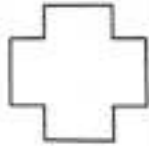


27-01-24



**PANCHMUKHI HOSPITAL**

Dr C P Dadhaniya  
Dr R C Dadhaniya  
MBBS, Dip.G.O, Diabetologist

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639,8320711901

policy number :  
full name : Nilesh Solanki  
identity proof : Driving licence  
identity proof no : GJ03 20130006374  
gender : male / 29 yr  
height : 172  
weight : 68  
B P : 120/78  
pulse : 70/min Regular  
blood sample : YES  
fasting mode : YES  
non fasting mode : YES

past history : No

Dental : Healthy

Romberg Test :

Colour vision : Normal

x. *Mohy*

**DR. C. P. DADHANIYA**  
M.B. Diabetologist  
Ind. Physician (D.H.)  
No. 62198  
Code No. 370043

Panchmukhi Hospital  
Mavdi Chowki,  
150 Ft. Ring Road, RAJKOT.

NAME: Nilesh Solunke  
AGE/GENDER: male / 29 YR

DATE: 27-01-27

PATIENT'S REFRACTION DEATILES

		SPHE	CYL	AXIS	VN
R	D	~	~	~	6/6
	N	~			6/6
L	D	~	~	~	6/6
	N	~			6/6

CHECHED BY: DR. C. P. Dadhaniya

REMARKS:

DR. C. P. DADHANIYA

M.B. Diabetologist

Ind. Hospital, Rajkot

Cell: 98789

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.

10mm/mV

AUTO

10mm/mV

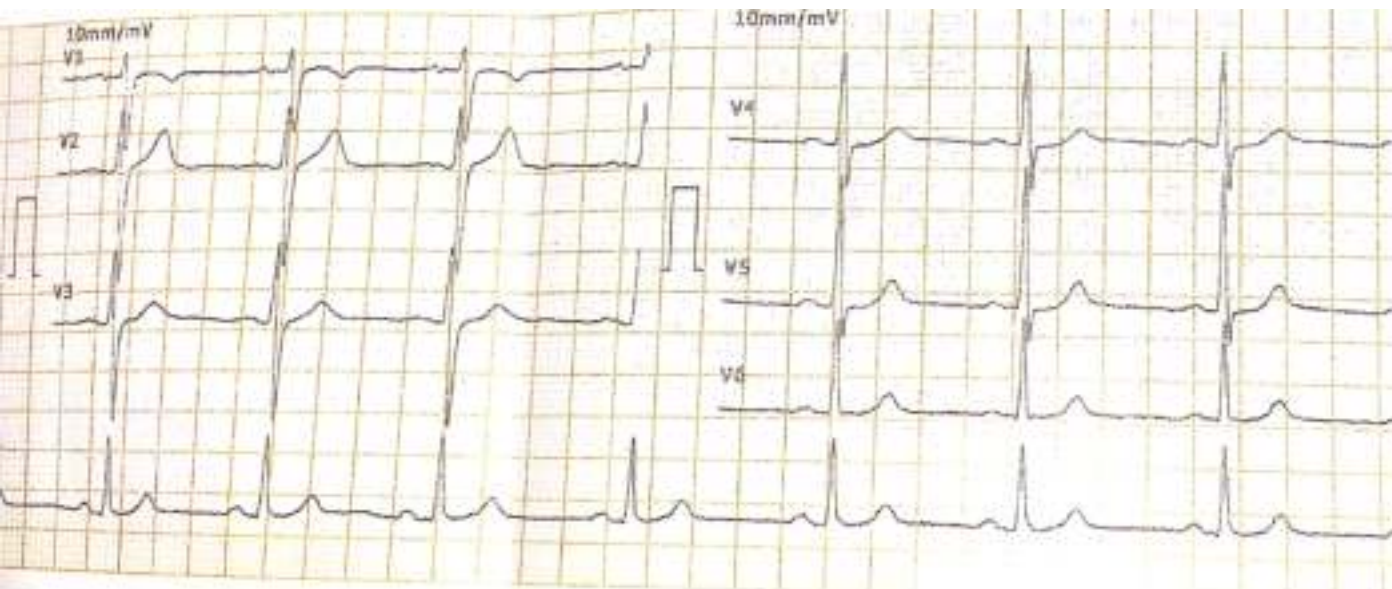
aVR



II 10mm/mV

25mm/s

AC:ON 0.05-35Hz



2024-1-27 8:53:11 ID:00003730

ID Card: \_\_\_\_\_  
 Name: **Nilesh Solanki** Gender: **male**  
 Age: **29** Height(cm): \_\_\_\_\_  
 Weight(Kg): \_\_\_\_\_ BP(mmHg): \_\_\_\_\_

HR: **DR. C. P. DADHANIYA** bpm 69  
 P-R: \_\_\_\_\_ ms 126  
 Q-R-S: **M.B. Diabetologist** Physician (CCH) ms 116  
 QT/QTc: \_\_\_\_\_ ms 366/390  
 P/QRS/T AXES: \_\_\_\_\_ Code-No: 378/42  
 RV5: **Panchmukhi Hospital** mV 1.56/0.85  
 RV6: **Mandi Chowki,** mV 2.41  
**150 Ft Ring Road, RAJKOT.**  
 \*The test is performed by \_\_\_\_\_  
 Report Confirmed by: \_\_\_\_\_

*Handwritten signature*  
 X



# પંચમુખી હોસ્પિટલ

ડૉ. રાજેશ્રીબેન ડાહીયા  
ડૉ. સી. પી. ડાહીયા  
MBBS, Dip.G.O, Diabetologist

૧૫૦ ફુટ રીંગ રોડ, મવડી ચોકડી, શનેશ્વર આર્કેડ, રાજકોટ. ફોન : ૦૨૮૧-૨૩૭૧૬૩૨

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date :

## સુવિધાઓ

- જનરલ પ્રેક્ટીસ
- સ્ત્રીરોગ વિભાગ
- સોનોગ્રાફી
- સર્જરી વિભાગ
- મેડીસીન વિભાગ
- ઓર્થોપેડીક વિભાગ
- બાળરોગ વિભાગ
- એનોરેક્ટલ સર્જરી
- યુરોલોજી
- લેપ્રોસ્કોપી સર્જરી
- આર.એસ.બી.વાય તથા ચિરંજીવી યોજના
- દરેક જાતની રસી (વેક્સીન) દરરોજ આપવામાં આવે છે

Nitesh R. Solanki:

I don't want to  
do a lateral incision.

*Nitesh*

DR. C. P. DETHANIYA  
M.S., C.I.H.

Regd. No. 619798

PANCHMUKHI HOSPITAL

MAVADI CHOKADI,

150' RING ROAD, RAJKOT.

દવાનું રિએક્શન આવે તે દર્દીની તાસીર ઉપર આધાર રાખે છે

• ફરી આવો ત્યારે આ કાગળ સાથે લાવવો



**ECHOCARDIOGRAPHY & COLOR DOPPLER**

Patient Name : Nilesh Solanki  
Ref.By : Dr Dadhaniya Sir

Age/Sex : 29/M  
Date : 27/1/24

**SUMMARY OF 2D ECHO**

LA, LV size Normal  
No LVH  
No RWMA at rest  
Overall LVEF -60 %.

RA , RV size and function Normal  
All valves appear Normal in structure

No E/O Vegetation / clot /Pericardial effusion  
IAS / IVS intact  
No shunt across great vessels  
IVC Size Normal 12 mm and collapsing > 50% on deep inspiration

**Colour Doppler**

Mitral Valve: E/A ratio 1.2 , TDI s/o E\*>A\*  
No MR

Tricuspid Valve: Trivial TR CW TR jet 28 mmHg  
Estimated PASP 33 mm Hg

Aortic Valve: No AR  
No significant LVOT gradient - AV PG Max 6 mm Hg

Pulmonary Valve : No PR , PV Max PG 5 mm Hg

**FINAL IMPRESSION**

Good LV systolic function at rest

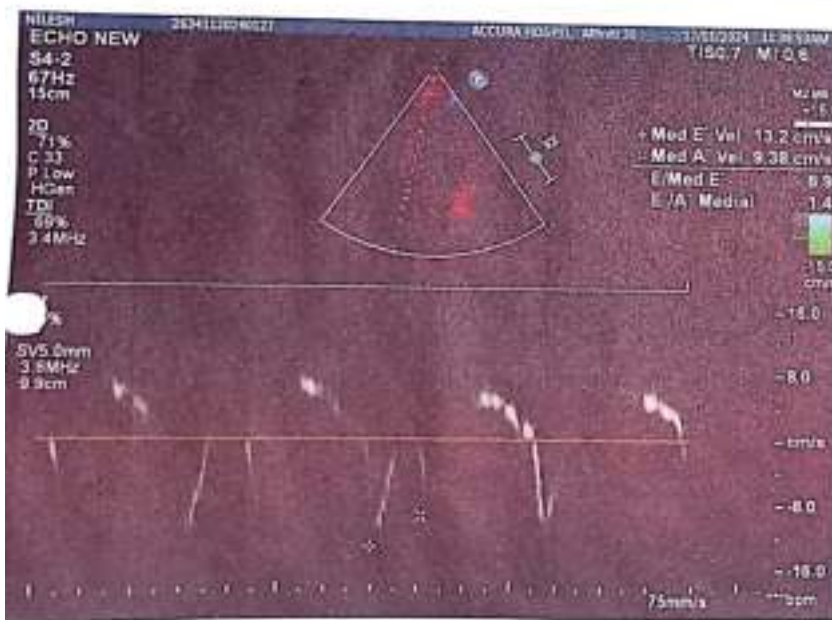
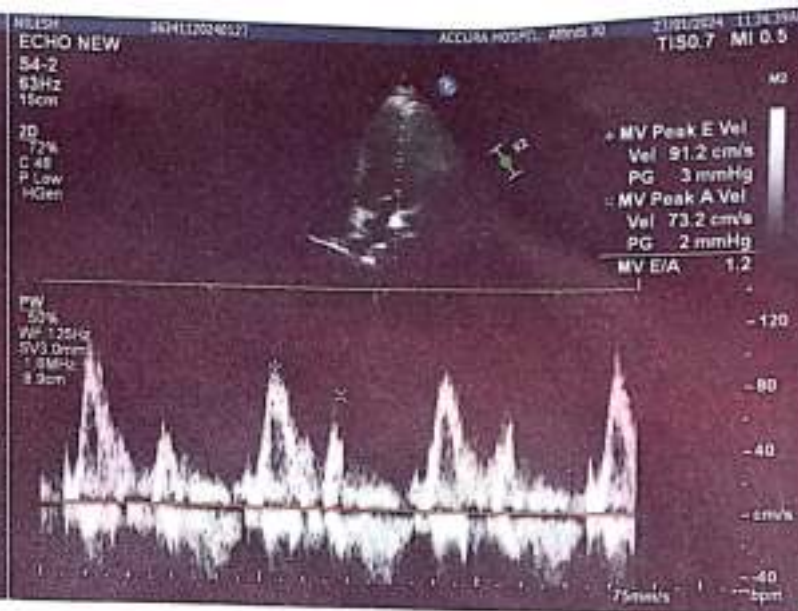
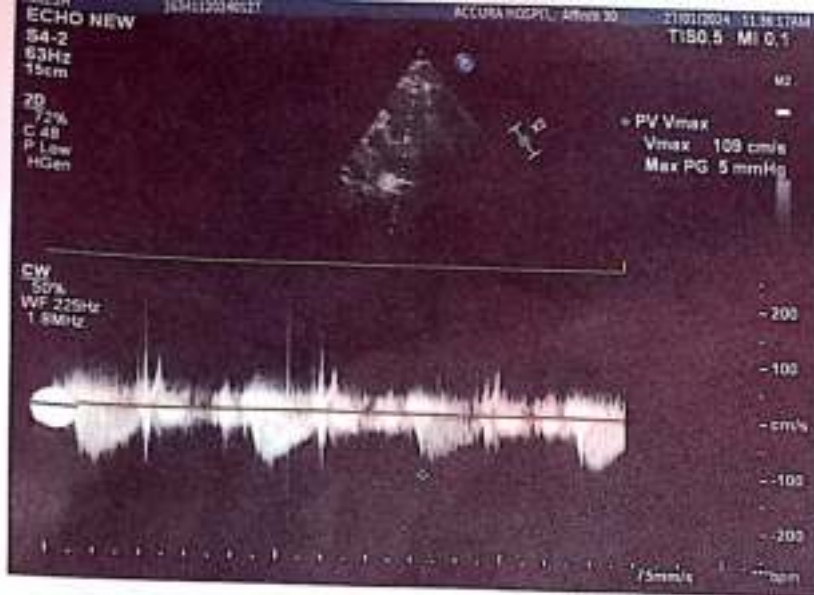
  
Dr V H Maniyar

M.D., FNIC (Lilavati Hospital , Mumbai)

For Appointment

7 60 60 60 577

First Floor, Nilkanth Plaza, J. K. Park, Bapa Sitaram Chowk, Mavdi Main Road, RAJKOT- 360004.



(P) (P)



*(Handwritten signature)*

D



Pat.s' Name: NILESH SOLANKI

DATE: 27 January 2024

### U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows normal parenchymal echotexture. No focal lesion noted. Intrahepatic biliary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone or changes of cholecystitis.
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No e/o calculi or hydronephrosis on either side.
- **URINARY BLADDER:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angles clear.

### CONCLUSION:

- No significant abnormality seen in present study.

Thanks for reference.

  
DR PRATIK KAGATHARA  
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020

32 SLICE CT SCAN | 3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS



Pt.'s Name: NILESH SOLANKI

Date: 27 January, 2024

**Radiograph of chest (PA view)**

- Both the lung fields are clear.
- No e/o consolidation, cavitations or collapse.
- Both the hila appears normal
- Both costophrenic angles appear clear.
- Both domes of diaphragm appear normal.
- Cardiac size is within normal limit.
- Bones underview reveals no evident abnormality.

Thanks for reference.

DR PRATIK KAGATHARA  
MD

Form-7



DL No. : GJ03 20130006374 DOI : 12/02/2013  
CDOI : 12/02/2013

VALID THROUGHOUT INDIA

COV : VALID FROM  
LMV : 12/02/2013 VALID TILL  
MCWG : 12/02/2013 11/02/2033(NT)



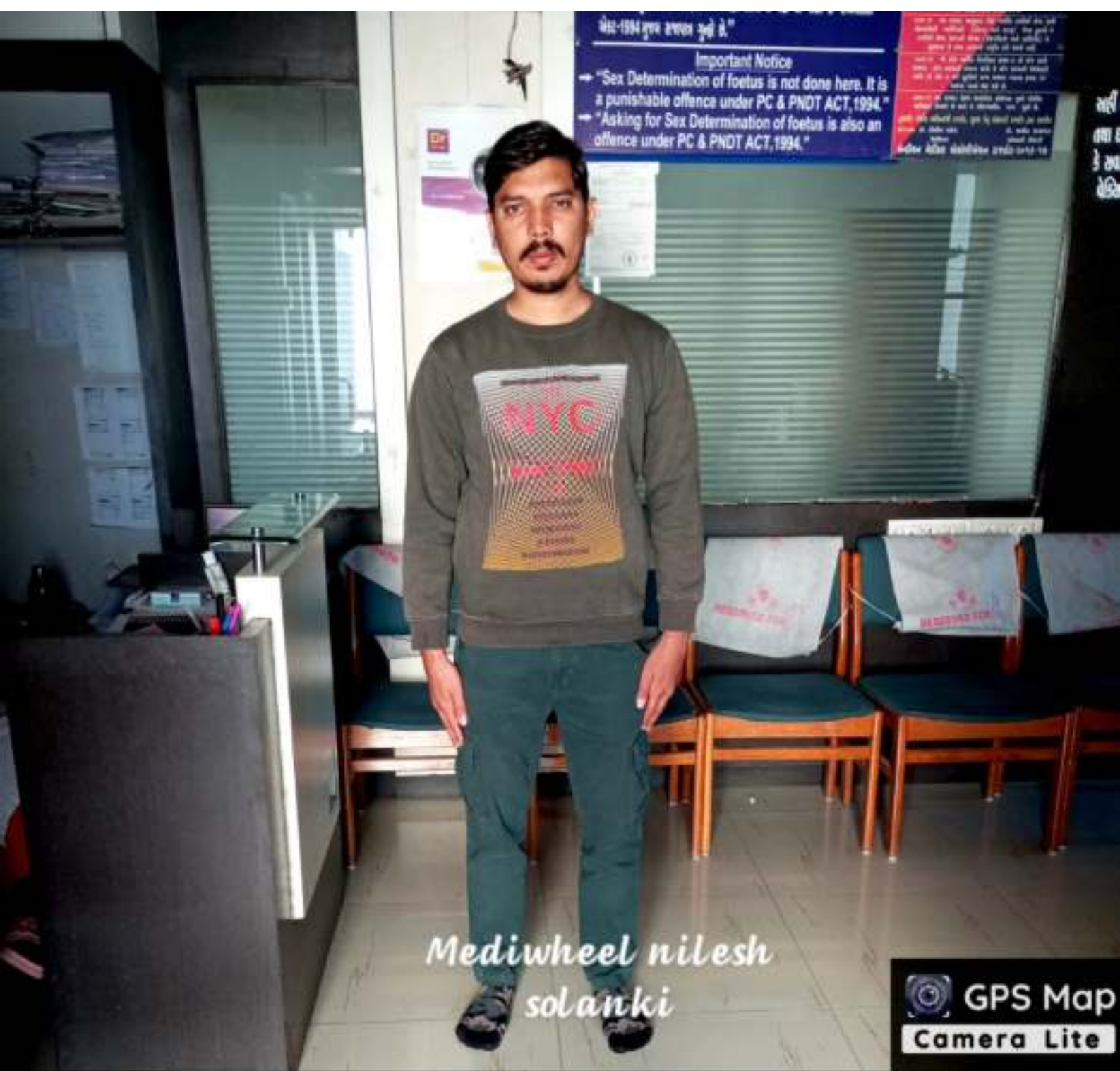
NAME : NILESH SOLANKI  
S/o : RAMESHBHAI  
D.O.B : 02/12/1994 B.G. : Unk  
ADDRESS : AT-VIRNAGAR, TA-JASDAN, DI-RAJKOT

*Nilesh Solanki*

Holder's Sign

*S. V. ...*

Licensing Authority



*Mediwheel Nilesh  
solanki*

 **GPS Map  
Camera Lite**

Near Devayat Bodar Stechue, Vadintha Dulex pan Mavdi  
Chokdi, 150 Feet Ring Rd, Sri Nath Society, Uday Nagar,  
Rajkot, Gujarat 360004, India

Latitude  
**22.2647961°**

Longitude  
**70.7848736°**

Local 09:05:42 AM  
GMT 03:35:42 AM

Altitude 143 meters  
Saturday, 27.01.2024



TEST REPORT

<b>Name</b> : Nilesh Solanki	<b>Reg. No</b> : 401101203
<b>Age/Sex</b> : 29 Years / Male	<b>Reg. Date</b> : 27-Jan-2024 01:36 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 27-Jan-2024 01:37 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 27-Jan-2024 03:07 PM

**COMPLETE BLOOD COUNT (CBC)**  
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
<b>RBC Parameters</b>				
Hemoglobin (SLS method)	14.4	g/dL	13.0 - 18.0	
Hematocrit (Electrical Impedance)	<b>41.00</b>	%	47 - 52	
RBC Count (Electrical Impedance)	4.88	million/cmm	4.7 - 6.0	
MCV (Calculated)	84.0	fL	78 - 110	
MCH (Calculated)	29.5	Pg	27 - 31	
MCHC (Calculated)	<b>35.1</b>	%	30 - 35	
RDW (Calculated)	<b>14.7</b>	%	11.5 - 14.0	
<b>WBC Parameters</b>				
WBC Count (Flowcytometry)	5670	/cmm	4000 - 10500	
<b>DIFFERENTIAL WBC COUNT</b>				
Neutrophils (%)	47 %	% Range 42.0 - 75.2	Abs. Value 2665 /cmm	Abs. Range 1800 - 7700
Lymphocytes (%)	45 %	20 - 45	2552 /cmm	1000 - 3900
Eosinophils (%)	3 %	1 - 4	170 /cmm	0 - 450
Monocytes (%)	5 %	2 - 8	284 /cmm	200 - 1000
Basophils (%)	0 %	0 - 1	0 /cmm	20 - 100
Immature Granulocyte %	0	%		
<b>Platelete Parameter</b>				
Platelet Count	312000	/cmm	150000 - 450000	
MPV	10.2	fL	7.4 - 10.4	
P-LCR	26.10	%	11.9 - 66.9	
PDW	11.3	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.32	%	0.2 - 0.5	

towards the healthiness...

*D.R.I.*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 1 of 13

Dr. Viral R. Jethava  
M.D. (Path. PDCC)




**TEST REPORT**

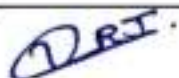
<b>Name</b>	: Nilesh Solanki	<b>Reg. No</b>	: 401101203
<b>Age/Sex</b>	: 29 Years / Male	<b>Reg. Date</b>	: 27-Jan-2024 01:36 PM
<b>Ref. By</b>	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b>	: 27-Jan-2024 01:37 PM
<b>Client Name</b>	: PANCHMUKHI HOSPITAL	<b>Report Date</b>	: 27-Jan-2024 02:27 PM

**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	'O'		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

*towards the healthiness...*

**Dr. Viral Jethava**

This is an Electronically Authenticated Report.

Page 2 of 13

**Dr. Viral R. Jethava**

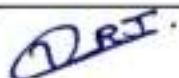
M.D. (Path. PDCC)




**TEST REPORT**

<b>Name</b> : Nilesh Solanki	<b>Reg. No</b> : 401101203
<b>Age/Sex</b> : 29 Years / Male	<b>Reg. Date</b> : 27-Jan-2024 01:36 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 27-Jan-2024 01:37 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 27-Jan-2024 03:07 PM

Test	Result	Unit	Biological Ref. Interval
<b>Erythrocyte sedimentation rate</b>			
<b>Sample, EDTA whole blood</b>			
ESR (After 1 hour)	06	mm/hr	1 - 7

*towards the healthiness...*

**Dr. Viral Jethava**

This is an Electronically Authenticated Report.

Page 3 of 13

**Dr. Viral R. Jethava**  
 M.D. (Path. PDCC)



**TEST REPORT**

<b>Name</b> : Nilesh Solanki	<b>Reg. No</b> : 401101203
<b>Age/Sex</b> : 29 Years / Male	<b>Reg. Date</b> : 27-Jan-2024 01:36 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 27-Jan-2024 01:37 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 27-Jan-2024 03:08 PM

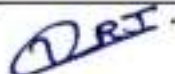
**FASTING PLASMA GLUCOSE**  
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	100.0	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic

**Criteria for the diagnosis of diabetes :**

- HbA1c  $\geq$  6.5 %Or
- Fasting plasma glucose  $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  200 mg/dL.

\*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.  
 American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34: S11.

*towards the healthiness...*

**Dr. Viral Jethava**

This is an Electronically Authenticated Report.

Page 4 of 13

**Dr. Viral R. Jethava**  
 M.D. (Path. PDCC)






TEST REPORT

<b>Name</b> : Nilesh Solanki	<b>Reg. No</b> : 401101203
<b>Age/Sex</b> : 29 Years / Male	<b>Reg. Date</b> : 27-Jan-2024 01:36 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 27-Jan-2024 01:37 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 27-Jan-2024 03:07 PM

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) HEXORWASE	74.07	mg/dL	70 - 140

Criteria for the diagnosis of diabetes :

- HbA1c  $\geq$  6.5 %Or
- Fasting plasma glucose  $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  200 mg/dL.

\*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.  
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34: S11.

*D.R.I.*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 5 of 13

Dr. Viral R. Jethava

M.D. (Path. PDCC)





TEST REPORT

<b>Name</b> : Nilesh Solanki	<b>Reg. No</b> : 401101203
<b>Age/Sex</b> : 29 Years / Male	<b>Reg. Date</b> : 27-Jan-2024 01:36 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 27-Jan-2024 01:37 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 27-Jan-2024 03:07 PM

**LIPID PROFILE**  
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <small>Cholesterol Oxidase</small>	149	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic Reaction With Glycerol Kinase</small>	102	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <small>Siemens HDL</small>	58	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <small>Siemens ALDL</small>	78.0	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <small>Calculated</small>	20.40	mg/dL	15 - 35
LDL / HDL RATIO <small>Calculated</small>	1.34		0 - 3.5
Cholesterol /HDL Ratio <small>Calculated</small>	2.57		0 - 5.0

towards the healthiness...

*D.R.I.*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 6 of 13

Dr. Viral R. Jethava  
M.D. (Path. PDCC)





TEST REPORT

<b>Name</b> : Nilesh Solanki	<b>Reg. No</b> : 401101203
<b>Age/Sex</b> : 29 Years / Male	<b>Reg. Date</b> : 27-Jan-2024 01:36 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 27-Jan-2024 01:37 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 27-Jan-2024 03:07 PM

**UREA & BLOOD UREA NITROGEN**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Urea</b> <small>Calculated</small>	18.0	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <small>UREASE/GLDH</small>	8.41	mg/dL	7.0 - 18.0
<b>Uric Acid</b> <small>Uricase</small>	5.1	mg/dL	3.5 - 7.2
<b>GGT</b> <small>Siemens/37C</small>	79	U/L	15 - 85

towards the healthiness...

*D.R.J.*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 7 of 13

**Dr. Viral R. Jethava**  
M.D. (Path. PDCC)





TEST REPORT

<b>Name</b> : Nilesh Solanki	<b>Reg. No</b> : 401101203
<b>Age/Sex</b> : 29 Years / Male	<b>Reg. Date</b> : 27-Jan-2024 01:36 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 27-Jan-2024 01:37 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 27-Jan-2024 03:07 PM

**Creatinine With eGFR**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.84	mg/dL	0.7 - 1.3
eGFR	97.77	ml/min/1.73 sq m	Normal or High: >=90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15

*towards the healthiness...*

*D.R.J.*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 8 of 13

Dr. Viral R. Jethava

M.D. (Path. PDCC)




**TEST REPORT**

<b>Name</b> : Nilesh Solanki	<b>Reg. No</b> : 401101203
<b>Age/Sex</b> : 29 Years / Male	<b>Reg. Date</b> : 27-Jan-2024 01:36 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 27-Jan-2024 01:37 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 27-Jan-2024 03:07 PM

**HEMOGLOBIN A1 C (HBA1C)**

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <small>Siemens Dimension</small>	5.30	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 %  Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <small>Calculated</small>	105.41	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

**Explanation :**

- Total hemoglobin A1 c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters.
- The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.
- The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.
- It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures

**HbA1c assay Interferences :**

- Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.


**Dr. Viral Jethava**

This is an Electronically Authenticated Report.

Page 9 of 13

**Dr. Viral R. Jethava**

M.D. (Path. PDCC)





TEST REPORT

<b>Name</b> : Nilesh Solanki	<b>Reg. No</b> : 401101203
<b>Age/Sex</b> : 29 Years / Male	<b>Reg. Date</b> : 27-Jan-2024 01:36 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 27-Jan-2024 01:37 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 27-Jan-2024 03:07 PM

THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
<b>Thyroid Stimulating Hormone (TSH)</b> CLM	2.153	µIU/ml	0.35 - 5.50

Remarks:

- Thyroid-stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulates the thyroid gland to synthesize and secrete T3 and T4.
- Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism.
- In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

- First Trimester : 0.1 to 2.5 µIU/ml
- Second Trimester : 0.2 to 3.0 µIU/ml
- Third trimester : 0.3 to 3.0 µIU/ml
- Reference: Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, 5th Edition. Philadelphia: WB Saunders, 2012:2170

<b>Triiodothyronine (T3)</b> CLM	1.45	ng/mL	0.6 - 1.81
-------------------------------------	------	-------	------------

Clinical Significance:

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.
- In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.
- In hypothyroidism and hyperthyroidism, FT3 levels parallel changes in total T3 levels. Measuring FT3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

*D.R.I.*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 10 of 13

Dr. Viral R. Jethava

M.D. (Path. PDCC)



towards the healthiness...



TEST REPORT

<b>Name</b> : Nilesh Solanki	<b>Reg. No</b> : 401101203
<b>Age/Sex</b> : 29 Years / Male	<b>Reg. Date</b> : 27-Jan-2024 01:36 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 27-Jan-2024 01:37 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 27-Jan-2024 03:07 PM

**Thyroxine (T4)** 10.61 µg/dL 4.5 - 12.6  
CLM

**Clinical Significance:**

- Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus. In the circulation, 99.95% of T4 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to T3.
- In hypothyroidism and hyperthyroidism, FT4 levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

**Limitations:**

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

*D.R.I.*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 11 of 13

Dr. Viral R. Jethava

M.D. (Path. PDCC)



*towards the healthiness...*



TEST REPORT

<b>Name</b> : Nilesh Solanki	<b>Reg. No</b> : 401101203
<b>Age/Sex</b> : 29 Years / Male	<b>Reg. Date</b> : 27-Jan-2024 01:36 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 27-Jan-2024 01:37 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 27-Jan-2024 03:07 PM

URINE ROUTINE EXAMINATION

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

**PHYSICAL EXAMINATION**

Quantity	15 cc		
Colour	Pale Yellow		
Clarity	Clear		

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	6.5		4.6 - 8.0
Sp. Gravity	1.020		1.001 - 1.035
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urobilinogen	Normal Present		
Bile salts:	Absent		Absent
Bile Pigments:	Absent		Absent
Nitrite	Nil		

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	1 - 3/hpf
Erythrocytes (Red Cells)	Occasional/hpf
Epithelial Cells	2 - 3/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

*D.R.I.*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 12 of 13

Dr. Viral R. Jethava

M.D. (Path. PDCC)



towards the healthiness...





TEST REPORT

<b>Name</b> : Nilesh Solanki	<b>Reg. No</b> : 401101203
<b>Age/Sex</b> : 29 Years / Male	<b>Reg. Date</b> : 27-Jan-2024 01:36 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 27-Jan-2024 01:37 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 27-Jan-2024 03:07 PM

**LIVER FUNCTION TEST**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <small>BIURET</small>	7.2	g/dL	6.4 - 8.2
Albumin <small>Dye Binding - Bromocresol Purple (BCP)</small>	4.2	g/dL	3.40 - 5.00
Globulin <small>Calculated</small>	3.00	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	1.40		0.8 - 3.1
SGOT (AST) <small>Siemens/37C</small>	25	U/L	15 - 37
SGPT (ALT) <small>Siemens/37C</small>	37	U/L	16 - 63
Alakaline Phosphatase <small>Siemens/37C</small>	49	U/L	46 - 116
Total Bilirubin <small>Diaz-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.87	mg/dL	0.2 - 1
Conjugated Bilirubin <small>Diaz-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.1	mg/dL	0 - 0.20
Unconjugated Bilirubin <small>Suph acid ip/calf-benz</small>	0.77	mg/dL	0.0 - 1.1

----- End Of Report -----

towards the healthiness...

*D.R.J.*

Dr. Viral Jethava

This is an Electronically Authenticated Report.

Page 13 of 13

Dr. Viral R. Jethava

M.D. (Path. PDCC)



R



**NILESHBHAI SOLANKI 29YMM CHEST PA 27-Jan-24  
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)**