



NAME : MR. RIZWAN KHAN  
REF BY :-

DATE : 30/03/2023  
AGE / SEX : 41/ YRS / M

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size shape and smooth margins. It shows **bright** parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

### GALL BLADDER:

The gall bladder is contracted.

### PANCREAS:

The pancreas is well visualised and normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size and reveal normal cortical echogenicity.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 8.8 x 4.4 cm. Left kidney measures 9.2 x 4.5 cm.

### SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

The urinary bladder is normal.

### PROSTATE:

The prostate is normal in size and volume is 18 cc.



<b>NAME</b>	<b>: MR. RIZWAN</b>	<b>DATE</b>	<b>: 30/03/2023</b>
<b>REF BY</b>	<b>: -</b>	<b>AGE / SEX</b>	<b>: YR / M</b>

**IMPRESSION:**

**Grade I fatty liver.**

**DR SHRIKANT BODKE  
CONSULTANT RADIOLOGIST**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

**Conti...2**



**IMPRESSION:**

**Grade I fatty liver.**

**DR SHRIKANT BODKE  
CONSULTANT RADIOLOGIST**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

----End of Report----





\*Members only



PATIENT'S NAME- Rizwan Khan

DATE - 30/03/23

AGE/SEX -

DOCTOR'S NAME - Dr Ashwini Bansode

VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT		6/9p		6/9p
NEAR		N6		N6
COLOUR		normal		normal

VITALS

Pulse - 64/min	B.P- 130/80	SpO2- 98%
Height- 166 cm	Weight - 69.7 kg	BMI - 25.2
Waist - 92 cm	Hip - 95 cm	Waist/Hip Ratio- 0.9
Chest -	Inspiration-	Expiration-

CENTRE NAME - HEALTHSPRING GOREGAON



SIGN & STAMP- Dr Ashwini Bansode

(Family Physician - Goregaon centre)



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



<b>NAME : RIZWAN KHAN</b>	<b>Age :41/ YRS</b>
<b>Gender : MALE</b>	<b>Date : 30/03/2023</b>

### **X-RAY CHEST PA VIEW**

Scoliosis of the lower dorsal spine is seen, concavity to the left;  
the bony

thorax is otherwise normal.

Lung fields and pleural spaces are clear on both sides.

The heart and aorta are normal in size.

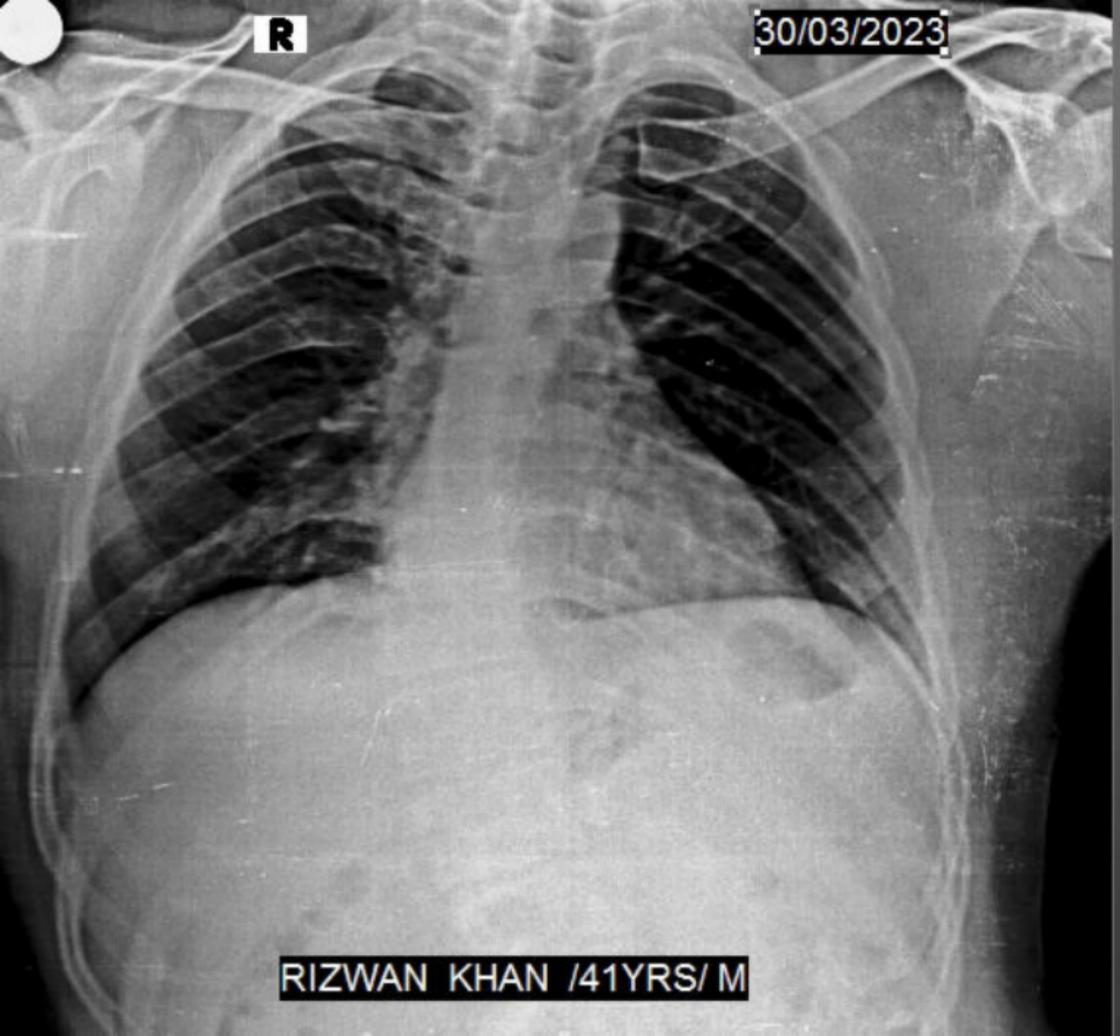
Both domes of the diaphragm are normal.

**IMPRESSION: NO EVIDENCE OF ANY DISEASE IS SEEN**

**R**

**30/03/2023**

**RIZWAN KHAN /41YRS/ M**





Family Doctor



Pathology



Radiology



Dental Service



Mental Health



Pharmacy



Diet & Nutrition



Physiotherapy



Chronic Care



Home Care



24x7 Emergency\*

\*Members only



Date - 30/03/23

Patient's name - Rizwan Khan

To whomsoever it may concern

NAME - Mr Rizwan Khan

TEST - TMT

STATUS - Postponed

REASON - Lt Leg Poliomyelitis, Limping

Dr. Ashwini Bansode  
M.B.B.S, D.O.M.S  
Reg No. 2005/10/3844



Dr Ashwini Bansode - MBBS,DOMS

Family Physician - Healthspring

Goregaon East , Mumbai.



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

**Patient Name :** Mr. Rizwan Usman Khan  
**Age / Gender :** 41 Y / Male  
**Referred By :** Dr. Ashwini Bansode  
**SID No. :** 03012053

**Reg.Date / Time :** 30/03/2023 / 11:01:19  
**Report Date / Time :** 30/03/2023 / 18:28:15  
**MR No. :** 0195398

Page 1 of 14

**Final Test Report**

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

**HAEMATOLOGY**

**CBC-Haemogram & ESR, blood**

**EDTA WHOLE BLOOD**

**HAEMOGLOBIN, RED CELL COUNT & INDICES**

HAEMOGLOBIN (Spectrophotometry)	13.6	gm%	13-17	
PCV (Electrical Impedance)	<b>39.8</b>	%	40 - 50	
MCV (Calculated)	<b>80.6</b>	fL	83-101	
MCH (Calculated)	27.5	pg	27.0 - 32.0	
MCHC (Calculated)	34.1	g/dl	31.5-34.5	
RDW-CV (Calculated)	<b>15</b>	%	11.6-14.0	
RDW-SD (Calculated)	<b>47</b>	fL	36 - 46	
TOTAL RBC COUNT (Electrical Impedance)	4.94	Million/cmm	4.5-5.5	
TOTAL WBC COUNT (Electrical Impedance)	5160	/cumm	4000-10000	
<b>DIFFERENTIAL WBC COUNT</b>				
NEUTROPHILS (Flow cell)	45.6	%	40-80	
LYMPHOCYTES (Flow cell)	39.4	%	20-40	
EOSINOPHILS (Flow cell)	3.2	%	1-6	
MONOCYTES (Flow cell)	<b>10.6</b>	%	2-10	
BASOPHILS (Flow cell)	1.2	%	1-2	
<b>ABSOLUTE WBC COUNT</b>				
ABSOLUTE NEUTROPHIL COUNT (Calculated)	2360	/cumm	2000-7000	
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	2030	/cumm	1000-3000	

Contd ...

\*Tests not included in NABL accredited scope

**Patient Name :** Mr. Rizwan Usman Khan  
**Age / Gender :** 41 Y / Male  
**Referred By :** Dr. Ashwini Bansode  
**SID No. :** 03012053

**Reg.Date / Time :** 30/03/2023 / 11:01:19  
**Report Date / Time :** 30/03/2023 / 18:28:15  
**MR No. :** 0195398

Page 2 of 14

**Final Test Report**

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

**HAEMATOLOGY**

**ABSOLUTE WBC COUNT**

ABSOLUTE EOSINOPHIL COUNT (Calculated)	<b>160</b>	/cumm	200-500
ABSOLUTE MONOCYTE COUNT (Calculated)	540	/cumm	200-1000
ABSOLUTE BASOPHIL COUNT (Calculated)	60	/cumm	0-220
PLATELET COUNT (Electrical Impedance)	234000	/cumm	150000-410000
MPV (Calculated)	10.1	fL	6.78-13.46
PDW (Calculated)	14.9	%	11-18
PCT (Calculated)	0.240	%	0.15-0.50

**PERIPHERAL BLOOD SMEAR**

**COMMENTS** (Microscopic) Normocytic Normochromic RBCs

**Sample Collected at :** Goregaon  
**Sample Collected on :** 30 Mar 2023 11:48  
**Sample Received on :** 30 Mar 2023 16:08  
**Barcode :** 



**Dr.Rahul Jain**

**MD,PATHOLOGY**

**Consultant Pathologist**

Contd ...

\*Tests not included in NABL accredited scope

**Patient Name :** Mr. Rizwan Usman Khan  
**Age / Gender :** 41 Y / Male  
**Referred By :** Dr. Ashwini Bansode  
**SID No. :** 03012053

**Reg.Date / Time :** 30/03/2023 / 11:01:19  
**Report Date / Time :** 30/03/2023 / 18:28:15  
**MR No. :** 0195398

Page 3 of 14

**Final Test Report**

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

**HAEMATOLOGY**

**EDTA Blood**      **ABO BLOOD GROUP\***

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

**Sample Collected at :** Goregaon  
**Sample Collected on :** 30 Mar 2023 11:48  
**Sample Received on :** 30 Mar 2023 16:08  
**Barcode :** 



**Dr.Rahul Jain**

**MD,PATHOLOGY**  
**Consultant Pathologist**

Contd ...

\*Tests not included in NABL accredited scope

**Patient Name :** Mr. Rizwan Usman Khan  
**Age / Gender :** 41 Y / Male  
**Referred By :** Dr. Ashwini Bansode  
**SID No. :** 03012053

**Reg.Date / Time :** 30/03/2023 / 11:01:19  
**Report Date / Time :** 30/03/2023 / 18:28:15  
**MR No. :** 0195398

Page 4 of 14

**Final Test Report**

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

**HAEMATOLOGY**

**CBC-Haemogram & ESR, blood**

**EDTA WHOLE BLOOD**

ESR(ERYTHROCYTE SEDIMENTATION RATE) (Photometric Capillary)	<b>16</b>	mm / 1 hr	0-15
---	-----------	-----------	------

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

**Sample Collected at :** Goregaon  
**Sample Collected on :** 30 Mar 2023 11:48  
**Sample Received on :** 30 Mar 2023 16:08  
**Barcode :** 



**Dr.Rahul Jain**

**MD,PATHOLOGY**

**Consultant Pathologist**

Contd ...

\*Tests not included in NABL accredited scope



www.healthspring.in | info@healthspring.in | 86528 86529

Healthspring Corporate Office, 5th Floor, East Wing Forbes Building, Charanjit Rai Marg, Fort, Mumbai- 400001

\*Members only

**Patient Name :** Mr. Rizwan Usman Khan  
**Age / Gender :** 41 Y / Male  
**Referred By :** Dr. Ashwini Bansode  
**SID No. :** 03012053

**Reg.Date / Time :** 30/03/2023 / 11:01:19  
**Report Date / Time :** 30/03/2023 / 18:28:15  
**MR No. :** 0195398

Page 5 of 14

**Final Test Report**

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

**BIOCHEMISTRY**

**COMPREHENSIVE LIVER PROFILE  
SERUM**

BILIRUBIN TOTAL (Diazotization)	0.32	mg/dl	0.2 - 1.3
BILIRUBIN DIRECT (Diazotization)	0.14	mg/dl	0.1-0.4
BILIRUBIN INDIRECT (Calculation)	<b>0.18</b>	mg/dl	0.2 - 0.7
ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	25	U/L	<40
ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	<b>52</b>	U/L	<41
ALKALINE PHOSPHATASE (Colorimetric IFCC)	119	U/L	40-129
GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	33	U/L	<70
TOTAL PROTEIN (Colorimetric)	7.00	gm/dl	6.6-8.7
ALBUMIN (Bromocresol Green)	4.60	gm/dl	3.5 - 5.2
GLOBULIN (Calculation)	2.40	gm/dl	2.0-3.5
A/G RATIO (Calculation)	1.9		1-2

**Sample Collected at :** Goregaon  
**Sample Collected on :** 30 Mar 2023 11:48  
**Sample Received on :** 30 Mar 2023 16:08  
**Barcode :** 



**Dr.Rahul Jain**

**MD,PATHOLOGY**  
**Consultant Pathologist**

Contd ...

\*Tests not included in NABL accredited scope

**Patient Name :** Mr. Rizwan Usman Khan  
**Age / Gender :** 41 Y / Male  
**Referred By :** Dr. Ashwini Bansode  
**SID No. :** 03012053

**Reg.Date / Time :** 30/03/2023 / 11:01:19  
**Report Date / Time :** 30/03/2023 / 18:28:15  
**MR No. :** 0195398

Page 6 of 14

**Final Test Report**

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

**BIOCHEMISTRY**

**COMPREHENSIVE RENAL PROFILE  
SERUM**

CREATININE (Jaffe Method)	0.7	mg/dl	0.6 - 1.3
BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	11.9	mg/dl	6 - 20
BUN/CREATININE RATIO (Calculation)	17		10 - 20
URIC ACID (Uricase Enzyme)	7.1	mg/dl	3.7 - 7.7
CALCIUM (Bapta Method)	9.2	mg/dl	8.6-10
PHOSPHORUS (Phosphomolybdate)	3.4	mg/dl	2.5-4.5

**Sample Collected at :** Goregaon  
**Sample Collected on :** 30 Mar 2023 11:48  
**Sample Received on :** 30 Mar 2023 16:08  
**Barcode :** 



**Dr.Rahul Jain**

**MD,PATHOLOGY  
Consultant Pathologist**

Contd ...

\*Tests not included in NABL accredited scope



**Patient Name :** Mr. Rizwan Usman Khan  
**Age / Gender :** 41 Y / Male  
**Referred By :** Dr. Ashwini Bansode  
**SID No. :** 03012053

**Reg.Date / Time :** 30/03/2023 / 11:01:19  
**Report Date / Time :** 30/03/2023 / 18:28:15  
**MR No. :** 0195398

Page 7 of 14

**Final Test Report**

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

**BIOCHEMISTRY**

**LIPID PROFILE**

SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	173	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)	<b>168</b>	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	<b>36</b>	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	103	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	34	mg/dl	15-40
SERUM	CHOL / HDL RATIO	4.8		3-5
SERUM	LDL /HDL RATIO (Calculation)	3.0		0 - 3.5

**Sample Collected at :** Goregaon  
**Sample Collected on :** 30 Mar 2023 11:48  
**Sample Received on :** 30 Mar 2023 16:08  
**Barcode :** 



**Dr.Rahul Jain**

**MD,PATHOLOGY**

**Consultant Pathologist**

Contd ...

\*Tests not included in NABL accredited scope



**Patient Name :** Mr. Rizwan Usman Khan  
**Age / Gender :** 41 Y / Male  
**Referred By :** Dr. Ashwini Bansode  
**SID No. :** 03012053

**Reg.Date / Time :** 30/03/2023 / 11:01:19  
**Report Date / Time :** 30/03/2023 / 18:28:15  
**MR No. :** 0195398

Page 8 of 14

**Final Test Report**

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

**BIOCHEMISTRY**

FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	96	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)	93	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](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.

Urine	URINE GLUCOSE FASTING (Urodip)	ABSENT		
-------	-----------------------------------	--------	--	--

Contd ...

\*Tests not included in NABL accredited scope



**Patient Name :** Mr. Rizwan Usman Khan  
**Age / Gender :** 41 Y / Male  
**Referred By :** Dr. Ashwini Bansode  
**SID No. :** 03012053

**Reg.Date / Time :** 30/03/2023 / 11:01:19  
**Report Date / Time :** 30/03/2023 / 18:28:15  
**MR No. :** 0195398

Page 9 of 14

**Final Test Report**

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

**BIOCHEMISTRY**

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

**Sample Collected at :** Goregaon  
**Sample Collected on :** 30 Mar 2023 11:48  
**Sample Received on :** 30 Mar 2023 16:08

**Barcode :** 



**Dr.Rahul Jain**

**MD,PATHOLOGY**

**Consultant Pathologist**

Contd ...

\*Tests not included in NABL accredited scope



**Patient Name :** Mr. Rizwan Usman Khan  
**Age / Gender :** 41 Y / Male  
**Referred By :** Dr. Ashwini Bansode  
**SID No. :** 03012053

**Reg.Date / Time :** 30/03/2023 / 11:01:19  
**Report Date / Time :** 30/03/2023 / 18:28:15  
**MR No. :** 0195398

Page 10 of 14

**Final Test Report**

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

**IMMUNOLOGY**

**THYROID PROFILE - TOTAL SERUM**

TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.14	ng/ml	0.7-2.04
TOTAL THYROXINE (T4) (ECLIA)	9.10	ug/dl	4.6 - 10.5
THYROID STIMULATING HORMONE (TSH) (ECLIA)	<b>4.820</b>	uIU/ml	0.27 - 4.20

Contd ...

\*Tests not included in NABL accredited scope



**Patient Name :** Mr. Rizwan Usman Khan  
**Age / Gender :** 41 Y / Male  
**Referred By :** Dr. Ashwini Bansode  
**SID No. :** 03012053

**Reg.Date / Time :** 30/03/2023 / 11:01:19  
**Report Date / Time :** 30/03/2023 / 18:28:15  
**MR No. :** 0195398

Page 11 of 14

**Final Test Report**

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

**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.

Contd ...

\*Tests not included in NABL accredited scope



**Patient Name :** Mr. Rizwan Usman Khan  
**Age / Gender :** 41 Y / Male  
**Referred By :** Dr. Ashwini Bansode  
**SID No. :** 03012053

**Reg.Date / Time :** 30/03/2023 / 11:01:19  
**Report Date / Time :** 30/03/2023 / 18:28:15  
**MR No. :** 0195398

Page 12 of 14

**Final Test Report**

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

**Sample Collected at :** Goregaon

**Sample Collected on :** 30 Mar 2023 11:48

**Sample Received on :** 30 Mar 2023 16:08

**Barcode :** 



**Dr.Rahul Jain**

**MD,PATHOLOGY**

**Consultant Pathologist**

Contd ...

\*Tests not included in NABL accredited scope

**Patient Name :** Mr. Rizwan Usman Khan  
**Age / Gender :** 41 Y / Male  
**Referred By :** Dr. Ashwini Bansode  
**SID No. :** 03012053

**Reg.Date / Time :** 30/03/2023 / 11:01:19  
**Report Date / Time :** 30/03/2023 / 18:28:15  
**MR No. :** 0195398

Page 13 of 14

**Final Test Report**

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

**CLINICAL PATHOLOGY**

**STOOL STOOL ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION**

COLOUR (Visual Examination)	Brown		
CONSISTENCY (Visual Examination)	Semi solid		
MUCUS (Visual Examination)	Absent		
FRANK BLOOD (Visual Examination)	Absent		
ADULT WORM (Microscopy)	Absent		

**CHEMICAL EXAMINATION**

REACTION (Ph Paper)	Acidic		
BILIRUBIN	Absent		
OCCULT BLOOD (Peroxidase activity)	Absent		

**MICROSCOPIC EXAMINATION**

PROTOZOA (Microscopy)	Absent		
CYST (Microscopy)	Absent		
OVA (Microscopy)	Absent		
MACROPHAGES (Microscopy)	Absent		
PUS CELLS (Microscopy)	1-2	/hpf	
RED BLOOD CELLS (Microscopy)	Absent	/hpf	
FAT GLOBULES (Microscopy)	Absent		
UNDIGESTED MATERIAL (Microscopy)	Absent		
ANY OTHER FINDINGS	Nil		

**Urine**

**URINE ANALYSIS**

**PHYSICAL EXAMINATION**

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

Contd ...

\*Tests not included in NABL accredited scope

**Patient Name :** Mr. Rizwan Usman Khan  
**Age / Gender :** 41 Y / Male  
**Referred By :** Dr. Ashwini Bansode  
**SID No. :** 03012053

**Reg.Date / Time :** 30/03/2023 / 11:01:19  
**Report Date / Time :** 30/03/2023 / 18:28:15  
**MR No. :** 0195398

Page 14 of 14

**Final Test Report**

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

**CLINICAL PATHOLOGY**

**Urine URINE ANALYSIS**

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) 3-4 /hpf 0-5

EPITHELIAL CELLS (Microscopy) 2-3 /hpf 0-5

CASTS (Microscopy) ABSENT

CRYSTALS (Microscopy) ABSENT

ANY OTHER FINDINGS NIL

**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.

\*Tests not included in NABL accredited scope



**Patient Name :** Mr. Rizwan Usman Khan  
**Age / Gender :** 41 Y / Male  
**Referred By :** Dr. Ashwini Bansode  
**SID No. :** 03012053

**Reg.Date / Time :** 30/03/2023 / 11:01:19  
**Report Date / Time :** 30/03/2023 / 18:28:15  
**MR No. :** 0195398

Page 15 of 14

**Final Test Report**

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

**Sample Collected at :** Goregaon

**Sample Collected on :** 30 Mar 2023 11:48

**Sample Received on :** 30 Mar 2023 16:08

**Barcode :** 



**Dr.Rahul Jain**

**MD,PATHOLOGY**

**Consultant Pathologist**

Contd ...

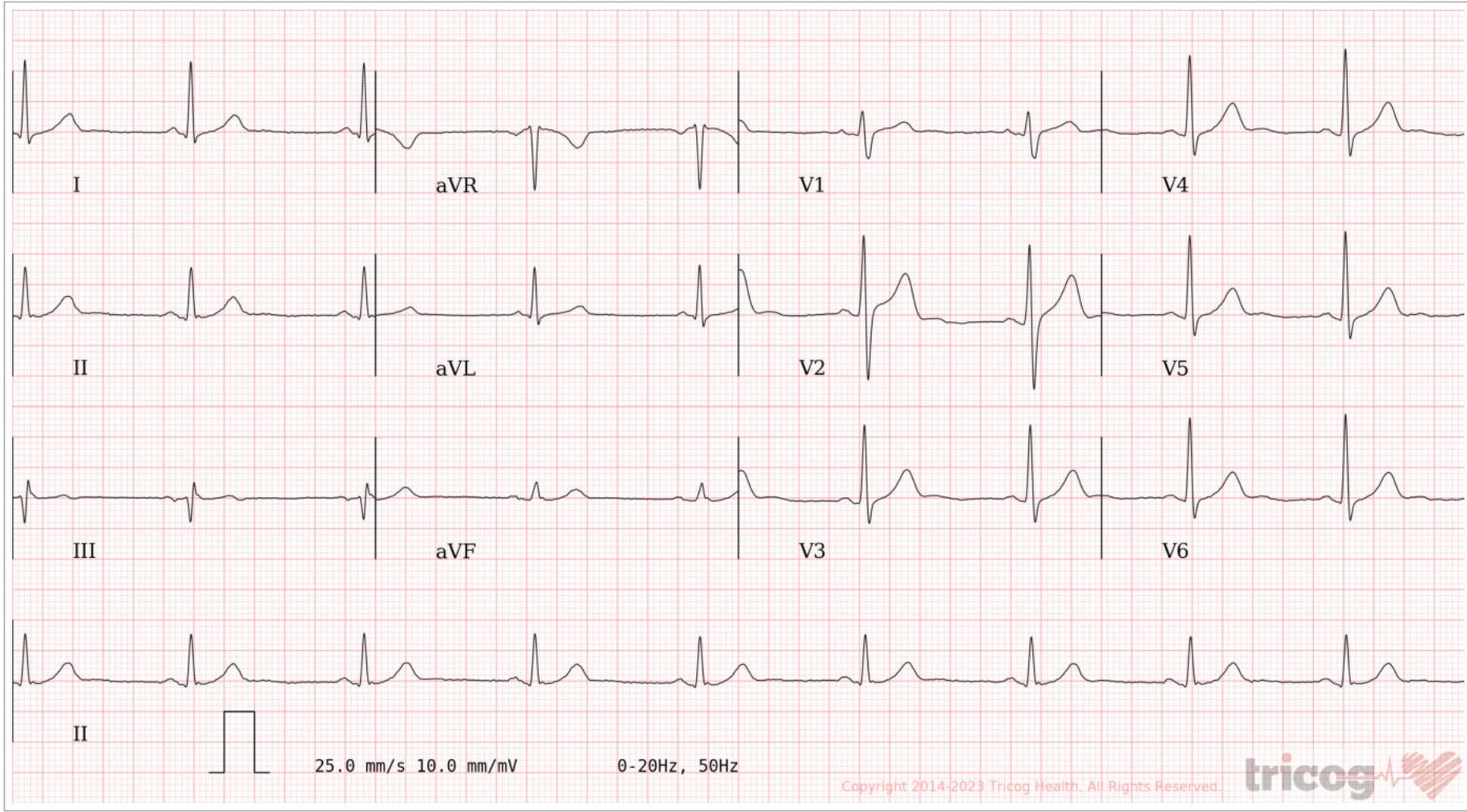
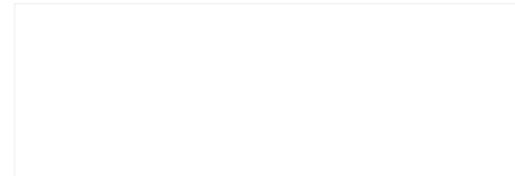
\*Tests not included in NABL accredited scope



\*Members only

Age / Gender: 41/Male  
 Patient ID: 0195398  
 Patient Name: Rizwan Usman Khan

Date and Time: 30th Mar 23 10:37 AM



AR: NA    VR: 54bpm    QRSD: 110ms    QT: 420ms    QTc: 398ms    PRI: 122ms    P-R-T: 42° NA 30°

**Sinus Bradycardia. Baseline artefacts. Please correlate clinically.**

AUTHORIZED BY  
  
 Dr. Charit  
 MD, DM: Cardiology

REPORTED BY  
  
 Dr. Navneet Mahajan

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.