

बैंक ऑफ बरोडा  
Bank of Baroda

नाम  
Name ANIL KUMAR

कर्मचारी क्र. /  
E.C. No. 110700



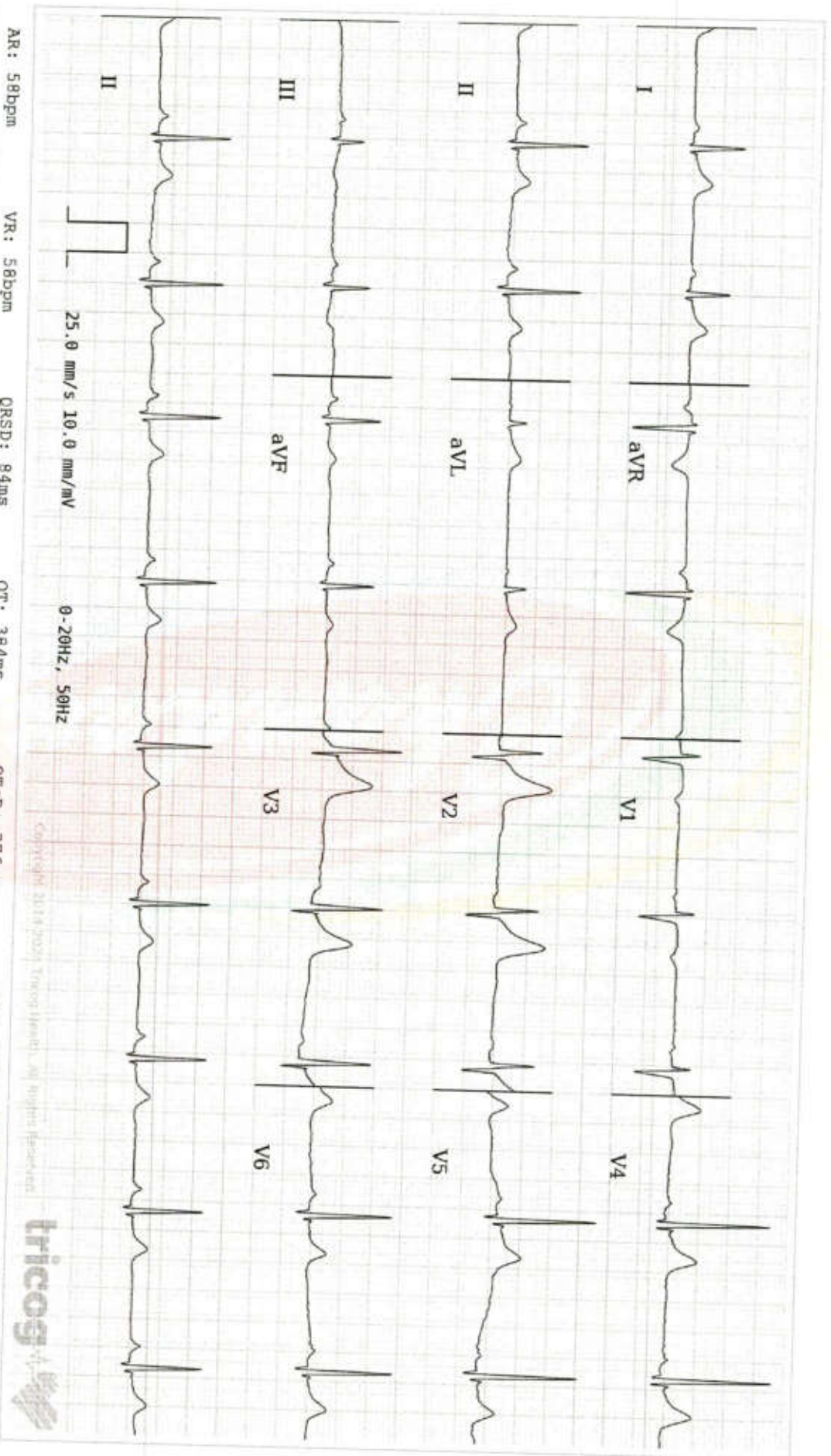
*Rishi*  
Dr. RISHI P. CHANDAN M.D.  
CHANDAN DIAGNOSTIC CENTRE  
56, New Road, MKP Chowk  
Dehradun-248001  
Reg. No. 01858



**Chandan Diagnostic**

Age / Gender: 34/Male  
Patient ID: IDUN0252482425  
Patient Name: Mr ANIL KUMAR-22E36898

Date and Time: 26th Oct 24 10:25 AM



AR: 58bpm VR: 58bpm QRSd: 84ms QT: 384ms QTcB: 376ms PRI: 158ms

25.0 mm/s 10.0 mm/mV 0-20HZ, 50HZ

**Normal: Sinus Bradycardia, Sinus Arrhythmia Seen. Please correlate clinically.**

REPORTED BY



# CHANDAN DIAGNOSTIC CENTRE

56 ARMELIA BUILDING 1ST FLOOR MKP CHOWK DEHRADUN

Mr. ANIL KUMAR  
Age/Sex : 34/M  
Recorded : 26-10-2024 15:49  
Ref. by : HEALTHCARE LTD  
Indication :

ID : 25307  
HR/M : /

## 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	II	ST LEVEL (mm) V2	V5	METS
SUPINE					78	128/74	97	0.5	3.1	-0.3	
STANDING					79	128/74	101	0.5	3.1	-0.3	
HYPERVENT	0:02	0:02			82	128/74	104	0.5	3.1	-0.3	
STAGE 1	2:59	2:59	2.70	10.00	113	130/82	146	-0.1	2.6	0.1	4.80
STAGE 2	5:59	2:59	4.00	12.00	134	136/84	182	-0.4	1.8	-0.6	7.10
STAGE 3	7:29	1:29	5.40	14.00	166	150/90	249	-1.1	3.0	-1.1	8.54
PEAK EXERCISE	7:31	1:31			167	150/90	250	-0.9	3.1	-1.1	8.57
RECOVERY	2:59	2:59	0.00	0.00	96	130/80	124	-0.6	1.5	-0.7	

### RESULTS

Exercise Duration: 7:31 Minutes  
 Max Heart Rate: 167 bpm; 89% of target heart rate 186 bpm  
 Max Blood Pressure: 150/90 mmHg  
 Max Work Load: 8.57 METS  
 Reason of Termination:

### IMPRESSIONS

GOOD EFFORT TOLERANCE  
 NORMAL IONOTROPIC AND CHRONOTROPIC RESPONSE  
 NO ANGINA/ARRHYTHMIA/SLV DYSFUNCTION  
 NO SIGNIFICANT ST-T OR R WAVE CHANGES WERE SEEN DURING OR AFTER THE EXERCISE  
 TEST IS NEGATIVE FOR EXERCISE INDUCED REVERSIBLE MYOCARDIAL ISCHEMIA

DR RAJ PRATAP SINGH

DR GOPAL JEE SHARMA

CHANDAN DIAGNOSTIC CENTRE  
 56, New Road, MKP Chowk  
 Dehradun-248001  
 Reg. No. 036883

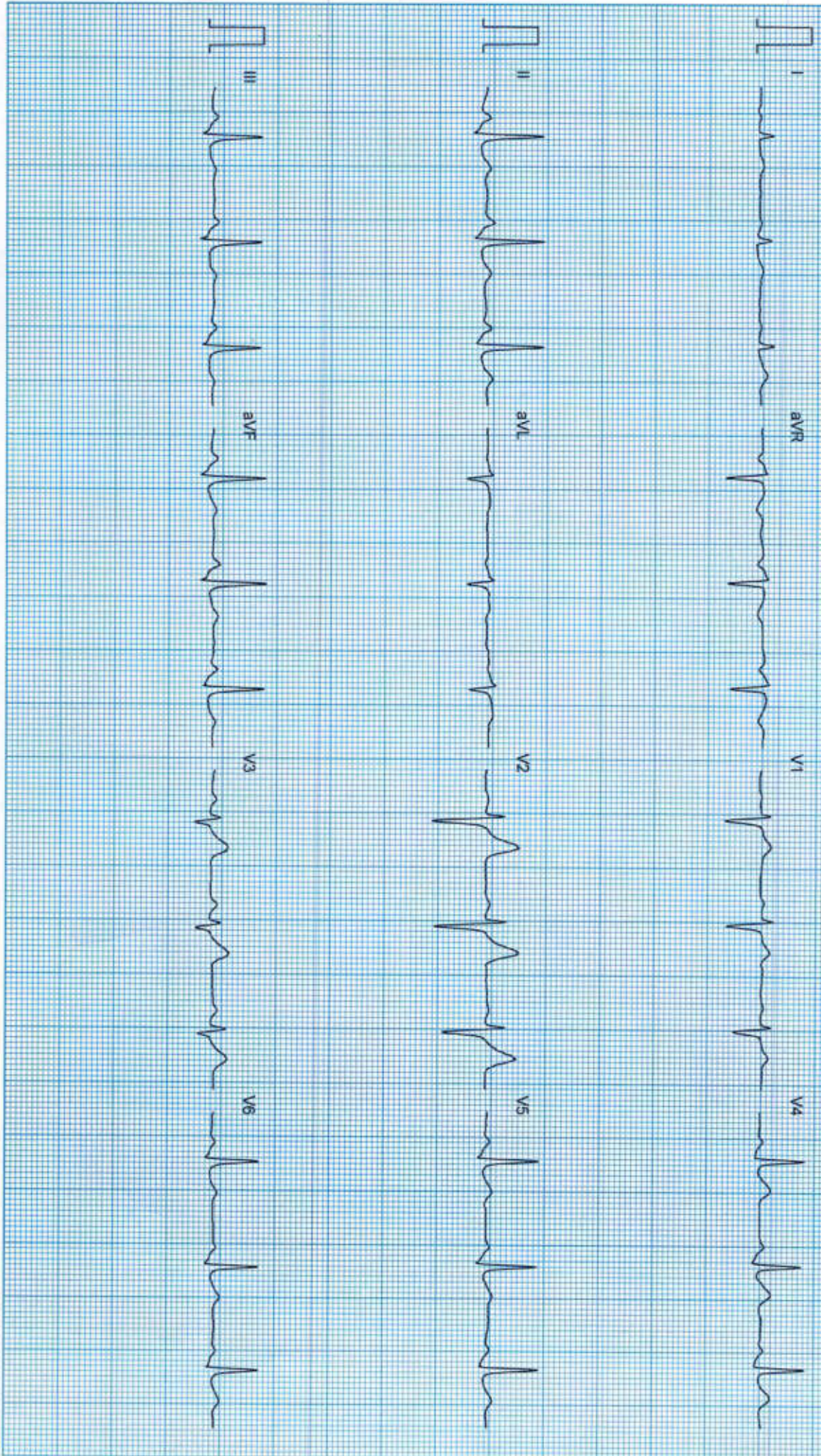
SUPINE  
PRETEST

ST @ 10mm/mv  
80ms PostU

MR. ANIL KUMAR  
I.D. : 25307  
AGE/SEX : 34/M  
RECORDED : 26-10-2024 15:49

RATE : 76 BPM  
B.P. : 128/74 mmHg

RAW E.C.G.



STANDING  
PRETEST

ST @ 10mm/mV  
30ms PostU

LINKED-MEDIAN

Mr: ANIL KUMAR

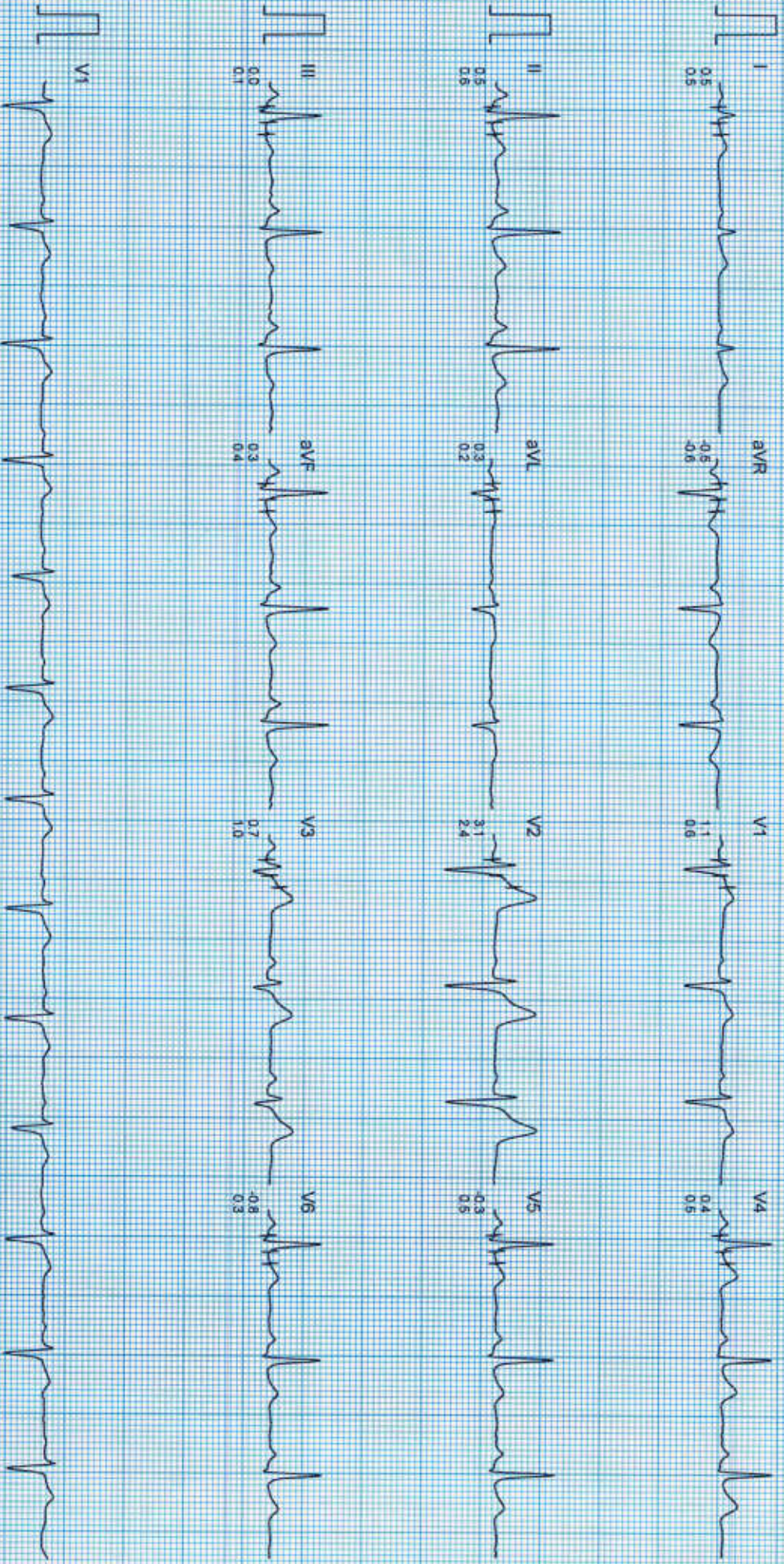
I.D. : 25307

AGE/SEX : 34/M

RECORDED : 26-10-2024 15:49

RATE : 79 BPM

B.P. : 128/74 mmHg



HYPERVENTILATION  
PRETEST

LINKED MEDIAN

Mr. ANIL KUMAR

I.D. : 25307

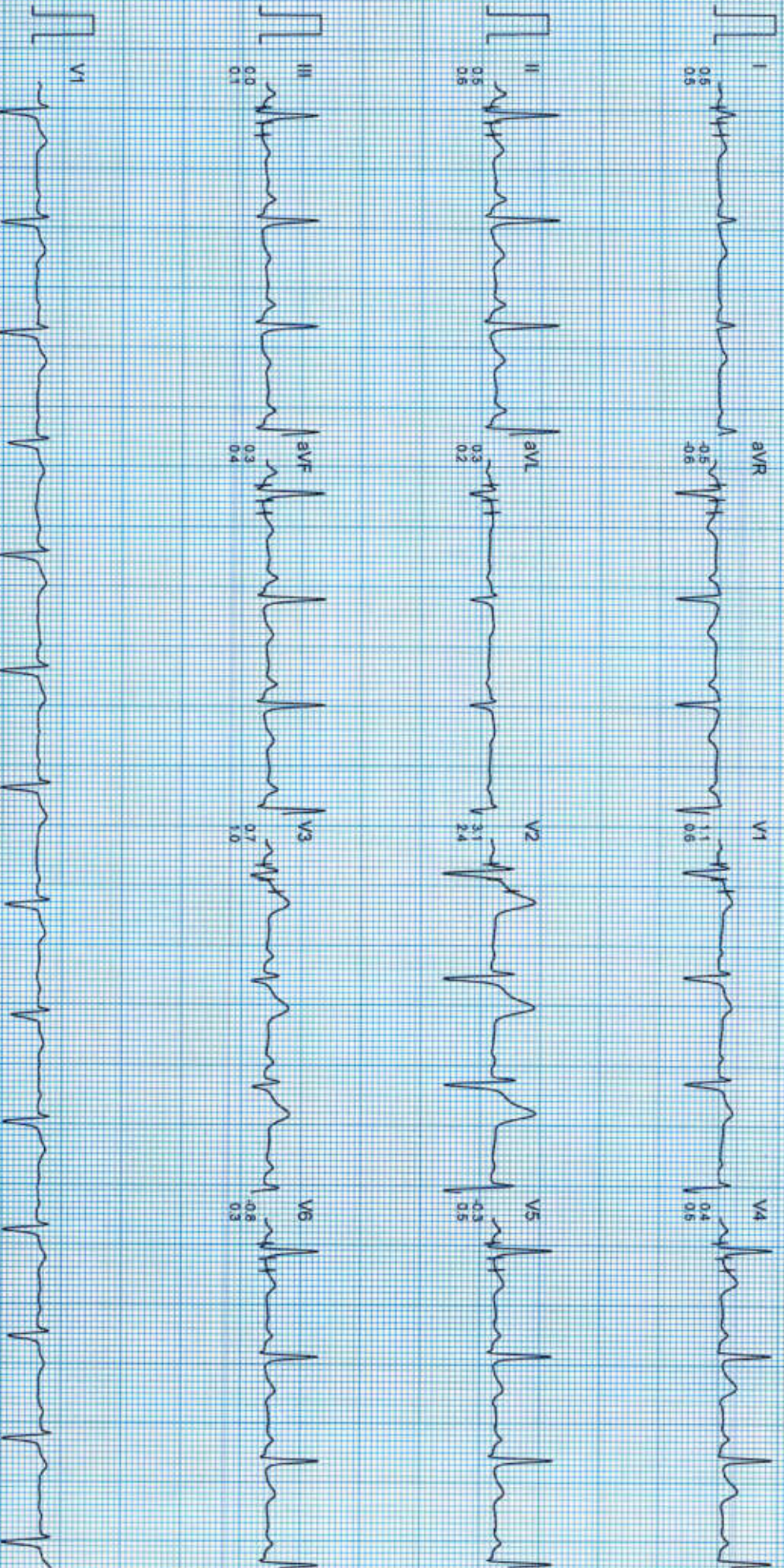
AGE/SEX : 34/M

RECORDED : 26-10-2024 15:49

RATE : 82 BPM

B.P. : 128/74 mmHg

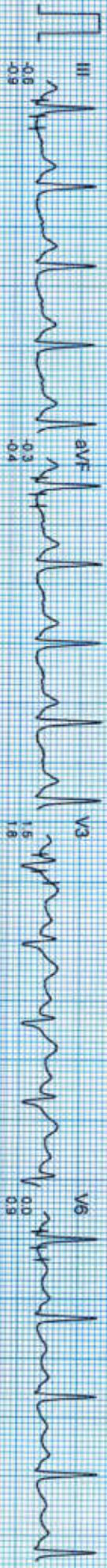
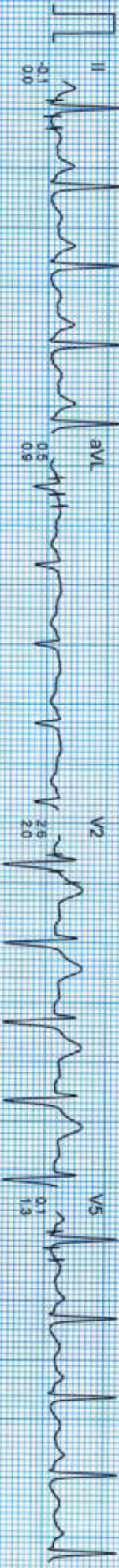
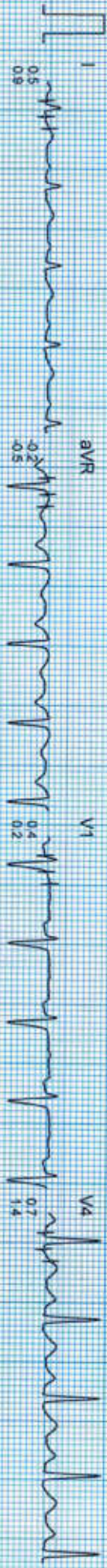
STAGE TIME : 0:02



Mr. ANIL KUMAR  
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AGE/SEX : 34/M  
RECORDED : 26-10-2024 15:49

BRUCE  
EXERCISE 1  
PHASE TIME : 2:59  
STAGE TIME : 2:59

ST @ 10mm/mV  
80ms PostJ  
SPEED : 2.7 Km./Hr.  
GRADE : 100.0 %  
LINKED MEDIUM



Mr. ANIL KUMAR  
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RECORDED : 26.10.2024 15:49

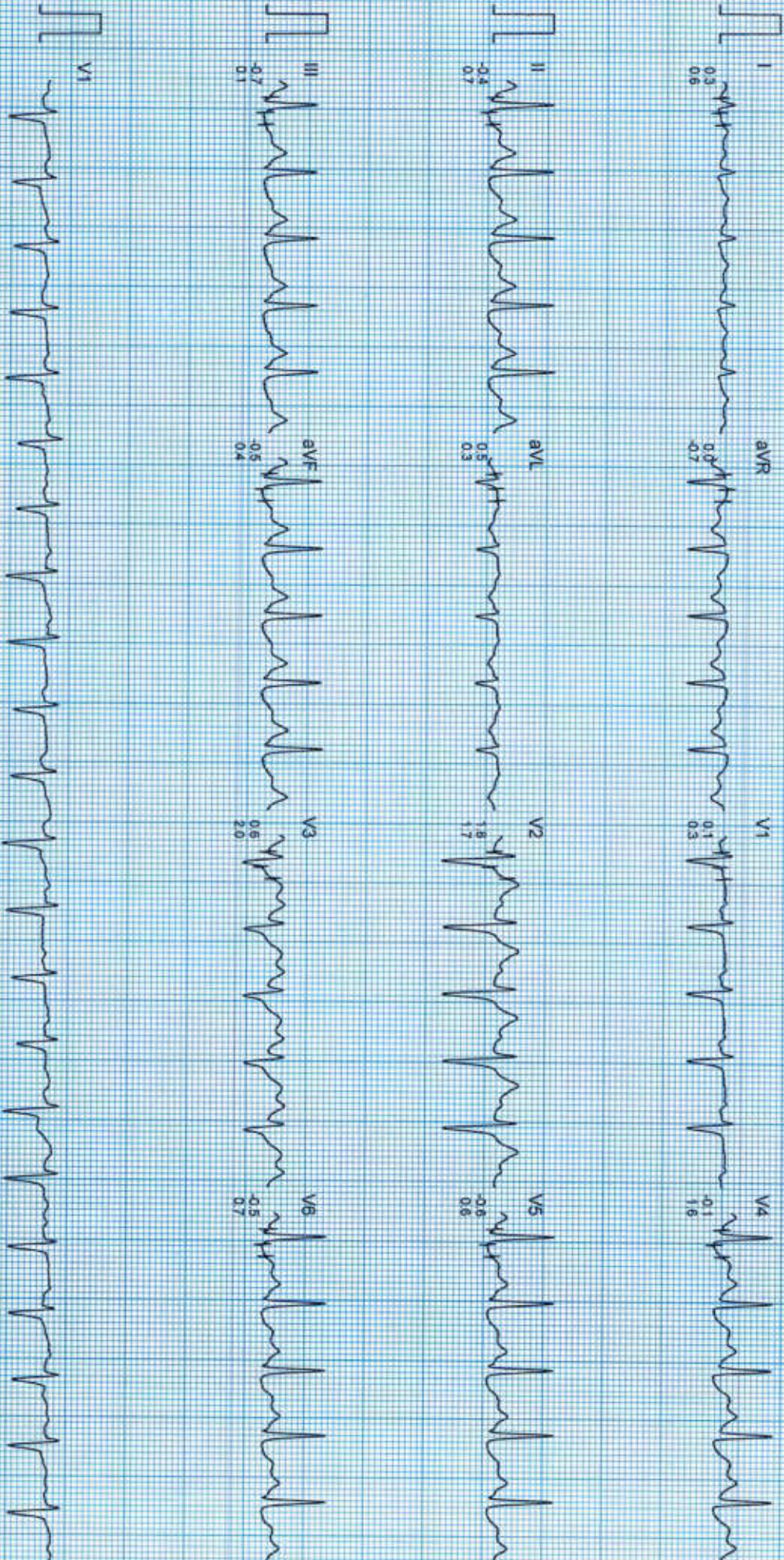
BRUCE  
EXERCISE 2  
PHASE TIME : 5:59  
STAGE TIME : 2:59

ST @ 10mm/mV  
80ms PostL  
SPEED : 4.0 Km./Hr.  
GRADE : 12.0 %

LINKED-MEDIAN

RATE : 134 BPM

B.P. : 136/84 mmHg

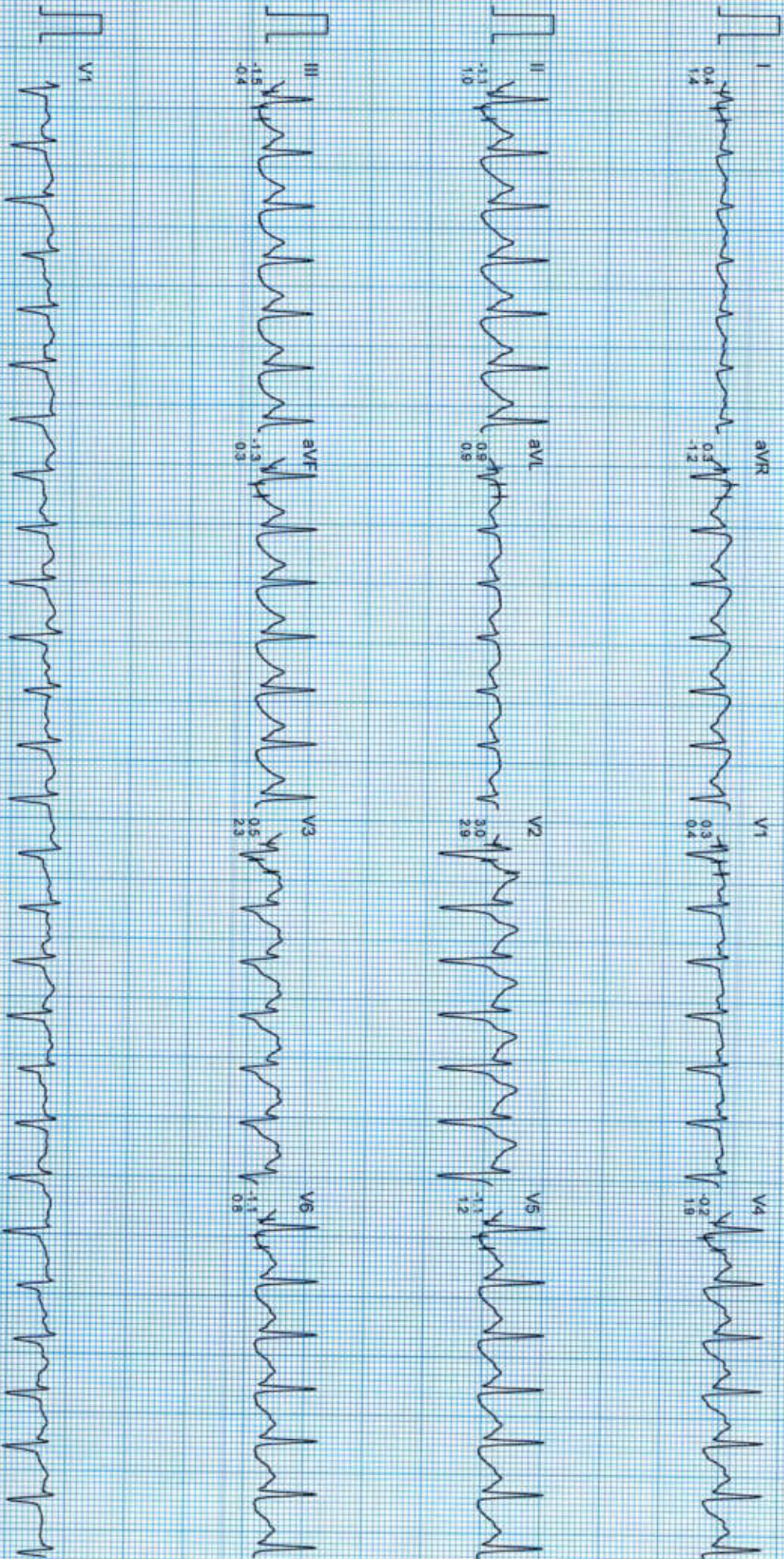




Mr. ANIL KUMAR  
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AGE/SEX : 34/M  
RECORDED : 26-10-2024 15:49

BRUCE  
EXERCISE 3  
PHASE TIME : 7.29  
STAGE TIME : 1.29

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



Mr. ANIL KUMAR

ID : 25307

AGE/SEX : 34/M

RECORDED : 26-10-2024 15:49

RATE : 167 BPM  
B.P. : 150/90 mmHg

BRUCE

PEAK EXERCISE

PHASE TIME : 7:31

STAGE TIME : 1:31

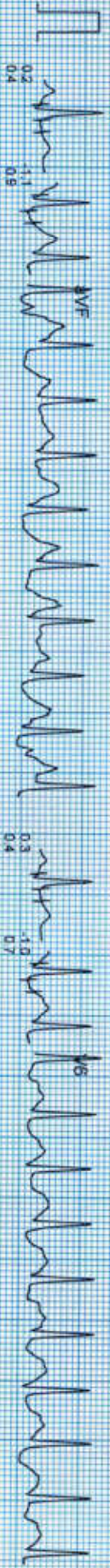
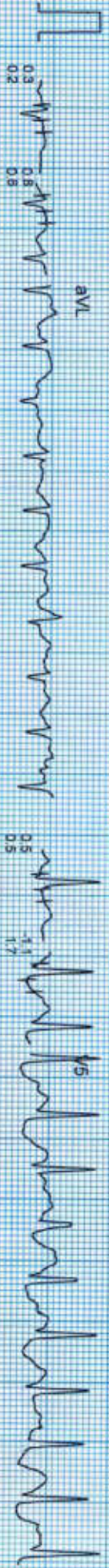
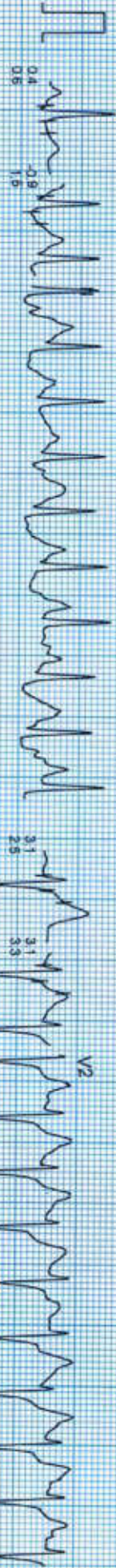
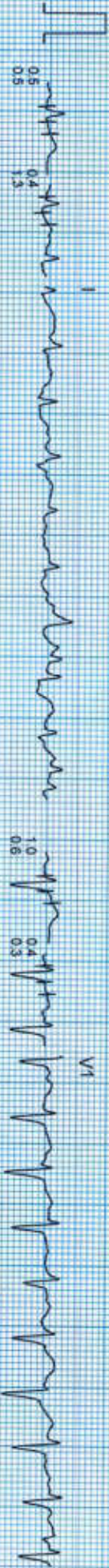
ST @ 10mm/mV

80ms PostU

SPEED : 5.4 Km./hr

GRADE : 14.0 %

MIXED E.C.G.

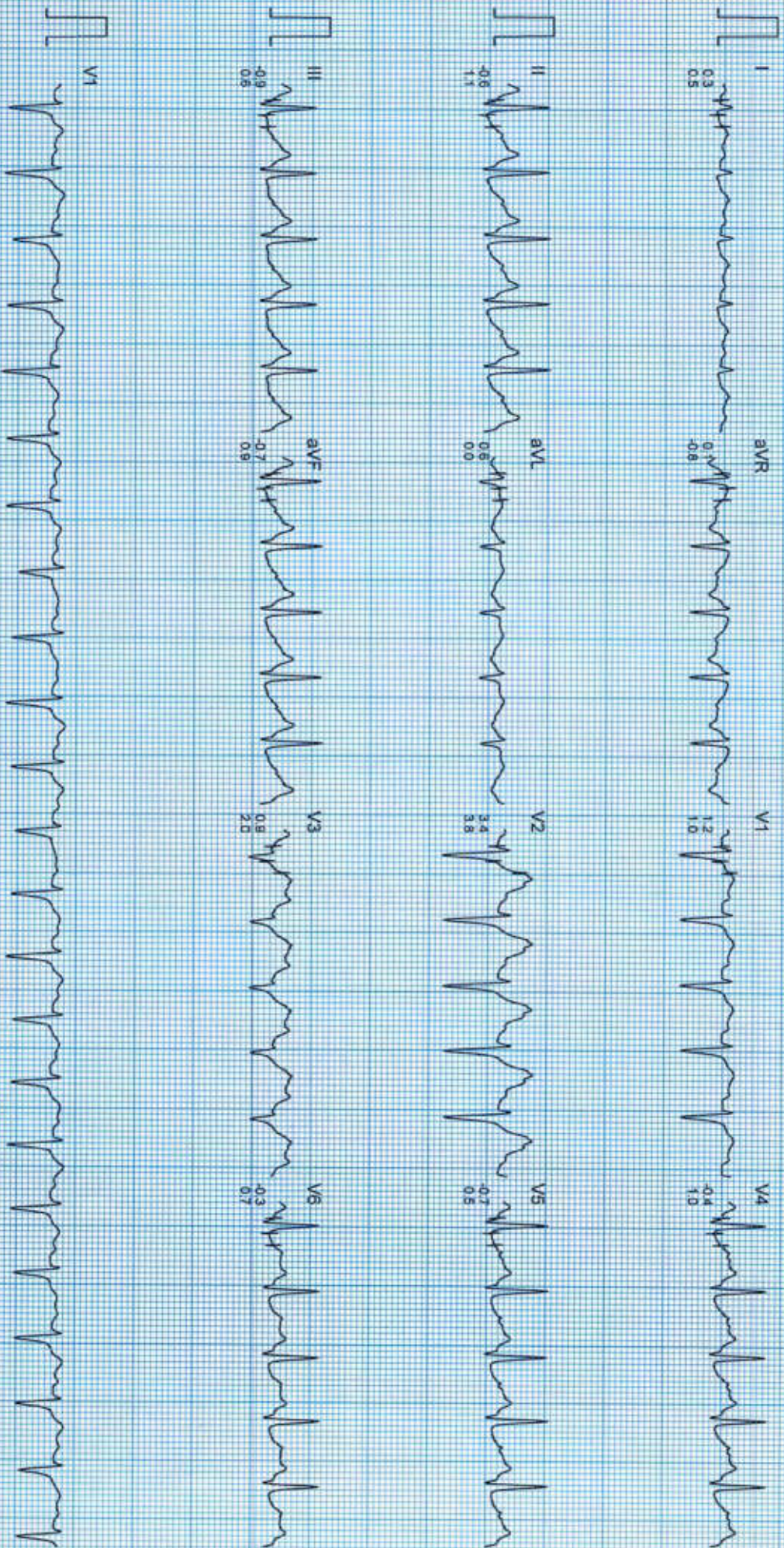


Mr. ANIL KUMAR  
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AGE/SEX : 34/M  
RECORDED : 26-10-2024 15:49

BRUCE  
RECOVERY  
PHASE TIME : 0:59

ST @ 10mm/mV  
80ms PostJ  
SPEED : 0.0 Km./Hr.  
GRADE : 0.0 %

LINKED MEDIAN



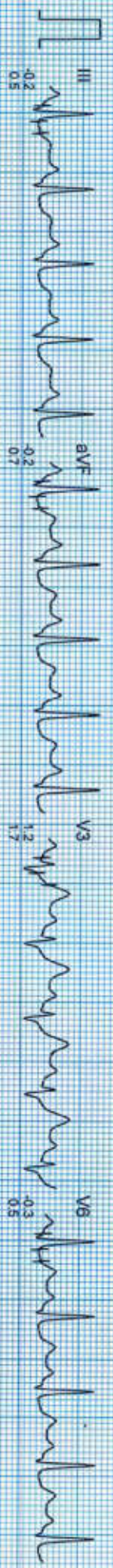
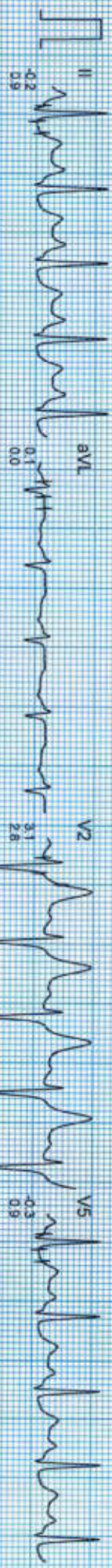
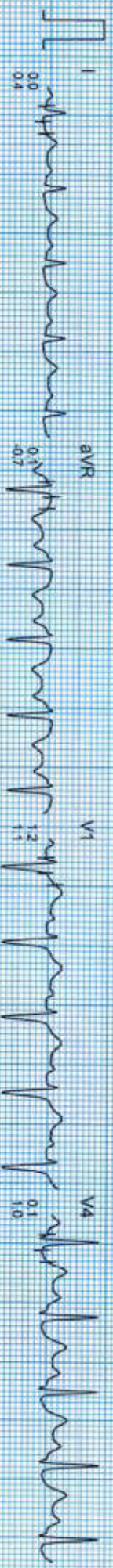
Mr: ANIL KUMAR  
I.D. : 25307  
AGE/SEX : 34/M  
RECORDED : 26-10-2024 15:49

BRUCE  
RECOVERY  
PHASE TIME : 1:59

ST @ 10mm/mV  
80ms PostJ  
SPEED : 0.0 Km./hr.  
GRADE : 0.0 %

LINKED-MEDIAN

RATE : 120 BPM  
B.P. : 140/86 mmHg



Mr. ANIL KUMAR

I.D. : 25307

AGE/SEX : 34/M

RECORDED : 26-10-2024 15:49

RATE : 96 BPM

B.P. : 130/80 mmHg

BRUCE

RECOVERY

PHASE TIME : 2:59

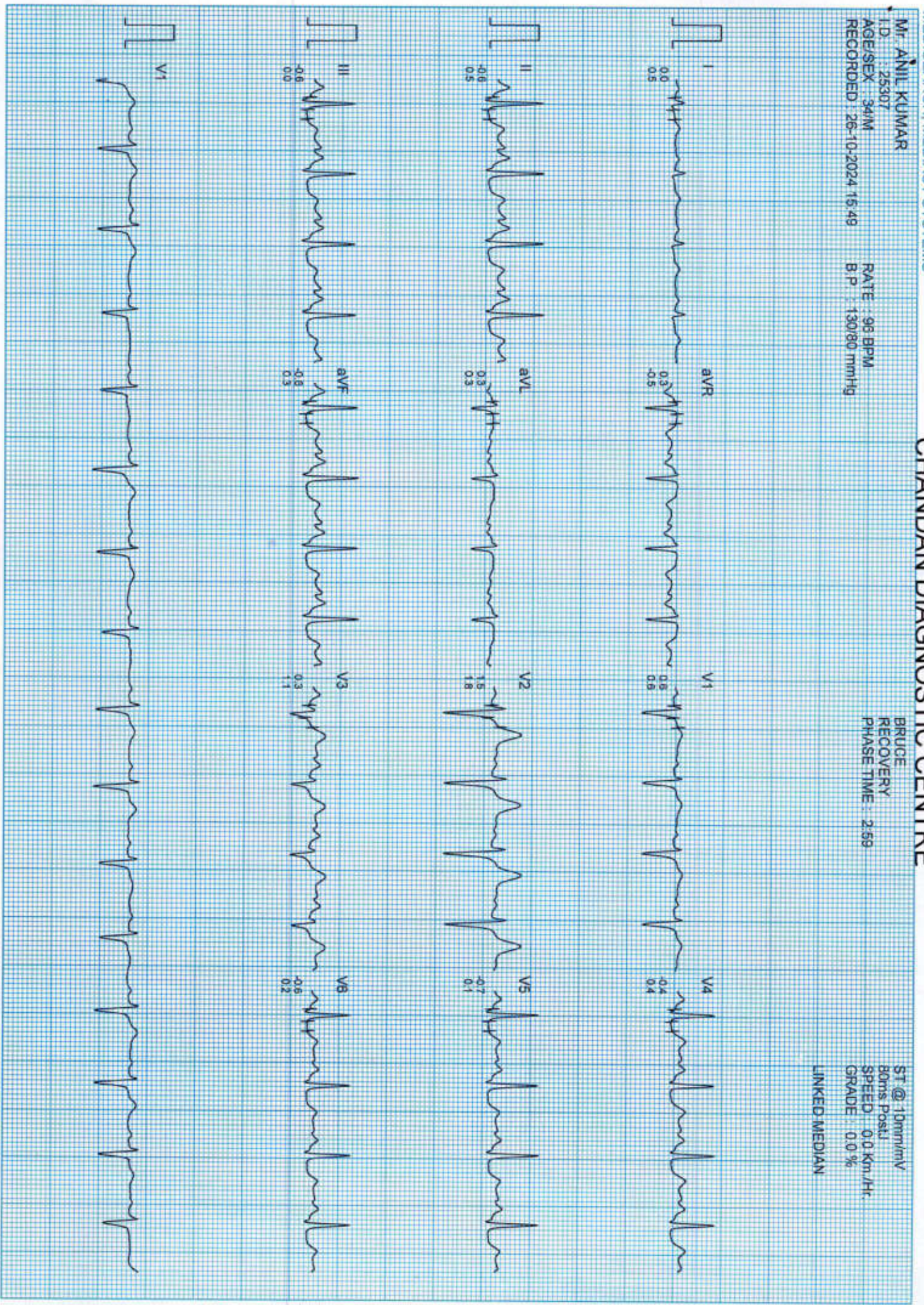
ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

LINKED MEDIAN





# CHANDAN DIAGNOSTIC CENTRE

Add: Armelia, 1st Floor, 56 New Road, M.K.P Chowk, Dehradun

Ph: 9235501532, 01356617357

CIN: U85110UP2003PLC193493

Patient Name	: Mr. ANIL KUMAR-22E36898	Registered On	: 26/Oct/2024 09:44:01
Age/Gender	: 34 Y 0 M 0 D /M	Collected	: 26/Oct/2024 09:45:39
UHID/MR NO	: IDUN.0000240841	Received	: 26/Oct/2024 10:15:29
Visit ID	: IDUN0252482425	Reported	: 26/Oct/2024 11:56:30
Ref Doctor	: Dr. MEDIWHEEL ACROFEMI HEALTHCARE LTD. DDN -	Status	: Final Report

## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Blood Group (ABO & Rh typing) , Blood

Blood Group	B			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA

#### Complete Blood Count (CBC) , Whole Blood

Haemoglobin	13.80	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	COLORIMETRIC METHOD (CYANIDE-FREE REAGENT)
TLC (WBC)	6,050.00	/Cu mm	4000-10000	IMPEDANCE METHOD
<b>DLC</b>				
Polymorphs (Neutrophils )	50.70	%	40-80	FLOW CYTOMETRY
Lymphocytes	41.80	%	20-40	FLOW CYTOMETRY
Monocytes	5.90	%	2-10	FLOW CYTOMETRY
Eosinophils	1.30	%	1-6	FLOW CYTOMETRY
Basophils	0.30	%	< 1-2	FLOW CYTOMETRY
<b>ESR</b>				
Observed	6.00	MM/1H	10-19 Yr 8.0 20-29 Yr 10.8 30-39 Yr 10.4 40-49 Yr 13.6 50-59 Yr 14.2 60-69 Yr 16.0 70-79 Yr 16.5 80-91 Yr 15.8	





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## DEPARTMENT OF HAEMATOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
			Pregnancy	
			Early gestation - 48 (62 if anaemic)	
			Leter gestation - 70 (95 if anaemic)	
Corrected	--	Mm for 1st hr.	<9	
PCV (HCT)	43.20	%	40-54	
<b>Platelet count</b>				
Platelet Count	1.66	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.40	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	51.10	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.22	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	<b>13.50</b>	fL	6.5-12.0	ELECTRONIC IMPEDANCE
<b>RBC Count</b>				
RBC Count	5.19	Mill./cu mm	4.2-5.5	ELECTRONIC IMPEDANCE
<b>Blood Indices (MCV, MCH, MCHC)</b>				
MCV	83.40	fl	80-100	CALCULATED PARAMETER
MCH	<b>26.50</b>	pg	27-32	CALCULATED PARAMETER
MCHC	31.80	%	30-38	CALCULATED PARAMETER
RDW-CV	14.80	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	44.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	3,070.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	70.00	/cu mm	40-440	

  
 DR. RITU BHATIA  
 MID (Pathology)





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### GLUCOSE FASTING , Plasma

Glucose Fasting	94.51	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

**CLINICAL SIGNIFICANCE:-** Glucose is the major source of energy in the body. Lack of insulin or resistance to it action at the cellular level causes diabetes. Therefore, the blood glucose levels are very high. Elevated serum glucose levels are observed in diabetes mellitus and may be associated with pancreatitis, pituitary or thyroid dysfunction and liver disease. Hypoglycaemia occurs most frequently due to over dosage of insulin.

Glucose PP <i>Sample: Plasma After Meal</i>	99.19	mg/dl	<140 Normal 140-199 Pre-diabetes >200 Diabetes	GOD POD
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#### Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

#### GLYCOSYLATED HAEMOGLOBIN (HBA1C) , EDTA BLOOD

Glycosylated Haemoglobin (HbA1c)	5.40	% NGSP		HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	36.00	mmol/mol/IFCC		
Estimated Average Glucose (eAG)	108	mg/dl		

#### Interpretation:

#### NOTE:-

- eAG is directly related to A1c.







# CHANDAN DIAGNOSTIC CENTRE

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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

\*\*Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B. : Test carried out on Automated VARIANT II TURBO HPLC Analyser.

### Clinical Implications:

\*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

\*With optimal control, the HbA 1c moves toward normal levels.

\*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

c. Alcohol toxicity d. Lead toxicity

\*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

\*Pregnancy d. chronic renal failure. Interfering Factors:

\*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

**BUN (Blood Urea Nitrogen)**

8.00

mg/dL

7.0-23.0

CALCULATED

Sample:Serum





# CHANDAN DIAGNOSTIC CENTRE

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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Interpretation:

**Note: Elevated BUN levels can be seen in the following:**

High-protein diet, Dehydration, Aging, Certain medications, Burns, Gastrointestinal (GI) bleeding.

**Low BUN levels can be seen in the following:**

Low-protein diet, overhydration, Liver disease.

<b>Creatinine</b>	0.95	mg/dl	0.7-1.30	MODIFIED JAFFES
<i>Sample:Serum</i>				

#### Interpretation:

The significance of single creatinine value must be interpreted in light of the patients muscle mass. A patient with a greater muscle mass will have a higher creatinine concentration. The trend of serum creatinine concentrations over time is more important than absolute creatinine concentration. Serum creatinine concentrations may increase when an ACE inhibitor (ACE) is taken. The assay could be affected mildly and may result in anomalous values if serum samples have heterophilic antibodies, hemolyzed, icteric or lipemic.

<b>Uric Acid</b>	4.43	mg/dl	3.4-7.0	URICASE
<i>Sample:Serum</i>				

#### Interpretation:

**Note:-**

**Elevated uric acid levels can be seen in the following:**

Drugs, Diet (high-protein diet, alcohol), Chronic kidney disease, Hypertension, Obesity.

#### LFT (WITH GAMMA GT) , Serum

SGOT / Aspartate Aminotransferase (AST)	26.00	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	23.38	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	21.37	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.67	gm/dl	6.2-8.0	BIURET
Albumin	4.40	gm/dl	3.4-5.4	B.C.G.
Globulin	2.27	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.94		1.1-2.0	CALCULATED





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## DEPARTMENT OF BIOCHEMISTRY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Alkaline Phosphatase (Total)	88.57	U/L	42.0-165.0	PNP/AMP KINETIC
Bilirubin (Total)	0.75	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.23	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.52	mg/dl	< 0.8	JENDRASSIK & GROF
<b>LIPID PROFILE ( MINI ) , Serum</b>				
Cholesterol (Total)	209.91	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	69.36	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	122	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optimal 130-159 Borderline High 160-189 High > 190 Very High	CALCULATED
VLDL	18.89	mg/dl	10-33	CALCULATED
Triglycerides	94.45	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO-PAP

  
**DR. RITU BHATIA**  
 MID (Pathology)





# CHANDAN DIAGNOSTIC CENTRE

Add: Armelia,1st Floor,56New Road, M.K.P Chowk,Dehradun  
Ph: 9235501532,01356617357  
CIN: U85110UP2003PLC193493

Patient Name	: Mr.ANIL KUMAR-22E36898	Registered On	: 26/Oct/2024 09:44:02
Age/Gender	: 34 Y 0 M 0 D /M	Collected	: 26/Oct/2024 09:45:39
UHID/MR NO	: IDUN.0000240841	Received	: 26/Oct/2024 10:15:29
Visit ID	: IDUN0252482425	Reported	: 26/Oct/2024 12:52:21
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### URINE EXAMINATION, ROUTINE , Urine

Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic ( 6.0 )			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent 10-40 (+) 40-200 (++) 200-500 (+++) > 500 (++++)	DIPSTICK
Sugar	ABSENT	gms%	< 0.5 (+) 0.5-1.0 (++) 1-2 (+++) > 2 (++++)	DIPSTICK
Ketone	ABSENT	mg/dl	Serum-0.1-3.0 Urine-0.0-14.0	BIOCHEMISTRY
Bile Salts	ABSENT			
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
<b>Microscopic Examination:</b>				
<b>Epithelial cells</b>	0-1/h.p.f			MICROSCOPIC EXAMINATION
<b>Pus cells</b>	ABSENT			
RBCs	ABSENT			MICROSCOPIC EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC EXAMINATION
Others	ABSENT			

#### SUGAR, FASTING STAGE , Urine

Sugar, Fasting stage	ABSENT	gms%
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## DEPARTMENT OF CLINICAL PATHOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### Interpretation:

- (+) < 0.5
- (++) 0.5-1.0
- (+++) 1-2
- (++++) > 2

DR. RITU BHATIA  
MD (Pathology)





# CHANDAN DIAGNOSTIC CENTRE

Add: Armelia, 1st Floor, 56 New Road, M.K.P Chowk, Dehradun  
Ph: 9235501532, 01356617357  
CIN: U85110UP2003PLC193493

Patient Name	: Mr. ANIL KUMAR-22E36898	Registered On	: 26/Oct/2024 09:44:02
Age/Gender	: 34 Y 0 M 0 D /M	Collected	: 26/Oct/2024 09:45:39
UHID/MR NO	: IDUN.0000240841	Received	: 26/Oct/2024 10:15:29
Visit ID	: IDUN0252482425	Reported	: 26/Oct/2024 16:45:08
Ref Doctor	: Dr. MEDIWHEEL ACROFEMI HEALTHCARE LTD. DDN -	Status	: Final Report

## DEPARTMENT OF IMMUNOLOGY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
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#### THYROID PROFILE - TOTAL , Serum

T3, Total (tri-iodothyronine)	<b>78.08</b>	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	5.00	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	1.550	μIU/mL	0.27 - 5.5	CLIA

#### Interpretation:

0.3-4.5	μIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	μIU/mL	Adults 55-87 Years
0.7-27	μIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	μIU/mL	Child(21 wk - 20 Yrs.)
1-39	μIU/mL	Child 0-4 Days
1.7-9.1	μIU/mL	Child 2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- 4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- 5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- 6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- 8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

DR. SMRITI GUPTA MD (PATHOLOGY)





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235501532,01356617357  
CIN: U85110UP2003PLC193493

Patient Name	: Mr.ANIL KUMAR-22E36898	Registered On	: 26/Oct/2024 09:44:03
Age/Gender	: 34 Y 0 M 0 D /M	Collected	: 2024-10-26 10:27:11
UHID/MR NO	: IDUN.0000240841	Received	: 2024-10-26 10:27:11
Visit ID	: IDUN0252482425	Reported	: 26/Oct/2024 13:05:33
Ref Doctor	: Dr.MEDIWHEEL ACROFEMI HEALTHCARE LTD.DDN -	Status	: Final Report

## DEPARTMENT OF X-RAY

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### X-RAY DIGITAL CHEST PA

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### DIGITAL CHEST P.A. VIEW

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

**IMPRESSION :**                    **N O R M A L   S K I A G R A M**

DR. R B KALIA  
MD (RADIOLOGIST)





# CHANDAN DIAGNOSTIC CENTRE

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Ph: 9235501532,01356617357  
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Age/Gender	: 34 Y 0 M 0 D /M	Collected	: 2024-10-26 11:13:02
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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

#### ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER)

##### LIVER

- The liver measures 141.5 mms. It shows diffuse increase in echogenicity. No focal lesion is seen.

##### PORTAL SYSTEM

- The intra hepatic portal channels are normal.
- Portal vein measured 10.0 mms. (Normal) at the porta.

##### BILIARY SYSTEM

- The intra-hepatic biliary radicles are normal.
- Common duct measured 3.0 mms. (Normal) at the porta.
- The gall bladder measures 64.2 x 21.1 mms. Polyps largest of which measures 3.7 x 2.8 mms are seen in gall bladder.

##### PANCREAS

- The pancreas is normal in size and shape and has a normal homogenous echotexture.

##### GREAT VESSELS

- Great vessels are normal.

##### RIGHT KIDNEY

- The right kidney is normal in size, shape and cortical echotexture.
- The collecting system is normal and corticomedullary demarcation is clear.

##### LEFT KIDNEY

- The left kidney is normal in size, shape and cortical echotexture.
- The collecting system is normal and corticomedullary demarcation is clear.

##### SPLEEN

- The spleen is normal in size and has a homogenous echotexture.

##### LYMPHNODES







# CHANDAN DIAGNOSTIC CENTRE

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## DEPARTMENT OF ULTRASOUND

### MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

- No pre-or-para aortic lymph node mass is seen.

#### URETERS

- Both the ureters are normal.

#### URINARY BLADDER

- The urinary bladder is normal. Bladder wall is normal in thickness and regular.

#### PROSTATE

- The prostate gland is normal in texture and size. No focal mass or capsular breach is seen.

#### IMPRESSION


### GRADE I DIFFUSE FATTY CHANGE OF LIVER WITH GALL BLADDER POLYPS

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

Result/s to Follow:

STOOL, ROUTINE EXAMINATION, SUGAR, PP STAGE, ECG / EKG



  
DR. R B KALIA  
MD (RADIOLOGIST)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: MRI, CT scan, DR X-ray, Ultrasound, Sonomammography, Digital Mammography, ECG (Bedside also), 2D Echo, TMT, Holter, OPG, EEG, NCV, EMG & BERA, Audiometry, BMD, PFT, Fibroscan, Bronchoscopy, Colonoscopy and Endoscopy, Allergy Testing, Biochemistry & Immunoassay, Hematology, Microbiology & Serology, Histopathology & Immunohistochemistry, Cytogenetics and Molecular Diagnostics and Health Checkups \*

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