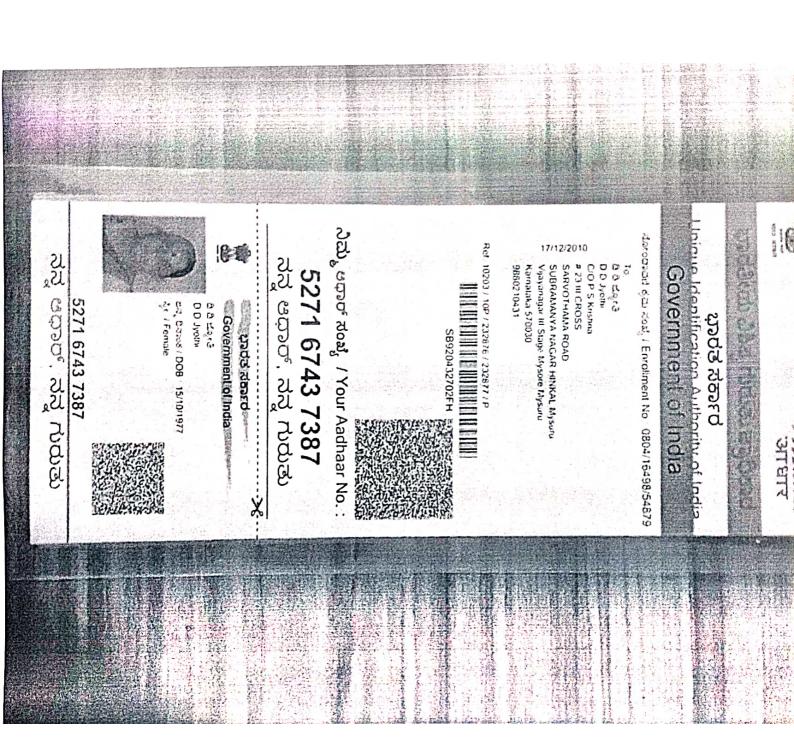




# Informed Consent/Declaration For Test Exclusion

Patient Name: MAS	John D. D Age	e:	464	-
UHID Number:	9749			
Please tick and sign the relative of the sign that I will not be signed as a sign that I will not be signed to the sign that I will not be sign to the sign that I will not be	ilskip LBC pap	Swel Swel Swel Deen informe logy Coneu rician to	Test from my own.  d about the same. + U  eltation + ENT  189 Abdomen	topthal Screenin veine Sample
Patient signature	JE181132B	Date	24/2/20	24_
Witness signature:	D	Date:	24/2/2	1024
		4	ollo Clinic 23, 1st Floor, sa Road, Mysore - 02 : 0821-4006040/41	



# Dear P S KRISHNA,

We have received your booking request for the following health checkup, please upload HRM Latter as soon as posible.

# <u>Upload HRM Letter</u>

**Booking Date** 

: 21-02-2024

**User Package Name** 

: MediWheel Full Body Health Checkup Male 50 To 60 For Self and

**Hospital Package** 

Name

Mediwheel Full Body Standard Plus

Health Check Code

Name of

Diagnostic/Hospital

: Apollo Clinic

Address of

Diagnostic/Hospital- : Apollo Clinic, 23, Kalidasa Road, VV Mohalla, Mysore - 570002

**Appointment Date** 

: 24-02-2024

**Preferred Time** 

: 8:00am

Member Information				
Booked Member Name Age Gender				
P S KRISHNA	54 year	Male		
JYOTHI D	46 year	Female		

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

- Bmi Check
- Thyroid Profile
- **ESR**
- Blood Glucose (Fasting)
- General Physician Consultation
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray

Tests included in

this Package

ECG

- Eye Check-up consultation -
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks, Mediwheel Team Name: Mrs. JYOTHI D D

Age/Gender: 46 Y/F Address: MYSORE

Location: MYSORE, KARNATAKA

Doctor:

Department: GENERAL

Rate Plan: MYSORE\_06042023

Sponsor: ARCOFEMI HEALTHCARE LIMITED

Consulting Doctor: Dr. SABAH JAVED

# HT-CHIEF COMPLAINTS AND PRESENT KNOWN ILLNESS

#### **Chief Complaints**

COMPLAINTS:::: For Corporate Health Checkup,

#### **Present Known Illness**

Diabetes Mellitus: No History of Diabetes Mellitus,

#### SYSTEMIC REVIEW

\*\*Weight

--->: Stable,

Number of kgs: 62.4,

## **HT-HISTORY**

# **Past Medical History**

PAST MEDICAL HISTORY: Nil Significant,

\*\*Cancer: NIL,

# PHYSICAL EXAMINATION

#### PHYSICAL EXAMINATION

Constitutional: Normal,

Eyes: Normal,

ENT: Normal,

Cardiovascular: Normal,

Respiratory: Normal,

Gastrointestinal: Normal,

Genitourinary: Normal,

Musculoskeletal: Normal,

Integumentary: Normal,

Neurological: Normal,

Psychiatric: Normal,

Endocrine: Normal,

MR No: Visit ID: Visit Date: CMYS.0000059744 CMYSOPV122675 24-02-2024 08:18

**SELF** 

Discharge Date:

Referred By:

Hematologic/Lymphatic/Immuno: Normal,

Allergic/Immunologic: Normal,

# SYSTEMIC EXAMINATION

# **IMPRESSION**

# **IMPRESSION**

Finding Category: within normal limits,

# **Ultrasound Radiology**

: NORMAL,

# **ECG**

: NORMAL,

# X-Ray

: NORMAL,

# RECOMMENDATION

# **Fitness Report**

Fitness.: YES,

# DISCLAIMER

Disclaimer: The health checkup examinations and routine investigations have certain limitations and may not be able to detect all the diseases. Any new or persisting symptoms should be brought to the attention of the consulting physician. Additional tests, consultations and follow up may be required in some cases.,

Doctor's Signature





: Mrs.JYOTHI D D

Age/Gender

: 46 Y 4 M 9 D/F

UHID/MR No Visit ID

: CMYS.0000059744 : CMYSOPV122675

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 527167437387

Collected

: 24/Feb/2024 08:26AM

Received

: 24/Feb/2024 10:53AM

Reported

: 24/Feb/2024 11:43AM

Status Sponsor Name : Final Report

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

PERIPHERAL SMEAR, WHOLE BLOOD EDTA

Page 1 of 12



Dr. PAVAN KUMAR M M.B.B.S, M.D (Pathology) Consultant Pathologist

SIN No:BED240047675





Patient Name : Mrs.JYOTHI D D Age/Gender : 46 Y 4 M 9 D/F

UHID/MR No : CMYS.0000059744

Visit ID : CMYSOPV122675 Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 527167437387

Collected : 24/Feb/2024 08:26AM

Received : 24/Feb/2024 10:53AM Reported : 24/Feb/2024 02:19PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

# **DEPARTMENT OF HAEMATOLOGY**

# ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	6	g/dL	12-15	Spectrophotometer
PCV	22.00	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.18	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	53	fL	83-101	Calculated
MCH	14.2	pg	27-32	Calculated
MCHC	27	g/dL	31.5-34.5	Calculated
R.D.W	20.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9,300	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (	DLC)			
NEUTROPHILS	66.7	%	40-80	Electrical Impedance
LYMPHOCYTES	24.7	%	20-40	Electrical Impedance
EOSINOPHILS	4.2	%	1-6	Electrical Impedance
MONOCYTES	4.1	%	2-10	Electrical Impedance
BASOPHILS	0.3	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6203.1	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2297.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	390.6	Cells/cu.mm	20-500	Calculated
MONOCYTES	381.3	Cells/cu.mm	200-1000	Calculated
BASOPHILS	27.9	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.7		0.78- 3.53	Calculated
PLATELET COUNT	423000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	38	mm at the end of 1 hour	0-20	Modified Westergrer
PERIPHERAL SMEAR				

R.B.C: Majority are microcytic hypochromic with normocytic hypochromic RBCs. Also seen are few pencil shaped cells and

Page 2 of 12

Dr. PAVAN KUMAR M M.B.B.S,M D(Pathology) Consultant Pathologist

SIN No:BED240047675





: Mrs.JYOTHI D D

Age/Gender

: 46 Y 4 M 9 D/F

UHID/MR No

: CMYS.0000059744

Visit ID

: CMYSOPV122675

Ref Doctor

: Dr.SELF

Emp/Auth/TPA ID

: 527167437387

Collected

: 24/Feb/2024 08:26AM

Received

: 24/Feb/2024 10:53AM

Reported

: 24/Feb/2024 02:19PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

# **DEPARTMENT OF HAEMATOLOGY**

# ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

normocytic normochromic cells.

W.B.C: Are normal in number with normal morphology and distribution

Platelets: Normal in number and are seen in singles and clumps.

Hemoparasites: Not seen.

IMPRESSION: MICROCYTIC HYPOCHROMIC ANEMIA.

Note: Suggested iron studies.

Result is rechecked. Kindly correlate clinically

Page 3 of 12



SIN No:BED240047675





Patient Name : Mrs.JYOTHI D D Age/Gender

: 46 Y 4 M 9 D/F

UHID/MR No Visit ID

: CMYS.0000059744

Ref Doctor

: CMYSOPV122675 : Dr.SELF

Emp/Auth/TPA ID

: 527167437387

Collected

: 24/Feb/2024 08:26AM

Received

: 24/Feb/2024 10:53AM

Reported

Status

: 24/Feb/2024 02:19PM

Sponsor Name

: Final Report : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF HAEMATOLOGY**

# ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTO	OR , WHOLE BLOOD EDTA	4		
BLOOD GROUP TYPE	В			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

Page 4 of 12



Dr. PAVAN KUMAR M M.B.B.S, M.D (Pathology) Consultant Pathologist

SIN No:BED240047675





 Patient Name
 : Mrs.JYOTHI D D

 Age/Gender
 : 46 Y 4 M 9 D/F

 UHID/MR No
 : CMYS.0000059744

Visit ID : CMYSOPV122675

: Dr.SELF

Emp/Auth/TPA ID : 527167437387

Collected : 24/Feb/2024 08:26AM Received : 24/Feb/2024 12:33PM

Reported : 24/Feb/2024 01:27PM Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

# ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	220	mg/dl	74-106	GOD, POD

#### **Comment:**

Ref Doctor

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

#### Note:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , W	HOLE BLOOD EDTA			
HBA1C, GLYCATED HEMOGLOBIN	9.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	226	mg/dL		Calculated

#### **Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %	
NON DIABETIC	<5.7	
PREDIABETES	5.7 - 6.4	
DIABETES	≥ 6.5	
DIABETICS		
EXCELLENT CONTROL	6 – 7	
FAIR TO GOOD CONTROL	7 – 8	
UNSATISFACTORY CONTROL	8 – 10	

Page 5 of 12



Dr. PAVAN KUMAR M M.B.B.S,M D(Pathology) Consultant Pathologist

SIN No:EDT240021270





Patient Name : Mrs.JYOTHI D D

Age/Gender : 46 Y 4 M 9 D/F

UHID/MR No : CMYS.0000059744

Visit ID : CMYSOPV122675 Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 527167437387 Collected : 24/Feb/2024 08:26AM Received

: 24/Feb/2024 12:33PM

Reported : 24/Feb/2024 01:27PM Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

# ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

POOR CONTROL

>10

Note: Dietary preparation or fasting is not required.

- 1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- 2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- 3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- 4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- 5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control A: HbF >25%
  - B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Page 6 of 12



Dr. PAVAN KUMAR M M.B.B.S, M.D (Pathology) Consultant Pathologist

SIN No:EDT240021270





Patient Name : Mrs.JYOTHI D D

Age/Gender : 46 Y 4 M 9 D/F

UHID/MR No : CMYS.0000059744

Visit ID : CMYSOPV122675

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 527167437387

Collected : 24/Feb/2024 08:26AM

Received : 24/Feb/2024 11:13AM Reported : 24/Feb/2024 12:30PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

# ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	169	mg/dl	0-200	CHOD
TRIGLYCERIDES	163	mg/dl	0-150	GPO, Trinder
HDL CHOLESTEROL	34	mg/dL	40-60	CHOD
NON-HDL CHOLESTEROL	135	mg/dL	<130	Calculated
LDL CHOLESTEROL	101.97	mg/dL	<100	Calculated
VLDL CHOLESTEROL	32.61	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.91		0-4.97	Calculated

#### **Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- 1. Measurements in the same patient on different days can show physiological and analytical variations.
- 2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- **4.** Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.

Page 7 of 12



Dr. PAVAN KUMAR M M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:SE04639511



Ref Doctor



Patient Name : Mrs.JYOTHI D D

Age/Gender : 46 Y 4 M 9 D/F

UHID/MR No : CMYS.0000059744

Visit ID : CMYSOPV122675

: Dr.SELF

Emp/Auth/TPA ID : 527167437387

Collected : 24/Feb/2024 08:26AM

Received : 24/Feb/2024 11:13AM Reported : 24/Feb/2024 12:30PM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

# ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method			
LIVER FUNCTION TEST (LFT) , SERUM							
BILIRUBIN, TOTAL	0.33	mg/dl	0-1.2	NBD			
BILIRUBIN CONJUGATED (DIRECT)	0.12	mg/dl	0-0.2	Diazotized sulfanilic acid			
BILIRUBIN (INDIRECT)	0.21	mg/dL	0.0-1.1	Dual Wavelength			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	12	U/I	0-45	IFCC			
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/I	0-31	IFCC			
ALKALINE PHOSPHATASE	112.00	U/I	42-98	IFCC (AMP buffer)			
PROTEIN, TOTAL	7.20	g/dl	6.4-8.3	Biuret			
ALBUMIN	3.74	g/dl	3.5-5.2	Bromcresol Green			
GLOBULIN	3.46	g/dL	2.0-3.5	Calculated			
A/G RATIO	1.08		0.9-2.0	Calculated			

### **Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

#### 1. Hepatocellular Injury:

- AST Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI .• Disproportionate increase in AST, ALT compared with ALP. Bilirubin may be elevated.
- AST: ALT (ratio) In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

#### 2. Cholestatic Pattern:

- ALP Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.• ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.
- 3. Synthetic function impairment: Albumin- Liver disease reduces albumin levels. Correlation with PT (Prothrombin Time) helps.

Page 8 of 12



Dr. PAVAN KUMAR M M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:SE04639511





Patient Name : Mrs.JYOTHI D D

Age/Gender : 46 Y 4 M 9 D/F

UHID/MR No

: CMYS.0000059744

Visit ID Ref Doctor : CMYSOPV122675

Emp/Auth/TPA ID

: Dr.SELF PA ID : 527167437387 Collected

: 24/Feb/2024 08:26AM

Received : 24/Feb/2024 11:13AM

Reported : 24/Feb/2024 01:11PM

Status : Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

# ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method			
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM							
CREATININE	0.64	mg/dL	0.51-1.04	Enzymatic colorimetric			
UREA	13.44	mg/dl	13-43	Urease, UV			
BLOOD UREA NITROGEN	6.3	mg/dl	6-20	Urease, UV			
URIC ACID	4.90	mg/dL	2.6-6	Uricase			
CALCIUM	9.45	mg/dl	8.6-10.3	Arsenazo III			
PHOSPHORUS, INORGANIC	3.60	mg/dl	2.7-4.5	Molybdate			
SODIUM	139	mmol/L	135-145	Direct ISE			
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE			
CHLORIDE	100	mmol/L	98 - 107	Direct ISE			

Page 9 of 12



Dr. PAVAN KUMAR M M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:SE04639511





: Mrs.JYOTHI D D

Age/Gender

: 46 Y 4 M 9 D/F

UHID/MR No

: CMYS.0000059744

Ref Doctor

Visit ID

: CMYSOPV122675

Emp/Auth/TPA ID

: 527167437387

: Dr.SELF

Collected

: 24/Feb/2024 08:26AM

Received

: 24/Feb/2024 11:13AM

Reported

: 24/Feb/2024 12:18PM

Status

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF BIOCHEMISTRY**

# ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL	18.00	U/I	0-38	IFCC
TRANSPEPTIDASE (GGT), SERUM				

Page 10 of 12



Dr. PAVAN KUMAR M M.B.B.S, M.D (Pathology) Consultant Pathologist

SIN No:SE04639511





Patient Name : Mrs.JYOTHI D D Age/Gender : 46 Y 4 M 9 D/F

UHID/MR No : CMYS.0000059744 Visit ID : CMYSOPV122675

Ref Doctor : Dr.SELF

Emp/Auth/TPA ID : 527167437387 Collected : 24/Feb/2024 08:26AM

Received : 24/Feb/2024 10:46AM Reported : 24/Feb/2024 11:41AM

Status : Final Report

Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF IMMUNOLOGY**

# ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method			
THYROID PROFILE TOTAL (T3, T4, TSH), SERUM							
TRI-IODOTHYRONINE (T3, TOTAL)	0.85	ng/mL	0.64-1.52	CMIA			
THYROXINE (T4, TOTAL)	8.47	μg/dL	4.87-11.72	CMIA			
THYROID STIMULATING HORMONE (TSH)	4.300	μIU/mL	0.35-4.94	CMIA			

# **Comment:**

For pregnant females	Bio Ref Range for TSH in uIU/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	Т3	T4	FT4	Conditions	
High	Low	Low	Low	rimary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis	
High	N	N	IN	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.	
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism	
Low	High	High	High	Primary Hyperthyroidism, Goitre, 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	

Page 11 of 12

Dr. PAVAN KUMAR M M.B.B.S, M.D (Pathology) Consultant Pathologist

SIN No:SPL24031313









: Mrs.JYOTHI D D

Age/Gender

: 46 Y 4 M 9 D/F

UHID/MR No

: CMYS.0000059744

Visit ID Ref Doctor : CMYSOPV122675

Emp/Auth/TPA ID

: Dr.SELF : 527167437387 Received

: 24/Feb/2024 08:26AM : 24/Feb/2024 10:46AM

: 24/Feb/2024 11:41AM

Reported Status

Collected

: Final Report

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### **DEPARTMENT OF IMMUNOLOGY**

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

\*\*\* End Of Report \*\*\*

Page 12 of 12



Dr. PAVAN KUMAR M M.B.B.S, M.D (Pathology) Consultant Pathologist

SIN No:SPL24031313