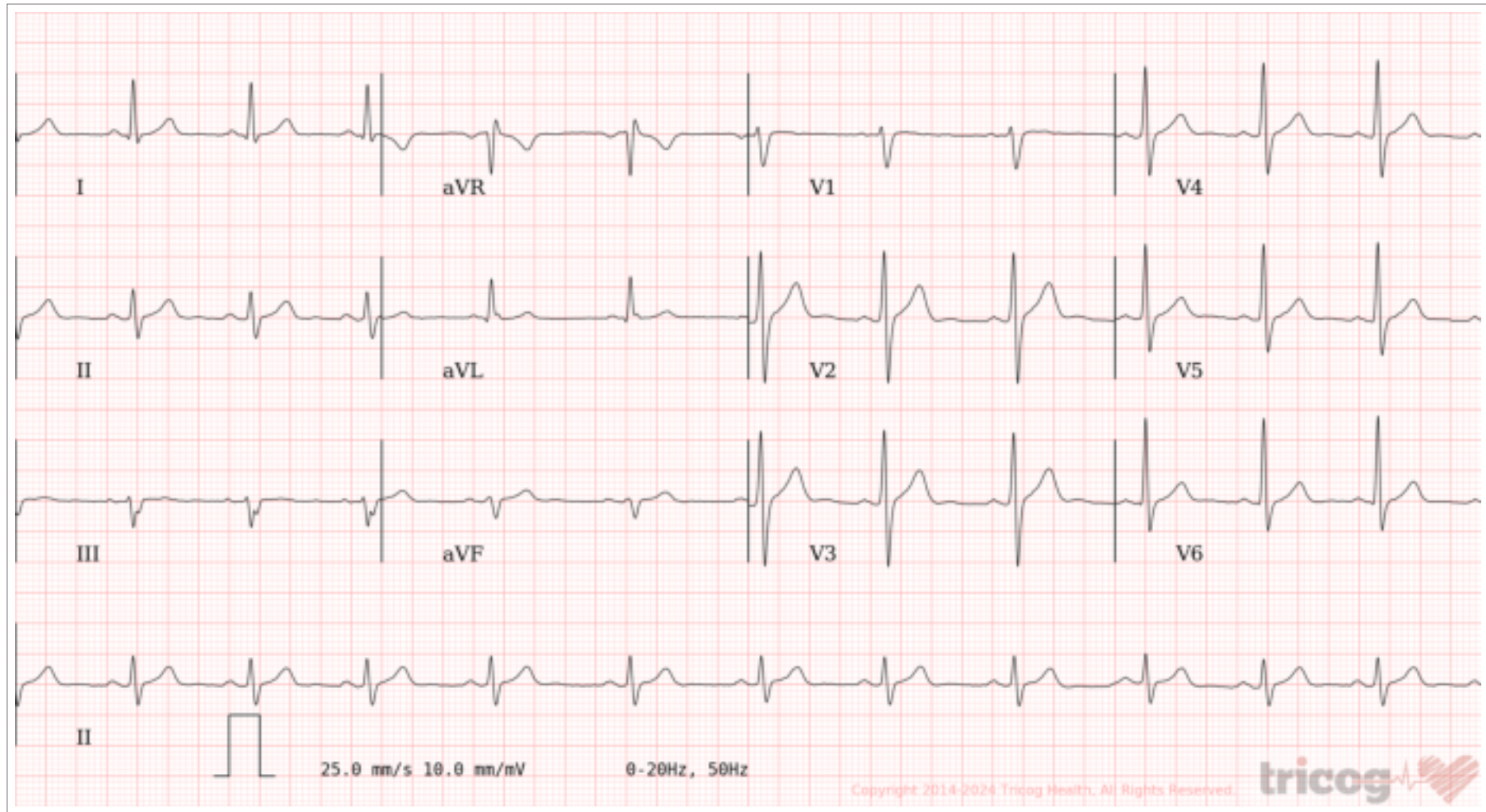
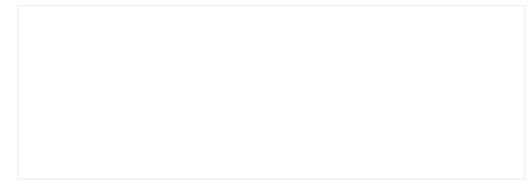


Age / Gender: 33/Male
Patient ID: 0848945
Patient Name: Ajith Kumar

Date and Time: 22nd Jan 24 10:10 AM



Sinus Rhythm, Sinus Arrhythmia Seen, Intraventricular Conduction Delay. Please correlate clinically.

AUTHORIZED BY



Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY



Dr Prashant Solshe

KMC 34384

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

AJITHKUMAR V P

VADATHARAYIL KESAVAN
PADMANABHAN
05/06/1990

Permanent Account Number

CHPPP3461C

AA



PrtScr
SysRq

Scroll
Lock

Pause
Break

GPS Map Camera

Mumbai, Maharashtra, India

Shri Krishna Complex, KL Walawalkar Marg, Corner of new link road and fun cinemas lane, Veera Desai Industrial Estate, Andheri West, Mumbai, Maharashtra 400053, India
Lat 19.135472°

Long 72.832428°
22/01/24 09:20 AM GMT +05:30

Google

HEALTHSPRING OSHIWARA

AJITHKUMAR V P
 I.D. 452
 Age 33/M
 Date 22/01/2024

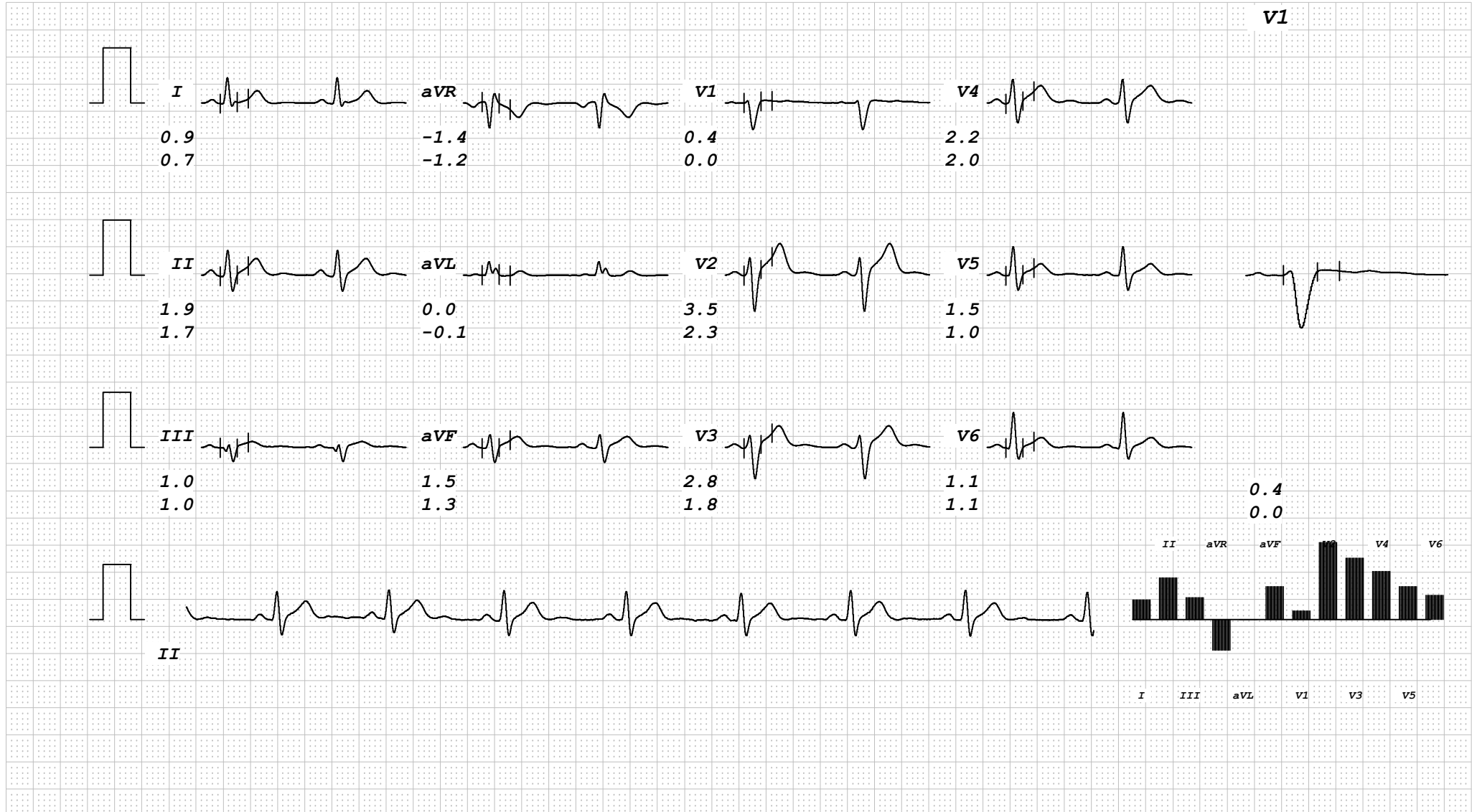
RATE 75bpm
 B.P. 140/80

PRETEST
 SUPINE

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

AJITHKUMAR V P
 I.D. 452
 Age 33/M
 Date 22/01/2024

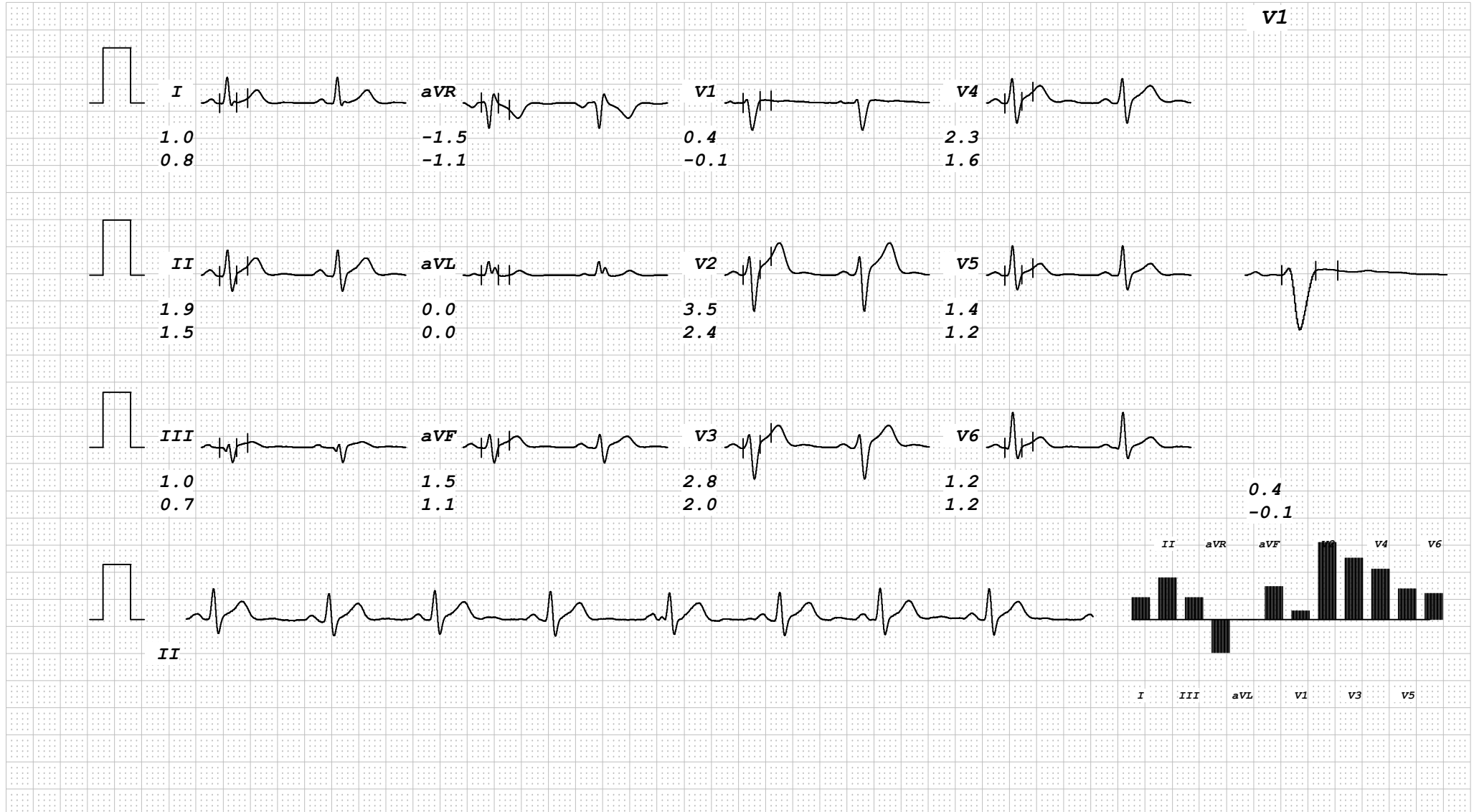
RATE 75bpm
 B.P. 140/80

PRETEST
 STANDING

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

AJITHKUMAR V P

I.D. 452

Age 33/M

Date 22/01/2024

RATE 75bpm

B.P. 140/80

PRETEST

HYPERVENT

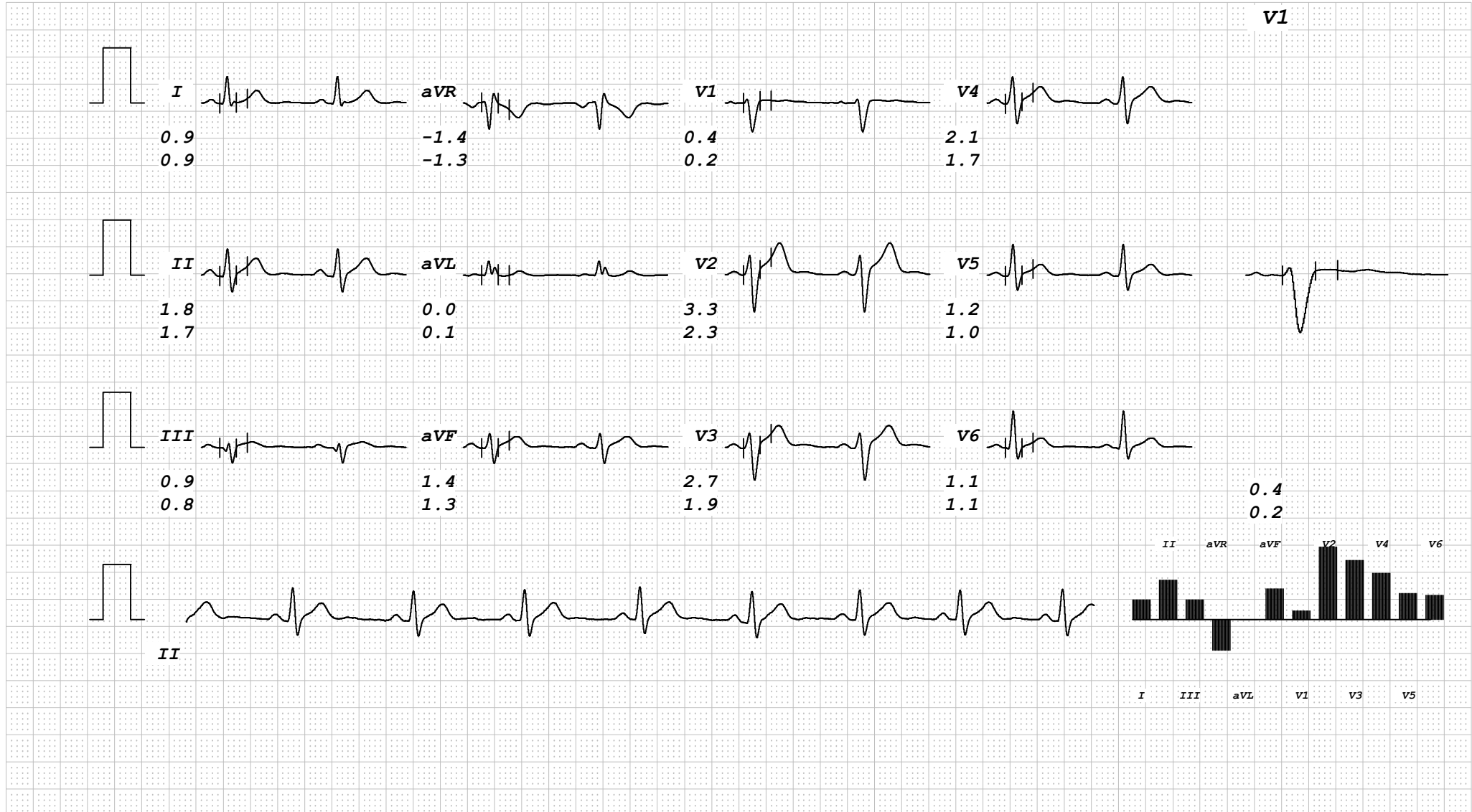
PHASE TIME 0:02

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

AJITHKUMAR V P

I.D. 452

Age 33/M

Date 22/01/2024

RATE 76bpm

B.P. 140/80

PRETEST

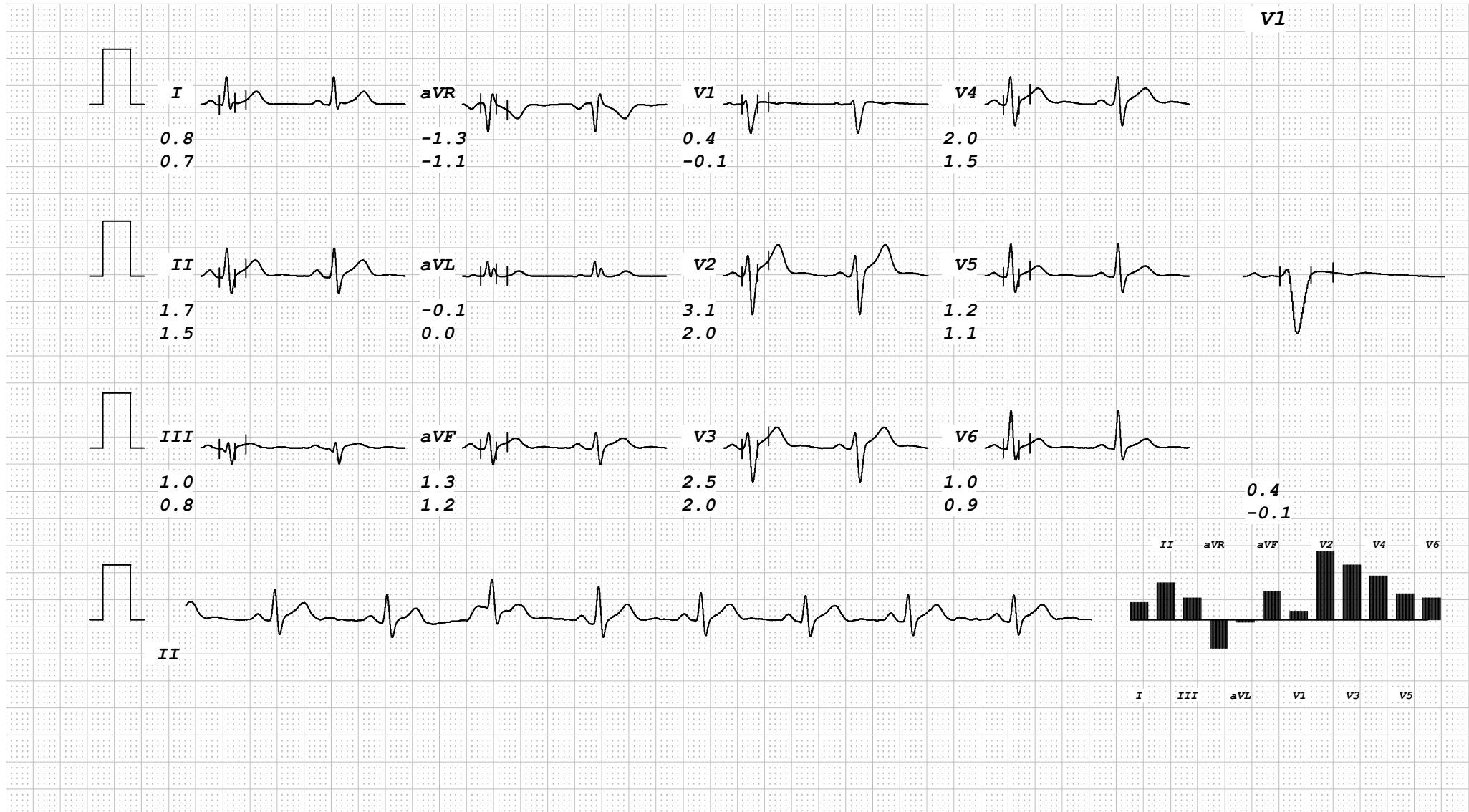
VALSALVA

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

AJITHKUMAR V P
 I.D. 452
 Age 33/M
 Date 22/01/2024

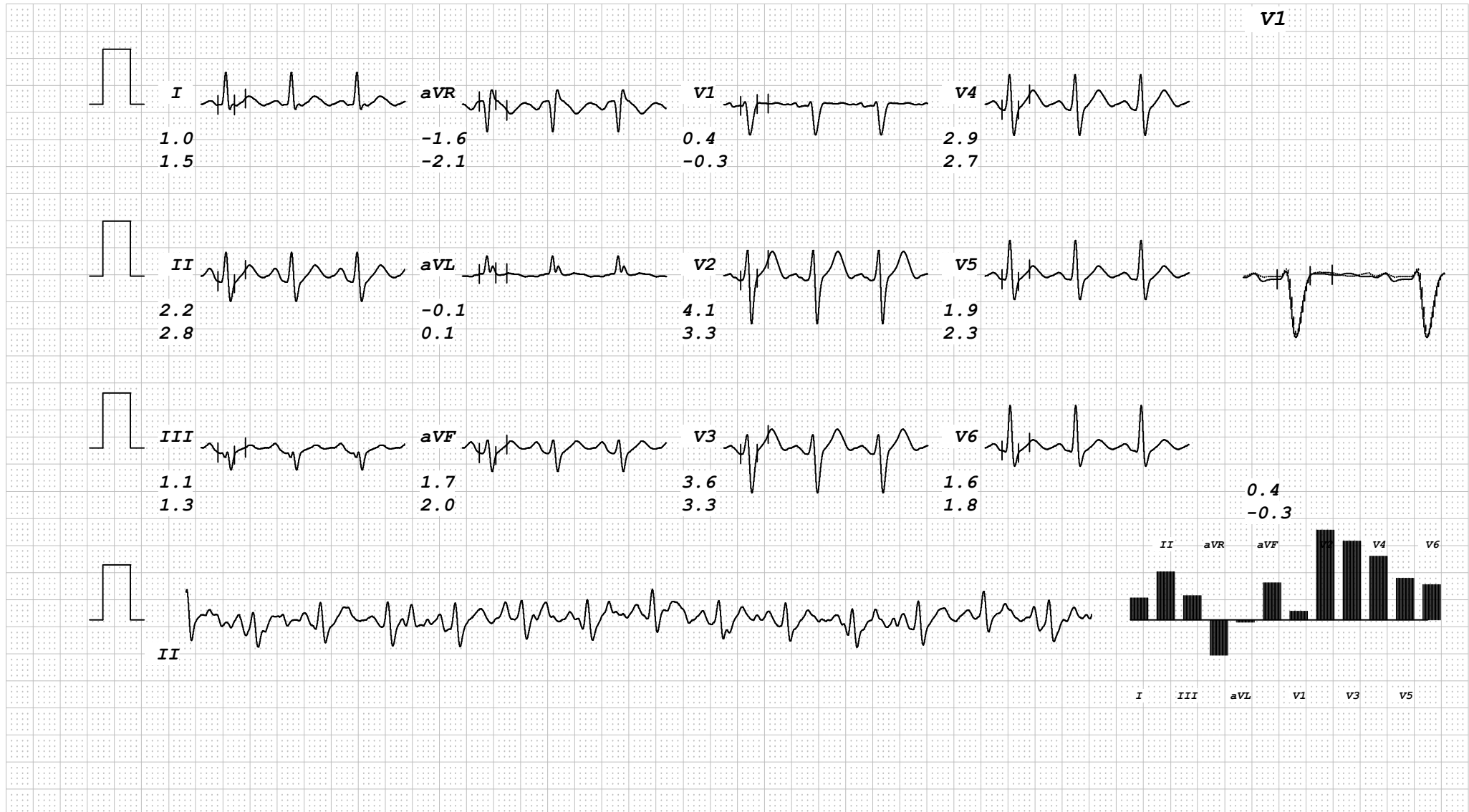
RATE 125bpm
 B.P. 150/90

Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 %

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

AJITHKUMAR V P
 I.D. 452
 Age 33/M
 Date 22/01/2024

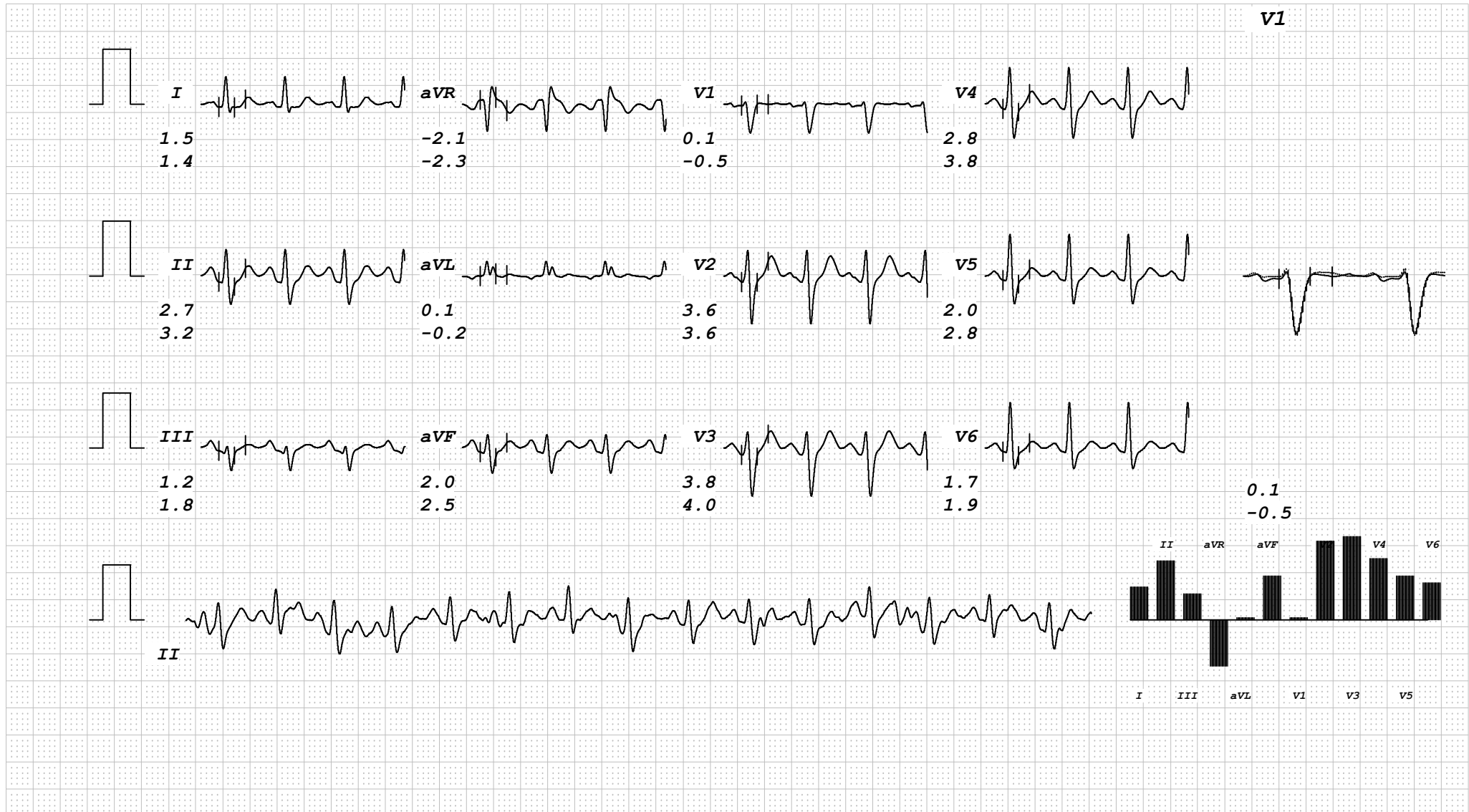
RATE 139bpm
 B.P. 180/110

Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

AJITHKUMAR V P
 I.D. 452
 Age 33/M
 Date 22/01/2024

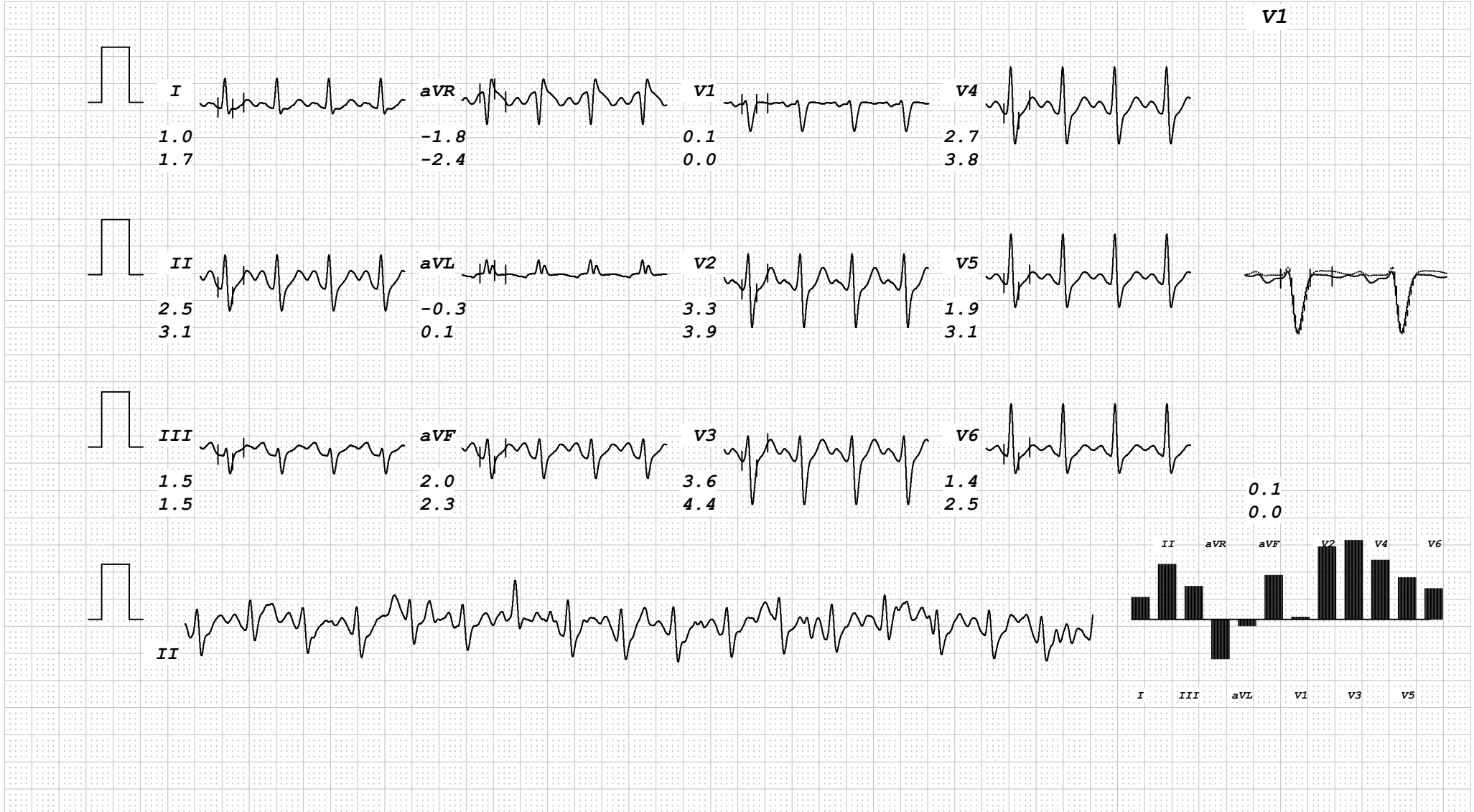
RATE 159bpm
 B.P. 180/110

Bruce
 PK-EXERCISE
 TOTAL TIME 6:44
 PHASE TIME 0:44

ST @ 10mm/mV
 80ms PostJ
 Speed 5.4 km/hr
 SLOPE 14 %

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

AJITHKUMAR V P
 I.D. 452
 Age 33/M
 Date 22/01/2024

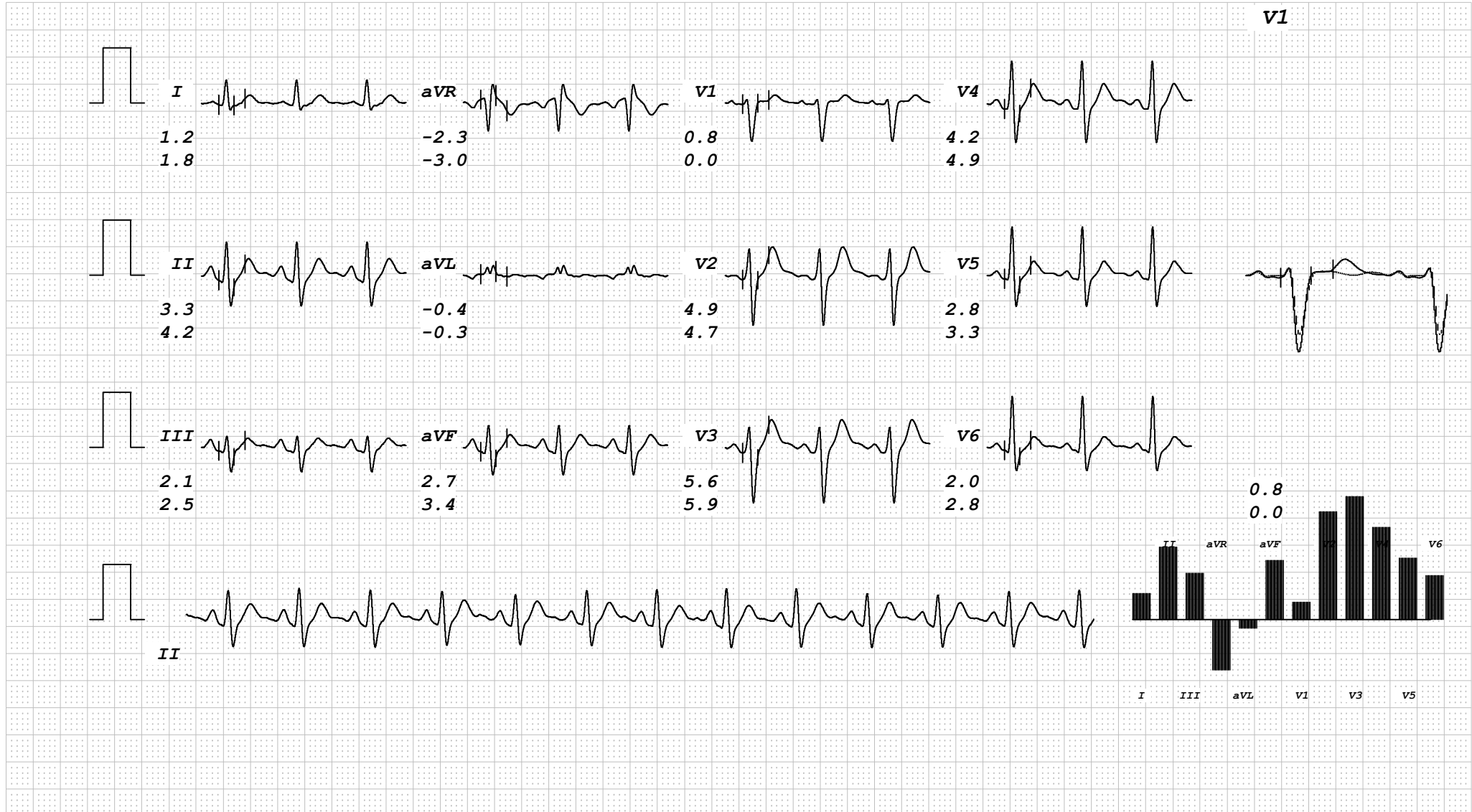
RATE 117bpm
 B.P. 180/110

Bruce
 RECOVERY
 TOTAL TIME 7:47
 PHASE TIME 0:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

AJITHKUMAR V P
 I.D. 452
 Age 33/M
 Date 22/01/2024

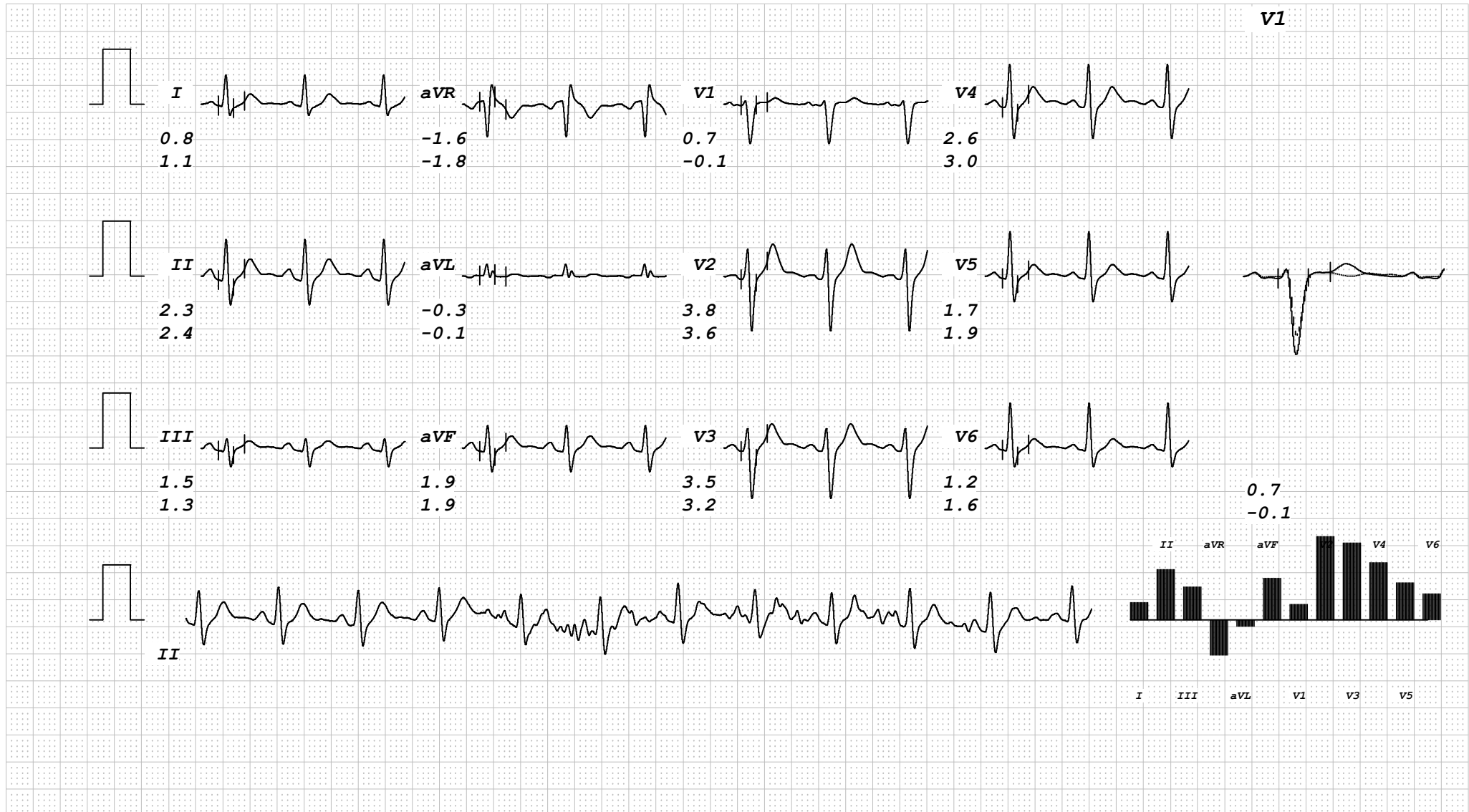
RATE 104bpm
 B.P. 160/90

Bruce
 RECOVERY
 TOTAL TIME 8:47
 PHASE TIME 1:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

AJITHKUMAR V P
 I.D. 452
 Age 33/M
 Date 22/01/2024

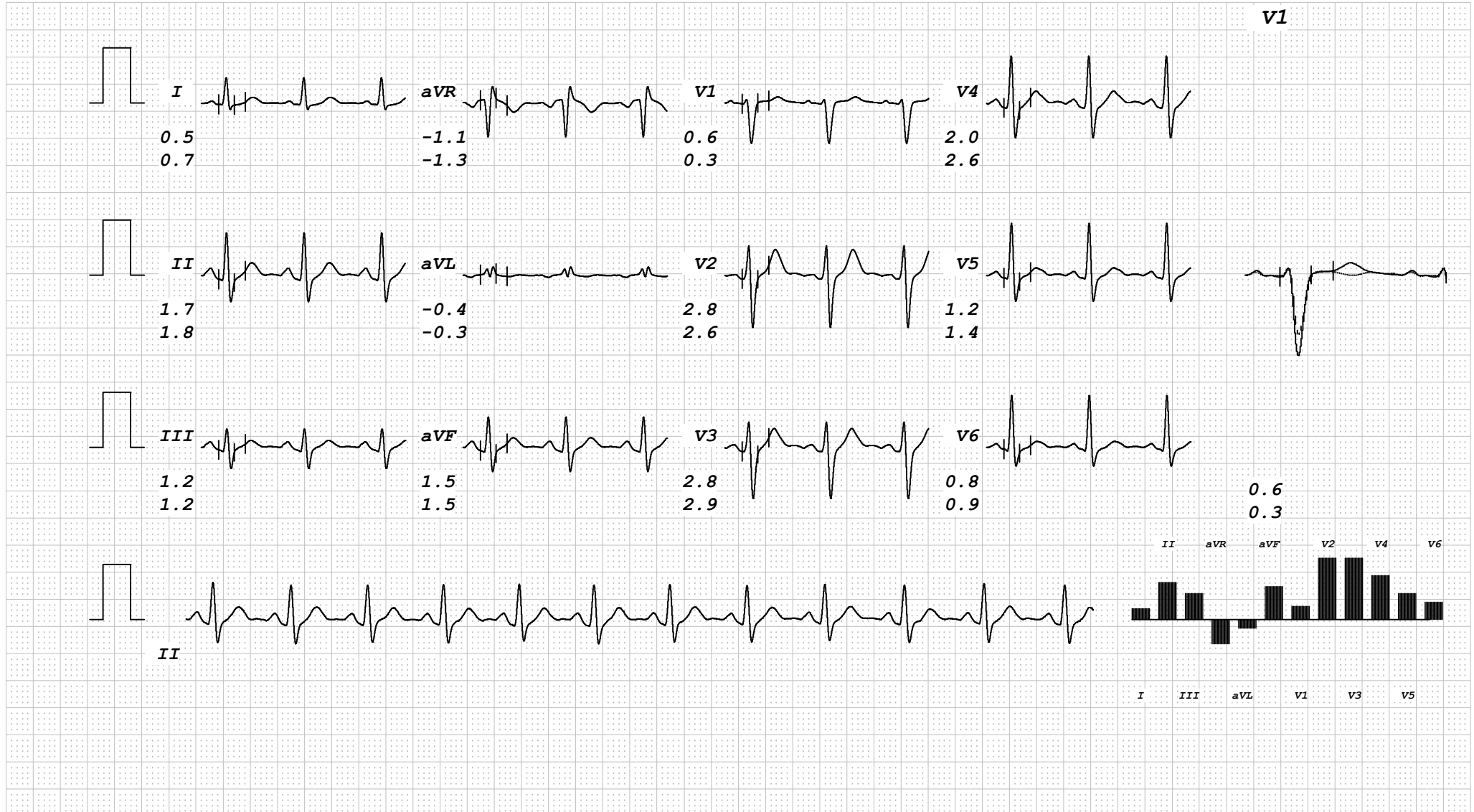
RATE 106bpm
 B.P. 160/90

Bruce
 RECOVERY
 TOTAL TIME 9:47
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

AJITHKUMAR V P
 I.D. 452
 Age 33/M
 Date 22/01/2024

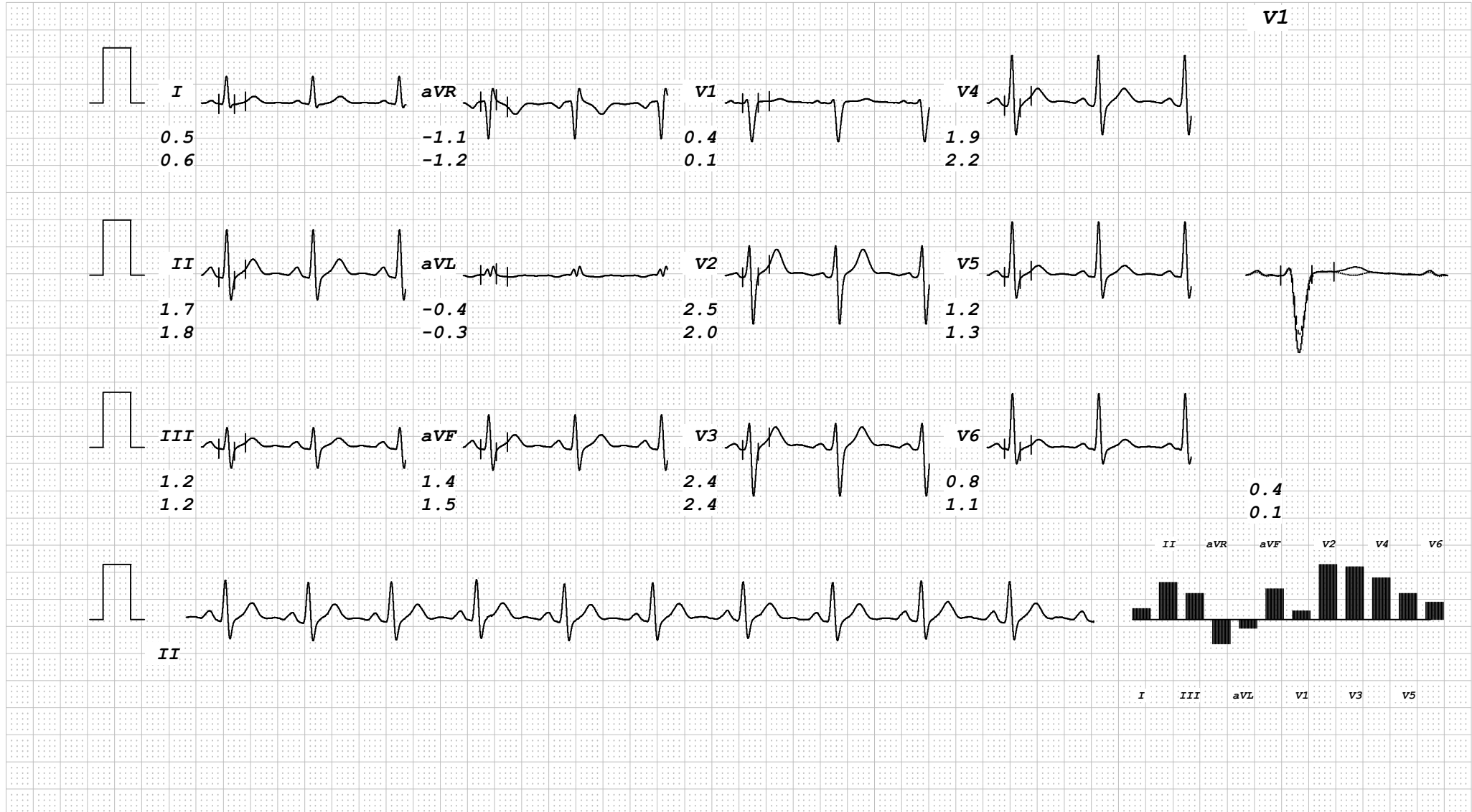
RATE 95bpm
 B.P. 120/70

Bruce
 RECOVERY
 TOTAL TIME 10:47
 PHASE TIME 3:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

AJITHKUMAR V P
 I.D. 452
 Age 33/M
 Date 22/01/2024

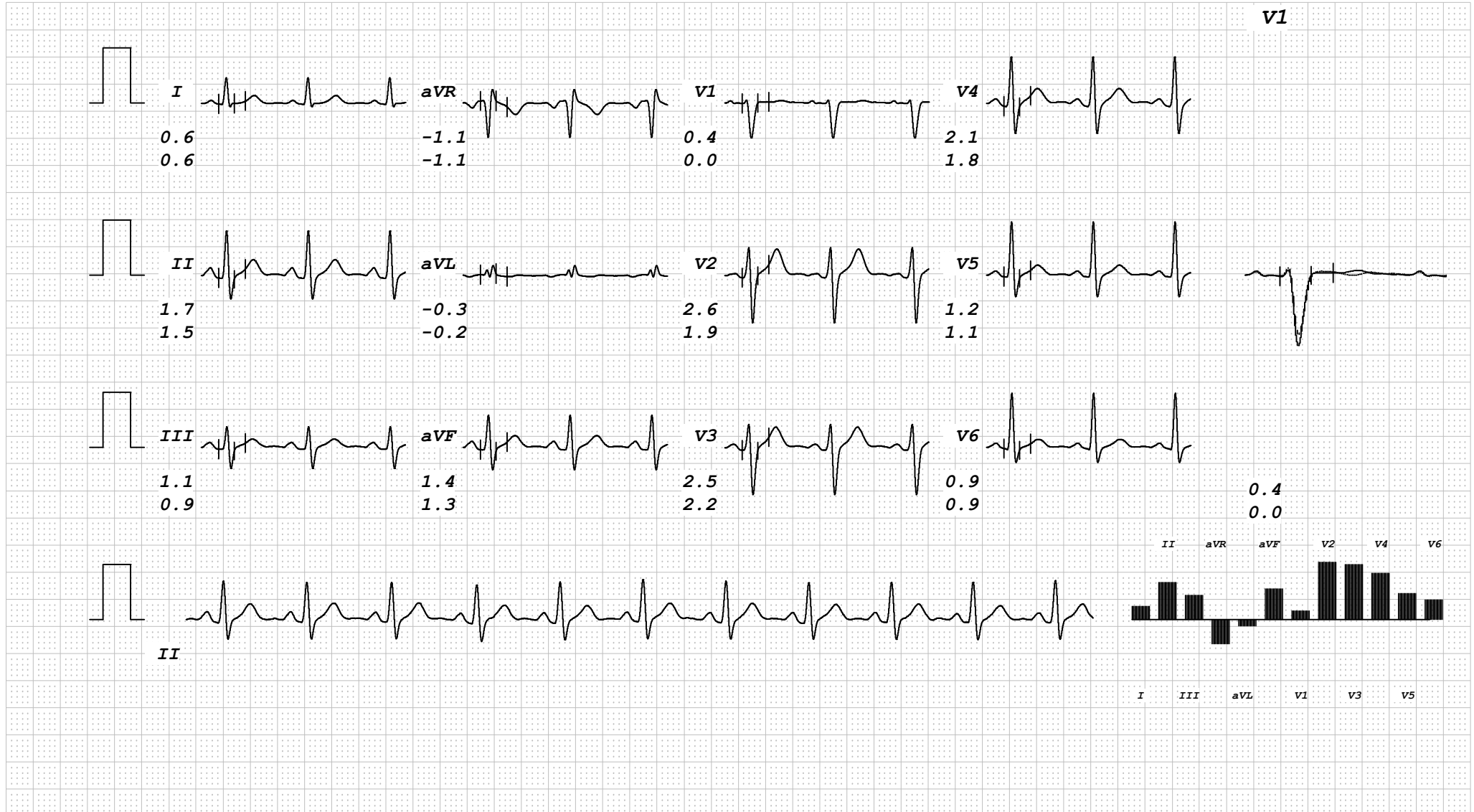
RATE 101bpm
 B.P. 120/70

Bruce
 RECOVERY
 TOTAL TIME 11:47
 PHASE TIME 4:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



HEALTHSPRING OSHIWARA

ANDHERI WEST

MUMBAI

AJITHKUMAR V P

ID : 452
DATE : 22/01/2024
AGE/SEX : 33 /M
HT/WT : 174 / 76
REF.BY :

TREADMILL TEST REPORT

PROTOCOL : Bruce
HISTORY : NIL
INDICATION :
MEDICATION : NIL

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					75	140 / 80	105	1.9	0.4	1.5	
STANDING					75	140 / 80	105	1.9	0.4	1.4	
HYPERVENT		0:2			75	140 / 80	105	1.8	0.4	1.2	
VALSALVA					76	140 / 80	106	1.7	0.4	1.2	
Stage 1	2:55	2:55	2.7	10	126	150 / 90	189	2.2	0.4	1.9	4.67
Stage 2	5:55	2:55	4	12	139	180 / 110	250	2.7	0.1	2	7.04
PK-EXERCISE	6:44	0:44	5.4	14	159	180 / 110	286	2.5	0.1	1.9	7.81
RECOVERY	7:47	0:55			117	180 / 110	210	3.3	0.8	2.8	
RECOVERY	8:47	1:55			104	160 / 90	166	2.3	0.7	1.7	
RECOVERY	9:47	2:55			106	160 / 90	169	1.7	0.6	1.2	
RECOVERY	10:47	3:55			95	120 / 70	114	1.7	0.4	1.2	
RECOVERY	11:47	4:55			101	120 / 70	121	1.7	0.4	1.2	

RESULTS

EXERCISE DURATION : 6:44 MAX WORK LOAD : 7.81 METS
MAX HEART RATE : 159 bpm 85 % of target heart rate 187 bpm
MAX BLOOD PRESSURE : 180 / 110 mm Hg
REASON OF TERMINATION : Achieved THR,

BP RESPONSE :
ARRYTHMIA :
H.R. RESPONSE :
IMPRESSIONS :

Technician :



GPS Map Camera

Mumbai, Maharashtra, India

Shri Krishna Complex, KL Walawalkar Marg, Corner of new link road and fun cinemas lane, Veera Desai Industrial Estate, Andheri West, Mumbai, Maharashtra 400053, India
Lat 19.135472°

Long 72.832428°

22/01/24 09:21 AM GMT +05:30

Google



PATIENT'S NAME - Ajithkumar.V.P
AGE/GENDER - 33yrs | male.
DOCTOR'S NAME -

DATE - 22/01/2024

Dr Gail
VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT	6/6		6/6	
NEAR	N6		N6	
COLOUR	normal			
Recommendations				

VITALS

Pulse - 72	B.P. - 140/80	SpO2 98
Height 174	Weight - 76.	BMI-
Waist - 85	Hip - 100	Waist/Hip Ratio-
Chest - 94	Inspiration-	Expiration-

CENTRE NAME - Oshiwara

SIGN & STAMP-



mole over left side of hip

Doctor

Pathology

Radiology

Dental Service

Mental Health

Pharmacy

Diet & Nutrition

Physiotherapy

Chronic Care

Home Care

24x7 Emergency*

*Members only

I. Ajitkumar VP don't wish to do stool sample
test in this ^{Annual} medical checkup conducted on 22/01/2024.


Ajitkumar VP

22/01/24.
Mumbai



Certificate No.: MC-3398
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



R

AJITHKUMAR V P 33YRS
22/01/2024

Patient Name : Mr. Ajit Kumar

Reg.Date / Time : 22/01/2024 / 09:54:57

Age / Gender : 33 Y / Male

Report Date / Time : 22/01/2024 / 18:44:58

Referred By : Dr. Gail Chaudhari

MR No. : 0848945

SID No. : 40013025

Page 1 of 15

Final 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)	16.5	gm%	13-17
PCV (Electrical Impedance)	49.2	%	40 - 50
MCV (Calculated)	93.1	fL	83-101
MCH (Calculated)	31.3	pg	27.0 - 32.0
MCHC (Calculated)	33.6	g/dl	31.5-34.5
RDW-CV (Calculated)	14	%	11.6-14.0
RDW-SD (Calculated)	54	fL	36 - 46
TOTAL RBC COUNT (Electrical Impedance)	5.28	Million/cmm	4.5-5.5
TOTAL WBC COUNT (Electrical Impedance)	6300	/cumm	4000-10000

DIFFERENTIAL WBC COUNT

NEUTROPHILS (Flow cell)	44.1	%	40-80
LYMPHOCYTES (Flow cell)	39.7	%	20-40
EOSINOPHILS (Flow cell)	4.9	%	1-6
MONOCYTES (Flow cell)	10.5	%	2-10
BASOPHILS (Flow cell)	0.8	%	1-2

ABSOLUTE WBC COUNT

ABSOLUTE NEUTROPHIL COUNT (Calculated)	2760	/cumm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	2490	/cumm	1000-3000

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mr. Ajit Kumar

Reg.Date / Time : 22/01/2024 / 09:54:57

Age / Gender : 33 Y / Male

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Page 2 of 15

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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HAEMATOLOGY

ABSOLUTE WBC COUNT

ABSOLUTE EOSINOPHIL COUNT (Calculated)	310	/cumm	200-500
ABSOLUTE MONOCYTE COUNT (Calculated)	660	/cumm	200-1000
ABSOLUTE BASOPHIL COUNT (Calculated)	50	/cumm	0-220
PLATELET COUNT (Electrical Impedance)	304000	/cumm	150000-410000
MPV (Calculated)	9.3	fL	6.78-13.46
PDW (Calculated)	13.2	%	11-18
PCT (Calculated)	0.280	%	0.15-0.50

PERIPHERAL BLOOD SMEAR

COMMENTS
(Microscopic)

Normocytic Normochromic RBCs

Sample Collected at : Andheri West

Sample Collected on : 22 Jan 2024 10:06

Sample Received on : 22 Jan 2024 16:28

Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mr. Ajit Kumar

Reg.Date / Time : 22/01/2024 / 09:54:57

Age / Gender : 33 Y / Male

Report Date / Time : 22/01/2024 / 18:44:58

Referred By : Dr. Gail Chaudhari

MR No. : **0848945**

SID No. : **40013025**

Page 3 of 15

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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HAEMATOLOGY

EDTA Blood **ABO BLOOD GROUP**

BLOOD GROUP
(Erythrocyte-Magnetized
Technology) O

Rh TYPE
(Erythrocyte-Magnetized
Technology) POSITIVE

Sample Collected at : Andheri West

Sample Collected on : 22 Jan 2024 10:06

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Consultant Pathologist

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Age / Gender : 33 Y / Male

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Page 4 of 15

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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BIOCHEMISTRY

COMPREHENSIVE LIVER PROFILE

SERUM

BILIRUBIN TOTAL (Diazotization)	1.54	mg/dl	0.2 - 1.3
BILIRUBIN DIRECT (Diazotization)	0.19	mg/dl	0.1-0.4
BILIRUBIN INDIRECT (Calculation)	1.35	mg/dl	0.2 - 0.7
ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	27	U/L	<40
ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	21	U/L	<41
ALKALINE PHOSPHATASE (Colorimetric IFCC)	84	U/L	40-129
GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	24	U/L	<70
TOTAL PROTEIN (Colorimetric)	7.10	gm/dl	6.6-8.7
ALBUMIN (Bromocresol Green)	4.50	gm/dl	3.5 - 5.2
GLOBULIN (Calculation)	2.6	gm/dl	2.0-3.5
A/G RATIO (Calculation)	1.7		1-2

Sample Collected at : Andheri West

Sample Collected on : 22 Jan 2024 10:06

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Barcode : 



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MD,PATHOLOGY

Consultant Pathologist

Contd ...

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Patient Name : Mr. Ajit Kumar
Age / Gender : 33 Y / Male
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Page 5 of 15

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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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)	6.8	mg/dl	3.7 - 7.7
CALCIUM (Bapta Method)	9.7	mg/dl	8.6-10
PHOSPHORUS (Phosphomolybdate)	2.4	mg/dl	2.5-4.5

Sample Collected at : Andheri West
Sample Collected on : 22 Jan 2024 10:06
Sample Received on : 22 Jan 2024 16:28
Barcode : 



Dr.Rahul Jain

**MD,PATHOLOGY
Consultant Pathologist**

Contd ...

*Tests not included in NABL accredited test scope

Patient Name : Mr. Ajit Kumar

Reg.Date / Time : 22/01/2024 / 09:54:57

Age / Gender : 33 Y / Male

Report Date / Time : 22/01/2024 / 18:44:58

Referred By : Dr. Gail Chaudhari

MR No. : **0848945**

SID No. : **40013025**

Page 6 of 15

Final Test Report

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

BIOCHEMISTRY

LIPID PROFILE

SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	212	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239
-------	--	------------	-------	--

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)	132	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	39	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	147	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	26	mg/dl	15-40
SERUM	CHOL / HDL RATIO	5.5		3-5
SERUM	LDL /HDL RATIO (Calculation)	3.8		0 - 3.5

Sample Collected at : Andheri West

Sample Collected on : 22 Jan 2024 10:06

Sample Received on : 22 Jan 2024 16:28

Barcode : 



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MD,PATHOLOGY

Consultant Pathologist

Contd ...

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Referred By : Dr. Gail Chaudhari

MR No. : 0848945

SID No. : 40013025

Page 7 of 15

Final Test Report

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

BIOCHEMISTRY

FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	91	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)	114	mg/dl	70 - 140
-----------------	--	-----	-------	----------

EDTA WHOLE BLOOD GLYCOSYLATED HAEMOGLOBIN (HbA1C)

HbA1C (High Performance Liquid Chromatography)	5.5	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
--	-----	---------	--

ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	111	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 accreditation scope

Patient Name : Mr. Ajit Kumar
Age / Gender : 33 Y / Male
Referred By : Dr. Gail Chaudhari
SID No. : 40013025

Reg.Date / Time : 22/01/2024 / 09:54:57
Report Date / Time : 22/01/2024 / 18:44:58
MR No. : 0848945

Page 8 of 15

Final Test Report

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Sample Collected at : Andheri West

Sample Collected on : 22 Jan 2024 10:06

Sample Received on : 22 Jan 2024 16:28

Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

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Patient Name : Mr. Ajit Kumar

Reg.Date / Time : 22/01/2024 / 09:54:57

Age / Gender : 33 Y / Male

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MR No. : **0848945**

SID No. : **40013025**

Page 9 of 15

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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BIOCHEMISTRY

EDTA	ESR(ERYTHROCYTE	9	mm / 1 hr	0-15
WHOLE	SEDIMENTATION RATE)			
BLOOD	(Photometric Capillary)			

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

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Sample Received on : 22 Jan 2024 16:28

Barcode : 



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MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mr. Ajit Kumar
Age / Gender : 33 Y / Male
Referred By : Dr. Gail Chaudhari
SID No. : 40013025

Reg.Date / Time : 22/01/2024 / 09:54:57
Report Date / Time : 22/01/2024 / 18:44:58
MR No. : 0848945

Page 10 of 15

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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BIOCHEMISTRY

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

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Page 11 of 15

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----------	--------------------	--------	-------	-------------------------------

IMMUNOLOGY

THYROID PROFILE - TOTAL SERUM

TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.54	ng/ml	0.7-2.04
TOTAL THYROXINE (T4) (ECLIA)	9.76	ug/dl	4.6 - 10.5
THYROID STIMULATING HORMONE (TSH) (ECLIA)	1.407	uIU/ml	0.27 - 4.20

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SID No. : **40013025**

Page 12 of 15

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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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Page 13 of 15

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Page 14 of 15

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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)	1.020		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)	2-3	/hpf	0-5
EPITHELIAL CELLS (Microscopy)	2-3	/hpf	0-5
CASTS (Microscopy)	ABSENT		
CRYSTALS (Microscopy)	ABSENT		
ANY OTHER FINDINGS	NIL		

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Page 15 of 15

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