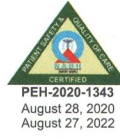


Medipoint Hospitals Pvt. Ltd.

Regd. Head Office : 241/1, New D P Road, Aundh, Pune - 411007.
Regd No : LCBP-0506-01397 | Tel : 020-67643200
info@vitalifemedipoint.in | www.sanjivanivitalife.in
CIN : U85101PN2000PTC015213



Sanjivani VitaLife
A Medipoint Venture

Patient's Name : Prajakta Koklke
Age : 33 yrs / F

Date: 12.03.2022

CHEST X-RAY (PA VIEW)

Trachea and main bronchi appear normal.

Prominent bronchovascular markings in bilateral lower zones.

Both costophrenic angles appears clear.

Cardiac size is normal.

Both domes of diaphragm appear normal.

Thoracic bony rib cage & soft tissues appear normal.

Kindly correlate clinically.


Dr. Suraj Sonwane
Consulting Radiologist

PATIENT'S NAME - *Prajakta Kaithe*
 AGE/GENDER - *32 y/F*
 DOCTOR'S NAME - *Dr Beena Tile*

DATE - *12/03/2022*

VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT	-	6/6	-	6/6
NEAR	-	N6	-	N6
COLOUR	<i>Normal</i>			
Recommendations	-			

VITALS

Pulse - <i>80/min</i>	B.P- <i>130/80</i>	SpO2 <i>99%</i>
Height - <i>158 cm</i>	Weight - <i>69.6 kg</i>	BMI- <i>27.9</i>
Waist - <i>96 cm</i>	Hip - <i>112 cm</i>	Waist/Hip Ratio- <i>0.86</i>
Chest - <i>-</i>	Inspiration- <i>91 cm</i>	Expiration- <i>94 cm</i>

CENTRE NAME - *Aundh- HS*

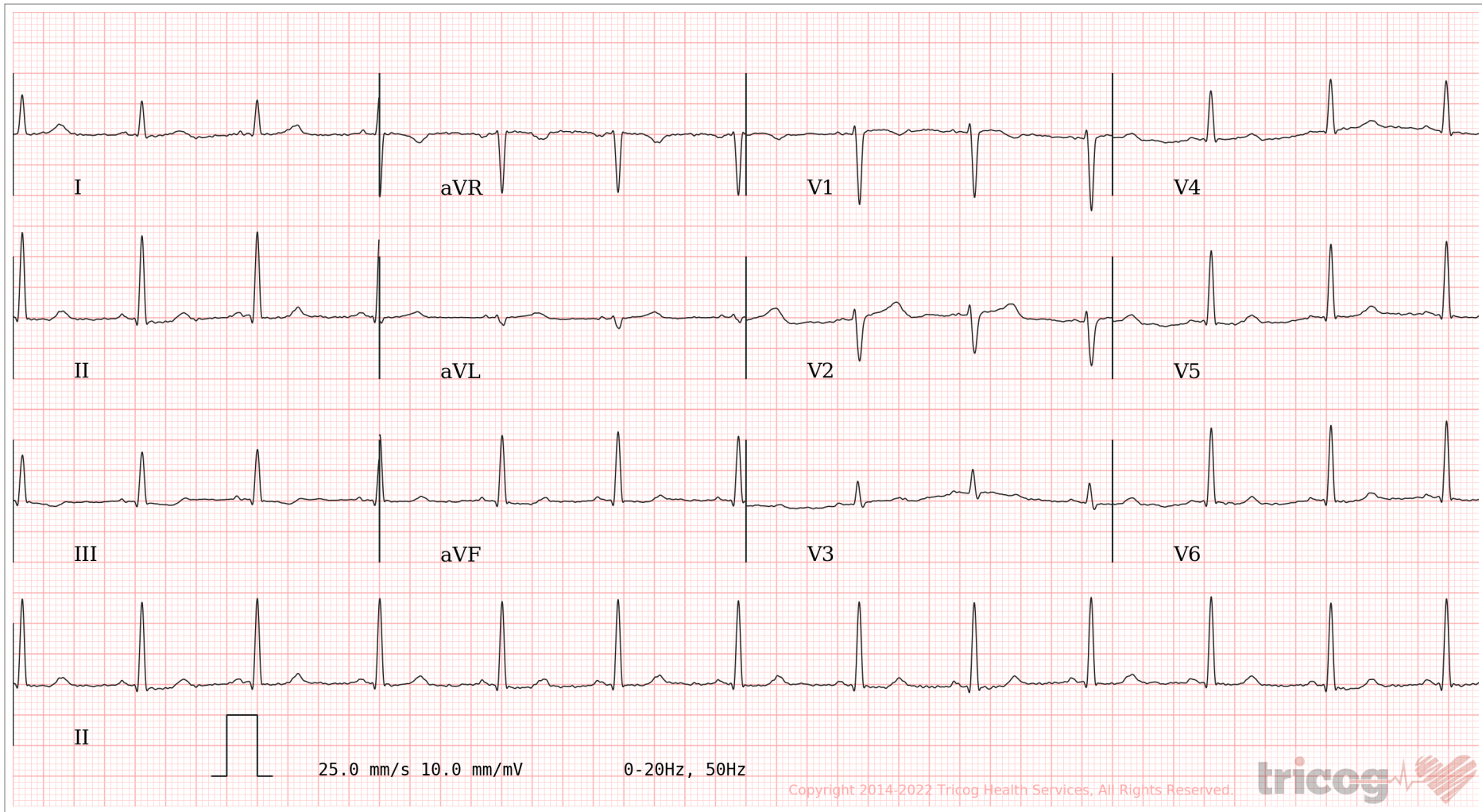
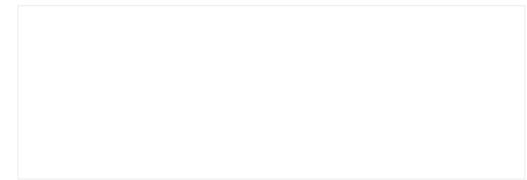
SIGN & STAMP-

[Signature]



Age / Gender: 33/Female
Patient ID: 2422048
Patient Name: Prajakta Kolte

Date and Time: 12th Mar 22 12:30 PM



AR: NA VR: 77bpm QRSD: 90ms QT: 364ms QTc: 412ms PRI: 114ms P-R-T: 64° NA -12°

Sinus Rhythm, Normal Axis, Nonspecific T wave Abnormality. Please correlate clinically.

AUTHORIZED BY



Dr. Charit
MD, DM: Cardiology

REPORTED BY



Dr. Priyanka Kumari

KOLTE PRAJAKTAVENKAR PAVIS-MRI-505510525



R

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आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BOAPK8943M



नाम/ Name
PRAJAKTA P DORLIKAR

पिता का नाम/ Father's Name
WAMANRAO ABHAJI KOLTE

जन्म की तारीख/ Date of Birth
04/04/1988

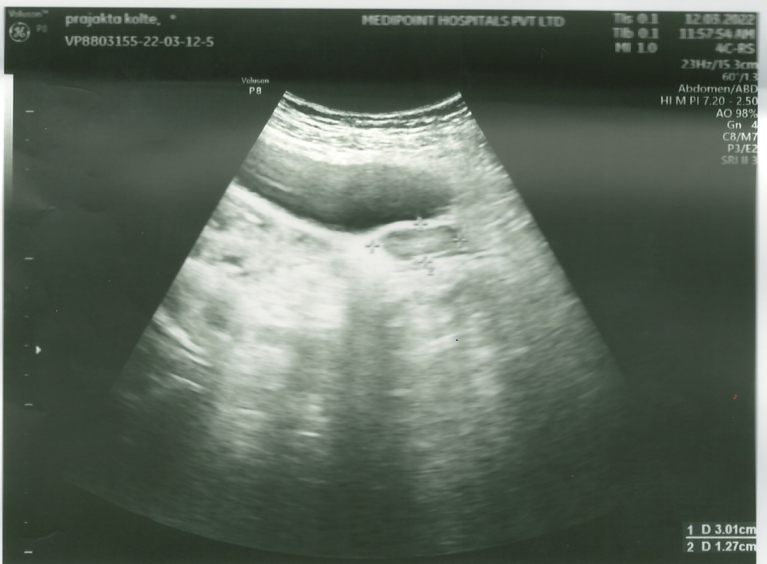
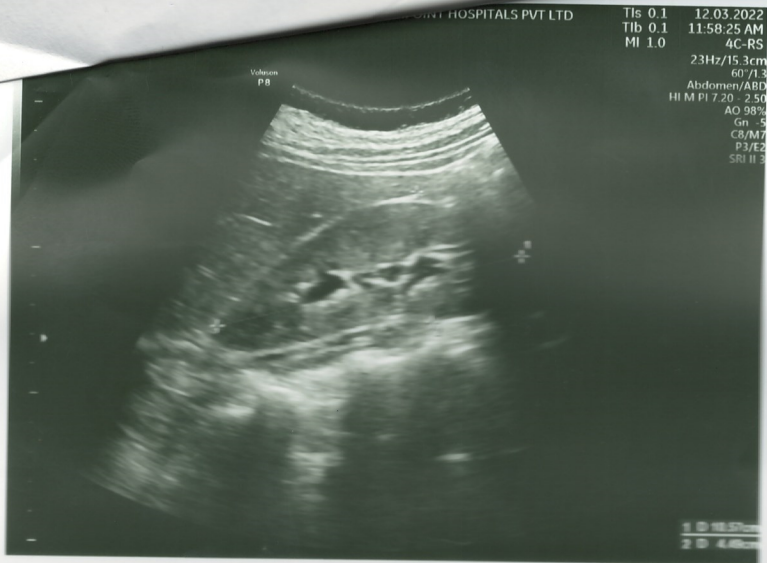
हस्ताक्षर/ Signature



27092017

	<u>DOCTORS NAME</u>	<u>DEGREE</u>	<u>TELEPHONE</u>
1	Dr. Vivek Karle	Physician M.B.B.S	
2	Dr. Urmila Patil	Gynaecology D.G.O. D.M.	
3	Dr. Meghna Datar	Gynaecology D.G.O. D.M.	
4	Dr. Aniruddha Deshmukh	Orthopedic Dortho. D.M.	
5	Dr. Suresh Parab	Orthopedic Dortho.	
6	Dr. Shrutika Jogaswal	Dentist G.D.S	
7	Dr. Pankaj Choudhari	Physiotherapy B.P.T.H	





Patient Name : Prajakta Kolte
Age/Sex : 33 yrs/ F

Date: 12.03.2022

ULTRASOUND ABDOMEN AND PELVIS

Liver: It is normal in size and echotexture. No focal lesion is seen in the liver. No intra hepatic biliary tract dilatation seen. Common bile duct and portal vein appears normal.

Gall bladder: Is distended. No evidence of calculus / sludge noted. Wall thickness is normal.

Pancreas: - Normal in size and echotexture. No focal lesion seen.

Spleen: -Normal in size and echotexture. No focal lesion seen.

Both Kidneys: - are normal in size, shape and shows normal corticomedullary differentiation.

Right kidney measures: 10.6 x 4.5 cms

Left kidney measures: 11.5 x 4.4 cms

No evidence of calculus or hydronephrosis on both kidneys.

Urinary bladder: - It is distended & appears normal.

Uterus : It's mildly bulky in size. Its measures 9.5 x 5 x 5.8 cms shape and echotexture. No focal lesion noted. ET: 7 mm.

Ovaries: Are normal in size & echotexture. No focal lesion noted.

Right ovary measures: 2.7 x 1.6 cms

Left ovary measures: 3 x 1.3 cms

No evidence of abdominal/ pelvic lymphadenopathy.

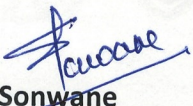
No e/o free fluid in abdomen and pelvis.

Visualized bowel loops appear normal.

IMPRESSION: USG abdomen & pelvis reveals,

- Mildly bulky uterus
- No other significant abnormality noted.

Kindly correlate clinically.


Dr. Suraj Sonwane
M.B.B.S MD (Radiologist)
Reg. No. 2014/05/2126

PRAJAKTA KOLTE (33 F)

ID: 657

Date: 12-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 26 s

HR: 81 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 Km/h

Grade: 0 %

(THR: 158 bpm)

B.P: 130 / 80



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller CS-20 V 1.6

Linked Median

PRAJAKTA KOLTE (33 F)

ID: 657

Date: 12-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 25 s

HR: 86 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 Km/h

Grade: 0 %

(THR: 158 bpm)

B.P: 130 / 80

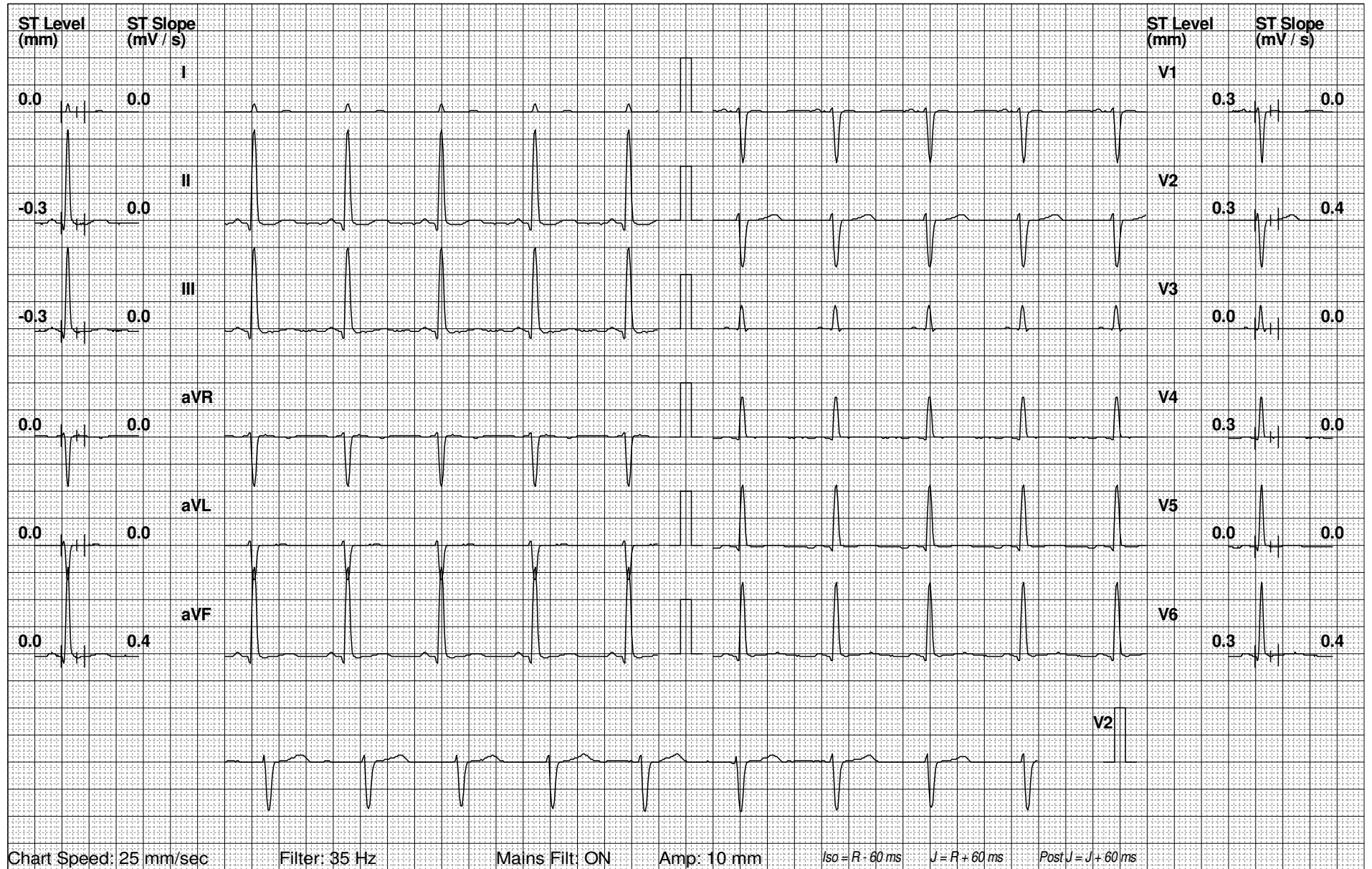


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller CS-20 V 1.6

Linked Median

PRAJAKTA KOLTE (33 F)

ID: 657

Date: 12-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 24 s

HR: 83 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 Km/h

Grade: 0 %

(THR: 158 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6

Linked Median

PRAJAKTA KOLTE (33 F)

ID: 657

Date: 12-Mar-22

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 121 bpm

Protocol: Bruce

Stage: 1

Speed: 2.7 Km/h

Grade: 10 %

(THR: 158 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6

Linked Median

PRAJAKTA KOLTE (33 F)

ID: 657

Date: 12-Mar-22

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 152 bpm

Protocol: Bruce

Stage: 2

Speed: 4 Km/h

Grade: 12 %

(THR: 158 bpm)

B.P: 142 / 90



Schiller CS-20 V 1.6

Linked Median

PRAJAKTA KOLTE (33 F)

ID: 657

Date: 12-Mar-22

Exec Time : 6 m 29 s

Stage Time : 0 m 29 s

HR: 162 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 5.4 Km/h

Grade: 14 %

(THR: 158 bpm)

B.P: 154 / 94



Schiller CS-20 V 1.6

Linked Median

PRAJAKTA KOLTE (33 F)

ID: 657

Date: 12-Mar-22

Exec Time : 6 m 35 s

Stage Time : 0 m 54 s

HR: 127 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1.6 Km/h

Grade: 0 %

(THR: 158 bpm)

B.P: 154 / 94



Schiller CS-20 V 1.6

Linked Median

PRAJAKTA KOLTE (33 F)

ID: 657

Date: 12-Mar-22

Exec Time : 6 m 35 s

Stage Time : 0 m 25 s

HR: 118 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 Km/h

Grade: 0 %

(THR: 158 bpm)

B.P: 148 / 90



Schiller CS-20 V 1.6

Linked Median

PRAJAKTA KOLTE (33 F)

ID: 657

Date: 12-Mar-22

Exec Time : 6 m 35 s

Stage Time : 0 m 25 s

HR: 98 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 Km/h

Grade: 0 %

(THR: 158 bpm)

B.P: 140 / 90



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller CS-20 V 1.6

Linked Median

PRAJAKTA KOLTE (33 F)

ID: 657

Date: 12-Mar-22

Exec Time : 6 m 35 s

Stage Time : 0 m 27 s

HR: 99 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 Km/h

Grade: 0 %

(THR: 158 bpm)

B.P: 140 / 90



Schiller CS-20 V 1.6

Linked Median

HEALTHSPRING HEALTHCARE AUNDH

Patient Details **Date:** 12-Mar-22 **Time:** 12:38:06 PM
Name: PRAJAKTA KOLTE ID: 657
Age: 33 y **Sex:** F **Height:** 158 cms. **Weight:** 69 Kg.
Clinical History: NIL

Medications: NO

Test Details

Protocol: Bruce **Pr.MHR:** 187 bpm **THR:** 158 (85 % of Pr.MHR) bpm
Total Exec. Time: 6 m 35 s **Max. HR:** 165 (88% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 154 / 94 mmHg **Max. BP x HR:** 25410 mmHg/min **Min. BP x HR:** 6320 mmHg/min
Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 32	1.0	0	0	79	130 / 80	-0.51 aVF	0.42 II
Standing	0 : 31	1.0	0	0	85	130 / 80	-0.51 III	0.42 II
Hyperventilation	0 : 30	1.0	0	0	87	130 / 80	-0.51 III	0.42 II
1	3 : 0	4.6	2.7	10	121	130 / 80	-1.01 aVF	1.27 V2
2	3 : 0	7.0	4	12	152	142 / 90	-2.03 II	-1.69 III
Peak Ex	0 : 35	10.2	5.4	14	165	154 / 94	-2.03 III	2.11 V2
Recovery(1)	1 : 0	1.8	1.6	0	120	154 / 94	-2.03 V4	2.95 V6
Recovery(2)	0 : 31	1.0	0	0	115	148 / 90	-0.76 III	2.95 V6
Recovery(3)	0 : 31	1.0	0	0	94	140 / 90	-1.01 II	1.27 II
Recovery(4)	0 : 33	1.0	0	0	96	140 / 90	-1.01 III	1.27 II

Interpretation

The patient exercised according to the Bruce protocol for 6 m 35 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 79 bpm, rose to a max. heart rate of 165 (88% of Pr.MHR) bpm. Resting blood Pressure 130 / 80 mmHg, rose to a maximum blood pressure of 154 / 94 mmHg.

Ref. Doctor: Dr. Vivek Karle
(Summary Report edited by user)

Doctor: Dr. Vivek Karle
Schiller CS-20 V 1.6

Patient Name : Mrs. Prajakta Kolte
Age / Gender : 33 Y / Female
Referred By : Dr. Shrutika Jayaswal
SID No. : 56006333

Reg.Date / Time : 12/03/2022 / 12:54:44
Report Date / Time : 12/03/2022 / 19:41:12
MR No. : 2422048

Page 1 of 1

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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HAEMATOLOGY

EDTA Blood **ABO BLOOD GROUP***

BLOOD GROUP (Immuno Gel Column)	B
Rh TYPE (Immuno Gel Column)	POSITIVE

End of the Report

The results given above are end product of controlled technical analysis of the sample submitted. Interpretation with clinical correlation should be done by doctors using these results.

Sample Collected at : Aundh
Sample Collected on : 12 Mar 2022 12:57
Sample Received on : 12 Mar 2022 16:56
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

*Tests not included in NABL accredited scope

Patient Name : Mrs. Prajakta Kolte
Age / Gender : 33 Y / Female
Referred By : Dr. Vivek Karle
SID No. : 56006332

Reg.Date / Time : 12/03/2022 / 11:12:47
Report Date / Time : 12/03/2022 / 20:11:22
MR No. : 2422048

Page 1 of 12

Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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HAEMATOLOGY

COMPLETE BLOOD COUNT WITH PLATELETS

EDTA WHOLE BLOOD

HAEMOGLOBIN, RED CELL COUNT & INDICES

HAEMOGLOBIN (Spectrophotometry)	13.7	gm%	12 - 15.5
PCV (Electrical Impedance)	38.9	%	37 - 47
MCV (Calculated)	81.9	fL	76 - 96
MCH (Calculated)	28.9	pg	27 - 32
MCHC (Calculated)	35.3	g/dl	31.5 - 34.5
RDW-CV (Calculated)	16	%	12 - 14
RDW-SD (Calculated)	40	fL	36 - 46
TOTAL RBC COUNT (Electrical Impedance)	4.75	Million/cmm	3.8 - 5.4
TOTAL WBC COUNT (Electrical Impedance)	6560	/cumm	4000 - 11000

DIFFERENTIAL WBC COUNT

NEUTROPHILS (Flow cell)	57.6	%	40-70
LYMPHOCYTES (Flow cell)	33.5	%	20-40
EOSINOPHILS (Flow cell)	1.7	%	1-6
MONOCYTES (Flow cell)	6.6	%	2-10
BASOPHILS (Flow cell)	0.6	%	0-2

ABSOLUTE WBC COUNT

ABSOLUTE NEUTROPHIL COUNT (Calculated)	3760	/cumm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	2200	/cumm	1000-3000

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mrs. Prajakta Kolte
Age / Gender : 33 Y / Female
Referred By : Dr. Vivek Karle
SID No. : 56006332

Reg.Date / Time : 12/03/2022 / 11:12:47
Report Date / Time : 12/03/2022 / 20:11:22
MR No. : 2422048

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
----------	--------------------	--------	-------	-------------------------------

HAEMATOLOGY


ABSOLUTE WBC COUNT

ABSOLUTE EOSINOPHIL COUNT (Calculated)	110	/cumm	200-500
ABSOLUTE MONOCYTE COUNT (Calculated)	430	/cumm	200-1000
ABSOLUTE BASOPHIL COUNT (Calculated)	40	/cumm	0-220
PLATELET COUNT (Electrical Impedance)	284000	/cumm	150000 - 450000
MPV (Calculated)	9.1	fL	6-11
PDW (Calculated)	14.9	%	11-18
PCT (Calculated)	0.258	%	0.15-0.50

PERIPHERAL BLOOD SMEAR

COMMENTS
(Microscopic)

Normocytic Normochromic RBCs

Sample Collected at : Aundh
Sample Collected on : 12 Mar 2022 11:31
Sample Received on : 12 Mar 2022 16:56
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mrs. Prajakta Kolte
Age / Gender : 33 Y / Female
Referred By : Dr. Vivek Karle
SID No. : 56006332

Reg.Date / Time : 12/03/2022 / 11:12:47
Report Date / Time : 12/03/2022 / 20:11:22
MR No. : 2422048

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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BIOCHEMISTRY

**COMPREHENSIVE LIVER PROFILE
SERUM**

BILIRUBIN TOTAL (Diazotization)	0.28	mg/dl	0.2 - 1.3
BILIRUBIN DIRECT (Diazotization)	0.09	mg/dl	0.1-0.4
BILIRUBIN INDIRECT (Calculation)	0.19	mg/dl	0.2 - 0.7
ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	16	U/L	<40
ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	13	U/L	<41
ALKALINE PHOSPHATASE (Colorimetric IFCC)	55	U/L	35-104
GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	12	U/L	<40
TOTAL PROTEIN (Colorimetric)	7.10	gm/dl	6.6-8.7
ALBUMIN (Bromocresol Green)	4.40	gm/dl	3.5 - 5.2
GLOBULIN (Calculation)	2.70	gm/dl	2.0-3.5
A/G RATIO (Calculation)	1.6		1-2

Sample Collected at : Aundh
Sample Collected on : 12 Mar 2022 11:31
Sample Received on : 12 Mar 2022 16:56
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY
Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mrs. Prajakta Kolte
Age / Gender : 33 Y / Female
Referred By : Dr. Vivek Karle
SID No. : 56006332

Reg.Date / Time : 12/03/2022 / 11:12:47
Report Date / Time : 12/03/2022 / 20:11:22
MR No. : 2422048

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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BIOCHEMISTRY

**COMPREHENSIVE RENAL PROFILE
SERUM**

CREATININE (Jaffe Method)	0.6	mg/dl	0.5 - 1.1
BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	6.0	mg/dl	7-17
BUN/CREATININE RATIO (Calculation)	10.0		10 - 20
URIC ACID (Uricase Enzyme)	4.0	mg/dl	2.5 - 6.2
CALCIUM (Bapta Method)	9.1	mg/dl	8.6-10
PHOSPHORUS (Phosphomolybdate)	4.0	mg/dl	2.5-4.5

Sample Collected at : Aundh
Sample Collected on : 12 Mar 2022 11:31
Sample Received on : 12 Mar 2022 16:56
Barcode : 



Dr.Rahul Jain

**MD,PATHOLOGY
Consultant Pathologist**

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mrs. Prajakta Kolte
Age / Gender : 33 Y / Female
Referred By : Dr. Vivek Karle
SID No. : 56006332

Reg.Date / Time : 12/03/2022 / 11:12:47
Report Date / Time : 12/03/2022 / 20:11:22
MR No. : 2422048

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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BIOCHEMISTRY

LIPID PROFILE

SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	187	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239
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Notes : Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.

Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.

Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	123	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	49	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	113	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	25	mg/dl	15-40
SERUM	CHOL / HDL RATIO	3.8		3-5
SERUM	LDL /HDL RATIO (Calculation)	2.0		0 - 3.5

Sample Collected at : Aundh
Sample Collected on : 12 Mar 2022 11:31
Sample Received on : 12 Mar 2022 16:56
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mrs. Prajakta Kolte
Age / Gender : 33 Y / Female
Referred By : Dr. Vivek Karle
SID No. : 56006332

Reg.Date / Time : 12/03/2022 / 11:12:47
Report Date / Time : 12/03/2022 / 20:11:22
MR No. : 2422048

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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BIOCHEMISTRY

FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	86	mg/dl	70 - 110
-----------------	---------------------------------------	----	-------	----------

Notes : An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.

References:

<http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf>, Understanding Diabetes.

FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	104	mg/dl	70 - 140
-----------------	---	-----	-------	----------

EDTA WHOLE BLOOD GLYCOSYLATED HAEMOGLOBIN (HbA1C)

HbA1C (High Performance Liquid Chromatography)	6.2	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	131	mg/dl	

Notes : HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations. HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required.

HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, https://www.who.int/diabetes/publications/report-hba1c_2011.pdf) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria.

References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1c assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

Contd ...

*Tests not included in NABL accredited scope



Patient Name : Mrs. Prajakta Kolte
Age / Gender : 33 Y / Female
Referred By : Dr. Vivek Karle
SID No. : 56006332

Reg.Date / Time : 12/03/2022 / 11:12:47
Report Date / Time : 12/03/2022 / 20:11:22
MR No. : 2422048

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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Sample Collected at : Aundh

Sample Collected on : 12 Mar 2022 11:31

Sample Received on : 12 Mar 2022 16:56

Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mrs. Prajakta Kolte
Age / Gender : 33 Y / Female
Referred By : Dr. Vivek Karle
SID No. : 56006332

Reg.Date / Time : 12/03/2022 / 11:12:47
Report Date / Time : 12/03/2022 / 20:11:22
MR No. : 2422048

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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BIOCHEMISTRY

EDTA	ESR(ERYTHROCYTE	14	mm / 1 hr	0-20
WHOLE	SEDIMENTATION RATE)			
BLOOD	(Photometric Capillary)			

Notes : The given result is measured at the end of first hour.

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Partial Test Report

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BIOCHEMISTRY

Urine	URINE GLUCOSE FASTING (Urodip)	ABSENT		
Urine	URINE GLUCOSE POST PRANDIAL (Urodip)	ABSENT		

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Partial Test Report

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IMMUNOLOGY

THYROID PROFILE - TOTAL SERUM

TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.70	ng/ml	0.7-2.04
TOTAL THYROXINE (T4) (ECLIA)	13.06	ug/dl	5.5 - 11
THYROID STIMULATING HORMONE (TSH) (ECLIA)	4.690	uIU/ml	0.27 - 4.20

Contd ...

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IMMUNOLOGY

Notes : TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level. The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)

- Low TSH, Low FT4 - Central hypothyroidism.
- Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
- Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter, Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
- Normal TSH, Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism, Medications.
- Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbuminemic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
- High TSH, Low FT4- Primary hypothyroidism.
- High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
- High TSH, High FT4- TSH mediated hyperthyroidism

Note:

1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:

1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

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