

PANCHMUKHI HOSPITAL

Dr CP Dadhaniya

Dr RC Dadhaniya

MBBS, Dip.G.O, Diabetologist

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo:9925333639,8320711901

policy number :
full name : Panchmukhi Jitendra Amrutlal
identity proof : Aadhar Card
identity proof no : 4232
gender : male / 35 Year
height : 172
weight : 64
B P : 120/84
pulse : 64/min regular
blood sample : Yes
fasting mode : Yes
non fasting mode : Yes

past history : NO

Dental : Healthy

Rouberg Test :

Colour vision : Normal

J. Dadhaniya

Dr. C. P. DADHANIYA
M.B.B.S., C.I.P.
Regd. 10709
PANCHMUKHI HOSPITAL
MAVADI CHOKDI
950' RING ROAD RAJKOT

NAME: Pashmag Jitendry
AGE/GENDER: male / 35

DIAG. DATE: 10-10-2024

PATIENT'S REFRACTION DETAILS

| | | SPHE | CYL | AXIS | VN |
|---|---|------|-----|------|-----|
| R | D | N | A | N | 6/6 |
| | N | N | | | 6/6 |
| L | D | N | N | N | 6/6 |
| | N | N | | | 6/6 |

REMARKS:

CHECKED BY: Dr. C.P. Dadhaniya

Dr. C. P. DADHANIYA

M.B.B.S., C.I.H.

Regd. 10706

PANCHAJANYA HOSPITAL

MAVADI CHOWK

150' RING ROAD, BANGKOT



Scanned with OKEN Scanner



Scanned with OKEN Scanner

10mm/mV

AUTO

10mm/mV

aVR

aVL

aVF

I

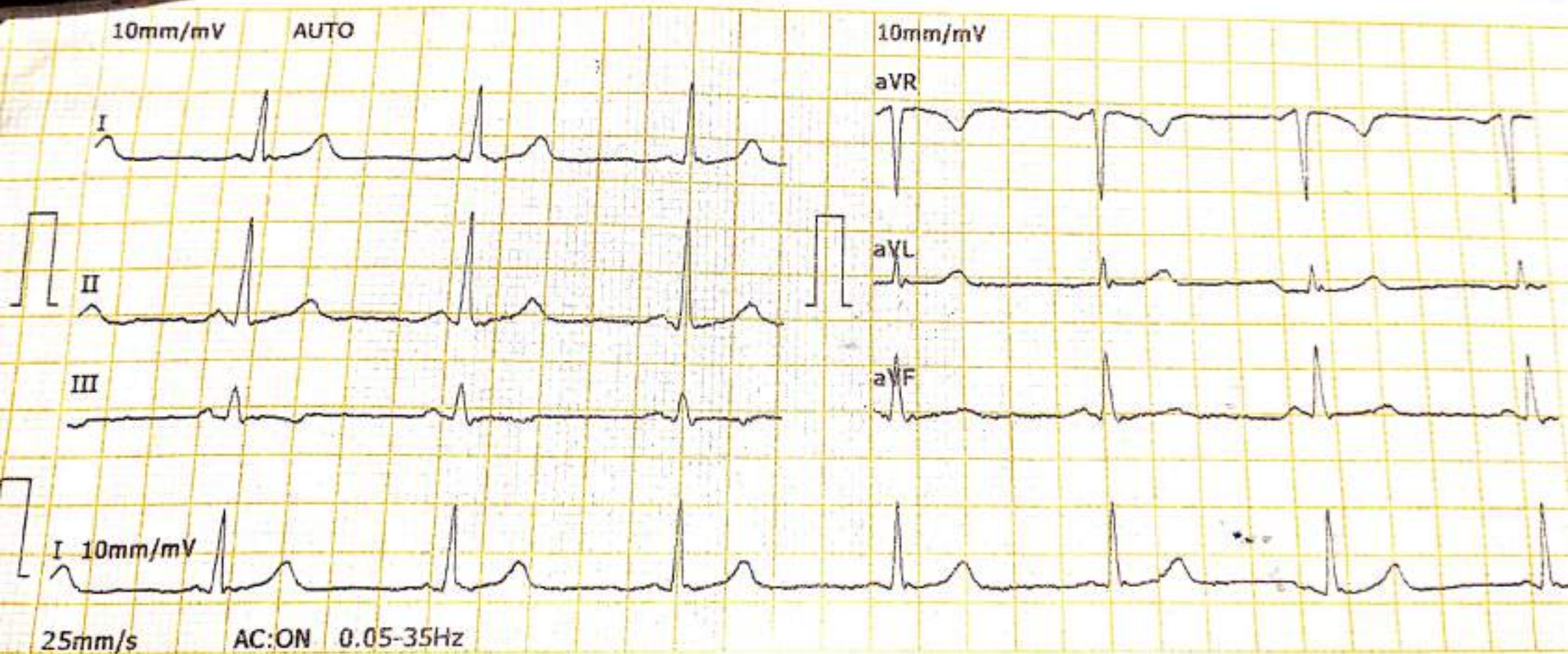
II

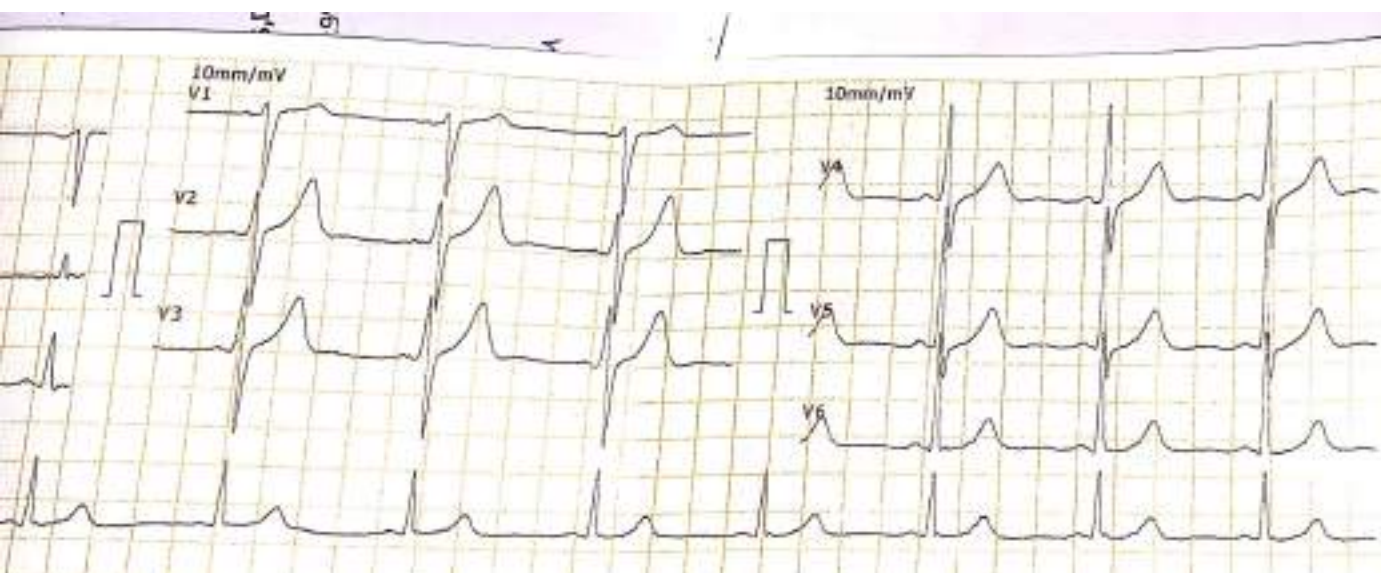
III

I 10mm/mV

25mm/s

AC:ON 0.05-35Hz





2024-2-10 9:55:55

ID: 00003751

ID Card: _____
 Name: Ravi Kumar Jitendra Gender: male
 Age: _____ Height(cm): _____
 Weight(Kg): 35 BP(mmHg): 1

HR..... 64 bpm
 P-R..... 160 ms
 Q-R-S..... 198 ms
 QT/QTc..... 416/430 ms
 P/QRS/T AXES..... deg 68/39/40
 RV5/SV1..... mV 1.85/1.02
 RV5+SV1..... mV 2.87

*The result must be confirmed by doctor!

Report Confirmed by: _____



ભારત સરકાર

Government of India



Issue Date : 27/02/2014



પરમાર જીતેન્દ્ર અમૃતલાલ

Parmar Jitendra Amrutlal

જન્મ તારીખ / DOB : 25/08/1988

પુરુષ / Male

3423 5327 4232

મારો આધાર, મારી ઓળખ



ભારતીય વિશિષ્ટ ઓળખ પ્રાધિકરણ

Unique Identification Authority of India



Print Date : 14/06/2023

સરનામું: પ્લોટ -21, શેરી -4, મેઘાણી નગર,
એસ.ટી. વર્ક શોપ પાછળ, બગસરા, અમરેલી,
ગુજરાત, 365440

Address: plot -21, sheri -4, meghani
Nagar, b/h s.t. work shop, BAGASARA,
Amreli, Gujarat, 365440



3423 5327 4232



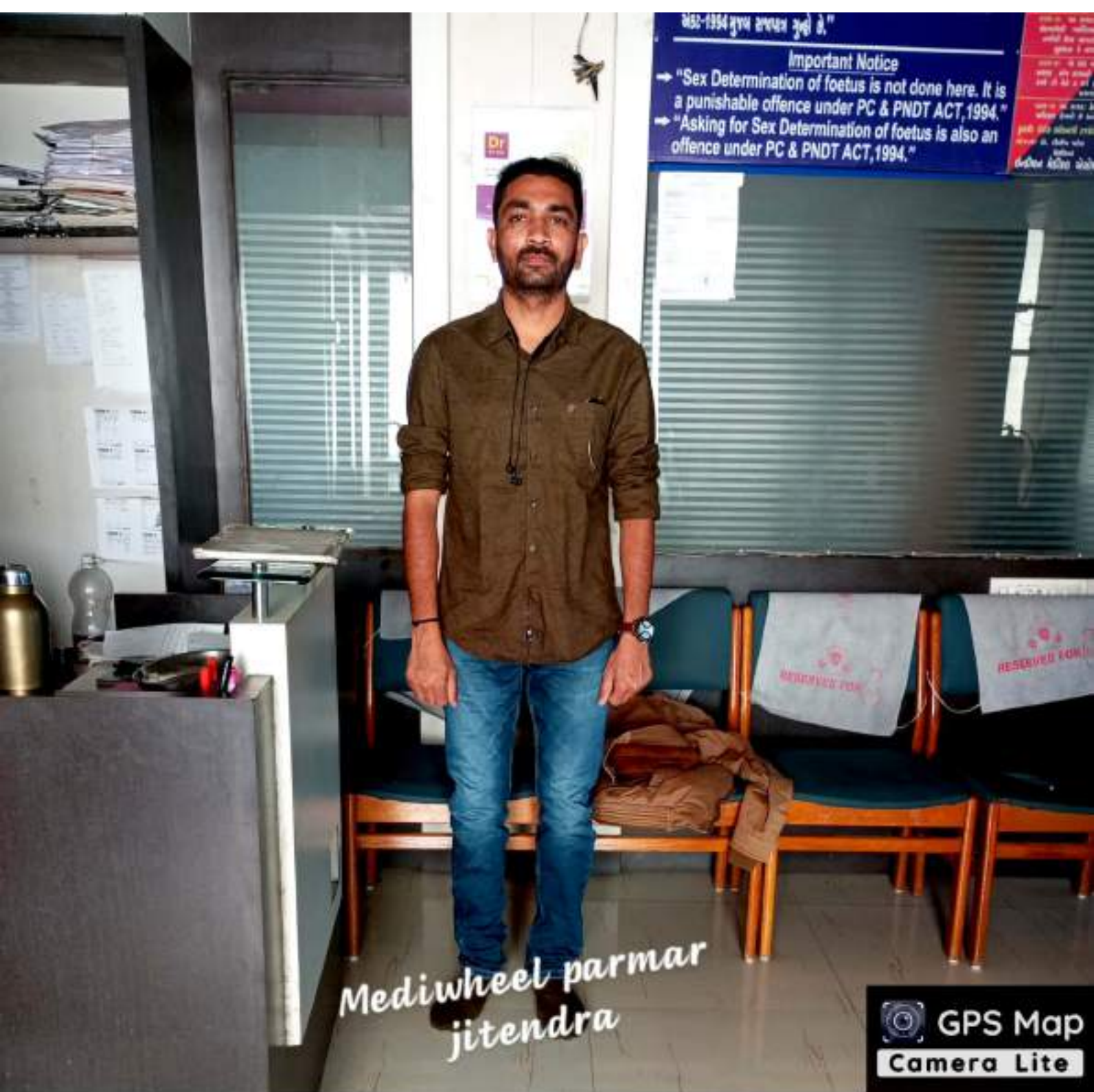
1947



help@uidai.gov.in



www.uidai.gov.in



Mediwheel parmar
jitendra

 GPS Map
Camera Lite

7Q8M+HPF, Poonam Society, Chandreshnagar, Rajkot,
Gujarat 360004, India

Latitude

22.2664232°

Longitude

70.7843076°

Local 12:54:18 PM

GMT 07:24:18 AM

Altitude 146 meters

Saturday, 10.02.2024

ECHOCARDIOGRAPHY & COLOR DOPPLER

Patient Name : Jitendrabhai Parmar
Ref.By : Dr Dadhaniya Sir

Age/Sex : 35/M
Date : 10/2/24

SUMMARY OF 2D ECHO

LA, LV size Normal
No LVH
No RWMA at rest
Overall LVEF -58 %.

RA, RV size and function Normal
AML prolapses into LA during systole, other valves appear Normal in structure

No E/O Vegetation / clot /Pericardial effusion
IAS / IVS intact
No shunt across great vessels
IVC Size Normal 14 mm and collapsing > 50% on deep inspiration

Colour Doppler

Mitral Valve: E/A ratio 1.1, TDI s/o E*>A*
Trivial MR

Tricuspid Valve: Trivial TR CW TR jet 28 mmHg
Estimated PASP 33 mm Hg

Aortic Valve: No AR
No significant LVOT gradient-- AV PG Max 8 mm Hg

Pulmonary Valve : No PR, PV Max PG 7 mm Hg

FINAL IMPRESSION

Good LV systolic function at rest
Mild MVP as mentioned above

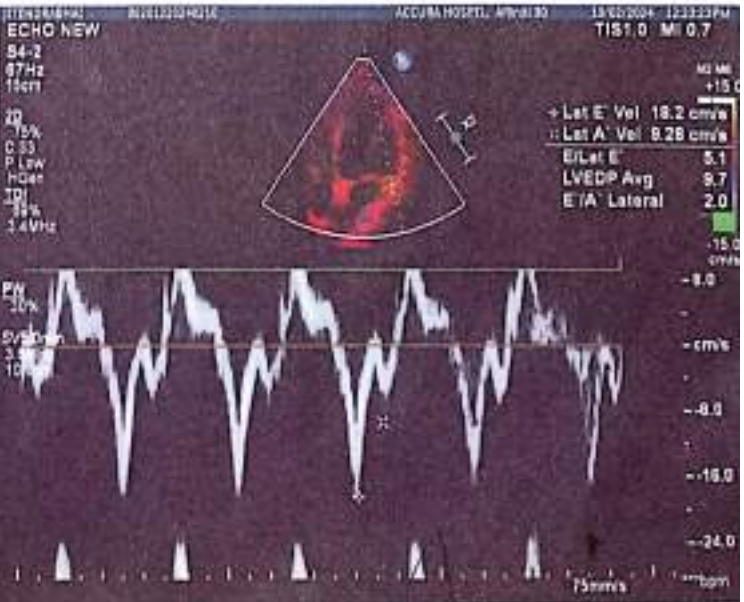
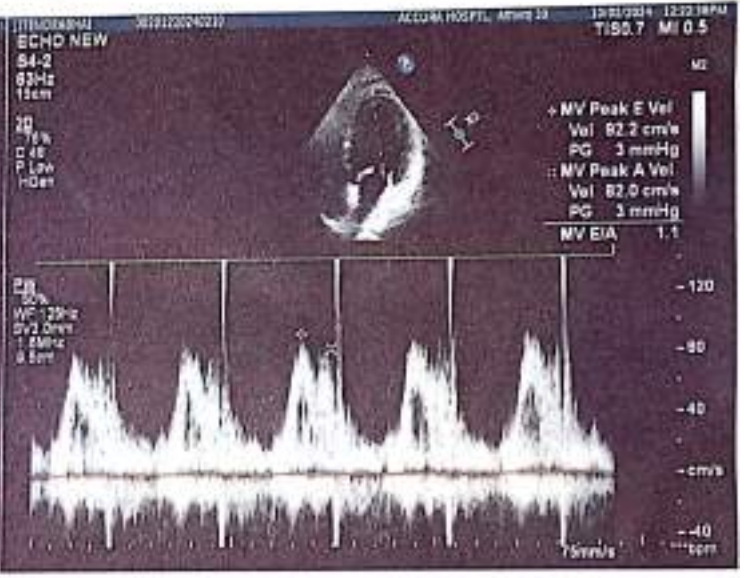
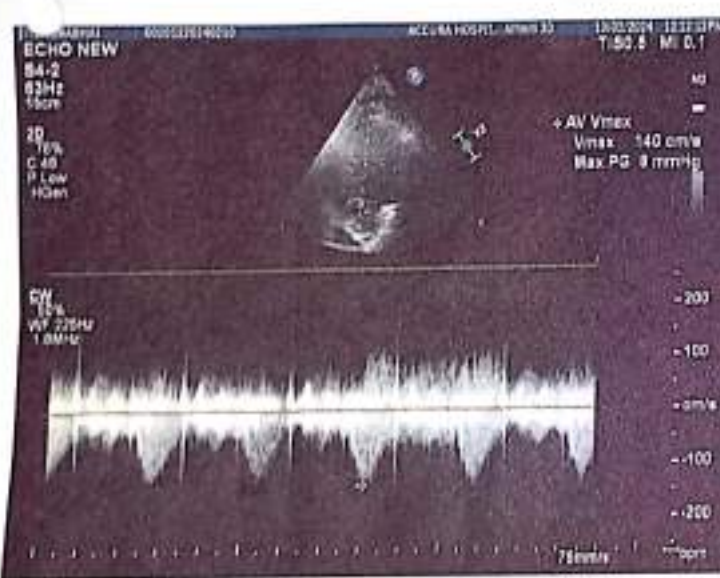
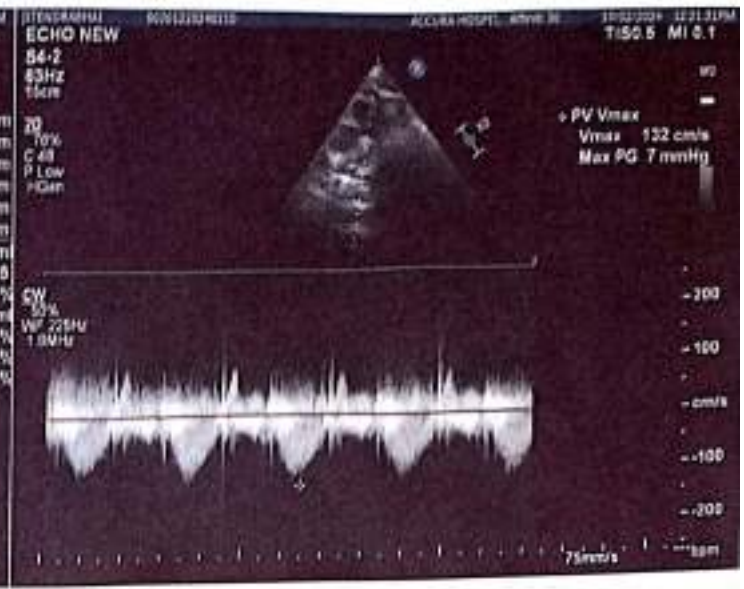

Dr V H Maniyar

M.D., FNIC (Lilavati Hospital, Mumbai)

For Appointment

7 60 60 60 577

First Floor, Nilkanth Plaza, J. K. Park, Bapa Sitaram Chowk, Mavdi Main Road, RAJKOT- 36000



Pat.s' Name: PARMAR JITENDRA

DATE: 10 February 2024

U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows normal parenchymal echotexture. No focal lesion noted. Intrahepatic biliary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone or changes of cholecystitis.
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No e/o hydronephrosis on either side. **Concretions are seen at upper pole calyx of left kidney and lower pole calyx of right kidney.**
- **URINARY BLADDER:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angels clear.

CONCLUSION:

- **No significant abnormality seen in present study.**

Thanks for reference.



DR PRATIK KAGATHARA
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020



Pt.'s Name: PARMAR JITENDRA

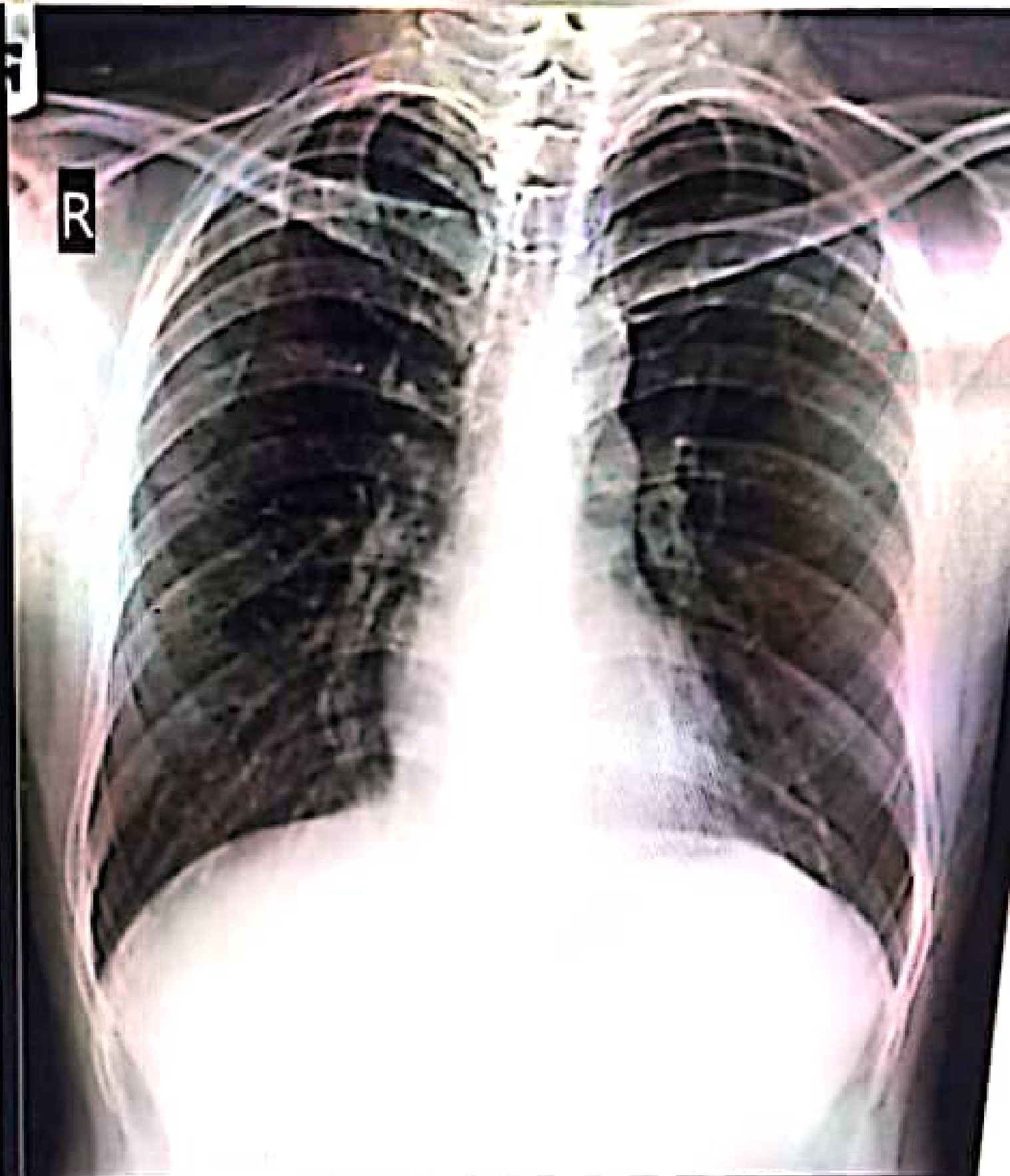
Date: 10 February, 2024

Radiograph of chest (PA view)

- Both the lung fields are clear.
- No e/o consolidation, cavitations or collapse.
- Both the hila appears normal
- Both costophrenic angles appear clear.
- Both domes of diaphragm appear normal.
- Cardiac size is within normal limit.
- Bones underview reveals no evident abnormality.

Thanks for reference.


DR PRATIK KAGATHARA
MD



PARMAR JITENDRA 35Y/M CHEST PA 10-Feb-24
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)



TEST REPORT

| | |
|--|--|
| Name : Parmar Jitendra | Reg. No : 402100648 |
| Age/Sex : 35 Years / Male | Reg. Date : 10-Feb-2024 01:59 PM |
| Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On : 10-Feb-2024 01:59 PM |
| Client Name : PANCHMUKHI HOSPITAL | Report Date : 10-Feb-2024 03:38 PM |

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

| Parameter | Result | Unit | Biological Ref. Interval | |
|-----------------------------------|--------|---------------------|--------------------------|------------------------|
| RBC Parameters | | | | |
| Hemoglobin (SLS method) | 9.4 | g/dL | 13.0 - 18.0 | |
| Hematocrit (Electrical Impedance) | 35.50 | % | 47 - 52 | |
| RBC Count (Electrical Impedance) | 7.00 | million/cmm | 4.7 - 6.0 | |
| MCV (Calculated) | 50.7 | fL | 78 - 110 | |
| MCH (Calculated) | 13.4 | Pg | 27 - 31 | |
| MCHC (Calculated) | 26.5 | % | 30 - 35 | |
| RDW (Calculated) | 22.0 | % | 11.5 - 14.0 | |
| WBC Parameters | | | | |
| WBC Count (Flowcytometry) | 9140 | /cmm | 4000 - 10500 | |
| DIFFERENTIAL WBC COUNT | | | | |
| Neutrophils (%) | 65 % | % Range 42.0 - 75.2 | Abs. Value 5941 /cmm | Abs. Range 1800 - 7700 |
| Lymphocytes (%) | 26 % | % Range 20 - 45 | Abs. Value 2376 /cmm | Abs. Range 1000 - 3900 |
| Eosinophils (%) | 04 % | % Range 1 - 4 | Abs. Value 366 /cmm | Abs. Range 0 - 450 |
| Monocytes (%) | 05 % | % Range 2 - 8 | Abs. Value 457 /cmm | Abs. Range 200 - 1000 |
| Basophils (%) | 00 % | % Range 0 - 1 | Abs. Value 0 /cmm | Abs. Range 20 - 100 |
| Platelete Parameter | | | | |
| Platelet Count | 674000 | /cmm | 150000 - 450000 | |
| MPV | ---- | fL | 7.4 - 10.4 | |
| P-LCR | ---- | % | 11.9 - 66.9 | |
| PDW | ---- | % | 8.3 - 56.6 | |
| PCT (Platelet Haematocrit) | ---- | % | 0.2 - 0.5 | |

towards the healthiness...

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M.D. (Path. PDCC)





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BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

| Parameter | Result | Unit | Biological Ref. Interval |
|-----------|----------|------|--------------------------|
| ABO | "O" | | |
| Rh (D) | Positive | | |

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

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| Test | Result | Unit | Biological Ref. Interval |
|---------------------------------------|--------|-------|--------------------------|
| Erythrocyte sedimentation rate | | | |
| Sample, EDTA whole blood | | | |
| ESR (After 1 hour) | 6 | mm/hr | 1 - 7 |

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FASTING PLASMA GLUCOSE
Specimen: Flouride plasma

| Parameter | Result | Unit | Biological Ref. Interval |
|--|--------|-------|---|
| Fasting Blood Sugar (FBS) <small>HEXOKINASE</small> | 90.00 | mg/dL | <100 : Non-Diabetic 100-125 : Impaired Fasting Glucose (IFG) >=126 : Diabetic |

Criteria for the diagnosis of diabetes:

- HbA1c \geq 6.5 % Or
- Fasting plasma glucose \geq 126 mg/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34: 511.

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| Age/Sex : 35 Years / Male | Reg. Date : 10-Feb-2024 01:59 PM |
| Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On : 10-Feb-2024 02:09 PM |
| Client Name : PANCHMUKHI HOSPITAL | Report Date : 10-Feb-2024 03:38 PM |

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

| Parameter | Result | Unit | Biological Ref. Interval |
|---|--------|-------|--------------------------|
| Post Prandial Blood Sugar (PPBS) <small>HEXOKINASE</small> | 96.00 | mg/dL | 70 - 140 |

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 % Or
- Fasting plasma glucose $>$ 126 mg/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

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American diabetes association, Standards of medical care in diabetes 2011. Diabetes care 2011;34: 511.

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DRJ

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LIPID PROFILE
Specimen: Serum

| Parameter | Result | Unit | Biological Ref. Interval |
|---|--------|-------|--|
| Cholesterol <small>Cholesterol Oxidase</small> | 183.0 | mg/dL | Desirable : < 200.0 Borderline High : 200-239 High : > 240.0 |
| Triglyceride <small>Enzymatic Reaction With Glycerol Kinase</small> | 148.0 | mg/dL | Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0 |
| HDL Cholesterol <small>Siemens HDL</small> | 46.0 | mg/dL | High Risk : < 40 Low Risk : \geq 60 |
| LDL Cholesterol <small>Siemens LDL</small> | 94.00 | mg/dL | Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : \geq 190 |
| VLDL Cholesterol <small>Calculated</small> | 29.60 | mg/dL | 15 - 35 |
| LDL / HDL RATIO <small>Calculated</small> | 2.04 | | 0 - 3.5 |
| Cholesterol /HDL Ratio <small>Calculated</small> | 3.98 | | 0 - 5.0 |

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RENAL FUNCTION TEST

Specimen: Serum

| Parameter | Result | Unit | Biological Ref. Interval |
|--|--------------|------------------|--|
| Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small> | 0.94 | mg/dL | 0.7 - 1.3 |
| eGFR | 82.29 | ml/min/1.73 sq m | Normal or High: ≥ 90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: < 15 |
| Urea <small>Calculated</small> | 29.0 | mg/dL | 17 - 43 |
| Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small> | 13.54 | mg/dL | 7.0 - 18.0 |
| Uric Acid <small>Uricase</small> | 6.40 | mg/dL | 3.5 - 7.2 |
| Sodium <small>Direct ion selective electrode</small> | 138.0 | mmol/L | 137 - 145 |
| Potassium <small>Direct ion selective electrode</small> | 4.50 | mmol/L | 3.5 - 5.1 |
| Chloride <small>Direct ion selective electrode</small> | 102.5 | mmol/L | 98 - 107 |
| Calcium <small>Cresolphthalein Complexone</small> | 9.60 | mg/dL | 8.5 - 10.1 |

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

| Parameter | Result | Unit | Biological Ref. Interval |
|---|--------|-------|--|
| HbA1C <small>Siemens Dimension</small> | 5.60 | % | Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 % Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 % |
| Mean Blood Glucose <small>Calculated</small> | 114.02 | mg/dL | Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value |

Explanation :

- Total hemoglobin A1c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures

HbA1c assay Interferences :

- Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1c result does not correlate with the patient's blood glucose levels.

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THYROID FUNCTION TEST

| Parameter | Result | Unit | Biological Ref. Interval |
|---|--------|--------|--------------------------|
| Thyroid Stimulating Hormone (TSH) <small>CLIA</small> | 0.486 | µIU/ml | 0.35 - 5.50 |

Remarks:

- Thyroid-stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulates the thyroid gland to synthesize and secrete T3 and T4.
- Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism.
- In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL
- Reference: Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, 5th Edition. Philadelphia: WB Saunders, 2012:2170

| | | | |
|---|------|-------|------------|
| Triiodothyronine (T3) <small>CLIA</small> | 1.52 | ng/mL | 0.6 - 1.81 |
|---|------|-------|------------|

Clinical Significance:

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.
- In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.
- In hypothyroidism and hyperthyroidism, FT3 levels parallel changes in total T3 levels. Measuring FT3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

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Thyroxine (T4) 9.60 µg/dL 4.5 - 12.6
CLIA

Clinical Significance:

- Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus. In the circulation, 99.95% of T4 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to T3.
- In hypothyroidism and hyperthyroidism, FT4 levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

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M.D. (Path, PDCC)





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| | | | |
|-------------|---------------------------------------|--------------|------------------------|
| Name | : Parmar Jitendra | Reg. No | : 402100648 |
| Age/Sex | : 35 Years / Male | Reg. Date | : 10-Feb-2024 01:59 PM |
| Ref. By | : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On | : 10-Feb-2024 01:59 PM |
| Client Name | : PANCHMUKHI HOSPITAL | Report Date | : 10-Feb-2024 03:38 PM |

STOOL EXAMINATION

| Parameter | Result | Unit | Biological Ref. Interval |
|---|----------|------|--------------------------|
| Colour | Brown | | |
| Consistency | Solid | | |
| CHEMICAL EXAMINATION | | | |
| Occult Blood | Negative | | |
| <small>Peroxidase Reaction with o-Dianisidine</small> | | | |
| Reaction | Neutral | | |
| <small>pH Strip Method</small> | | | |
| Reducing Substance | Absent | | |
| MICROSCOPIC EXAMINATION | | | |
| Mucus | Absent | | |
| Pus Cells | Absent | | |
| Red Cells | Absent | | |
| Epithelial Cells | Absent | | |
| Vegetable Cells | Absent | | |
| Trophozoites | Absent | | |
| Cysts | Absent | | |
| Ova | Absent | | |
| Neutral Fat | Absent | | |
| Monilia | Absent | | |
| Bacteria | Absent | | |

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.
False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occassinal unruptured RBCs.
False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, broccoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

DRJ

Dr. Viral Jethava

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TEST REPORT

| | |
|--|--|
| Name : Parmar Jitendra | Reg. No : 402100648 |
| Age/Sex : 35 Years / Male | Reg. Date : 10-Feb-2024 01:59 PM |
| Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On : 10-Feb-2024 01:59 PM |
| Client Name : PANCHMUKHI HOSPITAL | Report Date : 10-Feb-2024 03:38 PM |

URINE ROUTINE EXAMINATION

| Parameter | Result | Unit | Biological Ref. Interval |
|-----------|--------|------|--------------------------|
|-----------|--------|------|--------------------------|

PHYSICAL EXAMINATION

| | | | |
|----------|-------------|--|--|
| Quantity | 20 cc | | |
| Colour | Pale Yellow | | |
| Clarity | Clear | | |

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

| | | | |
|----------------|----------------|--|---------------|
| pH | 6.5 | | 4.6 - 8.0 |
| Sp. Gravity | 1.020 | | 1.001 - 1.035 |
| Protein | Nil | | |
| Glucose | Nil | | |
| Ketone Bodies | Nil | | |
| Urobilinogen | Normal Present | | |
| Bile salts: | Absent | | Absent |
| Bile Pigments: | Absent | | Absent |
| Nitrite | Nil | | |

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

| | |
|--------------------------|----------------|
| Leucocytes (Pus Cells) | Occasional/hpf |
| Erythrocytes (Red Cells) | Absent |
| Epithelial Cells | 2 - 3/hpf |
| Amorphous Material | Absent |
| Casts | Absent |
| Crystals | Absent |
| Bacteria | Absent |

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Dr. Viral R. Jethava

M.D. (Path, PDCC)



towards the healthiness...



TEST REPORT

| | |
|--|--|
| Name : Parmar Jitendra | Reg. No : 402100648 |
| Age/Sex : 35 Years / Male | Reg. Date : 10-Feb-2024 01:59 PM |
| Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On : 10-Feb-2024 01:59 PM |
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LIVER FUNCTION TEST

Specimen : Serum

| Parameter | Result | Unit | Biological Ref. Interval |
|---|--------|-------|--------------------------|
| Total Protein <small>BILURET</small> | 7.10 | g/dL | 6.4 - 8.2 |
| Albumin <small>Dye Binding - Bromocresol Purple (BCP)</small> | 4.60 | g/dL | 3.40 - 5.00 |
| Globulin <small>Calculated</small> | 2.50 | g/dL | 2.3 - 3.5 |
| A/G Ratio <small>Calculated</small> | 1.84 | | 0.8 - 3.1 |
| SGOT (AST) <small>Siemens/SPC</small> | 31.00 | U/L | 15 - 37 |
| SGPT (ALT) <small>Siemens/SPC</small> | 52.00 | U/L | 16 - 63 |
| Alakaline Phosphatase <small>Siemens/SPC</small> | 106.00 | U/L | 46 - 116 |
| Total Bilirubin <small>Diazo-Caffeine/Benzoate-Coupling (Jendrassak-Grof) w/blank</small> | 0.56 | mg/dL | 0.2 - 1 |
| Conjugated Bilirubin <small>Diazo-Caffeine/Benzoate-Coupling (Jendrassak-Grof) w/blank</small> | 0.12 | mg/dL | 0 - 0.20 |
| Unconjugated Bilirubin <small>Suph acid diphenyl-benz</small> | 0.44 | mg/dL | 0.0 - 1.1 |

..... End Of Report

DR. J.

Dr. Viral Jethava

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