ProZone Labs

HEALIC The Good Hospital

Barcode No	: 236743	Registration	: 23/Jun/2024 01:55PM
Patient Name	: MR. RAM SINGH TANWAR	Received	: 23/Jun/2024 03:48PM
Age/Gender	: 38 Y 0 M 0 D /M	Reported	: 24/Jun/2024 05:02PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: FLOURIDE PLASMA (PP)		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
PLASMA GLUCOSE - PP			
Plasma Glucose PP Glucose Oxidase/Peroxidase	212.7	mg/dL	80-140

INTERPRETATION:

Increased In

- Diabetes Mellitus
- Stress (e.g., emotion, burns, shock, anesthesia)
- Acute pancreatitis
- Chronic pancreatitis
- Wernicke encephalopathy (vitamin B1 deficiency)
- Effect of drugs (e.g. corticosteroids, estrogens, alcohol, phenytoin, thiazides)

Decreased In

- Pancreatic disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine disorders

*** End Of Report ***

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Name: RAM SINGH TANWAR
Address: GHAZIABAD
Age/Sex: 39Yr/Male

Date: 22-06-2024

Family History: None

Medical History:

1. **General:**
   - a) Appearance: Normal
   - b) Height: 173 CM
   - c) Weight: 118 KG
   - d) Nutritional Status: Normal
2. **Circulatory System:**
   - a) Pulse: 68 beats/min Normal volume
   - b) Blood pressure: 129/84 mmHg, Systolic/Diastolic
   - c) Anemia: No
3. **Abdomen:**
   - a) Stomach and Duodenum: Normal
   - b) Liver: Normal
   - c) Spleen: Normal
   - d) Glands: Normal
   - e) Miscellaneous (Colitis, etc): No
4. **Face and Oropharynx:**
   - a) Eyes: Normal
   - With glasses: Distance vision: 6/6, Near vision: N6
   - b) Ear: Normal
   - c) Nose-Discharge Septum: Normal
   - d) Throat and Mouth: Normal
   - e) Miscellaneous: No
1. **Nervous and Locomotary System:**
   - a) Muscles: Normal
   - b) Nerves-Cranial Spinal Others: Normal
   - c) Bones: Normal
   - d) Joints-Deformity: No
   - e) Miscellaneous: No
2. **Mental Status:** Normal
3. **Thorax:**
   - a) Heart's sound: Normal
   - b) Signs of: None
4. **Others:**
   - a) Inguinial Canal: NA
   - b) Scrotum: Not applicable
   - c) Testes: Not applicable
5. **Additional Habits:** None
6. **Skin:** Normal

Clinical Investigations:

- **Mandatory Investigations (if considered necessary):**
  1. **Blood Test:** Normal
  2. **Radiography:** NORMAL
  3. **Urine RA:** Normal
  4. **X-Ray Chest:** Normal
  5. **ECG:** Sinus Rhythm Normal Variant But Septal Infract cannot be excluded – Clinically Corelate
  6. **TMT:** Normal
  7. **USG:** Normal

Remarks: NA

Dr.Rajiv Saxena
MBBS,DHA
UPMC-110091

Signature:.....

HEALTH PRIVATE LIMITED

CARDIOPRINT

ID 84 CASE

RAM SINGH TANWAR

23/06/2024 12:24:22

AGE 39Y M D

MALE

HEALIC MULTISPECILITY CLINIC
INDRAPURAM

174Cms 63Kg

RATE	82 bpm	SINUS RHYTHM
R-R	726 ms	Q IN V1/V2 MAY BE NORMAL VARIANT BUT SEPTAL INFARCT CANNOT BE EXCLUDED
P-R	150 ms	
QRS	82 ms	
QT	314 ms	
QTc	353 ms	
--AXIS--		
P	39°	
QRS	03°	
T	74°	

Dr.Rajiv Saxena
MBBS, DHA
UPMC 110091

NSR poor R wave progression in anterior leads.
kindly Correlate clinically.

Healic Multispeciality Clinic Indrapuram

12 SL; REPORT FORMAT:3x4+1L SM REF: Dr.

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

[redacted]mm/sec 10 mm/mV Notch: ON BLC:ON 0.05- 20Hz ALLENGERS PISCES 1012[VER- :1 11]CLINICALLY CORRELATE THE FINDINGS

HEALIC

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Saya Zenith Apartment
Indirapuram, Ghaziabad www.healic.in

Patient Name: RAM SINGH TANWAR	
Date of Birth/ Age: 39 YRS	**RADIOGRAPH CHEST PA** **DATE:** 23-06-2024
Gender: MALE	
Referred By: SELF	

Mid expiratory film.

Cardiac silhouette is normal.

Bilateral lung fields are grossly unremarkable.

Bilateral costophrenic angles and bilateral domes of the diaphragm are normal.

Bony cage & soft tissues are grossly normal

Please correlate clinically.

DR. ANANT SHARMA

CONS. RADIOLOGIST

Dr. Anant Sharma
MBBS, DMRD
Radiologist
Reg No. UPMC 68192

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Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: WHOLE BLOOD EDTA		

HAEMATOLOGY

Test Description	Observed Value	Unit	Reference Range

ERYTHROCYTE SEDIMENTATION RATE

ERYTHROCYTE SEDIMENTATION RATE Westergren	15	mm/1st hr	0-15

COMMENTS: ESR is an acute phase reactant that indicates the presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders, and renal diseases. · Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency).
Falsely decreased levels may indicate Sickle cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.

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Age/Gender	: 38 Y 0 M 0 D /M	Reported	: 23/Jun/2024 04:18PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: WHOLE BLOOD EDTA		

HAEMATOLOGY

Test Description	Observed Value	Unit	Reference Range

BLOOD GROUP ABO & RH

ABO Gel Columns agglutination	B		
Rh Typing Gel agglutination	POSITIVE		

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.

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HAEMATOLOGY

Test Description	Observed Value	Unit	Reference Range
COMPLETE BLOOD COUNT			
HAEMOGLOBIN (Hb) Colorimetric SLS	12.8	gm/dl	13.00-17.00
RED BLOOD CELLS- RBC COUNT Electrical Impedance	4.7	10^6/uL	4.50-5.50
PACKED CELL VOLUME (PCV) -HEMATOCRIT Calculated	36.8	%	40-50
MCV Calculated	78.8	fL	83-101
MCH Calculated	27.3	pg	27-32
MCHC Calculated	34.7	g/dl	32-36
RED CELL DISTRIBUTION WIDTH (RDW-CV) Whole blood EDTA,Flow Cytometry	12.4	%	11.5-14.5
RED CELL DISTRIBUTION WIDTH (RDW - SD) Whole Blood EDTA,Calculated	34.8	fl	39.0-46.0
PLATELET COUNT Electrical Impedance	226	10^3/µL	150-410
PLATELET DISTRIBUTION WIDTH (PDW) Whole Blood EDTA,Calculated	16.7	fL	9.00-17.00
PCT(PLATELETCRIT) Whole blood EDTA,Flow Cytometry	0.26	%	0.108-0.282
MEAN PLATELET VOLUME - MPV Calculated	11.3	fL	7.00-12.00
P-LCR	51		
P-LCC Calculated	116.49	%	30.0-90.0
TOTAL LEUKOCYTE COUNT (TLC) Laser - Based Flow Cytometry / Microscopy	8.15	10^3/µL	4.0-10.0
DIFFERENTIAL LEUKOCYTE COUNT			
Neutrophils Laser - Based Flow Cytometry / Microscopy	64.7	%	40-80

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HAEMATOLOGY

Test Description	Observed Value	Unit	Reference Range
Lymphocytes Laser - Based Flow Cytometry / Microscopy	27.7	%	20-40
Eosinophils Laser - Based Flow Cytometry / Microscopy	2.7	%	1-6
Monocytes Laser - Based Flow Cytometry / Microscopy	4.7	%	2-10
Basophils Whole blood EDTA,Flow Cytometry	0.2	%	0.00-1.00
ABSOLUTE NEUTROPHIL COUNT Whole Blood EDTA,Calculated	5.27	10^3/µL	2.00-7.00
ABSOLUTE LYMPHOCYTE COUNT Calculated	2.26	10^3/µL	1.00-3.00
ABSOLUTE EOSINOPHIL COUNT Calculated	0.22	10^3/µL	0.02-0.50
ABSOLUTE MONOCYTE COUNT Calculated	0.38	10^3/µL	0.20-1.00
ABSOLUTE BASOPHIL COUNT Calculated	0.02	10^3/µL	0.02-0.10

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Age/Gender	: 38 Y 0 M 0 D /M	Reported	: 23/Jun/2024 05:47PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: SERUM		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST			
TOTAL BILIRUBIN Diazo	0.35	mg/dL	0.10 - 1.2
CONJUGATED (D. Bilirubin) Diazo	0.18	mg/dL	0.0 - 0.30
UNCONJUGATED (I.D. Bilirubin) Calculated	0.17	mg/dl	0.0 - 1.0
S.G.P.T UV without P5P	58	U/L	0-35
SGOT UV without P5P	35	U/L	0-40
ALKALINE PHOSPHATASE AMP	72.00	U/L	53 - 128
TOTAL PROTEINS Biuret	7.6	g/dL	6.4 - 8.3
ALBUMIN Bromocresol Green	4.1	g/dL	3.5 - 5.2
GLOBULIN Calculated	3.5	g/dL	2.30-4.50
A/G RATIO Calculated	1.17		1.0-2.3

INTERPRETATION

Bilirubin Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice).
Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis; drug reactions, alcoholic liver disease conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors & Scarring of the bile ducts.
Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, transfusion reaction & a common metabolic condition termed Gilbert syndrome.
AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. Ast levels may also increase after a heart attck or strenuous activity.
ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health.
GGT may be higher with diabetes, heart failure, hyperthyroidism, or pancreatitis. Higher GGT levels also may mean liver damage from heavy, chronic alcohol abuse. GGT levels that are higher than normal may also signal a viral infection
Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyriodism, Leukemia, Lymphoma, paget`s disease, Rickets, Sarcoidosis etc. Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-including drugs etc.
Serum total protein, in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation

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Sample Type	: SERUM		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range

or infection, including HIV and hepatitis B or C, Multiple myeloma,Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition,

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Sample Type	: SERUM		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
LIPID PROFILE			
TOTAL CHOLESTEROL Cholesterol Oxidase,PAP	141	mg/dl	<200 Desirable~200 – 239 Borderline >240 High Risk
TRIGLYCERIDES GPO-TRINDER	84.79	mg/dL	Normal : <161~High : 161 - 199~Hyper Triglyceridemic : 200 - 499~Very High : >499
H D L CHOLESTEROL Direct Enzymatic Colorimetric	41	mg/dl	>40 Recommended Range
L D L CHOLESTEROL Calculated	83.04	mg/dl	70-130
VLDL Spectrophotmetry/Calculated	16.96	mg/dl	0.00-45.0
T. CHOLESTEROL/ HDL RATIO Calculated	3.44	Ratio	3.40-4.40
LDL / HDL RATIO Calculated	2.03	Ratio	1.0-3.5

COMMENT :-

(#). A lipid panel measures five different types of lipids from a blood sample, including:
(1). Total cholesterol: This is your overall cholesterol level — the combination of LDL-C, VLDL-C and HDL-C.
(2). Low-density lipoprotein (LDL) cholesterol: This is the type of cholesterol that's known as "bad cholesterol." It can collect in your blood vessels and increase your risk of cardiovascular disease.
(3). Very low-density lipoprotein (VLDL) cholesterol: This is a type of cholesterol that's usually present in very low amounts when the blood sample is a fasting samples since it's mostly comes from food you've recently eaten. An increase in this type of cholesterol in a fasting sample may be a sign of abnormal lipid metabolism.
(4). High-density lipoprotein (HDL) cholesterol: This is the type of cholesterol that's known as "good cholesterol." It helps decrease the buildup of LDL in your blood vessels.
(5).Triglycerides: This is a type of fat from the food we eat. Excess amounts of triglycerides in your blood are associated with cardiovascular disease and pancreatic inflammation.

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Barcode No	: 236745	Registration	: 23/Jun/2024 01:55PM
Patient Name	: MR. RAM SINGH TANWAR	Received	: 23/Jun/2024 03:48PM
Age/Gender	: 38 Y 0 M 0 D /M	Reported	: 23/Jun/2024 06:59PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: WHOLE BLOOD EDTA		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
HBA1C			
HBA1c HPLC	7.6	%	
ESTIMATED AVG. GLUCOSE	171.42	mg/dl	

Ref Range for HBA1c
Non-Diabetic :- 4.0 – 5.6
Increased Risk:- 5.7 – 6.4
In Diabetics:
Excellent Control: 6.5 – 7.0
Fair To Good Control: 7.0 – 8.0
Unsatisfactory Control:- 8.0 – 10
Poor Control: >10

COMMENT:
The Glycosylated Hemoglobin (HbA1c or A1c) test evaluates the average amount of glucose in the blood over the last 2 to 3 months.
This test is used to monitor treatment in someone who has been diagnosed with diabetes.
It helps to evaluate how well the person's glucose levels have been controlled by treatment over time. This test may be used to screen for and diagnose diabetes or risk of developing diabetes.
Depending on the type of diabetes that a person has, how well their diabetes is controlled, and on doctor recommendations, the HbA1c test may be measured 2 to 4 times each year.
The American Diabetes Association recommends HbA1c testing in diabetics at least twice a year.
When someone is first diagnosed with diabetes or if control is not good, HbA1c may be ordered more frequently.
Note: If a person has anemia, few type of hemoglobinopathy, hemolysis, or heavy bleeding, HbA1c test results may be falsely low.
If someone is iron-deficient, the HbA1c level may be increased.
If a person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months.

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Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: FLOURIDE PLASMA		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
FASTING BLOOD SUGAR			
Plasma Glucose Fasting Glucose Oxidase/Peroxidase	131.7	mg/dL	70 -110

INTERPRETATION:

Fasting blood sugar test. A blood sample will be taken after an overnight fasting blood sugar level less than 100mg/dL is normal. A fasting blood sugar level from 100 to 125 mg/dL is considered prediabetes. If it's 126 mg/dL or higher on two separate tests, you have diabetes.

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Sample Type	: SERUM		

BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range
KIDNEY FUNCTION TEST			
SERUM UREA Serum,Urease GLDH	19.45	mg/dL	19.0 - 45.0
SERUM CREATININE Enzymatic	0.73	mg/dL	0.7-1.30
SERUM URIC ACID Serum,Uricase	4.2	mg/dL	3.5-7.2
SERUM SODIUM ISE, Direct	138.6	mmol/L	135-150
SERUM POTASSIUM ISE, Direct	4.1	mmol/L	3.5-5.5
SERUM CHLORIDE ISE, Direct	102.3	mmol/L	94-110
Blood Urea Nitrogen (BUN) Calculated	9.09	mg/dl	8.00-23.0
UREA / CREATININE RATIO	26.64		
SERUM TOTAL CALCIUM BAPTA	9.24	mg/dl	8.4-10.6

INTERPRETATION:

Normal range for a healthy person on normal diet: 12 - 20.
To Differentiate between pre- and postrenal azotemia.
INCREASED RATIO (>20:1) WITH NORMAL CREATININE:
1.Prerenal azotemia (BUN rises without increase in creatinine) e.g. heart failure, salt depletion,dehydration, blood loss) due to decreased glomerular filtration rate.
2.Catabolic states with increased tissue breakdown.
3.GI hemorrhage.
4.High protein intake.
5.Impaired renal function plus .
6.Excess protein intake or production or tissue breakdown (e.g. infection, GI bleeding, thyrotoxicosis, Cushings syndrome, high

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BIOCHEMISTRY

Test Description	Observed Value	Unit	Reference Range

protein diet, burns,surgery, cachexia, high fever).
7.Urine reabsorption (e.g. ureterocolostomy)
8.Reduced muscle mass (subnormal creatinine production)
9.Certain drugs (e.g. tetracycline, glucocorticoids)
INCREASED RATIO (>20:1) WITH ELEVATED CREATININE LEVELS:
1.Postrenal azotemia (BUN rises disproportionately more than creatinine) (e.g. obstructive uropathy).
2.Prerenal azotemia superimposed on renal disease.
DECREASED RATIO (<10:1) WITH DECREASED BUN :
1.Acute tubular necrosis.
2.Low protein diet and starvation.
3.Severe liver disease.
4.Other causes of decreased urea synthesis.
5.Repeated dialysis (urea rather than creatinine diffuses out of extracellular fluid).
6.Inherited hyperammonemias (urea is virtually absent in blood).
7.SIADH (syndrome of inappropiate antidiuretic harmone) due to tubular secretion of urea.
8.Pregnancy.
DECREASED RATIO (<10:1) WITH INCREASED CREATININE:
1.Phenacimide therapy (accelerates conversion of creatine to creatinine).
2.Rhabdomyolysis (releases muscle creatinine).
3.Muscular patients who develop renal failure.
INAPPROPIATE RATIO:
1.Diabetic ketoacidosis (acetoacetate causes false increase in creatinine with certain methodologies,resulting in normal ratio when dehydration should produce an increased BUN/creatinine ratio).
2.Cephalosporin therapy (interferes with creatinine measurement).

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Barcode No	: 236744	Registration	: 23/Jun/2024 01:55PM
Patient Name	: MR. RAM SINGH TANWAR	Received	: 23/Jun/2024 03:48PM
Age/Gender	: 38 Y 0 M 0 D /M	Reported	: 23/Jun/2024 07:22PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: URINE		

CLINICAL PATHOLOGY

Test Description	Observed Value	Unit	Reference Range
URINE ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
QUANTITY visual	20 ML	ml	0-50
COLOUR visual	PALE YELLOW		PALE YELLOW
TRANSPARENCY visual	CLEAR		Clear
SPECIFIC GRAVITY ION exchange	1.020		1.010 - 1.030
CHEMICAL EXAMINATION			
pH Double Indicator	6.0		5-7
PROTEIN Protein - error of Indicators	NEGATIVE	g/dL	
GLUCOSE GOD-POD	NEGATIVE	mg/dl	
UROBILINOGEN Ehrlichs Reaction	NIL		Nil
KETONE BODIES Legals Nitroprasside	NEGATIVE		NEGATIVE
BILIRUBIN Azo-coupling Reaction	NIL		Nil
BLOOD Pseudo-peroxidase	NIL		Nil
NITRITE Diazotization Reaction	NIL		Nil
MICROSCOPIC EXAMINATION			
PUS CELLS Microscopy	2-4	cells/HPF	0-5
RBCs Microscopy	NIL	Cells/HPF	Nil

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Sample Type	: URINE		

CLINICAL PATHOLOGY

Test Description	Observed Value	Unit	Reference Range
EPITHELIAL CELLS Microscopy	0-1	Cells/HPF	0 - 5
CRYSTALS Microscopy	ABSENT	ABSENT	ABSENT
CASTS Microscopy	ABSENT	/HPF	ABSENT
OTHER	NIL	%	

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Barcode No	: 236746	Registration	: 23/Jun/2024 01:55PM
Patient Name	: MR. RAM SINGH TANWAR	Received	: 23/Jun/2024 03:48PM
Age/Gender	: 38 Y 0 M 0 D /M	Reported	: 23/Jun/2024 07:21PM
Ref Doctor	: Dr.SELF	Client Code	: UP528
Collected By	: Dr.SELF	Client Add	: INDIRAPURAM
Sample Type	: SERUM		

HORMONE ASSAYS

Test Description	Observed Value	Unit	Reference Range

THYROID PROFILE. (T3,T4,TSH)

TRIODOTHYRONINE TOTAL (T3) CLIA	0.89	ng/mL	0.8 - 1.9

Summary & Interpretation:.

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organsT3 is mainly formed extrathyroidally , particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration.It Occurs under the influence of medicaments such as propanolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

THYROXINE TOTAL (T4) CLIA	9.4	ug/dL	5.0 - 13.0

Summary & Interpretation:

The hormons thyroxime (T4) is the main product secreted by the thyroid gland. The major part of total thyroxime (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken in to account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications : the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

THYROID STIMULATING HORMONE (TSH) CLIA	2.990	µIU/mL	0.35 - 4.75

Summary & Interpretation

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circardian secretion sequence.The determination of TSH serves as the initial test in thyroid diagnostics, Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularl suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Note:

1.TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between6-10 pm .The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations

2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy. 4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41– 5.18

*** End Of Report ***

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भारत सरकार
Government of India

आधार

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Ram Singh Tanwar
जन्म तिथि / DOB : 23/09/1985
पुरुष / Male

7165 6157 0470

Issue Date: 15/02/2014

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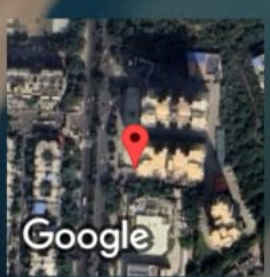
मेरा आधार, मेरी पहचान



GPS Map Camera

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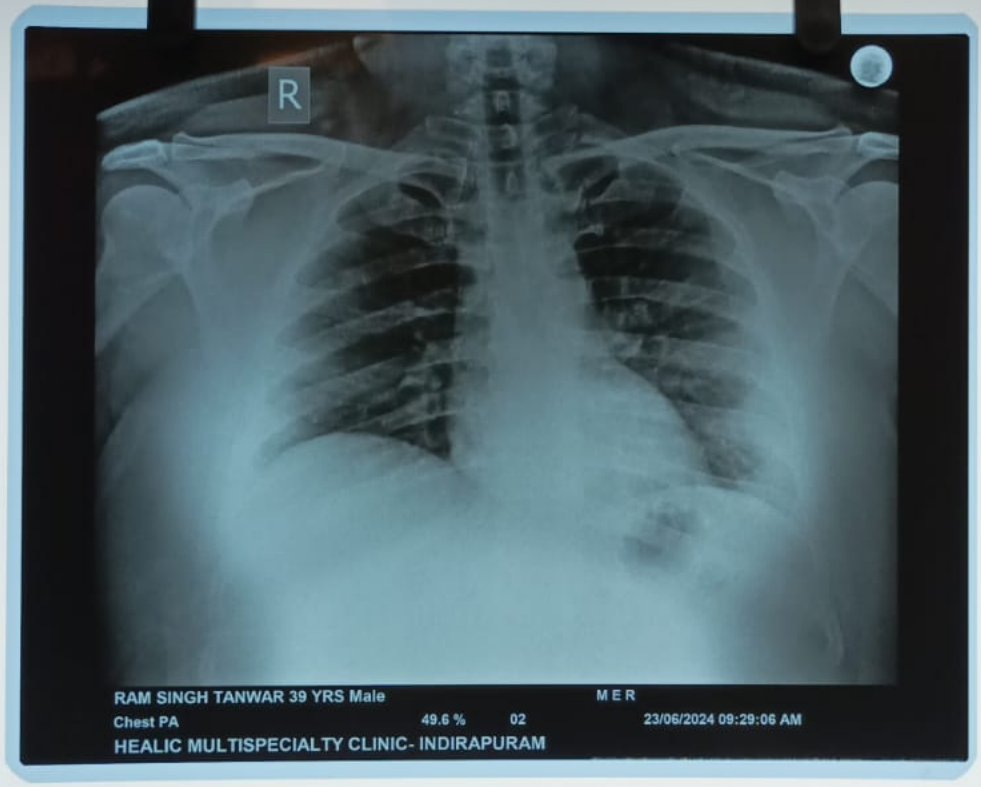
R
RAM SINGH TANWAR 39 YRS Male
MER
Chest PA
49.6 %
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HEALIC MULTISPECIALTY CLINIC- INDIRAPURAM