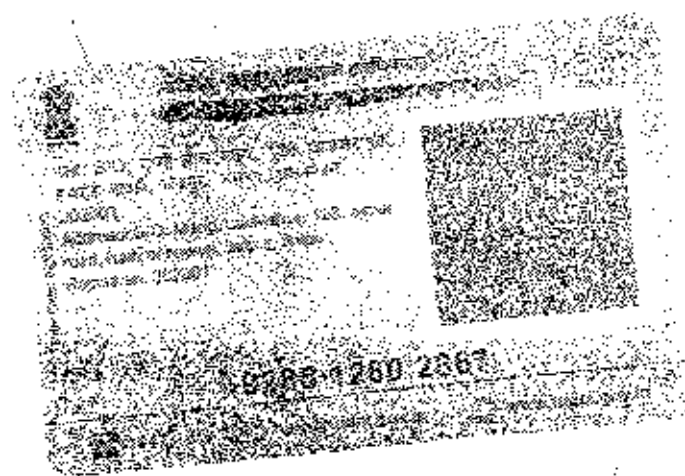


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 12/07/2004





## LABORATORY REPORT

Name	: Mr. Gajendra Mangil Mahur	Reg. No	: 407100736
Sex/Age	: Male/50 Years	Reg. Date	: 13 Jul-2024 06:05 PM
Ref. By	: Apollo Health & Lifestyle Limited	Collected On	:
Client Name	: Apollo Health & Lifestyle Limited	Report Date	: 15 Jul-2024 11:38 AM

### Medical Summary

#### GENERAL EXAMINATION

Height (cms) : 163

Weight (kgs) : 67.45

Blood Pressure : 130/80mmHg

Pulse : 81/Min

No Clubbing/Cynosis/Pallor/Pedal Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

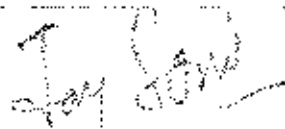
Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy - N/A

This is an electronically authenticated report



Dr. Jay Soni  
M.D., GENERAL MEDICINE

DR. MUKESH LADDHA

Page 8 of 13


**TEST REPORT**

Reg. No	: 407100736	Ref Id	: AHON-31105072401002	Collected On	: 13-Jul-2024 06:22 PM
Name	: Mr. Gajendra Mangil Mahur	Reg. Date	: 13-Jul-2024 06:05 PM	Tele No.	: 7023104044
Age/Sex	: 50 Years : Male	Pass. No.	:	Dispatch At	:
Ref. By	: Apollo Health & Lifestyle Limited	Location	: CHPL		
Sample Type	: EDTA				

Parameter	Result	Unit	Biological Ref. Interval
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**COMPLETE BLOOD COUNT (CBC)**

Hemoglobin (Colorimetric method)	13.5	g/dL	13.5 - 18
Hematocrit (Calculated)	43.80	%	40 - 50
RBC Count (Electrical Impedance)	5.48	million/mm <sup>3</sup>	4.73 - 5.5
MCV (Calculated)	79.9	fL	83 - 101
MCH (Calculated)	24.6	Pg	27 - 32
MCHC (Calculated)	30.8	%	31.5 - 34.5
RDW (Calculated)	12.2	%	11.5 - 14.5
WBC Count	10000	/cmm	4500 - 10000
<i>From a smear with manual microscopy</i>			
MPV (Calculated)	10.3	fL	8.5 - 11.5
Neutrophils (%)	67.10	%	40 - 80
Lymphocytes (%)	23.90	%	20 - 40
Eosinophils (%)	2.00	%	0 - 6
Monocytes (%)	6.80	%	2 - 10
Basophils (%)	0.20	%	0 - 2
Neutrophils (Abs)	6710	/cmm	2000 - 7000
Lymphocytes (Abs)	2390	/cmm	1000 - 3000
Monocytes (Abs)	680	/cmm	200 - 1000
Eosinophils (Abs)	200	/cmm	20 - 500
Basophils (Abs)	20	/cmm	0 - 100

**PERIPHERAL SMEAR STUDY**

RBC Morphology	Normocytic and Normochromic.
WBC Morphology	Normal

**PLATELET COUNTS**

Platelet Count (Electrical Impedance)	531000	/cmm	100000 - 450000
---------------------------------------	--------	------	-----------------

*Electrical Impedance*

Platelets	Platelets are increased on smear.
-----------	-----------------------------------

Our Laboratory hereby declares that we may require to place some information in the public domain for the purpose of regulatory/statutory requirements.

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\* This test has been out sourced.



Approved By : **Dr. Purvish Darji**  
 MD (Pathology)

Approved On : 15-Jul-2024 09:25 AM

Page 1 of 10

**TEST REPORT**

Reg. No : 407100736      Ref Id : AHON-31105072401902      Collected On : 13-Jul-2024 06:22 PM  
Name : Mr. Gajendra Mangliat Mahur      Reg. Date : 13-Jul-2024 06:05 PM  
Age/Sex : 50 Years / Male      Pass. No. :      Tele No. : 7023104044  
Ref. By : Apollo Health & Lifestyle Limited      Dispatch At :  
Sample Type : EDTA      Location : CHPL

Parasites      Malarial parasite is not detected.  
Comment      -  
ESR 1 hour      8      mm/hr      ESR AT 1 hour : 1-7

Westergreen method

**PERIPHERAL BLOOD SMEAR EXAMINATION**

Specimen: Peripheral blood smear & EDTA blood


**PERIPHERAL SMEAR STUDY**

RBC Morphology      Normocytic and Normochromic.  
WBC Morphology      Normal  
Platelets      Platelets are increased on smear.  
Parasites      Malarial parasite is not detected.  
Comment      -

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements

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MD (Pathology)

Approved On : 15-Jul-2024 09:26 AM  
Page 2 of 18


**TEST REPORT**

Reg. No	: 407100736	Ref Id	: AHON-31105072401002	Collected On	: 13-Jul-2024 08:45 PM
Name	: Mr. Gajendra Mangital Mahur	Reg. Date	: 13-Jul-2024 06:35 PM	Tele No.	: 7023104044
Age/Sex	: 50 Years - Male	Pass. No.	:	Dispatch At	:
Ref. By	: Apollo Health & Lifestyle Limited	Location	: CHPL		
Sample Type	: Urine Spot				

Test	Result	Unit	Biological Ref. Interval
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**URINE ROUTINE EXAMINATION**
**PHYSICAL EXAMINATION**

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	5	4.5 - 8.0
Sp. Gravity	1.030	1.001 - 1.035
Protein	Nil	Nil
Glucose	Present (+)	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	Nil
Nitrite	Nil	Nil
Blood	Nil	Nil


**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Fus Cells)	2 - 5/hpf	Nil
Erythrocytes (Red Cells)	Nil	Nil
Epithelial Cells	1 - 2/hpf	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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Approved On : 15-Jul-2024 09:15 AM

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**TEST REPORT**

Reg. No	: 407100736	Ref Id	: AHON-31105072401002	Collected On	: 13-Jul-2024 06:22 PM
Name	: Mr. Gajendra Mangilal Mahur	Reg. Date	: 13-Jul-2024 06:05 PM	Tele No.	: 7023104044
Age/Sex	: 50 Years ; Male	Pass. No.	:	Dispatch At	:
Ref. By	: Apollo Health & Lifestyle Limited	Location	: CHPL		
Sample Type	: Serum				

Parameter	Result	Unit	Biological Ref. Interval
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**IMMUNOLOGY**

<b>VITAMIN B12</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	409.00	pg/mL	Deficient Range: < 145 Normal value: 180-914 pg/mL
---	--------	-------	--

Vitamin B-12, also called cobalamin, is a water-soluble vitamin with a key role in the normal functioning of the brain and nervous system, and for the formation of blood. It is normally involved in the metabolism of every cell of the human body, especially affecting DNA synthesis and regulation, but also fatty acid metabolism and amino acid metabolism.

Vitamin B12 deficiency is most commonly caused by low intakes, but can also result from mal-absorption, certain intestinal disorders, low presence of binding proteins, and using of certain medications. Vitamin B12 is rare from plant sources, so vegetarians will be the vulnerable populations most likely to suffer from vitamin B12 deficiency. Infants are at a higher risk of vitamin B12 deficiency if they were born to vegetarian mothers. The elderly who have diets with limited meat or animal products are vulnerable populations as well. Vitamin B12 deficiency can manifest itself as anemia and in some cases cause permanent neurological damage. At levels only slightly lower than normal, a range of symptoms such as fatigue, depression, and poor memory may be experienced.

<b>*25 HYDROXY VITAMIN D3</b> <small>CMA</small>	47.76	ng/mL	Deficiency: <10 Insufficiency: 10-30 Sufficiency: 30-100 Toxicity: >100
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Vitamin D is a fat soluble hormone involved in the intestinal absorption and deregulation of calcium. It is synthesized by skin when sunlight strikes bare skin. It can also be ingested from animal sources. Vitamin D is bound to the binding protein (albumin and vitamin D binding protein) and carried to the liver. In the liver it is transformed in to 25 hydroxy-vitamin D (calcidiol), which is the primary circulating and the most commonly measured form in serum. Then in the kidney it is transformed in to 1,25 dihydroxy-vitamin D (calcitriol), which is the biologically active form.

Vitamin D plays a vital role in the formation and maintenance of strong and healthy bones. Vitamin D deficiency has long been associated with rickets in children and osteomalacia in adults. Long term insufficiency of calcium and vitamin D leads to osteoporosis. There have been multiple publications linking vitamin D deficiency to several disease states, such as cancer, cardiovascular disease, diabetes, and autoimmune diseases.

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\* This test has been out sourced.

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 Dr. Purvish Darji  
 MD (Pathology)

Approved On : 15-Jul-2024 09:19 AM



TEST REPORT			
Reg. No	: 407100736	Ref Id	: AHCN-31105072401002
Name	: Mr. Gajendra Mangilai Mahur	Collected On	: 13-Jul-2024 08:45 PM
Age/Sex	: 56 Years / Male	Reg. Date	: 13-Jul-2024 06:05 PM
Ref. By	: Apollo Health & Lifestyle Limited	Tele No.	: 7023104044
Sample Type	: Urine Spot	Dispatch At	:
		Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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
**CLINICAL PATHOLOGY**

Urine Glucose -F **Present (+)**  
Glucose Oxidase-Peroxidase

Web laboratory hereby declares that we may require to publish certain information in the public domain irrespective of the nature of the information and its source.

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\* This test has been out sourced.

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 MD (Pathology)

Approved On : 15-Jul-2024 09:19 AM  
 Page 3 of 18


**TEST REPORT**

Reg. No	: 407100736	Ref Id	: AHCN-3110507240100Z	Collected On	: 13-Jul-2024 06:22 PM
Name	: Mr. Gajendra Mangilal Mahur	Reg. Date	: 13-Jul-2024 06:05 PM	Tele No.	: 7023104044
Age/Sex	: 50 Years   Male	Pass. No.	:	Dispatch At	:
Ref. By	: Apollo Health & Lifestyle Limited	Location	: CHPL		
Sample Type	: EDTA				

Parameter	Result	Unit	Biological Ref. Interval
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**HEMOGLOBIN A1 C ESTIMATION**

Specimen: Blood EDTA

*Hb A1C	6.0	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
---------	-----	---------------	--

*Bovine Affinity with Fluorescent Quenching*

Mean Blood Glucose	125.50	mg/dL
--------------------	--------	-------

*Calculated*
**Degree of Glucose Control Normal Range:**

Poor Control &gt;7.0% \*

Good Control 5.0 - 7.0 %\*\*Non-diabetic level &lt; 6.0 %

\* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

\* Some danger of hypoglycemic reaction in Type I diabetics.

\* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

**EXPLANATION :-**

\*Total haemoglobin A1 c is continuously synthesised 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:**

\*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

\*We/Laboratory hereby declare that we may require to place some information in the public domain/available in public because of regulatory/statutory requirements

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Approved By :	 Dr. Purvish Darji MD (Pathology)
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Approved On :	15-Jul-2024 06:07 PM
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**TEST REPORT**

<b>Reg. No</b> : 407100736	<b>Ref Id</b> : AHCN-31105072401002	<b>Collected On</b> : 13-Jul-2024 06:22 PM
<b>Name</b> : Mr. Gajendra Mangilal Mahur		<b>Reg. Date</b> : 13-Jul-2024 06:05 PM
<b>Age/Sex</b> : 50 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 7023104044
<b>Ref. By</b> : Apollo Health & Lifestyle Limited		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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
**LFT WITH GGT**

Total Protein	7.58	gm/dL	1Day 3.4-5.0 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year: 5.0-8.0 Adults: 6.5-8.7
<i>By color Reaction</i>			
Albumin	4.77	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs: 3.5 - 5.2 60 - 90 yrs: 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.81	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.70		0.8 - 2.0
SGOT	16.80	U/L	0 - 35
<i>UV without P5P</i>			
SGPT	23.10	U/L	0 - 45
<i>UV with P5P</i>			
Alkaline Phosphatase	86.5	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer. Multiple-point rate</i>			

Our Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

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 MD (Pathology)

Approved On : 15-Jul-2024 09:19 AM  
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**TEST REPORT**

<b>Reg. No</b> : 407100736	<b>Ref Id</b> : AHCN-31105072401002	<b>Collected On</b> : 13-Jul-2024 06:22 PM
<b>Name</b> : Mr. Gajendra Mangilal Mahur		<b>Reg. Date</b> : 13-Jul-2024 05:05 PM
<b>Age/Sex</b> : 50 Years   Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 7023104044
<b>Ref. By</b> : Apollo Health & Lifestyle Limited		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

<b>Total Bilirubin</b>	0.66	mg/dL	Cord : Premature & full term : <2.0 0-1 day : Premature : <8.0 0-1 day : Full term : 1.4 - 8.7 1-2 day : Premature : <12 1-2 day : Full term : 3.4 - 11.5 3-5 day : Premature : <16 3-5 day : Full term : 1.5 - 12.0 Adult : 0.3 - 1.2
------------------------	------	-------	---

*Vanadate Oxidation*

<b>Direct Bilirubin</b>	0.16	mg/dL	0.0 - 0.4
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*Vanadate Oxidation*

<b>Indirect Bilirubin</b>	0.50	mg/dL	0.0 - 1.1
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*Calculated*


<b>GGT</b>	20.90	U/L	< 55
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*SZAS/ Ambo Medical*

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

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**Approved By :**   
 Dr. Purvish Darji  
 MD (Pathology)

**Approved On :** 15-Jul-2024 09:19 AM  
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**TEST REPORT**

<b>Reg. No</b> : 407100736	<b>Ref id</b> : AHCN-31105072401002	<b>Collected On</b> : 13-Jul-2024 06:22 PM
<b>Name</b> : Mr. Gajendra Mangilal Mahur		<b>Reg. Date</b> : 13-Jul-2024 06:05 PM
<b>Age/Sex</b> : 50 Years : Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 7023104044
<b>Ref. By</b> : Apollo Health & Lifestyle Limited		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**IMMUNOLOGY**

<b>TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)</b> <small>CMIA</small>	2.55	ng/mL	0 - 4
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Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.


Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

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 Dr. Purvish Darji  
 MD (Pathology)

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 Page 11 of 1

**TEST REPORT**

Reg. No	: 407100736	Ref Id	: AHON-31105072401002	Collected On	: 13-Jul-2024 06:22 PM
Name	: Mr. Galendra Manglal Mehur			Reg. Date	: 13-Jul-2024 06:05 PM
Age/Sex	: 50 Years / Male	Pass. No.	:	Tele No.	: 7023104044
Ref. By	: Apollo Health & Lifestyle Limited			Dispatch At	:
Sample Type	: EDTA			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**BLOOD GROUP & RH**


Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO	"B"
Rh (D)	Positive
Note	-

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

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Dr. Purvish Darji  
MD (Pathology)

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**TEST REPORT**


<b>Reg. No</b> : 407100736	<b>Ref Id</b> : AHON-31105072401002	<b>Collected On</b> : 13-Jul-2024 06:22 PM
<b>Name</b> : Mr. Gajendra Mangilal Mahur		<b>Reg. Date</b> : 13-Jul-2024 06:05 PM
<b>Age/Sex</b> : 50 Years   Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 7023104044
<b>Ref. By</b> : Apollo Health & Lifestyle Limited		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
<b>Lipid Profile</b>			
Cholesterol	174.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic spectrometric method</i>			
Triglyceride	61.60	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High: >500.0
<i>Enzymatic colorimetric method</i>			
HDL Cholesterol	44.90	mg/dL	Low : <40 High : >60
<i>Accelerator selective detergent method</i>			
LDL	116.78	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: >190.0
<i>Calculated</i>			
VLDL	12.32	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.60		0 - 3.5
<i>Calculated</i>			
Cholesterol / HDL Ratio	3.88		0 - 5.0
<i>Calculated</i>			

WofLaboratory hereby declares that we they require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

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 Dr. Purvish Darji  
 MD (Pathology)

Approved On : 15-Jul-2024 09:19 AM


**TEST REPORT**

Reg. No	: 407100736	Ref Id	: AHCN-31105072401002	Collected On	: 13-Jul-2024 06:22 PM
Name	: Mr. Gajendra Mangilal Mahur			Reg. Date	: 13-Jul-2024 06:05 PM
Age/Sex	: 50 Years / Male	Pass. No.	:	Tele No.	: 7023104044
Ref. By	: Apollo Health & Lifestyle Limited			Dispatch At	:
Sample Type	: Serum			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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
**BIO - CHEMISTRY**

<b>UREA</b> <i>Calculated</i>	21.40	mg/dL	19.6 - 43.6
<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	3.84	mg/dL	3.5 - 7.2
<b>Creatinine</b> <i>Enzymatic Method</i>	0.84	mg/dL	0.7 - 1.3
<b>BUN</b> <i>UV Method</i>	10.00	mg/dL	6.0 - 20.0

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 Dr. Purvish Darji  
 MD (Pathology)

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 Page 16 of 1


**TEST REPORT**

Reg. No	: 407100736	Ref Id	: AHON-31105072401002	Collected On	: 13-Jul-2024 06:22 PM
Name	: Mr. Gajendra Mangilal Mahur	Reg. Date	: 13-Jul-2024 06:05 PM	Tele No.	: 7623104044
Age/Sex	: 50 Years / Male	Pass. No.	:	Dispatch At	:
Ref. By	: Apollo Health & Lifestyle Limited	Location	: CHPL		
Sample Type	: Fluoride F, Fluoride PP, Serum				

Parameter	Result	Unit	Biological Ref. Interval
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**BIO - CHEMISTRY**

<b>Fasting Blood Sugar (FBS)</b> <small> GOD-POD Method</small>	102.90	mg/dL	70 - 110
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<b>Post Prandial Blood Sugar (PFBS)</b> <small> GOD-POD Method</small>	105.3	mg/dL	70 - 140
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**IMMUNOLOGY**
**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.18	ng/mL	0.86 - 1.92
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Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) 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, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 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.

Our Laboratory hereby declares that we may require to place some information in the public domain/available publicly because of regulatory/mandatory requirements.

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
 Dr. Purvish Darji  
 MD (Pathology)

Approved On : 15-Jul-2024 09:19 AM


**TEST REPORT**

<b>Reg. No</b> : 407100736	<b>Ref Id</b> : AHCN-31105072401002	<b>Collected On</b> : 13-Jul-2024 06:22 PM
<b>Name</b> : Mr. Galendra Mangilal Mahur		<b>Reg. Date</b> : 13-Jul-2024 06:05 PM
<b>Age/Sex</b> : 59 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : /023104044
<b>Ref. By</b> : Apollo Health & Lifestyle Limited		<b>Dispatch At</b>
<b>Sample Type</b> : Fluoride F, Fluoride PP, Serum		<b>Location</b> : CHPL

**IMMUNOLOGY**
**THYROID FUNCTION TEST**

<b>T4 (Thyroxine)</b>	5.10	ug/dL	3.2 - 12.6
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) 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 triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) 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:**

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

<b>TSH</b>	2.690	μIU/ml	0.35 - 6.50
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

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 stimulate 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

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

We/Laboratory hereby declare that we may require to place some information in the public domain/availab e publicly because of regulatory/statutory requirements

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
 Dr. Purvish Darji  
 MD (Pathology)

Approved On : 15-Jul-2024 09:19 AM

Page 18 of 1



**LABORATORY REPORT**

**LABORATORY REPORT**

<b>Name</b> :	Mr. Gajendra Mangilal Mithur	<b>Reg. No</b> :	407100736
<b>Sex/Age</b> :	Male/50 Years	<b>Reg. Date</b> :	15-Jul-2024 06:35 PM
<b>Ref. By</b> :	Apollo Health & Lifestyle Limited	<b>Collected On</b> :	
<b>Client Name</b> :	Apollo Health & Lifestyle Limited	<b>Report Date</b> :	15-Jul-2024 10:27 AM

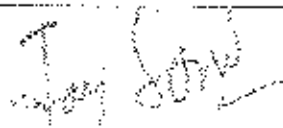
**Electrocardiogram**

**Findings**

Normal Sinus Rhythm.

Within Normal Limit.

This is an electronically generated report.



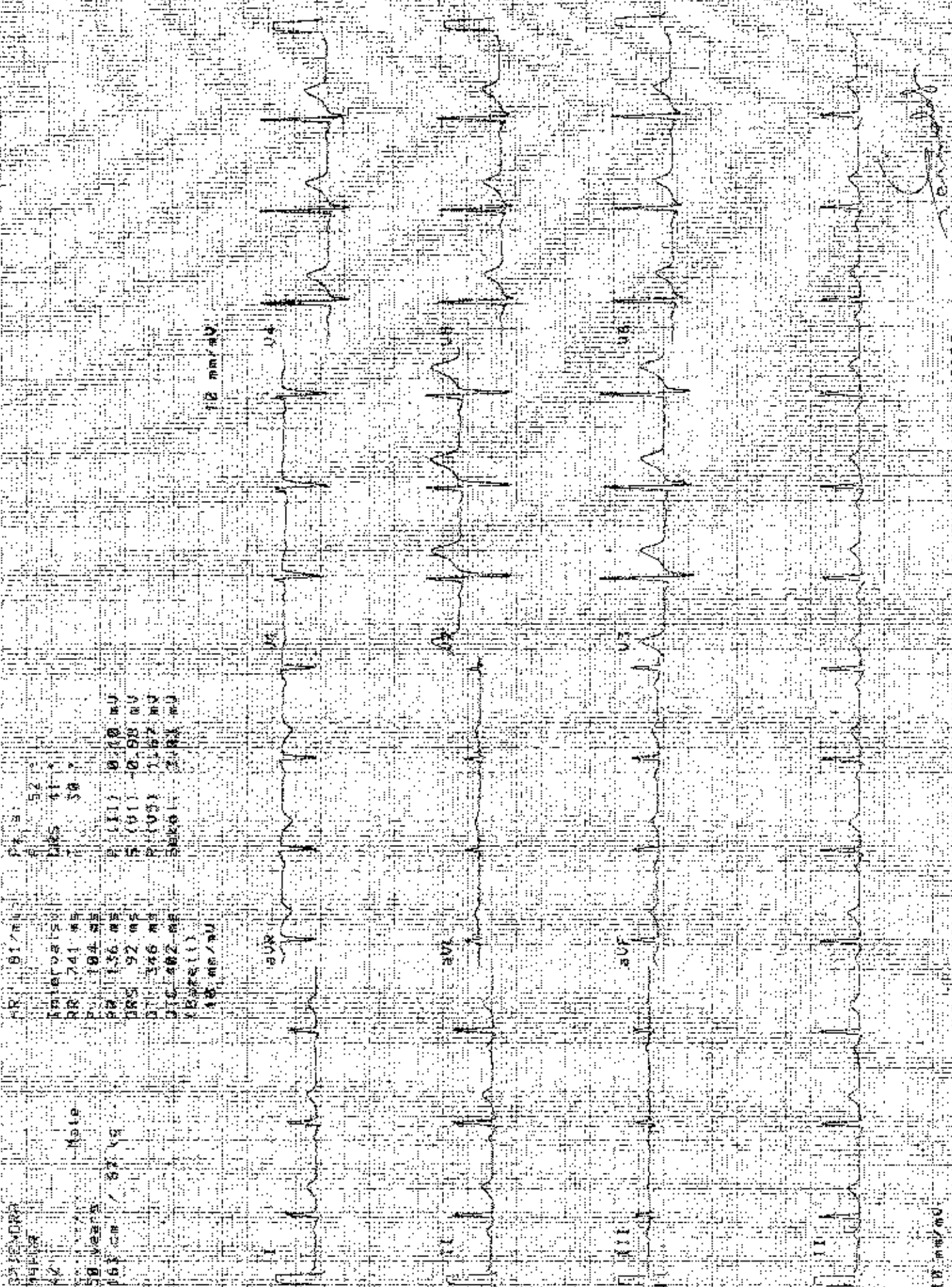
Dr. Jay Soni  
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

3215-DRB  
 14114  
 58 years  
 161 cm / 87 kg  
 Male

HR 91/min  
 Intervals  
 PR 741 ms  
 PQ 184 ms  
 PQ 1156 ms  
 QRS 92 ms  
 QT 346 ms  
 QTc 402 ms  
 (Bazett)

P (11) 0.10 mV  
 S (11) -0.99 mV  
 P (11) 1167 ms  
 QRS (11) 248 ms



10 mm/mV  
 10 ms/mV



LABORATORY REPORT

Name : Mr. Gajendra Manjilal Mahur  
Sex/Age : Male/50 Years  
Ref. By : Apollo Health & Lifestyle Limited  
Client Name : Apollo Health & Lifestyle Limited

Reg. No : 407100736  
Reg. Date : 13-Jul-2024 06:07 PM  
Collected On :  
Report Date : 13-Jul-2024 06:08 PM

**X RAY CHEST PA**

Both lung fields shows prominent broncho-vascular markings.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

**COMMENTS :**

**NO SIGNIFICANT ABNORMALITY DETECTED.**

For biological information or detection of any abnormality, please see your referring doctor or contact us for more details. All reports are medical facts and are not to be used for any other purpose. The patient's responsibility is to provide accurate information and to follow the advice of the doctor. The doctor is not responsible for any delay or error in the report.

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

This is an electronically authenticated report

**DR DHAVAL PATEL**  
Consultant Radiologist  
MB, DMRF  
Reg. No:0494





**LABORATORY REPORT**

Name	: Mr. Sajendra Mangilal Mahor	Reg. No	: 40710073E
Sex/Age	: Male/50 Years	Reg. Date	: 18-Jul-2024 06:05 PM
Ref. By	: Apollo Health & Lifestyle Limited	Collected On	:
Client Name	: Apollo Health & Lifestyle Limited	Report Date	: 19-Jul-2024 06:05 PM

**USG ABDOMEN**

**Liver** appears normal in size & increased in echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

**Gall bladder** is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

**Pancreas** Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

**Spleen** appears normal in size & echopattern. No evidence of focal lesions.

**Both kidneys** are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

**Urinary bladder** is partially distended. No evidence of calculus or mass.

**Prostate** appears normal in size and echopattern. No evidence of focal lesions.

No evidence of free fluid in peritoneal cavity.

No evidence of para-aortic lymphadenopathy.

No evidence of dilated small bowel loops.

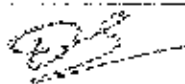
**COMMENTS :**

**Grade II fatty liver.**

*Endoscopic ultrasonography is performed as per protocol and not suitable for diagnosis. Please refer your referring doctor for intervention, as required. And it is recommended to prepare. Results are subject to variations due to technical limitations and patient's cooperation. Please correlation with clinical findings and other investigations. Informed by e-mail on 19/07/24 at 10:11 AM.*

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

This is an electronically authenticated report



**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE  
Reg. No:0454



LABORATORY REPORT

Name	: Mr. Gajendra Mangilal Mahur	Reg. No	: 407100736
Sex/Age	: Male/50 Years	Reg. Date	: 13-Jul-2024 09:03 PM
Ref. By	: Apollo Health & Lifestyle Limited	Collected On	:
Client Name	: Apollo Health & Lifestyle Limited	Report Date	: 15-Jul-2024 10:54 AM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -3.25

CY: -0.75

AX: 39

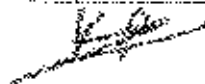
LEFT EYE

SP: -2.25

CY: -1.25

AX: 10

This is an electronically authenticated report



Dr Kejal Patel  
MR.DO(Optist)

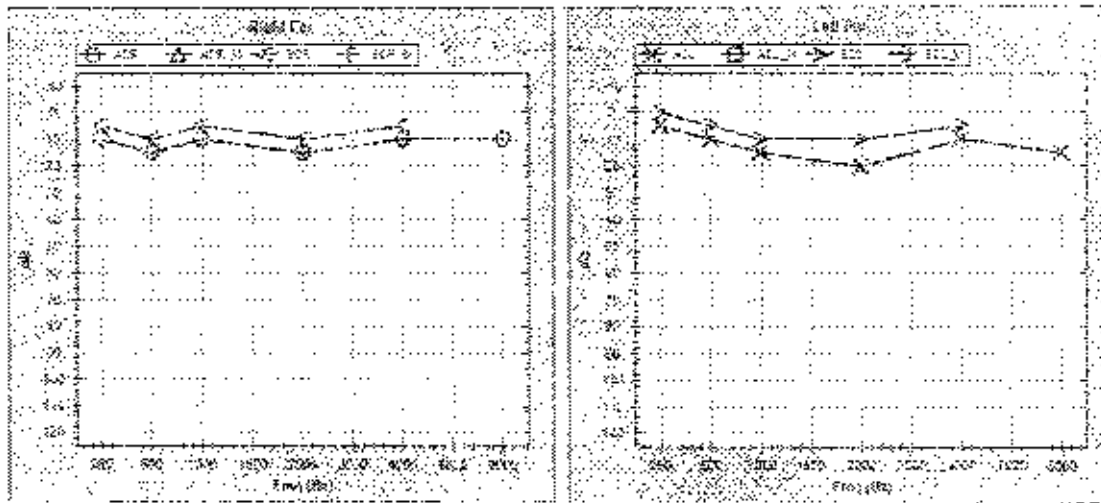


## LABORATORY REPORT

Name : Mr. Gajendra Mangilal Mahur  
 Sex/Age : Male/50 Years  
 Ref. By : Apollo Health & Lifestyle Limited  
 Client Name : Apollo Health & Lifestyle Limited

Reg. No : 407100736  
 Reg. Date : 15-Jul-2024 06:05 PM  
 Collected On :  
 Report Date : 15-Jul-2024 08:35 AM

## AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Censor Grade
		Masked	Unmasked	Masked	Unmasked	
LEFT		□	×	■	>	None
RIGHT		△	○	◻	<	None

NO RESPONSE: Add 'u' before the respective symbols

Threshold in dB	RIGHT	LEFT
AIR CONDUCTION	11.5	11.0
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

This is an electronically authenticated report

Dr. Jay Soni  
 M.D., GENERAL MEDICINE

Adequate mRS not achieved

### CaroVis Healthcare Pvt Ltd, Ahmedabad

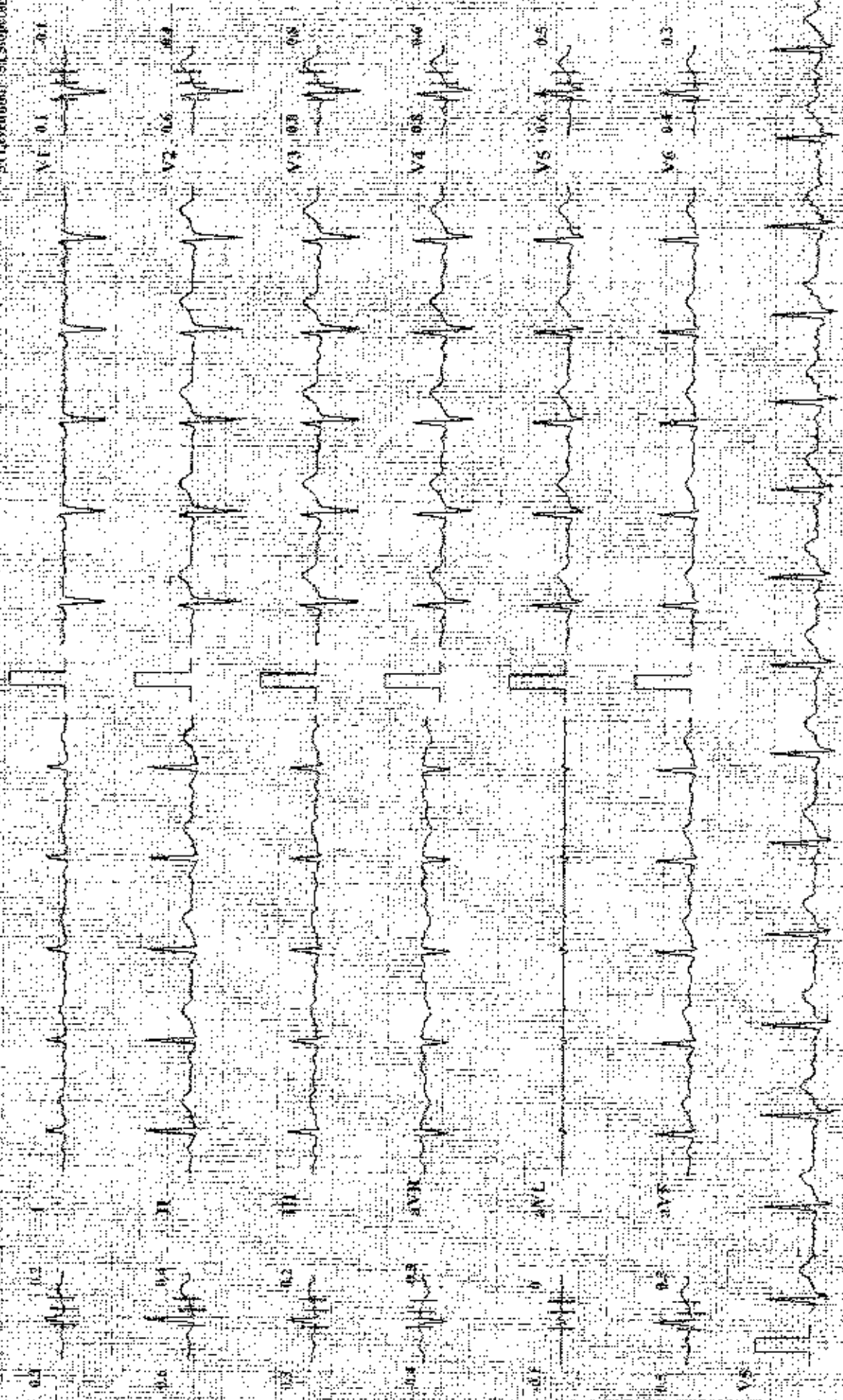
**GAJENDRA MAHUR (50-M)**

Date: 13-07-2024  
Speed: 0 kmp/h  
Stage: Supine

HR: 92 bpm

AP: 130/80 mmHg  
ST: 0.000mV SI: 0.000mV

Exec Time: 00:14  
TTP: 144 bpm  
Crater: 0%



*Signature*

# Curovis Healthcare Pvt Ltd, Ahmedabad

**GAJENDRA MAHER.. (50 M)**

ID: 1192

Date: 13-07-2024

Exec Time: 0:00:00

HR: 93 bpm

Printed by: Dr. J. J. J.

ST: 120 (ms) (Saxipip (aV))

Stage: Standing

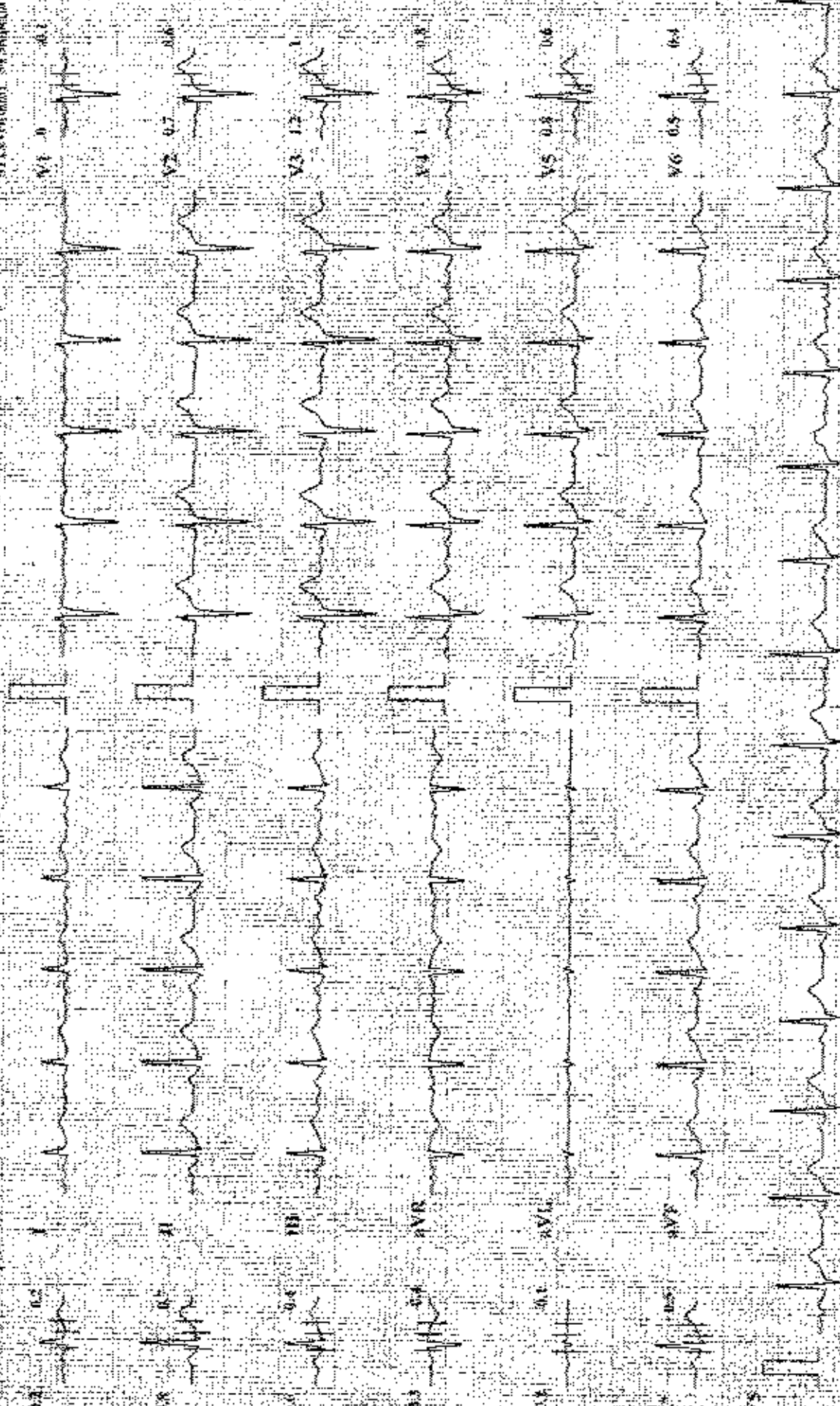
Speed: 0 kmph

Caliber: 0%

PRF: 144 bpm

RF: 130 (SD) (mV)

ST: 120 (ms) (Saxipip (aV))





# Curavis Healthcare Pvt Ltd, Ahmedabad

**GAJENIRA MAHLUR (50 M)**

Printed: Protected! ID: 192

8 Electrodes (mV) ST (Standard mV)

Scale: Hyper Ventilation

Speed: Graph

Exec Time: 6:00:00

Stage Time: 00:13

HR: 144 bpm

HR: 86 bpm

BP: 130/86 mmHg

STL: 0.000mV ST (Standard mV)

V1: 0.1 -0.2

V2: 0.2 -0.3

V3: 0.1 -0.1

V4: 0.2 -0.2

V5: 0.0 -0.0

V6: 0.5 -0.5

V4: 0.2 -0.2

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V6: 0.5 -0.5

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V5: 0.0 -0.0

V6: 0.5 -0.5

V4: 0.2 -0.2

V5: 0.0 -0.0

V6: 0.5 -0.5

V4: 0.2 -0.2

V5: 0.0 -0.0

V6: 0.5 -0.5

V4: 0.2 -0.2

V5: 0.0 -0.0

V6: 0.5 -0.5

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

50 mm/s

Res I + II 80 mm/s

Scalibet Cardquest (S-11) Version 3.8

Printed: Protected!

Chirovis Healthcare Pvt Ltd, Ahmedabad

GAJENIRA MAHER (50 MI)

ID: 1192

Exam: Paradox

SP: 97/min (57) ST: 100/min (75)

Date: 13-07-2024

Exec Time: 00:00:00

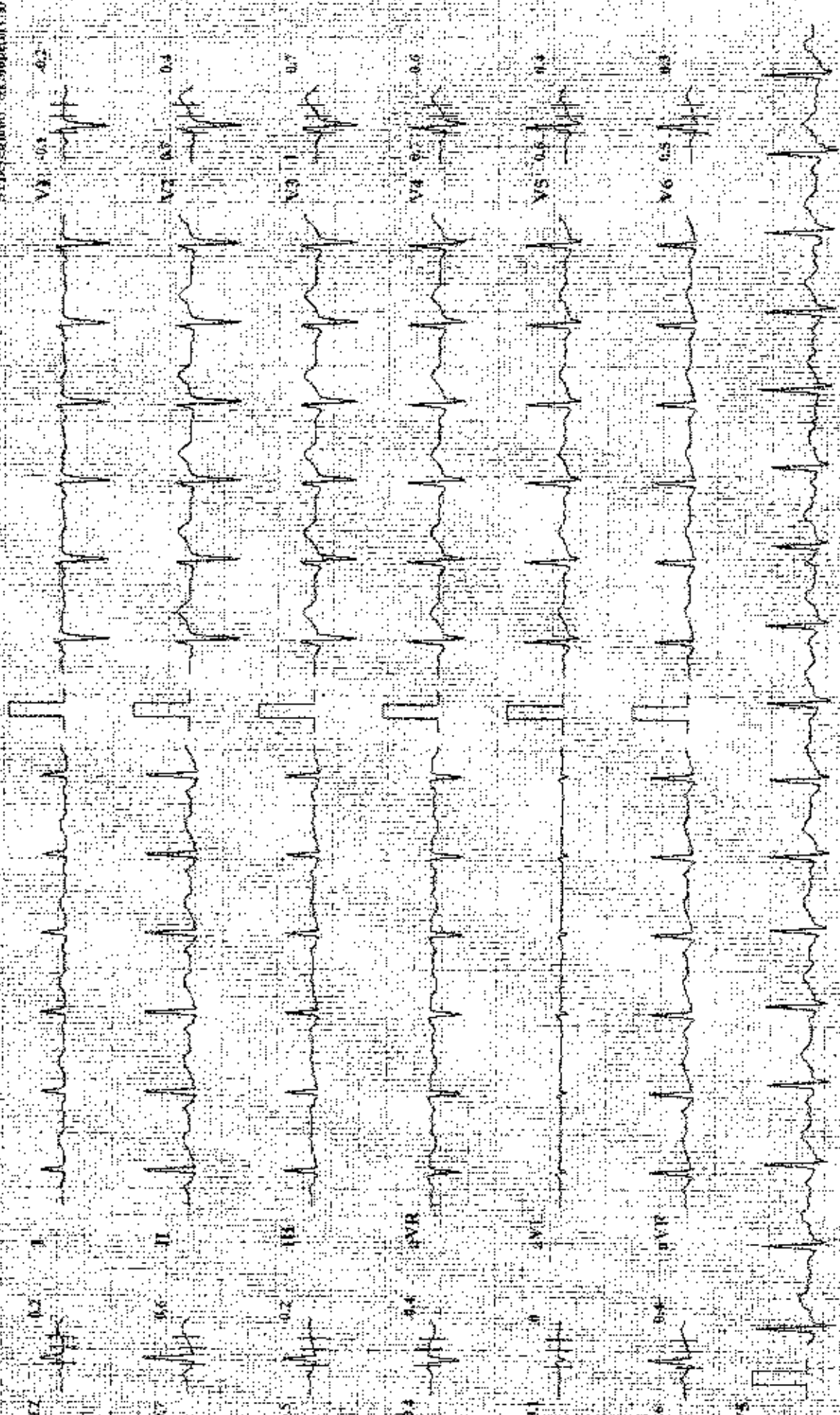
HR: 106 bpm

Stage: Pre-Test

Speed: 1.6 kmph

TAP: 14.8 bpm

BP: 130/80 mmHg  
ST: 1.5 (mm) ST Slope: 0.1 (V/s)



# Curvix Healthcare Pvt Ltd, Ahmedabad

**GAJENDRA MAHUR . (50 M)**

Bruce Protocol

ST (Lead aVR) ST (Lead aVL) ST (Lead aVF)

Date: 13-07-2024

Speed: 25 mm/s

Exerc Time: 0:05:00

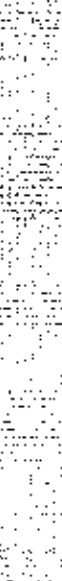
Grade: 10%

HR: 129 bpm

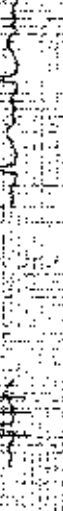
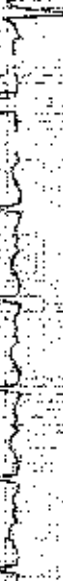
BP: 138/86 mmHg

SEL (Lead aVR) ST (Lead aVL) ST (Lead aVF)

V1 0.2 -0.3



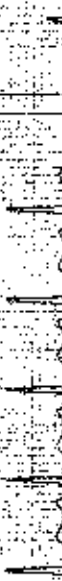
V3 1.5 1.7



V4 1.5 1.3



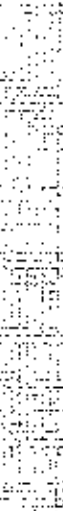
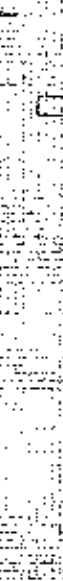
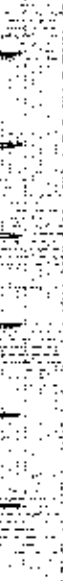
V5 0.5 0.9



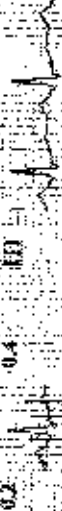
V6 0.6 0.6



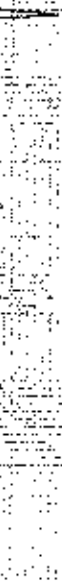
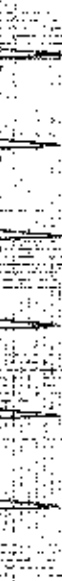
V7 0.5 0.9



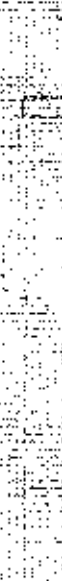
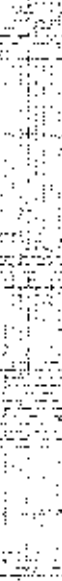
V8 0.6 0.6



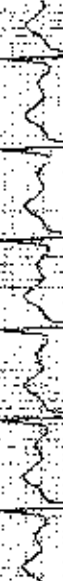
V9 0.5 0.9



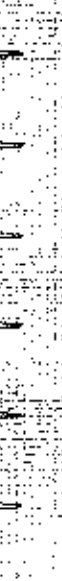
V10 0.6 0.6



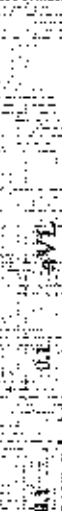
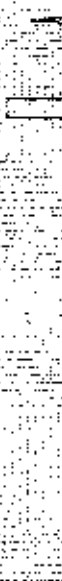
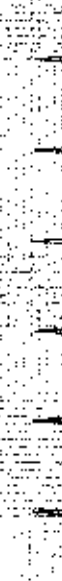
V11 0.5 0.9



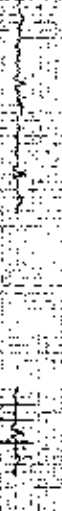
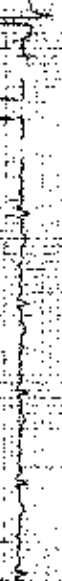
V12 0.6 0.6



V13 0.5 0.9



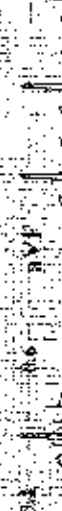
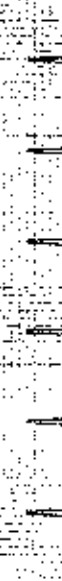
V14 0.6 0.6



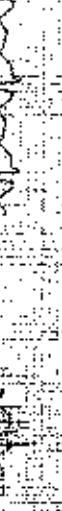
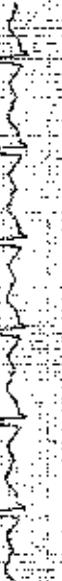
V15 0.5 0.9



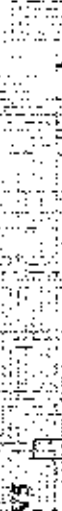
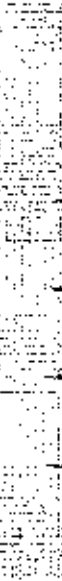
V16 0.6 0.6



V17 0.5 0.9



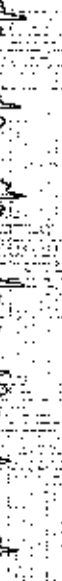
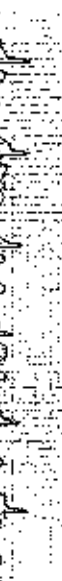
V18 0.6 0.6



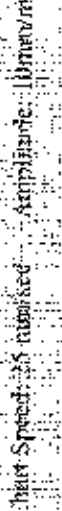
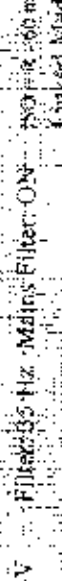
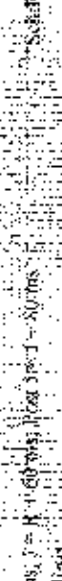
V19 0.5 0.9



V20 0.6 0.6



V21 0.5 0.9



V22 0.6 0.6

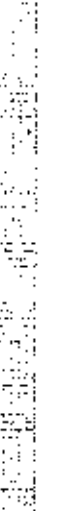
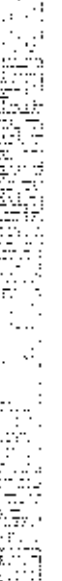


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 95 Hz

Mains Filter: ON

INO: 100 ms, I=100ms, I=100ms, I=100ms

Grade: 10%

Speed: 25 mm/s

Date: 13-07-2024

Exerc Time: 0:05:00

Grade: 10%

Speed: 25 mm/s

Date: 13-07-2024

HR: 129 bpm

BP: 138/86 mmHg

SEL (Lead aVR) ST (Lead aVL) ST (Lead aVF)

V1 0.2 -0.3

V23 0.5 0.9

V24 0.6 0.6

V25 0.5 0.9

V26 0.6 0.6

**Curovis Healthcare Pvt Ltd, Ahmedabad**

**GAJENDRA MAIUR (50 M)**

ID: 1192

Date: 13-07-2024

Stage Time: 0:05:12

**HR: 145 bpm**

BP: 58/86 mmHg

Scale: (mm) ST/Stop(s)

Speed: 4 kmph

HR: 144 bpm

Grade: 12%

ST/Stop(s)

Scale: 4 kmph

Speed: 4 kmph

HR: 144 bpm

Grade: 12%

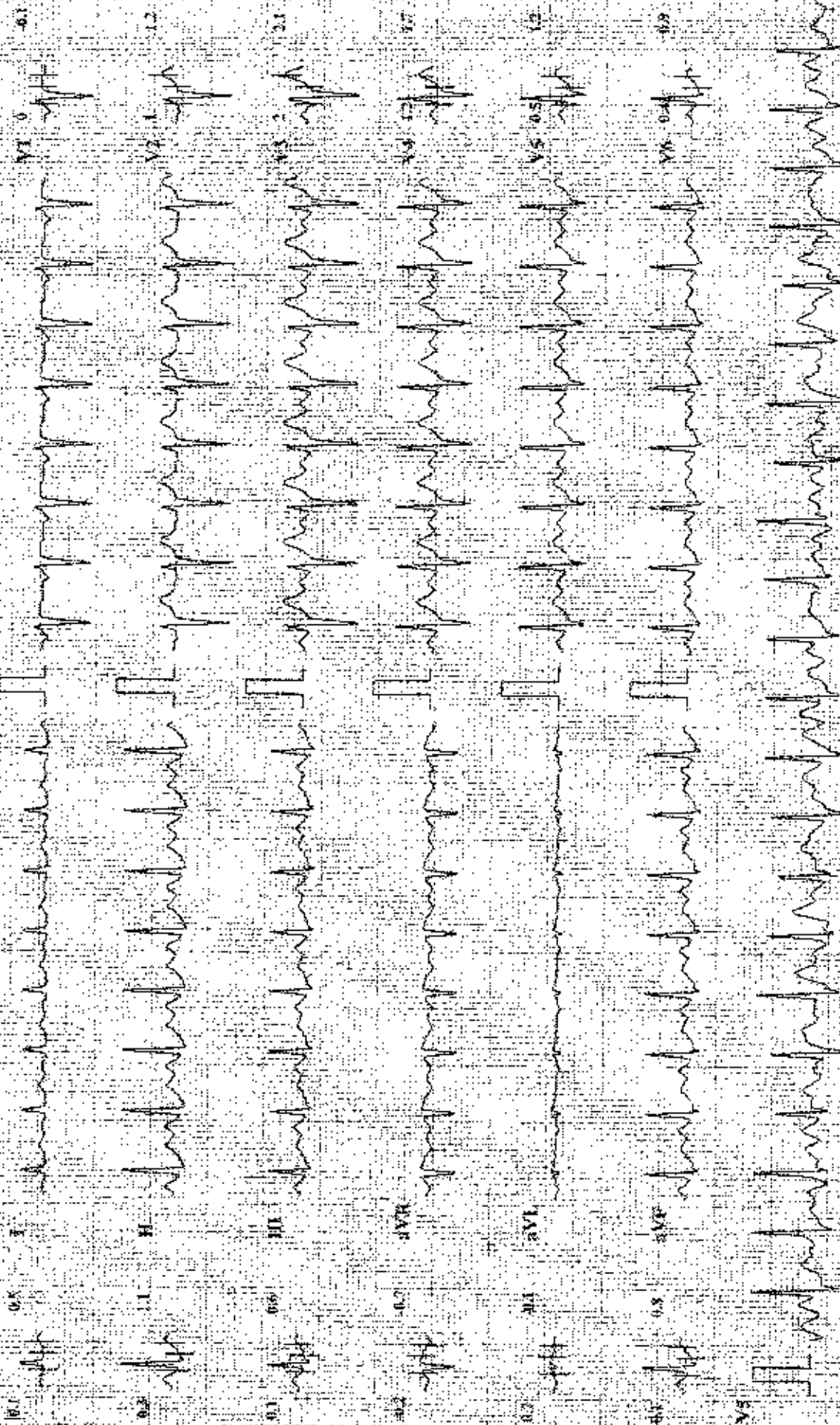


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz

Mitra Filter: ON

60 mm/sec

Paper: 1 + 80 mm

Scale: 10mm/mV

Version: 3.0



**CaroVis Healthcare Pvt Ltd, Ahmedabad**

**GAJENDRA MAHUR (58 M)**

Brace: Manual  
Signal: (mV) (s) (Speed) (km/h)

ID: 1197

Date: 18-07-2024

Exer Time: 00:03

HR: 106 bpm

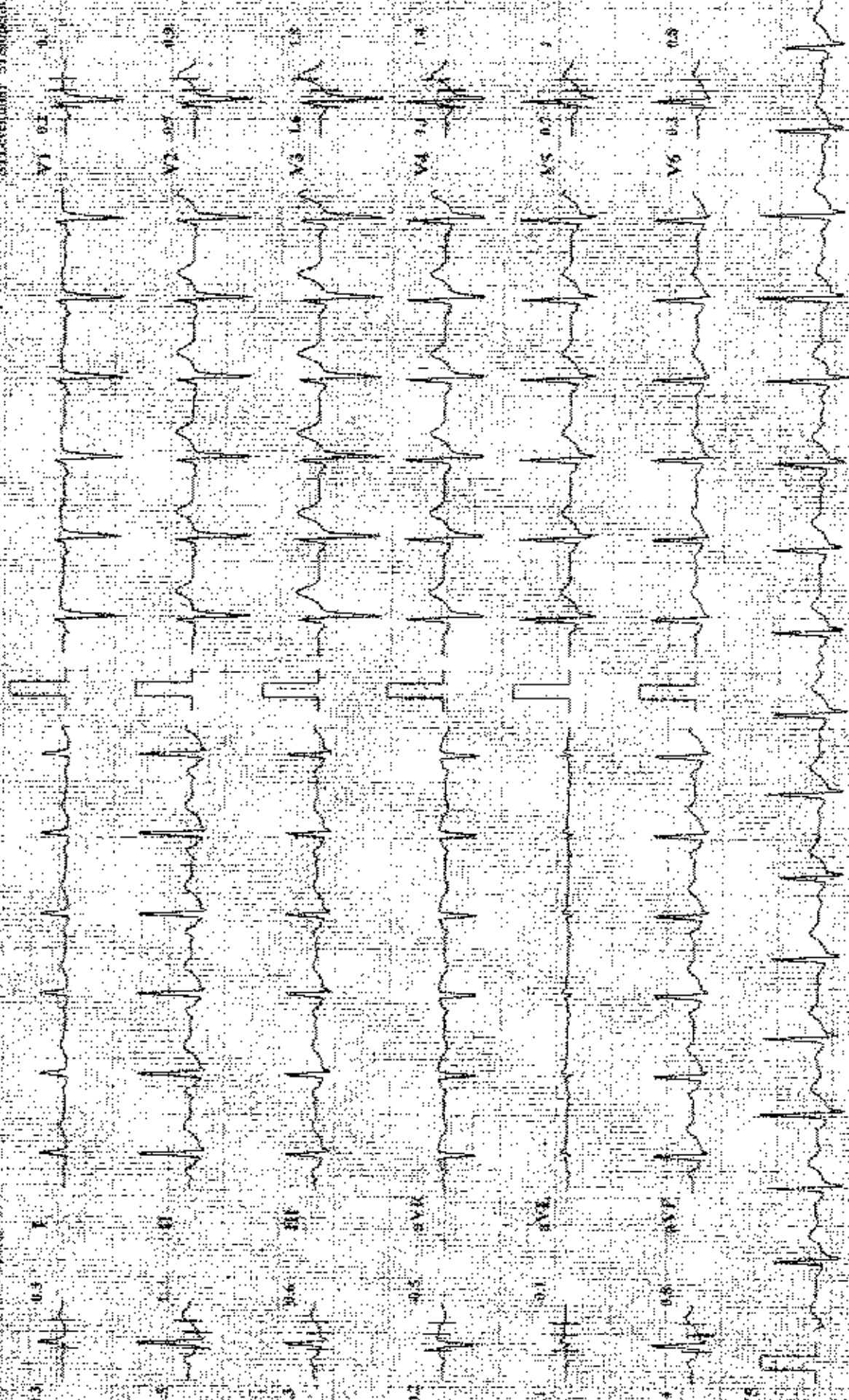
Stage: Recovery 2

Speed: 0 kmph

PMR: 134 bpm

SP: 130.80 mmHg

SI Level: 50 (Standard V)



**Curevis Healthcare Pvt Ltd, Ahmedabad**

**GAJENDRA MAHUR (50 M)**

Date: 13-07-2024  
 Speed: 0 mmph  
 Stage: Recovery

Exec Time: 0:07:34  
 Grade: 0%

HR: 99 bpm  
 BP: 130/80 mmHg  
 hTLauchman STSegment(Vs)

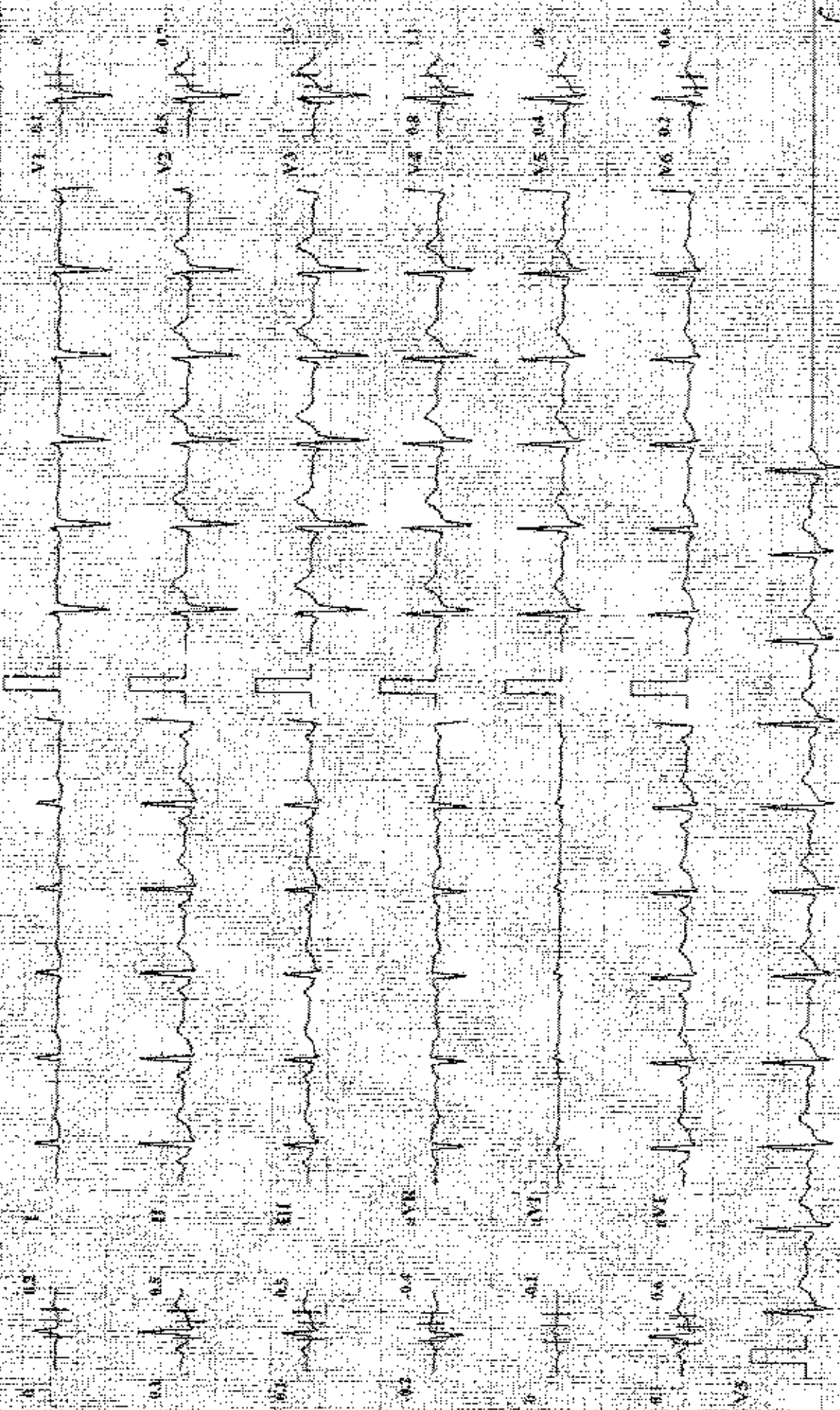


Chart Speed: 25 mm/sec    Amplitude: 10mm/mV    Filter: 30 Hz    Minus Filter: ON    ISO -> A for ms, I -> R + 60 sec, Post 1 -> ST Segs, 1 -> 10 sec, 10 -> 1 min

Sampled Cardfront CS-10, Ver 1.0

*Signature*

## Curovis Healthcare Pvt Ltd, Ahmedabad

Name: **GAJENDRA MAHUR**

Date: **13-07-2024** Time: **14:38**

Age: **50**

Gender: **M**

Height: **163 cm**

Weight: **67 Kg**

HR: **119**

Clinical History:

Medications:

### Test Details:

Protocol: **Basic**

Predicted Max HR: **170**

Target HR: **144 (85% of Pr. MHR)**

Exercise Time: **0:05:17**

Achieved Max HR: **145 (85% of Pr. MHR)**

Max BP: **138/86**

Max BP x HR: **20010**

Max Mets: **6.1**

Test Termination Criteria:

### Protocol Details:

Stage/Mode	Stage Time	METS	Speed (kmph)	Grade (%)	Heart Rate (bpm)	BP (mmHg)	RPP	Max ST Load (mV)	Max ST Slope (mV/s)
Resting	00:15	1	0	0	92	120/80	11900	0.0 V2	0.0 V2
Standing	00:17	1	0	0	91	120/80	12000	0.1 V2	1.0 V2
Hyperextension	00:18	1	0	0	96	120/80	11160	0.2 V2	1.1 V2
Resting	00:19	1	0	0	88	120/80	11280	0.3 V2	0.8 V2
Recovery 1	00:20	1	0	0	102	120/80	12204	1.3 V2	1.5 V2
Peak Exercise	00:22	6.1	4	10	145	138/86	20010	1.4 V2	2.3 V2
Recovery 2	00:23	1	0	0	118	120/80	14124	1.0 V2	1.4 V2
Recovery 3	00:24	1	0	0	106	120/80	12704	1.0 V2	1.2 V2
Recovery 4	00:25	1	0	0	90	120/80	10800	1.1 V2	1.3 V2

### Interpretation

The Patient Exercised according to Basic Protocol for 0:05:17 achieving a work level of 6.1 METS.  
 Resting Heart Rate: initially 92 bpm rose to a peak heart rate of 145 bpm (85% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 138/86 mmHg.

Adequate METS not achieved



**Jay Sood**  
 M.D. General Medicine  
 No. 10, G-2/1998

Ref. Doctor: \_\_\_\_\_

Doctor: \_\_\_\_\_

**SCHILLER**

By Art of Biometrics

Company Report of 12 Dec 2024  
 Customer: 2024-11-19-11-11-11