



Dr. Kamal Kishore 's

GEETANJALI HOSPITAL, HISAR

270, Model Town , Gurudwara Road, Hisar Ph. 01662-250522, 245533



CARDIAC STRESS TEST (TMT) SUMMARY REPORT

Patient's Name : Mr. Anil Kumar
Brief Medical History : Executive health Check-Up
Medication : Nil
CAD Risk Factors : Nil
Indication For TMT : Executive health Check-Up
Resting Tread Mill ECG : WNL
Reason For Ending Test : Exhaustion

Age/Sex: 41/M
Date: 02.04.2024

Salient Features

1. Mr. Anil Kumar exercised on Bruce protocol for 12min.28 sec.
Passed bruce stage: 4 Exercise tolerance : Excellent.
2. Achieved max. heart rate of 153 beats per minute which in 85% of his target heart rate (THR).
3. No significant ST segment depression seen during exercise & recovery.
4. No exertional chest pain / angina during exercise & recovery .Treadmill angina index is 0.
5. BP response was adequate.
6. Achieved double product (Peak Rate Pressure product) of 15.5×1000 . s/o low heart workload
7. No ectopic activity or arrhythmia observed during exercise & recovery.
8. No sign of LV dysfunction at peak exercise.
9. Total METs achieved 14.91. The maximal body oxygen uptake (Max. VO2 consumption) is 52.18ml/kg/min.
10. Duke treadmill score is 12. The risk is classified as Low. The 1 year mortality is estimated At.0.3-0.9% angiography: Usually not indicated.

Final Impression:-

STRESS TEST IS NEGATIVE FOR (TILL THR-85%)REVERSIBLE INDUCIBLE MYOCARDIAL ISCHEMIA WITH GOOD EXERCISE TOLERANCE WITH NORMAL B.P. RESPONSE.

Signature of Patient /Relative

(Con 2/4/2024)
DR. KAMAL KISHORE
M.D. (MEDICINE), FICP.
CONSULTANT PHYSICIAN

- An isolated cardiac stress test has a mean sensitivity of 67% and mean specificity of 72%.
- This report is not valid for any medico legal purpose. No record of this report is kept in the hospital.

Mr. ANIL KUMAR
 Age/Sex : 41/M
 Recorded : 02-04-2024 13:30
 Ref by : LOTUS DIAGNOSTIC
 Indication : Routine Check Up.

ID : 741
 Ht/Wt : 181/103

TREADMILL TEST SUMMARY REPORT

Protocol: BRUCE
 History :
 Medication :

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	ST LEVEL (mm)			METS
								II	V2	V5	
SUPINE					100	120/80	120	0.7	4.4	0.9	
HYPERVENT	0:45	0:45			70	120/80	84	1.4	3.6	1.1	
STAGE 1	2:59	2:59	2.70	10.00	106	120/80	127	1.7	3.5	1.2	4.80
STAGE 2	5:59	2:59	4.00	12.00	117	140/80	163	1.2	3.1	0.1	7.10
STAGE 3	9:00	2:59	5.40	14.00	128	140/80	179	0.7	2.4	-0.4	10.00
STAGE 4	12:00	2:59	6.70	16.00	142	150/90	213	-0.5	2.4	0.1	14.00
STAGE 5	12:15	0:14	8.00	18.00	146	150/90	219	0.5	2.6	-0.5	14.47
PEAK EXERCISE	12:28	0:27			153	150/90	229	0.8	2.6	-0.8	14.91
RECOVERY	2:59	2:59	0.00	0.00	85	130/80	110	0.0	1.6	-0.3	
RECOVERY	5:59	5:59	0.00	0.00	84	120/80	100	1.0	2.4	0.4	

RESULTS

Exercise Duration : 12:28 Minutes
 Max Heart Rate : 153 bpm 85 % of target heart rate 179 bpm
 Max Blood Pressure : 150/90 mmHg
 Max Work Load : 14.91 METS
 Reason of Termination : Achieved THR

IMPRESSIONS :



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H-2020-0688
 Jan 11, 2023 - Jan 10, 2027
 Since Jan 11, 2020

GH/023/GP/08/02/2024

Mr ANIL KUMAR

ID 741

AGE/SEX : 41/M

RECORDED : 02-04-2024 13:30

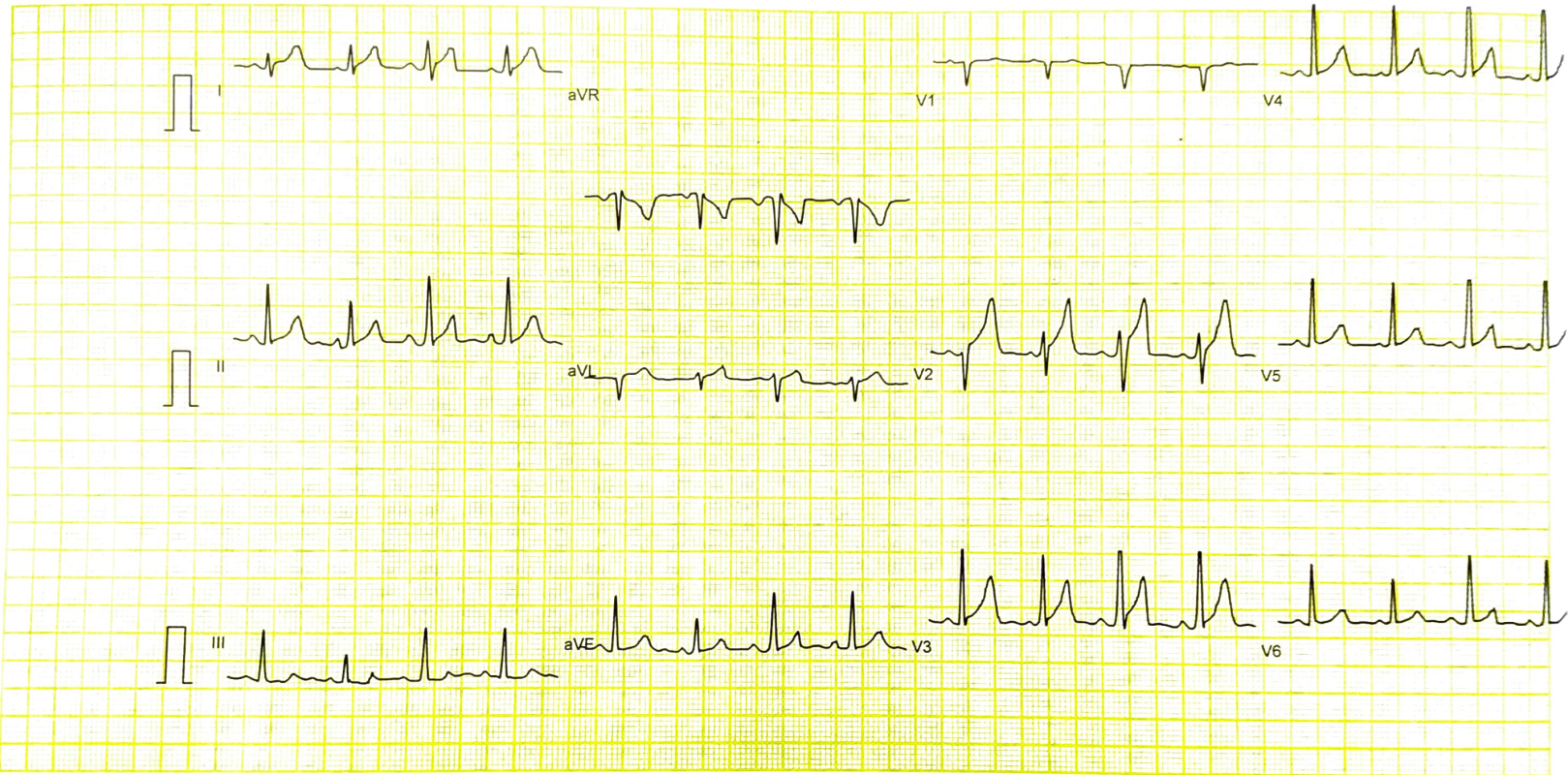
RATE : 100 BPM

B.P. : 120/80 mmHg

SUPINE
PRETEST

ST @ 10mm/mV
80ms PostJ

RAW E.C.G.



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Mr. ANIL KUMAR

I.D. : 741

AGE/SEX : 41/M

RECORDED : 02-04-2024 13:30

RATE : 70 BPM

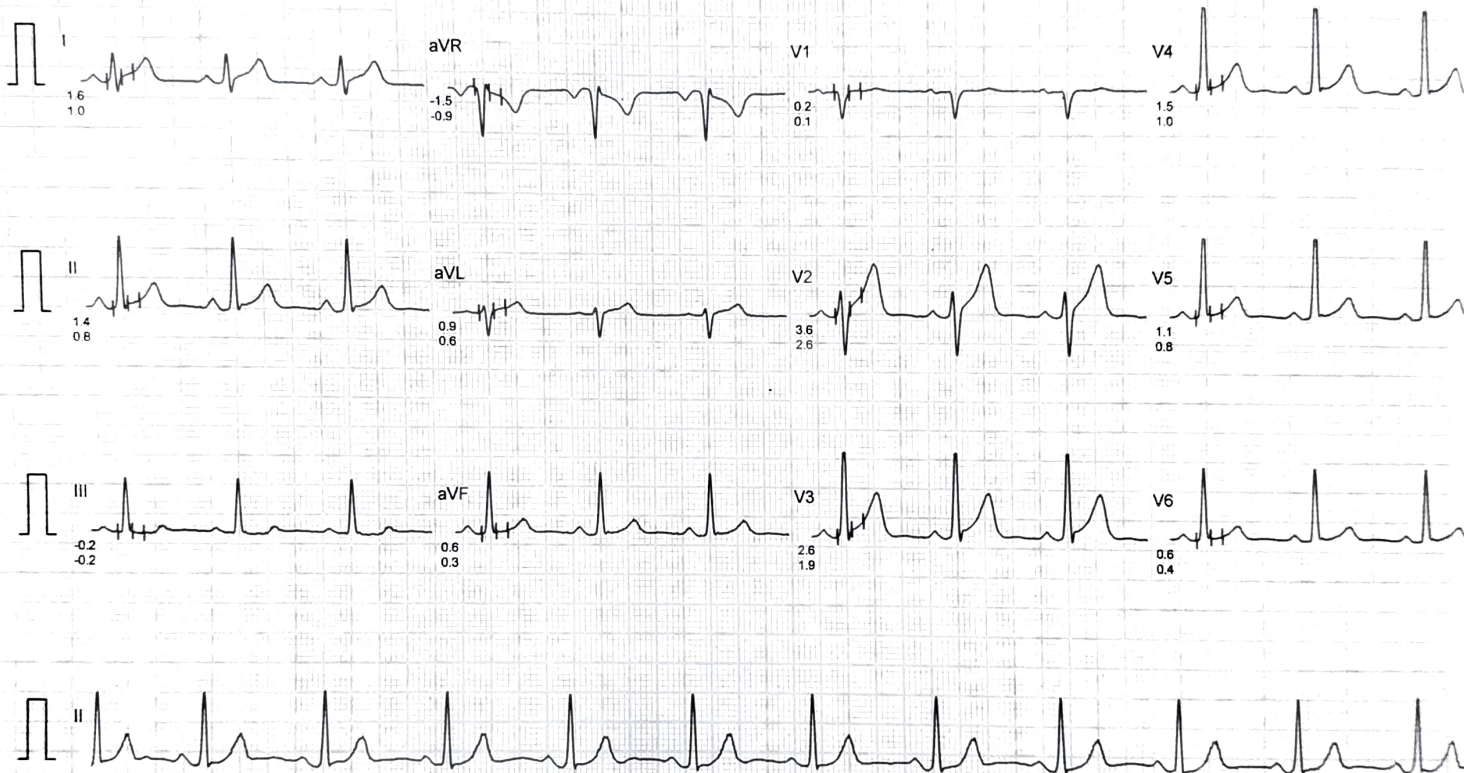
B.P. : 120/80 mmHg

HYPERVENTILATION
PRETEST

STAGE TIME : 0.45

ST @ 10mm/mV
80ms PostJ

LINKED MEDIAN



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Mr ANIL KUMAR

ID 781

AGE/SEX 41/M

RECORDED 02-04-2024 13:30

RATE 106 BPM

B.P. 120/80 mmHg

BRUCE

EXERCISE 1

PHASE TIME 2:59

STAGE TIME 2:59

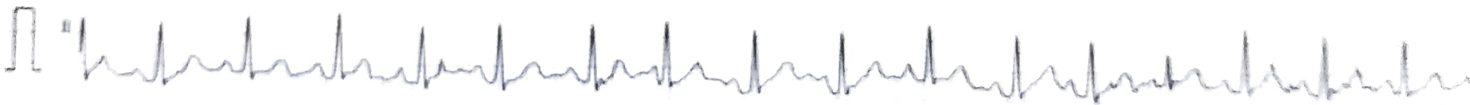
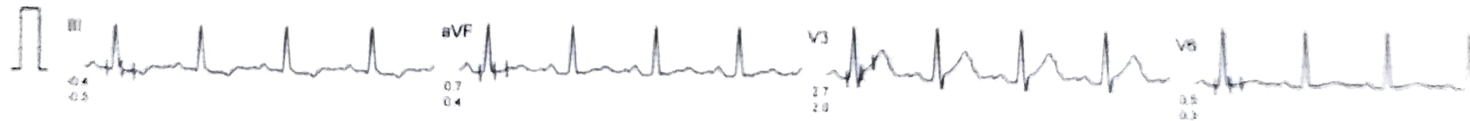
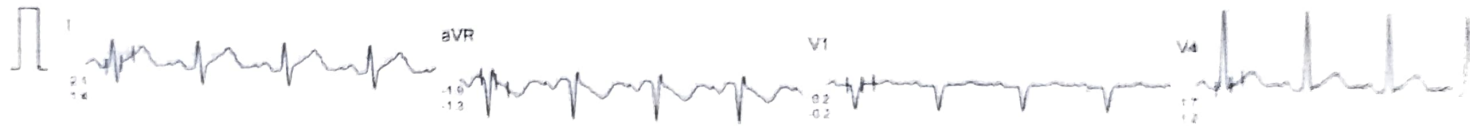
ST @ 10minutely

80ms Paper

SPEED 2.1 Km/Min

GRADE 10.0%

LINKED MEDIUM



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10-2023-2030
Jan 11, 2023 - Jan 10, 2027
Since Jan 11, 2023

GH023/GP/08/02/2024

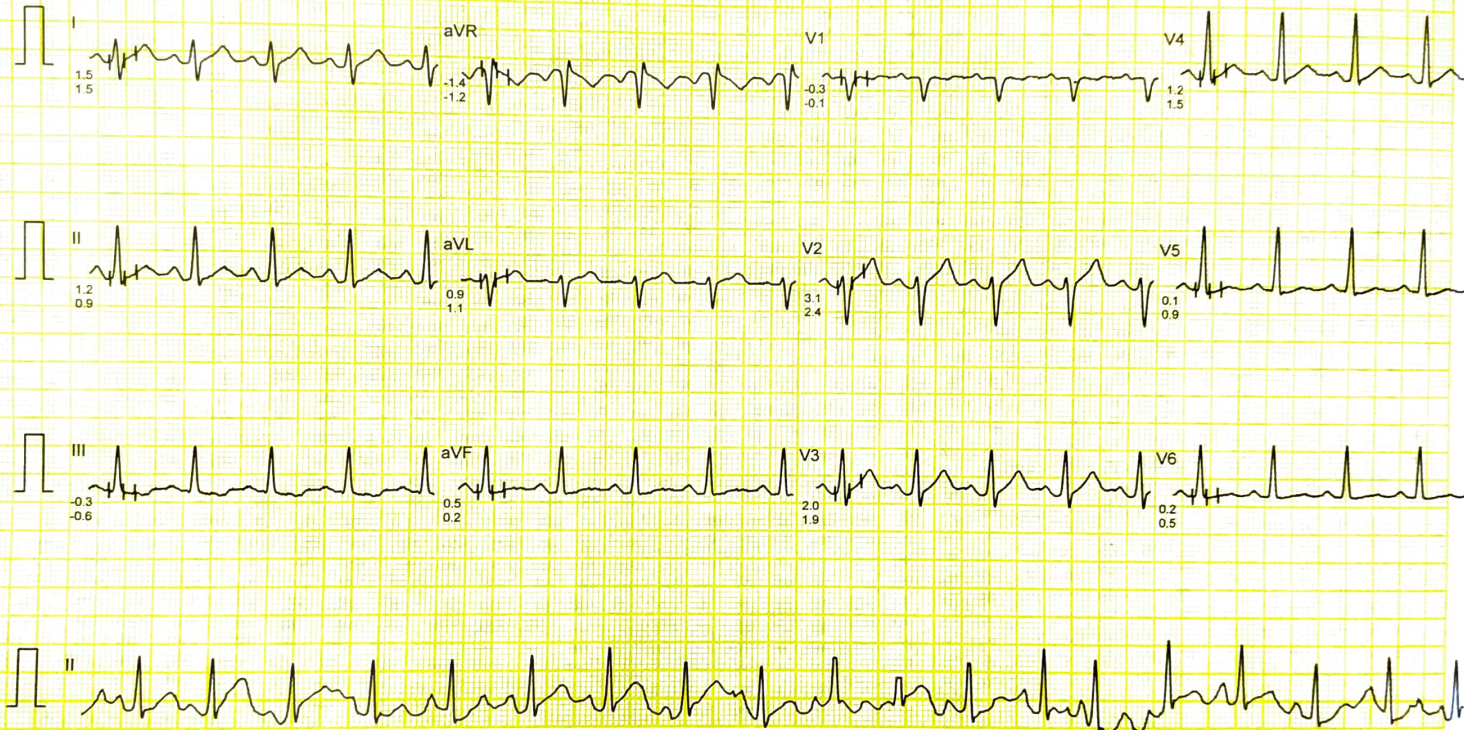
Mr. ANIL KUMAR
I.D. : 741
AGE/SEX : 41/M
RECORDED : 02-04-2024 13:30

RATE : 117 BPM
B.P. : 140/80 mmHg

BRUCE
EXERCISE 2
PHASE TIME : 5:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED 4.0 Km/Hr
GRADE 12.0 %

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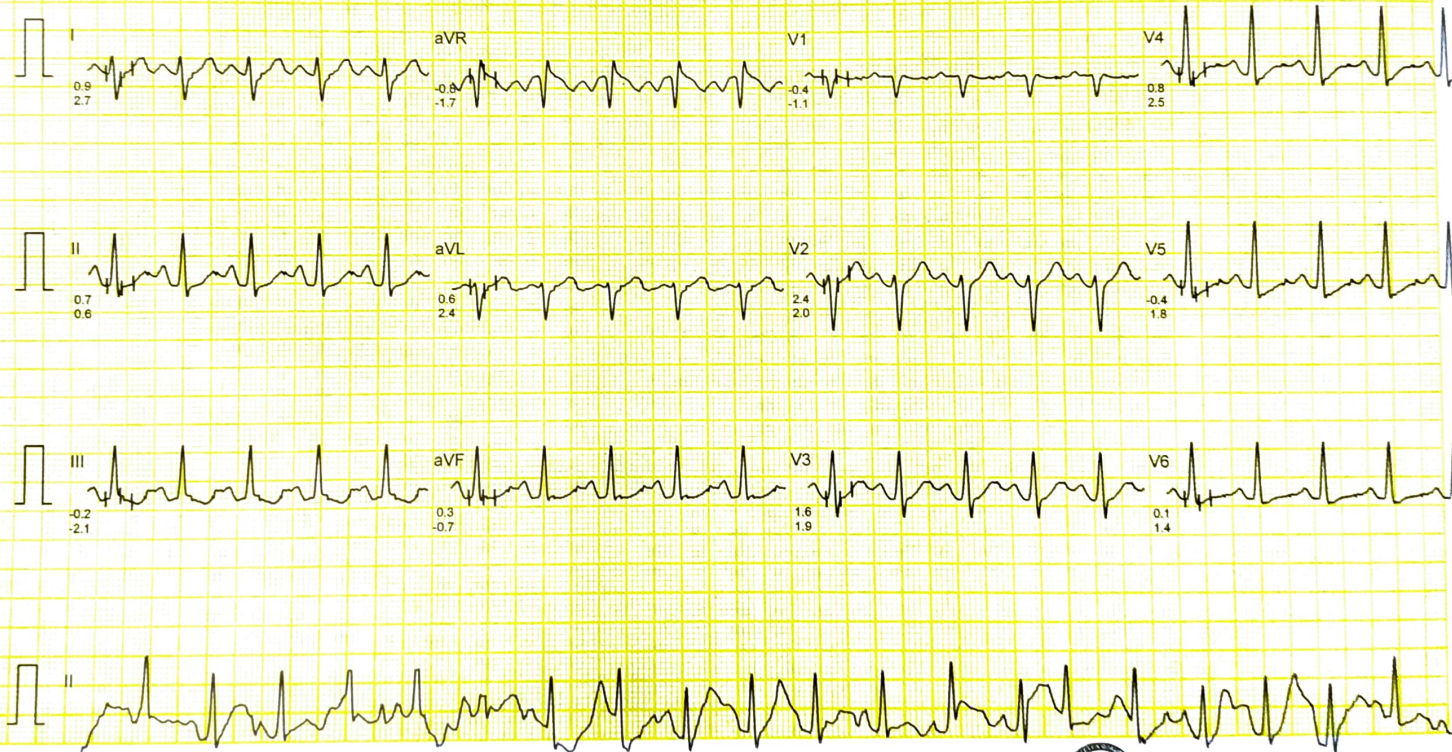
Mr. ANIL KUMAR
I.D. : 741
AGE/SEX : 41/M
RECORDED : 02-04-2024 13:30

RATE : 128 BPM
B.P. : 140/80 mmHg

BRUCE
EXERCISE 3
PHASE TIME : 9:00
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 5.4 Km./Hr
GRADE : 14.0 %

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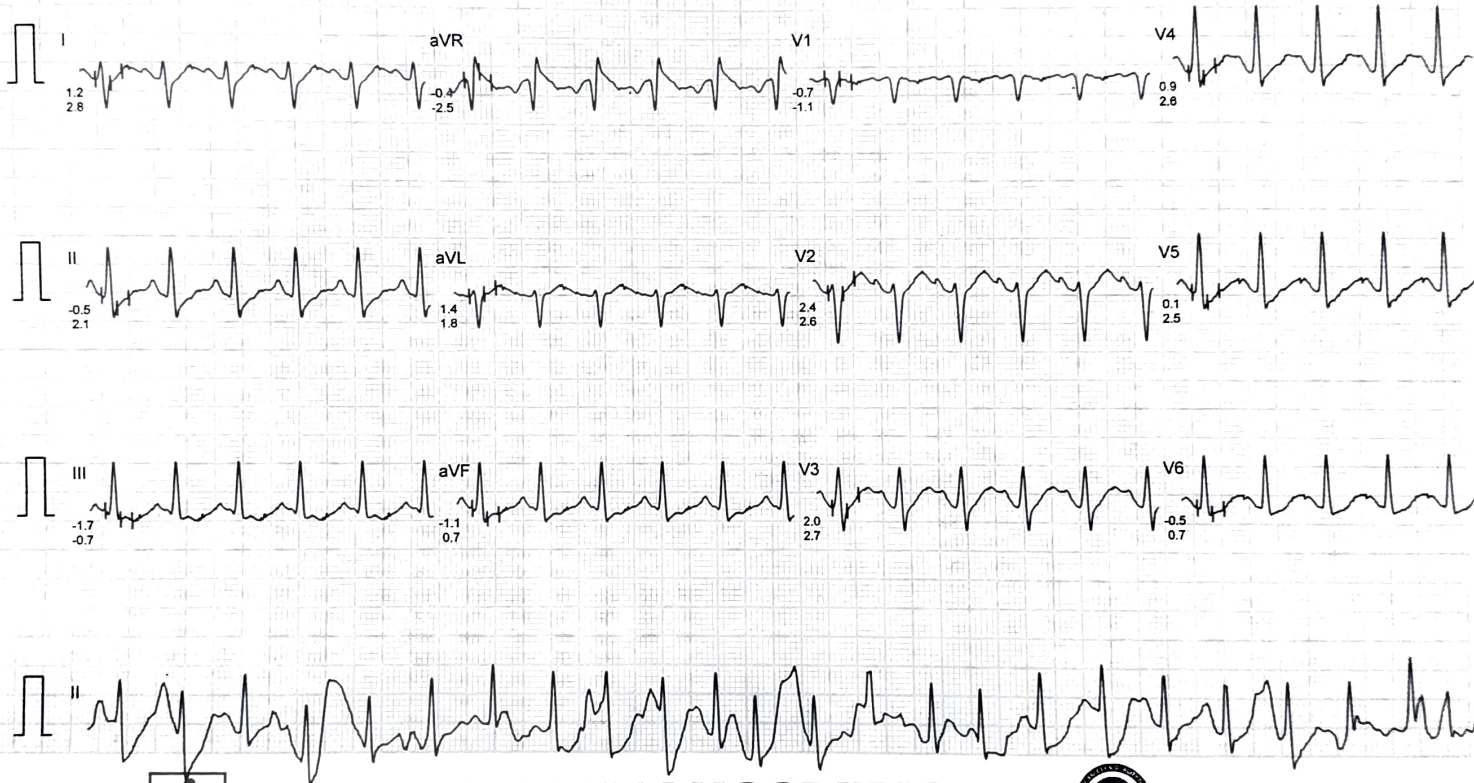
Mr. ANIL KUMAR
I.D. : 741
AGE/SEX : 41/M
RECORDED : 02-04-2024 13:30

RATE : 142 BPM
B.P. : 150/90 mmHg

BRUCE
EXERCISE 4
PHASE TIME 12:00
STAGE TIME 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 6.7 Km /Hr.
GRADE : 16.0 %

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Mr. ANIL KUMAR

I.D. : 741

AGE/SEX : 41/M

RECORDED : 02-04-2024 13:30

RATE : 153 BPM

B.P. : 150/90 mmHg

BRUCE

PEAK EXERCISE

PHASE TIME : 12:28

STAGE TIME : 0:27

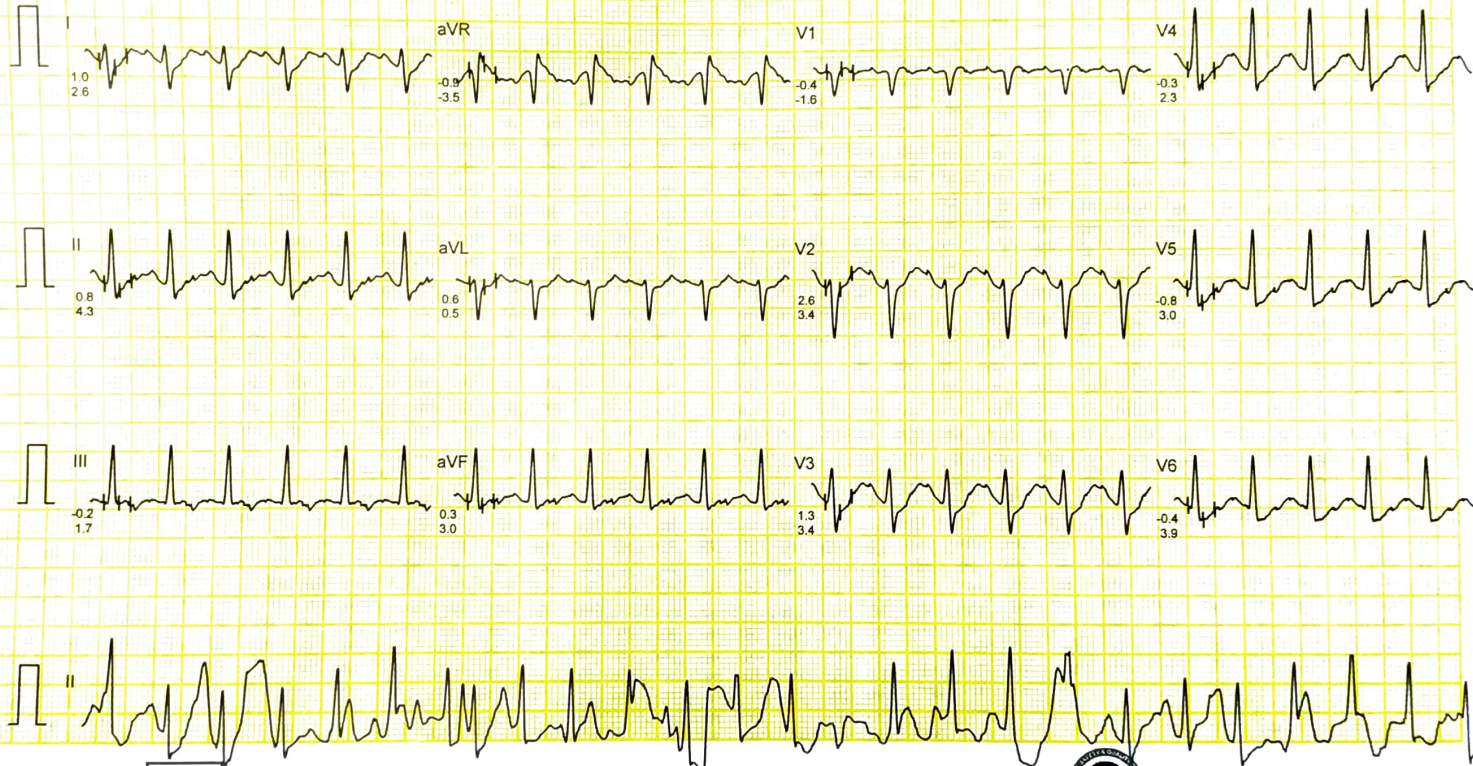
ST @ 10mm/mV

80ms PostJ

SPEED : 8.0 Km /Hr.

GRADE : 18.0 %

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Mr. ANIL KUMAR

ID : 741

AGE/SEX : 41/M

RECORDED : 02-04-2024 13:30

RATE : 91 BPM

B.P. : 150/90 mmHg

BRUCE

RECOVERY

PHASE TIME 0.59

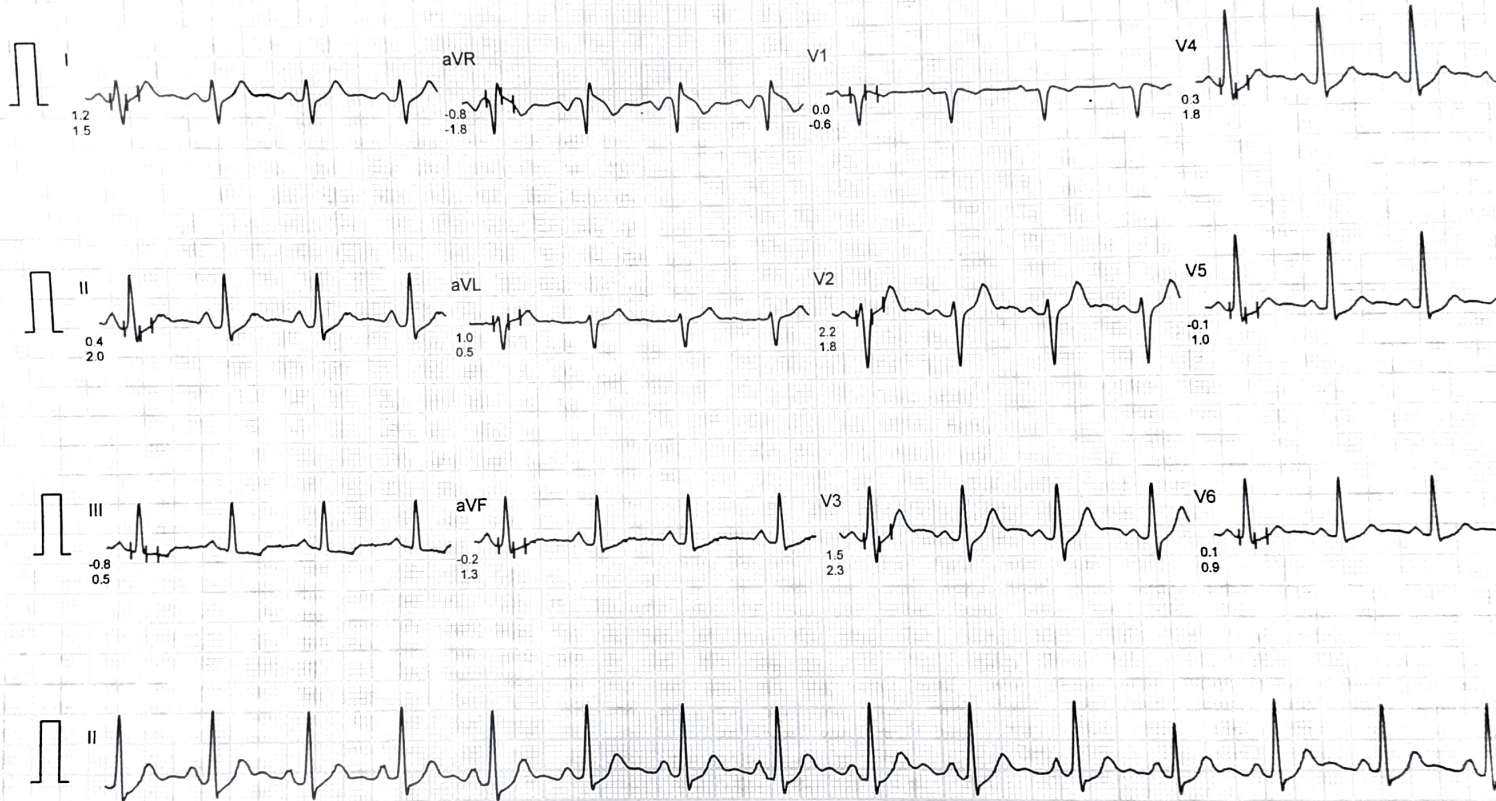
ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km /Hr

GRADE : 0.0 %

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Mr. ANIL KUMAR

I.D. : 741

AGE/SEX : 41/M

RECORDED : 02-04-2024 13:30

RATE : 85 BPM

B.P. : 130/80 mmHg

BRUCE

RECOVERY

PHASE TIME : 2:59

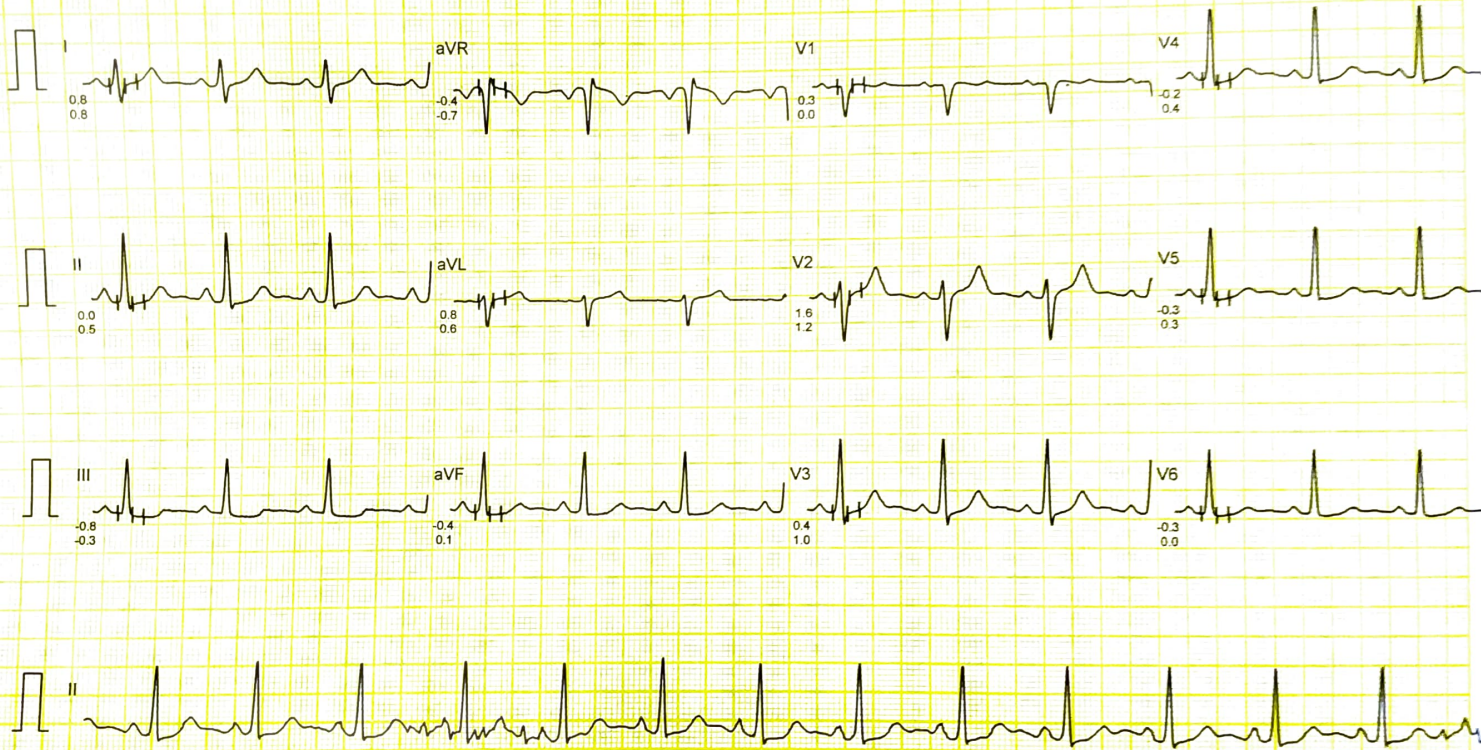
ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km /Hr

GRADE : 0.0 %

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I.D. : 741

AGE/SEX : 41/M

RECORDED : 02-04-2024 13:30

RATE : 84 BPM

B.P. : 120/80 mmHg

BRUCE

RECOVERY

PHASE TIME : 5.59

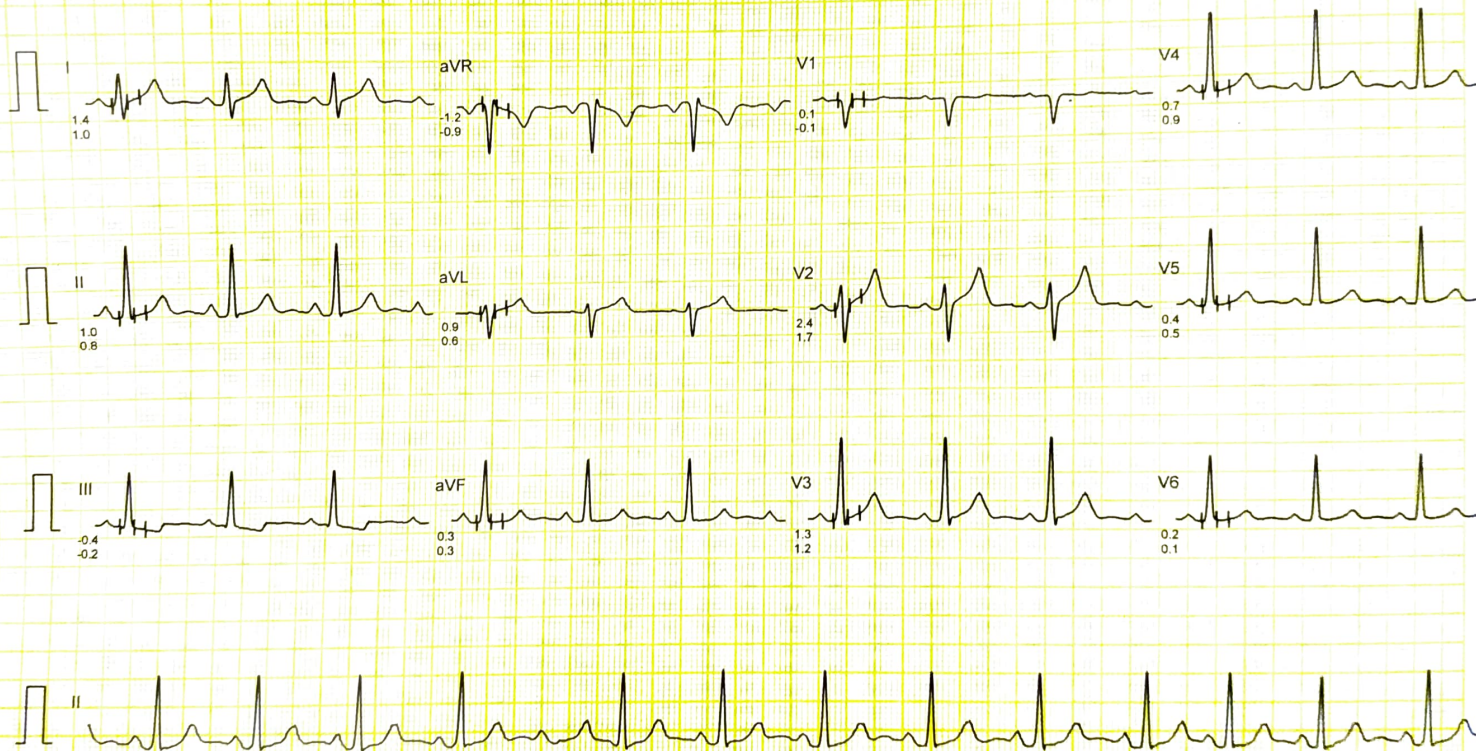
ST @ 10mm/mV

80ms PostJ

SPEED 0.0 Km /Hr

GRADE 0.0 %

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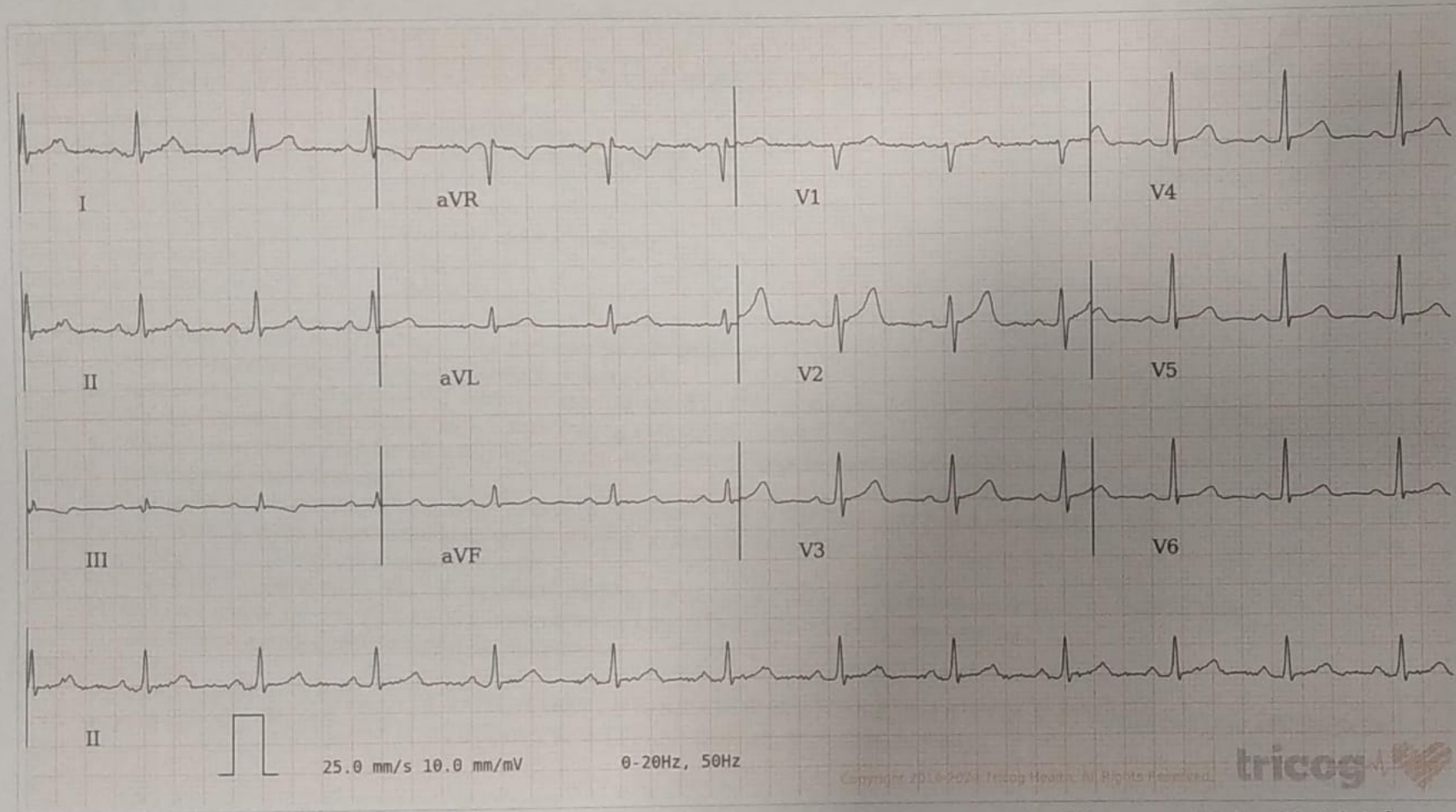
GH/023/GP/08/02/2024



Lotus Diagnostic & Imaging Centre

Age / Gender: 41/Male
Patient ID: 1234
Patient Name: Anil kumar

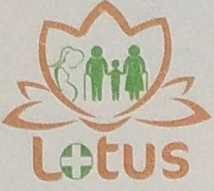
Date and Time: 2nd Apr 24 12:13 PM



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

Disclaimer: Analysis in this report is based on ECG alone and should only 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.





Lotus Diagnostic & Imaging Centre

A Unit of Lotus Diagnostic & Imaging Solution Pvt. Ltd.

HB से लेकर MRI तक एक ही छत के नीचे

PATIENT NAME: ANIL KUMAR
REF. BY: TPA

AGE/SEX: 41 YRS/M
DATE: APRIL 02, 2024

USG WHOLE ABDOMEN

Liver: normal in size and shows mild fatty changes. No focal area of altered echogenicity is seen. IHBR not dilated. CBD is normal in diameter.

GB: is normal, Wall thickness is normal.

Pancreas: head and body shows normal size and parenchymal attenuation.

Spleen: normal in size and normal echotexture.

Right Kidney: is normal in position, size and morphology. No evidence of any calculus detected. Pelvi calyceal system is normal. CMD is maintained.

Left Kidney: is normal in position, size and morphology. No evidence of any calculus detected. Pelvi calyceal system is normal. CMD is maintained.

Urinary Bladder: appears normal.

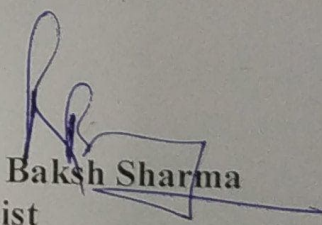
Prostate: normal in size and echotexture.

No obvious abnormal bowel dilatation or wall thickening is seen in present scan.

No free fluid seen.

IMPRESSION: - Mild fatty changes in liver.

Clinical correlation and further evaluation is suggested.


Dr. Ram Baksh Sharma
Radiologist

Dr. Rambaksh Sharma
Consultant Radiologist

Dr. Anshul Jain
Consultant Radiologist

Dr. Rajesh Reddu
MBBS, DMRD
Consultant Radiologist

Dr. Amit Verma
Echocardiography Specialist

Dr. Sonam Aneja
Consultant Pathologist



Name : Mr. ANIL KUMAR UHID : 113411 S No : PID : 25648
Age/Gender : 41 Year/Male A.S : NP Sample Date : 2-Apr-2024 11:53 AM
Ref. By Dr. : MEDIWHEEL Report Date : 2-Apr-2024 04:05 PM
Address : HISAR Sample Type : Inside *25648*

Test Name	Value	Unit	Reference Range
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HEMATOLOGY

CBC (Complete Blood Count)

Haemoglobin (Hb)	14.5	g/dl	12.0 - 17.4 g/dl
Total RBC Count	5.26	m/cumm	4.70 - 6.10
Haematocrit	46.6	%	35.0 - 50.0 %
Mean Cell Volume	80.9	fL	80.0 - 100 fL
Mean Cell Haemoglobin	27.6	pg	27.0 - 34.0 pg
Mean Cell Haemoglobin Conc	34.1	%	32.0 - 36.0
Red Cell Distribution Width (RDW)-CV	12.4	%	11.0 - 16.0 %
Red Cell Distribution Width (RDW)-SD	40.5	fL	35.0 - 56.0 fL
Total Leucocyte Count	7760	cells/cum m	4000 - 11000
Differential Leucocyte Count	.		
Neutrophils	55	%	32 - 72 %
Lymphocytes	40	%	20 - 50 %
Monocytes	03	%	2 - 11 %
Eosinophils	02	%	1 - 3 %
Basophils	0	%	0 - 2 %
Platelet Count	2,45,000	cells/cunm m	150,000 - 450,000
Platelet Distribution Width	14.9	fL	15.0 - 18.0 fL
Mean Platelet Volume	9.3	fL	7.0 - 13.0 fL

Sample Type : Whole Blood

- Spurious elevation of platelet count may be seen in patients with extensive burns, extreme microcytosis, microangiopathic hemolytic anemia, red cell fragmentation, micro-organisms like bacteria, fungi or yeast, hyperlipidemia, fragments of white blood cell (WBC) cytoplasm in patients with acute leukemia, hairy cell leukemia, lymphomas and in presence of cryoglobulins.
- Spuriously low platelet counts may be seen in cases of platelet clumping (EDTA induced), platelet cold agglutinins, multiple myeloma, platelet satellitism and in giant platelet syndromes.
- Delay in processing due to sample transport may cause a mild time dependent fall in platelet count. It is advisable to repeat the test using a citrate / heparin collection tube to avoid this pitfall.
- Automated platelet counting is subject to 10-15% variation in the result on the same as well as different analysers due to various preanalytic variables like the sampling site, skill in sample collection, anticoagulant used, sample mixing and sample transport etc.

ABO Blood Grouping

Blood Group

B"POSITIVE

Haemagglutination reaction

A Rh Positive, B Rh Positive, AB Rh Positive, O Rh Positive, A Rh Negative, B Rh Negative, AB Rh Negative, O Rh Negative

Sample Type : Whole Blood

HBA1C

HBA1C	5.3	%	4.27 - 6.00 %
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A Unit of Lotus Diagnostic & Imaging Solution Pvt. Ltd.

HB से लेकर MRI तक एक ही छत के नीचे

Name : Mr. ANIL KUMAR **UHID** : 113411 **S No** : **PID** : 25648
Age/Gender : 41 Year/Male **A.S** : NP **Sample Date** : 2-Apr-2024 11:53 AM
Ref. By Dr. : MEDIWHEEL **Report Date** : 2-Apr-2024 04:30 PM
Address : HISAR **Sample Type** : Inside *25648*

Test Name	Value	Unit	Reference Range
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HBA1C

turbidimetric immunoassay

Average Blood Glucose

105.41

mg/dl

90.00 - 120.00 mg/dl

turbidimetric immunoassay

Sample Type : Whole Blood

Remarks :

GLYCOSYLATED HEMOGLOBIN (HbA1c)

Reference Range : Please correlate with clinical conditions.

Bellow 6.0 % Normal value

6.0 %-7.0 % Good control

7.0 %-8.0 % Fair control

8.0 %-10 % Unsatisfactory control

Above10 % Poor control

Technology : Immunoassay and chemistry technology to measure A1C and total HB (A1C now Bayer)

AVERAGE BLOOD GLUCOSE (ABG) CALCULATED

Reference Range: Please correlate with clinical conditions.

90-120 mg/dl Excellent control

121-150 mg/d Good control

151-180 mg/dl Average control

181-210 mg/dl Action suggested

> 211 mg/dl Panic values

NOTE: Average blood glucose value is calculated from HbA1C value and it indicates average blood sugar level over past three months.

Technology: Derived from Hb A1C Values

Sample Type: Sodium heparin:

ESR

ESR	6	mmHr	0 - 15 mmHr
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Sample Type : Whole Blood

Dr. (Maj.)Guruprasad
MBBS, DMRD, DNB
Consultant Radiologist

Dr. Rambaksh Sharma
MBBS, MD
Consultant Radiologist

Dr. RAJESH REDDU
MBBS, DMRD
Consultant Radiologist

Dr. Amit Verma
MBBS, MD
Consultant Physician

Dr. Manish Varshney
MBBS, MD
Consultant Pathologist



Name : Mr. ANIL KUMAR UHID : 113411 S No : PID : 25648
Age/Gender : 41 Year/Male A.S : NP Sample Date : 2-Apr-2024 11:53 AM
Ref. By Dr. : MEDIWHEEL Report Date : 2-Apr-2024 04:33 PM
Address : HISAR Sample Type : Inside *25648*

Test Name	Value	Unit	Reference Range
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CLINICAL COMMENTS:

Erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that indirectly measures the degree of inflammation present in the body. Inflammation is part of the body's immune response. It can be acute, developing rapidly after trauma, injury or infection, for example, or can occur over an extended time (chronic) with conditions such as autoimmune diseases or cancer.

Moderately elevated ESR occurs with inflammation but also with anemia, infection, pregnancy, and with aging. A very high ESR usually has an obvious cause, such as a severe infection, marked by an increase in globulins, systemic vasculitis, polymyalgia rheumatica or temporal arteritis. People with multiple myeloma or Waldenstrom's macroglobulinemia (tumors that make large amounts of immunoglobulins) typically have very high ESRs even if they don't have inflammation.

Factors increasing ESR:

Advanced age

Anemia

Pregnancy

High fibrinogen

Macrocytosis

Kidney problems

Thyroid disease

Some cancers, such as multiple myeloma

Infection

Factors decreasing ESR

Microcytosis

Low fibrinogen

Polycythemia

Marked leukocytosis

CLINICAL-CHEMISTRY

URIC ACID

Uric acid	5.2	mg/dL	3.5 - 7.2
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Uricase - POD

Sample Type : SERUM

URIC ACID: Increases in case of renal failure, disseminated neoplasms, pregnancy toxemia, psoriasis, liver disease, sarcoidosis etc. Decrease is reported in Wilson's disease, Fanconi's syndrome, xanthinuria.

Total Protein

Total Protein	6.98	gm/dl	6.0 - 8.3
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BIURET

Albumin	4.13	g/dl	2.9 - 4.5
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BCG

Globulin	2.85	gm/dl	2.0 - 3.5
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Albumin-Globulin Ratio	1.28		1.2 - 2.5
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Sample Type : SERUM



Name : Mr. ANIL KUMAR UHID : 113411 S No : PID : 25648
Age/Gender : 41 Year/Male A.S : NP Sample Date : 2-Apr-2024 11:53 AM
Ref. By Dr. : MEDIWHEEL Report Date : 2-Apr-2024 04:03 PM
Address : HISAR Sample Type : Inside *25648*

Test Name	Value	Unit	Reference Range
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UREA. SERUM

UREA	26.19	mg/dL	14 - 51
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KINETIC METHOD WITH UREASE AND GLDH

Sample Type : SERUM

UREA: High urea levels suggest poor kidney function, congestive heart failure, shock, stress, recent heart attack or severe burns; bleeding from the gastrointestinal tract; conditions that cause obstruction of urine flow; or dehydration.

Low urea levels can be seen in severe liver disease or malnutrition but are not used to diagnose or monitor these conditions. Low urea levels are also seen in normal pregnancy.

CREATININE SERUM

CREATININE SERUM	1.3	mg/dL	0.5 - 1.4 mg/dL
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Jaffe Kinetic

Sample Type : SERUM

CREATININE: Increases in any renal functional impairment (intrinsic renal lesions, decreased perfusion of the kidney, or obstruction of the lower urinary tract), acromegaly and hyperthyroidism. Decreases in pregnancy, muscle wasting.

LIVER FUNCTION TEST (LFT) (S)

Total Bilirubin-Serum	0.90	mg/dl	0.20 - 1.00 mg/dl
Bilirubin Direct Serum	0.40	mg/dl	0.10 - 0.50 mg/dl
Bilirubin Indirect-Serum	0.50	mg/dl	0.20 - 0.70 mg/dl
SGOT	29.85	IU/L	10 - 40 IU/L
IFCC with Pvradoxal Phosphate			
SGPT	22.10	IU/L	07 - 56 IU/L
IFCC with Pyridoxal Phosphate			
Alkaline Phosphatase	124.61	U/L	44 - 147 U/L
IFCC PNPP Buffer			
Total Protein	6.98	gm/dl	6.0 - 8.3
BIURET			
Albumin	4.13	g/dl	3.5 - 5.5 g/dl
BCG			
Globulin	2.85	gm/dl	2.0 - 3.5 gm/dl
AG RATIO	1.28		1.2 - 2.5

Sample Type : SERUM



Name : Mr. ANIL KUMAR UHID : 113411 S No : PID : 25648
Age/Gender : 41 Year/Male A.S : NP Sample Date : 2-Apr-2024 11:53 AM
Ref. By Dr. : MEDIWHEEL Report Date : 2-Apr-2024 04:03 PM
Address : HISAR Sample Type : Inside *25648*

Test Name	Value	Unit	Reference Range
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CLINICAL COMMENT:

Liver function tests can be suggested in case of hepatitis, liver cirrhosis and monitor possible side effects of medications. A variety of diseases and infections can cause acute or chronic damage to the liver, causing inflammation (hepatitis), scarring (cirrhosis), bile duct obstructions, liver tumors, and liver dysfunction. Alcohol, drugs, some herbal supplements, and toxins can also injure the liver. A significant amount of liver damage may occur before symptoms such as jaundice, dark urine, light-colored stools, itching (pruritus), nausea, fatigue, diarrhea, and unexplained weight loss or gain appear. Early detection of liver injury is essential in order to minimize damage and preserve liver function.

Alanine aminotransferase (ALT) A very high level of ALT is frequently seen with acute hepatitis. Moderate increases may be seen with chronic hepatitis. People with blocked bile ducts, cirrhosis, and liver cancer may have ALT concentrations that are only moderately elevated or close to normal. Aspartate aminotransferase (AST) A very high level of AST is frequently seen with acute hepatitis. AST may be normal to moderately increased with chronic hepatitis. In people with blocked bile ducts, cirrhosis, and liver cancer, AST concentrations may be moderately increased or close to normal. When liver damage is due to alcohol, AST often increases much more than ALT (this is a pattern seen with few other liver diseases). AST is also increased after heart attacks and with muscle injury. AST is a less sensitive and less specific marker of liver injury than ALT. AST is more elevated than ALT in alcohol-induced liver injury. AST could be elevated more than ALT like: (i)

Lipid Profile

Cholesterol	136.4	mg/dl	<200.0 mg/dl
CHOD - PAP			
Triglycerides	194.9	mg/dl	< 150 mg/dl
GPO - PAP			
HDL Cholesterol	44.10	mg/dl	Adult males >45 mg/dl
Homogeneous Enzymatic Colorimetric test			
LDL Cholesterol	53.32	mg/dl	<100 mg/dl
VLDL Cholesterol	38.98	mg/dl	<30.0 mg/dl
CHO/HDL Ratio	3.09	mg/dl	Low risk 3.3-4.4
Non HDL Cholesterol	92.3	mg/dl	<130 mg/dl

Calculated

Sample Type : SERUM

Interpretation

Note

- Measurements in the same patient can show physiological & analytical variations. 3 serial samples 1 wk apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.
- Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
- Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour	YELLOW	
Pale-yellow, Yellowish, Colorless, YELLOW		
Quantity	30	ml



Lotus Diagnostic & Imaging Centre

A Unit of Lotus Diagnostic & Imaging Solution Pvt. Ltd.

HB से लेकर MRI तक एक ही छत के नीचे

Name : Mr. ANIL KUMAR **UHID** : 113411 **S No** : **PID** : 25648
Age/Gender : 41 Year/Male **A.S** : NP **Sample Date** : 2-Apr-2024 11:53 AM
Ref. By Dr. : MEDIWHEEL **Report Date** : 2-Apr-2024 04:14 PM
Address : HISAR **Sample Type** : Inside *25648*

Test Name	Value	Unit	Reference Range
pH	6.0		
Mucus Absent, Present	ABSENT		
Appearance Slightly turbid, Turbid, Clear	CLEAR		
Chemical Examination (Strip)	.		
Specific Gravity	1.020		
Albumin Absent, Present(+), Present(2+), Present(3+)	NEGATIVE		
Sugar Absent, Present(+), Present(2+), Present(3+)	NEGATIVE		
Bilirubin Absent, Present	NEGATIVE		
Microscopic Examination (Microscopy)	.		
Pus Cells	4-6	/HPF	
Epithelial Cells	2-4	/HPF	
RBC	NIL	/HPF	
Casts	ABSENT		
Crystals	ABSENT		
Bacteria	ABSENT		
Others			
Sample Type : Urine			

Laboratory

Blood Sugar (PP) Blood Sugar PP	123.4	mg/dl	70.00 - 140.00 mg/dl
Sample Type : Others			

ENDOCRINE

Thyroid Hormones (T3 .T4 & TSH)

T3	1.12	ng/ml	0.60 - 1.81 ng/ml
T4	10.16	ng/dl	5.01 - 12.45 ng/dl
TSH Ultrasensitive	1.45	uIU/ml	0.34 - 5.50 uIU/ml
Sample Type : SERUM			

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Consultant Physician

Dr. Manish Varshney
MBBS, MD
Consultant Pathologist



Name : Mr. ANIL KUMAR UHID : 113411 S No : PID : 25648
Age/Gender : 41 Year/Male A.S : NP Sample Date : 2-Apr-2024 11:53 AM
Ref. By Dr. : MEDIWHEEL Report Date : 2-Apr-2024 05:49 PM
Address : HISAR Sample Type : Inside *25648*

Test Name	Value	Unit	Reference Range
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Remarks :

Note1. TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m and at a minium between 6-10 pm. The variation is of the 50 %, hence time of the day has influence on the measured serum TSH concentrations.

2. Recommended test for T3 and T4 unbound or free level as it is metabolically active.

3. Physiological rise in Total T3 and T4 level is seen in pregnancy and in patients on steroid therapy.

Clinical Use-

- * Primary Hypothyroidism
- * Hperthyroidism
- * Hypothalamic- Pituitary hypothyroidism
- * Inappropriate-TSH secretion
- * Nonthyroidal illness
- * Autoimmune thyroid disease
- * Pregnancy associated thyroid disorders
- * Thyroid dysfunction in infancy and early childhood

IMMUNOLOGY

Total PSA	0.98	ng/ml	0.00 - 4.0 ng/ml
Sample Type :	SERUM		

Summary & Interpretation:

Elevated concentrations of PSA in serum are generally indicative of a patho-logic-condition of the prostate (prostatitis, begin hyperplasia or carcinoma). PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy . An inflammation or trauma of the prostate(e.g. In case of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, lasertreatment or ergometry) can lead to PSA elevations of varying duration and magnitu

--End of Report--