

Shalby MD Physician Clinic

Patient Name:-

Nemichand H. Saini
57 M.

Age / Sex :-

Chief Complaints:-

Nocto

OPR NO:

Date: 14/9/24

Weight: 65.7 kg

Height: 176 cm

Nutritional assessment:-

- Obese
- Well nourished
- Mild-moderate nourished
- Severely mal-nourished

Drug / Food Allergy:-

Past History :-

NAD

Pulse:- 61/min

BP:- 100/70

SpO2:- 98.1

Family History:-

Systemic Examination:-

RS
COS
PA
CNS
|
NAD

Provisional Diagnosis:-

SHALBY HOSPITAL, SURAT

Near Navyug College, Rander Road, Adajan, Surat: Gujarat, India. | Ph.: 0261-7190000 | Email : info.surat@shalby.org

SHALBY LIMITED

Regd. Office: Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India.

Corp. Office: B-301 & 302, Mondeal Heights, Opp. Karnavati Club, S. G. Road, Ahmedabad - 380 015, Gujarat, India

Tel: 079 40203000 | Fax: 079 40203109 | info.sg@shalby.org | www.shalby.org

CIN: L85110GJ2004PLC044667

Investigation :-

Treatment and further advices:-
(Write in Capital Letters)

Rx

Tab. Rosiglitone 10mg^{3ty}
T. HCO₂S 200⁻¹ 10¹⁰
- 4 - Shelwal

Follow Up:

બધી દવાઓ ડોક્ટરને બતાવીને લેવી.

Date:- _____

Incase of emergency please report to Emergency Department of Hospital OR Call:- 0261-7190000 / 951266000

Numeric Rating Scale



Wong-Baker FACES® Pain Rating Scale



Pre - op

Post- op

Health Check-up

Date: 1/8/2017

Patient Reg. No. : _____

Patient Name: Nemichand H. Solani Age / Sex: 57 / M

Address: Alodabla

Complaints :

Pain : _____

Bleeding gums : _____

Swelling : _____

Sensitivity : _____

Pus Discharge : _____

Medical History :

Hypertension : _____ DM _____ Acidity _____ Pregnancy : _____

Bleeding Disorders : _____ Asthma : _____ Allergy : _____

Past Surgical Intervention : _____

Any Medication :

On Examination :

Abscess : _____ Food lodgement : _____

Periodontitis : _____ Gingivitis : _____

Missing Teeth : _____ Mobility : _____

Treatment Advised :

Scaling : Sitzings 1 2 3 Deep Perio Surgery : _____

Restoration : _____ Class V Fillings : _____

RCT : _____ Extraction : 12

Dentures : _____ Partial Denture : _____

Implants : _____ Crown & Bridge Present : _____

Crown / Bridge Replacement :

Advised Crown / Bridge :

Advised X - Ray / O.P.G. :

Some Golden Rules :

1. Brush your teeth twice a day.
2. Floss your teeth daily.
3. Gargle forcefully after each meal.
4. Visit your dentist twice a year.
5. Any dental treatment should be performed in a well maintained.

hygienic setup using "autoclaved" instruments & "sterilized pouch" facility.

After knee replacement any treatment should be done under "Antibiotic Coverage"

Adv.: Scaling
Extraction 17

Jodhpur 10

Dr. Darshini V. Shah
(Consultant Dental Surgeon)

DR. RUJUTA SHELAT

Consultant Ophthalmologists

Reg. No.:- G-48712

Name:- *Dr. Nemichand H Saini*

Date:- *14/09/24*

Chief Complaints:- *Long time eye check up*



No visual complains

Pain Assessment:-

Past History:-

Family History:-

Allergy:- *No drug allergy*

Personal History:- Habits:- Alcohol:- Y/N Tobacco: Y/N Smoking: Y/N Regular Exercise: Y/N

General Examination:-

BP:- Pulse:- Temp:-

Systemic Examination:-

HT:- WT:-

Visual Acuity:- *6/9P*
6/12

PH Vision:- *6/6*
6/6

NCT *14.4*
14.8

Stk + 0.50
+ 0.75

add + 2.25 on No

ON Examination

Ant. Segment

Both Eye

ASW NAD

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CIN: L85110GJ2004PLC044667

Cornea
Lens
Fundus

WMC

Rt. EYE

Lt. EYE

Anterior Chamber

Media:-
Disc: -
Blood Vessel:-
Background:-
Macula:-
Diagnosis:-

*pt will
come back
on*

Refractive error

Treatment:-
Glasses

Investigation:-

Nutritional Assessment:-

Preventive Care & Counselling:-

Follow Up ON:-

2 months / 503

Signature of the Consultant

[Signature]

SHALBY HOSPITAL
NR. NAVYUG COLLAGE, RANDEK ROAD
SURAT

JUPITER Station

Telephone: _____

EXERCISE STRESS TEST REPORT

Patient Name: NEMICHAND SAINI,

DOB: 20.07.1967

Patient ID: 371380

Age: 57yrs

Height: _____

Gender: Male

Weight: _____

Race: Asian

Study Date: 14.09.2024

Referring Physician: --

Test Type: --

Attending Physician: --

Protocol: BRUCE

Technician: --

Medications: --

Medical History: --

Reason for Exercise Test: --

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRE-TEST	SUPINE	00:08	0.00	0.00	60	120/80	
	STANDING	00:12	0.80	0.00	61		
EXERCISE	STAGE 1	03:00	2.70	10.00	96	120/80	
	STAGE 2	03:00	4.00	12.00	118	140/80	
	STAGE 3	01:28	5.40	14.00	131	170/80	
RECOVERY		04:14	0.00	0.00	68	140/80	

The patient exercised according to the BRUCE for 7:27 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 61 bpm rose to a maximal heart rate of 134 bpm. This value represents 82 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 170/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

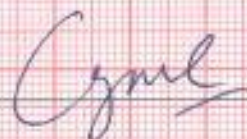
ST Changes: none.

Overall impression: Normal stress test.

Conclusions

TMT NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician _____



Technician _____

Patient ID 371380
 14.09.2024
 11:59:25

Male
 57yrs Asian
 Meds:

Test Reason:
 Medical History:
 Ref MD- Ordering MD:
 Technician Test Type:
 Comment:

BRIJICE: Total Exercise Time: 07:27
 Max HR: 134 bpm 82% of max predicted 163 bpm HR at rest: 61
 Max BP: 170/80 mmHg BP at rest: 120/80 Max RPP: 21590 mmHg⁴bpm
 Maximum Workload: 10.00 METS
 Max ST: -0.90 mm, 0.00 mV/s in II, EXERCISE STAGE 2 06:00
 Arrhythmias: A:0, PVC:1
 ST/HR index: 0.63 μ V/bpm
Reasons for Termination: Target heart rate achieved
Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall Impression: Normal stress test.
Conclusion: TMT NEGATIVE FOR INDUCIBLE ISCHEMIA
 Location Number: *0*

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (mmHg ⁴ bpm)	VE (l/min)	ST Level (mV)	Comment
PRETEST	SUPINE	00:08	0.00	0.00	1.0	60	120/80	7200	0	0.30	
	STANDING	00:12	0.80	0.00	1.0	61	120/80	11520	0	0.30	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	96	140/80	16520	0	-0.20	
	STAGE 2	03:00	4.00	12.00	7.0	118	170/80	22270	0	-1.00	
	STAGE 3	01:28	5.40	14.00	10.0	131	170/80	9520	0	-0.05	
RECOVERY		04:14	0.00	0.00	1.0	68	140/80		0	-0.10	

Measured at (cm): Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.25	V1	0.45
II	0.05	V2	0.00
III	0.30	V3	0.60
aVR	-0.10	V4	0.85
aVL	-0.30	V5	0.50
aVF	0.15	V6	0.75



JUPITER



Lead	ST(mm)	Lead	ST(mm)
I	0.25	V1	0.00
II	0.00	V2	0.00
III	-0.20	V3	0.40
aVR	-0.10	V4	0.05
aVL	0.25	V5	0.25
aVF	0.10	V6	0.05



Patient ID: 371380
14.09.2024
12:05:39

117 bpm
140/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
4.0 km/h
12.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	1.25
II	-0.40	V2	0.00
III	-0.45	V3	1.20
aVR	0.15	V4	-0.30
aVL	0.30	V5	0.50
aVF	0.35	V6	0.30



GE (cardioSoft V6.73 (2)
25 mm/s - 10 mm/mV - 50Hz 0.01 - 20Hz S+ HR(V4,V6)

Start of Test: 11:59:25

Patient ID: 571380
14.09.2024
12:07:17

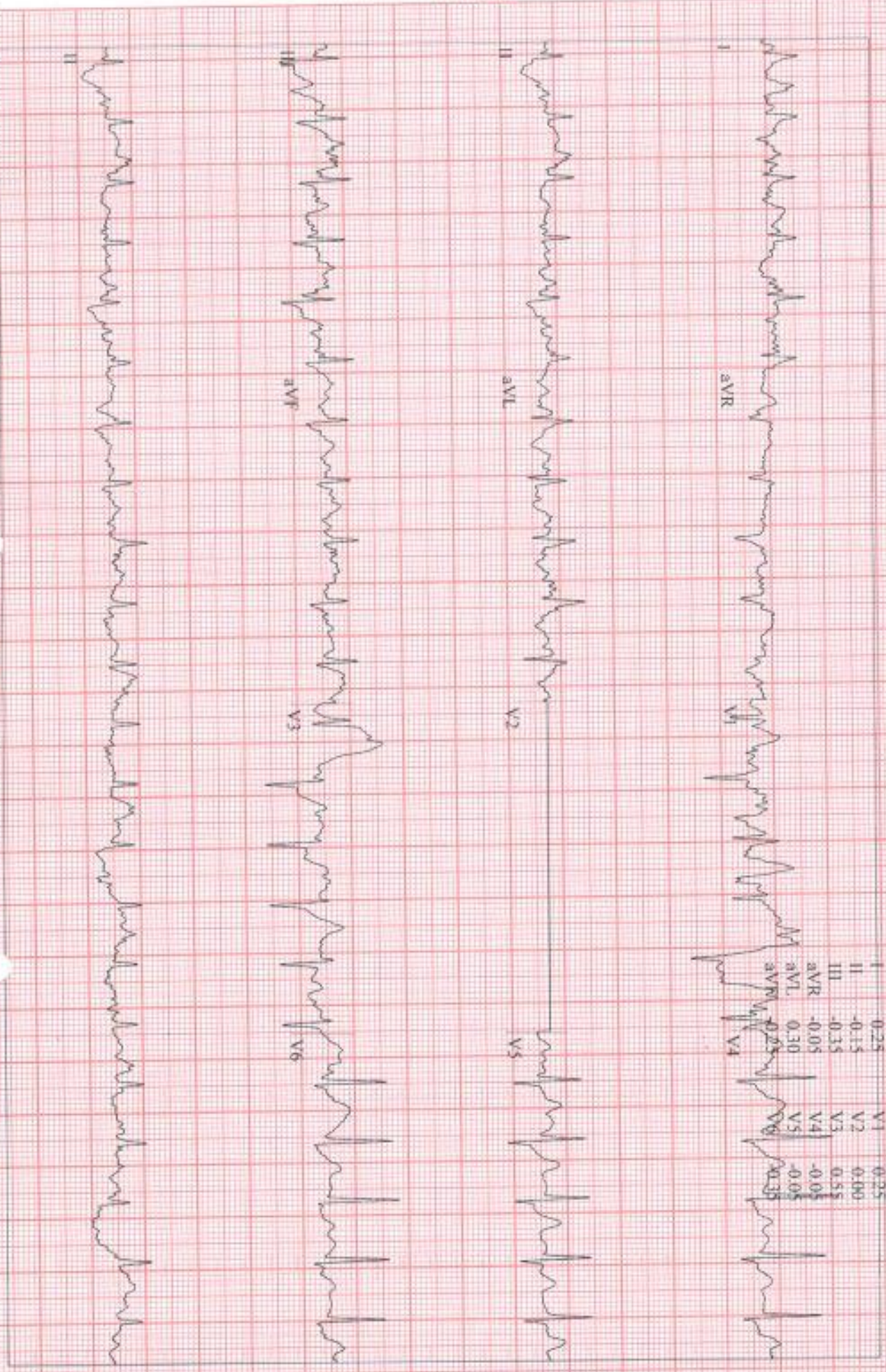
131 bpm
170/80 mmHg

EXERCISE
STAGE 3
07.28

BRUCE
5.4 km/h
14.0 %

Measured at 60ms Post J (10mmV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.25	V1	0.25
II	-0.15	V2	0.00
III	-0.35	V3	0.55
aVR	-0.05	V4	-0.05
aVL	0.30	V5	-0.05
aVF	0.25	V6	0.35



Patient ID 371380

14.09.2024

12:08:06

105 bpm

RECOVERY #1

00:50

BRUCE

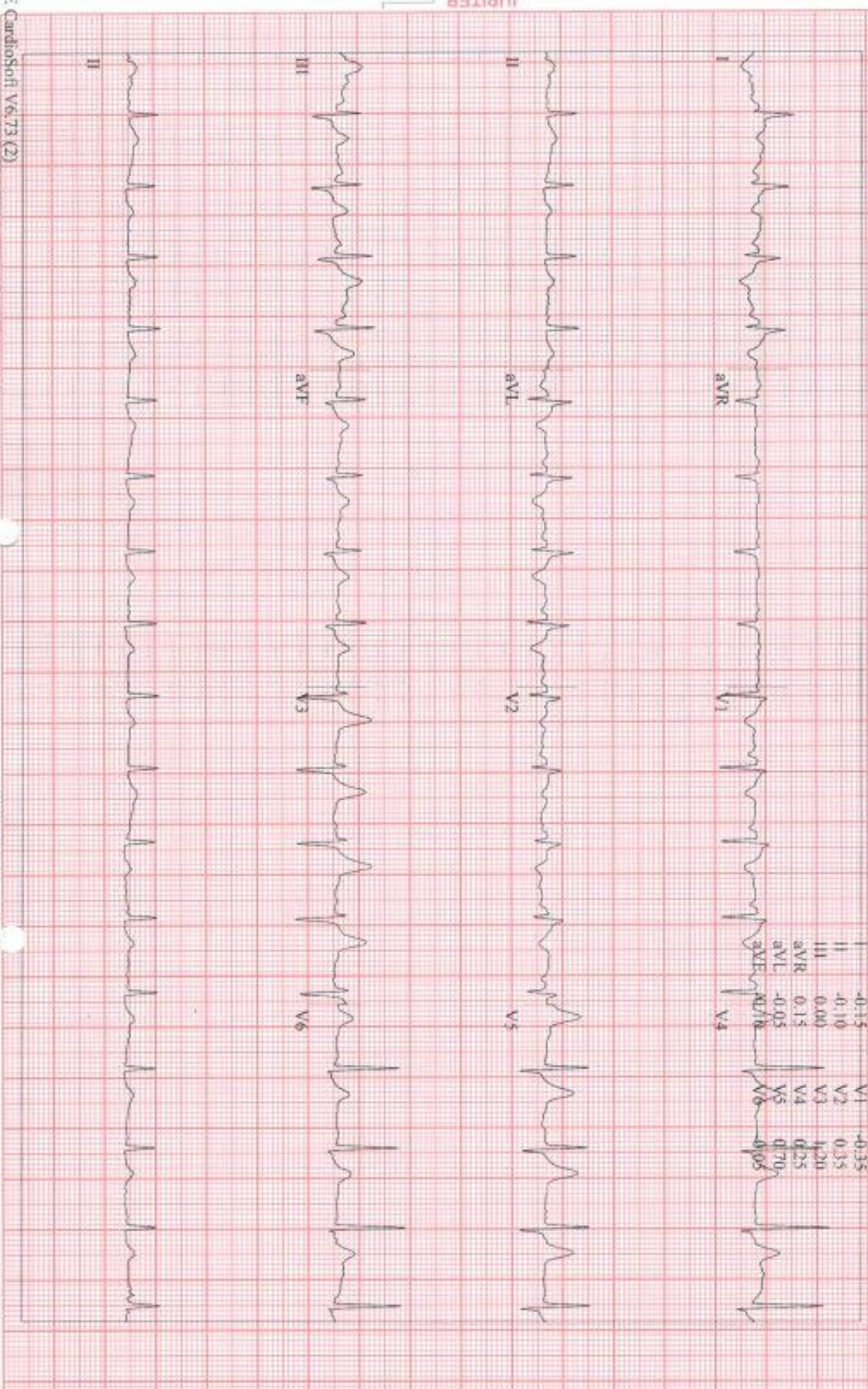
0.0 km/h

0.0 %

Measured at 60ms Post J (10mm/V)

Auto-Prints

Lead	ST(mm)	Lead	ST(mm)
I	-0.15	V1	-0.35
II	-0.10	V2	0.35
III	0.00	V3	1.20
aVR	0.15	V4	0.25
aVL	-0.05	V5	0.70
aVF	0.10	V6	0.05



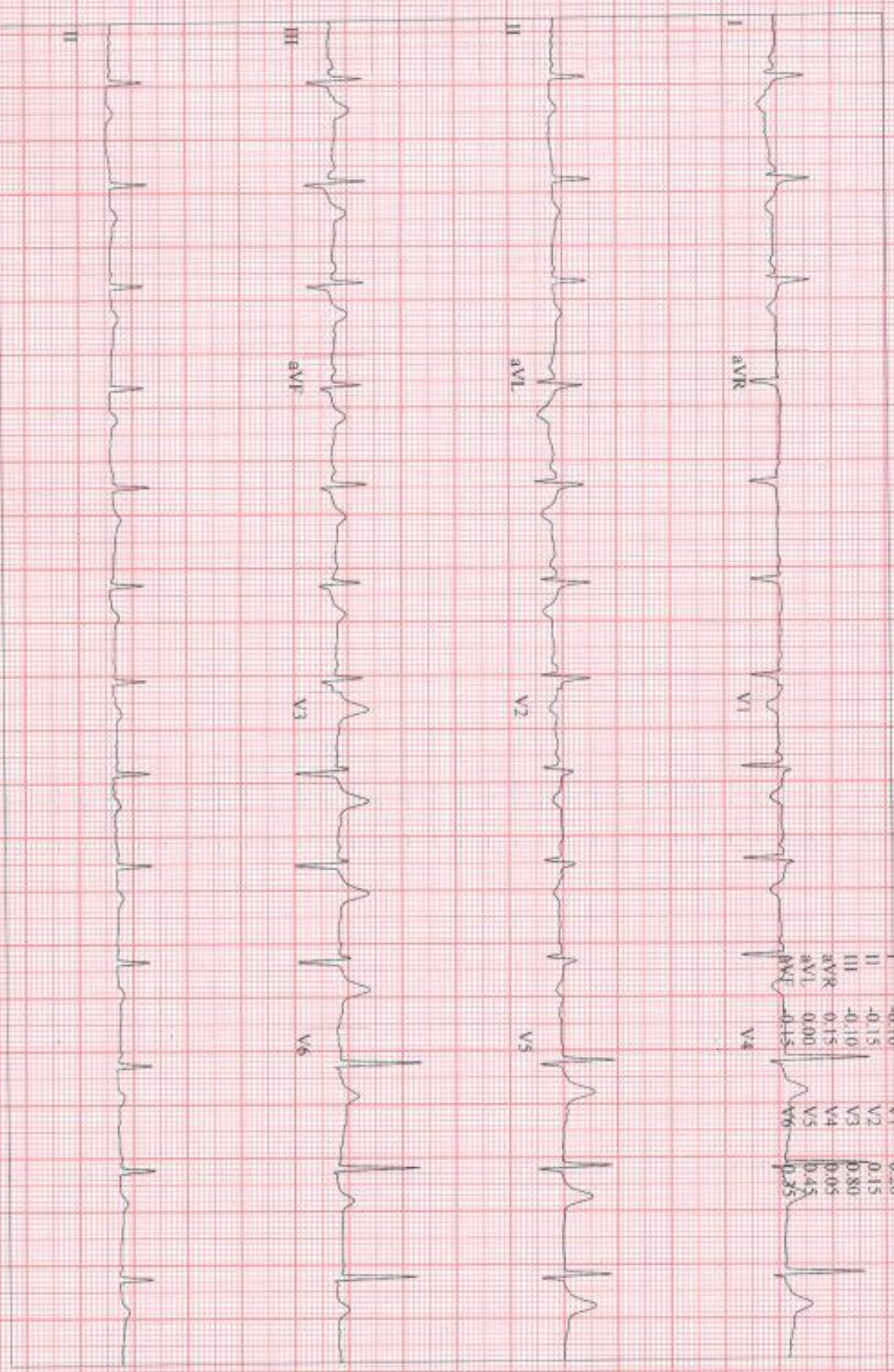
GE CardioSoft V6.73(2)
25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(V4, V6)

Start of Test: 11:59:25

Measured at 60bpm Post 1 (0mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.10	V1	0.20
II	-0.15	V2	0.15
III	-0.10	V3	0.80
aVR	0.15	V4	0.05
aVL	0.00	V5	0.45
aVF	0.15	V6	0.35

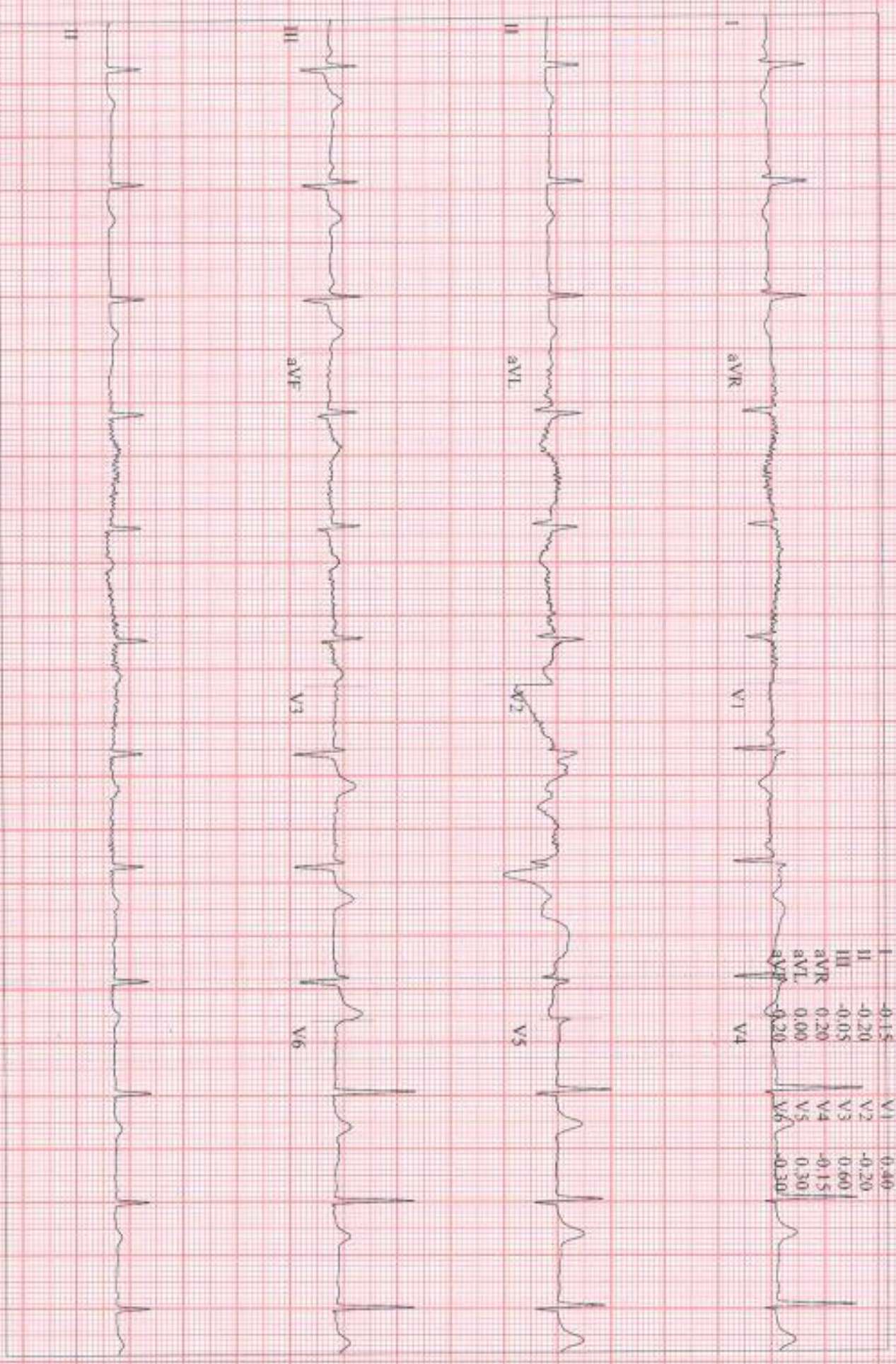
JUPITER



GE Cardiosoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01 ~ 20Hz S⁺ HR(V4, V6)

Start of Test: 11:5 3

JUPITER



Lead	ST(mm)	Lead	ST(mm)
I	-0.15	V1	0.40
II	-0.20	V2	-0.20
III	-0.05	V3	0.60
aVR	0.20	V4	-0.15
aVL	0.00	V5	0.30
aVF	-0.20	V6	-0.30

12-Lead Report

RECOVERY

#1

03:50

BRUCE

0.0 km/h

0.0 %

Measured at 60ms Post J (10mm/mV)
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.10	V1	0.20
II	-0.20	V2	0.05
III	-0.10	V3	0.65
aVR	0.15	V4	-0.05
aVL	0.00	V5	0.35
aVF	0.20	V6	0.20

JUPITER



Patient Name: NEMICHAND H SAINI		UHID: SUR0000371380	
Age / Sex: 57 Yrs. / Male		Study:	USG Abdomen + Pelvis
Referred By:	Dr. at shalby Hospital	Date: 14.09.2024	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver is normal in size shows grade II fatty changes. No focal lesion seen. The Hepatic veins appear normal. No evidence of dilated I.H.B.R. **Portal vein** appears normal.

Gall bladder is well distended and appears normal. No evidence of calculi seen. Wall appears normal. No pericholecystic fluid seen. **CBD** appears normal.

Pancreas appears normal in size and echotexture.

Spleen appears normal in size and appearance. No focal lesion seen.

Right kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Left kidney It shows normal echotexture and corticomedullary differentiation. There is no evidence of scarring, hydronephrosis or calculi.

Urinary bladder well distended and appears normal. No evidence of any intraluminal mass or calculi.

Prostate is normal in size and measures 30 X 37 X 33 mm (Approx. vol- 19 cc). It has smooth outlines and normal reflectivity.

No ascites is seen. No abnormal bowel wall thickening and dilatation seen.

IMPRESSION:

- Grade II fatty liver.

Thanks for referral.


DR. ASHUTOSH GANDHI
DMRD (Radiodiagnosis)
G-14916

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CIN: L85110GJ2004PLC044667

Patient ID:	SUR0000371380	Patient Name:	NEMICHAND SAINI
Age:	57 Years	Sex:	M
Accession Number:	9257 MHC	Modality:	DX
Referring Physician:	DR. SHALBY	Study:	CHEST PA
Study Date:	14-Sep-2024		

CHEST X-RAY (PA)

Both lung fields appear normal.

No evidence of consolidation or cavitation is seen.

Both costo-phrenic angles appear clear.

Cardiac size is within normal limits.

Both domes of diaphragm appear normal.

Bony thoracic cage and soft tissue shadow appear normal.

IMPRESSION:

- No significant abnormality seen.

Thanks for referral.


DR. ASHUTOSH GANDHI

DMRD (Radiodiagnosis)

G-14916

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CIN: L85110GJ2004PLC044667


 Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India.
 Tel.: 0261 7190000 | Ext.: 851 | Mo.: 9512036046 | Email: pathology.surat@shalby.in | Web: www.shalby.org

PID : SUR0000371380 OP-001

REPORT STATUS : Interim


Patient Name : Mr Nemichand H Saini	/	Registered On : 14-Sep-2024 09:33 AM
Lab ID : 409901119		Collected On : 14-Sep-2024 09:41 AM
Gender/Age : Male / 57 Years	DOB : 20-Jul-1967	Received On : 14-Sep-2024 09:49 AM
Ref. By : Health Check Up Shalby		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
BLOOD COUNT AND INDICIES			
HAEMOGLOBIN <small>Colorimetric Non Cyanide</small>	13.4	g/dL	13.0 - 17.0
RBC COUNT <small>Electrical Impedance</small>	4.52	mill/cmm	4.5 - 5.5
HCT <small>Calculated</small>	39.9	%	40 - 50
MCV <small>Calculated based on the RBC histogram</small>	88.2	fL	83 - 101
MCH <small>Calculated</small>	29.6	pg	27 - 32
MCHC <small>Calculated</small>	33.6	g/dL	31.5 - 34.5
RDW <small>Calculated</small>	12.6	%	13.3 - 18.3

TOTAL LEUCOCYTE COUNT

Total WBC Count <small>Electrical Impedance</small>	4780	cells/cmm	4000 - 10000
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DIFFERENTIAL LEUCOCYTE COUNT (Manual by Microscopy)

NEUTROPHILS <small>Flow Cytometry</small>	47	%	40 - 80
LYMPHOCYTES <small>Flow Cytometry</small>	41	%	20 - 40
EOSINOPHILS <small>Flow Cytometry</small>	6	%	1 - 6
MONOCYTES <small>Flow Cytometry</small>	6	%	2 - 10
BASOPHIL <small>Flow Cytometry</small>	0	%	0 - 2

PLATELET INDICES

PLATELET COUNT <small>Electrical Impedance</small>	232000	/cmm	150000 - 410000
MPV <small>Calculated based on PLT Histogram</small>	8.6	fL	7.5 - 12.0

PERIPHERAL SMEAR EXAMINATION

RBCs	Normochromic and Normocytic.
WBCs	Total and differential leucocyte counts are within normal limit
PLATELETs	Adequate in number and normal in morphology.
MALARIAL PARASITE	Malarial parasites are not seen on smear examination.

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC, RBC, MCV & Platelet count by classical impedance method, Hb by cyanide-free colorimetric method, WBC differential by Chemical dye, Flowcytometry, Semi-conductive Laser scatter Method, independent Basophil channel & other parameters calculated). All Haemograms are reviewed & confirmed microscopically.

Reference Interval: Dacie and Lewis practical haematology 11th edition.

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Generated On : 14-Sep-2024 12:46 PM

Approved On : 14-Sep-2024 10:42 AM

Dr Pankaj Agrawal
Dr Pankaj Agrawal
 M.B., D.C.P.
 Consulting Pathologist



Certificate No. : MC-028



Shalby Hospital (A Unit of Shalby Limited) Near Navyug College, Rander Road, Adajan, Surat, Gujarat, India.

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PID : SUR0000371380 OP-001

REPORT STATUS : Interim



Patient Name : Mr Nemichand H Saini / Registered On : 14-Sep-2024 09:33 AM
 Lab ID : 409901119 Collected On : 14-Sep-2024 09:41 AM
 Gender/Age : Male / 57 Years DOB : 20-Jul-1967 Received On : 14-Sep-2024 09:49 AM
 Ref. By : Health Check Up Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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BLOOD GROUP

(Tube agglutination: Forward & reverse)

ABO Type	"O"		
RH Type	POSITIVE		

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Approved On : 14-Sep-2024 12:43 PM

Dr Pankaj AgrawalM.B., D.C.P.
Consulting Pathologist

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 Ref. By : Health Check Up Shalby Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
ESR 1st hour <i>Modified Westergren Method</i>	44	mm in 1 hour	0 - 20
HBA1C HbA1c - Glycated Haemoglobin <i>Boronate Affinity Assay</i>	5.7	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Therapeutic goals for glycemic control Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

Estimated Average Glucose (eAG) (mg/dL) 117 mg/dL

Calculated

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Approved On : 14-Sep-2024 12:43 PM

*Pankaj Agrawal***Dr Pankaj Agrawal**M.B., D.C.P.
Consulting Pathologist



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PID: SUR0000371380 OP-001

REPORT STATUS : Interim



Patient Name : Mr Nemichand H Saini	/	Registered On : 14-Sep-2024 09:33 AM
Lab ID : 409901119		Collected On : 14-Sep-2024 09:40 AM
Gender/Age : Male / 57 Years	DOB : 20-Jul-1967	Received On : 14-Sep-2024 09:52 AM
Ref. By : Health Check Up Shalby		Sample Type : Fluoride F, Urine (PP), Fluoride PP, Urine (F)

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

PLASMA GLUCOSE LEVEL
FASTING PLASMA GLUCOSE

Plasma Glucose (F)	102	mg/dL	74 - 106
---------------------------	-----	-------	----------

GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (F)	ABSENT	mg/dL	Absent
------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction
POST PRANDIAL PLASMA GLUCOSE

Plasma Glucose (PP)	98	mg/dL	Normal: 100-140 Impaired: 140 -199 Diabetic : =>200
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GOD/POD (Glucose Oxidase/Peroxidase), Colorimetric

Urine Sugar (PP)	ABSENT	mg/dL	Absent
-------------------------	--------	-------	--------

Glucose-oxidase/oxidase reaction

This is an Electronically Authenticated Report.

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Dr Pankaj Agrawal

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Gender/Age : Male / 57 Years	DOB : 20-Jul-1967	Received On : 14-Sep-2024 09:49 AM
Ref. By : Health Check Up Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
LIPID PROFILE			
LIPID PROFILE			
Cholesterol <i>Cholesterol Esterase: Oxidase, Peroxidase</i>	176	mg/dL	Desirable: <200 Borderline High: 200 - 239 High >=240
SERUM TRIGLYCERIDE <i>Lipase/GK/GPO/POD</i>	236	mg/dL	Normal : <150 Borderline High : 150-199 High : 200-499 Very High : > 500
HDL CHOLESTEROL DIRECT <i>Phosphotungstic Acid/Mgo2 - Enzymatic</i>	29	mg/dL	Major risk factor for heart disease : < 40 Negative risk factor for heart disease : >= 60
Non HDL Cholesterol <i>Calculated</i>	147	mg/dL	Optimal : <130 Desirable : 130-159 Borderline high : 159-189 High : 189-220 Very High : >=220
LDL Cholesterol <i>Calculated</i>	100	mg/dL	Optimal: <100 Near to above Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: > 190
VLDL <i>Calculated</i>	47	mg/dL	6 - 38
LDL/dHDL <i>Calculated</i>	3.4		2.5 - 3.5
Chol/dHDL <i>Calculated</i>	6.1	Ratio	3.5 - 5.0

Note: Reference interval as per National Cholesterol Education Programme (NCEP) Adult Treatment Panel III Report. VLDL, CHOL/dHDL RATIO, LDL/dHDL RATIO, LDL Cholesterol, Non HDL Cholesterol are calculated parameters. Estimation of LDL by direct method is recommended when TG>400 mg/dL.

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Consulting Pathologist


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 Tel: 0261 7190000 | Ext: 851 | Mo: 9512036046 | Email: pathology.surat@shalby.in | Web: www.shalby.org

PID : SUR0000371380 OP-001

REPORT STATUS : Interim


 Patient Name : Mr Nemichand H Saini / Registered On : 14-Sep-2024 09:33 AM
 Lab ID : 409901119 Collected On : 14-Sep-2024 09:41 AM
 Gender/Age : Male / 57 Years DOB : 20-Jul-1967 Received On : 14-Sep-2024 11:58 AM
 Ref. By : Health Check Up Shalby Sample Type : Serum

Parameter Result Unit Biological Ref. Interval

IMMUNOLOGY

THYROID PROFILE (TFT)

Total T3 126 ng/dL 87 - 178

Chemiluminescence immunoassay (CLIA)

T3 Total in ng/mL	0-3 days	1.00-7.40
	4-30 days	Not Established
	1-11 months	1.05-2.45
	1-5 years	1.05 - 2.69
	6-10 years	0.94-2.41
	11-15 years	0.82-2.13
	16-20 years	0.80-2.10

 Total T4 10.04 µg/dL 99% Reference Interval (µg/dL)
 4.82 - 15.65

Chemiluminescence immunoassay (CLIA)

T4 Total in µg/dL	1-3 days	11.80-22.60
	4-7 days	Not Established
	1-2 weeks	9.80-16.60
	15-30 days	Not Established
	1-4 months	7.20-14.40
	4-12 months	7.80-16.50
	1-5 years	7.30-15.00
	5-10 years	6.40-13.30
	10-15 years	5.60-11.70

TSH 1.909 µIU/mL 0.38 - 5.33

Chemiluminescence immunoassay (CLIA)

INTERPRETATION:

- The principal clinical use for hTSH measurement is for the assessment of thyroid status.
- In patients with intact hypothalamic-pituitary function, hTSH is measured to:
 - exclude hypothyroidism (elevated levels of hTSH) or hyperthyroidism (depressed or nondetectable levels of hTSH);
 - monitor T4 replacement treatment in primary hypothyroidism or antithyroid treatment in hyperthyroidism;
 - follow T4 suppression of the trophic influence of hTSH in "cold nodules" and non-toxic goiter; and
 - assess the response to TRH stimulation testing.
- As more sensitive and precise methods become available, hTSH measurements are also increasingly used to identify subclinical or latent hypothyroidism or hyperthyroidism.

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Ref. By : Health Check Up Shalby		Sample Type : Serum

PROSTATE SPECIFIC ANTIGEN

1.0

ng/mL

0.0 - 4.0

Chemiluminescence immunoassay (CLIA)

Clinical Use:

1. An aid in the early detection of Prostate cancer when used in conjunction with Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives.
2. Followup and management of Prostate cancer patients.
3. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer.

Note:

1. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
2. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
3. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
4. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

Recommended Testing Intervals:

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% ,hence

time of the day has influence on the measured serum TSH concentrations.

TSH levels During Pregnancy :

First Trimester :0.1 to 2.5 μ IU/mL Second Trimester : 0.2 to 3.0 μ IU/mL Third trimester : 0.3 to 3.0 μ IU/mL

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Gender/Age : Male / 57 Years	DOB : 20-Jul-1967	Received On : 14-Sep-2024 09:49 AM
Ref. By : Health Check Up Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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BIOCHEMISTRY

RENAL FUNCTION TEST

NABL Accredited Parameters

Urea Nitrogen (BUN) <i>Urease, colorimetric</i>	17	mg/dL	9 - 20
UREA <i>Calculated</i>	36	mg/dL	19 - 43
Creatinine <i>Enzymatic - Creatinine amidohydrolase</i>	0.88	mg/dL	0.66 - 1.25
S. URIC ACID <i>Uricase/Peroxidase, Colorimetric</i>	6.1	mg/dL	3.5 - 8.5
Calcium <i>Arsenazo III dye</i>	9.5	mg/dL	8.4 - 10.2
Sodium <i>Direct Ion Selective Electrode</i>	142	mmol/L	137 - 145
S. POTASSIUM <i>Direct Ion Selective Electrode</i>	4.5	mmol/L	3.5 - 5.1
Chloride	106	mmol/L	98 - 107
Phosphorus (Not in NABL Scope) <i>Phosphomolybdate reduction (PMA Phenol)</i>	4.2	mg/dL	2.5 - 4.5

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REPORT STATUS : Interim



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Lab ID : 409901119		Collected On : 14-Sep-2024 09:41 AM
Gender/Age : Male / 57 Years	DOB : 20-Jul-1967	Received On : 14-Sep-2024 09:49 AM
Ref. By : Health Check Up Shalby		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Liver Function Test			
Liver Function Test			
SGPT (ALT) <i>Multi Point Rate with P-S-P</i>	32	U/L	21 - 72
SGOT (AST) <i>Multi Point Rate with P-S-P</i>	29	U/L	17 - 59
Alkaline Phosphatase <i>PNPP, AMP Buffer</i>	100	U/L	20-50 yrs : 53 - 128 4-19 yr : 54 - 369 >/=51 yr : 56 - 119
GGT <i>L-gamma-glutamyl-L-norbornanolate(glycylglycine) Kinetic</i>	49	U/L	15 - 73
S. PROTEIN <i>Buret (Alkaline cupric sulfate), End Point</i>	8.0	g/dL	6.3 - 8.2
Albumin <i>Bromocresol Green (BCG), Colorimetric</i>	4.3	g/dL	3.5 - 5.0
S. GLOBULIN <i>Calculated</i>	3.7	g/dL	2.3 - 3.6
A/G Ratio <i>Calculated</i>	1.2	Ratio	1.0 - 2.3
Bilirubin Total <i>Azobilirubin/Dyphyline/Diazotimm Salt</i>	0.7	mg/dL	0-1 day (premature) : 1.0 - 8.0 0-1 day (full term) : 2.0 - 6.0 1-2 day (premature) : 6.0 - 12.0 1-2 day (full term) : 6.0 - 10.0 3-5 day (premature) : 10.0 - 14.0 3-5 day (full term) : 4.0 - 8.0 Adult : 0.2 - 1.3
Bilirubin Unconjugated <i>End-point Colorimetric (Dual wavelength spectrophotometric)</i>	0.7	mg/dL	Unconjugated bilirubin Adults: 0.0-1.1 Neonates: 0.6-10.5
Bilirubin Direct <i>Calculated</i>	0.0	mg/dL	Conjugated bilirubin and Delta bilirubin (Bilirubin covalently bound to albumin) 0.0-0.4

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REPORT STATUS : Interim



Patient Name : Mr Nemichand H Saini	/	Registered On : 14-Sep-2024 09:33 AM
Lab ID : 409901119		Collected On : 14-Sep-2024 09:40 AM
Gender/Age : Male / 57 Years	DOB : 20-Jul-1967	Received On : 14-Sep-2024 09:49 AM
Ref. By : Health Check Up Shalby		Sample Type : Urine

URINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Physical Examination			
Colour	Pale Yellow		Pale yellow
Transparency	Clear		Clear
Chemical Examination			
Glucose	Glucose-oxidase/peroxidase reaction	Negative	Negative
Bilirubin	Azo coupling Reaction with diazonium	Negative	Negative
Ketone	Sodium Nitroprusside reaction	Negative	Negative
Specific Gravity	Refractometric Method - Bromthymol blue	1.005	S.G. value 1.001 - 1.035
Blood	Peroxidase like activity of hemoglobin	Trace (+/-)	Negative
pH	Double indicator principle	5.5	PH value 4.6 - 8.0
Protein	Protein Error of Indicator Principle	Negative	Negative
Urobilinogen	Modified Ehrlich reaction	0.2	EU/dL Upto 1.0 mg/dL (EU/dL)
Nitrite	Diazotization reaction of nitrite with an aromatic amine	Negative	Negative
Leucocyte	Leucocyte Esterase Test	Negative	Negative
Microscopic Examination			
Pus cells	4-5/hpf	/hpf	0-5/hpf
Red blood cells	2-3/hpf	/hpf	NIL/hpf
Epithelial cells	0-2/hpf	/hpf	NA
Crystals	Nil		Nil
Cast	Nil		Nil
Bacteria	Nil		Nil
Amorphous	Nil		Nil
Yeast	Nil		Nil
Others	Nil		Nil

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