

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mr. Gulab Ambekar on 26/11/23

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....<u>Blood Glucose level ↑</u>.....</p> <p>2.....<u>HBA1C ↑</u>.....</p> <p>3.....<u>dyslipidemia</u>.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none"> • Unfit 	

Dr. Lily Dube
Medical Officer
Apollo Clinic, Kharadi
Reg. No.: V202004/0739

This certificate is not meant for medico-legal purposes

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

Regd. Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.

Ph No: 040-4904 7777, Fax No: 4904 7744 | Email ID: enquiry@apollohl.com | www.apollohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune (Aundh | Kharadi | Nigdi Pradhikaran | Viman Nagar | Wanowrie)

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

1860 500 7788

Date : 25-11-2023
MR NO : CKHA.0000069909

Department : GENERAL
Doctor :

Name : Mr. GULAB AMBEKAR

Registration No :

Age/ Gender : 38 Y / Male

Qualification :

Consultation Timing: 09:04

101

Height : 161	Weight : 67.8	BMI : 26	Waist Circum : 100
Temp : 97.6 F	Pulse : 71	Resp : 20	B.P : 137/94

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Present complains - Nil

Comorbidity - Psoriasis on medication,

Allergies - Nil

Surgical H/O Nil

Family H/O Asthma (mother)

Addiction - Nil

OE

CVS-

CNS-

P/A-

Chest- } NAD

H/O covid infection - No

Vaccinated with - both doses.

Follow up date:

[Signature]
Doctor Signature

POWER PRESCRIPTION

NAME: *Mrs Gulab Ambekar*

GENDER: *M/F*

DATE: *25.11.23*

AGE: *38*

UHID: *69909*

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE		<i>-0.75</i>	<i>170°</i>	<i>6/6</i>
NEAR	<i>+1.00</i>			

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE		<i>-0.50 -0.25</i>	<i>180°</i>	<i>6/6</i>
NEAR	<i>+1.00</i>			

INSTRUCTIONS:

SIGNATURE



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TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mr. GULAB AMBEKAR Age : 38 Y M
UHID : CKHA.0000069909 OP Visit No : CKHAOPV105357
Reported on : 25-11-2023 14:42 Printed on : 25-11-2023 17:14
Adm/Consult Doctor : Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

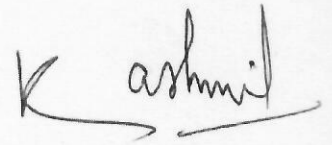
Both lung fields and hila are normal .
No obvious active pleuro-parenchymal lesion seen .
Both costophrenic and cardiophrenic angles are clear .
Both diaphragms are normal in position and contour .
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

Printed on:25-11-2023 14:42

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Patient Name	: Mr. GULAB AMBEKAR	Age	: 38 Y M
UHID	: CKHA.0000069909	OP Visit No	: CKHAOPV105357
Reported on	: 25-11-2023 09:46	Printed on	: 25-11-2023 17:15
Adm/Consult Doctor	:	Ref Doctor	: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver: appears normal in size, shape and shows **raised echotexture**. No focal lesion is noted. No e/o IHBR dilatation is seen.

Portal vein and CBD appear normal in dimensions at porta hepatis.

Gall bladder: is well distended with normal wall thickness. No echoreflexive calculus or soft tissue mass noted.

Spleen: appears normal in size, shape and echotexture. No focal lesion is noted.

Pancreas: appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Right kidney : normal in size ms 9.5 x 4.2 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney : normal in size ms 9.5 x 4.1 cms, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No hydronephrosis seen. **E/o 3.8 mm non obstructive calculus at mid pole with tiny concretions noted.**

No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: is well distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

Prostate: appears normal in size and echotexture

Visualised bowel loops appear normal. No wall edema or mass noted.

IMPRESSION :

- Grade I fatty changes in liver.
- Left renal non obstructive calculus.

Patient Name : Mr. GULAB AMBEKAR
UHID : CKHA.0000069909
Reported on : 25-11-2023 09:46
Adm/Consult Doctor :

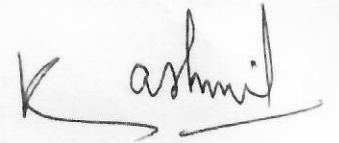
Age : 38 Y M
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Clinical correlation suggested....

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:25-11-2023 09:46

---End of the Report---



Dr. SANKET KASLIWAL
MBBS DMRE
Radiology

Name: Mr. Gulab Ambekar

Age/ Sex: 38 Yrs / M

Date: 25/11/2023

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	23	PULMONARY VE(m/sec)	0.9
LEFT ATRIUM (mm)	26	PG (mmHg)	3.6
		AORTIC VEL (m/sec)	1.2
IVS - D (mm)	10	PG (mmHg)	5.2
LVID - D (mm)	40	MITRAL E WAVE(m/sec)	0.9
		A WAVE (m/sec)	0.6
LVPW - D (mm)	10		
EJECTION FRACTION (%)	60%		

REPORT:

Normal sized all cardiac chambers.
 No regional wall motion abnormality.
 Normal LV systolic function.
 Mitral valve Normal, No mitral regurgitation/ No Mitral stenosis.
 Aortic valve normal. No aortic regurgitation/No Aortic stenosis.
 Normal Tricuspid & pulmonary valve.
 No tricuspid regurgitation. No pulmonary hypertension.
 Intact IAS and IVS.
 No clots, vegetations, pericardial effusion noted.
 Aortic arch appears normal

IMPRESSION:

Normal PA pressures.

Normal LV systolic function, No RWMA. LVEF 60%.



DR. VIKRANT KHESE
MBBS, MD Medicine, DNB Medicine, DM Cardiology
Consultant and interventional Cardiologist
Reg No: MMC: 2015/02/0627

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 **1860 500 7788**



भारत सरकार
Government of India



आधार

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Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

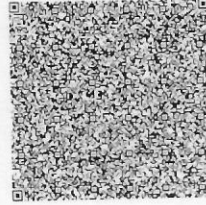
नामांकन क्रम / Enrollment No. : 0648/04125/60276

To
Gulab Chandar Ambekar
गुलाब चंदर आंबेकर
VTC: Pokhari, PO: Pokhari,
Sub District: Ambegaon, District: Pune,
State: Maharashtra, PIN Code: 410509,
Mobile: 7721897086

24915997



KF249159977FI



आपका आधार क्रमांक / Your Aadhaar No. :

4567 1100 3158

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



आधार

Issue Date: 28/07/2015



गुलाब चंदर आंबेकर
Gulab Chandar Ambekar
जन्म तिथि / DOB: 06/04/1985
पुरुष / Male

4567 1100 3158

मेरा आधार, मेरी पहचान

PACKAGE NAME	Booking	EMP-NAME	AGE	GENDER	EMAIL	CONTACT NO	Appointment Date
Arcofemi MediWheel Full Body Health Annual Plus Check Female 2D ECHO (Metro)	bobS47882	Sarika Gulab Ambekar	34	Female	gulabambekar167@gmail.com	7721897086	25-11-2023
Arcofemi MediWheel Full Body Annual Plus Male 2D ECHO (Metro)	bobE47881	MR. AMBEKAR GULAB CHANDAR	35	Male	gulabambekar167@gmail.com	7721897086	25-11-2023

Patient Name : Mr.GULAB AMBEKAR	Collected : 25/Nov/2023 09:19AM
Age/Gender : 38 Y 7 M 19 D/M	Received : 25/Nov/2023 12:53PM
UHID/MR No : CKHA.0000069909	Reported : 25/Nov/2023 02:35PM
Visit ID : CKHAOPV105357	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 3158	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	15.9	g/dL	13-17	Spectrophotometer
PCV	47.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.85	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	81.9	fL	83-101	Calculated
MCH	27.2	pg	27-32	Calculated
MCHC	33.2	g/dL	31.5-34.5	Calculated
R.D.W	15.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,630	cells/cu.mm	4000-10000	Electrical Impedence

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	62	%	40-80	Electrical Impedence
LYMPHOCYTES	27.5	%	20-40	Electrical Impedence
EOSINOPHILS	3.6	%	1-6	Electrical Impedence
MONOCYTES	6.6	%	2-10	Electrical Impedence
BASOPHILS	0.3	%	<1-2	Electrical Impedence

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	5350.6	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2373.25	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	310.68	Cells/cu.mm	20-500	Calculated
MONOCYTES	569.58	Cells/cu.mm	200-1000	Calculated
BASOPHILS	25.89	Cells/cu.mm	0-100	Calculated

PLATELET COUNT	264000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	2	mm at the end of 1 hour	0-15	Modified Westergren

PERIPHERAL SMEAR

RBC ANISOCYTOSIS
WBC WITHIN NORMAL LIMITS
PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN.



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Age/Gender : 38 Y 7 M 19 D/M	Received : 25/Nov/2023 12:53PM
UHID/MR No : CKHA.0000069909	Reported : 25/Nov/2023 03:02PM
Visit ID : CKHAOPV105357	Status : Final Report
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Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	A			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Age/Gender : 38 Y 7 M 19 D/M	Received : 25/Nov/2023 12:53PM
UHID/MR No : CKHA.0000069909	Reported : 25/Nov/2023 03:44PM
Visit ID : CKHAOPV105357	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 3158	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	142	mg/dL	70-100	HEXOKINASE
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Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	238	mg/dL	70-140	HEXOKINASE
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Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	8.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	194	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7

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Test Name	Result	Unit	Bio. Ref. Range	Method
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FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Patient Name : Mr.GULAB AMBEKAR	Collected : 25/Nov/2023 09:19AM
Age/Gender : 38 Y 7 M 19 D/M	Received : 25/Nov/2023 01:31PM
UHID/MR No : CKHA.0000069909	Reported : 25/Nov/2023 03:43PM
Visit ID : CKHAOPV105357	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 3158	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	187	mg/dL	<200	CHO-POD
TRIGLYCERIDES	234	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	36	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	151	mg/dL	<130	Calculated
LDL CHOLESTEROL	104.1	mg/dL	<100	Calculated
VLDL CHOLESTEROL	46.76	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.22		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	1.11	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.17	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.94	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25.91	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	90.18	U/L	30-120	IFCC
PROTEIN, TOTAL	7.15	g/dL	6.6-8.3	Biuret
ALBUMIN	4.54	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.61	g/dL	2.0-3.5	Calculated
A/G RATIO	1.74		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.87	mg/dL	0.72 – 1.18	Modified Jaffe, Kinetic
UREA	21.25	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.92	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.73	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.32	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	137.09	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.9	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	101.84	mmol/L	101–109	ISE (Indirect)



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	192.20	U/L	<55	IFCC



Patient Name : Mr.GULAB AMBEKAR	Collected : 25/Nov/2023 09:19AM
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UHID/MR No : CKHA.0000069909	Reported : 25/Nov/2023 03:23PM
Visit ID : CKHAOPV105357	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 3158	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

TRI-iodothyronine (T3, TOTAL)	0.59	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.95	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.304	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



Patient Name : Mr.GULAB AMBEKAR	Collected : 25/Nov/2023 09:19AM
Age/Gender : 38 Y 7 M 19 D/M	Received : 25/Nov/2023 01:09PM
UHID/MR No : CKHA.0000069909	Reported : 25/Nov/2023 01:23PM
Visit ID : CKHAOPV105357	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 3158	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	<5.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	>1.025		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	3 - 4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1 - 2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



Patient Name : Mr.GULAB AMBEKAR	Collected : 25/Nov/2023 09:19AM
Age/Gender : 38 Y 7 M 19 D/M	Received : 25/Nov/2023 01:09PM
UHID/MR No : CKHA.0000069909	Reported : 25/Nov/2023 01:18PM
Visit ID : CKHAOPV105357	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE +++		NEGATIVE	Dipstick
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

*** End Of Report ***


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 Consultant Pathologist

