun Bhivgade

9:45 AM

WhatsApp



Pune, Maharashtra, India
 S-09, Second Floor, Shankar Sheth Rd, Shanti Nagar Society, Katad Khana, Pune,
 Maharashtra 411042, India
 Lat 18.50185°
 Long 73.269351°
 10/01/24 09:43 AM GMT +05:30

GPS Map Camera



Omvrat

Omvrat Shrivastava

First name: OMRAT BHIVGADE 41Y
 Patient ID: 15a00e31-7464-4b03-a078-16c2e7611f1c

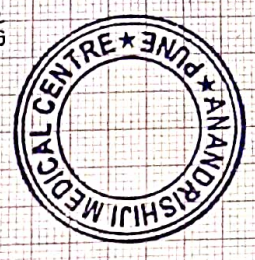
10.01.2024 09:51:32
 Standard 12-Lead

ANAND RISHIJI MEDICAL CENTER
 PUNE

Age: Male
 Gender: Male
 Height: Room
 Weight: Medication
 Ethnicity: Order ID
 Pacemaker: Ord. prov.
 Indication: Unknown
 Remark: Ord. prot.

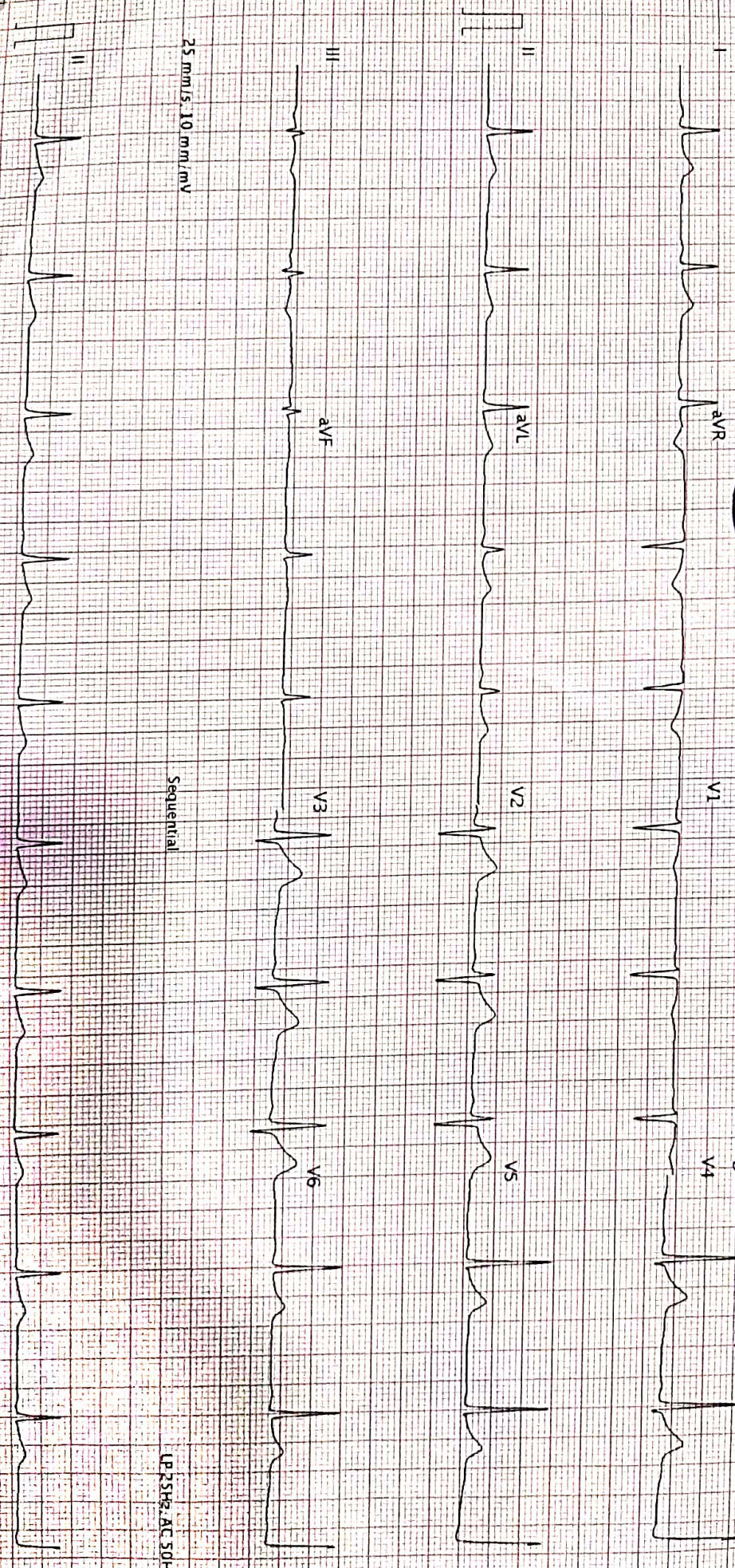
HR: 63 bpm
 P axis: 13°
 QRS axis: 34°
 T axis: 11°
 RR: 954 ms
 PR: 84 ms
 QRS: 143 ms
 QT: 83 ms
 QTcB: 384 ms
 393 ms

Sinus rhythm
 Normal electrical axis
 Normal ECG
 Unconfirmed report

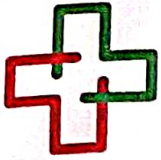


Dr. Pushpakrishni Chavla
 MD, Physician
 Reg. No. 60450
 Per. Reg. No. 1811070027

Normal Sinus Rhythm
 - non ST in V 1-11
 - ϕ
 - \odot



25 mm/s, 10 mm/mV
 Sequential
 LP25Hz, AC 50Hz
 LP25Hz, AC 50Hz
 Page 1 of 1
 Printed on 10.01.2024 09:51:45
 Part No. 2.157048M © 0123 K&B



PATIENT'S NAME	MR. OMVRAT BHIVGADE	AGE/SEX	41Y/MALE
REF BY	APOLLO	DATE : 10-Jan-24	
ULTRASONOGRAPHY OF ABDOMEN AND PELVIS			

Liver appears normal in size, shape and shows raised parenchymal echopattern. IHBR & IHPR appear normal. Portal vein and Common bile duct are normal in course and caliber. No focal lesion is seen.

Gall bladder is partially distended with a normal wall thickness and there are no calculi seen in it. No pericholecystic collection seen

Visualized Pancreas appear normal in size and echotexture. No focal lesion seen.

Spleen appears normal in size and echotexture. No focal lesion seen.

Right Kidney appears normal in size (10.3 x 4.7 cm), shape and echo pattern with maintained C-M differentiation. No obvious hydronephrosis or calculus.

Left Kidney appears normal in size (10.1 x 4.3 cm), shape and echo pattern with maintained C-M differentiation. No obvious hydronephrosis or calculus.

Urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen in it.

Prostate appears normal in size, shape and echo pattern. No focal lesion seen.

No obvious lymphadenopathy/free fluid is noted in the abdomen.

Visualized bowel loops appear normal in caliber and shows normal peristalsis.

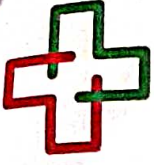
IMPRESSION:

***Grade II fatty liver.**

Thanks for reference with regards.

DR. RUTUJA DOSHI.
MBBS, DMRE
Consultant Radiologist





PATIENT'S NAME	MR. OMVRAT BHIVGADE	AGE/SEX	41Y/ MALE
REF BY	APOLLO	DATE : 10-Jan-24	

X-RAY CHEST PA VIEW

Rotation ++

Both the lung fields appear normal.

Both costophrenic angles are normal.

The hila, mediastinal and diaphragmatic outlines appear normal.

The cardiac shadow appears normal.

The bony thoracic cage and soft tissues appear normal.

IMPRESSION:- No abnormality detected.

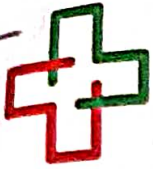
***Kindly correlate clinically.**

DR. RUTUJA DOSHI.

MBBS, DMRE.

Consultant Radiologist.





PATIENT'S NAME: MR. OMVRAT BHIVGADE
REF. CLINICIAN : HEALTHLEDGER

AGE : 41 YRS
DATE : 13-Jan-24

2 DIMENSIONAL ECHOCARDIOGRAPHY & COLOUR DOPPLER REPORT

M-MODE MEASUREMENTS:

LA	25	mm
AO root	27	mm
LVID(d)	38	mm
LVID (s)	23	mm
IVS (d)	12	mm
LVPW (d)	12	mm
LVEF	60	%

DOPPLER STUDY:

E wave velocity: 0.57 m/sec
m/sec

A wave velocity: 0.48

E/A ratio > 1

	PEAK (mmHg)	GRADE OF REGURGITATI ON
MITRAL	N	Trivial
AORTIC	10	NIL
TRICUSPID	N	Trivial
PULMONARY	N	Nil



P.T.O



2 DIMENSIONAL ECHOCARDIOGRAPHY & COLOUR DOPPLER
REPORT

COMMENTS:

- No LV regional wall motion abnormality at rest.
- Normal resting LV systolic function. LVEF = 60%.
- Normal LV diastolic function.
- Normal chamber dimensions. No LA/LV enlargement.
- Mitral valve normal. Trivial mitral regurgitation.
- Annulo-papillary apparatus appears intact.
- Aortic valve - is trileaflet.
- Structurally normal tricuspid valve. Trivial TR.
PASP by TR jet 28 mmHg. No pulmonary hypertension.
- Normal RV systolic function. IVC normal. IAS & IVS are intact.
- No LV clot/thrombus/pericardial effusion/ vegetation.

SUMMARY:

- Normal LV systolic function. LVEF=60%
- No Regional wall motion abnormality at rest.
- Normal LV diastolic function.
- No pulmonary hypertension. IVC- normal

Dr. Nikhil Raut
M.D(Medicine). D.M(Cardiology)





Patient Name : MR. OMVRAT BHIVGADE	Client Name : APOLLO
Age / Gender : 41 Years / Male	Registration Date : 10-Jan-2024 9:19 AM
Ref. By Dr : SELF	Sample Coll. Date : 10-Jan-2024 9:19 AM
Patient ID : 012410003	Authentication Date : 10-Jan-2024 5:36 PM
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE	Report Date : 10-Jan-2024 12:51 PM



CLINICAL PATHOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
URINE EXAMINATION			
PHYSICAL EXAMINATION			
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Clear		Clear
PH	6.0		5.0-7.5
SPECIFIC GRAVITY	1.005		1.002-1.030
CHEMICAL EXAMINATION			
PROTEINS	Absent		Negative
GLUCOSE	Absent		Negative
KETONE BODIES	Absent		Negative
BILLIRUBIN	Absent		Negative
BLOOD	Absent		Negative
NITRITE	Absent		Negative
MICROSCOPIC EXAMINATION			
PUS CELLS	Occasional	/ HPF	0-5
RED BLOOD CELLS	Absent	/ HPF	Nil
EPITHELIAL CELLS	Occasional	/ HPF	< 10
CASTS	Absent		Absent
CRYSTALS	Absent		Absent
YEAST CELLS	Absent		Absent
BACTERIA	Absent		Absent
MUCUS THREADS	Absent		Absent
TRICHOMONAS VAGINALIS	Absent		Absent
SPERMATOZA	Absent		Absent
LEUKOCYTES	Absent	ng/ml	
DEPOSIT	Absent		Absent

----- END OF REPORT -----



Dr. Jitendra Suru
MD Pathology



Patient Name : MR. OMVRAT BHIVGADE
Age / Gender : 41 Years / Male
Ref. By Dr : SELF
Patient ID : 012410003
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 10-Jan-2024 9:19 AM
Sample Coll. Date : 10-Jan-2024 9:19 AM
Authentication Date : 10-Jan-2024 5:35 PM
Report Date : 10-Jan-2024 12:50 PM



GLUCOSE FASTING, PLASMA

Investigation	Result	Unit	Bio. Ref. Interval
BLOOD SUGAR FASTING	99.7	mg/dL	74-106
METHOD	Hexokinase		

Interpretation :

The fasting (F) blood glucose test is the test most commonly used to diagnose diabetes. It measures blood glucose levels after a period of fasting, usually at least eight hours without food or liquid (except water). This test is more definitive than a random test, because there is no chance that it has been influenced by recent food intake

COMMENT

Please correlate with clinical condition

----- **END OF REPORT** -----



Dr. Jitendra Suru
MD Pathology



Patient Name : MR. OMVRAT BHIVGADE
Age / Gender : 41 Years / Male
Ref. By Dr : SELF
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Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 10-Jan-2024 9:19 AM
Sample Coll. Date : 10-Jan-2024 9:19 AM
Authentication Date : 10-Jan-2024 5:35 PM
Report Date : 10-Jan-2024 11:01 AM



CBC-ESR

Investigation	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN	15.8	g/dl	13 --18
TOTAL WBC COUNT	6200	/ cumm	4000-10000
RED BLOOD CELL COUNT	5.92	/cumm	4.32-5.72
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	55	%	50 --70
LYMPHOCYTES	32	%	20 --40
EOSINOPHILS	04	%	0 --6
MONOCYTES	09	%	0-10
BASOPHILS	00	%	0 --1
RBC INDICES			
HEMATOCRIT	45.3	%	37 --54
MEAN CORPUSCULAR VOLUME	76.5	fl	78-92
MEAN CORPUSCULAR HEMOGLOBIN	26.7	pg	28 --32
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	35.0	g/dl	32 --37
RDW_CV	12.8	/ cumm	11.5-14.5
PLATELET COUNT	307000	/ cumm	150000-400000
MEAN PLATELET VOLUME	10.2	fl	7.4-10.4
PDW	12	fl	10-14
PCT	0.31	%	0.10-0.28
RED CELL DISTRIBUTION WIDTH (RDW-SD)	36.8	fl	
P-LCR	26.9	%	
PERIPHERAL BLOOD SMEAR			
ERYTHROCYTES	Normocytic Normochromic		



Dr. Jitendra Suru
MD Pathology



Patient Name : MR. OMVRAT BHIVGADE
Age / Gender : 41 Years / Male
Ref. By Dr : SELF
Patient ID : 012410003
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
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Authentication Date : 10-Jan-2024 5:35 PM
Report Date : 10-Jan-2024 11:01 AM



CBC-ESR

Investigation	Result	Unit	Bio. Ref. Interval
LEUCOCYTES	Within Normal Limits		
THROMBOCYTES	Adequate On Smear		
ESR	09	mm/1hr.	

----- END OF REPORT -----



Dr. Jitendra Suru
MD Pathology



Patient Name : MR. OMVRAT BHIVGADE
Age / Gender : 41 Years / Male
Ref. By Dr : SELF
Patient ID : 012410003
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 10-Jan-2024 9:19 AM
Sample Coll. Date : 10-Jan-2024 9:19 AM
Authentication Date : 10-Jan-2024 5:35 PM
Report Date : 10-Jan-2024 1:03 PM



TOTAL PSA

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL PSA	0.308	ng/ml	< 4.0 ng/mL

Specimen : Serum

Method : CLIA

Interpretation :

- .Increased levels are seen in prostatitis, benign hyperplasia, prostatic carcinoma, cirrhosis impotence, osteoporosis, pulmonary embolism, renal osteopathy, TUR and urinary retention.
- .Decreased levels are seen in castration, radiation therapy, prostatectomy, antiandrogen drugs (eg. finasteride).
- .PSA determination is used for monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy.
- .PSA has no circadian rhythm, but 6-7% variation can occur between specimens collected on same day.

Note : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

----- END OF REPORT -----



Dr. Jitendra Suru
MD Pathology



Patient Name : MR. OMVRAT BHIVGADE
Age / Gender : 41 Years / Male
Ref. By Dr : SELF
Patient ID : 012410003
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 10-Jan-2024 9:19 AM
Sample Coll. Date : 10-Jan-2024 9:19 AM
Authentication Date : 10-Jan-2024 5:55 PM
Report Date : 10-Jan-2024 5:44 PM



Liver Function Test

Investigation	Result	Unit	Bio. Ref. Interval
ALKALINE PHOSPHATASE	137.7	U/L	53 - 128
SGOT (AST)	28.0	U/L	0 - 35
SGPT (ALT)	50.9	U/L	0 - 45
GGTP	37.8	U/L	0 - 55
BILIRUBIN	0.87	mg/dL	0 - 1.2
BILIRUBIN DIRECT	0.27	mg/dL	0 - 0.4
BILIRUBIN INDIRECT	0.60	mg/dL	0 - 1.0
TOTAL PROTEIN	6.75	g/dl	6.4 - 8.3
ALBUMIN	4.59	gm/dl	3.5 - 5.2
GLOBULIN	2	gm/dl	1.8 - 3.6
A/G RATIO	2		
SGOT/SGPT RATIO	1	Ratio	

----- END OF REPORT -----



Dr. Jitendra Suru
MD Pathology



Patient Name : MR. OMVRAT BHIVGADE
Age / Gender : 41 Years / Male
Ref. By Dr : SELF
Patient ID : 012410003
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 10-Jan-2024 9:19 AM
Sample Coll. Date : 10-Jan-2024 9:19 AM
Authentication Date : 10-Jan-2024 5:35 PM
Report Date : 10-Jan-2024 1:23 PM



GGT (GAMMA GLUTAMYL TRANFERASE)

Investigation	Result	Unit	Bio. Ref. Interval
GGT (GAMMA GLUTAMYL TRANSFERASE)	37.8	U/L	Male ≤ 55 Female ≤ 38
METHOD	IFCC		
SPECIMEN	Serum		
INSTRUMENT USED	Indiko		

Interpretation :

The gamma-glutamyl transferase (GGT) test may be used to determine the cause of elevated alkaline phosphatase (ALP). Both ALP and GGT are elevated in disease of the bile ducts and in some liver diseases, but only ALP will be elevated in bone disease. Therefore, if the GGT level is normal in a person with a high ALP, the cause of the elevated ALP is most likely bone disease. An elevated GGT level suggests that something is damaging the liver. A low or normal GGT test result indicates that it is unlikely that a person has liver disease or has consumed any alcohol. A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease.

Comment : Please correlate with clinical condition

----- END OF REPORT -----



Dr. Jitendra Suru
MD Pathology



Patient Name : MR. OMVRAT BHIVGADE
Age / Gender : 41 Years / Male
Ref. By Dr : SELF
Patient ID : 012410003
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 10-Jan-2024 9:19 AM
Sample Coll. Date : 10-Jan-2024 9:19 AM
Authentication Date : 10-Jan-2024 5:35 PM
Report Date : 10-Jan-2024 4:07 PM



GLUCOSE - POST PRANDIAL(PP)

Investigation	Result	Unit	Bio. Ref. Interval
GLUCOSE - POST PRANDIAL(PP)			
GLUCOSE - POST PRANDIAL	133.8	mg/dL	70-140

Interpretation :

A postprandial (PP) glucose test is a blood glucose test that determines the amount of a type of sugar, called glucose, in the blood after a meal. A 2-hour postprandial blood glucose test measures blood glucose exactly 2 hours after eating a meal, timed from the start of the meal. By this point blood sugar has usually gone back down in healthy people, but it may still be elevated in people with diabetes.

COMMENT

Please correlate with clinical condition

TECHNOLOGY

Spectrophotometry

NOTES

Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

----- **END OF REPORT** -----



Dr. Jitendra Suru
MD Pathology



Patient Name : MR. OMVRAT BHIVGADE
Age / Gender : 41 Years / Male
Ref. By Dr : SELF
Patient ID : 012410003
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE

Client Name : APOLLO
Registration Date : 10-Jan-2024 9:19 AM
Sample Coll. Date : 10-Jan-2024 9:19 AM
Authentication Date : 10-Jan-2024 5:55 PM
Report Date : 10-Jan-2024 5:37 PM



BLOOD GROUP

Investigation	Result
BLOOD GROUP	
ABO GROUPING	B
RH GROUPING	Positive

Interpretation :

Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.
- Determine the blood group of potential blood donors at a collection facility.
- Determine the blood group of potential donors and recipients of organs, tissues, or bone marrow, as part of a workup for a transplant procedure.

Comment : Please correlate with clinical condition

Technology : Agglutination

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

----- END OF REPORT -----



Dr. Jitendra Suru
MD Pathology



Patient Name : MR. OMVRAT BHIVGADE	Client Name : APOLLO
Age / Gender : 41 Years / Male	Registration Date : 10-Jan-2024 9:19 AM
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Patient ID : 012410003	Authentication Date : 10-Jan-2024 5:35 PM
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE	Report Date : 10-Jan-2024 1:23 PM



LIPID PROFILE REPORT

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL CHOLESTEROL	164.6	mg/dL	Desirable (< 200) Borderline high (200 - 239) High (> 240)
HDL CHOLESTEROL - DIRECT	51.9	mg/dL	Adult High Risk >60 Moderate Risk 40 – 60 No Risk <40
TRIGLYCERIDES	110.5	mg/dL	50-200
LDL CHOLESTEROL	90.6	mg/dL	Optimal (< 100) Near optimal/above optimal (100-129) Borderline high (130-159) High (160-189) Very high (≥ 190)
VLDL CHOLESTEROL	22.1	mg/dL	5-40
TC/HDL CHOLESTEROL RATIO	3.2	Ratio	3.0-5.0
LDL / HDL RATIO	1.7	Ratio	1.5-3.5
NON HDL CHOLESTEROL	113	ng/ml	
HDL / LDL CHOLESTEROL RATIO	2	Ratio	1.5-3.5

Interpretation :

The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease and to help make decisions about what treatment may be best if there is borderline or high risk. Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. A lipid profile typically includes: 1. Total cholesterol — this test measures all of the cholesterol in all the lipoprotein particles. 2. High-density lipoprotein cholesterol (HDL-C) — measures the cholesterol in HDL particles; often called "good cholesterol" because it removes excess cholesterol and carries it to the liver for removal. 3. Low-density lipoprotein cholesterol (LDL-C) — calculates the cholesterol in LDL particles; often called "bad cholesterol".

Comment : Please correlate with clinical condition

----- END OF REPORT -----



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Age / Gender : 41 Years / Male	Registration Date : 10-Jan-2024 9:19 AM
Ref. By Dr : SELF	Sample Coll. Date : 10-Jan-2024 9:19 AM
Patient ID : 012410003	Authentication Date : 10-Jan-2024 5:36 PM
Sample Coll By : ANANDRISHIJI MEDICAL CENTRE	Report Date : 10-Jan-2024 2:52 PM



HbA1C (GLYCOSYLATED HAEMOGLOBIN)

Investigation	Value	Unit	
HbA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD	6.4	%	Below 6.0 : Normal Value 6.0-7.0 : Good Control 7.0-8.0 : Fair Control 8.0-10.0 : Unsatisfactory Control Above 10 : Poor Control
AVERAGE BLOOD GLUCOSE (ABG)	150.54	mg/dL	Below 136 : Normal Value 137 - 172 : Good Control 173 - 208 : Fair Control 208 - 279 : Unsatisfactory Control Above 279 : Poor Control

INTERPRETATION & REMARK

Interpretation

HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Comment Please correlate with with Clinical condition

Technology HPLC

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

----- END OF REPORT -----



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Report Date : 10-Jan-2024 1:03 PM



THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL TRIIODOTHYRONINE (T3)	1.36	ng/ml	0.69-2.15
TOTAL THYROXINE (T4)	10.6	ug/dl	5.2-12.7
TSH	1.77	uIU/mL	0.3-4.5

T3/T4/TSH

Normal T3 concentrations do not necessarily reflect a normal – thyroid state. Certain thyroid disorders (such as latent hypo – or hyperthyroidism , compensatory T3 over secretion in iodine deficiency , TBG over secretion) may also be associated with euthyroid T3 levels

In pregnancy , the Total T4 result may be incorrect , i.e., falsely –low .This assay should not be used as the only marker for thyroid disease evaluation during pregnancy. To ensure maximum diagnostic accuracy , thyroid status in pregnant women should be determined using thyroid function tests such as TSH , Free T4 , and clinical evaluation by the physician. Whether high or low , an abnormal TSH result indicates an excess or deficiency in the amount of thyroid hormone available to the body , but it does not indicate the reason . An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.

Many medications – including aspirin and thyroid hormone replacement therapy – may affect thyroid gland function the result and their use should be discussed with the doctor prior to testing.

When a doctor adjusts a person’s thyroid hormone replacement dosage, it is important to wait at least one to two months before checking the TSH again so that the new dose can have its full effect.

Extreme stress and acute illness may also affect TSH test result . Results may be low during the first trimester pregnancy. Serum TSH levels alone give no evidence of the presence or absence of thyroid disease. They must always be interpreted in context with the clinical picture and other diagnostic procedure.

A high TSH result often means an underactive thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. Rarely, a high TSH result can indicate a problem with the pituitary gland ,such as tumour producing unregulated levels of TSH.A high TSH can also occur when someone with a known thyroid disorder or who has their thyroid gland removed is receiving too little thyroid hormone medication.

A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an underactive (or removed) thyroid gland. Rarely, a low TSH result may indicate damage to the pituitary gland that prevents it from producing adequate amounts of TSH.

----- END OF REPORT -----



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RENAL FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
RFT (RENAL FUNCTION TEST)			
BLOOD UREA LEVEL	20.2	mg/dL	15-45
S. CREATININE	1.0	mg/dL	0.5-1.5
URIC ACID	6.32	mg/dL	2.5-7.5
ELECTROLYTES			
SODIUM, SERUM	140	mmol/L	136-146
POTASSIUM, SERUM	4.0	mmol/L	3.40-5.10
CHLORIDE, SERUM	99	mmol/L	98.0-106.0
CALCIUM	10.1	mg/dL	8.6 - 10.3

Interpretation :

Renal function tests (RFT) are performed for evaluation of kidney function. The blood urea nitrogen or BUN test is primarily used, along with the creatinine test, to evaluate kidney function in a wide range of circumstances, to help diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. 1. Blood Urea Nitrogen (BUN) - Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. 2. Creatinine - Creatinine is a waste product produced by muscles from the breakdown of a compound called creatine. Almost all creatinine is filtered from the blood by the kidneys and released into the urine, so blood levels are usually a good indicator of how well the kidneys are working. 3. Uric acid - The uric acid blood test is used to detect high levels of this compound in the blood in order to help diagnose recurrent kidney stones and gout. The test is also used to monitor uric acid levels in people undergoing chemotherapy or radiation treatment for cancer.

Comment : Please correlate with clinical condition

Technology : Spectrophotometry

Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

----- END OF REPORT -----



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