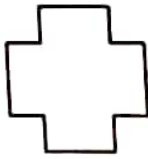


24106123



PANCHMUKHI HOSPITAL

Dr C P Dadhaniya

Dr R C Dadhaniya

MBBS, Dip.G.O, Diabetologist

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

policy number :  
full name : Kushiya Harshik Harishubhai  
identity proof : Aadhar card  
identity proof no : (3068)  
gender : male  
height : 183 cm  
weight : 85 kg  
BP : 110/70  
pulse : 68/min Regular  
blood sample : Yes  
fasting mode : Yes  
non fasting mode : Yes

past history : NO

dental : Healthy

~~Special~~

General : Healthy

H.H. Kasra

DR. C. P. DADHANIYA

M.B. Diabetologist

Ind. Physician (DM)

Regd. No. G19708

Code No. 378943

Panchmukhi Hospital

Mardi Chowki,

150 Ft. Ring Road, RAJKOT.

NAME : KASHIYA HARDIK

DIAG. DATE: 24/06/23

AGE/GENDER:

male / 31

PATIENT'S REFRACTION DETAILS

		SPHE	CYL	AXIS	VN
R	D	2			<del>6/6</del>
	N	2	2	2	<del>6/6</del>
L	D	2			<del>6/6</del>
	N	2	2	2	<del>6/6</del>

REMARKS :

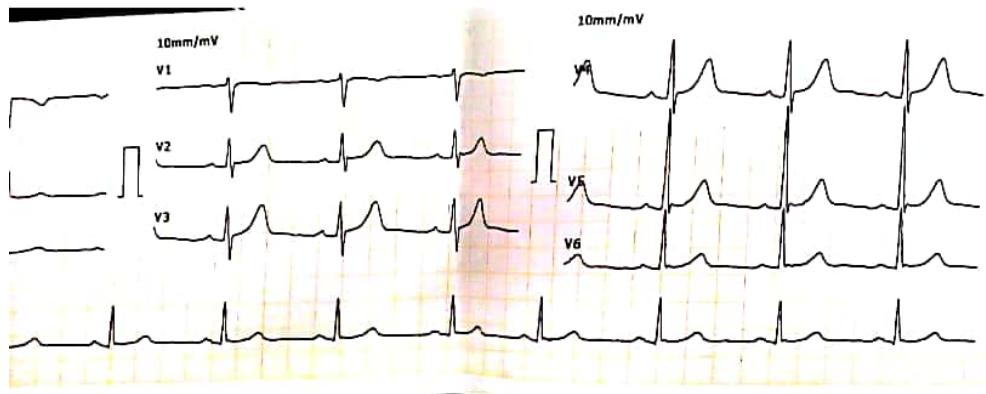
CHECKED BY :

DR. C. P. DADHANIYA

H. H. KUNJER

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





H.H. Koushijer

2023-6-24 9:10:09  
 ID Card:                       
 Name: Koushijer Hudik  
 Gender: Male  
 Age: 32 Height(cm): 162  
 Weight(Kg):                      BP(mmHg):                     

HR..... bpm 67  
 P-R..... 52 140  
 Q-R-S..... 4.5 ABDHANIYA 76  
 QT/QTc..... Ind. Physician..(CH) 390/410  
 P/QRS/T AXES..... Regd. No. G19 55/6/32  
 RV5/SV1..... Code No. 3784 1.85/0.54  
 RV5-T..... mV 2.39  
 Patchmukhi Hospital  
 Pavdi Chowki  
 150 Ft. Ring Road, RAJKOT,  
 Gujarat

\*The result must be confirmed by doctor!  
 Report Confirmed by:



सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA



कारिया हार्दिक हरीशभाई

नाम Hardik Harishbhai

जन्म तारीख / DOB: 04/10/1991

पुरुष / MALE

Mobile No.: 8905810023

9560 3840 3068



भारो आधार, भारो ओणप



आधार

सर्वनाम :

S/O: कारिया हरीशलाई, स्वागत अपार्टमेंट, ब्लॉक नं  
6, अंबाजी कडवा मेईन रोड, पी.डी.एम. कॉलेज पाठण,  
गोंडल रोड, राजकोट, राजकोट,  
गुजरात - 360004

भारतीय विशिष्ट पहचान प्राधिकरण

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Address:

S/O: Kariya Harishbhai,  
Swagat Appartment , Block  
No 6, Ambaji Kadva Main  
Road, Behind P.D.M. Collage,  
Gondal Road, Rajkot, Rajkot,  
Gujarat - 360004



1947  
1800 300 1947



help@uidai.gov.in



www.uidai.gov.in



P.O. Box No. 1947,  
Bengaluru-560 001



बैंक ऑफ़ बड़ौदा  
Bank of Baroda



नाम  
Name

MR. HARDIK KARIYA

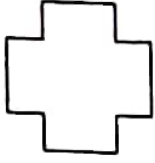
कर्मचारी कूट क्र.

E.C. No. 170161

जारीकर्ता प्राधिकारी  
Issuing Authority

H.H. Kariya

धारक के हस्ताक्षर  
Signature of Holder



**PANCHMUKHI HOSPITAL**

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT

Dr C P Dadhaniya

Dr R C Dadhaniya  
MBBS, Dip.G.O, Diabetologist

Mo.9925333639,8320711901

## Tread Mill Test

Patient Name	:	Hardik Kariya	Age	:	31yrs/M
Ref. By	:	Dr. C.P Dadhaniya	Resting BP	:	130/80
Report Date	:	24/06/2023	Max. BP	:	160/80

Patient Reaches exercise limit at 7.00 METS.

No signs of ischemia at the exercise level.

Adequate increase of HR & BP.

No significant Arrhythmia.

The stress test was terminated after 5:58 minutes as patient complained of Fatigue.  
Patient achieved 89% THR without chest pain.

The recovery was uneventful.

Fair effort tolerance.

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

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

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



**PANCHMUKHI HOSPITAL**  
**MAVADI CHOWK, 150 RING ROAD, RAJKOT**  
 214/HARDIK KARIYA 31 Yrs/Male 0 Kg/0 Cms  
 Date: 24-Jun-2023 11:35:03 AM

**Summary**

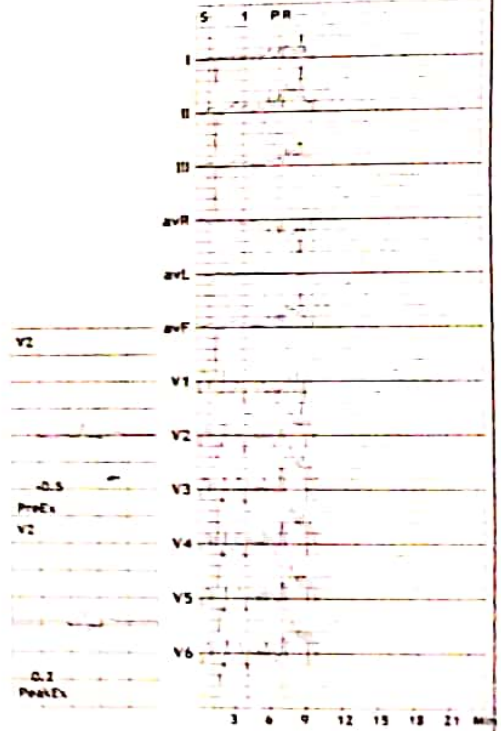


Ref. By :  
 Medication : **H.H. Kadiya X**  
 Objective :

Protocol : BRUCE  
 History :

Stage	StageTime (min:sec)	PhaseTime (min:sec)	Speed (kmph)	Grade (%)	METS	H.R. (bpm)	B.P. (mmHg)	R.P.P. x100	PVC	Comments
Supine	0:01	0:54	0.0	0.0	1.0	141	130/80	183	-	
Standing	0:01	0:58	0.0	0.0	1.0	118	130/80	153	-	
HV	0:01	1:01	0.0	0.0	1.0	110	130/80	143	-	
ExStart	0:01	1:04	0.0	0.0	1.0	109	130/80	141	-	
Stage 1	3:00	3:01	2.7	10.0	4.6	74	140/80	103	-	
PeakEx	2:57	5:58	4.0	12.0	7.0	169	160/80	270	-	
Recovery	1:00	5:59	0.0	0.0	1.0	85	160/80	136	-	
Recovery	3:00	5:59	0.0	0.0	1.0	222	130/80	288	-	

STL 1 mm/Div



**Findings :**

Exercise Time : 5:58 minutes  
 Max HR attained : 169 bpm 89% of Max Predictable HR 189  
 Max BP : 160/80(mmHg)  
 WorkLoad attained : 7 (Fair Effort Tolerance )  
 No significant ST segment changes noted during exercise or recovery.  
 No Angina/Arrhythmia/S3/murmur  
 Final Impression : Test is negative for inducible ischaemia.  
 Maxmum Depression: 0:36

Advice/Comments:

**PANCHMUKHI HOSPITAL**  
**MAVADI CHOWK, 150 RING ROAD, RAJKOT**  
 214 / HARDIK KARIYA  
 31 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 24-Jun-2023 11:35:03 AM

**3x4+1 Rhythm Lead**

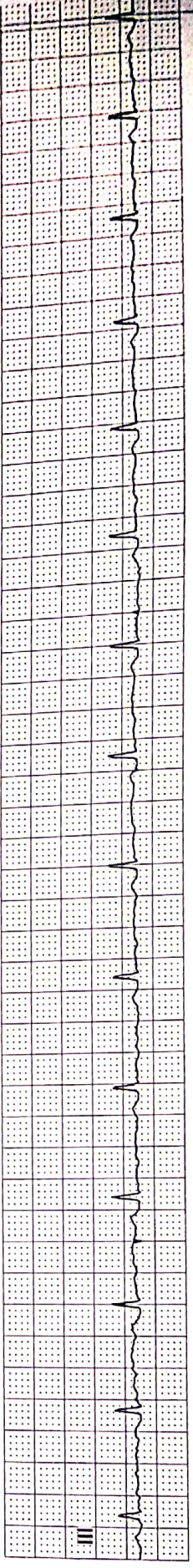
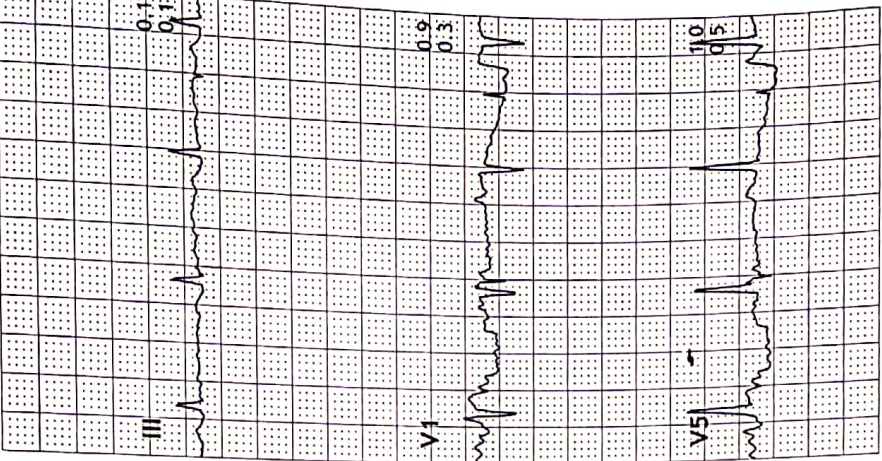
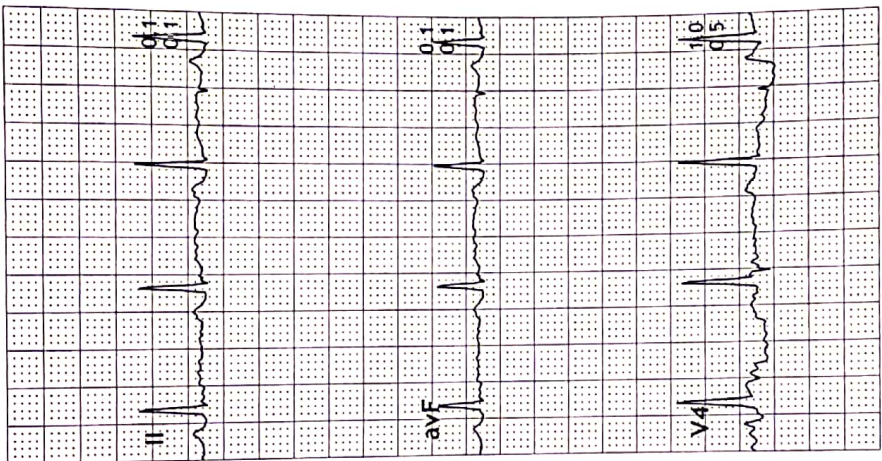
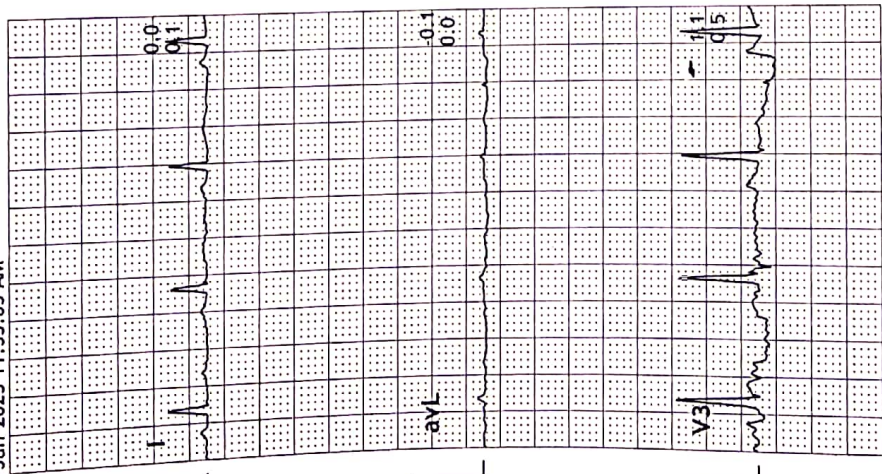
HR: 141 bpm  
 METS: 1.0  
 BP: 130/80

MPHR: 74% of 189  
 Speed: 0.0 kmph  
 Grade: 0.0%

Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 00:53  
 BLC :On  
 Notch :On

Supine  
 10.0 mm/mV  
 25 mm/Sec.



**PANCHMUKHI HOSPITAL**

**MAVADI CHOWK, 150 RING ROAD, RAJKOT**

214 / HARDIK KARIYA

31 Yrs / Male

0 Kg / 0 Cm

Date: 24-Jun-2023 11:35:03 AM

HR: 118 bpm

METS: 1.0

BP: 130/80

MPHR: 62% of 189

Speed: 0.0 kmph

Grade: 0.0%

**3x4+1 Rhythm Lead**

Raw ECG

BRUCE

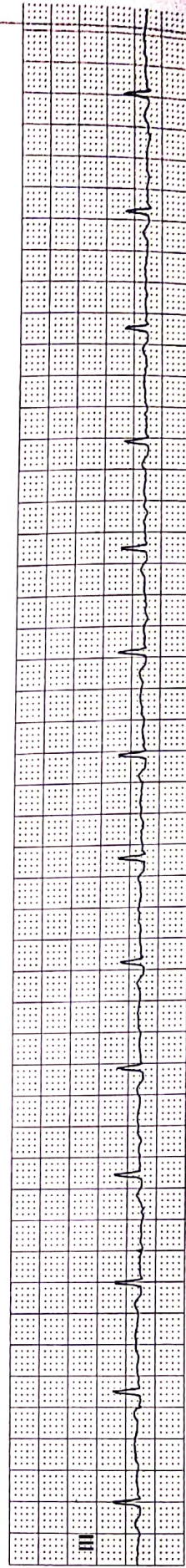
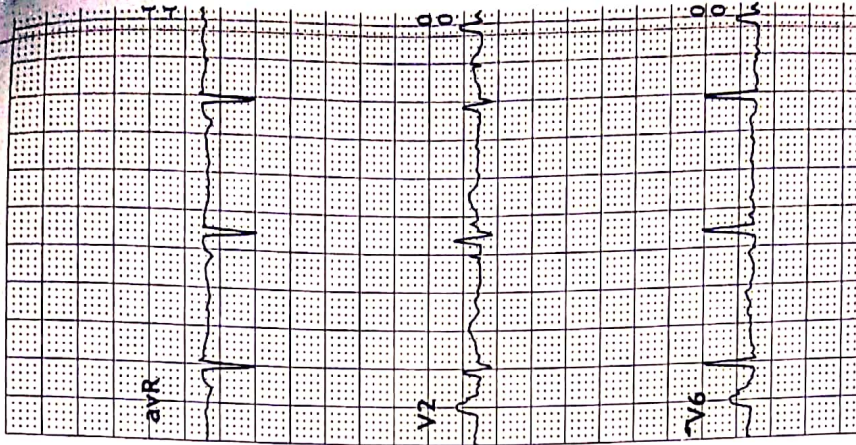
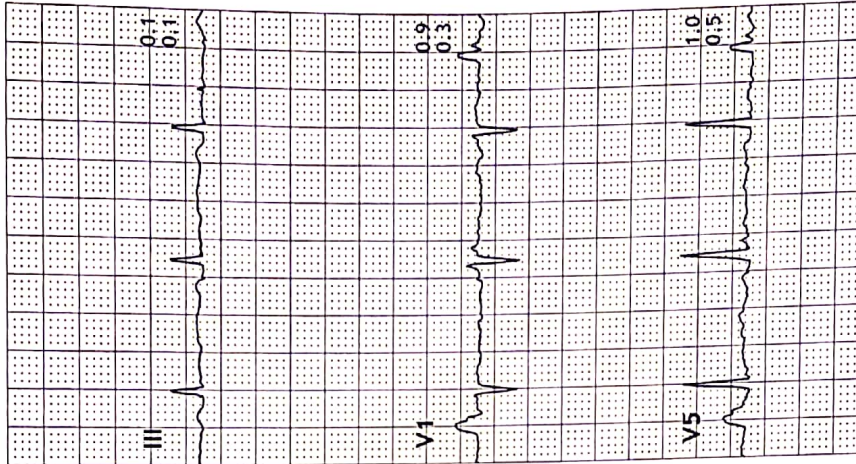
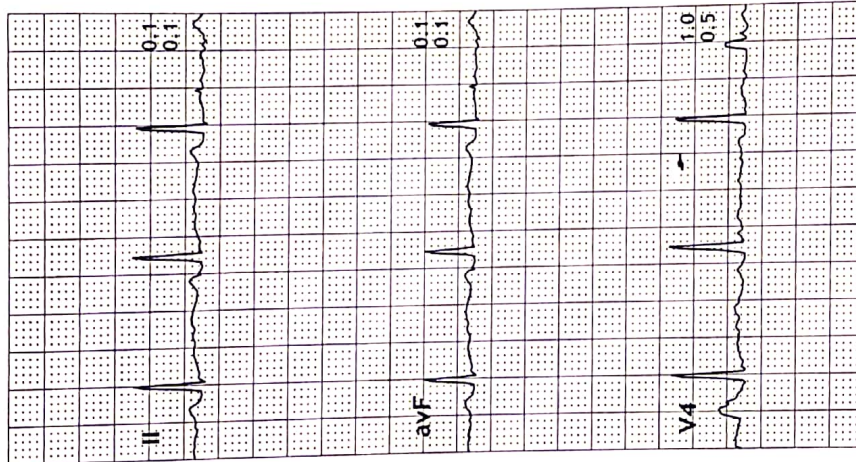
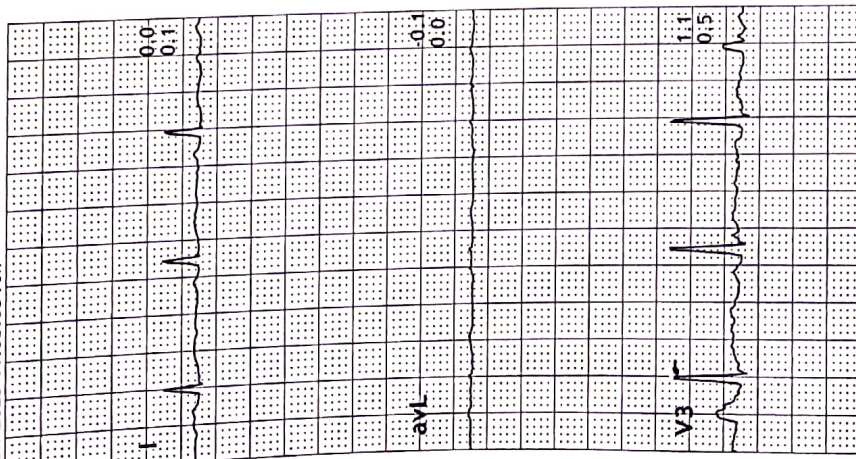
(0.05-100)Hz

Ex Time 00:57

BLC :On

Notch :On

**RIIP**  
Standing  
10.0 mm/mv  
25 mm/Sec.



**PANCHMUKHI HOSPITAL**

**MAVADI CHOWK, 150 RING ROAD, RAJKOT**

214 / HARDIK KARIYA

31 Yrs / Male

0 Kg / 0 Cm

Date: 24-Jun-2023 11:35:03 AM

HR: 110 bpm

METS: 1.0

BP: 130/80

MPHR: 58% of 189

Speed: 0.0 kmph

Grade: 0.0%

**3x4+1 Rhythm Lead**

Raw ECG

BRUCE

(0.05-100)HZ

Ex Time 01:00

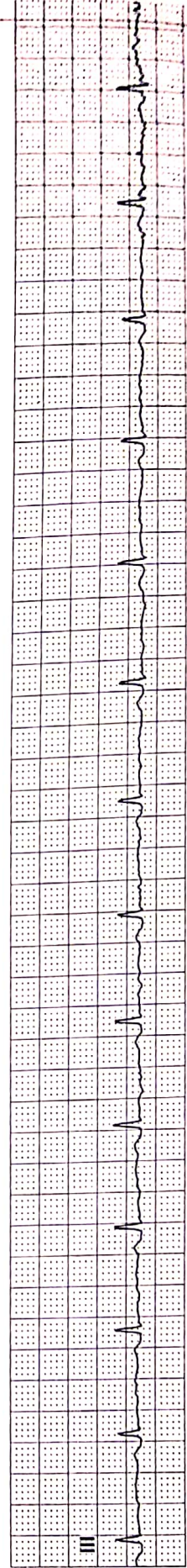
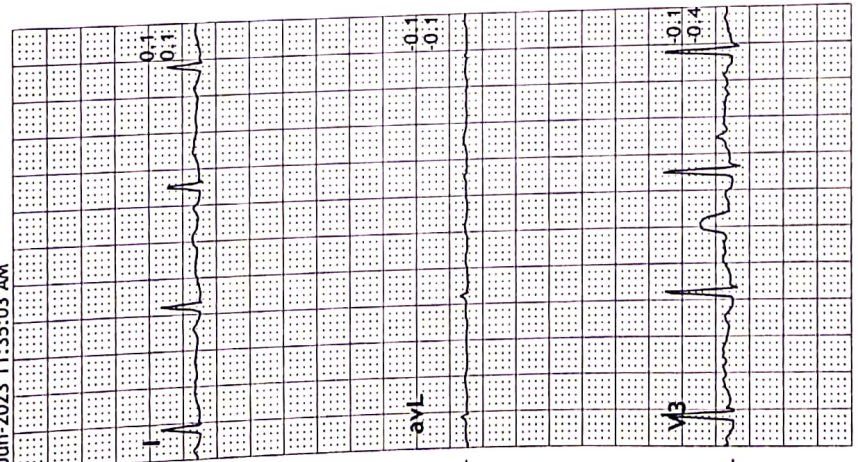
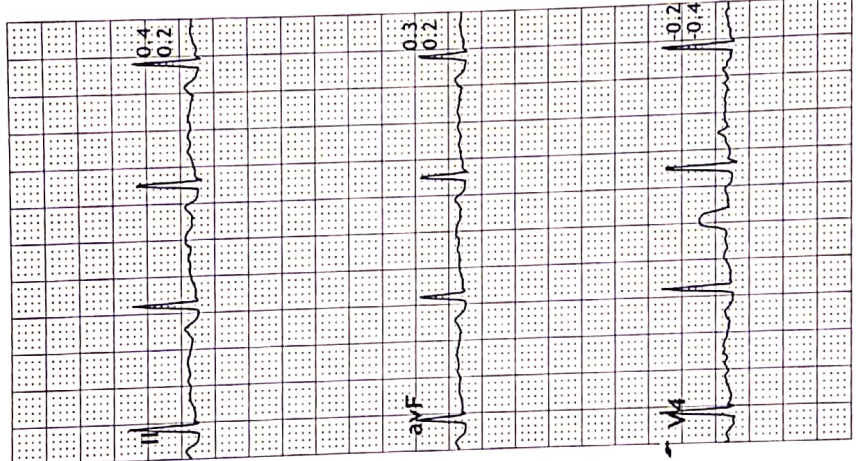
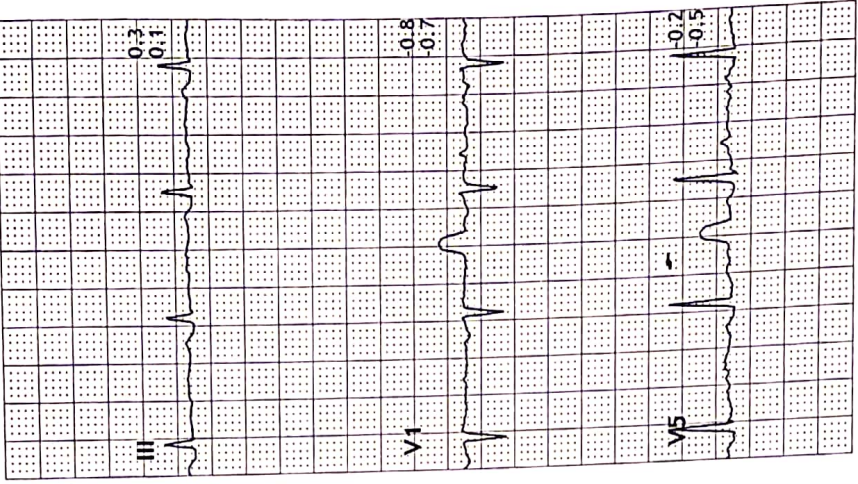
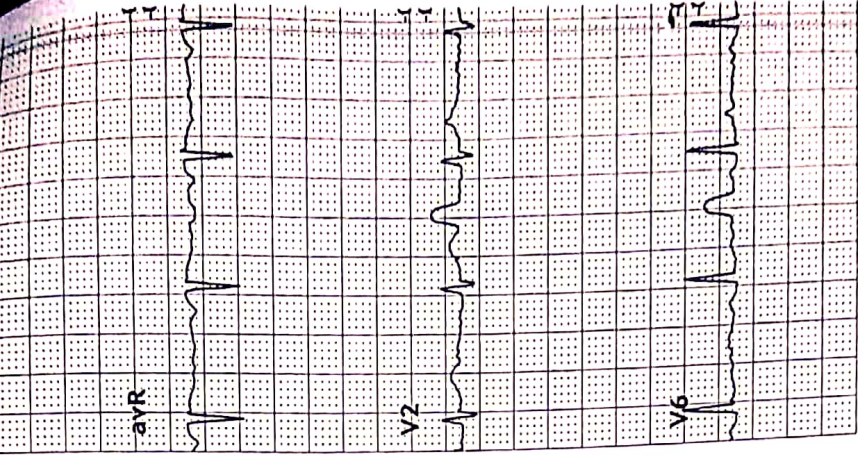
BLC :On

Notch :On

HV

10.0 mm/mV

25 mm/Sec.



**PANCHMUKHI HOSPITAL**  
**MAVADI CHOWK, 150 RING ROAD, RAJKOT**  
 214 / HARDIK KARIYA  
 31 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 24-Jun-2023 11:35:03 AM

**3x4+1 Rhythm Lead**

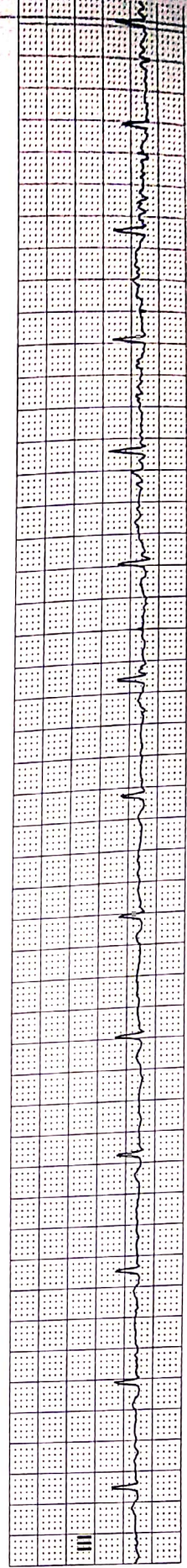
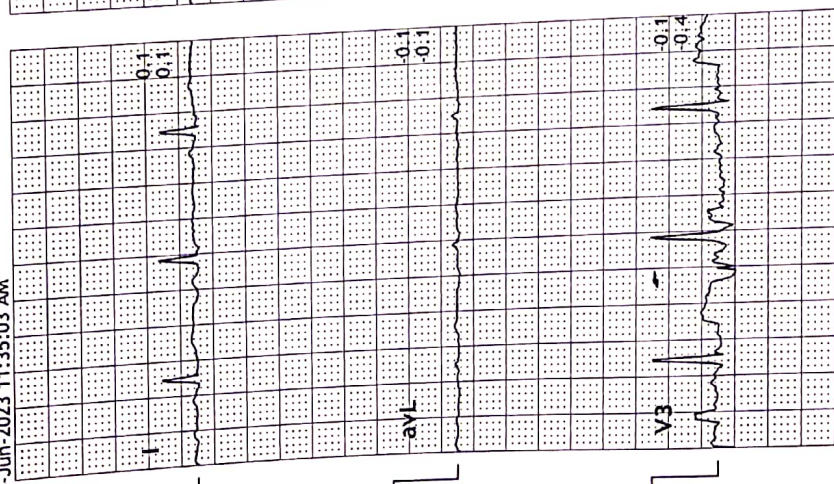
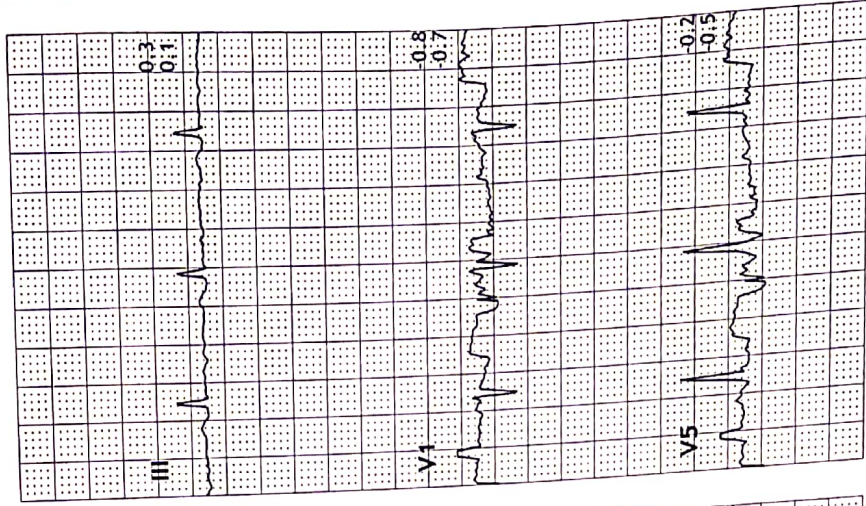
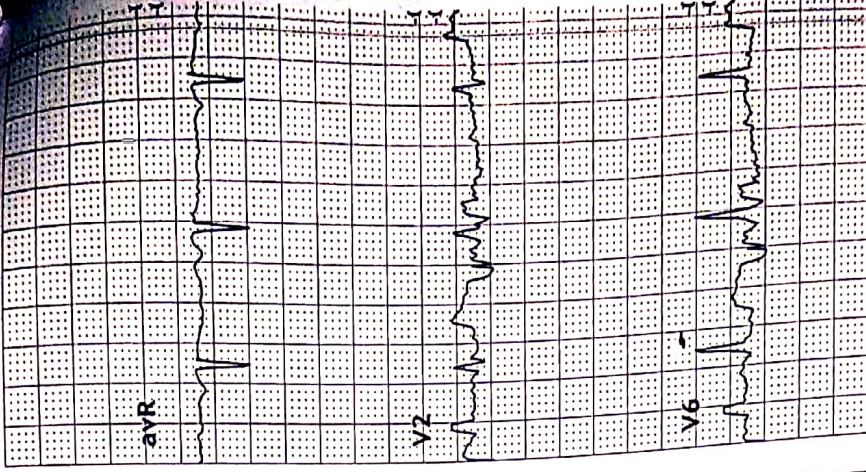
ExStart  
 10.0 mm/mv  
 25 mm/Sec.

Ex Time 01:03  
 BLC :On  
 Notch :On

Raw ECG  
 BRUCE  
 (0.05-100)Hz

MPHR:57% of 189  
 Speed: 0.0 kmph  
 Grade: 0.0%

HR: 109 bpm  
 METS: 1.0  
 BP: 130/80



**PANCHMUKHI HOSPITAL**  
**MAVADI CHOWK, 150 RING ROAD, RAJKOT**  
 214 / HARDIK KARIYA  
 31 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 24-Jun-2023 11:35:03 AM

HR: 74 bpm  
 METS: 4.6  
 BP: 140/80

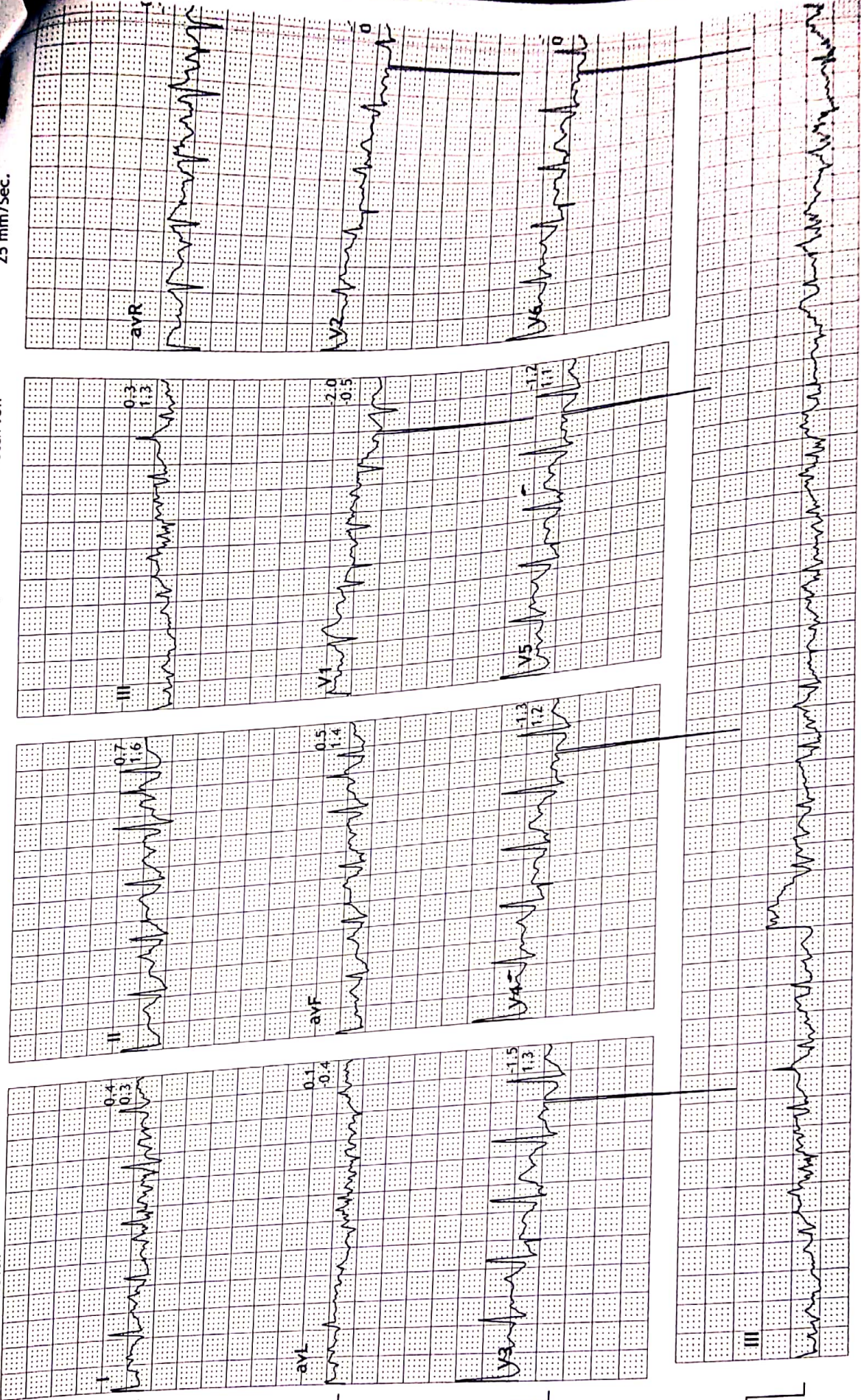
MPHR: 39% of 189  
 Speed: 2.7 kmph  
 Grade: 10.0%

**3x4+1 Rhythm Lead**

Ex Time 03:00  
 BLC :On  
 Notch :On

Raw ECG  
 BRUCE  
 (0.05-100)Hz

BRUCE: Stage 1  
 10.0 mm/mV  
 25 mm/Sec.



**PANCHMUKHI HOSPITAL**

**MAVADI CHOWK, 150 RING ROAD, RAJKOT**

214 / HARDIK KARIYA

31 Yrs / Male

0 Kg / 0 Cm

Date: 24-Jun-2023 11:35:03 AM

HR: 169 bpm  
METS: 7.0  
BP: 160/80

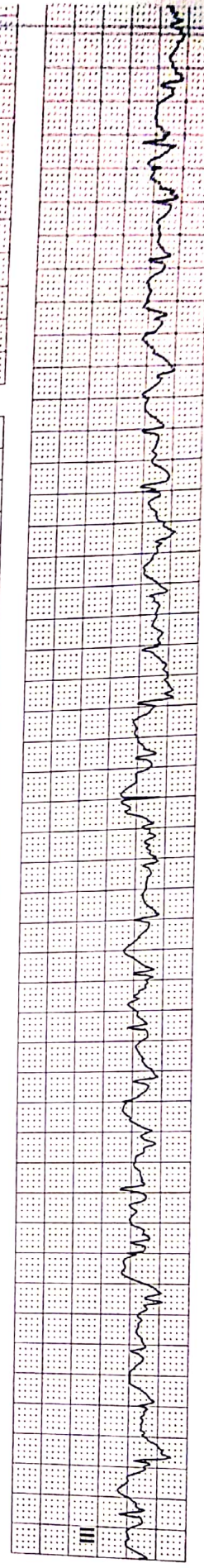
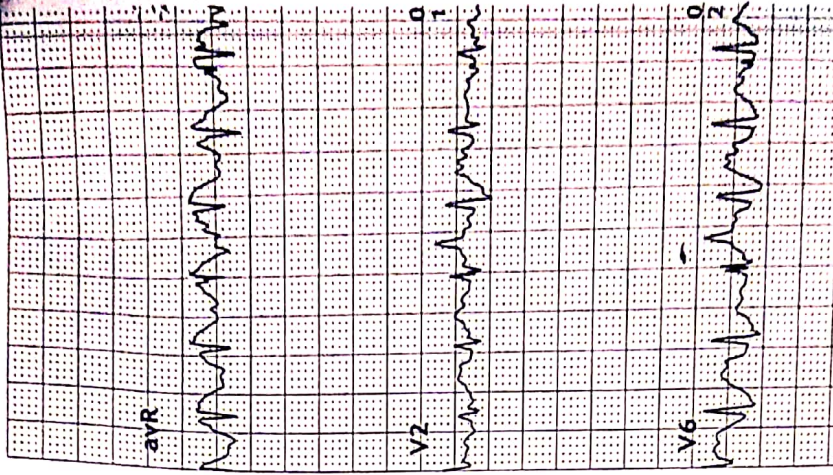
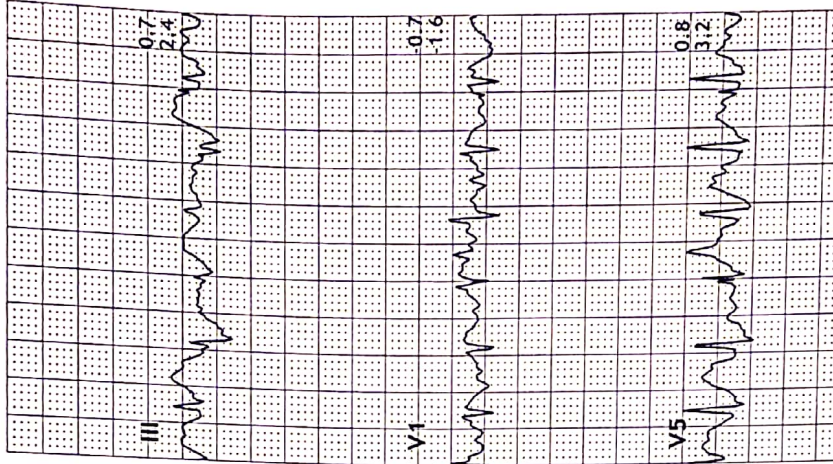
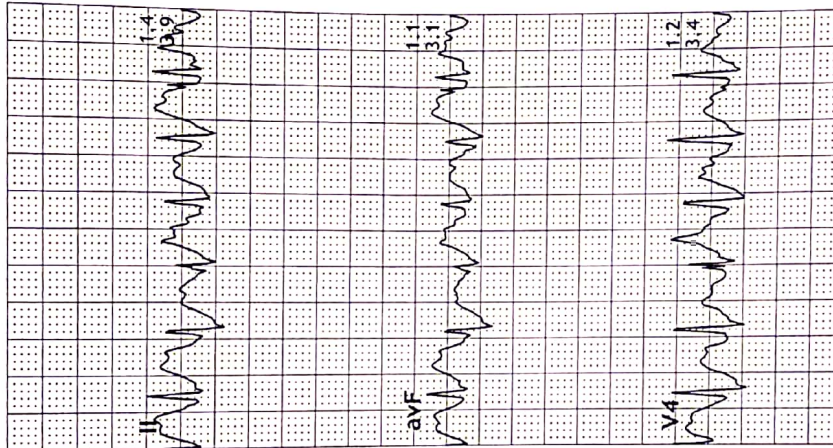
MPHR: 89% of 189  
Speed: 4.0 kmph  
Grade: 12.0%

Raw ECG  
BRUCE  
(0.05-100)Hz

Ex Time 05:57  
BLC :On  
Notch :On

BRUCE: PeakEx  
10.0 mm/mV  
25 mm/Sec.

**3x4+1 Rhythm Lead**







**PANCHMUKHI HOSPITAL**  
 MAYADI CHOWK, 150 RING ROAD, RAJKOT  
 31 Yrs / Male  
 0 Kg / 0 Cm  
 Date: 24-Jun-2023 11:35:03 AM

**3x4+1 Rhythm Lead**

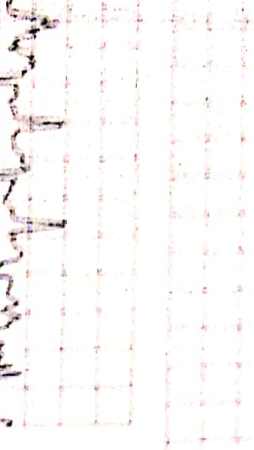
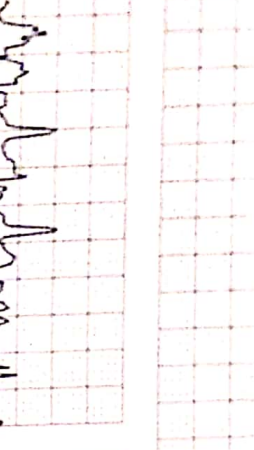
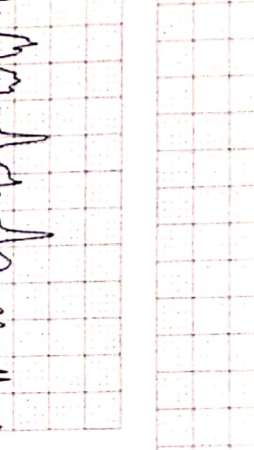
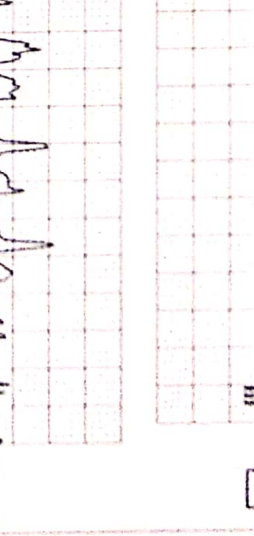
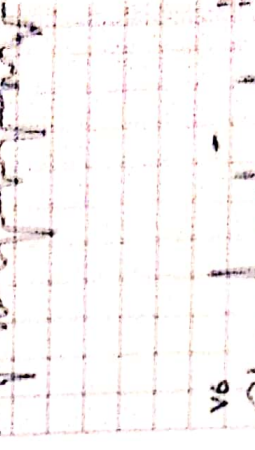
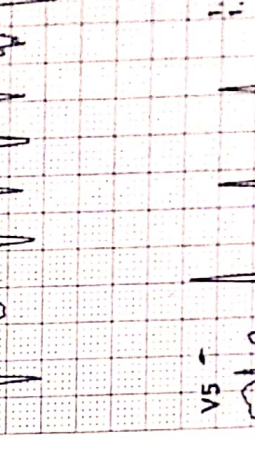
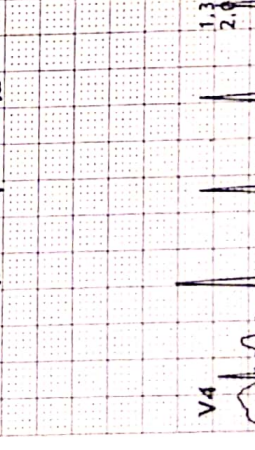
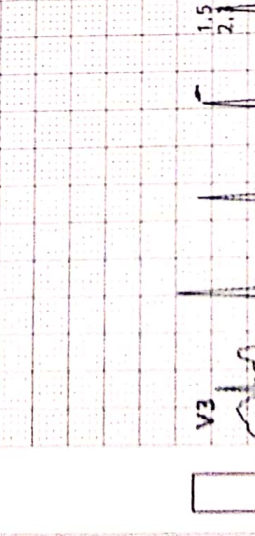
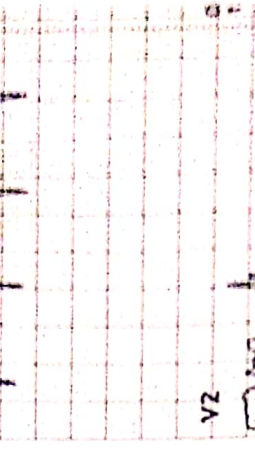
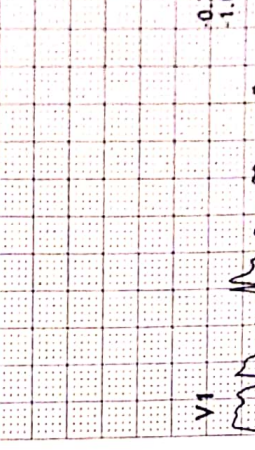
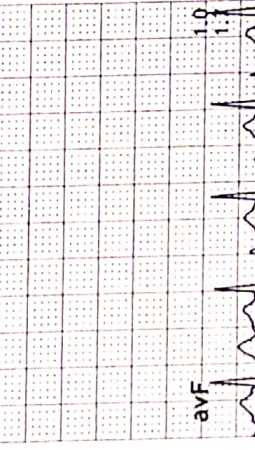
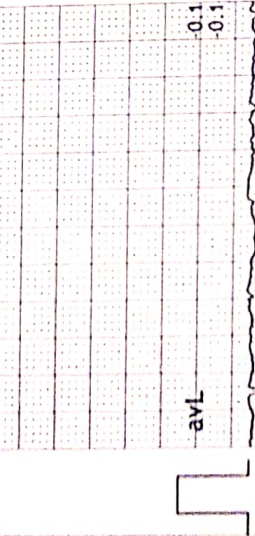
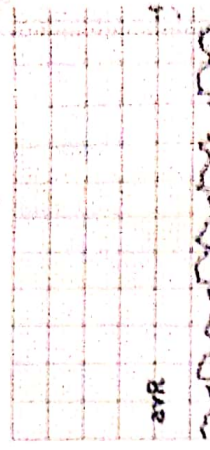
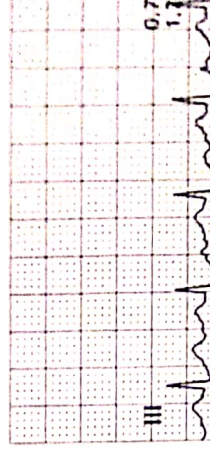
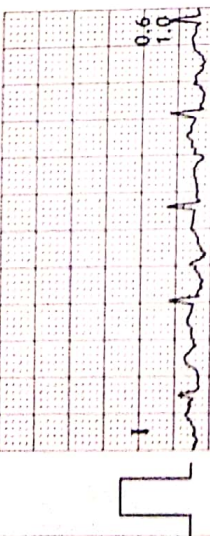
HR: 222 bpm  
 METS: 1.0  
 BP: 130/80

MPHR: 117% of 189  
 Speed: 0.0 kmph  
 Grade: 0.0%

Raw ECG  
 BRUCE  
 (0.05-100)Hz

Ex Time 05:58  
 BLC : On  
 Notch : On

Recovery 03:00  
 10.0 mm/mV  
 25 mm/sec.





TEST REPORT

<b>Name</b> : Kariya Hardik H	<b>Reg. No</b> : 306101508
<b>Age/Sex</b> : 31 Years / Male	<b>Reg. Date</b> : 24-Jun-2023 01:48 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 24-Jun-2023 12:00 AM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 24-Jun-2023 04:41 PM

**COMPLETE BLOOD COUNT (CBC)**  
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
<b>RBC Parameters</b>				
Hemoglobin (SLS method)	13.4	g/dL	13.0 - 18.0	
Hematocrit (Electrical Impedance)	51.10	%	47 - 52	
RBC Count (Electrical Impedance)	5.53	million/cmm	4.7 - 6.0	
MCV (Calculated)	92.5	fL	78 - 110	
MCH (Calculated)	24.3	Pg	27 - 31	
MCHC (Calculated)	26.2	%	30 - 35	
RDW (Calculated)	14.2	%	11.5 - 14.0	
<b>WBC Parameters</b>				
WBC Count (Flowcytometry)	4760	/cmm	4000 - 10500	
<b>DIFFERENTIAL WBC COUNT</b>				
Neutrophils (%)	55 %	% Range 42.0 - 75.2	Abs. Value 2618 /cmm	Abs. Range 1800 - 7700
Lymphocytes (%)	36 %	% Range 20 - 45	Abs. Value 1714 /cmm	Abs. Range 1000 - 3900
Eosinophils (%)	03 %	% Range 1 - 4	Abs. Value 143 /cmm	Abs. Range 0 - 450
Monocytes (%)	06 %	% Range 2 - 8	Abs. Value 286 /cmm	Abs. Range 200 - 1000
Basophils (%)	00 %	% Range 0 - 1	Abs. Value 0 /cmm	Abs. Range 20 - 100
<b>Platelete Parameter</b>				
Platelet Count	243000	/cmm	150000 - 450000	
MPV	10.8	fL	7.4 - 10.4	
PDW	63.1	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.26	%	0.2 - 0.5	

towards the healthiness...

*D.R.I.*

This is an Electronically Authenticated Report.

Page 1 of 15

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

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




**TEST REPORT**

<b>Name</b>	: Kariya Hardik H	<b>Reg. No</b>	: 306101508
<b>Age/Sex</b>	: 31 Years / Male	<b>Reg. Date</b>	: 24-Jun-2023 01:48 PM
<b>Ref. By</b>	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b>	: 24-Jun-2023 12:00 AM
<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 24-Jun-2023 05:37 PM

**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Haemagglutination

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

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

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 M.D. (Path, PDCC)

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<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 24-Jun-2023 04:40 PM

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

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**FASTING PLASMA GLUCOSE**  
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	92.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic
Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone -F	Nil		

**Criteria for the diagnosis of diabetes :**

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

\*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.  
 American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34: S11.

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**POST PRANDIAL PLASMA GLUCOSE**  
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	95.00	mg/dL	70 - 140
Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone- PP	Nil		

**Criteria for the diagnosis of diabetes :**

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

\*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.  
 American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34: S11.

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LIPID PROFILE  
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	193.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	106.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	76.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <i>Siemens ALDL</i>	85.00	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <i>Calculated</i>	21.20	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.12		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.54		0 - 5.0

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**BILIRUBIN**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Total Bilirubin</b> <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.80	mg/dL	0.2 - 1
<b>Conjugated Bilirubin</b> <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.10	mg/dL	0 - 0.20
<b>Unconjugated Bilirubin</b> <i>Sulph acid dpl/caff-benz</i>	0.70	mg/dL	0.0 - 1.1

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Parameter	Result	Unit	Biological Ref. Interval
<b>SGPT (ALT)</b> <i>Siemens/37C</i>	23.00	U/L	16 - 63
<b>SGOT (AST)</b> <i>Siemens/37C</i>	34.00	U/L	15 - 37
<b>Uric Acid</b> <i>Uricase</i>	4.30	mg/dL	3.5 - 7.2
<b>Alakaline Phosphatase</b> <i>Siemens/37C</i>	56.00	U/L	46 - 116
<b>GGT</b> <i>Siemens/37C</i>	76.00	U/L	15 - 85

UREA & BLOOD UREA NITROGEN

Spcimen : Serum

<b>Urea</b> <i>Calculated</i>	36.00	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <i>UREASE/GLDH</i>	16.81	mg/dL	7.0 - 18.0

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**Creatinine With eGFR**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	1.02	mg/dL	0.7 - 1.3
eGFR	76.49	ml/min/1.73 sq m	Normal or High: $\geq 90$ Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: $< 15$

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**HEMOGLOBIN A1 C (HBA1C)**  
 Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	4.9	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 %  Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <i>Calculated</i>	93.93	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

**Explanation :**

- Total hemoglobin A1c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures

**HbA1c assay Interferences :**

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



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**THYROID FUNCTION TEST**

Parameter	Result	Unit	Biological Ref. Interval
<b>Thyroid Stimulating Hormone (TSH)</b> <small>CLIA</small>	2.03	μIU/ml	0.35 - 5.50

**Remarks:**

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

**TSH levels During Pregnancy:**

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

<b>Triiodothyronine (T3)</b> <small>CLIA</small>	0.92	ng/mL	0.6 - 1.81
---	------	-------	------------

**Clinical Significance:**

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



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**Thyroxine (T4)** 5.36 µg/dL 4.5 - 12.6  
CLIA

**Clinical Significance :**

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

**Limitations:**

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

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STOOL EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
<b>PHYSICAL EXAMINATION</b>			
Quantity	30 gms		
Colour	Brown		
Consistency	Semi Solid		
<b>CHEMICAL EXAMINATION</b>			
Occult Blood <i>Peroxidase Reaction with o-Dianisidine</i>	Negative		
Reaction <i>pH Strip Method</i>	Neutral		
Reducing Substance	Absent		
<b>MICROSCOPIC EXAMINATION</b>			
Mucus	Absent		
Pus Cells	Absent		
Red Cells	Absent		
Epithelial Cells	Absent		
Vegetable Cells	Absent		
Trophozoites	Absent		
Cysts	Absent		
Ova	Absent		
Neutral Fat	Absent		
Monilia	Absent		
Bacteria	Absent		

**Note:** Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.  
**False negative:** False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occassinal unruptured RBCs.  
**False positive:** False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, broccoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

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**Mangla Road Branch:** 3rd Floor, Smile Building, 5 Manhar Plot Corner, Mangla Main Road, Rajkot. Ph. 0281 - 247 33 77

**Sadhu Vasvani Road Branch:** Ground Floor, Office no. 3, Nakshtra-VIII, Nr. Sun City Apt., Sadhu Vasvani Road, Rajkot - 1

**Helpline No. : 70965 77000**  [www.neutropath.com](http://www.neutropath.com)  [neutropath@gmail.com](mailto:neutropath@gmail.com)

Our results are subject to variations due to technical limitations, hence correlation with clinical findings and other investigations should be done





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SERUM PROTEIN WITH A/G RATIO

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.03	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.65	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	2.38	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.95		0.8 - 3.1

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

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Pt.'s Name: KARIYA HARDIK

Date: 24 June, 2023

**Radiograph of chest (PA view)**

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

Thanks for reference.



**DR PRATIK KAGATHARA**  
MD

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



Pat.s' Name: KARIYA HARDIK

DATE: 24 June 2023

### U.S.G. OF ABDOMEN AND PELVIS

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

### CONCLUSION:

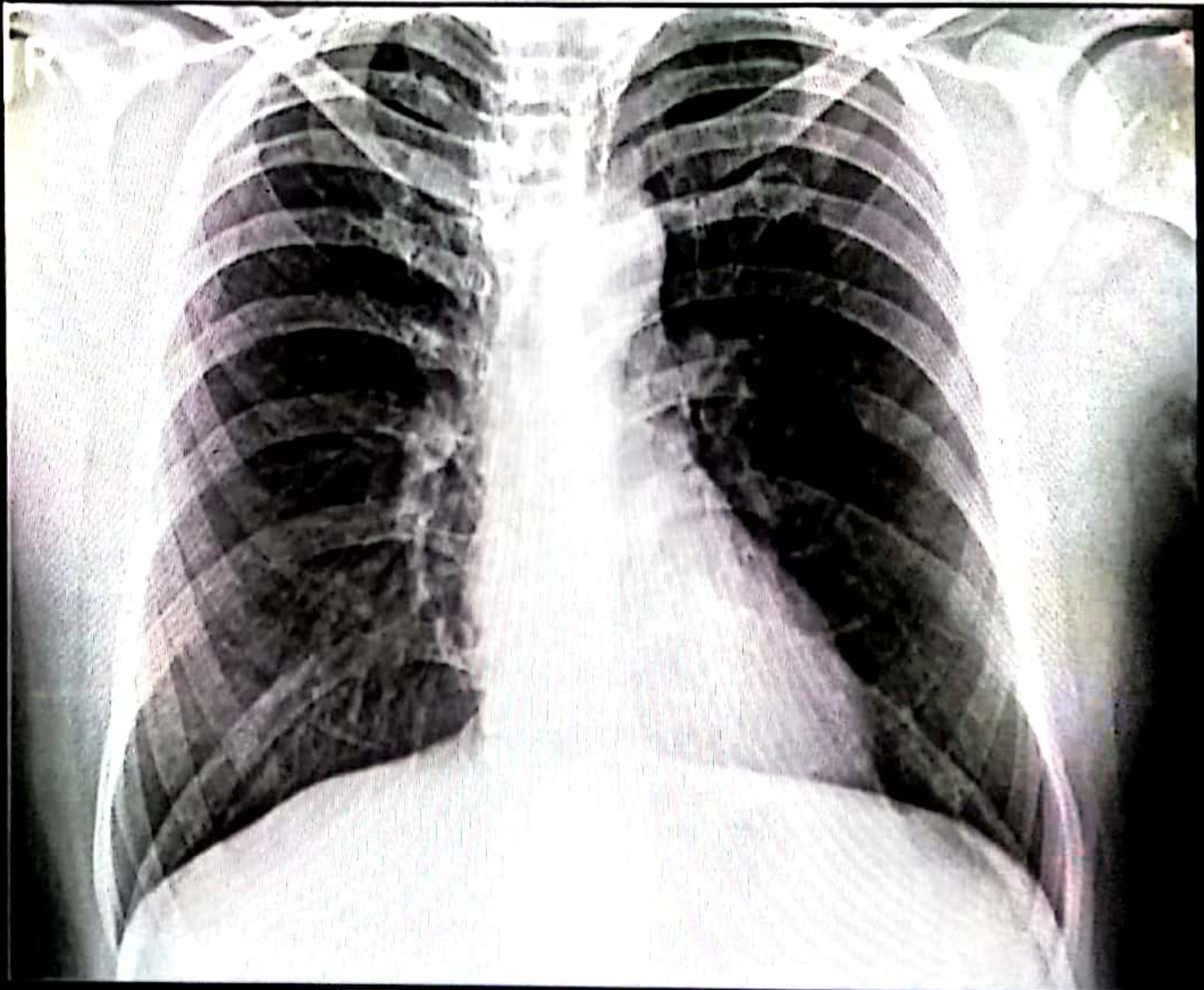
- Bilateral renal concretion.
- Grade I fatty changes in liver.

Thanks for reference.

  
DR PRATIK KAGATHARA  
MD

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

32 SLICE CT SCAN | 3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS



**HARDIKBHAI KARIYA 31Y/M CHEST AP 24-Jun-23**  
**NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)**