

Reg. No.

Date : 13/07/24

- Blood Urine Stool Vaccine ECG 2D Echo TMT X-Ray PFT Audio USG OPT Dr.

Employee's Name : JAYPRAKASH S. TIWARI

Blood Group : D+

Age/Sex : 42/M

Contact No. : 8879761926

With Glass / Without Glasses

	Rt.	Lt.
NEAR		
DISTANT		
COLOUR VISION		

PHYSIOLOGIC PARAMETERS :

Ht. (Cms.) Wt. (Kgs.) BMI
155cm 65.50kg

COMPLAINTS : (Specify if any)

No fresh complaints.

PAST HISTORY : NAD

FAMILY HISTORY : Mother - DM, HTN, BA

Father - expired.

SURGICAL HISTORY : NAD

PERSONAL HISTORY (Addiction if any)

Chronic / Frequent / Occasional : No

Smoker / Tobacco Chewer / Alcoholic : No.

GENERAL EXAMINATION

SPO₂ : 97%
 Pulse (Min) : 89/m BP (mm Hg) : 120/90
 R.R. (Min) : 20cpm Temp. : Afeb
 Pallor : NAD Icterus : NAD
 Clubbing : NAD

ENT EXAMINATION (Specify if Abnormal)

Ear Nose Tongue (N)
 Teeth Tonsils Gums

SYSTEMIC EXAMINATION

LOCOMOTOR SYSTEM NAD
 RESPIRATORY SYSTEM AEBE clear
 CARDIOVASCULAR SYSTEM SIS2 ⊕
 CENTRAL NERVOUS SYSTEM cons oriented
 ABDOMEN soft
 GENITAL SYSTEM NAD
 MUSCULOSKELETAL SYSTEM NAD

PFT	MEANS	PRED	% PRED
SVC			
FVC			
FEV1 / FVC			
Remark			
Audiometry	Frequency in Hz		
	500	1000	2000
			4000
			6000
			8000
Right Ear			
Left Ear			
Remark			

DOCTOR SIGNATURE

DR. VISHAL DALVI
 MBBS, MD (Medicine)
 Consultant Physician

Chest Xray. -
810 - 2 crowding of
ribs.

PT is fit and can resume
his normal duties
ADN HRET (plain).



Siddhivinayak Hospital

Imaging Department

Sonography | Colour Doppler | 3D / 4D USG

HELPLINE
022 - 2588 3531

Name – MR. Jayprakash Tiwari

Age – 42 Y/M

Ref by Dr.- Siddhivinayak Hospital

Date – 13 /07/2024

USG ABDOMEN & PELVIS

FINDINGS:

The liver dimension is normal in size cm it appears normal in morphology with raised echogenicity. No evidence of intrahepatic ductal dilatation The GB-gallbladder is distended normally with no stones within.

The CBD- common bile duct is normal. The portal vein is normal.

The pancreas appears normal in morphology.

The spleen is normal in size (11.7 mm) and morphology

Both kidneys demonstrate normal morphology. Both kidneys show normal cortical echogenicity.

The right kidney measures 9.6 X 5.4 cm.

The left kidney measures 9.5 X 5.2 cm.

Urinary bladder: normally distended. Wall thickness – normal.

Prostate is normal in size

Adnexa appear normal

No free fluid is seen.

IMPRESSION:

- Fatty liver (GRADE I)

DR. AMOL BENDRE
MBBS; DMRE
CONSULTANT RADIOLOGIST



ID: 1565 Jayprakash Tiwari, 13-07-2024 11:13:48 AM

Female 42 Years

Reg No. :

BP: 120/90 mmHg

HR: 81 bpm

SPo2: 97%

HT: 155 cm

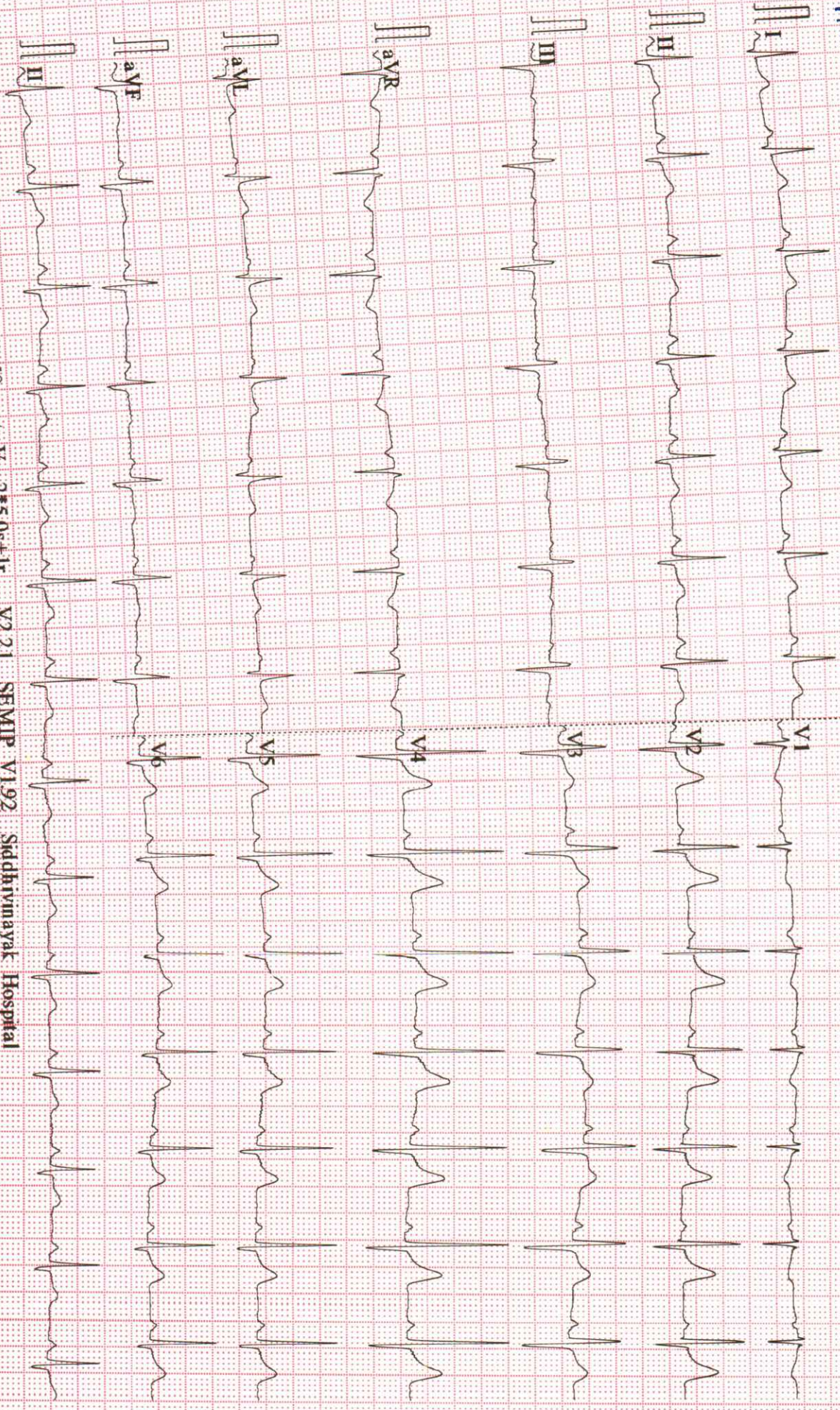
PPR: 89/m

wt: 65.50 kg

Diagnosis Information:
Sinus Rhythm
Largd PtfV1

Report Confirmed by:

P	: 85	ms
PR	: 141	ms
QRS	: 85	ms
QT/QTcBz	: 352/410	ms
P/QRS/T	: 47/15/40	
RV5/SV1	: 1413/0.513	mV



OPHTHAL CHECK UP SCREENING

NAME OF EMPLOYEE

JAYPRAKASH TIWARI

AGE

42

DATE -

13.07.2024

Specs : With Glasses

	RT Eye	Lt Eye
NEAR	N/6	N/8
DISTANT	6/12	6/9
Color Blind Test	NORMAL	



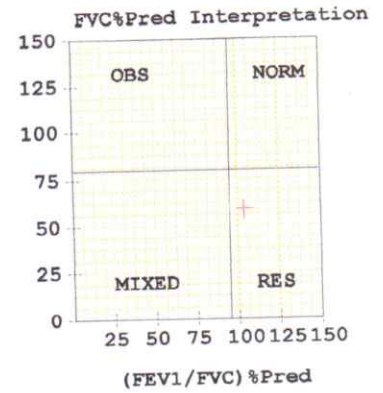
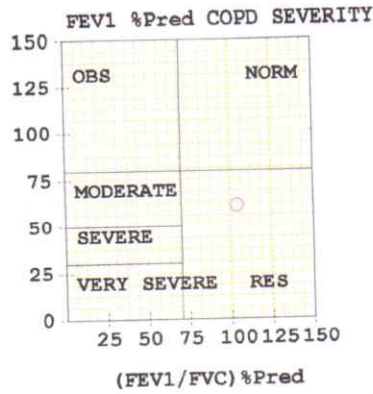
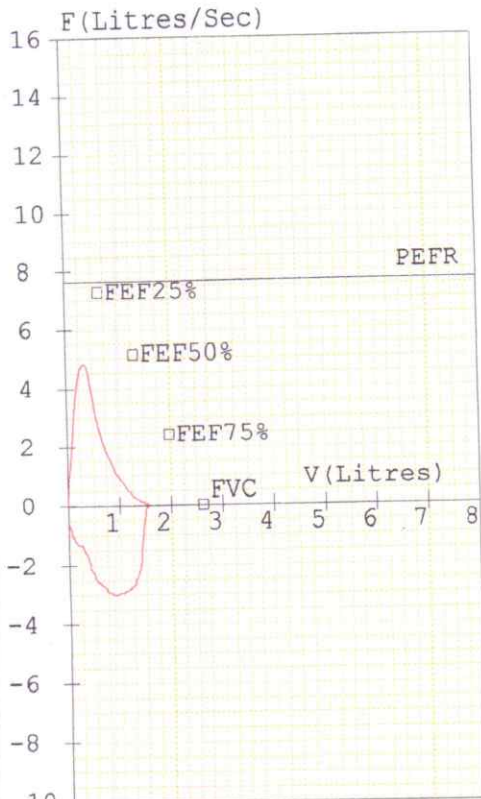
SIDDHIVINAYAK HOSPITALS

PULMONARY FUNCTION TEST

Patient: JAYPRAKASH TIWARI
 Refd. By: DR ABHIJEET PANCHOLI
 Pred. Eqns: RECORDERS
 Date : 13-Jul-2024 12:19 PM

Age : 42 Yrs
 Height : 154 Cms
 Weight : 65 Kgs
 ID : 353

Gender : Male
 Smoker : No
 Eth. Corr: 100
 Temp :

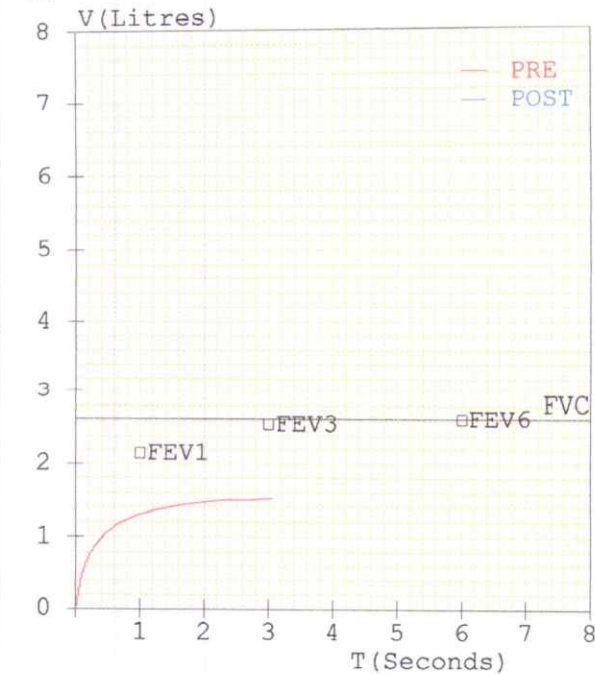


FVC Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L) 02.62	01.54	059	---	---	---
FEV1	(L) 02.15	01.31	061	---	---	---
FEV1/FVC	(%) 82.06	85.06	104	---	---	---
FEF25-75	(L/s) 03.55	01.37	039	---	---	---
PEFR	(L/s) 07.64	04.84	063	---	---	---
FIVC	(L) -----	01.66	---	---	---	---
FEV.5	(L) -----	01.08	---	---	---	---
FEV3	(L) 02.54	01.54	061	---	---	---
PIFR	(L/s) -----	02.97	---	---	---	---
FEF75-85	(L/s) -----	00.37	---	---	---	---
FEF.2-1.2	(L/s) 05.94	01.46	025	---	---	---
FEF 25%	(L/s) 07.28	04.75	065	---	---	---
FEF 50%	(L/s) 05.14	01.71	033	---	---	---
FEF 75%	(L/s) 02.41	00.55	023	---	---	---
FEV.5/FVC	(%) -----	70.13	---	---	---	---
FEV3/FVC	(%) 96.95	100.00	103	---	---	---
FET	(Sec) -----	03.02	---	---	---	---
ExptTime	(Sec) -----	00.07	---	---	---	---
Lung Age	(Yrs) 042	058	138	---	---	---
FEV6	(L) 02.62	-----	---	---	---	---
FIF25%	(L/s) -----	02.88	---	---	---	---
FIF50%	(L/s) -----	02.59	---	---	---	---
FIF75%	(L/s) -----	01.27	---	---	---	---

Pre Test COPD Severity

Restrictive stage COPD as FEV1/FVC \geq 70% and FEV1 $<$ 80%



Pre Medication Report Indicates

Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred $<$ 70
 Moderate Restriction as (FEV1/FVC) %Pred $>$ 95 and FVC %Pred $<$ 64



DR ABHIJEET PANCHOLI
 MD



NAME	JAYPRAKASH TIWARI	AGE/SEX	42 YRS/M
REF BY.	SIDDHIVINYAK HOSPITAL	DATE	13 - 07 - 2024

X-RAY CHEST PA VIEW

OBSERVATIONS :

Scoliosis noted at dorsal spine with convexity towards left side and crowding of ribs .

The peripheral pulmonary vasculature is normal.

No focal lung lesion is seen.

Bilateral CP angles are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal.

The domes of the diaphragms are normal in position, and show smooth outline.

IMPRESSION:

Scoliosis noted at dorsal spine with convexity towards left side and crowding of ribs .

Adv : CT/MR to rule out further segmental anomalies.

Dr. Avinash. Rathod.
MBBS, DMRD.
Consultant Radiologist
Reg.no 2011/05/1616.

Disclaimer: It is an online interpretation of medical imaging based on clinical data. modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patients identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose. Any error in typing should be corrected immediately.

ECHOCARDIOGRAM

NAME	MR. JAYPAKASH TIWARI
AGE/SEX	YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	13-07-2024

2D/M-MODE ECHOCARDIOGRAPHY

<p>VALVES:</p> <p>MITRAL VALVE:</p> <ul style="list-style-type: none"> AML: Normal PML: Normal Sub-valvular deformity: Absent <p>AORTIC VALVE: Normal</p> <ul style="list-style-type: none"> No. of cusps: 3 <p>PULMONARY VALVE: Normal</p> <p>TRICUSPID VALVE: Normal</p>	<p>CHAMBERS:</p> <p>LEFT ATRIUM: Normal</p> <ul style="list-style-type: none"> Left atrial appendage: Normal <p>LEFT VENTRICLE: Normal</p> <ul style="list-style-type: none"> RWMA: No Contraction: Normal <p>RIGHT ATRIUM: Normal</p> <p>RIGHT VENTRICLE: Normal</p> <ul style="list-style-type: none"> RWMA: No Contraction: Normal
<p>GREAT VESSELS:</p> <ul style="list-style-type: none"> AORTA: Normal PULMONARY ARTERY: Normal 	<p>SEPTAE:</p> <ul style="list-style-type: none"> IAS: Intact IVS: Intact
<p>CORONARIES: Proximal coronaries normal</p>	<p>VENACAVAE:</p> <ul style="list-style-type: none"> SVC: Normal IVC: Normal and collapsing >20% with respiration
<p>CORONARY SINUS: Normal</p>	
<p>PULMONARY VEINS: Normal</p>	<p>PERICARDIUM: Normal</p>

MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	21 mm	Left atrium	35 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	48.4mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	28.2mm	RVEF	%
Ascending aorta	mm	IVSd	8.1 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	8.1 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	65 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	14.0 mm

COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MR. JAYPAKASH TIWARI
AGE/SEX	YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	13-07-2024

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			1.2	0.8
PPG (mmHg)				
MPG (mmHg)				
VALVE AREA (cm ²)				
DVI (ms)				
PRE END DIASTOLIC VELOCITY (m/s)				
ACCELERATION/ DECELERATION TIME (ms)				
PHT (ms)				
VENA CONTRACTA (mm)				
REGURGITATION		TRJV= m/s PASP= mmHg		
E/A	1.5			
E/E'	7.1			

FINAL IMPRESSION: NORMAL STUDY

- No RWMA
- Normal LV systolic function (LVEF 65 %)
- Good RV systolic function
- Normal diastolic function
- All cardiac valves are normal
- All cardiac chambers are normal
- IAS/IVS intact
- No pericardial effusion/ clot/vegetations

ADVICE: Nil

ECHOCARDIOGRAPHER:

Dr. ANANT MUNDE

DNB, DM (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

Dr. Anant Ramkishanrao Munde
MBBS, DNB, DM (Cardiology)
Reg. No. 2005021228



UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



10211 130724

Name : MR. JAYPRAKASH S TIWARI

LABID : 10211

Sample Collection : 13/07/2024 14:01

Age : 42 Yrs. Sex : M

Sample Received : 13/07/2024 14:01

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 13/07/2024 20:47

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

THYROID FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
T3	: 1.0	ng/dl	0.60-2.0 ng/dl
T4	: 8.22	µg/dl	5.0-13.0 µg/dl
TSH	: 3.20	µU/ml	0.4 - 6.0 µU/ml

Method:ELISA METHOD

Interpretation

Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, subclinical hyper-thyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis ,estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age ,marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism

(Collected At: 13/07/2024 14:01:05, Received At: 13/07/2024 14:01:05, Reported At: 13/07/2024 20:47:14)



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Shobha Shetty
M.D. (PATH.)
Reg No : MMC89971

**Sample has been collected outside the laboratory. The results pertain to the sample received.



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Report Released : 13/07/2024 20:47

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FASTING AND POSTPRANDIAL PLASMA GLUCOSE

Test	Result	Unit	Biological Ref. Range
Fasting Plasma Glucose Method: Hexokinase	: 90.98	mg/dl	70-110 mg/dl
Fasting Urine Glucose	: Absent		Absent
Fasting Urine Ketone	: Absent		Absent
Post Prandial Plasma Glucose (2 Hrs.after lunch)	: 172.80	mg/dl	70 to 140 mg/dl
PP Urine Glucose	: Sample Not Received		
PP Urine Ketone	: Sample Not Received		
Method : Glucose Oxidase Peroxidase (GOD/POD)			

AS PER AMERICAN DIABETES ASSOCIATION 2010 UPDATE

FASTING GLUCOSE LEVEL-

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : ≥ 126 mg/dl POSTPRANDIAL/POST GLUCOSE (75 grams)
- Normal glucose tolerance : 70-139 mg/dl - Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : ≥ 200 mg/dl CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS - Fasting plasma glucose ≥ 126 mg/dl - Classical symptoms +Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin $> 6.5\%$ ***Any positive criteria should be tested on subsequent day with same or other criteria.

BIOCHEMISRTY TEST DONE ON MERILYZER CLINIQUANT BIOCHEMISRTY ANALYZER

(Collected At: 13/07/2024 14:01:05, Received At: 13/07/2024 14:01:05, Reported At: 13/07/2024 20:07:54)



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Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



Name : MR. JAYPRAKASH S TIWARI
Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)
Sent By : UNIVERSAL DIAGNOSTIC CENTRE

LABID : 10211
Age : 42 Yrs. **Sex** : M

Sample Collection : 13/07/2024 14:01
Sample Received : 13/07/2024 14:01
Report Released : 13/07/2024 20:47

COMPLETE BLOOD COUNT

Test	Result	Unit	Reference Range
Haemoglobin	15.3	gm/dl	14.0-18.0 gm/dl
<u>RBC PARAMETERS</u>			
Total R.B.C. Count	4.85	mill/cumm	4.5-6.5 mill/cumm
PCV	42.9	%	40-54 %
MCV	88.5	fl	76-90 fl
MCH	31.5	Pg	27-32 Pg
MCHC	35.7	gm/dl	30-35 gm/dl
RDW	12.3	%	11-14.5 %
<u>WBC PARAMETERS</u>			
Total W.B.C. Count	8800	per cumm	4000-11000 per cumm
Neutrophils	55	%	40-75 %
Lymphocytes	35	%	20-40 %
Monocytes	05	%	0 - 10 %
Eosoniphils	05	%	0 - 6 %
Basophils	0	%	0-1 %
Band Forms	0	%	0 - 0 %
<u>PLATELET PARAMETERS</u>			
Platelet Count	187000	per cu.mm.	150000 - 450000 per cu.mm.
MPV	11.0	fL	3-12 fL

PERIPHERIAL SMEAR FINDINGS:

WBC Morphology : Normal
RBC Morphology : Normocytic, Normochromic
Platelets on Smear : Adequate on smear.

EDTA Sample Procesed On a Fully Automated 3-Part Analyzer H-360

(Collected At: 13/07/2024 14:01:05, Received At: 13/07/2024 14:01:05, Reported At: 13/07/2024 20:01:37)



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Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



Name : MR. JAYPRAKASH S TIWARI

LABID : 10211

Sample Collection : 13/07/2024 14:01

Age : 42 Yrs. Sex : M

Sample Received : 13/07/2024 14:01

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 13/07/2024 20:47

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

GLYCOSYLATED-HAEMOGLOBIN (GHb)/ HbA1C BY HPLC

Test	Result	Unit	Reference Range
HbA1C	7.1	%	Normal : 4 - 6.2% Prediabetic : < 7 % Diabetes : > 8 %
Estimated average Glucose: (eAG)	157.07	mg / dl	70-140 mg / dl

Method: Particle enhanced immunoturbidimetric test

NOTE:

CLINICAL SIGNIFICANCE

Hemoglobin A1c (HbA1c) is a glycosylated hemoglobin which is formed by the non enzymatic reaction of glucose with native hemoglobin. This process runs continuously throughout the circulatory life of the red cell (average life time 100 - 120 days).

The rate of glycation is directly proportional to the concentration of glucose in the blood. The blood level of HbA1c represents the average blood glucose level over the preceding 6 to 8 weeks (due to the kinetics of erythrocyte turnover this period is more affected by the blood glucose level than the preceding weeks).

Therefore, HbA1c is suitable for retrospective long term monitoring of blood glucose concentration in individuals with diabetes mellitus. Clinical studies have shown that lowering of HbA1c level can help to prevent or delay the incidence of late diabetic complications. As the amount of HbA1c also depends on the total quantity of hemoglobin, the reported HbA1c value is indicated as a percentage of the total hemoglobin concentration. Falsely low values (low HbA1c despite high blood glucose) may occur in people with conditions with shortened red blood cell survival (hemolytic diseases) or significant recent blood loss (higher fraction of young erythrocytes). Falsely high values (high HbA1c despite normal blood glucose) have been reported in iron deficiency anemia (high proportion of old erythrocytes). These circumstances have to be considered in clinical interpretation of HbA1c values

(Collected At: 13/07/2024 14:01:05, Received At: 13/07/2024 14:01:05, Reported At: 13/07/2024 20:07:18)

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



Checked By -

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Senior Technician
ADMLT

Dr. Shobha Shetty
M.D. (PATH.)
Reg No : MMC89971

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Sample Collection : 13/07/2024 14:01

Age : 42 Yrs. Sex : M

Sample Received : 13/07/2024 14:01

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 13/07/2024 20:16

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

EXAMINATION OF URINE

Test	Result	Biological Ref. Range
PHYSICAL EXAMINATION		
QUANTITY (URINE)	30 ML	
Colour	Pale Yellow	
Appearance	Clear	
Reaction (pH)	6.5	4.5 - 8.0
Specific Gravity	1.025	1.010 - 1.030
CHEMICAL EXAMINATION		
Protein	Absent	Absent
Glucose	Absent	Absent
Ketone	Absent	Absent
Occult Blood	Absent	Absent
Bilirubin	Absent	Absent
Urobilinogen	Absent	Normal
MICROSCOPIC EXAMINATION		
Epithelial Cells	0 - 1 / hpf	
Pus cells	1 - 2 / hpf	
Red Blood Cells	Absent / hpf	
Casts	Absent / lpf	Absent / lpf
Crystals	Absent	Absent
OTHER FINDINGS		
Amorphous Deposits	Absent	Absent
Yeast Cells	Absent	Absent
Bacteria	Absent	Absent
Mucus Threads	Absent	
Spermatozoa	Absent	

(Collected At: 13/07/2024 14:01:05, Received At: 13/07/2024 14:01:05, Reported At: 13/07/2024 20:16:53)

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



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Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)
Sent By : UNIVERSAL DIAGNOSTIC CENTRE

LABID : 10211
Age : 42 Yrs. **Sex :** M

Sample Collection : 13/07/2024 14:01
Sample Received : 13/07/2024 14:01
Report Released : 13/07/2024 18:27

BLOOD GROUP

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
ABO Group	: O		
RH Factor	: POSITIVE		

Slide agglutination test

Slide Agglutination Test

(Collected At: 13/07/2024 14:01:05, Received At: 13/07/2024 14:01:05, Reported At: 13/07/2024 18:27:03)

RENAL FUNCTION TESTS

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
Blood Urea Method: Urease UV/GLDH	: 32.50	mg/dl	10-50 mg/dl
Blood Urea Nitrogen	: 15.15	mg/dl	5-18 mg/dl
S. Creatinine Method: Modified Jaffe's	: 1.05	mg/dl	0.7-1.3 mg/dl
S. Uric Acid	: 5.1	mg/dl	3.5-7.2 mg/dl
Total Proteins	: 7.0	gm/dl	6.0-8.0 gm/dl
S. Albumin	: 4.0	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.0	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.33		0.90-2.00
Calcium	: 10.50	mg/dl	8.5-11.0 mg/dl
S. Phosphorus	: 3.5	mg/dl	2.5-5.0 mg/dl
S. Sodium	: 140.20	mmol/L	135-155 mmol/L
S. Potassium	: 3.98	mmol/L	3.5-5.0 mmol/L
S. Chloride	: 99.50	mmol/L	98-110 mmol/L

BIOCHEMISTRY TEST DONE ON FULLY-AUTOMATED ANALYZER BS120

ELECTROLYTE TEST DONE ON EL-120 ANALYZER

(Collected At: 13/07/2024 14:01:05, Received At: 13/07/2024 14:01:05, Reported At: 13/07/2024 20:02:37)



Checked By -

Preeti Jaiswar
Senior Technician
ADMLT

Dr. Shobha Shetty
M.D. (PATH.)
Reg No : MMC89971

**Sample has been collected outside the laboratory. The results pertain to the sample received.



UNIVERSAL DIAGNOSTIC CENTRE

S3/57, Vedant Complex, Pokharan Road No. 1, Vartak Nagar, Thane (W) 400 606.
Contact No: 022 47488444 / +91 9930081525. Email: udcpath@gmail.com



10211 130724

Name : MR. JAYPRAKASH S TIWARI

LABID : 10211

Sample Collection : 13/07/2024 14:01

Age : 42 Yrs. Sex : M

Sample Received : 13/07/2024 14:01

Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 13/07/2024 18:27

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

Vitamin - B12

Test	Result	Unit	Biological Ref. Range
Serum B12	: 183.2	pg/ml	183 - 822 pg/ml

Method:ELISA method

Interpretation:-

Vitamin B12 deficiency impacts red blood cell synthesis, resulting in megaloblastic anemia due to abnormal DNA synthesis. In addition it impairs neurological function, in particular de-myelination of nerves in part due to abnormal methylation, leading to peripheral neuropathy, dementia, poor cognitive performance and depression. Other effects of Vitamin B12 deficiency or depletion are increased risk of neural tubular defects, osteoporosis, cerebro-vascular and cardiovascular diseases. Vit B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia and treated epilepsy. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis. Holo Transcobalamin II levels are more accurate marker of active Vitamin B12 component. High levels of Vitamin B12 may be due to exogenous supplementation.

Note :-

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Heterophilic antibodies and rheumatoid factors in samples may interfere with the test results. Patients routinely exposed to animal and animal serum products can be prone to this interference and anomalous values may be observed.

(Collected At: 13/07/2024 14:01:05, Received At: 13/07/2024 14:01:05, Reported At: 13/07/2024 20:46:58)

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



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Report Released : 13/07/2024 20:02

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ERYTHROCYTE SEDIMENTATION RATE (WESTERGREN'S)

Test	Result	Unit	Biological Ref. Range
E.S.R (Westergren)	: 20	mm at 1hr	0-20 mm at 1hr

Method : Westergren's

Done with: ErySed Random Access ESR analyzer

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VITAMIN D3

Test	Result	Unit	Biological Ref. Range
25 (OH) VIT D	: 11.4	ng/ml	Deficiency: < 20 Insufficiency: 20-30 Sufficiency: 30-100 Hypervitaminosis: > 100
ELISA method			

Interpretation:

- Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) which is taken up with fortified food or given by supplements. 2. Vitamin D is biologically inert and must undergo two successive hydroxylations in the liver and kidney to become biologically active 1,25-dihydroxyvitamin D.
- Testing for 25(OH) Vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake.
- For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH) Vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.
- Deficiency causes: • Bone malformation, known as rickets. • Reduced efficiency in utilization of dietary calcium. • Muscle weakness: • Secondary hyperparathyroidism. • Lower bone mineral density.
- An inverse relationship exists between PTH and 25(OH)D levels, Parathyroid hormone levels start to rise at 25(OH)D levels below 31 ng/mL & usually decrease after the correction of vitamin D insufficiency. Thus, restoration of PTH and 25 (OH)D levels to normalcy after adequate vitamin D replacement therapy is a useful monitoring strategy.

Note

Tests marked with ^ are included in NABL scope. Test results relate to the sample as received. Vitamin D toxicity is known, but rare. Heterophilic antibodies and rheumatoid factors in the samples may interfere with the test results. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous values may be observed. Kindly correlate clinically and repeat with fresh sample if indicated.

(Collected At: 13/07/2024 14:01:05, Received At: 13/07/2024 14:01:05, Reported At: 13/07/2024 20:46:50)

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Report Released : 14/07/2024 20:20

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

REPORT ON PROSTATE SPECIFIC ANTIGEN

Test	Result	Unit	Biological Ref. Range
PSA IN PATIENT'S SERUM ECLIA	: 0.31	ng/ml	0.00-4.00 ng/ml
TEST DONE WITH	: ELISA METHOD		

NOTE :

Prostate specific antigen is a seminal fluid protein produced by normal and malignant epithelial cells of prostate gland and is recognized as a tumour marker for evaluation of prostate cancer activity.

In normal individuals, S.PSA levels do not exceed 4.0 ng/ml.

S.PSA level is useful in detection of cancer of prostate gland and in detection of recurrence of prostate cancer after radical prostatectomy. Serum PSA levels may also be elevated in conditions like BPH, UTI, Digital rectal examination, Transurethral ultrasonography. Confirmation of prostate cancer can be done by transrectal ultrasonography and prostate biopsy.

(Collected At: 13/07/2024 14:01:05, Received At: 13/07/2024 14:01:05, Reported At: 14/07/2024 20:20:49)

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Sent By : UNIVERSAL DIAGNOSTIC CENTRE

LABID : 10211
Age : 42 Yrs. **Sex :** M

Sample Collection : 13/07/2024 14:01
Sample Received : 13/07/2024 14:01
Report Released : 13/07/2024 20:05

LIPID PROFILE

Test	Result	Unit	Reference Range
Total Cholesterol	: 209.2	mg/dl	Desirable <200 Borderline high 200 - 239 High >240
S. Triglyceride	: 65.65	mg/dl	Desirable <150 Borderline high 150 - 199 High 200 - 499 Very high >500
HDL Cholesterol	: 43.50	mg/dl	Desirable >60 Borderline 40 - 60 Low <40
LDL Cholesterol	: 152.57	mg/dl	Optimal <100 Near optimal 100 - 129 Borderline high 130 - 159 High 160 - 189 Very high >190
VLDL Cholesterol	: 13.1	mg/dl	5 - 30 mg/dl
TC/HDL Ratio	: 4.8		0 - 4.5
LDL/HDL Ratio	: 3.5		0-3.5


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Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

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REPORT OF GAMMA GT

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Range</u>
SERUM GAMMA GT	: 24.1	IU/L	11-50 IU/L

(Collected At: 13/07/2024 14:01:05, Received At: 13/07/2024 14:01:05, Reported At: 13/07/2024 20:05:32)

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Sample Collection : 13/07/2024 14:01

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Ref. By : SIDDHIVINAYAK HOSPITAL (APOLLO)

Report Released : 13/07/2024 20:06

Sent By : UNIVERSAL DIAGNOSTIC CENTRE

LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total)	: 0.40	mg/dl	0-1.2 mg/dl
S. Bilirubin (Direct)	: 0.25	mg/dl	0-0.40 mg/dl
S. Bilirubin (Indirect)	: 0.15	mg/dl	0-0.55 mg/dl
S. G. O.T	: 25.60	IU/L	0-42 IU/L
S. G. P. T	: 30.50	IU/L	0-42 IU/L
S. Alkaline Phosphatase	: 99.50	IU/L	40-306 IU/L
Total Proteins	: 7.00	gm/dl	6.-8 gm/dl
S. Albumin	: 4.0	gm/dl	3.5-5.0 gm/dl
S. Globulin	: 3.0	gm/dl	2.3-3.5 gm/dl
A/G Ratio	: 1.33		0.90-2.00

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