



# PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003.  
Tel : +91 40-2784 5852, 6649 1787, 7995421787, 7093445852, Fax : +91 40 2784 7864  
Email parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited  
Certificate No.MC-2566

## MEDICAL EXAMINATION REPORT

Name	Mr. V. Shailendra - P	Date :	26/8/22		
Company	c/o. Medi wheel	Reg. No. :	2316475		
Contact No.	9849306203	Sex	<input checked="" type="checkbox"/> M	Age :	<input type="checkbox"/> 51
Type	Pre-Emp	Emp. No.:	157108		
	Overseas	Height	182 cms		
	Annual	Weight	103 kgs		
Remarks	CUE - Pus cells ⊕. USG : Hemangioma ? of 2.7 x 2.0 cms of Left lobe of the liver. - Mild hepatomegaly ⊕. Advice follow up. - Rest all clinical + lab parameters within (N) limits.				
Fitness Status	Medically Fit / Unfit	DR. PRIYANKA SANNIDHI Physician's Signature Regn. No : 11351			



**Distant Vision : Near Vision :**

Right Eye: 6/6

With glasses / Without glasses

left Eye : 6/6

with glasses / without glasses

Colour Vision : Normal

**Right Ear**

Hearing :

(N)

Rinee's Test ;

Weber Test :

Discharge :

NIL

Right Eye: N10 +2.00 sph N6

With glasses / Without glasses

left Eye : N10 +2.00 sph N6

with glasses / without glasses

Ophthalmologist's Signature

DR. KATTA  
D.O., F.R.C.  
Regd. Ophthalmologist

**Left Ear**

(N)

NIL

**SYSTEMIC EXAMINATION**

Pulse : 80 bpm

B.P. : 140/80 mmHg

Lungs : A. Shape of Chest B/L symmetrical  
B. Breath Sounds B/L clear ⊕  
C. Adventitious Sounds No

Heart : A. Sounds S1 S2 ⊕  
B. Murmurs No murmur

Abdomen : A. Liver NPD  
B. Spleen NPD  
C. Piles NIL  
D. Any Lump NAD

**Nervous System**

A. Higher Function :  
B. Cranial Nerves :  
C. Sensory System :  
D. Motor System :  
E. Jerks :

(N)

General : A. Hernia  
B. Hydrocele  
C. Varicocele ] NAD

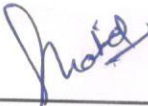
Breast : Rt \_\_\_\_\_ Lt. \_\_\_\_\_



## CANDIDATE'S DECLARATION

I hereby solemnly declare that I am not suffering from Asthma, Hypertension, Diabetes, Occult Psychological disorders or any other ailment which can be suppressed without my voluntary declaration.

Date :

  
\_\_\_\_\_  
Signature

Place :

Note : General Physical Examination and Investigation included in the health check-up Have certain limitations and may not be able to detect all latent and asymptomatic diseases. Any new symptoms developing after the health check-up or persisting thereafter should be brought to the attention of the treating physician.



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## ENT CONSULTATION

S.No. 2316475

Emp.No. 157108

Date 26/8/22

Name Mr. V. Shailendra P.

Age 51 Yrs

Sex M/F

### EARS :

### Right

### Left

EAC

:

(N)

(N)

TM

:

(R) (N)

(R) (N)

TFT

: Rinnes

AC > BC

AC > BC

Waxer's

← → AC

ABC

same as examiner

NOSE

:

(N)

THROAT

:

(N)

NECK

:

(N)

IMPRESSION :

ENT within normal limits

Dr. D. Hari Krishna Reddy  
MS (ENT)  
Head & Neck Surgeon  
Reg. No. 83379

Consultant ENT

Name: V. Sailerder Sex: M Age: 51

Chief complaint: - General check-up.

Date: 26/8/22

OPD No: 843

Oral Examination:-

\* complete Hybrid prosthesis

Re:-

1. Oracma water floss.
- ————— ○

**Smilesss**   
MULTI SPECIALITY DENTAL CLINIC  
Smile Confidentially... Not Confidentially...  
B.D.S. IMPLANTOLOGIST (USA)  
1-3-1, Rajamudaliar Street, Kalasiguda,  
Secunderabad, Cell : 8177910590,

(Dr. Sowmya)






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## TEST REPORT

Name : Mr . V SHAIENDRA P [157108]  
Age / Gender : 51 Years / Male  
Ref.By : Medi Wheel  
Req. No : BIL2316475

TID : UMR0886082  
Registered on : 26-Aug-2022 07:49 AM  
Reported On : 26-Aug-2022 09:11 AM

### DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

**LIVER** : 15.47 cms - Mild enlarged in size and increased echotexture. Isoechoic area 2.7 x 2.0 cms in left lobe of liver.

No IHBD /CBD dilatation. Portal vein is normal in size.

**SPLEEN** : 9.71 cms - Normal in size and echotexture. No focal lesion seen.

**GALL BLADDER** : Well distended. No sludge / gall stones / sol.

Gall bladder -Wall thickness is normal.

No pericholecystic oedema.

**PANCREAS** : Normal in size and echotexture.No calcification / sol.

Pancreatic duct is normal. No peripancreatic fluid collection.

**RIGHT KIDNEY** : 11.0 x 5.0 cms

Normal in size and echotexture.

Cortical thickness is normal.

No evidence of calculi / sol.

Pelvi calyceal system is normal.

**LEFT KIDNEY** : 11.1 x 5.5 cms

Normal in size and echotexture.

Cortical thickness is normal.

No evidence of calculi / sol.

Pelvi calyceal system is normal.

**URINARY BLADDER** : Well distended. Normal ii contour.

Wall thickness is normal. No calculus / sol.

**PROSTATE** : Measuring 3.4 x 2.8 x 2.7 cms (vol : 13.6 cc) Normal in size and echotexture.

No calcification / sol.

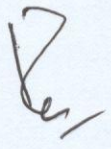
No pre or para aortic adenopathy / ascites noted.

**IMPRESSION** : Mild Hepatomegaly.

Grade I Fatty liver.

? Fat sparing area left lobe of liver / Haemangioma / Nature.

Clinical correlation and follow up. Further investigation if necessary.

  
Dr. D.J. MOHAN  
MD DMRD  
(Reg No. 8995)  
Consultant Radiologist





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## TEST REPORT

Name : Mr . V SHAIENDRA P [157108]  
Age / Gender : 51 Years / Male  
Ref.By : Medi Wheel  
Req. No : BIL2316475

TID : UMR0886082  
Registered on : 26-Aug-2022 07:49 AM  
Reported On : 26-Aug-2022 09:42 AM

### X-RAY CHEST PA VIEW

Lung fields are clear.

Cardia is normal.

Hila are normal.

C P angles are free.

Bony cage is normal.

Soft tissues are normal.

**IMPRESSION : NORMAL CHEST X-RAY**



Dr. D.J. MOHAN  
MD DMRD  
(Reg No. 8905)  
Consultant Radiologist



ID: 2316475

26-08-2022 08:35:26 AM

EPL-12

MR V SHAILENDRA P

Male 51 Years

HR : 78 bpm  
P : 114 ms  
PR : 148 ms  
QRS : 69 ms  
QT/QTc : 382/436 ms  
P/QRS/T : 60/44/62 °  
RV5/SV1 : 1.236/0.655 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

N/2 Non-specific ST change in Ant leads  
concurrent delay

Dr. SAMEER C. VIKAR  
M.D., D.M.  
Consultant Interventional Cardiologist  
Reg. No. 8245

Report Confirmed by:



PATIENT SUMMARY REPORT

GNOSTICS PVT.LTD

475  
SHAIENDRA P  
/ MALE

HEIGHT (cm) : 182  
WEIGHT (kg) : 103  
PROTOCOL : BRUCE

REF. BY : MEDIWHEEL  
DONE BY : DR SAMEER G VANKAR  
TECHNICIAN : G.M.SURESH

2022, 08:15:

ST : Routine Check Up.

None.

Very Active.

GATION : E C G

TERMINATION : Dyspnea.

ERANCE : Moderate (< 10 METS).

ANCED ARRHYTHMIAS : No.

NSE : Normal.

ONSE : Normal.

SION : *TMT Negative*

*TMT Negative*

**Dr. SAMEER G. VANKAR**  
MD., D.M.  
Consultant Interventional Cardiologist  
Reg.No.8245

Confirmed By : \_\_\_\_\_

Signature








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## TEST REPORT

Name	: MR.V SHAILENDRA P [157108]	TID/SID	: UMR0886082/ 23866182
Age / Gender	: 51 Years / Male	Registered on	: 26-Aug-2022 / 07:49 AM
Ref.By	: -	Collected on	: 26-Aug-2022 / 07:51 AM
Req.No	:  BIL2316475	Reported on	: 26-Aug-2022 / 13:21 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Photo detectors(instrument)	Yellow		Light Yellow
Appearance Method:Photo diode array sensor	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.025		1.003-1.030
Reaction and pH Method:Double Indicator	5.5		5.0-8.0
Protein Method:Protein Error of pH indicators	Trace		Negative
Glucose Method:Double sequential enzymatic/GOD-PAP	Negative		Negative
Urobilinogen Method:Reagent strip/Reflectance photometry	Negative		0.2-1.0 mg%
Ketones Method:Strip method/Nitroprusside method	Negative		Negative
Blood Method:Peroxidase	Negative		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Fouchets Method	Negative		Negative
<b>Microscopic Examination</b>			
Pus cells (leukocytes) Method:Microscopy Of Sediment	2 - 3 Clumps+	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	Nil	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	Nil	/hpf	0-8 /hpf
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf

Lab Timings (Weekdays) : 7.00 am to 8.30 pm  
Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 7.30 am to 1.30 pm  
& 5.45 pm to 7.45 pm  
Sundays & Holidays : 7.30 am to 9.30 am




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Ref.By	: -	Collected on	: 26-Aug-2022 / 07:51 AM
Req.No	:  BIL2316475	Reported on	: 26-Aug-2022 / 13:21 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Casts	Nil	/lpf	Nil
Method:Microscopy Of Sediment			/lpf
Others	Nil		Nil
Method:Microscopy Of Sediment			

\* Sample processed at Parkline

--- End Of Report ---

**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY








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## TEST REPORT

Name	: MR.V SHAILENDRA P [157108]	TID/SID	: UMR0886082/ 23866180
Age / Gender	: 51 Years / Male	Registered on	: 26-Aug-2022 / 07:49 AM
Ref.By	: -	Collected on	: 26-Aug-2022 / 07:51 AM
Req.No	:  BIL2316475	Reported on	: 26-Aug-2022 / 13:29 PM
		Reference	: Medi Wheel

### DEPARTMENT OF HEMATOLOGY

### Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
Rh Typing (D)	POSITIVE -
Method:Agglutination	

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Age / Gender	: 51 Years / Male	Registered on	: 26-Aug-2022 / 07:49 AM
Ref.By	: -	Collected on	: 26-Aug-2022 / 07:51 AM
Req.No	:  BIL2316475	Reported on	: 26-Aug-2022 / 13:29 PM
		Reference	: Medi Wheel

### DEPARTMENT OF HEMATOLOGY

### Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	16.2	g/dL	13.0-17.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	5.4	mill /cu.mm	4.5-5.5 mill /cu.mm
PCV/HCT Method:Numeric Integration	46	%	40-50 %
MCV Method:Calculated	85	fL	83-101 fL
MCH Method:Calculated	29.7	pg	27-32 pg
MCHC Method:Calculated	34.9	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	14.1	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	6.6	cells/cumm	4-10 cells/cumm
<b>Differential Count</b>			
Neutrophils Method:Flowcytometry/Microscopy	55	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	36	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	5	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	4	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Absolute Neutrophil Count	3.63	10 <sup>3</sup> /μL	2.0-7.0 10 <sup>3</sup> /μL
Absolute Lymphocyte Count	2.38	10 <sup>3</sup> /μL	1.0-3.0 10 <sup>3</sup> /μL

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Req.No	:  BIL2316475	Reported on	: 26-Aug-2022 / 13:29 PM
		Reference	: Medi Wheel

### DEPARTMENT OF HEMATOLOGY

### Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Absolute Monocyte Count	0.33	10 <sup>3</sup> /μL	0.20-1.0 10 <sup>3</sup> /μL
Absolute Eosinophil Count	0.26	10 <sup>3</sup> /μL	0.02-0.5 10 <sup>3</sup> /μL
Absolute Basophil Count	00	10 <sup>3</sup> /μL	0.02-0.1 10 <sup>3</sup> /μL
Platelet Count	240	10 <sup>3</sup> /μL	150-410 10 <sup>3</sup> /μL
Method:Electrical Impedence			

#### Peripheral Smear

RBC	Normocytic and Normochromic
Method:Microscopy	
WBC	Within normal limits.No abnormal cells seen.
Method:Microscopy	
Platelets	Discrete and adequate.Normal in morphology
Method:Microscopy	

\* Sample processed at Parkline

--- End Of Report ---

**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY




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Age / Gender : 51 Years / Male Registered on : 26-Aug-2022 / 07:49 AM  
Ref.By : - Collected on : 26-Aug-2022 / 07:51 AM  
Req.No  Reported on : 26-Aug-2022 / 13:29 PM  
BIL2316475 Reference : Medi Wheel

### DEPARTMENT OF HEMATOLOGY

#### Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	10	mm/hour	0-10 mm/hour
Method:Westergren			

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## TEST REPORT

Name : **MR.V SHAILENDRA P [157108]** TID/SID : UMR0886082/ 23866181  
Age / Gender : 51 Years / Male Registered on : 26-Aug-2022 / 07:49 AM  
Ref.By : - Collected on : 26-Aug-2022 / 07:51 AM  
Req.No :  Reported on : 26-Aug-2022 / 13:50 PM  
Reference : Medi Wheel  
BIL2316475

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	11.4	mg/dL	7-23 mg/dL
Method:Calculated			

#### Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	1.03	mg/dL	0.60-1.30 mg/dL
Method:Alkaline Picrate			

\* Sample processed at Parkline

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## TEST REPORT

Name : **MR.V SHAILENDRA P [157108]** TID/SID : UMR0886082/ 23866183F  
Age / Gender : 51 Years / Male Registered on : 26-Aug-2022 / 07:49 AM  
Ref.By : - Collected on : 26-Aug-2022 / 07:51 AM  
Req.No  Reported on : 26-Aug-2022 / 14:59 PM  
BIL2316475 Reference : Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	98	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >=126 mg/dL

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Req.No	:  BIL2316475	Reported on	: 26-Aug-2022 / 14:59 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

### Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Post Prandial Method:GOD - PAP	113	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : $\geq$ 200 mg/dL

\* Sample processed at Parkline

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## TEST REPORT

Name : **MR.V SHAILENDRA P [157108]** TID/SID : UMR0886082/ 23866180  
Age / Gender : 51 Years / Male Registered on : 26-Aug-2022 / 07:49 AM  
Ref.By : - Collected on : 26-Aug-2022 / 07:51 AM  
Req.No  Reported on : 26-Aug-2022 / 14:59 PM  
BIL2316475 Reference : Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	<b>6.5</b>	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	139	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL

**Note:**Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

#### INTERPRETATION :

- 1.Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- 2.A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- 3.In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
4. American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
5. Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

\* Sample processed at Parkline

--- End Of Report ---

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MD PATHOLOGY






# PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel : 040-42038139, 27845852  
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited  
Certificate No.:MC-2566

## TEST REPORT

Name	: MR.V SHAILENDRA P [157108]	TID/SID	: UMR0886082/ 23866181
Age / Gender	: 51 Years / Male	Registered on	: 26-Aug-2022 / 07:49 AM
Ref.By	: -	Collected on	: 26-Aug-2022 / 07:51 AM
Req.No	:  BIL2316475	Reported on	: 26-Aug-2022 / 13:50 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	178	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	32	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease mg/dL
LDL Cholesterol Method:Calculated	<b>121</b>	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	25	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	127	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	5.56		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	3.78		

\* Sample processed at Parkline

--- End Of Report ---

**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	0.70	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.19	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.51	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	27	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	29	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	71	U/L	30-115 U/L
<b>PROTEINS</b>			
Total Protein. Method:Biuret	7.12	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.29	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	2.83	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.52		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	47	U/L	7.0-50.0 U/L

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BIL2316475 Reference : Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value	Biological Reference Interval
Prostate Specific Antigen (PSA) Total Method:Enhanced chemiluminescence	0.322 ng/mL	0-3.9 ng/mL

#### Interpretation:

- 1.Prostate specific antigen (PSA) is a glycoprotein that is expressed by both normal and neoplastic prostate tissue
- 2.Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory conditions of other adjacent genitourinary tissues. PSA can also be elevated after digital rectal examination,prostatic massage,cystoscopy,needle biopsy etc
- 3.Measurement of serum PSA by itself is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hyperplasia.
4. When employed for the management of prostate cancer patients, serial measurement of PSA is useful in detecting residual tumor and recurrent cancer after radical prostatectomy.
- 5.PSA has been demonstrated to be an accurate marker for monitoring advanced clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy.

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Reference : Medi Wheel  
BIL2316475

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.61	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	7.36	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	2.33	µIU/mL	0.465-4.68 µIU/mL

Note: Change in method and reference range  
NOTE:

TSH - Reference ranges during pregnancy:\*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3rd Trimester : 0.30 - 3.00

\*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors(secondary).

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Req.No  Reported on : 26-Aug-2022 / 13:50 PM  
BIL2316475 Reference : Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid.	7.37	mg/dL	2.5-8.0 mg/dL
Method:Uricase			

\* Sample processed at Parkline

--- End Of Report ---

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## TEST REPORT

Name : **MR.V SHAILENDRA P [157108]** TID/SID : UMR0886082/ 23867420  
Age / Gender : 51 Years / Male Registered on : 26-Aug-2022 / 07:49 AM  
Ref.By : - Collected on : 26-Aug-2022 / 07:51 AM  
Req.No  Reported on : 26-Aug-2022 / 16:24 PM  
Reference : Medi Wheel  
BIL2316475

### DEPARTMENT OF HEALTH CHECKUP

#### Glucose Urine Fasting

Urine Glucose Fasting NIL NIL  
Method:Reagent strip/Reflectance photometry

#### Glucose Urine Post Prandial

Urine Glucose Post Prandial NIL NIL  
Method:Reagent strip/Reflectance photometry

\* Sample processed at Parkline

--- End Of Report ---



**Dr V G Mallika**  
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