

Wt - 56 Kg  
H - 156 cm  
BP - 100/60  
P - 100/mf

Mrs. Varsha Jain  
Age - 42 y/f

07/03/24

CBC - 11.5 / 3.68 / 4.8 / 239 / 25

RBS - F - 71.0 / PP - 96.0

U. Acid - 4.96

Creatinine - 0.92

HbA1c - 5.5

Lipid - 191.0 / 138.0 / 39.0 / 125

UFT - 20 / 33 / 113

TSH - 2.47

- Recp metformin रात में 3  
- Recp Risetab 03 रात में 30d

Dr. Animesh Choudhary  
MD Medicine  
Reg. No. CGMC 3583/2011  
Apollo Clinic, Raipur



**EXAMINATION OF EYES :- ( BY OPHTHALMOLOGIST )**


Patient Name Mrs. Vansha Jain

Date 7/03/24

Sex/Age F / 42 year

MR No .....

Employee Id .....

<b>EXTERNAL EXAMINATION</b>				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
<u>NORMAL</u>				
FUNDUS:(RE):- <u>WSM</u>		(LE):- <u>WSM</u>		
INDIVIDUAL COLOUR IDENTIFICATION				
<u>Good</u>				
DISTANT VISION:(RE):- <u>4/60 2/4 6/6</u>		(LE):- <u>4/60 2/4 6/6</u>		
NEAR VISION:(RE):- <u>N6</u>		(LE):- <u>N6</u>		
NIGHT BLINDNESS				
<u>NAD</u>				
	SPH	CYL	AXIS	ADD
RIGHT	<u>-4.50</u>		<u>180</u>	
LEFT	<u>-5.50</u>		<u>180</u>	
REMARKS :-  <div style="display: flex; justify-content: space-around; align-items: center;">  <div style="border: 1px solid black; padding: 5px; text-align: center;">                     Dr. Vikas                      MBBS, MS(Ophthalmologist)                      Reg. No. CCMC 621/2006                 </div> </div>				

ID: 449  
MRS VARSHA JAIN  
Female 42Years

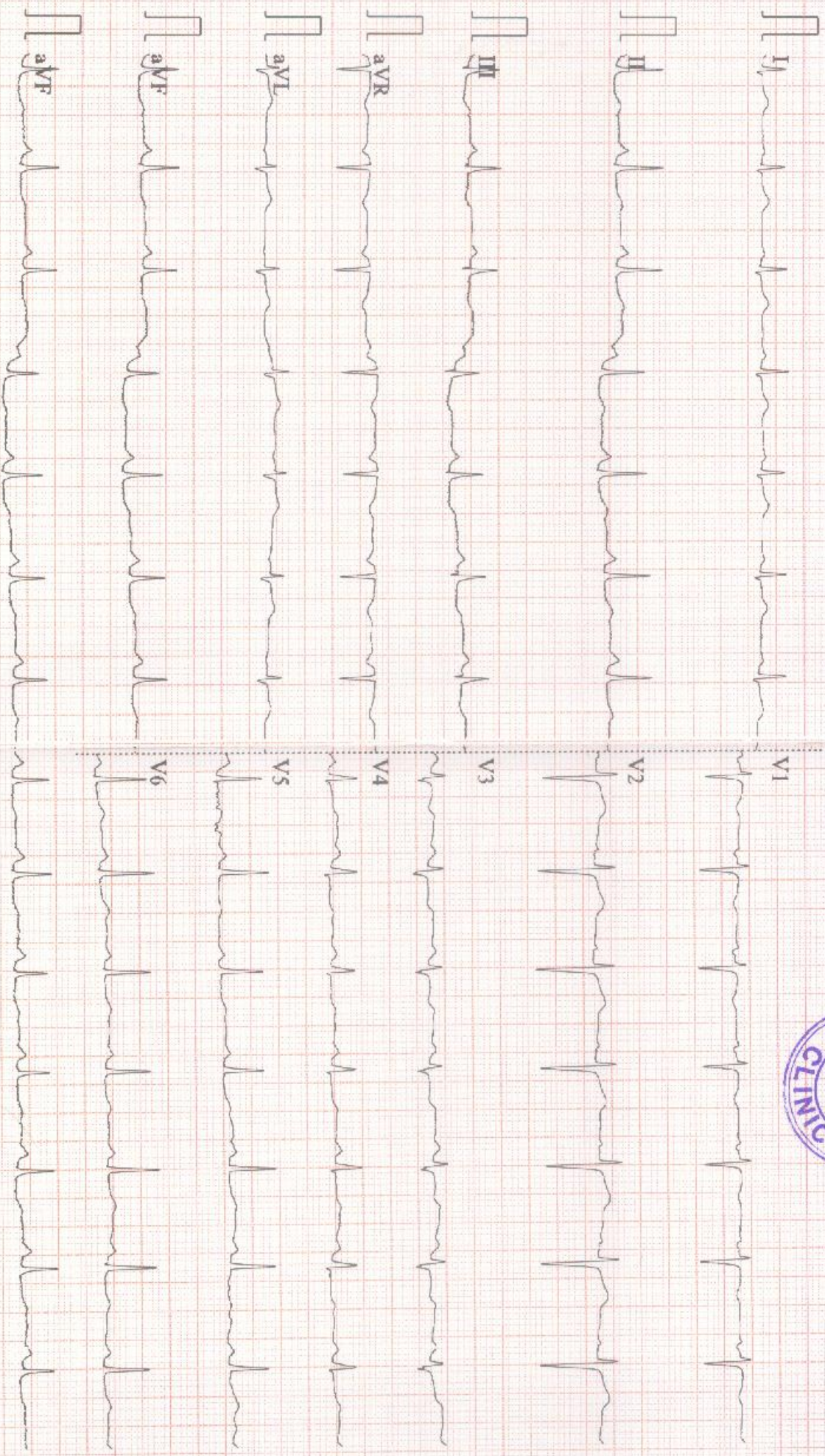
07-03-2024 10:38:49 AM  
HR : 83 bpm  
P : 112 ms  
PR : 146 ms  
QRS : 80 ms  
QT/QTc : 364/428 ms  
P/QRS/T : 70/62/30 °  
RV5/SV1 : 0.796/0.644 mV

Diagnosis Information:  
Sinus rhythm  
Possible anterior infarct - age undetermined  
Abnormal ECG

Report Confirmed by:



Dr. Animesh Choudhary  
MD Medicine  
Reg. No. CGMC 3583/2011  
Apollo Clinic, Raipur



**PATIENT NAME: MRS. VARSHA JAIN**  
**REF BY: BOB**

**AGE / SEX: 42Y/F**  
**DATE: 07/03 /2024**

**SONOGRAPHY BILATERAL BREASTS**

**FINDINGS:**

- Both breast tissues are symmetrical and appear normal in size and echotexture.
- No evidence of any focal mass lesion or any collection seen.
- Nipple, areola and subareolar region also appear normal.
- Bilateral axilla visualised normal without any evidence of lymphadenopathy.

**IMPRESSION:**

- **USG BREAST WITHIN NORMAL LIMITS.**

**Advised clinical correlation and further evaluation.**



*Zain*  
**Dr. Zeeshan Ateeb Dani**  
**DR. ZEESHAN ATEEB DANI**  
Consultant  
Reg. No. CGMI (MD)  
**CONSULTANT RADIOLOGIS**

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. Sex of the fetus is not determined here. This report is not for medico-legal purposes.

\* Only large obvious hypo/anechoic mass lesion can be diagnosed by USG. Mammography/breast MRI are much more sensitive and specific imaging modalities for evaluation of breast parenchyma & breast lesion. Advised further evaluation with these imaging modalities if clinically indicated/strong suspicion of breast lesion.

**Apollo Clinic**  
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Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

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Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

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0771 4033341

**PATIENT NAME: MRS. VARSHA JAIN**  
**REF BY: . BOB**

**AGE / SEX: 42 YRS/F**  
**DATE: 07 /03 /2024**

**USG ABDOMEN**

**Liver:** Liver is normal in size smooth in outline & echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

**Gall bladder:** Distended and normal.

**Pancreas & Paraaortic Region:** Normal.

**Spleen:** Is normal in size measures cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.42x3.72Cm	9.56x4.16Cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not Dilated	Not Dilated
Any other remarks	Nil	Nil

**Urinary bladder:** Distended & normal.

**Uterus** is normal in size (10.40 x 4.12 x 3.79 cm, Vol. – 85.029 cc ) and echotexture. Endometrial thickness 4.9 mm.

**Right Ovary:** (4.11x2.77 cm), shape and echotexture. **A simple cyst of size 3.57 x 3.52 cm seen in right ovary.**

**Left Ovary:** Normal in size (3.28x2.64 cm), shape and echotexture.

No evidence of free fluid in abdomen or pelvis.

**IMPRESSION:**

- **RIGHT SIMPLE OVARIAN CYST.**

**Advised clinical correlation/further evaluation if clinically indicated.**



Dr. Zeeshan Ateeb Dani  
MBBS, MD  
Consultant Radiologist

**DR. ZEESHAN ATEEB DANI**  
(MD)  
**CONSULTANT RADIOLOGIST**

**NAME OF PATIENT: MRS. VARSHA JAIN**

**AGE: 42YRS/FEMALE**

**REFERRED BY: BOB**

**DATE: 07/03/2024**

**CHEST X - RAY PA VIEW**

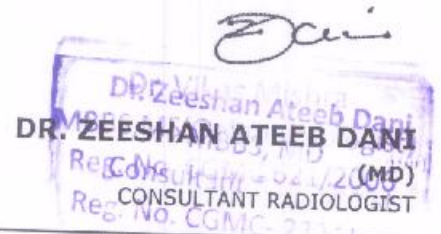
**FINDINGS:**

- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

**IMPRESSION:**

- **NO SIGNIFICANT ABNORMALITY SEEN.**

**Advised: Clinical correlation and further evaluation if clinically indicated.**



This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.

# Dr. Sweety Lath

BDS (Cosmetic Dental Surgeon)



# Dr. Vivek Lath

Chief Dental Consultant  
BDS, MDS, Diplomate (WCOI, Japan)  
Professor, MCDRC - Durg  
Reg. No. CGDC/14/PG/45

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Mr. Vausha Jain  
42/F

7/3/24

e/c → H has come for routine dental checkup

O/E → Stains +  
Occlusal Cavities  $\bar{78}$

Adv → Oral Prophylaxis  
IOIA  $\bar{78}$

1  
MB



7/2/2024

Mrs. Vansha Jain 42 F

P. 13y. 18cm

LMP = 1/3/2024

Dy of cycle.

M/P = 9d / 20 3rd  
Regen

40% itchy (on diff) / Swollen area where  
vaginal dryness

1/4

1/4  
Nontender

h/c - 6 regular

P/v - uterovaginal  
2/3 for

P + Pomear  
S. proclatin, S. 187  
Cecivac / Gardasil

Cap. Pan 40 (1) 5 days  
Tab. Zifi 200mg OD x 5 days  
Tab. Githret 500mg OD x 5 days  
Cauroft cl pessary 145  
Brights

Hu & Repols





CLSB Dr Prasad Roy MS ENT  
 Come for ENT Examination  
 No active ENT complaints

On Ex R/L U  
 EAC Clear Clear



Nose B/L Turbinate

Throat A/L B/L Nostrils Clear



RA/L RA/R No active Complaint

ENT Examination WNL

Prasad  
 5/3/24



## ECHOCARDIOGRAPHY REPORT

NAME : MRS VARSHA JAIN	Age/Sex: 42Yrs/Female	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 7/03/2024	REGN. NO. : FRAI.0000020604
Ref.By Dr : BOB		

### M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.5	2.0 – 3.7	IVS Thickness	ED = 0.9 ES = 1.2	0.6 – 1.1
AorticValve Opening	1.8	1.5 – 2.6	PW Thickness	ED = 0.9 ES = 1.2	0.6 – 1.1
LA Dimension	2.8	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.0	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.4	2.2 – 4.0	TAPSE	----	1.6 – 2.6
LV EJECTION FRACTION	> 60%		(NORMAL VALUE: 55 – 60%)		

### 2D ECHO, COLOR FLOW & DOPPLER ASSESSMENT

Left Ventricle : LV Size & contractility is Normal, NO RWMA, Calculated EF IS > 60%

Left Atrium : LA Size Is Normal

Right Ventricle : Normal

Right Atrium : Normal

IAS/IVS : Intact

Pericardium : Normal, there is no Pericardial Effusion.

Mitral Valve : E>A, Normal

Tricuspid Valve : MILD TR (PASP-25mmHg)

Aortic Valve : Normal

Pulmonary Valve : Pulmonary valve appears normal in morphology.

Systemic venous : IVC normal in size with normal Inspiratory collapse.

Diastolic Function : Normal.

**FINAL IMPRESSION** : NO RWMA AT REST.  
NORMAL LV SYSTOLIC FUNCTION.  
MILD TR (PASP- 25mmHg).  
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



DR. DEEPAN DAS  
MBBS, DIP. CARDIOLOGY  
CONSULTANT DEPT. OF NIC

Apollo Clinic

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Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY





**Patient Name** : Mrs VARSHA JAIN  
**UHID/ MR No** : 9582  
**Visit Date** : 07/03/2024  
**Sample Collected On** : 07/03/2024 02:28PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 42 Y. Female  
**OP Visit No** : OPD-UNIT-II-1  
**Reported On** : 09/03/2024 05:40PM

### PAP SMEAR

Investigation	Observed Value	Unit	Biological Reference Interval
---------------	----------------	------	-------------------------------

#### PAP SMEAR

**SPECIMEN** : Cervical smears.

**GROSS** : 02 Unstained slides received.

**ADEQUACY** : Satisfactory for evaluation.  
Transformation zone is not seen.

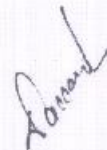
**MICROSCOPY** : Smears show superficial and intermediate squamous cells predominantly and few parabasal cells showing benign reactive cellular changes of inflammation Background shows mild acute inflammatory cells infiltrate.  
No atypical cells seen.

**IMPRESSION** : Negative for Intraepithelial Lesion/Malignancy (NILM).  
Reactive cellular changes associated with inflammation.

**ADVICE** : Clinical correlation.

**End of Report**  
Results are to be correlated clinically

Lab Technician / Technologist  
path



Page 1 of 1

DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

Patient Name : Mrs.VARSHA JAIN	Collected : 07/Mar/2024 03:40PM
Age/Gender : 42 Y 0 M 0 D /F	Received : 07/Mar/2024 04:14PM
UHID/MR No : DSUS.0000006682	Reported : 07/Mar/2024 05:01PM
Visit ID : DSUSOPV7793	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI AR
IP/OP NO :	Patient location : Raipur,Raipur

**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	11.5	g/dL	12-15	Spectrophotometer
PCV	32.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.68	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	88.4	fL	83-101	Calculated
MCH	31.3	pg	27-32	Calculated
MCHC	35.4	g/dL	31.5-34.5	Calculated
R.D.W	13.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,800	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	37.8	%	40-80	Electrical Impedance
LYMPHOCYTES	31.4	%	20-40	Electrical Impedance
EOSINOPHILS	23.4	%	1-6	Electrical Impedance
MONOCYTES	6.0	%	2-10	Electrical Impedance
BASOPHILS	1.4	%	<1-2	Electrical Impedance
CORRECTED TLC	4,800	Cells/cu.mm		Calculated
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	1814.4	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1507.2	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	1123.2	Cells/cu.mm	20-500	Calculated
MONOCYTES	288	Cells/cu.mm	200-1000	Calculated
BASOPHILS	67.2	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.2		0.78- 3.53	Calculated
PLATELET COUNT	239000	cells/cu.mm	150000-410000	Electrical impedance



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**Patient Name** : MRS VARSHA JAIN  
**UHID/ MR No** : 9582  
**Visit Date** : 07/03/2024  
**Sample Collected On** : 07/03/2024 02:28PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 42 Y. Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 07/03/2024 05:38PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	25	mm /HR	0 - 20

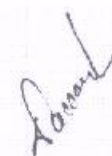
1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

#### Blood Group (ABO Typing)

Blood Group (ABO Typing) : AB  
RhD factor (Rh Typing) : POSITIVE

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
path



Page 5 of 5

**DR DHANANJAY RAMCHANDRA PRASAD**  
M.D. PATHOLOGY

**Patient Name** : MRS VARSHA JAIN  
**UHID/ MR No** : 9582  
**Visit Date** : 07/03/2024  
**Sample Collected On** : 07/03/2024 02:28PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

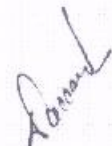
**Age/Gender** : 42 Y . Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 07/03/2024 05:38PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial Method: REAGENT GRADE WATER	96.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting SUGAR REAGENT GRADE WATER	71.0	mg/dl	70 - 120
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
<b>Creatinine</b> METHOD: Spectrophotometric	0.92	mg/dl	0.6-1.4
<b>Uric Acid</b> Method: Spectrophotometric	4.96	mg/dL	2.6 - 7.2

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
 path



**Patient Name** : MRS VARSHA JAIN  
**UHID/ MR No** : 9582  
**Visit Date** : 07/03/2024  
**Sample Collected On** : 07/03/2024 02:28PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 42 Y . Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 07/03/2024 05:38PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
---------------	----------------	------	-------------------------------

**HbA1c (Glycosalated Haemoglobin)**

5.5

%

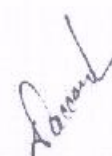
Non- diabetic:<=5.6, Pre-Diabetic 5.7-6.4, Diabetic:>=6.5

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
  3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  4. Low glyated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam
- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
  - 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
  3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
  4. Low glyated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
  5. To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
  6. Interference of Haemoglobinopathies in HbA1c estimation.
    - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
    - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
    - C. Heterozygous state dete

### End of Report

Results are to be corelated clinically

Lab Technician / Technologist  
path



Page 4 of 5

**DR DHANANJAY RAMCHANDRA PRASAD**  
M.D. PATHOLOGY



**Patient Name** : MRS VARSHA JAIN  
**UHID/ MR No** : 9582  
**Visit Date** : 07/03/2024  
**Sample Collected On** : 07/03/2024 02:28PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 42 Y Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 07/03/2024 05:38PM

**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	191.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	135.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	39.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	125	mg/dl	Optimal:< 100      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189      Very HiOptimal:< 100      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189      Very High >=1
Method: Spectrophotometric			
VLDL Cholesterol	27	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	4.90		3.5 - 5
Method: Spectrophotometric			

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
 path



**Patient Name** : MRS VARSHA JAIN  
**UHID/ MR No** : 9582  
**Visit Date** : 07/03/2024  
**Sample Collected On** : 07/03/2024 02:28PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 42 Y Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 07/03/2024 05:38PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	1.0	mg/dl	0.1-1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.80	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	30	U/L	0 - 32
<b>SGPT (ALT)</b> Method: Spectrophotometric	33	U/L	0 - 33
<b>ALKALINE PHOSPHATASE</b>	113	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.6	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.3	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	1.86	%	1.1 - 2.2

**End of Report**  
Results are to be correlated clinically

Lab Technician / Technologist  
path



Patient Name : Mrs.VARSHA JAIN	Collected : 07/Mar/2024 03:40PM
Age/Gender : 42 Y 0 M 0 D /F	Received : 07/Mar/2024 04:14PM
UHID/MR No : DSUS.0000006682	Reported : 07/Mar/2024 04:48PM
Visit ID : DSUSOPV7793	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

**DEPARTMENT OF IMMUNOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.02	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	7.7	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.47	µIU/mL	0.35-5.5	CLIA

**Comment:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

\*\*\* End Of Report \*\*\*



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 0771 4033341

**Patient Name** : MRS VARSHA JAIN  
**UHID/ MR No** : 9582  
**Visit Date** : 07/03/2024  
**Sample Collected On** : 07/03/2024 02:28PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 42 Y Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 07/03/2024 05:38PM

### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.015		1.001 - 1.030
Reaction (pH)	7.0		
<b>Chemical Examination</b>			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
<b>Microscopic Examination</b>			
RBC (Urine)	0-1	/hpf	0 - 2
Pus cells	2 - 4	/hpf	0 - 5
Epithelial Cell	2 - 4	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Seen	/hpf	

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
 path

