

MR. MUKESH PATIDAR

BOB

40 YEARS /MALE

29-3-2024

Height: 170 Cms

Weight: 74 Kg

BP: - 110/70 mmhg

Pulse: - 77/- Regular

BMI: - 25.6 kg/m²

EYE: - NORMAL

The Medical Examiner should record the findings under one of the following categories:-

OVERWEIGHT



Dr. D. S. Chhabra
M.B.B.S., M.D.
DR. D.S. CHHABRA
MBBS. MD.

MR. MUKESH PATIDAR

40 Years /M

BANK OF BARODA

29-03-2024

HBA1C

Test Name	Results	Normal Range
HBA1C	5.50	Normal 4-6 % Good Control 6-7 % Fair Control 7-8 % Unsatisfactory Control 8-10 % Poor Control Above 10 %

Dr. POOJA PRAPANNA
MD
DR. POOJA PRAPANNA

Note :- All pathological tests have technical and biological limitations. Please correlate clinically as well as with other investigative findings.
A review should be requested in case of any disparity. This report is not valid for medicolegal purpose.

M.D.

MR. MUKESH PATIDAR
BANK OF BARODA40 Years /M
29-03-2024**LIPID PROFILE**

Test Name	Results	Normal Range
TOTAL LIPIDS	472	400 - 700 mg/dl
CHOLESTROL	146.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	52.0	35- 60 mg/dl
TRIGLYCERIDE	130.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	68	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	26	<40 mg/dl
RISK RATIO	2.81	3 - 6

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29-03-2024**BIOCHEMISTRY**

Test Name	Results	Normal Range
SERUM BILIRUBIN	:-	
TOTAL BILIRUBIN	0.96	0 - 1 mg/dl
DIRECT BILIRUBIN	0.14	<0.25 mg/dl
INDIRECT BILIRUBIN	0.82	< 1.0 mg/dl
S.G.O.T	16.0	0 - 45 IU/L
S.G.P.T	13.0	0 - 45 IU/L
ALKALINE PHOSPHATE	98.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
TOTAL PROTEIN	6.46	6.0 to 8.0 g/dl
ALBUMIN	3.94	3.2 to 5.0 g/dl
GLOBULIN	2.52	1.9 to 3.5
A:G RATIO	1.56	1.2 TO 2.3
GAMA GT	20.0	5 - 43 Iu/l

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29-03-2024

Test Name	Results	Normal Range
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HAEMATOLOGY PROFILE

BLOOD GROUP	: -
"ABO " GROUP	"O"
Rh (D) Factor	Positive
	.
	.
(Cross matching & recheck of Blood Group is mandatory before any transfusion)	.

SEROLOGY PROFILE

HBsAg	Non Reactive
	.
* Test done by screening methods. Requires confirmation at referral centre.	.

BIOCHEMISTRY

FASTING BLOOD SUGAR	73.0	70 - 110 mg/dl
BUN	11.0	5 - 21 Mg/dl
CREATININE	0.94	0.6 - 1.4 mg\dl
URIC ACID	5.84	3.5 - 7 mg\dl
CALCIUM	8.72	8.5 - 10.5 mg\dl

Jr. POOJA PRAPANNA
MD
DR. POOJA PRAPANNA
M.D.

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4D SONOGRAPHY • COLOR DOPPLER • ECHO • PATHOLOGY • DIGITAL X-RAY & OPG • TMT • ECG • HOLTER

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BLOOD EXAMINATION REPORT

Test Name	Results	Normal Range
P.P. BLOOD SUGAR	127.0	upto 140 mg/dl

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FMD

DR. POOJA PRAPANNA
M.D.

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MR. MUKESH PATIDAR
BANK OF BARODA40 Years /M
29-03-2024**URINE EXAMINATION**

Test Name	Results	Normal Range
PHYSICAL EXAMINATION		
Quantity	30 ml	
Colour	Pale Yellow	
Appearance	Clear	
Deposits	Absent	
Specific Gravity	1.015	
Reaction	Acidic	
CHEMICAL EXAMINATION		
Albumin	Nil	
Sugar	Nil	
Ketones	Absent	
Bile Pigments	Negative	
Bile Salt	Negative	
Hematuria	Negative	
MICROSCOPIC EXAMINATION		
Pus Cells	1- 2 /hpf	
Red Blood Cells	Nil/hpf	
Epithelial Cell	1 - 2 /hpf	
Crystals	Nil	
Casts	Absent	

DR. POOJA PRADANNA

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4D SONOGRAPHY • COLOR DOPPLER • ECHO • PATHOLOGY • DIGITAL X-RAY & OPG • TMT • ECG • HOLTER

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40 Yrs./M

BOB

29th Mar, 2024

X-RAY CHEST PA VIEW

Bony cage is normal.

Trachea is central. C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.

DR.D.S.CHHABRA.

M.D.



LABORATORY REPORT



Name : Mr MUKESH PATIDAR	Sex/Age : Male / 40 Years	Case ID : 40301608314
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 29-Mar-2024 11:10	Sample Type : Serum	Mobile No. :
Sample Date and Time : 29-Mar-2024 11:10	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 29-Mar-2024 12:13	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) CMIA	99.24	ng/dL	58 - 159	
Thyroxine (T4) CMIA	6.67	µg/dL	4.6 - 10.5	
TSH CMIA	2.10	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)


Dr. Chetana Bora

MD Pathology

Page 1 of 4

Dr. A Mishra

M.D. Microbiology

Dr. Soma Yadav

M.D. (Pathology)

Printed On : 29-Mar-2024 12:27

Neuberg Diagnostics Private Limited

Laboratory : 3/3, South Tukoganj, Gokuldas Hospital Road, Near Madhumilan Chouraha, Indore - 452001 Madhya Pradesh ☎ 0731-4964961 / 62, 9713963333

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Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099

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Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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MD Pathology

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Sample Date and Time : 29-Mar-2024 11:10	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 29-Mar-2024 12:17	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Prostate Specific Antigen (PSA)

Prostate Specific Antigen **0.294** ng/mL 0.00 - 4.00
CMIA

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

*% of population

Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

----- End Of Report -----

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Adawani

Dr Astha Dawani
Consultant Pathologist.

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For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr Astha Dawani
Consultant Pathologist.

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आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
 Permanent Account Number Card
ASIPP5151H

नाम / Name
MUKESH PATIDAR

पिता का नाम / Father's Name
HARIJI PATIDAR

जन्म की तारीख / Date of Birth
01/04/1983

हस्ताक्षर / Signature

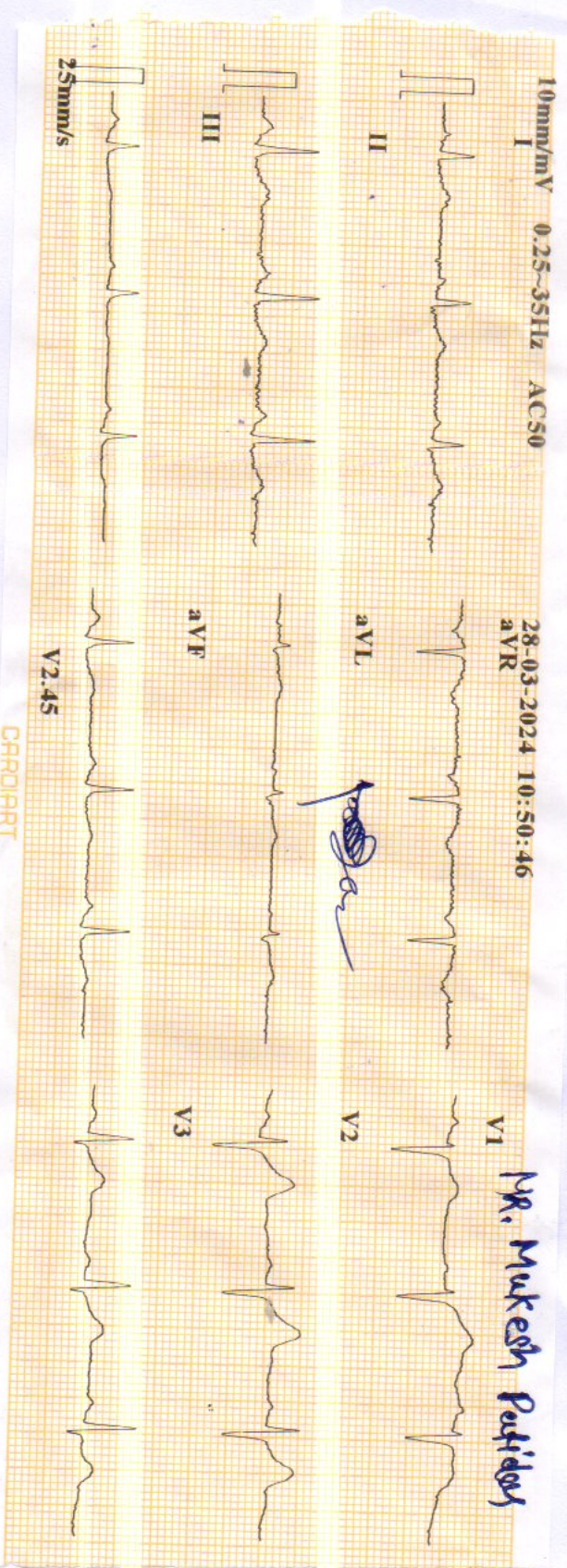






Patidar

Dr. D.S. Chhabra
M.B.B.S., M.D.
Reg. No.-5007



Mr. Mukesh Reddy

BPL

ID	:	240328-1050	Minnesota Code:	9-4-1(V3)
Name	:			
Age	:	40 yr		
Sex	:	Male		
BP	:		mmHg	
Height	:		cm	
Weight	:		kg	
HR	:	76 bpm		
P Dur	:	98 ms		
PR int	:	144 ms		
QRS Dur	:	92 ms		
QT/QTc	:	367/414 ms		
P/QRS/T axis	:	65/61/35 °		
RV5/SV1 amp	:	1.232/0.785 mV		
RV6/SV2 amp	:	2.017 mV		
RV6/SV2 amp	:	1.068/0.654 mV		

Diagnosis Information:
 800: Sinus Rhythm
 Normal ECG

Report Confirmed by:



Handwritten signature

Dr. Mahendra Chourasi
 M.D., D.M. (Ca)

R

