

HEALTHSPRING

TREADMILL STRESS TEST REPORT

DATE: 25/03/2023

NAME:	KEYUR VIRANI	AGE:(years)	32	SEX:	M
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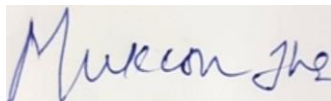
PROTOCOL USED	BRUCE PROTOCOL		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	13.5	DOUBLE PRODUCT	22400 mm Hg/Min
DUKES SCORE (High Risk Score \leq -11, Low Risk Score \geq 5)	9		

CONCLUSION:

NORMAL INOTROPIC & CHRONOTROPIC RESPONSE
BASELINE ECG SHOWS NO SIGNIFICANT ST-T CHANGES
NO SYMPTOMS SEEN DURING EXERCISE & RECOVERY
NO SIGNIFICANT ST-T CHANGES SEEN DURING EXERCISE & RECOVERY
GOOD EFFORT TOLERANCE AND FUNCTIONAL CAPACITY.
TARGET HEART RATE ACHIEVED
STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD

IMPRESSION:

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD
ADVISED- CLINICAL CORRELATION



DR. MUKESH JHA
MD (MEDICINE), DM (CARDIOLOGY)
REG NO- 2010/09/2935

NOTE-

A NEGATIVE STRESS TEST DOES NOT CONCLUSIVELY RULE OUT CORONARY ARTERY DISEASE. A POSITIVE STRESS TEST IS NOT CONCLUSIVE EVIDENCE OF CORONARY ARTERY DISEASE. THERE IS A POSSIBILITY OF THE TEST BEING FALSE POSITIVE OR FALSE NEGATIVE DUE OTHER ASSOCIATED MEDICAL CONDITIONS. THESE REPORTS ARE FOR DOCTORS & PHYSICIANS AND NOT FOR MEDICO-LEGAL PURPOSES. KINDLY CO-RELATE THE REPORT WITH CLINICAL CONDITIONS.

THIS TMT/ ECG IS REPORTED ONLINE WITHOUT INTERACTING WITH PATIENTS AND THE RESULT SHOULD BE CLINICALLY CO-RELATED AND INDEPENDENTLY REVIEWED BY THE PATIENT'S CONSULTANT DOCTOR. THE PATIENT WAS NOT SEEN BY DOCTORS PERSONALLY AND THE ABOVE REPORT HAS BEEN REVIEWED BY THE DOCTOR BASED ON THE TMT/ECG RESULT AS PROVIDED TO THE DOCTOR.



HEALTHSPRING
FAMILY HEALTH EXPERTS

NAME OF THE PATIENT:	MR. KEYUR VIRANI	AGE/SEX:	32 YRS/MALE
REFERRED BY DR:	HEALTHSPRING	DATE:	25/03/2023

USG OF ABDOMEN AND PELVIS

Liver

- Liver appears normal in size, shape & parenchymal echo pattern.
- No focal parenchymal lesion seen.
- IHBR & IHPR appear normal.
- Caudate lobe normal in size.
- IVC & Hepatic veins appear normal in course and calibre.

Main Portal vein-

- Main portal vein with its right and left branch appears normal in course and calibre and shows normal hepatopetal flow and velocity on colour Doppler.
- No evidence of portal hypertension in present scan.

Common bile duct

- CBD measures and appears normal in course and calibre.
- No evidence of CBD stone/ obstruction of CBD.

Gall bladder

- Gall bladder is partially distended with a normal wall thickness. No e/o calculus or mass lesion.
- No evidence of wall thickening or peri -cholecystic free fluid noted at present scan.

Pancreas

- Pancreas appears normal in size, shape and echo pattern.
- No focal lesion seen.
- No evidence of pancreatic inflammation or peri pancreatic fluid collection.

Spleen

- Spleen appears normal in size, normal in shape and echo pattern.
- No focal lesion seen.

Right Kidney

- Right kidney appears normal in size measures 10.3 x 4.0 cm, shape and echo pattern with maintained C-M differentiation.
- Renal cortical surface appears regular.
- No obvious renal calculus or hydronephrosis.

Left Kidney

- Left kidney appears normal in size measures 10.7 x 4.7 cm, shape and echo pattern with maintained C-M differentiation.
- Renal cortical surface appears regular.
- No obvious renal calculus or hydronephrosis.



Certificate No.: MC-3200
NABL Accredited
ISO: 15189



FROST AND SULLIVAN AWARD
OF BEST PRIMARY CARE
PRACTICE IN SOUTH EAST ASIA 2017

BUSINESS MODEL
INNOVATION AWARDS
BEST BUILDING OF A BRAND





*Member only



HEALTHSPRING
FAMILY HEALTH EXPERTS

NAME OF THE PATIENT:	MR. KEYUR VIRANI	AGE/SEX:	32 YRS/MALE
REFERRED BY DR:	HEALTHSPRING	DATE:	25/03/2023

Urinary bladder

- Urinary bladder is partially distended and shows normal wall thickness.
- No focal lesion seen.

Prostate

- Prostate is normal in size, shape and echo texture. No obvious focal lesion is seen on present trans-abdominal study.

Bowel loops and abdominal lymphadenopathy.

- Visualized bowel loops are non-dilated and show normal peristalsis.
- No evidence of abdominal lymphadenopathy.
- No free fluid is seen in abdomen and pelvis.
- Excessive bowel gases.

IMPRESSION: Ultrasound abdomen and pelvis reveals,

- **No significant abnormality is noted at present scan.**

Suggested clinical & Pathological correlation.

Rujuta R Sawant

DR. RUJUTA.R. SAWANT
M.B.B.S., D.M.R.E.
Consultant Radiologist

(This is a professional opinion, not the final diagnosis & should be interpreted in the light of clinical background. This report is not for medico legal purposes. Always suggest a second opinion if clinically indicated.)



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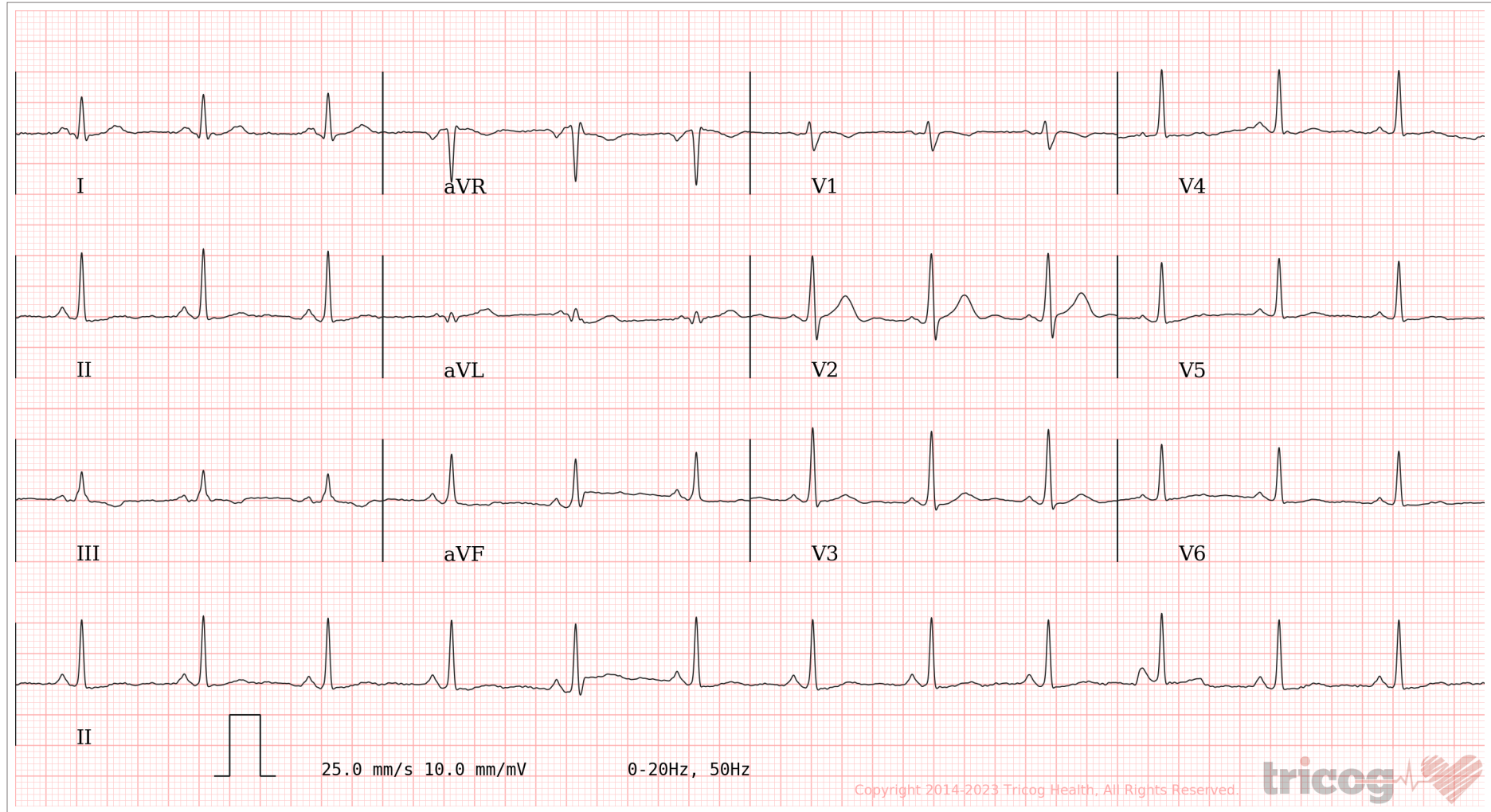
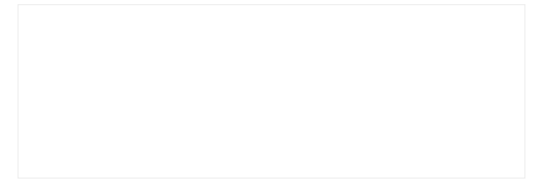
FROST AND SULLIVAN AWARD
OF BEST PRIMARY CARE
PRACTICE IN SOUTH EAST ASIA 2017

BUSINESS MODEL
INNOVATION AWARDS
BEST BUILDING OF A BRAND



Age / Gender: 32/Male
Patient ID: 2425591
Patient Name: Keyur Virani

Date and Time: 25th Mar 23 11:01 AM



AR: NA VR: 76bpm QRSD: 90ms QT: 340ms QTc: 382ms PRI: 128ms P-R-T: 75° NA -8°

Sinus Rhythm, Non-specific ST/T Wave Changes. Please correlate clinically.

AUTHORIZED BY



Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY



Dr. Sudha Parimala

PATIENT'S NAME - Keyurkumae Virani
 AGE/GENDER - 32 yr / M.
 DOCTOR'S NAME - Dr. Pashmi soni

DATE - 25/03/23

VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT	-	N/G	-	N/G
NEAR	-	N/G	-	N/G
COLOUR	Normal.			
Recommendations				

VITALS

Pulse - 85b/m	B.P- 100/60mmHg	SpO2 98%
Height 168cm.	Weight - 63.1kg	BMI- 22.32.
Waist - 87 cm	Hip - 95 cm	Waist/Hip Ratio- 0.92
Chest - —	Inspiration- 92 cm	Expiration- 86 cm

CENTRE NAME - Healthspring / Aundh gum

SIGN & STAMP-

Pashmi





ભારત સરકાર

Government of India

વિરાણી કેયુરકુમાર બાબુભાઈ
Virani Keyurkumar Babubhai

જન્મ તારીખ / DOB : 23/03/1991

પુરુષ / Male

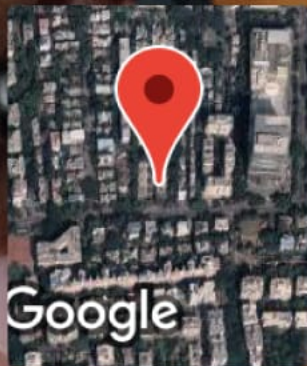


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આધાર - સામાન્ય માણસનો અધિકાર



GPS Map Camera



Pune, Maharashtra, India

ENCLAVE-15, HARMONY SOCIETY, Harmony
Society, Ward No. 8, Wireless Colony, Aundh,
Pune, Maharashtra 411007, India

Lat 18.560754°

Long 73.805579°

25/03/23 09:49 AM GMT +05:30



GPS Map Camera



Pune, Maharashtra, India

ENCLAVE-13, HARMONY SOCIETY, Harmony Society, Ward No. 8, Wireless Colony, Aundh, Pune, Maharashtra 411007, India

Lat 18.560867°

Long 73.805642°

25/03/23 09:50 AM GMT +05:30



Name : MR KEYUR VIRANI	Age : 32 Years
Gender : Male	Date : 25.03.2023

X- RAY CHEST PA VIEW

The bony thorax is normal.

Lung fields and pleural spaces are clear on both sides.

The silhouettes of the heart and aorta are normal in size and configuration.

Both domes of the diaphragm are normal in position, contour and outline.

IMPRESSION : NO EVIDENCE OF ANY DISEASE IS SEEN IN THE CHEST.

Dr. Nitish Kotwal
MBBS, DMRD (Bom)
Consulting Radiologist

MR KEYUR VIRANI (32 M)

ID: 2424714

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 20 s

HR: 90 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 Km/h

Grade: 0 %

(THR: 159 bpm)

B.P: 100 / 60



Schiller CS-20 V 1.6

Linked Median

MR KEYUR VIRANI (32 M)

ID: 2424714

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 23 s

HR: 90 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 Km/h

Grade: 0 %

(THR: 159 bpm)

B.P: 100 / 60

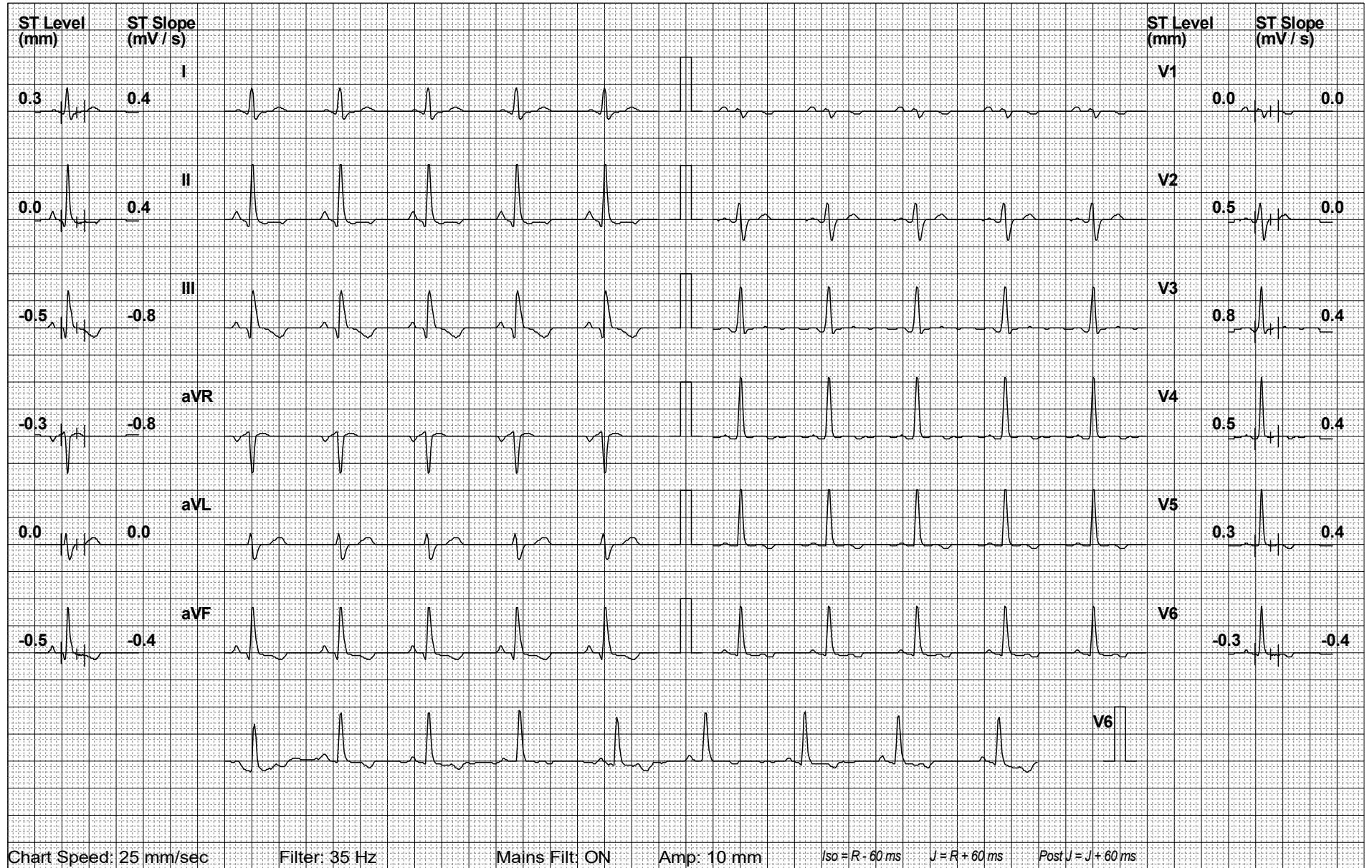


Chart Speed: 25 mm/sec

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

MR KEYUR VIRANI (32 M)

ID: 2424714

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 25 s

HR: 90 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 Km/h

Grade: 0 %

(THR: 159 bpm)

B.P: 100 / 60

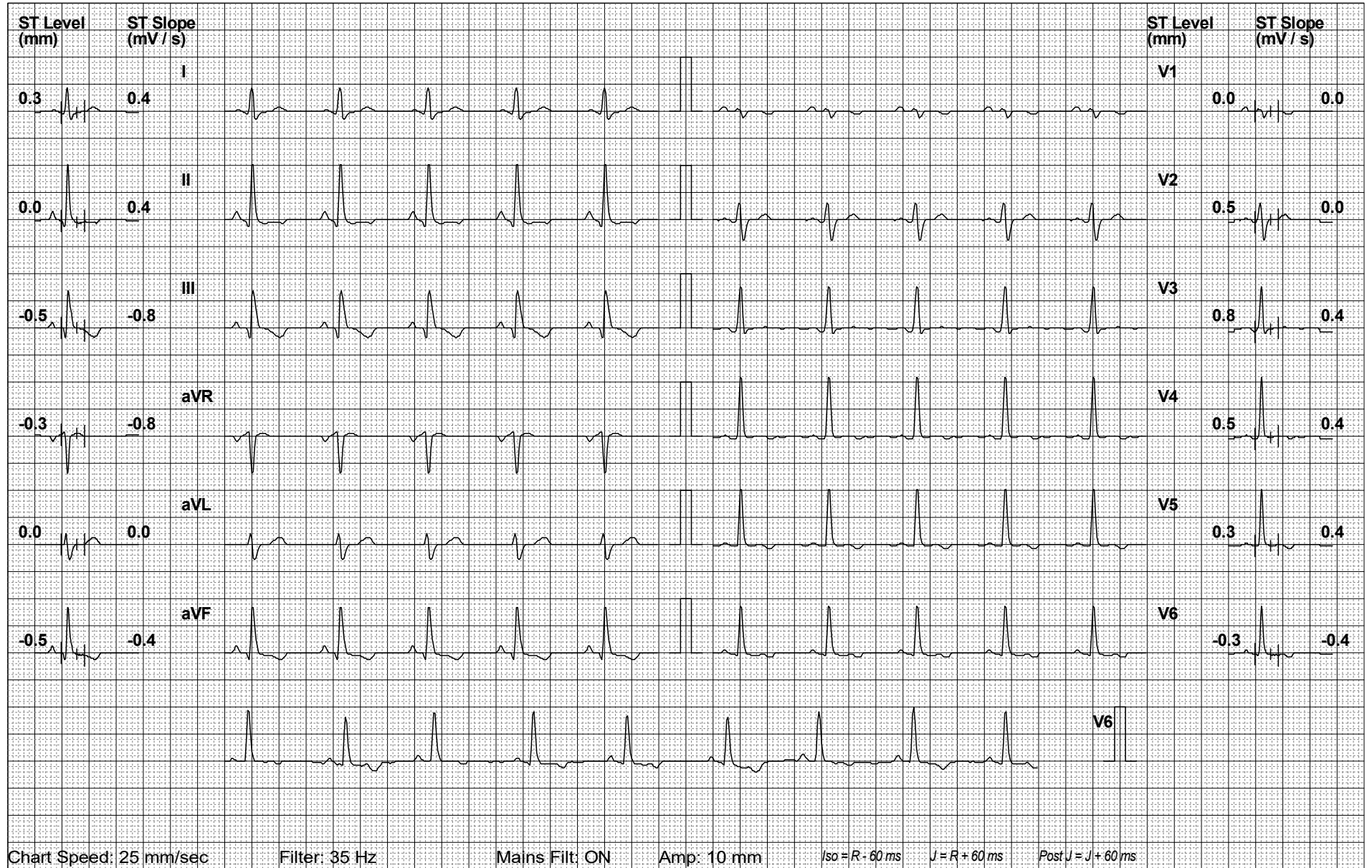


Chart Speed: 25 mm/sec

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

MR KEYUR VIRANI (32 M)

ID: 2424714

Date: 25-Mar-23

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 112 bpm

Protocol: Bruce

Stage: 1

Speed: 2.7 Km/h

Grade: 10 %

(THR: 159 bpm)

B.P: 100 / 60



Schiller CS-20 V 1.6

Linked Median

MR KEYUR VIRANI (32 M)

ID: 2424714

Date: 25-Mar-23

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 124 bpm

Protocol: Bruce

Stage: 2

Speed: 4 Km/h

Grade: 12 %

(THR: 159 bpm)

B.P: 120 / 90



MR KEYUR VIRANI (32 M)

ID: 2424714

Date: 25-Mar-23

Exec Time : 8 m 54 s

Stage Time : 2 m 54 s

HR: 145 bpm

Protocol: Bruce

Stage: 3

Speed: 5.4 Km/h

Grade: 14 %

(THR: 159 bpm)

B.P: 130 / 90



Schiller CS-20 V 1.6

Linked Median

MR KEYUR VIRANI (32 M)

ID: 2424714

Date: 25-Mar-23

Exec Time : 9 m 26 s

Stage Time : 0 m 26 s

HR: 156 bpm

Protocol: Bruce

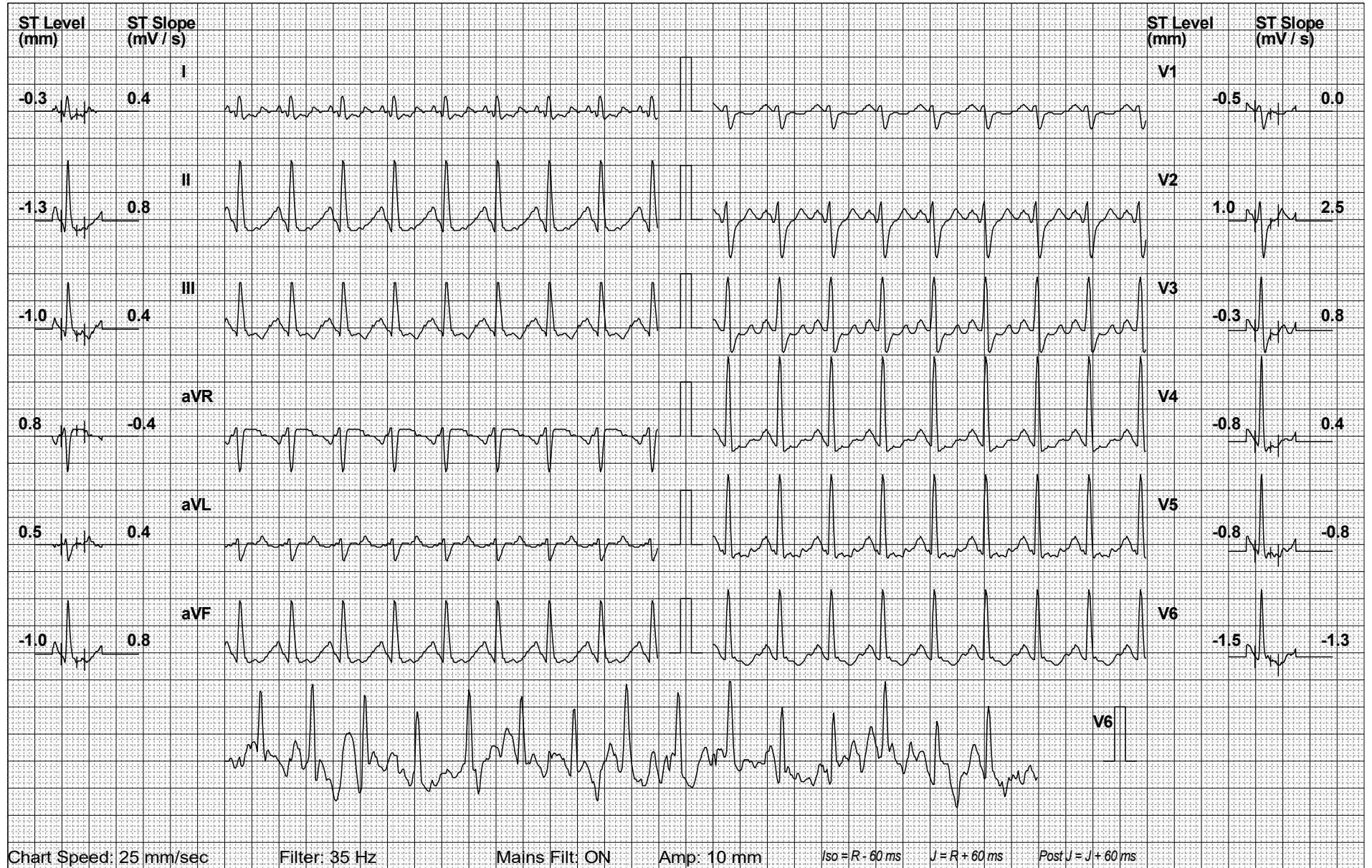
Stage: Peak Ex

Speed: 6.7 Km/h

Grade: 16 %

(THR: 159 bpm)

B.P: 140 / 90



Schiller CS-20 V 1.6

Linked Median

MR KEYUR VIRANI (32 M)

ID: 2424714

Date: 25-Mar-23

Exec Time : 9 m 32 s

Stage Time : 0 m 54 s

HR: 141 bpm

Protocol: Bruce

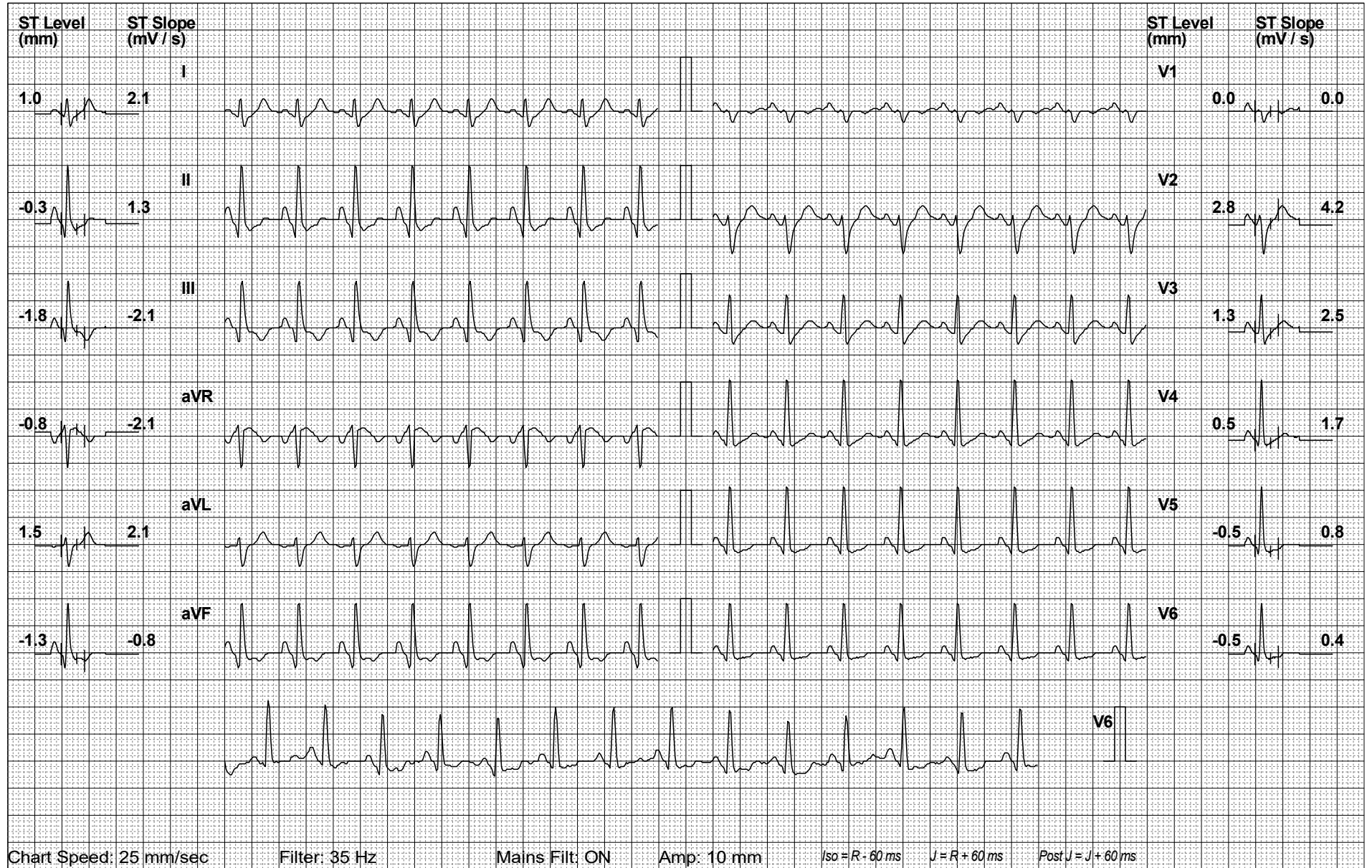
Stage: Recovery(1)

Speed: 1.6 Km/h

Grade: 0 %

(THR: 159 bpm)

B.P: 140 / 90



Schiller CS-20 V 1.6

Linked Median

MR KEYUR VIRANI (32 M)

ID: 2424714

Date: 25-Mar-23

Exec Time : 9 m 32 s

Stage Time : 0 m 54 s

HR: 118 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 Km/h

Grade: 0 %

(THR: 159 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6

Linked Median

MR KEYUR VIRANI (32 M)

ID: 2424714

Date: 25-Mar-23

Exec Time : 9 m 32 s

Stage Time : 0 m 54 s

HR: 107 bpm

Protocol: Bruce

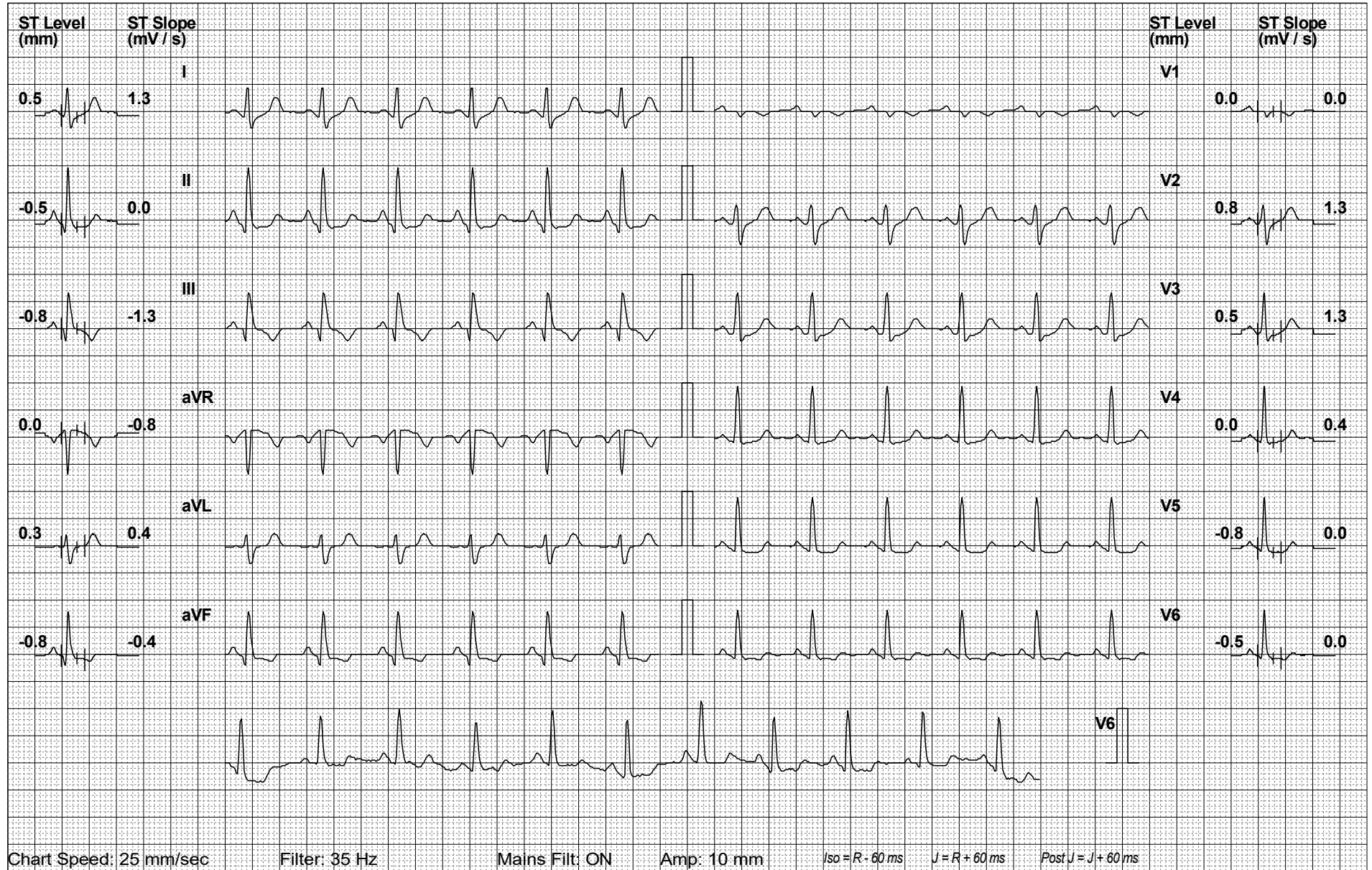
Stage: Recovery(3)

Speed: 0 Km/h

Grade: 0 %

(THR: 159 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6

Linked Median

MR KEYUR VIRANI (32 M)

ID: 2424714

Date: 25-Mar-23

Exec Time : 9 m 32 s

Stage Time : 0 m 54 s

HR: 91 bpm

Protocol: Bruce

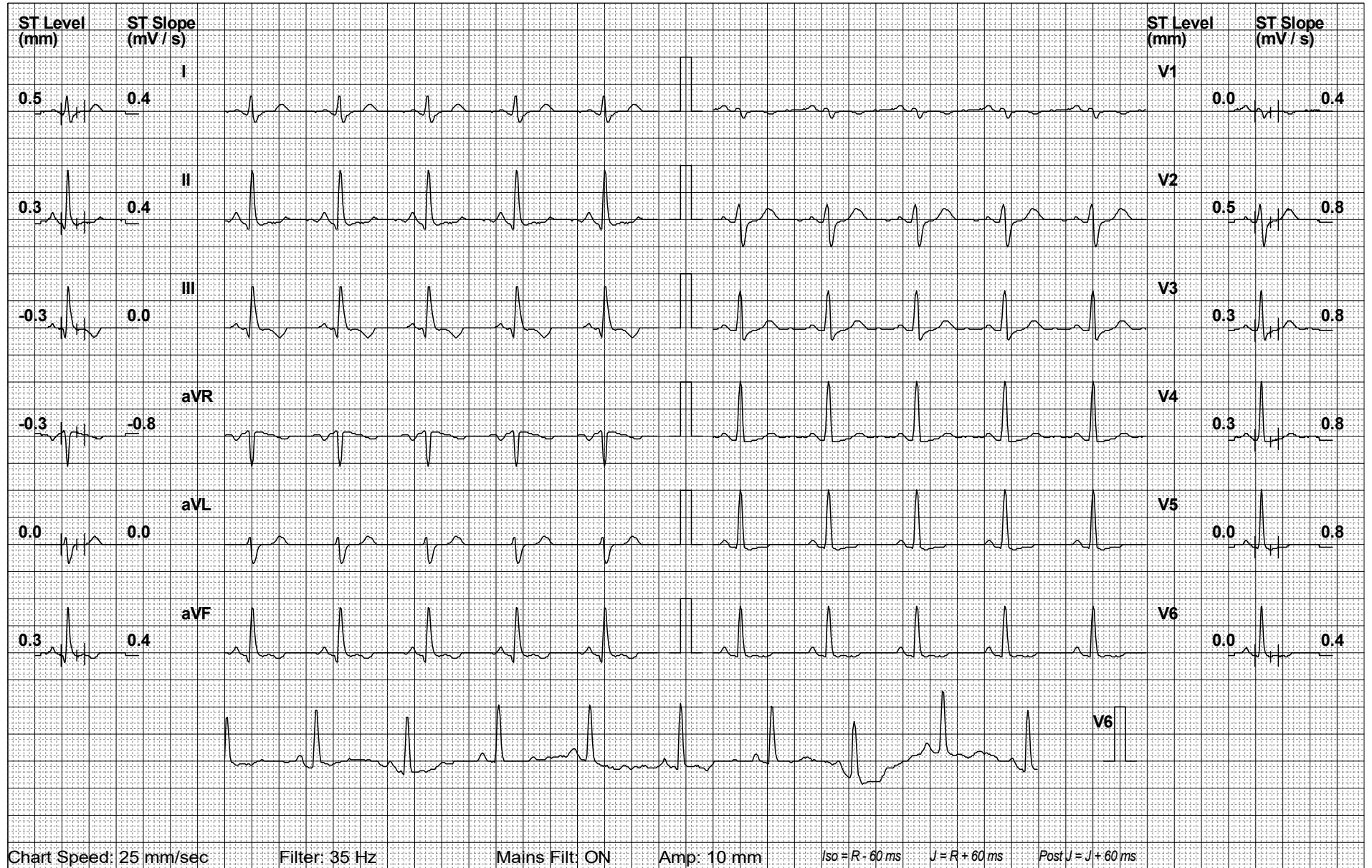
Stage: Recovery(4)

Speed: 0 Km/h

Grade: 0 %

(THR: 159 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6

Linked Median

MR KEYUR VIRANI (32 M)

ID: 2424714

Date: 25-Mar-23

Exec Time : 9 m 32 s

Stage Time : 0 m 46 s

HR: 96 bpm

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 Km/h

Grade: 0 %

(THR: 159 bpm)

B.P: 130 / 80



Schiller CS-20 V 1.6

Linked Median

HEALTHSPRING HEALTHCARE AUNDH

Patient Details **Date:** 25-Mar-23 **Time:** 11:22:12 AM
Name: MR KEYUR VIRANI **ID:** 2424714
Age: 32 y **Sex:** M **Height:** 168 cms. **Weight:** 63 Kg.
Clinical History: Routine Test

Medications: NO

Test Details

Protocol: Bruce **Pr.MHR:** 188 bpm **THR:** 159 (85 % of Pr.MHR) bpm
Total Exec. Time: 9 m 32 s **Max. HR:** 160 (85% of Pr.MHR)bpm **Max. Mets:** 13.50
Max. BP: 140 / 90 mmHg **Max. BP x HR:** 22400 mmHg/min **Min. BP x HR:** 5160 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 : 26	1.0	0	0	93	100 / 60	-1.27 V5	-2.95 III
Standing	0 : 3	1.0	0	0	93	100 / 60	-0.51 III	-0.84 III
Hyperventilation	0 : 2	1.0	0	0	86	100 / 60	-0.51 aVF	-0.84 III
1	3 : 0	4.6	2.7	10	114	100 / 60	-1.77 V6	-3.80 V6
2	3 : 0	7.0	4	12	121	120 / 90	-2.53 V6	-5.91 V6
3	3 : 0	10.2	5.4	14	146	130 / 90	-1.77 V5	-5.91 V6
Peak Ex	0 : 32	13.5	6.7	16	160	140 / 90	-2.03 V5	2.95 V2
Recovery(1)	1 : 0	1.8	1.6	0	137	140 / 90	-2.28 V6	3.80 V2
Recovery(2)	1 : 0	1.0	0	0	118	130 / 80	-1.01 III	2.95 V2
Recovery(3)	1 : 0	1.0	0	0	103	130 / 80	-1.01 III	2.11 V2
Recovery(4)	1 : 0	1.0	0	0	90	130 / 80	-3.80 aVF	-2.11 III
Recovery(5)	0 : 52	1.0	0	0	93	130 / 80	-2.03 III	-2.95 III

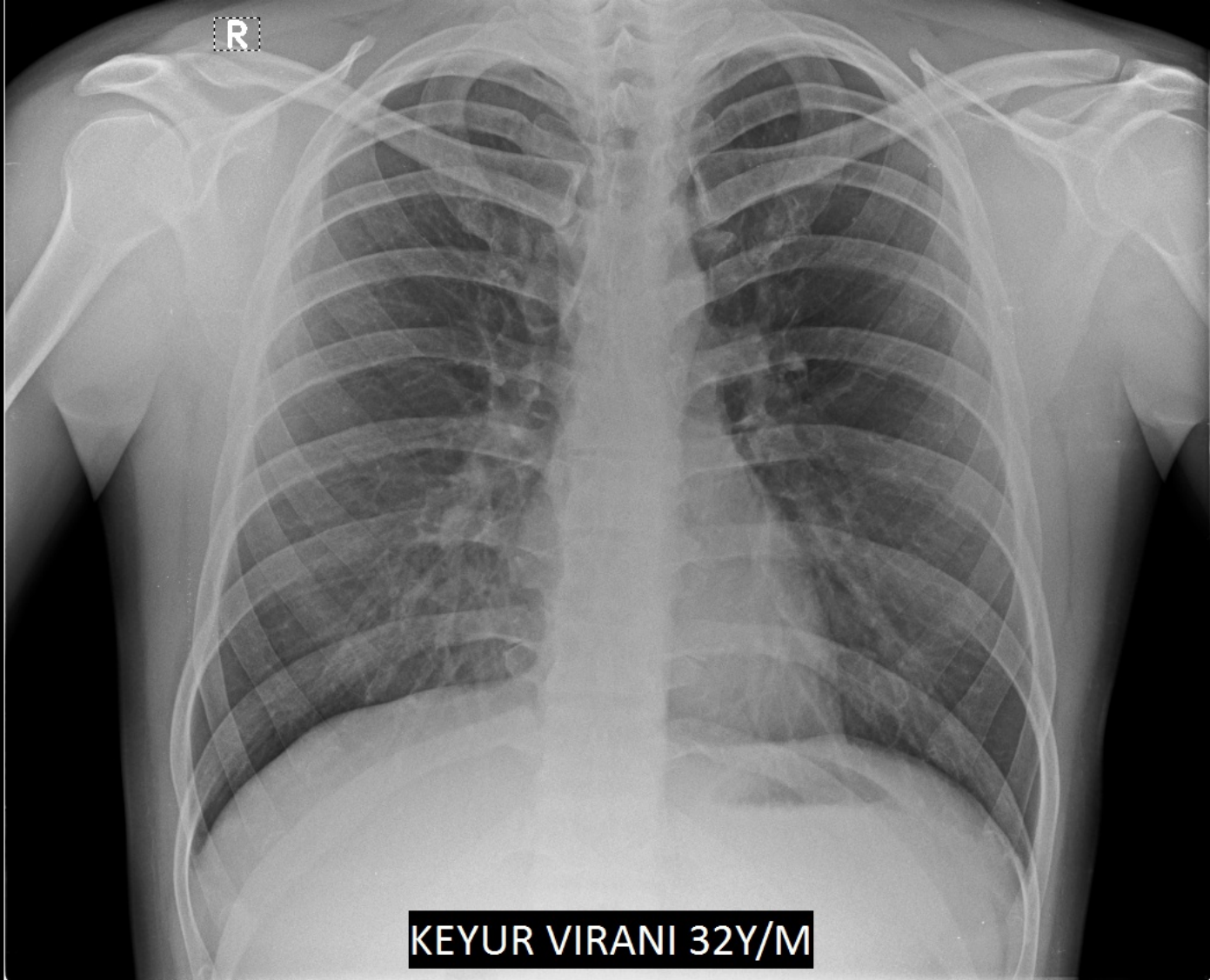
Interpretation

The patient exercised according to the Bruce protocol for 9 m 32 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 93 bpm, rose to a max. heart rate of 160 (85% of Pr.MHR) bpm. Resting blood Pressure 100 / 60 mmHg, rose to a maximum blood pressure of 140 / 90 mmHg.

Ref. Doctor: Dr Rashmi Soni
(Summary Report edited by user)

Doctor: DR MUKESH JHA
Schiller CS-20 V 1.6

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KEYUR VIRANI 32Y/M



Patient Name : Mr. Keyur Virani
Age / Gender : 32 Y / Male
Referred By : Dr. Rashmi Soni
SID No. : 56008690

Reg.Date / Time : 25/03/2023 / 10:06:36
Report Date / Time : 25/03/2023 / 20:03:54
MR No. : 2425591

Page 1 of 14

Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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HAEMATOLOGY

CBC-Haemogram & ESR, blood

EDTA WHOLE BLOOD

HAEMOGLOBIN, RED CELL COUNT & INDICES

HAEMOGLOBIN (Spectrophotometry)	14.8	gm%	13-17
PCV (Electrical Impedance)	44.8	%	40 - 50
MCV (Calculated)	92.7	fL	83-101
MCH (Calculated)	30.5	pg	27.0 - 32.0
MCHC (Calculated)	32.9	g/dl	31.5-34.5
RDW-CV (Calculated)	14	%	11.6-14.0
RDW-SD (Calculated)	53	fL	36 - 46
TOTAL RBC COUNT (Electrical Impedance)	4.83	Million/cmm	4.5-5.5
TOTAL WBC COUNT (Electrical Impedance)	5330	/cumm	4000-10000

DIFFERENTIAL WBC COUNT

NEUTROPHILS (Flow cell)	52.0	%	40-80
LYMPHOCYTES (Flow cell)	36.6	%	20-40
EOSINOPHILS (Flow cell)	4.8	%	1-6
MONOCYTES (Flow cell)	5.6	%	2-10
BASOPHILS (Flow cell)	1.0	%	1-2

ABSOLUTE WBC COUNT

ABSOLUTE NEUTROPHIL COUNT (Calculated)	2760	/cumm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	1940	/cumm	1000-3000

Contd ...

*Tests not included in NABL accredited scope

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HAEMATOLOGY


ABSOLUTE WBC COUNT

ABSOLUTE EOSINOPHIL COUNT (Calculated)	260	/cumm	200-500
ABSOLUTE MONOCYTE COUNT (Calculated)	300	/cumm	200-1000
ABSOLUTE BASOPHIL COUNT (Calculated)	50	/cumm	0-220
PLATELET COUNT (Electrical Impedance)	228000	/cumm	150000-410000
MPV (Calculated)	10.5	fL	6.78-13.46
PDW (Calculated)	17.1	%	11-18
PCT (Calculated)	0.240	%	0.15-0.50

PERIPHERAL BLOOD SMEAR

COMMENTS
(Microscopic)

Normocytic Normochromic RBCs

Sample Collected at : Aundh
Sample Collected on : 25 Mar 2023 12:11
Sample Received on : 25 Mar 2023 17:43
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

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HAEMATOLOGY

EDTA Blood **ABO BLOOD GROUP***

BLOOD GROUP (Erythrocyte-Magnetized Technology)	B
Rh TYPE (Erythrocyte-Magnetized Technology)	POSITIVE

Sample Collected at : Aundh

Sample Collected on : 25 Mar 2023 12:11

Sample Received on : 25 Mar 2023 17:43

Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

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HAEMATOLOGY

CBC-Haemogram & ESR, blood

EDTA WHOLE BLOOD

ESR(ERYTHROCYTE SEDIMENTATION RATE) (Photometric Capillary)	8	mm / 1 hr	0-15
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Notes : The given result is measured at the end of first hour.

Sample Collected at : Aundh
Sample Collected on : 25 Mar 2023 12:11
Sample Received on : 25 Mar 2023 17:43



Dr.Rahul Jain

Barcode : 

MD,PATHOLOGY
Consultant Pathologist

Contd ...

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Age / Gender : 32 Y / Male
Referred By : Dr. Rashmi Soni
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BIOCHEMISTRY

**COMPREHENSIVE LIVER PROFILE
SERUM**

BILIRUBIN TOTAL (Diazotization)	0.61	mg/dl	0.2 - 1.3
BILIRUBIN DIRECT (Diazotization)	0.17	mg/dl	0.1-0.4
BILIRUBIN INDIRECT (Calculation)	0.44	mg/dl	0.2 - 0.7
ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	12	U/L	<40
ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	16	U/L	<41
ALKALINE PHOSPHATASE (Colorimetric IFCC)	97	U/L	40-129
GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	20	U/L	<70
TOTAL PROTEIN (Colorimetric)	7.20	gm/dl	6.6-8.7
ALBUMIN (Bromocresol Green)	4.90	gm/dl	3.5 - 5.2
GLOBULIN (Calculation)	2.30	gm/dl	2.0-3.5
A/G RATIO (Calculation)	2.1		1-2

Sample Collected at : Aundh
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Sample Received on : 25 Mar 2023 17:43
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY
Consultant Pathologist

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BIOCHEMISTRY

**COMPREHENSIVE RENAL PROFILE
SERUM**

CREATININE (Jaffe Method)	0.9	mg/dl	0.6 - 1.3
BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	9.0	mg/dl	6 - 20
BUN/CREATININE RATIO (Calculation)	10.0		10 - 20
URIC ACID (Uricase Enzyme)	5.0	mg/dl	3.7 - 7.7
CALCIUM (Bapta Method)	9.6	mg/dl	8.6-10
PHOSPHORUS (Phosphomolybdate)	3.0	mg/dl	2.5-4.5

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Consultant Pathologist**

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SID No. : 56008690

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BIOCHEMISTRY

LIPID PROFILE


SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	186	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)	161	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	48	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	106	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	32	mg/dl	15-40
SERUM	CHOL / HDL RATIO	3.9		3-5
SERUM	LDL /HDL RATIO (Calculation)	2.0		0 - 3.5

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BIOCHEMISTRY

FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	76	mg/dl	70 - 110
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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)	69	mg/dl	70 - 140
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EDTA WHOLE BLOOD GLYCOSYLATED HAEMOGLOBIN (HbA1C)

HbA1C (High Performance Liquid Chromatography)	5.6	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
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ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	114	mg/dl	
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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 glycosylated 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.

Urine	URINE GLUCOSE FASTING (Urodip)	ABSENT		
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BIOCHEMISTRY

Urine	URINE GLUCOSE POST PRANDIAL (Urodip)	ABSENT		
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IMMUNOLOGY

THYROID PROFILE - TOTAL SERUM

TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.32	ng/ml	0.7-2.04
TOTAL THYROXINE (T4) (ECLIA)	8.12	ug/dl	4.6 - 10.5
THYROID STIMULATING HORMONE (TSH) (ECLIA)	1.850	uIU/ml	0.27 - 4.20

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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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CLINICAL PATHOLOGY

Urine URINE ANALYSIS

PHYSICAL EXAMINATION

VOLUME (Volumetric)	30		
COLOR (Visual Examination)	PALE YELLOW		
APPEARANCE (Visual Examination)	CLEAR		

CHEMICAL EXAMINATION

SP.GRAVITY (Indicator System)	1.005		1.005 - 1.030
REACTION(pH) (Double indicator)	ACIDIC		
PROTEIN (Protein-error-of-Indicators)	ABSENT		
GLUCOSE (GOD-POD)	ABSENT		Absent
KETONES (Legal's Test)	ABSENT		Absent
OCCULT BLOOD (Peroxidase activity)	ABSENT		Absent
BILIRUBIN (Fouchets Test)	ABSENT		Absent
UROBILINOGEN (Ehrlich Reaction)	NORMAL		
NITRITE (Griess Test)	ABSENT		

MICROSCOPIC EXAMINATION

ERYTHROCYTES (Microscopy)	ABSENT	/hpf	0-2
PUS CELLS (Microscopy)	3-4	/hpf	0-5
EPITHELIAL CELLS (Microscopy)	1-2	/hpf	0-5
CASTS (Microscopy)	ABSENT		
CRYSTALS (Microscopy)	ABSENT		
ANY OTHER FINDINGS	NIL		

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