





HEALTHSPRING

TREADMILL STRESS TEST REPORT

DATE:28/3/2021

NAME:	DEEP NEEMA	AGE:(years)	34D	SEX:	M
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PROTOCOL USED	BRUCE PROTOCOL		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	7.00	DOUBLE PRODUCT	24016 mmHg/Min
DUKES SCORE (High Risk Score \leq -11, Low Risk Score \geq 5)	5		

CONCLUSION:

NORMAL INOTROPIC AND EXAGGERATED CHRONOTROPIC RESPONSE.
BASELINE ECG SHOWS NO ST-T CHANGES
NO SYMPTOMS, ARRYHTMIAS OR ST-T CHANGES NOTED DURING EXERCISE
FAIRA EFFORT TOLERANCE AND FUNCTIONAL CAPACITY.
STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD

IMPRESSION:

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT GIVEN WORKLOAD

DR. NIKESH JAIN

DNB (MEDICINE), DNB (CARDIOLOGY)
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DR.NAVEED SHEIKH

MBBS,PG Dip Clinical Cardiology

NOTE-

A NEGATIVE STRESS TEST DOES NOT CONCLUSIVELY RULE OUT CORONARY ARTERY DISEASE. A POSITIVE STRESS TEST IS NOT CONCLUSIVE EVIDENCE OF CORONARY ARTERY DISEASE. THERE IS A POSSIBILITY OF THE TEST BEING FALSE POSITIVE OR FALSE NEGATIVE DUE OTHER ASSOCIATED MEDICAL CONDITIONS. THESE REPORTS ARE FOR DOCTORS & PHYSICIANS AND NOT FOR MEDICO-LEGAL PURPOSES. KINDLY CO-RELATE THE REPORT WITH CLINICAL CONDITIONS.

THIS TMT/ ECG IS REPORTED ONLINE WITHOUT INTERACTING WITH PATIENTS AND THE RESULT SHOULD BE CLINICALLY CO-RELATED AND INDEPENDENTLY REVIEWED BY THE PATIENT'S CONSULTANT DOCTOR. THE PATIENT WAS NOT SEEN BY DOCTORS PERSONALLY AND THE ABOVE REPORT HAS BEEN REVIEWED BY THE DOCTOR BASED ON THE TMT/ECG RESULT AS PROVIDED TO THE DOCTOR.

Medipoint Hospitals Pvt. Ltd.

Regd. Head Office : 241/1, New D P Road, Aundh, Pune - 411007.
Regd No : LCBP-0506-01397 | Tel : 020-67643200
info@vitalifemedipoint.in | www.sanjivanivitalife.in
CIN : U85101PN2000PTC015213



Sanjivani VitaLife
A Medipoint Venture

Patient's Name : Deep Neema
Age : 38 Yrs / M

Date: - 26.03.2022

ULTRASOUND ABDOMEN AND PELVIS

Liver: *It is normal in size and bright echotexture (grade I fatty changes). No focal lesion is seen in the liver. No intra hepatic biliary tract dilatation seen. Common bile duct and portal vein appears normal.*

Gall bladder: Is distended. No evidence of calculus/ sludge noted. Wall thickness is normal.

Pancreas: - Normal in size and echotexture. No focal lesion seen.

Spleen: -Normal in size and echotexture. No focal lesion seen.

Both Kidneys: -

Right kidney measures: 7.6 x 3.9 cms. Appears small in size and shows normal corticomedullary differentiation.

Left kidney measures: 11.3 x 6.3cms is normal in size, shape and shows corticomedullary differentiation. No evidence of calculus or hydroureteronephrosis on both kidneys.

Urinary bladder: - It is distended & appears normal.


Prostate: - It is normal in size and echotexture. No focal lesion seen.

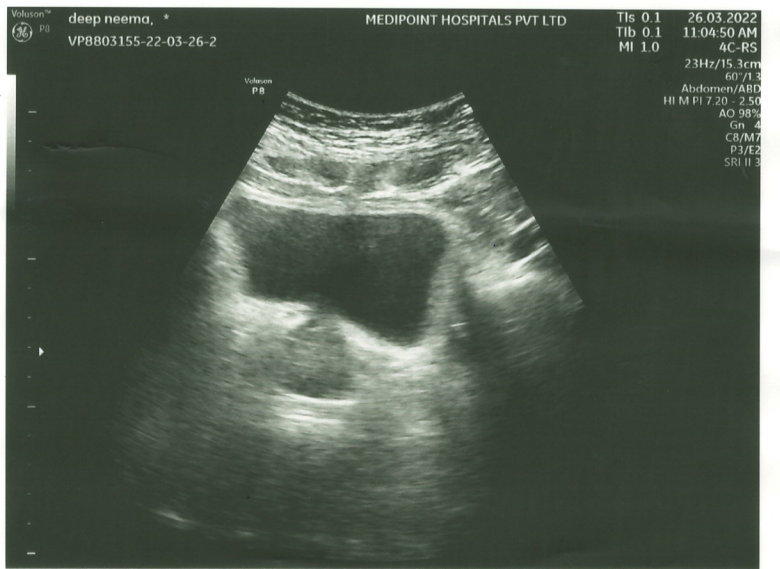
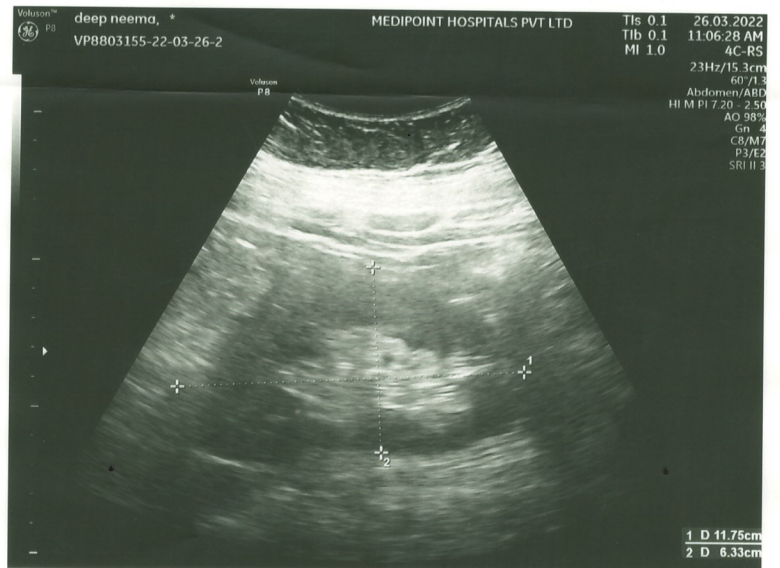
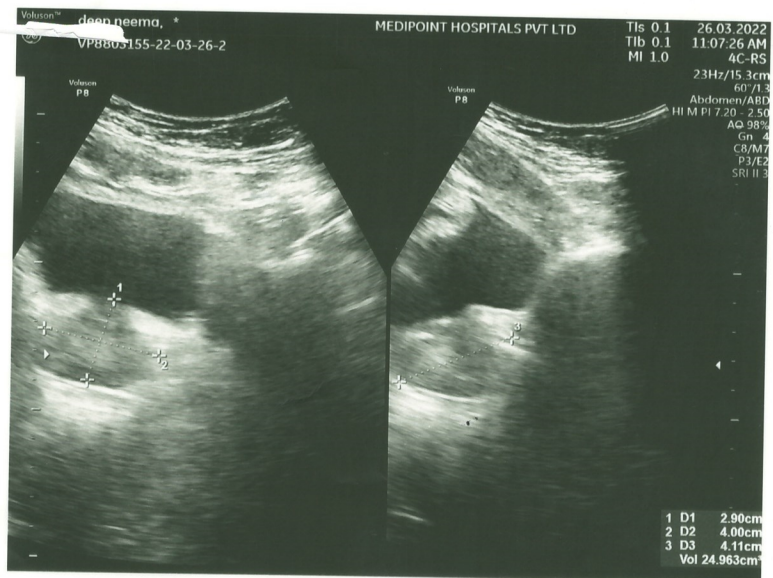
No evidence of abdominal/ pelvic lymphadenopathy.
No e/o free fluid in abdomen and pelvis.
Visualized bowel loops appear normal.

IMPRESSION: USG abdomen & pelvis reveals,

- Small sized right kidney with normal corticomedullary differentiation.
- Grade I fatty changes in liver.

Kindly correlate clinically and with RFTs.


Dr. Suraj Sonwane
M.B.B.S MD (Radiologist)
Reg. No. 2014/05/2126



NEEMA DEEP/M/CXR PA OPD NO 30819/26-Mar-2022/9383

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CHEST X-RAY (PA VIEW)

Trachea and main bronchi appear normal.
Both lung fields appear normal.
Both costophrenic angles appears clear.
Cardiac size is normal.
Both domes of diaphragm appear normal.
Thoracic bony rib cage & soft tissues appear normal.

Kindly correlate clinically.


Dr. Suraj Sonwane
Consulting Radiologist

 UNION OF INDIA Driving Licence (RJ) (NT)
RJ03 20070036424

जारी करने की तिथि / Date of First Issue: 24/12/2007
वैधता / Validity: 23/12/2027

जन्म तिथि / Date of Birth: 03/07/1983
Blood Group: UNKNOWN

नाम / Name: DEEP NEEMA

पिता/पति का नाम / Son/Daughter/Wife of: GHANSHYAM JI NEEMA



 भारत सरकार
GOVERNMENT OF INDIA

चांदनी नीमा
Chandni Neema

जन्म वर्ष / Year of Birth : 1987
महिला / Female



8514 7820 0404

आधार — आम आदमी का अधिकार

DEEP NEEMA (39 M)

ID: 680

Date: 26-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 27 s

HR: 97 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 Km/h

Grade: 0 %

(THR: 153 bpm)

B.P: 136 / 70



Schiller CS-20 V 1.6

Linked Median

DEEP NEEMA (39 M)

ID: 680

Date: 26-Mar-22

Exec Time : 4 m 57 s

Stage Time : 1 m 57 s

HR: 154 bpm

Protocol: Bruce

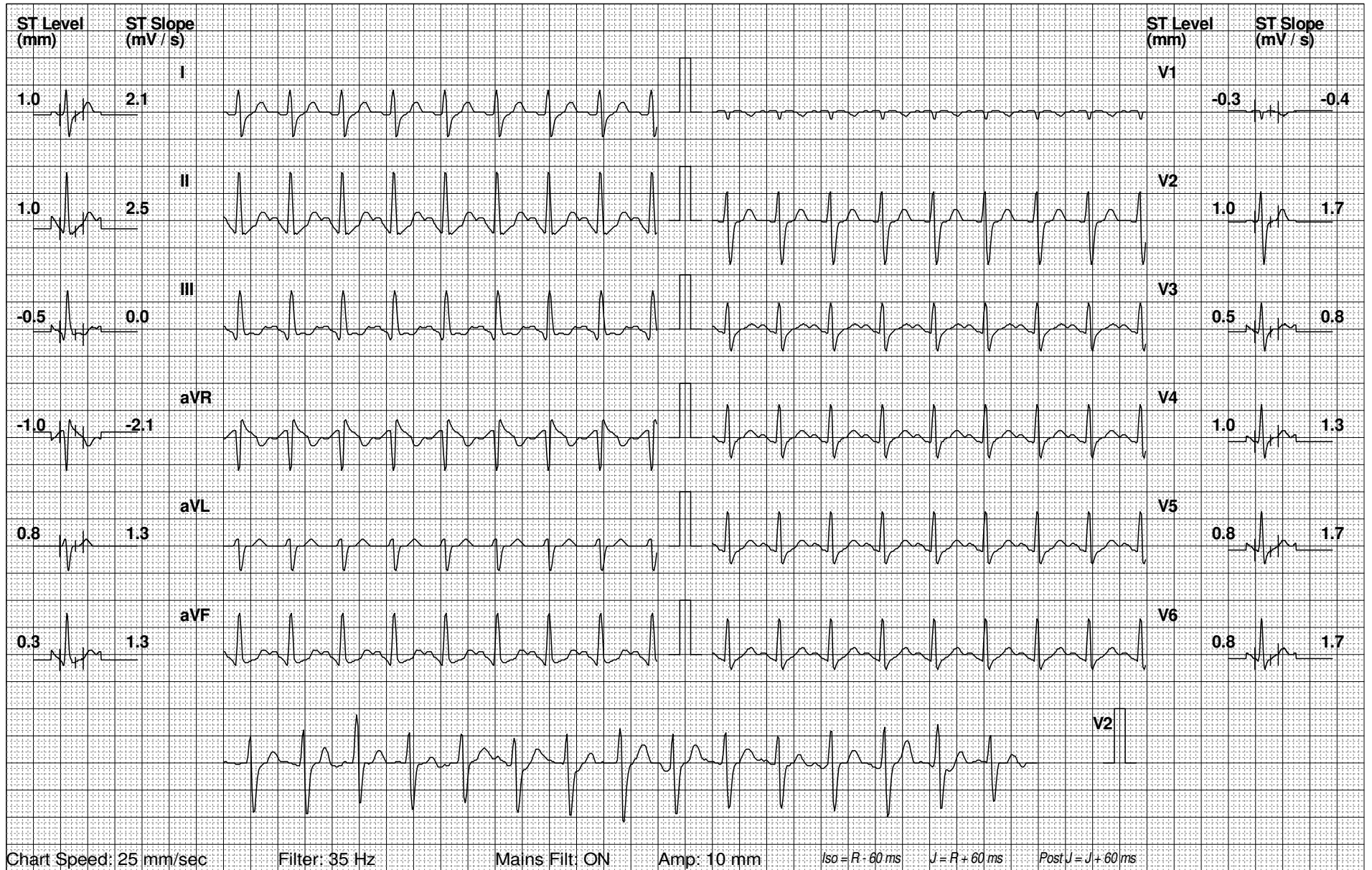
Stage: Peak Ex

Speed: 4 Km/h

Grade: 12 %

(THR: 153 bpm)

B.P: 140 / 90



Schiller CS-20 V 1.6

Linked Median

DEEP NEEMA (39 M)

ID: 680

Date: 26-Mar-22

Exec Time : 5 m 3 s

Stage Time : 0 m 31 s

HR: 137 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1.6 Km/h

Grade: 0 %

(THR: 153 bpm)

B.P: 158 / 94



Schiller CS-20 V 1.6

Linked Median

DEEP NEEMA (39 M)

ID: 680

Date: 26-Mar-22

Exec Time : 5 m 3 s

Stage Time : 0 m 25 s

HR: 123 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 Km/h

Grade: 0 %

(THR: 153 bpm)

B.P: 158 / 94



Schiller CS-20 V 1.6

Linked Median

DEEP NEEMA (39 M)

ID: 680

Date: 26-Mar-22

Exec Time : 5 m 3 s

Stage Time : 0 m 25 s

HR: 111 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 Km/h

Grade: 0 %

(THR: 153 bpm)

B.P: 150 / 84



Schiller CS-20 V 1.6

Linked Median

HEALTHSPRING HEALTHCARE AUNDH

Test Report

DEEP NEEMA (39 M)

ID: 680

Date: 26-Mar-22

Exec Time : 5 m 3 s

Stage Time : 0 m 1 s

HR: 108 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 Km/h

Grade: 0 %

(THR: 153 bpm)

B.P: 140 / 82



Schiller CS-20 V 1.6

Linked Median

HEALTHSPRING HEALTHCARE AUNDH

Patient Details **Date:** 26-Mar-22 **Time:** 12:03:35 PM
Name: DEEP NEEMA ID: 680
Age: 39 y **Sex:** M **Height:** 165 cms. **Weight:** 93 Kg.
Clinical History: NIL

Medications: NO

Test Details

Protocol: Bruce **Pr.MHR:** 181 bpm **THR:** 153 (85 % of Pr.MHR) bpm
Total Exec. Time: 5 m 3 s **Max. HR:** 152 (84% of Pr.MHR)bpm **Max. Mets:** 7.00
Max. BP: 158 / 94 mmHg **Max. BP x HR:** 24016 mmHg/min **Min. BP x HR:** 6580 mmHg/min
Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	1 : 12	1.0	0	0	98	136 / 70	-1.01 aVR	1.27 V4
Standing	0 : 32	1.0	0	0	95	136 / 70	-0.76 aVR	0.84 II
Hyperventilation	0 : 33	1.0	0	0	94	136 / 70	-0.76 aVR	0.84 II
1	3 : 0	4.6	2.7	10	134	136 / 70	-1.01 aVR	2.53 II
Peak Ex	2 : 3	7.0	4	12	152	140 / 90	-1.27 aVR	3.38 II
Recovery(1)	0 : 37	1.8	1.6	0	136	158 / 94	-1.52 aVR	3.38 II
Recovery(2)	0 : 31	1.0	0	0	122	158 / 94	-1.52 aVR	3.38 II
Recovery(3)	0 : 31	1.0	0	0	109	150 / 84	-1.01 aVR	3.38 II
Recovery(4)	0 : 7	1.0	0	0	107	140 / 82	-1.01 aVR	2.95 II

Interpretation

The patient exercised according to the Bruce protocol for 5 m 3 s achieving a work level of Max. METS : 7.00. Resting heart rate initially 98 bpm, rose to a max. heart rate of 152 (84% of Pr.MHR) bpm. Resting blood Pressure 136 / 70 mmHg, rose to a maximum blood pressure of 158 / 94 mmHg.

Ref. Doctor: Dr. Vivek Karle
(Summary Report edited by user)

Doctor: Dr. Vivek Karle
Schiller CS-20 V 1.6

DEEP NEEMA (39 M)

ID: 680

Date: 26-Mar-22

Exec Time : 0 m 0 s

Stage Time : 1 m 6 s

HR: 98 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 Km/h

Grade: 0 %

(THR: 153 bpm)

B.P: 136 / 70



Schiller CS-20 V 1.6

Linked Median

DEEP NEEMA (39 M)

ID: 680

Date: 26-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 26 s

HR: 94 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 Km/h

Grade: 0 %

(THR: 153 bpm)

B.P: 136 / 70



Schiller CS-20 V 1.6

Linked Median

DEEP NEEMA (39 M)

ID: 680

Date: 26-Mar-22

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 132 bpm

Protocol: Bruce

Stage: 1

Speed: 2.7 Km/h

Grade: 10 %

(THR: 153 bpm)

B.P: 136 / 70

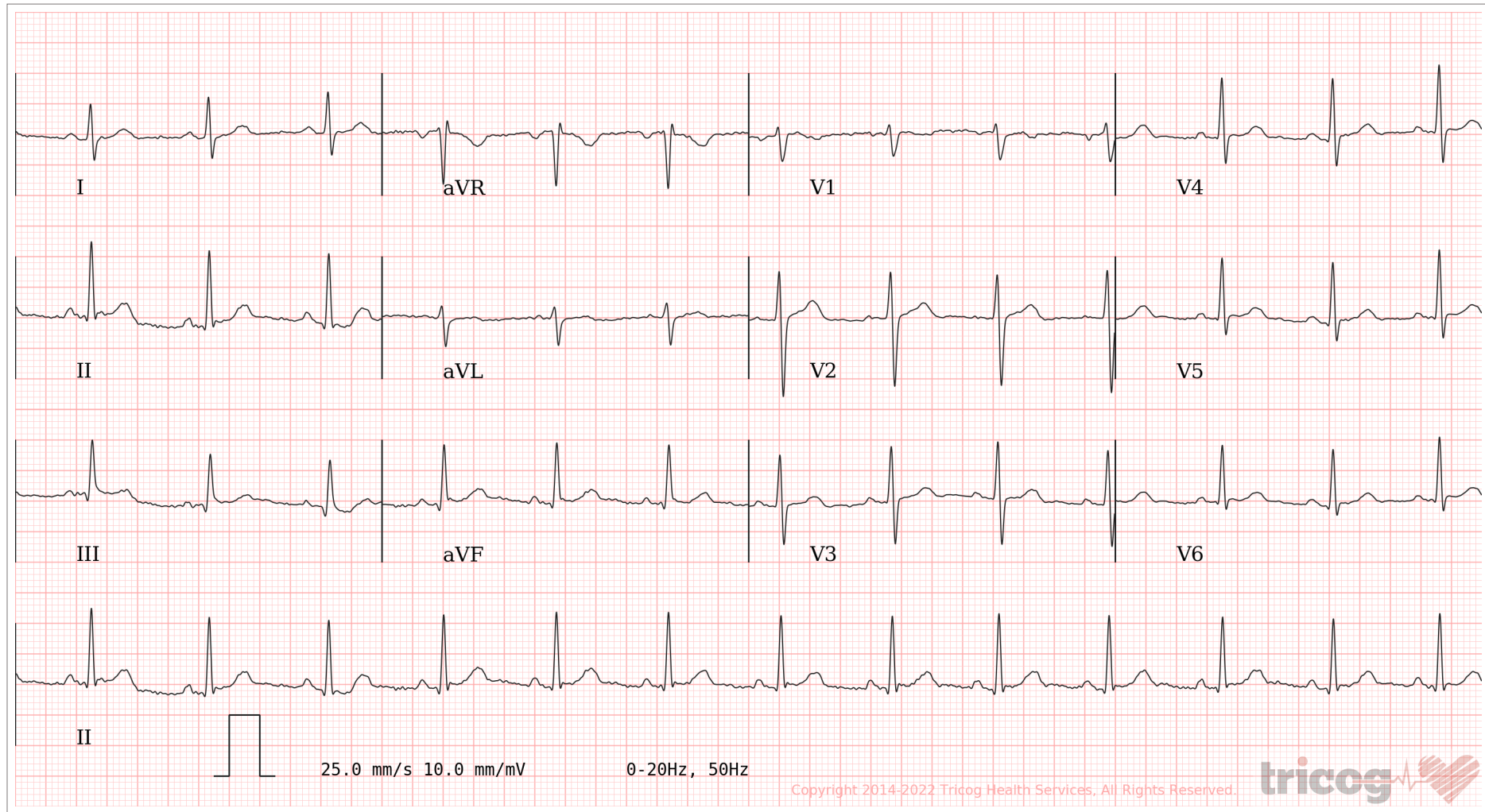
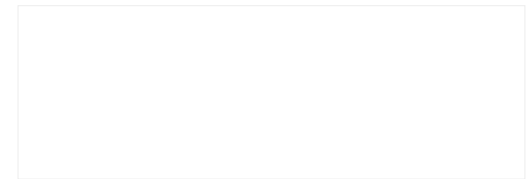


Schiller CS-20 V 1.6

Linked Median

Age / Gender: 38/Male
Patient ID: 2422117
Patient Name: Deep Neema

Date and Time: 26th Mar 22 11:55 AM



AR: NA VR: 81bpm QRSD: 96ms QT: 340ms QTc: 394ms PRI: 140ms P-R-T: 60° NA 58°

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

AUTHORIZED BY



Dr. Charit
MD, DM: Cardiology

REPORTED BY



Dr. Kavitha Girish

Patient Name : Mr. Deep Neema
Age / Gender : 38 Y / Male
Referred By : Dr. Vivek Karle
SID No. : 56006401

Reg.Date / Time : 26/03/2022 / 10:16:30
Report Date / Time : 26/03/2022 / 20:31:36
MR No. : 2422117

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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HAEMATOLOGY

COMPLETE BLOOD COUNT WITH PLATELETS

EDTA WHOLE BLOOD

HAEMOGLOBIN, RED CELL COUNT & INDICES

HAEMOGLOBIN (Spectrophotometry)	13.9	gm%	13 - 18
PCV (Electrical Impedance)	40.1	%	37 - 47
MCV (Calculated)	81.6	fL	76 - 96
MCH (Calculated)	28.3	pg	27 - 32
MCHC (Calculated)	34.7	g/dl	31.5 - 34.5
RDW-CV (Calculated)	14	%	12 - 14
RDW-SD (Calculated)	34	fL	36 - 46
TOTAL RBC COUNT (Electrical Impedance)	4.91	Million/cmm	4.7 - 6.1
TOTAL WBC COUNT (Electrical Impedance)	7210	/cumm	4000 - 11000

DIFFERENTIAL WBC COUNT

NEUTROPHILS (Flow cell)	48.5	%	40-70
LYMPHOCYTES (Flow cell)	33.8	%	20-40
EOSINOPHILS (Flow cell)	10.4	%	1-6
MONOCYTES (Flow cell)	6.4	%	2-10
BASOPHILS (Flow cell)	0.9	%	0-2

ABSOLUTE WBC COUNT

ABSOLUTE NEUTROPHIL COUNT (Calculated)	3480	/cumm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	2430	/cumm	1000-3000

Contd ...

*Tests not included in NABL accredited scope

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HAEMATOLOGY

ABSOLUTE WBC COUNT

ABSOLUTE EOSINOPHIL COUNT (Calculated)	750	/cumm	200-500
ABSOLUTE MONOCYTE COUNT (Calculated)	460	/cumm	200-1000
ABSOLUTE BASOPHIL COUNT (Calculated)	70	/cumm	0-220
PLATELET COUNT (Electrical Impedance)	344000	/cumm	150000 - 450000
MPV (Calculated)	7.9	fL	6-11
PDW (Calculated)	11.6	%	11-18
PCT (Calculated)	0.272	%	0.15-0.50

PERIPHERAL BLOOD SMEAR

COMMENTS
(Microscopic) Normocytic Normochromic RBCs,
Eosinophilia.

Sample Collected at : Aundh
Sample Collected on : 26 Mar 2022 11:07
Sample Received on : 26 Mar 2022 18:32
Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY
Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope

Patient Name : Mr. Deep Neema
Age / Gender : 38 Y / Male
Referred By : Dr. Vivek Karle
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HAEMATOLOGY

EDTA Blood ABO BLOOD GROUP*

BLOOD GROUP (Immuno Gel Column)	O
Rh TYPE (Immuno Gel Column)	POSITIVE

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BIOCHEMISTRY

**COMPREHENSIVE LIVER PROFILE
SERUM**

BILIRUBIN TOTAL (Diazotization)	0.60	mg/dl	0.2 - 1.3
BILIRUBIN DIRECT (Diazotization)	0.20	mg/dl	0.1-0.4
BILIRUBIN INDIRECT (Calculation)	0.40	mg/dl	0.2 - 0.7
ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	19	U/L	<40
ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	28	U/L	<41
ALKALINE PHOSPHATASE (Colorimetric IFCC)	84	U/L	40-129
GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	27	U/L	<70
TOTAL PROTEIN (Colorimetric)	7.80	gm/dl	6.6-8.7
ALBUMIN (Bromocresol Green)	4.60	gm/dl	3.5 - 5.2
GLOBULIN (Calculation)	3.20	gm/dl	2.0-3.5
A/G RATIO (Calculation)	1.4		1-2

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BIOCHEMISTRY

**COMPREHENSIVE RENAL PROFILE
SERUM**

CREATININE (Jaffe Method)	0.8	mg/dl	0.6 - 1.3
BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	7.1	mg/dl	6 - 20
BUN/CREATININE RATIO (Calculation)	8.9		10 - 20
URIC ACID (Uricase Enzyme)	6.0	mg/dl	3.7 - 7.7
CALCIUM (Bapta Method)	9.0	mg/dl	8.6-10
PHOSPHORUS (Phosphomolybdate)	3.3	mg/dl	2.5-4.5

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**MD,PATHOLOGY
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Healthspring Corporate Office, 5th Floor, East Wing Forbes Building, Charanjit Rai Marg, Fort, Mumbai- 400001

*Members only

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BIOCHEMISTRY

LIPID PROFILE

SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	201	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239
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Notes : Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.

Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.

Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	97	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	52	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	130	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	20	mg/dl	15-40
SERUM	CHOL / HDL RATIO	3.9		3-5
SERUM	LDL /HDL RATIO (Calculation)	2.0		0 - 3.5

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BIOCHEMISTRY

FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	101	mg/dl	70 - 110
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Notes : An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.

References:

<http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf>, Understanding Diabetes.

FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	209	mg/dl	70 - 140
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EDTA WHOLE BLOOD GLYCOSYLATED HAEMOGLOBIN (HbA1C)

HbA1C (High Performance Liquid Chromatography)	6.7	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	146	mg/dl	

Notes : HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations. HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required.

HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, https://www.who.int/diabetes/publications/report-hba1c_2011.pdf) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria.

References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1c assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

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Partial Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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BIOCHEMISTRY


EDTA	ESR(ERYTHROCYTE	23	mm / 1 hr	0-15
WHOLE	SEDIMENTATION RATE)			
BLOOD	(Photometric Capillary)			

Notes : The given result is measured at the end of first hour.

Sample Collected at : Aundh

Sample Collected on : 26 Mar 2022 11:07

Sample Received on : 26 Mar 2022 18:32

Barcode : 



Dr.Rahul Jain

MD,PATHOLOGY

Consultant Pathologist

Contd ...

*Tests not included in NABL accredited scope



Patient Name : Mr. Deep Neema
Age / Gender : 38 Y / Male
Referred By : Dr. Vivek Karle
SID No. : 56006401

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IMMUNOLOGY

THYROID PROFILE - TOTAL SERUM

TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.58	ng/ml	0.7-2.04
TOTAL THYROXINE (T4) (ECLIA)	7.66	ug/dl	4.6 - 10.5
THYROID STIMULATING HORMONE (TSH) (ECLIA)	2.130	uIU/ml	0.27 - 4.20

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IMMUNOLOGY

Notes : TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level. The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)

- Low TSH, Low FT4 - Central hypothyroidism.
- Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
- Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter, Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
- Normal TSH, Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism, Medications.
- Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbuminemic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
- High TSH, Low FT4- Primary hypothyroidism.
- High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
- High TSH, High FT4- TSH mediated hyperthyroidism

Note:

1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:

1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

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CLINICAL PATHOLOGY

Urine URINE ANALYSIS

PHYSICAL EXAMINATION

VOLUME (Volumetric)	30		
COLOR (Visual Examination)	PALE YELLOW		
APPEARANCE (Visual Examination)	CLEAR		

CHEMICAL EXAMINATION

SP.GRAVITY (Indicator System)	1.005		1.005 - 1.030
REACTION(pH) (Double indicator)	ACIDIC		
PROTEIN (Protein-error-of-Indicators)	ABSENT		
GLUCOSE (GOD-POD)	ABSENT		Absent
KETONES (Legal's Test)	ABSENT		Absent
OCCULT BLOOD (Peroxidase activity)	ABSENT		Absent
BILIRUBIN (Fouchets Test)	ABSENT		Absent
UROBILINOGEN (Ehrlich Reaction)	NORMAL		
NITRITE (Griess Test)	ABSENT		

MICROSCOPIC EXAMINATION

ERYTHROCYTES (Microscopy)	ABSENT	/hpf	0-2
PUS CELLS (Microscopy)	2-3	/hpf	0-5
EPITHELIAL CELLS (Microscopy)	1-2	/hpf	0-5
CASTS (Microscopy)	ABSENT		
CRYSTALS (Microscopy)	ABSENT		
ANY OTHER FINDINGS	NIL		

Contd ...

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PATIENT'S NAME - Deep Neema
AGE/GENDER - 35 yrs / M
DOCTOR'S NAME - Dr Vivek Kame

DATE - 26.3.2022

VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT		6/6		6/6
NEAR		H6		H6
COLOUR	Normal			
Recommendations				

VITALS

Pulse - 87/min	B.P. - 136/70 mm of Hg	SpO2 97%
Height 165 Cms	Weight - 93.9 Kgs	BMI - 34.5
Waist - 112 Cms	Hip - 107 Cms.	Waist/Hip Ratio - 1.05
Chest -	Inspiration - 111 Cms.	Expiration - 113 Cms.

CENTRE NAME - H.S. Auneth

SIGN & STAMP - 