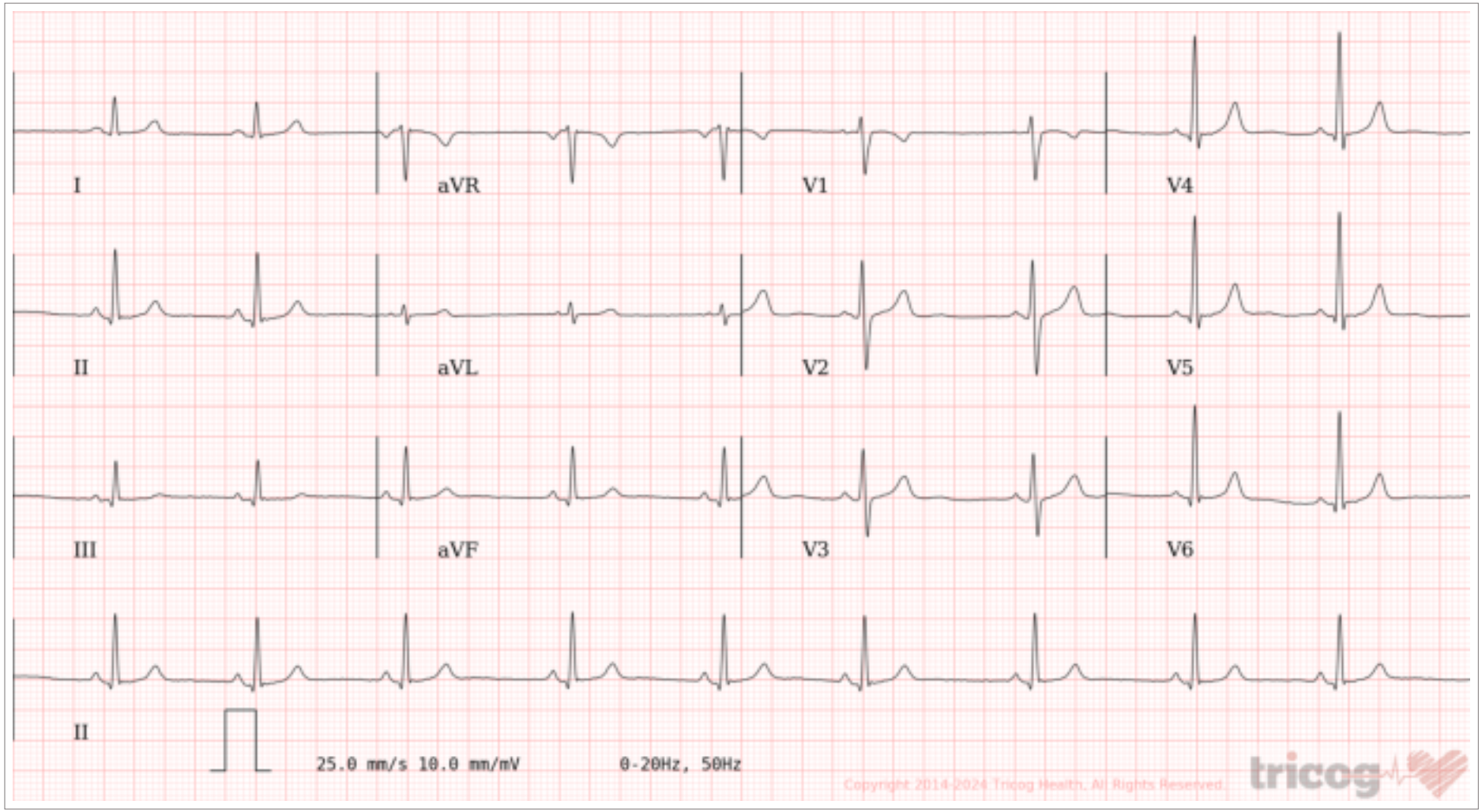
HEALTHSPRING
FAMILY HEALTH EXPERTS

Health spring Khar, Mumbai

Age / Gender: 33/Female
Patient ID: 0470347
Patient Name: MEGHNA GUPTA

Date and Time: 19th Feb 24 9:19 AM



AR: NA VR: 59bpm QRSD: 90ms QT: 376ms QTcB: 372ms PRI: 126ms P-R-T: 67° NA 47°

Sinus Bradycardia. 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.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr. Priyanka Kumari

WBMC 78253

HEALTHSPRING FAMILY HEALTH EXPERTS

KHAR (WEST)

Patient Details **Date: 19-Feb-24** **Time: 1:15:29 PM**

Name: MEGHNA GUPTA ID: 466492

Age: 33 y **Sex: F** **Height: 161 cms.** **Weight: 55 Kg.**

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 187 bpm **THR:** 158 (85 % of Pr.MHR) bpm

Total Exec. Time: 6 m 40 s **Max. HR:** 167 (89% of Pr.MHR)bpm **Max. Mets:** 10.20

Max. BP: 140 / 80 mmHg **Max. BP x HR:** 23380 mmHg/min **Min. BP x HR:** 6160 mmHg/min

Test Termination Criteria: Target HR Attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 14	1.0	0	0	88	120 / 70	-0.25 aVR	0.84 V3
Standing	0 : 23	1.0	0	0	108	120 / 70	-0.51 aVR	1.27 II
Hyperventilation	0 : 11	1.0	0	0	91	120 / 70	-0.25 aVR	0.84 III
1	3 : 0	4.6	2.7	10	128	140 / 80	-1.01 III	1.69 II
2	3 : 0	7.0	4	12	150	140 / 90	-1.52 V4	1.69 II
Peak Ex	0 : 40	10.2	5.4	14	167	140 / 90	-2.03 III	2.53 II
Recovery(1)	1 : 0	1.8	1.6	0	138	140 / 90	-1.77 aVF	3.80 V2
Recovery(2)	1 : 0	1.0	0	0	111	140 / 70	-1.01 II	3.80 V2
Recovery(3)	1 : 0	1.0	0	0	101	120 / 70	-0.51 aVR	2.11 II
Recovery(4)	0 : 46	1.0	0	0	109	120 / 70	-0.51 aVR	1.69 II

Interpretation

The patient exercised according to the Bruce protocol for 6 m 40 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 88 bpm, rose to a max. heart rate of 167 (89% of Pr.MHR) bpm. Resting blood Pressure 120 / 70 mmHg, rose to a maximum blood pressure of 140 / 80 mmHg.

Ref. Doctor: ------

(Summary Report edited by user)

Doctor: ------

Schiller CS-20 V 1.7

HEALTHSPRING FAMILY HEALTH EXPERTS

MEGHNA GUPTA (33 F) ID: 466492 Date: 19-Feb-24 Exec Time : 0 m 0 s Stage Time : 0 m 6 s ***HR: 88 bpm***

Protocol: Bruce Stage: Supine Speed: 0 Km/h Grade: 0 % (THR: 158 bpm) B.P: 120 / 70

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

MEGHNA GUPTA (33 F) ID: 466492 Date: 19-Feb-24 Exec Time : 0 m 0 s Stage Time : 0 m 0 s ***HR: 93 bpm***

Protocol: Bruce Stage:Standing Speed: 0 Km/h Grade: 0 % (THR: 158 bpm) B.P: 120 / 70

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

MEGHNA GUPTA (33 F) ID: 466492 Date: 19-Feb-24 Exec Time : 0 m 0 s Stage Time : 0 m 0 s ***HR: 104 bpm***

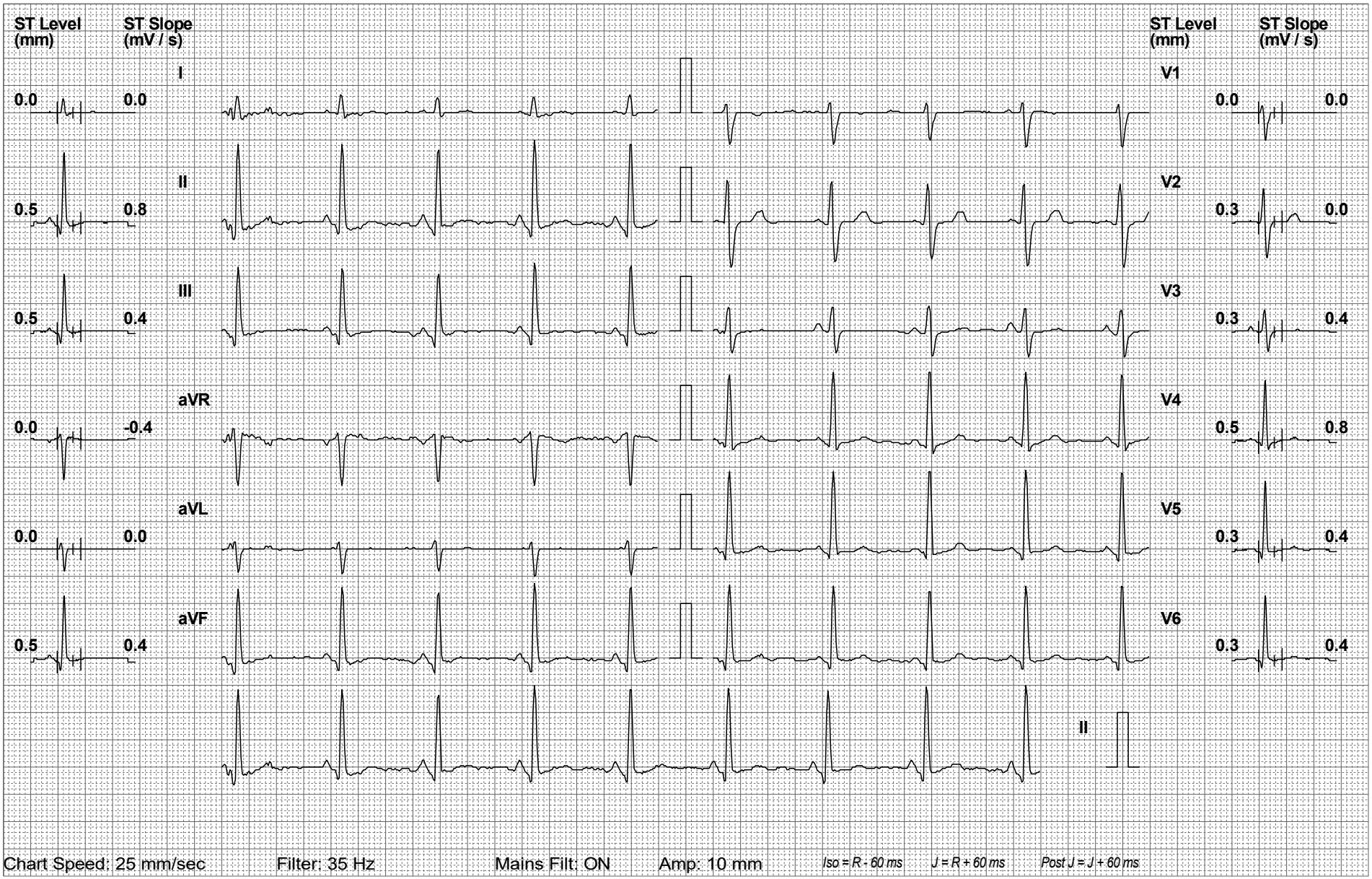
Protocol: Bruce Stage:Hyperventilation Speed: 0 Km/h Grade: 0 % (THR: 158 bpm) B.P: 120 / 70

Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

MEGHNA GUPTA (33 F) ID: 466492 Date: 19-Feb-24 Exec Time : 0 m 0 s Stage Time : 0 m 0 s ***HR: 83 bpm***

Protocol: Bruce Stage:Pre Test Speed: 1.6 Km/h Grade: 0.5 % (THR: 158 bpm) B.P: 120 / 70

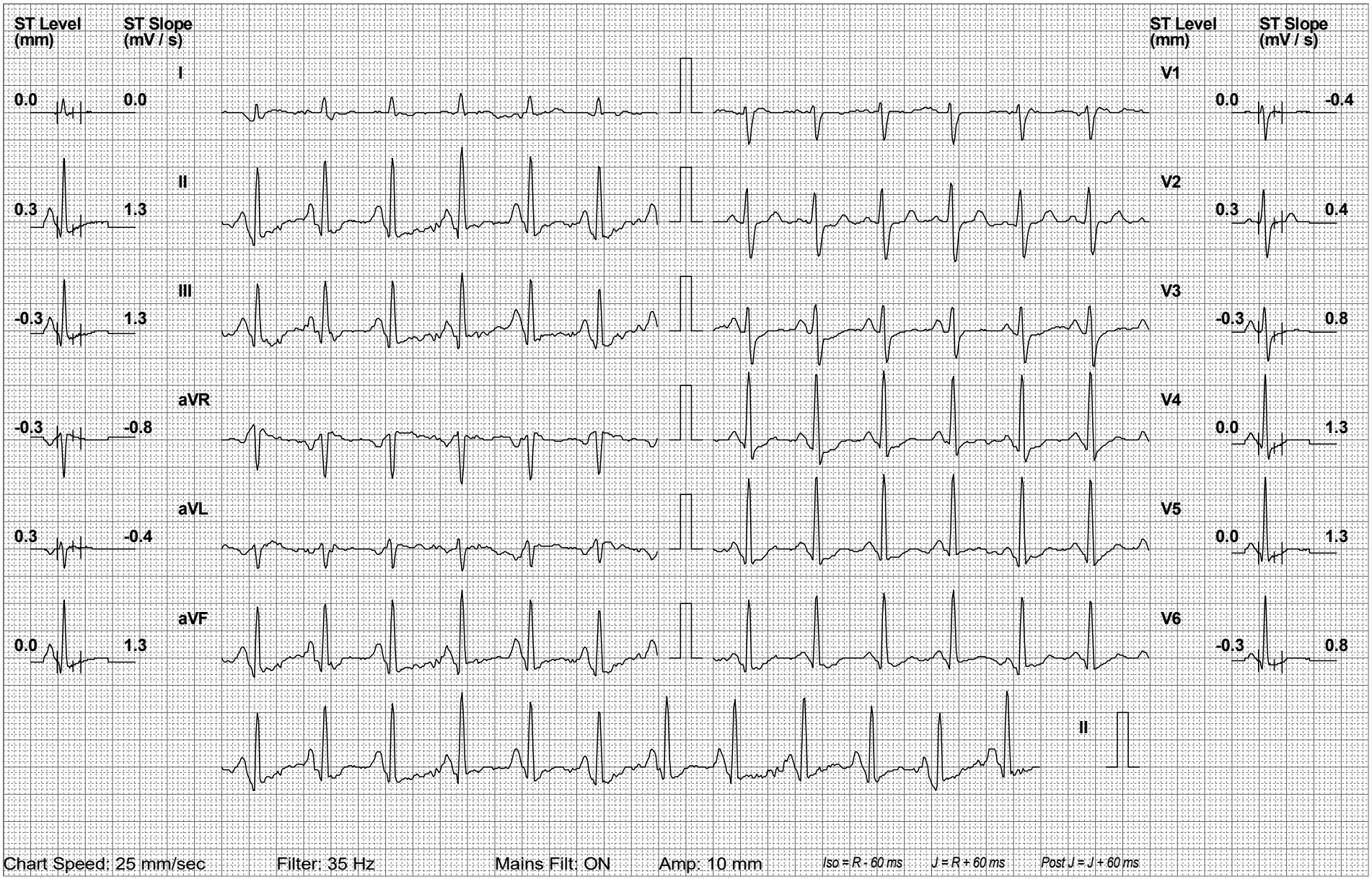


Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

MEGHNA GUPTA (33 F) ID: 466492 Date: 19-Feb-24 Exec Time : 1 m 12 s Stage Time : 1 m 12 s ***HR: 120 bpm***

Protocol: Bruce Stage: 1 Speed: 2.7 Km/h Grade: 10 % (THR: 158 bpm) B.P: 140 / 80

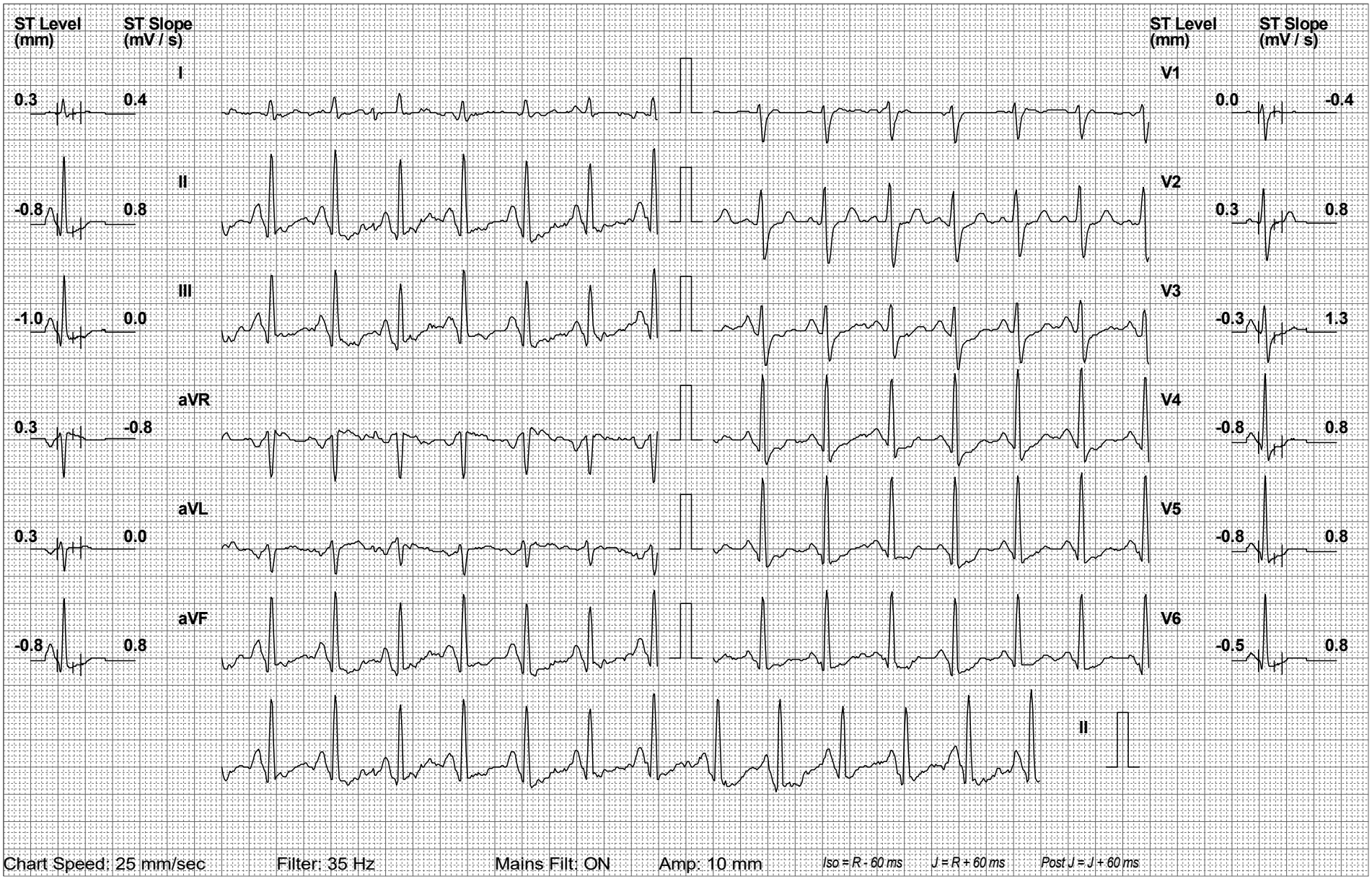


Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

MEGHNA GUPTA (33 F) ID: 466492 Date: 19-Feb-24 Exec Time : 3 m 0 s Stage Time : 0 m 0 s ***HR: 129 bpm***

Protocol: Bruce Stage:2 Speed: 4 Km/h Grade: 12 % (THR: 158 bpm) B.P: 140 / 90

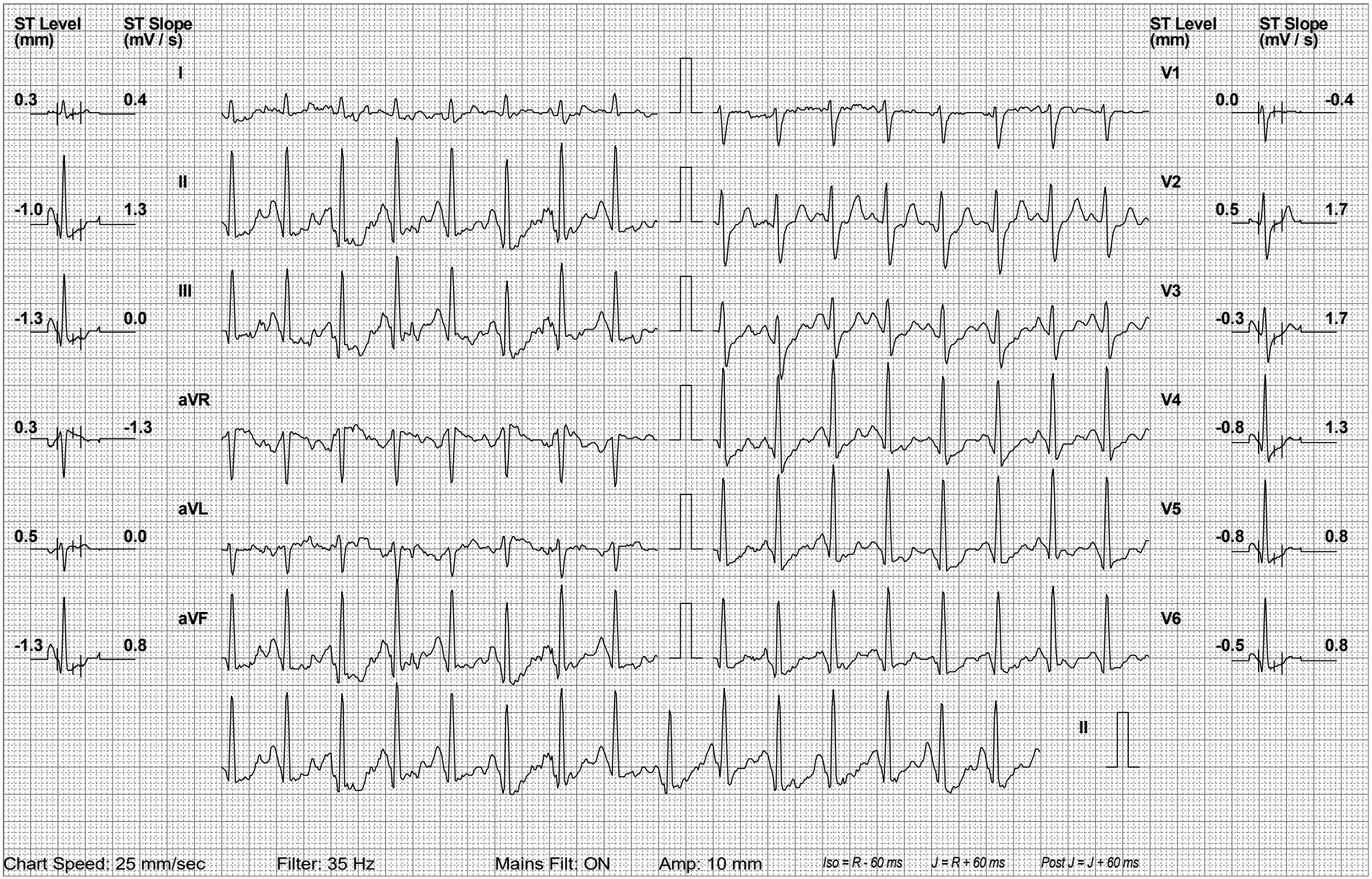


Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

MEGHNA GUPTA (33 F) ID: 466492 Date: 19-Feb-24 Exec Time : 6 m 0 s Stage Time : 0 m 0 s ***HR: 150 bpm***

Protocol: Bruce Stage:Peak Ex Speed: 5.4 Km/h Grade: 14 % (THR: 158 bpm) B.P: 140 / 90

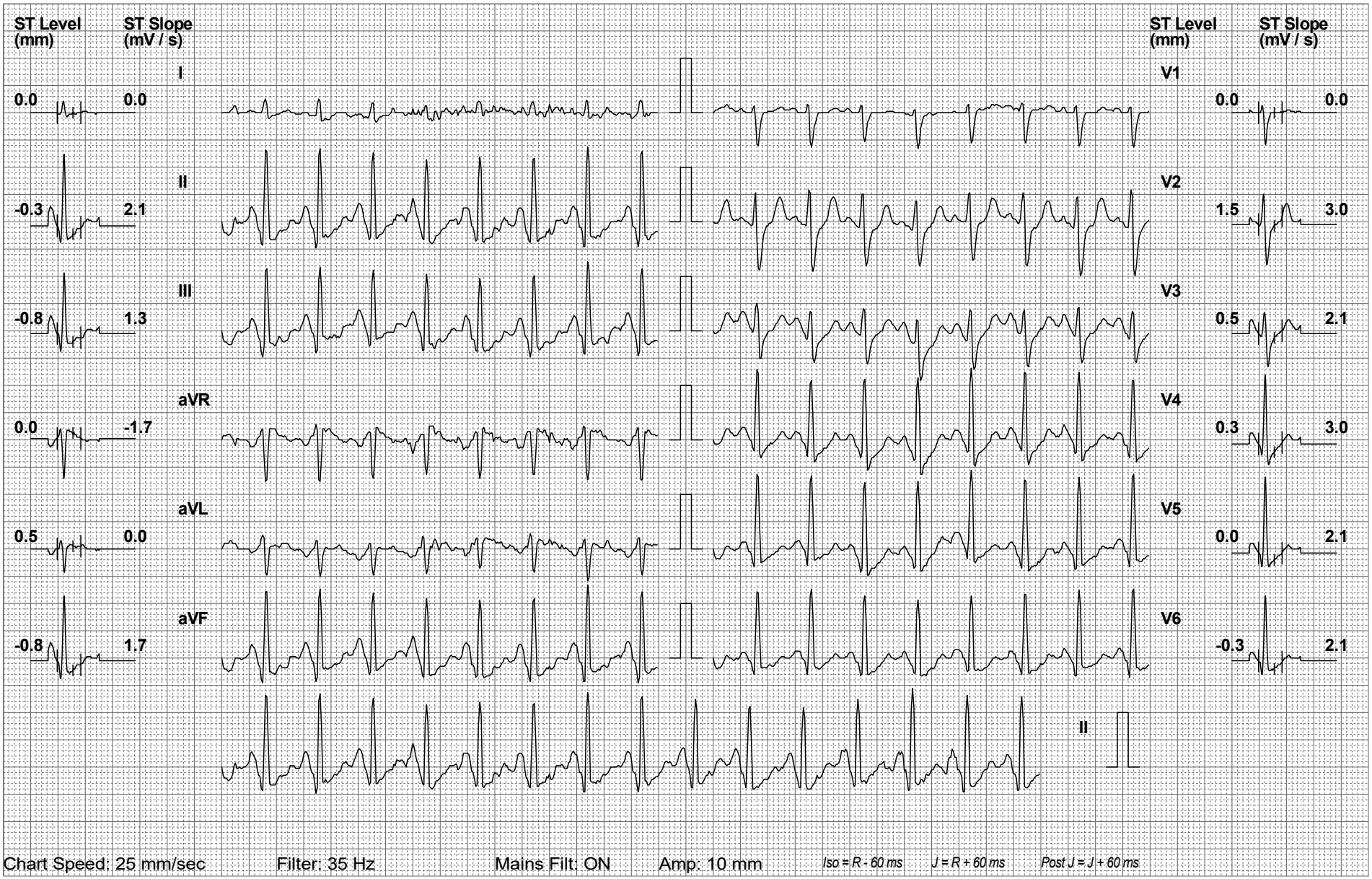


Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

MEGHNA GUPTA (33 F) ID: 466492 Date: 19-Feb-24 Exec Time : 6 m 40 s Stage Time : 0 m 36 s ***HR: 151 bpm***

Protocol: Bruce Stage: Recovery(1) Speed: 1.6 Km/h Grade: 0 % (THR: 158 bpm) B.P: 140 / 90

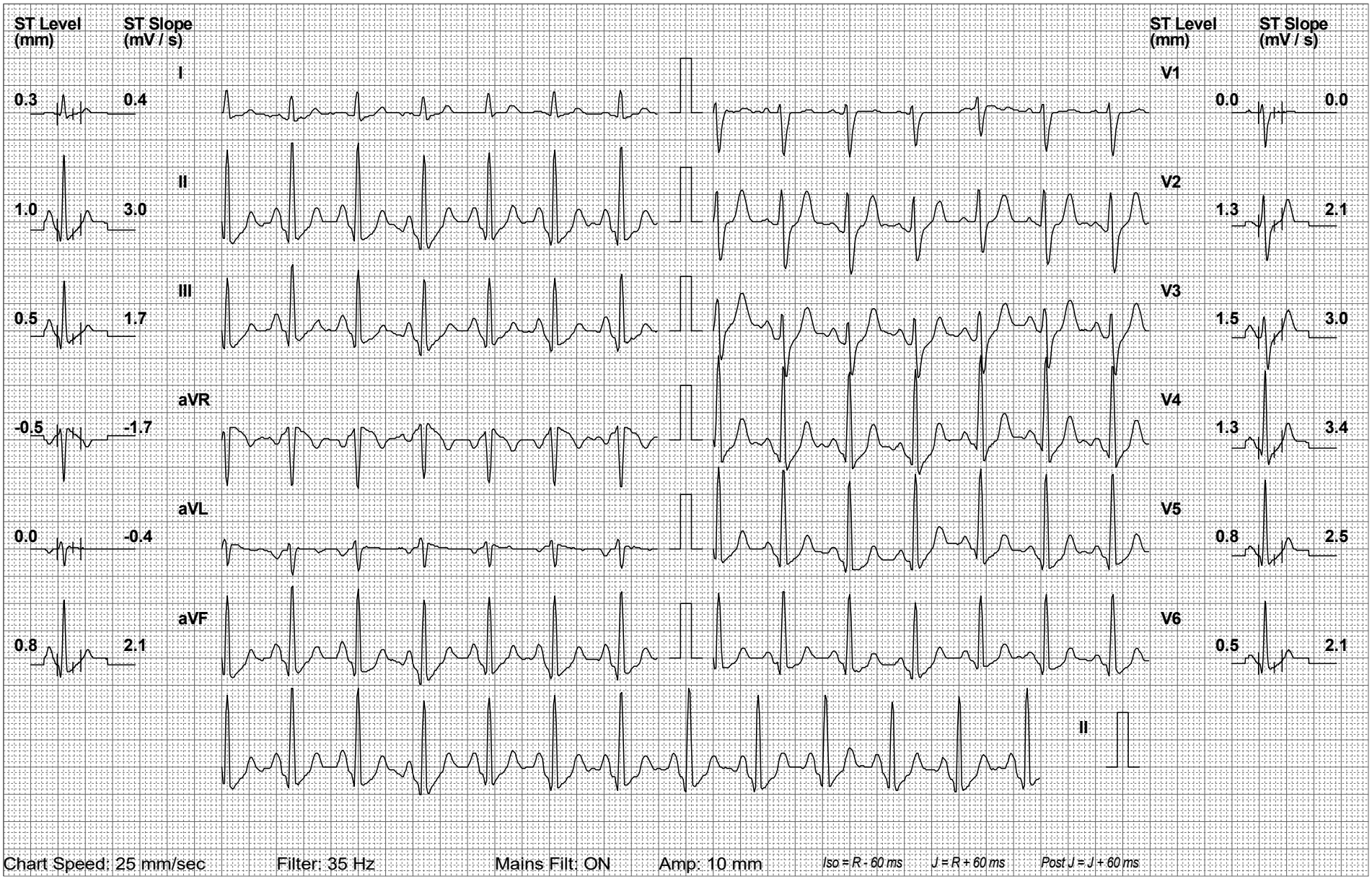


Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

MEGHNA GUPTA (33 F) ID: 466492 Date: 19-Feb-24 Exec Time : 6 m 40 s Stage Time : 0 m 18 s ***HR: 123 bpm***

Protocol: Bruce Stage: Recovery(2) Speed: 0 Km/h Grade: 0 % (THR: 158 bpm) B.P: 140 / 70

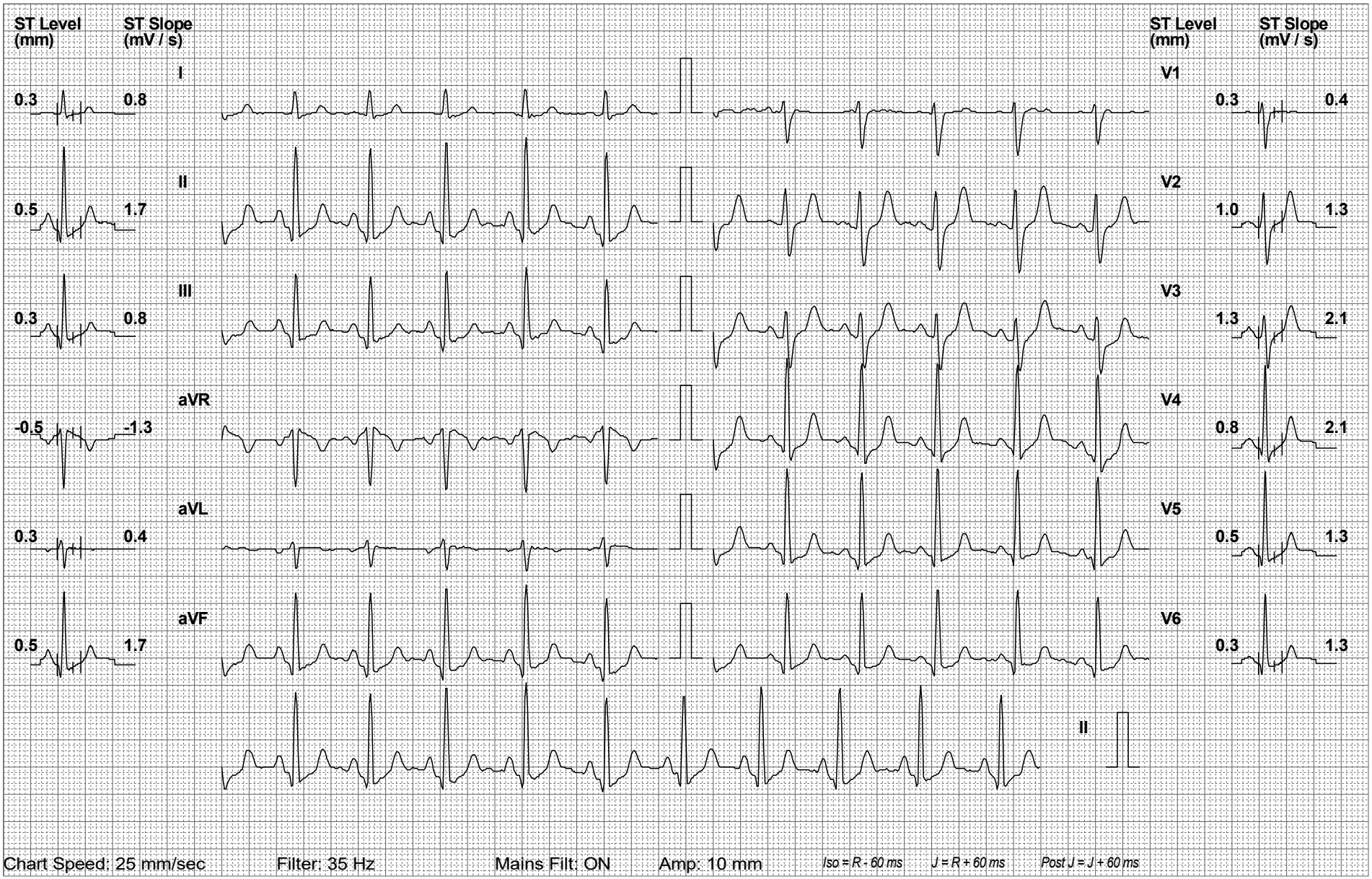


Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

MEGHNA GUPTA (33 F) ID: 466492 Date: 19-Feb-24 Exec Time : 6 m 40 s Stage Time : 0 m 18 s ***HR: 104 bpm***

Protocol: Bruce Stage: Recovery(3) Speed: 0 Km/h Grade: 0 % (THR: 158 bpm) B.P: 120 / 70

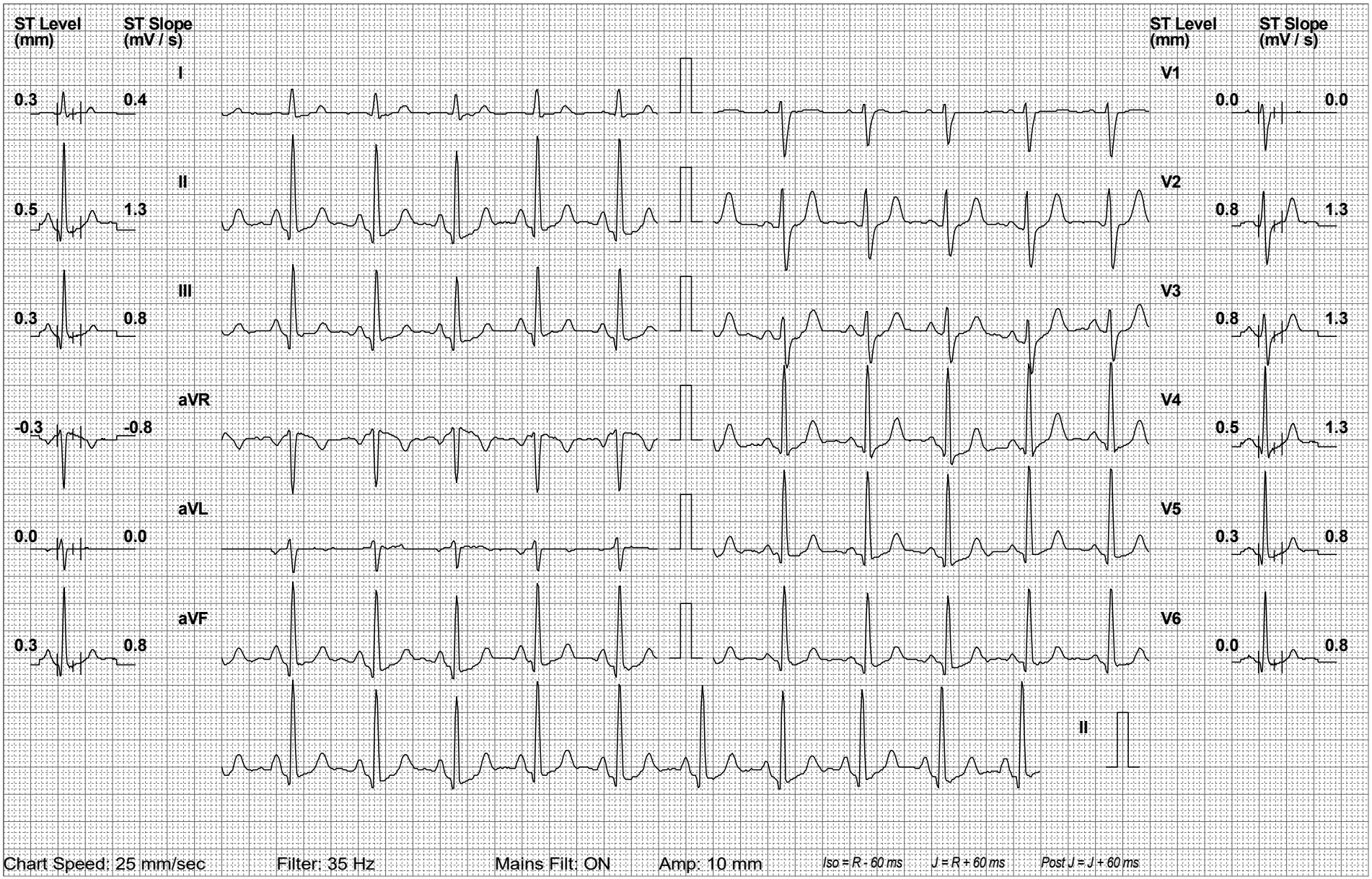


Schiller CS-20 V 1.6

HEALTHSPRING FAMILY HEALTH EXPERTS

MEGHNA GUPTA (33 F) ID: 466492 Date: 19-Feb-24 Exec Time : 6 m 40 s Stage Time : 0 m 24 s ***HR: 101 bpm***

Protocol: Bruce Stage: Recovery(4) Speed: 0 Km/h Grade: 0 % (THR: 158 bpm) B.P: 120 / 70



Schiller CS-20 V 1.6

Name: MRS. MEGHNA GUPTA	Age : 33 YRS
Gender : FEMALE	Date : 19/02/2024

USG ABDOMEN AND PELVIS

Screening USG study of abdomen and pelvis was performed using C5-2 curvilinear probe.

LIVER: is normal in size and shows homogeneous echotexture.

No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion.

The portal vein and common bile duct show normal caliber.

GALL BLADDER: is distended and shows smooth walls. Wall thickness is normal. No evidence of sludge / calculus. No evidence of pericholecystic collection.

SPLEEN: Is normal in size and shows normal echo pattern.

PANCREAS: shows normal echo anatomy and its relationship with splenic vein is normal.

KIDNEYS: Both the kidneys are normal in size, shape and location and show normal cortico-medullary differentiation.

Right kidney measures- 10 X 3.9cms.

Left kidney measures- 9.9 X 5.1cms.

No evidence of hydronephrosis or calculus.

URINARY BLADDER: is distended with smooth walls.

No evidence of diverticulum or calculus.

UTERUS: is normal in size, mildly retroverted and shows normal endometrial echo reflectivity. ET measures 1.6cm.

OVARY: Both ovaries are normal in size and appear normal.

There is evidence of minimal free fluid in POD.

IMPRESSION:

USG ABDOMEN AND PELVIS screening reveals-

- **No significant abnormality.**

Dr. Rashida Nalwala
MD DNB Radiodiagnosis
Consultant Radiologist.

HEALTHSPRING
COMMUNITY MEDICAL CENTRES

Name : MEGHNA GUPTA	**Age : 33 YRS**
Gender : FEMALE	**Date : 19/02/2024**

X-RAY CHEST PA VIEW

The bony thorax is normal.

Lung fields and pleural spaces are clear on both sides.

The silhouettes of the heart and aorta are normal in size and configuration.

Both domes of the diaphragm are normal in position, contour and outline.

IMPRESSION: NO EVIDENCE OF ANY DISEASE IS SEEN IN THE CHEST.

DR.NITISH KOTWAL
MBBS. D.M.R.D., (BOM).
Consultant Radiologist And Sonologist.

Online reporting done hence no signature


R
19/02/2024
MEGHNA GUPTA 33YRS/F CHEST XRAY PA

HEALTHSPRING

PATIENT'S NAME - Meghna Gupta
AGE/GENDER - 33 / Female
DOCTOR'S NAME - Dr Rajshree Sonavane

DATE - 19/02/24

VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT	—	6/6	—	6/6
NEAR	—	N/6	—	N/6
COLOUR	Normal			
Recommendations				

VITALS

Pulse - 85	B.P- 120/70	SpO2 100 %
Height 161	Weight - 55.8	BMI- —
Waist - 79	Hip - 100	Waist/Hip Ratio- —
Chest - 83	Inspiration- —	Expiration- —

CENTRE NAME -

SIGN & STAMP-

Wellspring Healthcare Pvt Ltd Mumbai

19/02/24

I want to skip the stool test from health checkup.

Meghna Gupta

19/02/24

भारत सरकार
Government of India

आधार

मेघना गुप्ता
Meghna Gupta
जन्म तिथि/DOB: 15/04/1990
महिला/ FEMALE

7258 8218 3140
VID : 9168 2004 1690 4509

मेरा आधार, मेरी पहचान


PUSH
EMOTIONAL RESPONSE
GPS Map Camera
Google
Mumbai, Maharashtra, India
9, Shyam Kunj, 705, Linking Rd, Khar, Khar West, Mumbai, Maharashtra 400052, India
Lat 19.068333°
Long 72.833252°
19/02/24 08:54 AM GMT +05:30

HEALTHSPRING

TREADMILL STRESS TEST REPORT

DATE: 19/02/2024

NAME:	MEGHNA GUPTA	**AGE**:(years)	33	**SEX**:	F

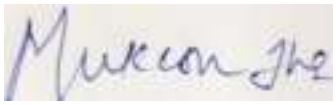
PROTOCOL USED	**BRUCE PROTOCOL**		
ANGINA SCALE (0 – None, 1 – Non-Limiting, 2 – Limiting)	0	MAXIMUM ST DEPRESSION (mm)	0
WORKLOAD: MAXIMUM METS ACHIEVED (METS)	10.2	DOUBLE PRODUCT	23380 mm Hg/Min
DUKES SCORE (High Risk Score ≤ -11, Low Risk Score ≥ 5)	6		

CONCLUSION:

NORMAL INOTROPIC & CHRONOTROPIC RESPONSE
BASELINE ECG SHOWS NO SIGNIFICANT ST-T CHANGES
NO SYMPTOMS AND ARRHYTHMIAS WERE SEEN DURING THE EXERCISE AND RECOVERY
NO SIGNIFICANT ST-T CHANGES WERE SEEN DURING THE EXERCISE AND RECOVERY
GOOD EFFORT TOLERANCE AND FUNCTIONAL CAPACITY
TARGET HEART RATE ACHIEVED
THE STRESS TEST IS **NEGATIVE** FOR INDUCIBLE ISCHEMIA AT THE GIVEN WORKLOAD

IMPRESSION:

THE STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT THE GIVEN WORKLOAD
ADVISED- CLINICAL CORRELATION



DR. MUKESH JHA
MD (MEDICINE), DM (CARDIOLOGY)
REG NO- 2010/09/2935

NOTE-

A NEGATIVE STRESS TEST DOES NOT CONCLUSIVELY RULE OUT CORONARY ARTERY DISEASE. A POSITIVE STRESS TEST IS NOT CONCLUSIVE EVIDENCE OF CORONARY ARTERY DISEASE. THERE IS A POSSIBILITY OF THE TEST BEING FALSE POSITIVE OR FALSE NEGATIVE DUE TO OTHER ASSOCIATED MEDICAL CONDITIONS. THESE REPORTS ARE FOR DOCTORS & PHYSICIANS AND NOT FOR MEDICO-LEGAL PURPOSES. KINDLY CO-RELATE THE REPORT WITH CLINICAL CONDITIONS.
THIS TMT/ ECG IS REPORTED ONLINE WITHOUT INTERACTING WITH PATIENTS AND THE RESULT SHOULD BE CLINICALLY CO-RELATED AND INDEPENDENTLY REVIEWED BY THE PATIENT'S CONSULTANT DOCTOR. THE PATIENT WAS NOT SEEN BY THE DOCTOR PERSONALLY AND THE ABOVE REPORT HAS BEEN REVIEWED BY THE DOCTOR BASED ON THE TMT/ECG RESULT AS PROVIDED TO THE DOCTOR.

Patient Name : **Mrs. Meghna Gupta**
Age / Gender : 33 Y / Female
Referred By : Dr. Rajshree Sonavane
SID No. : **41012360**

Reg.Date / Time : 19/02/2024 / 09:34:44
Report Date / Time : 20/02/2024 / 14:02:10
MR No. : **0470347**

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
HAEMATOLOGY				
CBC-Haemogram & ESR, blood				
EDTA WHOLE BLOOD				
	HAEMOGLOBIN, RED CELL COUNT & INDICES			
	HAEMOGLOBIN (Spectrophotometry)	**11.1**	gm%	12.0-15.0
	PCV (Electrical Impedance)	**30.2**	%	40 - 50
	MCV (Calculated)	**79.5**	fL	83-101
	MCH (Calculated)	29.2	pg	27.0 - 32.0
	MCHC (Calculated)	**36.7**	g/dl	31.5-34.5
	RDW-CV (Calculated)	**15**	%	11.6-14.0
	RDW-SD (Calculated)	**50**	fL	36 - 46
	TOTAL RBC COUNT (Electrical Impedance)	3.80	Million/cmm	3.8-4.8
	TOTAL WBC COUNT (Electrical Impedance)	6670	/cumm	4000-10000
	DIFFERENTIAL WBC COUNT			
	NEUTROPHILS (Flow cell)	62.3	%	40-80
	LYMPHOCYTES (Flow cell)	29.0	%	20-40
	EOSINOPHILS (Flow cell)	4.6	%	1-6
	MONOCYTES (Flow cell)	3.2	%	2-10
	BASOPHILS (Flow cell)	**0.9**	%	1-2
	ABSOLUTE WBC COUNT			
	ABSOLUTE NEUTROPHIL COUNT (Calculated)	4120	/cumm	2000-7000
	ABSOLUTE LYMPHOCYTE COUNT (Calculated)	1920	/cumm	1000-3000

Contd ...

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Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
HAEMATOLOGY				
	ABSOLUTE WBC COUNT			
	ABSOLUTE EOSINOPHIL COUNT (Calculated)	300	/cumm	200-500
	ABSOLUTE MONOCYTE COUNT (Calculated)	210	/cumm	200-1000
	ABSOLUTE BASOPHIL COUNT (Calculated)	60	/cumm	0-220
	PLATELET COUNT (Electrical Impedance)	345000	/cumm	150000-410000
	MPV (Calculated)	9.2	fL	6.78-13.46
	PDW (Calculated)	15.2	%	11-18
	PCT (Calculated)	0.320	%	0.15-0.50
	PERIPHERAL BLOOD SMEAR			
	COMMENTS (Microscopic)	Microcytic Hypochromic RBCs		

Sample Collected at : Khar
Sample Collected on : 19 Feb 2024 13:35
Sample Received on : 19 Feb 2024 15:18
Barcode :

Dr.Rahul Jain
MD,PATHOLOGY
Consultant Pathologist

Contd ...

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Age / Gender : 33 Y / Female
Referred By : Dr. Rajshree Sonavane
SID No. : **41012360**

Reg.Date / Time : 19/02/2024 / 09:34:44
Report Date / Time : 20/02/2024 / 14:02:10
MR No. : **0470347**

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
HAEMATOLOGY				
EDTA Blood	**ABO BLOOD GROUP**			
	BLOOD GROUP (Erythrocyte-Magnetized Technology)	O		
	Rh TYPE (Erythrocyte-Magnetized Technology)	POSITIVE		

Sample Collected at : Khar
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Age / Gender : 33 Y / Female
Report Date / Time : 20/02/2024 / 14:02:10

Referred By : Dr. Rajshree Sonavane
MR No. : **0470347**

SID No. : **41012360**

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
HAEMATOLOGY				
CBC-Haemogram & ESR, blood				
EDTA WHOLE BLOOD				
	ESR(ERYTHROCYTE SEDIMENTATION RATE) (Photometric Capillary)	**25**	mm / 1 hr	0-20

Notes : The given result is measured at the end of first hour.

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Dr.Rahul Jain
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Age / Gender : 33 Y / Female
Report Date / Time : 20/02/2024 / 14:02:10

Referred By : Dr. Rajshree Sonavane
MR No. : **0470347**

SID No. : **41012360**

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
COMPREHENSIVE LIVER PROFILE				
SERUM				
	BILIRUBIN TOTAL (Diazotization)	0.54	mg/dl	0.2 - 1.3
	BILIRUBIN DIRECT (Diazotization)	0.11	mg/dl	0.1-0.4
	BILIRUBIN INDIRECT (Calculation)	0.43	mg/dl	0.2 - 0.7
	ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	24	U/L	<40
	ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	20	U/L	<41
	ALKALINE PHOSPHATASE (Colorimetric IFCC)	75	U/L	35-104
	GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	21	U/L	<40
	TOTAL PROTEIN (Colorimetric)	7.30	gm/dl	6.6-8.7
	ALBUMIN (Bromocresol Green)	4.10	gm/dl	3.5 - 5.2
	GLOBULIN (Calculation)	3.20	gm/dl	2.0-3.5
	A/G RATIO (Calculation)	1.3		1-2

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Dr.Rahul Jain
MD,PATHOLOGY
Consultant Pathologist

Contd ...

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Age / Gender : 33 Y / Female
Referred By : Dr. Rajshree Sonavane
SID No. : **41012360**

Reg.Date / Time : 19/02/2024 / 09:34:44
Report Date / Time : 20/02/2024 / 14:02:10
MR No. : **0470347**

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
COMPREHENSIVE RENAL PROFILE				
SERUM				
	CREATININE (Jaffe Method)	0.6	mg/dl	0.5 - 1.1
	BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	9.0	mg/dl	7-17
	BUN/CREATININE RATIO (Calculation)	15.0		10 - 20
	URIC ACID (Uricase Enzyme)	3.8	mg/dl	2.5 - 6.2
	CALCIUM (Bapta Method)	9.3	mg/dl	8.6-10
	PHOSPHORUS (Phosphomolybdate)	3.1	mg/dl	2.5-4.5

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Dr.Rahul Jain
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Consultant Pathologist

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Reg.Date / Time : 19/02/2024 / 09:34:44

Age / Gender : 33 Y / Female
Report Date / Time : 20/02/2024 / 14:02:10

Referred By : Dr. Rajshree Sonavane
MR No. : **0470347**

SID No. : **41012360**

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
LIPID PROFILE				
SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	167	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239
Notes :	Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results. Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution. Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.			
SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	63	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	59	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	96	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	**13**	mg/dl	15-40
SERUM	CHOL / HDL RATIO	**2.8**		3-5
SERUM	LDL /HDL RATIO (Calculation)	1.6		0 - 3.5

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Patient Name : **Mrs. Meghna Gupta**
Reg.Date / Time : 19/02/2024 / 09:34:44

Age / Gender : 33 Y / Female
Report Date / Time : 20/02/2024 / 14:02:10

Referred By : Dr. Rajshree Sonavane
MR No. : **0470347**

SID No. : **41012360**

Final Test Report

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
BIOCHEMISTRY				
FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	87	mg/dl	70 - 110

Notes : An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.
References:
http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf, Understanding Diabetes.

FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	83	mg/dl	70 - 140

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BIOCHEMISTRY				
EDTA WHOLE BLOOD	**GLYCOSYLATED HAEMOGLOBIN (HbA1C)**			
	HbA1C (High Performance Liquid Chromatography)	5.6	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
	ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	114	mg/dl	

Notes : HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations.
HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required.
HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, https://www.who.int/diabetes/publications/report-hba1c_2011.pdf) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria.
References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

Urine	URINE GLUCOSE FASTING (Urodip)	ABSENT		
Urine	URINE GLUCOSE POST PRANDIAL (Urodip)	ABSENT		

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IMMUNOLOGY				
THYROID PROFILE - TOTAL				
SERUM				
	TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.40	ng/ml	0.7-2.04
	TOTAL THYROXINE (T4) (ECLIA)	**4.79**	ug/dl	5.5 - 11
	THYROID STIMULATING HORMONE (TSH) (ECLIA)	3.480	uIU/ml	0.27 - 4.20

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IMMUNOLOGY

Notes : TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level.The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)
-Low TSH, Low FT4 - Central hypothyroidism.
-Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
-Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter,Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
-Normal TSH,Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism,Medications.
-Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbumineic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
-High TSH, Low FT4- Primary hypothyroidism.
-High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
-High TSH, High FT4- TSH mediated hyperthyroidism

Note:
1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:
1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

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CLINICAL PATHOLOGY				
Urine	**URINE ANALYSIS**			
	PHYSICAL EXAMINATION			
	VOLUME (Volumetric)	30		
	COLOR (Visual Examination)	PALE YELLOW		
	APPEARANCE (Visual Examination)	SLIGHTLY HAZY		
	CHEMICAL EXAMINATION			
	SP.GRAVITY (Indicator System)	1.015		1.005 - 1.030
	REACTION(pH) (Double indicator)	ACIDIC		
	PROTEIN (Protein-error-of-Indicators)	ABSENT		
	GLUCOSE (GOD-POD)	ABSENT		Absent
	KETONES (Legal's Test)	ABSENT		Absent
	OCCULT BLOOD (Peroxidase activity)	PRESENT(+)		Absent
	BILIRUBIN (Fouchets Test)	ABSENT		Absent
	UROBILINOGEN (Ehrlich Reaction)	NORMAL		
	NITRITE (Griess Test)	ABSENT		
	MICROSCOPIC EXAMINATION			
	ERYTHROCYTES (Microscopy)	10-12	/hpf	0-2
	PUS CELLS (Microscopy)	7-8	/hpf	0-5
	EPITHELIAL CELLS (Microscopy)	15-20	/hpf	0-5
	CASTS (Microscopy)	ABSENT		
	CRYSTALS (Microscopy)	ABSENT		
	ANY OTHER FINDINGS	BACTERIA PRESENT		

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