

Mr. Pratik Tiwari

08/12/23

Age: - 33

Wt - 90 kg
H - 176 cm
BP - 130/60
P - 70 bpm

No H/O DM/HTN

Family H/O Heart disease

CBC - 13.8 / 4.58 / 5.99 / 104 / 10

HbA1c - 5.4

RBS - F 93.0 / PP - 104.0

U.Acid - 3.8

Creatinine - 0.91

Lipid - 172.0 / 153.0 / 33.0 / 101.20

LFT - 27 / 31 / 86

TSH - 4.660

EMR - Positive

- Tab Metformin 500mg
+ 30 days

- Cap Omeprazole / Lisinopril
once weekly + 30 days

- Tab Swift card for HTN
+ 30 days

- Tab ELIASPirin 75mg
+ 30 days

Alcohol - Regular

Ad -
Coronary Angiogram
on
CT Coronary Angiogram

Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur

Dr. Sweety Lath

BDS (Cosmetic Dental Surgeon)



Dr. Vivek Lath

Chief Dental Consultant
BDS, MDS, Diplomate (WCOI, Japan)
Professor, MCDRC - Durg
Reg. No. CGDC/14/PG/45

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Mr. Pratik Tiwari
33/M

23/12/23

Pt has come for routine dental checkup.

O/E → Calculus +
Occlusal pit ± $\frac{+}{-}$

PFM Crown ± $\frac{+}{-}$

PFM Bridge ± $\frac{+}{-}$

A.I.V → Oral Prophylaxis
Restoration ± $\frac{+}{-}$



[Signature]

Apollo Clinic

LICENSEE - SAMRIDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tara Complex A T. Classico Near Ashoka Ratan, VIP Estate, Raipur (C.G.)

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ID: 364
MR PRATIK TIWARI
Male 33Years

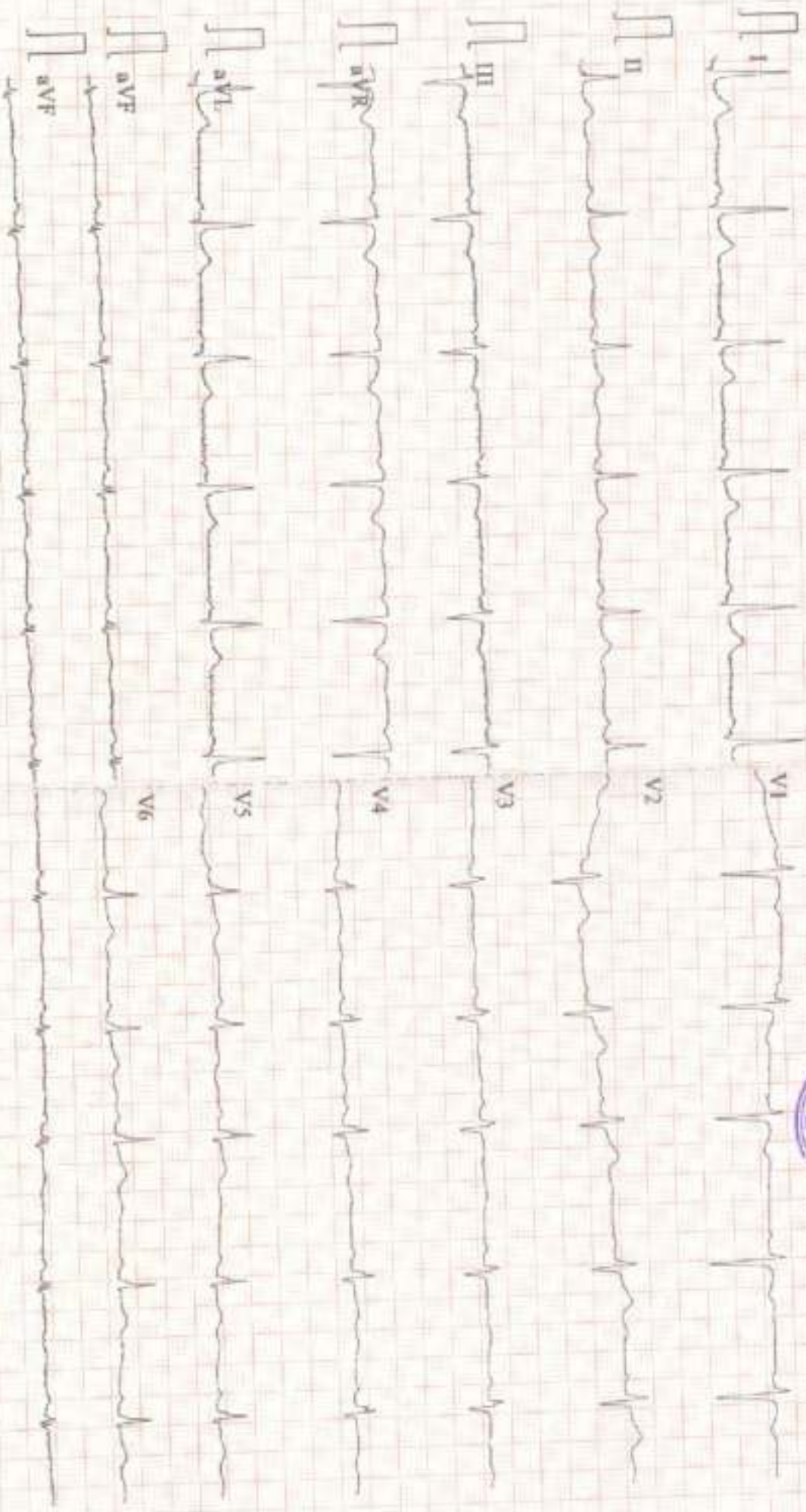
23-12-2023 10:42:55 AM
HR : 64 bpm
P : 104 ms
PR : 158 ms
QRS : 90 ms
QT/QTc : 388/401 ms
P/QRS/T : 45/7/11
RV5/SV1 : 0.56/40.974 mV

Diagnosis Information:
Sinus arrhythmia
Possible anterior infarct - age undetermined
Abnormal ECG

Report Confirmed by:



Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/201-
Apollo Clinic, Raipur



NAME OF PATIENT: MR. PRATIK TIWARI

AGE: 33YRS/MALE

REFERRED BY: BOB

DATE: 23/12/2023.

CHEST X - RAY PA VIEW

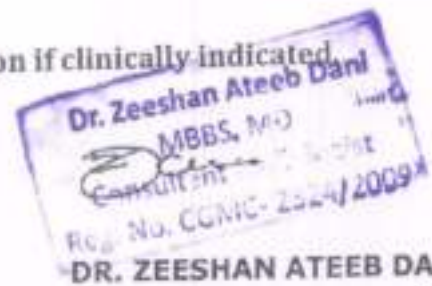
FINDINGS:

- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY SEEN.

Advised: Clinical correlation and further evaluation if clinically indicated.



DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis. Findings have to be clinically correlated. This report is not for medico-legal purposes.

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

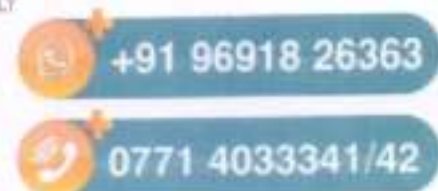
Apollo Clinic

LICENSEE : SAMRIDHI ARDHYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

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Online appointments: www.aarapollo.com | Online reports: https://rpt.apolloclinic.com



PATIENT NAME:- MR. PRATIK TIWARI
REF BY :- BOB

AGE/SEX:- 33 YRS/M
DATE:-23.12.2023

USG ABDOMEN

Liver: Liver is normal in size ,smooth in outline with normal echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

Gall bladder: Distended & normal.

Pancreas & Paraaortic Region: Normal.

Spleen: Is normal in size and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.72X4.08cm	9.79X4.73cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder,- Distended & normal..

Prostate: is normal in size. shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.




DR. ANIL WASTI
SONOLOGIST REG.NO. CGMC-1471

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

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Online appointments: www.askapollo.com | Online reports: https://prn.apolloclinic.com

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 **0771 4033341/42**

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Pratik Tiwari

Date 23/12/23


Sex/Age 33YM

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT		} NO		
NYSTAGMUS				
COLOUR VISION		NORMAL		
FUNDUS:(RE):-		WNL	(LE):- WNL	
INDIVIDUAL COLOUR IDENTIFICATION		GOOD		
DISTANT VISION:(RE):-		6/6	(LE):- 6/6	
NEAR VISION:(RE):-		N6	(LE):- N6	
NIGHT BLINDNESS		NAD		
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				
REMARKS :-				




Dr. Vikas Mishra
 MBBS, MS (Ophthalmologist)
 Reg. No. CGMC 621/2006

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY



10 / MR PRATIK / 33 Yrs / M / 176 Cms / 90 KG
 Date: 23 / 12 / 2023

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	KPP	PVC	Comments
Supine	00:08	0:08	00.0	00.0	01.0	069	37%	130/80	089	00	
ExStart	00:15	0:07	00.0	00.0	01.0	069	37%	130/80	089	00	
BRUCE Stage 1	03:15	3:00	02.7	10.0	04.7	125	67%	130/80	162	00	
BRUCE Stage 2	06:15	3:00	04.0	12.0	07.1	151	81%	134/84	202	00	
PeakEx	07:01	0:48	05.5	14.0	07.9	159	85%	134/84	213	00	
Recovery	07:31	0:30	00.8	00.0	04.2	152	81%	134/84	203	00	
Recovery	08:01	1:00	00.0	00.0	01.2	140	75%	132/82	184	00	
Recovery	08:48	1:47	00.0	00.0	01.0	112	60%	132/82	147	00	

FINDINGS :

Exercise Time : 06:48
 Max HR Attained : 159 bpm 85% of Target 187
 Max BP Attained : 134/84 (mm/Hg)
 Max Workload Attained : 7.9 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

STRESS TEST IS POSITIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA WITH FAIR FUNCTION CAPACITY



Doctor : DR DEEPAN DAS MBBS DIP CARDIO

10 / MR PRATIK / 33 Yrs / M / 176 Cms / 90 Kg / HR : 69

BRUCE:Supine(0:08)

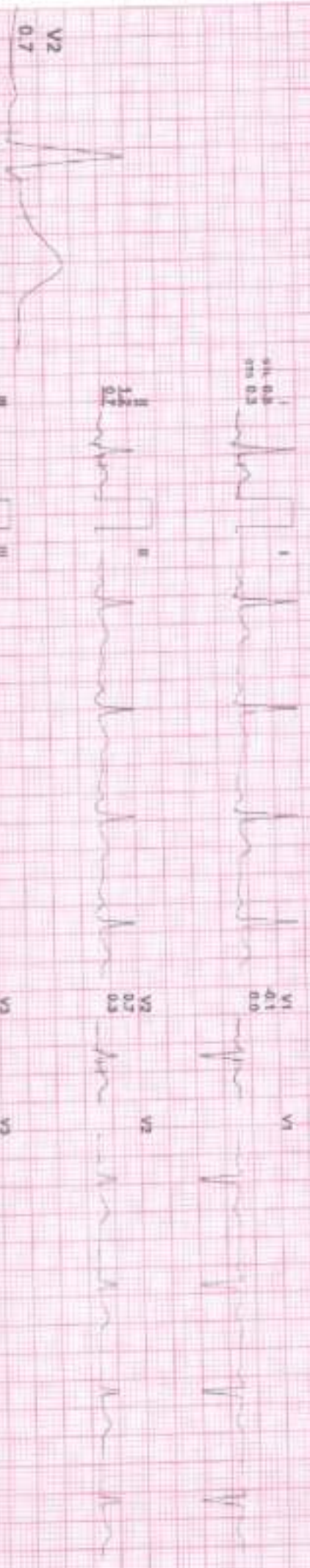


Date: 23 / 12 / 2023

NETS: 1.0/69 bpm 37% of THR BP: 130/80 mmHg Complimed Mediana B/C Ox/Meta Ox/HR: 0.00 Met/F: 35 -Hc

ExTime: 00:00 - 0.0 Kmpd 9.0%
2s intervals 1.0 Cm/mV

4X 60 ms Post J



II aVR aVL V1 V3 V5
 III aVF aVF V2 V4 V6

REMARKS:

10 / MR PRATIK / 33 Yrs / M / 176 Cms / 90 Kg / HR : 69

Date: 23 / 12 / 2023 METS: 1.00, 69 bpm, 21% of TPR, BP: 120/80 mmHg, Combined Meds: R-D, Oxy, Nectar, Oxy, RIR, 0.05, 140L, 75, Hz

4X No red cross, ExtImp: 90:00, 0.0 Kmpt, 0.0%, 25 mm/Sec, 1.0 Cm/mV



REMARKS:

ExStart



10 / MR PRATIK / 33 Y/6 / M / 176 Cms / 90 Kg / HR : 125

BRUCE: Stage 1 (3:00)



Date: 23 / 12 / 2023

METS: 4.7 / 125 bpm 67% of THR BP: 150/80 mmHg Concomitant Meds: Nil C-Gr: Normal Oxy Sp: 95% Hb: 16.5 g/dL F: 35 HR

ExTime: 03:00 2.7 Km/pt, 10.0%
25 mm/sec, 1.0 Cm/mV

4X 70 mg Coumat J

0.1
0.1
0.1



0.1
0.1
0.1



0.1
0.1
0.1



0.1
0.1
0.1



0.1
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0.1
0.1
0.1



0.1
0.1
0.1



0.1
0.1
0.1



REMARKS: I II aVR aVL V1 V2 V3 V4 V5 V6

10 / MR PRATIK / 33 Yrs / M / 176 Cms / 90 Kg / HR : 151

BRUCE: Stage 2(3:00)



Date: 23 / 12 / 2023

MEETS: 7.1 / 151 bpm 81% of THR BP: 134/84 mmHg

Ex Time: 00:00 4.0 km/h, 12.0%

4X 80 ms Plead J

24 mm/Sec 1.0 Cm/Div



AVL -0.6
AVR -1.0



V1 0.2
V2 0.1



AVL -0.2
AVR -0.8



V3 0.1
V4 0.1



AVL 0.8
AVR 1.6



V5 0.8
V6 1.3



AVL 0.8
AVR 0.8



V7 0.8
V8 1.6



AVL -0.6
AVR -1.0



V9 0.2
V10 0.1



AVL -0.6
AVR 0.8



V11 0.2
V12 0.1



REMARKS:

10 / MR PRATIK / 33 Yrs / M / 176 Cms / 90 Kg / HR : 159

Date: 23 / 12 / 2023

MEETS: 7.9 / 159 bpm 85% of THR BP: 134/84 mmHg

Continued Medians: BLC On Necta On HF 0.05 HALL-F 35 Hz

External 06-46 5.9 Ppm 14.0%
25 mm/Sec 1.5 Cm/mV

PeaKex



4X 60 ms Post J



REMARKS:
I II aVR aVL V1 V2 V4 V6 V8
III aVF V3 V5 V6 V8

10 / MR PRATIK / 33 YRS / M / 176 CMIS / 90 KG / HR : 152

Recovery(0:30)



Date: 23 / 12 / 2023

METS: 4.2/ 152 bpm 81% of THIR BP: 134/84 mmHg Combined Medians/ BL C Div Noich Div HF 0.00, HELLF 35 Hz

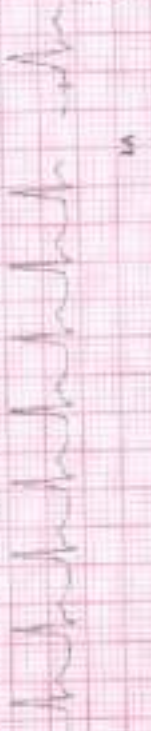
4X (E mid Post J)

EXTime: 09:49 0.8 KmPH 0.0%
25 mm/Sec. 1.9 GainV

I
0.5
0.0



VI
0.4
0.6



II
0.5
0.0



V2
0.0
0.8



V2
0.0



III
0.5
0.0



V3
0.2
0.8



aVR
0.5
0.0



V4
0.4
0.8



aVL
0.5
0.0



V5
0.5
0.5



aVF
0.5
0.0



V6
0.5
0.5



REMARKS:
I aVR aVF V2 V4 V6
II aVL V1 V3 V5
III aVL V1 V3 V5

10 / MR PRATIK / 33 YRS / M / 176 CMS / 90 KG / HR : 140

Recovery(1:00)



Date: 23 / 12 / 2023

METS: 1.2/ 140 bpm 75% of THR BP: 132/82 mmHg Combined Medication SLG QW Noida QW HF 0.05 Hz/LF 30 Hz

EX Time: 06:48 0.0 Km/hr 0.0%

AX 60 m/s Post 1

25 mm/Sec 1.0 Cm/mV

SVT: 0.8
STV: 0.4



II
-0.3
0.0



III
0.1
0.1
0.8



aVR
0.4
-0.2



aVL
0.3
0.3



aVF
0.1
0.0



V1



V2



V3



V4



V5



V6



I
aVL
V1
V3
V6



II
aVR
aVF
V2
V4
V6



REMARKS:

Patient Name : MR PRATIK TIWARI
 UHID/ MR No : 8204
 Visit Date : 23/12/2023
 Sample Collected On : 23/12/2023 03:29PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 33 Y Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 23/12/2023 05:51PM


HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	13.8	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.58	mil/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	41.40	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	90.4	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	30.1	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	12.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.99	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	58	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	33	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	06	%	1-6%
Monocytes Method: CELL COUNTER	05	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

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 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR PRATIK TIWARI
 UHID/ MR No : 8204
 Visit Date : 23/12/2023
 Sample Collected On : 23/12/2023 03:29PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 33 Y Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 23/12/2023 05:51PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	204	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0- 10
Blood Group (ABO Typing)			
Blood Group (ABO Typing)	A		
RhD factor (Rh Typing)	POSITIVE		

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 6 of 6

Dhananjay
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR PRATIK TIWARI
UHID/ MR No : 8204
Visit Date : 23/12/2023
Sample Collected On : 23/12/2023 03:29PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 33 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 23/12/2023 05:51PM

BIO CHEMISTRY


Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.4	%	Non-diabetic: ≤ 5.6 , Pre-Diabetic 5.7-6.4, Diabetic ≥ 6.5

- 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 inflam
- 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: $eAG(mg/dl) = 28.7 \cdot A1c - 46.7$
 - 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 dete

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 4 of 6


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR PRATIK TIWARI
 UHID/ MR No : 8204
 Visit Date : 23/12/2023
 Sample Collected On : 23/12/2023 03:29PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 33 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 23/12/2023 06:51PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	104.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	93.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.91	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.8	mg/dL	2.6 - 7.2

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 1 of 6


 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR PRATIK TIWARI
UHID/ MR No : 8204
Visit Date : 23/12/2023
Sample Collected On : 23/12/2023 03:29PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 33 Y Male
OP Visit No : OPD-UNIT-II-5
Reported On : 23/12/2023 05:51PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	172.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: \geq 240
Triglycerides level	159.0	mg/dl	Normal : < 150 Borderline High: 150-199 Very High : \geq 500
Method: Spectrophotometric HDL Cholesterol	39.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease >60
Method: Spectrophotometric LDL Cholesterol	101.20	mg/dl	Optimal: < 100 Near Optimal : 100 – 129 Borderline High : 130-159 High : 160-189 Very High : \geq 190
Method: Spectrophotometric VLDL Cholesterol	31.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	4.41		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 2 of 6


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR PRATIK TIWARI
 UHID/ MR No : 8204
 Visit Date : 23/12/2023
 Sample Collected On : 23/12/2023 03:29PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 33 Y. Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 23/12/2023 05:51PM


BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.8	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	27	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	31	U/L	0 - 41
ALKALINE PHOSPHATASE	86	U/L	25-147
Total Proteins Method: Spectrophotometric	6.9	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.4	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.87	%	1.1 - 2.2

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 3 of 6


 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR PRATIK TIWARI
 UHID/ MR No : 8204
 Visit Date : 23/12/2023
 Sample Collected On : 23/12/2023 03:29PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 33 Y Male
 OP Visit No : OPD-UNIT-II-3
 Reported On : 23/12/2023 05:51PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.0		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	1-2	/hpf	0 - 5
Epithelial Cell	2-4	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 1 of 2

Dhananjay
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : Mr.PRANIK TIWARI	Collected : 23/Dec/2023 05:58PM
Age/Gender : 33 Y 0 M 0 D /M	Received : 23/Dec/2023 06:22PM
UHID/MR No : DSUS.0000005606	Reported : 23/Dec/2023 07:52PM
Visit ID : DSUSOPV8889	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.83	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	6.40	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	4.660	µIU/mL	0.35-5.5	CLIA

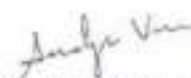
Comment:

For pregnant females	Bio Ref Range for TSH in µIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post-Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goiter, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non-thyroidal causes
High	High	High	High	Pituitary Adenoma, TSHoma/Thyrotropinoma

*** End Of Report ***



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*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

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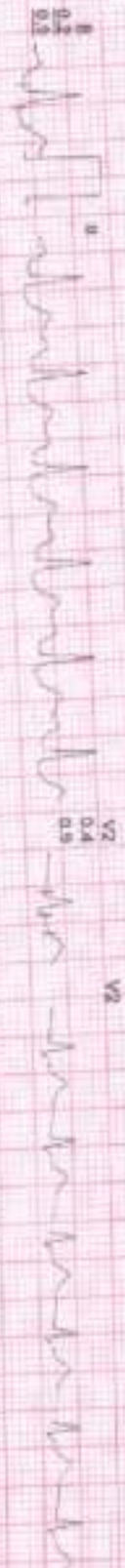
O / MR PRATIK / 33 Yrs / M / 176 Cms / 90 Kg / HR : 112

Date: 23 / 12 / 2023

MEETS: 1.0 / 112 bpm 60% of THR EP- 132/92 mmHg Combined Medications/ ECG Cal: MUGD. Cal: HE 0.05 mV/1.50 Hz

EC Time: 65:46 - 6:0 Scrips: 0:0% 29 mm/Sec - 1.5 Cm/Div

4X (6 mS/Proc)



I
 II
 III
 aVR
 aVL
 aVF
 V1
 V2
 V3
 V4
 V5
 V6

REMARKS: