Customized Health Record

MedPlus Diagnostics

5 1

Name	**KARTHEEK I V**
Age / Sex	32 years / Male
Contact	9964234882
Referral Doctor	seerapani
This Section	An abridged abstract. Not a Clinical Laboratory Report

NABL Certificate: MC-6095

INVESTIGATION	YOUR CURRENT VISIT		FROM YOUR PREVIOUS 3 VISITS[a]
	04-Oct-24	BRI[b]	
Calcium - Serum Method: Arsenazo III	7.4	8.8-10.6	
Creatinine - Serum Method: Jaffe kinetic IDMS Traceable	5.70 *	0.67-1.17	

NOTES

a. From previous 3 visits in preceding 2 years. If your past results are not mentioned, please contact us at 040-6700 6700

b. BRI = Biological Reference Interval. Depending on the test / parameter, the BRI may differ on account of gender and age. For the sake of brevity, the units have not been mentioned in this table. Please refer to the Clinical Laboratory Report for details.

Note: Please contact us for possible remedial action if test results are unexpected.

Abnormal * Critical

MedPlus Diagnostics

5 1

Preliminary Assessment

Calcium: Do you know that our bones give your body skeletal structure, produce bone marrow cells, and store over 99% of calcium? Low calcium levels may be linked to a vitamin D deficiency. If you have a high serum calcium concentration, consider repeating the test.

Screening & Vaccination Recommendations

Grade A	Colorectal Cancer, HIV, Hypertension
	Grade-A: As categorized and recommended by the US Preventive Services Task Force. There is high certainty that the net benefit is substantial
Annual	Alcohol Abuse (Alcohol Level Serum, GTT), Hepatitis C (Hepatitis C Virus-HCV Antibody ELISA), HIV (HIV 1 & 2 Antibody ELISA), Tobacco Use (Urine Cotinine Nicotine Test), Hepatitis B (Hepatitis B Surface Antigen-HBsAg ELISA)
Periodic: every 2y	Hypertension (Hypertension Profile), Obesity (MDx Weight Watch Advanced), USG-Liver, USG-Abdomen, X Ray-Chest, ECG, 2D Echo, BMD
Periodic: every 3y	Diabetes (HbA1c), MRI-Brain, MRI-Spine, CT-Abdomen, CT-Chest
Periodic: every 5y	Colorectal Cancer (Colonoscopy, MSI Testing), Hyperlipidemia (Lipid Profile), Lung Cancer
Vaccinations: Important	Hepatitis B, Human Papillomavirus (HPV), Influenza, Tetanus, Diphtheria, Acellular Pertussis (Tdap and Td)

Important Disclaimer Please consult a Registered Medical Practitioner for review and consultation, before proceeding on the above assessment and recommendations

Note: Please contact us for possible remedial action if test results are unexpected. Abnormal * Critical

Clinical Laboratory Report

MedPlus Diagnostics

Name	**KARTHEEK I V**	Order	PTGOC2500483965
Age / Sex	32 years / Male	Sample Drawn	05-Oct-24 / 09:26 AM
Contact	9964234882	Sample Accepted	05-Oct-24 / 02:20 PM
Collection Centre	INTGHYD95212	Sample Reported	05-Oct-24 / 06:04 PM
Referral Doctor	seerapani	Report Status	Final

Kidney Function Test

SampleType: Serum

Department of Clinical Biochemistry

INVESTIGATION	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Urea Method: GLDH Kinetic	137	mg/dL	17-43

Clinical Significance: Urea

- **Serum urea and serum creatinine determinations are frequently performed together in the differential diagnosis of kidney function.**
- Plasma urea concentration is determined by renal perfusion, urea synthesis rate, and glomerular filtration rate (GFR) and may be increased in acute renal failure, chronic renal failure and prerenal azotaemia.
- **Prerenal elevation of urea** occurs in cardiac decompensation, increased protein catabolism and water depletion.
- Urea levels may be elevated due to **renal causes** such as acute glomerulonephritis, chronic nephritis, polycystic kidney, tubular necrosis and nephrosclerosis.
- **Post renal elevation** of urea may be caused by obstruction of the urinary tract.
- In dialysis patients the urea concentration is representative of protein degradation and is also an indicator of metabolic status.
- In end-stage renal failure, the urotoxic signs, relating to the gastrointestinal system, correlate well with urea concentration.

Creatinine - Serum Method: Jaffe kinetic IDMS Traceable	5.70 *	mg/dL	0.67-1.17

Clinical Significance: Creatinine

- Measurements of creatinine are used in the diagnosis and treatment of renal disease and prove useful in the evaluation of kidney glomerular function and in monitoring renal dialysis.
- Serum level is not sensitive to early renal damage and responds more slowly than blood urea nitrogen (BUN) to haemodialysis during treatment of renal failure.
- **Both serum creatinine and BUN are used to differentiate prerenal and postrenal (obstructive) azotemia.**
- An increase in serum BUN without concomitant increase of serum creatinine is key to identifying prerenal azotemia.
- In post renal conditions where obstruction to the flow of urine is present e.g. malignancy, nephrolithiasis and prostatism, both the plasma creatinine and urea levels will be increased; in these situations the rise is disproportionately greater for BUN

Uric Acid Method: Uricase POD	9.4	mg/dL	3.5-7.2

Note: Please contact us for possible remedial action if test results are unexpected.

Abnormal * Critical

MedPlus Diagnostics

Name	**KARTHEEK I V**	Order	PTGOC2500483965
Age / Sex	32 years / Male	Sample Drawn	05-Oct-24 / 09:26 AM
Contact	9964234882	Sample Accepted	05-Oct-24 / 02:20 PM
Collection Centre	INTGHYD95212	Sample Reported	05-Oct-24 / 06:04 PM
Referral Doctor	seerapani	Report Status	Final

Kidney Function Test

SampleType: Serum

Department of Clinical Biochemistry

INVESTIGATION	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL

Clinical Significance: Uric acid

- **Primary hyperuricaemia** is associated with gout, Lesch-Nyhan syndrome, Kelley Seegmiller syndrome and increased phosphoribosyl pyrophosphate synthase activity.
- **Secondary hyperuricaemia** is associated with numerous conditions including renal insufficiency, myeloproliferative diseases, haemolytic diseases, psoriasis, polycythemia vera, type I glycogen storage disease, excess alcohol consumption, lead intoxication, a purine-rich diet, fasting, starvation and chemotherapy.
- **Hypouricaemia** may also be due to increased renal uric acid excretion, which may occur in malignant diseases, AIDS, Fanconi syndrome, diabetes mellitus, severe burns and hypereosinophilic syndrome.
- Quantitation of urinary uric acid excretion may assist in the selection of appropriate treatment for hyperuricaemia, providing an indication of whether patients should be treated with uricosuric drugs to enhance renal excretion, or allopurinol to supress purine synthesis.

Sodium - serum Method: Ion Selective Electrode	135	mmol/L	136-146
Potassium - Serum Method: Ion Selective Electrode	4.3	mmol/L	3.5-5.1
Chloride - Serum Method: Ion Selective Electrode	99	mmol/L	101-109
Calcium - Serum Method: Arsenazo III	7.4	mg/dL	8.8-10.6

Clinical Significance: Calcium

- Measurement of calcium is used in the diagnosis and treatment of parathyroid disease, a variety of bone diseases, chronic renal disease, urolithiasis and tetany (intermittent muscular contractions or spasms).
- Calcium ions are important in the transmission of nerve impulses, as a cofactor in several enzyme reactions, in the maintenance of normal muscle contractility, and in the process of coagulation.
- A significant reduction in calcium ion concentration results in muscle tetany.
- A higher than normal concentration of calcium ions produces lowered neuromuscular excitability and muscle weakness along with other more complex symptoms.

*** END OF THE REPORT ***

M Nageshwar Rao
Verified by

Dr G Srinivas
Director-Lab Services Regd no: TSMC-49913

Note: Please contact us for possible remedial action if test results are unexpected.

Abnormal * Critical

Conditions of Reporting

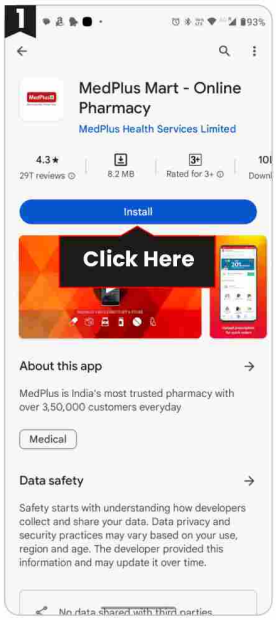
1. Laboratory reports will aid in diagnosis of clinical conditions in conjunction with clinical signs, symptoms and related investigations. They are best interpreted by qualified medical professionals who understand reporting units, reference ranges and limitations of technologies and their correlation with other clinical findings.
2. The interpretations provided by MedPlus are for the guidance of patients and referring doctors. MedPlus nor its affiliates assume any liability or responsibility for any damage of any nature whatsoever that may be incurred in any person as a result of the use of the information provided in the report.
3. It is presumed that the test(s) performed are, on the specimen(s)/sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s) or sample(s).
4. The results of tests may vary from lab to lab and also from time to time for the same parameters for the same patient. Assays are performed with reasonable care and in accordance with standard procedures. The reported results are dependent on individual assay methods, equipment used, method specificity, sensitivity, drug interaction and the quality of the specimen(s)/samples(s) received.
5. Should the results indicate unexpected abnormality, the same should be reconfirmed after appropriate clinical correlation.
6. Histopathology specimen(s)/sample(s) will be preserved for one month from the date of testing and slides/reports will be preserved for five years. Other clinical specimen(s)/sample(s) will be discarded after seven days from the date of testing, unless otherwise specified by the client. Such preservation shall be subject to sample integrity.
7. Preliminary Report, if any indicates that the results are primary and they are yet to be reported for one or more of the tests, or else, as in case with many microbiology test, a "final" culture, identification or drug susceptibility result might be pending. When all results are available the "Preliminary report" will be replaced by "Final Report". Client shall rely only on the final report.
8. This report is not valid for Medico-legal purposes.
9. Tests are performed as per the test schedule in the test listing. In unforeseen circumstances such as non-availability of relevant kits, instrument breakdown, natural calamities etc, tests may not be reported as per schedule.
10. The sex of the foetus will not be revealed as per the prenatal diagnostic techniques (PNDT) Act, 1994.
11. All queries pertaining to this report should be directed to MedPlus Health Services Limited
12. All investigations are limited by the sensitivity and specificity of the assay and the condition of the specimen received by the laboratory. Assay result should be interpreted only in the context of other clinical findings and the clinical status of the patient.
13. Partial reproduction of this report is not permitted.

Accreditation

NABL accreditation signifies that a laboratory meets international quality standards and is competent to provide accurate and reliable test results. NABL accreditation is awarded to those laboratory's whose testing and calibration services are of high quality.

IMPORTANT
You can ask for a copy of the NABL certification of MedPlus Diagnostics. Please email: wecare@medplusindia.com

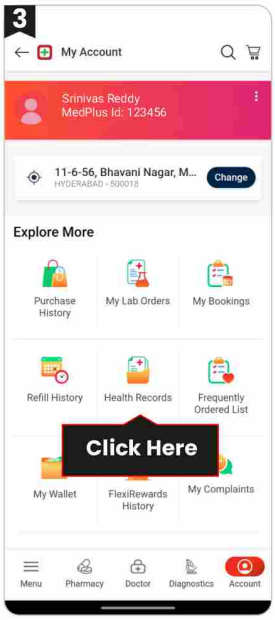
Follow these steps to see all results from last 1 year, in one table



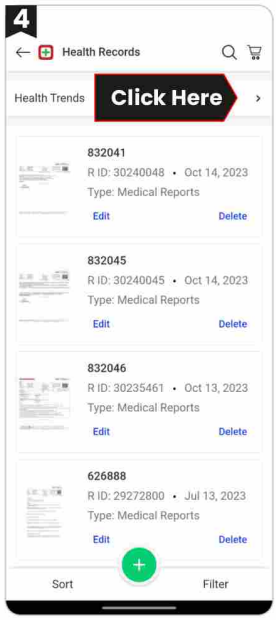
Install MedPlus Mart app: Google Play/ App Store.

After installing, you must register with the same mobile number as your MedPlus Advantage Plan.

Click on the band on top, where your name is mentioned.

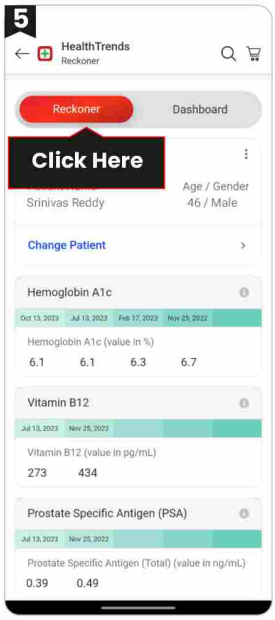


In this section, "Explore More", click on "Health Records".



In this section you can access visit/ test reports.

In the band on top, click on "Health Trends".



Click on "Reckoner", to see the test-wise tabulation of your lab results, from past and current visits.

Feedback and Result Queries
wecare@medplusindia.com
medplusmart.com
+91 40 6700 6700

RECOMMENDED
LIFESTYLE-DISEASES
ASSESSMENT TESTS

Dr. Venkat Nageshwar Goud
MBBS, DMRD
HOD - Radiology & Chief Radiologist

1 ESSENTIAL INSIGHT INTO YOUR BODY COMPOSITION

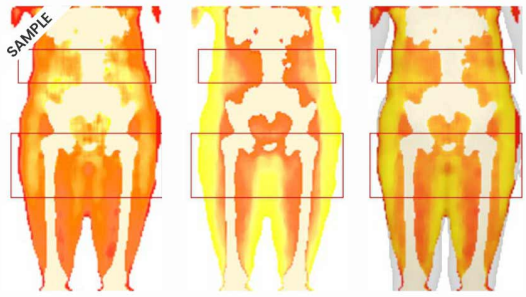
BODY FAT ANALYSIS (DEXA)

MRP ₹3196 **MEDPLUS ADVANTAGE ₹799**

Our DEXA machines use very low levels of x-rays to separately measure Fat mass, Lean mass and Bone mass.

With data your Physician or fitness trainer can build a safe weight reduction/ gain program.

The progress of your program can also be measured by regularly monitoring Fat mass, Lean mass and Bone mass.



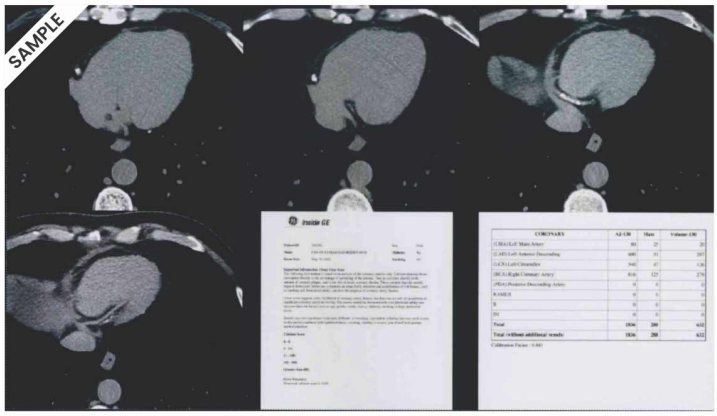
FAT MASS	LEAN MASS	BONE MINERAL
11.2 kgs	14.9 kgs	0.4 kgs

FOR ANDROID AND GYNOID REGIONS

Android refers to the midsection of the torso, in the waist area, under the rib cage

Gynoid refers to the lower torso, in the hip area, down to the top of the thighs

2 BEST VALUE, IF YOU ARE > 40 YEARS



CT - CARDIAC CALCIUM SCORING

MRP ₹5196 **MEDPLUS ADVANTAGE ₹1299**

Quick and noninvasive. This scan takes less than 5mins.

The detailed images can help your Physician decide if you need treatment to prevent a heart attack or stroke.

You can return to normal activities right after the test.

At MedPlus you can avail our 128s Cardiac CT (low-radiation) for Calcium Score test.

For Bookings Call: 040 6700 6700

Feedback and Result Queries
wecare@medplusindia.com
medplusmart.com
+91 40 6700 6700

Dr. T. Jyothirmayi
MBBS, DNB General Medicine
MedPlus Diagnostics,
Gachibowli, Hyderabad

Dr. Jhansi Lakshmi
MBBS, General Physician
MedPlus Diagnostics,
Nallagandla, Hyderabad

MINERALS & VITAMINS
IN COMMON FOODS

Fruits

Foods (100 gm)	Minerals	Vitamins
Apple	K	A
Banana	K, Mg, P, Cl	B
Orange	K, Ca, Mg, P	A, C

Vegetables

Foods (100 gm)	Minerals	Vitamins
Cabbage (raw)	K, Ca, Mg, P	B, C
Potato, baked	K, Mg, P, Cl, S	B, C
Tomato	K, Mg, P, S, Cl	A, B, C

Legumes

Foods (100 gm)	Minerals	Vitamins
Lentils	Na, K, Ca, Mg, P, S	B
Peas	K, Ca, Mg, P, S, Cl	A, B, C

Whole Grains

Foods (100 gm)	Minerals	Vitamins
Bread (Wholemeal)	Na, K, Ca, Mg, P, S, Cl	B
Pasta	K, Mg, P, S, Cl	-
Rice	K, P, S	B

K: Potassium, P: Phosphorus, Na: Sodium, Ca: Calcium, Mg: Magnesium, S: Sulfur, Cl: Chlorine