

ID :

NAME :

Sumeet Patel 331m

M Hn Kg

25mm/s

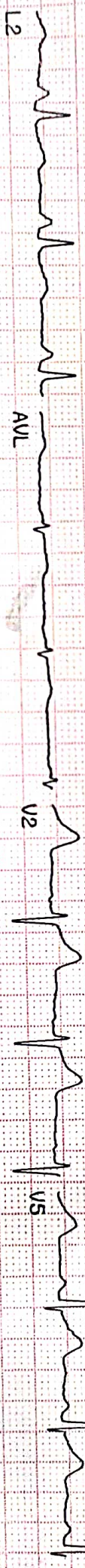
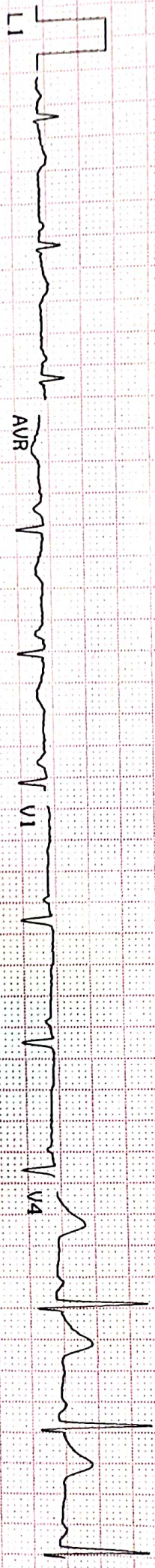
10mm/mV

0.1 - 35Hz

50Hz ReJ

BLC

HR = 75 bpm



Sumeet Patel

NDC DIAGNOSTIC

Mastros

NDCD IAGNOSTIC CENTRE

08:50 AM 22/03/2023 CMPL TrueBeat 100

Mastros

WNL

Sumeet Patel
Dr. Bharat Shivsharan
 MD (Medicine)
 49854



Corporate HC Appointment Confirmation

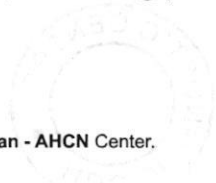
Sat, Mar 18, 2023 at 1:45 PM

Donotreply <noreply@apolloclinics.info>

Reply-To: noreply@apolloclinics.info

To: ndc.kalyan@gmail.com

Cc: rahul.rai@apolloclinic.com, pritam.padyal@apolloclinic.com, bhumika.ajit@apolloclinic.com, ahcnmembers@apolloclinic.com, syamsunder.m@apollohl.com, corporate@apolloclinic.com, deepak.gaddam@apolloclinic.com, rani.g@apolloclinic.com, devendra.singh@apolloclinic.com, apsara.bagchi@apollohl.com



Greetings from Apollo!!

Respected Sir/Madam,

Please find corporate HC appointment details scheduled for 22-03-2023 at your NDC - Kalyan - AHCN Center.

Points to note :-

- Collect photocopy of employee ID proof if health check is through an employer
- Collect photocopy of personal ID proof if health check is for insurance
- Collect MER as per package details & that company's format (already shared)
- By 12 noon of appointment date, share Work order number & visit status (Show/No show)
- Upload reports in Adbhutam portal as per specifications given earlier

Appointment Booking Details

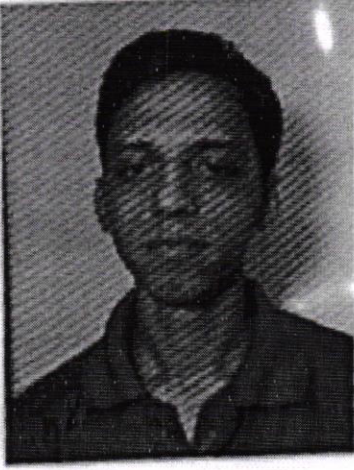
Corporate/TPA	Agreement Name	Package Name	Package Inclusions	Customer Name	Gender M/F	Relation (Self/Spouse)	DOB/Age	Emp ID	E-Mail Id	Mobile No	Date of appointment	Appt Time	Ref No / UHID	HC Center Name	HC Center Location
ARCOFEMI HEALTHCARE LIMITED	ARCOFEMI MADIWHEEL MALE AHC CREDIT PAN INDIA OP AGREEMENT	ARCOFEMI - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324	Dietician consultation, Glycosylated Hemoglobin (HbA1C) - Whole Blood, 2 D ECHO, Lipid Profile (all Parameters), URINE GLUCOSE (FASTING), URINE GLUCOSE (POST PRANDIAL), BMI, Ophthal by General Physician, THYROID PROFILE - I (T3, T4 AND TSH), GLUCOSE - SERUM / PLASMA (FASTING AND POST PRANDIAL), HEMOGRAM (CBC+ESR), Renal Function Test, LIVER FUNCTION TEST (PACKAGE), GGTP: Gamma Glutamyl Transpeptidase - Serum, X-Ray Chest PA, Ultrasound - Whole Abdomen, Consultation - Dental, Blood Grouping And Typing (Abo And Rh), Urine Routine (CUE), Package Consultation - ENT, ECG, Fitness by General Physician	Sumeet Subhash Pate	M	Self	31	bob183291	sumeetpate09@gmail.com	7208909865	2023-03-22	00:00:00	AHCNNDC18032308274	NDC - Kalyan	Thane - AHCN

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भारत सरकार

Government of India



सुमीत सुभाष पाटे

Sumeet Subhash Pate

जन्म तारीख / DOB : 09/11/1989

पुरुष / Male



5520 5229 0868

माझे आधार, माझी ओळख

Sumeet



MEDICAL EXAMINATION REPORT

Name : Mr./Mrs./Miss

Sumit Pate.

Sex : Male/Female

Age (yrs): 33

Date 22/03/2023

Marital status: Married/Unmarried

Present complaints:

No any complaint

History of: Fever/vomiting/Nausea/Headache/Giddiness/Insomnia/Cough

Chest pain/Palpitation/breathlessness/fainting/loss of wt/loss of appetite

pain abdo./loose motions/burning micturition /increased frequency of micturition/

Seizures.

K/C/O - DM/HTN/IHD/T. B./Hypothyroidism | No

L.M.P (for females)

Occupation: HBI

service

Personal history: - Vegetarian/Non-vegetarian/ Smoker /Non-Smoker
Alcoholic /Non-Alcoholic**Past history:** - Medical illness

- Surgical illness

No
Left femur - 4 yrs Back
operated (Plate)**Family history:** Father - HTN /DM/ IHD

Mother - HTN/DM/IHD | No

History of Allergies:

| No

History of Medication:

| No

On examination (O/E): (General Physical Examination)

General conditions.

fair

Height (in cm): 167 cms.

Weight (in Kg): 63 kgs.

Temp - A feb.

BMI: 22.6

Pulse (per min) - 82/min

Respiration Rate (per min) -

23/min

BP- 120/90 mmHg

- Conjunctiva -
- Vision-
- Sclera-
- Tongue-
- Skin-
- Nasal cavity-
- Lymph nodes-
- Neck veins-
- Oedema-
- Cyanosis-
- Clubbing-
- Varicose veins-
- Joints



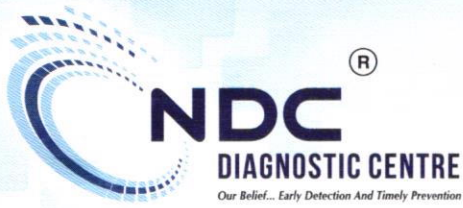
NAD

Systemic Examination:

- PA
- CVS
- RS
- CNS



(NAD)

**NDC DIAGNOSTIC CENTRE**

Charms Star Building, Shop No. 10&11, 1st Floor,
Above HDFC Bank, Bail Bazar, Kalyan (W). 421 301.

T.: 0251 - 2202377 / 2202388 M.: 7718802999

Email: ndc.kalyan@gmail.com www.ndcdiagnostic.com

NAME: *Sumeet Pate*

AGE/SEX: *33y/m*

REF BY: *Health Package*

DATE: *22-03-23*

EYE CHECK UP

History of the related complaints : *No*

History of systemic : *No*

History of eye surgery : *No*

DVn Vn : RE- *6/6* LE: *6/6*

Near Vn : RE- *11/6* LE: *11/6*

COLOUR VISION : *Normal*

TEST REPORT

2-D ECHOCARDIOGRAPHY AND COLOUR DOPPLER REPORT

NAME: MR. SUMEET PATE

AGE: 33Y/ SEX:MALE

DONE BY: SELF

DATE: 23/03/2022

M- MODE MEASUREMENTS:

LA: 27 mm

IVS (d): 08 mm

AO: 20 mm

LVPW (d): 09 mm

LVID (d): 40 mm

RA (4C): 26 mm

LVID (s): 24 mm

RVID (d): 26 mm

LVEF: 60%

RWMA: NO

2-D ECHO FINDINGS:

Mitral Valve: Normal

Aortic Valve: Normal

Tricuspid valve: Normal

PV/RVOT: Normal

IAS: Intact

IVS: Intact

IVC: Normal

CLOT/VEGETATIONS: Nil

PERICARDIUM: Normal

TEST REPORT

DOPPLER STUDY:

NO DIASTOLIC DYSFUNCTION

	PG	MG	AREA	GRADE of regurgitation
MV				
AV	7 mm Hg			
PV/RVOT	4 mm Hg			
TV				

PASP by TR jet: 21 mm Hg

NO PAH

IMPRESSION:

NORMAL CHAMBER DIMENSION

STRUCTURALLY NORMAL CARDIAC VALVES

NO RWMA

NO PAH

NO DIASTOLIC DYSFUNCTION

NORMAL LV SYSTOLIC FUNCTION


CONSULTANT INTERVENTIONAL CARDIOLOGIST

TEST REPORT

NAME: MR.SUMEET PATE
REF. BY: HEALTH PACKAGE

AGE/SEX: 33Y/M
DATE:23/03/2023

X-RAY CHEST PA VIEW

Both lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

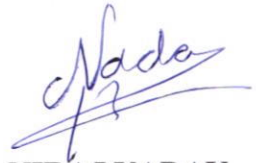
Both costophrenic angles appear normal.

Bony thorax appears normal.

IMPRESSION:

- **Normal Radiograph.**

Advice – Clinical correlation.



DR. NIRAJ YADAV
MBBS, DMRE
Consulting Radiologist & Sonologist

TEST REPORT

NAME: MR.SUMEET PATE
REF BY:HEALTH PACKAGE

AGE/SEX: 33Y/M
DATE:22/03/2023

USG ABDOMEN & PELVIS

Liver:- is normal in size(12.4cm), shape. Mildly raised echotexture. No focal or diffuse lesion. No IHBR dilatation seen.

Gall Bladder:- is physiologically distended with tiny polyp seen of 3mm within. No calculus seen. No GB wall thickening or pericholecystic fluid seen.

CBD :- is normal.

Pancreas:-is normal in size, echotexture. No focal lesion.

Spleen:-is normal in size, shape & echotexture. It measures 9.6cm. No focal lesion.

Kidneys:- are normal in size, position, echotexture. CMD is maintained.

Right kidney – 8.8x3.8cm. Left kidney – 8.9x4.5cm.

No calculi or hydronephrosis seen on either side.

Bowel loops shows gases distension peristalsis appears normal.

No ascites / significant lymphadenopathy seen.


Bladder:- is well distended & shows normal wall thickness. No intraluminal lesion seen.

Prostate:- is normal in size, echotexture.

IMPRESSION:

- **Fatty Liver Grade-I.**
- **Tiny GB Polyp seen.**

Advice – Clinical and (s-o-s) LFT, RFT correlation.



DR. NIRAJ YADAV
MBBS, DMRE

Consulting Radiologist & Sonologist

TEST REPORT

FITNESS CERTIFICATE

Date: 23/03/2023

To whom so ever it may concern, this is to certify that,

MR. SUMEET PATE 33/M undergone the health check-up at NDC diagnostic centre, Kalyan on 22/03/2023.


I have examined him carefully on the basis of given investigation and found him to be physically fit/unfit for the job.


Signature & stamp
MD (Medicine)
2014/01/0209

Patient ID	: P23000076217		Lab Id No	: KAL002305
PATIENT NAME	: Mr. SUMEET PATE		Registered On	: 23/3/2023 12:21:00PM
AGE	: 33 Y Gender : MALE		Collected On	:
Referred By	: APOLLO CLINIC		Authorised On	: 24/3/2023 11:32:38AM
Ward	: Other		Printed On	: 24/3/2023 11:35:14AM
UID	: AHCNDC180323082	Report Status	: FINAL	

Biochemistry

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Value	Unit	Biological Ref Range
 GLYCOSYLATED HAEMOGLOBIN	5.6	%	Normal : <5.7 % Prediabetic: 5.7% to 6.4% Diabetic : 6.5% or Higher

Method-HPLC

Estimated Average Glucose 114.0 mg/dL

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %,
 - Fair to Good Control - 7 to 8 %,
 - Unsatisfactory Control - 8 to 10 %



VIKASH S VISHWAKARMA
Verified By

PALad

Dr Priyanka Lad
MD, Consultant Pathologist
Reg.No 2015/05/2476


Patient ID	: P23000076217		Lab Id No	: KAL002305
PATIENT NAME	: Mr. SUMEET PATE		Registered On	: 23/3/2023 12:21:00PM
AGE	: 33 Y Gender : MALE		Collected On	:
Referred By	: APOLLO CLINIC		Authorised On	: 23/3/2023 6:53:47PM
Ward	: Other		Printed On	: 23/3/2023 7:55:43PM
UID	: AHCNDC180323082 Report Status : FINAL			

Biochemistry**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Value	Unit	Biological Ref Range
LIPID PROFILE			
Triglycerides	147.59	mg/dL	Desirable : < 200 Borderline : 200-400 Elevated > 400
Method- GPO Trinder's End Point			
Total Cholesterol	189.43	mg/dL	Desirable : < 200 Borderline : 200-240 Elevated : > 240
Method-Trinder's End Point			
HDL CHOLESTROL,SERUM	42.55	mg/dL	35 - 80
Method- Direct			
LDL CHOLESTEROL,serum	117.36	mg/dL	Desirable : <= 130.9 Borderline : 131-159.9 High : >160
calculated			
VLDL CHOLESTROL,serum	29.52	mg/dL	0-30
METHOD : Calculated			
LDL/HDL Ratio	2.76	Ratio	
Calculated			
T Chol /HDL Ratio	4.45	Ratio	
Calculated			

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Referred By	: APOLLO CLINIC		Authorised On	: 23/3/2023 7:34:15PM
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UID	: AHCNDC180323082 Report Status : FINAL			

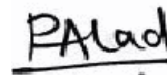
Biochemistry**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Value	Unit	Biological Ref Range
 Blood Sugar Fasting, Plasma GOD-POD Trinder's Method ,End Point	94	mg /dL	60 - 110
Urine sugar	Absent		
Urine Ketones	Absent		
FASTING PLASMA GLUCOSE Normal : <100 mg/dL Pre-Diabetic : 100 - 125 mg/dL Diabetic : >=126 mg/dL			

Reference :- ADA (American Diabetes Association) Guidelines 2020

Interpretation Bulk Registration Regarding Raptium Reasearch Pvt Ltm Measurement of glucose concentration in serum or plasma is mainly used in diagnosis and monitoring of treatment in diabetes mellitus. Other applications are the detection of neonatal hypoglycemia, the exclusion of pancreatic islet cell carcinoma as well as the evaluation of carbohydrate metabolism in various diseases.


Verified By



Dr Priyanka Lad
MD, Consultant Pathologist
Reg.No 2015/05/2476


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Ward	: Other		Printed On	: 23/3/2023 7:55:43PM
UID	: AHCNDC180323082		Report Status	: FINAL

Biochemistry**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Value	Unit	Biological Ref Range
 Blood Sugar (PP),plasma GOD-POD Trinder Method, End point	76	mg/dL	< 145
Urine Sugar.	Absent		
Urine Ketones. GLUCOSE OXIDASE-PEROXIDASE (GOD/POD)	Absent		
"POST PRANDIAL PLASMA GLUCOSE(2 hrs after meals)			
Normal Diabetic	: 120 - 140 mg/dL		
Impaired Glucose	: 140 - 160 mg/dL		
Pre-Diabetic	: 161 - 200 mg/dL		
Diabetic	: >=200 mg/dL		

Reference :- ADA (American Diabetes Association) Guidelines 2020"

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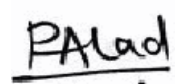

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AGE	: 33 Y Gender : MALE		Collected On	:
Referred By	: APOLLO CLINIC		Authorised On	: 23/3/2023 1:41:55PM
Ward	: Other		Printed On	: 23/3/2023 7:55:43PM
UID	: AHCNDC180323082	Report Status	: FINAL	

Haematology**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**


Test Name	Value	Unit	Biological Ref Range
COMPLETE BLOOD COUNT			
Haemoglobin Method - Cyanmethemoglobin	14	g/dL	13.0 - 17.0
R.B.C. Count EDTA,electrical impedane	4.67	mill/cumm	4.5 - 5.5
Packed Cell Volume EDTA,cumulative plus	42.4	%	40 - 50
MCV EDTA,calculated	91	fL	83.0 - 101.0
MCH EDTA,calculated	30	pg	27.0 - 32.0
MCHC EDTA,calculated	33	g/dl	31.5 - 34.5
RDW EDTA,calculated	13.5	%	11.6 - 14.0
Leucocytes Count EDTA, flowcytometry by laser	5120	/Cumm	4000 - 10000
DIFFERENTIAL COUNT			
Neutrophils flowcytometry	45.8	%	40 - 80
Monocytes (Flow cytometry)	5.20	%	2-10
Lymphocytes	46.20	%	20-40
Eosinophils	2.7	%	1 - 6
Basophils	0.10	%	1 - 2
Platelet Count	188	10 ³ / c.mm	150 - 410
Abnormalities of RBC	Normocytic Normochromic		

NIKITA BHOIR
Verified By

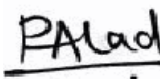

Dr Priyanka Lad
MD,Consultant Pathologist
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Referred By	: APOLLO CLINIC		Authorised On	: 23/3/2023 1:41:55PM
Ward	: Other		Printed On	: 23/3/2023 7:55:43PM
UID	: AHCNND180323082 Report Status : FINAL			

Haematology**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Value	Unit	Biological Ref Range
 Abnormalities of WBC	Normal		
Platelet On Smear	Adequate on smear		

NIKITA BHOIR
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Dr Priyanka Lad
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AGE	: 33 Y Gender : MALE		Collected On	:
Referred By	: APOLLO CLINIC		Authorised On	: 23/3/2023 3:55:55PM
Ward	: Other		Printed On	: 23/3/2023 7:55:43PM
UID	: AHCNND180323082		Report Status	: FINAL

Haematology**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Value	Unit	Biological Ref Range
ESR Westergren Method	10	mm/hr	0 - 20

- 1) It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test..
- 2) It is a prognostic test and used to monitor the course or response to treatment of disease like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica..
- 3) It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

Kamthe Kiran
Verified By


Dr Priyanka Lad
MD, Consultant Pathologist
Reg.No 2015/05/2476


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Ward	: Other		Printed On	: 23/3/2023 7:55:43PM
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Biochemistry**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

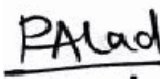
Test Name	VALUE	Unit	Biological Ref Range
RENAL FUNCTION TEST			
Blood Urea,serum Method - Urease-GLDH Fixed Time	21.81	mg/dL	19 - 44
BUN,serum Method:BUN calculated	10.19	mg/dL	8.87-20.5
CREATININE, SERUM Serum, Enzymatic	0.99	mg/dL	0.7 - 1.3
INTERPRETATION: The concentration of creatinine in plasma of a healthy individual is fairly constant, independent from water intake, exercise and rate of urine production. Therefore, increased plasma creatinine values always indicate decreased excretion, i.e. impaired kidney function.			
Uric Acid, Serum Method- Uricase - Trinder End Point	5.42	mg/dL	3.5 - 7.2
Calcium, Serum Method-Arsenazo-III End Point	8.79	mg/dL	8.6 - 10.3
INTERPRETATION: Decreased total calcium levels can be associated with diseases of the bone apparatus (especially osteoporosis), kidney diseases (especially under dialysis), defective intestinal absorption and hypoparathyroidism. Increased total calcium can be measured in hyperparathyroidism, malignant diseases with metastases and sarcoidosis. Calcium measurements also help in monitoring of calcium supplementation mainly in the prevention of osteoporosis.			
Phosphorus,serum Method- Ammonium Molybdate End Point	3.00	mg/dL	2.6-4.5
Sodium, serum Method -ISE-direct	137.9	meq/l	135-148
Potassium, serum Method -ISE -direct	4.41	meq/l	3.5-5.3
Chloride, serum Method-ISE-direct	107.6	meq/l	98-107
Total Protein,serum Method-Biuret end Point	7.72	g/dl	6.4 - 8.3

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Biochemistry**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**


Test Name	VALUE	Unit	Biological Ref Range
 Albumin, Serum Method-Bromocresol Green (BCG)	4.27	g/dL	3.5-5.0
Globulin,serum	3.45	g/dl	2.3-3.5
A/G Ratio	1.24		1-2

BHAVANA MORE
Verified By


Dr Priyanka Lad
MD,Consultant Pathologist
Reg.No 2015/05/2476

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Referred By	: APOLLO CLINIC		Authorised On	: 23/3/2023 6:54:01PM
Ward	: Other		Printed On	: 23/3/2023 7:55:43PM
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Biochemistry**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Value	Unit	Biological Ref Range
 LIVER FUNCTION TEST			
SGOT,serum Method-IFCC Kinetic	26	U/L	<35
SGPT,serum Method-IFCC Kinetic	31.36	U/L	< 45
Bilirubin (Total)serum Method-Diazo end Point	0.22	mg/dL	0.1-1.2
Bilirubin (Direct),serum Method-Diazo	0.14	mg/dL	0.0 - 0.2
Bilirubin (Indirect),serum Serum, Calculated	0.08	mg/dL	0.10 - 1.0
Alk. Phosphatase,serum Method-IFCC Kinetic	70.7	U/L	40 - 130
Total Protein,serum Method-Biuret end Point	7.72	g/dl	6.4 - 8.3
Albumin, Serum Method-Bromocresol Green (BCG)	4.27	g/dL	3.5-5.0
Globulin,serum	3.45	g/dl	2.3-3.5
A/G Ratio	1.24		1-2
GAMMA Glutamyl Transpeptidase, Method-IFCC Std	19.7	U/L	0-55

Patient ID	: P23000076217		Lab Id No	: KAL002305
PATIENT NAME	: Mr. SUMEET PATE		Registered On	: 23/3/2023 12:21:00PM
AGE	: 33 Y Gender : MALE		Collected On	:
Reffered By	: APOLLO CLINIC		Authorised On	: 23/3/2023 7:26:56PM
Ward	: Other		Printed On	: 23/3/2023 7:55:43PM
UID	: AHCNND180323082 Report Status : FINAL			

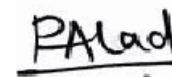
Haematology**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Value	Unit	Biological Ref Range
BLOOD GROUP			
ABO Group	A		
RhD Typing	Negative		
Method	Slide and Tube Agglutination		

Patient ID	: P23000076217		Lab Id No	: KAL002305
PATIENT NAME	: Mr. SUMEET PATE		Registered On	: 23/3/2023 12:21:00PM
AGE	: 33 Y Gender : MALE		Collected On	:
Referred By	: APOLLO CLINIC		Authorised On	: 23/3/2023 7:34:46PM
Ward	: Other		Printed On	: 23/3/2023 7:55:43PM
UID	: AHCNDC180323082 Report Status : FINAL			

Clinical Pathology**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Value	Unit	Biological Ref Range
URINE ROUTINE			
Quantity	10		
Color	Pale Yellow		
Appearance	Clear		
Deposit	Absent		
pH	Acidic		4.7-7.5
Specific Gravity	1.020		
METHOD : Bromthymol blue			
CHEMICAL EXAMINATION			
Urine sugar	Absent		
Proteins	Absent		
Ketones	Absent		
Blood	Absent		
Bile Pigments	Absent		
Bile Salts	Absent		
Urobilinogen	Absent		
MICROSCOPIC EXAMINATION OF CENTRIFUGALISED DEPOSIT			
Pus Cells	Pr. 4 - 5		
Epithelial Cells	Pr. 1 - 2		
Red Blood Cells	Absent		
Casts	Absent		
Crystals	Absent		
Amorphous Materials	Absent		
Bacteria	Absent		
Yeasts	Absent		



Verified By

Dr Priyanka Lad
MD, Consultant Pathologist
Reg.No 2015/05/2476

Patient ID : P23000075882		Lab Id No : KNDC012072
PATIENT NAME : Mr. SUMEET PATE		Registered On : 22/3/2023 8:13:34PM
AGE : 33 Y Gender : MALE		Collected On : 22/3/2023 8:19:17PM
Reffered By : SELF		Authorised On : 22/3/2023 9:45:09PM
Ward : Other		Printed On : 24/3/2023 11:19:21AM
UID :	Report Status : FINAL	

Immunology

Test Name	Value	Unit	Biological Ref Range
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Thyroid Function Test -T3, T4, TSH (Ultrasensitive)

TOTAL T3	118.04	ng/dL	60 - 181
Serum, CLIA			

T3 INTERPRETATION: Serum T3 determination can be a valuable component of a thyroid screening panel in the diagnosis of thyroid disorders. In some serious and chronicity thyroid illness, the concentration of free T4 increase or decrease with high TSH and low T3. Normal concentration of free T4 and elevated concentration of T3 will give rise to hyperthyroidism. Depression concentration of T3 is caused by primary hypothyroidism or secondary cases hypothyroidism caused by loss of hypothalamo or hypophyseal functions, such as Hashimoto's thyroiditis.

TOTAL T4	11.20	µg/dL	3.2 - 12.6
Serum, CLIA			

T4 INTERPRETATION: In most patients the normal T4 level indicates good thyroid status, however, T4 level can be affected by the change in binding proteins while the level of unbound hormone unchanged . Drugs that compete for protein binding sites, such as phenylbutazone, diphenylhydantoin or salicylates, can result in a depressed T4 measurement. Thus, the final definition of thyroid status should be determined in conjunction with other thyroid function tests such as TSH, FT4, T3, FT3 and clinical evaluation

TSH Ultra Sensitive	2.82	mIU/L	0.55-4.78
Serum, CLIA			

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 The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of 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. TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism.

Siddhi Gosavi
Verified By



DR AKSHATA PARAB
MD DNB PATHOLOGY