

नाम धीरेन्द्र सिंह
Name Dhirender Singh

कर्मचारी कूट संख्या
E C Number 178227

जारीकर्ता प्राधिकारी
Issuing Authority



धारक के हस्ताक्षर
Holder's Signature

[Handwritten signature in blue ink]

A Venture of Apple Cardiac Care

A-3, Ekta Nagar, Stadium Road,
(Opp. Care Hospital),
Bareilly - 243 122 (U.P.) India
Tel. : 07599031977, 09458888448



APPLE
PATHOLOGY
TRUSTED RESULT

Reg.NO. : 439
NAME : **Mr. DHIRENDRA SINGH**
REFERRED BY : Dr.Nitin Agarwal (D M)
SAMPLE : BLOOD

DATE : **28/01/2023**
AGE : 38 Yrs.
SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
HAEMATOLOGY			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	13.5	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	6,700	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	65	%	40-75
Lymphocytes	32	%	20-45
Eosinophils	03	%	01-08
TOTAL R.B.C. COUNT	5.00	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	41.7	%	35-54
M C V	83.4	fL	76-96
M C H	27.0	pg	27.00-32.00
M C H C	32.4	g/dl	30.50-34.50
PLATELET COUNT	1.52	lacs/mm ³	1.50 - 4.50
E.S.R. (Westergren Method)	11	mm/1st hr.	0 - 20
BIOCHEMISTRY			
BLOOD SUGAR F.	85	mg/dl	60-100
BLOOD UREA	25	mg/dL.	10-40

- * Low serum urea is usually associated with status of overhydration severe hepatic failure.
- * A urea level of 10-45 mg/dl indicates normal glomerular function and a level of 100-250 mg/dl indicates a serious impairment of renal function. In chronic renal failure, urea correlates better with the symptoms of uremia than does serum creatinine.
- * Urine/Serum urea is more than 9 in prerenal and less than 3 in renal uremia.

Report is not valid for medicolegal purpose



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SERUM CREATININE	1.0	mg/dL.	0.5-1.4
URIC ACID	6.3	mg/dl	3.5-8.0

CLINICAL SIGNIFICANCE:

Analysis of synovial fluid plays a major role in the diagnosis of joint disease.

SERUM SODIUM (Na)	136	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	5.3	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	11.2	mg/dl	8.5 - 10.5

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 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL	0.6	mg/dL	0.3-1.2
DIRECT	0.4	mg/dL	0.2-0.6
INDIRECT	0.2	mg/dL	0.1-0.4
SERUM PROTEINS			
Total Proteins	6.9	Gm/dL	6.4 - 8.3
Albumin	4.5	Gm/dL	3.5 - 5.5
Globulin	2.4	Gm/dL	2.3 - 3.5
A : G Ratio	1.88		0.0-2.0
SGOT	86	IU/L	0-40
SGPT	80	IU/L	0-40
SERUM ALK.PHOSPHATASE	77	IU/L	00-115

NORMAL RANGE : BILIRUBIN TOTAL

Premature infants. 0 to 1 day: <8 mg/dL Premature infants. 1 to 2 days: <12 mg/dL Adults: 0.3-1 mg/dL.
 Premature infants. 3 to 5 days: <16 mg/dL Neonates, 0 to 1 day: 1.4-8.7 mg/dL
 Neonates. 1 to 2 days: 3.4-11.5 mg/dL Neonates, 3 to 5 days: 1.5-12 mg/dL Children 6 days to 18 years: 0.3-1.2 mg/dL

COMMENTS-
 Total and direct bilirubin determination in serum is used for the diagnosis, differentiation and follow-up of jaundice. Elevation of SGPT is found in liver and kidney diseases such as infectious or toxic hepatitis, IM and cirrhosis. Organs rich in SGOT are heart, liver and skeletal muscles. When any of these organs are damaged, the serum SGOT level rises in proportion to the severity of damage. Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis, biliary obstructions, hyperparathyroidism, steatorrhea and bone diseases.

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
LIPID PROFILE			
SERUM CHOLESTEROL	192	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	114	mg/dl.	30 - 160
HDL CHOLESTEROL	48	mg/dL.	30-70
VLDL CHOLESTEROL	22.8	mg/dL.	15 - 40
LDL CHOLESTEROL	121.20	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.53	mg/dl	

INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis. CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values. HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol. LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

HAEMATOLOGY

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GLYCOSYLATED HAEMOGLOBIN	5.4		

EXPECTED RESULTS :

Non diabetic patients	: 4.0% to 6.0%
Good Control	: 6.0% to 7.0%
Fair Control	: 7.0% to -8%
Poor Control	: Above 8%

***ADA: American Diabetes Association**

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination. ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

METHOD : ADVANCED IMMUNO ASSAY.

BIOCHEMISTRY

Gamma Glutamyl Transferase (GGT)	23	U/L	7-32
----------------------------------	----	-----	------

BIOCHEMICAL

Prostatic Specific Antigen	1.9	ng/ml	0-4
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Prostatic Specific Antigen (P.S.A)

Comment : The fact of PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate. PSA is also useful for determining possible recurrence after therapy. 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.

* Quality controlled report with external quality assurance

HAEMATOLOGY

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD GROUP			
Blood Group	A		
Rh	POSITIVE		

URINE EXAMINATION

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
TRANSPARENCY			
Volume	20	ml	
Colour	Light Yellow		
Appearance	NIL		Nil
Odour	NIL		
Sediments	Nil		
Specific Gravity	1.015		1.015-1.025
Reaction	NIL		
BIOCHEMICAL EXAMINATION			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	NIL		Nil
MICROSCOPIC EXAMINATION			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	2-3	/H.P.F.	
Epithelial Cells	3-5	/H.P.F.	
Crystals	PRESENT		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		

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TEST NAME

RESULTS

UNITS

BIOLOGICAL REF. RANGE

--{End of Report}--

Shweta

Dr. Shweta Agarwal, M.D.
(Pathologist)

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TEST NAME	RESULTS	UNITS	BIOLOGICAL REF. RANGE
	BIOCHEMISTRY		
BLOOD SUGAR P.P.	110	mg/dl	80-140

---(End of Report)---

Shweta

Dr. Shweta Agarwal, M.D.
(Pathologist)

Report is not valid for medicolegal purpose

Lab. Timings : 9.00 a.m. to 8.00 p.m. Sunday : 10.00 a.m. to 2.00 p.m.
Home Sample Collection Facility Available





Patient ID 102221396
Name Mr. DHIRENDRA
Sex/Age Male 38 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 28/01/2023 11:15:58
Reported On 28/01/2023 11:45:31

X-RAY CHEST PA VIEW

Trachea is central in position.
Bony cage is normal.
Both hila are normal.
No definite evidence of pleuro pulmonary pathology.
Both CP angles are clear.
Cardio - thoracic ratio is within normal limit.
Both diaphragms are normal in position and contour.

ADV – PLEASE CORRELATE CLINICALLY.

***** End of Report *****



DR KAMAL NAYAN GANGEY
DNB RADIODIAGNOSIS

Page No: 1 of 1



C CENTER RAJENDRA NAGAR BAREILLY

R



8cm

A 38Y Male CHEST 28-01-2023

Recovery 10.47 2.00 00.0 00.0 01.1 132 73 % 14090 215 00
11.47 3.56 00.0 00.0 01.0 132 73 % 14090 215 00





Patient ID 102221397
Name Mr. DHIRENDRA
Sex/Age Male 38 Yrs
Ref. By Dr. NITIN AGARWAL

Reg. Date 28/01/2023 11:17:12
Reported On 28/01/2023 12:43:05

USG WHOLE ABDOMEN

Liver - is normal in size with diffuse fatty changes. No IHBRD / focal SOL is seen. PV - normal. Porta hepatis - normal.

Gall bladder - Normal physiological distension. A 14mm calculus is seen in lumen. Wall thickness is normal. CBD -normal.

Pancreas - is normal in thickness and echotexture. Pancreatic duct is not dilated. No evidence of pancreatic calcification.

Spleen - is normal in size and normal echotexture.

Both kidneys - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Corticomedullary definition is normal. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder - No calculus is seen in the lumen. Wall is smooth and regular.

Prostate - Size is normal (20cc). Few calcifications are seen, more on left side.

No free fluid is seen in peritoneal cavity.

IMPRESSION:

- CHOLELITHIASIS.
- GRADE I FATTY LIVER.

ADV - PLEASE CORRELATE CLINICALLY.

*** End of Report ***



DR KAMAL NAYAN GANGEY
DNB RADIODIAGNOSIS

Page No. 1 of 1



APPLE CARDIAC CARE

A-3 Ekta Nagar (Opp. Care Hospital), Stadium Road, Bareilly

1692 / MR. DHIRENDER / 38 Yrs / M / 167 Cms / 73 Kg Date: 28-Jan-2023

Definite Angina /Hypercholesterolemia/Diabetic/Positive Estrogen/Non-Athlete

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	085	47 %	125/75	106	00	
Standing	00:17	0:14	00.0	00.0	01.0	088	48 %	125/75	110	00	
HV	00:34	0:17	00.0	00.0	01.0	079	43 %	125/75	098	00	
ExStart	00:48	0:14	00.0	00.0	01.0	081	45 %	125/75	101	00	
BRUCE Stage 1	03:48	3:00	01.7	10.0	04.7	111	61 %	130/80	144	00	
BRUCE Stage 2	06:48	3:00	02.5	12.0	07.1	134	74 %	135/85	180	00	
PeakEx	08:47	1:59	03.4	14.0	09.2	154	85 %	140/90	215	00	
Recovery	09:47	1:00	00.0	00.0	01.1	132	73 %	140/90	184	00	
Recovery	10:47	2:00	00.0	00.0	01.0	104	57 %	135/85	140	00	
Recovery	11:47	3:00	00.0	00.0	01.0	091	50 %	130/80	118	00	
Recovery	11:52	3:06	00.0	00.0	01.0	104	57 %	130/80	135	00	

Findings :

Exercise Time : 07:59
 Max HR Attained : 154 bpm 85% of Target 182
 Max BP Attained : (Sys) 140/90
 Max Workload Attained : 9.2 Good response to induced stress
 Max ST Dep Lead & Avg ST Value : V4 & -0.5 mm in Recovery
 Duke's Treadmill Score : 07.1
 Test Objective : GHDFEWASFSAFD ASSAS
 Test End Reasons : Test Complete, Heart Rate Achieved, Test Complete, Heart Rate Achieved, Test Complete, Heart Rate Ac

mt w...

डॉ० निरिन अग्रवाल
 हृदय रोग विशेषज्ञ

Doctor : DR. NITIN AGARWAL

(GEM214191125)(A)Allengers

E CARDIAC CARE

MR. DHIRENDER / 35 Yrs / M / 167 Cms / 73 Kg / HR : 84

SUPINE (00:03)



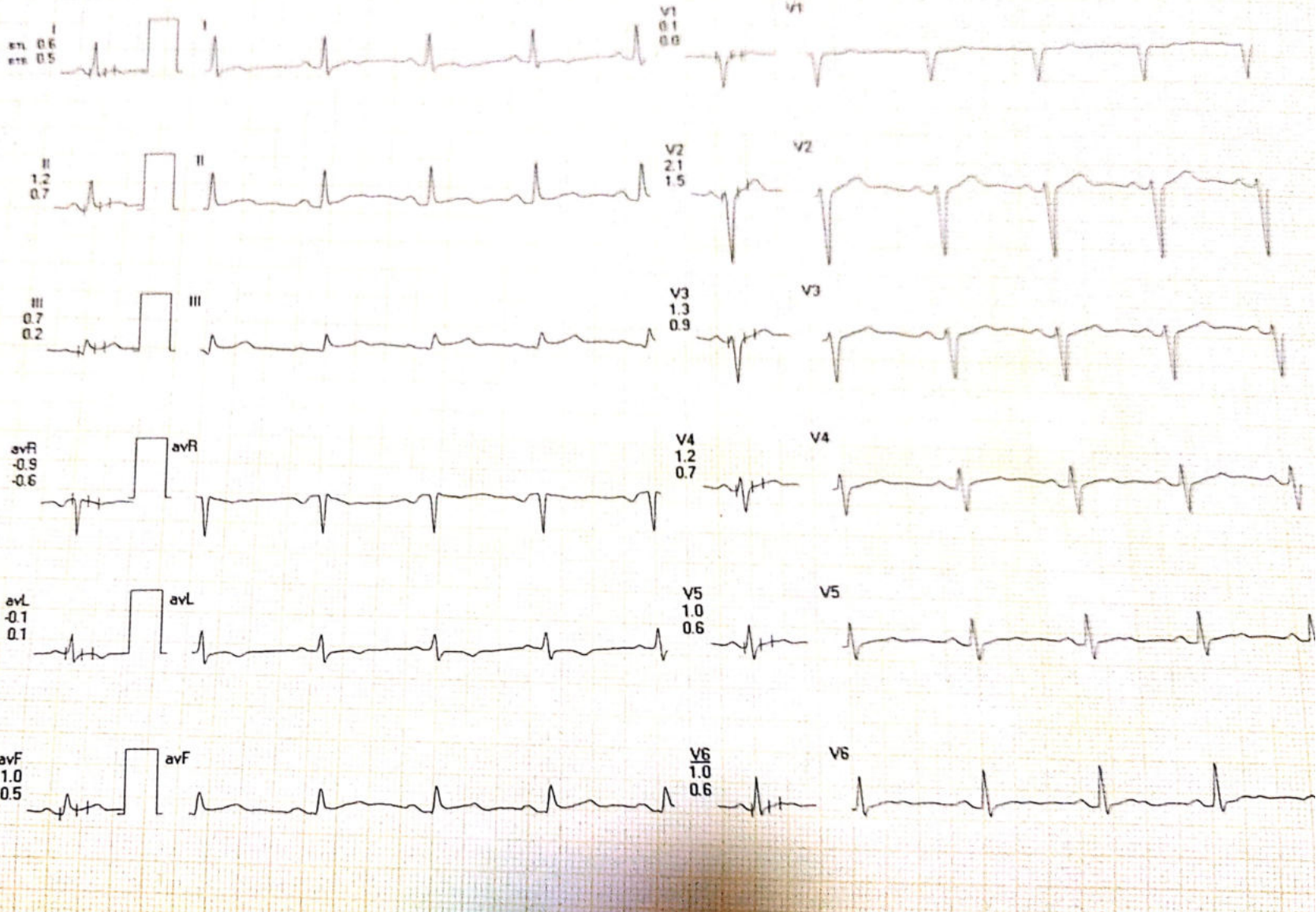
Jan-2023 03:23:27 PM

METS 1.0/84 bpm 46% of THR BP 125/75 mmHg Raw ECG/BLG Div/Notch On/HR 0.8% Hz/LF 20 Hz

ExTime: 00:00:0.0 mph: 0.0%

25 mm/Sec. 1.0 Cm/mV

80 mS Post J



REMARKS:

(GEM214191125)(A)Allengers

APPLE CARDIAC CARE

1692 / MR. DHIRENDER / 38 Yrs / M / 167 Cms / 73 Kg / HR : 88

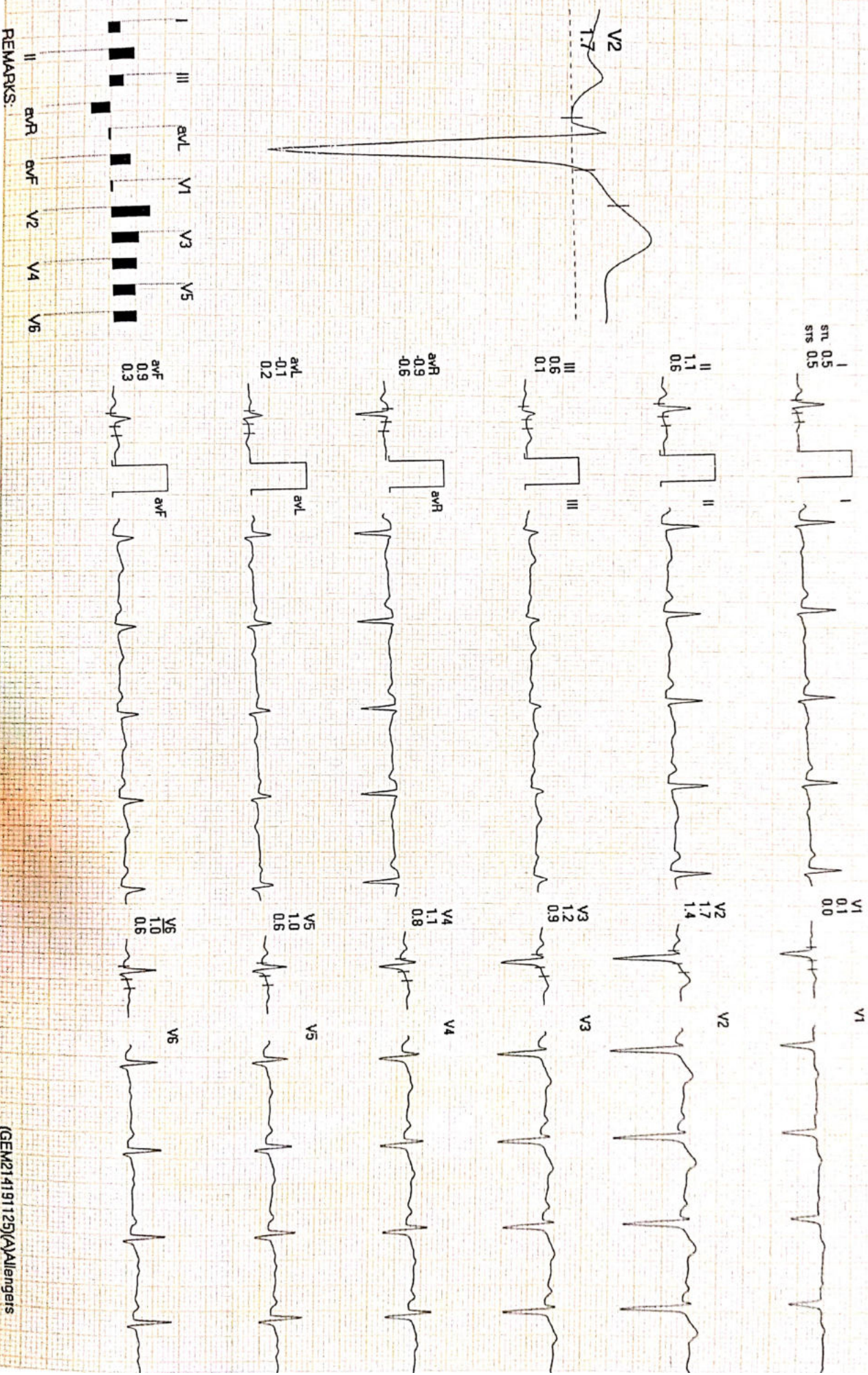
Date: 28-Jan-2023 03:23:27 PM METS: 1.0/88 bpm 48% of THR BP: 125/75 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/ALF 20 Hz

4X 80 mS Post J

STANDING (00:14)



ExTime: 00:00 0.0 mpph, 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:

(GEN214191125)(A)Allengers

APPLE CARDIAC CARE

1692 / MR. DHIRENDER / 38 Yrs / M / 167 Cms / 73 Kg / HR : 79

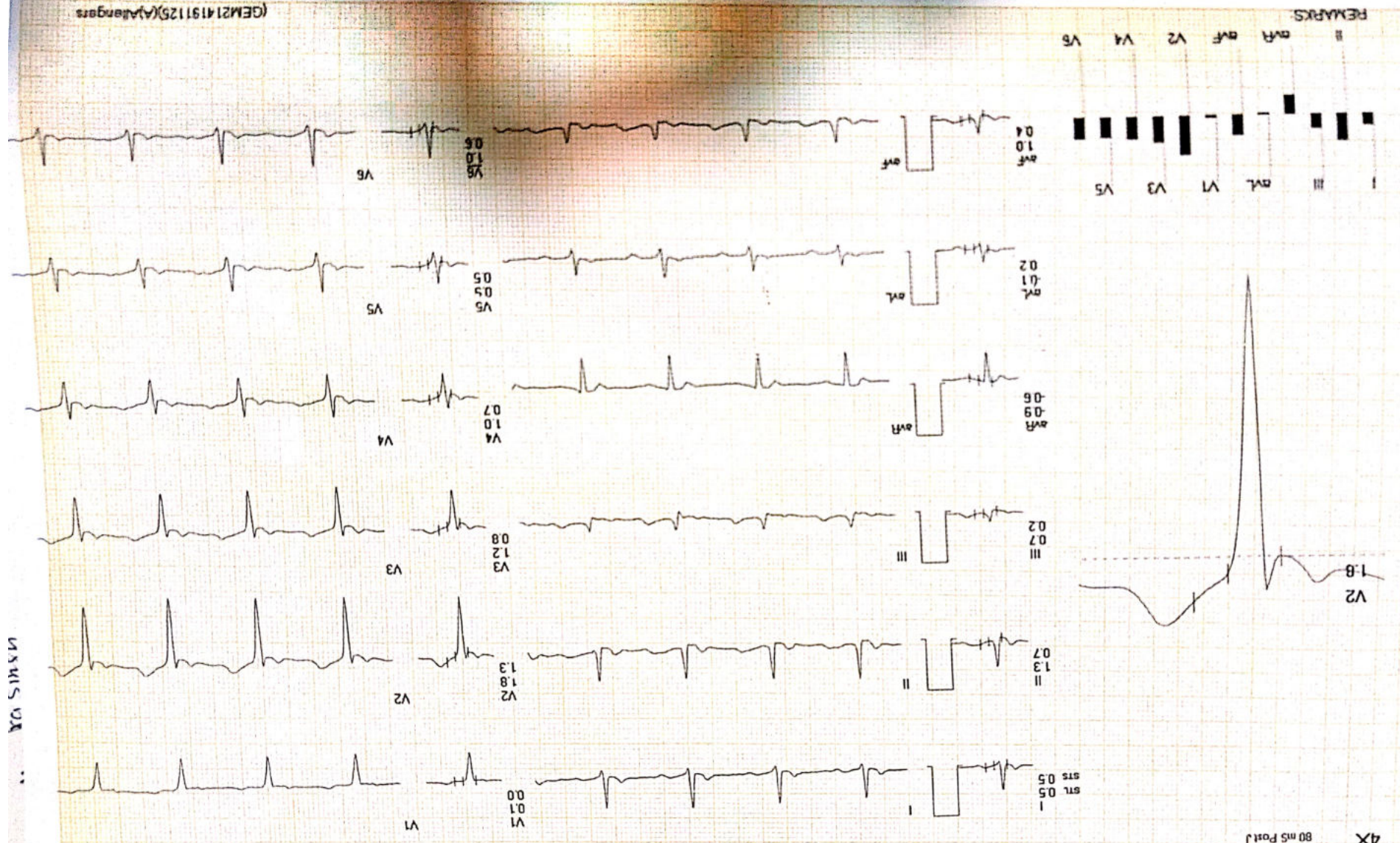
Date: 26-Jan-2023 03:23:27 PM METS: 1.0 / 79 bpm 43% of THR BP 125/75 mmHg Raw ECG/ BLC On/ Noich On/ HF 0.05 Hz LF 20 Hz

ExtTime: 00:00:00 mph. 0.0%
25 mm/Sec. 1.0 Cm/mV

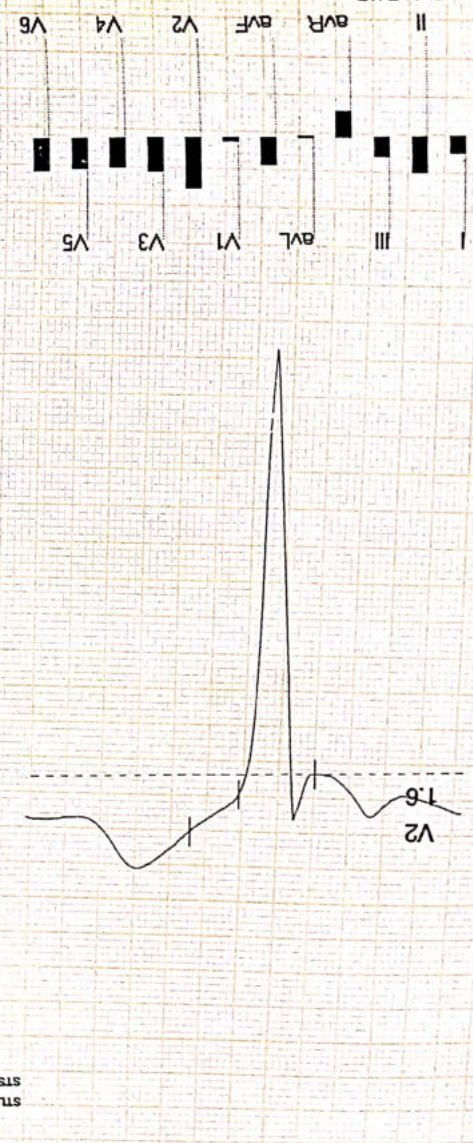
HV (00:17)



MAXIS 0X

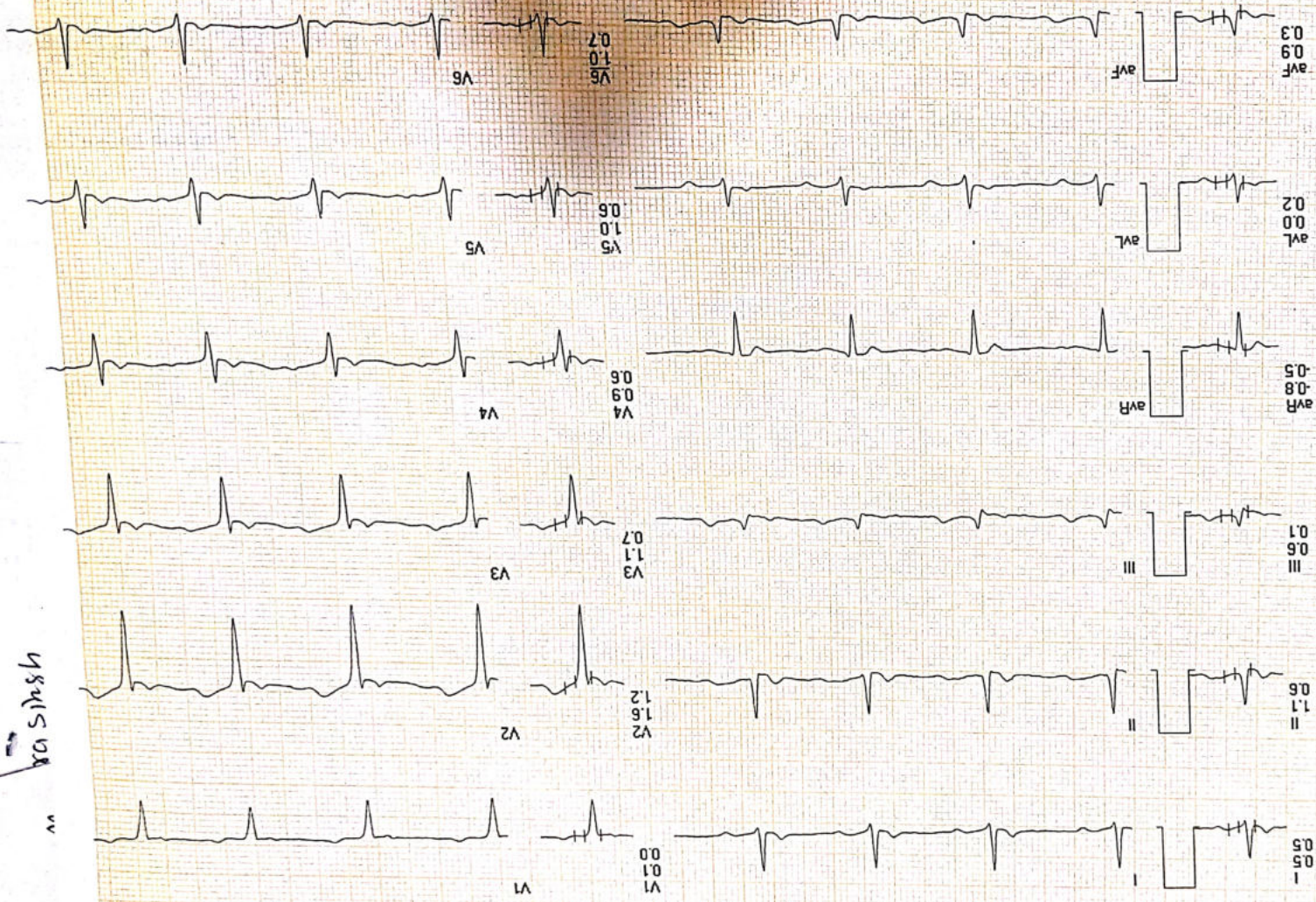


GEM214191125(A)Mangars



REMARKS:

(GEM214191125)(A)Allengers



45215 08

210



APPLE CARDIAC CARE

BRUCE : Stage 1 (03:00)



1692 / MR. DHIRENDER / 38 Yrs / M / 167 Cms / 73 Kg / HR : 111

Date: 28-Jan-2023 03:23:27 PM

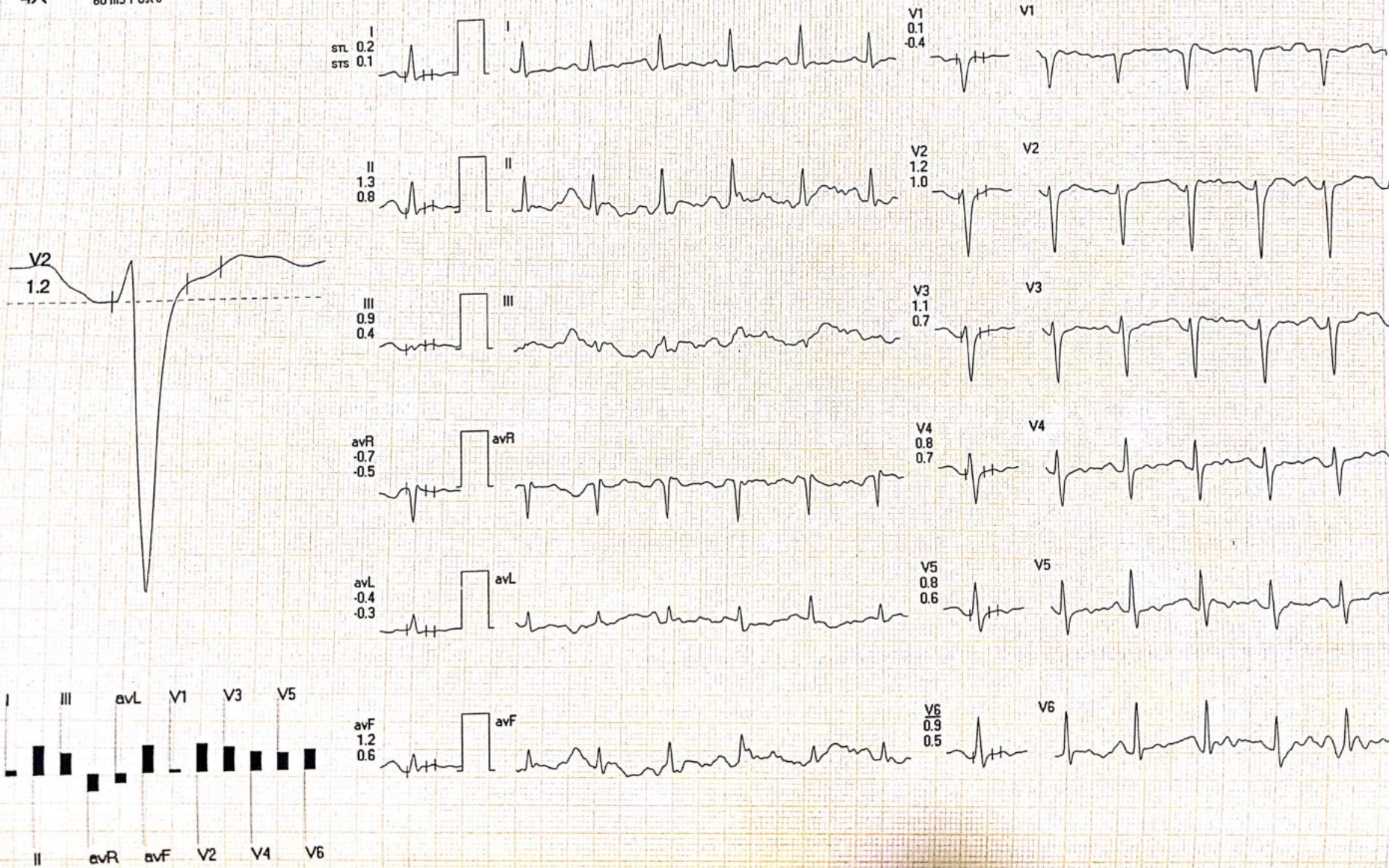
METS: 4.7/111 bpm 61% of THR BP: 130/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 20 Hz

ExTime: 03:00 1.7 mph. 10.0%

25 mm/Sec. 1.0 Cm/mV

4X

60 mS Post J



REMARKS:

(GEM214191125)(A)Allengers

APPLE CARDIAC CARE

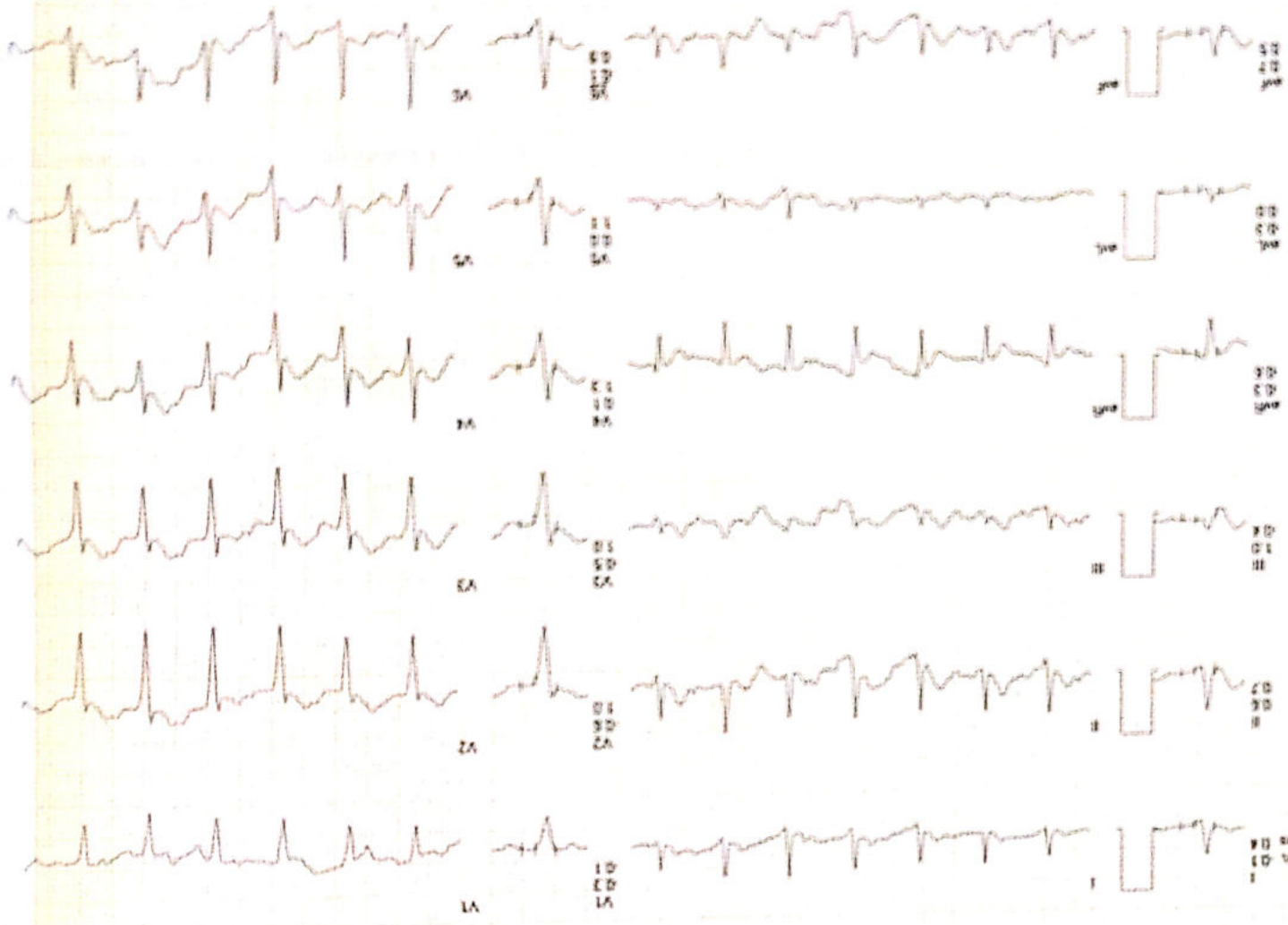
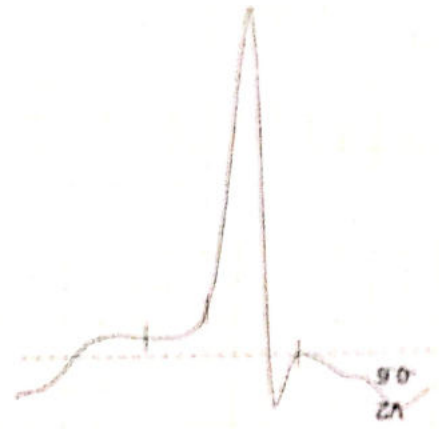
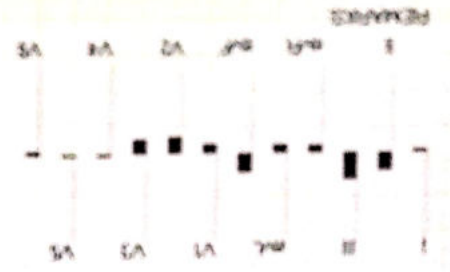
1692 / MR. CHIRENDER / 38 Yrs / M / 167 Cms / 73 Kg / HR : 146

Date 26-Jan-2023 03:23:27 PM

MAETS: 7.7/146 bpm 60% of THR, BP 135/85 mmHg, PAIN ECG/BLC ON/NAUCH ON/HF 0.05 Hz/LF 20 Hz

Extreme 06:34 34mph, 140%
25 min/Sec 10 cm/Div

BRUCE : Stage 3 (00:34)



Handwritten notes: 'No ST-T changes' and 'V1-V6'.

Small text at the top of the page, possibly a date or time stamp.

APPLE CARDIAC CARE

1692 / MR. DHIRENDER / 38 Yrs / M / 167 Cms / 73 Kg / HR : 154

PeakEx



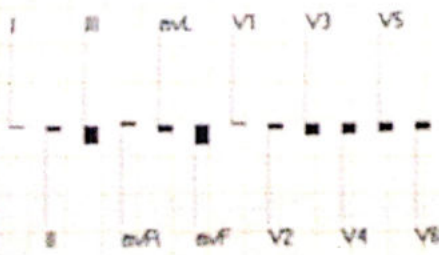
Date 28-Jan-2023 03:23:27 PM

METS: 9.2 / 154 bpm 85% of THR BP: 140/90 mmHg Rew ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 20 Hz

ExTime: 07:59 3.4 mph, 14.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:

(GEM214191125)(A)Allengers

APPLE CARDIAC CARE

1692 / MR. DHIRENDER / 38 Yrs / M / 167 Cms / 73 Kg / HR : 104

Date: 28-Jan-2023 03:23:27 PM

METS: 1.0/104 bpm 57% of THR BP: 135/85 mmHg Raw ECG/BLC On/ Notch On/HF 0.05 Hz/LF 20 Hz

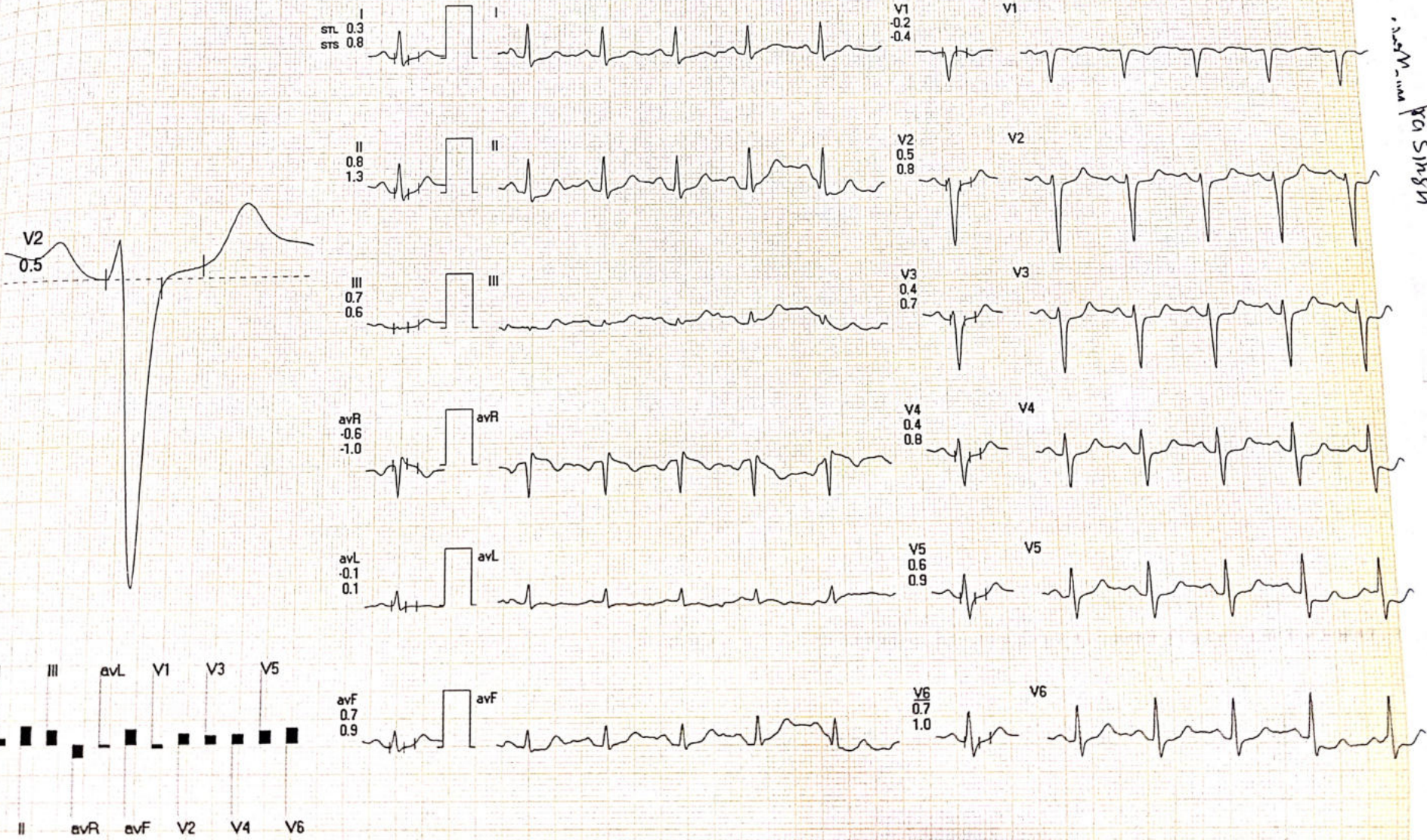
Recovery : (02:00)



ExTime: 07:59 0.0 mph. 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J

1692 ID 0012
pa shash



REMARKS:

(GEM214191125)(A)Allengers

APPLE CARDIAC CARE

1682 / MR. DHIRENDER / 38 Yrs / M / 167 Cms / 73 Kg / HR 104

Recovery : (03:05)



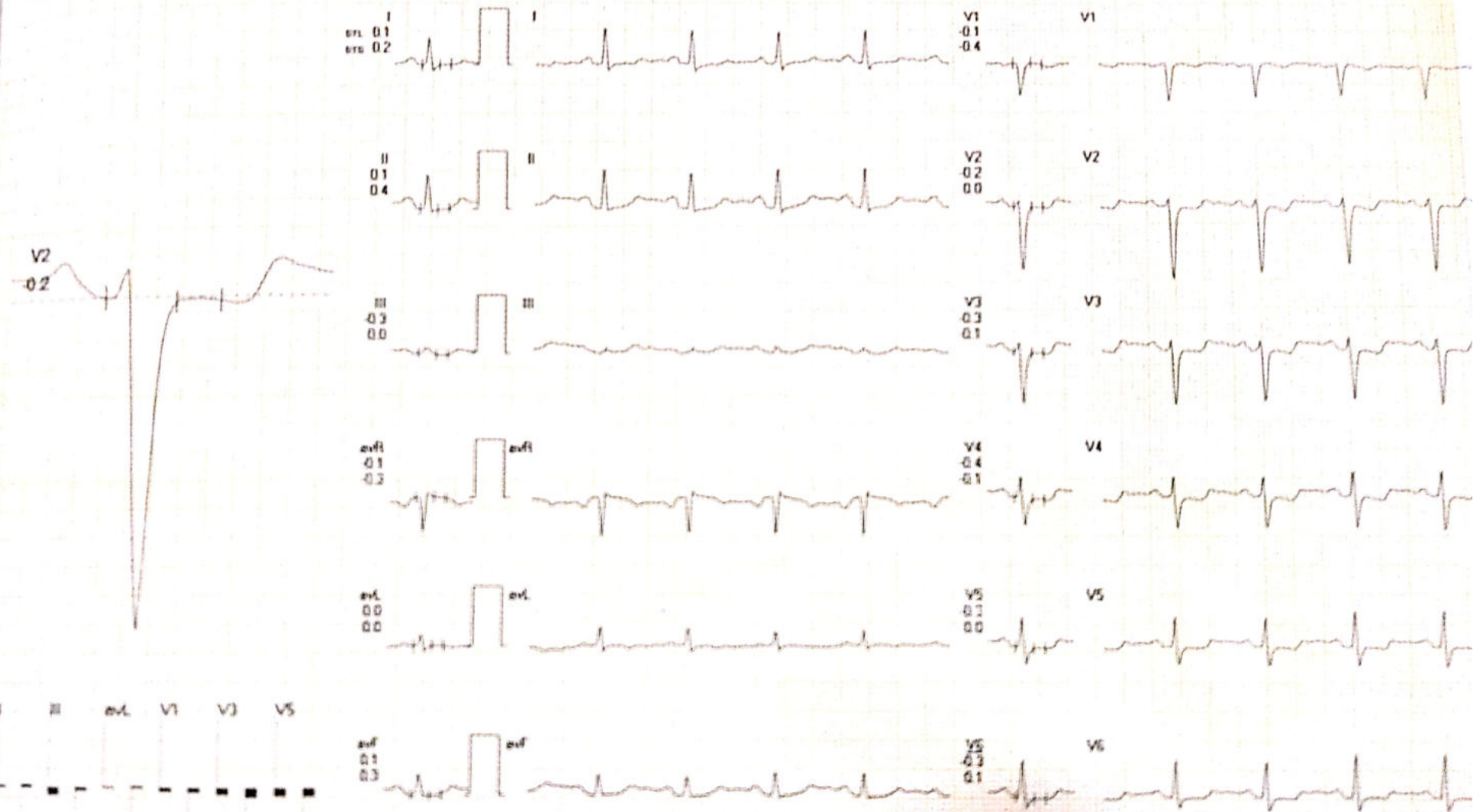
Date: 28-Jan-2023 03:23:27 PM

METS: 1.0 / 104 bpm 57% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 20 Hz

ExTime: 07:59 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cal/mV

4X 80 mV Post J



REMARKS

(GEM214191125)(A)Allengers

Dr. Nitin Agarwal

MD, DM (Cardiology)
Consultant Interventional Cardiologist
Cell: +91-94578 33777

Formerly at
Escorts Heart Institute & Research Centre, Delhi
Dr. Ram Manohar Lohia Hospital, Delhi



APPLE
CARDIAC CARE

DR. NITIN AGARWAL'S HEART CLINIC



Phosphate

250

28/11/23

140/90

96

78

2

T. Tissue (W)

T. Creat (10)

T. Tissue
W2-121

T. Tissue
W2-121

1mm

OT Cerebral
Angiography

A-3, EKTA NAGAR, (OPP. CARE HOSPITAL) STADIUM ROAD, NEAR DELAPEER CHAURAHA, BAREILLY - 243 122 (U.P.)

OPD Timings : 12.00 Noon to 04.00 pm, Sunday : 12.00 Noon to 3.00 pm

नम्बर लगाने के लिए फोन करें : 09458888448, 07599031977

VALID FOR 5 DAYS.

पर्चा पाँच दिन के लिये मान्य



Dr. Nitin Agarwal

MD, DM (Cardiology)
Consultant Interventional Cardiologist
Cell : +91-94578 33777

Formerly at :
Escorts Heart Institute & Research Centre, Delhi
Dr. Ram Manohar Lohia Hospital, Delhi



APPLE
CARDIAC CARE
DR. NITIN AGARWAL'S HEART CLINIC

(Handwritten signature)

28/11/23
140/90
961
78

Phisone
Rish

2
T. Tisehe (W)
T. cast (10)

Taf.
02-121

(Handwritten scribbles)
2000/1
1000

GI Corrosion
Angiogram

डॉ० नितिन अग्रवाल
डी०एम०
हृदय रोग विशेषज्ञ

A-3, EKTA NAGAR, (OPP. CARE HOSPITAL) STADIUM ROAD, NEAR DELAPEER CHAURAHA, BAREILLY - 243 122 (U.P.)

OPD Timings : 12.00 Noon to 04.00 pm, Sunday : 12.00 Noon to 3.00 pm
नम्बर लगाने के लिए फोन करें : 09458888448, 07599031977

VALID FOR 5 DAYS.

पर्चा पाँच दिन के लिये मान्य

Visit ID : MBAR34721	Registration : 28/Jan/2023 01:33PM
UHID/MR No : ABAR.0000034709	Collected : 28/Jan/2023 01:38PM
Patient Name : Mr.DHIRENDRA SINGH	Received : 28/Jan/2023 01:41PM
Age/Gender : 38 Y 0 M 0 D /M	Reported : 28/Jan/2023 02:54PM
Ref Doctor : Dr.NITIN AGARWAL	Status : Final Report
Client Name : MODERN PATH SERVICES, BAREILLY	Client Code : 2423
Client Add : 240,Sanjay Nagar Bareilly (UP)	Barcode No : A3575955

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (T3,T4,ULTRASENSITIVE TSH)

Sample Type : SERUM

T3	1.18	ng/ml	0.61-1.81	CLIA
T4	11.6	ug/dl	5.01-12.45	CLIA
Ultrasensitive TSH	1.909	uIU/mL	0.55-4.78	CLIA

INTERPRETATION:

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE:

PREGNANCY	Ultrasensitive TSH in uIU/mL
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

(Reference range recommended by the American Thyroid Association)

Comments :

- During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

*** End Of Report ***



 Dr. Miti Gupta
 DNB ; MD [Pathology]
