

PANCHMUKHI HOSPITAL

Dr CP Dadhaniya

Dr RC Dadhaniya

MBBS, Dip.G.O, Diabetologist

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

policy number :
full name : Sushoj Kumar Behara
identity proof : Aadhaar card
identity proof no : 9353
gender : male / 47
height : 175
weight : 81
B P : 116/84
pluse : 96/min Regular
blood sample : yes
fasting mode : yes
non fasting mode : yes

past history : no

Dental : no smel

Romberg Test :

Colour vision : normal

[Handwritten signature]

DR. C. P. DADHANIYA
M.B. Diabetologist
Ind. Physician (CIH)
Regd. No. G19798
Code No. 378943
Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT.



NAME: Sachin Kumar Bahera
AGE/GENDER: male / 47

DIAG. DATE: 23-03-24

PATIENT'S REFRACTION DETAILS

| | | SPHE | CYL | AXIS | VN |
|---|---|------|-----|------|-----|
| R | D | N | | | 6/9 |
| | N | N | N | N | 6/9 |
| L | D | N | | | 6/9 |
| | N | N | N | N | 6/9 |

DR. C. P. DADHANIYA
M.B. Diabetologist
Ind. Physician (CTH)
Regd. No. G19798
Code No. 378943

REMARKS:

CHECKED BY: D.P. CP Dadhaniya

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

[Handwritten signature]

10mm/mV AUTO

10mm/mV

I

aVR

II

aVL

III

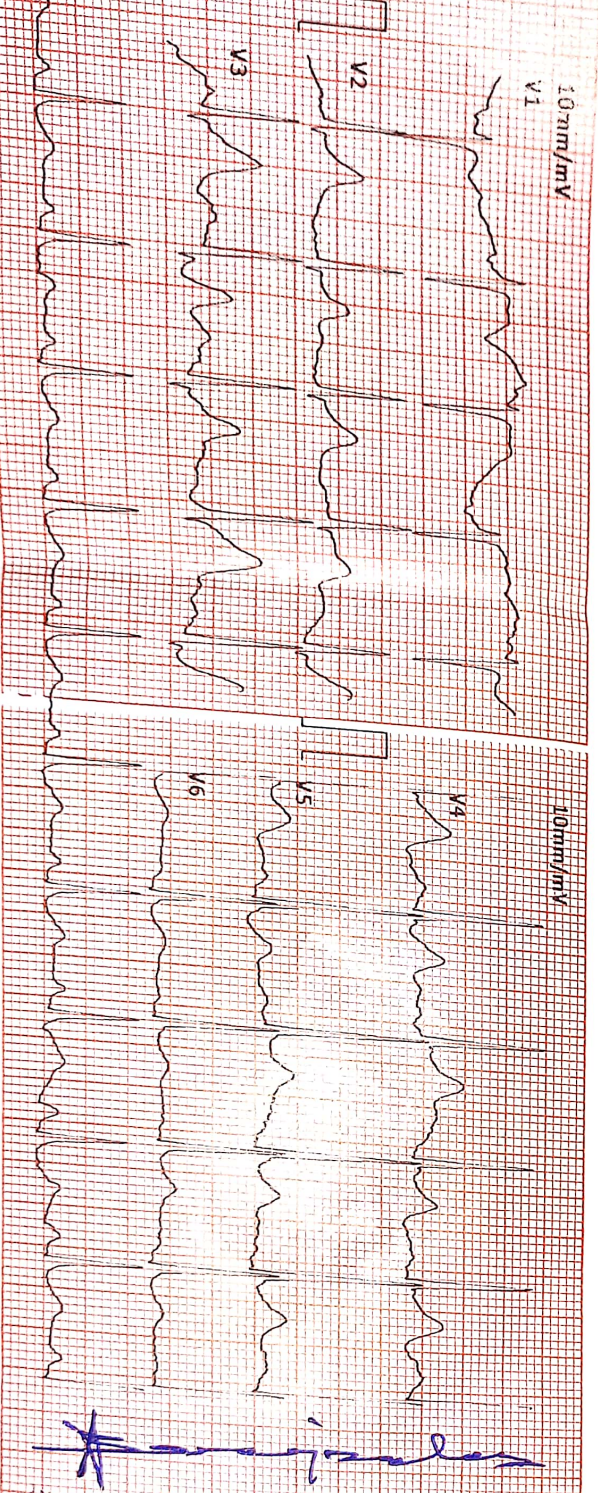
aVF

II 10mm/mV

25mm/s

AC:ON 0.05-35Hz





10mm/mV

10mm/mV

2024-3-23 10:43:31

ID: 00003880

ID Card:

Name: **Sagar Kumar Bhatnagar**

Age: **47**

Weight(kg): **70**

Height(cm): **170**

BP(mmHg): **110/70**

HR: **96**

P-R: **140** ms

Q-R-S: **197/98** ms

QT/QTc: **370/37** ms

Code No: **370003**

deg: **69/34/51**

mV: **1.83/0.97**

mV: **2.80**

Report Confirmed by:

*The result must be confirmed by doctor!



પંચમુખી હોસ્પિટલ

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

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

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date: 23-03-24

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

Saraj Kumar Behara,
Stool test not required.

Dr. C. P. DADHANIYA
M.B.B.S., C.I.H
Regd. No. G19798
PANCHMUKHI HOSPITAL
MAVADI CHOKADI.
150' RING ROAD, RAJKOT





भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

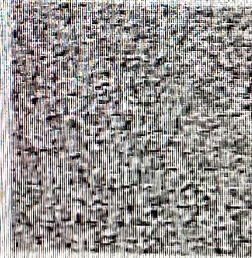
Enrollment No. : 0648/02597/02879

To
Saroj Kumar Behera
C/O. Sridhara Behera
House No. 337-3, Yagneshwar Dham
Near Airforce Lt
VTC, Jamnagar City
PO. Khodiyar Colony
Sub District, Jamnagar, District, Jamnagar
State, Gujarat
PIN Code: 361006
Mobile: 9555196399

125862431



MG258624314F



आपका आधार क्रमांक / Your Aadhaar No. :

5267 8704 9353

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Issue Date : 18/04/2012



Saroj Kumar Behera
DOB : 08/06/1976
Male

5267 8704 9353

मेरा आधार, मेरी पहचान





Mediwheel
sarojkumar behera

Camera Lite

7Q8M+5RV, Poonam Society, Mavdi, Chokdi, Rajkot,
Gujarat 360004, India

Latitude

22.2656002°

Local 10:58:46 AM

GMT 05:28:46 AM

Longitude

70.7845573°

Altitude 145 meters

Saturday, 23.03.2024



Scanned with OKEN Scanner

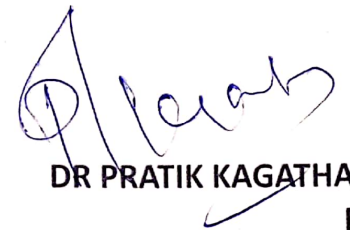
Pt.'s Name: SAROJKUMAR BEHERA

Date: 23 March, 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

Pat.s' Name: SAROJKUMAR BEHERA

DATE: 23 March 2024

U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows bright 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 hydronephrosis on either side. Concretion is seen at lower pole calyx of left kidney.
- **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:

- Grade I fatty changes in liver.
- Bilateral inguinal region is normal.

Thanks for reference.



DR PRATIK KAGATHARA
MD

ECHOCARDIOGRAPHY & COLOR DOPPLER

Patient Name : Saroj Behera
Ref.By : Dr Dadhaniya Sir

Age/Sex : 47/M
Date : 23/3/24

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 15 mm and collapsing > 50% on deep inspiration

Colour Doppler

Mitral Valve: E/A ratio 0.7 , TDI s/o E*<A*
No MR

Tricuspid Valve: Trivial TR CW TR jet 32 mmHg
Estimated PASP 37 mm Hg

Aortic Valve: No AR
No significant LVOT gradient - AV PG Max 7 mm Hg

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

FINAL IMPRESSION

Good LV systolic function at rest
LV Diastolic Dysfunction Noted

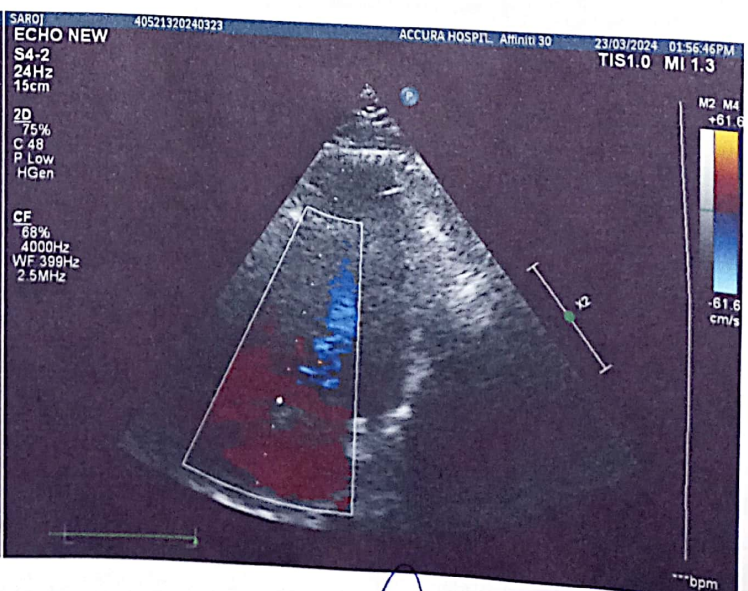
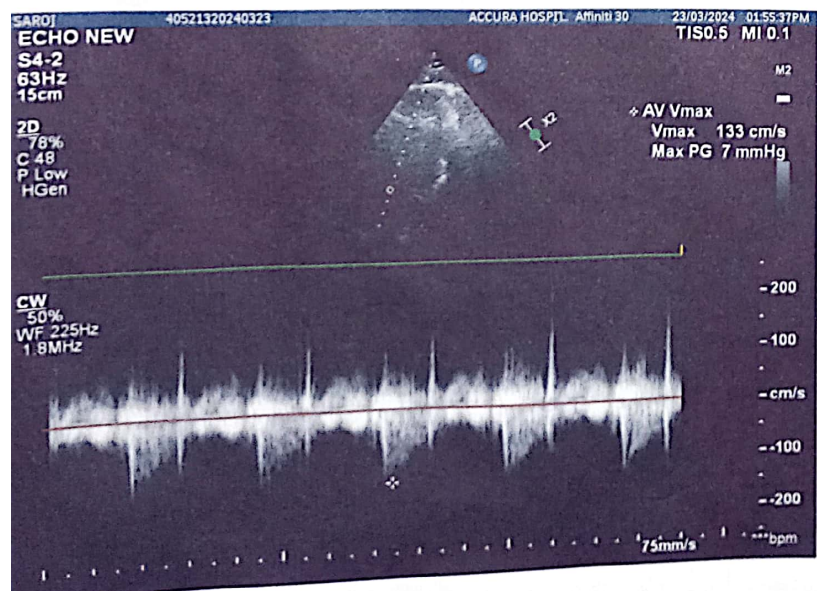
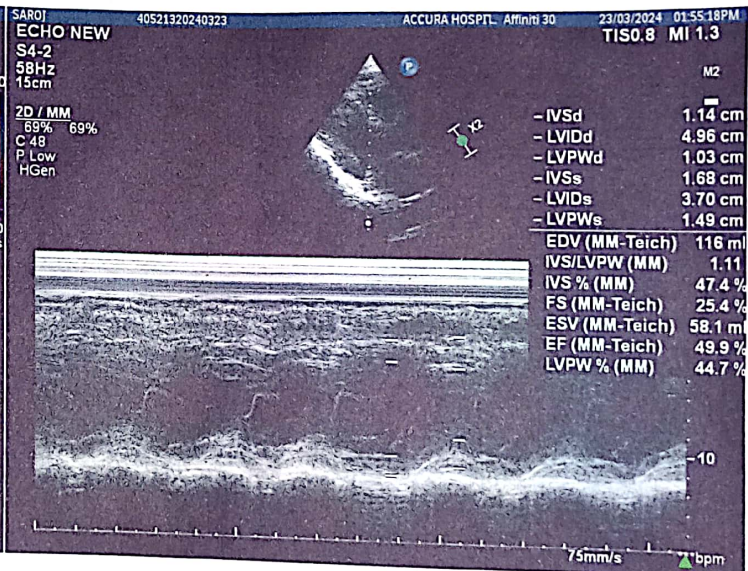
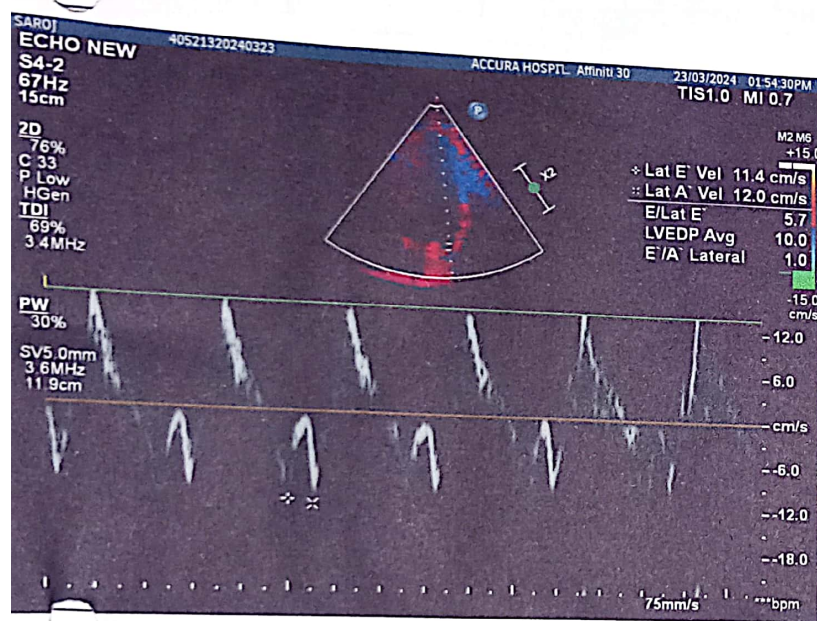
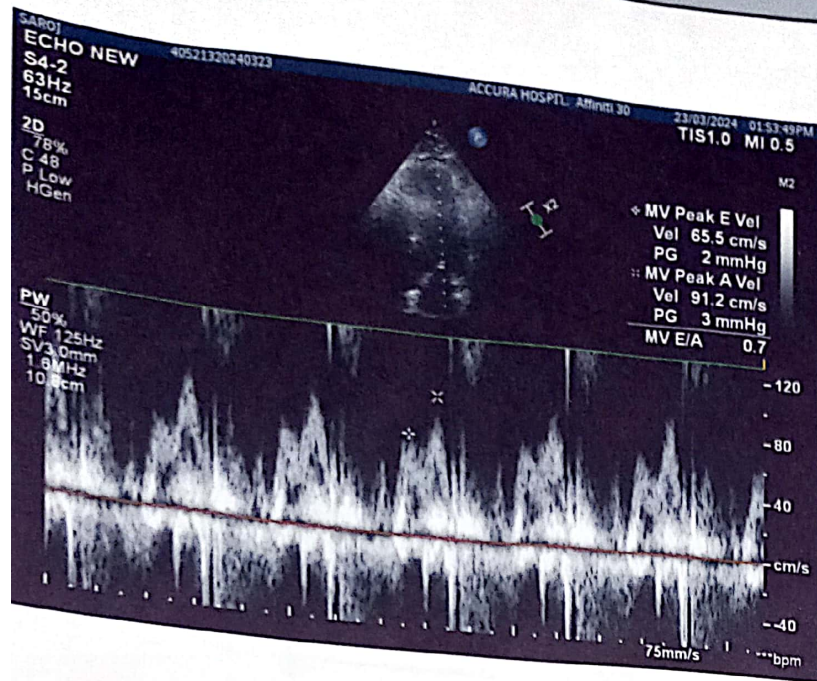

Dr V H Maniyar

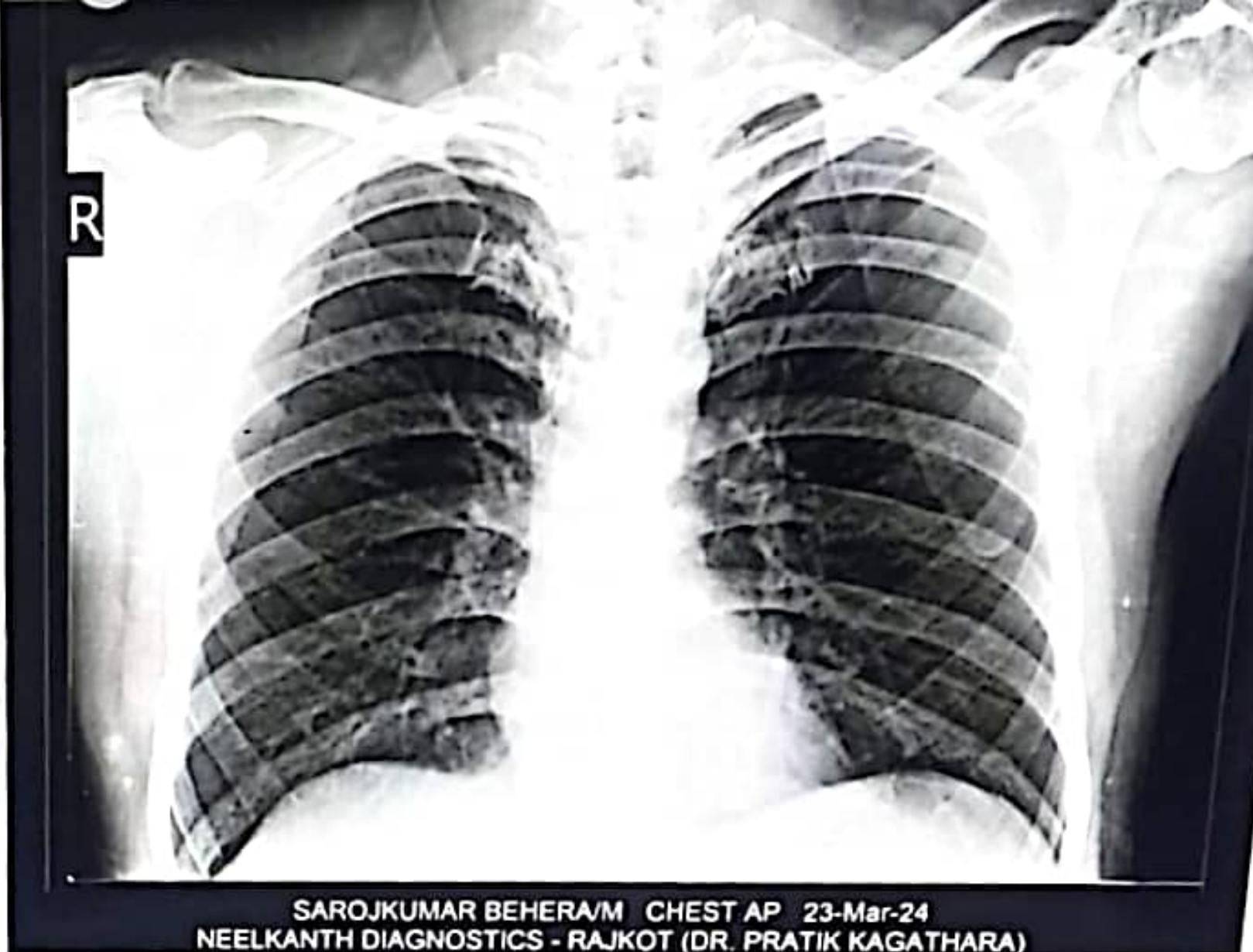
M.D., FNIC (Lilavati Hospital , Mumbai)

Accura Hospital


Owner








TEST REPORT

| | |
|------------------------------------------------------|--------------------------------------------|
| Name : Saroj Kumar Beheru | Reg. No : 403101115 |
| Age/Sex : 47 Years / Male | Reg. Date : 23-Mar-2024 01:38 PM |
| Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On : 23-Mar-2024 01:38 PM |
| Client Name : PANCHMUKHI HOSPITAL | Report Date : 23-Mar-2024 07:32 PM |

COMPLETE BLOOD COUNT (CBC)
 Specimen: EDTA blood

| Parameter | Result | Unit | Biological Ref. Interval | |
|-----------------------------------|--------------|---------------------|--------------------------|------------------------|
| RBC Parameters | | | | |
| Hemoglobin (SLS method) | 15.5 | g/dL | 13.0 - 18.0 | |
| Hematocrit (Electrical Impedance) | 44.20 | % | 47 - 52 | |
| RBC Count (Electrical Impedance) | 5.80 | million/cmm | 4.7 - 6.0 | |
| MCV (Calculated) | 76.2 | fL | 78 - 110 | |
| MCH (Calculated) | 26.7 | Pg | 27 - 31 | |
| MCHC (Calculated) | 35.1 | % | 30 - 35 | |
| RDW (Calculated) | 13.9 | % | 11.5 - 14.0 | |
| WBC Parameters | | | | |
| WBC Count (Flowcytometry) | 5170 | /cmm | 4000 - 10500 | |
| DIFFERENTIAL WBC COUNT | | | | |
| Neutrophils (%) | 45 % | % Range 42.0 - 75.2 | Abs. Value 2327 /cmm | Abs. Range 1800 - 7700 |
| Lymphocytes (%) | 45 % | 20 - 45 | 2327 /cmm | 1000 - 3900 |
| Eosinophils (%) | 4 % | 1 - 4 | 207 /cmm | 0 - 450 |
| Monocytes (%) | 6 % | 2 - 8 | 310 /cmm | 200 - 1000 |
| Basophils (%) | 0 % | 0 - 1 | 0 /cmm | 20 - 100 |
| Immature Granulocyte % | 0 | % | | |
| Platelete Parameter | | | | |
| Platelet Count | 261000 | /cmm | 150000 - 450000 | |
| MPV | 12.7 | fL | 7.4 - 10.4 | |
| P-LCR | 46.60 | % | 11.9 - 66.9 | |
| PDW | 20.9 | % | 8.3 - 56.6 | |
| PCT (Platelet Haematocrit) | 0.20 | % | 0.2 - 0.5 | |

towards the healthiness...

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

This is an Electronically Authenticated Report.

Page 1 of 13





TEST REPORT

| | |
|------------------------------------------------------|--------------------------------------------|
| Name : Saroj Kumar Beheru | Reg. No : 403101115 |
| Age/Sex : 47 Years / Male | Reg. Date : 23-Mar-2024 01:38 PM |
| Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On : 23-Mar-2024 01:38 PM |
| Client Name : PANCHMUKHI HOSPITAL | Report Date : 23-Mar-2024 06:42 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...



This is an Electronically Authenticated Report.

Page 2 of 13

Dr. Viral R. Jethava

M.D. (Path, PDCC)





TEST REPORT

| | |
|------------------------------------------------------|--------------------------------------------|
| Name : Saroj Kumar Beheru | Reg. No : 403101115 |
| Age/Sex : 47 Years / Male | Reg. Date : 23-Mar-2024 01:38 PM |
| Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On : 23-Mar-2024 01:38 PM |
| Client Name : PANCHMUKHI HOSPITAL | Report Date : 23-Mar-2024 05:18 PM |

| Test | Result | Unit | Biological Ref. Interval |
|-------------------------------------------------------------------|--------|-------|--------------------------|
| Erythrocyte sedimentation rate Sample, EDTA whole blood | | | |
| ESR (After 1 hour) | 05 | mm/hr | 1 - 7 |

DRJ

This is an Electronically Authenticated Report.

Page 3 of 13

Dr. Viral R. Jethava

M.D. (Path, PDCC)




TEST REPORT

| | |
|------------------------------------------------------|--------------------------------------------|
| Name : Saroj Kumar Beheru | Reg. No : 403101115 |
| Age/Sex : 47 Years / Male | Reg. Date : 23-Mar-2024 01:38 PM |
| Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On : 23-Mar-2024 01:38 PM |
| Client Name : PANCHMUKHI HOSPITAL | Report Date : 23-Mar-2024 05:48 PM |

FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

| Parameter | Result | Unit | Biological Ref. Interval |
|-------------------------------------------------------|--------|-------|---------------------------------------------------------------------------------|
| Fasting Blood Sugar (FBS) <i>HEXOKINASE</i> | 85.0 | mg/dL | <100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) ≥126 :Diabetic |
| Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i> | Nil | | |
| Urine Acetone -F | Nil | | |

Criteria for the diagnosis of diabetes :

- HbA1c ≥ 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 ≥ 200 mg/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 ≥ 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 R. Jethava
 M.D. (Path, PDCC)

This is an Electronically Authenticated Report.

Page 4 of 13


TEST REPORT

| | |
|------------------------------------------------------|--------------------------------------------|
| Name : Saroj Kumar Beheru | Reg. No : 403101115 |
| Age/Sex : 47 Years / Male | Reg. Date : 23-Mar-2024 01:38 PM |
| Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On : 23-Mar-2024 01:38 PM |
| Client Name : PANCHMUKHI HOSPITAL | Report Date : 23-Mar-2024 05:48 PM |

POST PRANDIAL PLASMA GLUCOSE
 Specimen: Flouride plasma

| Parameter | Result | Unit | Biological Ref. Interval |
|--------------------------------------------------------|--------|-------|--------------------------|
| Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i> | 122.0 | mg/dL | 70 - 140 |
| Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i> | Nil | | |
| Urine Acetone- PP | Nil | | |

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 R. Jethava
 M.D. (Path, PDCC)

This is an Electronically Authenticated Report.

Page 5 of 13


TEST REPORT

| | | | |
|--------------------|---------------------------------------|---------------------|------------------------|
| Name | : Saroj Kumar Beheru | Reg. No | : 403101115 |
| Age/Sex | : 47 Years / Male | Reg. Date | : 23-Mar-2024 01:38 PM |
| Ref. By | : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On | : 23-Mar-2024 01:38 PM |
| Client Name | : PANCHMUKHI HOSPITAL | Report Date | : 23-Mar-2024 05:18 PM |

LIPID PROFILE

Specimen: Serum

| Parameter | Result | Unit | Biological Ref. Interval |
|----------------------------------------------------------------|--------|-------|----------------------------------------------------------------------------------------------------------------------------------|
| Cholesterol <i>Cholesterol Oxidase</i> | 165.00 | mg/dL | Desirable : < 200.0 Borderline High : 200-239 High : > 240.0 |
| Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i> | 140.00 | mg/dL | Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0 |
| HDL Cholesterol <i>Siemens AHDL</i> | 52.00 | mg/dL | High Risk : < 40 Low Risk : \geq 60 |
| LDL Cholesterol <i>Siemens ALDL</i> | 88.00 | mg/dL | Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : \geq 190 |
| VLDL Cholesterol <i>Calculated</i> | 28.00 | mg/dL | 15 - 35 |
| LDL / HDL RATIO <i>Calculated</i> | 1.69 | | 0 - 3.5 |
| Cholesterol /HDL Ratio <i>Calculated</i> | 3.17 | | 0 - 5.0 |

towards the healthiness...

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

This is an Electronically Authenticated Report.

Page 6 of 13




TEST REPORT

| | | | |
|--------------------|---------------------------------------|---------------------|------------------------|
| Name | : Saroj Kumar Beheru | Reg. No | : 403101115 |
| Age/Sex | : 47 Years / Male | Reg. Date | : 23-Mar-2024 01:38 PM |
| Ref. By | : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On | : 23-Mar-2024 01:38 PM |
| Client Name | : PANCHMUKHI HOSPITAL | Report Date | : 23-Mar-2024 05:18 PM |

RENAL FUNCTION TEST

Specimen: Serum

| Parameter | Result | Unit | Biological Ref. Interval |
|--------------------------------------------------------------------|--------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Creatinine <i>ALKALINE PICRATE, COLORIMETRIC KINETIC</i> | 0.90 | mg/dL | 0.7 - 1.3 |
| eGFR | 80.47 | 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 |
| Urea <i>Calculated</i> | 38.00 | mg/dL | 17 - 43 |
| Blood Urea Nitrogen (BUN) <i>UREASE/GLDH</i> | 17.75 | mg/dL | 7.0 - 18.0 |
| Uric Acid <i>Uricase</i> | 4.23 | mg/dL | 3.5 - 7.2 |
| Sodium <i>Direct ion selective electrode</i> | 139.1 | mmol/L | 137 - 145 |
| Potassium <i>Direct ion selective electrode</i> | 3.69 | mmol/L | 3.5 - 5.1 |
| Chloride <i>Direct ion selective electrode</i> | 104.0 | mmol/L | 98 - 107 |
| Calcium <i>Cresolphthalein Complexone</i> | 9.12 | mg/dL | 8.5 - 10.1 |


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

This is an Electronically Authenticated Report.

Page 7 of 13

towards the healthiness...


TEST REPORT

| | | | |
|--------------------|---------------------------------------|---------------------|------------------------|
| Name | : Saroj Kumar Beheru | Reg. No | : 403101115 |
| Age/Sex | : 47 Years / Male | Reg. Date | : 23-Mar-2024 01:38 PM |
| Ref. By | : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On | : 23-Mar-2024 01:38 PM |
| Client Name | : PANCHMUKHI HOSPITAL | Report Date | : 23-Mar-2024 05:18 PM |

| Parameter | Result | Unit | Biological Ref. Interval |
|------------------------------------------|--------|------|--------------------------|
| GGT <small>Siemens/37C</small> | 44.00 | U/L | 15 - 85 |

towards the healthiness...


This is an Electronically Authenticated Report.



Page 8 of 13

Dr. Viral R. Jethava

M.D. (Path, PDCC)

Mangla Road Branch: 3rd Floor, Smile Building, 5 Manhar Plot Corner, Mangla Main Road, Rajkot. Ph. 0281 - 247 33 77

Sadhu Vasvani Road Branch: Ground Floor, Office no. 3, Nakshtra-VIII, Nr. Sun City Apt., Sadhu Vasvani Road, Rajkot - 1

Helpline No. : 70965 77000  www.neutropath.com  neutropath@gmail.com
The test results are subject to variations due to technical situations. Hence co-relation with clinical findings and other investigations should be done.



TEST REPORT

| | |
|------------------------------------------------------|--------------------------------------------|
| Name : Saroj Kumar Beheru | Reg. No : 403101115 |
| Age/Sex : 47 Years / Male | Reg. Date : 23-Mar-2024 01:38 PM |
| Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On : 23-Mar-2024 01:38 PM |
| Client Name : PANCHMUKHI HOSPITAL | Report Date : 23-Mar-2024 05:18 PM |

HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

| Parameter | Result | Unit | Biological Ref. Interval |
|-----------------------------------------|--------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HbA1C <i>Siemens Dimension</i> | 5.1 | % | 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 <i>Calculated</i> | 99.67 | 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 R. Jethava

M.D. (Path, PDCC)

This is an Electronically Authenticated Report.

Page 9 of 13


TEST REPORT

| | |
|------------------------------------------------------|--------------------------------------------|
| Name : Saroj Kumar Beheru | Reg. No : 403101115 |
| Age/Sex : 47 Years / Male | Reg. Date : 23-Mar-2024 01:38 PM |
| Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On : 23-Mar-2024 01:38 PM |
| Client Name : PANCHMUKHI HOSPITAL | Report Date : 23-Mar-2024 05:18 PM |

THYROID FUNCTION TEST

| Parameter | Result | Unit | Biological Ref. Interval |
|-----------------------------------------------------------------|--------|--------|--------------------------|
| Thyroid Stimulating Hormone (TSH) <small>CLIA</small> | 4.110 | 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

| | | | |
|-----------------------------------------------------|------|-------|------------|
| Triiodothyronine (T3) <small>CLIA</small> | 1.62 | 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.



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

This is an Electronically Authenticated Report.

Page 10 of 13

towards the healthiness...



TEST REPORT

| | |
|------------------------------------------------------|--------------------------------------------|
| Name : Saroj Kumar Beheru | Reg. No : 403101115 |
| Age/Sex : 47 Years / Male | Reg. Date : 23-Mar-2024 01:38 PM |
| Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On : 23-Mar-2024 01:38 PM |
| Client Name : PANCHMUKHI HOSPITAL | Report Date : 23-Mar-2024 05:18 PM |

Thyroxine (T4) 6.10 µg/dL 4.5 - 12.6
CLIA

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.

towards the healthiness...



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

This is an Electronically Authenticated Report.

Page 11 of 13




TEST REPORT

| | |
|------------------------------------------------------|--------------------------------------------|
| Name : Saroj Kumar Beheru | Reg. No : 403101115 |
| Age/Sex : 47 Years / Male | Reg. Date : 23-Mar-2024 01:38 PM |
| Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On : 23-Mar-2024 01:38 PM |
| Client Name : PANCHMUKHI HOSPITAL | Report Date : 23-Mar-2024 05:18 PM |

URINE ROUTINE EXAMINATION

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

PHYSICAL EXAMINATION

| | | | |
|----------|-------------|--|--|
| Quantity | 20 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) | Absent |
| Erythrocytes (Red Cells) | Absent |
| Epithelial Cells | Absent |
| Amorphous Material | Absent |
| Casts | Absent |
| Crystals | Absent |
| Bacteria | Absent |

towards the healthiness...

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

This is an Electronically Authenticated Report.

Page 12 of 13




TEST REPORT

| | | | |
|--------------------|---------------------------------------|---------------------|------------------------|
| Name | : Saroj Kumar Beheru | Reg. No | : 403101115 |
| Age/Sex | : 47 Years / Male | Reg. Date | : 23-Mar-2024 01:38 PM |
| Ref. By | : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On | : 23-Mar-2024 01:38 PM |
| Client Name | : PANCHMUKHI HOSPITAL | Report Date | : 23-Mar-2024 05:18 PM |

LIVER FUNCTION TEST

Specimen : Serum

| Parameter | Result | Unit | Biological Ref. Interval |
|-------------------------------------------------------------------------------------------|--------|-------|--------------------------|
| Total Protein <i>BIURET</i> | 7.12 | g/dL | 6.4 - 8.2 |
| Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i> | 4.23 | g/dL | 3.40 - 5.00 |
| Globulin <i>Calculated</i> | 2.89 | g/dL | 2.3 - 3.5 |
| A/G Ratio <i>Calculated</i> | 1.46 | | 0.8 - 3.1 |
| SGOT (AST) <i>Siemens/37C</i> | 35.00 | U/L | 15 - 37 |
| SGPT (ALT) <i>Siemens/37C</i> | 22.00 | U/L | 16 - 63 |
| Alakaline Phosphatase <i>Siemens/37C</i> | 104.00 | U/L | 46 - 116 |
| Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i> | 0.35 | mg/dL | 0.2 - 1 |
| Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i> | 0.12 | mg/dL | 0 - 0.20 |
| Unconjugated Bilirubin <i>Sulph acid dpl/caif-benz</i> | 0.23 | mg/dL | 0.0 - 1.1 |

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


Dr. Viral R. Jethava

M.D. (Path, PDCC)

This is an Electronically Authenticated Report.

Page 13 of 13