

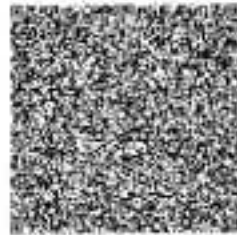


भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0648/17016/00607

To  
विकास जासिंग पुनिया  
Vikas Jaisingh Punia  
C/O: Jaisingh Punia  
318 vivanta apartment  
balaji market  
shrinathpuram  
Engineering College Kota  
Kota Rajasthan - 324010  
8668828251



आपका आधार क्रमांक / Your Aadhaar No. :

5088 2393 0239  
VID : 9158 9418 7697 6480

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



विकास जासिंग पुनिया  
Vikas Jaisingh Punia  
जन्म तिथि/DOB: 31/03/1990  
प्राथ/ MALE

5088 2393 0239  
VID : 9158 9418 7697 6480

मेरा आधार, मेरी पहचान



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- आधार विशिष्ट और सुरक्षित है।
- सुरक्षित क्यूआर कोड/ऑफलाइन एक्सएमएल/ऑनलाइन प्रमाणीकरण का उपयोग करके पहचान सत्यापित करें।
- आधार के सभी रूप जैसे आधार पत्र, पीवीसी कार्ड, ई-आधार और एन-आधार समान रूप से मान्य हैं। 12 अंकों की आधार संख्या के स्थान पर आधारी (वर्चुअल) आधार पहचान (VID) का भी उपयोग किया जा सकता है।
- 10 साल में कम से कम एक बार आधार अपडेट करवाएं।
- आधार आपको विभिन्न सरकारी और गैर-सरकारी योजनाओं/सेवाओं का लाभ उठाने में मदद करता है।
- आधार में अपना मोबाइल नंबर और ई-मेल आइटमी अपडेट रखें।
- आधार सेवाओं का लाभ उठाने के लिए स्मार्टफोन पर mAadhaar ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स को लॉक/अनलॉक करने की विशेषता का उपयोग सुरक्षा सुनिश्चित करने के लिए करें।
- आधार (पत्र/ नंबर) चाहने वाली संस्थायों को उचित सहमति लेने के लिए बाध्य किया गया है।
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
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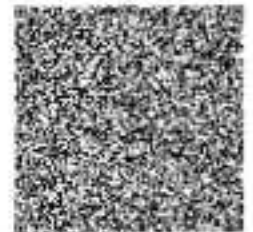


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
विकास जासिंग पुनिया, 318 विवन्टा अपार्टमेंट, बलजी  
मार्केट, श्रीनथपुरम, इंजीनियरिंग कॉलेज कोटा, कोटा,  
राजस्थान - 324010

Address:  
C/O: Jaisingh Punia, 318 vivanta apartment,  
balaji market, shrinathpuram, Engineering  
College Kota, Kota,  
Rajasthan - 324010



5088 2393 0239  
VID : 9158 9418 7697 6480

1047 | help@uidai.gov.in | www.uidai.gov.in



भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
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सामंजन क्रम/ Enrolment No.: 0648/17016/00607

To  
विकास जासिंह पुनिया  
Vikas Jasingh Punia  
C/O: Jasingh Punia  
318 vivanta apartment  
balaji market  
shrinathpura  
Engineering College Kota  
Kota Rajasthan - 324010  
8668828251



आपका आधार क्रमांक / Your Aadhaar No. :

**5088 2393 0239**  
VID : 9158 9418 7697 6480

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Aadhaar No: 21802014



विकास जासिंह पुनिया  
Vikas Jasingh Punia  
जन्म तिथि/DOB: 31/03/1990  
पुरुष/ MALE

**5088 2393 0239**  
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मेरा आधार, मेरी पहचान



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- 1+ साल में कम से कम एक बार आधार अपडेट करवा करे।
- आधार आपको विभिन्न सरकारी और गैर-सरकारी योजनाओं/सेवाओं का लाभ उठाने में मदद करता है।
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- सरकार/वायामोडिकन को ऑनलाइन/ऑफलाइन करने को विभिन्न आ-पुस्तक सुवह सुनिश्चित करने के लिए करे।
- आधार (एक नंबर) आपकी सभी सरकारी को उचित अपडेट करने के लिए काम किए गए है।
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नाम:  
विकास जासिंह पुनिया, 318 विकास अपार्टमेंट, बालाजी  
बाजार, श्रीनथपुरा, इंजीनियरिंग कॉलेज कोटा, कोटा,  
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Rajasthan - 324010



**5088 2393 0239**  
VID : 9158 9418 7697 6480

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*Raj*  
Rajasthani Diagnostic &  
Medical Research Centre  
Jhunjhunu

Scanned with CamScanner







# RAJASTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECC

MAMOGRAPHY

NAME	VIKASH JAISINGH POONIA	AGE-	SEX: M
REF/BY:	BOB HEALTH CHECKUP	DATE	15-Nov-24

## ULTRASONOGRAPHY WHOLE ABDOMEN

**Liver:** is normal in size, shape and mild bright echotexture. No IHBR dilatation is seen. No focal mass seen. Portal vein and hepatic veins are normal in diameter. Common bile duct is normal in diameter and lumen is clear.

**Gall bladder:** is normal in size shape, location with echo free lumen. Wall thickness is normal. No echogenic shadow suggestive of calculus is seen. No focal mass or lesion is seen.

**Pancreas:** is normal in size, shape and echotexture. No focal mass or lesion is detected. Pancreatic duct is not dilated.

**Rt. Kidney:** is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus/ hydronephrosis is seen.

**Lt. Kidney:** is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus/ hydronephrosis is seen.

**Spleen:** is normal in size, regular in shape and echo texture. No focal lesion is seen. Splenic vessels are normal.

**Urinary Bladder:** is well distended. Outline of bladder is regular. Wall thickness is normal. No focal mass is seen. No echogenic shadow suggestive of calculus is seen.

**Prostate:** is normal in size, regular in shape and outline. Capsule is intact.

No evidence of ascites is seen. No significant Lymphadenopathy is seen. No obvious bowel pathology is seen. Retroperitoneum including aorta, IVC are unremarkable.

### IMPRESSION:

- ❖ Grade I fatty liver.

Advised: clinicopathological correlation

*Dr. Nirmala Royal*  
DR. NIRMALA ROYAL  
MD RADIODIAGNOSIS

Dr. Nirmala Royal  
MD (Radiodiagnosis)  
RMC 32422/24686



THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE





Vikas punia  
ID: ZZE39001

Visit Centre  
31.03.1990 177 cm Male  
34 Years 70.0 kg  
Phone Number: 9908323251

15.11.2024 13:24:58  
RAJASTHANI DIAGNOSTIC CENTRE  
Indra nagar  
Jhunjhunu

Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

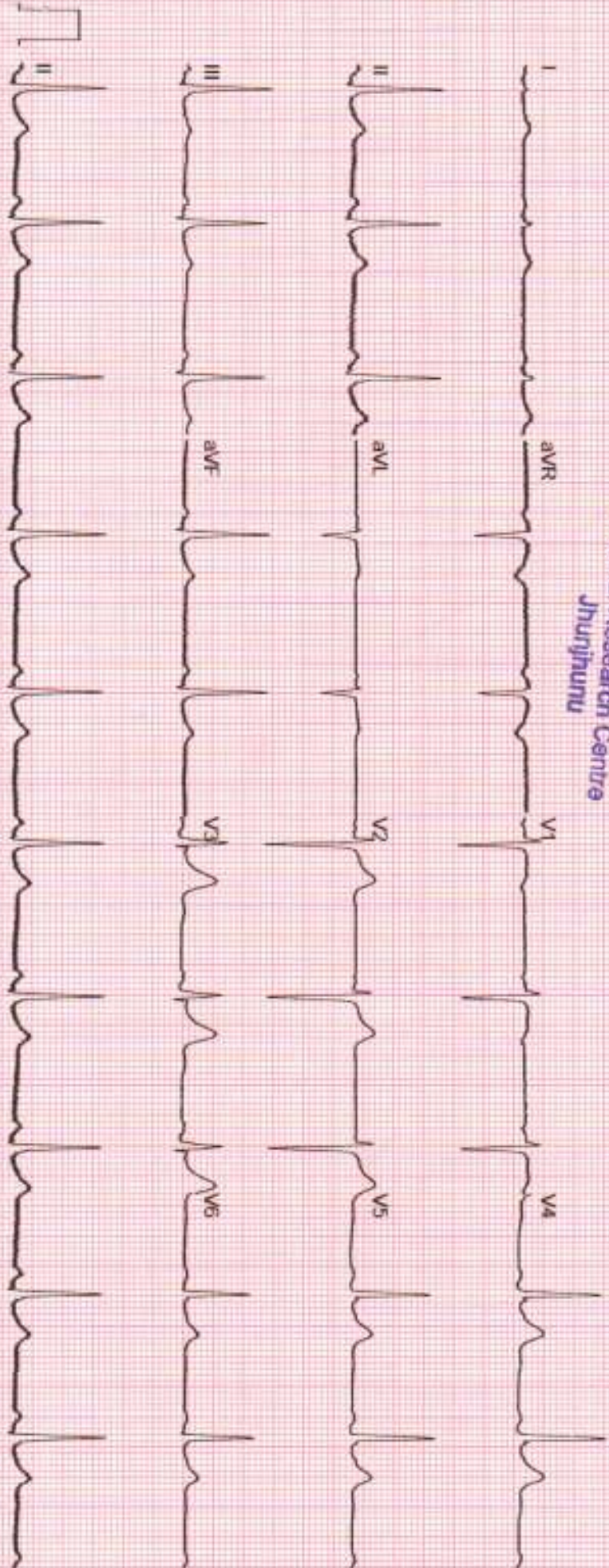
QRS 70 ms  
QT / QTcBaz 398 / 398 ms  
PR 132 ms  
P 100 ms  
RR / PP 996 / 1000 ms  
P / QRS / T 58 / 83 / 56 degrees

Normal sinus rhythm  
Normal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

60 bpm  
- / - mmHg

*[Signature]*  
Rajasthan Diagnostic &  
Medical Research Centre  
Jhunjhunu



Unconfirmed

GE MAC2000

1.1

12SL™ V241

25 mm/s

10 mm/mV

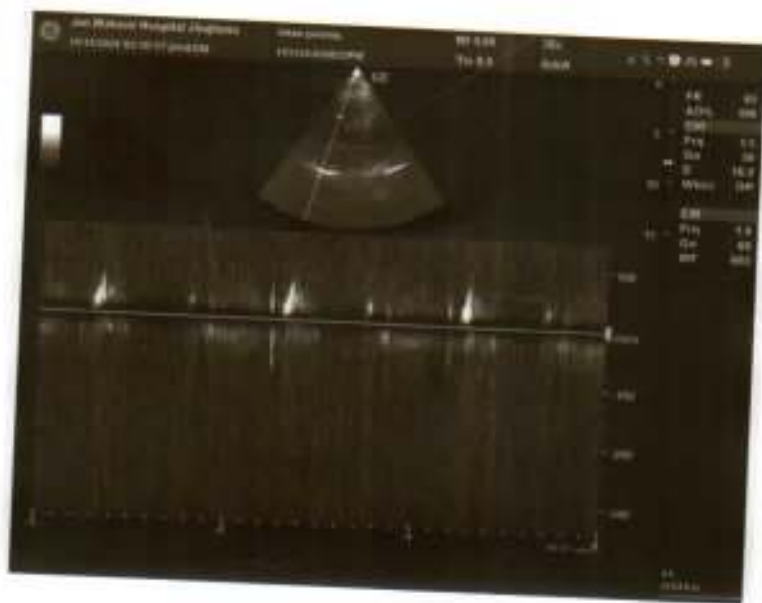
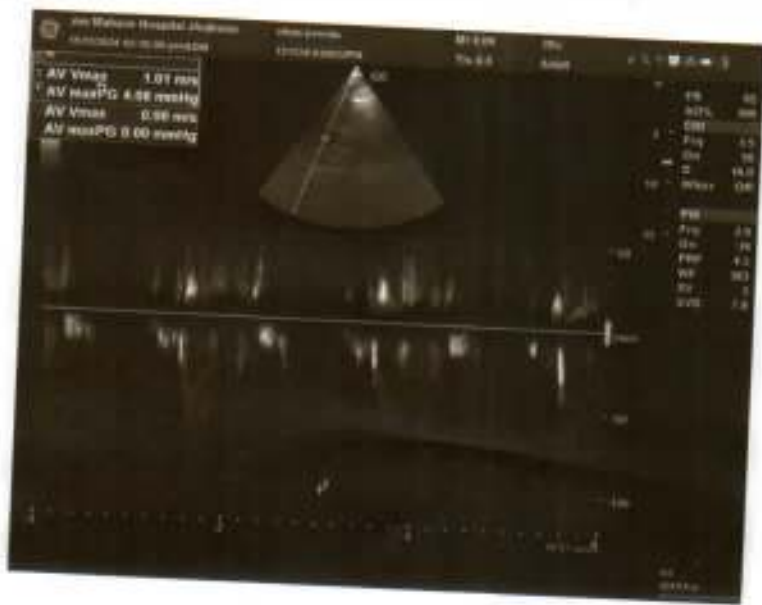
ADS

0.56-40 Hz

4x2.5x3\_25\_R1

1/1





AV Vmax 1.01 m/s  
 AV maxPG 4.08 mmHg  
 AV Vmax 0.96 m/s  
 AV maxPG 3.60 mmHg



Name	:VIKAS POONIA	Father/Husband	:JAI SINGH POONIA	IPD/OPD status	:OPD
Age/Sex	:36 Y/Male	Reg. No.	:OutSide	Category	:CASH
Consultant	:M. S. MEEL	Accession No.	:20241115049	Bed No.	:-
		BILL NO	:2403151125	Date	:15/11/2024 1:46:17 PM

## TRANSTHORACIC ECHO-DOPPLER TEST REPORT

### MITRAL VALVE-

**Morphology** AML-Normal/Thickening/Calcification/Flutter/Restricted mobility/SAM/Doming.

PML-Normal/Thickening/Calcification/Prolapse/Fixed/Restricted Mobility/Flutter.

**Doppler-** Normal/Abnormal

Mitral E/A Velocity = 71/64 (cm/sec).

Mitral Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Mitral Stenosis

Absent/Present.

### TRICUSPID VALVE-

**Morphology** -Normal/Atresia/Thickening/Calcification/Prolapse/Doming.

**Doppler-** Normal/Abnormal

Tricuspid Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Tricuspid Stenosis

Absent/Present.

### PULMONARY VALVE-

**Morphology** -Normal/Atresia/Thickening/Doming/Vegetation.

**Doppler-** Normal/Abnormal

Pulmonary Velocity = 79 (cm/sec)

Pulmonary Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Pulmonary Stenosis

Absent/Present.

### AORTIC VALVE-

**Morphology** -Normal/Thickening/Calcification/Flutter/Sclerosis/Doming.

**No of Cusps-** 1/2/3. .

**Doppler-** Normal/Abnormal

Aortic Velocity = 101 (cm/sec)

Aortic Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Aortic Stenosis

Absent/Present.

Aorta = 2.6cm (2.0 - 3.7cm)

Left Atrium = 4.5 cm (1.9 - 4.0 cm)

LV measurement

Diastole

Systole

IVS 1.3 cm (0.6-1.1cm)

1.5 cm

LVID 5.4 cm (3.7-5.6cm)

3.5 cm (2.2 - 4.0 cm)

LVPW 1.6 cm (0.6-1.1cm)

1.9 cm

LV

Normal/Enlarged/Clear/Thrombus/Hypertrophy.

Contraction Normal/Reduced.

**Regional wall motion abnormality** : Present/Absent.

LA Normal/Enlarged/Clear/Thrombus.

RA Normal/Enlarged/Clear/Thrombus.

RV Normal/Enlarged/Clear/Thrombus.



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(कृपया अपनी पुरानी रिपोर्ट साथ लावें)

सूचना: कृपया अपनी पुरानी रिपोर्ट साथ लावें।  
अगर कोई भी रिपोर्ट न लाएगा तो रिपोर्ट का मूल्य बढ़ेगा।

# MAHAVIR HOSPITAL

Health & Hygiene

D-15, Indira Nagar, Subhash Marg, JHUNJHUNU (Raj.)




Tel. : 01592-232361  
9680960962

MAHAVIR HOSPITAL

## COMMENTS & SUMMARY-

### ECHO window-Good/Fair/Poor.

No regional wall motion abnormality seen, LVEF=55%,  
Mild left ventricular hypertrophy seen,  
Mild MR, trace TR, no PAH.  
Normal systolic function.  
Normal diastolic function.  
No I/C clot/vegetation.  
Intact IAS/IVS & No CoA, no pericardial effusion.

  
Dr M S Meel  
MD Medicine  
Senior Physician

Dr Pallavi Choudhary  
MD Paediatrics  
Consultant



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( कृपया अपनी पुरानी रिपोर्ट साथ लावें )



यह रिपोर्ट केवल चिकित्सा व शैक्षणिक उद्देश्यों के लिए है।  
इस रिपोर्ट का प्रयोग किसी भी अन्य उद्देश्य के लिए नहीं किया जाना चाहिए।





# RAJASTHANI DIAGNOSTIC & MR CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

Patient ID		Patient Name	VIKAS POONIA
Age	34 Yrs	Date	15-Nov-24
Gender	MALE	Ref Doctor	SELF

## CHEST X RAY (PA VIEW)

### OBSERVATION:

Both lung fields appear clear.

Both costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Both domes of diaphragm appear normal.

Thoracic soft tissue and skeletal system appear unremarkable.

### IMPRESSION:

➤ No Significant abnormality is noted.

ADVICE: Please Correlate Clinically.

*This Report is not valid for any medico legal purpose. This report is prepared on the basis of digital DICOM images transmitted via internet without identification of patient, not on the films or plates provided to the patient.*

*Prashant*

DR. PRASHANT MUDGAL  
CONSULTANT RADIOLOGIST  
MP8713

Disclaimer: - It is an online interpretation of medical imaging based on clinical data. All modern machines/procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose. In case of any discrepancy due to typing error or machinery error please get it rectified immediately\*.



24/7  
EMERGENCY SERVICE

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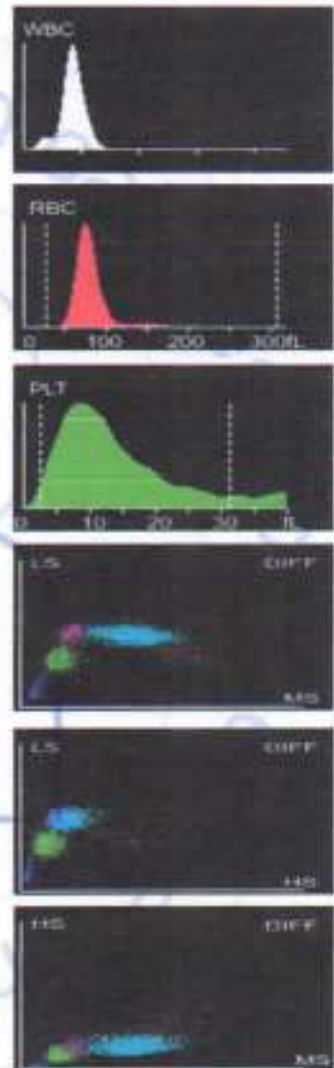
B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977



### Hematology Analysis Report

First Name: VIKAS JAISINGH Sample Type: Department: Sample ID: 5  
 Last Name: Department: Test Time: 15/11/2024 10:05  
 Gender: Male Med Rec. No.: Diagnosis:  
 Age: 34 Year

Parameter	Result	Ref. Range	Unit
1 WBC	6.12	4.00-10.00	10 <sup>3</sup> /uL
2 Neu%	53.1	50.0-70.0	%
3 Lym%	35.8	20.0-40.0	%
4 Mon%	7.4	3.0-12.0	%
5 Eos%	3.3	0.5-5.0	%
6 Bas%	0.4	0.0-1.0	%
7 Neu#	3.26	2.00-7.00	10 <sup>3</sup> /uL
8 Lym#	2.19	0.80-4.00	10 <sup>3</sup> /uL
9 Mon#	0.45	0.12-1.20	10 <sup>3</sup> /uL
10 Eos#	0.20	0.02-0.50	10 <sup>3</sup> /uL
11 Bas#	0.02	0.00-0.10	10 <sup>3</sup> /uL
12 RBC	5.29	3.50-5.50	10 <sup>6</sup> /uL
13 HGB	12.9	11.0-16.0	g/dL
14 HCT	44.0	37.0-54.0	%
15 MCV	83.2	80.0-100.0	fL
16 MCH	24.4 L	27.0-34.0	pg
17 MCHC	29.3 L	32.0-36.0	g/dL
18 RDW-CV	13.5	11.0-16.0	%
19 RDW-SD	45.7	35.0-56.0	fL
20 PLT	239	100-300	10 <sup>3</sup> /uL
21 MPV	9.2	6.5-12.0	fL
22 PDW	12.0	9.0-17.0	fL
23 PCT	0.220	0.108-0.282	%
24 P-LCR	31.1	11.0-45.0	%
25 P-LCC	74	30-90	10 <sup>3</sup> /uL



Dr. Nirmala Khuteta  
 M.D. (Path)  
 RMC NO. 4720/16260

Submitter: Operator: admin Approver:  
 Draw Time: 15/11/2024 10:04 Received Time: 15/11/2024 10:04 Validated Time:  
 Report Time: 15/11/2024 16:44 Remarks:

\*The Report is responsible for this sample only. If you have any questions, please contact us in 24 hours



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# RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: **VIKAS JAI SINGH PUNIA**  
Sr. No. : 15700  
Patient ID No.: 11791  
Age : 34 Gender : FEMALE  
Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 15-11-2024 11:00 AM  
Collected On : 15-11-2024 11:00 AM  
Received On : 15-11-2024 11:00 AM  
Reported On : 15-11-2024 04:50 PM  
Bar Code   
LIS Number 7 0 11 2

## LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
Cholesterol <small>(Method: CHOD-PAP)</small>	152.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	46.01	mg/dL	35-88
Triglycerides <small>(Method: GPO)</small>	79.00	mg/dL	Recommended triglycerides levels for adults: Normal: <151 High: 151-199 Hypertriglyceridemic: 200-499 Very high: >499
LDL Cholesterol	90.19	mg/dL	0-150
VLDL Cholesterol	15.80	mg/dL	0-35
TC/HDL Cholesterol Ratio	3.30	Ratio	2.5-5
LDL/HDL Ratio	1.96	Ratio	1.5-3.5

## HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	08	mm/hr	20
BLOOD GROUPING (ABO & Rh )	B+ Positive		

*Ashish Sethi*

Dr. Ashish Sethi  
Consultant Biochemist

**24/7**  
EMERGENCY SERVICE  
BIOLOGIST

*Hansh Khali*

Dr. Hansh Khali  
M.D. (Pathology)  
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PATHOLOGIST



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**B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977**



# RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO. MC-5346

Patient Name: **VIKAS JAI SINGH PUNIA**  
Sr. No. : 15700  
Patient ID No.: 11791  
Age : 34 Gender : FEMALE  
Ref. By Dr : MEDI-WHEEL HEALTH CHECKUP



Registered on : 15-11-2024 11:00 AM  
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LIS Number 7 8 1 1 8

## HAEMATOLOGY

### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	4.90	%	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adequate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control
eAG (Estimated Average Glucose)	93.93	mg/dL	
eAG (Estimated Average Glucose)	5.21	mmol/L	

Method : Fluorescence Immunoassay Technology

Sample Type : EDTA Blood

Test Performed by:-

Fully Automated (EM 200 ) ERBA MANNHEIM.

#### Remarks :

Glycosylated Hemoglobin Testing is Recommended for both (a) Checking Blood Sugar Control in People who might be Pre-Diabetic. (b) Monitoring Blood Sugar Control in patients in more elevated levels, termed Diabetes Mellitus. The American Diabetic Association suggests that the Glycosylated Hemoglobin Test be Performed atleast Two Times in Year in Patients with Diabetes: that are meeting Treatment Goals (and That have stable glycemic Control) and Quarterly in Patients with Diabetes whos therapy has changed or that are not meeting Glycemic Goals.

Glycosylated Hemoglobin measurement is not appropriate where there has been change in diet or Treatment within 6 Weeks. Hence people with recent Blood Loss, Hemolytic Aneamia, or Genetic Differences in the Hemoglobin Molecule (Hemoglobinopathy) such as Sickle-cell Disease and other Conditions, as well as those that have donated Blood recently, are not suitable for this Test.

*Dr. Ashish Sethi*

Dr. Ashish Sethi  
Consultant Biochemist



*Dr. Anshu Gupta*

Dr. Anshu Gupta  
MBBS, MD, DNB  
Consultant Pathologist

PATHOLOGIST



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## BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Glucose Fasting (Method: GOD-POD)	86.00	mg/dL	Glucose Fasting Cord: 45-56 New born, 1d: 40-60 New born, >1d: 50-80 Child: 60-100 Adult: 74-100 >60 Y: 82-115 >80 Y: 75-121
Blood Sugar PP (Method: GOD-POD)	109.00	mg/dL	Glucose 2 h Postprandial: <120

## KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
Blood Urea (Method: Urease-GLDH)	26.00	mg/dL	Adults Women < 50 years : 13-40 Women > 50 years : 21-43 Men < 50 years : 19-45 Men > 50 years : 18-55 Children 1-3 years : 11-30 4-13 years : 15-38 13-19 years 18-45
Creatinine (Method: Jaffe's Creatinase)	0.95	mg/dL	0.4-1.40
Calcium	10.46	mg/dL	8.5-11
Uric Acid (Method: Uricase/POD)	5.23	mg/dL	2.4-7.2

*Aashish Sethi*

Dr. Aashish Sethi  
Consultant Biochemist

**24/7**  
EMERGENCY CLINIC  
BIOLOGIST

*Dr. Anshu Choudhary*  
Dr. Anshu Choudhary  
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## BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.-UV Kinetic)	35.00	U/L	5-40
SGPT/ALT(Tech.-UV Kinetic)	28.00	U/L	5-40
Bilirubin(Total) (Method: Jendr)	0.78	mg/dL	Adults: 0-2, Cord < 2 Newborns, premature 0-1 day 1-8, 1-2 days: 8-12, 3-5 days 10-14 Newborns, full term 0-1 day: 2-6, 1-2 days: 5-10, 3-5 days: 4-8
Bilirubin(Direct)	0.15	mg/dL	0-0.3
Bilirubin(Indirect)	0.63	mg/dL	0.1-1.0
Total Protein (Method: BCG/CT Method)	6.98	g/dL	Adults: 6.4 - 8.3 Premature: 3.6-6.0 Newborn: 4.6 - 7.0 1 Week: 4.4 - 7.6 7-12 months: 5.1 - 7.3 1-2 Years: 5.6 - 7.5 > 2 Years: 6.0 - 8.0
Albumin(Tech.-BCG) (Method: BCG)	3.88	gm/dL	0-4 days: 2.8-4.4 4d-14 yrs: 3.6-5.4 14y-18y: 3.2-4.5 Adults 20-60 yrs: 3.5-5.2 60-90 yrs: 3.2-4.6
Globulin(CALCULATION)	3.10	gm/dL	2.5-4.5
A/G Ratio(Tech.-Calculated)	1.25		1.2-2.5
Alkaline Phosphatase(Tech.-Pnp Amp Kinetic)	166.0	U/L	108-306

*Ashish Sethi*  
Dr. Ashish Sethi  
Consultant Biochemist

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*Harsh Kishor*  
Dr. Harsh Kishor  
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## THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.85	ng/mL	0.8 - 1.8 ng/mL
T4 (Total Thyroxine)	7.41	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone) H	<b>8.80</b>	µU/mL	0.35-5.50

Sample Type : **Serum**

Test Performed by:-

Fully Automated Chemi Luminescent Immuno Assay (ARCHITECT- i1000 PLUS ) Abbott USA

### Remarks :

Primary malfunction of the Thyroid gland may result in excessive (hyper) or Low (hypo) release of T3 or T4. In addition, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity.

Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood, in Primary Hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in Euthyroid sick syndrome, multiple alterations in serum thyroid function test findings have been recognized.

*Ashish Sethi*

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## URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
<b>PHYSICAL</b>			
Quantity	20	ml	
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.020		
PH	6.0		4.5-6.5
<b>CHEMICAL</b>			
Reaction	Acidic		
Albumin	TRACE		
Urine Sugar	Nil		
<b>MICROSCOPIC</b>			
Red Blood Cells	Nil	/h.p.f.	
Pus Cells	4-8	/h.p.f.	
Epithelial Cells	2-3	/h.p.f.	
Crystals	Nil	/h.p.f.	
Casts	Nil	/h.p.f.	
Bacteria	Nil	/h.p.f.	
Others	Nil	/h.p.f.	
Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		
URINE SUGAR PP	Nil		

<<< END OF REPORT >>>

>>> Results relate only to the sample as received. Kindly correlate with clinical condition. <<<

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