



### CHANDAN DIAGNOSTIC CENTRE

Mear vision:

Dental check up : Propr

EYE Checkup: Trafqley Blindness.

### noissardmi lania

and free from any cardio-respiratory / communicable ailment, Certified that I examined Lamas Kumax Growlam

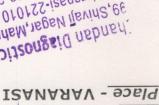
he/ske is fit / Uhfit to join any organization.

(Sizongsio olbest). OM., 288M 81,935. ON. 999 Dr. B.C. BOX Client Signature: -

Signature of Medical Examiner

Date- . 1.0. 1.0. 1.2023, (MBBS, MD) Name & Qualification - Dr. R. C. Roy

Phone No.:0542-2223232 (.9.U) OTOTSS-izeneseV InsertoomAsM, negen Tevin2, 86 Jeandan Disgnostic Center







## CHANDAN DIAGNOSTIC CENTRE



Name of Company: - Mediuheep

Name of Executive: MR / MKS. Kamal Fumar Gausam

Date of Birth: 00 0 /08 / 1993

Sex: Male / Female

Height: 123 CMs

Weight: 79 KGs

BMI (Body Mass Index): 26 . 4

Chest (Expiration / Inspiration) 9.2..../.9.2...CMs

Blood Pressure: 138/86 mm/Hg

Pulse: 8 9 BPM - Regular / Irregular

Ident. Mark: Mole on Rf ear

Any Allergies: No

Vertigo: Now

Any Medications: (I)

Any Surgical History: (I)

Habits of alcoholism/smoking/tobacco: (I) No

Chief Complaints if any: O Blind ness- By Birth
Lab Investigation Reports: 7e1 A41.

Eye Check up - vision & Color vision: Totally Blandness - By Right.

Left eye: Bladun

Right eye:



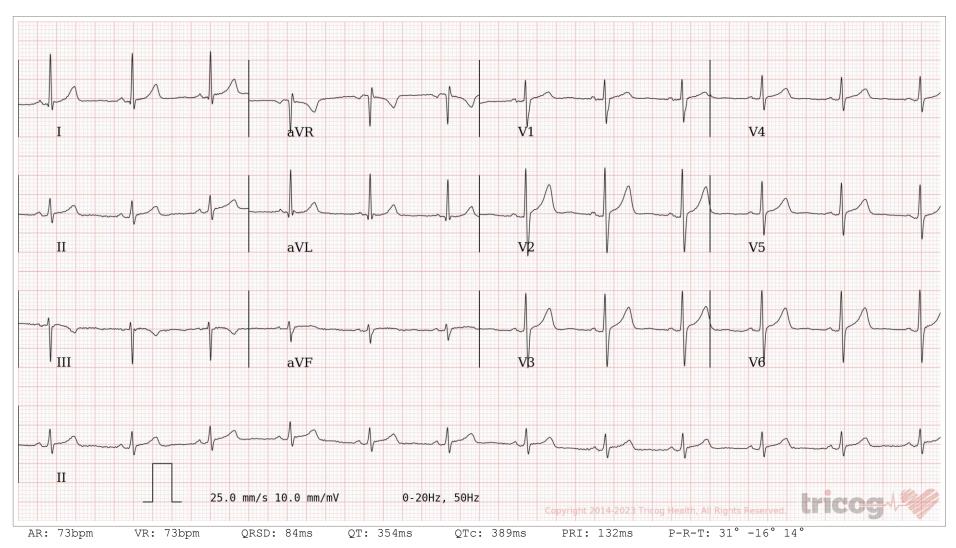
# trice<del>g</del>

#### **Chandan Diagnostic**

Age / Gender: 29/Male Date and Time: 22nd Jan 23 10:59 AM

Patient ID: CVAR0078432223

Patient Name: Mr. KAMAL KUMAR GAUTAM -PKG10000238



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

AUTHORIZED BY

REPORTED BY

and B

Dr. Charit MD, DM: Cardiology

Dr. Aishwarya Yadav Venugopal

63382

129058





CIN: U85110DL2003PLC308206



Patient Name : Mr.KAMAL KUMAR GAUTAM -PKG10000238 Registered On : 22/Jan/2023 08:38:15 Age/Gender Collected : 29 Y 0 M 0 D /M : 22/Jan/2023 10:29:54 UHID/MR NO : CVAR.0000034964 Received : 22/Jan/2023 10:42:14 Visit ID : CVAR0078432223 Reported : 22/Jan/2023 13:19:01

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

#### **DEPARTMENT OF HAEMATOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name Result Unit Bio. Ref. Interval Method

Blood Group (ABO & Rh typing) \*, Blood

**Blood Group** 

В

Rh (Anti-D)

**POSITIVE** 

Complete Blood Count (CBC) \*, Whole Blood

Haemoglobin 14.90 g/dl 1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 3-5 2 Vm 10.5 13.5

0.5-2 Yr- 10.5-13.5 g/dl

2 6 1

2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0

g/dl

Male- 13.5-17.5 g/dl

Female- 12.0-15.5 g/dl

|                                   |       |                |             | •                     |
|-----------------------------------|-------|----------------|-------------|-----------------------|
| TLC (WBC)                         | 6,300 | /Cu mm         | 4000-10000  | ELECTRONIC IMPEDANCE  |
| DLC                               |       |                |             |                       |
| Polymorphs (Neutrophils )         | 50.00 | %              | 55-70       | ELECTRONIC IMPEDANCE  |
| Lymphocytes                       | 45.00 | %              | 25-40       | ELECTRONIC IMPEDANCE  |
| Monocytes                         | 3.00  | %              | 3-5         | ELECTRONIC IMPEDANCE  |
| Eosinophils                       | 2.00  | %              | 1-6         | ELECTRONIC IMPEDANCE  |
| Basophils                         | 0.00  | %              | < 1         | ELECTRONIC IMPEDANCE  |
| ESR                               |       |                |             |                       |
| Observed                          | 10.00 | Mm for 1st hr. |             |                       |
| Corrected                         | 6.00  | Mm for 1st hr. | < 9         |                       |
| PCV (HCT)                         | 45.00 | %              | 40-54       |                       |
| Platelet count                    |       |                |             |                       |
| Platelet Count                    | 1.50  | LACS/cu mm     | 1.5-4.0     | ELECTRONIC            |
|                                   |       |                |             | IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | nr    | fL             | 9-17        | ELECTRONIC IMPEDANCE  |
| P-LCR (Platelet Large Cell Ratio) | nr    | %              | 35-60       | ELECTRONIC IMPEDANCE  |
| PCT (Platelet Hematocrit)         | nr    | %              | 0.108-0.282 | ELECTRONIC IMPEDANCE  |
| MPV (Mean Platelet Volume)        | nr    | fL             | 6.5-12.0    | ELECTRONIC IMPEDANCE  |
| RBC Count                         |       |                |             |                       |
| RBC Count                         | 5.24  | Mill./cu mm    | 4.2-5.5     | ELECTRONIC IMPEDANCE  |
|                                   |       |                |             |                       |





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CIN: U85110DL2003PLC308206



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: Dr.Mediwheel - Arcofemi Health Care Ltd. : Final Report Status

#### **DEPARTMENT OF HAEMATOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name                        | Result   | Unit   | Bio. Ref. Interval | Method               |
|----------------------------------|----------|--------|--------------------|----------------------|
|                                  |          |        |                    |                      |
| Blood Indices (MCV, MCH, MCHC)   |          |        |                    |                      |
| MCV                              | 85.90    | fl     | 80-100             | CALCULATED PARAMETER |
| MCH                              | 28.40    | pg     | 28-35              | CALCULATED PARAMETER |
| MCHC                             | 33.00    | %      | 30-38              | CALCULATED PARAMETER |
| RDW-CV                           | 13.80    | %      | 11-16              | ELECTRONIC IMPEDANCE |
| RDW-SD                           | 44.50    | fL     | 35-60              | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count       | 3,150.00 | /cu mm | 3000-7000          |                      |
| Absolute Eosinophils Count (AEC) | 126.00   | /cu mm | 40-440             |                      |

S.N. Sinta Dr.S.N. Sinha (MD Path)





SIN No:53467553







CIN: U85110DL2003PLC308206

: Dr.Mediwheel - Arcofemi Health Care Ltd.



Patient Name : Mr.KAMAL KUMAR GAUTAM -PKG10000238 : 22/Jan/2023 08:38:16 Registered On Age/Gender : 29 Y 0 M 0 D /M Collected : 22/Jan/2023 10:29:54 UHID/MR NO : CVAR.0000034964 Received : 22/Jan/2023 10:42:14 Visit ID : CVAR0078432223 Reported : 22/Jan/2023 13:05:23 : Final Report

#### **DEPARTMENT OF BIOCHEMISTRY**

Status

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-----------|--------|------|--------------------|--------|
|           |        |      |                    |        |
|           |        |      |                    |        |

#### **GLUCOSE FASTING**, Plasma

**Glucose Fasting** 91.80 mg/dl < 100 Normal **GOD POD** 

100-125 Pre-diabetes ≥ 126 Diabetes

#### **Interpretation:**

Ref Doctor

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.

b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.

c) I.G.T = Impared Glucose Tolerance.

Glucose PP 136.00 mg/dl <140 Normal **GOD POD** 

Sample:Plasma After Meal 140-199 Pre-diabetes >200 Diabetes

#### Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.

b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.

c) I.G.T = Impared Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) \*, EDTA BLOOD

| Glycosylated Haemoglobin (HbA1c) | 5.00  | % NGSP        | HPLC (NGSP) |
|----------------------------------|-------|---------------|-------------|
| Glycosylated Haemoglobin (HbA1c) | 31.00 | mmol/mol/IFCC |             |
| Estimated Average Glucose (eAG)  | 96    | mg/dl         |             |

#### **Interpretation:**

#### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- · eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.





1800-419-0002

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CIN: U85110DL2003PLC308206



Patient Name : 22/Jan/2023 08:38:16 : Mr.KAMAL KUMAR GAUTAM -PKG10000238 Registered On Age/Gender : 29 Y 0 M 0 D /M Collected : 22/Jan/2023 10:29:54 UHID/MR NO : CVAR.0000034964 Received : 22/Jan/2023 10:42:14 Visit ID : CVAR0078432223 Reported : 22/Jan/2023 13:05:23 Ref Doctor : Final Report : Dr.Mediwheel - Arcofemi Health Care Ltd. Status

#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| st Name Result | Unit | Bio. Ref. Interval | Method |  |
|----------------|------|--------------------|--------|--|
|----------------|------|--------------------|--------|--|

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

| Haemoglobin A1C (%)NGSP | mmol/mol / IFCC Unit | eAG (mg/dl) | <b>Degree of Glucose Control Unit</b> |
|-------------------------|----------------------|-------------|---------------------------------------|
| > 8                     | >63.9                | >183        | Action Suggested*                     |
| 7-8                     | 53.0 -63.9           | 154-183     | Fair Control                          |
| < 7                     | <63.9                | <154        | Goal**                                |
| 6-7                     | 42.1 -63.9           | 126-154     | Near-normal glycemia                  |
| < 6%                    | <42.1                | <126        | Non-diabetic level                    |

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated G8 90 SL TOSOH HPLC Analyser.

#### **Clinical Implications:**

- \*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
- \*With optimal control, the HbA 1c moves toward normal levels.
- \*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy
- c. Alcohol toxicity d. Lead toxicity
- \*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss
- \*Pregnancy d. chronic renal failure. Interfering Factors:
- \*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

| BUN (Blood Urea Nitrogen)<br>Sample:Serum | 15.00 | mg/dL | 7.0-23.0  | CALCULATED      |
|---|-------|-------|---|-----------------|
| Creatinine<br>Sample:Serum                | 0.80  | mg/dl | Serum 0.7-1.3<br>Spot Urine-Male- 20-<br>275<br>Female-20-320 | MODIFIED JAFFES |
| Uric Acid<br>Sample:Serum                 | 5.90  | mg/dl | 3.4-7.0   | URICASE         |





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<sup>\*\*</sup>Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.





CIN: U85110DL2003PLC308206



Patient Name : Mr.KAMAL KUMAR GAUTAM -PKG10000238 Registered On : 22/Jan/2023 08:38:16 Age/Gender Collected : 29 Y 0 M 0 D /M : 22/Jan/2023 10:29:54 UHID/MR NO : CVAR.0000034964 Received : 22/Jan/2023 10:42:14 Visit ID : CVAR0078432223 Reported : 22/Jan/2023 13:05:23 Ref Doctor : Final Report : Dr.Mediwheel - Arcofemi Health Care Ltd. Status

#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| Test Name                               | Result | ι     | Jnit Bio. Ref. Inte  | erval Method      |
|---|--------|-------|--|-------------------|
|   |        |       |  |                   |
| LFT (WITH GAMMA GT) * , Serum           |        |       |  |                   |
| SGOT / Aspartate Aminotransferase (AST) | 40.40  | U/L   | < 35   | IFCC WITHOUT P5P  |
| SGPT / Alanine Aminotransferase (ALT)   | 60.20  | U/L   | < 40   | IFCC WITHOUT P5P  |
| Gamma GT (GGT)                          | 24.60  | IU/L  | 11-50  | OPTIMIZED SZAZING |
| Protein                                 | 7.90   | gm/dl | 6.2-8.0  | BIRUET            |
| Albumin                                 | 4.50   | gm/dl | 3.8-5.4  | B.C.G.            |
| Globulin                                | 3.40   | gm/dl | 1.8-3.6  | CALCULATED        |
| A:G Ratio                               | 1.32   |       | 1.1-2.0  | CALCULATED        |
| Alkaline Phosphatase (Total)            | 81.30  | U/L   | 42.0-165.0   | IFCC METHOD       |
| Bilirubin (Total)                       | 0.70   | mg/dl | 0.3-1.2  | JENDRASSIK & GROF |
| Bilirubin (Direct)                      | 0.30   | mg/dl | < 0.30   | JENDRASSIK & GROF |
| Bilirubin (Indirect)                    | 0.40   | mg/dl | < 0.8  | JENDRASSIK & GROF |
| LIPID PROFILE ( MINI ) , Serum          |        |       |  |                   |
| Cholesterol (Total)                     | 194.00 | mg/dl | <200 Desirable<br>200-239 Borderline H   | CHOD-PAP<br>ligh  |
| UDI Chalastaral (Canad Chalastaral)     | 62.70  |       | > 240 High   | DIDECT ENTRYMATIC |
| HDL Cholesterol (Good Cholesterol)      | 63.70  | mg/dl | 30-70  | DIRECT ENZYMATIC  |
| LDL Cholesterol (Bad Cholesterol)       | 98     | mg/dl | < 100 Optimal<br>100-129 Nr.   | CALCULATED        |
|   |        |       | Optimal/Above Optin<br>130-159 Borderline H<br>160-189 High<br>> 190 Very High |                   |
| VLDL                                    | 32.70  | mg/dl | 10-33  | CALCULATED        |
| Triglycerides                           | 163.50 | mg/dl | < 150 Normal<br>150-199 Borderline H<br>200-499 High<br>>500 Very High         | GPO-PAP<br>ligh   |

S.N. Sinta

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Dr.S.N. Sinha (MD Path)





Home Sample Collection 1800-419-0002





Color

**Epithelial cells** 

Sugar, Fasting stage

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi Ph: 9235447795,0542-3500227

CIN: U85110DL2003PLC308206



Patient Name : Mr.KAMAL KUMAR GAUTAM -PKG10000238 Registered On : 22/Jan/2023 08:38:16 Age/Gender Collected : 29 Y 0 M 0 D /M : 22/Jan/2023 10:29:54

UHID/MR NO : CVAR.0000034964 Received : 22/Jan/2023 10:42:14 Visit ID : CVAR0078432223 Reported : 22/Jan/2023 12:55:03

Ref Doctor : Final Report : Dr.Mediwheel - Arcofemi Health Care Ltd. Status

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| rest name                            | Result | Unit | Bio. Ref. interval | ivietnoa |
|--------------------------------------|--------|------|--------------------|----------|
|                                      |        |      |                    |          |
|                                      |        |      |                    |          |
|                                      |        |      |                    |          |
| URINE EXAMINATION, ROUTINE * , Urine |        |      |                    |          |

| Specific Gravity | 1.015          |      |                               |          |
|------------------|----------------|------|-------------------------------|----------|
| Reaction PH      | Acidic ( 5.5 ) |      |                               | DIPSTICK |
| Protein          | ABSENT         | mg % | < 10 Absent<br>10-40 (+)      | DIPSTICK |
|                  |                |      | 40-200 (++)                   |          |
|                  |                |      | 200-500 (+++)<br>> 500 (++++) |          |
| Sugar            | ABSENT         | gms% | < 0.5 (+)                     | DIPSTICK |

**PALE YELLOW** 1.015

|            |        |       | 0.5-1.0 (++) |              |
|------------|--------|-------|--------------|--------------|
|            |        |       | 1-2 (+++)    |              |
|            |        |       | > 2 (++++)   |              |
| Ketone     | ABSENT | mg/dl | 0.2-2.81     | BIOCHEMISTRY |
| Bile Salts | ABSENT |       |              |              |

| Bile Pigments               | ABSENT |  |
|-----------------------------|--------|--|
| Urobilinogen(1:20 dilution) | ABSENT |  |
| Microscopic Examination:    |        |  |

2-3/h.p.f

| •         | the state of the s | EXAMINATION |
|-----------|--|-------------|
| Pus cells | 0-2/h.p.f  |             |
| RBCs      | ABSENT   | MICROSCOPIC |
|           |  | FYΔΜΙΝΔΤΙΩΝ |

|          |        | EXAMINATION |
|----------|--------|-------------|
| Cast     | ABSENT |             |
| Crystals | ABSENT | MICROSCOPIC |
|          |        | FXAMINATION |

|        |        | EXAMINATION |
|--------|--------|-------------|
| Others | ABSENT |             |

| <b>SUGAR, FASTING STAGE * ,</b> Urine |        |      |
|---------------------------------------|--------|------|
| Sugar, Fasting stage                  | ABSENT | gms% |

| Interpretation: |  |
|-----------------|--|
| (+) < 0.5       |  |
| (++) 0.5-1.0    |  |
| (+++) 1-2       |  |
| (++++) > 2      |  |

S.N. Sinta Dr.S.N. Sinha (MD Path)

**MICROSCOPIC** 





gms%

SIN No:53467553







Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Patient Name : Mr.KAMAL KUMAR GAUTAM -PKG10000238

Registered On

: 22/Jan/2023 08:38:16

Age/Gender

: 29 Y 0 M 0 D /M

Collected

: 22/Jan/2023 14:12:42 : 22/Jan/2023 14:12:58

UHID/MR NO Visit ID

: CVAR.0000034964 : CVAR0078432223

Received Reported

: 23/Jan/2023 10:47:34

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd.

Status

: Final Report

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

**Test Name** Result Unit Bio. Ref. Interval Method

**SUGAR, PP STAGE \* , Urine** 

Sugar, PP Stage

**ABSENT** 

#### **Interpretation:**

(+)< 0.5 gms%

(++)0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

S.N. Sinta Dr.S.N. Sinha (MD Path)





SIN No:53467553







**Test Name** 

Add: 99, Shivaji Nagar Mahmoorganj, Varanasi

Ph: 9235447795,0542-3500227 CIN: U85110DL2003PLC308206



Method

Patient Name : Mr.KAMAL KUMAR GAUTAM -PKG10000238 Registered On : 22/Jan/2023 08:38:16 Age/Gender : 29 Y 0 M 0 D /M Collected : 22/Jan/2023 10:29:54 UHID/MR NO : CVAR.0000034964 Received : 22/Jan/2023 16:06:27 Visit ID : CVAR0078432223 Reported : 22/Jan/2023 16:08:27 Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. : Final Report

Result

mi Health Care Ltd. Status : Final Report

Unit

Bio. Ref. Interval

#### DEPARTMENT OF IMMUNOLOGY

#### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

| YROID PROFILE - TOTAL *, Serum   |       |                |                |              |
|----------------------------------|-------|----------------|----------------|--------------|
| 3, Total (tri-iodothyronine)     | 99.00 | ng/dl          | 84.61-201.7    | CLIA         |
| 4, Total (Thyroxine)             | 6.52  | ug/dl          | 3.2-12.6       | CLIA         |
| SH (Thyroid Stimulating Hormone) | 2.18  | μIU/mL         | 0.27 - 5.5     | CLIA         |
|                                  |       | ų.             |                |              |
| terpretation:                    |       |                |                |              |
|                                  |       | 0.3-4.5 μIU/1  | mL First Trime | ster         |
|                                  |       | 0.5-4.6 μIU/1  | nL Second Tri  | mester       |
|                                  |       | 0.8-5.2 µIU/r  | nL Third Trime | ester        |
|                                  |       | 0.5-8.9 μIU/r  | nL Adults      | 55-87 Years  |
|                                  |       | 0.7-27 μIU/1   | mL Premature   | 28-36 Week   |
|                                  |       | 2.3-13.2 μIU/r | nL Cord Blood  | > 37Week     |
|                                  |       | 0.7-64 μIU/r   | nL Child(21 wl | x - 20 Yrs.) |
|                                  |       |                | /mL Child      | 0-4 Days     |
|                                  |       | 1.7-9.1 μIU/ı  |                | 2-20 Week    |
|                                  |       |                |                |              |

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- **6**) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- **8)** Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

\*\*\* End Of Report \*\*\*

w NI

NE EXAMINATION, ECG / EKG, X-RAY DIGITAL CHEST PA, ULTRASOUND WHOLE ABDOMEN (UPPER & LO

2. N. Zima

Dr.S.N. Sinha (MD Path)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*

\*Facilities Available at Select Location





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D63/6B-99, Shivaji Nagar Colony, Mahmoorganj, Varanasi, Uttar Pradesh 221010, India

Latitude 25.3053<mark>37°</mark>

LOCAL 10:16:42 GMT 04:46:42 Longitude 82.978975°

SUNDAY 01.22.2023 ALTITUDE 19 METER