Patient Name	: Mr. ASHISH SHANKAR	**Age / Gender**	: 32 Y / M
UHID/MR No.	: FVAD.0000042588	**OP Visit No**	: FVADOPV22762
Visit Date	: 08-04-2023 09:56	**Reported on**	: 08-04-2023 14:40
Sample Collected on	: 08-04-2023 10:34	**Specimen**	: Serum
Ref Doctor	: SELF	**Doctor:**	:
Emp/Auth/TPA ID	: bobE36445		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIPID PROFILE TEST (PACKAGE)			
HDL	49	30 - 70	mg/dl
VLDL Method: Calculated	15.4	7 mg/dl -35mg/dl	mg/dl
RATIO OF CHOLESTEROL / HDL Method: Calculated	3.0	0 - 4.5	
CHOLESTEROL Method: CHOD - PAP	149	Desirable < 200 Borderline High : 200-239 High : > 240	mg/dl
LDL. Method: Calculated.	84.6	60 - 150 mg/dl	
Triglyceride Method: GPO- TOPS	77	50 - 200	mg/dl
LDL/HDL: Method: Calculated	**1.72***	2.5 - 3.5	mg/dl
KFT - RENAL PROFILE-SERUM			
CREATININE Method: Jaffe	1.14	0.5-1.5	mg/dl
Urea Method: NED-DYE	19.5	10 - 50	mg/dl
Uric Acid Method: URICASE -PAP	4.97	3.5 - 7.2	mg/dl
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN - TOTAL Method: Daizo	0.82	0.1 - 1.2	mg/dL
BILIRUBIN - INDIRECT Method: Calculated	0.51	0.1 - 1.0	mg/dL
TOTAL-PROTIEN: Method: Photometric UV test	7.23	Adult: 6.6 - 8.8	gm/dL
ALBUMIN: Method: BCG	4.24	3.5 - 5.2	gm/dL
A/G Method: Calculated	1.41	1.0 - 2.0	
SGOT /AST. Method: IFCC	30		IU/I
ALKA-PHOS Method: IFCC	102		U/L
BILIRUBIN - DIRECT Method: Daizo	0.31	0-0.5	mg/dL
SGPT/ALT Method: Daizo	27	0 - 40	U/L

Patient Name	: Mr. ASHISH SHANKAR	**Age / Gender**	: 32 Y / M
UHID/MR No.	: FVAD.0000042588	**OP Visit No**	: FVADOPV22762
Visit Date	: 08-04-2023 09:56	**Reported on**	: 08-04-2023 14:40
Sample Collected on	: 08-04-2023 10:34	**Specimen**	: Serum
Ref Doctor	: SELF	**Doctor:**	:
Emp/Auth/TPA ID	: bobE36445		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

GGT. Method: SZAZ	10	10 - 50	U/L
GLOBULIN. Method: Calculated.	4.24	2.8 - 4.5	g/dl
GLUCOSE - (FASTING)			
GLUCOSE - (FASTING). Method: (GOD-POD)	90	70.0 - 110.0	mg/dL
GLUCOSE - (POST PRANDIAL)			
GLUCOSE - (POST PRANDIAL). Method: (GOD-POD)	95	80.0 - 140.0	mg/dl

End of the report

Results are to be correlated clinically

Lab Technician / Technologist.
VAC009

Dr. Gopi Davara
MBBS DCP

Patient Name	: Mr. ASHISH SHANKAR	**Age / Gender**	: 32 Y / M
UHID/MR No.	: FVAD.0000042588	**OP Visit No**	: FVADOPV22762
Visit Date	: 08-04-2023 09:56	**Reported on**	: 08-04-2023 11:58
Sample Collected on	: 08-04-2023 10:34	**Specimen**	: Urine
Ref Doctor	: SELF	**Doctor:**	:
Emp/Auth/TPA ID	: bobE36445		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

URINE ROUTINE EXAMINATION

Sample Type: Urine

Urine Routine And Microscopy

Test	Result
PHYSICAL EXAMINATION:	
Volume of urine	30Millilitre
Colour	Yellow
Specific Gravity	1.020
Deposit	Absent
Appearance	Clear
pH	6.0
Chemical Examination	
Protein	Nil
Sugar	Nil
Ketone Bodies	Nil
Bile Salts	Negative
Bile Pigments	Negative
Urobilinogen	Normal(< mg/dl)
Microscopic Examination	
Pus Cell	2-3/hpf
Red Blood Cells	Nil
Epithelial Cells	3-4/hpf
Cast	Nil
Crystals	Nil

End of the report

Results are to be correlated clinically

Lab Technician / Technologist.
VAC009

Dr. Gopi Davara
MBBS DCP

Patient Name	: Mr. ASHISH SHANKAR	**Age / Gender**	: 32 Y / M
UHID/MR No.	: FVAD.0000042588	**OP Visit No**	: FVADOPV22762
Visit Date	: 08-04-2023 09:56	**Reported on**	: 08-04-2023 11:18
Sample Collected on	: 08-04-2023 10:34	**Specimen**	: EDTA Blood
Ref Doctor	: SELF	**Doctor:**	:
Emp/Auth/TPA ID	: bobE36445		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD GROUP AND RH TYPE			
BLOOD GROUP AND RH TYPE Method: Slide Test	B POSITIVE		
HAEMOGRAM			
HAEMOGLOBIN Method: Non Cyanide,Sls Based	14.6	13 - 17	gm/dl
RBC COUNT Method: Electrical Impedence	5.13	4.5 - 5.5	Mll/Cumm
HEMATOCRIT(PCV) Method: Cumulative Pulse	45.3	40 - 50	%
MCV Method: Calculated	88.3	83 - 101	fl
MCH Method: Calculated	28.5	27 - 32	pg
MCHC Method: Calculated	32.2	31.5 - 34.5	%
RDW	13.9	11.6 - 14	%
TOTAL WBC COUNT Method: Electrical Impedence	5300		/cumm
NEUTROPHIL Method: Microscopy	57	40 - 80	%
LYMPHOCYTE Method: Microscopy	32	20 - 40	%
EOSINOPHIL Method: Microscopy	06	1 - 6	%
MONOCYTE	05		%
BASOPHIL Method: Microscopy	00	<1 - 2	%
PLATELET COUNT Method: Electrical Impedence	189000	150000 - 400000	/cumm
ESR Method: Auto	08	0 - 20	mm/hr

End of the report

Results are to be correlated clinically

Lab Technician / Technologist.
VAC009

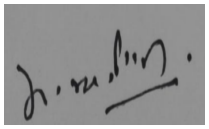
Dr. Gopi Davara
MBBS DCP

Patient Name	: Mr. ASHISH SHANKAR	MR No	: FVAD.0000042588
Age/Sex	: 32 Y/M	Visit No	: FVADOPV22762
		Bill Date	:08-04-2023 09:56
Ref.by	: SELF	Report Date	: 08-04-2023 11:09

USG WHOLE ABDOMEN

Liver is normal (12.8cm) and shows normal echotexture. No focal lesion or dilatation of intrahepatic biliary radicles is seen. Intrahepatic portal venous radicles and hepatic veins appear normal. Porta hepatis reveals no abnormality.
Gall bladder appears normal in size (3.8x1.6cm). No evidence of calculus, mass or sludge is seen. Wall thickness appears normal. Common duct is not dilated.
Pancreas is normal in size (Head 1.5cm and Body 1.1cm) and echotexture. No evidence of mass or change in echogenecity is seen. Pancreatic duct is not dilated.
Spleen is normal and size (11.2cm). Portal and splenic veins are normal in calibre.
Both kidneys are normal in size (RK 10.8cm and LK 9.5cm), shape, position and movements. Both kidneys show good corticomedullary differentiation and cortical thickness. No calculus, hydronephrosis, mass, cyst or scarring is seen on both sides.
Urinary bladder is normal. No calculus, filling defect, mass or diverticular noted.
Prostate size (3.1x3.9x 3.6cm Vol. 23cc) and shape normal.
No fluid seen in pelvis.

IMPRESSION: Normal sonography of whole abdomen.



Dr. Harshavadan M. Patel
M.B.B.S (DMRD)
Consultant Radiologist

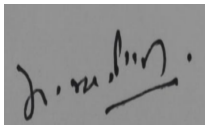
Technician

Patient Name	: Mr. ASHISH SHANKAR	MR No	: FVAD.0000042588
Age/Sex	: 32 Y/M	Visit No	: FVADOPV22762
		Bill Date	:08-04-2023 09:56
Ref.by	: SELF	Report Date	: 08-04-2023 11:08

CHEST X- RAY (PA VIEW)

Both lung fields show normal markings.
No evidence of collapse or consolidation is seen.
Both costophrenic recesses appear normal.
Cardiac size appears normal.
Central pulmonary vessels appear normal.
Domes of diaphragm appear normal.

IMPRESSION: NORMAL X-RAY CHEST



Dr. Harshavadan M. Patel
M.B.B.S (DMRD)
Consultant Radiologist

Technician

Apollo Health Check

Name: Ashish Shankar **UHID: 42588** **Date: 08/04/23**

Date of Birth: 03/07/90 **Age: 32 years** **Sex: Male**

Health check-up: ARCOFEMI MEDIWHEEL –FULL BODY ANNUAL PLUS MALE

Medical Summary

GENERAL EXAMINATION:

Vital signs: Height: 171 cm. Weight: 74.8 kg Pulse: 78/min
BP: 110/70 mmHg BMI: 25.61

PHYSICIAN EXAMINATION:

Chief Complaints: Frequent Cold.

History: **Past Medical :** History of Fistulectomy 2 yrs back

Family history:. Hypertension in Father.

Allergies: Unknown **Addiction:** Nil

Exercise: Nil

Systemic Review: Clinically no abnormalities detected.

Impression . Clinically normal Individual .

Recommendations:
Advise IGE/AEC Level

ENT Consultation:

No ENT complaints.

On Examination: Ears, Nose, Throat – NAD

Dr. Mayur Patel
MD (Physician)

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Name: Ashish Shankar **UHID: 42588** **Date: 08/04/23**

Date of Birth: 03/07/90 **Age: 32 years** **Sex: Male**

Health check-up: ARCOFEMI MEDIWHEEL –FULL BODY ANNUAL PLUS MALE

Medical Summary

Vision Check:

Color vision: Normal without glasses
Far vision: Normal without glasses
Near vision: Normal without glasses

Dental Consultation:

On examination:

Calculus ++ Stain ++

Caries irt 16

Advice: Scaling and polishing,

Restoration irt 16

Dr Rushda Malek
Consultant Dentist

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ent Name	: Mr. ASHISH SHANKAR	**Age / Gender**	: 32Y/Male
HID/MR No.	: FVAD.0000042588	**OP Visit No**	: FVADOPV22762
Visit Date	: 08-04-2023 09:56	**Reported on**	: 08-04-2023 11:18
Sample Collected on	: 08-04-2023 10:34	**Specimen**	: EDTA Blood
Ref Doctor	: SELF	**Pres Doctor:**	:
Emp/Auth/TPA ID	: bobE36445		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD GROUP AND RH TYPE			
BLOOD GROUP AND RH TYPE Method: Slide Test	B POSITIVE		
HAEMOGRAM			
HAEMOGLOBIN Method: Non Cyanide,Sls Based	14.6	13 - 17	gm/dl
RBC COUNT Method: Electrical Impedence	5.13	4.5 - 5.5	Mll/Cumm
HEMATOCRIT(PCV) Method: Cumulative Pulse	45.3	40 - 50	%
MCV Method: Calculated	88.3	83 - 101	fl
MCH Method: Calculated	28.5	27 - 32	pg
MCHC Method: Calculated	32.2	31.5 - 34.5	%
RDW	13.9	11.6 - 14	%
TOTAL WBC COUNT Method: Electrical Impedence	5300		/cumm
NEUTROPHIL Method: Microscopy	57	40 - 80	%
LYMPHOCYTE Method: Microscopy	32	20 - 40	%
EOSINOPHIL Method: Microscopy	06	1 - 6	%
MONOCYTE	05		%
BASOPHIL Method: Microscopy	00	<1 - 2	%
PLATELET COUNT Method: Electrical Impedence	189000	150000 - 400000	/cumm
ESR Method: Auto	08	0 - 20	mm/hr

End of the report

Results are to be correlated clinically

Gopi

Lab Technician / Technologist
VAC009

Dr. Gopi Davara

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Patient Name	: Mr. ASHISH SHANKAR	**Age / Gender**	: 32Y/Male
UHID/MR No.	: FVAD.0000042588	**OP Visit No**	: FVADOPV22762
Visit Date	: 08-04-2023 09:56	**Reported on**	: 08-04-2023 14:40
Sample Collected on	: 08-04-2023 10:34	**Specimen**	: Serum
Ref Doctor	: SELF	**Pres Doctor:**	:
Emp/Auth/TPA ID	: bobE36445		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIPID PROFILE TEST (PACKAGE)			
HDL	49	30 - 70	mg/dl
VLDL Method: Calculated	15.4	7 mg/dl -35mg/dl	mg/dl
RATIO OF CHOLESTEROL / HDL Method: Calculated	3.0	0 - 4.5	
CHOLESTEROL Method: CHOD - PAP	149	Desirable < 200 Borderline High : 200-239 High : > 240	mg/dl
LDL. Method: Calculated.	84.6	60 - 150 mg/dl	
Triglyceride Method: GPO- TOPS	77	50 - 200	mg/dl
LDL/HDL: Method: Calculated	**1.72***	2.5 - 3.5	mg/dl
KFT - RENAL PROFILE-SERUM			
CREATININE Method: Jaffe	1.14	0.5-1.5	mg/dl
Urea Method: NED-DYE	19.5	10 - 50	mg/dl
Uric Acid Method: URICASE -PAP	4.97	3.5 - 7.2	mg/dl
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN - TOTAL Method: Daizo	0.82	0.1 - 1.2	mg/dL
BILIRUBIN - INDIRECT Method: Calculated	0.51	0.1 - 1.0	mg/dL
TOTAL-PROTIEN: Method: Photometric UV test	7.23	Adult: 6.6 - 8.8	gm/dL
ALBUMIN: Method: BCG	4.24	3.5 - 5.2	gm/dL
A/G Method: Calculated	1.41	1.0 - 2.0	
SGOT /AST. Method: IFCC	30		IU/l
ALKA-PHOS Method: IFCC	102		U/L
BILIRUBIN - DIRECT Method: Daizo	0.31	0-0.5	mg/dL
SGPT/ALT Method: Daizo	27	0 - 40	U/L
GGT.	10	10 - 50	U/L

Patient Name	: Mr. ASHISH SHANKAR	**Age / Gender**	: 32Y/Male
UHID/MR No.	: FVAD.0000042588	**OP Visit No**	: FVADOPV22762
Visit Date	: 08-04-2023 09:56	**Reported on**	: 08-04-2023 14:40
Sample Collected on	: 08-04-2023 10:34	**Specimen**	: Serum
Ref Doctor	: SELF	**Pres Doctor:**	:
Emp/Auth/TPA ID	: bobE36445		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

Method: SZAZ			
GLOBULIN. Method: Calculated.	4.24	2.8 - 4.5	g/dl
GLUCOSE - (FASTING)			
GLUCOSE - (FASTING). Method: (GOD-POD)	90	70.0 - 110.0	mg/dL
GLUCOSE - (POST PRANDIAL)			
GLUCOSE - (POST PRANDIAL). Method: (GOD-POD)	95	80.0 - 140.0	mg/dl

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
VAC009

Dr. Gopi Davara
MBBS DCP

Fasting Urine Sugar Nil

Post Prandial Urine Sugar Nil

Patient Name	: Mr. ASHISH SHANKAR	**Age / Gender**	: 32Y/Male
UHID/MR No.	: FVAD.0000042588	**OP Visit No**	: FVADOPV22762
Visit Date	: 08-04-2023 09:56	**Reported on**	: 08-04-2023 11:58
Sample Collected on	: 08-04-2023 10:34	**Specimen**	: Urine
Ref Doctor	: SELF	**Pres Doctor:**	:
Emp/Auth/TPA ID	: bobE36445		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

URINE ROUTINE EXAMINATION

Sample Type: Urine

Test	Result
Urine Routine And Microscopy	
PHYSICAL EXAMINATION:	
Volume of urine	30Millilitre
Colour	Yellow
Specific Gravity	1.020
Deposit	Absent
Appearance	Clear
pH	6.0
Chemical Examination	
Protein	Nil
Sugar	Nil
Ketone Bodies	Nil
Bile Salts	Negative
Bile Pigments	Negative
Urobilinogen	Normal(< mg/dl)
Microscopic Examination	
Pus Cell	2-3/hpf
Red Blood Cells	Nil
Epithelial Cells	3-4/hpf
Cast	Nil
Crystals	Nil

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
VAC009

Dr. Gopi Davara
MBBS DCP

MC-4074

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TEST REPORT

Reg. No.	: 30401003788	**Reg. Date**	: 08-Apr-2023 12:02	**Collected On**	: 08-Apr-2023 12:02
Name	: Mr. ASHISH SHANKAR			**Approved On**	: 08-Apr-2023 14:05
Age	: 32 Years	**Gender**	: Male	**Ref. No. :**	**Dispatch At** :
Ref. By	:			**Tele No.**	:
Location	: SCIENTIFIC REMEDIES AND HEALTHCARE PVT. LTD. @ SAMA				

Test Name	Results	Units	Bio. Ref. Interval
	HEMOGLOBIN A1 C		
HbA1c *HPLC*	4.70	%	Normal: <= 5.6 Prediabetes: 5.7-6.4 Diabetes: >= 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose *Method:Calculated*	88	mg/dL	

Sample Type:EDTA Whole Blood

Criteria for the diagnosis of diabetes

1. HbA1c >/= 6.5 *Or

2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or

3. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 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:S11.

Limitation of HbA1c

1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.

2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.

3) Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%)may result in lower HbA1c values than expected.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus

- HbA1C, also known as glycated heamoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP) .

This is an electronically authenticated report. Test done from collected sample.

Dr. Vishal Jhaveri

Apollo Clinic, Vadodara
Scientific Remedies & Healthcare Pvt. Ltd.
Sama, Vadodara 390 008 , Gujarat, India

Apollo Clinic®
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TEST REPORT

Name	: Mr. ASHISH SHANKAR	**Reg. No**	: 3042000269
Age/Sex	: 32 Years / Male	**Reg. Date**	: 08-Apr-2023 09:57 AM
Ref. By	:	**Collected On**	: 08-Apr-2023
Client Name	: Apollo Clinic		

Parameter	Result	Unit	Biological Ref. Interval
IMMUNOLOGY			
TSH * *CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY*	1.426	µIU/ml	0.55 - 4.78

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-relasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate 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
Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders,2012:2170

T3 (Triiodothyronine) * *CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY*	1.30	ng/mL	0.58 - 1.59

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) 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 bond 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, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 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.

This is an Electronically Authenticated Report.

Report Status : **Final**

Verified by : Auto

Print ON : **08-Apr-2023 07:36 PM**

Dr. Varun Gohil
Consultant Pathologist

Apollo Clinic®
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TEST REPORT

Name	: Mr. ASHISH SHANKAR	**Reg. No**	: 3042000269
Age/Sex	: 32 Years / Male	**Reg. Date**	: 08-Apr-2023 09:57 AM
Ref. By	:	**Collected On**	: 08-Apr-2023
Client Name	: Apollo Clinic		

T4 (Thyroxine) *	9.76	µg/dL	4.50 - 12.60

CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY
Sample Type:Serum

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) 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 bond 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 triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) 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:
1.The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites
2.F T4 values may be decreased in patients taking carbamazepine.
3.Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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

This is an Electronically Authenticated Report.

Report Status : **Final**

Verified by : Auto

Print ON : **08-Apr-2023 07:36 PM**

Dr. Varun Gohil
Consultant Pathologist

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Patient Name:	Mr. ASHISH SHANKAR	MR No:	FVAD.0000042588
Visit No:	FVADOPV22762	Age/Gender:	32 Y/M
Cond Doctor:	Dr. Mayur Patel	Conducted Date:	08-04-2023 13:48
Referred By:	SELF	Prescribing Doctor:	

ECG

RESULTS

1. The rhythm is sinus
2. Heart rate is 70 beats per minute
3. Normal P,QRS,T wave axis
4. Normal PR,QRS,QT duration
5. No pathological Q wave or ST - T changes seen
6. No evidence of chamber hypertrophy or enlargement seen

IMPRESSION : Within Normal Limits.

Dr. Radha C Mohan
Center Director

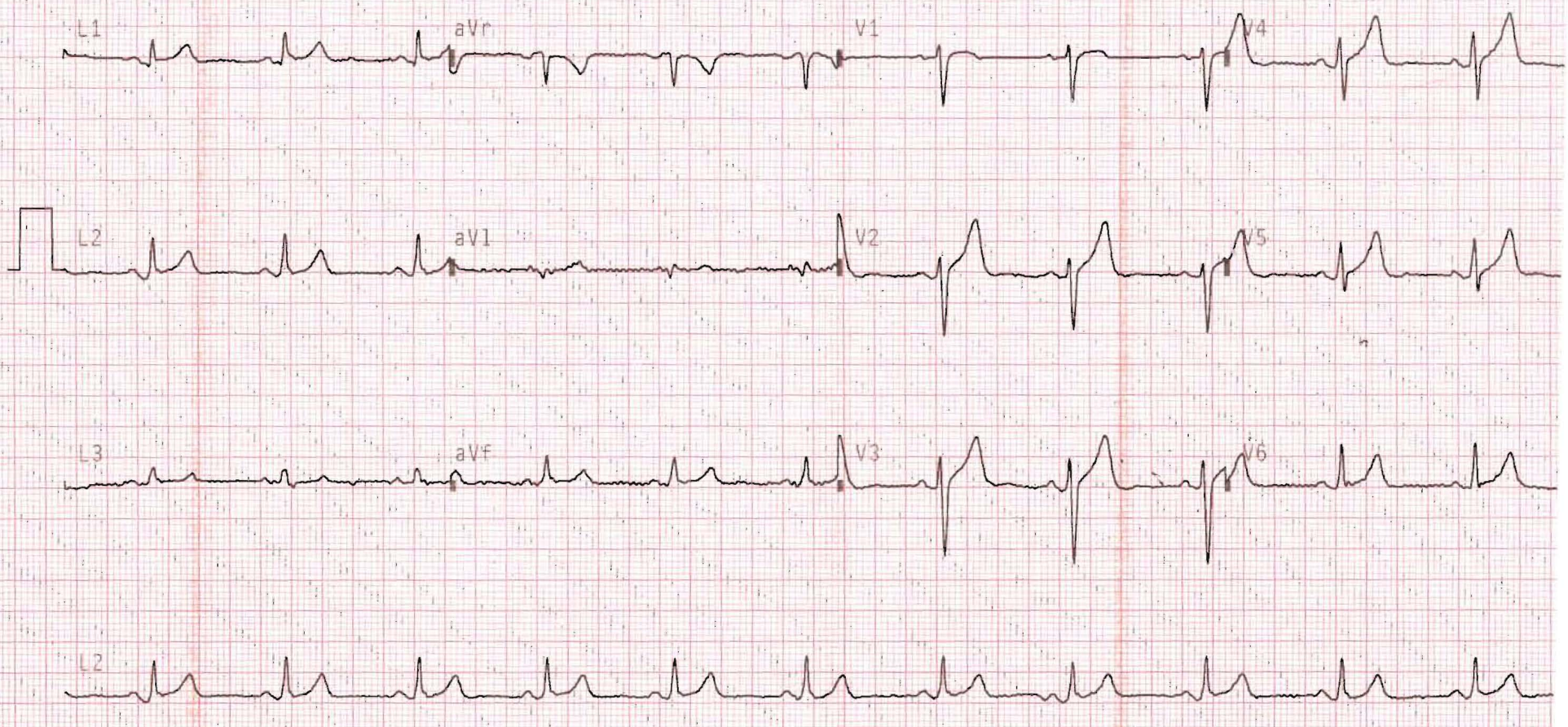
BPL - 02

515 08/04/23 10:16 HR : 70 bpm
APOLLO CLINIC .VADODARA
Room :2 Dep:OPD
ID :0
Name :ASHISH SHANKAR
Gender :M Age :032 (Yrs)
Height :000 (cm) Weight:000(Kg)

Axes (deg)
P : 48
QRS: 45
T : 40

Intervals (msec)
PR:127, QRS:114
QT:382, QTc:413
ST: 57

N



25 mm/s 10 mm/mV

RECORDERS & MEDICARE SYSTEMS
181/5,Phase-I,Industrial Area,Chandigarh-160002

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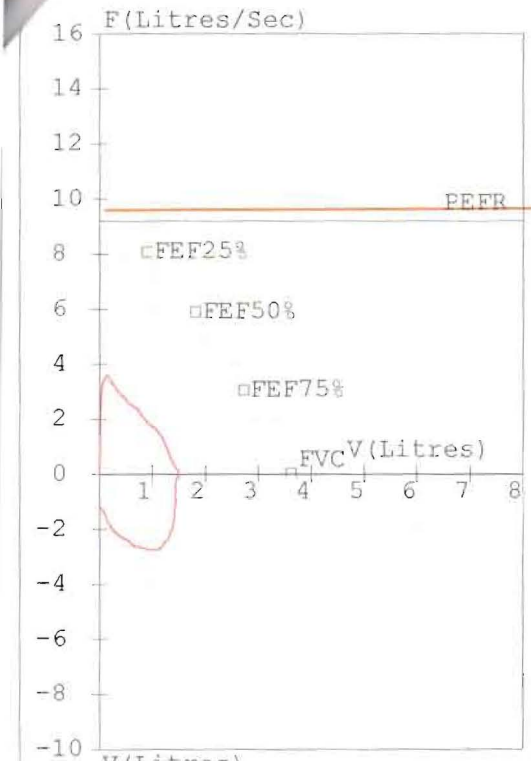
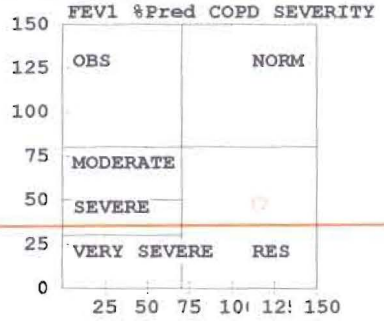
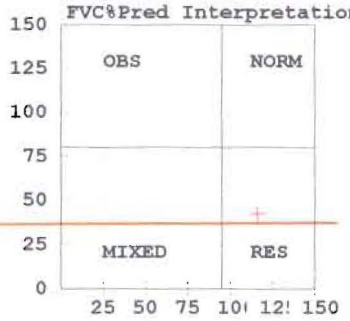
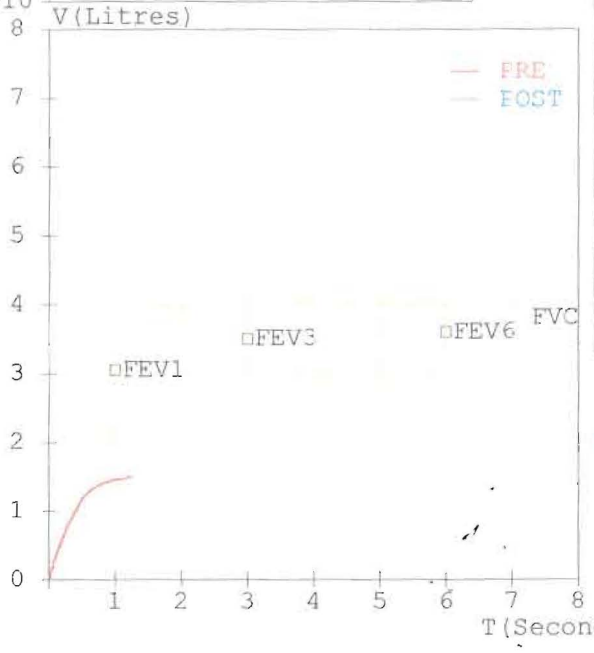
	ASHISH SHANKAR	Age	: 32 Years	Gender	: Male
	y:	Height	: 171 Cms	Smoker	: No
	qns: RECORDERS	Weight	: 74 Kgs	Eth. Corr:	100
	: 08-Apr-2023 10:11 AM	ID:	984	Temp	:









Spirometry(FVC Results)

Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	03.61	01.50	042	-----	---	---
FEV1	(L)	03.04	01.46	048	-----	---	---
FEV1/FVC	(%)	84.21	97.33	116	-----	---	---
FEF25-75	(L/s)	04.32	02.10	049	-----	---	---
PEFR	(L/s)	09.20	03.52	038	-----	---	---
FIVC	(L)	-----	01.71	---	-----	---	---
FEV.5	(L)	-----	01.17	---	-----	---	---
FEV3	(L)	03.50	01.50	043	-----	---	---
PIFR	(L/s)	-----	02.73	---	-----	---	---
FEF75-85	(L/s)	-----	01.21	---	-----	---	---
FEF.2-1.2	(L/s)	07.48	02.14	029	-----	---	---
FEF 25%	(L/s)	08.08	02.91	036	-----	---	---
FEF 50%	(L/s)	05.89	02.28	039	-----	---	---
FEF 75%	(L/s)	03.06	01.49	049	-----	---	---
FEV.5/FVC	(%)	-----	78.00	---	-----	---	---
FEV3/FVC	(%)	96.95	100.00	103	-----	---	---
FET	(Sec)	-----	01.25	---	-----	---	---
ExplTime	(Sec)	-----	00.04	---	-----	---	---
Lung Age	(Yrs)	032	049	153	-----	---	---
FEV6	(L)	03.61	-----	---	-----	---	---
FIF25%	(L/s)	-----	02.68	---	-----	---	---
FIF50%	(L/s)	-----	02.27	---	-----	---	---
FIF75%	(L/s)	-----	01.07	---	-----	---	---

Pre Test COPD Severity

Restrictive stage COPD as FEV1/FVC >= 70% and FEV1 < 80%

Pre Medication Report Indicates

Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
Severe Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <44

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ECHOCARDIOGRAPHY AND COLOR DOPPLER SCREENING REPORT

NAME : ASHISH SHANKAR AGE/SEX:32YRS/MALE

DATE: 08/04/2023

OBSERVATIONS:

- NORMAL LV SIZE WITH GOOD SYSTOLIC FUNCTION.
- LVEF 60% (VISUAL).
- NO E/O DIASTOLIC DYSFUNCTION.
- NO RWMA AT REST.
- NORMAL MITRAL VALVE: NO MR, NO MS
- NO AR: NO AS
- NO TR, NO PAH
- NORMAL RA, RV WITH GOOD REV FUNCTION
- INTACT IAS/IVS.
- NO E/O CLOT OR VEGETATION
- PERICARDIUM NORMAL

AO-20MM ; LA-23MM ; IVS-09/12MM ; LV-39/21MM ; LVPW-10/12MM

FINAL IMPRESSION: NORMAL LV SIZE WITH GOOD LV SYSTOLIC FUNCTION
NO E/O DIASTOLIC DYSFUNCTION PRESENT.
LVEF 60% (VISUAL)

DR MAYUR PATEL
MD (PHYSICIAN), PGCCC
Fellow in Echocardiography
(Dr. Randhawa's Institute, Delhi)

NOT VALID FOR MEDICOLEGAL PURPOSE

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Name : ASHISH SHANKAR
Age: 32YRS

Date: 08/04/23
Sex: MALE

USG WHOLE ABDOMEN

Liver is normal (12.8cm) and shows normal echotexture. No focal lesion or dilatation of intrahepatic biliary radicles is seen. Intrahepatic portal venous radicles and hepatic veins appear normal. Porta hepatis reveals no abnormality.

Gall bladder appears normal in size (3.8x1.6cm). No evidence of calculus, mass or sludge is seen. Wall thickness appears normal. Common duct is not dilated.

Pancreas is normal in size (Head 1.5cm and Body 1.1cm) and echotexture. No evidence of mass or change in echogenecity is seen. Pancreatic duct is not dilated.

Spleen is normal and size (11.2cm). Portal and splenic veins are normal in calibre.

Both kidneys are normal in size (RK 10.8cm and LK 9.5cm), shape, position and movements. Both kidneys show good corticomedullary differentiation and cortical thickness. No calculus, hydronephrosis, mass, cyst or scarring is seen on both sides.

Urinary bladder is normal. No calculus, filling defect, mass or diverticular noted.

Prostate size (3.1x3.9x 3.6cm Vol. 23cc) and shape normal.

No fluid seen in pelvis.

IMPRESSION: Normal sonography of whole abdomen.

Dr. H. M. PATEL
Consultant Radiologist

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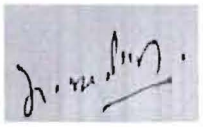
Patient Name	: Mr. ASHISH SHANKAR	MR No	: FVAD.0000042588
Age/Sex	: 32 Y/M	Visit No	: FVADOPV22762
Pres Doctor	:	Bill Date	:08-04-2023 09:56
Ref.by	: SELF	Report Date	: 08-04-2023 11:08

CHEST X- RAY (PA VIEW)

Both lung fields show normal markings.
No evidence of collapse or consolidation is seen.
Both costophrenic recesses appear normal.
Cardiac size appears normal.
Central pulmonary vessels appear normal.
Domes of diaphragm appear normal.

IMPRESSION: NORMAL X-RAY CHEST



Dr. Harshavadan M. Patel
M.B.B.S (DMRD)
Consultant Radiologist

Technician