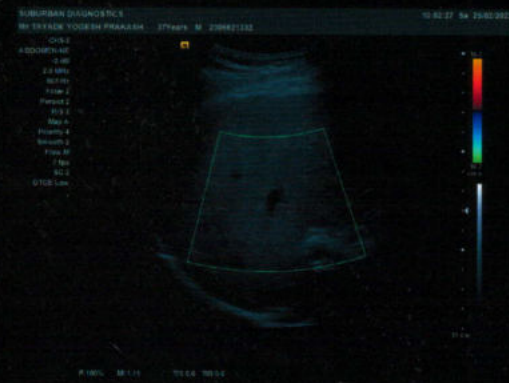


SUBURBAN DIAGNOSTIC CENTRE

Name : Mr TAYADE YOGESH PRAKASH 037Y / M

25 Feb 2023 Study : EM



Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | Stress Test/TMT | 2D Echo | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

Date:- 25/2/23
Name:- Tarade Prakash

CID:
Sex / Age: 37 M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

↓ N2L
— MA

3 corrected c spec

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N-6	—	—	—	N-6

Colour Vision: Normal / Abnormal →

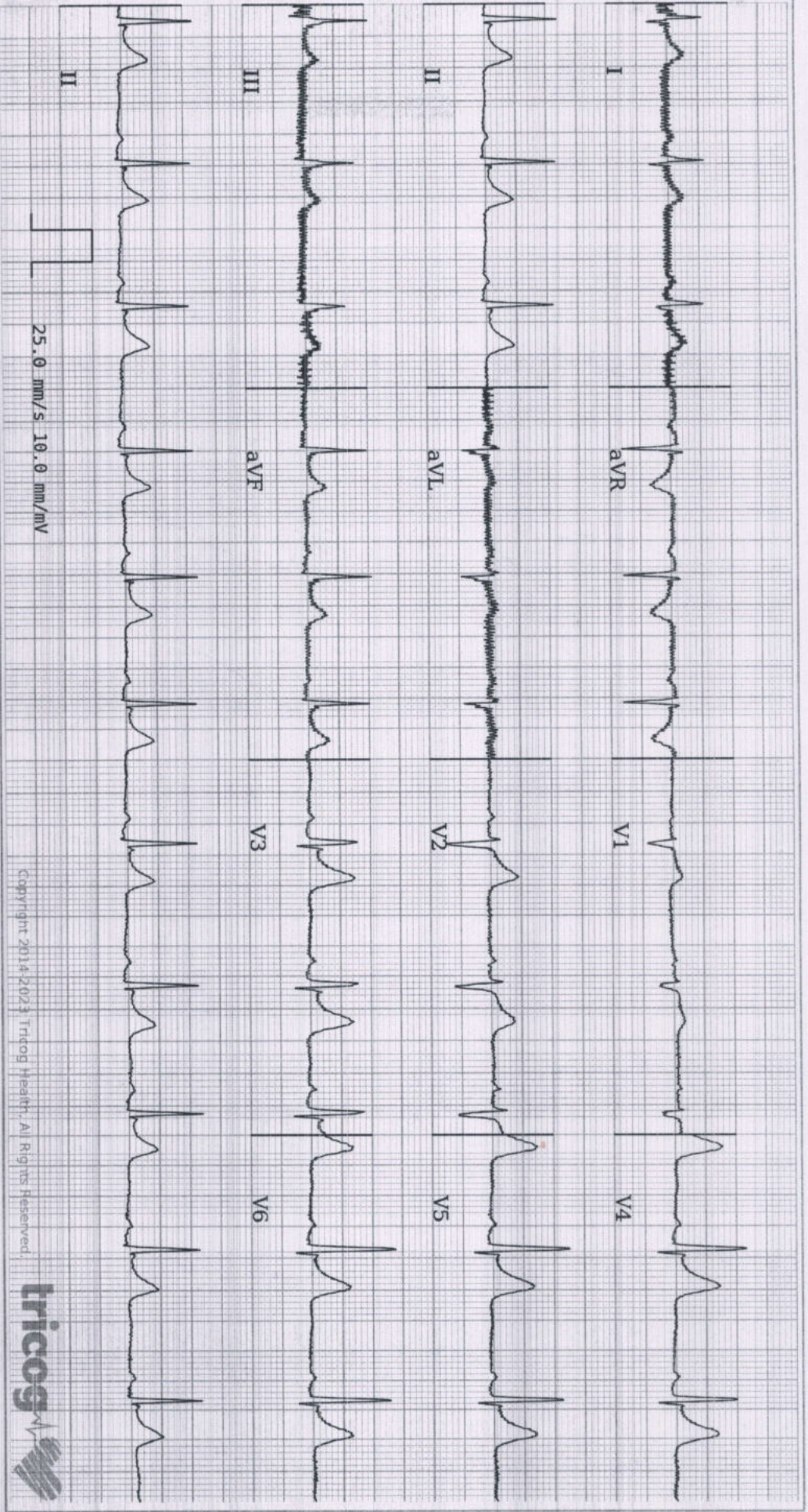
Remark: N2L



Dr. KRUTIKA INGLE

MBBS, D.DM, PG in Diabetology (USA)
MMC Regd - 2012 103018

SUBURBAN DIAGNOSTICS - PIMPLE SAUDAGAR, PUNE
 Patient Name: TAYADE YOGESH PRAKASH Date and Time: 25th Feb 23 8:45 AM
 Patient ID: 2305621332



Age 37 1 13
 years months day

Gender **Male**

Heart Rate **68bpm**

Patient Vitals

BP: 110/80 mmHg

Weight: 76 kg

Height: 170 cm

Pulse: 86 bpm

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 80ms

QT: 366ms

QTc: 389ms

PR: 148ms

P-R-T: 75° 70° 54°

REPORTED BY

[Signature]

Dr. Krutika Ingole
 MBBS, D.D.M., PG in Diabetology (USA)
 2012103018

ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen, Early repolarization with an ascending ST segment. Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



Tayade Prakash
37/m

PHY2.

25/2/23

History and Complaints:

nil

EXAMINATION FINDINGS:

Height (cms):	170	Weight (kg):	76	BMI
Temp (0c):	Afebrile	Skin:	Normal	} normal
Blood Pressure (mm/hg):	110/80	Nails:	Healthy	
Pulse:	86	Lymph Node:	Not Palpable	

Systems

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: Normal

GI System: Soft non tender No Organomegaly

CNS: Normal

IMPRESSION:

FIT
Grade I Tertiary liver.
↑ T. chol, TG, HDL, LDL.

ADVICE: Diet + Regular exercise.

17 T. cholesterol F, 0 - (1), after dinner
x 60 sec

CHIEF COMPLAINTS:

1)	Hypertension:	} nil
2)	IHD:	
3)	Arrhythmia:	
4)	Diabetes Mellitus :	
5)	Tuberculosis :	
6)	Asthama: 2011. - on inhaler - SOS	
7)	Pulmonary Disease :	
8)	Thyroid/ Endocrine disorders :	

9)	Nervous disorders :	
10)	GI system :	
11)	Genital urinary disorder :	
12)	Rheumatic joint diseases or symptoms :	
13)	Blood disease or disorder :	ML
14)	Cancer/lump growth/cyst :	
15)	Congenital disease :	
16)	Surgeries :	

PERSONAL HISTORY:

1)	Alcohol	ML
2)	Smoking	ML
3)	Diet	Mixed
4)	Medication	ML



Dr. KRUTIKA INGLE
 MBBS, D.DM, PG in Diabetology (USA)
 MMC Regd - 2012 103018



CID : 2305621332
Name : Mr TAYADE YOGESH PRAKASH
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre
Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 10:03

ULTRASOUND ABDOMEN AND PELVIS

Liver- Normal in size (14.5 cm), shape and raised echo pattern. No focal lesion. Intrahepatic biliary and portal radicals appear normal. Visualized portion of CBD appears normal in calibre. Portal vein appears normal.

Gall bladder- partially distended with normal wall thickness. No calculus or mass lesion is visualized. No pericholecystic collection.

Pancreas- Head and body are visualized and appear normal in size, shape and echo pattern. No focal lesion seen. No peripancreatic collection noted.

Spleen - Appears normal in size (9.5cm), shape & echo pattern. No focal lesion seen.

Kidneys- Right kidney -9.3 x 4.0cm, Left kidney -9.9 x 4.1cm, **both kidneys appear normal in size, shape, position & echo pattern with maintained corticomedullary differentiation.** No hydronephrosis, hydroureter or calculus noted.

Urinary bladder- Is partially distended & shows normal wall thickness. No calculus or mass lesion is noted.

Prostate - appears normal (Vol-14cc) in size, shape and echo-pattern for age. No focal lesion .

No free fluid in abdomen and pelvis. Visualized bowel loops are well distended appear grossly normal and show normal peristalsis. No evidence of enlarged lymph nodes.

IMPRESSION:

Grade I fatty liver

No significant abnormality detected.

Advice - Clinical correlation and further evaluation if clinically indicated.

-----End of Report-----

This report is prepared and physically checked by Dr. Divya Chaudhary before dispatch.

Dr. Divya Chaudhary
MBBS, M.D. RADIODIAGNOSIS,
DNB, RADIOLOGIST
MMC Reg - 2016/01/0064

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022508230541>



Use a QR Code Scanner
Application To Scan the Code

CID : 2305621332
Name : MR. TAYADE YOGESH PRAKASH
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 25-Feb-2023 / 08:27
Reported : 25-Feb-2023 / 13:03

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	16.8	13.0-17.0 g/dL	Spectrophotometric
RBC	6.56	4.5-5.5 mil/cmm	Elect. Impedance
PCV	54.2	40-50 %	Measured
MCV	83	80-100 fl	Calculated
MCH	25.6	27-32 pg	Calculated
MCHC	30.9	31.5-34.5 g/dL	Calculated
RDW	12.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8000	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.9	20-40 %	
Absolute Lymphocytes	2632.0	1000-3000 /cmm	Calculated
Monocytes	6.5	2-10 %	
Absolute Monocytes	520.0	200-1000 /cmm	Calculated
Neutrophils	56.1	40-80 %	
Absolute Neutrophils	4488.0	2000-7000 /cmm	Calculated
Eosinophils	3.8	1-6 %	
Absolute Eosinophils	304.0	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	56.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	369000	150000-400000 /cmm	Elect. Impedance
MPV	9.4	6-11 fl	Calculated
PDW	16.6	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



CID : 2305621332
Name : MR.TAYADE YOGESH PRAKASH
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 25-Feb-2023 / 08:27
Reported : 25-Feb-2023 / 17:38

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	82.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	108.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.64	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.48	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	17.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	29.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	26.1	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	70.4	40-130 U/L	Colorimetric
BLOOD UREA, Serum	15.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.3	6-20 mg/dl	Calculated
CREATININE, Serum	1.01	0.67-1.17 mg/dl	Enzymatic



Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

R
E
P
O
R
T

CID : 2305621332
Name : MR.TAYADE YOGESH PRAKASH
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 25-Feb-2023 / 12:38
Reported : 25-Feb-2023 / 18:24

eGFR, Serum	88	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.6	3.5-7.2 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab
*** End Of Report ***



Shamla Kulkarni

Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2305621332
Name : MR.TAYADE YOGESH PRAKASH
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 25-Feb-2023 / 08:27
Reported : 25-Feb-2023 / 16:31

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



Shamla Kulkarni

Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist



CID : 2305621332
Name : MR.TAYADE YOGESH PRAKASH
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 25-Feb-2023 / 12:38
Reported : 25-Feb-2023 / 19:58

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Trace	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Flakes +	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Occasional	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present ++	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



Shamla Kulkarni

Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist



CID : 2305621332
Name : MR.TAYADE YOGESH PRAKASH
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 25-Feb-2023 / 08:27
Reported : 25-Feb-2023 / 17:09

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***



Dr. Shamla Kulkarni

Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist



CID : 2305621332
Name : MR. TAYADE YOGESH PRAKASH
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 25-Feb-2023 / 08:27
Reported : 25-Feb-2023 / 16:31

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

This sample has been tested for Bombay Blood group/Bombay Phenotype/OH Using Anti-H Lectin.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 3 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



MC-2463

Dr. SHAMLA KULKARNI
M.D.(PATH)
Pathologist



CID : 2305621332
Name : MR.TAYADE YOGESH PRAKASH
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 25-Feb-2023 / 08:27
Reported : 25-Feb-2023 / 17:49

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	LIPID PROFILE	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	258.1		Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	201.6		Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	44.7		Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	213.4		Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	196.7		Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
LDL is given by direct measurement method.				
VLDL CHOLESTEROL, Serum	16.7		< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.8		0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.4		0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab
*** End Of Report ***



Dr. Shamla Kulkarni
Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist



CID : 2305621332
Name : MR.TAYADE YOGESH PRAKASH
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 25-Feb-2023 / 08:27
Reported : 25-Feb-2023 / 16:02

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.0	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	13.1	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	1.22	0.35-4.94 microIU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.



CID : 2305621332
Name : MR.TAYADE YOGESH PRAKASH
Age / Gender : 37 Years / Male
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 25-Feb-2023 / 08:27
Reported : 25-Feb-2023 / 16:02

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***



MC-2463

Shamla Kulkarni

Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist

R

Mr TAYADE YOGESH PRAKASH M 037Y 2305621332 CHEST PA 2/25/2023
SUBURBAN DIAGNOSTICS PIMPLE SAUDAGAR