

NABH ACCREDITED

PRAKASH

EYE HOSPITAL & LASER CENTRE

Dr. AMIT GARG

M.B.B.S., D.N.B. (Oph.)

I-Lasik (Femto) Bladeless Topical Micro Phaco
& Medical Retina Specialist

Ex. Micro Phasco Surgeon

Venu Ey Institute & Research Centre, New Delhi

Name Mr. Amit Kumar Age/Sex 35 / M C/o Date 28/9/22

Routine eye checkup

*⇒ Both eye with glasses vision is normal
6/6 and Near vision is normal NG
and Both eye colour vision is normal*

Dr. AMIT GARG
M.B.B.S., D.N.B.
Garg Pathology, Meerut



Accredited Eye Hospital Western U.P.

First NABH ECO

प्रकाश आँखों का अस्पताल एवं लेजर सेंटर

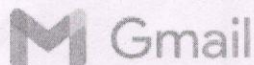


Website: www.prakasheyehospital.in
Facebook: <http://www.prakasheyehospital.in>

Chancellor 9837066186
7535832832
Manager 7895517715
OT 7302222373
TPA 9837897788

(पर्चा सात दिन तक मान्य है)

Timings Morning : 9:30 am to 1:30 pm.
Evening : 5:00 pm to 7:00 pm.
Sunday : 9:30 am to 1:30 pm.
Near Nai Sarak, Garh Road, Meerut
E-mail : prakasheyehosp@gmail.com



Garg Pathology <gargpath2010@gmail.com>

Health Check up Booking Confirmed Request(bobE47068),Package Code-PKG10000227, Beneficiary Code-25035

Mediwheel <wellness@mediwheel.in>

Wed, Sep 27, 2023 at 1:57 PM

To: gargpath2010@gmail.com

Cc: customercare@mediwheel.in

**Mediwheel**
...Your wellness partner

011-41195959

Email:wellness@mediwheel.in

Hi **Garg Pathology**,Diagnostic/Hospital Location :**10, Garden House Colony, Near Nai Sarak, Land Mark - Opp. Hotel Harmony Inn, Garh Road, Meerut ,City:Meerut**

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000227**Beneficiary Name** : MR. KUMAR AMIT**Member Age** : 32**Member Gender** : Male**Member Relation** : Employee**Package Name** : Medi-wheel Full Body Health Checkup Male Below 40**Location** : MEERUT,Uttar Pradesh-250001**Contact Details** : 8923523775**Booking Date** : 26-09-2023**Appointment Date** : 28-09-2023**Instructions to undergo Health Check:**

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.

DRAD TIME

Vn $\left\{ \begin{array}{l} R \ 6/36 \\ L \ 6/12 \end{array} \right.$

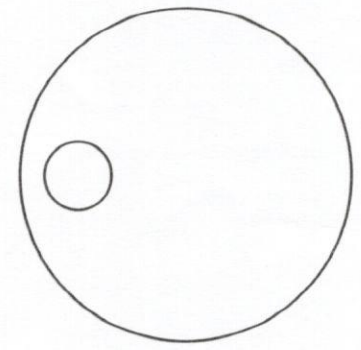
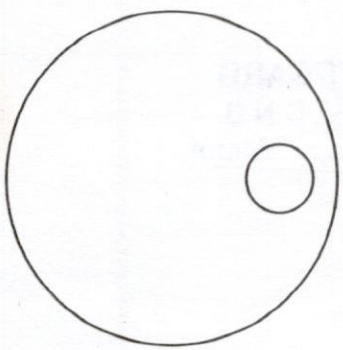
PH $\left\{ \begin{array}{l} R \ 6/9 \\ L \ 6/6 \end{array} \right.$

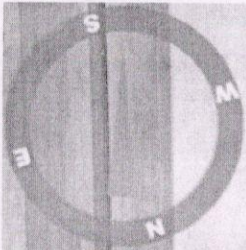
IOP $\left\{ \begin{array}{l} R \ 17 \\ L \ 18 \end{array} \right.$ } mmHg

BE NG for Near Vision $\left\{ \begin{array}{l} \text{NORMAL} \\ \text{NORMAL} \end{array} \right.$

| | RIGHT EYE | | | | LEFT EYE | | | |
|----------|-----------|------|------|--------|----------|------|------|--------|
| | Sph. | Cyl. | Axis | Vision | Sph. | Cyl. | Axis | Vision |
| Distance | 2.00 | 1.00 | 165° | 6/6 | 1.00 | 0.50 | 180° | 6/6 |
| Near | ————— | | | NG | ————— | | | NG |

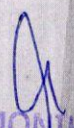
Dr. AMIT GARG
M.B.B.S., D.N.B.
Garg Pathology, Meerut





PATHOLOGY.




Dr. MONIKA GARG
M.B.B.S., M.D. (Path.)
GARG PATHOLOGY

Sep 28, 2023 09:08:39
198° S



Tejgarhi
Meerut Division
Uttar Pradesh
Altitude: 193.0m




भारत सरकार
Government of India

अमित कुमार
Amit Kumar
जन्म तिथि / DOB : 08/09/1988
पुरुष / MALE

5897 3158 4125

मेरा आधार, मेरी पहचान

Issue Date: 12/11/2014



Amit Kumar

Dr. MOHKA GARG
M.B.B.S., M.D. (Path.)
GARG PATHOLOGY

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: S/O: ओमप्रकाश सिंह, ई/203/556,
रामनगर, मेरठ कैंट, मेरठ, उत्तर प्रदेश,
250001
Address: S/O: Omparkash Singh, E/203/556,
RAMNAGAR, MEERUT CANTT, Meerut,
Meerut, Uttar Pradesh, 250001

5897 3158 4125

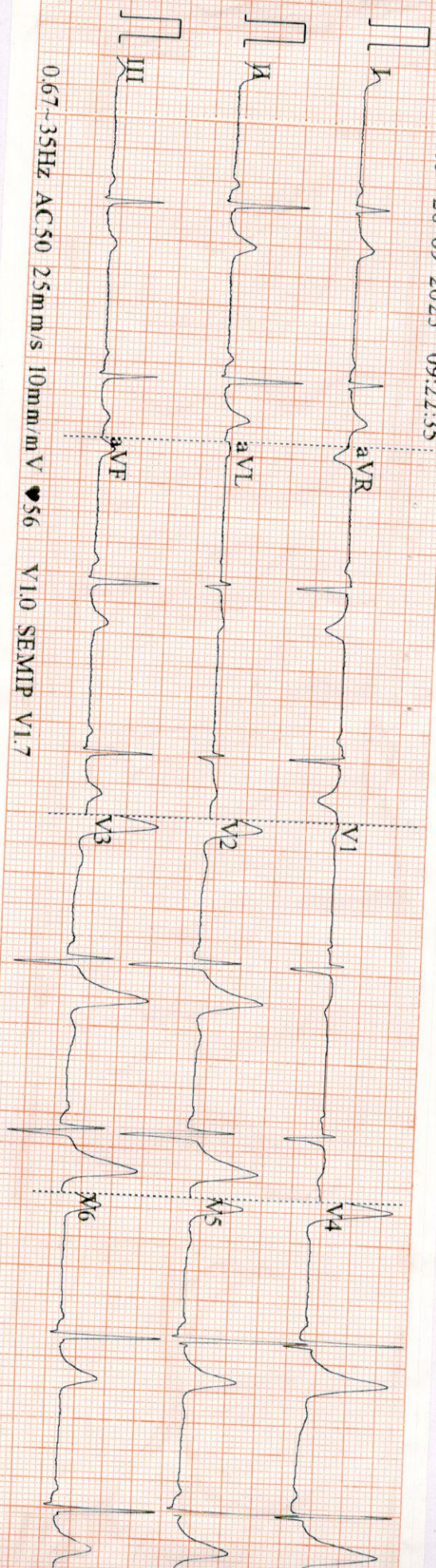
1947 help@uidai.gov.in www.uidai.gov.in

Print Date: 21/12/2020



ID: 1103 28-09-2023 09:22:35

0.67~35Hz AC50 25mm/s 10mm/mV 56 V10 SEMIP V1.7



ID: 1103

Male
35 Years
cm

kg

kPa

Diagnosis Information:
Sinus Bradycardia with Sinus
Arrhythmia
Slight ST Elevation(V4,V5)

| | | |
|---------|--------------|-----|
| HR | : 55 | bpm |
| P | : 106 | ms |
| PR | : 152 | ms |
| QRS | : 81 | ms |
| QT/QTc | : 386/372 | ms |
| P/ORS/T | : 69/69/49 | ° |
| RV5/SV1 | : 2.11/0.639 | mV |

DR. JONIKA GARG
M.B.S., M.D. (Path.)
GARG PATHOLOGY

Report Confirmed by:

DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE : 28/09/2023 REFERENCE NO. : 5953
 PATIENT NAME : AMIT KUMAR AGE/SEX : 35YRS/M
 REFERRED BY : DR. MONIKA GARG ECHOGENECITY : NORMAL
 REFERRING DIAGNOSIS : To rule out structural heart disease.

ECHOCARDIOGRAPHY REPORT

| DIMENSIONS | NORMAL | NORMAL |
|------------------|----------------|---------------------------------|
| AO (ed) 2.3 cm | (2.1 - 3.7 cm) | IVS (ed) 1.0 cm (0.6 - 1.2 cm) |
| LA (es) 2.4 cm | (2.1 - 3.7 cm) | LVPW (ed) 1.0 cm (0.6 - 1.2 cm) |
| RVID (ed) 1.1 cm | (1.1 - 2.5 cm) | EF 60% (62% - 85%) |
| LVID (ed) 3.9 cm | (3.6 - 5.2 cm) | FS 30% (28% - 42%) |
| LVID (es) 2.7 cm | (2.3 - 3.9 cm) | |

MORPHOLOGICAL DATA :

Mitral Valve: AML : Normal Interatrial septum : Intact
 PML : Normal Interventricular Septum : Intact
 Aortic Valve : Normal Pulmonary Artery : Normal
 Tricuspid Valve : Normal Aorta : Normal
 Pulmonary Valve : Normal Right Atrium : Normal
 Right Ventricle : Normal Left Atrium : Normal
 Left Ventricle : Normal

Cont. Page No. 2

:: 2 ::

2-D ECHOCARDIOGRAPHY FINDINGS :

LV normal in size with normal contractions. No LV regional wall motion abnormality seen. RV normal in size with adequate contractions. LA and RA normal. All cardiac valves are structurally normal. No chamber hypertrophy/intracardiac mass. Estimated LV ejection fraction is 60%.

DOPPLER STUDIES :

| Valve | Regurgitation | Velocity m/sec | Gradient mmHg |
|-----------------|---------------|----------------|---------------|
| Mitral Valve | No | 0.96 | 3.6 |
| Tricuspid Valve | No | 0.85 | 2.5 |
| Pulmonary Valve | No | 0.77 | 2.3 |
| Aortic Valve | No | 0.68 | 2.1 |

IMPRESSION :

- No RWMA.
- Normal LV Systolic Function (LVEF = 60%).

DR. SANJEEV KUMAR BANSAL
MD, Dip. CARD (Cardiology) FCCS
(Non-Invasive Cardiology)
Lokpriya Heart Centre

DR. HARIOM TYAGI
MD, DM (Cardiology)
(Interventional Cardiologist)
Director, Lokpriya Heart Centre

NOTE: Echocardiography report given is that of the procedure done on that day and needs to be correlated clinically. This is not for medico legal purpose, as patient's identity is not confirmed. No record of this report is kept in the Hospital.



Quality is our Aim

DR. SAURABH TIWARI

DIAGNOSTIC CENTRE

DR. SAURABH TIWARI

M.B.B.S., M.D.

Consultant Radiologist & Ultrasonologist

Add: Nai Sarak (at "T" Point), Shastri Nagar, Meerut

Mob.: 7055144440, 7668437889 | E-mail: drtiwarisaurabh16@gmail.com

| | | | |
|----------------|--------------------|---------|------------|
| Patient's Name | MR. AMIT KUMAR | Age/Sex | 35 Y / M |
| Clinician I/C | DR. MONIKA GARG MD | Date | 28/09/2023 |

ULTRASOUND WHOLE ABDOMEN

LIVER: Is normal in size and shows normal echotexture. No SOL seen. No Dilatation of IHBR seen. Hepatic vessels are normal. Portal vein is patent and normal in calibre.

GALL BLADDER: is normal and anechoic. Gall bladder wall is appears normal.

CBD: Normal in caliber and distal end of CBD obscured by bowel gases.

PANCREAS: Normal in size, shape and echotexture. Pancreatic duct is normal in caliber.

SPLEEN: is normal in size and normal in echotexture.

KIDNEYS: R K – 10 x 4.2 cm L K – 9.8 x 3.9 cm

Both kidneys are normal in size with normal renal cortical echoes with maintained corticomedullary differentiation. No dilatation of PC system is seen on both side. No calculus seen of both side.

URINARY BLADDER: Normal in outline. No bladder wall thickening or trabeculations noted. No calculus seen.

PROSTATE: is normal in size and normal in shape and echotexture. Prostatic capsule is intact. No evidence of retroperitoneal lymphadenopathy.

No ascites noted

IMPRESSION:

- Bowel loops are gas filled
- Rest normal study

Please correlate clinically.

Dr. SAURABH TIWARI
MBBS, MD(Radiology)

Facilities :

• ULTRASOUND • COLOUR DOPPLER • 3D & 4D ULTRASOUND • DIGITAL X-RAY • OPG

Please correlate clinically

Note: Impression is a Professional Opinion & not a Diagnosis, All Modern Machines/Procedures have their limitation. If there is variance clinically this examination may be repeated or reevaluated by other investigations. Typing errors sometimes are inevitable.

Not for Medico Legal Purposes. Patient's Identity cannot be verified.



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DIAGNOSTIC CENTRE

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Consultant Radiologist & Ultrasonologist

Add: Nai Sarak (at "T" Point), Shastri Nagar, Meerut
Mob.: 7055144440, 7668437889 | E-mail: drtiwarisaurabh16@gmail.com

PATIENT NAME : MR. AMIT KUMAR

AGE : 35 Yrs SEX:M

REF. BY : DR. MONIKA GARG MD

DATE : 28/09/2023

X-RAY CHEST PA

- Soft tissue and bony cage are normal.
- Both costo-phrenic angles are normal.
- Both domes of diaphragm are normal in contour and position.
- Both hila are normal.
- Normal broncho vascular marking noted in both lung fields.
- Trachea is normal in position.
- Cardiac size is within normal limits.

IMPRESSION: Normal study

Please correlate clinically

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Garg Pathology

DR. MONIKA GARG

M.D. (Path) Gold Medalist
Former Pathologist :
St. Stephan's Hospital, Delhi

Garden House Colony, Near Nai Sarak, Garh Road, Meerut
Ph.: 0121-2600454, 8979608687, 9837772828

| | | |
|---|-------------------|---|
| PUID : 230928604 | C. NO: 604 | Collection Time : 28-Sep-2023 9:11AM |
| Patient Name : Mr. AMIT KUMAR 35Y / Male | | Receiving Time : 28-Sep-2023 9:30AM |
| Referred By : Dr. BANK OF BARODA | | Reporting Time : 28-Sep-2023 11:45AM |
| Sample By : | | Centre Name : Garg Pathology Lab - TPA |
| Organization : MEDIWHEEL | |  |

| Investigation | Results | Units | Biological Ref-Interval |
|---------------|---------|-------|-------------------------|
|---------------|---------|-------|-------------------------|

HAEMATOLOGY

COMPLETE BLOOD COUNT

| | | | |
|---|--------|---------------------|-----------------|
| HAEMOGLOBIN (Colorimetry) | 13.1 | gm/dl | 13.0-17.0 |
| TOTAL LEUCOCYTE COUNT (Electric Impedence) | 4530 | *10 ⁶ /L | 4000 - 11000 |
| DIFFERENTIAL LEUCOCYTE COUNT (Microscopy) | | | |
| Neutrophils | 55 | %. | 40-80 |
| Lymphocytes | 40 | %. | 20-40 |
| Eosinophils | 02 | %. | 1-6 |
| Monocytes | 03 | %. | 2-10 |
| Absolute neutrophil count* | 2.4915 | *10 ⁹ /L | 2.0-7.0(40-80%) |
| Absolute lymphocyte count* | 1.812 | *10 ⁹ /L | 1.0-3.0(20-40%) |
| Absolute eosinophil count* | 0.0906 | *10 ⁹ /L | 0.02-0.5 (1-6%) |

Method:-((EDTA Whole blood,Automated /

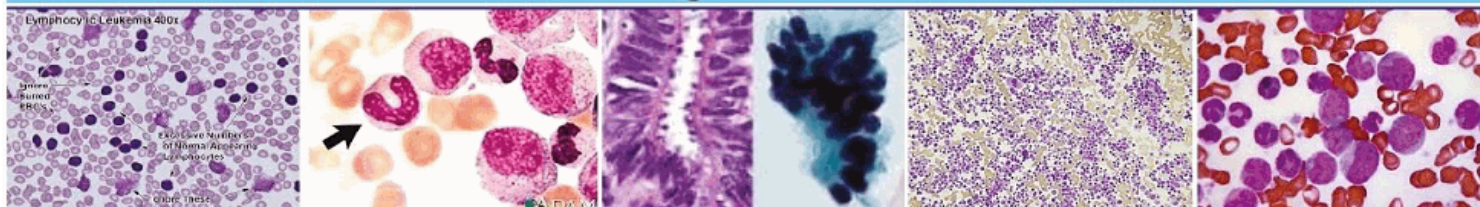
RBC Indices

| | | | |
|--|-------------|--------------|-----------|
| TOTAL R.B.C. COUNT (Electric Impedence) | 4.67 | Million/Cumm | 4.5 - 6.5 |
| Haematocrit Value (P.C.V.) | 38.8 | % | 26-50 |
| MCV (Calculated) | 83.1 | fL | 80-94 |
| MCH (Calculated) | 28.1 | pg | 27-32 |
| MCHC (Calculated) | 33.8 | g/dl | 30-35 |
| RDW-SD (Calculated) | 45.0 | fL | 37-54 |
| Platelet Count | 0.83 | /Cumm | 1.50-4.50 |



Checked By Technician:

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(Consultant Pathologist)





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(Electric Impedence)

Platelet count on smear is ~ 1.10 lacs/cumm.

| | | | |
|---------------------|------|---|----------|
| MPV (Calculated) | 12.2 | % | 7.5-11.5 |
| NRL | 1.38 | | 1-3 |

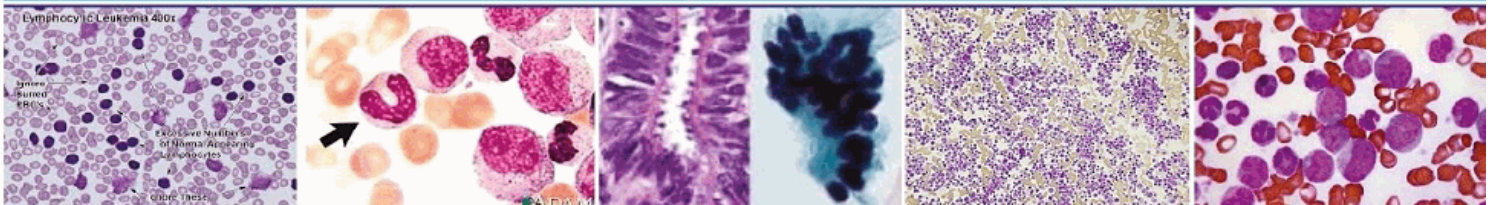
6-9 Mild stres
7-9 Pathological cause

-NLR is a reflection of physiologic stress,perhaps tied most directly to cortisol and catecholamine levels.
 -NLR can be a useful tool to sort out patients who are sicker, compared to those who are less sick (its not specific to infection).
 -NLR has proven more useful than white blood cell count (WBC) when the two are directly compared. Ultimately, NLR may be a logical replacement for the WBC. In some situations, NLR is competitive with more expensive biomarkers (e.g. procalcitonin,lactate).
 -With specific clinical contexts (e.g. pancreatitis, pulmonary embolism), NLR may have surprisingly good prognostic value.



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-HAEMATOLOGY-

| | | | |
|---|----------------------|-------|---------|
| Erythrocyte Sedimentation Rate end o | 12 | mm | 0-10 |
| BLOOD GROUP * | "AB" POSITIVE | \$ | \$ |
| GLYCATED HAEMOGLOBIN (HbA1c)* | 4.7 | % | 4.3-6.3 |
| ESTIMATED AVERAGE GLUCOSE* | 88.2 | mg/dl | |

EXPECTED RESULTS :

- Non diabetic patients & Stabilized diabetics : 4.3% to 6.30%
- Good Control of diabetes : 6.4% to 7.5%
- Fair Control of diabetes : 7.5% to 9.0%
- Poor Control of diabetes : 9.0 % and above

-Next due date for HBA1C test : After 3 months

-High HbF & Trig.level, iron def.anaemia result in high GHb

-Haemolytic anemia, presence of HbS, HbC and other Haemoglobinopathies may produce low values. **three months.**

INTERPRETATION: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Mean Plasma Glucose mg/dl = (HbA1c x 35.6) - 77.3 Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control.

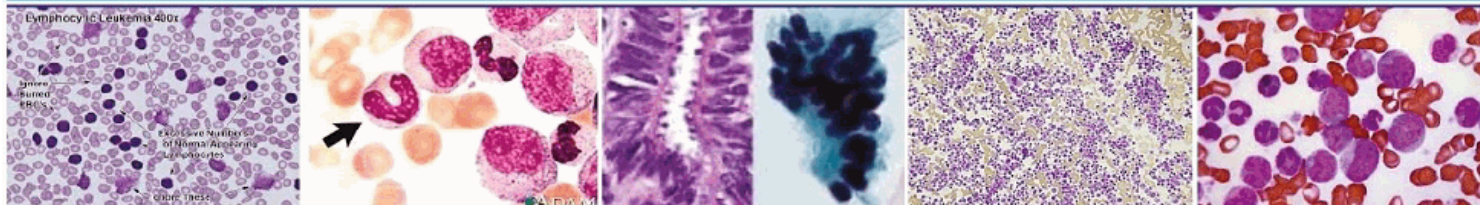
As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.



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Page 3 of 9

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BIOCHEMISTRY

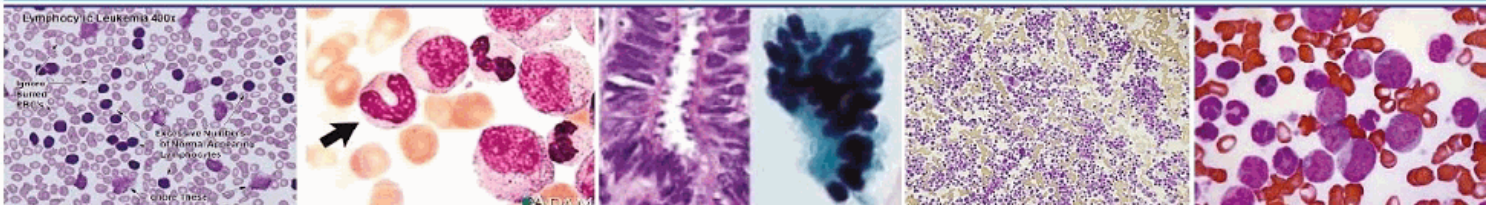
| | | | |
|--|-------|-------|----------|
| PLASMA SUGAR FASTING (GOD/POD method) | 87.0 | mg/dl | 70 - 110 |
| PLASMASUGAR P.P. (GOD/POD method) | 108.0 | mg/dl | 80-140 |
| BLOOD UREA (Urease method) | 21.2 | mg/dl | 10 - 50 |
| BLOOD UREA NITROGEN* | 09.90 | mg/dl | 8-23 |
| SERUM CREATININE (Enzymatic) | 0.90 | mg/dl | 0.6-1.4 |



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Page 4 of 9

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LIVER FUNCTION TEST

SERUM BILIRUBIN

| | | | |
|--|------------|--------|---------|
| TOTAL (Diazo) | 0.6 | mg/dl | 0.1-1.2 |
| DIRECT (Diazo) | 0.3 | mg/dl | <0.3 |
| INDIRECT* (Calculated) | 0.3 | mg/dl | 0.1-1.0 |
| S.G.P.T. (IFCC method) | 19.0 | U/L | 8-40 |
| S.G.O.T. (IFCC method) | 18.1 | U/L | 6-37 |
| SERUM ALKALINE PHOSPHATASE (IFCC KINETIC) | 85.0 | IU/L. | 50-126 |
| SERUM PROTEINS | | | |
| TOTAL PROTEINS (Biuret) | 7.0 | Gm/dL. | 6-8 |
| ALBUMIN (Bromocresol green Dye) | 4.0 | Gm/dL. | 3.5-5.0 |
| GLOBULIN* (Calculated) | 3.0 | Gm/dL. | 2.5-3.5 |
| A : G RATIO* (Calculated) | 1.3 | | 1.5-2.5 |

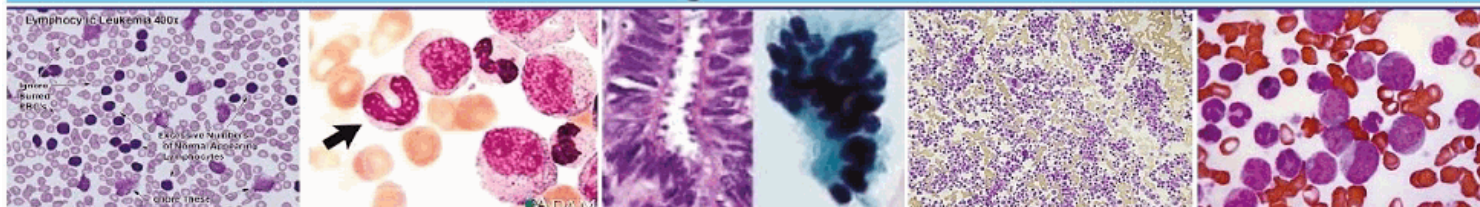
* Mark not under nabl scope



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| Organization : MEDIWHEEL | | |



| Investigation | Results | Units | Biological Ref-Interval |
|---------------|---------|-------|-------------------------|
|---------------|---------|-------|-------------------------|

LIPID PROFILE

| | | | |
|--|-------|--------|---------|
| SERUM CHOLESTEROL (CHOD - PAP) | 156.0 | mg/dl | 150-250 |
| SERUM TRIGYCEIDE (GPO-PAP) | 87.0 | mg/dl | 70-150 |
| HDL CHOLESTEROL (PRECIPITATION METHOD) | 40.0 | mg/dl | 30-60 |
| VLDL CHOLESTEROL * (Calculated) | 17.4 | mg/dl | 10-30 |
| LDL CHOLESTEROL * (Calculated) | 98.6 | mg/dL. | 0-100 |
| LDL/HDL RATIO * (Calculated) | 02.5 | ratio | <3.55 |
| CHOL/HDL CHOLESTROL RATIO* (Calculated) | 3.9 | ratio | 3.8-5.9 |

Interpretation :

Paitient Should be Fast overnight For Minimum 12 hours and normal diet for one week

NOTE :

Lipid Profile Ranges As PER NCEP-ATP III :

SERUM CHOESTEROL : Desirable : < 200 Borderline : 200 - 239 Elevated :> 240 mg/dl
HDLCHOLESTEROL : Desirable : > 60 Borderline : 40- 60 Decreased :< 40 mg/dl
LDL CHOLESTEROL : Desirable : 100 mg/dl, Borderline : 100- 159 Elevated : >160 mg/dl
Triglycerides : Desirable : 150 Borderline : 150- 199 High : 200 - 499 Very High :>500

Friedwald Equation, VLDL & LDL values are not applicable for triglyceride > 400 mg/dl.

* Mark not under nabl scope

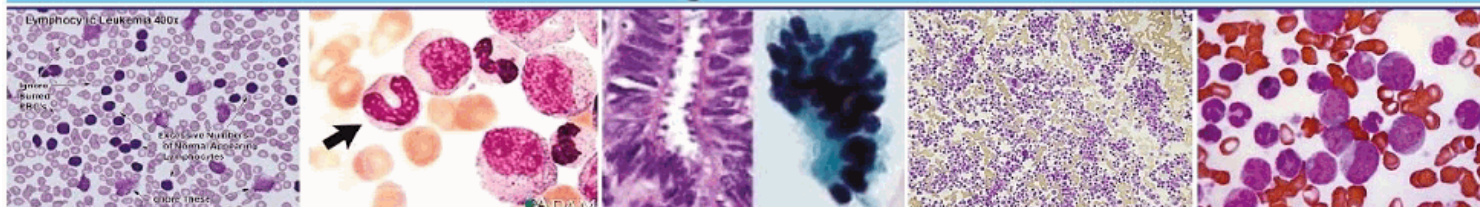
| | | | |
|-----------------------------|-----|-------|----------|
| SERUM CALCIUM (Arsenazo) | 9.8 | mg/dl | 9.2-11.0 |
|-----------------------------|-----|-------|----------|



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Dr. Monika Garg
MBBS, MD(Path)
(Consultant Pathologist)






Garg Pathology

DR. MONIKA GARG

M.D. (Path) Gold Medalist
Former Pathologist :
St. Stephan's Hospital, Delhi

Garden House Colony, Near Nai Sarak, Garh Road, Meerut
Ph.: 0121-2600454, 8979608687, 9837772828

| | | |
|---|-------------------|---|
| PUID : 230928604 | C. NO: 604 | Collection Time : 28-Sep-2023 9:11AM |
| Patient Name : Mr. AMIT KUMAR 35Y / Male | | Receiving Time : 28-Sep-2023 9:30AM |
| Referred By : Dr. BANK OF BARODA | | Reporting Time : 28-Sep-2023 10:10AM |
| Sample By : | | Centre Name : Garg Pathology Lab - TPA |
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|---------------|---------|-------|-------------------------|

-BIOCHEMISTRY-

| | | | |
|----------------------------|-------|--------|------|
| BLOOD UREA NITROGEN | 10.00 | mg/dL. | 8-23 |
| PSA* | 0.928 | ng/ml | |

ECLIA

NORMAL VALUE

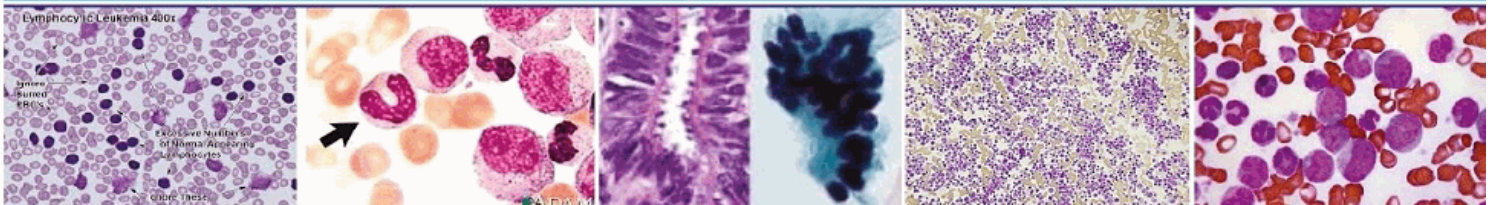
| Age (years) | Median (ng/ml) |
|-------------|----------------|
| <49 | <2.0 |
| 50-59 | <3.5 |
| 60-69 | <4.5 |
| 70-79 | <6.5 |

| | | | |
|--------------------------|-------|-----------|-----------|
| SERUM SODIUM (Na) | 140.0 | mEq/litre | 135 - 155 |
| (ISE method) | | | |
| (ISE) | | | |



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THYRIOD PROFILE

| | | | |
|--|--------------|--------|-----------|
| Triiodothyronine (T3) (ECLIA) | 0.895 | ng/dl | 0.79-1.58 |
| Thyroxine (T4) (ECLIA) | 6.945 | ug/dl | 4.9-11.0 |
| THYROID STIMULATING HORMONE (TSH) (ECLIA) | 7.820 | uIU/ml | 0.38-5.30 |
| Normal Range:- | | | |
| 1 TO 4 DAYS | 2.7-26.5 | | |
| 4 TO 30 DAYS | 1.2-13.1 | | |

Hyperthyroid patient have suppressed TSH values, with the exception of those few individuals whos have hyperthyroidism caused by TSH producing pituitary tumor or other rare disorders such as pituitary resistance to thyroid hormones. Subclinical hyperthyroidism is defined as low TSH with levels of T4 and T3 within the reference interval. In most patients with hypothyroidism, serum TSH results are markedly elevated, but results are low in individuals with hypothyroidism caused by pituitary or hypothalamic disorders. An important cause of both increased and decreased TSH results is NTI. Patients with NTI tend to have low TSH results during their acute illness ,then TSH rises to within or above the reference range with resolution of the underlying illness, and finally returns to within the reference range. The situation is complicated because drugs, including glucagon and dopamine, suppress TSH . Sensitive TSH assays are helpful in evaluation of treatment with thyroid hormone both for replacement therapy and suppressive doses for malignant thyroid disease.

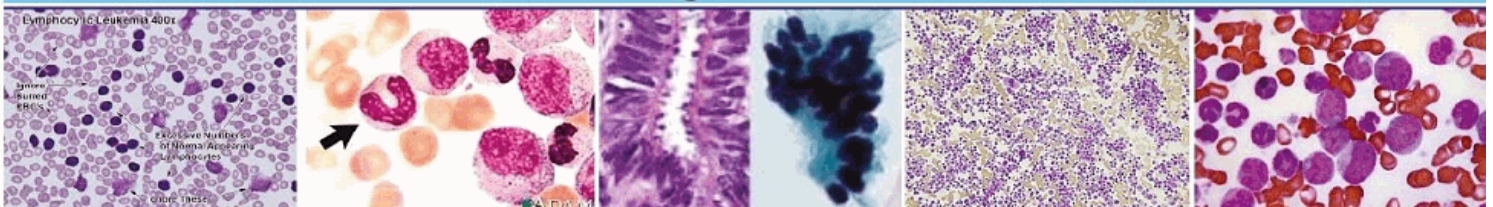
| | | | |
|--|-----|------------|-----------|
| SERUM POTASSIUM (K) (ISE method) | 3.9 | mEq/litre. | 3.5 - 5.5 |
|--|-----|------------|-----------|



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| PUID : 230928604 | C. NO: 604 | Collection Time : 28-Sep-2023 9:11AM |
| Patient Name : Mr. AMIT KUMAR 35Y / Male | | Receiving Time : 28-Sep-2023 9:30AM |
| Referred By : Dr. BANK OF BARODA | | Reporting Time : 28-Sep-2023 10:38AM |
| Sample By : | | Centre Name : Garg Pathology Lab - TPA |
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|---------------|---------|-------|-------------------------|

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

| | | | |
|------------------|-------------|----|-------------|
| Volume | 25 | ml | |
| Colour | Pale Yellow | | |
| Appearance | Clear | | Clear |
| Specific Gravity | 1.010 | | 1.000-1.030 |
| PH (Reaction) | Acidic | | |

BIOCHEMICAL EXAMINATION

| | | |
|---------|-----|-----|
| Protein | Nil | Nil |
| Sugar | Nil | Nil |

MICROSCOPIC EXAMINATION

| | | | |
|------------------|-----|------|-----|
| Red Blood Cells | Nil | /HPF | Nil |
| Pus cells | 1-2 | /HPF | 0-2 |
| Epithelial Cells | 2-3 | /HPF | 1-3 |
| Crystals | Nil | | |
| Casts | Nil | | |

@ Special Examination

| | |
|---------------|--------|
| Bile Pigments | Absent |
| Blood | Nil |
| Bile Salts | Absent |

-----{END OF REPORT }-----



Checked By Technician:

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