



Rahul Ramteke  
32 M

PHY2.

TMT

18/3/23

**History and Complaints:**

Nil

**EXAMINATION FINDINGS:**

Height (cms):	174	Weight (kg):	78	BMI
Temp (0c):	Afebrile	Skin:	Normal	} normal
Blood Pressure (mm/hg):	100/70	Nails:	Healthy	
Pulse:	78	Lymph Node:	Not Palpable	

**Systems**

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: Normal

GI System: Soft non tender No Organomegaly

CNS: Normal

} normal

**IMPRESSION:**

FIT  
↑ non HDL, LDL

**ADVICE:**

Diet + Regular exercise

**CHIEF COMPLAINTS:**

1)	Hypertension:	Olmesartan 20 x 5 years.
2)	IHD:	
3)	Arrhythmia:	
4)	Diabetes Mellitus :	
5)	Tuberculosis :	Nil
6)	Asthma:	
7)	Pulmonary Disease :	
8)	Thyroid/ Endocrine disorders :	

9)	Nervous disorders :	f
10)	GI system :	
11)	Genital urinary disorder :	
12)	Rheumatic joint diseases or symptoms :	
13)	Blood disease or disorder :	
14)	Cancer/lump growth/cyst :	
15)	Congenital disease :	
16)	Surgeries :	

**PERSONAL HISTORY:**

1)	Alcohol	}	NO
2)	Smoking		.
3)	Diet		Mixed
4)	Medication		NIL



**Dr. KRUTIKA INGLE**

MBBS, D.DM, PG in Diabetology (USA)  
 MMC Regd - 2012 103018

**DIET CONSULTATION**

Name: Rohit Kamteke

Sex / Age:

Date:

**Eat well** : 3 meals and 2 snacks. Start your day with a **heavy breakfast** and end it with a **light dinner**.

Exercise for atleast **30 mins daily**

Avoid eating **3 hours** before bed time. **Try to have an early dinner and have 12 hours fasting between night dinner and morning breakfast (So, if you have your dinner at 9pm, your breakfast should be at 9am)** No eating or drinking anything during that time except water or green tea.

Sleep for atleast **6-7 hours**

Drink **3-4 L** of water daily

Have 2-3 cups of **green tea** daily

Restrict all types of **external sugar** / added sugar or sugar products from your diet

**No canned food or aerated drinks or packaged fruits juices**

**No fried or junk food** ( one cheat diet per week is fine. Avoid having a cheat dinner meal)

**Food that makes you feel fuller for longer time (For hunger craving times) :**

- Oats
- Yogurt
- Soups
- Eggs
- Berries : strawberry, blackberry, blueberries, raspberries, mulberry
- Fish
- Sprouts
- Watermelon
- Lean meat : chicken



**Imp TIP : Follow the healthy plate diet during every meal.**

It means your plate must **constitute 50% vegetables, 30 % Protein and 20% grains or starch.**

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Disclaimer: (1)Suburban Diagnostics (India) Pvt. Ltd. 2<sup>nd</sup> Floor, Sunshine, Shastri Nagar, Andheri West, Mumbai - 400053  
(2)Sample may be rejected if unacceptable for the requested tests. (3)Test results may vary from laboratory to laboratory and also in some parameters from time to time for the same patient. (4)Report must not be copied in part, only in full. (5)This report is not valid for medico-legal purposes. (6)Patient information or data will not be communicated to a third party except in the case of a court order. (7)This report is not valid for insurance purposes. (8)This report is not valid for legal purposes. (9)This report is not valid for legal purposes. (10)This report is not valid for legal purposes. (11)This report is not valid for legal purposes. (12)This report is not valid for legal purposes. (13)This report is not valid for legal purposes. (14)This report is not valid for legal purposes. (15)This report is not valid for legal purposes. (16)This report is not valid for legal purposes. (17)This report is not valid for legal purposes. (18)This report is not valid for legal purposes. 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Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | Stress Test/TMT | 2D Echo | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

Date:- 18.3.23

CID:

Name:- Rahul Ranteke

Sex / Age: 32 M

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

g nil

NAD

NA

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____	_____	_____	6/6	_____	_____	_____	6/6
Near	_____	_____	_____	M/6	_____	_____	_____	M/6

Colour Vision: Normal / ~~Abnormal~~

Remark:

NIL



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**THE UNION OF INDIA**  
**MAHARASHTRA STATE MOTOR DRIVING LICENCE**


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**10-04-2019**  
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**OF VEHICLES THROUGHOUT INDIA**

COV	DOI
LMV	06-11-2008
MCWG	24-11-2009

**FORM 7**  
**RULE 16 (2)**



**Name: RAHUL RAMTEKE**  
**Next of Kin: SIDDHARTH RAMTEKE**  
**DOB: 28-04-1990** **BG:**

**CONDIYA**  
**Pin: 441614**  
**Signature & ID of Testing Authority: MH35**

  
**Signature/Thumb Impression of Holder**

*Handwritten signature*

**SUBURBAN DIAGNOSTIC (I) PVT. LTD.**  
**"Fortuna" Ground Floor Near Shivar**  
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**Hotel, Fambre Saudagar, Pune-411 027.**

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CID : 2307722499  
Name : Mr RAHUL SIDDHARTH RAMTEKE  
Age / Sex : 32 Years/  
Ref. Dr :  
Reg. Location : Pimple Saudagar, Pune Main Centre

Reg. Date : 18-Mar-2023  
Reported : 18-Mar-2023 / 10:13

**X-RAY CHEST PA VIEW**

Trachea is central.  
Slightly prominent bronchovascular markings are noted bilaterally.  
Visualized bilateral lung fields otherwise appear grossly normal.  
Both hila appear normal.  
Cardiac silhouette has grossly normal appearance for age.  
Bilateral costophrenic and cardiophrenic angles appear grossly normal.  
Visualized bony thorax and soft-tissues are grossly normal for age.

**IMPRESSION :**

- Normal CXR.

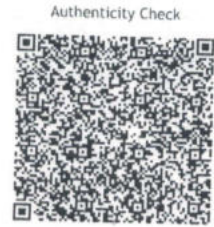
*Advice - Clinical correlation and further evaluation if clinically indicated.*

-----End of Report-----

*Divya*

Dr. Divya Chaudhary  
MBBS, M.D. RADIODIAGNOSIS,  
DNB, RADIOLOGIST  
MMC Reg - 2016/01/0064

CID : 2307722499  
Name : MR. RAHUL SIDDHARTH RAMTEKE  
Age / Gender : 32 Years / Male  
Consulting Dr. : -  
Reg. Location : Pimple Saudagar, Pune (Main Centre)



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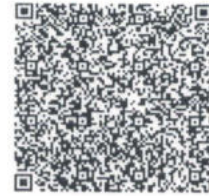
Collected : 18-Mar-2023 / 08:40  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>CBC (Complete Blood Count), Blood</b>			
<b>RBC PARAMETERS</b>			
Haemoglobin	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	6.25	4.5-5.5 mil/cmm	Elect. Impedance
PCV	49.9	40-50 %	Measured
MCV	80	80-100 fl	Calculated
MCH	24.2	27-32 pg	Calculated
MCHC	30.3	31.5-34.5 g/dL	Calculated
RDW	12.0	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	5700	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	38.0	20-40 %	
Absolute Lymphocytes	2166.0	1000-3000 /cmm	Calculated
Monocytes	9.9	2-10 %	
Absolute Monocytes	564.3	200-1000 /cmm	Calculated
Neutrophils	49.9	40-80 %	
Absolute Neutrophils	2844.3	2000-7000 /cmm	Calculated
Eosinophils	1.2	1-6 %	
Absolute Eosinophils	68.4	20-500 /cmm	Calculated
Basophils	1.0	0.1-2 %	
Absolute Basophils	57.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	216000	150000-400000 /cmm	Elect. Impedance
MPV	11.0	6-11 fl	Calculated
PDW	21.5	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			



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Hypochromia	Mild
Microcytosis	-
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Adv: Hb Electrophoresis

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      4                      2-15 mm at 1 hr.                      Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab  
\*\*\* End Of Report \*\*\*



**Dr. PRACHI KHANDEKAR**  
MBBS M.D (Pathology)



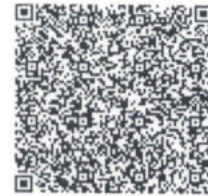
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Collected : 18-Mar-2023 / 08:40  
Reported : 18-Mar-2023 / 15:33

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	82.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	66.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.64	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.42	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	19.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.8	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	52.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	17.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.76	0.67-1.17 mg/dl	Enzymatic

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eGFR, Serum	126	>60 ml/min/1.73sqm	Calculated
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Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	6.3	3.5-7.2 mg/dl	Enzymatic
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Urine Sugar (Fasting)	Absent	Absent
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Urine Ketones (Fasting)	Absent	Absent
-------------------------	--------	--------

Urine Sugar (PP)	Absent	Absent
------------------	--------	--------

Urine Ketones (PP)	Absent	Absent
--------------------	--------	--------

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab  
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**Dr. CHANDRAKANT PAWAR**  
 M.D.(PATH)  
 Pathologist

CID : 2307722499  
Name : MR. RAHUL SIDDHARTH RAMTEKE  
Age / Gender : 32 Years / Male  
Consulting Dr. : -  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Chandrakant Pawar*

Dr. CHANDRAKANT PAWAR  
M.D.(PATH)  
Pathologist



CID : 2307722499  
Name : MR.RAHUL SIDDHARTH RAMTEKE  
Age / Gender : 32 Years / Male  
Consulting Dr. : -  
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 18-Mar-2023 / 08:40  
Reported : 18-Mar-2023 / 18:21

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	35	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	Less than 20/hpf	

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

**Reference:** Pack insert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab  
\*\*\* End Of Report \*\*\*

**Dr.PRACHI KHANDEKAR**  
MBBS M.D (Pathology)



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Age / Gender : 32 Years / Male  
Consulting Dr. : -  
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Collected : 18-Mar-2023 / 08:40  
Reported : 18-Mar-2023 / 16:40

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

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MC-2463

  
Dr.CHANDRAKANT PAWAR  
M.D.(PATH)  
Pathologist

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	202.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	91.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	40.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	161.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	144.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	17.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	0-3.5 Ratio	Calculated

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Collected : 18-Mar-2023 / 08:40  
 Reported : 18-Mar-2023 / 17:06

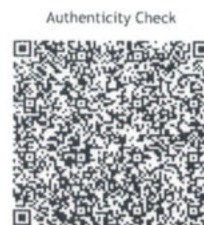
**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.4	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	14.9	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	2.67	0.35-4.94 microlU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 microlU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.



CID : 2307722499  
Name : MR. RAHUL SIDDHARTH RAMTEKE  
Age / Gender : 32 Years / Male  
Consulting Dr. : -  
Reg. Location : Pimple Saudagar, Pune (Main Centre)



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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1) TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:** TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

**Reflex Tests:** Anti thyroid Antibodies, USG Thyroid, TSH receptor Antibody, Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until at least 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

1. O. Koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET. Vol 357
3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice - Callum G Fraser (AACC Press)

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Dr. Chandrakant Pawar*

Dr. CHANDRAKANT PAWAR  
M.D.(PATH)  
Pathologist

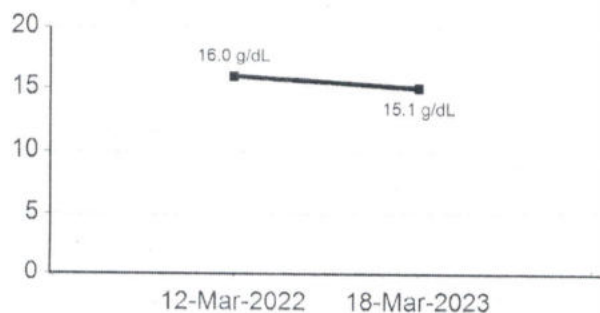
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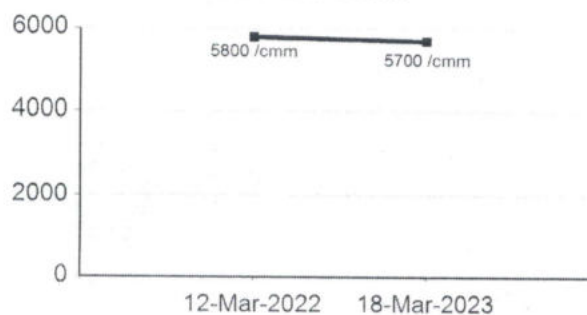
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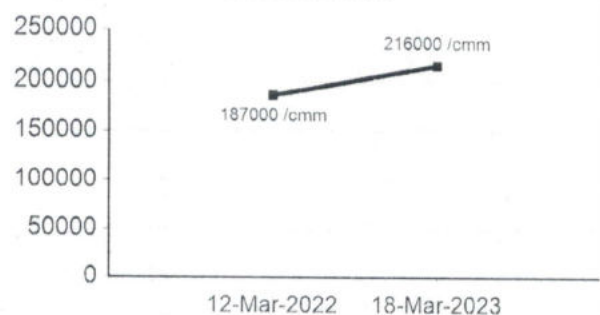
**Haemoglobin**



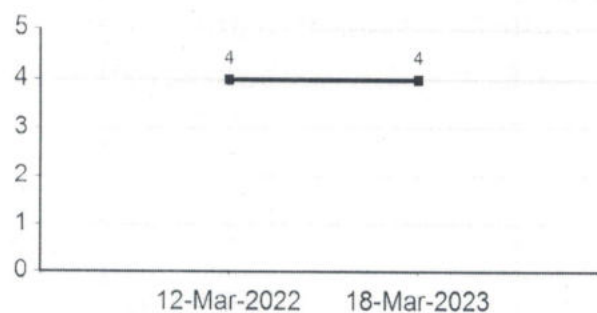
**WBC Total Count**



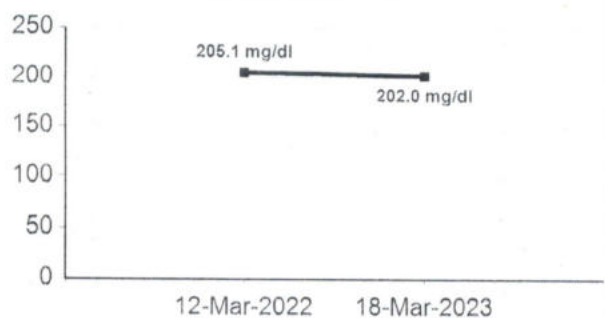
**Platelet Count**



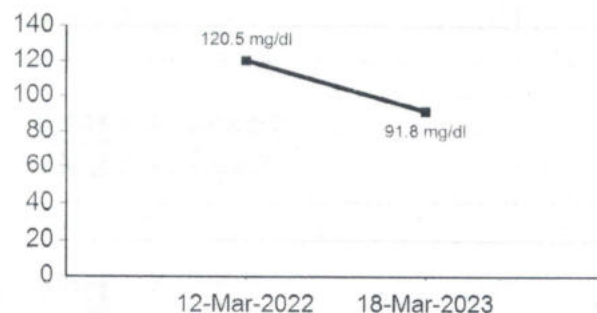
**ESR**



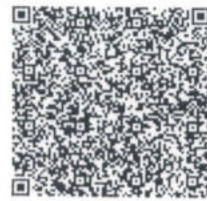
**CHOLESTEROL**



**TRIGLYCERIDES**



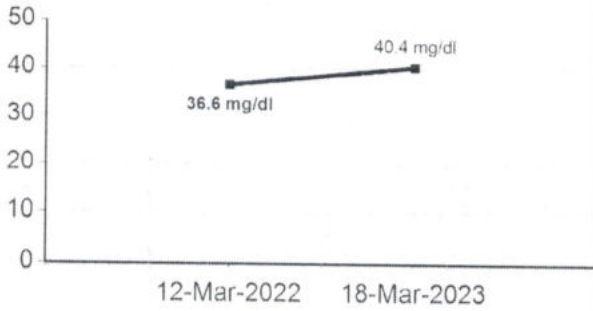
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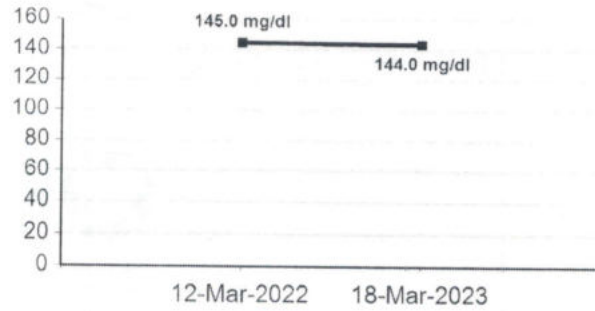
Use a QR Code Scanner Application To Scan the Code

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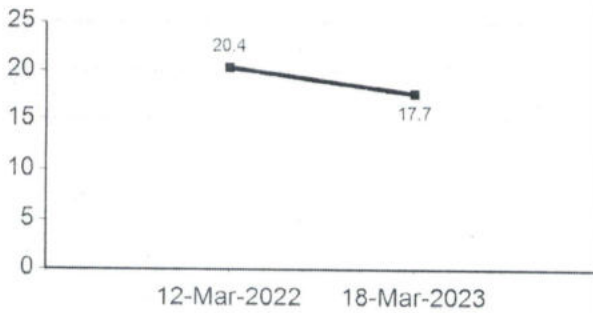
**HDL CHOLESTEROL**



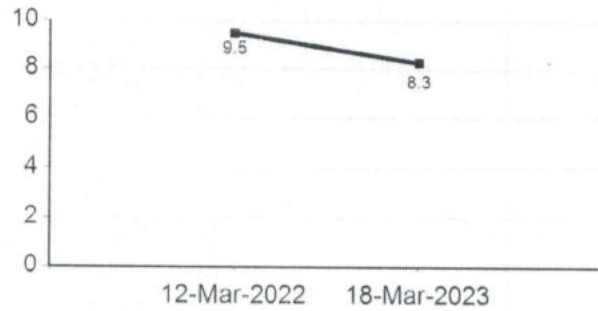
**LDL CHOLESTEROL**



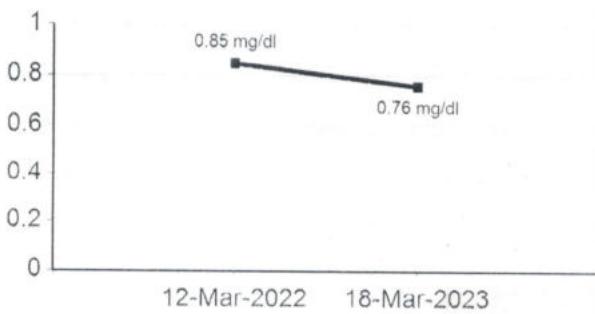
**BLOOD UREA**



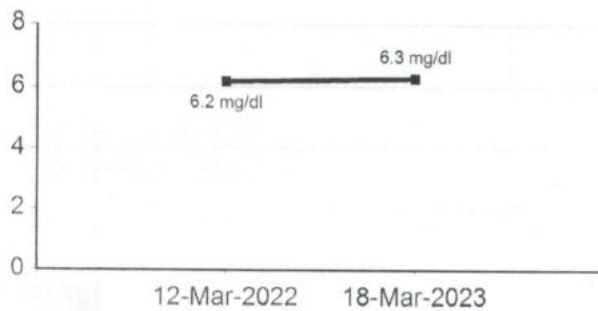
**BUN**



**CREATININE**



**URIC ACID**



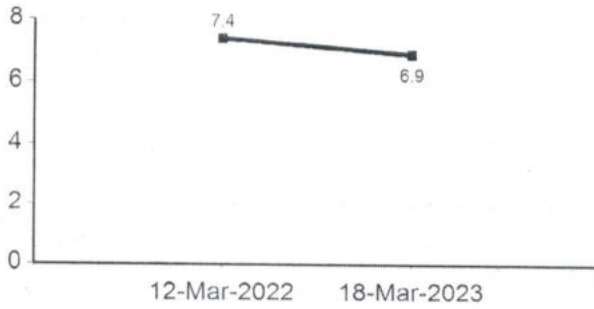
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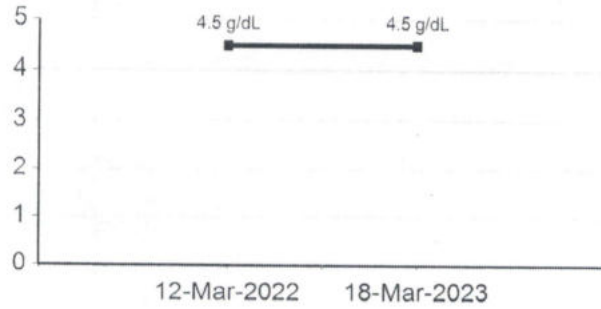
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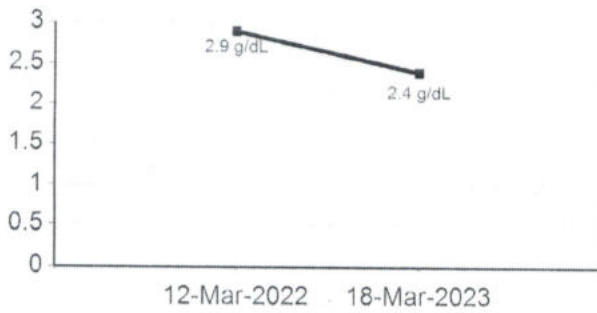
**TOTAL PROTEINS**



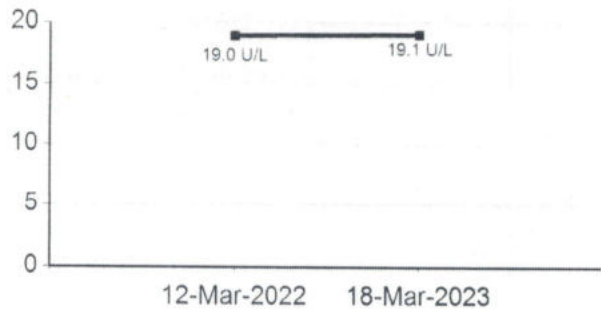
**ALBUMIN**



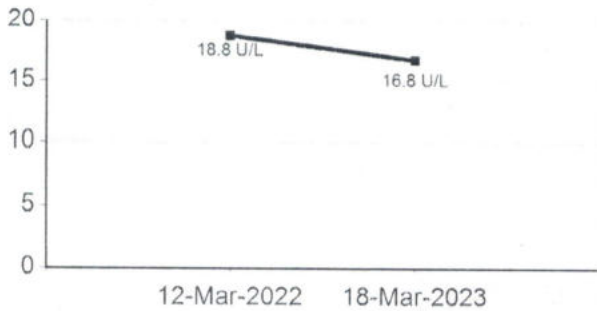
**GLOBULIN**



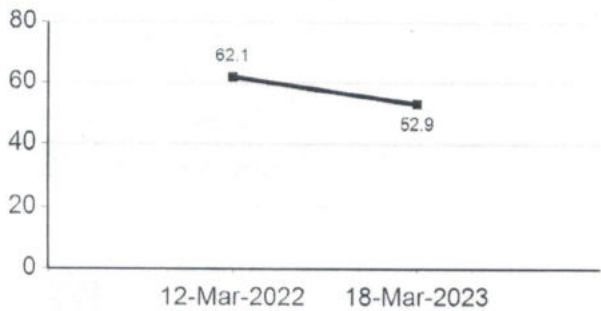
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



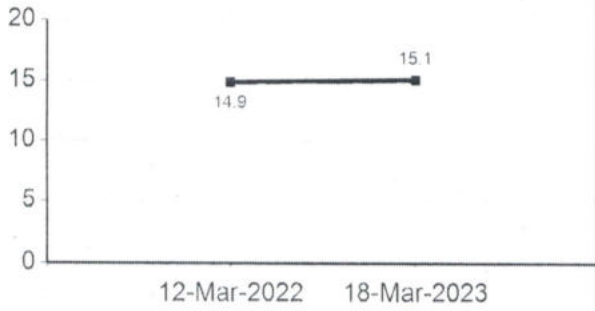
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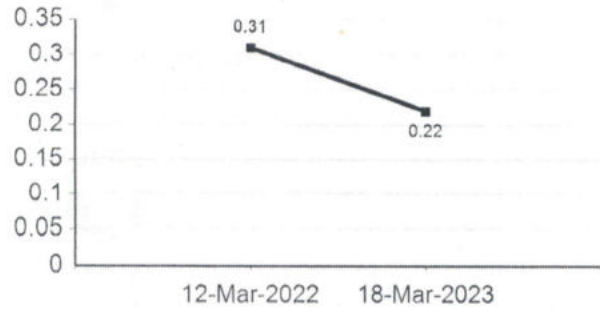
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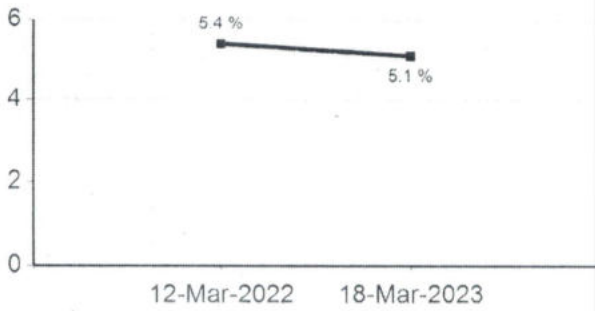
**GAMMA GT**



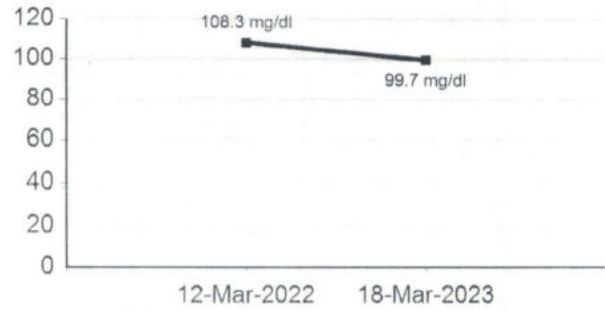
**BILIRUBIN (DIRECT)**



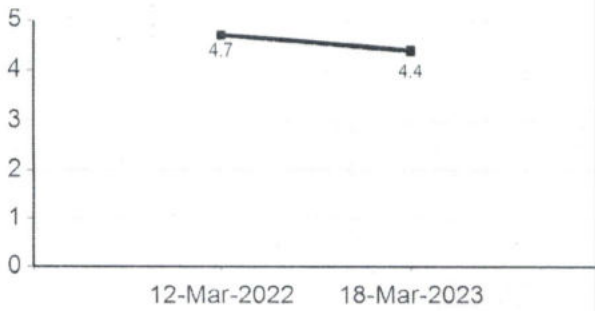
**Glycosylated Hemoglobin (HbA1c)**



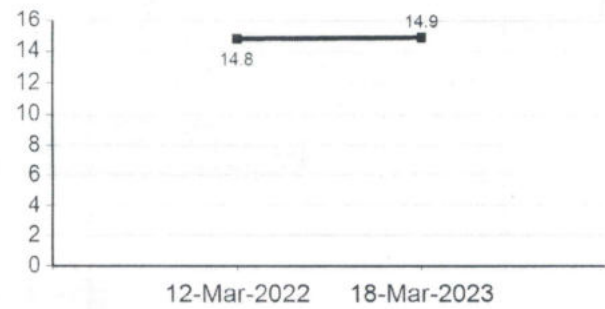
**Estimated Average Glucose (eAG)**



**Free T3**



**Free T4**

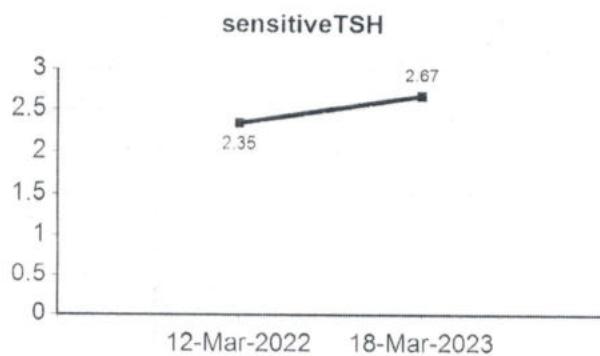


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Name : Mr RAHUL SIDDHARTH RAMTEKE  
Age / Sex : 32 Years/Male  
Ref. Dr :  
Reg. Date : 18-Mar-2023  
Reg. Location : Pimple Saudagar, Pune Main Centre  
Reported : 18-Mar-2023 / 10:08

**ULTRASOUND ABDOMEN AND PELVIS**

**Liver-** Normal in size (13.8cm), shape and raised echo pattern. No focal lesion. Intrahepatic biliary and portal radicals appear normal. Visualized portion of CBD appears normal in calibre. Portal vein appears normal.

**Gall bladder-** partially distended with normal wall thickness. No calculus or mass lesion is visualized. No pericholecystic collection.

**Pancreas-** Head and body are visualized and appear normal in size, shape and echo pattern. No focal lesion seen. No peripancreatic collection noted.

**Spleen** - Appears normal in size (9.8cm), shape & echo pattern. No focal lesion seen.

**Kidneys-** Right kidney - 10.6 x 4.2cm, Left kidney -9.9 x 4.7cm, both kidneys appear normal in size, shape, position & echo pattern with maintained corticomedullary differentiation. No hydronephrosis, hydroureter or calculus noted.

**Urinary bladder-** Is partially distended & shows normal wall thickness. No calculus or mass lesion is noted.

**Prostate** - appears normal in size, shape and echo-pattern for age. No focal lesion .

No free fluid in abdomen and pelvis. Visualized bowel loops are well distended appear grossly normal and show normal peristalsis. No evidence of enlarged lymph nodes.

**IMPRESSION:**

**No significant abnormality detected.  
Mild grade 1 fatty changes in liver.**

*Advice - Clinical correlation and further evaluation if clinically indicated.*

-----End of Report-----

**Dr. Divya Chaudhary**  
**MBBS, M.D. RADIODIAGNOSIS,**  
**DNB, RADIOLOGIST**  
**MMC Reg - 2016/01/0064**

R



MR RAHUL SIDDHARTH RAMTEKE M135 YRS 035Y 2301252499 CHEST PA  
SUBURBAN DIAGNOSTICS PIMPLE SAUDAGAR



Age **32** **8** **14**  
years months days

Gender **Male**

Heart Rate **66bpm**

**Patient Vitals**

BP: 100/70 mmHg

Weight: 78 kg

Height: 174 cm

Pulse: 72 bpm

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

**Measurements**

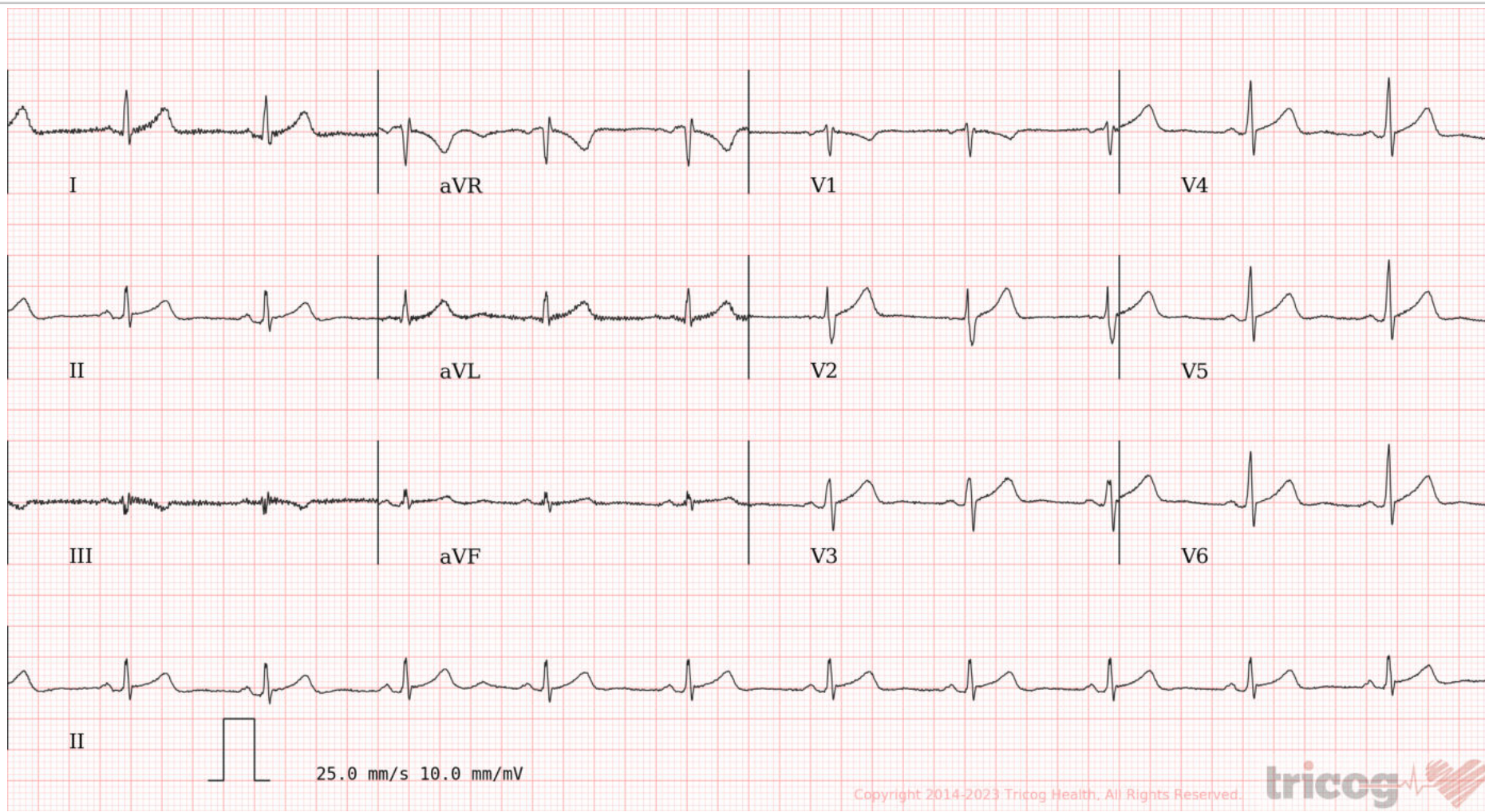
QRSD: 76ms

QT: 388ms

QTc: 406ms

PR: 132ms

P-R-T: 61° 16° 20°



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

Dr. Krutika Ingle  
MBBS, D.DM, PG in Diabetology (USA)  
2012103018