# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj
Ph: 9235447965,0532-3559261
CIN: U85110UP2003PLC193493


| | | | |
|---|---|---|---|
| Patient Name | : Mr.SANTOSH KUMAR TIWARY | Registered On | : 08/Mar/2025 13:43:27 |
| Age/Gender | : 46 Y 1 M 26 D /M | Collected | : 08/Mar/2025 16:20:04 |
| UHID/MR NO | : ALDP.0000162432 | Received | : 08/Mar/2025 17:04:01 |
| Visit ID | : ALDP0459492425 | Reported | : 08/Mar/2025 18:47:16 |
| Ref Doctor | : Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD - | Status | : Final Report |

## DEPARTMENT OF HAEMATOLOGY

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| **Blood Group (ABO & Rh typing) ,** *Blood* | | | | |
| Blood Group | B | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |
| Rh ( Anti-D) | POSITIVE | | | ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA |
| **Complete Blood Count (CBC) ,** *EDTA Whole Blood* | | | | |
| Haemoglobin | 14.30 | g/dl | 1 Day- 14.5-22.5 g/dl<br>1 Wk- 13.5-19.5 g/dl<br>1 Mo- 10.0-18.0 g/dl<br>3-6 Mo- 9.5-13.5 g/dl<br>0.5-2 Yr- 10.5-13.5 g/dl<br>2-6 Yr- 11.5-15.5 g/dl<br>6-12 Yr- 11.5-15.5 g/dl<br>12-18 Yr 13.0-16.0 g/dl<br>Male- 13.5-17.5 g/dl<br>Female- 12.0-15.5 g/dl | COLORIMETRIC METHOD (CYANIDE-FREE REAGENT) |
| TLC (WBC) | 7,000.00 | /Cu mm | 4000-10000 | IMPEDANCE METHOD |
| **DLC** | | | | |
| Polymorphs (Neutrophils ) | 56.00 | % | 40-80 | FLOW CYTOMETRY |
| Lymphocytes | 37.00 | % | 20-40 | FLOW CYTOMETRY |
| Monocytes | 5.00 | % | 2-10 | FLOW CYTOMETRY |
| Eosinophils | 2.00 | % | 1-6 | FLOW CYTOMETRY |
| Basophils | 0.00 | % | < 1-2 | FLOW CYTOMETRY |
| **ESR** | | | | |
| Observed | 6.00 | MM/1H | 10-19 Yr 8.0<br>20-29 Yr 10.8<br>30-39 Yr 10.4<br>40-49 Yr 13.6<br>50-59 Yr 14.2<br>60-69 Yr 16.0<br>70-79 Yr 16.5<br>80-91 Yr 15.8 | |

# CHANDAN DIAGNOSTIC CENTRE

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## DEPARTMENT OF HAEMATOLOGY

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| | | | Pregnancy<br>Early gestation - 48 (62 if anaemic)<br>Leter gestation - 70 (95 if anaemic) | |
| Corrected | - | Mm for 1st hr. | <9 | |
| PCV (HCT) | 45.00 | % | 40-54 | CALCULATED |
| **Platelet count** | | | | |
| Platelet Count | 2.70 | LACS/cu mm | 1.5-4.0 | ELECTRONIC IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 16.30 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | - | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | **0.34** | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | **12.50** | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| **RBC Count** | | | | |
| RBC Count | 4.99 | Mill./cu mm | 4.2-5.5 | ELECTRONIC IMPEDANCE |
| **Blood Indices (MCV, MCH, MCHC)** | | | | |
| MCV | 91.90 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 28.70 | pg | 27-32 | CALCULATED PARAMETER |
| MCHC | 31.30 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 13.30 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 45.00 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 3,920.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 140.00 | /cu mm | 40-440 | |

Dr.Akanksha Singh (MD Pathology)

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## DEPARTMENT OF BIOCHEMISTRY

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| **GLUCOSE FASTING ,** *Plasma* | | | | |
| Glucose Fasting | 91.60 | mg/dl | < 100 Normal<br>100-125 Pre-diabetes<br>≥ 126 Diabetes | GOD POD |

**Interpretation:**

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
c) I.G.T = Impaired Glucose Tolerance.

**CLINICAL SIGNIFICANCE:-** Glucose is the major source of energy in the body . Lack of insulin or resistance to it section at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

| | | | |
|---|---|---|---|
| **GLYCOSYLATED HAEMOGLOBIN (HBA1C) ,** *EDTA Whole Blood* | | | |
| Glycosylated Haemoglobin (HbA1c) | 5.20 | % NGSP | HPLC (NGSP) |
| Glycosylated Haemoglobin (HbA1c) | 33.30 | mmol/mol/IFCC | |
| Estimated Average Glucose (eAG) | 102 | mg/dl | |

**Interpretation:**

**NOTE:-**

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

| Haemoglobin A1C (%)NGSP | mmol/mol / IFCC Unit | eAG (mg/dl) | Degree of Glucose Control Unit |
|---|---|---|---|
| > 8 | >63.9 | >183 | Action Suggested* |
| 7-8 | 53.0 -63.9 | 154-183 | Fair Control |

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## DEPARTMENT OF BIOCHEMISTRY

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| < 7 | <63.9 | <154 | Goal** | |
| 6-7 | 42.1 -63.9 | 126-154 | Near-normal glycemia | |
| < 6% | <42.1 | <126 | Non-diabetic level | |

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.
**Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.
N.B. : Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

**Clinical Implications:**
*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
*With optimal control, the HbA 1c moves toward normal levels.
*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy c. Alcohol toxicity d. Lead toxicity
*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
*Pregnancy d. chronic renal failure. Interfering Factors:
*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

| | | | | |
|---|---|---|---|---|
| **BUN (Blood Urea Nitrogen)**<br>*Sample:Serum* | 7.52 | mg/dL | 7.0-23.0 | CALCULATED |

**Interpretation:**
**Note: Elevated BUN levels can be seen in the following:**

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestimal (GI) bleeding.

**Low BUN levels can be seen in the following:**

Low-protein diet, overhydration, Liver disease.

| | | | | |
|---|---|---|---|---|
| **Creatinine**<br>*Sample:Serum* | 0.93 | mg/dL | Male 0.7-1.3<br>Newborn 0.3-1.0<br>Infent 0.2-0.4<br>Child 0.3-0.7<br>Adolescent 0.5- 1.0 | MODIFIED JAFFES |

**Interpretation:**

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## DEPARTMENT OF BIOCHEMISTRY

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

| | | | | |
|---|---|---|---|---|
| **Uric Acid**<br>*Sample:Serum* | 4.27 | mg/dL | 3.5-7.2 | URICASE |

**Interpretation:**
**Note:-**
**Elevated uric acid levels can be seen in the following:**

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

### LFT (WITH GAMMA GT) , *Serum*

| | | | | |
|---|---|---|---|---|
| SGOT / Aspartate Aminotransferase (AST) | 23.90 | U/L | < 35 | IFCC WITHOUT P5P |
| SGPT / Alanine Aminotransferase (ALT) | 30.40 | U/L | < 45 | IFCC WITHOUT P5P |
| Gamma GT (GGT) | 34.80 | U/L | 0-55 | IFCC, KINETIC |
| Protein | 6.57 | g/dL | 6.2-8.0 | BIURET |
| Albumin | 4.01 | g/dL | 3.4-5.4 | B.C.G. |
| Globulin | 2.56 | gm/dL | 1.8-3.6 | CALCULATED |
| A:G Ratio | 1.57 | | 1.1-2.0 | CALCULATED |
| Alkaline Phosphatase (Total) | 115.85 | U/L | 53-128 | IFCC AMP KINETIC |
| Bilirubin (Total) | 0.59 | mg/dL | Adult 0-2.0 | DIAZO |
| Bilirubin (Direct) | 0.20 | mg/dL | < 0.20 | DIAZO |
| Bilirubin (Indirect) | 0.39 | mg/dL | < 1.8 | CALCULATED |

### LIPID PROFILE , *Serum*

| | | | | |
|---|---|---|---|---|
| Cholesterol (Total) | 224.00 | mg/dL | <200 Desirable<br>200-239 Borderline High<br>> 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 50.40 | mg/dL | 35.0-79.5 | DIRECT ENZYMATIC |
| Non-HDL Cholesterol | **173.60** | mg/dl | 0-130 | CALCULATED |
| LDL Cholesterol (Bad Cholesterol) | 149 | mg/dL | < 100 Optimal | CALCULATED |

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## DEPARTMENT OF BIOCHEMISTRY

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| | | | 100-129 Nr. Optimal/Above Optimal<br>130-159 Borderline High<br>160-189 High<br>> 190 Very High | |
| VLDL | 24.48 | mg/dL | 10-33 | CALCULATED |
| TC / HDL Cholesterol Ratio | 4.44 | | 3-5 | CALCULATED |
| LDL / HDL Ratio | 2.96 | | < 3.0 | CALCULATED |
| Triglycerides | 122.40 | mg/dL | < 150 Normal<br>150-199 Borderline High<br>200-499 High<br>>500 Very High | GPO-PAP |

**Interpretation:**

**Note:-**

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors
3. Triglycerides levels >150 mg/dL in fasting or >175 mg/dL in non-fasting are considered risk modifier for ASCVD risk

### Treatment Goals for Lipid lowering therapy (as per Lipid Association of India 2023)

| ASCVD RISK CATEGORY | TREATMENT GOAL | |
|---|---|---|
| | LDL-C in mg/dL (Primary target) | NON HDL-C in mg/dL (Co-Primary target) |
| Low | <100 | <130 |
| Moderate | <100 | <130 |
| High | <70 | <100 |
| Very High | <50 | <80 |

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## DEPARTMENT OF BIOCHEMISTRY

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
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| Extreme (A) | <50 (<30 Optional) | <80 | (< 60 optional) | |
| Extreme (B) | <30 | <60 | | |

### ASCVD Risk Stratification & Treatment goals in Indian population

Indians are at very high risk of developing ASCVD, they usually get the disease at an early age, have a more severe form of the disease and have poorer outcome as compared to the western populations. Many individuals remain asymptomatic before they get heart attack, ASCVD risk helps to identify high risk individuals even when there is no symptom related to heart disease. Risk stratification is important to guide lipid lowering therapy and to identify treatment goals.
CSI Clinical Practice guidelines (2024) recommends in the absence of formal risk calculator for Indian population, only risk factors can be used for risk assessment. Standard Risk factors are:

1. Smoking/tobacco use
2. Hypertension
3. Diabetes
4. Family h/o Premature CAD (Men <55 years and women <60 years

**Risk Assessment***

| Low | Moderate Risk | High Risk | Very High Risk | Extremely High Risk |
|---|---|---|---|---|
| | | Presence of 2 or more standard factors with no manifest ASCVD | ASCVD-CAD/PVD/CeVD | ASCVD with recurrent vascular events |
| | | DM with 1 or more risk factor | Imaging->50%lesion in any two major vessels | ASCVD with HeFH & High Lp(a) |
| No standard risk factor | Presence of any one standard risk factor | Heterozygous Familial Hypercholesterole- mia (HeFH) with no risk factor | DM>20 years or multiple risk factors, TOD | |
| | | Hypertension with one or more risk factor or with Target organ damage (TOD) | HeFH-with ASCVD or RF | |
| | | CKD- eGFR 30-59 ml/min | CKD-eGFR <30 ml/min | |

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## DEPARTMENT OF BIOCHEMISTRY

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* A more formal risk assessment may be used by clinicians according to their personal preferences and familiarity with the risk scores.

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## DEPARTMENT OF CLINICAL PATHOLOGY

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| **URINE EXAMINATION, ROUTINE ,** *Urine* | | | | |
| Color | PALE YELLOW | | Pale Yellow | VISUAL EXAMINATION |
| Specific Gravity | 1.025 | | 1.001-1.030 | PRE-TREATED POLYMERIC ION EXCHANGE RESIN |
| Reaction PH | Acidic ( 6.0 ) | | 5.0-8.0 | METHYL RED BROMOTHYMOLBLUE |
| Appearance | CLEAR | | | |
| Protein | PRESENT (+) | mg % | < 10 Absent<br>10-40 (+)<br>40-200 (++)<br>200-500 (+++)<br>> 500 (++++) | TETRA BROMOPHENOL BLUE METHYLRED |
| Sugar | ABSENT | gms% | < 0.5 (+)<br>0.5-1.0 (++)<br>1-2 (+++)<br>> 2 (++++) | GLUCOSE OXIDASE PEROXIDASE CHROMOGEN REACTION |
| Ketone | ABSENT | mg/dl | Serum-0.1-3.0<br>Urine-0.0-14.0 | SODIUM NITROPRUSSIDE |
| Bile Salts | ABSENT | | ABSENT | SULPHUR GRANULE |
| Bile Pigments | ABSENT | | ABSENT | FOUCHET TEST |
| Bilirubin | ABSENT | | ABSENT | DIAZONIUM SALT |
| Leucocyte Esterase | ABSENT | | ABSENT | CARBOXYLIC ACID ESTER DIAZONIUM SALT |
| Urobilinogen(1:20 dilution) | ABSENT | | ABSENT | DIAZONIUM SALT |
| Nitrite | ABSENT | | ABSENT | SULFANANIC ACID TETRAHYDRO BENZOL |
| Blood | ABSENT | | ABSENT | TETRA METHYL BENZIDINE |
| **Microscopic Examination:** | | | | |
| **Epithelial cells** | 0-1/h.p.f | cells/hpf | 0.0-5.0 | MICROSCOPIC EXAMINATION |
| **Pus cells** | 0-1/h.p.f | WBC/hpf | 0.0-5.0 | MICROSCOPIC |
| RBCs | ABSENT | RBC/hpf | 0.0-2.0 | MICROSCOPY |
| Cast | ABSENT | | ABSENT | MICROSCOPY |

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## DEPARTMENT OF CLINICAL PATHOLOGY

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| Crystals | ABSENT | | ABSENT | MICROSCOPY |
| Others | ABSENT | | | |

Urine Microscopy is done on centrifuged urine sediment.

### STOOL, ROUTINE EXAMINATION , *Stool*

| | | | | |
|---|---|---|---|---|
| Color | YELLOWISH | | | |
| Consistency | SEMI SOLID | | | |
| Reaction (PH) | Neutral ( 7.0 ) | | | |
| Mucus | ABSENT | | | |
| Blood | ABSENT | | | |
| Worm | ABSENT | | | |
| Pus cells | ABSENT | | | |
| RBCs | ABSENT | | | |
| Ova | ABSENT | | | |
| Cysts | ABSENT | | | |
| Others | ABSENT | | | |

### SUGAR, FASTING STAGE , *Urine*

| | | | | |
|---|---|---|---|---|
| Sugar, Fasting stage | ABSENT | gms% | | |

**Interpretation:**

(+) < 0.5
(++) 0.5-1.0
(+++) 1-2
(++++) > 2

Dr.Akanksha Singh (MD Pathology)

| | | | |
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## DEPARTMENT OF IMMUNOLOGY

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| **PSA (Prostate Specific Antigen), Total** *Sample:Serum* | 0.54 | ng/mL | <4.1 | CLIA |

**Interpretation:**

1. PSA is detected in the serum of males with normal, benign hypertrophic, and malignant prostate tissue.
2. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy. However, studies suggest that the measurement of PSA in conjunction with digital rectal examination (DRE) and ultrasound provide a better method of detecting prostate cancer than DRE alone.
3. PSA levels increase in men with cancer of the prostate, and after radical prostatectomy PSA levels routinely fall to the undetectable range.
4. If prostatic tissue remains after surgery or metastasis has occurred, PSA appears to be useful in detecting residual and early recurrence of tumor.
5. Therefore, serial PSA levels can help determine the success of prostatectomy, and the need for further treatment, such as radiation, endocrine or chemotherapy, and in the monitoring of the effectiveness of therapy.

**THYROID PROFILE - TOTAL ,** *Serum*

| | | | | |
|---|---|---|---|---|
| T3, Total (tri-iodothyronine) | 139.00 | ng/dl | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine) | 9.35 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 3.200 | µIU/mL | 0.4 - 4.5 | CLIA |

**Interpretation:**

| | | | |
|---|---|---|---|
| 0.7-27 | µIU/mL | Premature | 28-36 Week |
| 2.3-13.2 | µIU/mL | Cord Blood | > 37Week |
| 1.0-39.0 | µIU/mL | Child | Birth 4 Days |
| 1.7-9.1 | µIU/mL | Child | 2-20 Week |
| 0.7-6.4 | µIU/mL | Child (21 wk - 20 Yrs.) | |
| 0.4-4.5 | µIU/mL | Adults | 21-54 Years |
| 0.4-4.5 | µIU/mL | Adults | 55-87 Years |

**Pregnancy**

| | | |
|---|---|---|
| 0.3-4.5 | µIU/mL | First trimester |
| 0.5-4.6 | µIU/mL | Second trimester |
| 0.8-5.2 | µIU/mL | Third trimester |

# CHANDAN DIAGNOSTIC CENTRE

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj
Ph: 9235447965,0532-3559261
CIN: U85110UP2003PLC193493


| | | | |
|---|---|---|---|
| Patient Name | : Mr.SANTOSH KUMAR TIWARY | Registered On | : 08/Mar/2025 13:43:30 |
| Age/Gender | : 46 Y 1 M 26 D /M | Collected | : 08/Mar/2025 16:20:04 |
| UHID/MR NO | : ALDP.0000162432 | Received | : 08/Mar/2025 17:04:01 |
| Visit ID | : ALDP0459492425 | Reported | : 08/Mar/2025 19:27:17 |
| Ref Doctor | : Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD - | Status | : Final Report |

## DEPARTMENT OF IMMUNOLOGY

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|---|---|---|---|
| **Whole blood heel puncture** | | | | |
| | <20.0 | µIU/mL | Newborn screen | |

**1)** Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

**2)** Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.

**3)** Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

**4)** Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

**5)** Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

**6)** In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

**7)** There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

**8)** Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

**Note :-**

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

Dr.Akanksha Singh (MD Pathology)

| | | | |
|---|---|---|---|
| Patient Name | : Mr.SANTOSH KUMAR TIWARY | Registered On | : 08/Mar/2025 13:43:33 |
| Age/Gender | : 46 Y 1 M 26 D /M | Collected | : 2025-03-08 16:34:28 |
| UHID/MR NO | : ALDP.0000162432 | Received | : 2025-03-08 16:34:28 |
| Visit ID | : ALDP0459492425 | Reported | : 08/Mar/2025 16:39:41 |
| Ref Doctor | : Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD - | Status | : Final Report |

## DEPARTMENT OF ULTRASOUND

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

**LIVER**: - **Enlarged in size , normal in shape and raised echotexture with focal fatty sparing.** No focal lesion is seen. No intra hepatic biliary radicle dilation is seen.

**GALL BLADDER** :- Well distended. Normal wall thickness is seen. No evidence of calculus/focal mass lesion/pericholecystic fluid is seen.

**CBD :-** Normal in calibre at porta.

**PORTAL VEIN**: - Normal in calibre and colour uptake at porta.

**PANCREAS: -** Head is visualised, normal in size & echopattern. No evidence of ductal dilatation or calcification is seen. Rest of the pancreas is obscured by bowel gases.

**SPLEEN**: - Normal in size, shape and echogenicity. No evidence of mass lesion is seen.

**BOTH KIDNEYS**: - Normal in size, shape and position. Cortical echogenicity is normal with maintained corticomedullary differentiation. No focal lesion or calculus is seen. Pelvicalyceal system is not dilated.

**URINARY BLADDER :-** Is adequately distended. No evidence of wall thickening/calculus is seen.

**PROSTATE :-** Normal in size 3.9 x 2.9 x 3.3 cm vol-20cc, shape and echo pattern.

**HIGH RESOLUTION** :- No evidence of bowel loop dilatation or abnormal wall thickening is seen. No significant retroperitoneal lymphadenopathy is seen.

**IMPRESSION : Hepatomegaly with grade II fatty and focal fat sparing.**

**Please correlate clinically.**

Dr. Shashikant MBBS,MD (Radiodiagnosis)

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| | | | |
|---|---|---|---|
| Patient Name | : Mr.SANTOSH KUMAR TIWARY | Registered On | : 08/Mar/2025 13:43:35 |
| Age/Gender | : 46 Y 1 M 26 D /M | Collected | : 2025-03-08 18:39:00 |
| UHID/MR NO | : ALDP.0000162432 | Received | : 2025-03-08 18:39:00 |
| Visit ID | : ALDP0459492425 | Reported | : 09/Mar/2025 09:51:15 |
| Ref Doctor | : Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD - | Status | : Final Report |

## DEPARTMENT OF TMT

## MEDIWHEEL BANK OF BARODA MALE ABOVE 40 YRS

### Tread Mill Test (TMT)

NORMAL

***** End Of Report *****

Result/s to Follow:
GLUCOSE PP, SUGAR, PP STAGE, ECG / EKG, X-RAY DIGITAL CHEST PA

Dr. R K VERMA
MBBS, PGDGM