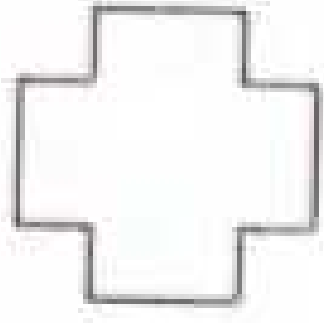


23/09/23



PANCHMUKHI HOSPITAL

Dr C P Dadhaniya


Dr R C Dadhaniya

MBBS, Dip.G.O, Diabetologist

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639,8320711901

policy number :
full name : ABHINAV CHATURVEDI
identity proof : Aadhar card
identity proof no : 3303
gender : male
height : 185
weight : 84
BP : 112/80
pulse : 68/min regular
blood sample : YES
fasting mode : NO
non fasting mode : YES

past history : NO

DR.  DADHANIYA
M.B. Diabetologist
Ind. Physician (C1-1)
Regd. No. 619
Code No. 376943
Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT.

NAME : Abhinav Chatusvedi
AGE/GENDER: 33 / male

DIAG. DATE: 23/09/23

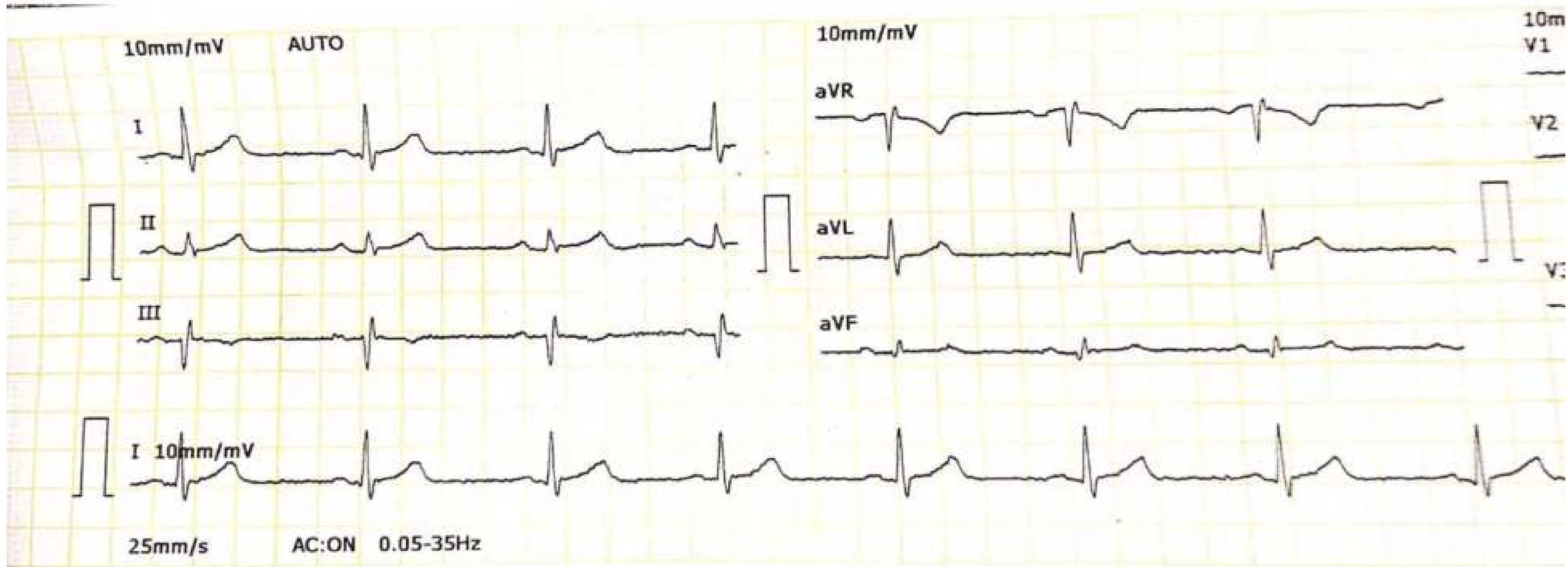
PATIENT'S REFRACTION DETAILS

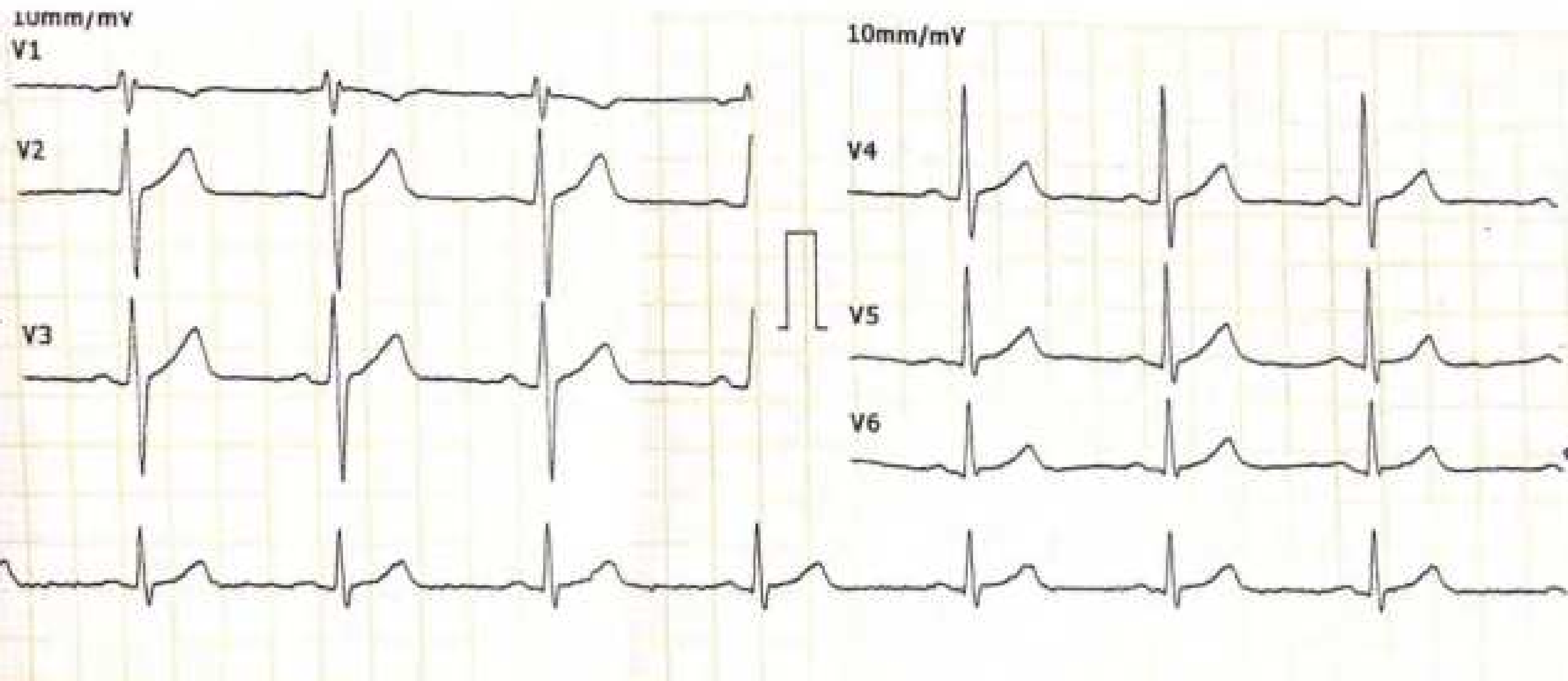
		SPHE	CYL	AXIS	VN
R	D	N	N	N	6/6
	N	N			6/6
L	D	N	N	N	6/6
	N	N			6/6

REMARKS :

CHECKED BY: Dr. C. P. Dadhaniya

DR. C. P. DADHANIYA
M.S. Diabetologist
Ind. Physician (CIH)
Regd. No. G19798
Code No. 378943
Panchmukhi Hospital
Mavdi Chowki,
450 Ft. Ring Road, RAJKOT.





2023-9-23 13:10:53

ID: 00003443

ID Card: Abhinav Chakraborty
 Name: Abhinav Chakraborty Gender: male

Age: 37 Height(cm): _____
 Weight(Kg): _____ BP(mmHg): 1

HR..... bpm 68
 P-R..... DR. P. DABANIYA
 Q-R-S..... DR. P. DABANIYA
 QT/QTc..... Ind. Physician reg. No. 313/396
 P/QRS/T AXES..... Regd. No. 610798/38
 RV5/SV1..... Code No. 3769/23
 RV5+SV1..... mV 1.21
 *The result must be confirmed by doctor!
 Report Confirmed by: _____
 Panchmukhi Hospital
 150 Feet Ring Road, RAJKOT.

Handwritten signature

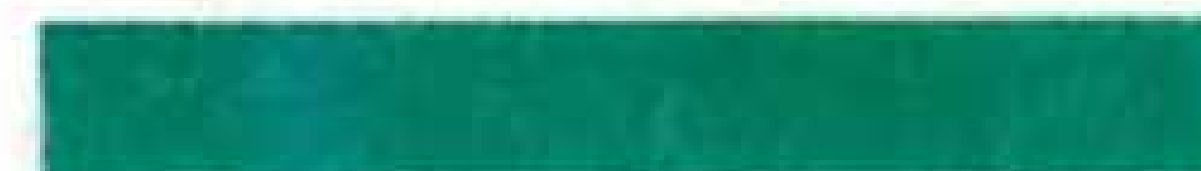


बैंक ऑफ़ बड़ौदा
Bank of Baroda
India's International Bank

नाम,
Name

ABHINAV CHATURVEDI

कर्मचारी कूट सं. 128188
E.C. No.



V P Sadatia

(V P SADATIA)
जारीकर्ता प्राधिकारी
Issuing Authority

Abhinav Chaturvedi

धारक के हस्ताक्षर
Signature of Holder



Tread Mill Test

Patient Name	: Abhinav Chaturvedi	Age	: 33yrs/M
OPD/IPD	: OPD	ID. No.	:
Ref. By	: Dr. C.P.Dadhaniya	Resting BP	: 130/80
Report Date	: 23/09/2023	Max. BP	: 150/80

Patient Reaches exercise limit at 7.30 METS.

No signs of ischemia at the exercise level and during recovery phase.

Adequate increase of HR & BP.


No significant Arrhythmia.

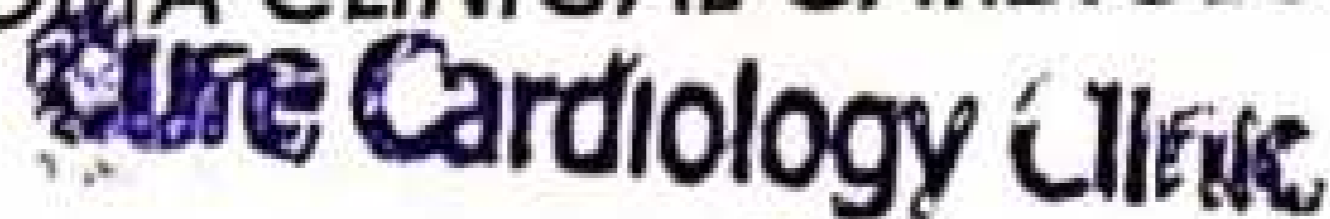
The stress test was terminated after 6:17 minutes as patient complained of Fatigue.
Patient achieved 89% THR without chest pain.

The recovery was uneventful.

Fair effort tolerance.

Conclusion: - The stress test is NEGATIVE for exercise induced myocardial ischaemia.


DR. MAULIK HANSALIA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

 Cure Cardiology Clinic

 Partner

DR. NISHANT SIRODARIYA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

CURE CARDIOLOGY CLINIC

2nd floor, Kansagra Hospital, Astron Chowk, Sardarnagar main road, RAJKOT - 360 001. Ph. 0281-2483799, M. 93 13 12 19 87

CURE CARDIOLOGY CLINIC

24179 / ABHINAV CHATURVEDI

33 Yrs / Male

33 Yrs / Male

23-Sep-2023 07:09:57 PM

Protocol : BRUCE

Medication :
Ref.By : DR C.P.DADHANIA

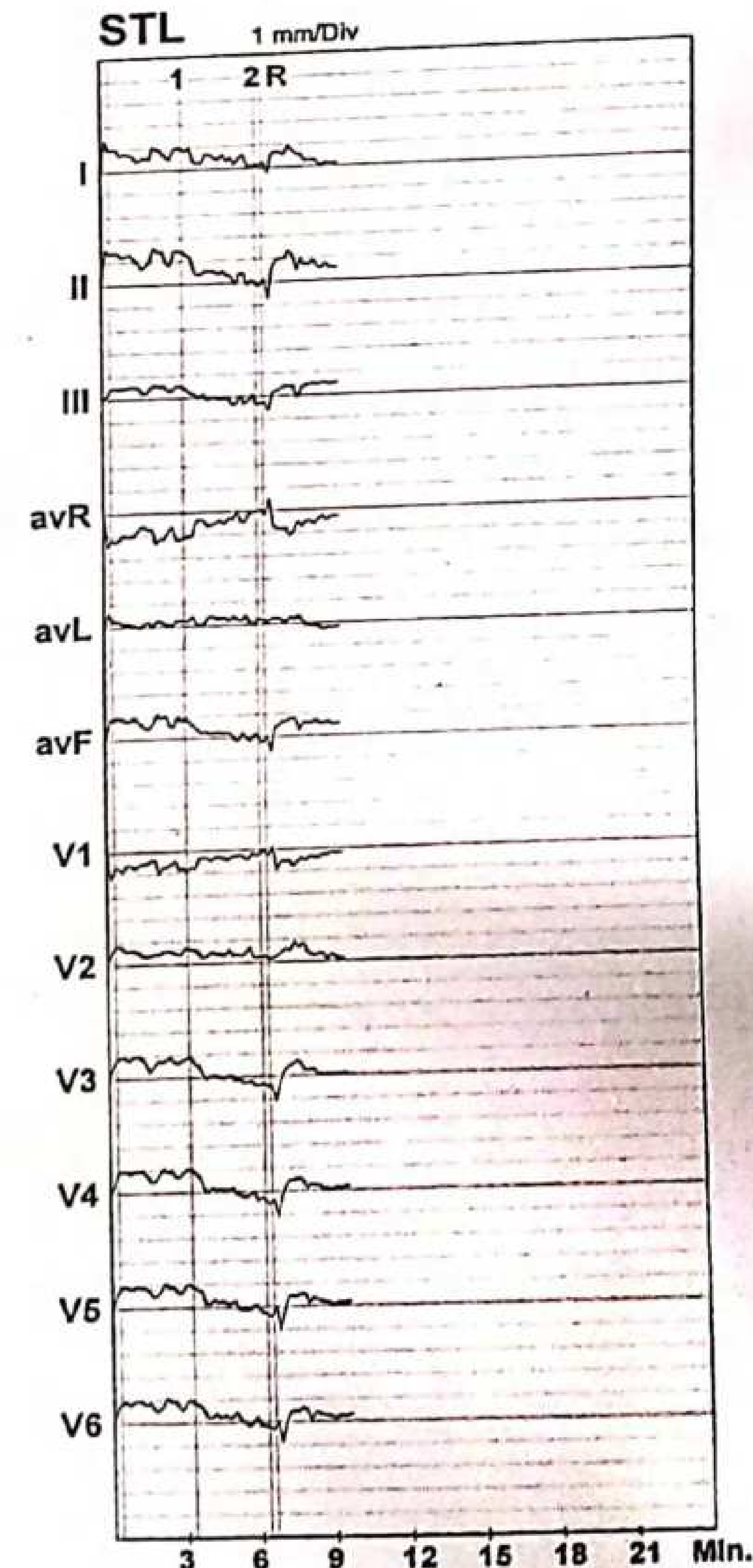
Objective :
History :

Stage	StageTime (Min:Sec)	PhaseTime (Min:Sec)	Speed (kmph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine					1.0	95	120/80	114	-	
Standing					1.0	85	120/80	102	-	
HV					1.0	86	120/80	103	-	
ExStart					1.0	87	120/80	104	-	
Stage 1	3:00	3:01	4.3	10.0	4.6	125	130/80	162	-	
Stage 2	3:00	6:01	6.4	12.0	7.0	162	140/80	226	1	
PeakEx	0:16	6:17	8.8	14.0	7.3	168	140/80	235	-	
Recovery	1:00		0.0	0.0	1.1	127	140/80	177	-	
Recovery	2:00		0.0	0.0	1.0	107	150/80	160	-	
Recovery	3:00		0.0	0.0	1.0	99	140/80	138	-	
Recovery	3:09		0.0	0.0	1.0	102	130/80	132	-	

Findings :

Exercise Time : 6:17 minutes
 Max HR attained : 168 bpm 90% of Target 187
 Max BP : 150/80(mmHg)
 Max WorkLoad attained : 7.3 (Fair Effort Tolerance)
 No significant ST segment changes noted during exercise or recovery.
 No Angina/Arrhythmia/S3/murmur
 Final Impression : Test is negative for inducible ischaemia.

Summary



Advice/Comments:

CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

24179 / ABHINAV CHATURVEDI
33 Yrs / Male
0 Kg / 0 Cm/
Date: 23-Sep-2023 07:09:57 PM

HR: 95 bpm
METS: 1.0
BP: 120/80

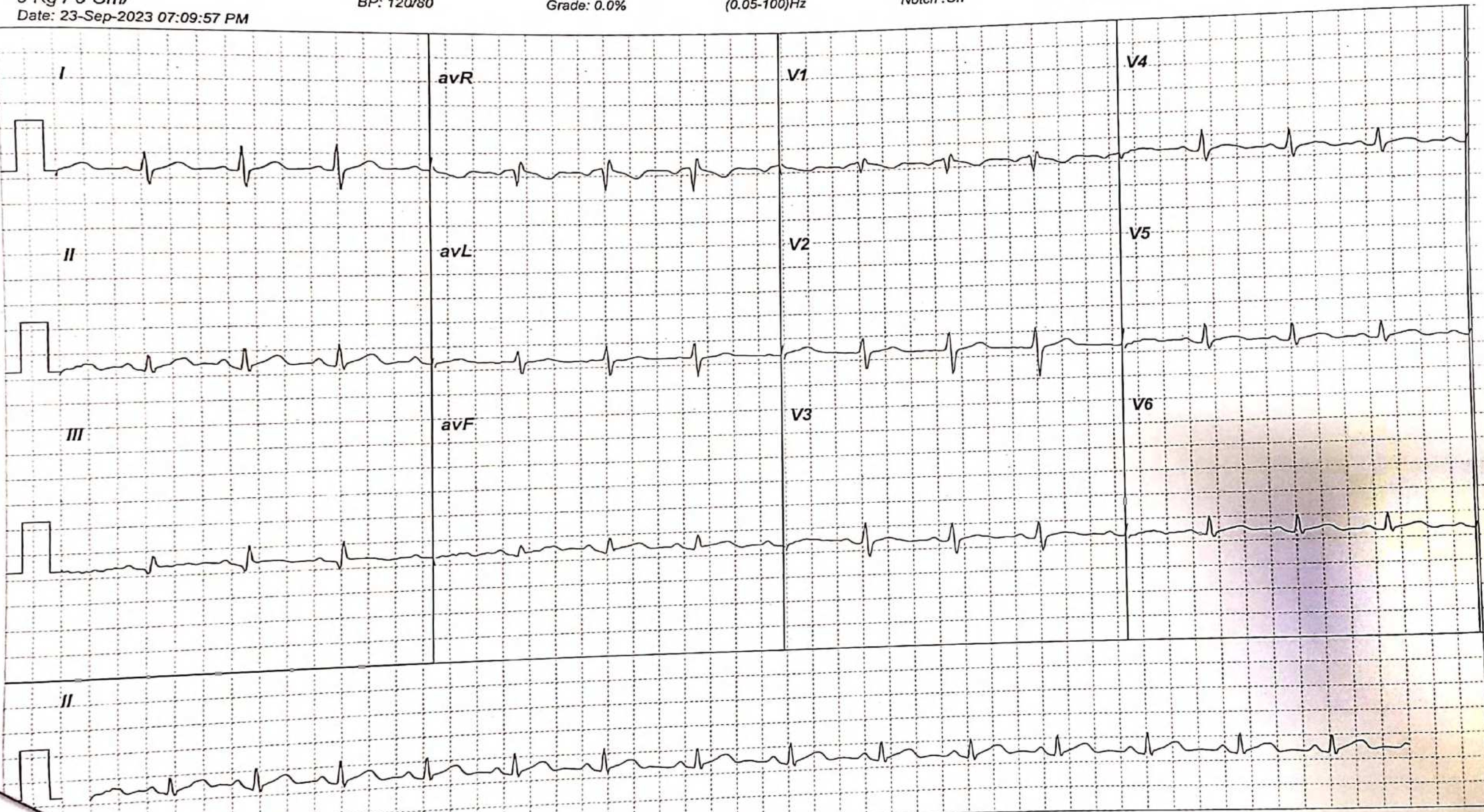
Trgt HR: 50% of 187
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 00:06
BLC : On
Notch : On

3x4+1 Rhythm Lead

Supine
1.0 Cm/mV
25 mm/Sec.



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
24179 / ABHINAV CHATURVEDI
33 Yrs / Male
0 Kg / 0 Cml
Date: 23-Sep-2023 07:09:57 PM

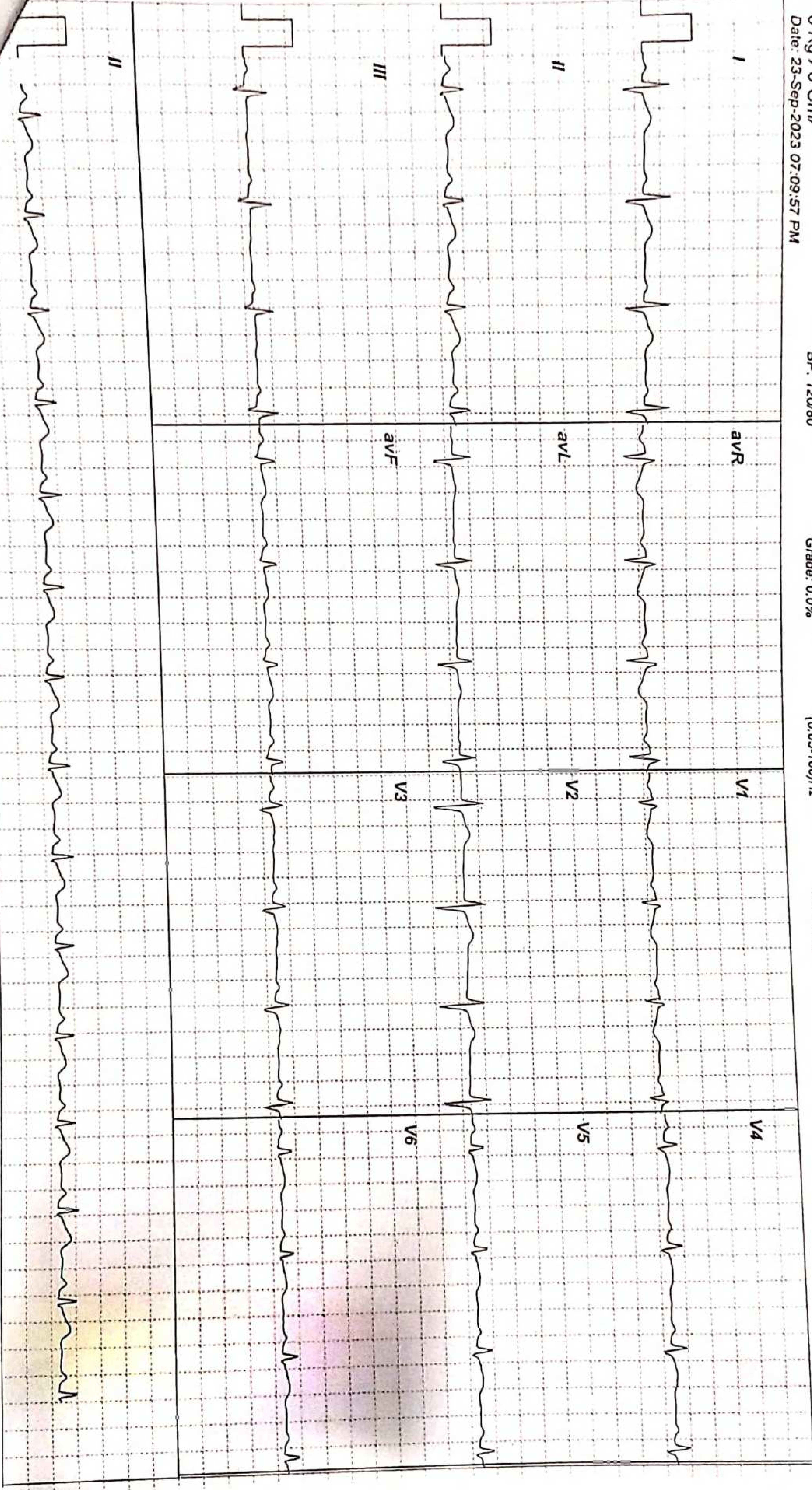
HR: 85 bpm
NETS: 1.0
BP: 120/80

Tgt HR: 45% of 187
Speed: 0.0 mph
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 00:11
BLC: On
Notch: On

3x4+1 Rhythm Lead
Standing
1.0 Cm/mV
25 mm/Sec.



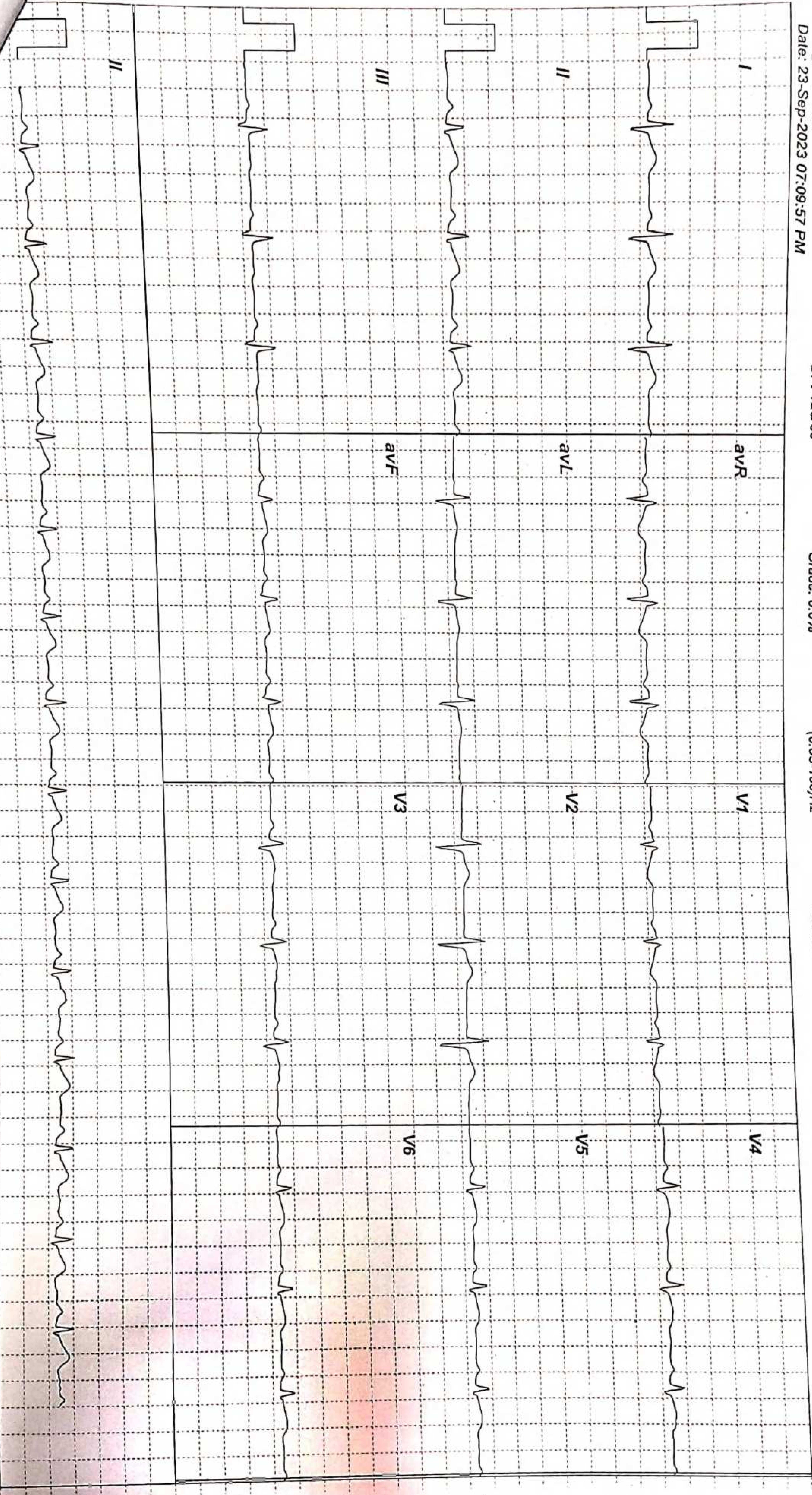
CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL,
24179 / ABHINAV CHATURVEDI
33 Yrs / Male
0 Kg / 0 Cm/
Date: 23-Sep-2023 07:09:57 PM

HR: 86 bpm
METs: 1.0
BP: 120/80
Tgt HR: 45% of 187
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 00:15
BLC: On
Notch: On

3x4+1 Rhythm Lead
HV
1.0 Cm/mV
25 mm/Sec.



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
24179 / ABHINAV CHATURVEDI

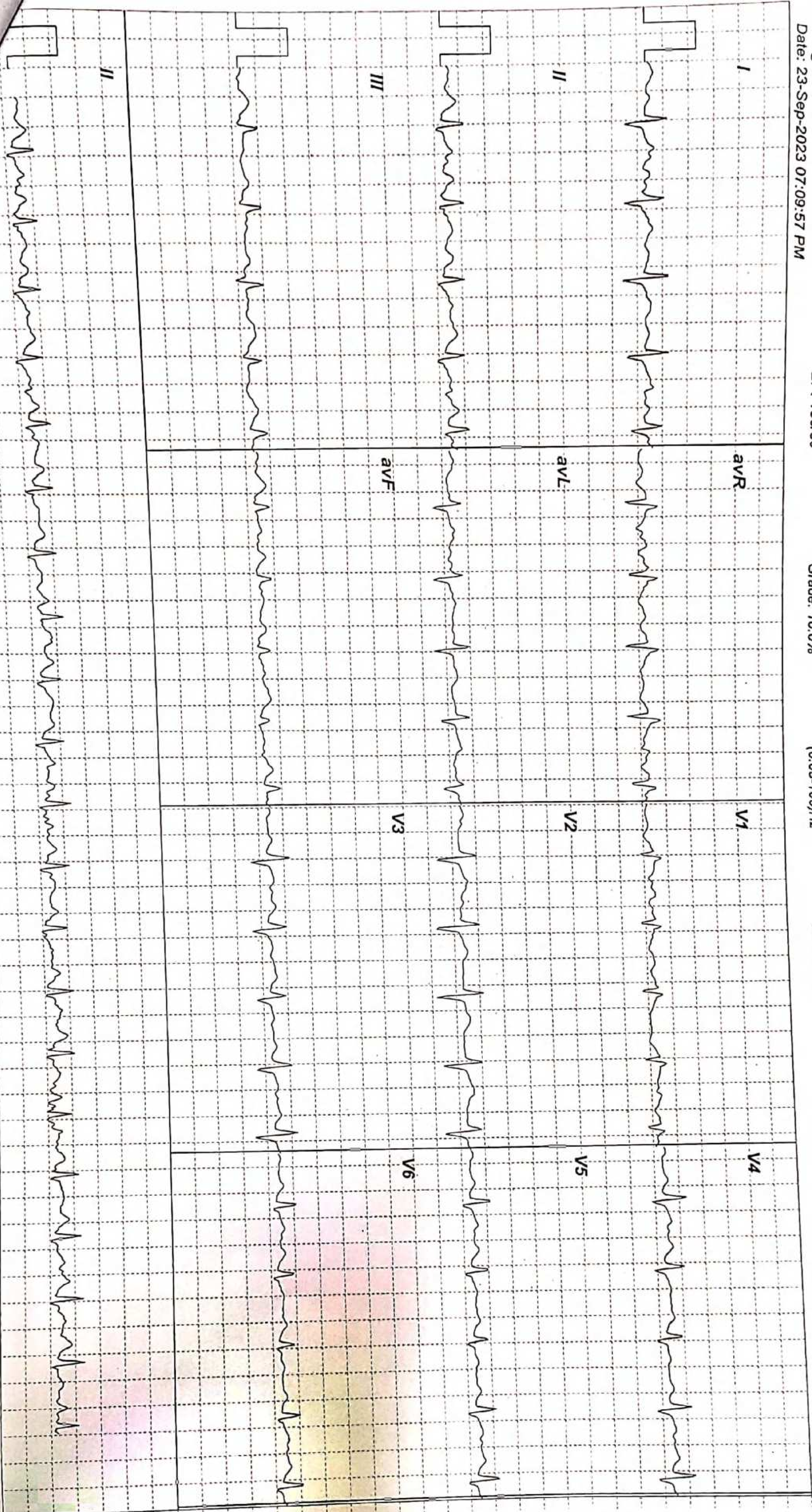
33 Yrs / Male
0 Kg / 0 Cm/
Date: 23-Sep-2023 07:09:57 PM

HR: 125 bpm
METs: 4.6
BP: 130/80
Tgtl HR: 66% of 187
Speed: 2.7 mph,
Grade: 10.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 03:00
BLC: On
Notch: On
BRUCE: Stage 1 (3:00)
1.0 Cm/mV
25 mm/Sec.

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL,
24179 / ABHINAV CHATURVEDI
33 Yrs / Male
0 Kg / 0 Cm/
Date: 23-Sep-2023 07:09:57 PM

ASTRON CHOWK, RAJKOT.
HR: 162 bpm
METs: 7.0
BP: 140/80
Tgt HR: 86% of 187
Speed: 4.0 mph,
Grade: 12.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 06:00
BLC: On
Notch: On

3x4+1 Rhythm Lead
BRUCE: Stage 2(3:00)
1.0 Cm/mV
25 mm/Sec.



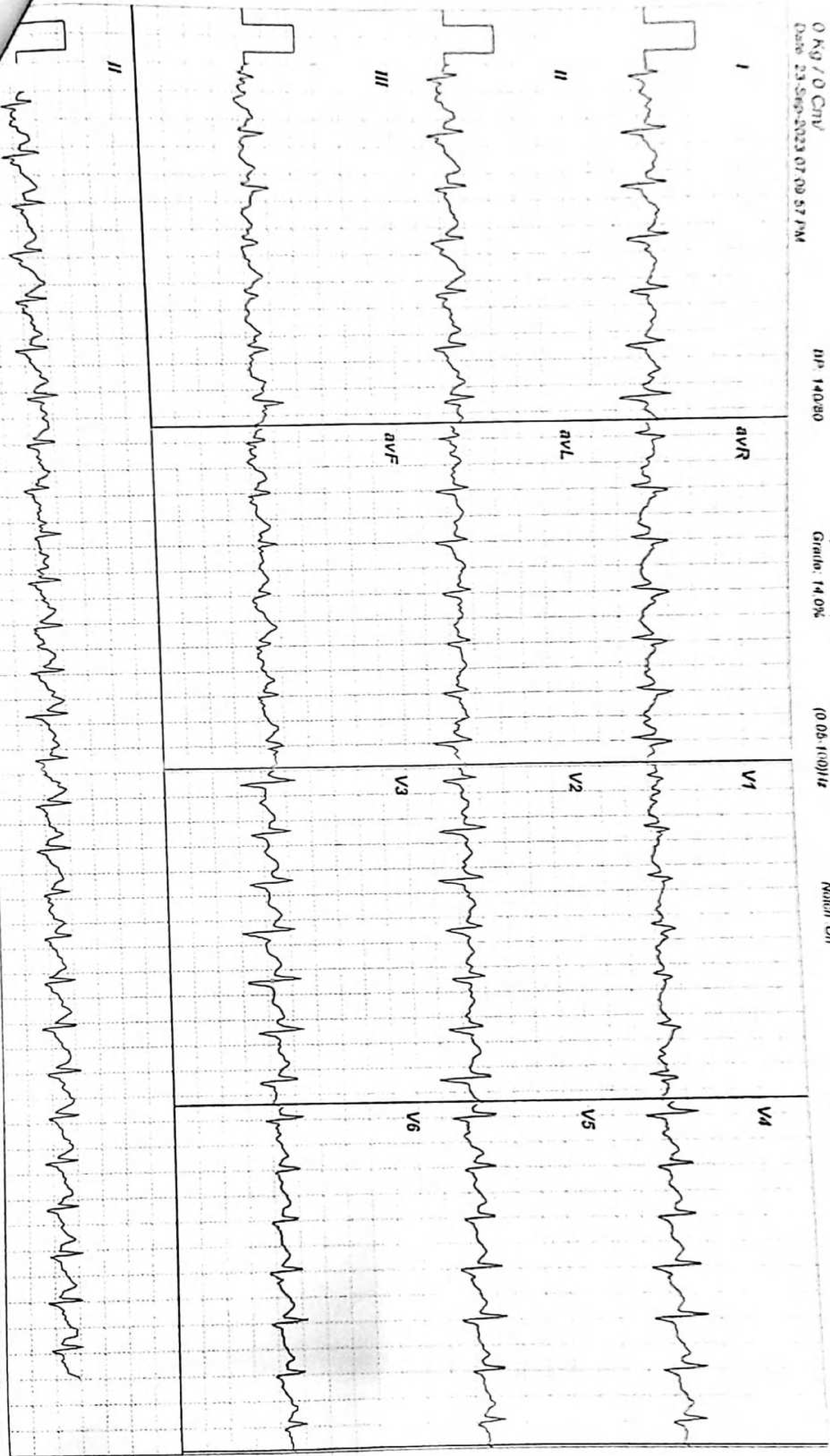
CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
24179 / ABHINAV CHATURVEDI
33 Yrs / Male
0 Kg / 0 CmV
Date: 23-Sep-2023 07:09:57 PM

HR: 108 bpm
METs: 7.3
HIP: 140/80
Tidal Vol: 80% of 107
Speed: 5.8 mph
Grade: 14.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time: 00:16
RLG: On
Notch: On

3x4+1 Rhythm Lead
DRUCE: PonkEx(0:10)
1.0 Cm/mV
25 mm/5sec



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
24179 / ABHINAV CHATURVEDI
33 Yrs / Male
0 Kg / 0 Cm/
Date: 23-Sep-2023 07:09:57 PM

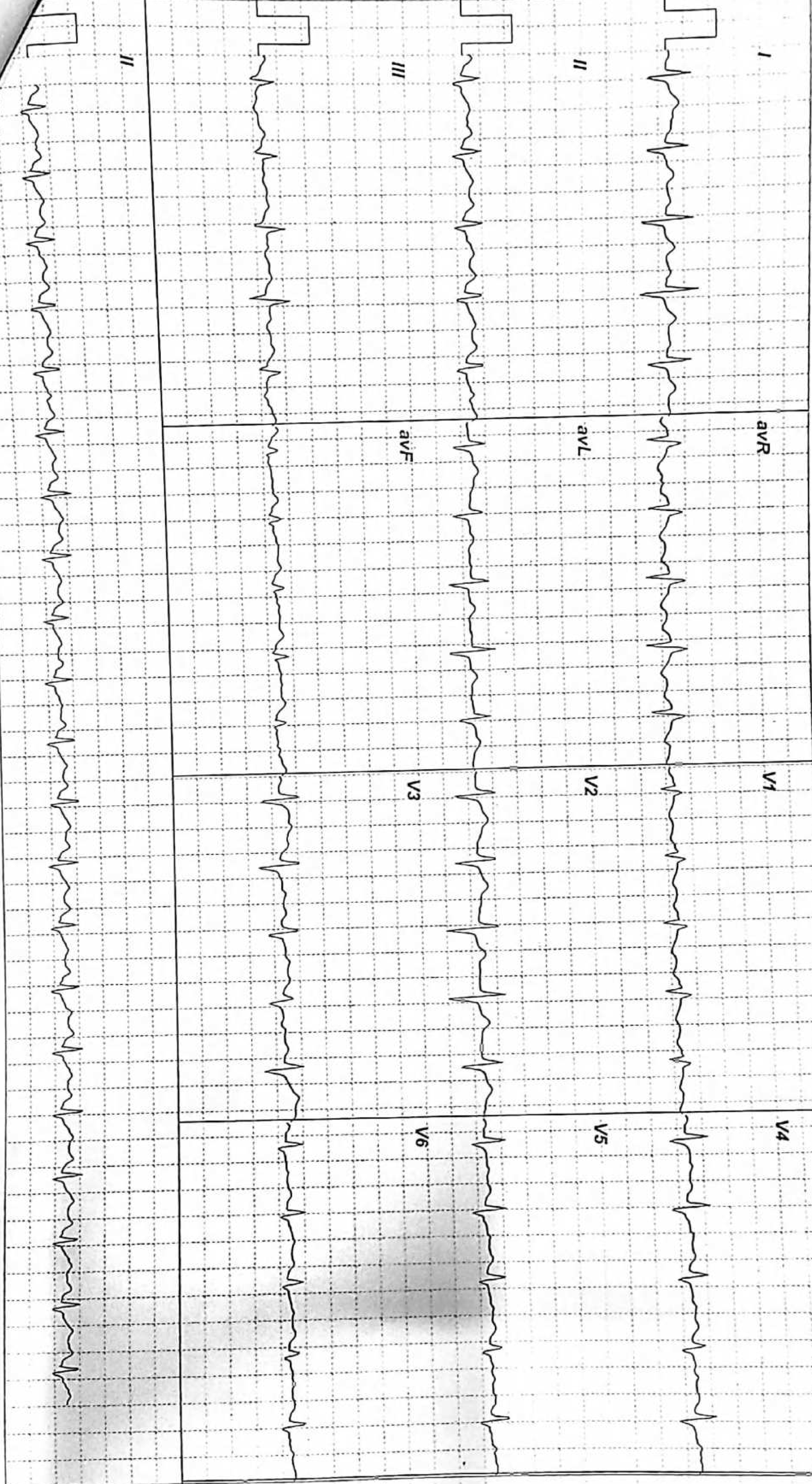
HR: 127 bpm
METs: 1.1
BP: 140/80
Tgt HR: 67% of 187
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 06:17
BLC : On
Notch : On

Recovery(1:00)
1.0 Cm/mV
25 mm/Sec.

3X4+1 Rhythm Lead



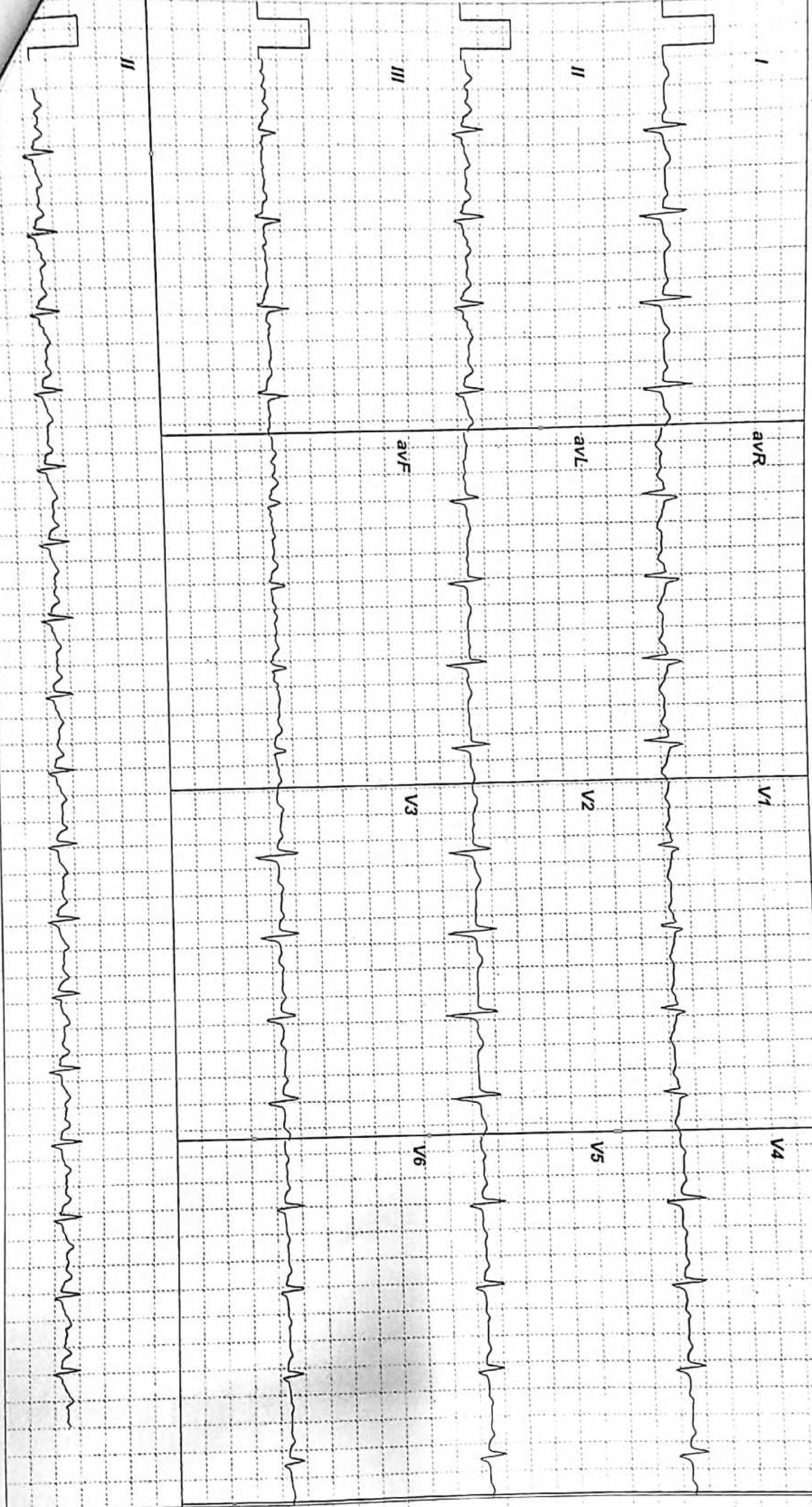
CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.
24179 / ABHINAV CHATURVEDI
33 Yrs / Male
0 Kg / 0 Cm/
Date: 23-Sep-2023 07:09:57 PM

HR: 107 bpm
METs: 1.0
BP: 150/80
Tgt HR: 57% of 187
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 06:17
BLC: On
Notch: On

3x4+1 Rhythm Lead
Recovery(2:00)
1.0 Cm/mV
25 mm/Sec.



CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL, **ASTRON CHOWK, RAJKOT.**
24179 / ABHINAV CHATURVEDI

33 Yrs / Male
0 Kg / 0 Cm/
Date: 23-Sep-2023 07:09:57 PM

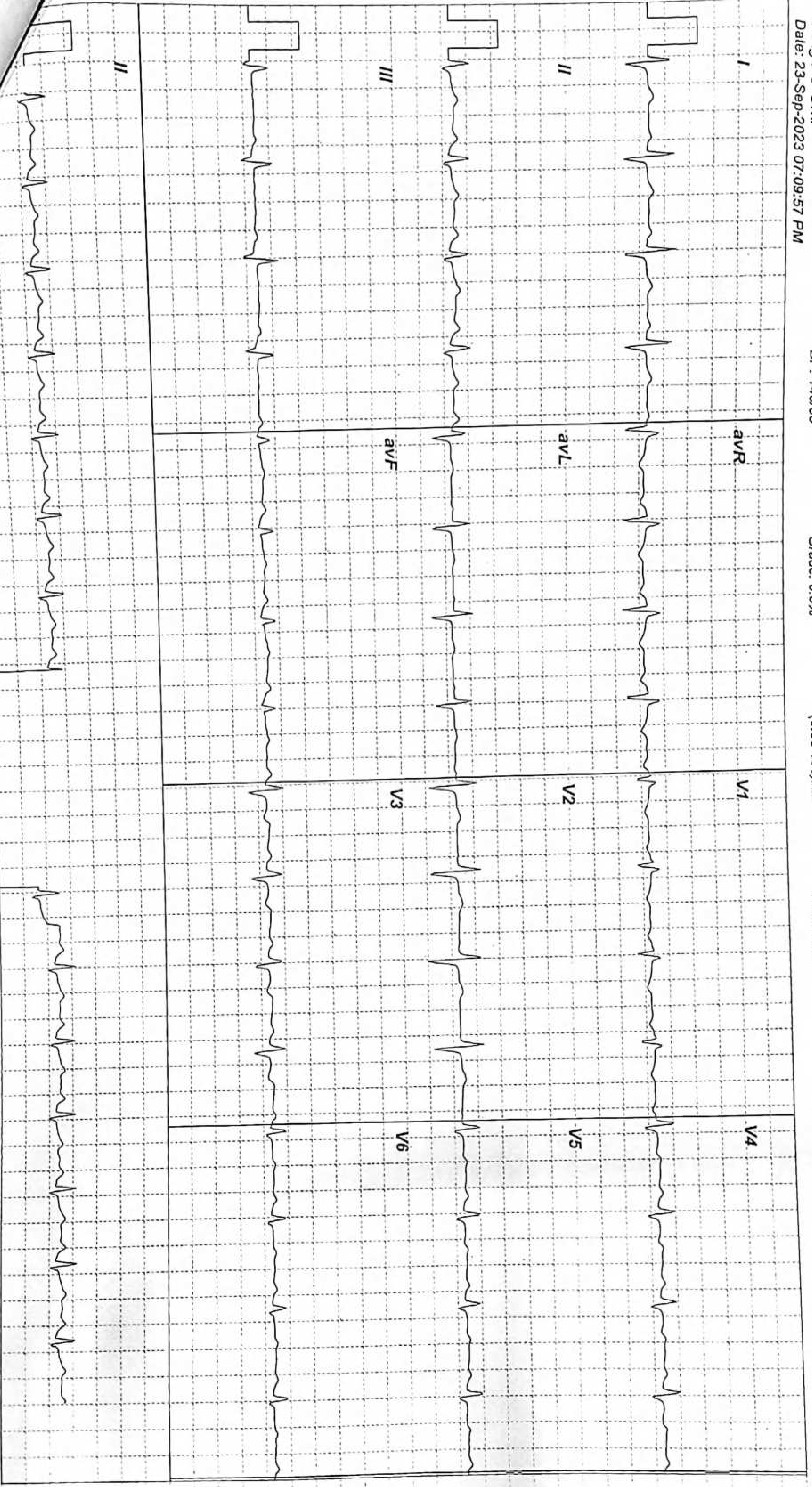
HR: 99 bpm
METs: 1.0
BP: 140/80
Tgt HR: 52% of 187
Speed: 0.0 mph,
Grade: 0.0%

Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 06:17
BLC: On
Notch: On

Recovery(3:00)
1.0 Cm/mV
25 mm/Sec.

3x4+1 Rhythm Lead



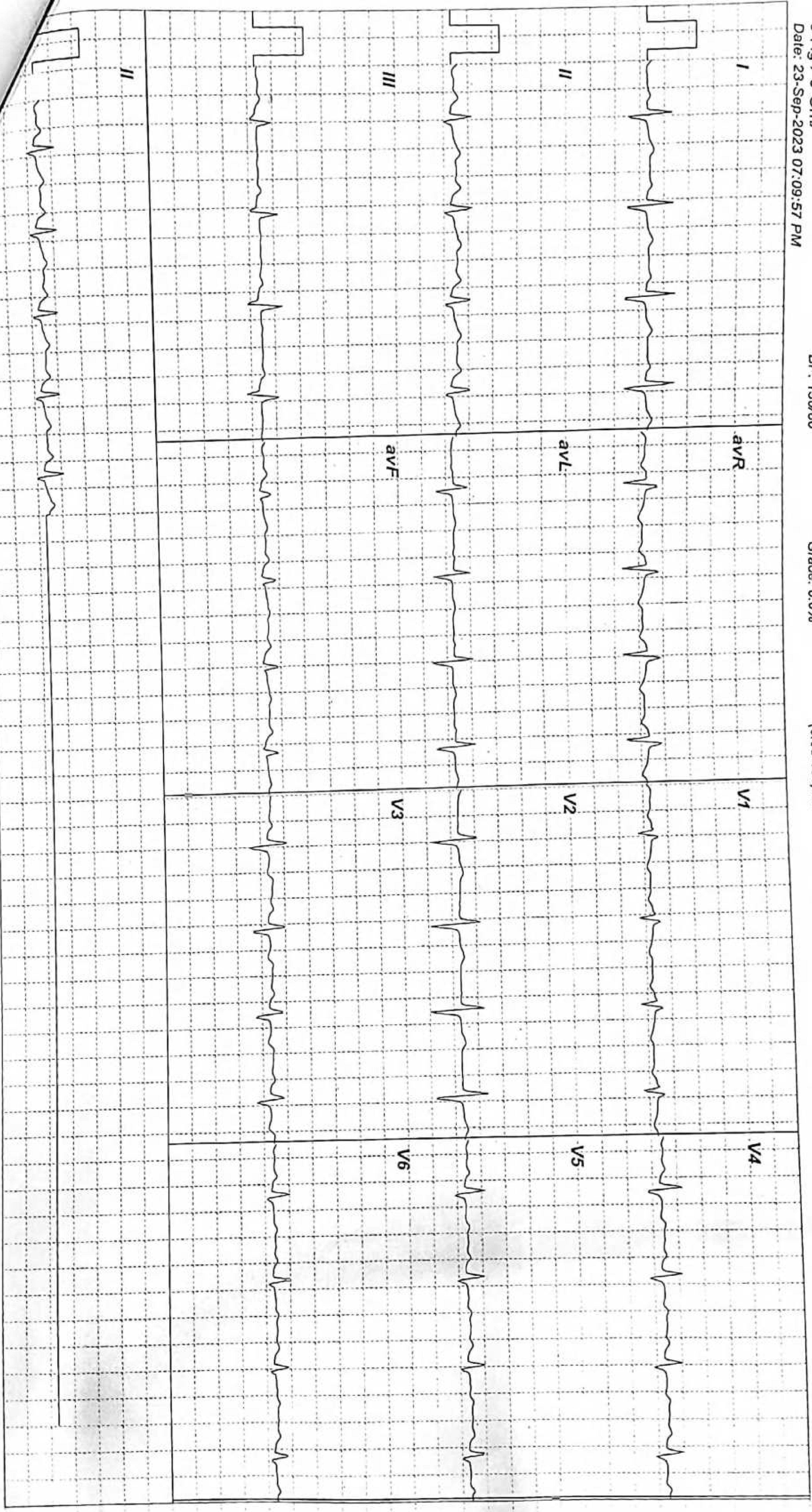
CURE CARDIOLOGY CLINIC
2ND FLOOR, KANSAGRA HOSPITAL,
24179 / ABHINAV CHATURVEDI
33 Yrs / Male
0 Kg / 0 Cm/
Date: 23-Sep-2023 07:09:57 PM

ASTRON CHOWK, RAJKOT.
HR: 102 bpm
METs: 1.0
BP: 130/80
Trgt HR: 54% of 187
Speed: 0.0 mph,
Grade: 0.0%
Raw ECG
Protocol: BRUCE
(0.05-100)Hz

Ex Time 06:17
BLC: On
Notch: On

Recovery(3:09)
1.0 Cm/mV
25 mm/Sec.

3x4+1 Rhythm Lead





TEST REPORT

Name	: Abhinav Chatarvedi	Reg. No	: 309101285
Age/Sex	: 33 Years / Male	Reg. Date	: 23-Sep-2023 03:41 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Sep-2023 03:41 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Sep-2023 06:13 PM

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
RBC Parameters			
Hemoglobin (SLS method)	13.2	g/dL	13.0 - 18.0
Hematocrit (Electrical Impedance)	38.90	%	47 - 52
RBC Count (Electrical Impedance)	4.77	million/cmm	4.7 - 6.0
MCV (Calculated)	81.6	fL	78 - 110
MCH (Calculated)	27.7	Pg	27 - 31
MCHC (Calculated)	33.9	%	30 - 35
RDW (Calculated)	12.7	%	11.5 - 14.0
WBC Parameters			
WBC Count (Flowcytometry)	5200	/cmm	4000 - 10500
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	55 %	% Range 42.0 - 75.2	Abs. Value 2860 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	39 %	20 - 45	2028 /cmm 1000 - 3900
Eosinophils (%)	01 %	1 - 4	52 /cmm 0 - 450
Monocytes (%)	05 %	2 - 8	260 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm 20 - 100
Platelete Parameter			
Platelet Count	62000	/cmm	150000 - 450000
MPV	14.4	fL	7.4 - 10.4
P-LCR	56.30	%	11.9 - 66.9
PDW	24.7	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.09	%	0.2 - 0.5

DRJ

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Page 1 of 12

Dr. Viral Jethava
M.D. (Path. PDCC)

Dr. Viral R. Jethava
M.D. (Path. PDCC)



towards the healthiness...



TEST REPORT

Name	: Abhinav Chatarvedi	Reg. No	: 309101285
Age/Sex	: 33 Years / Male	Reg. Date	: 23-Sep-2023 03:41 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Sep-2023 03:41 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Sep-2023 06:13 PM

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"B"		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

D.R.J.

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Page 2 of 12

Dr. Viral Jethava
M.D. (Path. PDCC)

Dr. Viral R. Jethava
M.D. (Path. PDCC)



towards the healthiness...



TEST REPORT

Name	: Abhinav Chatarvedi	Reg. No	: 309101285
Age/Sex	: 33 Years / Male	Reg. Date	: 23-Sep-2023 03:41 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Sep-2023 03:41 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Sep-2023 06:13 PM

Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate Sample, EDTA whole blood			
ESR (After 1 hour)	05	mm/hr	1 - 7

towards the healthiness...

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Page 3 of 12

Dr. Viral Jethava
M.D. (Path. PDCC)

Dr. Viral R. Jethava
M.D. (Path. PDCC)




TEST REPORT

Name	: Abhinav Chatarvedi	Reg. No	: 309101285
Age/Sex	: 33 Years / Male	Reg. Date	: 23-Sep-2023 03:41 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Sep-2023 03:41 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Sep-2023 06:13 PM

RANDOM PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Random Blood Sugar (RBS)	90.00		70 - 160

Criteria for the diagnosis of diabetes :

- HbA1c \geq 6.5 %Or
- Fasting plasma glucose \geq 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

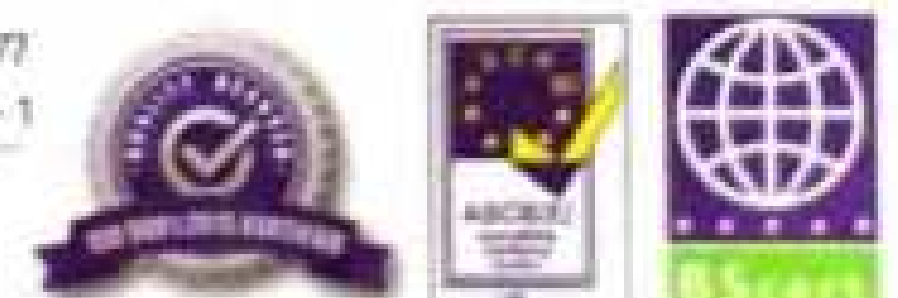
*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.

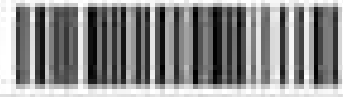
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34: 511.


Dr. Viral Jethava
 M.D. (Path. PDCC)

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Page 4 of 12

Dr. Viral R. Jethava
 M.D. (Path. PDCC)

towards the healthiness...



TEST REPORT

Name	: Abhinav Chatarvedi	Reg. No	: 309101285
Age/Sex	: 33 Years / Male	Reg. Date	: 23-Sep-2023 03:41 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Sep-2023 03:41 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Sep-2023 06:13 PM

LIPID PROFILE
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	165.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	106.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	63.00	mg/dL	High Risk : < 40 Low Risk : \geq 60
LDL Cholesterol <i>Siemens ALDL</i>	80.80	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : \geq 190
VLDL Cholesterol <i>Calculated</i>	21.20	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.28		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.62		0 - 5.0

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Page 5 of 12

Dr. Viral Jethava
M.D. (Path. PDCC)

Dr. Viral R. Jethava
M.D. (Path. PDCC)



towards the healthiness...



TEST REPORT

Name	: Abhinav Chatarvedi	Reg. No	: 309101285
Age/Sex	: 33 Years / Male	Reg. Date	: 23-Sep-2023 03:41 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Sep-2023 03:41 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Sep-2023 06:13 PM

UREA & BLOOD UREA NITROGEN

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Urea <small>Calculated</small>	35.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small>	16.35	mg/dL	7.0 - 18.0
GGT <small>Siemens/IFC</small>	58.00	U/L	15 - 85

D.R.J.

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Dr. Viral Jethava
M.D. (Path. PDCC)

Dr. Viral R. Jethava
M.D. (Path. PDCC)



towards the healthiness...



TEST REPORT

Name : Abhinav Chatarvedi	Reg. No : 309101285
Age/Sex : 33 Years / Male	Reg. Date : 23-Sep-2023 03:41 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 23-Sep-2023 03:41 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Sep-2023 06:13 PM

HEMOGLOBIN A1 C (HBA1C)
Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <small>Siemens Dimension</small>	4.95	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 % Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <small>Calculated</small>	95.36	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

Explanation :

- Total hemoglobin A1 c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HBA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is sixty days, HBA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences :

- Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

DRJ

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Dr. Viral Jethava
M.D. (Path. PDCC)

Dr. Viral R. Jethava
M.D. (Path. PDCC)



towards the healthiness...


TEST REPORT

Name	: Abhinav Chatarvedi	Reg. No	: 309101285
Age/Sex	: 33 Years / Male	Reg. Date	: 23-Sep-2023 03:41 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Sep-2023 03:41 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Sep-2023 08:06 PM

THYROID STIMULATING HORMONE (TSH)

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) <small>CLIA</small>	3.240	µIU/ml	0.35 - 5.50

Remarks:

- Thyroid-stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulates the thyroid gland to synthesize and secrete T3 and T4.
- Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism.
- In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy:

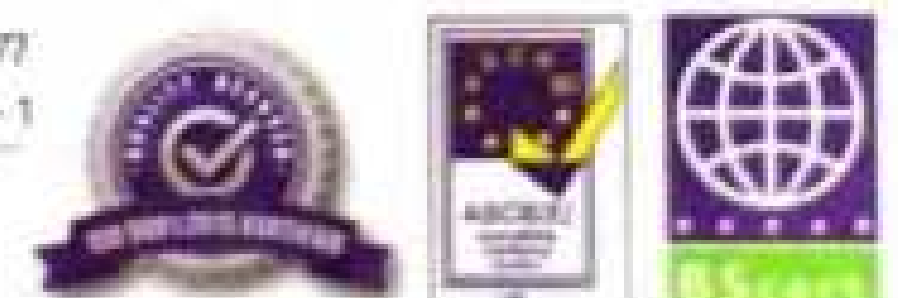
- First Trimester : 0.1 to 2.5 µIU/ml
- Second Trimester : 0.2 to 3.0 µIU/ml
- Third trimester : 0.3 to 3.0 µIU/ml
- Reference: Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

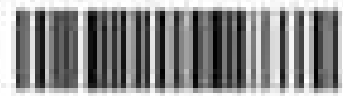


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Dr. Viral Jethava
 M.D. (Path. PDCC)

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towards the healthiness...


TEST REPORT

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Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Sep-2023 03:41 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Sep-2023 06:13 PM

THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) <small>CLIA</small>	3.521	µIU/ml	0.35 - 5.50

Remarks:

- Thyroid-stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulates the thyroid gland to synthesize and secrete T3 and T4.
- Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism.
- In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy:

- First Trimester : 0.1 to 2.5 µIU/ml
- Second Trimester : 0.2 to 3.0 µIU/ml
- Third trimester : 0.3 to 3.0 µIU/ml
- Reference: Carl A.Burtis,Edward R.Ashwood,David E.Bruno. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

Triiodothyronine (T3) <small>CLM</small>	1.28	ng/mL	0.6 - 1.81
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Clinical Significance:

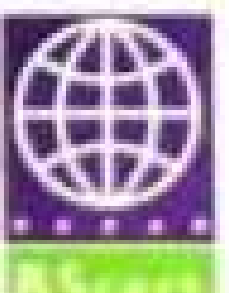
- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.
- In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.
- In hypothyroidism and hyperthyroidism, FT3 levels parallel changes in total T3 levels. Measuring FT3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.



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Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Sep-2023 06:13 PM

Thyroxine (T4) 6.42 µg/dL 4.5 - 12.6
CLIA

Clinical Significance :

- Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus. In the circulation, 99.95% of T4 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to T3.
- In hypothyroidism and hyperthyroidism, FT4 levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

D.R.J.

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towards the healthiness...



TEST REPORT

Name	: Abhinav Chatarvedi	Reg. No	: 309101285
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Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Sep-2023 03:41 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Sep-2023 06:13 PM

URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
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PHYSICAL EXAMINATION

Quantity	20 cc
Colour	Pale Yellow
Clarity	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.5	4.6 - 8.0
Sp. Gravity	1.010	1.001 - 1.035
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Normal Present	
Bile salts:	Absent	Absent
Bile Pigments:	Absent	Absent
Nitrite	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	2 - 3/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

D.R.J.

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TEST REPORT

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Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On	: 23-Sep-2023 03:41 PM
Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 23-Sep-2023 06:13 PM

LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.32	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.35	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	2.97	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.46		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	29.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	54.00	U/L	16 - 63
Alkaline Phosphatase <i>Siemens/37C</i>	94.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</i>	0.41	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</i>	0.15	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Suph acid dipiccoll-benz</i>	0.26	mg/dL	0.0 - 1.1

----- End Of Report -----

D.R.J.

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Dr. Viral Jethava
M.D. (Path. PDCC)

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towards the healthiness...

Pt.'s Name: ABHINAV CHATURVEDI

Date: 23 September, 2023

Radiograph of chest (PA view)

- *Both the lung fields are clear.*
- *No e/o consolidation, cavitations or collapse.*
- *Both the hila appears normal*
- *Both costophrenic angles appear clear.*
- *Both domes of diaphragm appear normal.*
- *Cardiac size is within normal limit.*
- *Bones underview reveals no evident abnormality.*

Thanks for reference.



DR PRATIK KAGATHARA
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020

DATE: 23 September 2023

Pat.s' Name: ABHINAV CHATURVEDI

U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows normal parenchymal echotexture. No focal lesion noted. Intrahepatic biliary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone or changes of cholecystitis.
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No e/o calculi or hydronephrosis on either side.
- **URINARY BLADDER:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angles clear.

CONCLUSION:

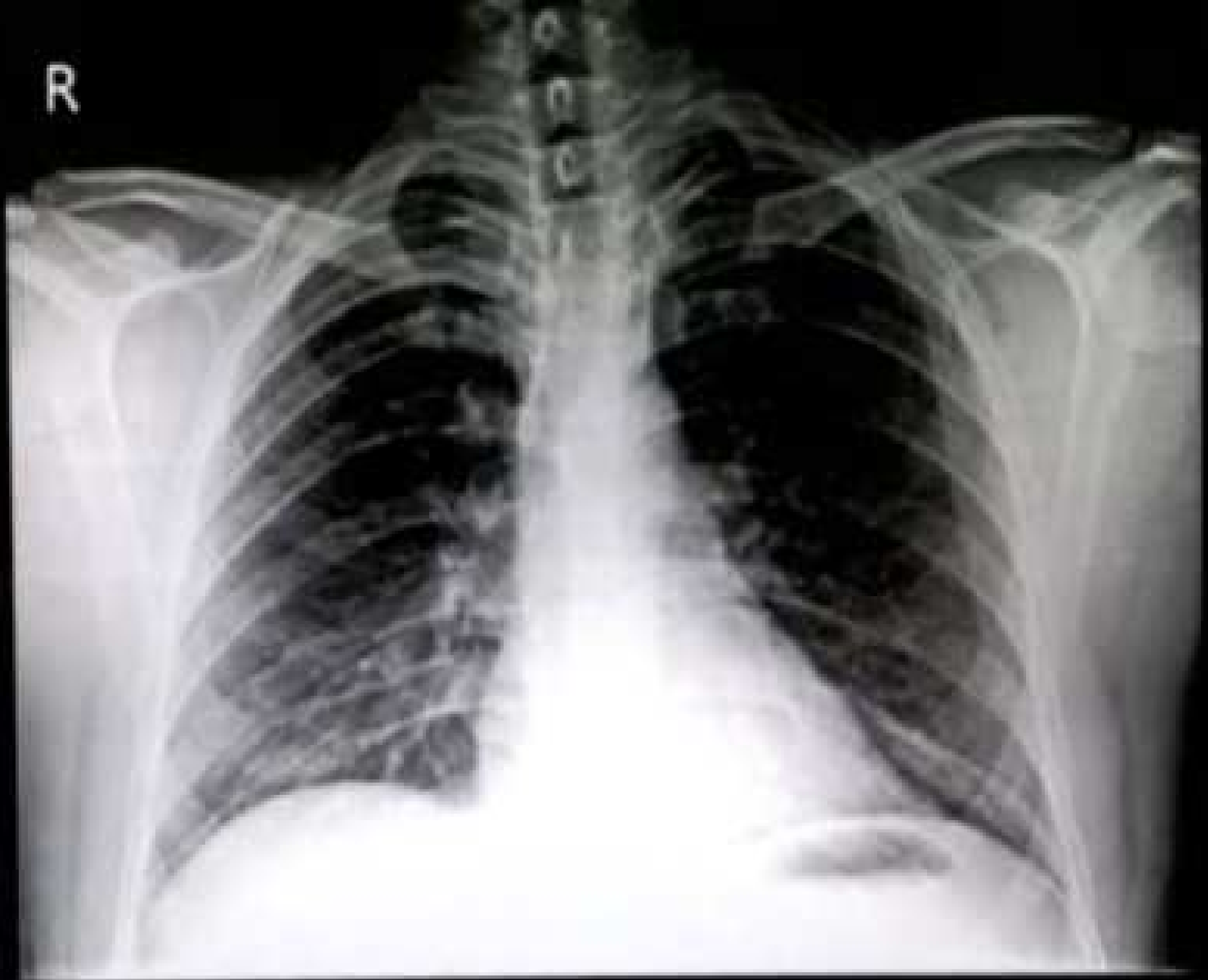
- No significant abnormality seen in present study.

Thanks for reference.



DR PRATIK KAGATHARA
MD

R



ABHINAV CHATURVEDI SIYM CHEST PA 23-Sep-23
NEELJANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)