



RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NAME	ANIL KUMAR	AGE-	SEX: M
REF/BY:	BOB HEALTH CHECK UP	DATE	23-Dec-23

ULTRASONOGRAPHY WHOLE ABDOMEN

Liver: is normal in size, shape and echotexture. No IHBR dilatation is seen. No focal mass seen. Portal vein and hepatic veins are normal in diameter. Common bile duct is normal in diameter and lumen is clear.

Gall bladder: is normal in size shape, location with echo free lumen. Wall thickness is normal. No echogenic shadow suggestive of calculus is seen. No focal mass or lesion is seen.

Pancreas: is normal in size, shape and echotexture. No focal mass or lesion is detected. Pancreatic duct is not dilated.

Rt. Kidney: is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus /hydronephrosis is seen.

Lt. Kidney: is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus/hydronephrosis is seen.

Spleen: is normal in size, regular in shape and echo texture. No focal lesion is seen. Splenic vessels are normal.

Urinary Bladder: is well distended. Outline of bladder is regular. Wall thickness is normal. No focal mass is seen. No echogenic shadow suggestive of calculus is seen.

Prostate: is normal in size, regular in shape and outline. Capsule is intact.

No evidence of ascites is seen. No significant Lymphadenopathy is seen. No obvious bowel pathology is seen.

IMPRESSION:

- ❖ NORMAL SONOGRAPHY STUDY.

Advised: clinicopathological correlation

U.S.
DR. UMMED SINGH RATHORE
MD RADIODIAGNOSIS

Dr. Ummad Singh
MD (Radiodiagnosis)
(RMC.34498/24812)



THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE





NAME : ANIL KUMAR	AGE 32 /SEX F
REF. BY :BOB MEDICAL	DATE: 23.12.2023

X-RAY CHEST PA

- Both lung fields appear normal in under view
- No e/o consolidation or cavitations is seen.
- Both costo-phrenic angles appear clear.
- Cardiac size is within normal limits.
- Both domes of diaphragm appear normal.
- Bony thoracic cage & soft tissue shadow appear normal.

IMPRESSION :- NORMAL X-RAY CHEST (PA)

[Handwritten Signature]

DR. ANUSHA MAHALAWAT

MD (RADIODIAGNOSIS)

RMC -38742/25457



THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE



Allengers Global Healthcare Pvt Ltd.,

M2 / ANIL KUMAR / 32 Yrs / M / 162Cms. / 65Kgs / Non Smoker
Heart Rate : 118 bpm / Tested On : 23-Dec-23 16:25:59 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
ID: RDMRC / Reid By: 808 MEDICAL

ECG



Allengers ECG (P/Scs)(P/SZ15190517)



Hematology Analysis Report

First Name: ANIL KUMAR
Last Name:
Gender: Male
Age: 32 Year

Sample Type: Blood
Department:
Med Rec. No.:76122

Sample ID: 6
Test Time: 23/12/2023 11:16
Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	5.70	4.00-10.00	10 ³ /uL
2 Neu%	53.9	50.0-70.0	%
3 Lym%	37.8	20.0-40.0	%
4 Mon%	5.0	3.0-12.0	%
5 Eos%	2.5	0.5-5.0	%
6 Bas%	0.8	0.0-1.0	%
7 Neu#	3.07	2.00-7.00	10 ³ /uL
8 Lym#	2.15	0.80-4.00	10 ³ /uL
9 Mon#	0.29	0.12-1.20	10 ³ /uL
10 Eos#	0.14	0.02-0.50	10 ³ /uL
11 Bas#	0.05	0.00-0.10	10 ³ /uL
12 RBC	5.11	3.50-5.50	10 ⁶ /uL
13 HGB	12.2	11.0-16.0	g/dL
14 HCT	43.1	37.0-54.0	%
15 MCV	84.2	80.0-100.0	fL
16 MCH	23.8	L 27.0-34.0	pg
17 MCHC	28.3	L 32.0-36.0	g/dL
18 RDW-CV	13.2	11.0-16.0	%
19 RDW-SD	45.5	35.0-56.0	fL
20 PLT	149	100-300	10 ³ /uL
21 MPV	11.9	6.5-12.0	fL
22 PDW	19.5	H 9.0-17.0	fL
23 PCT	0.177	0.108-0.282	%
24 P-LCR	51.8	H 11.0-45.0	%
25 P-LCC	77	30-90	10 ³ /uL



Mamta Khuteta
Dr. Mamta Khuteta
M.D. (Path.)
RMC No - 4720/16260

Submitter: Operator: service Approver:
Draw Time: 23/12/2023 11:16 Received Time: 23/12/2023 11:16 Validated Time:
Report Time: 23/12/2023 11:30 Remarks:

*The Report is responsible for this sample only. If you have any questions, please contact us in 24 hours



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RAJASTHANI DIAGNOSTIC & MRI CENTRE




FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

Patient Name: **ANIL KUMAR**
Sr. No. : 76122
Patient ID No.: 777
Age : 32 Gender : MALE
Ref. By Dr : BOB HEALTH CHECK-UP



Registered on : 23-12-2023 11:21 AM
Collected On : 23-12-2023 11:21 AM
Received On : 23-12-2023 11:21 AM
Reported On : 23-12-2023 02:29 PM
Bar Code 
LIS Number 7 0 0

HAEMATOLOGY

Test Name	Observed Values	Units	Reference Intervals
ESR (Erythrocyte Sedimentation Rate)	10	mm/hr	20
BLOOD GROUPING (ABO & Rh)	A+ Positive		



Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist



Mamta Khuteta

Dr. Mamta Khuteta
M.D.(Path)
RMC No. 4720/18255




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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977



Patient Name: **ANIL KUMAR**
Sr. No. : **78122**
Patient ID No.: **777**
Age : **32** Gender : **MALE**
Ref. By Dr : **BOB HEALTH CHECK-UP**



Registered on : **23-12-2023 11:21 AM**
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HAEMATOLOGY

HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	5.70	%	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adequate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control
eAG (Estimated Average Glucose)	116.89	mg/dL	
eAG (Estimated Average Glucose)	6.49	mmol/L	

Method : Fluorescence Immunoassay Technology

Sample Type : EDTA Blood

Test Performed by:-

Fully Automated (EM 200) ERBA MANNHEIM.

Remarks :

Glycosylated Hemoglobin Testing is Recommended for both (a) Checking Blood Sugar Control in People who might be Pre-Diabetic. (b) Monitoring Blood Sugar Control in patients in more elevated levels, termed Diabetes Mellitus. The American Diabetic Association suggests that the Glycosylated Hemoglobin Test be Performed atleast Two Times in Year in Patients with Diabetes that are meeting Treatment Goals (and That have stable glycemic Control) and Quarterly in Patients with Diabetes whos therapy has changed or that are not meeting Glycemic Goals.

Glycosylated Hemoglobin measurement is not appropriate where there has been change in diet or Treatment within 6 Weeks. Hence people with recent Blood Loss, Hemolytic Aneamia, or Genetic Differences in the Hemoglobin Molecule (Hemoglobinopathy) such as Sickle-cell Disease and other Conditions, as well as those that have donated Blood recently, are not suitable for this Test.

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist

Mamta Khuteta

Dr. Mamta Khuteta
M.D.(Path.)
RMC No. 4770/16258



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RAJASTHANI DIAGNOSTIC & MRI CENTRE



FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CT SCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY



NABL CERTIFICATE NO.
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BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
 Glucose Fasting (Method: GOD-POD)	92.0	mg/dL	Glucose Fasting Cord: 45-96 New born, 1d: 40-80 New born, >1d: 50-80 Child: 80-100 Adult: 74-100 >60 Y: 82-115 >90 Y: 75-121
 Blood Sugar PP (Method: GOD-POD)	105.0	mg/dL	Glucose 2 h Postprandial: <120
BUN (Blood Urea Nitrogen)	17.0	mg/dL	7.0-18.0

Ashish Sethi
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Consultant Biochemist

Mamta Khurata
Dr. Mamta Khurata
M.D.(Path)
RMC No. 472/10000



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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977



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LIPID PROFILE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
 Cholesterol (Method: CHOD-PAP)	159.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol	50.00	mg/dL	35-88
 Triglycerides (Method: GPO)	107.00	mg/dL	Recommended triglycerides levels for adults: Normal: <161 High: 161-199 Hypertriglyceridemic: 200-499 Very high: >499
LDL Cholesterol	87.60	mg/dL	0-100
VLDL Cholesterol	21.40	mg/dL	0-35
TC/HDL Cholesterol Ratio	3.18	Ratio	2.5-5
LDL/HDL Ratio	1.75	Ratio	1.5-3.5

Ashish Sethi
Dr. Ashish Sethi
Consultant Biochemist



Mamta Khurda
Dr. Mamta Khurda
M.D.(Path)
RMC No. 4720/1925



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BIO-CHEMISTRY KIDNEY FUNCTION TEST

Test Name	Observed Values	Units	Reference Intervals
 Blood Urea (Method : Urease-GLDH)	33.0	mg/dL	Adults Women < 50 years : 13-40 Women > 50 years : 21-43 Men < 50 years : 19-45 Men > 50 years : 18-55 Children 1-3 years : 11-36 4-13 years : 15-36 13-19 years : 18-45
 Creatinine (Method : Enzymatic Creatinase)	0.91	mg/dL	0.6-1.30
Calcium	9.80	mg/dL	8.5-11
 Uric Acid (Method : Uricase-POD)	5.60	mg/dL	2.4-7.2

Test Name	Observed Values	Units	Reference Intervals
Gamma glutamyl transferase (GGT)	26.0	IU/L	15.0-85.0

Ashish Sethi
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Consultant Biochemist

Manita Khuteta
Dr. Manita Khuteta
M.D.(Path)
RMC No. 4728/1998



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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977



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BIO-CHEMISTRY Liver Function Test

Test Name	Observed Values	Units	Reference Intervals
SGOT/AST(Tech.: -UV Kinetic)	H 51.0	U/L	5-40
SGPT/ALT(Tech.: -UV Kinetic)	H 57.0	U/L	5-40
 Bilirubin(Total) (Method: Diazo)	1.48	mg/dL	Adults: 0-2, Cord < 2 Newborns, premature 0-1 day : 1-8, 1-2 days : 6-12, 3-5 days : 10-14 Newborns, full term 0-1 day: 2-6, 1-2 days : 6-10, 3-5 days : 4-8
Bilirubin(Direct)	0.27	mg/dL	0-0.3
Bilirubin(Indirect)	H 1.21	mg/dL	0.1-1.0
 Total Protein (Method: BIURET Method)	6.98	g/dL	Adults : 6.4 - 8.3 Premature : 3.6 - 6.0 Newborn : 4.6 - 7.0 1 Week : 4.4 - 7.6 7-12 months : 5.1 - 7.3 1-2 Years : 5.6 - 7.5 > 2 Years : 6.0 - 8.0
 Albumin (Method: BCG)	3.84	g/dl	Serum 0-4 days: 2.8-4.4 g/dl 4d-14yrs: 3.8-5.4 g/dl 14y-18y : 3.2-4.5 g/dl Adults 20-80 yrs: 3.5-5.2 g/dl 60-90 yrs: 3.2-4.6 g/dl
Globulin(CALCULATION)	3.14	gm/dL	2.5-4.5
A/G Ratio(Tech.: -Calculated)	1.22		1.2 - 2.5
Alkaline Phosphatase(Tech.: -Pnp Amp Kinetic)	228.0	U/L	108-306

Ashish Sethi
Dr. Ashish Sethi
Consultant Biochemist



Mamta Khuteta
Dr. Mamta Khuteta
M.D.(Path.)
RMC No. 4720/1800



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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977



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URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL			
Quantity	15	ml	
Colour	Pale Yellow		
Appearance / Transparency	Clear		
Specific Gravity	1.020		
PH	6.00		4.5-6.5
CHEMICAL			
Reaction	Acidic		
 Albumin	TRACE		
Urine Sugar	Nil		
MICROSCOPIC			
Red Blood Cells	Nil	/h.p.f.	
Pus Cells	4-6	/h.p.f.	
Epithelial Cells	3-5	/h.p.f.	
Crystals	Nil	/h.p.f.	
Casts	Nil	/h.p.f.	
Bactria	Nil	/h.p.f.	
Others	Nil	/h.p.f.	
Test Name	Observed Values	Units	Reference Intervals
URINE SUGAR FASTING	Nil		
URINE SUGAR PP	Nil		

<<< END OF REPORT >>>

>>> Results relate only to the sample as received. Kindly correlate with clinical condition. <<<

Note: This report is not valid for medico legal purposes.

Ashish Sethi

Dr. Ashish Sethi
Consultant Biochemist



Mamta Khuteta

Dr. Mamta Khuteta
M.D.(Path.)
RMC No. 4720



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B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977



10571 (BOBE2764) / ANIL KUMAR / 32 Yrs / M / 162 Cms / 65 Kg Date: 23-Dec-2023 Technician : MANOJ KUMAR Examined By:

Stage	Time	Duration	Beet Speed (mph)	Elevation	METs	Rate	% THR Achieved	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	088	47%	—/—	000	00	
Standing	01:06	1:00	00.0	00.0	01.0	074	39%	122/80	090	00	
HV	02:07	1:01	00.0	00.0	01.0	082	44%	122/80	100	00	
Warm Up	03:06	1:00	00.0	00.0	01.0	081	43%	122/80	098	00	
ExStart	04:06	1:00	01.0	00.0	01.0	093	49%	124/82	115	00	
BRUCE Stage 1	07:06	3:00	01.7	10.0	04.7	118	63%	126/84	148	00	
BRUCE Stage 2	10:06	3:00	02.5	12.0	07.1	147	78%	130/86	191	00	
BRUCE Stage 3	13:06	3:00	03.4	14.0	10.2	181	96%	136/90	246	00	
PeakEx	13:09	3:00	03.4	14.0	10.3	181	96%	136/90	246	00	
Recovery	13:38	0:29	01.1	00.0	07.3	169	90%	136/90	229	00	
Recovery	14:08	1:00	01.1	00.0	04.3	158	84%	140/92	221	00	
Recovery	15:08	2:00	00.0	00.0	01.0	137	73%	138/90	189	00	
Recovery	16:08	3:00	00.0	00.0	01.0	132	70%	134/84	176	00	
Recovery	16:18	3:09	00.0	00.0	01.0	127	68%	134/84	170	00	

Findings :

- Exercise Time : 09:03
- Max HR Attained : 181 bpm 96% of Target 188
- Max BP Attained : (Sys) 140/92
- Max Workload Attained : 10.3 Good response to induced stress
- Max ST Dep Lead & Value : V1 & -1.3 mm in Recovery mm
- Test Objective : BOB HEALTH CHECK UP
- History : No
- Test End Reasons : Test Complete, Heart Rate Achieved

Report :

Test is Negative for Isms

(0202714155442)@pqa.com

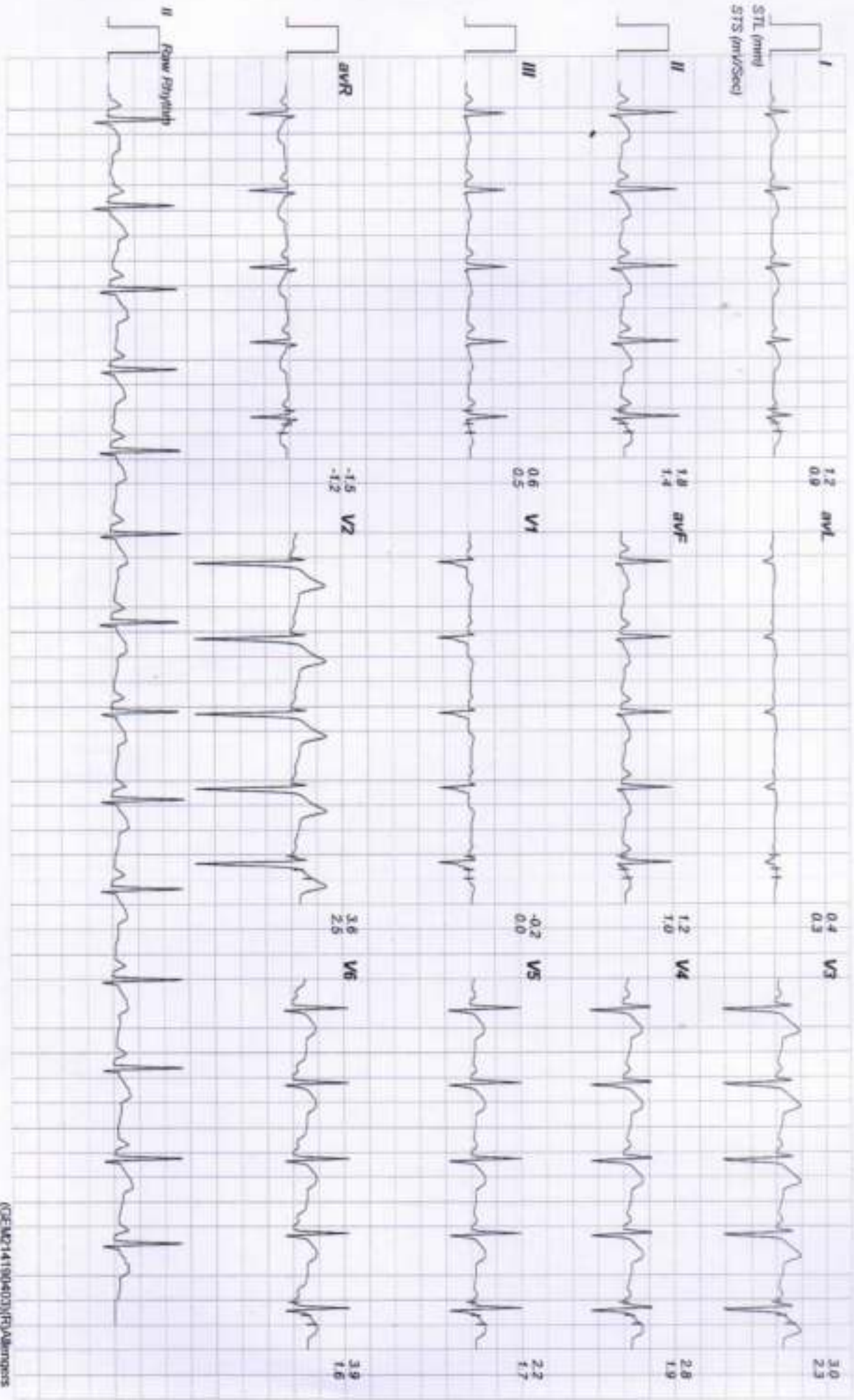
Medical Diagnostic & Medical Research Centre
 Dr. Jyoti Bhat
 Doctor : RDMRC

10571 / ANIL KUMAR / 32 Yrs / Male / 162 Cm / 65 Kg

Date: 23 - 12 - 2023 04:05:15 PM METs: 01:00 HR: 88 Target HR: 40% of 188 BP: 0/0 Pwd J @80mmSec ExTime: 00:11 0.0 mgh Grade: 00:00 % 25 mmvSec 1.0 Cm/mv

Linked Medians Report

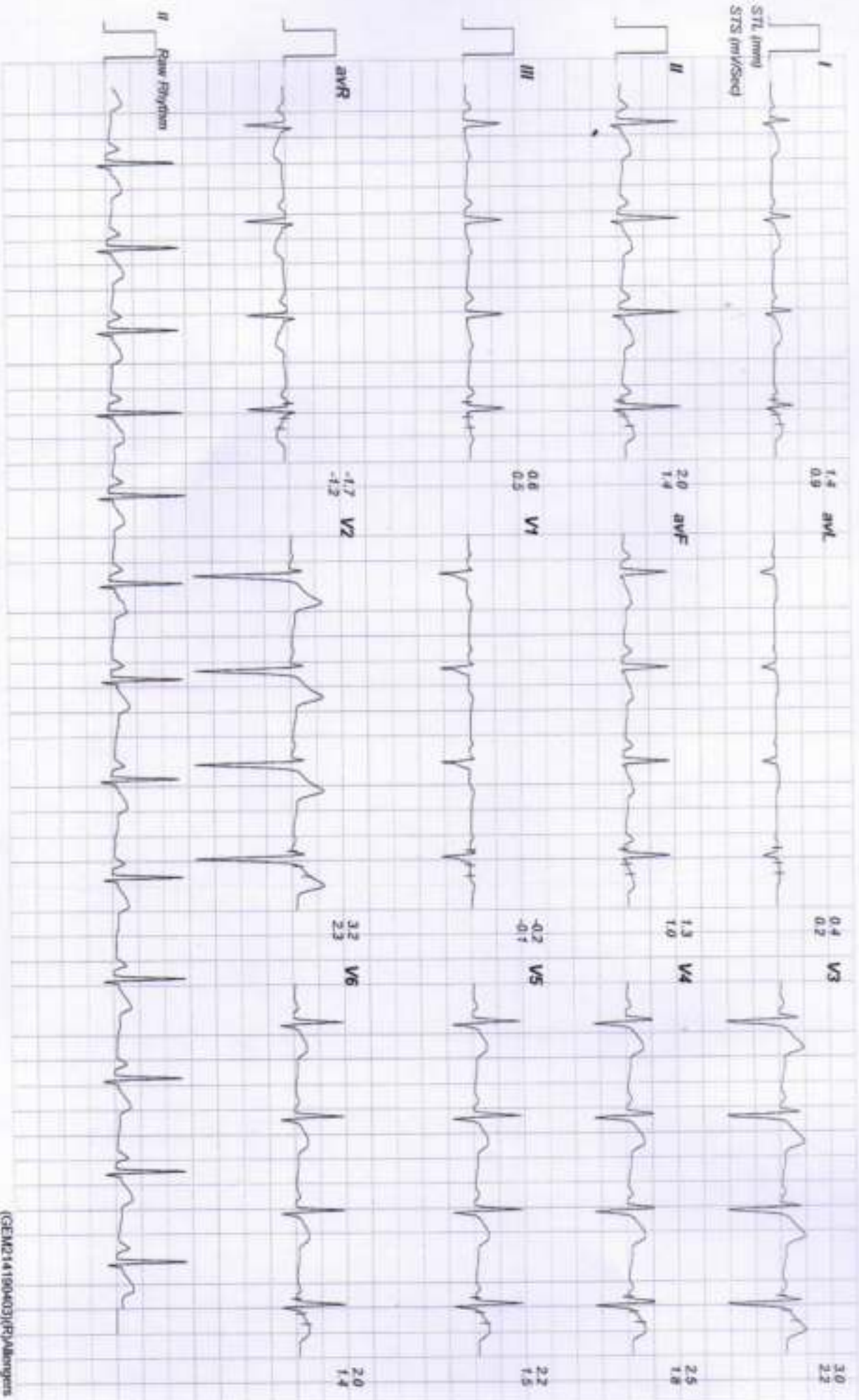
Supine



10571 / ANIL KUMAR / 32 Yrs / Male / 162 Cm / 65 Kg

Date: 23 - 12 - 2023 04:05:15 PM METN : 01:00 HR : 74 Target HR : 30% of 168 BP : 122/80 Post / @80m/Sec ExtTime : 01:05 0.0 mph Grade : 00:00 % 25 mm/Sec 1.0 Cm/mV

Linked Medians Report



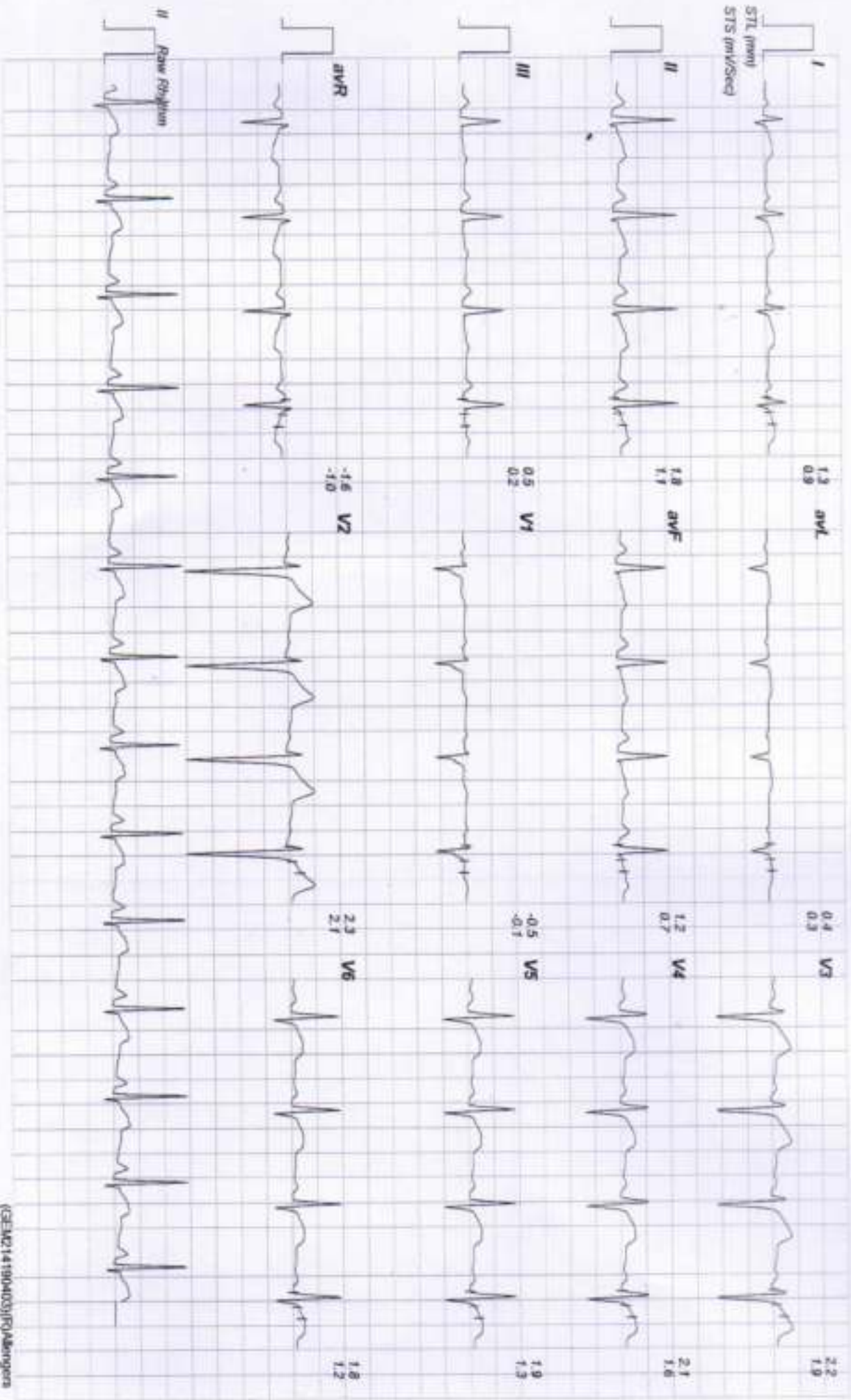
(GEM214190403)RPAAllergens

10571 / ANIL KUMAR / 32 Yrs / Male / 162 Cm / 65 Kg

Date: 23 - 12 - 2023 04:06:15 PM METs : 01.00 HR : 82 Target HR : 47% of 188 BP : 122/80 Post / @sinSec Extra: 02:06 0.0 mph Grade : 00.00 % 25 mmSec 1.0 Cm/mV

Linked Medians Report

HV



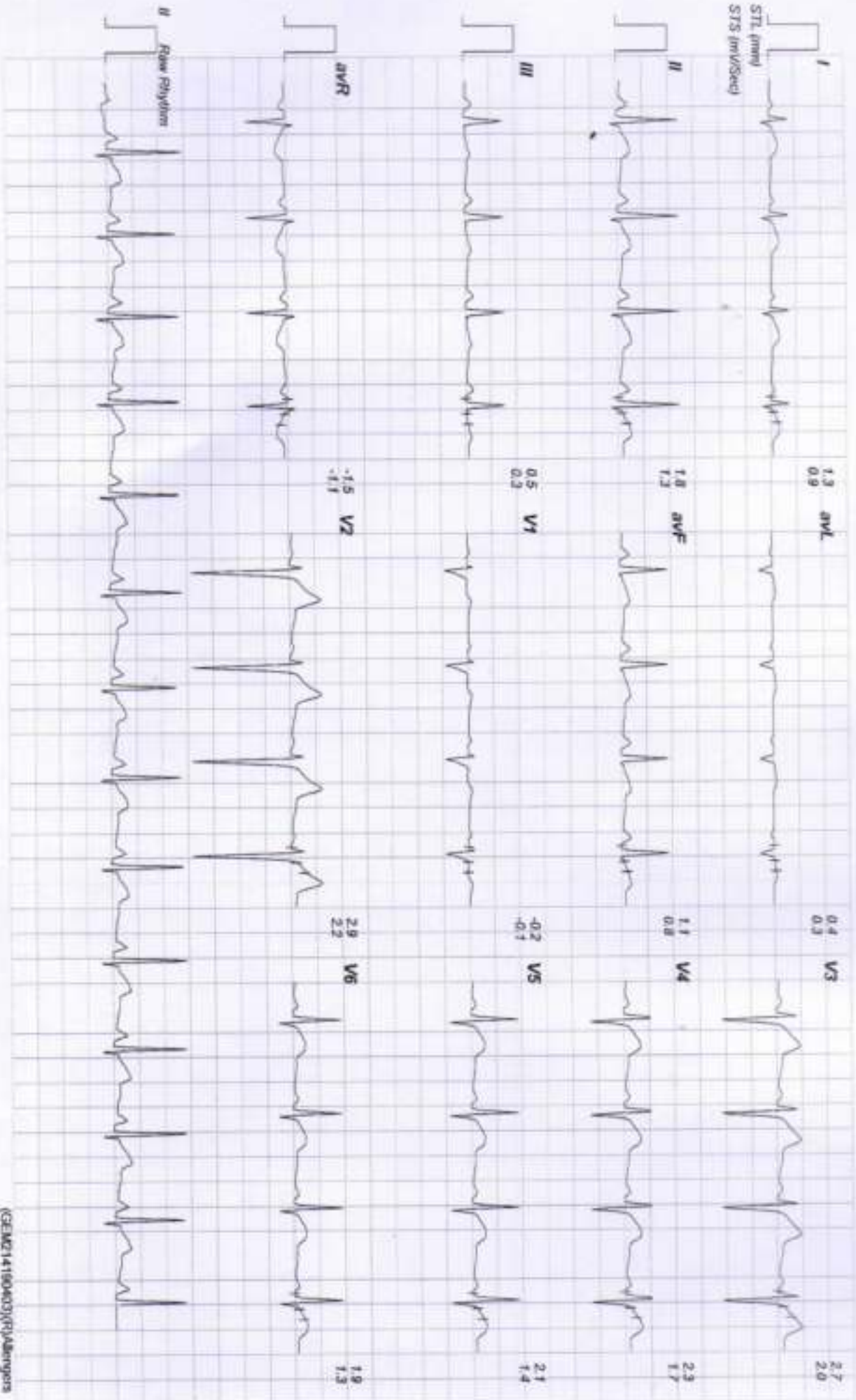
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10571 / ANIL KUMAR / 32 Yrs / Male / 162 Cm / 65 Kg

Date: 23 - 12 - 2023 04:05:15 PM METs: 01:00 HR: 81 Target HR: 43% of 188 BP: 122/80 Pwd: J @80mSec ExTime: 03:05 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV

Linked Medians Report

Warm Up



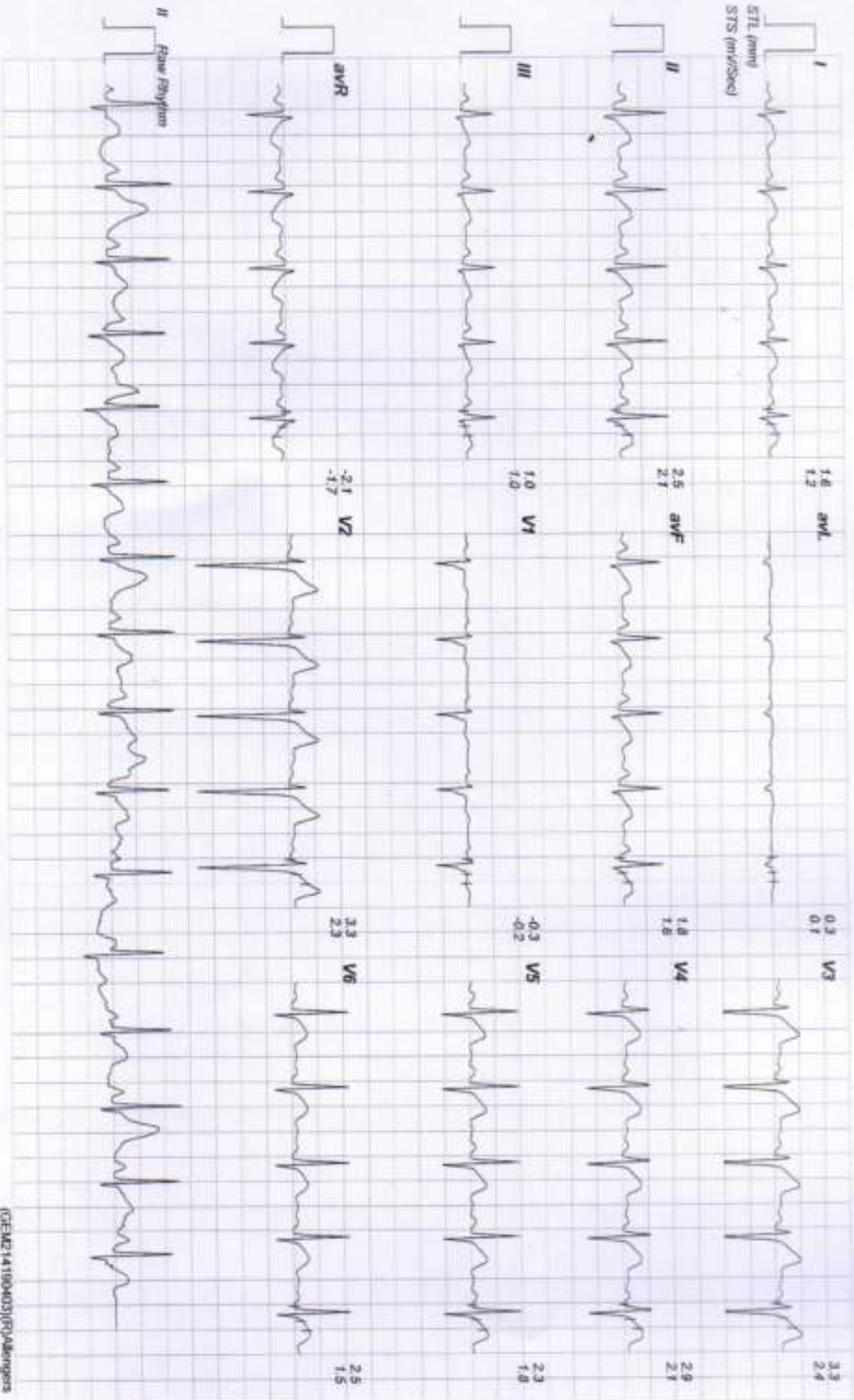
(3E)MC141904037(R)Jalanga

10571 / ANIL KUMAR / 32 Yrs / Male / 162 Cm / 65 Kg

Date: 23 - 12 - 2023 04:05:15 PM METs: 01.00 HR: 93 Target HR: 49% of 168 BP: 124/82 Pwd J @60mSec ExtTime: 00:00 1.0 mps Grade: 00:00 % 25 mmvSec 1.0 Cm/mv

Linked Medians Report

ExStart



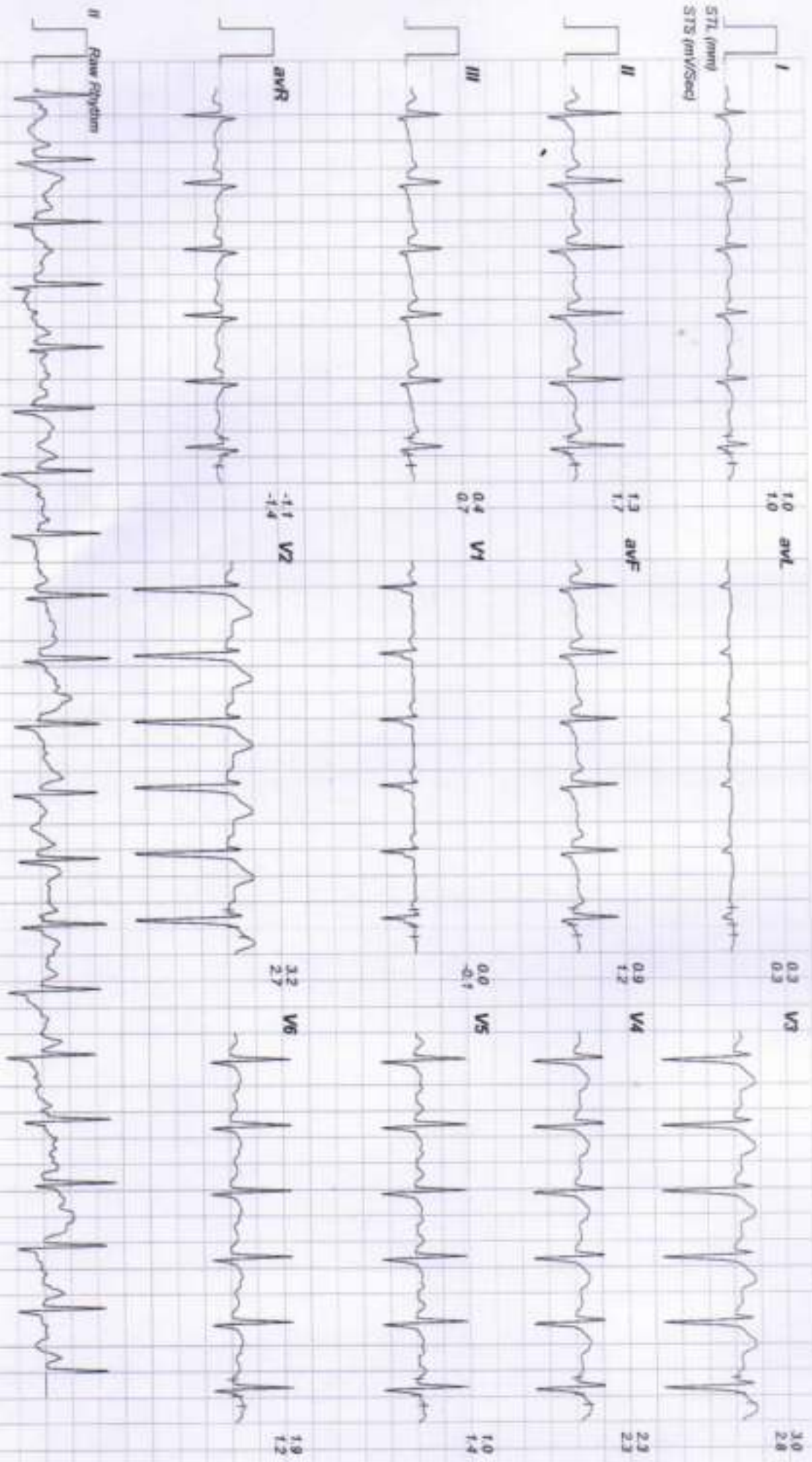
(GEMR 14190403)RJA/Amgpr3

10571 / ANIL KUMAR / 32 Yrs / Male / 162 Cm / 65 Kg

Date: 23 - 12 - 2023 04:05:15 PM METs : 04.70 HR : 116 Target HR : 62% of 166 BP : 126/84 Post J @ 80m/Sec Ext Time : 03:00 1.7 mph Grade : 10.00 % 25 mm/Sec 1.0 Cm/mV

Linked Medians Report

BRUCE: Stage 1(3:00)

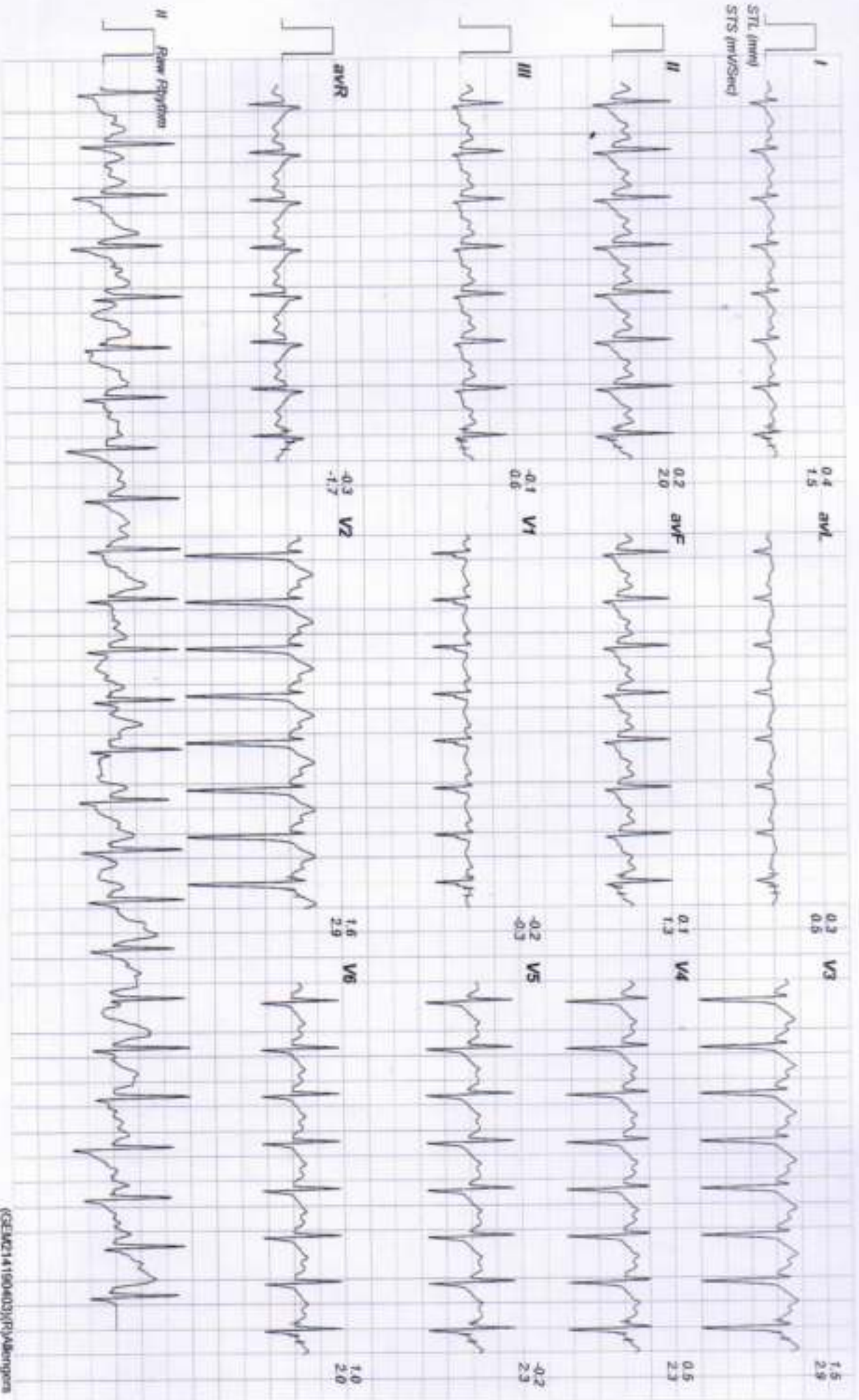


10571 / ANIL KUMAR / 32 Yrs / Male / 162 Cm / 65 Kg

Date: 23 - 12 - 2023 04:05:15 PM METs : 07.10 HR : 147 Target HR : 70% of 198 BP : 130/86 Post J @60mSec Ex Time : 06:00 2.5 mph Grade : 12.00 % 25 mvs/Sec 1.0 Cal/hrv

Linked Medians Report

BRUCE Stage 2(3:00)

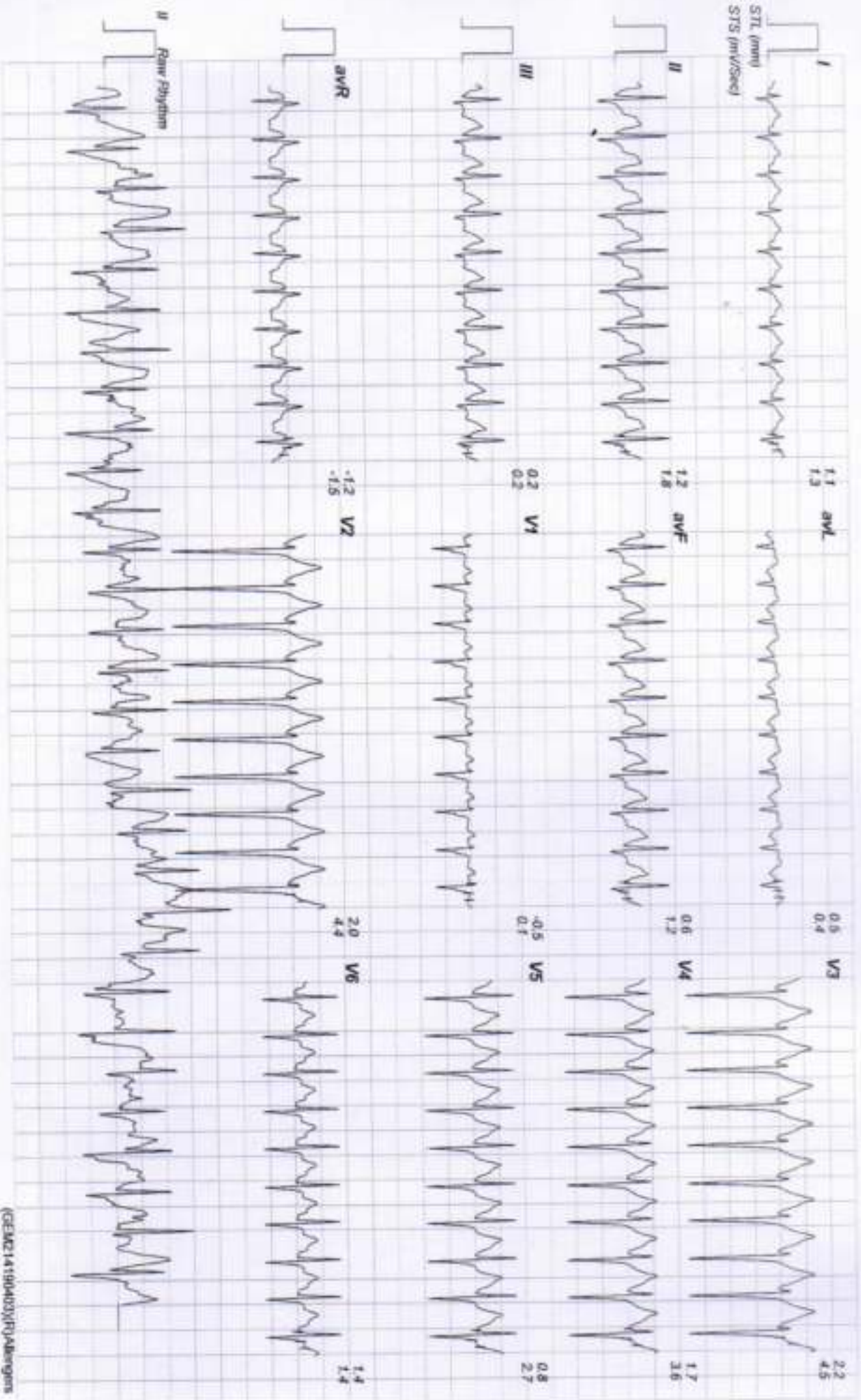


(CEMCA141504E03)RJAAbengara

10571 / ANIL KUMAR / 32 Yrs / Male / 162 Cm / 65 Kg

Date: 23 - 12 - 2023 04:05:15 PM METS : 10.20 HR : 181 Target HR : 96% of 180 BP : 136/90 Pwd J @60ms/Sec Ex Time : 09:00 3.4 mph Grade : 14.00 % 25 mm/Sec 1.0 Cm/mV

Linked Medians Report BRUCE Stage 3(3.00)



10571 / ANIL KUMAR / 32 Yrs / Male / 162 Cm / 65 Kg

Date: 23 - 12 - 2023 04:05:15 PM METs : 10.30 HR : 181 Target HR : 96% of 188 BP : 136/90 Post / @60mSec ExTime : 09:00 3.4 mph Grade : 14.00 % 25 mm/Sec 1.0 Cm/mV

Linked Medians Report

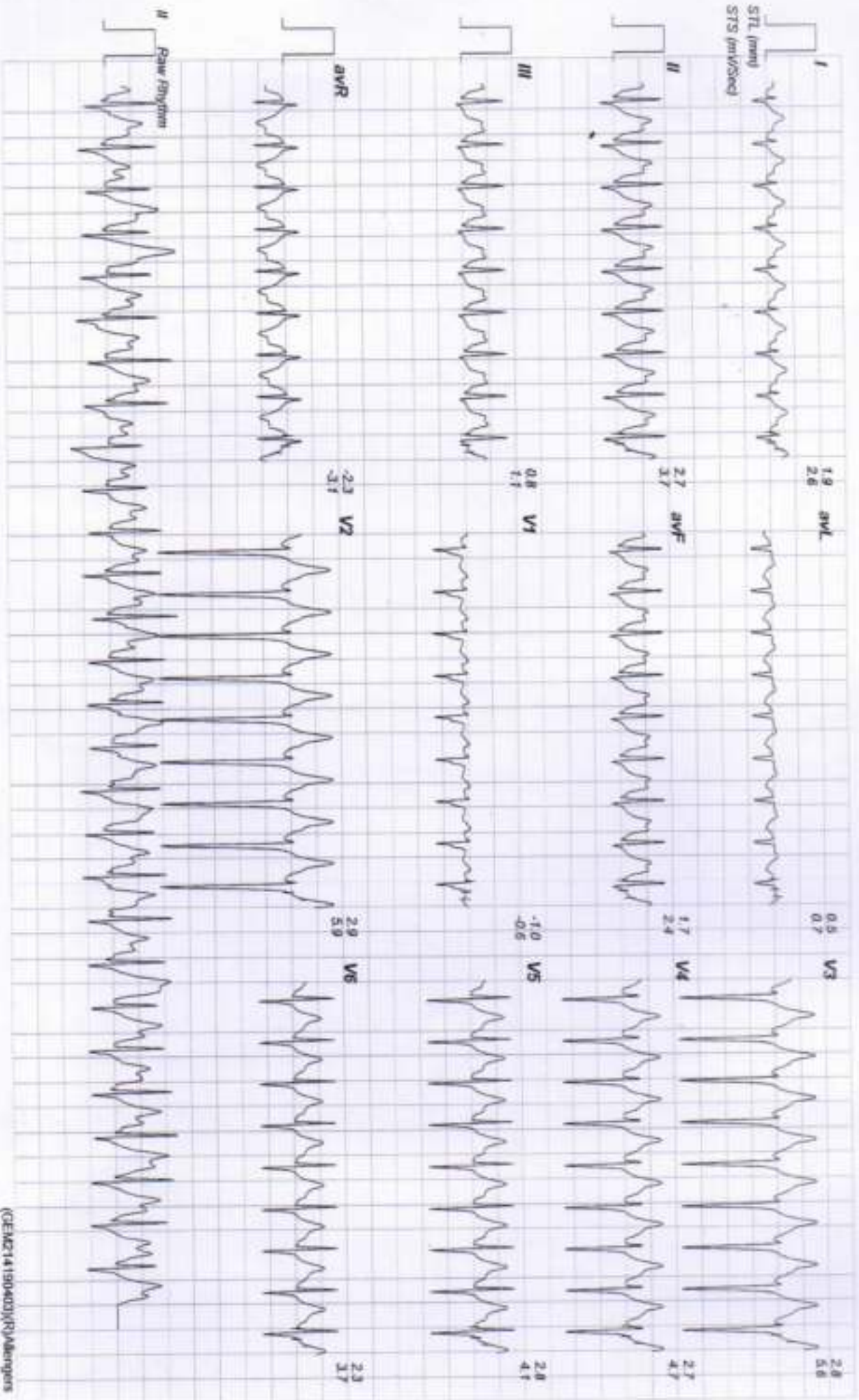


10571 / ANIL KUMAR / 32 Yrs / Male / 162 Cm / 65 Kg

Date: 23 - 12 - 2023 04:06:19 PM METS : 07.30 HR : 169 Target HR : 85% of 168 BP : 135/90 Pnd J @60mSec ExTime : 09:03 1.1 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV

Linked Medians Report

Recovery(0'29)



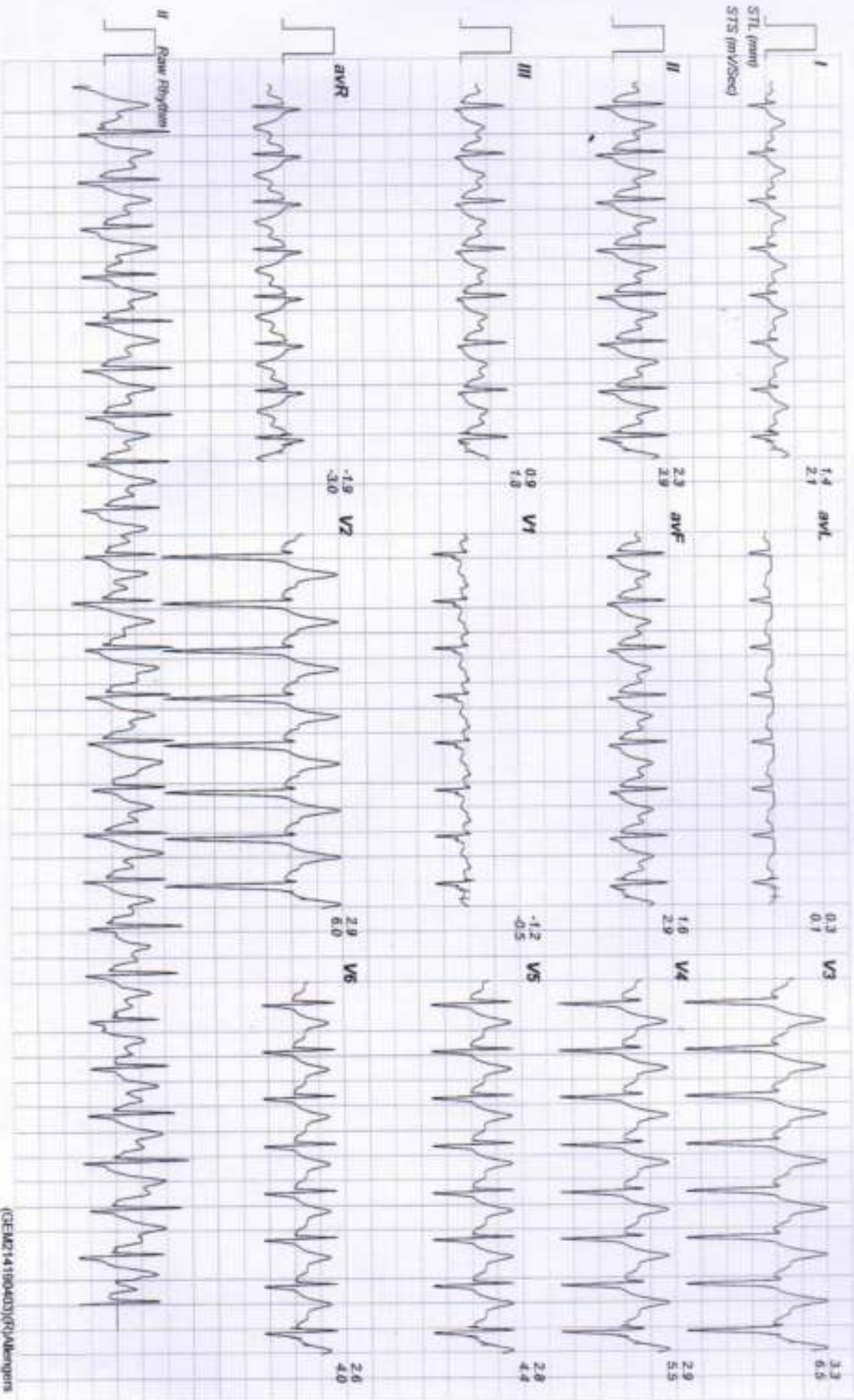
(GEAR14190403)RJA/Anupras

10571 / ANIL KUMAR / 32 Yrs / Male / 162 Cm / 65 Kg

Date: 23 - 12 - 2023 04:05:15 PM METs: 04.30 HR: 158 Target HR: 84% of 188 BP: 140/92 Post J @60mSec ExtTime: 09:03 1.1 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV

Linked Medians Report

Recovery(1:00)

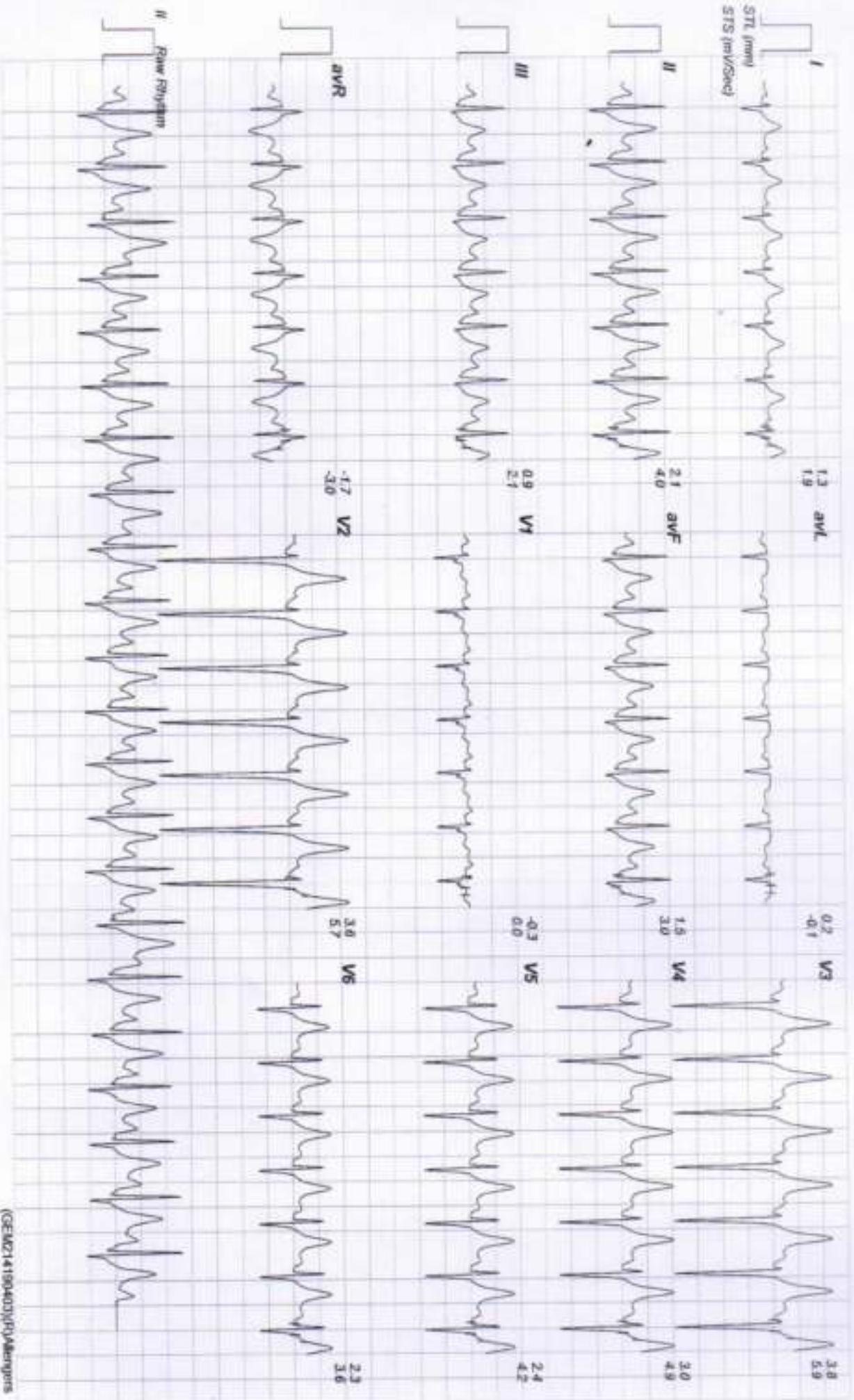


(GEAR:1415040D)(RJA)AnilKumar

10571 / ANIL KUMAR / 32 Yrs / Male / 162 Cm / 65 Kg

Date: 23 - 12 - 2023 04:05:15 PM METs : 01.00 HR : 137 Target HR : 72% of 198 Bp : 136/90 Post J @60mSec EXTme : 09:03 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV

Linked Medians Report Recovery(2:00)



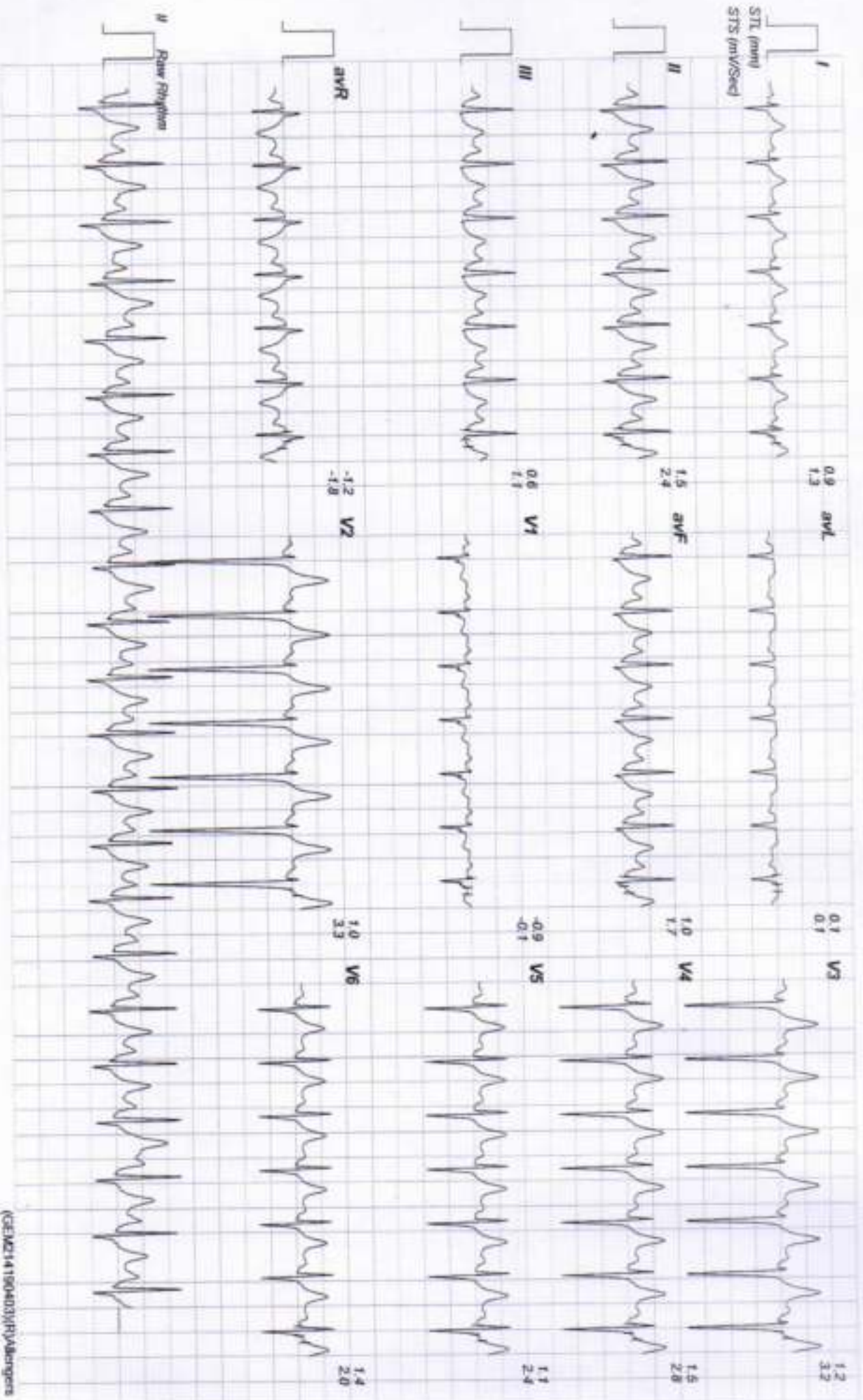
(GEAR14190403)RJAlemgms

10571 / ANIL KUMAR / 32 Yrs / Male / 162 Cm / 65 Kg

Date: 23 - 12 - 2023 04:05:15 PM METS : 01:00 HR: 127 Target HR: 67% of 180 BP: 134/84 Post J @6mSec ExTime: 09:03 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 CalibV

Linked Medians Report

Recovery(3.09)





RAJASTHANI DIAGNOSTIC & MRI CENTRE




FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MG-5346

Name :- **Mr. ANIL KUMAR**
Sex / Age :- Male 32 Yrs
Doctor :-
Client Name :- **BOB MEDICAL HEALTH CHECK UP**
Sample Type :- Serum

Patient ID / CCL No :-102344736
Sample Collected :- 24/12/2023 15:36:0
Sample Received on:24/12/2023 15:37:1
Report Released on: 24/12/2023 16:50:3
Barcode 

TEST NAME **VALUE** **UNIT** **REFERENCE RANGE**

TEST NAME	VALUE	UNIT	REFERENCE RANGE
T3 (TOTAL TRIIODOTHYRONINE) (Tech.- Chemiluminescence Immunoassay)	136.00	ng/dl	100 - 740 : 0-30 Days 105 - 207 : 1-12 Yrs. 86 - 192 : 13-20 Yrs. 70 - 204 : Adults
T4 (TOTAL THYROXINE) (Tech.- Chemiluminescence Immunoassay)	8.88	ug/dl	11.80 - 22.60 < 1 Week 9.80 - 16.60 1-4 Wks. 5.50 - 12.10 : 2-12 Yrs. 5.50 - 11.10 : 13-20 Yrs. 4.60 - 12.50 Adults
TSH. (Ultra Sensitive) (Tech.- Chemiluminescence Immunoassay)	1.48	uIU/ml	0.52 - 16.00 : 1-30 Days 0.46 - 8.10 : 1 mo - 5 Yrs. 0.35 - 5.50 : Adults

INTERPRETATION

1. Remark - Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc.
2. Remark - Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values. 3. Total T3 may decrease by <25 percent in healthy older individuals.
3. Remark - TSH values may be transiently altered because of non-thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc 2. Drugs that decrease TSH values e.g. L-dopa, Glucocorticoids Drugs that increase TSH values e.g. Iodine, Lithium, and Amiodaron. Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism, Primary hypothyroidism, in which there is a raised TSH and a low T4 and low T3. This is due to failure of the thyroid gland, possibly due to autoantibody disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate TSH produced from the pituitary and so one tends to see low or normal TSHs, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary- adrenal axis. The third type of under-functioning is due to poor conversion of T4 to T3. This requires enzymes and co-factors, in particular selenium, zinc and iron. In this condition there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of T3. This requires micronutrients and also T3 to correct.



Collected Samples Received

Technologist

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE

M.D.S. (Path.)

MD. (Path.)

DR. ASHISH SETHI
Consultant Biochemist



B-110, Indra Nagar, Jhunjhunu (Raj.) Ph. No. 01592-294977



RAJSTHANI DIAGNOSTIC & MRI CENTRE




FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI CT SCAN TMT SONOGRAPHY X-RAY ECG MAMOGRAPHY

NABL CERTIFICATE NO.
MC-5346

Name :- **Mr. ANIL KUMAR**
Sex / Age :- Male 32 Yrs
Doctor :-
Client Name :- **BOB MEDICAL HEALTH CHECK UP**
Sample Type :- Serum

Patient ID / CCL No :-102344736
Sample Collected :- 24/12/2023 15:36:0
Sample Received on: 24/12/2023 15:37:1
Report Released on: 24/12/2023 16:50:3
Barcode 

PSA TOTAL (PROSTATE SPECIFIC ANTIGEN) 0.74 ng/ml
NORMAL 0 - 4.00
Borderline 4.00 - 10.00
High > 10.00

Test Performed by:-
Fully Automated Chemi Luminescent Immuno Assay (ARCHITECT-i1000 PLUS) Abbott USA

SUMMARY:-

PSA is localized in the cytoplasm of prostatic ductal epithelium and in secretions of the ductal lumina. Because PSA is a secretory protein of the prostate, it can be recovered and purified both from prostatic tissue and from seminal plasma. PSA has been found to be primarily associated with prostate tissue, and elevated serum PSA has been found in patients with prostate cancer, benign prostatic hypertrophy, and inflammatory conditions. Serum PSA alone is not suitable as a screen for prostate cancer because elevated PSA concentrations are also observed in patients with benign prostatic hypertrophy (BPH), nor is it recommended as a guide in disease staging. The combination of PSA measurement and rectal examination with ultrasonography in the event of abnormal findings may provide a better method of detecting prostate cancer than rectal examination alone. PSA determinations can be useful in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.

- End of Report -



Sample Received

Technologist

THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE


M.D.S., (Path.)

MD. (Path.)

DR. ASHISH SETHI
Consultant Biochemist





 **GPS Map Camera**

Jhunjhunu, Rajasthan, India

499P+88Q, Subhash Marg, Pratap Nagar, Indra Nagar,
Jhunjhunu, Rajasthan 333001, India

Lat 28.118376°

Long 75.385808°

23/12/23 11:21 AM GMT +05:30

