

## MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 22-Oct-2022 8:42 AM

Customer Name : **MR.GOLLA VEERESH**DOB : **14 Jun 1988**Ref Dr Name : **MediWheel**Age : **34Y/MALE**Customer Id : **MYS294118**Visit ID : **712232266**

Email Id :

Phone No : **9740223943**Corp Name : **MediWheel**

Address :

Package Name : **Mediwheel Full Body Health Checkup Male Below 40**

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	LAB	LIPID PROFILE				
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID				
8	LAB	URINE GLUCOSE - FASTING				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
10	LAB	COMPLETE BLOOD COUNT WITH ESR				
11	LAB	THYROID PROFILE/ TFT( T3, T4, TSH)				
12	LAB	STOOL ANALYSIS - ROUTINE				
13	LAB	URINE ROUTINE				
14	LAB	CREATININE				
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)				

8:43 AM

Patient Details Print Page

LAB	BUN/CREATININE RATIO				
OTHERS	physical examination	MYS2733717102651			
18 US	ULTRASOUND ABDOMEN	MYS2733717103462	- I floor		
19 OTHERS	Treadmill / 2D Echo	MYS2733717127528	?		
20 OTHERS	EYE CHECKUP	MYS2733717135592	I floor		
21 X-RAY	X RAY CHEST ✓	MYS2733717145199			
22 OTHERS	Consultation Physician	MYS2733717148004			
23 ECHO	ELECTROCARDIOGRAM ECG	MYS2733717149333	u: 30 to 5:00 pm		

done

Hf - 177  
 Wt - 75 kg  
 Bp - 120/80 mmHg  
 pulse 79  
 temp - 34 cels  
 weight - 37 inch

Registered By  
 (A.JAYASHREE)

Customer Name	MR.GOLLA VEERESH	Customer ID	MYS294118
Age & Gender	34Y/MALE	Visit Date	22/10/2022
Ref Doctor	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and has uniform echopattern.  
No evidence of focal lesion or intrahepatic biliary ductal dilatation.  
Hepatic and portal vein radicals are normal.

**GALL BLADDER** show normal shape and has clear contents.  
Gall bladder wall is of normal thickness. CBD is of normal calibre.

**PANCREAS** has normal shape, size and uniform echopattern.  
No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern.  
No demonstrable Para-aortic lymphadenopathy.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern.  
Cortico- medullary differentiations are well madeout.  
No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.7	1.4
Left Kidney	11.0	1.5

**URINARY BLADDER** show normal shape and wall thickness.  
It has clear contents. No evidence of diverticula.

**PROSTATE** shows normal shape, size and echopattern.  
No evidence of ascites.

#### IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

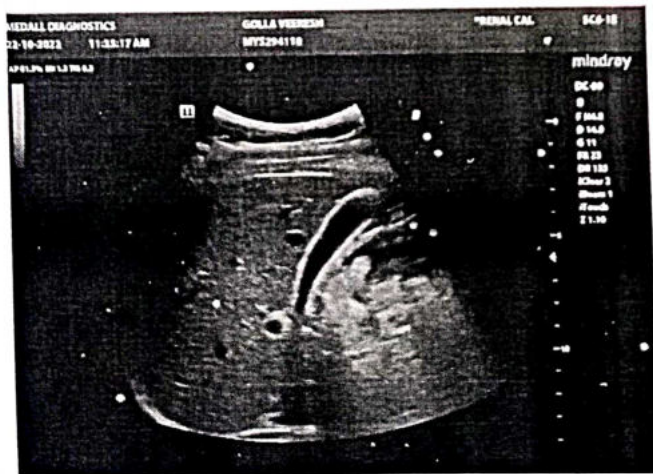
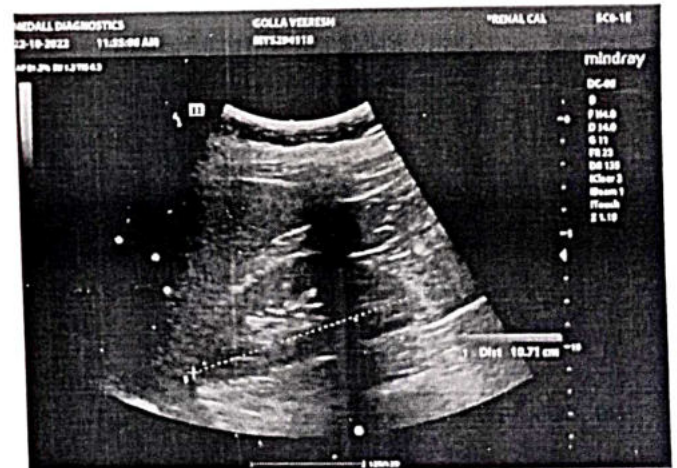
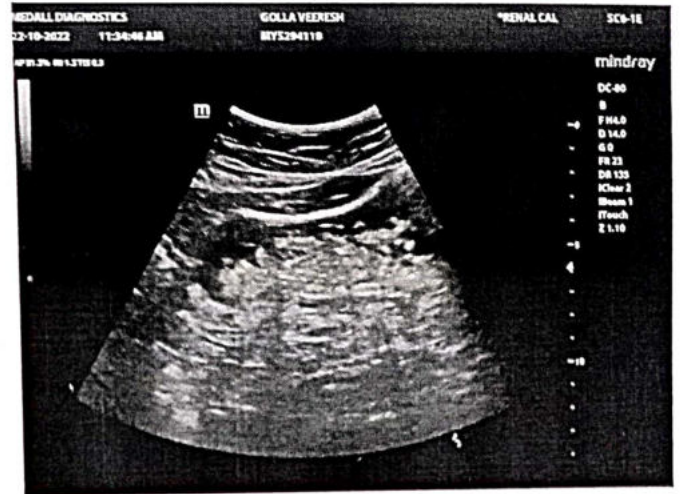
#### CONSULTANT RADIOLOGISTS

  
**DR. ANITHA ADARSH**  
AA/SV

**DR. MOHAN B**



Customer Name	MR.GOLLA VEERESH	Customer ID	MYS294118
Age & Gender	34Y/MALE	Visit Date	22/10/2022
Ref Doctor	MediWheel		



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Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

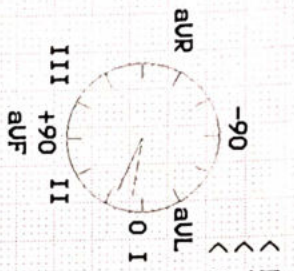
GE MAC1200 ST MR GOLLA VEERESH, MYS294118, CLUMAX DIAGNOSTICS, MYSORE  
Male

HR 79 bpm

AGE: 34

Measurement Results:

QRS	:	100	ms
QT/QTcB	:	374 /	432 ms
PR	:	134	ms
P	:	104	ms
RR/PP	:	750 /	750 ms
P/ORS/T	:	25/ 25/	10 degrees
QTd/QTcBD	:	40 /	46 ms
Sokolow	:	2.1	mV
NK	:	11	

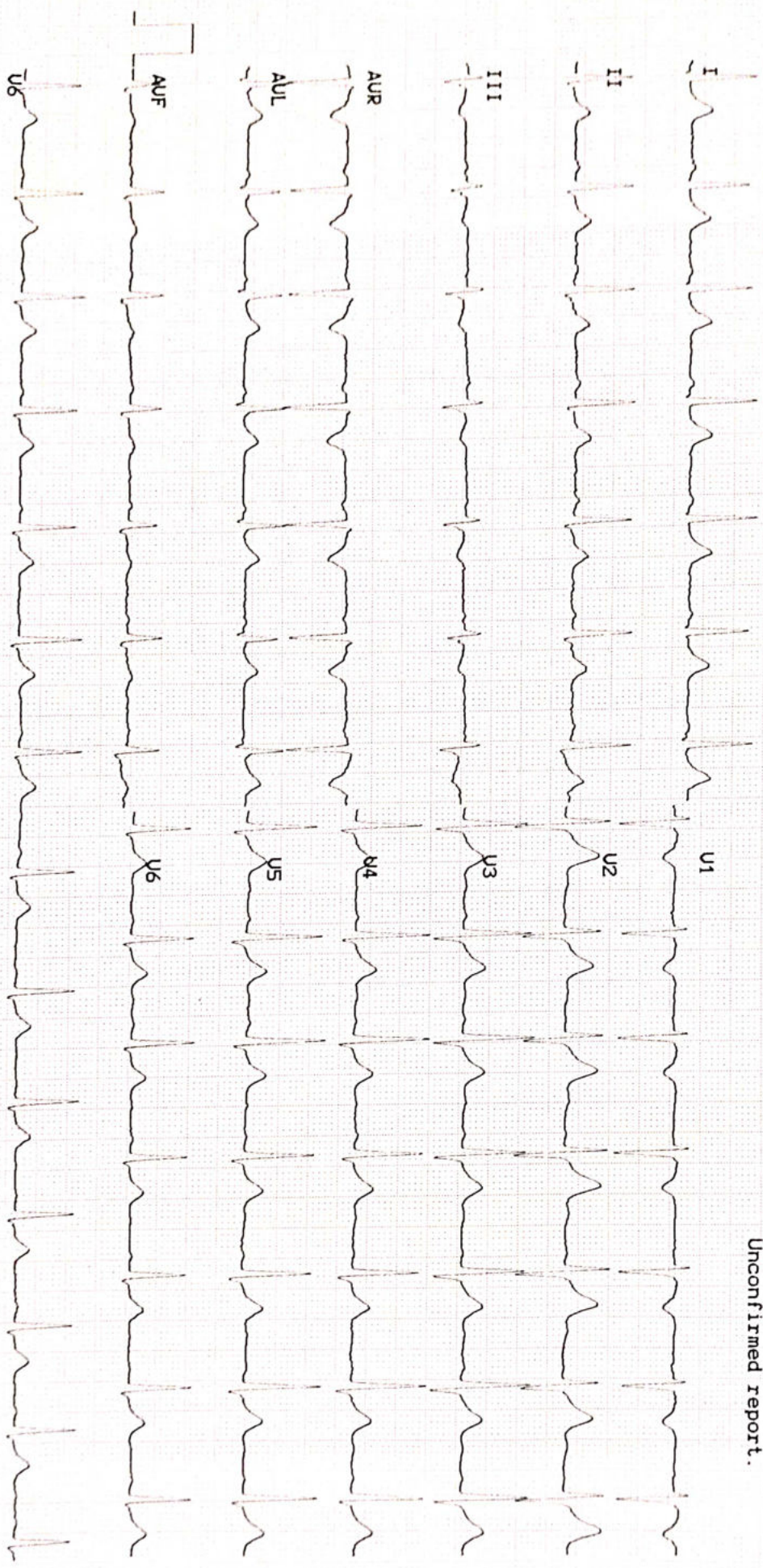


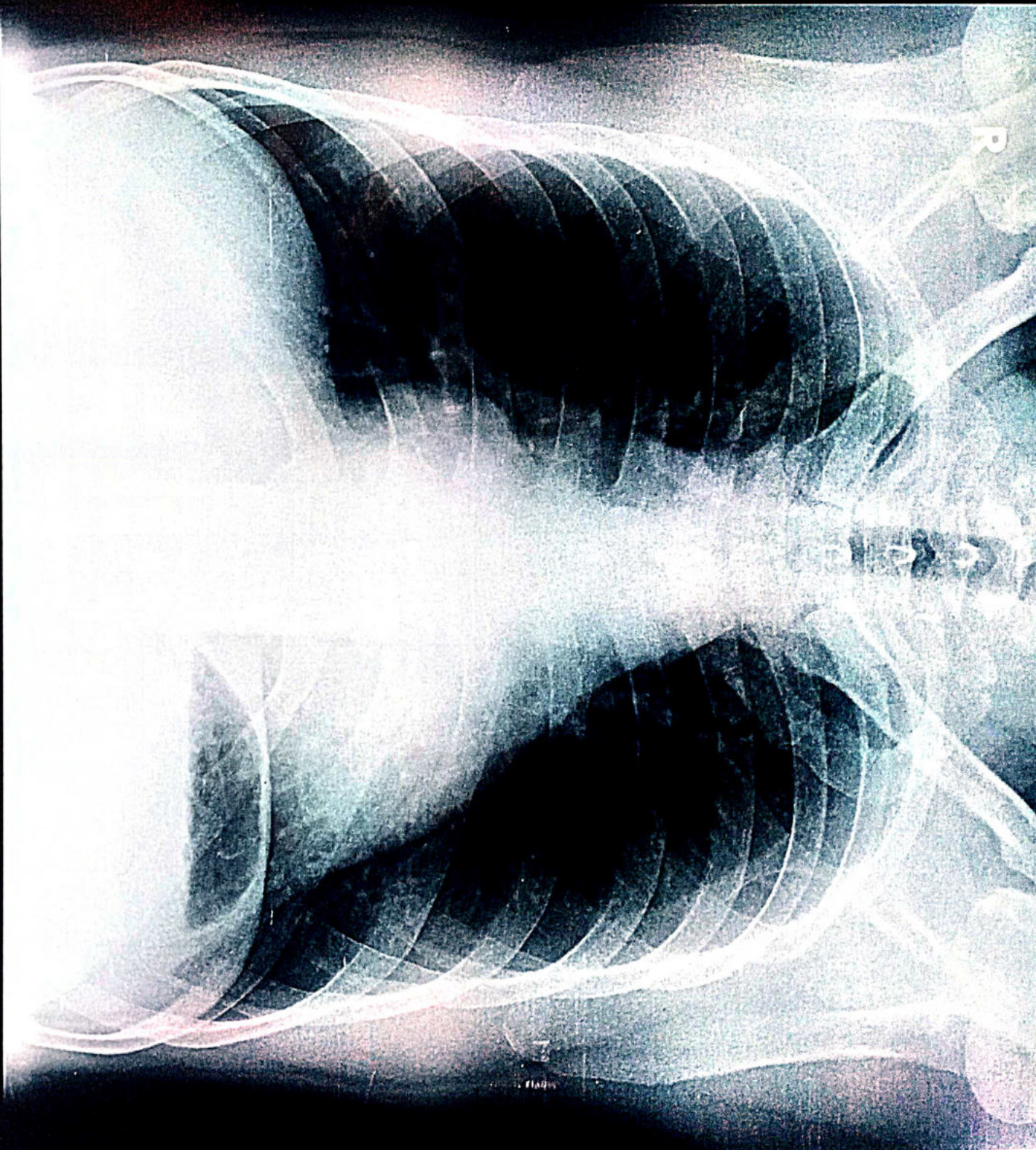
< P  
< T  
< QRS

Interpretation:  
normal ECG

*Normal sinus rhythm*  
*Nete*

Unconfirmed report.





GOLLA VEERESH 34 MYS294118 M CHEST PA 10/22/2022 10:45 AM

MEDALL CLUMAX DIAGNOSTIC

Medall



# NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

## OPD SHEET

Date: 22/10/22

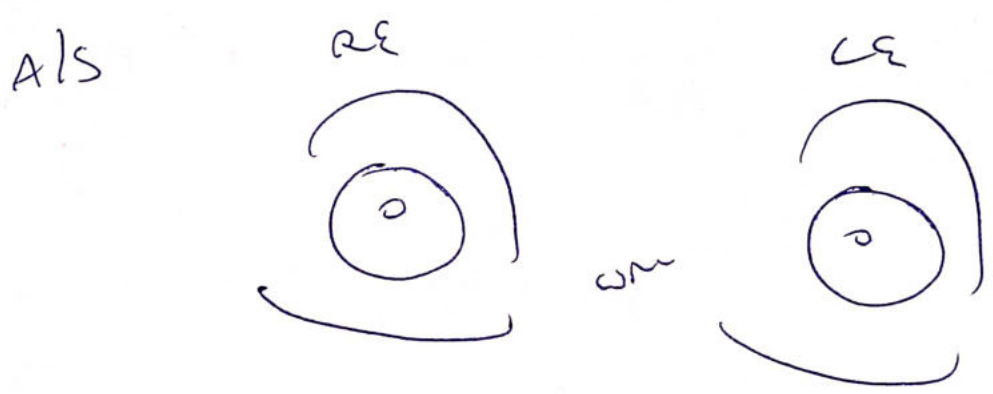
Patient's Name: Mr. Golla veeresh  
34y/m

OP No. 1215977  
1:20 pm

**Dr. Priya. D**  
M.B.B.S, MS  
Consultant Glaucoma & Cataract  
KMC No. 88421

for medical  
certificate

O/E: vision (BE) 6/6, N6



IOP (12  
13) (NCT)

Colour vision (BS) 38/38  
Cischoh

Jayanagar Branch : 080-26088000 / 2663 3533 / 2663 3609 / 2245 Mobile : 94480 71816  
 Rajajinagar Branch : 080-4333 4111 / 2313 2777 / Mobile : 99728 53918  
 Indiranagar Branch : 080-4333 2555 Mobile : 81973 51609  
 Mysore Branch : 0821-4293000 Mobile : 94490 03771  
 Mangalore Lasik Centre : 0824-2213801 Mobile : 97410 26389  
 Davangere Lasik Centre : 08192-226607/08 Mobile : 94820 01795

Central feds  
(BS) vcd 0-3  
f=)

ly (BS) Normal

Ad-?

R/A

ly 1505

kip  
(Dr RSP)  
22/10/2012  
1-20pm



# FITNESS CERTIFICATE

NAME: <u>Godla Venesh</u>	AGE: <u>34</u>
Ht: <u>177</u> CMS	Wt: <u>75</u> KGS
	SEX: <u>M</u>

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	<u>76</u> / mt / /mmHg <u>120/80</u> mmHg
INSPIRATION	<u>35"</u>
EXPIRATION	<u>37"</u>
CHEST CIRCUMFERENCE	<u>3A</u>
PREVIOUS ILLNESS	<u>None</u>
VISION	<u>(N)</u>
FAMILY HISTORY	FATHER: <u>HT</u> MOTHER: <u>NO</u>

REPORTS: Within normal limits

DATE: 22/10/2022

PLACE: Mysuru

Neesha  
**DR. NIKHIL B.**  
M.D. (Cardiologist)  
Interventional Cardiologist  
KMC Reg. No.: 90



TABULAR SUMMARY REPORT

GOLLA VEERESH  
ID: 000294118

34years

30-Oct-2022  
16:42:32

Male

BRIEF:

Total Exercise time: 7:25

Max HR: 196bpm (57% of max predicted 186bpm)  
Max BP: 150/80  
Maximum workload: 9.1 METS

25.0 mm/s  
10.0 mm/mV  
100hz

Referred by:  
Test ind:

Reason for Termination: Max HR attained  
Comments: (GOOD EFFORT TOLERANCE  
NORMAL HEART RATE AND BP RESPONSE  
NO ANGINA OR ARRHYTHMIAS NOTED  
NO SIGNIFICANT ST CHANGES NOTED  
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (x100)
REST	SUPINE	0:54	0.8	0.0	1.2	107	120/80	123
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	167		255
	STAGE 2	3:00	2.5	12.0	7.0	182	140/80	290
	STAGE 3	1:25	3.4	14.0	9.1	193	150/80	290
RECOVERY	Post	3:10	** *	** *	1.0	114	120/80	137

*Handwritten signature*

Technician: KAVYA

Unconfirmed

CILUMAX DIAGNOSTICS, MEDALL HEALTH CARE

MAC55 009C

GOLLA VEERESH  
ID: 000294118

34 years

Male

29 Oct 2022  
16:47:32

Referred by:  
Test ind:

RR/HR  
Max HR: 196bpm (105% of max predicted 186bpm)  
Max HR: 160/80  
Reason for Termination: Max HR attained  
Comments: GOOD EFFORT TOLERANCE  
NORMAL HEART RATE AND BP RESPONSE  
NO ANGINA OR ARRHYTHMIAS NOTED  
NO SIGNIFICANT ST CHANGES NOTED  
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

24.0 mm/s  
10.0 mm/mV  
100Hz

STAGE	BP	HR	ST @ 10mm/mV	Lead	ST (mm)	Slope (mV/s)
BASELINE	107bpm	120/80	80ms postJ	I	0.0	0.0
EXERCISE STAGE 1	139bpm	120/80	80ms postJ	I	0.1	0.27
MAX ST	139bpm	120/80	80ms postJ	I	0.1	0.27



Technician: KAVYA

CLUMAX DIAGNOSTICS, MEDICAL HEALTH CARE

Unconfirmed

MAC55 009C

SELECTED MEDIAN REPORT

DOTILA VIKRESH

ID: 000294118

34 years

Male

22 Oct 2022

16:42:32

Referred by:  
Test: nt

BRUCE

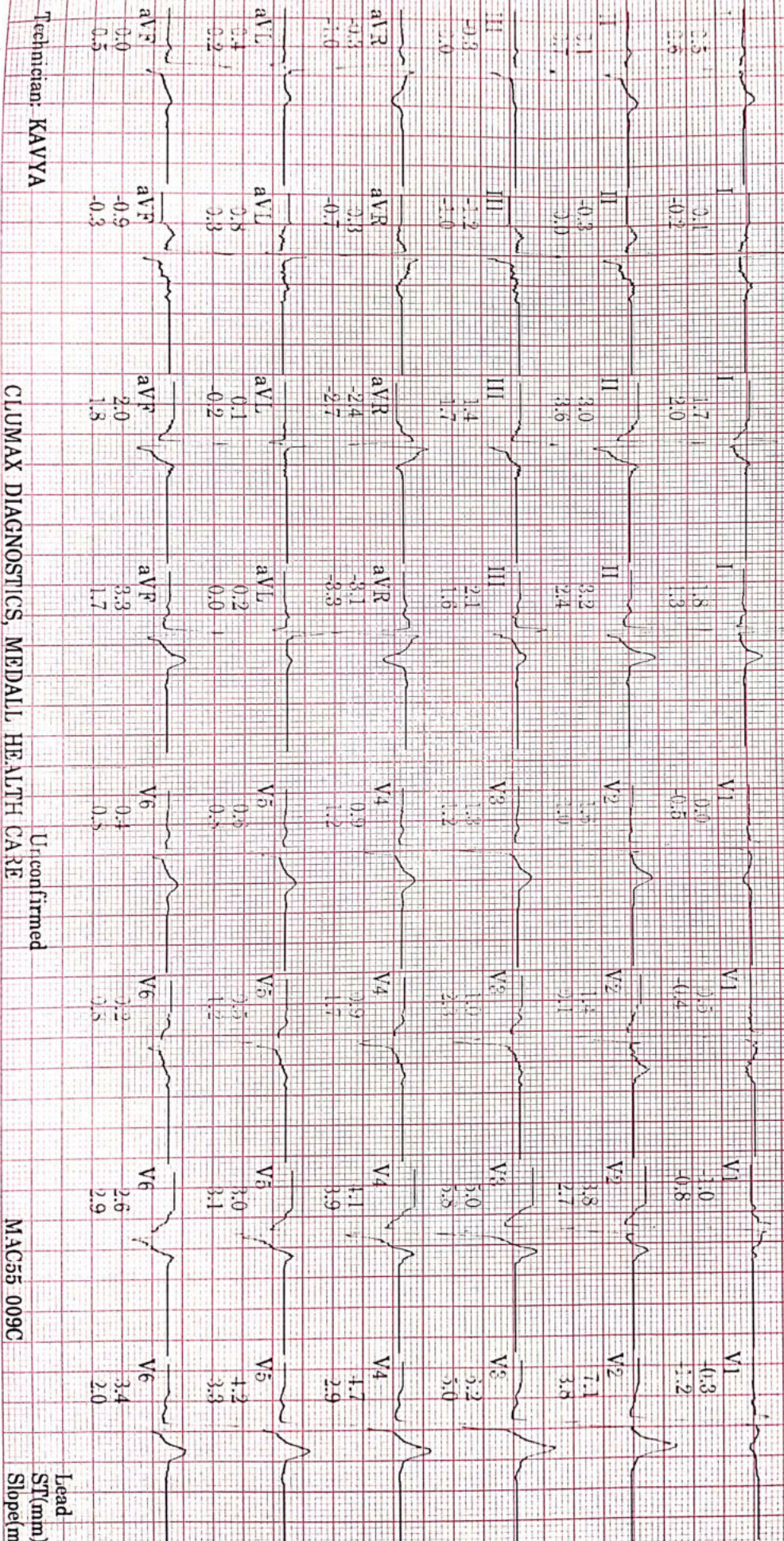
Max HR: 198bpm (105% of max predicted 186bpm)  
Max EP: 150/80  
Reason for Termination:  
Comments: GOOD EFFORT TOLERANCE

Total Exercise time: 7:25  
Maximum workload: 9 METS

25.0 mm/s  
10.0 mm/mV  
100hz

NORMAL HEART RATE AND BP RESPONSE  
NO ANGINA OR ARRHYTHMIAS NOTED  
NO SIGNIFICANT ST CHANGES NOTED  
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

BASELINE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY	BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
HR: 70 BP: 120/80	HR: 227 BP: 139/80	HR: 225 BP: 150/80	HR: 110 BP: 120/80	HR: 70 BP: 120/80	HR: 227 BP: 139/80	HR: 225 BP: 150/80	HR: 110 BP: 120/80



Technician: KAVYA  
CLUMAX DIAGNOSTICS, MEDALL HEALTH CARE  
Ur confirmed  
MAC55 009C  
Lead ST(mV) Slope(mV/s)

GOLLA VEERESH  
ID: 000294118

22-Oct-2022  
16:43:21

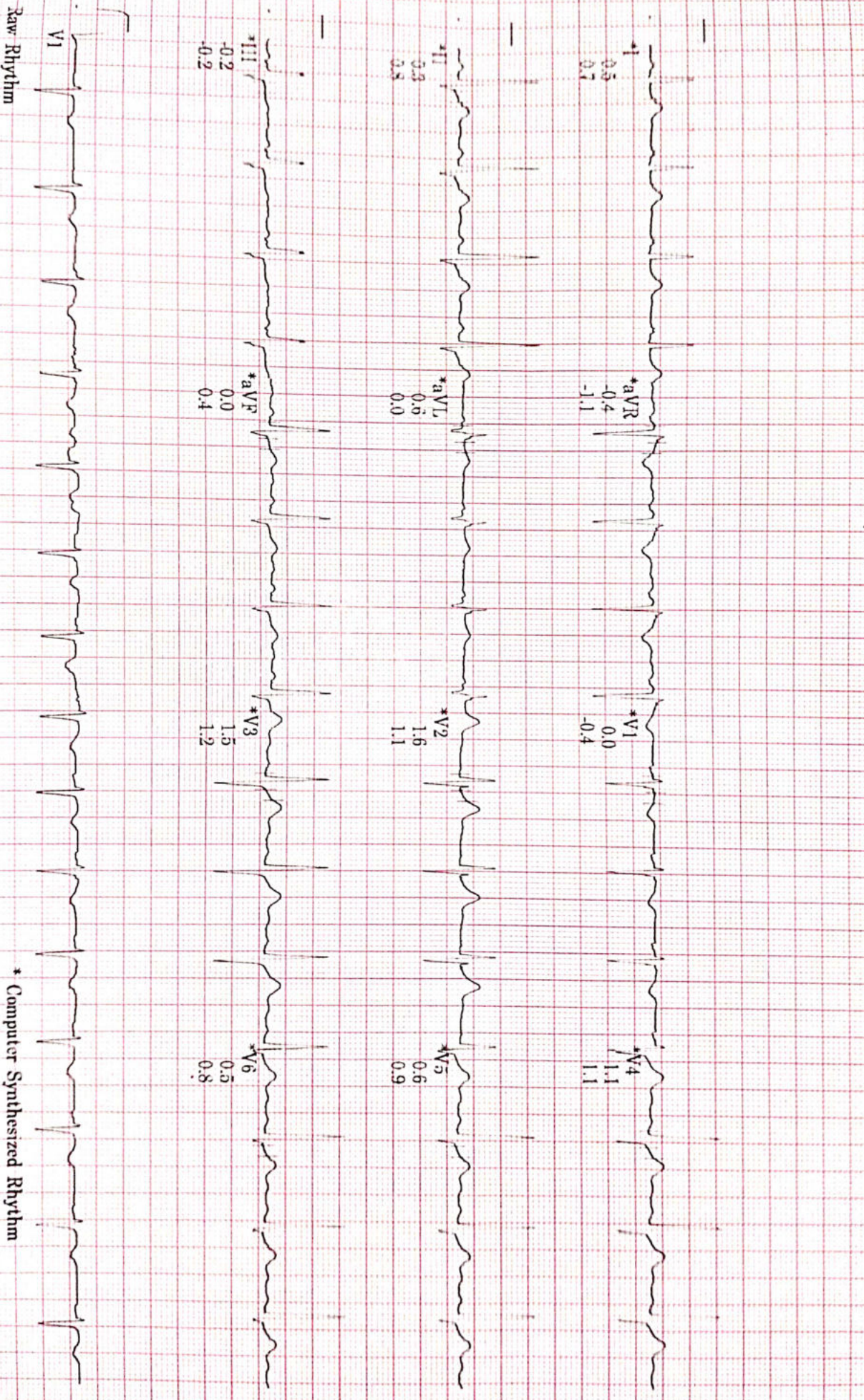
91bpm  
BP: 120/80

PRETEXT  
SUPINE  
0:50

RR: 96  
SpO2: 98%

ST @ 10mm/mV  
80ms postd

Lead  
ST(mV)  
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 009C

GOLLA VEERESH  
ID: 000294118

22-Oct-2022  
15:46:15

167bpm

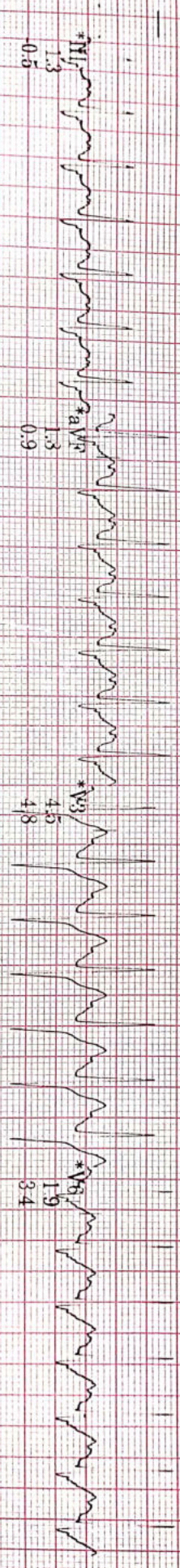
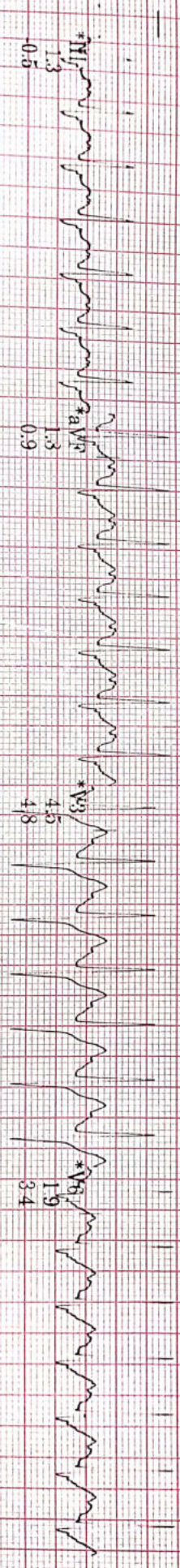
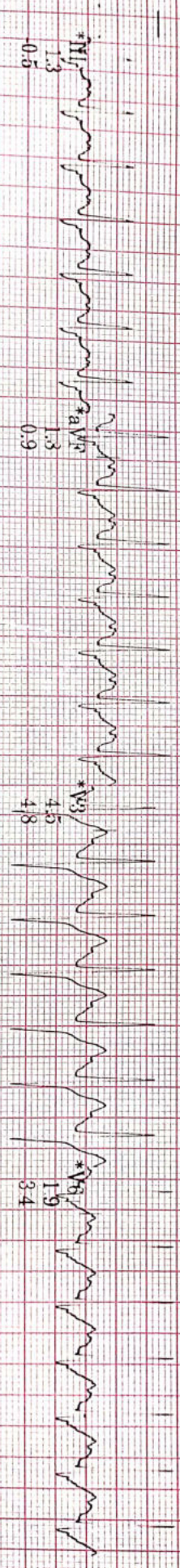
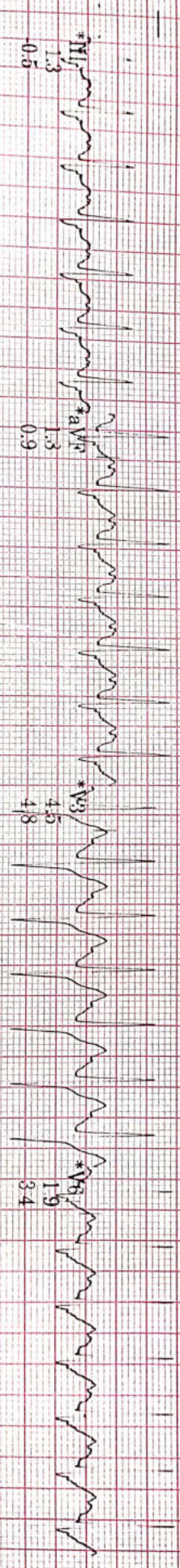
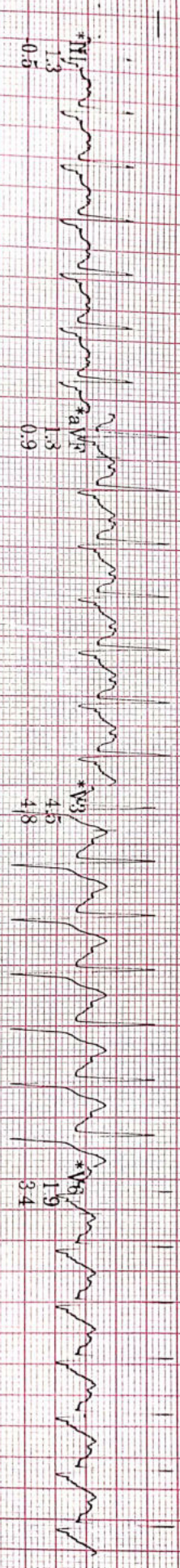
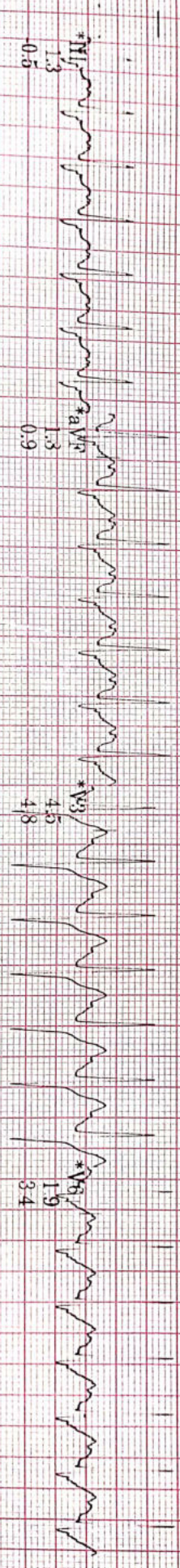
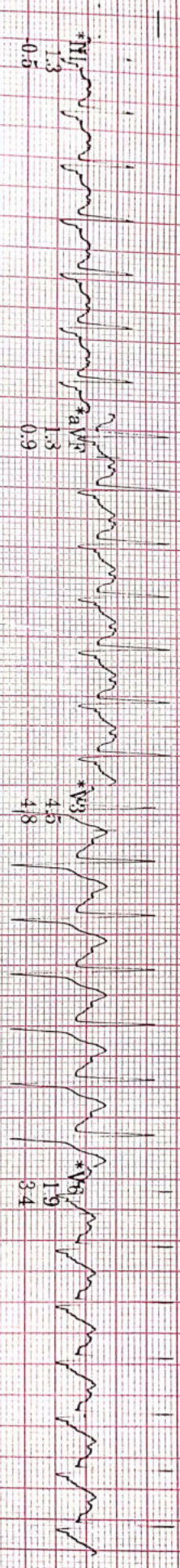
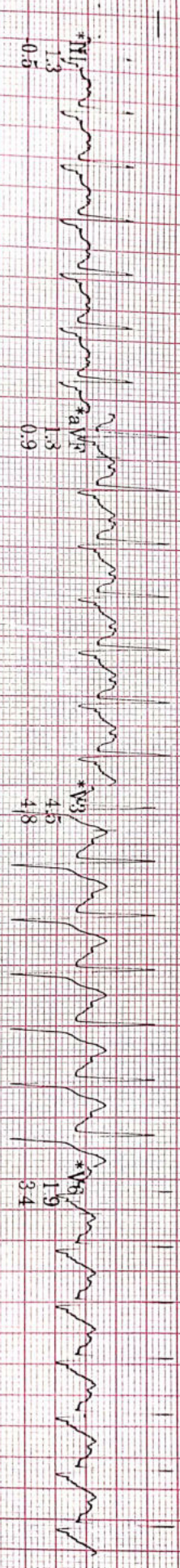
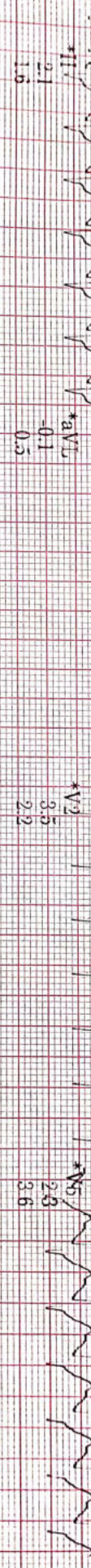
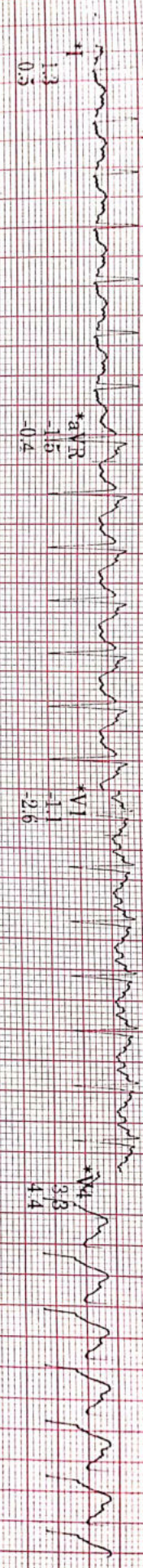
BP: 120/80

EXERCISE  
STAGE 1  
2:30

BRUCE  
1.7mph  
10.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



\* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

MAC:55 009C

GOLLA VEERESH  
ID: 000294118

02 Oct 2022  
16:49:15

182bpm

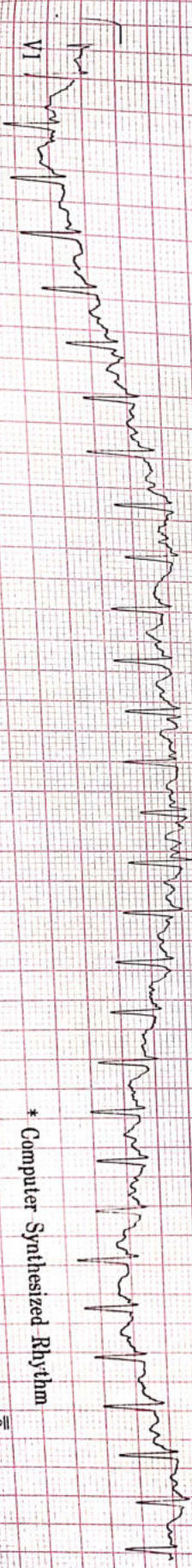
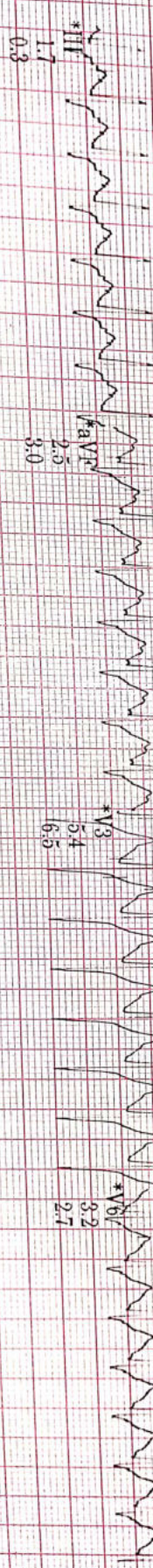
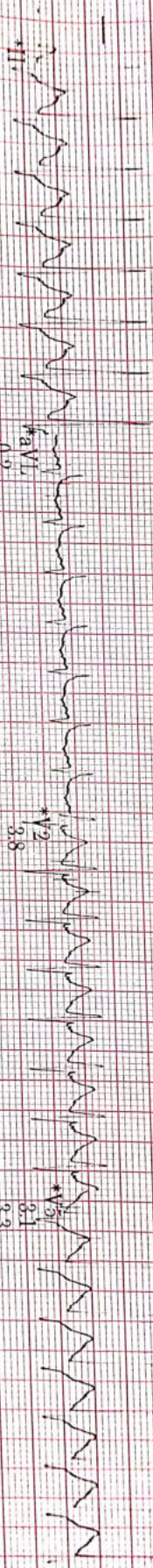
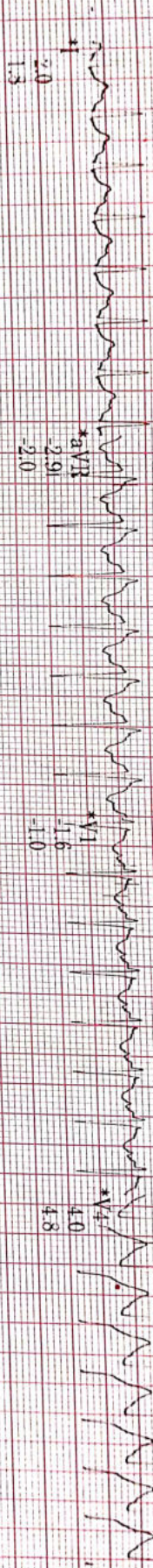
BP: 140/80

EXERCISE  
STAGE 2  
5:50

BRUCE  
2.5mph  
12.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mn)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

20 Hz  
25.0 mm/s  
10.0 mm/mV  
A H S 50Hz HR 46

MAC55 009C

PRINTED IN USA

Vital Signs™

GOLLA VEERESH  
ID: 000294118

22-Oct-2022  
16:50:30

192bpm

BP: 150/80

EXERCISE  
STAGE 3

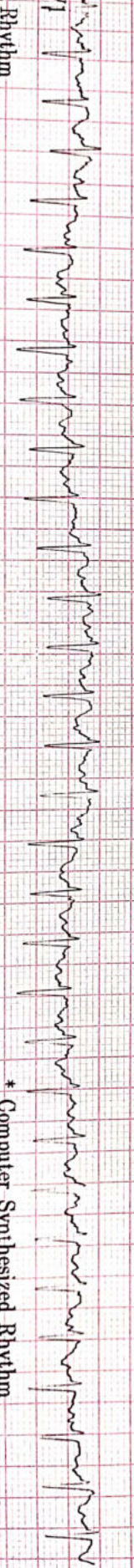
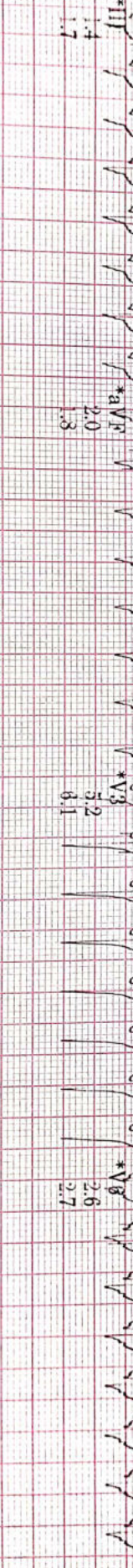
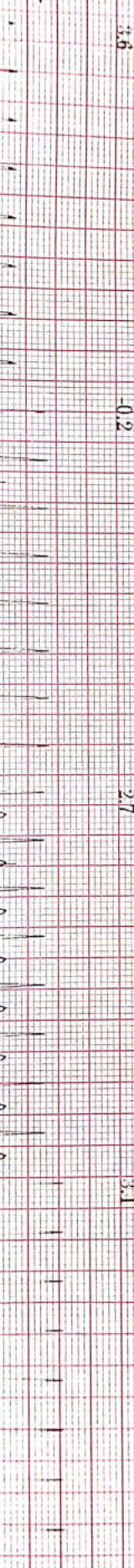
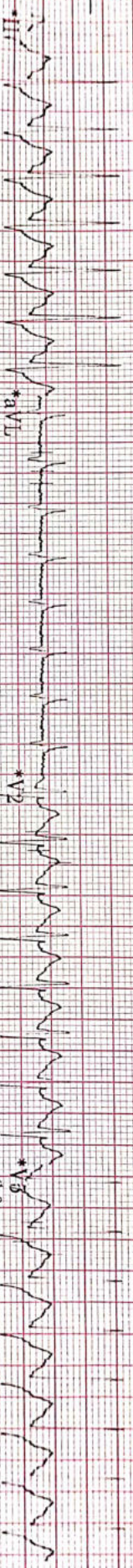
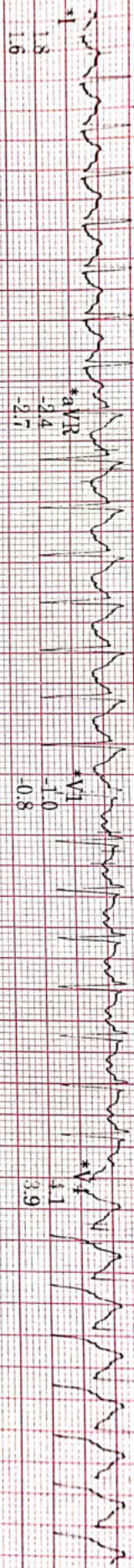
7:25

BRUCE  
3.4mph

14.0%

ST @ 10mm/mV  
50ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm  
20 Hz 25.0 mm/s 10.0 mm/mV  
A-H-S-50Hz HR 46  
Computer Synthesized Rhythm  
MAC55 009C





GOLLA VEERESH

ID: 000294118

22 Oct 2022

16:53:30

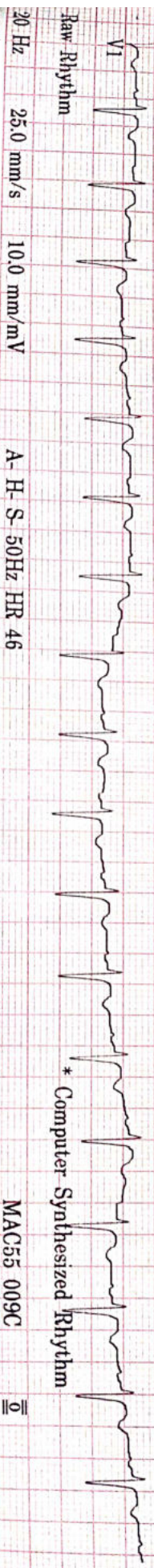
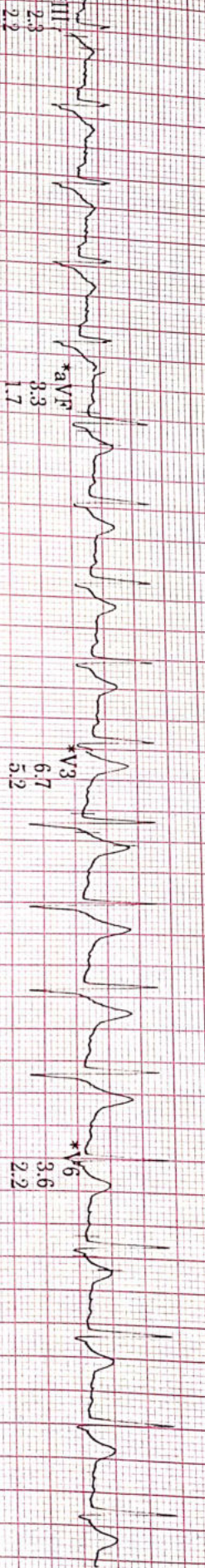
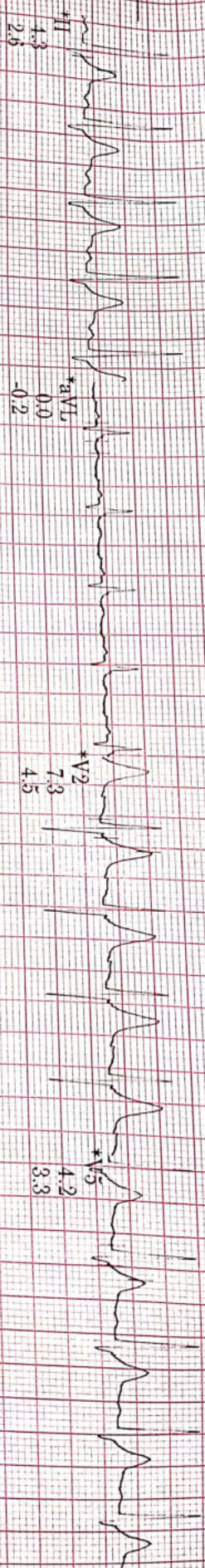
114bpm

RECOVERY  
Post  
3:00

BRUCE  
\*\*\*mph  
\*\*%  
%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mV)  
Slope(mV/s)



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46  
MAC55 009C

Name	GOLLA VEERESH	ID	MYS294118
Age & Gender	34Y/M	Visit Date	Oct 22 2022 8:42AM
Ref Doctor	MediWheel		

**X – RAY CHEST PA VIEW**

**LUNGS:**

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

**CARDIA:**

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

**IMPRESSION:**

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**

AA/SV



**Dr. Anitha Adarsh**  
Consultant Radiologist

Name : Mr. GOLLA VEERESH  
PID No. : MYS294118  
SID No. : 712232266  
Age / Sex : 34 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 22/10/2022 8:43 AM  
Collection On : 22/10/2022 9:11 AM  
Report On : 22/10/2022 6:15 PM  
Printed On : 22/10/2022 7:01 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	14.2	g/dL	13.5 - 18.0
<b>INTERPRETATION:</b> Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking , high altitudes , hypoxia etc.			
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	43.7	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	5.23	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	84.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	27.2	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	32.6	g/dL	32 - 36
RDW-CV (Derived)	15.1	%	11.5 - 16.0
RDW-SD (Derived)	44.39	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	6340	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	67	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	25	%	20 - 45

  
Dr Shouree K.R  
MBBS MD DNB  
Consultant Pathologist  
Reg No : KMC 103138

APPROVED BY

Name : Mr. GOLLA VEERESH

PID No. : MYS294118

Register On : 22/10/2022 8:43 AM

SID No. : 712232266

Collection On : 22/10/2022 9:11 AM

Age / Sex : 34 Year(s) / Male

Report On : 22/10/2022 6:15 PM

Type : OP

Printed On : 22/10/2022 7:01 PM

Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	01	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	07	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.25	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.58	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>0.06</b>	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.44	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	199	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood/Derived)	10.8	fL	7.9 - 13.7
PCT	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	09	mm/hr	< 15

  
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SID No. : 712232266  
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Type : OP  
Ref. Dr : MediWheel


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	192	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	54	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the 'usual' circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	60	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	121.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	10.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	132.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

  
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**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio  
(Serum/Calculated)

3.2

Optimal: < 3.3  
Low Risk: 3.4 - 4.4  
Average Risk: 4.5 - 7.1  
Moderate Risk: 7.2 - 11.0  
High Risk: > 11.0

Triglyceride/HDL Cholesterol Ratio  
(TG/HDL)  
(Serum/Calculated)

0.9

Optimal: < 2.5  
Mild to moderate risk: 2.5 - 5.0  
High Risk: > 5.0

LDL/HDL Cholesterol Ratio  
(Serum/Calculated)

2

Optimal: 0.5 - 3.0  
Borderline: 3.1 - 6.0  
High Risk: > 6.0

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	6.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

**Remark:** Kindly Correlate Clinically.


Estimated Average Glucose (Whole Blood)	131.24	mg/dL
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**INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

  
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## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.48	ng/ml	0.7 - 2.04
---	------	-------	------------

#### **INTERPRETATION:**

##### **Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	9.67	Microg/dl	4.2 - 12.0
--	------	-----------	------------

#### **INTERPRETATION:**

##### **Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	2.896	µIU/mL	0.35 - 5.50
---	-------	--------	-------------

#### **INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

##### **Comment :**

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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**CLINICAL PATHOLOGY**

**PHYSICAL EXAMINATION**

Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Volume (Urine/Physical examination)	20		ml
Appearance (Urine)	Clear		

**CHEMICAL EXAMINATION**

pH (Urine)	7.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.030		1.002 - 1.035
Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative

  
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Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<b><u>Urine Microscopy Pictures</u></b>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	2-3	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil

  
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<b><u>Stool Analysis - ROUTINE</u></b>			
Colour (Stool)	Brownish		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	Semi solid		Semi solid
Ova (Stool)	Nil		Nil
Others (Stool)	Nil		Nil
Cysts (Stool)	Nil		Nil
Trophozoites (Stool)	Nil		Nil
RBCs (Stool)	Nil	/hpf	Nil
Pus Cells (Stool)	2-3	/hpf	Nil
Macrophages (Stool)	Nil		Nil
Epithelial Cells (Stool)	Nil	/hpf	Nil

  
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Reference Interval

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'O' Positive'

**Remark:** Test to be confirmed by gel method.

A handwritten signature in black ink over a circular stamp with a pink and blue background.

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## **BIOCHEMISTRY**

BUN / Creatinine Ratio	8.8		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	<b>104</b>	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	116	mg/dL	70 - 140

### **INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.9	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.9	mg/dL	0.9 - 1.3

**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	5.9	mg/dL	3.5 - 7.2
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-- End of Report --