

204

 भारत सरकार  
GOVERNMENT OF INDIA

 अभिजीत रावसाहेब नलवडे  
Abhijeet Ravsaheb  
Nalawade  
जन्म तारीख/ DOB: 04/10/1992  
पुरुष / MALE  
7595 6727 5655



A.R. Nalawade



Dr. Vandana G. Powar  
M.B.B.S., D.C.P  
Reg. No. 68137



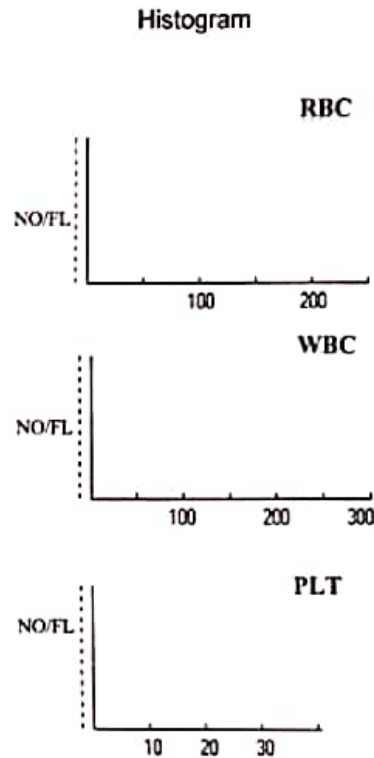
op No. 7, "Diwan Towers" Mangalwar Peth, Near Mirajkar Tikti, Opp. Nutan Marathi High School, Kolhapur. Mob. 9158529408, 9422047480, 9921285167

NAME : MR. ABHIJEET NALAWADE  
REF BY : Dr. MEDIWHEEL LIFE INS

DATE : 10/02/2024 PT.NO. : 204 10022  
AGE : 31. Yrs. SEX : M

### HAEMOGRAM WITH INDICES

Test	Result	Units	Normal Range
<b>Haemoglobin</b>	- 15.0	g/dl	14-18
RBC Count	- 5.56	millions / cu-mm	4.5 - 6.5
PCV	- 48.1	%	40 - 54
MCV	- 86.5	fL	80 - 96
MCH	- 27	Pg	27 - 33
MCHC	- 31.2	gm/dl	33 - 36
RDW CV	- 13.2	%	11.0 - 14.5
<b>WBC Count</b>	- 6500	/cumm	4000 - 11000
Neutrophils	- 55	%	40 - 75
Lymphocytes	- 40	%	20 - 40
Eosinophils	- 03	%	1 - 6
Monocytes	- 02	%	2-10
Basophils	- 00	%	0 - 1
<b>Platelet Count</b>	- 274000	/ul	150000 -450000
MPV	- 9.8	fL	7.4 - 10.4
PDW	- 12.6	%	8-12
P-LCR	- 24.2	%	15-35
<b>E.S.R.</b> (By Wintrobe Method)	- 09	mm at 1hr	0-10
RBC Morphology	-	Normochromic, Normocytic.	
WBC Morphology	-	Within Normal Limits	
Platelets	-	Adequate	
* Blood group	-	'B' Rh Negative	



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**PATHOLOGIST**

DR. VANDANA POWAR  
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All Biochemistry Tests Done By Computerised Auto Analyser

HAEMATOLOGY | CLINICAL PATHOLOGY | BIOCHEMISTRY | SEROLOGY | MICROBIOLOGY | HISTOPATHOLOGY

24 Hours Emergency Service

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Consultant Pathologist



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PT.NAME : MR. ABHIJEET NALAWADE  
REF. BY : DR. MEDIWHEEL LIFE INS

DATE : 10/02/2024  
AGE : 31 Yrs. SEX : M  
PT.NO. : 204 100224

### BIOCHEMISTRY TEST REPORT

			<u>Normal Range</u>
Fasting Plasma Glucose	: 84.0	mg/dl	60-110 mg/dl
2 Hrs. Plasma Glucose	: 99.3	mg/dl	90-140 mg/dl
S. Creatinine	: 1.14	mg/dl	0.7 - 1.4 mg/dl
Blood Urea	: 30.2	mg/dl	12-42 mg/dl
Blood Urea Nitrogen	: 14.11	mg/dl	5 - 21 mg/dl
S. Uric acid	: 5.1	mg/dl	3.5 -7.2 mg/dl
CHOLESTEROL	: 135.8	mg/dl	0-250 mg/dl
HDL Cholesterol	: 29.1	mg/dl	30 - 70 mg/dl
S. Triglycerides	: 87.2	mg/dl	0-170 mg/dl
LDL Cholesterol	: 89.3	mg/dl	60 - 150 mg/dl
TC/HDLC Ratio	: 4.7		0 - 5
LDLC/HDLC Ratio	: 3.1		2.5 - 3.5



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DATE : 10/02/2024  
AGE : 31 Yrs. SEX : M  
PT.NO. : 204 100224

### BIOCHEMISTRY TEST REPORT

			<u>Normal Range</u>
S. Bilirubin (Total)	: 0.26	mg/dl	0 - 1.0 mg/dl
S. Bilirubin (Direct)	: 0.13	mg/dl	0 - 0.25 mg/dl
S. Bilirubin (Indirect)	: 0.13	mg/dl	0 - 0.75 mg/dl
S.G.O.T	: 40.6	IU/L	5-40 IU/L
S.G.P.T	: 32.1	IU/L	5-40 IU/L
S. Alkaline Phosphatase	: 88.4	IU/L	37 - 147 IU/L
Total Proteins	: 7.6	g/dl	6.6 - 8.3 g/dl
S. Albumin	: 4.5	g/dl	3.5 - 5.0 g/dl
S. Globulin	: 3.1	g/dl	1.5 - 3 g/dl
A/G Ratio	: 1.5 : 1		0.90 - 2.00

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**REPORT ON % GLYCOHAEMOGLOBIN OF BLOOD**

% Glycohaemoglobin of blood : 4.9 %

Estimated mean blood glucose : 94.0 mg/dl

(Reference For Guideline)

- < 6.0 - Normal
- 6.0 - 7.0 % - Good Control
- 7.0 - 8.0 % - Fair Control
- 8.0-10.0% - Unsatisfactory control
- >10.0% - Poor control

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### EXAMINATION OF URINE

Normal Range

#### PHYSICAL EXAMINATION

Quantity	: 05 ml	
Colour	: Pale Yellow	
Appearance	: Clear	
Deposit	: Absent	
Reaction (pH)	: Acidic	
Specific Gravity	: 1.024	1.003 - 1.035

#### CHEMICAL EXAMINATION

Proteins	: Absent	
Glucose	: Absent	
Ketone Bodies	: --	
Bile Salts	: Absent	Absent
Bile Pigments	: Absent	Absent
Urobilinogen	: --	
Occult Blood	: Absent	

#### MICROSCOPIC EXAMINATION

Epithelial Cells	: 1 - 2 /hpf
Pus Cells	: 2 - 3 /hpf
Red Blood Cells	: Absent /hpf
Casts	: Absent
Crystals	: Absent
Amorphous Deposits	: Absent

#### OTHER FINDINGS

Yeast Cells	: Absent
Trichomonas vaginalis	: Absent
Bacteria	: Absent
Mucus Threads	: Absent
Spermatozoa	: Absent

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*Spina*  
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PATIENT NAME: - ABHIJEET NALAWADE

AGE - 34/SEX-FEMALE

REFERANCE :- MEDIWHEEL LIFE INS.

DATE - 10/02/2024

BIOCHEMISTRY

NORMAL VALUE

SRUM VLDL - 31.2mmol/L

10-50 mmol / L

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PATIENT NAME - ABHIJEET NALAWADE

AGE - 31Y/SEX- MALE

REFERANCE :- MEDIWHEEL LIFE INS

DATE - 10/02/2024

### BIOCHEMISTRY

S. GAMMA G.T : 19.0.mmol/L

NORMAL RENG

10 -50 mmol/L

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10/02/2024

**THE ECG OF THE CLIENT - ABHIJEET NALAWADE  
IS WITHIN NORMAL LIMIT.**

**NO ABNORMAL FINDINGS ARE DETECTED .**

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# KUSUM HEART CARE CLINIC, KOLHAPUR [+91 8411979955]

**Name:** ABHIJEET R NALAWADE

**Date:** 09-02-2024 **Time:** 20:10

**Age:** 31

**Gender:** M

**Height:** 170 cms

**Weight:** 69 Kg

**ID:** 482

**Clinical History:** NO MAJOR ILLNESS

**Medications:** NOT ON ANY MEDICATIONS

## Test Details:

**Protocol:** Bruce

**Predicted Max HR:** 189

**Target HR:** 160 (85% of Pr. MHR)

**Exercise Time:** 0:09:47

**Achieved Max HR:** 163 (86% of Pr. MHR)

**Max BP:** 130/90

**Max BP x HR:** 21190

**Max Mets:** 11

**Test Termination Criteria:**

## Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:12	1	0	0	87	120/80	10440	1.2 V2	0.6 II
Standing	00:21	1	0	0	87	120/80	10440	1.1 V2	0.5 I
HyperVentilation	00:15	1	0	0	97	120/80	11640	1.1 V2	0.6 V2
PreTest	00:24	1	1.6	0	103	120/80	12360	1 V2	0.6 V2
Stage 1	03:00	4.7	2.7	10	119	120/80	14280	1 II	0.9 II
Stage 2	03:00	7	4	12	133	130/80	17290	1.2 V2	1.1 II
Stage 3	03:00	10.1	5.5	14	154	130/90	20020	0.8 V2	1.2 II
Peak Exercise	00:47	11	6.8	16	163	130/90	21190	0.8 II	1 II
Recovery1	00:25	1	0	0	154	130/90	20020	1.5 V2	1.5 II
Recovery2	00:16	1	0	0	149	130/90	19370	1.7 V2	1.6 II
Recovery3	00:16	1	0	0	143	130/90	18590	1.5 V2	1.6 II
Recovery4	00:07	1	0	0	140	130/90	18200	1.4 II	1.7 II

## Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:47 achieving a work level of 11 METS. Resting Heart Rate, initially 87 bpm rose to a max. heart rate of 163bpm (86% of Predicted Maximum Heart Rate). Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 130/90 mmHg

GOOD EFFORT TOLERANCE

NORMAL INOTROPIC RESPONSE

NORMAL CHRONOTROPIC RESPONSE

THR ACHIEVED ; ADEQUATE METS ACHIEVED

NO SIGNIFICANT ST SEGMENT CHANGES NOTED IN EXERCISE AND RECOVERY

TMT IS NEGATIVE FOR STRESS INDUCIBLE ISCHAEMIA AT GIVEN WORKLOAD

  
**DR. SHANTANU PALKAR**  
 MBBS, PGDCC,  
 CLINICAL CARDIOLOGIST  
 KUSUM HEART CARE CLINIC

Ref. Doctor: BOB

**SCHILLER**

The Art of Diagnostics

( Summary Report edited by User )  
 Cardiovit CS-10 Version 3.4

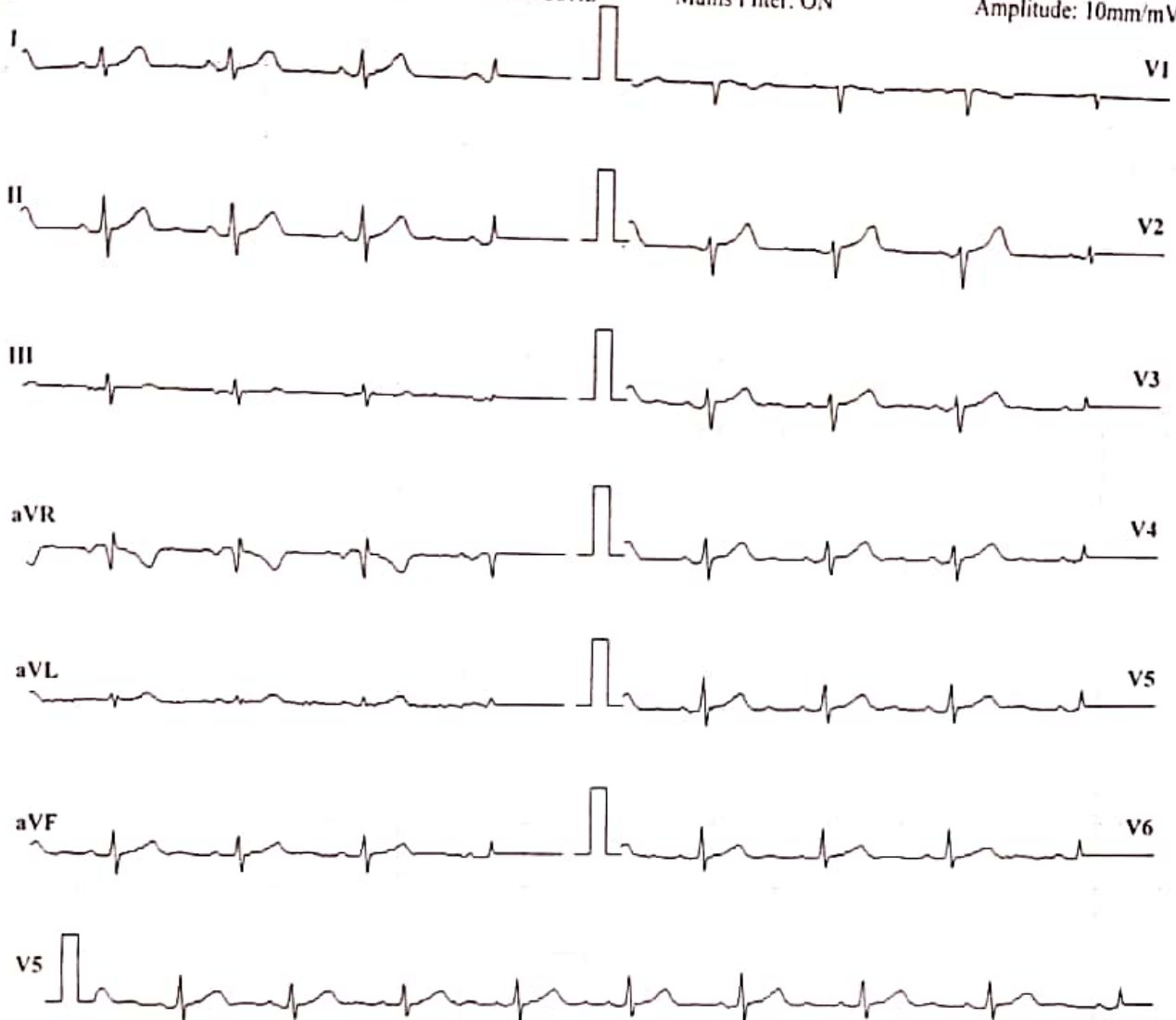
# KUSUM HEART CARE CLINIC, KOLHAPUR [+91 8411979955]

ABHIJEET R NALAWADE (31 M) 482  
 Chart Speed: 25 mm/sec

Date: 09-02-2024  
 Mains Filter: ON

Time: 20:07  
 Amplitude: 10mm/mV

Filter: 35Hz



ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Lead	P(mV)	Q(mV)	R(mV)	S(mV)	T(mV)
I	-0.03	0.28	-0.19	0.01	0.23
II	-0.05	0.36	-0.37	0	0.25
III	-0.01	0.09	-0.17	0	0.04
aVR	0.05	-0.45	0.37	0	-0.35
aVL	0	0.09	0	0.01	0.09
aVF	-0.04	0.23	-0.28	-0.01	0.15
V1	0	-0.16	-0.03	0.01	-0.05
V2	-0.04	-0.05	-0.23	0.04	0.28
V3	-0.05	0.15	-0.39	0	0.2
V4	-0.05	0.25	-0.29	0	0.21
V5	-0.05	0.36	-0.37	0	0.25
V6	-0.03	0.29	-0.16	0	0.13

Intervals (ms)

P-Q	Q-R-S	Q-T	Q-TC
56	50	272	328

Axis (deg)

P	QRS	T
39	83	36

HR: 87 bpm

BP: 120/80 mmHg

Interpretation: NORMAL

**DR. SHANTANU PALKAR**  
 MBBS, PGDCC.  
 CLINICAL CARDIOLOGIST  
 KUSUM HEART CARE CLINIC  
 KOLHAPUR, MAHARASHTRA



KUSUM HEART CARE CLINIC, KOLHAPUR [+91 8411979955]

ABHIJEET R NALAWADE (31 M)

ID: 482

Date: 09-02-2024

Exec Time : 0:00:00

Stage Time: 00:12

HR: 87 bpm

Bruce Protocol

STLevel(mm) STSlope(mV/s)

Stage: Supine

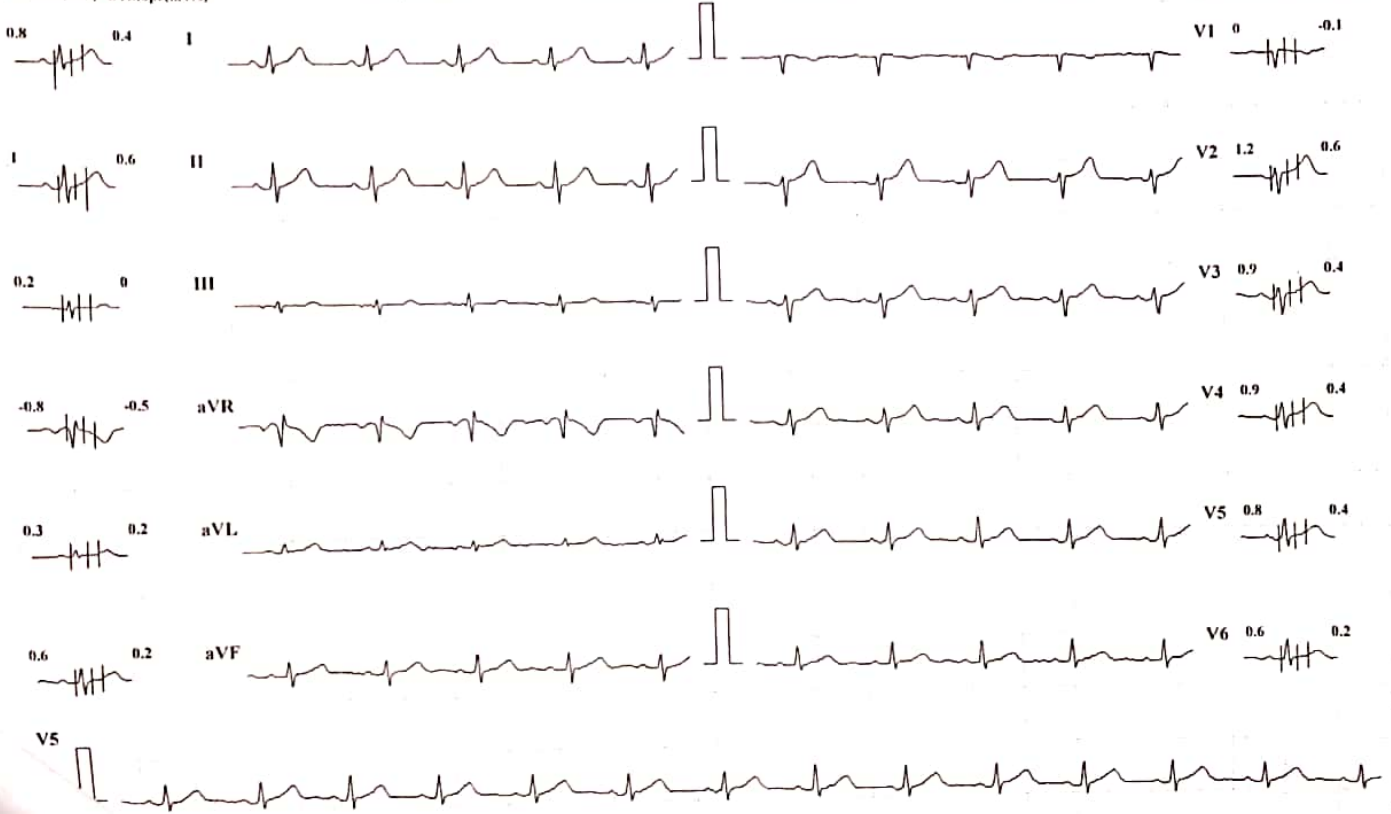
Speed: 0 km/h

Slope: 0%

THR: 160 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)



Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

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KUSUM HEART CARE CLINIC, KOLHAPUR [+91 8411979955]

ABHIJEET R NALAWADE (31 M)

ID: 482

Date: 09-02-2024

Exec Time : 0:00:00

Stage Time: 00:21

HR: 87 bpm

Bruce Protocol

Stage: Standing

Speed: 0

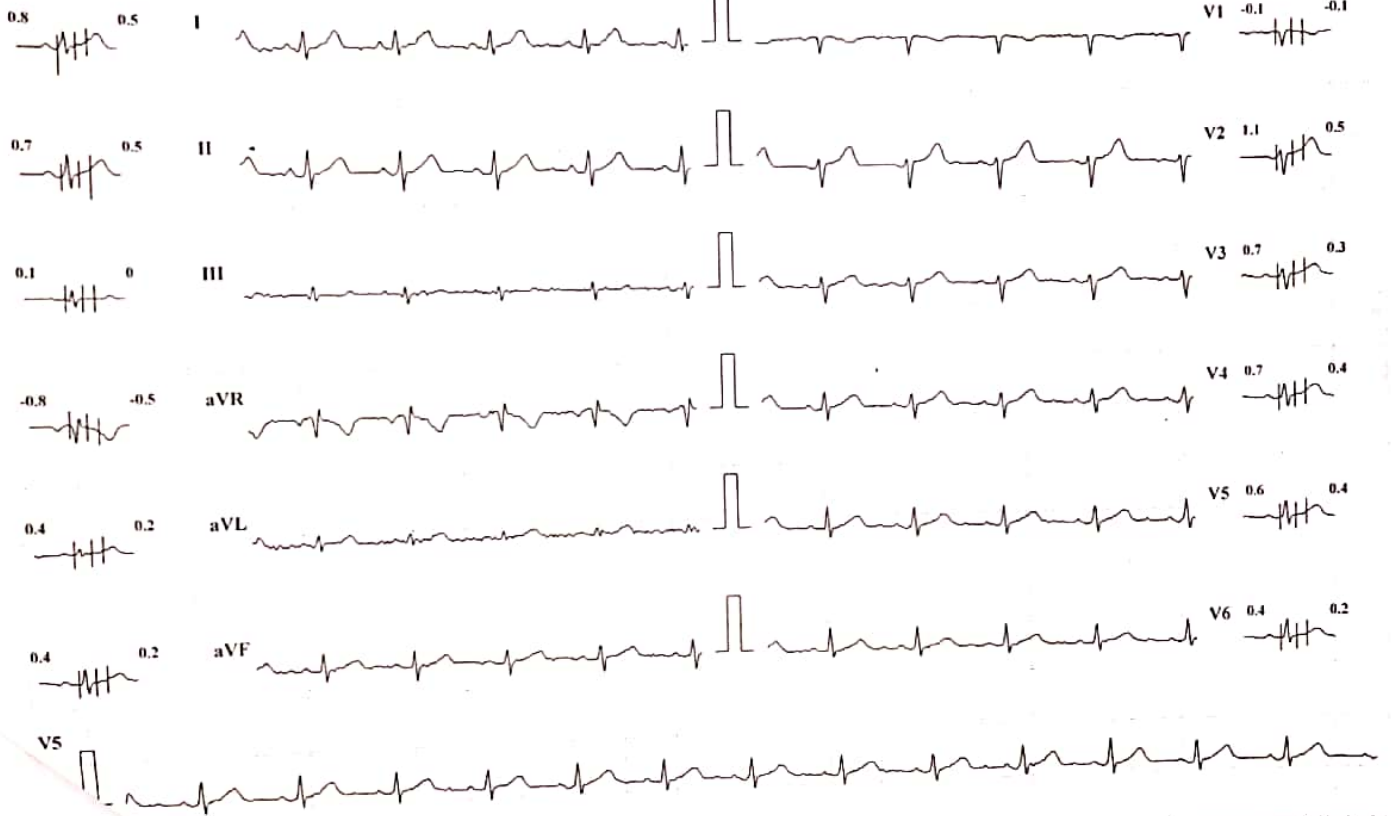
Slope: 0 %

THR: 160 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



25/sec

Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

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ABHIJEET R NALAWADE (31 M)

Bruce Protocol

ID: 482

Date: 09-02-2024

Exec Time : 0.00.00

Stage Time: 00:15

HR: 97 bpm

STLevel(mm) STSlope(mV/s)

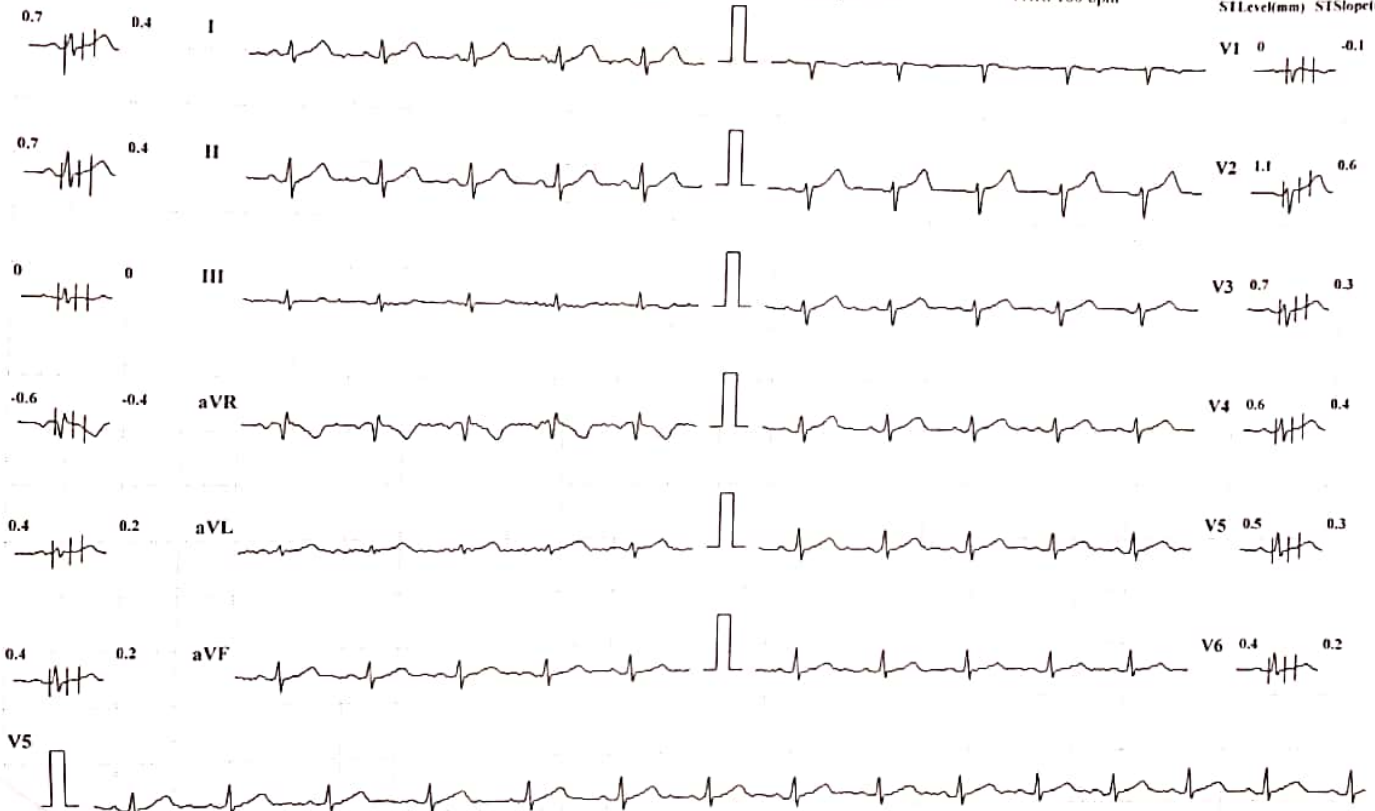
Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 160 bpm

BP: 120/80 mmHg  
STLevel(mm) STSlope(mV/s)



mm/sec

Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

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ABHIJEET R NALAWADE (31 M)

Bruce Protocol

ID: 482

Date: 09-02-2024

Exec Time : 0:03:00

Stage Time: 03:00

HR: 119 bpm

STLevel(mm) STSlope(mV/s)

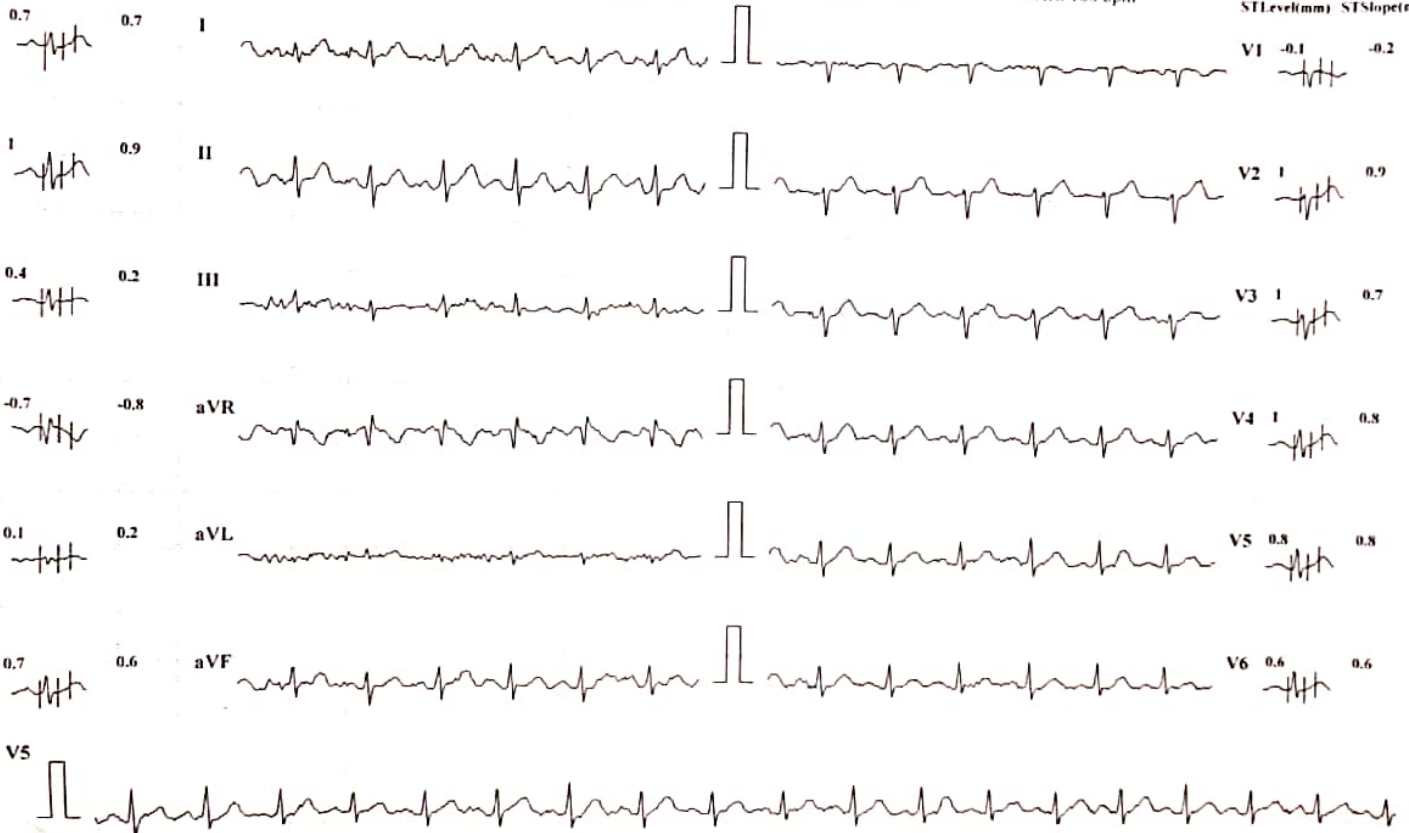
Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 160 bpm

BP: 120/80 mmHg  
STLevel(mm) STSlope(mV/s)



25 mm/sec

Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

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ABHIJEET R NALAWADE (31 M)

Bruce Protocol

ID: 462

Date: 09-02-2024

Exec Time: 0:06:00

Stage Time: 03:00

HR: 133 bpm

STLevel(mm) STSlope(mV/s)

Stage: 2

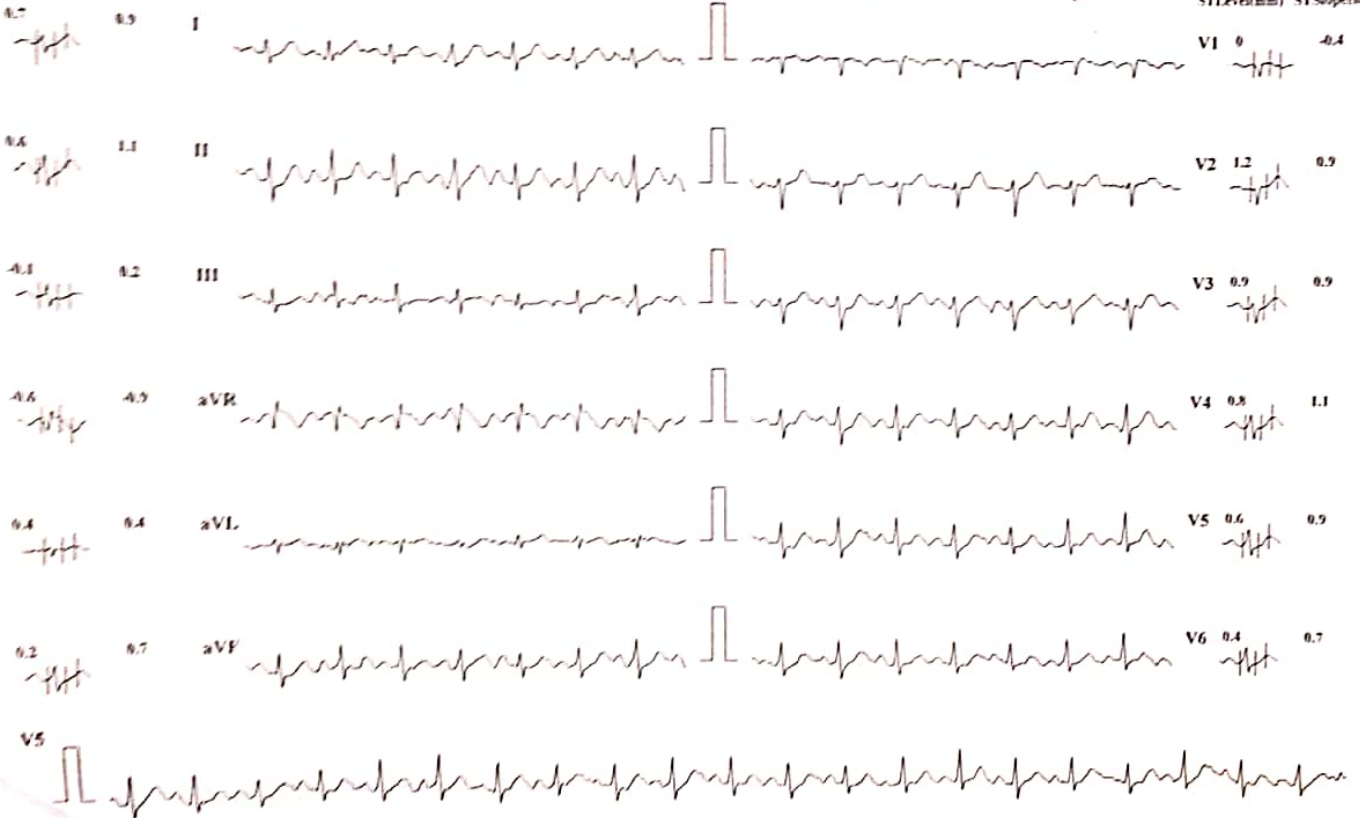
Speed: 4 kmph

Slope: 12%

THR: 160 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)



5 mm/sec

Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON P-Q-R - 60 ms, J - R - 60 ms, Post T - 1 - 80 ms

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Bruce Protocol

ID: 482

Date: 09-02-2024

Exec Time : 0:09:00

Stage Time: 03:00

HR: 154 bpm

STLevel(mm) STSlope(mV/s)

Stage: 3

Speed: 5.5 kmph

Slope: 14 %

THR: 160 bpm

BP: 130/90 mmHg

STLevel(mm) STSlope(mV/s)



mm/sec

Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardioit CS-10 Version 3.4



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ABHIJEET R NALAWADE (31 M)

Bruce Protocol

ID: 482

Date: 09-02-2024

Exec Time: 0:09:47

Stage Time: 00:47

HR: 163 bpm

STLevel(mm) STSlope(mV/s)

Stage: 4 Peak Exercise

Speed: 6.8 kmph

Slope: 16%

THR: 160 bpm

BP: 130/90 mmHg  
STLevel(mm) STSlope(mV/s)



25 mm/sec

Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

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ABHIJEET R NALAWADE (31 M)

Bruce Protocol

ID: 482

Date: 09-02-2024

Exec Time : 00:00

Stage Time: 00:25

HR: 154 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery1

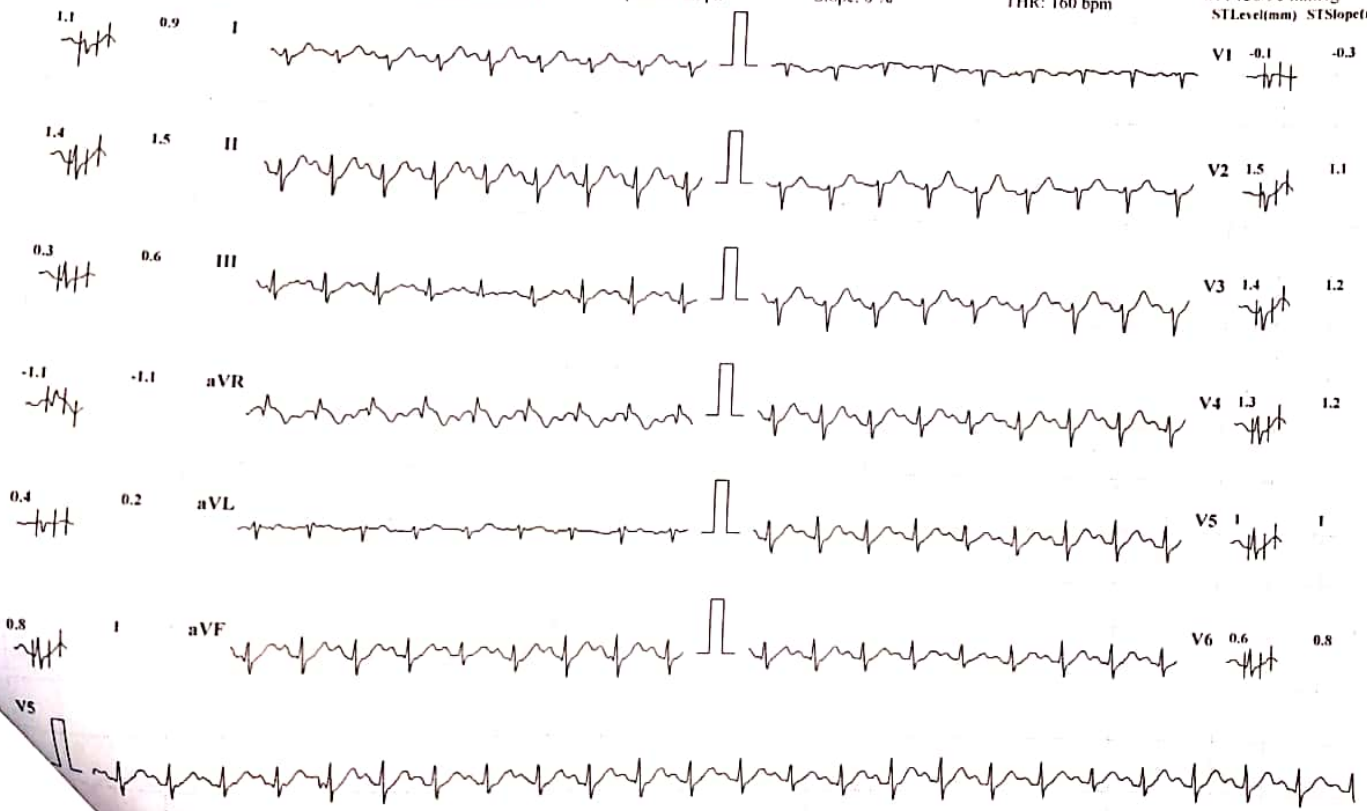
Speed: 0 kmph

Slope: 0 %

THR: 160 bpm

BP: 130/90 mmHg

STLevel(mm) STSlope(mV/s)



25 mm/sec

Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

Schiller Cardiovit CS-10 Version 3.4

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ABHIJEET R NALAWADE (31 M)

Bruce Protocol

ID: 482

Date: 09-02-2024

Exec Time: 00:00

Stage Time: 00:16

HR: 149 bpm

STLevel(mm) STSlope(mV/s)

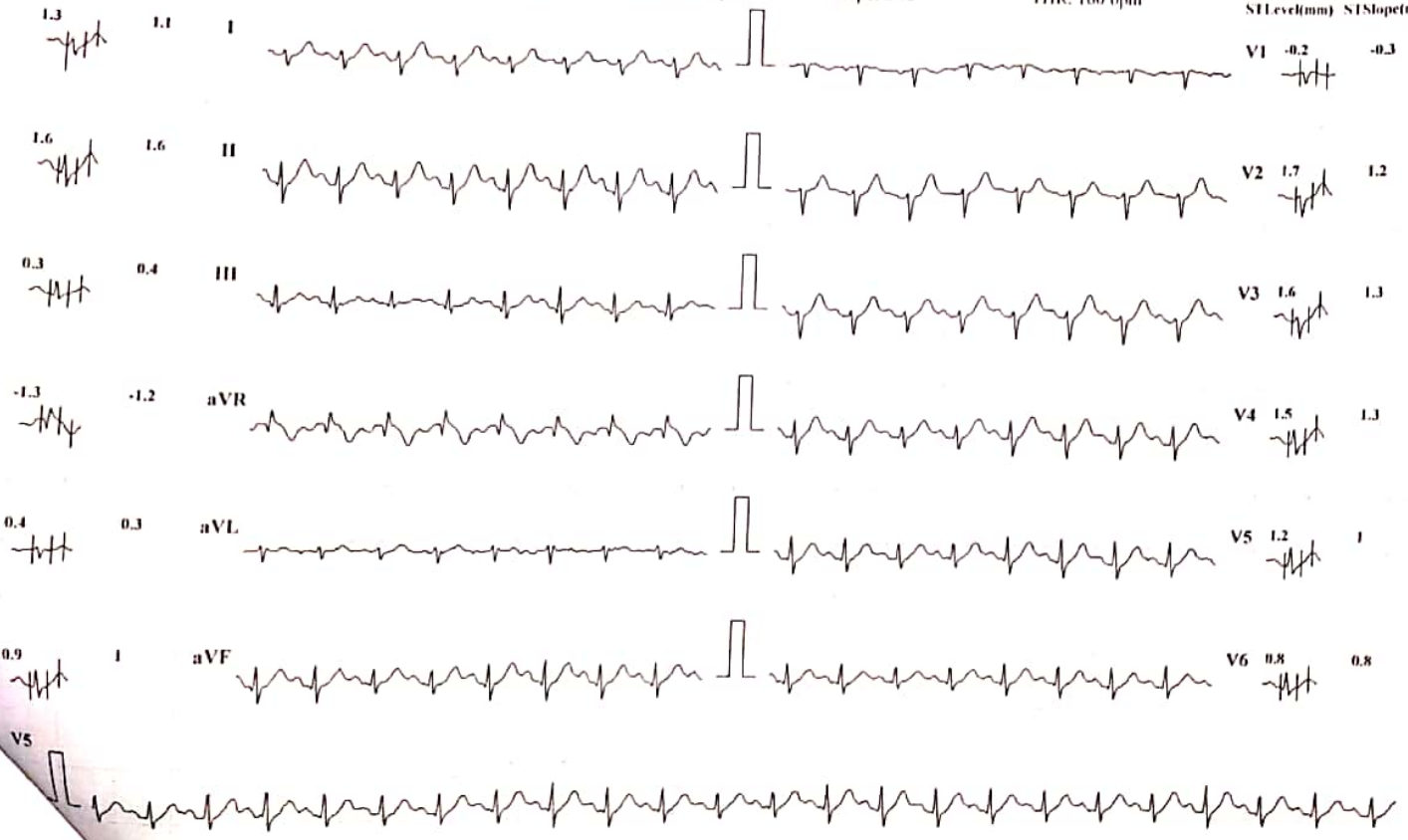
Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 160 bpm

BP: 130/90 mmHg  
STLevel(mm) STSlope(mV/s)



25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms Schiller Cardiovit CS-10 Version 3.4

KUSUM HEART CARE CLINIC, KOLHAPUR [+91 8411979955]

ABHIJEET R NALAWADE (31 M)

Bruce Protocol

ID: 482

Date: 09-02-2024

Exec Time : 00:00

Stage Time: 00:16

HR: 143 bpm

STLevel(mm) STSlope(mV/s)

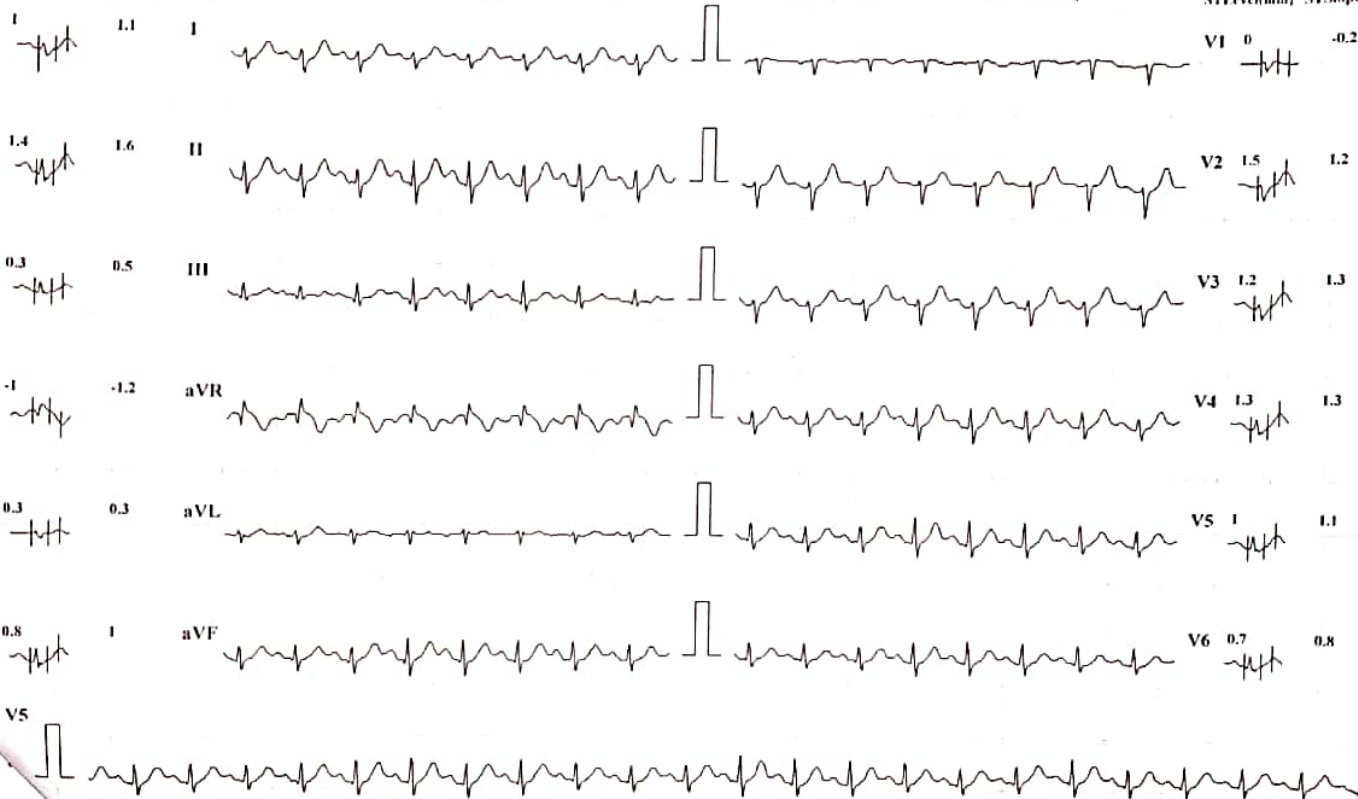
Stage: Recovery3

Speed: 0 kmph

Slope: 0%

THR: 160 bpm

BP: 130/90 mmHg  
STLevel(mm) STSlope(mV/s)



25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 80 ms

Schiller Cardiovit CS-10 Version 3.4



Patient Name : MR. ABHIJEET NALAWADE

Date : 10 Feb 2024

Referred By : Dr. VANDANA POWAR

Age : 31 YEARS Sex : M

Clinically –FOR HEALTH CHECK UP.

### Abdomen Sonography

**LIVER** : is normal in size, shape, position and shows increased echogenicity. The contours are smooth. The parenchyma shows homogeneous echotexture. The intra – hepatic portal and venous system appears normal. The portal vein is normal and show hepatopetal flow. The intra-hepatic biliary radicals are not dilated. There is no focal mass lesion.

**GALL BLADDER**: is physiologically distended, normal in size and echotexture. There is no evidence of echoreflexive calculus in gall bladder. There is no abnormal biliary tree dilation noted. The portal vein & C.B.D appear normal. Wall thickness is normal. No e/o cholecystitis/calculus seen. PV measures -11 mm, CBD measures – 3 mm.

**PANCREAS**: is normal size, position & echotexture. The contours are smooth. There is no focal mass lesion seen. No pancreatitis or calcification.

**SPLEEN**: is normal in size, shape and echopattern. The contours are smooth. The splenic vein and portal vein are normal in calibre.

**KIDNEYS**: Both the kidneys are normal in size, shape and position and contours. There is echoreflexive calculus seen on either sides nor hydronephrosis. Both visualized ureters appear to be normal. Parenchymal/cortical thickness is normal. Cortico -medullary differentiation is well maintained. Overlying bowel gases does not show further course of ureter.

**Right kidney** measures- 98 X 46 mm. **Left kidney** measures -104 x 50 mm.

**Right kidney** shows few( 4-5 in number) tiny calculi, largest measuring 4 mm in mid pole. **Left kidney** shows few( 3-4 in number) tiny calculi, largest measuring 3.5 mm in upper pole.

**Urinary bladder** is partially distended, appears normal. No intraluminal abnormality.

**PROSTATE**: is normal size and uniform echotexture, measures 26 x 22 x 24 mm (weight- 7.6 gms). The gland bulges urinary bladder base.

Aorta and IVC are normal. No e/o free fluid in peritoneal cavity. No ascites. No significant lymphadenopathy. Bowel loops appear normal in size with good peristalsis.

**Appendix** is not appreciated in today's study. Terminal ileum is well seen.

No probe tenderness in right iliac fossa or anywhere in abdomen.

**IMPRESSION** : < FATTY LIVER – GRADE 1.  
< BILATERAL TINY RENAL CALCULI.

ADVICE - Clinical correlation and follow up if clinically needed.

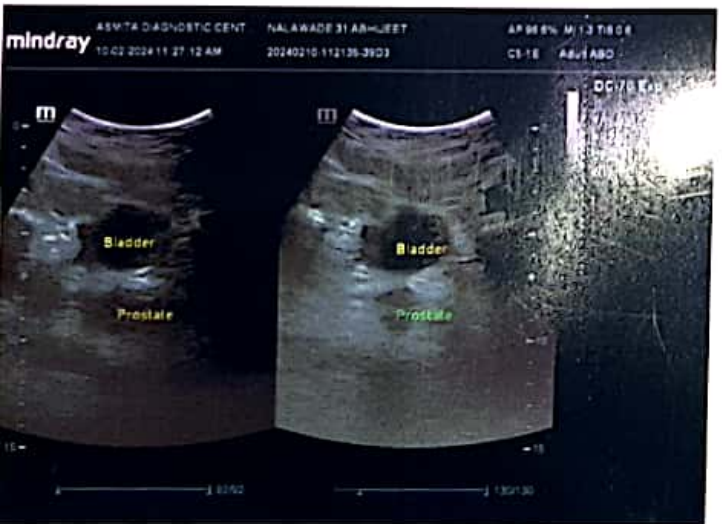
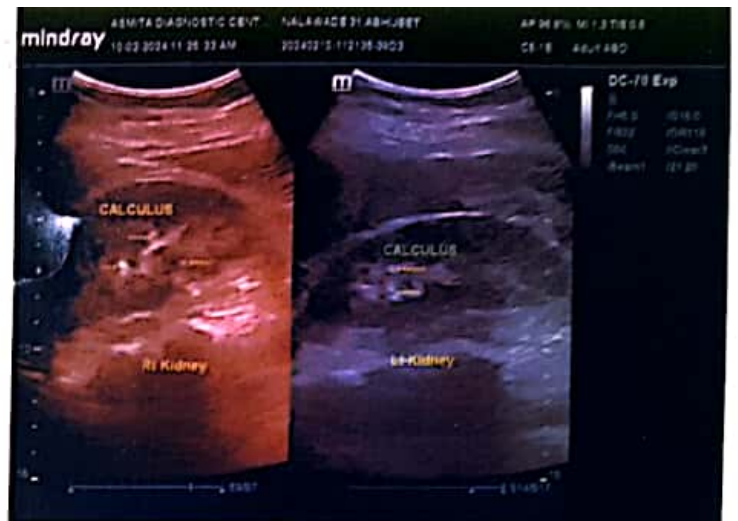
THANKS FOR REFERRAL. FEEDBACK IS WELCOME

*Neha*

डॉ. नेहा घोरपडे

एम. बी. बी. एस., डी. एम. आर. ई (रेडीओलॉजिस्ट)  
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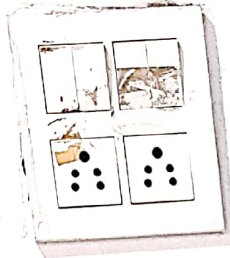
परत येताना सर्व जुने रिपोर्ट्स, सोनोग्राफी रिपोर्ट्स अथवा एक्स-रे असल्यास बरोबर घेऊन येजे.





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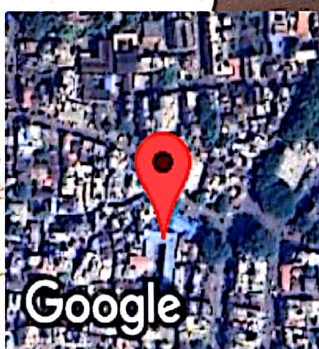
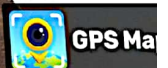


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Rate List

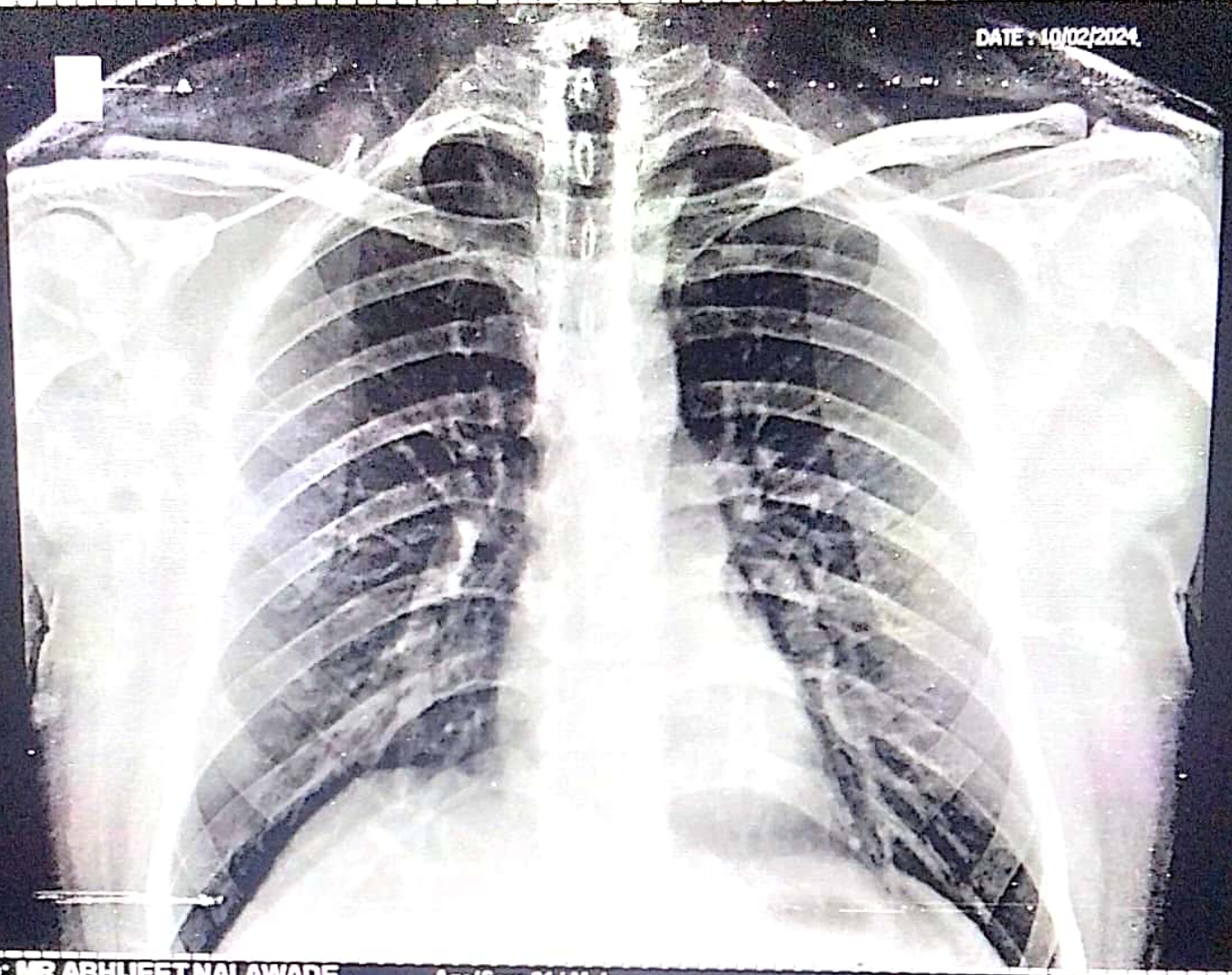
N4



**Kolhapur, Maharashtra, India**  
 Rajghat Rd, Mangalwar Peth, C Ward, Kolhapur, Maharashtra 416002,  
 Lat 16.692796°  
 Long 74.224304°  
 10/02/24 09:17 AM GMT +05:30



DATE: 10/02/2024



Name: MR ABHJEET NALAWADE

Age/Sex: 31 / Male

Ref: Dr. PARTH LAB

SWARA DIGITAL X-RAY RAJARAMPURI 10TH LANE KOLHAPUR

Chest PA





# SWARA DIGITAL

## X- RAY

All Types Of Digital, Portable X-rays And Procedural X-rays

PATEINT NAME : MR ABHIJEET NALWADE

AGE/SEX : 31Y/MALE

REF BY : PARTH LAB

DATE : 10/02/2024

### CHEST X-RAY PA

Both side lungs fields are normal

Both costophrenic angles appear normal

The tracheal lucency is centrally placed

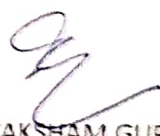
The mediastinal & diaphragmatic outlines appear normal.

The heart shadow is normal

IMPRESSION :

NORMAL CHEST X-RAY

ADV: Clinical correlated

  
DR SAKSHAM GUPTA  
MBBS, MD Radio diagnosis FMF UK  
Consultant Radiologist

**Mob. 9890185675**

Address : Bramhanand, Near Tawanappa Patne High School, Rajarampuri 10 Galli, Kolhapur.



Corporate Office : HY PATHO LAB    **CB 252, GROUND & FIRST FLOOR NARAINA, NEW DELHI 110028**  
7718962488    info@hyatholab.in    www.hyatholab.in    Toll Free No. : 18001030287

REPORT

PT Name : ABHIJEET NALAWADE  
Ref By : DR. VANDANA POWAR  
Reg No : HL1100266538 / MH145  
Barcode : Y11289663  
INV : PSA- Total (Prostrate Specific Antigen Total)

Age : 31 Year | Sex : Male  
Registered on : 10-02-2024 03:54 PM  
Received on : 11-02-2024 08:12 AM  
Reported on : 11-02-2024 11:52 AM

SAMPLE COLLECTED AT :



SAMPLE : Serum

PSA- TOTAL (PROSTRATE SPECIFIC ANTIGEN TOTAL)

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
PROSTATE SPECIFIC ANTIGEN (PSA) <small>Method: CLIA</small>	0.83	ng/ml	0 - 4.0

**Interpretation**

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

**Note:**

Patients on Biotin supplement may have interference in some immunoassays. With individuals taking high dose Biotin (more than 5 mg per day) supplements, at least 8-hour wait time before blood draw is recommended.

Please correlate with clinical conditions.

~~End of report~~

Dr. PALLAVI SAXENA (MD PATH)  
Consultant Pathologist



Corporate Office : HY PATHO LAB

CB 252, GROUND & FIRST FLOOR NARAINA, NEW DELHI 110028

7718962488

info@hypatholab.in

www.hypatholab.in

Toll Free No. : 18001030287

REPORT

PT Name : ABHIJEET NALAWADE

Age : 31 Year | Sex : Male

SAMPLE COLLECTED AT :

Ref By : DR. VANDANA POWAR

Registered on : 10-02-2024 03:54 PM

Reg No : HL1100266538 / MH145

Received on : 11-02-2024 08:12 AM

Barcode : Y11289663

Reported on : 11-02-2024 12:00 PM



INV : THYROID PROFILE -3 (T3 T4 TSH)

SAMPLE : Serum

THYROID PROFILE -3 (T3 T4 TSH)

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGE
TOTAL TRIIODOTHYRONINE (T3) Method: CLIA	1.33	ng/mL	0.80 - 2.00
TOTAL THYROXINE (T4) Method: CLIA	7.58	µg/dl	5.10 - 14.10
THYROID STIMULATING HORMONE (TSH) Method: CLIA	5.18	uIU/ml	0.35 - 5.50

Reference Range

Thyroid hormone status during pregnancy:

Pregnancy	T3	T4	TSH
1st Trimester	0.70-1.80	6-16.5	0.37 - 3.6
2nd & 3rd Trimester	0.80-2.00	6-18.5	0.38 - 4.04

Reference ranges by Age

0-5 days: 0.7-15.2

6 days-2 months: 0.7-11.0

3-11 months: 0.7-8.4

1-5 years: 0.7-6.0

6-10 years: 0.6-4.8

Interpretation

1. Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
2. Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
3. Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
4. Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
5. Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
6. In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
7. There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
8. Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Please correlate with clinical conditions

~~End of report~~

Pallavi

Dr. PALLAVI SAXENA (MD PATH)  
Consultant Pathologist