

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 : mahesh Ashok Rinhole
identity proof : Adhar card
identity proof no : 6888
gender : male 28
height : 172
weight : 84
B P : 120/80
pluse : 84/min Regular
blood sample : yes
fasting mode : yes
non fasting mode : yes

past history : Thyroid Operation in date on 2013.

Dental : normal

~~Romberg Test~~ :

Colour vision : normal

DR. C. P. DADHANIYA

M.B.B.S. Diabetologist
Ind. Physician (CIH)

Regd. No. G19798

Code No. 378943

Panchmukhi Hospital

Mavdi Chowki,

150 Ft. Ring Road, RAJKOT.



NAME: Mahesh Ashok Dindhe
 AGE/GENDER: male & 28
 DIAG. DATE: 23-12-23

PATIENT'S REFRACTION DETAILS

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

REMARKS: normal

CHECKED BY: C.P. Dandaniya

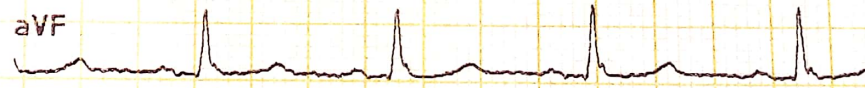
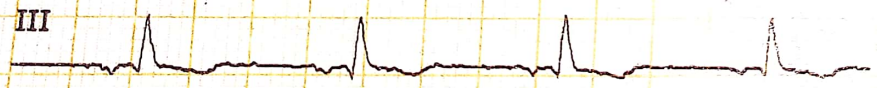
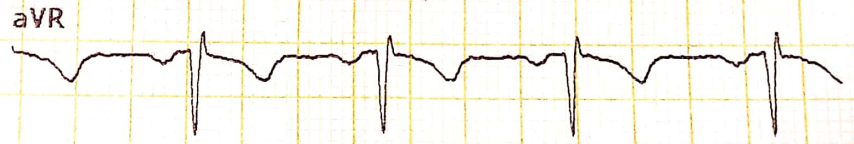
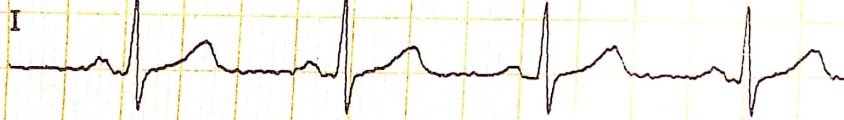
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DR. C. P. DANDANIYA
 M.B. Ophthalmologist
 Ind. Physician (CIH)
 Regd. No. G19798
 Code No. 378943

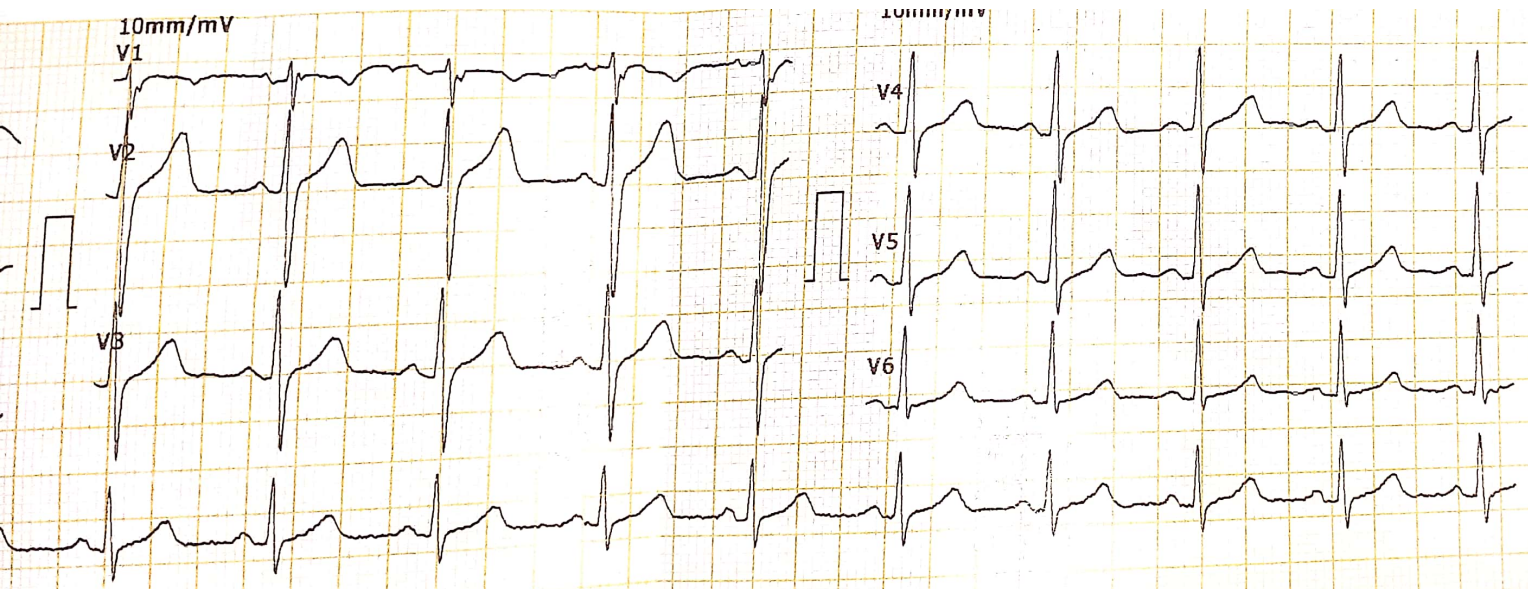
Panchmukhi Hospital
 Mavdi Chowki,
 150 Ft. Ring Road, RAJKOT.

10mm/mV AUTO

10mm/mV



25mm/s AC:ON 0.05-35Hz



ID Card: _____
 Name: Mahesh Rinche Gender: male
 Age: 28 Height(cm): _____
 Weight(Kg): _____ BP(mmHg): 1

HR..... 83
 P-R..... 123
 Q-R-S..... W.M.B. Diabetologist
 Physician (C.M)
 QT/QTc..... EL
 No..... 61979356/416
 P/QRS/T AXES..... Code No..... 378043
 RV5/SV1..... mV 1.01/0.38
 RV5+SV1..... mV 1.39
 Panchmukhi Hospital
 Mavdi Chowki,
 150 Ft. Ring Road, RAJKOT.

3

*The result must be confirmed by doctor.
 Report Confirmed by: _____


મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date : 23-12-23

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 આપવામા આવે છે

I am mahesh pindhe and I am declare that I don't want to get stool report at that time.


mahesh pindhe

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



महेश अशोक रींधे

Mahesh Ashok Rindhe

जन्म तारीख / DOB : 15/07/1995

पुरुष / Male

3009 9297 6885

भारो आधार, भारी ओगळ



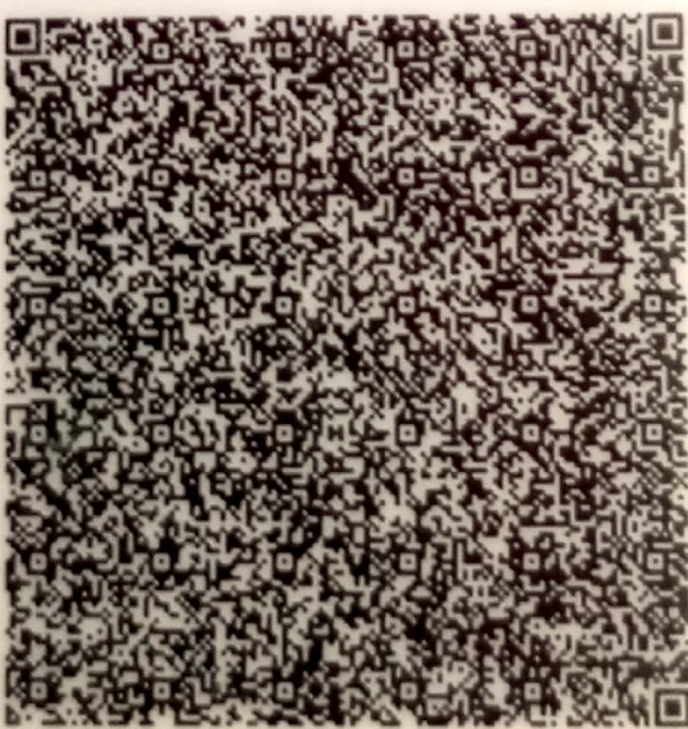
भारतीय विशिष्ट ओળम प्रसिद्धि
Unique Identification Authority of India



संख्या: जेऊर, अहमदनगर, महाराष्ट्र,
414604

Address: Jeur, Ahmadnagar, Maharashtra,
414604

Print Date : 11/01/2021



3009 9297 6885



1947



help@uidai.gov.in



www.uidai.gov.in





Mediwheel rindhe
mahesh

 GPS Map
Camera Lite

At mavdi chokdi, 150 Feet Ring Rd, opposite Mahiraj
Hotel, Mavdi, Rajkot, Gujarat 360004, India

Latitude

22.2647784°

Longitude

70.7842466°

Local 09:28:42 AM

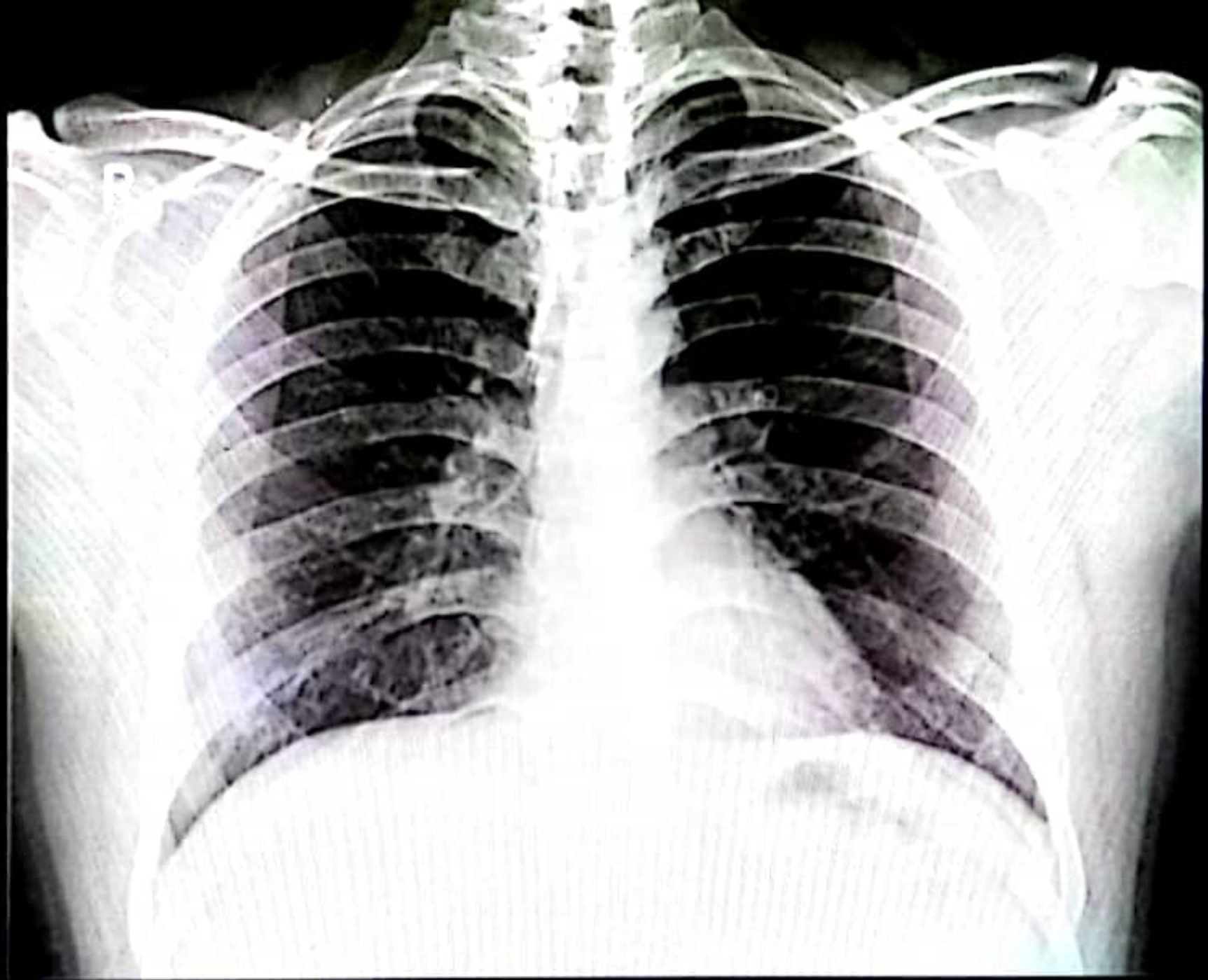
GMT 03:58:42 AM

Altitude 143 meters

Saturday, 23.12.2023



Scanned with OKEN Scanner



**RINDHE MAHESH 28Y/M CHEST PA 23-Dec-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)**

Pat.s' Name: RINDHE MAHESH

DATE: 23 December 2023

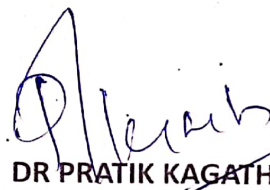
U.S.G. OF ABDOMEN AND PELVIS

- **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 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 angels clear.

CONCLUSION:

- Grade I fatty changes in liver.

Thanks for reference.



DR PRATIK KAGATHARA
MD

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

Pt.'s Name: RINDHE MAHESH

Date: 23 December, 2023

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

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



Tread Mill Test

Patient Name	:	Mahesh Rindhe	Age	:	28yrs/M
Ref. By	:	Dr. C.P.Dadhaniya	Resting BP	:	130/80
Report Date	:	23/12/2023	Max. BP	:	160/80

Patient Reaches exercise limit at 7.00 METS.

No signs of ischemia at the exercise level and during recovery.

Adequate increase of HR & BP.

No significant Arrhythmia.

The stress test was terminated after 6:00 minutes as patient complained of Fatigue.
Patient achieved 89% THR without chest pain.

The recovery was uneventful.

Fair effort tolerance.

Conclusion: - The stress test is NEGATIVE for exercise induced myocardial ischaemia.


DR. MAULIK HANSALIA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

DR. NISHANT SIRODARIYA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

CURE CARDIOLOGY CLINIC

2nd floor, Kansagra Hospital, Astron Chowk, Sardarnagar main road, RAJKOT - 360 001. Ph. 0281-2483799, M. 93 13 12 19 87

CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4611/MAHESH RINDHE 28 Yrs/Male 0 Kg/0 Cms

Date: 23-Dec-2023 10:53:49 AM

Ref.By : DR C P DADHANIA

Medication :

Objective :

Protocol : BRUCE

History :

Summary

Stage	StageTime (min:Sec)	PhaseTime (min:Sec)	Speed (mph)	Grade (%)	METs	H.R. (bpm)	B.P. (mmHg)	R.P.P. (x100)	PVC	Comments
Supine	0:01	1:46	0.0	0.0	1.0	120	130/80	156	-	
Standing	0:01	1:52	0.0	0.0	1.0	122	130/80	158	-	
HV	0:01	1:57	0.0	0.0	1.0	120	130/80	156	-	
ExStart	0:01	2:00	0.0	0.0	1.0	120	130/80	156	-	
Stage 1	3:00	3:00	2.7	10.0	4.6	152	130/80	197	-	
PeakEx	3:00	5:59	4.0	12.0	7.0	170	160/80	272	-	
Recovery	1:00	6:01	0.0	0.0	1.0	140	160/80	224	-	
Recovery	2:00	6:01	0.0	0.0	1.0	133	150/80	199	-	
Recovery	3:00	6:01	0.0	0.0	1.0	135	130/80	175	-	

Findings :

Exercise Time : 6:00 minutes

Max HR attained : 170 bpm 89% of Max Predictable HR 192

Max BP : 160/80(mmHg)

WorkLoad attained : 7 (Fair Effort Tolerance)

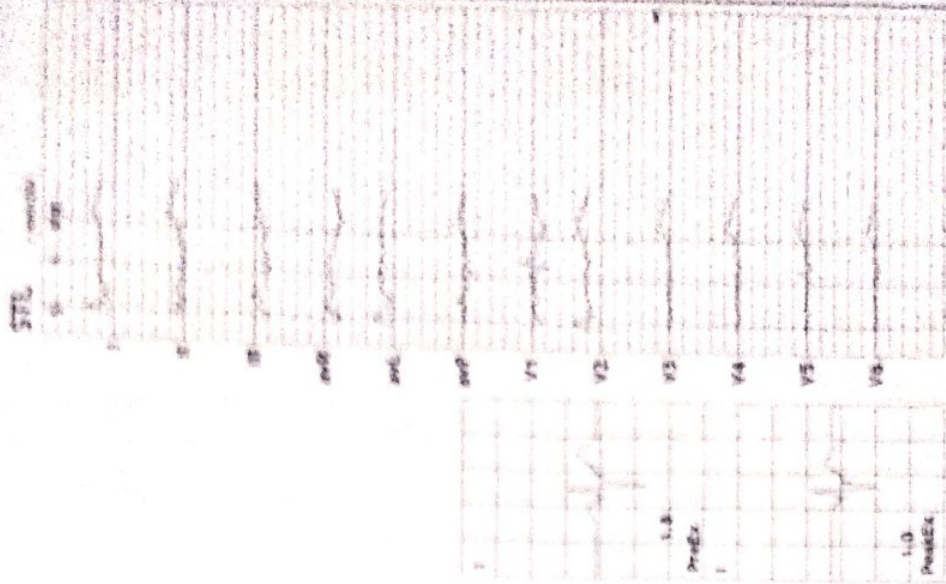
No significant ST segment changes noted during exercise or recovery.

No Angina/Arrhythmia/S3/murmur

Final Impression : Test is negative for inducible ischaemia.

Maximum Depression: 0.40

Advice/Comments:



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2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4611 / MAHESH RINDHE

28 Yrs / Male

0 Kg / 0 Cm

Date: 23-Dec-2023 10:53:49 AM

HR: 120 bpm

METS: 1.0

BP: 130/80

MPHR: 62% of 192

Speed: 0.0 kmph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 01:45

BLC :On

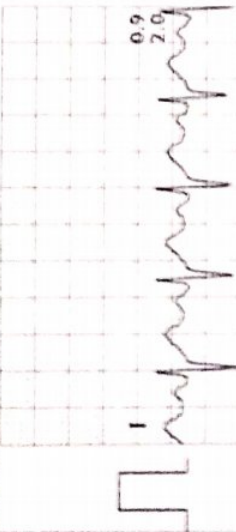
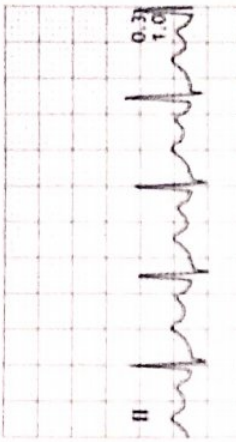
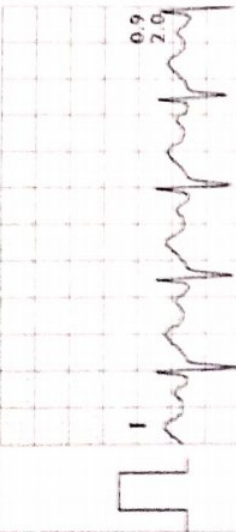
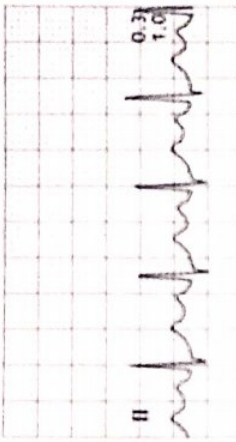
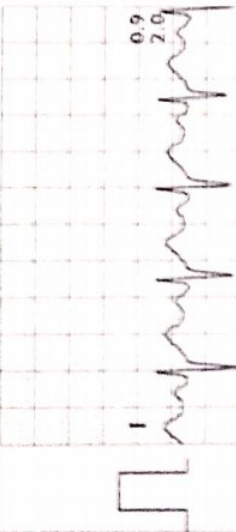
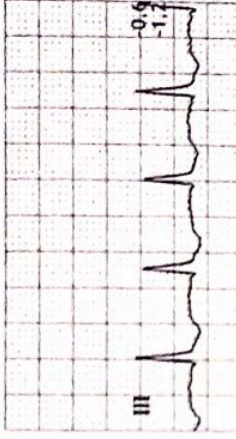
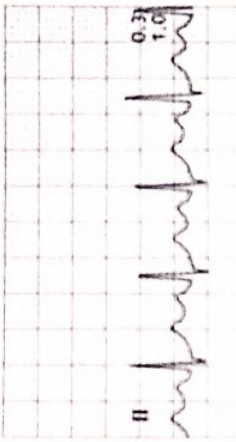
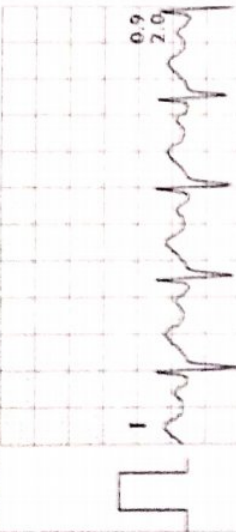
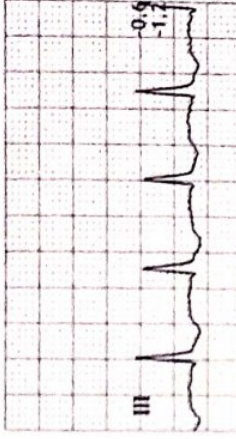
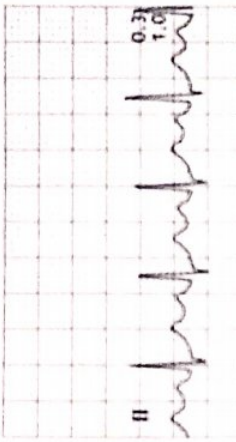
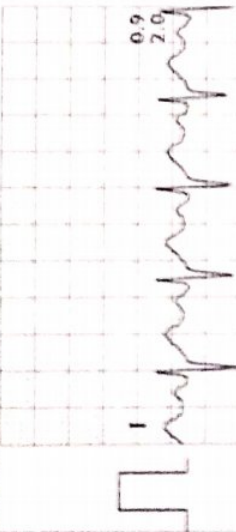
Notch :On

Supine

10.0 mm/mV

25 mm/Sec.

3x4+1 Rhythm Lead





3x4+1 Rhythm Lead

CURE CARDIOLOGY CLINIC
2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

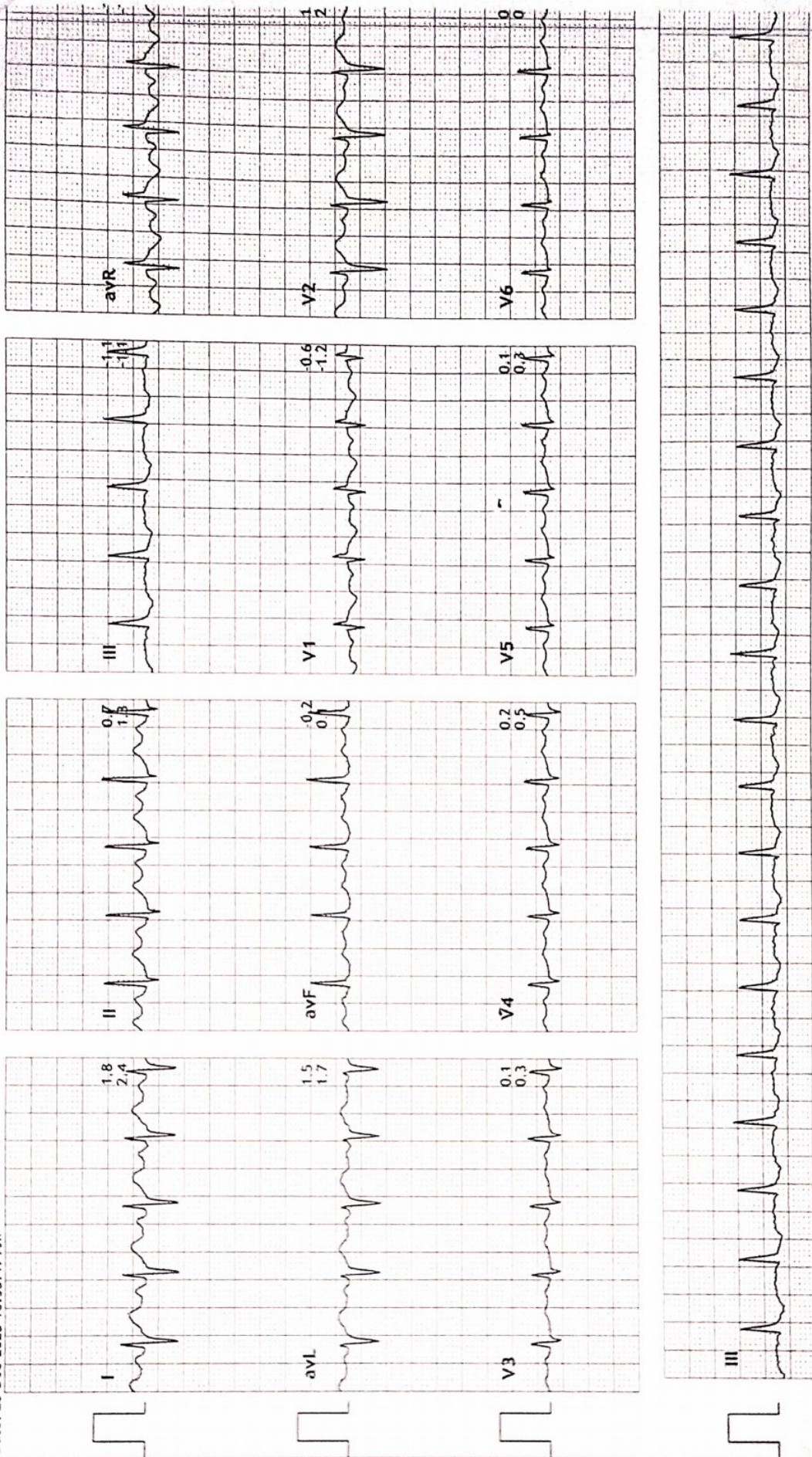
4611 / MAHESH RINDHE
28 Yrs / Male
0 Kg / 0 Cm
Date: 23-Dec-2023 10:53:49 AM

MPHR: 63% of 192
Speed: 0.0 kmph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 01:51
BLC : On
Notch : On

Standing
10.0 mm/mV
25 mm/Sec.



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4611 / MAHESH RINDHE

28 Yrs / Male

0 Kg / 0 Cm

Date: 23-Dec-2023 10:53:49 AM

HR: 120 bpm

METS: 1.0

BP: 130/80

MPHR: 62% of 192

Speed: 0.0 kmph

Grade: 0.0%

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 01:56

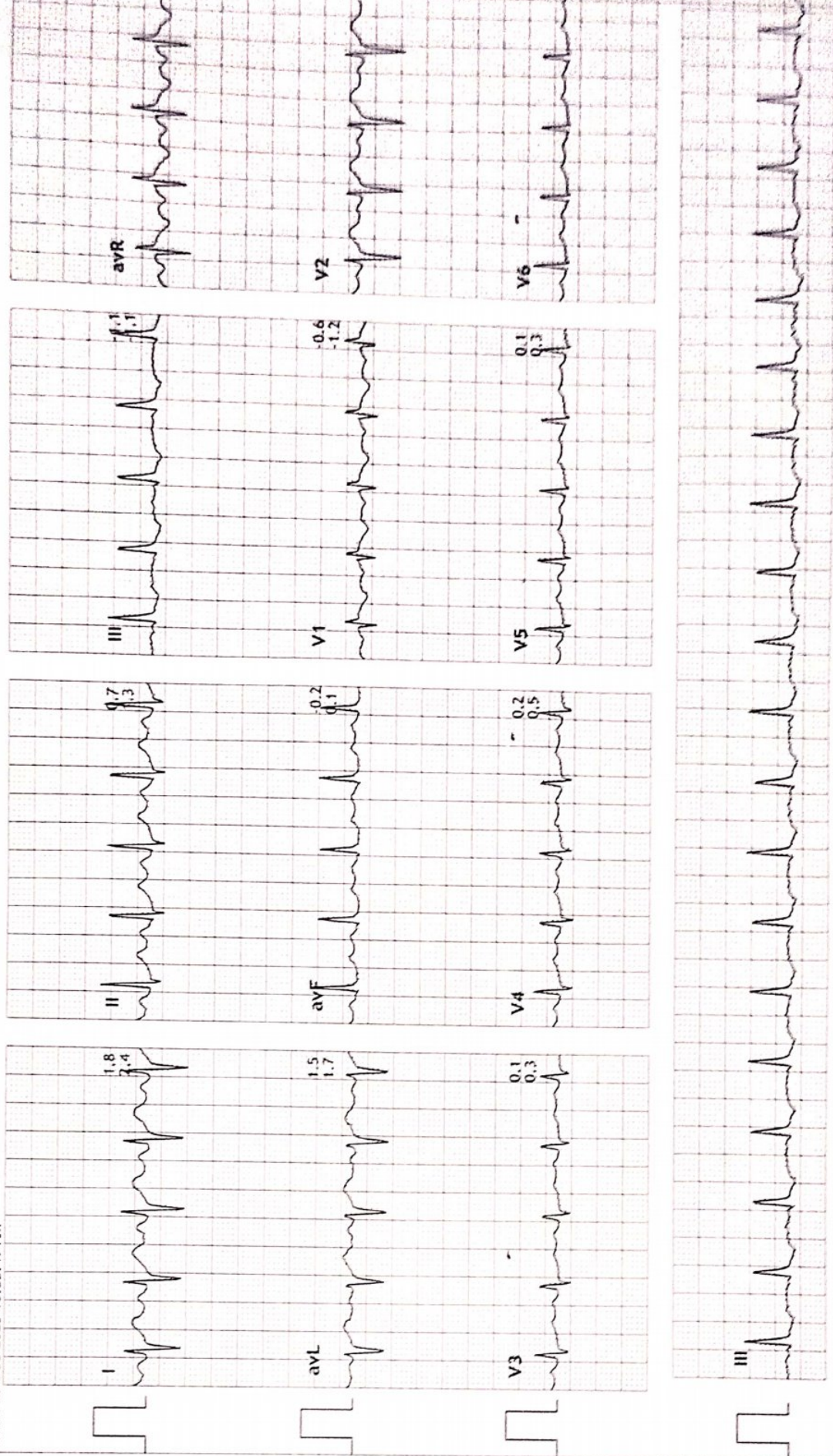
BLC : On

Notch : On

HV

10.0 mm/mV

25 mm/Sec.



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4611 / MAHESH RINDHE

28 Yrs / Male

0 Kg / 0 Cm

Date: 23-Dec-2023 10:53:49 AM

HR: 120 bpm

METS: 1.0

BP: 130/80

MPHR: 62% of 192

Speed: 0.0 kmph

Grade: 0.0%

3x4+1 Rhythm Lead

Raw ECG

BRUCE

(0.05-100)Hz

Ex Time 01:59

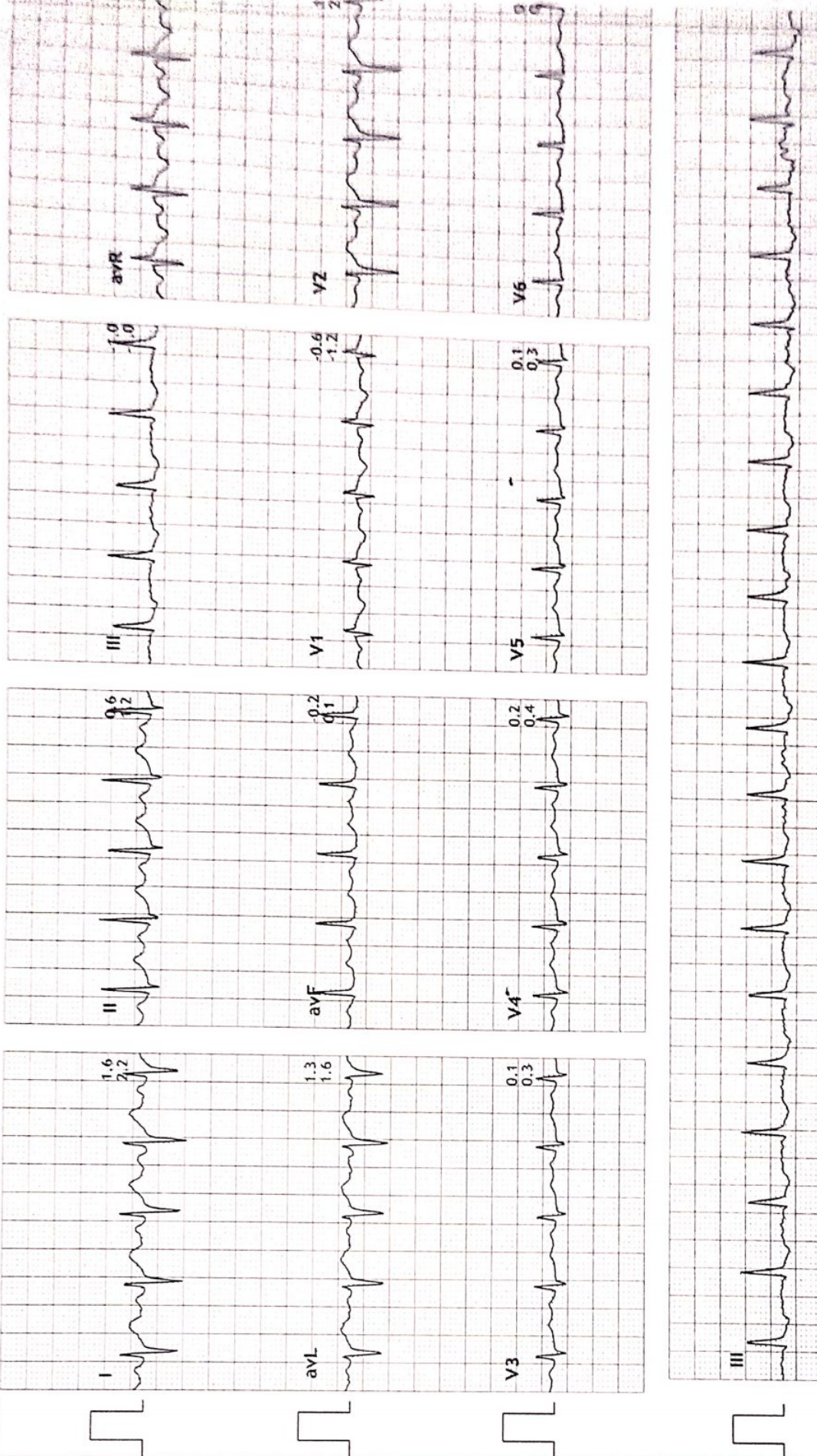
BLC : On

Notch : On

ExStart

10.0 mm/mV

25 mm/Sec.



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4611 / MAHESH RINDHE

28 Yrs / Male

0 Kg / 0 Cm

Date: 23-Dec-2023 10:53:49 AM

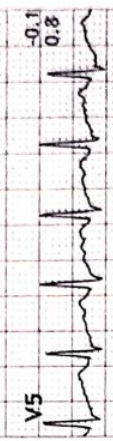
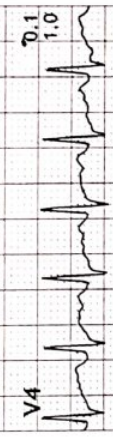
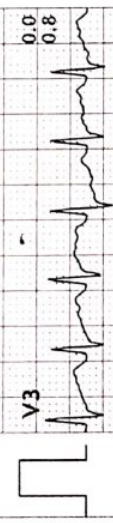
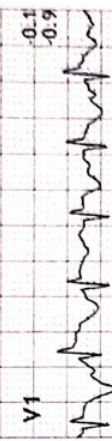
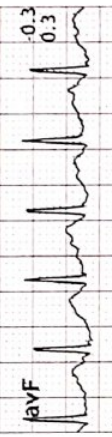
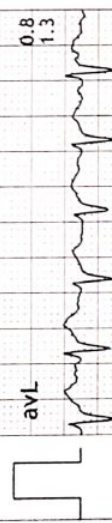
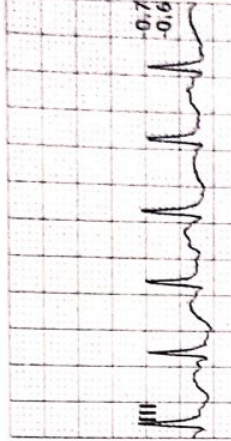
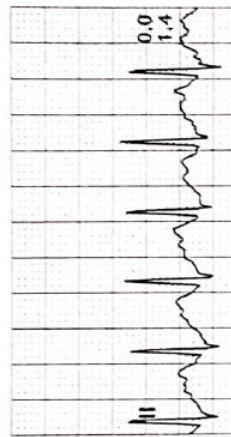
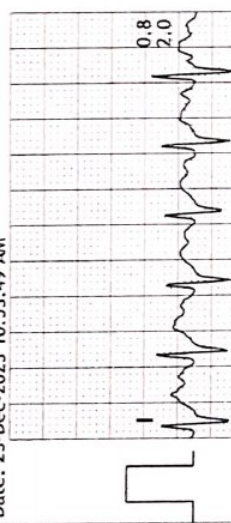
MPHR: 79% of 192
Speed: 2.7 kmph
Grade: 10.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 02:59
BLC : On
Match : On

BRUCE: Stage 1
10.0 mm/mV
25 mm/Sec.

3x4+1 Rhythm Lead



avR

V2

V6

III

CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4611 / MAHESH RINDHE

28 Yrs / Male

0 Kg / 0 Cm

Date: 23-Dec-2023 10:53:49 AM

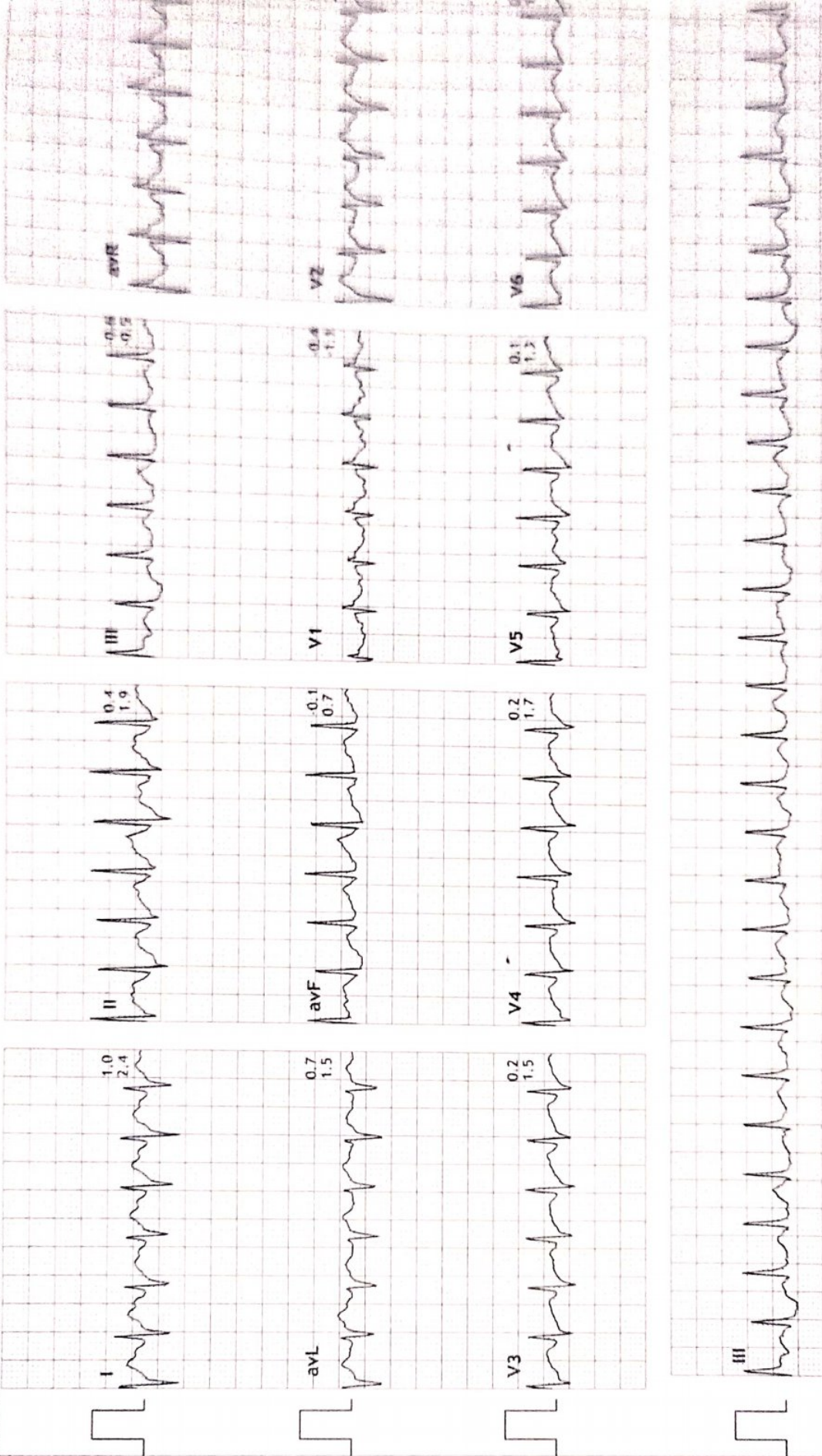
MPHR: RRV of 192
Speed: 4.0 kmph
Grade: 12.0%

Ex Time 08:58
RLC On
March On

BRUCE: Peaks
10.0 mm/mv
25 mm/Sec.

3x4+1 Rhythm Lead

Raw ECG
BRUCE
(0.05-100)Hz



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4611 / MAHESH RINDHE
28 Yrs / Male
0 Kg / 0 Cm
Date: 23-Dec-2023 10:53:49 AM

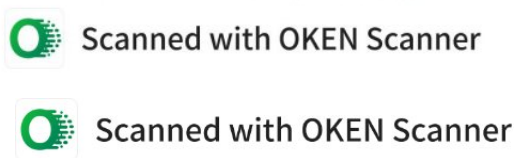
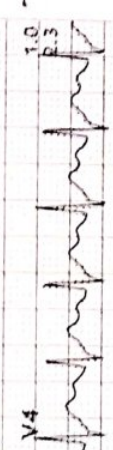
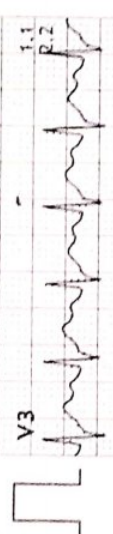
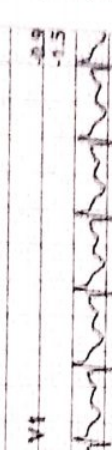
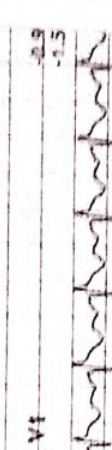
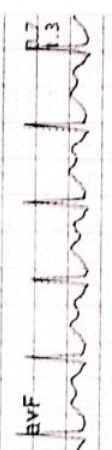
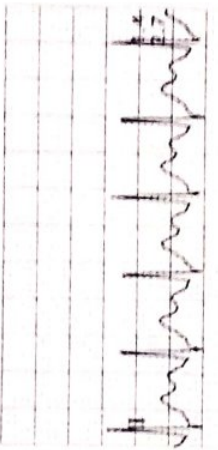
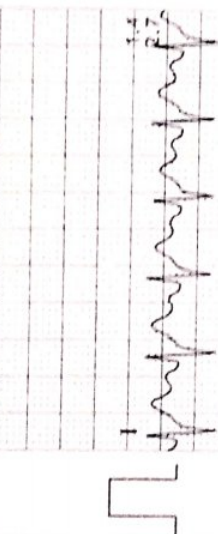
MPHR: 72% of 192
Speed: 0.0 kmph
Grade: 0.0%

Ex Time 06:00
RLC :On
Notch :On

Raw ECG
BRUCE
(0.05-100)Hz

Resolution: 1000
10.0 mm/mV
25 mm/Sec

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4611 / MAHESH RINDHE

28 Yrs / Male

0 Kg / 0 Cm

Date: 23-Dec-2023 10:53:49 AM

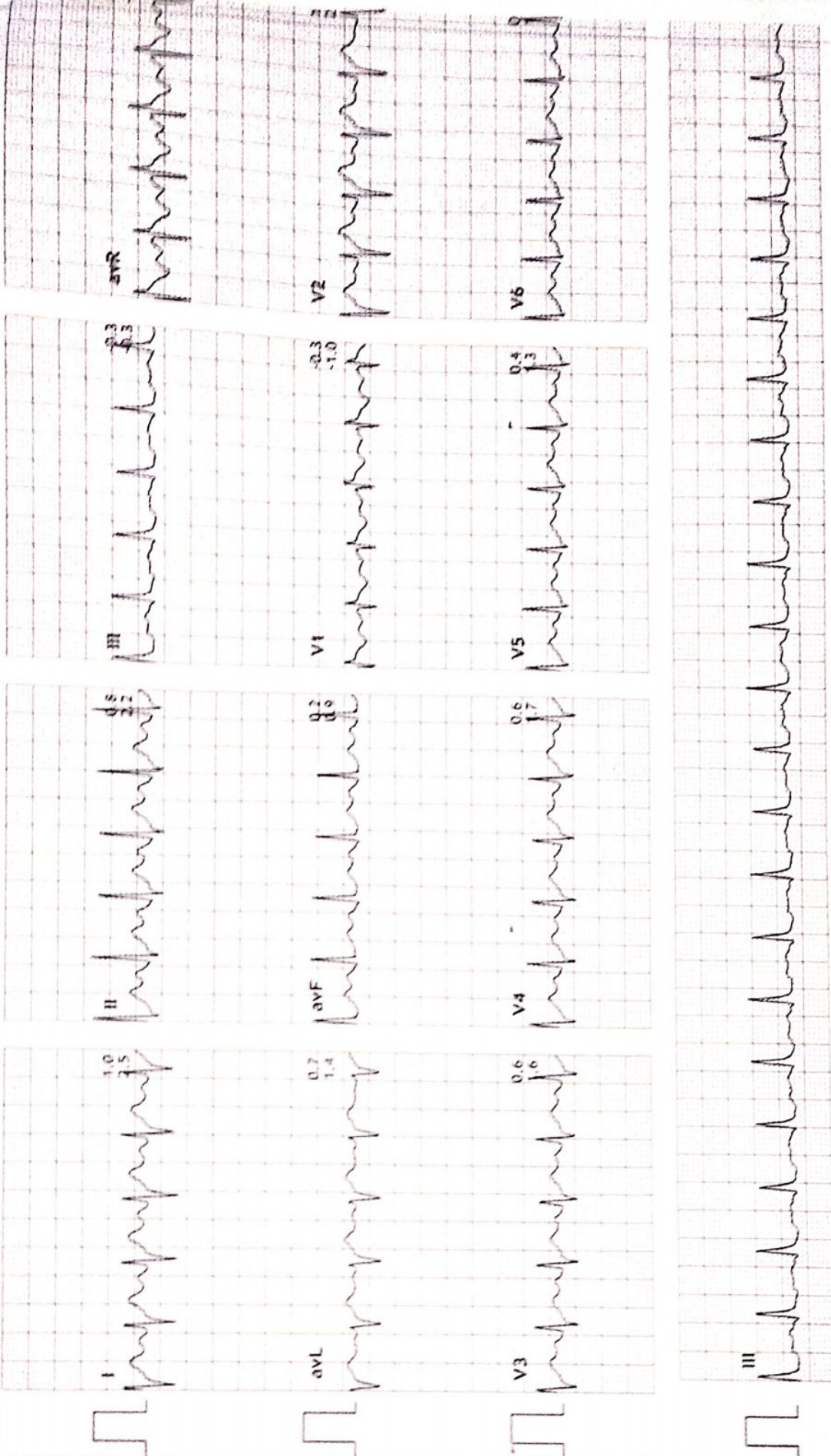
MPHR: 69% of 192
Speed: 0.0 kmph
Grade: 0.0%

Raw ECG
SOURCE
(0.05-100)HZ

Ex Time 06:00
BLC :0h
Notch :0h

Recovery(2:00)
10.0 mm/mV
25 mm/Sec.

3x4+1 Rhythm Lead



CURE CARDIOLOGY CLINIC

2ND FLOOR KANSAGRA HOSPITAL, ASTRON CHOWK, RAJKOT.

4611 / MAHESH RINDHE

28 Yrs / Male

0 Kg / 0 Cm

Date: 23-Dec-2023 10:53:49 AM

HR: 135 bpm

METS: 1.0

BP: 130/80

MPHR: 70% of 192

Speed: 0.0 kmph

Grade: 0.0%

3x4+1 Rhythm Lead

Raw ECG

BRUCE

10.05-100Hz

Ex Time 06:00

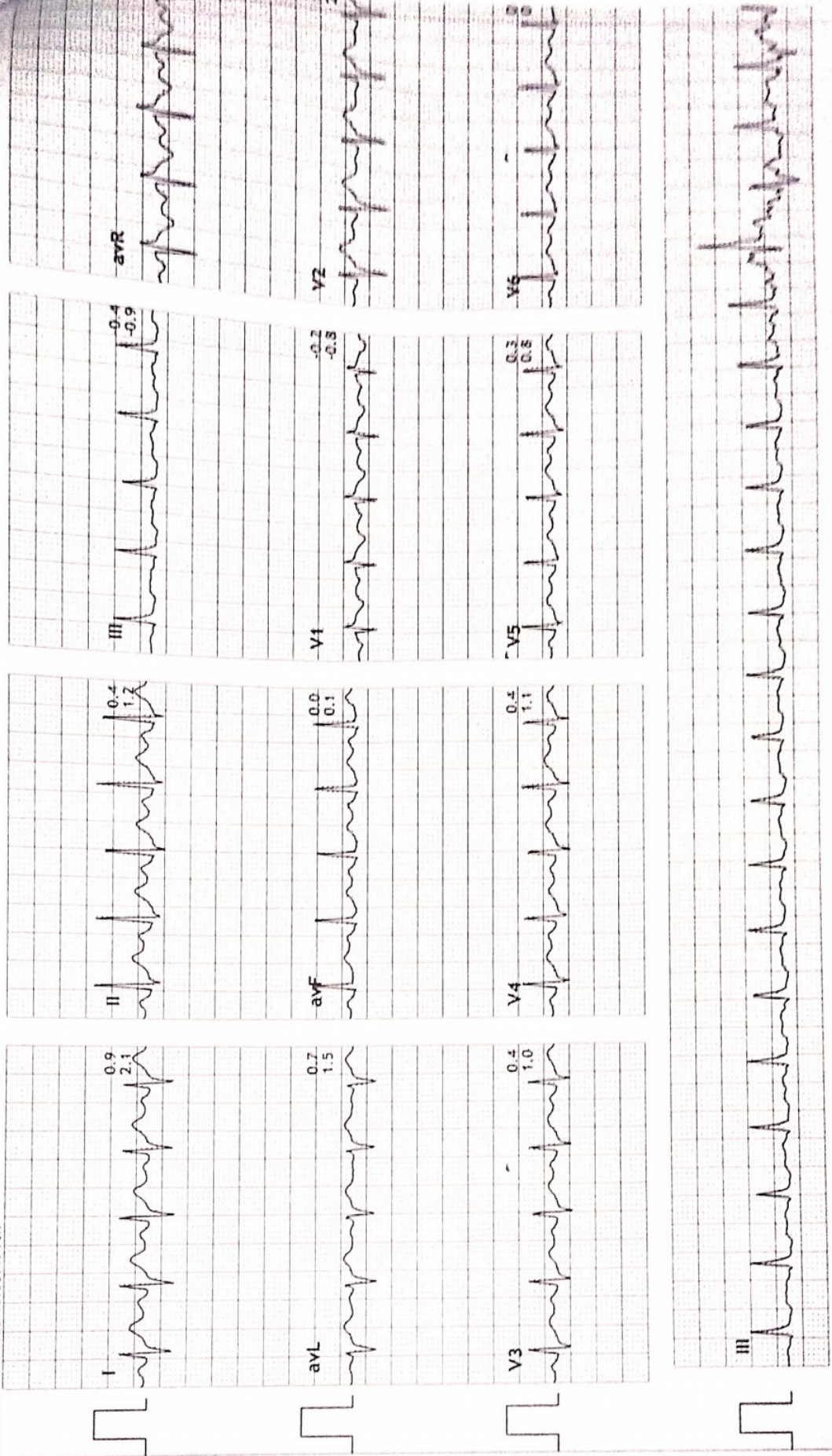
BLC : On

Notch : On

Recovery 0:00

10.0 mm/mV

25 mm/Sec



Print Date: 23-Dec-2023

http://www.itsminds.com © EMS SCREEN (VEGA201, V10.0.1)

DR MAULIK HANSALI/DR NISHANT SRODARIYA


TEST REPORT

Name : Rindhe Mahesh	Reg. No : 312101177
Age/Sex : 28 Years / Male	Reg. Date : 23-Dec-2023 02:40 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 23-Dec-2023 02:40 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 23-Dec-2023 05:56 PM

COMPLETE BLOOD COUNT (CBC)
 Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
RBC Parameters			
Hemoglobin (SLS method)	15.0	g/dL	13.0 - 18.0
Hematocrit (Electrical Impedance)	42.50	%	47 - 52
RBC Count (Electrical Impedance)	5.20	million/cmm	4.7 - 6.0
MCV (Calculated)	81.7	fL	78 - 110
MCH (Calculated)	28.8	Pg	27 - 31
MCHC (Calculated)	35.3	%	30 - 35
RDW (Calculated)	12.5	%	11.5 - 14.0
WBC Parameters			
WBC Count (Flowcytometry)	8080	/cmm	4000 - 10500
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	58 %	% Range 42.0 - 75.2	Abs. Value 4686 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	27 %	20 - 45	2182 /cmm 1000 - 3900
Eosinophils (%)	10 %	1 - 4	808 /cmm 0 - 450
Monocytes (%)	05 %	2 - 8	404 /cmm 200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm 20 - 100
Platelete Parameter			
Platelet Count	280000	/cmm	150000 - 450000
MPV	9.5	fL	7.4 - 10.4
P-LCR	20.50	%	11.9 - 66.9
PDW	10.8	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.27	%	0.2 - 0.5

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BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"AB"		
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.

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Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate			
Sample, EDTA whole blood			
ESR (After 1 hour)	07	mm/hr	1 - 7

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FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	89.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic
Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i>	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.

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POST PRANDIAL PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	87.00	mg/dL	70 - 140
Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i>	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.

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LIPID PROFILE

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	161.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	109.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	66.00	mg/dL	High Risk : < 40 Low Risk : \geq 60
LDL Cholesterol <i>Siemens ALDL</i>	73.00	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>	21.80	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.11		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.44		0 - 5.0

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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <i>ALKALINE PICRATE, COLORIMETRIC KINETIC</i>	1.20	mg/dL	0.7 - 1.3
eGFR	64.12	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>	19.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <i>UREASE/GLDH</i>	8.87	mg/dL	7.0 - 18.0
Uric Acid <i>Uricase</i>	4.20	mg/dL	3.5 - 7.2
Sodium <i>Direct ion selective electrode</i>	138.4	mmol/L	137 - 145
Potassium <i>Direct ion selective electrode</i>	4.20	mmol/L	3.5 - 5.1
Chloride <i>Direct ion selective electrode</i>	104.2	mmol/L	98 - 107
Calcium <i>Cresolphthalein Complexone</i>	9.2	mg/dL	8.5 - 10.1

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Parameter	Result	Unit	Biological Ref. Interval
GGT <small>Siemens/37C</small>	75.00	U/L	15 - 85

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	4.95	%	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>	95.36	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.


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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) <small>CLIA</small>	3.640	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>	1.21	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.


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Thyroxine (T4) 11.27 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.

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URINE ROUTINE EXAMINATION

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

PHYSICAL EXAMINATION

Quantity	30 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6.5		4.6 - 8.0
Sp. Gravity	1.005		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)	Absent
Epithelial Cells	2 - 3/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.20	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.20	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	3.00	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.40		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	20.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	50.00	U/L	16 - 63
Alakaline Phosphatase <i>Siemens/37C</i>	74.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.39	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.10	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caif-benz</i>	0.29	mg/dL	0.0 - 1.1

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

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