

Customer Name Age & Gender Ref Doctor	MR.SANKARA VELAYUTHAM T 55Y/MALE MediWheel	Customer ID Visit Date	MED121727149 11/03/2023

# Thanks for your reference

# ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 5.0 cm LVID s ... 2.9 cm EF ...74 % IVS ... 1.1 cm IVS s ... 1.0 cm LVPW d ... 0.5 cm LVPW<sub>s</sub> ... 1.4cm LA ... 2.6 cm AO ... 3.1 cm **TAPSE** ... 19mm **IVC** ... 21 cm

Left ventricle, Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

Mitrai valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion.



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### Doppler:

Mitral valve : E:0.74m/s

A: 0.65 m/s

E/A Ratio: 1.13

E/E: 10.52

Aortic valve: AV Jet velocity:1.39m/s

Tricuspid valve: TV Jet velocity: 2.47 m/s

TRPG: 23.34 mmHg.

Pulmonary valve: PV Jet velocity: 1.28 m/s

## **IMPRESSION:**

1. Normal chambers & Valves.

2. No regional wall motion abnormality present.

3. Normal LV systolic function.

4. Pericardial effusion - Nil.

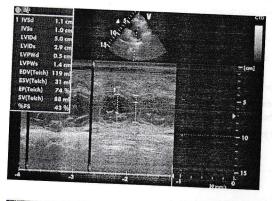
5. No pulmonary artery hypertension.

Dr. S. MANIKANDAN. MD.DM.(Cardio)
Cardiologist

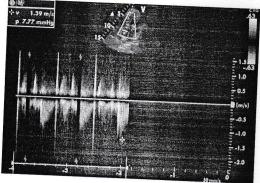
# Medall Healthcare Pvt Ltd 10/5,HARSHA COMPLEX, NORTH BYE PASS ROAD,Vannarapetai,Tirunelveli-627003

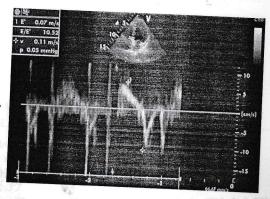


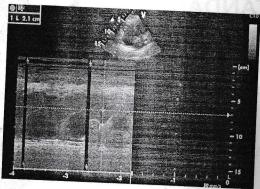
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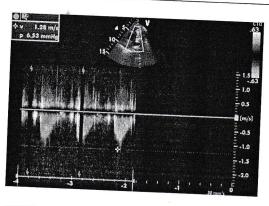


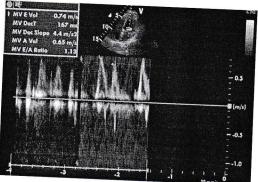
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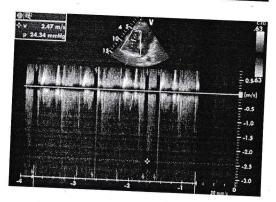


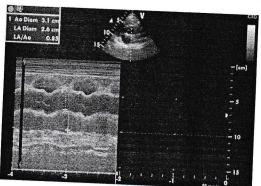












#### MEDICAL EXAMINATION REPORT Sancaravolegiente Gender M/F Date of Birth **Position Selected For** Identification marks A. HISTORY: 1. Do you have, or are you being treated for, any of the following coeditions? (please tick all that apply)? Cancer High Blood Pressure **Arthritis** Depression/ bipolar disorder Asthama, Bronchitis, Emphysema High Cholesterol Diabetes Migraine Headaches Back or spinal problems Heart Disease Sinusitis or Allergic Rhinitis Epilepsy Any other serious problem for (Hay Fever) which you are receiving medical attention 2. List the medications taken Regularly. 3. List allergies to any known medications or chemicals 4. Alcohol: Yes No Occasional 5. Smoking: Yes Quit(more than 3 years) 6. Respiratory Function : a. Do you become unusually short of breath while walking fast or taking stair - case? b. Do you usually cough a lot first thing in morning? Yes c. Have you vomited or coughed out blood? Yes 7. Cardiovascular Function & Physical Activity: a. Exercise Type: (Select 1) No Activity Very Light Activity (Seated At Desk, Standing) Light Activity (Walking on level surface, house cleaning) o Moderate Activity (Brisk walking, dancing, weeding) Vigrous Activity (Soccer, Running) b. Exercise Frequency: Regular (less than 3 days/ week) / Irregular (more than 3 days/ Week) c. Do you feel pain in chest when engaging in physical activity? 8. Hearing: a. Do you have history of hearing troubles? b. Do you experiences ringing in your ears? Yes c. Do you experience discharge from your ears? Yes d. Have you ever been diagnosed with industrial deafness? Yes 9. Musculo - Skeletal History Yes a. Neck: Have you ever injured or experienced pain? b. Back: Yes If Yes; approximate date (MM/YYYY) c. Shoulder, Elbow, Writs, Hands Consulted a medical professional? d. Hips, Knees, Ankles, Legs Yes Resulted in time of work? Yes

10. Function History			
a. Do you have pain or b. Do you have knee pa c. Do you have back pa d. Do you have pain or e. Do you have pain or appropriate response •Walking: Yes No •Climbing: Yes No •Standing: Yes No •St	when forwarding or kain when forwarding or difficulty when lifting obwhen doing any of the hand to be a working with hand to by difficulty operating computer instance.	twisting?  pjects above your shoulder e following for prolonged  Yes No Yes No Yes No Ols?  achinery?  trument?  Blood Pressure b. Expanded  Ear, Nose & Throat	Yes No Yes No Periods (Please circle  *Squating: Yes No Yes Mo Ye
Vision		Respiratory System	
Circulatory System		Nervous System	
Gastro-intestinal System		Genito- urinary Syste	m
Discuss Particulars of Section B :-		Colour Vision	4
C. REMARKS OF PATHOLOGIC Chest X -ray Complete Blood Count Serum cholesterol Blood Group D. CONCLUSION: Any further investigations require		ECG Urine routine Blood sugar S.Creatinine Any precautions sugges	
		yary precautions sugges:	led
E. FITNESS CERTIFICATION  Certified that the above named or otherwise, constitutional	I do not consider the	dily informity except nis as disqualification for e	any disease communicable mployment in the Company. S
Candidate is free from	Contagious/Comm	nunicable disease	2

Dale



### THE EYE FOUNDATION

SUPER SPECIALITY EYE HOSPITALS



E-mail: tirunelveli@theeyefoundation.com Website: www.theeyefoundation.com

H.O: D.B. Road, Coimbatore - 641 002.

Date: //. 3 . 23

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- Dr. Abiramasundari D
- Dr. Adarsh S Naik
- Dr. Ajay R Kaushik
- Dr. Andrea Jose
- Dr. Ashraya Nayaka T.E
- Dr. Ashwin Segi
- Dr. Aylette Jude Dsilva
- Dr. Chandra Shekar C.S.
- Dr. Chitra Ramamurthy
- Dr. Gautam Kukadia
- Dr. Girish Reddy G.C.
- Dr. Gitansha Shreyas Sachdev
- Dr. Gopal R.
- Dr. Gopinathan G.S
- Dr. Hameed Obedulla
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- Dr. Hemamalini
- Dr. Iris
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- Dr. Jezeela K.
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- Dr. Krishnan R.
- Dr. Maimunnisa M.
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- Dr. Mugdha Kumar
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- Dr. Nikitha
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- Dr. Preethi
- Dr. Priyanka R.
- Dr. Priyanka Shyam
- Dr. Priyanka Singh
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- Dr. Romit Salian
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- Dr. Sahana Manish
- Dr. Sakthi Rajeswari N.
- Dr. Shreesh Kumar K.
- Dr. Shreyas Ramamurthy
- Dr. Shylesh Dabke
- Dr. Soundarya B.
- Dr. Srinivas Rao V.K.
- Dr. Sumanth
- Dr. Sunitha
- Dr. Sushma Poojary
- Dr. Swathi Baliga
- Dr. Tamilarasi S.
- Dr. Thenarasun S.A.
- Dr. Umesh Krishna Dr. Vaishnavi M.
- Dr. Vamsi K.
- Dr. Vidhya N.
- Vijay Kumar S.
- 5 'isalatchi
- D Ehnu Kuppusamy Pounraju

OD

OS

Visual Acuity

Male/Female, our MRNO. 13026248

10.75 6/6

**Eye Fitness Certificate** 

This is to certify that Mr/Mrs/Ms. J. Santcara Velay uthan, Age. 55/M,

10.50616

Near Vision

+2.50 No

Colour Viison

Normal

B.S.V

Normal

Central Fields

Normae

Normal

Anterir Segment

Norma

.....Normal

Fundus

Normal

with Creass

Dr.UMA.M MBBS, DO, MS REG No. 92948 THE EYE FOUNDATION

Medical Consultantirunelveli

The Eye Foundation, Tirunelveli



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# REAL - TIME 2D & 4D ULTRASOUND DONE WITH VOLUSON 730 EXPERT . SONOGRAM REPORT

# **WHOLE ABDOMEN**

Liver:

2

The liver is normal in size. Parenchymal echoes are increased in intensity. No focal lesions. Surface is smooth. There is no intra or extra hepatic biliary ductal dilatation.

Gallbladder: The gall bladder is normal sized and smooth walled and contains no

Pancreas:

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

Spleen:

The spleen is normal.

Kidneys:

The right kidney measures 9.2 x 4.3 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 9.8 x 5.2 cm. Normal architecture. The collecting system is not dilated.

Urinary

bladder:

The urinary bladder is smooth walled and uniformly transonic.

There is no intravesical mass or calculus.



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- No. 17-7- NA.	MR.SANKARA VELAYUTHAM T	Customer ID	MED121727149
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Prostate:

The prostate measures 2.9 x 2.8 x 2.6 cm and is normal sized.

Corresponds to a weight of about 11.38 gms.

The echotexture is homogeneous. The seminal vesicles are normal.

RIF:

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa.

The appendix is not visualized.

There is no free or loculated peritoneal fluid. No para aortic lymphadenopathy is seen.

### **IMPRESSION:**

Grade II fatty liver.

DR. J. VINOLIN NIVETHA, M.D.R.D., Consultant Radiologist.

Reg. No: 115999.



# Medall Healthcare Pvt Ltd 10/5,HARSHA COMPLEX, NORTH BYE PASS ROAD,Vannarapetai,Tirunelveli-627003

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	MR.SANKARA VELAYUTHAM T	Customer ID	MED121727149
Age & Gender	55Y/MALE	Visit Date	9
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SANKARA VELAYUTHAM T 55 M MED121727149 TEN88738963844 M RT 3/11/2023

MEDALL DIAGNOSTICS



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# **DIGITAL X- RAY CHEST PA VIEW**

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

### **IMPRESSION:**

**❖ NO SIGNIFICANT ABNORMALITY DEMONSTRATED.** 

DR. DANIEL STANLEY PETER, M.D.R.D., CONSULTANT RADIOLOGIST. REG.NO: 82342. Name : Mr. SANKARA VELAYUTHAM T

**PID No.** : MED121727149

SID No. : 623005834

Age / Sex 55 Year(s) / Male

Ref. Dr : MediWheel

Register On : 11/03/2023 11:02 AM

Collection On : 11/03/2023 11:32 AM

**Report On** : 11/03/2023 2:17 PM

Printed On : 13/03/2023 1:05 PM

Type : OP



Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
<b>IMMUNOHAEMATOLOGY</b>			
BLOOD GROUPING AND Rh TYPING (Blood /Agglutination)	'AB' 'Positive'		ě
<u>HAEMATOLOGY</u>			
Complete Blood Count With - ESR			The Parks of
Haemoglobin (Blood/Spectrophotometry)	15.15	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	45.27	%	42 - 52
RBC Count (Blood/Impedance Variation)	04.67	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	96.89	<b>fL</b>	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	32.42	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	33.46	g/dL	32 - 36
RDW-CV(Derived from Impedance)	10.3	%	11.5 - 16.0
RDW-SD(Derived from Impedance)	34.93	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	7510	cells/cu.mm	4000 - 11000
<b>Neutrophils</b> (Blood/Impedance Variation & Flow Cytometry)	48.70	%	40 - 75
<b>Lymphocytes</b> (Blood/Impedance Variation & Flow Cytometry)	42.00	%	20 - 45
<b>Eosinophils</b> (Blood/Impedance Variation & Flow Cytometry)	02.90	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	06.00	%	01 - 10
<b>Basophils</b> (Blood/Impedance Variation & Flow Cytometry)	00.40	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated microscopically.	Five Part cell counter. All	abnormal resul	ts are reviewed and confirmed
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	3.66	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	3.15	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.22	10^3 / μΙ	0.04 - 0.44
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.45	10^3 / μΙ	< 1.0







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OP



Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
Absolute Basophil count (Blood/Impedance	0.03	10^3 / µl	< 0.2
Variation & Flow Cytometry)			450 450
Platelet Count (Blood/Impedance Variation)	332	10^3 / µl	150 - 450
MPV (Blood/Derived from Impedance)	07.81	fL	7.9 - 13.7
PCT(Automated Blood cell Counter)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	18	mm/hr	< 20
BIOCHEMISTRY		46.	1.
BUN / Creatinine Ratio	9.28		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	144.6	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F)

Negative

Negative

Glucose Postprandial (PPBS) (Plasma - PP/ GOD-PAP)

237.9

mg/dL

70 - 140

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Positive(+)		Negative	4
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.45	mg/dL	7.0 - 21	ំខ្លួនទកា
Creatinine (Serum/Modified Jaffe)	0.91	mg/dL	0.9 - 1.3	
Uric Acid (Serum/Enzymatic)	3.6	mg/dL	3.5 - 7.2	
Liver Function Test	0.60	mg/dL	0.1 - 1.2	
Bilirubin(Total) (Serum)  Bilirubin(Direct) (Serum/Diazotized Sulfanilic	0.21	mg/dL	0.0 - 0.3	1.50
Acid)  Bilirubin(Indirect) (Serum/Derived)	0.39	mg/dL	0.1 - 1.0	- al elic
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	28.4	U/L	5 - 40	
SGPT/ALT (Alanine Aminotransferase) (Serum)	33.2	U/L	5 - 41	
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	35.7	U/L	< 55	e gron
		<b>1.</b>		





Consultant Pathologist Reg NO: 95961

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Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	96.7	U/L	56 - 119
Total Protein (Serum/Biuret)	7.72	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.90	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.82	gm/dL	2.3 - 3.6
A: G RATIO (Serum/Derived)	1.02		1.1 - 2.2
Lipid Profile			The Report
Cholesterol Total (Serum/CHOD-PAP with ATCS)	150.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	74.6	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

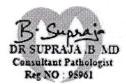
**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	45.0	mg/dL	Optimal(Negative Risk Fact Borderline: 40 - 59 High Risk: < 40	or): >= 60
LDL Cholesterol (Serum/Calculated)	90.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190	
VLDL Cholesterol (Serum/Calculated)	14.9	mg/dL	< 30	ne to
Non HDL Cholesterol (Serum/Calculated)	105.8	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219	ma ma

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.







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: MED121727149

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: OP Type



Investigation Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	Observed Value 3.4	<u>Unit</u>	Biological Reference Interval Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)  **  LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0  Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
Glycosylated Haemoglobin (HbA1c) HbA1C (Whole Blood/Ion exchange HPLC by D10)	7.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)

180.03

mg/dL

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia,hyperbilirubinemia,Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

### IMMUNOASSAY

Prostate specific antigen - Total(PSA) (Serum/Manometric method)

1.34

ng/mL

Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0

Suspicious of Malignant disease of

Prostate: > 10.0

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, hyperplasia (BPH).

ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

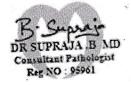
•In the early detection of Prostate cancer.

As an aid in discriminating between Prostate cancer and Benign Prostatic disease.

•To detect cancer recurrence or disease progression.







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Investigation THYROID PROFILE / TFT	Observed Value	<u>Unit</u>	Biological Reference Interval
T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.25	ng/ml	0.4 - 1.81

#### INTERPRETATION:

#### Comment:

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as

T4 (Tyroxine) - Total (Serum/

Chemiluminescent Immunometric Assay

(CŁIA))

#### 8.63

µg/dL

µIU/mL

4.2 - 12.0

0.35 - 5.50

### INTERPRETATION:

#### Comment:

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active. 4.62

TSH (Thyroid Stimulating Hormone) (Serum

/Chemiluminescent Immunometric Assay (CLIA))

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0 3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

#### Comment:

- 1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and
- 2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations. 3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

### **CLINICAL PATHOLOGY**

### Urine Analysis - Routine

Colour (III)		
Colour (Urine)	Pale Yellow	
Appearance (Urine)	Clear	Yellow to Amber Clear
Protein (Urine)	Négative	
Glucose (Urine)	Nogotiva	Negative

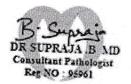
Negative Negative

Pus Cells (Urine) 2-3 /hpf NIL

Epithelial Cells (Urine) 1-2 /hpf NIL







Name

: Mr. SANKARA VELAYUTHAM T

PID No.

: MED121727149

SID No.

: 623005834

Age / Sex

: 55 Year(s) / Male

Ref. Dr

: MediWheel

Register On

: 11/03/2023 11:02 AM

Collection On : 11/03/2023 11:32 AM

Report On

: 11/03/2023 2:17 PM

Printed On

: 13/03/2023 1:05 PM

Type

: OP



Investigation

RBCs (Urine)

S

**Observed Value** 

Nil

<u>Unit</u>

/hpf

**Biological Reference Interval** 

NIL

-- End of Report --





