

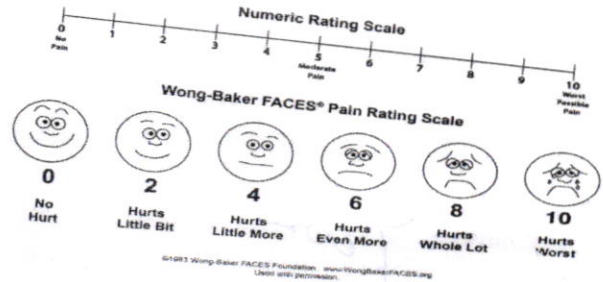
Name :- *Naryan kumar S Kayasth*

Date:- *09/09/2020*

Chief Complaints:- *Medical check*

Act. Pseudophakia

Pain Assessment:-



Past History:-

Family History:-

Allergy:- *no any*

Personal History:- Habits:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

Systemic Examination:-

BP:- Pulse:- Temp:-

HT:- WT:-

Visual Acuity:- *6/6*

PH Vision:- *6/6*

NCT *12*

S/R ± 0.00 - 0.75 x 100 6/6 Add + 2.50m
± 0.00 - 1.50 x 100 6/6

ON Examination

Ant. Segmenet

Both Eye

RX-850K

2016-02-25 21:26

SHOP: SHELAT GEN HOSP

NAME:

REF. DATA

<R>	S	C	A
	-0.25	-1.50	170
	-0.25	-1.00	122
	-0.25	-1.00	103

in very mild pigment on endothelium Anterior Chamber

Rt. EYE

Lt. EYE

*	-0.25	-1.00	113
---	-------	-------	-----

<L>	S	C	A
	-0.25	-4.50	81
	+1.00	-5.25	68
	+0.00	-5.25	87

*	+0.00	-5.25	87
---	-------	-------	----

VD=0
PD=65

Investigation:-

Background:-

Macula:-

Diagnosis:-

pseudophemia

Treatment:-

Glasses

Nutritional Assessment:-

Preventive Care & Counsellings:-

Follow Up ON:-

2 monthly

Signature of the Consultant

Rm

Shalby MD Physician Clinic

OPR NO.

Patient Name:-

Nayanbhai Kaphalkar
66/M

Date: 9/9/23

Age / Sex :-

Weight:- 74.8 Kg

Chief Complaints:-

90 Breaths

Height:- 172 cm

Nutritional assessment:-

- Obese
- Well nourished
- Mild-moderate nourished
- Severely mal-nourished

Drug / Food Allergy:-

Past History :-

DM / on M
CCD

Pulse:- 70 min

BP:- 155/83

SpO2:- 98%

Family History:-

Systemic Examination:-

ok
Rx
Ls
P/L
an

Provisional Diagnosis:-

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CIN: L85110GJ2004PLC044667

Investigation :-

USG, P I Pelvic Area
Bustle +
SCR 2.18

Treatment and further advices:-
(Write in Capital Letters)

S. ORA 66
K 5.69
MSAyc 8.0

adv: to count treating physician to for
further management in view of
all these reports.

Rx

[Handwritten signature]

Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Date: _____

In case of emergency please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 9512660096

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale





Pre - op

Post-op

Health Check-up

Date : 9/9/23

Patient Reg. No. : _____

Patient Name : Nayankumar S. Kayasth Age / Sex : _____

Address : Surat

Complaints :

Pain : _____

Bleeding gums : _____

Sensitivity : _____

Swelling : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication :

On Examination :

Abscess : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : 676 Mobility : _____

Treatment Advised :

Scaling : Sittings 1 2 3 Deep Perio Surgery : _____

Restoration : _____ Class V Fillings : _____

RCT : _____ Extraction : _____

Dentures : _____ Partial Denture : _____

Implants : _____ Crown / Bridge : _____

Present : _____

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :

Some Golden Rules :

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be performed in an well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouc" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

to do 1 Sealing

Dr

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

ID: Name:

Sex: M Birth date: / / mmHg years
cm kg

1100 Sinus rhythm
9110 ** normal ECG **

Nayan Kumar Sharmaharaj

Indication:

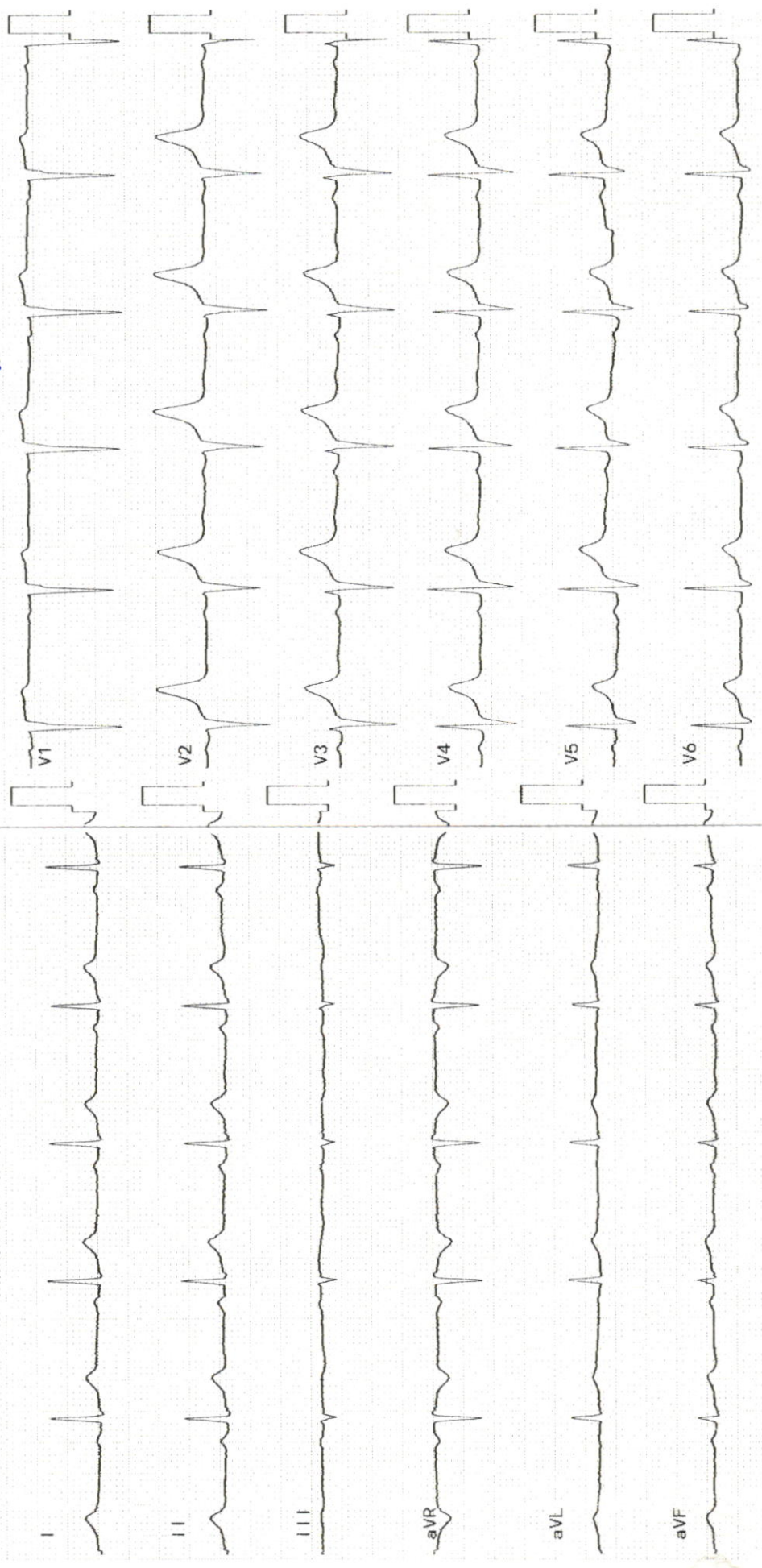
Symptoms:

History:
Heart rate 67 bpm
PR int 146 ms
QRS dur 92 ms
QT/QTc(E) int 382/397 ms
P/QRS/T axis 49/24/34 °
RV5/SV1 amp 0.90/1.46 mV
RV5+SV1 amp 2.36 mV

Unconfirmed Report
Reviewed by: *[Signature]*

10 mm/mV 25 mm/s Filter: H50 d 100 Hz

10 mm/mV



Patient Name: NAYANKUMAR S. KAYSTHE		UHID:	
Age / Sex: 65 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	DR. at shalby hospital	Date: 09/09/2023	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size shows grade I fatty changes. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R. **Portal vein** appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

Pancreas appears normal in size and echotexture.

Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Prostate is enlarged in size 38 x 43 x 43 mm, volume 38 cc. It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- Grade I fatty liver.
- Mild prostatomegaly.

Thanks for referral.



DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)
G-14916

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CIN: L85110GJ2004PLC044667

Patient's Name: Nayankumar kayasth

Age: 66 yrs/ male

Date: 09 / 09 / 2023

ECHOCARDIOGRAPHY REPORT

Valves:-

Mitral valve :Normal, No MR

Aortic valve :Normal, No AR

Tricuspid valve :Normal, No TR

Pulmonary valve:Normal, No PR

Chambers:-

Left Atrium:Normal

Right Atrium:Normal

Right Ventricle:Normal size cavity,Good RV systolic function With TAPSE:20

Left Ventricle: Normal size cardiac chambers, No Regional wall Motion abnormality.
Normal LV systolic function
with Ejection Fraction 60 %.
Grade I Diastolic Flow Pattern.

Septae:-

IVS: Intact. No residual VSD.

IAS :Intact.

Pericardium:Normal.

IVC:12 mm with more than 50% collapsibility.

OTHER FINDINGS :- Bilateral lung angle clear

CONCLUSION:-

- Normal LV Systolic function
- No RWMA
- Grade I LVDD
- EF 60 %



DR.SUSHIL YADAV
Consultant Clinical cardiologist

Note : Normal echo study does not rule out underlying Coronary artery disease

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Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org
CIN: L85110GJ2004PLC044667

Patient ID:	SUR0000349717	Patient Name:	NAYANKUMAR S KAYASTH
Age:	66 Years	Sex:	M
Accession Number:	11008	Modality:	DX
Referring Physician:		Study:	CHEST PA
Study Date:	9-Sep-2023		

CHEST X-RAY (PA)

- Mild Cardiomegaly with unfolding of arch of aorta.
- Both lung fields appear normal.
- No evidence of consolidation or cavitation is seen.
- Both costo-phrenic angles appear clear.
- Both domes of diaphragm appear normal.
- Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- Mild Cardiomegaly with unfolding of arch of aorta.

Thanks for referral.



DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)

G-14916

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CIN: L85110GJ2004PLC044667

ID:

Name:

9-Sep-2023 PM12:24:40

Sex: M

cm

kg

Birth date:

/

mmHg

years

1100 Sinus rhy

9110 ** normal ECG **

Medication:

Symptoms:

History:

Heart rate

66

bpm

PR int

162

ms

QRS dur

100

ms

QT/QTc(E) int

400/ 413

ms

QRS/T axis

41/ 20/ 39

°

V5/SV1 amp

1.02/ 1.39

mV

V5+SV1 amp

2.41

mV

Nayanshree

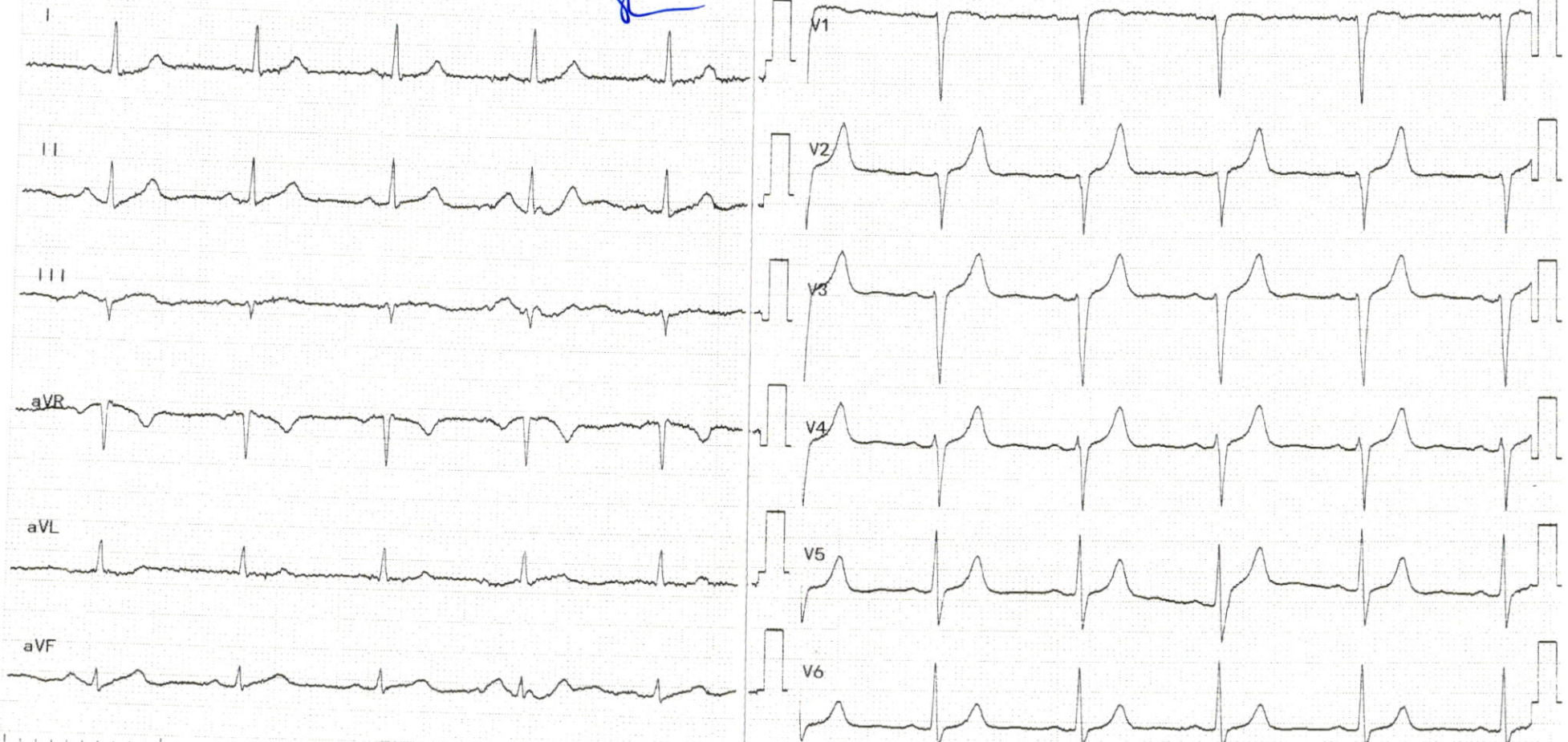
Unconfirmed Report

Reviewed by:

10 mm/mV 25 mm/s Filter: H50 d 100 Hz

9-9-23
[Signature]

10 mm/mV



2350K 03-04 04-05 Dept.:

Exam:



Certificate No. : MC-5200


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PID : SUR0000349717 OP-001

REPORT STATUS : Interim



Patient Name : Mr Nayankumar S Kayasth /	Registered On : 09-Sep-2023 10:28 AM
Lab ID : 309900728	Collected On : 09-Sep-2023 10:30 AM
Gender/Age : Male / 64 Years	DOB : 11-Dec-1958
Received On : 09-Sep-2023 11:03 AM	Sample Type : EDTA Whole Blood
Ref. By : Dr. Health Check Up . Shalby	

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

BLOOD COUNT AND INDICIES

HAEMOGLOBIN	Colorimetric Non Cyanide	12.0	g/dL	13.0 - 17.0
RBC COUNT	Electrical Impedance	4.18	mill/cmm	4.5 - 5.5
HCT	Calculated	37.4	%	40 - 50
MCV	Calculated based on the RBC histogram	89.4	fL	83 - 101
MCH	Calculated	28.7	pg	27 - 32
MCHC	Calculated	32.1	g/dL	31.5 - 34.5
RDW	Calculated	12.8	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count	Electrical Impedance	6610	cells/cmm	4000 - 10000
-----------------	----------------------	------	-----------	--------------

DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS	Flow Cytometry	70	%	40 - 80
LYMPHOCYTES	Flow Cytometry	22	%	20 - 40
EOSINOPHILS	Flow Cytometry	4	%	1 - 6
MONOCYTES	Flow Cytometry	4	%	2 - 10
BASOPHIL	Flow Cytometry	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT	Electrical Impedance	242000	/cmm	150000 - 410000
MPV	Calculated based on PLT Histogram	8.9	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs	Normochromic and Normocytic.
WBCs	Total and differential leucocyte counts are within normal limit
PLATELETS	Adequate in number and normal in morphology.
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Dr Pankaj Agrawal

M.B., D.C.P
Consulting Pathologist



Certificate No. : MC-5200


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Lab ID : 309900728

Collected On : 09-Sep-2023 10:30 AM

Gender/Age : Male / 64 Years

DOB : 11-Dec-1958

Received On : 09-Sep-2023 11:03 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type

"A"

RH Type

POSITIVE

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 Ref. By : Dr. Health Check Up . Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour * <i>Modified Westergren Method</i>	6	mm in 1 hour	0 - 20
HBA1C HbA1c - Glycated Haemoglobin * <i>Boronate Affinity Assay</i>	8.0	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Estimated Average Glucose (eAG) (mg/dL) * 183 mg/dL
Calculated

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 M.B., D.C.P
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 Lab ID : 309900728 Collected On : 09-Sep-2023 10:30 AM
 Gender/Age : Male / 64 Years DOB : 11-Dec-1958 Received On : 09-Sep-2023 11:01 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum, Urine (PP),
 Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

PLASMA GLUCOSE LEVEL**FASTING PLASMA GLUCOSE**

Plasma Glucose (F)	89	mg/dL	74 - 106
---------------------------	----	-------	----------

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	Absent
------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	149	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic :=>200
----------------------------	-----	-------	---

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	PRESENT[TRACE]	mg/dL	Absent
-------------------------	----------------	-------	--------

Glucose-oxidase/oxidase reaction

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 Gender/Age : Male / 64 Years DOB : 11-Dec-1958 Received On : 09-Sep-2023 11:01 AM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase, Oxidase, Peroxidase</i>	162	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	65	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT * <i>Phosphotungstic Acid/Mgcl2 - Enzymatic</i>	56	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	106	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
S.LDL <i>Calculated</i>	93	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	13	mg/dL	6 - 38
LDL/dHDL * <i>Calculated</i>	1.7		2.5 - 3.5
Chol/dHDL * <i>Calculated</i>	2.9	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum,Urine

CLINICAL PATHOLOGY URINE EXAMINATION

Physical Examination

Colour *	Pale yellow	Pale yellow
Transparency	Clear	Clear

Chemical Examination

Glucose	<i>Glucose-oxidase/peroxidase reaction</i>	Negative	Negative
Bilirubin	<i>Azo coupling Reaction with diazonium</i>	Negative	Negative
Ketone	<i>Sodium Nitroprusside reation</i>	Negative	Negative
Specific Gravity	<i>Refractometric Method - Bromthymol blue</i>	1.010	S.G. value 1.001 - 1.035
Blood	<i>Peroxidase like activity of hemoglobin</i>	Negative	Negative
pH	<i>Double Indicator principle</i>	6.0	PH value 4.6 - 8.0
Protein	<i>Protein Error of Indicator Principle</i>	Negative	Negative
Urobilinogen *	<i>Modified Ehrlich reaction</i>	0.2	EU/dL Upto 1.0 mg/dL (EU/dL)
Nitrite *	<i>Diazotization reaction of nitrite with an aromatic amine</i>	Negative	Negative
Leucocyte	<i>Leucocyte Esterase Test</i>	Negative	Negative

Microscopic Examination

Pus cells	0-2/hpf	/hpf	0-5/hpf
Red blood cells	NIL	/hpf	0-2/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	NIL		Nil
Cast *	Nil		Nil
Bacteria	NIL		Nil
Amorphous	NIL		Nil
Yeast	NIL		Nil

----- End of Report -----

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Dr Pankaj Agrawal

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Ref. By : Dr. Health Check Up . Shalby	Received On : 09-Sep-2023 11:01 AM
	Sample Type : Serum,Urine

Liver Function Test

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
SGPT (ALTV) <i>Multi Point Rate with P-5-P</i>	15	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-5-P</i>	15	U/L	17 - 59
Alkaline Phosphatase <i>AMP, AMP Buffer</i>	57	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >=51 yr : 56 - 119
GGT * <i>L-gamma-glutamyl-4-nitroanilide/glycylglycine Kinetic</i>	18	U/L	15 - 73
S. PROTEIN <i>Biuret (Alkaline cupric sulfate), End Point</i>	6.5	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.1	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	2.4	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.7	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphylline/Diazonium Salt</i>	0.7	mg/dL	0-1 day (premature) 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0 Adult : 0.2 - 1.3
Bilirubin Unconjugated <i>Point Colorimetric (Dual wavelength spectrophotometric)</i>	0.4	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
BILIRUBIN DIRECT <i>Calculated</i>	0.3	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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Dr Pankaj AgrawalM.B., D.C.P
Consulting Pathologist


 Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat. India.
 Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email : pathology.surat@shalby.in | Web : www.shalby.org

PID : SUR0000349717 OP-001

REPORT STATUS : Interim



Patient Name : Mr Nayankumar S Kayasth	/	Registered On : 09-Sep-2023 10:28 AM
Lab ID : 309900728		Collected On : 09-Sep-2023 10:30 AM
Gender/Age : Male / 64 Years	DOB : 11-Dec-1958	Received On : 09-Sep-2023 12:44 PM
Ref. By : Dr. Health Check Up . Shalby		Sample Type : Serum

TSH * 4.804 μ IU/mL 0.38 - 5.33

Chemiluminescence immunoassay (CLIA)

INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
 - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
 - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
 - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
 - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

PROSTATE SPECIFIC ANTIGEN * 1.3 ng/mL 0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

Clinical Use:

- An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
- Followup and management of Prostate cancer patients.
- Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

- PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
- Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels .
- Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
- Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

Recommended Testing Intervals:

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

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REPORT STATUS : Interim


 Patient Name : **Mr Nayankumar S Kayasth** / Registered On : 09-Sep-2023 10:28 AM
 Lab ID : 309900728 Collected On : 09-Sep-2023 10:30 AM
 Gender/Age : Male / 64 Years DOB : 11-Dec-1958 Received On : 09-Sep-2023 12:44 PM
 Ref. By : Dr. Health Check Up . Shalby Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID PROFILE (TFT)
Total T3 * 119 ng/dL 87 - 178

Chemiluminescence immunoassay (CLIA)

T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	1-11 months	1.05-2.45
	1-5 years	1.05 - 2.69
	6-10 years	0.94-2.41
	11-15 years	0.82-2.13
	16-20 years	0.80-2.10
	> 20 years	0.87-1.78

Total T4 * 12.07 µg/dL 99% Reference Interval

Chemiluminescence immunoassay (CLIA)

(µg/dL)
4.82 - 15.65

T4 Total in µg/dL	1-3 days	11.80-22.60
	4-7 days	Not Established
	1-2 weeks	9.80-16.60
	15-30 days	Not Established
	1-4 months	7.20-14.40
	4-12 months	7.80-16.50
	1-5 years	7.30-15.00
	5-10 years	6.40-13.30
	10-15 years	5.60-11.70
	> 15 years	4.82-15.65

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PID : SUR0000349717 OP-001

REPORT STATUS : Interim



Patient Name : Mr Nayankumar S Kayasth /

Registered On : 09-Sep-2023 10:28 AM

Lab ID : 309900728

Collected On : 09-Sep-2023 10:30 AM

Gender/Age : Male / 64 Years

DOB : 11-Dec-1958

Received On : 09-Sep-2023 11:01 AM

Ref. By : Dr. Health Check Up . Shalby

Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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RENAL FUNCTION TEST**RENAL FUNCTION TEST****Urea Nitrogen (BUN)**

31

mg/dL

9 - 20

*Urease, colorimetric***UREA**

66

mg/dL

19 - 43

*Calculated***S. CREATININE**

2.18

mg/dL

0.66 - 1.25

*Enzymatic - Creatinine amidohydrolase***S. URIC ACID**

5.1

mg/dL

3.5 - 8.5

*Uricase/Peroxidase, Colorimetric***Calcium**

9.3

mg/dL

8.4 - 10.2

*Arsenazo III dye***S. PHOSPHORUS ***

3.9

mg/dL

2.5 - 4.5

*Phosphomolybdate reduction (PMA Phenol)***Sodium**

141

mmol/L

137 - 145

*Direct Ion Selective Electrode***S. POTASSIUM**

5.69

mmol/L

3.5 - 5.1

*Direct Ion Selective Electrode***Chloride**

108

mmol/L

98 - 107

Direct Ion Selective Electrode

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Page 6 of